



HILLINGDON  
LONDON



# Health and Wellbeing Board

**Date:** TUESDAY, 14 JUNE 2022

**Time:** 2.30 PM

**Venue:** COMMITTEE ROOM 6 -  
CIVIC CENTRE, HIGH  
STREET, UXBRIDGE

**Meeting Details:** Members of the Public and Press are welcome to attend this meeting

This agenda is available online at: [www.hillingdon.gov.uk](http://www.hillingdon.gov.uk) or use a smart phone camera and scan the code below:



## To Members of the Board:

- Cabinet Member for Health and Social Care (Co-Chairman)
- Hillingdon Health and Care Partners Managing Director (Co-Chairman)
- Cabinet Member for Families, Education and Wellbeing (Vice Chairman)
- LBH Chief Executive
- LBH Corporate Director, Social Care and Health
- LBH Director, Public Health
- NWL CCG - Hillingdon Board representative
- NWL CCG - nominated lead
- Central and North West London NHS Foundation Trust - nominated lead
- The Hillingdon Hospitals NHS Foundation Trust Chief Executive
- Healthwatch Hillingdon - nominated lead
- Royal Brompton and Harefield NHS Foundation Trust - nominated lead
- Hillingdon GP Confederation - nominated lead

**Published:** Monday, 6 June 2022

**Contact:** Nikki O'Halloran

**Tel:** 01895 250472

**Email:** [nohalloran@hillingdon.gov.uk](mailto:nohalloran@hillingdon.gov.uk)

**Putting our residents first**

Lloyd White  
Head of Democratic Services  
London Borough of Hillingdon,  
Phase II, Civic Centre, High Street, Uxbridge, UB8 1UW

# Useful information for residents and visitors

## Travel and parking

Bus routes 427, U1, U3, U4 and U7 all stop at the Civic Centre. Uxbridge underground station, with the Piccadilly and Metropolitan lines, is a short walk away. Limited parking is available at the Civic Centre. For details on availability and how to book a parking space, please contact Democratic Services.

Please enter via main reception and visit the security desk to sign-in and collect a visitors pass. You will then be directed to the Committee Room.

## Accessibility

For accessibility options regarding this agenda please contact Democratic Services. For those hard of hearing an Induction Loop System is available for use in the various meeting rooms.

## Attending, reporting and filming of meetings

For the public part of this meeting, residents and the media are welcomed to attend, and if they wish, report on it, broadcast, record or film proceedings as long as it does not disrupt proceedings. It is recommended to give advance notice to ensure any particular requirements can be met. The Council will provide a seating area for residents/public, an area for the media and high speed WiFi access to all attending. The officer shown on the front of this agenda should be contacted for further information and will be available at the meeting to assist if required. Kindly ensure all mobile or similar devices on silent mode.

Please note that the Council may also record or film this meeting and publish this online.

## Emergency procedures

If there is a FIRE, you will hear a continuous alarm. Please follow the signs to the nearest FIRE EXIT and assemble on the Civic Centre forecourt. Lifts must not be used unless instructed by a Fire Marshal or Security Officer.

In the event of a SECURITY INCIDENT, follow instructions issued via the tannoy, a Fire Marshal or a Security Officer. Those unable to evacuate using the stairs, should make their way to the signed refuge locations.



# Agenda

## CHAIRMAN'S ANNOUNCEMENTS

- 1 Apologies for Absence
- 2 Declarations of Interest in matters coming before this meeting
- 3 To approve the minutes of the meeting on 22 March 2022 1 - 10
- 4 To confirm that the items of business marked Part I will be considered in public and that the items marked Part II will be considered in private

## Health and Wellbeing Board Reports - Part I (Public)

- 5 Integrated Neighbourhood Working 11 - 18
- 6 Population Health Management and Joint Strategic Needs Assessment 2022 - **Verbal Update**
- 7 2021/2022 Integrated Health and Care Performance Report 19 - 46
- 8 Mental Health Crisis Pathway 47 - 52
- 9 Pharmaceutical Needs Assessment Update 53 - 218
- 10 Board Planner & Future Agenda Items 219 - 222

## Health and Wellbeing Board Reports - Part II (Private and Not for Publication)

*That the reports in Part 2 of this agenda be declared not for publication because they involve the disclosure of information in accordance with Section 100(A) and Part 1 of Schedule 12 (A) to the Local Government Act 1972 (as amended), in that they contain exempt information and that the public interest in withholding the information outweighs the public interest in disclosing it.*

- 11 To approve PART II minutes of the meeting on 22 March 2022 223 - 224
- 12 Update on current and emerging issues and any other business the Chairman considers to be urgent 225 - 226

This page is intentionally left blank

## Minutes

### HEALTH AND WELLBEING BOARD

8 March 2022



HILLINGDON  
LONDON

Meeting held at Committee Room 6 - Civic Centre,  
High Street, Uxbridge

	<p><b>Board Members Present:</b> Councillors Jane Palmer, Caroline Morison, Susan O'Brien (Vice-Chairman), Lynn Hill, Nick Hunt, Ed Jahn, Dr Kuldhir Johal (In place of Professor Ian Goodman), Vanessa Odlin (In part - in place of Graeme Caul), Kelly O'Neill, Patricia Wright and Tony Zaman</p> <p><b>Officers Present:</b> Kevin Byrne (Head of Health and Strategic Partnerships), Gary Collier (Health and Social Care Integration Manager), Naveed Mohammed (Head of Business Performance &amp; Insight) and Nikki O'Halloran (Democratic Services Manager)</p>
	<p>At the beginning of the meeting, the Chairman recognised that colleagues in the broader health and care family had been affected by the current conflict and stated that the Board's thoughts were with them.</p>
24.	<p><b>APOLOGIES FOR ABSENCE</b> (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Professor Ian Goodman (Dr Kuldhir Johal was present as his substitute) and Mr Graeme Caul (Ms Vanessa Odlin would be present as his substitute and would be arriving at about 3pm).</p>
25.	<p><b>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING</b> (<i>Agenda Item 2</i>)</p> <p>There were no declarations of interest in matters coming before this meeting.</p>
26.	<p><b>TO APPROVE THE MINUTES OF THE MEETING ON 30 NOVEMBER 2021</b> (<i>Agenda Item 3</i>)</p> <p><b>RESOLVED:</b> That the minutes of the meeting held on 30 November 2021 be agreed as a correct record.</p>
27.	<p><b>TO CONFIRM THAT THE ITEMS OF BUSINESS MARKED PART I WILL BE CONSIDERED IN PUBLIC AND THAT THE ITEMS MARKED PART II WILL BE CONSIDERED IN PRIVATE</b> (<i>Agenda Item 4</i>)</p> <p>It was confirmed that Agenda Items 1 to 10 would be considered in public and that Agenda Items 11 and 12 would be considered in private.</p>
28.	<p><b>POPULATION HEALTH MANAGEMENT AND JOINT STRATEGIC NEEDS ASSESSMENT 2022</b> (<i>Agenda Item 5</i>)</p> <p>Mr Kevin Byrne, the Council's Head of Health and Strategic Partnerships, noted that a population health management approach gave partners the opportunity to gain a wider view of the needs of the local population, consistent with Hillingdon's joint health and</p>

wellbeing priorities. These priorities included the need to undertake further intelligence led enquiry to gain a greater insight into health and care disparities in the Borough.

Consideration needed to be given to ensuring that the governance framework was in place to give population health management the importance that it needed. It was noted that North West London Integrated Care System (NWL ICS) had commissioned Optum to work with Hillingdon Health and Care Partners (HHCP) to provide a framework and methodology to take forward population health priorities in the Borough with the Primary Care Networks (PCNs).

Mr Byrne advised that partnership work with Brunel University had progressed and the JSNA data would be updated by the end of the month. Discussions could then be undertaken through the HHCP Delivery Board to firm up the Borough's priorities using intelligence led enquiry. Ms Kelly O'Neill, the Council's Interim Director of Public Health, advised that this approach would mean that different populations within the community could be segmented and interventions that truly worked could be identified. This systematic and thorough methodology would allow the system to work together in the most effective way.

Ms Patricia Wright, Chief Executive at The Hillingdon Hospitals NHS Foundation Trust (THH), advised that a lack of information about the local population had led to the relationship with residents being transactional. To improve the outcomes for residents, preventative health measures needed to be managed better in the community. This would result in better health outcomes as well as being more cost effective.

A task and finish group would be deciding which of the four areas explored by the Action Learning Sets would be focussed on. The work with Optum had started about three weeks previously and had involved the Managing Director of Healthwatch Hillingdon but the cohort had not yet been defined at a place level. It would be important to retain representation from Healthwatch Hillingdon in this work going forward.

Dr Kuldhir Johal, Interim Borough GP Clinical Advisor of the North West London Clinical Commissioning Group (NWL CCG), advised that a range of work had been undertaken over the last few years and that there had been crossovers with other agencies such as the London Ambulance Service (LAS). This work had been undertaken through PCNs and neighbourhood working and had been place based, e.g., blood pressure monitoring through community pharmacies. This work in the community needed to be optimised, using the tools that had already been put in place during the joint working on the Covid vaccination programme.

Ms Caroline Morison, Co-Chairman and Managing Director of Hillingdon Health and Care Partners (HHCP), advised that it would be important to pull together all of the individual pockets of work being undertaken to ensure that everything was working well. In NWL, there had been an emphasis on the development process based on Joint Strategic Needs Assessments (JSNAs). However, to date, there had been less clarity on how this would relate to funding or resource allocation.

Councillor Jane Palmer, Cabinet Member for Health and Social Care, recognised the success of the Community Champions in the vaccination programme in Hillingdon and value of engaging with communities. However, she queried how this would be sustained going forward. Mr Byrne advised that additional funding to support this work had been received from the Department for Levelling Up, Housing and Communities and had to be allocated by the end of March 2022. He noted that 30 voluntary community health champions had been recruited during the pandemic and it was

hoped that a further 40 would be recruited before the summer. Champions had been asked to agree to support health initiatives in their communities and to complete a training programme. H4All had been commissioned to lead this work and would continue the recruitment programme through the summer. Thereafter, it was envisaged that the cohort of identified volunteer community champions would provide a legacy to continue to support health initiatives and the population health management approach described before. This, of course, depended on the goodwill of volunteers and it would be important to ensure that the dialogue was two-way and that community voices were heard.

Although there was a lot of different data being collected, concern was expressed in relation to how quickly partners were able to act on the data before it went out of date. Mr Byrne advised that, as the data changed all the time, partners captured key data sets and the most recent census data would also be released later this year. All of this information was reviewed by a team who used the intelligence to identify where issues lay. Ms O'Neill added that it was important to not rely too heavily on national data sets as these tended to lag too often and it would be key to use more local data to demonstrate better outcomes.

There was positive support from the Board for the direction of travel. Work would need to be undertaken to identify what data was required, capacity, etc, and then look at joining the data up. It was agreed that the Board receive an update on the Population Health Management work, including that undertaken by Optum, at its next meeting on 14 June 2022.

**RESOLVED: That:**

- 1. the action in place across Hillingdon Health and Care Partners to take Population Health Management approach to improving the health and wellbeing of the population be noted;**
- 2. the progress in partnership working with Brunel University and public health that will develop an updated Joint Strategic Needs Assessment and further intelligence leg enquiry which would provide greater insight to disparities in health and care in Hillingdon be noted;**
- 3. the Board receive an update on the work undertaken by Optum at its meeting on 14 June 2022.**

29. **2021/22 INTEGRATED HEALTH AND CARE PERFORMANCE REPORT** (*Agenda Item 6*)

Mr Gary Collier, the Council's Health and Social Care Integration Manager, highlighted three particular aspects of the report: NHS recovery and planned care backlogs and their implications; the Covid 19 vaccination programme; and workforce issues.

Insofar as the vaccination programme was concerned, the Board was advised that it was proving increasingly difficult to convince residents to complete all three of the available vaccinations. Mr Collier also highlighted the Government's decision to revoke the requirement for care staff in regulated care settings to be vaccinated and the Board was advised that any impact on the care sector of this action would be monitored, and any implications reflected in future performance updates.

Mr Edmund Jahn, Chief Executive Officer at Hillingdon GP Confederation, noted that an announcement had been made ten days previously that there would be a further six months of planned vaccinations using PCN community vaccination centres. Although a low volume of vaccinations were currently being delivered at the fixed and flexible/pop up hubs across the Borough, e.g., 100-150 vaccinations were being given each day at

Mead House, Winston Churchill Theatre and pharmacies, there would be a move to provide those aged over 75 and care home residents with a fourth dose. If Mead House was retained in the south of the Borough and only pop up hubs operated in the north, there would be capacity to cover the additional demand.

The Board was advised that there was a national shortage of staff, particularly in care homes. A number of initiatives had been detailed in the report to try to address this workforce shortage. In addition, the North West London (NWL) Business Intelligence Unit was developing a system to collect data on care home related hospital attendances and admissions. This would allow partners to undertake targeted work with the care homes.

Ms Kelly O'Neil, the Council's Interim Director of Public Health, advised that her team commissioned the NHS health checks in the Borough and that consideration needed to be given to what happened after someone had had a health check (the "so what?"). Further information on this issue would be included in a future performance report to the Board.

The report set out key performance indicators in relation to the length of stay of Hillingdon residents aged over 18 for 7+ or 14+ days in Hillingdon Hospital. It was noted that those who had longer hospital stays tended to be older which meant that it was important to continue with the Discharge to Assess (D2A) initiative. Although this information was not currently broken down by age, this could be done. More needed to be done to work with colleagues in other Boroughs to quickly identify people's needs and ensure that they were given the right support to meet those needs.

Ms Patricia Wright, Chief Executive at The Hillingdon Hospitals NHS Foundation Trust (THH), advised that, at a national level, there had been a push in relation to discharge management. A package of indicators had been adopted by approximately 16 Trusts to look at issues such patient flow through the hospital and admission avoidance improvements. D2A had resulted in improvements but it was clear that more could be done, and that further focus was needed on prevention rather than reaction to deal with an increasingly complex cohort of patients. Consideration would need to be given to segmenting the data to target relevant patients (which was one benefit of working at place level).

The Board was pleased to see that the end-of-life dashboard had been developed and that Hillingdon was enabling residents to achieve their wishes about preferred place of death. Compassionate Hillingdon had also been adapted from a 'Compassionate Neighbours' model and introduced. Dr Johal advised that Hillingdon had pioneered 'Coordinate My Care' which was an advanced care planning tool which also included information about preferred place of death. It was anticipated that this dashboard would provide partners with dynamic data which would shape care in the Borough. Some data from the dashboard had been included in the performance report and a further update would be included in the report to the Board's next meeting. With the 'Coordinate My Care' due to end, it would be important that any future system provided continuity. Dr Johal advised that the facility would remain as was but unbadged for the next six months and then the new system would be introduced once ready.

**RESOLVED: That:**

- 1. further information in relation to action taken after health checks had been undertaken be included in a future performance report to the Board; and**
- 2. the report be noted.**

Ms Caroline Morison, Co-Chairman and Managing Director of Hillingdon Health and Care Partners (HHCP), advised that HHCP had been operational for some time, illustrating the importance of 'place' and the need to retain decisions in relation to priorities and resources as close to the residents as possible. A lot of work had been undertaken in Hillingdon to identify local priorities which would continue to be evaluated and refreshed.

Six HHCP transformation programmes had been identified and partners were reviewing their approach to integration to deliver three strategic aims: deliver health and wellbeing outcomes set out in the Joint Health and Wellbeing Strategy (JHWS); establish joined up / person-centred models of care; and align with national and North West London (NWL) direction of travel for place based care. The NWL Integrated Care System (ICS) was currently looking a developing a strategy. Although this was still in the early stages, it was hoped that further information would be available for the Board's next meeting on 14 June 2022.

The review of HHCP would provide a roadmap that set out plans for 2022-2023, and longer term, in line with the JHWS. It would look at how to evolve into a place-based partnership and would be looking at integrating the neighbourhood operating model. The review would also include ongoing mapping and delivery of transformation schemes against the JHWS and new hospital activity shifts to ensure clarity about the trajectory. The workforce would also need to be considered.

The Health and Care Bill currently proceeding through Parliament set out the future component parts of integrated care systems (ICSs). Mr Tony Zaman, the Council's Interim Chief Executive, advised that included in the guidance was reference to seeking delegation to place. Concern was expressed that this would be another NHS juggernaut with the associated guidance providing no specifics in relation to practical implementation or any consideration about how this might actually work with local government. Assurance would be needed on what this might look like. Ms Patricia Wright, Chief Executive at The Hillingdon Hospitals NHS Foundation Trust (THH) advised that South West London had delegated everything to place level so consideration might need to be given to how Hillingdon could shape the agenda.

Concern was expressed that the population health management work was linked to place and the funding allocation from NWL could be at odds to the local initiatives that had already been put in place. There was coherence in the system in Hillingdon which was less obvious elsewhere so it would be important to establish what the delegated criteria would be and how Hillingdon would meet this (unless there was no delegation at all in NWL).

Although a lot of work had been undertaken in relation to place based care, more was needed in relation to the public health element. It would be important to keep an open dialogue regarding the ICS development.

Mr Edmund Jahn, Chief Executive Officer at Hillingdon GP Confederation, noted that centralisation and standardisation appeared to be common themes before budgets were delegated. As such, although the partnerships were in place, these could not be used properly until NWL gave the go ahead.

The Health and Wellbeing Board would be a key stakeholder in the development of the NWL ICS so would need to reflect back its position.

**RESOLVED: That the report be noted.**

**31. MENTAL HEALTH SERVICES: COVE CRISIS CAFÉ, 16-25 YOUNG ADULT MENTAL HEALTH AND CRISIS HOUSE (Agenda Item 8)**

Ms Vanessa Odlin, the Director of Hillingdon and Mental Health at Central and North West London NHS Foundation Trust (CNWL), provided an update on mental health crisis action that had been taken in the Borough. The Cove Crisis Café had been commissioned from Hestia and access had been changed so that individuals could self-refer. Although there had been a subsequent increase in the number of attendances, this had not continued to grow. To address this, consideration was being given to further publicising the open access – the service had previously been publicised on social media and via partners and the communications strategy would need to be relaunched.

Concern was expressed at the low referral rate to the Cove Crisis Café and that feedback had identified the service as not being open during operational hours and staff being cold in their approach. It was recognised that action had been taken to address these issues and that there was a need to ensure good training for staff in terms of their role and expectations of them. Chasing The Stigma would be providing first aid training for staff as well as to other organisations in Hillingdon.

Consideration would need to be given to whether or not Hestia was the right organisation to provide the Cove Crisis Café. To this end, further work would be needed to monitor performance against the contract brief.

The Board was advised that a Hillingdon Young Adult Pathway Lead had been appointed and interviews had taken place for a Young Adult Psychiatrist to support the 16-25 Young Adult Mental Health and Wellbeing Partnership Model. Further work was planned to develop this initiative. Although this recruitment was welcomed, concern was expressed that there had been much discussion about the support available for 16-25 year olds in crisis over many years. Despite this, Hillingdon was still not currently providing a robust crisis pathway and could not deliver appropriate, timely service alternatives to A&E. This had had a detrimental impact on service users' health and wellbeing.

Insofar as the Crisis House was concerned, Ms Odlin advised that consideration had been given to identifying gaps in the service, with a twelve month pilot starting in April 2022. In addition, a mental health emergency centre had been piloted but this had reduced the number of Section 136 beds available in Riverside. Discussions were being undertaken with the police regarding street triage to try to address some of these issues but work needed to be done at the right place and time within the resources that were available.

The Board welcomed the transparency of the report. Dr Kuldhir Johal, Interim Borough GP Clinical Advisor of the North West London Clinical Commissioning Group (NWL CCG), advised that GPs had regular contact with young people aged 16-25 with mental health issues. It was suggested that providing information on the CNWL website would enable GPs to use the hyperlinks to promote the crisis pathway services that were available. It would be important to have smarter ways to access information and services and to maintain a two-way interactive conversation.

Ms Odlin recognised that improvements were needed in the availability of information on the website and the advertising of services as currently it was not particularly interactive or intuitive. Work was already underway to develop the website to ensure

that all information was available but this would take a couple of months to complete. The café had remained open during the pandemic so work would need to be undertaken with Hestia to get feedback from patients to establish what services and facilities they wanted. Conversations were already being held with the Council to identify a better location for the café that had access to public transport links and a wider offer was needed in Hillingdon to bring services together.

The Board recognised that the crisis pathway was on a journey and needed to plan how it was going to develop. The local authority would be doing more on digital presence over the next few months and it was suggested that this be done collectively and include the HHCP digitisation programme. This could result in developing a place-based resource, with maintenance being undertaken between the partners. An update on progress of the crisis pathway and digital presence would be brought to the Board's next meeting on 14 June 2022.

**RESOLVED: That:**

- 1. the updates in respect of mental health crisis services be noted; and**
- 2. an update on progress of the crisis pathway and digital presence be brought to the meeting on 14 June 2022.**

**32. PHARMACEUTICAL NEEDS ASSESSMENT UPDATE** (*Agenda Item 9*)

Mr Naveed Mohammed, the Council's Head of Business Performance, noted that there was a statutory responsibility for Health and Wellbeing Boards to publish and maintain a statement of the need for pharmaceutical services for the population in their area, known as the Pharmaceutical Needs Assessment (PNA). The PNA helped in commissioning pharmaceutical services to meet local priorities and was used by NHS England when making decisions about applications to open new pharmacies. The new PNA needed to have been signed off and published by 1 October 2022.

Analysis of demographics and epidemiology had almost been completed. A survey of pharmacy contractors had been undertaken but the response rate by the deadline (28 February 2022) had been 45% so was likely to be extended to enable 100% compliance. A patient survey was also available on the Council website with approximately 50 responses received to date. Social media would be used to promote this survey to try to increase the response rate to around 200. Ms Kelly O'Neil, the Council's Interim Director of Public Health, suggested that Mr Mohammed use the skills, knowledge and expertise of the Public Health Pharmacist Specialist that worked at the local authority.

Mr Mohammed advised that the PNA process was prescribed. Engagement would need to be undertaken with stakeholders and would include the Local Pharmaceutical Committee (LPC). Although this was a statutory process, Ms Patricia Wright, Chief Executive at The Hillingdon Hospitals NHS Foundation Trust (THH), noted that it seemed very outdated, and these needs assessments were not undertaken for opticians or dentists. Ms O'Neil agreed that the process was outdated but noted that it had highlighted the digitisation of processes that had been successfully implemented. As the processes could not be changed, it would be important to make them relevant to what was needed and to share the PNA at an early stage to coordinate how it was pulled together.

Concern was expressed that dental services in the Borough needed some consideration. Ms Caroline Morison, Co-Chairman and Managing Director of Hillingdon Health and Care Partners, advised that dental services featured in the Joint Health and Wellbeing Strategy.

Given the timings of the Health and Wellbeing Board meetings and the need to sign off the consultation documents in June and consultation responses in September, it was agreed that these sign offs be delegated to the Interim Director of Public Health, the Head of Health and Strategic Partnerships and the Head of Business Performance in consultation with the Co-Chairmen. A final draft version of the PNA would be brought back to the Board before being published on 1 October 2022.

**RESOLVED: That:**

- 1. the additional work completed on the PNA since the last update, which would ensure the 2022 PNA was completed and published by the 1 October 2022 deadline, be noted; and**
- 2. delegated authority be given to the Director of Public Health, Head of Health and Strategic Partnerships and Head of Business Performance to sign off consultation documents (June) and consultation responses (September) in consultation with the Co-Chairmen.**

33. **BOARD PLANNER & FUTURE AGENDA ITEMS** (*Agenda Item 10*)

Consideration was given to the Board Planner. The dates for meetings in the 2022/2023 municipal year had been agreed at Council on 24 February 2022 and included in the appendix to the report, along with the report deadlines for each meeting.

During the course of the meeting, it had been agreed that the following be provided at the Health and Wellbeing Board meeting on 14 June 2022:

1. an update on the work being undertaken on population health management, including that with Optum and Hillingdon Health and Care Partners (HHCP), to provide a framework and methodology to take forward population health priorities in the Borough with the Primary Care Networks (PCNs);
2. an update on the end of life dashboard;
3. an update on subsequent action after someone in the Borough had had a health check (the “so what?”);
4. an update on the strategy being developed by the NWL Integrated Care System (ICS); and
5. an update on the progress of the crisis pathway and digital presence.

A request was made that the meeting on 14 June 2022 also receive updates on additional schools being included (or not) in obesity initiatives, dental services and CAMHS (it was agreed that information on crisis management would be kept separate to children’s services).

Requests for the inclusion of additional items on the agenda should be sent to the Co-Chairmen and Democratic Services Manager.

**RESOLVED: That the Board Planner, as amended, be agreed.**

34. **BETTER CARE FUND AND HEALTH AND CARE INTEGRATION** (*Agenda Item 11*)

Consideration was given to the Better Care Fund and health and care integration.

**RESOLVED: That:**

- 1. Ms Morison and Mr Collier draft a position statement with input from partners;**
- 2. work to develop a place-based health and care budget be undertaken in discussion with partners, as outlined in the report; and**

	<b>3. the discussion be noted.</b>
35.	<b>UPDATE ON CURRENT AND EMERGING ISSUES AND ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS TO BE URGENT</b> ( <i>Agenda Item 12</i> )  There were no additional updates on current or emerging issues, nor any other urgent business.
	The meeting, which commenced at 2.30 pm, closed at 4.29 pm.

These are the minutes of the above meeting. For more information on any of the resolutions please contact Nikki O'Halloran on 01895 250472. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.

This page is intentionally left blank

## INTEGRATED NEIGHBOURHOOD WORKING

<b>Relevant Board Member(s)</b>	Professor Ian Goodman, Borough Medical Director, Hillingdon Dr Ritu Prasad, Clinical Director, HHCP
<b>Organisation</b>	NWL CCG - Hillingdon Borough The Confederation - Hillingdon
<b>Report author</b>	Richard Ellis and Sean Bidewell – Joint Borough Directors
<b>Papers with report</b>	None.

### HEADLINE INFORMATION

<b>Summary</b>	This paper updates the Board on progress and achievement in 2021/2022 against long term conditions, planned care, immunisations, access and integrated neighbourhood models.
<b>Relevant Policy Overview &amp; Scrutiny Committee</b>	Health and Social Care Select Committee
<b>Ward(s) affected</b>	All

### RECOMMENDATION

**That the Board notes progress and future priorities.**

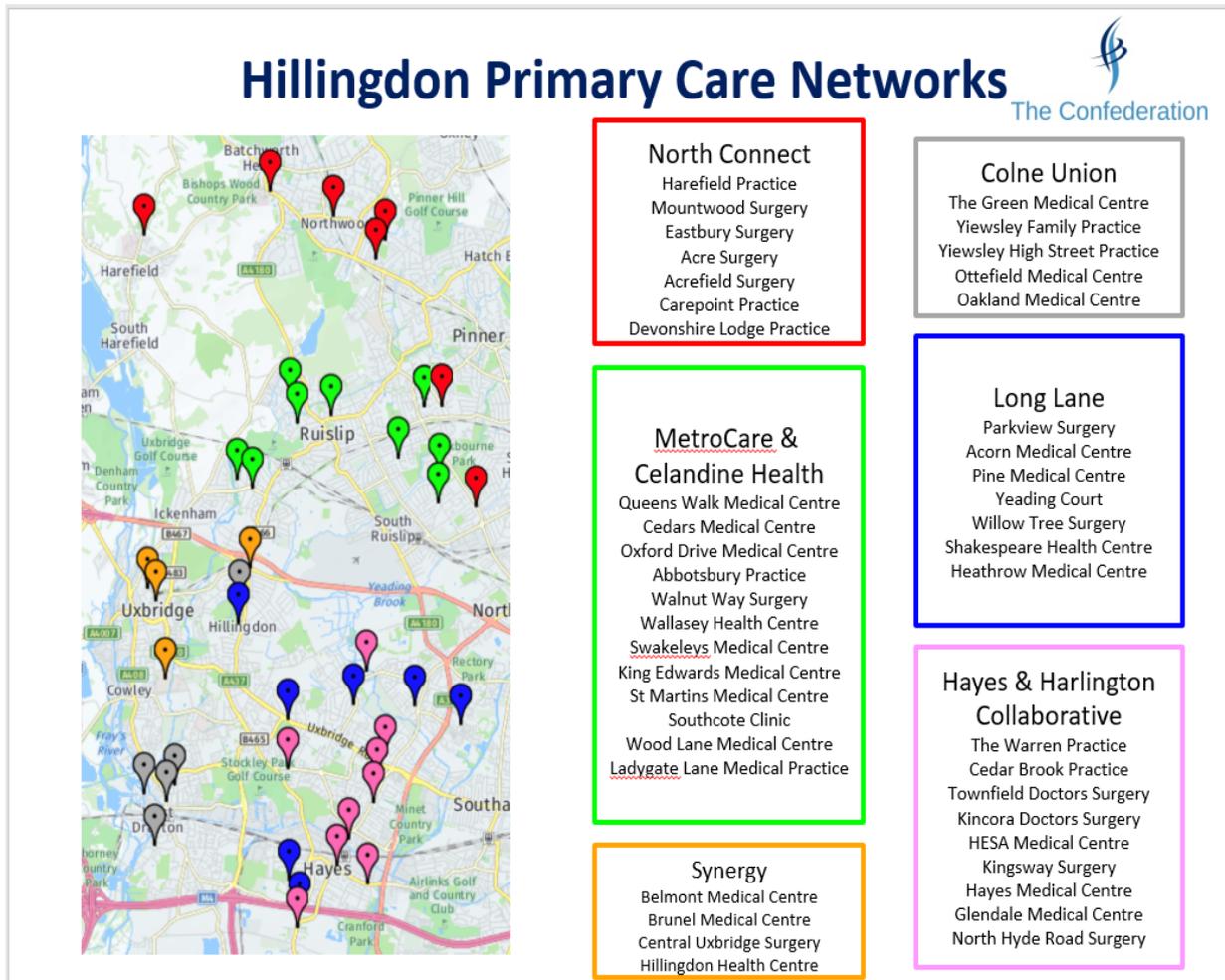
### OVERVIEW

This paper is intended to provide an update on the work undertaken to date on developing integrated ways of working both across primary at scale and in partnership with other health and care teams, achievements to date and areas for future focus.

### INTEGRATED NEIGHBOURHOOD MODELS

In Hillingdon neighbourhoods are established as a vehicle to deliver improvements that meet the population need through delivering care by multi-disciplinary teams arranged around groups of general practices or primary care networks (PCNs) (figure 1.). This is in line with the recommendations from the recent Fuller stocktake – *Next steps for integrating primary care*. A number of neighbourhood models of care are in place and have demonstrated value both in terms of financial savings and also through the quality of care being delivered. The impact of the care homes team is covered in the integrated performance report, the below sets out a number of our other neighbourhood and integrated models of care.

Figure 1.

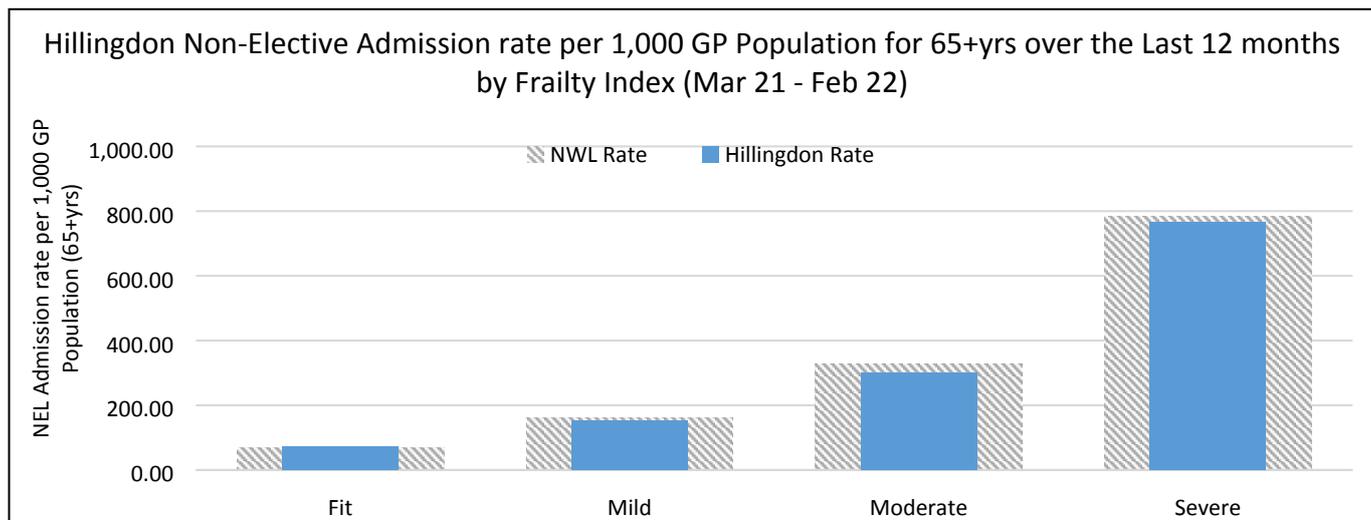


**Care Connection Team (CCTs)**

The Care Connection Team provides active case management and care co-ordination to the top 2% of individuals aged over 18 years at high risk of hospital admission or hospital attendance addressing their escalating care need before they cause any deterioration and therefore reducing acute activity. The teams are made up of Guided Care Matrons, Care Coordinators, Wellbeing Advisers, Mental Health Practitioner and GPs.

An analysis of the activity of those on the caseload 3 months pre and post referral showed a reduction of 440 A&E attendances and a reduction of 282 non-elective admissions which together equated to an estimated gross saving of £1,278,047 (This is based on an average PbR cost for this patient group) based on 3 months. It should also be noted that rates of non-elective admissions for the over 65 population in Hillingdon are lower than the NW London average (figure 2.).

Figure 2.



A programme of work to refresh the model post Covid has been undertaken and focuses on re-establishing links into the hospital teams to support rapid admission avoidance and proactive, timely discharge planning as well as maintaining a focus on care-coordination and joined up working across wider community teams and resources.

### **Integrated paediatrics**

The paediatric integrated clinics provide a joined up, out of hospital model of care for families who would otherwise be attending an outpatient clinics. Clinics have been running since 2018 and rotate through different practices across the borough in order to provide access to residents and clinicians. As well as providing a community setting for specialist care and reducing the outpatient waiting lists the clinics support the development of relationships between primary care and specialist teams and an opportunity for education and training as clinics are shared by GPs and consultants. The model is currently being expanded to include MDT discussions on children with complex needs (including mental health) with the first sessions starting in October 2021 with Long Lane PCN. Representatives from local authority, CAMHS, hospital and community paediatricians, school nursing, voluntary sector as well as GPs attend. The decision to allocate year 2 funding for the mental health PCN alternative roles for children and young peoples' mental health will further support the integration of physical and mental health care planning.

### **Population health and preventative care**

The progress and approach to population health in Hillingdon is covered elsewhere on the agenda. However, it should be noted that this is at the core of the development of neighbourhood working and will provide the focus for the operating models of our neighbourhood teams building on work that has already been established through integrated working on diabetes, learning disabilities and serious mental illness and covid and flu vaccinations.

### **Diabetes**

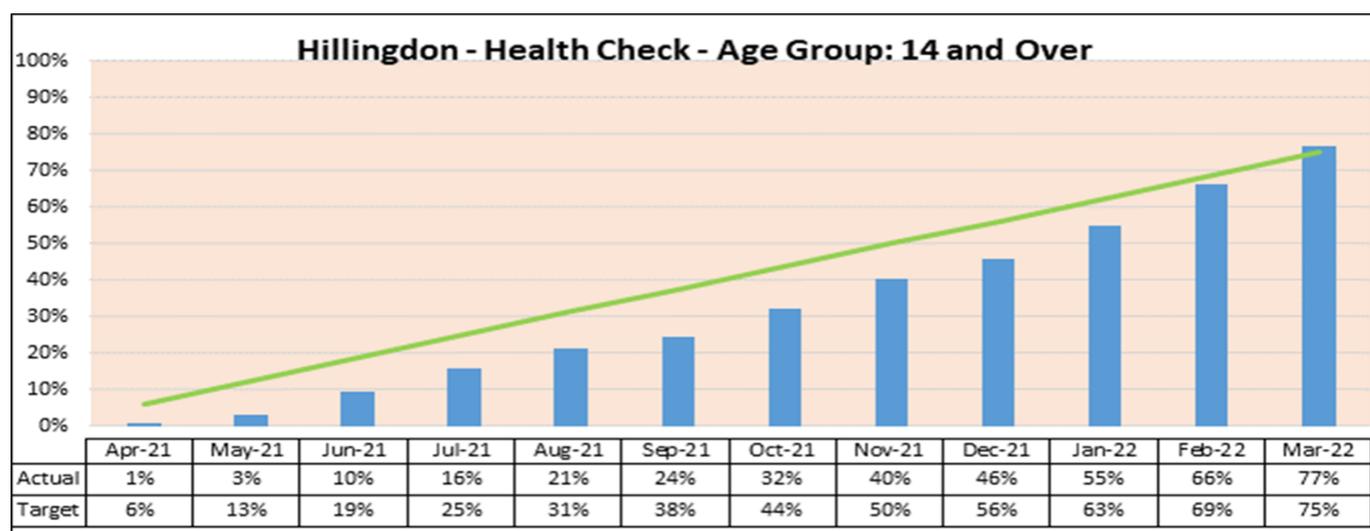
2021/22 was the first year of the NWL-wide diabetes enhanced service which builds on the service previously commissioned in the inner London boroughs. Whilst activity has been affected by covid, it is worth noting that Hillingdon ranks in the top four of the eight boroughs for HbA1c control

in people with newly diagnosed diabetes, the proportion of people attending group consultation sessions and the proportion of people starting the REWIND low calorie programme. Delivery of high quality diabetes care will continue to be a priority across the teams for 2022-23.

## Learning Disability and Serious Mental Illness and Common Complex Mental Health Need

People with a Learning Disability on GP practice registers aged 14 and over are required to have a physical health check once a year. The chart below (figure 3.) shows the progress made across the year of people in 2021/22. The end of year outturn confirmed that performance was above the target.

Figure 3.



There has been a nationally mandated requirement that 60% of people with an SMI have a physical health check consisting of 6 checks since 2018. In 2021/2022 NWL introduced a new enhanced service aiming for 70% of people with a Serious Mental Illness and the top 5% of 70% of CCMI having a health check with an extended number of checks (20). During 2021/2022 partners (The GP Confederation, CCG, MIND, and the Local Authority) worked together to increase access for health checks to the wider group to support this aspiration.

Following a Masterclass session for practices held on 24 March 2021 covering the mental health transformation programme and how voluntary sector organisations can support delivery a training programme was implemented with MH First Aid training and other bespoke training sessions set up and held each quarter.

The end of year (2021/2022) position saw 53.3% of SMI and CCMI patients having all 20 enhanced checks completed. Although this level was not the 70% expected by NWL it was a notable improvement from that achieved in 2020/21 when the outturn was 16.9% for the Nationally mandated checks for SMI. Reaching the national target will continue to be a priority for 2022-23.

## Covid vaccinations

As of 15 May 2022, Hillingdon is the highest achieving Borough across NWL for first dose uptake of the Covid vaccination (70%) with 98% of care home residents vaccinated (also the highest level in NWL). Figures for the majority of the younger cohorts also rank highest across NWL. Delivery of vaccinations continues to be a partnership approach including the provision of a local

authority bus to support roving 'pop up' sites, the ongoing GP Confederation sites at Winston Churchill Theatre and Mead House, joint primary and community care delivery models with CNWL teams for care home and housebound residents, pharmacy sites across the borough and the NWL vaccination bus staffed by the NWL roving team who have been attending two Hillingdon primary schools for after school clinics from 9th May onwards at Pinkwell school (Monday and Tuesday 3-7pm) and Harmondsworth (Thursday and Friday 3-7pm).

Resources using Aggie the Alien, created by one of our younger residents as part of a Hillingdon CCG initiative, have been developed to promote the vaccine from 5-11 years old, these launched the week of 23 May and Aggie has also been featured on the BBC.

In addition to joint planning for an autumn vaccination campaign there is ongoing work to support the increase in uptake for cohorts that are showing lower uptake rates through a combination of community conversations, identifying targeted locations for pop ups and proactive communications.

## **Flu vaccinations**

For 2021/22, Hillingdon Borough was the highest performing borough across the ICS for uptake of flu vaccinations, based on data extracted from NWL Business Intelligence (BI) team; the uptake for the over 65 cohort was 75.8% compared to 70.4% in 2020/21 and for the clinically vulnerable cohort uptake was 52% compared to 42% in 2020/21.

The NHS 22/23 influenza programme for this year covers cohorts offered vaccine prior to the pandemic. Cohorts that were eligible in the 2021 to 2022 season but that are not included in the cohorts for 2022 to 2023 are:

- those aged 50 to 64 years
- secondary school children in Years 7 to 11 (between 11 and 15 years of age on 31 August 2022)

Last year's NWL performance will be used as one of the benchmarks for next season but still a requirement to work towards 75% uptake ambition. A NWL Workshop will take place the end of May with system partners looking at forward planning for the forthcoming season.

For 2022/2023, we will work with Hillingdon Health Care Partners (HHCP) to continue to build on last year's Flu approach, ensuring effective planning and delivery across the Borough. Increasing uptake in line with all national targets; most notably ensuring we reach the majority of our homeless population and improve uptake in pregnant women.

## **ACCESS**

### **Winter Access Funding**

The national Winter Access Fund (WAF) was offered to systems in addition to any existing or usual local winter funding arrangement. Hillingdon created a financial framework for the distribution of funds which was a total allocation of £1.094m. The schemes were a combined offer of enhanced access for identified practices, support to PCNs to address workforce demand and at scale provision of in and out of hours appointments.

A comparison of 2019/20 and 2021/22 December to April appointments shows on average there

---

were 106,124 more appointments offered in 2021/22 than in 2019/20 during the Winter Access Fund period:

<b>2019/20 December to April Appointments</b>	<b>2021/22 December to April Appointments</b>
377,558	483, 682

In Hillingdon this included the mobilisation of a primary care ‘surge’ hub to support additional primary care demand over the winter months from 111, the UTC and practices.

### **Enhanced Access Requirements**

Currently the Hillingdon GP Confederation provide the extended access hub service spread across three geographical sites within the Borough. NHS England recently wrote to all GP Practices and Primary Care Network (PCN) Clinical Directors to set out the General practice contract arrangements in 2022/23.

The enhanced access 2022/23 DES establishes a principle of Network Standard Hours which must be provided by all PCNs for a period of 18:30-20:00 every weekday evening and 09:00-17:00 on Saturdays. PCNs are able to provide a proportion of Enhanced Access outside of these hours, for example early morning or on a Sunday, where this is in line with patient need locally and it is agreed with the commissioner. PCNs can choose to deliver this requirement in collaboration or independently.

The NWL Primary Care team, alongside local patients, have developed a range of resources within this ‘NWL Enhanced Access Pack’ to support PCNs in undertaking the actions required in order to submit the PCNs’ proposed plans by 31 July 2022. The Hillingdon Confederation and local Healthwatch is supporting the six PCNs with overseeing the patient engagement required within their local populations and the development of the PCN’s proposed offer, in line with the national specification

Across London, NWL has been at the forefront of providing additional appointments for patients outside of core hours with well-established models in each borough of 08:00-20:00 provision Monday-Sunday. This means that we have a higher starting point of provision than other parts of the country which has benefited patients and practices alike in the capacity made available.

### **PLANNED CARE**

Work continues across primary, secondary and community care clinicians to develop new pathways to improve access to care, make best use of our teams and collective resources and alleviate demand into specialist services.

### **Gynaecology**

The community Coil and Pessary clinic is led by the GP Confederation and delivered in the community. This clinic has seen high utilisation with plans to further develop the service through developing the workforce and identifying additional gynaecology pathways that could be incorporated. Patient satisfaction is high with 98% of patients stating they would recommend the service and rate their experience as good or better. There has only been one DNA in the 27 clinics so far.

## **Ophthalmology**

The Covid Urgent Eye Service (CUES) finished at the end of May as this was part of the covid response to face to face services temporarily being stood down. Activity through the service had been very low (average of 2 patients per day) and pre-existing pathways are in place for patients to be referred into. A new model of care has been specified through the clinical working group and has been submitted to NWL to join the system wide procurement process. Engagement will be undertaken to inform the model prior to procurement commencing by late summer 2022.

## **Gastroenterology**

A shared service has been developed to support the management of IBS, IBD and Coeliac disease across acute and primary care and is currently progressing through governance processes. The service will deliver senior dietician support through primary care-based and hospital-based clinics and is intended to go live during quarter 2 of 2022/23.

This page is intentionally left blank

## 2021/22 INTEGRATED HEALTH AND CARE PERFORMANCE REPORT

<b>Relevant Board Member(s)</b>	Caroline Morison Councillor Jane Palmer
<b>Organisation</b>	London Borough of Hillingdon
<b>Report author</b>	Gary Collier - Social Care and Health Directorate, LBH Sean Bidewell – Integration and Delivery, NWLCCG
<b>Papers with report</b>	None

### HEADLINE INFORMATION

<b>Summary</b>	This report provides an update on the delivery of the transformation workstreams established to deliver the priorities within the Joint Health and Wellbeing Strategy. This report also includes an update on actions within the scope of the Better Care Fund and seeks approval for the content of the 2021/22 end of year reporting template to the Department of Health and Social care.
<b>Contribution to plans and strategies</b>	The Joint Health and Wellbeing Strategy and Better Care Fund reflect statutory obligations under the Health and Social Care Act, 2012.
<b>Financial Cost</b>	The total of the BCF for 2021/22 was £106,454k made up of a Council contribution of £57,327k and a CCG contribution of £49,127k.
<b>Ward(s) affected</b>	All

### RECOMMENDATIONS

That:

- a) the content of the 2021/22 end of year template be approved;
- b) delegation to the Executive Director for Adult Social Care and Health to sign-off the template submission on behalf of the Board be approved; and
- c) the content of the report be noted.

### INFORMATION

#### Strategic Context

1. This report provides the Board with an update on delivery of the priorities within the Joint Health and Wellbeing Strategy for the January to March 2022 period (referred to as the 'review period'), unless otherwise stated. The report also seeks approval for the content of the 2021/22

end of year template.

2. This report is structured as follows:

- A. Key Issues for the Board's consideration
- B. Workstream highlights and key performance indicator updates

### **A. Key Issues for the Board's Consideration**

#### **2021/22 End of Year Better Care Fund (BCF) Template**

3. All health and wellbeing board areas in England were required to submit an end of year template summarising 2021/22 activity on 27<sup>th</sup> May 2022. Officers have submitted a draft template subject to the Board's sign-off. The template is an excel spreadsheet containing five worksheets. **Appendix 1** includes the detail of these tabs for the Board's consideration, but the key points are highlighted below.

4. **Appendix 1: National Conditions** – This asks if Hillingdon met the four national conditions for the BCF, which it did.

5. **Appendix 1A: Metrics** – This is seeking the end of year status against the targets for avoidable admissions, length of stay (LoS), discharge to usual place of residence, permanent admissions to care homes of people aged 65 and over and percentage of people still at home 91 days after discharge from hospital having received a period of reablement.

6. The key point to highlight to the Board is that Hillingdon's activity is green for three of the four targets. The data for the avoidable admissions metric (referred to as '*unplanned hospitalisation for chronic ambulatory care sensitive conditions*' in the template excerpt in **Appendix 1A**) is published by NHSE and figures for March 2022 have not been published, hence the '*data not yet available to assess progress*' response in the template. However, the Board may wish to note that the trend from April 2021 to February 2022 would suggest a positive outturn. A common approach across NWL has been taken to the update for this metric.

#### **Ambulatory Care Sensitive Conditions Expanded**

Ambulatory care sensitive conditions (ACSCs) are conditions where effective community care and case management can help prevent the need for hospital admission. They include conditions such as acute bronchitis, angina, heart disease, heart failure, dementia, emphysema, epilepsy, high blood pressure, diabetes, chronic obstructive pulmonary disease (COPD) and fluid on the lungs (pulmonary oedema).

7. **Appendix 1B: Income and Expenditure Actuals** – Actual expenditure £739k over the agreed 2021/22 BCF value due an increase in costs for Continuing Healthcare (CHC) placements. This additional cost has been borne by the CCG. Actual Council BCF expenditure was in line with the agreed budget.

8. **Appendix 1C: Year End Feedback** – This asks for responses against three pre-set questions and the identification of two successes and two challenges.

9. **Appendix 1D: Adult Social Care Fee Rates** – This asks about actual fee rates for home

care, nursing care home and residential care homes in 2020/21 against the figures included in the 2020/21 end of your template for these service areas. Rates for 2021/22 are also required. The key points to highlight to the Board are:

- The actual fee rates for 2020/21 matched the projections, which is not surprising as the 2020/21 template was submitted in May 2021.
- 2021/22 saw an average increase of 3.5% in fees paid across the services referred to in paragraph 9. The availability of funding through the DHSC's Infection Control and Testing Fund and the Workforce Recruitment and Retention Fund were a help to providers, but allocations were often quite small and did not address the level of cost increases faced by providers.

### **2022/23 BCF Development**

10. **Place-based health and care budget development:** The March Board asked that work be undertaken in discussion with partners to develop a place-based health and care budget. Discussions between the Council, HHCP and the North West London Integrated Care System is in progress.

11. **NHS Provider inclusion as party to section 75 (s75) agreement:** The possibility of CNWL becoming a party to the 2022/23 section 75 (NHS Act, 2006) that will give legal effect to the financial and partnership arrangements within the as yet to be agreed BCF plan are currently under discussion.

12. **2022/23 BCF planning requirements:** The latest intelligence is that the planning requirements for the BCF plan will be published early in July for a submission mid-September 2022. The Board is advised that is not confirmed and therefore subject to change. If this timetable is delivered it would mean that section 75 sign-off is likely to be required by the end of December 2022 or the end of January 2023 if there is slippage in publication of the results of the plan assurance process.

13. Other indications about the requirements for the 2022/23 BCF plan include:

- **National conditions:** It is understood that a new national condition will be included that asks for plans to meet the national objectives of enabling people to stay well, safe and independent at home for longer and also the provision of the right care in the right place at the right time. Although subject to the content of the planning requirements, the work already in progress to delivery to the priorities within the joint health and wellbeing strategy mean that officers and partners do not believe that satisfying this national condition will be problematic.
- **Intermediate care provision plans:** Local systems will also be required to submit a high-level overview of expected demand for intermediate care, along with planned capacity to meet this demand alongside their BCF plans. This is also an area where there has been close working across health and care partners

### Intermediate Care Services Explained

Intermediate care services are a range of short-term services provided to people free of charge to enable them to return home more quickly after a hospital stay or avoid going into hospital unnecessarily. The range of services include reablement, crisis response, home-based rehabilitation and bed-based services.

- **Metrics:** The only suggested change to the metrics shown in **Appendix 1A** is the removal of those concerning length of stay. Metrics concerning avoidable admissions, discharge to usual place of residence, permanent admissions to care homes and people still at home 91 days after discharge from hospital who have received a period of reablement are expected to be retained.

### Adult Social Care Funding Reforms

14. On 7<sup>th</sup> September 2021 the Government announced its intention to introduce the following changes to the funding of Adult Social Care:

- **Cost care cap:** From 1<sup>st</sup> October 2023 no one will have to pay more than £86,000 toward meeting the cost of addressing their assessed care needs in their lifetime.
- **Capital thresholds:** From the 1<sup>st</sup> October 2023 the maximum level of capital or savings that an adult can have and be eligible for financial assistance from the local authority with meeting their assessed social care needs will rise from £23,250 to £100,000. The minimum threshold for contributions will also increase from £14,250 to £20,000, which means that anyone with capital or savings below this figure will not have to make a financial contribution to meeting their care costs.

15. The changes in capital thresholds will increase the numbers of people eligible to receive assistance from October 2023 and the introduction of the care cap is likely to impact on demand for local authority support and related costs over time. An immediate implication of the introduction of the care cap is the need to identify a fair cost of care that should contribute to the cap.

16. The rates for care paid by local authorities are generally much lower than those paid by self-funders, which the DHSC is seeking to address. Local authorities are therefore being required to undertake a fair cost of care exercise with care home providers supporting people aged 65 and over and homecare providers supporting people aged 18 and over with the intention of identifying the true cost of care. The expectation is that rates paid by local authorities will increase as a result of this exercise and the Market Sustainability and Fair Cost of Care Fund has been introduced to cushion the financial impact of these changes. The level of this fund for 2023/24 and 2024/25 will be determined by the outcome of this exercise. The key unknowns at this stage are:

- Medium to long-term impact on care costs incurred by the Council.
- Extent to which the financial impact will be cushioned by the Market Sustainability and Fair Cost of Care Fund.

- Effect on care costs paid by the NHS.
- Overall impact on the sustainability of the Hillingdon’s care market.

17. The Board will be updated as the implications of the funding changes unfold.

**B. Workstream Highlights and Key Performance Indicator Updates**

18. This section provides the Board with progress updates for the six workstreams, where there have been developments. The outturn for the national metrics within the 2021/22 BCF is addressed in paragraphs 5 and 6 and **Appendix 1A**.

19. This section also provides updates on the five enabling workstreams, where there has been progress since the report to the March 2022 Board meeting.

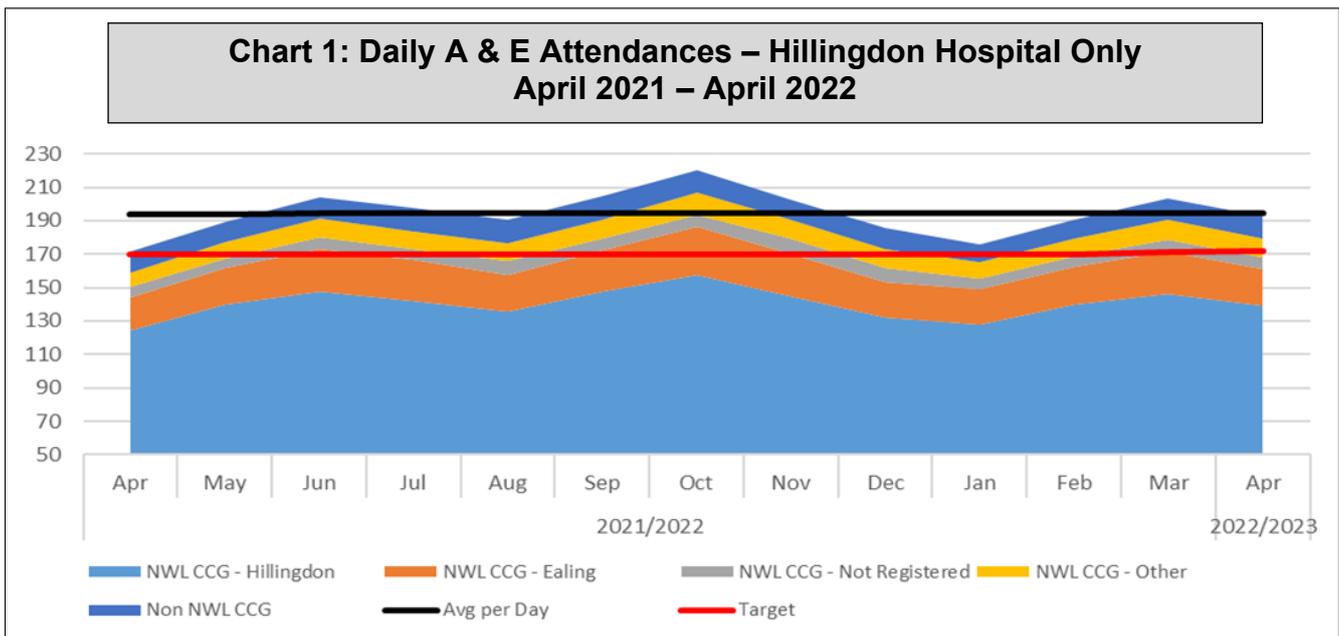
**Workstream 1: Neighbourhood Based Proactive Care**

20. Developments within this workstream are addressed in a separate report entitled *Integrated Neighbourhood Care* on the Board’s agenda.

**Workstream 2: Urgent and Emergency Care**

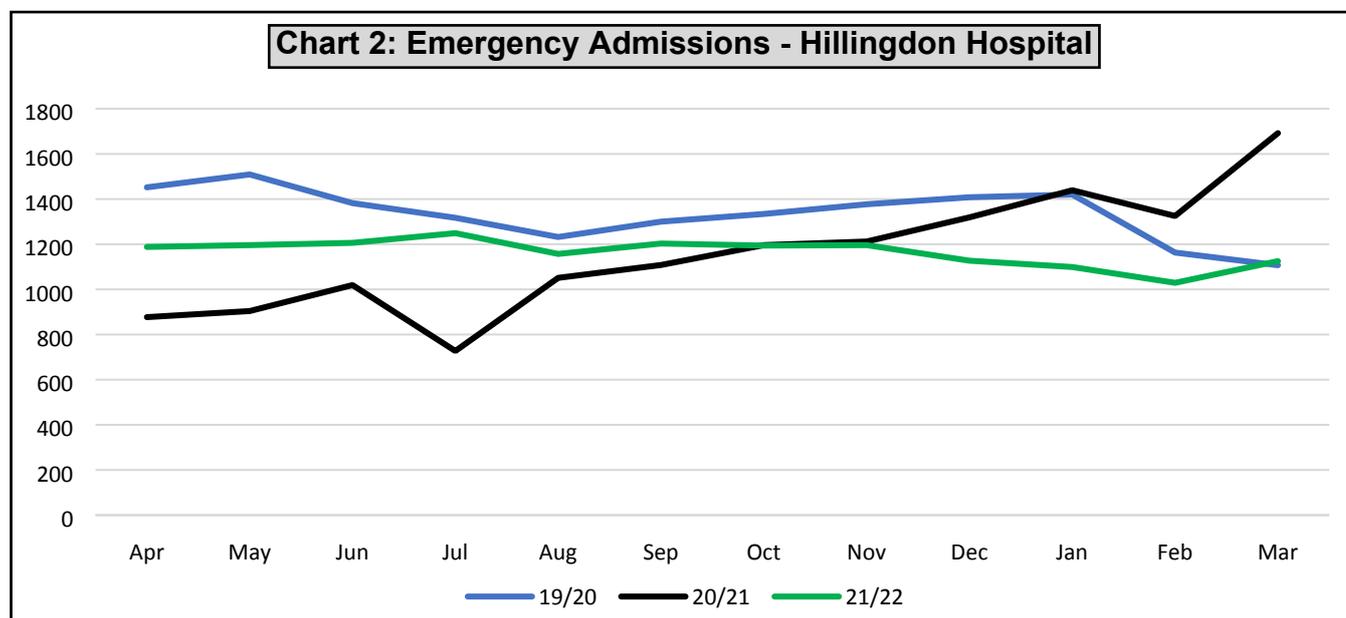
**Workstream Highlights**

21. **A & E Attendances:** The report to the March Board showed a reduction in attendances from October 2021 to January 2022. Since January the number of attendances has increased resulting in an average of 194 per day. This has reduced to 184 a day since the beginning of April. As reported in March, 72% of attendees are people registered with Hillingdon GPs; 12% with Ealing GPs and the rest from a range of areas or not registered. Chart 1 below shows Hillingdon Hospital attendance activity from April 2021 to April 2022.



Source: NWL BI

22. **Emergency Admissions:** Chart 2 below shows that there has been a levelling off in the number of emergency (also known as non-elective or NEL) admissions during the second half of 2021/22 until February 2022 when it started to increase to match the equivalent position in March 2019, i.e., pre-pandemic.



Source: NWL BI

23. **Urgent Treatment Centre (UTC):** This is for residents who have an urgent or severe condition or minor injury that cannot wait for a GP appointment (usually 48 hours). Hillingdon's UTC is based on the Hillingdon Hospital main site. A key objective of the service is to redirect people to primary care who do not need inpatient treatment at Hillingdon Hospital. In 2021/22 there was an average redirection rate of 8.6% compared to 4.9% in 2020/21.

24. **Same Day Emergency Care Unit (SDEC):** The Board is reminded that this unit provides same-day assessment and treatment of people who require a secondary care assessment but not necessarily a hospital admission. The SDEC unit has a dedicated direct line for GP advice and operates 7 days a week and the aim of the service is to increase direct referrals from the GPs and therefore reduce unnecessary attendances at the UTC and the Hospital's Emergency Department. During 2021/22 there has been a reduction in the percentage of direct referrals coming from GPs to the Accident and Emergency Clinical Unit (AECU) from 20.9% in 2020/21 to 19.7% in 2021/22. Work is currently in progress to increase the capacity of the service.

25. **Step-down, Discharge and Winter Pressures:** Additional capacity introduced to manage winter demand has rolled forward into 2022/23 to support the reduction in length of stay at Hillingdon Hospital, i.e., D2A bridging care, 7-day social care support and step-down bed provision.

26. In order to establish a stable supply of bed-based provision to support hospital discharge and prevent unnecessary admissions a tender is in progress that will lead to four-year contracts with providers for thirteen beds including nursing and residential care home provision to support both step-down from hospital and step-up from the community to prevent unnecessary hospital admissions. The procurement is being led by the Council with specifications developed with HHCP partners.

## Key Performance Indicators

27. The following key indicators have been agreed across the system in respect of workstream 2:

- **Daily bed occupancy rate at Hillingdon Hospital:** The current bed occupancy target should be at no more than 85%, i.e., 47 bed capacity at the start of each day. *Slippage:* Q4 average was 94%.
- **Length of stay of seven days or more (Hillingdon Hospital):** This metric measures the percentage of people in hospital with a length of stay of seven days or more (known as 'stranded patients') should be no more than 30% of the bed base, i.e., 94 people based on 313 core beds. *On track:* The Q4 (January and February 2022) average was 29%.
- **Length of stay twenty-one days or more (Hillingdon Hospital):** This metric measures the percentage of people in hospital with a length of stay of seven days or more should be no more than 6.2% of the bed base, i.e., 19 people based on 313 core beds. *Some Slippage:* The Q4 (January to February 2022) average was 6.7%

28. The Board may wish to note that BCF targets covering length of stay of 14 and 21 days and over are addressed in paragraphs 5 and 6 and **Appendix 1A** of this report, which also addresses the discharged to usual place of residence target.

### **Workstream 3: End of Life Care**

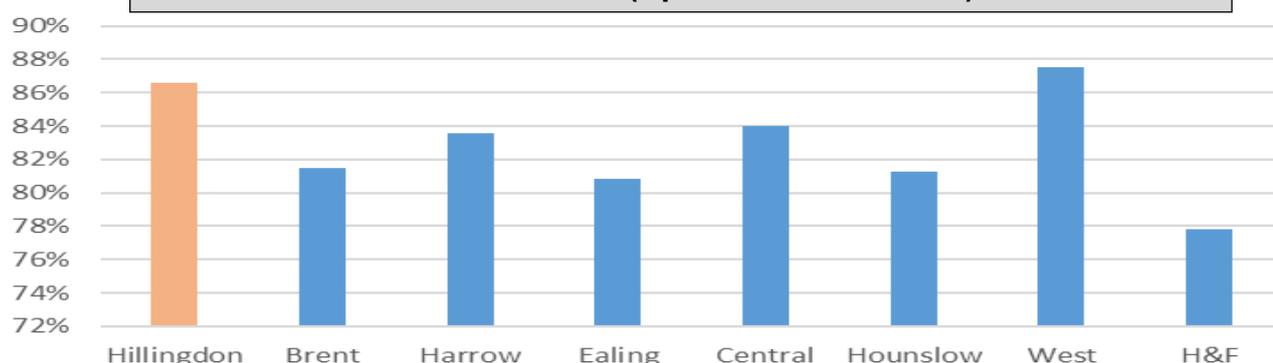
#### Workstream Highlights

29. **End of life dashboard:** The March Board meeting asked to receive the information included within the end of life dashboard. This includes:

- Average % of deaths occurring in preferred place of care.
- % of deaths occurring in hospital.
- % of deaths occurring in the community. This data is not available for this report.
- % of people with 3+ emergency admissions in last year of life
- Average number of bed days following an emergency admission in 90 days prior to death.

30. Chart 3 below shows the average % of deaths of people on the advanced care planning tool called Coordinate My Care (CMC) where the preferred place of death was achieved. This shows that Hillingdon was second in NWL in enabling people to achieve their wishes about preferred place of death. It is important to reiterate a point raised at the Board's March meeting that this is particularly significant because Hillingdon is the highest user of CMC in NWL.

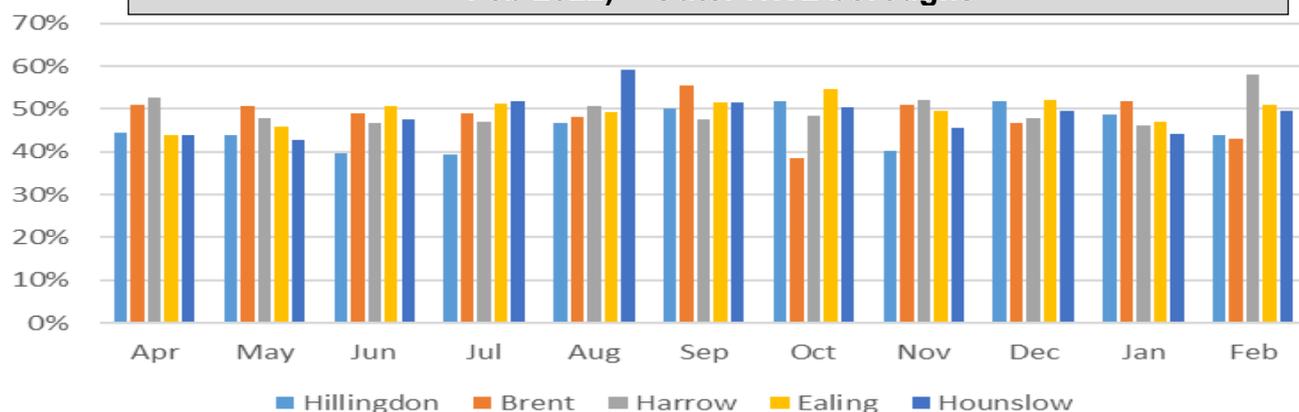
**Chart 3: Average % of deaths on CMC record with preferred place of death achieved (April 2021 – Feb 2022)**



**Source:** CMC. **Key:** Central – Westminster (excluding Queen’s Park and Paddington); West London – Kensington & Chelsea and Queen’s Park and Paddington; H & F – Hammersmith and Fulham.

31. Chart 4 below shows that the average number of deaths in hospital over 2021/22 was slightly lower in Hillingdon than in other outer NWL boroughs.

**Chart 4: % of deaths that occurred in hospital during 2021/22 (April 2021 – Feb 2022) – Outer NWL boroughs**



32. Tables 1 and 2 below show the percentage of people with 3+ emergency admissions in last year of life and the average length of stay in hospital for people admitted as an emergency in the 90 day period prior to their deaths. The aim would be to have the necessary services in place to support people within the community, although this would be subject to their wishes.

**Table 1: % of people with 3+ emergency admissions in last year of life**

Borough	2019/20	2020/21	2021/22
Brent	15%	9%	13%
Ealing	17%	12%	22%
Hounslow	15%	13%	18%
Hammersmith & Fulham	18%	10%	16%
Harrow	13%	12%	20%
Hillingdon	14%	13%	15%
West London	15%	11%	8%
Central London	18%	10%	17%
<b>NWL Average</b>	<b>15%</b>	<b>11%</b>	<b>17%</b>

**Source:** NWL BI EoL Dashboard

<b>Table 2: Average number of bed days 90 days prior to death (Emergency admissions)</b>			
<b>Borough</b>	<b>2019/20</b>	<b>2020/21</b>	<b>2021/22</b>
Brent	19.12	14.49	15.76
Ealing	18.94	14.41	14.44
Hounslow	18.09	14.71	15.85
Hammersmith & Fulham	18.20	16.34	19.43
Harrow	17.54	15.39	16.46
<b>Hillingdon</b>	<b>18.12</b>	<b>14.27</b>	<b>15.06</b>
West London	17.83	15.67	14.59
Central London	17.81	14.18	17.76
<b>NWL Average</b>	<b>18.30</b>	<b>14.79</b>	<b>15.80</b>

Source: NWL BI EoL Dashboard

33. **End of life strategy:** Work has started on the development of a new strategy that will support delivery of an integrated care model. Partners across health and social care have completed the NWL End of Life Ambitions self-assessment Toolkit that will feed into the development of a local strategy.

34. **Compassionate Hillingdon:** '*Compassionate Neighbours*' is a social movement that enables local people to provide support to people in their communities who are at the end of their life due to age or illness. The '*Compassionate Hillingdon*' version includes access to free care provision and 104 people are currently being supported by this service.

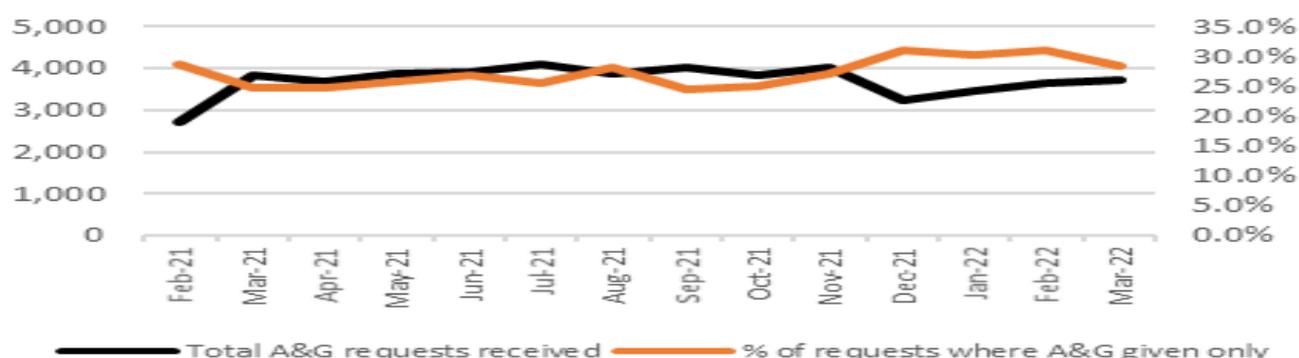
#### **Workstream 4: Planned Care**

##### **Workstream Highlights**

35. **Pathway redesign:** Priority is being given to gynaecology, gastroenterology, musculoskeletal (MSK) and ophthalmology to determine what activity can take place in the community rather than in hospital. The redesign initiatives are at different levels of development, but the expectation is that implementation will take place in 2022/23 and the Board will be updated on progress via the performance report.

36. **Integrated advice and guidance hub:** The Board is reminded that the Advice and Guidance (A&G) service went live across Hillingdon GP practices, THH, community and primary care providers in July 2020 with the intention of enabling consultants to triage requests from primary care to ensure that patients who required an outpatient appointment were prioritised. The average monthly A & G request since July 2020 has been 3,561 and the period from January to March 2022 saw an average of 3,610. Data suggests that the service is being effective in reducing unnecessary referrals to the Hospital and that the period between January 2021 and March 2022 some 11,567 inappropriate referrals have been avoided. Chart 5 below illustrates the total A & G requests received during the period from February 2021 to March 2022 and the proportion that have been A & G only.

**Chart 5: Hillingdon Hospital Advice and Guidance Requests**



## Workstream 5: Children and Young People (CYP)

### Workstream Highlights

**37. Community step-up/step-down model:** The Providing Assessment & Treatment for Children at Home (PATCH) service went live in June 2021 and has now been in operation at year. In the period between June 2021 and April 2022 974 children have been seen by the service and 58% were aged under 2.

**38. Child Healthy Weight:** The Board has requested more details in this report on progress in improving healthy weight of children and work with schools and the key activities in progress are described below.

**39. 0-19 Healthy Child Service (Health Visiting and School Nursing):** The 0-19 Healthy Child Programme is a universal offer to all families with children who live in Hillingdon. Through health surveillance pre-birth and at key developmental stages in the early years, babies, young children and their families are supported so that children are ready, and able to learn by the time they start school.

40. School Nurses provide health screening for school aged children which includes the National Child Measurement Programme which in turn identifies children who are overweight or obese and are offered the "My Choice" treatment programme (for primary phase) and offer drop-in advice sessions and individual support in secondary phase. Delivery of these programmes has been significantly impacted by the pandemic period.

41. The Council's Cabinet will shortly be requested to extend a number of contracts to January 2024, and this will include the 0-19 service. The extension will provide an opportunity to review the impact of the pandemic and have conversations with our residents that lead to improved ways of delivering services, supporting better outcomes, experience and access. This approach will feed into revised specifications with recommendations for the contractual processes that will achieve the best outcomes for residents. Joint work continues on service transformation across health and social care in line with the ambitions in the Health and Wellbeing Strategy and ensuring alignment with the development of the family hub programme and also *The Best Start for Life* offer that came out of Dame Andrea Leadsom's review and includes a focus on breastfeeding support and oral health as linked to child healthy weight (CHW).

42. **Holidays and food programme:** The Holidays and Food (HAF) programme was introduced so that children and young people who attend provision may:

- eat more healthily over the school holidays.
- be more active during the school holidays.
- take part in engaging and enriching activities which support the development of resilience, character, and wellbeing along with their wider educational attainment.
- be safe and not to be socially isolated.
- have a greater knowledge of health and nutrition.
- be more engaged with school and other local services.

43. The programme also ensures that families participating:

- develop their understanding of nutrition and food budgeting
- are signposted towards other information and support, for example, health, employment, and education.

44. HAF is available to children from reception to year 11 (inclusive) aged 5-16 years (including 4-year-olds if in Reception) who are eligible for and receiving benefit related free school meals (FSM), and their families. The age for children with special educational needs and disabilities (SEND) is extended to 18 years. Hillingdon has approximately 10,400 children in receipt of benefits related free school meals (FSM) who are therefore eligible for HAF funded provision. In addition, up to 15% of the grant can be used for non-FSM children who are regarded as vulnerable i.e., Looked After Children, children with SEND and children on Child Protection, Child in Need or Early Help plans.

45. In October 2021 the Government announced an investment over the next three financial years. The programme will cover the Easter, Summer, and Christmas holidays in 2022. The Easter programme in Hillingdon went well and supported nearly 5,000 children. For Easter we commissioned 1,785 spaces, of which 1439 were booked and 73.5% (1,312) of available spaces were taken up (attended at least one of four-day offer). Feedback was positive and plans are underway to deliver the summer programme building on learning from the Easter programme and utilising local facilities and providers wherever possible.

46. **SMILE programme:** The SMILE programme was developed with Colham Manor school to support families and children in schools and to teach basic cooking skills, increase knowledge of foods high in sugar, salt and fat, to learn how unhealthy choices impact on health and to understand the relationship between food and physical activity.

This has been on hold as schools have been wary of extra-curricular activities post pandemic and the intention was to ensure that the pilot phase would stand a good chance of success. The proposal now is to recruit six participating schools and to fully start the programme from September 2022.

47. **Healthy start scheme:** From March 2022, paper vouchers have been replaced by a Healthy Start pre-paid contactless card which can be used instore only, in some UK shops that accept Mastercard. Money is automatically updated onto the Healthy Start Card each week to spend on certain food, milk and can also be used as proof of entitlement when collecting vitamins from their local children's centre.

48. Since the re-launch of the scheme in June 2021, Hillingdon's take up of 53% has improved to 65% at the end of March 2022.

49. To highlight the new procedure and even further improve our uptake, children's centres and

---

the Council's website have been updated to ensure that clear details of the changes to the scheme are available to existing and other eligible residents.

50. **Dental health:** The supervised brushing programme continues to be rolled out in schools and nurseries. The programme is currently running in 5 schools and 3 nurseries. Start dates are to be confirmed in another 6 schools and a further 12 schools have expressed an interest in taking part.

51. **16 – 25 mental health pathway:** The Hillingdon Young Adult Mental Health and Wellbeing Implementation Group was set up in November 2021 and meets monthly. Membership includes representatives from NHS mental health services (CYP and adult), CCG, primary care, Local authority, University, voluntary and community sector (VCS) and young adult ambassadors and parent/carers. Each service has presented on their work with young adults, data on service use and development opportunities. The group is leading development and mobilisation of the model, tailoring it to meet local needs

52. The NWL 16-25s Steering Group (CCG led) and 16-25s Clinical Senate (mental health practitioners adolescent and adult services) continue to meet monthly to support developments across NWL. The Young Adult Ambassador Group (15 young adults) meets every 3 weeks to oversee implementation and guide developments. Recent work includes interviewing Pathway Lead and Psychiatrist and developing the job description for the Young Adult Community Navigator role.

53. The Hillingdon Young Adult Mental Health Pathway Lead (1 WTE 8A mental health practitioner) has been appointed and started in post May 9th. The Hillingdon Young Adult Psychiatrist has yet to be appointed and will provide 2 sessions a week.

54. The application process for the Hillingdon Young Adult Community Asset scheme launched in April 2022 and closed May 19th. Grants will support a range of VCS mental health and wellbeing projects totalling £65k and looking to address inequalities, better identify unmet need and improve equality of access to early intervention and build the partnership approach.

55. A NWL University/College Connect schemes was launched in January 2022 and funding was awarded to Middlesex University, Westminster University, Brunel University, Buckinghamshire New University and Harrow and Uxbridge College with the aim to develop better links between NHS mental health services and university and college wellbeing service. A NWL wide Uni/college mental health group meets every quarter to share progress and partnership working. Projects include:

- HUHC – in-house counselling service with trainees.
- Brunel - a campaign to support men access their mental health service.
- Middlesex - a stepped-care framework and social prescribing tools.

56. The Young Adult community navigator role has been contracted with Hillingdon Mind and will provide young adult focused support to develop coping and mental health self-management, navigation of services and improved engagement.

57. A CNWL trust-wide Lived Experience Worker (B7) will soon be employed to lead on 0-25s peer support. Once in post 5 WTE Young Adult Peer Support Workers (Band3-4) will be recruited, one for each borough. The practice model is in development.

## **Key Performance Indicators**

58. The following is an update on workstream 5 indicators:

- **Education, Health and Care Plan (EHCP) Assessments:** The target for completion of assessments following referral is 20 weeks. In 2021/22, 84% of assessments were completed within 20 weeks compared to 50% for 2020/21. As previously reported, the provision of statutory advice from partners, i.e., therapists, within the mandated 6-week timeframe is also supporting delivery of the 20-week target.

## **Workstream 6: Mental Health, Learning Disability and Autism**

### **Workstream Highlights**

59. There is a separate report on the Board's agenda entitled *Adult Mental Health Crisis Pathway Update*.

60. The Board is advised that an all-age autism strategy is under development, and it is the intention of officers to bring the results of the strategy development process to the Board's attention in the performance report to its March 2023 meeting.

## **Enabling Workstreams**

61. The successful and sustainable delivery of the six workstreams is dependent on five enabling workstreams and these are:

1. Supporting Carers.
2. Care Market Management and Development.
3. Digital, including Business Intelligence
4. Workforce Development
5. Estates

62. This section provides the Board with updates on implementation of the enabling workstreams where there have been developments during the review period.

63. **Enabler 1: Supporting Carers**: The Council is the lead for this enabling workstream, which seeks to support carers of all ages to continue in their caring role for as long as they are willing and able to do so.

### **Workstream Highlights**

64. The annual update report on the implementation of the carers' strategy delivery plan will be considered by the Health and Social Care Select Committee at its meeting on the 22<sup>nd</sup> June, which precede consideration by Cabinet and the HHCP Senior Operational Leads Team (SOLT) in July 2022. The Board may wish to note that some of the key issues that have arisen from the pandemic include:

- People assuming roles as carers without identifying themselves as carers.
- People with multiple caring responsibilities
- The mental health impact of caring during the pandemic

65. An updated joint carers' strategy is in development that will seek to address these, and other issues faced by carers. It is also the intention of officers to bring the results of the strategy development process to the Board's attention in the performance report to its March 2023 meeting.

66. **Enabler 2: Care Market Management and Development:** The Council is also the lead organisation for this enabling workstream, the primary objectives of which are to support the sustainability of the market as it emerges from the pandemic and also to integrate commissioning arrangements where this will produce better outcomes for residents and the local health and care system.

### Workstream Highlights

67. **Care homes:** The Board may be aware from previous performance reports that there has been considerable investment in supporting Hillingdon's care homes with the development of the Care Home Support Service. This team provides clinical advice and support to Hillingdon's 45 care homes with the aim of reducing hospital attendances and admissions. The team includes six care home matrons who act as named contacts for Hillingdon's care homes as well as our four extra care housing schemes - the team is actually based at Grassy Meadow Court extra care scheme. The team also includes GP, pharmacy and dietetic support and is closely aligned with the Quality Assurance Team, who are responsible for delivering the Council's market management responsibilities under the Care Act, 2014.

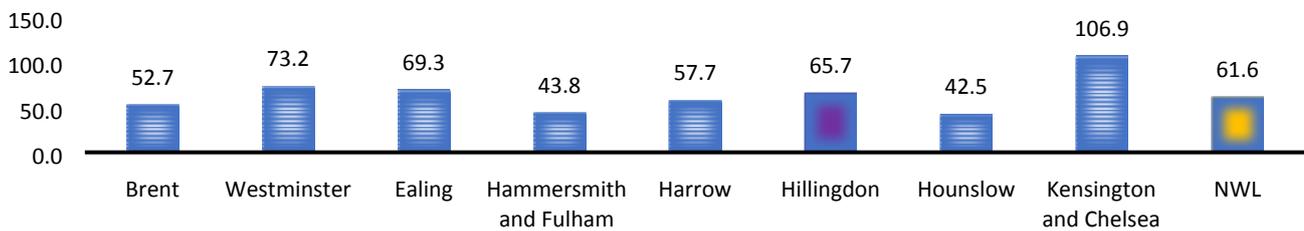
68. 89% (1,246) of Hillingdon's care home beds (1,395) are supporting older people. Table 3 below suggests that the approach to supporting care homes is having a positive impact in reducing both hospital attendances and admissions.

<b>Table 3: 65 + Attendances and Emergency Admissions from Care Homes 2019 - 2022</b>			
<b>Care Home Activity</b>	<b>A &amp; E Attendances Per Year</b>		
	<b>2019/20</b>	<b>2020/21</b>	<b>2021/22</b>
<b>A &amp; E attendances (65+)</b>	1,268	948	890
<b>Total A &amp; E attendances (All 65+)</b>	16,462	14,983	16,360
<b>% Attendances from care homes</b>	7.7%	6.3%	5.4%
	<b>A &amp; E Admissions Per Year</b>		
<b>Emergency admissions from care homes (65+)</b>	795	677	534
<b>Total emergency admissions (65 +)</b>	7,539	6,591	6,428
<b>% emergency admissions from care homes</b>	10.5%	10.3%	8.3%

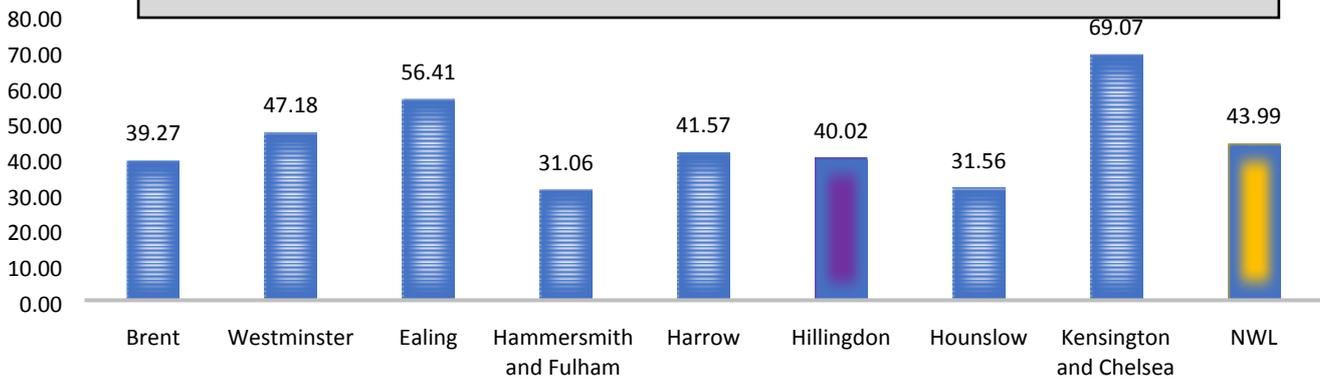
Source: LAS and NWL BI Team

69. Charts 6 and 7 below help to give the Board context for Hillingdon's position in respect of A & E attendances and admissions from care homes in comparison with other NWL boroughs. The Board is informed that Hillingdon has the second highest number of care home beds in the sector after Ealing (1,395 compared to 1,560) and the number of care home attendances are comparable. However, Hillingdon has managed to achieve a rate of admissions that is below the NWL average. Although the data suggests that there may be scope to reduce attendances it is also important to note that the average length of stay for people admitted to hospital from care homes in 2021/22 was 10.39 days, which compares to a NWL average of 7.93 days. This suggests that admissions were appropriate. A much short length of stay would indicate that individual needs could have been addressed within a care home setting.

**Chart 6: A & E Attendances from Hillingdon Care Homes Per 1,000 Beds April 2021 - February 2022**



**Chart 7: Emergency Admissions from Hillingdon Care Homes Per 1,000 Beds April 2021 – February 2022**



70. The Board may wish to note that the main cause of London Ambulance Service (LAS) attendances at care homes during 2021/22 and subsequent conveyances and admissions to hospital was falls related injuries.

## Finance

71. The CCG minimum contribution to the BCF has increased from £20,485k in 21/22 to £21,645k in 22/23 (5.66% increase). The Council's minimum contribution has been increased from £12,359k in 21/22 to £12,579k in 22/23 (1.8% increase). The breakdown of the minimum contributions is shown in table 4 below. The total proposed value of the 2022/23 BCF, namely additional contributions, is subject to further discussion with partners.

<b>Table 4: BCF FUNDING SUMMARY 2021/23</b>			
<b>Funding Breakdown</b>	<b>2021/22 (£,000)</b>	<b>2022/23 (£,000)</b>	<b>% Difference</b>
<b>MINIMUM CCG CONTRIBUTION</b>	<b>20,485</b>	<b>21,645</b>	<b>5.7</b>
<b>Required Spend</b>			
• Protecting Social Care	7,470	7,892	5.7
• Out of Hospital	5,821	6,150	5.7
• Other minimum spend	7,194	7,603	5.7
<b>MINIMUM LBH CONTRIBUTION</b>	<b>12,359</b>	<b>12,579</b>	<b>1.8%</b>
<b>Required Spend</b>			
• Disabled Facilities Grant (DFG)	5,111	5,111	0
• Improved Better Care Fund (iBCF)	7,248	7,468	3.0
<b>MINIMUM BCF VALUE</b>	<b>32,844</b>	<b>34,244</b>	<b>4.2</b>
• Additional CCG Contribution	28,642	TBC	
• Additional LBH Contribution	44,968	TBC	
<b>TOTAL BCF VALUE</b>	<b>106,454</b>	<b>TBC</b>	

72. There are no direct financial implications of this report.

## **CORPORATE IMPLICATIONS**

### **Hillingdon Council Corporate Finance Comments**

73. Corporate Finance has reviewed this report and associated financial implication, noting the funding split laid out in the tables referenced above and confirm that this is consistent with both Council's Budget Monitoring and MTFP position. It is further noted that the 2022/23 figures quoted have not been finalised and are subject to change.

### **Hillingdon Council Legal Comments**

74. There are no direct legal implications of this report.

## **BACKGROUND PAPERS**

*Joint Health and Wellbeing Strategy, 2022 – 2025*

## Appendix 1 – 2021/22 National BCF Conditions

National Conditions	Confirmation
<p><b>National Condition 1: A Plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006?</b> (This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas)</p>	Yes
<p><b>National Condition 2: Planned contribution to social care from the CCG minimum contribution is agreed in line with the BCF policy?</b></p>	Yes
<p><b>National Condition 3: Agreement to invest in NHS commissioned out of hospital services?</b></p>	Yes
<p><b>National Condition 4: Plan for improving outcomes for people being discharged from hospital?</b></p>	Yes

## Appendix 1A – Metrics

Metric	Definition	For information – Your planned performance as reported in 2021/22 planning				Assessment of progress against metric plan for reporting period	Challenges and Any Support Needs	Achievements
<b>Avoidable admissions</b>	Unplanned hospitalisation for chronic ambulatory care sensitive conditions <i>(NHS Outcome Framework indicator 2.3i)</i>	2,550				Data not available to assess progress	<ul style="list-style-type: none"> <li>Workforce shortages due to vacancies and sickness has presented a significant challenge in both the primary identification and treatment of chronic ambulatory care sensitive conditions.</li> <li>COVID19 has increased clinical complexity across a number of conditions.</li> </ul>	<ul style="list-style-type: none"> <li>A programme of work is in place to improve discharge to improve the flow out of acute hospitals to support planned and unplanned recovery.</li> <li>Community teams have managed increasingly complex acuity patients within their caseloads.</li> </ul>
<b>Length of stay</b>	Proportion of inpatients resident for: i. 14 days or more ii. 21 days or more	14 days or more (Q3)	14 days or more (Q4)	21 days or more (Q3)	21 days or more (Q4)	On track to meet target	Length of stay has been impacted by: <ul style="list-style-type: none"> <li>reduced ability to discharge to designated settings (due to closures of care homes, lack of social care capacity, specialist and community care capacity).</li> <li>staffing challenges (high staff turnover, sickness and vacancies).</li> <li>covid19 – services being stood down and staff being redeployed, impact of COVID on day to day</li> </ul>	<ul style="list-style-type: none"> <li>NW London ICS performs above average compared to other areas in London.</li> <li>After challenges in January there have been some gradual improvements in Feb and March - with all Trust discharge teams reviewing and improving discharge processes across all pathways (including better P2 occupancy</li> </ul>

						operations.	<p>rates and work on P0) - which all helps to reduce length of stay and avoidance admissions across all boroughs.</p> <ul style="list-style-type: none"> <li>The ICS has funded a 24/7 discharge hub model as part of this work.</li> </ul>
<b>Discharge to normal place of residence</b>	Percentage of people who are discharged from acute hospital to their normal place of residence.	91%			On track to meet target	<p>This has been impacted by:</p> <ul style="list-style-type: none"> <li>periodic closures in care and residential settings due to covid outbreaks.</li> <li>lack of consistency in admission and re-admission criteria within care/residential settings.</li> </ul>	<ul style="list-style-type: none"> <li>Programme of work in place around discharge, led the DASS as SRO.</li> <li>Better joint working between local authorities and NHS.</li> <li>All trusts continually reviewing and improving discharge process, with standardisation and sharing of good practice in place.</li> </ul>
<b>Residential admissions</b>	Rate of permanent admissions to residential care per 100,000 population (65+)	791			On track to meet target	<ul style="list-style-type: none"> <li>2021/22 has seen an increase in the number of short-term placements to support carers, who were reluctant to be parted from the people they were caring for during the pandemic. 58% of permanent placements comprise of conversions from short-term</li> </ul>	<ul style="list-style-type: none"> <li>Funded via CCG additional contribution to the BCF, the Council continued to use six flats within extra care as intermediate care. This has been particularly useful in aiding discharge of people unable to</li> </ul>

				placements to permanent. Permanent placements are subject to rigorous management scrutiny to ensure that there are no alternative solutions, e.g., extra care housing or a return to their own home.	return to their usual place of residence due to, for example, need for deep cleans repairs or creation of a micro environment. Older residents continue to be supported in Hillingdon's four extra care housing schemes and close working with NHS partners enables need to be appropriately met to avoid moves to more restrictive settings.
<b>Reablement</b>	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement	90.6%	On track to meet target	<ul style="list-style-type: none"> <li>• Service underwent transfer of provider during 2021/22 following a competitive tender and, as with many services, has experienced difficulties in recruiting to vacant posts.</li> </ul>	<ul style="list-style-type: none"> <li>• Integration of reablement into a range of services delivered by a single provider to support the independence of residents in community settings. Transfer of the service was seamless from the service user perspective, i.e., no disruption to service delivery.</li> </ul>

## Appendix 1B – Income and Expenditure Actual

### Better Care Fund 2021-22 Year-end Template

Selected Health and Wellbeing Board:

Hillingdon

### Income

		2021-22	
Disabled Facilities Grant	£5,111,058		
Improved Better Care Fund	£7,248,248		
CCG Minimum Fund	£20,485,057		
<b>Minimum Sub Total</b>		£32,844,363	
		Planned	Actual
CCG Additional Funding	£28,642,000		Do you wish to change your additional actual CCG funding?
LA Additional Funding	£44,968,000		Do you wish to change your additional actual LA funding?
<b>Additional Sub Total</b>		£73,610,000	£73,610,000
		Planned 21-22	Actual 21-22
<b>Total BCF Pooled Fund</b>	£106,454,363	£106,454,363	

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2021-22

## Expenditure

	2021-22
Plan	£106,454,363

Do you wish to change your actual BCF expenditure?

Yes

Actual	£107,193,420
--------	--------------

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2021-22

Actual expenditure by the CCG is £49.9m, which shows an over performance of £0.7m compared to the planned CCG expenditure. This over performance is largely due to increase in costs for Continuing Care placements.  
Actual expenditure by the LA is £57.3m, which is in line with the planned expenditure budget.

## Appendix 1C – Year End Feedback

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF. Covid-19 had a significant impact on services and schemes on the ground which may have changed the context. However, national BCF partners would value and appreciate local area feedback to understand views and reflections of the progress and challenges faced during 2021/22. There are a total of 5 questions, and these are set out below.

**Part 1: Delivery of the Better Care Fund**  
Please use the below form to indicate to what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response.
1. The overall delivery of the BCF has improved joint working between health and social care in our locality.	Strongly agree	Health and care partners are now actively exploring utilising the BCF section 75 as the vehicle for establishing a place-based health and care budget, which aligns with proposals set out in the health and social care integration white paper published in February 2022.
2. Our BCF schemes were implemented as planned in 2021/22.	Agree	As in 2020/21 the diversion of capacity into managing the impact of the pandemic has resulted in some deliverables not being implemented, which will impact on priorities for 2022/23, e.g., developing multi-agency relationships at a Neighbourhood Team level with a new model of homecare to prevent admission through early intervention. In addition, impact of pandemic has led to some previous successes being reversed, e.g., reduction in the number of carer champions in GP surgeries.
3. The delivery of our BCF plan in 2021/22 had a positive impact on the integration of health and social care in our locality.	Strongly agree	See 1 above.

### Part 2: Delivery of the Better Care Fund

Please select two Enablers from SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.  
Please provide a brief description alongside.

4. Outline two key success observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2021/22.	SCIE Logic Model Enablers Response category:	Response – Please detail your greatest successes
<b>Success 1</b>	6. Good quality and sustainable provider market that can meet demand	Joint work across the Council, primary care, community health and the CCG has helped to support the care sector during the pandemic. Whilst many providers have faced considerable challenges Hillingdon has not faced issues on the scale of some other HWB areas. This is particularly significant when considering, for example, Hillingdon has the second highest number of care home beds in North West London.
<b>Success 2</b>	9. Joint commissioning of health and social care	As in 2020/21 commissioning arrangements to support timely discharge during the pandemic have worked well, e.g., D2A pathway 1 bridging care, step-down. This also includes strong working relationships between the acute hospital, community health and the Council's contracted provider for intermediate care services. Hillingdon's D2A model is perceived by NWL neighbouring LAs as the preferred model of delivery especially on Pathway 1. In addition, the Tri Borough are actively seeking to implement the same model with a commissioned bridging service.

5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2021/22.	SCIE Logic Model Enablers Response category:	Response – Please detail your greatest successes
<b>Challenge 1</b>	2. Strong, system-wide governance and systems leadership	The issue raised in 2020/21 about the challenges posed by uniform approaches being taken across the ICS and the impact on equality of access to services locally still prevails. The extent to which there will be placed-based delegation in line with the February health and social care integration white paper will become apparent during 2022/23 following the implementation of the Health and Care Act, 2022.
<b>Challenge 2</b>	6. Good quality and sustainable provider market that can meet demand	Financial challenges faced by providers as a result of the pandemic as well as issues with recruitment pose considerable risks to the local care market. There is also uncertainty about the impact of Adult Social Care funding reforms for care providers and also for rates paid by the NHS.

**Footnote:**

Questions 4 and 5 answers should be assigned to one of the following categories:

- |  |   |
|--|---|
| 1. Local contextual factors, e.g., financial health, funding arrangements, demographics, urban vs rural factors.       | 6. Good quality and sustainable provider market that can meet demand. |
| 2. Strong, system-wide governance and systems leadership   | 7. Joined-up regulatory approach.                                     |
| 3. Integrated electronic records and sharing across the system with service users.                                     | 8. Pooled or aligned resources.                                       |
| 4. Empowering users to have choice and control through asset based approach, shared decision making and co-production. | 9. Joint commissioning of health and social care.                     |
| 5. Integrated workforce: joint approach to training and upskilling of workforce.                                       |   |

## Appendix 1D – Adult Social Care Fee Rates

	For information - your 2020-21 fee as reported in 2020-21 end of year reporting *	Average 2020/21 fee. If you have newer/better data than End of year 2020/21, enter it below and explain why it differs in the comments. Otherwise enter the end of year 2020-21 value	What was your actual average fee rate per actual user for 2021/22?	Implied Uplift: Actual 2021/22 rates compared to 2020/21 rates
1. Please provide the average amount that you paid to external providers for home care, calculated on a consistent basis. (£ per contact hour, following the exclusions as in the instructions above)	£17.12	£17.12	£17.70	3.4%
2. Please provide the average amount that you paid for external provider care homes without nursing for clients aged 65+, calculated on a consistent basis. (£ per client per week, following the exclusions as in the instructions above)	£663.65	£663.65	£686.88	3.5%

<b>3. Please provide the average amount that you paid for external provider care homes with nursing for clients aged 65+, calculated on a consistent basis. (£ per client per week, following the exclusions in the instructions above)</b>	<p style="text-align: center;">£762.82</p>	<p style="text-align: center;">£762.82</p>	<p style="text-align: center;">£789.52</p>	<p style="text-align: center;">3.5%</p>
<b>4. Please provide additional commentary if your 2020-21 fee is different from that reported in your 2020-21 end of year report. Please do not use more than 250 characters.</b>	<p>Not applicable</p>			

This page is intentionally left blank

## MENTAL HEALTH SERVICES: CRISIS PATHWAY UPDATE

<b>Relevant Board Member(s)</b>	Vanessa Odlin
<b>Organisation</b>	CNWL
<b>Report author</b>	Mathew Read, CNWL
<b>Papers with report</b>	None

### 1. HEADLINE INFORMATION

<b>Summary</b>	The Board requested update on mental health crisis pathways
<b>Contribution to plans and strategies</b>	Crisis Mental Health support is an important part of our Transformation plans as set out in the Joint Health and Wellbeing Strategy 2022-2025.
<b>Financial Cost</b>	There are no direct financial costs arising from this report.
<b>Ward(s) affected</b>	All

### 2. RECOMMENDATION

**That the updates in respect of mental health crisis services be noted.**

### 3. INFORMATION

#### Introduction

At the March 2022 Health and Wellbeing Board meeting the Board requested that updates be provided on the mental health crisis pathway developments. This paper provides an update of crisis provision in the borough and includes specific updates on progress made with the implementation of the Crisis House, as well as the changes made to the Crisis Cove Café becoming open access.

The First Responder team is a 24/7 community-based teams providing rapid assessment to people experiencing a crisis or mental health distress. They respond to urgent requests for mental health assessment in the community and at A&E, to determine the next best step for someone who needs urgent mental health attention or in crisis 24/7, 365 days a year. The team manage to avoid admissions for 60% of the referrals they receive.

*Graph of weekly referrals into Hillingdon First Responders Team*



The First Responder team are supported by our Home Treatment Team who help avoid admission to a mental health inpatient ward by providing intensive support to people in acute mental crisis in their homes. On average Home Treatment Teams provide nine contacts per patient over a seventeen day period.

*Graph of weekly referrals into Hillingdon Home Treatment Team*



#### **4. Cove Crisis Cafe**

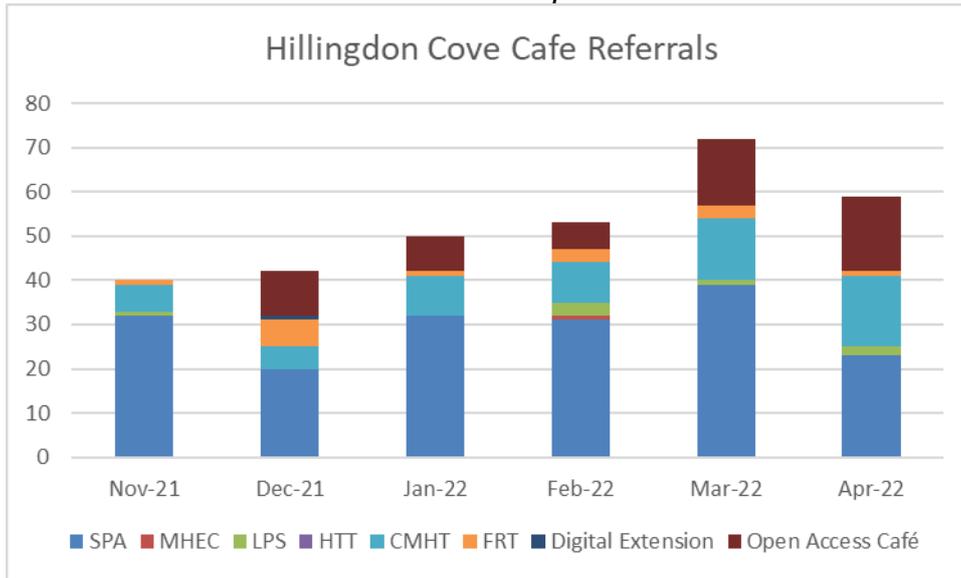
The Cove Crisis Café is co-located at Haya House Community Centre, 90A East Avenue, Hayes, UB3 2HR. There has been an increase of 50-70 people per month through to April 2022 but CNWL are working with Hestia to increase the numbers coming through using social media and primary care communications.

CNWL have regular monthly contract review meetings with Hestia and are working together on initiatives to increase attendances into the Coves. A wide advertising campaign has taken place to ensure the Crisis Cove Café is widely known to partners, stakeholders and service users across Hillingdon. We are also piloting in our Brent Café expanding the service offer to 16 to 18 year olds, something we will roll out to Hillingdon over the next 3 months.

#### **Attendances**

	<b>Nov-21</b>	<b>Dec-21</b>	<b>Jan-22</b>	<b>Feb-22</b>	<b>Mar-22</b>	<b>Apr-22</b>
SPA	32	20	32	31	39	23
MHEC	0	0	0	1	0	0
LPS	1	0	0	3	1	2
HTT	0	0	0	0	0	0
CMHT	6	5	9	9	14	16
FRT	1	6	1	3	3	1
Digital Extension	0	1	0	0	0	0
Open Access Café		10	8	6	15	17
<b>Total</b>	<b>40</b>	<b>39</b>	<b>50</b>	<b>53</b>	<b>72</b>	<b>59</b>

Table of referrals November 2021 to April 2022.



Since November 2021, 316 attendances have been occurred, of which approximately 25% are currently utilising through open access.

Support hours provided ranges from 10 minutes to 60 minutes.

- One example of 10-minute support provided - providing a service user with reassurance surrounding health anxieties.
- Activity during 60 minute one to one sessions has been:
  - Active listening
  - Emotional support
  - Signposting.
- Activity lasting more than 60 minutes:
  - De-escalating suicidal ideations
  - Contacting emergency services.
- Staff also ensure to conduct welfare checks following incidents.

**Service User Feedback**

How useful/supportive was the session on a scale 1-10?	Total SU scores
Score 10	16
Score 9	1
Score 8	2
Score 7	1

Did the service help you feel less anxious?	Total
Yes	18
No	2

Did the service help you know what to do to manage your own wellbeing?	Total
Yes	18
No	2

## Feedback

- *“I wasn’t sure of what to do and how to help my son, I appreciate you taking the time to help me”*
- *“You just let me talk which was I needed. Thank you, I really appreciate that”*
- *“Thank you for speaking with me. I felt low when I came in here but now, I feel better”*
- *“I have an idea of what to do and who to speak to now. I appreciate the help”*
- *“Very helpful. I find you’re a very nice guy. I feel you’re understanding me, and it makes me feel good”*
- *“You’ve proved to me that there is someone out there who wants to make me better. Thank you. If I could rate it a 20 out of 10, I would. Even though it’s only been three sessions, it’s been good and positive. You’ve helped me sleep better and feel better”*

## 5. Crisis House

Both the NHS Long Term Plan (2019) & Five Year Forward View for Mental Health (2016) centre on transforming Mental Health support so that people are able to access support early, in the least restrictive environment and as close to home as possible. NWL has an ambitious plan to remodel the NWL MH pathways to support the strategic direction and improve outcomes for people using MH services.

Partners in Hillingdon developed a business case which reviewed the current pathway, highlighting gaps and displaying a need for change. The data shows a consistently high adult acute bed occupancy averaging 92.8% over the last ten years. 51.1% of all admission are now detained at the point of admission. Hillingdon is consistently higher on key metrics when compared to national averages and not currently providing a robust crisis pathway and cannot deliver appropriate, timely service alternatives to A&E. This has a detrimental impact on service users' health and well-being.

The business case recommended the development of a six-bed Crisis House in Hillingdon which would allow NWL to test the model for the wider ICS. Evidence shows that this type of facility, embedded in the system led, by the independent /voluntary sector, supported by the specialist mental health services, delivers good outcomes for people in crisis and supports system management and efficiency. It will contribute to a flexible and responsive crisis pathway, a robust alternative to A&E.

As reported in March’s Health and Wellbeing Board, this business case for a Crisis House has been agreed with partners. Hillingdon LA have now concluded negotiations to appoint an established local provider to secure delivery, i.e., Comfort Care Services. This means that the

Crisis House will become operational in 2022 with building works due to finish in June 2022. This will be a key part of the crisis pathway and contribute to a reduction in acute admissions and better outcomes for people living with mental health conditions.

This page is intentionally left blank

## PHARMACEUTICAL NEEDS ASSESSMENT UPDATE

<b>Relevant Board Member(s)</b>	Kelly O’Neil
<b>Organisation</b>	London Borough of Hillingdon
<b>Report author</b>	Naveed Mohammed, London Borough of Hillingdon
<b>Papers with report</b>	Appendix A – Hillingdon PNA 2022 Appendix 1 – Demography Appendix 2 – Epidemiology Appendix 3 – Community Pharmacy Provision

### 1. HEADLINE INFORMATION

<b>Summary</b>	<p>From 1 April 2013, the statutory responsibility to publish and keep up to date a statement of the need for pharmaceutical services for the population in its area transferred to Health and Wellbeing Boards from Primary Care Trusts. This statement is known as the ‘Pharmaceutical Needs Assessment’ (PNA). The PNA assists in the commissioning of pharmaceutical services to meet local priorities. NHS England also use the PNA when making decisions on applications to open new pharmacies. A revised PNA should be published by 1 October 2022.</p> <p>This paper presents an update on progress to the Health and Wellbeing Board.</p>
<b>Contribution to plans and strategies</b>	The PNA sets analysis of provision of pharmacy services within Hillingdon and contributes to the Hillingdon Joint Health and Wellbeing Strategy (JHWBS).
<b>Financial Cost</b>	There are no direct financial costs arising from this report.
<b>Ward(s) affected</b>	All

### 2. RECOMMENDATION

That the Board notes:

- 1- that work on the 2022 PNA is on track for publication by 1 October 2022.
- 2- That a 100% response rate was achieved on the survey of pharmacy contractors and 95 responses were received for the patient survey (analysis of both of these surveys form Appendix 3).

### 3. INFORMATION

The PNA consists of 4 documents, all attached with this report:

1. Main Report (Appendix A) – this report provides an overview of the PNA process; based on the analysis in Appendices 1-3, it concludes:
  - i. The number of current providers of pharmaceutical services, the location where the services are provided, and the range of hours of availability combined meet the need for the provision of the necessary essential services of the community pharmacy contractual framework.
  - ii. The number of pharmacies is sufficient for the current population and population growth over the next 3-5 years.
  - iii. There is sufficient choice of both pharmacy provider and pharmacy services available to residents and visiting population of all localities of Hillingdon, including the days on which and times at which, these services are provided. There is sufficient choice of pharmacy outside the boundary of Hillingdon.
  - iv. Many of Hillingdon’s pharmacies have indicated they would be willing to provide other services if commissioned, which would secure improvement or better access to pharmaceutical services over the lifetime of the PNA.
  - v. There are opportunities for improvement or better access to current services and any new pharmaceutical services in a community pharmacy by:
    - a. promoting services available to the public, including the times and days that they are available
    - b. maximising opportunities for health improvement and intervention in pharmacies.
2. Demographic analysis (Appendix 1) – this section contains an overview of the current demographics of the borough, and projections to 2027. An overview of the new ward structures of Hillingdon is included, though it should be noted that current demographic data is still only available in the 2021 structure so will not reflect the boundaries of the borough at time of publication.
3. Epidemiological analysis (Appendix 2) – this section provides an overview of health conditions and diseases within the resident population, as well as life expectancy and mortality
4. Pharmacy Services (Appendix 3) – this section of the report contains the responses to the pharmacy contractor survey and patient survey, as well as an overview of the essential, advanced and enhanced pharmacy services provided within Hillingdon

#### **4. NEXT STEPS**

Once the PNA has been signed off, a statutory 60-day consultation will be undertaken and hosted on the council website, spanning late June to late August. Business Performance will work with the Communications Team and the Engagement team internally to publicise the consultation. Externally partners such as Healthwatch will also be engaged.

Next Health and Wellbeing Board update – 13 September 2022 meeting, prior to publication on 1 October 2022.



# Hillingdon Pharmaceutical Needs Assessment 2022

---

October 2022

## Executive Summary

The Health and Social Care Act 2012 transferred the responsibility for public health to local Councils and this role includes lead responsibility for three interrelated functions:

1. Undertaking Pharmaceutical Needs Assessments on behalf of the Health and Wellbeing Board
2. Commissioning certain public health services from community pharmacies
3. Providing a broader strategic role in supporting the development of community pharmacies with an increased role in public health and health improvement.

This Pharmaceutical Needs Assessment describes the needs related to pharmaceutical services for the population of Hillingdon.

The PNA is required to describe the current provision of pharmaceutical services, the need of the population of Hillingdon to access these services, as well as looking at the population growth over the next 3-5 years to consider future demand for pharmacy services.

Access to pharmaceutical services include:

- the range of providers and choice
- their premises, including facilities, location and geographical spread across the area
- the specific pharmaceutical services that they provide.

The type of provider partly determines the range of pharmaceutical services available. For example, a community pharmacy contractor will provide, at the very least, a full and prescribed range of essential pharmaceutical services, whereas dispensing doctors and appliance contractors can only provide a restricted range. Other locally commissioned providers may also provide specific services that impact the need for community pharmacy services. This includes specific sexual health services, stop-smoking support, needle exchange services and PCN/CCG services (directly provided or otherwise commissioned).

The geographical location of the providers premises will determine individual access in terms of distance from home or work (either within Hillingdon or elsewhere). The surrounding location also affects access via public transport, ability to park and access to the service for those residents with a disability. Locating a service within or proximity to other services, for example, within a primary care centre or within a supermarket, may influence choice by reducing travel or the need for repeated visits. However, access is determined by more than just location, for example, the provider opening times are also an important aspect of access and service availability.

Pharmaceutical services need to be available during 'normal' day-time hours (e.g. weekdays 9 am to 5-6pm) when many other professional services might be expected to be available. However the needs of specific groups of residents also need to be considered, for example:

- workers after 6 pm or during lunch times
- those who access general practice in extended hours, e.g. up to 8pm on weekdays
- those with more urgent self-care, unplanned care needs or for care at the end of life, at non-routine times e.g. on weekends.

## Demographic and Epidemiological Analysis

Demographic data on the population of the borough with multiple health data sources were reviewed together with an epidemiological need assessment to ascertain the current health status of the population that looked at past trends and future projections. Distribution of various illnesses and their risk factors is crucial for understanding the health needs in a population. Hillingdon's demographics showing the diversity of the population is described in Appendix 1 and the epidemiological data is described in Appendix 2.

The borough has been split into 3 localities based on the 2018 PNA and current ward structures and data is widely available at ward or LSOA level for analysis.

## Analysis of existing services

Since the 2018 Pharmaceutical Needs Assessment one borough pharmacy on Eastcote High Street has ceased trading. This was deemed to have minimal impact on the population as there were several other pharmacies within the vicinity or accessible via good transport links from Eastcote.

Pharmaceutical services include essential services, advanced services, and locally commissioned services (known as enhanced services). These include the provision of dispensing services, services to support patients in appropriate use of medicines, on demand availability of specialist drugs, and out-of-hours services and delivery of public health services.

Appendix 3 describes the location of community pharmacies, types of pharmacies based on opening hours, travel distances and services provided by local pharmacies. This information includes pharmaceutical services provided in Hillingdon. The analysis considered future changes predicted in the population within localities and the impact of any new housing developments.

A survey of the existing 64 pharmacies in Hillingdon was conducted with 100% completion which secured a robust and up to date collection of information to support the assessment of need. Appendix 4a shows the survey used.

Maps are included in the PNA and identify the premises at which pharmaceutical services are provided.

## Management of the development of the PNA

As set out in the Health and Social Care Act 2012 the Health and Wellbeing Board is responsible for the management, development and update of the PNA. Partners consulted in this revised version include the Local Pharmaceutical Committee, local community pharmacies and the voluntary sector.

**Consultation:** Subject to agreement from the HWB it is proposed that the statutory 60-day consultation will take place between late June and late August 2022. The draft PNA will be available on the Hillingdon Council website during the consultation period.

## 1. Introduction

### Local government's new role in relation to pharmaceutical services

The Health and Social Care Act 2012 transferred public health responsibility to councils, which has included taking lead responsibility for three interrelated functions:

- Undertaking Pharmaceutical Needs Assessments on behalf of Hillingdon's Health and Wellbeing Board
- Commissioning certain public health services from community pharmacies
- Providing a broader strategic role in supporting the development of community pharmacies with an increased role in public health and health improvement.

This Pharmaceutical Needs Assessment describes the needs related to pharmaceutical services for the population of Hillingdon. The NHS Act (the "2006" Act), amended by the Health and Social Care Act 2012 established Health and Wellbeing Boards (HWBs) in each local area with responsibility to develop and update Pharmaceutical Needs Assessments (PNAs). The PNA information determines the basis for decisions on market entry to a pharmaceutical list transferred, a responsibility transferred from Primary Care Trusts to NHS England from April 1<sup>st</sup> 2013. This means that the decisions on whether to open new pharmacies whilst not made by the HWB, are based on PNA information as guidance for the commissioning of pharmaceutical services in the context of local priorities.

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013, which set out the legislative basis for developing and updating PNAs and can be found at: <http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations/>

## 2. Pharmaceutical Needs Assessment (PNA)

A Pharmaceutical Needs Assessment, as defined in the Regulations, is the statement of the need for pharmaceutical services which each HWB is required to publish by virtue of section 128A of the 2006 Act (Pharmaceutical Needs Assessments), whether it is the statement of its first assessment or of any revised assessment, is referred to in these Regulations as a Pharmaceutical Needs Assessment. The contents of the PNA as defined by the Regulations are:

- All the pharmaceutical services provided by pharmacies in Hillingdon under arrangements made by the NHS England. These will include dispensing, providing advice on health and local public health services, such as stop smoking, sexual health and support for drug users
- Other services, such as dispensing by GP surgeries, and services available in neighbouring HWB areas that might affect the need for services in Hillingdon
- Demographics of Hillingdon, Borough wide population in different localities and wards, and their needs
- Identification of gaps that could be met by providing more pharmacy services, or through opening more pharmacies, considering likely future needs
- Relevant maps relating to Hillingdon and its pharmacies
- Alignment with other plans for local health and social care, including the Joint Strategic Needs Assessment (JSNA).

The content of this PNA was developed in accordance to regulations 3-9 Schedule 1 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

The findings and recommendations of the report regarding the potential opportunities for pharmaceutical services to provide support in meeting the health needs of the population of Hillingdon are based upon a comprehensive analysis and review of the data and information that has been considered in the following pages, including:

- demographic review, in particular the current population and population projections, including key groups such as children, older people and those living in deprivation
- epidemiological review, in particular disease prevalence and long-term conditions at GP level
- community pharmacy locations, including information about 100 hour opening times per week
- pharmaceutical services provided at each location
- local priorities highlighted in the H&WB strategy 2022-25

### **3. Key findings and background information**

#### **The London Borough of Hillingdon**

Hillingdon is the second largest of London's 32 boroughs covering an area of 42 square miles (11,571 hectares), over half of which is countryside and woodland. Hillingdon has always been a transport hub, and home to Heathrow Airport - the world's busiest international airport. It is also the home of RAF Northolt, and shares its borders with Hertfordshire, Buckinghamshire, Surrey, Hounslow, Ealing, and Harrow.

Hillingdon currently has 21 electoral wards within three localities: Ruislip & Northwood in the northern part of the Borough, Uxbridge & West Drayton in the central part of the Borough, and Hayes & Harlington in the southern part of Hillingdon. Ruislip & Northwood currently consists of eight wards, and Uxbridge & West Drayton six wards and Hayes & Harlington seven wards.

Hillingdon is traversed by the grand union canal, the M4 motorway, A40, A4020 and the Great Western Railway, and with these significant road networks and three of London's underground lines (Piccadilly, Metropolitan and Central lines) starting and ending in the Borough, Hillingdon is a major transport hub. South of the Borough is home to Heathrow Airport, which occupies 1,227 hectares of land. Crossrail remains on track to open the Elizabeth line in the first half of 2022 and work on HS2 continues.

#### **Demography**

The resident population of Hillingdon in 2022 is estimated to be 312,670 persons. This is split between the three localities of Ruislip & Northwood (30% of the population of the

Borough), Uxbridge & West Drayton (34.0%) and Hayes & Harlington (36%). There are higher numbers of younger people in Hayes and Harlington and higher numbers of older people (65+) in Ruislip and Northwood.

The population increase in Hillingdon over the next 5 years is expected to be 1.6%, which is lower than the rate of growth in both London (1.8%) and England (2.2%). The key driver of population growth in Hillingdon over the next 5 years is projected to be natural change (the greater number of births than deaths) and international migration.

Ward level population change between 2022 and 2027 is estimated to increase with Hayes Town and Uxbridge expected to see the largest growth to 2027, whilst several wards are predicted to decrease. Overall increases at locality level show that Ruislip & Northwood is expected to see an increase of 1.4% (1,277 residents), Uxbridge & West Drayton expected to see an increase of 2.5% (2,634 residents) and Hayes & Harlington expected to see an increase of 3.3% (3,702 residents).

The number of births is expected to decrease to an average of 3,880 per annum (3,958 in 2020) over the next 5 years. The number of births is higher in the south of the borough.

GLA ethnic group projection (2016) estimate that Hillingdon is becoming increasingly diverse with Black and Minority Ethnic (BAME) groups accounting for 51% and White ethnic groups accounting for 49% of the 2022 resident population. This is expected to change further with projections that by 2027 the White ethnic group will account for 46.5% and BAME will increase to 53.5%.

Hillingdon has a mixed socio-economic profile. The 2019 English Index of Deprivation ranks Hillingdon as 21<sup>st</sup> out of 33 London boroughs (with 1 being the most deprived). The average deprivation score masks the differences at ward level, Ruislip & Northwood wards being the least deprived and Hayes & Harlington, Uxbridge & West Drayton having a higher level of deprivation than the Hillingdon average.

Hillingdon is economically prosperous. The Borough has a lower proportion of economically inactive people compared with London or England. In 2021 the unemployment rate in Hillingdon (6.9%) was higher than London (6.5%) and Great Britain (5.0%). Approximately 21% of households in Hillingdon are claiming Universal Credit (December 2020).

According to the 2011 Census (the only data source where this granularity of intelligence is collected) 9.6% of residents of Hillingdon provide unpaid care to family or friends.

Detailed analysis of the demography of Hillingdon can be found in Appendix 1.

### **Epidemiology (diseases and their cause within populations)**

In general Hillingdon residents enjoy a similar life expectancy in both males and females, 79.7 years and 83.7 years respectively, when compared to the average for London (80.3 and 84.3 respectively) and England (79.4 and 83.1 respectively). However, there are inequalities within the Borough at ward level. From the 2015-19 data, the gap in male life expectancy

between Eastcote & East Ruislip and Botwell and Harefield is 7.6 years and the gap in female life expectancy between Eastcote & East Ruislip and Botwell is 6.3 years.

Analysis of the numbers on GP registers show differences in ward and locality disease prevalence generally relating to the age profiles of the areas within the Boroughs.

GP register derived prevalence for cardiovascular disease (CVD), coronary heart disease, stroke, hypertension, chronic kidney disease, cancer, osteoporosis, chronic obstructive pulmonary disease (COPD), atrial fibrillation, peripheral arterial disease (PAD), dementia, asthma and depression are highest in Ruislip & Northwood due to the older population in this area.

Mortality rates from all causes have been falling in Hillingdon in line with the national decrease. Circulatory disease and cancer are the two major causes of death in Hillingdon.

For services pharmacies provide: Smoking is a major risk factor for many diseases. In Hillingdon the estimated prevalence of smoking is 12.7% of the over 18 years of age population, which is lower than the London average (15.4%) and England average (14.3%).

Influenza immunisation in Hillingdon in those aged 65+ is 76.7%, below the Chief Medical Officer's (CMO) target of 85%. Looking at higher risk groups, coverage is 51.3% which is higher than England, but below the CMO target of 75%.

Teenage pregnancy in Hillingdon has decreased year on year, and is lower than the London and England averages (13.8 and 15.7 respectively). However, the rate of conceptions (age <18 years) is higher in wards in the south of the borough compared to wards in the north.

Sexually transmitted infections represent an important public health issue in London which has the highest rate of STIs in England. The total number of all new STIs diagnosed in Hillingdon in 2020 is 683 per 100,000 of the population; this is lower than the London rate of 1,391 per 100,000 and higher than the England rate (619 per 100,000).

Drug treatment services in Hillingdon achieve proportionately more successful outcomes in Hillingdon than those achieved across England. Data on drug treatment outcomes report successful completion of drug treatment (defined as leaving treatment free of drugs and not re-presenting within 6 months) for opiate users in Hillingdon as 6.1% of those in treatment, compared with 4.9% for England (reporting period June 2020 – May 2021, November 2021).

Admission episodes for alcohol related conditions (narrow\*) in Hillingdon are recorded as 504 per 100,000 (2019/20 DSR rate), higher than London and lower than England (519 and 416 respectively).

Detailed analysis of the epidemiology of Hillingdon can be found in Appendix 2.

### **Service Provision (pharmacies)**

There are 64 community pharmacies in Hillingdon. The numbers of pharmacies are evenly geographically distributed across Hillingdon with at least 21 per locality. The number of

pharmacies per 100,000 of the population in Hillingdon is slightly higher than England and London, for more details see Appendix 3.

In Hayes & Harlington provision is just below the England average rate per head of population, however, there are additional 20 pharmacies within 1 km located in neighbouring boroughs.

Hillingdon's pharmacy provision is within the recognised guidelines. However, it is acknowledged that there are some areas of the borough where the pharmacy is more than 15 minutes walking distance. Where this is the case, the pharmacies are readily accessible by public transport and for those driving, have parking close to the premises.

Access to pharmacy services is very good for Hillingdon residents. 99.7% of households in Hillingdon are within a 5-minute drive of a pharmacy.

Of the 64 pharmacies in Hillingdon:

- 24 are provided by large multiple providers, 40 are independent pharmacies or part of a small chain
- None are distance selling pharmacies

The Pharmaceutical Needs Assessment survey received a 100% response rate from Hillingdon pharmacies which included details of the services provided.

Residents across the Hillingdon localities have access to a range of services from the essential dispensing services to screening and monitoring, vaccination and disease specific services.

## Conclusions

The number of current providers of pharmaceutical services, the location where the services are provided, and the range of hours of availability combined meet the need for the provision of the necessary essential services of the community pharmacy contractual framework. These providers and services are considered as able to meet the current and likely future needs for pharmaceutical services in all localities of Hillingdon HWB area.

The number of pharmacies is sufficient to manage the need of the population over the next 3-5 years.

The range of pharmaceutical services provided and access to them is good. There are pharmacies close to where people live, work or shop. Travel times have been mapped, finding that 97% of the population is within a 20-minute walk or a 5-minute car journey of their nearest pharmacy. There are some differences between localities that reflect the nature of their populations and environment. Public transport across the borough is good, and there are good travel links over the boundary into neighbouring local authorities.

There is sufficient choice of both pharmacy provider and pharmacy services available to residents and visiting population of all localities of Hillingdon including the days on which, and times at which, these services are provided. There is sufficient choice of pharmacy outside the boundary of Hillingdon.

Pharmacies in Hillingdon have responded well to the offer of advanced services, supporting increasing integration with other parts of the healthcare system and better access for patients. Many of Hillingdon's pharmacies have indicated they would be willing to provide other services if commissioned, which would secure improvement or better access to pharmaceutical services over the lifetime of the PNA.

There are opportunities for improvement or better access to current services and the range of new pharmaceutical services in a community pharmacy by:

- promoting services available to the public, including the times and days that they are available
- maximising opportunities for health improvement and intervention in pharmacies.

*The provision of Essential Services is deemed as good and necessary, with no gaps.*

There are essential services seven days a week offering services before 9am and late on weekday evenings. There is a good offer on Saturday mornings and a reduced offering on Saturday afternoons, with 13 pharmacies open on Sundays. There are no gaps in provision of essential services or access of opening hours.

*The provision of Advanced Services is deemed as good and relevant, with no gaps.*

There are no gaps in the provision of advanced services. Provision of advanced services is good both across the borough and at locality level; although there is less provision of SACs and AURs than other services, the provision of these services has increased since 2018. Further provision of all services is planned within the next 12 months which will secure improvement or better access, with many pharmacies planning to increase their offering of

advanced services.

*The provision of Enhanced Services*

Provision of enhanced services is good, with supervised administration and needle and syringe programme (both necessary services) the most widely provided services. There are services that pharmacies have said they are willing to provide either if commissioned or provide privately, which would secure improvement or better access over the life of this PNA.

Improvement or better access to these services might be afforded by better supporting the needs of the population for accurate and timely information about those pharmaceutical services, particularly when and where they are available.

DRAFT

#### 4. Community pharmacy provision within Hillingdon

64 community pharmacies in Hillingdon provide pharmaceutical services.

**Table 1: Provision of community pharmacies in Hillingdon by ward and locality**

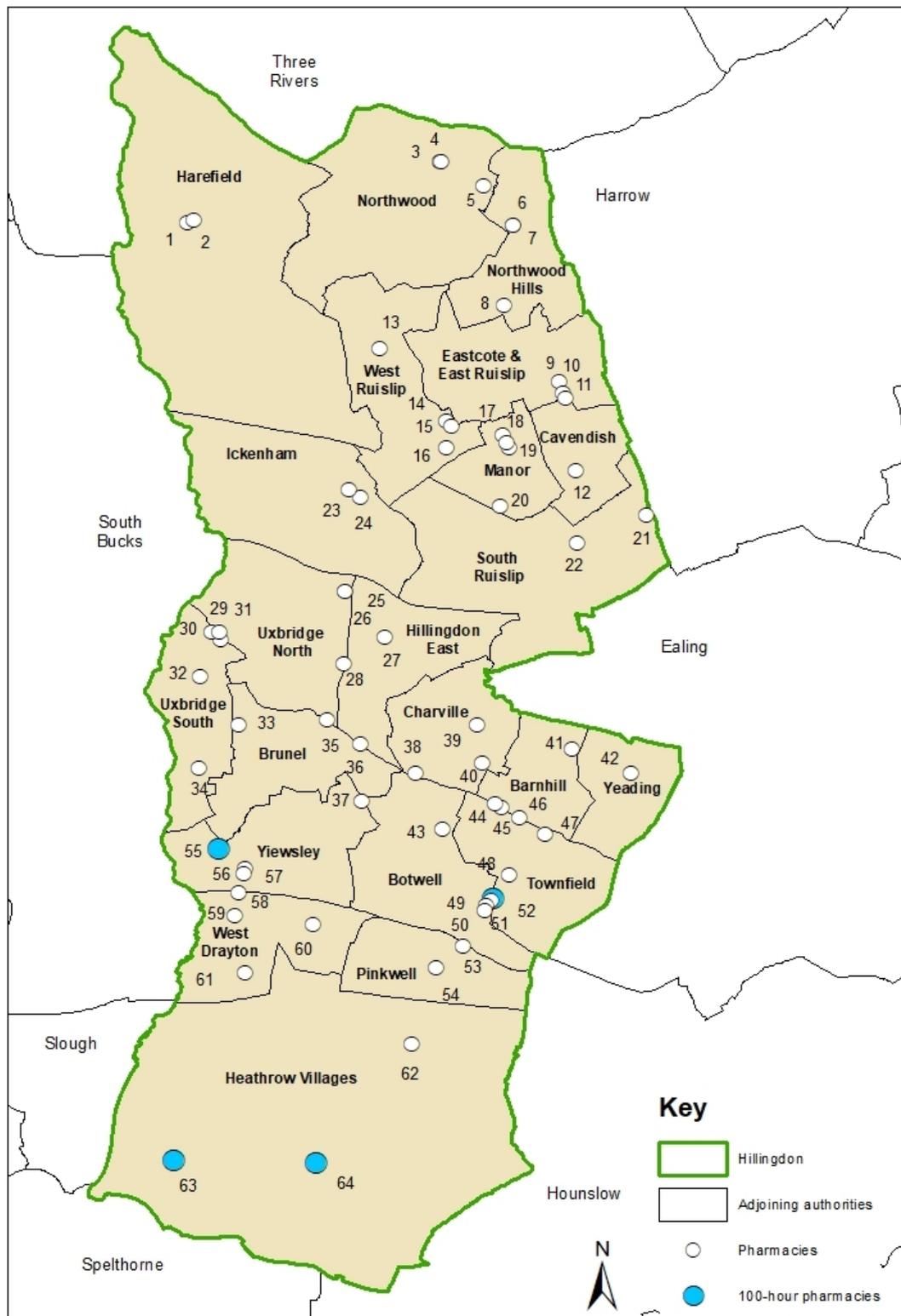
Locality / ward	Population in 2022 (ONS small area population estimates, 2020)	Number of pharmacies per 100,000 population
<b>Ruislip &amp; Northwood</b>	<b>Total = 92,566</b>	<b>Total = 22</b>
Cavendish	11,804	<b>Rate per 100,000 population = 23.8</b> population = 92,566 number of pharmacies = 22  Total hours 1,220.25
Eastcote & East Ruislip	12,626	
Harefield	7,558	
Manor	11,618	
Northwood	11,263	
Northwood Hills	12,112	
South Ruislip	13,363	
West Ruislip	12,222	
<b>Uxbridge &amp; West Drayton</b>	<b>Total = 105,193</b>	<b>Total = 21</b>
Brunel	15,507	<b>Rate per 100,000 population = 19.9</b> population = 105,193 number of pharmacies = 21  Total hours 1,172.25
Hillingdon East	13,651	
Ickenham	10,402	
Uxbridge North	16,477	
Uxbridge South	15,304	
West Drayton	19,068	
Yiewsley	14,784	
<b>Hayes &amp; Harlington</b>	<b>Total = 111,255</b>	<b>Total = 21</b>
Barnhill	14,761	<b>Rate per 100,000 population = 18.9</b> population = 111,255 number of pharmacies = 21  Total hours 1,389
Botwell	19,237	
Charville	13,582	
Heathrow Villages	15,211	
Pinkwell	16,433	
Townfield	16,846	
Yeading	15,185	
<b>22 wards</b>	<b>309,014 population</b>	<b>64 pharmacies</b>

The Hillingdon rate of pharmacies per 100,000 population is currently 20.7 (population = 309,014 number of pharmacies = 64); to 2027 this is expected to decrease to 20.1 pharmacies per 100,000 population (with the assumption of population growth to 317,706, and no change in the number of pharmacies).

DRAFT

**Access to pharmaceutical services: in Borough**

**Map: Pharmacies in Hillingdon:**



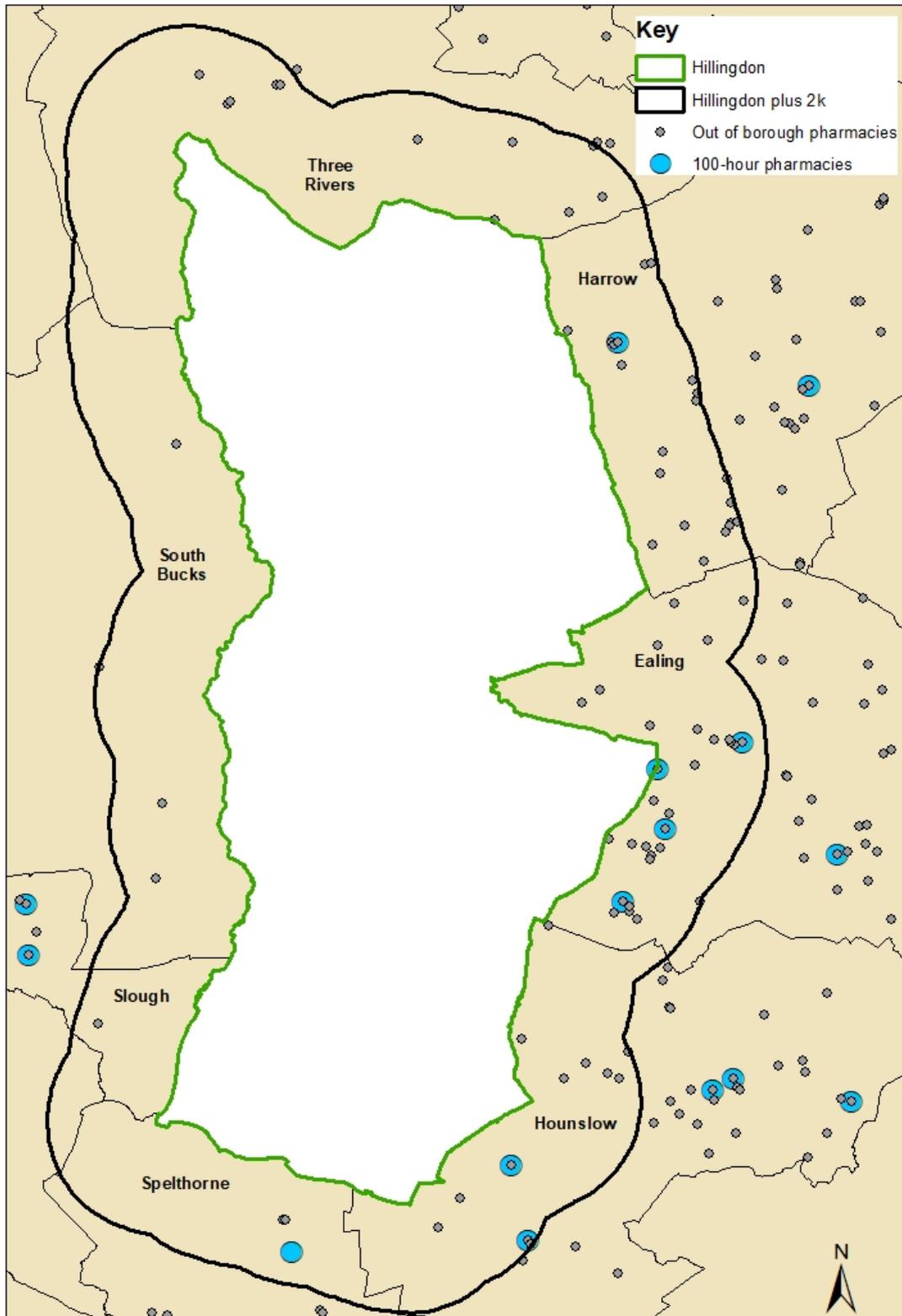
Key	Pharmacy Name	Location
1	The Malthouse Pharmacy	Harefield
2	Harefield Pharmacy	Harefield
3	Boots	Northwood
4	Sharmans, Maxwell Road	Northwood
5	Carter Chemist	Northwood
6	Boots, Joel Street	Northwood Hills
7	Ross Pharmacy	Northwood Hills
8	Carters Pharmacy	Northwood Hills
9	Eastcote Pharmacy	Eastcote
10	Superdrug	Eastcote
11	Boots	Eastcote
12	Boots, Whitby Road	Ruislip
13	Howletts Pharmacy	Ruislip
14	Asthworths Pharmacy	Ruislip
15	Boots, High Street	Ruislip
16	Boots, Wood Lane Medical Centre	Ruislip
17	Ruislip Manor Pharmacy	Ruislip Manor
18	Dana Pharmacy	Ruislip Manor
19	Chimsons	Ruislip Manor
20	Nu-Ways, West End Road	Ruislip Gardens
21	Boots	South Ruislip
22	Lloyds, Sainsbury's	South Ruislip
23	Garners	Ickenham
24	Winchester Pharmacy	Ickenham
25	Adell Pharmacy	Hillingdon
26	Boots	Hillingdon
27	Puri Pharmacy	Hillingdon
28	Hillingdon Pharmacy	Hillingdon
29	Boots, High Street	Uxbridge
30	Boots, The Chimes	Uxbridge
31	Flora Fountain	Uxbridge
32	H A McParland	Cowley

Key	Pharmacy Name	Location
33	Brunel Pharmacy	Brunel
34	Mango Pharmacy	Cowley
35	Lawtons	Hillingdon
36	Oakleigh	Hillingdon
37	Joshi Pharmacy	Hayes
38	Hayes End Pharmacy	Hayes
39	Vantage Pharmacy	Hayes
40	TS Mundae	Hayes
41	Boots	Yeading
42	Tesco pharmacy	Yeading
43	Vantage Chemist	Hayes
44	Grosvenor	Hayes
45	Daya	Hayes
46	H A McParland	Hayes
47	Lloyds Pharmacy, Sainsbury's	Hayes
48	Pickups	Hayes
49	Hayes Town Pharmacy	Hayes (100 hour)
50	NuChem	Hayes
51	Superdrug	Hayes
52	Boots	Hayes
53	Kasmani	Hayes
54	Medics Pharmacy	Hayes
55	Tesco pharmacy	Yiewsley (100 hour)
56	Yiewsley Pharmacy	Yiewsley
57	Phillips Pharmacy	Yiewsley
58	Boots	West Drayton
59	Winchester Pharmacy	West Drayton
60	Carewell Chemist	West Drayton
61	Orchard Pharmacy	West Drayton
62	The Village Pharmacy	Harlington
63	Boots, Heathrow Airport T5	Heathrow (100 hour)
64	Boots, Heathrow Airport T3	Heathrow (100 hour)

## Access to pharmaceutical services: out of Borough

### Map: Pharmacies outside of Hillingdon:

Pharmacies within 2km of the Hillingdon boundary (Three Rivers, South Bucks, Slough, Spelthorne and the London Boroughs of Harrow, Ealing and Hounslow):

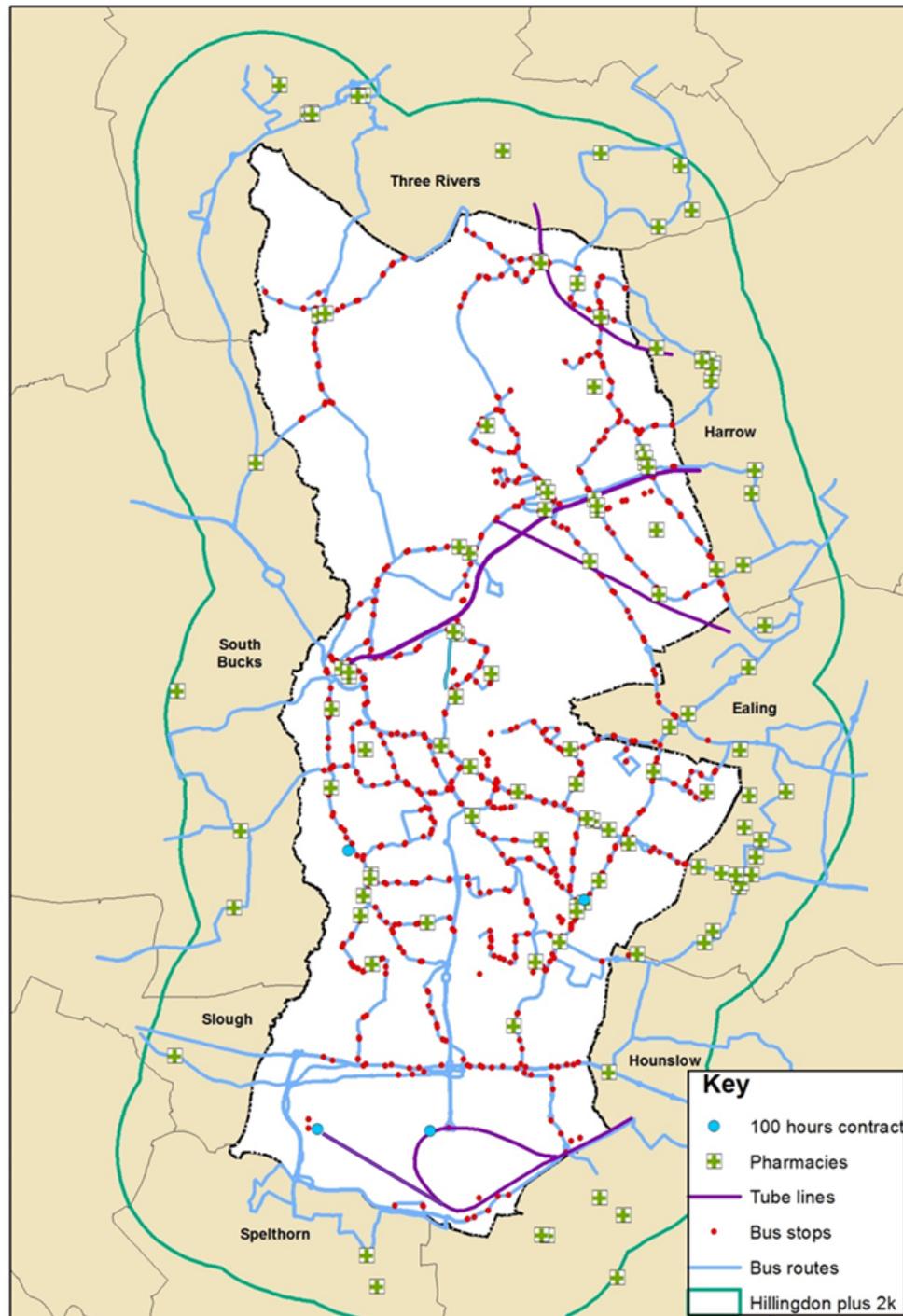


There are at least 75 pharmacies located within the 2km boundary of Hillingdon, plus eight 100-hour pharmacies; the 100-hour pharmacies are:

<b>Pharmacy details</b>	<b>Local Authority</b>
Gor Pharmacy at Pinn Medical Centre, Pinner, HA5 3EE	Harrow
Ariana Pharmacy, 472 Greenford Road, Greenford, UB6 8SQ	Ealing
Fountain Pharmacy, 43 Featherstone Road, Southall, UB2 5AB	Ealing
Anmol Pharmacy, 97 North Road, Southall, UB1 2JW	Ealing
Lady Margaret Road Pharmacy, 223 Lady Margaret Road, Southall, UB1 2NH	Ealing
Tesco Pharmacy, Dukes Green Avenue, Feltham, TW14 0LT	Hounslow
Asda Pharmacy, Tilley Road, Feltham, TW13 4BH	Hounslow
Tesco Pharmacy, Town Lane, Stanwell, TW19 7PZ	Spelthorne

### Map: Accessibility via public transport

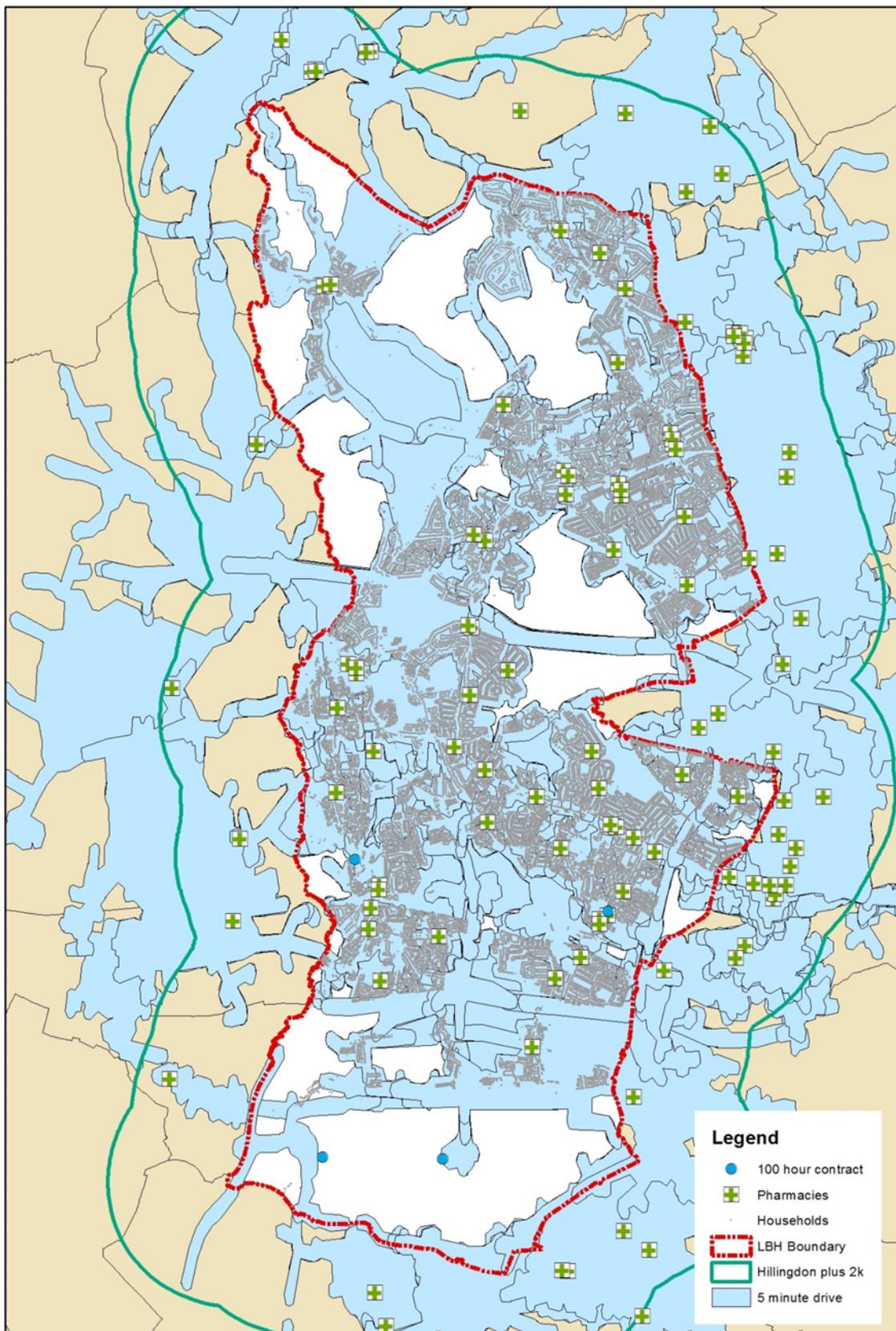
Bus routes and bus stops in relation to Hillingdon and out of Borough pharmacies



Since 2018 a new bus route has been introduced – the 278 – the route is from Ruislip town centre to Heathrow Airport; this bus route has now filled a gap along a portion of Long Lane in Hillingdon.

**Map: Access by car**

Pharmacies within a 5-minute drive time, by residential postcodes



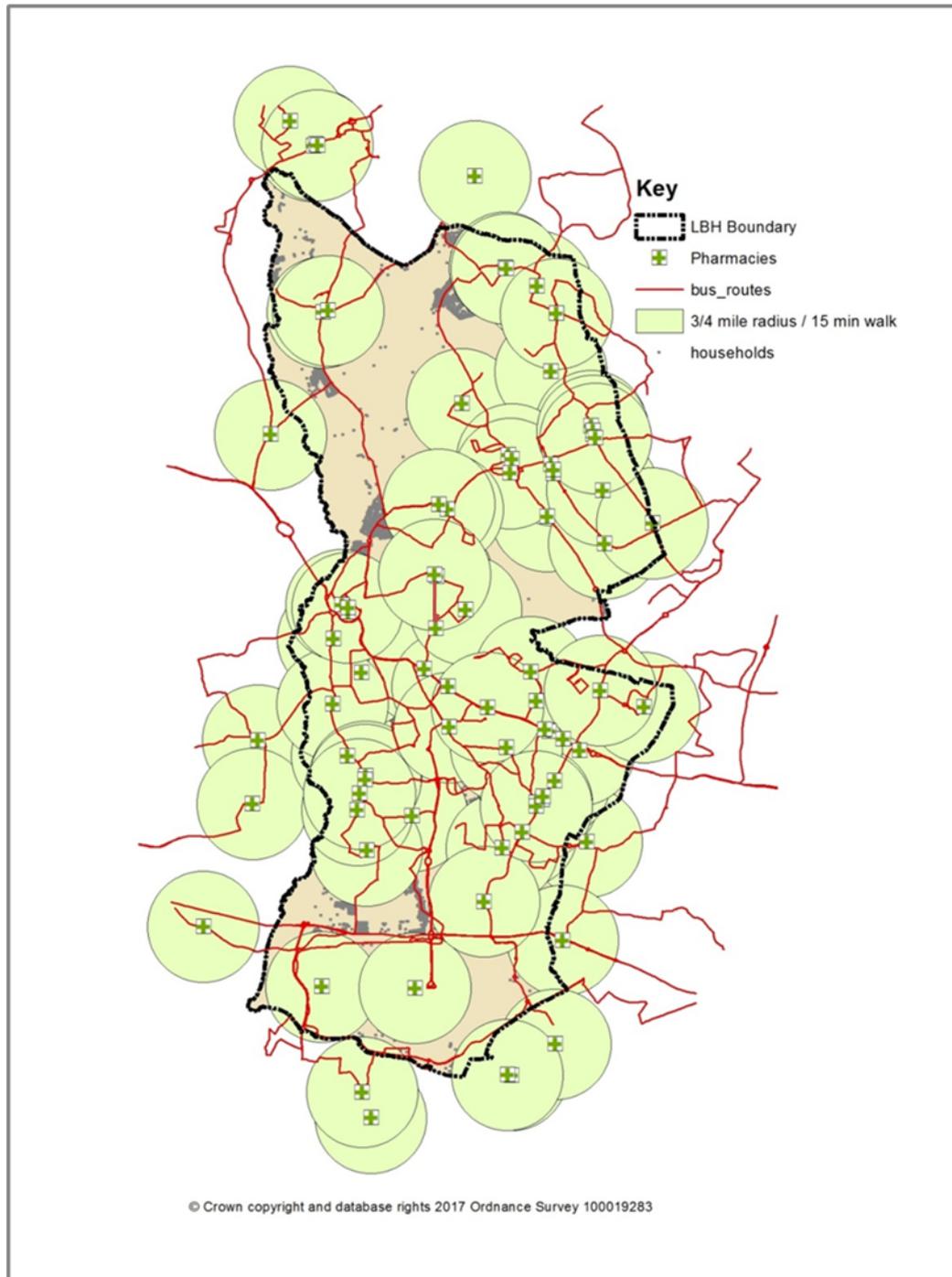
© Crown copyright and database rights 2017 Ordnance Survey 100019283

### **Access to a pharmacy**

Research from Pharmacy2U (2017) shows that by region Londoners lived nearest to their local pharmacy than any other area, travelling only 2.6 miles on average; this compares to 6.6 miles in the South-West of England. There will be variations at London borough level, but for Hillingdon 99.7% of households are within a 5-minute drive and 20-minute walk to a pharmacy.

DRAFT

### Access to a pharmacy within $\frac{3}{4}$ miles from home



The map shows (from the overlapping  $\frac{3}{4}$  mile circles), a 15 minute walking distance around each pharmacy.

It is acknowledged that there are some areas of the community where a pharmacy is more than 15 minute walk away. Where this is the case pharmacies are readily accessible by bus and road with parking close to the premises. The majority of borough pharmacies are within a 15 minute walk of another pharmacy which is currently serving their geographical location.

## 5. Definition of pharmaceutical services

Section 126 of the 2006 National Health Service Act places an obligation on NHS England to put arrangements in place so that drugs, medicines and listed appliances ordered via NHS prescriptions can be supplied to persons. This section also makes provision for the types of healthcare professionals that are authorised to order drugs, medicines and listed appliances on an NHS prescription.

Therefore, *pharmaceutical services* in relation to PNAs include:

- **Essential services:** these services are offered by all pharmacy contractors as part of the NHS Community Pharmacy Contractual Framework (the Pharmacy Contract) and include the dispensing of medicines, dispensing appliances, repeat dispensing, disposal of unwanted medicines, promotion of healthy lifestyles and signposting and support for self-care.
- **Advanced services:** there are Several Advanced Services within the NHS Community Pharmacy Contractual Framework (CPCF). 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; services include New Medicines Service (NMS) for community pharmacists and Appliance Use Reviews (AURs) and the Stoma Appliance Customisation Service (SACS) for dispensing appliance contractors.
- **Locally commissioned services (known as enhanced services):** these services can be commissioned at a local level eg the Local Authority, CCG or by NHS England teams. Therefore to give a complete picture of the local provision, these need to be considered alongside pharmaceutical service provision, and include:
  - Anticoagulant Monitoring Service
  - Care Home Service
  - Disease specific service
  - Gluten Free Food Supply Service
  - Independent Prescribing Service
  - Medication Review
  - Needle and Syringe Programmes
  - On Demand Availability of Specialist Drugs
  - Out of Hours Service
  - Patient Group Direction Service
  - Screening services
  - Stop Smoking Service
  - Supervised Administration (consumption of prescribed medicines)
  - Supplementary Prescribing Service

## 6. Public health services

Each financial year, pharmacies are required to participate in up to six health campaigns at the request of NHS England and NHS Improvement (NHSE&I). This involves the display and distribution of leaflets provided by NHSE&I; in addition, pharmacies are required to undertake prescription-linked interventions on major areas of public health concern, such as encouraging smoking cessation. When requested to do so by NHS England the NHS pharmacist records the number of people to whom they have provided information as part of those campaigns.

## 7. Pharmaceutical lists and NHS market entry

The legislative framework in England is set out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (the 2013 regulations). Part 6 of the 2013 regulations provides a framework for ensuring the suitability of contractors who provide pharmaceutical services. Regulations in Part 6 make provisions for NHS England to manage admission, suspension and removal from their lists on fitness grounds. Under the Medicines Act 1968, a registered pharmacist must be in charge of each community pharmacy, which can be owned by a pharmacist sole trader, a limited liability partnership (where all partners are pharmacists) or bodies corporate (where a superintendent pharmacist must be appointed). These are collectively called *pharmacy contractors*.

## 8. Purpose of the PNA and its content

Section 128A of the National Health Service Act (NHS Act 2006) requires each health and wellbeing board to assess the need for pharmaceutical services in its area and to publish a statement of its assessment. Termed a 'pharmaceutical needs assessment, the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013, as amended (the 2013 regulations) set out the minimum information that must be contained within a pharmaceutical needs assessment and outline the process that must be followed in its development.

The content of PNAs is set out in Schedule 1 to the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The PNA must contain:

- A statement of the pharmaceutical services provided that are necessary to meet needs in the area
- A statement of the pharmaceutical services that have been identified by the HWB that are needed in the area, and are not provided (gaps in provision)
- A statement of the other services which are provided, which are not needed, but which have secured improvements or better access to pharmaceutical services in the area
- A statement of the services that the HWB has identified as not being provided, but which would, if they were to be provided, secure improvements or better access to pharmaceutical services in the area
- A statement of other NHS services provided by a local authority, the NHS Commissioning Board (NHS England), a Clinical Commissioning Group (CCG) or an NHS Trust, which affect the needs for pharmaceutical services
- An explanation of how the assessment has been carried out (including how the consultation was carried out)
- A map of providers of pharmaceutical services.

## 9. Context for the Pharmaceutical Needs Assessment

This PNA was undertaken in accordance with the requirements set out in Regulations 3-9 Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013; and forms the basis for commissioners of pharmaceutical services to consider the current provision and identify gaps in relation to local health needs and local priorities. Detailed analysis of the local health needs including demographic, epidemiological and survey-based assessment can be found in Appendices 1-3.

## 10. Links with other strategies and plans

The PNA considers a range of other relevant plans and strategies prepared by the Council and its strategic partners in order to prevent duplication of work and multiple consultations with health groups, patients and the public. These include:

### a. The Joint Strategic Needs Assessment

The Health and Social Care Act 2012 amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for HWBs in relation to JSNAs. The aim of the JSNA is to improve the health and wellbeing of the local community and reduce inequalities for all ages, identifying those groups where health and care needs are not being met and those which are experiencing comparatively different outcomes.

### b. The Health & Wellbeing Board and Joint Health and Wellbeing Strategy (JHWS)

The Health and Wellbeing Board has a statutory requirement to improve the health and wellbeing of residents. Hillingdon's Health and Wellbeing Board was established as part of government changes to the NHS. It became a statutory committee of the Council on 1 April 2013.

The Board is the place for local councillors, the NHS, public health and social care representatives and providers to work together to improve the health and wellbeing of the people of the Borough. The partnership seeks to identify opportunities for collaboration and integration across agencies and develop direct links to services users, patients and residents via Healthwatch Hillingdon.

Hillingdon's Joint Health and Wellbeing Strategy 2022-25 seeks to improve the health and wellbeing of all our residents and to reduce disparities in health and care across our communities. The strategy aims to deliver a vision shared by all health and care partners in the borough. The priorities of the 2022-25 plan are:

- Priority 1: Support for children, young people and their families to have the best start and to live healthier lives
- Priority 2: Tackling unfair and unavoidable inequalities in health and in access to and experiences of services
- Priority 3: Helping people to prevent the onset of long-term health conditions such as dementia and heart disease
- Priority 4: Supporting people to live well, independently and for longer in old age and through their end of life
- Priority 5: Improving mental health services through prevention and self-management
- Priority 6: Improving the ways we work within and across organisations to offer better health and social care

The shared vision is that by 2025 most people who live in Hillingdon are able to say:

- "I am helped to take control of how my own health and social care needs are met"
- "I only have to tell my story once and my details are passed on to others with an appropriate role in my care"
- "If I do need to go to hospital, they start to plan for my social and health care in the community from day one of my stay"
- "Social care and health services help me to be proactive. They anticipate my needs before I do and help me to prevent things getting so bad that I need to stay in hospital"
- "I am treated with respect and dignity, according to my individual needs"

- “It doesn’t matter what day of the week it is - as I get the support appropriate to my health and social care needs”
- “Systems are sustainable and money that once might have been spent on hospital care for me is now spent to support me at home in my community”

The purpose of the Joint Health and Wellbeing Strategy is to show how health and care partners will work together between 2022 and 2025 to deliver this vision.

Local authorities will receive £3.417 billion in public health grants in 2022-23; the grant will be ringfenced for use on public health functions, which may include challenges arising directly or indirectly from COVID-19.

### **c. Sustainable and Transformation Partnerships**

Sustainability and Transformation Partnerships (STPs) are responsible for planning and delivering care in England. STPs were established to improve health and care services; to make sure that services are integrated, cost efficient and, most importantly, that they meet the needs of the local population.

The North-West London STP is one of 44 nationally. It identifies five delivery areas:

- Prevention and wellbeing
- Eliminating unwarranted variation and improving the management of long-term conditions
- Improved outcomes and experiences for older people
- Improving outcomes for children and adults with mental health needs
- Ensuring safe, high quality and sustainable acute services

### **d. Northwest London Clinical Commissioning Group (NWLCCG) and Community Pharmacy**

The CCG recognises that community pharmacists provide comprehensive and valuable services and support to patients, carers and residents. They are trusted as highly qualified professionals whether located in a busy high street or at the heart of a community. The CCG share a common purpose with community pharmacists in ensuring that patients optimise the use of their medicines.

Hillingdon Borough Medicines Management Teamwork in collaboration with services by providing evidence-based information to ensure patients receive safe and effective medicines, improve compliance and reduce wasteful prescribing. They understand the importance of harnessing the expertise and experience of community pharmacy in optimising medicines use and improving patient safety.

There are areas of joint working between community pharmacists, PCN pharmacists and the Hillingdon Borough Medicines Management Team, such as facilitating:

- The Discharge Medicines Service (DMS), an Essential service within the Community Pharmacy Contractual Framework (CPCF).
- The NHS Community Pharmacist Consultation Service launched as an Advanced Service.
- The New Medicine Service (NMS), an Advanced Service added to the Community Pharmacy Contractual Framework (CPCF).
- The Hypertension case-finding service which was commissioned as an Advanced service from 1st October 2021.

NWL CCG no longer commissions NHS Pharmaceutical Services as this is the responsibility of NHSE. However, the CCG can and does commission local services using the NHS Standard Contract. Currently this is:

Pharmaceutical Needs Assessment 2022

1. An out-of-hours palliative care service.

NWL CCG will continue to work closely with local community pharmacists and commission further services to meet the needs of the local population. Further opportunities will arise when community pharmacists take on a wider role in improving medicines optimisation by ensuring patients get the best outcomes from the medicines they are prescribed and as a result of relevant public health initiatives.

### **e. Healthwatch Hillingdon**

Healthwatch Hillingdon is a part of the national network of local Healthwatch organisations led and supported by Healthwatch England and are independent of the NHS and the local authority. As a health watchdog run by and for local people, it helps Hillingdon residents get the best out of their health and care services through signposting information and advice. It also provides a voice for influencing and challenging service provision throughout Hillingdon.

## **11. Outcomes frameworks for public health**

The Public Health Outcomes Framework (2022) sets out a vision for public health that is to improve and protect the nation's health and improve the health of the poorest fastest. The framework focuses on two high-level outcomes to be achieved across the health system and beyond:

- Increased healthy life expectancy
- Reduced differences in life expectancy and healthy life expectancy between communities

These outcomes reflect the focus on how long we live – our life expectancy, and how well we live – our healthy life expectancy. The focus is also on reducing differences between people and communities from different backgrounds. Groups of indicators presents these high-level outcomes:

- Wider determinants
- Health improvement
- Health protection
- Healthcare and premature mortality

The outcome framework indicators cover the full spectrum of public health and reflect a focus not only on how long people live, but on how well they live at all stages of life.

Surveillance of public health data and monitoring of public health indicators is undertaken by the Public Health Team supported by the Business Performance Team.

Hillingdon's report can be viewed on Fingertips:

[Public Health Outcomes Framework - at a glance summary \(phe.org.uk\)](https://www.phe.org.uk/public-health-outcomes-framework-at-a-glance-summary)

## 12. Hillingdon Pharmaceutical Needs Assessment 2022

The 2022 PNA is compliant with the requirements of the NHS (Pharmaceutical and Local Pharmaceutical Services regulations) 2013.

## 13. Process for developing the PNA

A similar methodology was used to that of the 2018 PNA. A briefing was prepared for HWB to seek approval for the process at its meeting on 30 November 2021. Key steps include:

- a) Analyse known datasets for reviewing epidemiological and demographic need at borough level
- b) Agree localities, and having assessed information about population characteristics and health status, assess the needs for pharmaceutical services at locality level, considering ward and super output area level local intelligence where available
- c) Consider the different needs of different localities in Hillingdon, based on population age, disability, gender, pregnancy and maternity rates, race and ethnicity, deprivation, distribution of illness and underlying factors e.g. lifestyle and living conditions (wider determinants), and provision of health services (e.g. hospitals, primary care) and other services
- d) Review and revisit maps for community pharmacies in Hillingdon and in neighbouring areas. Conduct a survey of community pharmacy within Hillingdon. Conduct a resident survey.
- e) Consult with stakeholders via the Health & Wellbeing Board throughout the process and conduct a statutory 60-day consultation.

## 14. Stakeholder involvement in the PNA

In order to ensure full involvement of the local stakeholders, the following committees and organisations were invited to comment on the analysis and emerging recommendations:

- Local Pharmaceutical Committee (LPC)
- Representatives from the local pharmacists (LPS)
- Hillingdon Clinical Commissioning Group (HCCG)
- Healthwatch Hillingdon
- Local Patient, Consumer, and Community Groups
- Local Voluntary Sector partners

### How stakeholders were involved

Hillingdon HWB agreed the process to establish methodology, structure and design of the PNA. The LPC, Hillingdon CCG, and Healthwatch Hillingdon were contacted during the PNA process.

A survey was sent out to all 64 community pharmacies in Hillingdon. Hillingdon Council maintained regular contact with community pharmacists in Hillingdon to achieve a 100% response rate.

## 15. 60 Day Statutory Consultation

The statutory consultation will be/was hosted on the Council website and promoted to stakeholders and pharmacies, from late June to late August 2022 inclusive. Any comments received will be considered and reported here prior to final publication.

### *Backing Papers:*

Appendix 1 – Demography

Appendix 2 – Epidemiology

Appendix 3 - Community Pharmacy Provision

Appendix 4a and 4b – Pharmacy Survey and Patient Survey

## Glossary

AUR – Appliance Use Review	LPS – Local Pharmaceutical Service
BAME – Black & Minority Ethnic group	LSOA – Lower Super Output Area
BNF – British National Formulary	MECC – Making Every Contact Count
CCG – Clinical Commissioning Group	NHS – National Health Service
CMO – Chief Medical Officer	NHSE – National Health Service (NHS) England
CNWL – Central & North-West London	NHS&I – NHS England & Improvement Team
COPD – Chronic Obstructive Pulmonary Disease	NIC – Net Ingredient Cost
CPCF – Community Pharmacist Contractual Framework	NMS – New Medicines Services
CPCS – Community Pharmacist Consultation Service	NOMIS – Official Labour Market Statistics from the ONS
CVD – Cardiovascular Disease	OHID – Office for Health Improvement and Disparities (formerly Public Health England)
DH – Department of Health	ONS – Office for National Statistics
EHC - Emergency Hormonal Contraception	PCN – Primary Care Network
ESA – Employment Support Allowance	PCT – Primary Care Trust
ESP – Essential Small Pharmacy	PDU – Problematic Drug Users
GLA – Greater London Authority	PGD – Patient Group Direction
GIS – Geographical Information System	PHE – Public Health England
GP – General Practitioner	PHOF – Public Health Outcomes Framework
H&H – Hayes and Harlington locality	PNA – Pharmaceutical Needs Assessment
HCCG – Hillingdon Clinical Commissioning Group	QOF - Quality Outcomes Framework
HSCIC – Health & Social Care Information Centre	R&N – Ruislip and Northwood locality
HSSS - Hillingdon Stop Smoking Service	SACs – Stoma Appliance Customisation Services
HWBB – Health & Wellbeing Board	SMR – Standardised Mortality Ratio
JHWS – Joint Health & Wellbeing Strategy	STI – Sexually Transmitted Infection
JSNA – Joint Strategic Needs Assessment	STP – Sustainable & Transformation Partnerships
LA – Local Authority	TB – Tuberculosis
LMC – Local Medical Committee	U&WD – Uxbridge and West Drayton locality
LPC – Local Pharmaceutical Committee	

This page is intentionally left blank



# Hillingdon Pharmaceutical Needs Assessment 2022

---

## Appendix 1: Demography

October 2022

# Pharmaceutical Needs Assessment 2022

## Introduction

At the time of writing this part of the PNA (January 2022), we are two years into the COVID-19 pandemic. Due to this, some demographic data may be inaccurate (i.e. employment and benefit claims data may not show a 'normal' distribution).

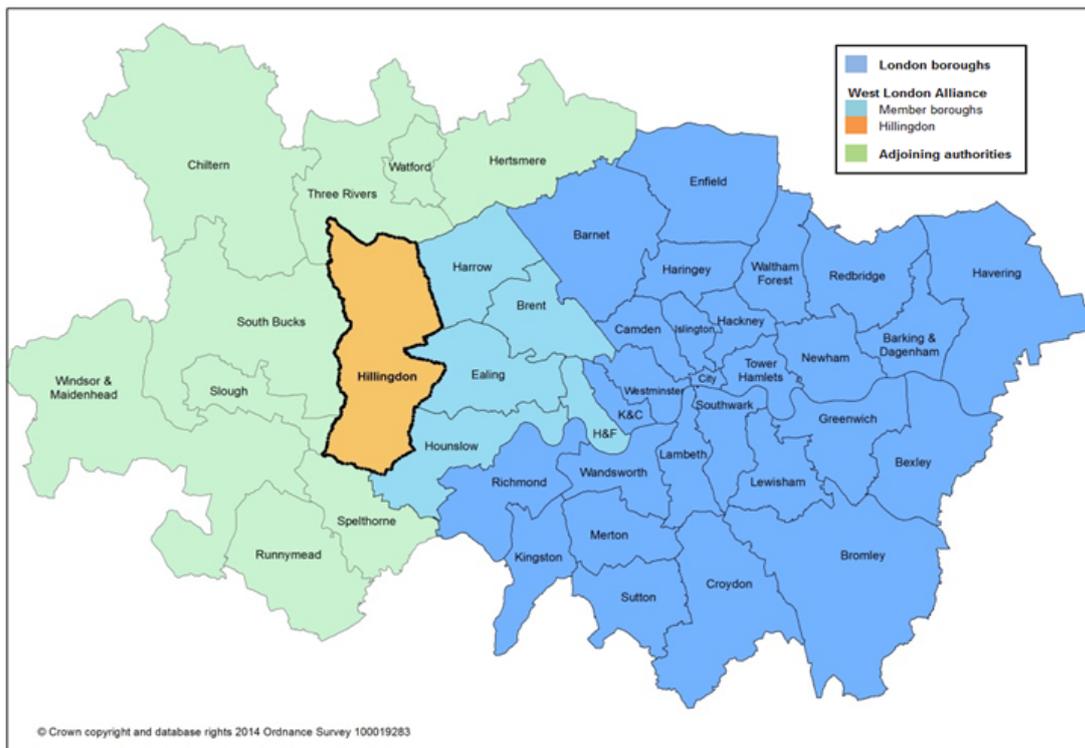
In May 2022 the Boundary Commission ward changes came into effect; Hillingdon will reduce the number of Borough wards from 22 wards to 21, with 19 of those new wards seeing geographical changes. Only Heathrow Villages and West Drayton wards are unchanged. Maps detailing these changes will be included, however current demographic data is still only available in the 2021 structure so may not reflect the boundaries of the borough at time of publication. The current ward boundaries and data availability will also drive how the borough will be divided for locality reporting in the PNA.

Census 2021 initial outputs are due Spring 2022 and may not be published in time to include in the PNA. Also note, the Office of National Statistics publishes population estimates and projections on differing geographical structures; both have been used within this analysis and differ by approximately 1% of the total population.

All data sources are included at the end of this appendix.

## Demographic review of the London Borough of Hillingdon

Hillingdon is the second largest of London's 32 boroughs covering an area of 42 square miles (11,571 hectares), over half of which is countryside and woodland. Hillingdon has always been a transport hub, and home to Heathrow Airport - the world's busiest international airport. It is also the home of RAF Northolt, and shares its borders with Hertfordshire, Buckinghamshire, Surrey, Hounslow, Ealing, and Harrow.

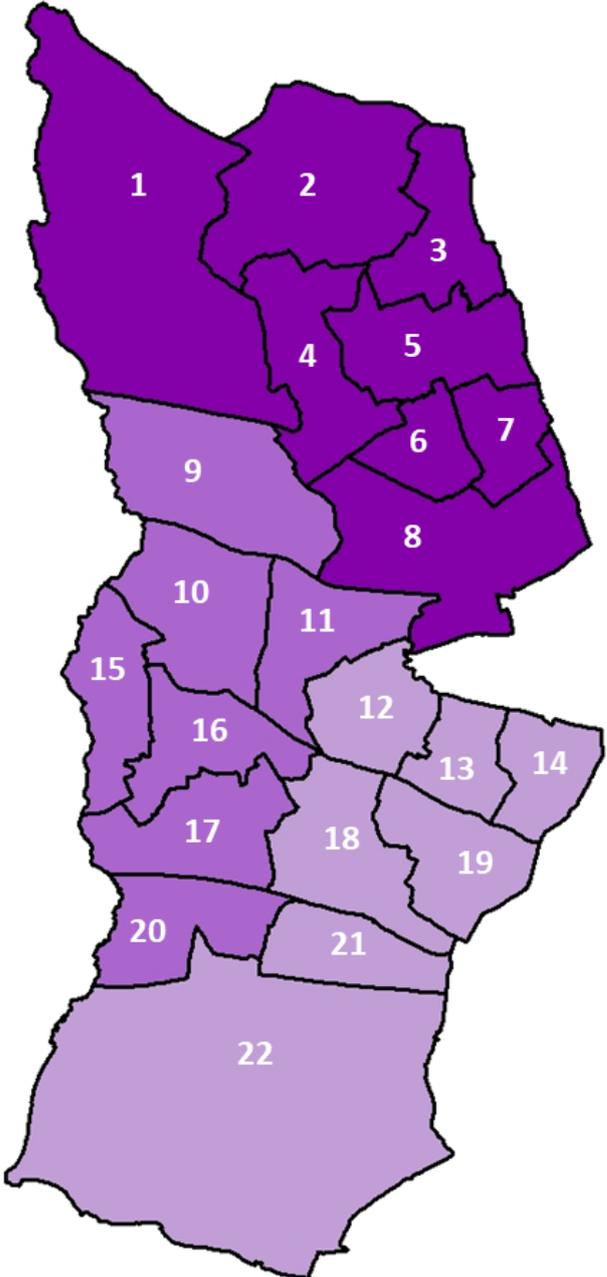


Hillingdon is traversed by the grand union canal, the M4 motorway, A40, A4020 and the Great Western Railway. With all these road networks and three of London's underground lines (Piccadilly, Metropolitan and Central lines) starting and ending in the Borough, Hillingdon is a major transport hub. South of the Borough is home to Heathrow Airport, which occupies 1,227 hectares of land. Crossrail remains on track to open the Elizabeth line in the first half of 2022, and work on HS2 continues.

The following maps show the current and new ward structures for 2022; the localities in this publication remain as Ruislip & Northwood in the northern part of the Borough, Uxbridge & West Drayton in the central part of the Borough, and Hayes & Harlington in the southern part of Hillingdon.

### Hillingdon's wards within each locality

Ruislip & Northwood consists of eight wards, Uxbridge & West Drayton consists of seven wards and Hayes & Harlington consists of seven wards.

<p><b>Ruislip &amp; Northwood</b></p> <ul style="list-style-type: none"> <li>1 Harefield</li> <li>2 Northwood</li> <li>3 Northwood Hills</li> <li>4 West Ruislip</li> <li>5 Eastcote &amp; East Ruislip</li> <li>6 Manor</li> <li>7 Cavendish</li> <li>8 South Ruislip</li> </ul>	
<p><b>Uxbridge &amp; West Drayton</b></p> <ul style="list-style-type: none"> <li>9 Ickenham</li> <li>10 Uxbridge North</li> <li>11 Hillingdon East</li> <li>15 Uxbridge South</li> <li>16 Brunel</li> <li>17 Yiewsley</li> <li>20 West Drayton</li> </ul>	
<p><b>Hayes &amp; Harlington</b></p> <ul style="list-style-type: none"> <li>12 Charville</li> <li>13 Barnhill</li> <li>14 Yeading</li> <li>18 Botwell</li> <li>19 Townfield</li> <li>21 Pinkwell</li> <li>22 Heathrow Villages</li> </ul>	

### Hillingdon's wards within each locality (May 2022)

With the boundary changes coming into effect from May 2022, this is how the borough could be divided into localities in future, with North Hillingdon consisting of eight wards, Uxbridge & West Drayton six wards and Hayes & Harlington seven wards.

<p><b>North Hillingdon</b></p> <ul style="list-style-type: none"> <li>1 Harefield Village</li> <li>2 Northwood</li> <li>3 Northwood Hills</li> <li>4 Ruislip</li> <li>5 Eastcote</li> <li>6 Ickenham &amp; South Harefield</li> <li>7 Ruislip Manor</li> <li>8 South Ruislip</li> </ul>	
<p><b>Uxbridge &amp; West Drayton</b></p> <ul style="list-style-type: none"> <li>9 Uxbridge</li> <li>10 Hillingdon East</li> <li>11 Hillingdon West</li> <li>15 Colham &amp; Cowley</li> <li>17 Yiewsley</li> <li>19 West Drayton</li> </ul>	
<p><b>Hayes &amp; Harlington</b></p> <ul style="list-style-type: none"> <li>12 Charville</li> <li>13 Yeading</li> <li>14 Belmore</li> <li>16 Wood End</li> <li>18 Hayes Town</li> <li>20 Pinkwell</li> <li>21 Heathrow Villages</li> </ul>	

### **GP registered population**

The GP registered population is estimated at 355,000 (Nov 2021); the difference between this and the usual resident population is that some will be non-Hillingdon residents registered at a GP within the borough (and some of our residents would be registered with GPs outside of Hillingdon).

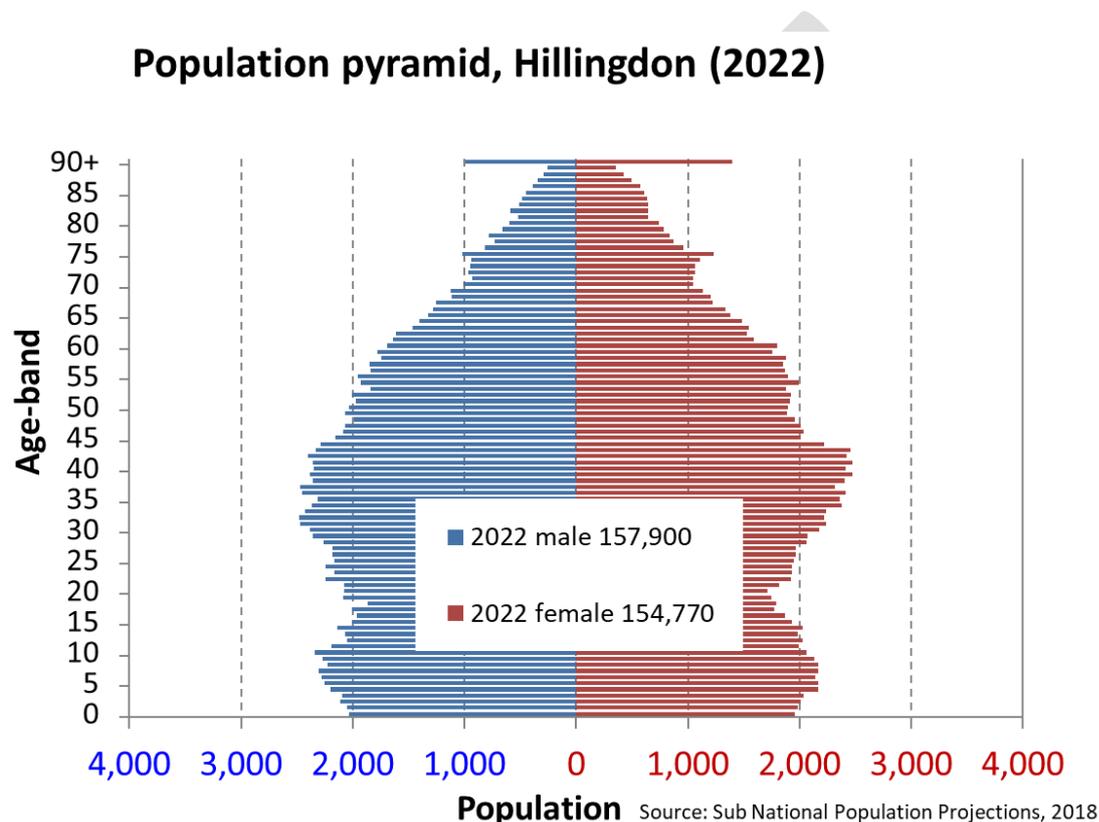
Demographic analysis in the next section aims to establish current and future needs of Hillingdon residents. Community pharmacy plays an increasingly important role in meeting population health needs, which vary based on age, gender, ethnicity, deprivation, socio-economic status, living and working conditions and geography.

DRAFT

## Population age and ethnicity

The Office for National Statistics estimates the Hillingdon population to be 309,000 in 2021 (Small Area Population Estimates, mid-2020) and 312,670 in 2022 (Sub-National Population Projections, mid-2018 (published March 2020)). Like all local authorities in England & Wales, Hillingdon's population projections were retrospectively revised in 2018 and along with 39% of LAs show a decrease in expected growth.

The figure shows the age and sex distribution of the population in Hillingdon in 2022.



### Hillingdon age breakdown, 2022:

Age Band	Hillingdon Persons	Hillingdon % of population	London % of population	England % of population
Age 0-3	16,279	5.2%	5.0%	4.4%
Age 4-18	62,571	20.0%	18.6%	18.1%
Age 19-64	190,020	60.8%	63.8%	58.6%
Age 65-74	22,518	7.2%	6.7%	9.7%
Age 75+	21,282	6.8%	5.9%	9.2%

Hillingdon has lower proportions of the population aged under 65 compared to London, but higher proportions compared to England; Hillingdon has higher proportions of the population aged 65+ compared to London, but lower proportions than England.

## **Patient Group Demographics**

### *Student population*

Students studying and resident on campus during term times can impact on service needs. Hillingdon is home to Brunel University, Buckinghamshire New University's Uxbridge campus and Uxbridge College (spread over 2 campuses (Uxbridge and Hayes)):

- The Brunel University campus includes a medical centre and pharmacy and is close to Uxbridge Town Centre
- Buckinghamshire New University is close to Uxbridge Town centre
- Uxbridge College campuses are close to either Uxbridge or Hayes Town centres

### *Immigration Removal Centre*

Within Hillingdon's boundary is the Heathrow Immigration Removal Centre (HIRC); situated two miles away from Heathrow Airport comprising of two separate buildings formerly known as Harmondsworth IRC and Colnbrook IRC. The Harmondsworth site provides accommodation for up to 726 males. Colnbrook provides accommodation for up to 312 males and 18 females.

### *Homelessness and Rough Sleepers*

Data from July to September 2021 shows that Hillingdon's rate of households assessed as homeless is 1.64 per 100,000 of the population, which is higher than England (1.54) and similar to London (1.69). For Hillingdon this is higher than the same period in 2019 (pre pandemic) at 0.96 per 100,000; England and London's rates in 2019 were higher than Hillingdon (1.52 and 1.71) but these rates have not changed much when compared to 2021 data.

In terms of rough sleepers, Hillingdon had 282 people seen sleeping rough by outreach workers in 2020/21 (source: CHAIN data from St Mungo's via the London Datastore). Note that some individuals will be counted in multiple boroughs.

### *Military Veterans*

Data from the Annual Population Survey (2017), suggests that 4.9% of the 16+ population in Great Britain are military veterans; 5% (123,000) reside in London. No data is available at local authority level yet – this question was asked in the 2021 Census, but data is yet to be published. However if we apply the above percentages to the 16+ population in Hillingdon, we can estimate that just over 12,000 of our borough residents are military veterans.

### *RAF bases*

Hillingdon is also home to RAF Northolt in South Ruislip ward. 2,000 service personnel (from all three Armed Forces), civil servants, and contractors work at RAF Northolt, which has an onsite medical centre and dentist.

### *Asylum Seekers and Refugees*

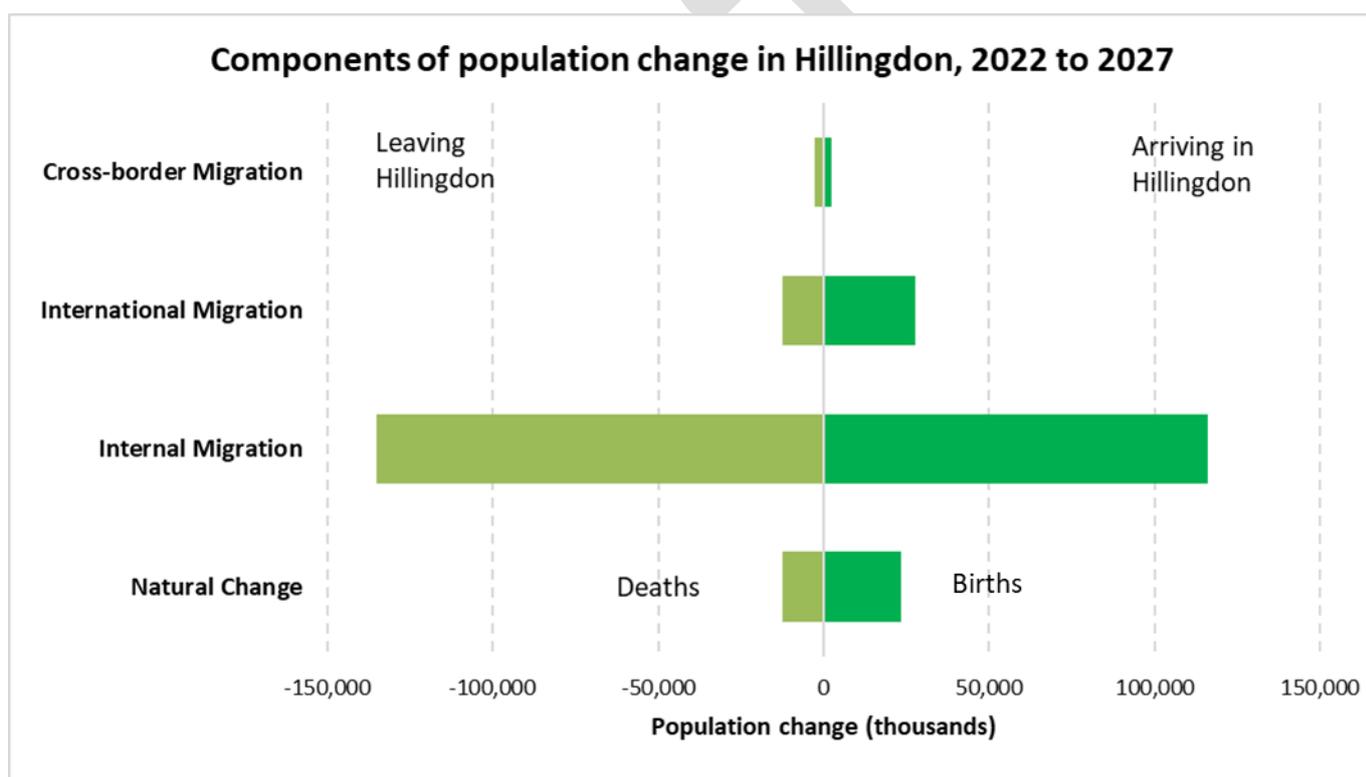
In December 2021 Hillingdon had 850 asylum seekers in receipt of support (source: Home Office Immigration Statistics); this compares to 613 in December 2020 and 567 in December 2019 (pre pandemic). Note that refugee resettlement data is not available for Hillingdon.

### Travellers

Within the borough is Colne Park Travellers site in West Drayton. Census 2011 data showed that Hillingdon had a population of 344 Gypsy or Irish Travellers living in the borough, 0.1% of the population; 45.3% lived in Hayes & Harlington (156), 33.1% in Uxbridge & West Drayton (114) and 21.5% in Ruislip & Northwood (74).

### Population projections

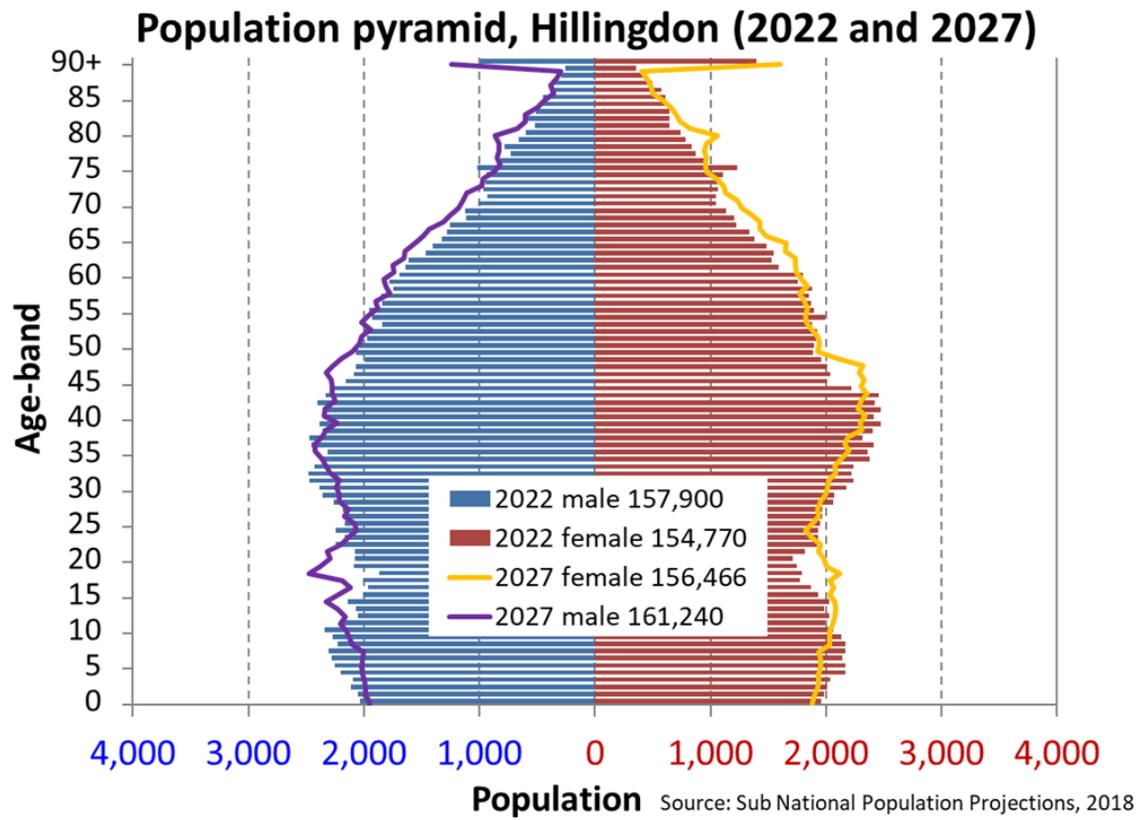
The population increase in Hillingdon between 2022 and 2027 is expected to be 5,037 or 1.6% (increasing the population to 317,706). The corresponding 5-year increase in London is 1.8% and in England is 2.2%.



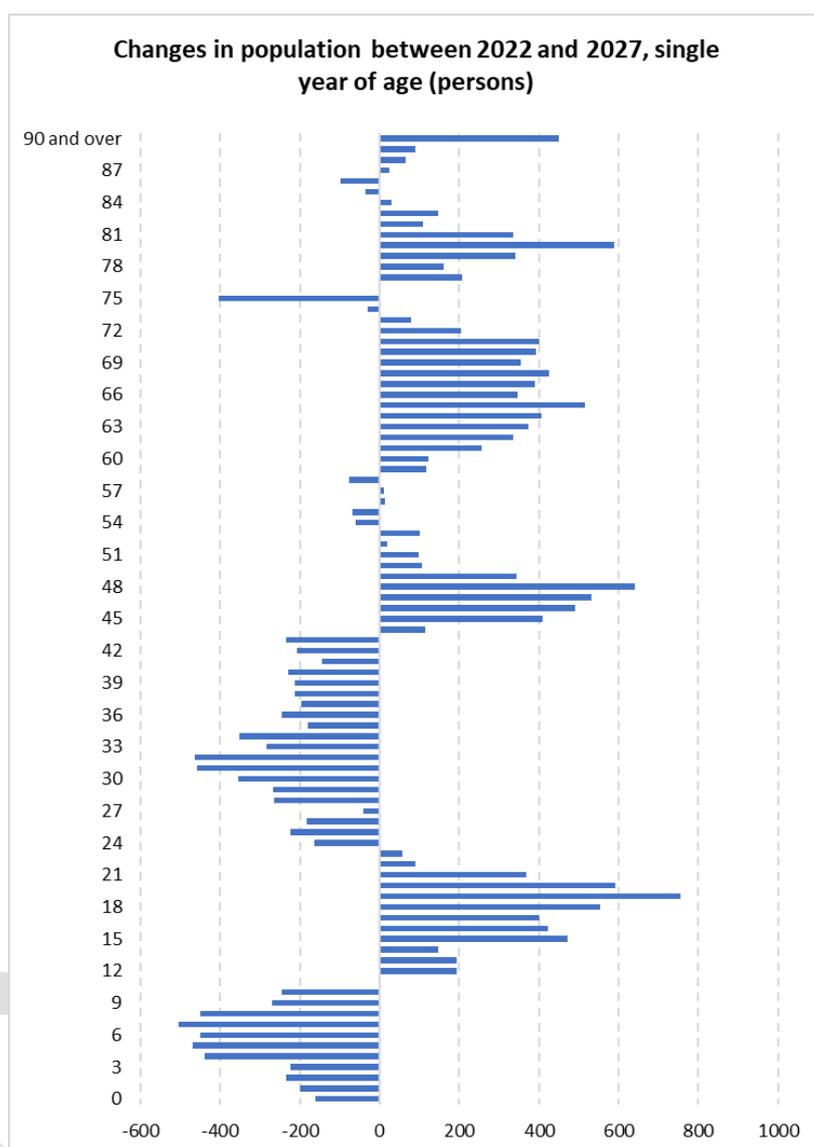
Source: Sub-National Population Projections, Components of Change

The main driver behind the expected increase in the population between 2022 and 2027 is a combination of natural change (8,821 more births than deaths) and international migration (12,700 more people arriving than leaving). Net migration is expected to decrease by 3,763 persons over the same period.

The figure shows the age and sex distribution of the population in Hillingdon in 2022 and 2027 (an overall growth of 5,000, or 1.6%).



The population changes over the next 5 years by single year of age can be seen here:



### Population at locality level

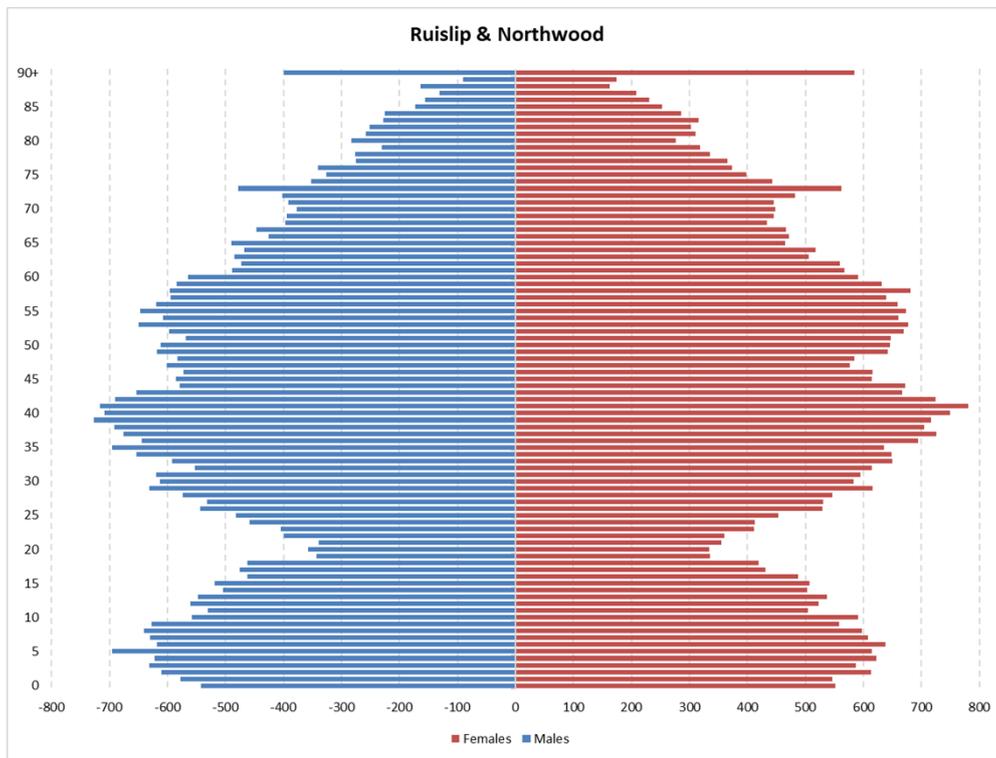
The Small Area Population Estimates (ONS, mid-2020 based) estimates that the population across the 3 localities is:

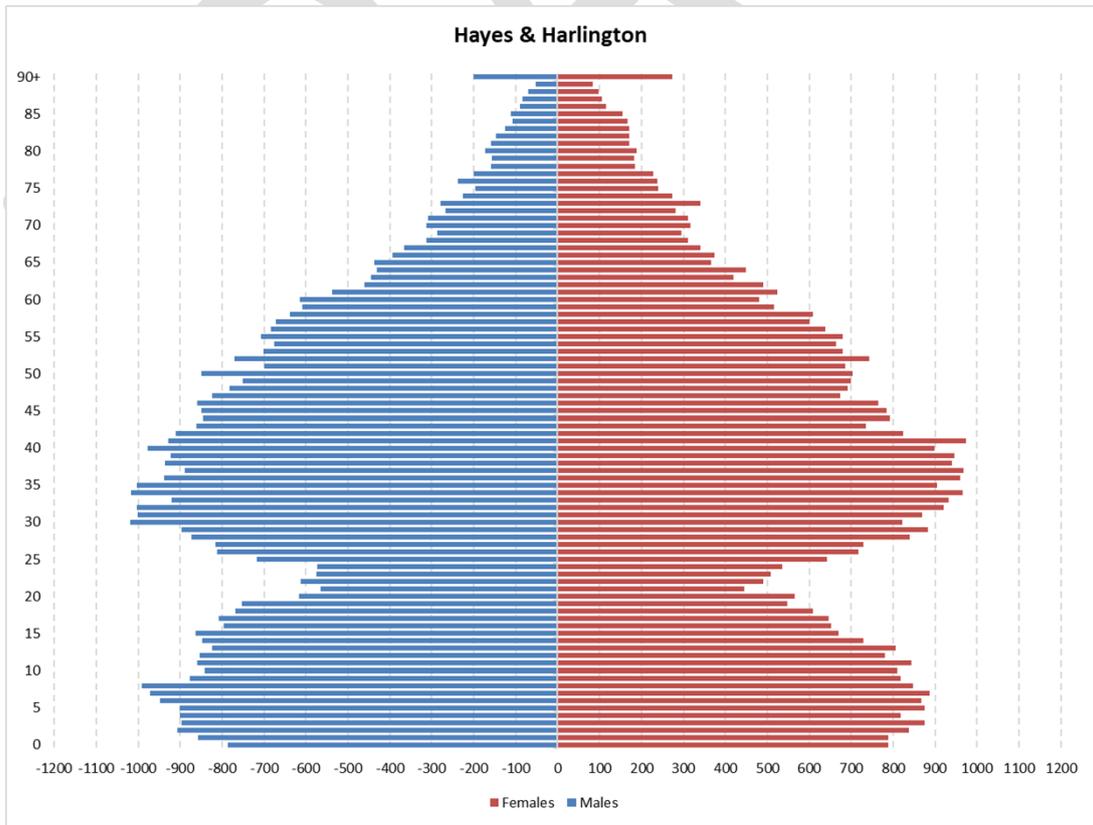
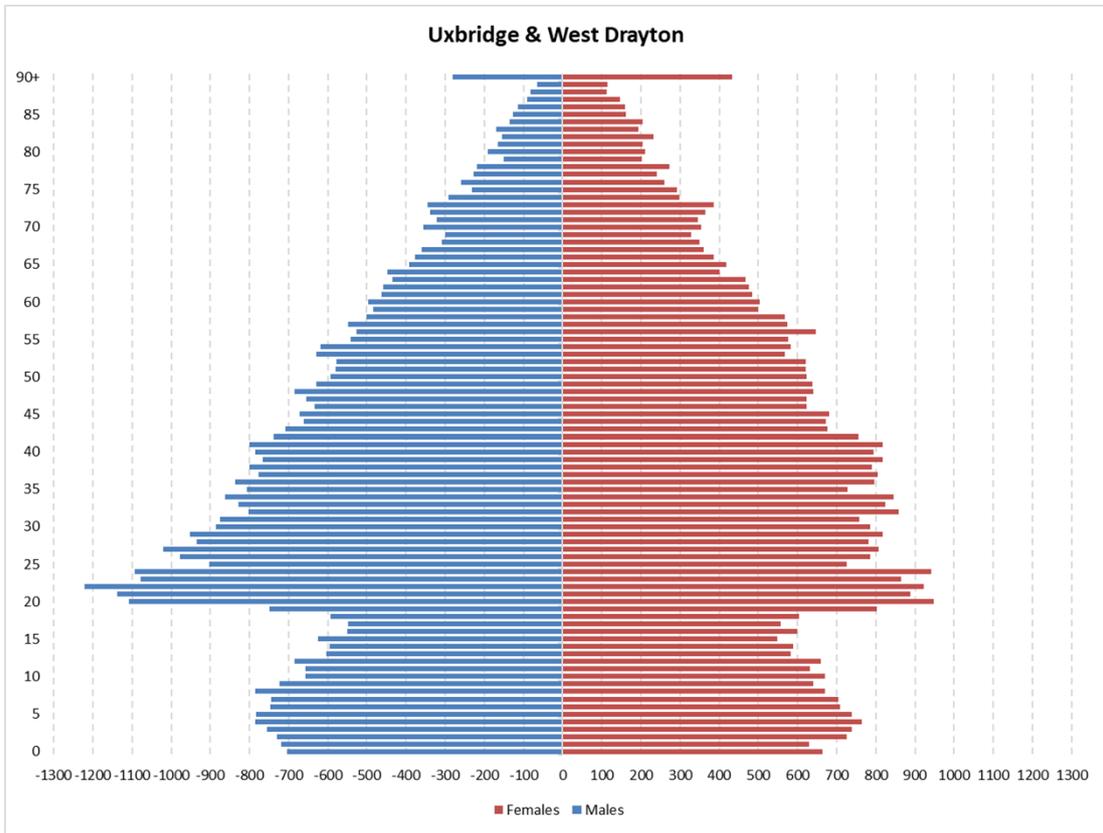
	Total	Males	Females
Ruislip & Northwood	92,566 (30%)	45,160	47,406
Uxbridge & West Drayton	105,193 (34.0%)	53,327	51,866
Hayes & Harlington	111,255 (36%)	57,478	53,777
<b>Total</b>	<b>309,014*</b>	<b>155,965</b>	<b>153,049</b>

\*note the difference in the population figures; both are correct, but one is at borough level and the other is at output area level (aggregated to borough level).

## Population pyramids at locality level (2021)

These graphs show the population pyramids for Hillingdon's localities, and show the population split by age and sex. In these graphs we can see the higher number of older residents in the north of the borough and the higher number of younger residents in the south of the borough:

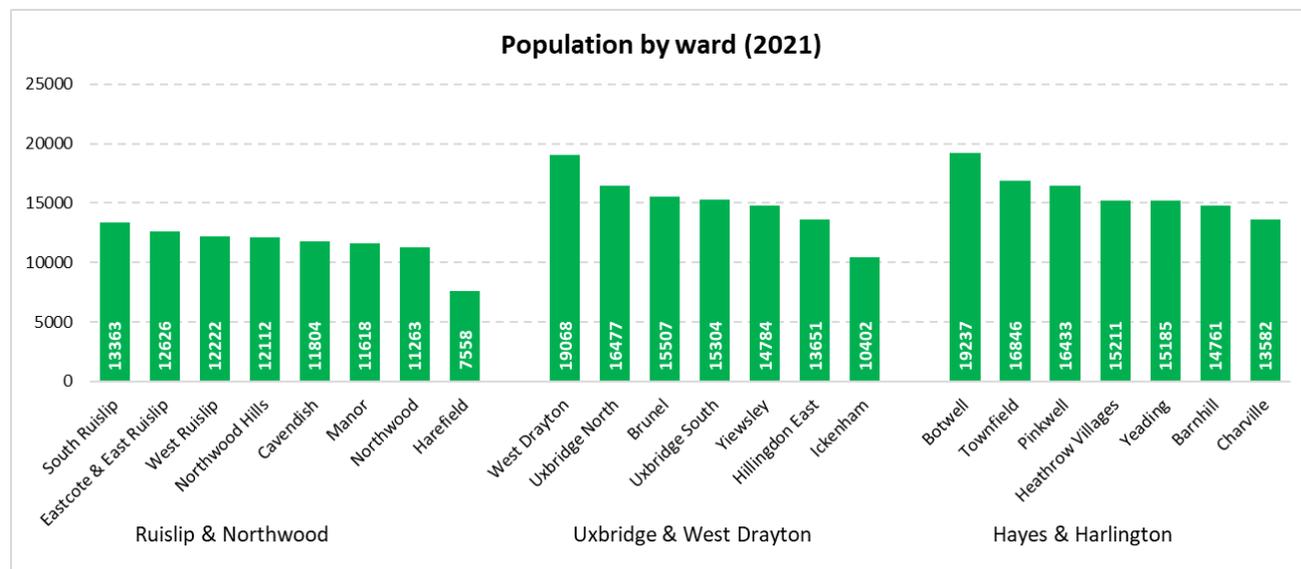




## Population by ward

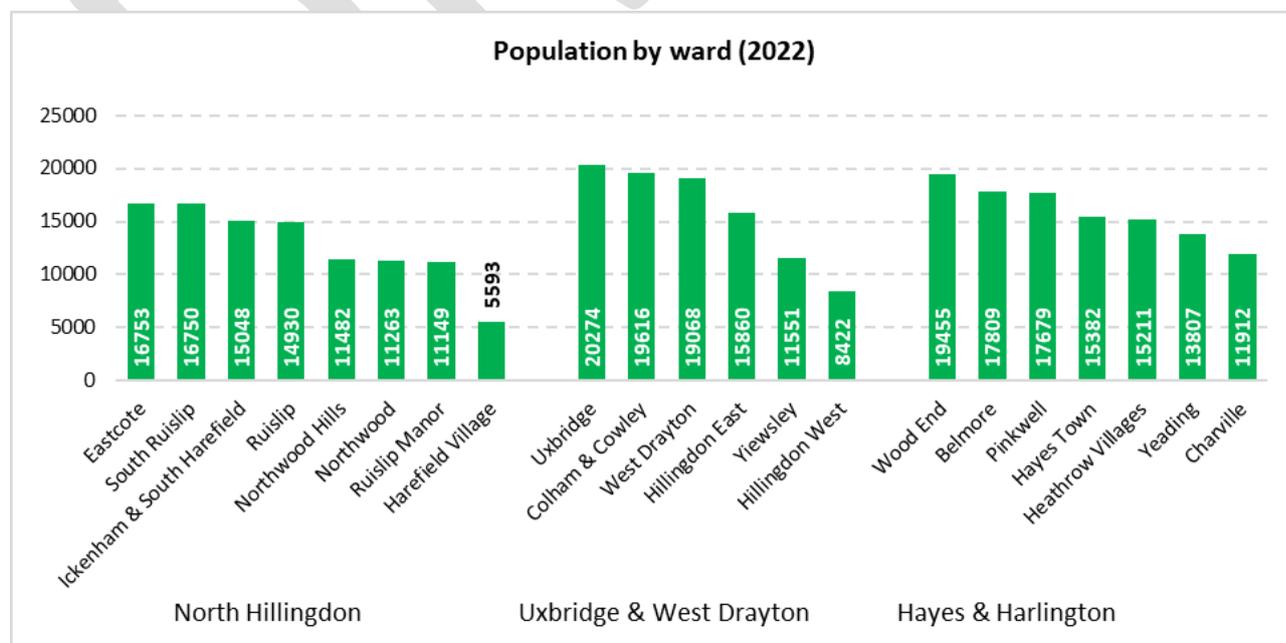
### Current wards

Localities in the south of the borough have higher proportions of the population with 36% of residents living in Hayes & Harlington, 34% living in Uxbridge & West Drayton and 30% living in Ruislip & Northwood.



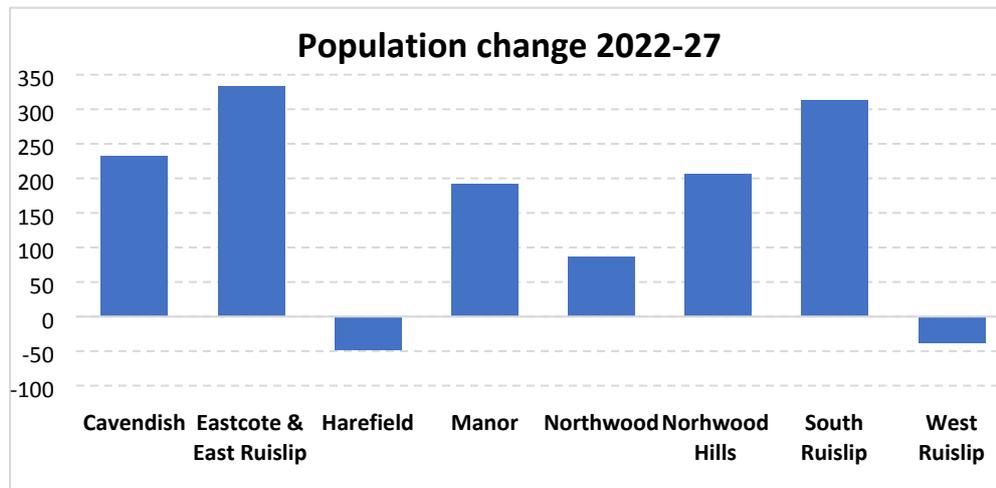
### Future wards

In the new ward structures, this changes with 36% of residents living in Hayes & Harlington, 33.3% living in North Hillingdon and 30.7% living in Uxbridge & West Drayton.

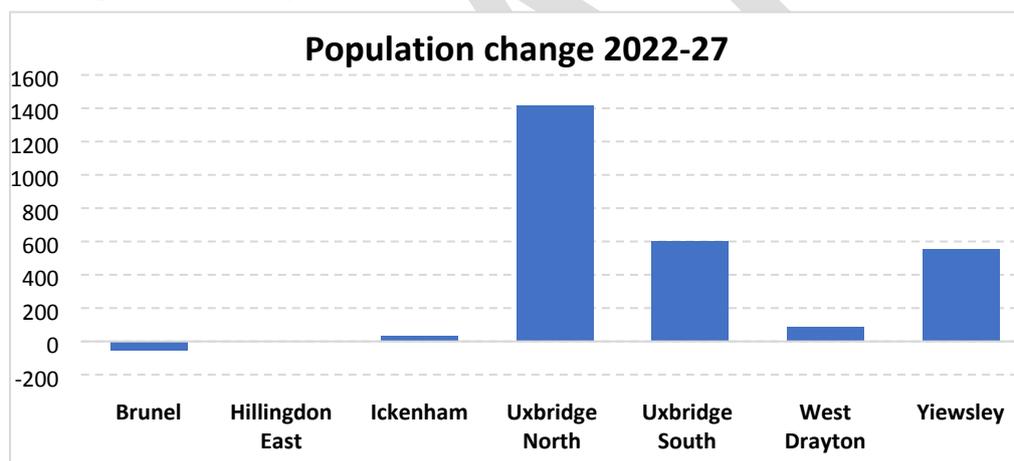


Ward level population change between 2022 and 2027 is estimated in the following graphs; Botwell and Uxbridge North are expected to see the largest growth to 2027, whilst several wards are predicted to decrease:

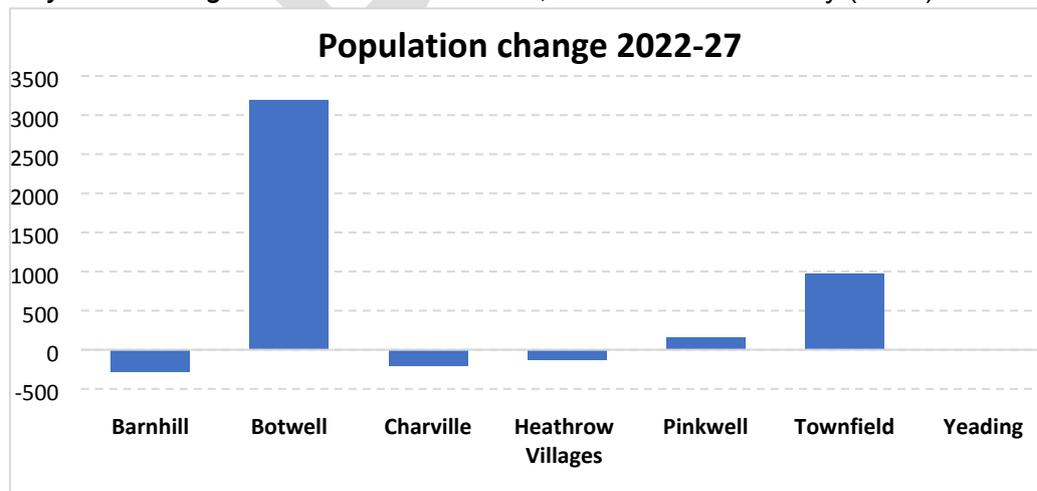
*Ruislip & Northwood* – a net increase of 1,277 across the locality (1.4%)



*Uxbridge & West Drayton* – a net increase of 2,634 across the locality (2.5%)



*Hayes & Harlington* – a net increase of 3,702 across the locality (3.3%)



Source: GLA Demography 2020-based Population Projections

Appendix 1: Demography - Pharmaceutical Needs Assessment 2022

Information on the distribution of community pharmacies across Hillingdon shows that the provision of community pharmacy in Ruislip & Northwood locality is higher with 22 pharmacies than Uxbridge & West Drayton (21) and Hayes & Harlington localities (21). The proportion of community pharmacies per 100,000 population is therefore higher in Ruislip & Northwood (23.97) when compared with the other two localities (U&WD is 19.9 and H&H is 18.8). Provision in London is 20.1 and England 19.8.

Given the higher population increases predicted for Uxbridge and Hayes, there will be a need to monitor the provision of pharmaceutical services over medium to long term.

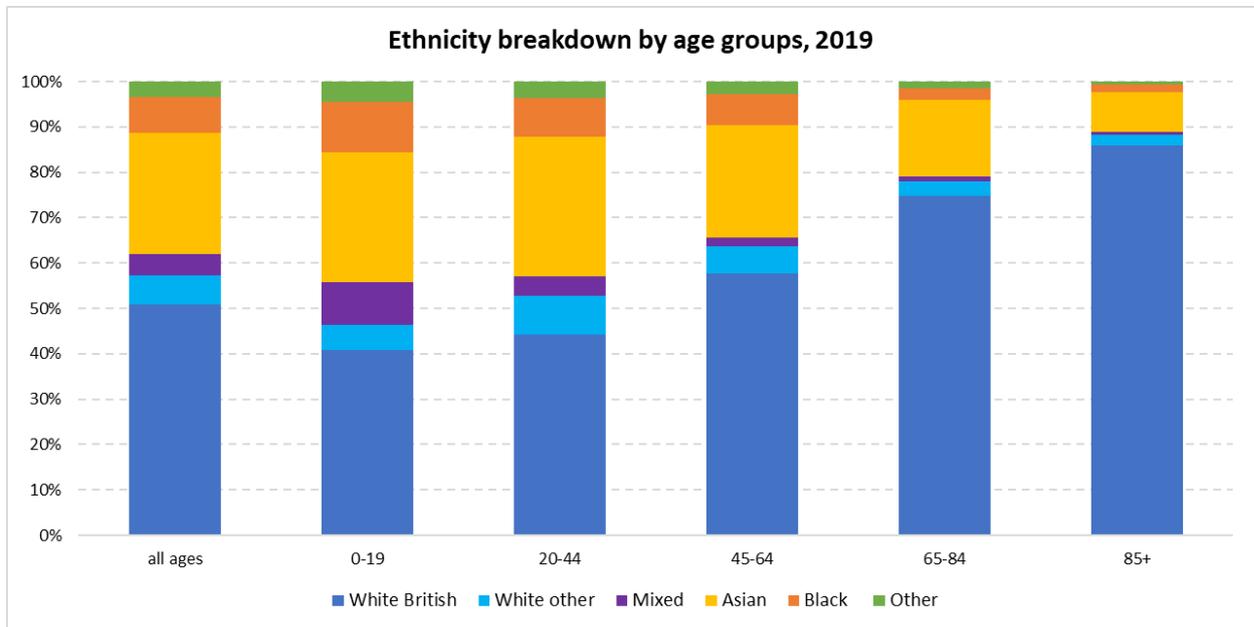
### **Daytime / workday population**

The population of an area changes as people move in and out of an area to work or study. Census 2011 data indicated that the working age population of Hillingdon increases by 17.3% during the workday (or 34,700 people); applying this to the current population estimates that we could have an additional 38,000 people potentially accessing services within our boundary during the working day, similarly just as a percentage of our residents will access services outside our boundary, i.e. a pharmacy near their place of work, study or end destination.

Hillingdon has 48 GP practices and 64 pharmacies within the Borough boundary. Data from the Strategic Health Asset Planning & Evaluation tool (SHAPE) shows that in November 2021 the 64 pharmacies in the borough dispensed prescriptions from over 140 GP practices, demonstrating the level of utilisation of pharmaceutical services from outside Hillingdon.

## Age and ethnicity

In 2019 57.3% of the overall borough population is from white heritage. The differences in age groups can be seen on the graph below - there is a greater ethnic mix among younger residents with 53.6% of the 0-19 population from non-white heritage; the reverse is true in older age groups with 88.2% of the 85+ population of white heritage.



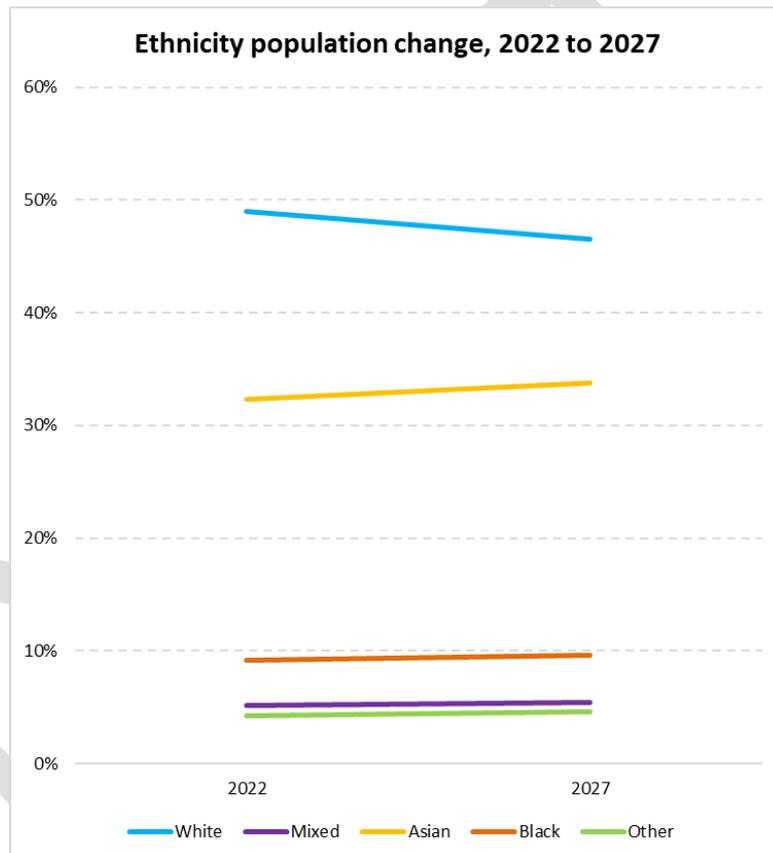
Source: ONS Population denominators by broad ethnic group, 2019

There is a higher proportion of White and older residents in Ruislip & Northwood. The student population in the wards of Brunel and Uxbridge South results in a higher than average 20-24 year age band in the locality of Uxbridge & West Drayton. There is a greater ethnic mix among younger residents in Hayes & Harlington, and proportionally less older residents.

## Ethnicity projections

The Greater London Authority 2016 Housing-led Ethnic Group Projections estimate the changes in ethnic groups between 2022 and 2027 as follows:

- White heritage groups will decrease from 49.0% to 46.5%
- Mixed heritage groups will increase from 5.2% to 5.4%
- Asian heritage groups will increase from 32.3% to 33.8%
- Black heritage groups will increase from 9.2% to 9.6%
- Other heritage groups will increase from 4.3% to 4.6%

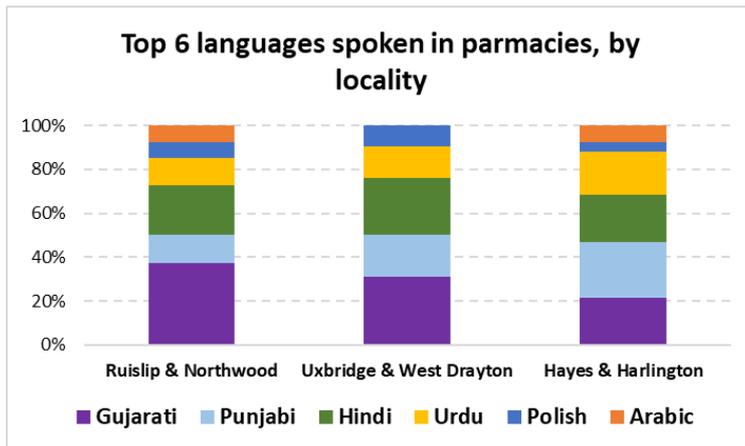


## Languages

In 2018 it was estimated that 69% of the adult population in Hillingdon (aged 16+) speak English at home as their first language (source: GLA, 2019). This is below the London estimate (77%) and the United Kingdom estimate (92%).

Results from the Pharmacy Survey show there are 37 languages (other than English) spoken at pharmacy level, with a good distribution of the top 6 languages across the localities.

Top 6 languages by locality



Other languages



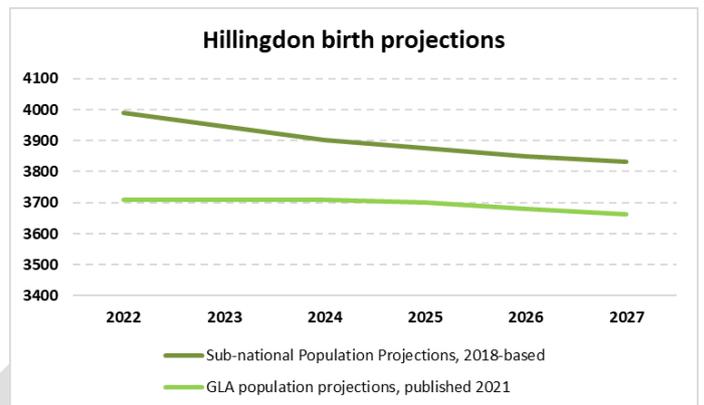
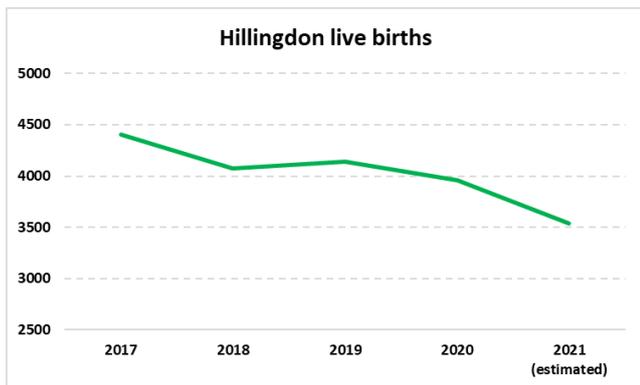
## EU Settlement Scheme

Residents from the EU, Switzerland, Norway, Iceland and Liechtenstein needed to apply to the EU Settlement Scheme to continue living in the UK by June 2021. Successful applications will be given either settled or pre-settled status depending on whether they've got 5 years continuous residency or not.

The latest data shows that 57,640 Hillingdon residents have applied for the scheme (December 2021); 17.8% are under 18, 79.4% are aged 18 to 64 and 2.8% are aged 65+. 52.3% have received settled status and 41.6% have received pre-settled status; 2.5% have been refused with a further 3.2% withdrawn or invalid.

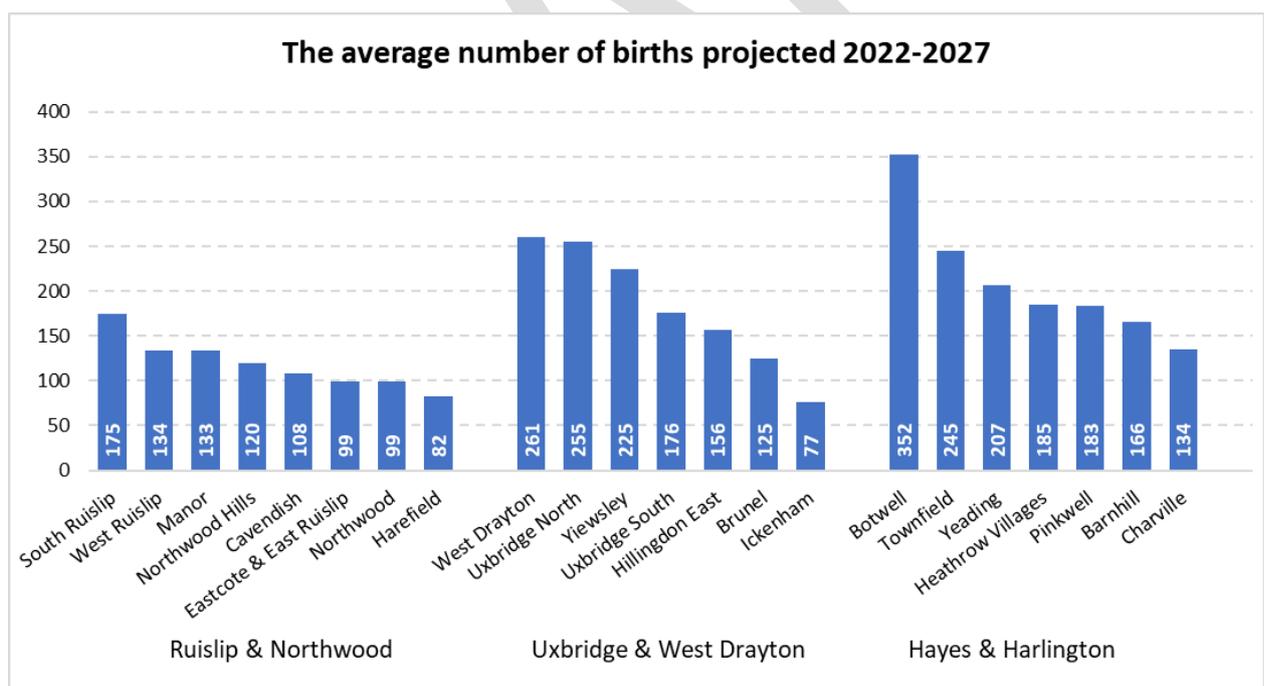
## Births and birth projections

In 2020 there were 3,958 live births; this figure has decreased since 2018 and is predicted to decrease further with an average of 3,880 births per annum over the next 5 years.



Source: ONS Birth Summary Tables, England & Wales

Ickenham has the lowest number of births expected per annum in the five years up until 2027. Wards with the highest projections of births are in the south of the borough:

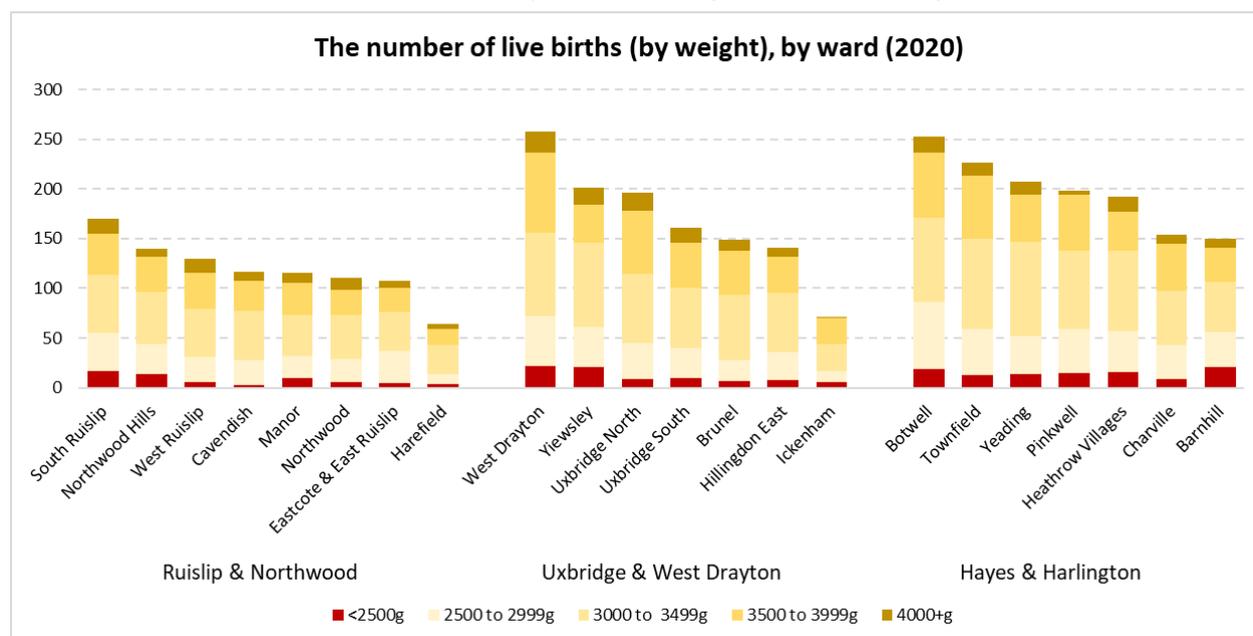


## Low birthweight

New-borns that have a birthweight of less than 2,500g are termed low birthweight (LBW). Babies whose birthweight is just below the low birthweight threshold (2,000 to 2,500 grams) are 5 times as likely to die as an infant as those of normal birthweight. Those who have extremely low birthweight (less than 1,000 grams) are 200 times more likely to die as an infant than those of normal birthweight. Reflecting this, two-thirds of all infant deaths are among those born of low birthweight, and more than half of these were born of extremely low

birthweight.

In Hillingdon (2020), 7.2% of births of term babies (37 weeks) weighed less than 2,500 grams; 1.0% of all births (live and still) were very low birthweight (under 1,500 grams).



Source: Vital Statistics Annual Birth file, 2020

By ward, the highest number of LBW new-borns is in southern wards (West Drayton, Botwell and Townfield). Low birthweight is usually associated with deprivation, hence areas with higher levels of deprivation also show higher levels of low birthweight.

## Children with Disabilities

Data from 2020/21 shows there were 2,157 children and young people in Hillingdon with an Education & Health Care Plan; the majority's primary need was Autistic Spectrum Disorder (39.3%), followed by Speech, Language & Communication Needs (18.2%) and Severe Learning Disability (11.1%). A further 5,438 children and young people had SEN Support within school; here, the majority need is Speech, Language & Communication Needs (34.4%), followed by Autistic Spectrum Disorder (13.9%). The number of EHCPs has increased 15.5% since 2017/18.

## Deprivation

The 2019 English Index of Deprivation (IMD 2019) calculates a deprivation score for each lower super output area (LSOA) in England where the most deprived is ranked 1. Average deprivation scores which have been weighted to the size of the LSOA population have been calculated by the Ministry of Housing, Communities & Local Government. Hillingdon is ranked 21<sup>st</sup> out of 33 London Boroughs (including City of London); thus, Hillingdon overall can neither be regarded as deprived nor affluent but presents a mixed picture with areas of both across the Borough.

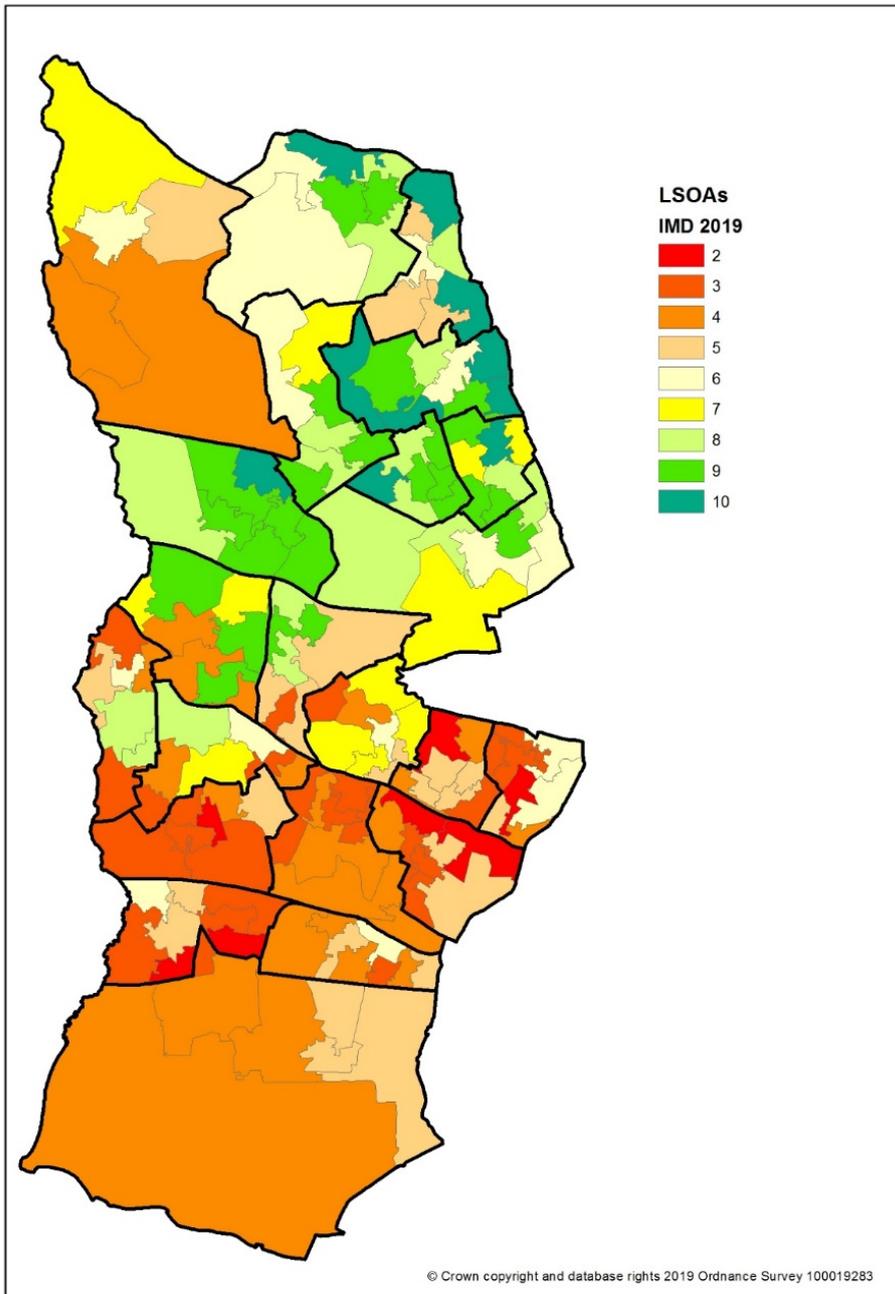


The following 3 maps show the various versions of IMD ranking in Hillingdon:

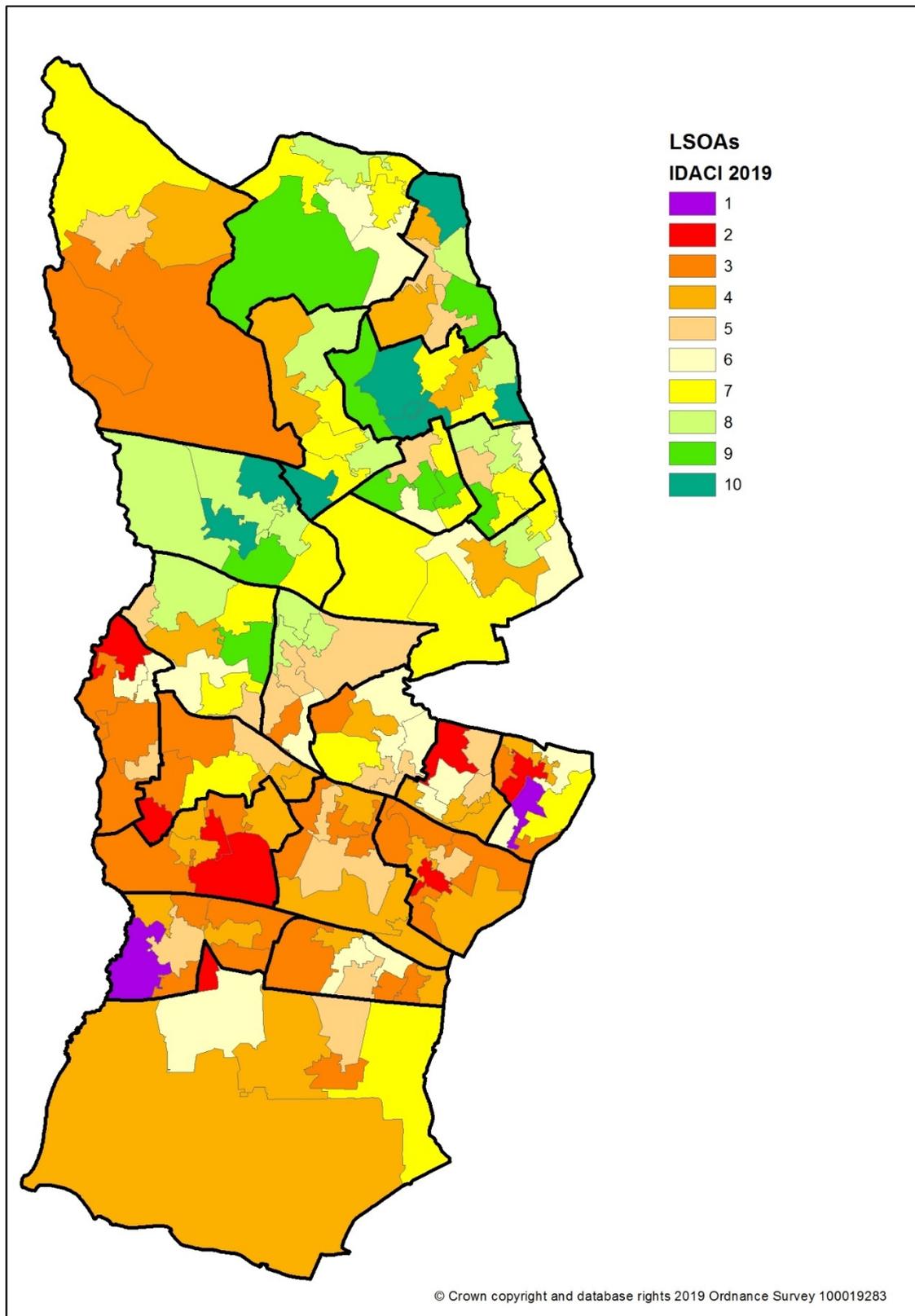
- Overall Indices of Multiple Deprivation (IMD)  
The average deprivation score of Hillingdon Local Authority on the whole masks the differences in deprivation scores that can be seen in Lower Super Output Areas (LSOAs) within wards. Hillingdon has no LSOAs among the 10 per cent most deprived.
- Income Deprivation Affecting Children Index (IDACI) ranking -  
When looking at the IDACI 2019, Hillingdon has 2 LSOAs within West Drayton and Yeading wards in the most deprived 10% of LSOAs in England.
- Income Deprivation Affecting Older People Index (IDAOPI).  
When looking at the IDAOPI 2019, Hillingdon has 6 LSOAs within Uxbridge South, Barnhill, Yeading and Townfield in the most deprived 10% of LSOAs in England.

Deprivation in older people is associated with poor health outcomes. Therefore, this has implications for health and care services, including pharmaceutical services.

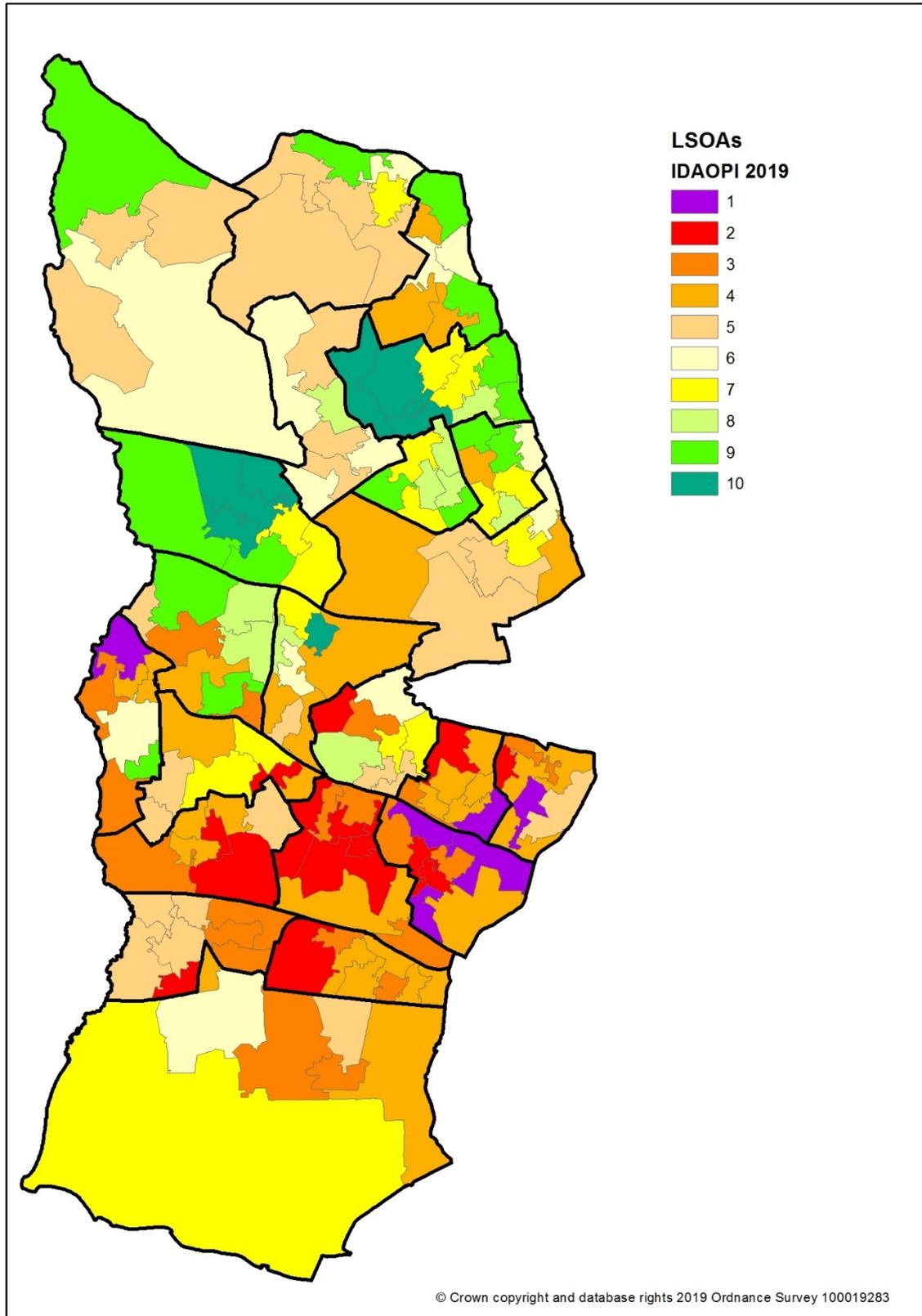
# Indices of Multiple Deprivation, 2019



# Income Deprivation Affecting Children Index, 2019



# Income Deprivation Affecting Older People Index, 2019



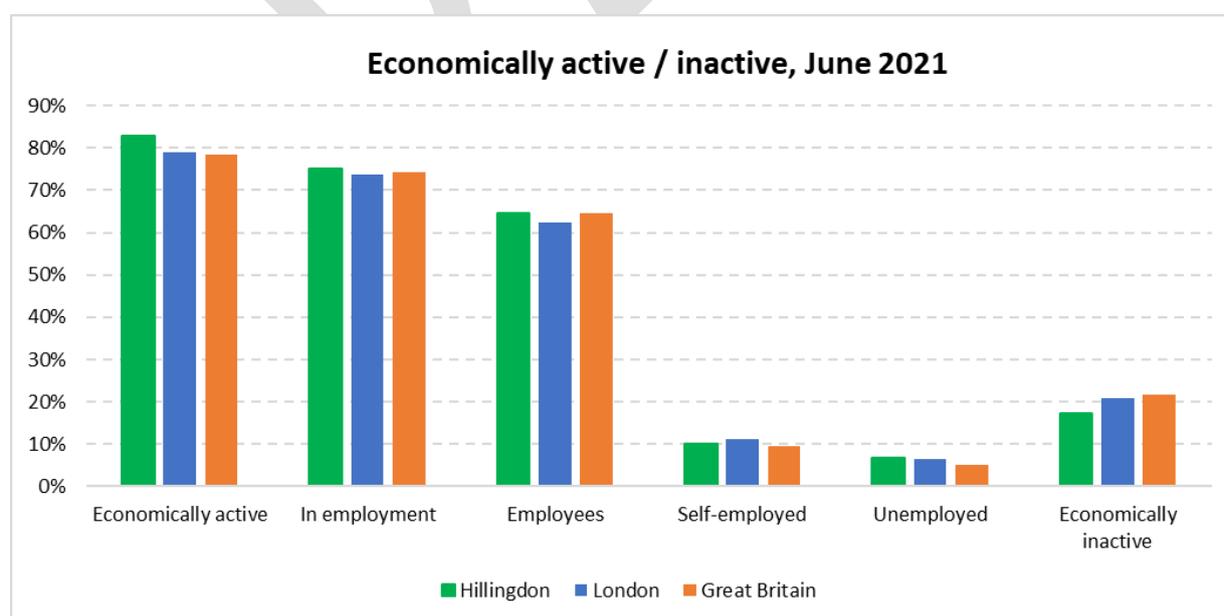
Data estimating the numbers of children and older people in poverty shows that there can be areas of deprivation even in apparently affluent locations.

Poverty and social inequalities in childhood have profound effects on health of children, and the impact on health continues to reverberate throughout the life course into late adulthood. Globally and historically, poverty has been one major determinant of child and adult health and, even in rich nations such as the UK, it remains a major cause of ill health with huge public health consequences.

The rapidly growing and developing foetus and child seem to be particularly vulnerable to the adverse effects of poverty providing a further powerful argument for policy initiatives designed to protect children from its worst effects. There is evidence in Hillingdon of higher prevalence of poor outcomes for children living in poorer households, e.g. the number of accidents, infant and child deaths, rates of illnesses, hospital admissions and poor oral health (source: Child and Maternal Health Profile on OHID Fingertips).

## Economic activity (employment and unemployment)

Economic activity relates to whether a person (aged 16 to 64) is working or looking for work. Residents who are unemployed, or who are in poorly paid occupations, tend to have poorer health outcomes. In June 2021, Hillingdon had similar proportions of economically active males (83.7%) compared with London (83.0%). For females in Hillingdon there are a larger proportion of economically active females (81.8%) compared with London (74.9%). In terms of unemployed, Hillingdon's rate of 6.9% is slightly higher than both London and Great Britain (6.5% and 5.0% respectively). Unemployment rates for males and females are not available for Hillingdon in 2021, as the sample size is too small.



Source: Local Authority Profile on [www.nomisweb.co.uk](http://www.nomisweb.co.uk)

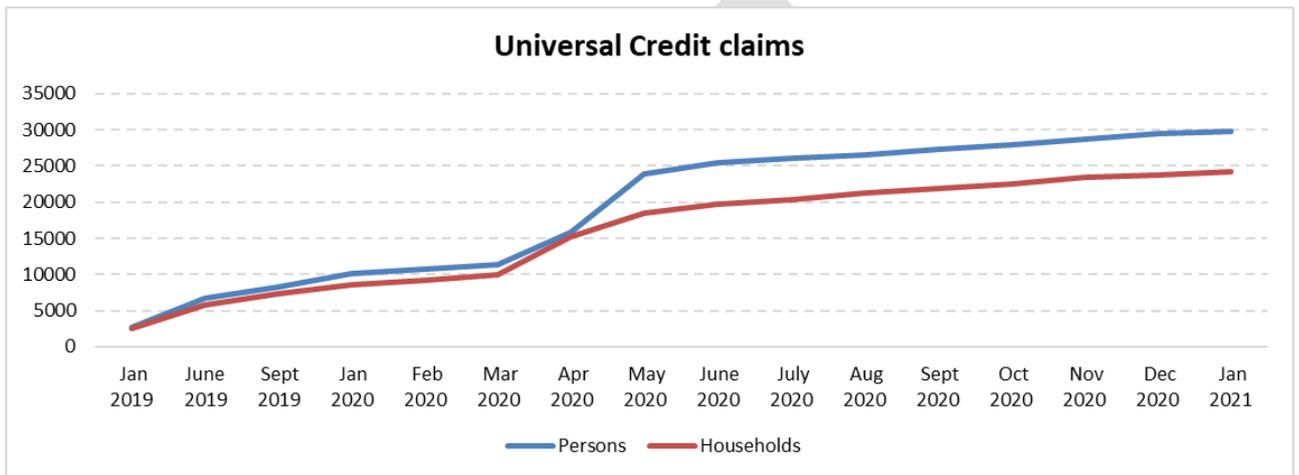
Of those residents economically inactive 46.0% are students, compared to 35.8% in London and 28.5% in Great Britain

# Benefit claimants

## Universal Credit

Universal Credit (UC) is a means-tested benefit for people of working-age who are on a low income. It replaces six mean-tested benefits (Income Support, Income-based Jobseeker's Allowance, Income-related Employment and Support Allowance, Housing Benefit, Child Tax Credit and Working Tax Credit).

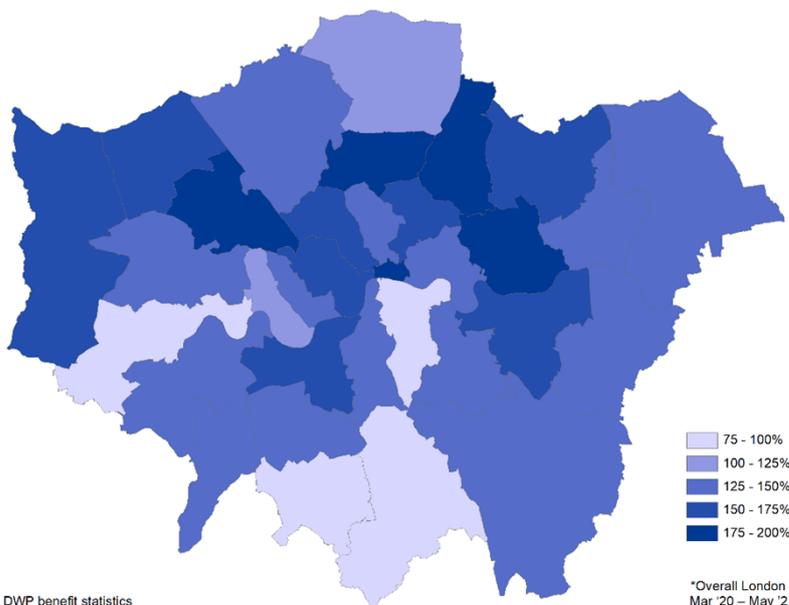
Introduced in Hillingdon in October 2018, we can see the rise in cases from the switchover of existing benefits to Universal Credit prior to the pandemic, then note the rise in claims from March 2020 onwards:



Source: DWP benefit data, Stat-Xplore

Due to the pandemic the number of UC claimants in London increased by nearly 140% between March 2020 and April 2021, though the picture varies between boroughs:

Percentage increase in number of people claiming Universal Credit March 2020 - May 2021

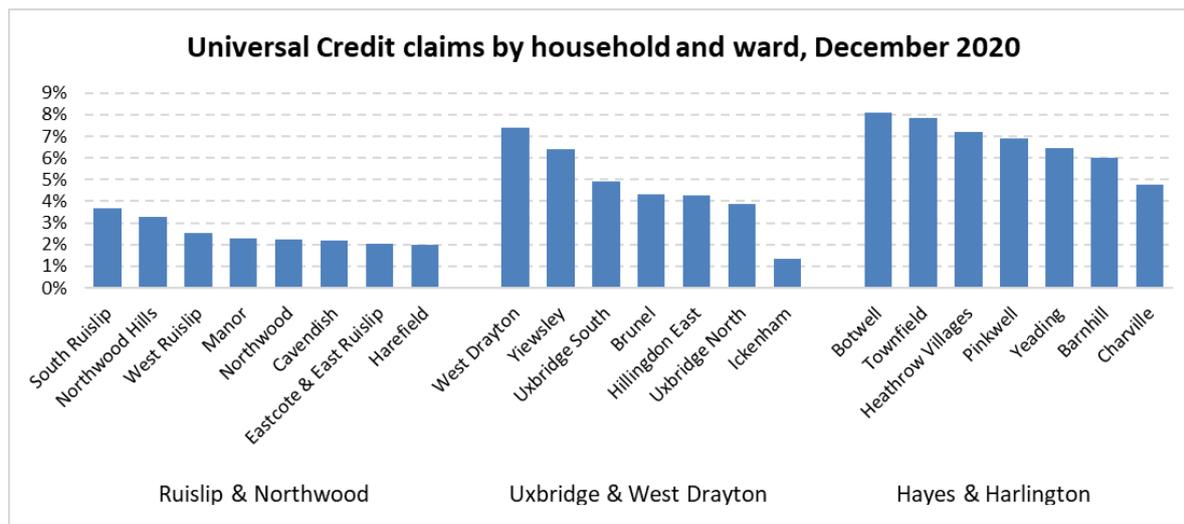


Source: DWP benefit statistics

\*Overall London increase Mar '20 - May '21 137.5%

Map produced by GLA © Crown copyright and database right 2021. Ordnance Survey 100032216

Approximately 21% of households in Hillingdon are claiming Universal Credit (December 2020). 43.7% of household claims are single parents or couples with children. Wards in the south of the borough have a higher proportion of borough claims:

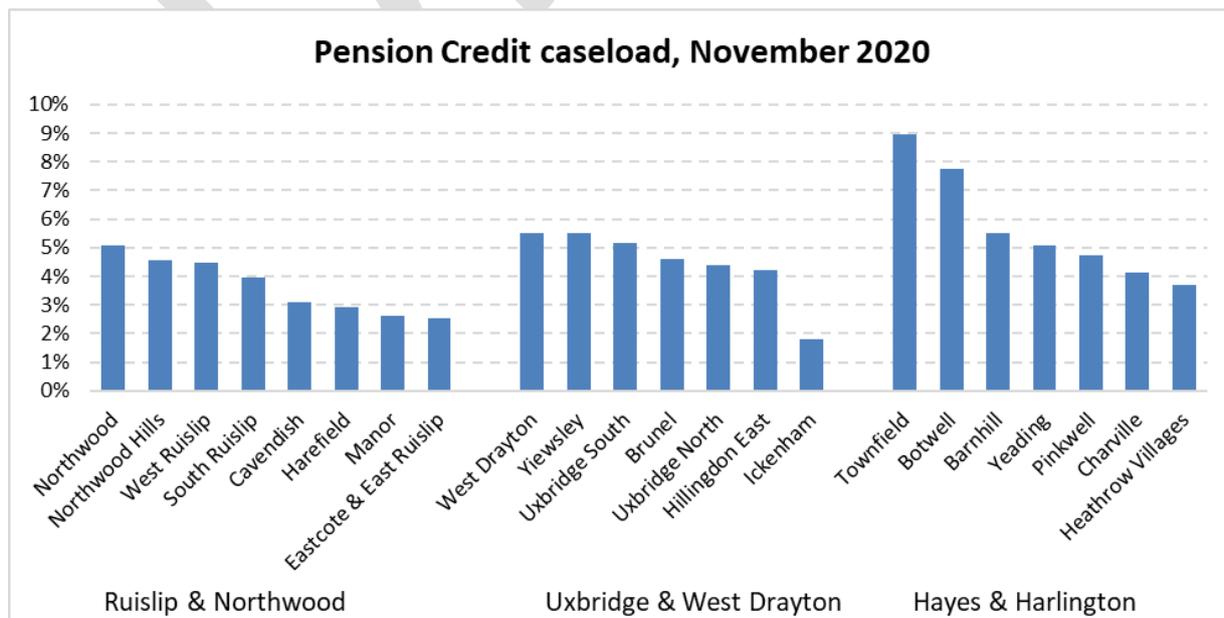


Source: DWP benefit data, Stat-Xplore

Percentages of working age people receiving state benefits varies by ward in Hillingdon, with generally higher rates in the southern wards and lower rates in the northern wards

### Pension Credit

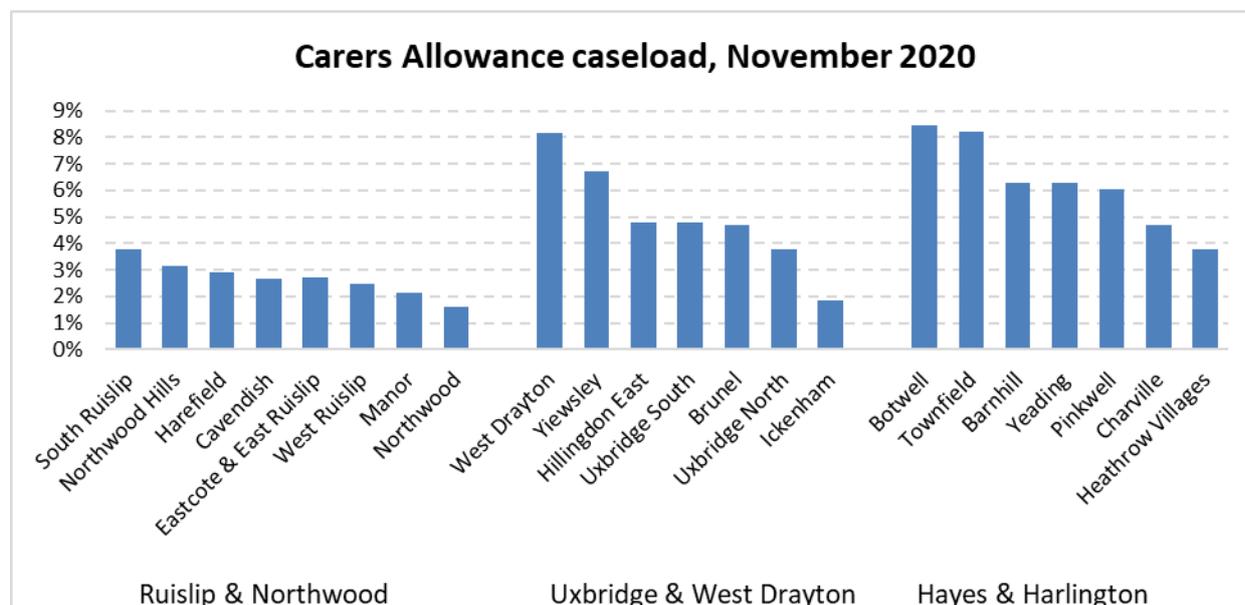
In November 2021 Hillingdon had 5,400 residents claiming pension credit; the graph below shows the distribution of cases across wards. 76.3% have been claiming for over 5 years, 12.7% between 2-5 years, 4.5% between 1-2 years and a further 6.5% claiming for under 1 year. Nationally, in 2018 almost 90% of all prescription items were dispensed free of charge, with almost 63% of all prescription items dispensed free of charge to patients claiming age exemption (aged 60 and over).



Source: DWP benefit data, Stat-Xplore

## Carers Allowance

According to Department for Work & Pensions data as of November 2020 in Hillingdon there are 3,800 residents in receipt of Carers Allowance; the graph below shows the distribution of cases across wards.

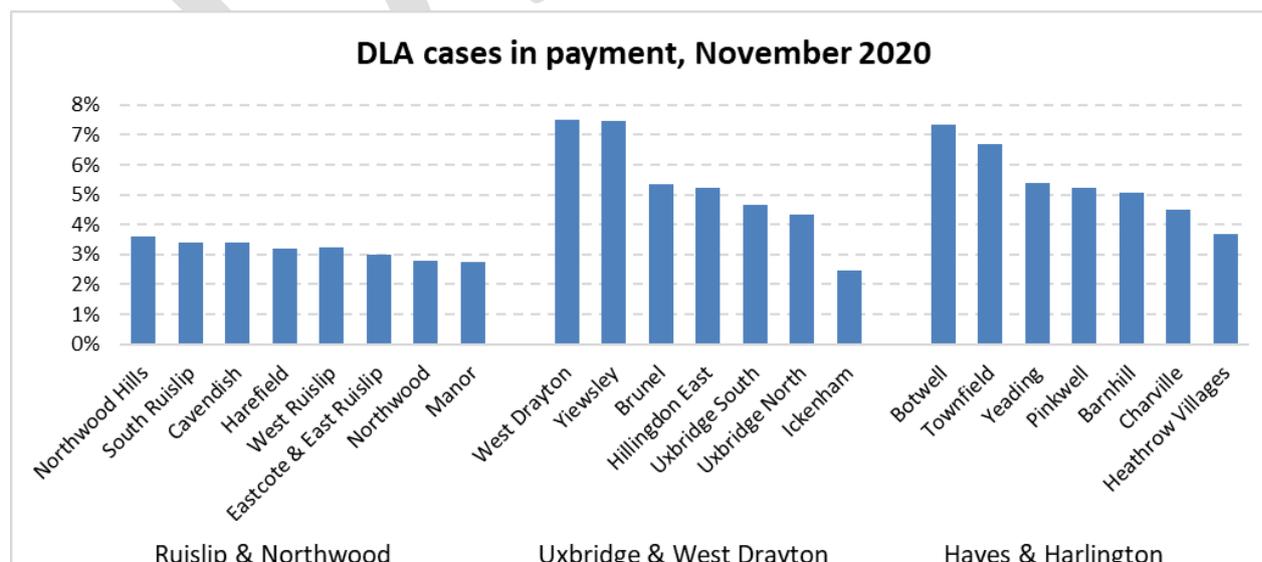


Source: DWP benefit data, Stat-Xplore

Community pharmacies play an important and growing role in supporting carers by providing services closer to home like NMS, immunisations screening, home delivery service and minor ailment service.

## Disability Living Allowance

According to Department for Work & Pensions data as of November 2020 in Hillingdon there are 5,940 residents in receipt of Disability Living Allowance; the graph below shows the distribution of cases across wards.

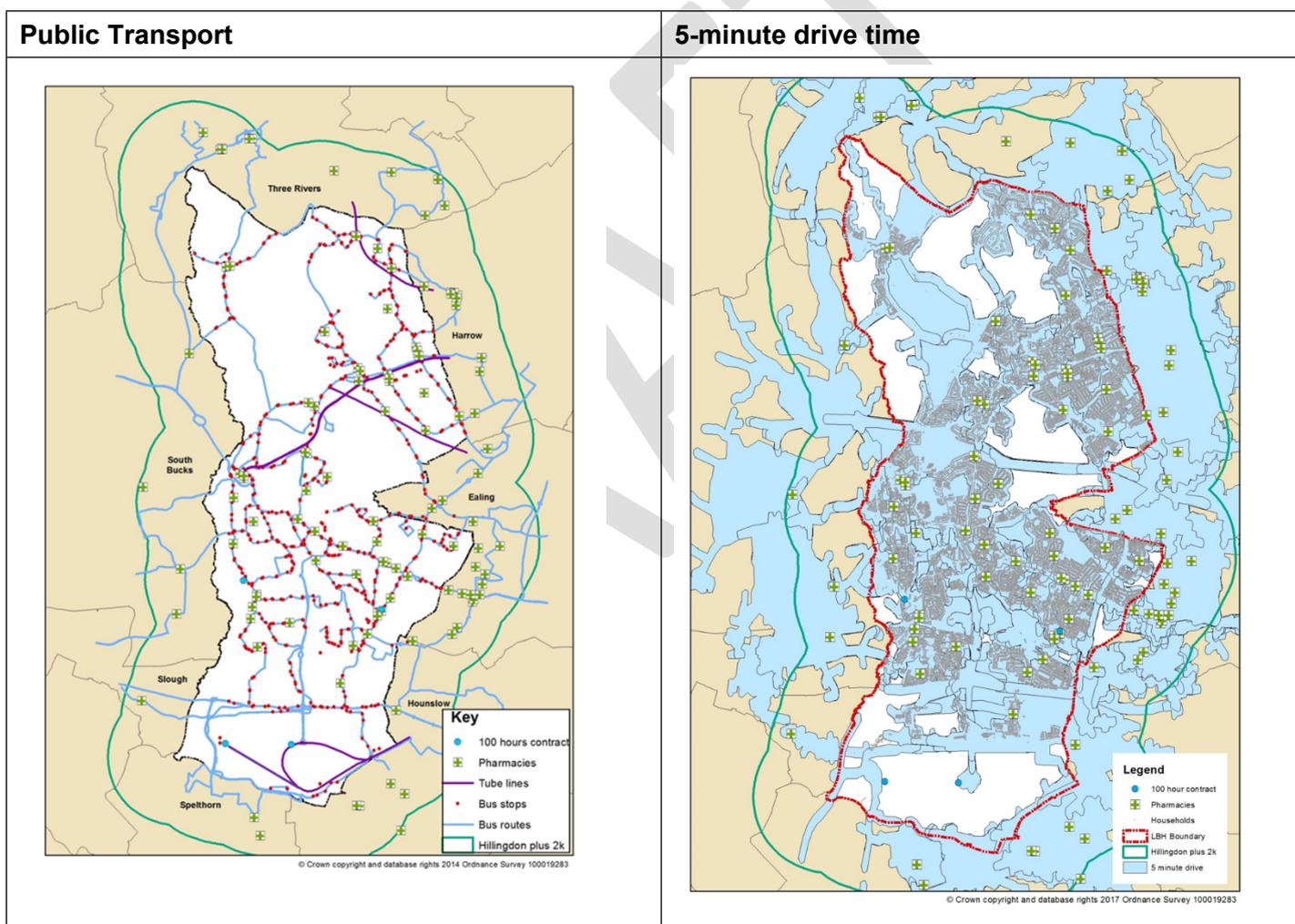


Source: DWP benefit data, Stat-Xplore

## Access to transport

In 2020 there were 155,600 licensed vehicles registered within Hillingdon (to 114,000 households). This includes cars, motorcycles and light & heavy goods vehicles. Hillingdon is well served by the London Underground (the Central, Metropolitan and Piccadilly Lines start and end within the borough and provide good links into London). We also have overground rail links and a good network of bus routes; these can be seen in the maps in Appendix 3.

Overall, accessibility to community pharmacies is very good within Hillingdon, where 99.7% of the population is within 5 minutes driving time (approximately 30-minute walking) of a pharmacy. Even taking into consideration the variation in car ownership in local areas there are good public transport links due to the predominantly urban character of these areas.



## Data Sources

Appendix 1: Demography - Pharmaceutical Needs Assessment 2022

### *Population and demographics*

Small Area Population Estimates mid-2020, Office for National Statistics  
Sub-National Population Projections mid-2018, Office for National Statistics  
GP registered population, Quality Outcome Framework, OHID / NHS Digital  
GLA Demography 2020-based Population Projections, London Datastore  
Population denominators by broad ethnic group 2019, Office for National Statistics  
Housing-led Ethnic Group Projections 2016, London Datastore  
EU Settlement Scheme statistics, gov.uk

### *Health Data*

GP registered population data, Quality and Outcomes Framework on NHS Digital  
Birth Summary Tables (England & Wales), Office for National Statistics  
Vital Statistics Annual Birth file, Local Authority access via NHS Digital  
Child and Maternal Health Profile on OHID Fingertips  
Strategic Health Asset Planning & Evaluation tool, Department of Health and parallel

### *Socioeconomic data*

Indices of Multiple Deprivation 2019, Ministry of Housing, Communities & Local Government  
Economic Activity from the Local Authority Profile on [www.nomisweb.co.uk](http://www.nomisweb.co.uk)  
DWP Benefit data, access via Stat-Xplore  
Live tables on Homelessness, gov.uk  
CHAIN data from St Mungo's, London Datastore  
Home Office Immigration Statistics, gov.uk  
Vehicle Licensing Statistics, Department for Transport

This page is intentionally left blank



HILLINGDON  
LONDON

# Hillingdon Pharmaceutical Needs Assessment 2022

---

Appendix 2: Epidemiology

October 2022

# Pharmaceutical Needs Assessment 2022

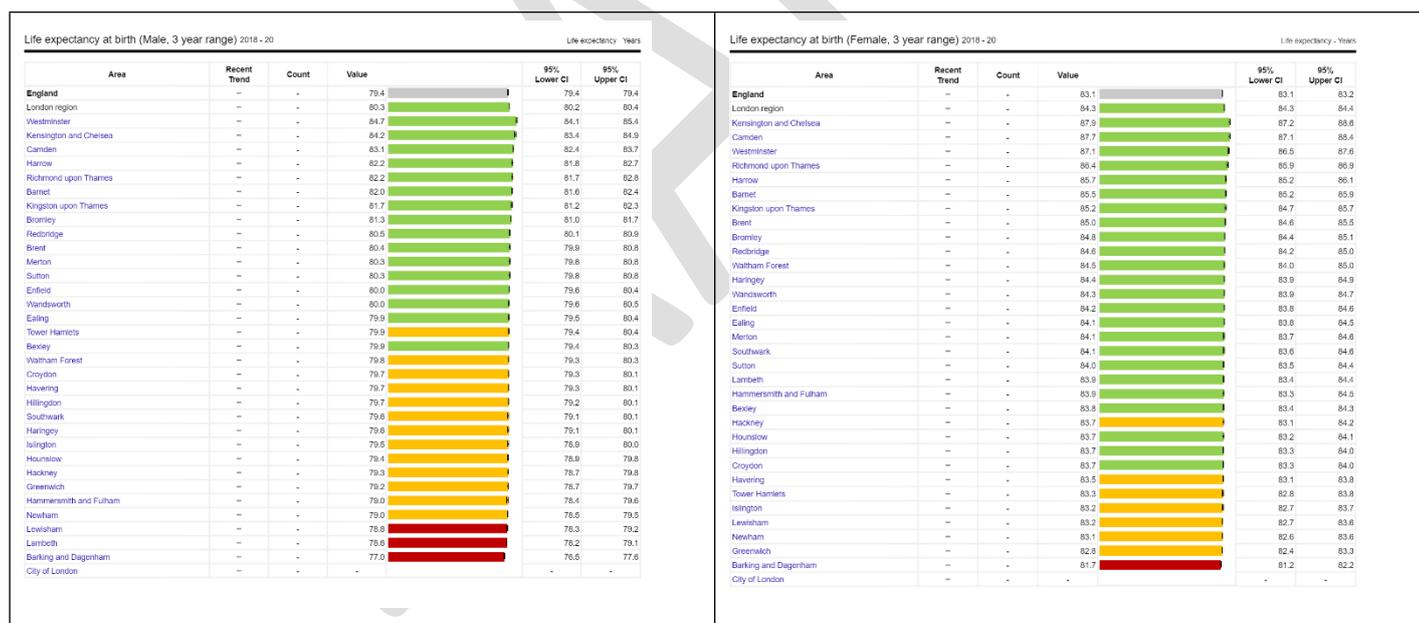
Data used in this chapter is based on existing wards, not the new structure as per the Boundary Commission review due May 2022.

## 1. Life expectancy

Life expectancy is the number of years a person is expected to live given the age and sex specific mortality rates that are currently experienced by the population.

Comparing regions within England & Wales the gap is 3.0 years for males (the lowest is the North-East at 77.6, compared with the highest in the South-East of 80.6) and 2.8 years for females (the lowest is the North-East at 81.5, compared with the highest in London of 84.3).

Comparing all London boroughs, the gap between the borough with the highest and lowest life expectancy is 7.7 years for males (Barking & Dagenham has the lowest life expectancy at 77.0 and Westminster has the highest at 84.7) and 6.2 years for females (Barking & Dagenham has the lowest at 81.7 and Kensington & Chelsea has the highest at 87.9). For males, Hillingdon is ranked 20th within London, for females we are ranked 24<sup>th</sup>:



Hillingdon's male and female life expectancy from birth is 79.7 and 83.7 respectively (based on 2018-20 data), a similar number of years as the England average for both genders (79.4 and 83.1 respectively) and the London average for both genders (80.3 and 84.3 respectively).

However, there are inequalities within the Borough at ward level. From the 2015-19 data, the gap in male life expectancy between Eastcote & East Ruislip and Botwell and Harefield is 7.6 years and the gap in female life expectancy between Eastcote & East Ruislip and Botwell is 6.3 years.

Area	Count	Value	95% Lower CI	95% Upper CI
England	-	79.7	79.6	79.7
Hillingdon	-	80.4	80.1	80.7
Eastcote and East Ruislip	-	84.5	82.9	86.1
Cavendish	-	83.3	81.7	84.8
Ickenham	-	83.1	81.4	84.7
Manor	-	82.4	80.6	84.3
Northwood Hills	-	81.9	80.2	83.5
West Ruislip	-	81.8	80.4	83.2
Northwood	-	81.2	79.2	83.1
Pinkwell	-	81.1	79.2	82.9
South Ruislip	-	81.0	79.6	82.5
Barnhill	-	80.8	78.8	82.7
Yeading	-	80.6	78.8	82.4
Heathrow Villages	-	80.4	78.4	82.4
Charville	-	80.4	79.0	81.9
Hillingdon East	-	80.4	78.8	82.0
Uxbridge North	-	80.1	78.8	81.5
Uxbridge South	-	79.3	77.5	81.0
Brunel	-	79.0	77.0	80.9
Yiewsley	-	77.9	76.3	79.6
Townfield	-	77.5	76.0	79.0
Harefield	-	77.1	75.1	79.1
West Drayton	-	77.0	75.6	78.4
Botwell	-	76.9	75.6	78.1

Source: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/lifeexpectancyestimatesallagesuk>

Area	Count	Value	95% Lower CI	95% Upper CI
England	-	83.2	83.2	83.3
Hillingdon	-	83.9	83.6	84.2
Eastcote and East Ruislip	-	86.7	85.3	88.2
Ickenham	-	86.5	84.9	88.2
Heathrow Villages	-	86.4	83.7	89.1
South Ruislip	-	86.2	84.7	87.7
Northwood Hills	-	86.2	84.9	87.5
Northwood	-	85.2	83.5	86.8
Uxbridge North	-	85.1	83.8	86.5
Manor	-	84.7	83.4	86.0
Cavendish	-	84.4	83.2	85.7
Pinkwell	-	84.3	82.7	86.0
Hillingdon East	-	84.1	82.8	85.5
Barnhill	-	83.9	82.1	85.7
Brunel	-	83.6	82.1	85.1
West Ruislip	-	83.5	82.1	85.0
Yeading	-	83.3	81.8	84.7
Yiewsley	-	83.1	81.4	84.8
Charville	-	82.7	81.1	84.3
Uxbridge South	-	82.1	80.3	83.8
Harefield	-	81.6	80.1	83.1
West Drayton	-	81.3	80.1	82.5
Townfield	-	80.9	79.4	82.3
Botwell	-	80.4	79.3	81.6

Source: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/lifeexpectancyestimatesallagesuk>

## 2. Mortality

Mortality is the term used for the number of people who die within a population. Age at death and cause of death provide an indication of health status of a given population.

Information on trends of death (by causes) can be used to substantiate the healthy behaviours of the population, the quality of the living conditions, local services, treatment and support. The section below examines mortality data in Hillingdon.

### Infant mortality

The infant mortality rate is defined as the number of infants aged <1 year that die per 1,000 live births (regardless of maternal ages). The infant mortality rate is usually pooled over 3 years to provide a more reliable statistic. The infant mortality rate in Hillingdon is 3.6 per 1,000 live births for the 3-year period 2017-19; this is similar to the average rate for England (3.9 deaths per 1,000 live births). Infant mortality rates can be analysed in more detail, those that occur within the first 4 weeks (neonatal) and those that occur from 4 weeks up to one year.

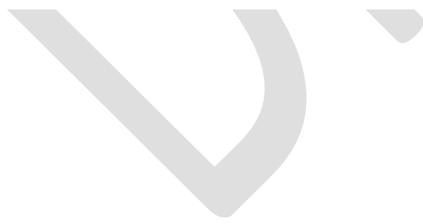
Out of the 46 infant deaths in the 3-year period 2017-19, the majority occur in the first 4 weeks after the live birth. 2017-19 pooled data shows that for infants aged less than 28 days the mortality rate in Hillingdon is 2.7 per 1,000 live births (35 births). The England rate for the same age is 2.8 deaths per 1,000 live births.

For infants aged 28 days to 1 year the mortality rate in Hillingdon is 0.87 deaths per 1,000 live births (11 births), lower than the England rate of 1.09 (source: OHID based on ONS Births & Deaths data). Death in infancy is a rare event, and even one additional death, or life saved can make a large difference to calculations. Some of the variations in the Borough may be the result of chance rather than a cause due to extreme prematurity.

### All-age all-cause mortality

The standardised mortality ratio (SMR) is constructed by applying the England age-specific rates to the age structure of the subject population to give an expected number of deaths. The observed (actual) number of deaths is then compared with the expected number and is expressed as a ratio (100x observed/expected). SMRs equal to 100 imply that the mortality rate is the same as the standard (in this case, England) mortality rate. A number higher than 100 implies an excess mortality rate whereas a number below 100 implies below average mortality. Hillingdon's SMR in 2015-19 is 94.1:

Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
<b>England</b>	-	2,487,211	100.0		99.9	100.1
London region	-	-	-		-	-
Barking and Dagenham	-	6,282	110.0		107.3	112.8
Greenwich	-	7,930	100.6		98.4	102.8
Islington	-	5,449	99.1		96.5	101.7
Lewisham	-	7,761	98.7		96.5	100.9
Tower Hamlets	-	5,338	97.9		95.3	100.5
Hackney	-	5,520	97.5		95.0	100.1
Newham	-	6,702	97.5		95.2	99.9
Lambeth	-	7,238	97.5		95.2	99.7
Havering	-	11,879	96.8		95.0	98.5
Bexley	-	10,287	95.0		93.2	96.9
Hounslow	-	7,624	94.7		92.6	96.9
Hillingdon	-	9,960	94.1		92.3	96.0
Croydon	-	12,652	93.8		92.2	95.5
Southwark	-	6,795	93.8		91.5	96.0
Wandsworth	-	7,597	93.1		91.1	95.3
Hammersmith and Fulham	-	4,669	93.0		90.4	95.7
Sutton	-	7,413	91.5		89.4	93.6
Merton	-	6,160	90.4		88.1	92.7
Waltham Forest	-	7,118	90.0		87.9	92.1
Enfield	-	10,305	89.9		88.1	91.6
Haringey	-	6,098	88.9		86.7	91.2
Ealing	-	9,809	87.8		86.1	89.6
Redbridge	-	8,802	86.9		85.1	88.8
Bromley	-	13,150	86.8		85.3	88.3
Brent	-	8,663	85.4		83.6	87.2
Kingston upon Thames	-	5,469	85.1		82.9	87.4
Barnet	-	12,010	79.9		78.5	81.4
Richmond upon Thames	-	6,154	77.6		75.7	79.6
Harrow	-	7,556	74.7		73.1	76.4
Camden	-	5,740	72.1		70.3	74.0
Westminster	-	5,563	70.2		68.4	72.1
Kensington and Chelsea	-	4,073	68.5		66.4	70.7
City of London	-	197	52.8		45.7	60.7

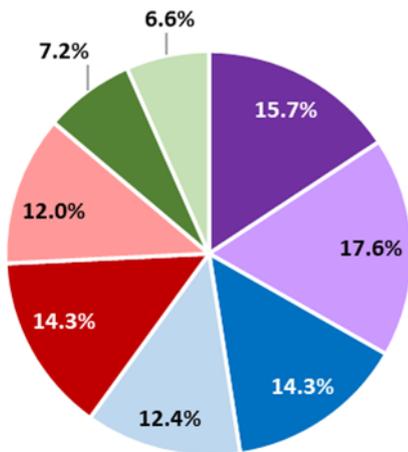


## Major causes of deaths in Hillingdon

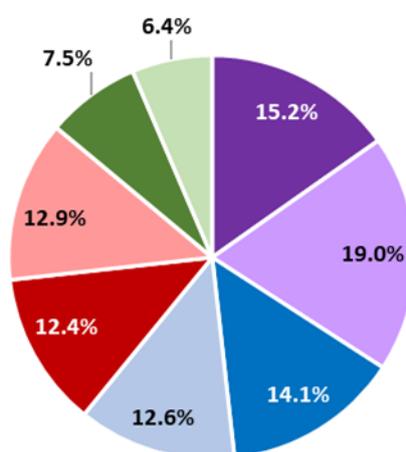
The average number of deaths per year in the period 2018-20 in Hillingdon is 2,050 (excluding COVID deaths in 2020). Circulatory diseases and cancers are the two major causes of death in Hillingdon. Deaths as a result of circulatory diseases accounted for an annual average of 537 deaths (26.3%) in the 3-year period 2018-20. Deaths from all cancers accounted for an annual average of 545 deaths (26.7%) in the same period.

An annual average of 282 deaths (13.8%) were as a result of respiratory diseases. The remaining 681 deaths (33.3% of total) were due to other causes; excluded from these 3-year averages are the COVID deaths that occurred in 2020 (total of 388 related deaths).

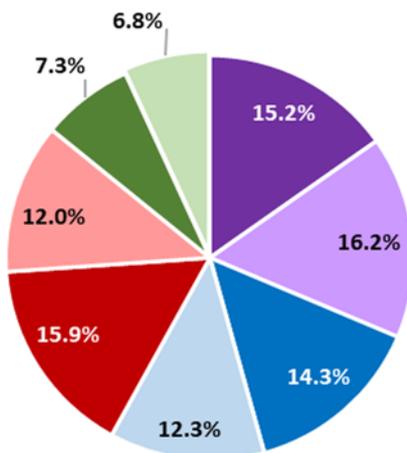
**Hillingdon**



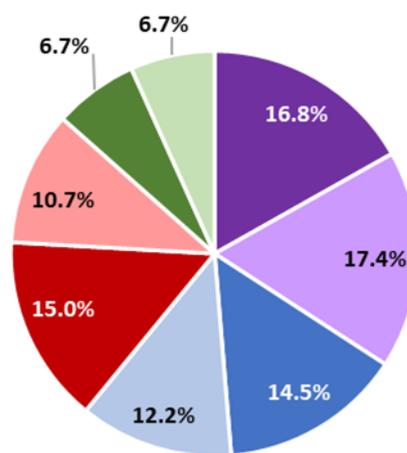
**Ruislip & Northwood**



**Uxbridge & West Drayton**



**Hayes & Harlington**



Key:

- Other, male
- Other, female
- Cancer, male
- Cancer, female
- Circulatory, male
- Circulatory, female
- Respiratory, male
- Respiratory, female

Source: National Statistics, Primary Care Mortality Dataset

The overall number of deaths varies based on age structure of the population. Therefore, younger populations in Hayes & Harlington and Uxbridge & West Drayton localities have lower number of deaths when compared with Ruislip & Northwood, where the proportion of older people is higher in the population. Populations with higher proportion of older people would have higher crude death rates, even as the health conditions are improving.

On the other hand, younger populations will have low crude death rates even when health conditions are poorer. Therefore, to depict the health status more accurately, we also consider early deaths, or premature mortality.

Many of the causes of premature mortality are correlated with the levels of deprivation.

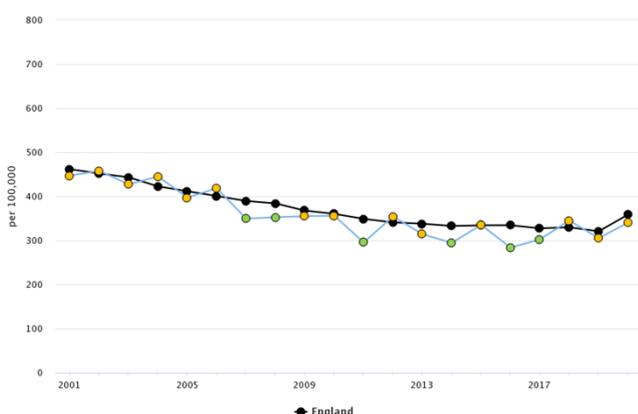
The locality of Ruislip & Northwood had an annual average of 780 deaths, Uxbridge & West Drayton had 680 deaths and Hayes & Harlington had 580 deaths (2018-20, all figures are rounded to the nearest 10 and exclude COVID related deaths).

Mortality from all causes has been falling in Hillingdon in line with national decreases.

### All Causes - under 75 mortality rate, Directly Standardised Rate per 100,000

#### Persons trend & data

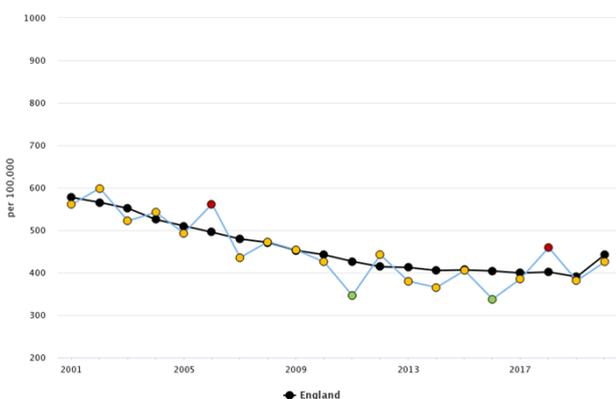
Under 75 mortality rate from all causes (Persons, 1 year range) for Hillingdon



Year	Hillingdon	London	England
2013	314.1	320.3	337.9
2014	294.5	314.6	332.8
2015	335.3	321.3	334.3
2016	283.6	305.7	334.5
2017	302.5	302.1	327.5
2018	345.1	302.4	329.8
2019	305.2	292.1	320.7
2020	340.2	352.6	358.5

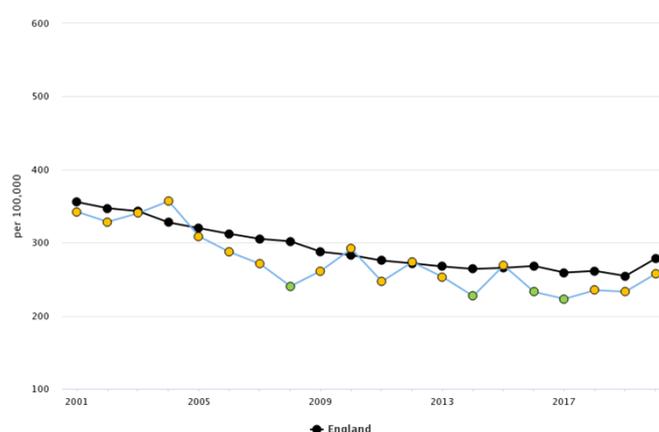
#### Male trend

Under 75 mortality rate from all causes (Male, 1 year range) for Hillingdon



#### Female trend

Under 75 mortality rate from all causes (Female, 1 year range) for Hillingdon

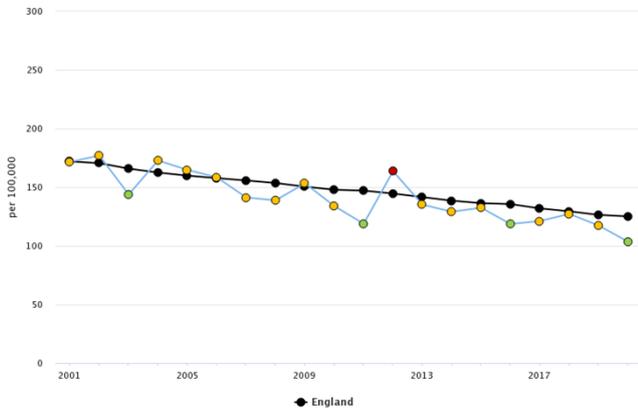


Source: Office for Health Improvement Mortality Profile

## Cancer - under 75 mortality rate, Directly Standardised Rate per 100,000

### Persons trend & data

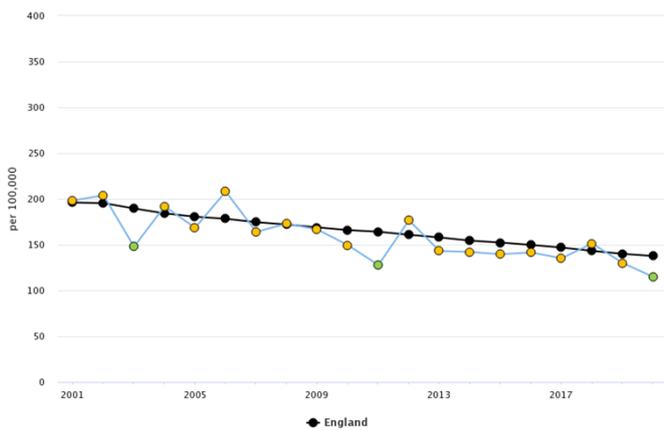
Under 75 mortality rate from cancer (Persons, 1 year range) for Hillingdon



Year	Hillingdon	London	England
2013	135.2	131.5	141.5
2014	129.1	129.5	138.5
2015	132.5	128.2	136.4
2016	118.6	123.2	135.6
2017	121.2	119.7	131.9
2018	127.2	117.6	129.4
2019	117.3	115.1	126.4
2020	103.6	111.3	125.1

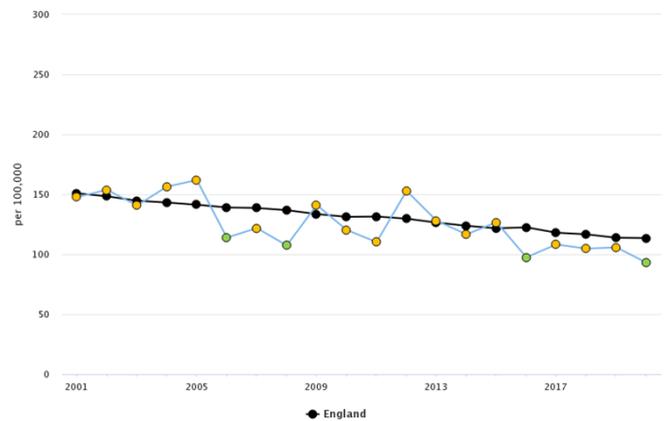
### Male trend

Under 75 mortality rate from cancer (Male, 1 year range) for Hillingdon



### Female trend

Under 75 mortality rate from cancer (Female, 1 year range) for Hillingdon



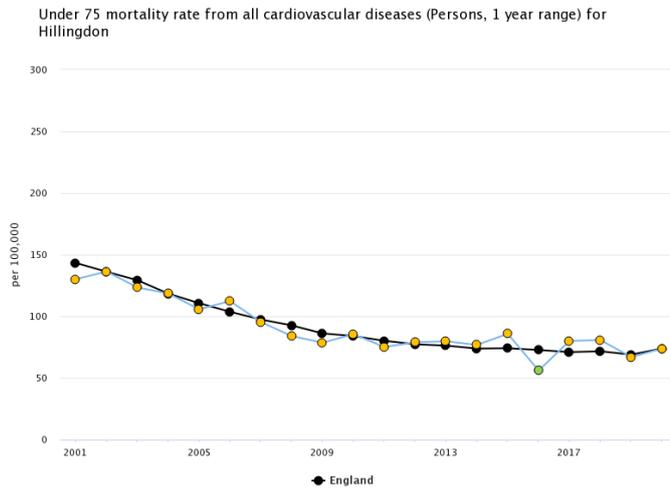
Source: Office for Health Improvement Mortality Profile

## Cardiovascular Disease - under 75 mortality rate, Directly Standardised Rate per 100,000

### Persons trend & data

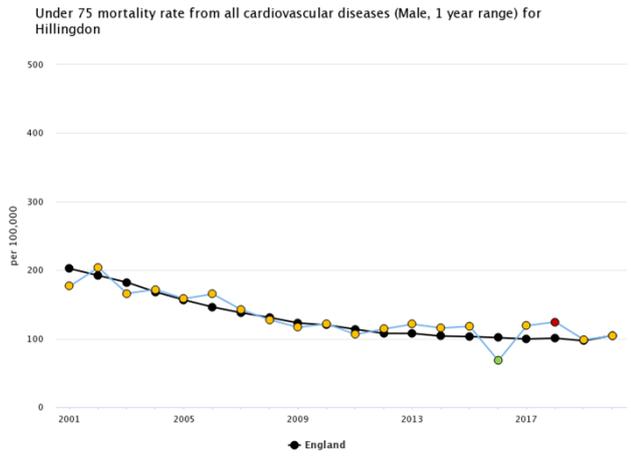
Year	Hillingdon	London	England
2013	79.7	79.4	76.2

Appendix 2: Epidemiology - Pharmaceutical Needs Assessment 2022

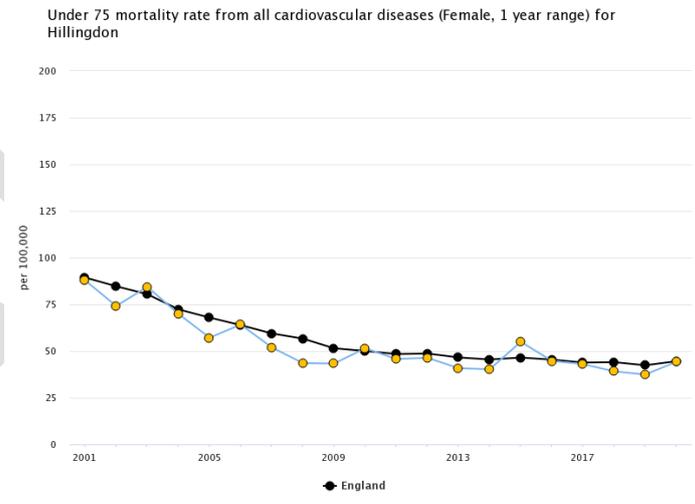


2014	76.8	76.4	73.8
2015	85.8	76.7	74.0
2016	56.0	71.9	72.7
2017	80.0	71.1	70.9
2018	80.7	68.7	71.6
2019	67.0	67.6	68.9
2020	73.8	72.3	73.8

### Male trend



### Female trend



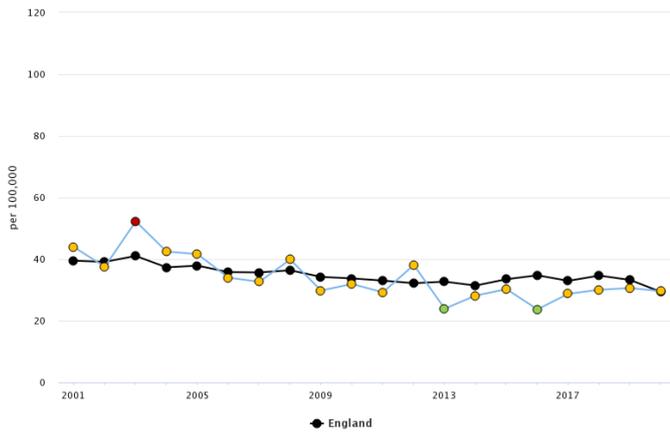
Source: Office for Health Improvement Mortality Profile

## Respiratory Disease - under 75 mortality rate, Directly Standardised Rate per 100,000

Appendix 2: Epidemiology - Pharmaceutical Needs Assessment 2022

## Persons trend & data

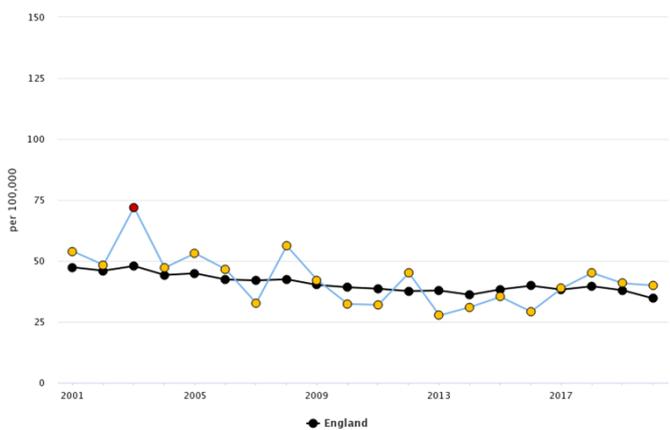
Under 75 mortality rate from respiratory disease (Persons, 1 year range) for Hillingdon



Year	Hillingdon	London	England
2013	23.9	30.0	32.7
2014	28.2	29.3	31.4
2015	30.3	30.4	33.5
2016	23.7	29.9	34.8
2017	28.8	28.3	33.0
2018	30.1	31.2	34.7
2019	30.6	28.8	33.3
2020	29.6	26.7	29.4

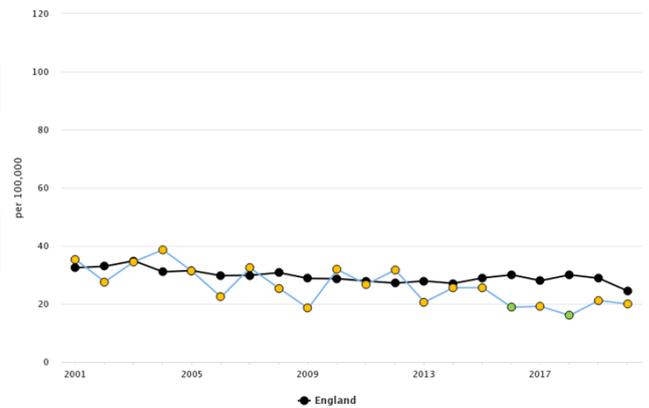
## Male trend

Under 75 mortality rate from respiratory disease (Male, 1 year range) for Hillingdon



## Female trend

Under 75 mortality rate from respiratory disease (Female, 1 year range) for Hillingdon



Source: Office for Health Improvement Mortality Profile

Analysis of mortality rates in Hillingdon shows that premature death rates (for people aged under 75) from all causes in Hillingdon (2020) were lower than England and London. In 2020, wards in the south of the borough had a higher number of premature deaths. The main cause of early deaths was due to cancer which accounted for 24.6% of all early deaths followed by cardiovascular disease (24.0%); together, these two causes accounted for 48.6% of all early deaths in 2020. (Source: Primary Care Mortality Dataset).

Identifying individuals and families at high risk of cardiovascular disease and cancer ensures timely start of treatment and reduces risk of complications and early death. Early management and secondary prevention of disease reduces the need for more costly and

complicated NHS treatment or social care. It therefore has positive impact on individual's quality of life and features strongly in the national strategies for cardiovascular disease and cancer.

### **3. Prevalence of non-communicable diseases and major risk factors**

The figures on the next few pages take data from the Quality Outcomes Framework (QOF) on NHS Digital (2020/21) and shows prevalence levels of non-communicable diseases from the GP register population; prevalence is the actual number of patients on a GP register that are recorded as having a stated condition.

More than one in four of the adult population in England lives with two or more conditions. People with multiple conditions are more likely to have poorer health, poorer quality of life and a higher risk of dying early than the overall general population. Some combinations of mental and physical diseases are associated with especially poor outcomes. (Source: National Institute for Health Research, 2021).

The skills and expertise of community pharmacy teams should be utilised to alleviate some of the pressures and ever-increasing demands on the NHS and social care services. Community pharmacies are well positioned to support independent living, the promotion of self-care and through this contribute to a reduction in A&E attendances.

Hillingdon's Health & Wellbeing Strategy (2022-25) seeks to improve the health and wellbeing of all our residents and to reduce disparities in health and care across our communities. The strategy aims to deliver a vision shared by all health and care partners in the borough.

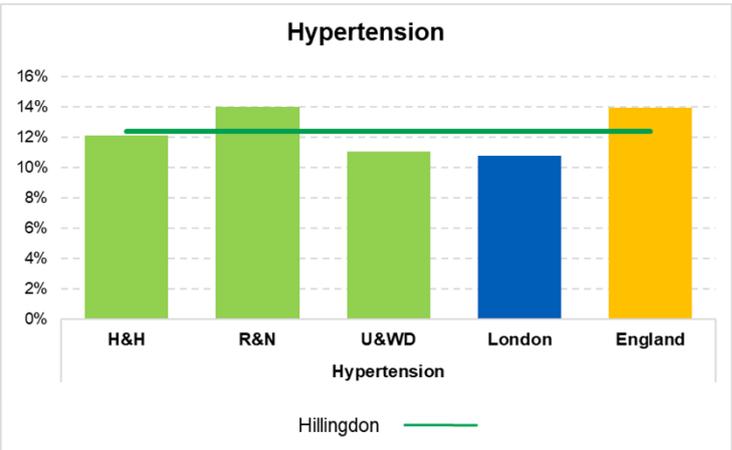
## **4. Disease Prevalence, GP Registered Population (2020/21)**

### **Cardiovascular Disease Prevalence**

Appendix 2: Epidemiology - Pharmaceutical Needs Assessment 2022

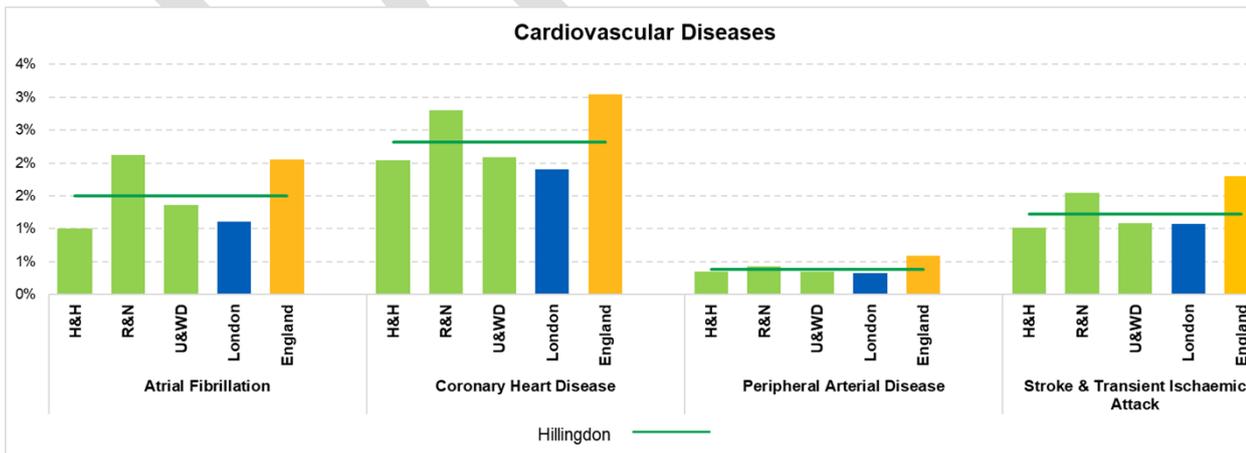
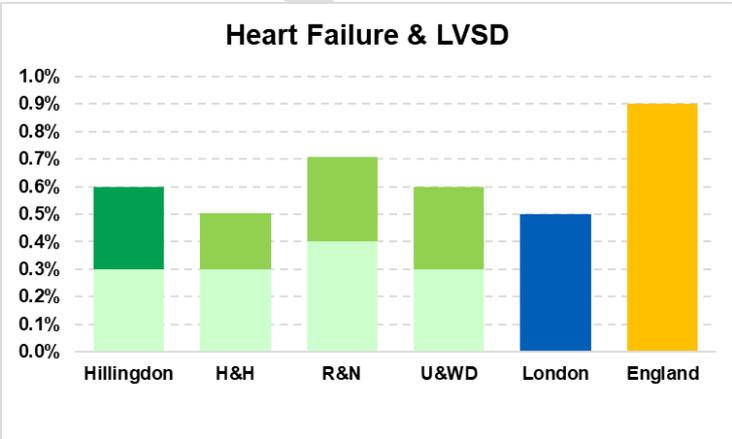
Across all cardiovascular diseases Hillingdon's rate is higher than London but lower than England. At locality level, Ruislip & Northwood rates are higher in all cardiovascular diseases.

Hypertension was recorded as the highest CVD risk factor in Hillingdon – affecting 12.4% of the Hillingdon GP registered population (40,300 residents). This is higher than the London average (10.8%) but lower than the rates for England (13.9%).



The prevalence of all heart failure in Hillingdon (0.6%, 1,950 residents), is above London and below England rates.

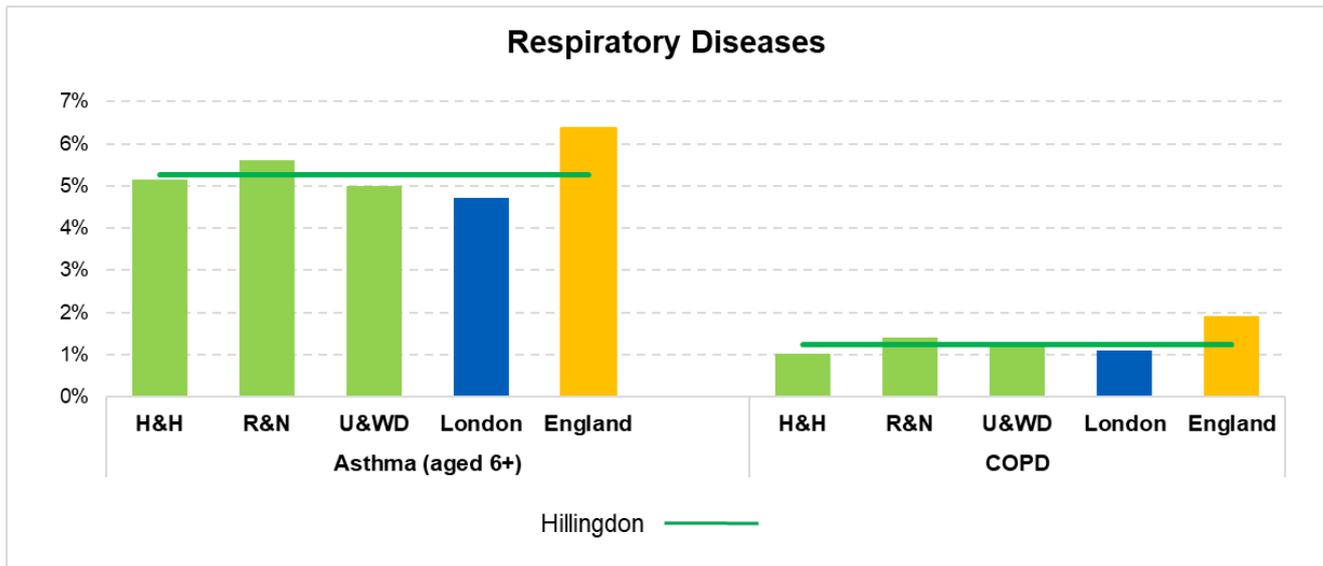
The lighter shades at the bottom of the chart show the prevalence of heart failure due to left ventricular systolic dysfunction and the darker shades higher on the chart show the prevalence of other heart failure.



## Respiratory Disease Prevalence

Hillingdon's rates are higher than London but lower than England. At locality level, Ruislip Appendix 2: Epidemiology - Pharmaceutical Needs Assessment 2022

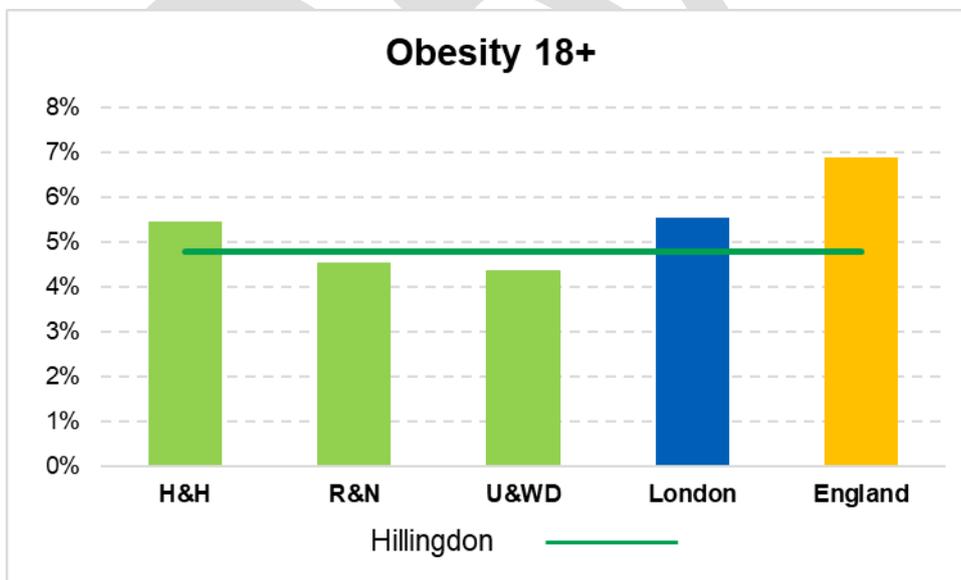
& Northwood rates are higher in both asthma and COPD.



## Excess Weight and Obesity Prevalence

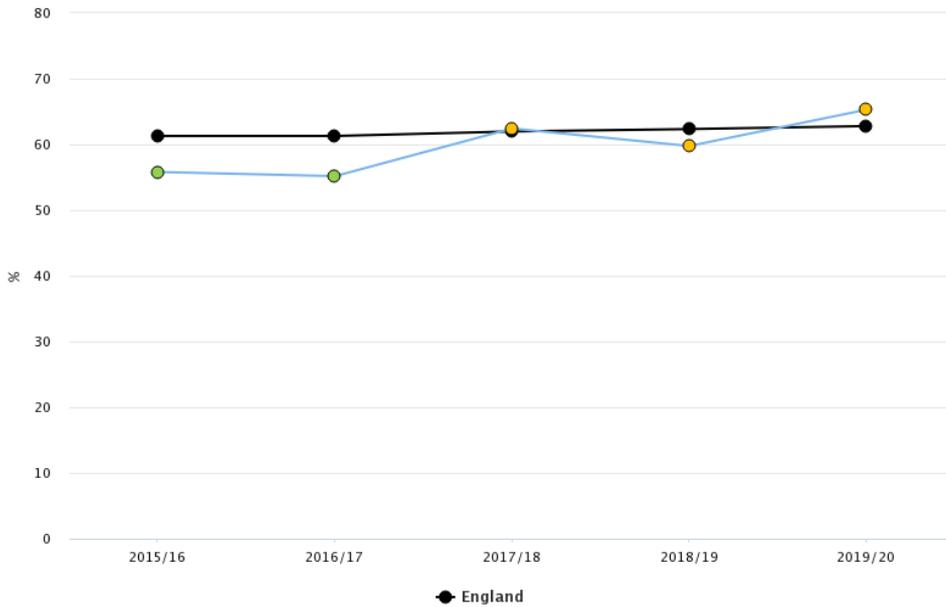
Obesity is an established risk factor for many chronic conditions including diabetes, arthritis and heart failure. In Hillingdon 4.8% of adults (aged 18+) on the GP register population are noted to be obese. Hillingdon's prevalence is lower than both London and England.

At locality level, Hayes & Harlington has the highest prevalence.



Data from OHID Obesity Profile shows that 65.3% of adults within Hillingdon are carrying excess weight in the period of 2019/20, which is above England (62.8%) and London rates (55.7%); this has increased from 55.8% in 2015/16. However, it should be noted that the data is taken from the Active Lives profile which is based on self-reported height and weight from a small sample of residents.

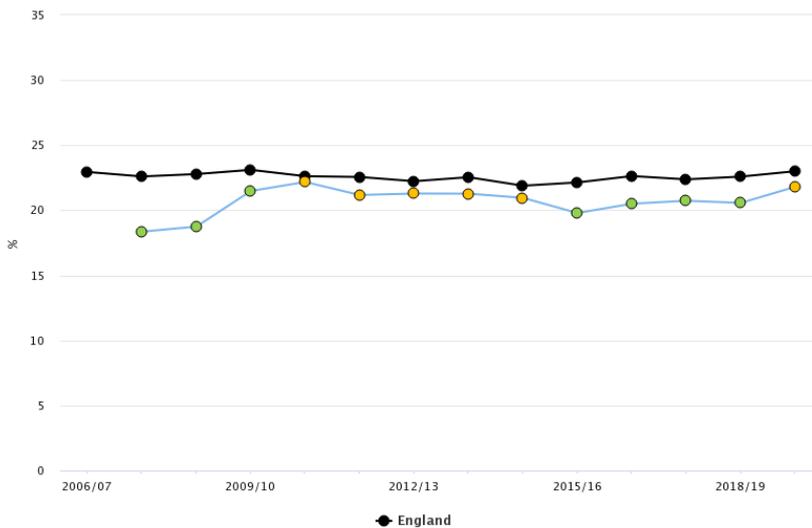
Percentage of adults (aged 18+) classified as overweight or obese for Hillingdon



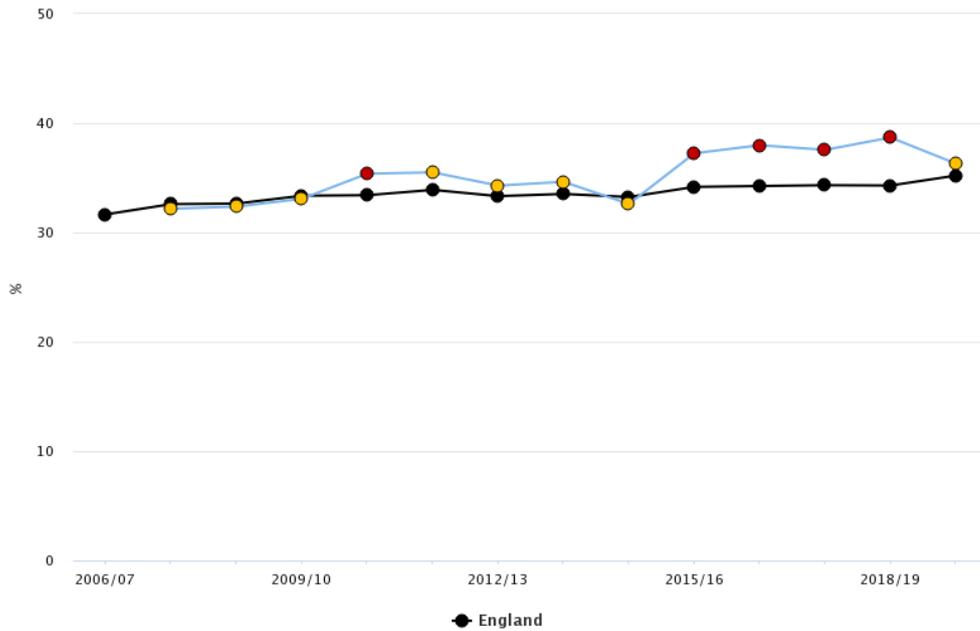
## Excess Weight in Children

National Childhood Measurement Programme (2019/20) data shows that 21.8% of children in Reception are overweight (including obese) increasing to 36.3% for children in Year 6. Trend data show that we remain below the national rates for reception, but above the national rates for Year 6.

Reception: Prevalence of overweight (including obesity) for Hillingdon



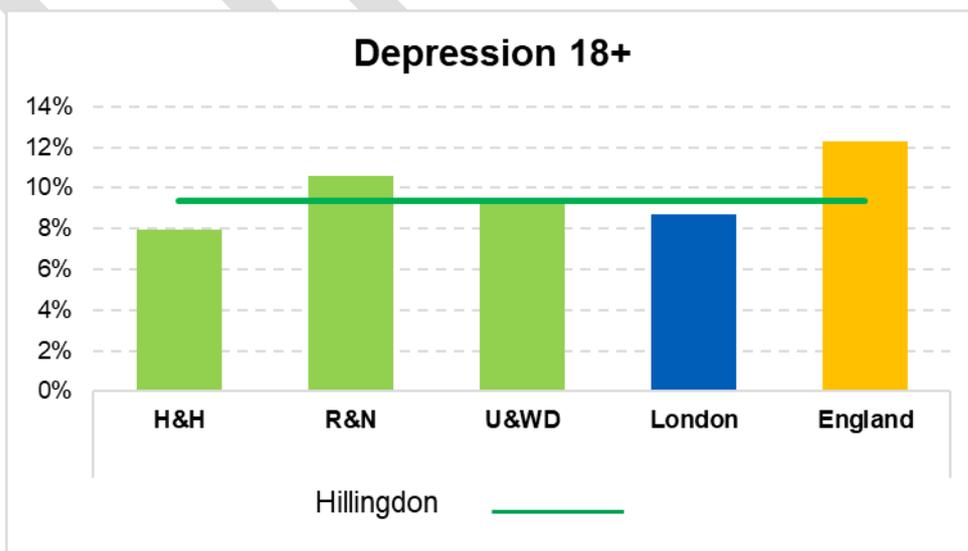
Year 6: Prevalence of overweight (including obesity) for Hillingdon

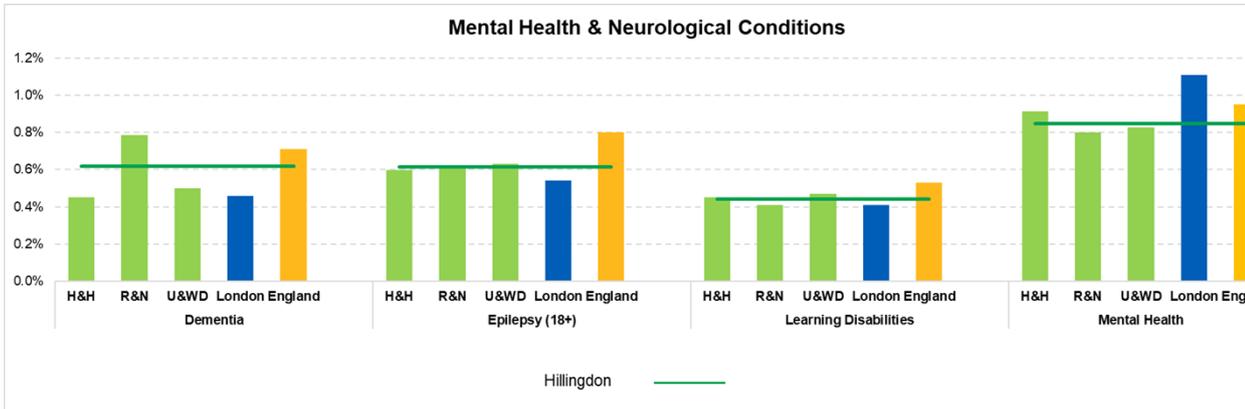


## Mental Health & Neurological Conditions Prevalence

Hillingdon’s rates are higher than London but lower than England for most conditions, with the exception of mental health where the Borough rates are lower than both London and England. Locality levels vary depending on the stated condition.

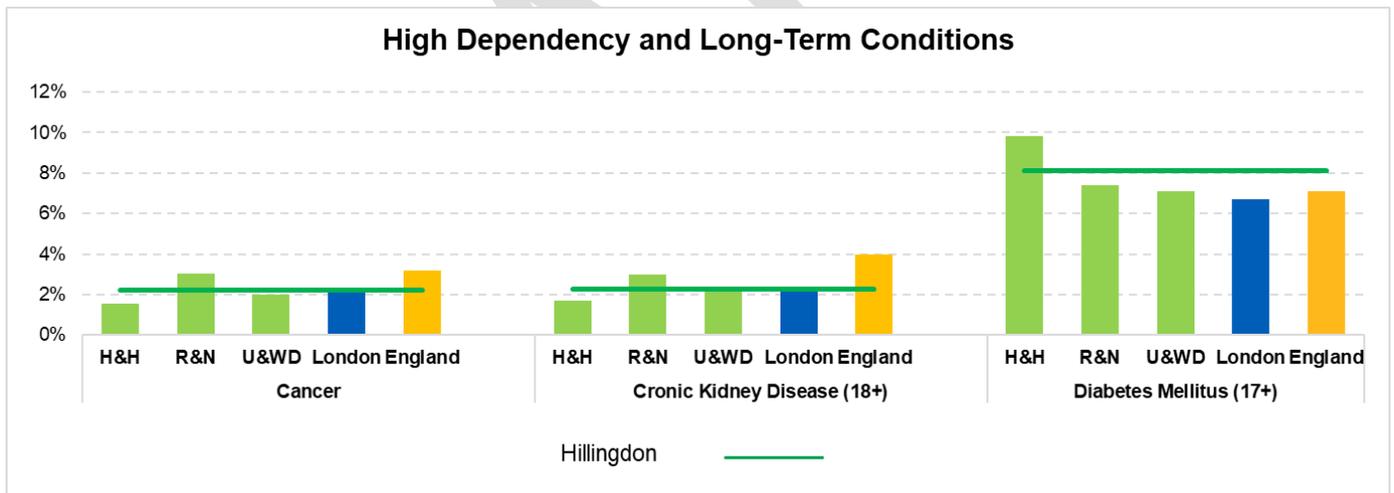
Depression was recorded as the highest mental health condition in Hillingdon – affecting 9.4% of the Hillingdon GP registered population (23,800 residents); this is higher than the London prevalence (8.7%) but lower than the England prevalence (12.3%).



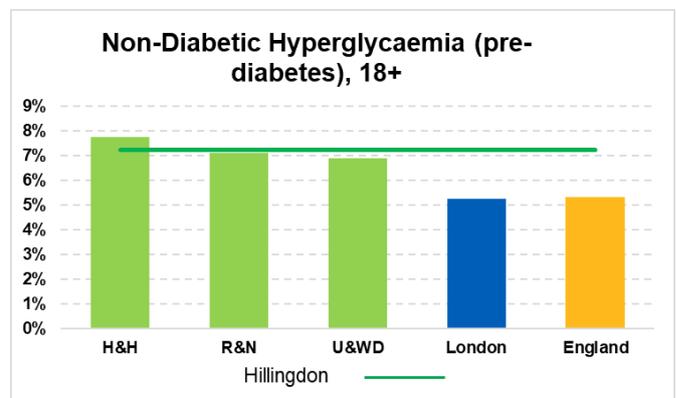


## High Dependency and other Long-Term Conditions

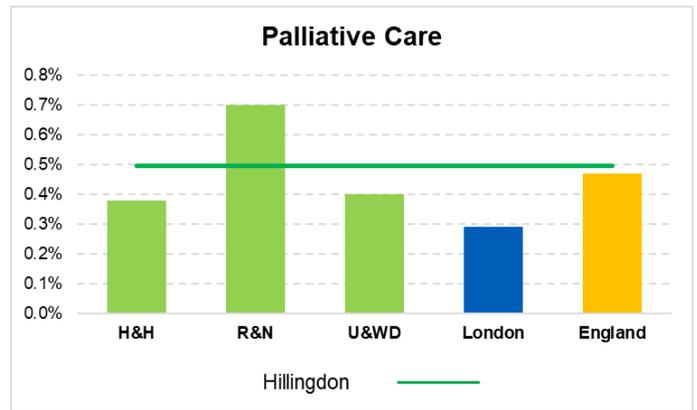
The Hillingdon prevalence of Cancer and Chronic Kidney Disease are similar to London and lower than England. At locality level, Ruislip & Northwood has higher rates of prevalence. For Diabetes Mellitus Hillingdon’s prevalence is higher than both London and England; prevalence rates are highest in Hayes & Harlington.



Non-diabetic hyperglycaemia (pre-diabetes) is a new indicator in QOF for 2020/21; Hillingdon’s prevalence is above both London & England, with Hayes & Harlington’s rates being the highest of the localities.

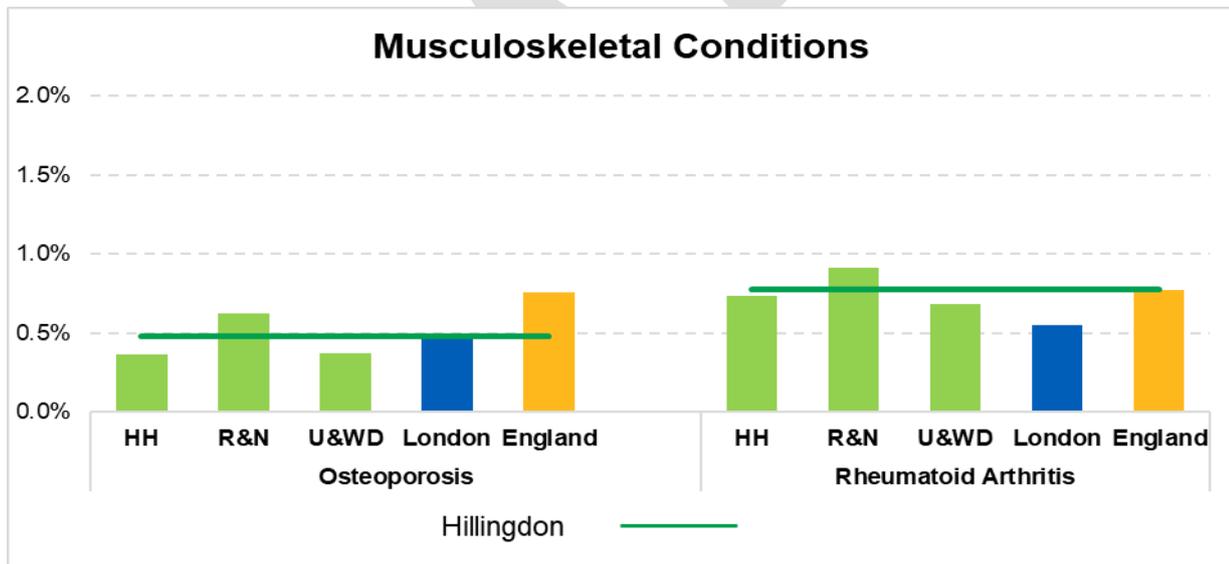


Hillingdon's palliative care prevalence rates are higher than London and England, with Ruislip & Northwood rates being the highest of the localities.



## Musculoskeletal Conditions

Hillingdon's prevalence of Osteoporosis is the same as London and lower than England; for Rheumatoid Arthritis our rates are higher than London and the same as England. At locality level, Ruislip & Northwood has higher prevalence,



The health care needs of a population vary with age, with the elderly and the young having different needs. For example, the need for chronic disease management will be greater in the elderly population while the need for sexual health and maternity services will be greater in the younger population.

## Smoking

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 including lip, mouth, throat, bladder, kidney, stomach, liver and cervix.

In Hillingdon in 2019/20 the estimated prevalence of smoking is 12.7% of the population aged over 18. This is lower than both the England and London rates (14.3% and 15.4% respectively). Source: GP Patient Survey (GPPS)

In the 2020 Annual Population Survey of manual workers and workers in routine occupations the prevalence of smoking is higher, assessed 21.4% in England and 19.3% in London (Hillingdon data is not available).

Smoking attributable hospital admissions show that in 2019/20 there were 1,953 admissions in Hillingdon – a DSR rate of 1,386 per 100,000; this is lower than the England rate (1,398) and higher than the London rate (1,152). Source: OHID, Local Tobacco Control Profile 2019/20

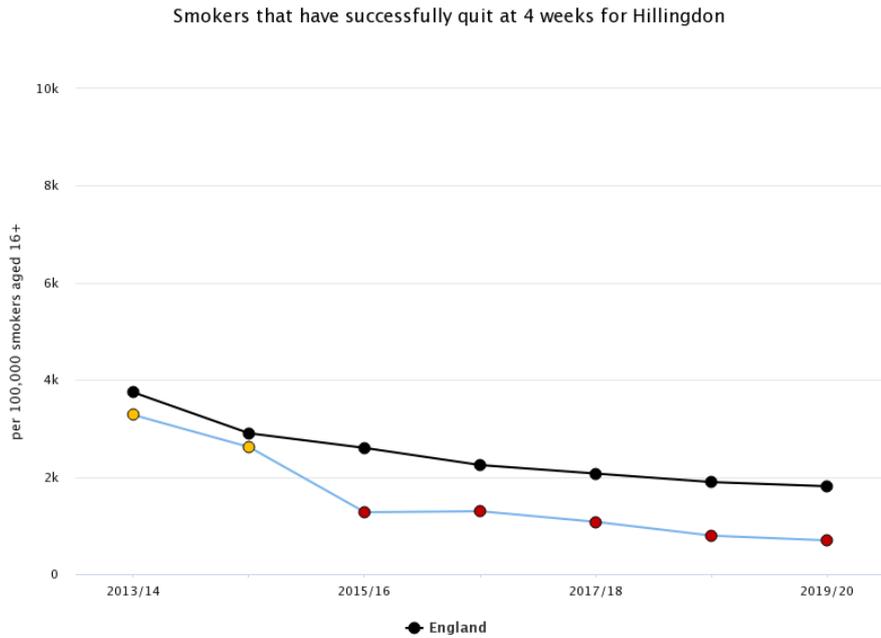
Hillingdon has low quit rates in comparison to London boroughs, 2019/20 (these are smokers who have successfully quit at the four week follow up appointment):

Smokers that have successfully quit at 4 weeks 2019/20

Crude rate - per 100,000 smokers aged 16+

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
<b>England</b>	-	114,153	1,808	1,798	1,819
London region	-	15,346	1,665*	1,638	1,691
Hammersmith and Fulham	-	1,054	6,743	5,089	9,030
Westminster	-	1,114	4,897	3,700	6,610
Kensington and Chelsea	-	827	4,264	3,407	5,373
Tower Hamlets	-	1,556	3,976	3,166	5,064
Hackney	-	1,218	3,781	3,029	4,763
Islington	-	910	3,610	2,831	4,694
Camden	-	861	3,206	2,490	4,145
Hounslow	-	955	3,162	2,398	4,198
Kingston upon Thames	-	378	2,896	2,162	3,877
Lewisham	-	988	2,797	2,237	3,490
Merton	-	493	2,231	1,773	2,809
Bexley	-	557	1,996	1,610	2,475
Richmond upon Thames	-	237	1,894	1,343	2,670
Wandsworth	-	672	1,847	1,419	2,395
Barnet	-	561	1,618	1,226	2,152
Lambeth	-	504	1,398	1,094	1,803
Greenwich	-	386	1,346	1,063	1,710
Haringey	-	380	1,188	941	1,518
Southwark	-	376	932	738	1,180
Newham	-	270	711	540	939
Croydon	-	264	706	546	909
Hillingdon	-	196	693	513	941
Waltham Forest	-	211	604	461	787
Sutton	-	86	335	248	438
Redbridge	-	96	303	223	405
Havering	-	24	88	51	131
Barking and Dagenham	-	24	86	49	126
Brent	-	5	19	2	38
Bromley	-	-	*	-	-
City of London	-	-	*	-	-
Ealing	-	-	*	-	-
Enfield	-	-	*	-	-
Harrow	-	-	*	-	-

Hillingdon's quitter numbers have been declining year on year since 2014/15:

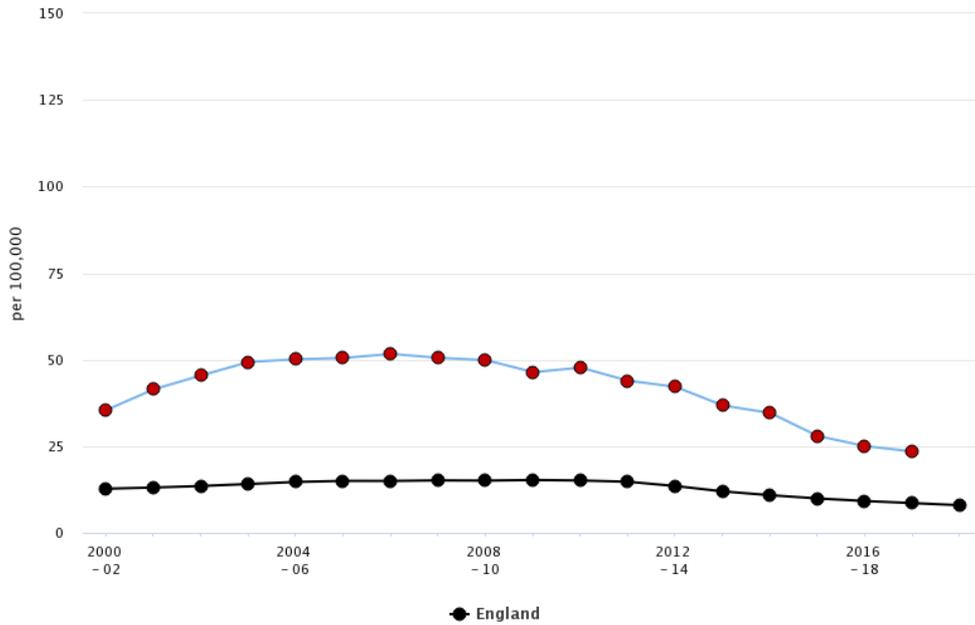


## 5. Prevalence of communicable diseases

### Tuberculosis (TB)

Between 2016-18 in England an average of 15,296 cases of TB were reported, a rate of 9.2 cases per 100,000 population. London has the main burden of TB infection, with 38% of these cases (5,796). Hillingdon reported 227 cases in that time-period; a rate of 25.0 per 100,000, this is reduction of cases compared to 2010-12:

TB incidence (three year average) for NHS Hillingdon CCG



Source: OHID TB Strategy Monitoring Indicators on Fingertips

Treatment completion rates (2018 data) in Hillingdon are 92.3%, above England (84.8%).

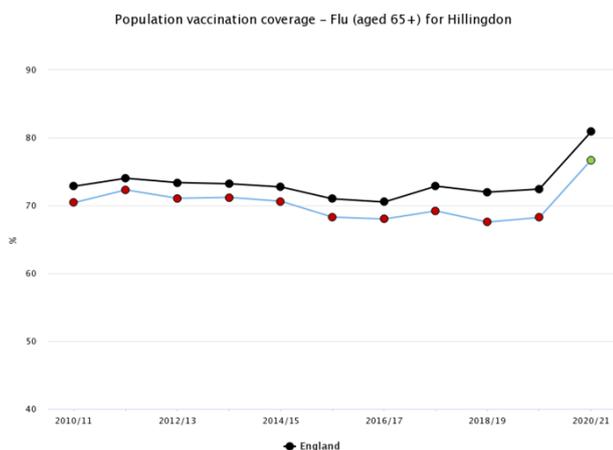
## Seasonal influenza

Influenza is a highly infectious illness caused by the influenza (flu) virus. It spreads rapidly through small droplets coughed or sneezed into the air by an infected person. Influenza vaccines are shown to provide effective protection against influenza. Influenza immunisation is offered to people in at-risk groups such as pregnant women and elderly people. These groups of people are at greater risk of developing serious complications, such as bronchitis and pneumonia if they catch flu.

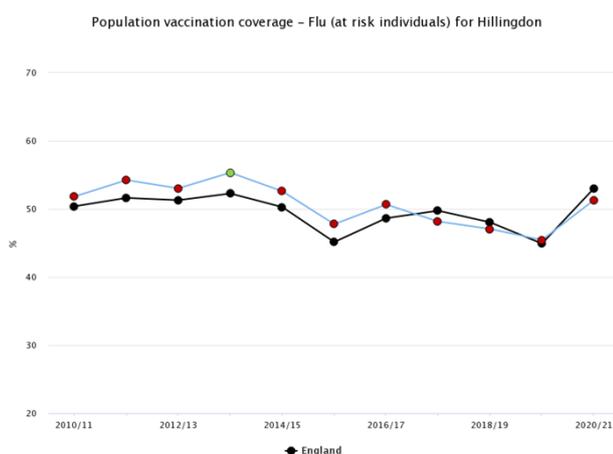
Population coverage 2020/21 of flu vaccination aged 65+ in Hillingdon is 76.7% of the population, below England and above London averages (80.9% and 71.8% respectively). Vaccination rates in at risk individuals aged 6 months to 65 years (excluding pregnant women) is 51.3% in Hillingdon (2020/21) compared to England and London rates (53.0% and 45.0%). Source: OHID Health Protection profile.

This is below the Chief Medical Officer’s target of 85% coverage for those aged 65+ and 75% of those aged under 65 who are ‘at risk’ and pregnant women, [National flu immunisation programme 2021 to 2022 letter - GOV.UK \(www.gov.uk\)](#).

Trend data shows that overall proportions in both KPIs increased in 2020/21; Hillingdon’s rates are better than London but lower than England:



Year	Hillingdon	London	England
2014/15	70.6%	69.2%	72.7%
2015/16	68.3%	66.4%	71.0%
2016/17	68.0%	65.1%	70.5%
2017/18	69.2%	67.5%	72.9%
2018/19	67.6%	65.4%	72.0%
2019/20	68.2%	66.2%	72.4%
2020/21	76.7%	71.8%	80.9%



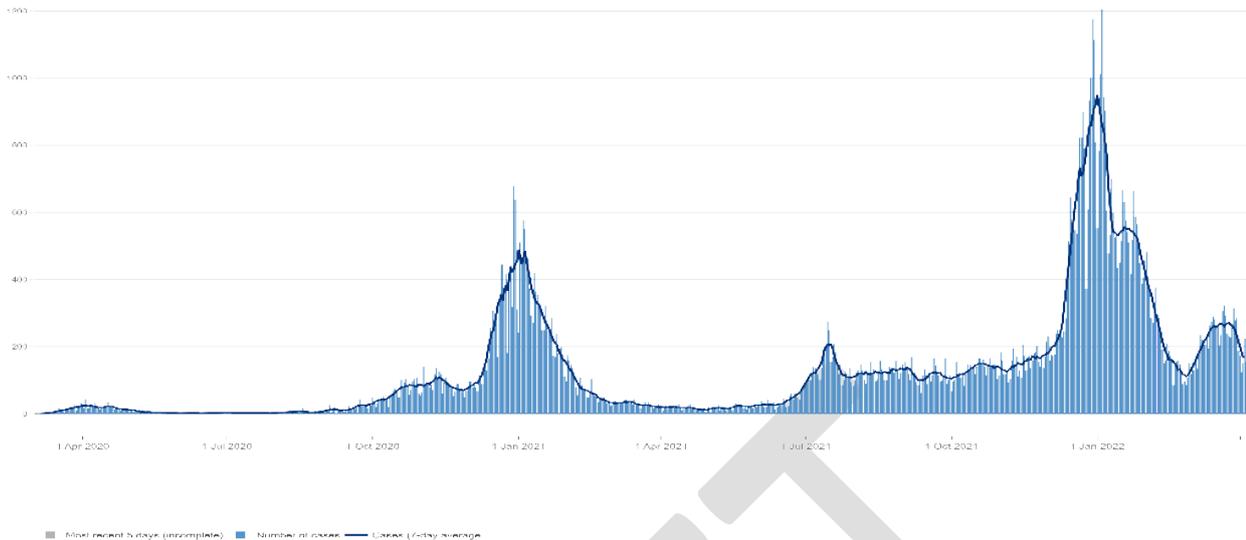
Year	Hillingdon	London	England
2014/15	52.6%	49.8%	50.3%
2015/16	47.8%	43.7%	45.1%
2016/17	50.7%	47.1%	48.6%
2017/18	48.2%	46.6%	49.7%
2018/19	47.1%	44.4%	48.0%
2019/20	45.4%	41.8%	44.9%
2020/21	51.3%	45.0%	53.0%

## COVID-19

Between March 2020 and 11<sup>th</sup> April 2022, Hillingdon has recorded 99,049 Covid cases with a cumulative rate of 32,053.2 per 100,000, higher than London at 31,464.9 and lower than England at 32,214.8.

At the peak of the waves Hillingdon recorded 1,206 cases per day:

Appendix 2: Epidemiology - Pharmaceutical Needs Assessment 2022



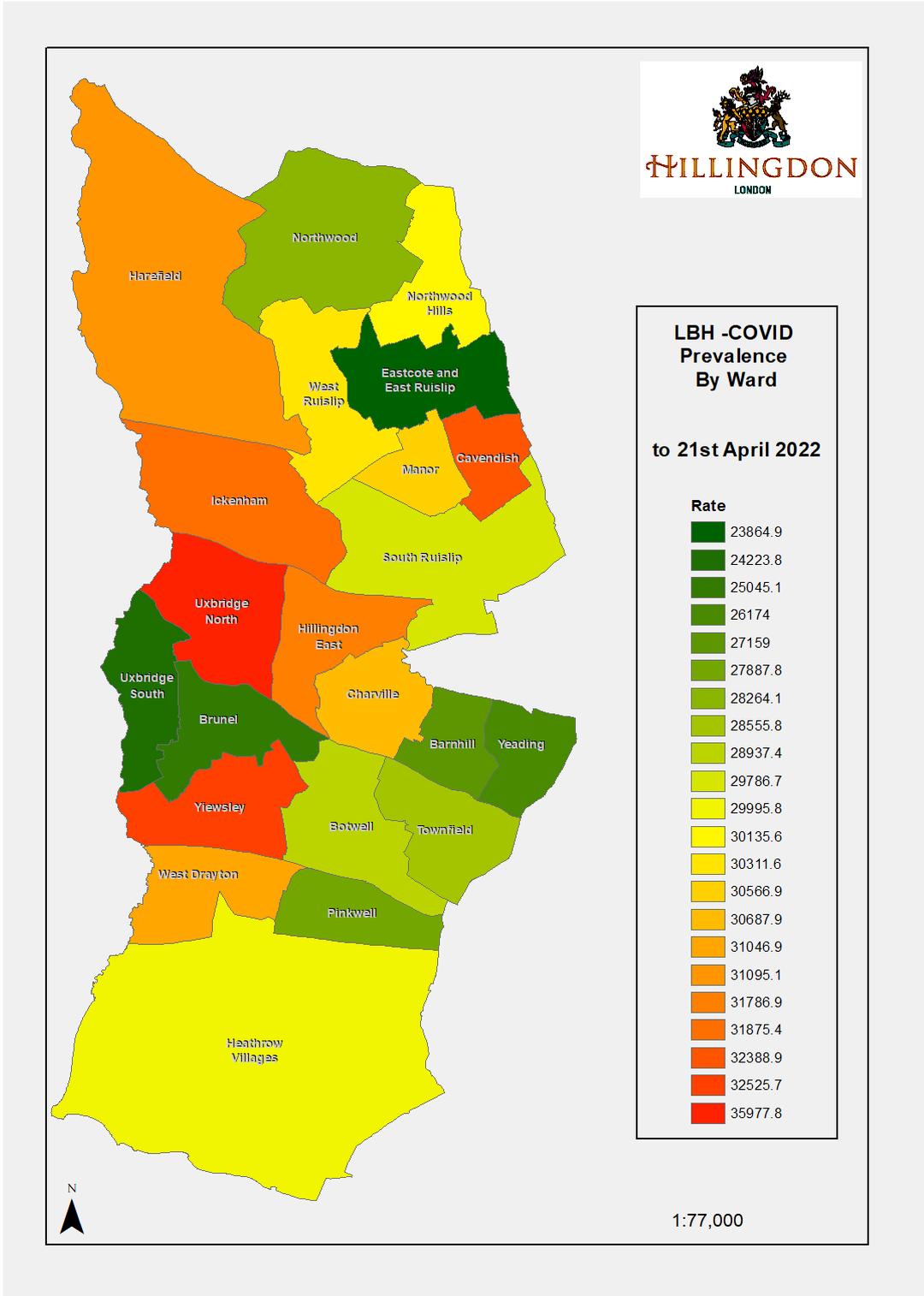
Source: coronavirus.data.gov.uk

Hillingdon has recorded a total of 863 deaths with COVID, a rate of 279.3 per 100,000, this is higher than London (253.2) and lower than England (280.6).

Vaccinations rates within the borough are better than the London rate, but lower than the England rate; as of the 11<sup>th</sup> April uptake is:

Hillingdon	London	England
1 <sup>st</sup> dose 75.2% 2 <sup>nd</sup> dose 70.2% 3 <sup>rd</sup> dose 50.3%	1 <sup>st</sup> dose 70.0% 2 <sup>nd</sup> dose 65.2% 3 <sup>rd</sup> dose 46.6%	1 <sup>st</sup> dose 91.9% 2 <sup>nd</sup> dose 86.1% 3 <sup>rd</sup> dose 67.1%

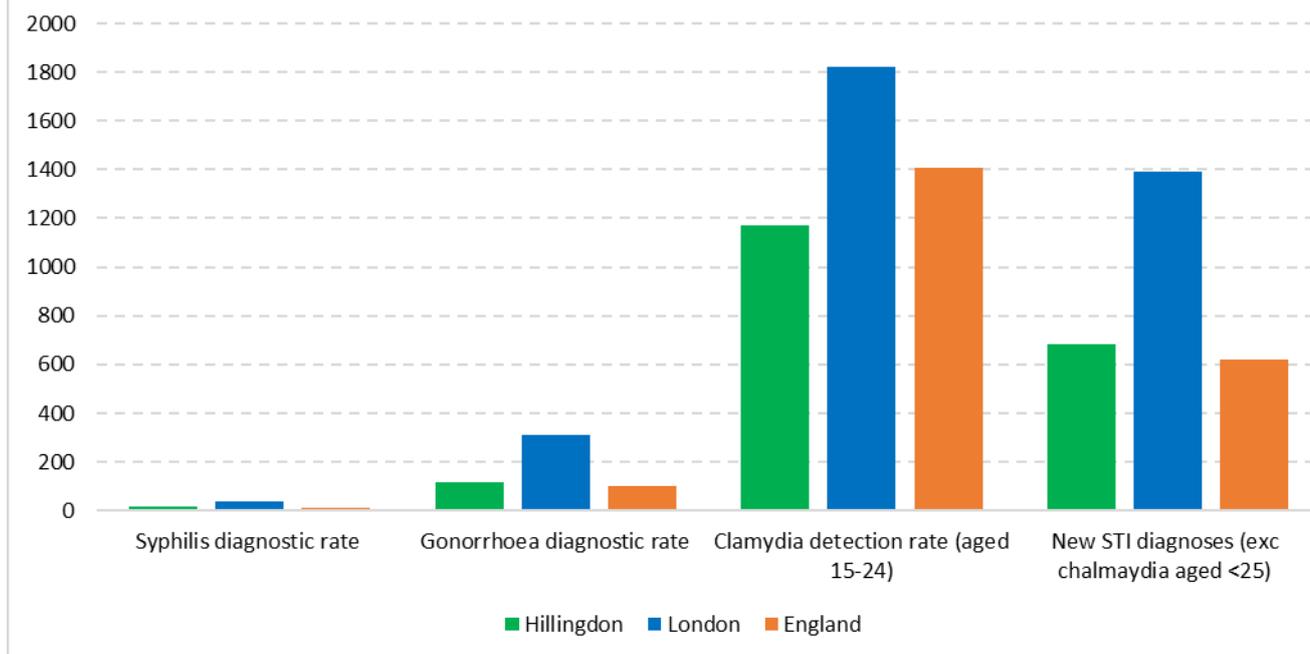
At ward level prevalence of Covid cases has varied throughout the pandemic, with Uxbridge North and Yiewsley seeing the highest overall prevalence of cases:



### Sexually transmitted infections

Sexually transmitted infections (STI) represent an important public health issue in London which has the highest rate of any region for acute STIs in England. Sexually transmitted infections have been on a general increase over the past 10 years. In comparison with other London boroughs, however, Hillingdon has a relatively low rate of sexually transmitted infections:

### STI diagnostic & detection rates per 100,000 (2020)



The table shows the trend in STIs diagnosed in Hillingdon:

STI / year	2014	2015	2016	2017	2018	2019	2020	Hillingdon rank in London, 2020
Chlamydia (15-24)	562	520	547	642	746	584	437	25 <sup>th</sup>
Gonorrhoea	197	188	138	199	272	381	364	25 <sup>th</sup>
Syphilis	24	29	40	39	39	35	47	28 <sup>th</sup>
New STI Diagnoses (excl Chlamydia <25)	1,904	1,849	1,741	1,835	1,788	1,738	1,388	26 <sup>th</sup>

Source: OHID, Sexual & Reproductive Health Profiles

The total number of all new STIs diagnosed in Hillingdon in 2020 is 683 per 100,000 of the population; this is lower than the London rate of 1,391 per 100,000 and higher than the England rate (619 per 100,000).

Age data shows that young people experience higher rates of infection and account for higher proportions of treatments, specifically those aged 20-24. Females aged 15-24 are 1.7 times more likely than males to be diagnosed with an STI.

Source: Sexually transmitted infections (STIs): annual data tables, 2020  
<https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables>

## HIV

The rate of HIV diagnosed in Hillingdon in 2020 was 8.2 per 100,000 of the population aged 15 and over. Hillingdon ranked 25<sup>th</sup> lowest of the 32 London Boroughs submitting data for diagnosed HIV prevalence. Hillingdon's cases have decreased since 2015 (44 cases) to 2020 (20 cases).

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	2,622	5.7	5.4	5.9
London region	↓	951	13.1	12.3	14.0
Lambeth	↓	74	27.5	21.6	34.5
Westminster	→	58	25.6	19.4	33.1
Southwark	↓	61	23.2	17.7	29.8
Lewisham	↓	49	19.9	14.7	26.3
Greenwich	→	40	17.5	12.5	23.8
Haringey	→	37	17.1	12.1	23.6
Camden	↓	40	17.1	12.2	23.3
Croydon	→	52	16.9	12.6	22.2
Brent	→	44	16.9	12.3	22.6
Tower Hamlets	↓	43	16.0	11.6	21.6
Islington	→	30	14.2	9.6	20.3
Ealing	→	38	14.1	10.0	19.3
Waltham Forest	↓	29	13.2	8.9	19.0
Wandsworth	↓	36	13.2	9.3	18.3
Hackney	↓	31	13.2*	8.9	18.7
Newham	↓	33	11.7	8.1	16.5
Merton	→	17	10.3	6.0	16.5
Redbridge	→	24	10.0	6.4	14.8
Kensington and Chelsea	↓	13	9.8	5.2	16.8
Enfield	→	25	9.5	6.2	14.1
Barking and Dagenham	↓	14	8.8	4.8	14.8
Hammersmith and Fulham	↓	13	8.6	4.6	14.7
Hounslow	→	18	8.4	5.0	13.2
Barnet	→	26	8.2	5.3	12.0
Hillingdon	→	20	8.2	5.0	12.6
Harrow	→	15	7.4	4.2	12.3
Bromley	→	20	7.4	4.5	11.5
Sutton	→	12	7.2	3.7	12.7
Bexley	→	14	7.0	3.8	11.7
Kingston upon Thames	→	9	6.2	2.8	11.8
Havering	→	12	5.7	2.9	10.0
Richmond upon Thames	→	4	2.5	0.7	6.4
City of London	-	-	*	-	-

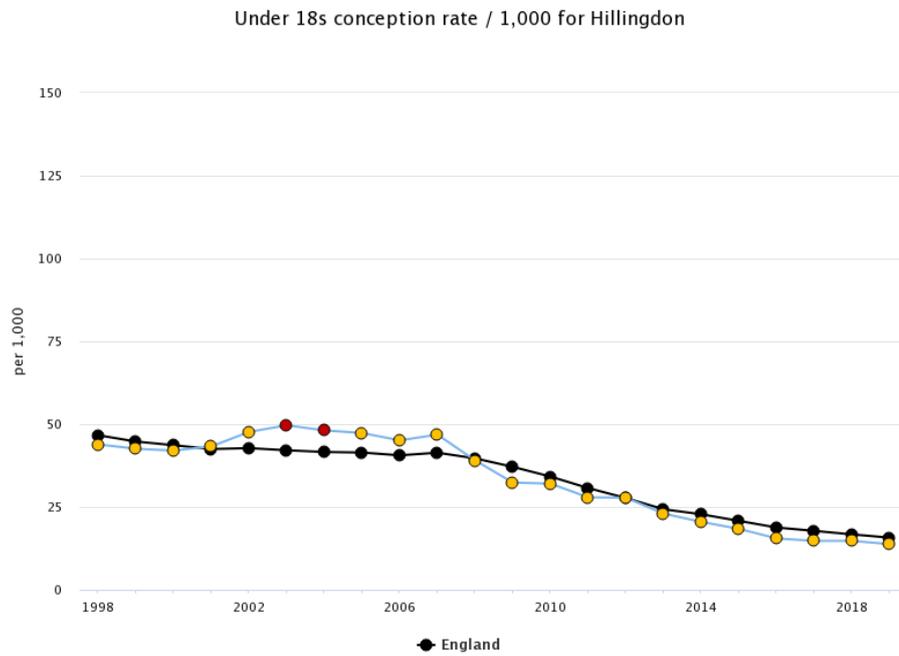
Source: UK Health Security Agency (UKHSA) on OHID Fingertips

## 6. Risk taking behaviours

### Teenage conceptions

The 2019 teenage conception rate for Hillingdon was 13.8 per 1000, which was lower than England rate (15.7 per 1000) and similar to the London rate (13.5 per 1,000). The trend in

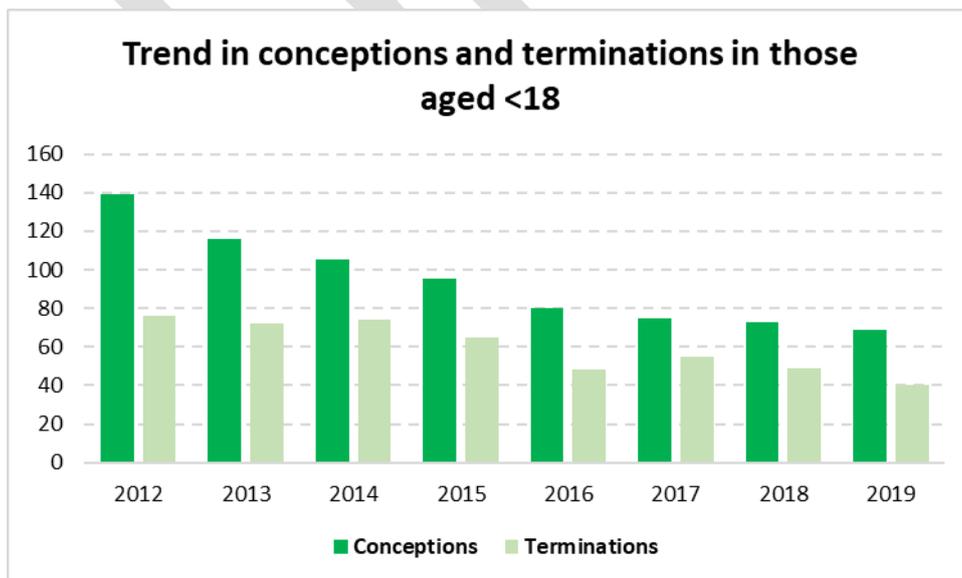
teenage conceptions shows reductions in rates for England, London and Hillingdon since 1998. There is a higher proportion of births to under 18s in wards in the south of the borough.



58% of under 18s conceptions lead to a termination in 2019, this is higher than the England proportion (54.7%) but lower than London (64.8%).

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↑	7,668	54.7	53.9	55.5
London region	→	1,220	64.8	62.6	66.9
Tower Hamlets	→	41	91.3	77.0	95.3
Camden	→	33	89.2	75.3	95.7
Merton	→	32	88.9	74.7	95.6
Westminster	→	11	85.7	52.4	92.4
Richmond upon Thames	→	23	85.7	64.4	92.1
Islington	→	39	79.6	66.4	88.5
Barnet	→	39	75.0	61.8	84.8
Kensington and Chelsea	→	14	73.7	51.2	88.2
Lambeth	→	61	73.5	63.1	81.8
Ealing	→	36	72.5	57.0	81.3
Hackney	→	43	71.7*	59.2	81.5
Bromley	→	46	70.8	58.8	80.4
Wandsworth	→	31	70.5	55.8	81.8
Havering	→	36	69.8	54.5	78.9
Southwark	→	43	68.3	56.0	78.4
Sutton	→	32	68.1	53.8	79.6
Hammersmith and Fulham	→	18	66.7	47.8	81.4
Croydon	→	81	63.8	55.1	71.6
Haringey	→	51	62.2	51.4	71.9
Waltham Forest	→	43	61.1	48.2	70.3
Lewisham	→	63	60.6	51.0	69.4
Redbridge	→	34	59.3	44.9	69.4
Hillingdon	→	40	58.0	46.2	68.9
Newham	→	52	57.8	47.5	67.5
Brent	→	33	57.6	43.3	67.8
Barking and Dagenham	→	42	57.3	44.7	66.7
Harrow	→	19	57.1	38.2	69.5
Hounslow	→	43	56.4	44.1	65.7
Bexley	→	28	53.7	38.9	64.6
Enfield	→	59	50.0	41.1	58.9
Greenwich	→	38	49.4	38.5	60.3
Kingston upon Thames	→	5	45.5	21.3	72.0
City of London	-	-	-	-	-

There were 69 <18 conceptions in 2019, of which 58% resulted in terminations.



Source: Office for National Statistics data on OHID Fingertips

## Substance misuse – Drugs & Alcohol

Data on drug treatment outcomes report successful completion of drug treatment (defined as leaving treatment free of drugs and not re-presenting within 6 months) for opiate users in Hillingdon as 6.1% of those in treatment, compared with 4.9% for England (reporting period June 2020 – May 2021, November 2021).

Successful drug treatment for non-opiate users (defined as above) for Hillingdon is 32.0% of those in treatment compared with 34.3% for England (reporting period June 2020 – May 2021, November 2021). Source: National Drug Treatment Monitoring System

Excess use of alcohol has an impact on health and leads to increased crime.

Admission episodes for alcohol related conditions (broad\*) in Hillingdon are recorded as 1,969 per 100,000 (2019/20 DSR rate), higher than both London and England rates (1,809 and 1,815 respectively). Admission episodes for alcohol related conditions (narrow\*) in Hillingdon are recorded as 504 per 100,000 (2019/20 DSR rate), higher than London and lower than England (519 and 416 respectively).

Data on adults in effective treatment January to December 2021:

	Number in treatment	Effective treatment	percentage
Opiate use only	531	503	95%
Non-opiate only	112	108	96%
Non-opiate & alcohol	174	167	96%

Data on young people in drug treatment shows that in the period of Jan-Dec 2021, 19 young people are currently in treatment, with 95% (18) in effective treatment.

(Source: National Drug Treatment Monitoring System (NDTMS))

A supervised administration service is widely available across the borough with 27 pharmacies offering this service.

\*Broad definition: A measure of hospital admissions where either the primary diagnosis (main reason for admission) or one of the secondary (contributory) diagnoses is an alcohol-related condition. This represents a Broad measure of alcohol-related admissions but is sensitive to changes in coding practice over time.

\*Narrow definition: A measure of hospital admissions where the primary diagnosis (main reason for admission) is an alcohol-related condition. This represents a Narrower measure. Since every hospital admission must have a primary diagnosis, it is less sensitive to coding practices but may also understate the part alcohol plays in the admission.

In general, the Broad measure gives an indication of the full impact of alcohol on hospital admissions and the burden placed on the NHS. The Narrow measure estimates the number of hospital admissions which are primarily due to alcohol consumption and provides the best indication of trends in alcohol-related hospital admissions.

Source: OHID, Local Alcohol Profiles for England

## 7. Pharmacy Services

Community pharmacies play a crucial role in supporting residents with a range of services supporting health areas mentioned in this appendix. Appendix 3 covers these areas, and the results of the survey can be found in Appendix 4.

## Data Sources

### *Mortality and Life expectancy*

Life Expectancy:

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/lifeexpectancyestimatesallagesuk>

Mortality:

- Office for Health Improvement Mortality Profile
- Primary Care Mortality data set

*Disease Prevalence, GP Registered Population (QOF2020/21) on NHS Digital*

*Office for Health Improvement & Disparities - Profiles and data on Fingertips:*

- Teenage conceptions and terminations
- UK Health Security Agency (UKHSA)
- Sexual & Reproductive Health Profile
- TB Strategy Monitoring Indicators
- Local Tobacco Control Profile
- Local Alcohol Profiles for England

### *COVID data*

- [coronavirus.data.gov.uk](https://coronavirus.data.gov.uk)
- UK Health Security Agency, COVID-19 Situational Awareness Explorer

### *Substance misuse*

National Drug Treatment Monitoring System

*Sexually transmitted infections (STIs): annual data tables, 2020*

<https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables>

### *Influenza*

National flu immunisation programme 2021 to 2022 letter - GOV.UK ([www.gov.uk](http://www.gov.uk)).

This page is intentionally left blank



# Hillingdon Pharmaceutical Needs Assessment 2022

---

## Appendix 3: Community Pharmacy Provision

October 2022

## 1. Provision within Hillingdon

The skills and expertise of community pharmacy teams should be utilised to alleviate some of the pressures and ever-increasing demands on the NHS and social care services.

Community pharmacies are well positioned to support independent living, the promotion of self-care and contribute to a reduction in A&E attendances and hospital admissions.

They are a key partner in the delivery of plans to address the prevention of ill health and have demonstrated this during the COVID-19 pandemic.

***The current level of essential services in Hillingdon is considered necessary and good based on the existing needs and choices of residents. The level of advanced services, e.g. new medicines services (NMS), appliance use reviews (AURs) and stoma appliance customization services (SACs) are relevant to local needs, with the NMS being provided by all pharmacies within the borough. The north of the Borough has a higher proportion of those aged 65 years and over, hence utilisation of health services, including community pharmacy is higher, as evidenced through the higher utilization of prescription items in, for instance, the Ruislip & Northwood locality.***

The proportion of ethnic minority older people is high and increasing in Hayes & Harlington locality, which is likely, over time, to reflect the pattern of service utilisation which currently typifies the north of the Borough.

There are many examples both locally and nationally where community pharmacies have contributed to meeting priorities and achieving outcomes. Smoking cessation service delivery, influenza immunisations and Chlamydia screening are good examples of such work. Providing health and social care services closer to home is a key local Health and Wellbeing Board priority. Community pharmacies are an ideal setting for the provision of services closer to home, especially given the very good accessibility to pharmaceutical services across Hillingdon.

The NHS plans to provide more services in the community with the transition of diabetes and cardiology services from secondary to primary care. Community pharmacies can make a useful contribution in the redesign of care pathways during remodelling and decommissioning of services.

The Hillingdon Joint Health & Wellbeing Strategy identifies enabling families to get the best start in life through enhanced maternal and child health services. Community pharmacies situated at the heart of local communities where pregnant women, young people and young families shop, play and work, are the most accessible primary care professionals, available without appointment (in some areas for 100+ hours a week). Their skills and experience make them ideally placed to meet the needs of young families and older people alike. Patients with long term conditions such as dementia (an important local priority) can benefit from services accessible near home.

In 2013 NHS England commissioned community pharmacies across London and Hillingdon to provide influenza immunisations, which increased the accessibility of immunisation services especially for the working age population and achieved high immunisation rates.

Pharmacy provision of flu vaccine has increased from 53 to 57 since 2018, 13 pharmacies provide the pneumococcal immunisation service.

There is growing emphasis on developing the public health role of community pharmacies. The Public Health Professional Standards for community pharmacy is an important step towards strengthening this relationship. Public health teams are responsible for commissioning public health programmes to improve health status of the local population. The delivery of national programmes such as NHS health checks, smoking cessation and tackling obesity contribute to improving the health of residents and tackling inequalities in health outcomes. Community pharmacies experience of providing these services for Hillingdon residents in the past is a key strength upon which future programmes could be based.

### **2021/2022 Pharmacy Quality Scheme (2022/23 is still under negotiations)**

The Pharmacy Quality Scheme (PQS) forms part of the 5-year, 2019– 24 Community Pharmacy Contractual Framework (CPCF). PQS is designed to support delivery of the NHS Long Term Plan and reward community pharmacies that deliver quality criteria in three quality dimensions:

- Clinical effectiveness
- Patient safety
- Patient experience

On 12<sup>th</sup> August 2021, a new PQS was announced for the remainder of 2021/22. This scheme focuses on NHS priorities supporting recovery from COVID-19.

To participate, pharmacy contractors will need to have completed at least 20 New Medicine Service (NMS) provisions and met requirements related to patient safety and managing risks related to transmission of COVID-19, missing red flag symptoms in over-the-counter consultations and missing sepsis.

The Quality Criteria to be included in the scheme:

- Identifying people who would benefit from weight management advice and onward referral, including to the recently introduced NHS Digital Weight Management Programme
- Training regarding health inequalities and producing an action plan to actively promote Covid-19 vaccinations, particularly in BAME and low uptake communities
- Training to improve skills on the provision of remote consultations
- Enhancing antimicrobial stewardship using the Target antibiotic checklist
- An anticoagulant audit to enhance patient safety
- Engagement with PCNs to increase uptake within their population of flu vaccinations
- Checking inhaler technique, as part of catch-up NMS, ensuring patients have personalised asthma action plans and use of spacers in children, and encouraging return of unwanted and used inhalers for disposal to protect the environment.

## Current provision of pharmaceutical services

There are 64 community pharmacies in Hillingdon who provide pharmaceutical services. Since the 2018 PNA one pharmacy has closed in Eastcote (Ruislip & Northwood locality).

**Table 1: Provision of community pharmacies in Hillingdon by ward and locality**

Locality / ward	Population in 2022	Number of pharmacies
<b>Ruislip &amp; Northwood</b>	<b>Total = 92,566</b>	<b>Total = 22</b>
Cavendish	11,804	Total hours 1,220.25
Eastcote & East Ruislip	12,626	
Harefield	7,558	
Manor	11,618	
Northwood	11,263	
Northwood Hills	12,112	
South Ruislip	13,363	
West Ruislip	12,222	
<b>Uxbridge &amp; West Drayton</b>	<b>Total = 105,193</b>	<b>Total = 21</b>
Brunel	15,507	Total hours 1,172.25
Hillingdon East	13,651	
Ickenham	10,402	
Uxbridge North	16,477	
Uxbridge South	15,304	
West Drayton	19,068	
Yiewsley	14,784	
<b>Hayes &amp; Harlington</b>	<b>Total = 111,255</b>	<b>Total = 21</b>
Barnhill	14,761	Total hours 1,389
Botwell	19,237	
Charville	13,582	
Heathrow Villages	15,211	
Pinkwell	16,433	
Townfield	16,846	
Yeading	15,185	
<b>22 wards</b>	<b>309,014 population</b>	<b>64 pharmacies</b>

Source: ONS Small Area Population Estimates, mid-2020

## Benchmarking with England and London

**Table 2: Number of pharmacies per 100,000 population (based on 2020 population)**

Area	Rate per 100,000 (current wards)
<b>Ruislip &amp; Northwood</b>	<b>23.8</b>  population = 92,566 number of pharmacies = 22
<b>Uxbridge &amp; West Drayton</b>	<b>19.9</b>  population = 105,193 number of pharmacies = 21
<b>Hayes &amp; Harlington</b>	<b>18.9</b>  population = 111,255 number of pharmacies = 21
<b>Hillingdon</b>	<b>20.7</b>  population = 309,014 number of pharmacies = 64  <i>Population growth to 2027</i> <b>20.1</b> Population = 317,706 Assume no change in number of pharmacies = 64
<b>London</b>	<b>20.1</b>  population = 9,000,000 number of pharmacies = 1,808
<b>England</b>	<b>19.8</b>  population = 56,550,000 Number of pharmacies = 11,219

Source = pharmacy list provided by the PNA Group on the Knowledge Hub, 2021

Hillingdon's rate of community pharmacy provision per 100,000 of the population is higher than both London and England. At locality level Ruislip & Northwood has higher provision with 22 pharmacies, whereas Uxbridge & West Drayton and Hayes & Harlington have 21 pharmacies each. The proportion of community pharmacies per 100,000 population, is also higher in Ruislip & Northwood (23.8) when compared with Uxbridge & West Drayton (19.9), Hayes & Harlington (18.9), London (20.1) and England (19.8).

Although the south of the borough has less pharmacies, they are open longer hours and have four 100-hour contracts within southern wards.

There is an even spread of pharmacies across Hillingdon especially in areas of deprivation in the south, and in areas with a higher proportion of older people and people with long term conditions (Ruislip & Northwood). These pharmacies are open early, late and at weekends, all with good accessibility. During certain days and times of the week, community pharmacies are often the only healthcare facility available.

Pharmacy provision is good across all three localities in Hillingdon. In the pharmacy survey pharmacists stated their willingness to provide services that may be required in the future.

***This suggests the number of pharmacies is sufficient to manage the need of the population over the next 3-5 years.*** However, given the housing development increases and predicted rise in population for Hayes Town and St Andrews Park in Uxbridge, there will be a need to monitor provision of pharmaceutical services in those localities over the course of this PNA.

While the population size does vary between localities, there are also differences in factors such as: demographic features, health status and distribution of risk factors which make the overall picture on health status more complex. Based on the narrative regarding age and ethnicity distribution and mortality and morbidity, the health needs of the older population in the north of the Borough are different from the relatively younger and less affluent south. Community pharmacies based at the heart of these communities can play a vital role in meeting some of the specific needs.

The Local Government Association has urged commissioning organisations to recognise and harness the expertise and experience of community pharmacies in optimising medicines use, supporting patients and the public's health and wellbeing, as well as improving patient safety. The potential role of community pharmacy in prevention and early identification of diseases is being evaluated under what has been termed the Healthy Living Pharmacies (HLP) model which is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities.

Community pharmacy contractors will be required to become an HLP in 2020/21 as agreed in the CPCF; this reflects the priority attached to public health and prevention work.

In August 2021, DHSC, NHS England and NHS Improvement and the PSNC reached an agreement for Year 3 of the Community Pharmacy Contractual Framework which commits to the vision in the 5-year deal for pharmacy to be more integrated in the NHS, provide more clinical services, be the first port of call for healthy living support as well as minor illnesses and to support managing demand in general practice and urgent care settings.

In Hillingdon, community pharmacies actively contribute to national programmes like NHS health check, influenza immunisation, smoking cessation and Chlamydia screening and treatment. ***The uptake of such public health programmes could be increased by raising awareness about their availability within the community pharmacy setting through improved communication to patients and residents.***

## **Pharmacy opening hours**

The national framework for pharmaceutical services requires every pharmacy to open for 40 hours minimum and provide essential services which are necessary services. Maps on the following pages show the distribution of pharmacies that are open less than 100 hours per week and those that are contracted to open 100 hours a week. Pharmacies 63 and 64 (both Boots, see map 1) located in Heathrow terminals might not be as accessible to local residents due to parking charges for airport car parks even though these are open for 100+ hours. Eight pharmacies within the 2km boundary of Hillingdon have 100-hour contracts.

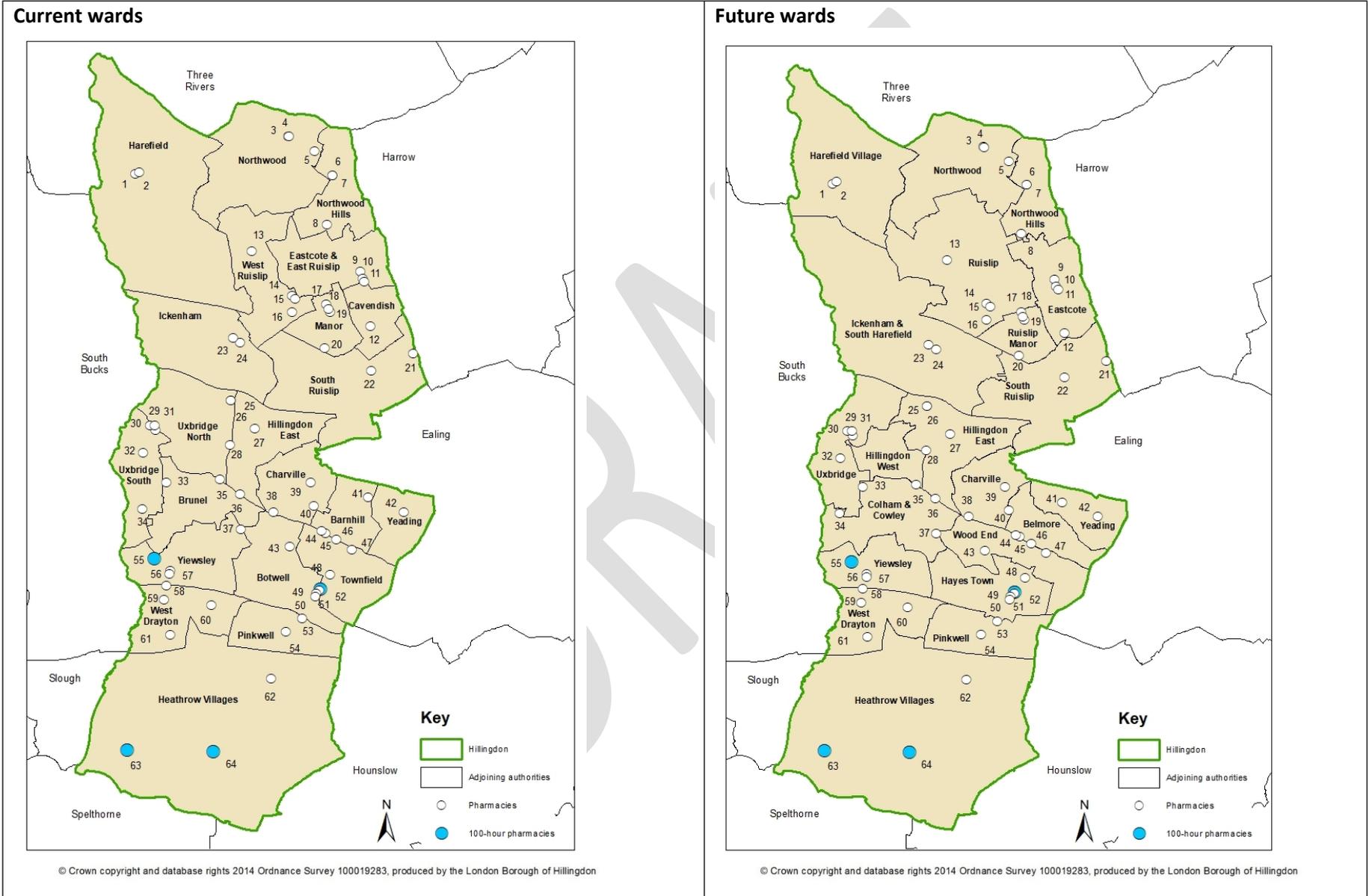
## **Compliance with the Equalities Act**

Community pharmacies must make reasonable provision for access by patients who have disabilities. All borough pharmacies are accessible and compliant with the Equalities Act. In 26 pharmacies (40%) patients have access to toilet facilities and 50 (78%) had consultations room / area accessible via wheelchair. 19 pharmacies reported they are willing to provide consultations in patients' homes or other suitable sites.

DRAFT

# Map 1 – Hillingdon pharmacies by locality and type

Page 154

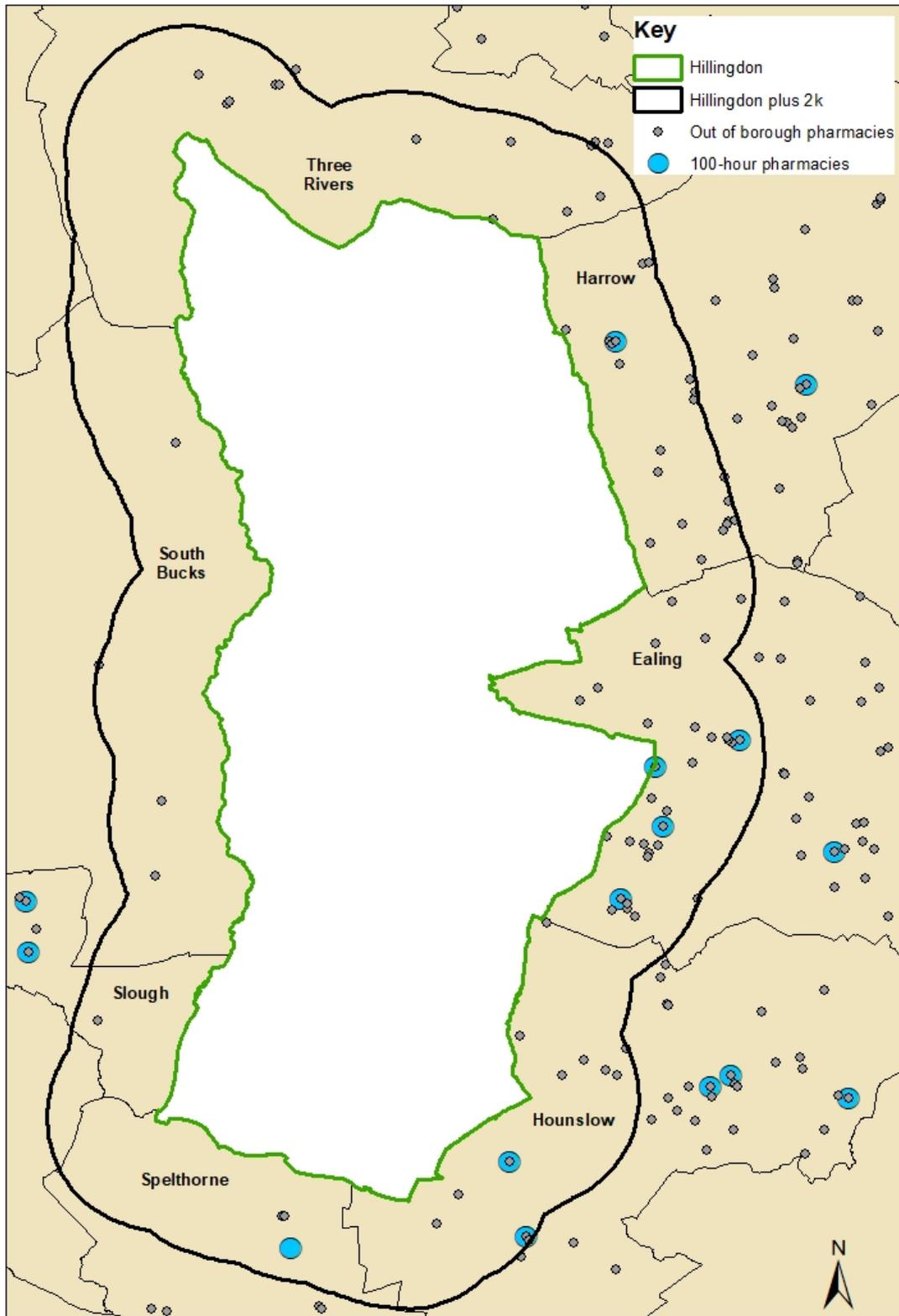


<b>Key</b>	<b>Pharmacy Name</b>	<b>Location</b>
1	The Malthouse Pharmacy	Harefield
2	Harefield Pharmacy	Harefield
3	Boots	Northwood
4	Sharmans, Maxwell Road	Northwood
5	Carter Chemist	Northwood
6	Boots, Joel Street	Northwood Hills
7	Ross Pharmacy	Northwood Hills
8	Carters Pharmacy	Northwood Hills
9	Eastcote Pharmacy	Eastcote
10	Superdrug	Eastcote
11	Boots	Eastcote
12	Boots, Whitby Road	Ruislip
13	Howletts Pharmacy	Ruislip
14	Ashworths Pharmacy	Ruislip
15	Boots, High Street	Ruislip
16	Boots, Wood Lane Medical Centre	Ruislip
17	Ruislip Manor Pharmacy	Ruislip Manor
18	Dana Pharmacy	Ruislip Manor
19	Chimsons	Ruislip Manor
20	Nu-Ways, West End Road	Ruislip Gardens
21	Boots	South Ruislip
22	Lloyds, Sainsbury's	South Ruislip
23	Garners	Ickenham
24	Winchester Pharmacy	Ickenham
25	Adell Pharmacy	Hillingdon
26	Boots	Hillingdon
27	Puri Pharmacy	Hillingdon
28	Hillingdon Pharmacy	Hillingdon
29	Boots, High Street	Uxbridge
30	Boots, The Chimes	Uxbridge
31	Flora Fountain	Uxbridge
32	H A McParland	Cowley
33	Brunel Pharmacy	Brunel
34	Mango Pharmacy	Cowley
35	Lawtons	Hillingdon

<b>Key</b>	<b>Pharmacy</b>	<b>Location</b>
36	Oakleigh	Hillingdon
37	Joshi Pharmacy	Hayes
38	Hayes End Pharmacy	Hayes
39	Vantage Pharmacy	Hayes
40	TS Mundae	Hayes
41	Boots	Yeading
42	Tesco pharmacy	Yeading
43	Vantage Chemist	Hayes
44	Grosvenor	Hayes
45	Daya	Hayes
46	H A McParland	Hayes
47	Lloyds Pharmacy, Sainsbury's	Hayes
48	Pickups	Hayes
49	Hayes Town Pharmacy	Hayes (100 hour)
50	NuChem	Hayes
51	Superdrug	Hayes
52	Boots	Hayes
53	Kasmani	Hayes
54	Medics Pharmacy	Hayes
55	Tesco pharmacy	Yiewsley (100 hour)
56	Yiewsley Pharmacy	Yiewsley
57	Phillips Pharmacy	Yiewsley
58	Boots	West Drayton
59	Winchester Pharmacy	West Drayton
60	Carewell Chemist	West Drayton
61	Orchard Pharmacy	West Drayton
62	The Village Pharmacy	Harlington
63	Boots, Heathrow Airport T5	Heathrow (100 hour)
64	Boots, Heathrow Airport T3	Heathrow (100 hour)

## Map 2 – Pharmacies out of borough

Pharmacies within 2km of the Hillingdon boundary (Three Rivers, South Bucks, Slough, Spelthorne and the London Boroughs of Harrow, Ealing and Hounslow):



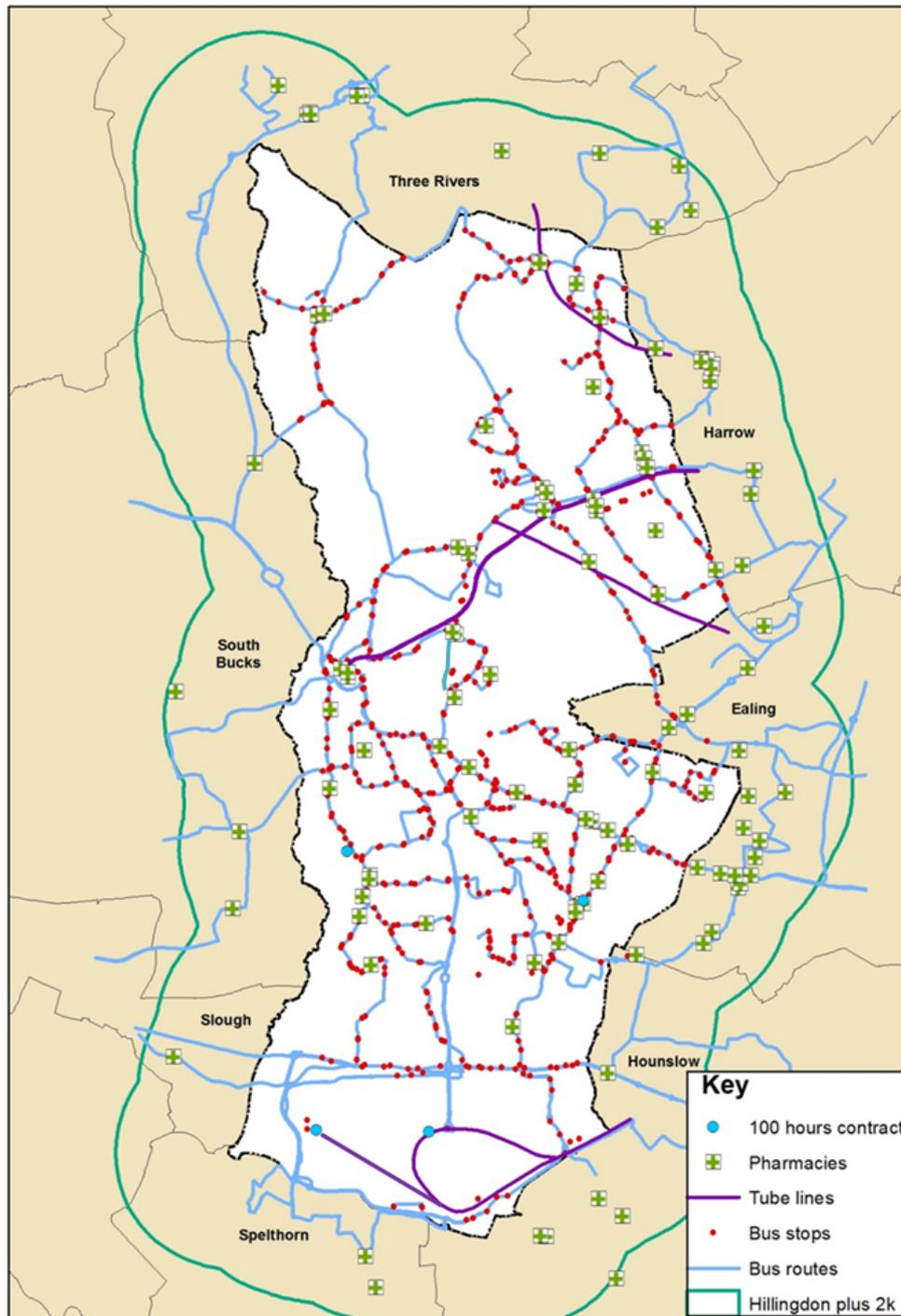
© Crown copyright and database rights 2014 Ordnance Survey 100019283, produced by the London Borough of Hillingdon

There are at least 75 pharmacies located within the 2km boundary of Hillingdon, plus eight 100-hour pharmacies; the 100-hour pharmacies are:

<b>Pharmacy details</b>	<b>Local Authority</b>
Gor Pharmacy at Pinn Medical Centre, Pinner, HA5 3EE	Harrow
Ariana Pharmacy, 472 Greenford Road, Greenford, UB6 8SQ	Ealing
Fountain Pharmacy, 43 Featherstone Road, Southall, UB2 5AB	Ealing
Anmol Pharmacy, 97 North Road, Southall, UB1 2JW	Ealing
Lady Margaret Road Pharmacy, 223 Lady Margaret Road, Southall, UB1 2NH	Ealing
Tesco Pharmacy, Dukes Green Avenue, Feltham, TW14 0LT	Hounslow
Asda Pharmacy, Tilley Road, Feltham, TW13 4BH	Hounslow
Tesco Pharmacy, Town Lane, Stanwell, TW19 7PZ	Spelthorne

### Map 3: Pharmacy accessibility via public transport

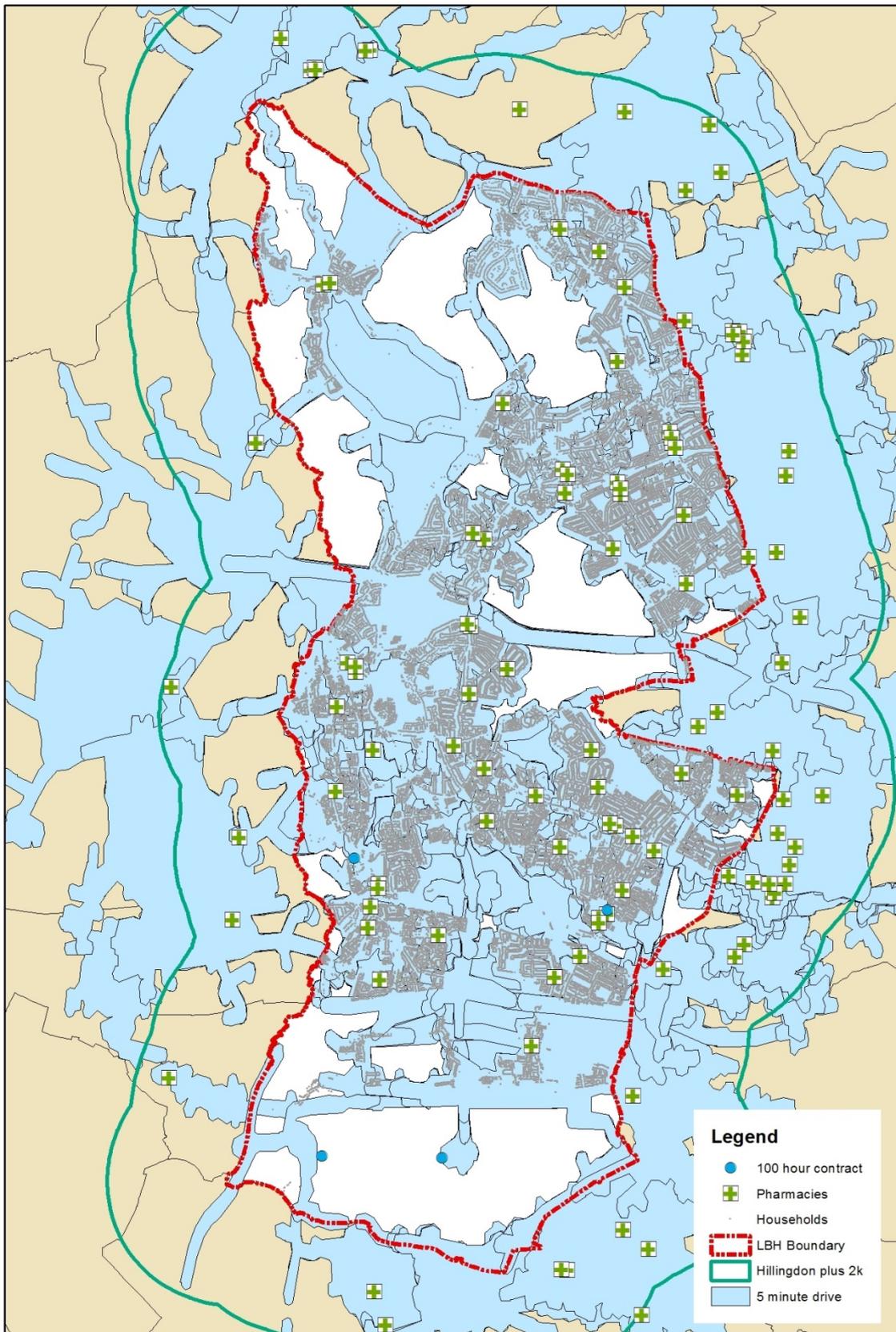
Bus routes and bus stops in relation to Hillingdon and out of Borough pharmacies:



Since 2018 a new bus route has been introduced – the 278 – from Ruislip town centre to Heathrow Airport; this bus route has now filled a gap along a portion of Long Lane in Hillingdon.

### Map 4: Pharmacy access by car

Pharmacies within a 5-minute drive time, by residential postcodes



© Crown copyright and database rights 2017 Ordnance Survey 100019283

### Access to a pharmacy

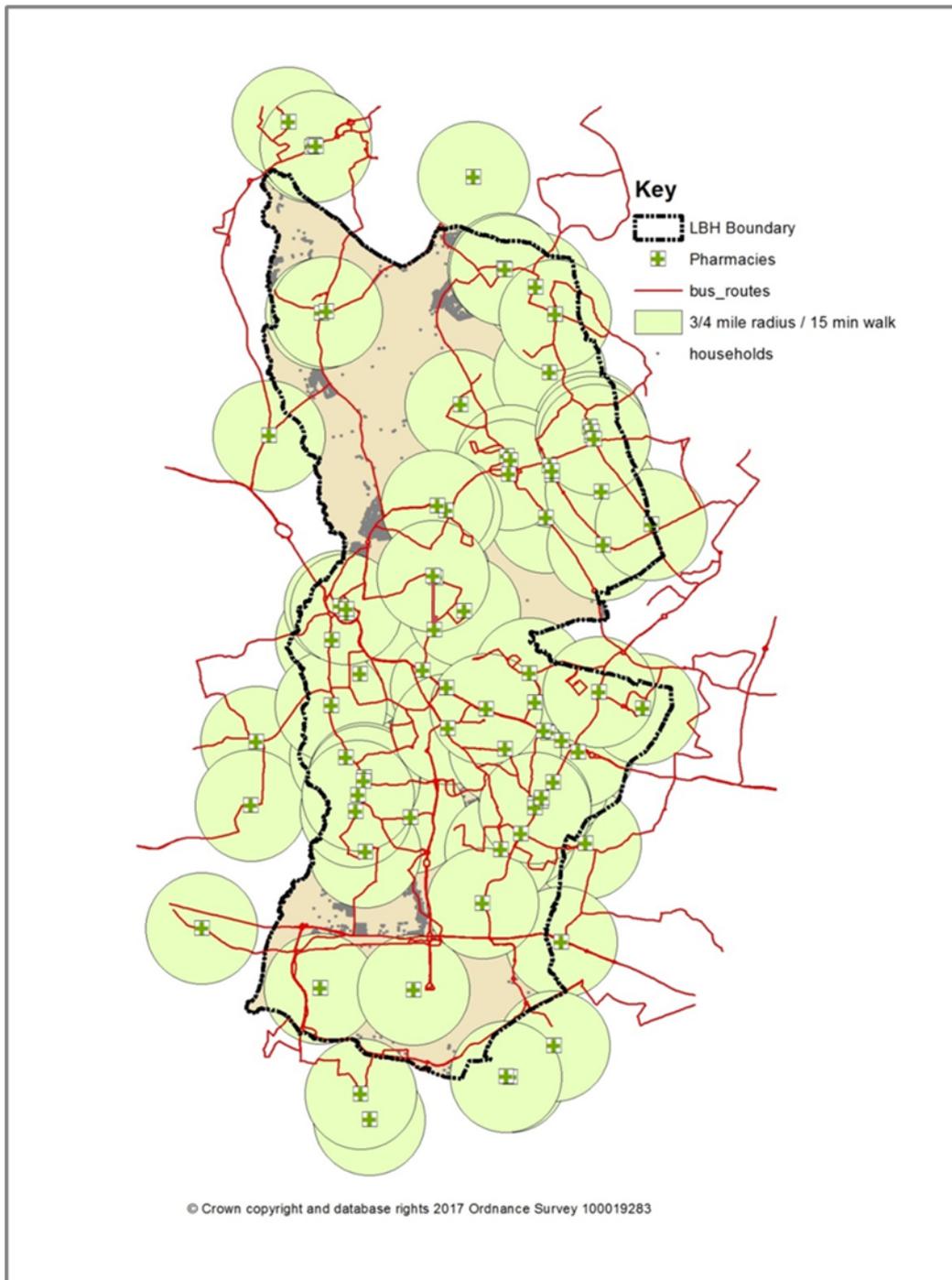
Research from Pharmacy2U (2017) shows that by region Londoners were nearest to their local pharmacy, travelling only 2.6 miles on average; this compares to 6.6 miles in the South-West of England. There will be variations at London borough level, but for Hillingdon 99.7% of households are within a 5-minute drive to a pharmacy.

It is acknowledged that there are some areas of the community where a pharmacy is more than 15 minute walk away. Where this is the case pharmacies are readily accessible by bus and road with parking close to the premises. The majority of borough pharmacies are within a 15 minute walk of another pharmacy which is currently serving their geographical location.

Drive time	Within drive time:		Outside drive time:	
	Number of households	Percentage	Number of households	Percentage
1 minute	47,824	42.7%	64,176	57.3%
2 minutes	94,304	84.2%	17,696	15.8%
3 minutes	108,416	96.8%	3,584	3.2%
4 minutes	111,552	99.6%	448	0.4%
5 minutes	111,664	99.7%	336	0.3%
6 minutes	111,888	99.9%	112	<0.1%

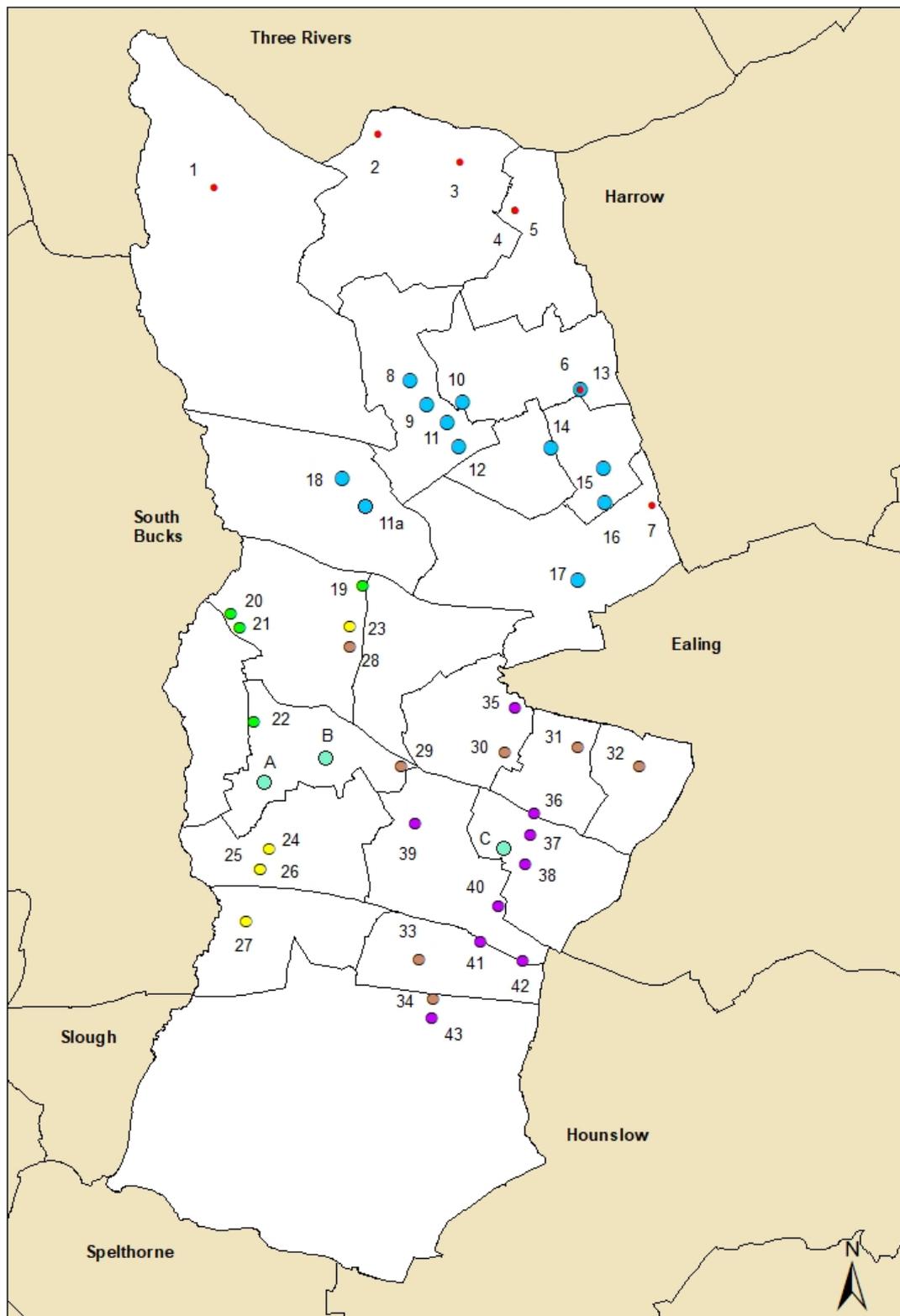
based on 112,000 households

**Map 5: Access to a pharmacy within ¾ miles from home**



## 2. Access to healthcare within Hillingdon

Map 6 - GP practices in Hillingdon



© Crown copyright and database rights 2014 Ordnance Survey 100019283, produced by the London Borough of Hillingdon

## List of GP practices by Primary Care Network

Key	North Connect	Key	Colne Union
1	The Harefield Practice	23	Oakland Medical Centre
2	Mountwood Surgery	24	Otterfield Medical Centre
3	Eastbury Road Surgery ●	25	Yiewsley Family Practice ●
4	Acre Surgery	26	The High Street Practice
5	Carepoint Practice	27	Medical Centre, The Green
6	Devonshire Lodge Practice		
7	Acrefield Surgery		<b>Long Lane First Care Group</b>
		28	Acorn Medical Centre
	<b>Celadine Health &amp; Metrocare</b>	29	Parkview Surgery
8	Ladygate Lane Medical Practice	30	Pine Medical Centre
9	Southcote Clinic	31	Yeading Court Surgery ●
10	St Martin's Medical Centre	32	Willow Tree Surgery
11	King Edwards Medical Centre ●	33	Shakespeare Health Centre
11a	Swakeleys (branch of King Edwards)	34	Heathrow Medical Centre ●
12	Wood Lane Medical Centre ●		
13	The Abbotsbury Practice ●		<b>HH Collaborative</b>
14	Cedars Medical Centre	35	Cedar Brook Practice
15	Oxford Drive Medical Centre ●	36	The Warren Practice
16	Queenswalk Medical Centre ●	37	Townfield Doctors Surgery
17	Dr Siddiqui's, Walnut Way	38	Kincora Doctor's Surgery
18	Wallasey Medical Centre ●	39	Kingsway Surgery ●
		40	HESA Medical Centre ●
	<b>Synergy</b>	41	Hayes Medical Centre
19	Hillingdon Health Centre ●	42	North Hyde Road Surgery
20	Belmont Medical Centre ●	43	Glendale House Surgery ●
21	Central Uxbridge Surgery		
22	Brunel Medical Centre ●		
			<b>Others</b>
●	<b>Dispensing GP</b>	A	Church Road Surgery
		B	West London Medical Centre
		C	Botwell Medical Centre, branch of Guru Nanak Medical Centre (Southall)

## **Hospital services**

NHS hospital trusts and private hospitals do not provide pharmaceutical services as defined for the purposes of the PNA however, as part of the integrated services for patients being discharged from acute and secondary care into community, liaison between hospital pharmacy and community pharmacies is important for providing seamless discharge of patients.

## **Hillingdon out-of-hours**

The Hillingdon out-of-hours service provides advice, information and treatment for NHS patients who become unwell during the out-of-hours period when their own GP surgery is closed. The service is based at Hillingdon Hospital and does not offer walk-in appointments, so access is via the national NHS 111 call line, and can be accessed 24 hours day, 365 days a year.

The NHS 111 team will assess the condition over the phone and if it is clinically appropriate, they will refer the patient to the out-of-hours service. This will then result in either:

- Further clinical assessment over the telephone
- A face-to-face appointment to attend a primary care centre to see a doctor

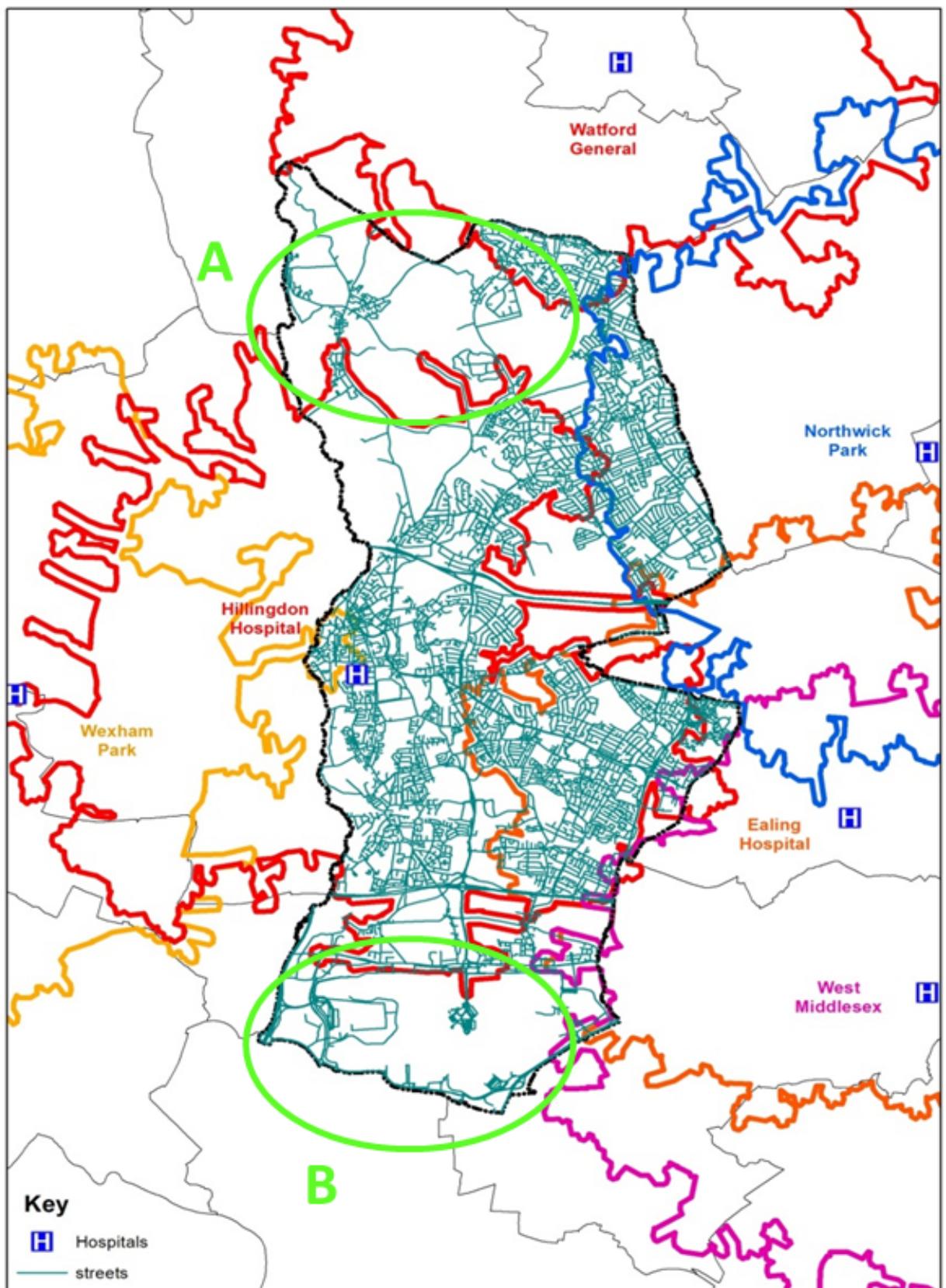
or

- A home visit from one of our doctors

They provide GP out-of-hours services Monday to Friday from 6.30pm to 8.00am, and for 24 hours at weekends and during bank holidays.

### Map 7: Access to acute and emergency care - hospitals with a 5-mile radius

The coloured lines show the extent of 5 miles road travel from each hospital.



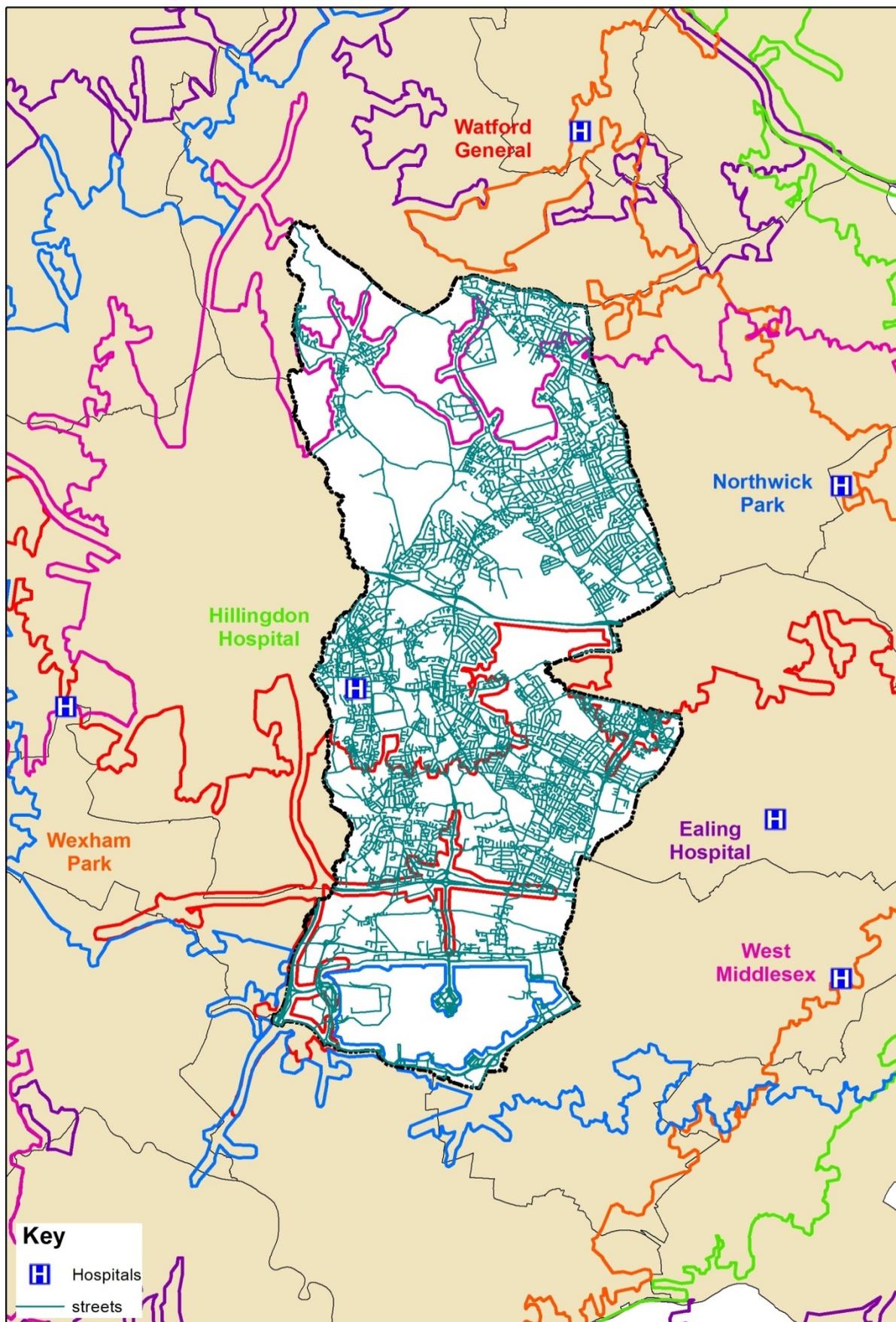
*Note* - there are areas of low population density in Harefield and Northwood in the north of the borough ('A'), and in Heathrow Villages in the south ('B'). Whilst there are very few residential roads within 'B', Ashford Hospital is approximately 1.5k from the Borough boundary and is currently transforming their Urgent & Emergency Care Centre; their A&E sister hospital is St Peter's in Chertsey, approximately 15k outside Hillingdon's Borough boundary.

In the north of the Borough at 'A', Mount Vernon Urgent Care Nurse Practitioner Service for minor injuries and appointments can be booked 8am to 8pm seven days a week, offering the following services:

- Minor illnesses, scalds and burns
- Cuts and grazes, strains and sprains, bites and stings
- Minor head injuries
- Ear and throat infections
- Minor skin infections / rashes
- Minor eye conditions / infections
- Suspected fractures

DRAFT

Map 8: A&E hospitals within a 30-minute drive time



© Crown copyright and database rights 2014 Ordnance Survey 100019283

### 3. Services provided by community pharmacies

Community pharmacies provide three tiers of pharmaceutical services:

- **Essential services:** these services are offered by all pharmacy contractors as part of the NHS Community Pharmacy Contractual Framework (the Pharmacy Contract)
- **Advanced services:** there are Several Advanced Services within the NHS Community Pharmacy Contractual Framework (CPCF). 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
- **Enhanced services:** these services can be commissioned at a local level eg the Local Authority, CCG or by NHS England teams

Pharmaceutical Services are those services set out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013.

Hillingdon community pharmacies listed here are known to be compliant with their contracts at the time of this report.

#### 3.1 Essential services

Every community pharmacy providing NHS pharmaceutical services dispenses medicines & appliances and does repeat dispensing, disposal of unwanted medicines, promotion of healthy lifestyles and support for self-care. Based on the previous PNA and the current analysis, the current level of provision of essential services is considered necessary.

- **Dispensing Medicines:** Pharmacies are required to maintain a record of all medicines dispensed and also keep records of any interventions made which they judge to be significant. The Electronic Prescription Service (EPS) is also being implemented as part of the dispensing service
- **Dispensing Appliances:** Pharmacists may regularly dispense appliances in the course of their business, or they may dispense such prescriptions infrequently, or they may have taken a decision not to dispense them at all. Whilst the Terms of Service requires a pharmacist to dispense any (non-Part XVIII A listed) medicine “with reasonable promptness”, for appliances the obligation to dispense arises only if the pharmacist supplies such products “in the normal course of business”
- **Repeat Dispensing/electronic Repeat Dispensing (eRD):** At least two thirds of all prescriptions generated in primary care are for patients needing repeat supplies of regular medicines, and since 2005 repeat dispensing has been an Essential Service within the Community Pharmacy Contractual Framework (CPCF). Under the repeat dispensing service pharmacy teams will:
  - dispense repeat dispensing prescriptions issued by a GP
  - ensure that each repeat supply is required

- seek to ascertain that there is no reason why the patient should be referred back to their GP
- **Clinical Governance:** Schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 set out the 'Terms of Service of NHS pharmacists' in four parts. Part 2 are the Essential services, Part 3 are the Hours of opening provisions, and Part 4 set out the other terms of service, which includes Clinical Governance. Adherence with the clinical governance requirements is thus a part of the terms of service.  
The clinical governance requirements of the community pharmacy contractual framework (CPCF) cover a range of quality related issues.
- **Discharge Medicines Service:** The Discharge Medicines Service (DMS) became a new Essential service within the Community Pharmacy Contractual Framework (CPCF) on 15th February 2021.  
This service, which all pharmacy contractors have to provide, was originally trailed in the 5-year CPCF agreement. From 15th 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 NHS England & NHS Improvement's (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.
- **Public Health (Promotion of Healthy Lifestyles):** Each financial year, pharmacies are required to participate in up to six health campaigns at the request of NHS England and NHS Improvement (NHSE&I). This generally involves the display and distribution of leaflets provided by NHSE&I; in addition, pharmacies are required to undertake prescription-linked interventions on major areas of public health concern, such as encouraging smoking cessation. When requested to do so by NHS England the NHS pharmacist records the number of people to whom they have provided information as part of those campaigns.
- **Signposting:** NHS England will provide pharmacies with lists of sources of care and support in the area. Pharmacies will be expected to help people who ask for assistance by directing them to the most appropriate source of help.
- **Support for Self-Care:** Pharmacies will help manage minor ailments and common conditions, by the provision of advice and where appropriate, the sale of medicines, including dealing with referrals from NHS 111. Records will be kept where the pharmacist considers it relevant to the care of the patient.
- **Disposal of unwanted medicines:** Pharmacies are obliged to accept back unwanted medicines from patients. The local NHS England & NHS Improvement team will make arrangements for a waste contractor to collect the medicines from pharmacies at regular intervals.

## 3.2 Advanced services

There are several Advanced Services within the NHS Community Pharmacy Contractual Framework (CPCF). 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.

- **Appliance Use Review (AUR):** the second Advanced Service to be introduced into the NHS Community Pharmacy Contractual Framework (CPCF). AURs can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. Alternatively, where clinically appropriate and with the agreement of the patient, AURs can be provided by telephone or video consultation, in circumstances where the conversation cannot be overheard by others (except by someone whom the patient wants to hear the conversation, for example a carer). AURs should improve the patient's knowledge and use of any specified appliance by:
  - establishing the way the patient uses the appliance and the patient's experience of such use
  - identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient
  - advising the patient on the safe and appropriate storage of the appliance
  - advising the patient on the safe and proper disposal of the appliances that are used or unwanted
- **Community Pharmacist Consultation Service (CPCS):** launched on 29th October 2019 as an Advanced Service. Since 1st November 2020, general practices have been able to refer patients for a minor illness consultation via CPCS, once a local referral pathway has been agreed. The service, which replaced the NUMSAS and DMIRS pilots, connects patients who have a minor illness or need an urgent supply of a medicine with a community pharmacy. As well as referrals from general practices, the service 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.

The CPCS aims to relieve pressure on the wider NHS by connecting patients with community pharmacy, which should be their first port of call and can deliver a swift, convenient and effective service to meet their needs. Since the CPCS was launched, an average of 10,500 patients per week being referred for a consultation with a pharmacist following a call to NHS 111; these are patients who might otherwise have gone to see a GP.

The CPCS provides the opportunity for community pharmacy to play a bigger role than ever within the urgent care system.
- **COVID-19 lateral flow device distribution service:** At the end of March 2021, a new Advanced service – the NHS community pharmacy COVID-19 lateral flow device distribution service (or 'Pharmacy Collect' as it is described in communications to the public) – was added to the NHS Community Pharmacy Contractual Framework.
- **Flu Vaccination Service:** Community pharmacy has been providing flu vaccinations under a nationally commissioned service since September 2015.

Each year from September through to March the NHS runs a seasonal flu vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus. The accessibility of pharmacies, their extended opening hours and the option to walk in without an appointment have proved popular with patients seeking vaccinations.

- **Hepatitis C testing service:** The Community Pharmacy Hepatitis C Antibody Testing Service was added to the Community Pharmacy Contractual Framework (CPCF) in 2020, commencing on 1st September. The introduction of this new Advanced Service was originally trailed in the 5-year CPCF agreement, but its planned introduction in April 2020 was delayed by five months because of the COVID-19 pandemic.  
The service is focused on provision of point of care testing (POCT) for Hepatitis C (Hep C) antibodies to people who inject drugs (PWIDs), ie individuals who inject illicit drugs, eg 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.
- **Hypertension case-finding service:** This Hypertension case-finding service was commissioned as an Advanced service from 1st October 2021.  
In public-facing communications, the service is described as the NHS Blood Pressure Check Service.
- **New Medicine Service (NMS):** The New Medicine Service (NMS) was the fourth Advanced Service to be added to the Community Pharmacy Contractual Framework (CPCF); it commenced on 1st October 2011.  
The service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is focused on specific patient groups and conditions.
- **Stoma Appliance Customisation (SAC):** Stoma Appliance Customisation (SAC) is the third Advanced Service to be introduced into the English Community Pharmacy Contractual Framework (CPCF). The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. The stoma appliances that can be customised are listed in Part IXC of the Drug Tariff.
- **Smoking Cessation Service (SCS):** The Smoking Cessation Service (SCS) which was commissioned as an Advanced service from 10th March 2022.

The level of provision of Advanced, Enhanced and other locally commissioned services within Hillingdon was assessed via a local survey. Advanced services are services which are *relevant*, but do not constitute as *necessary*.

## Necessary and Relevant Services

### SCHEDULE 1 Regulation 4 (1)

Information to be contained in pharmaceutical needs assessments.

**Necessary services** are services that:

(a) need to be provided (whether or not they are located in the area of the HWB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area;

(b) will, in specified future circumstances, need to be provided (whether or not they are located in the area of the HWB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.

**Other relevant services:**

A **relevant service** is a service that is provided:

(a) in the area of the HWB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area

(b) outside the area of the HWB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area.

### Services categorised as necessary or relevant:

Services	Necessary or Relevant
Supervised administration	Necessary
Needle and syringe programme	Necessary
NHS Health Check	Relevant
EHC and contraceptive services	Necessary
Stop smoking	Relevant
COPD Screening (as part of stop smoking service)	Relevant
Asthma Support Service	Relevant
Chlamydia testing and treatment	Relevant
Out of Hours Palliative Care Medicines Service	Necessary
Advanced services e.g. NMS, Flu Vaccination Service	Relevant
Essential Services e.g. dispensing medications, Discharge Medicines Service	Necessary

### 3.3 Enhanced services

Locally commissioned community pharmacy services can be contracted via a number of different routes and by different commissioners, including local authorities, Clinical Commissioning Groups (CCG's) and Local NHS England teams.

The NHSE is authorised to arrange for the provision of the following additional pharmaceutical services with a pharmacy contractor. Examples include:

- A) **Anticoagulant monitoring service** – where pharmacist to test the patient's blood clotting time, review the results and adjust (or recommend adjustment to) the anticoagulant dose accordingly
- B) **Care home service** - pharmacist provide advice and support to residents and staff in a care home relating to the proper and effective ordering of drugs and appliances for the benefit of residents in the care home the clinical and cost effective use of drugs, the proper and effective administration of drugs and appliances in the care home, the safe and appropriate storage and handling of drugs and appliances, and the recording of drugs and appliances ordered, handled, administered, stored or disposed of
- C) **Disease specific medicines management service** – where a registered pharmacist to advise on, support and monitor the treatment of patients with specified conditions, and where appropriate to refer the patient to another health care professional
- D) **Gluten free food supply service**
- E) **Independent prescribing service** – to provide a framework within which pharmacist independent prescribers may act as such under arrangements to provide additional pharmaceutical services with the NHSCB
- F) **Home delivery service** – delivery of drugs, and appliances other than specified appliances to the patient's home
- G) **Language access service** - registered pharmacist to provide, either orally or in writing, advice and support to patients in a language understood by them relating to—drugs which they are using, their health, and general health matters relevant to them
- H) **Medicines assessment and compliance support service** - pharmacist to assess the knowledge of drugs, the use of drugs by and the compliance with drug regimens of vulnerable patients and patients with special needs, and to offer advice, support and assistance to vulnerable patients and patients with special needs regarding the use of drugs, with a view to improving their knowledge and use of the drugs, and their compliance with drug regimens
- I) **Minor Ailments Service** – provision of advice and support to eligible patients presenting with a minor ailment, and where appropriate to supply drugs to the patient for the treatment of the minor ailment
- J) **Needle and syringe exchange service** - registered pharmacist to provide sterile needles, syringes and associated materials to drug misusers, to receive from drug misusers used needles, syringes and associated materials, and to offer advice to drug misusers and where appropriate refer them to another health care professional or a specialist drug treatment centre
- K) **On demand availability of specialist drugs service** - pharmacist to ensure that patients or health care professionals have prompt access to specialist drugs
- L) **Out of hours services** – dispensing of drugs and appliances in the out of hours period (whether or not for the whole of the out of hours period)

- M) **Patient group direction service** - the supply or administration of prescription only medicines to patients under patient group directions
- N) **Prescriber support service** - pharmacist to support health care professionals who prescribe drugs, and in particular to offer advice on the clinical and cost-effective use of drugs, prescribing policies and guidelines, and repeat prescribing
- O) **Schools service** - to provide advice and support to children and staff in schools relating to the clinical and cost-effective use of drugs in the school, the proper and effective administration and use of drugs and appliances in the school, the safe and appropriate storage and handling of drugs and appliances, and the recording of drugs and appliances ordered, handled, administered, stored or disposed of
- P) **Screening service** - registered pharmacist to identify patients at risk of developing a specified disease or condition, to offer advice regarding testing for a specified disease or condition, to carry out such a test with the patient's consent, and to offer advice following a test and refer to another health care professional as appropriate
- Q) **Supervised administration service** - registered pharmacist to supervise the administration of prescribed medicines at Pharmacists premises, and a Supplementary Prescribing Service, the underlying purpose of which is for a registered pharmacist who is a supplementary prescriber, and with a doctor or a dentist is party to a clinical management plan, to implement that plan, with the patient's agreement.

### 3.4 Locally commissioned services

Community pharmacists sit right at the heart of our communities and are trusted, professional and competent partners in supporting individual and community health. They have a significant and increasingly important role to play in improving the health of local people. In Hillingdon, we have a strong history of successful partnership work exemplified by Hillingdon Stop Smoking Service, Emergency Hormonal Contraception Scheme and other such work which the local authority commissions via community pharmacists.

Local authorities have responsibility for commissioning a wide range of services, including most public health services and social care services. There are a small number of circumstances where a public health service is commissioned by another organisation, eg NHS England commission vaccination services from GPs, community pharmacies and other providers. There may also be circumstances where Clinical Commissioning Groups may wish to be involved in commissioning a public health service, due to the impact the service may have on the development or management of long-term conditions. Hillingdon Council commissions the following services:

- Stop smoking services (including COPD screening)
- Supervised administration
- Needle and syringe programme
- EHC and contraceptive services
- Sexual health screening services and Chlamydia testing & treatment

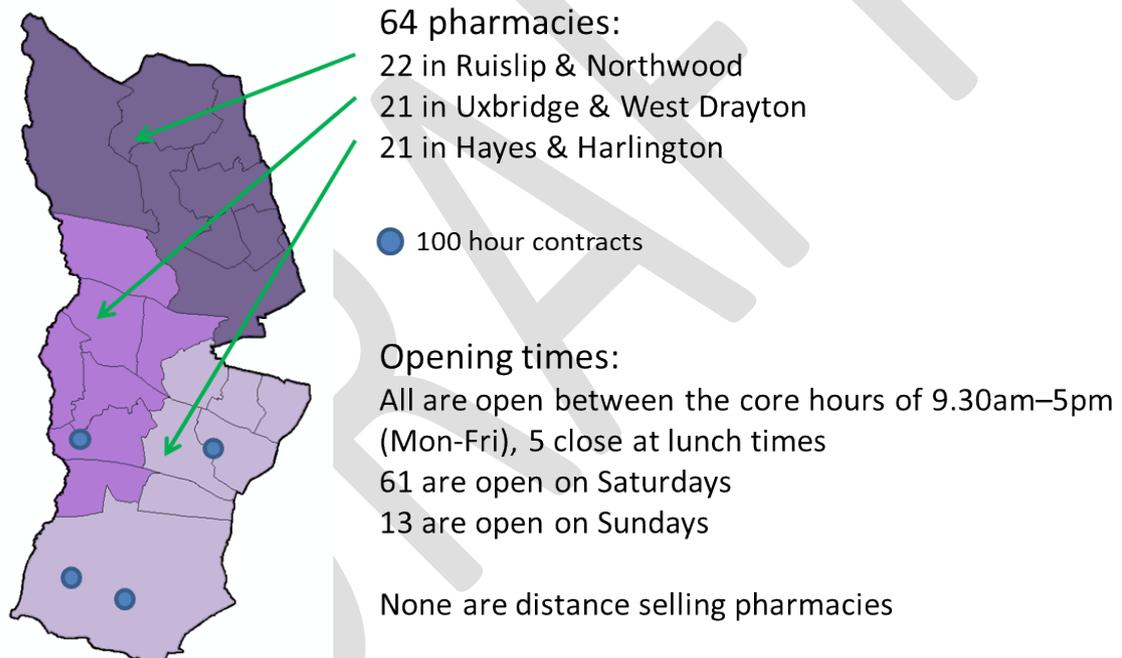
## 4. Analysis of the Pharmaceutical Needs Assessment Questionnaire

All community pharmacists in Hillingdon (64 in total) were requested to outline information about services provided in each pharmacy, from essential services around dispensing, advanced, enhanced and other locally relevant services like minor ailment scheme, disease specific services, vaccinations, screening and monitoring and a range of other commissioned and non-commissioned services.

The full text of the Pharmacy Questionnaire can be seen in Appendix 4a. Analysis of the survey was undertaken and combined with prescription and dispensing data, and uptake of advanced services, along with pharmacy opening hours.

The survey was sent out at the end of January and was completed by 100% of borough pharmacies.

### Hillingdon's Pharmacies, 2022



All are **closed rooms**

49 are **accessible**



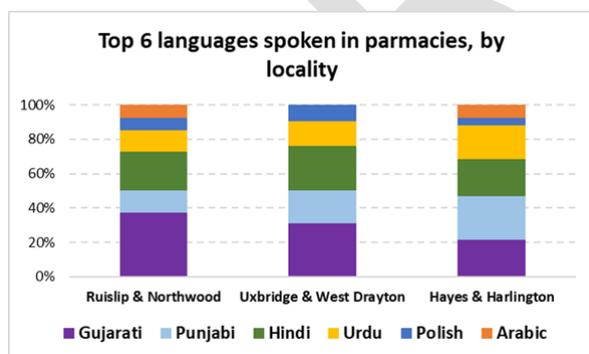
56 have **hand washing facilities** in the room or close by

19 pharmacies are willing to undertake consultations in a patient's home or other suitable site

35 have **access to toilet facilities** for patients

## 51 pharmacies speak other languages apart from English

Results from the Pharmacy Survey show there are 37 languages (other than English) spoken at pharmacy level, with a good distribution of the top 6 languages across the localities:



## Types of pharmacies

Out of the 64 pharmacies in Hillingdon, 24 are provided by large multiples like Boots, Superdrug, Lloyds (within Sainsbury's), Vantage and Tesco. The remaining 40 are independent or belong to small groups with 2-10 pharmacies.

## 4.1 Essential Services

Essential Services are offered by all pharmacy contractors as part of the NHS Community Pharmacy Contractual Framework (the 'pharmacy contract').

Service	Currently offer
<b>Dispensing medicines</b>	Pharmacies are required to maintain a record of all medicines dispensed, and also keep records of any interventions made which they judge to be significant.
<b>Repeat Dispensing</b>	At least two thirds of all prescriptions generated in primary care are for patients needing repeat supplies of regular medicines, and since 2005 repeat dispensing has been an Essential Service within the Community Pharmacy Contractual Framework (CPCF).
<b>Disposal of unwanted medicines</b>	Pharmacies are obliged to accept back unwanted medicines from patients.
<b>Discharge medicines Service</b>	<p><b>37 pharmacies have claimed for this service since its introduction:</b></p> <p>Total claims = 531 (454 complete, 77 incomplete)</p> <p>The Discharge Medicines Service (DMS) became a new Essential service within the Community Pharmacy Contractual Framework (CPCF) on 15th February 2021.</p>
<b>Clinical Governance</b>	Adherence with the clinical governance requirements is thus a part of the terms of service.
<b>Support for Self-Care</b>	Pharmacies will help manage minor ailments and common conditions, by the provision of advice and where appropriate, the sale of medicines, including dealing with referrals from NHS 111. Records will be kept where the pharmacist considers it relevant to the care of the patient.
<b>Public health (promotion of Healthy lifestyles)</b>	<p>Each financial year, pharmacies are required to participate in up to six health campaigns at the request of NHS England and NHS Improvement (NHSE&amp;I). This generally involves the display and distribution of leaflets provided by NHSE&amp;I; see further details below.</p> <p>In addition, pharmacies are required to undertake prescription-linked interventions on major areas of public health concern, such as encouraging smoking cessation.</p>
<b>Signposting</b>	NHS England will provide pharmacies with lists of sources of care and support in the area. Pharmacies will be expected to help people who ask for assistance by directing them to the most appropriate source of help.
<b>Dispense Appliances – All Types</b>	<p><b>Total 39</b></p> <p>R&amp;N 14 U&amp;WD 10 H&amp;H 15</p> <p><b>8 pharmacies do not dispense any appliances</b> Pharmacists may regularly dispense appliances during their business, or they may dispense such prescriptions infrequently, or they may have taken a decision not to dispense them at all.</p>

<b>Service</b>	<b>Currently offer</b>
<b>Dispense Appliances – Just Dressings</b>	<b>Total 13</b> R&N 2 U&WD 8 H&H 3
<b>Dispense Appliances – all, excluding stoma and incontinence appliances</b>	<b>Total 3</b> R&N 2 U&WD 1
<b>Dispense Appliances – incontinence appliances</b>	<b>Total 1</b> R&N 1

**Provision of essential services is good. These services are necessary.**

## Gaps in provision – Essential Services

There are essential services seven days a week offering services before 9am and late on weekday evenings. There is a good offer on Saturday mornings and a reduced offering on Saturday afternoons, with 13 pharmacies open on Sundays. There are no gaps in provision of essential services or access of opening hours.

## Overview of opening hours by locality

Opening times	Ruislip & Northwood 22 pharmacies  Total hours 1,220.25	Uxbridge & West Drayton 21 pharmacies one 100-hour contract  Total hours 1,172.25	Hayes & Harlington 21 pharmacies three 100-hour contract  Total hours 1,389
<b>Weekday, open before 9am</b>	2	4	5  Two pharmacies at Heathrow open from 5.30am
<b>Weekday, open past 5pm</b>	All are open to 6pm or beyond; one is open to 10pm	All are open to 5.30pm or beyond; three are open to 8pm or beyond	All are open to 6pm or beyond; five are open past 8pm
<b>Saturday</b>	All are open; eight are open half day	Three are closed; eight are open half day or reduced hours	All are open; seven are open half day or reduced hours
<b>Sunday</b>	Most are closed, three have Sunday opening hours	Most are closed, three have Sunday opening hours and one is open a full day	Most are closed, six have Sunday opening hours with three open a full day

## 4.1.1 Pharmacy Dispensing

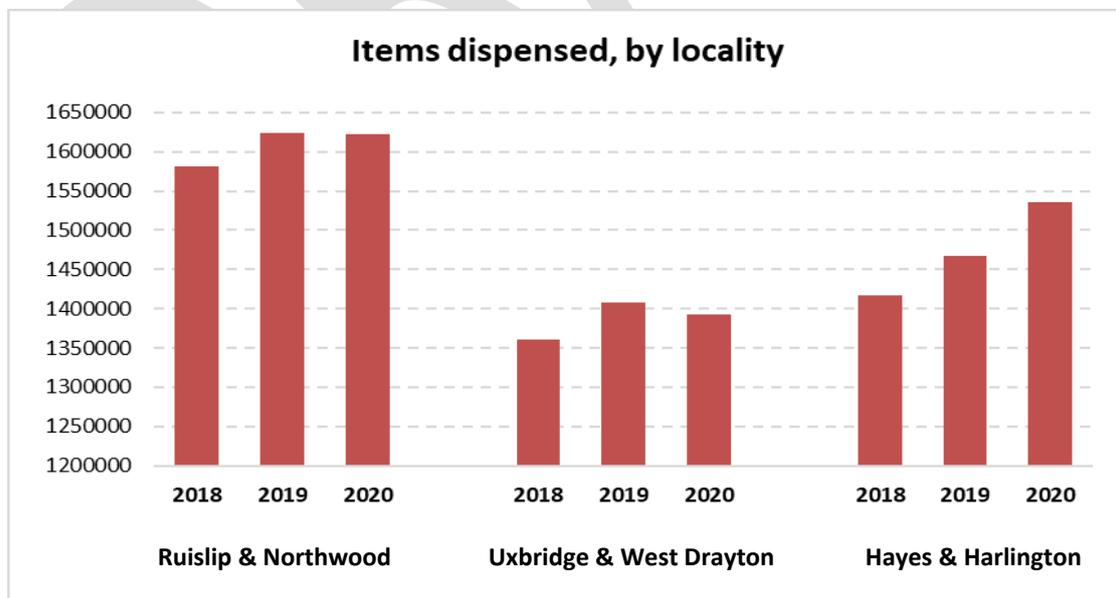
### Prescriptions by volume and cost

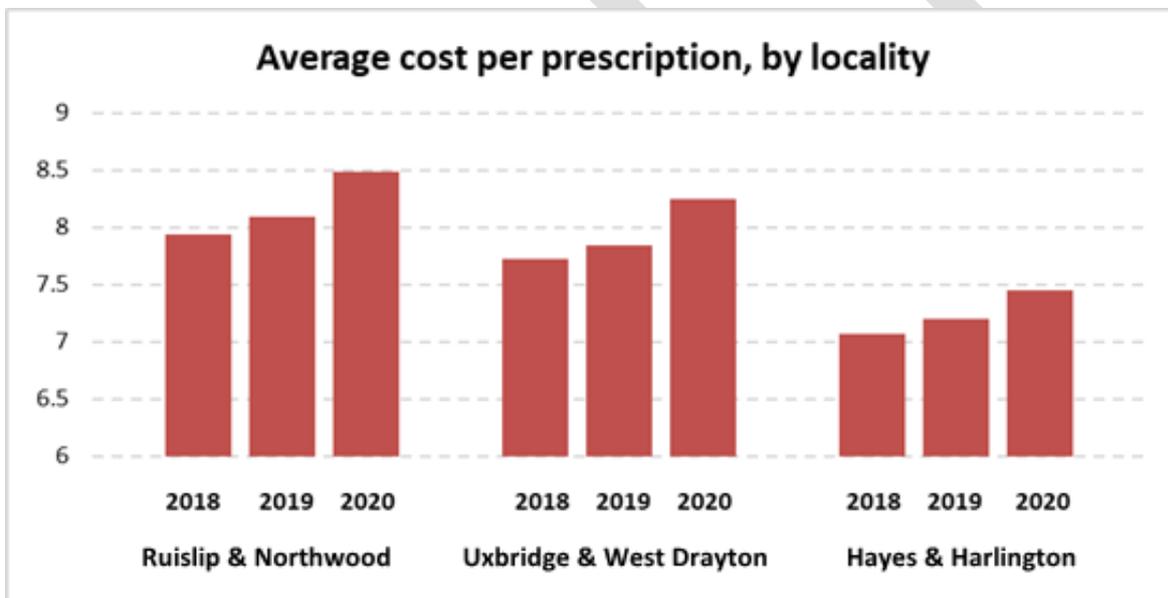
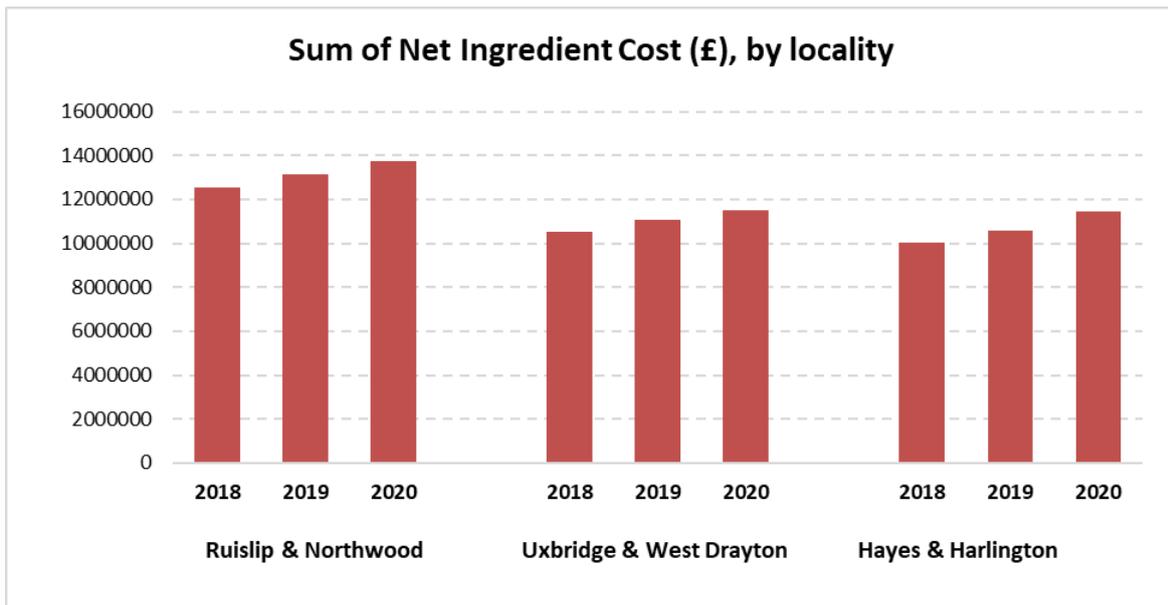
Monthly statistics on prescriptions dispensed by community pharmacists, appliance contractors, and dispensing doctors in England is published by the NHS Business Services Authority. Data for 2020/21 shows that nationally:

- The cost of a prescription is £9.35 (April 2021); 90% of prescription items are dispensed free of charge
- 1.11 billion prescription items were dispensed in the community, a decrease of 1.9% from 2019/20 (1.13 billion items)
- this was at a cost of £9.61 billion, an increase of 3.49% from 2019/20
- by volume, the highest category of prescriptions dispensed were for cardiovascular diseases
- by cost, the highest category of prescriptions dispensed were for central nervous system diseases

Within Hillingdon, the volume of prescriptions and overall costs of dispensed prescriptions has increased since the 2018 Pharmaceutical Needs Assessment. The average cost of a prescription has also increased year on year.

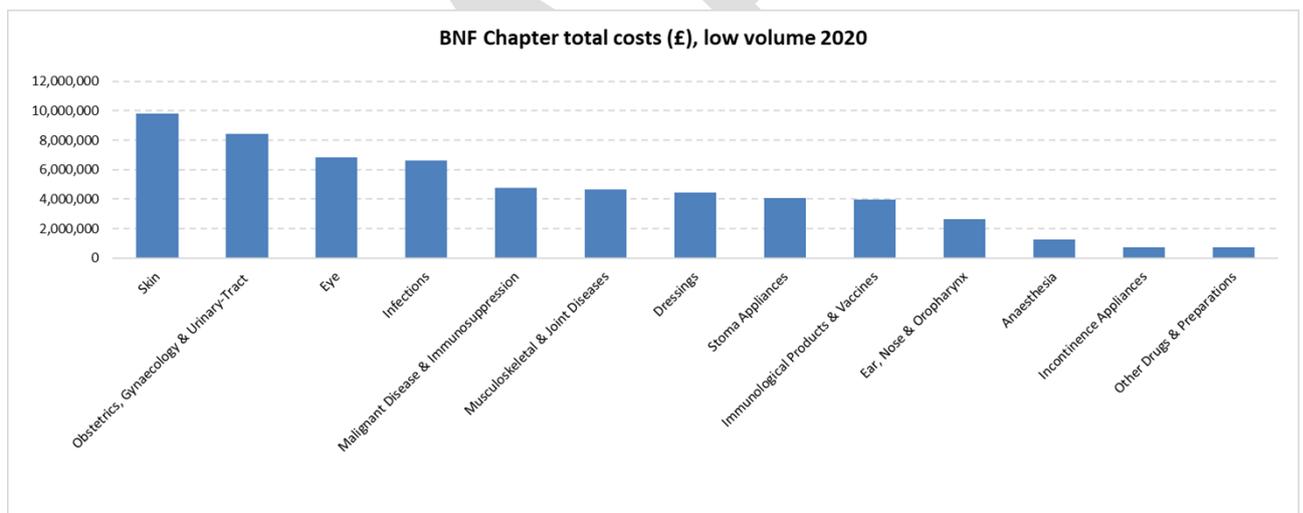
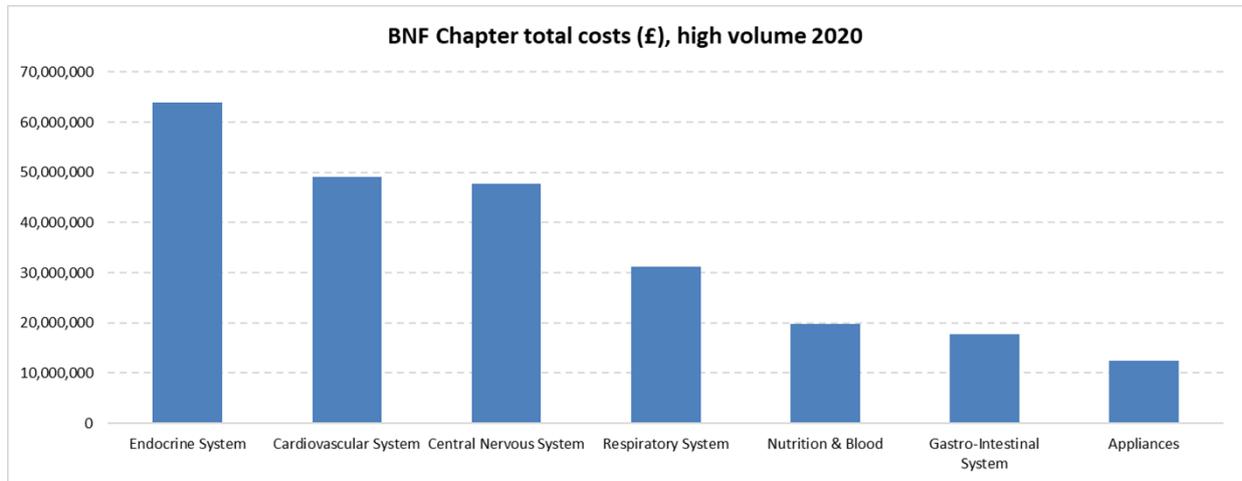
These charts show that the volume and cost of prescriptions is higher in Ruislip & Northwood in comparison with Uxbridge & West Drayton and Hayes & Harlington. This is consistent with the higher observed prevalence of various chronic illnesses and an older age profile of Ruislip & Northwood locality, based on current need.

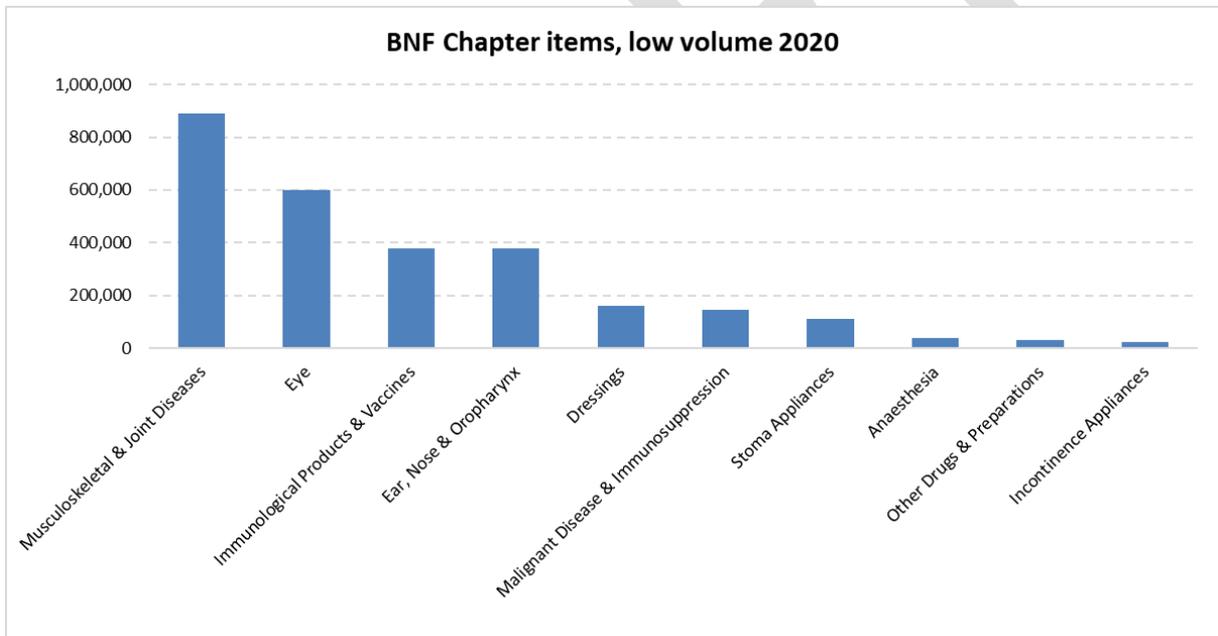
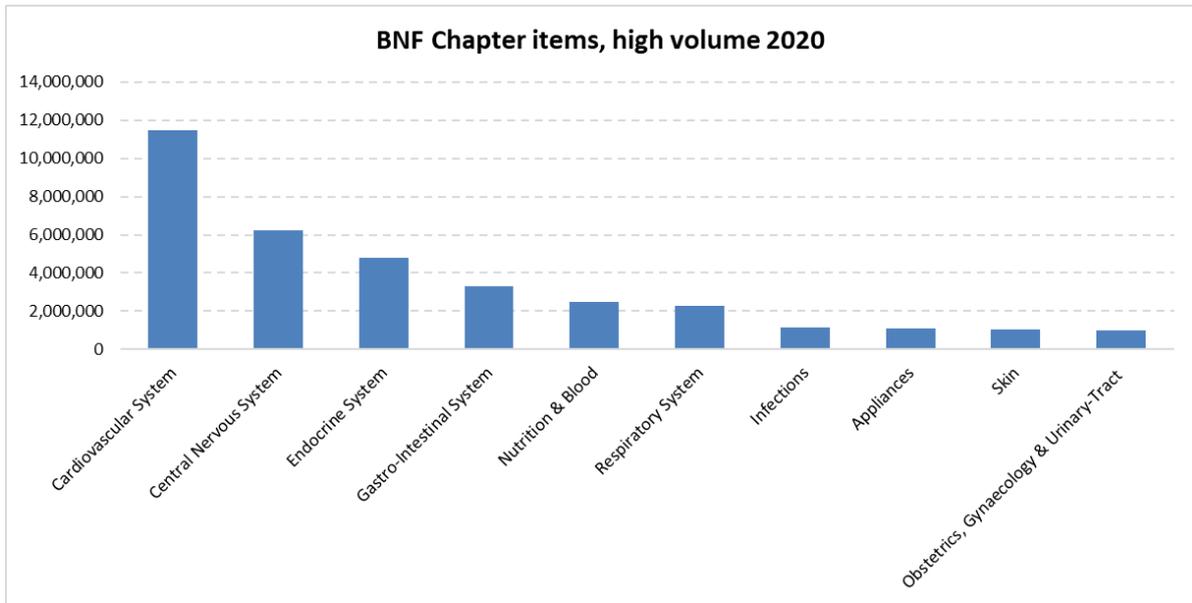




### British National Formulary (BNF) data

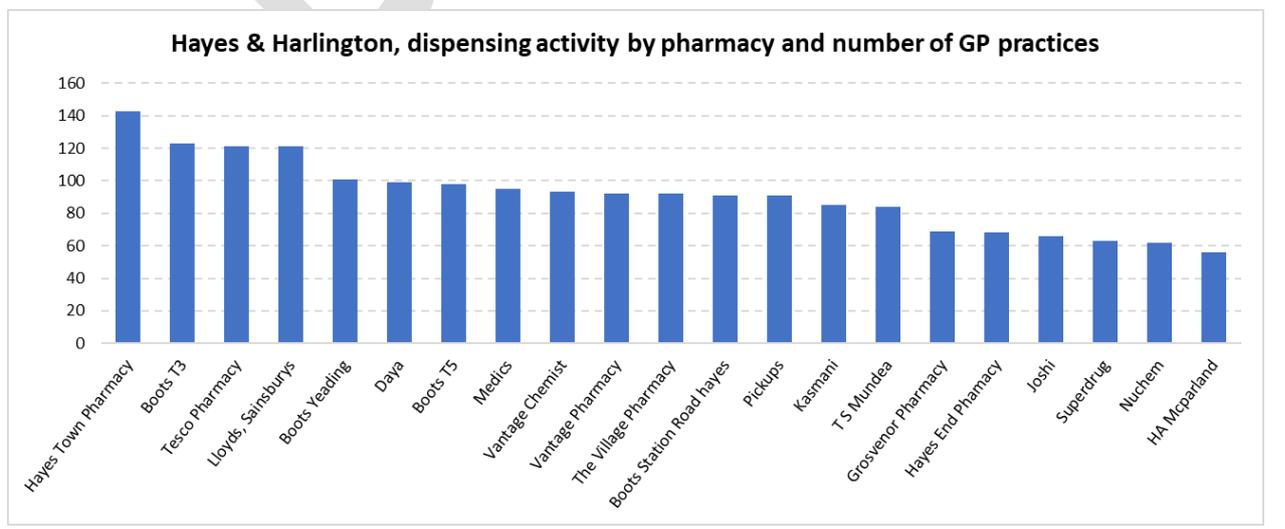
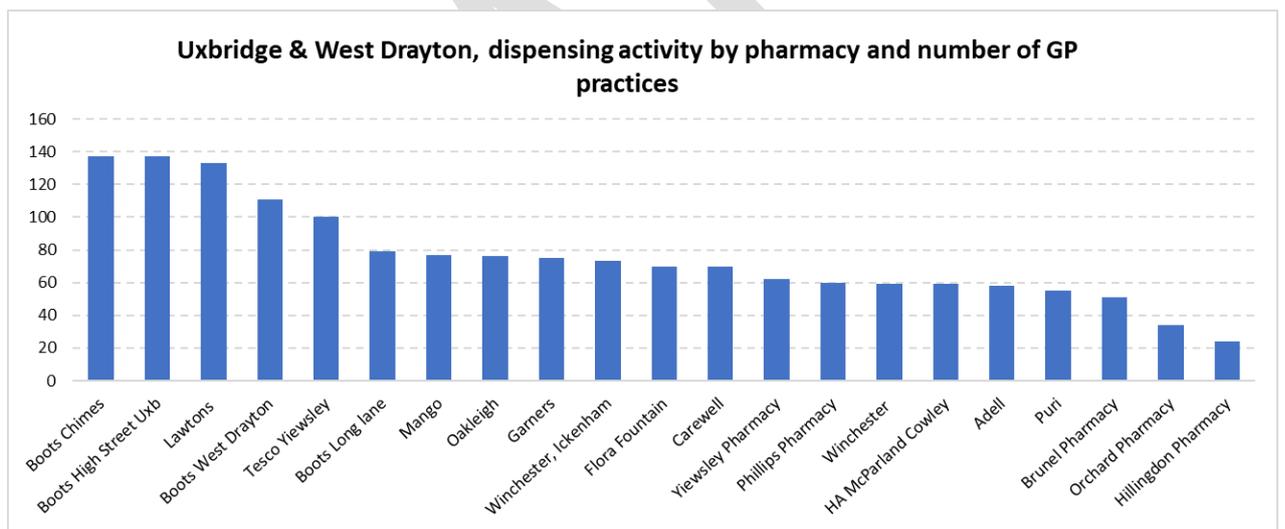
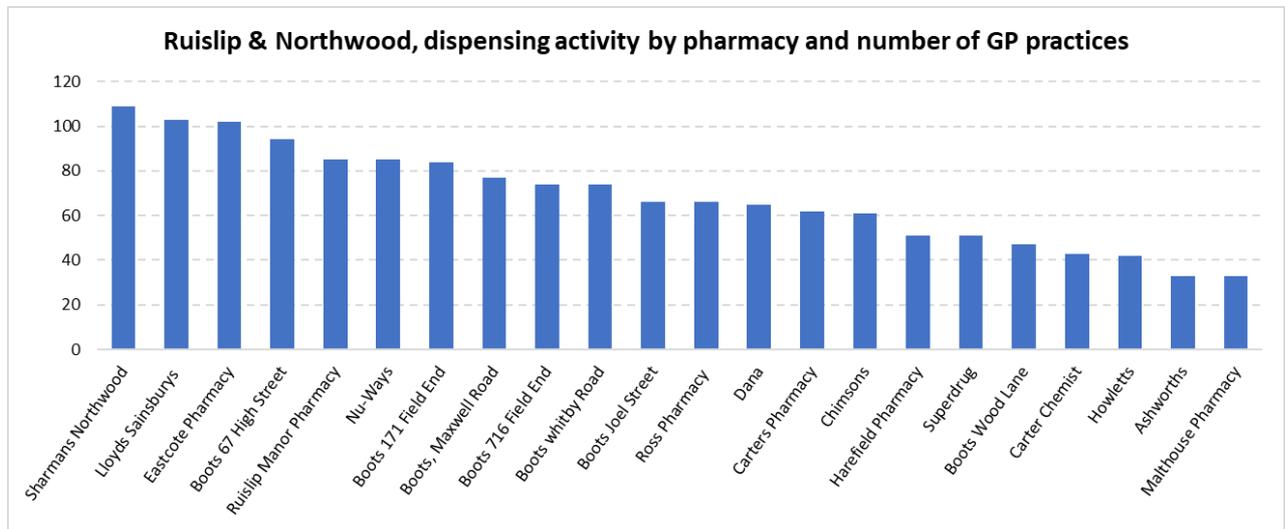
The following charts show high and low BNF chapter category volume of prescriptions and costs of sustainability and transformation plan area of North-West London Health & Care Partnership in 2020; the top three areas by items and costs are cardiovascular (ie lipid-regulating drugs), endocrine (ie diabetes medication) and central nervous system (ie antidepressants), which is consistent with the prevalence of disease:



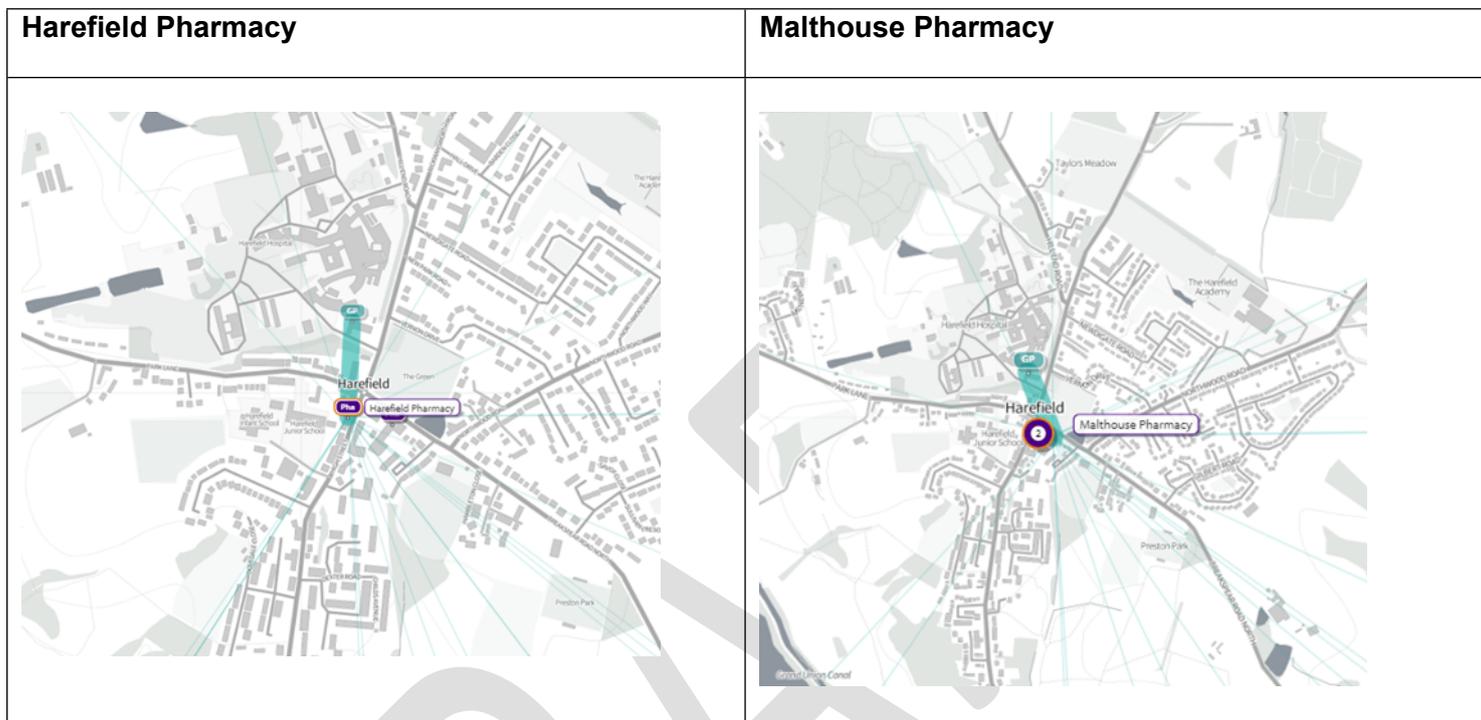


## Pharmacy Dispensing Flows

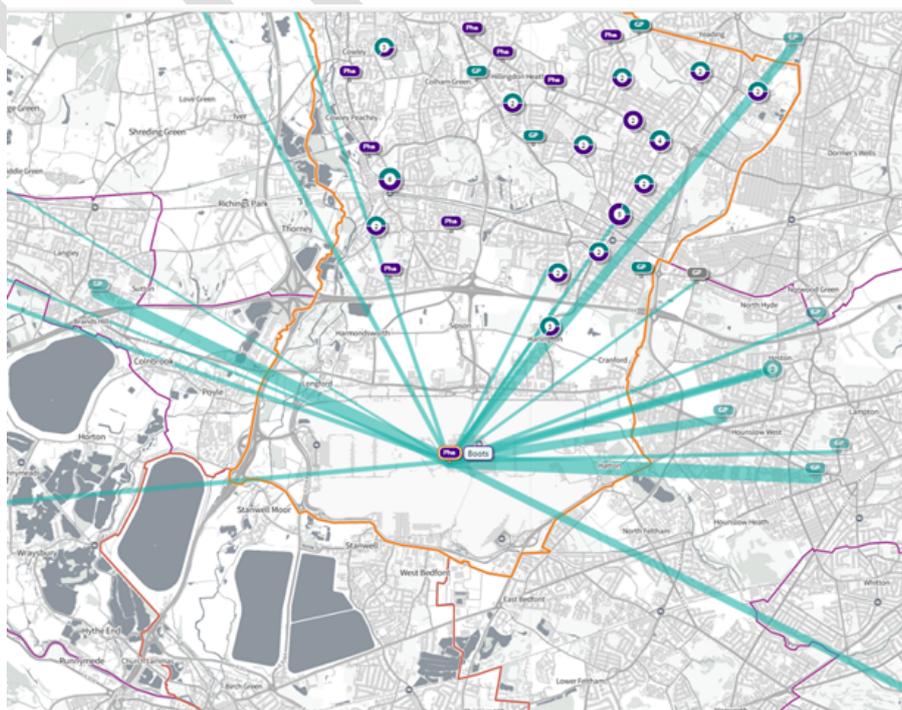
A snapshot of data from NHS Business Services Authority (taken from the Strategic Health Asset Planning & Evaluation tool (SHAPE)) shows that in November 2021, pharmacies across the borough dispensed prescriptions from multiple GPs – ranging from 24 to 143 individual practices:



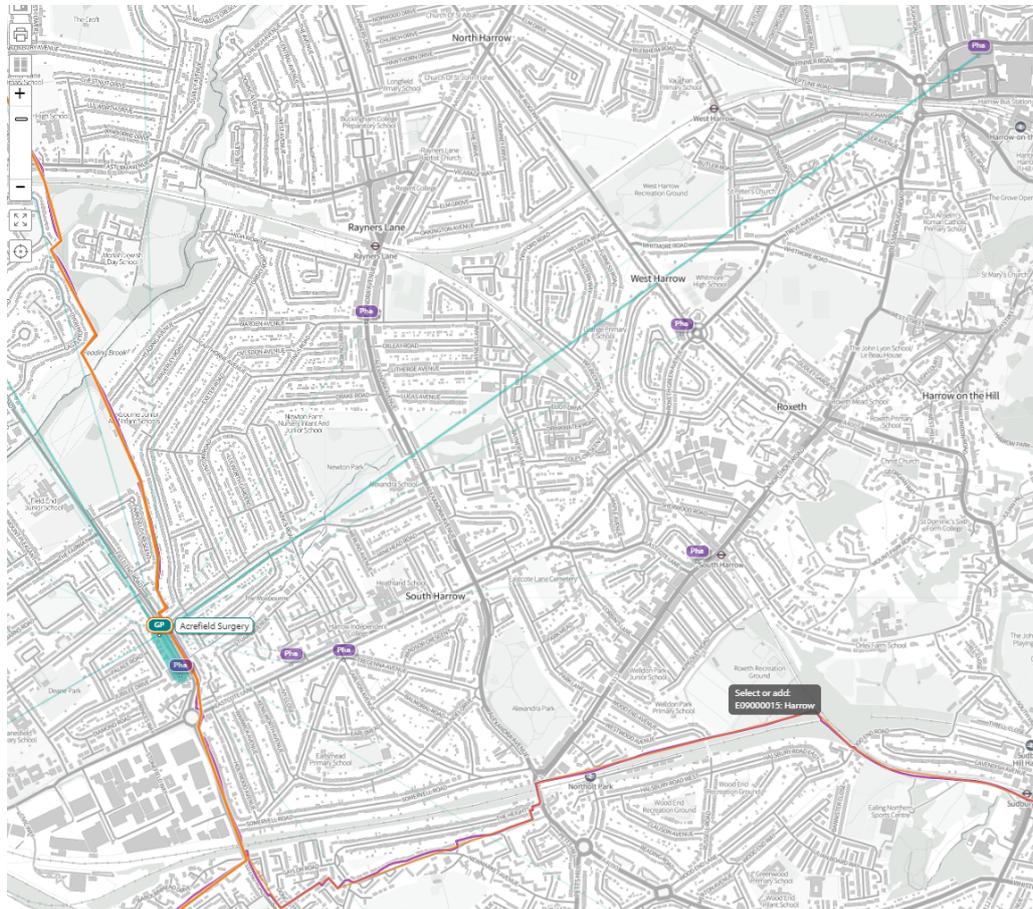
The dispensing flows also show that the majority of prescriptions from each pharmacy seem to be written at the nearest GP (for example Harefield Pharmacy dispensed 88.1% of prescriptions in November 2021 from Harefield Practice, the same with Malthouse Pharmacy (also in Harefield) with 92.7% of November prescriptions from Harefield Practice). The thicker the line, the higher the percentage dispensing flow between GP and pharmacy:



There are exceptions, notable Boots in Terminal 3 at Heathrow, where we can see thicker dispensing lines (ie a higher percentage) from Hounslow, Langley and further afield. The pharmacies based at Heathrow are well placed to serve the needs of staff who work at the airport:



Further choice is demonstrated on the boundary of Harrow borough; as the GP registered population is larger than the usual resident population, patients may not be registered with their nearest GP and will have choice over where they get their medicines dispensed. An example can be seen from Acrefield Surgery, where 47.9% of prescriptions were dispensed at the nearest Boots (within Hillingdon), but 7.1% were dispensed at Boots in Harrow, bypassing 5 nearer pharmacies over the boundary in Harrow:



Therefore, it can be assumed that as some people will have their prescription dispensed out of area, they will also access other services out of area; ie other essential services, and also advanced and enhanced services, from an out of area provider.

## 4.2 Advanced Services

There are several Advanced Services within the NHS Community Pharmacy Contractual Framework (CPCF). 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.

Service	Currently offer	Not intending to provide	Intending to offer in the next 12 months
<b>New Medicine Service</b>	<b>Total 63</b>	1	
<b>COVID-19 Lateral Flow Device distribution</b>	<b>Total 62</b>	2	0
<b>Community Pharmacist Consultation Service (CPCS)</b>	<b>Total 60</b>	2	2
<b>Flu vaccination</b>	<b>Total 59</b>	2	3
<b>Hypertension case-finding service</b>  new service 2021	<b>Total 29</b>  R&N 9 U&WD 9 H&H 11	10	25
<b>Stop Smoking</b>	<b>Total 16</b>  R&N 6 U&WD 7 H&H 3	7	39 are willing to provide if commissioned  1 willing to provide privately
<b>Stoma Appliance Customisation (SAC)</b>	<b>Total 11</b>  R&N 5 U&WD 3 H&H 3	46	7
<b>Appliance Use Reviews</b>	<b>Total 10</b>  R&N 1 U&WD 3 H&H 6	41	13
<b>Hepatitis C testing</b>  new service from 1/9/2020	No question asked in the survey – <b>no tests carried out in 2020 or 2021</b>		

Provision of advanced services is good both across the borough and at locality level; there is less provision of SACs and AURs than other services, but overall provision of these services has increased since 2018. Many pharmacies said they are intending to start offering advanced services in the next 12 months or will provide if commissioned. These services are relevant.

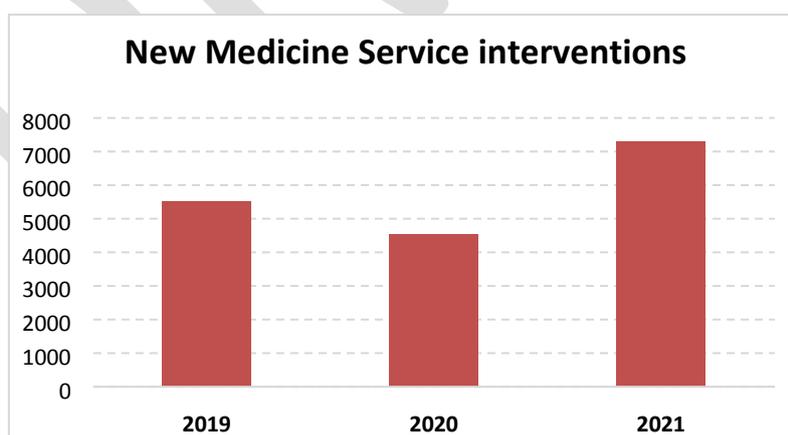
#### 4.2.1 New Medicine Service (NMS)

New Medicine Service is offered by 63 out of 64 community pharmacies within Hillingdon, though not have made claims for the service. The table below shows the numbers of pharmacies claiming the New Medicines Service in Hillingdon in 2021:

	Number of NMS	Total number of pharmacies	Number claiming NMS
January	386	64	45
February	302	64	42
March	333	64	39
April	291	64	36
May	367	64	39
June	309	64	40
July	342	64	39
August	317	64	41
September	278	64	40
October	347	64	46
November	379	64	45
December	314	64	36

Source: NHS Business Services Authority

The number of claims dropped in 2020, most likely due to restrictions from the COVID-19 pandemic; numbers have increased in 2021:



#### 4.2.2 Appliance Use Reviews (AURs)

There are 10 pharmacies in total which provide Appliance Use Review (AUR) service, and these are spread across the three localities: 1 in Ruislip & Northwood, 3 in Uxbridge & West Drayton and 6 in Hayes & Harlington. This is an increase in provision since 2018. *Data from NHS Business Services Authority shows that no AURs have taken place since 2019.*

### 4.2.3 Stoma Appliance Customisation Service (SACS)

Stoma Appliance Customisation (SACS) Service is also provided by 11 pharmacies in total across the 3 localities (5 in Ruislip & Northwood, 3 in Uxbridge & West Drayton, 3 in Hayes & Harlington). This is an increase in provision since 2018. Data from NHS Business Services Authority shows that 43 SACS have taken place since 2019.

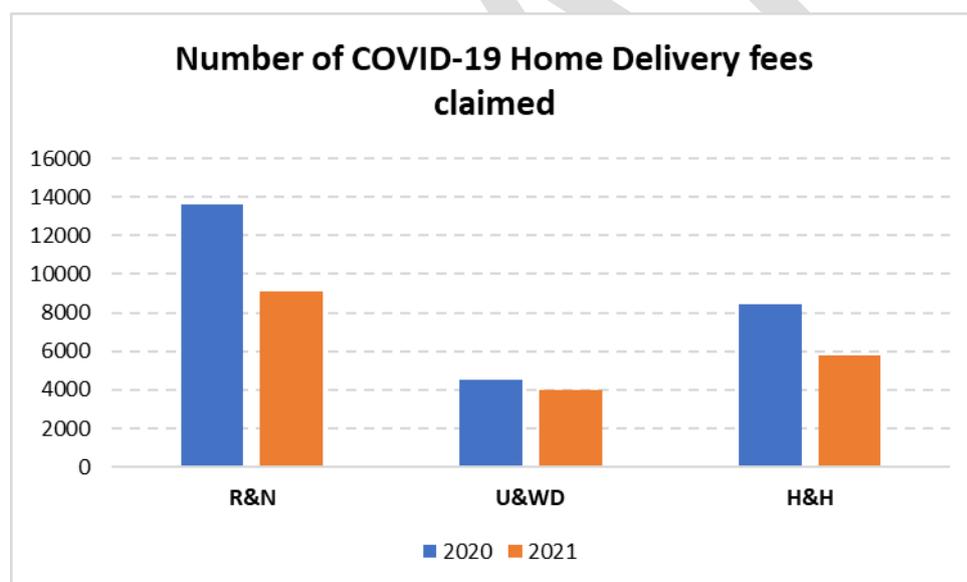
### 4.2.4 Stop Smoking Service

The smoking cessation service is provided by 16 pharmacies in total across the 3 localities (6 in Ruislip & Northwood, 7 in Uxbridge & West Drayton, 3 in Hayes & Harlington).

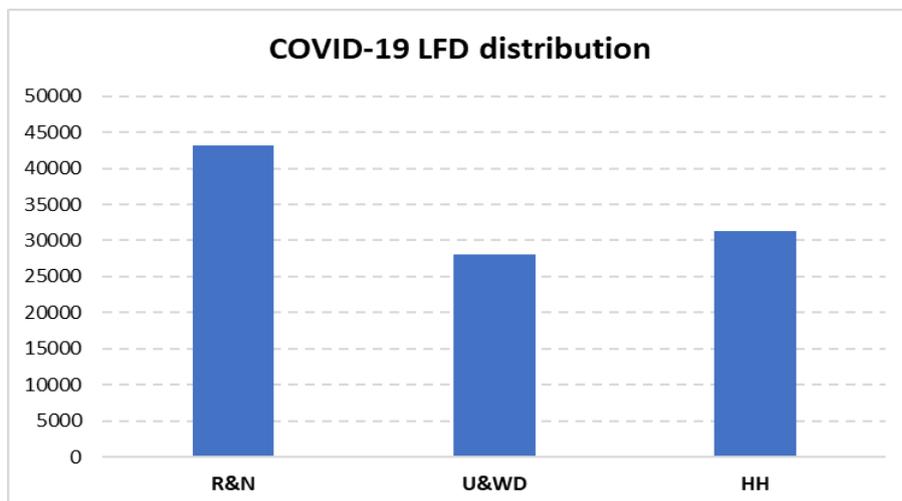
### 4.2.5. COVID-19 Service Delivery and Lateral Flow Device (LFD) distribution

Pharmacists played a vital role as a community-based, front-line health service during the COVID-19 pandemic. The Pandemic Delivery Service (an Advanced service) finished on 5th March 2022 and the whole service was decommissioned on 31st March 2022.

One element of this was the delivery of prescriptions to eligible patients, which contractors could provide if they wish to. Within Hillingdon, pharmacies in Ruislip & Northwood provided most of this service in both 2020 and 2021:



In terms of LFD distribution, responses from the pharmacy survey show that 61 pharmacies are currently providing this service and in 2021 over 100,000 packs of devices were handed out, the majority in Ruislip & Northwood:



*Nine pharmacies provide COVID-19 vaccinations.*

#### **4.2.6 Hypertension Case Finding Service**

This is a new advanced service in 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 (ABPM). The blood pressure test results will then be shared with the patient’s GP to inform a potential diagnosis of hypertension. *In 2021 pharmacies in Hillingdon had completed 69 stage 1 and 10 stage 2.*

#### **4.2.7 Community Pharmacy Consultation Service (CPCS)**

The CPCS aims to relieve pressure on the wider NHS by connecting patients with community pharmacy, which should be their first port of call and can deliver a swift, convenient and effective service to meet their needs. Since the CPCS was launched, nationally an average of 10,500 patients per week being referred for a consultation with a pharmacist following a call to NHS 111; these are patients who might otherwise have gone to see a GP. The CPCS provides the opportunity for community pharmacy to play a bigger role than ever within the urgent care system.

*Within Hillingdon 1,900 consultations took place in 2021; the majority of these (47%) were in the locality of Hayes & Harlington.*

#### **4.2.8 Hep-C testing**

This is a new advanced service and no tests have taken place as yet.

## Advanced Services by Locality – Ruislip & Northwood

Pharmacy name	Ruislip & Northwood	C-19 LFD distribution	New Medicine Service	Community Pharmacy Consultation Service	Flu Vaccination Service	Hypertension Case Finding	Stop Smoking Service	Stoma Appliance Customisation service	AURs
Carters Pharmacy	Eastcote & East Ruislip	o	o	o	o	o	o	o	*
Malthouse Pharmacy	Harefield	o	o	o	o	o	o	*	*
Harefield Pharmacy	Harefield	o	o	o	o	o	o	*	*
Dana Pharmacy	Manor	o	o	o	o	o	**	o	*
Superdrug	Eastcote & East Ruislip	o	o	o	o	o	**	x	x
Boots, High Street Ruislip	West Ruislip	o	o	o	o	o	x	x	x
Ross Pharmacy	Northwood	o	o	o	o	o	x	o	*
Sharmans Pharmacy	Northwood	o	o	o	o	o	**	o	o
Howletts Pharmacy	West Ruislip	o	o	o	o	*	o	o	x
Boots, 32 Joel Street	Northwood Hills	o	o	o	o	x	**	x	x
Ashworths Pharmacy	West Ruislip	o	o	o	o	*	**	x	*
Ruislip Manor Pharmacy	Manor	o	o	o	o	*	o	x	*
Boots, Wood Lane	West Ruislip	o	o	o	o	x	**	x	x
Boots, 716 Field End	South Ruislip	o	o	o	o	x	x	x	x
Nu-Ways Pharmacy	Manor	o	o	o	o	*	**	x	x
Boots, 212 Whitby	Cavendish	o	o	o	o	*	**	x	x
Carter Chemist	Northwood	o	o	o	o	*	**	x	x
Boots, 171 Field End	Eastcote & East Ruislip	o	o	o	o	*	**	x	x
Lloyds, Sainsburys	South Ruislip	o	o	o	o	*	**	x	x
Boots, Maxwell Road	Northwood	o	o	o	o	x	x	x	x
Chimsons	Manor	o	o	*	*	x	o	x	x
Eastcote Pharmacy	Eastcote & East Ruislip	o	x	o	o	o	x	x	x
<b>Provision, number of pharmacies</b>		<b>22</b>	<b>21</b>	<b>21</b>	<b>21</b>	<b>9</b>	<b>6</b>	<b>5</b>	<b>1</b>

Key – o provides, \* intending to provide in the next 12 months, \*\* willing to provide if commissioned, x not intending to or able to provide  
Hepatitis-C testing – new service since 1/9/20, data from NHSBSA shows that no tests have been completed since introduction of service

## Advanced Services by Locality – Uxbridge & West Drayton

Pharmacy name	Uxbridge & West Drayton	New Medicine Service	C-19 LFD distribution	Community Pharmacy Consultation Service	Flu Vaccination Service	Hypertension Case Finding	Stop Smoking Service	Stoma Appliance Customisation service	AURs
Lawtons Pharmacy	Hillingdon East	0	0	0	0	0	0	X	X
Mango Pharmacy	Uxbridge South	0	0	0	0	0	0	X	X
Phillips Chemist	Yiewsley	0	0	0	0	0	0	*	*
Yiewsley Pharmacy	Yiewsley	0	0	0	0	0	0	*	*
HA McParland	Uxbridge South	0	0	0	0	0	**	X	0
Orchards Pharmacy	West Drayton	0	0	0	0	0	**	X	X
Brunel Pharmacy	Brunel	0	0	0	0	0	**	X	X
Boots, Long Lane	Hillingdon East	0	0	0	0	*	**	X	X
Boots, High Street Uxbridge	Uxbridge South	0	0	0	0	X	0	X	0
Garners Ickenham	Ickenham	0	0	0	0	X	X	X	X
Boots, Chimes	Uxbridge South	0	0	0	0	*	X	X	X
Oakleigh Pharmacy	Hillingdon East	0	0	0	0	*	**	0	0
Flora Fountain	Uxbridge South	0	X	0	0	0	**	0	*
Carewell Chemist	West Drayton	0	0	0	0	*	**	X	X
Tesco Pharmacy	Yiewsley	0	0	0	0	X	**	X	X
Boots, West Drayton	West Drayton	0	0	0	0	*	**	X	X
Winchester, West Drayton	West Drayton	0	0	0	0	*	0	X	X
Puri Pharmacy	Hillingdon East	0	0	0	0	*	0	0	X
Adell Pharmacy	Hillingdon East	0	0	0	0	X	**	X	X
Hillingdon Pharmacy	Hillingdon East	0	0	0	*	0	**	*	*
Winchester, Ickenham	Ickenham	0	0	*	X	*	X	X	X
<b>Provision, number of pharmacies</b>		<b>21</b>	<b>21</b>	<b>20</b>	<b>19</b>	<b>9</b>	<b>7</b>	<b>3</b>	<b>3</b>

Key – 0 provides, \* intending to provide in the next 12 months, \*\* willing to provide if commissioned, x not intending to or able to provide  
Hepatitis-C testing – new service since 1/9/20, data from NHSBSA shows that no tests have been completed since introduction of service

## Advanced Services by Locality – Hayes & Harlington

Pharmacy name	Hayes & Harlington	New Medicine Service	C-19 LFD distribution	Community Pharmacy Consultation Service	Flu Vaccination Service	Hypertension Case Finding	Stop Smoking Service	Stoma Appliance Customisation service	AURs
Vantage Pharmacy	Charville	0	0	0	0	0	0	0	0
Grosvenor Pharmacy	Barnhill	0	0	0	0	0	0	*	*
Pickup Pharmacy	Townfield	0	0	0	0	0	0	*	*
HA McParland	Barnhill	0	0	0	0	0	**	X	0
TS Mundae Pharmacy	Chaville	0	0	0	0	0	**	X	0
The Village Pharmacy	Heathrow Villages	0	0	0	0	0	**	X	X
Daya Pharmacy	Barnhill	0	0	0	0	0	**	0	0
Kasmani Pharmacy	Pinkwell	0	0	0	0	0	X	X	X
Vantage Chemist	Botwell	0	0	0	0	*	**	X	X
Boots - Terminal 5	Heathrow Villages	0	0	0	0	*	**	X	X
Boots - Terminal 3	Heathrow Villages	0	0	0	0	*	**	X	X
Medics Pharmacy	Pinkwell	0	0	0	0	*	**	0	X
Tesco Pharmacy	Yeading	0	0	0	0	*	**	X	0
Boots, Yeading Lane	Yeading	0	0	0	0	X	**	X	X
Lloyd's Pharmacy	Townfield	0	0	0	0	*	**	X	X
Joshi Pharmacy	Botwell	0	0	0	*	*	**	X	X
Boots, Station Road Hayes	Botwell	0	0	0	X	*	**	X	0
NuChem Pharmacy	Townfield	0	0	X	0	*	**	X	X
Hayes Town Pharmacy	Townfield	0	0	X	0	0	**	X	X
Superdrug	Botwell	0	X	0	0	0	X	X	X
Hayes End Pharmacy	Charville	0	0	0	0	0	X	X	X
<b>Provision, number of pharmacies</b>		<b>21</b>	<b>20</b>	<b>19</b>	<b>19</b>	<b>11</b>	<b>3</b>	<b>3</b>	<b>6</b>

Key – 0 provides, \* intending to provide in the next 12 months, \*\* willing to provide if commissioned, x not intending to or able to provide  
Hepatitis-C testing – new service since 1/9/20, data from NHSBSA shows that no tests have been completed since introduction of service

## Gaps in provision – Advanced Services

Provision of advanced services is good both across the borough and at locality level; although there is less provision of SACs and AURs than other services, the provision of these services has increased since 2018. Further provision of all services is planned within the next 12 months, with many pharmacies planning to increase their offering of advanced services which will secure improvement or better access over the life of this PNA. There are no gaps in provision of advanced services.

### Pharmacies open on Sunday - appliance services and advanced services offered

Thirteen pharmacies within Hillingdon are open on Sunday offering the following appliance dispensing and Advanced Services:

Pharmacy	Opening Hours			Weekly Opening Hours	100-hour Pharmacy	Dispenses Appliances	Advanced Services								
	M-F	Saturday	Sunday				COVID-19 LFT	New Medicine Service	Community Pharmacy Consultation Service	Flu Vaccination	Hypertension Case Finding	Stop Smoking Service	Stoma Appliance Customisation Service	Appliance Use Review	
<b>Ruislip &amp; Northwood</b>	Boots, Maxwell Road	9am-6pm	9am-6pm	10.15am-4pm	59.75	No	yes, all types	0	0	0	0	x	x	x	x
	Sharmans	9am-7pm	9am-5.30pm	10am-2pm	62.5	No	yes, all types	0	0	0	0	0	x	0	0
	Lloyds, Sainsburys	8am-10pm	8am-10pm	10am-4pm	90	No	no	0	0	0	0	x	x	x	x
<b>Uxbridge &amp; West Drayton</b>	Lawtons	9am-9pm	9am-9pm	9am-9pm	84	No	no	0	0	0	0	0	0	x	x
	Boots, High St, Uxbridge	8am-6.30pm	9am-6pm	10.30am-5.30pm	68.5	No	yes, all types	0	0	0	0	x	0	x	x
	Boots, the Chimes	9am-7pm	9am-7pm	11am-5pm	67	No	just dressings	0	0	0	0	x	x	x	x
	Tesco Pharmacy	7or8am-11pm	7am-10pm	11am-5pm	100	Yes	no	0	0	0	0	x	x	x	x
<b>Hayes &amp; Harlington</b>	Boots, T5 Heathrow	5.30am-9.30pm	6am-9.30pm	5.30am-9pm	111	Yes	yes, all types	0	0	0	0	x	x	x	x
	Boots, T3 Heathrow	5.30am-9.30pm	5.30am-9.30pm	5.30am-9.30pm	112	Yes	yes, all types	0	0	0	0	x	x	x	x
	Pickups	8.30-9pm	9am-8pm	10am-4pm	79.5	No	yes, all types	0	0	0	0	0	0	x	x
	Hayes Town Pharmacy	8am-11pm	8am-11pm	10am-8pm	100	Yes	yes, all types	0	0	x	0	0	x	x	x
	Lloyds, Sainsburys	8am-10pm	8am-10pm	10am-4pm	90	No	no	0	0	0	0	x	x	x	x
Tesco Pharmacy	8am-9pm	8am-8pm	10am-4pm	83	No	yes, all types	0	0	0	0	x	x	x	0	

### 4.3 Enhanced services

Locally commissioned community pharmacy services can be contracted via a number of different routes and by different commissioners, including local authorities, Clinical Commissioning Groups (CCG's) and Local NHS England teams. The NHSE is authorised to arrange for the provision of the following additional pharmaceutical services with a pharmacy contractor.

Service	Currently offer	Not willing or able to provide	Willing to provide if commissioned	Willing to provide privately
<b>Supervised Administration</b> <i>NECESSARY SERVICE</i>	<b>Total 27</b> R&N 7 U&WD 13 H&H 7	18	19	0
<b>Minor Ailment Service</b>	<b>Total 11</b> U&WD 6 H&H 5	8	45	0
<b>Needle &amp; Syringe Exchange</b> <i>NECESSARY SERVICE</i>	<b>Total 8</b> R&N 3 U&WD 4 H&H 1	27	28	1
<b>Out of hours services</b>	<b>Total 5</b> R&N 2 U&WD 1 H&H 2	30	27	0
<b>Home Delivery (not appliances)</b>	<b>Total 4</b> R&N 2 U&WD 2	8	34	18
<b>Medicines assessment and compliance support service</b>	<b>Total 3</b> R&N 2 H&H 1	12	43	2
<b>On demand availability of specialist drugs service</b>	<b>Total 2</b> R&N 1 U&WD 1	22	35	0
<b>Anticoagulant monitoring service</b>	R&N 1	11	53	1
<b>Gluten Free Food Supply Service (i.e. not via FP10)</b>	R&N 1	18	42	2
<b>Schools Service</b>	U&WD 1	21	40	1
<b>Care home service</b>	Not offered	22	37	4

<b>Independent prescribing service</b>	Not offered	17	40	7
<b>Language access service</b>	Not offered	19	43	1
<b>Prescriber support service</b>	Not offered	23	41	0

### Screening services

The only screening service currently offered is HIV screening, at Brunel Pharmacy in Uxbridge & West Drayton locality; 29 pharmacies say they would offer this service if commissioned. The following screening services are not offered, but many pharmacies say they would offer the services if commissioned:

<b>Service</b>	<b>Not willing or able to provide</b>	<b>Willing to provide if commissioned</b>	<b>Willing to provide privately</b>
<b>Alcohol</b>	23	41	0
<b>Cholesterol</b>	9	51	4
<b>Diabetes</b>	8	51	5
<b>Gonorrhoea</b>	28	35	1
<b>H.pylori</b>	15	47	1
<b>HbA1C</b>	16	46	1
<b>Hepatitis</b>	28	31	2

### Vaccination services

Pneumococcal and COVID-19 vaccinations are widely provided across the borough, with meningococcal and travel vaccinations available at 1 pharmacy; childhood vaccinations, hepatitis and HPV is currently not provided. The majority of pharmacies would offer additional vaccination provision if commissioned:

<b>Service</b>	<b>Currently offer</b>	<b>Not willing or able to provide</b>	<b>Willing to provide if commissioned</b>	<b>Willing to provide privately</b>
<b>Pneumococcal vaccination</b>	<b>Total 13</b> R&N 5 U&WD 5 H&H 3	8	38	4
<b>COVID-19 vaccination</b>	<b>Total 9</b> R&N 4 U&WD 1 H&H 4	14	40	1
<b>Meningococcal vaccination</b>	U&WD 1	13	41	7
<b>Travel vaccinations</b>	R&N 1	15	34	14
<b>Childhood vaccinations</b>	Not provided	26	35	3
<b>Hepatitis vaccination (at risk workers or patients)</b>	Not provided	20	41	2
<b>HPV vaccination</b>	Not provided	19	39	4

## Disease specific medicines management services

There are several services offered across the borough; for services that are currently not offered many pharmacists have said they would provide if commissioned:

Service	Currently offer	Not willing or able to provide	Willing to provide if commissioned	Willing to provide privately
<b>Emergency Supply Service</b>	<b>Total 13</b> R&N 3 U&WD 5 H&H 5	2	41	8
<b>Medication Review</b>	<b>Total 5</b> R&N 1 U&WD 1 H&H 3	4	53	0
<b>Hypertension</b>	<b>Total 4</b> R&N 1 U&WD 2 H&H 1	5	54	1
<b>Asthma</b>	<b>Total 3</b> U&WD 2 H&H 1	7	54	0
<b>COPD</b>	<b>Total 3</b> U&WD 2 H&H 1	8	53	0
<b>Allergies</b>	<b>Total 2</b> U&WD 1 H&H 1	10	51	1
<b>Alzheimer's/Dementia</b>	<b>Total 2</b> U&WD 1 H&H 1	15	45	1
<b>Depression</b>	<b>Total 2</b> U&WD 1 H&H 1	14	47	0
<b>Epilepsy</b>	<b>Total 2</b> U&WD 1 H&H 1	4	14	45
<b>Obesity Management</b>	H&H 1	9	51	2
<b>CHD</b>	Not provided	11	51	0
<b>Diabetes Type I</b>	Not provided	12	52	0
<b>Diabetes Type II</b>	Not provided	10	53	1
<b>Heart Failure disease</b>	Not provided	15	47	0
<b>Parkinson's disease</b>	Not provided	17	47	0

### **Patient group direction service (PGD)**

Only three pharmacists provide PGD – one provides emergency hormonal contraception and two provide Champix for smoking cessation.

### **Other services**

Service	Currently offer	Not willing or able to provide	Willing to provide if commissioned	Willing to provide privately
<b>Emergency Contraception Service</b> <i>NECESSARY SERVICE</i>	<b>Total 6</b> R&N 1 U&WD 3 H&H 2	4	48	6
<b>Chlamydia treatment</b>	H&H 1	15	45	3
<b>Medicines Optimisation Scheme</b>	H&H 1	10	51	1

### **Delivery services & non-commissioned services**

The following services are widely provided across the borough:

Service	Currently offer	Not willing or able to provide	Willing to provide if commissioned	Willing to provide privately
<b>Collection of prescriptions from GP practices</b>	<b>Total 51</b> R&N 17 U&WD 17 H&H 17	13	0	0
<b>Delivery of dispensed medicines – selected patients</b>	<b>Total 50</b> R&N 17 U&WD 17 H&H 16	13	0	0
<b>Delivery of dispensed medicines – free of charge</b>	<b>Total 44</b> R&N 17 U&WD 13 H&H 14	20	0	0
<b>Delivery of dispensed medicines – with charge</b>	<b>Total 26</b> R&N 10 U&WD 9 H&H 7	37	0	0
<b>Monitored Dosage Systems – free of charge on request</b>	<b>Total 48</b> R&N 17 U&WD 15 H&H 16	16	0	0
<b>Monitored Dosage Systems – with charge</b>	<b>Total 21</b> R&N 5 U&WD 8 H&H 8	40	0	0

#### 4.4.1 Stop Smoking Service

*Results from the pharmacy survey show that the Stop Smoking Service is offered by 16 pharmacies, with 38 willing to provide the service if commissioned.*

The Hillingdon Local Authority has commissioned CNWL-ARCH (Addictions Recovery Community Hillingdon) to provide a high quality, targeted and evidenced based approach to smoking cessation. The provider delivers a service that adheres to guidance from Public Health England, the Department of Health, the National Institute of Health and Care Excellence (NICE) as well as recommendations provided by the National Centre for Smoking Cessation & Training (NCSCT) and Action on Smoking and Health (ASH).

With the primary aim to reduce the smoking prevalence within priority groups, specialist core advisors based in ARCH provide support to residents through a variety of mechanisms including and where possible (in the light of the COVID-19 pandemic), face to face and telephonic consultations. Within Primary care, 16 borough wide Community Pharmacies are also available to provide behavioural support and pharmacotherapy through appropriately trained and registered smoking cessation advisors. GP practices are equipped to direct their patients to the core service or a suitable pharmacy to engage in an intervention.

**Eligibility Criteria:** To facilitate a quit attempt, a combination of behavioural support with appropriate licensed smoking cessation pharmacotherapy is provided to eligible residents of Hillingdon who fit into the following agreed priority groups:

- Children and young people under 18 years
- Pregnancy and after childbirth - including partners
- Those with mental health issues including substance misuse
- People with disabilities and long-term conditions
- Routine and manual occupations

In 2021/21, The Hillingdon Stop Smoking Service (HSSS) helped 434 residents to set a quit date out of which 182 quit smoking. Hillingdon's pharmacy providers saw the majority of the residents and helped 351 (80%) persons to set a quit date out of which 127 quit.

All the different stop smoking treatment options (NRT and stop smoking medication), unless there are any contra-indications, are offered equally as first line of treatment to patients. Furthermore, numerous Hillingdon pharmacists are trained to deliver the stop smoking medication Varenicline directly to patients via a Patient Group Direction (PGD).

#### 4.4.2 COPD screening for smokers accessing community pharmacy

For good practice and an extension to the stop smoking service, Innovations in the pharmacy service also include a COPD tool to screen the population for early detection of COPD and a referral pathway to the patients GP's once COPD has been detected. The prevalence of COPD in Hillingdon (2021) is 1.2% of the GP register population, compared with 1.9% in England. Within the Borough there is a higher prevalence in Ruislip & Northwood (1.4%) and Uxbridge & West Drayton (1.3%) than in Hayes & Harlington (1.0%).

#### 4.4.3 Supervised administration

This service has the following elements:

- Stabilise and maintain engagement in prescribing regime - as part of a comprehensive treatment package, the daily supervision of diversional opioids can ensure that therapeutic plasma levels are

maintained and help ensure that the service user's opiate dependency is stabilised, which reduces the need for illicit opiates. The successful stabilisation of illicit drug use can reduce the risk of blood-borne virus transmission and overdose and positively impact on public and individual health.

- Reduce diversion of medication (leakage) - supervised consumption also assists in ensuring that diversionary opioids are taken in accordance with prescribers' instructions therefore reducing medication misuse. This also limits the likelihood of medication being diverted onto illicit drug markets, termed *leakage*. Supervised consumption may have a significant effect in reducing overdose deaths attributed to illicit consumption.
- Support effective communications whilst a person becomes established in their treatment regime - community pharmacy staff have daily contact with individuals receiving treatment via supervised consumption. As such, community pharmacies play a valuable role, both in supporting individuals and monitoring their day-to-day progress in drug treatment. The supervised consumption scheme also enables the community pharmacy, prescriber and/or the treatment provider's keyworker to effectively communicate any relevant comments or concerns regarding the individual's progress or wellbeing.

*27 pharmacies provide this scheme, 7 in Ruislip & Northwood, 13 in Uxbridge & West Drayton and 7 in Hayes and Harlington; a further 18 pharmacies said they are willing to provide the service if commissioned. Pharmacists play a key role in providing treatment to opiate dependent patients.*

#### **4.4.4 Needle and syringe programme**

This scheme provides a harm reduction intervention which aims to reduce drug related morbidity/mortality and positively impact upon anti-social behaviour and drug-related crime. All needle and syringe provision pharmacies participating in the scheme must develop operating procedures which underpin health and safety of both staff and clients.

The services help to improve the health of local communities and aid in the prevention of drug related deaths and blood-borne viruses by:

- reducing the rate of sharing and other high risk injecting behaviours
- providing sterile injecting equipment and promoting safer injecting practices
- providing and reinforcing harm reduction messages including safe sex advice and advice on overdose prevention (e.g. risks of poly-drug use and alcohol use).
- ensuring the safe disposal of used injecting equipment
- referral to specialist drug and alcohol treatment centres and health and social care professionals where appropriate.

#### **Improve access to services**

- The scheme aims to maximise the access and retention of all injectors, especially the highly socially excluded
- The scheme will help service users access other health and social care and act as a gateway/signpost to other services such as treatment planning/recovery, prescribing, hepatitis B immunisation, hepatitis and HIV screening and primary care services.

*Eight pharmacies provide this service, with 26 saying they are willing to provide the service if commissioned.*

#### 4.4.4 Emergency hormonal contraception (EHC) and contraception service

Six pharmacies provide EHC with 53 saying they would provide if commissioned. Sexual health services at pharmacy level have reduced since 2018 for a number of reasons:

- The sexual health service was recommissioned five years ago with London NW Health Trust, who implemented an integrated sexual health model, with one clinic doing sexual health with EHC available in the community (ie via a pharmacy). LNWHHT started to transform the service, moving it online (ie order a HIV test online, but if the patient has symptoms, they are offered an appointment); chlamydia testing and treatment also moved online.
- Many pharmacies opted out of this model; then the pandemic happened, which meant even more services were offered online.
- HESA in Hayes closed, so the sexual health offering needed to be picked up elsewhere; a lot the service provision has been picked up at the Wakley Centre in Hayes (the offer includes help and advice, and a wide range of contraception) . In addition, Brunel Pharmacy offer click and collect of tests / treatment options.

#### 4.4.5 Sexual health screening services and Chlamydia screening & treatment

Due to the informal nature of community pharmacy premises, they can provide ideal non-threatening environment for targeting young people, and hence can play an important role in helping to control the spread of sexually transmitted infections (STIs). *One pharmacy provides Chlamydia testing and one provides treatment; 48 pharmacies said they would be willing to provide the service is commissioned.*

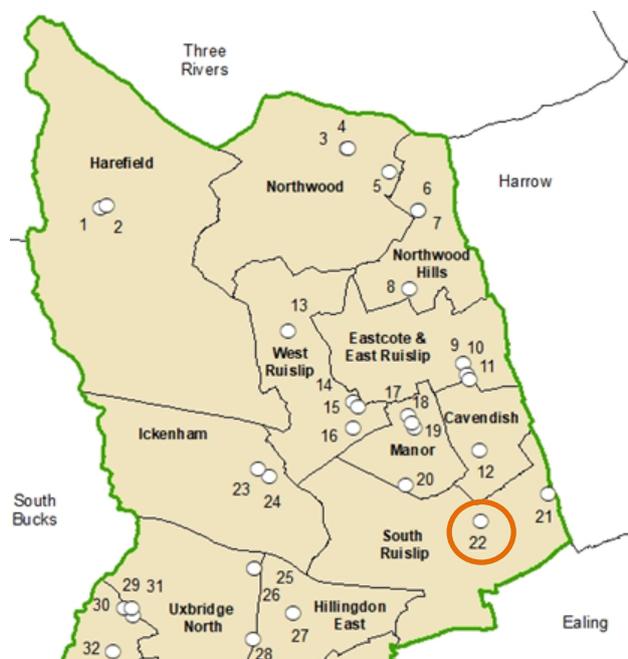
#### Gaps in provision – Enhanced Services

Provision of enhanced services is good, with supervised administration and needle and syringe programme (both necessary services) the most widely provided services.

There are services that pharmacies have said they are willing to provide either if commissioned or provide privately, which would secure improvement or better access over the life of this PNA

## 5.0 Pharmacies by locality

### Ruislip & Northwood



Contains Ordnance Survey data © Crown copyright and database right 2017

○ = later opening hours:

Lloyds in Sainsburys, open until 10pm Mon-Sat

\*\* dispenses appliances (all types)

\*\* dispenses dressings

\*\* dispenses appliances (excluding stoma and incontinence)

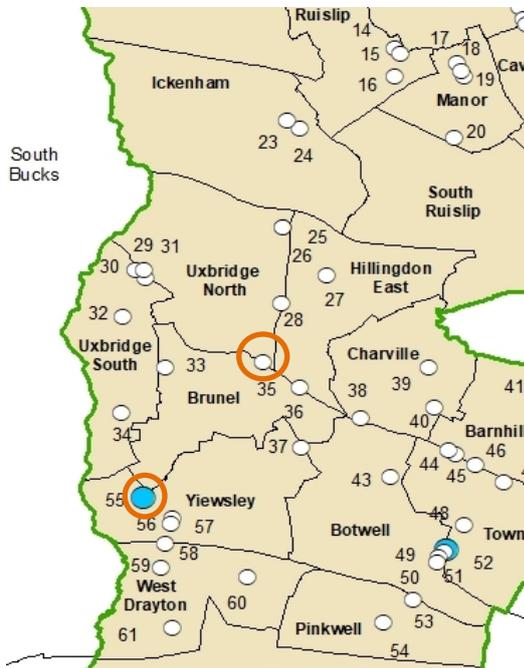
\* dispenses appliances (incontinence pads)

● Emergency supply service

#### Key Pharmacy

- 1 The Malthouse Pharmacy \*\*
- 2 Harefield Pharmacy \*\*
- 3 Boots, Maxwell Road \*\*
- 4 Sharmans \*\*
- 5 Carter Chemist \*
- 6 Boots, Joel Street \*\*
- 7 Ross Pharmacy \*\* ●
- 8 Carters Pharmacy \*\* ●
- 9 Eastcote Pharmacy
- 10 Superdrug \*\*
- 11 Boots, Eastcote \*\*
- 12 Boots, Whitby Road \*\*
- 13 Howletts \*\*
- 14 Ashworths \*\*
- 15 Boots, High Street Ruislip \*\*
- 16 Boots, Wood Lane Medical Centre
- 17 Ruislip Manor Pharmacy \*\*
- 18 Dana Pharmacy \*\*
- 19 Chimsons \*\*
- 20 Nu-Ways \*\*
- 21 Boots, 716 Field End Road \*\*
- 22 Lloyds, Sainsburys

## Uxbridge & West Drayton



Contains Ordnance Survey data © Crown copyright and database right 2017

● = 100-hour contract

○ = later opening hours:

Lawtons, open until 9pm daily

Tesco, open until 11pm Mon–Fri and 10pm Sat

\*\* dispenses appliances (all types)

\*\* dispenses dressings

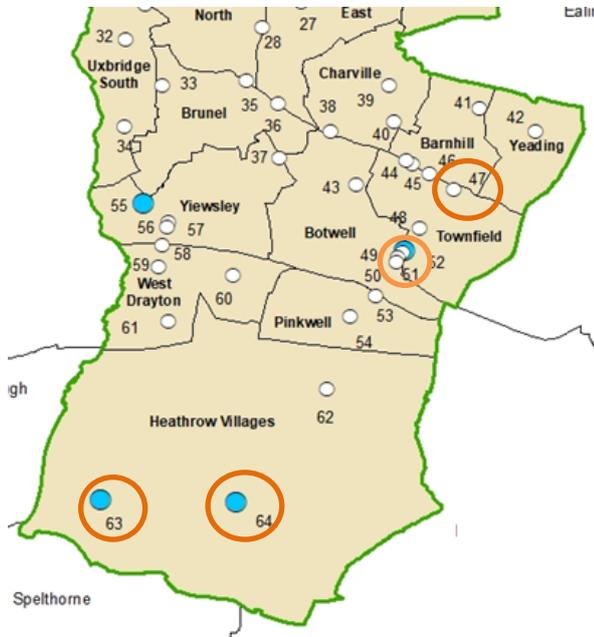
\*\* dispenses appliances (excluding stoma and incontinence)

● Emergency supply service

### Key Pharmacy

- 23 Garners \*\*
- 24 Winchester Pharmacy \*\*
- 25 Adell Pharmacy \*\* ●
- 26 Boots, Long Lane \*\*
- 27 Puri Pharmacy \*\*
- 28 Hillingdon Pharmacy \*\*
- 29 Boots, High Street Uxbridge \*\*
- 30 Boots, The Chimes \*\*
- 31 Flora Fountain \*\*
- 32 HA McParland \*\*
- 33 Brunel Pharmacy \*\* ●
- 34 Mango Pharmacy \*\*
- 35 Lawtons
- 36 Oakleigh Pharmacy \*\* ●
- 55 Tesco Pharmacy
- 56 Yiewsley Pharmacy \*\*
- 57 Phillips Pharmacy \*\*
- 58 Boots, West Drayton \*\*
- 59 Winchester Pharmacy \*\*
- 60 Carewell \*\* ●
- 61 Orchards Pharmacy \*\*

# Hayes & Harlington



Contains Ordnance Survey data © Crown copyright and database right 2017

● = 100 hour contract

○ = later opening hours:

Hayes Town Pharmacy, open until 11pm daily (8pm Sunday)

Lloyds in Sainsburys, open until 10pm Mon-Sat

Boots T5, open until 9.30pm daily (9pm Sunday)

Boots T3, open until 9.30pm daily

\*\* dispenses appliances (all types)

\*\* dispenses dressings

● Emergency supply service

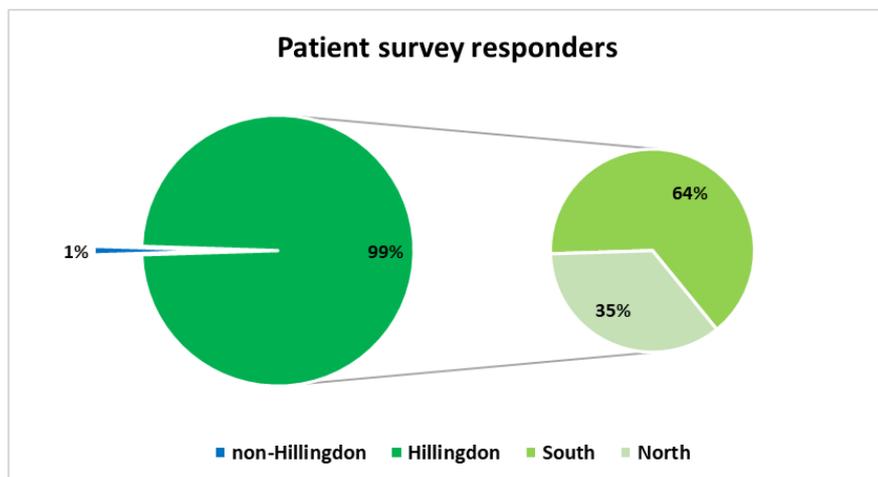
## Key Pharmacy

- 37 Joshi Pharmacy
- 38 Hayes End Pharmacy
- 39 Vantage Pharmacy \*\* ●
- 40 T S Mundae \*\*
- 41 Boots, Yeading Lane \*\* \*\*
- 42 Tesco Pharmacy \*\*
- 43 Vantage Chemist \*\*
- 44 Grosvenor \*\*
- 45 Daya \*\*
- 46 H A McParland \*\*
- 47 Lloyds, Sainsburys
- 48 Pickups \*\*
- 49 Hayes Town Pharmacy \*\*
- 50 NuChem \*\*
- 51 Superdrug \*\*
- 52 Boots, Hayes Town \*\* ●
- 53 Kasmani \*\* ●
- 54 Medics Pharmacy \*\* ●
- 62 Village Pharmacy \*\*
- 63 Boots, Terminal 5 \*\*
- 64 Boots, Terminal 3 \*\* ●

## 6.0 Access to pharmacies – patient survey

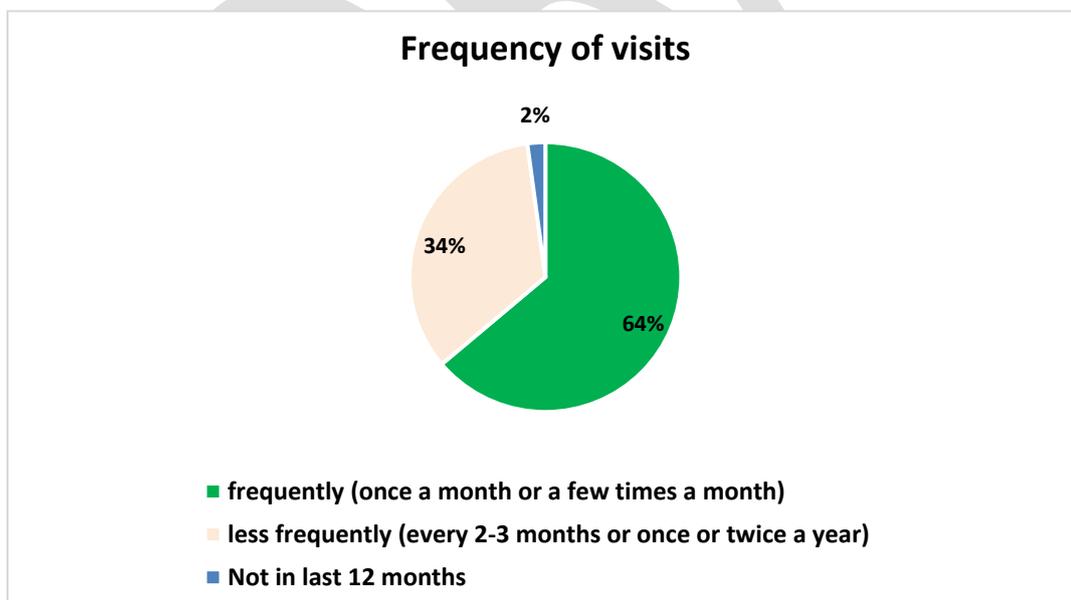
A patient survey was created and hosted on the Council website, promoted across social media channels and shared with the voluntary sector. The survey contained questions on the use and access of pharmacies and whether services offered by pharmacies met the need of the patient. 95 responses were received. A copy of the survey be found in Appendix 5b.

Of the 95 responders, 94 lived within Hillingdon, and two thirds live in the south of the borough:



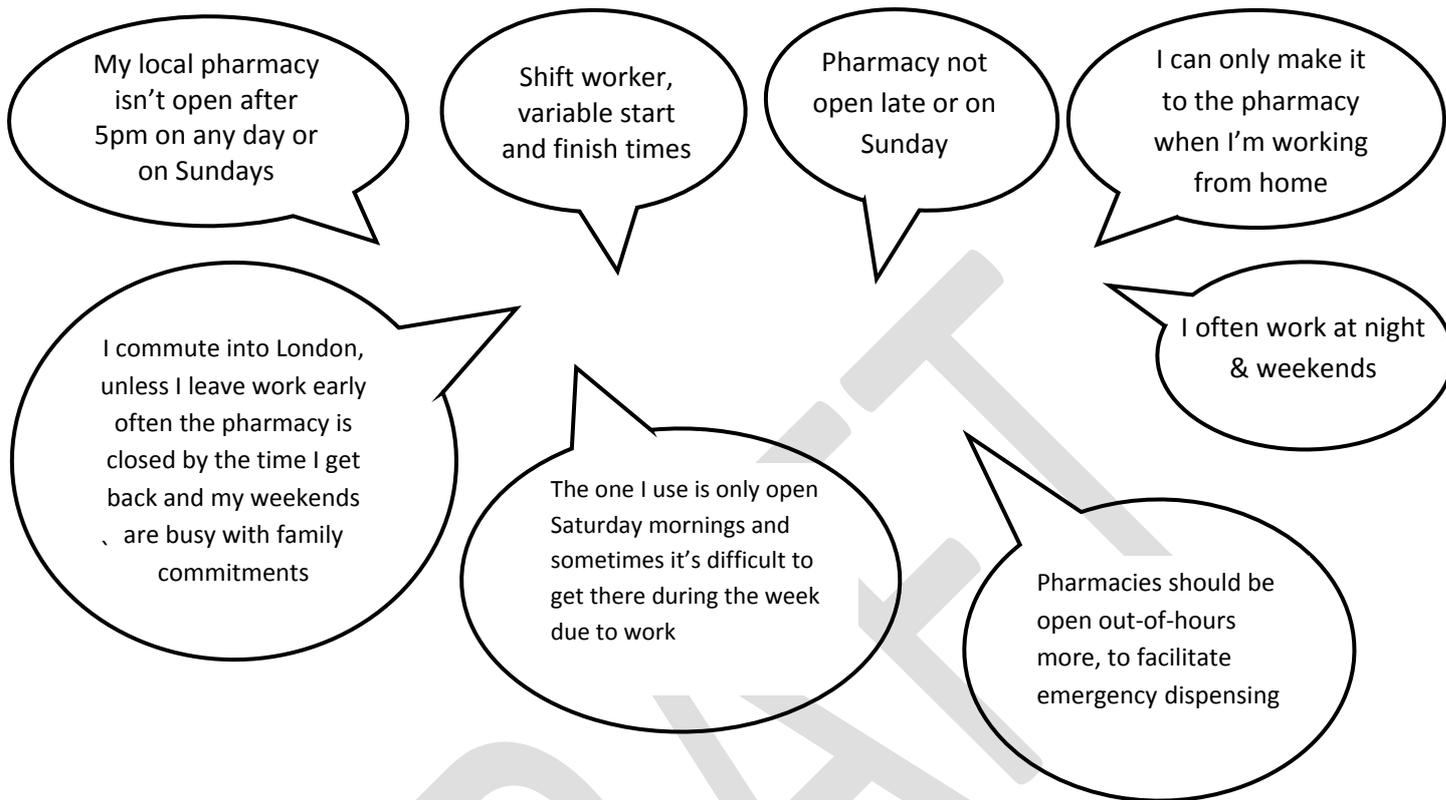
86 responders collect their prescription medication from a pharmacy or chemist, with 7 getting theirs delivered free of charge – the reasons for delivery are convenience or accessibility.

64% of responders access their local pharmacy at least once a month for health reasons (advice, prescriptions and over-the-counter medication); 34% visit less frequently and 2% had not used a pharmacy in the last 12 months:



When asked how they would rate the advice received from the pharmacy about taking medicines 71.6% rated the advice as good, 21.6% as fair and 6.8% as poor.

73.4% of responders most commonly access a pharmacy between 9am-6pm, 7.4% after 6pm and 19.1% at weekends. When asked if the opening hours met their needs 85.1% said yes and 14.9% said no. For those who answered no, reasons focussed on personal working patterns and include:



When asked about awareness of services offered locally, 72.6% were aware they could get the flu vaccination from a pharmacy, 33% were aware of smoking cessation advice and 34% were aware of the urgent supply service. Other services they were aware of include:

- Vaccinations (travel and COVID)
- Blood pressure / health checks
- Help with common ailments
- Leaflets about other services
- Medicine checks
- Other services (ie hearing, optician, podiatry, osteopath)

When asked if they have stopped using a pharmacy in the past 12 months due to concerns or issues with their service, only 7% had; reasons include wrong medication dispensed or other medication not available or not available on time, cleanliness, finding a pharmacist who listens or customer service issues.

When asked to agree or disagree with the following statements:

- 56.8% agree that they prefer to see their regular pharmacist rather than someone they don't know
- 46.3% agree that they want to speak to a pharmacist without being overheard
- 66.3% agree that their pharmacist gives them clear advice on how medicines should be taken
- 65.2% agree their pharmacist provides a good service

When asked for suggestions how their usual pharmacy could improve their medicine and health services, responses include:

- The Pharmacy Technicians are not pharmacists; the techs should be in the back filling prescriptions (be to checked by a qualified and registered pharmacist) and the pharmacist should be out front talking to patients. Pharmacists are not trained for many years to put labels on boxes; they need to use their professional qualifications on advising patients, talking to them and put unqualified techs in the backroom. Otherwise they are wasting their careers.
- More privacy, quicker service
- Have a dedicated seperate Pharmacist to answer patients questions or if that is too costly a Healthcare assistant trained to a level where they can triage on behalf of the Pharmacist and give necessary advice and refer to Pharmacist when necessary. All the above needs to be done under the supervision of an onsite Pharmacist.
- The local NHS doesn't always use them to best advantage.
- A private area for medical conversations
- I think it can be really difficult to offer a private space as I know it may not be feasible given the space of the pharmacy. But discretion when discussing medication is always something I appreciate. Especially if it's for something I am embarrassed about other people knowing.
- Longer opening hours
- Better notification when medicine is ready to collect

In terms of access needs relating to a physical disability, 7.4% of responders had access needs. For these responders, most of the pharmacies were always able to meet their physical access needs; where the responders replied their needs were met sometimes issues of parking and seating were mentioned.

For responders with caring responsibilities (26%), the majority said their needs were always met by the pharmacy.

Finally, in terms of equalities monitoring - 69% of responders were female, 74% were aged under 65, the majority of responders were White (74%) and 16% considered themselves to be disabled.

***There is the chance to promote choice of provision across the borough and outside Hillingdon's boundary, including services offered and details of extended opening hours.***

## 7.0 Conclusion

The number of current providers of pharmaceutical services, the location where the services are provided, and the range of hours of availability of those services combine to meet the need for the provision of the necessary essential services of the community pharmacy contractual framework. These providers and services are considered as able to meet the current and likely future needs for pharmaceutical services in all localities of Hillingdon HWB area. The number of pharmacies is sufficient to manage the need of the population over the next 3-5 years.

The range of pharmaceutical services provided and access to them is good; there are pharmacies close to where people live, work or shop. Travel times have been mapped, finding that 97% of the population is within a 20-minute walk or a 5-minute car journey of their nearest pharmacy. There are some differences between localities that reflect the nature of their populations and environment. Public transport across the borough is good, and there are good travel links over the boundary into neighbouring local authorities.

There is sufficient choice of both provider and services available to residents and visiting population of all localities of Hillingdon including the days on which, and times at which, these services are provided. There is sufficient choice of pharmacies and services outside the boundary of Hillingdon.

Pharmacies in Hillingdon have responded well to the offer of advanced services, supporting increasing integration with other parts of the healthcare system and better access for patients. Many of Hillingdon's pharmacies have indicated they would be willing to provide other services if commissioned.

There are opportunities for improvement or better access to current and the range of new pharmaceutical services in a community pharmacy by:

- promoting services available to the public, including the times and days that they are available
- maximising opportunities for health improvement and intervention in pharmacies.

*The provision of Essential Services is deemed as good and necessary, with no gaps.*

There are essential services seven days a week offering services before 9am and late on weekday evenings. There is a good offer on Saturday mornings and a reduced offering on Saturday afternoons, with 13 pharmacies open on Sundays. There are no gaps in provision of essential services or access of opening hours.

*The provision of Advanced Services is deemed as good and relevant, with no gaps.*

There are no gaps in provision of advanced services. Provision of advanced services is good both across the borough and at locality level; although there is less provision of SACs and AURs than other services, the provision of these services has increased since 2018. Further provision of all services is planned within the next 12 months which will secure improvement or better access, with many pharmacies planning to increase their offering of advanced services.

*The provision of Enhanced Services*

Provision of enhanced services is good, with supervised administration and needle and syringe programme (both necessary services) the most widely provided services. There are services that pharmacies have said they are willing to provide either if commissioned or provide privately, which would secure improvement or better access over the life of this PNA.

Improvement or better access to these services might be afforded by better supporting the needs of the population for accurate and timely information about those pharmaceutical services, particularly when and where they are available.

## 8.0 Pharmacy opening hours - Ruislip & Northwood

Ward	Pharmacy Name	Address	Postcode	Monday - Friday	Saturday	Sunday	Weekly hours
<b>Cavendish</b>	Boots	212 Whitby Road, Ruislip	HA4 9DY	09:00-18:00	09:00-17:30	Closed	53.5
<b>Eastcote &amp; East Ruislip</b>	Carters Pharmacy	41 Salisbury Road	HA5 2NJ	09:00-18:00	09:00-12:00	Closed	48.5
	Eastcote Pharmacy	111 Field End Road	HA5 1QG	09:00-18:30	09:00-17:00	Closed	55.5
	Superdrug	143 Field End Road	HA5 1QZ	09:00-14:00, 14:30-18:30	09:00-14:00, 14:30-17:30	Closed	53
	Boots	171 Field End Road	HA5 1QR	09:00-18:00	09:00-18:00	Closed	54
<b>Harefield</b>	Harefield Pharmacy	12E High Street, Harefield	UB9 6BU	09:00-18:30	09:00-13:00	Closed	51.5
	Malthouse Pharmacy	Breakspear Road North, Harefield	UB9 6NF	09:00-18:30	09:00-13:00	Closed	51.5
<b>Manor</b>	Ruislip Manor Pharmacy	53 Victoria Road	HA4 9BH	09:00-18:00	09:00-17:00	Closed	53
	Chimsons	29 Victoria Road	HA4 9AB	09:00-18:30	09:00-17:00	Closed	56
	Nu-Ways Pharmacy	292 West End Road	HA4 6LS	09:00-18:00	09:00-14:00	Closed	50
	Dana Pharmacy	100 Victoria Road	HA4 0AL	09:00-18:00	09:00-13:00	Closed	49
<b>Northwood</b>	Ross Pharmacy	28 Joel Street	HA6 1PF	09:00-18:30	09:00-17:30	Closed	56

Ward	Pharmacy Name	Address	Postcode	Monday - Friday	Saturday	Sunday	Weekly hours
<b>Northwood</b>	Boots	11 Maxwell Road	HA6 2XY	09:00-18:00	09:00-18:00	10:15-16:00	59.75
	Carter Chemist	114 High Street	HA6 1BJ	09:00-18:00	09:00-13:00	Closed	54
	Sharman's Pharmacy	3 Clive Parade, Maxwell Road	HA6 2QF	09:00-19:00	09:00-17:30	10:00-14:00	62.5
<b>Northwood Hills</b>	Boots	32 Joel Street	HA6 1PF	09:00-18:30	09:00-17:30	Closed	56
<b>South Ruislip</b>	Boots	716 Field End Road	HA4 0QP	09:00-19:00	09:00-17:00	Closed	58
	Lloyds	Sainsbury's, 11 Long Drive	HA4 0HQ	08:00-22:00	08:00-22:00	10:00-16:00	90
<b>West Ruislip</b>	Ashworths Pharmacy	64 High Street, Ruislip	HA4 7AA	09:00-18:00	09:00-13:00	Closed	49
	Boots	67 High Street, Ruislip	HA4 8JB	09:00-18:00	09:00-18:00	Closed	54
	Boots	Wood Lane Medical Centre, Wood Lane	HA4 6ER	Mon/Fri 08:30-19:00 Tu/Wed 08:30-20:00 Thur 08:30-16:00	08:30-13:30	Closed	56.5
	Howletts	81 Howletts Lane	HA4 7YG	09:00-18:00	09:00-13:00	Closed	49
					<b>TOTAL HOURS</b>		<b>1,220.25</b>

## Pharmacy opening hours – Uxbridge & West Drayton

Ward	Pharmacy Name	Address	Postcode	Monday - Friday	Saturday	Sunday	Weekly hours
<b>Brunel</b>	Brunel Pharmacy	Brunel Medical Centre, Kingston Lane	UB8 3PH	09:00-17:30	Closed	Closed	42.5
<b>Hillingdon East</b>	Adell Pharmacy	392 Long Lane	UB10 9PG	09:00-18:00	09:00-15:00	Closed	53.5
	Puri Pharmacy	165 Ryefield Avenue	UB10 9DA	09:00-18:00	Closed	Closed	45
	Hillingdon Pharmacy	4 Sutton Court Road	UB10 9HP	09:00-18:00	Closed	Closed	45
	Oakleigh Pharmacy	Oakleigh House, Uxbridge Road	UB10 0LU	09:00-18:00	09:00-13:00	Closed	49
	Boots	380 Long Lane	UB10 9PG	08:30-18:30	09:00-17:30	Closed	58.5
<b>Ickenham</b>	Winchester Pharmacy	79 Swakeleys Road	UB10 8DQ	09:00-18:00	09:00-17:00	Closed	53
	Garners Ickenham	1 Swakeleys Road	UB10 8DF	09:00-18:00	09:00-13:00	Closed	49
<b>Uxbridge North</b>	Lawtons Pharmacy	8-9 Crescent Parade	UB10 0LG	09:00-21:00	09:00-21:00	09:00-21:00	84
<b>Uxbridge South</b>	Mango Pharmacy	3 The Parade, High Street Cowley	UB8 2EP	09:00-18:00	09:00-13:00	Closed	49
	Boots	163 High Street	UB8 1JZ	09:00-18:30	09:00-18:00	10:30-17:30	68.5
	H A McParland	118/120 Cowley Road	UB8 1JZ	08:45-18:00	09:00-17:30	Closed	54.75

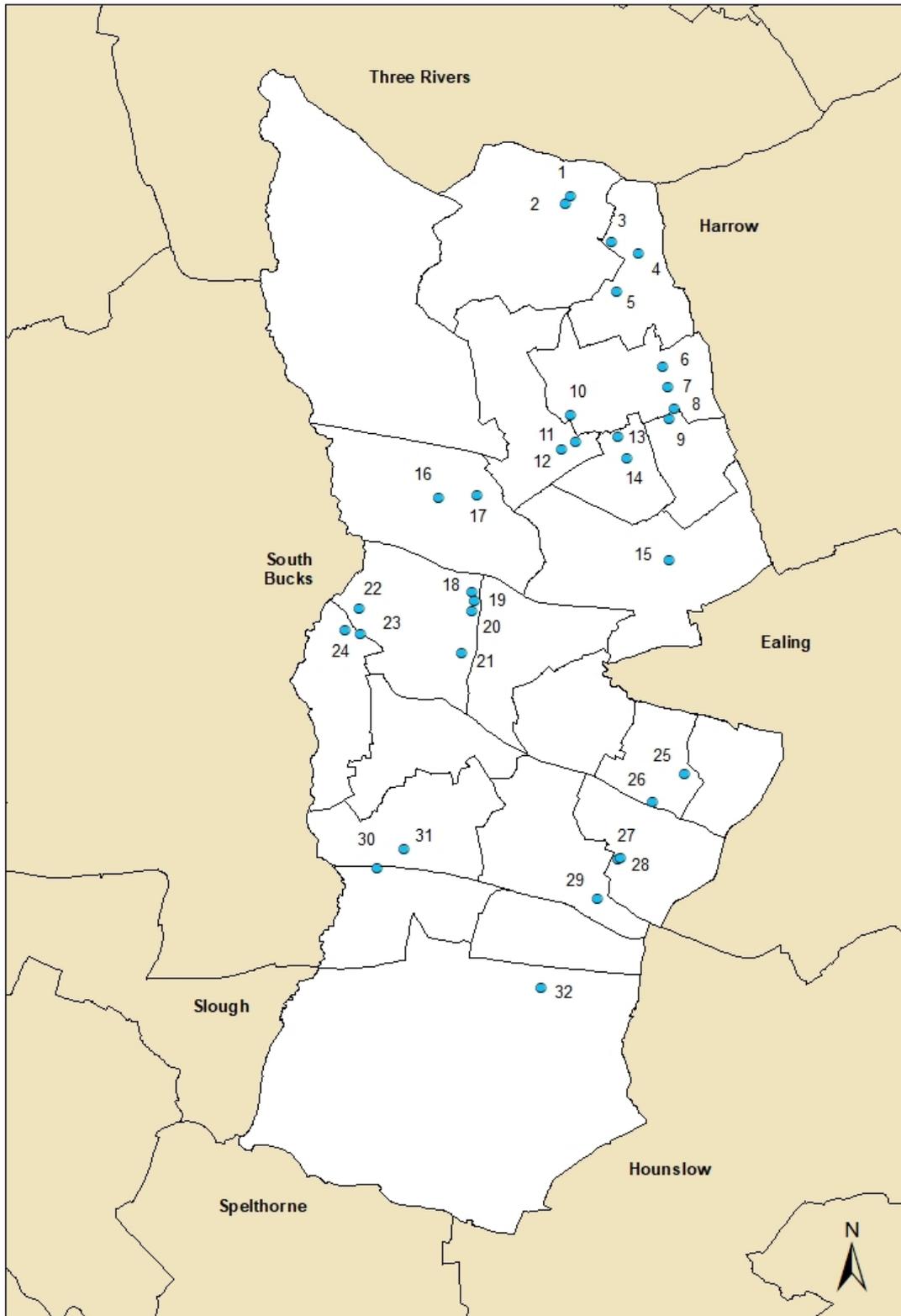
Ward	Pharmacy Name	Address	Postcode	Monday - Friday	Saturday	Sunday	Weekly hours
<b>Uxbridge South</b>	Flora Fountain	283 High Street	UB8 1LQ	09:00-17:30	09:00-16:00	Closed	49.5
	Boots	128 the Chimes	UB8 1GA	M/Tu/Wed/Fri 09:00-19:00 Thur 09:00-20:00	09:00-19:00	11:00-17:00	67
<b>West Drayton</b>	Carewell Chemist	10 Mulberry Parade	UB7 9AE	09:00-18:00	09:00-13:00	Closed	49
	Winchester Pharmacy	64 Swan Road	UB7 7JZ	M/Tu/Thur/Fri 09:00-18:15 Weds 09:00-17:30	09:00-13:00	Closed	49.5
	Orchard Pharmacy	6 Laurel Lane	UB7 7TU	09:00-13:00,14:00-18:00	09:00-13:00	Closed	44
	Boots	14/16 Station Road	UB7 7BY	09:00-13:00,14:00-18:00	09:00-17:30	Closed	48.5
<b>Yiewsley</b>	Tesco instore Pharmacy	Trout Road	UB7 7FP	07:00-23:00	07:00-22:00	11:00-17:00	100-hour pharmacy
	Phillips Pharmacy	84 High Street	UB7 7DS	09:00-18:30	09:00-18:00	Closed	56.5
	Yiewsley Pharmacy	28 High Street	UB7 7DP	Mon 08:30-21:00 Tu-Fri 08:30-18:30	09:00-13:00	Closed	56.5
					<b>TOTAL HOURS</b>		<b>1,172.25</b>

## Pharmacy opening hours – Hayes & Harlington

Ward	Pharmacy Name	Address	Postcode	Monday - Friday	Saturday	Sunday	Weekly Hours
<b>Barnhill</b>	H A McParland	522 Uxbridge Road	UB4 0SA	M/Tu/Thur/Fri 08:45-18:30 Wed 08:45-17:30	09:00-14:00	Closed	52.75
	Daya Ltd	750 Uxbridge Road	UB4 0RU	09:00-19:30	09:00-18:00	Closed	61.5
	Grosvenor Pharmacy	788 Uxbridge Road	UB4 0RS	09:30-19:00	09:30-18:00	Closed	56
<b>Botwell</b>	Superdrug	2-8 Station Road	UB3 4DA	09:00-14:00,14:30-18:00	09:00-14:00,14:30-17:30	Closed	50.5
	Boots	28-30 Station Road	UB3 4DD	09:00-18:30	09:00-17:30	Closed	56
	Vantage	1 Park Parade, Barra Hall Circus	UB3 2NU	M/Tu/Thur/Fri 09:00-18:30 Wed 09:00-18:00	09:00-14:00	Closed	52
	Joshi	315 Harlington Road	UB8 3JD	09:00-13:00,14:00-19:00	09:00-13:00	Closed	49
<b>Charville</b>	Vantage	252 Kingshill Avenue	UB4 8BZ	09:00-18:00	09:00-14:00	Closed	50
	T E Mundae	102 Lansbury Drive	UB4 8SE	09:00-19:00	09:00-13:30,14:30-18:0	Closed	58
	Hayes End Pharmacy	1266 Uxbridge Road	UB4 8JF	09:00-18:00	09:00-17:30	Closed	53.25

Ward	Pharmacy Name	Address	Postcode	Monday - Friday	Saturday	Sunday	Weekly Hours
<b>Heathrow Villages</b>	Boots T5	T5 Landside Departures	TW6 2RQ	05:30-21:30	06:00-21:30	05:30-21:00	100-hour pharmacy
	Boots T3	T3 Landside Departures	TW6 1QG	05:30-21:30	05:30-21:30	05:30-21:30	100-hour pharmacy
	The Village Pharmacy	218 High Street	UB3 5DS	09:00-18:30	09:00-14:00	Closed	52.5
<b>Pinkwell</b>	Medics Pharmacy	11 Dawley Road	UB3 1LS	09:00-18:30	09:00-13:00	Closed	51.5
	Kasmani Pharmacy	6 Northfield Parade, Station Road	UB3 4JA	09:00-19:00	09:00-13:00	Closed	54
<b>Townfield</b>	Nu-Chem	24 Coldharbour Lane	UB3 3EW	09:00-19:00	09:00-13:00, 14:00-18:00	Closed	58
	Pickups	20-21 Broadway Parade	UB3 3HF	08:30-21:00	09:00-20:00	10:00-16:00	79.5
	Hayes Town Pharmacy	11 Coldharbour Lane	UB3 3EA	08:00-23:00	08:00-23:00	10:00-20:00	100-hour pharmacy
	Lloyds Pharmacy	Sainsbury's, Lombardy Retail Park	UB3 3EX	08:00-22:00	08:00-22:00	10:00-16:00	90
<b>Yeading</b>	Boots	236 Yeading Lane	UB4 9AX	09:00-19:00	09:00-17:30	Closed	58.5
	Tesco instore Pharmacy	Glencoe Road	UB4 9SQ	08:00-21:00	08:00-20:00	10:00-16:00	93
					<b>TOTAL HOURS</b>		<b>1,389</b>

## Dental practices in Hillingdon



<b>Key</b>	<b>Dental Practice</b>	<b>Address</b>	<b>Location</b>
1	Northwood Dental Practice	7 Station Approach	Northwood
2	Dental Design Studio	1 Murray Road	Northwood
3	Northwood Hills Dental Practice	141 Pinner Road	Northwood Hills
4	Oakdale Dental Practice	103 Pinner Road	Northwood Hills
5	Northwood Hills Dental Clinic	35 Norwich Road	Northwood Hills
6	Hillside Dental Care	27 Field End Road	Eastcote
7	Field End Dental Clinic	70 Field End Road	Eastcote
8	Eastcote Dental Practice	154A Field End Road	Eastcote
9	Orchard Dental Care	6 Elm Avenue	Eastcote
10	Dental Surgery	33 Eastcote Road	Ruislip
11	Dental Surgery	117 High Street	Ruislip
12	Kingsend Dental Health Clinic	34 Kingsend	Ruislip
13	Parkway Dental Practice	58A Park Way	Ruislip Manor
14	Victoria Road Dental Clinic	105 Victoria Road	Ruislip Manor
15	Ivory Dental Practice	40 Station Approach	South Ruislip
16	Swakeleys Dental Practice	116 Swakeleys Road	Ickenham
17	Denpure Dental Care	77 Swakeleys Road	Ickenham
18	Escentics Dental & Implant Centre	299 Long Lane	Hillingdon
19	Campbell House Dental Practice	330 Long Lane	Hillingdon
20	Sweetcroft Dental Practice	267 Long Lane	Hillingdon
21	Court Drive Dental Practice	1A Court Drive	Hillingdon
22	Feel Good Dental Practice	77 Belmont Road	Uxbridge
23	Dental Surgery	15A Windsor Street	Uxbridge
24	I D H Ltd	278B High Street	Uxbridge
25	Yeading Dental Care	1A Carlyon Road	Yeading
26	Yeading Lane Dental Practice	9 Yeading Lane	Yeading
27	Dental Surgery	87A Coldharbour Lane	Hayes
28	130 Dental Centre	130 Coldharbour Lane	Hayes
29	Hayes Dental Practice	115 Station Road	Hayes
30	I D H Ltd	11 Station Road	West Drayton
31	West Drayton & Yiewsley Dental Practice	2 Providence Road	West Drayton
32	Village Dental Practice	159 High Street	Harlington

This page is intentionally left blank

## BOARD PLANNER & FUTURE AGENDA ITEMS

<b>Relevant Board Member(s)</b>	Councillor Jane Palmer Caroline Morison
<b>Organisation</b>	London Borough of Hillingdon Hillingdon Health and Care Partners
<b>Report author</b>	Nikki O'Halloran, Corporate Services and Transformation
<b>Papers with report</b>	Appendix 1 - Board Planner 2022/2023

### 1. HEADLINE INFORMATION

<b>Summary</b>	To consider the Board's business for the forthcoming cycle of meetings.
<b>Contribution to plans and strategies</b>	Joint Health & Wellbeing Strategy
<b>Financial Cost</b>	None
<b>Relevant Select Committee</b>	N/A
<b>Ward(s) affected</b>	N/A

### 2. RECOMMENDATION

That the Health and Wellbeing Board considers and provides input on the 2022/2023 Board Planner, attached at Appendix 1.

### 3. INFORMATION

#### Supporting Information

##### Reporting to the Board

The draft Board Planner for 2022/2023, attached at Appendix 1, is presented for consideration and development in order to schedule future reports to be considered by the Board. Members may also wish to consider any standing items (regular reports) and on what frequency they are presented.

The Board Planner is flexible so it can be updated at each meeting or between meetings, subject to the Co-Chairmen's approval.

Board agendas and reports will follow legal rules around their publication. As such, they can usually only be considered if they are received by the deadlines set. Any late report (issued

after the agenda has been published) can only be considered if a valid reason for its urgency is agreed by the Co-Chairmen.

Advance reminders for reports will be issued by Democratic Services but report authors should note the report deadlines detailed within the attached Board Planner. Reports should be presented in the name of the relevant Board member.

With the Co-Chairmen, Democratic Services will review the nature of reports presented to the Board in order to ensure consistency and adequate consideration of legal, financial and other implications. It is proposed that all reports follow the in-house “cabinet style” with clear recommendations as well as the inclusion of corporate finance and legal comments.

The agenda and minutes for the Board will be published on the Council's website, alongside other Council Committees.

#### Board meeting dates

The Board meeting dates for 2022/2023 were considered and ratified by Council at its meeting on 24 February 2022 as part of the authority’s Programme of Meetings for the new municipal year. The proposed dates and report deadlines for the 2022/2023 meetings have been attached to this report as Appendix 1.

#### **Financial Implications**

There are no financial implications arising from the recommendations in this report.

#### **4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES**

##### **Consultation Carried Out or Required**

Consultation with the Chairman of the Board and relevant officers.

#### **5. CORPORATE IMPLICATIONS**

##### **Hillingdon Council Corporate Finance comments**

There are no financial implications arising from the recommendations in this report.

##### **Hillingdon Council Legal comments**

Consideration of business by the Board supports its responsibilities under the Health and Social Care Act 2012.

#### **6. BACKGROUND PAPERS**

NIL.

# BOARD PLANNER 2022/2023

<b>13 Sept 2022</b>	<b>Business / Reports</b>	<b>Lead</b>	<b>Timings</b>
2.30pm Committee Room 6	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	<b>Report deadline:</b> 3pm Thursday 1 September 2022  <b>Agenda Published:</b> 5 September 2022
	2022/2023 Integrated Health and Care Performance Report and BCF Progress	LBH/HHCP	
	Board Planner & Future Agenda Items	LBH	
	<b>PART II</b> - Update on current and emerging issues and any other business the Co-Chairman considers to be urgent	All	

<b>29 Nov 2022</b>	<b>Business / Reports</b>	<b>Lead</b>	<b>Timings</b>
2.30pm Committee Room 6	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	<b>Report deadline:</b> 3pm Thursday 17 November 2022  <b>Agenda Published</b> 21 November 2022
	2022/2023 Integrated Health and Care Performance Report and BCF Progress	LBH/HHCP	
	Board Planner & Future Agenda Items	LBH	
	<b>PART II</b> - Update on current and emerging issues and any other business the Co-Chairman considers to be urgent	All	

<b>7 Mar 2023</b>	<b>Business / Reports</b>	<b>Lead</b>	<b>Timings</b>
2.30pm Committee Room 6	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	<b>Report deadline:</b> 3pm Thursday 23 February 2023  <b>Agenda Published:</b> 27 February 2023
	2022/2023 Integrated Health and Care Performance Report and BCF Progress	LBH/HHCP	
	Board Planner & Future Agenda Items	LBH	
	<b>PART II</b> - Update on current and emerging issues and any other business the Co-Chairman considers to be urgent	All	

This page is intentionally left blank

STRICTLY NOT FOR PUBLICATION

Exempt information by virtue of paragraph(s) 3 of Part 1 of Schedule 12A  
of the Local Government Act 1972 (as amended).

# Agenda Item 11

Document is Restricted

This page is intentionally left blank

STRICTLY NOT FOR PUBLICATION

Exempt information by virtue of paragraph(s) 3 of Part 1 of Schedule 12A  
of the Local Government Act 1972 (as amended).

# Agenda Item 12

Document is Restricted

This page is intentionally left blank