



HILLINGDON
LONDON



Health and Wellbeing Board

Date: TUESDAY, 20 SEPTEMBER 2022

Time: 2.30 PM

Venue: COMMITTEE ROOM 6 - CIVIC CENTRE, HIGH STREET, UXBRIDGE UB8 1UW

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

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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

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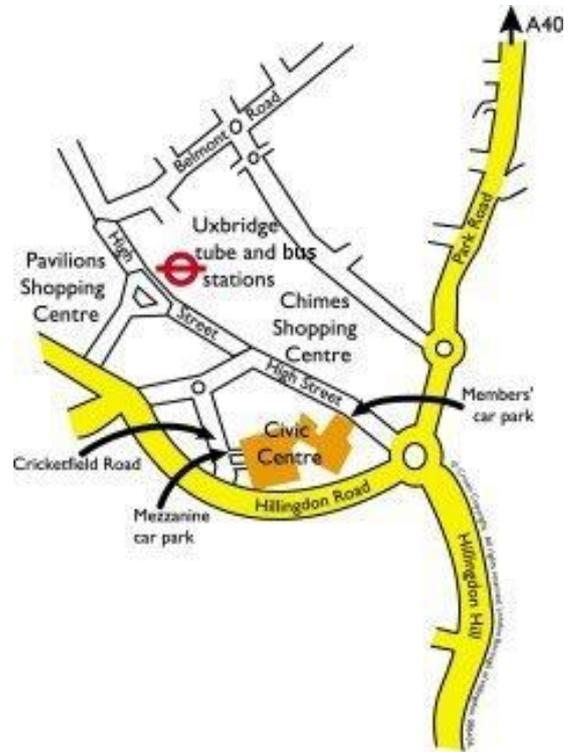
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Agenda

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 14 June 2022 1 - 8
- 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 Population Health Management - Progress and Next Steps 9 - 16
- 6 2022/23 Integrated Health and Care Performance Report 17 - 30
- 7 2022/23 Better Care Fund Plan TO FOLLOW
- 8 Pharmaceutical Needs Assessment Update 31 - 208
- 9 Adult Social Care Funding Reforms Update VERBAL UPDATE
- 10 ICS Strategy VERBAL UPDATE
- 11 Board Planner & Future Agenda Items 209 - 212

Health and Wellbeing Board Reports - Part II (Private and Not for Publication)

That the reports in Part 2 of this agenda be declared not for publication because they involve the disclosure of information in accordance with Section 100(A) and Part 1 of Schedule 12 (A) to the Local Government Act 1972 (as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.

- 12 Update on current and emerging issues and any other business the Chairman considers to be urgent 213 - 214

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Minutes

HEALTH AND WELLBEING BOARD

14 June 2022



HILLINGDON
LONDON

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

	<p>Board Members Present: Councillors Caroline Morison, Jane Palmer, Susan O'Brien (Vice-Chairman), Richard Ellis, Professor Ian Goodman, Lynn Hill, Vanessa Odlin (In place of Graeme Caul), Kelly O'Neill, Sandra Taylor, Patricia Wright and Tony Zaman</p> <p>Officers Present: Kevin Byrne (Head of Health and Strategic Partnerships), Gary Collier (Health and Social Care Integration Manager), Naveed Mohammed (Head of Business Performance & Insight) and Nikki O'Halloran (Democratic Services Manager)</p>
1.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Mr Nick Hunt, Mr Graeme Caul (Vanessa Odlin was present as his substitute) and Mr Eddie Jahn.</p>
2.	<p>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING (<i>Agenda Item 2</i>)</p> <p>There were no declarations of interest in matters coming before this meeting.</p>
3.	<p>TO APPROVE THE MINUTES OF THE MEETING ON 22 MARCH 2022 (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 22 March 2022 be agreed as a correct record.</p>
4.	<p>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 (<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>
5.	<p>INTEGRATED NEIGHBOURHOOD WORKING (<i>Agenda Item 5</i>)</p> <p>Professor Ian Goodman noted that the Primary Care Networks were geographically located with a discreet coverage in the north of the Borough and a more intermingled coverage in the south of the Borough. The activity of the Care Connection Team (CCT) had successfully reduced the number of A&E attendances by 440 and non-elective admissions by 282 which equated to an estimated gross saving of £1.28m.</p> <p>Integrated paediatric clinics had been running since 2018 and had been rotated through different practices across the Borough in order to provide access to residents and clinicians in general practice rather than having to attend hospital. This was now being expanded to include multi disciplinary team (MDT) discussions in relation to</p>

children with complex needs (including mental health).

Population health and preventative care was thought to be at the heart of the development of neighbourhood working. Services had been impacted by the pandemic over the last two years but the primary care teams and community team had worked hard to develop the diabetes enhanced service. There had been impressive improvements in those diabetes patients that had stuck to the REWIND low calorie programme.

With regard to Covid vaccination rates, Hillingdon had performed best in North West London (NWL) for first jabs and second highest overall. Hillingdon had also performed better than all other NWL boroughs in relation to flu vaccination uptake.

On average, there had been 106,124 more GP appointments offered in 2021/22 than in 2019/20 during the Winter Access Fund period. In Hillingdon, this had included the mobilisation of the primary care surge hub to support additional demand during the winter months. Work was also underway to double the number of appointments available out of hours.

The use of virtual consultations had enabled an increase in the number of patients being seen by GPs. However, it was recognised that, whilst younger working patients seemed to like eConsult, there were older and more frail patients that did not want / were unable to use digital facilities. Consideration needed to be given to how to identify those patients that would not be using eConsult. Hillingdon had recently procured a more modern version of eConsult which would be rolled out in the coming weeks and further communication about the system needed to be sent out to patients and practices.

Work had continued to develop new pathways to improve access to care and alleviate demand into specialist services such as gynaecology, ophthalmology and gastroenterology.

Ms Kelly O'Neill, the Council's Director of Public Health, advised that there had been variations across the Borough and it was important to identify difference, and areas with the highest needs and unmet needs.

Councillor O'Brien expressed concern that some patients seemed to be bombarded with a significant amount of text communication (e.g., surveys, information about getting a health check, etc). It was noted that this tended to reflect the NHS requirements for GPs to collect an increasing amount of information. Although the data that was collected might not be particularly useful, GPs were required to continue to send out these messages to ensure that they met their key performance indicators. Given that there would be a cohort of patients that did not use mobile phones, consideration would need to be given by HHCP to how the data / responses of these patients was being captured.

It was noted that the integrated neighbourhood working was an example of good partnership working, with health and local authority partners working better together than they had previously.

RESOLVED: That the progress and future priorities be noted.

6. **POPULATION HEALTH MANAGEMENT AND JOINT STRATEGIC NEEDS ASSESSMENT 2022 - VERBAL UPDATE** (*Agenda Item 6*)

Ms Kelly O'Neill, the Council's Director of Public Health, advised that North West London Clinical Commissioning Group (NWL CCG) had commissioned Optum to undertake work on population health management (PHM) with boroughs in NWL. Hillingdon had the only place-based project being undertaken in NWL and the programme aim was to look at complex problems that could not be resolved by a single organisation. A robust PHM process had been put in place to be able to identify interventions.

It was noted that population health management looked to achieve the 'who', 'why' and the 'how' and target a defined population and achieve a more effective use of health and social care resources in tackling a health and/or care need. The Kings Fund PHM Framework had identified five stages of 'how'. The progress was being driven at place level through six Action Learning Sets and Task Groups had been established to drive the actions forward. Ms Melanie Foody at NWL CCG had been the project lead on this work and had driven this intensive programme, providing effective leadership. The process took stakeholders through questions such as: How were needs targeted? What did the aligned data sets tell us? What were the outcomes that we were trying to achieve? What were the short, medium and long term plans?

Ms Caroline Morison, Co-Chairman and Managing Director of Hillingdon Health and Care Partners (HHCP), advised that the data collected allowed partners to identify cohort characteristics but there was a need to be explicit about the aim of any activity. For example, a strategy for the prevention of falls and associated key performance indicators (KPIs) had been put in place as well as a decision support tool. A logic model had been used to help prevent partners from jumping to conclusions by starting any process with the identification of the outcomes that were required.

In terms of long-term outcomes required, a positive view of ageing needed to be promoted. Interventions and other activities also needed to be developed which were inclusive. Engagement would be fundamental to the development of new approaches and solutions and needed to be planned into the process. Interventions would also need to be tweaked to ensure that they met people's needs. This was a time-consuming process so a pragmatic approach to continuous learning was required going forward to ensure that it moved faster and became embedded as "business as usual".

Ms Patricia Wright, Chief Executive of The Hillingdon Hospitals NHS Foundation Trust (THH), noted that, as a proof of concept, the falls work had been a good piece of work and the associated learning could be transferred to other areas, e.g., the psychological aspects of mobility aids had proved significant as they had allowed patients to take control of their illnesses. Sensible advice about mobility aids would make a huge difference to older people and consideration needed to be given to where these aids could be obtained and how they could be promoted, e.g., pharmacies and Age UK.

Ms Morrison noted that Age UK was a partner on the group. It was important for residents to have an understanding of the risks in their own homes and effort was needed to destigmatise the issue. However, residents were not always aware of where they could obtain this information. Ms Morrison stated that there had been a gap in the process that had been addressed, and that the group had set out arrangements for engaging with residents.

Ms O'Neill advised that a lot had been achieved since the engagement work had started over the last two weeks. Although partners had come up with their views of what residents needed, the feedback from residents had identified different needs (there were some residents who didn't recognise themselves as being frail) so the interventions needed to be reframed. Ms Wright gave an example of getting someone trendy walking poles rather than a walking stick or frame.

Councillor Jane Palmer had been struck by the other activities that had taken place and stated that the emotional support needed by residents should not be underestimated. Whilst residents wanted partners to fix things quickly, they also wanted to be able to then fix it themselves if it happened again.

Ms O'Neill stated that the long term objectives reflected a need to change the culture. There needed to be a universal approach that was applicable across all deprivation scales. Residents needed to realise that this was about adapting for a different stage of life.

Professor Ian Goodman, Hillingdon Borough Medical Director at NWL CCG, advised that more needed to be done in relation to intergenerational work, starting at primary school. Schemes were being established where students could go and live with older people (perhaps from Brunel University). This would encourage a better understanding in younger people of the issues faced by older people as well as providing assistance to the older people.

Ms Wright suggested that, rather than having an outcome of a skilled and empowered *workforce*, the outcome should be a skilled and empowered *population*. This reflected the Asset Based Community Development approach which identified existing community strengths and what that asset offered the community.

It was agreed that a further update on population health management be provided at the Board's next meeting on 14 September 2022.

RESOLVED: That:

- 1. an update on population health management be provided at the meeting on 14 September 2022; and**
- 2. the discussion be noted.**

7. **2021/2022 INTEGRATED HEALTH AND CARE PERFORMANCE REPORT** (*Agenda Item 7*)

Mr Gary Collier, the Council's Health and Social Care Integration Manager, advised that the 2021/2022 template had been submitted as draft, subject to approval by the Board. With regard to the 2022/2023 BCF development, the planning requirements were likely to be published in July for submission in mid-September 2022 but that this was subject to change. Additional requirements were likely to include health inequalities and supporting carers.

On 7 September 2021, the Government announced funding reforms in relation to Adult Social Care. Work in relation to the introduction of the Cost Care Cap was underway. The impact of this initiative on the market was uncertain and feedback would be provided to the Board once more information was available. Concern was expressed that there could be an impact on NHS rates as providers might seek to make up costs from the NHS.

The report stated that, between 2019/2020 and 2021/2022, West London had halved the percentage of people with 3+ emergency admissions in the last year of life. It was unclear what actions had been taken in West London to produce this outcome.

Councillor Susan O'Brien noted that the report contained updates on progress in promoting child healthy weight such as the Holidays and Food (HAF) programme which had worked well in Hillingdon. It was thought that, during the HAF programme, the children had been monitored to see if they were eating more healthily as a report had been produced but it was suggested that this be taken up outside the meeting. It was also suggested that promotion with Aggie now concentrate on children's dental health. Councillor O'Brien suggested that a fuller update be provided at the next board as to how child healthy weight issues were being taken forward in light of discussions on Population Health Management and post-Covid, especially in relation to schools.

Ms Morison noted that some of the activity outlined in the report was linked to the Outline Business Case for the new hospital development.

RESOLVED: 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;**
- c) the Board receive an update on the impact of the Cost Care Cap at a future meeting; and**
- d) the content of the report be noted.**

8. **MENTAL HEALTH CRISIS PATHWAY** (*Agenda Item 8*)

Ms Vanessa Odlin, Director for Hillingdon and Mental Health Services, Goodall Division at Central and North West London NHS Foundation Trust (CNWL), advised that the Crisis House provided by Comfort Care would be opening in the first week of August 2022.

Hestia and CNWL had undertaken social media advertising in relation to the Cove Café which had resulted in a small increase in the number of people using the service (70 in March 2022). Although this performance was better than other facilities in North West London in terms of presentations, the target was 140+ per month. Information about these services had been shared with the Metropolitan Police Service and London Ambulance service and consideration had been given to targeting Heathrow hotels and capturing the user experience in a bid to increase numbers. It was suggested that advertising needed to be much wider than just social media.

Following concerns raised at the last Board meeting in March 2022 about the unprofessional approach of Cove staff, further training had been provided and the issue had been addressed immediately.

Ms Odlin advised that the number of crisis presentations in A&E for those aged 18+ had increased and that approximately 60% of residents presenting in crisis in A&E were not known to partners. As such, consideration was being given to having Cove staff based in A&E at Hillingdon Hospital and to transporting those in crisis to the Crisis House or Cove Café which would provide a calmer and more appropriate environment. Similar to Brent, Hillingdon would be extending the Cove service to those aged 16+ in the next three months. It was suggested that links be made into Kooth.

Whilst further support for those aged 16+ would be welcomed, Councillor Palmer

queried how support could be provided to those who weren't coming forward. It was suggested that young service users ought to be asked where they thought other young people in need could be located. Councillor Susan O'Brien queried whether Cove was the right place for 16 year olds to turn up. The space needed to be right for them. Ms Odlin stated that the risks of a 16+ expansion would need to be assessed and it was hoped that the work would help to support colleagues in A&E.

With regard to population health management, opportunities to identify those young people who would benefit from using the services (but who were not accessing them) needed to be found. Ms Lynn Hill, Chairman of Healthwatch Hillingdon (HH), suggested that this could be linked into the recruitment that was currently being planned for Young Healthwatch via schools in the Borough.

Councillor Susan O'Brien suggested that CNWL try searching for these young people in community centres, P3 Navigator and foodbanks. She queried whether the same people were currently being captured under different headers which would be wasting resources by duplicating work.

It was recognised that A&E should not be the first contact for residents in mental health crisis. Consideration needed to be given to how residents could become smarter consumers of the system and how resources could be shifted from crisis to prevention. All of the different parts of the system needed to be connected and communicated effectively to enable this to happen. Mr Tony Zaman, the Council's Interim Chief Executive, would speak to Ms Kelly O'Neill, the Council's Director of Public Health, about the associated communications and strategy outside of the meeting.

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

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

Mr Naveed Mohammed, the Council's Head of Business Performance and Insight, advised that the Pharmaceutical Needs Assessment (PNA) needed to be published on 1 October 2022. It was currently in draft format and included demographic and epidemiological analysis. The assessment looked at the effectiveness of pharmacies in meeting residents' needs and had received 100% response rate. Mr Mohammed advised that many pharmacies in Hillingdon had indicated that they would be willing to provide other commissioned services. There were also opportunities for improvements or better access to current services. The PNA would now be subject to a 60-day consultation period.

Ms Kelly O'Neill, the Council's Director of Public Health, was aware that there was a desire by Select Committees to make better use of pharmacies. As they were so accessible and convenient, thought needed to be given to how pharmacies could be better used.

Mr Richard Ellis, Joint Lead Borough Director at North West London Clinical Commissioning Group (NWL CCG), noted that there were good networks between the pharmacies and GPs. Although NHS England was currently responsible for commissioning pharmacies, this would be transferring to the Integrated Care Board (ICB) later in the year. There would then be an opportunity to look at ways of working with pharmacies as well as with optometrists too.

Although it was thought that there was a good mix of independent pharmacies in the

	<p>Borough, Ms Patricia Wright, Chief Executive at The Hillingdon Hospitals NHS Foundation Trust, queried their sustainability and viability in the longer term. Mr Mohammed advised that the PNA had not looked at the viability of pharmacies but that it had looked at the available capacity of pharmacies in the Borough.</p> <p>The Board was advised that the first census outputs were expected on 28 June 2022. Ms Caroline Morison, Co-Chairman and Managing Director of Hillingdon Health and Care Partners (HHCP), noted that it would be worth inputting the feedback received from pharmacies into the neighbourhood discussions. Mr Tony Zaman, the Council's Interim Chief Executive, suggested that a market position statement be presented to pharmacies like a type of procurement exercise.</p> <p>It was noted that the final sign off of the PNA would be brought to the next Board meeting on 14 September 2022.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. it be noted that that work on the 2022 PNA is on track for publication by 1 October 2022; and 2. a 100% response rate was achieved on the survey of pharmacy contractors and 95 responses were received for the patient survey.
10.	<p>BOARD PLANNER & FUTURE AGENDA ITEMS (<i>Agenda Item 10</i>)</p> <p>Consideration was given to the Board Planner. It was noted that the following items would be included on the agenda for the next meeting on 14 September 2022:</p> <ul style="list-style-type: none"> • 2022/2023 Better Care Fund Plan; • Population health management update; • Cost Care Cap update – impact on the market (if available); and • PNA final sign off. <p>RESOLVED: That the Board Planner, as amended, be agreed.</p>
11.	<p>TO APPROVE PART II MINUTES OF THE MEETING ON 22 MARCH 2022 (<i>Agenda Item 11</i>)</p> <p>RESOLVED: That the Part II minutes of the meeting held on 22 March 2022 be agreed as a correct record.</p>
12.	<p>UPDATE ON CURRENT AND EMERGING ISSUES AND ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS TO BE URGENT (<i>Agenda Item 12</i>)</p> <p>Ms Caroline Morison, Co-Chairman and Managing Director of Hillingdon Health and Care Partners, advised that the Better Care Fund had been expanded to include mental health services and physical health services. Mr Gary Collier, the Council's Health and Social Care Integration Manager, advised that a broader place-based health approach would be ready for 2023/2024.</p> <p>It was agreed that the ICS Strategy be included on the agenda for the next meeting on 14 September 2022.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. The ICS Strategy be included on the agenda for the next meeting on 14 September 2022; and 2. the discussion be noted.

	The meeting, which commenced at 2.30 pm, closed at 4.15 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.

POPULATION HEALTH MANAGEMENT - PROGRESS AND NEXT STEPS

Relevant Board Member(s)	Councillor Jane Palmer Kelly O'Neill – Interim DPH
Organisation	London Borough of Hillingdon
Report author	Kelly O'Neill, Interim DPH, LB Hillingdon
Papers with report	None

1. HEADLINE INFORMATION

Summary	<p>This paper sets out:</p> <ul style="list-style-type: none"> • Progress of implementing Population Health Management (PHM) at Place • Current status of the PHM programme commissioned by NWL ICS supported by Optum in the Borough • The prospective plan for embedding PHM as an approach to system working and the opportunities afforded by the NHSE Health Inequalities funding allocated to the ICB • Planning for using a PHM approach to improve the outcomes of the NHS Health Checks programme and a 'Whole System Approach' to Obesity
Contribution to plans and strategies	Joint Health and Wellbeing Strategy 2022-2025 HHCP Transformation Plans Public Health Service Plan
Financial Cost	None
Relevant Select Committee	N/A
Ward(s) affected	N/A

2. RECOMMENDATIONS

That the Health and Wellbeing Board is informed and aware of:

1. the current status of the place-based PHM programme on falls and frailty commissioned by NWL in the Borough.
2. discussions at the Health Protection Board that proposes how we embed population health management in wider projects. How this approach can more efficiently become a systematic tool for improving outcomes in defined communities. How we can best use the opportunities presented as part of the NWL ICB consultation on investing in PHM to tackle health inequalities at Borough level.
3. Two examples of public health focused work that is starting to use PHM as an

approach to achieving improved outcomes – and offer a different approach to two long-standing health needs to achieve more impact:

- a) The NHS Health Checks Programme – this programme is a screening tool for long-term conditions that would benefit from increased uptake and improved process’ to support residents with greater health risk**
- b) Whole System Approach to Obesity – using a place-based approach to work with communities to tackle the causes, of the causes of obesity.**

Both projects headline information will be presented at the Board meeting and the Board is asked to support the development of these two programmes, and periodically check-in on progress as part of the quality improvement role of the board.

3. INFORMATION

3.1 Context:

The Board has previously been updated on the supported implementation of PHM projects commissioned by NWL ICS and delivered by Optum in support of targeted place-based problems to tackle long-standing health challenges that data indicates need targeted intervention. The Hillingdon project is the only borough-level PHM programme in NWL.

PHM is a term used to describe approaches to develop health and care quality improvement whilst managing costs, and a tool for organisations to find more efficient and effective ways to deliver better long-term health and care outcomes for populations. The need to focus on service and health improvements for defined populations is increasingly important for providers and commissioners of services. Methods to identify and care for segments of the population that are (high) users of service by leveraging the capabilities of information technologies to obtain timely information about individuals and their care progress. Population health management programmes with the potential to integrate quality improvement goals with cost saving goals can have a significant impact on longer-term care delivery and outcomes.

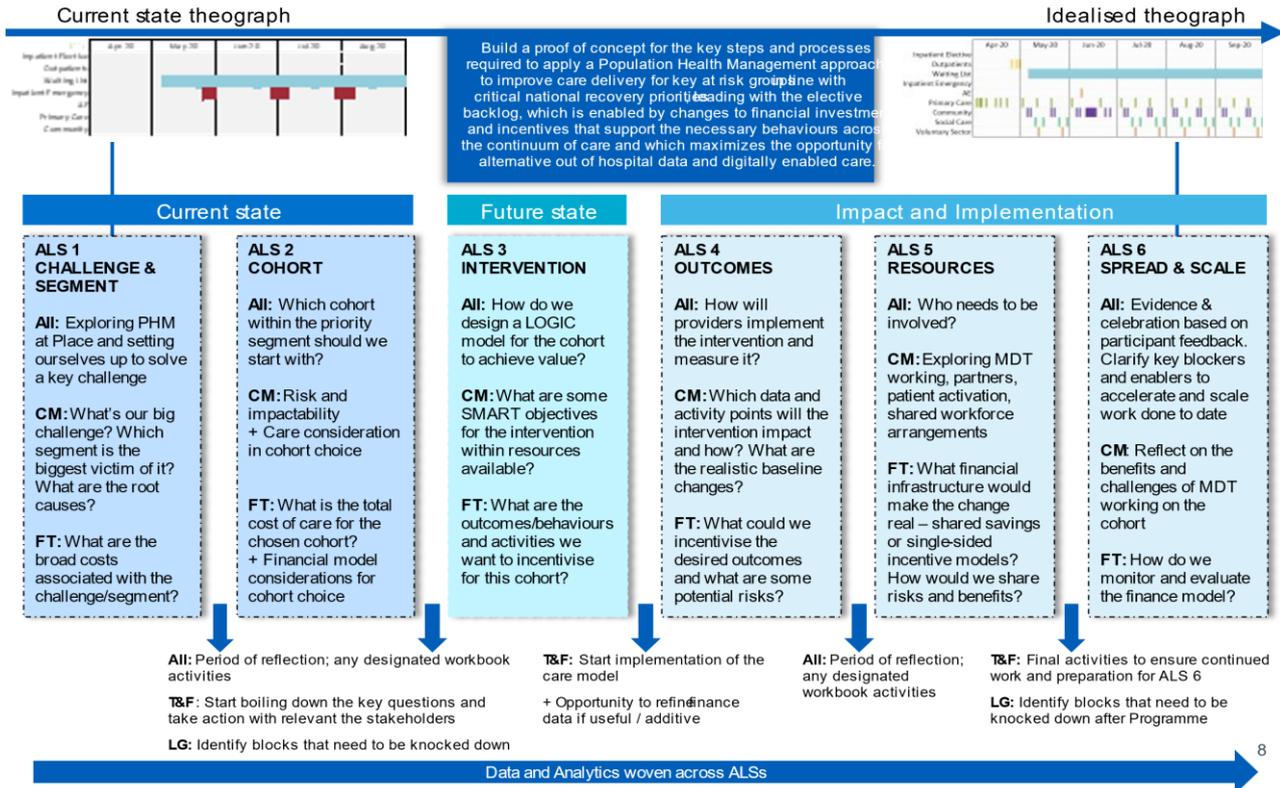
The project has brought system partners and stakeholders together as part of a 22-week programme, creating a partnership working to understand and respond to an area of health and care challenge. Whilst the programme is still in progress, HHCP are looking forward to how the PHM approach can be embedded in a more effective and efficient way and used wider to demonstrate ways to do-new to achieve different, better, sustained outcomes.

3.2 Place-based PHM programme on falls and frailty – progress update:

The programme is about to complete the last of the 6 Action Learning Sets having gone through the process set out in the graphic below:

Place on a page

KEY: **LG**=Leadership Group
CM=Care Model Team (clinicians, ops leads) angle/job to be done/question to address in the ALS
FT=Finance Team (DoFs, data/analytical leads) angle/job to be done/question to address in the ALS
T&F=Task and Finish Group(s)



The group has been a committed and consistent membership supported by additional specialists that have invested their expert knowledge at specific stages of the project relevant to their area of specialism.

Target Group: The project has targeted a group of 1560 people aged between 60 and 79 years who have a history of falls with one or more A&E attendances within the last 12 months. The aim is to prevent falls, and the recurrence of a fall, improve this groups health and wellbeing and for those who fall, they have a good recovery, maintain confidence and independence.

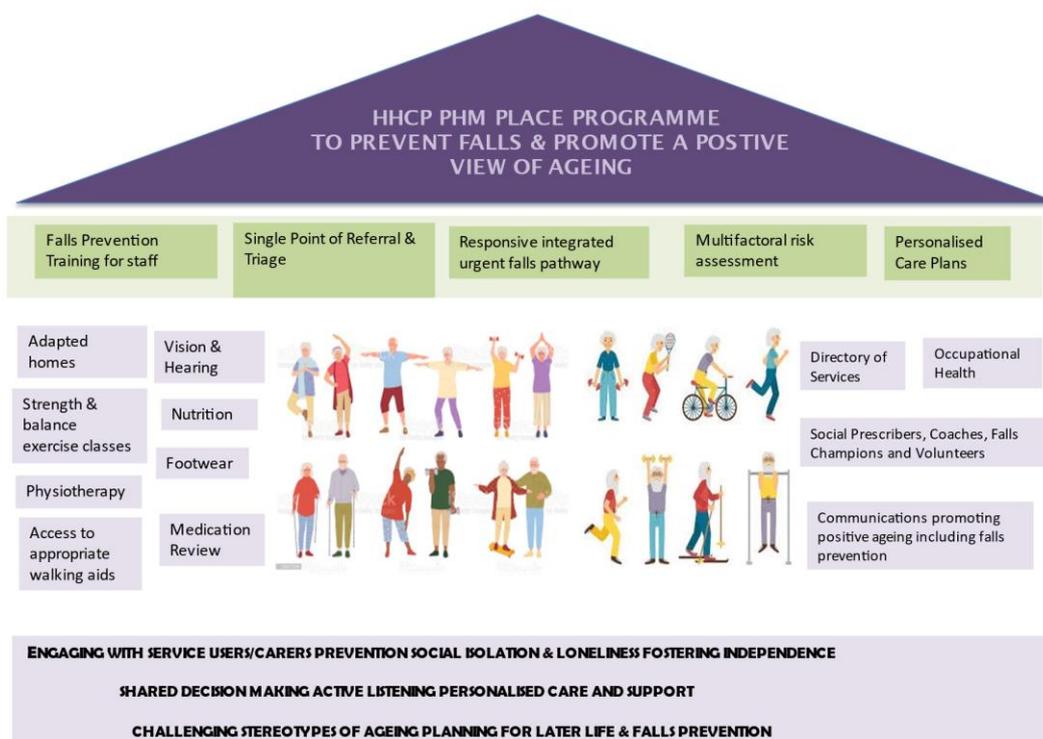
The rationale for focusing on this group was based on robust data and insight, including information relating to the cost to the system, and the impact that could be achieved for the groups health and quality of life through effective action and intervention. This was also an opportunity to build on an existing programme of falls prevention work that is being delivered in care homes in the borough.

The Group has gone through a process of development and drafted outcomes and interventions (activities) with a sound evidence base supported by engagement with communities in two phases, firstly, engagement with service users who have experience of using the services and phase two, engaging service users on outcomes and interventions, with clear insight from those who have fallen, their view on what caused the fall, the impact of the fall and what helped. Interventions were prioritised by the group with lead clinicians and that include:

- Development and implementation of a HHCP service specification for a single point of referral and triage supported by an agreed Decision Support Tool
- Develop a multi-factorial assessment tool to reduce risk of falls and manage frailty and personalised care plan

- Review current borough falls prevention pathway to optimise an integrated urgent response to a fall
- Develop a falls prevention training programme for staff across services
- Directory of services for those at risk including, home assessment and adaptation programme, greater access to strengths and balance courses for those at risk
- Increased number of mobility assessments
- Ongoing engagement that increases understanding of risk of falls and how they can be prevented

Which led to the development of infographics to inform the programme:



The group now focuses on overseeing the implementation of the interventions, confirming SROs for each intervention, to develop detailed project implementation plans that state how the intervention will respond to the needs of people in the cohort group. Service user engagement will continue in line with phase 2. Aligned to this will be the finance and resource planning and any contract changes required for service delivery.

We are in the process of embedding this project as new business as usual and determining how we robustly measure and demonstrate the outcomes, impact and the difference made to the lives of those affected through this approach.

3.3 Embedding PHM: Recommendations of the Health Protection Board:

The August Health Protection Board reviewed a discussion paper about how we embed PHM. The paper 'Building an integrated population health management model, a discussion paper' presents how PHM can contribute to the HHCP ambition to improve the health and wellbeing outcomes of our population as well as to reduce the variation that currently exists across those outcomes that requires new ways of working driven by data, shaped by the experiences and needs of our residents, unconstrained by organisational boundaries. The paper recognises that

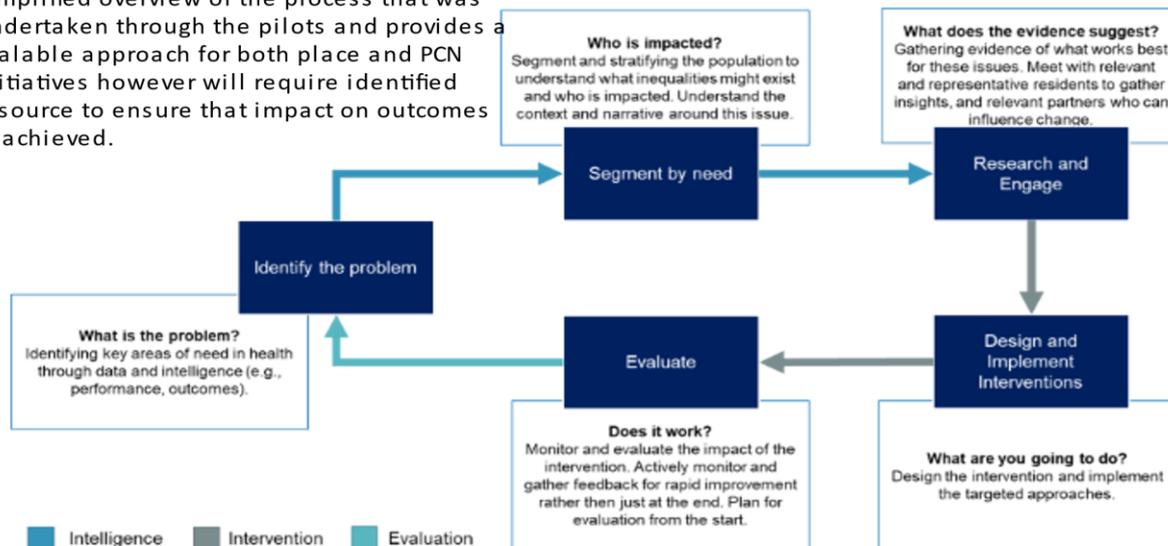
PHM is not a stand-alone intervention but a methodology that can be applied to any priority or cohort, to identify need and variation, segment the populations impacted, and design, implement and evaluate a response.

The Board will be familiar with the developing framework we are using.



Methodology:

This model developed by the Kings’ Fund is a simplified overview of the process that was undertaken through the pilots and provides a scalable approach for both place and PCN initiatives however will require identified resource to ensure that impact on outcomes is achieved.



This framework is iterative and as we use it, ongoing improvements that will help us refine this approach to be more efficient and effective will be made. This will be supported by a series of population health webinars during September/October in partnership with the training hub team.

The recommendation for scope of use of this framework includes a range of national, regional and local initiatives and using this population health approach will allow us to underpin the delivery of these initiatives in a coherent, joined up way that will help target resources and enhance the impact of our programmes on health and care outcomes. The national, regional and local initiatives for consideration include:

- Core 20+5
- Recommendations from the Fuller report
- Elements of the PCN DES for 22-23
- NHSE population health pilots at PCN and place (supported by Optum)
- The NW London ICB health inequalities programme
- Hillingdon Health and Wellbeing Strategy
- Elements of our 6 HHCP transformation programmes

The discussion paper also recommends a focus on five national priorities which are current Hillingdon transformation programmes where a focused PHM methodology could allow us to change the way we tackle an entrenched issue, including:

- Childhood obesity

- Childhood vaccination uptake
- Dental decay in children
- Cervical screening uptake
- Covid and flu vaccination uptake

The Health Protection Board agreed to initially use existing governance structures under the H&WB Board, Health Protection Board and Neighbourhood Programme Board to drive forward PHM, identify ways to bring together data and information capacity and capability to support the BI resource needed, to increase our focus on engagement, and determine any gaps to add resource. Also discussed was the importance of maximising the current expertise and leadership in the system, and prioritising our resources.

3.3.1 NWL ICB consultation on investing in PHM to tackle health inequalities

NWL ICB are currently in a 3-week consultation with boroughs for the allocation of a £7M Health Inequalities investment from NHSE that creates an opportunity to build resources as a foundation for further developing Population Health Management across NWL as part of the NHS operating plan 22/23.

The proposal by the ICB has the stated ambition to ‘build health inequality infrastructure, radically improve coproduction with residents, and encourage innovation partnerships’, underpinned by four principles: equitable funding; empowering BBPs in decisions; robust learning and evaluation; and, to retain focus through alignment to existing priorities by establishing PHM building blocks, which they suggest will be enabled through a blend of targeted support and structural investments.

Included is a proposal for a learning network as an intervention that contributes to wider learning, so we learn from and replicate relevant to the needs of each area and reduces duplication.

The proposal for the structural investment is to build capacity and capability within the borough-based partnerships. The options are focused on how that happens and where that investment is best spent to lead to better partnership working and outcomes.

The consultation of the options is about how we get the best resourcing for the borough to achieve our ambitions. To be considered is the employment of centralised specialist staff, alternatively a devolved budget to boroughs for local determination of what resources are required, and what offers the best opportunity to allow HHCP to respond to borough needs and priorities that accelerate how we tackle the health inequalities in the borough.

The 3-week consultation period does not allow sufficient time for BBPs to plan how a locally devolved budget will be spent, however there are borough health and wellbeing strategy priorities as set out in the HPB discussion paper, the JSNA, and the HHCP deliver priorities that will benefit from resourced PHM action.

Our ambition for Hillingdon is to identify which option is most likely to deliver the greatest impact in how we tackle health inequalities through the BBP, and best enable action at Borough place level where partners understand the need of residents and neighbourhoods and are responsible for making sustained positive change.

3.4 Using PHM to improve outcomes for Public Health Programmes:

The areas discussed in section 3.3 are the transformation priorities HHCP are focused on. Two areas where PH have started to change the approach to achieve better outcomes through PHM are the NHS Health Checks programme, initially by aggregating the data, understanding what is being delivered, and achieved, and prospectively looking at how we improve residents' outcomes, preventing and intervening early to reduce the health impact of long-term conditions, and the associated burden and cost for the individual affected and the health and care system. The second programme started using a PHM framework is how we tackle unhealthy weight and make our population healthier and fitter.

3.4.1 The NHS Health Checks programme

The paper attached is a starting point for using a PHM approach to improve the NHS Health Check programme commissioned by LBH PH Team, and the initial data analysis from 5 years of NHS health check information submitted by General Practices as part of the aligned information dataset.

The NHS Health Checks Programme is a screening tool for long-term conditions that would contribute greater benefit to the health and care system outcomes if there was increased uptake, especially targeted uptake in higher risk communities and improved process' to support residents with greater health risk through healthier lifestyle and behaviour interventions.

Public Health as the commissioner will lead on the development of this project and scope the PHM programme, engaging GP providers, and wider stakeholders and service users.

3.4.2 Whole-system approach to obesity

The Board has consistently recognised obesity as a major contributor to poor health in the borough. The approaches employed by the borough, whilst consistent with other boroughs in London and across the country, all areas trying to tackle what has become an intractable challenge, there has been an overall lack of improvement in obesity levels, nationally and in the borough.

The Board is asked to support a different approach rather than continue to deliver the same interventions without the impact needed. The plan is to implement a 'Whole System Approach to Obesity', a place-based approach to work with communities to tackle the causes of the causes of obesity. The initial draft ambitions are based on those that are being piloted in 5 London boroughs that we are replicating:

WHOLE SYSTEMS APPROACH – Healthy Weight

Being Ambitious: Hillingdon to be seen as a borough that is innovative and leading the way in tackling unhealthy weight – Prevention is better than cure!

- Data, insight, intelligence informs our actions and there are measures of impact/ outcomes that drive our ambition – we learn from what works
- Agree terminology, and licence to discuss the topic in ways that previously felt uncomfortable – confidence and competence 'addressing the issue'
- Residents and communities are engaged, and we understand their challenges and drivers
- Identify stakeholders and community assets – what's available, where can assets be developed – who are the influencers to driver this, e.g., schools
- Local policy decisions support 'Health in all places and spaces', infrastructure defaults to healthy weight/ being active being the first and easiest choice
- Services and strategy delivery – align the synergies, for example: physical Activity Strategy/ improved maternity actions (breastfeeding), child development (inc. oral health)

WHOLE SYSTEMS APPROACH – Healthy Weight

WSA – Borough Led Action Plan – looking at wide scope of contributing risks

Stakeholder workshops around the borough:

Targeting areas and communities where obesity is greatest/ physical activity participation is lowest
Recognising difference

- Childhood and family healthy weight
- Reducing inequalities in seldom heard communities and underrepresented groups
- Advertising and Built Environment
- Healthy Food consumption – drivers – cultural differences/ challenging views on what is 'normal and healthy'
- Healthy workplaces – engaging businesses
- An environment that promotes physical activity, active travel and healthy choices are the first and easiest option
- Challenges of cost of living in relation to healthy weight – mitigation measures – food costs/ leisure costs – affordability



www.hillingdon.gov.uk

Both projects headline information will be presented at the Board meeting and the Board is asked to support the development of these two programmes, and periodically check-in on progress as part of the quality improvement role of the Board.

2022/23 INTEGRATED HEALTH AND CARE PERFORMANCE REPORT

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

HEADLINE INFORMATION

Summary	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 draft 2022/23 Better Care Fund.
Contribution to plans and strategies	The Joint Health and Wellbeing Strategy and Better Care Fund reflect statutory obligations under the Health and Social Care Act, 2012.
Financial Cost	The provisional value for the BCF for 2022/23 is £108,966k made up of Council contribution of £58,025k and an NHS contribution of £50,941k.
Ward(s) affected	All

RECOMMENDATION

That the Health and Wellbeing Board notes and comments on the content of the report.

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 April to June 2022 period (referred to as the '*review period*'), unless otherwise stated. There is a separate report on the Board's agenda concerning the 2022/23 Better Care Fund (BCF) plan.
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

Planning for Post April 2023 BCF

3. The Board will be aware from the separate report on its agenda concerning the 2022/23 BCF plan that confirmation of assured status is not expected before 30 November 2022. Publication of the planning requirements for the successor plan is unlikely to happen before January 2023 at the earliest. It is therefore suggested that a dialogue be undertaken with the Integrated Care Board (ICB) to explore receptiveness to taking forward previous Board discussions about using the BCF framework to establish a place-based health and care budget.

Mental Health Crisis House

4. Establishing a crisis house as part of the transformation of the mental health crisis pathway has been the subject of discussion at several Board meetings. Although in more detail later in this report, it is highlighted that this service is now operational.

B. Workstream Highlights and Key Performance Indicator Updates

5. This section provides the Board with progress updates for the six workstreams, where there have been developments.

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

Workstream 1: Neighbourhood Based Proactive Care

Workstream Highlights

7. **Population health management:** This is addressed in a separate report on the Board's agenda.

8. **Community development:** H4All and the Confederation have organised six Primary Care Networks (PCNs) engagement roadshows with each roadshow designed to have a specific health focus based on a priority need with that particular PCN. To date, four roadshows have taken place over various days of the week with over 1,200 residents attending. These sessions have been very successful and are a great way for PCNs to engage with their local community and help promote health education and local support services. A full evaluation of the roadshows will take place after the completion of the final event on 31 August.

9. HHCP has committed to fund another set of roadshows in the winter. The focus of these sessions will be about vaccination uptake and key health messages delivered by partners. There will also be an emphasis on "*staying well*" with signposting opportunities to benefits, housing and other key departments to support our local population during this difficult time and HHCP and the Council will work together to ensure effective delivery.

10. **Enhanced Access Service:** From 1 October, PCNs are required under the updated 2022/23 direct enhanced service (DES) contract to provide an enhanced access service that ensures bookable appointments outside core hours within the Enhanced Access period of 6.30pm-8pm weekday evenings and 9am-5pm on Saturdays, is delivered utilising the full multi-disciplinary team. The service would be offering a range of general practice services, including 'routine' services such as screening, vaccinations and health checks, in line with patient

preference and need. All 6 PCNs within Hillingdon have opted for the Confederation to deliver this service on their behalf and currently a plan is being developed which requires submission to NHS North West London by the end of July.

11. **E-consultation:** All Confederation practices have gone live with a new e-consultation provider called Patches. Patches provides a triage service that helps to manage workloads for GPs and provides a rapid and responsive online consultation service for patients. This replaces the previous '*e-consult*' service available to Hillingdon residents.

12. **Phase 5 Covid Vaccination:** The phase 5 vaccination programme will commence on 1 September. Some analysis has been undertaken to identify that there is sufficient capacity in the system to deliver the number of vaccinations required. Currently there are 14 community pharmacy sites across the borough with 2 new sites being put forward for assurance. Hillingdon Hospital will also be providing a vaccination facility and Colne Union PCN have confirmed they would like to deliver the service as well following a site assurance process.

13. **Cloud Telephony Solution:** A preferred supplier has been chosen to offer a cloud telephony solution to all practices in Hillingdon. Having a single supplier for all Hillingdon practices will support future collaborative working and therefore have significant benefits for both residents and the practices.

Key Performance Indicators

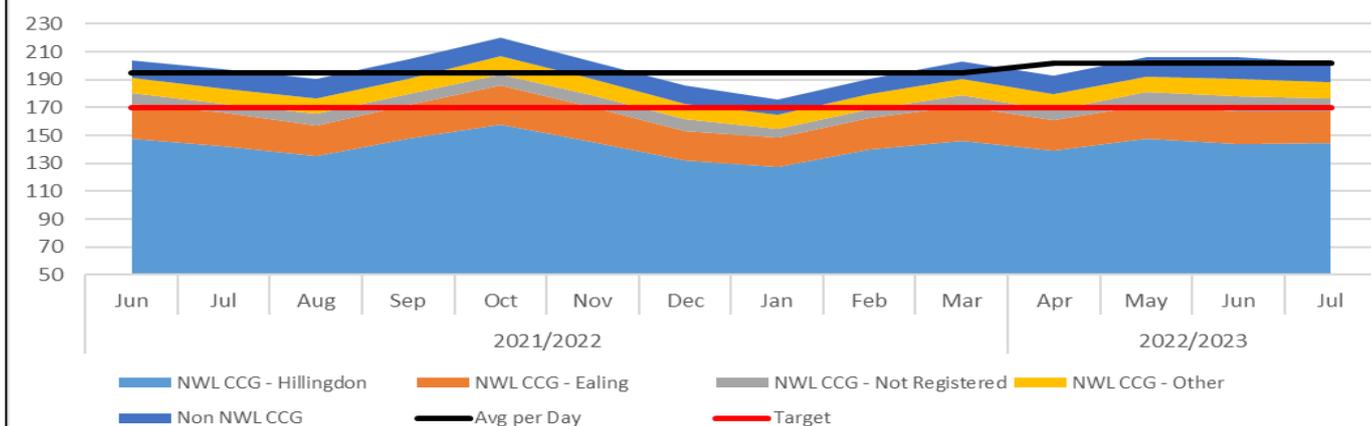
14. **Admission avoidance:** This BCF metric is intended to measure a reduction in adults admitted to hospital for ambulatory care sensitive conditions. The conditions within the scope of this metric include acute bronchitis, angina, heart disease, heart failure, dementia, emphysema, epilepsy, high blood pressure, diabetes, chronic obstructive pulmonary disease (COPD) and fluid on the lungs (pulmonary oedema). A separate report on the Board's agenda addresses the proposed 2022/23 ceiling.

Workstream 2: Urgent and Emergency Care

Workstream Highlights

15. **A & E Attendances:** An average of 202 people per day have been attending Hillingdon Hospital in the period between April and July 2022. This is a marginal increase on the average in 2021/22, which was 195. The Board may wish to note that 71% of attendees were people with Hillingdon-based GPs; 11% were registered with Ealing-based GPs and the rest from a range of areas or not registered.

Chart 1: Daily A & E Attendances – Hillingdon Hospital Only



Source: NWL BI

16. Emergency Admissions: The total number of admissions during the review period, i.e., 6,778, was identical to the same period in 2021/22. The review period saw a small reduction in the number of people aged 65 and above compared with 2021/22, i.e., 2,617 against 2,780.

17. 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. 17,771 people attended the UTC during the review period, which is slightly lower than the 18,041 who attended during the same period in 2021/22.

18. A key objective of the service is to redirect people to primary care who do not need inpatient treatment at Hillingdon Hospital. The average redirection rate for 2022/23 is 6.6%, which compares to 8.6% in 2021/22. This suggests a higher proportion of attendances that were appropriate during the review period.

19. Same Day Emergency Care Unit (SDEC): 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. The service saw quite wide fluctuations in activity during Q1 2022/23 with an average of 792 referrals per month.

20. Linked to the SDEC development is another project that will lead to intravenous antibiotics being delivered in the community, which will contribute to reducing demand on Hospital resources.

21. Improving Length of Stay (LoS): This is a programme of work that focuses on discharge across Hillingdon Hospital to deliver improvements to contribute to meeting targets that are shown below. Some projects are from HHCP and from Rapid Improvement Events run by the Trust and some are linked to the Hospital's quality priorities for the year. Work has been split by the LoS days, i.e., >7 days, 7 - 13 days, 14-21 days, 21 – 49 and 50 +. Weekly review meetings have been set up and themes identified. There is a separate programme on improving neuro rehab services with the aim of reducing LoS through developing community step down provision

based on Imperial College Hospital Trust’s Specialist Neuro Rehab Outreach Service (SNROS).

22. **Step-down and discharge:** Following a competitive tender, the Council’s Cabinet approved the award of contracts to two care home providers to deliver 13 beds primarily to support hospital discharge for the next four years (there is scope within the contracts to support admission avoidance, i.e., step-up). Hospital discharge is addressed in more detail in the 2022/23 BCF plan report also on the Board’s agenda.

Key Performance Indicators

23. 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:* Q1 average was 93%.
- **Discharged to usual place of residence:** This BCF metric is intended to measure improvements in the proportion of people discharged from hospital to their own home. A separate report on the Board’s agenda addresses the proposed 2022/23 target.
- **Length of stay:** Table 1 below shows the length of stay targets in respect of people admitted to Hillingdon Hospital and the Q1 performance. The Board may wish to note that Hillingdon's performance for most length of stay categories, including timeliness of discharge for palliative care patients, is among the best in NWL. Hillingdon also has a successful track record of joint working between health and social care to find responsive solutions to patients' discharge needs that entails close working with families and carers.

Table 1: Hillingdon Hospital Length of Stay Targets 2022/23		
Descriptor	Target (People/patients)	Q1 Average
• > 7 days	97	149
• 7 – 13 days	45	66
• 14 – 21 days	27	31
• 21 – 49 days	23	42
• 50 + days	2	10

- **Effectiveness of reablement:** This long-standing BCF metric is a measure from the Adult Social Care Outcomes Framework (ASCOF). It measures the percentage of the 65 and over population discharged into reablement from hospital who are still at home 91 days after discharge. The aim is for the percentage to be as high as possible and it has also been a BCF metric since its inception. The proposed target for this metric is addressed in more detail in a separate report on the Board’s agenda.

Workstream 3: End of Life Care

Workstream Highlights

24. **End of life (EoL) integrated care strategy:** A new strategy for the period 2022 – 2025 has been developed. The six ambitions and supporting measures are illustrated below:

Ambition	Measure
1. Individual: Each person is seen as an individual	<ul style="list-style-type: none"> • % of people dying in their place of choosing. • % of people dying with an end of life care plan.
2. Fair access: Each person gets fair access to care.	<ul style="list-style-type: none"> • % of EoL population engaged with the health and care system. • Avoidable transfers of care to hospital from home and/or care home setting.
3. Comfort and wellbeing: Comfort and wellbeing are maximised.	<ul style="list-style-type: none"> • User feedback – experience. • Carer feedback – experience and outcome.
4. Coordination: Care is coordinated.	<ul style="list-style-type: none"> • Delays in receiving care. • Delays in receiving medication.
5. Staff: All staff are prepared to care.	<ul style="list-style-type: none"> • Workforce integration and training • Staff feedback – experience
6. Community: Each community is prepared to help.	<ul style="list-style-type: none"> • % of EoL population engaged with the health and care system.

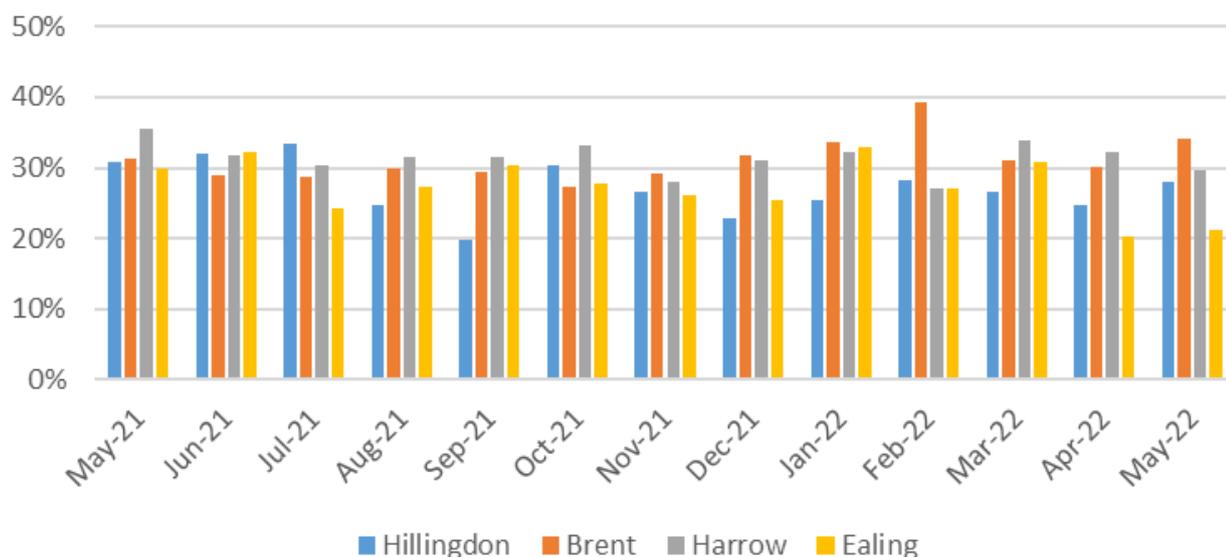
25. **Integrated model of care:** Integrated care for people at end of life has been identified as a key Public Health priority area for 2022/23. The aim is to have an agreed model of care for people within their last year of life for implementation in Q3. On-going resident engagement is planned, including a patient survey and a patient reference group being established.

26. **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 116 people are currently being supported by this service. Options for securing longer term funding for this initiative are currently being explored by HHCP.

Performance Update

27. Chart 2 below shows that Hillingdon is ranked third in terms of the percentage of deaths occurring at home over the twelve month period to May 2022 out of the four Outer North West London boroughs.

**Chart 2: % of deaths that occurred at home during the last 12 months
Outer North West London Boroughs**



28. Tables 3 and 4 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 3: % of people with 3+ emergency admissions in last year of life

Borough	2019/20	2020/21	2021/22	2022/23 (April)
Brent	15%	9%	14%	13%
Ealing	17%	12%	22%	13%
Hounslow	15%	13%	18%	10%
Hammersmith & Fulham	18%	10%	16%	8%
Harrow	13%	12%	20%	14%
Hillingdon	14%	13%	15%	18%
West London	15%	11%	8%	11%
Central London	18%	10%	17%	14%
NWL Average	15%	11%	17%	13%

Source: NWL BI EoL Dashboard

Table 4: Average number of bed days 90 days prior to death (Emergency admissions)

Borough	2019/20	2020/21	2021/22	2022/23 (April)
Brent	19.12	14.49	15.76	17
Ealing	18.94	14.41	14.44	17
Hounslow	18.09	14.71	15.85	16
Hammersmith & Fulham	18.20	16.34	19.43	17
Harrow	17.54	15.39	16.46	17

Hillingdon	18.12	14.27	15.06	19
West London	17.83	15.67	14.59	24
Central London	17.81	14.18	17.76	23
NWL Average	18.30	14.79	15.80	18

Source: NWL BI EoL Dashboard

Workstream 4: Planned Care

Workstream Highlights

29. **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. Some key developments in 2022/23 to date include:

- *Gynaecology:* Phase 2 of the 2022/23 work programme in this specialty includes the development of a business case for a gynae psychology service, a gynae pelvic health service and a menopause service.
- *Gastroenterology:* The scope for providing a specialist dietician for inflammatory bowel disease (IBD), irritable bowel syndrome (IBS), hepatology, i.e., diseases that affect the liver and pancreas, and celiac disease, is being considered and a business case taken through HHCP governance channels.
- *Ophthalmology:* Service provision for Hillingdon residents will be reflected within a sector wide procurement exercise being undertaken by NWL and local input has been provided into the specification for the service that will be tendered in due course.

30. **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 3,568 and the period from April to June 2022 saw an average of 3,612. Data suggests that the service is being effective in reducing unnecessary referrals to the Hospital and that the service has resulted in 11,632 referrals not requiring a hospital consultant appointment being avoided within the twelve month period to June 2022.

Workstream 5: Children and Young People (CYP)

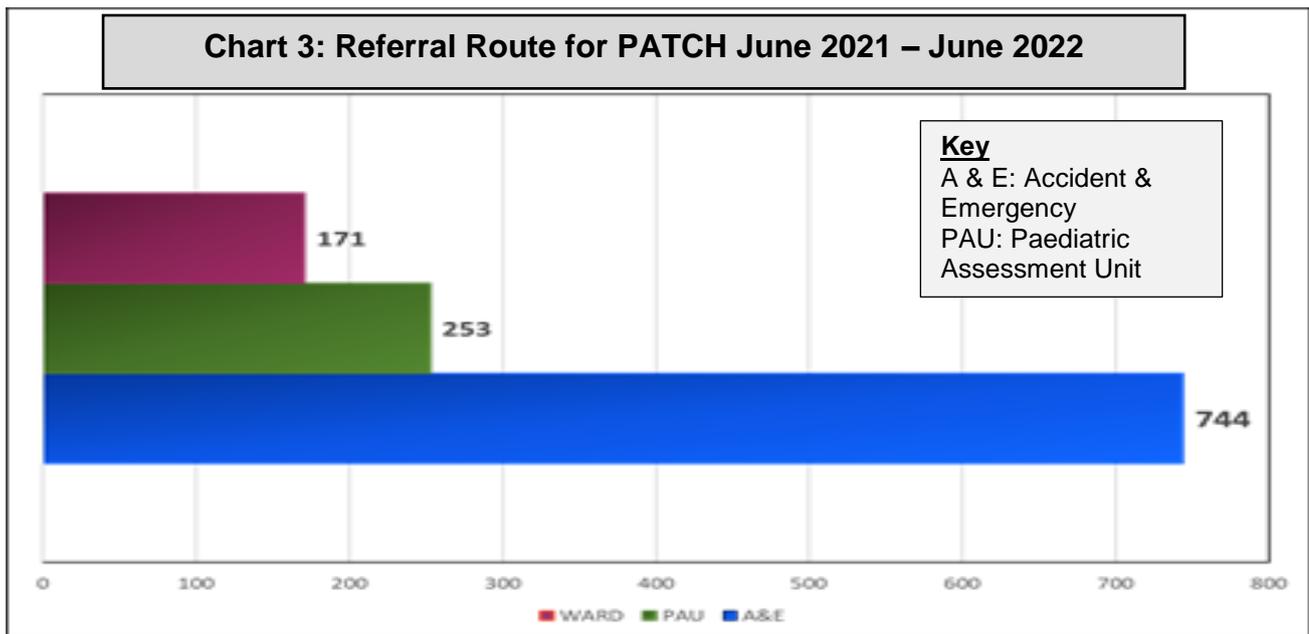
Workstream Highlights

31. **Stronger Families Hub:** Since the hub was established in August 2021 21,105 requests for assistance have been received and 9,455 of these through the portal and 1,855 families have been referred to the Stronger Families Locality Team for support.

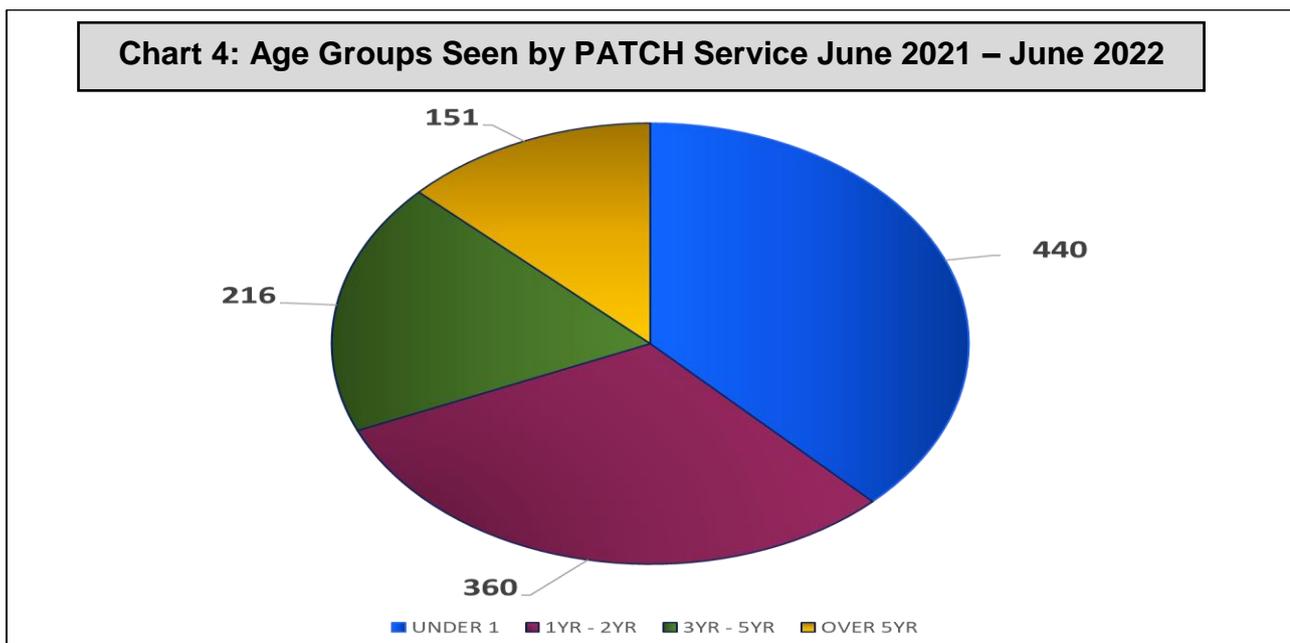
32. Two year funding has been received from the Department of Work and Pensions to establish the Parenting Apart Programme, which supports parents who are going through conflict, divorce or separation and where relationships have broken down. It also supports the emotional wellbeing of children during this time.

33. **Community step-up/step-down model:** June 2022 was the first anniversary of the

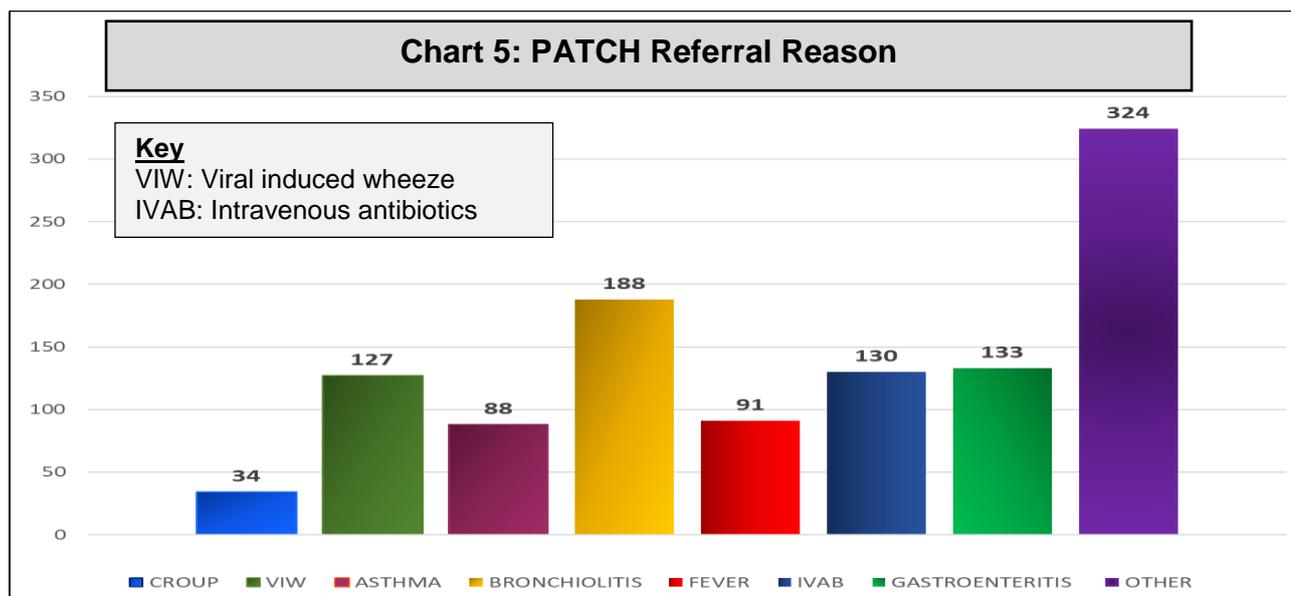
Providing Assessment & Treatment for Children at Home (PATCH) service being established. In that twelve month period 1,168 children have been seen. Chart 3 below shows the referral route into the service in the twelve month period since it became operational.



34. Chart 4 provides a breakdown of the age groups seen by the service.



35. Chart 5 below provides a breakdown of the reason for referral.



36. **Dental health:** Public Health is leading in seeking to secure recurrent funding for the supervised brushing programme and the availability of 'Brushing for Life' packs to support the oral hygiene of young children.

37. **16 – 25 young adult mental health and wellbeing partnership model:** There have been a number of developments over the review period including the new Hillingdon Young Adult Pathway lead starting on 9 May, a full time Young Adult Community Navigator being recruited by Hillingdon Mind to provide young adult focused support to develop coping and mental health self-management, navigation of services and improved engagement and the recruitment of two full-time practitioners to deliver the new At Risk Mental State Service in CNWL's Hillingdon and Harrow Early Intervention Service.

38. Other developments included grants being awarded in June to six third sector organisations to deliver a range of young adult mental health projects including creative therapies (art and drama), wellbeing courses for those with autism and attention deficit hyperactivity disorder (ADHD), and a football club with mentoring. Uxbridge College was also awarded funding to develop a new in-house counselling service, which is now in the set-up phase and Brunel University was awarded funding to deliver a young men's mental health campaign.

39. **Transition:** A trial merger of the (health focused) Transition Steering Group and the LBH Preparing for Adulthood forums took place on 5 July. The aim is to align objectives and outcomes where appropriate to ensure a more holistic approach for young people requiring both health and social care support when transferring to Adult services.

40. **Autism pathway:** The online Positive Parenting Programme (known as '*triple P*') was launched on 19 May. This programme aims to prevent – as well as treat – behavioural and emotional problems in children and teenagers. A new Supporting Autism Programme delivered in partnership with Hillingdon Autistic Care and Support (HACS) for children aged between 6 and 11 started in June and 8 parents attended.

Key Performance Indicators

41. 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 Q1 2022/23, 53% of assessments were completed within 20 weeks compared to 66% for Q4 of 2021/22 and 84% in Q1 2021/22. The drop in the recent quarter was a result of staffing absences within the team.

Workstream 6: Mental Health, Learning Disability and Autism

Workstream Highlights

42. **One stop shop:** The One Stop Shop (OSS) is intended to be a collaboration of partners including CNWL, the Council, GP Confederation, and third sector to provide a location-based alternative to traditional routes into mental health services. The service would operate 7 days a week, and provide walk in, appointment, and virtual offers. The vision is for all organisations who are involved in mental health to work in partnership to provide a menu-based approach which would allow individuals to choose what they need to help their own mental health. The project has faced difficulty in sourcing a suitable venue and the option of using a bus for this facility is currently being considered and scoped.

43. **Hillingdon Cove Café:** The Coves changed to open access in January 2022 and numbers of attendances has increased, although there is capacity for more. Work is in progress with the provider, Hestia, to launch a publicity campaign across the borough to ensure that residents know about the service and how to access it. The contract for the service has been extended to 31st March 2023 to ensure alignment with the contracts for Brent and Harrow, which will allow for a coordinated tender process. Discussions are also in progress with the Council to identify premises in a more accessible location.

44. **Crisis house:** This 6-bedded unit (known as '*The Retreat*') operated by Comfort Care Services opened on 22 August 2022, and is intended to provide intensive, short-term (3-5 nights) support to enable people to manage mental health crises in a residential setting rather than in hospital. Supporting recovery in a non-clinical and least restrictive environment has been shown to de-escalate crises and avoid the need for admission to acute mental health settings. The first person arrived at The Retreat on 30 August, and the service will work up to its 6-bed capacity over the coming weeks as services embed the new model. A formal launch is planned for later in September 2022.

45. **Community hub model:** The community hub model has been implemented successfully in other NWL boroughs and the intention is to replicate this in Hillingdon. The aim is to open the Hillingdon service in Q3 2022/23.

Community Mental Health Model Explained

The hub model will remove the barriers between primary and secondary care community mental health in line with the NHS Long-Term Plan's vision for a place based community mental health model. The service will be modernised to offer whole-person, whole-population health approaches, aligned to the six primary care networks (PCNs). There will be three community mental health hubs in Hillingdon each one aligned to two primary care networks.

The creation and implementation of the new model of care will:

- Lead to closer, more joined up working with our primary care colleagues, helping to

eliminate the existing primary, secondary care divide and encourage a '*one team feel*'.

- Facilitate a way of working built on conversations and relationships rather than referrals and handoffs.
- Eliminate thresholds and create a shared ownership of resource utilisation across the system.
- Reduce need for multiple assessments freeing up time for staff to use their specialist skills for the provision of defined, shorter outcome informed episodes of care.
- Help increase the confidence of our primary care colleagues with regards to the provision of support to individuals with mental health needs through regular contact with mental health colleagues and MDT support.
- Give us the opportunity to redefine discharge, reducing the 'cliff edge' feeling reported by patients.
- Allow rapid communication to the patient and referrer following triage.
- Provide an enhanced offer incorporating improved joined up provision within PCNs.
- Multi-disciplinary teams will work together to help patients on their journey to recovery. The team will be made up of nurses, therapists, peer support workers, pharmacist, employment support, psychologists, consultant psychiatrists and will work with and support the new mental health practitioners who are based in the PCNs.

46. High Intensity User Mental Health Service: A one year pilot has been established with H4All, which builds on the success of their existing service for people with physical needs. CNWL is currently identifying the cohort of people to refer as well as the referral processes. Progress will be reviewed on a quarterly basis during the lifetime of the pilot.

47. Autism strategy: The Board is reminded 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

48. 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

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

50. **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

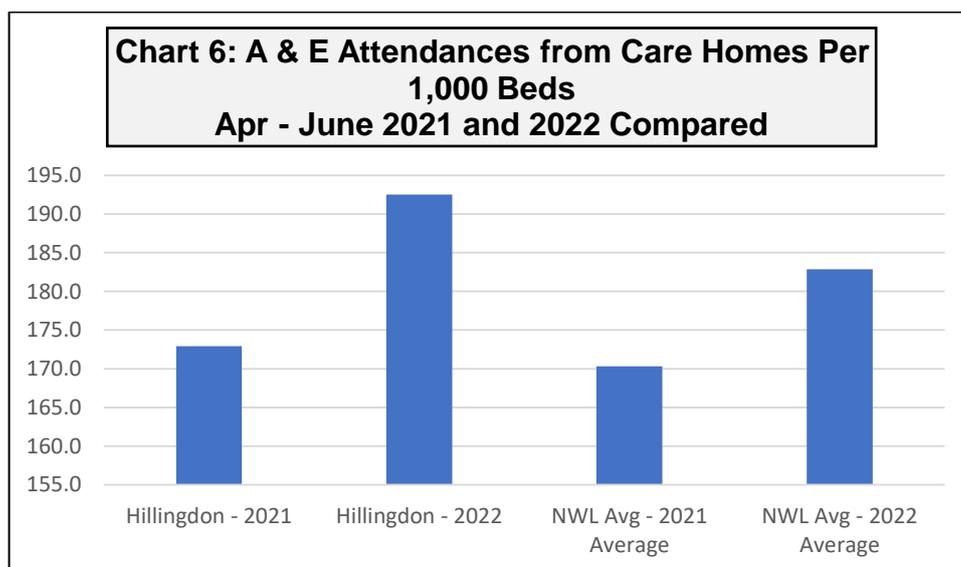
51. The annual update report on the implementation of the carers' strategy delivery plan and priorities for 2022/23 was considered by the Health and Social Care Select Committee at its meeting on 22 June. The report (item 9) can be accessed via the following link [London Borough of Hillingdon - Agenda for Health and Social Care Select Committee on Wednesday, 22nd June, 2022, 6.30 pm](#)

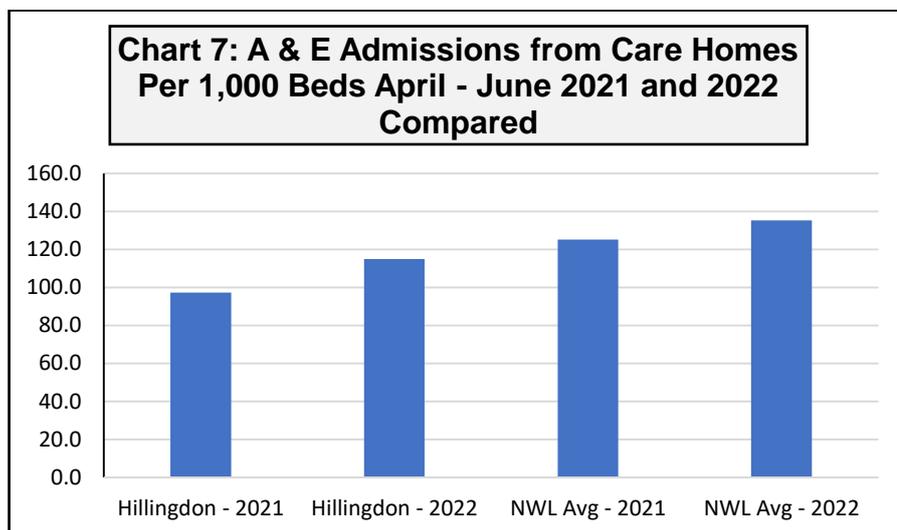
52. The Board is reminded that an updated joint carers' strategy is in development that will seek to address the support needs of carers in the period to 2028. It is also the intention of officers to bring the results of the strategy development process to the Board's attention in the performance report to its June 2023 meeting.

53. **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

54. **Care homes:** Hillingdon has 44 care homes with a total of 1,364 beds and 89% (1,215) of these are supporting older people. This means that Hillingdon has the second highest number of care home beds in North West London after Ealing (1,560). 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. In 2021/22 Hillingdon managed to achieve a rate of admissions that was below the NWL average and this has continued during the review period. The average length of stay in hospital of residents from Hillingdon's care homes during the review period was 12.5 days, which compares to a NWL average of 9.5 days. This suggests that admissions were appropriate. A shorter length of stay would indicate that individual needs could have been addressed within a care home setting.





55. It was reported to the June Board meeting 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 and this continues to apply in 2022/23. The Board may also wish to note that the multi-agency Falls and Frailty Steering Group has developed a '*Falls Prevention and Management in Care Homes*' resource pack that is currently being socialised in care homes by the Care Home Support Team .

Care Home Support Team Expanded

This is a multi-agency team established in 2017 that includes six care home matrons who each have responsibility for supporting specific care homes and extra care schemes. For older people's care homes this means daily contact and for other homes it means a minimum of weekly contact. The team is also supported by GPs, a dietician, a speech and language therapist (SALT), a mental health nurse and tissue viability specialist. Specialist medical advice and support is also provided by a care of the elderly consultant at Hillingdon Hospital.

56. The Board may be interested to note that intensive support from the Care Home Support Team to one of the borough's larger care homes has contributed to it moving from the 5th highest user of the London Ambulance Service in NWL in January 2022 to the 60th at the end of July.

Key Performance Indicators

57. The following is an enabler 2 workstream indicator:

- **Permanent admissions to care homes:** This BCF metric is intended to measure the number of people per 100,000 aged 65 and over who have been permanently admitted to care homes. This is addressed in more detail in a separate report on the Board's agenda.

CORPORATE IMPLICATIONS

Hillingdon Council Legal Comments

58. There are no legal implications arising from the recommendation set out within the report.

BACKGROUND PAPERS

Joint Health and Wellbeing Strategy, 2022 – 2025

PHARMACEUTICAL NEEDS ASSESSMENT 2022 UPDATE

Relevant Board Member(s)	Kelly O'Neill, LBH
Organisation	London Borough of Hillingdon
Report author	Naveed Mohammed
Papers with report	Appendix 1 – Demography Appendix 2 – Epidemiology Appendix 3 – Pharmacy Provision in Hillingdon Appendix 4a – Pharmacy Services Survey Appendix 4b – Patient Survey

1. HEADLINE INFORMATION

Summary	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. This paper presents an update on progress to the Health and Wellbeing Board.
Contribution to plans and strategies	The PNA sets analysis of provision of pharmacy services within Hillingdon and contributes to the Hillingdon Joint Health and Wellbeing Strategy (JHWBS).
Financial Cost	There are no direct financial costs arising from this report.
Ward(s) affected	All

2. RECOMMENDATIONS

That the Health and Wellbeing Board:

- 1. agree the final version of Hillingdon's Pharmaceutical Needs Assessment (PNA) including the recommendations and inclusion of summarised comments from the statutory 60-day consultation.**
- 2. agree that the PNA be published by 1 October 2022.**
- 3. agree to delegate further amendments to Hillingdon's PNA 2022 prior to publication to the Head of Performance & Insight, should further changes be required.**

3. INFORMATION

The consultation of the 2022 PNA has concluded and was hosted on the Council website between 21 June and 19 August. Partners were informed that the consultation was available online by email on 21 June and reminded on 26 July. Comments from the consultation have been reviewed and included in the PNA where relevant and appropriate.

From the online consultation form, two responses were received:

A – one response from a pharmacist who agreed with the consultation questions.

B – one response from a Boots pharmacist who agreed with the consultation questions, but made some suggestions which have been included in the main report (draft changes are highlighted in yellow in the documentation).

Feedback was also received (via email) from a resident in Heathrow Villages, who raised concerns about pharmacy provision in that ward; a verbal update to be tabled on 13 September.

We are awaiting feedback from the London Regional office of NHS England, who assess all PNAs across London. A verbal update will be tabled on 13 September.

The PNA is on track for publication by 1 October 2022.



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).

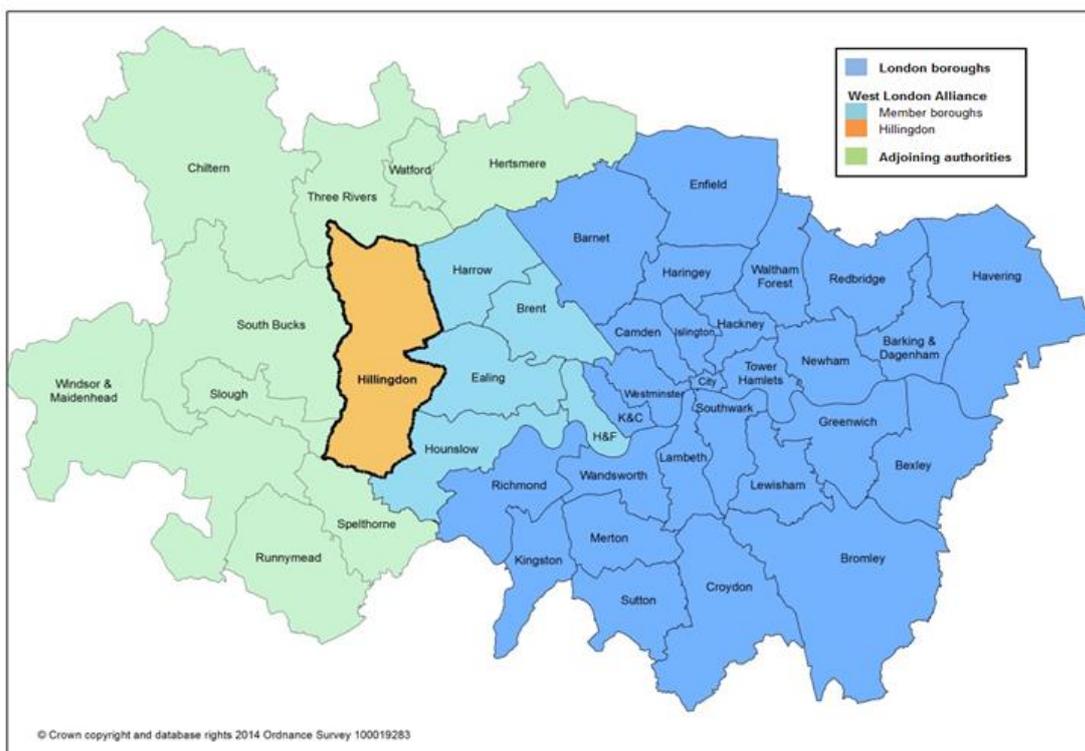
In May 2022 the Boundary Commission ward changes came into effect; Hillingdon will reduce the number of Borough wards from 22 wards to 21, with 19 of those new wards seeing geographical changes. Only Heathrow Villages and West Drayton wards are unchanged. Maps detailing these changes will be included, 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.

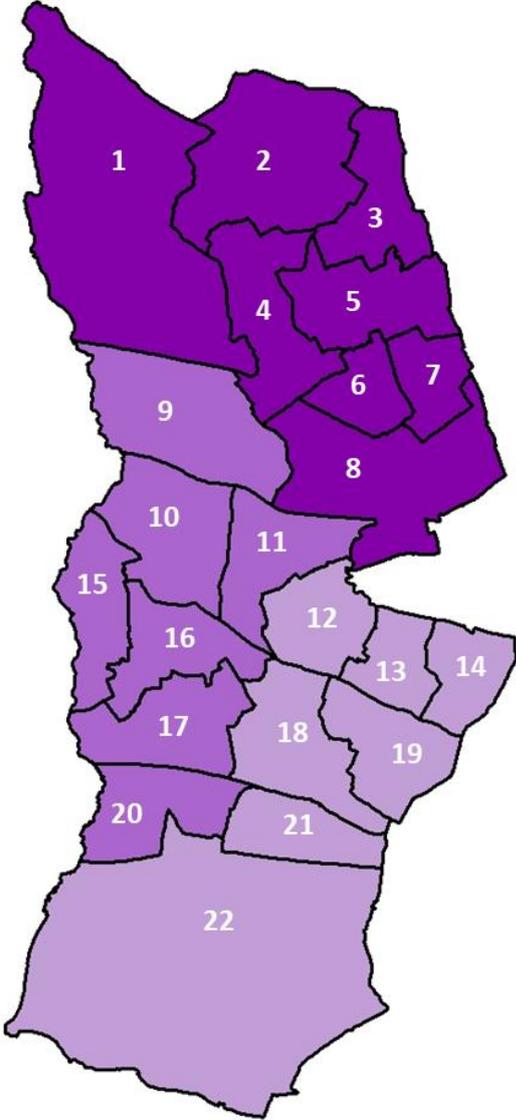


Hillingdon is traversed by the grand union canal, the M4 motorway, A40, A4020 and the Great Western Railway. With all these road networks and three of London's underground lines (Piccadilly, Metropolitan and Central lines) starting and ending in the Borough, Hillingdon is a major transport hub. South 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.

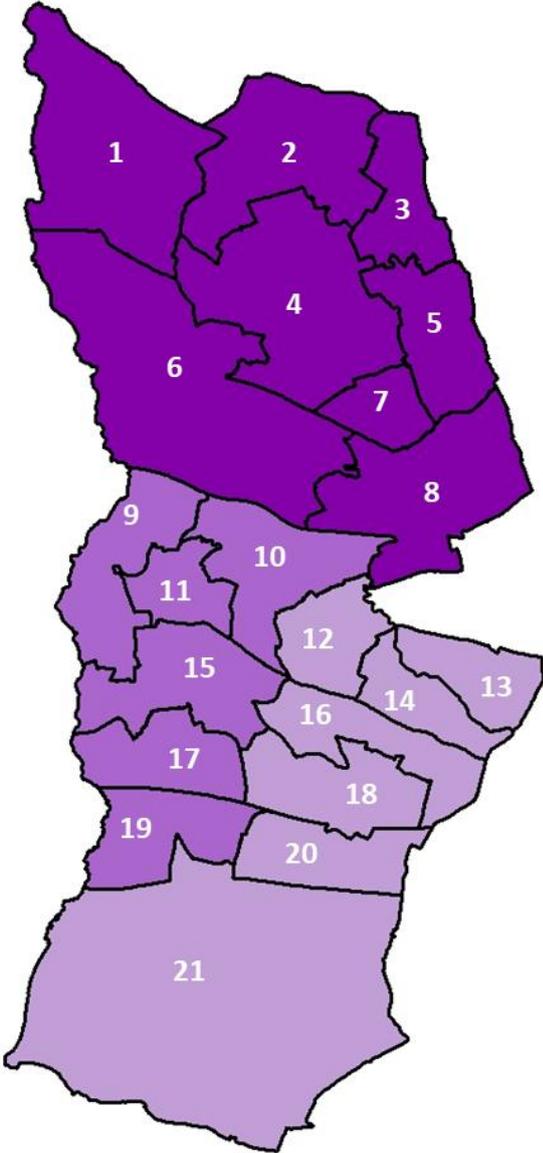
Hillingdon's wards within each locality

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

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

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

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.

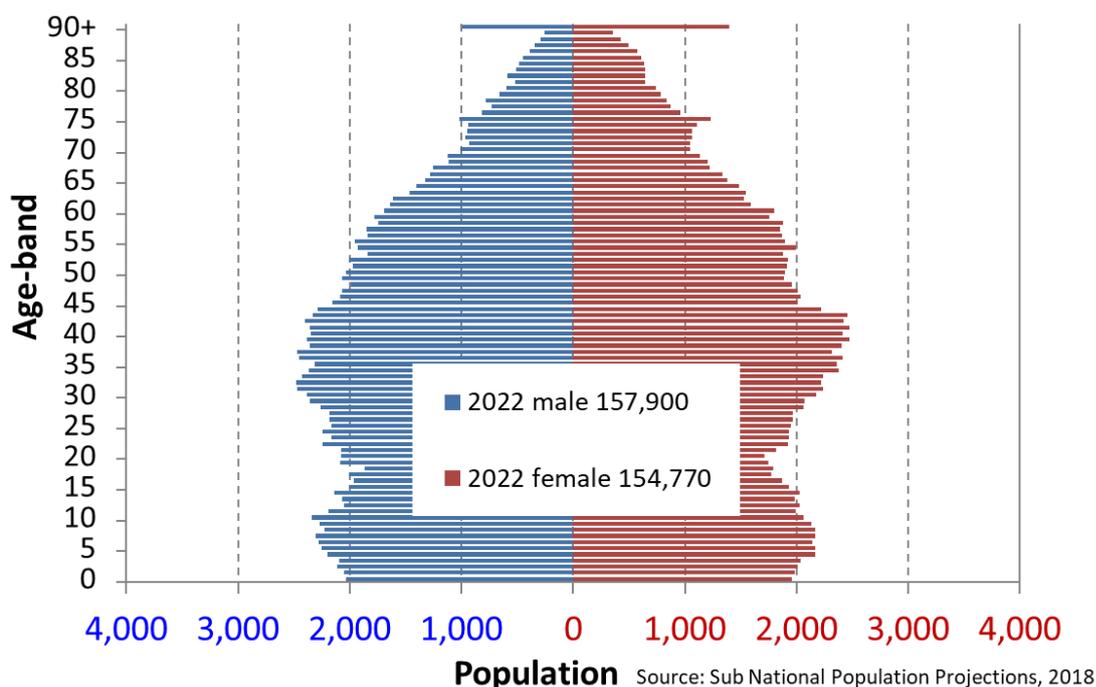
DRAFT

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.

Population pyramid, Hillingdon (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

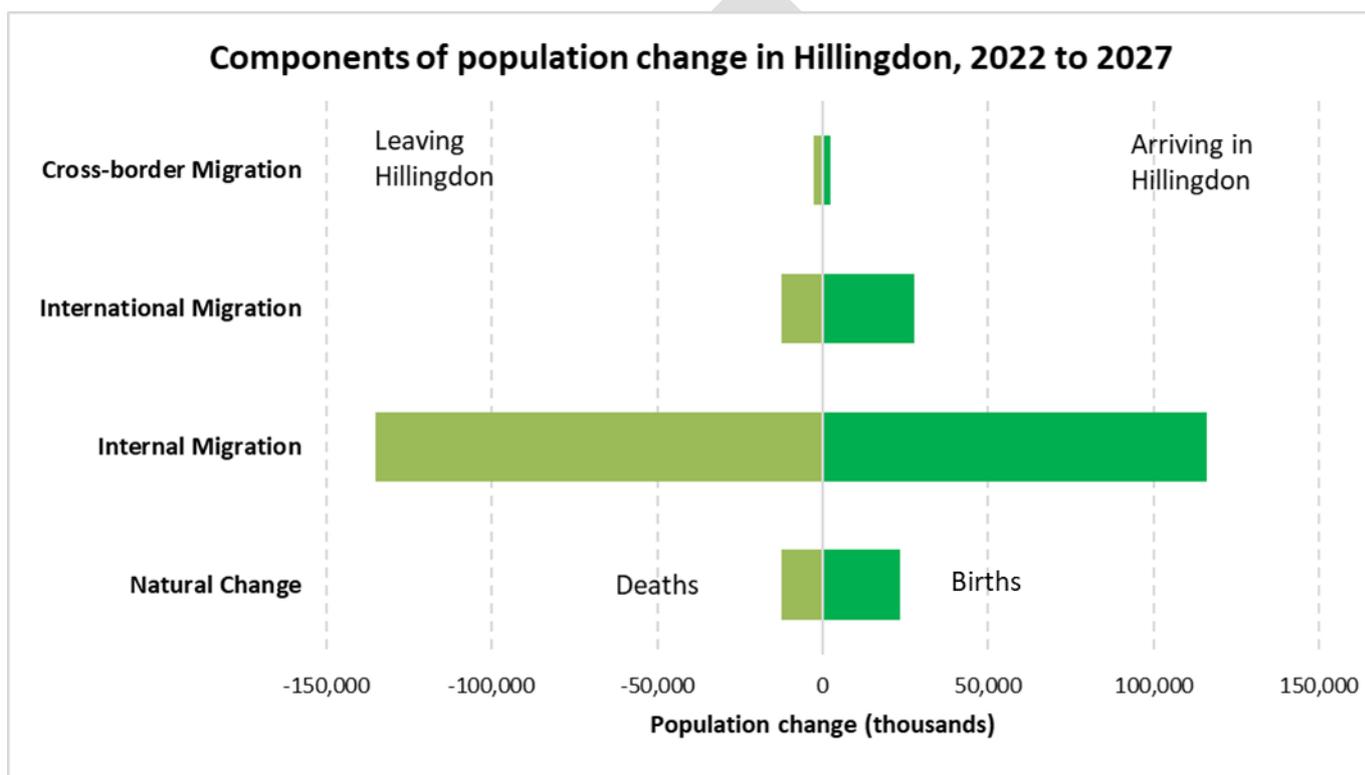
In December 2021 Hillingdon had 850 asylum seekers in receipt of support (source: Home Office Immigration Statistics); this compares to 613 in December 2020 and 567 in December 2019 (pre pandemic). Note that refugee resettlement data is not available for Hillingdon.

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

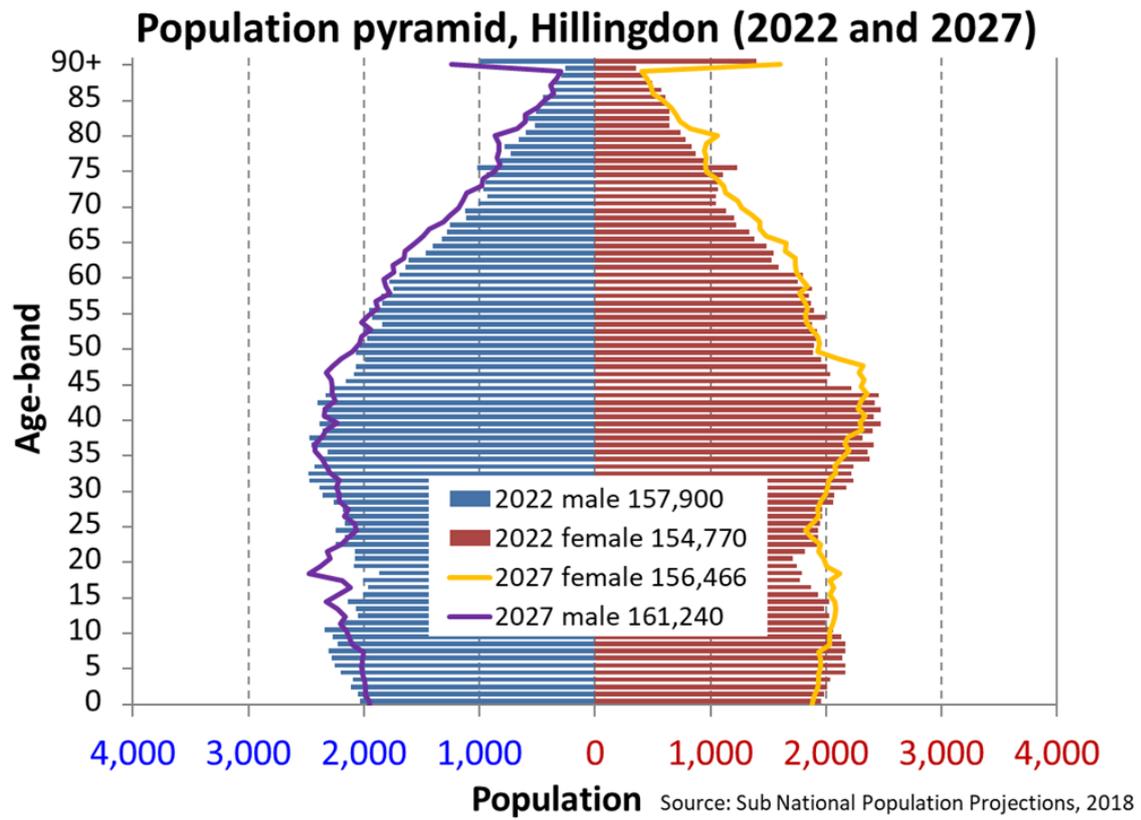
The population increase in Hillingdon between 2022 and 2027 is expected to be 5,037 or 1.6% (increasing the population to 317,706). The corresponding 5-year increase in London is 1.8% and in England is 2.2%.



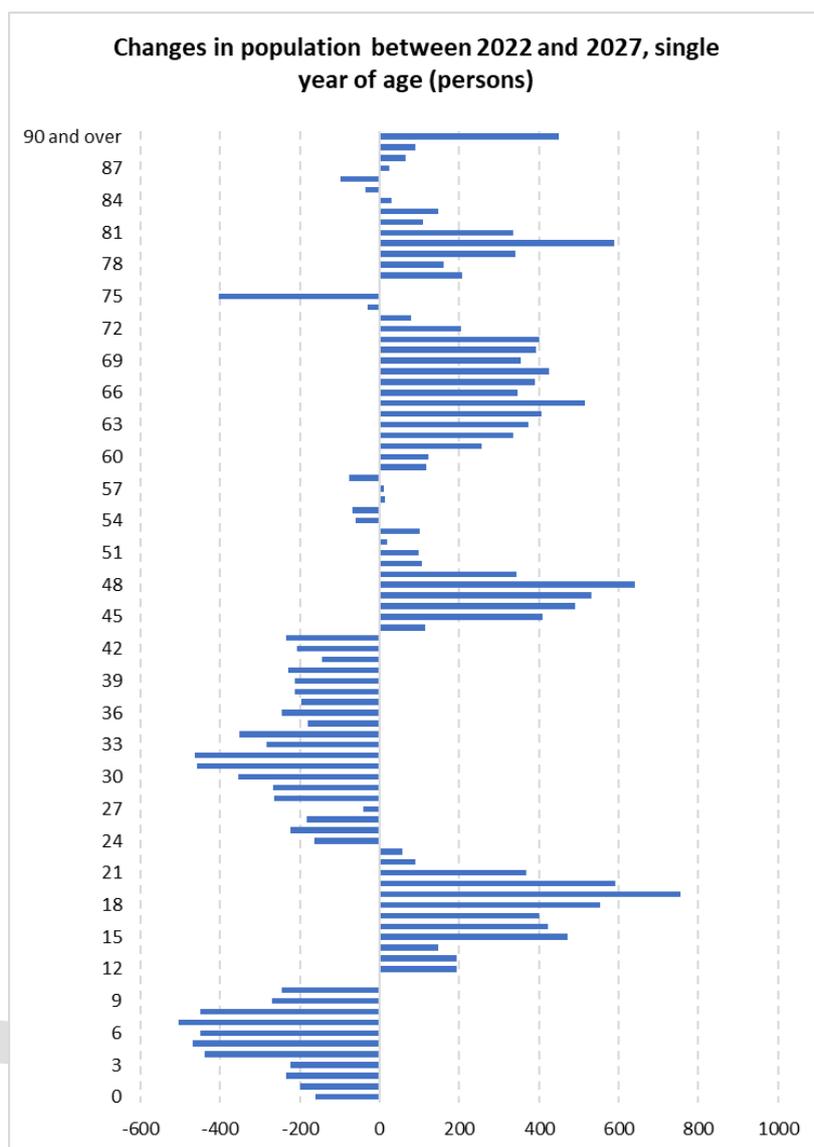
Source: Sub-National Population Projections, Components of Change

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

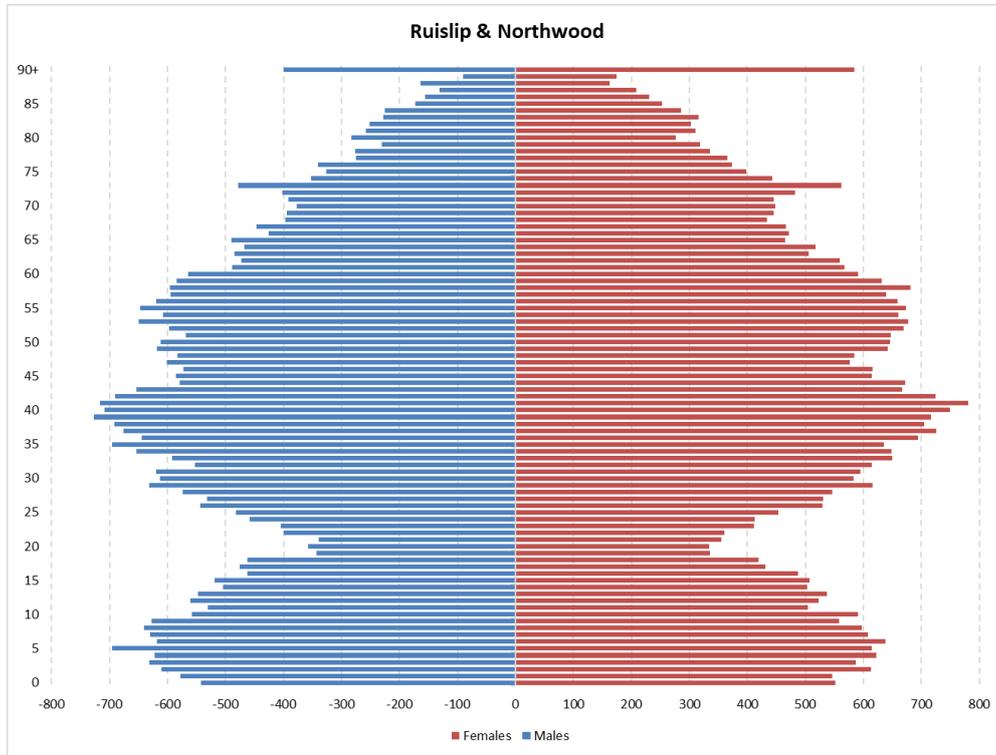
The Small Area Population Estimates (ONS, mid-2020 based) estimates that the population across the 3 localities is:

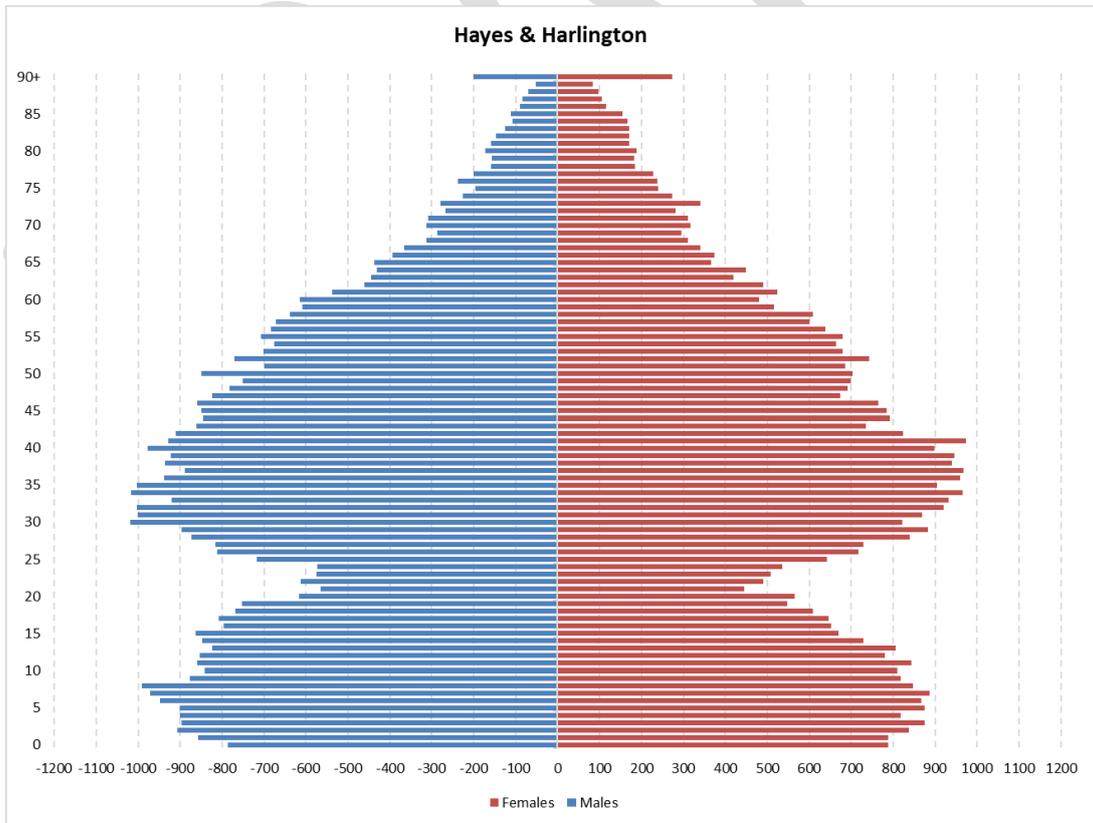
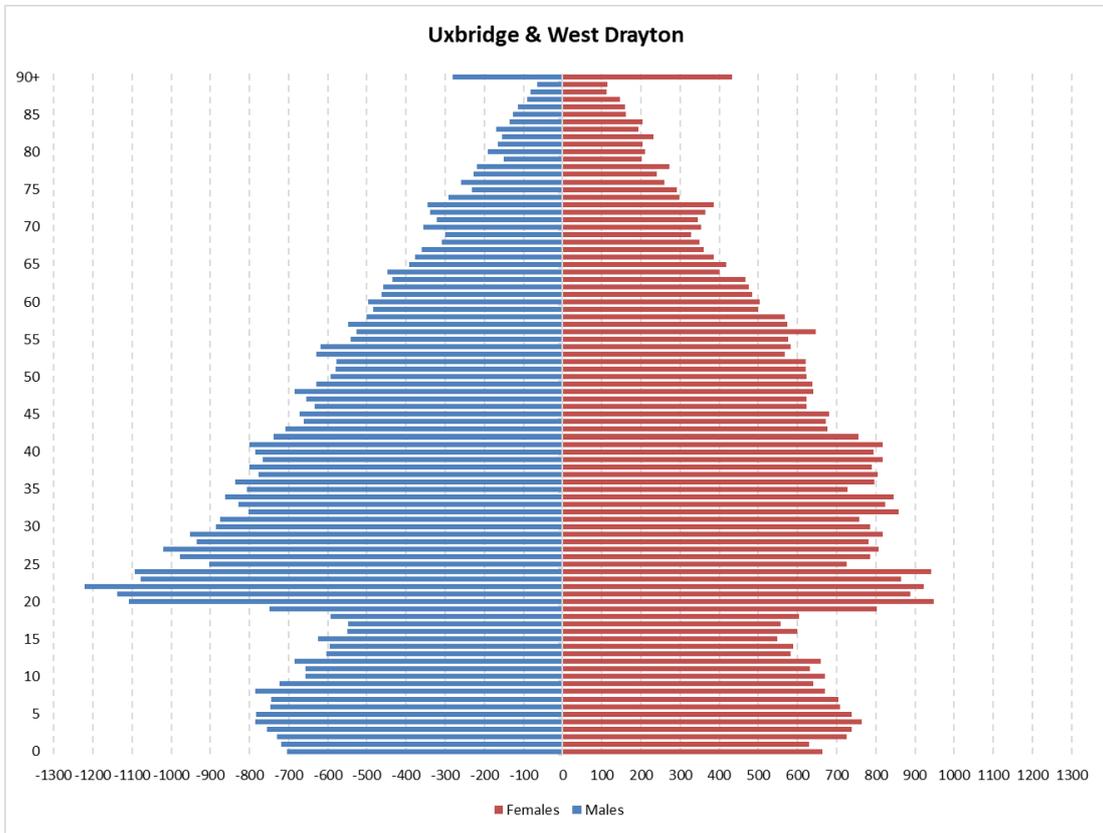
	Total	Males	Females
Ruislip & Northwood	92,566 (30%)	45,160	47,406
Uxbridge & West Drayton	105,193 (34.0%)	53,327	51,866
Hayes & Harlington	111,255 (36%)	57,478	53,777
Total	309,014*	155,965	153,049

*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:

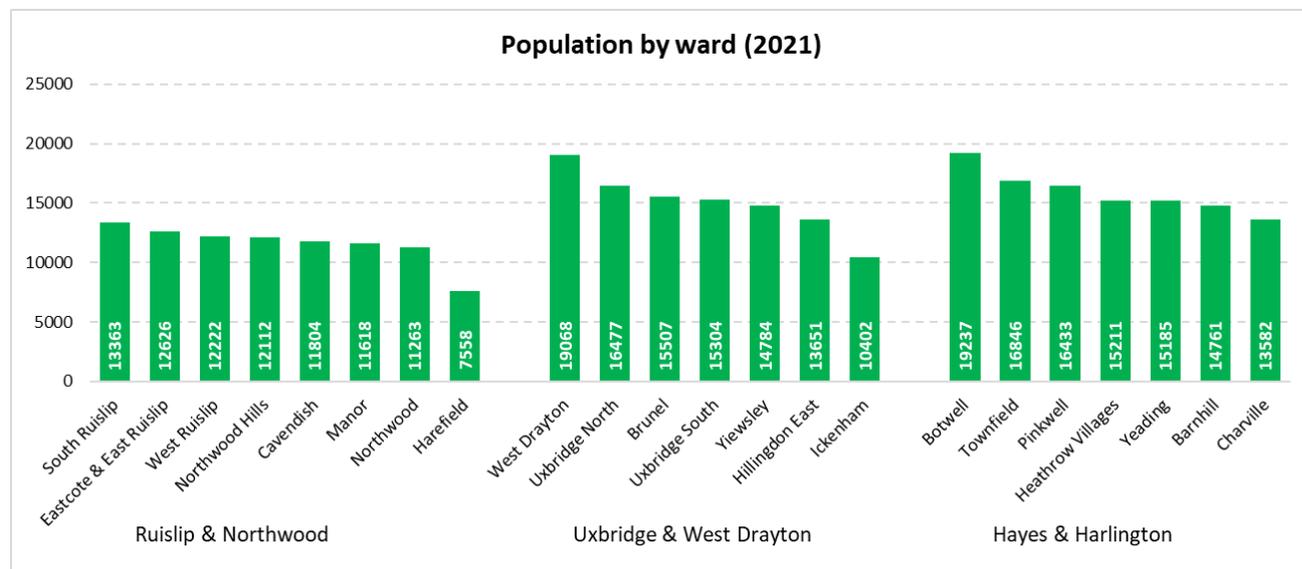




Population by ward

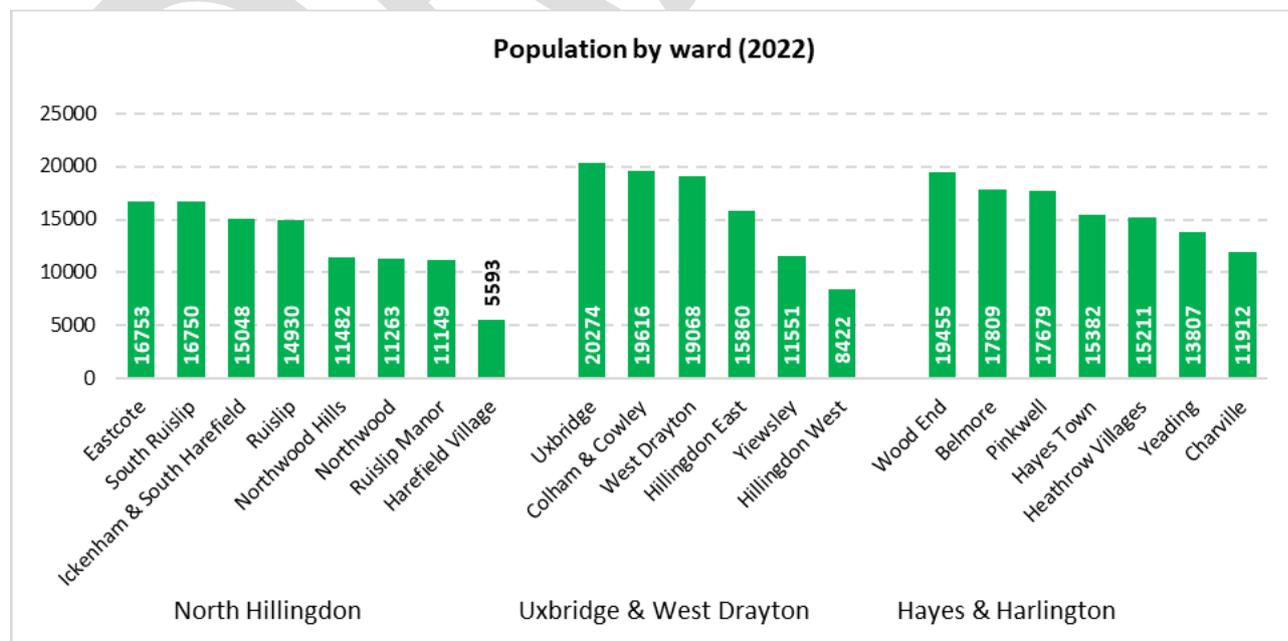
Current wards

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.



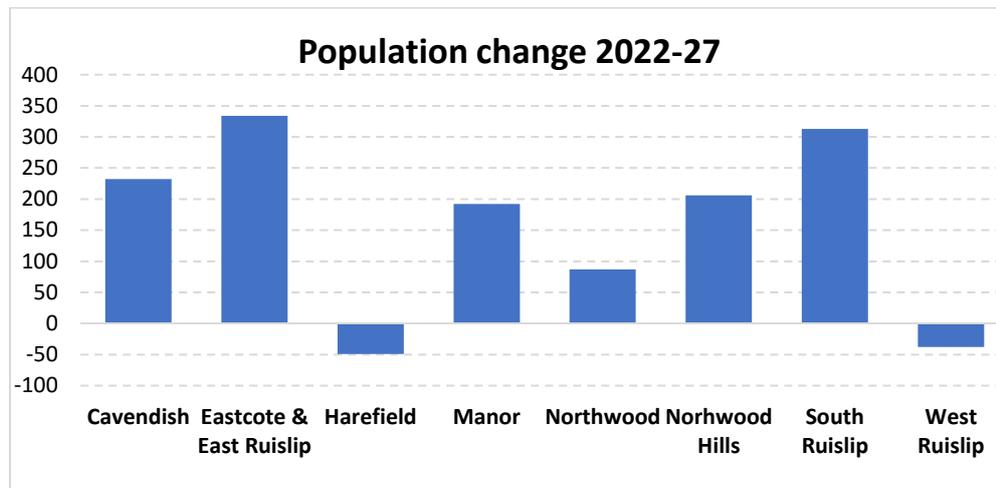
Future wards

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.

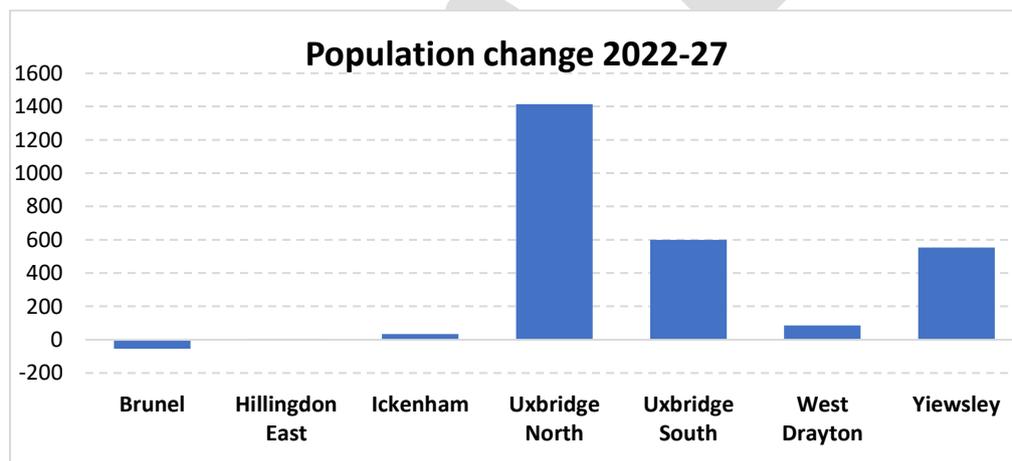


Ward level population change between 2022 and 2027 is estimated in the following graphs; Botwell and Uxbridge North are expected to see the largest growth to 2027, whilst several wards are predicted to decrease:

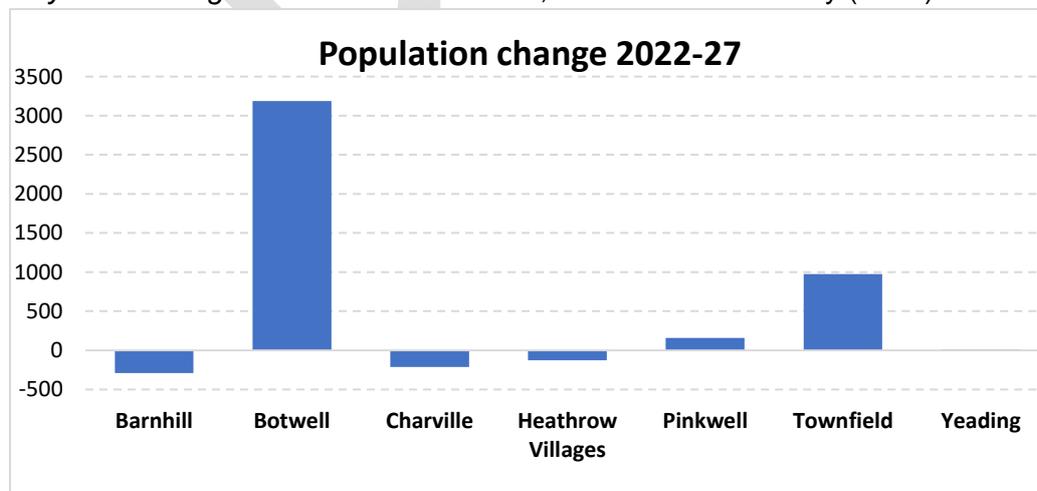
Ruislip & Northwood – a net increase of 1,277 across the locality (1.4%)



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.

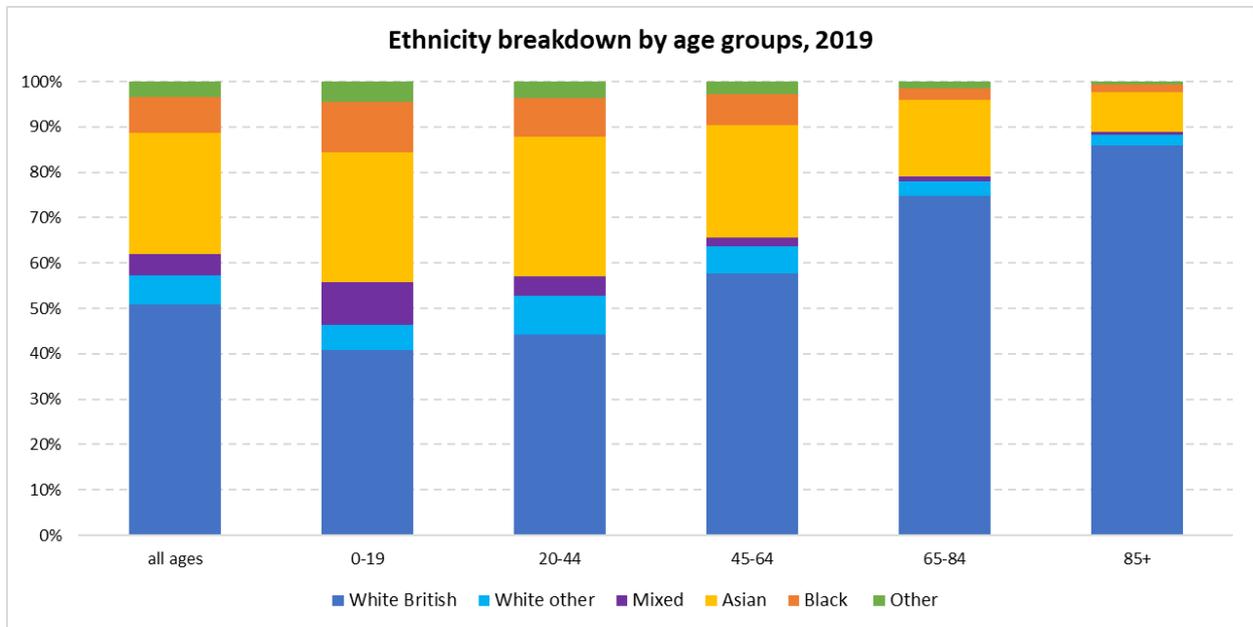
Daytime / workday population

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.



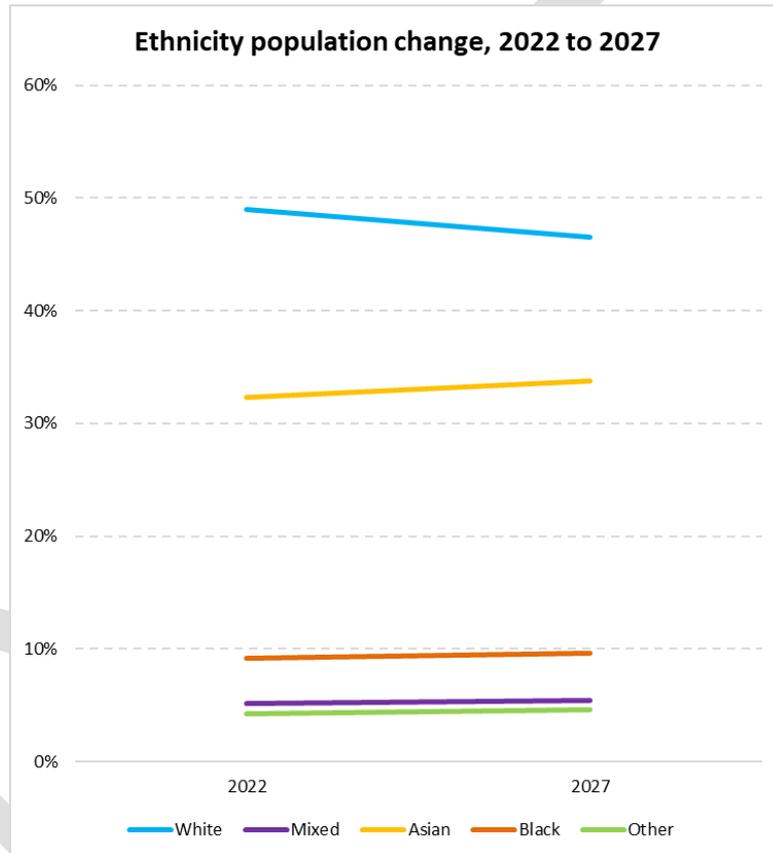
Source: ONS Population denominators by broad ethnic group, 2019

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%

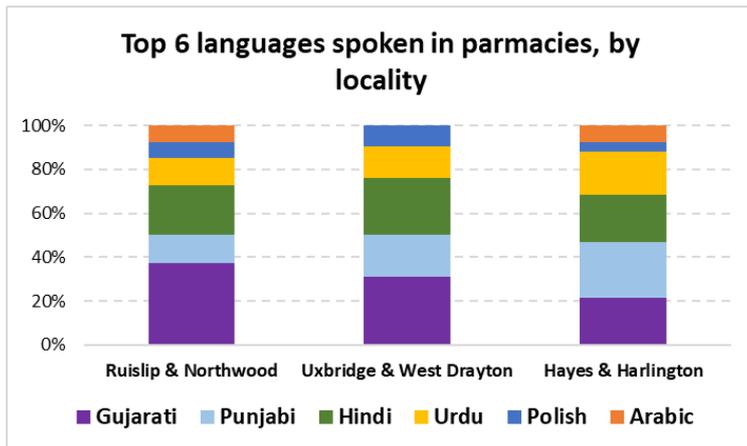


Languages

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



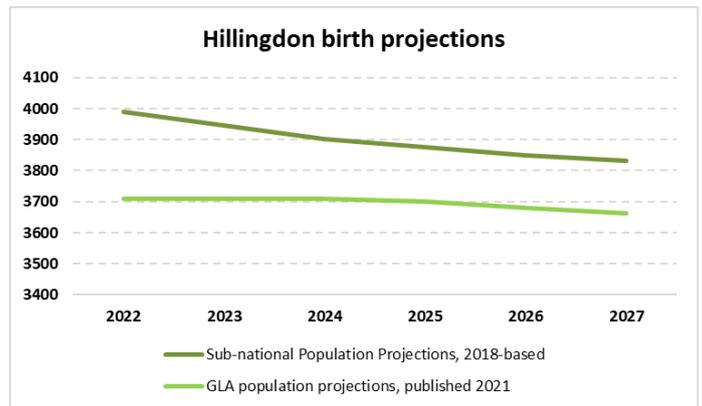
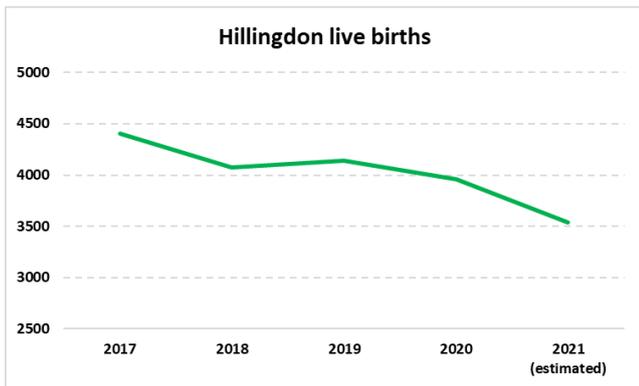
EU Settlement Scheme

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.

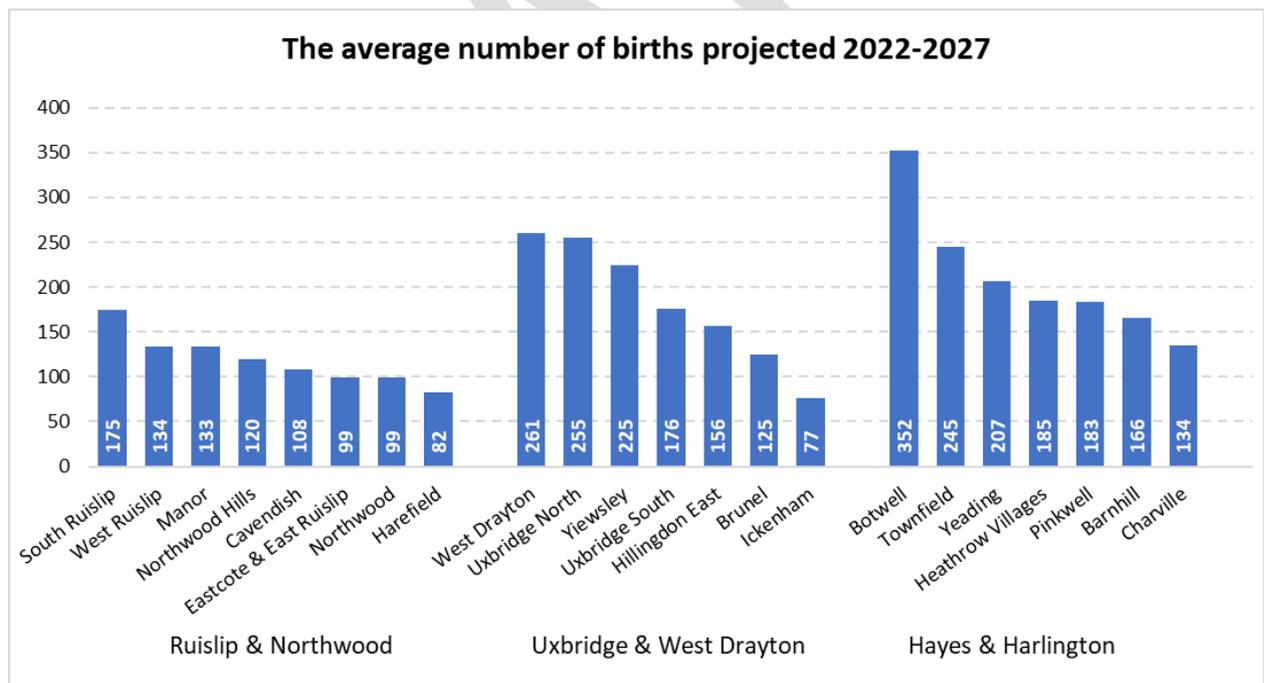
Births and birth projections

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:

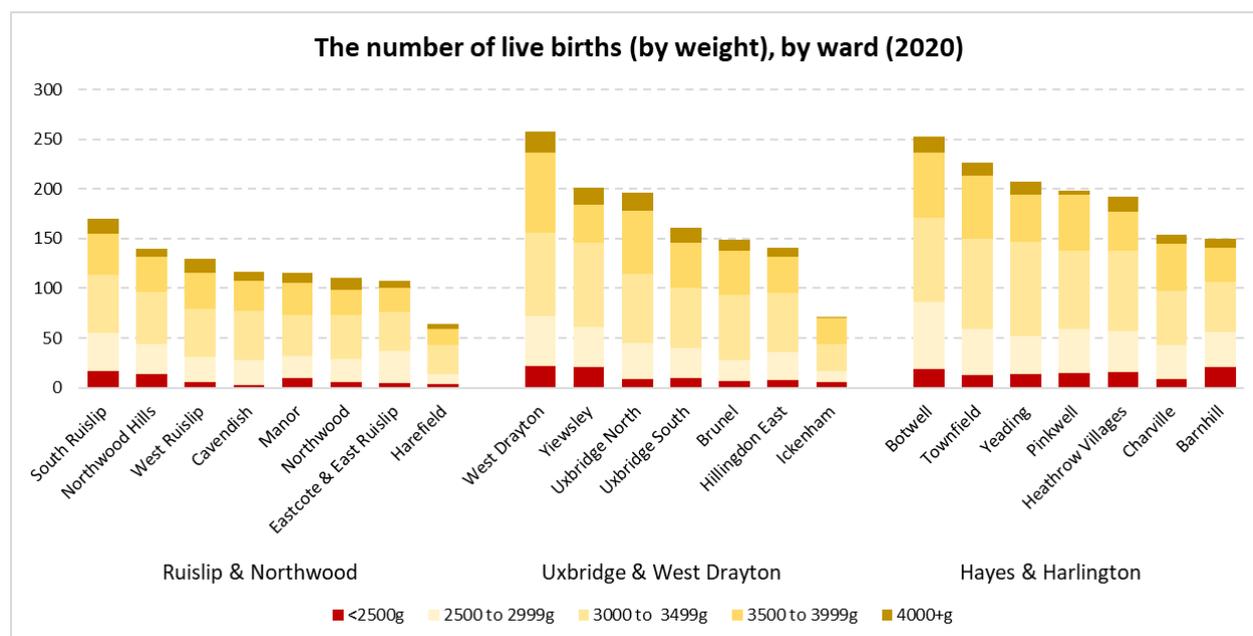


Low birthweight

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 21st 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.

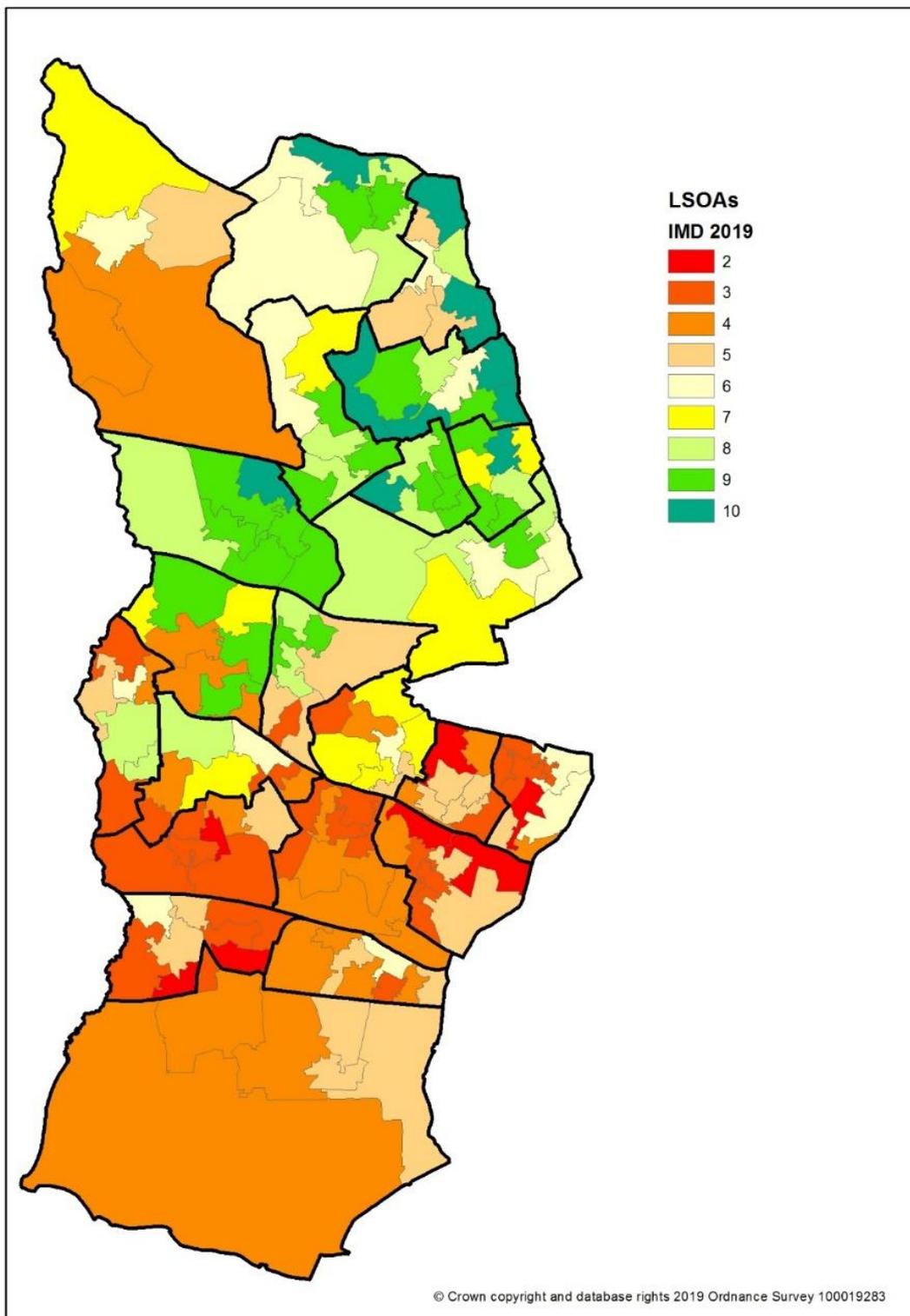


The following 3 maps show the various versions of IMD ranking in Hillingdon:

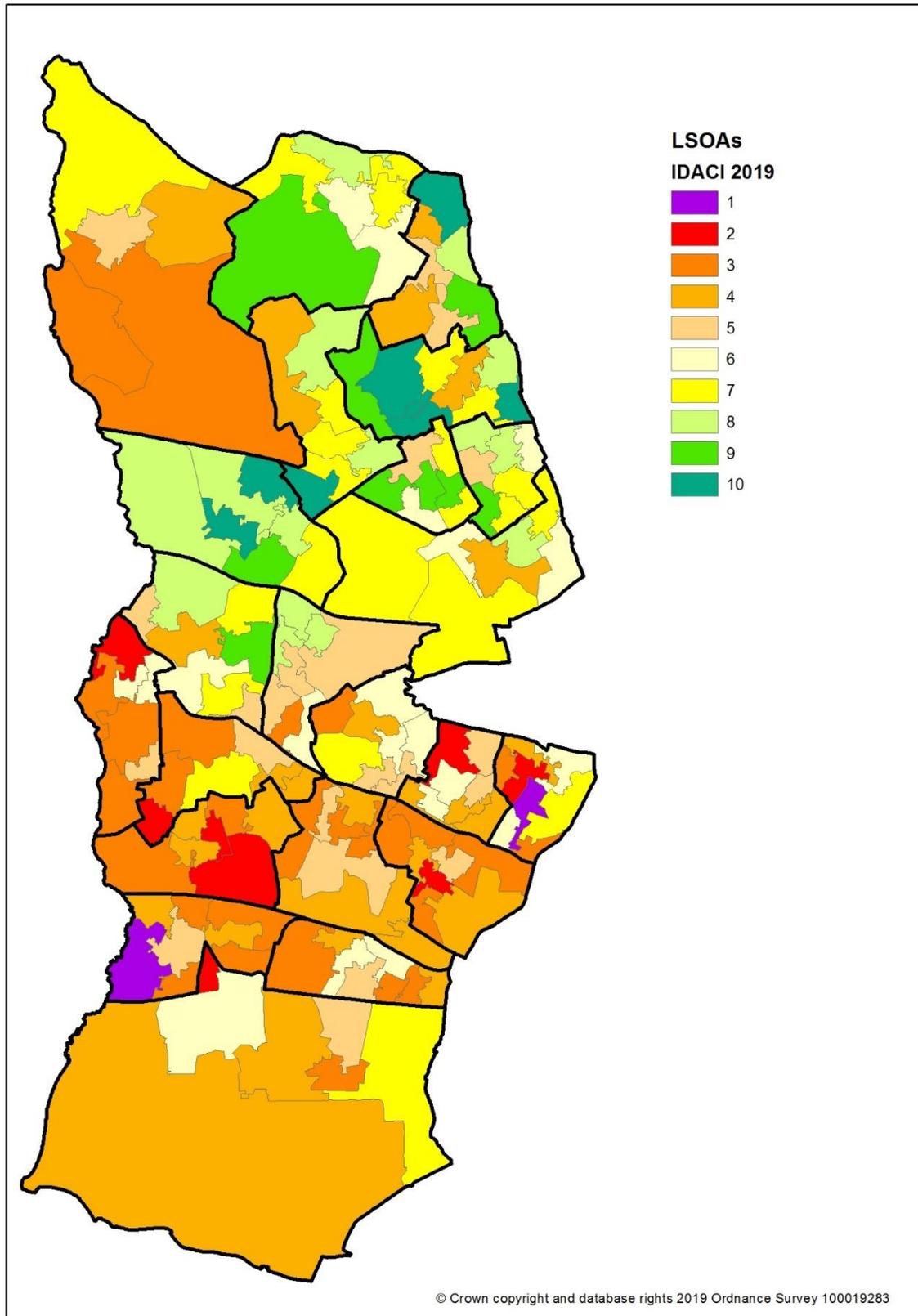
- Overall Indices of Multiple Deprivation (IMD)
The average deprivation score of Hillingdon Local Authority on the whole masks the differences in deprivation scores that can be seen in Lower Super Output Areas (LSOAs) within wards. Hillingdon has no LSOAs among the 10 per cent most deprived.
- Income 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.

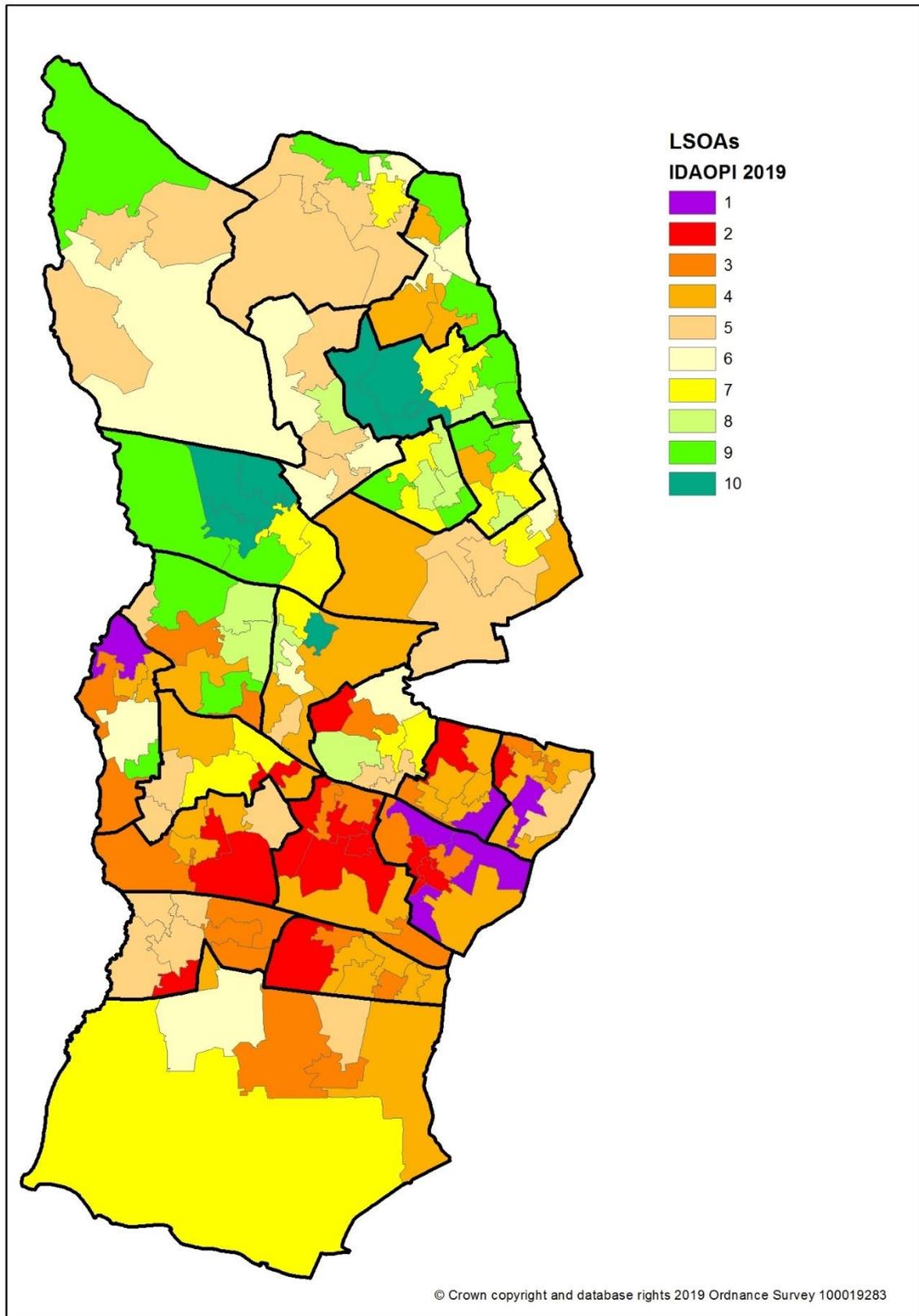
Indices of Multiple Deprivation, 2019



Income Deprivation Affecting Children Index, 2019



Income Deprivation Affecting Older People Index, 2019



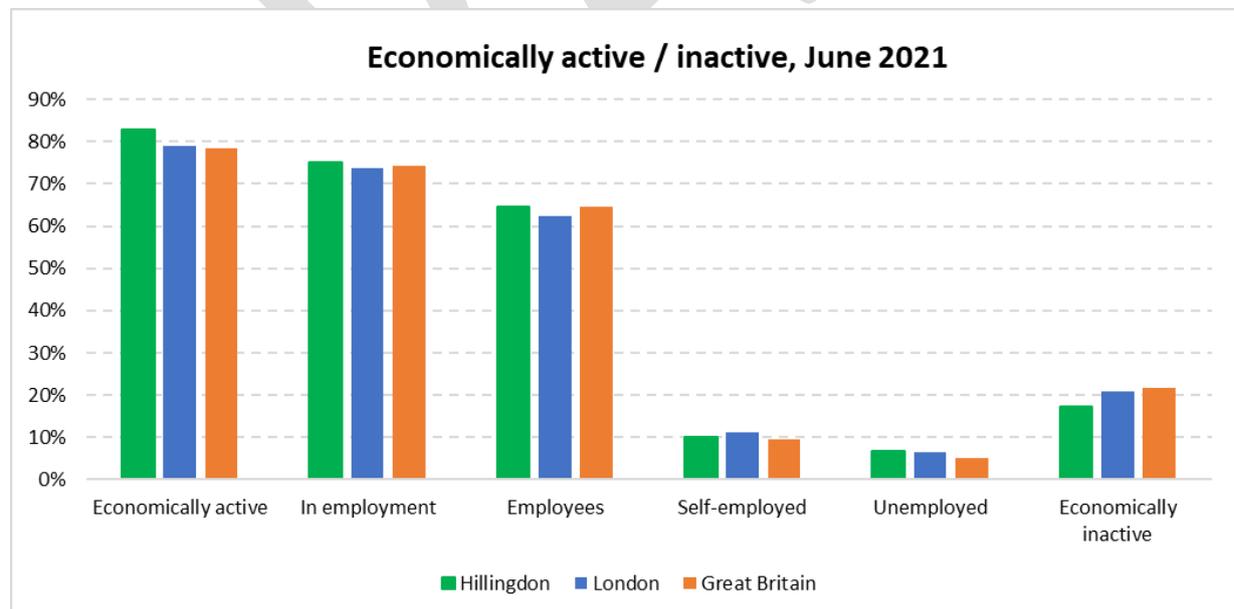
Data estimating the numbers of children and older people in poverty shows that there can be areas of deprivation even in apparently affluent locations.

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

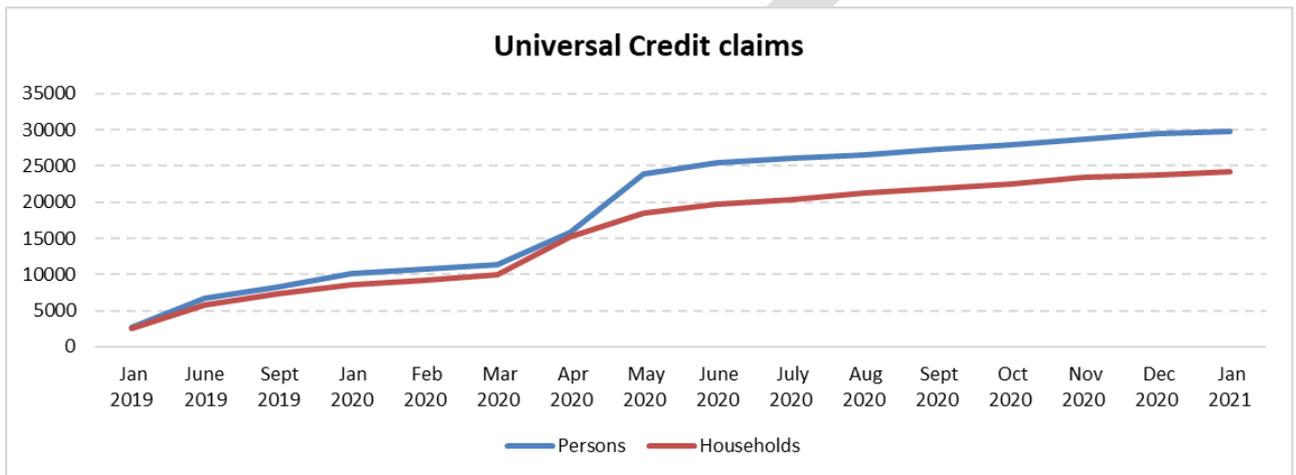
Of those residents economically inactive 46.0% are students, compared to 35.8% in London and 28.5% in Great Britain

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).

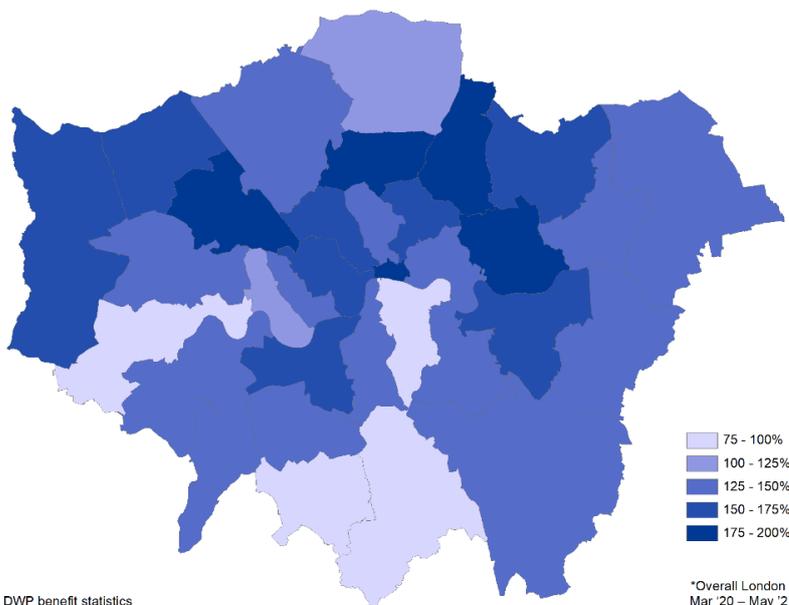
Introduced in Hillingdon in October 2018, we can see the rise in cases from the switchover of existing benefits to Universal Credit prior to the pandemic, then note the rise in claims from March 2020 onwards:



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:

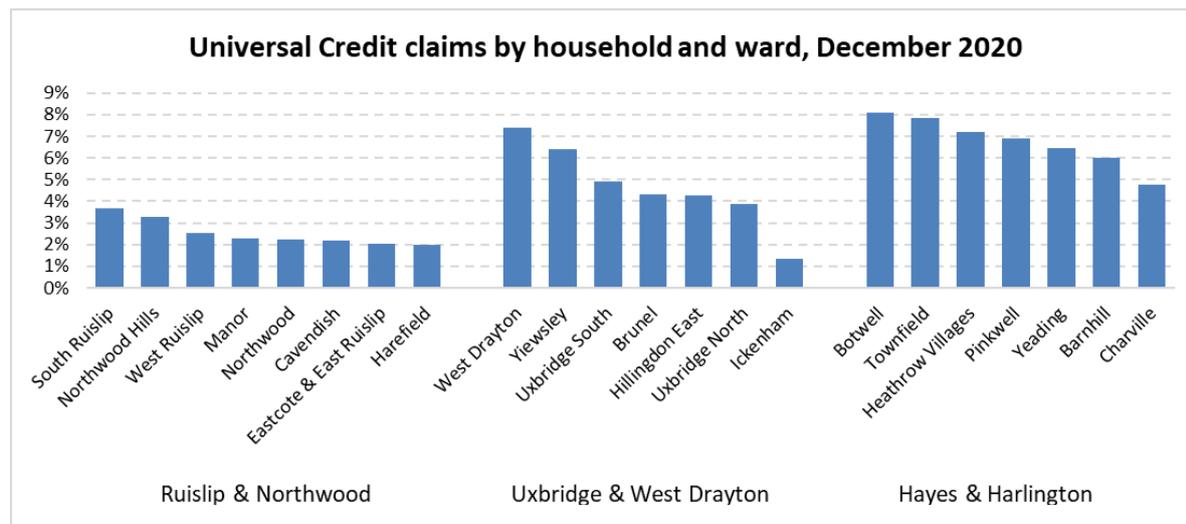
Percentage increase in number of people claiming Universal Credit March 2020 - May 2021



Source: DWP benefit statistics

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:

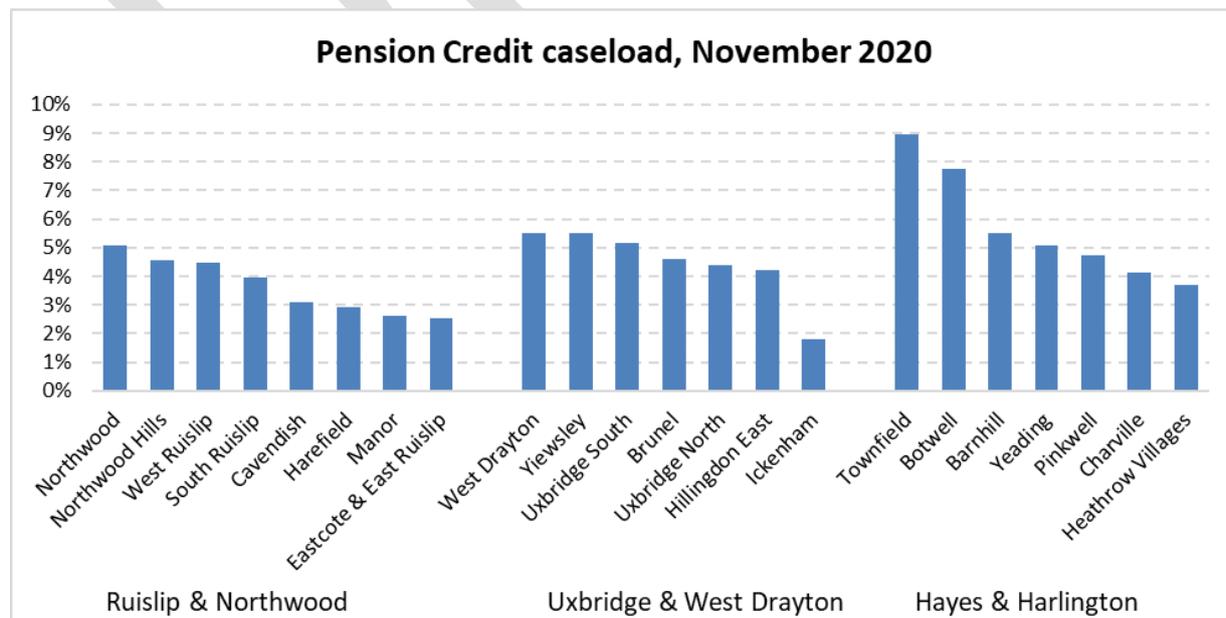


Source: DWP benefit data, Stat-Xplore

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

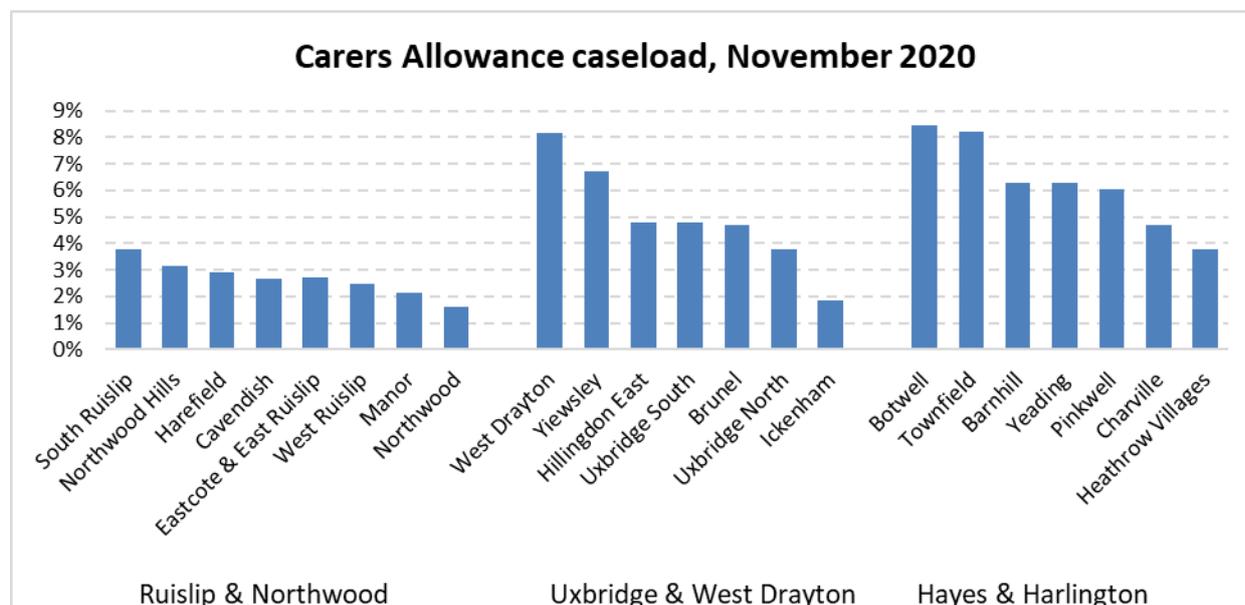
In November 2021 Hillingdon had 5,400 residents claiming pension credit; the graph below shows the distribution of cases across wards. 76.3% have been claiming for over 5 years, 12.7% between 2-5 years, 4.5% between 1-2 years and a further 6.5% claiming for under 1 year. Nationally, in 2018 almost 90% 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.

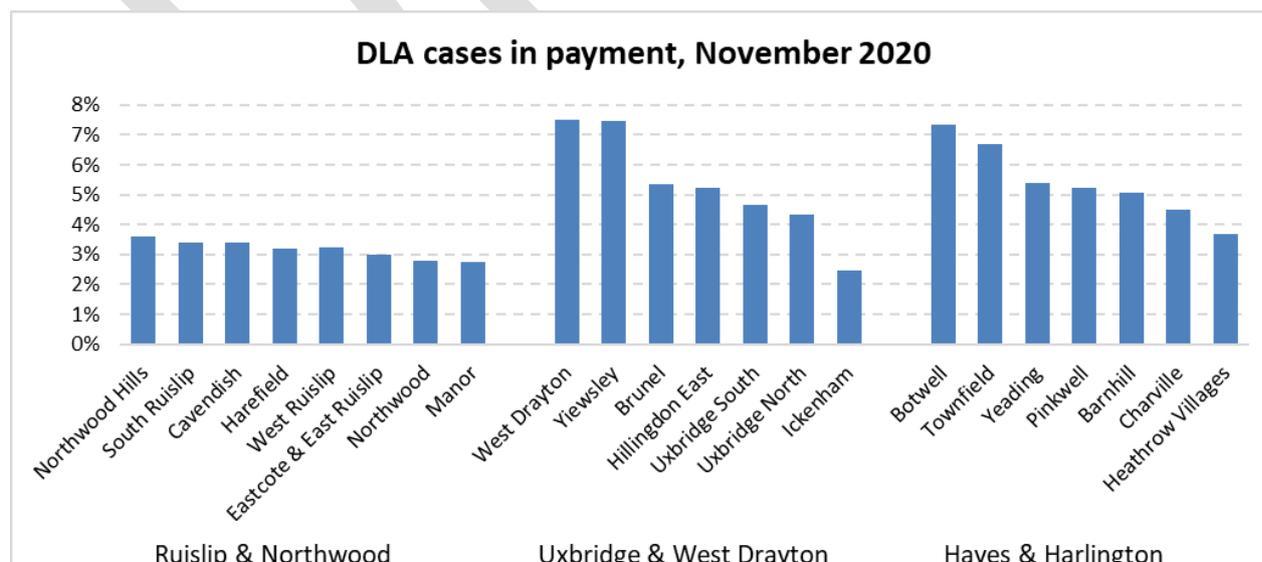


Source: DWP benefit data, Stat-Xplore

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.

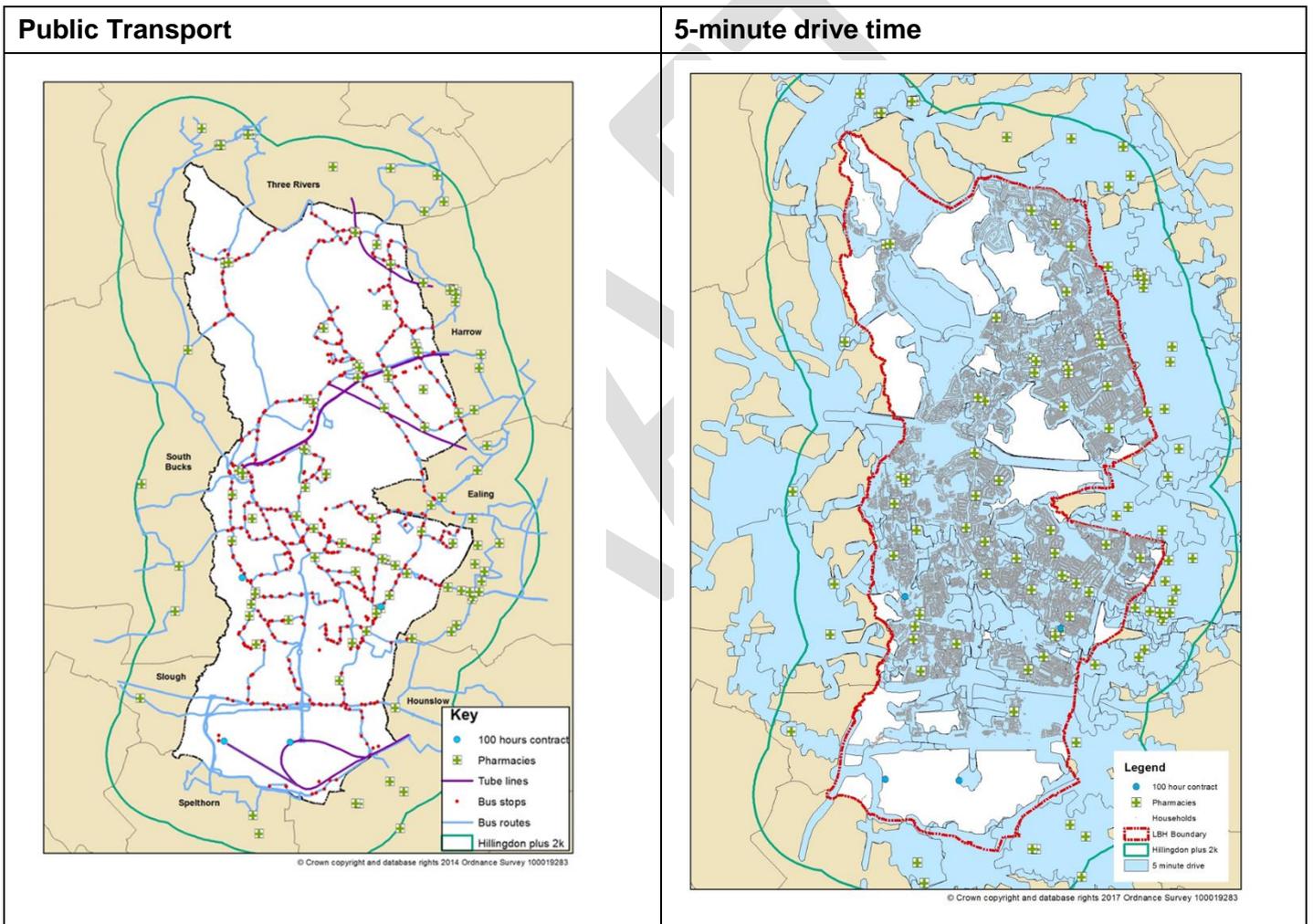


Source: DWP benefit data, Stat-Xplore

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

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
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

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HILLINGDON
LONDON

Hillingdon Pharmaceutical Needs Assessment 2022

Appendix 2: Epidemiology

October 2022

Pharmaceutical Needs Assessment 2022

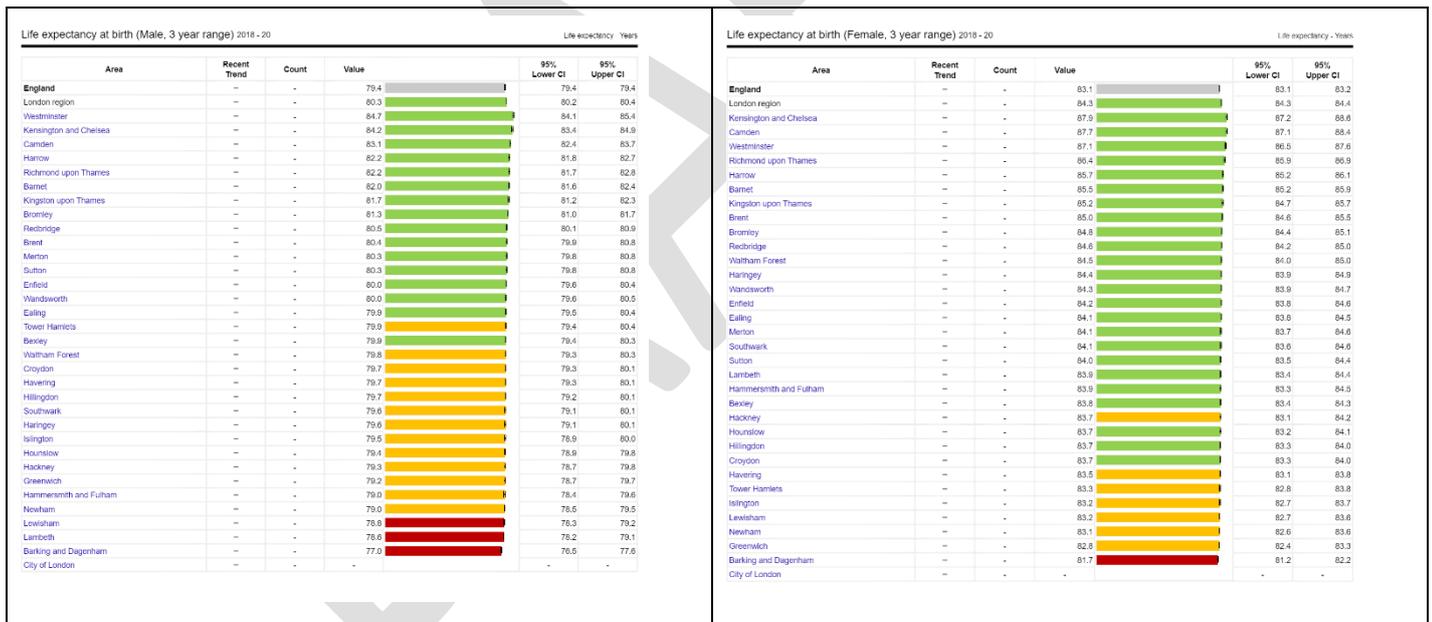
Data used in this chapter is based on existing wards, not the new structure as per the Boundary Commission review due May 2022.

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 24th:



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
England	-	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

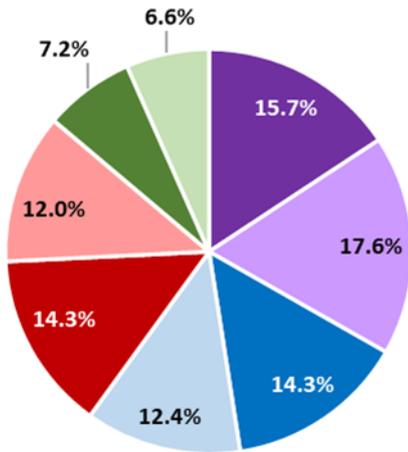


Major causes of deaths in Hillingdon

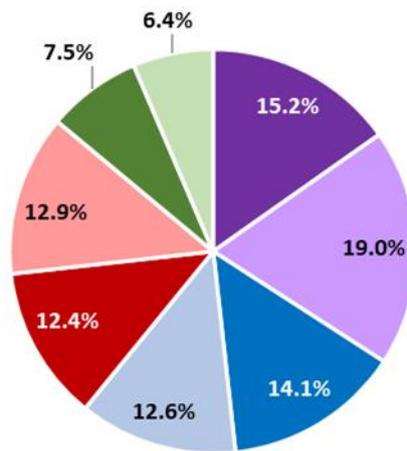
The average number of deaths per year in the period 2018-20 in Hillingdon is 2,050 (excluding COVID deaths in 2020). Circulatory diseases and cancers are the two major causes of death in Hillingdon. Deaths as a result of circulatory diseases accounted for an annual average of 537 deaths (26.3%) in the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

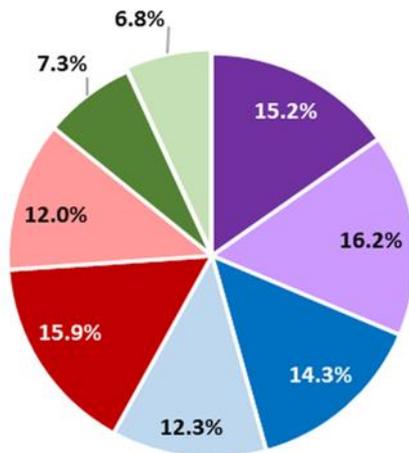
Hillingdon



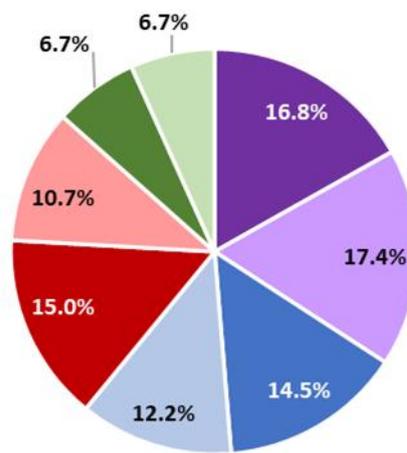
Ruislip & Northwood



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.

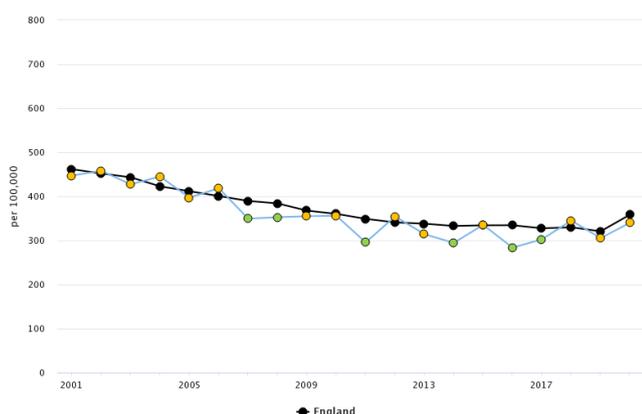
The locality of Ruislip & Northwood had an annual average of 780 deaths, Uxbridge & West Drayton had 680 deaths and Hayes & Harlington had 580 deaths (2018-20, all figures are rounded to the nearest 10 and exclude COVID related deaths).

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

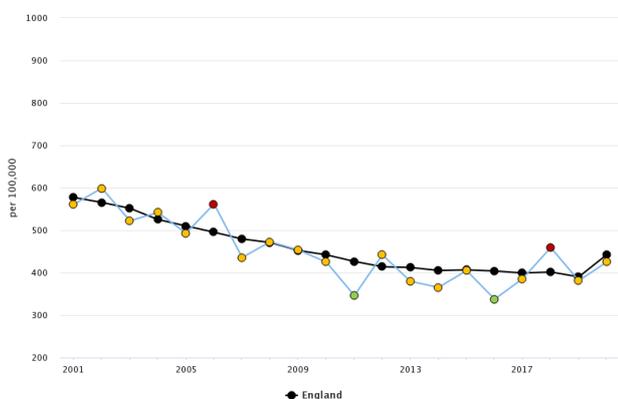
Under 75 mortality rate from all causes (Persons, 1 year range) for Hillingdon



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

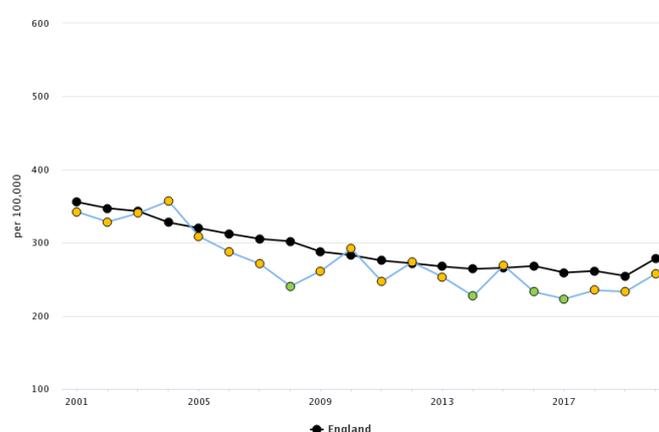
Male trend

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

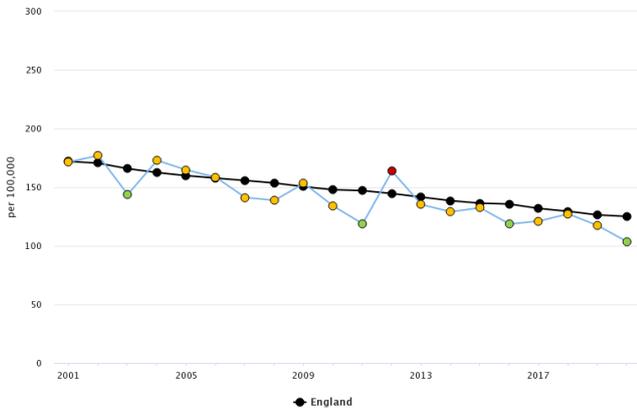


Source: Office for Health Improvement Mortality Profile

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

Persons trend & data

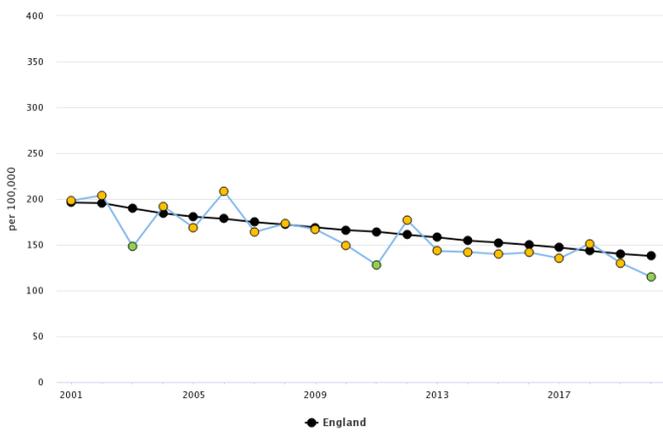
Under 75 mortality rate from cancer (Persons, 1 year range) for Hillingdon



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

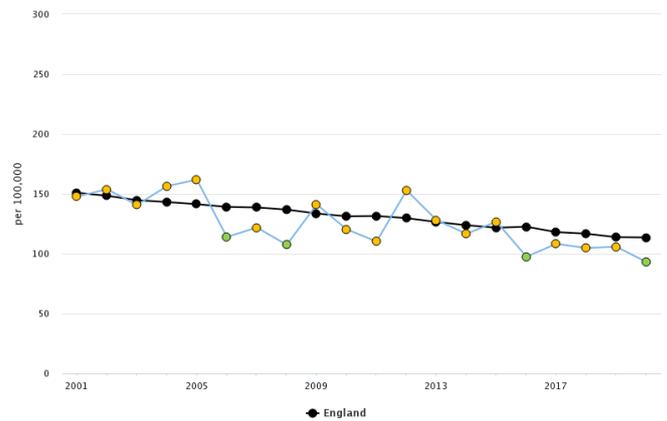
Male trend

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

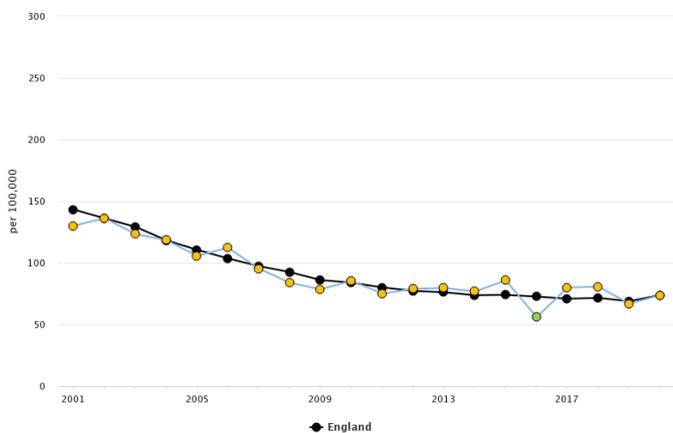


Source: Office for Health Improvement Mortality Profile

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

Persons trend & data

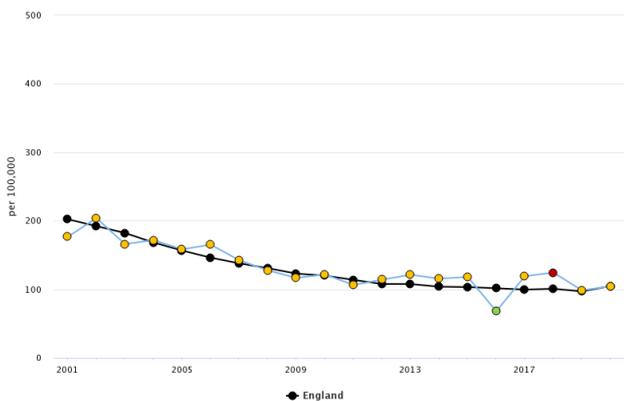
Under 75 mortality rate from all cardiovascular diseases (Persons, 1 year range) for Hillingdon



Year	Hillingdon	London	England
2013	79.7	79.4	76.2
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

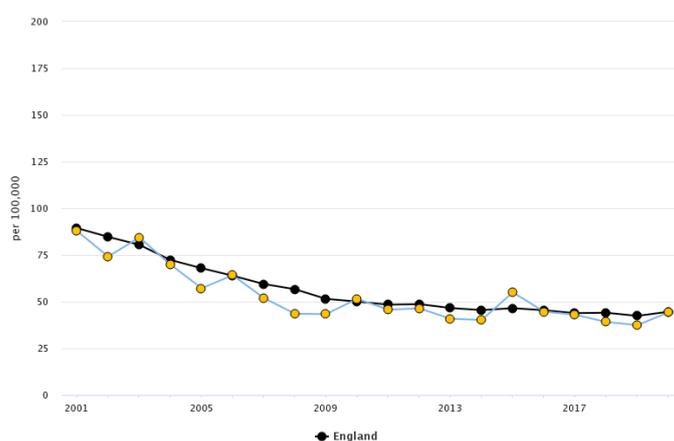
Male trend

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



Female trend

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

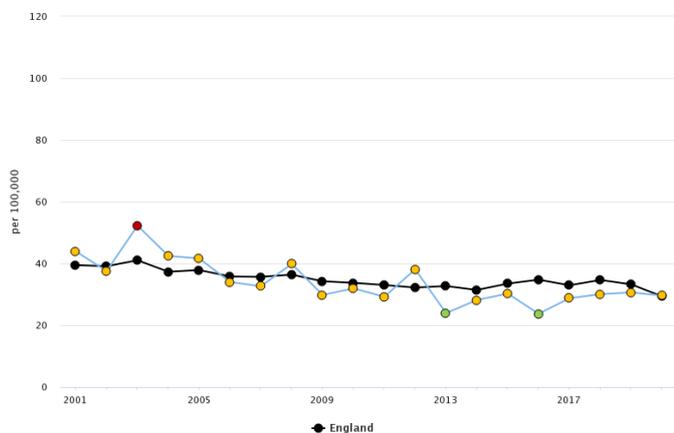


Source: Office for Health Improvement Mortality Profile

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

Persons trend & data

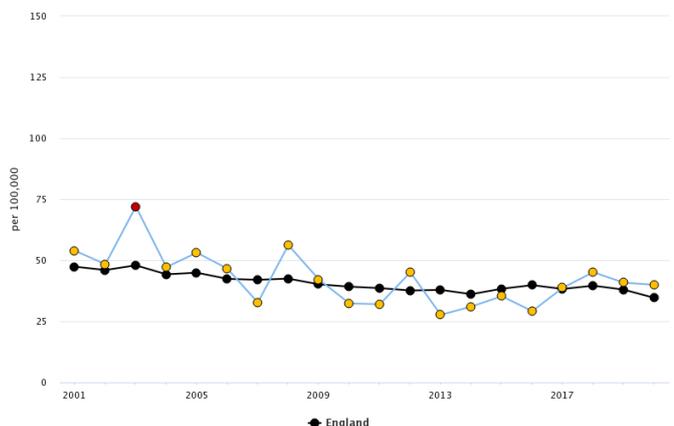
Under 75 mortality rate from respiratory disease (Persons, 1 year range) for Hillingdon



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

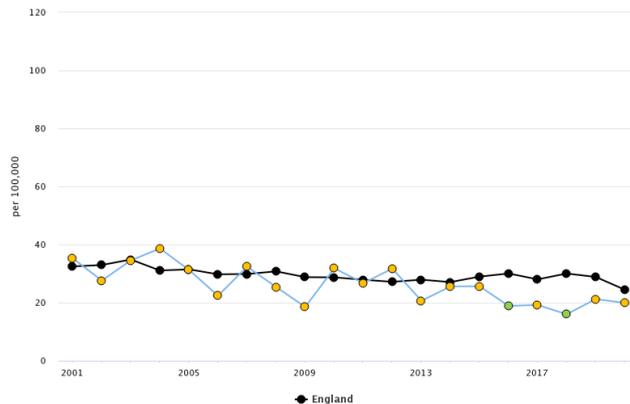
Male trend

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.

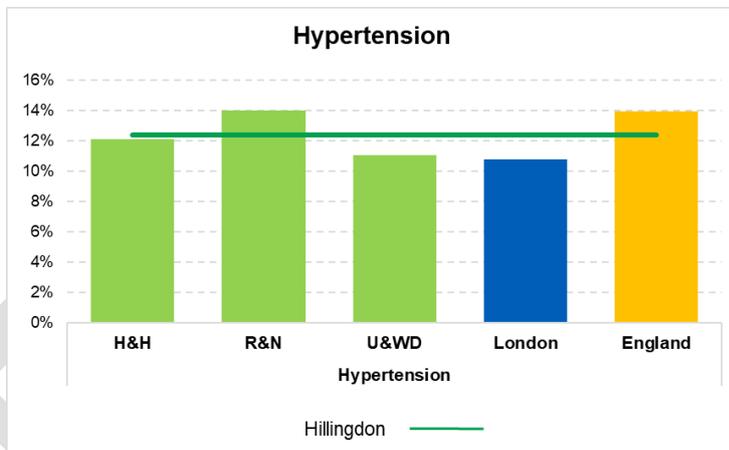
Hillingdon's Health & Wellbeing Strategy (2022-25) seeks to improve the health and wellbeing of all our residents and to reduce disparities in health and care across our communities. The strategy aims to deliver a vision shared by all health and care partners in the borough.

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

Cardiovascular Disease Prevalence

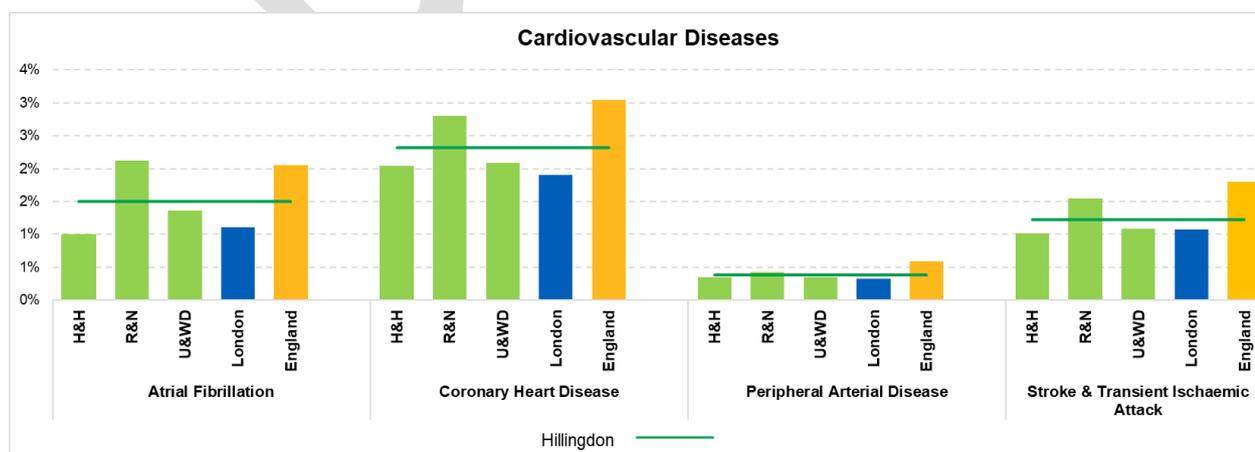
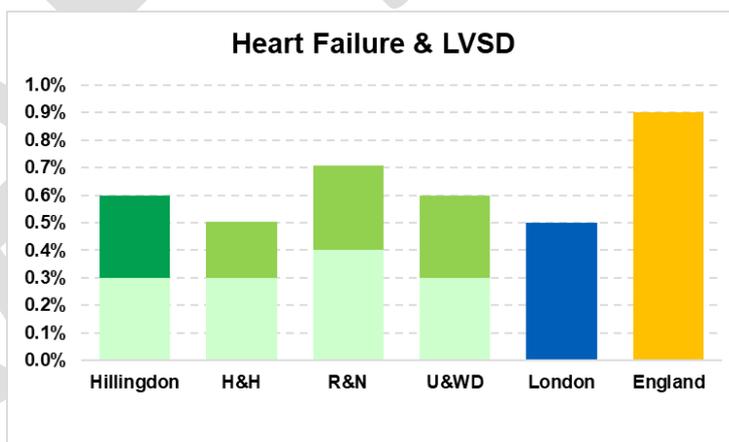
Across all cardiovascular diseases Hillingdon's rate is higher than London but lower than England. At locality level, Ruislip & Northwood rates are higher in all cardiovascular diseases.

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%).



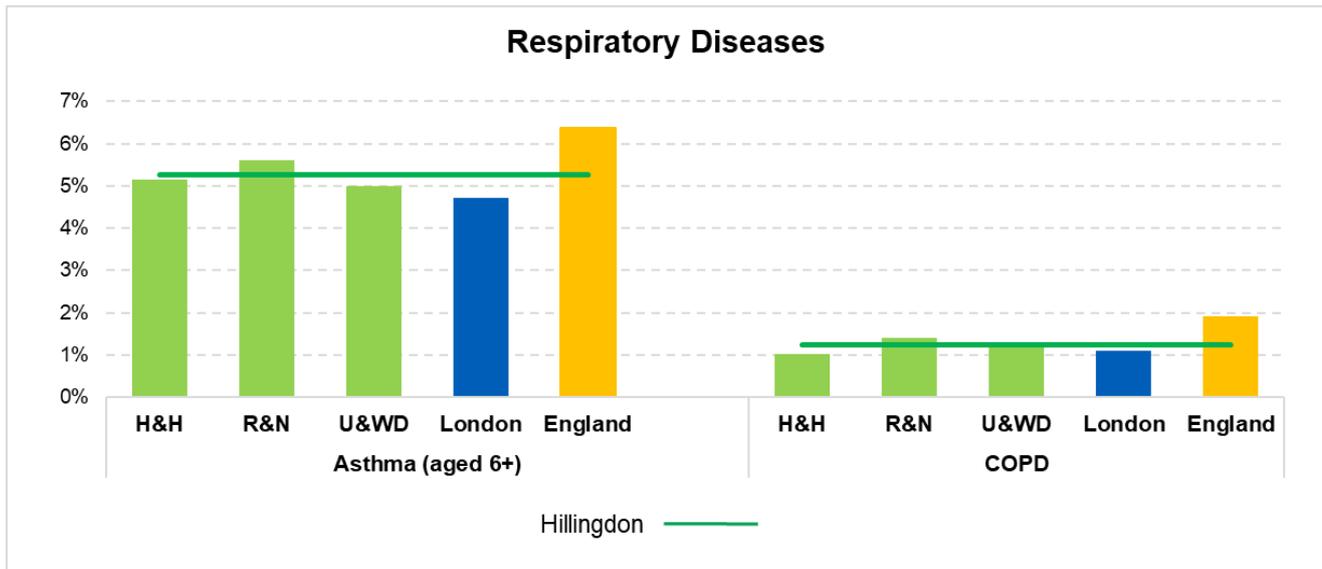
The prevalence of all heart failure in Hillingdon (0.6%, 1,950 residents), is above London and below England rates.

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

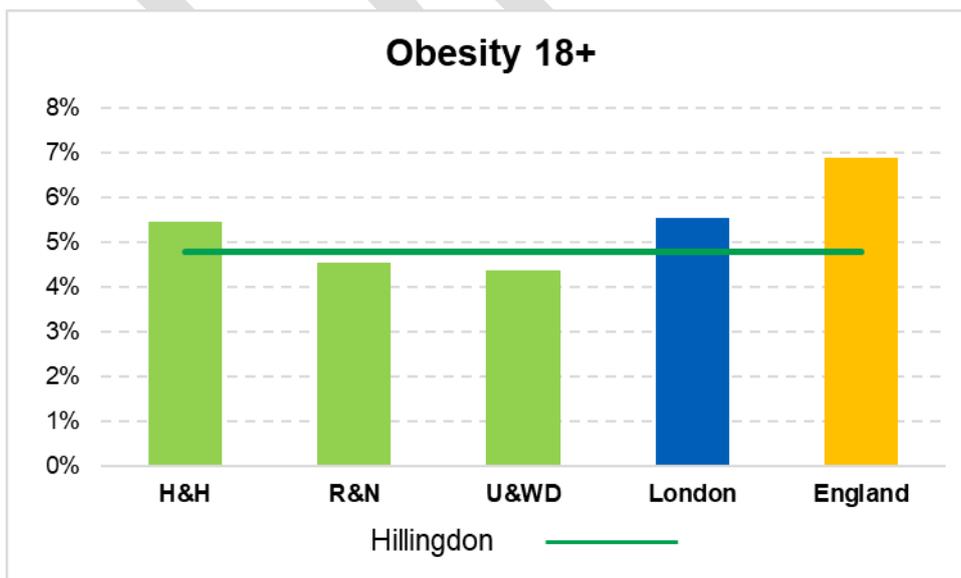
Hillingdon's rates are higher than London but lower than England. At locality level, Ruislip & Northwood rates are higher in both asthma and COPD.



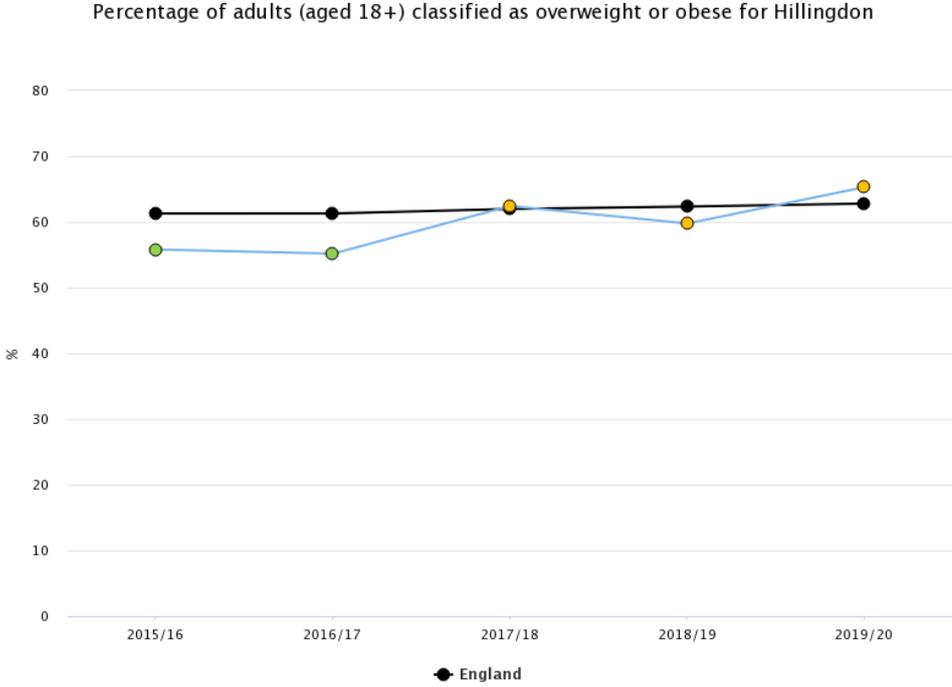
Excess Weight and Obesity Prevalence

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.



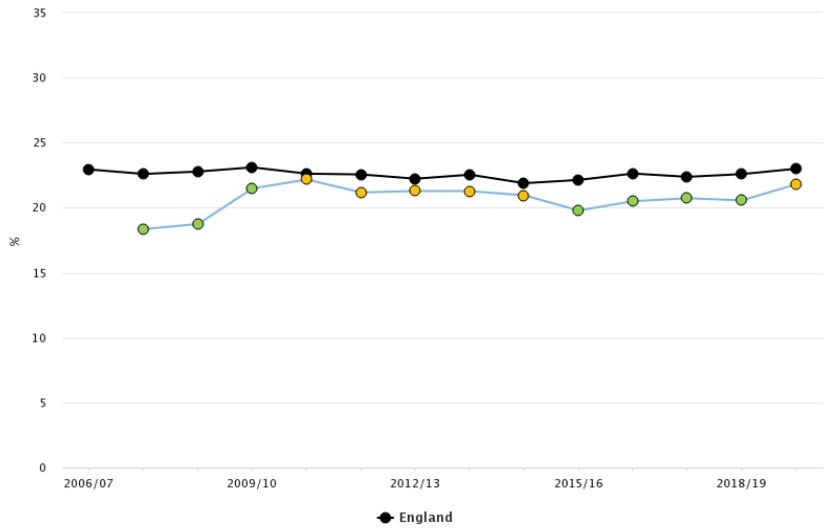
Data from OHID Obesity Profile shows that 65.3% of adults within Hillingdon are carrying excess weight in the period of 2019/20, which is above England (62.8%) and London rates (55.7%); this has increased from 55.8% in 2015/16. However, it should be noted that the data is taken from the Active Lives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



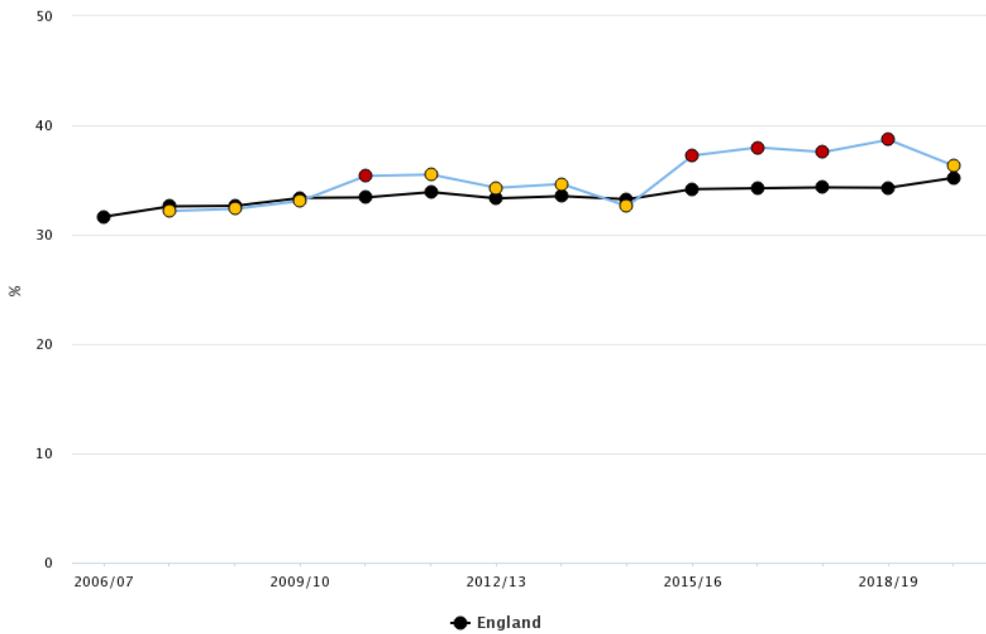
Excess Weight in Children

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



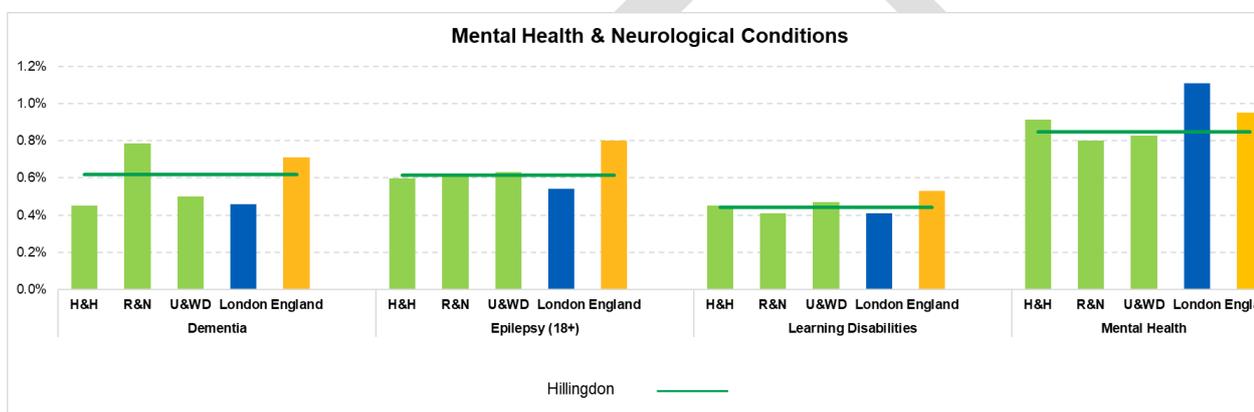
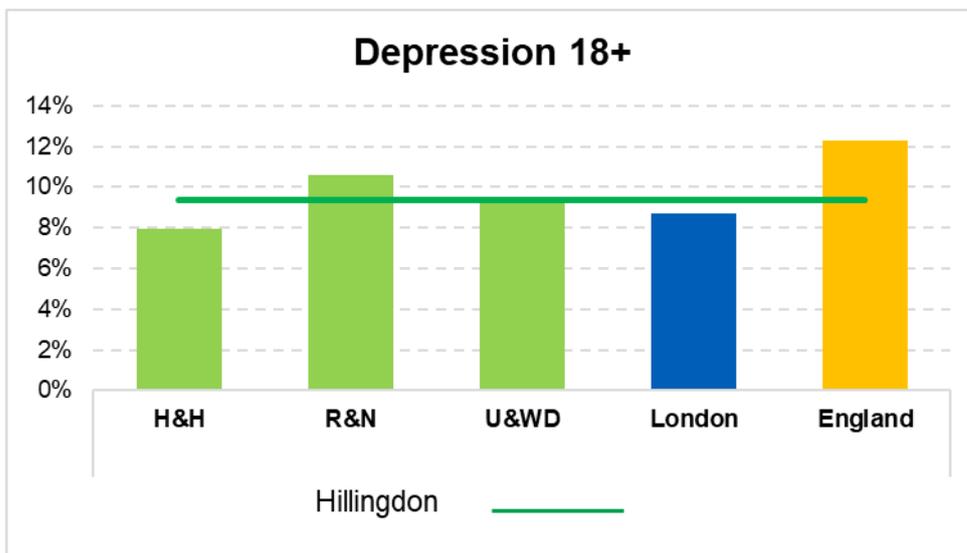
Year 6: Prevalence of overweight (including obesity) for Hillingdon



Mental Health & Neurological Conditions Prevalence

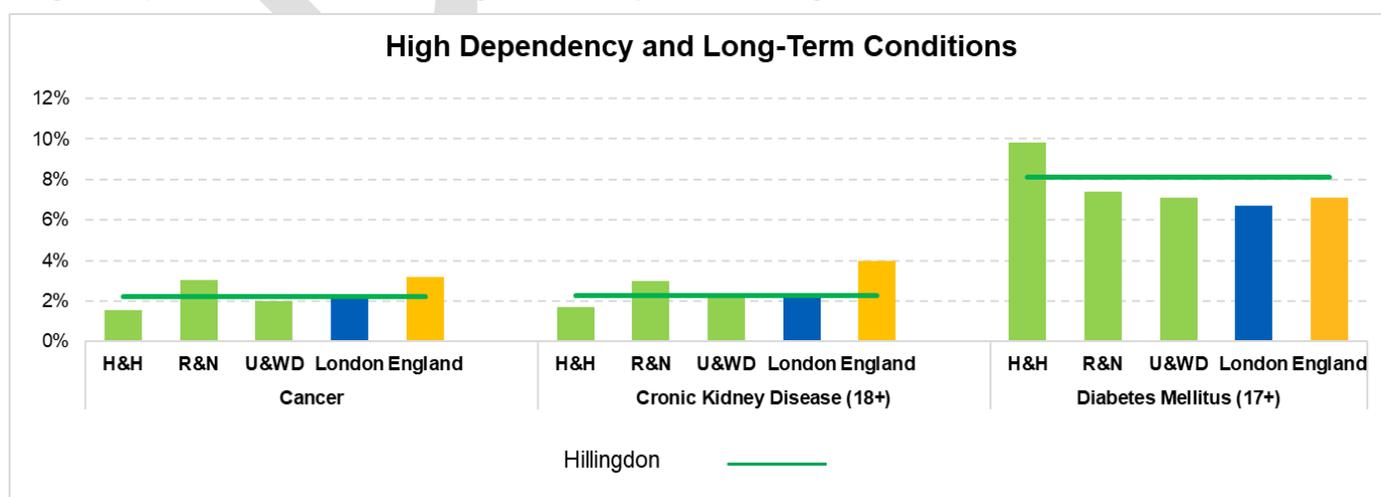
Hillingdon’s rates are higher than London but lower than England for most conditions, with the exception of mental health where the Borough rates are lower than both London and England. Locality levels vary depending on the stated condition.

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%).

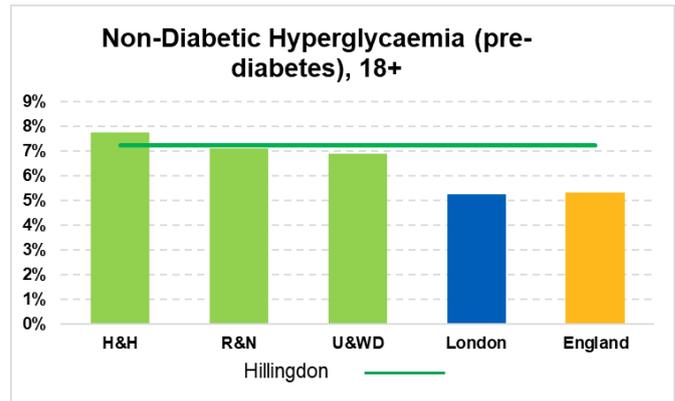


High Dependency and other Long-Term Conditions

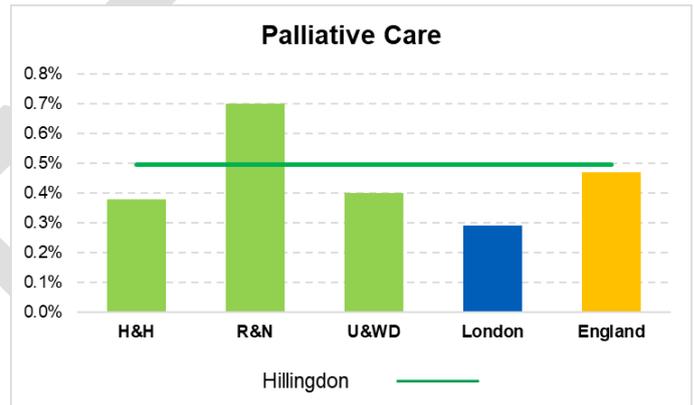
The Hillingdon prevalence of Cancer and Chronic Kidney Disease are similar to London and lower than England. At locality level, Ruislip & Northwood has higher rates of prevalence. For Diabetes Mellitus Hillingdon's prevalence is higher than both London and England; prevalence rates are highest in Hayes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

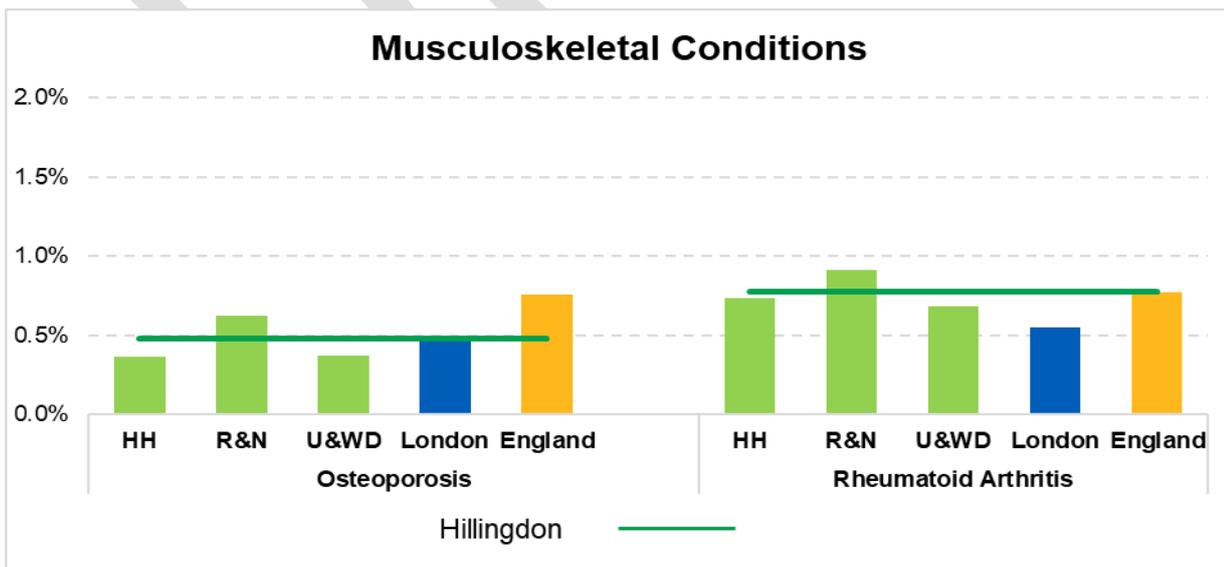


Hillingdon's palliative care prevalence rates are higher than London and England, with Ruislip & Northwood rates being the highest of the localities.



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).

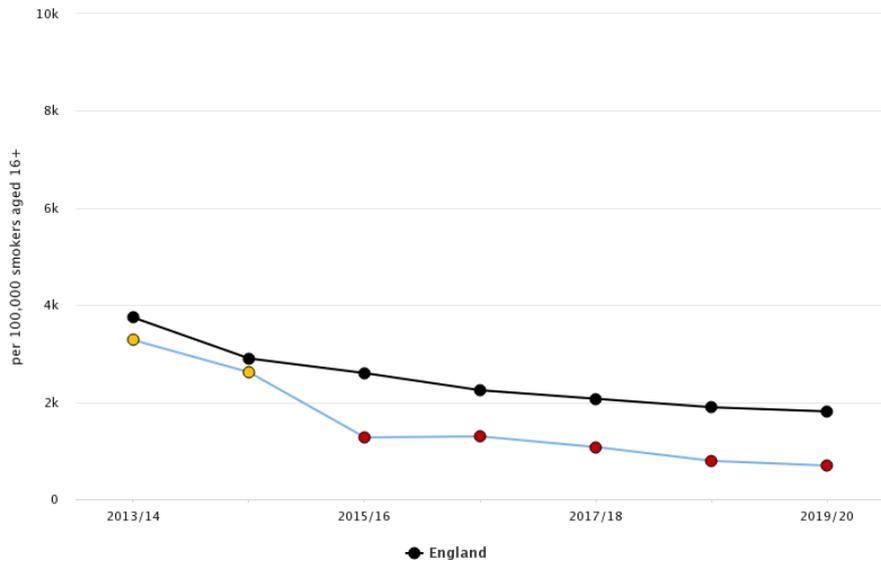
Smoking attributable hospital admissions show that in 2019/20 there were 1,953 admissions in Hillingdon – a DSR rate of 1,386 per 100,000; this is lower than the England rate (1,398) and higher than the London rate (1,152). Source: OHID, Local Tobacco Control Profile 2019/20

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):

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	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:

Smokers that have successfully quit at 4 weeks for Hillingdon

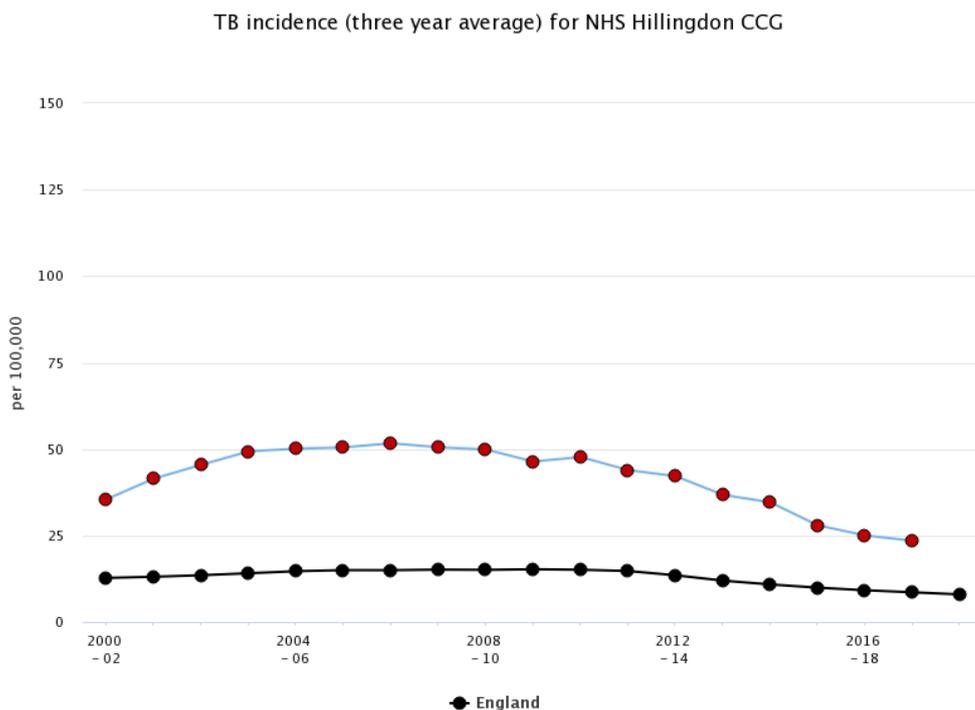


DRAFT

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:



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.

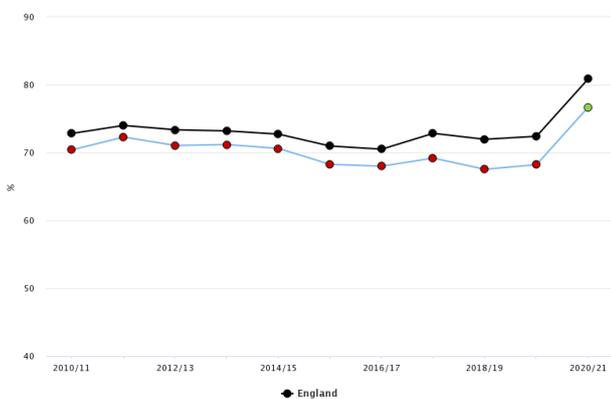
Population coverage 2020/21 of flu vaccination aged 65+ in Hillingdon is 76.7% of the population, below England and above London averages (80.9% and 71.8% respectively). Vaccination rates in at risk individuals aged 6 months to 65 years (excluding pregnant women) is 51.3% in Hillingdon (2020/21) compared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

Appendix 2: Epidemiology - Pharmaceutical Needs Assessment 2022

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).

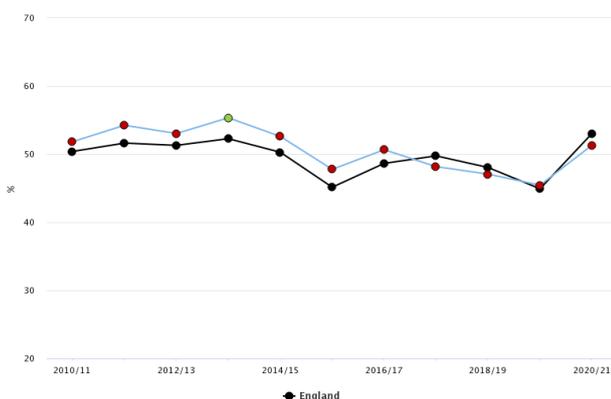
Trend data shows that overall proportions in both KPIs increased in 2020/21; Hillingdon’s rates are better than London but lower than England:

Population vaccination coverage – Flu (aged 65+) for Hillingdon



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%

Population vaccination coverage – Flu (at risk individuals) for Hillingdon

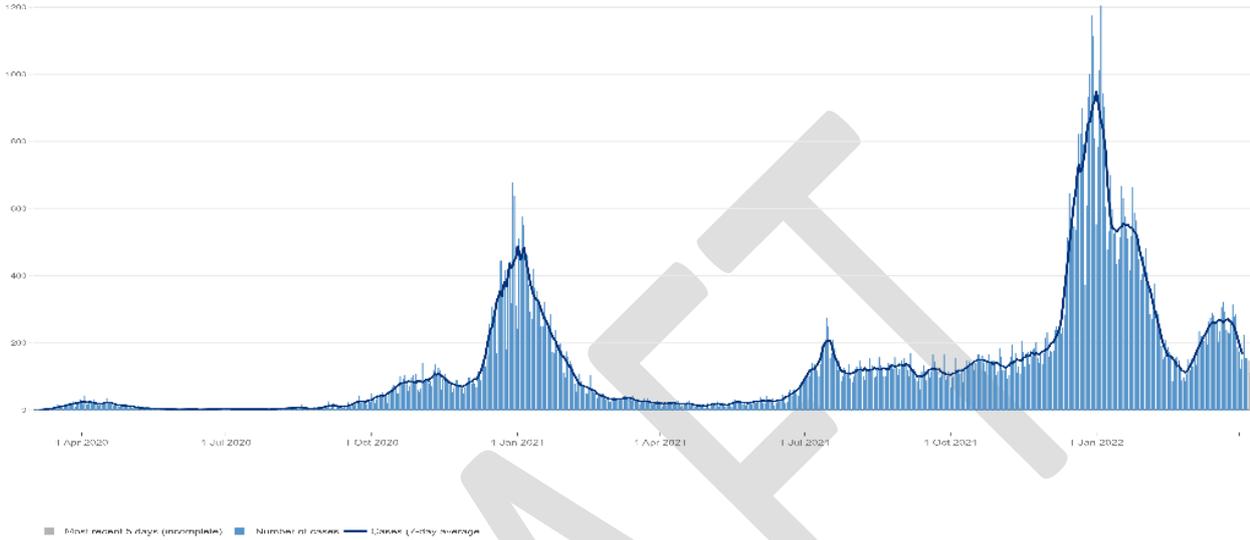


Year	Hillingdon	London	England
2014/15	52.6%	49.8%	50.3%
2015/16	47.8%	43.7%	45.1%
2016/17	50.7%	47.1%	48.6%
2017/18	48.2%	46.6%	49.7%
2018/19	47.1%	44.4%	48.0%
2019/20	45.4%	41.8%	44.9%
2020/21	51.3%	45.0%	53.0%

COVID-19

Between March 2020 and 11th 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:



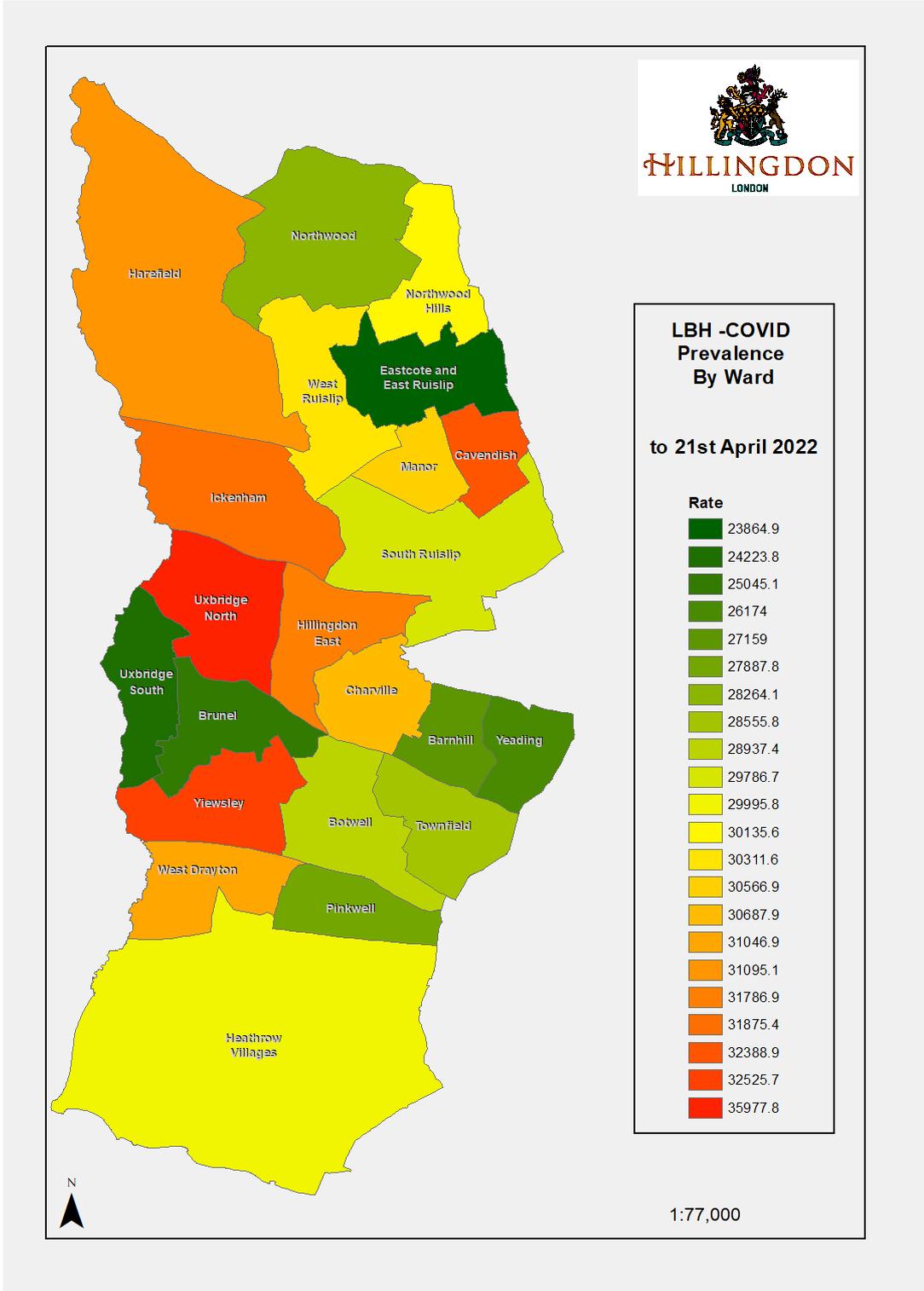
Source: coronavirus.data.gov.uk

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 11th April uptake is:

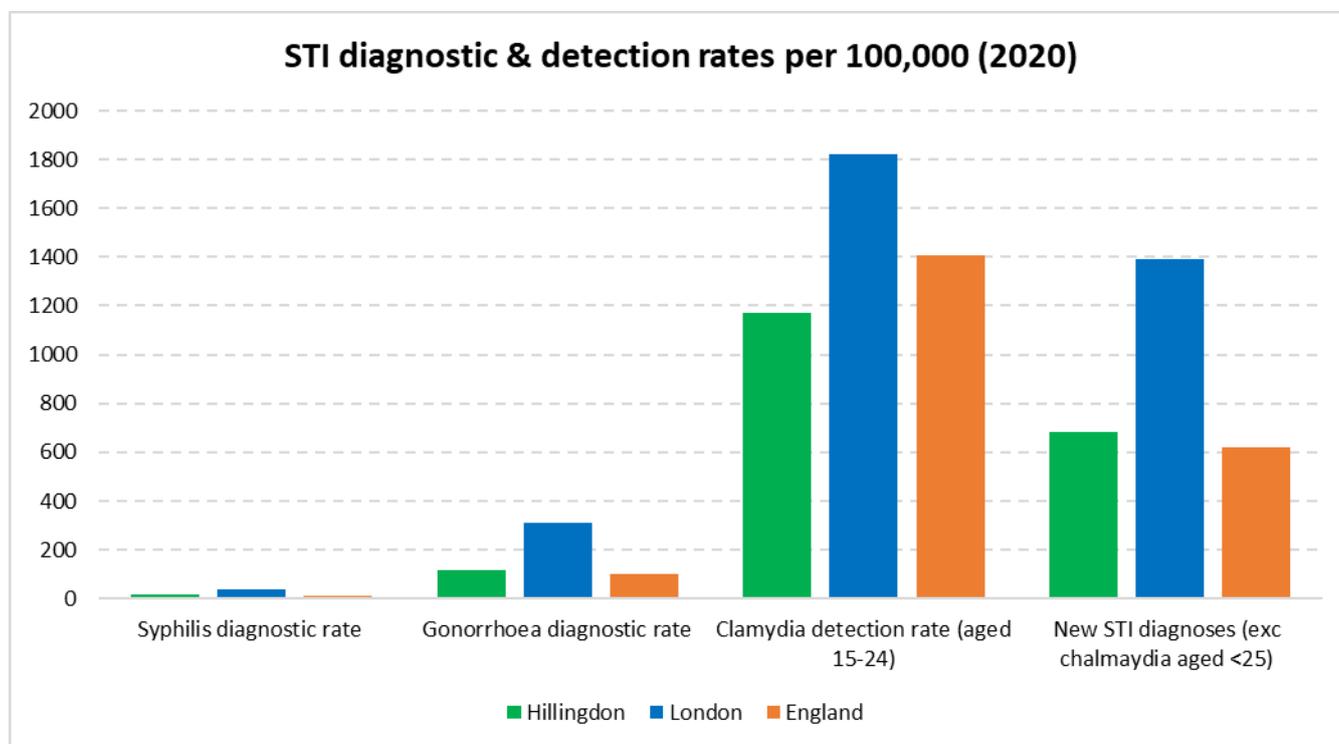
Hillingdon	London	England
1 st dose 75.2% 2 nd dose 70.2% 3 rd dose 50.3%	1 st dose 70.0% 2 nd dose 65.2% 3 rd dose 46.6%	1 st dose 91.9% 2 nd dose 86.1% 3 rd dose 67.1%

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:



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 th
Gonorrhoea	197	188	138	199	272	381	364	25 th
Syphilis	24	29	40	39	39	35	47	28 th
New STI Diagnoses (excl Chlamydia <25)	1,904	1,849	1,741	1,835	1,788	1,738	1,388	26 th

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>

Appendix 2: Epidemiology - Pharmaceutical Needs Assessment 2022

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 25th 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).

New HIV diagnosis rate per 100,000 aged 15 years and over 2020

Crude rate - per 100,000

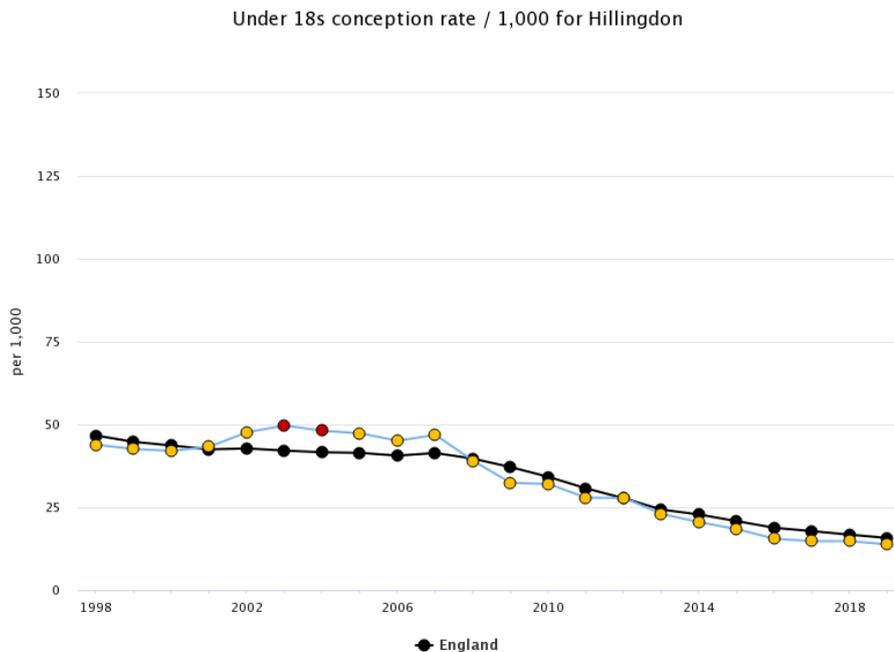
Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	2,622	5.7	5.4	5.9
London region	↓	951	13.1	12.3	14.0
Lambeth	↓	74	27.5	21.6	34.5
Westminster	→	58	25.6	19.4	33.1
Southwark	↓	61	23.2	17.7	29.8
Lewisham	↓	49	19.9	14.7	26.3
Greenwich	→	40	17.5	12.5	23.8
Haringey	→	37	17.1	12.1	23.6
Camden	↓	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

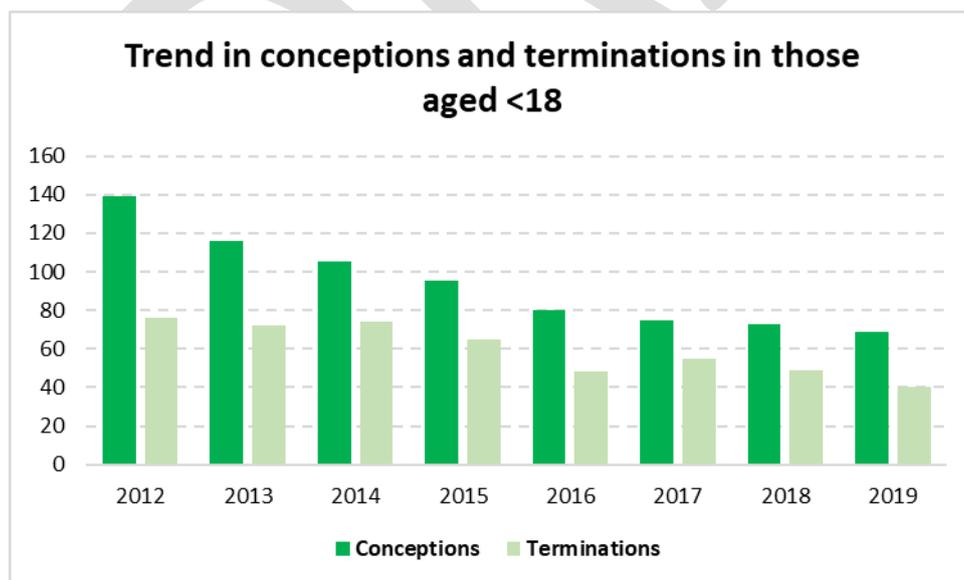
The 2019 teenage conception rate for Hillingdon was 13.8 per 1000, which was lower than England rate (15.7 per 1000) and similar to the London rate (13.5 per 1,000). The trend in teenage conceptions shows reductions in rates for England, London and Hillingdon since 1998. There is a higher proportion 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
- 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).



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 family's 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 12th 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
Ruislip & Northwood	Total = 92,566	Total = 22
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	
Uxbridge & West Drayton	Total = 105,193	Total = 21
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	
Hayes & Harlington	Total = 111,255	Total = 21
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	
22 wards	309,014 population	64 pharmacies

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)
Ruislip & Northwood	23.8 population = 92,566 number of pharmacies = 22
Uxbridge & West Drayton	19.9 population = 105,193 number of pharmacies = 21
Hayes & Harlington	18.9 population = 111,255 number of pharmacies = 21
Hillingdon	20.7 population = 309,014 number of pharmacies = 64 <i>Population growth to 2027</i> 20.1 Population = 317,706 Assume no change in number of pharmacies = 64
London	20.1 population = 9,000,000 number of pharmacies = 1,808
England	19.8 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.

In Hayes & Harlington provision is below the England average rate per head of population; however, there is adequate pharmacy provision within 2km, but sited in neighbouring boroughs.

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 ***and a supplementary statement will be issued as necessary.***

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

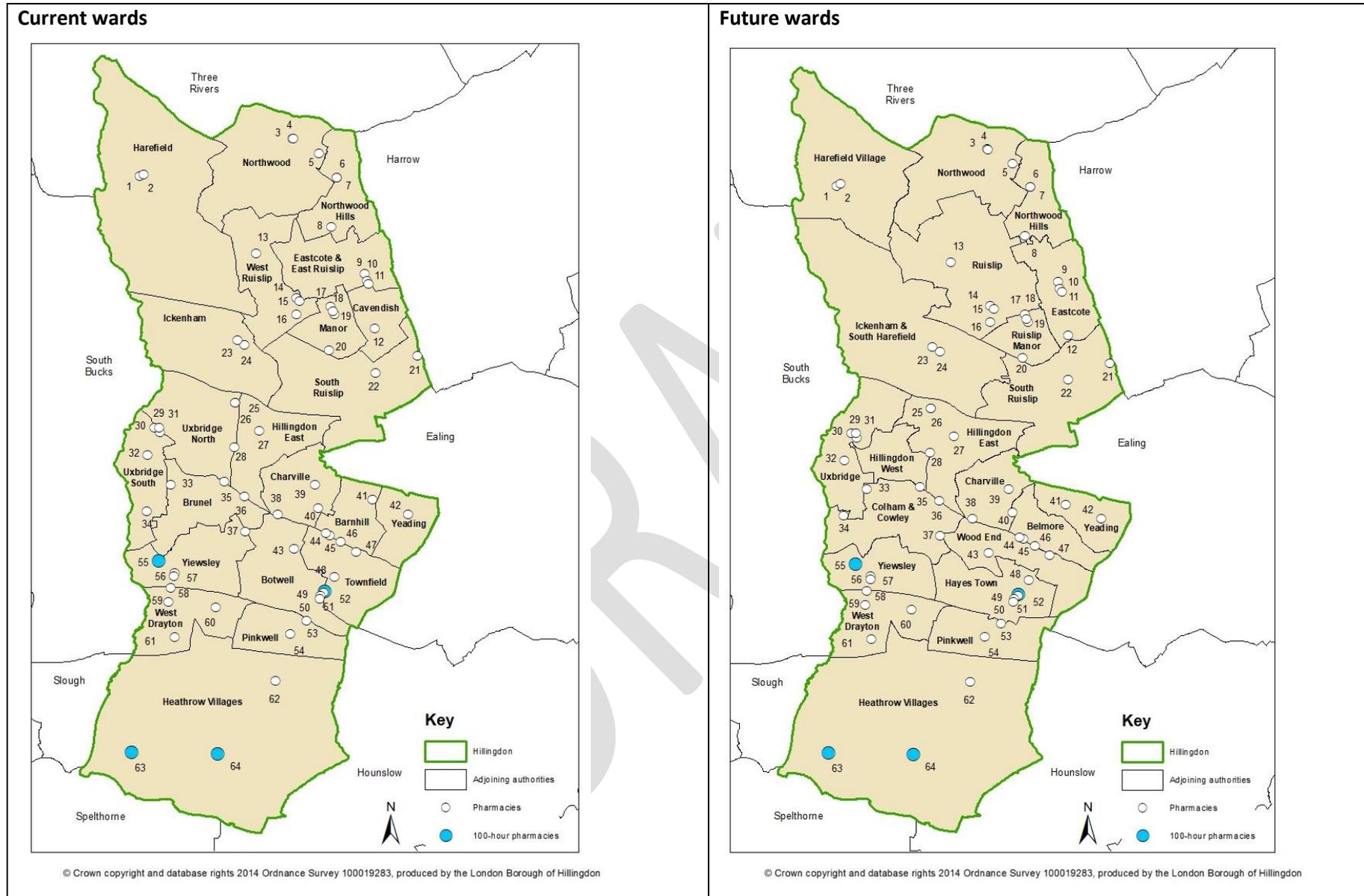
The national framework for pharmaceutical services requires every pharmacy to open for 40 hours minimum and provide essential services which are necessary services. Maps on the following pages show the distribution of pharmacies that are open less than 100 hours per week and those that are contracted 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.

Map 1 – Hillingdon pharmacies by locality and type

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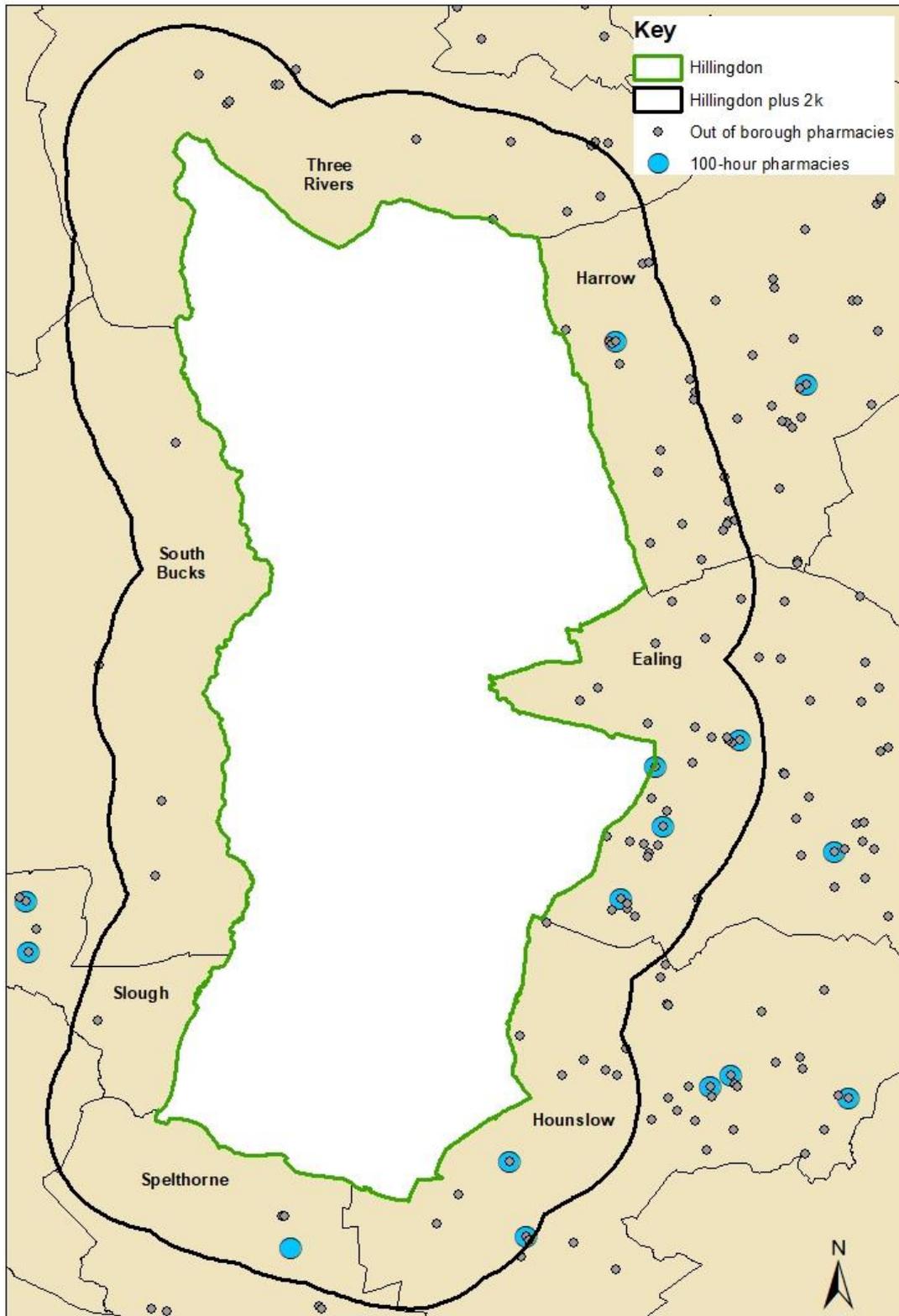


Key	Pharmacy Name	Location
1	The Malthouse Pharmacy	Harefield
2	Harefield Pharmacy	Harefield
3	Boots	Northwood
4	Sharmans, Maxwell Road	Northwood
5	Carter Chemist	Northwood
6	Boots, Joel Street	Northwood Hills
7	Ross Pharmacy	Northwood Hills
8	Carters Pharmacy	Northwood Hills
9	Eastcote Pharmacy	Eastcote
10	Superdrug	Eastcote
11	Boots	Eastcote
12	Boots, Whitby Road	Ruislip
13	Howletts Pharmacy	Ruislip
14	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

Key	Pharmacy	Location
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):



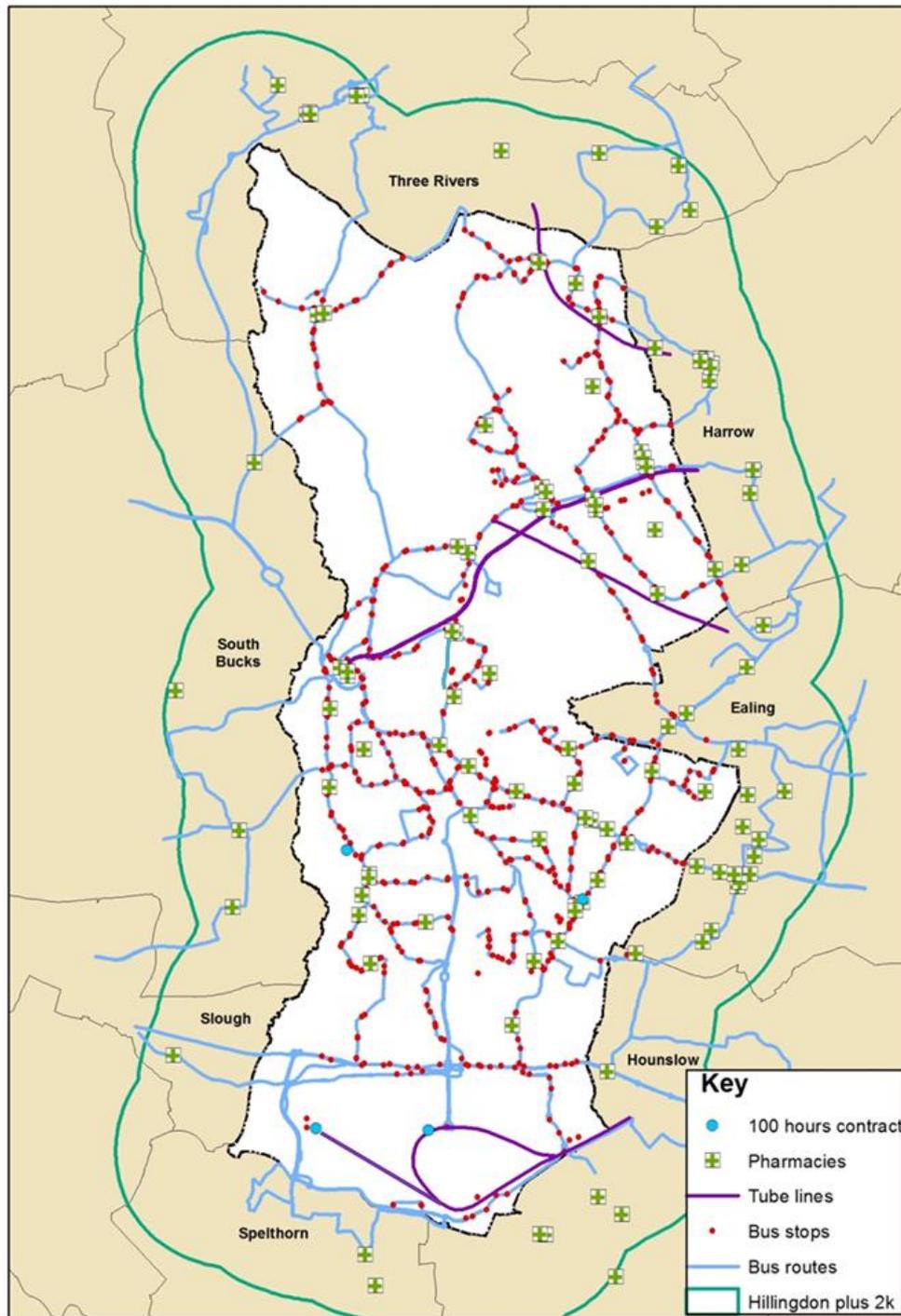
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There are at least 75 pharmacies located within the 2km boundary of Hillingdon, plus eight 100-hour pharmacies; the 100-hour pharmacies are:

Pharmacy details	Local Authority
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

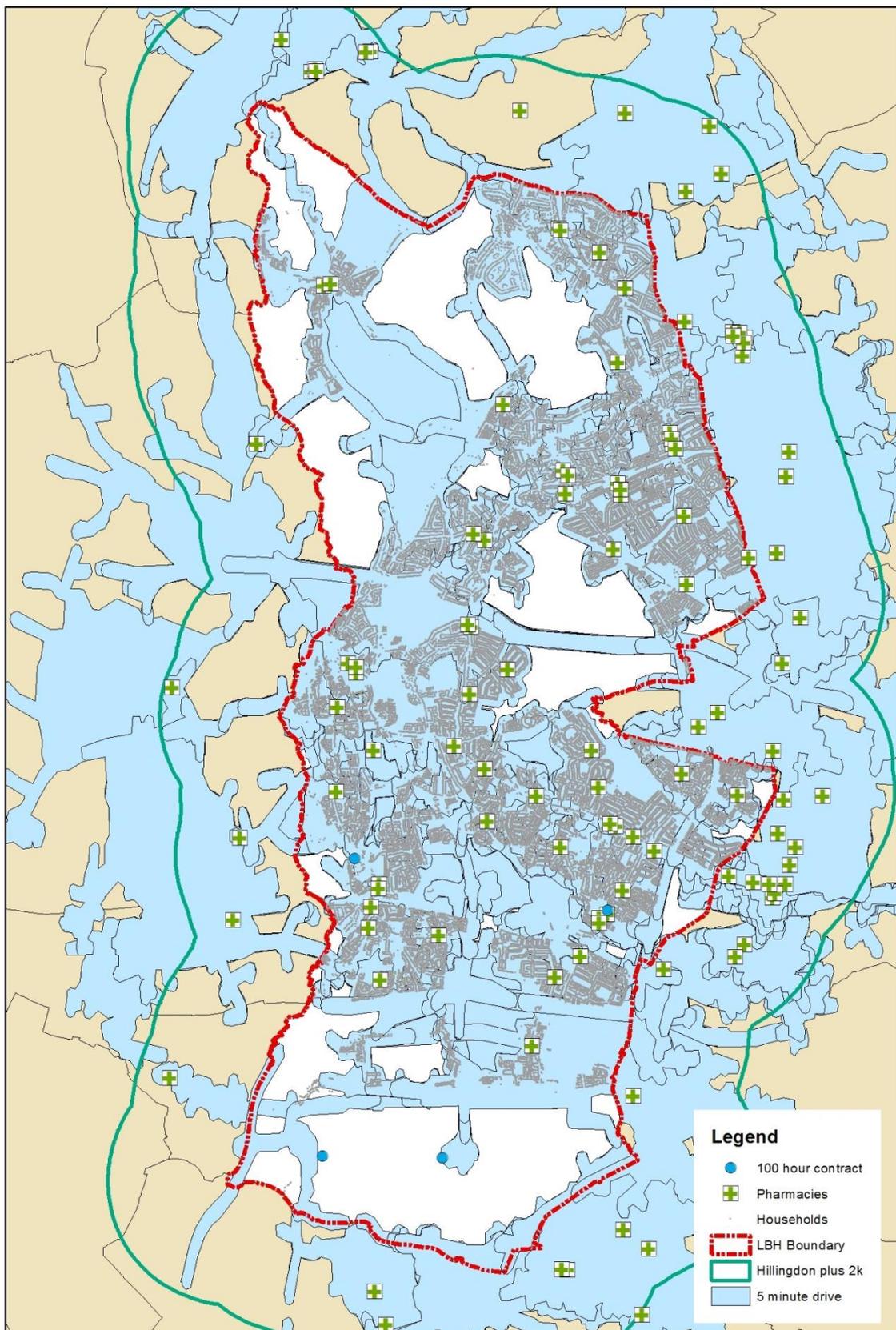
Bus routes and bus stops in relation to Hillingdon and out of Borough pharmacies:



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



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Access to a pharmacy

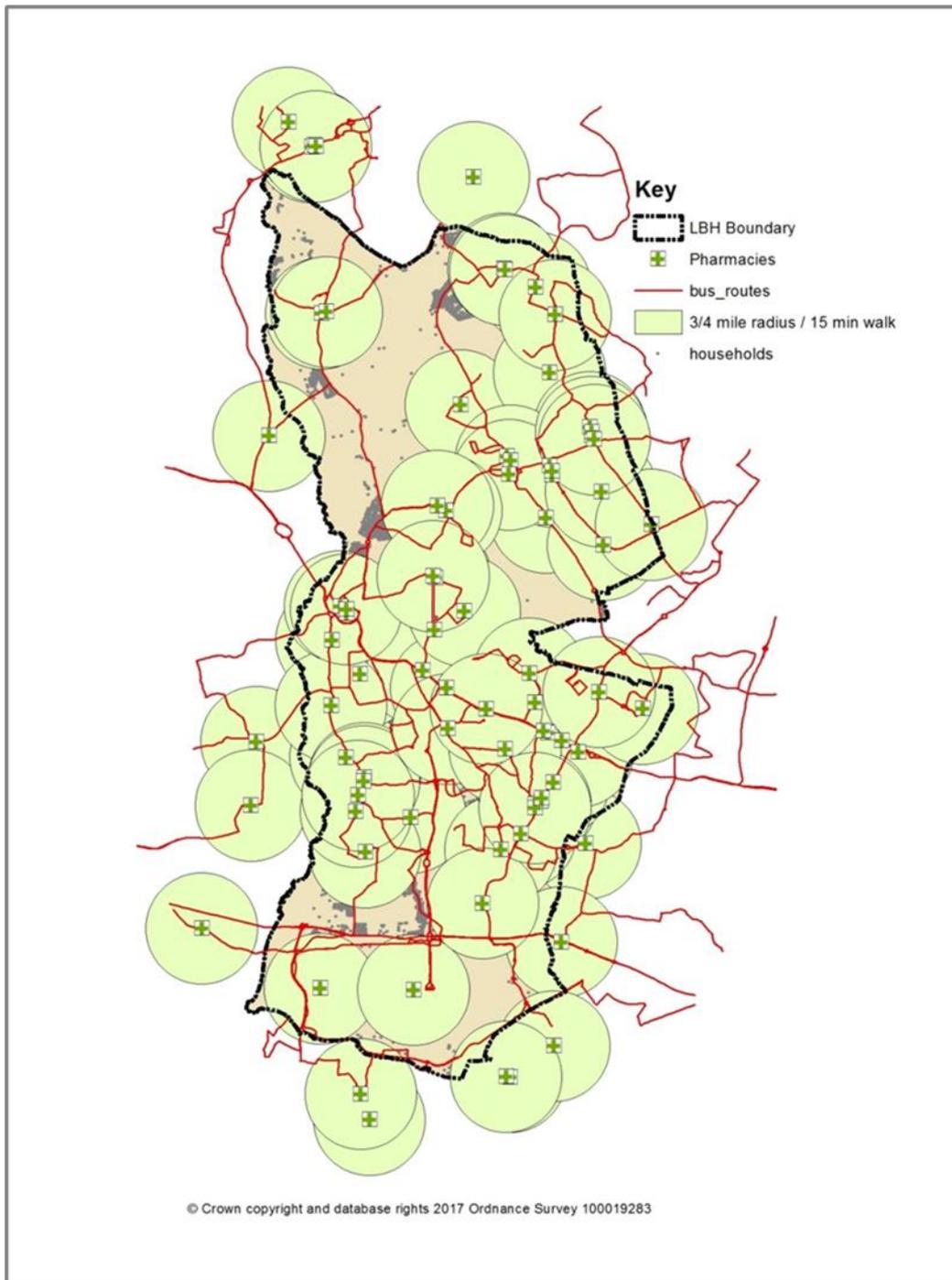
Research from Pharmacy2U (2017) shows that by region Londoners were nearest to their local pharmacy, travelling only 2.6 miles on average; this compares to 6.6 miles in the South-West of England. There will be variations at London borough level, but for Hillingdon 99.7% of households are within a 5-minute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

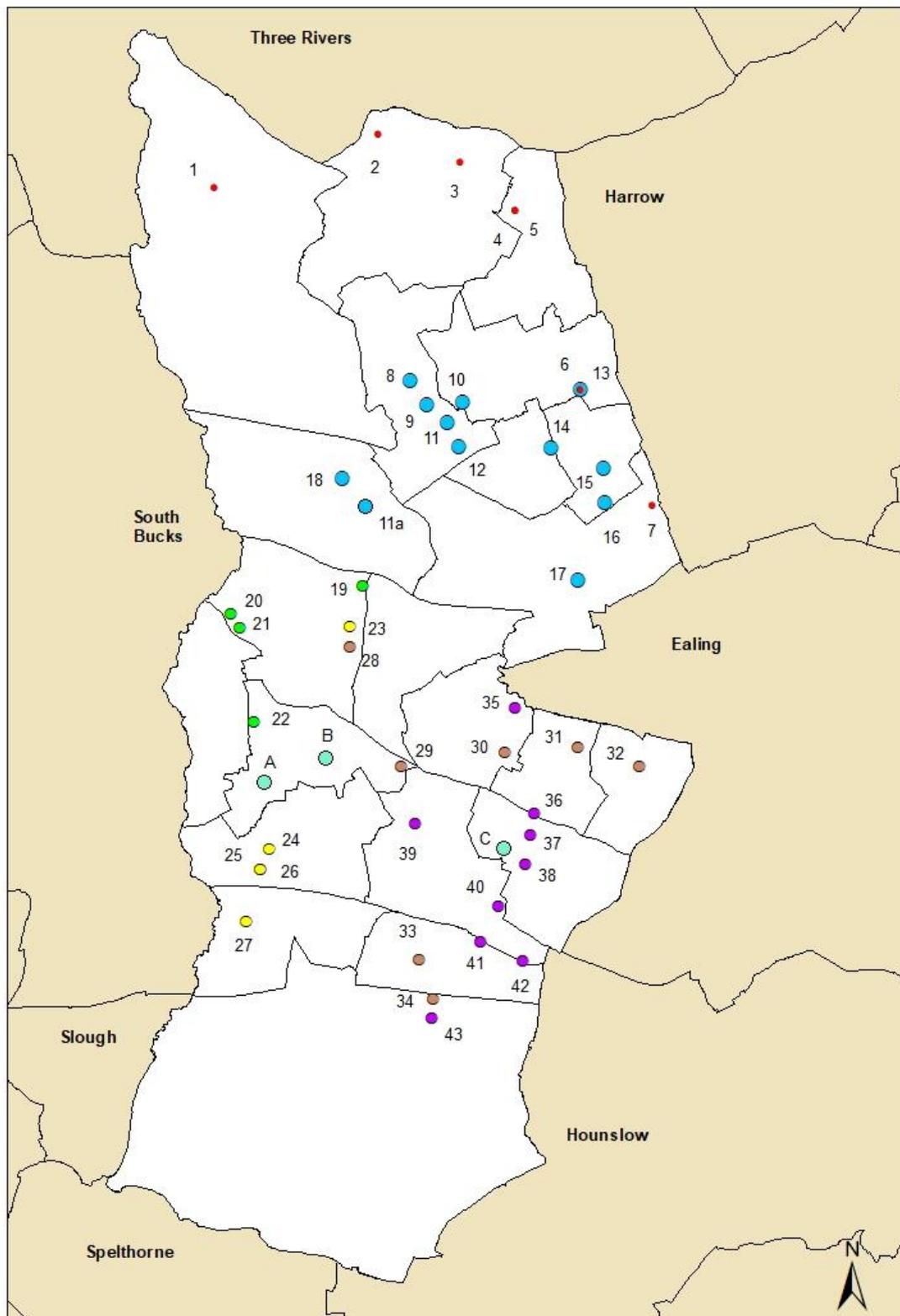
based on 112,000 households

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



2. Access to healthcare within Hillingdon

Map 6 - GP practices in Hillingdon



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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		Long Lane First Care Group
		28	Acorn Medical Centre
	Celadine Health & Metrocare	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		HH Collaborative
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
	Synergy	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		Others
		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 center to see a doctor

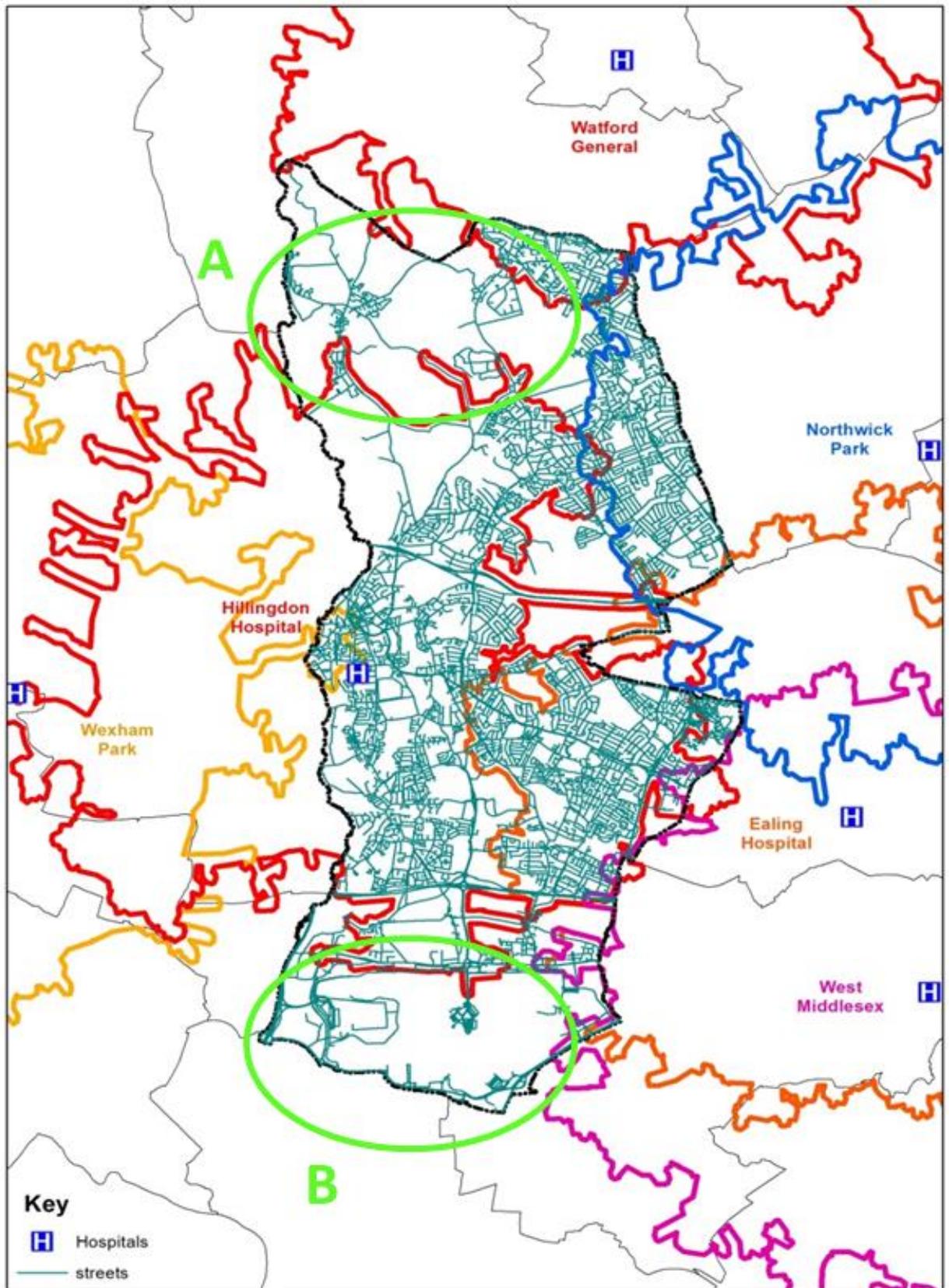
or

- 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.



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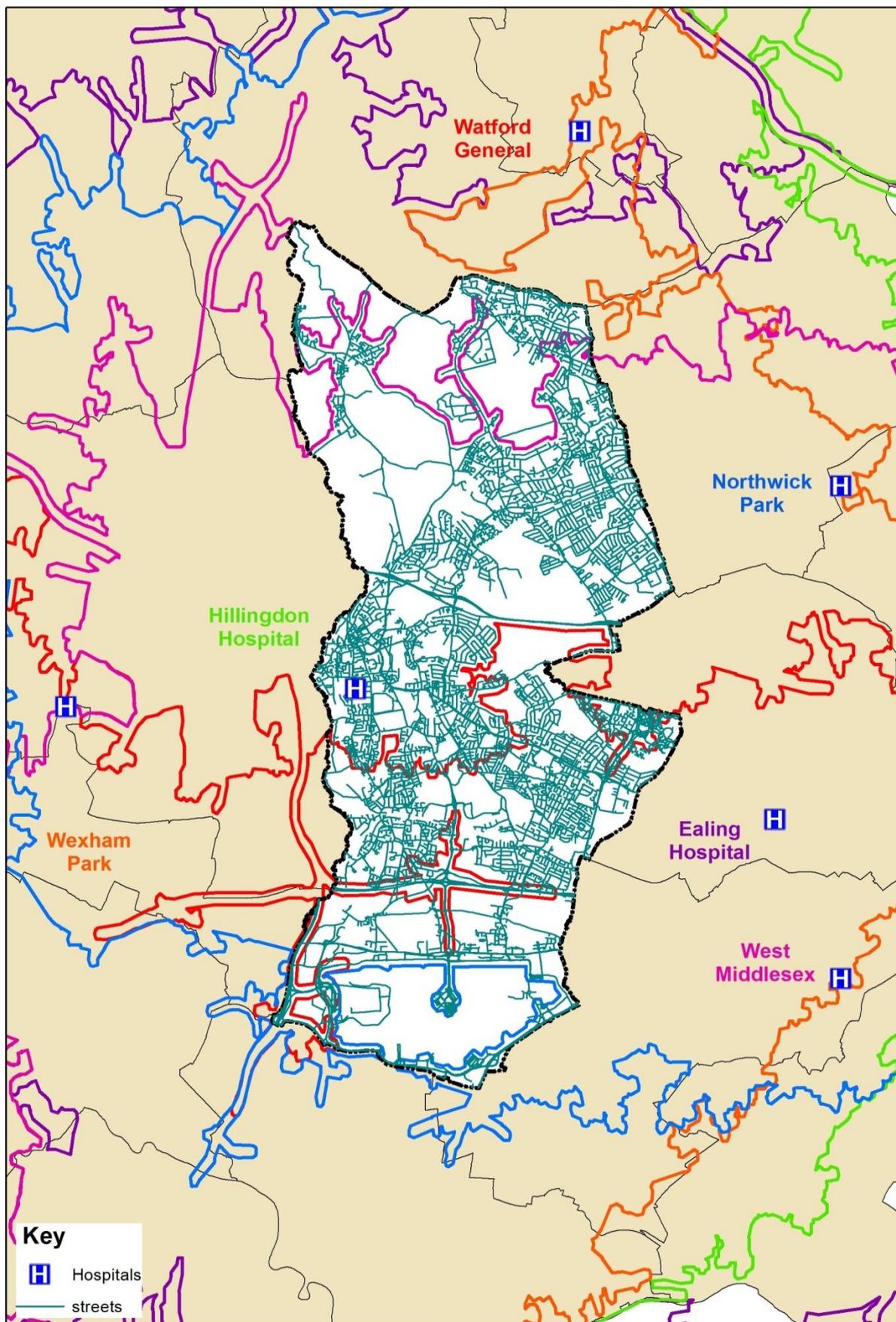
Note - there are areas of low population density in Harefield and Northwood in the north of the borough ('A'), and in Heathrow Villages in the south ('B'). Whilst there are very few residential roads within 'B', Ashford Hospital is approximately 1.5k from the Borough boundary and is currently transforming 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



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 e.g. 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, e.g. 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, e.g. 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

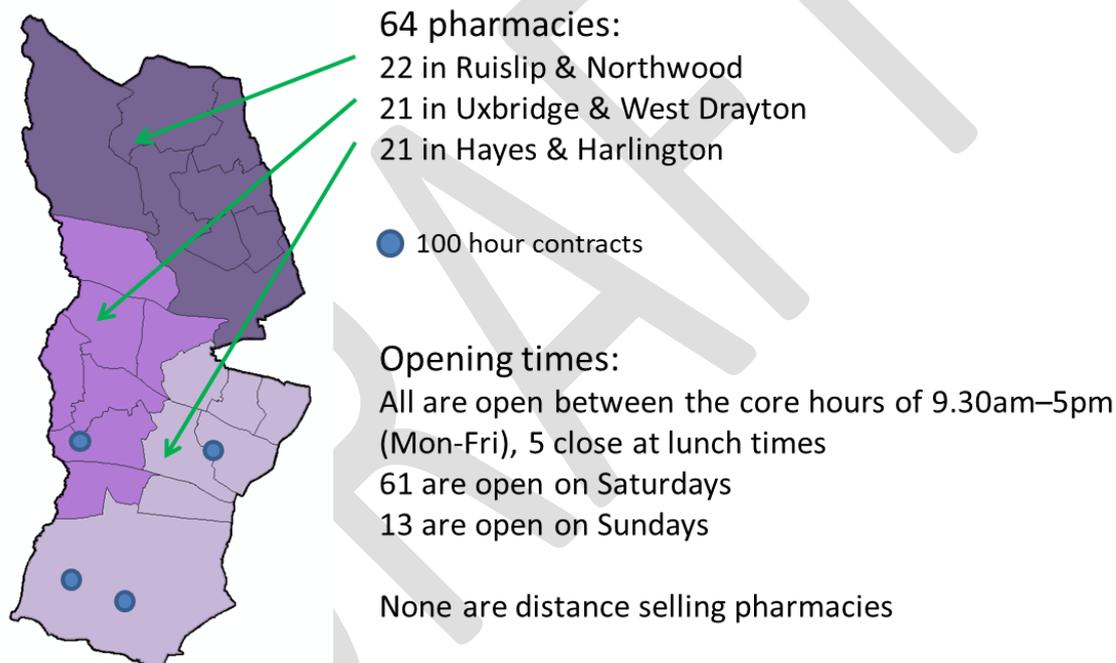
4. Analysis of the Pharmaceutical Needs Assessment Questionnaire

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**



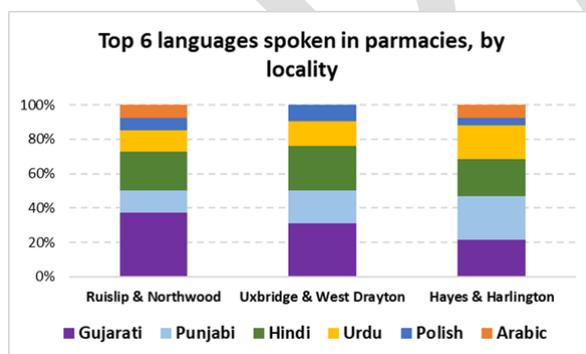
56 have **hand washing facilities** in the room or close by

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
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.
Repeat Dispensing	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).
Disposal of unwanted medicines	Pharmacies are obliged to accept back unwanted medicines from patients.
Discharge medicines Service	<p>37 pharmacies have claimed for this service since its introduction:</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>
Clinical Governance	Adherence with the clinical governance requirements is thus a part of the terms of service.
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.
Public health (promotion of Healthy lifestyles)	<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&I). This generally involves the display and distribution of leaflets provided by NHSE&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>
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.
Dispense Appliances – All Types	<p>Total 39</p> <p>R&N 14 U&WD 10 H&H 15</p> <p>8 pharmacies do not dispense any appliances 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>

Service	Currently offer
Dispense Appliances – Just Dressings	Total 13 R&N 2 U&WD 8 H&H 3
Dispense Appliances – all, excluding stoma and incontinence appliances	Total 3 R&N 2 U&WD 1
Dispense Appliances – incontinence appliances	Total 1 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
Weekday, open before 9am	2	4	5 Two pharmacies at Heathrow open from 5.30am
Weekday, open past 5pm	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
Saturday	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
Sunday	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

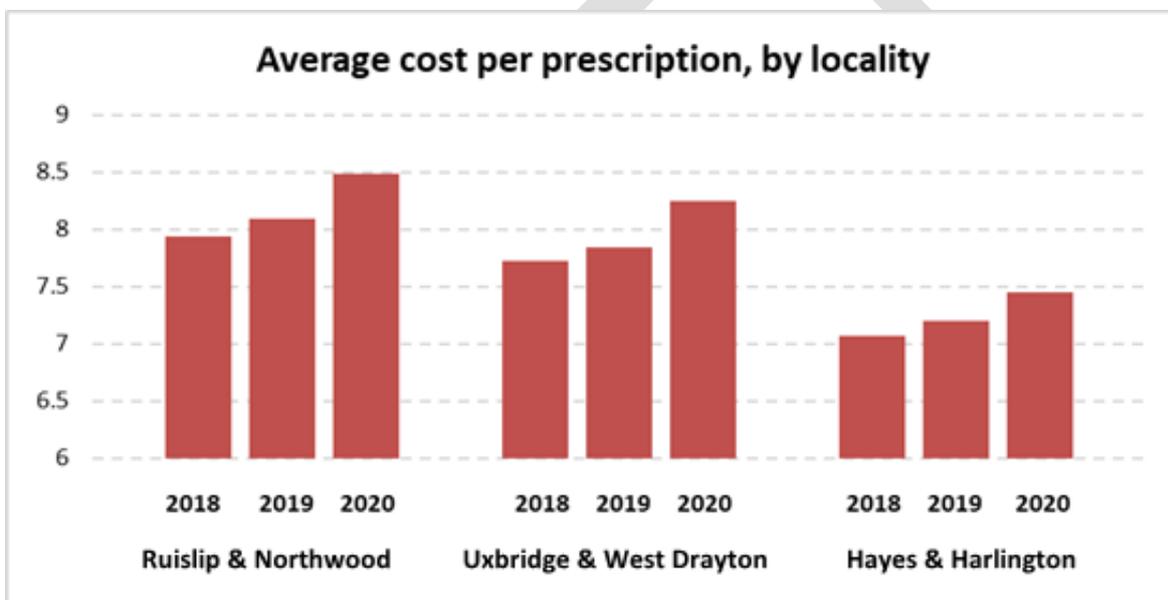
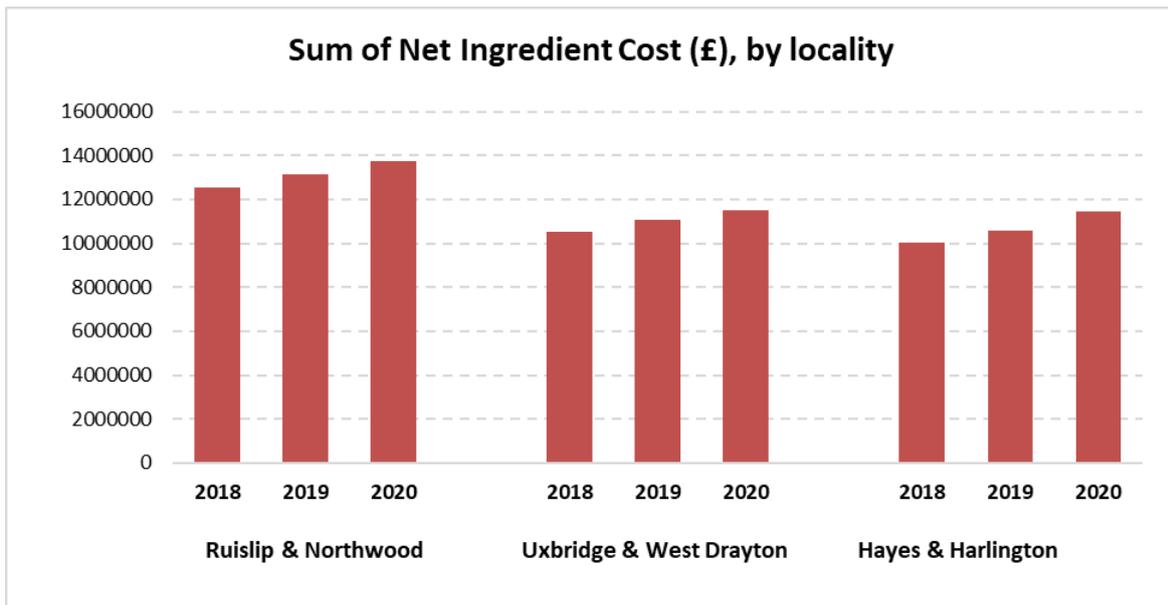
Monthly statistics on prescriptions dispensed by community pharmacists, appliance contractors, and dispensing doctors in England is published by the NHS Business Services Authority. Data for 2020/21 shows that nationally:

- 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.

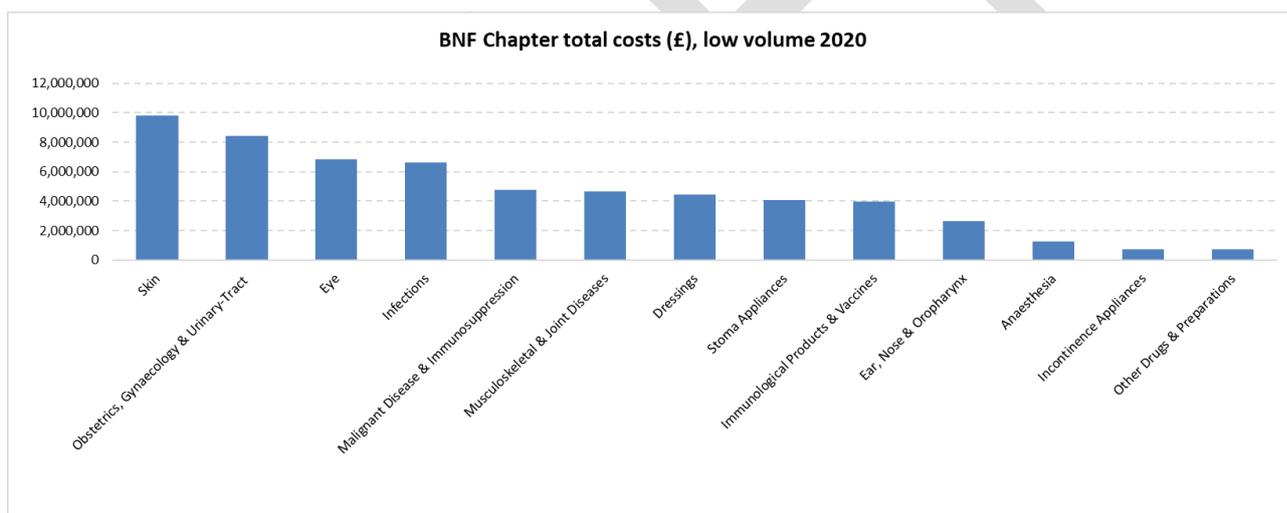
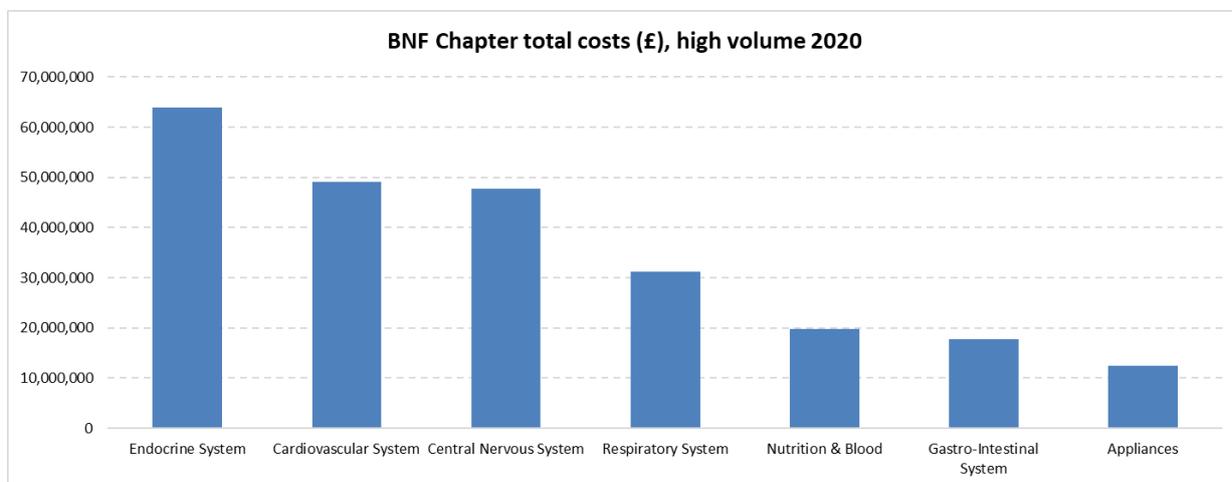
These charts show that the volume and cost of prescriptions is higher in Ruislip & Northwood in comparison with Uxbridge & West Drayton and Hayes & Harlington. This is consistent with the higher observed prevalence of various chronic illnesses and an older age profile of Ruislip & Northwood locality,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

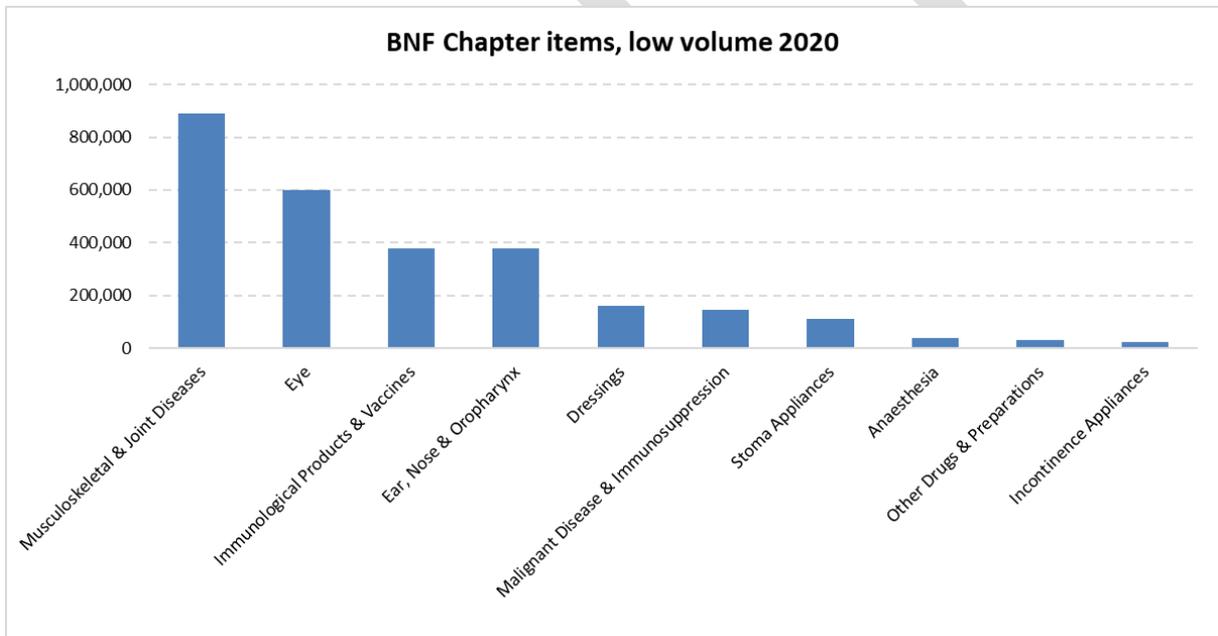
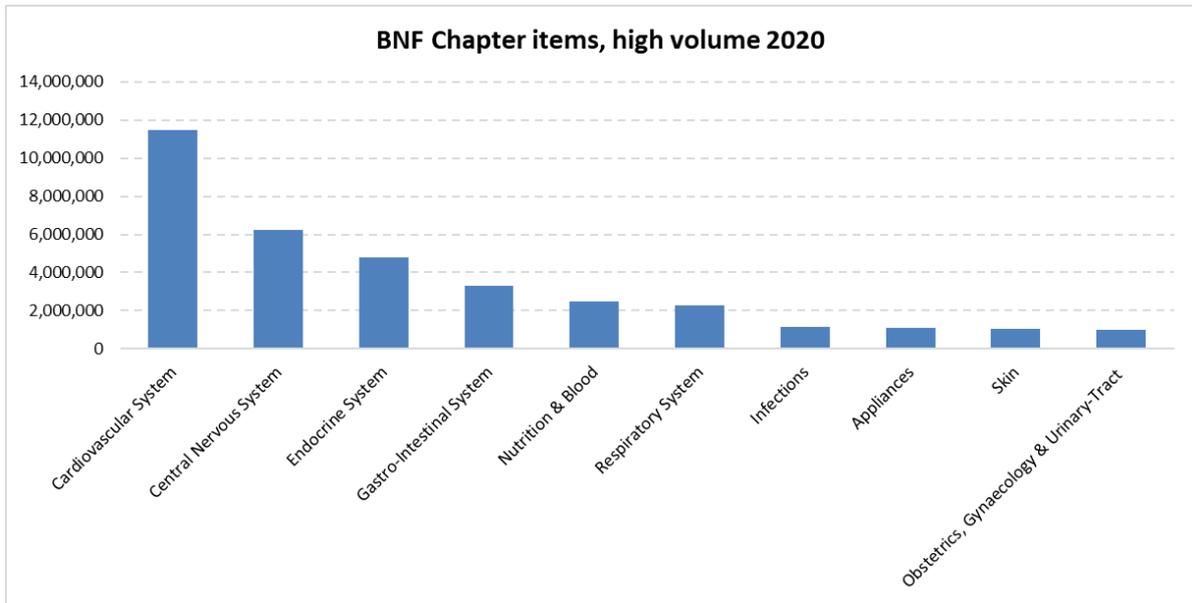




British National Formulary (BNF) data

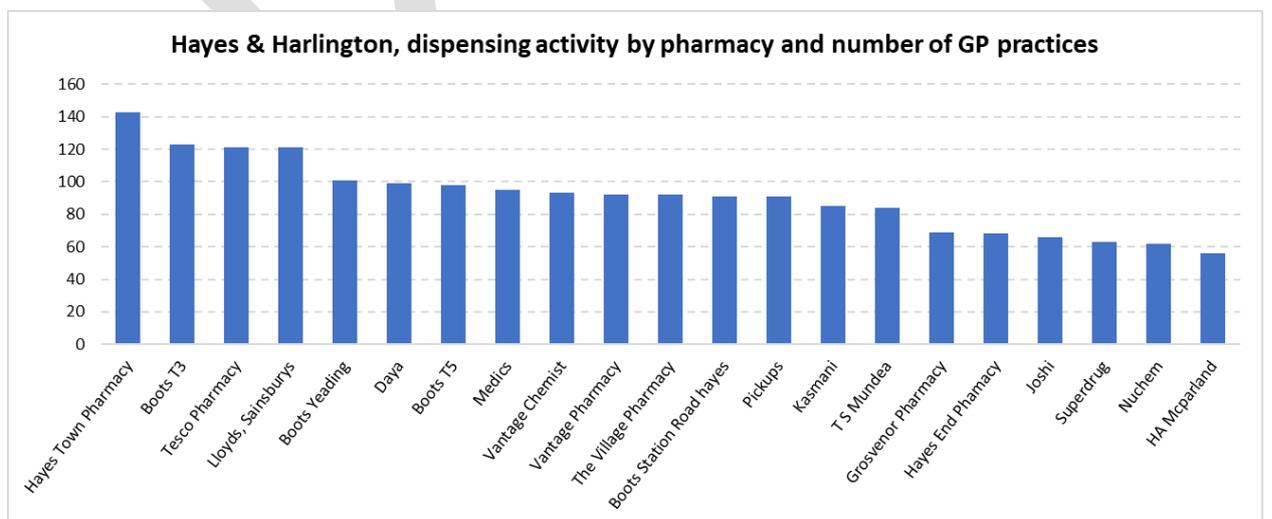
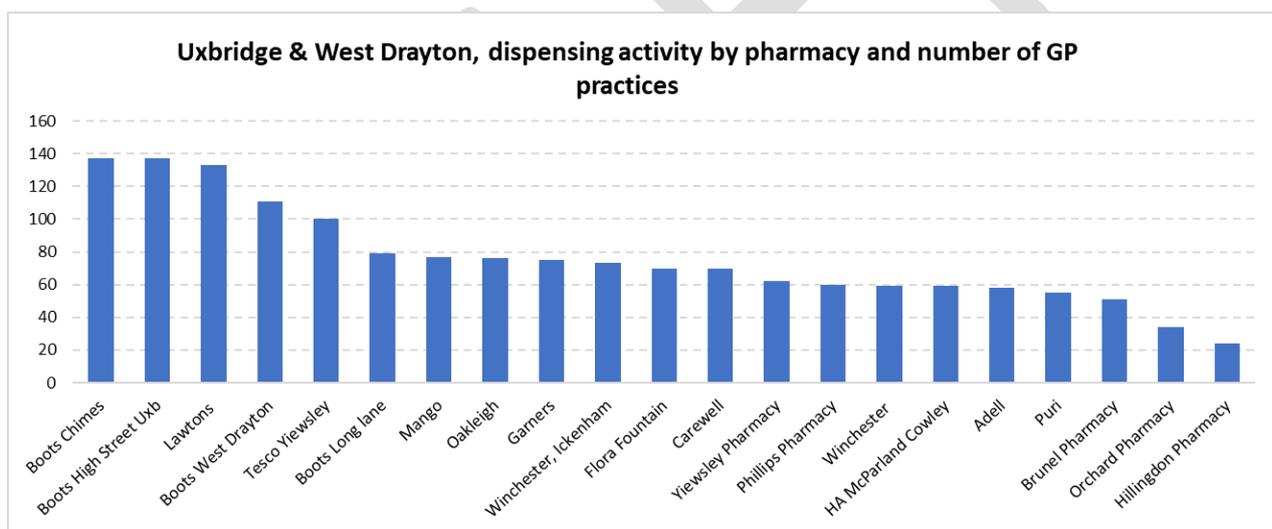
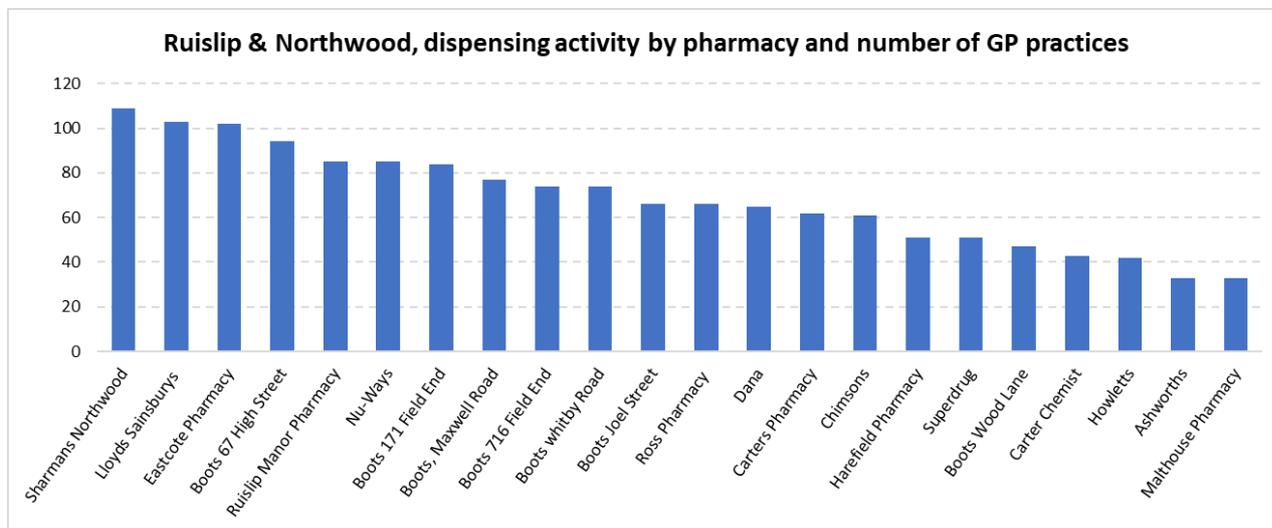
The following charts show high and low BNF chapter category volume of prescriptions and costs of sustainability and transformation plan area of North-West London Health & Care Partnership in 2020; the top three areas by items and costs are cardiovascular (ie lipid-regulating drugs), endocrine (ie diabetes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



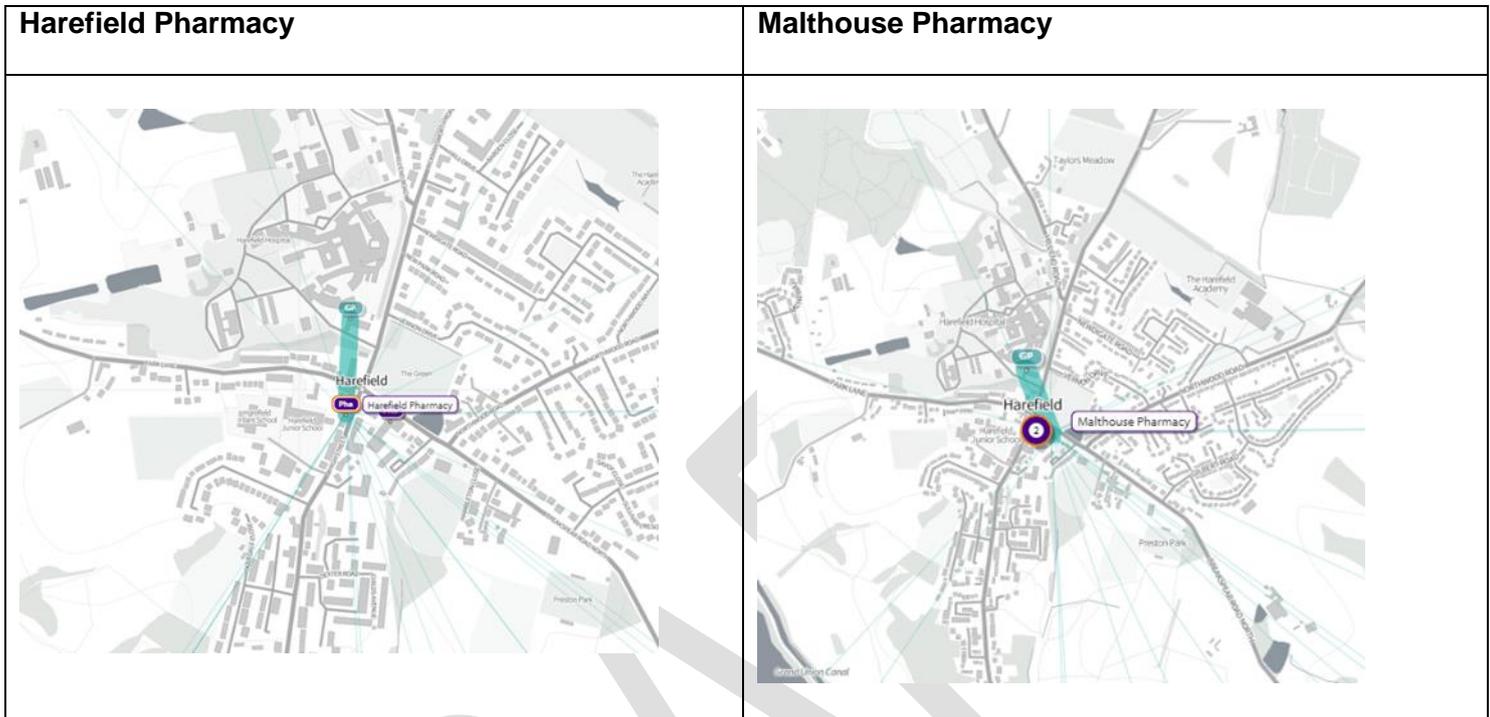


Pharmacy Dispensing Flows

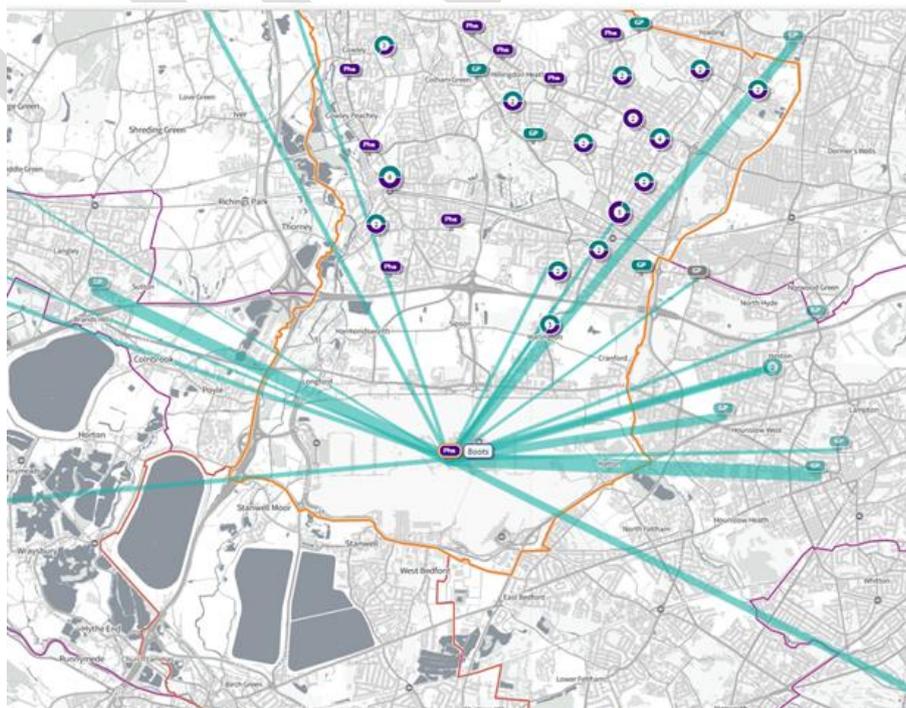
A snapshot of data from NHS Business Services Authority (taken from the Strategic Health Asset Planning & Evaluation tool (SHAPE)) shows that in November 2021, pharmacies across the borough dispensed prescriptions from multiple GPs – ranging from 24 to 143 individual practices:



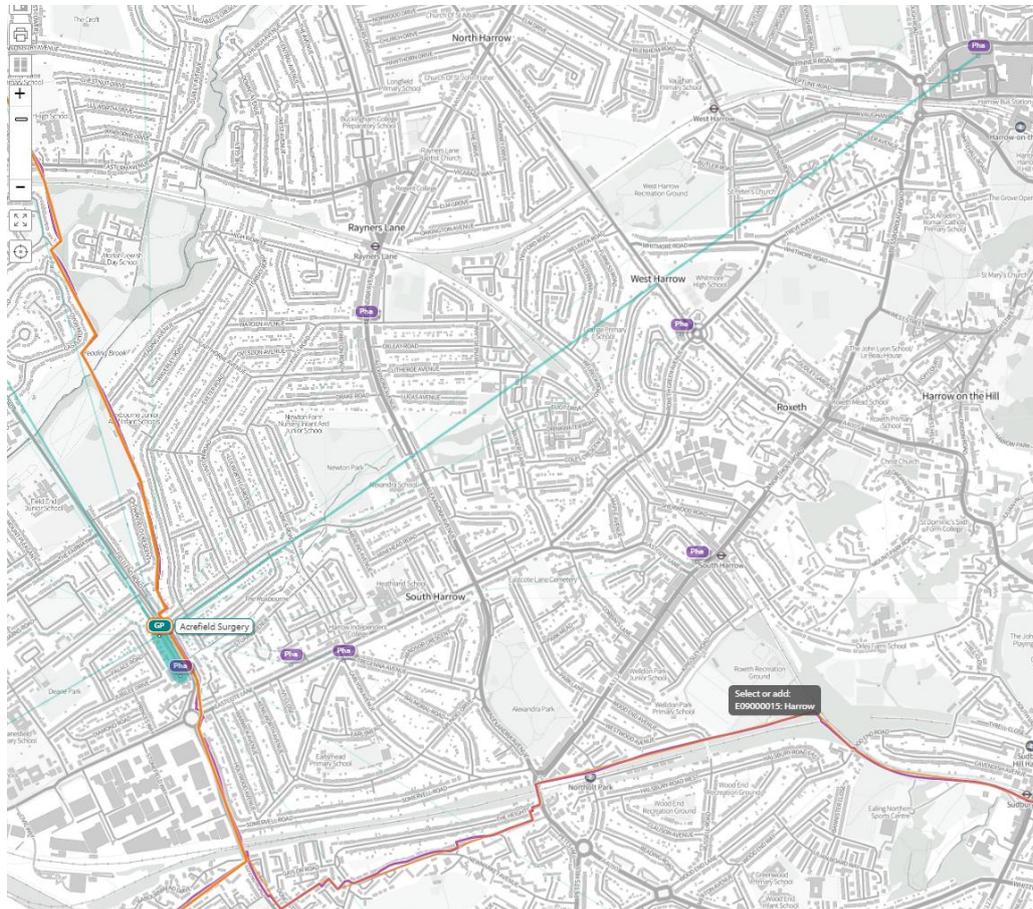
The dispensing flows also show that the majority of prescriptions from each pharmacy seem to be written at the nearest GP (for example Harefield Pharmacy dispensed 88.1% of prescriptions in November 2021 from Harefield Practice, the same with Malthouse Pharmacy (also in Harefield) with 92.7% of November 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
New Medicine Service	Total 63	1	
COVID-19 Lateral Flow Device distribution	Total 62	2	0
Community Pharmacist Consultation Service (CPCS)	Total 60	2	2
Flu vaccination	Total 59	2	3
Hypertension case-finding service new service 2021	Total 29 R&N 9 U&WD 9 H&H 11	10	25
Stop Smoking	Total 16 R&N 6 U&WD 7 H&H 3	7	39 are willing to provide if commissioned 1 willing to provide privately
Stoma Appliance Customisation (SAC)	Total 11 R&N 5 U&WD 3 H&H 3	46	7
Appliance Use Reviews	Total 10 R&N 1 U&WD 3 H&H 6	41	13
Hepatitis C testing new service from 1/9/2020	No question asked in the survey – no tests carried out in 2020 or 2021		

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.

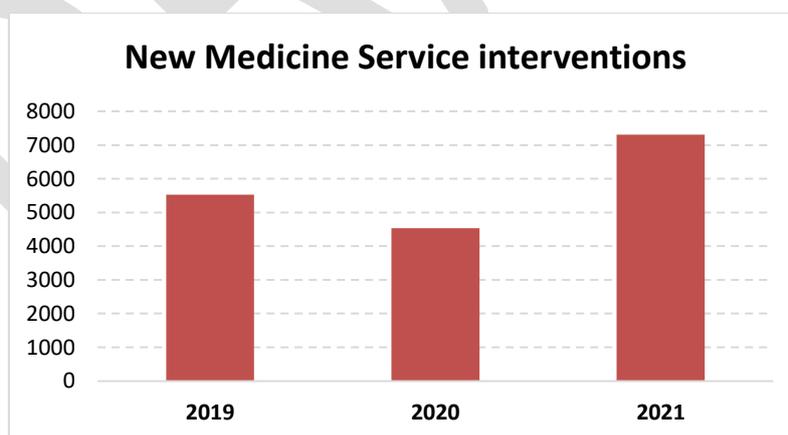
4.2.1 New Medicine Service (NMS)

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.

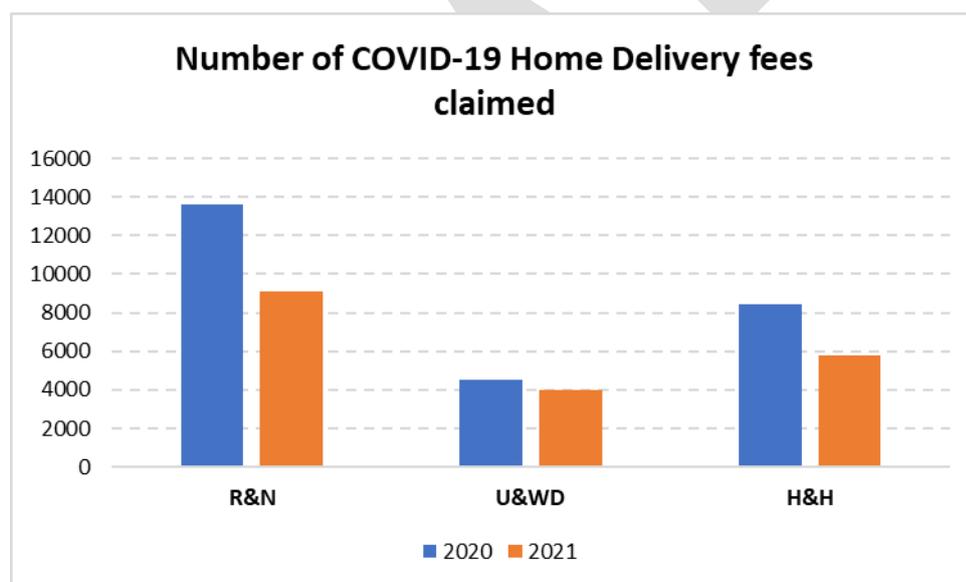
4.2.4 Stop Smoking Service

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).

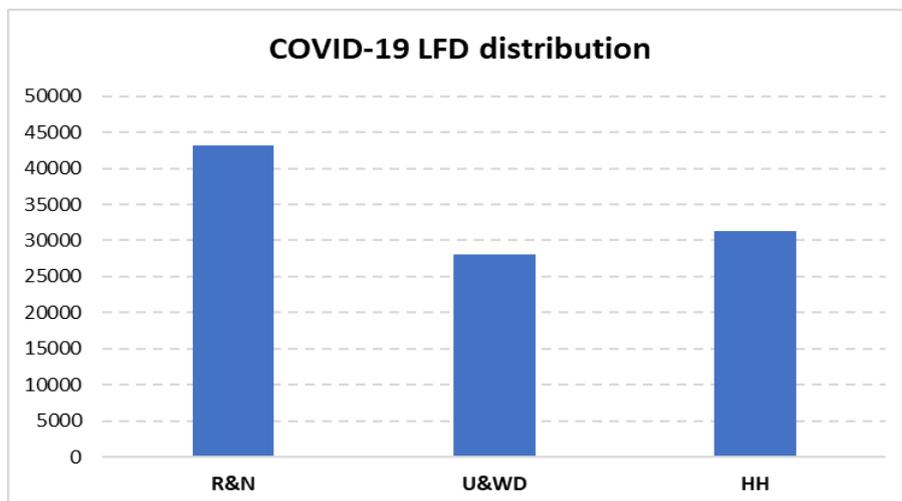
4.2.5. COVID-19 Service Delivery and Lateral Flow Device (LFD) distribution

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
Provision, number of pharmacies		22	21	21	21	9	6	5	1

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	o	o	o	o	o	o	x	x
Mango Pharmacy	Uxbridge South	o	o	o	o	o	o	x	x
Phillips Chemist	Yiewsley	o	o	o	o	o	o	*	*
Yiewsley Pharmacy	Yiewsley	o	o	o	o	o	o	*	*
HA McParland	Uxbridge South	o	o	o	o	o	**	x	o
Orchards Pharmacy	West Drayton	o	o	o	o	o	**	x	x
Brunel Pharmacy	Brunel	o	o	o	o	o	**	x	x
Boots, Long Lane	Hillingdon East	o	o	o	o	*	**	x	x
Boots, High Street Uxbridge	Uxbridge South	o	o	o	o	x	o	x	o
Garners Ickenham	Ickenham	o	o	o	o	x	x	x	x
Boots, Chimes	Uxbridge South	o	o	o	o	*	x	x	x
Oakleigh Pharmacy	Hillingdon East	o	o	o	o	*	**	o	o
Flora Fountain	Uxbridge South	o	x	o	o	o	**	o	*
Carewell Chemist	West Drayton	o	o	o	o	*	**	x	x
Tesco Pharmacy	Yiewsley	o	o	o	o	x	**	x	x
Boots, West Drayton	West Drayton	o	o	o	o	*	**	x	x
Winchester, West Drayton	West Drayton	o	o	o	o	*	o	x	x
Puri Pharmacy	Hillingdon East	o	o	o	o	*	o	o	x
Adell Pharmacy	Hillingdon East	o	o	o	o	x	**	x	x
Hillingdon Pharmacy	Hillingdon East	o	o	o	*	o	**	*	*
Winchester, Ickenham	Ickenham	o	o	*	x	*	x	x	x
Provision, number of pharmacies		21	21	20	19	9	7	3	3

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 – 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
Provision, number of pharmacies		21	20	19	19	11	3	3	6

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	
Ruislip & Northwood	Boots, Maxwell Road	9am-6pm	9am-6pm	10.15am-4pm	59.75	No	yes, all types	o	o	o	o	x	x	x	x
	Sharmans	9am-7pm	9am-5.30pm	10am-2pm	62.5	No	yes, all types	o	o	o	o	o	x	o	o
	Lloyds, Sainsburys	8am-10pm	8am-10pm	10am-4pm	90	No	no	o	o	o	o	x	x	x	x
Uxbridge & West Drayton	Lawtons	9am-9pm	9am-9pm	9am-9pm	84	No	no	o	o	o	o	o	o	x	x
	Boots, High St, Uxbridge	8am-6.30pm	9am-6pm	10.30am-5.30pm	68.5	No	yes, all types	o	o	o	o	x	o	x	x
	Boots, the Chimes	9am-7pm	9am-7pm	11am-5pm	67	No	just dressings	o	o	o	o	x	x	x	x
	Tesco Pharmacy	7or8am-11pm	7am-10pm	11am-5pm	100	Yes	no	o	o	o	o	x	x	x	x
Hayes & Harlington	Boots, T5 Heathrow	5.30am-9.30pm	6am-9.30pm	5.30am-9pm	111	Yes	yes, all types	o	o	o	o	x	x	x	x
	Boots, T3 Heathrow	5.30am-9.30pm	5.30am-9.30pm	5.30am-9.30pm	112	Yes	yes, all types	o	o	o	o	x	x	x	x
	Pickups	8.30-9pm	9am-8pm	10am-4pm	79.5	No	yes, all types	o	o	o	o	o	o	x	x
	Hayes Town Pharmacy	8am-11pm	8am-11pm	10am-8pm	100	Yes	yes, all types	o	o	x	o	o	x	x	x
	Lloyds, Sainsburys	8am-10pm	8am-10pm	10am-4pm	90	No	no	o	o	o	o	x	x	x	x
	Tesco Pharmacy	8am-9pm	8am-8pm	10am-4pm	83	No	yes, all types	o	o	o	o	x	x	x	o

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

Independent prescribing service	Not offered	17	40	7
Language access service	Not offered	19	43	1
Prescriber support service	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:

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

Service	Currently offer	Not willing or able to provide	Willing to provide if commissioned	Willing to provide privately
Pneumococcal vaccination	Total 13 R&N 5 U&WD 5 H&H 3	8	38	4
COVID-19 vaccination	Total 9 R&N 4 U&WD 1 H&H 4	14	40	1
Meningococcal vaccination	U&WD 1	13	41	7
Travel vaccinations	R&N 1	15	34	14
Childhood vaccinations	Not provided	26	35	3
Hepatitis vaccination (at risk workers or patients)	Not provided	20	41	2
HPV vaccination	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
Emergency Supply Service	Total 13 R&N 3 U&WD 5 H&H 5	2	41	8
Medication Review	Total 5 R&N 1 U&WD 1 H&H 3	4	53	0
Hypertension	Total 4 R&N 1 U&WD 2 H&H 1	5	54	1
Asthma	Total 3 U&WD 2 H&H 1	7	54	0
COPD	Total 3 U&WD 2 H&H 1	8	53	0
Allergies	Total 2 U&WD 1 H&H 1	10	51	1
Alzheimer's/Dementia	Total 2 U&WD 1 H&H 1	15	45	1
Depression	Total 2 U&WD 1 H&H 1	14	47	0
Epilepsy	Total 2 U&WD 1 H&H 1	4	14	45
Obesity Management	H&H 1	9	51	2
CHD	Not provided	11	51	0
Diabetes Type I	Not provided	12	52	0
Diabetes Type II	Not provided	10	53	1
Heart Failure disease	Not provided	15	47	0
Parkinson's disease	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
Emergency Contraception Service <i>NECESSARY SERVICE</i>	Total 6 R&N 1 U&WD 3 H&H 2	4	48	6
Chlamydia treatment	H&H 1	15	45	3
Medicines Optimisation Scheme	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
Collection of prescriptions from GP practices	Total 51 R&N 17 U&WD 17 H&H 17	13	0	0
Delivery of dispensed medicines – selected patients	Total 50 R&N 17 U&WD 17 H&H 16	13	0	0
Delivery of dispensed medicines – free of charge	Total 44 R&N 17 U&WD 13 H&H 14	20	0	0
Delivery of dispensed medicines – with charge	Total 26 R&N 10 U&WD 9 H&H 7	37	0	0
Monitored Dosage Systems – free of charge on request	Total 48 R&N 17 U&WD 15 H&H 16	16	0	0
Monitored Dosage Systems – with charge	Total 21 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 (NCSCCT) 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.*

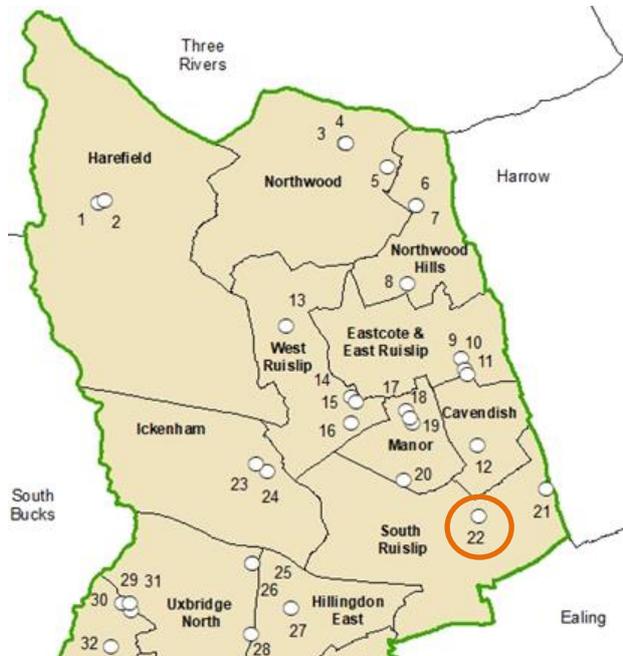
Gaps in provision – Enhanced Services

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



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○ = later opening hours:

Lloyds in Sainsburys, open until 10pm Mon-Sat

** dispenses appliances (all types)

** dispenses dressings

** dispenses appliances (excluding stoma and incontinence)

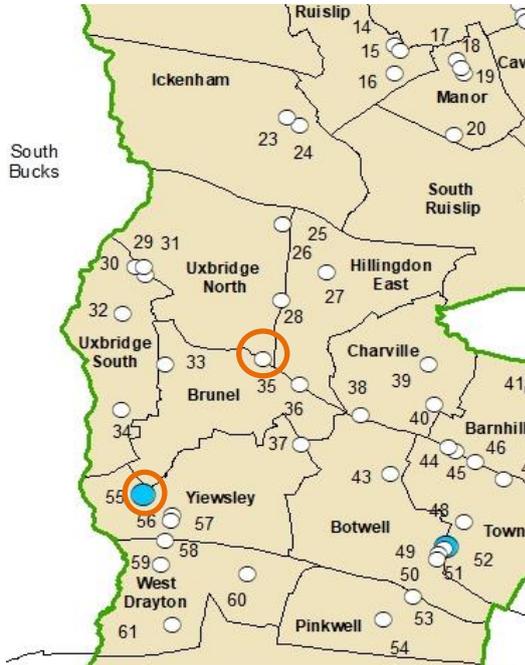
* dispenses appliances (incontinence pads)

● 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



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● = 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

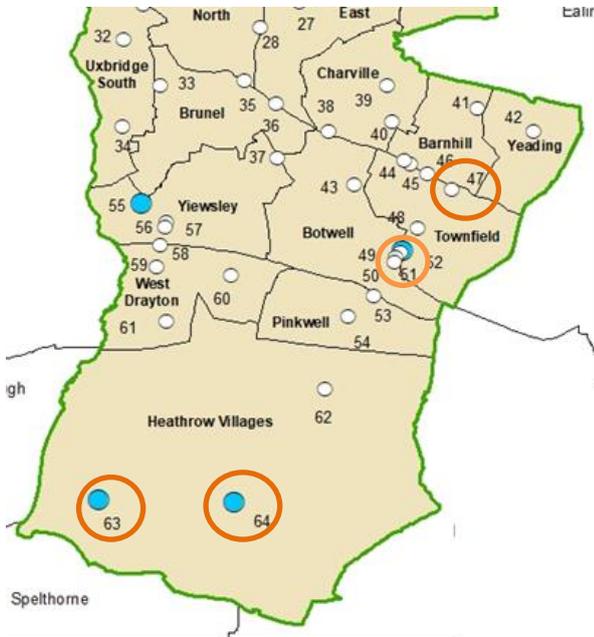
** dispenses appliances (excluding stoma and incontinence)

● 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



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● = 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

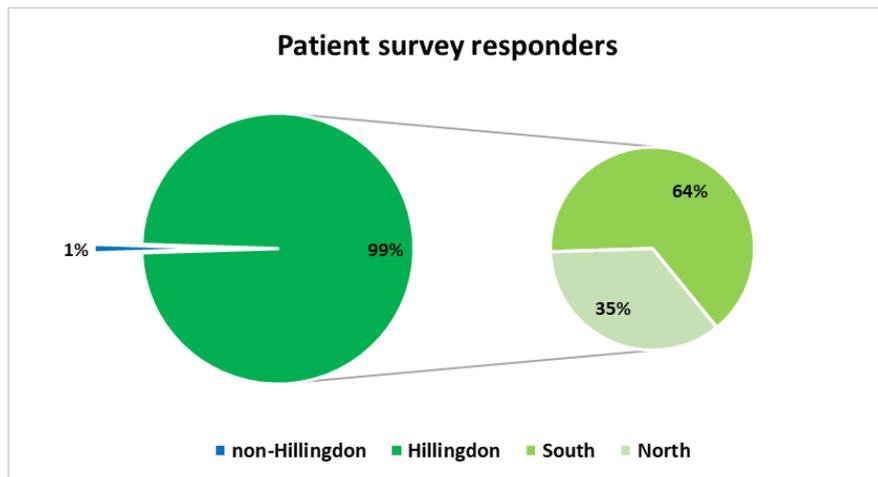
Key Pharmacy

- 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

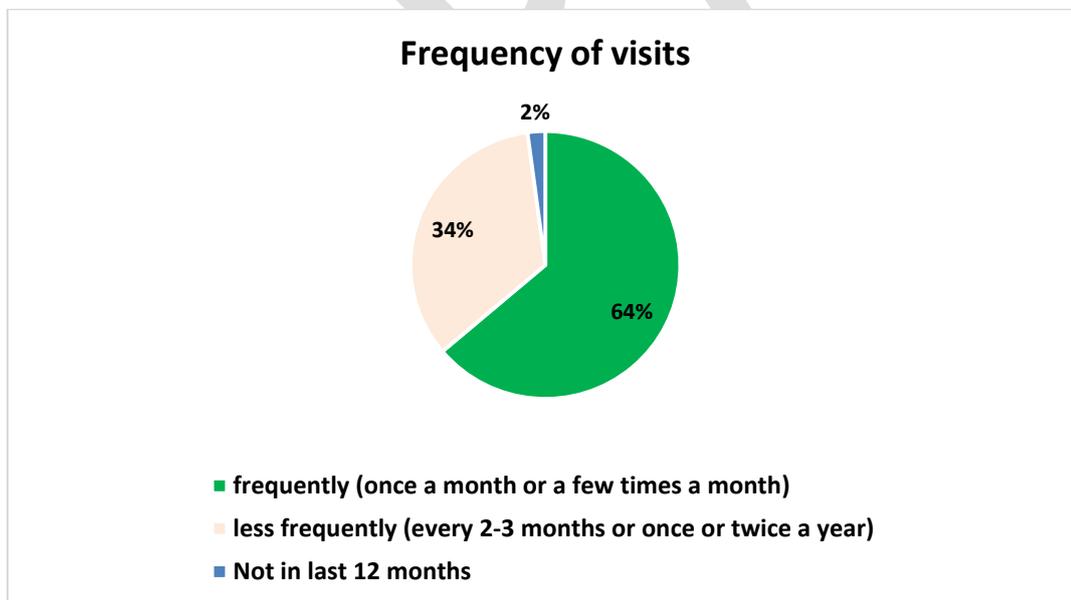
A patient survey was created and hosted on the Council website, promoted across social media channels and shared with the voluntary sector. The survey contained questions on the use and access of pharmacies and whether services offered by pharmacies met the need of the patient. 95 responses were received. 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:



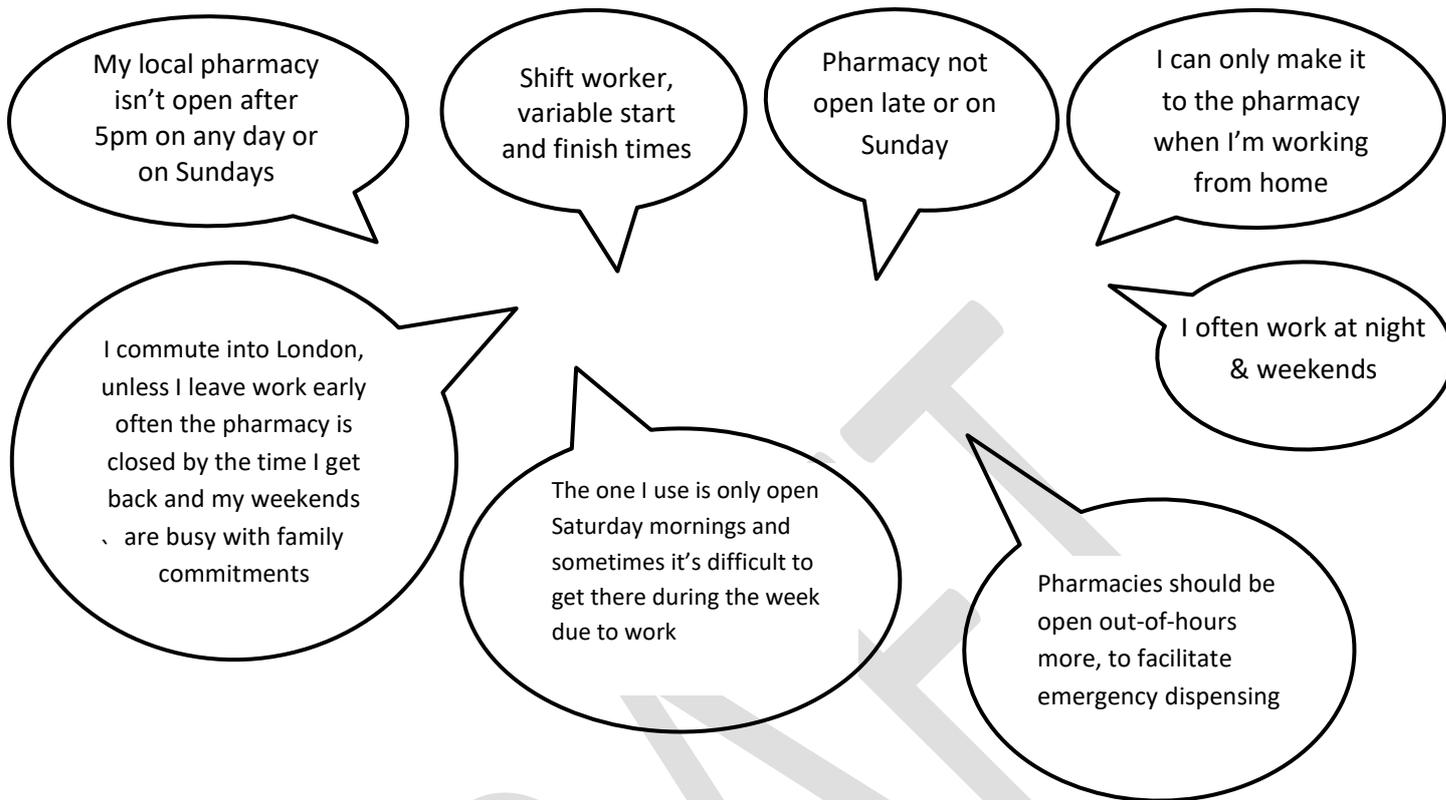
86 responders collect their prescription medication from a pharmacy or chemist, with 7 getting theirs delivered free of charge – the reasons for delivery are convenience or accessibility.

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 separate 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

Note, open hours valid as of February 2022 and taken from a national file provided for analysis; guidance on the PNA survey suggested not to ask pharmacies for their opening hours due to current work pressure within the pharmacy setting

Ward	Pharmacy Name	Address	Postcode	Monday - Friday	Saturday	Sunday	Weekly hours
Cavendish	Boots	212 Whitby Road, Ruislip	HA4 9DY	09:00-18:00	09:00-17:30	Closed	53.5
Eastcote & East Ruislip	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
Harefield	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
Manor	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
Northwood	Ross Pharmacy	28 Joel Street	HA6 1PF	09:00-18:30	09:00-17:30	Closed	56

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Ward	Pharmacy Name	Address	Postcode	Monday - Friday	Saturday	Sunday	Weekly hours
Northwood	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
Northwood Hills	Boots	32 Joel Street	HA6 1PF	09:00-18:30	09:00-17:30	Closed	56
South Ruislip	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
West Ruislip	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
					TOTAL HOURS		1,220.25

Pharmacy opening hours – Uxbridge & West Drayton

Note, open hours valid as of February 2022 and taken from a national file provided for analysis; guidance on the PNA survey suggested not to ask pharmacies for their opening hours due to current work pressure within the pharmacy setting

Ward	Pharmacy Name	Address	Postcode	Monday - Friday	Saturday	Sunday	Weekly hours
Brunel	Brunel Pharmacy	Brunel Medical Centre, Kingston Lane	UB8 3PH	09:00-17:30	Closed	Closed	42.5
Hillingdon East	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
Ickenham	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
Uxbridge North	Lawtons Pharmacy	8-9 Crescent Parade	UB10 0LG	09:00-21:00	09:00-21:00	09:00-21:00	84
Uxbridge South	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
Uxbridge South	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
West Drayton	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
Yiewsley	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
					TOTAL HOURS		1,172.25

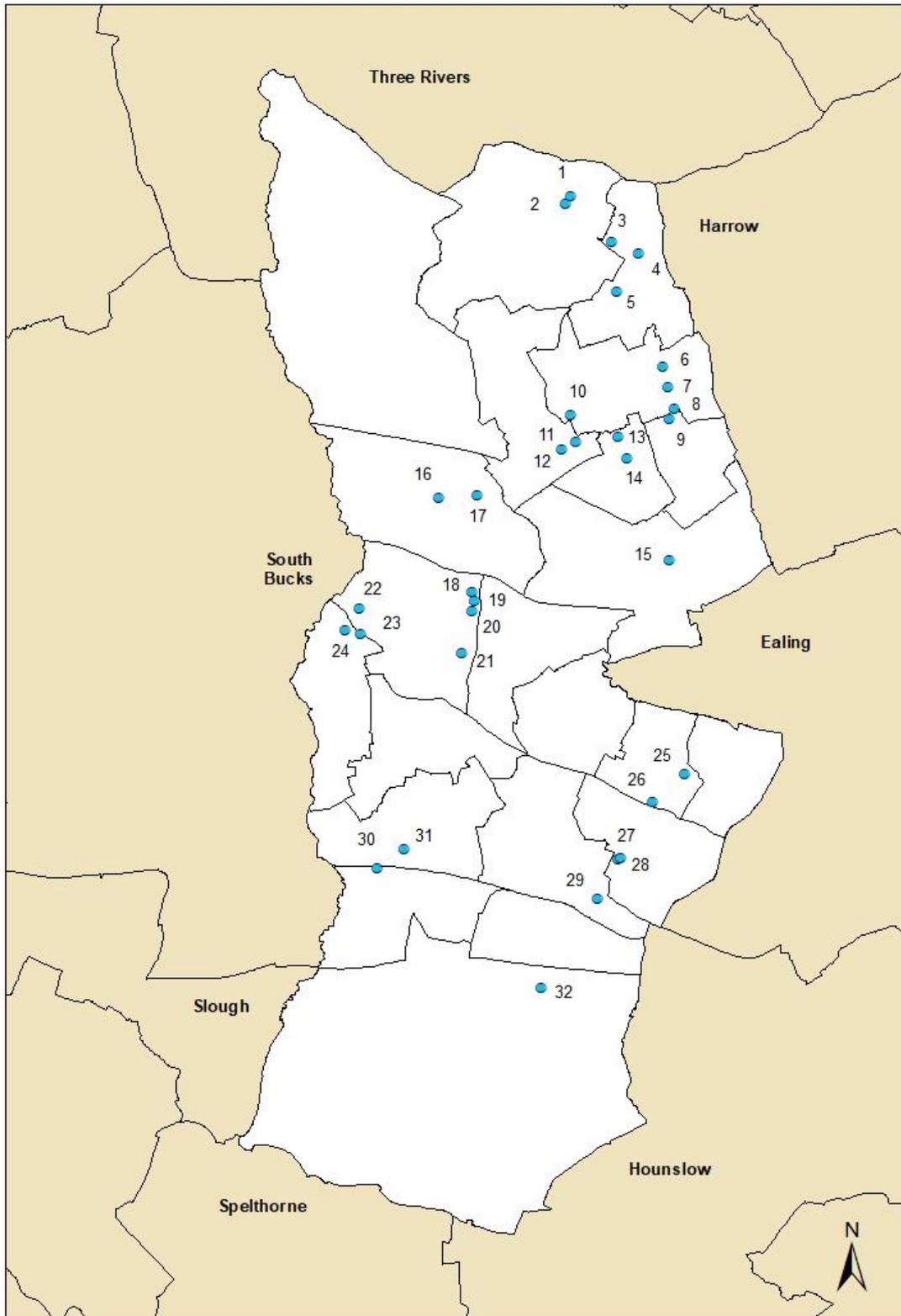
Pharmacy opening hours – Hayes & Harlington

Note, open hours valid as of February 2022 and taken from a national file provided for analysis; guidance on the PNA survey suggested not to ask pharmacies for their opening hours due to current work pressure within the pharmacy setting

Ward	Pharmacy Name	Address	Postcode	Monday - Friday	Saturday	Sunday	Weekly Hours
Barnhill	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
Botwell	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
Charville	Vantage	252 Kingshill Avenue	UB4 8BZ	09:00-18:00	09:00-14:00	Closed	50
	T E Mundaie	102 Lansbury Drive	UB4 8SE	09:00-19:00	09:00-13:30,14:30-18:00	Closed	58

Ward	Pharmacy Name	Address	Postcode	Monday - Friday	Saturday	Sunday	Weekly Hours
	Hayes End Pharmacy	1266 Uxbridge Road	UB4 8JF	09:00-18:00	09:00-17:30	Closed	53.25
Heathrow Villages	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
Pinkwell	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
Townfield	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
Yeading	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
					TOTAL HOURS		1,389

Dental practices in Hillingdon



Key	Dental Practice	Address	Location
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

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Hillingdon Pharmaceutical Needs Assessment 2022

Appendix 4a: Pharmacy Survey

October 2022

Pharmacy Services Survey



Pharmaceutical Needs Assessment Questionnaire 2022

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Premises and contact details

1. Name of contractor (i.e. name of individual, partnership or company owning the pharmacy business)

Enter your answer

2. Trading name

Enter your answer

3. Is this pharmacy one which is entitled to Pharmacy Access Scheme payments?

- Yes
- No
- Possibly

4. Is this pharmacy a 100-hour pharmacy?

- Yes
- No

5. Does this pharmacy hold a Local Pharmaceutical Services (LPS) contract? (ie it is not the 'standard' Pharmaceutical Services contract)

Yes

No

6. Is this pharmacy a Distance Selling Pharmacy? (i.e it cannot provide Essential Services to persons present at or in the vicinity of the pharmacy)

Yes

No

7. Pharmacy premises shared NHSmail account

Enter your answer

DRAFT

Consultation facilities

As a result of the Healthy Living Pharmacy Level 1 (HLP) criteria becoming Terms of Service requirements from **1 January 2021**, almost all pharmacies will need to have a consultation room.

Is there a consultation room (that is clearly designated as a room for confidential conversations; distinct from the general public areas of the pharmacy premises, and is a room where both the person receiving the service and the person providing it can be seated together and communicate confidentially) (tick as appropriate)

8. On premises

- None, have submitted a request to NHSE&I that the premises are too small for a consultation room
- Planned before 1st April 2023, or
- None (Distance Selling Pharmacy)
- Available (including wheelchair access)
- Available (without wheelchair access), or
- None, NHSE&I has approved my request that the premises are too small for a consultation room
- Other

9. Where there is a consultation area, is it a closed room?

- Yes
- No

10. During consultations are there hand-washing facilities

- In the consultation area
- Close to the consultation area, or
- None

11. Patients attending for consultations have access to toilet facilities

- Yes
- No

12. (Off-site) The pharmacy has access to an off-site consultation area (i.e. one which the former PCT or NHS England and NHS Improvement local team has given consent for use)

Yes

No

13. (Off-site) The pharmacy is willing to undertake consultations in patient's home / other suitable site

Yes

No

14. Languages spoken (in addition to English)

Enter your answer

DRAFT

Services

15. Does the pharmacy dispense appliances?

- Yes – All types
- Yes, excluding stoma appliances, or
- Yes, excluding incontinence appliances, or
- Yes, excluding stoma and incontinence appliances, or
- Yes, just dressings, or
- None
- Other

DRAFT

Advanced Services

Does the pharmacy provide the following services?

16. Appliance Use Review service

- Yes
- Intending to begin within next 12 months
- No - not intending to provide

17. Community Pharmacist Consultation Service (CPCS)

- Yes
- Intending to begin within next 12 months
- No - not intending to provide

18. C-19 LFD distribution

- Yes
- Intending to begin within next 12 months
- No - not intending to provide

19. Flu Vaccination Service

- Yes
- Intending to begin within next 12 months
- No - not intending to provide



20. Hypertension Case Finding

- Yes
- Intending to begin within next 12 months
- No - not intending to provide

21. New Medicine Service

- Yes
- Intending to begin within next 12 months
- No - not intending to provide

22. Stoma Appliance Customisation service

- Yes
- Intending to begin within next 12 months
- No - not intending to provide

DRAFT

Other Services

(1) These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the NHS England & Improvement Team. The NHSE&I regional team may commission them on behalf of the CCG or Local Authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'

Which of the following other services does the pharmacy provide, or would be willing to provide?

Who are you currently providing under contract with?

23. Anticoagulant Monitoring Service:

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately

24. Anti-viral Distribution Service (1)

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately



25. Care Home Services

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately

26. Chlamydia Testing Service(1)

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately

27. Chlamydia Treatment Service(1)

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately



28. Contraceptive service (not EC) (1)

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately

Disease Specific Medicines Management Service

Which of the following disease specific management services does the pharmacy provide, or would be willing to provide?
And who are you currently providing them under contract with?

29. Allergies

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately

30. Alzheimer's/Dementia

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately

31. Asthma

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately

32. CHD

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately

33. COPD

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately

34. Depression

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately



35. Diabetes type I

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately

36. Diabetes type II

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately

37. Epilepsy

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately

38. Heart Failure

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately

39. Hypertension

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately

40. Parkinson's disease

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately

41. Emergency Contraception Service(1)

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately

42. Emergency Supply Service

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately

43. Gluten Free Food Supply Service (i.e. not via FP10)

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately



44. Home Delivery Service (not appliances)(1)

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately

45. Independent Prescribing Service

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately

46. If currently providing an Independent Prescribing Service, what therapeutic areas are covered?

Enter your answer

47. Language Access Service

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately

48. Medication Review Service

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately

49. Medicines Assessment and Compliance Support Service

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately

50. Minor Ailment Scheme

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately



51. Medicines Optimisation Service(1)

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately

52. If currently providing a Medicines Optimisation Service, what therapeutic areas are covered?

Enter your answer

53. Needle and Syringe Exchange Service

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately

54. Obesity management (adults and children)(1)

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately

55. Not Dispensed Scheme

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately

56. On Demand Availability of Specialist Drugs Service

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately

57. Out of Hours Services

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately



58. Patient Group Direction Service (name the medicines)

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately

59. Please name the medicines relating to local NHSE&I regional team, CCG and Local Authority in the question above.

Enter your answer

60. Phlebotomy Service(1)

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately

61. Prescriber Support Service

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately

62. Schools Service

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately

Screening Service

Which of the following screening services does the pharmacy provide, or would be willing to provide? And who are you currently providing them under contract with?

63. Alcohol

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately

64. Cholesterol

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately

65. Diabetes

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately

66. Gonorrhoea

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately

67. H. pylori

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately

68. HbA1C

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately

69. Hepatitis

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately

70. HIV

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately

71. Seasonal Influenza Vaccination Service(1)

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately



Other vaccinations and services

Which of the following vaccinations does the pharmacy provide, or would be willing to provide? And who are you currently providing them under contract with?

72. Childhood vaccinations(1)

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately

73. Please name the childhood vaccinations relating to local NHSE&I regional team, CCG and Local Authority in the question above.

74. COVID-19 vaccinations

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately



75. Hepatitis (at risk workers or patients) vaccinations (1)

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately

76. HPV vaccinations (1)

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately

77. Meningococcal vaccinations

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately

78. Pneumococcal vaccinations

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately

79. Travel vaccinations(1)

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately

80. Please name the travel vaccinations relating to local NHSE&I regional team, CCG and Local Authority in the question above.

81. Sharps Disposal Service(1)

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately

82. Stop Smoking Service

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately

83. Supervised Administration Service

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately

84. Supplementary Prescribing Service (name therapeutic areas)

Enter your answer

85. Vascular Risk Assessment Service (NHS Health Check)(1)

- local NHSE&I regional team
- CCG
- Local Authority
- Willing to provide if commissioned
- Not able or willing to provide
- Willing to provide privately

Non-commissioned services

Does the pharmacy provide any of the following?

86. Collection of prescriptions from GP practices

- Yes
 No

87. Delivery of dispensed medicines – Selected patient groups (please list below)

- Yes
 No

88. Delivery of dispensed medicines – Free of charge on request

- Yes
 No

89. Delivery of dispensed medicines – with charge

- Yes
 No

90. Monitored Dosage Systems – Free of charge on request

- Yes
 No

91. Monitored Dosage Systems – with charge

- Yes
 No

92. Please list your criteria for selected patient groups or areas

Enter your answer

93. Is there a particular need for a locally commissioned service in your area?

Yes

No

94. If so, what is the service requirement and why?

Enter your answer



About you

Contact name of person completing questionnaire on behalf of the contractor, if questions arise

95. Full name

Enter your answer

96. Telephone number

Enter your answer

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Hillingdon Pharmaceutical Needs Assessment 2022

Appendix 4b: Patient Survey

October 2022

Patient Survey



Patient experience survey 2022

We want to know what you think about local pharmacy services in your area. Hillingdon's Health and Wellbeing Board is asking people across the borough for their views. This will help the NHS to plan for the future and ensure that local pharmacies offer high quality and accessible services. We are also interested in your views on how pharmacy services can be improved.

What you tell us will inform the Hillingdon Pharmaceutical Needs Assessment (PNA). We will consult on the draft Pharmaceutical Needs Assessment in 2022. Please can you spare 10 minutes to complete this questionnaire. There are no right or wrong answers to the questions.

The survey is anonymous and we will ensure that the Board will not be able to identify you from any of the answers you give. Thank you very much for taking part in this survey.

...

1. Are you a resident within Hillingdon borough?

- Yes
- No

2. If yes, Where do you live?

3. If no, where do you live?

Where you get your medicine

4. Where are you most likely to get your prescription medicine from?

- A pharmacy/chemist's shop
- A delivery from your usual pharmacy
- A dispensary in your GP practice
- Other eg online dispensing

5. If you get your prescription from a dispensary in your GP practice, please provide the name below

Enter your answer

5. If you said you use a pharmacy/chemist's shop or receive a delivery from them, is your usual one based in Hillingdon?

- Yes
- No

Using pharmacy services

In answering the rest of the questions, please think about pharmacy or pharmacies that you visit the most, in other words, your usual pharmacy.

6. How often do you use a pharmacy for a health reason? Please tick one box.
Health reasons include health advice, prescriptions and over-the-counter medication.

- A few times a month
- Once a month
- Every two to three months
- Once or twice a year
- Not in last 12 months

7. How do you receive your medicines?

- Delivered free
- Pay for delivery
- Collect

8. If you have it delivered, please tell us why?

Enter your answer

9. How would you rate the advice you receive about taking your medicines at:

	Good	Fair	Poor	N/A
pharmacy/chemists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GP practice dispensary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An online-only pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Accessing pharmacy services

Please answer for the situation as it has been during past year

10. When do you most commonly use pharmacy services?

Please also answer if someone uses pharmacy services on your behalf.

- Between 9am-6pm on weekdays
- After 6pm on weekdays
- At the weekend

11. Do the opening hours for pharmacy services meet your needs? Please tick one box

Please also answer if someone uses pharmacy services on your behalf.

- Yes
- NO

12. If you said no, please tell us why

Enter your answer

13. Please rate your access to your usual pharmacy services. Please tick one box in each row

Please also answer if someone uses pharmacy services on your behalf.

How easy is it:

	Good	Fair	Poor
To find an open pharmacy during the day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To find an open pharmacy in the evening (after 6pm)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To find an open pharmacy at weekends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To find an open pharmacy on Bank Holidays?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The services offered by pharmacies

14. Do you know if the following services are offered by your usual pharmacy?
Please tick one box in each row

	Yes, offered locally	Not offered locally	Don't know
Flu vaccine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stop smoking advice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urgent supply of medicines if you run out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. If you are aware of other services in the pharmacy, please state in the comment box below.

16. In the last 12 months have you looked after a relative or friend living in Hillingdon who is terminally ill?

- Yes
 No

17. If yes, please tell us about your experience with accessing specialist medicines to help manage their illness?

18. Have you stopped using a pharmacy in the past 12 months due to concerns or issues with their service?

- Yes
 No

19. If yes, please explain why you now avoid them or why you have stopped using them:

Your pharmacy services

20. Do you agree or disagree with the following statements?
Please tick one box in each row

	Agree	Neither agree nor disagree	Disagree	N/A
I prefer to see my regular pharmacist rather than someone I don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I want to, I can speak to my pharmacist without being overheard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My pharmacist gives me clear advice on how medicines should be taken	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My pharmacist provides a good service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. Do you have any suggestions for how your usual pharmacy could improve their medicine and health services?

DRY

Meeting your needs

22. Do you have any access needs relating to a physical disability?

For example to access your usual pharmacy services you may need: accessible parking, or help to get in and out of the pharmacy and move around.

Yes

No

23. If you said yes, does your pharmacy meet these physical access needs?

Always

Sometimes

Never

24. If you said 'sometimes' or 'never' please explain.

Enter your answer

25. Do you have any communication needs?

For example, do you need information in different formats, such as large print or audio, or in another language?

Yes

No

26. If you said yes, does your pharmacy meet your communication needs?

Always

Sometimes

Never

27. If you said 'sometimes' or 'never' please explain.

Enter your answer

28. Do you help an adult family member or friend to use pharmacy services?

For example, picking up medicines, requesting repeat prescriptions or helping them to take their medicines.

Yes

No

29. If you said yes, does your usual pharmacy meet your needs as a carer?

Always

Sometimes

Never

30. If you said 'sometimes' or 'never' please explain.

Enter your answer

31. Do you have any suggestions for how your usual pharmacy could improve the way they meet your needs and support you?

Enter your answer

About you (Optional)

You don't have to answer the questions in this section, but it will help us to make sure that everyone is treated fairly and equally if you do. Your information will only be used and reported anonymously to support the consultation, engagement or feedback activity you are taking part in. We will keep your individual information for a period of up to five years and we won't keep it any longer than is necessary. Please get in touch with the named contact for this activity if you would like more information.

Read the full privacy notice here: <https://www.hillingdon.gov.uk/privacy>

32. Are you

- Male
- Female
- Prefer not to say

33. Which of these age groups do you belong to?

- Under 18
- 25-34
- 35-44
- 45-54
- 55-59
- 60-64
- 65-74
- 75+
- Prefer not to say



34. To which of these ethnic groups do you feel you belong?

- White British
- White Irish
- White Gypsy/Roma
- White Irish traveller
- White other
- Mixed white and black Caribbean
- Mixed white and black African
- Mixed white and Asian
- Mixed other
- Asian or Asian British Indian
- Asian or Asian British Pakistani
- Asian or Asian British Bangladeshi
- Asian or Asian British other
- Black or Black British Caribbean
- Black or Black British African
- Black or Black British other
- Arab
- Chinese
- Prefer not to say
- Other

About you (continued)

The Equality Act 2010 describes a person as disabled if they have a longstanding physical or mental condition that has lasted or is likely to last at least 12 months; and this condition has a substantial adverse effect on their ability to carry out normal day to day activities. People with some conditions (cancer, multiple sclerosis and HIV/AIDS, for example) are considered to be disabled from the point that they are diagnosed.

35. Do you consider yourself to be disabled as set out in the Equality Act 2010?

For example, whether you have a physical or mental impairment that has a 'substantial' and 'longterm' negative effect on your ability to do normal daily activities.

- Yes
- No
- Prefer not to say

36. If you answered yes to the above, please tell us the type of impairment that applies to you.
Please select all that applies.

- Physical impairment
- Sensory impairment (hearing and sight)
- Long standing illness or health condition, such as cancer, HIV, heart disease, diabetes or epilepsy
- Mental health condition
- Learning disability
- Prefer not to say
- Other

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BOARD PLANNER & FUTURE AGENDA ITEMS

Relevant Board Member(s)	Councillor Jane Palmer Caroline Morison
Organisation	London Borough of Hillingdon Hillingdon Health and Care Partners
Report author	Nikki O'Halloran, Democratic Services
Papers with report	Appendix 1 - Board Planner 2022/2023

1. HEADLINE INFORMATION

Summary	To consider the Board's business for the forthcoming cycle of meetings.
Contribution to plans and strategies	Joint Health & Wellbeing Strategy
Financial Cost	None
Relevant Select Committee	N/A
Ward(s) affected	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

29 Nov 2022	Business / Reports	Lead	Timings
2.30pm Committee Room 6	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	Report deadline: 3pm Thursday 17 November 2022
	2022/2023 Integrated Health and Care Performance Report and BCF Progress	LBH/HHCP	
	Board Planner & Future Agenda Items	LBH	
	PART II - Update on current and emerging issues and any other business the Co-Chairman considers to be urgent	All	Agenda Published 21 November 2022

7 Mar 2023	Business / Reports	Lead	Timings
2.30pm Committee Room 6	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	Report deadline: 3pm Thursday 23 February 2023
	2022/2023 Integrated Health and Care Performance Report and BCF Progress	LBH/HHCP	
	Board Planner & Future Agenda Items	LBH	
	PART II - Update on current and emerging issues and any other business the Co-Chairman considers to be urgent	All	Agenda Published: 27 February 2023

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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

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