



**HILLINGDON**  
LONDON



# Health and Wellbeing Board

**Date:** TUESDAY, 9 SEPTEMBER 2025

**Time:** 2.30 PM

**Venue:** COMMITTEE ROOM 5 - CIVIC CENTRE, HIGH STREET, UXBRIDGE UB8 1UW

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## To Members of the Board:

- Cabinet Member for Health and Social Care (Co-Chair)
- Hillingdon Health and Care Partners Managing Director (Co-Chair)
- Cabinet Member for Families, Education and Wellbeing (Vice Chair)
- LBH Chief Executive
- LBH Executive Director, Adult Services and Health
- LBH Executive Director, Children and Young People's Services
- LBH Director, Public Health
- NWL ICS - Hillingdon Board representative
- NWL ICS - 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 Hospitals - nominated lead
- Hillingdon GP Confederation - nominated lead

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**Putting our residents first**

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# Agenda

## CHAIR'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 10 June 2025  | 1 - 6 |
| 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)

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| 5 | Integrated Health and Wellbeing Performance Report and Service Update | 7 - 16    |
| 6 | Community Equipment Service Update                                    | 17 - 20   |
| 7 | Pharmaceutical Needs Assessment                                       | 21 - 148  |
| 8 | Board Planner & Future Agenda Items                                   | 149 - 152 |

## Health and Wellbeing Board Reports - Part II (Private and Not for Publication)

*That the reports in Part 2 of this agenda be declared not for publication because they involve the disclosure of information in accordance with Section 100(A) and Part 1 of Schedule 12 (A) to the Local Government Act 1972 (as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

- |    |  |           |
|----|--|-----------|
| 9  | To approve PART II minutes of the meeting on 10 June 2025  | 153 - 154 |
| 10 | The 10 Year NHS Plan: Towards a New Place Operating Model for Hillingdon                         | 155 - 170 |
| 11 | Hillingdon Response to NWL Integrator Specification  | 171 - 186 |
| 12 | Update on current and emerging issues and any other business the Chairman considers to be urgent | 187 - 188 |

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## Minutes

### HEALTH AND WELLBEING BOARD

10 June 2025

Meeting held at Committee Room 6 - Civic Centre,  
High Street, Uxbridge UB8 1UW



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	<p><b>Board Members Present:</b> Councillor Jane Palmer, Keith Spencer, Sean Bidewell (In place of Sue Jeffers), Amanda Carey-McDermott (In place of Ed Jahn), Professor Ian Goodman, Lynn Hill, Vanessa Odlin, Derval Russell, Shikha Sharma (In place of O'Neill), Sandra Taylor and Lesley Watts</p> <p><b>Officers Present:</b> Gary Collier (Health and Social Care Integration Manager), Ryan Dell (Democratic Services Officer) and Nikki O'Halloran (Democratic, Civic and Ceremonial Manager)</p>
35.	<p><b>APOLOGIES FOR ABSENCE</b> (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Councillor Susan O'Brien, Mr Edmund Jahn (Ms Amanda Carey-McDermott was present as his substitute), Ms Sue Jeffers (Mr Sean Bidewell was present as her substitute), Ms Julie Kelly, Ms Kelly O'Neill (Ms Shikha Sharma was present as her substitute) and Mr Tony Zaman.</p>
36.	<p><b>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING</b> (<i>Agenda Item 2</i>)</p> <p>There were no declarations of interest in matters coming before this meeting.</p>
37.	<p><b>TO APPROVE THE MINUTES OF THE MEETING ON 18 MARCH 2025</b> (<i>Agenda Item 3</i>)</p> <p><b>RESOLVED:</b> That the minutes of the meeting held on 18 March 2025 be agreed as a correct record.</p>
38.	<p><b>TO CONFIRM THAT THE ITEMS OF BUSINESS MARKED PART I WILL BE CONSIDERED IN PUBLIC AND THAT THE ITEMS MARKED PART II WILL BE CONSIDERED IN PRIVATE</b> (<i>Agenda Item 4</i>)</p> <p>It was confirmed that Agenda Items 5 to 8 would be considered in public and Agenda Items 9 to 11 would be considered in private.</p>
39.	<p><b>HILLINGDON'S JOINT HEALTH &amp; WELLBEING STRATEGIC PRIORITIES, DASHBOARD AND PROGRESS UPDATE</b> (<i>Agenda Item 5</i>)</p> <p>Mr Keith Spencer, Co-Chair and Managing Director of Hillingdon Health and Care Partners, advised that this item would also cover the discussion that would have taken place under Agenda Item 7: Proactive Care Developments Update / Neighbourhood Health. He noted that a discussion had taken place at the last Health and Wellbeing Board meeting in relation to the need to identify a smaller number of priorities. The report provided more detail on:</p> <ol style="list-style-type: none"> <li>1. five proposed health and wellbeing priorities: <ol style="list-style-type: none"> <li>i. start well - improve early years outcomes, reduce child obesity and promote readiness for school and life.</li> </ol> </li> </ol>

- ii. live well - prevent and / or delay the onset of Long Term Conditions, particularly hypertension, improving mental wellbeing and enhancing access to early intervention and support for carers.
  - iii. age well - implement 'at scale' proactive frailty management and better end-of-life care that enabled people with multi morbidity to maintain independence for as long as possible in order to: avoid non elective presentations; avoid admission to long term care; and promote early discharge.
  - iv. healthy places - tackle housing, environment, employment and social isolation.
  - v. equity and inclusion - target resources and interventions where inequalities were greatest using Core20PLUS5: specifically Hayes, Yiewsley, and West Drayton.
2. progress to implement these priorities; and
  3. a series of metrics and diagrams to quantify progress.

It had been proposed that the first two years would focus on the 'ii. live well', 'iii. age well' and 'v. equity and inclusion' priorities, whereby resources would be targeted on areas with the greatest inequity. Work would still also be undertaken in relation to the 'i. start well' and 'iv. healthy places' priorities, but to a lesser degree. Professor Ian Goodman, North West London Integrated Care Board (NWL ICB), suggested that, if effort was going to be focussed on priorities ii, iii and iv, this would need to be discussed outside of the medical model and moved away from acute medical care.

Mr Spencer advised that the priorities would be delivered through a new seven-day place operating model and two key transformation programmes in 2025/26: integrated services focused on preventing crisis (live well/equity); and integrated services focused on responding to crisis (age well/equity). Preventing crisis would involve the neighbourhood teams which had progressed well with three strands:

1. access to primary care to prevent overspill into acute care;
2. proactive care for those with multi morbidity; and
3. preventing long term conditions.

Consideration needed to be given to the place-based offer available to help people live at home for longer and prevent them from going into hospital. It was suggested that the key metrics needed to be clear and should be built from the hospital redevelopment programme, national targets (for example in relation to Better Care Fund and reablement) and hypertension. Board members were asked if they would be happy to adopt these as the initial metrics which could then be built upon or changed at a later date (progress on these had been highlighted in the report).

Hillingdon performed well with regard to neighbourhood health and proactive care but had faced challenges in relation to greater case management. Although the Borough did well against the NWL benchmark, more could be done to improve reactive care. For example, the Care Connections Team was currently case managing around 5,000 patients, yet there were around 10,000 Hillingdon residents that were living with severe frailty, which meant that only half of those that needed help were being supported by the Team. Action would also be needed to reduce non-elective admissions / long term care for hypertension and to ensure that at least 80% of patients with diagnosed hypertension had their blood pressure under control by 2028.

Metrics would also include a reduction in the number of patients without criteria to reside to no more than 34 by 2025. Progress had also been made in relation to services focused on responding to crisis (admission and Emergency Department (ED) avoidance). A new Urgent Response Service would be implemented from September 2025 which would have access to GP clinical supervision via Same Day Urgent Primary Care Hubs and consultant support through the Frailty Assessment Unit. There

would be a single co-ordination Centre which would enable partners to tackle the current overuse of ED by this cohort (34 appointments above target per day). Hillingdon had been working with the NWL ICB to access additional funding.

The Lighthouse had been set up as a diversion scheme for mental health patients attending the ED (averaging nine patients per day). However, as only an average of one patient per day was being seen at the Lighthouse, the model and plan had been rethought and would move to a model akin to a mental health ED from the end of June 2025. Ms Vanessa Odlin, Managing Director - Goodall Division at Central and North West London NHS Foundation Trust (CNWL), advised that the Lighthouse numbers were far too low and that the Trust had been working with Dr Ritu Prasad, Chair of the Hillingdon GP Confederation, to increase usage. Service users had also been involved in identifying improvements and it appeared that the Lighthouse was sometimes not used because people were unaware of the crisis alternatives.

It was suggested that consideration needed to be given to same day emergency care for individuals with mental health needs and what this would look like. Ms Odlin had been looking at a model whereby patients did not need to present at the ED before they went to the Lighthouse and therefore only had to tell their story once (the Lighthouse was located approximately 100 yards from the ED). System partners would be meeting to discuss this at the end of June / beginning of July 2025.

A demand, capacity and pathway review had been undertaken in relation to Urgent Community Response Services. This multi-agency work had involved primary care and community services and had highlighted that the capacity was not available to meet the patient numbers (capacity would need to double to about 7,500 annual referrals). As such, consideration was being given to bringing services together with a new model and the implementation of a new mobile Intravenous Antibiotics Service (a key component of the future service) which would be implemented by the end of June 2025 using funding from the Better Care Fund.

Ms Sandra Taylor, the Council's Corporate Director of Adult Social Care and Health, advised that she supported the five priorities as they dovetailed with the adult social care perspective, particularly in relation to issues such as hypertension which would need to be aligned with Public Health. Even though the Council was also having good outcomes from its work with CNWL, she also supported the targeted and universal work in relation to early help and young people.

Ms Lesley Watts, Chief Executive at The Hillingdon Hospitals NHS Foundation Trust, advised that she did not have any issues with the priorities but that the timescales for delivery needed to be realistic. Clarity would also be needed in terms of identifying who would be responsible for delivering which actions. The new hospital would not be big enough to meet residents' needs if the priorities were not delivered.

As there was a tendency to want to boil the ocean, it would be important to focus on a small number of issues and do them well. To this end, focussed work had been undertaken in relation to mental health, reactive care and children's services but clear numbers were needed. It was noted that Roy Lilley had reported that children under the age of one year were the greatest users of the ED but not all of these children needed to go to hospital. Further work was needed to educate new parents on the most appropriate alternative pathways for common issues. The issue of vaccinations had also been raised following the recent media coverage of the increasing prevalence of measles (particularly in London). Consideration would need to be given to increasing vaccination rates through the 0-19 service, GPs and screening.

	<p>Ms Odlin agreed with the proposed five priorities. CNWL continued to work with the local authority on the Family Hub and the Urgent Crisis Response for physical health had been prioritised. Partners had been delivering some good services but had not been very good at publicising their successes.</p> <p>Concern was expressed at how partners were going to be able to deal with demand and capacity. It was noted that the current spend would need to go further by, for example, bringing resources together. Additional resources had also been sought through a bid for £20m funding (by September 2025).</p> <p>Following the discussion, Mr Spencer agreed to update the priorities to include responsibilities and timescales for the vaccination update. Insofar as discharge was concerned, Hillingdon faced two challenges:</p> <ol style="list-style-type: none"> <li>1. the Borough had a target of 34 for 'no criteria to reside' but the figure hovered around 40. Work had been undertaken in relation to P2 patients (who needed rehabilitation) but it was still being oversubscribed; and</li> <li>2. the Borough faced a deficit of discharges at the weekend and a surplus during the week. A seven-day model of care was needed.</li> </ol> <p>With these changes, the priorities would provide a single version of the truth.</p> <p>Ms Amanda Carey-McDermott, Hillingdon GP Confederation, advised that there were risks associated with same day urgent care capacity. Although HHCP had identified additional funding to support this, the GP Confederation was only able to contribute 60% of the funding that it had done in the previous year. It was hoped that the gap would be mitigated by the success of other funding bids.</p> <p><b>RESOLVED: That:</b></p> <ol style="list-style-type: none"> <li>1. the priorities, as amended, be agreed; and</li> <li>2. the discussion be noted.</li> </ol>
40.	<p><b>2025/26 BETTER CARE FUND PLAN</b> (<i>Agenda Item 6</i>)</p> <p>Mr Gary Collier, the Council's Health and Social Care Integration Manager, advised that the 2025/26 Better Care Fund (BCF) Plan had been submitted and was compliant with national requirements. There had been a 3.93% increase in the NHS contribution to adult social care and a 13% increase in Disabled Facilities Grant (DFG) funding. The North West London Integrated Care Board (NWL ICB) discharge fund had been ringfenced, but the value was the same as it had been for 2024/25.</p> <p>The Board was advised that the BCF Plan had been restructured to make it simpler and more streamlined. The submission had included the Plan template with details of three metrics and financials. The overall value of the Plan had reduced from £100m to around £74m due to a reduction in the contributions from the local authority and NWL ICB. The ICB had reduced its additional contribution to the BCF in 2025/26 by 50% which had resulted in savings of £796,619. The expectation was that the NHS additional contribution to the BCF would reduce by a further £718,608 from 2026/27 making a full year saving for 2026/27 of £1,515,227. Whilst some of these savings would be quite straight forward, others would need an equalities impact assessment undertaken.</p> <p>Ms Sandra Taylor, the Council's Corporate Director of Adult Social Care and Health, advised that this £1.5m reduction meant that it would not be possible to just roll over</p>

what had been done in previous years. Everything had had to be realigned and would need to be constantly reviewed.

With regard to mental health, Mr Collier confirmed that there was nothing that had been included in the 2024/25 Plan that would be coming out of the 2025/26 Plan. In response to a query about whether the overall funding had gone up, down or stayed the same, the Board was advised that funding for mandated schemes had increased and that there had been a reduction in the NWL ICB contribution. However, although the local authority contribution had decreased, there had been no change to the services provided which were funded outside of the BCF.

There were three national metrics in 2025/26 in relation to emergency admissions to hospital, discharge delays and permanent admissions to care homes. These improved NHS targets had been based on the data that had been available but there had been some issues with the data available in relation to discharge to the usual place of residence. The 2024/25 projected outturn had been used as a baseline to create base lines for the 2025/26 plans and a 1% improvement applied. Ms Lesley Watts, Chief Executive at The Hillingdon Hospitals NHS Foundation Trust, noted that this 1% did not just sit here and consideration needed to be given to what more could be done with the funding that was available. There would be an opportunity to review the targets when the Q1 update was undertaken next month.

The Whole System Integrated Care (WSIC) dashboards linked provider data from four acute, two mental health and two community Trusts across NWL, 380 GP practices and social care data from eight boroughs to generate one of the largest integrated care records in the country. Ms Amanda Carey-McDermott, Hillingdon GP Confederation, noted that WSIC did not provide live or up to date data. Partners would be able to do more but only if these data sharing issues were resolved.

The report set out the priorities. Mr Keith Spencer, Co-Chair and Managing Director of Hillingdon Health and Care Partners, advised that partners needed to be more radical and ambitious in using the BCF to drive the priorities identified (this had been discussed in detail under the previous agenda item).

Professor Ian Goodman, NWL ICB, noted that Hillingdon had been at the front with regard to digital interventions. He queried how much digital innovation could be used to stretch the BCF money further. Ms Taylor advised that the digital strategy had provided some good solutions for staff to use (some of these had been in place for 18 months). However, the technology in social care had not really moved on and residents were instead being encouraged to use normalised technology to help themselves (for example, bed sensors, door sensors, etc) which would help to keep them out of care placements. About ten years ago, no one was discharged from hospital without having Telecareline in place first (this might have involved having to have a new line installed at the residents' home so could be time consuming). Today's technology was quicker and easier to install without the need for major works which meant that it was also quicker to remove when it was no longer needed.

Councillor Jane Palmer, Co-Chair and Cabinet Member for Health and Social Care, noted that not all residents were at ease with technology. As such, consideration needed to be given to how partners communicated and delivered technological solutions to them.

Mr Spencer noted that there were almost 10k residents in Hillingdon with severe frailty. As it was currently unknown, effort was being made to identify where these patients

	<p>were right now. The answer had not been readily available. Consideration would need to be given to how such information could be more easily obtainable in future. Ms Carey-McDermott noted that the Confederation was in discussions about mobile diagnostics that would be small enough to be transported on a moped but that they needed a bigger cohort to work with than just care homes. She suggested that these 10k frail residents be included in the cohort.</p> <p><b>RESOLVED: That:</b></p> <ol style="list-style-type: none"> <li>1. the 2025/26 Better Care Fund Plan as described in the report, including the proposed financial arrangements and proposed targets for the national metrics, be approved; and</li> <li>2. the position regarding Equality and Health Impact Assessments, as set out in the report, be noted.</li> </ol>
41.	<p><b>PROACTIVE CARE DEVELOPMENTS UPDATE / NEIGHBOURHOOD HEALTH</b> (Agenda Item 7)</p> <p>The Board discussed this item as part of Agenda Item 5 - Hillingdon's Joint Health &amp; Wellbeing Strategic Priorities, Dashboard and Progress Update.</p>
42.	<p><b>BOARD PLANNER &amp; FUTURE AGENDA ITEMS</b> (Agenda Item 8)</p> <p>Consideration was given to the Board Planner and future agenda items.</p> <p><b>RESOLVED: That the Board Planner be agreed.</b></p>
43.	<p><b>TO APPROVE PART II MINUTES OF THE MEETING ON 18 MARCH 2025</b> (Agenda Item 9)</p> <p>Consideration was given to the confidential minutes of the meeting held on 18 March 2025.</p> <p><b>RESOLVED: That the PART II minutes of the meeting held on 18 March 2025 be agreed as a correct record.</b></p>
44.	<p><b>NHS STRATEGIC CHANGES UPDATE</b> (Agenda Item 10)</p> <p>Consideration was given to the confidential report and it was agreed that further information be considered at the Board's next meeting on 9 September 2025.</p> <p><b>RESOLVED: That the discussion be noted.</b></p>
45.	<p><b>UPDATE ON CURRENT AND EMERGING ISSUES AND ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS TO BE URGENT</b> (Agenda Item 11)</p> <p>Consideration was given to issues at Mount Vernon Hospital.</p> <p><b>RESOLVED: That the discussion be noted.</b></p>
	<p>The meeting, which commenced at 2.30 pm, closed at 4.03 pm.</p>

These are the minutes of the above meeting. For more information on any of the resolutions please contact Nikki O'Halloran on [nohalloran@hillingdon.gov.uk](mailto:nohalloran@hillingdon.gov.uk). Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.

# Hillingdon Health and Well-being Board

## Integrated Health and Wellbeing Performance Report and Service Update

Report for Hillingdon Health and Well-being Board – 09th September 2025

# Health and Wellbeing Board Priorities Background and Overview

## 1. Purpose, Background and Overview

This paper provides an update on progress against the Health and Wellbeing Board’s key priorities, Place transformation programmes, and wider system goals in Hillingdon. It focuses on delivery progress, performance outcomes, and next steps. The report consolidates the latest developments across three core areas:

- **Health and Wellbeing Board Metrics** – A summary of performance against agreed strategic indicators, highlighting areas of improvement and flagging metrics requiring further attention.
- **Integrated Neighbourhood Teams (INTs)** – Update on mobilisation across Hillingdon, covering infrastructure, workforce, and governance. Next steps include finalising operating models, embedding enabling workstreams, and aligning INT delivery with borough priorities.
- **Reactive Care Programme** – Current status and forward plan, including:
  - Development and phased launch of the Community Coordination Hub
  - Expansion of Urgent Community Response (UCR) services
  - Integration of rehabilitation and reablement services
  - Actions to reduce “No Criteria to Reside” delays and improve hospital discharge flow

In response to growing health needs, inequalities, and system pressures, we have established **five strategic priorities**, aligned with Core20PLUS5, NWL ICS priorities, the HHCP strategic plan, and the Council’s wider policy framework. These are designed to strengthen prevention, reduce unplanned care, and target inequality at neighbourhood level:

1. **Start Well** – Improve early years outcomes, reduce childhood obesity, and promote school and life readiness.
2. **Live Well** – Prevent and delay long-term conditions (particularly hypertension), improve mental wellbeing, and strengthen early intervention and carer support.
3. **Age Well** – Scale proactive frailty management and improve end-of-life care to help people live independently for longer, avoiding unnecessary admissions and enabling earlier discharge.
4. **Healthy Places** – Address housing, environment, employment, and social isolation.
5. **Equity and Inclusion** – Focus resources where inequalities are greatest (Hayes, Yiewsley, West Drayton) through the Core20PLUS5 framework.
6. For Years 1–2, delivery will focus on **Live Well, Age Well, and Equity and Inclusion**, balancing ambition with manageable delivery risk.



# To deliver the 5 Strategic Priorities, we are implementing a new 7 day Place Operating Model through 2 key transformation programmes for 25/26

## 1. Integrated Neighbourhoods :

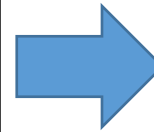
Implement 3 co-located multi agency Integrated Neighbourhood Teams with 3 core functions:

- **Same Day Urgent Primary Care through 3 Neighbourhood Super hubs** to reduce demand pressure on Primary Care and the THH Urgent Treatment Centre and Emergency Department
- **Proactive Care** through risk stratification, case finding and enhanced case management to prevent the onset of non elective crises **for people with severe frailty** (9,840)
- **A Preventative and Anticipatory Care Programme** for those people with mild to moderate hypertension (

## 2. Reactive Care:

Implement a new **Borough wide Integrated Reactive Care Service** to prevent unnecessary non elective episodes for patients with complex needs and to promote rapid recovery and prompt discharge after acute inpatient stay:

- **Implement a new Urgent Response Service:** a coordinated, community based urgent response service designed to support people who experience sudden deterioration in their health or social care needs close to their own home (frail elderly, people with acute functional decline, some mental health crises, and palliative (End of life) episodes)
- **Implement a new Active Recovery Service** to promote rapid recovery and discharge after acute inpatient stay reducing delays across all D2A pathways.



## Key Metrics :

**Tackle the short and long term root cause of population ill health, challenged UEC operational performance and ensure that we deliver the activity assumptions set out in the new hospital redevelopment plan.**

1. Reduce UTC Attendances to a daily average of  $\leq 180$  by 2025
2. Reduce ED attendances to a daily average of  $\leq 164$  by 2025
3. Reduce non elective admissions to hospital by 10% over 2019/20 baseline
4. Increase the percentage of people on the carers register over 2021 census
5. Increase the proportion of people who use Reablement and who require no ongoing support over the 2024/25 baseline
6. Flatline permanent admissions to care homes based on 2025/26 baseline.
7. Enable THH to operate within a target bed base of  $\leq 412$  beds by reducing patients without criteria to reside to a daily average of  $\leq 34$  by 2025 and reducing discharge delays across all pathways to national norms by 2025
  - P1:  $\leq 2$  days delay
  - P2:  $\leq 5$  days delay
  - P3:  $\leq 7$  days delay
8. Deliver a 30% reduction in associated non elective admissions/long term care for (hypertension) over the 2019/20 baseline by 2028 by:
  - I. Increasing prevalence rates for hypertension amongst adults to 24% by 2028
  - II. Ensuring that at least 80% of patients with diagnosed hypertension have their Blood Pressure under control by 2028

## 2. High-Level Progress Summary (as of July 2025)

- **Neighbourhood Integration:** All three Integrated Neighbourhood Teams (INTs) now live, covering the borough; 50% of the severe frailty cohort already case managed, delivering a **36% reduction in non-elective admissions**. Remaining 50% by April 2026.
- **Prevention:** Hypertension prevalence recording increased to **13.8%** (up from 10% baseline), with **85% of diagnosed cases under control** – exceeding target. Short term target is 16% by March 2026. Flu and COVID immunisation uptake improved following provider changes and targeted outreach.
- **Reactive Care:** Design and mobilisation of the **Reactive Care Coordination Hub** underway for Dec 2025 go-live; **Lighthouse Mental Health Crisis model** expanded capacity and live from Sept 2025; **Take-Home-and-Settle** service launched in July supporting safer discharges.
- **Hospital Flow:** Weekday discharges improved (55/day vs 51 in June); weekend discharges rising modestly but still below requirement. Patients with **No Criteria to Reside** remains high (46 vs target ≤34), with a system taskforce and 8 week delivery plan now in place. New Choice Policy due Nov 2025.

### Challenges:

- **ED attendances** remain significantly above target (196/day vs ≤164).
- **UTC activity** at 189/day, above target (≤180).
- **Patients with No Criteria to Reside still too high with Discharge Pathway 2 delays (42% of all Patients with NC2R)** above norm (6.5 days vs ≤5).
- **Estates and funding constraints** risks delaying **Neighbourhood Super Hubs** and full SDUC rollout.
- **Next Steps:**
  - Launch Coordination Hub (Dec 2025).
  - Pilot Mobile Diagnostics for Care Home Residents and Frailty elderly cohort in Q3 2025/26
  - Implement NCR reduction taskforce and 8 week delivery plan (Sept 2025) and Choice Policy (Nov 2025).
  - Scale hypertension outreach to reach **16% prevalence by Mar 2026**.
  - Archus appointed to develop Neighbourhood Estates Business Case for Super Hubs
  - Embed integrated INT leadership by end 2025.
- A summary of metrics, actions and accountability is given overleaf:

# Health and Wellbeing Priorities: Summary Progress to Date (July 2025)

Metric	Target	Actual (Jul '25)	RAG	Likely Cause	Summary Action to Remedy	Timeline to Resolution	Accountability
ED Attendances	≤164/day	196/day	<div></div>	High demand, limited UCR capacity, mental health crises at Front Door	Expand UCR including launch of Co-ordination hub, mobile diagnostics, Implement new Lighthouse diversion from Sept	Phased rollout from Q3 25/26	SRO Reactive Care
UTC Attendances	≤180/day	189/day	<div></div>	Reduction in SDUC funding , demand spill over into UTC	Revised Delivery Plan incorporating stronger front door diversion and capacity improvement	Phased rollout from Q3 25/26	SRO Neighbourhoods
Patients with No Criteria to Reside (NCR)	≤34/day	46/day	<div></div>	Discharge bottlenecks particularly P2, referral process delays across all Pathways, Family choice Delays	8 Week Delivery Plan developed running Sept through end Oct	Choice policy live Nov 25, 8 Week Delivery Plan Sept - Oct	SRO Reactive Care
NEL Admissions: Moderate Frailty	≤285/1,000	273/1,000	<div></div>	INT case management effective	Sustain INT scaling, expand anticipatory care	Full coverage by Apr 26	SRO Neighbourhoods
NEL Admissions: Severe Frailty	≤694/1,000	674/1,000	<div></div>	Early impact of frailty programme	Full rollout to 100% severe frailty cohort	By Apr 26	SRO Neighbourhoods
Unplanned Admissions from Care Homes	≤688/1,000	688/1,000	<div></div>	Variable care home capability, lack of community alternatives for Falls and Infection	Care Home Champion forum, UCP training, Expand UCR, access to mobile diagnostics including IVA	Phased rollout from Q3 25/26	SRO Reactive Care
Discharge Pathway Delays (P1)	≤2 days	1.23	<div></div>	<ul style="list-style-type: none"><li>Discharge Process Bottlenecks esp time to Placement in P2</li><li>Referral Process Delays across all Pathways: D2A, District Nursing</li><li>Family Choice Delays</li><li>Capacity Constraints</li></ul>	8 Week Delivery Plan developed running Sept through end Oct	Choice policy live Nov 25, 8 Week Delivery Plan Sept - Oct	SRO Reactive Care
Discharge Pathway Delays (P2)	≤5 days	6.53	<div></div>		Integration of Rehabilitation and Reablement Jan 2026		
Discharge Pathway Delays (P3)	≤7 days	6.1	<div></div>				
Hypertension Prevalence	16% (Mar '26)	13.8%	<div></div>	Outreach scaling slower than required	Accelerate pharmacy/GP/INT outreach, Borough campaign	16% by Mar 26	SRO Neighbourhoods
Hypertension Control	≥80%	85%	<div></div>	Strong primary care management	Maintain and spread learning	Ongoing	SRO Neighbourhoods

# Integrated Neighbourhood Teams – Proactive Care

## 3. Integrated Neighbourhood Teams – Proactive Care

Integrated Neighbourhood Teams (INTs) drive Hillingdon's **preventative and personalised care** agenda at the community level.

These teams unite GPs, community nurses, social care, mental health, therapists, and voluntary sector partners within three locality-based “neighbourhoods.”

The proactive care program focuses on **keeping people healthy and independent**, managing long-term conditions (like frailty and hypertension) to **prevent crises and hospital admissions**.

### Proactive Care – Strategic Intent

**Establish three Integrated Neighbourhood Teams and hubs** providing joined-up care closer to home. Focus on **frailty management** and **preventative interventions** (e.g. hypertension case finding) to reduce avoidable hospital use. Each INT coordinates GPs, community services, social care, and VCS support to keep residents healthy and independent.

### Key Achievements to Date

- ✓ **3 INTs launched**, covering the whole borough, with co-located teams
- ✓ **Severe frailty case management for ~50%** of identified cohort – achieved a **36% drop in emergency admissions** for those patients
- ✓ **Hypertension case-finding drive**: raised recorded prevalence from **10% to 13.8%** (highest in NWL), with **85% of known hypertensives under control** (above 80% target)
- ✓ **Community outreach pilot (“Living Well”)**: 25% of attendees had undiagnosed high BP and were escalated for treatment
- ✓ **Infrastructure progress**: Business case drafted for 3 locality hubs; joint INT leadership roles being created across organisations

### Upcoming Priorities

- ◆ Roll out **INT care hubs** (subject to funding) – expand same-day urgent care and diagnostics in communities by **mid-2026**
- ◆ Enrol **100% of severe frailty patients** in Enhanced Case Management by **Apr 2026** (up from ~50% now)
- ◆ **Merge community teams** (District Nursing, Care Home team) by **Nov 2025** to boost proactive capacity
- ◆ **Hypertension outreach**: monthly health check invites and borough-wide BP awareness events (starting **Sept 2025**) to reach **16% prevalence by 2026**
- ◆ **Strengthen patient engagement** via new Neighbourhood PPI forums (launch in **early 2026**)

# Integrated Neighbourhood Teams – Proactive Care

## Next 6–12 Months – Priorities

### Frailty Case Management

By Q4 2025/26 (March–April 2026), every patient with severe frailty will have a care coordinator and a multidisciplinary plan. This will require recruiting extra matrons and therapists (enabled by the planned Care Home & CCT team integration by Nov 2025) and using the WSIC frailty data to identify and enrol patients. A new digital frailty dashboard is due early 2026, enabling INTs to track and support high-risk patients more effectively.

### •Neighbourhood Care Hubs (pending funding)

Securing ICB capital funding through the Archus led business case is critical to progress. Interim South Hub sites will be identified by Sept 2025 to expand access ahead of full development. Once funding is approved (expected by end 2025), design and phased implementation will follow: All hubs will offer 7-day urgent primary care, diagnostics (ultrasound, X-ray), and outpatient clinics, improving local access.

### •Hypertension & Prevention

A borough-wide campaign (“Know Your Numbers” week) launches Sept 2025 to promote blood pressure checks, supported by pharmacies, GP Confederation clinics, and community events. The target is to increase recorded prevalence from 13.8% to 16% by March 2026, on the way to 20%+ by 2027, while maintaining high levels of BP control (>80%). INTs will also expand anticipatory care for other conditions, such as a COPD case-finding pilot in early 2026 and embedding mental health practitioners in each INT to intervene early in anxiety/depression.

#### Aug 2025: Frailty Group Kickoff

ICB-led taskforce launched to implement the NWL Frailty specification in Hillingdon. Gaps analysis and project plan initiated.

#### Sept 2025: Hypertension Outreach Start

First batch of ~350 Health Check invitations sent via Blinx. Borough-wide BP awareness campaign plan completed.

#### Nov 2025: Integrated Team Merger Plan

Complete options appraisal to merge Care Home & Community Nursing teams into INTs, increasing frailty case management capacity.

#### Dec 2025: INT Hubs Business Case Decision

ICB expected to decide on funding for 3 Integrated Care Hubs. If approved, hub development project plan initiates (with target go-live in 2026).

#### Apr 2026: 100% Frailty Coverage

Goal for all ~10k severely frail residents to be under enhanced case management via INTs, doubling the current reach and sustaining reduced hospitalisation rates.

# Reactive Care

## 4. Reactive Care Programme – Hillingdon

The Reactive Care programme is redesigning urgent and crisis care so residents receive the **right care, in the right place, at the right time** when health or social care needs escalate. It brings together our **Integrated Urgent Response**, hospital avoidance services, and discharge support – creating a single pathway for unplanned care outside of the acute hospital.

The goal is a **24/7 community-based urgent care system** able to respond to crises within two hours, deliver short-term treatment and monitoring at home, and coordinate a smooth return to routine or planned care.

This transformation is vital to:

- Reduce pressure on A&E and 999
- Prevent unnecessary admissions
- Enable timely discharges
- Improve patient outcomes and system flow

Hillingdon’s Reactive Care model has three components:

- 1. **Integrated Urgent Community Response**
- 2. **Supporting Discharge**
- 3. **Proactive support for reactive care** (bridging prevention with urgent response)

The intended outcome is a **single borough-wide Integrated Reactive Care Service**, consolidating previously separate teams (rapid response nursing, admission avoidance, discharge, and reablement) into **one coordinated system**.

### Reactive Care – Strategic Intent

**Integrate and strengthen urgent & emergency community services** to manage crises outside hospital and support safe discharges. Establish a single **Community Coordination Hub** for 2-hour urgent response, linking rapid response, mental health crisis, and social care teams. Expand same-day urgent primary care capacity and implement 7-day services to improve hospital flow.

### Key Achievements to Date

- ✓ **Coordination Hub model designed:** Multi-agency taskforce set high-level operating model, staff workshops begun
- ✓ **New “Lighthouse” mental health pathway approved:** Increase crisis alternative capacity from 4 to 8–10 patients, direct from A&E (Phase 1 live Sept 2025)
- ✓ **Community IV Antibiotics service launched (July 2025):** Providing 6–8 daily IV therapy slots in the community, reducing hospital visits
- ✓ **Direct GP-to-SDEC referrals implemented:** GPs can now refer patients straight to same-day emergency care without ED, adding ~5 extra cases/day
- ✓ **Hospital discharge improvements:** Weekday discharges up from 51 to 55 per day (July 25) after new initiatives; weekend discharge up modestly. “Home First” discharge teams restructured and Take-Home-and-Settle service in place.

### Upcoming Priorities

- ◆ **Launch Hillingdon Coordination Hub pilot by Dec 2025:** single point for urgent community referrals, operating 8am–8pm, integrating health & social care rapid response
- ◆ **Winter resilience (Oct 2025–Mar 2026):** Execute surge plan – extend community urgent care hours, extra virtual ward capacity, close monitoring of admissions and discharges
- ◆ **Lighthouse Phase 2 (Q3 25/26):** pending evaluation, expand mental health hub to GP referrals further relieving ED
- ◆ **Embed 7-day discharge model:** By Q4 2025/26, fully implement weekend in-reach services (therapy, social care) to sustain higher discharge rates
- ◆ **Integrated rehab & reablement service:** Design by early 2026 a merged community rehab pathway (Health & Social Care) to reduce post-acute lengths of stay.





# Reactive Care

## Next 6–12 Months – Key Priorities

•**Launch the Integrated Coordination Hub (Dec 2025):**

Phase 1 will co-locate the Urgent Community Response, Rapid Response nursing, and therapy triage teams. Preparatory work is underway, with SOPs due in October, end-to-end testing in November, and go-live on 1 December. Phase 2 (by March 2026) will extend the Hub to include mental health and social care staff, enabling a 2-hour response for at least 70% of appropriate community crisis referrals.

•**Strengthen Discharge and Flow (from Sept 2025):**

A new multi-agency “NCR reduction taskforce” will review stranded patients daily to bring medically-fit numbers down towards the target of 34. The Council and Age UK have deployed staff to support families of self-funding patients with care home placements. The revised Choice Policy will be rolled out by November to speed up discharge decisions.

•**Intermediate Care Integration (Q4 2025):**

Finalise the joint operating model for rehabilitation and reablement, with pilot implementation planned for early 2026 and governance sign-off by year-end.

**Sept 2025 – Coordination Hub Model Finalised**

**Coordination Hub design** completed with multi-agency input; inclusion/exclusion criteria for 2-hour response agreed. Staff co-design workshop held (22 Aug) to refine workflows. Integrated operating model (covering urgent community response, social care crisis, mental health, and end-of-life) ready for sign-off.

**Oct 2025 – UCR Pathways & Discharge Initiatives in Place**

**Urgent Community Response (UCR):** New streamlined referral pathway launched. District Nursing 2-hour calls formally redirected to UCR. Rapid Response nurses trained to handle catheter issues and other urgent tasks now moved from hospital to community.  
**No Criteria to Reside:** Hillingdon Hospital opens a dedicated “Discharge Ready” ward. Revised Choice Policy drafted to expedite complex discharges. Borough-led working group initiated focusing on sustaining <34 daily NCTR patients.

**Dec 2025 – Coordination Hub Phase 1 Launch**

**Hillingdon Community Coordination Hub goes live (pilot).** The hub operates 8am–8pm, 7 days a week, co-locating UCR rapid responders, therapists, palliative nurses, mental health crisis staff, and social workers. It provides a single point of coordination for urgent community referrals. Initial focus is on admission avoidance: meeting 2-hour response for ≥70% of calls and avoiding hospital conveyance for ≥65%. Pilot evaluation metrics are collected for Phase 2 planning.

**Jan 2026 – Integrated Rehab & Reablement Service Established**

**Launch of an integrated Rehabilitation & Reablement service (Phase 1).** Community health therapists and Council reablement officers begin working as one team, with a single referral route. Joint triage ensures patients get a coordinated care package upon hospital discharge or urgent referral. Initial operating procedures and joint KPIs are implemented.

**Mar 2026 – Phase 2 Enhancements & Targets Achieved**

**Coordination Hub Phase 2:** Hub expands to include Frailty Virtual Ward and enhanced mental health pathways. By end of Q4, the hub handles proactive frailty referrals and fully integrates the High Intensity User service. A Senior Clinical Decision-Maker rota is in place 8am–8pm to support hub triage.  
**No Criteria to Reside:** Average “medically fit” inpatients (NCTR) consistently at or below 34 across Hillingdon Hospital. Weekend discharges have increased, closing the gap to weekdays. By end of 2025/26 the system aims for a marked reduction in delayed discharges and avoidable admissions.

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## COMMUNITY EQUIPMENT SERVICE UPDATE

<b>Relevant Board Member(s)</b>	Sandra Taylor – Corporate Director, Adult Social Care and Health
<b>Organisation</b>	London Borough of Hillingdon
<b>Report author</b>	Gary Collier - Adult Social Care and Health Directorate, LBH
<b>Papers with report</b>	None

### HEADLINE INFORMATION

<b>Summary</b>	This report is to brief the Board on the changes to the provider of the Community Equipment Service from NRS Healthcare to Medequip Assistive Technology Limited. The change has arisen due to the liquidation of NRS Healthcare. The report also explains that the Council has left the London Community Equipment Consortium and made alternative arrangements to ensure the health and safety of residents.
<b>Contribution to plans and strategies</b>	The Community Equipment Service (CES) contributes to the delivery of the 2025/26 Better Care Fund Plan and ensures compliance with local authority duties under the Chronically Sick and Disabled Persons Act, 1970, and the Care Act, 2014. It also ensures compliance with NHS responsibilities under the National Health Service Act, 2006.
<b>Financial Cost</b>	The CES contract budget reflected in the 2025/26 BCF plan is £2,136k.
<b>Ward(s) affected</b>	All

### RECOMMENDATION

**That the Health and Wellbeing Board notes the content of the report and questions officers to address any queries or concerns it may have.**

### INFORMATION

1. This report concerns arrangements to ensure continuation of the Community Equipment Service (CES) following the liquidation of the contracted provider, NRS Healthcare Limited (NRS). The report summarises actions taken and provides an update on the current position.
2. The Health and Wellbeing Board would not ordinarily be asked to consider a service specific report, but this matter is being brought to the Board's attention because of the critical importance of the service to the health and safety of Hillingdon's residents and its impact on the local health and care system.

## Strategic Context

3. The CES supplies equipment ranging from raised toilet seats to electric profiling beds and hoists, key safes and handrails to support residents of all ages, although most users are people aged 65 and above. The scope of the contract with NRS included the supply, delivery, fitting and installation, adjustment, servicing and testing, collection, refurbishment, recycling and disposal of items of equipment.
4. The service has a critical part in supporting the continued independence of Hillingdon's residents who are living with a physical disability and/or a sensory impairment, which is predominantly people aged 65 and over. The provision of this service also supports the local health and care system by:
  - Supporting the independence, safety and quality of life of Hillingdon's residents of all ages.
  - Preventing A & E attendances and emergency admissions.
  - Facilitating earlier hospital discharge and reducing length of stay.
  - Reducing care costs by avoiding or delaying admission to residential care. It also supports unpaid carers and reduces the need for additional care workers.
  - Facilitating people at end of life being able to die at home when this is their preferred choice.
5. The Council acts as lead commissioner for the CES on behalf of the Integrated Care Board (ICB) and the NHS prescribers make the greatest use of the service, which is reflected in local risk share arrangements, i.e., 71% NHS and 29% local authority in 2025/26. NRS were awarded a five-year contract in June 2023, which was a call-off from a London borough consortium framework led by the Royal Borough of Kensington & Chelsea (RBKC). As of 30 June 2025, there were 21 London boroughs and associated Integrated Care Boards that were members of the consortium.
6. As of 30 June 2025, there were 23,400 residents being supported by 206,872 items of equipment. In 2024/25, there were 10,400 residents referred by the NHS or social care (children and adults) prescribers for new equipment and/or who received repairs and planned preventative maintenance to existing equipment supplied to them.

## NRS Liquidation and Service Provider Change

7. NRS went into liquidation on 1 August 2025 when the court appointed the Official Receiver (OR) as the liquidator. The OR offered a managed wind-down of the service rather than an immediate cessation of trading.
8. Medequip Assistive Technology Limited was able to offer both Hillingdon and Ealing a service based on geography as they have a depot already located at Heathrow. In response to alerts by NRS about their financial position, the Council's July 2025 Cabinet meeting agreed to award Medequip a contract for two years from 1 August 2025 with the option to extend for one further year. This is intended to give sufficient time for the detail of the longer-term service model to be determined and any required procurement activity to take place.
9. Hillingdon and Ealing represent one of the six groupings of boroughs and associated ICBs that have replaced the London consortium referred to in paragraph 5.
10. The Board is asked to note that the market for community equipment nationally is under-developed and has been dominated by three companies, Millbrook, Medequip Assistive Technology Limited and NRS. Before 1 August 2025, in London provision was split

between Medequip and NRS, with only three boroughs having alternative provision arrangements, such as a local authority trading company.

### **Interim Service Arrangements**

11. The support offer from Medequip was to initially provide a limited service focused on equipment deliveries and installations intended to avoid admission to hospital and support discharge as well as to undertake repairs to equipment already supplied to residents in the community. These restrictions were introduced pending Medequip being able to increase its staffing capacity. The limited service started on 1 August 2025.
12. To support the limited service, a temporary reduced equipment catalogue was introduced with advice from senior leads from prescribing teams. The senior leads also provided nominations for a reduced list of authorised prescribers.
13. During the transition phase, the collection by Medequip of equipment no longer required by residents has been limited to the most urgent cases, e.g., end of life.

### **Full Service Implementation**

14. Plans are in place for a full service that includes equipment supply, installation, collection, recycling and servicing (also known as planned preventative maintenance) to be in place from 8 September 2025. This will include expanding the catalogue of equipment available and incrementally increasing the number of people authorised to prescribe equipment.

### **Communication with Stakeholders**

#### **Northwest London ICB**

15. Officers are liaising with the ICB's Programme Director, Integrated Care. The Board may wish to note that ICB emergency planning arrangements have now been stood down. These initially entailed twice weekly meetings with senior NHS provider leads across Hillingdon and other trusts supporting Hillingdon patients.

#### **Prescribing Teams**

16. Updates to prescribing teams going forward will be managed through an operational advisory group that has been established. This group will also coproduce the development of the catalogue, manage the list of authorised prescribers and oversee the budget and prescribing practice.

#### **Equipment Users**

17. Equipment users are informed of the changes via multiple channels including direct contact for servicing, care agencies and other home visiting teams, and an article in the Council magazine called *Hillingdon People* that goes to every household in the Borough. Resident support services such as the Hillingdon Advice Partnership have also been made aware of the new arrangements.

### **Contract Management**

18. The Council is responsible for contract management and feedback from the operational leads group referred to previously will be used as part of the contract management process, as will service user experience.

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## PHARMACEUTICAL NEEDS ASSESSMENT UPDATE

<b>Relevant Board Member(s)</b>	Sandra Taylor
<b>Organisation</b>	London Borough of Hillingdon
<b>Report author</b>	Kim Overy
<b>Papers with report</b>	Draft PNA

### 1. HEADLINE INFORMATION

<b>Summary</b>	<p>From 1 April 2013, the statutory responsibility to publish and keep up to date a statement of the need for pharmaceutical services for the population in its area transferred to Health and Wellbeing Boards from Primary Care Trusts. This statement is known as the 'Pharmaceutical Needs Assessment' (PNA).</p> <p>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 2025.</p> <p>This paper presents an update on progress to the Health and Wellbeing Board.</p>
<b>Contribution to plans and strategies</b>	The PNA sets analysis of provision of pharmacy services within Hillingdon and contributes to the Hillingdon Joint Health and Wellbeing Strategy (JHWBS).
<b>Financial Cost</b>	There are no direct financial costs arising from this report.
<b>Ward(s) affected</b>	All

### 2. RECOMMENDATIONS

The Health and Wellbeing Board is asked to note that:

- 1- work on the 2025 PNA is on track for publication by 1 October 2025.
- 2- the Draft PNA was signed off for consultation in early June 2025 (a 60-day consultation was hosted on the Council website between 20 June and 19 August 2025).
- 3- two pieces of feedback were received during the consultation period (one piece from a member of the public and one piece from a Boots branch), alongside feedback from:
  - a. the Borough Lead Inequalities Pharmacist;
  - b. the London Region Pharmaceutical Services Regulations Committee; and
  - c. the Harmondsworth & Sipson Residents Association (following June's Older People's Assembly).

- 4- feedback is currently being reviewed and integrated accordingly into the draft PNA; this includes:
  - changes to opening hours and trading names
  - more detail on future housing developments within the localities
  - further details on current and future provision, and any gaps
  - the need to reiterate that many pharmacies who responded to the survey said they are willing to provide services if commissioned
- 5- the verbal update on changes tabled at this meeting.
- 6- the Board is asked to provide delegated responsibility to the Public Health and Business Intelligence teams to make the amendments and sign off the document for publication by 1 October 2025.

### **3. NEXT STEPS**

The Board is asked to agree that the PNA be published by 1 October 2025 and agree to delegate further amendments of the PNA prior to publication to the Public Health team and Business Intelligence team.



# **Pharmaceutical Needs Assessment 2025**

**DRAFT**

**September 2025**

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## 1. Summary

Every Health and Wellbeing Board (HWB) has a statutory duty to carry out a Pharmaceutical Needs Assessment (PNA) every three years. The PNA provides Hillingdon's Health & Wellbeing Board (HWB) with a framework that supports the local health and care system to:

- understand the demographics of the local population
- understand current provision of pharmaceutical services, including
  - the range of providers and choice
  - their premises (including facilities), the location and geographical spread across the area
  - the range of services provided
- make appropriate decisions on applications for inclusion in a pharmaceutical list
- commission appropriate and accessible services from pharmacies and dispensing appliance contractors
- identify and address any local gaps in pharmaceutical services
- target services to reduce health inequalities within local health communities.

Pharmaceutical services are provided by pharmacy and dispensing appliance contractors from premises that are registered on a pharmaceutical list within each HWB area. In addition, some GP surgeries provide a dispensing service to eligible patients registered to their practice, and some pharmacy contractors provide services under a local pharmaceutical services contract.

Pharmacy contractors provide services under the national Community Pharmacy Contractual Framework (CPCF) which sets out three levels of service:

**1. Essential Services:** these are the services that every community pharmacy providing NHS pharmaceutical services must provide and includes the dispensing of medicines and appliances, disposal of unwanted medicines, clinical governance, and promotion of healthy lifestyles

**2. Advanced Services:** there are nine services that Community Pharmacy Contractors and Dispensing Appliance Contractors (DACs) can choose to provide. Provision of these services are subject to accreditation as set out in the Secretary of State Directions

**3. Enhanced Services:** these are *nationally commissioned services* (commissioned directly by NHS England) that have been introduced to assist the NHS in improving and delivering a better level of care in the community. Pharmacy contractors can choose to provide any of these services

**Locally commissioned services** can also be commissioned by the Local Authority (LA) or the Integrated Care Board (ICB). These are services that community pharmacy contractors could choose to provide and are included in the PNA.

***For this PNA, Essential Services and the dispensing service provided by some GP surgeries are defined as 'necessary services', while Advanced and Enhanced Services are defined as 'other relevant services.'***

Other locally commissioned providers may also provide specific services that impact the need for local community pharmacy services. These specific services include sexual health services, stop-smoking support and needle exchange services.

The geographical location of pharmaceutical providers determines access to services in terms of distance from a resident's home or work (either within Hillingdon or neighbouring boroughs). The surrounding location is included in the access criteria, and whether the service is accessible via public transport, whether there is the ability of service users to drive and park and the access to services for residents with a disability. Locating a service within or near to other services (for example within a supermarket) may influence choice by reducing travel.

However, access is determined by more than just location; opening times are also an important aspect of access and service availability.

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

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

The Hillingdon Council Business Intelligence Team has completed the PNA in collaboration with the LA Public Health Team, Customer Engagement, the Council Communications Team, the Local Pharmaceutical Committee for Hillingdon and Healthwatch Hillingdon. The PNA has been overseen by the Hillingdon Health & Wellbeing Board to ensure it is fit for purpose as per the NHS Regulations.

The process of developing this PNA has consisted of:

- gathering and analysing data and information of population demographics, public health data, prescribing and service use data
- mapping and evaluating existing pharmacy services
- assessing service gaps based on population growth and access issues
- a 60-day public consultation to gather feedback from stakeholders and the public running between June and August

Lastly, reviewing feedback from the resident and pharmacy provider consultation to finalise the PNA, ahead of publication on the Council website within the national timeframe.

Data presented throughout the PNA are accurate as of May 2025, unless stated otherwise.

Any subsequent changes to pharmacy service provision in Hillingdon will be monitored, including any changes to the availability of pharmaceutical services reflected through supplementary statements (published alongside the PNA document), as and when appropriate.

## **1.1. Overview of the London Borough of Hillingdon**

Hillingdon is the second largest of London's 32 boroughs and shares its borders with Hertfordshire, Buckinghamshire, Surrey, and the London boroughs of Hounslow, Ealing and Harrow.



Hillingdon has 21 electoral wards within three localities: North (8 wards), Southeast (7 wards) and Southwest (6 wards). The borough has been split into these localities based on the 2022 ward structures and data is widely available at ward or LSOA level for analysis to support the information used in the PNA. These localities align with the Primary Care Network structures and the Integrated Neighbourhood Teams (INT) that are the local vehicles of primary and community care delivery.

Each locality shares several socio-economic characteristics which makes analysis easier.

The current population of Hillingdon is 319,018 (ONS Mid-year Estimate, 2023). This represents growth of 8,337 residents from 2022 (2.6%). At locality level, 33.6% of the borough live in the North INT area, 30.6% in the Southwest and 35.7% in the Southeast.

Over the course of this three-year PNA duration we can expect to see an average increase of 1,200 new dwellings per year, with most of the growth in population associated with new homes in the southern localities, specifically the Southeast.

48.2% of residents in Hillingdon are White. This is lower percentage than London and England. 33.3% of Hillingdon residents are Asian/Asian British; higher than London and England. There is a higher proportion of White and older residents in the North and Southwest localities, and southern localities, especially the Southeast locality have higher proportions of younger Asian and Black residents (Census 2021).

Population at *ward level* ranges from 5,640 residents in Harefield Village to 19,701 residents in Wood End ward. The south of the borough is more densely populated with approximately two thirds of residents living in the southern wards. Wards in the south have higher levels of overcrowding and higher proportions of households with six or more residents.

Hillingdon has a mixed socio-economic profile. The 2019 English Index of Deprivation ranks Hillingdon as 21st most deprived out of the 33 London boroughs. The boroughs average deprivation score masks the differences at ward level where northern wards are the least deprived and wards in the south have higher levels of deprivation than the Hillingdon average. Hillingdon has no LSOAs in decile 1 (the 10% most deprived areas) on the overall national indices.

The long-term London Shared Needs Assessment (2024) and the Core20Plus 5 framework highlights that Hillingdon's long term population health is deteriorating, with:

- significant socio economic and environmental deprivation factors are driving the increasing prevalence of long-term conditions particularly in our most deprived communities (Yiewsley, Hayes, and West Drayton). This includes a high child poverty rate (31%), low mean income post housing costs, food insecurity and higher than NWL average rates of overcrowding and homelessness
- 48% (127,264) of the Hillingdon registered Adult (18+) population are currently living with 1 or more Long Term Conditions (LTCs); making Hillingdon joint highest with Harrow in NWL for the highest weighted average % of patients with LTCs. The top five LTC's within the Borough are: Hypertension, Anxiety, Depression, Obesity & Diabetes. This is double the number of people recorded as living with one or more LTC compared to 2017

## **1.2. Community Pharmacies in Hillingdon**

There are 59 pharmacies in Hillingdon that provide pharmaceutical services, a rate of 19.0 per 100,000 residents. Since the 2022 PNA was published, five Hillingdon pharmacies have closed; Lloyd's

pharmacy in both Sainsburys (Hayes and South Ruislip) and three Boots pharmacies (Uxbridge, Eastcote and Northwood Hills).

Hillingdon has better coverage of pharmaceutical services per 100,000 population than England, but slightly less than London. The rate is higher in the boroughs North locality (20.1) compared with the other two localities (Southwest 18.9/100,000 population and Southeast 18.0/100,000 population).

There is variation in pharmacy coverage at ward level, with more pharmacies located in town centre areas within the localities (i.e. Ruislip and Hayes Town). There are good public transport links to town centres within Hillingdon and across the borough boundary in neighbouring boroughs.

Three of the five pharmacies that have closed since 2022 were located on existing high streets with other pharmacies close by. This enabled residents to maintain access to local pharmacy services.

***Data indicates that dispensing services from the closed pharmacies in Northwood Hills, South Ruislip and Uxbridge have transferred to pharmacies nearby. In Hayes this appears to differ due to the increased choice of provision in very close proximity along the Uxbridge Road and Coldharbour Lane.***

The national framework for pharmaceutical services requires every pharmacy to open for a minimum of 40 hours a week to provide essential services (necessary services). Although the south of the borough has less pharmacies than the north, some of these pharmacies have longer opening hours, and more are open on Sundays. There is a good spread of pharmacies that open early, remain open late and at weekends, all with good accessibility.

There is an even spread of pharmacies in areas of deprivation in the south of the borough, and in areas with higher proportions of older people and people with long term conditions. ***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 flexibility and adaptability of pharmacists indicates that there are opportunities to develop services and that the scope of services and the number of pharmacies is sufficient to manage the need of the population over the course of this PNA.***

### 1.3. Conclusions

For this PNA, Essential Services for Hillingdon are defined as Necessary Services. Advanced and Enhanced Services are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

Locally Commissioned Services are those that secure improvements or better access to or that have contributed towards meeting the need for pharmaceutical services in Hillingdon. These services are commissioned by the ICB or the local authority, rather than NHSE.

**The Hillingdon HWB considered the number, distribution, access and choice of providers of pharmaceutical services covering each of the three localities in Hillingdon and conclude that the evidence reviewed to inform this PNA based on the national criteria indicates that residents are adequately served by providers of pharmaceutical services in the borough.**

No current or future gaps have been identified in the provision of necessary and other relevant services across Hillingdon. Changes affecting pharmaceutical services provision such as substantial changes in current provision through business closure and/or changed population demographics will be monitored

and reviewed by the HWB. The PNA will be updated with supplementary statements where necessary to explain the impact of any changes and what this means for the availability and accessibility of pharmaceutical services in Hillingdon.

## 2. Introduction

Since the 2022 PNA, five pharmacies have closed. The following changes have also occurred:

- There has been an update to the Pharmaceutical Regulations 2013 in May 2023 in response to the number of requests for temporary pharmacy closures with changes made to the:
  - Notification procedures for changes in core and supplementary opening hours
  - Notification procedures for 100-hour pharmacies to be able to reduce their hours to no less than 72 hours per week
  - Local arrangements with ICBs for the temporary reduction in hours
  - requirement for all pharmacies to have a business continuity plan that allows them to deal with temporary closures
- Integrated Care Boards (ICB) have replaced Clinical Commissioning Groups (CCGs) as part of Integrated Care Systems (ICS). In an ICS, NHS organisations in partnership with local councils and other public sector and voluntary and community sector organisations take collective responsibility for managing resources, delivering NHS standards of care and improving the health of the population they serve. ICBs took on the delegated responsibility for the commissioning of pharmacy services from NHS England from 1 April 2023.
- The Pharmacy First Service builds on the Community Pharmacist Consultation Services (CPCS) and was launched at the end of January 2024. Pharmacy First allows patients to obtain treatment for their health conditions directly from community pharmacies without needing a GP appointment. The conditions that are included in Pharmacy First are sinusitis, sore throat, earache, infected insect bites, impetigo, shingles, and uncomplicated urinary tract infections in women.
- Hypertension Case-Finding Service requirements were updated from 1 December 2023. This service can be provided by suitably trained and competent pharmacy staff (previously, only pharmacists and pharmacy technicians could provide the service).
- The Hepatitis C testing service was decommissioned at the beginning of April 2023.

### 2.1. Purpose of the PNA

The purpose of the PNA is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of Hillingdon for the next three years. The PNA links closely to other strategies and needs assessment, notably the Joint Local Health & Wellbeing Strategy (JLHWS) and the Joint Strategic Needs Assessment (JSNA). The PNA sets out how health needs can be met by pharmaceutical services commissioned by the ICB on behalf of the NHS in England.

If a pharmacy or a dispensing appliance contractor wants to provide pharmaceutical services, they are required to apply to the ICB to be included in the pharmaceutical list for the HWB area in which they wish to have premises. Their application must demonstrate how they will meet a need that is set out in the HWB's PNA, or to secure improvements or close an access to service gap identified in the areas PNA. There are however some exceptions to this, for example, applications offering benefits that were not foreseen when the PNA was published ('unforeseen benefits applications').

As well as identifying if there is a need for additional premises, the PNA will also identify whether there is a need for an additional service or services, or whether improvements or better access to existing services are required. Identified needs, improvements or better access may be needed or will arise within the three-year lifetime of the PNA.

Whilst the PNA is primarily a document for the ICBs to use to make commissioning decisions, it may also be used by local authorities. A robust PNA will ensure those who commission services from pharmacies and Dispensing Appliance Contractors (DACs) where to target services to areas of health need and reduce the risk of overprovision in areas of less need.

## **2.2. Scope of the PNA**

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

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

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

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

To comprehend the definition of 'pharmaceutical services' as used in this PNA, it is important to understand the types of NHS pharmaceutical providers in the pharmaceutical list maintained by NHSE.

The types of NHS pharmaceutical providers are:

- Pharmacy contractors
- DACs
- LPS providers
- Dispensing GP surgeries

Pharmaceutical services provided by community pharmacies, dispensing GP surgeries and appliance contractors are defined by the Pharmaceutical Regulations 2013 and consist of services that are/may be commissioned under the provider's contract with NHSE.

For this PNA, 'necessary services' are understood to be equivalent to Essential Services, while 'other relevant services' are equivalent to Advanced and Enhanced Services.

Pharmacy contractors operate under the NHS Community Pharmacy Contractual Framework (CPCF) which sets out three levels of service under which pharmacy contractors operate:

**Essential Services:** These are nationally negotiated and must be provided by all pharmacies:

- Dispensing Medicines
- Dispensing Appliances
- Repeat Dispensing
- Discharge Medicine Service (DMS)
- Public Health and Health Promotion
- Signposting
- Support for Self-Care
- Disposal of Unwanted Medicines
- Clinical Governance

**Advanced Services:** These services are nationally negotiated, and any contractor may provide any of these services if they meet the requirements of the Pharmaceutical Regulations 2013 and service specification associated with each service. They are:

- Appliance Use Reviews (AURs)
- Pharmacy First
- Seasonal Influenza Vaccination Service
- Hypertension Case-Finding Service
- New Medicine Service (NMS)
- Stoma Appliance Customisation (SAC)
- Smoking Cessation Service

**Enhanced Services (national and local):** In December 2021 provisions were made within the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013 to provide a new type of enhanced pharmaceutical service. These are developed by NHS England and NHS Improvement and commissioned to meet specific health needs.

Enhanced Services can include:

- Care home service
- Chlamydia Screening & Treatment
- Emergency Hormonal Contraception (EHC) service
- Minor ailment service
- Needle and Syringe Programme (NSP)
- Patient group direction (PGD) service
- Smoking Cessation Service (SCS)

- Pharmacy Based Supervised Administration Programme (PBSAP)

### **National Enhanced Services (NES):**

Enhanced Services are all considered relevant for the purpose of this PNA.

Under the pharmacy contract, Enhanced Services are those directly commissioned by NHSE.

There is currently one National Enhanced Service commissioned in Hillingdon, the COVID-19 vaccination service. This service is provided from selected community pharmacies who have undergone an Expression of Interest Process, and the service is commissioned by NHSE. Pharmacy owners must also provide the Flu Vaccination Service for a selected cohort of patients.

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

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

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

DSPs, DACs, LPS contractors and dispensing GP practices are ineligible for the scheme.

From 1 January 2022, the revised PhAS is to continue to support patient access to isolated, eligible pharmacies and ensure patient access to NHS community pharmaceutical services is protected.

***There are three PhAS in Hillingdon; Howletts (Ruislip) and Boots landside in Terminal 3 and Terminal 5 in Heathrow Airport.***

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

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

***There are no DACs in Hillingdon.***

### **Other providers of pharmaceutical services in neighbouring areas:**

There are six other neighbouring boroughs that border Hillingdon:

- Ealing
- Harrow
- Hertfordshire
- Hounslow
- Spelthorne
- South Buckinghamshire

In determining the needs for pharmaceutical service provision to the population of Hillingdon, consideration has been made to the pharmaceutical service provision from the neighbouring HWB areas. Although these pharmacies have not been included in the survey of contractors this PNA includes maps showing their proximity to Hillingdon.

### **Process for developing the PNA:**

Hillingdon HWB has statutory responsibilities under the Health and Social Care Act to produce and publicise a revised PNA at least every three years. Hillingdon's last PNA was published in September 2022 and is due to be refreshed and published by the end of September 2025. Other strategies considered include:

### **Joint Strategic Needs Assessment (JSNA):**

The aim of the JSNA is to improve the health and wellbeing of the local community and reduce health inequalities for residents of all ages, identifying those groups where health and care needs are not being met and those residents which are experiencing poorer health and wellbeing outcomes. Hillingdon's JSNA is currently being refreshed and is in the process of being replaced by the Hillingdon Datahub; the Datahub has been used to populate many of the figures within the PNA.

### **Health and Wellbeing Strategy (HWS):**

Hillingdon's draft Joint Local Health & Wellbeing Strategy 2025-28 seeks to improve the health and wellbeing of all our residents and reduce disparities in health and care across our communities to achieve a vision shared by all health and care partners in the borough. The priorities and objectives include:

#### **➤ Thriving Healthy Households:**

- whole-population approaches to prevent ill health and promote wellbeing through self-management
- tackling the social determinants of poor health
- improving air quality and built environment

#### **➤ Early Intervention and Prevention:**

- optimising preventative care for people with LTCs with an emphasis on hypertension



- maximising independence and choice
- preventing reliance on health and care services

➤ **Targeted long-term care and community support for people with complex health and care needs:**

Provide proactive, personalised and integrated case management and care across primary, community, mental health, social care and voluntary services for high-need, high-utilisation patients to:

- Maintain their independence for as long as possible
- Reduce non-elective presentations
- Reduce admissions to long term care

A small number of high impact actions and key performance indicators (KPIs) have been created to monitor performance of the objectives.

Included in the HWS is the Core20PLUS5 framework, an NHS England initiative aimed at reducing healthcare inequalities, which focuses on the most deprived 20% of the population (CORE20), additional marginalised groups (PLUS) and five (5) key clinical priority areas.

Hillingdon's draft Health & Wellbeing Strategy (2025-28) shows how these priorities relate to Hillingdon:

#### **Core20: Deprivation and Health Inequalities in Hillingdon**

- Hillingdon is ranked **174th** in the Index of Multiple Deprivation (IMD), meaning it is relatively less deprived compared to other North West London boroughs.
- However, pockets of **significant deprivation** exist, particularly in areas such as **Hayes, Yiewsley and West Drayton**, leading to **health disparities**.
- Targeted intervention in these deprived areas will be crucial going forward to **reduce health inequalities**.

#### **PLUS: Targeted Groups in Hillingdon**

The **PLUS** element of Core20PLUS5 emphasizes groups experiencing disproportionate health inequalities. In Hillingdon, these include:

- **Ethnic minority populations:** Hillingdon has a large South Asian and Black community, which has higher rates of conditions such as diabetes and cardiovascular disease.
- **Asylum seekers and refugees:** With Heathrow Airport nearby, Hillingdon has a significant transient population, including asylum seekers who may have **limited access to healthcare**.
- **Homeless population:** Hillingdon has a notable **homeless population**, particularly around Uxbridge and Hayes.
- **People with learning disabilities:** Ensuring equitable access to healthcare services for individuals with learning disabilities remains a challenge.

Pharmaceutical service providers have the potential to play a greater role in identifying and helping address priority health needs as they are strategically placed in the community and have daily interactions with the local populations.

To help understand local health needs and how pharmaceutical service providers can be involved in various interventions, the next sections look at Hillingdon's population and major causes of ill health.

### 3. Hillingdon population demographics

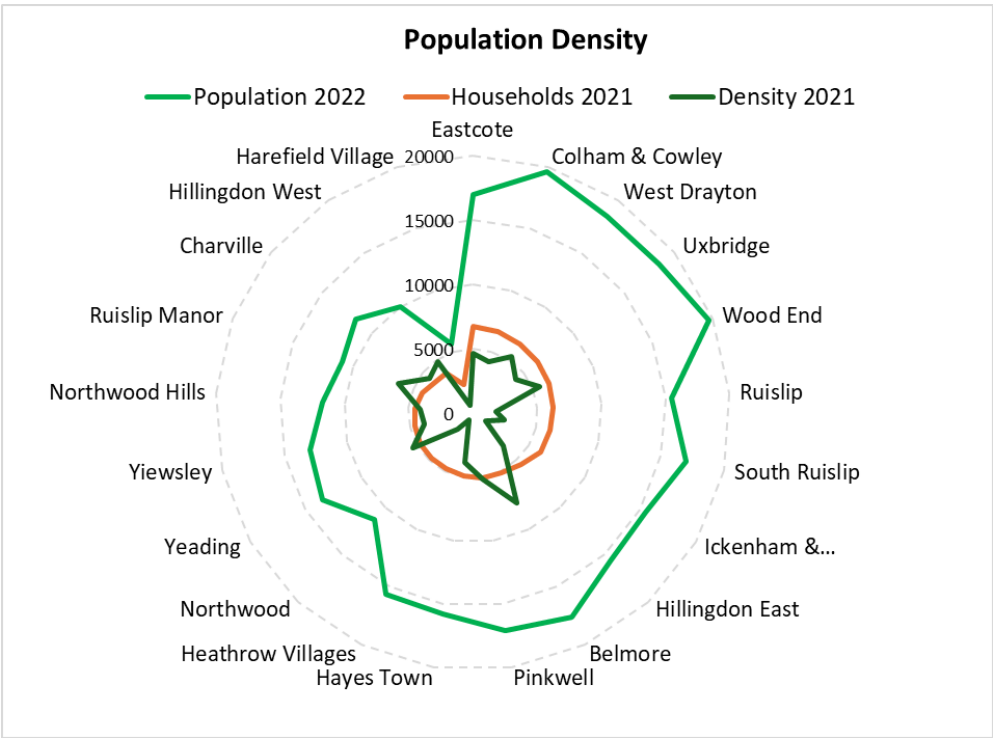
The current population of Hillingdon is 319,018 (ONS Mid-year Estimate 2023). This represents **growth of 8,337** residents from 2022 (2.6%).

The largest element of **change** between 2022 and 2023 was from international migration; natural change (births minus deaths) accounted for an additional 2,000 residents, internal migration accounted for a **decrease** of 3,950 residents and international migration accounted for a net change of 10,100 residents – giving overall growth of approx. 8,000 residents between 2022 and 2023.

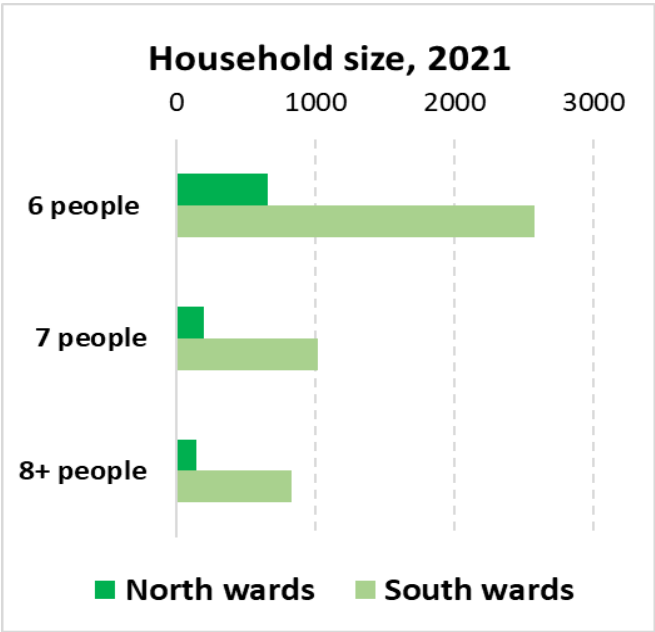
The current dataset of **ward population** estimates 310,681 residents (2022); population totals at borough and ward level vary as there is a lag in the publication of data at different geographies. Population between wards varies; Harefield Village has the smallest population (5,640) and Wood End the largest (19,701).

The south of the borough is more **densely populated** with approximately two thirds of residents living in the southern wards; 8 of the top 10 most densely populated wards are in the south, with Belmore topping the ranks with the most residents per square km. Wards in the south have higher levels of overcrowding, with up to 20% of households having fewer bedrooms than required (1 or 2 or less than needed). Wards in the south have higher proportions of households with six or more residents.

**Figure 1: Hillingdon Population Density:**



**Figure 2: Household size in Hillingdon (2021):**



**The GP registered population in Hillingdon:**

This population is estimated at 346,632 (2023/24); the difference between this and the usual resident population is that some people registered with a Hillingdon GP will be non-Hillingdon residents. Similarly, some Hillingdon residents will be registered with GPs outside of the borough.

**Daytime / workday population:**

The population of an area changes as people move in and out of an area to work or study. Census 2011 indicated that the working age population increases by 17.3% during the workday (or 34,700 people); Census 2021 took place during the Covid pandemic when a nationwide lockdown was still in place, with many people working from home.

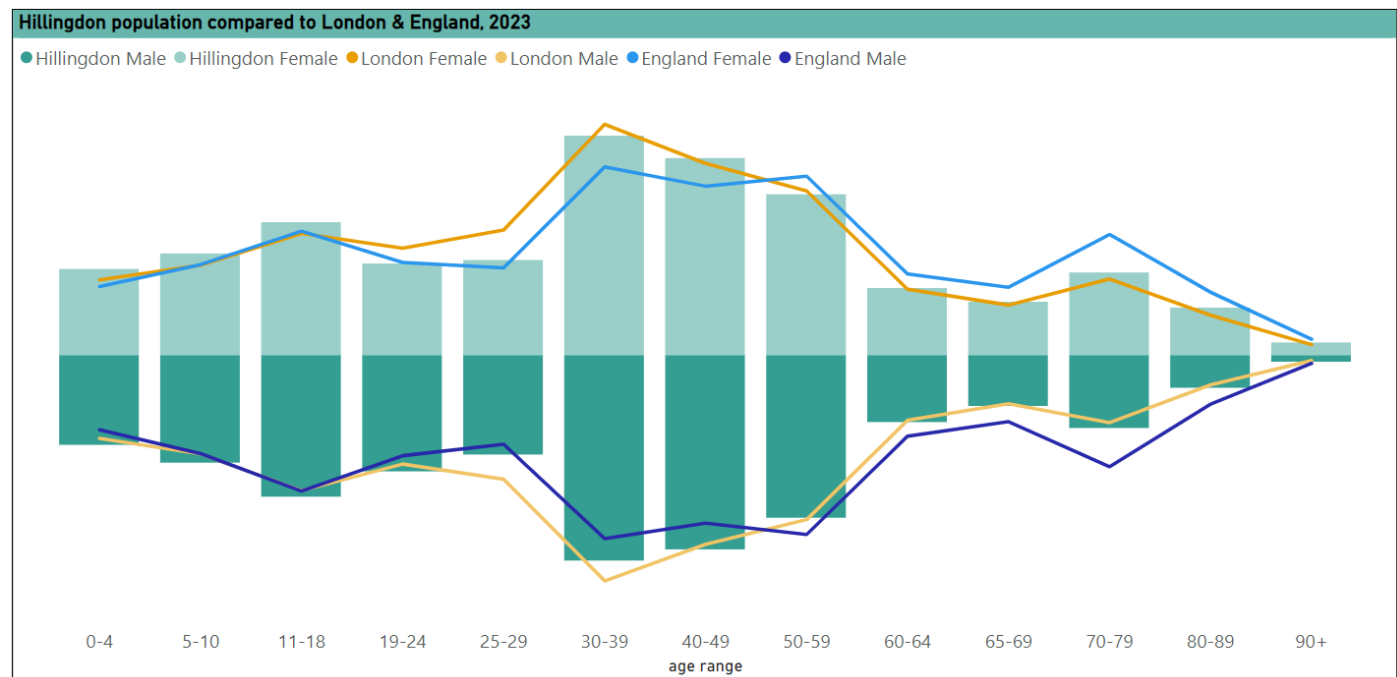
Although the pandemic has now passed, applying the 2011 percentage to the current population estimates that we could have an *additional 55,000* people potentially accessing services within Hillingdon during the working day, similarly just as a percentage of our residents will access services outside our boundary, i.e. a pharmacy near their place of work, study or end destination.

Data from the NHS Business Services Authority shows that in September 2024 approximately 11% of prescriptions dispensed by pharmacies in the borough were from GPs outside the borough boundary.

**Gender by age range:**

The Hillingdon population is split 49.9% male (159,326) and 50.1% female (159,692), with variations by age range which can be seen in Figure 3 which also shows the age distribution in comparison to London and England. Hillingdon has higher proportions of younger residents aged 0-18 than London and England.

Figure 3: Hillingdon Population by gender and age compared to London and England: 2023:



The North locality has higher proportions of residents aged 65 years and older, with the Southeast and Southwest localities having higher proportions of younger residents aged under 19 years.

Table 1: Hillingdon age breakdown, 2022/23

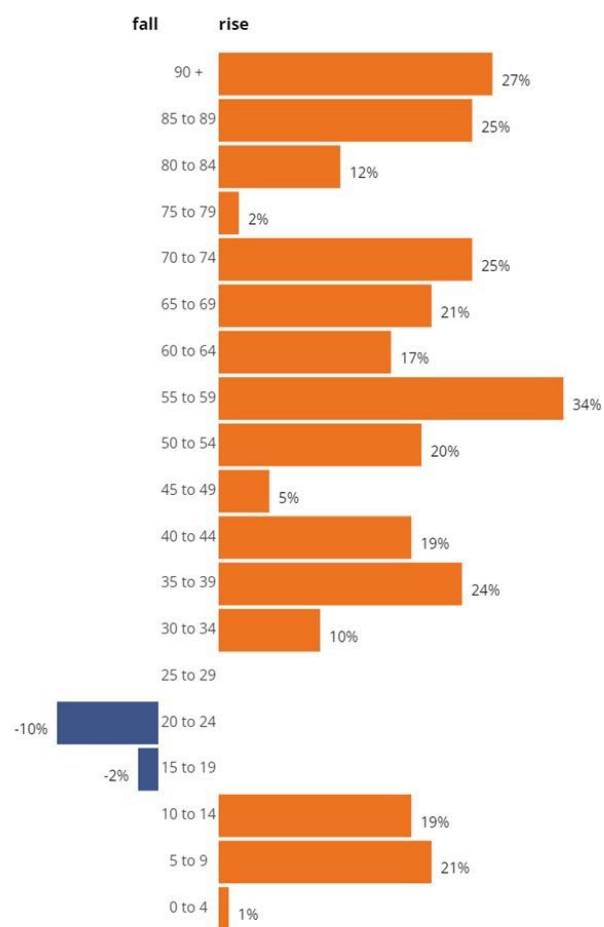
Age Band	Hillingdon Persons	Hillingdon % of population	North locality	Southeast locality	Southwest locality	London	England
Age: 0-3	16,731	5.2%	4.6%	5.4%	5.6%	4.7%	4.2%
Age: 4-18	61,350	19.2%	17.6%	20.9%	19.5%	17.7%	17.8%
Age: 19-64	198,420	62.2%	58.5%	63.5%	63.9%	65.4%	59.3%
Age: 65-74	22,200	7.0%	9.2%	5.9%	6.2%	6.6%	9.5%
Age: 75+	20,317	6.4%	10.0%	4.4%	4.9%	5.6%	9.2%

3.1. Population Projections:

At the current time (February 2025), no Sub-National **Population Projections** have been published since 2018; an updated data set is due in 2025. Using the growth data between the 2011 and 2021 Census (11.7%) **we could expect the population in 2031 to be 342,000.**

Figure 4 shows the large growth in the older population since Census 2011, with some younger age cohorts seeing a decrease; the largest growth was in those aged 55 to 59, who between 2021 and the next census will further increase the older population.

**Figure 4:**  
Population change (%) by age group in Hillingdon, 2011 to 2021



Since 2021 the North locality has seen a very small reduction in the number of residents (a net reduction of 157 residents overall). The Southeast has seen the largest growth (3,004 extra residents) and the Southwest saw growth of 1,917 residents.

Over the course of this PNA we can expect to see an average increase of 1,200 new dwellings per year, with most of the growth of the associated new population in the southern localities, specifically the Southeast.

### 3.2. Births and Fertility:

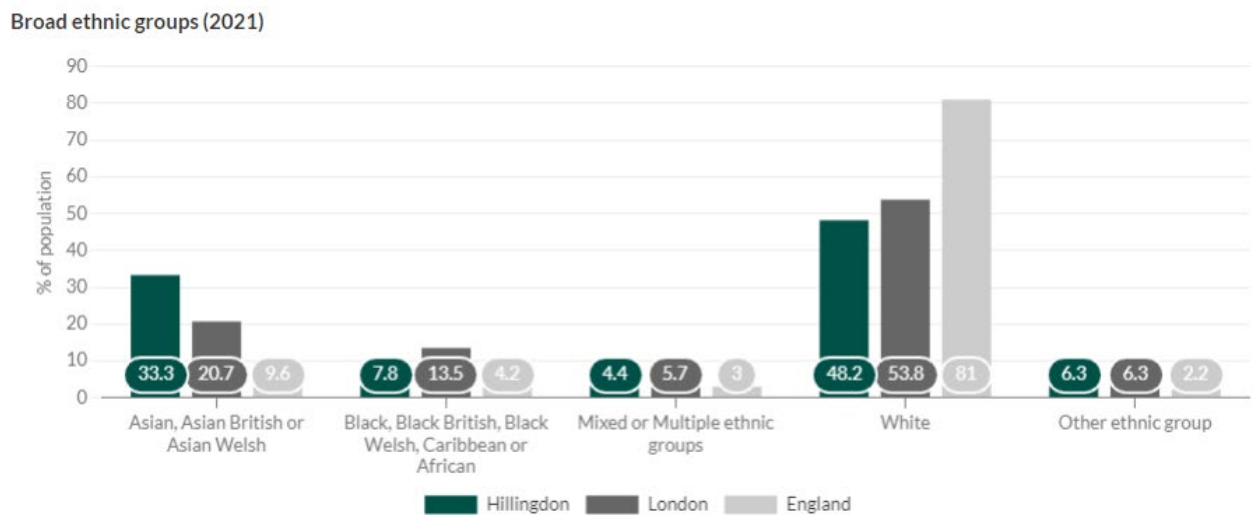
Births In Hillingdon have fallen from 4,500 in mid-2016 to 4,100 in mid-2023. Wards in the Southeast locality have seen the highest numbers of births (specifically Belmore, Wood End and Hayes Town) alongside Yiewsley in the Southwest locality.

The Total Fertility Rate in Hillingdon has fallen to 1.72 in 2023 (from 1.79 in 2020) with rates also having fallen in London and England.

3.3. Ethnicity:

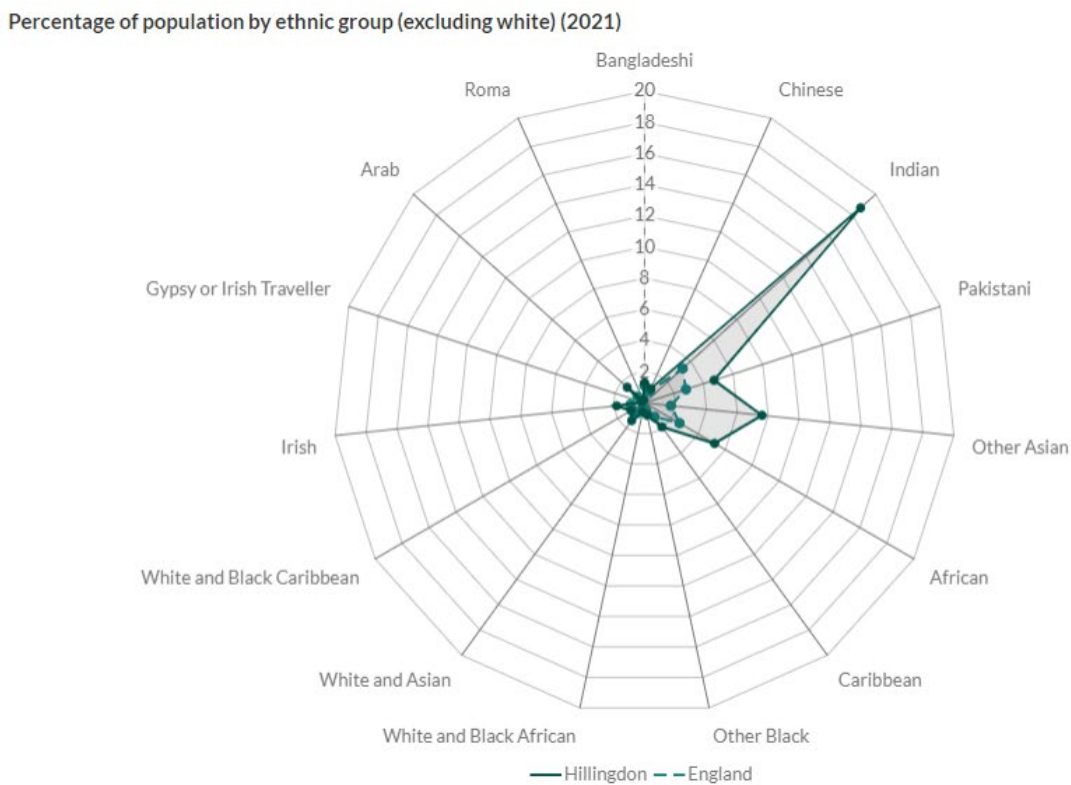
48.2% of residents are White, lower than London and England; 33.3% are Asian/Asian British, higher than London and England. Figures 5 and 6 show the borough data.

Figure 5: Broad Ethnic Groups in Hillingdon: 2021



Source: ONS, Census 2021

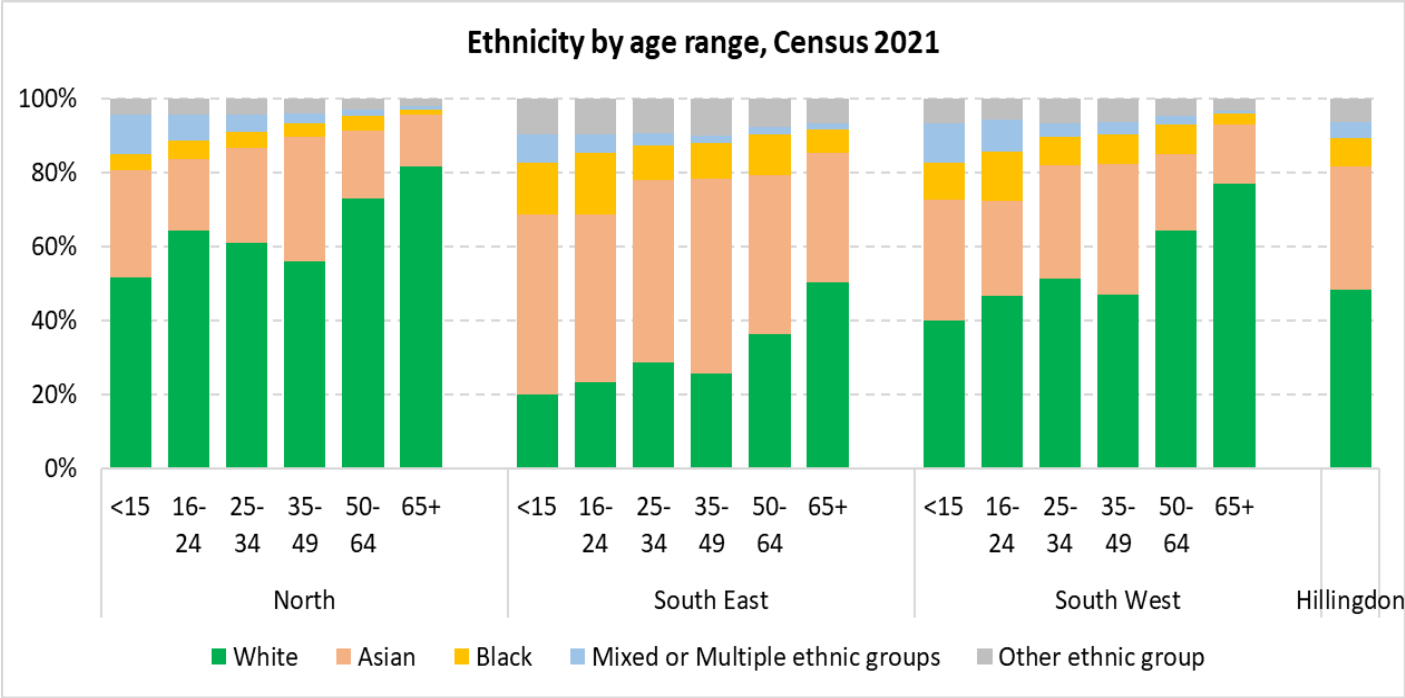
Figure 6: Percentage of Population by Ethnic Group (excluding white population): 2021:



Source: ONS, Census 2021

There is a higher proportion of White and older residents in the North and Southwest localities, and the southern localities have higher proportions of younger Asian and Black residents, as shown in Figure 7.

**Figure 7: Ethnicity by Age Range: Census 2021:**



**3.4. Languages:**

Census 2021 shows that 75% of borough residents aged 3 years and older have English as their main language. For residents who do not have English as their main language, 17.5% can speak it well or very well.

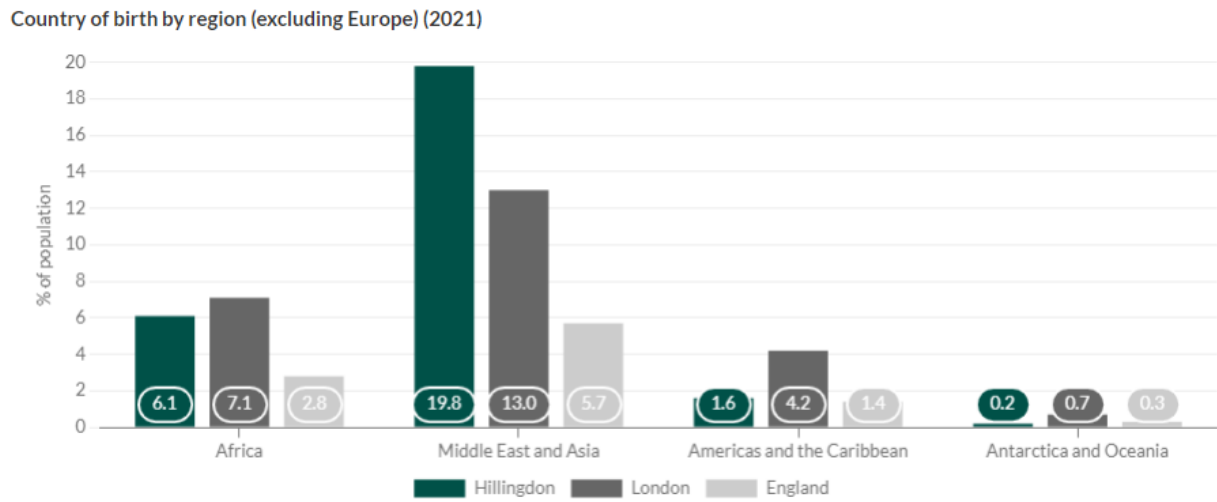
There is variation at locality level, with Belmore ward (Southeast locality) having the lowest level of residents aged 3 years+ with English as the main language (58.3%), whereas Harefield Village ward (North locality) has 90.2% of residents with English as their main language.

The top three main languages spoken by residents in Hillingdon (after English) is Panjabi (4.5%), Polish (1.6%) and Tamil (1.6%). Over 80 languages are spoken by Hillingdon residents.

3.5. Country of Birth:

62% of borough residents were born in the UK, with a further 19.8% from Middle & East Asia.

Figure 8: Country of Birth by region of Hillingdon residents (excluding Europe): 2021:



Source: ONS, Census 2021



	Hillingdon	London	England
Europe	221,182	6,590,416	50,730,043
Europe (%)	72.3	74.9	89.8
Africa	18,537	625,365	1,558,199
Africa (%)	6.1	7.1	2.8
Middle East and Asia	60,436	1,146,245	3,241,701
Middle East and Asia (%)	19.8	13	5.7
Americas and the Caribbean	5,027	372,864	790,002
Americas and the Caribbean (%)	1.6	4.2	1.4
Antarctica and Oceania	729	64,814	170,023
Antarctica and Oceania (%)	0.2	0.7	0.3

Date: 2021 | Source: ONS, Census 2021

There is variation at locality level, with Hayes Town ward (Southeast locality) having the lowest level of residents born in the UK (43.8%), whereas Ruislip ward (North locality) has 77.9% of residents who were born in the UK.

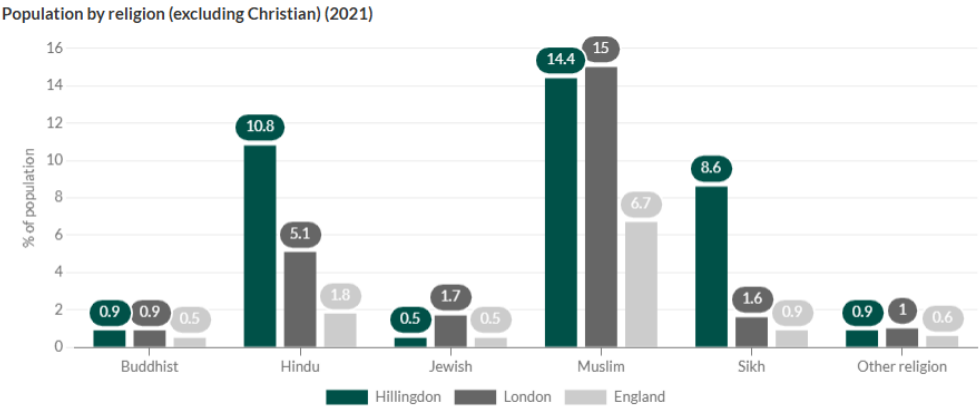
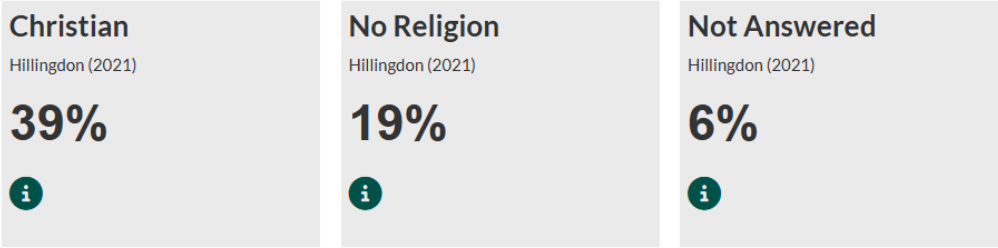


3.5. Religion

Census 2021 shows that the majority of residents in Hillingdon identify as having a Christian faith, followed by No Religion and Muslim; 6% chose not to answer the optional question.

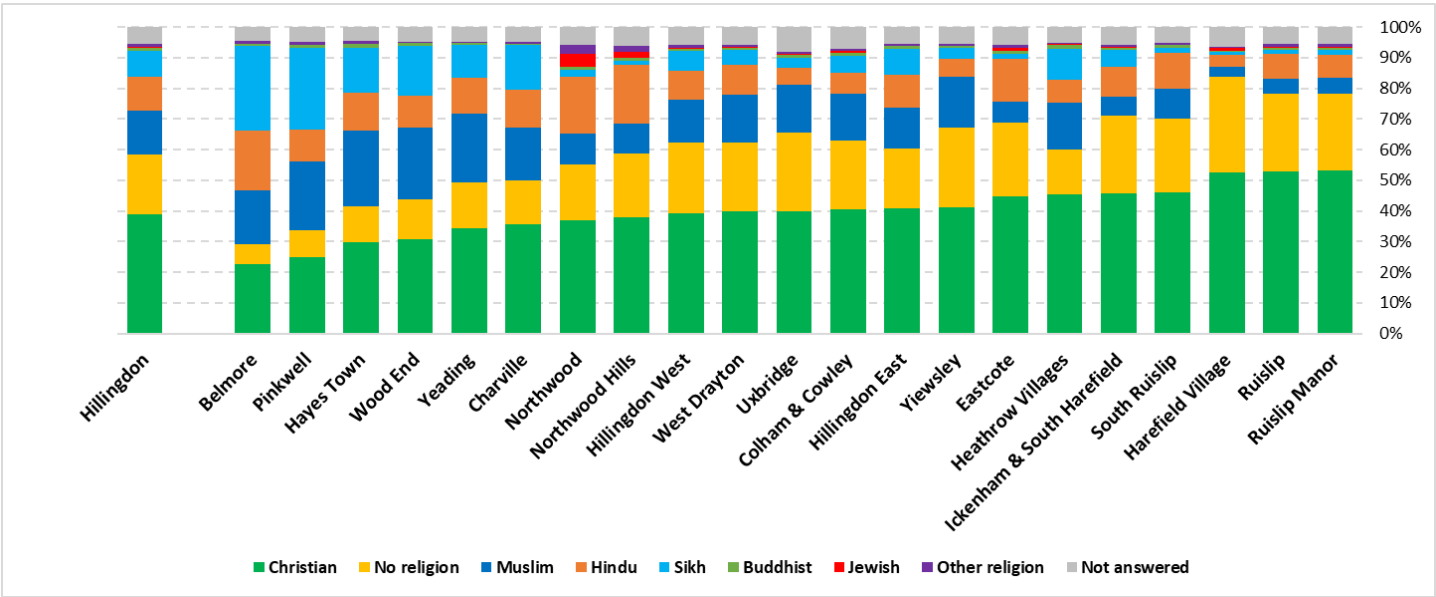
Figure 9 shows the borough proportions and Figure 10 shows the variation at ward level.

Figure 9: Recorded religion in Hillingdon: Census 2021:



Source: ONS, Census 2021

Figure 10: Reported religion by ward: Hillingdon: 2021:

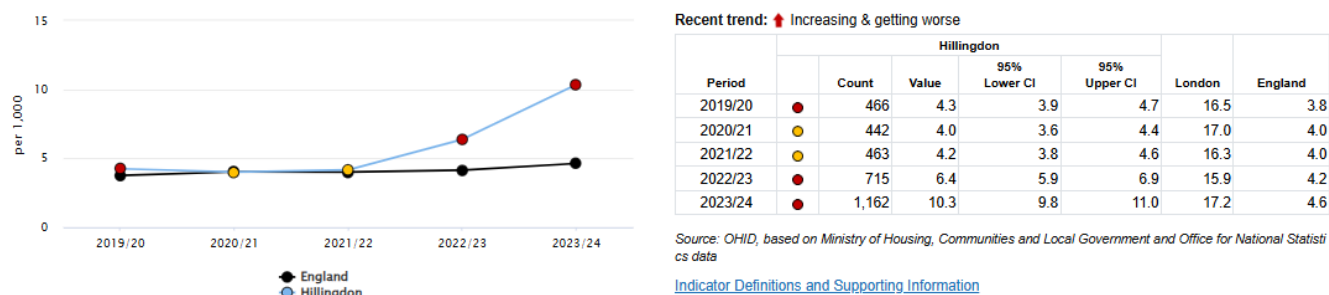


### 3.6. Homelessness

Hillingdon has seen a large increase in households in temporary accommodation since 2021/22.

Figure 11 shows Hillingdon's trend data, which has shown larger increases than London and England.

**Figure 11: Homelessness: households in temporary accommodation:**



**Rough Sleepers:** monthly data from the Ministry of Housing, Communities & Local Government shows that in September 2024 there were

- 86 people sleeping rough over the month
- 47 new people sleeping rough over the month (an increase of 21% since September 2023).

### 3.7. Patient Group Demographics

#### 3.7.1. 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 two 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 Uxbridge or Hayes Town centres

#### 3.7.2. 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 (Harmondsworth IRC and Colnbrook IRC), it has a combined capacity of 965 residents.

#### 3.7.3. Military Veterans:

Data from Census 2021 shows that 3,443 residents have previously served in UK regular armed forces, a further 1,211 have served in the UK reserve armed forces and an additional 177 have served in both (a total of 4,831 residents aged 16+).

#### 3.7.4. RAF base:

Hillingdon is 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.

#### 3.7.5. Immigration:

Immigration statistics from the Home Office show that in December 2024 Hillingdon was supporting 3,816 people under three pathways; the Homes for Ukraine, Afghan Resettlement Programme and Supported Asylum that account for 1.2% of the borough population, the highest proportion of all local authorities in Great Britain.

#### 3.7.6. Travellers:

Census 2021 counted 472 Gypsy or Irish Travellers living in Hillingdon, 0.2% of the borough population. The majority live in the Southwest of the borough (60.4%, 285), 26.7% live in the Southeast (127) and 12.7% live in the North (60). There are 691 Roma residents, 0.2% of the population; 41.4% live in Southwest wards (286), 33% live in Southeast wards (228) and 25.6% live in the north of the borough (177). Census counted six residents who responded as 'other traveller', all live in Yiewsley ward.

#### 3.7.7. Unpaid Carers:

Census 2021 counted 22,464 residents (aged 5+) who provide unpaid care. The number of hours per week varies but 5,007 residents provide 20 to 49 hours per week, and 6,445 residents provide 50+ hours per week. Note that Census 2021 took place during the COVID pandemic, which may have affected how people responded.

*Some of these patient groups will be included within the normal resident population.*

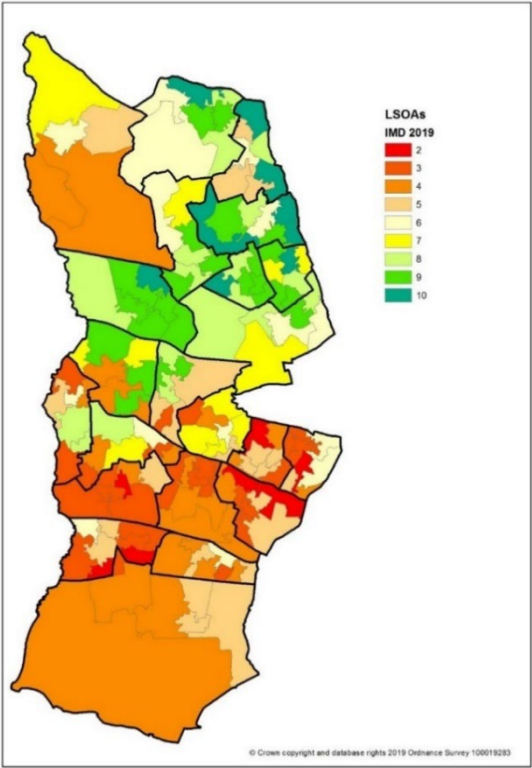
### 3.8. Deprivation

Hillingdon is ranked 21<sup>st</sup> most deprived of the 33 London Boroughs (including City of London). The following 3 maps show the various versions of IMD ranking in Hillingdon:

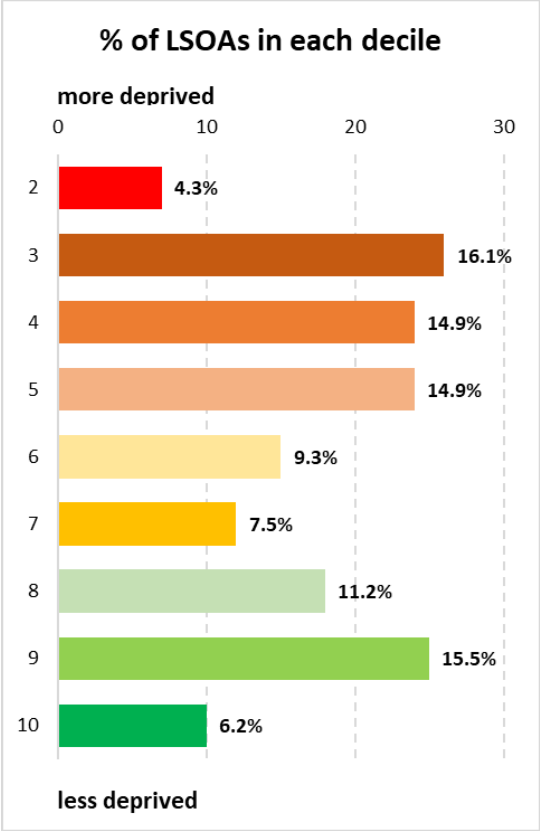
- Overall Indices of Multiple Deprivation (IMD): *Hillingdon has no LSOAs among the 10 per cent most deprived nationally*
- Income Deprivation Affecting Children Index (IDACI) ranking: *Hillingdon has **two** LSOAs in the south of the borough in the most deprived 10% of LSOAs in England*
- Income Deprivation Affecting Older People Index (IDAOPI): *Hillingdon has **six** LSOAs in the south of the borough in the most deprived 10% of LSOAs in England*

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

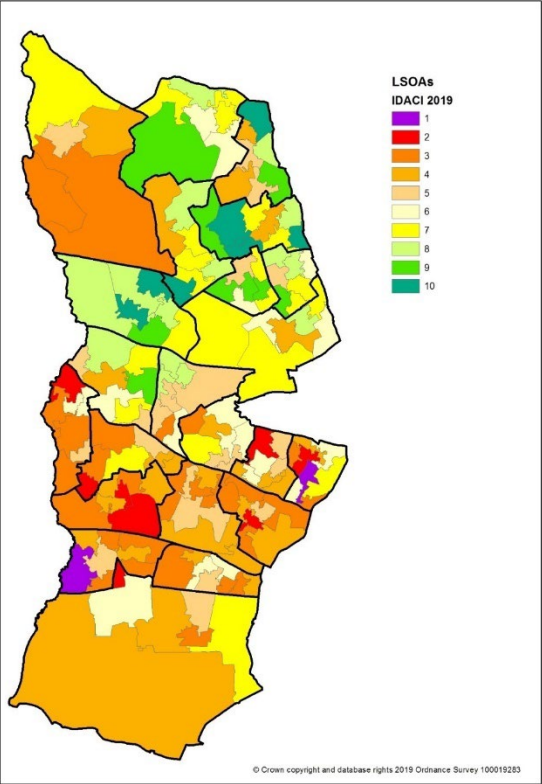
**Map 1: IMD by Hillingdon ward: 2019:**



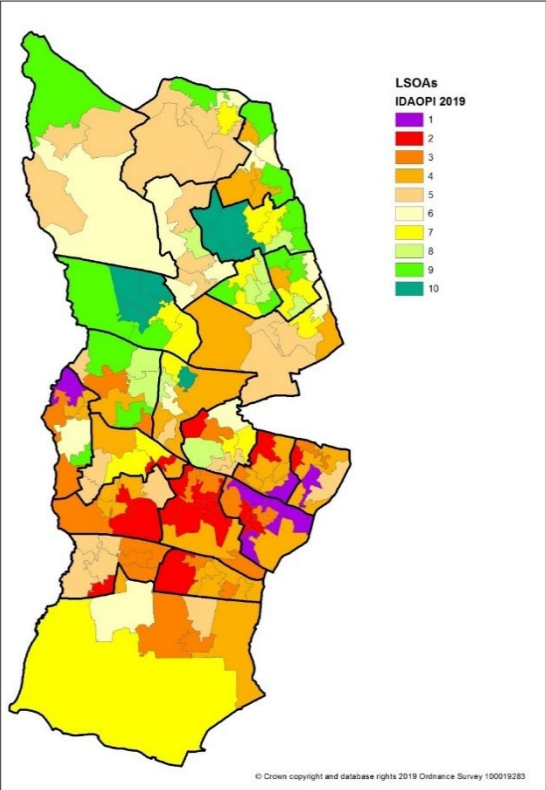
**Figure 12: Percentage of Hillingdon LSOA in each national deprivation decile:**



**Map 2: Income Deprivation Affecting Children Index: Hillingdon: 2019**



**Map 3: Income Deprivation Affecting Older People Index, 2019:**



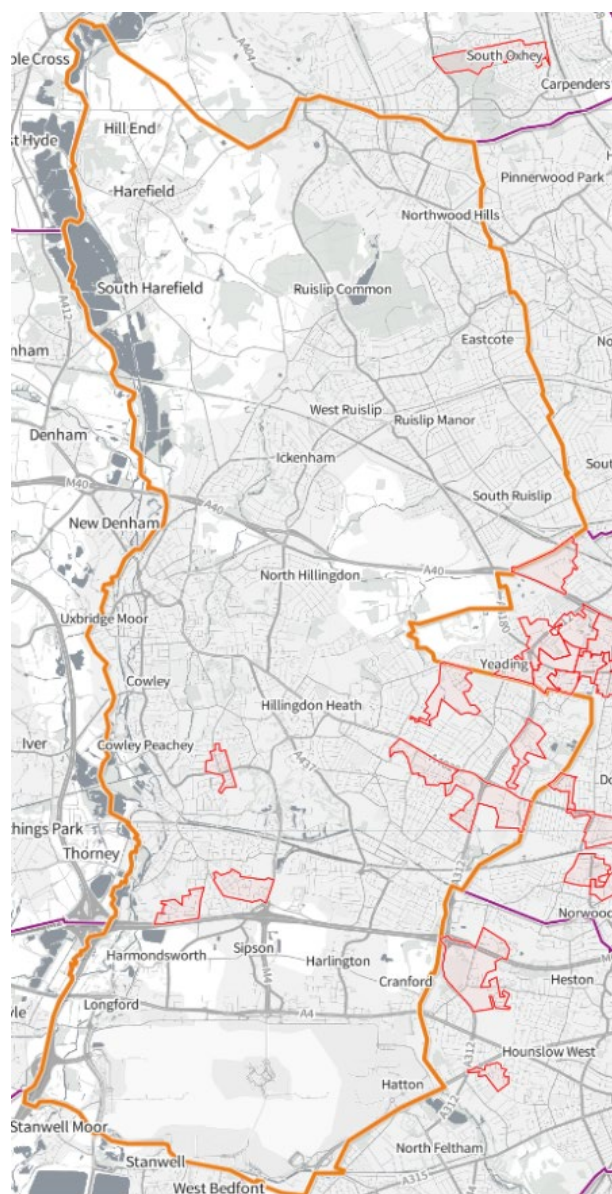
### 3.8.1. CORE20 (PLUS5)

On the overall Indices of Multiple Deprivation (Core20), 4% of the borough's population live within the most deprived 20% of LSOAs (12,541 residents) – Hillingdon's has no LSOAs in the most deprived decile. All these LSOAs fall within southern wards.

The population increases when looking at the indices affecting children and older people; all LSOAs are still in the south of the borough:

- Indices affecting children – 5.9% of residents (18,401)
- Indices affecting older people – 12.6% of residents (39,029)

**Map 4: The most deprived 20% of LSOAs in the overall indices:**

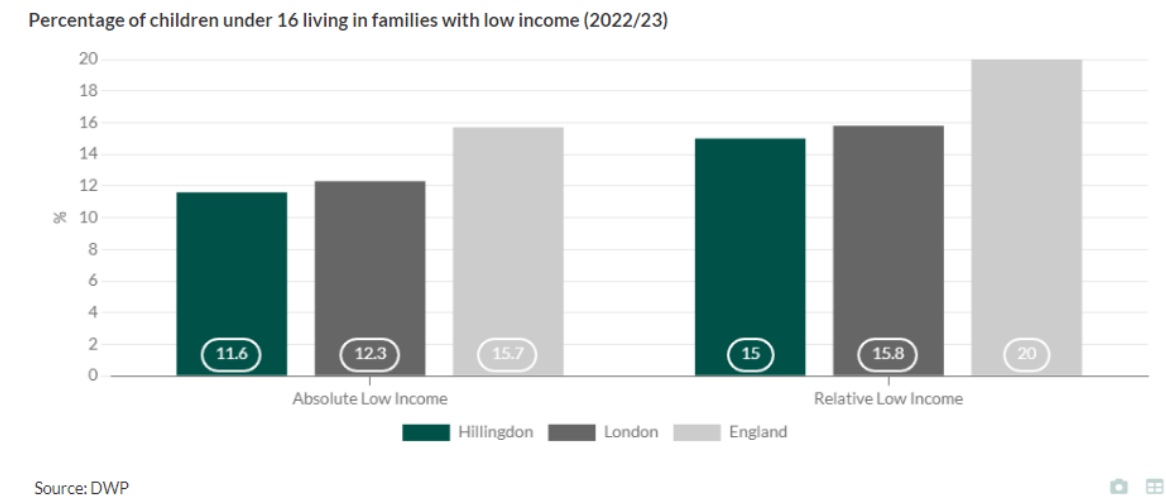
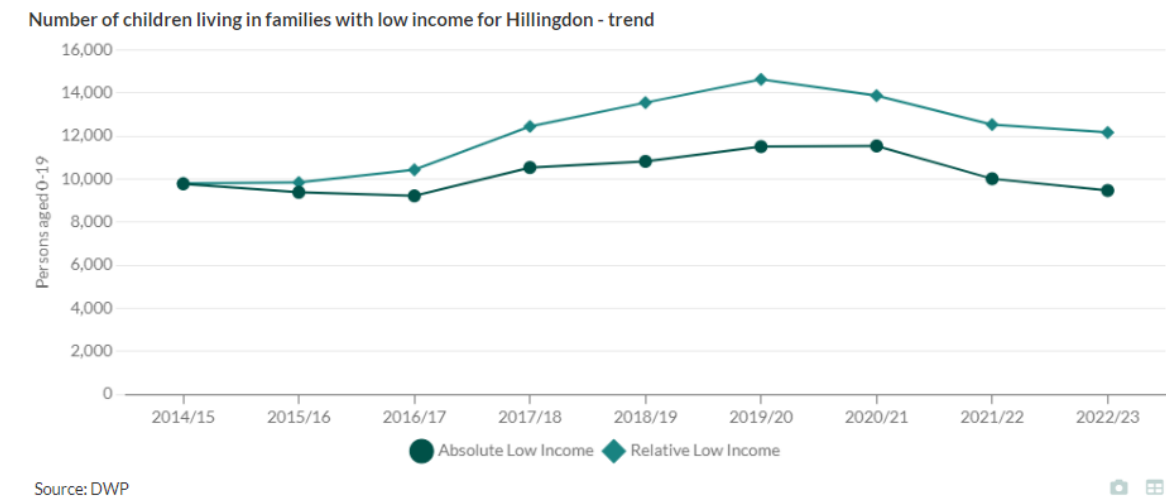


Source: SHAPE Atlas by the Department of Health & Social Care

3.9. Low Income

Hillingdon has lower rates of children under 16 living in families with low income when compared to London and England, though there will be variation at ward level.

Figure 13: Number of Children living in families with a low income: Hillingdon: 2014/15-2022/23



	Hillingdon	London	England
Number of children under 16 living in families with Absolute Low Income	7,390	207,979	1,645,067
Percentage of children under 16 living in families with Absolute Low Income	11.6	12.3	15.7
Number of children under 16 living in families with Relative Low Income	9,592	268,043	2,091,956
Percentage of children under 16 living in families with Relative Low Income	15	15.8	20

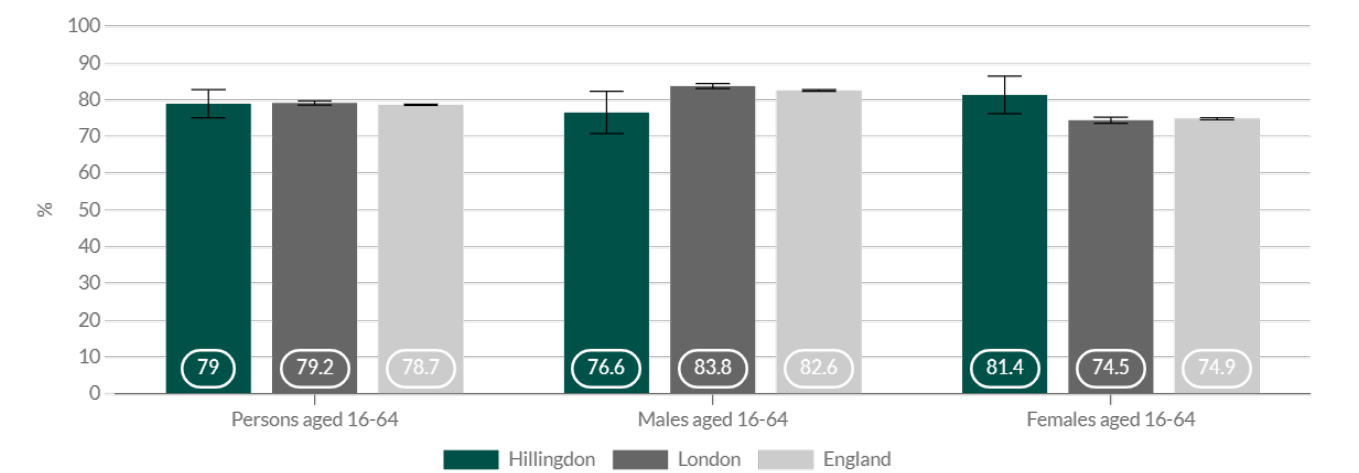
Date: 2022/23 Source: DWP

3.10. Economic activity (employment and unemployment):

Economic activity relates to whether a person (aged between 16 and 64 years) is working or looking for work. Residents who are unemployed, or who are in poorly paid occupations tend to have poorer health outcomes.

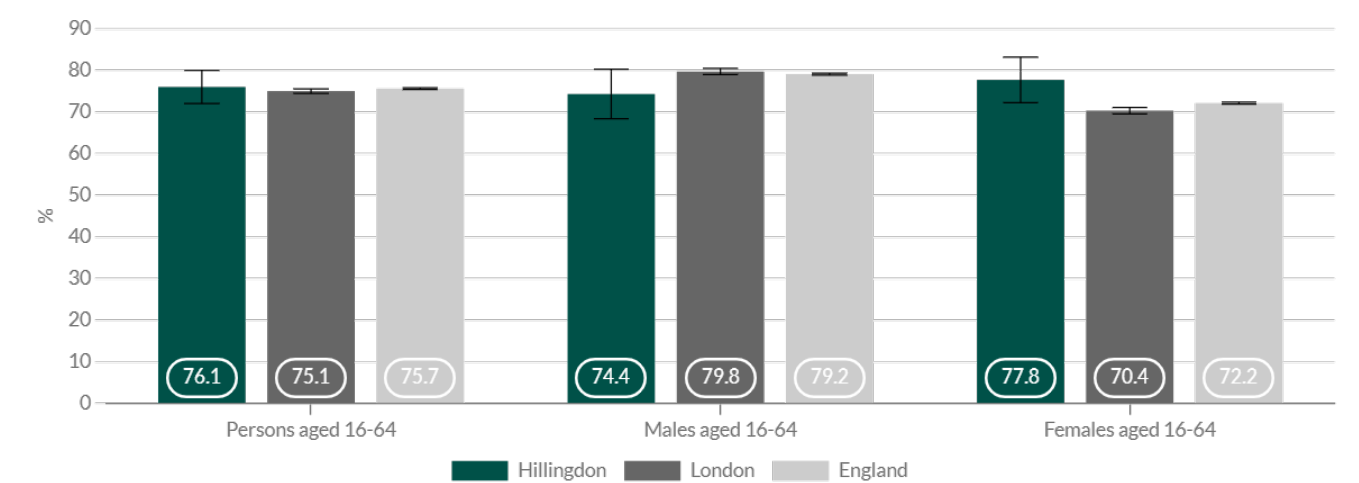
In June 2024, Hillingdon had lower proportions of economically active males compared with London and England, and a higher proportion of economically active females. This is mirrored for employment rates in both genders.

**Figure 14: Economic Activity in Hillingdon compared to London and England, by gender (June 2024):**



Of residents economically *inactive* 43.9% are students and 14.1% are long term sick.

**Figure 15: Employment Rate n Hillingdon compared to London and England, by gender (June 2024):**

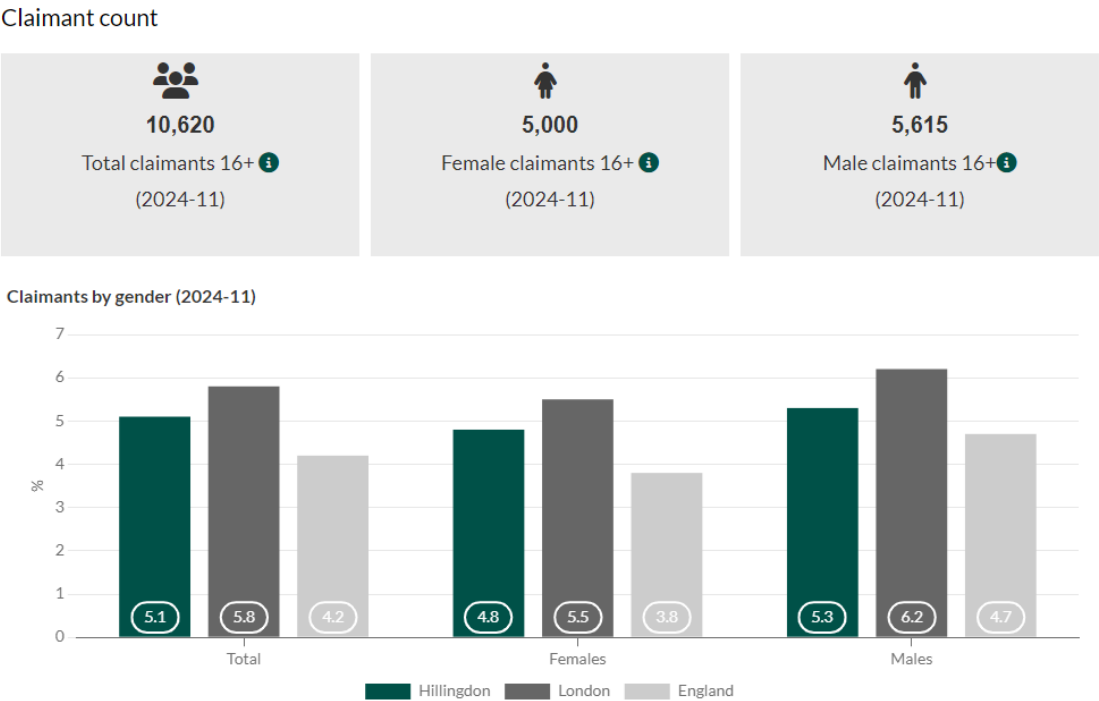




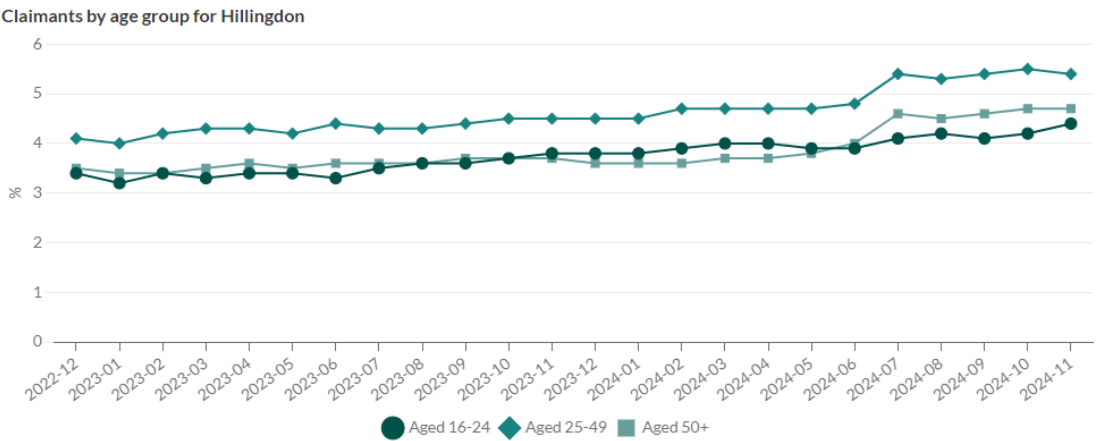
3.11. Benefit claimants:

The proportion of residents claiming out of work benefits is increasing, both in Hillingdon and across London.

Figure 16: Benefit Claimants: Hillingdon compared with London and England: November 2024:



Source: ONS



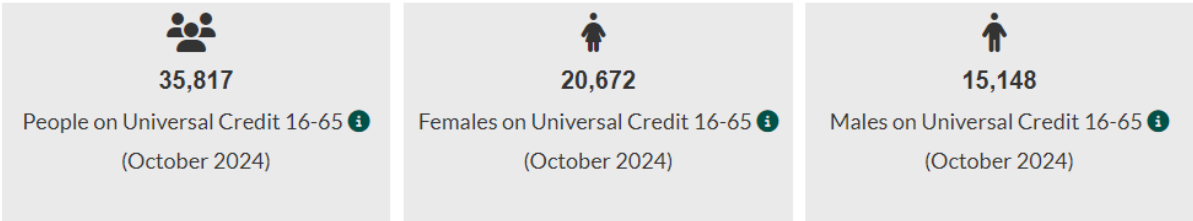
Source: ONS



3.11.1. Universal Credit:

Universal Credit (UC) is a single payment for households on low income or out of work to help with living costs. UC replaces six legacy benefits. Introduced in Hillingdon in October 2018, the data shows an increase in claims that could be a natural increase or the phased switchover of existing benefits.

Figure 17: Universal Credit Claims: Hillingdon compared with London and England: October 2024:

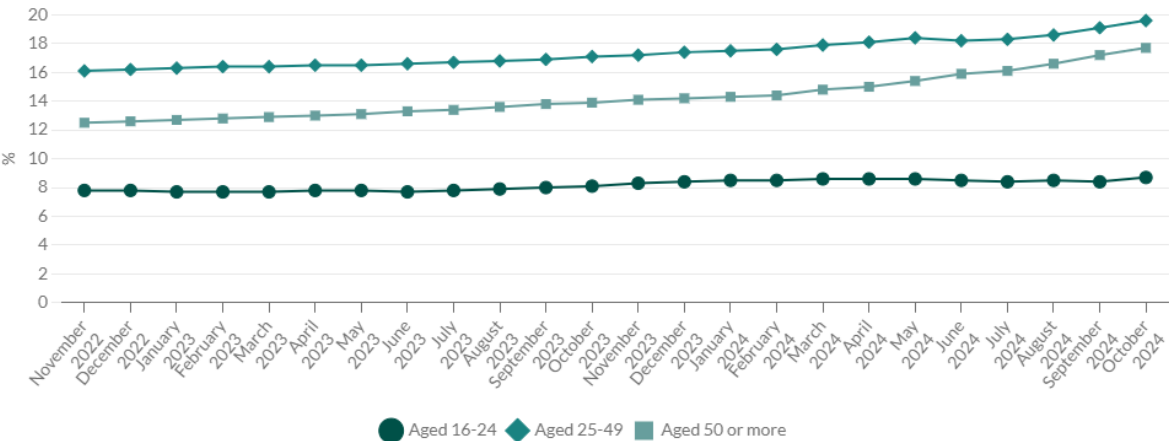


People aged 16-65 on Universal Credit (October 2024)



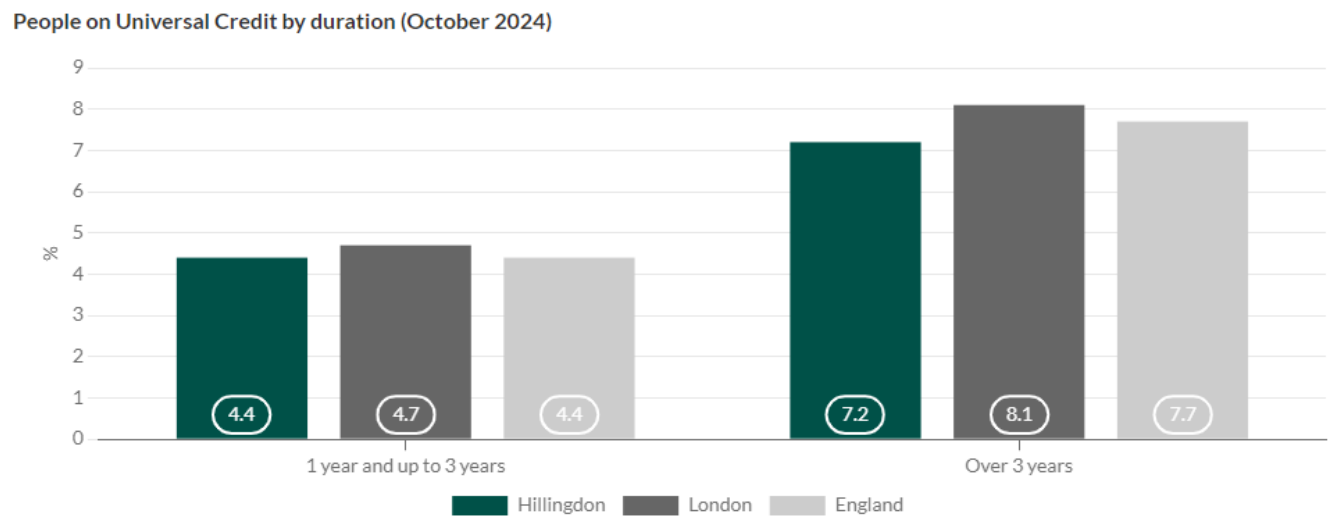
Source: DWP

People on Universal Credit by age group for Hillingdon



Source: DWP

**Figure 18: Proportion of people claiming UC by duration of claim: Hillingdon compared with London and England: October 2024:**



Source: DWP

38% of UC claimants are in employment. Wards in the south of the borough have higher claim rates of most benefits; 48% of people claiming Universal Credit live in the Southeast locality of Hillingdon.

**3.11.2. Pension Credit:**

In May 2024 Hillingdon had 5,400 residents claiming pension credit (data from DWP on Stat-Xplore); 40.2% of claims were from the Southeast locality. Nationally, almost 90% of all prescription items are dispensed free of charge, with almost 63% of all prescription items dispensed free of charge to patients claiming age exemption (aged 60 years and over).

**3.11.3. Carers Allowance:**

In May 2024 Hillingdon had 4,300 residents claiming pension credit (data from DWP on Stat-Xplore); 43.4% of claims were from the Southeast locality.

**3.12. Access to transport: Public and Private transport:**

In 2024 there were 165,300 licensed vehicles registered within Hillingdon (cars, motorcycles and light and 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, alongside the Elizabeth Line that runs through the south of the borough. Hillingdon also has overground rail links and a good network of bus routes. Maps detailing distance to pharmacies are presented in Section 5.

## 4. The Health of Hillingdon's Residents

### 4.1. Life Expectancy:

Hillingdon's male and female life expectancy at birth is 79.6 and 84.3 respectively (2022); both are higher than England and lower than London (Figure 3). However, there are inequalities at ward level; the latest data (2016-20) shows variation for males from 84.4 (north) to 76.5 (south) and for females 87.4 (north) to 80.5 (south) - as this is based on the old ward structures, no wards are named.

**Figure 19: Male and Female life expectancy at birth: Hillingdon compared with London and England: 2022:**

	Hillingdon	London	England
Life expectancy at birth - Female - All ages	84.3	84.4	83.2
Life expectancy at birth - Male - All ages	79.6	80.3	79.3
Life expectancy at 65 - Female - 65	22.1	22.0	21.2
Life expectancy at 65 - Male - 65	18.9	19.2	18.7

Date: 2022 Source: ONS

Figures 20 and 21 show Hillingdon's Healthy life expectancy and disability-free life expectancy compared to London and England.

**Figure 20: Healthy Life Expectancy: Hillingdon compared with London and England: 2022:**

This is a measure of the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health. The prevalence of good health is derived from responses to a survey question on general health.

	Hillingdon	London	England
Healthy life expectancy at birth - Female - All ages	63.4	65.0	63.9
Healthy life expectancy at birth - Male - All ages	65.0	63.8	63.1
Healthy life expectancy at 65 - Female - 65	9.9	11.2	11.3
Healthy life expectancy at 65 - Male - 65	9.9	10.3	10.5

Date: 2018 - 20 Source: ONS

**Figure 21: Disability-free Life Expectancy: Hillingdon compared with London and England: 2022:**

This is a measure of the average number of years a person would expect to live without a long lasting physical or mental health condition or disability that limits daily activities. The measure uses a prevalence of those living without a disability derived from responses to a survey question.

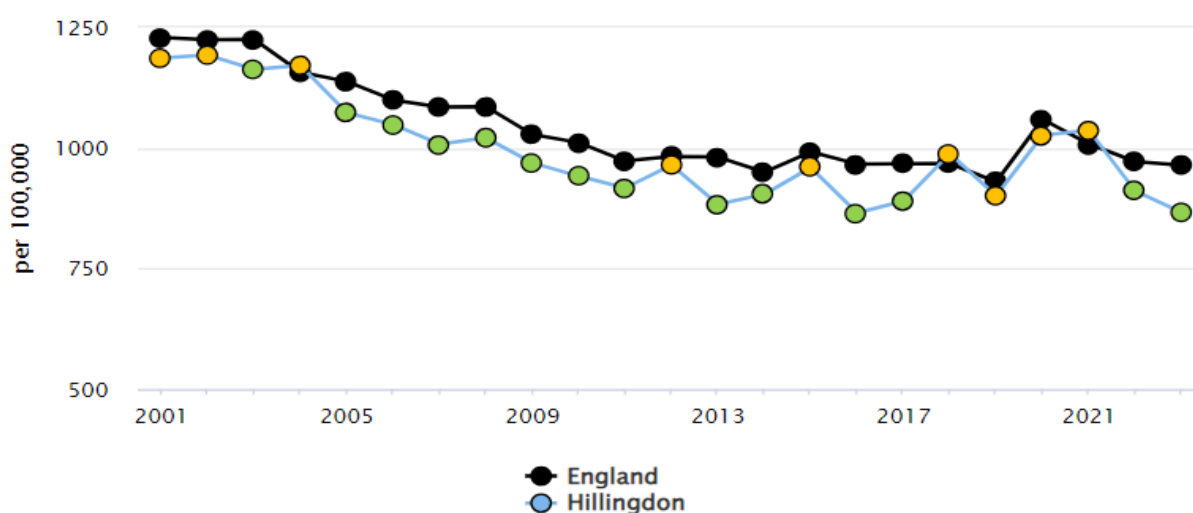
	Hillingdon	London	England
Disability-free life expectancy at birth - Female - All ages	63.8	63.3	60.9
Disability-free life expectancy at birth - Male - All ages	65.7	64.4	62.4
Disability-free life expectancy at 65 - Female - 65	10.2	10.2	9.9
Disability-free life expectancy at 65 - Male - 65	9.6	10.3	9.8

Date: 2018 - 20 Source: ONS

## 4.2. Mortality

Mortality from all causes has been falling in Hillingdon in line with national decreases. Figure 22 shows the trend in mortality rate from all causes, all ages (persons, 1 year range).

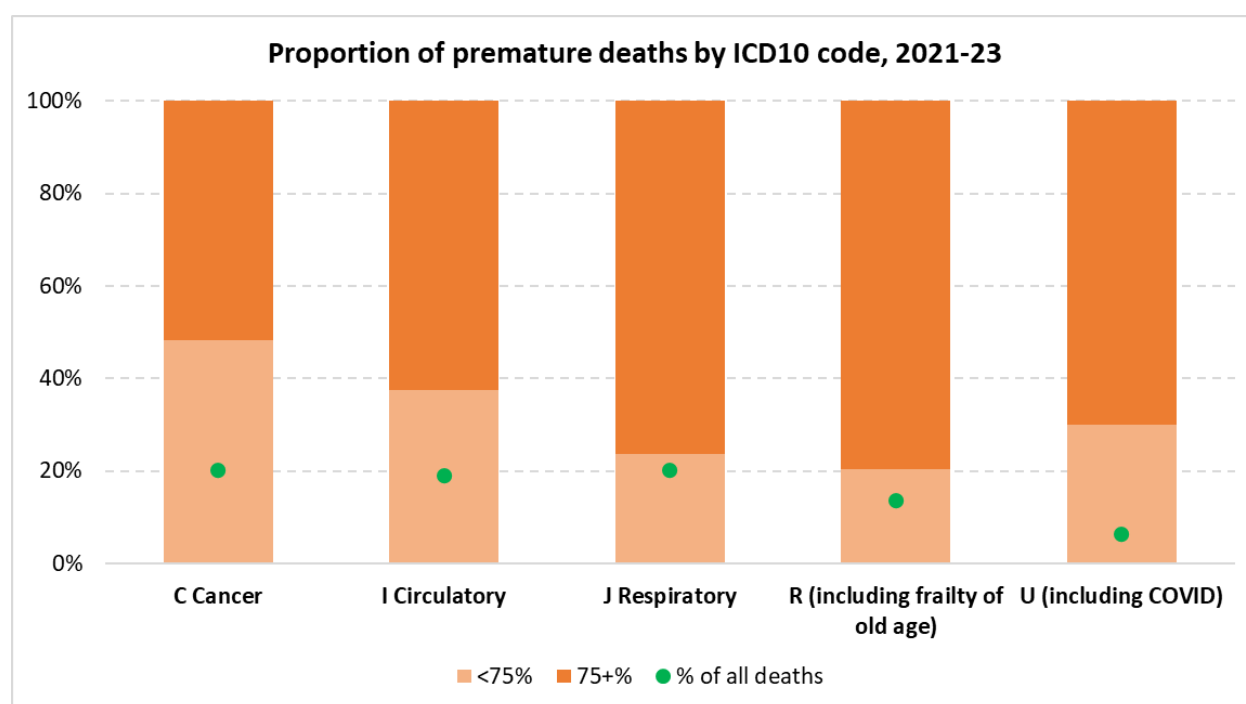
**Figure 22: All-age all-cause Mortality: Hillingdon compared with England 2001 – 2022:**



The average number of deaths per year in the period 2021-23 was 2,186; deaths because of circulatory diseases accounted for 18.9% of deaths in that period, cancer 20% and respiratory disease 20.2%.

34% of deaths in 2021-23 occurred in those aged under 75 (premature mortality) and 66% in those aged 75+, with variation at locality level – in the North of the borough 25.8% of deaths were in those aged under 75, with 42.9% in the Southeast locality and 38.2% in the Southwest.

**Figure 23: Proportions of borough premature deaths by identified diseases: Hillingdon compared with London and England: 2021-23:**



In 2021-23 the main cause of premature deaths in Hillingdon was attributable to cancer (28.1%), circulatory disease (20.6%) and respiratory disease (13.9%). Together, these causes accounted for 62.6% of all premature deaths in that period (source: Primary Care Mortality Dataset).

### 4.3. Disease Prevalence:

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 (source: National Institute for Health Research, 2021).

**Figure 24: Hillingdon's profile for certain diseases, with comparison to London and England: 2023/24**

Indicator	Period	Hillingdon		London England				England	
		Recent Trend	Count	Value	Value	Value	Lowest	Range	Highest
Stroke: QOF prevalence	2023/24	↑	-	1.3%	1.1%	1.9%	0.7%		3.0%
Hypertension: QOF prevalence	2023/24	↑	-	13.1%	11.1%	14.8%	7.4%		20.3%
Diabetes: QOF prevalence	2023/24	↑	-	8.4%	7.0%	7.7%	2.7%		10.7%
CKD: QOF prevalence (18+ yrs)	2023/24	↑	7,545	2.8%	2.9%	4.4%	1.4%		7.6%
Heart Failure: QOF prevalence (All ages)	2023/24	↑	2,410	0.7%	0.6%	1.1%	0.4%		1.9%
CHD: QOF prevalence	2023/24	—	-	2.4%	1.9%	3.0%	1.2%		4.8%
Atrial fibrillation: QOF prevalence (All ages)	2023/24	→	5,178	1.5%	1.1%	2.2%	0.6%		3.9%
Osteoporosis: QOF prevalence (50+ yrs)	2023/24	↑	946	0.9%	0.6%	1.1%	0.1%		2.4%
Mental Health: QOF prevalence (All ages)	2023/24	↑	3,044	0.88%	1.11%	0.96%	0.33%		1.61%
Rheumatoid Arthritis: QOF prevalence	2023/24	→	-	0.8%	0.5%	0.8%	0.4%		1.2%
Dementia: Recorded prevalence (aged 65 years and over)	2020	—	1,814	4.19%	4.17%*	3.97%*	2.91%		5.34%

The following figures use data from the Quality Outcomes Framework (QOF) on NHS Digital (2023/24) and shows prevalence levels of diseases from the GP registered population. It should be noted that this is data based in GP registered populations which includes people that are registered with a Hillingdon GP and live in a neighbouring borough.

Hillingdon has 42 GP surgeries organised into six Primary Care networks (PCNs), with two GP practices that have made the decision not to be allocated to a PCN. Graphs presented are at PCN level.

Hillingdon has no GPs in Ruislip Manor or Hillingdon West wards.

Map 5: Primary Care Networks in Hillingdon and aligned General Practices.

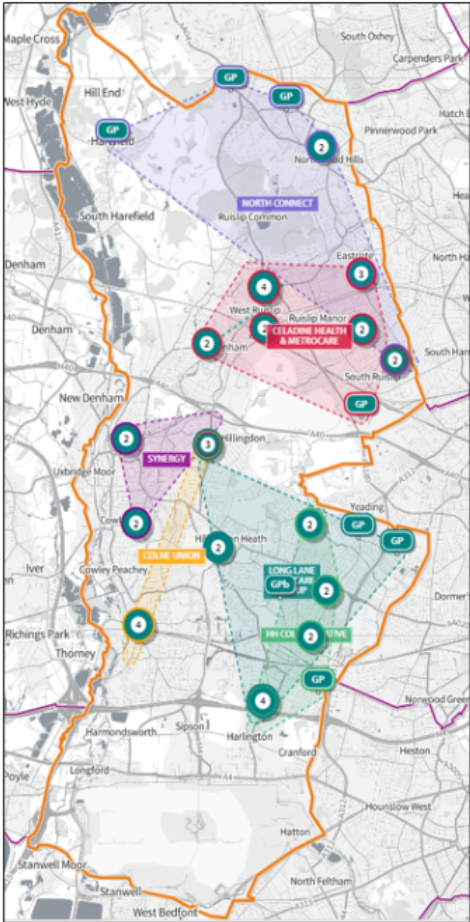
<b>North Connect</b>	<b>53,043</b>
The Harefield Practice	
Mountwood Surgery	
Eastbury Road Surgery	
Acre Surgery	
Carepoint Practice	
Devonshire Lodge Practice	
Acrefield Surgery	

<b>Synergy</b>	<b>46,084</b>
First Care Practice	
Belmont Medical Centre	
Central Uxbridge Surgery	
Brunel Medical Centre	

<b>Colne Union</b>	<b>49,381</b>
Oakland Medical Centre	
Otterfield Medical Centre	
Yiewsley Family Practice	
The High Street Practice	
Medical Centre, the Green	

<b>Others (unallocated)</b>	<b>8,285</b>
Church Road Surgery	
West London Medical Centre	

Total patient count (2023/24)  
**346,632**



<b>Celadine Health &amp; Metrocare</b>	<b>62,220</b>
Ladygate Lane Medical Practice	
Southcote Clinic	
St Martin's Medical Centre (and branch)	
King Edwards Medical Centre (and branch)	
Wood Lane Medical Centre	
The Abbotsbury Practice	
Cedars Medical Centre	
Oxford Drive Medical Centre	
Queenswalk Medical Centre	
Dr Siddiqui's, Walnut Way	
Wallasey Medical Centre	

<b>Long Lane First Care Group</b>	<b>40,863</b>
Acorn Medical Centre	
Parkview Surgery	
Pine Medical Centre	
Yeading Court Surgery	
Willow Tree Surgery	
Shakespeare Health Centre	
Heathrow Medical Centre	

<b>HH Collaborative</b>	<b>86,756</b>
Cedar Brook Practice	
The Warren Practice	
Townfield Doctors Surgery	
Kincora Doctor's Surgery	
HESA Medical Centre	
Hayes Medical Centre	
North Hyde Road Surgery	
Glendale House Surgery	

4.3.1. Cardiovascular Disease:

Overall, Hillingdon’s rates for all CVD health conditions are higher than London and lower than England. At PCN level, North Connect and Celandine & Metrocare have a higher prevalence of many of the CVD conditions.

Figure 25: Proportion of People registered to each PCN in Hillingdon diagnosed with Atrial Fibrillation: 2023/24:

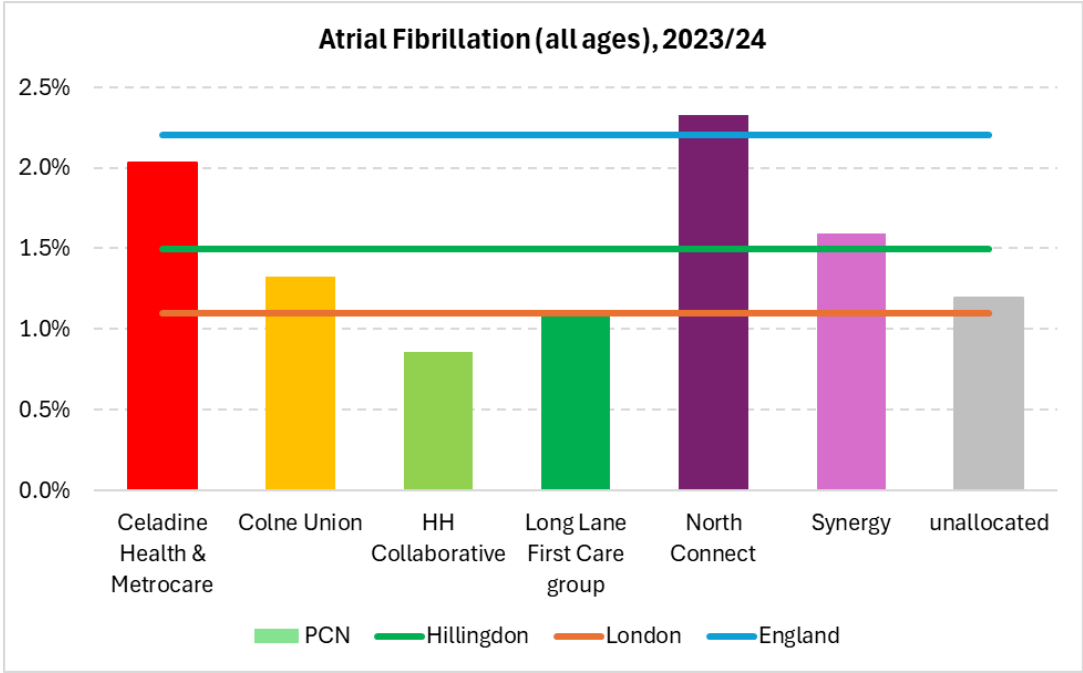
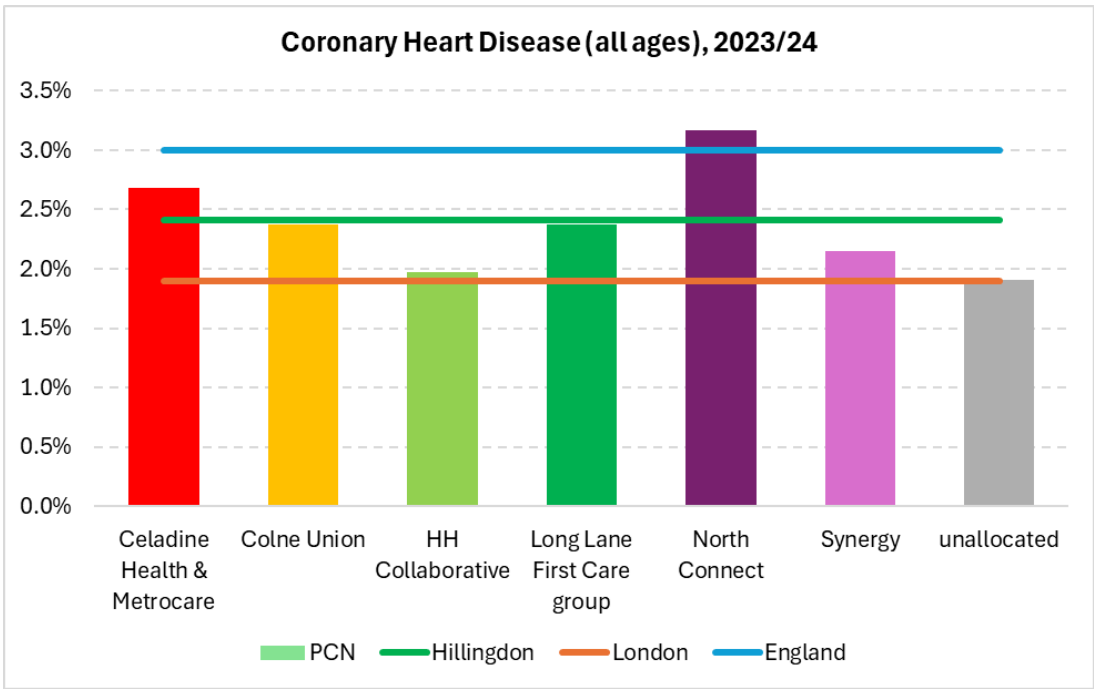
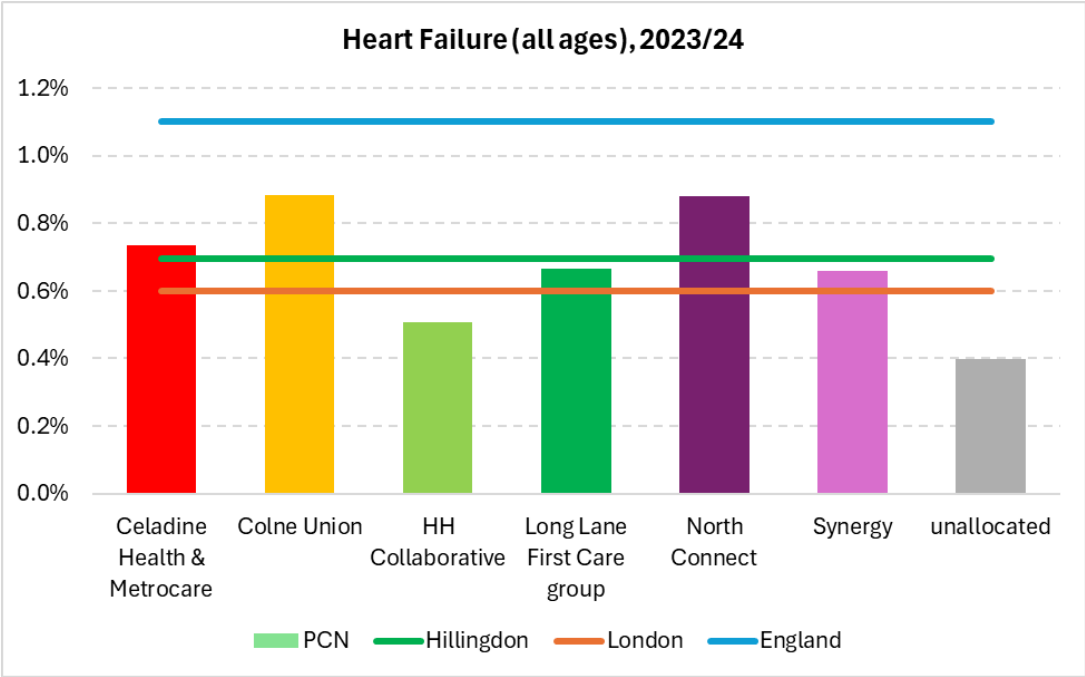


Figure 26: Proportion of People registered to each PCN in Hillingdon diagnosed with coronary heart disease: 2023/24:

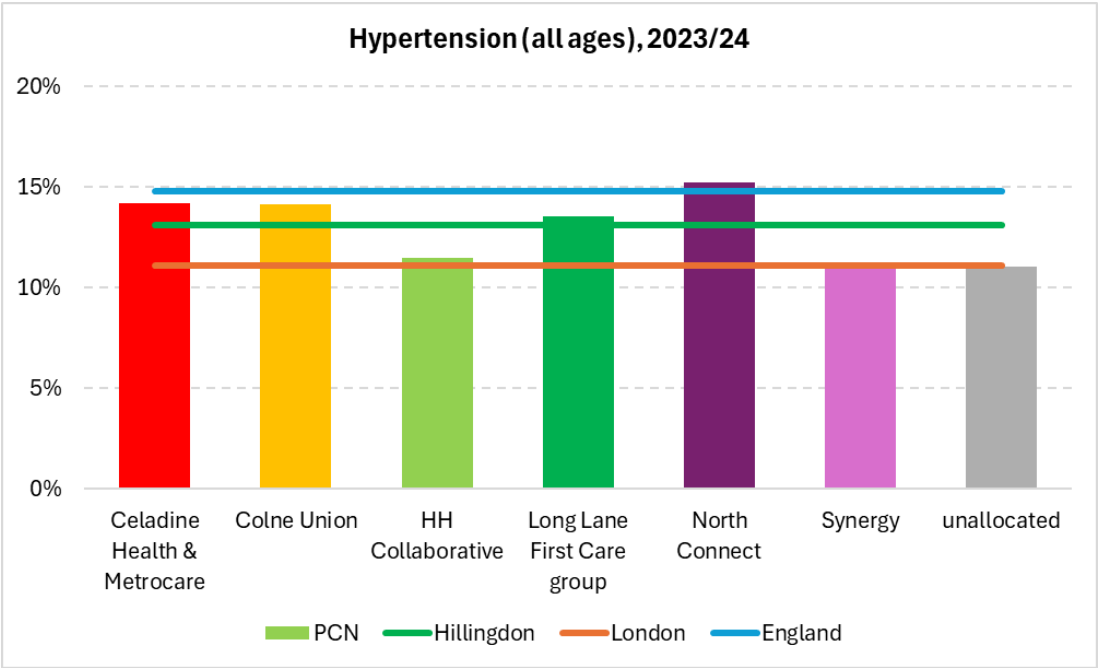




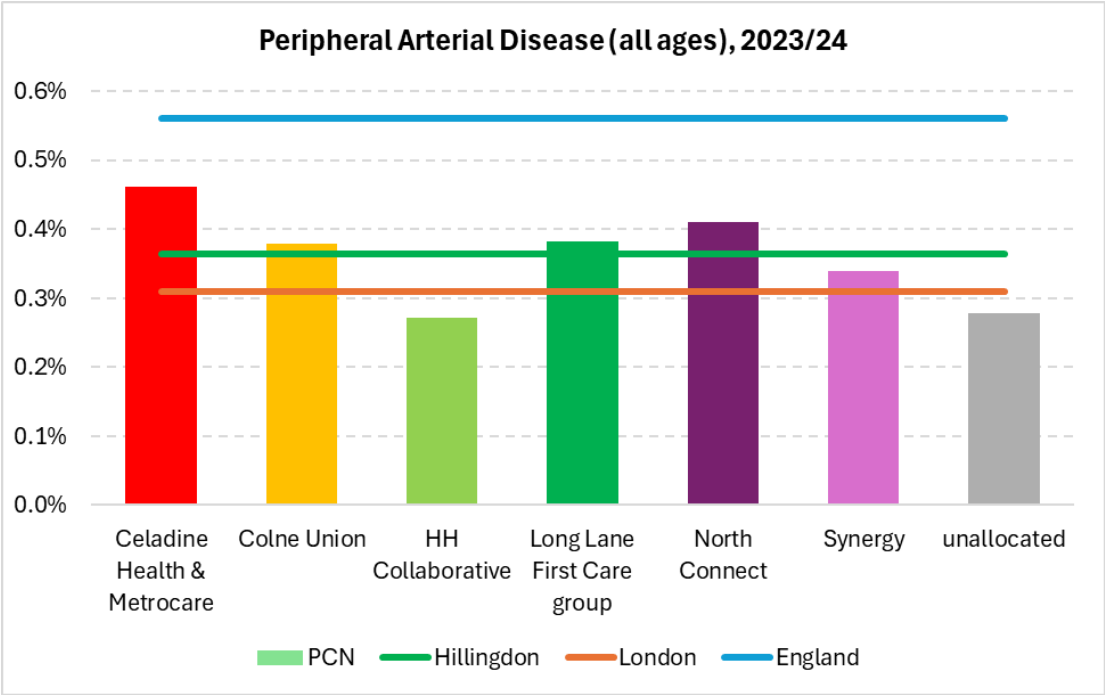
**Figure 27: Proportion of People registered to each PCN in Hillingdon diagnosed with heart failure: 2023/24:**



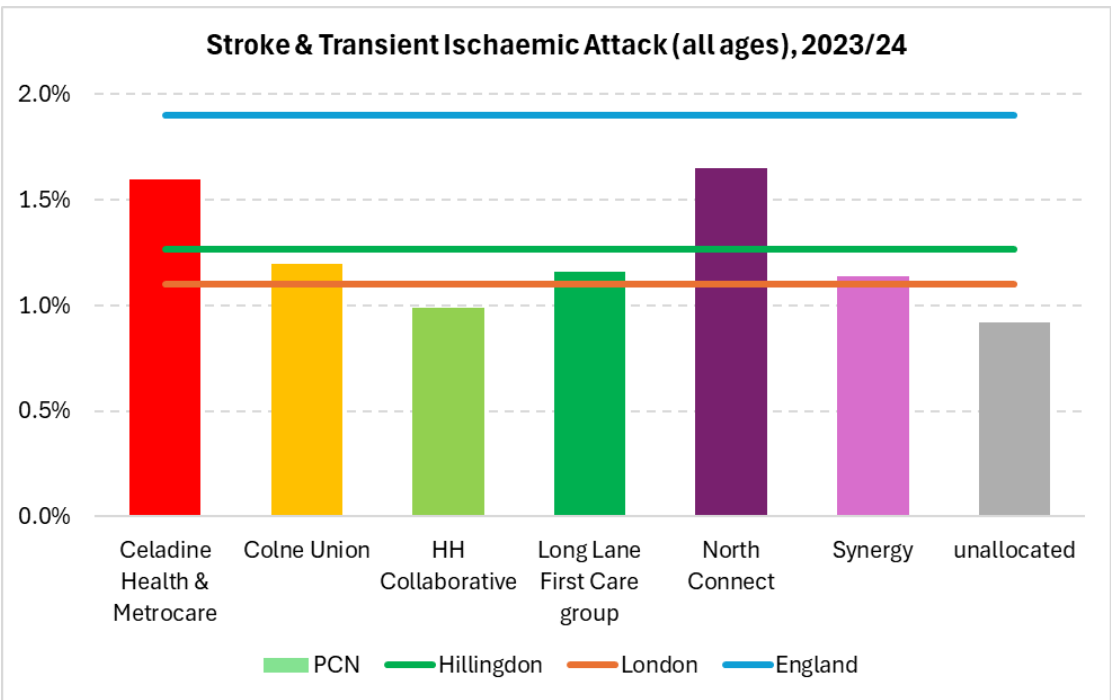
**Figure 28: Proportion of People registered to each PCN in Hillingdon diagnosed with Hypertension: 2023/24:**



**Figure 29: Proportion of People registered to each PCN in Hillingdon diagnosed with Peripheral Arterial Disease: 2023/24:**



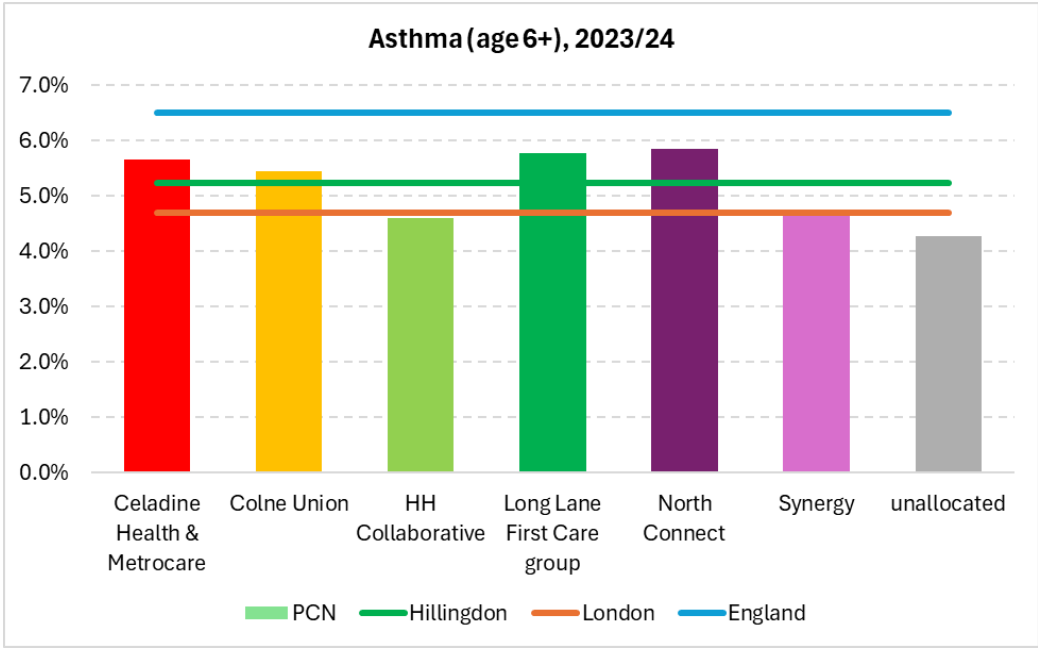
**Figure 30: Proportion of People registered to each PCN in Hillingdon diagnosed with Stroke and Transient Ischaemic Attack: 2023/24:**



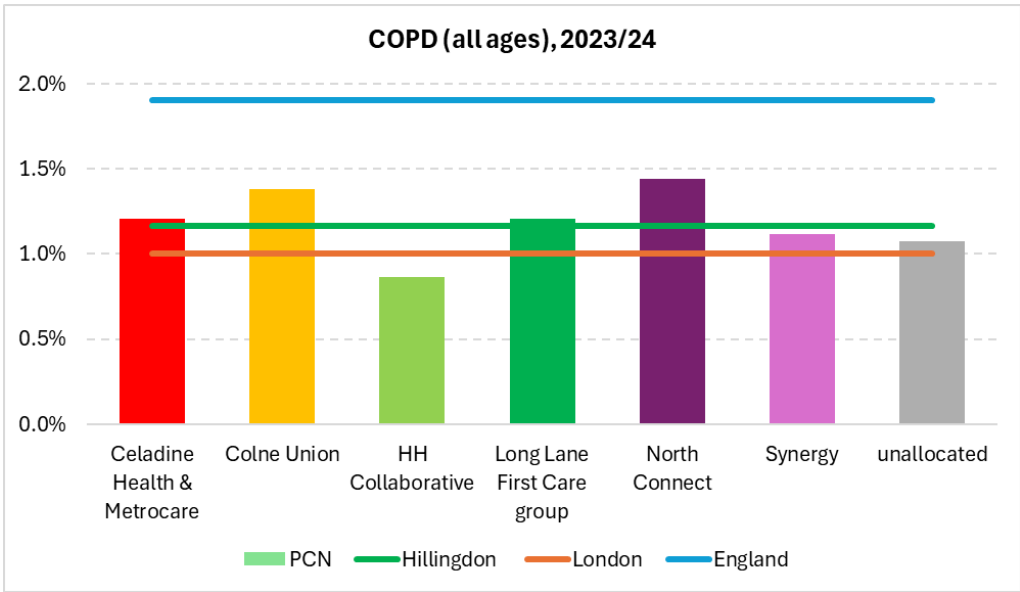
4.3.2. Respiratory Disease:

Hillingdon's rates for all respiratory diseases are higher than London but lower than England.

**Figure 31: Proportion of People registered to each PCN in Hillingdon diagnosed with Asthma: 2023/24:**



**Figure 32: Proportion of People registered to each PCN in Hillingdon diagnosed with COPD: 2023/24:**



4.4. Excess Weight and Obesity

Obesity is an established risk factor for many chronic health conditions. In Hillingdon 14.4% of adults (aged 18+) on the GP register population are obese, with higher rates in the south of the borough (Colne Union PCN across Hillingdon East, Yiewsley and West Drayton wards).

Figure 33: Proportion of Obese People aged 18 years and older registered to each PCN in Hillingdon: 2023/24:

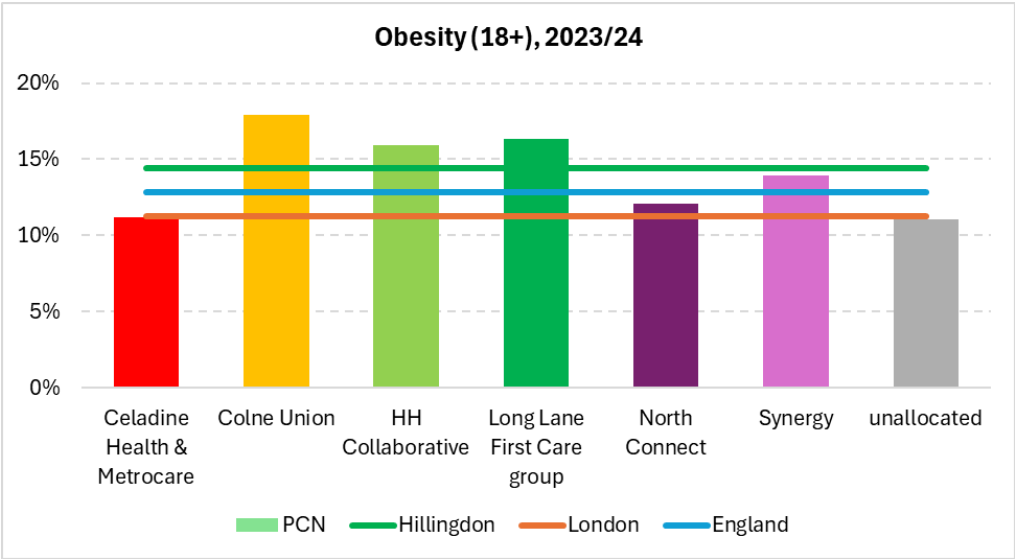
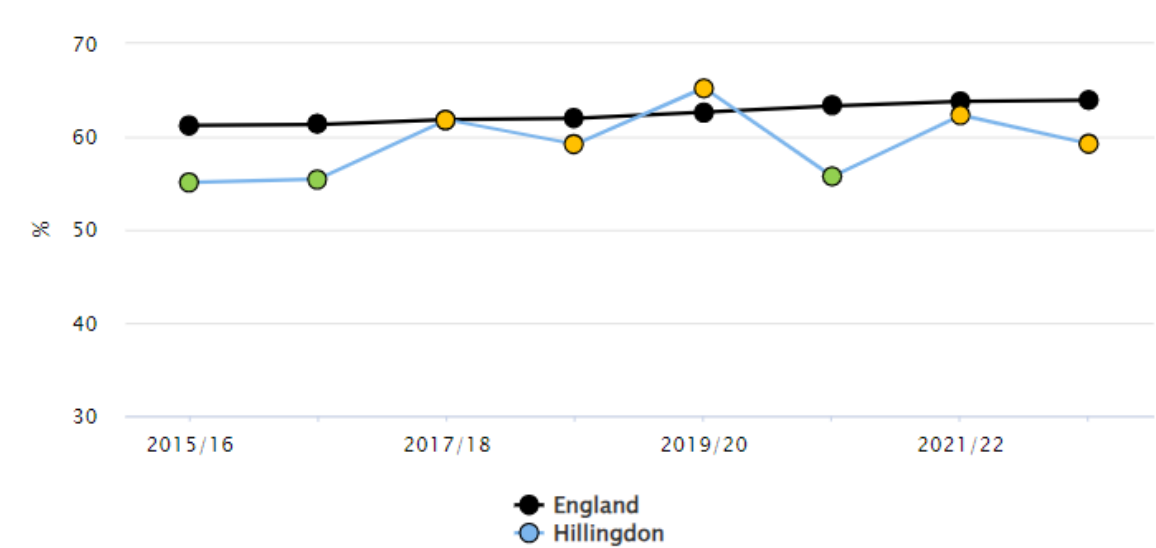


Figure 34 shows that 59.2% of adults (aged 18+) are overweight (including obese) in 2022/23. However, it should be noted that the data is taken from the Active Lives Adult Survey which is based on self-reported height and weight.

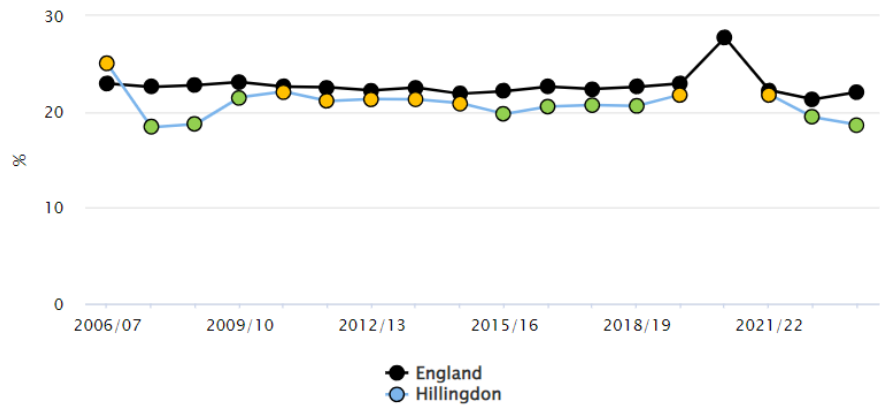
Figure 34: Proportion of adults who are overweight (including obese): Hillingdon compared to England: 2015/16-2022/23:



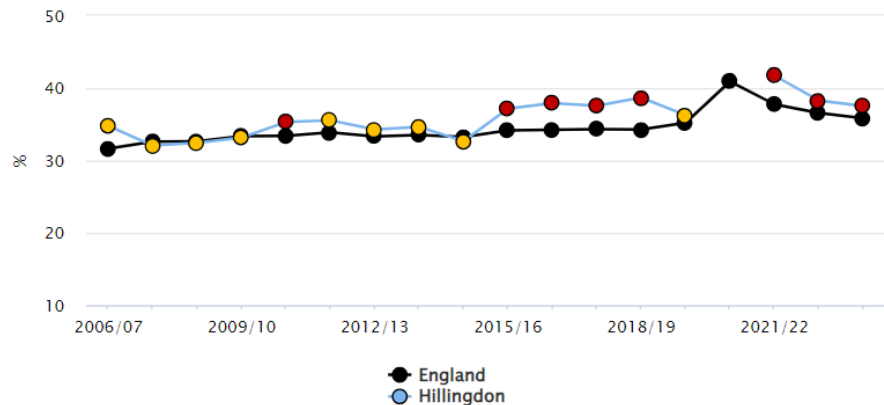
4.4.1. Excess Weight in Children:

National Childhood Measurement Programme (2023/24) data shows that 18.7% of children in Reception year are overweight (including obese). This increases to 37.5% for children in school Year 6. Trend data show that in Hillingdon, child levels of overweight and obesity are below the national rates for reception year, but above the national rates for Year 6.

Reception prevalence trend, **Figure 35: Overweight and obese: Reception Year, Hillingdon compared to England: 2006/7 - 2022/23**  
overweight (including obesity); Hillingdon is below the London rate (20.9%).



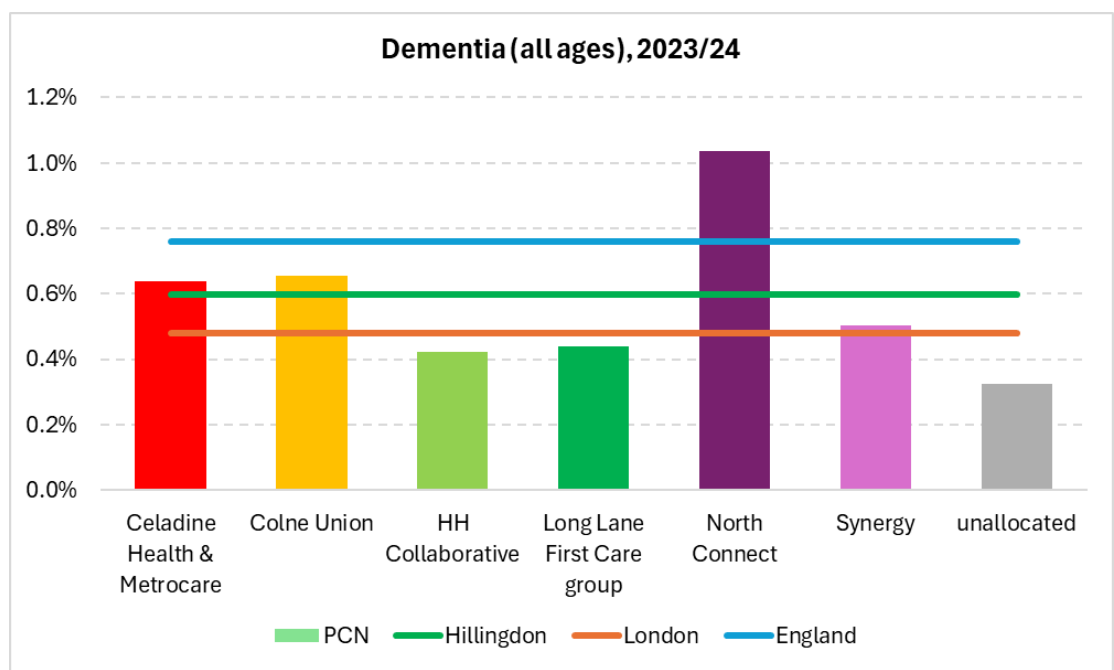
Year 6 prevalence trend, **Figure 36: Overweight and obese: Year 6, Hillingdon compared to England: 2006/7 - 2022/23**  
overweight (including obesity); Hillingdon is slightly below the London rate (37.8%).



4.5. Mental Health & Neurological Conditions

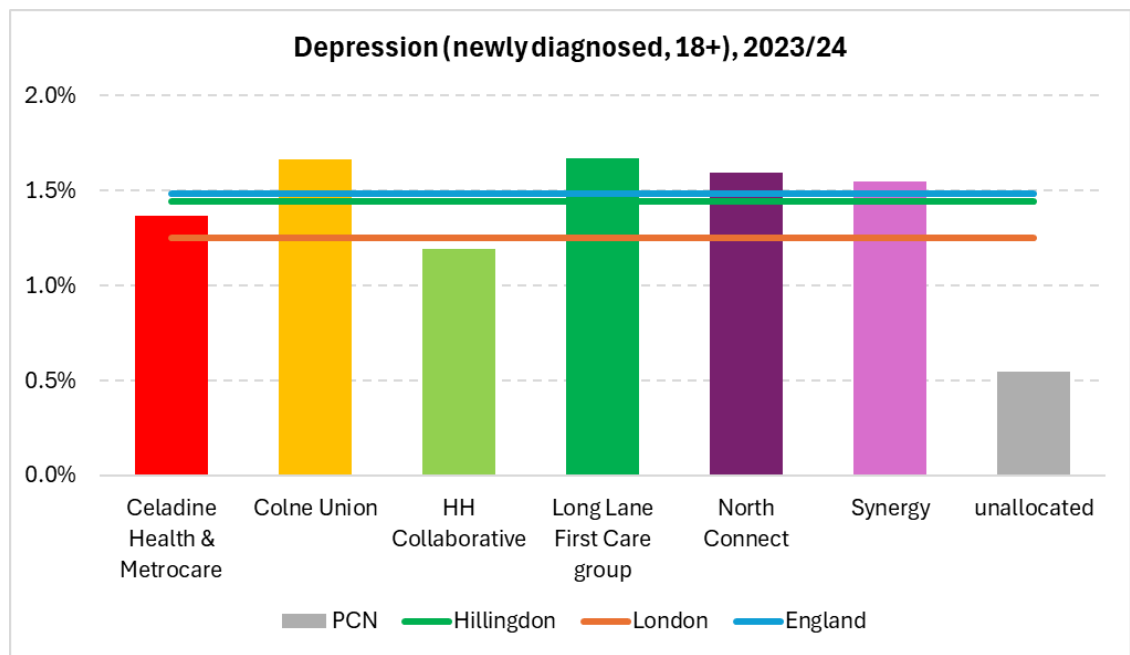
For Dementia Hillingdon’s rates are higher than London but lower than England for most mental health and neurological conditions. North Connect PCN has the highest rates.

**Figure 37: Proportion of People registered to each PCN in Hillingdon diagnosed with Dementia: 2023/24:**

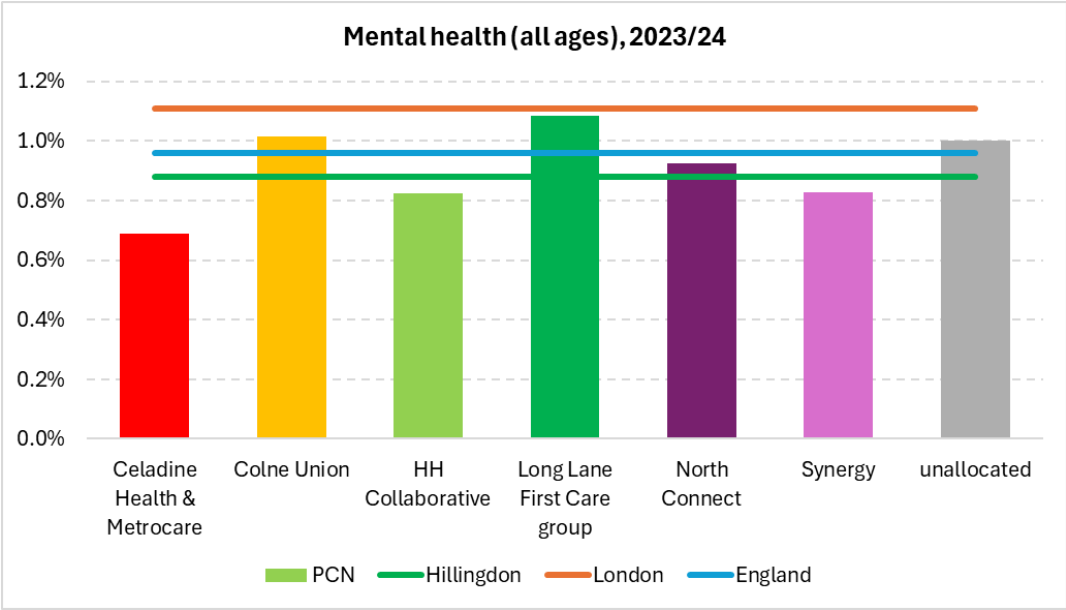


Hillingdon has a lower rates of mental health conditions, but similar rates of new diagnosed depression; in 2023/24 3,926 patients were newly diagnosed.

**Figure 38: Proportion of People registered to each PCN in Hillingdon newly diagnosed with Depression: 2023/24:**



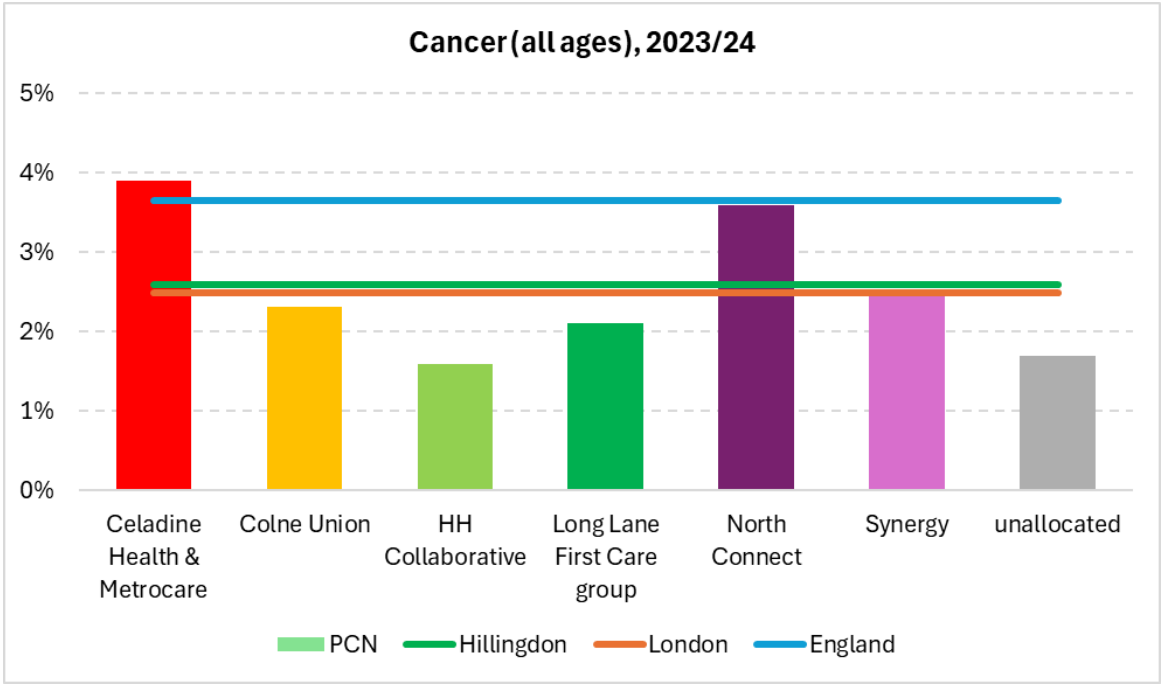
**Figure 39: Proportion of People registered to each PCN in Hillingdon diagnosed with Mental Health conditions: 2023/24:**



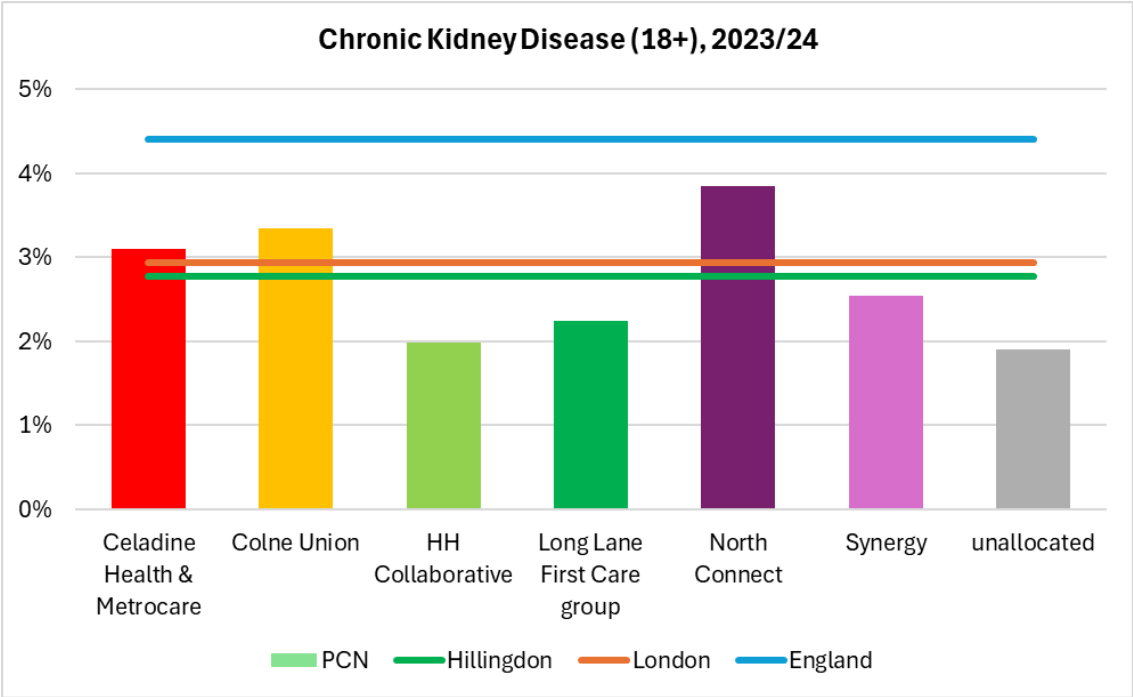
#### 4.6. Long-Term Conditions:

The Hillingdon prevalence of cancer and chronic kidney disease (CKD) are comparable to London and lower than England. For Diabetes Mellitus Hillingdon’s prevalence is higher than both London and England.

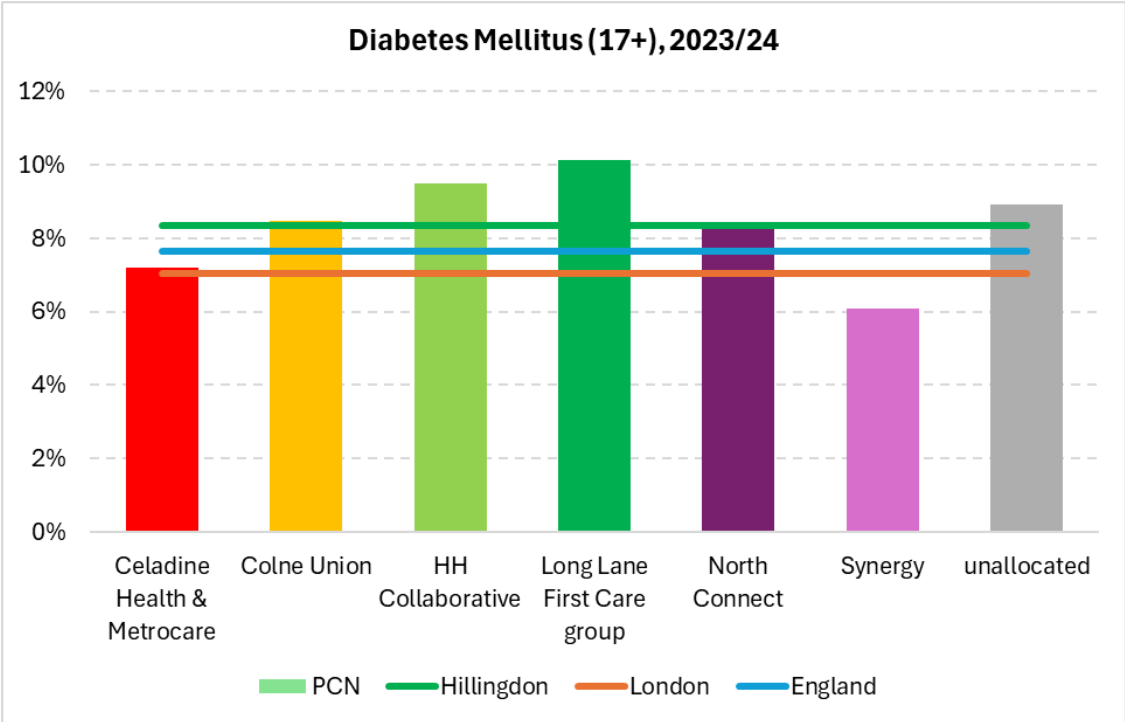
**Figure 40: Proportion of People registered to each PCN in Hillingdon diagnosed with Cancer: 2023/24:**



**Figure 41: Proportion of People registered to each PCN in Hillingdon diagnosed with CKD: 2023/24:**

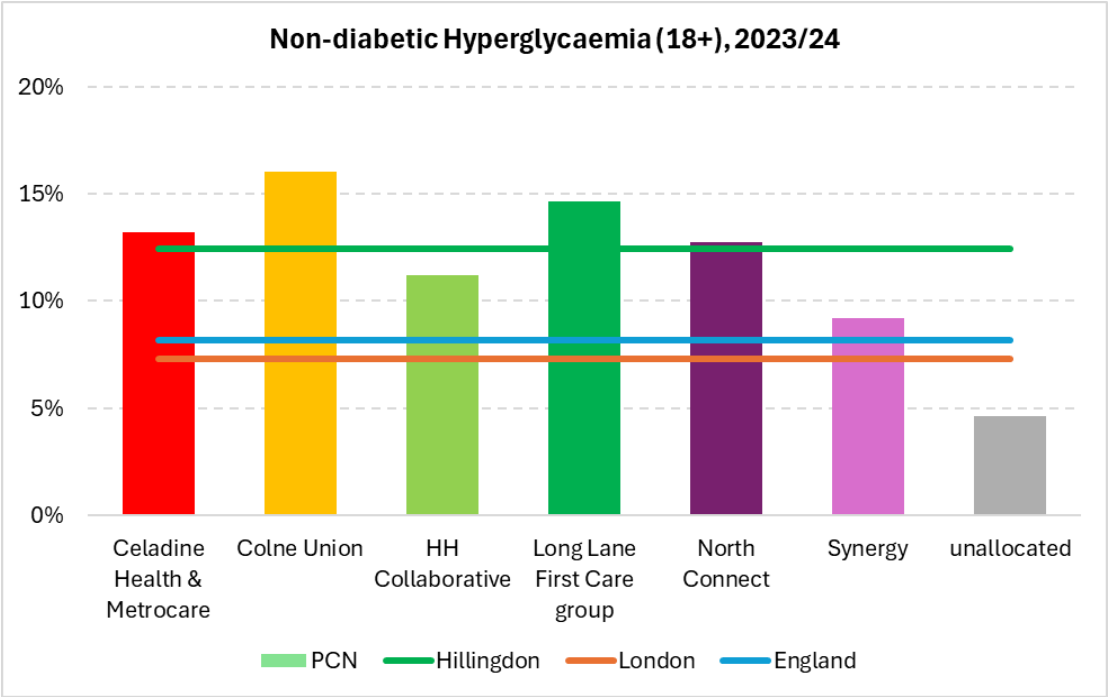


**Figure 42: Proportion of People aged 17 years and older registered to each PCN in Hillingdon diagnosed with Diabetes Mellitus: 2023/24:**





**Figure 43: Proportion of People aged 18 years and older registered to each PCN in Hillingdon diagnosed with Non-diabetic Hyperglycaemia: 2023/24:**



**4.7. Learning Disabilities and SEND:**

There are 1,830 patients on the Learning Disabilities GP register (2023/24), prevalence of 0.53%. In 2023/24 of the 53,273 pupils in Hillingdon schools 2,516 had an Education, Care Health Plan and 6,313 have SEN support.

**4.8. Smoking:**

Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD), heart disease and many other cancers.

Smoking prevalence in Hillingdon in 2023/24 was 12.3%, this equates to 35,217 patients (aged 15+) on the GP register, lower than London and England rates (13.7% and 14.1% respectively). Hillingdon has low smoking quit rates in comparison to other London boroughs, with 173 successfully quit at 4 weeks in 2022/23; this is a rate of 870 per 100,000, which is lower than both London and England rates (1,540 and 1,620).

Smoking attributable hospital admissions show that in 2019/20 there were 1,953 hospital admissions in Hillingdon, a DSR rate of 1,386 per 100,000, lower than the England rate (1,398/100,000) and higher than the London rate (1,152/100,000).

**4.9. Seasonal influenza:**

Influenza vaccination is an effective protection against influenza and are offered to people in at-risk groups such as pregnant women and elderly people who are at greater risk of developing serious complications if they catch ‘flu. Population coverage of flu vaccination pf people aged 65+ in Hillingdon in 2023/24 was 71.6% and 38.3% in at risk individuals.

**Figure 44: PHOF Flu vaccination date: Hillingdon: 2023/24**

Indicator	Period	Hillingdon			London England			England	
		Recent Trend	Count	Value	Value	Value	Worst	Range	
Population vaccination coverage: Flu (aged 65 and over) <div>&lt;75% ≥75%</div>	2023/24	→	32,085	71.6%	65.9%*	77.8%	56.0%		
Population vaccination coverage: Flu (at risk individuals) <div>&lt;55% ≥55%</div>	2023/24	↓	19,588	38.3%	34.7%*	41.4%	25.8%		
Population vaccination coverage: Flu (2 to 3 years old) <div>&lt;40% 40% to 65% ≥65%</div>	2023/24	→	2,641	39.8%	37.2%*	44.4%	22.0%		
Population vaccination coverage: Flu (primary school aged children) <div>&lt;65% ≥65%</div>	2023	↓	10,571	36.7%	45.8%*	55.1%	24.3%		

#### 4.10. Sexually transmitted infections:

Sexually transmitted infections (STI) represent an important public health issue in London. The London region has the highest STI rate of any region in England. Hillingdon's profile shows that new STI diagnosis rate (all) is lower than England.

**Figure 45: PHOF: STI diagnosis rates: Hillingdon: 2023**

Indicator	Period	Hillingdon			England		
		Recent Trend	Count	Value	Value	Worst/ Lowest	Range
Syphilis diagnostic rate per 100,000	2023	→	61	19.6	16.7	169.5	
Gonorrhoea diagnostic rate per 100,000	2023	→	340	109	149	1,295	
Chlamydia detection rate per 100,000 aged 15 to 24 (Female) <div>&lt;2,400 2,400 to 3,250 ≥3,250</div>	2023	↓	229	1,277	1,962	984	
Chlamydia detection rate per 100,000 aged 15 to 24 (Male)	2023	→	163	763	1,042	478	
Chlamydia detection rate per 100,000 aged 15 to 24 (Persons)	2023	↓	396	1,008	1,546	803	
Chlamydia proportion of females aged 15 to 24 screened	2023	—	2,646	14.8%	20.4%	11.6%	
Chlamydia diagnostic rate per 100,000	2023	→	798	257	341	149	
Chlamydia diagnostic rate per 100,000 aged 25 years and older	2023	→	400	190	223	1,368	
Genital warts diagnostic rate per 100,000	2023	↓	150	48.3	45.8	138.2	
Genital herpes diagnosis rate per 100,000	2023	→	168	54.1	47.6	176.4	
Mycoplasma genitalium diagnostic rate per 100,000	2023	→	53	17.1	15.6*	0.5	
Trichomoniasis diagnostic rate per 100,000	2023	→	62	20.0	16.0*	0.5	
All new STI diagnoses rate per 100,000	2023	→	1,942	625	704	289	
New STI diagnoses (excluding chlamydia aged under 25) per 100,000	2023	→	1,544	497	520	3,304	
STI testing rate (exclude chlamydia aged under 25) per 100,000	2023	→	13,719	4,415.8	4,110.7	1,117.1	
STI testing positivity (excluding chlamydia aged under 25)	2023	→	820	6.0%	7.3%	3.9%	
Sexually transmitted Shigella spp. per 100,000 adult male population	2023	→	16	13.0	9.0	113.0	
Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) <div>&lt;80% 80% to 90% ≥90%</div>	2022/23	→	683	31.0%	71.3%	22.9%	

The total number of all new STIs diagnosed in Hillingdon in 2023 was 625 per 100,000 of the population; this is lower than London (1,448/100,000) and England (704/100,000).

Age data shows that young people experience higher rates of infection, specifically in the age group 20-34 years.

## 4.11. All-age Vaccinations:

Figure 46 shows that Hillingdon's rates across most vaccinations are lower than England:

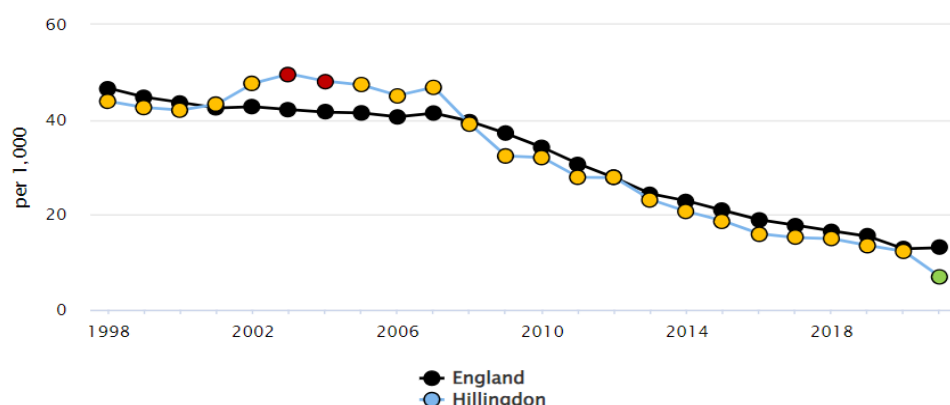
**Figure 46: PHOF: All age vaccination uptake in Hillingdon: 2023/24:**

Indicator	Period	Hillingdon				England		
		Recent Trend	Count	Value	Value	Worst	Range	Best
Children in care immunisations <span>New data</span>	2023/24	→	154	75.0%	82.0%	0.0%	<div><div></div><div></div><div></div></div>	100%
Population vaccination coverage: Hepatitis B (1 year old)	2023/24	—	15	93.8%	*	-	-	-
Population vaccination coverage: Hepatitis B (2 years old)	2023/24	—	19	95.0%	*	-	-	-
Population vaccination coverage: Dtap IPV Hib HepB (1 year old)	2023/24	→	3,369	90.6%	91.2%	63.6%	<div><div></div><div></div><div></div></div>	97.0%
<90% 90% to 95% ≥95%								
Population vaccination coverage: Dtap IPV Hib HepB (2 years old)	2023/24	↓	3,412	89.0%	92.4%	72.4%	<div><div></div><div></div><div></div></div>	97.8%
<90% 90% to 95% ≥95%								
Population vaccination coverage: PCV	2023/24	↑	3,512	94.4%	93.2%	70.4%	<div><div></div><div></div><div></div></div>	97.9%
<90% 90% to 95% ≥95%								
Population vaccination coverage: Hib and MenC booster (2 years old)	2023/24	↑	3,358	87.6%	88.6%	64.2%	<div><div></div><div></div><div></div></div>	96.2%
<90% 90% to 95% ≥95%								
Population vaccination coverage: PCV booster	2023/24	→	3,242	84.6%	88.2%	66.8%	<div><div></div><div></div><div></div></div>	95.7%
<90% 90% to 95% ≥95%								
Population vaccination coverage: MMR for one dose (2 years old)	2023/24	→	3,347	87.3%	88.9%	67.7%	<div><div></div><div></div><div></div></div>	96.3%
<90% 90% to 95% ≥95%								
Population vaccination coverage: MMR for one dose (5 years old)	2023/24	→	3,578	88.9%	91.9%	78.2%	<div><div></div><div></div><div></div></div>	97.1%
<90% 90% to 95% ≥95%								
Population vaccination coverage: MMR for two doses (5 years old)	2023/24	→	3,262	81.0%	83.9%	60.8%	<div><div></div><div></div><div></div></div>	94.5%
<90% 90% to 95% ≥95%								
Population vaccination coverage: PPV	2022/23	↑	28,749	72.3%	71.8%	52.5%	<div><div></div><div></div><div></div></div>	84.2%
<65% 65% to 75% ≥75%								
Population vaccination coverage: Flu (aged 65 and over)	2023/24	→	32,085	71.6%	77.8%	56.0%	<div><div></div><div></div><div></div></div>	85.3%
<75% ≥75%								
Population vaccination coverage: Flu (at risk individuals)	2023/24	↓	19,588	38.3%	41.4%	25.8%	<div><div></div><div></div><div></div></div>	51.2%
<55% ≥55%								
Population vaccination coverage - Hib / Men C booster (5 years old)	2017/18	→	3,971	89.8%	92.4%	79.5%	<div><div></div><div></div><div></div></div>	100%
<90% 90% to 95% ≥95%								
Persons entering drug misuse treatment - Percentage of eligible persons completing a course of hepatitis B vaccination	2016/17	→	-	10.5%	8.1%	0.0%	<div><div></div><div></div><div></div></div>	82.7%
<80% 80% to 90% ≥90%								
Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Male)	2022/23	—	555	30.3%	65.2%	24.1%	<div><div></div><div></div><div></div></div>	86.7%
<80% 80% to 90% ≥90%								
Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Female)	2022/23	→	683	31.0%	71.3%	22.9%	<div><div></div><div></div><div></div></div>	92.7%
<80% 80% to 90% ≥90%								
Population vaccination coverage: HPV vaccination coverage for two doses (13 to 14 years old) (Male)	2022/23	—	616	34.5%	56.1%	0.0%	<div><div></div><div></div><div></div></div>	87.4%
<80% 80% to 90% ≥90%								
Population vaccination coverage: HPV vaccination coverage for two doses (13 to 14 years old) (Female)	2022/23	↓	997	45.2%	62.9%	0.0%	<div><div></div><div></div><div></div></div>	90.7%
<80% 80% to 90% ≥90%								
Population vaccination coverage BCG: areas offering universal BCG only	2021/22	—	641	*	*	-	-	-
Population vaccination coverage: Flu (2 to 3 years old)	2023/24	→	2,641	39.8%	44.4%	22.0%	<div><div></div><div></div><div></div></div>	63.4%
<40% 40% to 65% ≥65%								
Population vaccination coverage: MenB booster (2 years)	2023/24	→	3,216	83.9%	87.3%	62.6%	<div><div></div><div></div><div></div></div>	96.0%
<90% 90% to 95% ≥95%								
Population vaccination coverage: MenB (1 year)	2023/24	→	3,388	91.1%	90.6%	63.2%	<div><div></div><div></div><div></div></div>	96.8%
<90% 90% to 95% ≥95%								
Population vaccination coverage: DTaP and IPV booster (5 years)	2023/24	↑	3,300	82.0%	82.7%	60.0%	<div><div></div><div></div><div></div></div>	94.6%
<90% 90% to 95% ≥95%								
Population vaccination coverage: Rotavirus (Rota) (1 year)	2023/24	→	3,330	89.5%	88.5%	59.1%	<div><div></div><div></div><div></div></div>	95.1%
<90% 90% to 95% ≥95%								
Population vaccination coverage: Meningococcal ACWY conjugate vaccine (MenACWY) (14 to 15 years)	2023/24	↓	1,380	35.3%	73.0%	31.9%	<div><div></div><div></div><div></div></div>	97.7%
<80% 80% to 90% ≥90%								
Population vaccination coverage: Flu (primary school aged children)	2023	↓	10,571	36.7%	55.1%	24.3%	<div><div></div><div></div><div></div></div>	81.2%
<65% ≥65%								
Population vaccination coverage: Shingles vaccination coverage (71 years)	2022/23	↓	879	43.6%	48.3%	26.3%	<div><div></div><div></div><div></div></div>	64.2%
<50% 50% to 60% ≥60%								

## 4.12. Under 18s conceptions

The <18 conception rate continues to fall, and latest data (2021) shows the rate to be 6.9 per 1,000 females aged 15-17 years. This is below the rate for London and England (9.5/1000 and 13.1/1000 respectively). Conception rates of those aged 16 and under is 1.1/1000, which is also lower than London and England (1.5/1000 and 2.1/1000 respectively, 2021).

**Figure 47: Under 18 Conception rate: Hillingdon compared to England: 1998 to 2021:**



59.5% of under 18s conceptions in 2021 led to a pregnancy termination. This is higher than the England average (53.4%) but lower than London (62.1%).

#### 4.13. Substance misuse: Drugs & Alcohol

##### Young People (<18)

The National Drug Treatment Monitoring System shows that in 2023/24 there were a total of 40 young people (aged <18) in treatment, an increase of 10 from 2022/23.

**Figure 48: PHOF: Successful opiate and non-opiate drug treatment completions (aged 18+): Hillingdon: 2023**

Indicator	Period	Hillingdon			England			Range
		Recent Trend	Count	Value	Value	Worst		
Successful completion of drug treatment: opiate users	2023	➡	47	7.7%	5.1%	1.6%		
Successful completion of drug treatment: non opiate users	2023	➡	133	28.2%	29.5%	16.1%		

Hillingdon has higher rates of alcohol related hospital admissions for those aged 40 years and older compared to England.

**Figure 49: PHOF alcohol-related performance measures: Hillingdon: 2022/23:**

Indicator	Period	Hillingdon			England			Range
		Recent Trend	Count	Value	Value	Worst		
Admission episodes for alcohol-related conditions (Narrow) - Under 40s (Persons)	2022/23	➡	211	125.5*	137.8	402.3		
Admission episodes for alcohol-related conditions (Narrow) - Under 40s (Male)	2022/23	➡	155	188.2*	172.9	510.8		
Admission episodes for alcohol-related conditions (Narrow) - Under 40s (Female)	2022/23	➡	55	65.7*	104.6	318.2		
Admission episodes for alcohol-related conditions (Narrow) - 40 to 64 years (Persons)	2022/23	➡	857	896*	752	1,344		
Admission episodes for alcohol-related conditions (Narrow) - 40 to 64 years (Male)	2022/23	➡	522	1,091*	922	1,716		
Admission episodes for alcohol-related conditions (Narrow) - 40 to 64 years (Female)	2022/23	➡	335	703*	588	1,199		
Admission episodes for alcohol-related conditions (Narrow) - 65+ years (Persons)	2022/23	➡	404	973*	809	1,370		
Admission episodes for alcohol-related conditions (Narrow) - 65+ years (Male)	2022/23	➡	274	1,414*	1,277	2,091		
Admission episodes for alcohol-related conditions (Narrow) - 65+ years (Female)	2022/23	➡	130	596*	411	728		
Admission episodes for alcohol-specific conditions - Under 18s (Persons)	2020/21 - 22/23	—	45	20.9*	26.0	75.5		
Admission episodes for alcohol-specific conditions - Under 18s (Male)	2020/21 - 22/23	—	20	18.1*	17.8	46.0		
Admission episodes for alcohol-specific conditions - Under 18s (Female)	2020/21 - 22/23	—	25	23.7*	34.7	111.9		

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. Community pharmacies play a crucial role in supporting residents with a range of services supporting health areas mentioned in this section.

## 5. Pharmacy provision within Hillingdon

There are 59 community pharmacies in Hillingdon who provide pharmaceutical services, a rate of 19.0 per 100,000 residents.

**Table 2: Community pharmacies in Hillingdon by ward and locality**

Locality / ward	Population in 2022	Number of pharmacies	Per 100k population
<b>North</b>	<b>Total = 104,355</b>	<b>Total = 21</b>	<b>20.1</b>
Harefield Village	5,640	Opening hours per week 1,118.5	population = 104,355 number of pharmacies = 21
Northwood	11,241		
Northwood Hills	11,688		
Ruislip	15,460		
Eastcote	16,946		
Ickenham & South Harefield	15,485		
Ruislip Manor	10,892		
South Ruislip	17,003		
<b>Southwest</b>	<b>Total = 95,352</b>	<b>Total = 18</b>	<b>18.9</b>
Uxbridge	18,527	Opening hours per week 951.25	population = 95,352 number of pharmacies = 18
Hillingdon East	15,742		
Hillingdon West	10,004		
Colham & Cowley	19,630		
Yiewsley	12,982		
West Drayton	18,467		
<b>Southeast</b>	<b>Total = 110,974</b>	<b>Total = 20</b>	<b>18.0</b>
Charville	11,672	Opening hours per week 1,276.5	population = 110,974 number of pharmacies = 20
Yeading	13,462		
Belmore	17,646		
Wood End	19,701		
Hayes Town	15,787		
Pinkwell	17,077		
Heathrow Villages	15,629		
<b>21 wards</b>	<b>310,681 population</b>	<b>59 pharmacies</b>	<b>19.0</b> population: 310,681 No. of pharmacies = 59
<b>London</b>			<b>19.5</b>
<b>England</b>			<b>17.7</b>

Since the 2022 PNA was published, five pharmacies in Hillingdon have closed; Lloyd's pharmacy in both Sainsburys (Hayes and South Ruislip) and three Boots pharmacies (Uxbridge, Eastcote and Northwood Hills).

Hillingdon has better coverage per 100,000 population of pharmacy services than England, but slightly less coverage than London. The rate of pharmacy provision is higher in the North locality (20.1/100,000) compared with the other two localities (Southwest 18.9 and Southeast 18.0).

There is variation in pharmacy coverage at ward level, with more pharmacies in town centres within the localities (i.e. Ruislip, Hayes Town). Hillingdon has good public transport links to town centres within Hillingdon and across the boundary in neighbouring boroughs.

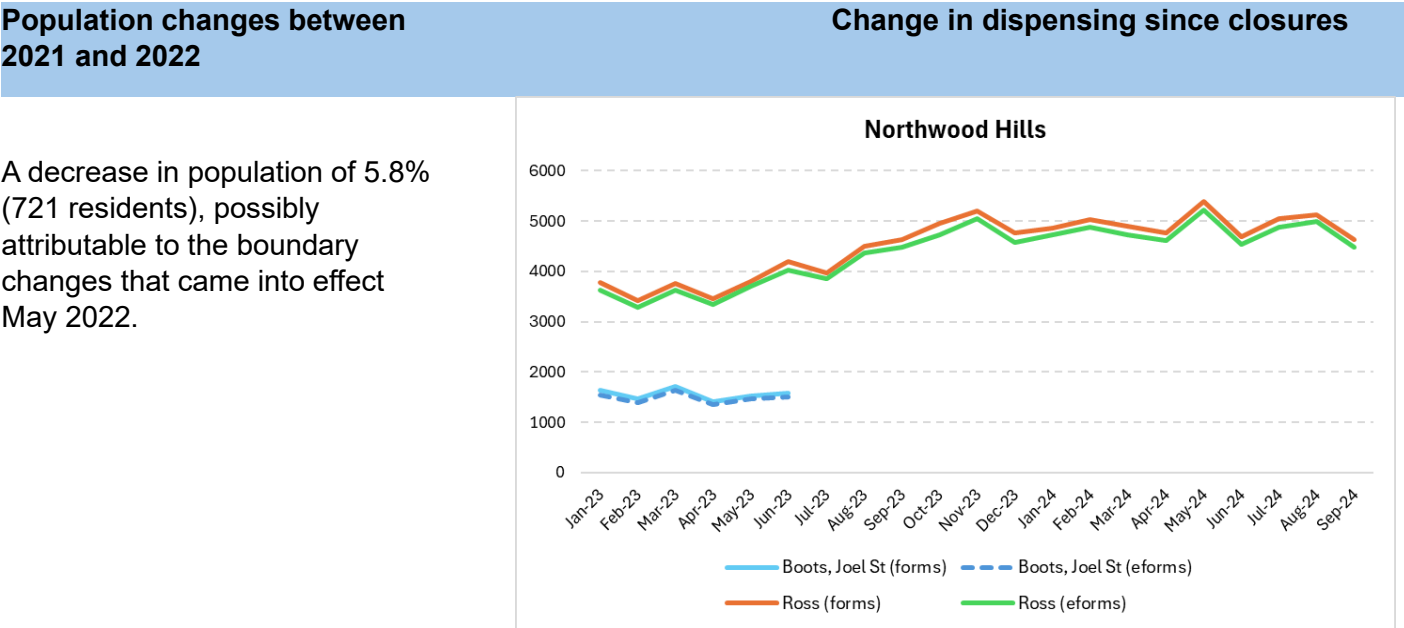
**Given the higher population increases in the Southeast and Southwest since 2021, along with the predicted growth in the south over the next 3 years, there will be a need to monitor the provision of pharmaceutical services in those areas over the life course of this PNA.**

Three of the five pharmacies that have closed since 2022 were on existing high streets with other pharmacies accessible to residents close by. However, all pharmacies that have closed are served by good transport links within Hillingdon and across the boundary to the LBs of Harrow and Ealing.

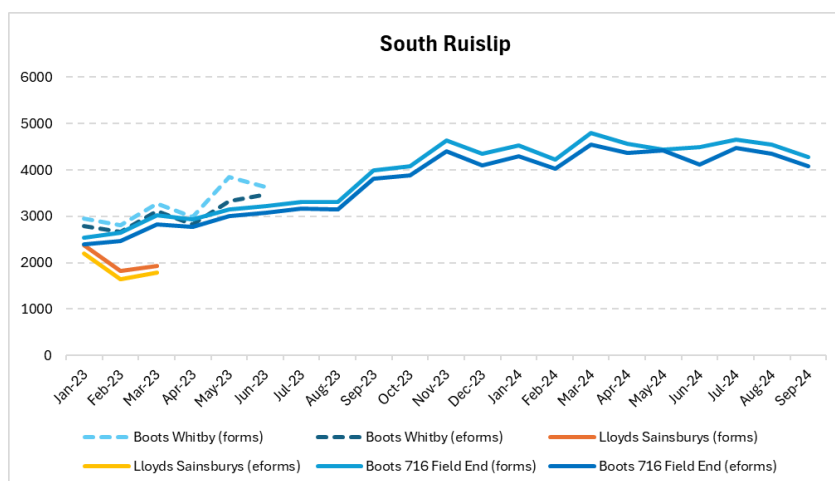
**Data suggests that dispensing services from the closed pharmacies in Northwood Hills, South Ruislip and Uxbridge have transferred to pharmacies nearby. In Hayes this appears to differ due to the choice of provision in very close proximity along the Uxbridge Road and Coldharbour Lane.**

Table 3 shows the changes along with the growth in population:

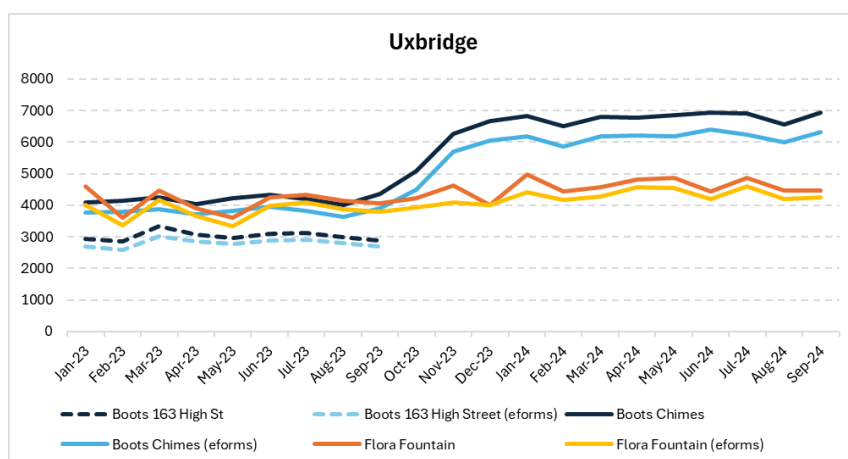
**Table 3: Pharmacies that have closed since 2022**



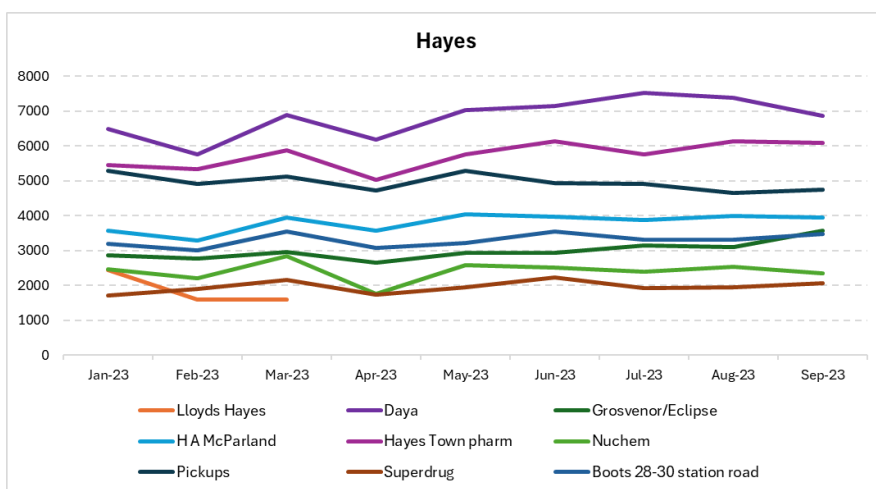
A small increase of 170 residents (1%).



Uxbridge ward saw growth of 7% (1,212 residents); the boundary changes created the new ward of Hillingdon West (adjacent to Uxbridge), and the development of St Andrews has seen growth of 11.3% within the ward since 2021.



Wards around Hayes (Wood End, Belmore and Hayes Town) have seen an average growth of 8.7% since 2021 (an average of 1,260 residents).



The national framework for pharmaceutical services requires every pharmacy to open for a minimum of 40 hours per week and provide essential (necessary) services. Although the south of the borough has less pharmacies than the north, many of the pharmacies have longer opening hours, and more are open on Sunday. There is a good spread of pharmacies that are open early, late and at weekends, all with good accessibility.

There is an even spread of pharmacies in areas of deprivation in the south of the borough, and in areas with a higher proportion of older people and people with long term health conditions. ***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 course of this PNA.***

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

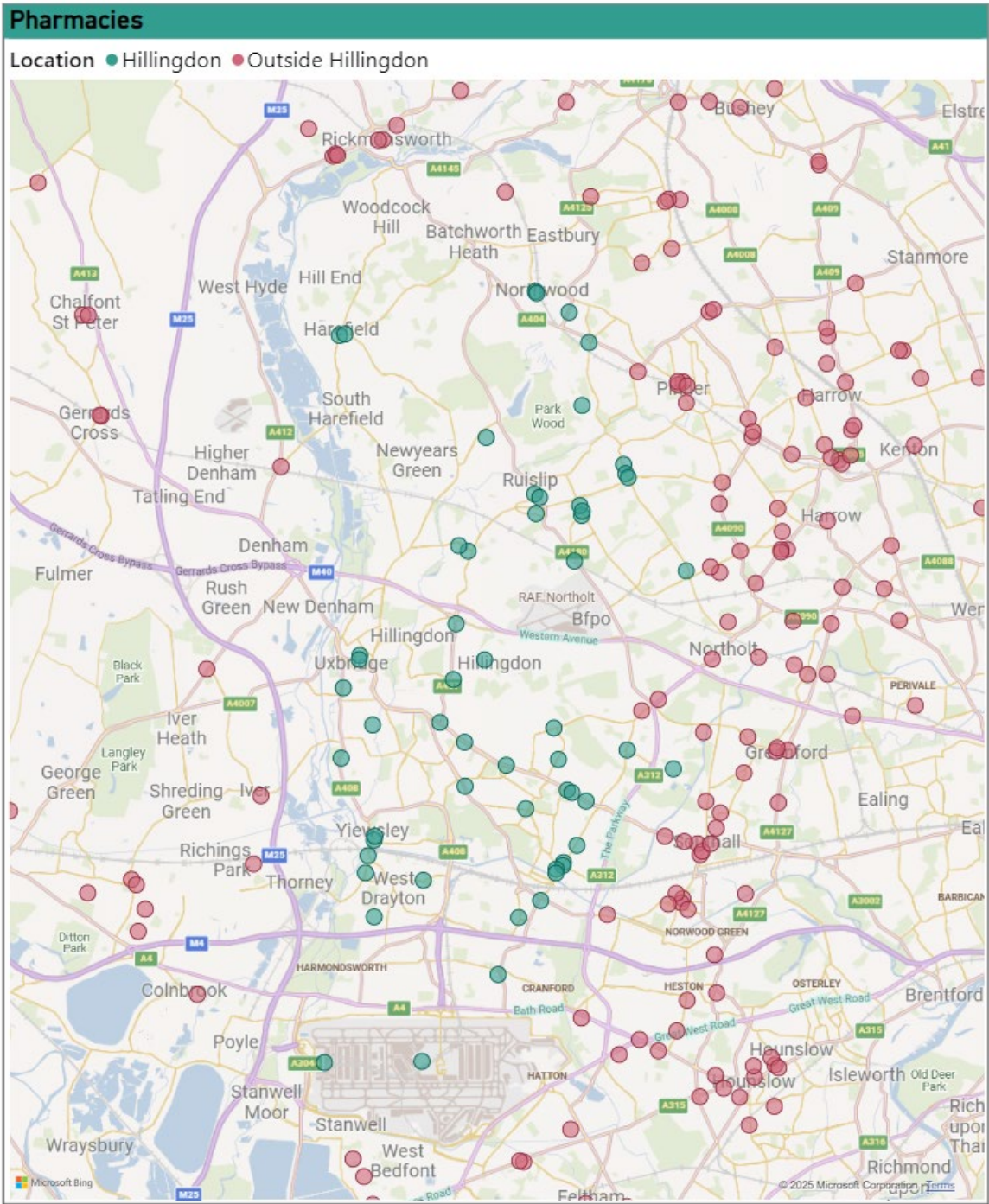
In Hillingdon, community pharmacies actively contribute to national programmes like Pharmacy First, vaccinations and smoking cessation. ***The uptake of these programmes could be increased by raising awareness about their availability within the community pharmacy setting through improved communication with patients and residents.***

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.

Pharmacists are a key partner in the delivery of plans to address the prevention of ill health which was demonstrated during the COVID-19 pandemic.

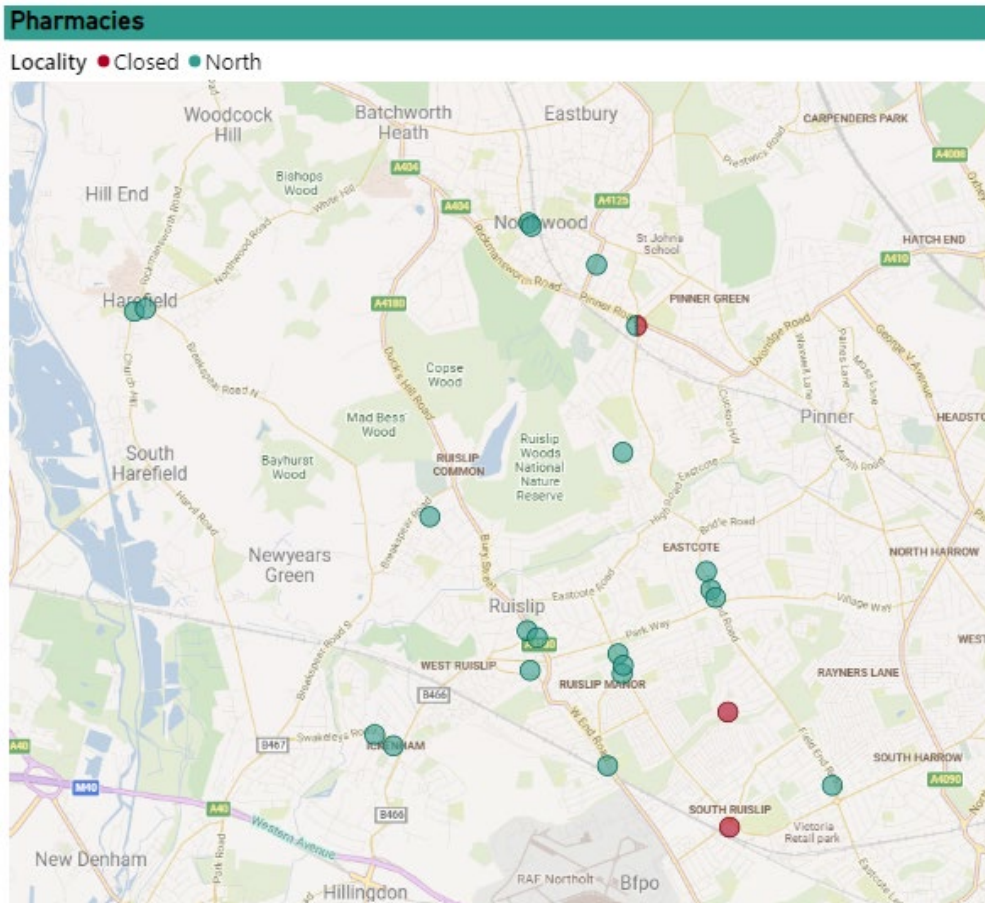
***The current level of essential services in Hillingdon is considered necessary and good based on the existing needs and choices of residents. The level of advanced services is relevant to local needs.***

Map 6: Pharmacies in Hillingdon and those outside the boundary



## Maps 7 to 9: Hillingdon pharmacies by locality (including the location of pharmacies which have closed since 2022)

### Map 7: North Locality



#### By ward:

##### ***Harefield Village***

Harefield Pharmacy  
Malthouse Pharmacy

##### ***Northwood***

Boots  
Carters Chemist & Ability  
Sharmans Chemist

##### ***Northwood Hills***

Ross Pharmacy  
Carters Pharmacy

##### ***Eastcote***

Superdrug  
Boots  
Eastcote Pharmacy

##### ***Ruislip***

Howletts Pharmacy  
Ashworths  
Boots, High Street  
Boots Wood Lane Medical  
Centre

##### ***Ruislip Manor***

Nu-Ways  
Dana Pharmacy  
Ruislip Manor Pharmacy  
Chimsons

##### ***South Ruislip***

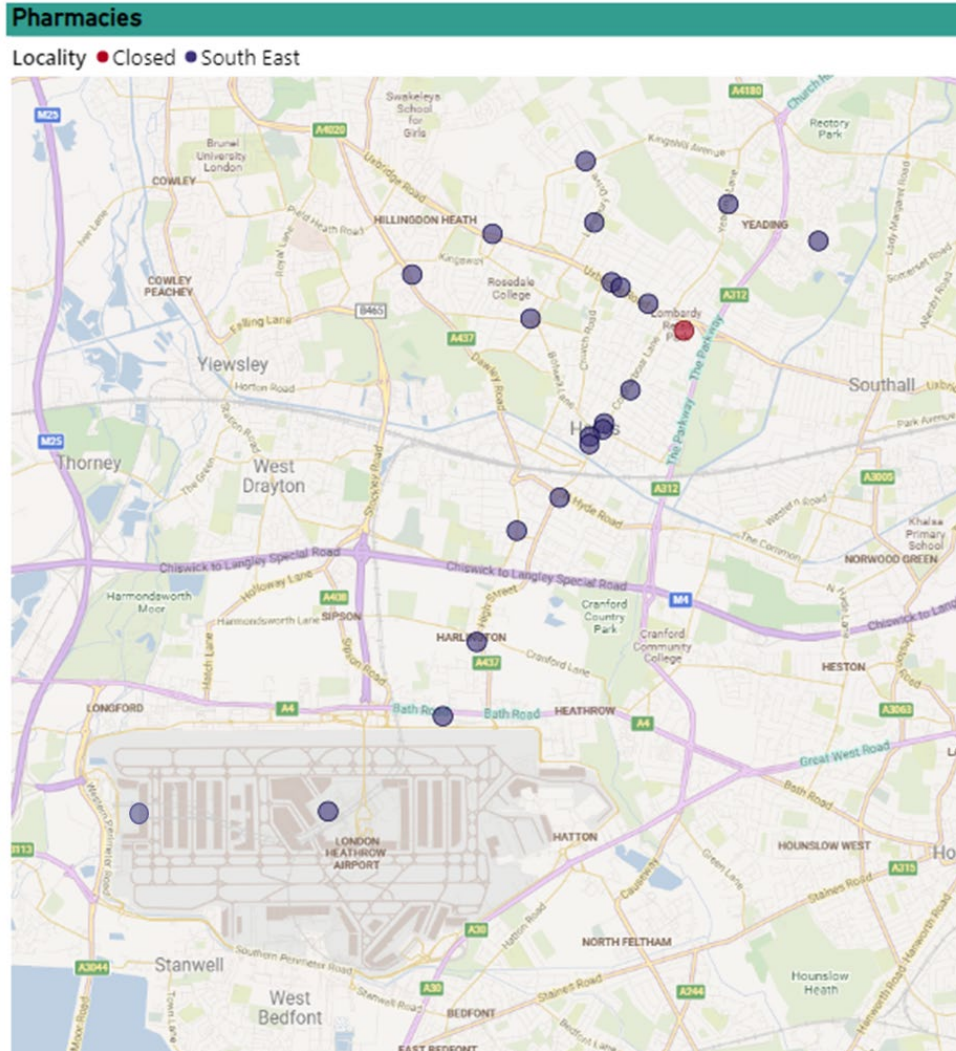
Boots, Field End Road

##### ***Ickenham & South Harefield***

Garners  
Winchester Pharmacy



Map 8: Southeast locality



**By Ward:**

**Belmore**

Daya Ltd  
Eclipse  
HA McParland  
Lansbury Pharmacy/TS  
Mundae

**Hayes Town**

Hayes Town Pharmacy  
Nuchem Pharmacy  
Pickups Pharmacy  
Superdrug  
Boots

**Charville**

Vantage  
Hayes End Pharmacy

**Pinkwell**

Kasmani Pharmacy  
Medics Pharmacy

**Yeading**

Tesco In-store Pharmacy  
Yeading Lane Pharmacy

**Heathrow Villages**

The Village Pharmacy  
Boots T3 landside  
Boots T5 landside

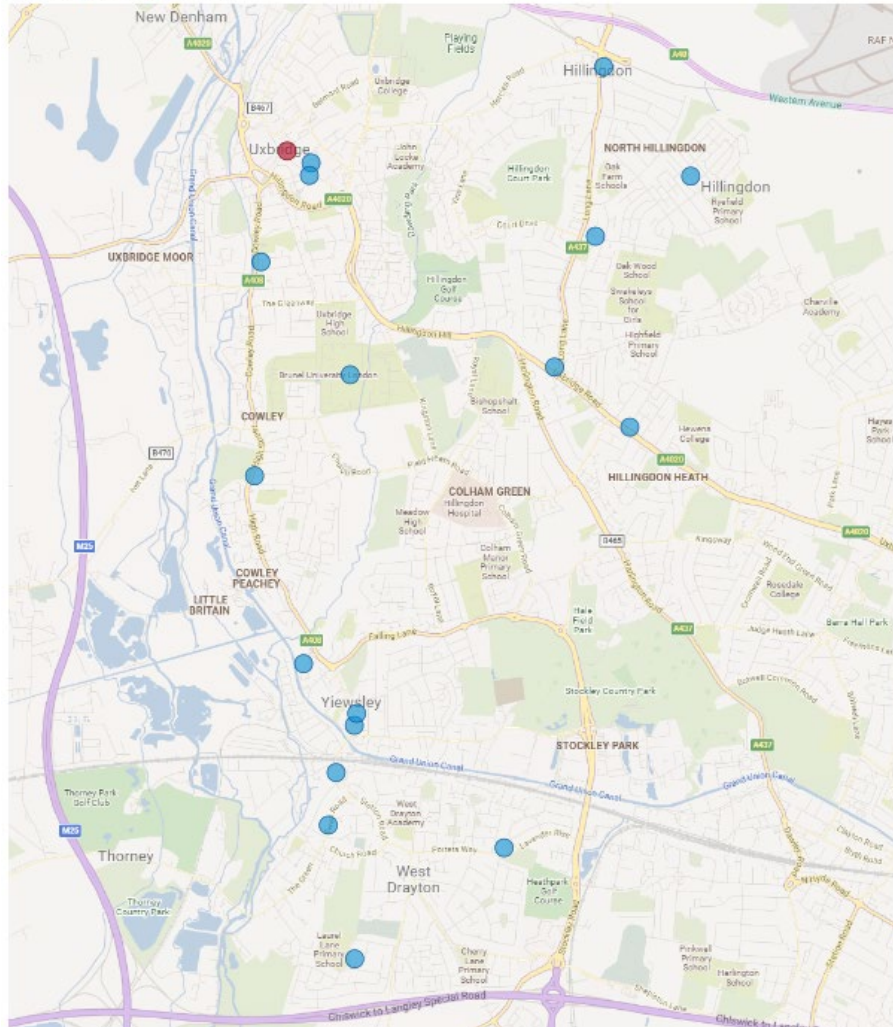
**Wood End**

Joshi Pharmacy  
Vantage Chemist

## Map 9: Southwest locality

### Pharmacies

Locality ● Closed ● South West



## By Ward:

### ***Uxbridge***

Boots, The Chimes  
Flora Fountain  
Mango Pharmacy  
HA McParland

### ***Viewsley***

Phillips/Pill Box  
Pharmacy  
Tesco In-store  
Pharmacy  
Yiewsley Pharmacy

### ***Hillingdon East***

Adell Pharmacy  
Eclipse  
Hillingdon Pharmacy  
Puri Pharmacy  
Oakleigh Pharmacy

### ***West Drayton***

Carewell Chemist  
Orchard Pharmacy  
Winchester Pharmacy  
Boots

### ***Hillingdon West***

Lawtons

### ***Colham & Cowley***

Brunel Pharmacy



## 5.1. Access to a pharmacy

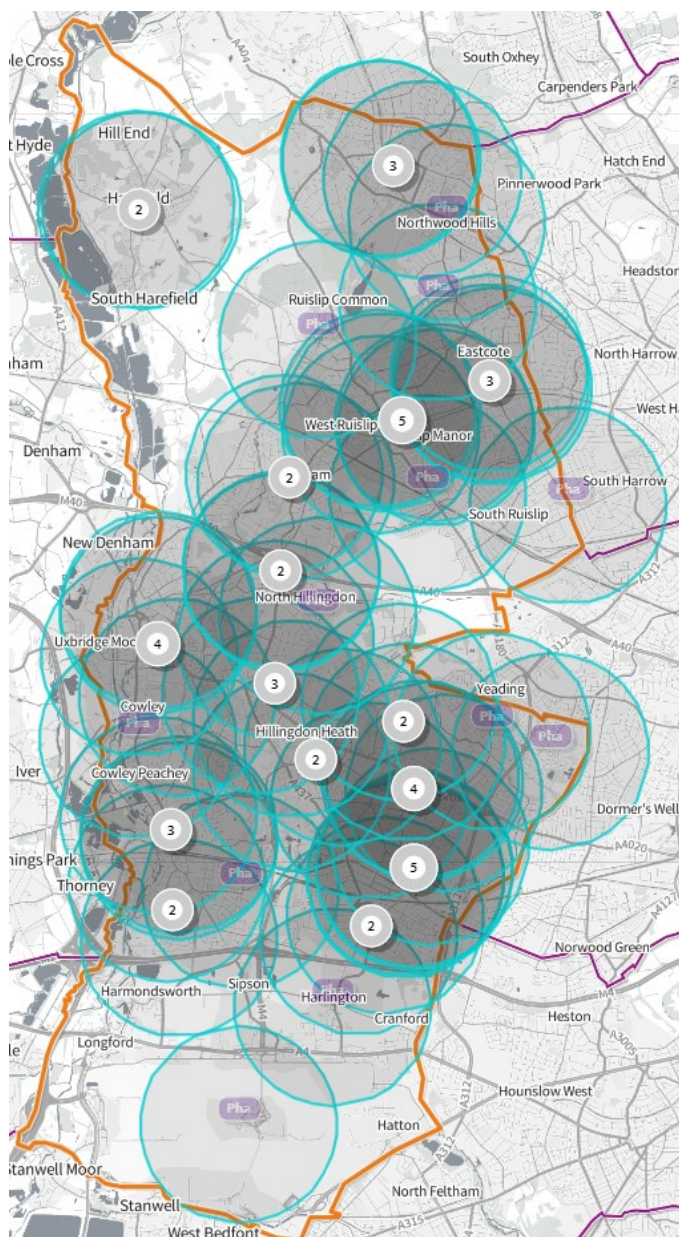
Research from Pharmacy2U (2017) shows that of any England region, people living in London had the greatest accessibility to a pharmacy with a journey distance of less than 2.6 miles on average. This compares to 6.6 miles in the South-West of England.

While there will be variations at London borough level, **for Hillingdon 99.7% of households are within a 5-minute drive to a local 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, and many have parking close to the premises. Most borough pharmacies are within 1 mile of another pharmacy which is currently serving their geographical location.

This does not include pharmacies across Hillingdon's boundary, and it should be noted that some households may have a closer pharmacy outside of Hillingdon borough.

**Map 10: 1 mile around each pharmacy, SHAPE Atlas, Department of Health & Social Care**



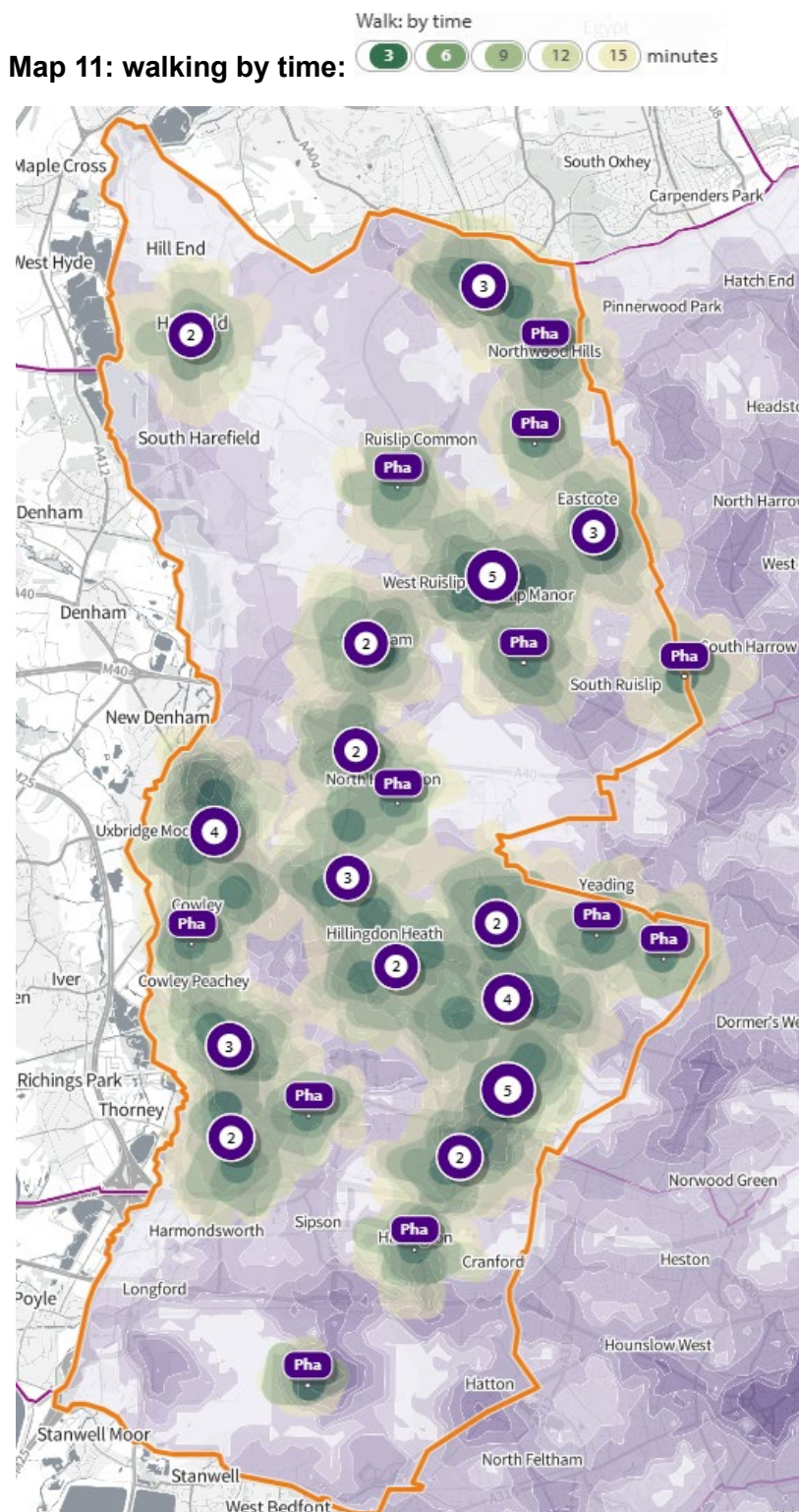
**Table 4: Drive Times to Local Pharmacies in Hillingdon: 2024:**

Drive time	Within drive time:		Outside drive time:	
	No. of households	%	No. of households	%
1 min	55,861	42.7%	67,815	57.3%
2 mins	99,651	84.2%	18,699	15.8%
3 mins	114,563	96.8%	3,787	3.2%
4 mins	117,877	99.6%	473	0.4%
5 mins	117,995	99.7%	355	0.3%
6 mins	118,113	99.9%	118	<0.1%

Information is based on 118,350 households. *Source: Council Tax: stock of properties, 2024*

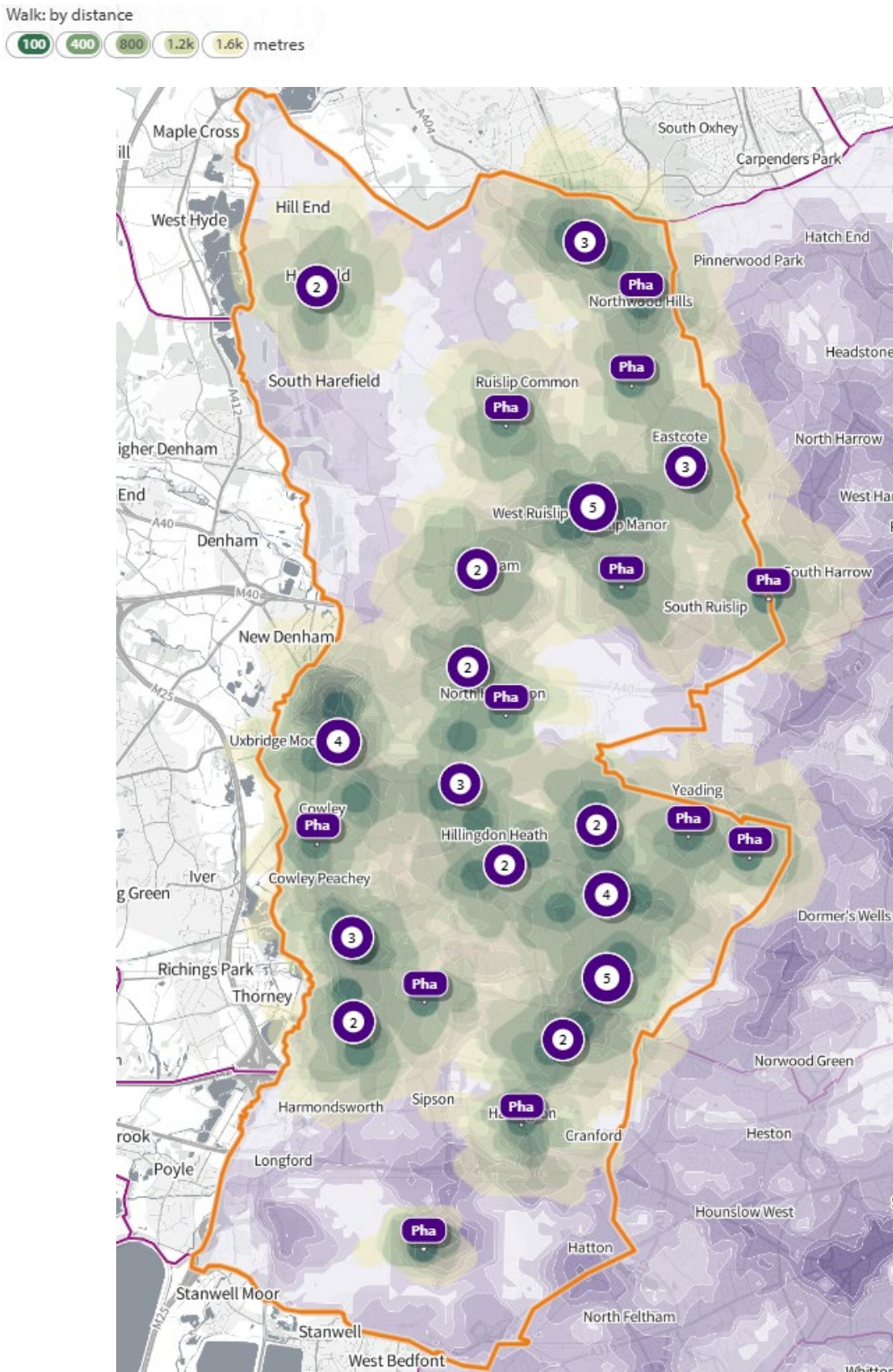
## 5.2. Travel times to a pharmacy:

The next series of maps show walk and drive times to Hillingdon pharmacies, by distance and time. The maps are from SHAPE Atlas, Department of Health & Social Care.

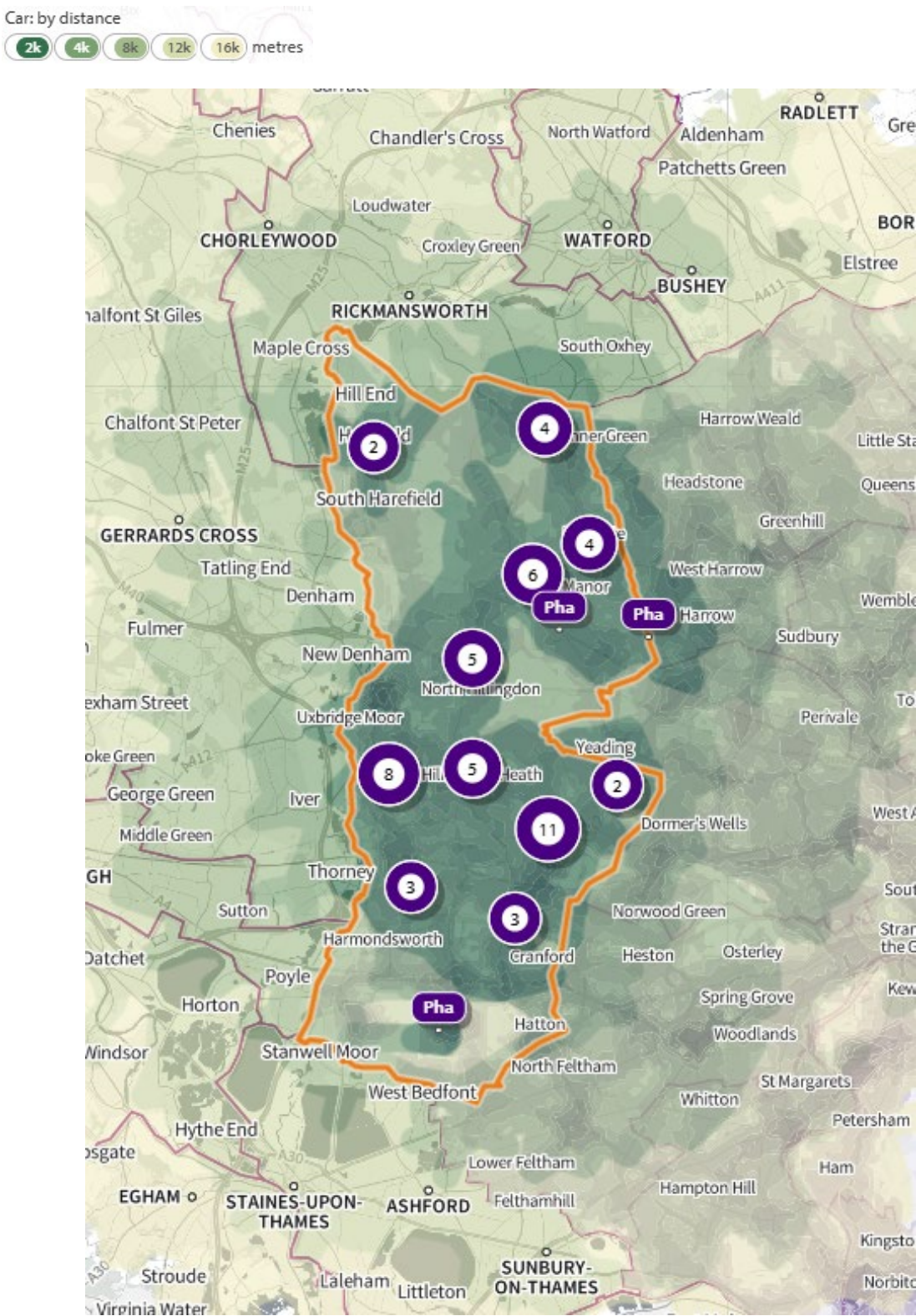




Map 12: Walking by distance (in metres)



Map 13: Travel by car by distance





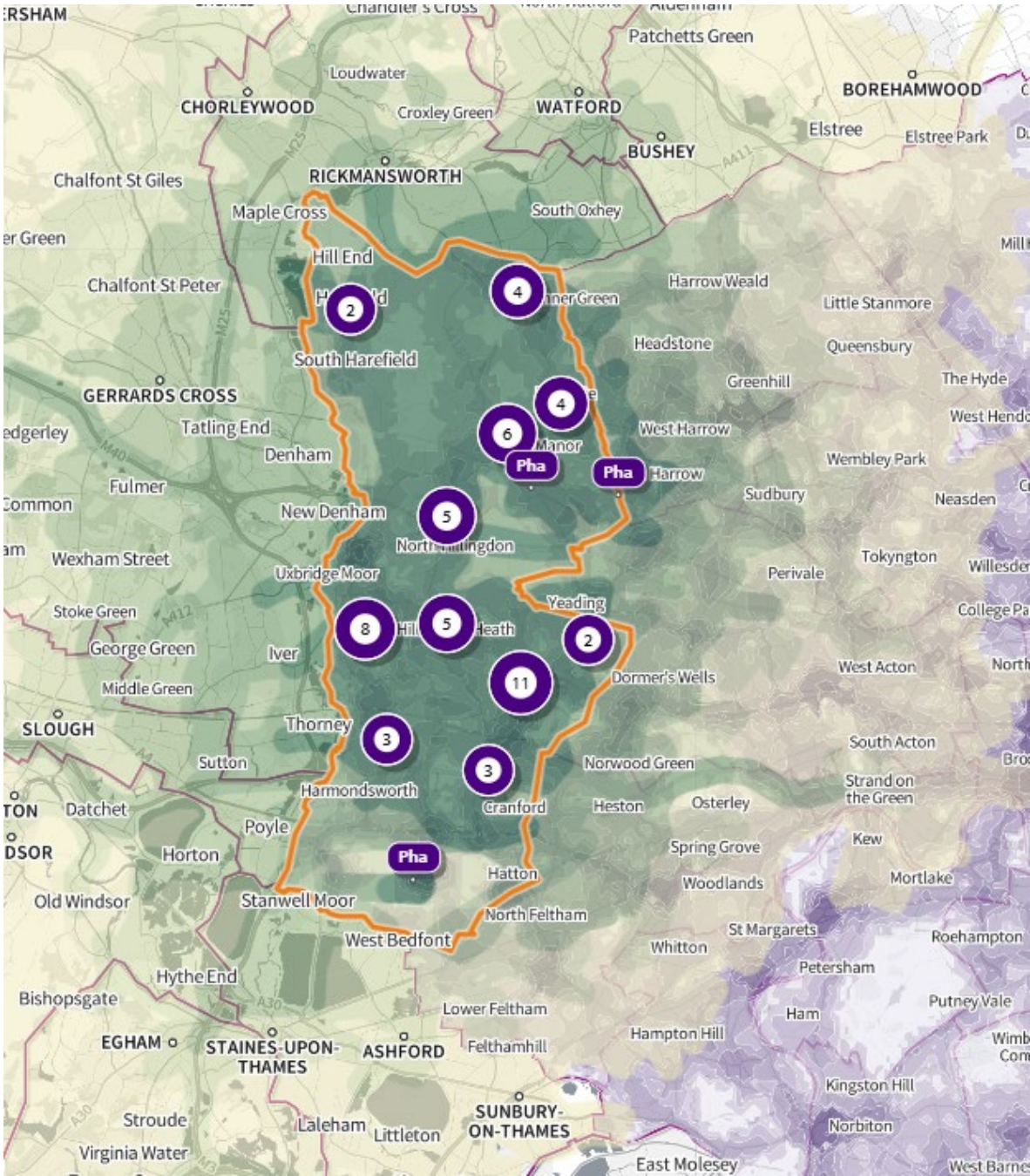
Car: by time ☐ Rush hour ☐ Hamble

☒ 5 ☐ 10 ☐ 15 ☐ 20 ☐ 30 minutes





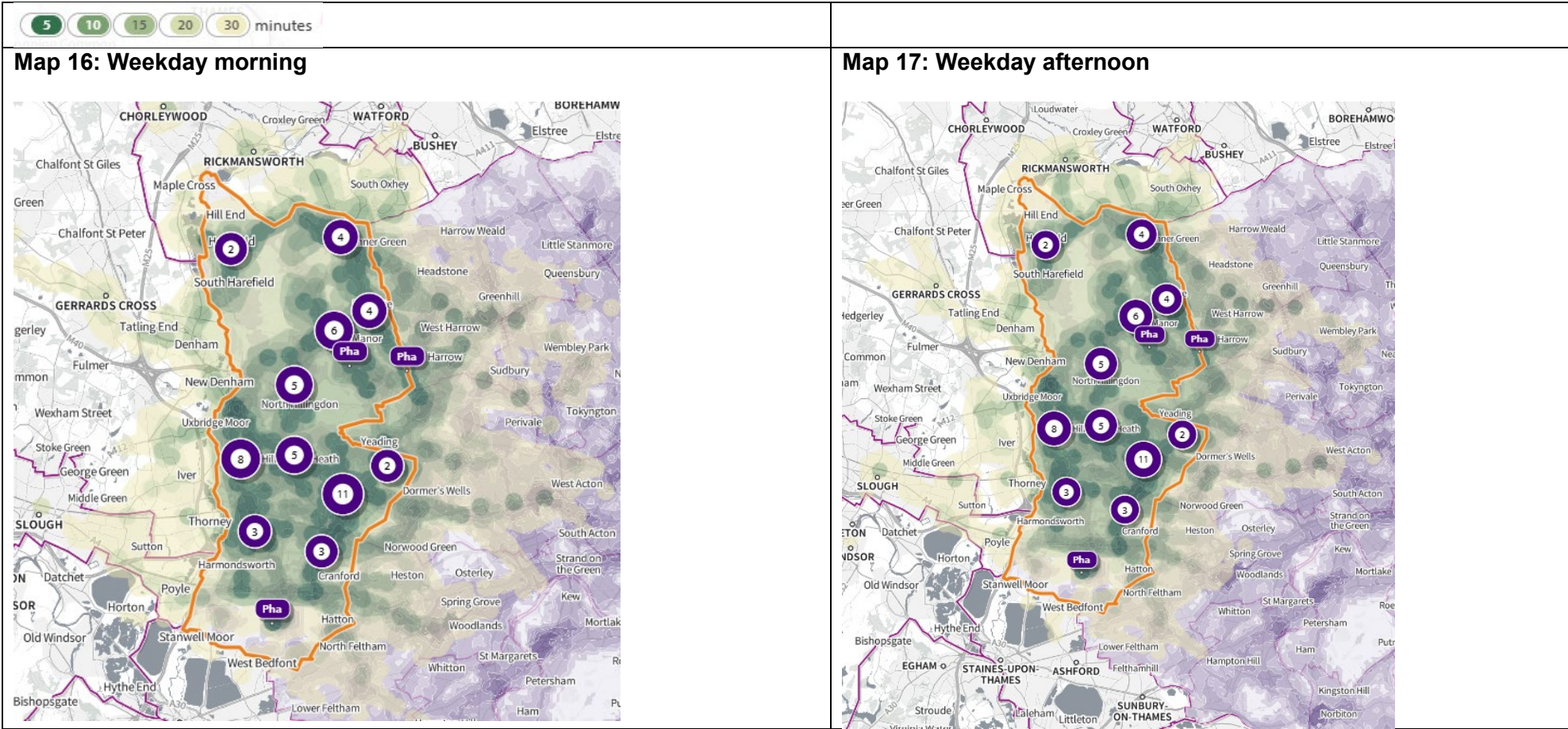
Map 15: car rush hour





5.3. Public Transport to Pharmacies:

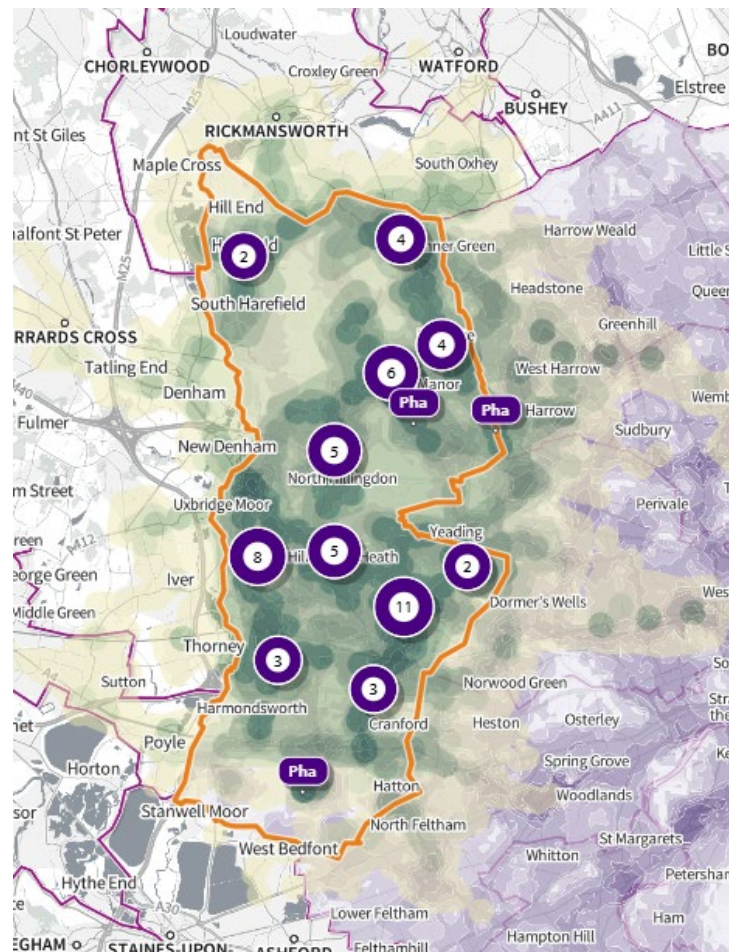
The next series of maps show public transport distances to Hillingdon pharmacies at various times of the working day and weekend. The maps are from SHAPE Atlas, Department of Health & Social Care:



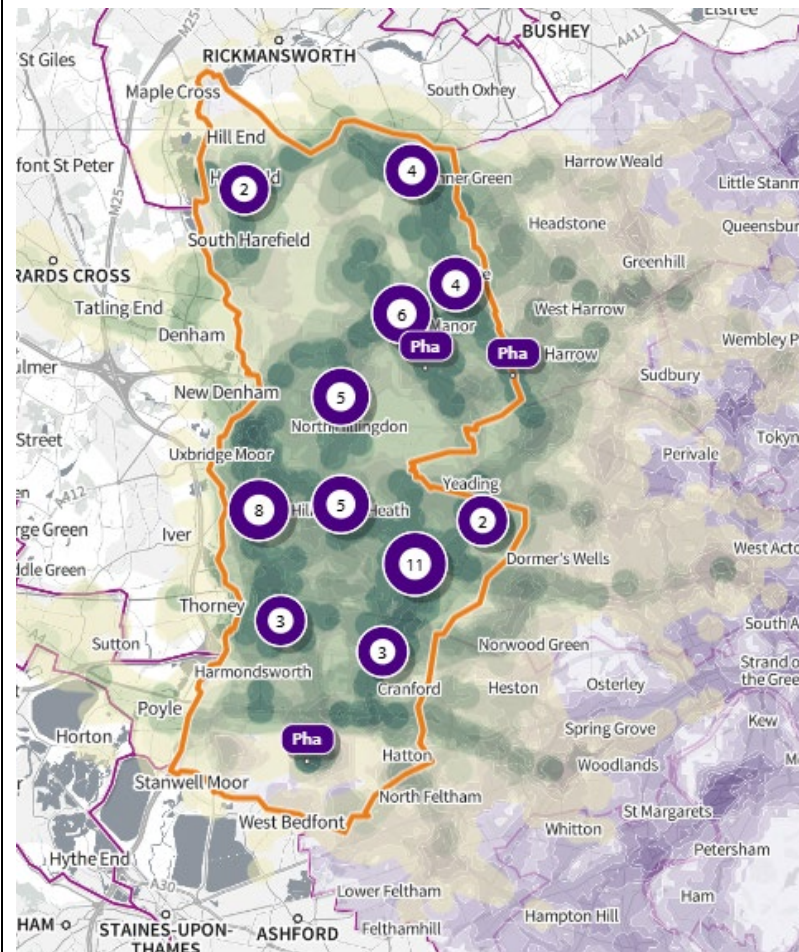


5 10 15 20 30 minutes

Map 18: Weekday evening



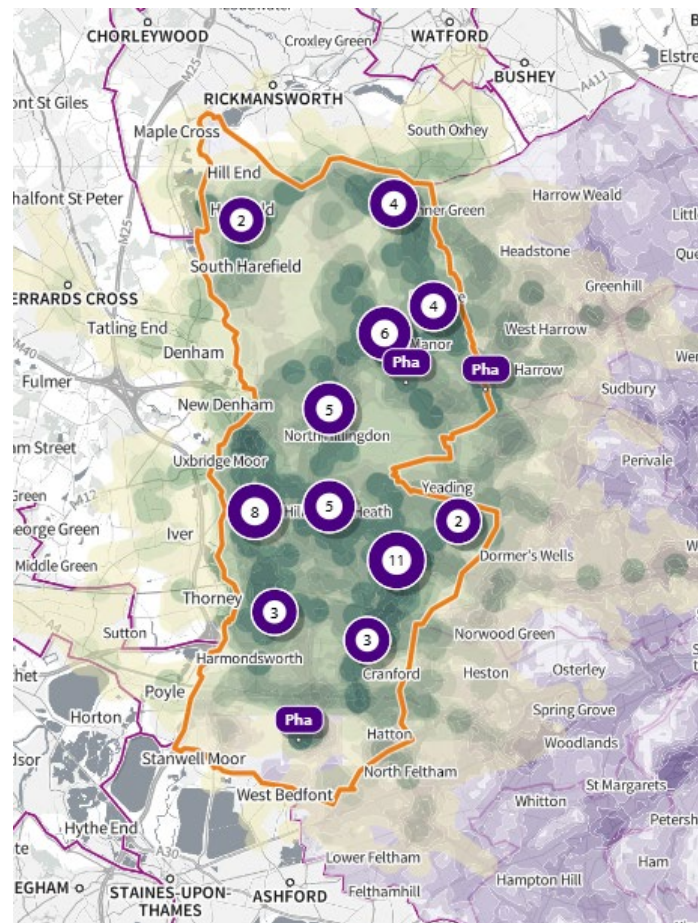
Map 19: Weekend morning



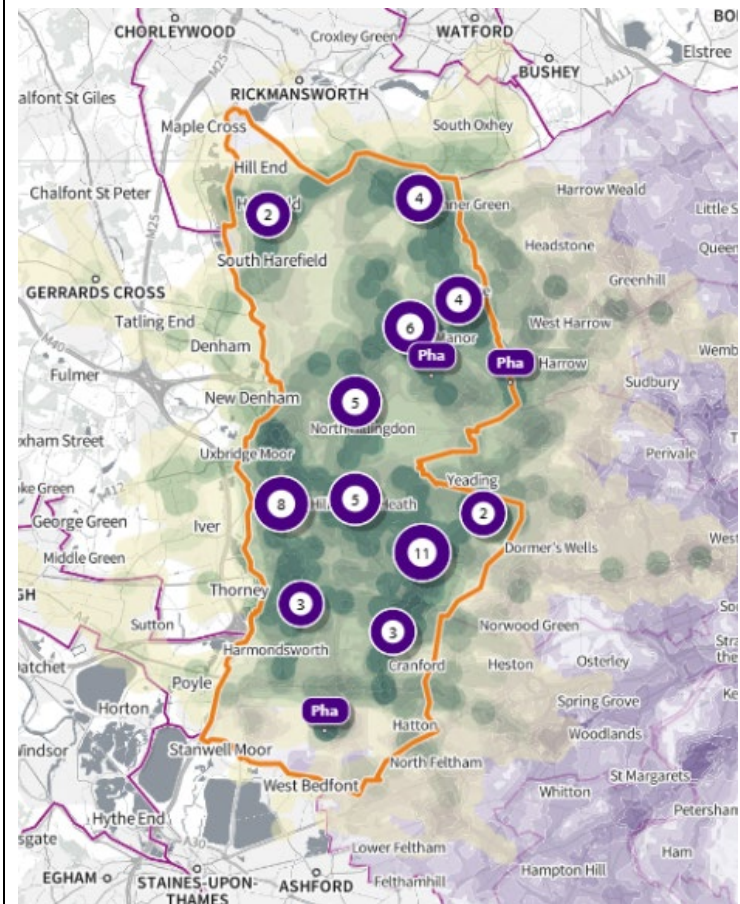


5 10 15 20 30 minutes

**Map 20: Weekend afternoon**



**Map 21: Weekend evening**



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 walk time) of a pharmacy. Even taking into consideration the variation in car ownership in local areas there are good public transport links due to the urban character of most areas in Hillingdon.

#### 5.4: Other NHS providers that affect pharmaceutical services

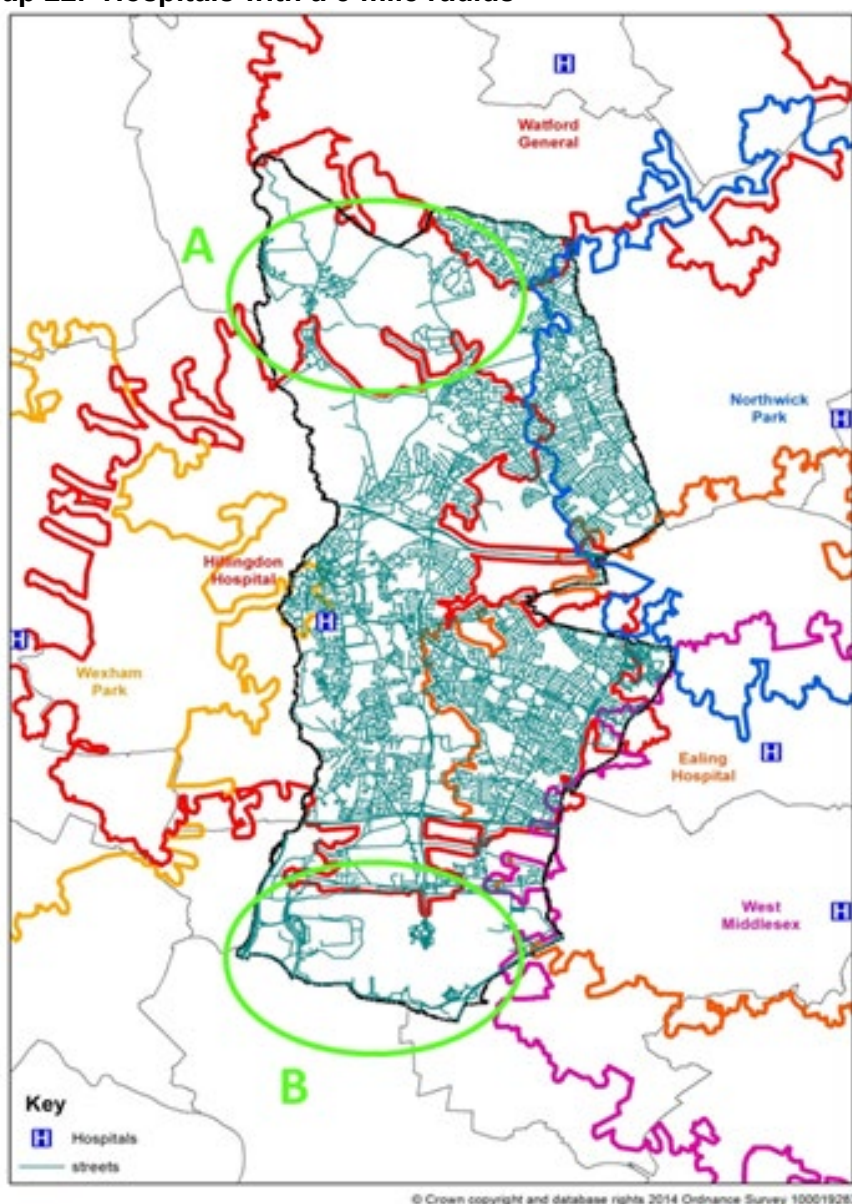
NHS hospital trusts and private hospitals *do not* provide pharmaceutical services as defined for the purposes of the PNA. However, as patients are discharged from acute and secondary care into community, liaison between hospital pharmacy and community pharmacies is important for providing seamless discharge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

The Discharge Medicines service is offered by 39 out of the 40 pharmacies who responded to the survey.

GP Out-of-Hours services (where a prescription is issued), walk-in centres and minor injury units (where a prescription is issued) and dental services (who may issue NHS prescriptions which are dispensed as part of pharmaceutical services).

Hillingdon's service is provided Monday to Friday from 6.30pm to 8.00am, and for 24 hours at weekends and during bank holidays.

**Map 22: Hospitals with a 5-mile radius**



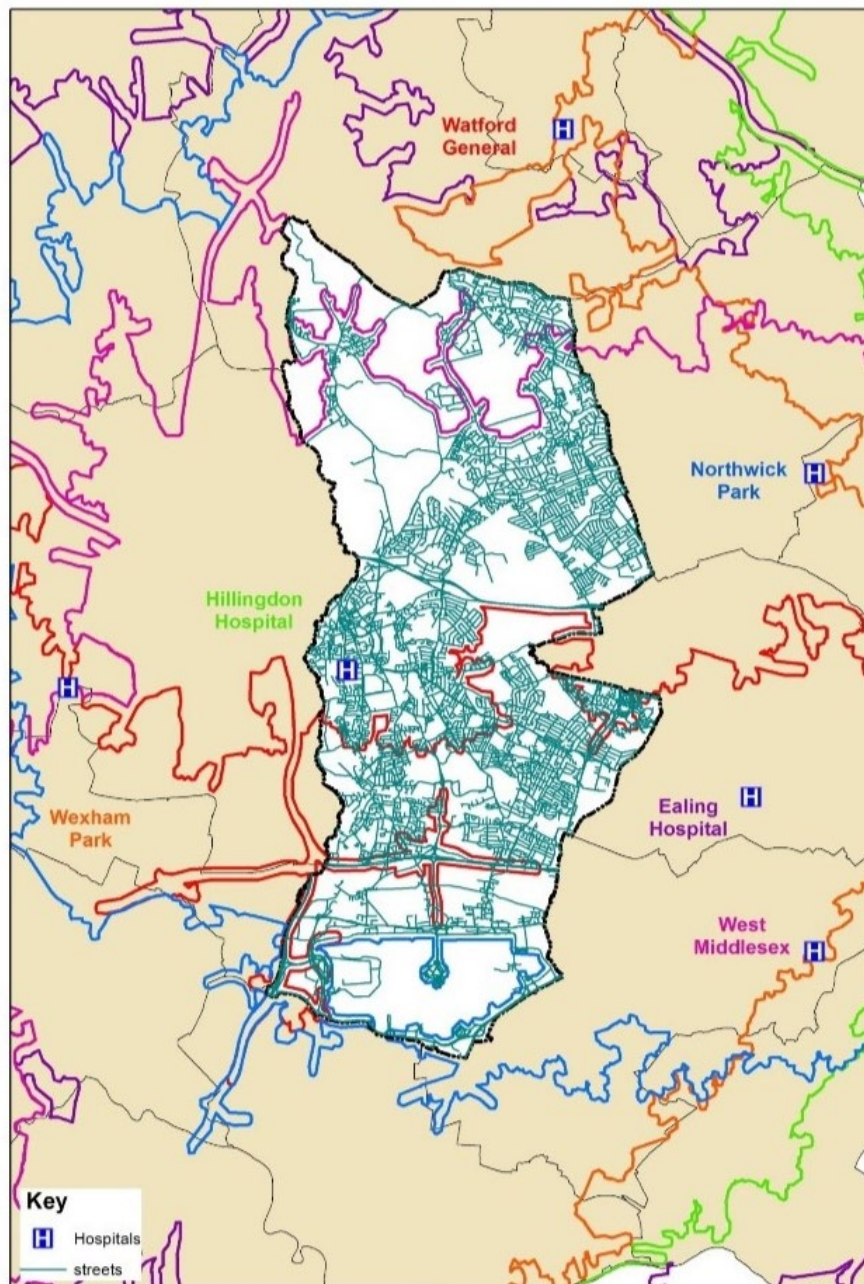
The coloured lines show the extent of 5 miles road travel from each hospital.



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

In the north of the Borough at 'A', Mount Vernon Urgent Care Nurse Practitioner Service for minor injuries (cuts, grazes & bruising, minor burns, animal bites and simple broken bones) where patients are triaged, and appointments can be booked.

**Map 23: A&E hospitals within a 30-minute drive time**



## 5.3. Pharmacy Services

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

### 5.3.1 Essential services:

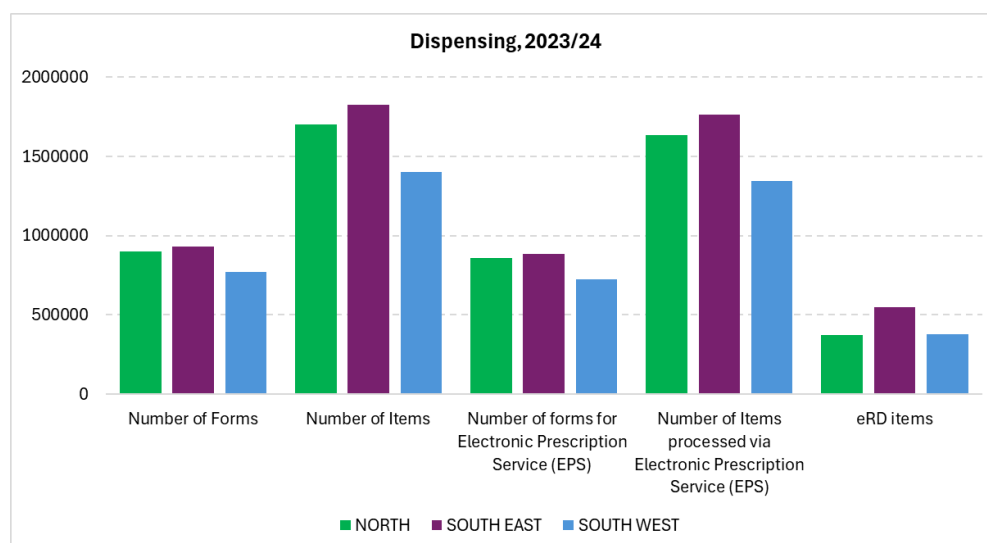
These services are offered by all pharmacy owners as part of the NHS Community Pharmacy Contractual Framework (CPCF, the Pharmacy Contract). These services are essential and considered necessary. They include:

- Dispensing Medicines
- Dispensing Appliances
- Repeat Dispensing/electronic Repeat Dispensing (eRD)
- Disposal of unwanted medicines
- Healthy Living Pharmacy (HLP)
- Discharge Medicines Service
- Public Health (Promotion of Healthy Lifestyles)
- Signposting
- Support for Self-Care

#### 5.3.1.1. Prescriptions and Dispensing:

Prescribing and dispensing data is published monthly by the NHS Business Services Authority and Community Pharmacy England. Data for 2023/24 shows a total of 9.7 million items were dispensed, with higher levels in the Southeast locality.

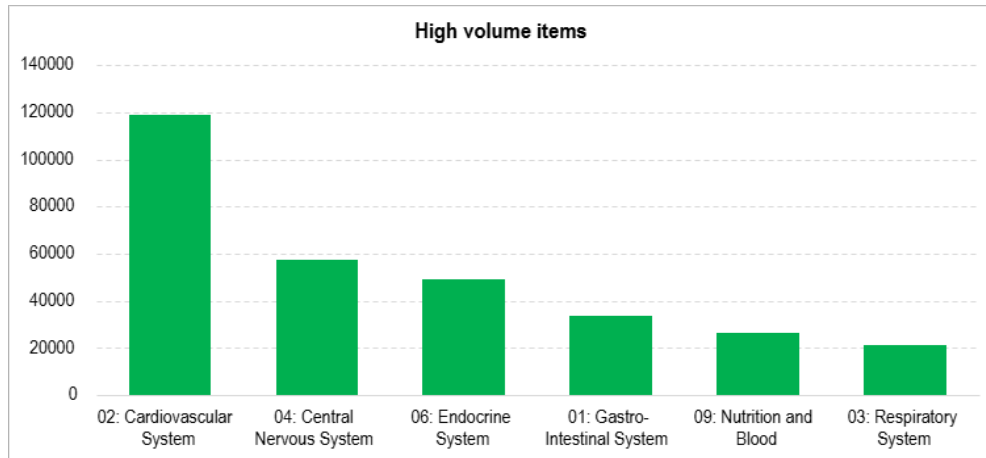
**Figure 50: Dispensing by locality: 2023/24:**



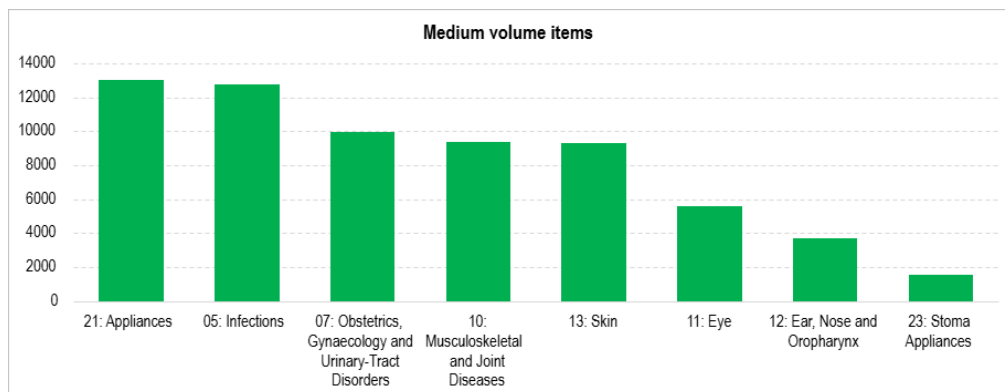
### 5.3.1.2. British National Formulary (BNF) data:

In April 2023 376,848 prescriptions were provided; the largest volume by item is cardiovascular (31.5%), central nervous system (15.3%) and endocrine (13%).

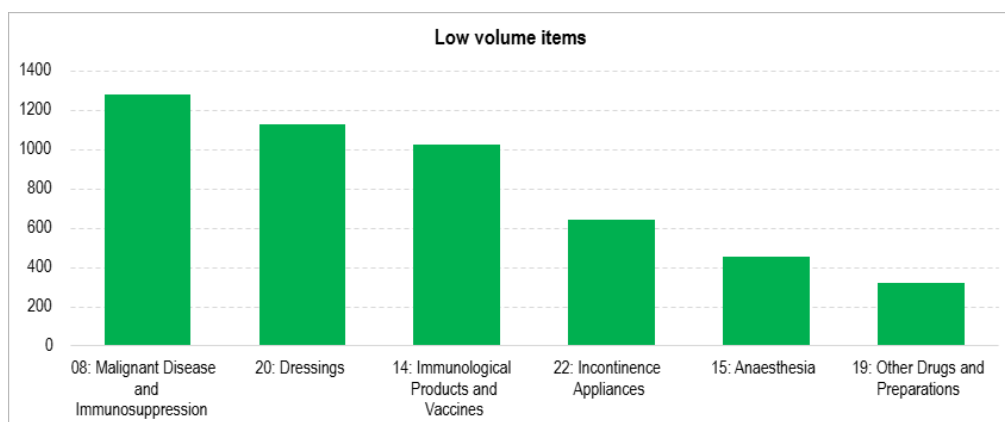
**Figure 51: BNF high volume prescribing: 2023:**



**Figure 52: BNF medium volume prescribing: 2023:**



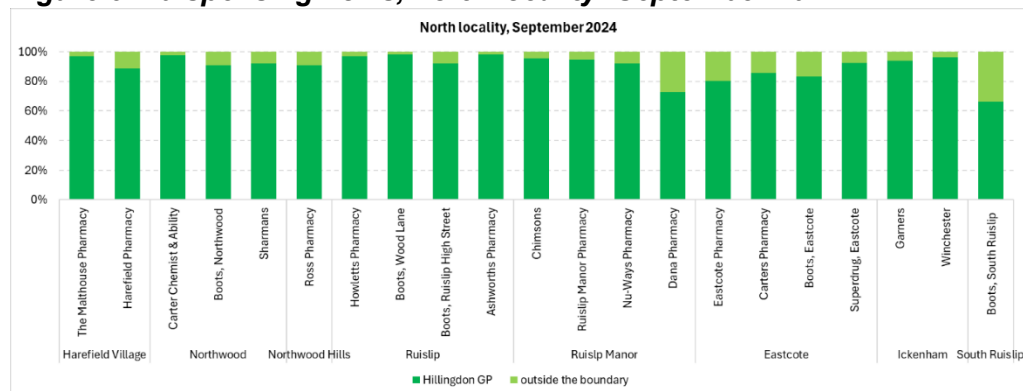
**Figure 53: BNF low volume prescribing: 2023:**



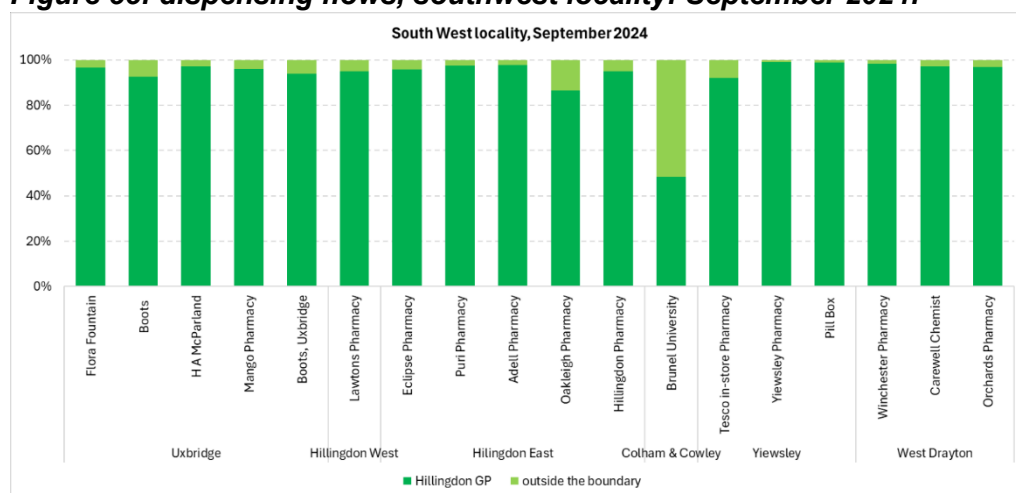
### 5.3.1.3. Pharmacy Dispensing Flows:

A snapshot of data from NHS Business Services Authority shows that in September 2024 most pharmacies within Hillingdon dispense prescriptions issued from GPs within Hillingdon; pharmacies across the borough dispensed prescriptions from multiple GPs and prescribers – ranging from 32 to 100+ individual practices.

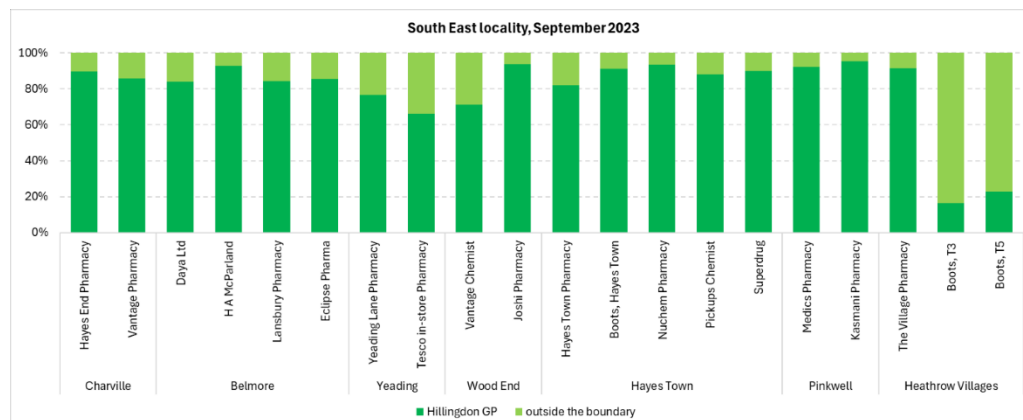
**Figure 54: dispensing flows, north locality: September 2024:**



**Figure 55: dispensing flows, southwest locality: September 2024:**



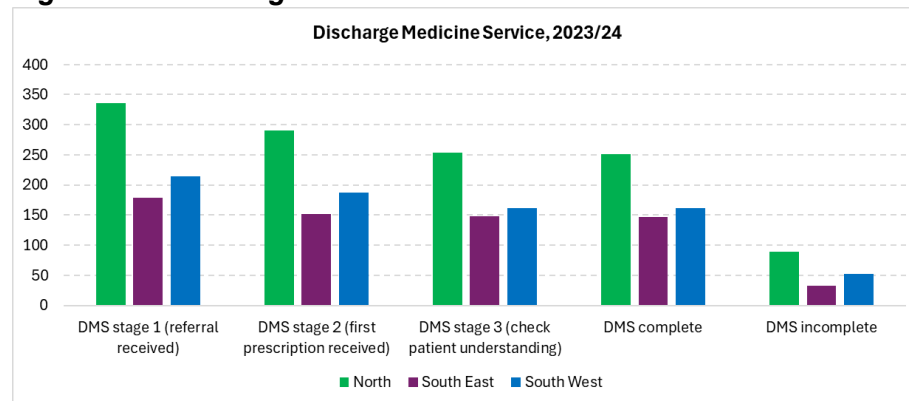
**Figure 56: dispensing flows, southeast locality: September 2024:**



#### 5.3.1.4. Discharge Medicine Service Performance 2023/24:

The service has been identified to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital. Trusts can refer patients who would benefit from extra guidance around new prescribed medicines to their community pharmacy.

**Figure 57: Discharge Medicine Service: 2023/24:**



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

#### 5.3.2 Advanced Services:

There are nine **Advanced Services within the CPCF**. Community pharmacies can choose to provide any of these services if they meet the requirements set out in the Secretary of State Directions. They include:

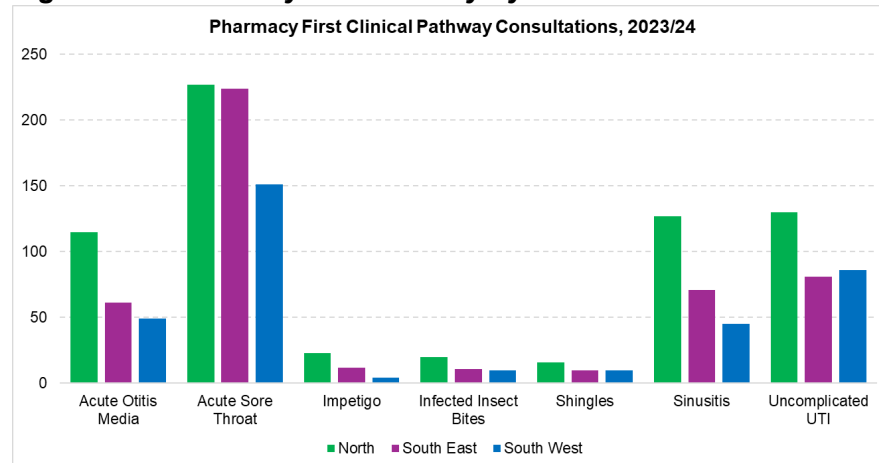
- Appliance Use Review (AUR)
- Pharmacy First Service
- COVID-19 lateral flow device distribution service
- Flu Vaccination Service
- Pharmacy Contraception Service (PCS): introduced in 2023
- Hypertension case-finding service: in public-facing communications, the service is described as the NHS Blood Pressure Check Service.
- New Medicine Service (NMS): 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)
- Smoking Cessation Service (SCS)
- Community Pharmacist Consultation Service (Minor Illness and Urgent Repeat Medicines Supply)

Advanced services are services which are *relevant*, but do not constitute as *necessary*.

### 5.3.3. Pharmacy First:

Launched January 2024 the service involves pharmacists providing advice and treatment for seven common conditions (age restrictions apply) – sinusitis, sore throat, acute otitis media, infected insect bite, impetigo, shingles, uncomplicated UTI. Acute sore throat has seen the largest number of consultations. Uptake in the North of the borough is higher than southern localities across all seven services.

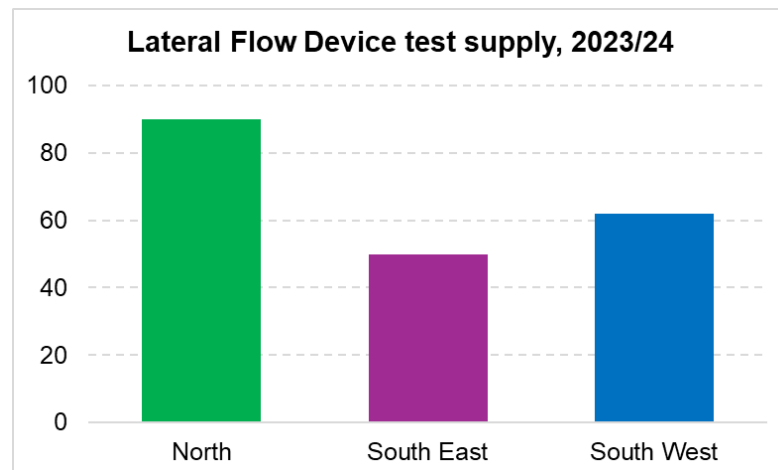
**Figure 58: Pharmacy First activity by health condition: 2023/24:**



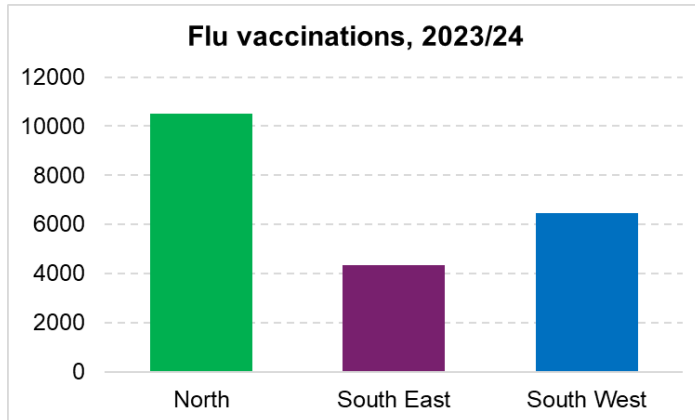
### 5.3.4: Other Advanced Services:

- No Appliance Use Reviews were carried out in this period.
- 36 pharmacies are signed up to the Pharmacy Contraception Service (PCS)

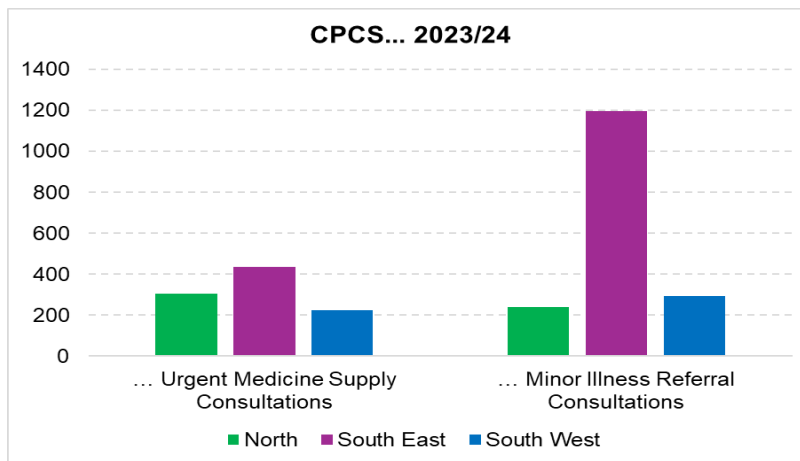
**Figure 59: Lateral Flow Device provision: 2023/24:**



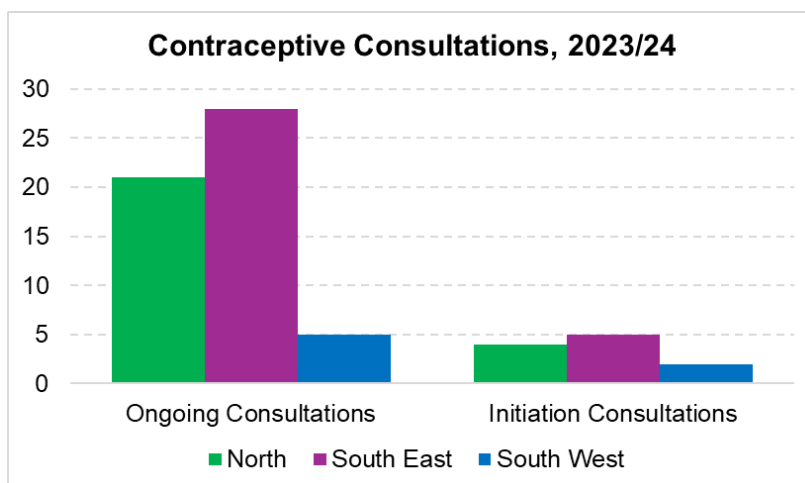
**Figure 60: Flu vaccination provision: 2023/24:**



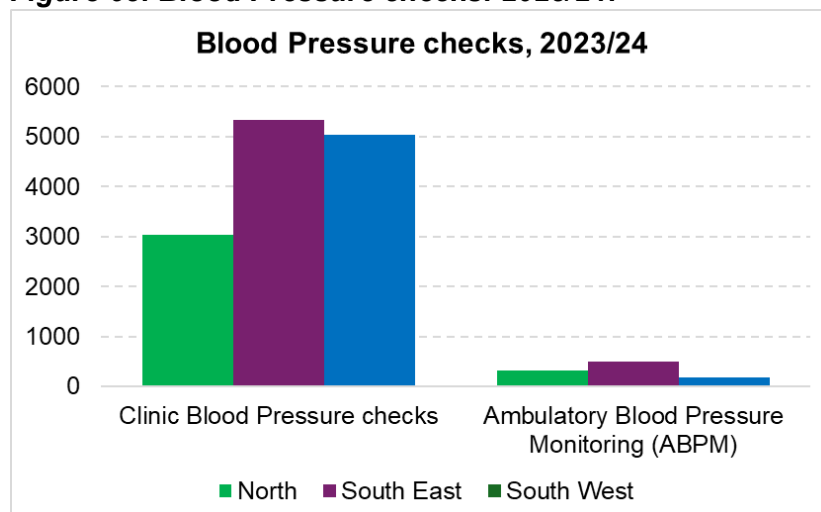
**Figure 61: Community Pharmacy Consultation Service provision: 2023/24:**



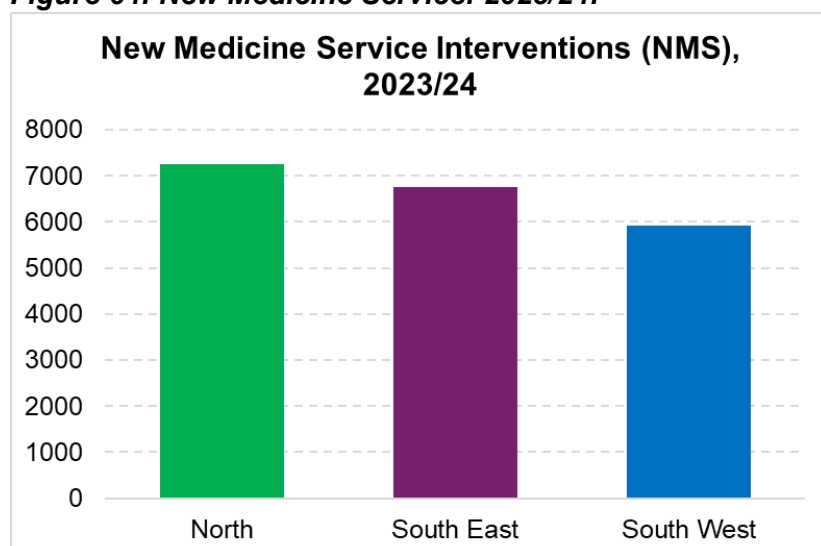
**Figure 62: Contraception Consultations provision: 2023/24:**



**Figure 63: Blood Pressure checks: 2023/24:**



**Figure 64: New Medicine Service: 2023/24:**



***Provision of advanced services is good. These services are relevant.***

#### **5.4. Enhanced Services:**

**National Enhanced Services:** NHS England commissions an enhanced service that is nationally specified. There are currently two NES Commissioned Services; the COVID-19 Vaccination Service and Respiratory Syncytial Virus (RSV) and Pertussis Vaccination Service.

This differs from a **Local Enhanced Service (LES)** that should be locally developed and designed to meet local health needs and for which NHS England would consult with Local Pharmaceutical Committees.

Locally commissioned services can be contracted through different routes and by different



commissioners, including local authorities, Integrated Care Boards (ICBs) and Local NHS England teams. Enhanced Services secure improvements or better access to, or services which contribute towards meeting the need for pharmaceutical services in Hillingdon.

**Hillingdon Council commissions the following pharmacy services:**

- Stop smoking service
- Supervised administration
- Needle and syringe exchange programme
- Emergency contraceptive service
- Sexual health screening services
- Anti-viral distribution service
- Medicines Assessment & Compliance Support Service
- Minor Ailments Scheme
- Seasonal influenza vaccine
- Out of hours service
- Vascular Risk Assessment (NHS Health Checks)

**The ICB commissions the following services:**

- Measles Mumps & Rubella Vaccination  
– one pharmacy is commissioned to provide this service, Eastcote Pharmacy in North locality
- COVID-19 Oral Medication in the Community (nirmatrelvir with ritonavir (Paxlovid®))  
- two pharmacies are commissioned to provide this service, Sharmans (North locality) and Lawton's (Southwest locality)

**The Local Pharmaceutical Committee (LPC) commission the following:**

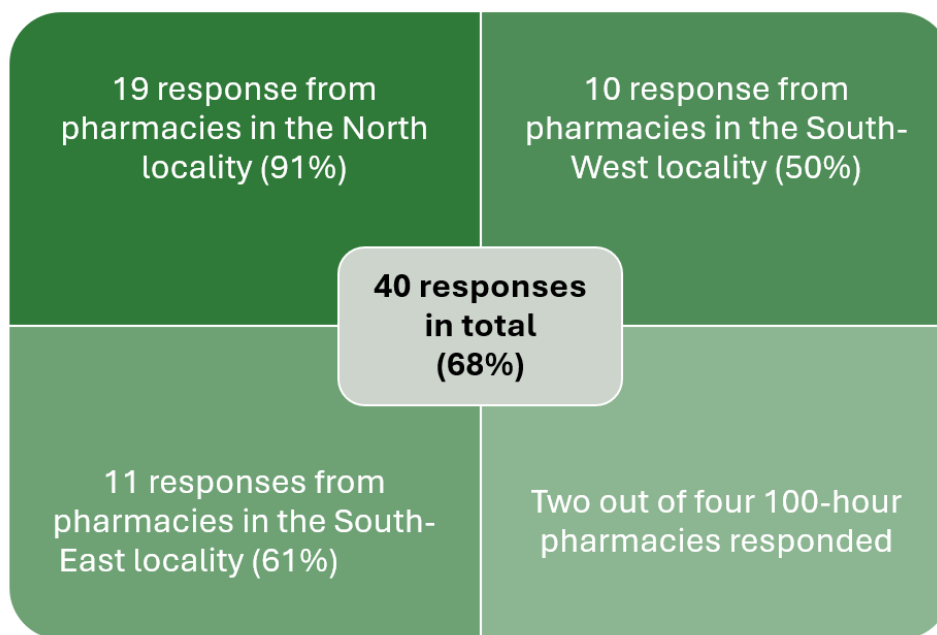
- In/out of hours palliative care medicine service  
(of the pharmacies who responded to the survey, one provides this service - Adell pharmacy, southwest locality).

## 5.5. Analysis of the Pharmacy Questionnaire

All community pharmacists in Hillingdon (59) were issued a questionnaire on services they provided, from essential services around dispensing and advanced, enhanced and other locally relevant services like minor ailment scheme, disease specific services, vaccinations, screening and monitoring and other commissioned and non-commissioned services.

The survey ran for six weeks (until the 31st of March 2025) and was completed by 40 of the 59 pharmacies within the specified time frame. Most pharmacies in the north responded, with less responses from the Southwest and Southeast localities pharmacists.

**Figure 65: pharmacy responses received:**



**Figure 66: Availability of consultation rooms:**

All pharmacies that responded have a consultation room

All are designated as a space for confidential conversations

30 are accessible



26 have hand washing facilities within the room

12 have access to toilet facilities

In addition to English 24 **languages** are spoken.

**Figure 67: Languages spoken by pharmacy staff:**

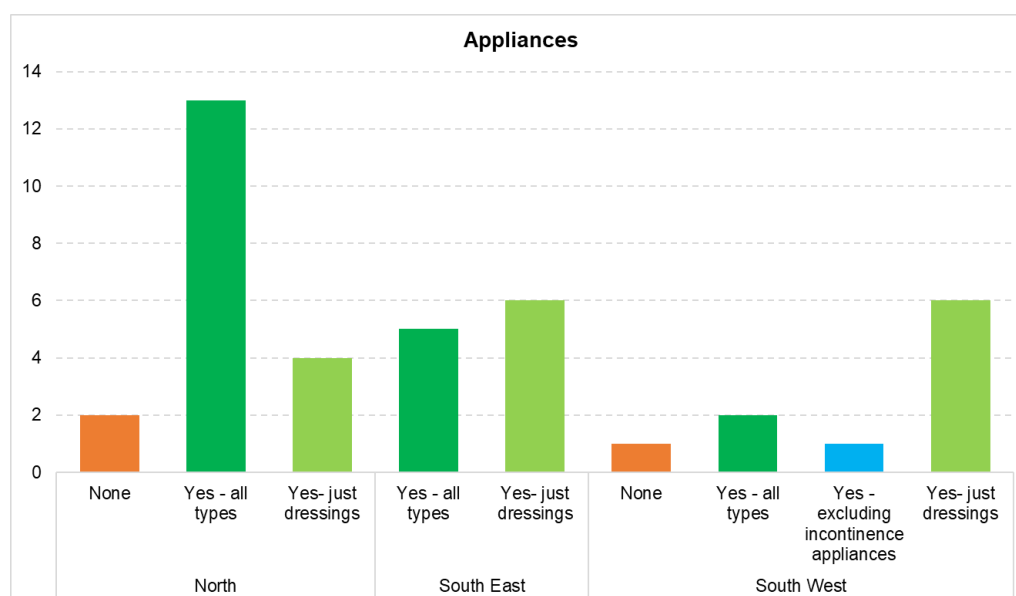


The top five languages spoken in the pharmacies that responded are Gujarati (29), Hindi (22), Punjabi (13), Urdu (8) and Polish (5) with a good distribution of the top three languages across the localities; four of these matched the top languages (other than English) spoken by residents (Census 2021).

## 5.6. Essential Services:

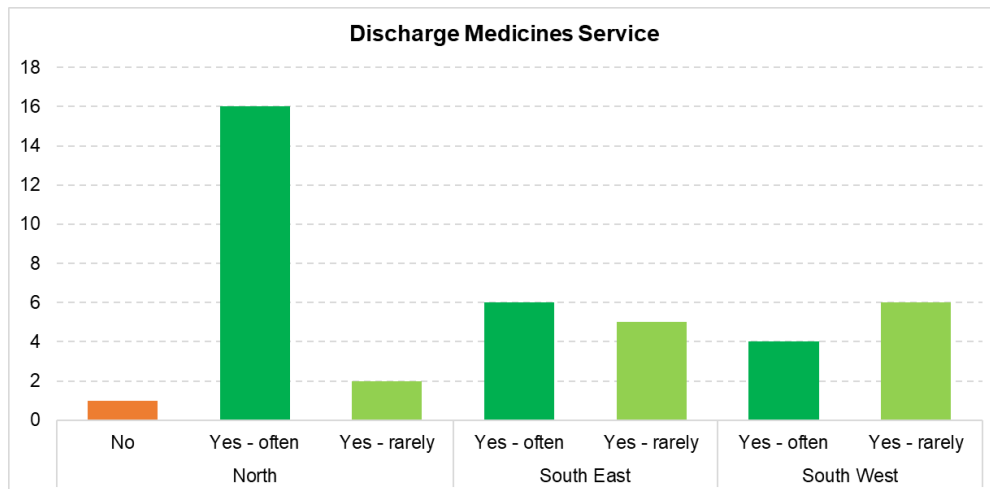
37 of those who responded dispense some form of **appliance**.

**Figure 68: Reported appliance provision:**



39 pharmacies who responded provide the Discharge Medicines Service (DMS).

**Figure 69: DMS provision by pharmacies:**



### 5.6.1. Gaps in provision: Essential Services:

Pharmacy provision is available seven days a week, some pharmacies open before 9am and late on weekday evenings. There is a good offer on Saturday mornings and a reduced offering on Saturday afternoons, with 10 pharmacies open on Sundays. *There are **no gaps** in provision of essential services or access of opening hours.*

**Table 5: Opening hours of Pharmacists (borough):**

Locality	Providers and total opening hours	Monday to Friday (M-F) opening	Saturday opening	Sunday opening	72 or 100 hours	Open before 9am
<b>North</b>	21  1,118.5	All open between 9am to at least 6pm -Nine open past 6pm (1 closed for lunch)	All open some hours, ten open reduced hours compared to M-F	Two - Ruislip and Northwood	None	Boots (Wood Lane) open from 8.30am Monday to Saturday
<b>Southwest</b>	18  951.25	All open between 9am to at least 5.30pm -15 open past 5.30pm (2 closed for lunch)	Four are closed, six operating reduced hours when compared to M-F	Three - West Drayton, Hillingdon and Uxbridge	Two – Lawton's (72 hours) and Tesco (78 hours)	Yiewsley Pharmacy open from 8.30am M-F, Eclipse (Long Lane) open 8.30am M-F, HA McParland open 8.45am M-F
<b>Southeast</b>	20  1276.5	All open between the hours of 9am to 6pm	One is closed, seven operating reduced hours when compared to M-F	Three in Hayes, in addition to the two within Heathrow Airport (whilst these serve staff who work at the airport, is it acknowledged that parking fees may restrict access to borough residents)	Three – Pickups in Hayes (79.5 hours), Hayes Town pharmacy (100 hours) and Tesco (78)  The two at Heathrow airport are open 100+ hours	Hayes Town Pharmacy and Tesco open from 8am (Mon-Sat), Pickups open 8.30am M-F

### **5.6.2. Advanced Services:**

***New Medicine Service:*** All 40 pharmacies who responded provide this service.

***Pharmacy First:*** 39 of the 40 pharmacies who responded state that they provided the Pharmacy First scheme, with one intending to begin within the next 12 months; of these:

- 31 have delivered it 'often' in the last 3 months
- 6 have delivered it 'occasionally'
- 2 deliver this service 'rarely'

***Hypertension Case Finding Service (Community Pharmacy Blood Pressure Check):*** 37 pharmacies provide this service, with good spread across the 3 localities; two are intending to begin providing within the next 12 months, with one not intending to provide the service.

***Flu Vaccination Service:*** 35 pharmacies provide this service, with good spread across the 3 localities; three are intending to begin providing within the next 12 months, with one not intending to provide the service (one did not respond).

***Pharmacy Contraception Service:*** 28 pharmacies provide this service, with good spread across the 3 localities; nine are intending to begin providing within the next 12 months, with two not intending to provide the service.

***Community Pharmacy Smoking Cessation:*** 15 pharmacies provide this service (3 SE, 5 SW and 7 North); seven are intending to begin providing within the next 12 months, with 13 not intending to provide the service.

***Appliance Use Review:*** Five pharmacies provide this service (3 North, 1 each SE and SW); eight said they are intending to begin providing in the next 12 months and 22 said they are not intending to provide the service. Five did not answer the question.

***Stoma Appliance Customisation:*** Six pharmacies provide this service (4 North, 1 each SE and SW); six said they are intending to begin providing in the next 12 months and 24 said they are not intending to provide the service. Four did not answer the question.

**Other Advanced:** The following services are also offered:

**North Locality:** Provide services that include:

- weight loss management,
- pneumonia vaccination,
- supervised consumption,
- HSSS stop smoking,
- Capture AF, Hillingdon
- Smoking Cessation Service,
- Palliative care service,
- Malaria Prevention.
- One pharmacy is participating in audits and trials all pilots that can lead to new services.

**Southeast Locality:** Provide services that include:

- Captures AF,
- Lateral flow device service.

**Southwest Locality:** Provide services that include:

- Free Emergency contraception,
- Vitamin B12 injection,
- Weight loss treatments,
- Hay fever treatments,
- Variety of Pharmadoctor PGDs offered.

***Provision of advanced services is good both across the borough and at locality level.***

Many pharmacies said they are intending to start offering advances services in the next 12 months or will provide services if they are commissioned.

### 5.6.3. Gaps in provision: Advanced Services:

Based on the 40 pharmacies who responded, provision of advanced services is good both at borough and locality level, though there is less provision of SACs and AURs than other services. Further provision of all services is planned within the next 12 months, which will secure improvement or better access over the life of this PNA. ***There are no gaps in provision of advanced services.***

**Figure 70: Advanced Services Provision by Locality:**

Locality	Pharmacy	Address	Community Pharmacy Smoking Cessation Service	Appliance Use Review	Stoma Appliance Customisation	Mon-Friday opening hours	Open Saturday	Open Sunday	Total opening hours
North	Dana Pharmacy	63 Victoria Road Ruislip Manor. HA4 9BH			Y	09:00-18:00	Y	n	49
	Carters Pharmacy	41 Salisbury Road, Pinner, HA5 2NJ	Y		Y	09:00-18:00	Y	n	48
	Ruislip Manor Pharmacy	53 Victoria Rd, Ruislip Manor HA4 9BH		Y		09:00-18:00	Y	n	53
	Sharmans Chemist	3-5 Clive Parade Northwood HA6 2QF	Y	Y	Y	09:00-19:00	Y	Y	62.5
	Ross Pharmacy	28 Joel Street Northwood Hills HA6 1PF	Y	Y	Y	09:00-18:30	Y	n	56
	HAREFILED PHARMACY	12E HIGH ST HAREFIELD UB96BU	Y			09:00-18:30	Y	n	51.5
	Malthouse pharmacy	Harefield	Y			09:00-18:30	Y	n	51.5
	CHIMSONS CHEMIST	29 VICTORIA ROAD, HA4 9AB	Y			09:00-18:30	Y	n	56
	Howletts Pharmacy	81 Howletts Lane, Ruislip HA4 7YG	Y			09:00-18:00	Y	n	49
South East	Vantage Pharmacy	252 Kingshill Avenue Hayes Middx UB4 8BZ	Y	Y		09:00-18:00	Y	n	50
	Medics Pharmacy	11 Dawley Road Hayes UB3 1LS			Y	09:00-18:30	Y	n	51.5
	NuChem Pharmacy	24 Coldharbour Lane	Y			09:00-18:00	Y	n	54
	Lansbury Pharmacy	102 Lansbury drive, Hayes, UB4 8SE	Y			09:00-19:00	Y	n	59
South West	MANGO PHARMACY LTD	3 THE PARADE, HIGH ST, COWLEY MIDDX UB8 2EP	Y			09:00-18:00	Y	n	49
	Lawton Pharmacy	8-9 crescent parade , Hillingdon . UB10 0LG	Y			09:00-20:00	Y	Y	72
	Adell Pharmacy	392 Long Lane, Hillingdon, Uxbridge, UB10 9PG	Y	Y	Y	09:00-18:00	Y	n	51
	Winchester pharmacy	64 swan road, west drayton, ub7 7jz	Y			09:00-18:15*	Y	n	49.5
	Brunel Pharmacy	Brunel Pharmacy, Kingston Lane Uxbridge, UB8 3PH	Y			09:00-17:30	n	n	42.5

\* Weds closes 17:30



## 5.7. Enhanced / Other services:

Community pharmacy services can be contracted via different routes and by different commissioners, including local authorities, ICBs and Local NHS England teams.

**Table 6: Enhanced / other services:**

Service	Currently offered	Not willing or able to provide	Willing to provide if commissioned	Willing to provide privately	Did not answer
Seasonal Influenza Vaccination Service	36	1	2	0	1
Supervised drug administration	21	7	9	2	1
Stop Smoking Service	16	6	11	3	4
Out of hours services	11	9	14	3	3
Emergency Contraception Service	9	1	24	3	3
Minor Ailment Service	9	2	27	1	1
Needle & Syringe Exchange	5	14	17	2	2
Medicines Assessment and Compliance Support Service	3	7	21	3	6
Anti-viral medication distribution service	2	8	27	0	3
Vascular Risk Assessment Service (NHS Health Check)	2	10	24	1	3
Not Dispensed Scheme	1	9	24	1	5
Anticoagulant monitoring service	0	9	28	0	3
Chlamydia Testing Service	0	10	26	1	3
Chlamydia Treatment Service	0	6	28	1	5
Phlebotomy Service	0	11	21	5	3

## 5.8. Seasonal Influenza Vaccination – current provision by locality:

**Figure 71: Influenza vaccination provision by Hillingdon Locality: 2025:**

Locality	Pharmacy	Address	Seasonal Influenza Vaccination
<b>North</b>	Dana Pharmacy	63 Victoria Road Ruislip Manor. HA4 9BH	Y
	Carters Pharmacy	41 Salisbury Road, Pinner, HA5 2NJ	Y
	Ruislip Manor Pharmacy	53 Victoria Rd, Ruislip Manor HA4 9BH	Y
	Sharmans Chemist	3-5 Clive Parade Northwood HA6 2QF	Y
	Ross Pharmacy	28 Joel Street Northwood Hills HA6 1PF	Y
	HAREFILED PHARMACY	12E HIGH ST HAREFIELD UB96BU	Y
	malthouse pharmacy	Harefield	Y
	CHIMSONS CHEMIST	29 VICTORIA ROAD, HA4 9AB	Y
	Howletts Pharmacy	81 Howletts Lane, Ruislip HA4 7YG	Y
	Carter Chemist	112-114 High Street, HA6 1BJ	Y
	Garners	1 swakeleys road ickenham ub10 8df	Y
	Superdrug	143 field end road	Y
	Boots	2a Wood Lane, Ruislip, HA4 6ER	Y
	Nu-Ways Pharmacy	292 West End Road , Ruislip HA4 6LS	Y
	Boots	11 Maxwell Road, Northwood, HA6 2XY	Y
	Boots	716 field end road , South Ruislip , ha4 0qp	Y
	Boots	67 High Street, RUISLIP, HA4 8JB	Y
<b>South East</b>	The Village Pharmacy	220 High Street Harlington UB3 5DS	Y
	Vantage Pharmacy	252 Kingshill Avenue Hayes Middx UB4 8BZ	Y
	Medics Pharmacy	11 Dawley Road Hayes UB3 1LS	Y
	Kasmani Pharmacy	6 Northfield Parade, Hayes, Middlesex UB3 4JA	Y
	Boots	Terminal 3 Departures Landside, Heathrow, TW6 1QG	Y
	Nuchem Pharmacy	24 Coldharbour Lane	Y
	Lansbury Pharmacy	102 Lansbury drive, Hayes, UB4 8SE	Y
	VANTAGE PHARMACY	1 PARK PARADE, BARRA HALL CIRCUS, UB3 2NU	Y
	Pillbox	20-21 coldharbor lane ub3 3hf	Y
	Yeading Lane Pharmacy	236, Yeading Lane, Hayes, UB4 9AX	Y
<b>South West</b>	MANGO PHARMACY LTD	3 THE PARADE, HIGH ST, COWLEY MIDDX UB8 2EP	Y
	Lawton Pharmacy	8-9 crescent parade , Hillingdon . UB10 0LG	Y
	Adell Pharmacy	392 Long Lane, Hillingdon, Uxbridge, UB10 9PG	Y
	Carewell Chemist	10 Mulberry Parade, West Drayton, UB7 9AE	Y
	Winchester pharmacy	64 swan road, west drayton, ub7 7jz	Y
	Tesco Pharmacy Yiewsley	Off Yiewsley High street, Trout road, UB7 7FP	Y
	Brunel pharmacy	Brunel Pharmacy, Kingston Lane Uxbridge, UB8 3PH	Y
	Yiewsley pharmacy	28 high street west drayton UB7 7DP	Y
	Orchards Pharmacy Ltd	6 Laurel lane West Drayton UB7 7 TU	Y

## 5.9. Enhanced Services: Current provision by locality:

**Figure 72: Enhanced Services Provision by Hillingdon Locality:**

Locality	Pharmacy	Address	Supervised Administration Service	Out of Hours Services	Stop Smoking Service	Emergency Contraception Service	Minor Ailment Scheme	Needle and Syringe Exchange
North	Dana Pharmacy	63 Victoria Road Ruislip Manor. HA4 9BH		Y			Y	
	Carters Pharmacy	41 Salisbury Road, Pinner, HA5 2NJ	Y		Y			Y
	Ruislip Manor Pharmacy	53 Victoria Rd, Ruislip Manor HA4 9BH	Y		Y	Y		
	Sharmans Chemist	3-5 Clive Parade Northwood HA6 2QF		Y	Y			
	Ross Pharmacy	28 Joel Street Northwood Hills HA6 1PF		Y	Y			
	Winchester Pharmacy	79 Swakeleys Road, Ickenham, UB10 8DQ					Y	
	HAREFILED PHARMACY	12E HIGH ST HAREFIELD UB96BU	Y		Y	Y		
	malthouse pharmacy	Harefield	Y	Y	Y	Y		Y
	CHIMSONS CHEMIST	29 VICTORIA ROAD, HA4 9AB	Y		Y			Y
	Ashworth Pharmacy	64 high street ruslip ha4 7aa		Y		Y	Y	
	Howletts Pharmacy	81 Howletts Lane, Ruislip HA4 7YG		Y	Y			
	Carter Chemist	112-114 High Street, HA6 1BJ	Y	Y				
	superdrug	143 field end road			Y	Y		
	Boots	2a Wood Lane, Ruislip, HA4 6ER				Y	Y	
	Nu-Ways Pharmacy	292 West End Road , Ruislip HA4 6LS	Y	Y				
South East	Boots	716 field end road , South Ruislip , ha4 0qp	Y					
	Boots	67 High Street, RUISLIP, HA4 8JB	Y					
	The Village Pharmacy	220 High Street Harlington UB3 5DS	Y					
	Vantage Pharmacy	252 Kingshill Avenue Hayes Middx UB4 8BZ	Y	Y	Y			
	Medics Pharmacy	11 Dawley Road Hayes UB3 1LS	Y	Y				Y
	Boots	Terminal 3 Departures Landside, Heathrow, Middlesex, TW6 1QG						
	Nuchem Pharmacy	24 Coldharbour Lane	Y		Y			
	Lansbury Pharmacy	102 Lansbury drive, Hayes, UB4 8SE	Y		Y			
South West	Pillbox	20-21 coldharbor lane ub3 3hf	Y				Y	
	Yeading Lane Pharmacy	236, Yeading Lane, Hayes, UB4 9AX	Y				Y	
	MANGO PHARMACY LTD	3 THE PARADE, HIGH ST, COWLEY MIDDX UB8 2EP	Y		Y			
	Lawton Pharmacy	8-9 crescent parade , Hillingdon . UB10 0LG	Y	Y	Y	Y	Y	
	Adell Pharmacy	392 Long Lane, Hillingdon, Uxbridge, UB10 9PG			Y		Y	
	Winchester pharmacy	64 swan road, west drayton, ub7 7jz			Y			
	Tesco Pharmacy Yiewsley	Off Yiewsley High street, Trout road, UB7 7FP	Y					
	Brunel pharmacy	Brunel Pharmacy, Kingston Lane Uxbridge, UB8 3PH				Y		
	Yiewsley pharmacy	28 high street west drayton UB7 7DP	Y			Y	Y	Y

**Figure 73: Enhanced Service Provision by Hillingdon Locality:**

Locality	Pharmacy	Address	Anti-viral Distribution Service	Not Dispensed Scheme	Vascular Risk Assessment Service (NHS Health Check)	Medicines Assessment and Compliance Support
North	Sharmans Chemist	3-5 Clive Parade Northwood HA6 2QF	Y		Y	
	HAREFILED PHARMACY	12E HIGH ST HAREFIELD UB96BU				Y
	malthouse pharmacy	Harefield				Y
	Ashworth Pharmacy	64 high street ruslip ha4 7aa				Y
South East	Vantage Pharmacy	252 Kingshill Avenue Hayes Middx UB4 8BZ		Y		
South West	Lawton Pharmacy	8-9 crescent parade , Hillingdon . UB10 0LG	Y			
	Adell Pharmacy	392 Long Lane, Hillingdon, Uxbridge, UB10 9PG			Y	

## 5.8 Screening services provided by Pharmacies:

Of the 40 pharmacies who responded to the survey, **none are currently providing screening services**, but many say they would offer the services if commissioned.

**Table 7: Screening services provided by Hillingdon Pharmacies:**

Service	Not willing or able to provide	Willing to provide if commissioned	Willing to provide privately	Did not answer
Gonorrhoea	18	19	2	1
H. pylori	16	21	2	1
Hepatitis	17	20	2	1
HIV	17	19	2	2

## 5.9 Disease Specific Medicines Management:

Of the 40 pharmacies who responded to the survey **3 currently provide asthma management services** (2 pharmacies in the north and 1 pharmacy in the Southwest).

## 5.10 Vaccinations:

COVID-19 and pneumococcal vaccinations widely offered. Many pharmacies would offer additional vaccination provision if commissioned.

**Table 8: Vaccinations provided by Hillingdon pharmacies:**

Service	Currently offer	Not willing or able to provide	Willing to provide if commissioned	Willing to provide privately	Did not answer
COVID-19	20	10	9	1	0
Pneumococcal	11	8	14	6	1
Meningococcal	2	10	20	7	1
Hepatitis (at risk workers or patients)	2	14	18	5	1

<b>Travel vaccinations</b>	<b>1</b>	9	15	13	2
<b>Childhood vaccinations</b>	<b>0</b>	13	19	4	4
<b>HPV</b>	<b>0</b>	12	20	6	2

### 5.10.1. Vaccinations: Current provision by locality:

**Figure 74: Current vaccination provision by the Hillingdon locality pharmacists:**

Locality	Pharmacy	Address	COVID-19 vaccinations	Pneumococcal vaccinations	Hepatitis (at risk workers or patients) vaccinations	Meningococcal vaccinations	Travel vaccinations	Other, please specify
North	Carters Pharmacy	41 Salisbury Road, Pinner, HA5 2NJ	Y	Y				
	Ruislip Manor Pharmacy	53 Victoria Rd, Ruislip Manor HA4 9BH	Y	Y				full travel clinic
	Sharmans Chemist	3-5 Clive Parade Northwood HA6 2QF	Y	Y				
	Ross Pharmacy	28 Joel Street Northwood Hills HA6 1PF	Y	Y				
	HAREFILED PHARMACY	12E HIGH ST HAREFIELD UB96BU	Y		Y	Y	Y	
	Howletts Pharmacy	81 Howletts Lane, Ruislip HA4 7YG	Y	Y				
	Carter Chemist	112-114 High Street, HA6 1BJ	Y					
	Garners ickenham pharmacy	1 swakeleys road ickenham ub10 8df	Y					
	Boots	2a Wood Lane, Ruislip, HA4 6ER		Y				
	Boots	716 field end road , South Ruislip , ha4 0qp		Y				
South East	The Village Pharmacy	220 High Street Harlington UB3 5DS	Y					
	Vantage Pharmacy	252 Kingshill Avenue Hayes Middx UB4 8BZ	Y	Y				Travel vaccine under Private PGD
	Kasmani Pharmacy	6 Northfield Parade, Hayes, Middlesex UB3 4JA	Y					
	Nuchem Pharmacy	24 Coldharbour Lane	Y					
	Lansbury Pharmacy	102 Lansbury drive, Hayes, UB4 8SE	Y					
	VANTAGE PHARMACY	1 PARK PARADE, BARRA HALL CIRCUS, UB3 2NU	Y					
	Pillbox	20-21 coldharbor lane ub3 3hf	Y					
	Boots	Terminal 3 Departures Landside, Heathrow, TW6 1QG						we are designated travel clinic and provide privately travel vaccinations (inc yellow fever), and other vaccinations (chickenpox, hpv, men b, pneumonia)
South West	MANGO PHARMACY LTD	3 THE PARADE, HIGH ST, COWLEY MIDDX UB8 2EP	Y					
	Lawton Pharmacy	8-9 crescent parade , Hillingdon . UB10 0LG	Y	Y	Y			
	Winchester pharmacy	64 swan road, west drayton, ub7 7jz	Y					
	Tesco Pharmacy Yiewsley	Off Yiewsley High street, Trout road, UB7 7FP		Y		Y		
	Yiewsley pharmacy	28 high street west drayton UB7 7DP	Y	Y				
	Orchards Pharmacy Ltd	6 Laurel lane West Drayton UB7 7 TU	Y					

### 5.11. Gaps in provision: Enhanced / Other Services:

Provision of enhanced services is good, with vaccinations, supervised administration, stop smoking service and the out of hours services the most widely provided services. *There are no gaps in provision.*

There are services that pharmacies have said they are willing to provide if commissioned or provide privately, which would secure improvement or better access over the life of this PNA.

**5.12 Delivery services & non-commissioned services:** The following services are widely provided across the borough.

**Table 9: Delivery and non-commissioned services:**

Service	Currently offered	No and not intending to provide	Intending to begin in the next 12 months	Did not answer
Collection of prescriptions from GP practices	29	9	1	1
Delivery of dispensed medicines – selected patients	34	2	4	0
Delivery of dispensed medicines – selected areas	29	6	2	3
Delivery of dispensed medicines – with charge	9	14	9	8
Delivery of dispensed medicines – free of charge on request	30	9	1	0
Monitored Dosage Systems – free of charge on request	31	7	1	1
Monitored Dosage Systems – with charge	9	15	7	9

Those pharmacies who deliver the above services were asked to list any specific criteria against which they were providing these services. In most cases the criteria included provision for:

- housebound or elderly patients
- vulnerable patients
- patients with a disability
- patients within the same postcode (i.e. UB10) or within a radius (i.e. 3 miles)

## 5.13. Delivery services & non-commissioned services:

**Figure 75: Pharmacies that currently offer these services:**

Locality	Trading name	Pharmacy address	Collection of prescriptions from GP practices	Delivery of dispensed medicines – Selected patient groups	Delivery of dispensed medicines – Selected areas	Delivery of dispensed medicines – Free of charge on request	Delivery of dispensed medicines – With charge	Monitored Dosage Systems – Free of charge on request	Monitored Dosage Systems – With charge
North	Dana Pharmacy	63 Victoria Road Ruislip Manor, HA4 9BH	Y	Y	x	Y		Y	x
	Carters Pharmacy	41 Salisbury Road, Pinner, HA5 2NJ				Y		Y	
	Ruislip Manor Pharmacy	53 Victoria Rd, Ruislip Manor HA4 9BH		Y	Y	Y		Y	Y
	Sharmans Chemist	3-5 Clive Parade Northwood HA6 2QF	Y	Y	Y	Y		Y	
	Ross Pharmacy	28 Joel Street Northwood Hills HA6 1PF	Y	Y	Y	Y		Y	
	Winchester Pharmacy	79 Swakeleys Road, Ickenham, UB10 8DQ	Y	Y	Y	Y	x		Y
	HAREFILED PHARMACY	12E HIGH ST HAREFIELD UB96BU	Y	Y	Y	Y	x	Y	x
	Malthouse pharmacy	Harefield	Y	Y	Y	Y	x	Y	x
	CHIMSONS CHEMIST	29 VICTORIA ROAD, HA4 9AB	Y	Y	Y	Y		Y	
	Ashworth Pharmacy	64 high street ruslip ha4 7aa		Y	Y	Y	x	x	x
	Howletts Pharmacy	81 Howletts Lane, Ruislip HA4 7YG	Y	Y	Y	Y	Y		Y
	Carter Chemist	112-114 High Street, HA6 1BJ	Y	Y	Y	Y		Y	
	Garners ickenham pharmacy	1 swakeleys road ickenham ub10 8df	Y	Y	Y	Y			Y
	superdrug	143 field end road	Y	Y	Y	Y			
	Boots	2a Wood Lane, Ruislip, HA4 6ER	Y	Y	x		Y	Y	
	Nu-Ways Pharmacy	292 West End Road , Ruislip HA4 6LS	Y	Y	Y	Y	x	Y	x
	Boots	11 Maxwell Road, Northwood, HA6 2XY	Y	Y			Y	Y	
	Boots	716 field end road , South Ruislip , ha4 0qp		Y	Y	Y	Y		
	Boots	67 High Street, RUISLIP, HA4 8JB	Y	Y	Y		Y	Y	x
x - question not answered									
Locality	Trading name	Pharmacy address	Collection of prescriptions from GP practices	Delivery of dispensed medicines – Selected patient groups	Delivery of dispensed medicines – Selected areas	Delivery of dispensed medicines – Free of charge on request	Delivery of dispensed medicines – With charge	Monitored Dosage Systems – Free of charge on request	Monitored Dosage Systems – With charge
South East	The Village Pharmacy	220 High Street Harlington UB3 5DS	Y	Y	Y	Y		Y	
	Vantage Pharmacy	252 Kingshill Avenue Hayes Middx UB4 8BZ		Y				Y	
	Medics Pharmacy	11 Dawley Road Hayes UB3 1LS	Y	Y	Y		Y	Y	Y
	Joshi Pharmacy	315 Harlington Road, Hillingdon, Uxbridge, Middlesex, UB8 3JD		Y	Y	Y		Y	Y
	Kasmani Pharmacy	6 Northfield Parade, Hayes, Middlesex UB3 4JA	Y	Y	Y	Y	Y	Y	Y
	Nuchem Pharmacy	24 Coldharbour Lane	Y	Y	Y	Y		Y	
	Lansbury Pharmacy	102 Lansbury drive, Hayes, UB4 8SE	Y	Y	Y	Y	x	Y	
	VANTAGE PHARMACY	1 PARK PARADE, BARRA HALL CIRCUS, UB3 2NU	Y	Y	Y	Y		Y	Y
	Pillbox	20-21 coldharbor lane ub3 3hf	Y	Y	Y	Y	x	Y	x
	Yeading Lane Pharmacy	236, Yeading Lane, Hayes, UB4 9AX						Y	
South West	MANGO PHARMACY LTD	3 THE PARADE, HIGH ST, COWLEY MIDDX UB8 2EP	Y	Y	Y	Y		Y	
	Lawton Pharmacy	8-9 crescent parade , Hillingdon . UB10 0LG	Y	Y	Y	Y		Y	
	Adell Pharmacy	392 Long Lane, Hillingdon, Uxbridge, UB10 9PG	Y					Y	Y
	Winchester pharmacy	64 swan road, west drayton, ub7 7jz	Y	Y	Y	Y		Y	
	Hillingdon Pharmacy	4 Sutton Court Road Hillingdon UB10 9HP	Y	Y	x	Y	Y	Y	
	Brunel pharmacy	Brunel Pharmacy, Kingston Lane Uxbridge, UB8 3PH	Y	Y	Y	Y		Y	
	Yiewsley pharmacy	28 high street west drayton UB7 7DP	x	Y	Y	Y	x	Y	x
	Orchards Pharmacy Ltd	6 Laurel lane West Drayton UB7 7 TU	Y	Y	Y	Y	Y	Y	x
x - question not answered									



#### **5.14. Bank-holiday access**

The ICB has commissioned an enhanced service to provide pharmacy provision over Bank Holidays. Two pharmacies are commissioned in Hillingdon, one in Ruislip and one in Hayes.

#### **5.15. Dispensing Appliance Contractors (DACs):**

There are no DACs in Hillingdon, though 93% of the pharmacies who responded to the questionnaire say they dispense some form of appliance (an essential service).

#### **5.16. Dispensing GP practices:**

- There are no dispensing GP practices in Hillingdon.

#### **5.17. PhAS pharmacies:**

There are three PhAS providers in Hillingdon:

- Boots, Term 5 Landside
- Boots Term 3 Landside
- Howletts, Ruislip

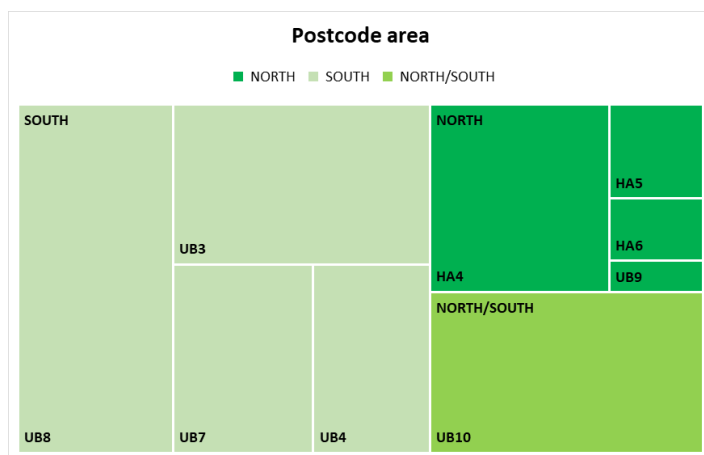
## 6. Patient Survey Outcome:

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 access to and use of pharmacies. A copy of the survey questions can be seen in Appendix 4b.

166 responses were received; *as this is less than 1.0% of the borough population the findings should be interpreted with some care and whether the findings are representative of the borough.*

Of the 166 responders, the majority live in Hillingdon; figure 76 shows the breakdown by postcode area:

**Figure 76: Patient Survey Respondents by postcode of home address:**

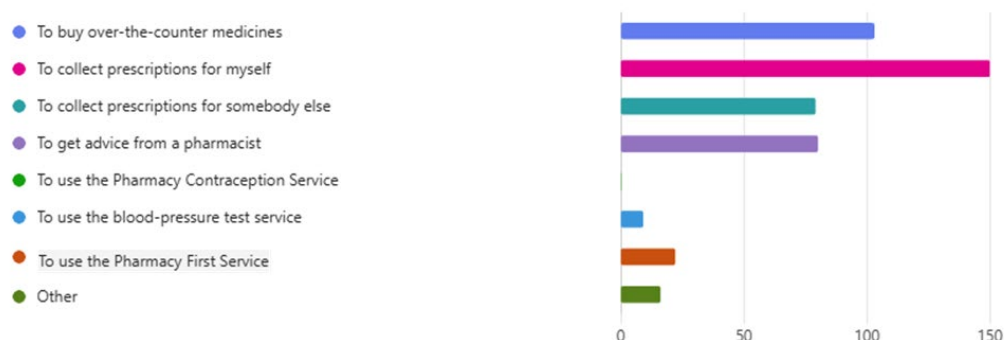


### 6.1 Pharmacy usage

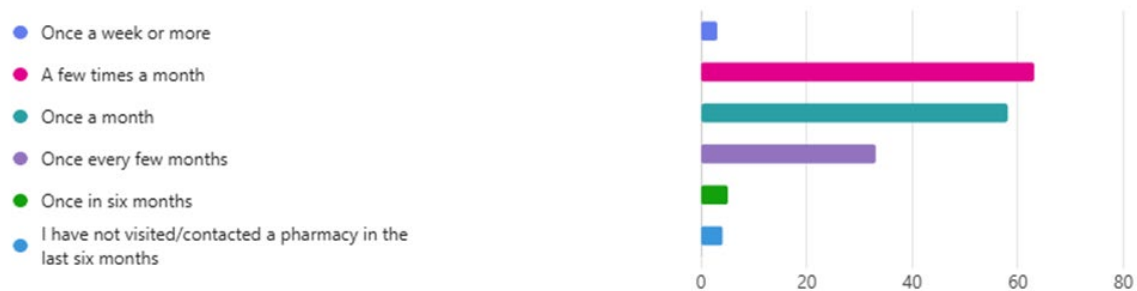
Most respondents stated that they visit a pharmacy to collect prescriptions for themselves and for others, or to buy over the counter medicines and to get advice.

Many visit once or month or more frequently. Times of visit vary, but 20% prefer to access their pharmacist after 5pm. The majority say the days they visit varies, but many choose to access services on a Saturday for convenience.

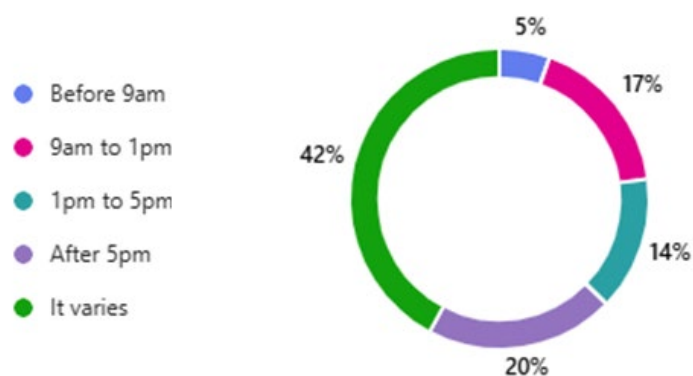
**Figure 77: Survey Question: Why do you usually visit a pharmacy?**



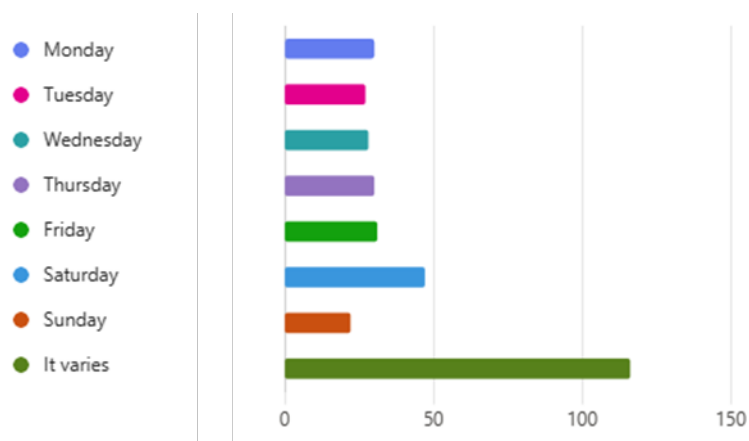
**Figure 78: Survey Question: How often have you visited or contacted a pharmacy in the last six months?**



**Figure 79: Survey Question: What time is most convenient for you to use a pharmacy?**



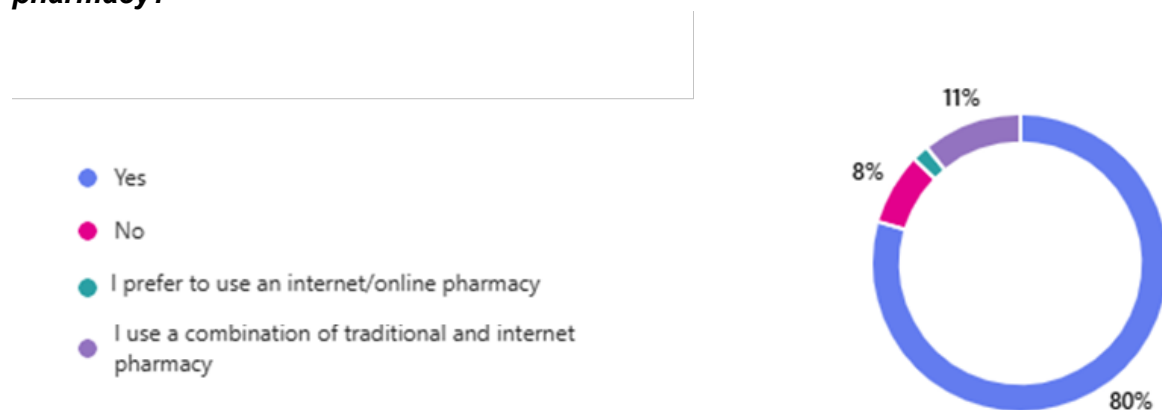
**Figure 80: Survey Question: Which days of the week are more convenient for you to use a pharmacy?**



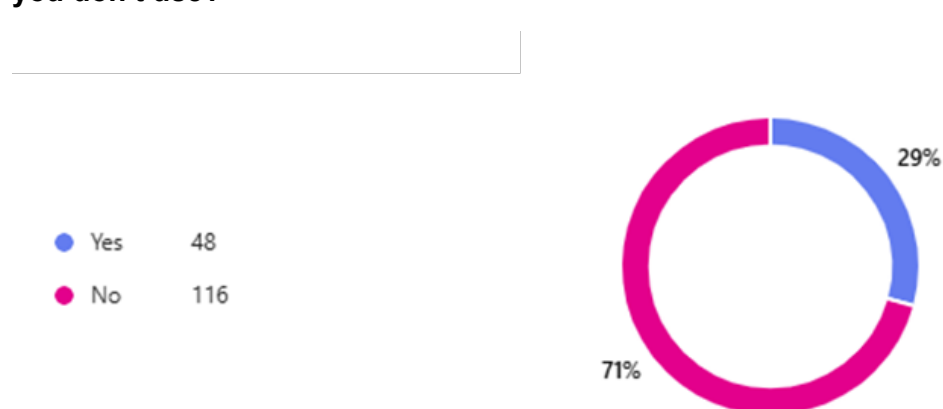
## 6.2 Pharmacy choice:

80% of respondents have a preferred pharmacy they use, with 29% choosing to travel further than their closest pharmacy to access services.

**Figure 81: Survey Question: Do you have a regular or preferred local community pharmacy?**



**Figure 82: Survey Question: Is there a more convenient and/or closer pharmacy that you don't use?**



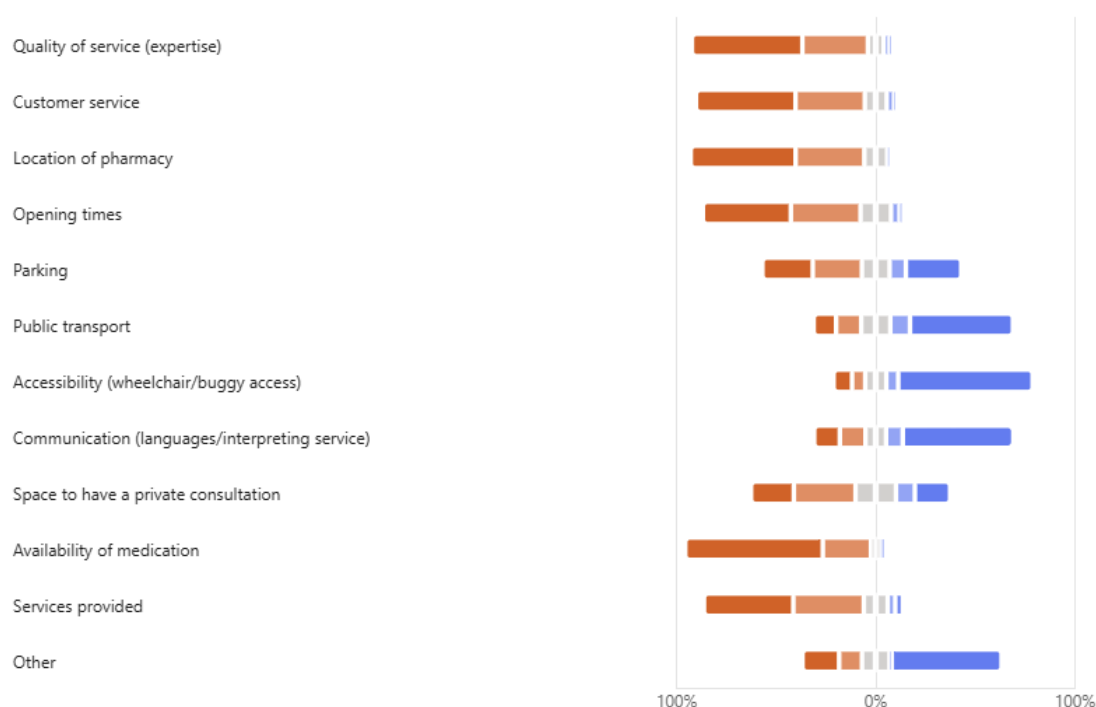
Reasons why included; better customer service, better stock availability, longer opening hours or shorter waiting times.

**Figure 83: Survey Question: What influences your choice of pharmacy?**

When asked what influences the choice of pharmacy, the top five reasons stated were:

- the availability of medication
- the quality of service (expertise)
- the location of the pharmacy
- the opening times
- the customer service

● Extremely important ● Very important ● Moderately important ● Fairly important ● Not at all important



<b>Availability of medication</b> <ul style="list-style-type: none"> <li>Extremely important 69.1%</li> <li>Very important 24.2%</li> <li>Moderately important 4.8%</li> <li>Fairly important 0.6%</li> <li>Not at all important 1.2%</li> </ul>	<b>Quality of service (expertise)</b> <ul style="list-style-type: none"> <li>Extremely important 55.5%</li> <li>Very important 32.9%</li> <li>Moderately important 7.9%</li> <li>Fairly important 3%</li> <li>Not at all important 0.6%</li> </ul>	<b>Location of pharmacy</b> <ul style="list-style-type: none"> <li>Extremely important 52.7%</li> <li>Very important 34.5%</li> <li>Moderately important 11.5%</li> <li>Fairly important 1.2%</li> </ul>	<b>Opening times</b> <ul style="list-style-type: none"> <li>Extremely important 44.2%</li> <li>Very important 35%</li> <li>Moderately important 15.3%</li> <li>Fairly important 4.3%</li> <li>Not at all important 1.2%</li> </ul>
<b>Customer service</b> <ul style="list-style-type: none"> <li>Extremely important 50%</li> <li>Very important 34.8%</li> <li>Moderately important 11%</li> <li>Fairly important 3.7%</li> <li>Not at all important 0.6%</li> </ul>	<b>Services provided</b> <ul style="list-style-type: none"> <li>Extremely important 44.9%</li> <li>Very important 35.4%</li> <li>Moderately important 12%</li> <li>Fairly important 3.8%</li> <li>Not at all important 3.8%</li> </ul>	<b>Parking</b> <ul style="list-style-type: none"> <li>Extremely important 25.3%</li> <li>Very important 24.7%</li> <li>Moderately important 13.9%</li> <li>Fairly important 8.2%</li> <li>Not at all important 27.8%</li> </ul>	<b>Space to have a private consultation</b> <ul style="list-style-type: none"> <li>Extremely important 21.5%</li> <li>Very important 31%</li> <li>Moderately important 20.3%</li> <li>Fairly important 9.5%</li> <li>Not at all important 17.7%</li> </ul>
<b>Communication (languages/interpreting service)</b> <ul style="list-style-type: none"> <li>Extremely important 12.9%</li> <li>Very important 12.9%</li> <li>Moderately important 10.3%</li> <li>Fairly important 8.4%</li> <li>Not at all important 55.5%</li> </ul>	<b>Public transport</b> <ul style="list-style-type: none"> <li>Extremely important 11.3%</li> <li>Very important 12.6%</li> <li>Moderately important 14.6%</li> <li>Fairly important 9.9%</li> <li>Not at all important 51.7%</li> </ul>	<b>Accessibility (wheelchair/buggy access)</b> <ul style="list-style-type: none"> <li>Extremely important 9.3%</li> <li>Very important 6.6%</li> <li>Moderately important 10.6%</li> <li>Fairly important 6%</li> <li>Not at all important 67.5%</li> </ul>	

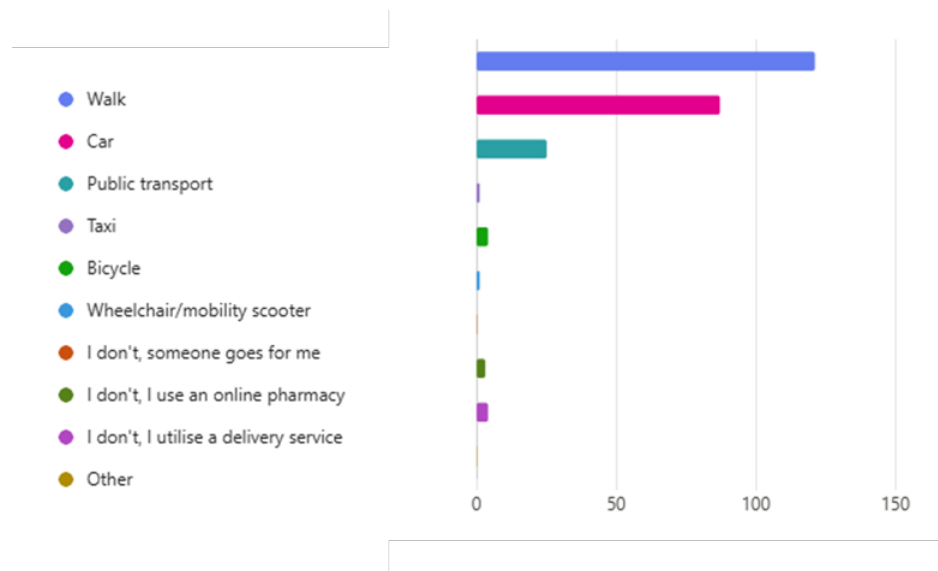
### Other things that respondent's felt were important included:

- Discretion,
- Good communication,
- Medicine stock,
- Vaccination availability,
- Advice,
- Knowledge of family or medical history,
- NHS knowledge,
- Other products available in the store

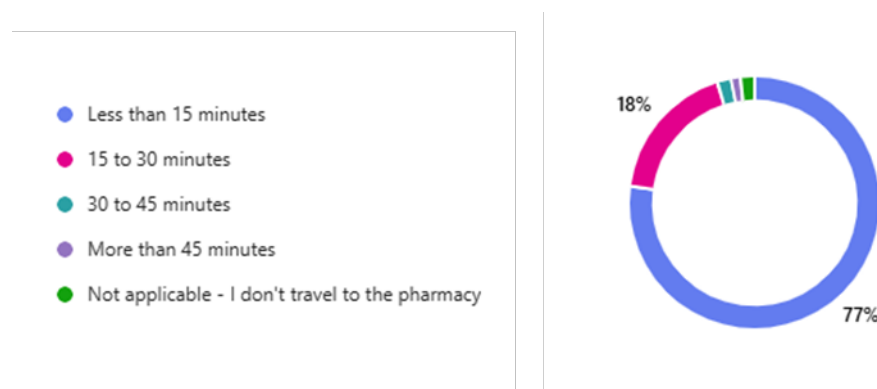
### 6.3 Accessing a pharmacy:

Most respondents walk to a pharmacy, followed by car and then use of public transport, with 77% taking less than 15 minutes to get there.

**Figure 84: Survey Question: How do you travel to the pharmacy?**



**Figure 85: Survey Question: How long does it usually take to travel to your pharmacy?**



#### **6.4. Free Text Feedback:**

Respondents were asked for any other comments regarding pharmaceutical services within Hillingdon, **positive feedback included:**

- we used it to get antibiotics (insect bite), the pharmacist was helpful
- Local pharmacies play a vital role
- My local pharmacist knows what medication I take so can advise if over the counter medication is safe to take with it.
- The pharmacist offers a free delivery service which is helpful as I have mobility issues
- Local pharmacy services are vital and provide a very important role in the community
- My local pharmacy is exceptionally good, and I have no complaints
- It is so difficult to get a GP appointment so the Pharmacist will always give advice.
- The pharmacist knows me, whereas you always see a different Doctor at the Surgery
- Wonderful service provided by everyone at the Pharmacy I use; very efficient and friendly staff, feel you can speak to them about anything
- Local pharmacies are very important
- It is important to have local community Pharmacies with knowledgeable people who can give advice as well as medication
- I greatly value Pharmacies and have appreciated the advice I have been given there
- The Pharmacy I use offers a very good service, prompt and attentive staff, attention to detail.

#### **The areas for improvement stated were:**

- Not all pharmacies offer the same range of services, for example the pharmacy first scheme, which can be confusing for people, greater transparency of service availability would be helpful
- We need more pharmacies to stay open late
- Late night extended operating hours for evenings, nights and weekends very important. People do not need medication only just in office hours
- Not enough options that avoid main areas like high streets, parking access should be available, and opening times should be outside of normal working hours

***There is the chance to promote choice of provision across the borough (and outside Hillingdon's boundary), including services offered and details of opening hours.***

## 6.5. Survey Respondent Demographics:

69.3% of responders were female, 74% were aged 50+, most responders were White (75.9%) and 24.1% considered themselves to have a disability.

Tables 10 to 16 show the equalities monitoring of respondents:

<b>Disability</b> - day to day activities limited due to health problem or disability which has lasted or is expected to last at least 12 months	<b>Percentage</b>
Yes, limited a little	18.1%
Yes, limited a lot	6%
No	71.7%
Prefer not to say	4.2%

<b>Age range</b>	<b>Percentage</b>
16-29	2.4%
30-49	20.5%
50-69	59%
70+	15.7%
Prefer not to say	2.4%

<b>Gender</b>	<b>Percentage</b>
Male	24.1%
Female	69.3%
Prefer not to say	6.6%

<b>Ethnicity</b>	<b>Percentage</b>
Asian	10.2%
Black	3%
Mixed	3%
White	75.9%
Other	0.6%
Prefer not to say	7.2%

<b>Religion</b>	<b>Percentage</b>
Christian	42.8%
Hindu	4.8%
Sikh	3%
No religion	33.1%
Other	3%
Prefer not to say	13.3%

<b>Marital status</b>	<b>Percentage</b>
Married/civil partnership	56%
Single	24.7%
Widow/widower	7.8%
Divorced/separated	5.4%
other	6%

<b>Sexual orientation</b>	<b>Percentage</b>
Straight / heterosexual	79.5%
Gay	3%
other	6%
Prefer not to say	11.4%



## **6.2. PNA Localities:**

There are 59 pharmacies across the three localities of Hillingdon. Full opening times of the pharmacies can be seen in Section 9.

Multiple data sources have been used throughout the PNA to understand the population of Hillingdon, including:

- Census 2021 data from the Hillingdon Datahub
- Borough data on housing developments planned over the life course of this PNA.
- The Indices of Multiple Deprivation and Core20PLUS5
- Health profiles from OHID and QOF

Pharmacy provision has also been included:

- The pharmacies in each locality
- Residents' choice (via a questionnaire)
- Opening hours, including weekend
- Travel times to pharmacies

Two questionnaires were issued – one to pharmacies and one to patients.

### 6.2.1. North Locality:

Consisting of 8 wards, the north locality is home to a population of 104,355 residents (33.6% of the borough total). There is less overcrowding in this locality with wards in the north having higher proportions of single person households aged 66+. The north has a higher number of residential care homes.

Wards in the north are less diverse and has an older population, with 19.2% of the locality aged over 65.

There is less planned development of new dwellings in this locality over the life course of this PNA. Wards in the North locality are less deprived than the south and there are no LSOAs that fall within CORE20.

This locality has good transport options with the Central, Metropolitan and Picadilly tube lines serving this area of the borough well, and providing good transport links into Harrow, Pinner and Watford shopping centres offering further choice of pharmacy services. Residents in the north are more likely to own a car or van.

This locality has 18 GP practices across 2 PCNs; there are higher levels of disease prevalence across multiple conditions specifically cardiovascular, dementia and cancer. Life expectancy is higher in this locality for both men and women.

This locality has a higher number of pharmacies than the south, with 21 (a rate of 20.1 per 100,000); this locality has seen 3 pharmacies close since 2022, though data indicates dispensing has transferred to pharmacies nearby.

There are no pharmacies open 72 or 100 hours, and only two are open on Sundays. There is one PhAS pharmacy in this locality (Howletts).

**Table 17: North locality Pharmacy opening hours:**

Locality	Providers and total opening hours	Monday to Friday (M-F) opening	Saturday opening	Sunday opening	72 or 100 hours	Open before 9am
North	21  1,118.5	All open between 9am to at least 6pm -Nine open past 6pm (1 closed for lunch)	All open some hours, ten open reduced hours compared to M-F	Two - Ruislip and Northwood	None	Boots (Wood Lane) open from 8.30am Monday to Saturday

**Map 24: North locality pharmacies, within a 1-mile radius:**



Most residents who live in the North locality responded that they use a car or walk to their chosen pharmacy and take less than 15 minutes to get to their chosen pharmacy; some choose to travel between 15 to 13 minutes to a pharmacy further from home.

#### **6.2.1.1. Necessary Services: current provision:**

*There are no gaps in provision of Essential (necessary) services in this locality; there are higher levels of Discharge Medicines Services in the north locality.*

#### **6.2.1.2. Necessary Services: gaps in provision:**

There is excellent pharmaceutical service provision across the North locality. There is less planned development of new dwellings in this locality over the life course of this PNA; this should not impact access to pharmaceutical services and provision can be easily absorbed by the existing community pharmacy network.

**No gaps in the provision of Essential (necessary) services have been identified in the North locality.**

*There are no gaps in provision of Advanced Services in this locality, with higher levels of uptake of the Pharmacy First service, flu vaccinations and NMS.*

*There are no gaps in provision of Enhanced Services, with good provision of supervised administration, EHC and stop smoking services offered by those pharmacies who responded to the survey.*

**No gaps in the provision of Advanced or Enhanced (relevant) services have been identified in the North locality.**

### 6.2.2. Southeast Locality:

Consisting of 7 wards, this locality is home to a population of 110,974 residents (35.7% of borough total). There is more overcrowding in this locality, with higher proportions of households with 6 or more people. Belmore is the most densely population ward in the borough.

There are higher levels of diversity in this locality and a younger population, with 26.3% of the locality aged under 19. Wards in this locality have higher levels of dependent children.

Most of the planned development of new dwellings over the course of this PNA will be within this locality.

There are four LSOAs that fall within CORE20 deprivation, in Yeading and Hayes – add estimated population

There are good bus links within this locality, providing good transport links into Southall and Hounslow shopping centres offering further choice of pharmacy services. The Picadilly line (from Heathrow), the Elizabeth line and rail links run in this locality into London and out towards Reading. There are lower levels of car ownership in the south.

This locality has 15 GP practices across 2 PCNs; there are higher levels of prevalence of diabetes mellitus, obesity, depression and mental health. Life expectancy is lower in this locality.

This locality has 20 pharmacies (a rate of 18.0 per 100,000); this locality has had 1 pharmacy close since 2022, the location of which is near multiple others along the Uxbridge Road and Coldharbour Lane.

This locality has the highest number of opening hours with three open 72 or 100 hours, and three open on Sundays. This locality also has the two pharmacies land side at Heathrow Airport; although these are open longer hours and are PhAS pharmacies, they may not be as accessible to residents due to the parking charges at the airport.

**Table 18: Southeast locality opening hours:**

Locality	Providers and total opening hours	Monday to Friday (M-F) opening	Saturday opening	Sunday opening	72 or 100 hours	Open before 9am
Southeast	20  1276.5	All open between the hours of 9am to 6pm	One is closed, seven operating reduced hours when compared to M-F	Three in Hayes, in addition to the two within Heathrow Airport (whilst these serve staff who work at the airport, is it acknowledged that parking fees may restrict access to borough residents)	Three – Pickups in Hayes (79.5 hours), Hayes Town pharmacy (100 hours) and Tesco (78)  The two at Heathrow airport are open 100+ hours	Hayes Town Pharmacy and Tesco open from 8am (Mon-Sat), Pickups open 8.30am M-F

**Map 25: Southeast locality pharmacies, with 1 mile radius**



Most residents who live in the Southeast locality responded that they use a car or walk to their chosen pharmacy and take less than 15 minutes to get to their chosen pharmacy; some choose to travel between 15 to 13 minutes to a pharmacy further from home.

#### **6.2.2.1: Necessary Services: current provision:**

*There are no gaps in provision of Essential (necessary) services in this locality; there are higher levels of prescribing in this locality.*

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

There is good pharmaceutical service provision across the Southeast locality. This locality is expected to see more planned development of new dwellings over the life course of this PNA; this should not impact access to pharmaceutical services and provision can be easily absorbed by the existing community pharmacy network.

**No gaps in the provision of Essential (necessary) services have been identified in the Southeast locality.**

*There are no gaps in provision of Advanced Services in this locality, with higher levels of uptake of blood pressure checks and contraception consultations.*

*There are no gaps in provision of Enhanced Services, with good provision of supervised administration, EHC and stop smoking services offered by those pharmacies who responded to the survey.*

**No gaps in the provision of Advanced or Enhanced (relevant) services have been identified in the Southeast locality.**

### 6.2.3. Southwest Locality:

Consisting of 6 wards, this locality is home to a population of 95,352 (30.7% of borough total). This locality houses Brunel University, with Uxbridge and Colham & Cowley wards being home to many students and one person households. Yiewsley ward has the highest levels of lone parents with dependent children.

This locality has higher proportions of the gypsy and traveller community. This locality has a higher proportion of those aged under 4.

There are three LSOAs that fall within CORE20 deprivation, in Yiewsley and West Drayton – add estimated population.

There are good bus links within this locality, providing good transport links into Uxbridge and Hayes. The Elizabeth line and rail links run in this locality into London and out towards Reading. There are lower levels of car ownership in the south.

This locality has 9 GP practices across 2 PCNs, and 2 unallocated surgeries; Colne Union PCN has high prevalence of heart failure, respiratory conditions and the highest prevalence of obesity. The 2 unallocated surgeries have high prevalence of mental health and diabetes mellitus. Life expectancy is lower in this locality.

This locality has 18 pharmacies (a rate of 18.9 per 100,000); this locality has had 1 pharmacy close since 2022, though data indicates dispensing has transferred to pharmacies nearby. There are no PhAS pharmacies in this locality.

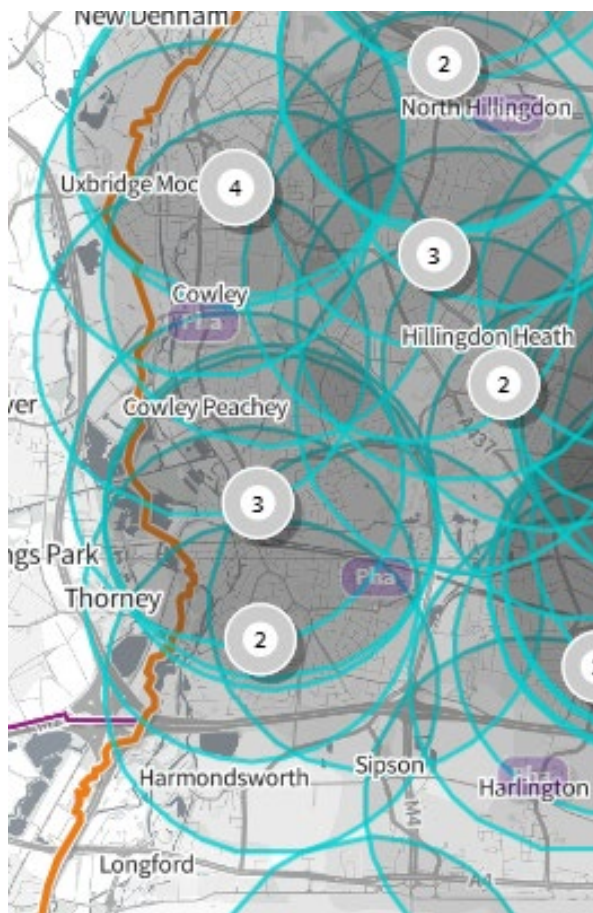
This locality has the lowest number of opening hours of all localities, two open 72 hours, and three open on Sundays. This locality also has good transport links to the two pharmacies land side at Heathrow Airport; although these are open longer hours and are PhAS pharmacies, they may not be as accessible to residents due to the parking charges at the airport.

**Table 19: Southwest locality pharmacy opening hours:**

Locality	Providers and total opening hours	Monday to Friday (M-F) opening	Saturday opening	Sunday opening	72 or 100 hours	Open before 9am
Southwest	18  951.25	All open between 9am to at least 5.30pm  -15 open past 5.30pm (2 closed for lunch)	Four are closed, six operating reduced hours when compared to M-F	Three - West Drayton, Hillingdon and Uxbridge	Two – Lawton's (72 hours) and Tesco (78 hours)	Yiewsley Pharmacy open from 8.30am M-F, Eclipse (Long Lane) open 8.30am M-F, HA McParland open 8.45am M-F



**Map 26: Southwest locality pharmacies, with 1 mile radius:**



Most residents who live in the Southwest locality responded that they use a car or walk to their chosen pharmacy and take less than 15 minutes to get to their chosen pharmacy; some choose to travel between 15 to 13 minutes to a pharmacy further from home.

#### **6.2.3.1. Necessary Services: current provision**

*There are no gaps in provision of Essential (necessary) services in this locality.*

#### **6.2.3.2. Necessary Services: gaps in provision**

There is good pharmaceutical service provision across the Southwest locality. This locality is expected to see more planned development of new dwellings over the life course of this PNA; this should not impact access to pharmaceutical services and provision can be easily absorbed by the existing community pharmacy network.

**No gaps in the provision of Essential (necessary) services have been identified in the Southwest locality.**

*There are no gaps in provision of Advanced Services in this locality, with good levels of uptake of services.*

*There are no gaps in provision of Enhanced Services, with good provision of supervised administration, EHC and stop smoking services offered by those pharmacies who responded to the survey.*

**No gaps in the provision of Advanced or Enhanced (relevant) services have been identified in the Southwest locality.**

## **7. Conclusions:**

### **Necessary Services: Current Provision**

#### **Number and distribution of community pharmacies across Hillingdon**

The number and the geographical distribution of community pharmacies that are available to residents in Hillingdon meet their current health needs and demand for access and choice. Therefore, there is no current need for the provision of additional access to community pharmacy premises in Hillingdon.

#### **Provision of necessary services across Hillingdon**

The level and the geographical distribution of the provision of all necessary services through community pharmacies across Hillingdon meet the current health needs and demand for access and choice. Therefore, there is no current need for the provision of additional access to necessary services through community pharmacy premises in Hillingdon.

#### **Future provision of necessary services**

The provision of the necessary services through community pharmacies across Hillingdon meets the future health needs and demand for access and choice. Therefore, there will be no need for additional provision of access to necessary services over the course of this PNA.

### **Necessary Services: Gaps in provision**

No gaps have been identified in the provision of necessary services through community pharmacies. Therefore, there is no current or future need for improved access to necessary services within existing community pharmacies in Hillingdon.

### **Other Relevant Services: Current provision**

The level and the geographical distribution of the provision of the Advanced and Enhanced Services through community pharmacies across Hillingdon meet the current health needs and demand for access and choice. Therefore, there is no current or future need for the provision of additional access to these services in Hillingdon.

#### **Improvements and better access: Gaps in provision**

No gaps have been identified regarding provision of Advanced and Enhanced Services through community pharmacies. Therefore, there is no current or future need for improved access to these services within existing community pharmacies in Hillingdon.

### **Other NHS Services**

No gaps have been identified in any current or future gaps in the provision of and access to pharmaceutical services across Hillingdon due to other NHS services that are considered to increase and/or decrease the demand for such services.



## **8. Data Sources:**

- Hillingdon Datahub, [Hillingdon Data Hub – Welcome to the Hillingdon Data Hub](#)
- Travel time maps - SHAPE Atlas, Department of Health & Social Care

### **8.1. Population and demographics:**

- Mid-Year Estimates (mid-2023) and Small Area Population Estimates (mid-2022), Office for National Statistics
- GP registered population, Quality Outcome Framework, OHID / NHS Digital
- Census 2021

### **8.2. Health Data:**

- GP registered population data and disease prevalence (2023/24)
- Quality & Outcomes Framework on NHS Digital
- Birth Summary Tables (England & Wales), Office for National Statistics
- Vital Statistics Birth files, Local Authority access via NHS Digital
- Child and Maternal Health Profile on OHID Fingertips
- NHS Business Services Authority

### **8.3. Socioeconomic data:**

- Indices of Multiple Deprivation 2019, Ministry of Housing, Communities & Local Government
- DWP Benefit data, Stat-Xplore
- Live tables on Homelessness, gov.uk
- Rough Sleeping data, gov.uk
- Home Office Immigration Statistics, gov.uk
- Vehicle Licensing Statistics, Department for Transport

### **8.4. 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
- Vaccination Profile

### **8.5. Substance misuse:**

National Drug Treatment Monitoring System

#### **8.6. Influenza:**

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

#### **8.7. Sexually transmitted infections (STIs): annual data tables, 2023**

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

#### **8.8. Other Data Sources used:**

- Prescribing & dispensing data and BNF data, NHS Business Services Authority and Community Pharmacy England.
- Service level data by pharmacy, monthly data from the Local Pharmaceutical Committee website
- Council Tax: stock of properties, 2024; Valuation Office Agency on gov.uk
- Pharmacy opening hours (NHS Business Services Authority, January 2025)

## 8.1 Glossary

AUR – Appliance Use Review	LPS – Local Pharmaceutical Service
BNF – British National Formulary	LSOA – Lower Super Output Area
CMO – Chief Medical Officer	LTC – Long Term Conditions
CNWL – Central & North-West London	MECC – Making Every Contact Count
COPD – Chronic Obstructive Pulmonary Disease	NHS – National Health Service
CPCF – Community Pharmacist Contractual Framework	NHSE – National Health Service (NHS) England
CPCS – Community Pharmacist Consultation Service	NMS – New Medicines Services
CVD – Cardiovascular Disease	OHID – Office for Health Improvement and Disparities (formerly Public Health England)
EHC - Emergency Hormonal Contraception	ONS – Office for National Statistics
GLA – Greater London Authority	PCN – Primary Care Network
GP – General Practitioner	PGD – Patient Group Direction
HSCIC – Health & Social Care Information Centre	PHOF – Public Health Outcomes Framework
HSSS - Hillingdon Stop Smoking Service	PNA – Pharmaceutical Needs Assessment
HWBB – Health & Wellbeing Board	QOF - Quality Outcomes Framework
ICB – Integrated Care Board	SACs – Stoma Appliance Customisation Services
IMD – Indices of Multiple Deprivation	SMR – Standardised Mortality Ratio
JHWS – Joint Health & Wellbeing Strategy	STI – Sexually Transmitted Infection
JSNA – Joint Strategic Needs Assessment	TB – Tuberculosis
LA – Local Authority	
LMC – Local Medical Committee	
LPC – Local Pharmaceutical Committee	

9. Pharmacy opening hours (NHS Business Services Authority, January 2025)

Table 20: North locality detailed opening hours:

TRADING NAME	LOCATION	Postcode	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	WEEKLY HOURS
HAREFIELD PHARMACY	HAREFIELD	UB9 6BU	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-13:00	Closed	51.5
MALTHOUSE PHARMACY	HAREFIELD	UB9 6NF	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-13:00	Closed	51.5
ROSS PHARMACY	NORTHWOOD	HA6 1PF	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-17:30	Closed	56
BOOTS, 11 Maxwell Road	NORTHWOOD	HA6 2XY	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	54
CARTER CHEMIST	NORTHWOOD	HA6 1BJ	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed	49
SHARMAN'S CHEMIST	NORTHWOOD	HA6 2QF	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-17:30	10:00-14:00	62.5
BOOTS, 67 High Street	RUISLIP	HA4 8JB	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	11:00-17:00	60
ASHWORTH'S PHARMACY	RUISLIP	HA4 7AA	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed	49

BOOTS, Wood Lane Medical Centre	RUISLIP	HA4 6ER	08:30-19:00	08:30-20:00	08:30-20:00	08:30-18:00	08:30-19:00	08:30-13:30	Closed	58.5
NU-WAYS PHARMACY	RUISLIP	HA4 6LS	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-14:00	Closed	50
HOWLETTS PHARMACY	RUISLIP	HA4 7YG	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed	49
RUISLIP MANOR PHARMACY	RUISLIP MANOR	HA4 9BH	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:00	Closed	53
CHIMSONS LTD	RUISLIP MANOR	HA4 9AB	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-17:30	Closed	56
DANA PHARMACY	RUISLIP MANOR	HA4 0AL	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed	49
CARTERS PHARMACY	EASTCOTE	HA5 2NJ	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:00	Closed	48
EASTCOTE PHARMACY	EASTCOTE	HA5 1QG	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-17:00	Closed	55.5
SUPERDRUG PHARMACY	EASTCOTE	HA5 1QL	09:00-14:00,14:30-18:30	09:00-14:00,14:30-18:30	09:00-14:00,14:30-18:30	09:00-14:00,14:30-18:30	09:00-14:00,14:30-18:30	09:00-14:00,14:30-17:30	Closed	53
BOOTS, 171 Field End Road	EASTCOTE	HA5 1QR	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:00	Closed	53

BOOTS, 716 Field End Road	SOUTH RUISLIP	HA4 0QP	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-17:00	Closed	58
WINCHESTER PHARMACY	ICKENHAM	UB10 8DQ	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:00	Closed	53
GARNERS ICKENHAM	ICKENHAM	UB10 8DF	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed	49
								<b>TOTAL HOURS</b>		<b>1118.5</b>

**Table 21: Southwest locality detailed opening hours:**

[illegible]

ADELL PHARMACY	HILLINGDON	UB10 9PG	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-15:00	Closed	51
PURI PHARMACY	HILLINGDON	UB10 9DA	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed	45
ECLIPSE PHARMACY, Long Lane	HILLINGDON	UB10 9PG	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	09:00-17:30	Closed	58.5
LAWTONS PHARMACY	HILLINGDON	UB10 0LG	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	09:00-18:00	10:00-18:00	72
HILLINGDON PHARMACY	HILLINGDON	UB10 9HP	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed	45
OAKLEIGH PHARMACY	HILLINGDON	UB10 0LU	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed	49
MANGO PHARMACY	COWLEY	UB8 2EP	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed	49
PHILLIPS PHARMACY	YIEWSLEY	UB7 7DS	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:00	Closed	56.5
YIEWSLEY PHARMACY	YIEWSLEY	UB7 7DP	08:30-21:00	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	09:00-13:00	Closed	56.5
WINCHESTER PHARMACY	WEST DRAYTON	UB7 7JZ	09:00-18:15	09:00-18:15	09:00-17:30	09:00-18:15	09:00-18:15	09:00-13:00	Closed	49.5



ORCHARD PHARMACY	WEST DRAYTON	UB7 7TU	09:00-13:00,14:00-18:00	09:00-13:00,14:00-18:00	09:00-13:00,14:00-18:00	09:00-13:00,14:00-18:00	09:00-13:00,14:00-18:00	09:00-13:00	Closed	44
CAREWELL CHEMIST	WEST DRAYTON	UB7 9AE	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-12:00	Closed	45.5
TESCO INSTORE PHARMACY	WEST DRAYTON	UB7 7FP	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	11:00-17:00	78
BOOTS, 14/16 Station Road	WEST DRAYTON	UB7 7BY	09:00-13:00,14:00-18:00	09:00-13:00,14:00-18:00	09:00-13:00,14:00-18:00	09:00-13:00,14:00-18:00	09:00-13:00,14:00-18:00	09:00-17:30	Closed	48.5
								<b>TOTAL HOURS</b>		<b>951.25</b>

**Table 22: Southeast locality detailed opening hours**

TRADING NAME	LOCATION	Postcode	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	WEEKLY HOURS
YEADING LANE PHARMACY	YEADING	UB4 9AX	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	10:00-17:00	Closed	57
VANTAGE PHARMACY, Kingshill Ave	HAYES	UB4 8BZ	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-14:00	Closed	50
H.A. MCPARLAND	HAYES	UB4 0SA	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed	45

PICKUPS CHEMIST	HAYES	UB3 3HF	08:30-21:00	08:30-21:00	08:30-21:00	08:30-21:00	08:30-21:00	09:00-20:00	10:00-16:00	79.5
LANSBURY PHARMACY (HAYES)	HAYES	UB4 8SE	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-18:00	Closed	59
HAYES END PHARMACY	HAYES END	UB4 8JF	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:30	Closed	53.5
DAYA LTD	HAYES	UB4 0RU	09:00-19:30	09:00-19:30	09:00-19:30	09:00-19:30	09:00-19:30	09:00-18:00	Closed	61.5
ECLIPSE PHARMACY, Uxbridge Road	HAYES	UB4 0RS	09:30-19:00	09:30-19:00	09:30-19:00	09:30-19:00	09:30-19:00	09:30-18:00	Closed	56
VINTAGE PHARMACY, Barra Hall Circus	HAYES	UB3 2NU	09:00-18:30	09:00-18:30	09:00-18:00	09:00-18:30	09:00-18:30	09:00-14:00	Closed	52
NUCHEM PHARMACY	HAYES	UB3 3EW	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	54
HAYES TOWN PHARMACY	HAYES	UB3 3EA	08:00-23:00	08:00-23:00	08:00-23:00	08:00-23:00	08:00-23:00	08:00-23:00	10:00-20:00	100
SUPERDRUG PHARMACY	HAYES	UB3 4DA	09:00-14:00,14:30-18:00	09:00-14:00,14:30-18:00	09:00-14:00,14:30-18:00	09:00-14:00,14:30-18:00	09:00-14:00,14:30-18:00	09:00-14:00,14:30-17:30	Closed	50.5
BOOTS, 28-30 Station Road	HAYES	UB3 4DD	09:00-13:00,14:00-18:30	09:00-13:00,14:00-18:30	09:00-13:00,14:00-18:30	09:00-13:00,14:00-18:30	09:00-13:00,14:00-18:30	09:00-17:00	Closed	50.5

JOSHI PHARMACY	HAYES	UB8 3JD	09:00-13:00,14:00-19:00	09:00-13:00,14:00-19:00	09:00-13:00,14:00-19:00	09:00-13:00,14:00-19:00	09:00-13:00,14:00-19:00	09:00-13:00	Closed	49
KASMANI PHARMACY	HAYES	UB3 4JA	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-13:00	Closed	54
TESCO INSTORE PHARMACY	HAYES	UB4 9SQ	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	10:00-16:00	78
MEDICS PHARMACY	HARLINGTON	UB3 1LS	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-13:00	Closed	51.5
THE VILLAGE PHARMACY	HARLINGTON	UB3 5DS	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-14:00	Closed	52.5
BOOTS, T5	HEATHROW	TW6 2RQ	05:30-21:30	05:30-21:30	05:30-21:30	05:30-21:30	05:30-21:30	06:00-21:30	05:30-21:00	111
BOOTS, T3	HEATHROW	TW6 1QG	05:30-21:30	05:30-21:30	05:30-21:30	05:30-21:30	05:30-21:30	05:30-21:30	05:30-21:30	112
								<b>TOTAL HOURS</b>		<b>1276.5</b>



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## BOARD PLANNER & FUTURE AGENDA ITEMS

<b>Relevant Board Member(s)</b>	Councillor Jane Palmer Keith Spencer
<b>Organisation</b>	London Borough of Hillingdon Hillingdon Health and Care Partners
<b>Report author</b>	Nikki O'Halloran, Democratic Services
<b>Papers with report</b>	Appendix 1 - Board Planner 2025/2026

### 1. HEADLINE INFORMATION

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

### 2. RECOMMENDATION

That the Health and Wellbeing Board considers and provides input on the 2025/2026 Board Planner, attached at Appendix 1.

### 3. INFORMATION

#### Supporting Information

#### Reporting to the Board

The draft Board Planner for 2025/2026, 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-Chairs' 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-Chairs.

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-Chairs, 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 2025/2026 were considered and ratified by Council at its meeting on 16 January 2025 as part of the authority's Programme of Meetings for the new municipal year. The proposed dates and report deadlines for the 2025/2026 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 Chairs 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 2025/2026

<b>2 Dec 2025</b>  2.30pm Committee Room TBA	Business / Reports	Lead	Timings
	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	<b>Report deadline:</b> 3pm Thursday 20 November 2025
	Board Planner & Future Agenda Items	LBH	<b>Agenda Published:</b> 24 November 2025
	<b>PART II</b> - Update on current and emerging issues and any other business the Co-Chair considers to be urgent	All	

<b>3 Mar 2026</b>  2.30pm Committee Room TBA	Business / Reports	Lead	Timings
	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	<b>Report deadline:</b> 3pm Thursday 19 February 2026
	Board Planner & Future Agenda Items	LBH	<b>Agenda Published:</b> 23 February 2026
	<b>PART II</b> - Update on current and emerging issues and any other business the Co-Chair considers to be urgent	All	

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