



Hillingdon Pharmaceutical Needs Assessment 2018

DRAFT

2018

DRAFT

Contents

Executive Summary	4
1. Introduction	7
2. Pharmaceutical Needs Assessment (PNA)	7
3. Key findings and background information.....	8
4. Recommendations:.....	12
5. Community pharmacy provision within Hillingdon.....	13
6. Definition of pharmaceutical services	24
7. Public health services	25
8. Pharmaceutical lists and NHS market entry	26
9. Purpose of the PNA and its content	26
10. Context for the Pharmaceutical Needs Assessment.....	27
a) The Joint Strategic Needs Assessment	27
b) Joint Health and Wellbeing Strategy (JHWS)	28
c) Hillingdon Health and Wellbeing Board.....	29
d) Hillingdon Clinical Commissioning Group (HCCG) and Community Pharmacy	29
e) Healthwatch Hillingdon	30
11. Outcomes frameworks for public health, NHS and social care	31
12. Pharmaceutical services within the national and local context.....	31
13. Hillingdon Pharmaceutical Needs Assessment 2015	32
14. Process for developing the PNA	34
15. Stakeholder involvement in the PNA	34
Glossary.....	36
Appendix 1 - Demography	
Appendix 2 - Epidemiology	
Appendix 3 - Community pharmacy provision	
Appendix 4 – Pharmacy Survey results	
Appendix 5 – Pharmacy Survey	

Executive Summary

The Health and Social Care Act 2012 transferred the responsibility for public health to local Councils. This role includes taking the lead on three new interrelated functions:

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

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

Demographic and Epidemiological Analysis

Information from Hillingdon's Joint Strategic Needs Assessment was reviewed alongside priorities set by the Hillingdon Health and Wellbeing Board in the Joint Health and Wellbeing Strategy (JHWS). Demographic data for Hillingdon was considered and an epidemiological needs assessment undertaken to ascertain the current health status of the population, past trends and future projections. Distribution of various illnesses and their risk factors is crucial for understanding the health needs in a population. Hillingdon's geography, population diversity is described in Appendix 1 and the epidemiological data is described in Appendix 2.

Analysis of existing services

Pharmaceutical services include essential services, advanced services, and locally commissioned services (known as enhanced services). These include the provision of dispensing services, services to support patients in appropriate use of medicines, advice and support to residents and staff in care homes in connection with drugs and appliances, on demand availability of specialist drugs, and out-of-hours services; and delivery of public health services. Appendix 3 and Appendix 4 describe the location of community pharmacies, types of pharmacies based on opening hours, travel distances and services provided by local pharmacies. This information includes pharmaceutical services provided in Hillingdon. The analysis took into account future changes predicted in the population within localities and the impact of any housing developments.

A survey of the existing 65 pharmacies in Hillingdon along with those in neighbouring areas was completed, with the support of the Local Pharmaceutical Committee. The 100% response rate from those pharmacies in Hillingdon secured a robust and up to date collection of information to support the assessment of need. Appendix 5 shows the survey used.

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

Management of the development of the PNA

As set out in the Health and Social Care Act 2012 the Health and Wellbeing Board managed the development and update of the PNA. Partners consulted include the Local Medical Committee, the Hillingdon Hospital NHS Foundation Trust, CNWL NHS Trust, local community pharmacies, the voluntary sector and neighbouring Health and Wellbeing Boards.

Consultation: Subject to agreement from the HWB it is proposed that the statutory 60-day consultation will take place between September 27th 2017 and November 26th 2017. The draft PNA was available on the Hillingdon Council website during the consultation period.

Recommendations:

- **Recommendation 1 - To recognise that pharmaceutical services in Hillingdon continues to be well resourced. This suggests the number of pharmacies is sufficient to manage the need of the population over the next 3-5 years.**

Pharmacy provision is good across all three localities in Hillingdon. Overall services in pharmacies have increased in the last 3 years. In the pharmacy service survey pharmacists stated their willingness to provide services that may be required in the future.

- **Recommendation 2 - Continue to encourage pharmacies to increase the delivery of Medicines Use Review Services (MURs).**

The MUR service has increased in the last 3 years across the Borough. Residents who have more than one condition who would benefit from a frequent review of their prescription medicines.

- **Recommendation 3 - Raise awareness of the local pharmacy services to Hillingdon residents.**

Many residents may require health advice from a health professional when their GP Practice is closed. The pharmacy could relieve the pressures on GPs and A&E due to the good geographical distribution, long opening hours and level of services provided by pharmacies across Hillingdon.

- **Recommendation 4 - Pharmacies should continue to have an effective health promotion role, targeted to improve the health and wellbeing of Hillingdon residents where needed.**

This could include local and national public health campaigns (e.g. NHS health checks, the stop smoking service, influenza immunisation and sexual health services) to address key local health and wellbeing needs.

- **Recommendation 5 - Community pharmacists should use the 'Making Every Contact Count' (MECC) approach while dispensing medicines in order to target individuals with public health messages and improve the health of Hillingdon residents.**

Earlier intervention through targeted health promotion advice by health professionals would aid positive life style changes. Contact with residents through local pharmacies in Hillingdon is a good opportunity to promote health and wellbeing.

DRAFT

1. Introduction

Local government's new role in relation to pharmaceutical services

The Health and Social Care Act 2012 transferred the responsibility for public health to councils, which has included leading on three new interrelated functions:

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

This Pharmaceutical Needs Assessment describes the needs related to pharmaceutical services for the population of Hillingdon. The NHS Act (the "2006" Act), amended by the Health and Social Care Act 2012 established Health and Wellbeing Boards (HWBs) in each local area and transferred responsibility to develop and update Pharmaceutical Needs Assessments (PNAs) from PCTs to HWBs. Responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list transferred from PCTs to NHS England from April 1st 2013. This means that the decisions on whether to open new pharmacies are not made by the HWB. However, the PNA will help in the commissioning of pharmaceutical services in the context of local priorities.

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

2. Pharmaceutical Needs Assessment (PNA)

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

- All the pharmaceutical services provided by pharmacies in Hillingdon under arrangements made by the NHS England. These will include dispensing, providing advice on health, medicines reviews and local public health services, such as stop smoking, sexual health and support for drug users
- Other services, such as dispensing by GP surgeries, and services available in neighbouring HWB areas that might affect the need for services in Hillingdon

- Demographics of Hillingdon, Borough wide population in different localities and wards, and their needs
- Identification of gaps that could be met by providing more pharmacy services, or through opening more pharmacies, taking into account likely future needs
- Relevant maps relating to Hillingdon and its pharmacies
- Alignment with other plans for local health and social care, including the Joint Strategic Needs Assessment (JSNA).

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

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

- demographic review, in particular the current population and population projections, including key groups such as children, older people and those living in deprivation
- epidemiological review, in particular those identified by GPs with diseases and with long term conditions
- community pharmacy locations, including information about 100 hour opening times per week
- pharmaceutical services provided at each location
- local priorities arising from the JSNA and those highlighted in the H&WB strategy 2014-17 which is currently being reviewed by the HWB.

3. Key findings and background information

The London Borough of Hillingdon

Hillingdon is the second largest of London's 32 boroughs covering an area of 42 square miles (11,571 hectares), over half of which is countryside and woodland. Hillingdon has always been a transport hub and home to Heathrow Airport - the world's busiest international airport. It is also the home of RAF Northolt, and shares its borders with Hertfordshire, Buckinghamshire, Surrey, Hounslow, Ealing, and Harrow. Hillingdon has 22 electoral wards within three localities: Ruislip & Northwood in the northern part of the Borough, Uxbridge & West Drayton in the central part of the Borough, and Hayes & Harlington in the southern part of Hillingdon. Ruislip & Northwood consists of eight wards, and Uxbridge & West Drayton and Hayes & Harlington both consist of seven wards.

Hillingdon is traversed by the Grand Union Canal, the M4 motorway, the A40, the A4020 and the Great Western Railway. With all those road networks and three of London's underground lines (Piccadilly, Metropolitan and Central lines) starting and

ending in the Borough, Hillingdon is a major transport hub. The south of the Borough is home to the world's busiest international airport Heathrow, which occupies 1,227 hectares land, and handled 75.7 million passengers in 2016. The arrival of Crossrail in 2018, with new stations at West Drayton and Hayes will open up access to central London even further.

Demography

The population resident in Hillingdon in 2018 is estimated at 314,300 persons. This is split between the three localities of Ruislip & Northwood (31% of the population of the Borough), Uxbridge & West Drayton (34%) and Hayes & Harlington (35%). There are higher numbers of younger people in Hayes and Harlington and higher numbers of older people (60+) in Ruislip and Northwood.

The population increase in Hillingdon over the next 5 years is expected to be 7%, around 1.3% per annum which is higher than the rate of both London (5.8%) and England (3.5%). The key driver of population growth in Hillingdon over the next 5 years is projected to be natural change (the greater number of births than deaths). 30% of population growth is projected to result from net inward migration. The highest increases in the Borough are expected in the age bands 5-17, 25-39 and 40-64 years. Most wards in Hillingdon will see an increase in their population over the next 5 years, with the age group 20-44 being the most transient. The ward of Uxbridge North is expected to see an increase of 2,500 persons, due to the St Andrews Park development. The ward of Botwell is expected to see an increase of 3,500 persons due to the Hayes Housing Zone development.

The number of births is expected to decrease to 4,200 (4482 in 2015) per annum over the next 5 years. The number of births is higher in Hayes & Harlington, than in Uxbridge & West Drayton, which in turn is higher than Ruislip & Northwood.

GLA ethnic group projection (2015) estimate that Hillingdon is becoming more diverse with Black and Minority Ethnic (BAME) groups accounting for 48% and white ethnic groups accounting for 52% of the 2018 resident population. This proportion of BAME groups is higher than across London (43%). All age groups are expected to see an increase in the proportion of BAME groups between 2018 and 2023. In Hillingdon BAME groups are likely to account for 52% of the population by 2023.

Hillingdon has a mixed socio-economic profile. The 2015 English Index of Deprivation ranks (with 1st being the most deprived) Hillingdon as 162nd out of 326 Local Authority areas in England and 23 out of 32 London boroughs (excluding the City of London). The average deprivation score masks the differences at ward level - the wards in Ruislip & Northwood tend to have the least deprivation while those wards in Hayes & Harlington tend to have a higher level of deprivation than the Hillingdon average.

Hillingdon is economically prosperous. The Borough has a lower proportion of economically inactive people than London or England. In 2016 the unemployment rate in Hillingdon (4.4%) was lower than both London (5.7%) and England (4.8%). In

August 2016, Hillingdon's Job Seekers Allowance (JSA) claimant level was 2,070 which is the lowest level since February 2010 (6,070).

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

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

Epidemiology (diseases and their cause within populations)

In general Hillingdon residents enjoy a higher life expectancy in both males and females, 80.5 years and 83.7 years respectively, than the average for London (80.2 and 84.1 respectively) and England (79.5 and 83.1 respectively). There is some variation by ward and by locality within the Borough with Botwell, Townfield and Harefield wards have the lowest life expectancy in males (age 77) and Botwell and West Drayton having the lowest life expectancy in females (age 80).

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

GP register derived prevalence for cardio vascular disease (CVD), coronary heart, stroke, disease, hypertension, chronic kidney disease, cancer, osteoporosis, obesity, diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation, peripheral arterial disease (PAD), dementia, asthma and depression are highest in Ruislip & Northwood.

Mortality rates from all causes have been falling in Hillingdon in line with London and England, both for all ages and for those aged under 75 years. Circulatory disease and cancers are the two major causes of death in Hillingdon.

Smoking is identified as a major risk factor for many diseases. In Hillingdon the estimated prevalence of smoking is 16.9% of the population aged over 18 which is slightly higher than the London average (16.3%) and the same as the England average. The number of people attempting to quit smoking and the number of people successfully stopping is highest in Hayes & Harlington.

Influenza immunisation in Hillingdon is comparable to England as a whole at 68.3%. However, this is below the Chief Medical Officer's (CMO) target of 75%. Looking at higher risk groups, coverage is 47.8% which is higher than England, but still below the CMO target of 55%.

Teenage pregnancy in Hillingdon has decreased year on year recently and is lower than the England and London average. However, the rate of conceptions (age <18 years) in the wards of Yiewsley, West Drayton, Townfield, Botwell and Brunel was significantly higher than the England rate for 2012-14.

Sexually transmitted infections represent an important public health issue in London which has the highest rate of STIs in England. In comparison with other London boroughs however, Hillingdon has a relatively low rate of sexually transmitted infections.

Drug treatment services in Hillingdon achieve proportionately more successful outcomes in Hillingdon than across London and England.

Alcohol specific hospital admission rates (rate recorded per 100,000 population) for adults in Hillingdon are slightly lower than rates for England average and London.

Hillingdon will liaise with other boroughs in North West London and NHS England with the aim to agree themes for the six local campaigns which community pharmacies can deliver on an annual basis.

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

Service Provision (pharmacies)

There are 65 community pharmacies in Hillingdon. The numbers of pharmacies are evenly geographically distributed across Hillingdon with at least 21 per locality. The number of pharmacies per 100,000 of the population in Hillingdon is similar to that of England and London, for more details please see Appendix 3.

Hillingdon's pharmacy provision is within the recognised guidelines. However, it is acknowledged that there are some areas of the community where the pharmacy is more than 15 minutes walking distance. Where this is the case the pharmacies are readily accessible by public transport and road with parking close to the premises. It is also worth noting that the delivery of prescriptions is available in the majority of these pharmacies.

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

Of the 65 pharmacies in Hillingdon:

- 28 are provided by large multiple providers, 30 are independent pharmacies and 7 are part of chains of fewer than 10 pharmacies
- 65 provide a Medicines Use Review (MUR) service, helping people to understand and administer their medications appropriately. 21,500 MURs were conducted in 2016/17
- 64 have offered a new medicines service over the last year
- 6 pharmacies (2 in each locality) provide a stoma appliance customisation service.

The Pharmaceutical Needs Assessment survey received a 100% response rate from Hillingdon pharmacies with details of their services provided.

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

All pharmacies across all three localities would be willing to provide a lot of the services that they do not yet provide if they were commissioned to do so.

4. Recommendations:

- 1. To recognise that pharmaceutical services in Hillingdon continue to be well resourced. This suggests the number of pharmacies is sufficient to manage the need of the population over the next 3-5 years.**
 - Pharmacy provision is good across all three localities in Hillingdon. Overall services in pharmacies have increased in the last 3 years. In the pharmacy service survey pharmacists stated their willingness to provide services that may be required in the future.
- 2. Continue to encourage pharmacies to increase the delivery of Medicines Use Review Services (MURs).**
 - The MUR service has increased in the last 3 years across the Borough. Residents who have more than one condition who would benefit from a frequent review of their prescription medicines.
- 3. Raise awareness of the local pharmacy services to Hillingdon residents.**
 - Many residents may require health advice from a health professional when their GP Practice is closed. The pharmacy could relieve the pressures on GPs and A&E due to the good geographical distribution, longer opening hours and level of services provided by pharmacies across Hillingdon.
- 4. Pharmacies should continue to have an effective health promotion role, targeted to improve the health and wellbeing of Hillingdon residents where needed.**
 - This could include local and national public health campaigns (e.g. NHS health checks, the stop smoking service, influenza immunisation and sexual health services) to address key local health and wellbeing needs.
- 5. Community pharmacists should be encouraged to use the 'Making Every Contact Count' (MECC) approach while dispensing medicines in order to target individuals with public health messages and improve the health of Hillingdon residents.**
 - Earlier intervention through targeted health promotion advice by health professionals would aid positive life style changes. Contact with residents through local pharmacies in Hillingdon is a good opportunity to promote health and wellbeing.

5. Community pharmacy provision within Hillingdon

NHS England North West London Area Team commissions 65 community pharmacies in Hillingdon to provide pharmaceutical services.

Provision of community pharmacies in Hillingdon by ward and locality

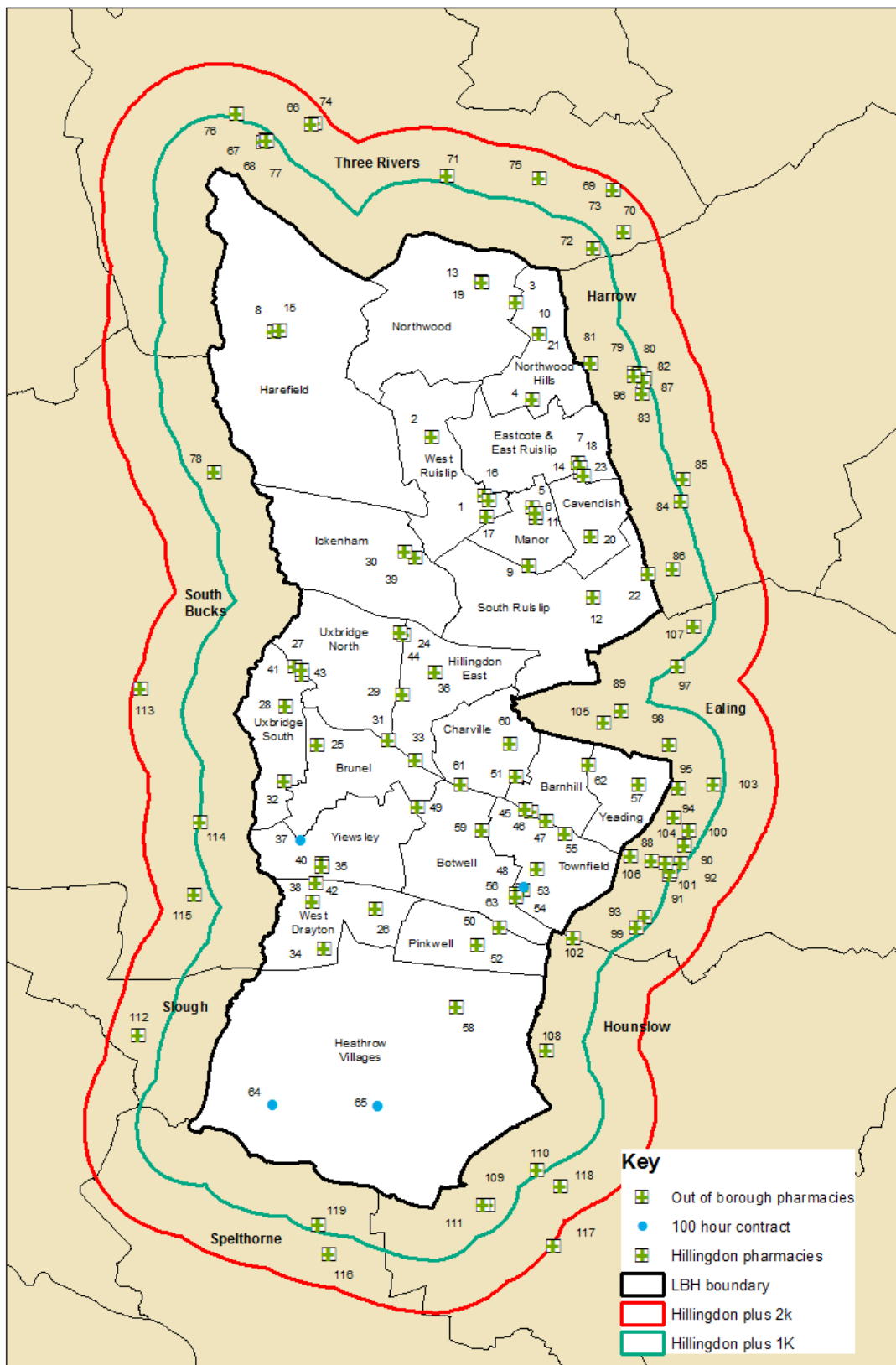
Locality / ward	Population in 2018 (GLA demographic projections, 2015) published 2016	Number of pharmacies per 100,000 population
Ruislip & Northwood Cavendish Eastcote & East Ruislip Harefield Manor Northwood Northwood Hills South Ruislip West Ruislip	Total = 96,200 12,442 14,182 7,964 12,129 11,231 12,427 13,418 12,407	Total = 23 Rate per 100,000 population = 23.9 population = 96,200 number of pharmacies = 23
Uxbridge & West Drayton Brunel Hillingdon East Ickenham Uxbridge North Uxbridge South West Drayton Yiewsley	Total = 103,100 14,510 13,648 10,933 15,303 15,396 18,390 14,945	Total = 21 Rate per 100,000 population = 20.3 population = 103,100 number of pharmacies = 21
Hayes & Harlington Barnhill Botwell Charville Heathrow Villages Pinkwell Townfield Yeading	Total = 108,100 14,147 19,672 13,131 13,442 16,152 16,859 14,685	Total = 21 Rate per 100,000 population = 19.4 population = 108,100 number of pharmacies = 21
22 wards	307,400 population	65 pharmacies

Hillingdon rate per 100,000 population = 21.1

(population = 307,400 number of pharmacies = 65)

Access to pharmaceutical services: in Borough and out of Borough

Map: Pharmacies in Hillingdon, and those within 2km of the boundary (Three Rivers, South Bucks, Slough and Spelthorne) and 1km of the boundary (London Boroughs of Harrow, Ealing and Hounslow):



© Crown copyright and database rights 2017 Ordnance Survey 100019283

Hillingdon pharmacies:

Key	Pharmacy name	Location
1	Ashworths Pharmacy	Ruislip
2	Howletts Pharmacy	Ruislip
3	Carter Chemist & Ability	Northwood
4	Carters Pharmacy	Eastcote
5	Chimsons Ltd	Ruislip Manor
6	Dana Pharmacy	Ruislip Manor
7	Eastcote Pharmacy	Eastcote
8	Harefield Pharmacy	Harefield
9	Nu-Ways Pharmacy	Ruislip
10	Ross Pharmacy	Northwood
11	Ruislip Manor Pharmacy	Ruislip Manor
12	Lloyds Pharmacy in Sainsbury's	South Ruislip
13	Sharman's Chemist	Northwood
14	Superdrug	Eastcote
15	The Malthouse Pharmacy	Harefield
16	Boots, 67 High Street	Ruislip
17	Boots, Wood Lane Medical Centre	Ruislip
18	Boots	Eastcote
19	Boots	Northwood
20	Boots, Whitby Road	Ruislip
21	Boots	Northwood Hills
22	Boots, 716 Field End Road	South Ruislip
23	Boots, 171 Field End Road	Eastcote
24	Adell Pharmacy	Hillingdon
25	Brunel Pharmacy	Uxbridge
26	Carewell Chemists	West Drayton
27	Flora Fountain Ltd	Uxbridge
28	H A McParland Ltd	Uxbridge
29	Hillingdon Pharmacy	Hillingdon
30	Anglebond Pharmacy	Ickenham
31	Lawtons Pharmacy	Hillingdon
32	Mango Pharmacy	Cowley
33	Oakleigh Pharmacy	Hillingdon

Key	Pharmacy name	Location
34	Orchards Pharmacy	West Drayton
35	Phillips Pharmacy	Yiewsley
36	Puri Pharmacy	Hillingdon
37	Tesco In-Store Pharmacy ●	West Drayton
38	Winchester Pharmacy	West Drayton
39	Winchester Pharmacy	Ickenham
40	Yiewsley Pharmacy	Yiewsley
41	Boots, High Street	Uxbridge
42	Boots	West Drayton
43	Boots, Intu Shopping Centre	Uxbridge
44	Boots, 380 Long Lane	Hillingdon
45	Daya Ltd	Hayes
46	Grosvenor Pharmacy	Hayes
47	H.A. McParland Ltd	Hayes
48	Hayes Town Pharmacy ●	Hayes
49	Joshi Pharmacy	Hayes
50	Kasmani Pharmacy	Hayes
51	Lansbury Pharmacy	Hayes
52	Medics Pharmacy	Hayes
53	NuChem Pharmacy	Hayes
54	Pickups Chemist	Hayes
55	Lloyds Pharmacy in Sainsburys	Hayes
56	Superdrug	Hayes
57	Tesco In-Store Pharmacy	Yeading
58	The Village Pharmacy	Harlington
59	Vantage Chemists	Hayes
60	Vantage Pharmacy	Hayes
61	Boots, 1266 Uxbridge Road	Hayes
62	Boots, 236 Yeading Lane	Hayes
63	Boots, 28-30 Station Road	Hayes
64	Boots, Terminal 5 ●	Heathrow Airport
65	Boots, Terminal 3 ●	Heathrow Airport

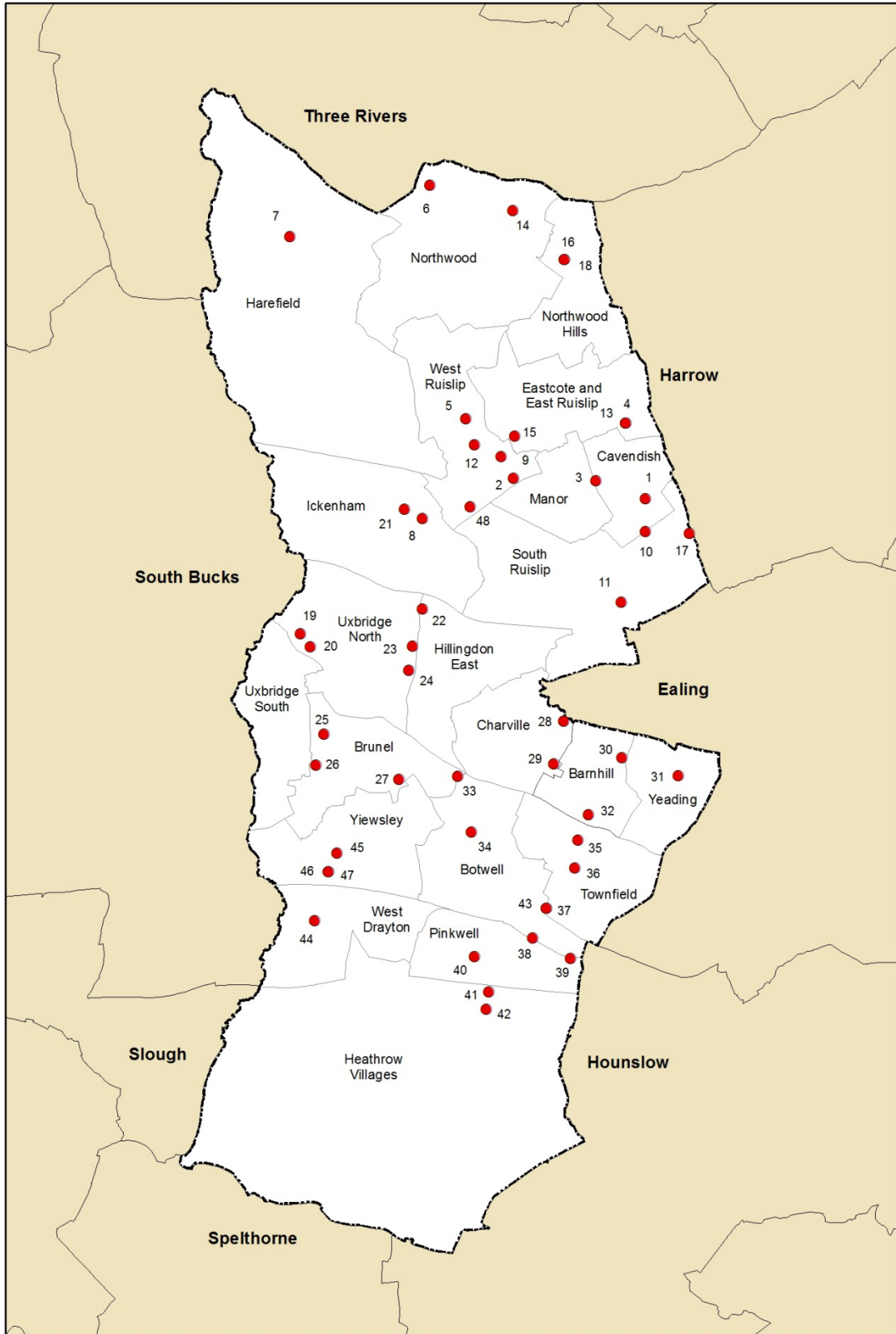
● = 100 hour contract

Out of Borough pharmacies:

Key	Pharmacy name	Location
66	Boots, 78 High Street	Rickmansworth
67	Dave Pharmacy	Rickmansworth
68	Delite Chemist	Rickmansworth
69	Esom Chemist	South Oxhey
70	Lex Pharmacy	South Oxhey
71	Loomrose Pharmacy	Moor Park
72	Prestwick Pharmacy	South Oxhey
73	Viks Pharmacy	South Oxhey
74	Riverside Pharmacy	Rickmansworth
75	Medco Pharmacy	South Oxhey
76	Tudor Pharmacy	Rickmansworth
77	The Chief Cornerstone	Rickmansworth
78	Boots	Denham
79	Angie's Chemist	Pinner
80	Carters Chemist	Pinner
81	Tesco In-Store Pharmacy	Pinner
82	Gor Pharmacy, Pinn Medical Centre	Pinner
83	Gor Pharmacy	Pinner
84	Jade Pharmacy	Harrow
85	Jade Pharmacy	Harrow
86	Kings Pharmacy	South Harrow
87	Lloyds Pharmacy in Sainsburys	Pinner
88	Alchem Pharmacy	Southall
89	Alpha Chemist	Northolt
90	Anmol Pharmacy	Southall
91	Chana Chemist	Southall
92	Chana Chemist	Southall
93	Fountain Pharmacy	Southall
94	H.J. Dixon Chemist	Southall
95	Lady Margaret Pharmacy	Southall

Key	Pharmacy name	Location
96	Boots	Pinner
97	M Gokani Chemist	Northolt
98	Northolt Pharmacy	Northolt
99	Puri Pharmacy	Southall
100	Shah Pharmacy	Southall
101	Sherrys Chemist	Southall
102	Tesco In-Store Pharmacy, Bulls Bridge	Southall
103	Chana Chemist	Southall
104	Boots	Southall
105	Touchwood Pharmacy	Northolt
106	Woodland Pharmacy	Southall
107	Boots	Northolt
108	Dunns Chemist	Cranford
109	Edwards & Taylor	Bedfont
110	Tesco In-Store Pharmacy	Feltham
111	Boots	Bedfont
112	Colnbrook Pharmacy	Colnbrook
113	Jeeves Pharmacy	Iver Heath
114	Lloyds Pharmacy	Iver
115	Saleys Chemist	Iver
116	Tesco	Stanwell
117	Boots	Feltham
118	Boots	Feltham
119	Hermans	Stanwell

Map: GP practices in Hillingdon



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

GP practices in Hillingdon:

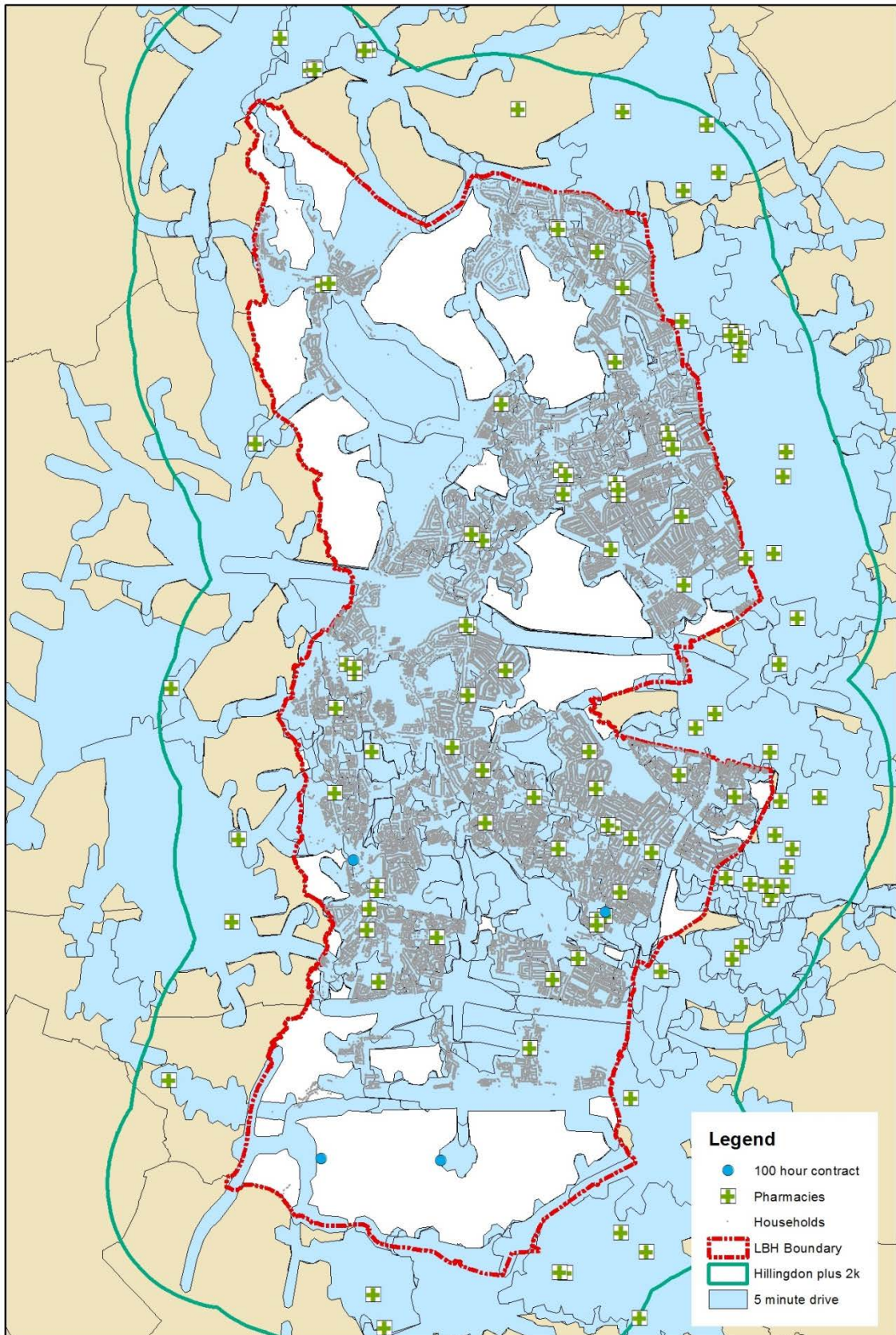
Key	Practice name
1	Oxford Drive Medical Centre
2	Wood Lane Medical Centre
3	Cedars Medical Centre
4	The Abbotsbury Practice
5	Dr Karim's Practice, Ladygate Lane
6	The Mountwood Surgery
7	The Harefield Practice
8	Swakeleys Medical Centre
9	King Edwards Medical Centre
10	The Medical Centre, Queenswalk
11	Dr Siddiqui's, Walnut Way
12	Southcote Clinic
13	Devonshire Lodge
14	Eastbury Surgery
15	St Martin's Medical Centre
16	Acre Surgery
17	Acrefield Surgery
18	Carepoint Practice
19	The Belmont Medical Centre
20	Uxbridge Health Centre
21	Wallasey Medical Centre
22	Hillingdon Health Centre
23	Oakland Medical Centre
24	Acorn Medical Centre

Key	Practice name
25	Brunel Medical Centre
26	Church Road Surgery
27	West London Medical Centre
28	Cedar Brook Practice
29	The Pine Medical Centre
30	Yeading Court Surgery
31	Willow Tree Surgery
32	The Warren Practice
33	Parkview Surgery
34	Kingsway Surgery
35	Townfield Doctors Surgery
36	Kincora Doctor's Surgery
37	Hayes Town Medical Centre
38	Hayes Medical Centre
39	North Hyde Practice
40	Shakespeare Surgery
41	Heathrow Medical Centre
42	Glendale House Surgery
43	Orchard Practice
44	The Medical Centre, The Green
45	Otterfield Medical Centre
46	Yiewsley Family Practice
47	The High Street Practice
48	St Martin's Medical Centre

Hospital services

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

Map: Access by car: Pharmacies within a 5 minute drive time, by residential postcodes



© Crown copyright and database rights 2017 Ordnance Survey 100019283

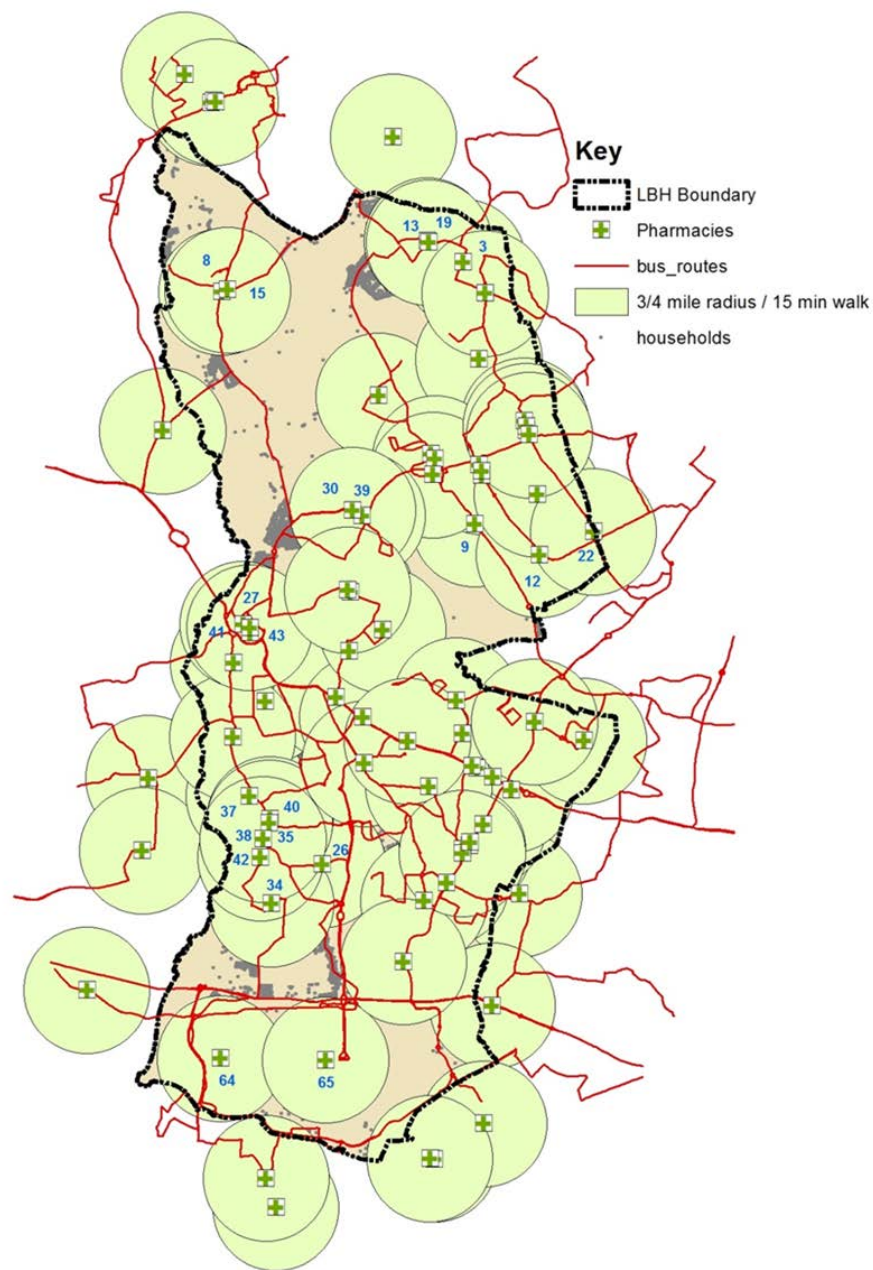
Geographic Information System (GIS) drive time layers at 1 minute intervals were commissioned; the number of Borough households found to be within and not within the following drive times to pharmacies are:

Drive time	Within drive time:		Outside drive time:	
	Number of households	Percentage	Number of households	Percentage
1 minute	46,404	42.7%	62,203	57.3%
2 minutes	91,485	84.2%	17,122	15.8%
3 minutes	105,142	96.8%	3,465	3.2%
4 minutes	108,171	99.6%	436	0.4%
5 minutes	108,335	99.7%	272	0.3%
6 minutes	108,592	99.9%	15	<0.1%

*based on 108,607 households

Driving in light urban traffic and keeping within the posted speed limits, 97% of households are within a 3 minute drive or within a 30 minute walk away from a community pharmacy.

Access to pharmacies - 15 minutes walking distance



© Crown copyright and database rights 2017 Ordnance Survey 100019283

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

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

6. Definition of pharmaceutical services

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

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

Essential services: Every community pharmacy providing NHS pharmaceutical services must provide (as set out in their terms of service) the dispensing of medicines, dispensing appliances, repeat dispensing, disposal of unwanted medicines, promotion of healthy lifestyles and signposting and support for self-care.

Advanced services: These are the services that community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation as necessary based on premises, training or notification to the NHS England (NHSE) Area Team – these are Medicines Use Reviews (MURs), the New Medicines Service (NMS) for community pharmacists and Appliance Use Reviews (AURs) and the Stoma Appliance Customisation Service (SACS) for dispensing appliance contractors. At this time a pharmacy may undertake up to 400 MURs per annum if they have informed NHS England of their intention to provide the service. Pharmacy staff may also undertake a limited number of AURs linked to the dispensing of appliances and as many SACS as required.

Locally commissioned services (known as enhanced services): Only NHS England can commission the enhanced services. However, community pharmacy can provide services commissioned by local authorities and CCGs (through NHS England) which mirror enhanced services. Therefore to give a complete picture of the local provision, these need to be considered alongside pharmaceutical service provision.

Enhanced Services - Only those contractors directly commissioned by NHS England can provide these services in line with the PNAs produced by Health and Wellbeing Boards.

The National Health Service Act 2006, The Pharmaceutical Services (Advanced & Enhanced Services) (England) Directions 2013, Part 4 14 (1) - lists the enhanced services as:

- Anticoagulant Monitoring Service
- Care Home Service
- Disease Specific Medicines Management Service
- Gluten Free Food Supply Service
- Independent Prescribing Service
- Home Delivery Service
- Language Access Service
- Medication Review Service

- Medicines Assessment and Compliance Support Service (this is more clinical than MURs)
- Minor Ailments Service
- Needle and Syringe Exchange Service
- On Demand Availability of Specialist Drugs Service
- Out of Hours Service
- Patient Group Direction Service (this would include supply of any Prescription Only Medicine via PGD)
- Prescriber Support Service
- Schools Service
- Screening Service
- Stop Smoking Service
- Supervised Administration Service
- Supplementary Prescribing Service.

7. Public health services

Alongside their more traditional role, community pharmacies are increasingly delivering a wide range of locally commissioned services like smoking cessation, emergency hormonal contraception, needle and syringe exchange schemes, influenza immunisations and more. Commissioning of such public health services transferred to local authorities with effect from 1 April 2013. The following Enhanced Services were listed in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2012:

- Needle and syringe exchange
- Screening services such as Chlamydia screening
- Stop smoking
- Supervised administration service
- Emergency hormonal contraception services through patient group directions.

Where such services are commissioned by local authorities, they no longer fall within the definition of enhanced services or pharmaceutical services as set out in legislation and therefore should not be referred to as enhanced services.

A recent progress report from the Pharmacy and Public Health Forum outlined why community pharmacies are considered an ideal setting for the provision of public health services:

- Community pharmacies offer easy access, including for people from deprived communities who may not access other conventional NHS services
- Many provide long opening hours
- They are a health resource on the high street, in supermarkets, in every shopping centre
- They provide anonymity and confidentiality, where appropriate, in a flexible setting within an informal environment

- They have a workforce that tends to reflect the social and ethnic backgrounds of the population they serve, making it easier to provide health promoting interventions.

8. Pharmaceutical lists and NHS market entry

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

9. Purpose of the PNA and its content

Based on the Department of Health (DH) guidance, this PNA will serve the following key purposes:

- It will be used by NHS England Area Team to make decisions about applications for opening new pharmacies in Hillingdon and dispensing appliance contractor premises; or applications from current pharmaceutical providers to change their existing regulatory requirements.
- Include a statement of the pharmaceutical services that the HWB has identified as services which are provided (within or outside Hillingdon) and are *necessary* to meet the need for pharmaceutical services in Hillingdon.
- A statement of the other (*relevant*) services which are provided, which are not needed, but which have secured improvements or better access to pharmaceutical services in the area.
- A statement of the services that the HWB has identified as not being provided, but which would, if they were to be provided, secure improvements or better access to pharmaceutical services in the area.
- A statement of other NHS services provided by a local authority, the NHS Commissioning Board (NHS England), a Clinical Commissioning Group (CCG) or an NHS Trust, which affect the needs for pharmaceutical services.
- An explanation of how the assessment has been carried out (including how the consultation was carried out).
- A map of providers of pharmaceutical services and other relevant maps that explain the scope of pharmaceutical services provided in Hillingdon and neighbouring boroughs, which impact on pharmaceutical need in Hillingdon.

The following are included in a pharmaceutical list for the purpose of PNA:

- **Pharmacy contractors** are healthcare professionals working for themselves or as employees who practice in pharmacy, the field of health sciences focusing on safe and effective medicines use
- **Dispensing appliance contractors** - appliance suppliers are a specific sub-set of NHS pharmaceutical contractors who supply, on prescription, appliances such as stoma and incontinence aids, dressings, bandages etc.; they cannot supply medicines. However, some pharmacy contractors can choose to dispense appliances, provide AURs and SACS as part of the essential and advanced services
- In addition, there are two other types of pharmaceutical contractor - **dispensing doctors**, who are medical practitioners authorised to provide drugs and appliances in designated rural areas known as *controlled localities*, and **local pharmaceutical services (LPS) contractors** who provide a level of pharmaceutical services in some HWB areas. A Local Pharmaceutical Service (LPS) contract allows NHS England to commission community pharmaceutical services tailored to specific local requirements. It provides flexibility to include within a single locally negotiated contract a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under national pharmacy arrangements set out in the 2013 Regulations. All LPS contracts must, however, include an element of dispensing.

10. Context for the Pharmaceutical Needs Assessment

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

11. Links with other strategies and plans

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

a. The Joint Strategic Needs Assessment

The Health and Social Care Act 2012 amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for HWBs in relation

to JSNAs. The aim of the JSNA is to improve the health and wellbeing of the local community and reduce inequalities for all ages, identifying those groups where health and care needs are not being met and those which are experiencing comparatively different outcomes. Hillingdon JSNA is a continuous, ongoing and iterative process, which is used to determine what actions Hillingdon Council, the NHS and other partners need to take to meet health and social care needs and to improve health outcomes and address health inequalities. The JSNA pulls together all local needs assessments, strategies, and plans which can be found on <https://www.hillingdon.gov.uk/jsna>.

The development of PNA is a separate task to that of developing JSNA, as PNAs will inform commissioning decisions by local authorities (public health services from community pharmacies) and by NHS England and clinical commissioning groups (CCGs). Therefore JSNA provides a starting point for the PNA, but once produced it will inform the JSNA as well as the Joint Health and Wellbeing Strategy.

b. Joint Health and Wellbeing Strategy (JHWS)

A new JHWS for Hillingdon is being developed for the period 2018-2021. The policy towards the integration of health and social care has set a new context for local strategies.

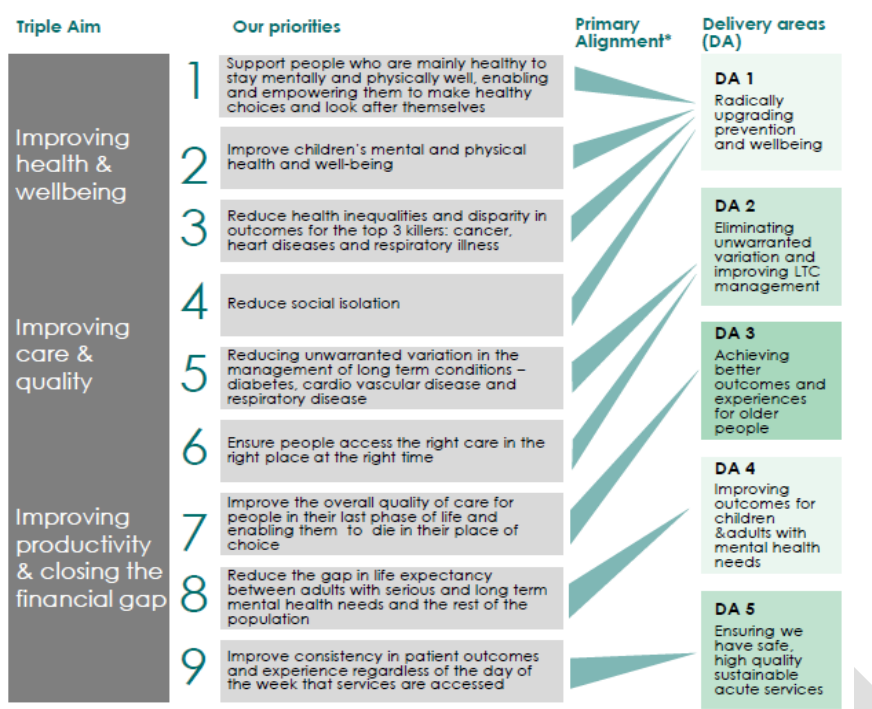
The NHS Five Year Forward View began the process in 2014 by setting out ambitions to dissolve traditional boundaries between GPs, hospitals, social care and mental health.

The Better Care Fund has introduced pooled budgets to move resources away from hospitals into social care and community services. From December 2015, NHS England has encouraged the NHS and its partners to create area-based health and social care plans - 'Sustainability and Transformation Plans'. STPs are expected to set out how local services will improve the quality of care, promote better health, and become more financially sustainable.

The North West London STP is one of 44 nationally. It identifies five broad Delivery Areas (DA) which form the basis for the development of the JHWS in Hillingdon:

- DA1 - Radically upgrading prevention and wellbeing
- DA2 - Eliminating unwarranted variation and improving the management of long-term conditions
- DA3 - Achieving better outcomes and experiences for older people
- DA4 - Improving outcomes for children with mental health needs
- DA5 - Ensuring we have safe, high quality, sustainable acute services

The North West London STP set out 9 priorities with three overarching aims. The diagram below shows the aims, priorities and delivery areas and how they will be aligned within the overarching strategy.



c. Hillingdon Health and Wellbeing Board

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

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

The Board has the duty to produce a Joint Health and Wellbeing Strategy containing priorities for action for Hillingdon.

d. Hillingdon Clinical Commissioning Group (HCCG) and Community Pharmacy

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

Hillingdon CCG's Medicines Management Team support GPs by providing evidence-based information to ensure patients receive safe and effective medicines, improve compliance and reduce wasteful prescribing. They understand the importance of harnessing the expertise and experience of community pharmacy in optimising medicines use and improving patient safety.

There are many areas of joint working between community pharmacists and the CCG Medicines Management Team, such as:

- Attending each organisations' medicines-related committees
- Working jointly on specific projects e.g. promotion of low acquisition cost blood glucose testing strips
- Setting up and implementing a Support with Medicines Use Pathway across the hospital, community, CCG, social care and primary care (GP and community pharmacy) interfaces.

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

1. An extended minor ailments service.
2. An out-of-hours palliative care service.
3. A sharps bin collection service.
4. A medicines use pathway across all health and social care interfaces which is managed by LBG alongside the other community pharmacy public health services.

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

e. Healthwatch Hillingdon

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

Healthwatch Hillingdon is a statutory member of Hillingdon Health and Wellbeing Board, and a member of Hillingdon Clinical Commissioning Group's Governing Body.

11. Outcomes frameworks for public health, NHS and social care

The Public Health Outcomes Framework (PHOF) for England 2016-2019 sets the overall vision for health improvement at a population level, *to improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest.*

This vision is underpinned by two outcome measures:

- Outcome 1: Increased healthy life expectancy
- Outcome 2: Reduced differences in life expectancy and healthy life expectancy between communities through greater improvements in more disadvantaged communities.

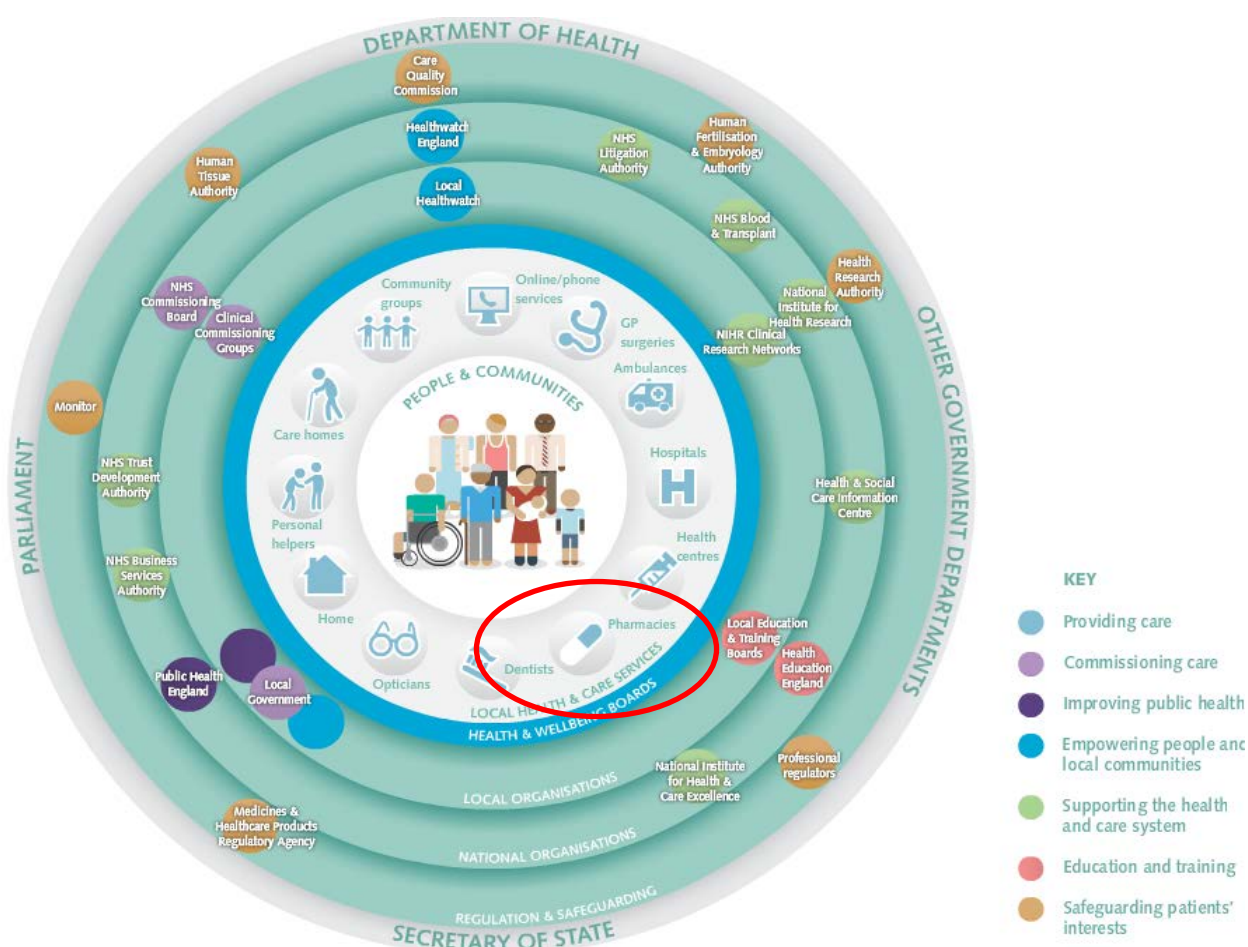
These two measures would work as a package covering both morbidity and mortality, addressing within-area differences and between area differences.

A set of supporting public health indicators that help focus our understanding of how well we are doing year by year nationally and locally on those things that matter most to public health, which we know will help improve the outcomes stated above. These indicators are grouped into four domains:

- improving the wider determinants of health
- health improvement
- health protection
- healthcare public health and preventing premature mortality.

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

12. Pharmaceutical services within the national and local context



The picture above shows the role community pharmacy has in relation to the other stakeholders such as:

- Residents (the innermost white circle)
- Other local health and care services communities (in the grey ring alongside pharmacies)
- Health and Wellbeing Board (bright blue circle)
- The other local and national organisations in the outer rings.

The health system underwent a radical restructuring in 2013. NHS allocations for 2017/18 show that local CCGs have received £72 billion, which includes funding for NHS England's public health responsibilities on behalf of Public Health England, for mainly immunisation, screening. The responsibility and funding for public health transferred from the NHS to local authorities in 2013, which meant that local authorities commission public health services such as smoking cessation, NHS Health Checks, Health Visiting, sexual and reproductive health and substance misuse services as part of their duty to improve public health.

Local authorities received over £2.5 billion from the DH in ring fenced funds in 2013/14. For 2017/18 the total public health grant to local authorities is £3.30 billion, a reduction of 2.5% from the 2016/17 baseline of £3.38 billion. The grant continues to be ring fenced for use on public health functions exclusively for all ages.

Health and Wellbeing Boards have the responsibility for encouraging integrated working between commissioners of services across health, social care, public health and children's services. This provides an opportunity for HWBs to work closely with health and care providers and local residents to tackle challenges such as smoking, obesity, alcohol and drug misuse, sexual transmitted infections and teenage conceptions. Healthwatch Hillingdon also has a role to become an effective voice of the public, to influence commissioning intentions and to hold services to account.

13. Hillingdon Pharmaceutical Needs Assessment 2015

Prior to starting work on this PNA, the previous PNA for Hillingdon (produced by the London Borough of Hillingdon in 2015) was reviewed alongside feedback received from NHS England Area Office for London.

The London Borough of Hillingdon produced a Pharmaceutical Needs Assessment in 2015, which concluded:

- **To recognise that pharmaceutical services in Hillingdon are well resourced. This suggests the number of pharmacies is sufficient to manage the need of the population over the next 3-5 years.**
- **Pharmacy services should be promoted to the local population.**
- **Pharmacies should continue to have an effective health promotion role, targeted to improve the health and wellbeing of Hillingdon residents where needed.**
- **Encourage pharmacies to increase the delivery of Medicines Use Review Services (MURs).**
- **Community pharmacists should use the *Making Every Contact Count* (MECC) approach while dispensing medicines in order to target individuals with public health messages and improve the health of Hillingdon residents**

The 2018 PNA has been further developed since the 2015 PNA and is compliant with the requirements of the NHS (Pharmaceutical and Local Pharmaceutical Services regulations) 2013.

14. Process for developing the PNA

A similar methodology was used to that of the 2015 PNA. A briefing was prepared for HWB to seek approval for the process at its meeting on 27 June 2017. Key steps included:

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

15. Stakeholder involvement in the PNA

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

- Local Pharmaceutical Committee (LPC)
- Local Medical Committee (LMC)
- Representatives from the local Pharmacists (LPS)
- Hillingdon Clinical Commissioning Group (HCCG)
- Healthwatch Hillingdon
- Hillingdon Hospitals Trust
- Other hospital trusts used by Hillingdon residents e.g. Ealing, and North West London Hospitals Trust
- Neighbouring HWBs
- Local Patient, Consumer, and Community Groups
- NHS England Area Office
- Local Voluntary Sector partners

How stakeholders were involved

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

A survey was sent out to all of the 65 community pharmacies in Hillingdon, and to a further 54 community pharmacies identified in the neighbouring boroughs which are within 1km of the Hillingdon boundary on the London side and within 2km of the Hillingdon boundary on the Home Counties sides. Hillingdon Council, with the help of the Local Pharmaceutical Committee, maintained regular contact with community pharmacists in Hillingdon to achieve a 100% response rate.

60 Day Statutory Consultation

The statutory consultation will take place at the end of September, subject to agreement from the Health and Wellbeing Board, to seek the views of wider stakeholders and members of the public, on whether they agreed with the analysis in this PNA and whether it addressed issues that they considered relevant to the provision of pharmaceutical services.

Backing Papers:

Appendix I – Demography

Appendix 2 – Epidemiology

Appendix 3 - Community Pharmacy Provision

Appendix 4 – Pharmacy Survey Results

Appendix 5 – Pharmacy Survey

Glossary

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