



Hillingdon Pharmaceutical Needs Assessment 2022

October 2022

Executive Summary

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

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

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

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

Access to pharmaceutical services include:

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

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

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

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

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

Demographic and Epidemiological Analysis

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

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

Analysis of existing services

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

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

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

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

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

Management of the development of the PNA

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

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

1. Introduction

Local government's new role in relation to pharmaceutical services

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

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

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

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

2. Pharmaceutical Needs Assessment (PNA)

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

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

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

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

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

3. Key findings and background information

The London Borough of Hillingdon

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

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

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

Demography

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

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

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

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

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

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

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

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

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

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

Epidemiology (diseases and their cause within populations)

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

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

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

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

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

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

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

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

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

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

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

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

Service Provision (pharmacies)

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

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

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

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

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

Of the 64 pharmacies in Hillingdon:

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

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

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

Conclusions

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

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

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

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

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

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

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

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

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

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

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

advanced services.

The provision of Enhanced Services

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

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

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4. Community pharmacy provision within Hillingdon

64 community pharmacies in Hillingdon provide pharmaceutical services.

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

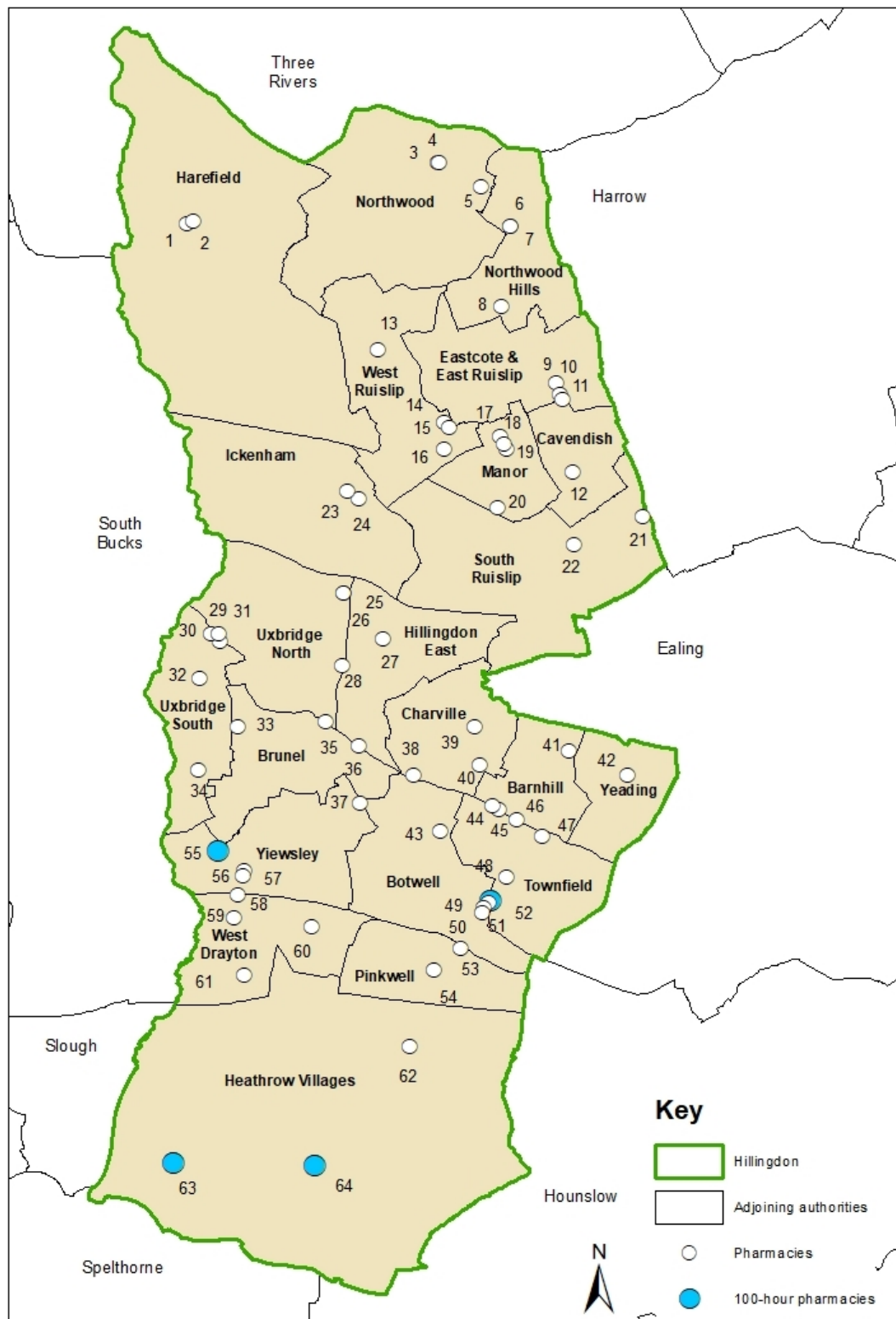
Locality / ward	Population in 2022 (ONS small area population estimates, 2020)	Number of pharmacies per 100,000 population
Ruislip & Northwood	Total = 92,566	Total = 22
Cavendish	11,804	Rate per 100,000 population = 23.8 population = 92,566 number of pharmacies = 22 Total hours 1,220.25
Eastcote & East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

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

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Access to pharmaceutical services: in Borough

Map: Pharmacies in Hillingdon:

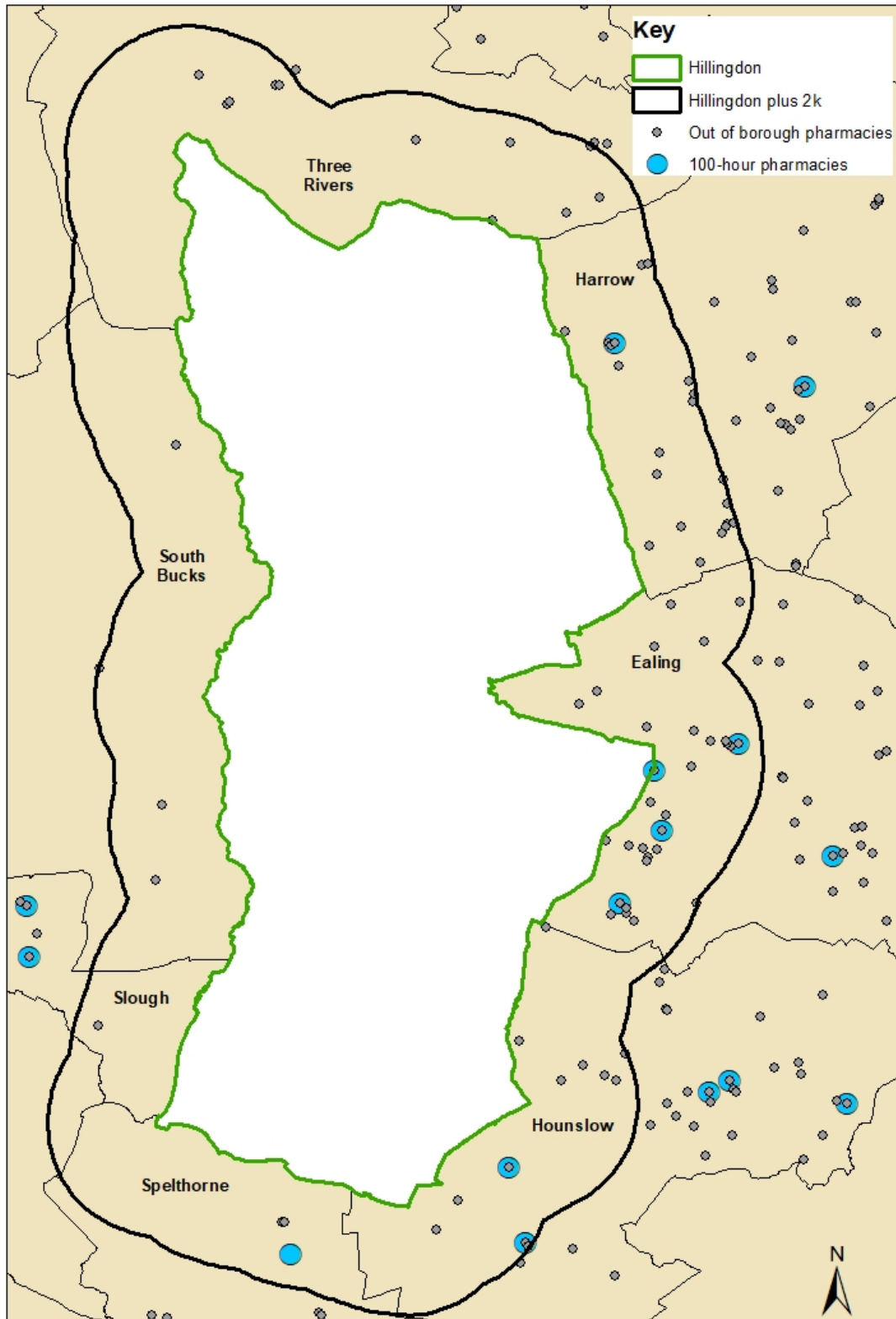


Key	Pharmacy Name	Location
1	The Malthouse Pharmacy	Harefield
2	Harefield Pharmacy	Harefield
3	Boots	Northwood
4	Sharmans, Maxwell Road	Northwood
5	Carter Chemist	Northwood
6	Boots, Joel Street	Northwood Hills
7	Ross Pharmacy	Northwood Hills
8	Carters Pharmacy	Northwood Hills
9	Eastcote Pharmacy	Eastcote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

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

Access to pharmaceutical services: out of Borough**Map: Pharmacies outside of Hillingdon:**

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

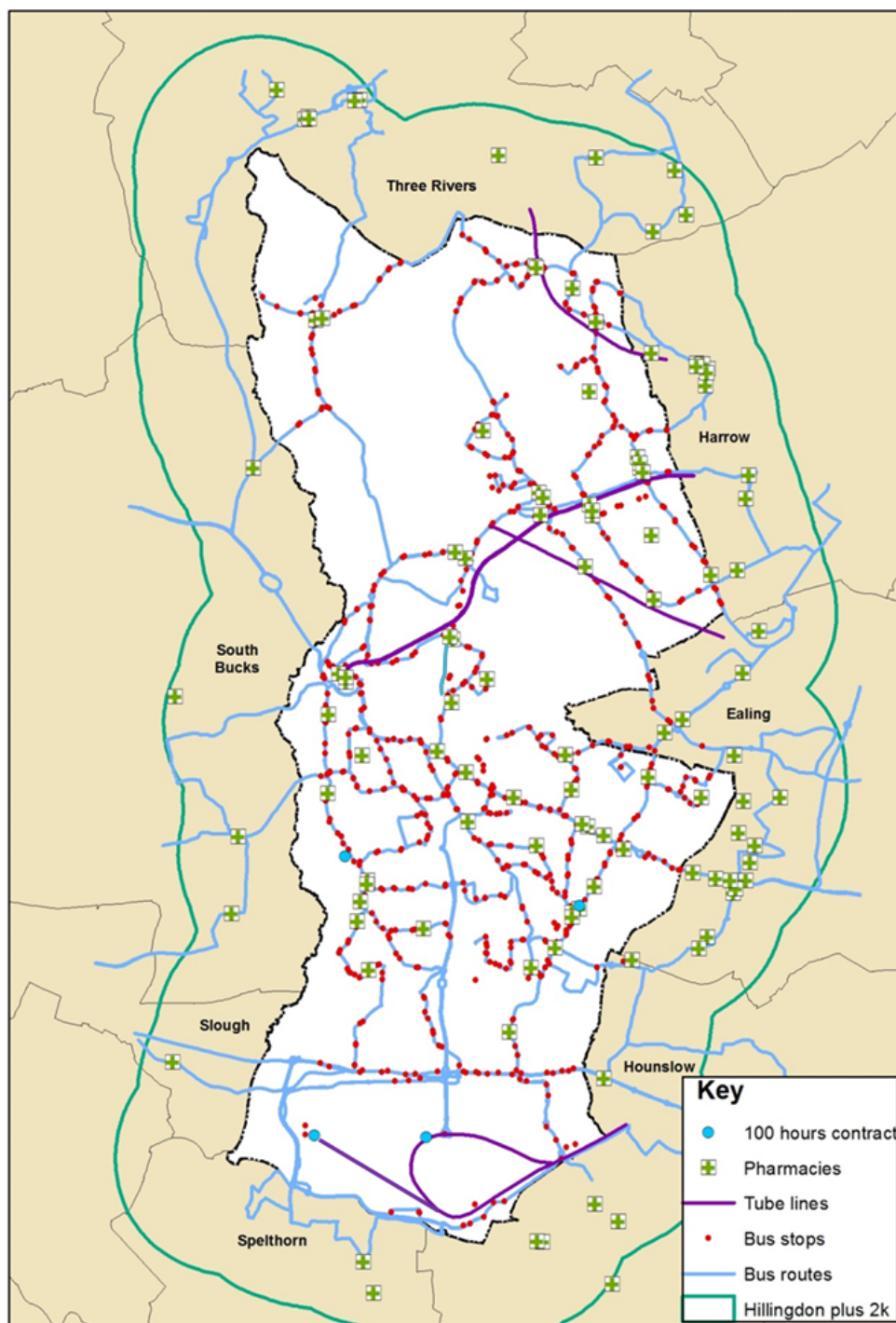


There are at least 75 pharmacies located within the 2km boundary of Hillingdon, plus eight 100-hour pharmacies; the 100-hour pharmacies are:

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

Map: Accessibility via public transport

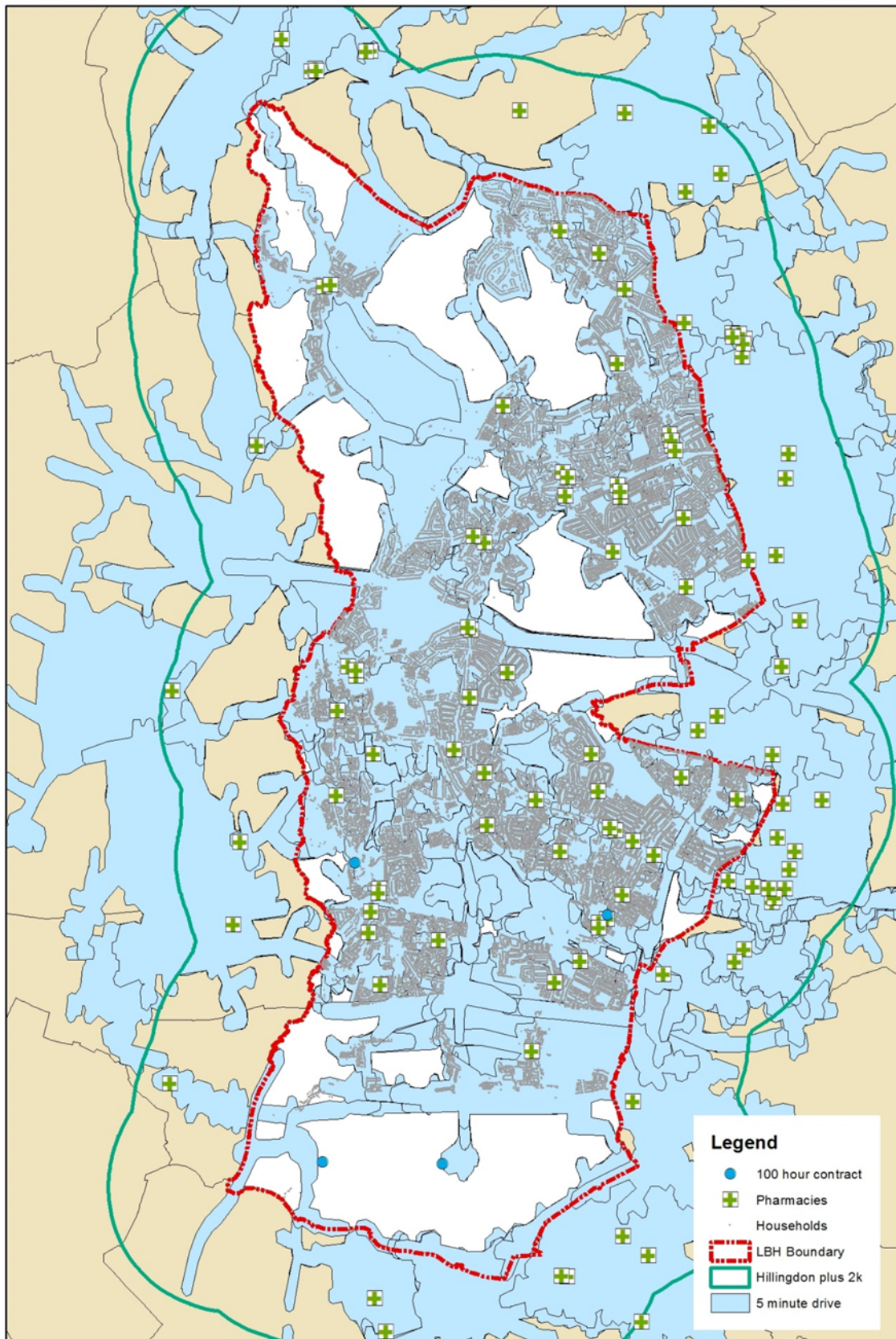
Bus routes and bus stops in relation to Hillingdon and out of Borough pharmacies



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

Map: Access by car

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



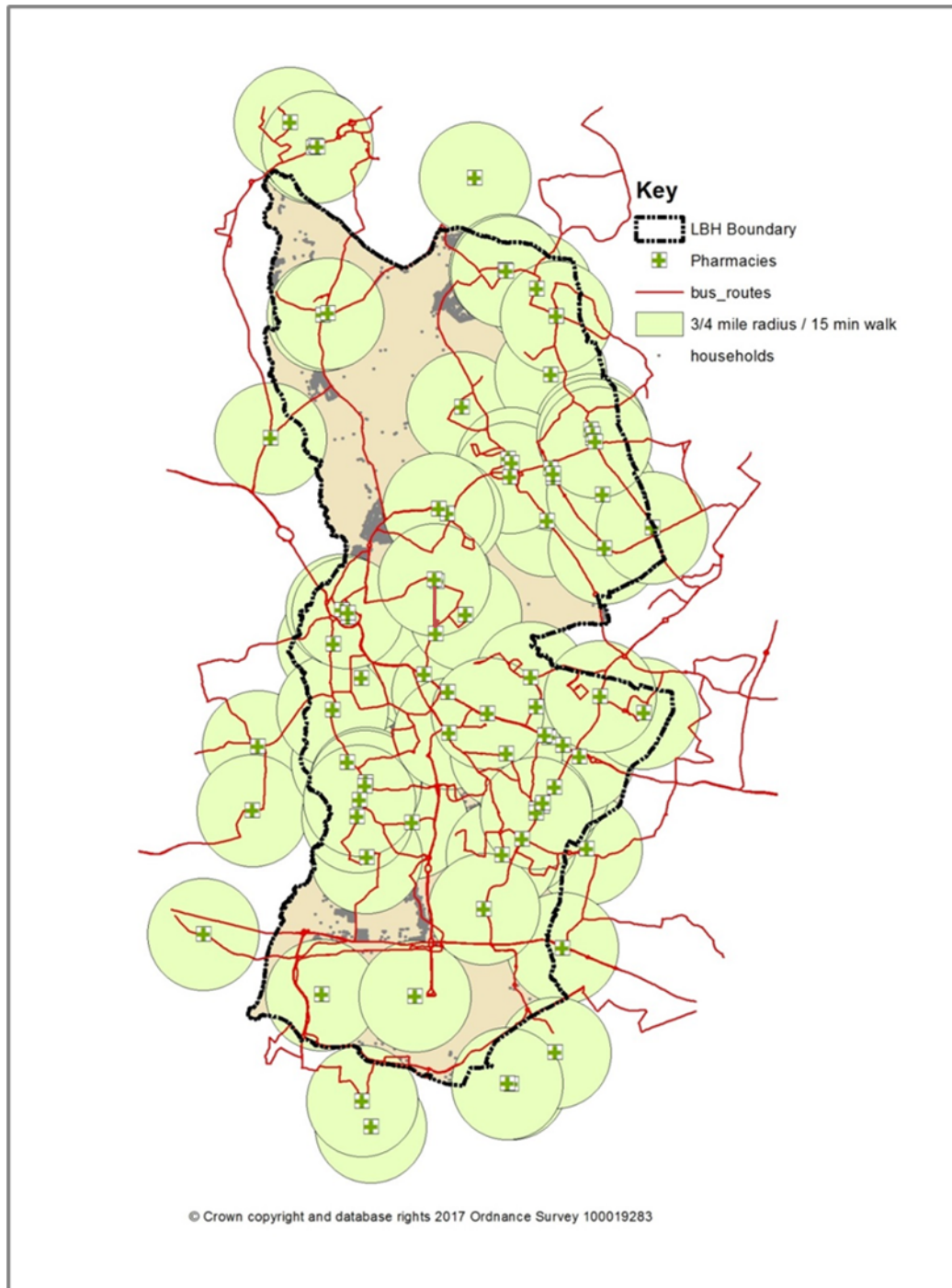
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Access to a pharmacy

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

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



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

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

5. Definition of pharmaceutical services

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

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

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

6. Public health services

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

7. Pharmaceutical lists and NHS market entry

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

8. Purpose of the PNA and its content

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

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

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

9. Context for the Pharmaceutical Needs Assessment

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

10. Links with other strategies and plans

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

a. The Joint Strategic Needs Assessment

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

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

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

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

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

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

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

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

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

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

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

c. Sustainable and Transformation Partnerships

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

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

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

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

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

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

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

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

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

Pharmaceutical Needs Assessment 2022

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

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

e. Healthwatch Hillingdon

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

11. Outcomes frameworks for public health

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

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

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

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

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

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

Hillingdon's report can be viewed on Fingertips:

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

12. Hillingdon Pharmaceutical Needs Assessment 2022

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

13. Process for developing the PNA

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

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

14. Stakeholder involvement in the PNA

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

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

How stakeholders were involved

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

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

15. 60 Day Statutory Consultation

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

Backing Papers:

Appendix 1 – Demography

Appendix 2 – Epidemiology

Appendix 3 - Community Pharmacy Provision

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

Glossary

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