



**London Borough
of Hounslow**



Pharmaceutical Needs Assessment 2025

Hounslow Health and Wellbeing Board

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Abbreviations

AA	Attendance Allowance
A&E	Accident and Emergency
AIDS	Acquired Immuno-Deficiency Syndrome
AS	Advanced Service
AUR	Appliance Use Review
BMI	Body Mass Index
BSA	Business Services Authority
CHAIN	Combined Homelessness And Information Network
CHD	Coronary Heart Disease
COPD	Chronic Obstructive Pulmonary Disease
CP	Community Pharmacy
CPCF	Community Pharmacy Contractual Framework
CPCS	Community Pharmacist Consultation Service
CPE	Community Pharmacy England
CVD	Cardiovascular Disease
DAC	Dispensing Alliance Contractor
DfE	Department for Education
DHSC	Department of Health and Social Care
DLA	Disability Living Allowance
DMS	Discharge Medicines Service
DSP	Distance Selling Pharmacy
EGDI	Ethnic Group Deprivation Index
EHC	Emergency Hormonal Contraception
EPS	Electronic Prescription Service
eSHL	Electronic Sexual Health London
EU	European Union
GFR	General Fertility Rate
GLA	Great London Authority
GP	General Practitioner
HHNA	Homeless Health Needs Audit
HIV	Human Immunodeficiency Virus

HLP	Healthy Living Pharmacy
HWB	Health and Wellbeing Board
HWS	Health and Wellbeing Strategies
ICB	Integrated Care Board
ICBS	ICB-commissioned Service
ICS	Integrated Care System
IDACI	Income Deprivation Affecting Children Index
IDAOP	Income Deprivation Affecting Older People Index
IMD	Index of Multiple Deprivation
JLHWS	Joint Local Health and Wellbeing Strategy
JSNA	Joint Strategic Need Assessment
LAS	Local Authority-commissioned Service
LBH	London Borough of Hounslow
LBW	Low Birth Weight
LCS	Locally Commissioned Service
LES	Local Enhanced Service
LFD	Lateral Flow Device
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Service
LSOA	Lower Super Output Area
LTC	Long Term Condition
LTP	Long Term Plan
MECC	Making Every Contact Count
MMR	Measles, Mumps and Rubella
NCMP	National Child Measurement Programme
NCSP	National Chlamydia Screening Programme
NES	National Enhanced Service
NHS	National Health Service
NHSE	NHS England
NMS	New Medicine Service
NPA	National Pharmacy Association
NRT	Nicotine Replacement Therapy

NWL	North West London
OC	Oral Contraception
OCU	Opiate and Crack User
ONS	Office for National Statistics
PCN	Primary Care Network
PCS	Pharmacy Contraception Service
PCT	Primary Care Trust
PGD	Patient Group Direction
PhAS	Pharmacy Access Scheme
PNA	Pharmaceutical Needs Assessment
POPPI	Projecting Older People Population Information
PPV	Pneumococcal Polysaccharide Vaccine
QOF	Quality and Outcomes Framework
RNIB	Royal National Institute of Blind People
RSV	Respiratory Syncytial Virus
SAC	Stoma Appliance Customisation
SCS	Smoking Cessation Service
SEN	Special Educational Needs
SMR	Standardised Mortality Rate
STI	Sexually Transmitted Infections
TB	Tuberculosis
TFR	Total Fertility Rate
TIA	Transient Ischaemic Attacks
UCC	Urgent Care Centre
YOI	Young Offender Institution

Executive summary

Introduction

Every Health and Wellbeing Board (HWB) has a statutory duty to carry out a Pharmaceutical Needs Assessment (PNA) every three years. The last PNA for Hounslow was published in 2022 and has been kept up to date with supplementary statements reflecting changes in provision. This 2025 PNA for Hounslow HWB meets the regulatory requirement by being published within three years.

Aim, objectives and methodology

The aim of the Pharmaceutical Needs Assessment (PNA) is to enable local pharmacy service providers and commissioners to:

- Understand the pharmaceutical needs of the population.
- Gain a clearer picture of pharmaceutical services currently provided.
- Make appropriate decisions on applications for NHS pharmacy contracts.
- Commission appropriate and accessible services from community pharmacies.
- Clearly identify and address any local gaps in pharmaceutical services.
- Target services to reduce health inequalities within local health communities.

Soar Beyond were commissioned by London Borough of Hounslow (LBH) to complete the PNA, overseen by a steering group to ensure process was followed and the PNA intended for publication was fit for purpose as per the National Health Service (NHS) Regulations.

The process consisted of:

- Governance setup: Forming a Steering Group to oversee the process and define roles and timelines.
- Data collection: Gathering data on pharmaceutical services, population demographics, and public health needs.
- Service assessment: Mapping and evaluating existing services, including those from neighbouring areas.
- Gap identification: Identifying current and future service gaps based on population growth and access issues.
- Consultation: Conducting a 60-day public consultation to gather feedback from stakeholders and the public.
- Finalisation and publication: Reviewing feedback to finalise the PNA, and publishing.

NHS pharmaceutical services in England

NHS pharmaceutical services are provided by contractors on the pharmaceutical list held by NHS England (NHSE). The types of providers are:

- **Community Pharmacy (CP) contractors, including Distance-Selling Pharmacies (DSPs):** Community contractors refer to persons providing local pharmaceutical services from registered pharmacy premises in Hounslow, neighbouring areas and remote suppliers, including DSPs, who are required to offer services throughout England.

- **Dispensing Appliance Contractors (DACs):** DACs are required to provide a range of 'Essential Services' including advice on appliances, signposting and home delivery of, appliances, but they are unable to supply medicines.
- **Local Pharmaceutical Service (LPS):** LPS refers to pharmacy providers contracted by the NHS to perform specified services to their local population or a specific population, outside the national framework.
- **Dispensing doctors:** refers to General Practitioners (GPs) who are allowed to dispense the medicines they prescribe for their patients.

NHS pharmaceutical services refers to services commissioned through NHSE. Integrated Care Boards (ICB) took on the delegated responsibility for the commissioning of pharmacy services from NHS England from 1 April 2023.

The three main categories, as identified in the Community Pharmacy Contractual Framework (CPCF) are as follows:

Essential Services: These are services that every community pharmacy providing NHS pharmaceutical services must provide and are set out in their terms of service. These include: the dispensing of medicines and appliances, disposal of unwanted medicines, clinical governance, and promotion of healthy lifestyles.

Advanced Services: These are services that community pharmacy contractors and DACs can choose to provide, subject to accreditation. They are not mandatory.

Enhanced Services: These are services that are commissioned directly by NHSE, introduced to assist the NHS in improving and delivering a better level of care in the community. Pharmacy contractors can choose to provide any of these services.

However, in the absence of a particular service being commissioned by NHSE, it is in some cases addressed by **Locally Commissioned Services**, funded by the local authority or the ICB. These are services community pharmacy contractors could choose to provide and are therefore included in the PNA.

Hounslow the place

Hounslow borders the boroughs of Richmond upon Thames, Hammersmith & Fulham, Ealing and Hillingdon, in addition to the Spelthorne district of Surrey.

- The population:

According to Census 2021, Hounslow has a population of 288,181, of which 44% is White and the remaining 56% are other ethnicities: 37% is Asian, 7.2% is Black and the rest are other ethnicities.

- Health inequalities:

Index of Multiple Deprivation (IMD) data (2019) shows that Hounslow is ranked 122 out of 317 local authorities across England, where one is the most deprived and 317 is the least deprived. Hounslow has more relative deprivation compared to England. The five localities have different levels of deprivation, with Feltham & Bedfont, Great West Road and Hounslow Health having higher relative deprivation. The locality of Chiswick is affluent.

- Health of Hounslow:

Hounslow has varying health needs across the five localities. Key health highlights for the borough are listed below:

- Childhood immunisations rates are lower than England and international values.
- Childhood obesity is also a concern, with rates that are higher than England.
- The borough has a high rate of alcohol-related hospital admissions.
- In Hounslow, 64% of adults are overweight or obese.
- The rate of hospital admissions for falls for people aged 65 and over in 2022-23 was the second highest (worst) in the country.

Community Pharmacy access

Since the last Hounslow PNA, the number of community pharmacies has gone from 52 in 2022 to 45 in 2025. In Hounslow there are 15.6 community pharmacies per 100,000 population which is lower than the England average of 18.1 community pharmacies per 100,000. To note, the England average also decreased from 2022 when there were 20.6 community pharmacies per 100,000.

Community pharmacies are well distributed across the five localities, with 92.3% of the residents being able to travel to a pharmacy in less than 20 minutes walking, and 99.6% in less than five minutes driving. Hounslow has an extensive transport system with very good bus, tube and train networks.

At the time of writing the PNA, it was noted that community pharmacies on the border with the HWBs of Richmond, Hillingdon, Hammersmith & Fulham and Spelthorne provide access to community pharmacy services.

- Community Pharmacy market:

The PNA steering group has noted the current pressures facing community pharmacy due to financial issues and medicine shortages. This is a national issue. There have been numerous closures, nationally and locally, contributing to Hounslow having fewer community pharmacies per 100,000 population than the England average.

Feedback on pharmaceutical services

A questionnaire to understand the views of the public regarding pharmaceutical service provision in Hounslow was developed. There was a total of 821 responses and the following themes were identified:

- 40% of users reported having a disability or long-standing illness, and 177 users stated they have a physical disability.
- 20% said they chose to use a pharmacy that wasn't the closest or most convenient, mostly due to personal preference, convenience of opening hours or accessibility reasons (including parking).
- The main reason for visiting a pharmacy for most was to collect prescriptions for themselves (88%), followed by buying over the counter medicines (61%) and collecting prescriptions for someone else (44%).

- The day and time most convenient varied for most of the respondents.
- Availability of medicines was an important factor (69% felt it was extremely important and a further 25% felt it was very important) when choosing a pharmacy.
- The choice of pharmacy was also influenced by quality of service (64%), customer service (56%), location (59%), services provided (51%) and opening times (44%).
- Most (60%) usually walked to their pharmacy or travelled by car (27%).
- 86% reported that they were able to travel to a pharmacy in less than 20 minutes and overall 96% being able to get to their pharmacy within 30 minutes.

Adequacy of pharmaceutical services in Hounslow

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

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

Conclusions

For the purposes of this PNA, the Steering Group designated Essential Services as Necessary Services. Advanced and Enhanced Services are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

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

There are 45 community pharmacies in Hounslow including one Distance Selling Pharmacy (DSP). A DSP is a pharmacy providing online or mail order services. All pharmacies provide all Essential Services as per the current Community Pharmacy Contractual Framework (CPCF). No gaps have been identified, although considerations to enhance provision have been highlighted in this report.

This Hounslow Pharmaceutical Needs Assessment 2025 concludes that there are no identified gaps in provision of NHS Necessary Services to meet current and future needs of the population in the lifetime of this document, which is three years. This includes provision during working and non-working hours.

The PNA highlights good uptake of Advanced and Enhanced Services, including the Pharmacy First service, hypertension case-finding, and New Medicine Service, with opportunities to improve awareness in some areas. Ongoing monitoring of service provision is recommended to ensure continued alignment with evolving local health needs. Future priorities include enhancing collaboration between ICBs and community pharmacies to further embed services.

There are no gaps in the provision of Advanced or Enhanced Services at present or in the future (next three years) that would secure improvements or better access to services in Hounslow.

London Borough of Hounslow (LBH) and the North West London (NWL) ICB commission a range of services that complement the NHS pharmaceutical services. These are aimed at improving access and addressing specific local needs. Opportunities exist for collaboration between the commissioners and to improve awareness of locally commissioned services to maximise the uptake.

Based on current information, no gaps have been identified in respect of securing improvements or better access to Locally Commissioned Services, either now or in specific future circumstances during the next three years across Hounslow to meet the needs of the population.

Section 1: Introduction

1.1 Background and context

The Health Act 2009, implemented in April 2010, mandated Primary Care Trusts (PCTs) in England to undertake and publish Pharmaceutical Needs Assessments (PNAs) within specific timeframes. These PNAs:

- Inform local commissioning decisions regarding pharmaceutical services. They provide evidence of the current and future needs for pharmaceutical services in the area, helping NHSE, local authorities and ICBs make informed decisions about service provision and commissioning.
- Are a key tool in determining market entry for new pharmaceutical services. They identify any gaps in service provision and help decide whether new pharmacies or service providers are needed to meet the pharmaceutical needs of the population.
- Can contribute to public health strategies by assessing how pharmaceutical services can support broader health initiatives, such as reducing hospital admissions, promoting healthy lifestyles, and improving access to services for vulnerable populations.
- Help plan for future pharmaceutical service provision, ensuring the area's needs are met as the population grows or change by assessing upcoming developments such as housing projects or demographic changes.

The Health and Social Care Act 2012 transferred responsibility for developing and updating PNAs to Health and Wellbeing Boards (HWBs). PNAs are a statutory requirement, and they must be published in accordance with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (hereafter referred to as the Pharmaceutical Regulations 2013).

The Pharmaceutical Regulations 2013 were last updated in 2013 (SI 2013/349)¹, came into force on 1 April 2013.

The initial PNAs were published in 2011 (see Table 1 for timelines)

Table 1: Timeline for PNAs

2009	2011	2013	2015	Ongoing
Health Act 2009 introduces statutory framework requiring Primary Care Trusts (PCTs) to prepare and publish PNAs	PNAs to be published by 1 February 2011	The Pharmaceutical Regulations 2013 outline PNA requirements for HWB	HWB required to publish own PNAs by 1 April 2015	PNAs reviewed every 3 years* *Publication of PNAs was delayed during COVID-19 pandemic and PNAs were published by October 2022

¹ The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. July 2017. [Accessed December 2024] www.legislation.gov.uk/ukxi/2013/349/contents/made

This document should be revised within three years of its previous publication. The last PNA for Hounslow HWB was published in September 2022.

This PNA for Hounslow HWB fulfils this regulatory requirement.

1.2 Important changes since the last Pharmaceutical Needs Assessment (PNA)

- There was an **update to the Pharmaceutical Regulations 2013 in May 2023** which in the main was in response to the number of requests for temporary closures. Key changes were made for:
 - Notification procedures for changes in core opening hours.
 - Notification procedures for 100-hour pharmacies to be able to reduce their hours to no less than 72 hours per week.
 - Local arrangements with ICBs for the temporary reduction in hours.
 - All pharmacies requiring a business continuity plan that allows them to deal with temporary closures.
- **Clinical Commissioning Groups (CCGs)** are now replaced by **Integrated Care Board (ICBs)** as part of Integrated Care Systems (ICS). In an ICS, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards and improving the health of the population they serve.
- **Integrated Care Boards** took on the delegated responsibility for the commissioning of pharmacy services from NHS England from 1 April 2023.
- **Independent Prescribing 'Pathfinder' Programme²** – NHSE has developed a programme of pilot sites, referred to as 'pathfinder' sites, across integrated care systems, enabling a community pharmacist prescriber to support primary care clinical services. This presents a unique opportunity for community pharmacy to redesign current pathways and play an increasing role in delivering clinical services in primary care. This is in readiness for when all pharmacy graduates from September 2026 will be qualifying as independent prescribers.
 The scope for pathfinder sites will be determined by ICBs, who will be urged to fully utilise the skills and capabilities of community pharmacists to build on clinical services already commissioned as advanced pharmaceutical services or add into locally commissioned services.
 ICBs will work with community pharmacy teams to identify the pharmacies and local pharmacists that will deliver the service by becoming a pathfinder site, as well as other NHS bodies, local authorities, and community organisations involved in delivering joined up care.

² NHSE. Independent prescribing. [Accessed December 2024] <https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-integration-fund/independent-prescribing/>

- The Community Pharmacy sector has reported **workforce challenges and pressures** reported by the National Pharmacy Association (NPA)³ and Healthwatch⁴. Both highlighted the current rate of **pharmacy closures** for 2024 was higher than previous years, mainly due to a combination of funding and workforce challenges. The Pharmacy pressures report⁵ by Community Pharmacy England (CPE), based on a survey conducted in 2024, highlights the pressures in community pharmacy and morale. Key headlines based on the views of the owners of 6,100 premises:
 - Three quarters of pharmacy team members report staff shortages.
 - One in ten resulting in temporary closures.
 - Nine out of ten pharmacy staff report they are not coping well because of the workload.
 - Three-quarters of pharmacy owners reported recruitment difficulties to hire permanent staff.
- **Pharmacy First Service⁶** – The Pharmacy First service commenced on 31 January 2024 and replaces the Community Pharmacist Consultation Service (CPCS). The new Advanced Service involves pharmacists providing advice and prescription-only treatment under a Patient Group Direction (PGD) or in one pathway, and an over-the-counter medicine (supplied under a clinical protocol), all at NHS expense, for seven common conditions. Consultations for these seven clinical pathways can be provided to patients presenting to the pharmacy as well as those referred by NHS 111, general practices and others. The service also incorporates the elements of the CPCS, i.e. minor illness consultations with a pharmacist and the supply of urgent medicines (and appliances), both following a referral from NHS 111, general practices and other authorised healthcare providers (i.e. patients are not able to present to the pharmacy for urgent medicines without a referral).
- **Hypertension Case-Finding Service⁷** requirements were updated from 1 December 2023 and means the service can be provided by suitably trained and competent pharmacy staff. Previously, only pharmacists and pharmacy technicians could provide the service.
- **Hepatitis C testing service** was decommissioned from 1 April 2023.

³ In Pharmacy - National Pharmacy Association (NPA) warns that pharmacy closures are at record high levels. May 2024. [Accessed December 2024] <https://www.inpharmacy.co.uk/2024/05/14/npa-warns-pharmacy-closures-are-record-high-levels>

⁴ Healthwatch. Pharmacy closures in England. September 2024. [Accessed December 2024] <https://www.healthwatch.co.uk/report/2024-09-26/pharmacy-closures-england>

⁵ Community Pharmacy England (CPE). Pharmacy Pressures Survey. October 2024. [Accessed December 2024] <https://cpe.org.uk/wp-content/uploads/2024/10/Pharmacy-Pressures-Survey-2024-Staffing-and-Morale-Report-Final-Oct-2024.pdf>

⁶ Community Pharmacy England. Pharmacy First Service. November 2024. [Accessed December 2024.] <https://cpe.org.uk/national-pharmacy-services/advanced-services/pharmacy-first-service/>

⁷ Community Pharmacy England. Hypertension Case-Finding service. July 2024. [Accessed December 2024]. <https://cpe.org.uk/national-pharmacy-services/advanced-services/hypertension-case-finding-service/>

1.3 Key upcoming changes

Although the PNA was drafted in December 2024, the following changes will occur during the lifetime of this PNA. They have been considered and agreed following consultation that will not have an impact on the conclusions of this PNA. Therefore, they have been added to this document in June 2025.

An announcement was made in March 2025 which included changes to some of the services and changes to the Pharmaceutical Regulations 2013. Some of the key changes are listed below:

- Regulation Change: Ability to change core opening hours: These amendments to the Pharmaceutical Regulations 2013 are intended to allow pharmacy owners greater flexibility in adjusting their opening hours to better align with the needs of patients and likely users. Although these changes have not yet come into effect, they are expected to be implemented during the timeframe covered by this PNA.
- DSPs will no longer be permitted to provide Advanced and Enhanced services on their premises; however, remote provision will still be allowed where specified.
- From 23 June 2025, no new applications for DSPs will be accepted, following amendments to the Pharmaceutical Regulations 2013 which close entry to the DSP market.
- Funding and fees: Additional funding has been allocated and agreed for the Community Pharmacy Contractual Framework for 2025/2026.
- Service developments:
 - From October 2025, the Pharmacy Contraception Service will be expanded to include Emergency Hormonal Contraception (EHC).
 - New Medicine Service will be expanded to include depression from October 2025.
 - Smoking Cessation Service will have Patient Group Directions (PGDs), introduced to enable provision of Varenicline and Cytisinicline (Cytisine). No dates have been given for this.

In March 2025, the government decided to merge NHS England into the Department of Health and Social Care (DHSC), aiming to reduce bureaucracy and improve the management of health services. A timeline for this is still being developed.

1.4 Purpose of the PNA

The ICB, through their delegated responsibility from NHSE, is required to publish and maintain pharmaceutical lists for each HWB area. Any person wishing to provide NHS pharmaceutical services is required to be included on the pharmaceutical list. NHSE must consider any applications for entry to the pharmaceutical list. The Pharmaceutical Regulations 2013 require the ICB to consider applications to fulfil unmet needs determined within the PNA of that area or applications for benefits unforeseen within the PNA. Such applications could be for the provision of NHS pharmaceutical services from new premises or to extend the range or duration of current NHS pharmaceutical services offered from existing premises. This function is carried out by the Dentistry, Optometry and Pharmacy Commissioning Hub hosted by NHS North East London on behalf of all London ICBs.

The PNA is the basis for the ICB to make determinations on such applications. It is therefore prudent that the PNA is compiled in line with the regulations and with due process, and that the PNA is accurately maintained and up to date. Although decisions made by the ICB regarding applications to the pharmaceutical list may be appealed to the NHS Primary Care Appeals Unit, the final published PNA cannot be appealed. It is likely the only challenge to a published PNA will be through an application for a judicial review of the process undertaken to conclude the PNA.

The PNA should be read alongside other Joint Strategic Need Assessment (JSNA) products. Information and JSNA products are updated on the London Borough of Hounslow (LBH) website. These documents are kept live and inform their Health and Wellbeing Strategies (HWS), which take into account the findings of their JSNA products.

The PNA assesses how pharmaceutical services meet the needs of the local population, both now and in the future. By informing decisions made by the local authority and the ICB, these documents jointly aim to improve the health and wellbeing of the local population and reduce inequalities.

ICBs have been given delegated responsibility for pharmacy commissioning from NHSE. Therefore, some services currently commissioned from pharmacies by ICBs may fall under the definition of Enhanced Services in the future. For the purpose of this PNA, at the time of writing, only services commissioned by NHSE as per the regulations have been considered as 'NHS pharmaceutical services'.

1.5 Scope of the PNA

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

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

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

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

Necessary Services – The Pharmaceutical Regulations 2013 require the HWB to include a statement of those pharmaceutical services that it identifies as being necessary to meet the need for pharmaceutical services within the PNA. There is no definition of Necessary Services within the regulations and the HWB therefore has complete freedom in the matter.

In Hounslow, once the provision of all pharmaceutical service was identified, the HWB, via the PNA steering group, decided upon those service which were necessary to meet the pharmaceutical needs for Hounslow. This decision was made by service type.

Hounslow HWB through the PNA steering group have decided that all Essential Services are Necessary Services in Hounslow.

Other relevant services – These are services that the HWB is satisfied are not necessary to meet the need for pharmaceutical services, but their provision has secured improvements or better access to pharmaceutical services. Advanced Services for the purposes on the PNA were agreed by the Steering Group as relevant services.

To appreciate the definition of ‘pharmaceutical services’ as used in this PNA, it is important to understand the types of NHS pharmaceutical providers comprised in the pharmaceutical list maintained by the ICB on behalf of NHSE.

They are:

- Pharmacy contractors:
 - Community Pharmacies (CPs).
 - Local Pharmaceutical Service (LPS) providers.
 - Distance-Selling Pharmacies (DSPs).
- Dispensing Appliance Contractors (DACs).
- Dispensing GP practices.

For the purposes of this PNA, ‘pharmaceutical services’ have been defined as those services that are/may be commissioned under the provider’s contract with NHSE. A detailed description of each provider type, and the pharmaceutical services as defined in their contract with NHSE, is set out below.

1.5.1 Pharmacy contractors

Pharmacy contractors comprise both those located within the Hounslow HWB areas, as listed in Appendix A, and those in neighbouring HWB areas and remote suppliers, such as DSPs.

There are 10,458 community pharmacies in England in September 2024 at the time of writing (this includes DSPs)⁸. This number has decreased from 11,071 community pharmacies in September 2022 when previous PNA was published.

1.5.1.1 Community pharmacies

Community pharmacies are the most common type of pharmacy that allows the public to access their medications and advice about their health. Traditionally these were known as a chemist.

NHSE is responsible for administering opening hours for pharmacies, which is handled locally by ICBs through the delegated responsibility. A pharmacy normally has 40 core contractual hours or 72+ for those that opened under the former exemption from the control of entry test. These hours cannot be amended without the consent of the ICB. All applications are required to be considered and outcomes determined within 60 days, and if approved, may be implemented 30 days after approval⁹. This is due to change as mentioned in Section 1.3.

1.5.1.2 Distance-Selling Pharmacies (DSPs)

A DSP is a pharmacy contractor that works exclusively at a distance from patients. This includes mail order and internet pharmacies that remotely manage medicine logistics and distribution. The Pharmaceutical Regulations 2013 state that DSPs must not provide Essential Services face to face, but they may provide Advanced and Enhanced Services on the premises, as long as any Essential Service that forms part of the Advanced or Enhanced Service is not provided in person on the premises. From the 1 October 2025, DSPs will no longer be able to deliver Advanced or Enhanced services face to face with patients, onsite.

As part of the terms of service for DSPs, provision of all services offered must be offered throughout England. It is therefore possible that patients within Hounslow will receive pharmaceutical services from a DSP outside Hounslow.

Figures for 2023-24 show that in England there were 409 DSPs¹⁰, accounting for 3.4% of the total number of pharmacies. This has increased slightly from 2020-21, when there were 372 DSPs, accounting for 3.2% of all pharmacy contractors.

1.5.1.3 Local Pharmaceutical Service (LPS) providers

A pharmacy provider may be contracted to perform specified services to their local population or a specific population group.

⁸ NHS Open Data Portal. Pharmacy Opening and Closures. November 2024. [Accessed December 2024] <https://opendata.nhsbsa.net/dataset/pharmacy-openings-and-closures>

⁹ Community Pharmacy England. Changing Core Opening Hours. June 2024. [Accessed December 2024] <https://cpe.org.uk/changing-core-opening-hours/>

¹⁰ NHS Business Services Authority. General Pharmaceutical Services in England 2015-16 – 2023-24. October 2024. [Accessed December 2024] <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-2015-16-2023-24>

This contract is locally commissioned by the ICB and provision for such contracts is made in the Pharmaceutical Regulations 2013 in Part 13 and Schedule 7¹¹. Such contracts are agreed outside the national framework, although may be over and above what is required from national contract. Payment for service delivery is locally agreed and funded.

1.5.1.4 Pharmaceutical services

The Community Pharmacy Contractual Framework (CPCF), last agreed in 2019,¹² is made up of three types of services:

- Essential Services.
- Advanced Services.
- Enhanced Services.

Underpinning all the services is a governance structure for the delivery of pharmacy services. This structure is set out within the Pharmaceutical Regulations 2013 and includes:

- A patient and public involvement programme.
- A clinical audit programme.
- A risk management programme.
- A clinical effectiveness programme.
- A staffing and staff programme.
- An information governance programme.

It provides an opportunity to audit pharmacy services and to influence the evidence base for the best practice and contribution of pharmacy services, especially to meeting local health priorities within Hounslow.

1.5.1.4.1 Essential Services (ES)¹³

Hounslow has designated that all Essential Services (ES) are to be regarded as Necessary Services.

The Essential Services of the community pharmacy contract **must** be provided by all contractors:

- **ES1: Dispensing medicines** – The supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records.
- **ES2: Repeat dispensing/electronic repeat dispensing (eRD)** – The management and dispensing of repeatable NHS prescriptions for medicines and appliances, in partnership with the patient and the prescriber.

¹¹ UK Government. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. [Accessed December 2024] <https://www.legislation.gov.uk/ukxi/2013/349/contents>

¹² Department of Health and Social Care (DHSC). Community Pharmacy Contractual Framework: 2019 to 2024. May 2023. [Accessed December 2024.] www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024

¹³ Community Pharmacy England. Essential Services. April 2024. [Accessed December 2024] <https://cpe.org.uk/national-pharmacy-services/essential-services/>

- **ES3: Disposal of unwanted medicines** – Acceptance, by community pharmacies, of unwanted medicines from households and individuals which require safe disposal.
- **ES4: Public health (promotion of healthy lifestyles)** – Each financial year (1 April to 31 March), pharmacies are required to participate in up to six health campaigns at the request of NHS England. This generally involves the display and distribution of leaflets provided by NHSE. In addition, pharmacies are required to undertake prescription-linked interventions on major areas of public health concern, such as encouraging smoking cessation.
- **ES5: Signposting** – The provision of information to people visiting the pharmacy who require further support, advice or treatment that cannot be provided by the pharmacy, on other health and social care providers, or support organisations who may be able to assist them. Where appropriate, this may take the form of a referral.
- **ES6: Support for self-care** – The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.
- **ES7: Discharge Medicines Service (DMS)** – From 15 February 2021, NHS trusts can refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHSE's Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.
- **ES8: Healthy Living Pharmacy (HLP)** – From 1 January 2021, being a HLP is an essential requirement for all community pharmacy contractors in England. The HLP framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local needs, improving the health and wellbeing of the local population, and helping to reduce health inequalities.
- **ES9: Dispensing Appliances** – Pharmacists may regularly dispense appliances during their business, or they may dispense such prescriptions infrequently, or they may have taken a decision not to dispense them at all. Whilst the Terms of Service requires a pharmacist to dispense any (non-Part XVIII A listed) medicine 'with reasonable promptness', for appliances the obligation to dispense arises only if the pharmacist supplies such products 'in the normal course of business.'

Both Essential and Advanced Services provide an opportunity to identify issues with side effects or changes in dosage, confirmation that the patient understands the role of the medicine or appliance in their care, and opportunities for medicine optimisation. Appropriate referrals can be made to GPs or other care settings, resulting in patients receiving a better outcome from their medicines and, in some cases, cost-saving for the commissioner.

1.5.1.4.2 Advanced Services (AS)¹⁴

There are nine Advanced Services within the Community Pharmacy Contractual Framework (CPCF). Advanced Services are not mandatory for providers to provide and therefore 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. The Advanced Services are listed below and the number of pharmacy participants for each service in Hounslow can be seen in Section 3.2.5, and in Section 6.2 by locality.

- **AS1: Pharmacy First service:**

The Pharmacy First service builds upon the NHS Community Pharmacist Consultation Service (CPCS) which has run since October 2019 and enabled patients to be referred into community pharmacy for a minor illness or an urgent repeat medicine supply.

The new Pharmacy First service, launched 31 January 2024, adds to the Consultation Service and enables community pharmacies to provide care for seven common conditions following defined clinical pathways. The initiative encourages patients to obtain treatment for the conditions directly from community pharmacies without needing a GP appointment. These conditions are sinusitis, sore throat, earache under 18 year olds, infected insect bites, impetigo, shingles, and uncomplicated urinary tract infections in women aged 16 to 64. Patients may be referred to Pharmacy First by one of the following organisations/routes:

- NHS 111 telephone or 111 online.
- Integrated urgent care clinical assessment service (IUC CAS).
- 999 services.
- General practice (low acuity minor illness conditions and the seven clinical pathways only).
- Other urgent and emergency care provider (e.g. Urgent Treatment Centre, Emergency Department, Urgent Care Centre).

Additionally, for the clinical pathway consultations only, patients can access the service by attending or contacting the pharmacy directly without the need for a referral.

Pharmacists can now provide prescription-only medicines, including antibiotics and antivirals, where clinically appropriate, after a consultation held in a private consultation room or area.

- **AS2: Flu Vaccination service** – A service to sustain and maximise uptake of flu vaccine in at-risk groups by providing more opportunities for access and improve convenience for eligible patients to access flu vaccinations. This service is commissioned nationally.

¹⁴ Community Pharmacy England. Advanced Services. February 2024. [Accessed December 2024.] <https://cpe.org.uk/national-pharmacy-services/advanced-services/>

- **AS3: Pharmacy Contraception Service (PCS)** – The PCS started on 24 April 2023, allowing the ongoing supply of Oral Contraception (OC) from community pharmacies. From 1 December 2023, the service included both initiation and ongoing supply of OC. The supplies are authorised via a PGD, with appropriate checks, such as the measurement of the patient's blood pressure and body mass index, being undertaken, where necessary. From October 2025, the Pharmacy Contraception Service (PCS) will be expanded to include Emergency Hormonal Contraception (EHC).
- **AS4: Hypertension case-finding service** – This service was introduced in October 2021. The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a 'clinic check'). The second stage, where clinically indicated, is offering ambulatory blood pressure monitoring. The blood pressure and ambulatory blood pressure monitoring results will then be shared with the GP practice where the patient is registered.
- **AS5: New Medicine Service (NMS)** – The service provides support to people who are prescribed a new medicine to manage a Long-Term Condition (LTC), which will generally help them to appropriately improve their medication adherence and enhance self-management of the LTC. Specific conditions/medicines are covered by the service. New Medicine Service will be expanded to include depression from October 2025.
- **AS6: Smoking Cessation Service (SCS)** – This service is commissioned as an Advanced Service from 10 March 2022. It enables NHS trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway, including providing medication and behavioural support as required, in line with the NHS Long Term Plan (LTP) care model for tobacco addiction.
- **AS7: Appliance Use Review (AUR)** – To improve the patient's knowledge and use of any 'specified appliance' by:
 - Establishing the way the patient uses the appliance and the patient's experience of such use.
 - Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient.
 - Advising the patient on the safe and appropriate storage of the appliance.
 - Advising the patient on the safe and proper disposal of appliances that are unused or unwanted.
- **AS8: Stoma Appliance Customisation (SAC)** – This service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

- **AS9: Lateral Flow Device (LFD) service** – The lateral flow device tests supply service for patients potentially eligible for COVID-19 treatments (LFD service) is commissioned as an Advanced Service from 6 November 2023. The objective of this service is to offer eligible at-risk patients access to LFD tests to enable testing at home for COVID-19, following symptoms of infection. A positive LFD test result will be used to inform a clinical assessment to determine whether the patient is suitable for, and will benefit from, NICE recommended COVID-19 treatments.

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

1.5.1.4.3 Enhanced Services

Under the pharmacy contract, National Enhanced Services (NES) are those directly commissioned by NHS England (NHSE) as part of a nationally coordinated programme. There are currently two National Enhanced Services commissioned, one is currently being provided, and the other one is undergoing national procurement.

- **NES1: COVID-19 vaccination service:** provided from selected community pharmacies who have undergone an expression of interest process and commissioned by NHSE. Pharmacy owners must also provide the Flu Vaccination service and is provided for a selected cohort of patients.
- **NES2: Respiratory Syncytial Virus (RSV) vaccination and Pertussis vaccination service:** currently under procurement, is due to go live in autumn 2025.

Local Enhanced Services (LES) are developed and designed locally by NHS England, in consultation with Local Pharmaceutical Committees (LPCs), to meet local health needs. There are four services commissioned regionally by NHS London as coordinated by the Dentistry, Optometry and Pharmacy Commissioning Hub or by the North East London ICB on behalf of all London ICBs through the delegated authority by NHSE.

- **LES1: Bank Holiday Service:** provides coverage over Bank Holidays, Good Friday, Easter Sunday, and Christmas Day, to ensure that there are pharmacies open on these days so patients can access medication if required.
- **LES2: Measles, Mumps and Rubella (MMR) vaccination service:** pharmacies are commissioned by direct award based on areas of low uptake and proven experience and success of running similar schemes. This service is commissioned to deliver by the currently selected sites until end of March 2026.
- **LES3: Pneumococcal Polysaccharide Vaccine (PPV) service:** was issued in April 2025 as currently commissioned. Pharmacies can sign up to provide this service.
- **LES4: London Flu:** the specification for this vaccination service is currently being drawn up for 2025/26 and will come into effect from 1 September 2025. Pharmacies that are already providing the national Flu advanced service can sign up to provide this local service. The London Flu service runs in parallel to the national Flu programme, with cohorts that sit outside of the Flu advanced service as described in Section 1.5.1.4.2.

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

1.5.1.5 Pharmacy Access Scheme (PhAS) providers¹⁵

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

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

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

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

1.5.1.6 Other services

As stated in Section 1.4, for the purpose of this PNA ‘pharmaceutical services’ have been defined as those which are or may be commissioned under the provider’s contract with NHSE.

[Section 4](#) outlines services provided by NHS pharmaceutical providers in Hounslow commissioned by organisations other than NHSE or provided privately, and therefore out of scope of the PNA. At the time of writing, the commissioning organisations primarily discussed are the local authority and ICBs.

1.5.2 Dispensing Appliance Contractors (DACs)

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

DACs must provide a range of Essential Services such as dispensing of appliances, advice on appliances, signposting, clinical governance and home delivery of appliances. In addition, DACs may provide the Advanced Services of AUR and SAC. As of August 2024¹⁶, there were a total of 111 DACs in England.

Pharmacy contractors, dispensing GP practices and LPS providers may supply appliances, but DACs are unable to supply medicines.

¹⁵ DHSC. 2022 Pharmacy Access Scheme: guidance. May 2023. [Accessed December 2024] <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024/2021-to-2022-pharmacy-access-scheme-guidance>

¹⁶ NHS Business Services Authority (BSA). Dispensing contractors’ data. [Accessed December 2024] <https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data>

1.5.3 Dispensing GP practices

The Pharmaceutical Regulations 2013, as set out in Part 8 and Schedule 6, permit GPs in certain areas to dispense NHS prescriptions for defined populations.

These provisions are to allow patients in rural communities, who do not have reasonable access to a community pharmacy, to have access to dispensing services from their GP practice. Dispensing GP practices therefore make a valuable contribution to dispensing services although they do not offer the full range of pharmaceutical services offered at community pharmacies. Dispensing GP practices can provide such services to communities within areas known as 'controlled localities.'

GP premises for dispensing must be listed within the pharmaceutical list held by NHSE and patients retain the right of choice to have their prescription dispensed from a community pharmacy if they wish.

1.5.4 Other providers of pharmaceutical services in neighbouring areas

There are five other HWBs that border Hounslow:

- Hammersmith & Fulham.
- Ealing.
- Hillingdon.
- Richmond.
- Surrey.

In determining the needs for pharmaceutical service provision to the population of Hounslow, consideration has been made to the pharmaceutical service provision from the neighbouring HWB areas.

1.6 Process for developing the PNA

Hounslow HWB has statutory responsibilities under the Health and Social Care Act to produce and publicise a revised PNA at least every three years. The last PNA for Hounslow was published in September 2022 and is therefore due to be reassessed by end of September 2025.

Public Health in LBH has a duty to complete this document on behalf of the Hounslow HWB. Soar Beyond Ltd was commissioned to undertake the Hounslow PNA.

Soar Beyond Ltd was selected due to its significant experience of providing services to assist pharmaceutical commissioning, including the production and publication of PNAs.

- **Step 1: Project set up** and governance established between LBH Public Health and Soar Beyond Ltd.
- **Step 2: Steering Group** – On 19 September 2024, Hounslow PNA Steering Group was established. The terms of reference and membership of the group can be found in Appendix C.
- **Step 3: Project management** – At this first meeting, Soar Beyond Ltd and the local authority presented and agreed the project plan and ongoing maintenance of the project plan. Appendix B shows an approved timeline for the project.

- **Step 4: Review of existing PNA and JSNA** – Through the project manager, the PNA Steering Group reviewed the existing PNA and JSNA.
- **Step 5a: Public questionnaire on pharmacy provision** – A public questionnaire to establish views about pharmacy services was agreed by the Steering Group and circulated to residents via various channels. A total of 821 responses were received. A report of the public questionnaire can be found in Appendix D with detailed responses.
- **Step 5b: Pharmacy contractor questionnaire** – The Steering Group agreed a questionnaire to be distributed to the local community pharmacies to collate information for the PNA. A total of 25 responses were received. A report of the pharmacy questionnaire can be found in Appendix E with detailed responses.
- **Step 6: Mapping of services** – Details of services and service providers were collated and triangulated to ensure the information that the assessment was based on was the most robust and accurate. The Pharmacy Contracting function within the ICB, as the commissioner of service providers and services classed as necessary and relevant, was predominantly used as a base for information due to its contractual obligation to hold and maintain pharmaceutical lists on behalf of NHSE. Information was collated, ratified and shared with the Steering Group before the assessment was commenced. The pharmaceutical list dated December 2024 was used for the draft assessment.
- **Step 7: Preparing the draft PNA for consultation** – The Steering Group reviewed and revised the content and detail of the draft PNA. The process took into account the demography, health needs of residents in the local area, JSNA and other relevant strategies to ensure the priorities were identified correctly. As the PNA is an assessment taken at defined moment in time, the Steering Group agreed to monitor any changes and, if necessary, to update the PNA before finalising or publish with accompanying supplementary statements as per the regulations, unless the changes had a significant impact on the conclusions. In the case of the latter, the group were fully aware of the need to reassess.
- **Step 8: Consultation** – In line with the Pharmaceutical Regulations 2013, a consultation on the draft PNA was undertaken between 24 February and 5 May 2025. The draft PNA and consultation response form was issued to all identified stakeholders. These are listed in the final PNA in Appendix F.
- **Step 9: Collation and analysis of consultation responses** – The consultation responses were collated by the council and analysed by the Steering Group. A summary of the responses received is noted in Appendix G, and full comments are included in Appendix H.
- **Step 10: Review of all pharmaceutical list notifications** – The steering group reviewed all amendments made since the draft PNA and concluded that these changes did not alter the overall findings. The section on pharmaceutical service provision was therefore updated in June 2025 to reflect the most accurate information available at the time of publication.

- **Step 11: Production of final PNA – future stage** – The collation and analysis of consultation responses was used by the project manager to revise the draft PNA, and the final PNA was presented to the PNA Steering Group. The final PNA was signed off by the Director of Public Health and subsequently published on the council's website.

1.7 Localities for the purpose of the PNA

The PNA Steering Group, at its first meeting, considered how the localities within Hounslow geography would be defined.

Most health and social care data is available at local authority council ward level. However, the Steering Group agreed to use the Primary Care Network (PCN) localities for the purpose of the PNA, as data from ward boundaries can be aggregated to this geography.

The PCN localities used for the PNA for Hounslow are:

- Brentworth PCN.
- Hounslow Health PCN.
- Great West Road PCN.
- Feltham and Bedfont PCN.
- Chiswick PCN.

Figure 1: Map of Hounslow, showing ward and locality boundaries and pharmacy locations

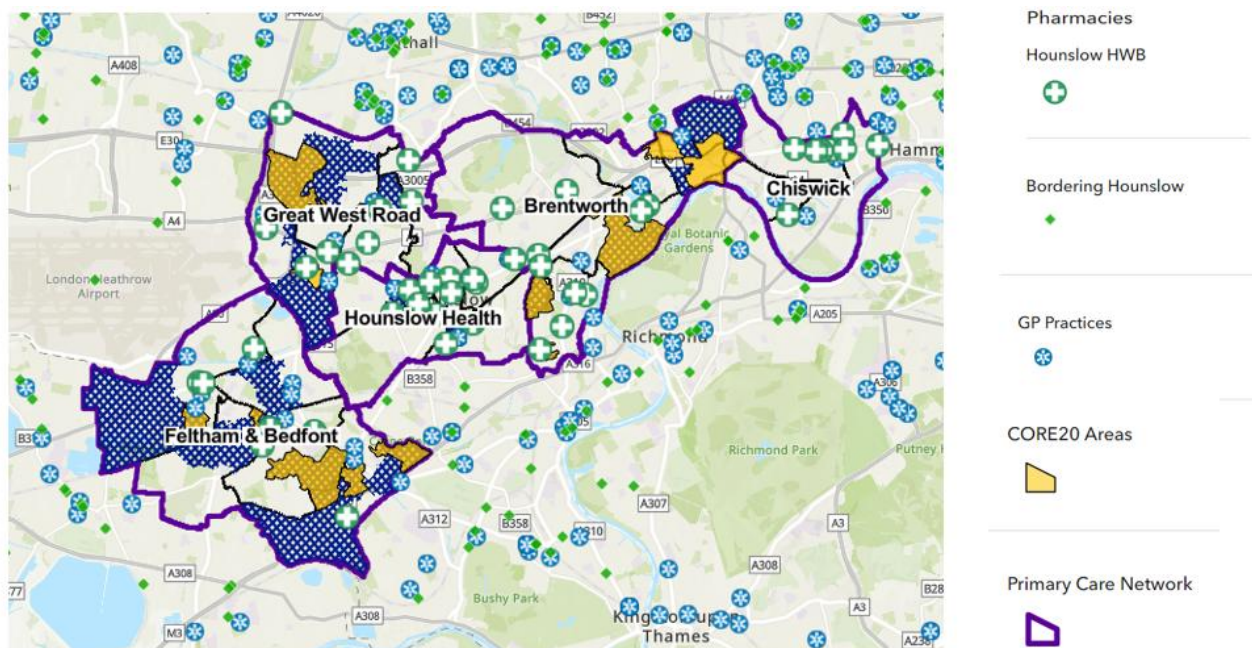


Table 2: Current wards, effective May 2022, and localities for Hounslow

Locality name	Wards in locality
Brentworth	Isleworth
	Brentford East
	Brentford West
	Osterley and Spring Grove
	Syon & Brentford Lock
Hounslow Health	Hounslow Central
	Hounslow Heath
	Hounslow South
	Hounslow West
	Hounslow East
Great West Road	Cranford
	Heston East
	Heston West
	Heston Central
Feltham and Bedfont	Bedfont
	Feltham North
	Feltham West
	Hanworth Village
	Hanworth Park
Chiswick	Chiswick Riverside
	Chiswick Homefields
	Chiswick Gunnersbury

The list of contractors in Hounslow has been aligned to the geographical PCN localities for the purpose of the PNA. However, some providers have chosen to align to a PCN outside their geographical borough locality.

A list of providers of pharmaceutical services within these localities is found in Appendix A.

The information contained in Appendix A has been provided by NHSE, North West London (NWL) ICB and LBH. Once collated, it was ratified by the steering group during the second steering group meeting.

Section 2: Context for the PNA

2.1 NHS Long Term Plan (LTP)¹⁷

NHS Long Term Plan was published in January 2019 and set out the priorities for healthcare for the next ten years. It is wide-ranging and includes chapters on new service models, action on prevention and health inequalities, and progress on care quality and outcomes.

Priority clinical areas in the LTP include:

- Prevention:
 - Smoking.
 - Obesity.
 - Alcohol.
 - Antimicrobial resistance.
 - Stronger NHS action on health inequalities.
- Better care for major health conditions:
 - Cancer.
 - CVD.
 - Stroke care.
 - Diabetes.
 - Respiratory disease.
 - Adult mental health services.

There are specific aspects of the LTP that include community pharmacy and pharmacists:

- Section 4.21 states that ‘Pharmacists have an essential role to play in delivering the Long Term Plan’ and goes on to state: ‘In community pharmacy, we will work with government to make greater use of community pharmacists’ skills and opportunities to engage patients, while also exploring further efficiencies through reform of reimbursement and wider supply arrangements.’
- Section 1.10 refers to the creation of fully integrated community-based healthcare. This will be supported through the ongoing training and development of multidisciplinary teams in primary and community hubs. From 2019, NHS 111 started direct booking into GP practices across the country, as well as referring on to **community pharmacies** who support urgent care and promote patient self-care and self-management. ICBs will also develop pharmacy connection schemes for patients who don’t need primary medical services. Pharmacy connection schemes have developed into the Community Pharmacist Consultation Service (CPCS), which has been available since October 2019 as an Advanced Service.
- Section 1.12 identifies ‘pharmacist review’ of medication as a method to reduce avoidable Accident & Emergency (A&E) attendances, admissions and delayed discharge, streamlining patient pathways to reduce avoidable outpatient visits and over-medication.

¹⁷ NHS Long Term Plan. [Accessed December 2024] www.longtermplan.nhs.uk/

- Section 1.26 states that urgent treatment centres will work alongside other parts of the urgent care network including primary care, **community pharmacists**, ambulances and other community-based services to provide a locally accessible and convenient alternative to A&E for patients who do not need to attend hospital.
- Section 3.68 identifies **community pharmacists** as part of the process of improving the effectiveness of approaches such as the NHS Health Check, rapidly treating those identified with high-risk conditions, including high blood pressure. The hypertension case-finding service has been developed as an Advanced Service from community pharmacies.
- Section 3.86 states: 'We will do more to support those with respiratory disease to receive and use the right medication.' Of NHS spend on asthma, 90% goes on medicines, but incorrect use of medication can also contribute to poorer health outcomes and increased risk of exacerbations, or even admission. The NMS is an Advanced Service that provides support for people with long-term conditions who are prescribed a new medicine, to help improve medicines adherence.
- Section 6.17 identifies ten priority areas. Section 6.17(v) identifies pharmacists as key in delivering value for the £16 billion spent on medicines annually. It states: 'Research shows as many as 50% of patients do not take their medicines as intended and pharmacists will support patients to take their medicines to get the best from them, reduce waste and promote self-care.'

A new 10-Year Health Plan is currently being developed and looks to modernise and change to meet the needs of the changing population¹⁸. The following are key elements:

- Moving care from hospitals to communities.
- Making better use of technology.
- Focusing on preventing sickness, not just treating it.

The plan is due to be published in July 2025.

2.2 Joint Strategic Needs Assessment (JSNA)¹⁹

The PNA is undertaken in the context of the health, care and wellbeing needs of the local population, as defined in the Hounslow JSNA.

JSNAs are assessments of the current and future health and social care needs of the local community – these are needs that could be met by the local authority, ICBs or NHS England. JSNAs are produced by HWBs and are unique to each local area. The policy intention is for HWBs to also consider wider factors that impact on their communities' health and wellbeing, and local assets that can help to improve outcomes and reduce inequalities.

¹⁸ Change NHS. Help build a health service fit for the future. [Accessed December 2024] <https://change.nhs.uk/en-GB/>

¹⁹ London Borough of Hounslow. Joint strategic needs assessment. [Accessed December 2024] <https://www.hounslow.gov.uk/info/20122/>

The purpose of JSNAs and related Joint Local Health and Wellbeing Strategies (JLHWSs) (see Section 2.3) is to improve the health and wellbeing of the local community and reduce inequalities for all ages. They are not an end in themselves, but a continuous process of strategic assessment and planning – the core aim is to develop local evidence-based priorities for commissioning that will improve the public's health and reduce inequalities. Their outputs, in the form of evidence and the analysis of needs, and agreed priorities, will be used to help to determine what actions local authorities, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that impact on health and wellbeing.²⁰

The PNA should therefore be read alongside the JSNA. The current JSNA forms part of the Hounslow Data Hub, which is constantly updated and kept live and informs the JLHWS, that will take into account its findings.

2.3 Joint Local Health and Wellbeing Strategy (JLHWS)²¹

JLHWSs are strategies for meeting the needs identified in JSNAs. A Hounslow JLHWS was published in mid-2023. It outlines the priorities of Hounslow from 2023 to 2026.

The JLHWS is based on findings in the Hounslow JSNA and related data and is supported by a range of other strategies and plans. The JLHWS has four high-level objectives:

- Start well.
- Live well.
- Age well.
- Healthy places.

Within each objective, there are multiple priorities.

Start well:

- Improving pre-pregnancy, maternity, early years, and school readiness.
- Reducing child obesity and increasing physical activity.
- Improving oral health.
- Enhancing mental health services for young people.
- Reducing urgent unplanned treatment in early years (0-4 years).

Live well:

- Reducing obesity.
- Reducing smoking prevalence.
- Increasing physical activity, especially for those with long-term conditions and under-represented groups.
- Improving outcomes for mental health needs, such as depression and anxiety.

²⁰ London Borough of Hounslow. Making A Fairer, More Equal Hounslow. 21 June 2023. [Accessed December 2024] https://www.hounslow.gov.uk/news/article/2894/making_a_fairer_more_equal_hounslow

²¹ London Borough of Hounslow. Hounslow Joint Health and Wellbeing Strategy 2023-2026. [Accessed December 2024] https://www.hounslow.gov.uk/downloads/file/4207/hounslow_health_and_wellbeing_strategy_2023-2026

- Improving care for residents experiencing drug and alcohol treatment.
- Improving air quality.

Age well:

- Supporting people with dementia and their carers to live well.
- Improving health and wellbeing of carers.
- Supporting older and frail residents to remain independent.
- Ensuring people can express preferences and make decisions about end-of-life care.
- Ensuring co-produced, proactive, and personalised care for care home residents.

Healthy places:

- Supporting residents to live in safe, warm and affordable homes.
- Reducing energy poverty and homelessness.
- Tackling climate change and reducing emissions.
- Increasing job creation and reducing unemployment.
- Improving connectivity to reduce loneliness.
- Recognising and supporting carers.
- Reducing serious and nuisance carers.
- Encouraging community connectors to engage residents.

2.4 North West London Integrated Care System (ICS) Strategy²²

North West London's (NWL) Integrated Care System (ICS) aims to reduce inequalities, increase quality of life and achieve outcomes on a par with the best of global cities.

NWL ICS has developed a joint strategy, including a plan for addressing digital exclusion:

- Urgently focus on recovering elective care and addressing the backlog of other unmet care needs that had to be postponed during COVID-19.
- Continue to strengthen our out-of-hospital care; we have developed borough-based health and care partnerships with integrated leadership. These borough teams will use population health data to target care where it is needed most. They will deliver consistent high-quality integrated care across NWL, which will increase our focus on prevention and management of long-term conditions and improve access and outcomes for people with mental health needs, learning disabilities and autism.
- Keeping staff and patients safe and our local public engaged meaningfully will be essential. As is a shift in culture of how we work: improving the experience of our workforce through flexible training and employment, optimum use of our best estate, and driving technology and innovation.
- Work in the ICS will require tough decisions on changed priorities and fair allocation of resource.

²² North West London Integrated Care System. Health and Care Strategy for North West London 2023. [Accessed December 2024] <https://www.nwlondonicb.nhs.uk/about-us/nw-london-health-and-care-strategy>

2.5 Core20PLUS5²³

CORE20PLUS5 is a national strategy aimed at reducing health inequalities by using data to design and evaluate tailored interventions. Core20PLUS5 refers to a target population of the most deprived 20% of the national population (Core20), locally identified population experiencing health inequalities (PLUS) as well as five clinical areas for additional attention.

In Hounslow²⁴, 12 CORE20 Lower Super Output Areas (LSOAs) have been identified, offering an understanding of the most deprived groups by combining geographic, employment, financial and health data. This insight supports proactive, targeted interventions in collaboration with PCNs, public health teams, and broader health and council partners. Figure 1 in Section 1.7 highlights whether these CORE20 LSOAs are near a pharmacy, aiding accessibility planning.

Nine out of 12 CORE20PLUS5 areas fall within an Equality Opportunity Area Cluster. The clusters are wider geographic areas which have been identified using the latest and most accurate information about deprivation - blending Index of Multiple Deprivation (IMD) 2019 with Census 2021 data on multiple deprivation and OSCI's (Oxford Consultants for Social Inclusion) Community Needs Index to capture social isolation and civic assets.

Additionally, Hounslow Council has identified 30 priority neighbourhoods (Equal Opportunity Areas²⁵), to promote fairness and equality, with the Data Hub providing detailed Census 2021 profiles and aggregate reports for 10 Equality Opportunity Clustered Areas²⁶ derived from the original 30.

2.6 Population characteristics

2.6.1 Overview

The estimated resident Hounslow population is 288,181 according to Census 2021. An important characteristic of the population of Hounslow is the density of the population – how many people live in what parts of the borough, how many households and how many dwellings there are.

Hounslow is organised into 22 wards which are, in turn, grouped into five localities which are the Primary Care Networks (PCNs) in the area.

Figure 2 below shows the ward density. The most densely populated PCN is Hounslow Health.

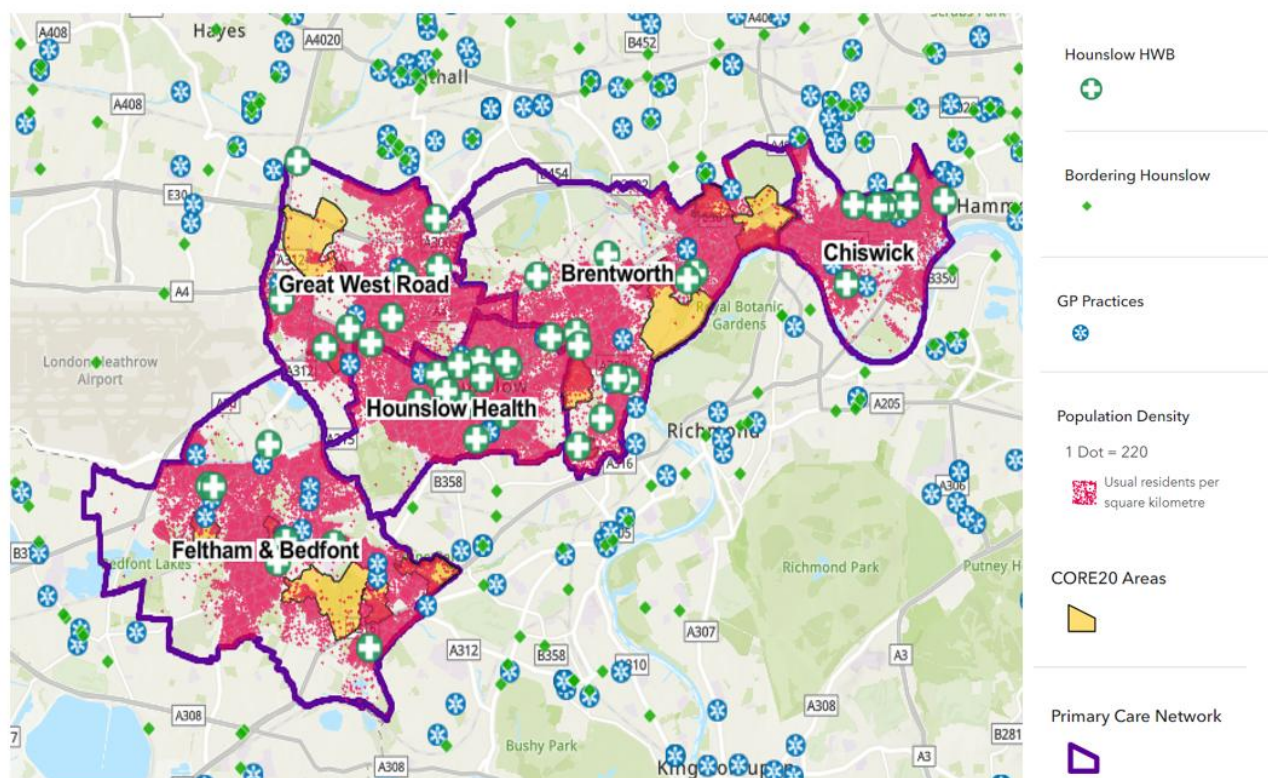
²³ NHSE. Core20PLUS5 (adults) – an approach to reducing healthcare inequalities. [Accessed December 2024] www.england.nhs.uk/about/equality/equality-hub/core20plus5/

²⁴ London Borough of Hounslow. Equality Opportunity Area Clusters. [Accessed December 2024]. <https://stats.hounslow.gov.uk/ea-cluster-census-2021-profiles/>

²⁵ London Borough of Hounslow. Equal Opportunity Areas – Census 2021 Profiles. [Accessed December 2024] https://stats.hounslow.gov.uk/equal-opportunity-areas-census-2021-profiles/?utm_campaign=&utm_content=&utm_medium=email&utm_source=govdelivery&utm_term=

²⁶ London Borough of Hounslow. Equality Opportunity Area Clusters. [Accessed December 2024] https://stats.hounslow.gov.uk/ea-cluster-census-2021-profiles/?utm_campaign=&utm_content=&utm_medium=email&utm_source=govdelivery&utm_term=

Figure 2: Map of Hounslow, showing population density



Source: Census 2021.

Table 3 shows the size of the population by locality and ward in 2025 as estimated by the Great London Authority (GLA) housing-led projections (10-year projections).

Table 3: Ward and localities for Hounslow

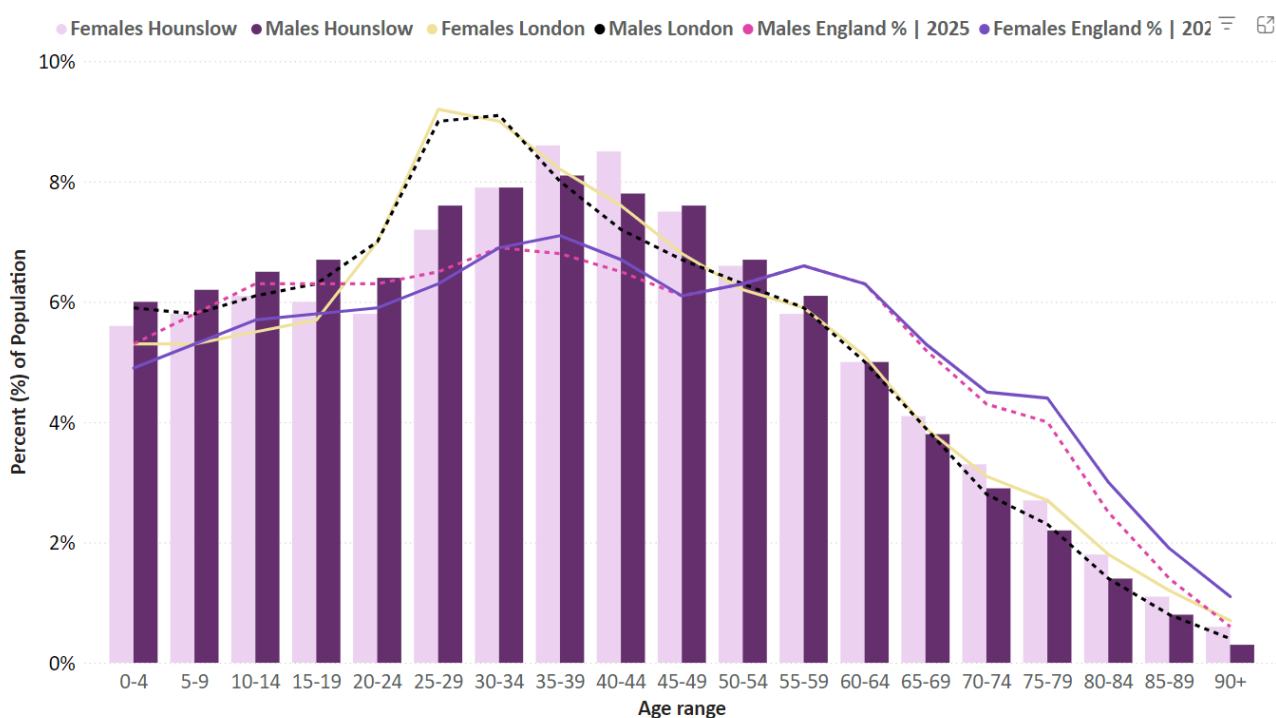
Locality name	Locality population size	Wards in locality	Ward population size
Chiswick	37,604	Chiswick Riverside	10,467
		Chiswick Homefields	13,908
		Chiswick Gunnersbury	13,229
Brentworth	60,830	Isleworth	14,064
		Brentford East	9,498
		Brentford West	8,175
		Osterley and Spring Grove	15,281
		Syon & Brentford Lock	13,812
Great West Road	59,803	Cranford	16,605
		Heston East	11,705
		Heston West	16,041
		Heston Central	15,452

Locality name	Locality population size	Wards in locality	Ward population size
Hounslow Health	68,451	Hounslow Central	11,736
		Hounslow Heath	16,612
		Hounslow South	13,878
		Hounslow West	16,774
		Hounslow East	9,451
Feltham and Bedfont	74,420	Bedfont	15,605
		Feltham North	14,669
		Feltham West	16,599
		Hanworth Village	16,527
		Hanworth Park	11,020

Source: GLA 2025 Housing led projections.

2.6.2 Age

Figure 3: Hounslow vs England, male vs female population comparison chart, 2025



Source: GLA trend-led projections, 2025.

Figure 3 above shows the population distribution of Hounslow, London and England based on GLA trend led projection in 2025 (10-year projections). It highlights that Hounslow has a younger population than England but with a similar distribution to London. However, while Hounslow and London show similar trends, London has a larger population of both women and men in the 20-34 age group.

As of Census 2021, 20.6% of the population is estimated to be aged between 0 and 15 years old, compared with 18.5% for England²⁷. Working age (16–64) is 67.6% of the population for Hounslow, compared with 68.9% for London and 62.9% for England²⁸. The 65 and over population accounted for 11.4% of the population compared with 11.8% for London and 18.4% for England.²⁹

According to GLA projections for 2025, the estimated proportion of children aged 0-15 in Hounslow is 19.4%, which is higher than the estimates for England (17.9%) and London (18.0%). The proportion of 16-64-year-olds in Hounslow is expected to be 68.2%, higher than in England (63%) but slightly lower than in London (69.5%). The proportion of adults aged 65 and over is estimated to be high in England (19.1%) compared to London and Hounslow, both at 12.5% (Figure 3).

2.6.3 Projected population growth and housing developments

According to the Greater London Authority (ten-year trend-led projections), the population of Hounslow is projected to rise to around:

- 302,071 by 2025.
- 319,147 by 2035.
- 332,305 by 2045.

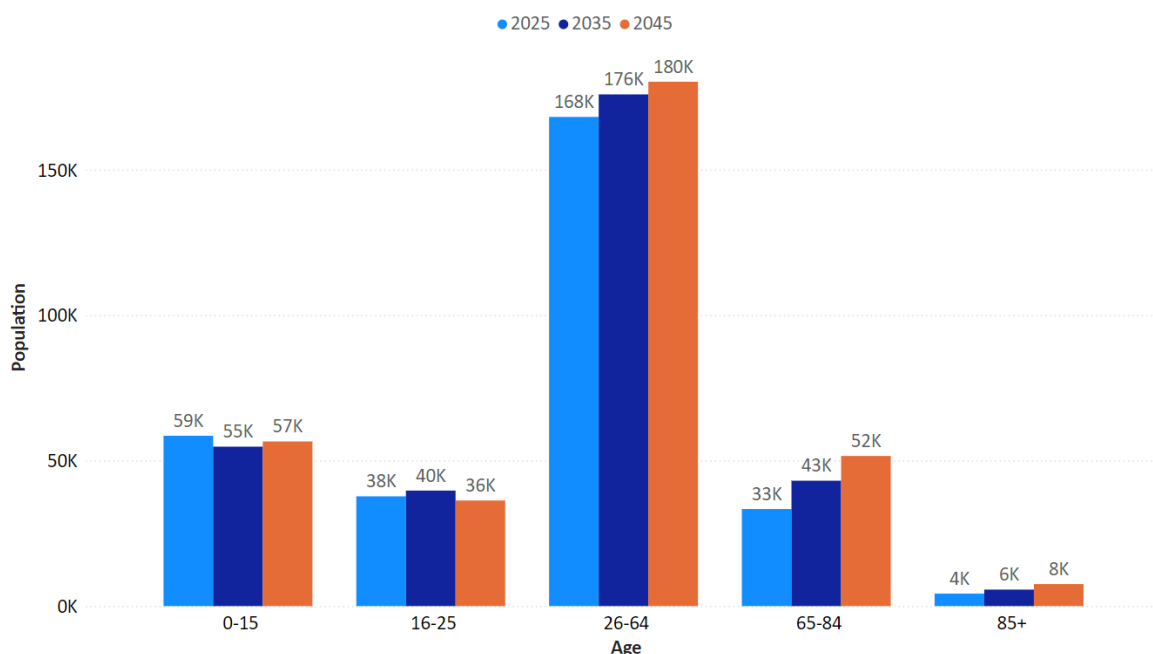
The details of the GLA forecast are given in Figure 4.

²⁷ ONS. Ethnic Group by age and sex, England and Wales: Census 2021. [Accessed December 2024] <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/ethnicity/articles/ethnicgroupbyageandsexenglandandwales/census2021#:~:text=The%20population%20who%20identified%20as%20%E2%80%9CWhite%20and%20Black%20African%E2%80%9D%20within,aged%200%20to%2015%20years.>

²⁸ UK Government. Working age population. 31 March 2023. [Accessed December 2024] <https://www.ethnicity-facts-figures.service.gov.uk/uk-population-by-ethnicity/demographics/working-age-population/latest/>

²⁹ ONS. How life has changed in Hounslow: Census 2021. 19 January 2023. [Accessed December 2024] <https://www.ons.gov.uk/visualisations/censusareachanges/E09000018/>

Figure 4: Population projections by age group, 2025-45



Source: GLA trend-led projections, 2025.

Figure 4 shows the comparison of the proportional sizes of Hounslow's population. This highlights an increase of the over-65s of 21,535 by 2045.

According to the local plan, the Housing Trajectory shows the proposed number of homes that will be built over the plan period (for the period 2020-2041). It includes sites with planning permission, sites under construction and sites that are allocated for development in the Local Plan.

Between 2020 and 2041, Hounslow's Local Plan proposes housing growth of 28,840 new homes. This includes:

- 3,130 homes completed from 2020-2022.
- 6,965 homes with existing planning permission.
- 15,600 homes from allocated sites in the Local Plan.
- 2,680 homes from windfall sites.
- 105 homes from estate regeneration projects.
- 360 homes from small sites on the Brownfield Register.

Small sites will contribute to the 2,800 target by 2029. The plan ensures sustainable development, supports infrastructure needs, and protects local heritage and the environment.

Table 4: Housing projections by ward (2022 to 2041)

Ward (pre-2022)	Homes from planning permissions (Pipeline)	Homes from site allocations	Total homes
Bedfont	100	0	100
Brentford	2,210	2,410	4,620
Chiswick Homefields	139	90	229
Chiswick Riverside	9	0	9
Cranford	415	0	415
Feltham North	474	660	1,134
Feltham West	168	500	668
Hanworth	45	40	85
Hanworth Park	80	1,980	2,060
Heston Central	11	360	371
Heston East	807	100	907
Heston West	6	310	316
Hounslow Central	473	2,180	2,653
Hounslow Heath	164	370	534
Hounslow South	8	0	8
Hounslow West	638	1,020	1,658
Isleworth	73	420	493
Osterley and Spring Grove	115	4,130	4,245
Syon	937	860	1,797
Turnham Green	291	820	1,111
Totals	7,163	16,250	23,413

Source: Regeneration, Housing and Environmental Services.

Table 4 indicates where it is anticipated that these housing units will be constructed. The highest number of homes will be built in Brentford and Osterley and Spring Grove Wards. Please note the table uses old ward boundaries.

Housing completions started at 1,405 homes in 2020 and are expected to peak in 2026-27 with over 2,100 homes. After this, housing numbers gradually decrease until 2041. The borough aims to meet a target of around 1,782 homes per year up to 2029 and averaging 1,000 homes per year thereafter.

The increase in housing developments will help to support the increasing growth in population with the associated increasing demand for housing.

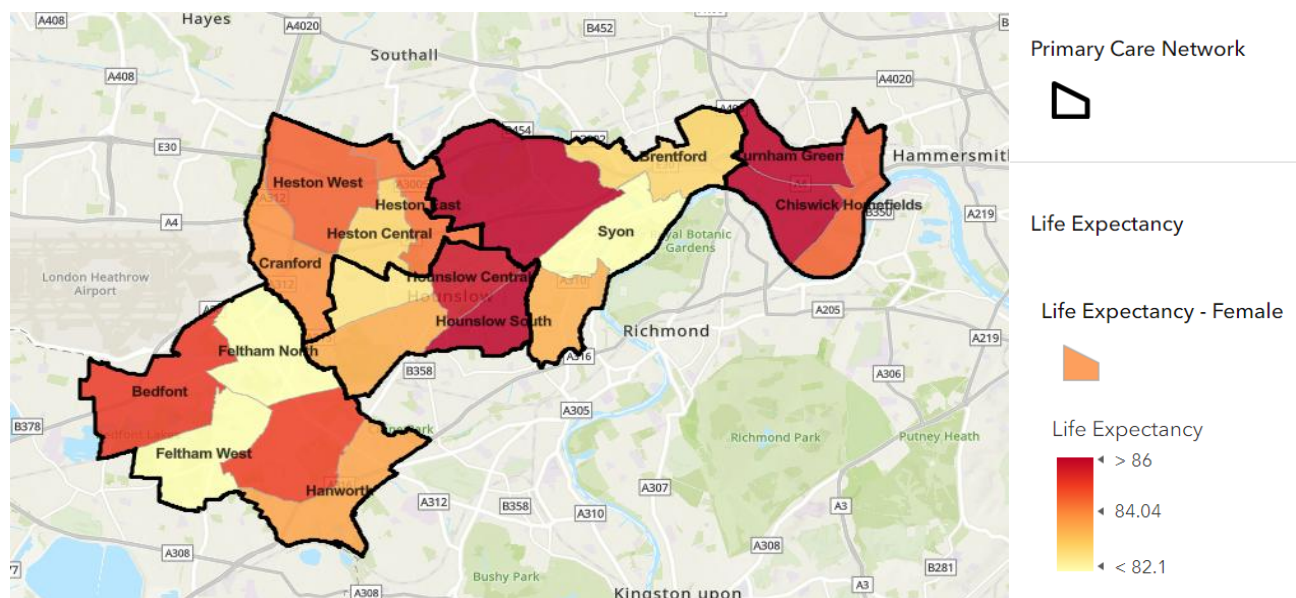
2.6.4 GP-registered population

The Hounslow group of PCNs is made up of 44 GP member practices. In September 2024 they served an estimated registered patient population of 357,022³⁰. Around 11% of Hounslow's GP-registered population live outside the borough, but a similar number of Hounslow residents have a GP outside the local authority area.

2.6.5 Life expectancy

Life expectancy has increased across the country and within Hounslow. Over the period 2020-22, life expectancy at birth in Hounslow was 83.5 years for women and 79.0 years for men. The life expectancy for men in Hounslow is comparable to that of England, but women in Hounslow have a significantly higher life expectancy. Since 2001-03, female and male life expectancy in the borough has risen by 3.6 years. This is higher than national figures which found that male life expectancy increased by 2.7 years and female life expectancy increased by 2.1 years.³¹

Figure 5: Life expectancy at birth (females) by ward, years 2016-20



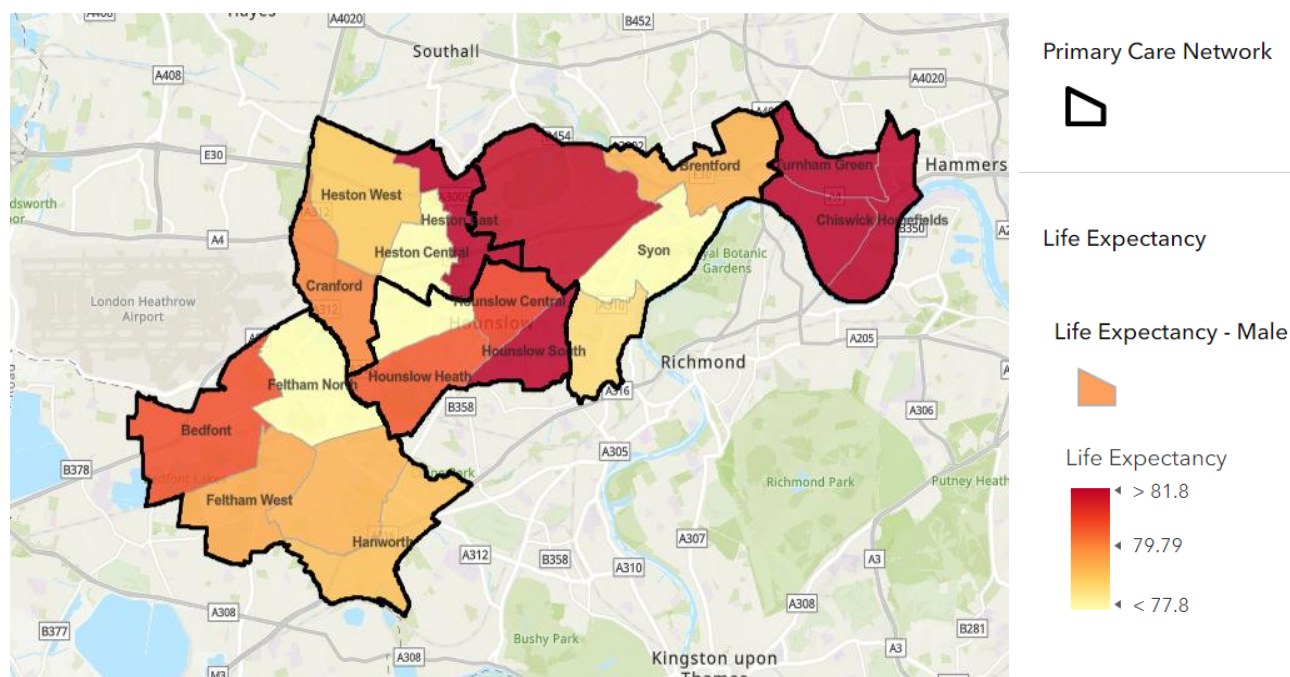
Source: Public Health England Outcomes Framework.

Female life expectancy is greatest in Osterley and Spring Grove at 87.4 years, and lowest in Syon at 79.5 years.

³⁰ NHS Digital. GP registered population. January 2025. [Accessed December 2024] <https://app.powerbi.com/view?r=eyJrljoiNGZhOTc3ZGQtNmUwOS00M2M3LWFIZITzIjiiMzMtYjExNmM5IiwidC6ljiM3YzM1NGlyLTg1YiAtNDdmNS1iMi9yLTA3YiQ4ZDc3NGVIMvJ9>

³¹ Department of Health and Social Care (DHSC). Fingertips. Public Health Outcomes Framework. [Accessed December 2024]
<https://fingertips.phe.org.uk/search/life%20expectancy#page/1/gid/1/pat/15/ati/502/are/E09000018/iid/90362/age/1/sex/1/cat/-1/ctp/-1/vrr/3/cid/4/tbm/1>

Figure 6: Life expectancy at birth (males) by ward, years 2016-20



Source: Public Health England Outcomes Framework.

Male life expectancy is greatest in Turnham Green at 82.8 years. It is lowest in Feltham North at 76.4.

2.6.5.1 Healthy life expectancy

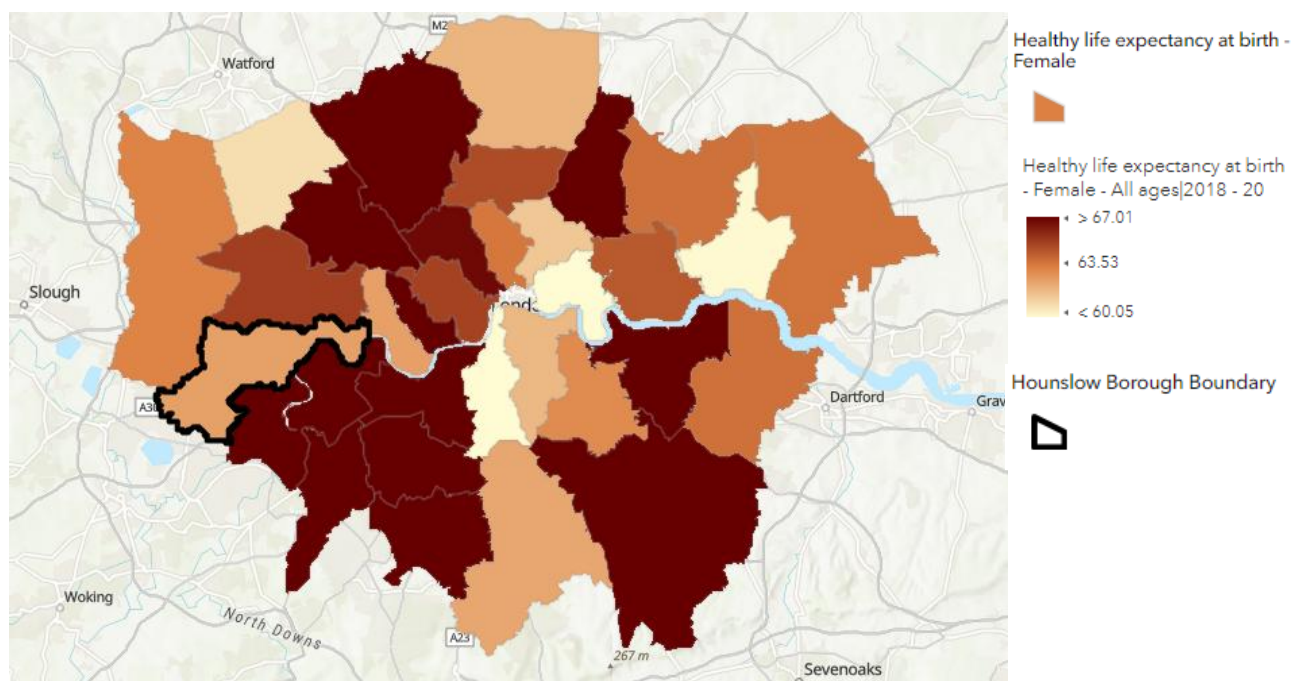
For the period 2018-20, 'healthy life expectancy'³² in Hounslow was 62.1 years for men and 62.6 for women. Healthy life expectancy is 63.1 years for men and 63.9 for women in England for the same period. Thus, women and men in Hounslow have a similar healthy life expectancy to the national average.

Overall, there is considerable variation in healthy life expectancy in London, with higher healthy life expectancy seen in central and South London and lower healthy life expectancy in Eastern parts of London. There is a difference of 12 years between women living in Wandsworth and those living in Tower Hamlets and a difference of 11 years between men living in Barking and Dagenham and Richmond Upon Thames.

³² DHSC. Fingertips. Public Health Outcomes Framework. [Accessed December 2024]

<https://fingertips.phe.org.uk/search/life%20expectancy#page/1/gid/1/pat/15/ati/502/are/E09000018/iid/90362/age/1/sex/1/cat/-1/ctf/-1/yr/3/cid/4/tbm/1>

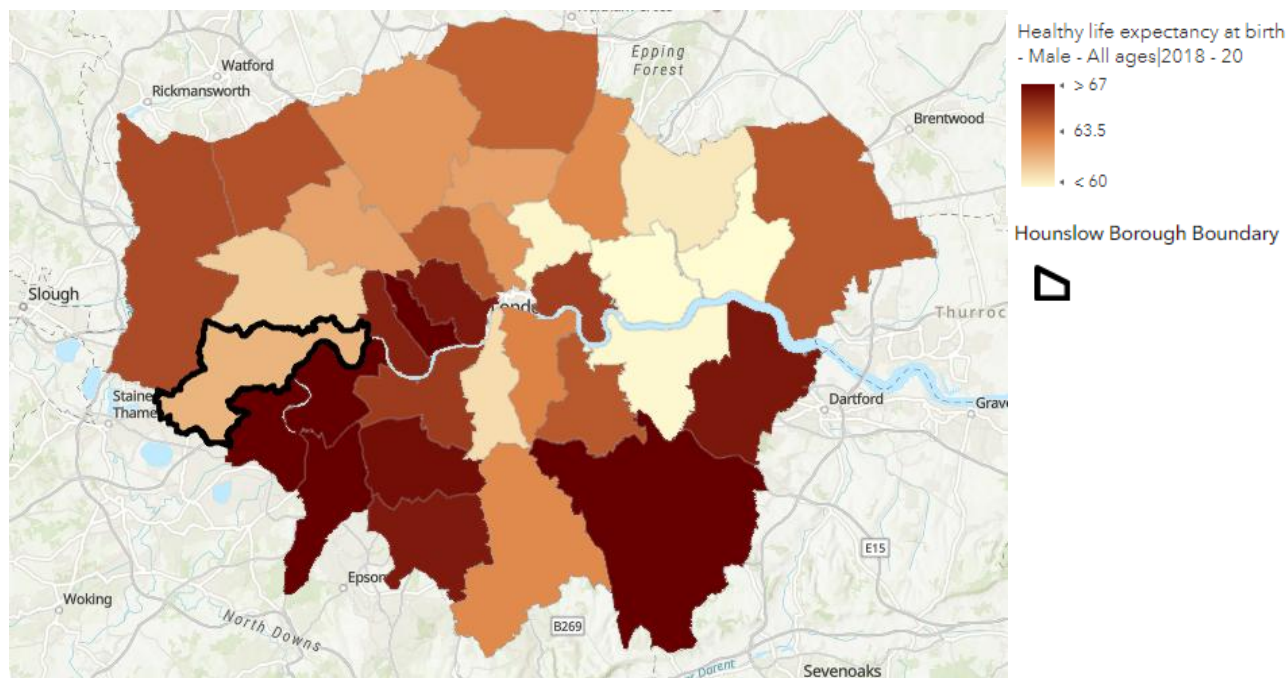
Figure 7: Healthy life expectancy (females) in London, 2018-20



Source: Public Health England Outcomes Framework.

The map in Figure 7 shows that healthy life expectancy for women in Hounslow is average compared to other boroughs in London.

Figure 8: Healthy life expectancy (males) in London, 2018-20



Source: Public Health England Outcomes Framework.

Hounslow's healthy life expectancy for men is average relative to other London boroughs, similar to its positioning for female life expectancy.

2.6.6 International migration

International migration has been a significant factor in the change in population of Hounslow over the last 15 years. In 2023-24, 12,261 new overseas nationals registered for national insurance numbers in Hounslow³³. Migrant national insurance number registration rates in Hounslow have been consistently high. In 2023-24 they were 38.7 per 1,000 of the working age population, compared with England, which was less at 20.5 per 1,000 (using GLA trend ten year-based projections).

Based on Census 2021, the largest migrant population is from India (13.7%), up from 10.7% in 2011. The second largest migrant population is from Poland (3.9%), down from 4.1% in 2011 and the third largest is from Pakistan (2.9%)³⁴. In 2021, an estimated 55.9% of the population is from a Black, Asian or minority ethnic group compared with 46.2% for London³⁵.

2.6.7 Ethnicity

In 2021, 44.1% of people in Hounslow identified their ethnic group within the "White" category (compared with 51.4% in 2011) while 36.7% identified their ethnic group within the "Asian, Asian British or Asian Welsh" category (compared with 34.4% the previous decade). The population is diverse, with 55.9% identifying themselves as being of Black, Asian or minority ethnic group origin, and a very wide variety of languages are spoken³⁶.

The white population is generally older than other ethnic groups in Hounslow. Around 35% of the white population is over the age of 50 (Census 2021) compared with 25% of the Asian population. A breakdown of the major ethnic groups in Hounslow, London and England is given in Table 5.

³³ LG Inform. National Insurance Number registrations to overseas nationals. [Accessed December 2024] https://lginform.local.gov.uk/reports/lgastandard?mod-metric=58&mod-area=E09000018&mod-group=AllBoroughInRegion_London&mod-type=namedComparisonGroup

³⁴ ONS. How life has changed in Hounslow: Census 2021. 19 January 2023. [Accessed December 2024] <https://www.ons.gov.uk/visualisations/censusareachanges/E09000018/>

³⁵ UK Government. Regional ethnic Diversity. 22 December 2022. [Accessed December 2024] <https://www.ethnicity-facts-figures.service.gov.uk/uk-population-by-ethnicity/national-and-regional-populations/regional-ethnic-diversity/latest/>

³⁶ ONS. How life has changed in Hounslow: Census 2021. 19 January 2023. [Accessed December 2024] <https://www.ons.gov.uk/visualisations/censusareachanges/E09000018/>

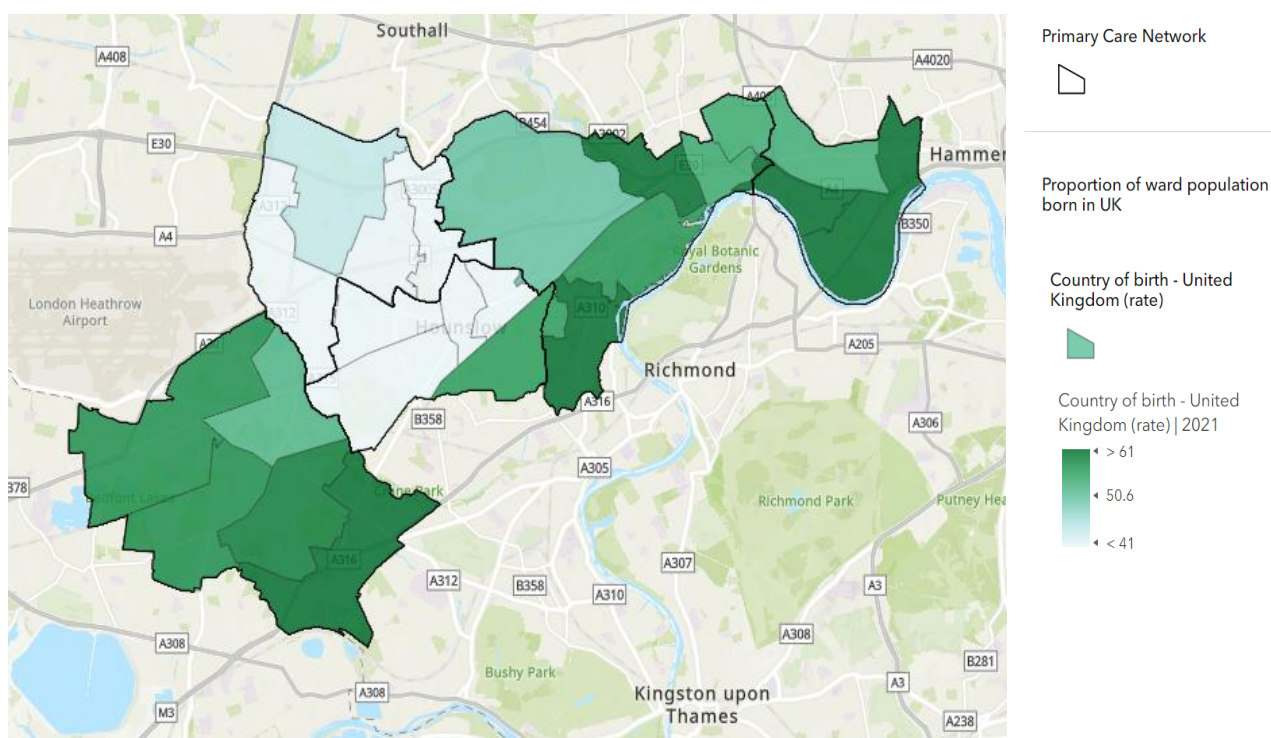
Table 5: Population of Hounslow, London and England by ethnicity

Name	Hounslow	London	England
Asian, Asian British or Asian Welsh	105,846	1,817,640	5,426,392
Asian, Asian British or Asian Welsh (%)	36.7%	20.7%	9.6%
Black, Black British, Black Welsh, Caribbean or African	20,810	1,188,370	2,381,724
Black, Black British, Black Welsh, Caribbean or African (%)	7.2%	13.5%	4.2%
Mixed or Multiple ethnic groups	13,514	505,775	1,669,378
Mixed or Multiple ethnic groups (%)	4.7%	5.7%	3%
White	127,083	4,731,172	45,783,401
White (%)	44.1%	53.8%	81%
Other ethnic group	20,928	556,768	1,229,153
Other ethnic group (%)	7.3%	6.3%	2.2%

Source: Census 2021.

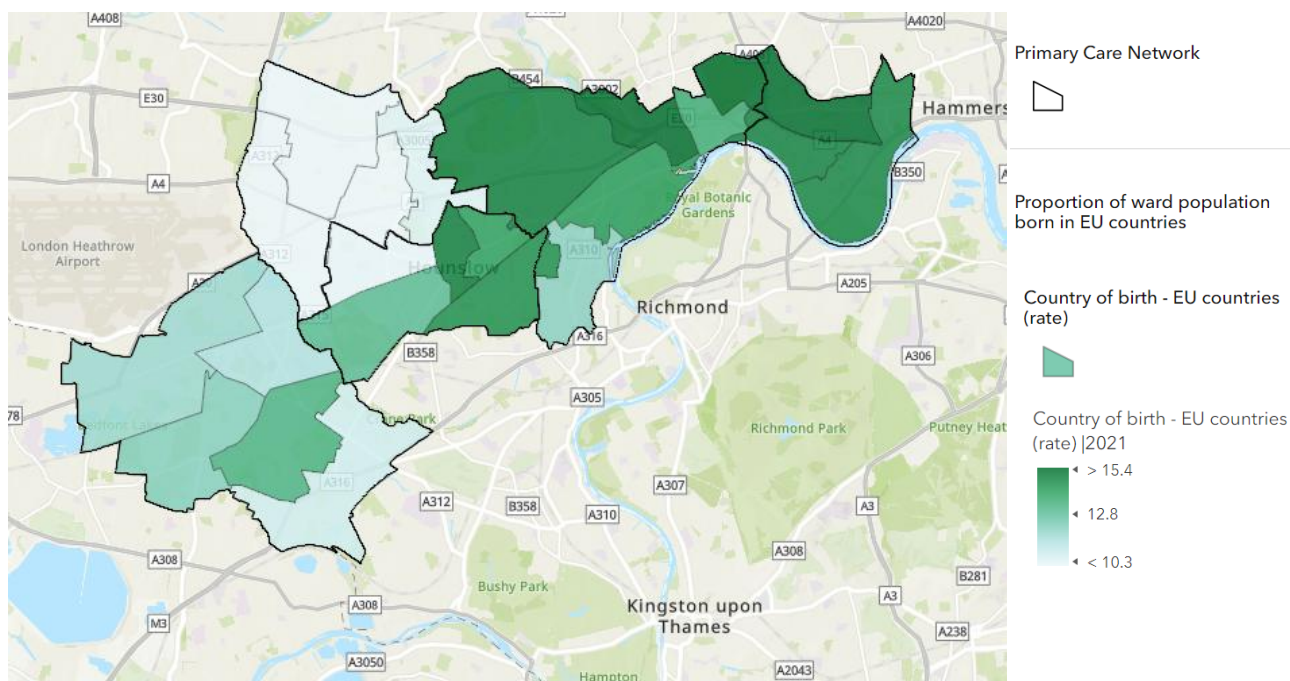
In 2021, 49.5% of the population in Hounslow were not born in the UK. The highest proportion of residents not born in the UK are based in Hounslow Central where 72.4% of residents were born outside the UK. The highest proportion of residents born in the UK are based in Chiswick Riverside (61.9%), followed closely by Hanworth Village (61.8%) and Isleworth (61.7%).

Figure 9: Proportion of ward population born in UK



Source: Census 2021.

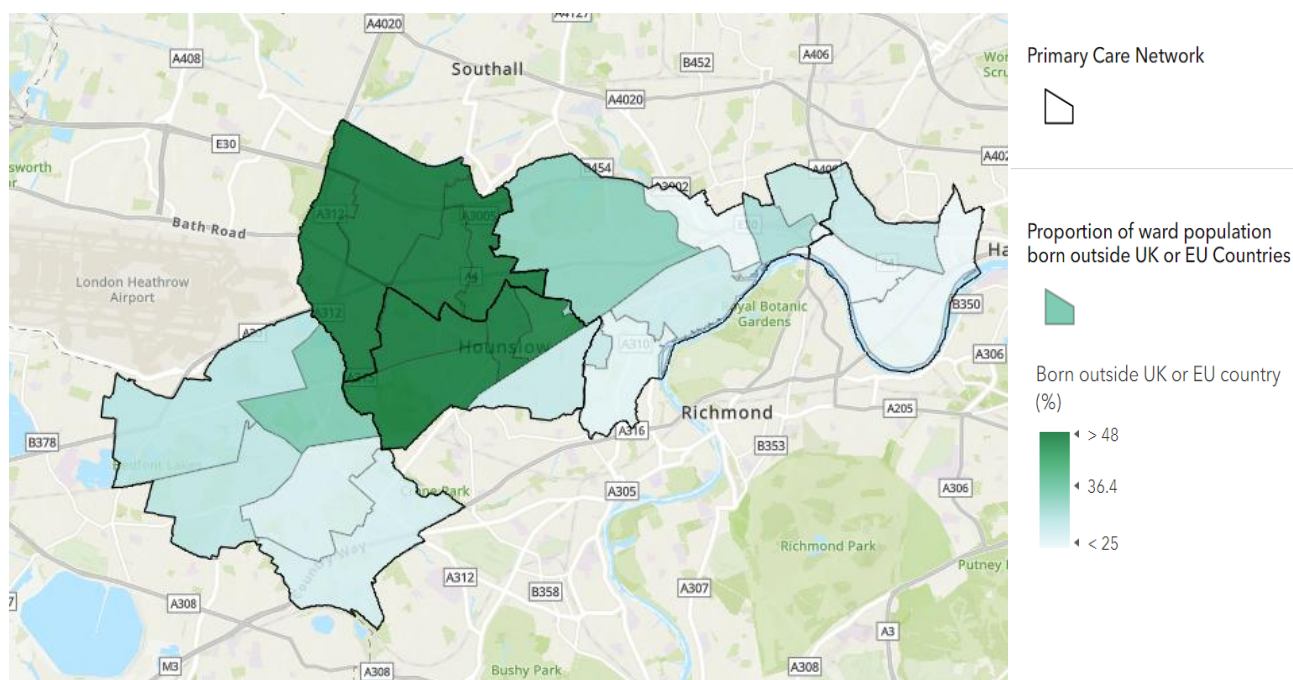
Figure 10: Proportion of residents in Hounslow born in EU countries



Source: Census 2021.

In 2021, 12.5% of the population in Hounslow were born in an European Union (EU) country. Wards with the highest population of residents born in an EU country were Chiswick Gunnersbury and Brentford East, where 17% of the population in each ward were EU-born. The percentage of EU-born residents in Hounslow may decrease over time due to Brexit and the resulting changes in migration patterns and rights.

Figure 11: Proportion of residents born outside UK and in EU countries



Source: Census 2021.

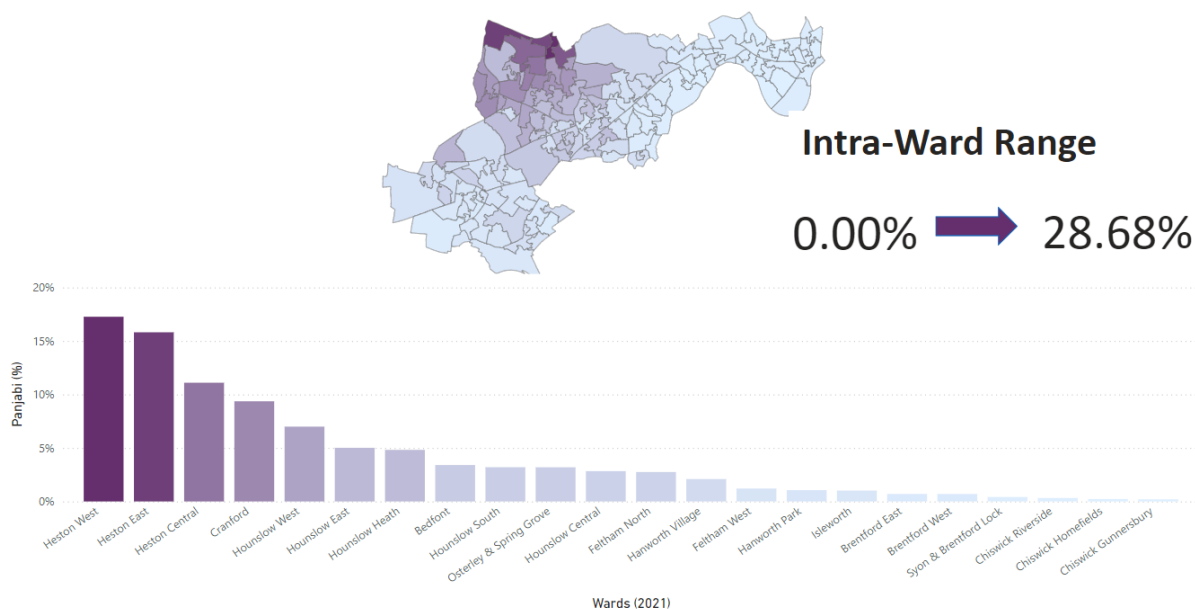
The wards with the highest proportion of residents born outside UK or EU are based in Hounslow Central and Hounslow West, where 57.4% and 55.2% of the population are born outside, respectively. This is in stark contrast to some wards in Hounslow such as Chiswick Riverside and Brentford West where the population born outside UK or EU countries is less than a quarter of the population (22.1% and 23.2% respectively).

2.6.8 Language

Census 2021 reports that 72% of Hounslow adults speak English as their main language at home³⁷. After English, the five most common languages spoken as a first language are Panjabi, Polish, Romanian, Urdu, and Nepalese³⁸.

Wards in Heston and Cranford have the highest rates of people speaking Panjabi or Urdu as a first language, while wards in Hounslow East, Hounslow South and Hounslow Heath have the highest rates of Polish speakers.

Figure 12: Distribution by Lower Super Output Area (LSOA) and ward of residents speaking Panjabi as first language

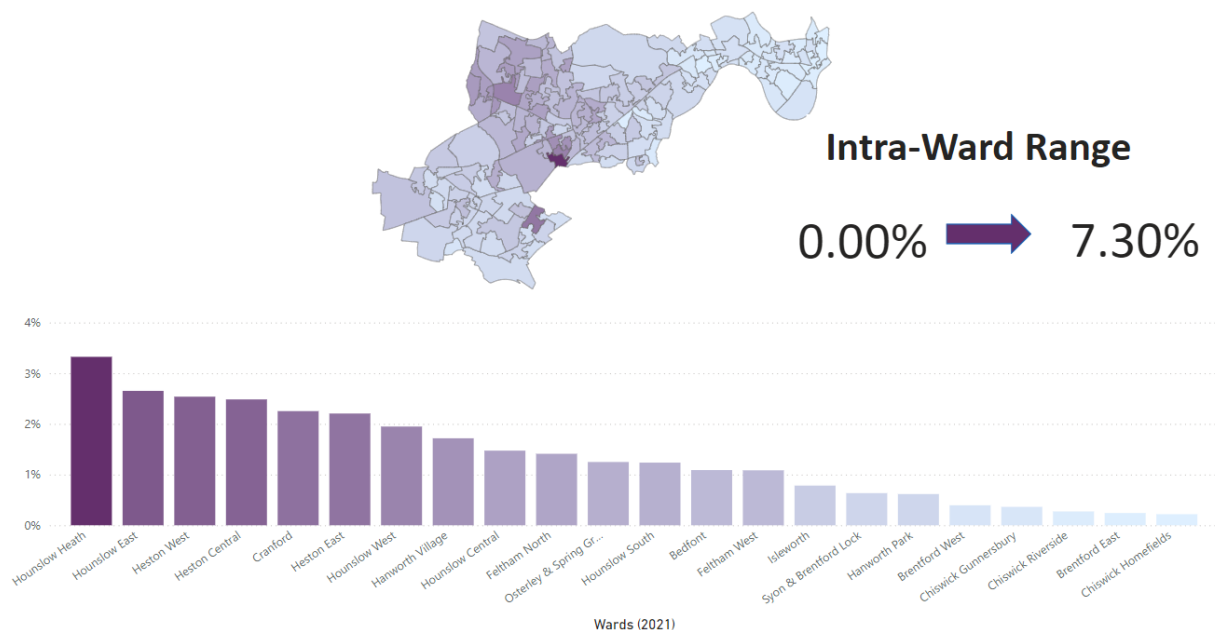


Source: Census 2021.

³⁷ London Borough of Hounslow. Census 2021 - ONS overview for Hounslow. [Accessed December 2024] <https://stats.hounslow.gov.uk/census-2021-ons-overview-for-hounslow/>

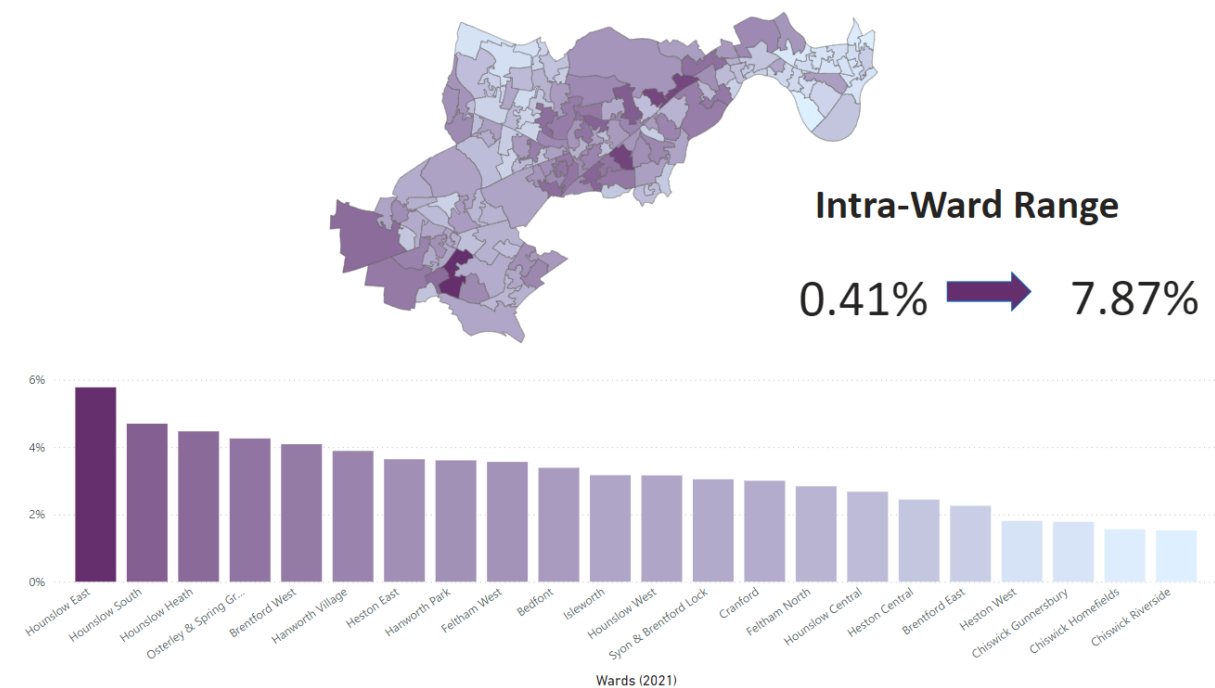
³⁸ London Borough of Hounslow. Languages (Census 2021). [Accessed December 2024] <https://stats.hounslow.gov.uk/languages-census-2021/>

Figure 13: Distribution by ward of residents speaking Urdu as a first language



Source: Census 2021.

Figure 14: Distribution by ward of residents speaking Polish as a first language



Source: Census 2021.

2.6.9 Religion

Census 2021 data on religion shows that 38% of the borough's population identifies as Christian. A significant proportion of Hounslow residents identify as Muslim (17%), with Hounslow Heath having the highest number of Muslims. This is followed by Hinduism (10%). Hounslow Heath has the highest number of Hindus in Hounslow³⁹.

Sikhism accounts for 9% of Hounslow residents' religious beliefs. Heston West has the highest number of Sikhs compared to other wards in Hounslow.

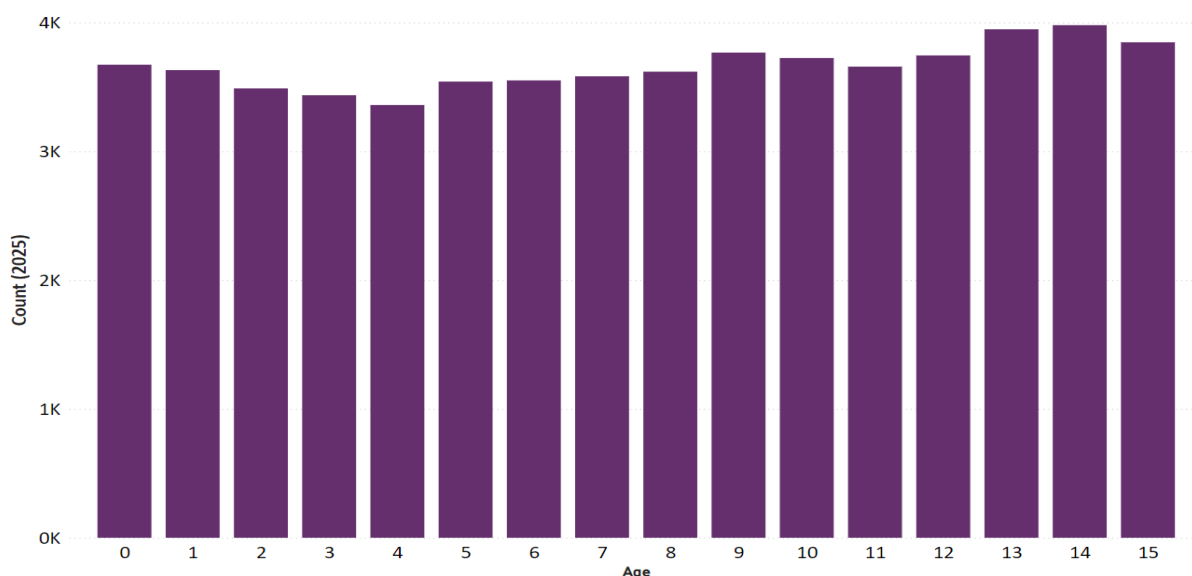
Central Hounslow have over 21% people identifying as Hindu, while Heston West has over 31% of residents identifying as Sikh. In 2021, 38.3% of people in Hounslow described themselves as Christian (down from 42.0% in 2011), while 16.7% described themselves as Muslim (up from 14.0% the decade before). While 18.6% of Hounslow residents reported having "No religion", up from 15.9% in 2011. The rise of 2.7 percentage points was the largest increase of all broad religious groups in Hounslow⁴⁰.

2.6.10 Specific populations

2.6.10.1 Children

Demography

Figure 15: Estimated number of children in Hounslow by year band, 2025



Source: GLA Trend based population projections (10-year projections).

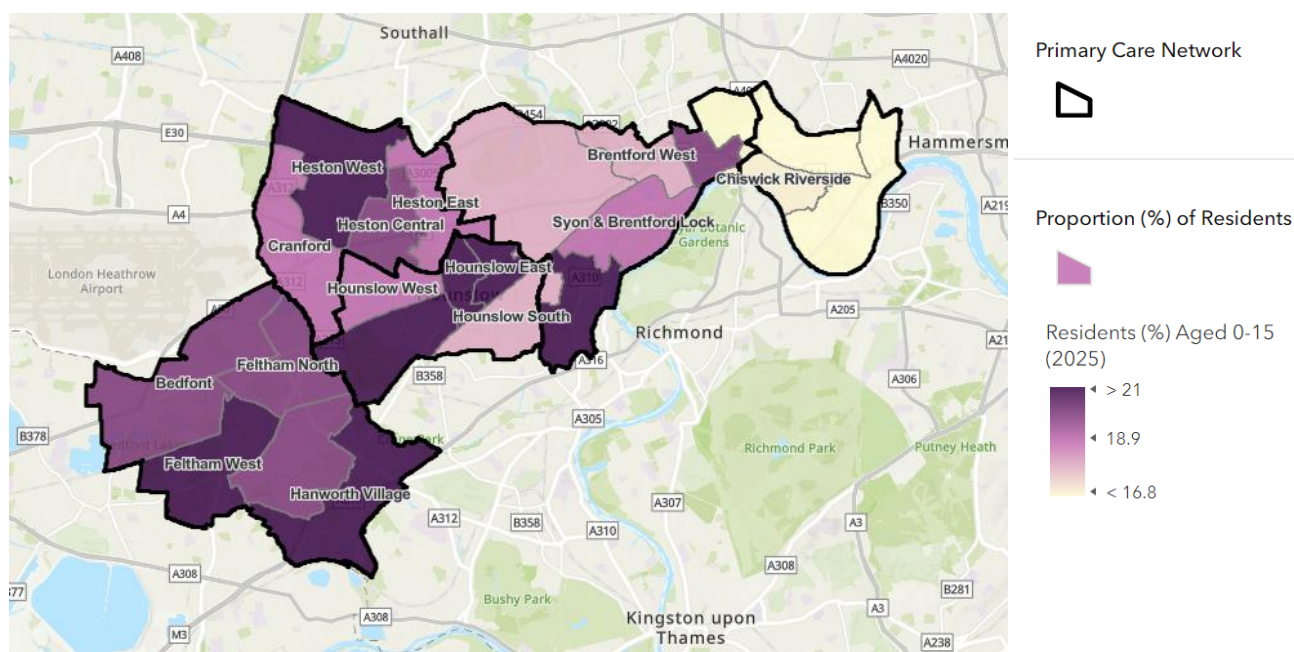
According to Census 2021, children and young people under the age of 16 make up 21% of the population of Hounslow. From a ward perspective, Hanworth Village (23%) has the highest percentage of children under 16, while Chiswick Gunnersbury (16%) has the lowest.

³⁹ London Borough of Hounslow. Religion and Belief (Census 2021). [Accessed December 2024] <https://stats.hounslow.gov.uk/religion/>

⁴⁰ ONS. How life has changed in Hounslow: Census 2021. 19 January 2023. [Accessed December 2024] <https://www.ons.gov.uk/visualisations/censusareachanges/E09000018/>

Hanworth Park is projected to experience the greatest growth in the 0-15 age group, with an expected increase of 758 persons aged 0-15 between 2025 and 2041⁴¹. The greatest decline in the number of 0-15 years is seen in Cranford, with an expected decrease of 655 persons aged 0-15 years between 2025 and 2041.

Figure 16: Estimated proportion of population aged 0–15 by ward, 2025



Source: GLA 2025 Housing-led projections.

According to the 2025 Housing led projections, Feltham West and Hanworth Village both have the largest proportion of 0–15-year-olds, at 21.4% and 21.2% respectively. The lowest proportion of 0–15-year-olds is seen in Chiswick Gunnersbury (15.1%).

Health and wellbeing of children and young people in Hounslow

The health and wellbeing of children in Hounslow present mixed outcomes compared to national figures. The infant mortality rate is higher and 4.6% of babies are born with low birth weight. While teenage pregnancy and maternal smoking rates are lower than England's average, immunisation and dental health are poor, with only 83.3% Measles, Mumps and Rubella (MMR) coverage by age 2 and 33.9% of 5-year-olds experiencing tooth decay. Obesity is also a concern, with 10.2% of Reception children and 24.5% of Year 6 children affected. A&E attendances among 0–4-year-olds is higher than the national average, but self-harm rates and hospital admissions caused by unintentional and deliberate injuries in children aged 0-14 year are better than the national average.

Furthermore, the percentage of children in Hounslow achieving at least the expected level in communication, gross motor skills, fine motor skills, problem-solving and personal-social skills is significantly below the national average. Overall, Hounslow is underperforming in the proportion of children reaching a good level of development at ages 2 and 2.5 years.

⁴¹ London Borough of Hounslow. Population projections. [Accessed December 2024] <https://stats.hounslow.gov.uk/population-projection/>

The proportion of children in relative low-income families is 15.4% in 2022/23, which is less than the England average of 19.8%⁴².

Figure 17: Summary of key child health indicators for the borough, comparing Hounslow with England as a whole

Indicator	Period	Hounslow			London		England		England		
		Recent Trend	Count	Value	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest	
Infant mortality rate	2020 - 22	—	47	4.3	3.5	3.9		7.6		1.4	
Child mortality rate (1-17 years)	2020 - 22	—	15	7.8	9.3	10.4		21.9		4.8	
Population vaccination coverage: MMR for one dose (2 years old) 	2023/24 	→	3,252	83.3%	81.8%	88.9%		67.7%		96.3%	
Population vaccination coverage: Dtap IPV Hib HepB (2 years old) 	2023/24 	→	3,430	87.9%	87.7%	92.4%		72.4%		97.8%	
Children in care immunisations	2023	→	122	73.0%	74.3%	82.0%		25.0%		100%	
School readiness: percentage of children achieving a good level of development at the end of Reception	2022/23	—	2,189	66.7%	69.1%	67.2%		58.5%			
Average Attainment 8 score	2022/23	—	-	51.0	50.7	46.2		36.1			
Average Attainment 8 score of children in care	2021/22	—	437	24.3	22.0	20.3		9.8			
16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known	2022/23	→	366	5.6%	3.4%	5.2%		15.2%		0.9%	
First time entrants to the youth justice system	2023	↓	29	96.4	143.3	143.4		340.0		42.0	
Children in absolute low income families (under 16s)	2022/23	↓	7,110	11.9%	12.3%	15.6%		35.7%		4.2%	
Children in relative low income families (under 16s)	2022/23	↓	9,192	15.4%	15.8%	19.8%		42.2%		5.2%	
Homelessness - households with dependent children owed a duty under the Homelessness Reduction Act	2022/23	—	-	*	20.8	16.1		35.8		7.5	
Children in care	2022/23	→	322	48	51	71		191		26	
Children killed and seriously injured (KSI) on England's roads	2020 - 22	—	22	12.3	11.3	16.5		64.1		0.0	
Low birth weight of term babies	2022	→	145	4.6%	3.4%	2.9%		5.0%		1.8%	
Reception prevalence of obesity (including severe obesity) (4-5 yrs) 	2023/24	→	310	10.2%	9.8%	9.6%		13.9%			
Year 6 prevalence of obesity (including severe obesity) (10-11 yrs) 	2023/24	→	795	24.5%	24.0%	22.1%		31.0%			
Percentage of 5 year olds with experience of visually obvious dental decay	2021/22	—	-	33.9%	25.8%	23.7%		46.0%		9.7%	
Hospital admissions for dental caries (0 to 5 years)	2020/21 - 22/23	—	160	241.3	247.9	178.8		0.0			
Under 18s conception rate / 1,000	2021	↓	37	7.2	9.5	13.1		31.5		1.1	
Teenage mothers	2022/23	→	-	*	0.3%	0.6%*		1.9%		0.0%	
Admission episodes for alcohol-specific conditions - Under 18s	2020/21 - 22/23	—	20	10.0	14.9	26.0		75.5		3.8	
Hospital admissions due to substance misuse (15 to 24 years)	2020/21 - 22/23	—	40	37.6	49.9	58.3		184.5		16.7	
Smoking status at time of delivery 	2023/24	↓	89	2.8%	3.9%	7.4%		17.5%		2.8%	
Baby's first feed breastmilk	2020/21	—	1,555	85.7%	87.7%	71.7%		1.3%		98.6%	
Breastfeeding prevalence at 6 to 8 weeks - current method 	2023/24	—	1,916	*	*	52.7%*	-		Insufficient number of values for a spine chart		
A&E attendances (0 to 4 years)	2022/23	—	25,985	1,444.3	855.3	797.3		1,928.9		414.7	
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 14 years)	2022/23	↓	310	55.4	60.1	75.3		153.5		35.7	
Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15 to 24 years)	2022/23	↓	295	87.6	68.1	94.1		266.9		40.3	
Hospital admissions for asthma (under 19 years)	2022/23	↓	75	106.8	135.3	122.2		350.7		51.9	
Hospital admissions for mental health conditions (<18 yrs)	2022/23	→	40	59.9	61.7	80.8		308.5		22.3	
Hospital admissions as a result of self-harm (10-24 years)	2022/23	→	75	139.3	159.9	319.0		1,058.4		89.0	

Source: DHSC. Overview of Child and Maternal Health.

⁴² DHSC. Fingertips. Child and Maternal Health. [Accessed December 2024] <http://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview/data>

Child immunisation

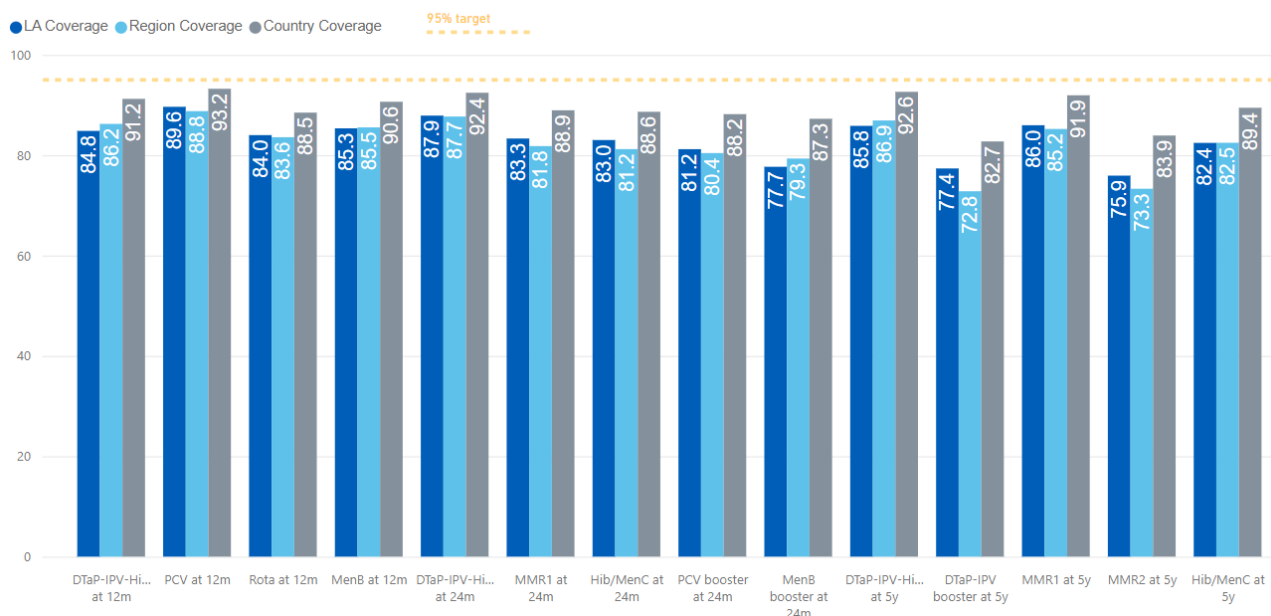
Overall, Hounslow's 2023-24 childhood immunisation rates are below the 95% national and international target (herd immunity) levels. At 12 months, 84.8% of children received full coverage of DTaP/IPV/Hib, significantly lower than the England average of 91.2% and the London average of 86.2%. For Pneumococcal Conjugate Vaccine at 12 months, the rate was 89.6%, significantly lower than the England average of 93.2% but slightly higher than the London average of 88.8%⁴³.

The lowest immunisation rates in Hounslow are seen for Measles, Mumps and Rubella (MMR) booster at age five, with 75.9% of children receiving the vaccine in 2023-24. This is significantly lower than the England average of 83.9%. Although higher than the London average of 73.3%, it is below international targets. Low immunisation rates in Hounslow are also seen for the DTaP/IPV/Hib booster for children aged five. In 2023-24, children aged five receiving the DTaP/IPV/Hib booster vaccine was 77.4%, below the national average of 82.7%

There is currently an incomplete understanding of the factors influencing the current low coverage. However, it is possible that the high levels of population movement in and out of the borough may play some role.

This has implications for the immunisation monitoring as many children will move in and out of the borough at ages when they would normally receive immunisations.

Figure 18: Childhood immunisation coverage in Hounslow, London and England 2023-24



Source: NHS digital.

⁴³ NHS Digital. Childhood Vaccination Coverage Statistics - Local Authority all vaccinations. [Accessed December 2024]
<https://app.powerbi.com/view?r=eyJrljoiZWJlNWZATzQ5Yy00YjI5LWFjZjctZDMzYTUyZmJkNWMzIiwidCI6ImM3YzM1NGVlLTQ1YiAtNDdmNS1iMi9LTG93dCNgVIMvJ9&disablecdnExpiration=1726606786>

Children in care

The number of children in care in Hounslow was lower than the England average rate in 2022-23. There were 48 per 10,000 under-18s in Hounslow in care, compared with 51 per 10,000 in London and 71 per 10,000 in England in 2021.⁴⁴

Table 6: Number of children in care in Hounslow, 2022-23

	Hounslow number	Hounslow rate (per 10,000)	England rate (per 10,000)
Children in care	322	48	71

Source: Department for Education (DfE). Children looked after in England.

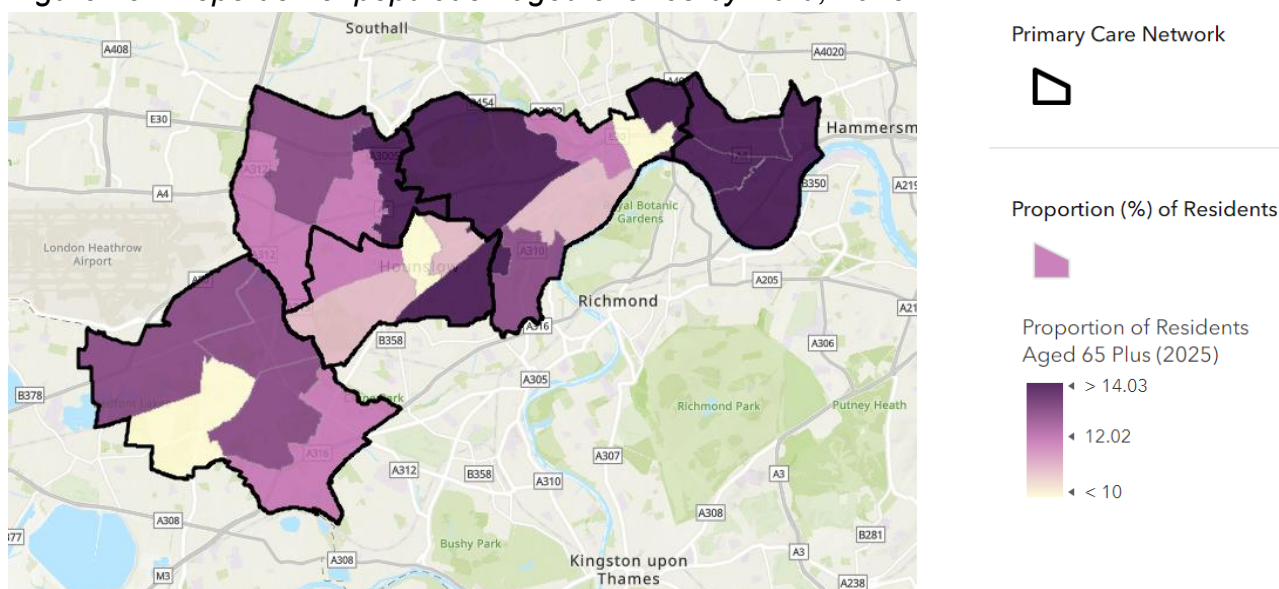
2.6.10.2 Older people

According to Census 2021, Hounslow has a lower proportion of residents aged 65 and over (11.8%) compared to England (18.4%). Using the GLA projections (trend-led 10-year trend), the population of those over 65 in Hounslow is projected to reach 37,669 (12.4% of the population) by 2025, increasing to 13.8% in 2030 and 59,174 (17.8%) by 2045.

In 2021, the percentage of residents aged over 85 was also lower than the England average, 1.4% in Hounslow versus 2.4% nationally. By 2025, the population of those over 85 in Hounslow is projected to reach 4,284 (1.4% of the population), increasing to 4,634 (1.5%) in 2030 and 7,566 in 2045 (2.8%).

In 2021, the 0-44 population accounted for 64.1% of the population, but by 2025 this percentage has been estimated to decrease to 62.3%, with a further drop to 56.6% by 2045. There will also be an increase of the over-45s from 37.6% in 2025 to 43.4% in 2045. Overall, these trends indicate an ageing population in Hounslow over time.

Figure 19: Proportion of population aged over 65 by ward, 2025



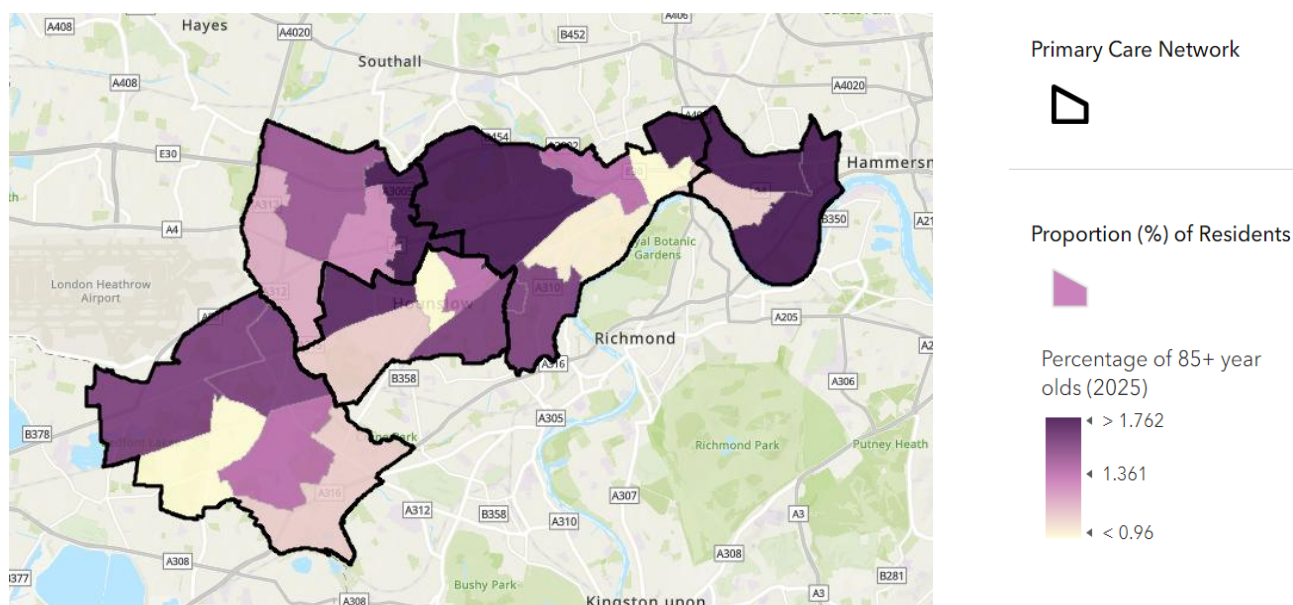
Source: GLA Housing led projections (10-year trend).

⁴⁴ DHSC. Fingertips – Public health profiles. [Accessed December 2024]

<https://fingertips.phe.org.uk/search/children%20in%20care#page/4/gid/1/pat/15/ati/502/are/E09000018/iid/90803/age/173/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1>

Using the GLA Housing led projections (10-year trends) there is a higher proportion of residents over 65 living in Chiswick Homefields, accounting for 17% of the population in the ward, followed by Chiswick Gunnersbury (15.7% of the population). In contrast, Hounslow Central has the lowest proportion of residents over the age of 65 (7.5% of population).

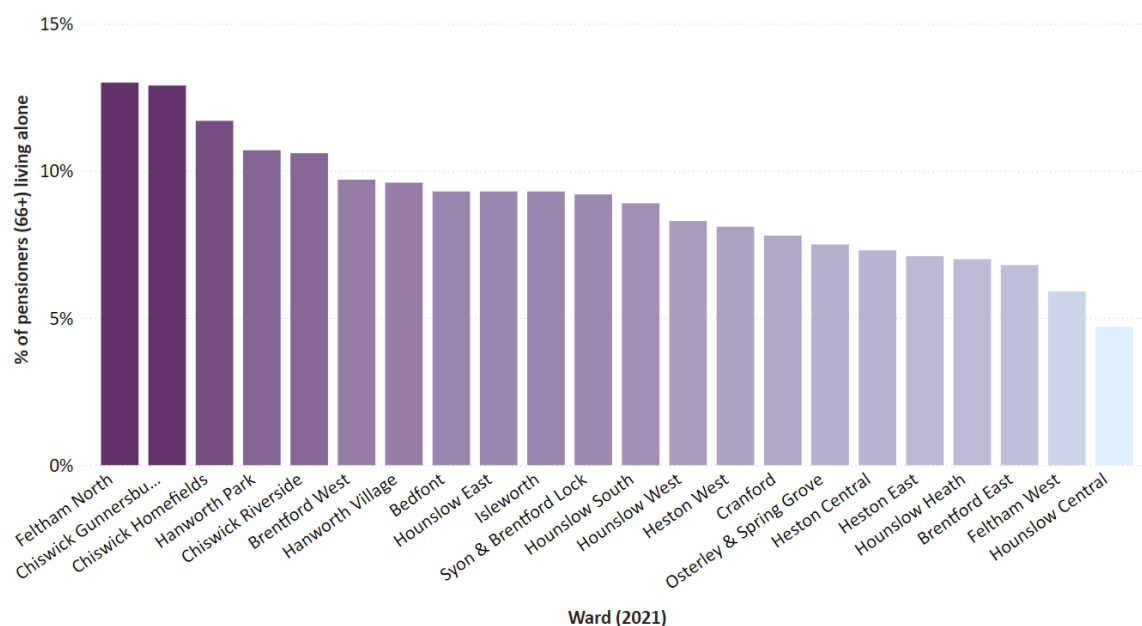
Figure 20: Proportion of population aged over 85 by ward, 2025



Source: GLA Housing-led projections (10-year trend).

The proportion of residents aged 85 and over mirrors trends observed in the population aged 65 and over, with a higher percentage in Chiswick Homefields (2.2%). In contrast, Brentford East has the lowest percentage of residents aged 85 and over (0.5%).

Figure 21: Percentage of pensioners (aged 66+) living alone, 2021



Source: ONS Census 2021.

Figure 21 shows the percentage of pensioners living alone by ward. There is a relationship between wards with higher percentages of older populations, like Chiswick Homefields and Chiswick Gunnersbury, and a higher rate of older adults living alone. In contrast, wards with fewer older residents, such as Hounslow Central and Brentford East, have lower percentages of older adults living alone.

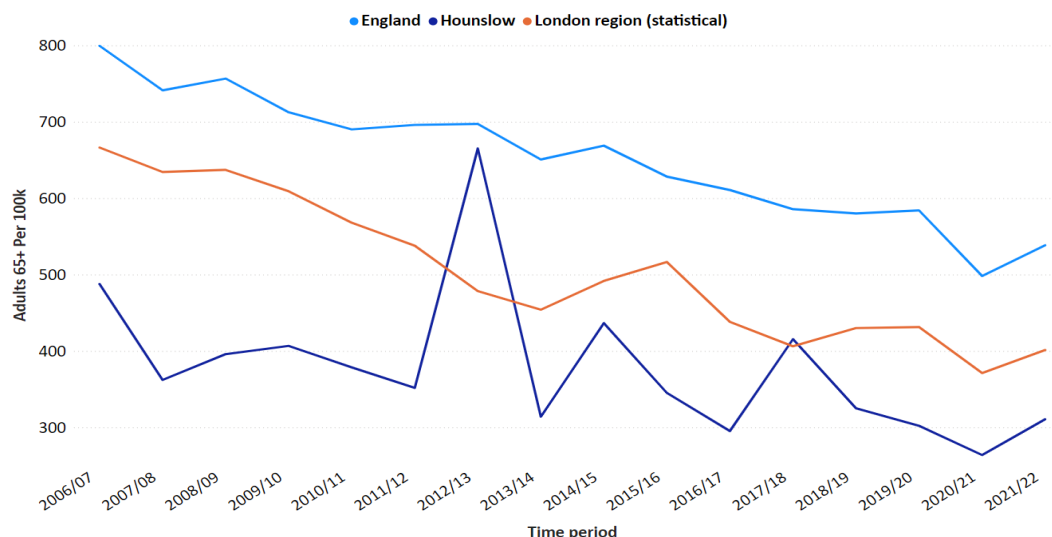
Table 7: Number of adults aged 65+ historically receiving care services, 2023-24

Provision type	Total (rounded)	Support reason	Number
Nursing	290	Learning disability support	<10
		Mental health support	28
		Physical support	229
		Sensory support	0
		Social support	<10
		Support with memory and cognition	22
Residential	270	Learning disability support	27
		Mental health support	28
		Physical support	179
		Sensory support	<10
		Social support	<10
		Support with memory and cognition	29
Supported accommodation	160	Learning disability support	28
		Mental health support	32
		Physical support	85
		Sensory support	<10
		Social support	<10
		Support with memory and cognition	<10
Community	1,520	Learning disability support	11
		Mental health support	53
		Physical support	1,368
		Sensory support	<10
		Social support	22
		Support with memory and cognition	63

Source: Adult social care services.

Table 7 above shows the number of people aged 65 and over receiving care services in Hounslow by different service areas: Nursing, Residential, Supported accommodation and Community. Nursing and residential care have similar support reasons, but nursing care has a larger total number of people. Community support has the largest service users, and its focus is strongly on physical support but also includes significant mental health and memory support.

Figure 22: Adults in residential or nursing care homes in Hounslow per 100,000 aged 65+



Source: DHSC.

In 2021-22, there were 311 persons aged 65+ in residential care per 100,000 in Hounslow. This was lower than for England as a whole (539 per 100,000 persons aged 65+)⁴⁵.

2.6.10.3 Prison populations

Feltham Prison and Young Offender Institution is located in the Feltham and Bedfont locality. Feltham Prison is one of four establishments that the Youth Justice Board commissions from the National Offender Management Service to provide specialist custodial places for young boys aged 15–21.⁴⁶ It is separated into two categories: Feltham A, which is a Young Offender Institution (YOI) for boys aged 15 to 18, and Feltham B, a Category C prison and YOI in London for men aged over 18.

Certified normal accommodation and operational capacity as reported by the establishment for Feltham A⁴⁷:

- Children held at the time of inspection: 84.
- Baseline certified normal capacity: 211.
- In-use certified normal capacity: 168.

⁴⁵ DHSC. Permanent admissions to residential and nursing care homes [Accessed December 2024] <https://fingertips.phe.org.uk/search/care%20home#page/1/gid/1/ati/15/iid/91893/age/27/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁴⁶ UK Government. Feltham Prison and Young Offender Institution. [Accessed December 2024] www.justice.gov.uk/contacts/prison-finder/feltham

⁴⁷ HM Inspectorate of Prisons. HMYOI Feltham A. 16 July 2024 [Accessed December 2024] https://hmiprisons.justiceinspectorates.gov.uk/hmipris_reports/hmyoi-feltham-a-4/

- Operational capacity: 120.
- Population of the establishment:
 - 186 children received last year.
 - Five foreign national children.
 - 80% of prisoners from black and minority ethnic backgrounds.
 - 29% of children aged 18.
 - An average of 12 children released into the community each month.

Certified normal accommodation and operational capacity as reported by the establishment for Feltham B⁴⁸:

- Prisoners held at the time of inspection: 307.
- Baseline certified normal capacity: 528.
- In-use certified normal capacity: 388.
- Operational capacity: 322.

Population of the prison:

- 270 new prisoners received during 2022.
- 60 foreign national prisoners.
- 80% of prisoners from black and minority ethnic backgrounds.
- 20 prisoners released into the community each month.
- 58 prisoners receiving support for substance misuse.

2.6.10.4 Less-abled populations

The number of people in the population with a physical or learning disability increases as the population grows. Rates of visual and hearing disability tend to increase with age.

People with learning disabilities may have complex care needs and are at increased risk of mental illness, epilepsy, cardiovascular and respiratory diseases, and poor dental care. People with learning disabilities may also be more likely to be either under or overweight.

Regular health screening of adults with learning disabilities enables their unmet needs to be assessed. The needs of children with learning disabilities in the area can be assessed from the data reported on Special Educational Needs (SEN).

In Hounslow, there are 1,965 people registered as blind or partially sighted. However, this is thought to be an underestimate of the true picture. According to the Royal National Institute of Blind People (RNIB), an estimated 5,835 people in Hounslow may have very poor vision but are not registered as blind or partially sighted⁴⁹.

⁴⁸ HM Inspectorate of Prisons. HMP Feltham B. 3-13 January 2023. [Accessed December 2024]

<https://cloud-platform-e218f50a4812967ba1215eaecede923f.s3.amazonaws.com/uploads/sites/19/2024/03/Feltham-B-web-2023.pdf>

⁴⁹ RNIB. Sight Loss Data Tool. [Accessed December 2024] <https://www.rnib.org.uk/professionals/health-social-care-education-professionals/knowledge-and-research-hub/sight-loss-data-tool/>

Table 8: Hounslow residents with disabilities by age

Topic	Measure	Age range (years)	Number (rounded)	Source/note on rate
Physical disability	Attending SEN units at school	0–16	180	Department for Education (DfE) – SEN data 2023
	Moderate to serious personal care disability	Adult 18–64	8900	Adults and older people population needs projections ⁵⁰
Learning disability	Autism spectrum	0-16	1400	DfE SEN data 2023 ⁵¹
	Moderate disability	0-16	750	DfE SEN data 2023
	Severe/profound disability	0-16	130	DfE SEN data 2023
Learning disability	GP learning disability register (estimate)	Adult 18+	1800	National GP profiles 2023 ⁵²
	Predicted to have a learning disability	18–64	4800	Adults and older people population needs projections
Visual disability	Children recorded partially sighted	Under 17	100	RNIB 2022 estimate
	Children recorded blind	Under 17	30	RNIB 2022 estimate
	Registered or partial sight loss	Adult 18–64	400	RNIB 2022
	Registered partial sight loss	Over 65	1600	RNIB 2022
Hearing disability	Children recorded with SEN hearing impairment	Under 16	120	DfE SEN report 2023
	Predicted increase to have a severe hearing impairment	Age 18+ (Between 2025 to 2040)	1300	Adults and older people population needs projections
	Predicted increase to have a severe hearing impairment	Over 65 (Between 2025 and 2040)	1200	Adults and older people population needs projections

⁵⁰ London Borough of Hounslow. Adults and Older People Population Needs Projections. [Accessed December 2024] <https://stats.hounslow.gov.uk/hounslow-adults-and-older-people-population-need-projections/>

⁵¹ UK Government. Special education needs in England. [Accessed December 2024] <https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england>

⁵² DHSC. National GP profiles. [Accessed December 2024] <https://fingertips.phe.org.uk/profile/general-practice>

The data shown in Table 8 indicates that the proportion of adults in Hounslow recorded both in GP records and local authority records as having learning disabilities is lower than the England average.

As of 2022-23, the calculated local rate of older people aged 65-74 who are registered blind is 1,140 per 100,000 population, compared with the England rate of 533 per 100,000. Hounslow has similar rates of preventable sight loss (glaucoma) compared with England.

In England, the proportion of people registered deaf or hard of hearing in 2023 was 6%, which is higher than the proportion reported by Hounslow PCNs: Brentworth (4.3%), Feltham and Bedfont (3.5%), Great West Road (3.5%), Chiswick (3.5%) and Hounslow Heath (2.6%). The proportion of older people (75 years and over) who are estimated to have severe hearing loss is 13% for men and 14% for women in Hounslow, which is the same as London and England.

Approximately 13% of Hounslow's population (around 36,500 people) were reported to have hearing loss of at least 25 dB HL, according to Royal National Institute for Deaf people data from 2019.

2.6.10.5 Maternities

In 2022, there were 3,529 live births to mothers living in Hounslow according to the Office for National Statistics (ONS). This equates to a General Fertility Rate (GFR) of 55.0 live births per 1,000 women aged 15–44. This is the thirteenth-highest GFR in London, above the London and England averages.

In 2016-20, Heston West (GFR of 82.3), Hounslow West (GFR of 80.6) and Hounslow Heath (GFR of 80.5) had the highest rates while Turnham Green (GFR of 49.9) had the lowest rate.

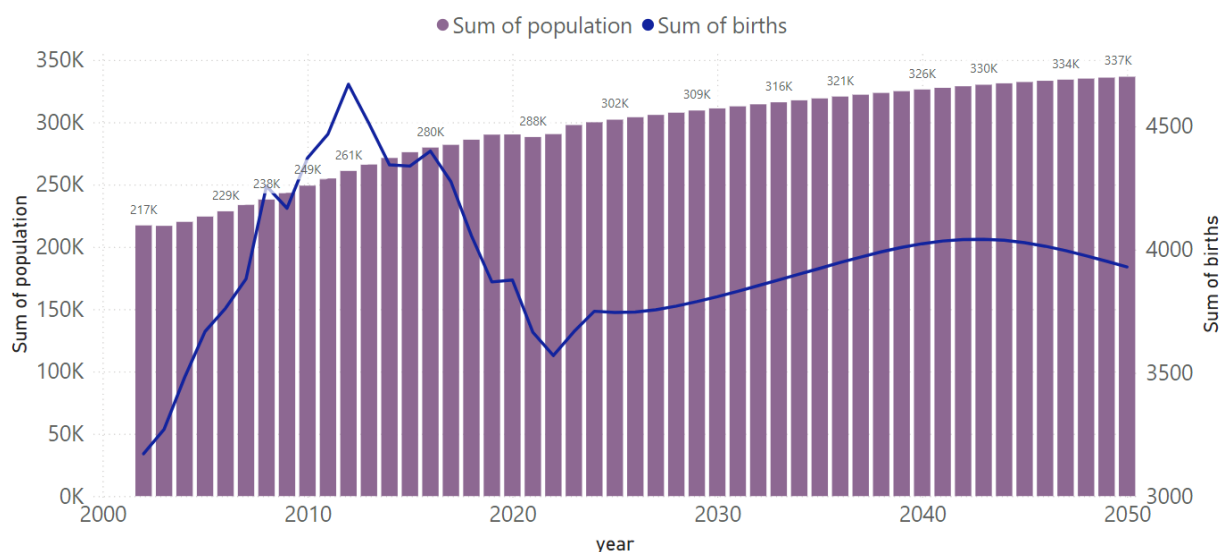
In 2022, the Total Fertility Rate (TFR) in Hounslow was 1.56 children per woman, compared with London (1.39) and England (1.49). In 2021, the average age of mothers in England increased to 30.9 years. In England, the fertility rate for women aged 40 and over is above the rate for women aged under 20. In 2022, the stillbirth rate in Hounslow is 4.5 per 1,000 total births, which is higher than the national average (4.0 per 1,000 total births).

The percentage of Low Birth Weight (LBW) in term babies (defined as a birth weight of below 2.5 kg) is 4.6%, significantly higher (worse) than London (3.4%) and England (2.9%) in 2022. Smoking in pregnancy can contribute to LBW. In 2022-23, 3.4% of mothers were recorded as smoking at time of delivery in Hounslow. This is significantly lower than the England average of 8.8%. Additionally, mothers from a South Asian Background have a higher risk of giving birth to a low-birth-weight baby. Many factors can contribute to South Asian mothers having a higher risk, including access to healthcare, genetic predisposition and nutritional diet⁵³. In Hounslow, the South Asian population makes up a significantly higher proportion (28%) compared to the national average of 10%.

⁵³ Oxford University Press. Journal of Public Health. Why does birthweight vary among ethnic groups in the UK? Findings from the Millennium Cohort Study. 21 July 2008. [Accessed December 2024]
<https://academic.oup.com/jpubhealth/article-abstract/31/1/131/1583731?redirectedFrom=fulltext>

In Hounslow in 2021, 85.7% of mothers-initiated breastfeeding against a target of 95%. In 2022-23, out of a total of 3,438 infants, 1,548 were recorded as either partially or totally breastfed. However, it is important to note that the data quality is questionable, as less than 95% of the infants due for a review had their breastfeeding status recorded, which could impact the completeness and reliability of this data⁵⁴. In Hounslow, in 2022-23, 60.6% of babies received a 6–8-week review by a health visitor before they turned eight weeks old. This is significantly lower than the England average of 79.6%⁵⁵.

Figure 23: Number of births vs population in Hounslow per year, components of change



Source: GLA 2022 Demographic projections, 2022 10-year central fertility.

Figure 23 shows the population in Hounslow steadily increasing throughout the years, despite the decline in births after the peak around 2012. After a drop in both population and births around 2020, the population continues to grow, while births level out and slightly rise again. The long-term trend shows sustained population growth despite fluctuating birth rates. Factors such as migration and increased life expectancy might be the reason for population growth.

2.6.10.6 Homeless population

Data from the "Statutory homelessness report" for the period April 2023 to March 2024 indicates that Hounslow has missing data for various homelessness indicators:

- Initial assessments: Information on the initial assessment of homelessness circumstances, reasons for homelessness, support needs, age, ethnicity, and other characteristics of applicants is unavailable for Hounslow.

⁵⁴ UK Government. Breastfeeding at 6 to 8 weeks after birth: annual data April 2022 to March 2023. 7 November 2023. [Accessed December 2024]

<https://www.gov.uk/government/statistics/breastfeeding-at-6-to-8-weeks-after-birth-annual-data-april-2022-to-march-2023>

⁵⁵ DHSC. Fingertips: Child and Maternal Health. [Accessed December 2024]

<https://fingertips.phe.org.uk/profile/child-health-profiles>

- Prevention and relief duties: Data on households where homelessness was prevented or relief duty was applied, including reasons for the end of duty, accommodation secured and household composition, is also missing.
- Main duty decisions and outcomes: Hounslow has missing data on main duty decisions, describing the final outcome for households that remain homeless after prevention and relief efforts.

Hounslow has missing data for all these indicators from 2019-20 through 2022-23, with the latest available data dating back to 2018-19⁵⁶.

Table 9: Rate per 1,000 households assessed as being homeless

	Rate per 1,000 households (2018-19)	Rate per 1,000 households (2019-20)	Rate per 1,000 households (2020-21)	Rate per 1,000 households (2021-22)	Rate per 1,000 households (2022-23)
Hounslow	2.78	No data	No data	No data	No data
London	6.36	6.99	7.84	7.91	8.71
England	5.2	5.97	6.34	6.06	6.56

Source: GOV.UK.

Table 10: Rate per 1,000 households of individuals in temporary accommodation, 2019-20 – 2022-23

	Rate per 1,000 households (2019-20)	Rate per 1,000 households (2020-21)	Rate per 1,000 households (2021-22)	Rate per 1,000 households (2022-23)
Hounslow	6.67	No data	No data	No data
London	16.51	16.95	16.29	15.94
England	3.76	4.03	4.01	4.16

Source: Hounslow Data Hub.

The main reasons given for homelessness in England are loss of private rented accommodation and eviction by parents, friends and relatives.

According to the Rough sleeping snapshot, in an autumn 2023 count, it was estimated that there were 14 rough sleepers in Hounslow. This is the 12th lowest rough sleeper count in London, and is a decrease compared to the 18 rough sleepers identified in a 2018 count⁵⁷.

⁵⁶ UK Government. Tables on homelessness. 10 November 2012. [Accessed December 2024] <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness>

⁵⁷ Department for Levelling Up, Housing & Communities. Rough sleeping snapshot in England: autumn 2023. [Accessed December 2024] <https://www.gov.uk/government/statistics/rough-sleeping-snapshot-in-england-autumn-2023/rough-sleeping-snapshot-in-england-autumn-2023>

Combined Homelessness and Information Network (CHAIN)

Combined Homelessness and Information Network (CHAIN) is the most comprehensive source of information on rough sleeping by outreach teams in London. In comparison to the rough sleeper snapshot, which is performed on one single night and provides a point in time estimate, CHAIN provides the number of rough sleepers identified over a year. This includes rough sleepers who may not be visibly present on the streets but have experienced rough sleeping over the year.

In 2023-24, 322 rough sleepers were found in Hounslow, which is an increase of 67% compared to the previous year. This puts Hounslow as the third highest proportionate increase in rough sleepers and the fourth highest number of rough sleepers compared with other Outer London boroughs.

- In Hounslow, the nationality with the highest number of rough sleepers were from UK (n=123, 38% of the total rough sleepers). This was followed by Europe (n=68) and Africa (n=65). The country in Europe with the highest number of rough sleepers was Poland (which accounted for 56% of the rough sleepers from Europe) and in Africa the highest number was Eritrea (which accounted for 53% of rough sleepers from Africa).
- Men were significantly more likely to be rough sleeping in Hounslow and this is consistent with trends in other Outer London boroughs. In Hounslow, men represented 81% of the rough sleeper count.
- Furthermore, the highest number of people rough sleeping were from a Black background (n=83), which surpasses the number of people from a White British background (n=73).
- The most common age group to rough sleep were between the ages of 36–45, accounting for 33% of the rough sleeper count.
- The most cited support need amongst rough sleepers was mental health (n=122, 45%).

Hounslow Homeless Health Needs Audit (HHNA)

The Homeless Health Needs Audit (HHNA) is a survey and methodology used to assess the health needs of people experiencing homelessness. The term homelessness is often considered to apply only to people sleeping rough. However, homelessness also refers to people with no home or permanent residence. As such, this will include residents threatened with homelessness, residing in temporary accommodation, in supported accommodation, sofa surfing and staying with friends.

All questionnaires were completed by people who were currently experiencing homelessness. Surveys were carried out with the support of trained staff from participating local homelessness services.

HHNA key findings:

- **Physical health:** Physical health amongst homeless people in Hounslow is similar to national findings, with the most common health conditions being joint aches, problems with bones and muscles, dental problems and problems with feet. Notably, a high percentage of homeless people reported to want more support for their physical health (61%) and 25% reported they required treatment/ assessment in the past 12 months but did not receive it.
- **Mental health:** Mental health diagnosis amongst homeless people in Hounslow is lower than national average (72% vs 82%). However, there were also barriers to accessing services and support they need, with 30% of respondents stated they needed a treatment/ assessment for their mental health but did not receive one and 52% wanted more support.
- **Drug use:** Data shows that drug use amongst homeless people in Hounslow is comparable to the national average, with a high proportion of people being satisfied with the support they receive for their drug or alcohol problem (69% and 66%, respectively).
- **Primary care services:** Registration at a primary care service is high, with 88% registered with a GP and 21% at a specialist homeless healthcare service. However, dental registration is low with only 40% registered with a dentist.
- **Emergency health care services:** More than one third (36%) of respondents have used accident and emergency services in the last year and 23% have used ambulance services.
- **Preventative healthcare and well-being:** Most respondents reported their overall health to have improved (44%) over the last year but 29% reported no change to their health. The proportion of respondents who take prescription medication and the uptake of breast screening services are similar to those in the general population. However, there is low engagement with vaccinations, low uptake of cervical cancer screenings and poor nutrition.

2.6.10.7 Daytime population

Census 2021 shows an estimated working-age population of 126,961 in Hounslow, of which 89,443 live and work in Hounslow and 37,518 travel from another area to the borough for work. Given that Census 2021 was conducted during the pandemic, it's important to note that travel patterns may have been impacted by lockdown restrictions.

2.6.10.8 Gypsy and Traveller population

The Gypsy and Traveller population make up 0.1% of the total population in Hounslow. The highest rate of the Gypsy and Traveller population are based in Cranford, where they account for 0.4% the ward population.

There are two Traveller sites in Hounslow:

- The Hartlands, Church Road, Cranford, Hounslow, TW5 9RY.
- Station Estate Road, Feltham, TW14 9BQ.

Romany Gypsies and Irish Travellers are legally protected from discrimination and must be able to access mainstream council services if required.

2.6.10.9 Housebound populations

Social isolation, and in particular the number of people in Hounslow who are 'housebound', is difficult to assess accurately, but has been recognised as a significant concern in the elderly, affecting ability to access services and the need for home visiting.

The Projecting Older People Population Information (POPPI) system calculates the number of people over 65 who are estimated to be unable to manage at least one self-care activity on their own (activities include: having a bath or shower, dressing or undressing, getting up and down stairs, getting around indoors, getting to the toilet, getting in and out of bed), based on prevalence rates taken from a Health Survey for England in 2016. For Hounslow in 2025 this came to 10,636 residents (about 23% of over-65s) and is projected to be 15,021 by 2040. According to the Health Survey for England in 2021⁵⁸ the percentage of men (over 65) who cannot get out of the house was 1.3% and for women the percentage was 2.1%. Applying these findings to Hounslow, it is estimated that 224 men and 429 women cannot get out the house (total being 653) in 2025 (using GLA trend-based projections). However, it is important to note that Hounslow and England have different population characteristics, so the number is just a rough estimate. Furthermore, from the same Health Survey, it was found that 5.9% of males and 8.9% of females in England can get out of the house with some assistance. Applying this to Hounslow, the numbers are 1,016 men and 1,818 women in Hounslow in 2025.

Although there is no precise measure of the number of people who should be categorised as housebound in Hounslow, we can use proxy estimates based on numbers of elderly people who receive Attendance Allowance (AA) or Disability Living Allowance (DLA), and the range of illnesses and conditions that cause this need. Across the whole of Hounslow there were 3,890 AA claimants in February 2024 (all claimants of AA are aged 65 and over). The percentage of over-65s receiving AA was highest in the Hounslow Health (12.3%) and Great West Road (11.5%) localities, and lowest in Chiswick (406 recipients, 6.9% of those aged 65+) – based on the GLA housing-led projections for the year 2025.

According to the DLA data, the most common disabling conditions among pension-age Hounslow residents were musculoskeletal conditions including arthritis (48%); cardiovascular conditions (10%), psychiatric disorders (10%), neurological conditions (5%) and sensory impairment (5%). A literature review into the health of housebound elderly people picked out a similar set of findings.⁵⁹

⁵⁸ NHS England Digital. Health Survey for England, 2021 part 2. May 2023. [Accessed December 2024] <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2021-part-2>

⁵⁹ Qiu WQ, Dean M, Liu T et al. Physical and mental health of homebound older adults: an overlooked population. *Journal of the American Geriatrics Society* 2010; 58(12):2423-8. [Accessed December 2024] <https://doi.org/10.1111/j.1532-5415.2010.03161.x>

A smaller subset of patients who are presumed housebound can be estimated by the number of care home residents. In 2025, it is estimated there are 685 over-65s registered as living in a care home with or without nursing in Hounslow⁶⁰.

2.7 Deprivation

The Index of Multiple Deprivation (IMD) is a relative measure of deprivation produced by the Department for Communities and Local Government. It is a combined measure of deprivation in the domains of income, employment, health and disability, education, skills and training, barriers to housing and services, crime and living environment.

Based on this measure, in 2019 Hounslow was the 122nd most deprived borough nationally (out of 317 local authorities).

Table 11: Index of Deprivation Score, 2019

Indicator	Hounslow (lower-tier local authority)	England
IMD 2019 score	21.5	19.6

Source: IMD 2019.

The English Indices of Deprivation 2019⁶¹ consist of three separate but related indices: IMD 2019; Income Deprivation Affecting Children Index (IDACI) and Income Deprivation Affecting Older People Index (IDAOPI). The first of these, IMD 2019, is complex and combines data on a range of topics into a single measure. The other two are supplementary indices and are concerned solely with people from the relevant groups in low-income households.

In IMD 2015, Hounslow was ranked the 112th most deprived borough nationally (out of 326 boroughs). The higher the placing, the greater the level of deprivation. Hounslow had a slightly higher score than the average for England which means that Hounslow was slightly more deprived than England.

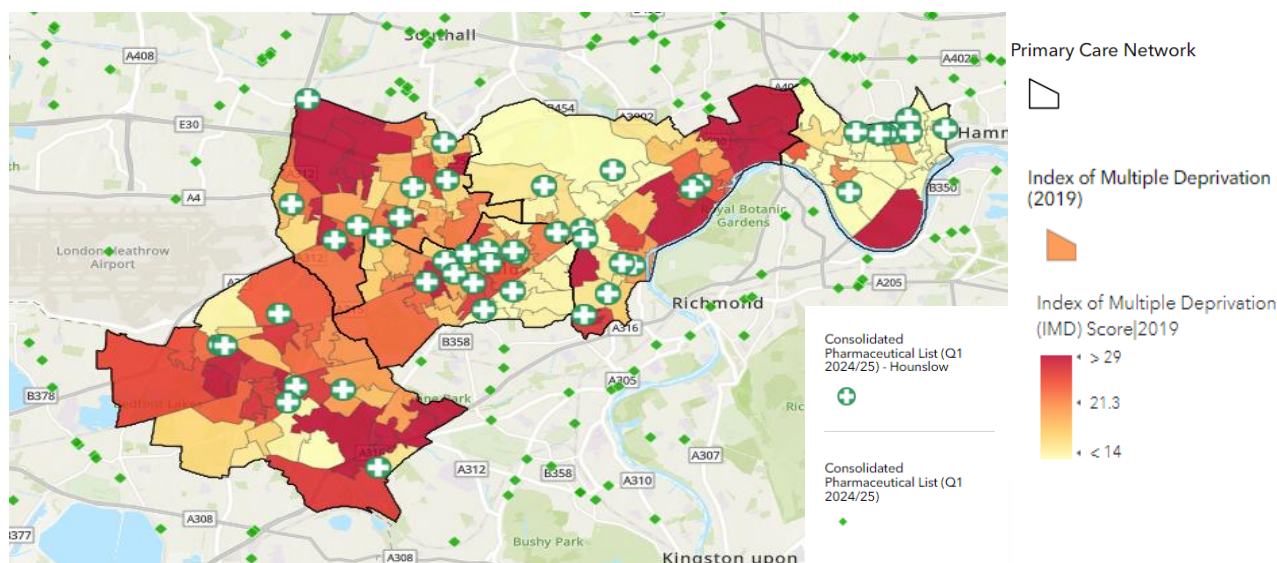
Hounslow originally contained 142 Lower Layer Super Output Areas (LSOAs) according to the IMD 2019 data. However, the number of LSOAs has since increased to 150, but the IMD data has not been updated since 2019, meaning the current 150 LSOAs are not reflected in the latest available IMD data.

⁶⁰ Institute of Public Care. POPPI news. [Accessed December 2024]

<https://www.poppi.org.uk/index.php?pageNo=326&arealD=8640&loc=8640>

⁶¹ Ministry of Housing, Communities and Local Government (2018 to 2021). English indices of deprivation 2019. [Accessed December 2024] www.gov.uk/government/statistics/english-indices-of-deprivation-2019

Figure 24: LSOA scores relative to England



Source: IMD 2019.

Only one LSOA has an IMD score that ranks it in the 10% most deprived areas in England. A further 11 LSOAs have IMD scores that rank them in the 20% most deprived. The most deprived LSOA in Hounslow is located in Isleworth (020E) and the least deprived in Chiswick Homefields (007A). Twelve LSOAs have crime domain scores that place them in the 10% of the most deprived in England. The LSOA with the highest ranking is in Heston West (010D) and the LSOA with the lowest ranking is in Turnham Green (029B).

Sixty LSOAs have barriers to housing and services domain rankings that place them in the 10% most deprived in England. The LSOA with the highest ranking is in Cranford (013C) and the LSOA with the lowest ranking is in Chiswick Riverside (007D).

In 2022-23, 15.4% of children aged under 16 in Hounslow were living in poverty. This compares with 15.8% in London and 19.8% in England. This equates to 9,192 children and represents a better position when compared with the averages for both London and England. It is also a trend that has been decreasing and getting better⁶².

The IDACI measures the proportion of all children aged 0–15 living in income-deprived families. It is a subset of the Income Deprivation Domain, which measures the proportion of the population in an area experiencing deprivation relating to low income.

The definition of low income used includes both those people who are out of work and those who are in work but who have low earnings (and who satisfy the respective means tests). Hounslow is ranked 118th out of 317 local authorities.

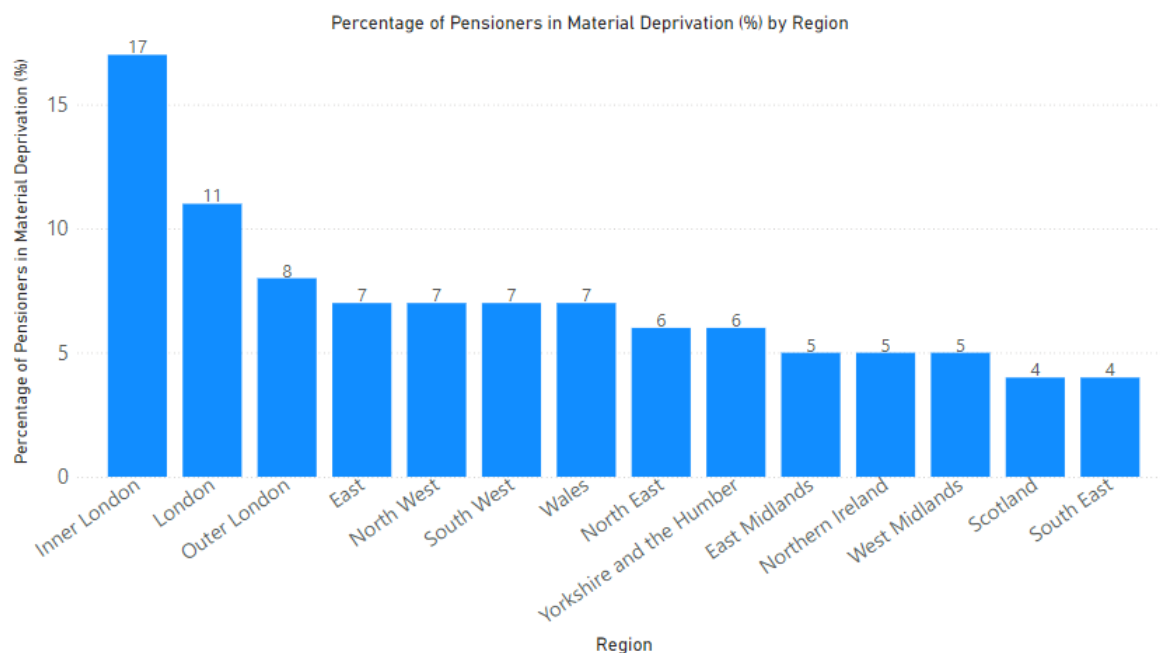
⁶² DHSC. Fingertips. Children in relative low income families (under 16s). [Accessed December 2024] <https://fingertips.phe.org.uk/public-health-outcomes-framework#page/4/gid/1000041/pat/6/par/E12000007/ati/502/are/E09000018/iid/93700/age/169/sex/4/cat/-1/ctp/-1/vrr/1/cid/4/tbm/1/page-options/car-do-0>

Seven LSOAs have IDACI rankings that place them in the 10% most deprived in England. The LSOA with the highest ranking is in Isleworth (020E) and the LSOA with the lowest ranking is in Hounslow South (019C).

Twenty-four percent of older Londoners (aged 50 and over) live in poverty, compared to 19% in the rest of England. Although poverty rates have fallen for most age groups in London, poverty among older people has risen from 19% a decade ago to 24% in 2021-22. Forty-six percent of older Londoners in social housing are living in poverty. The proportion of pensioners living below the Minimum Income Standard has dropped from 38% in 2019-20 to 31% in 2021-22, now equal to the rate in the rest of England. The gap between poverty rates for pensioner couples and single pensioners has nearly doubled in the past decade, especially after housing costs are considered⁶³.

Figure 25 highlights that London has significantly higher levels of material deprivation among pensioners compared to other regions, with 11% of pensioners affected. Inner London stands out in particular, with a rate more than double that of any other region outside London, at 20%⁶⁴.

Figure 25: Material deprivation levels among people of pensionable age by region (three-year average), 2019-22



Source: Ministry of Housing, Communities and Local Government. English indices of deprivation 2019.

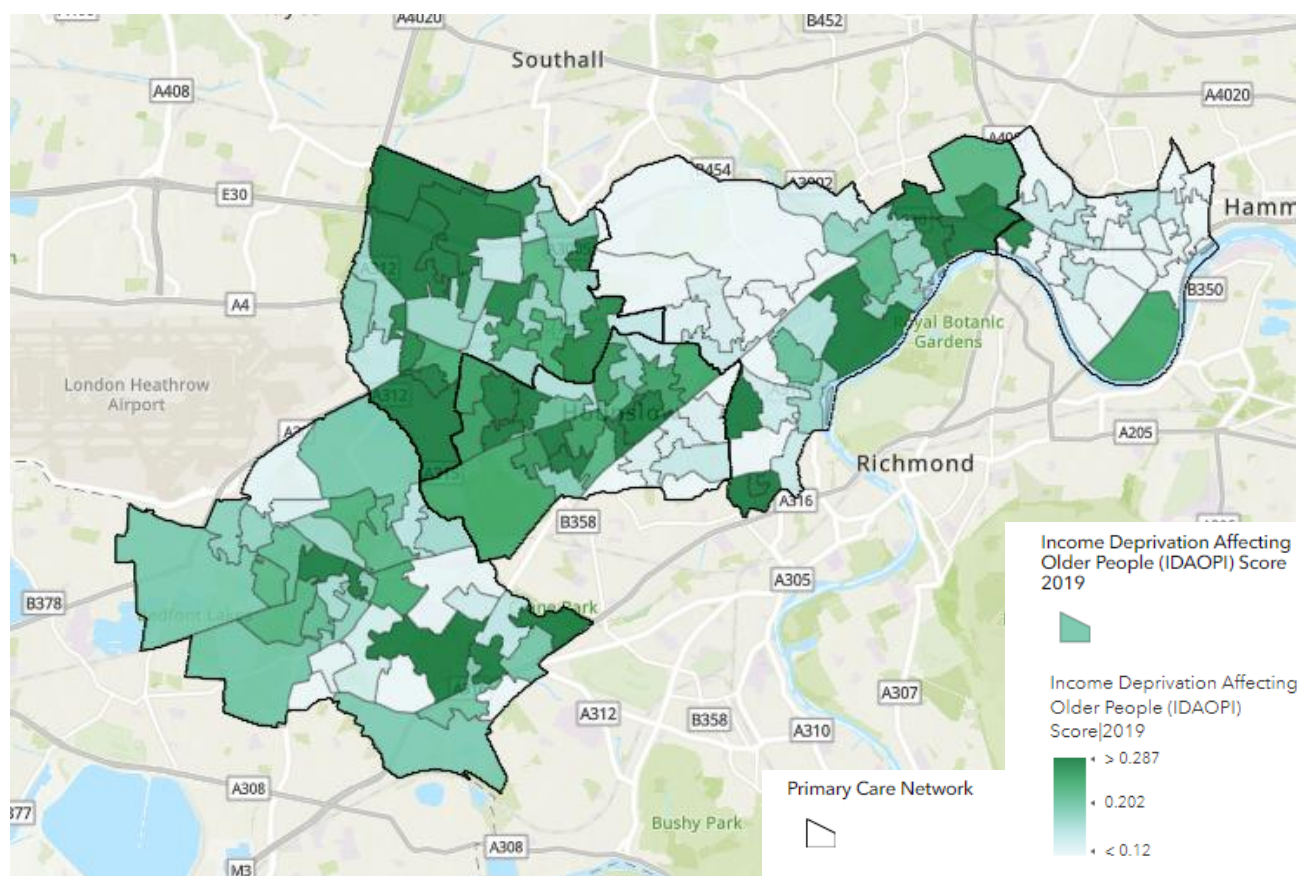
The IDAOPI measures the proportion of all those aged 60 or over who experience income deprivation.

⁶³ Age UK London. Poverty amongst older Londoners. October 2023. [Accessed December 2024]
https://www.ageuk.org.uk/bp-assets/globalassets/london/campaigns/poverty-2023/ageuk_london_poverty_2023_final.pdf

⁶⁴ Greater London Authority. Poverty in London 2021-22. 27 March 2023. [Accessed December 2024]
<https://data.london.gov.uk/blog/poverty-in-london-2021-22/>

Hounslow is ranked 44th out of 326 local authority districts. The LSOA with the highest ranking (higher levels of income deprivation amongst older people) is in Hounslow Heath (017B) and the LSOA with the lowest ranking is in Chiswick Homefields (007A).

Figure 26: Income Deprivation Affecting Older People Index (IDAOPI) in Hounslow (2019)



Source: Ministry of Housing, Communities and Local Government. English indices of deprivation 2019.

2.7.1 Ethnic Group Deprivation Index (EGDI)⁶⁵

The Ethnic Group Deprivation Index provides additional insight into areas that require targeted support to reduce disparities between ethnicities within the borough. This index combines data on income, employment, education, health and housing to illustrate disparities in deprivation levels. It allows us to identify ethnic groups more vulnerable to socio-economic challenges by LSOA and ward level. Previously, deprivation did not consider ethnicity and measured all people within an area. This misses disparity between ethnic groups with the same geography.

Key findings:

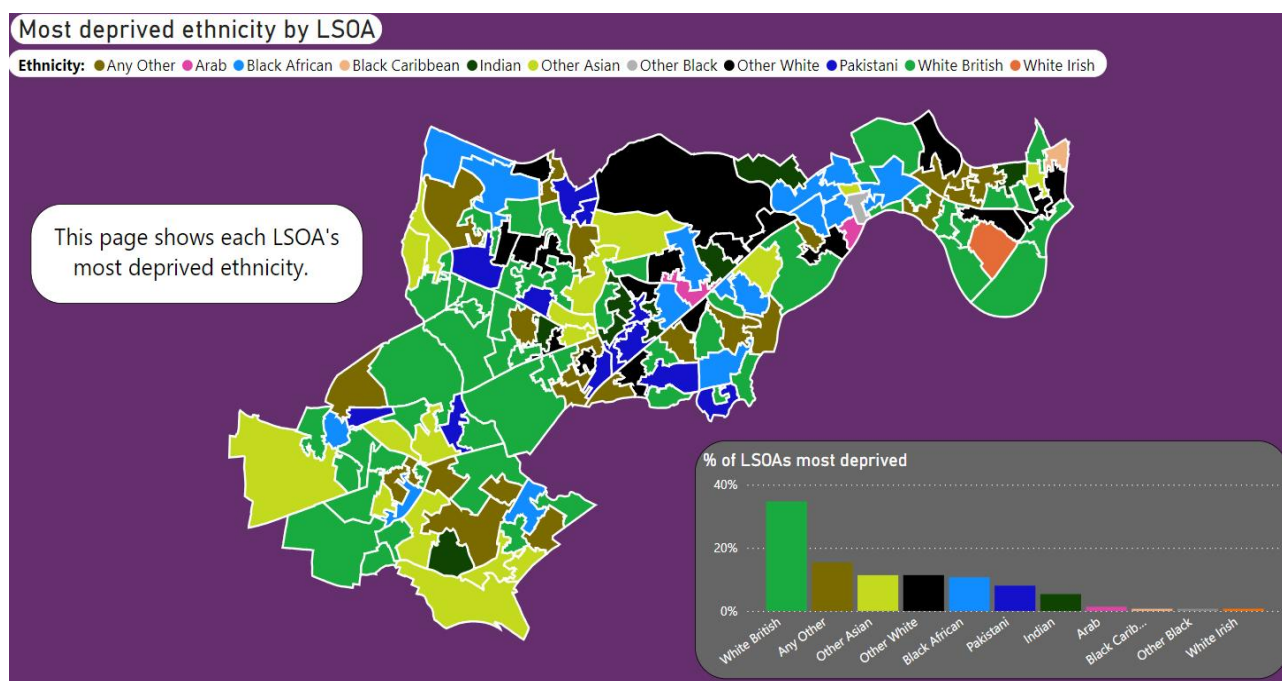
- White British ethnicity:
 - The White British group, making up 28% of Hounslow's population, is the most deprived ethnicity in 35% of the LSOAs, particularly in Feltham, Cranford, and Chiswick.

⁶⁵ London Borough of Hounslow. Ethnic Group Deprivation Index. [Accessed December 2024] <https://stats.hounslow.gov.uk/ethnic-group-deprivation-index/>

- They rank the highest across most deprivation domains, particularly employment, while housing shows the least deprivation.
- Indian ethnicity:
 - Indian residents comprise 21% of the population but only 5.3% of the most deprived ethnicities within LSOAs, indicating a lower overall deprivation level.
 - They are less deprived across education and health but face moderate challenges in housing.

Figure 27 shows the ethnicities with the highest levels of deprivation at the LSOA level.

Figure 27: Most deprived ethnicity by LSOA



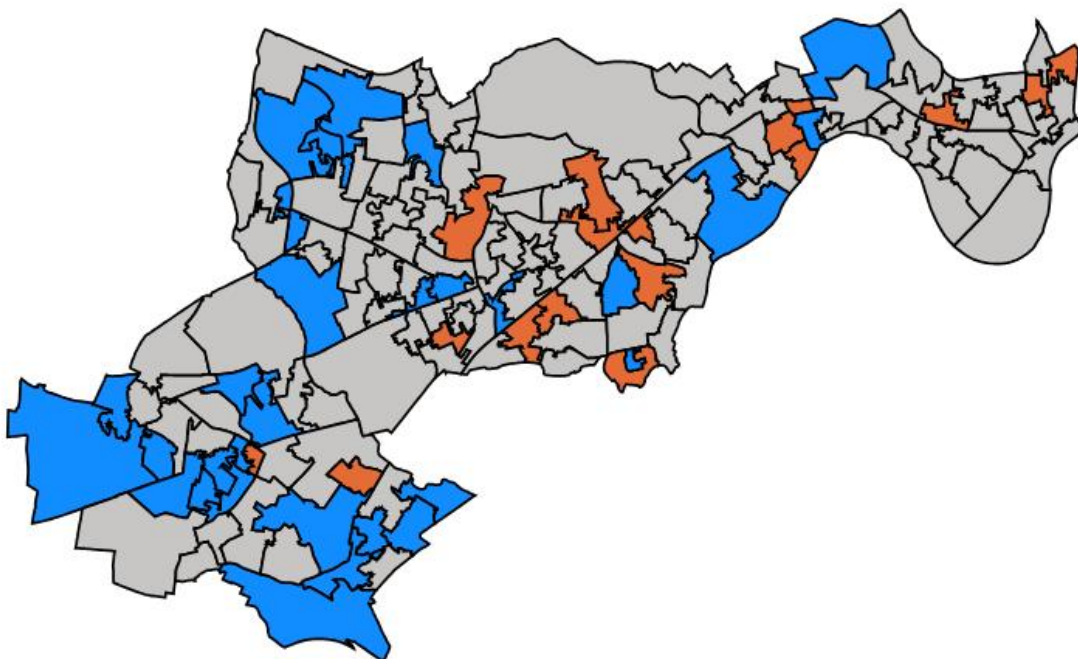
Source: Hounslow EGDl.

2.7.2 Equal opportunity areas

The council has identified 30 areas within the borough that need extra support using the latest data on deprivation, taking together IMD 2019, Census 2021 data on multiple deprivation, and a Community Needs Index to capture civic engagement. These neighbourhoods are assessed to need more support as they are more disadvantaged and therefore need targeted help to improve. The Ethnic Group Deprivation Index (EGDI) identified areas with high disparities in deprivation among ethnic groups, but these do not overlap with the council's initial equal opportunity areas. Therefore, EGDI provides additional insight into areas that require targeted support.

Figure 28: Map of Equal opportunity areas vs Ethnic Group Deprivation Index (EGDI)

Source: ● EGDI Areas ● Equal Opportunity Areas



Source: Hounslow EGDI.

2.8 Causes of ill health

There were 2,118 premature deaths in Hounslow in the period 2020-22. This is represented as 349.1 deaths per 100,000 population for this time. Nationally, this ranks Hounslow 84th out of 151 local authorities. The top five causes of premature mortality in Hounslow are cancer, cardiovascular disease, respiratory disease, liver disease and severe mental illness.⁶⁶ In Hounslow, the under-75 mortality rate from preventable causes is higher than the national average in England. Additionally, both the under-75 mortality rates due to COVID-19 and the mortality rate from stroke are worse in Hounslow when compared with England.

Hounslow's under-75 Standardised Mortality Rate (SMR) is lower than the national average, with an SMR of 95.9 compared to 100⁶⁷. The ward with the highest premature mortality rate is Feltham North (133.4 SMR), followed by Syon (127.1 SMR). The lowest under-75 mortality rate is in Osterley and Spring Grove (63.1 SMR), followed by Turnham Green (66.2 SMR).

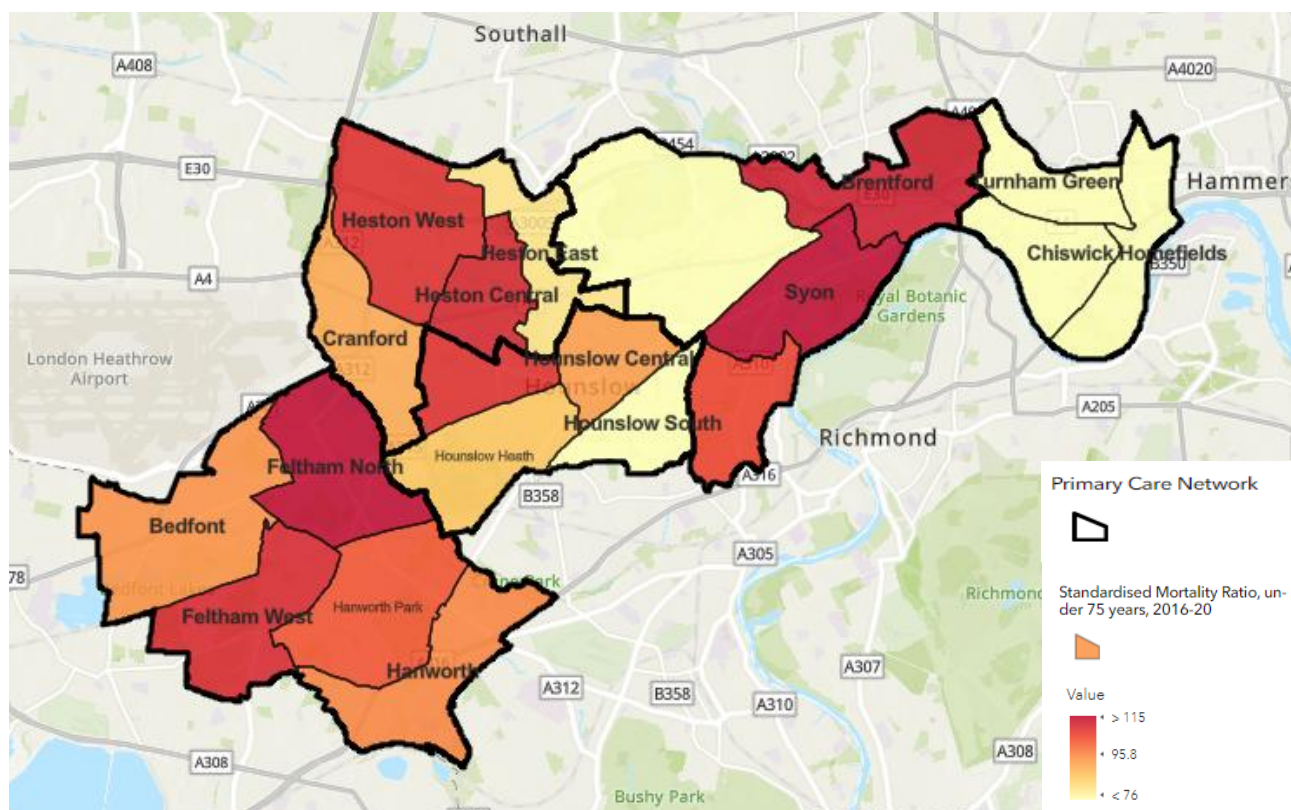
⁶⁶ DHSC. Fingertips: Mortality Profile, Hounslow. [Accessed December 2024]

<https://fingertips.phe.org.uk/search/premature%20mortality#page/1/gid/1/pat/15/ati/502/are/E09000018/iid/93581/age/18/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1>

⁶⁷ DSHC. Fingertips. [Accessed December 2024]

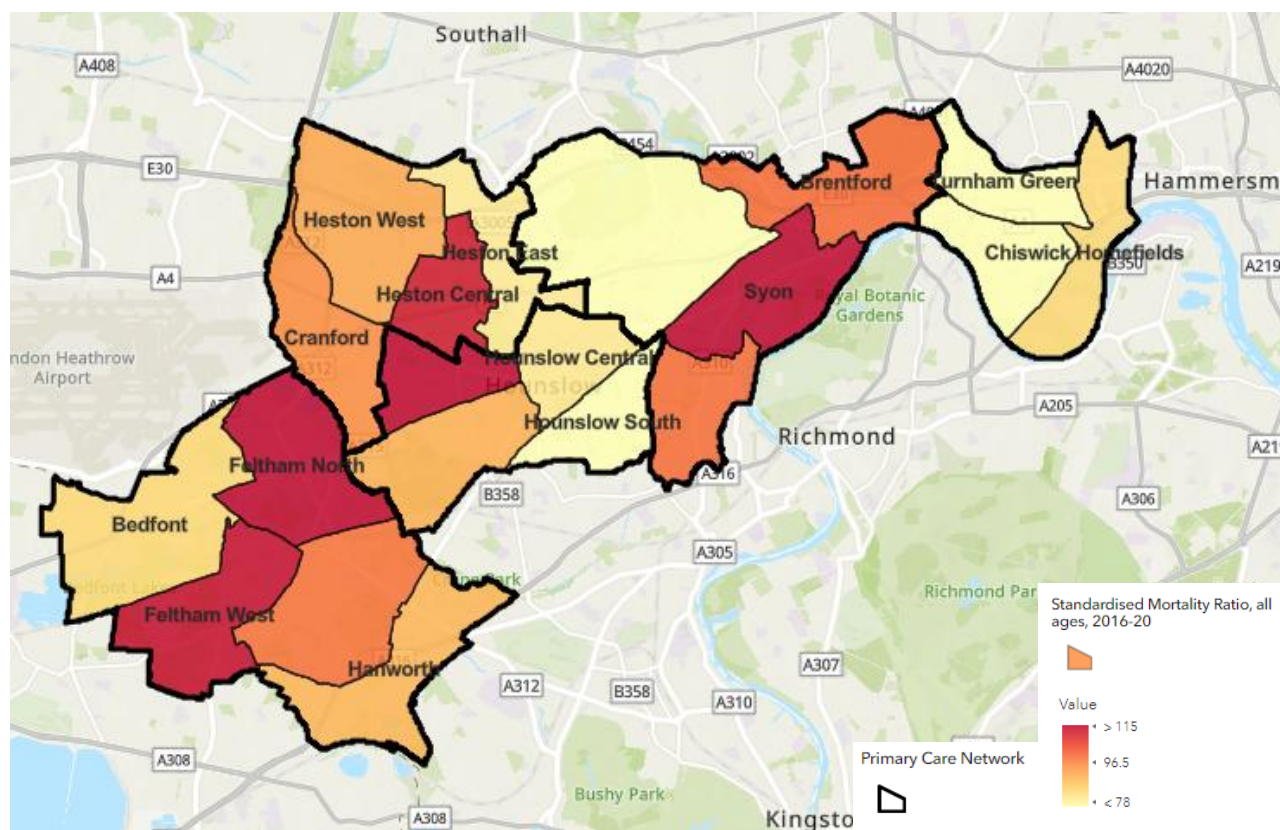
<https://fingertips.phe.org.uk/search/mortality#page/1/gid/1/pat/302/ati/8/are/E05013610/iid/93250/age/1/sex/4/cat/-1/ctp/-1/yr/5/cid/4/tbm/1>

Figure 29: Under-75, all-cause mortality by ward, Standardised Mortality Ratio (SMR), 2016-20



Source: DHSC. Public Health Outcomes Framework.

Figure 30: All-age, all-cause mortality by ward, SMR, 2016-20



Source: DHSC. Public Health Outcomes Framework.

When considering all ages and causes of death combined, Hounslow's Standardised Mortality Ratio (SMR) is 96.4, below the England average of 100. Mortality rates align with trends in premature mortality, with the highest rates in Feltham North (SMR 135.4) and Syon (SMR 134.9) and the lowest in Turnham Green (SMR 71.2).

Table 12: Disease prevalence (percentage of population and number) by PCN, Hounslow, London and England

Condition	Brentworth	Chiswick	Feltham and Bedfont	Great West Road	Hounslow Health	Hounslow (all PCNs)	England	London
Diabetes (17+) (%)	7.57%	4.67%	9.70%	10.89%	10.80%	9.32%	7.66%	7.03%
Diabetes (17+) (n)	3,754	1,400	6,167	6,172	8,339	25,832	-	-
New diagnosis of Depression (18+) (%)	0.78%	0.61%	0.94%	0.69%	0.72%	0.76%	1.48%	1.25%
New diagnosis of Depression (18+) (n)	379	181	590	384	548	2,082	-	-
CHD (%)	2.38%	2.00%	2.13%	2.45%	2.46%	2.32%	2.97%	1.86%
CHD (n)	1,465	715	1,714	1,732	2,364	7,990	-	-
Stroke or TIA (%)	1.35%	1.38%	1.20%	1.06%	1.14%	1.20%	1.86%	1.11%
Stroke or TIA (n)	832	495	965	746	1,098	4,136	-	-
Hypertension (%)	12.31%	10.98%	12.53%	11.88%	13.63%	12.50%	14.79%	11.07%
Hypertension (n)	7,567	3,935	10,091	8,383	13,074	43,050	-	-
Asthma (%)	5.32%	4.34%	4.65%	4.58%	4.43%	4.66%	6.53%	4.73%
Asthma (n)	3,076	1,485	3,499	3,021	3,992	15,073	-	-
COPD (%)	1.23%	1.01%	1.34%	0.68%	0.71%	0.98%	1.86%	1.02%
COPD (n)	755	384	1,079	480	686	3,384	-	-

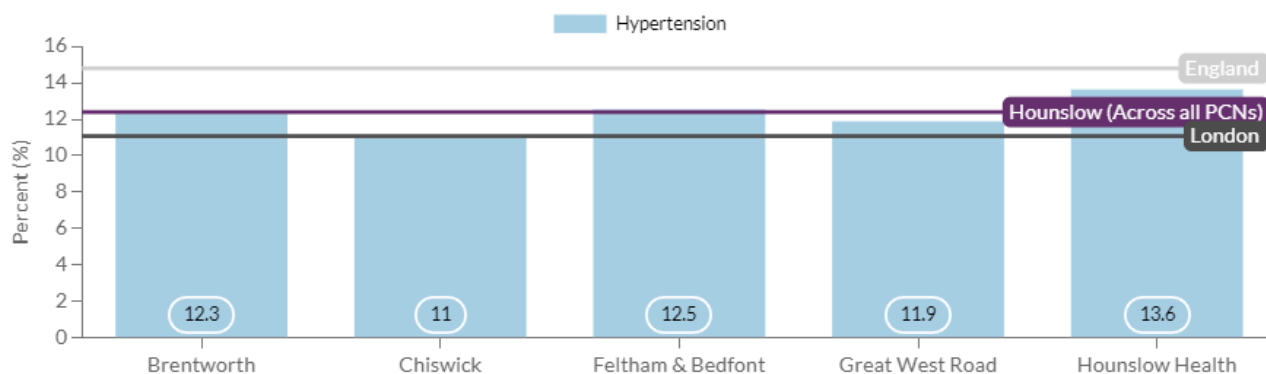
Condition	Brentworth	Chiswick	Feltham and Bedfont	Great West Road	Hounslow Health	Hounslow (all PCNs)	England	London
Cancer (%)	2.55%	3.82%	2.03%	1.46%	1.75%	2.12%	3.64%	2.49%
Cancer (n)	1,569	1,370	1,634	1,030	1,682	7,285	-	-
Obesity (%)	12.62%	6.82%	13.08%	14.70%	15.38%	13.29%	12.80%	11.22%
Obesity (n)	6,167	2,019	8,181	8,213	11,706	36,286	-	-
Palliative care (%)	1.11%	1.01%	0.35%	0.26%	0.29%	0.52%	0.55%	0.36%
Palliative care (n)	684	363	281	183	279	1790	-	-
Serious mental illness (%)	1.12%	0.99%	0.83%	0.90%	0.91%	0.94%	0.96%	1.11%
Serious mental illness (n)	686	355	671	636	874	3,222	-	-
Dementia (%)	0.61%	0.52%	0.50%	0.37%	0.45%	0.48%	0.76%	0.48%
Dementia (n)	374	187	401	261	434	1,657	-	-

Source: QOF 2023-24.

2.8.1 Hypertension

The prevalence of Hounslow GP-recorded hypertension (QOF, all ages) in 2023-24 was 12.50%, less than the overall level for England (14.79%). The highest levels were found in Hounslow Health (13.63% of the population) and the lowest in Chiswick (10.98%).

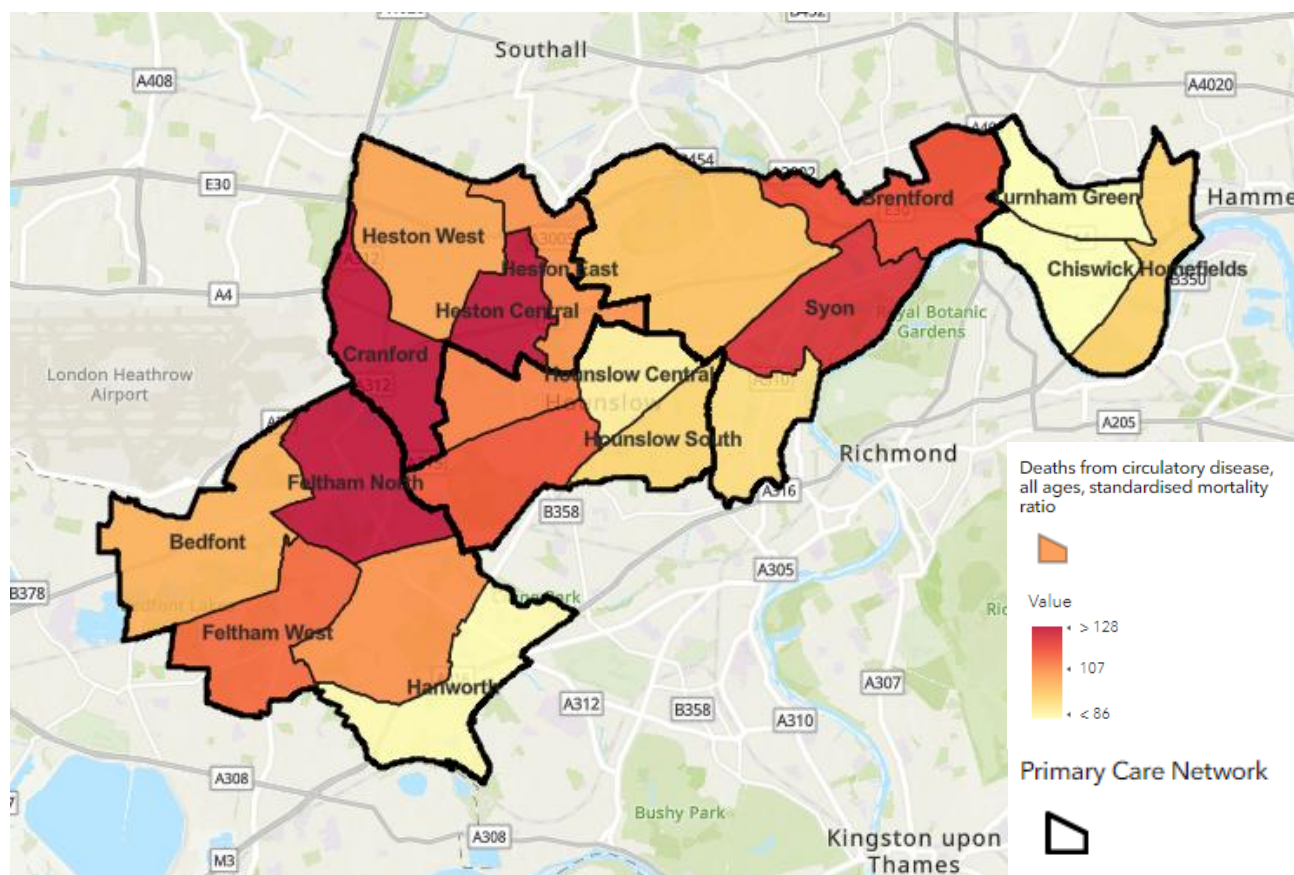
Figure 31: Prevalence of GP-recorded hypertension, 2023-24 (QOF)



Source: QOF 2023-24.

2.8.2 Cardiovascular Disease (CVD)

Figure 32: Circulatory mortality by ward (all ages, SMR), 2016-19



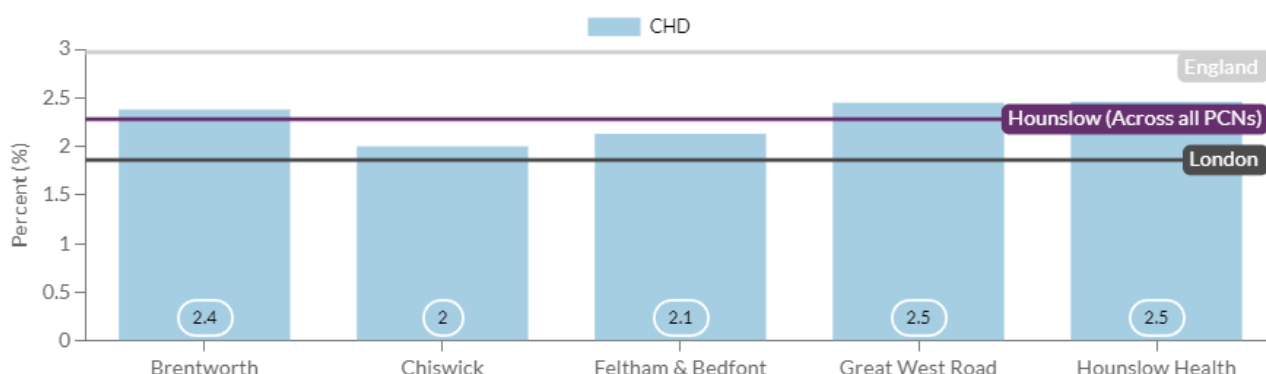
Source: DHSC. Public Health Outcomes Framework.

Most wards in Hounslow have higher rates of death from Cardiovascular Disease (CVD) than the England average. Hounslow's SMR is 106.6, and only eight wards have an SMR of under the England average of 100. Feltham North has a particularly high rate at 161.6.

2.8.3 Coronary Heart Disease (CHD)

In 2023-24, the highest levels of recorded Coronary Heart Disease (CHD) were in Hounslow Health (2.46%) and Great West Road PCN (2.45%). The overall Hounslow CHD prevalence (as recorded by GPs) was 2.32%, lower than the overall England level of 2.97%.

Figure 33: Prevalence of CHD in Hounslow PCNs

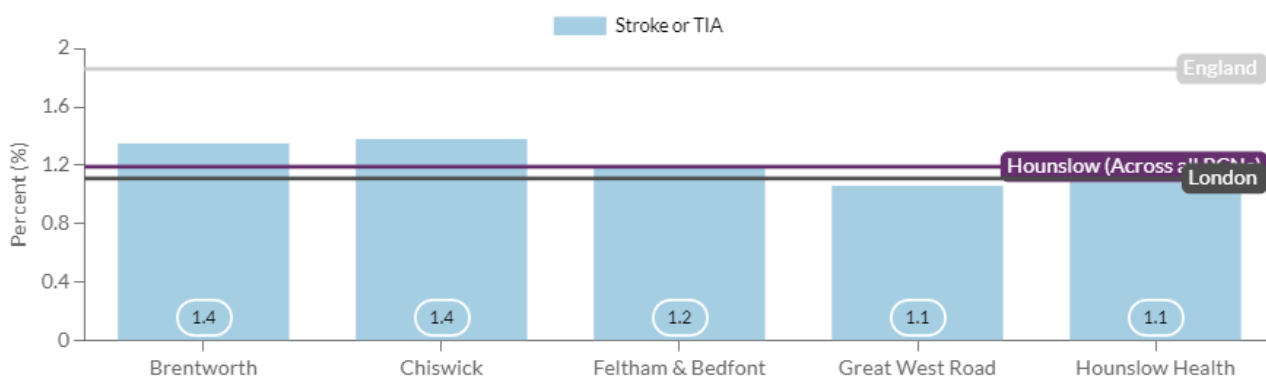


Source: QOF 2023-24.

2.8.4 Strokes and Transient Ischaemic Attacks (TIA)

The prevalence of strokes and Transient Ischaemic Attacks (TIA), also known as 'ministrokes', is relatively consistent across the borough and below the national average. In 2023-24, QOF data for all age prevalence for Hounslow was 1.20% compared with England (1.86%) and London (1.11%). The highest levels were found in the Chiswick PCN (1.38%) and the lowest in Great West Road PCN (1.06%).

Figure 34: Prevalence of stroke and TIA in Hounslow



Source: QOF 2023-24.

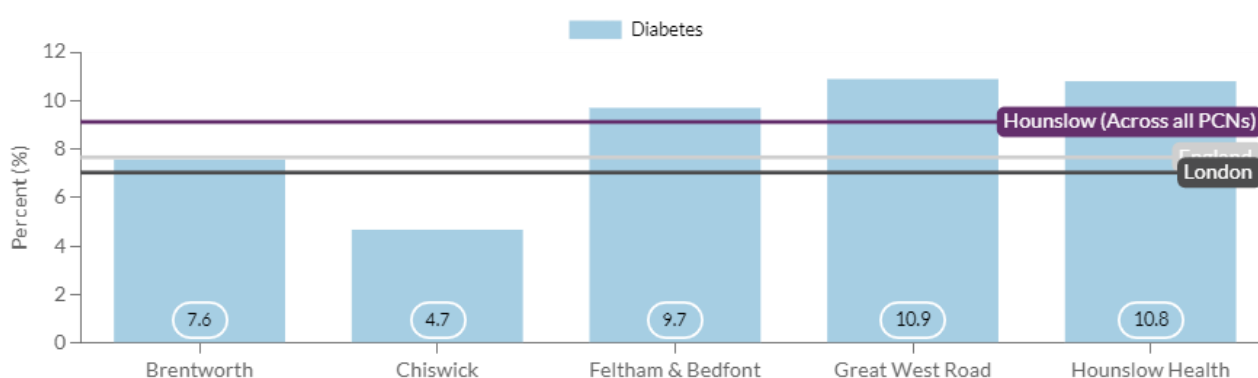
2.8.5 Diabetes

Diabetes GP practice Quality and Outcomes Framework (QOF) recorded prevalence for people aged 17+ years in Hounslow was 9.32% (25,832 people) in 2023-24, which is higher than the average prevalence rate for England (7.66%) and London (7.03%).

The highest rates of GP-recorded diabetes are in the Hounslow Health and Great West Road PCNs. The lowest rate is in Chiswick, where recorded levels are less than half that of the highest recorded levels in the borough.

It is important to note that Figure 35 shows the prevalence of diabetes as recorded by GPs, which is likely to be lower than the true prevalence (as not all cases have yet been diagnosed).

Figure 35: Diabetes prevalence GP-recorded data



Source: QOF 2023-24.

2.8.6 Respiratory disease

Asthma and Chronic Obstructive Pulmonary Disease (COPD) are two of the main respiratory disease conditions affecting the population in Hounslow. Tuberculosis (TB) is another important respiratory condition, affecting fewer people in the borough than asthma and COPD, but at levels significantly higher than England as a whole⁶⁸. As of 2023, Hounslow has the 12th lowest under-75 mortality rate from respiratory diseases in London and has the sixth lowest under-75 mortality rate from respiratory diseases considered preventable (2021-23)⁶⁹.

⁶⁸ DHSC. Fingertips. TB Incidence. [Accessed December 2024]

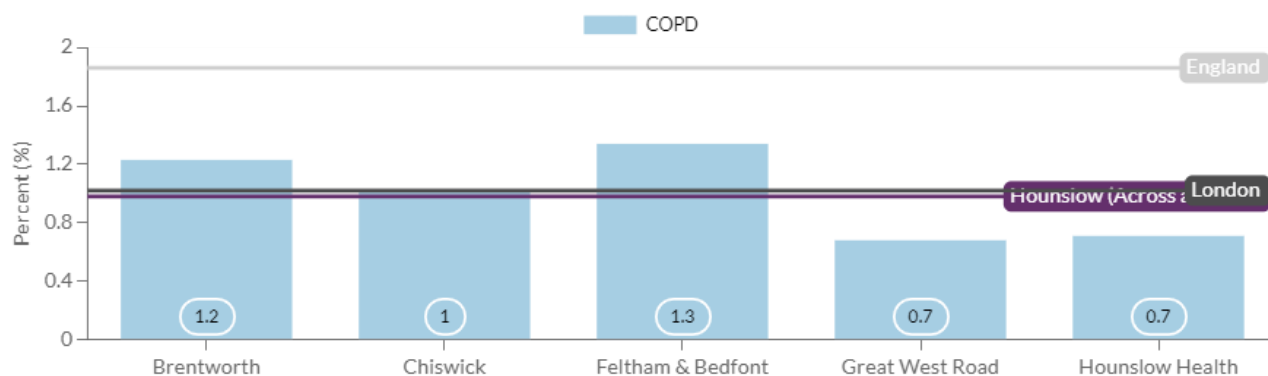
<https://fingertips.phe.org.uk/search/TB%20INCIDENCE#page/4/gid/1/pat/15/ati/502/are/E09000018/iid/9136/1/age/1/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1>

⁶⁹ DHSC. Fingertips. Respiratory conditions. [Accessed December 2024]

<https://fingertips.phe.org.uk/search/UNDER%2075%20RESPIRATORY#page/3/gid/8000003/pat/6/par/E12000007/ati/502/are/E09000018/iid/40701/age/163/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

- COPD: COPD is closely linked to smoking (although there is a time delay between onset of COPD and initiation of smoking). National estimates suggest that many cases of COPD remain undiagnosed, so the true level of COPD in Hounslow may be higher than that currently recorded⁷⁰. In 2023-24, 0.98% of the GP-registered population in Hounslow had COPD, which is lower than the England average (1.86%) and London (1.02%). The highest levels of COPD were found in Feltham and Bedfont PCN (1.34%) and the lowest in Great West Road (0.68%).

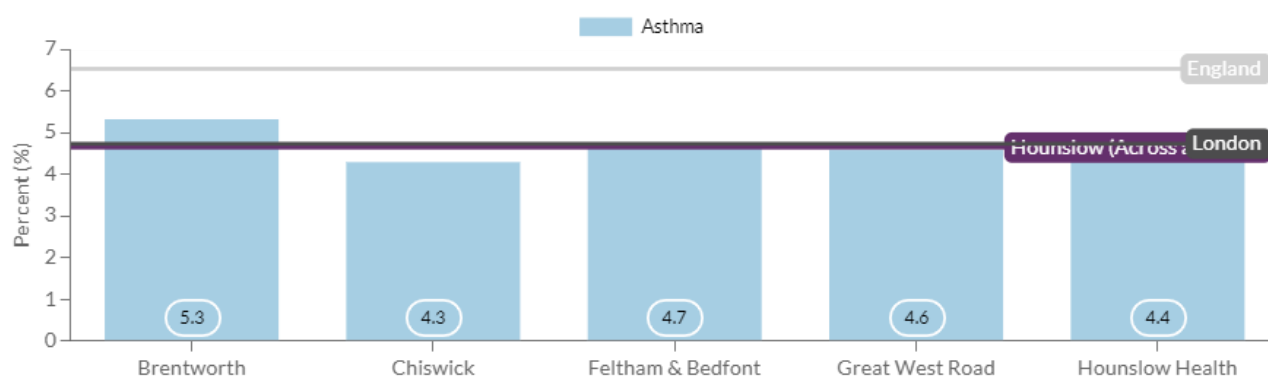
Figure 36: COPD prevalence GP-recorded data



Source: QOF 2023-24.

- Asthma: Hospital admissions for asthma (patients under 19 years old) in Hounslow is similar (106.8) compared with England (122.2 per 100,000). In 2023-24, 4.66% of the GP-registered population in Hounslow had asthma, which is lower than the England average (6.53%) and London (4.73%). The highest levels of asthma were found in Brentworth PCN (5.32%) and the lowest in Chiswick (4.34%).

Figure 37: Asthma prevalence GP recorded-data



Source: QOF 2023-24.

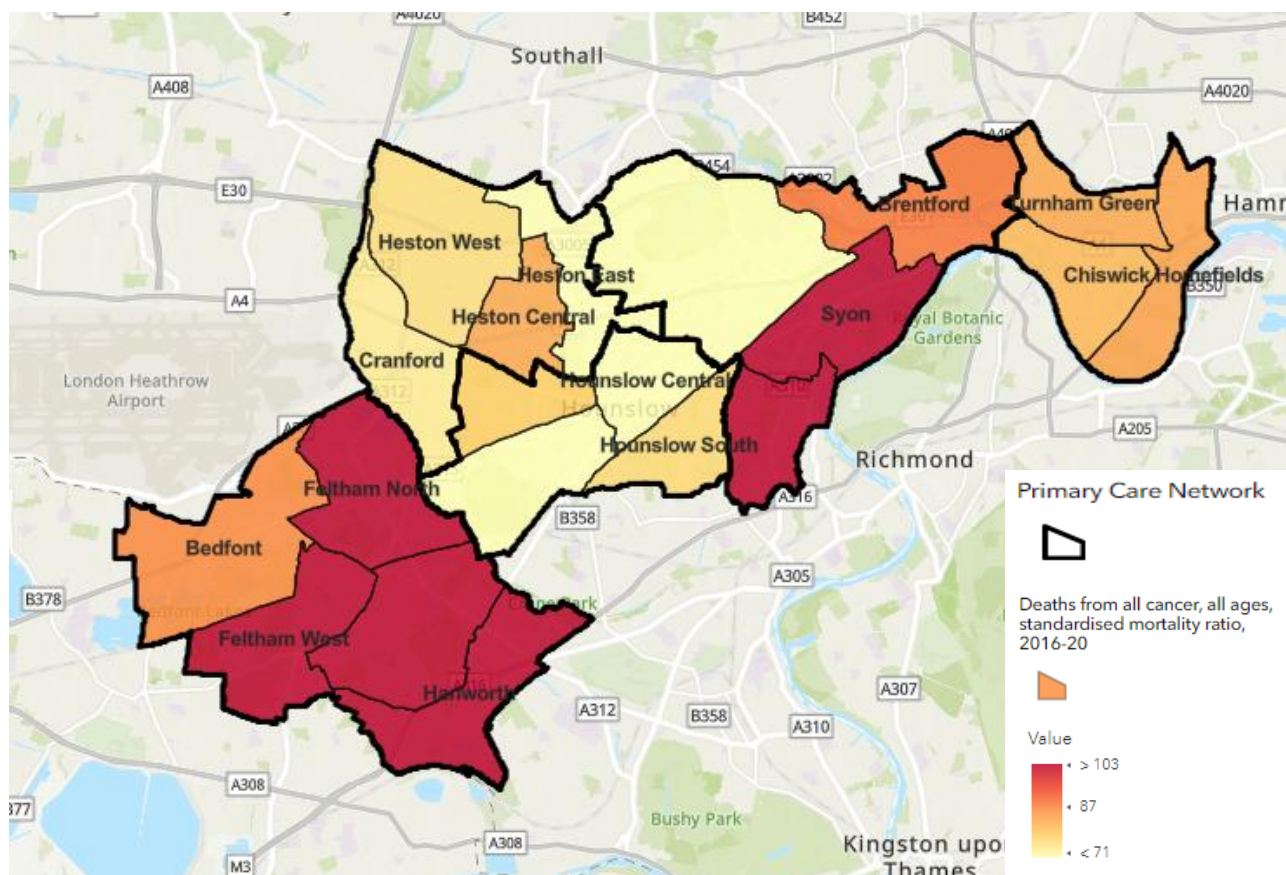
⁷⁰ National Institute for Health and Care Excellence (NICE). COPD. [Accessed December 2024] <https://cks.nice.org.uk/topics/chronic-obstructive-pulmonary-disease/background-information/prevalence-incidence/#:~:text=In%20the%20UK,%20COPD%20has%20been%20reported%20as:%20Affecting%20around>

- Tuberculosis: TB incidence (three-year average) in Hounslow was 29.6 cases per 100,000 for the period 2020-22. This was a much higher incidence than London as a whole (17.3 cases per 100,000) and England (7.6 cases per 100,000) over the same time period. Hounslow is ranked fifth highest in London for TB incidence.

2.8.7 Cancers

Hounslow is ranked 129th out of 151 local authorities for under-75 mortality rate from cancer, with 107.1 deaths per 100,000 in 2020-22. During this period, Hounslow's directly standardised rate for all cancer deaths under-75 years was 107.1, significantly better than the England average of 123.2.

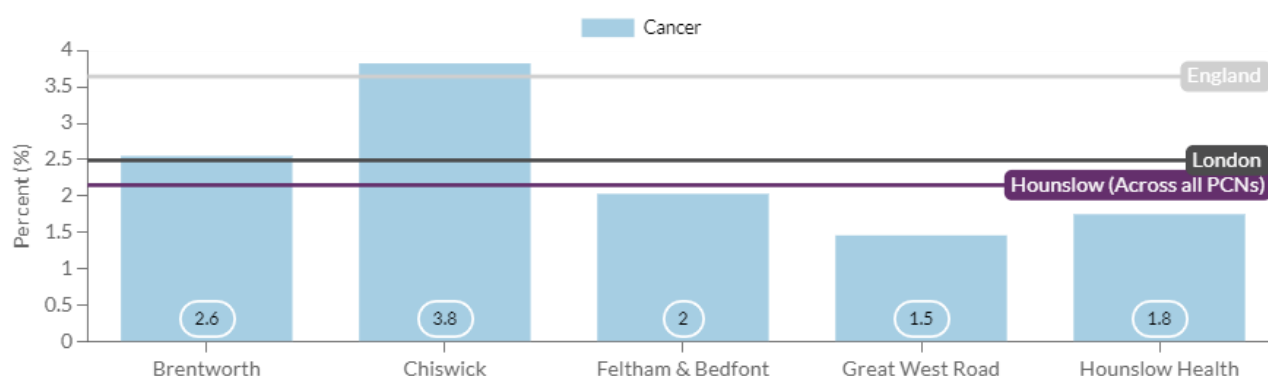
Figure 38: Cancer mortality by ward (all ages, SMR) 2016-20



Source: DHSC. Public Health Outcomes Framework.

Between 2016-20, several wards had a notably higher age-adjusted cancer mortality rate for all cancer deaths compared to the England average, including Feltham North (118 SMR), Syon (113 SMR), Feltham West (110 SMR), Isleworth (106 SMR), Hanworth Park (105 SMR) and Hanworth (104 SMR). Hounslow Heath (63 SMR) and Hounslow Central (67 SMR) had the lowest cancer mortality rates in Hounslow.

Figure 39: Cancer prevalence in Hounslow



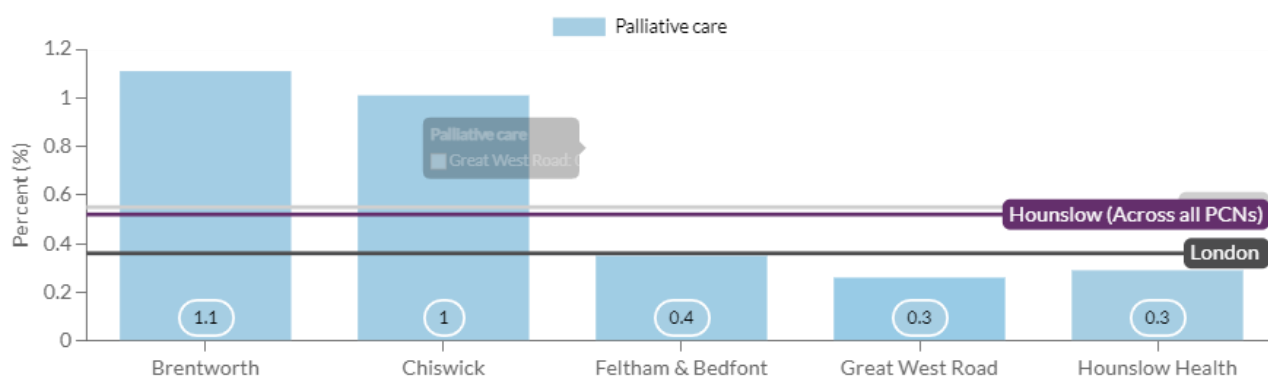
Source: QOF 2023-24.

The highest prevalence of GP-recorded cancer patients is in Chiswick (3.82%). The lowest cancer prevalence is in Great West Road (1.46%). In 2023-24, 2.12% of the GP-registered population in Hounslow have cancer, which is lower than the England average (3.64%) but similar to London (2.49%).

2.8.8 Palliative care

In 2020-21, 0.2% of patients were registered by GPs as receiving palliative care. The highest levels were in Brentworth PCN (1.11%) and the lowest levels in Great West Road (0.26%). Overall, 0.52% of registered patients in Hounslow were receiving palliative care in 2023-24 compared with an England level of 0.55%.

Figure 40: Palliative care by locality

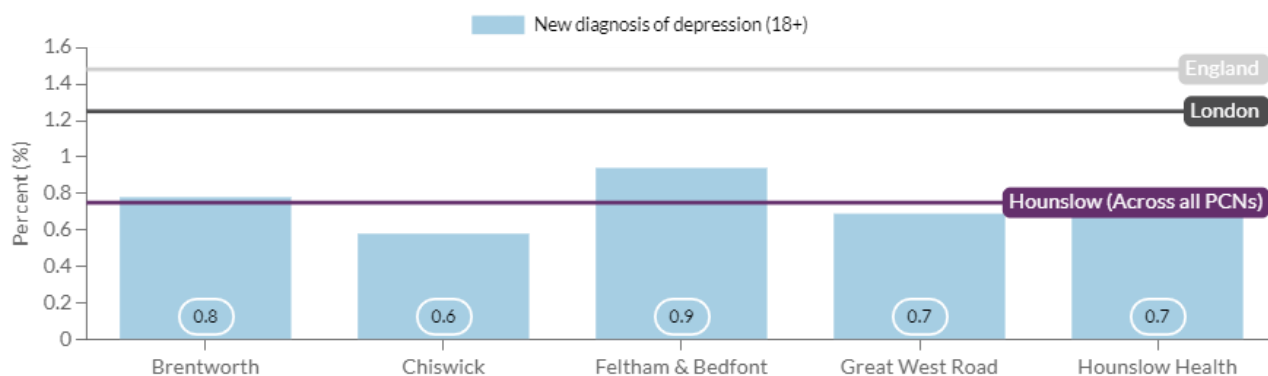


Source: QOF 2023-24.

2.8.9 Mental health

- Depression:⁷¹ In 2023-24, 0.76% of the GP registered population in Hounslow were newly diagnosed with depression which is lower than the England (1.48%) and London (1.25%) rates. The lowest levels for newly diagnosed rates of depression are recorded in the Chiswick PCN (0.61%) and the highest in Feltham and Bedfont PCN (0.94%).

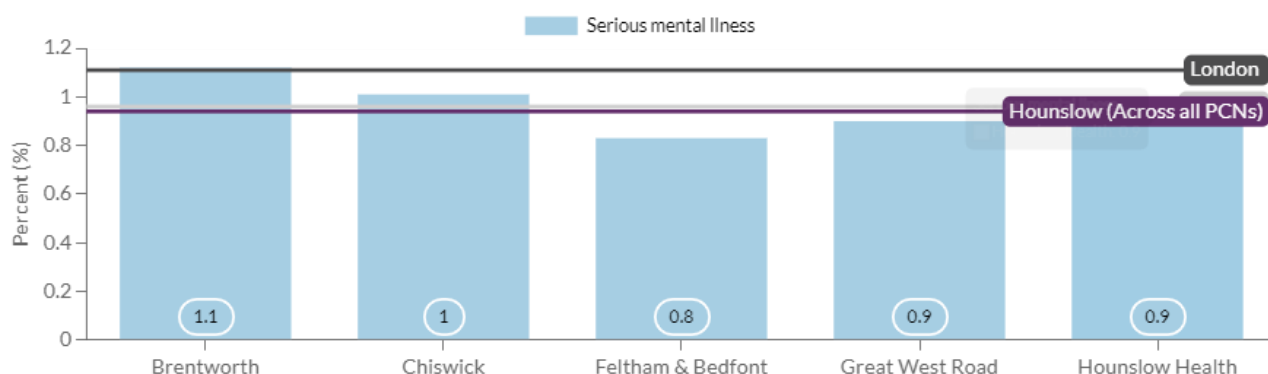
Figure 41: Percentage of patients newly diagnosed with depression 1 April 2023 to 31 March 2024 GP-recorded data



Source: QOF 2023-24.

- Serious mental illness: 0.94% of people in Hounslow were recorded by their GP as having 'severe mental illness' (people with schizophrenia, bipolar disorder and other psychoses) in 2023-24. This is a level slightly lower than but similar to the England average of 0.96%. The highest rates were found in Brentworth PCN and Chiswick PCN (1.12% and 0.99%) and lowest in Feltham and Bedfont PCN (0.83%).

Figure 42: Serious mental illness GP-recorded



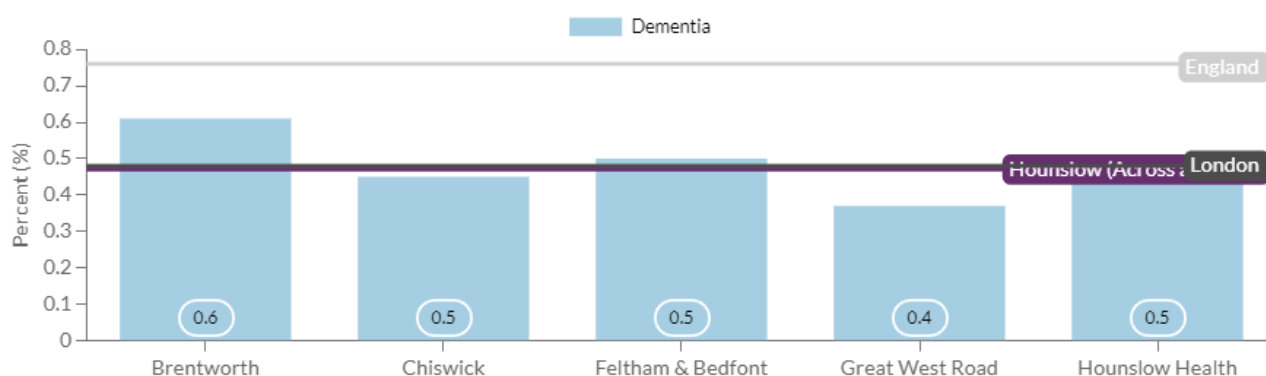
Source: QOF 2023-24.

⁷¹ Note: The previous depression register (patients aged at least 18 years old whose latest unresolved episode of depression is since 1 April 2006) was removed from QOF. Therefore, QOF data 2023-24 cannot be used to calculate the prevalence of depression.

- Dementia: In 2023-24, 0.48% of people in Hounslow were recorded as having dementia, similar to London (0.48%) but significantly lower than the England average of 0.76%. The highest levels of recorded dementia were in the Brentworth PCN (0.61%) and the lowest in Great West Road PCN (0.37%).

In Hounslow, 66.2% of people aged 65 and older who are estimated to have dementia have a recorded diagnosis, slightly above the England average of 64.8%. This suggests that dementia cases in Hounslow may be identified and recorded at higher rate than the national average, indicating more effective diagnosis compared to England average.

Figure 43: Dementia prevalence, people aged 18+ GP-recorded data



Source: QOF 2023-24.

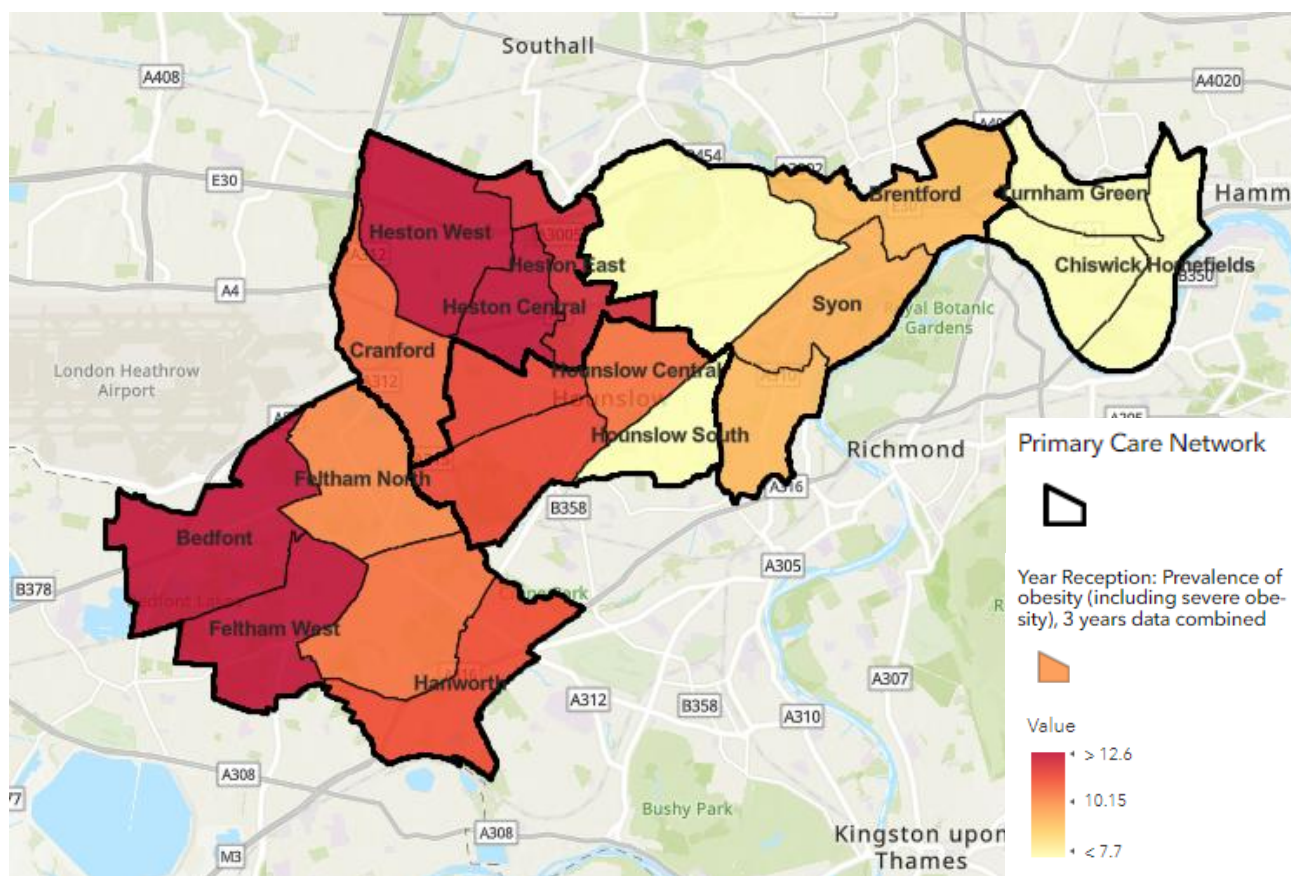
2.8.10 Child obesity

In 2023-24, Child obesity (including severe obesity) in Hounslow (24.5%) is significantly higher than England (22.1%) as a whole at age 10-11. At age 4-5 (Reception), 10.2% of children were classified as obese in Hounslow in 2023-24. This was higher than England as a whole (9.6%).

Data on local and national child weight is collected through the National Child Measurement Programme (NCMP). Children in Reception (aged 4-5) and in Year 6 (aged 10-11) are measured for height and weight each year.

Across a three-year average (2021-22 – 2023-24), 12 of the wards in Hounslow are above the England average for reception students, with the highest percentage of obese children in Heston West (13.4%) and the lowest in Chiswick Homefields (5.2%).

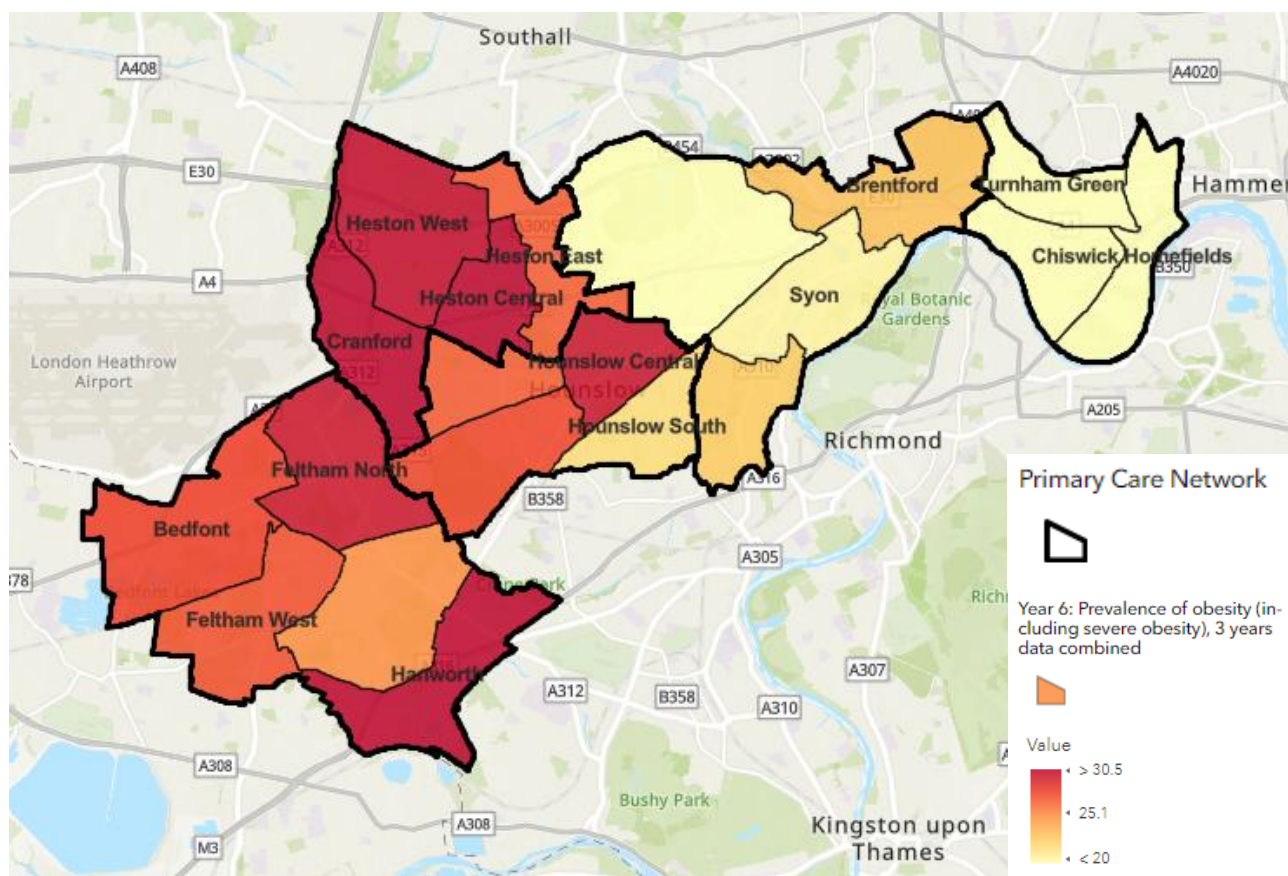
Figure 44: Percentage of measured children in Year Reception classified as obese, 2021-23 – 2023-24



Source: NCMP.

Across the three-year average from 2021-22 – 23-24, 26.3% of children in Year 6 in Hounslow were classified as obese. This was significantly worse than for England as a whole (22.7%). Twelve of the wards in Hounslow were above the England average, with the highest percentage in Cranford at 33.0%; the lowest was in Chiswick Riverside at 15.4%.

Figure 45: Percentage of measured children in Year 6 classified as obese, 2021-22 – 2023-24 (see spreadsheet)



Source: NCMP.

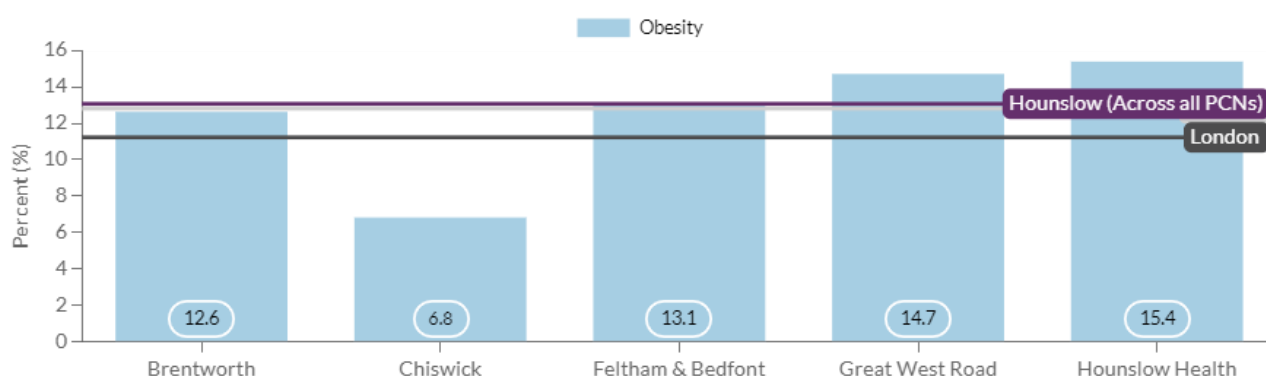
2.8.11 Adult obesity

In Hounslow, 64% of adults are overweight or obese (according to data for 2022-23⁷²). This high level is the same as England for the same period (64.0%).

Data on adults' Body Mass Index (BMI⁷³) is collected by GPs. Data for people aged 16+ with a BMI of greater than 30 is shown in Figure 46.

⁷² DHSC. Fingertips: Percentage of adults classified as overweight or obese – Hounslow. [Accessed December 2024] <https://fingertips.phe.org.uk/nhs-health-check-detailed#page/4/gid/1938132768/pat/6/ati/502/are/E09000018/iid/93088/age/168/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

⁷³ Body Mass Index or BMI is calculated by weight in kilograms divided by height in metres squared.

Figure 46: Prevalence of adult obesity in Hounslow localities

Source: QOF 2023-24.

According to GP data on patients with a BMI of over 30 recorded in 2023-24, the highest levels of obesity were found in Hounslow Health PCN (15.38%). The lowest levels were recorded in Chiswick locality (6.82%). The overall prevalence of adult (age 16+) obesity recorded by GPs was 13.29% of the registered population, similar to the England rate of 12.80%.

2.8.12 Influenza

Morbidity and mortality attributed to flu is a key factor in NHS winter pressures and a major cause of harm to individuals in the population, especially vulnerable people. The annual flu immunisation programme helps to reduce GP consultations, unplanned hospital admissions and pressure on A&E and is, therefore, a critical element of the system-wide approach for delivering robust and resilient health and care services during winter. During winter 2023-24, a lower number of people received vaccination against flu as part of the national flu immunisation programme compared with previous year. Locally, Hounslow has lower levels of coverage than England overall but higher levels of coverage than London and North West London.

Table 13: Seasonal influenza vaccine uptake amongst GP patients in Hounslow, North West London and England (September 2023 to February 2024)

	Hounslow number	Hounslow %	North West London %	London %	England %
GP practices responding to the main survey	44	100%	98.6%	97%	96.9%
Patients aged 65+ years vaccinated	27,276	67.3%	64.4%	71%	77.8%
Patients aged <65 years at risk vaccinated	17,800	38.3%	34.9%	43%	41.4%
All pregnant women	1,382	26.9%	25.9%	30%	32.1%
Patients aged 2 years not in a clinical risk group	1,524	41.4%	-	-	-

	Hounslow number	Hounslow %	North West London %	London %	England %
Patients aged 2 years in a clinical risk group	29	41.0%	-	-	-
All 2-year olds (combined)	1549	41.4%	38.2%	41%	44.1%
Patients aged 3 years not in a clinical risk group	1,411	38.7%	-	-	-
Patients aged 3 years in a clinical risk group	n = 29	36.3%	-	-	-
All 3-year olds (combined)	1440	38.7%	36.5%	42%	44.6%

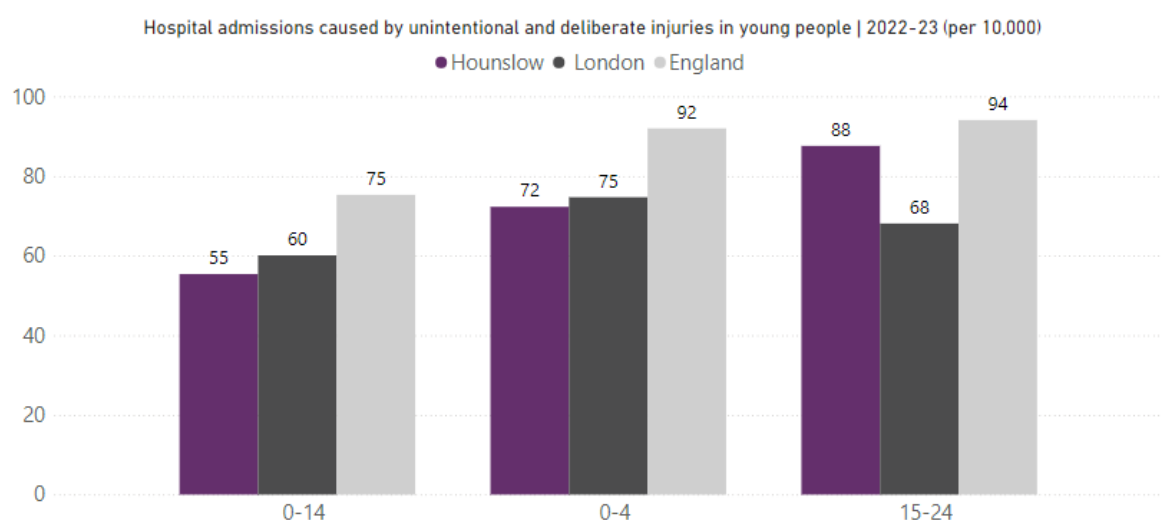
Source: Seasonal flu vaccine uptake, GP data 2023-24, UK Health Security Agency.

2.9 Accidents and injuries

2.9.1 Injuries in children and young people

In 2022-23, there were 1,444.4 per 1,000 population A&E attendances by children aged four and under.⁷⁴ This gives a rate that is the highest in London, fifth highest in the country, and higher than the England average (797.3 per 1,000).

Figure 47: Hospital admissions of children and young people for unintentional and deliberate injury (crude rate per 10,000 aged 0–14), 2022-23



Source: DHSC. Public Health Outcomes Framework.

⁷⁴ DHSC. Fingertips. [Accessed December 2024]

<https://fingertips.phe.org.uk/search/A%20and%20E%20attendances#page/3/gid/1/pat/15/par/E92000001/ati/502/are/E09000018/iid/93930/age/28/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

Figure 47 compares hospital admission rates due to unintentional and deliberate injuries in young people across Hounslow, London, and England for 2022-23 per 10,000 persons. The chart shows that England has a consistently higher rate of hospital admissions for unintentional or deliberate injury across all age groups. The highest rate of hospital admissions for unintentional or deliberate injury is in the 15–24 age group.

Injuries are a leading cause of hospitalisation and represent a major cause of premature mortality for children and young people. They are also a source of long-term health issues, including mental health related to experience(s).

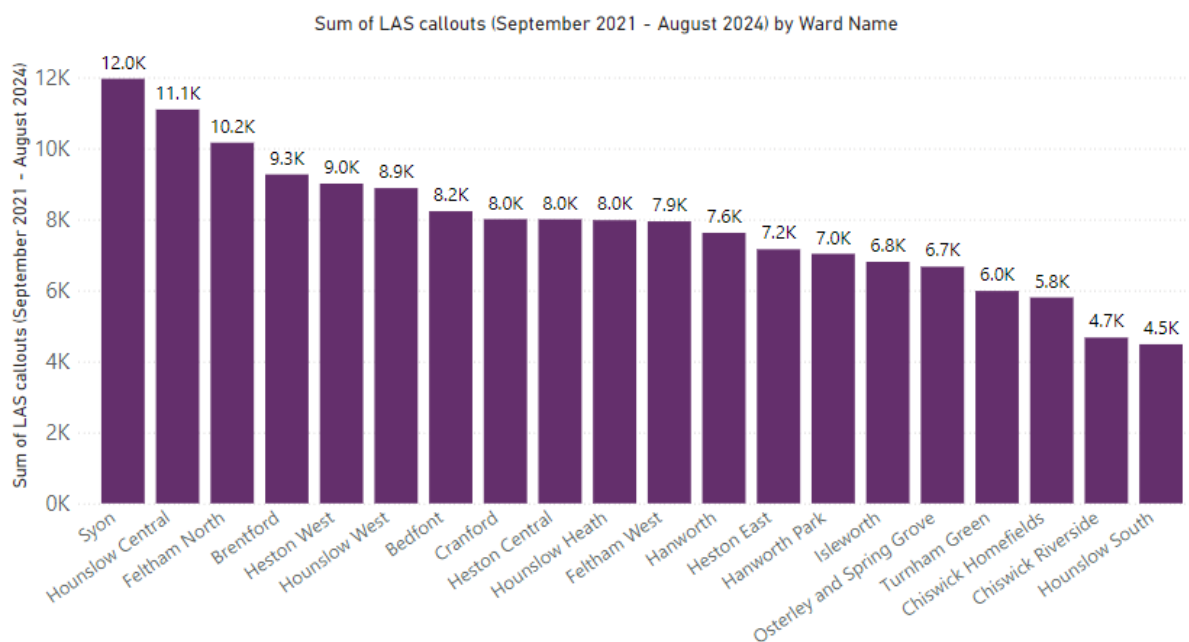
2.9.2 Falls in older people

For the over-65 population, the emergency hospital admission rates due to falls in Hounslow are higher than the England average for all age and sex categories. The rate of hospital admissions for falls for people aged 65 and over in 2022-23 was 3,098 per 100,000, which is the second highest (worst) in the country compared with England at 1,933 per 100,000.⁷⁵

2.9.3 Ambulance callouts

Between September 2021 and August 2024, the highest number of ambulance incidents were in Syon, Hounslow Central, Feltham North, Brentford, Heston West wards.

Figure 48: London Ambulance Service call out over 3 years (between September 2021 and August 2024).



Source: SafeStats.

⁷⁵ DHSC. Fingertips. [Accessed December 2024]

<https://fingertips.phe.org.uk/search/falls#page/3/gid/1/pat/15/par/E92000001/ati/502/are/E09000018/iid/22401/age/27/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

2.10 Health behaviours

2.10.1 Drug and alcohol misuse

2.10.1.1 Alcohol

Alcohol misuse is the biggest risk factor for death, ill-health and disability among 15–49-year-olds in the UK. It's also the fifth biggest risk factor across all ages and is a causal factor in more than 60 medical conditions.⁷⁶

Hounslow is an area significantly affected by alcohol harm, spanning both health and crime and disorder. The borough has a high rate of alcohol-related hospital admissions, especially in men, with recent trends showing they are worsening. However, Hounslow's mortality rates from alcoholic liver disease are in line with the national average.

- In 2022-23, Hounslow was ranked second highest in London for instances of alcohol related hospital admissions (607 per 100,000 people) and higher than the England average of 474.6 per 100,000 persons.

2.10.1.2 Drug misuse

Substance misuse is a complex issue that not only has an impact on the small number of individuals who are dependent on drugs and alcohol, but also on the people around them and society as a whole. The positive effects of successful drug and alcohol treatment reach as far as lower rates of crime and improved public health⁷⁷.

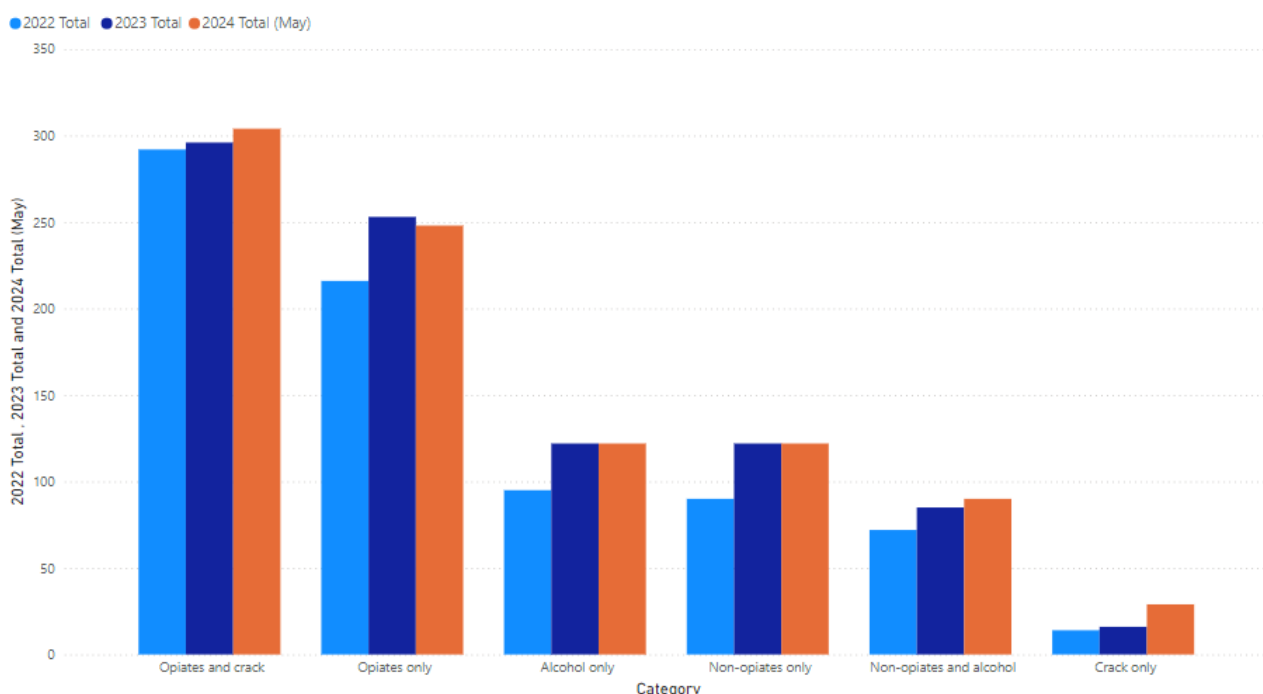
- In 2019-20, Hounslow ranked 13th out of 32 local authorities in London for high opiate and crack cocaine usage per 100,000 people.
- Hounslow ranked seventh among all London boroughs between 2020-2022, for the highest rate of registered deaths related to drug misuse per 100,000 people – largely driven by male deaths.
- Compared with London, Hounslow has a much lower number of hospital admissions related to substance misuse per 100,000 people – ranking 22nd out of 32 local authorities.
- “From harm to hope” is a national drug strategy that aims to reduce drug-related harm. One of its new duties led to the creation of Hounslow's Drug and Alcohol Partnership Board which began in September 2023.
- Addiction Recovery Community Hounslow Service, provided by the Central and North West London NHS Foundation Trust, offers free and confidential support for Hounslow residents. The number of Addiction Recovery Community users has continued to rise since May 2022.

⁷⁶ DHSC. Fingertips. [Accessed December 2024] <https://fingertips.phe.org.uk/profile/local-alcohol-profiles>

⁷⁷ Public Health England. An evidence review of the outcomes that can be expected of drug misuse treatment in England. 2017. [Accessed December 2024]. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/586111/PE_Evidence_review_of_drug_treatment_outcomes.pdf.

- Research has shown that engaging people in treatment (particularly opiate users) decreases crime, especially high-volume acquisitive offences. Treatment can last for many years during which users will, on average, commit less crime.
- Engagement with Criminal Justice System users has improved, with 71% prison releases enter treatment in comparison to regional 51.9% in May 2024. In May 2024 Hounslow were the highest performer in London and third highest across England.
- The graph below shows that, overall, there is a general trend of rising service demand across most substances, especially in "Opiates and Crack," "Non-opiates and alcohol," and "Crack." Alcohol and non-opiates show a rise in 2023 but remained stable in 2024. However, it is important to note that not all substance and alcohol users are currently in treatment, therefore the number in treatment is an underestimate of the true prevalence.

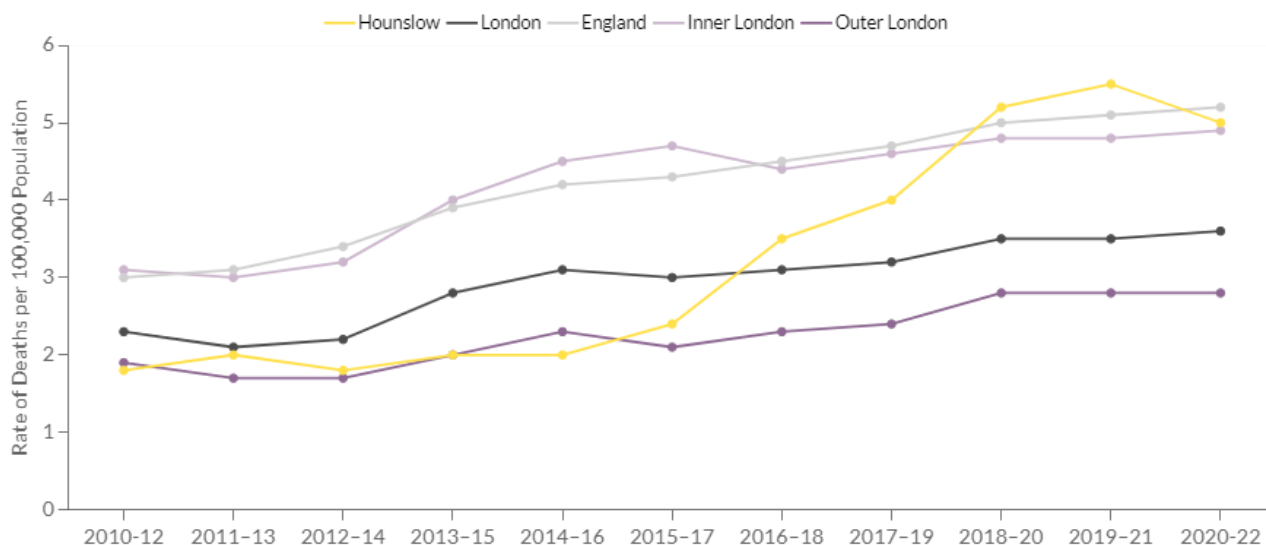
Figure 48: Service users currently in treatment, 2022-2024



Source: National Drug Treatment Monitoring System.

Figure 49 shows mortality rates from deaths related to drug misuse from 2010 to 2022. The graph shows the rate for Hounslow has increased over a 12-year period (2010 to 2022), with Hounslow's rate being higher than England's rate in 2018-2020 and 2019-2021, although it has fallen just below the national rate in 2020-2022.

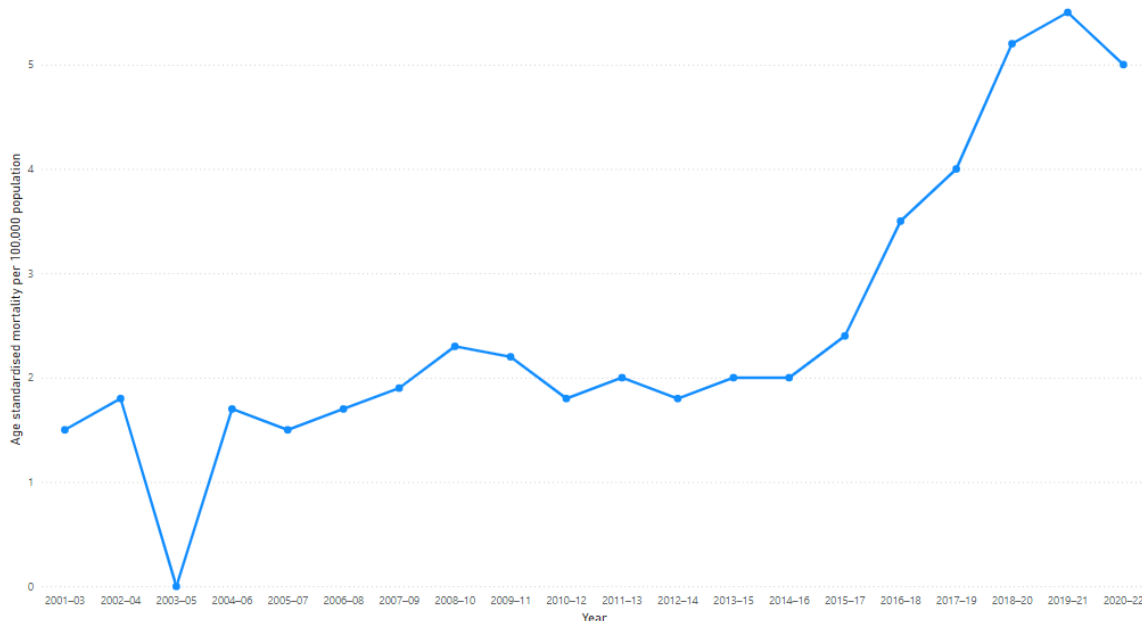
Figure 49: Trends in mortality rates for deaths related to drug misuse per 100,000 population.



Source: ONS - Deaths related to drug poisoning by local authority, England and Wales.

The age-standardised mortality rate of drug misuse deaths has followed a similar to pattern to the number of deaths, with a relatively stable rate from 2001-03 to 2015-17, followed by a period of notable increase. The age standardised mortality rate of drug misuse deaths was 5.0 per 100,000 population in the most recent period, 2020-22, a slight decrease from the previous period in 2019-21 (5.9 per 100,000 population).

Figure 50: Age standardised drug misuse mortality rate by year

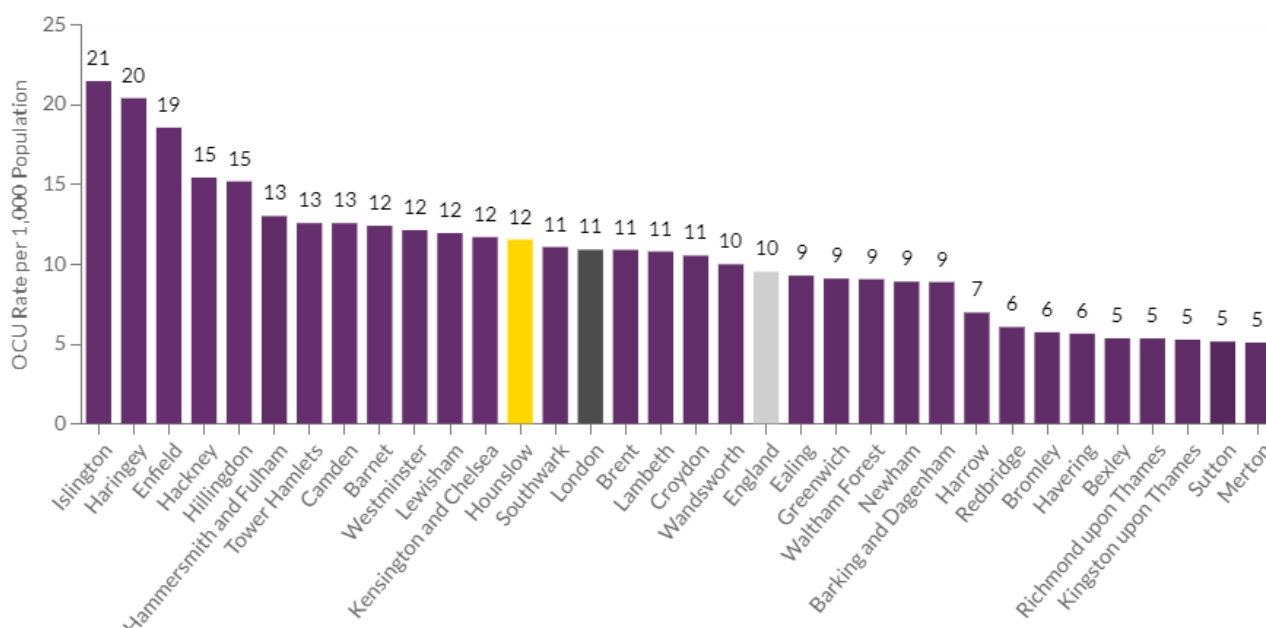


Source: ONS. Drug misuse deaths by local authority.

Figure 51 shows Opiate and Crack Users (OCU) per 1,000 population for people aged 15 to 64 according to the latest published data (2019 to 2020) - where Hounslow had an estimated population of 181,433. Hounslow ranks 13th place out of the 32 local authorities in London for high OCU per 1,000 population - with a higher OCU rate than in London and England.

OCU refers to use of opiates and/or crack cocaine - this does not include the use of cocaine in powder form, amphetamine, ecstasy or cannabis. Although many opiate and/or crack cocaine users also use these drugs, it is very difficult to identify exclusive users of these drugs from available data sources.

Figure 51: Opiate and Crack Users (OCU) per 1,000 population aged 15 to 64



Source: Public Health England - Opiate and/or crack cocaine use prevalence estimates in England: 2019 to 2020.

2.10.2 Sexual health and teenage pregnancy

2.10.2.1 Sexually Transmitted Infections (STIs)

In 2023, the rate for new Sexually Transmitted Infections (STI) diagnosed among Hounslow residents was 815 per 100,000 residents higher than the rate of 704 per 100,000 in England, but lower than the average of 1,094.4 per 100,000 among similar boroughs (based on the Nearest Neighbours Model)⁷⁸.

⁷⁸ Chartered Institute of Public Finance and Accountancy. Nearest Neighbours Model (England). [Accessed December 2024] <https://www.cipfa.org/services/cipfastats/nearest-neighbour-model>

2.10.2.2 Access to sexual health services

In 2020, in response to the pandemic Hounslow residents were given access to the electronic Sexual Health London (eSHL) Service providing access to online sexual health testing and treatment residents aged 16 and over. In 2023-24, 6,856 test kits were ordered through eSHL with a 78% return rate and 25-34-year-olds being the largest age group of users of this service.

Hounslow specialist sexual health services (Sexual Health Hounslow) are provided by Chelsea and Westminster NHS Hospital. In 2023-24, Sexual Health Hounslow performed 18,600 tests for 8,301 patients, with 99% of these patients being Hounslow residents.

2.10.2.3 Pharmacies

There has been an increase in pharmacy sign-ups to deliver a range of sexual health services (in 2023-24, 54 pharmacies signed the Public Health contract and in 2024-25, 59 pharmacies signed).

Pharmacies can sign up to offer emergency hormonal contraception (under a PGD), chlamydia screening and c-card scheme (condom distribution). Community settings such as GPs and pharmacies also have a lower diagnostic rate than specialist sexual health services.

In 2023-24, Hounslow pharmacists provided:

- 1,169 Emergency Hormonal Contraception (EHC).
- 148 were repeat EHC users.
- 49 were referred to Sexual Health Hounslow for Long-term contraception (only 33%).
- Nine users aged under 25 were offered and accepted a chlamydia screen.

2.10.2.4 Chlamydia screening and detection rates

Chlamydia screening is recommended for all sexually active 15-24-year-olds. Between July 2023 and June 2024, there were 358 users under the age of 25 who were prescribed emergency hormonal contraception and thus eligible for chlamydia screening.

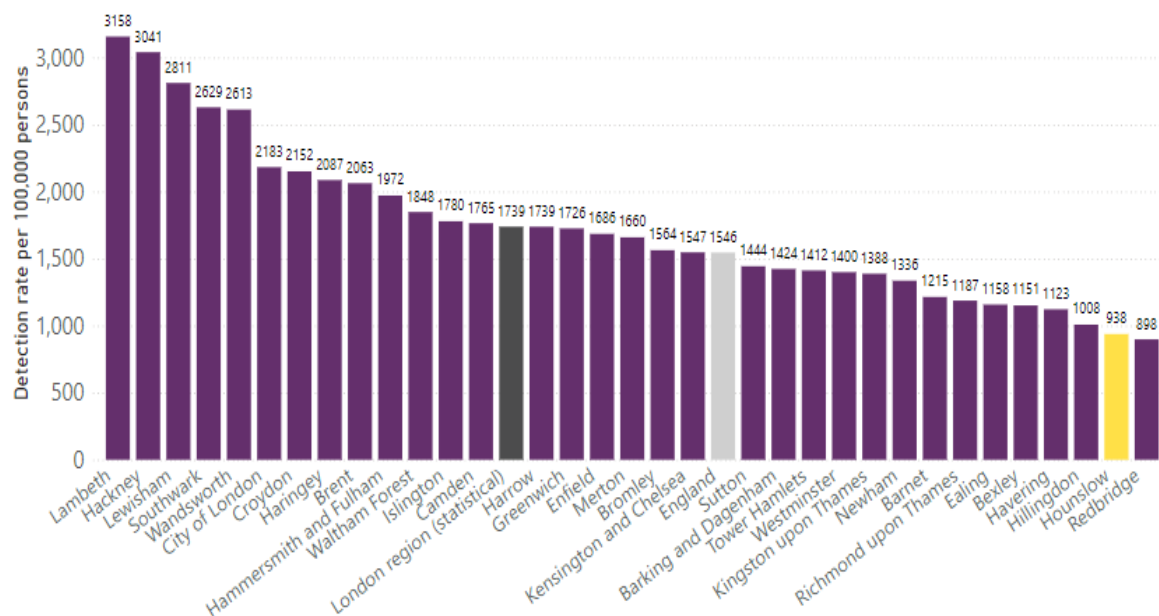
Increasing detection rates indicates better targeting of screening activity; it is not a measure of prevalence. Public health guidance suggest that areas should work towards a detection rate of at least 2,300 per 100,000 population.

In 2023, the chlamydia detection rate in Hounslow was 938, which is far below the minimum recommended rate⁷⁹. This places Hounslow as having the second lowest chlamydia detection rate for young people aged 15-24 in London (lower than both London and England averages). For females, the detection rate in 2023 was 1,180 and for males it was 716 per 100,000, both showing a decline from previous years.

⁷⁹ UK Health Security Agency. Spotlight on sexually transmitted infections in London: 2023 data. [Accessed December 2024]

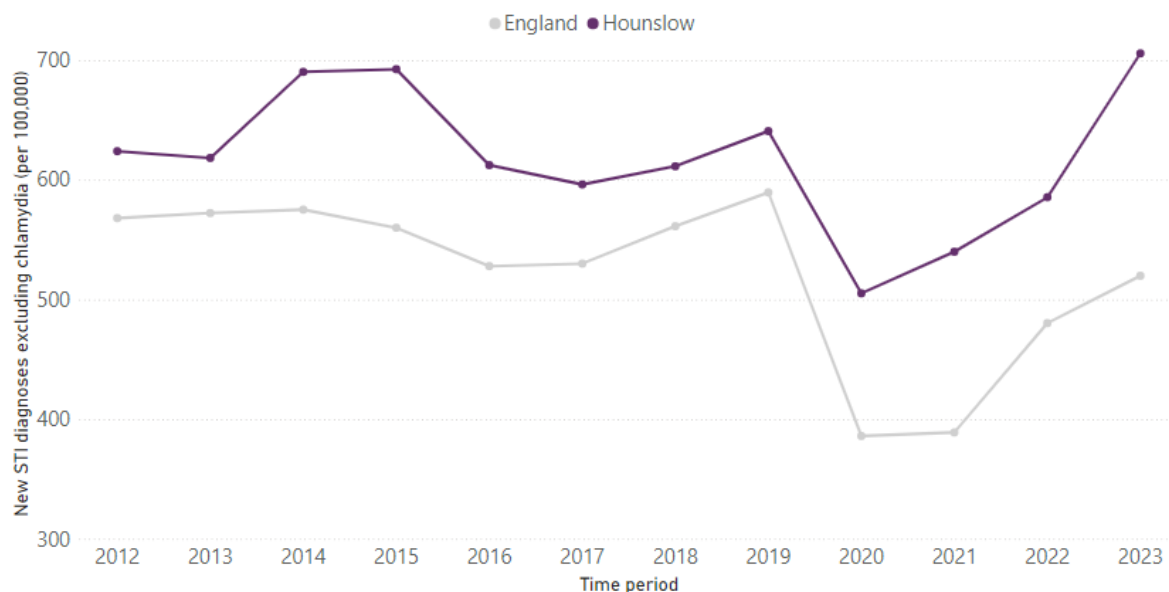
<https://www.gov.uk/government/publications/sexually-transmitted-infections-london-data/spotlight-on-sexually-transmitted-infections-in-london-2023-data>

Figure 52: Chlamydia detection rate by London Borough (rate per 100,000 young people aged 15-24).



Source: UK Health Security Agency 2023.

Figure 53: New STI diagnoses rate per 100,000 population (excluding Chlamydia)



Source: UK Health Security Agency 2023.

The graph above shows that Hounslow has a higher STI diagnosis rate across all time periods (between 2012 and 2023) than England. A high diagnosis rate is indicative of a high burden of infection. However, a low diagnosis rate may be explained by other factors as well, such as limited access to testing or lower awareness of STI services.

2.10.2.5 Human Immunodeficiency Virus (HIV)

Human Immunodeficiency Virus (HIV) is a virus that attacks the immune system, weakening the body's ability to fight infections and potentially leading to AIDS (Acquired Immuno-Deficiency Syndrome) if untreated. Although there is no cure, antiretroviral therapy can suppress the virus, enabling people with HIV to live healthy lives and prevent transmission⁸⁰.

In 2023, HIV diagnosed prevalence in Hounslow is 2.77 per 1,000 population, which is similar to the England average of 1.73 and London average of 4.30 per 1,000 population.

Late diagnosis is the most important predictor of morbidity and mortality among those with HIV infection. Among those diagnosed in England, those diagnosed late in 2019 had more than a 7-fold increased risk of death within a year of diagnosis compared to those diagnosed promptly, and this indicator is essential to evaluate the success of expanded HIV testing.

In Hounslow, between 2021-2023, there is a significantly higher (worse) rate of late diagnoses of HIV amongst heterosexual men (where 69.9% were diagnosed late) than England (56.6%) and London (57.1%).

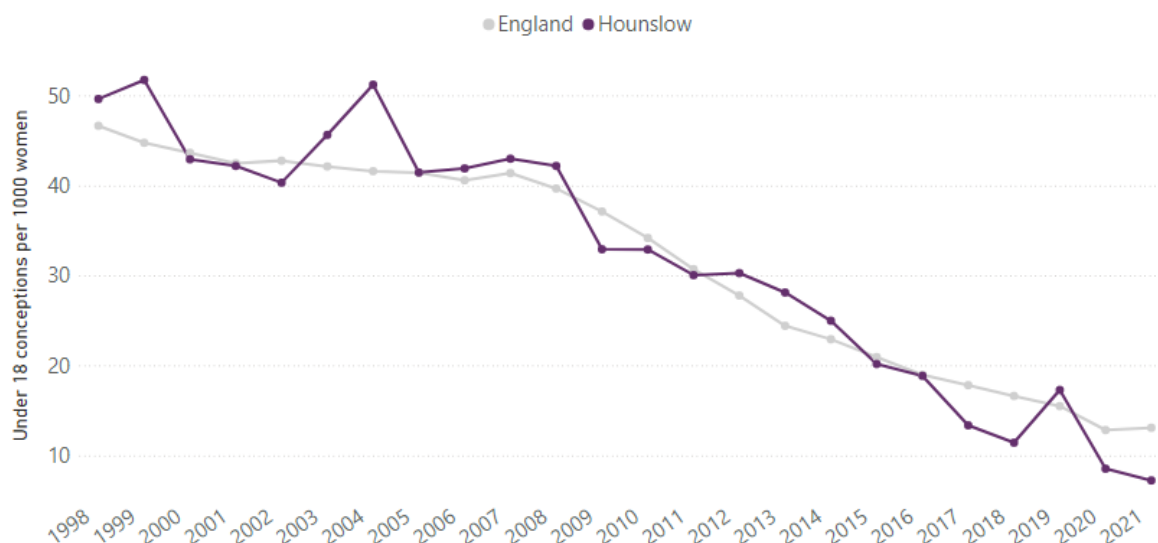
This same trend applies for heterosexual or bisexual Wwomen whereby 50% were diagnosed late, significantly higher than the England average of 46.4% and London average of 50.2%.

In contrast, late HIV diagnoses amongst gay, bisexual or Men who have sex with men in Hounslow (41.7%) is statistically similar to the England average of 34.3% and London average of 29.8%.

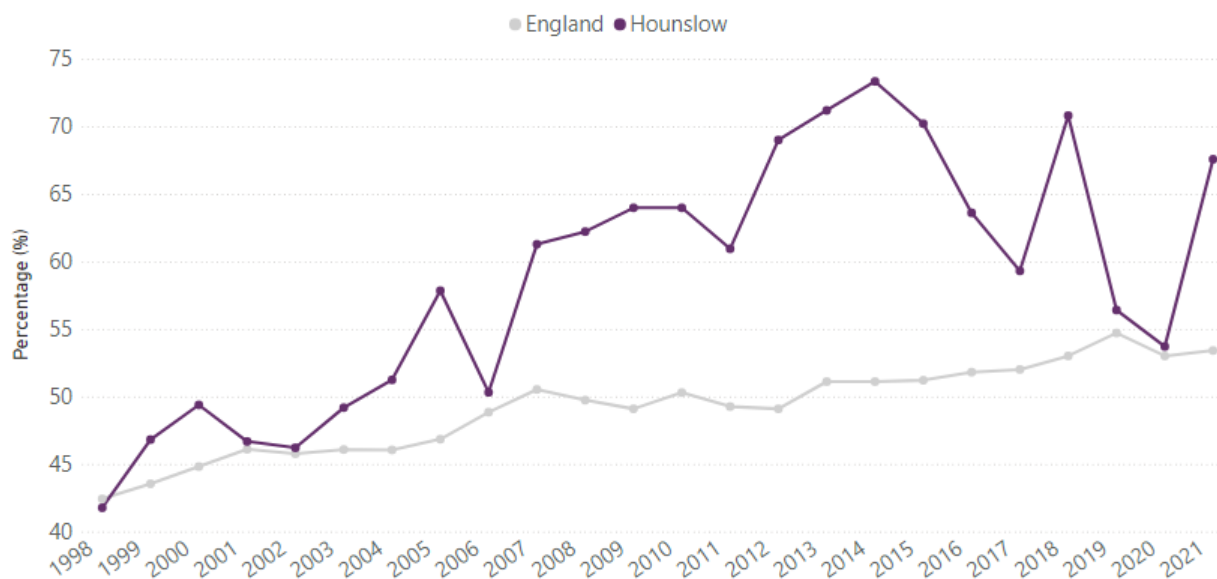
2.10.2.6 Teenage pregnancy

Hounslow's rate of teenage conception continues to reduce. In 2021, it was 7.2 conceptions per 1,000 women aged under 18 years old, which is lower than London and England rates (10.0 and 13.1 per 1,000 respectively). In 2021, Hounslow's rate of teenage conception leading to abortion was not significantly different to the England average.

⁸⁰ World Health Organisation. HIV and AIDS. 22 July 2024. [Accessed December 2024]. <https://www.who.int/news-room/fact-sheets/detail/hiv-aids>

Figure 54: Under-18 conceptions per 1,000 women

Source: Public Health England Outcomes Framework.

Figure 55: Percentage of under-18 conceptions leading to abortion

Source: Public Health England Outcomes Framework.

2.10.3 Smoking

The three year-average adult smoking prevalence in Hounslow (2021-2023) is 13.8%, which is slightly higher but comparable to the England average of 12.4%.⁸¹

⁸¹ DHSC. Fingertips. Smoking. [Accessed December 2024]

<https://fingertips.phe.org.uk/search/smoking#page/4/gid/1/pat/15/ati/502/are/E09000018/iid/92443/age/168/sx/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1>

A Stop Smoking service is available as part of the integrated health and wellbeing service, Healthy Hounslow. Stop smoking is delivered as a tiered approach, providing both universal and specialist targeted smoking cessation to selected target groups (e.g. vulnerable groups, pregnant women, people with respiratory conditions).

Advisors use a combination of behavioural support and pharmacotherapy to support smokers to quit or reduce the harm. Vape kits, consisting of a free device and up to 12 weeks of e-liquids, are available to those aged 18+ to help them quit smoking.

The service is available for anyone aged 12+ who lives, works, studies or has a GP in Hounslow who smokes cigarettes, cigars, shisha or other forms of tobacco or nicotine products.

The Stop Smoking service is offered directly by Healthy Hounslow, and through pharmacies commissioned by Healthy Hounslow.

In terms of 'successful quitters' (defined as still not smoking four weeks after stopping smoking), Hounslow's rate of successful quitters between April 2024 and June 2024 per 100,000 smokers is 182, which is lower than London's rate of 385 and England's rate of 451.

In 2023, the smoking rate in routine and manual workers in Hounslow was 8.7%, which is statistically similar to England's rate of 19.5% and London's rate of 15.2%. However, there is a data quality issue with the data reported, so caution should be taken when interpreting the results.

Illegal tobacco is a further challenge for the borough. This causes harm by increasing the availability of low-cost tobacco to the most deprived socio-economic groups. This leads to a widening of health inequalities, increases the availability of tobacco to children and develops links with organised criminal activity in communities. Reducing the availability of illegal tobacco needs to be a priority for the borough.

The latest data in 2014-15 shows the rate of Hounslow residents who have tried e-cigarettes at age 15 (12.1%) is lower than the England rate (18.4%) and slightly higher than London (11.7%).

2.10.4 Oral health

Improving oral health in children (under five years old) has been identified as a priority for improving children's and young people's health in Hounslow, as the early years are crucial for shaping future oral health and wellbeing.

Severe tooth decay (dental caries) remains a problem, particularly among young children in disadvantaged communities, with the associated dental problems of toothache, abscesses and extractions. Dental caries is one of the most preventable childhood diseases (by reducing the amount and frequency of sugar in the diet and optimising exposure to fluoride).

The Dental Public Health Epidemiology Program for England's Oral Health Survey of five-year-old children found that more than one third of Hounslow children aged five had dental decay (33.9%), surpassing the averages for both London (25.8%) and England (23.7%).

Section 3: NHS pharmaceutical services provision, currently commissioned

3.1 Overview

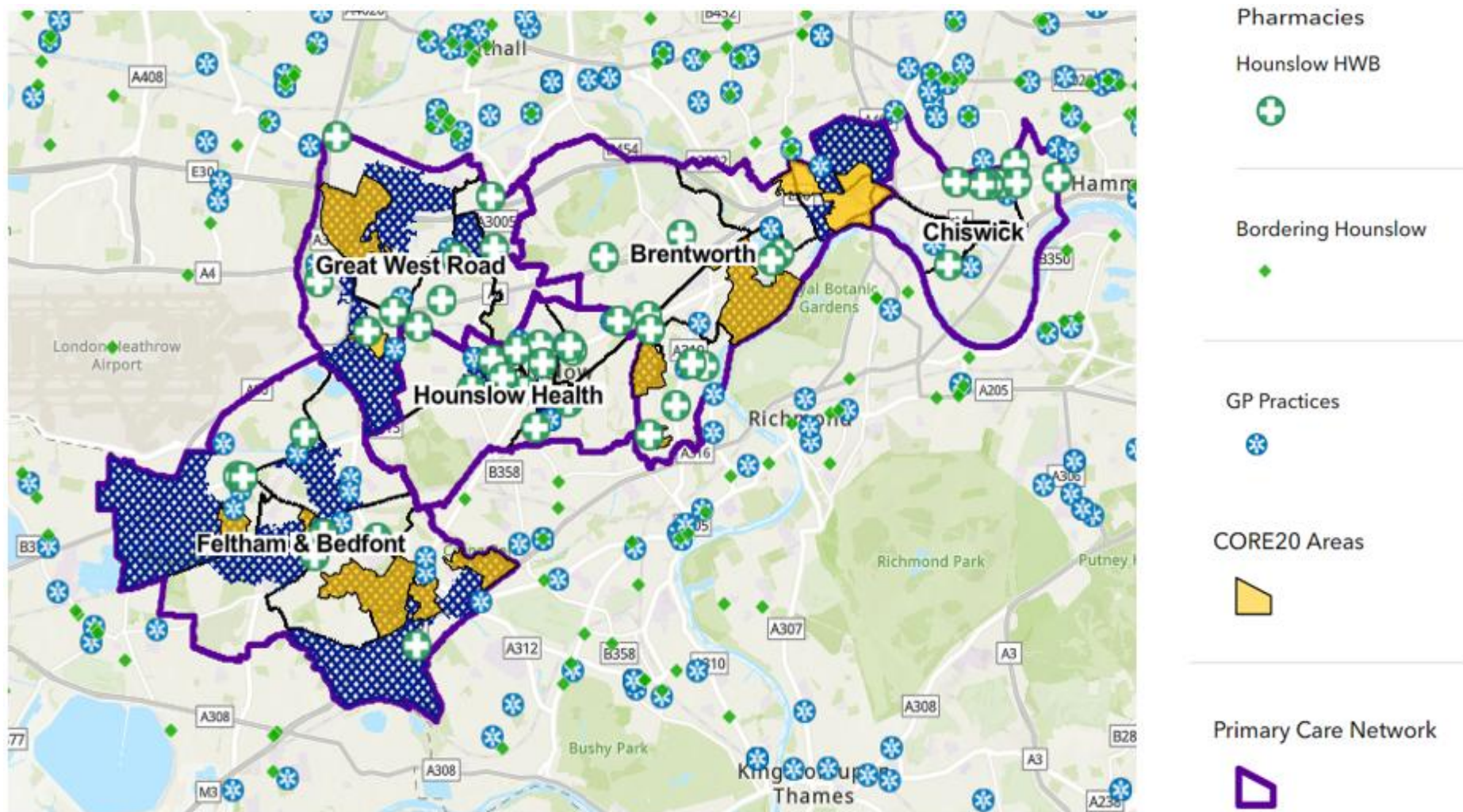
There are a total of 45 pharmacy contractors in Hounslow.

Table 14: Contractor type and number in Hounslow

Type of contractor	Number
40-hour community pharmacies (including two PhAS providers)	41
72-hour plus community pharmacies	3
Distance Selling Pharmacy	1
Local Pharmaceutical Service providers	0
Dispensing Appliance Contractors	0
Dispensing GP Practices	0
Total	45

A list of all contractors in Hounslow and their opening hours can be found in Appendix A. Figure 56 shows all contractor locations within Hounslow.

Figure 56: Map of Hounslow showing all pharmacy locations in each locality and neighbouring areas



3.2 Community pharmacies

Table 15: Number of community pharmacies in Hounslow

Number of community pharmacies	Population of Hounslow	Ratio of pharmacies per 100,000 population
45 (includes one DSP)	288,181	15.6

Correct as of June 2025.

There are 45 Community Pharmacies (CPs) in Hounslow⁸², which has decreased from 52 in the last PNA. The England average is 18.1 community pharmacies per 100,000 population, which has decreased from the previous PNA, when the average number was 20.6. The Hounslow average of 15.6 pharmacies per 100,000 is lower than the national average. Section 1.2 noted the level of national community pharmacy closures due to funding challenges and workforce pressures.

Table 16 shows the change in the numbers of pharmacies over recent years compared with national averages.

Table 16: Number of community pharmacies per 100,000 population

Period	Hounslow	England
2024-25	15.6	18.1
2021-22	19.1	20.6

Source: Census 2021 for population estimates. NHS BSA for number of pharmacies in England 2024.

Section 1.5.1.4.1 lists the Essential Services of the pharmacy contract. It is assumed that provision of all these services is available from all contractors as all contractors are required to provide this as part of the Community Pharmacy Contractual Framework (CPCF). Further analysis of the pharmaceutical service provision and health needs for each locality is explored in Section 6.2.

Table 17 provides a breakdown, by locality, of the average number of community pharmacies per 100,000 population.

⁸² In addition, please note there is one pharmacy that has not been included. At the time of writing, this pharmacy remains on the pharmaceutical list for Hounslow HWB, however, it is closed and subject to removal.

Table 17: Average number of community pharmacies in 100,000 population by locality

Locality	Number of community pharmacies	Total population	Average no. of community pharmacies per 100,000 population
Brentworth	11	60,830	18.1
Hounslow Health	12	68,451	17.5
Great West Road	7	59,803	11.7
Feltham and Bedfont	7	74,420	9.4
Chiswick	8	37,604	21.3
Hounslow	45	288,181	15.6
England (2023)⁸³	10,451	57,690,323	18.1

Correct as of June 2025.

3.2.1 Electronic Prescription Service

The Electronic Prescription Service (EPS) allows prescribers from primary, secondary and community care to send prescriptions electronically to a pharmacy, nominated by the patient. This has made the process much more efficient and also provides convenience to the patient by being able to choose the most convenient community pharmacy for collection.

EPS is already widely used in primary care with over 95% of all prescriptions now being produced electronically⁸⁴.

3.2.2 Distance-Selling Pharmacies (DSPs)

Distance-Selling Pharmacies are described in Section 1.5.1.2. There is one DSP in Hounslow, one less than the previous PNA. Details can be found in Appendix A.

3.2.3 Weekend and evening provision

In May 2023 the Pharmaceutical Regulations 2013 were updated to allow 100-hour pharmacies to reduce their total weekly core opening hours to no less than 72 hours, subject to various requirements.

In the 2022 PNA, Hounslow had five (10%) 100-hour pharmacies compared to the three (7%) 72-hour pharmacies now open in June 2025. This is similar to the national averages, with number of 100-hr community pharmacies in England open in 2022 being 9.4% and now for 72 hours or more per week being 7.7%.

Two localities have no 72-hour community pharmacies: Great West Road and Chiswick.

⁸³ NHS Business Services Authority (BSA). General Pharmaceutical Services in England 2015-16 – 2023-24. October 2024. [Accessed December 2024] <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-2015-16-2023-24>

⁸⁴ NHSE. Electronic Prescription Service. [Accessed December 2024] <https://digital.nhs.uk/services/electronic-prescription-service>

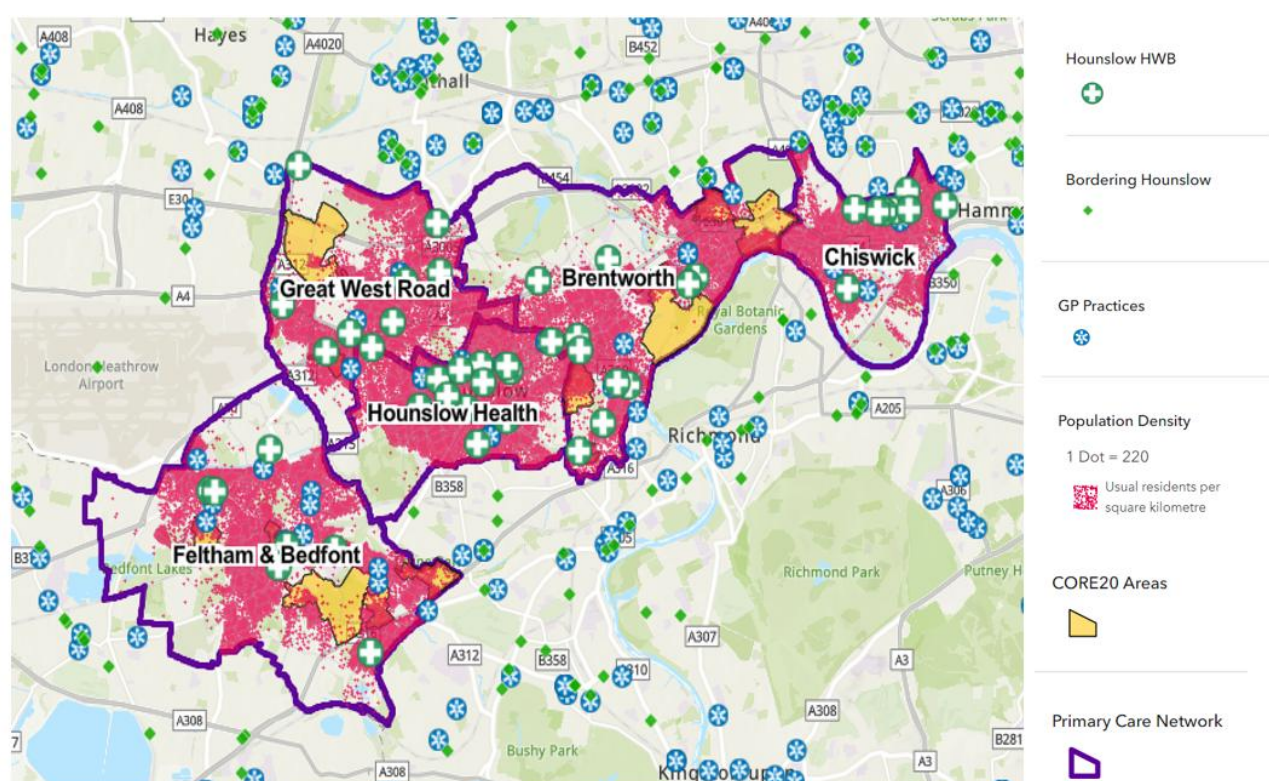
Table 18: Number of 72-hour community pharmacies (and percentage of total)⁸⁵

Area	Number (%) of 72+ hour pharmacies
Brentworth	1 (9%)
Hounslow Health	1 (8%)
Great West Road	0
Feltham and Bedfont	1 (14%)
Chiswick	0
Hounslow	3 (7%)
England	806 (7.7%)

3.2.4 Access to community pharmacies

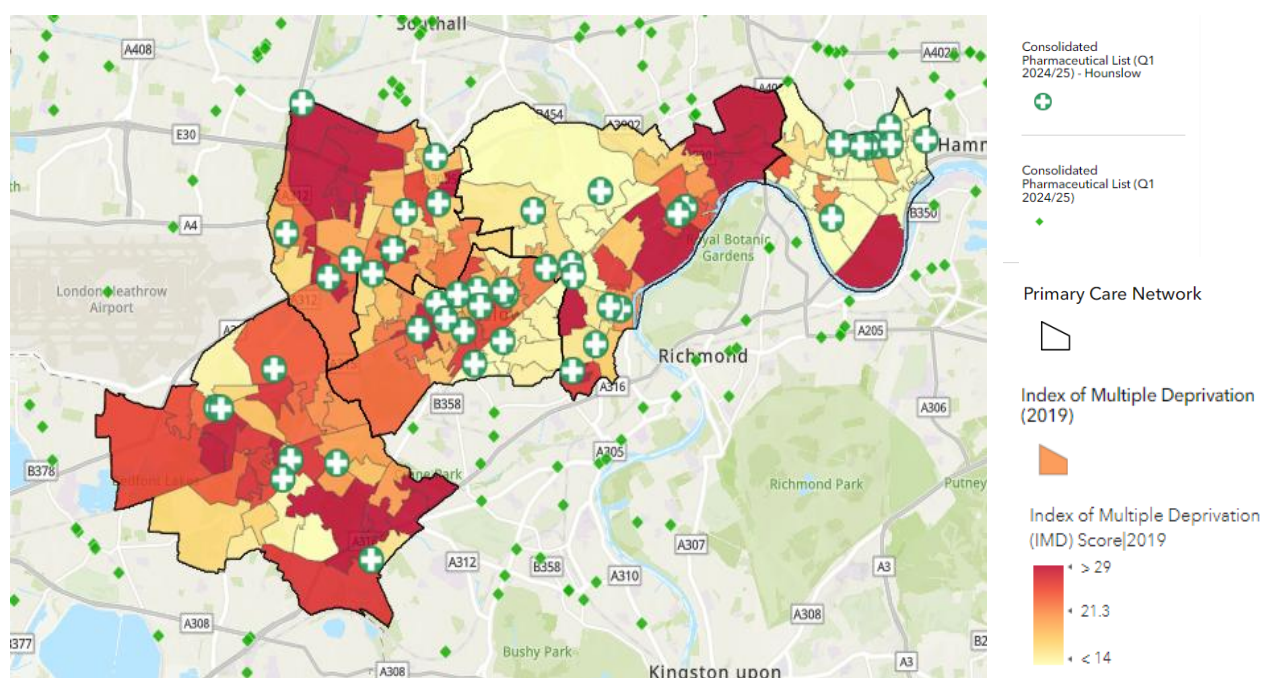
Community pharmacies in Hounslow are particularly located around areas with a higher density of population but not always around the areas with higher levels of deprivation, as seen in the maps below.

Figure 57: Map of pharmacies in Hounslow and across borders, with population density



⁸⁵ NHS BSA. Pharmacy openings and closures. November 2024. [Accessed December 2024]
<https://opendata.nhsbsa.net/dataset/pharmacy-openings-and-closures>

Figure 58: Map of pharmacies in Hounslow and across borders, with IMD



A previously published article⁸⁶ suggests:

- 89% of the population in England has access to a community pharmacy within a 20-minute walk.
- This falls to 14% in rural areas.
- Over 99% of those in areas of highest deprivation are within a 20-minute walk of a community pharmacy.

The same study found that access is greater in areas of high deprivation. Higher levels of deprivation are linked with increased premature mortality rates and therefore greater health needs.

3.2.4.1 Routine daytime access to community pharmacies

On average:

- 99.6% of the population can get to a pharmacy within five minutes when driving.
- 92.3% of the population are able to walk to the pharmacy within 20 minutes.

The following maps and tables below show travel times to community pharmacies.

⁸⁶ Todd A, Copeland A, Husband A. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. *BMJ Open* 2014, Vol. 4, Issue 8. [Accessed December 2024] <http://bmjopen.bmj.com/content/4/8/e005764.full.pdf%20html>

Figure 59: Average drive time to nearest Hounslow pharmacy

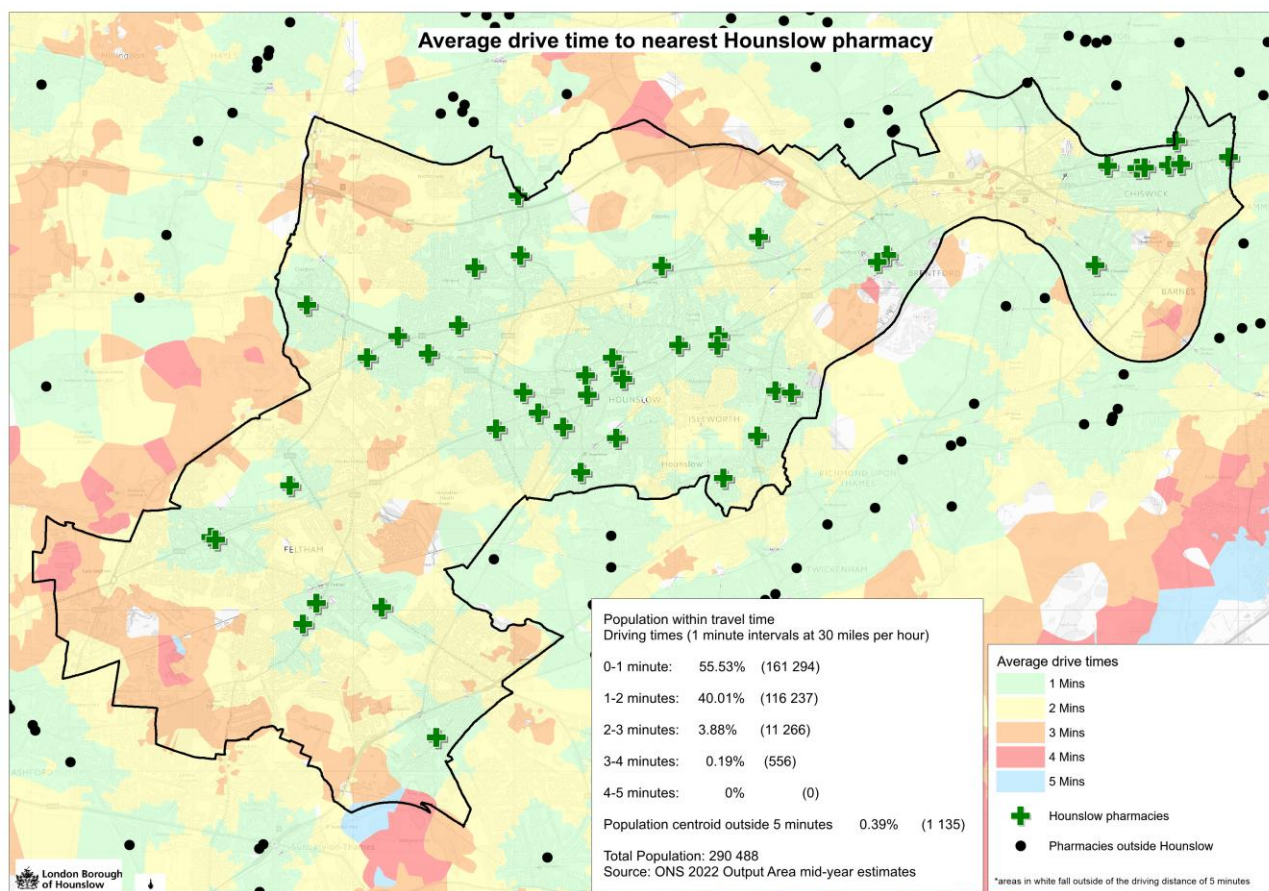


Table 19: Average driving time to nearest pharmacy in Hounslow

Time	0-1 min	1-2 min	2-3 min	3-4 min	4-5 min	5+ min
Population within travel time for driving	55.5%	40.0%	3.9%	0.2%	0.0%	0.4%

Figure 60: Average walk time to nearest Hounslow pharmacy

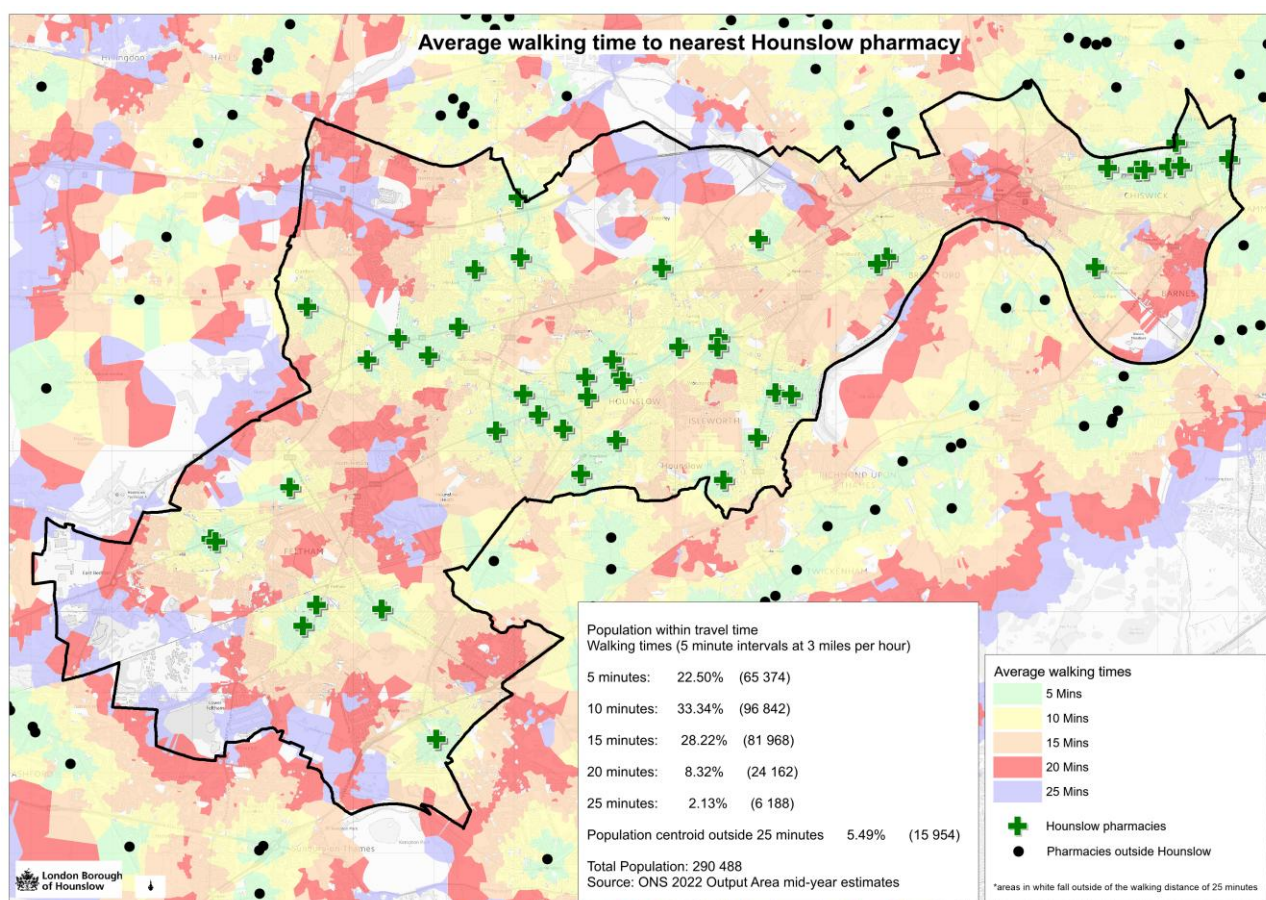


Table 20: Average walking time to nearest pharmacy in Hounslow

Time	0-5 min	5-10 min	10-15 min	15-20 min	20-25 min	25+ min
Population within travel time for walking	22.5%	33.3%	28.2%	8.3%	2.1%	5.5%

Five percent of the population is situated 25 mins or more from the nearest pharmacy. This is shown in the map, for places with lower population density.

3.2.4.2 Routine weekday evening access to community pharmacies

The number, location and opening hours of community pharmacy providers open beyond 6 pm, Monday to Friday (excluding bank holidays), vary within each locality; they are listed in the table below. Full details of all pharmacies' opening hours can be found in Appendix A. 'Average' access is difficult, given the variety of opening hours and locations. Access is therefore considered at locality level and can be found in Table 21, which shows that 73% of pharmacies are open beyond 6 pm across Hounslow.

Table 21: Number and percentage of community pharmacy providers (including DSPs) open Monday to Friday (excluding bank holidays) beyond 6 pm, and on Saturday and Sunday

Locality	Number (%) of pharmacies open beyond 6 pm	Number (%) of pharmacies open on Saturday	Number (%) of pharmacies open on a Sunday
Brentworth	6 (55%)	10 (91%)	4 (36%)
Hounslow Health	11 (92%)	10 (83%)	2 (17%)
Great West Road	4 (57%)	6 (86%)	1 (14%)
Feltham and Bedfont	5 (71%)	6 (86%)	3 (43%)
Chiswick	7 (88%)	8 (100%)	1 (13%)
Hounslow	33 (73%)	40 (89%)	11 (24%)

3.2.4.3 Routine Saturday daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on Saturdays vary within each locality. Of the pharmacies in Hounslow, 40 (89%) are open on Saturdays, the majority of which are open into the late afternoon. 'Average' access is difficult given the variety of opening hours and locations. Access is therefore considered at locality. Full details of all pharmacies open on a Saturday can be found in Appendix A.

3.2.4.4 Routine Sunday daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on Sundays vary within each locality. Fewer pharmacies (11, 24%) are open on Sundays than any other day in Hounslow, which typically mirrors availability of other healthcare providers open on a Sunday. Full details of all pharmacies open on a Sunday can be found in Appendix A.

3.2.4.5 Routine bank holiday access to community pharmacies

Community pharmacies are not obliged to open on nominated bank holidays. While many opt to close, a number of pharmacies (often those in regional shopping centres, retail parks, supermarkets and major high streets) opt to open – often for limited hours.

The ICB has commissioned a Local Enhanced Service to provide coverage over Bank Holidays, Good Friday, Easter Sunday, and Christmas Day, to ensure that there are pharmacies open on these days so patients can access medication if required. This is coordinated by the local Dentistry, Optometry and Pharmacy Team across London. Details of the pharmacies signed up to open on Bank Holidays in Hounslow during the Christmas 2024 period can be found in Appendix A. However, any pharmacy may apply to open or be directed to open depending on need. It may also not be the same pharmacies on each bank holiday. Details of which pharmacies are open can be found on the NHSE website: <https://www.nhs.uk/service-search/pharmacy/find-a-pharmacy>.

3.2.5 Advanced Service provision from community pharmacies

Section 1.5.1.4.2 lists all Advanced Services that may be provided under the pharmacy contract. As these services are discretionary, not all providers will provide them all of the time.

Data supplied from the NHS Business Services Authority (BSA) demonstrates whether the service has been provided based on pharmacies claiming payment for Advanced Services as shown in Table 22. Details of individual pharmacy providers can be seen in Appendix A.

The numbers in the table below represent the number and percentage of providers who have claimed payment for service.

Table 22: Summary of Advanced Services provision in Hounslow

Services	Brentworth	Hounslow Health	Great West Road	Feltham and Bedfont	Chiswick	Hounslow
Pharmacy First	10 (91%)	11 (92%)	7 (100%)	7 (100%)	7 (88%)	42 (93%)
Flu vaccination	0	0	0	0	0	0
Pharmacy Contraception Service	3 (27%)	2 (17%)	3 (43%)	1 (14%)	3 (38%)	12 (27%)
Hypertension case-finding	6 (55%)	9 (75%)	6 (86%)	7 (100%)	5 (63%)	33 (73%)
New Medicine Service	10 (91%)	10 (83%)	7 (100%)	7 (100%)	6 (75%)	40 (89%)
Smoking Cessation Service	0	0	0	0	0	0
AUR	0	0	0	0	0	0
SAC	0	0	0	0	0	0
LFD supply	3 (27%)	3 (25%)	4 (57%)	3 (43%)	2 (25%)	15 (33%)

Source: NHS BSA based on activity data May-July 2024.

It should be noted that services, such as AUR and SAC, which have no activity recorded, typically have lower dispensing through Community Pharmacies as DACs (a specialised supplier of medical appliances and devices) provides these services. It should also be noted that for some of these services, such as AUR, not signing up does not preclude providers from providing the service.

At the time of writing, which Community Pharmacies were providing the Flu Vaccination service was unavailable and the latest dispensing data suggested it's not being provided. However, it should be noted that this is a seasonal trend in activity and that the Flu Vaccination Service can be provided by any pharmacy that fulfils the criteria.

Newer Advanced Services are increasing in activity based on activity recorded in the 2022 PNA. The Hypertension case finding service previously had low uptake across all localities however data suggests good uptake for the majority of contractors in all localities.

The Smoking Cessation Service currently has low uptake locally as well as nationally and Hounslow contractors are having fewer consultations than the national average around the Pharmacy Contraception Service, as demonstrated by the Community Pharmacy England Dashboards⁸⁷. This service relies on a referral from secondary care. Therefore, numbers should be interpreted with care.

3.2.6 Enhanced Service provision from community pharmacies

There are two National Enhanced Services and four Local Enhanced Services commissioned through community pharmacies in London.

The National Enhanced Services (NES) are the COVID-19 vaccination service and the RSV and Pertussis vaccination services.

- COVID-19 vaccination service: Actual provision numbers are not available at the time of writing, as this activity is seasonal, but number of pharmacies signed up is available in Table 23 below and details of individual pharmacies signed up for the last campaign can be found in Appendix A, although service provision can change with each campaign. This service is also accessible to residents from other healthcare providers.
- The RSV vaccination and Pertussis vaccination service is currently under procurement and due to go live in autumn 2025.

The Local Enhanced Services (LES) are the bank holiday opening, MMR vaccination, Pneumococcal vaccination and London Flu vaccination.

- Bank holidays: As discussed in Section 3.2.4.5, there is a local enhanced service to ensure that there are pharmacies open on these days so patients can access medication if required. Providers typically changes each bank holiday, however provision is spread across the area and details can be found on the NHSE website: <https://www.nhs.uk/service-search/pharmacy/find-a-pharmacy>. Details of the pharmacies open on Christmas 2024 bank holidays in Hounslow can be found in Appendix A.
- The Measles, Mumps and Rubella (MMR) vaccination service is currently not commissioned in any pharmacy in Hounslow.
- Details of pharmacies signed up for the Pneumococcal Polysaccharide Vaccine (PPV) service were not available at the time of writing.
- The London Flu vaccination service will come into effect from 1 September 2025. In previous campaigns, one of the requirements for eligibility was for pharmacies to be providing the national Advanced Flu service first.

⁸⁷ Community Pharmacy England. Clinical services statistics. October 2024. [Accessed December 2024] <https://cpe.org.uk/funding-and-reimbursement/nhs-statistics/clinical-services-statistics/>

Table 23: Number and percentage of providers for Enhanced Services in Hounslow

Service	Brentworth	Hounslow Health	Great West Road	Feltham and Bedfont	Chiswick	Hounslow
COVID-19 vaccination	3 (27%)	6 (50%)	5 (71%)	3 (43%)	3 (38%)	20 (44%)
Bank Holiday	1 (9%)	0	0	1 (14%)	0	2 (4%)

Source: Listed of signed up pharmacies.

Any Locally Commissioned Services (LCS) commissioned by the ICB or the local authority are not considered here. They are outside the scope of the PNA but are considered in [Section 4](#).

3.3 Dispensing Appliance Contractors

Dispensing Appliance Contractors are described in Section 1.5.2. There are no DACs in Hounslow.

The community pharmacy contractor questionnaire received 24 responses to the appliance dispensing question and 79% of them reported that they dispense all types of appliances.

As part of the Essential Services of appliance contractors, a free delivery service is available to all patients. It is therefore likely that patients will obtain appliances delivered from DACs outside Hounslow.

There are 111 DACs in England⁸⁸.

3.4 Dispensing GP practices

Dispensing GP practices are described in Section 1.5.3. There are no dispensing GP practices in Hounslow.

3.5 PhAS pharmacies

The Pharmacy Access Scheme is described in Section 1.5.1.5. There are two PhAS providers in Hounslow – one in Brentworth and one in Feltham and Bedfont. Details can be found in Appendix A.

3.6 Pharmaceutical service provision provided from outside Hounslow

Hounslow borders with five other HWBs: Hammersmith & Fulham, Ealing, Hillingdon, Richmond and Surrey. Like most London boroughs, Hounslow has a comprehensive transport system. As a result, it is anticipated that many residents in Hounslow will have reasonable access to pharmaceutical service providers in neighbouring HWB areas and beyond. The map (Figure 56) in Section 3.1 shows pharmacy contractors that lie across the Hounslow border but are within easy reach of Hounslow population.

⁸⁸ NHS BSA. General Pharmaceutical Services in England 2015-16 – 2023-24. October 2024. [Accessed December 2024] <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-2015-16-2023-24>

It is not practical to list here all those pharmacies outside Hounslow area by which Hounslow residents will access pharmaceutical services. However, there is one pharmacy to which the Steering Group wishes to make specific reference, as it is considered to routinely provide services to a large number of Hounslow residents, but lie across the border in neighbouring Ealing HWB.

- Tesco Pharmacy, Hayes Road, Bulls Bridge Industrial Estate, Southall, UB2 5NB. Open Monday to Saturday from 9 am to 8 pm and on Sunday from 11 am to 5 pm.

In addition, the Hounslow residents that work in Heathrow, particularly on a shift pattern, can access pharmacies in the airport which are open late.

Analysis of dispensing data (between May-July 2024) has highlighted an average of approximately 8,947 items per month from each community pharmacy. This is higher than the England average of 7,109 items per pharmacy monthly and the London average of 6,997 per month in 2023-24⁸⁹.

⁸⁹ NHS BSA. General Pharmaceutical Services in England 2015-16 – 2023-24. October 2024. [Accessed December 2024] <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-2015-16-2023-24>

Section 4: Other services that may impact on pharmaceutical services provision

Community pharmacies and GP practices provide a range of other services. These are not considered 'pharmaceutical services' under the Pharmaceutical Regulations 2013 and may be either free of charge, privately funded or commissioned by the Local Authority or ICB. Table 24 and Table 25 detail the Locally-Commissioned Services (LCS) provided across Hounslow. A list of all contractors and commissioned services can be found in Appendix A.

These services are listed for information only and would not be considered as part of a market entry determination. Examples of such services include delivery services, allergy testing, care home services and sexual health services, although this is not an exhaustive list.

4.1 Integrated Care Board (ICB)-commissioned services

The North West London ICB commissions two ICB Services (ICBS) across Hounslow:

- ICBS1: Palliative care (in-hours)
- ICBS2: Palliative care (out of hours)

Table 24: Number and percentage of providers for North West London ICB commissioned services in Hounslow

Services	Brentworth	Hounslow Health	Great West Road	Feltham and Bedfont	Chiswick	Hounslow
In hours Palliative care medicines access service	2 (18%)	3 (25%)	2 (29%)	1 (14%)	1 (13%)	9 (20%)
Out of hours Palliative care medicines access service*	-	-	-	-	-	7 (16%)

*This data is not published and is made available when requested to individuals requiring access.

These services are listed for information only and would not be considered and used as part of a market entry determination.

4.2 Local authority-commissioned services provided by community pharmacies in Hounslow

LBH commissions six Local Authority Services (LAS) from community pharmacies in Hounslow.

Currently commissioned services by LBH are:

- LAS1: C-card scheme (condom distribution).
- LAS2: Emergency Hormonal Contraception (EHC).
- LAS3: National Chlamydia Screening Programme (NCSP).

- LAS4: Stop smoking support and Nicotine Replacement Therapy (NRT) collection.
- LAS5: Supervised consumption.
- LAS6: Needle exchange.

Table 25: Number and percentage of providers for LBH-commissioned services in Hounslow

Services	Brentworth	Hounslow Health	Great West Road	Feltham and Bedfont	Chiswick	Hounslow
C-card scheme	5 (45%)	4 (33%)	2 (29%)	2 (29%)	1 (13%)	14 (31%)
EHC	6 (55%)	8 (67%)	4 (57%)	2 (29%)	1 (13%)	21 (47%)
NCSP	6 (55%)	5 (42%)	2 (29%)	2 (29%)	1 (13%)	16 (36%)
Stop smoking support and NRT collection	3 (27%)	4 (33%)	4 (57%)	0	2 (25%)	13 (29%)
Supervised consumption	3 (27%)	4 (33%)	2 (29%)	3 (43%)	1 (13%)	13 (29%)
Needle exchange	1 (9%)	2 (17%)	1 (14%)	0	0	4 (9%)

These services may also be provided from other providers, e.g. GP practices and community health services. A full list of community pharmacy providers for each service in Hounslow can be found in Appendix A.

These services are listed for information only and would not be considered and used as part of a market entry determination.

4.3 Other services provided from community pharmacies

There were 25 respondents to the community pharmacy contractor questionnaire, found in Appendix E. Of respondents, 46% stated they would like to provide more services in Hounslow that are not currently commissioned. There is enough capacity in the Hounslow community pharmacy network to deliver new services.

A report of the community pharmacy contractor questionnaire responses is detailed in Appendix E.

4.4 Collection and delivery services

The delivery services offered by pharmacy contractors are not commissioned services and is not part of the community pharmacy contractual terms of service. This would not be considered as part of a determination for market entry.

From the pharmacy contractor questionnaire, up to 83% (20) of community pharmacies provide home delivery services free of charge on request. It should be noted that 80% (20) of community pharmacies collect prescriptions from GP practices.

Free delivery is required to be offered without restriction by all DSPs to patients who request it throughout England. There is one DSP based in Hounslow, and there are 409 throughout England. Free delivery of appliances is also offered by DACs, and there are 111 DACs throughout England.

4.5 Services for less-abled people

Under the Equality Act 2010⁹⁰, community pharmacies are required to make 'reasonable adjustments' to their services to ensure they are accessible by all groups, including less-abled persons.

Of the 821 responders to the public questionnaire, 641 responded to the question about disability, of which 253 (40%) have identified that they have a disability. It should be noted that out of the 253 that state they have a disability, there were 177 (70%) that said it affects their mobility.

The contractor questionnaire identified that 79% of the 25 pharmacies that responded have a consultation room that is accessible to wheelchair users.

4.6 Language services

Of the pharmacies who responded to the community pharmacy contractor questionnaire, 22 reported that they offer at least one additional language in addition to English. The most common spoken additional languages were Hindi (20), Gujarati (16), Panjabi (13), Urdu (8) and Arabic (6). The full list can be seen in Appendix E, question five.

4.7 Other providers

The following are providers of pharmacy services in Hounslow but are not defined as pharmaceutical services under the Pharmaceutical Regulations 2013, however reduce the need for pharmaceutical service provision.

4.7.1 NHS hospitals

Pharmacy service provision is provided to Hounslow patients by the following hospitals:

- West Middlesex University Hospital, Twickenham Road, Isleworth TW7 6AF.
- Chelsea and Westminster Hospital, 369 Fulham Road, London SW10 9AH.

4.7.2 Personal administration of items by GP Practices

GPs are able to personally administer certain items such as vaccines and certain injectable medications for reimbursement from the NHS.

4.7.3 Prison pharmacies

In Hounslow there is a prison and young offender institution:

- Feltham Prison and Young Offender Institution: Bedfont Road, Feltham TW13 4ND.

⁹⁰ UK Government. Legislation. Equality Act 2010. October 2024. [Accessed December 2024] www.legislation.gov.uk/ukpga/2010/15/contents

4.7.4 Flu vaccination service by GP Practices

GPs provide access to flu vaccination additionally to the service commissioned in pharmacies through the NHS Enhanced service.

The following services may increase the demand for pharmaceutical service provision:

4.7.5 Urgent Care Centres (UCCs)

Hounslow residents have access to an urgent care centre based at:

- West Middlesex University Hospital, Twickenham Road, Isleworth TW7 6AF.

4.7.6 GP out of hours services

There are a number of GP practices in Hounslow that provide extended hours. The normal working hours that a GP practice is obliged to be available to patients are 08:00 to 18:30 Monday to Friday; a number of practices offer extended hours both before and after these times, including on a Saturday morning.

4.7.7 Extended hours provided by Primary Care Networks (PCNs)

PCNs are required to provide enhanced access to appointments outside of the standard opening hours for most GPs to accommodate those who may need appointments outside typical opening working times.

4.7.8 Community nursing prescribing

Community nurses work in a variety of settings, providing care to individuals outside of a normal acute or general practice setting. This can range from community-based clinics offering specialist services to directly visiting patients in their home.

4.7.9 Dental services

Dentists are able to prescribe through their dental practices and may issue prescriptions for their patients when necessary.

4.7.10 Sexual health centres

There are three sexual health clinics in Hounslow:

- Twickenham House, West Middlesex University Hospital, Twickenham Road, Isleworth TW7 6AF.
- Heart of Hounslow Centre for Health, 92 Bath Road, Hounslow, TW3 3EL.
- Feltham Centre for Health, The Centre, Feltham TW13 4GU.

4.7.11 Other services

The following are services provided by NHS pharmaceutical providers in Hounslow, commissioned by organisations other than NHSE or provided privately, and therefore out of scope of the PNA.

As part of the community pharmacy contractor questionnaire, found in Appendix D, respondents were asked to indicate which from a range of other services, including disease-specific, vaccination and screening services, they currently provide, would be willing to provide or would not be willing to provide. The majority of pharmacies indicated that they either currently provide these services or would be willing to provide if commissioned. A summary of the community pharmacy contractor questionnaire responses is detailed in Appendix E.

Privately provided services – most pharmacy contractors and DACs will provide services by private arrangement between the pharmacy/ DAC and the customer/ patient.

The following are examples of services and may fall within the definition of an Enhanced Service. However, as the service has not been commissioned by the NHS and is funded and provided privately, it is not a pharmaceutical service:

- Care home service, e.g. direct supply of medicines/appliances and support medicines management services to privately run care homes.
- Home delivery service, e.g. direct supply of medicines/appliances to the home.
- PGD service, e.g. hair loss therapy, travel clinics.
- Screening service, e.g. skin cancer.

Services will vary between providers and are occasionally provided free of charge, e.g. home delivery.

Community pharmacies are contractually obliged to clarify on their patient leaflet which services are NHSE-funded, local authority-funded and privately funded.

Section 5: Findings from the public questionnaire

A public questionnaire about pharmacy provision was developed by the steering group to understand the views of the public in Hounslow. This questionnaire was available online through LBH consultations website page between 3 October and 24 November 2024. Paper copies and an easy read version were also available under request.

The questionnaire was circulated by the PNA Steering Group to engage stakeholders through various routes:

- Social media channels.
- Posters displayed in pharmacies and libraries.
- Digital posters displayed in council hall screens.
- Hounslow residents e-newsletter.
- London Borough of Hounslow staff.
- LBH network including Disability and Age Equality Partnership, LGBTQ+ Advisory Forum, and Sheltered housing team.
- Healthwatch Hounslow network.
- North West London ICB network.

There were 821 responses, all to the online survey, from a population of 288,181, so the respondents represent a 0.28% of the population. Therefore, findings should be interpreted with some care regarding the representation of the community as a whole. It should also be noted that the demographics of respondents do not fully reflect population demographics, with certain groups not adequately represented, which limits how generalisable the findings are.

Due to small numbers, responses are not broken down by locality. A detailed report of the results can be found in Appendix D.

When reporting of details of responses to the public questionnaire, some figures may not add up to 100% due to rounded numbers, multiple choice or some options not being included in the report (e.g. "Prefer not to say", "N/A" etc).

5.1 Demographic analysis

- 61% of the respondents were female and 37% male, with the majority of the responses from those aged 70-89 (45%) followed by 50-69 years old (40%).
- 40% of users reported having a disability or long-standing illness of which 63% (177) had a physical disability.
- Majority of the respondents came from a White-English background (56%).

5.2 Visiting a pharmacy

- 89% have a regular or preferred local community pharmacy, which is similar to the 88% of respondents in 2022.
- Most of the respondents (37%) visited a pharmacy a few times a month or once a month (29%).

- 43% said the time of day most convenient typically varied, with only 6% saying the time 7 pm to 10 pm was the most convenient.
- 64% said the day that was most convenient also varied, with only 15% specifically stating Sunday was the most convenient.
- 1% said they only used an online pharmacy.

5.3 Reason for visiting a pharmacy

- The main reason for visiting a pharmacy for most was to collect prescriptions for themselves (88%) or someone else (44%).
- 61% went to buy medicines over the counter and 50% went to seek advice from the pharmacist.
- Some of the respondents went to use the Advanced Services provided by their community pharmacy: 25% went for the Pharmacy First service, 6% for the Hypertension Case Finding service and 1% went to use the Pharmacy Contraception service.
- 8% included vaccinations as their reason to go to a pharmacy.

Numbers add to more than 100% because multiple options were available for selection by each user.

5.4 Choosing a pharmacy

- 20% said they chose to use a pharmacy that wasn't the closest or most convenient mostly due to preference or accessibility reasons.
- Availability of medicines was an important factor (69% felt it was extremely important and a further 25% felt it was very important) when choosing a pharmacy.
- The quality of service (64%) and location of the pharmacy (59%) were also extremely important factors.
- The pharmacy being accessible and public transport being available were considered as not being important at all by 49% and 43% respectively. However, 27% felt it was extremely or very important for accessibility and this may reflect the respondents who had a disability (40%).

5.5 Access to a pharmacy

- Most (60%) usually walked to their pharmacy or travelled by car (27%).
- 86% reported that they were able to travel to a pharmacy in less than 20 minutes and, overall, 96% being able to get to their pharmacy within 30 minutes.

Section 6: Analysis of health needs and pharmaceutical service provision

The purpose of the analysis of health needs and pharmaceutical service provision is to establish if there is a gap or potential future gap in the provision of pharmaceutical services in Hounslow.

6.1 Pharmaceutical services and health needs

The health needs and pharmaceutical service provision for Hounslow have been analysed, taking into consideration the priorities outlined in the NHS LTP, JSNA, JLHWS, other local policies, strategies and health needs ([Section 2](#)).

Several of the priorities in these strategies and policies can be supported by the provision of pharmaceutical services within Hounslow. Some of these services are Essential Services and already provided, and some will be Advanced or Enhanced Services that are new.

Understanding the communities that local pharmacies serve is important for maximising national Community Pharmacy Contractual Framework (CPCF) services in care pathways as well as commissioning the services that best serve the health and wellbeing requirements of the local communities. Pharmacies play more than a medicine-dispensing role today and the changes in the 2019-2024 CPCF saw services that meet the prevention, medicines optimisation and primary care access agendas. The Public Health build in the CPCF supports communities to be healthy, to self-care and to self-manage long-term conditions. These are all important services that can help reduce the demand on local general practices and hospitals.

6.2 PNA localities

There are 45 contractors in Hounslow, all of them community pharmacies (including one DSP). Table 14 in Section 3.1 provides a breakdown by contractor type and Table 21 in Section 3.2.4.2 provides a breakdown of the number and percentage of community pharmacies open beyond 6 pm and weekends. Individual community pharmacy opening times are listed in Appendix A.

The health needs of the Hounslow population influence pharmaceutical service provision in Hounslow. Health and population information was not always provided on a locality basis; where it was provided it had been discussed in the relevant locality section below. Where data was only available at area level it will be discussed in Section 6.3.

For the purpose of the PNA, **all Essential Services are considered Necessary Services in Hounslow.**

All **Advanced and Enhanced Services are ‘other relevant services’**. Locally-commissioned pharmaceutical services are considered those that secure improvements or better access or that have contributed towards meeting the need for pharmaceutical services in the HWB area.

The breakdown of Advanced, Enhanced and Locally Commissioned Service provision by locality can be found in Sections 3.2.5, 3.2.6, 4.1 and 4.2 respectively.

For the purpose of the PNA, the Hounslow geography has five localities:

- Brentworth PCN.
- Hounslow Health PCN.
- Great West Road PCN.
- Feltham and Bedfont PCN.
- Chiswick PCN.

The following have been considered as part of the assessment for Hounslow to understand the needs of the population:

- National priorities as set out by the NHS Long Term Plan and Core20PLUS5.
- The local strategies across the area for the health needs of the population of Hounslow from the JSNA, JHWS and the ICS.
- Population changes and housing developments across the next three years.
- IMD and deprivation ranges compared with the relative location of pharmacy premises.
- The burden of diseases and the lifestyle choices people make across Hounslow.
- The health profiles based on ONS and QOF data.

The following have been considered to understand pharmaceutical service provision and access:

- The number and location of pharmacy contractors across each locality.
- What choice do individuals have to which pharmacy they choose to visit.
- Weekend and evening access across each locality.
- How long it takes to travel to the nearest pharmacy based on various transportation methods.
- What services are provided across each locality.
- The views of the public on pharmaceutical service provision.
- The views of contractors on pharmaceutical service provision.

6.2.1 Brentworth

Brentworth locality has a population of 60,830. Brentford East is one of three wards with the highest population of residents born in an EU country. This locality has higher deprivation to east and south-east of the locality. Population density is higher in the east and south of the locality.

The health of the population of Brentworth is taken from QOF data and the Hounslow JSNA. Female life expectancy is greatest in Osterley and Spring Grove. Diabetes levels are reported to be higher than England, and lower than London and the borough levels. CHD levels in the locality are noticeably higher than borough, London and England levels. Asthma values are higher than the borough and London values but lower than England's. The locality records higher cancer mortality rates in the southeast and south. Brentworth has one of the highest locality proportions of the population aged over 65 and over 85, located in the west and centre. The COPD GP-recorded prevalence data is the second highest across all PCNs.

6.2.1.1 Necessary Services: current provision

There are 11 community pharmacies in Brentworth. The estimated average number of community pharmacies per 100,000 population is 18.1, which is the same as England, and higher than the Hounslow average of 15.6 (Section 3.2). There are 10 (91%) pharmacies that hold a standard 40-core hour contract and one (9%) 72+hour pharmacy. One of the community pharmacies is also a PhAS. There are no DSPs in Brentworth.

Of the 11 community pharmacies:

- Six pharmacies (55%) are open after 6 pm on weekdays.
- Ten pharmacies (91%) are open on Saturdays.
- Four pharmacies (36%) are open on Sundays.

There are also a number of accessible providers open in the neighbouring localities of Chiswick, Great West Road and Hounslow Health PCNs; and across the borders in Ealing and Richmond boroughs.

6.2.1.2 Necessary Services: gaps in provision

There is good pharmaceutical service provision across the whole locality to ensure continuity of provision for new developments. The locality population growth was unavailable; the borough population growth is projected to increase to 302,071 in 2025, an increase of 4.8%. The number of dwellings planned in the locality from 2022 to 2041 is anticipated to be 11,155 homes. The borough aims to meet a target of around 1,782 homes per year up to 2029.

This small increase in population growth should not impact access to pharmaceutical services. Hounslow HWB will continue to monitor pharmaceutical service provision in specific areas within the locality where major housing developments are planned, to ensure there is the capacity to meet potential increases in service demand.

No gaps in the provision of Necessary Services have been identified for Brentworth.

6.2.1.3 Other relevant services: current provision

Section 1.5.1.4.2 lists all Advanced Services that may be provided under the pharmacy contract. As these services are discretionary, not all providers will provide them all of the time.

Data supplied from the NHS Business Services Authority (NHS BSA) demonstrates whether the service has been provided based on pharmacies claiming payment for Advanced Services as shown in Table 22 in Section 3.2.5. Details of individual pharmacy providers can be seen in Appendix A.

Regarding access to **Advanced** Services (based on pharmacies' activity data from dispensing in May-July 2024):

- Pharmacy First – ten pharmacies (91%) delivered this service.

- Seasonal influenza vaccination – No pharmacies (0%) delivered this service.
- Pharmacy Contraception – Three pharmacies (27%) delivered this service.
- Hypertension case-finding – Six pharmacies (55%) delivered this service.
- New Medicine Service – 10 pharmacies (91%) delivered this service.
- Smoking Cessation – No pharmacies (0%) delivered this service.
- Appliance use review – No pharmacies (0%) delivered this service.
- Stoma appliance customisation – No pharmacies (0%) delivered this service.
- Lateral Flow Device Tests – Three pharmacies (27%) delivered this service.

Regarding access to **Enhanced** Services from the list of signed up providers:

- COVID-19 vaccination service: Three pharmacies (27%) offered this service during the last campaign.
- Bank Holiday Service: During Christmas 2024 period, one pharmacy (9%) was signed up for this service.

There is good access to Pharmacy First, Hypertension case finding service, and NMS services. The Flu Vaccination Service can be provided by any pharmacy that fulfils the criteria.

No gaps in the provision of Relevant Services have been identified for Brentworth.

6.2.1.4 Improvements and better access: gaps in provision

Regarding access to **services commissioned by NWL ICB**:

- Palliative care medicines access service (in-hours) – Two pharmacies (18%) offer this service.

Regarding access to **services commissioned by LBH**:

- C-card scheme – Five pharmacies (45%) offer this service.
- EHC – Six pharmacies (55%) offer this service.
- National Chlamydia Screening Programme (NCSP) – Six pharmacies (55%) offer this service.
- Stop smoking support and NRT collection – Three pharmacies (27%) offer this service.
- Supervised consumption – Three pharmacies (27%) offer this service.
- Needle exchange – One pharmacy (9%) offers this service.

All of the Advanced, Enhanced and Locally Commissioned Services are available in Brentworth and have varying opening times.

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies including plans for increase uptake of the recently introduced Advanced Services – Pharmacy First, the Hypertension case-finding service, PCS and the smoking cessation Advanced Service. The ICS needs to look at increasing service uptake through existing providers working with place-based stakeholders.

No gaps have been identified that if provided either now or in the future (in the next three years, which is within the lifetime of this PNA) would secure improvements or better access to services across Brentworth.

6.2.2 Hounslow Health

Hounslow Health locality has a population of 68,451. This locality is the most densely populated in the borough. There are moderate levels of deprivation in the south west and centre of the locality.

The health of the population of Hounslow Health is taken from QOF data and the Hounslow JSNA. The locality have the highest rates of GP-recorded diabetes and obesity compared to the borough, London, and England. Hypertension and CHD values are higher than both borough and London values and lower than England values.

6.2.2.1 Necessary Services: current provision

There are 12 community pharmacies (including one DSP) in Hounslow Health. The estimated average number of community pharmacies per 100,000 population is 17.5, which is similar lower than the England average of 18.1 and higher than the Hounslow average of 15.6 (Section 3.2). There are ten (83%) pharmacies that hold a standard 40-core hour contract, one (8%) 72+hour pharmacy and one (8%) DSP in Hounslow Health.

Of the 12 community pharmacies:

- Eleven pharmacies (92%) are open after 6 pm on weekdays.
- Ten pharmacies (83%) are open on Saturdays.
- Two pharmacies (17%) are open on Sundays.

There are also a number of accessible providers open in the neighbouring localities of Feltham and Bedfont, Brentworth and Great West Road, and the HWB area of Richmond.

6.2.2.2 Necessary Services: gaps in provision

There is good pharmaceutical service provision across the whole locality to ensure continuity of provision for new developments. The locality population growth was unavailable; the borough population growth is projected to increase to 302,071 by 2025, an increase of 4.8%. The number of dwellings planned in the locality from 2022 to 2041 is anticipated to be 4,853 homes. The borough aims to meet a target of around 1,782 homes per year up to 2029.

This small increase in population growth should not impact access to pharmaceutical services. Hounslow HWB will continue to monitor pharmaceutical service provision in specific areas within the locality where major housing developments are planned, to ensure there is the capacity to meet potential increases in service demand.

6.2.2.3 Other relevant services: current provision

Section 1.5.1.4.2 lists all Advanced Services that may be provided under the pharmacy contract. As these services are discretionary, not all providers will provide them all the time.

Data supplied from the NHS Business Services Authority (NHS BSA) demonstrates whether the service has been provided based on pharmacies claiming payment for Advanced Services as shown in Table 22 in Section 3.2.5. Details of individual pharmacy providers can be seen in Appendix A.

Regarding access to **Advanced** Services (based on pharmacies' activity data from dispensing in May-July 2024):

- Pharmacy First – 11 pharmacies (92%) delivered this service.
- Seasonal influenza vaccination – No pharmacies (0%) delivered this service.
- Pharmacy Contraception – Two pharmacies (17%) delivered this service.
- Hypertension case-finding – Nine pharmacies (75%) delivered this service.
- New Medicine Service – Ten pharmacies (83%) delivered this service.
- Smoking Cessation – No pharmacies (0%) delivered this service.
- Appliance use review – No pharmacies (0%) delivered this service.
- Stoma appliance customisation – No pharmacies (0%) delivered this service.
- Lateral Flow Device Tests – Three pharmacies (25%) delivered this service.

Regarding access to **Enhanced** Services from the list of signed up providers:

- COVID-19 vaccination service – Six pharmacies (50%) offered this service during the last campaign.
- Bank Holiday Service: During Christmas 2024 no pharmacies were signed up for this service.

There is good access to Pharmacy First, Hypertension case finding service and NMS. The Flu Vaccination Service can be provided by any pharmacy that fulfils the criteria.

No gaps in the provision of Relevant Services have been identified for Hounslow Health.

6.2.2.4 Improvements and better access: gaps in provision

Regarding access to **services commissioned by North West London ICB**:

- Palliative care medicines access service (in-hours) – Three pharmacies (25%) offer this service.

Regarding access to **services commissioned by LBH**:

- C-card scheme – Four pharmacies (33%) offer this service.
- EHC – Eight pharmacies (67%) offer this service.
- National Chlamydia Screening Programme (NCSP) – Five pharmacies (42%) offer this service.
- Stop smoking support and NRT collection – Four pharmacies (33%) offer this service.
- Supervised consumption – Four pharmacies (33%) offer this service.
- Needle exchange – Two pharmacies (17%) offer this service.

All of the Advanced, Enhanced and Locally Commissioned Services are available in Hounslow Health and have varying opening times.

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies including plans for increase uptake of the recently introduced Advanced Services – Pharmacy First, the Hypertension case-finding service, PCS and the smoking cessation Advanced Service. The ICS needs to look at increasing service uptake through existing providers working with place-based stakeholders.

No gaps have been identified that if provided either now or in the future (in the next three years, which is within the lifetime of this PNA) would secure improvements or better access to services across Hounslow Health

6.2.3 Great West Road

Great West Road locality has a population of 59,803. The wards in Heston and Cranford have the highest rates of people speaking Panjabi or Urdu as a first language. This is one of the most densely populated localities, however, it is less densely populated in the northwest and extreme south. Deprivation is higher in the north and west of the locality.

The health of the population of Great West Locality is taken from QOF data and the Hounslow JSNA. Great West PCN is one of the two PCNS with the highest rates of GP-recorded diabetes and CHD. Diabetes values are significantly higher than the borough, London and England values. CHD values are higher than borough and London levels, but lower than England. In addition, obesity levels are higher than the values of the borough, London, and England.

6.2.3.1 Necessary Services: current provision

There are seven community pharmacies in Great West Road. The estimated average number of community pharmacies per 100,000 population is 11.7, which is lower than the England average of 18.1 and the Hounslow average of 15.6 (Section 3.2). All seven (100%) of the pharmacies hold a standard 40-core hour contract. There are no DSPs in Great West Road.

Of the seven community pharmacies:

- Four pharmacies (57%) are open after 6 pm on weekdays.
- Six pharmacies (86%) are open on Saturdays.
- One pharmacy (14%) is open on Sundays.

There are also a number of accessible providers open in the neighbouring localities of Feltham and Bedfont, Hounslow Health and Brentworth, and in the boroughs of Ealing and Hillingdon.

6.2.3.2 Necessary Services: gaps in provision

There is good pharmaceutical service provision across the whole locality to ensure continuity of provision for new developments. The locality population growth was unavailable; the borough population growth is projected to increase to 302,071 by 2025, an increase of 4.8%. The number of dwellings planned in the locality from 2022 to 2041 is anticipated to be 2,009 homes. The borough aims to meet a target of around 1,782 homes per year up to 2029. This small increase in population growth should not impact access to pharmaceutical services.

Hounslow HWB will continue to monitor pharmaceutical service provision in specific areas within the locality where major housing developments are planned, to ensure there is the capacity to meet potential increases in service demand.

No gaps in the provision of Necessary Services have been identified for Great West Road.

6.2.3.3 Other relevant services: current provision

Section 1.5.1.4.2 lists all Advanced Services that may be provided under the pharmacy contract. As these services are discretionary, not all providers will provide them all the time.

Data supplied from the NHS Business Services Authority (NHS BSA) demonstrates whether the service has been provided based on pharmacies claiming payment for Advanced Services as shown in Table 22 in Section 3.2.5. Details of individual pharmacy providers can be seen in Appendix A.

Regarding access to **Advanced** Services (based on pharmacies' activity data from dispensing in May-July 2024):

- Pharmacy First – Seven pharmacies (100%) delivered this service.
- Seasonal influenza vaccination – No pharmacies (0%) delivered this service.
- Pharmacy Contraception – Three pharmacies (43%) delivered this service.
- Hypertension case-finding – Six pharmacies (86%) delivered this service.
- New Medicine Service – Seven pharmacies (100%) delivered this service.
- Smoking Cessation – No pharmacies (0%) delivered this service.
- Appliance use review – No pharmacies (0%) delivered this service.
- Stoma appliance customisation – No pharmacies (0%) delivered this service.
- Lateral Flow Device Tests – Four pharmacies (57%) delivered this service.

Regarding access to **Enhanced** Services from the list of signed up providers:

- COVID-19 vaccination service – Five pharmacies (71%) offered this service during the last campaign.
- Bank Holiday Service: During Christmas 2024 period, no pharmacies were signed up for this service.

There is good provision of Pharmacy First, NMS, Hypertension case-finding, LFD and Pharmacy Contraception service. The Flu Vaccination Service can be provided by any pharmacy that fulfils the criteria.

No gaps in the provision of Relevant Services have been identified for Great West Road.

6.2.3.4 Improvements and better access: gaps in provision

Regarding access to **services commissioned by North West London ICB**:

- Palliative care medicines access service (in-hours) – Two pharmacies (29%) offer this service.

Regarding access to **services commissioned by LBH**:

- C-card scheme – Two pharmacies (29%) offer this service.
- EHC – Four pharmacies (57%) offer this service.
- National Chlamydia Screening Programme (NCSP) – Two pharmacies (29%) offer this service.
- Stop smoking support and NRT collection – Four pharmacies (57%) offer this service.
- Supervised consumption – Two pharmacies (29%) offer this service.
- Needle exchange – One pharmacy (14%) offers this service.

All of the Advanced, Enhanced and Locally Commissioned Services are available in Great West Road and have varying opening times.

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies including plans for increase uptake of the recently introduced Advanced Services –the Hypertension case-finding service, PCS and the smoking cessation Advanced Service. The ICS needs to look at increasing service uptake through existing providers working with place-based stakeholders.

No gaps have been identified that if provided either now or in the future (in the next three years, which is within the lifetime of this PNA) would secure improvements or better access to services across Great West Road

6.2.4 Feltham and Bedfont

Feltham and Bedfont locality has a population of 74,420. Hanworth Village has the highest percentage of children under 16. Feltham West and Hanworth Village have the largest proportion of 0–15-year-olds. Deprivation is relatively higher in the southeast, and some deprivation in the northwest and northeast of the locality. The locality is more densely populated in the centre and southeast.

The health of the population of Feltham and Bedfont is taken from QOF data and the Hounslow JSNA. Diabetes values are higher than borough, London, and England values. Hypertension values are higher than the borough and London values, but lower than England. Obesity levels are higher than London and England levels, but lower than the borough level. Feltham North has the highest under-75 SMR and CVD rates compared to other wards. Cancer mortality rates are noticeably higher in several of the wards in this PCN. The COPD prevalence GP-recorded data prevalence is the highest across all the localities.

6.2.4.1 Necessary Services: current provision

There are seven community pharmacies in Feltham and Bedfont. The estimated average number of community pharmacies per 100,000 population is 9.4, which is much lower than both the England average of 18.1 and the Hounslow average of 15.6 (Section 3.2). There are six (86%) pharmacies that hold a standard 40-core hour contract and one (14%) 72+hour pharmacy, which is also a PhAS. There are no DSPs in Feltham and Bedfont.

Of the seven community pharmacies:

- Five pharmacies (71%) are open after 6 pm on weekdays.
- Six pharmacies (86%) are open on Saturdays.
- Three pharmacies (43%) are open on Sundays.

There are also a number of accessible providers open in the neighbouring localities of Great West Road and Hounslow Health; and HWB areas of Richmond, Hillingdon and Surrey.

6.2.4.2 Necessary Services: gaps in provision

There is good pharmaceutical service provision across the whole locality to ensure continuity of provision for new developments. The locality population growth was unavailable; the borough population growth is projected to increase to 302,071 by 2025, an increase of 4.8%. The number of dwellings planned in the locality from 2022 to 2041 is anticipated to be 4,047 homes. The borough aims to meet a target of around 1,782 homes per year up to 2029.

This small increase in population growth should not impact access to pharmaceutical services. Hounslow HWB will continue to monitor pharmaceutical service provision in specific areas within the locality where major housing developments are planned, to ensure there is the capacity to meet potential increases in service demand.

No gaps in the provision of Necessary Services have been identified for Feltham and Bedfont.

6.2.4.3 Other relevant services: current provision

Section 1.5.1.4.2 lists all Advanced Services that may be provided under the pharmacy contract. As these services are discretionary, not all providers will provide them all the time.

Data supplied from the NHS Business Services Authority (NHS BSA) demonstrates whether the service has been provided based on pharmacies claiming payment for Advanced Services as shown in Table 22 in Section 3.2.5. Details of individual pharmacy providers can be seen in Appendix A.

Regarding access to **Advanced** Services (based on pharmacies' activity data from dispensing in May-July 2024):

- Pharmacy First – Seven pharmacies (100%) delivered this service.
- Seasonal influenza vaccination – No pharmacies (0%) delivered this service.
- Pharmacy Contraception – One pharmacy (14%) delivered this service.
- Hypertension case-finding – Seven pharmacies (100%) delivered his service.
- New Medicine Service – Seven pharmacies (100%) delivered this service.
- Smoking Cessation – No pharmacies (0%) delivered this service.
- Appliance use review – No pharmacies (0%) delivered this service.
- Stoma appliance customisation – No pharmacies (0%) delivered this service.
- Lateral Flow Device Tests – Three pharmacies (43%) delivered this service.

Regarding access to **Enhanced** Services from the list of signed up providers:

- COVID-19 vaccination service – Three pharmacies (43%) offered this service during the last campaign.
- Bank Holiday Service: During Christmas 2024 period, one pharmacy (14%) was signed up for this service..

There is good provision of Pharmacy First, NMS and Hypertension case-finding. The Flu Vaccination Service can be provided by any pharmacy that fulfils the criteria.

No gaps in the provision of Relevant Services have been identified for Feltham and Bedfont.

6.2.4.4 Improvements and better access: gaps in provision

Regarding access to **services commissioned by North West London ICB**:

- Palliative care medicines access service (in-hours) – One pharmacy (14%) offer this service.

Regarding access to **services commissioned by LBH**:

- C-card scheme – Two pharmacies (29%) offer this service.
- EHC – Two pharmacies (29%) offer this service.
- National Chlamydia Screening Programme (NCSP) – Two pharmacies (29%) offer this service.

- Stop smoking support and NRT collection – No pharmacies (0%) offer this service.
- Supervised consumption – Three pharmacies (43%) offer this service.
- Needle exchange – No pharmacies (0%) offer this service.

All of the Advanced, Enhanced and Locally Commissioned Services are available in Feltham and Bedfont and have varying opening times.

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies including plans for increase uptake of the recently introduced Advanced Services – PCS and the smoking cessation Advanced Service. The ICS needs to look at increasing service uptake through existing providers working with place-based stakeholders.

No gaps have been identified that if provided either now or in the future (in the next three years, which is within the lifetime of this PNA) would secure improvements or better access to services across Feltham and Bedfont.

6.2.5 Chiswick

Chiswick locality has a population of 37,604. In 2021, 12.5% of the population in Hounslow were born in an EU country, with Chiswick having the highest number of Hounslow residents born in an EU country. The locality is relatively more affluent when compared to other areas in Hounslow, with the southern part of the locality with more relative deprivation. Chiswick is quite densely populated across the locality, with the southern part of the locality less densely populated.

The health of the population of Chiswick is taken from QOF data and the Hounslow JSNA. The locality is relatively healthier. CHD values are higher than London but less than Hounslow and England averages. Stroke values are higher than London and Hounslow, but lower than England. Cancer values in the locality were higher than the borough, London, and England. Chiswick has the highest proportion of population aged over 65 and over 85.

6.2.5.1 Necessary Services: current provision

There are eight community pharmacies in Chiswick⁹¹. The estimated average number of community pharmacies per 100,000 population is 21.3, which is higher than both the England average of 18.1 and the Hounslow average of 15.6 (Section 3.2). All eight (100%) pharmacies hold a standard 40-core hour contract. There are no DSPs in Chiswick.

Of the eight community pharmacies:

- Seven pharmacies (88%) are open after 6 pm on weekdays.

⁹¹ In addition, please note in this locality there is a pharmacy that has not been included. At the time of writing this pharmacy remains on the pharmaceutical list for Hounslow HWB, however it is closed and subject to removal.

- Eight pharmacies (100%) are open on Saturdays.
- One pharmacy (13%) is open on Sundays.

There are also a number of accessible providers open in the neighbouring locality of Brentworth and in the HWB areas of Richmond, Hammersmith & Fulham and Ealing.

6.2.5.2 Necessary Services: gaps in provision

There is adequate pharmaceutical service provision across the whole locality to ensure continuity of provision for new developments. The locality population growth was unavailable; the borough population growth is projected to increase to 302,071 by 2025, an increase of 4.8%. The number of dwellings planned in the locality from 2022 to 2041 is anticipated to be 1,349 homes. The borough aims to meet a target of around 1,782 homes per year up to 2029.

This small increase in population growth should not impact access to pharmaceutical services. Hounslow HWB will continue to monitor pharmaceutical service provision in specific areas within the locality where major housing developments are planned, to ensure there is the capacity to meet potential increases in service demand.

No gaps in the provision of Necessary Services have been identified for Chiswick.

6.2.5.3 Other relevant services: current provision

Section 1.5.1.4.2 lists all Advanced Services that may be provided under the pharmacy contract. As these services are discretionary, not all providers will provide them all the time.

Data supplied from the NHS Business Services Authority (NHS BSA) demonstrates whether the service has been provided based on pharmacies claiming payment for Advanced Services as shown in Table 22 in Section 3.2.5. Details of individual pharmacy providers can be seen in Appendix A.

Regarding access to **Advanced** Services (based on pharmacies' activity data from dispensing in May-July 2024):

- Pharmacy First – Seven pharmacies (88%) delivered this service.
- Seasonal influenza vaccination – No pharmacies (0%) delivered this service.
- Pharmacy Contraception – Three pharmacies (38%) delivered this service.
- Hypertension case-finding – Five pharmacies (63%) delivered this service.
- New Medicine Service – Six pharmacies (75%) delivered this service.
- Smoking Cessation – No pharmacies (0%) delivered this service.
- Appliance use review – No pharmacies (0%) delivered this service.
- Stoma appliance customisation – No pharmacies (0%) delivered this service.
- Lateral Flow Device Tests – Two pharmacies (25%) delivered this service.

Regarding access to **Enhanced** Services from the list of signed up providers:

- COVID-19 vaccination service – Three pharmacies (38%) offered this service during the last campaign.
- Bank Holiday Service: During Christmas 2024 period no pharmacies were signed up for this service.

There is good access to Pharmacy First, NMS, Hypertension Case Finding Service and PCS. The Flu Vaccination Service can be provided by any pharmacy that fulfils the criteria.

No gaps in the provision of Relevant Services have been identified for Chiswick.

6.2.5.4 Improvements and better access: gaps in provision

Regarding access to **services commissioned by North West London ICB**:

- Palliative care medicines access service (in-hours) – One pharmacy (13%) offers this service.

Regarding access to **services commissioned by LBH**:

- C-card scheme – One pharmacy (13%) offers this service.
- EHC – One pharmacy (13%) offers this service.
- National Chlamydia Screening Programme (NCSP) – One pharmacy (13%) offers this service.
- Stop smoking support and NRT collection – Two pharmacies (25%) offer this service.
- Supervised consumption – One pharmacy (13%) offers this service.
- Needle exchange – No pharmacies (0%) offer this service.

All of the Advanced, Enhanced and Locally Commissioned Services are available in Chiswick and have varying opening times.

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies including plans for increase uptake of the recently introduced Advanced Services – Pharmacy First, the Hypertension case-finding service, PCS and the smoking cessation Advanced Service. The ICS needs to look at increasing service uptake through existing providers working with place-based stakeholders.

No gaps have been identified that if provided either now or in the future (in the next three years, which is within the lifetime of this PNA) would secure improvements or better access to services across Chiswick.

6.3 Hounslow pharmaceutical services and health needs

Hounslow HWB area has a population of 288,181 and is a very diverse borough, the population of which is White (44.1%) –where 28% is White British–, Asian/Asian British (36.7%), Black/African/Caribbean (7.2%), mixed ethnic groups (4.7%) and other (7.3%). Hounslow has more non-white groups compared to London and England.

Census 2021 reported that 72% of Hounslow adults spoke English as their main language at home. The JSNA highlighted that, after English, the three most common languages spoken as a first language are Panjabi, Polish, Romanian, Urdu and Nepalese. There are other languages spoken outside this list that were identified in the patient questionnaire. The locality analysis highlighted wards such as Heston and Cranford with the highest rates of people speaking Panjabi or Urdu as a first language, while wards in Hounslow East, Hounslow South and Hounslow Heath have the highest rates of Polish speakers. Residents may use apps, such as Google Translate, or a member of pharmacy staff to translate, however a commissioned translation and interpretation service would be beneficial for current pharmacy contractors. The ICB could explore how commissioned translation services could be made accessible to community pharmacies to improve uptake and understanding of national and locally commissioned services.

The London Borough of Hounslow has areas of high deprivation, as well as areas of high income. Hounslow is the 122nd most deprived borough (out of 317 local authorities) and is more deprived than the London average.

Hounslow was ranked the 112th most deprived borough nationally (out of 326 boroughs). In both cases, Hounslow was ranked inside the top 50 boroughs in England. The higher the placing, the greater the level of deprivation. The localities of Bentworth and Chiswick are relatively less deprived compared to Great West Road and Feltham and Bedfont, which is more deprived.

Travel analysis across Hounslow showed:

- 92.5% of the Hounslow population can reach a pharmacy in less than 20 minutes walking.
- 99.6% of the Hounslow population can reach a pharmacy in less than five minutes driving.
- Hounslow has an extensive transport system with very good bus, tube and train links.

Health data for Hounslow was compiled from QOF and JSNA data. There are health needs in Hounslow, and this varies across the five localities. Life expectancy has increased within Hounslow. The life expectancy for men in Hounslow is comparable to that of England, but women in Hounslow have a significantly higher life expectancy.

The health and wellbeing of children in Hounslow present mixed outcomes compared to national figures:

- The infant mortality rate is higher and 4.6% of babies are born with low birth weight.
- Immunisation and dental health are poor.

- Childhood immunisations rates are below than England and international values for MMR. The coverage is lower.
- Obesity is also a concern, and rates are higher than England.

Hounslow has the third highest proportionate increase in rough sleepers and the fourth highest number of rough sleepers compared with other Outer London boroughs.

There are a range of issues to be considered for ill health which was derived from the JSNA and CORE20 data:

- Hounslow ranks 84th out of 151 local authorities for premature death. The top five causes of premature mortality in Hounslow are cancer, cardiovascular disease, respiratory disease, liver disease and severe mental illness.
- There were 2,118 premature deaths in Hounslow in the period 2020-22. Additionally, both the under-75 mortality rates due to COVID-19 and the mortality rate from strokes are worse in Hounslow when compared with England.
- Most wards in Hounslow have higher rates of death from CVD than the England average.
- Hounslow is ranked 129th out of 151 local authorities for under-75 mortality rates from cancer. In 2016-2020, eight Hounslow wards had higher cancer rates than the national average.
- For diabetes, GP practice QOF data showed levels are higher than the average prevalence rate for England and London. Brentworth, Feltham and Bedfont, Great West Road and Hounslow Health have higher recorded levels than London.
- Hospital admissions for asthma (patients under 19 years old) in Hounslow is similar compared with England.
- In Hounslow, 64% of adults are overweight or obese. This high level is the same as England for the same period (64.0%).
- Registered patients in Hounslow that were receiving palliative care in 2023-24 are similar levels compared with England.
- The borough has a high rate of alcohol-related hospital admissions, especially in men, with recent trends showing they are worsening. Hounslow ranked seventh among all London boroughs between 2020-2022 for the highest rate of registered deaths related to drug misuse per 100,000 people, largely driven by male deaths.
- Hounslow ranks 13th out of 32 local authorities in London for high opiate and crack cocaine usage per 100,000 people.
- The rate of hospital admissions for falls for people aged 65 and over in 2022-23 was the second highest (worst) in the country compared with England. For the over-65 population, the emergency hospital admission rates due to falls in Hounslow are higher than the England average.
- In 2023, the rate for new STIs diagnosed among Hounslow residents was higher than the rate in England.
- The three-year average adult smoking prevalence in Hounslow (2021-2023) is slightly higher but comparable to the England average. The popularity of disposable vaping products has increased among adults who vape.

6.3.1 Necessary Services: current provision across Hounslow

There are 45 community pharmacies (including 1 DSP) in Hounslow. The estimated average number of community pharmacies per 100,000 population is 15.6, which is lower than the England average of 18.1. There are 41 (91%) pharmacies that hold a standard 40-core hour contract, three (7%) 72+hour pharmacies and one (2%) DSP. There are no DACs and no dispensing GP practices in Hounslow.

Hounslow has many pharmacies open on weekdays, evenings and weekends. The majority of community pharmacies (89%) are open on Saturdays, and 73% of community pharmacies open after 6 pm on weekdays. There are also 11 pharmacies (24%) open on Sundays in the borough.

There are also a number of accessible providers open in the neighbouring HWBs of Hammersmith & Fulham, Ealing, Hillingdon, Richmond and Surrey.

6.3.2 Necessary Services: gaps in provision across Hounslow

There is good pharmaceutical service provision across the whole borough to ensure continuity of provision for new developments. The borough population growth is projected to increase to 302,071 by 2025, an increase of 4.8%, and to continue growing to 319,147 by 2035. In line with the population growth, the borough aims to meet a target of around 1,782 new homes per year up to 2029.

This small increase in population growth and housing should not impact access to pharmaceutical services. Hounslow HWB will continue to monitor pharmaceutical service provision in specific areas within the borough where major housing developments are planned, to ensure there is the capacity to meet potential increases in service demand.

No gaps in the provision of Necessary Services have been identified for Hounslow.

6.3.3 Other relevant services: current provision

Section 1.5.1.4.2 lists all Advanced Services that may be provided under the pharmacy contract. As these services are discretionary, not all providers will provide them all the time.

Data supplied from the NHS Business Services Authority (NHS BSA) demonstrates whether the service has been provided based on pharmacies claiming payment for Advanced Services as shown in Table 22 in Section 3.2.5. Details of individual pharmacy providers can be seen in Appendix A.

Regarding access to **Advanced** Services (based on pharmacies' activity data from dispensing in May-July 2024), it can be seen that there is very good availability of Pharmacy First (93%), NMS (89%) and Hypertension case-finding (73%). There is currently a lower number of providers of the Lateral Flow Device Tests Supply (33%) and Pharmacy Contraception (27%). There is currently no activity registered for the flu vaccination service as dispensing data available at the time of writing in December 2024 was for May-July 2024, previous to the start of the vaccination campaign. However, the Flu Vaccination Service can be provided by any pharmacy that fulfils the criteria.

Regarding access to **Enhanced** Services, from the list of signed up providers, 20 pharmacies (44%) offer the COVID-19 vaccination service, and 2 pharmacies (4%) were assigned for bank holiday opening during the Christmas 2024 period. The COVID-19 vaccination service providers can change with each campaign, and the Bank Holiday opening service can change for each bank holiday. As explained in Section 3.2.6, the details of other enhanced services were not available at the time of writing, of the service due to start in the upcoming months.

No gaps in the provision of Relevant Services have been identified for Hounslow.

6.4 Improvements and better access: gaps in provision across Hounslow

Regarding access to services **commissioned by NWL ICB**, nine pharmacies (20%) provide the Palliative care medicines access service (in-hours), and two pharmacies (4%) are commissioned to provide palliative care out of hours.

Regarding access to services **commissioned by LBH**, between 31%-47% of pharmacies are signed up for the sexual health services (c-card scheme, EHC, NCSP), 29% for the stop smoking and the supervised consumption services and 9% for needle exchange.

All Advanced, Enhanced and Locally Commissioned Services are available in Hounslow and have varying opening times.

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies including plans for increase uptake of the recently introduced Advanced Services – Pharmacy First, the Hypertension case-finding service, PCS and the Smoking Cessation Advanced Service. The ICS needs to look at increasing service uptake through existing providers working with place-based stakeholders.

No gaps have been identified that if provided either now or in the future (in the next three years, which is within the lifetime of this PNA) would secure improvements or better access to services across Hounslow.

Section 7: Conclusions

The Steering Group provides the following conclusions and considerations on the basis that funding is at least maintained at current levels and/ or reflects future predicted population changes.

There is a wide range of pharmaceutical services provided in Hounslow to meet the health needs of the population. The provision of current NHS pharmaceutical services and locally commissioned services are distributed across localities, providing good access throughout Hounslow.

As part of this assessment, no gaps have been identified in provision either now or in the future (over the next three years) for pharmaceutical services deemed Necessary. Factors such as population growth and pharmacy closures have resulted, and will result, in a reduction of the number of pharmacies per population in the area. With future housing growth in Hounslow, it is imperative that accessibility to pharmacy services is monitored, and the considerations actioned to ensure that services remain appropriate to the needs. Any required amendments should be made through the three-year life cycle of this PNA.

7.1 Statements of the PNA

The PNA is required to clearly state what is considered to constitute Necessary Services as required by paragraphs 1 and 3 of Schedule 1 to the Pharmaceutical Regulations 2013.

For the purposes of this PNA, Essential Services for Hounslow HWB are regarded as Necessary Services.

Other Advanced and Enhanced Services are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

LCS are those services that secure improvements or better access to, or which have contributed towards meeting the need for, pharmaceutical services in Hounslow HWB areas, and are commissioned by the ICB or local authority, rather than NHSE.

7.1.1 Current provision of Necessary Services

Necessary Services – gaps in provision

Essential Services are considered to be Necessary Services, which are described in Section 1.5.1.4.1. Access to Necessary Service provision in Hounslow is provided in Sections 6.2 and 6.3. In reference to [Section 6](#), and required by paragraph 2 of schedule 1 to the Pharmaceutical Regulations 2013:

Necessary Services – normal working hours

There is no gap in the provision of Necessary Services during normal working hours across Hounslow to meet the needs of the population.

Necessary Services – outside normal working hours

There are no gaps in the provision of Necessary Services outside normal working hours across Hounslow to meet the needs of the population.

7.1.2 Future provision of Necessary Services

No gaps have been identified in the need for pharmaceutical services in specified future circumstances across Hounslow.

7.1.3 Other relevant services – gaps in provision

Advanced and Enhanced Services are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

7.1.3.1 Current and future access to Advanced Services

Details of the Advanced Services are outlined in Section 1.5.1.4.2 and the provision in Hounslow discussed in Sections 6.2 and 6.3.

Section 6.4 discusses improvements and better access to services in relation to the health needs of Hounslow.

Based on the information available at the time of developing this PNA, no gaps in the current provision of Advanced Services or in specified future circumstances have been identified in any of the localities across Hounslow.

Section 7.1.5 also discusses the opportunities that may be available for expansion of existing services or delivery of new services from community pharmacies that may benefit the population of Hounslow.

There are no gaps in the provision of Advanced Services at present or in the future (in the next three years, which is within the lifetime of this PNA) that would secure improvements or better access to services in Hounslow.

7.1.3.2 Current and future access to Enhanced Services

Details of the Enhanced Services are outlined in Section 1.5.1.4.3 and the provision in Hounslow discussed in Section 3.2.6 and by locality in Sections 6.2 and 6.3.

Section 6.4 discusses improvements and better access to services in relation to the health needs of Hounslow.

Based on the information available at the time of developing this PNA, no gaps in the current provision of Enhanced Services or in specified future circumstances have been identified in any of the localities across Hounslow.

No gaps have been identified that if provided either now or in the future (in the next three years which is within the lifetime of this PNA) would secure improvements or better access to Enhanced Services across Hounslow.

7.1.3.3 Current and future access to Locally Commissioned Services (LCS)

With regard to LCS, the PNA is written with the understanding that only those commissioned by NHSE are regarded as pharmaceutical services. The absence of a particular service being commissioned by NHSE is, in some cases, addressed by a service being commissioned through the council or local authority. These services are described in Sections 4.1 and 4.2.

Section 6.4 discusses improvements and better access to LCS in relation to the health needs of Hounslow.

Based on the information available at the time of developing this PNA, no gaps have been identified in LCS that if provided either now or in the future would secure improvements, or better access, in any of the localities. Future improvements and better access are best managed through working with existing contractors and improving integration with other services and within Primary Care Networks, rather than through the opening of additional pharmacies.

Based on current information, the Steering Group has not considered that any of these LCS should be decommissioned, however the HWB and commissioning organisations may want to consider incentivising community pharmacies to encourage further uptake of services.

Section 7.1.5 discusses the opportunities that may be available for expansion of existing services or delivery of new services from community pharmacies that may have benefit to the population of Hounslow.

A full analysis has not been conducted on which LCS might be of benefit as this is out of the scope of the PNA.

No gaps have been identified that if provided either now or in the future (in the next three years, which is within the lifetime of this PNA) would secure improvements or better access to Locally Commissioned Services across Hounslow.

7.1.4 Improvements and better access – gaps in provision

LCS are those services that secure improvements or better access to or that have contributed towards meeting the need for pharmaceutical services in Hounslow HWB area, and are commissioned by the ICB or local authority, rather than NHSE.

Based on current information, no gaps have been identified in respect of securing improvements or better access to Locally Commissioned Services, either now or in specific future circumstances (in the next three years, which is within the lifetime of this PNA) across Hounslow to meet the needs of the population.

7.1.5 Future opportunities for possible community pharmacy services in Hounslow

7.1.5.1 Introduction

Any local commissioning of services for delivery by community pharmacy lies outside the requirements of a PNA; it is considered as being additional to any Necessary Services required under the Pharmaceutical Regulations 2013.

In reviewing the provision of Necessary Services and considering Advanced, Enhanced and Locally Commissioned Services for Hounslow as part of the PNA process, it was possible to identify opportunities for service delivery via the current community pharmacy infrastructure that could positively affect the population.

Not every service can be provided from every pharmacy and service development, and delivery must be planned carefully. However, many of the health priorities, national or local, can be positively affected by services provided by community pharmacies, albeit being out of the scope of the PNA process.

National and Hounslow health needs priorities have been considered when outlining opportunities for further community pharmacy provision below. The highest risk factors for causing death and disease for the Hounslow population are listed in Sections 2.8, 2.9 and 2.10 and are considered when looking at opportunities for further community pharmacy provision.

7.1.5.2 Opportunities for pharmaceutical service provision

Health needs and highest risk factors for causing death and disease for the Hounslow population are stated in [Section 2](#) and [Section 6](#). Should these be priority target areas for commissioners, they may want to consider the current and future service provision from community pharmacies, in particular the screening services they are able to offer.

Based on these priorities and health needs, community pharmacy can be commissioned to provide services that can help and support the reduction of the variances seen in health outcomes across Hounslow.

7.1.5.3 Existing services

7.1.5.3.1 Essential Services

Essential services could be optimised to meet the local health needs to Hounslow, Signposting, self-care, health promotion and Health Living Pharmacies could be developed in collaboration with North West London ICB and Hounslow Council to support communities in localities. Examples are given below.

- Signposting for issues such as weight management, health checks, National Diabetes Prevention Programme, screening, sexual health services and the London Stop Smoking telephone portal programme.
- Signposting referral internally and externally to community pharmacies providing advanced services such as pharmacy first, hypertension case finding, PCS and NMS, and local services commissioned by the ICB and local authorities.
- Developing Healthy Living Pharmacies and self-care to support the Hounslow prevention agenda by workforce development of the pharmacy team to become health champions, understand health improvement, support local stakeholder engagement with community pharmacy and promote dedicated health zones in community pharmacy.
- Electronic repeat dispensing can reduce unnecessary patient trips to the GP practice to collect repeat medication and could help reduce waste medicines.
- DMS can improve pharmacotherapy, medicines safety particularly supporting safe discharge of medicines from acute trust.

7.1.5.3.2 Advanced Services

Some of the existing Advanced Services could be targeted in a way that improves patient access, reduces pressures in general practice, and supports the primary care, urgent care, prevention and medicines safety agendas. There are several new or recently introduced Advanced Services being implemented that could be beneficial to the population of Hounslow based on the identified health needs, including:

Pharmacy First

Pharmacy first can provide benefits to patients and the ICB and support the borough health needs as follows.

- Convenient access to healthcare where patients can access prescription-only treatment for seven common conditions without needing to see a GP.
- Provides an alternative route to accessing medicine for these conditions.
- Includes elements from the Community Pharmacist Consultation Service (CPCS), such as:
 - Minor illness consultations with a pharmacist.
 - The supply of urgent medicines and appliances.

Pharmacy First provides the ICB an opportunity to maximise additional primary care capacity and capability.

Hypertension case-finding service

The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a ‘clinic check’). The second stage, where clinically indicated, is offering 24-hour ambulatory blood pressure monitoring. The blood pressure and ambulatory blood pressure monitoring results will then be shared with the GP practice where the patient is registered to inform a potential diagnosis of hypertension.

Hounslow hypertension levels are higher than London. This service provides the ICB additional capacity to improve clinical detection and support general practice.

Pharmacy Contraception Service (PCS)

The NHS Pharmacy Contraception Service is a tiered pharmacy contraception service. This service is designed to offer people greater choice where they can access contraception services (OC) and creates extra capacity in primary care and sexual health clinics (or equivalent) to support meeting the demand for more complex assessments.

The two tiers of the service are:

- Initiation: where a person wishes to start OC for the first time or needs to restart OC following a pill-free break. A person who is being switched to an alternative pill following consultation can also be considered as an initiation.
- Ongoing supply: where a person has been supplied with OC by a primary care provider or a sexual health clinic (or equivalent) and a subsequent equivalent supply is needed. Their current supply of OC should still be in use.

The supplies will be authorised via a PGD, with appropriate checks such as the measurement of the patient’s blood pressure and body mass index being undertaken, where necessary.

Smoking Cessation advanced Service (SCS)

The LTP states all patients admitted to hospital who smoke are to be offered NHS-funded tobacco treatment services by 23/24. The national Smoking Cessation Service (SCS) is a referral service from hospital for patients who have been initiated on smoking cessation to continue their journey in community pharmacy.

Smoking is the highest cause of preventable ill health and premature mortality in the UK. It is also a major risk factor for many diseases, such as lung cancer, COPD and heart disease. Smoking is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix. The JSNA highlighted that in 2020/21 the prevalence in Hounslow was just 1% lower than the prevalence in London. The SCS service is well placed to support Hounslow smoking cessation priorities and an additional pathway that is free to acute trusts to refer into.

New Medicines Service (NMS)

The New Medicine Service has many benefits that can support ICB medicines management objectives and patient medicines compliance by the following:

- Improved patient adherence: Research shows that the NMS increases the proportion of patients who adhere to their new medicine.
- Reduced hospital admissions: Can help identify adverse drug reactions early, which can reduce hospital admissions, which is a major issue in Hounslow.
- Reduced medicine waste: Can help reduce the amount of wasted medicine.
- Improved health outcomes: Can help improve health outcomes for patients.
- Lifestyle advice: Can provide healthy living advice that is appropriate for the individual.
- Cost-effective: Is more effective and less costly than normal practice.

7.1.5.3.3 Local Authority Commissioned Services

Sexual health services

In 2023, the rate for new STIs diagnosed among Hounslow residents was higher than the rate in England. This provides an opportunity for the local authority to maximise locally commissioned sexual health services with the community pharmacy network.

The local authority and ICS could explore the interdependencies between the LCS sexual health service and the CPCF Advanced PCS service to provide a more comprehensive service offering. There are opportunities to promote these to communities in Hounslow to improve understanding, uptake and access.

Smoking cessation services

As mentioned earlier in this section, smoking cessation is a priority area for Hounslow Public Health. While smoking prevalence in Hounslow is slightly lower than the smoking prevalence in England, all forms of smoking cessation offered at national and local level should be maximised. The local authority and ICB could explore the interdependencies between the LCS smoking cessation service and the CPCF Advanced SCS services to provide a more comprehensive service offering and maximise several patient pathways to support Hounslow smoking cessation targets. Consideration needs to be given to meeting the needs of people who vape, particularly young people.

7.1.5.4 New services

Based on the local and national health needs identified throughout this document, there are opportunities for community pharmacy to positively impact outcomes. The services detailed below are currently not commissioned within Hounslow, however commissioners may wish to consider these to meet the health needs of Hounslow. The contractor survey showed 46% of community pharmacies are keen to deliver new services which have been highlighted in this chapter.

Whilst no gaps have been identified in the current provision of pharmaceutical services across Hounslow or in the future (over the next three years), there are opportunities to enhance provision and support improvement in the health of Hounslow residents in the following areas:

NHS Health Check

This is a national programme for people aged 40–74 that assesses a person's risk of developing diabetes, heart disease, kidney disease and stroke. It then provides the person with tailored support to help prevent the condition, advising on lifestyle changes to reduce their risk. Nationally, there are over 15 million people in this age group who should be offered a NHS Health Check once every five years, and local authorities are responsible for commissioning NHS Health Checks. Health Checks are available from other providers in Hounslow, e.g. GP practices.

Diabetes prevalence is higher in Hounslow than the England average. NHS Health Checks would build and complement on LCS smoking cessation services, and Advanced SCS and hypertension case-finding services.

Making Every Contact Count (MECC) commissioned services

Making Every Contact Count is a behaviour change using the millions of day-to-day interactions that organisations such as community pharmacy have with the public to support positive changes to their physical and mental health and wellbeing. MECC enables the opportunistic delivery of consistent and concise healthy lifestyle information and enables individuals to engage in conversations about their health at scale across organisations and populations. The evidence base shows that a MECC care approach could potentially improve the health of the population.

MECC approach offers opportunities to commissioners for both ICB and local authority services, particularly considering the seven public health areas of Stop smoking, Stop Smoking support, Diet, Nutrition and Healthy Weight, Alcohol consumption, Sexual Health, Reproductive Health & HIV, Substance Misuse, Cardiovascular Disease Prevention and Public Mental Health. Opportunities for MECC commissioning could include:

- Making sure homes are safe.
- Making sure homes are warm.
- Healthy start: providing access to healthy start vitamins through community pharmacy.
- Preventing feeling alone.
- Ensuring good nutrition.
- Preventing dehydration.
- Encouraging physical activity.
- Falls prevention: identifying elderly patients at risk of falls and signposting to appropriate care.
- Staying Healthy in Winter (Winter Fit Intervention service).
- Alcohol screening: providing opportunistic screening for patients who could be undiagnosed on alcohol dependant drinks and not accessing treatment services.

This links into the recent report by Community Pharmacy England 2024 advice audit⁹², which highlighted that community pharmacy provide over 69 million walk-in health advice consultations per year nationally. This report showed the scale of underfunded work carried out by community pharmacy that potentially saves GP appointments and the increased demand that is placed on community pharmacy teams.

7.1.5.5 Possible disease-specific services

The following are examples of disease-specific services that have been commissioned in some areas of England either by NHSE or ICBs. These would be seen as add-on services to Advanced Services or could be commissioned separately. There are many examples of different service types on the Community Pharmacy England website; those below are described to give an idea of the type of service available. The conditions listed have been identified as health priorities as causes of ill health in Hounslow or in the NHS Long Term Plan.

Weight management

There are many different examples of weight management services already provided from a number of community pharmacies in England. These may be targeted to localities, e.g. areas of higher deprivation, or coupled with programmes for other ill health, e.g. CVD or diabetes. Obesity in some of the Hounslow wards, particularly among school children, was reported to be higher than the England value.

The JSNA identified that the proportion of reception children who were overweight or obese in Hounslow was statistically higher than in England. There are opportunities to explore commissioning of locality focused weight management services.

Asthma/ Chronic Obstructive Pulmonary Disease

Hospital admissions for asthma (patients under 19 years old) in Hounslow are similar to England. An Asthma/ COPD service could assist to improve this rate. The service is for patients with Asthma or COPD diagnosis registered to a Hounslow GP. The aim is to improve patients' management of their asthma and/or COPD through improving inhaler use and technique and education around the impact of environmental factors, such as air pollution external and internal using local authority clean air resources.

This involves an inhaler technique review and a follow-up between six-eight weeks later (if required). This service is a holistic support package, utilising a MECC and skill mix with patient counselling.

Diabetes

Diabetes has a high prevalence in Hounslow and is higher than the England figure as evidenced by QOF data. The ward analysis showed that while some wards may be higher or lower than the national average, certain communities have prevalence of diabetes above the national average i.e. Black and South Asian populations.

⁹² Community Pharmacy England. 23 June 2020. [Accessed December 2024] <https://cpe.org.uk/quality-and-regulations/clinical-governance/clinical-audit/pharmacy-advice-audit/>

A community pharmacy-based screening service in localities where higher prevalence occurs could include prevention and lifestyle advice, screening, brief intervention and medicines management.

7.1.5.6 Point of care testing community pharmacy

Community pharmacies are suitable for expanding public access to point-of-care and rapid tests, but governance requirements must be followed to ensure the quality of results and advice. NHS England has released a document⁹³ providing guidance for commissioners and providers of community pharmacy clinical services in developing point-of-care testing in this setting. Examples included:

- Non-invasive blood pressure monitoring as part of the Hypertension case finding and blood pressure checks.
- Urinalysis for possible urinary tract infections.
- Chlamydia screening for the under 25s which could be linked to a locally commissioned sexual health service.
- Carbon monoxide monitoring as part of smoking cessation services.
- COVID-19 rapid antigen testing.
- Blood glucose measurements as part of diabetes prevention services.
- Oxygen saturation using oximeters to assess people presenting with breathing difficulties.
- Peak flow measurements for patients with asthma.

7.1.6 Considerations

Whilst no gaps have been identified in the current provision of pharmaceutical services across Hounslow now or in the future (over the next three years), there are opportunities to enhance provision and support improvement in the health of Hounslow residents in the following areas:

- All pharmacies and pharmacists should be encouraged to sign up to deliver Advanced Services, particularly where there is identified need, i.e. Smoking Cessation Advanced Service and Hypertension case-finding, which can meet the health needs of the Hounslow population. This needs to be supported by placed based ICS and local authority team. The existing community pharmacy network has adequate capacity to have increased referrals and utilisation.
- Community pharmacy services such as NHS repeat dispensing, NMS and DMS can support the ICS medicines optimisation agenda and should be integrated into medicines management strategies.
- There are public health prevention agenda priorities and interdependencies in both Community Pharmacy Contractual Framework (CPCF) and locally commissioned services for both the local authority and ICSs.

⁹³ NHS. Point of care testing in Community Pharmacies. January 2022. [Accessed December 2024] https://www.england.nhs.uk/wp-content/uploads/2022/01/B0722-Point-of-Care-Testing-in-Community-Pharmacies-Guide_January-2022.pdf

- There are interdependencies between SCS and LCS smoking cessation services, and between PCS and LCS sexual health services, which include emergency contraception. These interdependencies could support increased service activities.
- Local Authorities could work with the ICS to develop the prevention aspect of CPCF i.e. healthy living pharmacies, signposting and self-care.
- Commissioners should work with community pharmacies in more deprived areas to consider working to increase the offer and the uptake of Essential, Advanced, and Locally Commissioned services e.g. sexual health, smoking cessation, Hypertension case finding service. Incentives should be considered for existing providers to deliver all services within the localities where deprivation is higher. This would assist community pharmacy teams promote healthy lifestyle messages and participate in national and local health campaigns.
- ICS and local authority commissioners should explore how MECC intervention can be integrated into existing and new services to maximise the contribution of the whole pharmacy team to improve patient interventions.
- Public awareness of community pharmacy services should be increased to improve access in primary care; this is particularly relevant for communities where English is not a first language and improvement in accessing primary care services is required.
- Methods to enhance the awareness and uptake of all services on offer by community pharmacies should be considered. This could be through the adoption of a range of communication methods appropriate to professionals and the local community, especially those in the more deprived localities. This will help to maximise existing service activity.
- Future housing growth should be monitored in Hounslow in relation to the provision of pharmaceutical services to ensure the demands of the population are met.
- With the anticipated changes to the Advanced Services from October 2025, specifically the Pharmacy Contraception and Smoking Cessation Services, local commissioners should review existing locally commissioned services.

Additional approaches to improve stakeholder and public engagement should be adopted for future PNAs to increase response rates and better understand the needs of the community.

Appendix A: List of pharmaceutical services providers in Hounslow

Key for services:

AS1	Pharmacy First
AS2	Flu Vaccination Service
AS3	Pharmacy Contraception Service
AS4	Hypertension Case-Finding Service
AS5	New Medicine Service
AS6	Smoking Cessation Service
AS7	Appliance Use Review
AS8	Stoma Appliance Customisation
AS9	Lateral Flow Device Service
NES1	COVID-19 Vaccination Service
LES1	Bank Holiday Opening Service
ICBS1	Palliative Care Medicines Access Service (in hours)
LAS1	C-card Scheme (condom distribution)
LAS2	Emergency Hormonal Contraception
LAS3	National Chlamydia Screening Programme
LAS4	Stop Smoking Support and Nicotine Replacement Therapy Collection
LAS5	Supervised Consumption
LAS6	Needle Exchange

Brentworth locality

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	LES1	ICBS1	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6
A C Curd Pharmacy	FJ888	CP	55 South Street, Isleworth	TW7 7AA	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	Y	Y	Y	-	-	-	Y	Y	-	-	Y	Y	Y	-	Y	Y
Azchem Pharmacy	FJG94	CP	258 Twickenham Road, Isleworth	TW7 7DT	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	-	Y	-	-	-	-	-	-	-	Y	Y	Y	Y	-	-
Brent Pharmacy	FH544	CP	214 High Street, Brentford	TW8 8AH	09:00-18:00	09:00-13:00	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Clarks Pharmacy	FV337	CP	471 London Road, Isleworth	TW7 4BX	09:00-18:00	Closed	Closed	-	-	Y	-	-	-	Y	-	-	-	-	-	-	-	Y	Y	Y	-	-	-
Jade Pharmacy (Isleworth)	FWT38	CP	570 London Road, Isleworth	TW7 4EP	09:00-19:00	09:00-13:00	Closed	-	-	Y	-	Y	Y	Y	-	-	-	Y	Y	-	Y	Y	Y	Y	Y	Y	-
Jasins Chemist	FHH07	CP	18 St John's Road, Isleworth	TW7 6NW	09:00-18:00	09:00-17:30	Closed	-	-	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-
Morrisons Pharmacy	FCG39	CP	127 High Street, Brentford	TW8 8EW	09:00-19:00	09:00-19:00	10:00-16:00	-	-	Y	-	Y	Y	Y	-	-	-	Y	-	-	Y	Y	Y	Y	-	Y	-
Osterley Park Pharmacy	FW319	CP	165 Thornbury Road, Osterley Park, Isleworth	TW7 4QG	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	Y	-	-	-	-	-	-	-	-	Y	Y	Y	-	-
Riverside Pharmacy	FT239	CP	1 Shrewsbury Walk, Isleworth	TW7 7DE	09:00-21:00	09:00-21:00	08:00-21:00	Y	-	Y	-	-	-	Y	-	-	-	-	Y	Y	-	-	-	-	-	-	-
Tesco Instore Pharmacy	FG774	CP	Tesco Superstore, Syon Lane, Osterley	TW7 5NZ	08:00-20:00	08:00-20:00	10:00-16:00	-	Y	Y	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-
Tesco Instore Pharmacy	FR874	CP	Mogden Lane, Isleworth	TW7 7JY	08:30-13:00 14:00-20:00	08:30-13:00 14:00-20:00	11:00-17:00	-	-	Y	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-

Hounslow Health locality

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	LES1	ICBS1	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6
Amin Pharmacy	FR307	CP	10 Kingsley Road, Hounslow	TW3 1NP	09:00-19:00	09:00-18:00	Closed	-	-	Y	-	-	Y	Y	-	-	-	-	Y	-	-	Y	Y	Y	-	Y	Y
Asda Pharmacy	FW148	CP	Asda store, Off Alexandra Road, Hounslow	TW3 1JT	09:00-12:30 13:00-16:30 17:00-21:00	09:00-12:30 13:00-16:30 17:00-21:00	11:00-17:00	Y	-	Y	-	Y	Y	Y	-	-	-	-	-	-	Y	-	Y	-	-	-	-
Bath Road Pharmacy	FHL23	CP	115-117 Bath Road, Hounslow	TW3 3BT	08:30-19:00	08:00-17:00	Closed	-	-	Y	-	-	Y	Y	-	-	-	-	Y	-	-	Y	Y	Y	Y	-	-
Boots	FMF27	CP	193-199 High Street, Hounslow	TW3 1BL	09:00-18:00	09:00-18:00	11:00-17:00	-	-	Y	-	-	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-
Crystal Pharmacy	FVC01	CP	39 High Street, Hounslow	TW3 1RH	09:00-18:30	09:00-17:30	Closed	-	-	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-
Herbert & Herbert	FC075	CP	106 Staines Road, Hounslow	TW3 3LH	08:00-20:00	09:00-17:00	Closed	-	-	Y	-	Y	Y	Y	-	-	-	Y	-	-	Y	Y	Y	Y	Y	Y	-
Herbert & Herbert	FL691	CP	280 Staines Road, Hounslow	TW3 3LX	09:00-19:00	09:00-13:00	Closed	-	-	Y	-	-	Y	Y	-	-	-	-	Y	-	-	-	Y	-	Y	-	-
Hounslow East Pharmacy	FW581	CP	84 Kingsley Road, Hounslow	TW3 1QA	10:00-13:00 14:00-19:00	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	-	Y	-	Y	-	Y	Y	Y	Y	-
Maswell Park Pharmacy	FTR63	CP	6 Central Avenue, Hounslow	TW3 2QH	09:00-13:00 14:00-19:00	09:00-13:00 14:00-17:30	Closed	-	-	Y	-	-	Y	Y	-	-	-	-	Y	-	-	Y	Y	Y	-	Y	Y
Pharmadex Limited	FCF35	DSP	Unit 13, Derby Road Industrial Estate, Hounslow	TW3 3UH	09:00-17:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ram Dispensing Chemist	FQM17	CP	99 Whitton Road, Hounslow	TW3 2EW	09:30-13:00, 14:00-18:30	10:00-14:00	Closed	-	-	Y	-	-	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-
Shah Pharmacy	FPN35	CP	382 Bath Road, Hounslow	TW4 7HT	09:00-19:30 (Wed 09:00-17:30)	09:00-17.30	Closed	-	-	Y	-	-	Y	Y	-	-	-	-	Y	-	-	-	Y	-	-	-	-

Great West Road locality

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	LES1	ICBS1	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6
Bhogal Pharmacy	FPG37	CP	48 Vicarage Farm Road, Heston	TW5 0AB	09:00-18:15	09:00-15:30	Closed	-	-	Y	-	-	-	Y	-	-	-	-	-	-	-	Y	-	-	Y	Y	
Dunns Chemist	FAD32	CP	740 Bath Road, Cranford	TW5 9TY	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-17:00	Closed	-	-	Y	-	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	-	-	
Hobbs Pharmacy	FGR96	CP	Meadows Centre for Health, Chinchilla Drive, Hounslow	TW4 7NR	09:00-18:00	Closed	Closed	-	-	Y	-	-	Y	Y	-	-	-	-	Y	-	-	-	-	-	-	-	
Jade Pharmacy	FCM67	CP	317-319 Vicarage Farm Road, Heston, Hounslow	TW5 0DR	09:00-19:00	09:00-18:00	11:00-14:00	-	-	Y	-	Y	Y	Y	-	-	-	Y	Y	-	Y	Y	Y	Y	Y	Y	-
Jade Pharmacy	FHJ72	CP	3 Crosslands Parade, Crosslands Avenue, Southall	UB2 5RB	09:00-17:00	09:00-13:00	Closed	-	-	Y	-	-	Y	Y	-	-	-	Y	Y	-	-	-	-	-	Y	-	-
Jade Pharmacy	FQH50	CP	174-176 Heston Road, Heston, Hounslow	TW5 0QU	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	Y	Y	Y	-	-	-	Y	-	-	Y	Y	Y	Y	Y	-	-
Medico Pharmacy	FYY03	CP	2 Parklands Parade, Bath Road, Hounslow	TW5 9AX	09:00-19:00	09:00-13:00	Closed	-	-	Y	-	-	Y	Y	-	-	-	-	Y	-	-	-	-	Y	-	-	

Feltham and Bedfont locality

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	LES1	ICBS1	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6
Bedfont Pharmacy	FLQ34	CP	380 Staines Road, Bedfont	TW14 8BT	09:00-18:00	09:00-17:00	Closed	-	-	Y	-	-	Y	Y	-	-	-		Y	-	-	Y	Y	Y	-	Y	-
Boots	FAY44	CP	107 Bear Road, Hanworth, Feltham	TW13 6SA	09:00-13:00 14:00-18:00	09:00-17:00	Closed	-	-	Y	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-
Boots	FRE02	CP	138 The Centre, High Street, Feltham	TW13 4BS	09:00-19:00	09:00-17:00	11:00-17:30	-	-	Y	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	Y	-
Edwards & Taylor	FP136	CP	491 Staines Road, Bedfont, Feltham	TW14 8BN	09:00-18:30	Closed	Closed	-	-	Y	-	-	Y	Y	-	-	-	Y	Y	-	-	-	-	-	-	-	-
Feltham Pharmacy	FV191	CP	186-188 Uxbridge Road, Feltham	TW13 5DY	09:00-13:00 13:20-19:00	09:00-13:00 13:20-18:00	Closed	-	-	Y	-	-	Y	Y	-	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	-
Tesco Instore Pharmacy	FCT78	CP	Tesco Superstore, Dukes Green Avenue, Feltham	TW14 0LH	09:00-21:00	09:00-21:00	10:00-16:00	Y	Y	Y	-	-	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-
Tesco Instore Pharmacy	FKM12	CP	Tesco Store, 102-108 High Street, Feltham	TW13 4EX	08:00-20:00	08:00-20:00	10:00-16:00	-	-	Y	-	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-

Chiswick locality

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	LES1	ICBS1	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6
Bedford Park Pharmacy	FHW98	CP	5 Bedford Park Corner, Chiswick, London	W4 1LS	08:30-18:30	08:30-18:00	Closed	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	
Boots	FRF81	CP	332 Chiswick High Road, Chiswick, London	W4 5TA	09:00-19:00	08:30-18:00	11:00-17:00	-	-	Y	-	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-	
Busby's Pharmacy	FLL05	CP	9 Grove Park Road, Chiswick, London	W4 3RS	09:00-18:30	09:00-17:30	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Campbells Chemist	FK550	CP	300-302 Chiswick High Road, Chiswick, London	W4 1NP	09:00-18:45	09:00-17:30	Closed	-	-	Y	-	-	Y	Y	-	-	-	-	Y	-	Y	Y	Y	Y	Y	Y	
Churchill's Pharmacy	FKW46	CP	202 Chiswick High Road, Chiswick, London	W4 1PD	09:00-18:30	09:00-18:00	Closed	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	
Pestle & Mortar	FV669	CP	10 High Road, Chiswick, London	W4 1TH	09:00-19:00	09:00-18:00	Closed	-	-	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	
Sabel Pharmacy Ltd	FHN27	CP	446 Chiswick High Road, Chiswick, London	W4 5TT	09:00-18:00	09:00-14:30	Closed	-	-	Y	-	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	Y	-	
West London Pharmacy	FNM38	CP	154 Chiswick High Road, Chiswick, London	W4 1PR	09:00-18:30	09:00-18:00	Closed	-	-	Y	-	-	Y	-	-	-	-	-	Y	-	-	-	-	-	-	-	

Please note that Chiswick Pharmacy (FDW10) at 24 Dolman Road, Chiswick, London, W4 5UY is not included in the table above. At the time of writing, this pharmacy remains on the pharmaceutical list for Hounslow HWB, however it is closed and subject to removal.

Appendix B: PNA project plan

	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025
Stage 1: Project planning and governance <ul style="list-style-type: none"> Stakeholders identified and PNA Steering Group terms of reference agreed Project plan, PNA localities, communications plan and data to collect agreed at first Steering Group meeting Prepare questionnaires for initial engagement 													
Stage 2: Research and analysis <ul style="list-style-type: none"> Collation of data from Public Health, LPC, ICB and other providers of services Listing and mapping of services and facilities Collation of data for housing developments Equalities Impact Assessment Analysis of questionnaire responses Review all data at second Steering Group meeting and draft update for HWB 													
Stage 3: PNA development <ul style="list-style-type: none"> Review and analyse data and information collated to identify gaps in services based on current and future population needs Develop consultation plan Draft PNA Sign off draft PNA at third Steering Group meeting and update for HWB 													
Stage 4: Consultation and final draft production <ul style="list-style-type: none"> Coordination and management of consultation Analysis of consultation responses and production of report Draft final PNA for approval Sign off final PNA at fourth Steering Group meeting Edit final PNA 2025 ready for final sign off and publication. Update for HWB 													

Appendix C: PNA Steering Group terms of reference

Objective / Purpose

To support the production of the Pharmaceutical Needs Assessment (PNA) on behalf of the Hounslow Health and Wellbeing Board (HWB), to ensure that it satisfies the relevant regulations including consultation requirements.

Delegated responsibility

The Director of Public Health confirmed they have received delegated authority for the PNA from the Health and Wellbeing Board.

Accountability

The Steering Group is to report to the Director of Public Health.

Responsibilities

- Provide a clear and concise PNA process.
- Review and validate information and data on population, demographics, pharmaceutical provision, and health needs.
- To consult with the bodies stated in Regulation 8 of The NHS Regulations 2013:
 - Any Local Pharmaceutical Committee (LPC) for its area
 - Any Local Medical Committee for its area
 - Any persons on the pharmaceutical lists and any dispensing Doctors list for its area
 - Any LPS Chemist in its area
 - Any Local Healthwatch organisation for its area
 - Any NHS Trust or NHS Foundation Trust in its area
 - Integrated Care Boards
 - Any neighbouring HWB
- Ensure that due process is followed.
- Report to Health and Wellbeing Board on both the draft and final PNA.
- Publish the final PNA by 1 October 2025.
- Discuss and ensure a process is in place to maintain the PNA post publication.

Membership

Core members:

- Director and nominated Public Health Lead.
- Local Pharmaceutical Committee representative.
- Integrated Care Board Pharmacy and Medicines Optimisation representative.
- Healthwatch representative (lay member).

Soar Beyond are not to be a core member however will chair the meetings. Each core member has one vote. The Public Health representative will have the casting vote if required. Core members may provide a deputy to meetings in their absence. The Steering Group shall be quorate with three core members in attendance, one of which must be an LPC representative. Non-attending members are unable to cast a vote – that vote may otherwise sway the casting decision.

Additional members (if required):

- Integrated Care Board Commissioning Managers.
- NHS Trust Chief Pharmacists.

In attendance at meetings will be representatives of Soar Beyond Ltd, who have been commissioned by Hounslow Council to support the development of the PNA. Other additional members may be co-opted if required.

Frequency of meetings

Meetings will be arranged at key stages of the project plan. The Steering Group will meet in summer 2025 to sign off the PNA for submission to the Health and Wellbeing Board.

Appendix D: Public questionnaire

Total responses received: **821**.

The questionnaire was open for responses between 3 October and 24 November 2024.

When reporting the details of the responses, please note:

- Due to small numbers, responses are not broken down by locality.
- Some numbers may be higher than the number of answered due to multiple choice.
- Some figures may not add up to 100% due to rounded numbers.
- The option with the higher number of responses shows in bold to facilitate analysis.
- The number of comments may be different to the number of responses due to some users adding different themes and other comments being “N/A” or “No comment”.

1) Why do you usually visit a pharmacy? (Please tick all that apply) (Please note number and percentages may add up to more than 100% due to multiple responses)
(Answered: 814, Skipped: 7)

Options	Number	%
To buy over-the-counter medicines	496	61%
To collect prescriptions for myself	719	88%
To collect prescriptions for somebody else	361	44%
To get advice from a pharmacist	409	50%
To get support / treatment for a minor illness ⁹⁴ (referred into community pharmacy for a minor illness or an urgent repeat medicine supply)	204	25%
To use the Pharmacy Contraception Service	5	1%
To use the blood-pressure test service	46	6%
To use a privately funded service	10	1%
Other, please specify	93	11%

Other comments (themes)	Number
Vaccination (Flu, COVID, RSV, Yellow Fever, Typhoid, Hepatitis A)	66
Shopping for toiletries and personal items	9
No current use or vary occasional use	5
Prescription delivery service	4
Medical advice and services	3
Support local pharmacy	2

⁹⁴ NHS. How pharmacies can help. July 2024. [Accessed December 2024] <https://www.nhs.uk/nhs-services/pharmacies/how-pharmacies-can-help/>

2) How often have you visited or contacted a pharmacy in the last six months?

(Answered: 818, Skipped: 3)

Options	Number	%
Once a week or more	75	9%
A few times a month	301	37%
Once a month	236	29%
Once every few months	159	19%
Once in six months	26	3%
I have not visited/contacted a pharmacy in the last six months	21	3%

3) What time is most convenient for you to use a pharmacy? (Answered: 815, Skipped: 6)

Options	Number	%
9am - 1pm	199	24%
1pm - 7pm	222	27%
7pm - 10pm	47	6%
10pm - 9am	0	0%
It varies	347	43%

4) Which days of the week are most convenient for you to use a pharmacy? (Please tick all that apply) (Answered: 816, Skipped: 5)

Options	Number	%
Monday	198	24%
Tuesday	194	24%
Wednesday	200	24%
Thursday	192	23%
Friday	197	24%
Saturday	229	28%
Sunday	125	15%
It varies	525	64%

5) Do you have a regular local community pharmacy? (Answered: 818, Skipped: 3)

Options	Number	%
Yes, a traditional bricks and mortar pharmacy	725	89%
Yes, an internet/online pharmacy - (This pharmacy, also referred to as a distance selling pharmacy, is one which operates partially or completely online where prescriptions are received electronically and by paper prescription and dispensing medication is sent via a courier to your home)	4	1%
Yes, a combination of both	48	6%
No	41	5%

6) Is there a more convenient and/or closer pharmacy that you don't use and why is that? (Answered: 807, Skipped: 14)

Options	Number	%
No	645	80%
Yes, but I do not use it because	162	20%

Other comments (themes)	Number
Convenience and accessibility (e.g. opening hours, parking)	47
Preference for current pharmacy	35
Unreliable or inefficient service (errors and poor organisation)	20
Linked to GP or surgery	19
Better customer service elsewhere	15
Stock and availability (medication shortages or restocking delays)	12
Corporate or large chain concerns (preference for independent)	7
Poor quality of medicines	3
Lack of services	2

7) What influences your choice of pharmacy? (Please tick one box for each factor)

(Please note percentages are calculated for each factor) (Answered: 816, Skipped: 5)

Factors	Extremely important	Very Important	Moderately Important	Fairly important	Not at all important
Quality of service (expertise)	519 (64%)	226 (28%)	52 (6%)	12 (1%)	6 (1%)
Customer service	456 (56%)	276 (34%)	64 (8%)	13 (2%)	3 (0%)
Location of pharmacy	482 (59%)	220 (27%)	92 (11%)	16 (2%)	4 (0%)
Opening times	356 (44%)	250 (31%)	158 (19%)	20 (2%)	25 (3%)
Parking	220 (27%)	117 (14%)	121 (15%)	73 (9%)	270 (33%)
Public transport	150 (18%)	98 (12%)	118 (14%)	80 (10%)	352 (43%)
Accessibility (wheelchair/ buggy access)	126 (15%)	96 (12%)	95 (12%)	81 (10%)	398 (49%)
Communication (languages/ interpreting)	181 (22%)	142 (17%)	90 (11%)	66 (8%)	320 (39%)
Space to have a private consultation	199 (24%)	206 (25%)	183 (22%)	93 (11%)	125 (15%)
Availability of medication	566 (69%)	203 (25%)	26 (3%)	9 (1%)	6 (1%)
Services provided	414 (51%)	253 (31%)	116 (14%)	11 (1%)	15 (2%)

Other comments (themes)	Number
Customer service	110
Convenience and accessibility (e.g. opening hours and parking)	108
Habit/personal relationship	45
Linked to GP or surgery	27
Stock and availability	11
Availability of services	9
Preference for independent pharmacies	8
Service efficiency	6
Prices	3
Language	2
Quality of medicines	2

8) How do you travel to the pharmacy? (Answered: 809, Skipped: 12)

Options	Number	%
Walk	481	60%
Public transport	46	6%
Bicycle	21	3%
Car	215	27%
Taxi	4	1%
Wheelchair / mobility scooter	8	1%
I don't, someone goes for me	9	1%
I don't, I utilise a delivery service	13	2%
I don't, I use an online pharmacy	4	1%
Other, please specify	8	1%

9) How long does it approximately take you to travel to the pharmacy? (Answered: 811, Skipped: 10)

Options	Number	%
Less than 20 minutes	699	86%
20-30 minutes	80	10%
30-40 minutes	11	1%
More than 40 minutes	4	1%
N/A- I don't travel to the pharmacy	17	2%

10) Do you have any other comments that you would like to add regarding pharmaceutical services in Hounslow? (Answered: 374, Skipped or no comment: 447)

Other comments (themes)	Number
Quality of service and staff (Suggestions for better queue management and customer service training. Issues with staffing levels causing delays or mistakes and positive acknowledgment of helpful and friendly staff)	98
Role in the community (Recognition of pharmacies' role in easing the burden on NHS and GPs. Concerns about the impact of closures on community health)	78
Systemic issues and funding (Urgent need for financial support and better funding models. Frustration over closures of smaller or independent pharmacies)	41
Accessibility and availability (Need for extended hours, including evenings and weekends)	32

Other comments (themes)	Number
Expanded services (Suggestions and comments about the additional services pharmacies could or do provide)	31
Stock and availability of medication (Medication shortages leading to delays)	24
Confidentiality and privacy (Concerns about privacy while interacting with pharmacy staff)	3
Cost of medication	1

About you

The Council is collecting Equalities data to help improve access to Council services. The Council also has to collect and analyse data to demonstrate compliance with the Equality Act 2010 (Specific Duties) Regulations 2011. We also want to ensure that we have consulted with all of the different equalities groups. Your answers will not be used to identify you.

11) If you do not want to answer the questions below, you have the right to withdraw your consent by marking 'x' in this box. (Answered: 804, Skipped: 17)

Consent	Number	%
Yes	626	78%
No	178	22%

General Data Protection Regulation (GDPR) and Equalities Data

12) Please mark an 'x' if you give consent for the Council to: (Please tick all that apply) (Answered: 565, Skipped: 256)

Consent	Number	%
Collect, process, store and analyse your data	514	91%
Share data internally within the Council's departments, Councillors, for official Government data returns and for public FOI enquiries	364	64%

13) What age group do you belong to? (Answered: 643, Skipped: 178)

Options	Number	%
0-15	0	0%
16-29	13	2%
30-49	69	11%
50-69	256	40%
70-89	292	45%
90+	10	2%
Prefer not to say	3	1%

14) Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? (including any issues problems related to old age) (Answered: 641, Skipped: 180)

Options	Number	%
Yes, limited a lot	95	15%
Yes, limited a little	158	25%
No	380	59%
Prefer not to say	8	1%

15) If you have answered 'yes' to the above question, please select the option(s) that best indicate your disability (Please tick all that apply) (Please note number and percentages may add up to more than 100% due to multiple responses) (Answered: 279, Skipped: 542)

Options	Number	%
Vision (e.g. due to blindness or partial sight)	22	8%
Hearing (e.g. due to deafness or partial hearing)	38	14%
Dual sensory loss	2	1%
Physical disability (e.g. mobility, such as difficulty walking short distances, climbing stairs, lifting and carrying objects)	177	63%
Learning or concentrating or remembering	20	7%
Mental health	36	13%
Stamina or breathing difficulty	58	21%
Social or behavioural issues (e.g. due to neuro diverse conditions such as Autism, Attention Deficit Disorder or Asperger's Syndrome)	7	3%
Prefer not to say	29	10%
Other impairment, please describe	33	12%

16) What is your religion/ belief? (Answered: 641, Skipped: 180)

Options	Number	%
No religion	200	31%
Christian	284	44%
Buddhist	8	1%
Hindu	38	6%
Jewish	6	1%
Muslim	24	4%
Sikh	28	4%
Prefer not to say	38	6%
Any other religion/belief, please describe	15	2%

Other comments (themes)	Number
Jainism	3
Atheist or Agnostic	2
Pagan	1
Humanist	1
Interfaith	1
Zoroastrian	1

17) What is your relationship status? (Answered: 636, Skipped: 185)

Options	Number	%
Married	340	54%
Civil partnership	15	2%
Prefer not to say	68	11%
Other, please describe	213	34%

Other comments (themes)	Number
Single	102
Widowed	54
Divorced	25
Separated	11
Partner	9
Co-habiting	6
Polyamorous	1

18) What is your sexual orientation? (Answered: 630, Skipped: 191)

Options	Number	%
Heterosexual	554	88%
Lesbian	4	1%
Gay	12	2%
Bisexual	8	1%
Prefer not to say	47	8%
Other, please describe	5	1%

Other comments (themes)	Number
Asexual	1
Polysexual	1

19) At birth, what were you described as? (Answered: 633, Skipped: 188)

Options	Number	%
Male	234	37%
Female	388	61%
Prefer not to say	10	2%
Other, please describe	1	0%

20) Which of the following describes how you think of yourself? (Answered: 635, Skipped: 186)

Options	Number	%
Male	233	37%
Female	387	61%
Prefer not to say	11	2%
Other, please describe	4	1%

Other comments (themes):	Number
Non-binary	1
Furry	1
Transgender	1

21) What is your race/ethnicity? (Answered: 638, Skipped: 183)

Options	Number	%
White - English	355	56%
White - Welsh	6	1%
White - Scottish	13	2%
White - Northern Irish	0	0%
White - British	65	10%
White - Irish	12	2%
White - Gypsy or Irish Traveller	0	0%
White - Any Other Traveller Background, please describe	0	0%
White - Any Other White Background, please describe	35	6%
Mixed/Multiple Ethnic Groups - White and Black Caribbean	1	0%
Mixed/Multiple Ethnic Groups - White and Black African	0	0%
Mixed/Multiple Ethnic Groups - White and Asian	2	0%
Mixed/Multiple Ethnic Groups - Any Other Mixed / Multiple Ethnic Background, please describe	6	1%
Asian or Asian British - Indian	88	14%
Asian or Asian British - Pakistani	8	1%
Asian or Asian British - Bangladeshi	1	0%
Asian or Asian British - Chinese	2	0%
Asian or Asian British: Any Other Asian Background, please describe	8	1%
Black, African, Caribbean or Black British - African	10	2%
Black, African, Caribbean or Black British - Caribbean	3	0%
Black, African, Caribbean or Black British: Any Other Black / African / Caribbean Background, please describe	1	0%
Other Ethnic Group - Arab	4	1%
Other Ethnic Group - Any Other Ethnic Group, please describe	6	1%
Prefer not to say	12	2%

22) What is your full postcode? (Answered: 575, Skipped: 246)

Individual answers not reported on.

Appendix E: Pharmacy contractor questionnaire

Total responses received: **25**.

The questionnaire was open for responses between 3 October and 2 December 2024.

When reporting the details of the responses, please note:

- Due to small numbers, responses are not broken down by locality.
- Some numbers may be higher than the number of answered due to multiple choice.
- Some figures may not add up to 100% due to rounded numbers.
- The option with the higher number of responses shows in bold to facilitate analysis.

1) Premises and contact details (Answered: 24, Skipped: 1)

Option	Number	%
Contractor code (ODS Code)	24	100%
Name of contractor (i.e. name of individual, partnership or company owning the pharmacy business)	23	96%
Trading Name	23	96%
Pharmacy Address	23	96%
Pharmacy Telephone Number	23	96%

2) Is this pharmacy a 100-hour pharmacy that has applied to reduce hours to not less than 72hrs? (Answered: 24, Skipped: 1)

Option	Number	%
Yes	1	4%
No	23	96%

3) May the LPC update its records with information returned by this survey? (Answered: 24, Skipped: 1)

Option	Number	%
Yes	24	100%

4) Contact details of the person completing this form on behalf of the contractor (if questions arise) (Answered: 22, Skipped: 3)

Detail of responses not reported on.

5) Languages spoken in the pharmacy (in addition to English) (Please list all that apply) (Answered: 22, Skipped: 3)

Comments	Number
Hindi	20
Gujarati	16
Panjabi	13
Urdu	8
Arabic	6
Polish	3
Telegu	3
Somali	2
French	2
Marathi	2
Farsi	2
Sinhalese	2
All mentioned once: Serbian, Romanian, Nepalese, Spanish, Albanian, Greek, Italian, Konkani, Pashtun, Turkish, Bengali, Nigerian, Chinese, Persian and Tamil.	1

Consultation facilities

As a result of the Healthy Living Pharmacy Level 1 (HLP) criteria becoming Terms of Service requirements from 1 January 2021, almost all pharmacies will need to have a consultation room⁹⁵.

6) Is there is a consultation room, that is clearly designated as a room for confidential conversations; distinct from the general public areas of the pharmacy premises; and is a room where both the person receiving the service and the person providing it can be seated together and communicate confidentially? (Answered: 24, Skipped: 1)

Option	Number	%
Yes- including wheelchair access	19	79%
Yes- without wheelchair access	5	21%
No- have submitted a request to the NHS England regional team that the premises are too small for a consultation room	0	0%
No- the NHS England regional team has approved the request that the premises are too small for a consultation room	0	0%
Other, please specify	0	0%

⁹⁵ <https://cpe.org.uk/our-news/regs-reminder-14-consultation-rooms-and-remote-consultations/>

7) Is there more than one consultation room available on the premises? (Answered: 24, Skipped: 1)

Option	Number	%
No	15	63%
Yes, please specify how many	9	38%

Comments	Number
Two	4
Three	2
One	1
Five	1

8) Where there is a consultation room, is it a closed room? (Answered: 24, Skipped: 1)

Option	Number	%
No	3	13%
If "yes" please specify how many are available	21	88%

Comments	Number
One	12
Two	6
Three	1
Five	1

9) During consultations, are there hand-washing facilities? (Answered: 24, Skipped: 1)

Option	Number	%
Yes, in the consultation area	21	88%
Yes, close to the consultation area	3	13%
None	0	0%

10) Do patients who attend consultations have access to toilet facilities? (Answered: 24, Skipped: 1)

Option	Number	%
Yes	10	42%
No	14	58%

Services

11) Does the pharmacy dispense appliances (in addition to normal prescriptions)?
(Answered: 24, Skipped: 1)

Option	Number	%
Yes – All types	19	79%
Yes, excluding stoma appliances	0	0%
Yes, excluding incontinence appliances	0	0%
Yes, excluding stoma and incontinence appliances	1	4%
Yes, just dressings	3	13%
None	1	4%
Other, please specify	0	0%

12) Does the pharmacy provide the following Advanced services? (Answered: 24, Skipped: 1)

	Yes		Intending to begin within next 12 months		No – not intending to provide	
Service	Number	%	Number	%	Number	%
Pharmacy First	22	100%	0	0%	0	0%
Community pharmacy blood pressure check service	23	100%	0	0%	0	0%
Pharmacy contraception service	16	70%	6	26%	1	4%
Community pharmacy smoking cessation service	11	48%	10	43%	2	9%
New medicine service	24	100%	0	0%	0	0%
Flu vaccination service	24	100%	0	0%	0	0%
Appliance use review	4	18%	6	27%	12	55%
Stoma appliance customisation	4	18%	6	27%	12	55%

13) Have you delivered the Pharmacy First service in the last three months?
(Answered: 24, Skipped: 1)

Option	Number	%
Yes- often	16	67%
Yes- occasionally	7	29%
Yes- rarely	1	4%
No	0	0%

- 14) The Discharge Medicines Service (DMS) is an essential service when requested electronically by a hospital. Have you ever provided a DMS?** (Answered: 24, Skipped: 1)

Option	Number	%
Yes- often	16	67%
Yes- occasionally	5	21%
Yes- rarely	3	13%
No	0	0%

- 15) Which of the following other services does the pharmacy provide, or would be willing to provide?** (Answered: 24, Skipped: 1)

(These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the NHS England regional team. The NHS England regional team, the ICB or Local Authority may commission them, but when identified in the PNA they will be described as 'Other locally commissioned services' or 'Other NHS services')

Service	Current contract with NHSE		Current contract with ICB		Current contract with LA		Willing to provide if commissioned		Not able or willing to provide		Willing to provide privately	
	#	%	#	%	#	%	#	%	#	%	#	%
Anticoagulant Monitoring Service	0	0%	0	0%	0	0%	20	83%	3	13%	1	4%
Anti-viral Distribution Service	2	8%	2	8%	0	0%	18	75%	2	8%	0	0%
Chlamydia Testing Service	0	0%	0	0%	15	63%	8	33%	1	4%	0	0%
Chlamydia Treatment Service	0	0%	0	0%	9	39%	13	57%	1	4%	0	0%
Emergency Contraception Service	3	14%	1	5%	13	59%	5	23%	0	0%	0	0%
Home Delivery Service (not appliances)	4	17%	1	4%	2	8%	11	46%	3	13%	3	13%
Medicines Assessment and Compliance Support Service	1	4%	2	9%	1	4%	16	70%	3	13%	0	0%
Minor Ailment Scheme	3	13%	0	0%	0	0%	21	88%	0	0%	0	0%

	Current contract with NHSE		Current contract with ICB		Current contract with LA		Willing to provide if commissioned		Not able or willing to provide		Willing to provide privately	
Supervised Administration Service	6	25%	1	4%	8	33%	4	17%	5	21%	0	0%
Needle and Syringe Exchange Service	0	0%	1	4%	1	4%	9	39%	11	48%	1	4%
Not Dispensed Scheme	2	9%	0	0%	0	0%	20	87%	1	4%	0	0%
Out of Hours Services	1	4%	0	0%	5	22%	6	26%	10	43%	1	4%
Phlebotomy Service	0	0%	0	0%	0	0%	17	77%	2	9%	3	14%
Stop Smoking Service	5	22%	0	0%	5	22%	13	57%	0	0%	0	0%
Vascular Risk Assessment Service (NHS Health Check)	0	0%	0	0%	1	4%	18	78%	4	17%	0	0%
Disease Specific Medicines Management Service: Asthma	2	9%	0	0%	1	4%	18	78%	2	9%	0	0%
Disease Specific Medicines Management Service: Other, please specify	0	0%	0	0%	1	4%	18	78%	4	17%	0	0%
Screening Service: Gonorrhoea	0	0%	0	0%	4	17%	14	61%	4	17%	1	4%
Screening Service: H. pylori	0	0%	0	0%	1	4%	20	87%	1	4%	1	4%
Screening Service: Hepatitis	0	0%	0	0%	1	5%	16	73%	3	14%	2	9%
Screening Service: HIV	0	0%	0	0%	1	4%	15	65%	6	26%	1	4%
Screening Service: Other, please specify	0	0%	0	0%	1	5%	14	74%	2	11%	2	11%
Childhood vaccinations	0	0%	0	0%	2	9%	18	78%	2	9%	1	4%

	Current contract with NHSE		Current contract with ICB		Current contract with LA		Willing to provide if commissioned		Not able or willing to provide		Willing to provide privately	
COVID-19 vaccinations	8	36%	3	14%	1	5%	7	32%	3	14%	0	0%
Hepatitis (at risk workers or patients) vaccinations	0	0%	0	0%	1	4%	17	71%	3	13%	3	13%
HPV vaccinations	0	0%	0	0%	1	4%	17	74%	2	9%	3	13%
Meningococcal vaccinations	0	0%	0	0%	1	4%	16	70%	2	9%	4	17%
Pneumococcal vaccinations	2	8%	1	4%	3	13%	13	54%	2	8%	3	13%
Travel vaccinations	0	0%	0	0%	1	4%	13	54%	2	8%	8	33%
Other vaccinations, please specify	0	0%	0	0%	0	0%	12	67%	2	11%	4	22%

Comments	Number
Will provide all service offered to us	2
RSV Vaccine, Diabetes, Dermatology primary care service, free delivery and weight loss clinics	1

Non- commissioned services

16) Does the pharmacy provide any of the following non-commissioned services?
(Answered: 25, Skipped: 0)

	Yes		Intending to begin within next 12 months		No - not intending to provide	
Options	#	%	#	%	#	%
Collection of prescriptions from GP practices	20	80%	0	0%	5	20%
Delivery of dispensed medicines – Selected patient groups (Please list criteria below)	20	83%	0	0%	4	17%
Delivery of dispensed medicines – Selected areas (Please list areas below)	20	83%	0	0%	4	17%
Delivery of dispensed medicines – Free of charge on request	20	83%	0	0%	4	17%

	Yes		Intending to begin within next 12 months		No - not intending to provide	
Delivery of dispensed medicines – With charge	6	27%	2	9%	14	64%
Monitored Dosage Systems – Free of charge on request	22	88%	0	0%	3	12%
Monitored Dosage Systems – With charge	5	23%	2	9%	15	68%

Comments	Number
Bed bound or housebound patients only	3
Within a certain distance (free of charge)	12
Disabled	1

17) Are there any services you would like to provide that are not currently commissioned in your area? (Answered: 24, Skipped: 1)

Option	Number	%
No	13	54%
Yes, please specify the service requirement and why	11	46%

Comments	Number
We will provide all services offered to us	3
Minor Ailment scheme	3
Ear micro suction	1
Diabetes	1
Weight management	1
Dermatology prescribing	1

Appendix F: Consultation stakeholders

Regulation 8 requires the health and wellbeing board to consult a specified range of organisations on a draft of the pharmaceutical needs assessment at least once during the process of drafting the document.

Consultee as required by Pharmaceutical Regulations 2013 Part 2 (8)

- Hounslow Local Pharmaceutical Committee.
- Hounslow Local Medical Committee.
- Pharmacies included in the pharmaceutical list for Hounslow HWB area⁹⁶.
- Healthwatch Hounslow.
- NHS Trust or NHS Foundation Trust:
 - Chelsea and Westminster Hospital NHS Foundation Trust.
 - West London NHS Trust.
- North West London Integrated Care Board.
- Neighbouring Health and Wellbeing Boards:
 - Ealing HWB.
 - Hammersmith & Fulham HWB.
 - Richmond HWB.
 - Hillingdon HWB.
 - Surrey HWB.

Other consultees

- GP practices in Hounslow.
- Local Pharmaceutical Committee in all the neighbouring areas.
- Local Medical Committee in all the neighbouring areas.
- Members of the public and patient groups.

HWB members were also included in the distribution list for the draft PNA consultation:

- Councillor Lily Bath, Portfolio Holder for Adult Social Care, Public Health and Health Integration.
- Councillor Samia Chaudhary, Portfolio Holder for Education, Children, Skills and Employment.
- Martha Flann, Public Health Officer.
- Steven Forbes, Executive Director for Children and Adults Social Care.
- Amit Gupta, Hounslow Medical Director.
- Christopher Hilton, COO of West London NHS Trust.
- Sanjay Krishnamoorthy, Clinical Director, Chelsea and Westminster NHS Trust.
- Pauline Mason, Assistant Director Borough Based Partnership.
- Councillor Sue Sampson, Portfolio Holder for Housing Management and Homeless.

⁹⁶ Please note there are no Dispensing Appliance Contractors, no dispensing GP practices, or LPS contractors in Hounslow Health and Wellbeing Board area.

- Martin Waddington, Director of Commissioning/ Borough Director Hounslow NWL ICB
- Sheena Basnayake, Acute Trust Lead.

Appendix G: Summary of consultation responses

As required by the Pharmaceutical Regulations 2013, Hounslow HWB held a consultation on the draft PNA for at least 60 days, from 24 February to 5 May 2025.

The draft PNA was hosted on the Hounslow council website and invitations to review the assessment and provide comments were sent to a wide range of stakeholders, including all community pharmacies in Hounslow. A number of members of the public had expressed an interest in the PNA and were invited to participate in the consultation as well as a range of public engagement groups in Hounslow as identified by the Steering Group. Responses to the consultation were possible via an online survey or email. Paper copies and alternative formats were also available under request.

There were in total 14 responses, all of them from the internet survey. Responses received:

- 8 (57%) from members of the public.
- 4 (29%) from pharmacies in Hounslow.
- 1 (7%) from a pharmacy in a neighbouring area.
- 1 (7%) from an organisation in Hounslow.

All responses were considered by the PNA Steering Group at its meeting on Tuesday 19 May 2025 for the final report. A number of additional comments were received that were considered by the Steering Group in the production of the final PNA and are included in Appendix H.

From the 14 responses, 57% agreed with the conclusions of Hounslow Draft 2025 PNA, 29% didn't know / couldn't say and 14% disagreed.

Below is a summary of responses to the specific questions, asked during the consultation. All additional comments received to these questions are listed in Appendix H.

1) In what capacity are you mainly responding? (Answered: 14, Skipped: 0)

Options	Number	%
A member of the public	8	57%
Pharmacy in Hounslow	4	29%
Pharmacy contractor with a Local Pharmaceutical Services contract	0	0%
Local Pharmaceutical Committee in Hounslow	0	0%
Local Medical Committee in Hounslow	0	0%
Healthwatch or other patient, consumer or community group	0	0%
NHS Trust or NHS Foundation Trust in Hounslow	0	0%
NHS England	0	0%
Neighbouring health and wellbeing board	0	0%
Other organisation in Hounslow	1	7%
Other organisation outside Hounslow	1	7%

2) If you are responding on behalf of an organisation, please give its name
(Answered: 4, Skipped: 10)

Name of pharmacy contractors were provided by three organisations.

The organisation in Hounslow was Hounslow Borough Based Partnership, and the one outside Hounslow was a pharmacy contractor.

3) Has the purpose of the Pharmaceutical Needs Assessment been explained?
(Answered: 14, Skipped: 0)

Options	Number	%
Yes	13	93%
No (please specify)	0	0%
I don't know/can't say	1	7%

4) Does the draft Pharmaceutical Needs Assessment adequately reflect the current provision of pharmaceutical services within your area? (Section 3 in the draft PNA) (Answered: 14, Skipped: 0)

Options	Number	%
Yes	10	72%
No (please specify)	2	14%
I don't know/can't say	2	14%

5) Are there any gaps in service provision; i.e. when, where and which services are available that have not been identified in the draft Pharmaceutical Needs Assessment? (Section 6 and 7 in the draft PNA) (Answered: 13, Skipped: 1)

Options	Number	%
Yes (please specify)	3	23%
No	6	46%
I don't know/can't say	4	31%

6) Does the draft Pharmaceutical Needs Assessment adequately reflect the need of your area's population? (Section 2 in the draft PNA) (Answered: 14, Skipped: 0)

Options	Number	%
Yes	11	79%
No (please specify)	2	14%
I don't know/can't say	1	7%

7) Has the draft Pharmaceutical Needs Assessment provided sufficient information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises? (Answered: 13, Skipped: 1)

Options	Number	%
Yes	7	54%
No (please specify)	1	8%
I don't know/can't say	5	38%

8) Has the draft Pharmaceutical Needs Assessment provided sufficient information to inform how pharmaceutical services may be commissioned in the future? (Answered: 14, Skipped: 0)

Options	Number	%
Yes	6	43%
No (please specify)	1	7%
I don't know/can't say	7	50%

9) Has the draft Pharmaceutical Needs Assessment provided sufficient information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors? (Answered: 14, Skipped: 0)

Options	Number	%
Yes	7	50%
No (please specify)	1	7%
I don't know/can't say	6	43%

10) Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted? (Answered: 13, Skipped: 1)

Options	Number	%
Yes (please specify)	0	0%
No	8	62%
I don't know/can't say	5	38%

11) Do you agree with the conclusions of the draft Pharmaceutical Needs Assessment? (Answered: 14, Skipped: 0)

Options	Number	%
Yes	8	57%
No (please specify)	2	14%
I don't know/can't say	4	29%

12) If you have any other comments, please write them below (Answered: 8, Skipped: 6)

Comments are listed in Appendix H.

Appendix H: Consultation comments

Additional comments received on the consultation survey⁹⁷

Additional comments to **question 4**: Has the draft Pharmaceutical Needs Assessment adequately reflect the current provision of pharmaceutical services within your area? If you have answered 'No', please specify why.

From	Comment	Steering Group response
A member of the public	<i>Pharmacy</i> * closed, the <i>Pharmacy</i> nothing has opened nearby for dispensing medication. <i>Pharmacy</i> only has over the counter. The nearest dispensing counter is <i>Pharmacy</i> that I'm aware of.	The Steering Group notes the closure and confirms alternative pharmacies remain accessible. Current provision has been assessed as good.
A member of the public	The queues at both pharmacies in Feltham town centre (<i>Pharmacy</i> and <i>Pharmacy</i>) are often very long and each individual can take a long time to explain what they need. This is due to a combination of poor health and sometimes a lack of fluent English, I am concerned this situation will only get worse given the very large number of flats that are being built in the town centre.	The Steering Group acknowledges these concerns. While not a gap in provision, service pressures will be monitored, especially with local housing growth.

* Please note, where a specific pharmacy was mentioned, it has been anonymised.

⁹⁷ Please note that some questions have not received any additional comments and therefore are not listed here.

Additional comments to **question 5**: Are there any gaps in service provision; i.e. when, where and which services are available that have not been identified in the draft Pharmaceutical Needs Assessment? If you have answered 'Yes', please specify why.

From	Comment	Steering Group response
A pharmacy in Hounslow	Regarding section 6, I find it impractical that the locality population growth for the Brentworth area is not available. This is an area that has seen pharmacy closure as well as huge residential development, particularly speaking for the Brentford area in which we are located. This has significantly impacted our service, especially due to the fact that the only other pharmacy in Brentford does not offer any 'other services'. I feel this is worth noting. It may not have impacted overall accessibility to services but to call it a 'small increase' in growth does not represent what we have seen nor how our staff feel. I would also suggest that only 27% of pharmacies offering CC service does not constitute sufficient provision of this simple and well reimbursed service. While we are lucky to have the staffing levels to cope with any increase in service users, we do face strain from providing services to patients other than our own - patients from other pharmacies have to come to us for services that are not offered in their usual pharmacy. This may be good for our KPIs but it does not function to the patient's benefit - e.g. a GP practice could not refer a patient to another GP practice because they do not offer a service. Finally, many of the figures to judge the number of pharmacies required appear to be based on population numbers and deprivation rather than the number of people in the population actually collecting medications. It is noted that Brentworth has the highest population of over 65 and 85 year olds - more consideration should be taken of the population density of people most likely to use pharmacy services.	<p>The Steering Group acknowledges the feedback regarding Brentworth.</p> <p>The PNA reviewed Necessary Services (Essential Services as per the Pharmaceutical Regulations) and agreed there was good provision across Hounslow.</p> <p>Population figures were considered and further information can be found here: https://stats.hounslow.gov.uk/population-projection/.</p> <p>Local housing growth and pharmacy closures are noted. However, the current assessment concludes that the community pharmacy network is currently able to accommodate this growth, supported by pharmacies' ability to adjust staffing levels and service delivery models where necessary.</p> <p>The PNA will continue to monitor service provision in Hounslow including Brentworth.</p>
A pharmacy in Hounslow	Dunns Chemist FAD 32. We provide service AS2: Flu Vaccination and AS3: Pharmacy Contraception Service.	Noted and amended for final. Please note details of pharmacies providing flu vaccination are not included as seasonal activity.

From	Comment	Steering Group response
A member of the public	There are very limited out of house provision available for people without cars.	<p>The Steering Group acknowledges concerns about limited out of house pharmacy access for those without cars. Analysis showed on average 92.3% of the population are able to walk to a pharmacy within 20 minutes and provision options through Distance Selling Pharmacies are also available.</p> <p>Provisions can also be made locally for housebound patients, from prescriptions being sent electronically to their pharmacy directly from the GP Practice or delivery is often available from the community pharmacy.</p> <p>Further information can be obtained from your local pharmacy or your GP Practice.</p>

Additional comments to **question 6**: Does the draft Pharmaceutical Needs Assessment adequately reflect the needs of your area's population? If you have answered 'No', please specify why.

From	Comment	Steering Group response
A member of the public	Hanworth village lost <i>Pharmacy</i> . if you're in need of dispensed medication you have to go to <i>Pharmacy</i> which is much further from GP if you've just been to GP. I never understand why chemists and GP surgeries aren't built together. It seems a naturally symbiotic relationship.	The Steering Group acknowledges the closure of Boots in Hanworth Village and understands the concerns regarding increased distance from GP surgeries to the nearest pharmacy. While co-location of pharmacies and GP practices can benefit patient convenience, pharmacy provision is subject to NHS market entry regulations.

From	Comment	Steering Group response
A member of the public	The population in the centre of Feltham is growing exponentially.	The Steering Group acknowledges the population growth in Feltham. The PNA has considered projected population increases as part of the assessment.

Additional comments to **question 7**: Has the draft Pharmaceutical Needs Assessment provided sufficient information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises? If you have answered 'No', please specify why.

From	Comment	Steering Group response
A pharmacy in Hounslow	I find that the report finds the acceptable level of service providers too low.	The Steering Group notes the feedback regarding service provider levels. The PNA assesses pharmacy provision against NHS Pharmaceutical Regulations criteria.

Additional comments to **question 8**: Has the draft Pharmaceutical Needs Assessment provided sufficient information to inform how pharmaceutical services may be commissioned in the future? If you have answered 'No', please specify why.

From	Comment	Steering Group response
A pharmacy in Hounslow	Suggests that no improvement is required to meet sustained population growth - in the face of pharmacy closures that have occurred and the increase in the number of services expected of pharmacies (with further increases expected in the next 3 years at a national level), I do not agree with this conclusion. For context, our pharmacy has ample staffing and the support of a large nationwide company. I cannot imagine how an independent pharmacy can handle these increases.	The Steering Group acknowledges concerns regarding the impact of closures and increasing service demands on pharmacy capacity. The PNA assesses whether existing provision meets current and future population needs, considering projected growth and national service developments. While current provision is deemed good, the PNA recognises that pressures on pharmacy contractors vary.

Additional comments to **question 9**: Has the draft Pharmaceutical Needs Assessment provided sufficient information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors? If you have answered 'No', please specify why.

From	Comment	Steering Group response
A pharmacy in Hounslow	I disagree with its conclusion.	The Steering Group notes the disagreement with the PNA's conclusion. The assessment is based on current regulations, demographic projections, and service accessibility data. While the PNA concludes that existing provision is good, feedback from stakeholders is valuable and will be considered in ongoing service reviews and future assessments.

Additional comments to **question 11**: Do you agree with the conclusions of the draft Pharmaceutical Needs Assessment? If you have answered 'No', please specify why.

From	Comment	Steering Group response
A pharmacy in Hounslow	As above. I disagree with its conclusion.	The Steering Group notes the disagreement with the PNA's conclusion. The assessment is based on current regulations, demographic projections, and service accessibility data. While the PNA concludes that existing provision is sufficient, feedback from stakeholders is valuable and will be considered in ongoing service reviews and future assessments.
A member of the public	As explained above, I don't believe the increase in Feltham's population has been taken into account.	The Steering Group acknowledges the population growth in Feltham. The PNA has considered projected population increases as part of the assessment.

Additional comments to **question 12**: If you have any other comments, please write them below.

From	Comment	Steering Group response
A pharmacy in Hounslow	I find that the report is presented from the perspective of an analyst looking at the data provided and with little familiarity shown with actual service provision/requirements and communication with health providers. This report should be written by and for pharmacy providers, to better understand their function and capacity rather than assuming their theoretical capacity. I haven't had the time to read the report in full so forgive me if I'm wrong but it appears that observations are made around the lack of service provision by some pharmacies and it mentions increasing the incentives for offering these services but I think this is an area worth investigating more because, to be fair, the reimbursement as stands for most services is incredibly fair - for example £22 for an emergency contraceptive consultation and £18 for a repeat contraceptive supply. Neither of these services demand much staff time, nor any specialist equipment, so I believe there must be more to their decision to not provide certain services rather than throwing even more money at them. The only service I knowingly do not provide is the Stop Smoking Services, this is due to a lack of confidence in the commissioner's management and paperwork.	<p>The Steering Group thanks the respondent for their feedback. The PNA is required to assess pharmaceutical needs using an objective, data-led approach in line with NHS regulations.</p> <p>We acknowledge the importance of local service insights and confirm that the Local Pharmaceutical Committee (LPC) was an active member of the Steering Group, ensuring provider perspectives were considered. Comments regarding service uptake, reimbursement, and operational challenges are noted.</p>
A pharmacy in Hounslow	BOOTS FAY44 - Opening hours incorrect - Open until 6pm on Wed and no lunch closer on Saturday. Letter from ICB confirmed this in Sept 2024. BOOTS FRE02 - Closes at 5pm on Saturday - Letter from ICB confirmed Sept 2024.	Noted with thanks. Amended for Final PNA
A pharmacy in Hounslow	It is a very comprehensive report.	Noted with thanks.

From	Comment	Steering Group response
A member of the public	<p>My friend's son has been unable to get Concerta ADHD management medication for nearly 2 years. so there's also the issue of supply of medication from chemists/pharmacists as well as the actual services. Pharmacy services have greatly improved over recent years, but the public are largely still unaware that a chemist can give a simple diagnosis and dispense non-prescription drugs. That should be promoted better on their shops - IE a sign shop/walk in clinic/dispensary/drug disposal service ... So many people still throw unused medication into our water or waste systems. This needs addressing too. TV adverts and pharmacists should do a word-of-mouth campaign just simply telling people collecting medication that if they have any unused medication to return it...</p>	<p>The Steering Group acknowledges the issues raised regarding medication supply shortages and public awareness of pharmacy services.</p> <p>While national supply constraints are outside the scope of the PNA, they are recognised challenges.</p> <p>Concerns should be raised with your local community pharmacy in the first instance however they may also be raised with the ICB.</p> <p>E-mail: nhsnwl.complaints@nhs.net In writing: Complaints Manager, NHS North West London, 15 Marylebone Road, London NW1 5JD. Telephone: 0203 350 4141 (This is an automated service. Please leave a message requesting a call back).</p> <p>The promotion of pharmacy services, including public health messaging on medicines disposal and the expanded clinical role of pharmacies, is important and supported through NHS campaigns and local initiatives. Feedback on improving visibility of these services is welcomed and will be shared with relevant partners.</p>

From	Comment	Steering Group response
A member of the public	I live in Chiswick and have to take many medicines for various ailments prescribed by my doctor. I rely totally on the pharmacists to advise me on how to take these medicines and they are incredibly well informed and trustworthy. It is a wonderful pharmacy and needs funding properly. The Pharmacists work incredibly hard and are always helpful and friendly. I rely on them totally and am very grateful for the fact that they are my local pharmacy.	The Steering Group thanks the respondent for their positive feedback regarding their local pharmacy in Chiswick. The essential role of community pharmacies in supporting patients with medication advice and healthcare services is fully recognised. This feedback reinforces the value of local pharmacies and their contribution to the wider health system.
A member of the public	Impossible for an ordinary member of the public to read and absorb +100 pages of highly-detailed and complex text! To say Chiswick is 'affluent' is a very sweeping statement and does NOT accurately reflect the income range and affluence of everyone living in Chiswick. It is extremely misleading but also dangerous as it allows LBH to offer minimal health-related services, events, activities to all resident	The Steering Group notes the feedback regarding the length and complexity of the PNA document. The content is required to meet statutory guidelines, including detailed analysis to support decision-making. In relation to Chiswick, the PNA uses published data sources such as the Index of Multiple Deprivation, which reports on average levels of deprivation. Chiswick is less deprived than other areas in Hounslow. It is recognised that these figures do not capture all variations within local areas.

From	Comment	Steering Group response
A member of the public	The length and complexity of the draft Assessment is long and not very user-friendly and makes me wonder whether you really do welcome feedback from the public	The Steering Group notes the feedback regarding the length and accessibility of the PNA document. The content is required to meet NHS Pharmaceutical Regulations, which mandate detailed analysis and evidence. Public consultation is an important part of the process, and all feedback received is valued and considered as part of the final assessment.
Other organisation in Hounslow	Please note that I have not been involved in commissioning Pharmaceutical services and so am unable to comment on whether this report is sufficient to answer those questions. That explains why i have commented "Don't know / can't say" for the section I have.	The Steering Group acknowledges the respondent's comments and thanks them for taking the time to participate in the consultation. All feedback, including where respondents are unable to provide a view, is appreciated and helps inform the final assessment.

Comments received from London Region Pharmaceutical Services Regulations Committee

Comment	Steering Group response
There are a small number of discrepancies in hours and one in terms of a missing pharmacy.	Changes are acknowledged and the Final PNA reflects the changes.
The bank holiday service is an enhanced service within the regs and should be included within these statements. Please note the current service is about to finish and a new one is currently being worked through to start later this year.	This is noted and amended within the Final PNA for Hounslow.
The HWBB need to be aware of the recently notified change to the Community Pharmacy Framework and may need to make some small adjustments to the text of the PNA to take into consideration these amendments	A section has been included and considered in the Final PNA.