

Appendix 1

Choosing Wisely: changing the way we prescribe Engagement Report

Executive Summary

This report provides an overview of responses to the North West London Collaboration of CCGs (NWL CCGs) as a result of engagement activities about proposed changes to the way we prescribe some medicines. NWL CCGs are eight CCGs covering the London boroughs of Brent, Ealing, Hammersmith & Fulham, Harrow, Hillingdon, Hounslow, Kensington & Chelsea and Westminster.

The engagement took place between Monday 12 June 2017 and Friday 30 June 2017 to gather the views of local people about the proposed changes.

The responses have been provided in a number of different ways including written feedback through our online engagement tool which allowed people to both answer the questions and leave comments, direct written feedback from completed surveys, feedback from meetings and forums and free comment by letter and email; all of which have been collated and analysed.

The three proposals set out in the engagement document were:

- 1) GPs will ask patients if they are willing to buy certain medicines or products that can be bought without a prescription
- 2) GPs will not routinely prescribe the medicines and products listed below which can be bought without a prescription
- 3) To reduce waste we will ask patients to order their own repeat prescriptions

The engagement document asked for feedback on these proposals as well as asking if respondents had any concerns, whether there was anything we had missed from the lists or that should be removed from them and if there were any other comments that should be taken into consideration.

The survey results show that:

- **65% (811) of people who answered the questions about proposal one supported it**
- **88% (891) of people who answered the questions about proposal two supported it**
- **79% (929) of people who answered the questions about proposal three supported it**

Though the above results indicate that the response to the majority of the proposals has been positive there were some specific concerns raised by the public, patients, healthcare professionals and stakeholders about the individual proposals, which will be considered by the eight CCG governing bodies when they meet to discuss them.

The main areas of concern were:

- **There should be specific exemptions for particularly vulnerable groups eg the homeless & those with learning difficulties**
- **Emollients and sun creams should be removed from the lists**
- **To make it clear these are recommendations to GPs**

The eight CCG governing bodies will now consider the proposals.

1.0 Background

The NHS in North West London faces the same financial pressures as elsewhere in the country. We need to live within our budgets, spending taxpayers' money on the services which benefit our patients and residents most. Any savings we make need to be planned and focussed on reducing waste and inefficiency rather than targeting those services people really rely on.

One of the programmes we have looked at is how we prescribe medicines. We spend considerable sums of money in North West London so a team of GPs and pharmacists, looking at work which had been done elsewhere in London and more widely, worked up three proposals:

- 1) GPs will ask patients if they are willing to buy certain medicines or products that can be bought without a prescription
- 2) GPs will not routinely prescribe the medicines and products listed below which can be bought without a prescription
- 3) To reduce waste we will ask patients to order their own repeat prescriptions

These proposals will go to the governing body of each of the eight CCGs in North West London to make a decision. This report sets out the findings of an intense three week period of engagement designed to get a sense from the public of firstly whether they supported the proposals and secondly if there was anything we needed to amend or alter which we hadn't thought of already.

1.1 The engagement process

Over the course of the three weeks we engaged with over 3,000 people.

This was an engagement process and for this reason took place over a three week period rather than the longer period required for a formal consultation process.

A formal consultation, required for proposals where a service would be fundamentally altered or removed, was not deemed appropriate for these proposals. The products in question for proposals 1 and 2 will remain available on prescription for patients that meet reasonable criteria for prescription and state that they are not willing or able to purchase them over the counter. Repeat prescriptions will still be available to patients via a number of methods under proposal 3.

The engagement process was designed to gather views, gauge support for the proposals, and check that the medicines and exempt groups suggested were valid, comprehensive and robust. It was accompanied by an equality impact assessment exercise to further ensure that potential impact inequalities were addressed and mitigated in the final policies.

The engagement process was designed to address groups identified by our initial equality screening as potentially vulnerable, as well as key clinical and local stakeholders, patients and public.

We did this through a variety of different means.

Online engagement

We set up an online engagement tool - <https://choosingwiselynwlondon.commonplace.is> - which allowed people to feedback to us on the proposals from the comfort of their own home. We saw 2,136 people visit the site over the three weeks. Of those 760 visitors read the content in depth and 284 completed the survey.

Paper surveys

Understanding that not everyone has access to online technology we produced paper copies which people could fill in. These we distributed to GP practices, community centres, libraries, schools and health centres. We saw 944 people fill in these surveys

Outreach

We were keen to make sure that we specifically spoke to those people identified through the initial equality screening exercise. We also wanted to go out and talk to as many patients and residents face to face. A full list of all the outreach is set out at section four.

Email

We set up a dedicated email address for people to feedback comments to us. A number of organisations chose to respond to us formally through this route. A list of responses we received from professional organisations is summarised in section three.

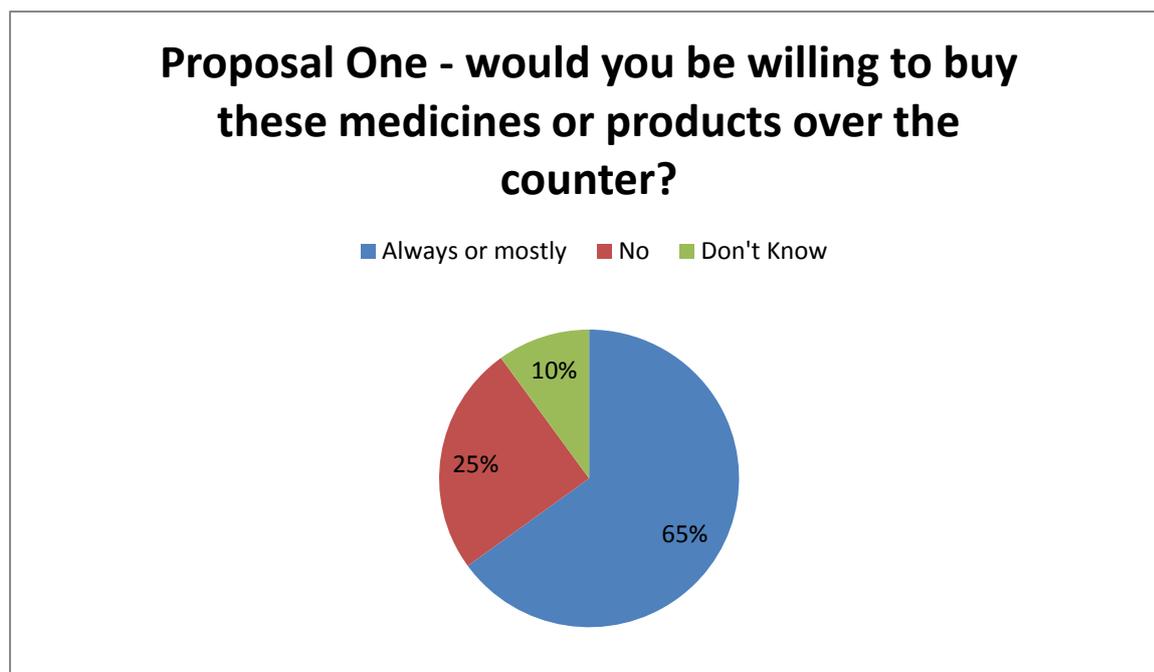
Stakeholder letters

At the beginning of the engagement period we wrote to our key stakeholders including GPs, pharmacists, dentists, opticians, MPs, councillors, providers, Healthwatch, and voluntary sector groups.

2.0 Survey response

2.1 Proposal one

1,243 people answered questions about proposal one. Of these 811 (65%) agreed with the proposals, saying they would either, always or mostly be willing to buy these medications or products over the counter rather than receiving them on a prescription. 307 (25%) said they wouldn't be willing to buy them over the counter. The remaining 125 (10%) said they didn't know.



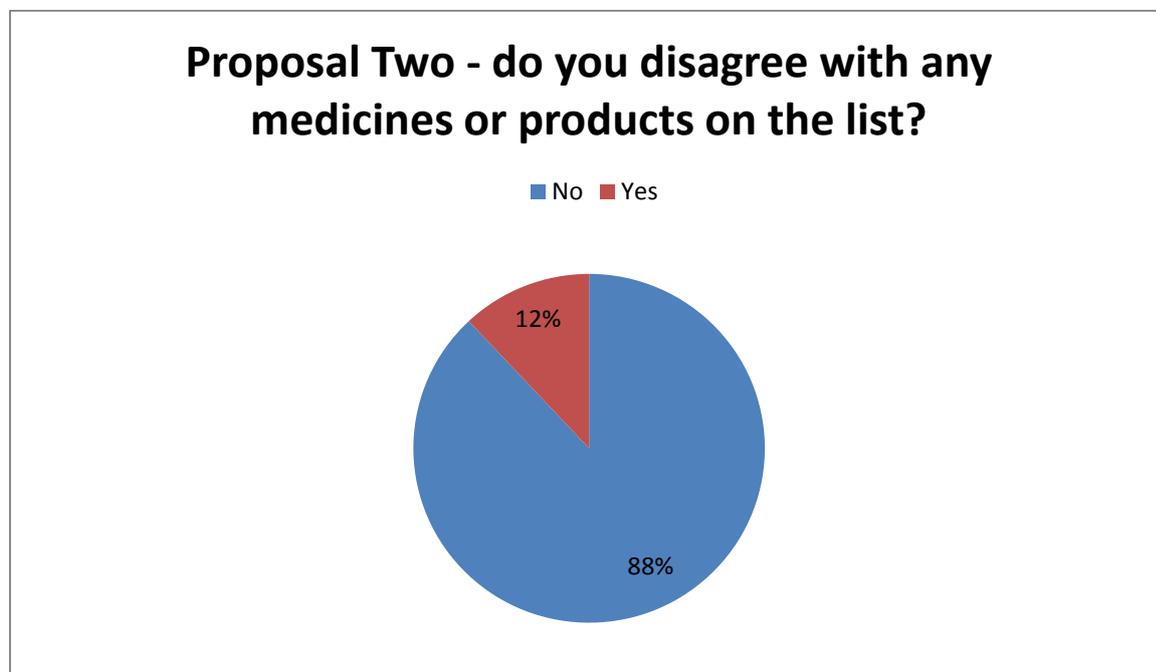
Asked if there should be any exemptions just over half (51.3%) said there should be, most commonly suggesting children, those with learning disabilities, the homeless and pensioners.

The list of medicines and products suggested in proposal one was overwhelmingly supported. 72.7% of respondents said they were happy with the medicines and products on the list. Asked a further question to see if there were any additional products which should be on the list 87.3% said no.

For the 25% of people who said they would not be willing to buy medicines or products over the counter, there was an even split between those who said it was because they couldn't afford it and those who didn't agree on principle.

2.2 Proposal two

88% (891) of people who answered the questions about proposal two supported it, saying they didn't disagree with any of the medicines or products on the list. 12% (122) of respondents said they did disagree with the list.

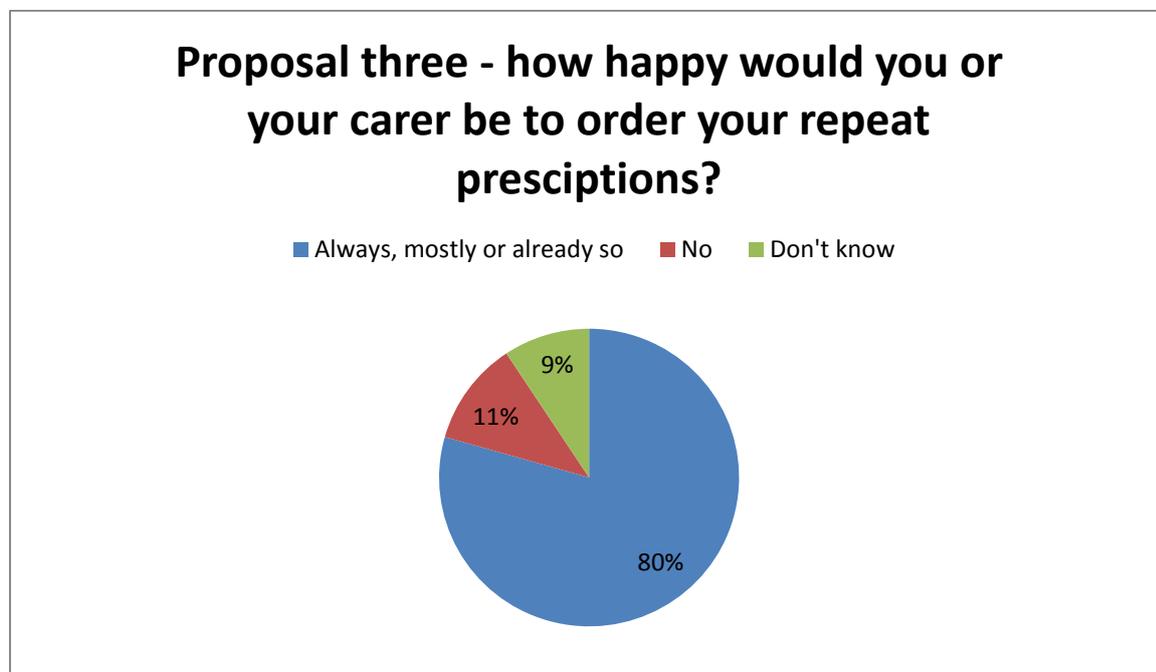


When asked a further question about whether there are any medicines or products which could be added to the list 89.4% (753) people said no, with only 10.6% (89) suggesting there were.

Asked if they or any family members currently received any of these products on prescription just under half said no (49.4% - 385 people). Of those who did receive one or more of these products on prescription the most popular category was self-care medication (eg paracetamol, ibuprofen etc) which 18.2% (142) currently receive.

2.3 Proposal three

Of the 1,169 people who responded to the questions about proposal three, 79.4% (929 people) said they would either always or mostly be happy to order their own repeat prescription or that they ordered it already. 11.3% (133) said they wouldn't want to do that.



Amongst respondents there was an appetite for being able to use technology to order repeat prescriptions. Asked if they would be happy to order repeat prescriptions online 45.8% (413 people) said either always or mostly while a further 5.1% (46 people) said they already do.

Asked whether they would be happy to use a mobile phone app to order repeat prescriptions 37.5% (341 people) of respondents said either always or mostly, while 43.2% (392 people) said no.

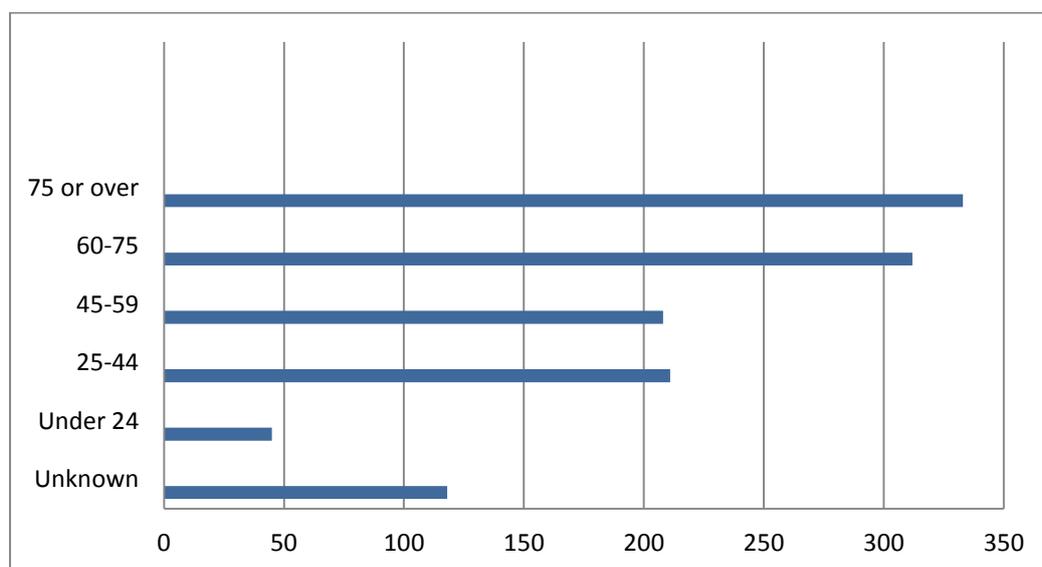
Ordering repeat prescriptions using ordering slips either handed in or posted to the GP practice remains popular with 49% (434 people) saying they would always or mostly prefer this option, and a further 13.5% (120 people) saying they already do.

2.4 Respondents' profile

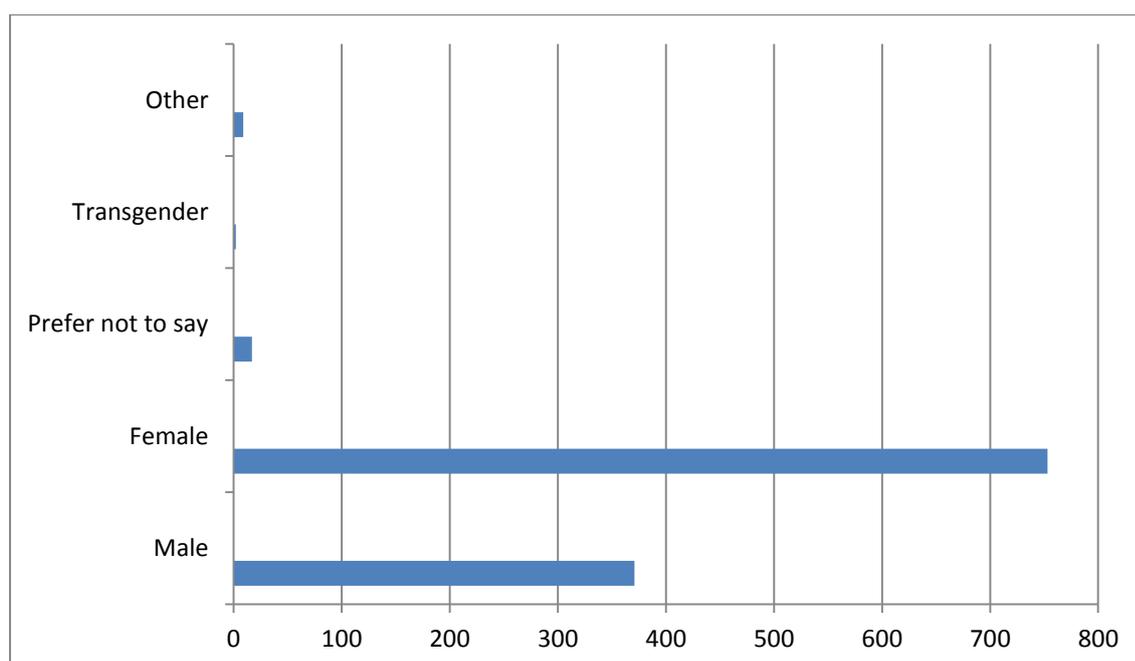
The survey deliberately included demographic questions in order to understand how representative of our population the respondents were and to highlight if there were any groups or areas which had been either over or under represented.

We also wanted to understand in what capacity people were filling in the survey – were they answering as a local resident or a patient from outside North West London or perhaps as a clinician. The results showed the survey was overwhelmingly filled in by local residents of our eight boroughs – 1036 respondents (87.4%).

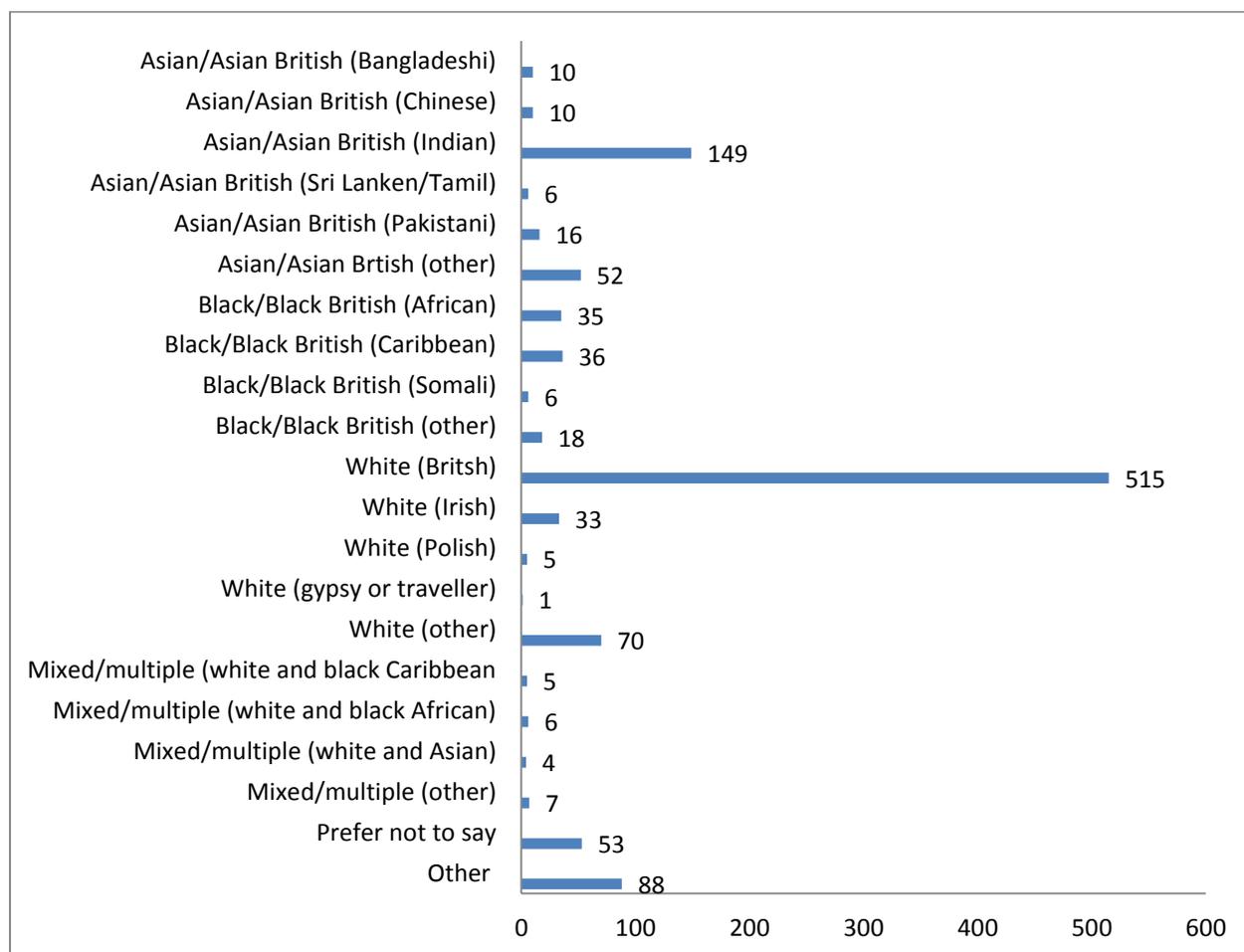
2.4.1 Age



2.4.2 Gender



2.4.3 Ethnicity



3.0 Summary of overriding themes and issues

There were a number of overriding themes and issues which are summarised below, followed by a breakdown of the key points sent in by Healthwatch and our professional organisations.

3.1 Comments on proposals

- Communications support (e.g. leaflets and posters) and administrative support (e.g. how to administer where patients use online automatic prescribing) will be expected from the CCGs. Both Ealing and Hammersmith & Fulham local authorities raised the need for more information for patients. Also legal protections and some compensation for GPs requested if they receive official complaints or need to attend hearings.
- Healthwatch CWL, Healthwatch Hillingdon, LB Hammersmith & Fulham and other groups raised their concern about the short length of the engagement period
- Risk of increasing pressures on NHS services if GPs have to explain the policy to patients, more hospital admissions if conditions get worse.
- Both Ealing and Hammersmith & Fulham local authorities flagged the risk that it could increase health inequalities e.g. if the patient is a child and a parent chooses not to purchase the right product to save money, and that they wanted to see a full equality impact assessment. Could be more than expected who cannot manage own prescriptions.
- Legalities and constitutionality: some aspects of the proposals could be said to go against: GMS regulations, GMC Good Medical Practice (prescriptions on clinical need not financial restrictions), and NHS Act Section 1.c (duty to reduce inequalities)
- Should be done through government policy not local CCGs. Re dentistry in particular, local variation involved seems inconsistent with NHS England's direct responsibility to commission appropriate dental services for the population.

3.2 Suggested exemptions

- **Emollients and shampoos** (*arguably not cheaper without a prescription as they're needed in such high volumes, on a regular basis. Patients may use unregulated products. Could result in more hospital admissions, other secondary care pressures, skin malignancies and even self-harm and suicide.*)
- **Sun creams** (*needed on a regular basis by sufferers of severe photo allergies to be able to go outside. Risk of children with genetic skin cancer prone conditions developing fatal cancer before their teenage years if sun creams aren't prescribed. Could result in more hospital admissions, expensive drugs, and permanent, disfiguring facial scarring.*)
- **Antihistamines in general** (*e.g. for urticaria, which can be disabling and life-threatening, and it requires doses of antihistamine above the amount you can buy over the counter. There's a risk people would purchase Piriton which is short-acting and sedative.*)
- **Corticosteroid nasal sprays for hayfever specifically** (*the respondent claims that the best product is Avamys which is prescription only and that the over the counter product Beconase is not as good.*)
- **Daktacort and Trimovate** (*types of anti-fungal skin products*)
- **Anti-septic mouthwashes** (*for oral infections or inflammation*)
- **Oral rehydration salts**
- **Infant formula** (*for Cow's Milk Allergy*)

3.2 Comments from Healthwatch organisations

3.2.1 Healthwatch Brent

- Healthwatch Brent encourages partner organisations who work with protected and vulnerable groups to complete the PHAST survey or email NHS NWL directly. This recognises that Healthwatch Brent is not the expert in any particular medical conditions or of the needs of all and any specific part of the wide range of communities in Brent.
- Keen to learn the range and extent of groups and methods used or planned to inform the Equality Impact Assessment for this proposal, beyond the survey and email address.
- Healthwatch Brent supports ways of reducing waste within the NHS.
- Healthwatch Brent will seek detailed assurance that any new policy formed from this proposal will both reduce waste and make reasonable adjustments to ensure that policy and practice also reduces the gap in health inequalities.
- Seek clarity on how the proposal would be implemented for people on means tested benefits / or receive free prescriptions - might it push them into financial hardship, and/or affect their sense of wellbeing leading to a need for other forms of intervention that would be more costly than prescribing? This may also be a consideration for carers.
- GP practices can support people with learning difficulties and mental health needs with reminders about repeat prescriptions and appointments. The practice makes adjustments to take account of patients' capacity and needs to ensure their health is stable and does not give rise to any escalation of interventions.

3.2.2. Healthwatch Central West London response

- The consultation falls short of the guidance on consultation for the NHS and public bodies, in both method and timescale.
- Request that the timescale for this consultation process is reconsidered; refer to *Planning and delivering service changes for patients: A good practice guide for commissioners on the development of proposal for major service changes and reconfigurations*. December 2013.
- Healthwatch staff are already working with their networks to encourage people to participate. Comments back at this stage indicate that the method of response is limiting people's engagement which must give us all cause for concern.

3.2.3 Healthwatch Hillingdon response

- Healthwatch Hillingdon remark that they have been extensively consulted on these changes and welcome the fact that many of their comments have been reflected in the proposals.
- Disappointingly short time to comment on a significant change to GP prescribing.
- Agree that patients should only be prescribed items appropriate to their clinical needs.
- Support efforts to ensure that GPs, pharmacists and public are made more aware of the need to better manage limited NHS resources.
- Final policy should highlight that people entitled to free prescriptions will still be able to get them if they choose not to buy them.
- Question whether the proposal is the best way to achieve the desired savings.
- Welcome changes to automatic repeat prescriptions which can result in excessive wastage as long as vulnerable groups are still able to easily re-order repeat prescriptions.
- Wonder whether this initial list of items is just the beginning of a bigger drive to ration NHS services to meet a challenging NHS deficit.

- Remain concerned that there is significant variation in what items are on the lists in other parts of London and England which will lead to considerable public confusion.
- Hillingdon Healthwatch calls on national politicians and NHS leaders to take responsibility for these difficult decisions and provide clear national leadership and direction.

3.3 Comments from medical organisations

3.3.1 Kensington & Chelsea and Westminster Local Pharmaceutical Association and Middlesex Pharmacy Association (joint letter)

- Recognise that savings need to be made
- In some cases proposals could go against GMS Regulations and the GMC’s Good Medical Practice guidance (prescription decisions should be motivated objectively by patient need, not finances) and could also go against NHS Act Section 1.c (the duty to reduce health inequalities, e.g. not prescribing infant formula could worsen health inequalities)
- Engagement period is short; should remain open until above points resolved and evidence referred to is disclosed so that LPA has the opportunity to respond to it
- Must be based on evidence, not generalisations about one section of the medical community i.e. pharmacies; invites us to disclose “in full” the evidence that this is based on
- There would be more than a “small number” of patients who struggle to manage their own repeat prescriptions (e.g. older people with co-morbidities and complex medication regimes, people with mental health conditions, and people in care homes)
- LPA does not accept legal entitlement of GPs to refuse to accept repeat prescriptions from pharmacists

3.3.2 London LMCs

- Support the proposal to give patients more control over their own prescriptions; in fact, pharmacists should not be allowed to make repeat prescription requests at all, and pharmacists should not be allowed to retain the right side of FP10 which lists repeat items – this should be handed over to the patient every time
- Asking patients if they are willing to purchase their own medications or products undermines the principles of the NHS Constitution, and is at odds with the GMC Good Medical Practice guide
- Proposal is contradictory; it says reasonable criteria includes people being unable to buy it, but it also says GPs aren’t being told to ask people about their financial circumstances
- London LMCs understands that Choosing Wisely has been driven by national pilots. It should be the responsibility of the government, not clinical commissioning groups, to make changes of this nature
- Will waste GP time “arguing” with or explaining to patients who believe they are entitled to free prescriptions, increasing appointments and GP workload
- “Impossible” to administer where patients use online automatic prescribing
- Risk of patients in deprived areas undertreating their conditions and in doing so increasing pressures on urgent care centres, A&Es, and hospital admissions
- More publicity needed to patients and retail pharmacists. Leaflets printed and supplied to practices
- If the proposal is taken forward, backing of LPC should be sought in advance
- GPs should be explicitly and fully indemnified against any complaints that arise; CCGs should handle complaints on behalf of GPs, CCGs should reimburse GPs for time, locums, and loss of

earnings if called to make appearance at complaints hearing; CCG should confirm that MDU and MPs need not be notified of complaints as CCG should have taken over indemnity issues

3.3.3 British Association of Dermatologists (including skin cancer prevention sub-committee)

- Sun creams should be exempt
- Patients on lifelong immunosuppressive therapy to prevent rejection of an organ transplant, or who are treated long-term with a photosensitizing drug need sun protections prescribed. Photoallergies or photosensitive diseases such as porphyria and lupus need sun protections to be prescribed. Also children with skin cancer-prone genetic disorders such as xeroderma pigmentosum (XP) must have access to prescribed sunscreens as they develop fatal skin cancer before their teenage years unless they adopt strict photo protection measures. Could also result in more hospitalisation, expensive drugs, and permanent, disfiguring facial scarring.
- Severe photo allergies e.g. chronic actinic dermatitis make it impossible for sufferers to go outdoors without adequate photoprotection
- Urticaria can be disabling and life-threatening; it requires doses of antihistamine above the amount you can buy over the counter so antihistamines do need to be prescribed.
- Emollients and shampoos are needed in high volume and on a regular basis. Withholding them will increase hospital stays. 1 in 5 children under 5 suffer from eczema. The financial burden placed on families would be around £8-10 a week and some families will choose not to spend this money.

3.3.4 Dermatology Council for England (DCE)

- The DCE agrees that mild acne can be managed by a competent pharmacist
- Emollients and shampoos for psoriasis and eczema should be exempt
- People might use less effective and even counter-productive products instead
- Will result in more pressures on NHS resources, including A&Es, as patient conditions will worsen, and will therefore cost the CCG more money

3.3.5 Primary Care Dermatology Society (PCDS)

- Backs the response from British Association of Dermatologists (BAD) and the Dermatology Council for England (DCE) as summarised above
- Could result in worsening symptoms, increase usage of ill-advised or toxic remedies from unregulated sources, more hospital admissions and other secondary care pressures, and even some life-threatening consequences like skin malignancies and self-harm or suicide

3.3.6 Psoriasis Association

- Emollients and shampoos for psoriasis should be exempt.
- These products are needed in high volume so would be very costly; untrue in this case to say that they are “cheaper to buy over the counter”
- Make sure local services are in place to treat and manage psoriasis as per NICE guidance and as per the CCG’s responsibilities

3.3.7 Imperial College Healthcare NHS Trust (Summary of paediatric consultant & pharmacist responses sent by ICH NHS Trust)

- Supports infant formula inclusion on the list, on the basis that Cow's Milk Allergy will be an exception
- 'Antifungal skin products' listed should not include Daktacort or Trimovate
- Good sunscreen protection should be prescribed on the basis that we put people on drugs to sensitise the skin to sunlight where needed
- Antihistamines need to be prescribed. There's a risk that people would purchase Piriton which is short-acting and sedative
- Corticosteroid nasal sprays for hayfever should be prescribed. Beconase is the product available over the counter, but prescription-only nasal spray Avamys is the best product
- Emollients and shampoos for psoriasis should be exempt. Children especially will suffer. A mild eczema patient will become moderate or severe. It's already difficult to "get compliance for" emollient use, and parents already say they struggle to get sufficient quantities e.g. they may need a tub a week. Recent repeat audit shows that Imperial still supplies lots of repeat emollients because of problems patients have had in the community.
- Complex patients with multiple treatments at risk as patients may undertreat for financial reasons especially when added to the costs of special diets. Risk that it will lead to increased admissions and more secondary care attendances
- Emollient, soap substitute and bath additives all recommended by doctors for allergies
- Vitamins and mineral supplements should include an exemption for malabsorption and nutritional restrictions e.g. cystic fibrosis inflammatory bowel disease, multiple food allergies and allergic gut inflammation
- Cold sores should be "reviewed regarding systemic antiviral treatment." Must make sure pregnant patients get the right advice to protect unborn babies
- Oral rehydration salts risks increase in unscheduled care

3.3.8. Response on behalf of Chelsea and Westminster Hospital NHS Foundation Trust

- We understand the financial context of this proposal and are generally supportive.
- We would wish to work with colleagues in primary care to implement any proposals safely and successfully and to support one another.
- We feel this is reasonable as emphasis is on "routinely" so GPs can make informed decision.

Medicines that might cause concern if exceptions were not made:

- Bath additives - long term treatment from Dermatology Clinics
- Creams or suppositories for haemorrhoids (piles) - concern that longer term self-care with haemorrhoid creams could delay diagnosis for bowel cancer
- Oral rehydration sachets -complex gastroenterology patients may require supplementation with oral rehydration sachets on a long term basis. Also there is a need to ensure that babies with diarrhoea do not miss treatment.

3.3.9 North West London LDCs: Federation of London Local Dental Committees

- Unacceptably short timescale to get feedback from all their dentists
- Local variation involved seems inconsistent with NHS England's direct responsibility to commission appropriate dental services for the population
- Full cost-benefit analysis needs to be done including impact on oral health messaging especially for children; concern that "blanket ban" on prescribing fluoride mouthwash to children will undermine the current pro-oral health campaign

- Antiseptic mouthwashes should be prescribed where a patient has an oral infection or an inflammation
- It is “clearly incorrect” to say there’s no clinical benefit to mouthwashes
- CCGs should provide every practice with a poster to inform patients of the change and that the decision was made by the NHS not their local dentist. It is unreasonable to expect dentists to defend these changes without having had the opportunity to have a proper input into the development of the policy despite our specific knowledge

3.3.10 Allergy UK, BSACI, BDA, Association of UK Dieticians (joint letter)

- Including infant formula on the list could impact infants with Cow's Milk Protein Allergy (CMPA) very seriously
- CMPA can lead to A&E admissions or Paediatric Unit admissions, and even death
- Lactose-free milk available in shops may still contain the protein which would cause the infant to suffer from anaphylactic shock
- Therefore, formula for infants with CMPA should remain available on prescription

4.0 Outreach Activity

At the start of the engagement period we wrote to all our key stakeholders across all eight boroughs, including:

- Council leaders, cabinet leads, and scrutiny chairs
- MPs
- Healthwatch groups
- Chairs, chief executives and medical directors healthcare providers
- Voluntary sector groups
- GPs
- Pharmacists
- Opticians
- Dentists

We also provided leaflets and posters to every single GP practice in North West London.

We went out to the following meetings, venues and groups to talk through the proposals and get views. This included visits to groups highlighted by our initial equality screening assessment, including the homeless, people with learning disabilities, and BME groups.

4.1 Brent

- Brent Civic Centre
- Brent Alzheimers' Society, Dementia Cafe
- Brent Provider Forum
- Brent Urgent Care Centre (CMH)
- Chalkhill Community Centre
- GP Access walk in centre, WCH
- Pharmacies via LMC
- Pharmacy WCH
- Pharmacy Willesden Health Centre
- Residents' groups
- Schools
- Social Services Centre, Brent
- Supported Living carers' forum
- Willesden Health Centre
- Youth Parliament

4.2 Ealing

- Ealing CVS Network meeting (attended by more than 40 community organisations)
- Ealing CVS and Southall Community Alliance promoted the engagement through their newsletters for the community
- Visit to Sikh community in Southall
- Ealing Healthwatch was promoting the engagement via their channels, including community visits, events etc

- Weekly communications newsletter which was sent to all GPs, CCGs staff, PMs and our PPGs (via PMs)
- Questionnaires/booklets displayed in Ealing library, Lido Centre, Sycamore Lodge
- Carers' Partnership Board meeting, Older People's Forum
- Age UK event in Greenford Community Centre
- Carers' Trust event in Acton

4.3 Hammersmith & Fulham

- Questionnaire sent to SOBUS
- Library visits
- Carers' Network engagement event
- Park View Health Centre
- PRG
- Parsons Green Health Centre
- Diabetes User Group
- STP Engagement Event –“HeadsUP” mental health panel
- Neighbourhood Forum-White City
- BME Health Forum Quarterly Meeting
- Leisure Centre -Phoenix Fitness Centre and Janet Adegoke Swimming Pool Hammersmith

4.4 Harrow

- Northwick Park Hospital
- St Ann Shopping Centre - Harrow
- Roxbourne Medical Centre
- Harrow Patient Participation Network
- Survey sent to Harrow CVS

4.5 Hillingdon

- Uxbridge pavillions centre
- Northwood Hills library
- Kingsway GP practice
- Uxbridge library
- Brunel practice
- Devonshire Lodge & Abbotsbury
- Cedar Brooke Practice
- Northwood Library
- North Hyde Road practice
- Belmont Centre
- Southcote Clinic

4.6 Hounslow

- Sent out to database of 2400 contacts
- Hounslow CCG AGM 21 June 2017
- Five Locality patient participation Groups
- Patient and Public Engagement Committee
- Staff in the Civic Centre in Hounslow
- Information stall at Age UK Hounslow
- TV screen in GP Practices
- Healthcare Kiosks in GP Practices
- Promoted and discussed at Hounslow events throughout carers week
- Internal staff briefing and particular staff that live within borough
- Stall and discussion at Gurdwara Sri Guru Singh Sabha, Hounslow
- Hounslow Healthwatch volunteers promoting within community
- Voluntary sector throughout Hounslow
- Hounslow Libraries, stall
- Two older people forums
- Nepalese group meeting

4.7 Kensington & Chelsea

- Stall at the library at Kensington Town Hall
- Presenting to voluntary sector groups at the K&C Voluntary Sector Forum
- Delgarno Centre Food bank event
- The Delgarno Centre - West London
- Age UK
- Survey sent to Community Champions across the Tri-Borough, K&C Voluntary Sector
- Advocacy Project -- Groups x 2 for people with learning disabilities

4.8 Westminster

- Rough sleepers' network
- St Vincent's Family Project
- Working with Men
- Carers' Week: Health and Information Event for Westminster Carers
- BME Health Forum
- South West Fest – Festival Day
- Westminster Homeless Action Group
- Iraqi Association
- Abbey Cross Centre
- Abbey Centre (Carers' event)
- Abbey Centre (Cafe evening for the homeless x 2)
- Create Victoria Shopping Centre including Boots and local shops
- Clear village community