Kensington & Chelsea Pharmaceutical Needs Assessment

2015 - 2018

DRAFT FOR PUBLIC CONSULTATION: 20th October 2014

Date of Issue: April 2015

Date of Review: March 2018

THE ROYAL BOROUGH OF KENSINGTON AND CHELSEA

Contents

Acknowledgements

The Kensington and Chelsea Health & Wellbeing Board would like to thank all the community pharmacies who supported the development of the 2015-18 Pharmaceutical Needs Assessment.

Pharmacies in the borough were invited to complete a questionnaire in July and August 2014 as part of the process; the results of these questionnaires inform this needs assessment. Responses from the 60 day consultation period on the draft document (October-December 2014) will also be incorporated.

As the questionnaires were sent in July 2014, views in this document are a reflection of stated provision, intentions and attitudes of pharmacists at that point in time. Data from other sources was the most up to date provided at the time of the production of the report in September 2014 and included information from pharmacies in neighbouring Boroughs.

This document has been compiled in accordance with The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 in order to inform commissioning decisions and managing Control of Entry, rather than as a Strategic Plan.

The preparation of this PNA relies on information submitted by others. The contents of the PNA accurately reflects the information received by 3rd October 2014

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Map of the borough

Chapter One

Background

Purpose of the Pharmaceutical Needs Assessment

1.1 The Pharmaceutical Needs Assessment (PNA) identifies the key health needs of the local population and how those needs are being fulfilled or could be fulfilled by pharmaceutical services in different parts of the borough. The role of the PNA is twofold: to inform local plans for the commissioning of pharmaceutical services; and to support the 'market entry' decision making process (undertaken by NHS England) in relation to applications for new pharmacies or changes of pharmacy premises.

1.2 As outlined in the 2013 regulations, the PNA describes pharmaceutical services in terms of the following summary categories:

A. **Necessary Services – Current Provision:** services currently being provided which are regarded to be "necessary to meet the need for pharmaceutical services in the area". This includes services provided in the Borough as well as those in neighbouring Boroughs

B. **Necessary Services – Gaps in Provision:** services *not* currently being provided which are regarded by the HWB to be necessary "in order to meet a current need for pharmaceutical services".

C. **Other Relevant Services – Current Provision:** services provided which are not necessary to meet the need for pharmaceutical services in the area, but which nonetheless have "secured improvements or better access to pharmaceutical services". This includes services provided in the Borough as well as those in neighbouring Boroughs.

D. **Improvements and Better Access – Gaps in Provision:** services *not* currently provided, but which the HWB is satisfied would "secure improvements, or better access to pharmaceutical services" if provided.

E. **Other NHS Services**: any services provided or arranged by a local authority, NHS England, the CCG, an NHS trust or an NHS foundation trust which affects the need for pharmaceutical services in its area or where future provision would secure improvement, or better access to pharmaceutical services specified type, in its area.

1.3 Due consideration has been given by the HWB to future circumstances which may have an impact on the future need for pharmaceutical services

1.4 The services being assessed in the PNA are those provided under the terms of services for pharmaceutical contractors or under Local Pharmaceutical Services (LPS) contracts.

1.5 The process followed in developing this PNA has been detailed in Appendix D.

Defining Localities

1.6 For the purposes of the PNA it is necessary to divide the geographical area of Kensington & Chelsea into distinct localities. These localities are likely to help determine market entry.

1.7 The main approach to localities taken for this PNA is to use electoral wards. However, as wards are small geographic areas and services cross boundaries, we have modified this by including a 500 metre radius of all pharmacies in the borough and surrounding area. This shows areas where there is at least one pharmacy within 500m and where there is no pharmacy within 500m. The 500m buffer **cannot** be used to define whether a population outside of the buffer is need of a service. The buffer does help assess what proportion of the whole population is in close proximity to a service, but not all services need to be provided in close proximity, some are provided on the basis of where the patient lives and not where the pharmacy is located, and some may serve a patient group that is clustered in a small area. Where relevant, these factors have been highlighted in the report.

Policy Background Relating to the PNA

1.8 It is a statutory responsibility for Health & Wellbeing Boards (HWBs) to develop and update a PNA for its area.

1.9 Section 128A of the NHS Act 2006 required each NHS Primary Care Trust (PCT) to assess the pharmaceutical needs for its area and to publish a statement of its assessment and of any revised assessment. Subsequently, the Health Act 2009 contained the powers needed to require PCTs to develop and publish PNAs and use them as the basis for determining market entry to NHS pharmaceutical services provision subject to further regulations.

1.10 With the introduction of the Health and Social Care Act 2012 and the abolition of PCTs, this responsibility transferred to the newly established HWBs from 1 April 2013.

1.11 HWBs are required to publish their first PNA by 1 April 2015.

1.12 The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 provided HWBs with the minimum information that must be contained within their PNA and also the process to be followed in their development and publication. The development and publication of this PNA has been carried out in accordance with these Regulations.

1.13 Since 1 April 2008, Local Authorities and the NHS have been under a statutory duty to produce a Joint Strategic Needs Assessment (JSNA) by virtue of the Local Government and Public Involvement in Health Act 2007. The Health and Social Care Act 2012 introduced duties and powers for HWBs in relation to the JSNA. The JSNA is a strategic assessment of the health and wellbeing needs of the local population, and this PNA builds on the findings of the JSNA by supporting the commissioning and the development of appropriate, sustainable and effective pharmacy services. For further information on the JSNA please refer to http://www.jsna.info

Local health and wellbeing needs

1.14 Kensington and Chelsea is a small, but densely populated and vibrant Central London borough. The population is unusual in that it has a large proportion of older working age residents and very few children, as well as high levels of international migration and cultural diversity. Half of the boroughs population were born abroad. Men living in Kensington and Chelsea have the 5th highest life expectancy in the country, and for women it is the 6th highest. Whilst many residents are very affluent, there are also residents with poorer health in the areas of social housing, predominantly in the north of the borough.

1.15 Studies have shown that the earliest years of life lay the foundations for physical, intellectual and emotional development that impacts on later life. There are some specific challenges in Kensington and Chelsea that particularly impact on children.

1.16 Overweight and obesity remain high for children in the borough, with nearly a third of children of school age either overweight or obese. Child immunisation uptake has generally declined in the borough since two years ago. Two in ten children in the borough have not been fully immunised by the age of two, rising to nearly 3 in 10 by the age of five. Around a quarter (26%) of children in Kensington and Chelsea were classified as living in poverty in 2010/11, similar to London (28%) and higher than England (21%).

1.17 Sexual health is a particular challenge within the borough. Kensington and Chelsea has the 12th highest reported acute Sexually Transmitted Infections (STI) rate and the 4th highest HIV prevalence rate in England. Teenage conception is low in the borough relative to London and England.

1.18 Less people smoke in Kensington and Chelsea (18%) than average for London (19%) and England (20%); however, rates are much higher in deprived areas.

1.19 Coverage of breast screening in the borough is currently the lowest in the country, with close to 4 in 10 women (5,700 women) not having had an NHS screening within the last three years.

1.20 Finally, like most areas of the country, Kensington and Chelsea is expecting an increase in the number of older people who live in the borough. Over the next decade, the number of older people is expected to rise by 23%. This change in the population profile will have a knock on impact on the key health needs of the population. For example, the number of people living with dementia is predicted to rise by as much as 40% over the same period.

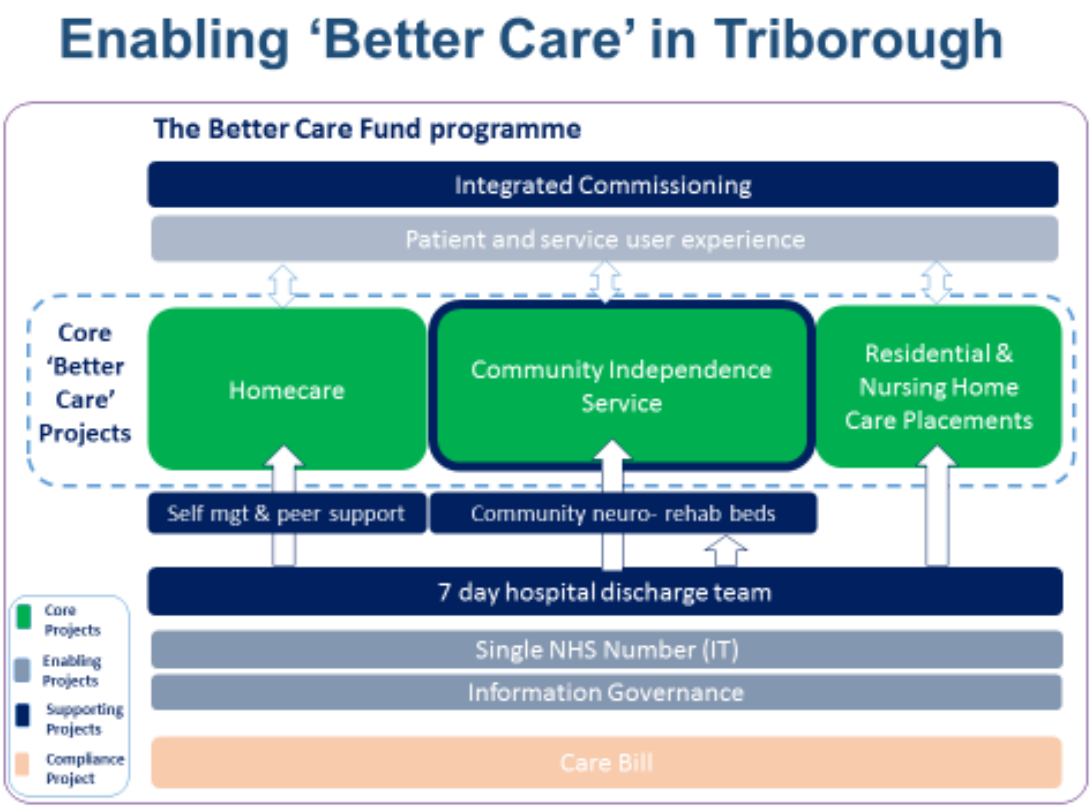
Local health and wellbeing priorities

1.21 As part of their new responsibilities, HWBs are required to produce a Health and Wellbeing Strategy which sets out how partners will meet local health needs, improve outcomes and reduce health inequalities within the borough. The Kensington & Chelsea Joint Health and Wellbeing Strategy 2013 - 2016 identifies 6 priorities for the local area[1]:

- Making better use of our resources to achieve improved outcomes
- Improving partnership working for sexual health services
- Improving partnership working in early years services (Every child has the best start in life)
- Ensuring safe and timely discharge from hospital
- Achieving and maintaining a healthy weight in children
- Accessible and flexible mental health and substance use services

1.22 The Kensington & Chelsea HWB has also been focussing on the development of the Better Care Fund Plan. The Better Care Fund is a "single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and local authorities". The BCF will support the aim of providing people with the right care, in the right place, at the right time, including expansion of care in community setting. The Better Care Fund Plan has been developed with our neighbouring boroughs of the Hammersmith & Fulham and Westminster.

1 http://www.kcsc.org.uk/sites/kcsc.org.uk/files/documents/RBKC_docs/Kensington%20and%20Chelsea%20JointHealth%20and%20Wellbeing%20Strategy%202013_2016%20Print%20docx.pdf



1.23 Alongside local priorities, the eight Clinical Commissioning Groups in North West London have published a five year strategic plan, which sets out the collective plans and priorities of these CCGs, working in partnership with NHS England. Kensington & Chelsea CCG is one of these CCGs. The North West London five year strategic plan[2] sets out five jointly developed transformation programmes:

- **Health promotion, early diagnosis and early intervention** through local Health and Wellbeing Strategies and through collaborative work with partners to improve screening, immunisations and Cardiovascular disease prevention
- **Out of Hospital strategies including Primary Care Transformation** through the creation of GP networks. Kensington & Chelsea Clinical Commissioning Group's Out of Hospital strategy 2012-15, Better Care, Closer to Home[3] aims to reduce unscheduled care and improve planned care through the organisation of GP practices and providers into new multi-disciplinary groups who can support effective care planning for their most at-risk patients.
- **Whole Systems Integrated Care** which aims to ensure that people are empowered to direct their care and support and to receive care in their homes or local community; that GPs are at the centre of organising and coordinating

2 http://www.centrallondonccg.nhs.uk/media/11252/A5.1%20NWL%20Five%20Year%20Strategic%20Plan%20Draft%20v1.0,%20CLCCG%20GB%20Meeting%2014.05.2014.pdf

3 http://www.westlondonccg.nhs.uk/media/16/NHS%20West%20London%20Better%20Care,%20Closer%20to%20Home.pdf

people's care and that systems enable and do not hinder the provision of integrated care

- **Transforming Mental Health Services** which aims to ensure that services are responsive, focused on the person and are easy to access and navigate; care is provided as close to homes as possible where and when it is needed; the lives of users and carers are improved by promoting recovery and delivering excellent health and social care outcomes (including employment, housing and education).
- **Shaping a Healthier Future (SaHF)** which aims to achieve better clinical outcomes and safer services for patients by centralising most emergency specialist services (such as A&E, Maternity, Paediatrics, Emergency and Non-elective care) into 5 major hospitals. The Seven Day Services programme is part of the Shaping a healthier future reconfiguration to ensure that people are treated at the right place at the right time and includes an intention to extend pharmacy weekend services.

Chapter Two

Demographic and Health Need

The Joint Strategic Needs Assessment

2.1 The demographic and health information included here is covered in graphical detail in this chapter as well as in the Joint Strategic Needs Assessment (JSNA) for the Royal Borough of Kensington and Chelsea. The JSNA identifies current and future health and social care needs of the borough's population and analyses whether these needs are being met locally. (For JSNA highlights report, please see http://www.jsna.info/document/highlight-reports-2012)

Summary of Population Characteristics

2.2 Kensington and Chelsea is a small Inner London borough, but densely populated and vibrant Central London borough. The population is unusual in that it has a large proportion of older working age residents and very few children, as well as high levels of international migration and cultural diversity. Rich and poor live side by side, particularly in the north of the borough. Characteristics of the local population have been summarised below. Further detail is provided later in this chapter.

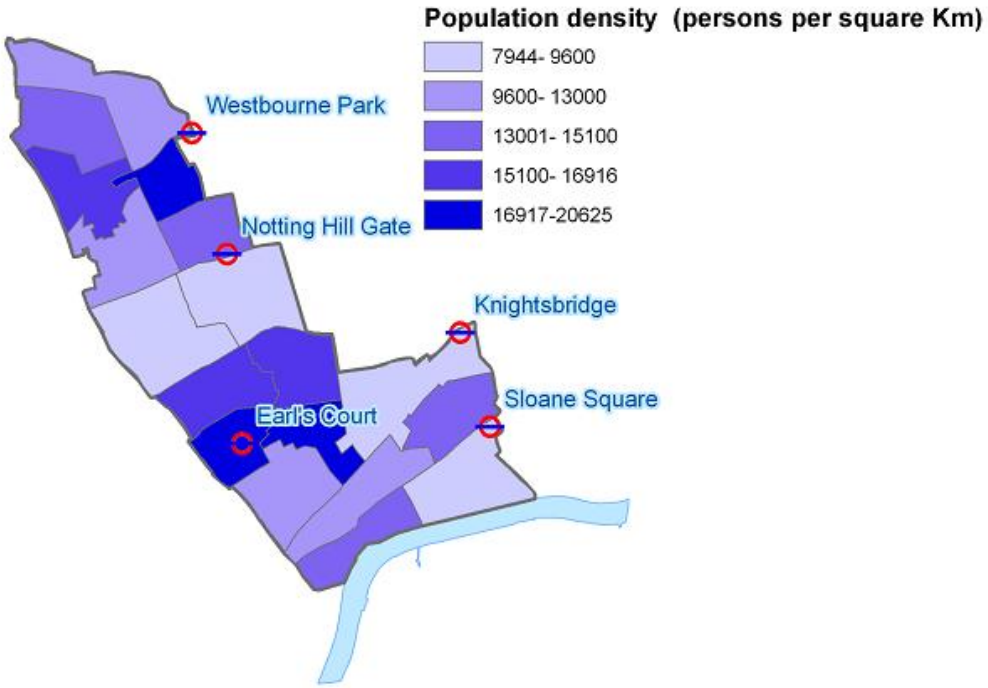
Table 2.1: An Overview of different characteristics of local population

The borough at a glance…			
78,500	Households	**6**	Live births each day
£795,000	Median house price	**2**	Deaths each day
158,700	Residents	**12,300**	Local businesses
29%	From BAME groups	**£36,000**	Annual pay
50%	Born abroad (2011 Census)	**2.1%**	Unemployment rate (JSA) (London 3.1%)
28%	Main language not English	**17%**	Local jobs in Public Sector
53%	State school pupils whose main language not English	**Ranked 103rd**	Most deprived borough in England (out of 326) (18th in London)
10k/13k	Annual flows in and out of the borough	**24%**	Children <16 in poverty, 2011 (HMRC)
179,118	Registered with local GPs	**Ranked 2nd**	Highest carbon emissions in London (not including City of London)
280,000	Daytime population in an average weekday		

Overall population

2.3 Kensington and Chelsea is a small and demographically unusual borough. Roughly 159,000 people live within just five squares miles, making it the most densely populated borough in the UK. Colville, Earl's Court and Courtfield had the highest population density in Kensington and Chelsea (figure 2.1).

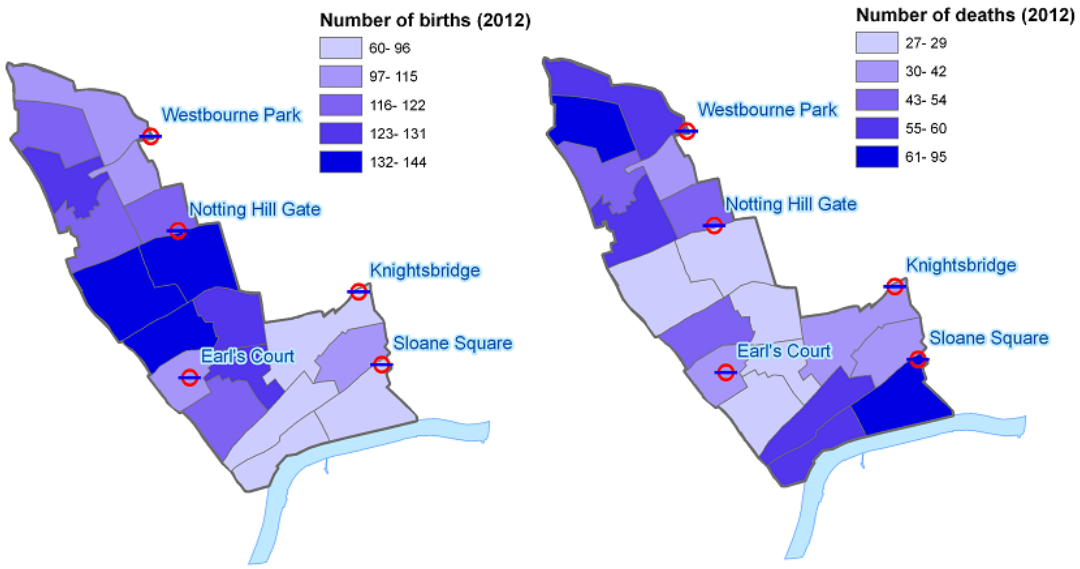
Figure 2.1: Population density in Kensington & Chelsea (Data source: ONS census 2011)



2.4 The borough is also a busy tourist, retail and business area and therefore has a large influx of daytime visitors. Popular attractions such as the Museum complex in South Kensington and shopping streets such as King's Road, High Street Kensington and Portobello Road draw people in whose requirement for pharmacy services may differ from local residents.

2.5 Wards including Holland, Campden and Abingdon had the highest number of births during 2012 while St. Charles and Royal Hospital wards had the highest number of deaths (figure 2.2).

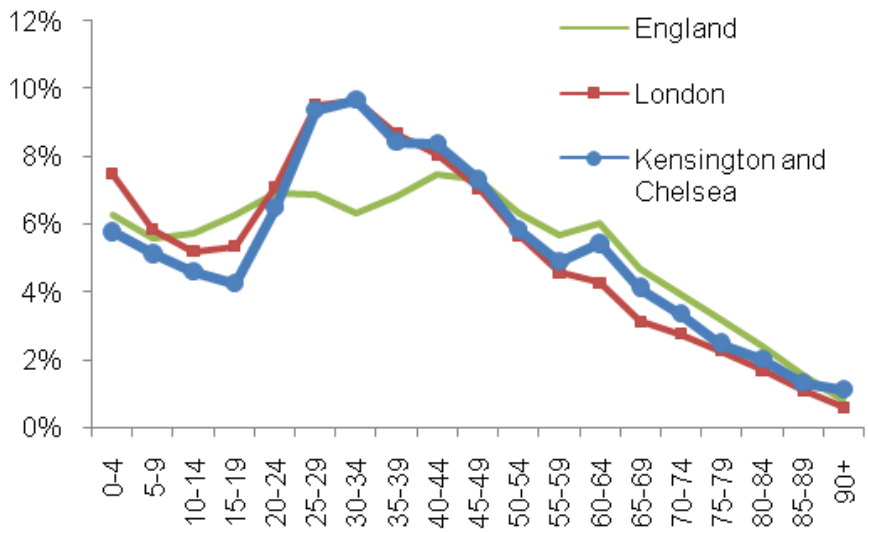
Figure 2.2: Number of births and deaths in Kensington & Chelsea (Data source: Office for National statistics, mortality files 2012)



Age Structure

2.6 The age profile of the borough is common to other inner city areas in that it has a very large working age population and smaller proportions of children (the 2nd smallest in London). Those aged 65+ form a slightly larger proportion of the total population than London, but smaller than England (figure 2.4). Compared to London, the borough has the 12th highest proportion of younger working age residents, the 8th highest of older working age residents and 12th highest of retirement age. There are a similar proportion of older people to London but far fewer than nationally. The 117,500 residents aged 16 to 64 represent 69.3% of the total population.

Figure 2.3: Population Structure, 2011 (Data source: ONS census 2011)



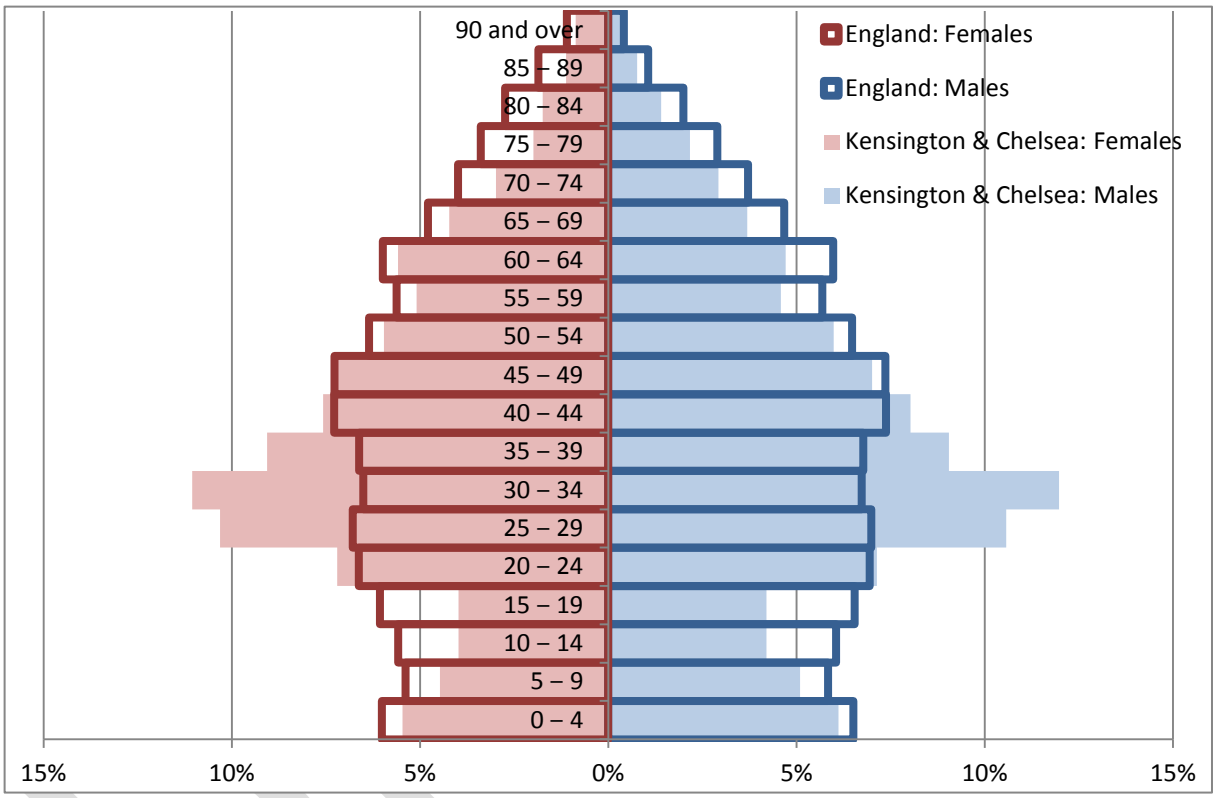
2.7 The structure of the population is heavily influenced by patterns of migration, with large numbers of people moving in and out of the borough and a net outward migration of new families with young children. There is up to 30% annual turnover in

the central part of the borough, with migration fuelled by a large stock of rental properties. Conversely, areas of social housing tend to be home to more stable long-term communities.

Gender Structure

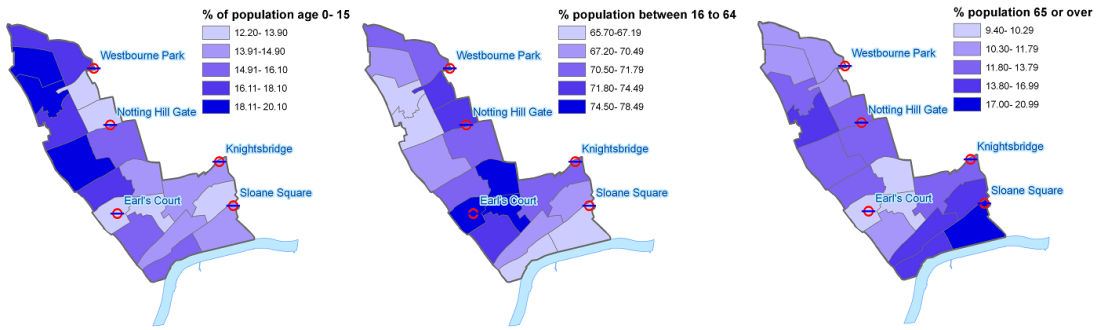
2.8 There are slightly more women than men living in the borough (figure 2.4). As with elsewhere, there are a greater number of older women due to longer life expectancy.

Figure 2.4: Proportion of resident population by age-band, 2011, Kensington and Chelsea (Data source, ONS census 2011)



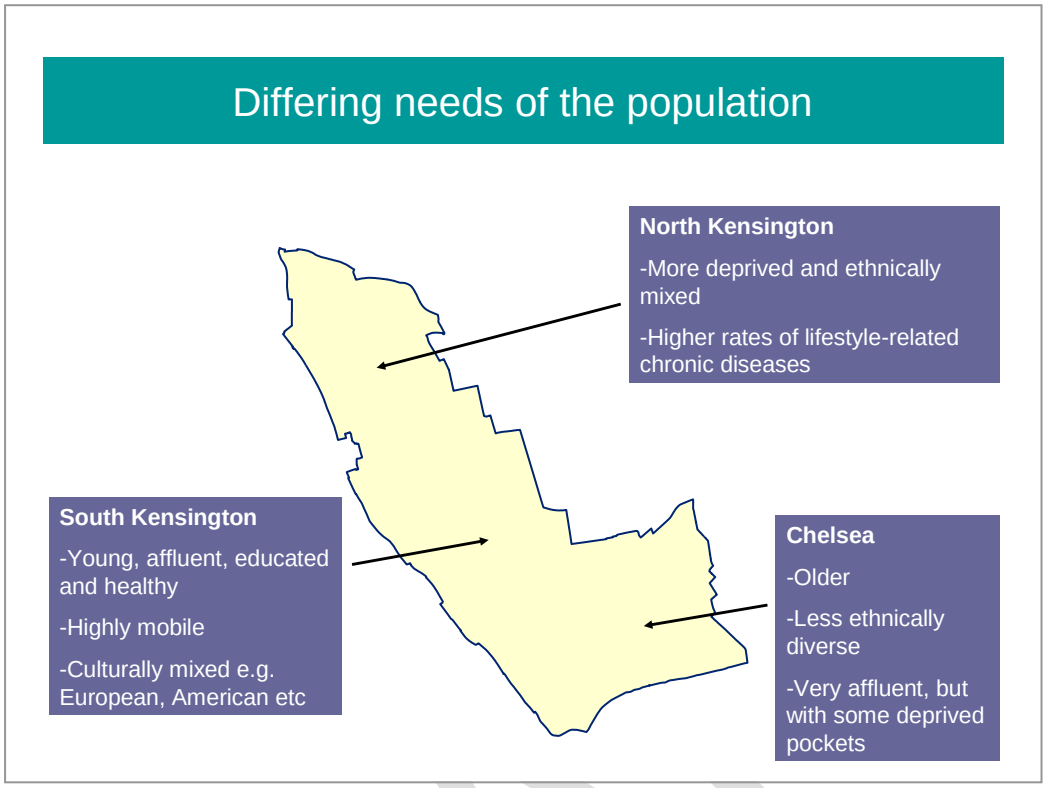
2.9 Most of the 0- 15 population live in the northern deprived wards including St. Charles and Notting Barns, while a high proportion of older people live in the affluent southern parts of Kensington & Chelsea (figure 2.5).

Figure 2.5: Maps showing location of population groups in Borough (Data source: ONS census 2011)



2.10 The population groups living in Kensington and Chelsea is summarised in figure 2.6.

Figure 2.6: Map of Kensington & Chelsea showing location of population groups in Borough

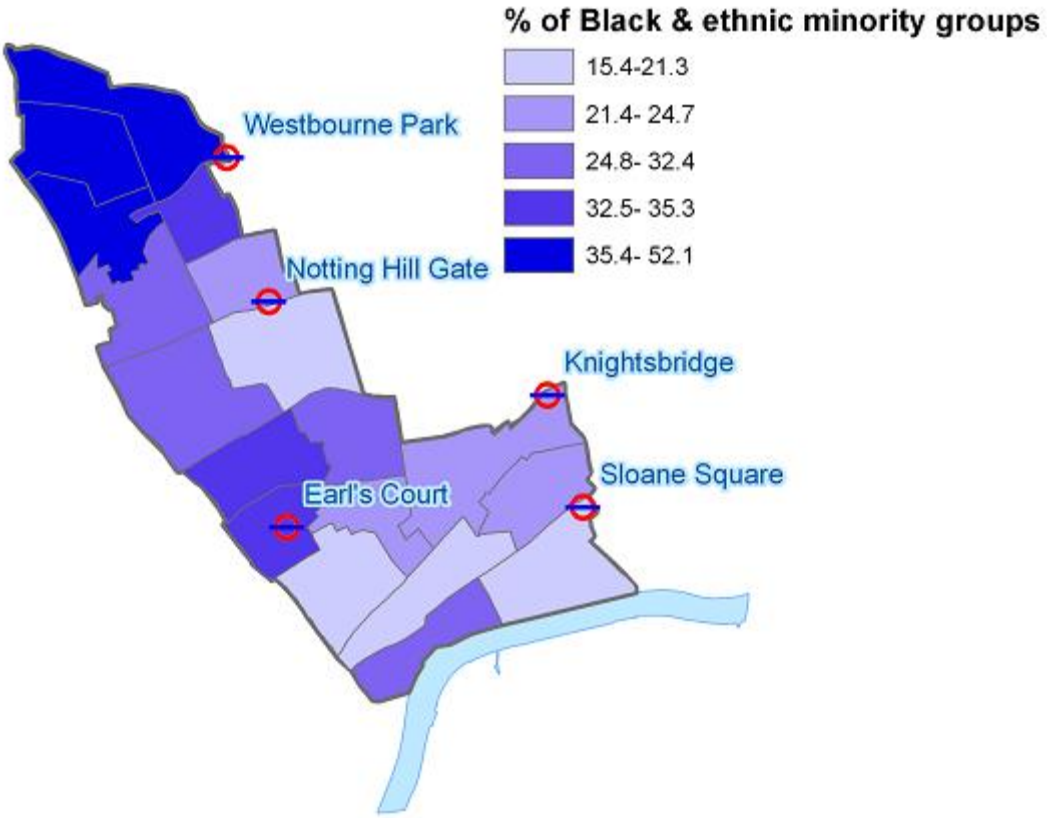


Ethnicity and diversity

2.11 The borough has a smaller proportion of residents from 'White British', 'Black' and 'Asian' ethnic groups in comparison to London. There are more from the 'Other/mixed' category, and three times more from the 'White other' category – the highest in the country. The White other category includes those from Europe, Ireland, the Americas and Australia.

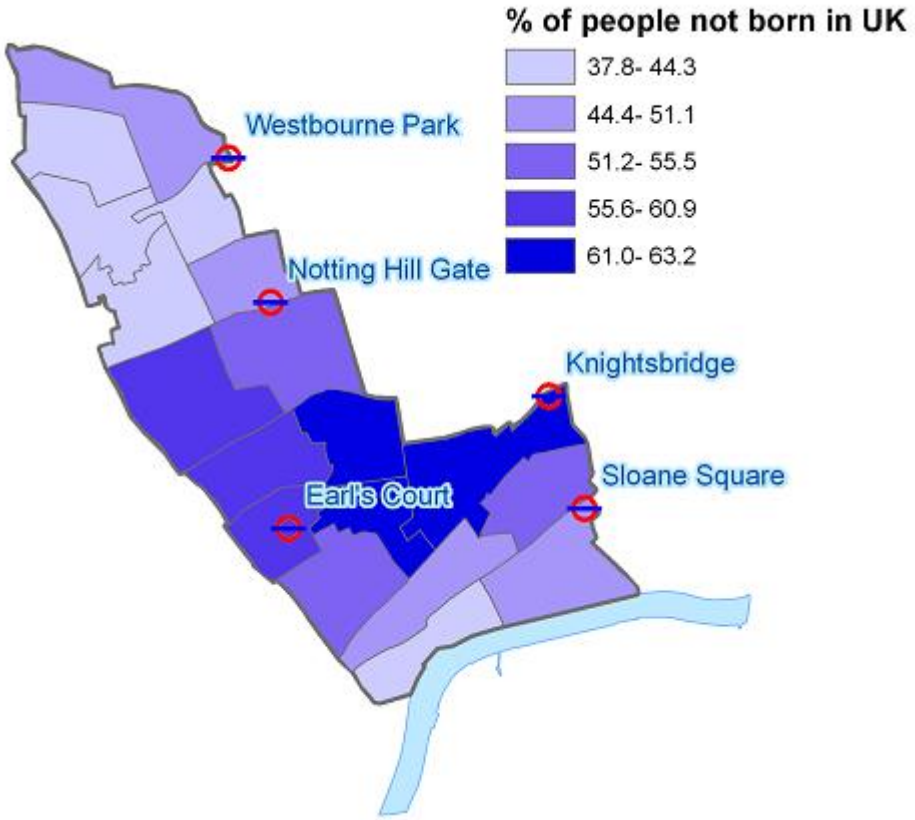
2.12 76% of the borough's state school children are from ethnic groups other than White British. Northern deprived wards in Kensington and Chelsea have the highest proportion of Black and ethnic minority residents (figure 2.7)

Figure 2.7: Distribution of black and ethnic minority groups in Kensington & Chelsea (Data source: ONS census 2011)



2.13 Half the borough's population were born abroad (figure 2.8). There is a high proportion of people who were born abroad in Brompton, Courtfield and Queen's Gate wards. There are a smaller proportion from White British groups (accounting for 4 in 10 of the population), and the highest proportion nationally from 'other white' backgrounds (31%), with American and European groups (particularly French, Italians, and Spanish) among the more prominent communities living in the borough (table 2.2).

Figure 2.8: Percentage of residents not born in UK (Data source: ONS census 2011)



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2.15 Nearly a third (29%) of the population is from Black, Asian and minority ethnic (BAME) groups, up from 21% in 2001. Kensington and Chelsea has a smaller Black population and much smaller Asian population than the London average, but the 9th largest proportion nationally from 'Mixed' groups and 2nd highest from the 'Arab' group, after Westminster (table 2.2).

Table 2.2: Population by ethnicity 2001 and 2011 census, all ages (Data source: ONS census 2001 and 2011)

	Kensington & Chelsea		London		England	
	2001	2011	2001	2011	2001	2011
White British	50%	39%	60%	45%	87%	80%
White Other	29%	31%	11%	15%	4%	6%
Black	7%	7%	11%	13%	5%	3%
Asian	5%	10%	12%	18%	2%	8%
Other/ Mixed	10%	13%	6%	8%	2%	3%
White	**79%**	**71%**	**71%**	**60%**	**91%**	**86%**
BME	**21%**	**29%**	**29%**	**40%**	**9%**	**15%**

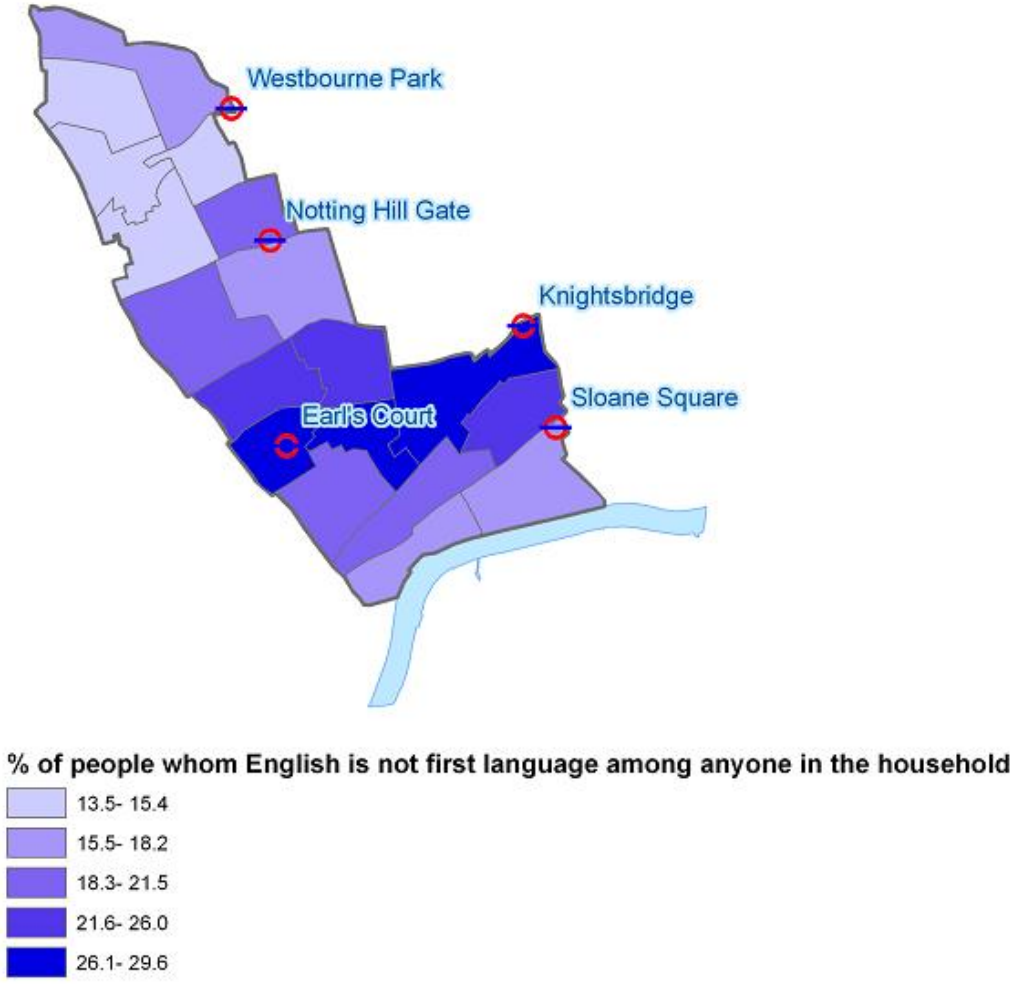
2.16 Over a quarter of the borough's residents state their main language is not English and, of these, 1 in 10 state they are not able to speak English well; this is around 2% of the borough's population. French, Arabic, Spanish and Italian are the most common languages other than English (table 2.3).

Table 2.3: Most common nationalities and languages. Estimates based on GP registration data (2011)

English	**72%**	UK	**56%**
French	**4.9%**	USA	**3.7 %**
Arabic	**2.9%**	France	**3.1 %**
Spanish	**2.7%**	Italy	**2.5 %**
Italian	**2.4%**	Australia	**2.0 %**
Portuguese	**1.4%**	Spain	**1.8 %**
German	**1.4%**	Former USSR	**1.7 %**
Tagalog/ Filipino	**0.9%**	Philippines	**1.5 %**
Persian/ Farsi	**0.9%**	Iran	**1.3 %**
Russian	**0.7%**	Germany	**1.3 %**

2.17 Over quarter of those residents in Earl's Court, Courtfield and Brompton wards do not use English as their first language (figure 2.9)

Figure 2.9: Percentage of population whom English is not first language for anyone in the household (Data source: ONS census 2011)



2.18 The local population is very mobile: 10,300 people moved in and 12,600 moved out in the year to June 2012. Turnover of population can create significant challenges in providing public health services as well as accurately recording the population size.

Health and well-being

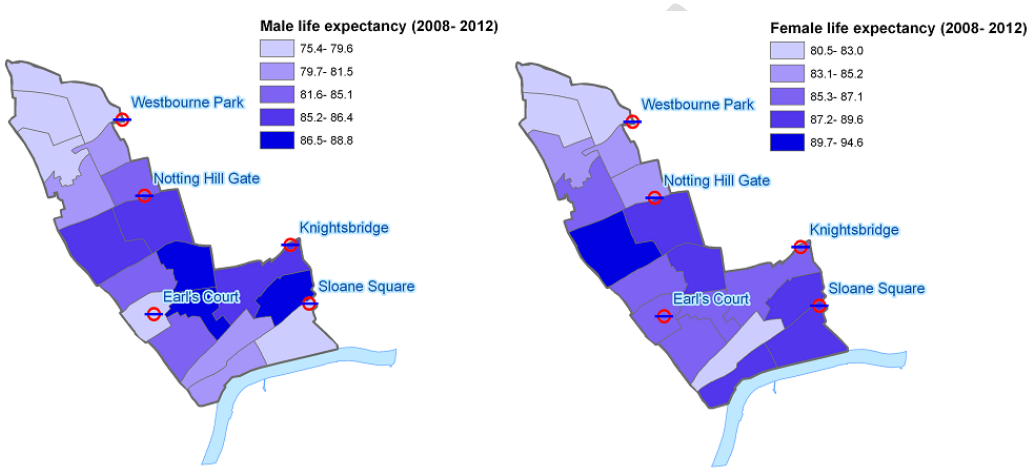
2.19 Life expectancy for men in Kensington and Chelsea is among the highest nationally and more than two years higher than London. The difference in life expectancy between affluent and deprived areas in the borough – 6.9 years – is slightly less than nationally, but the lack of consistent trend means this may be unreliable. This is lower than the median figures for England (8.9 years)

2.20 Life expectancy for women in the borough is 2-3 years above the London and England averages. As with male life expectancy, adjustments in the population size as a result of the 2011 Census resulted in a drop in rank from highest to 6th highest nationally.

Differences in life expectancy between affluent and deprived areas are less than nationally, at 2.5 years, and may have improved. This is lower than the median figures for England (6.0 years).

2.21 Queen's Gate, Courtfield and Hans Town had the highest life expectancy among men while Holland ward had the highest life expectancy for women (figure 2.10).

Figure 2.10: Life expectancy among males and females in Kensington & Chelsea (Data source: Greater London Authority)



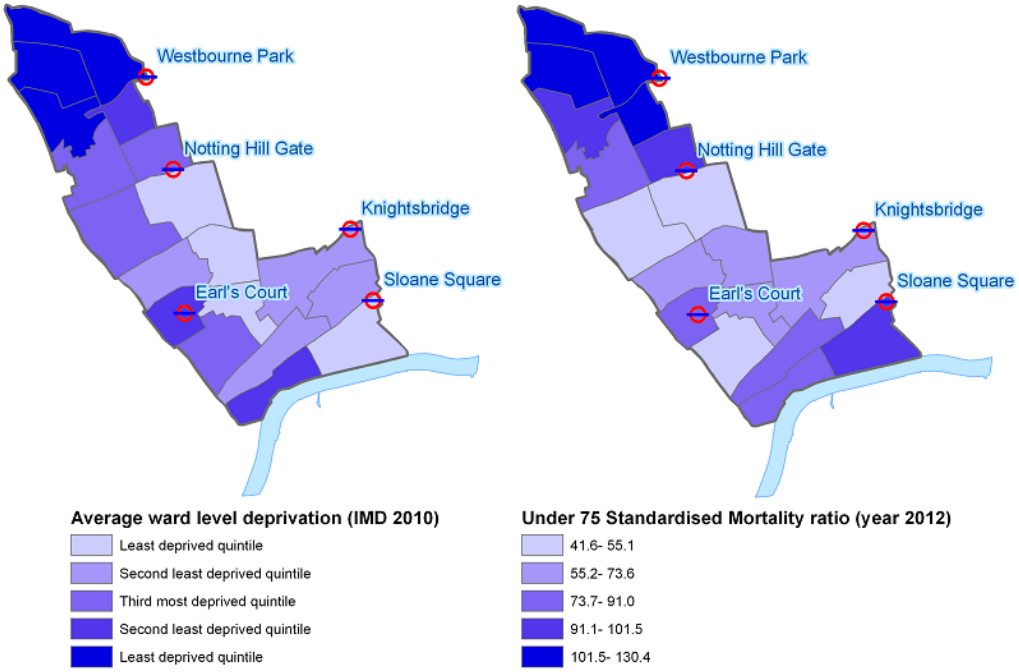
2.22 There appears to be a narrowing of the gap among women over the past 5 years, and improvements in life expectancy appear to have been experienced across the social spectrum. However, the lack of a strong trend across areas and over time means confidence in these findings is low.

2.23 Health inequality is highlighted by the variation in premature death in the borough: almost twofold between the four northerly wards and the rest of the borough.

2.24 Premature mortality refers to people who die before the age of 75. This measure is used to identify deaths usually considered 'avoidable'. Last year, there were 303 premature deaths in Kensington and Chelsea, a lower number than is typical for a borough in London or England. Of these, 9 were aged under 1 and 2 were aged 1-19.

2.25 The most deprived wards of Kensington and Chelsea also have the highest rates of Standard mortality ratio (under 75) (figure 2.11)

Figure 2.11: Map showing deprivation and premature mortality (under 75) in Kensington & Chelsea (Data source: Office for National Statistics)



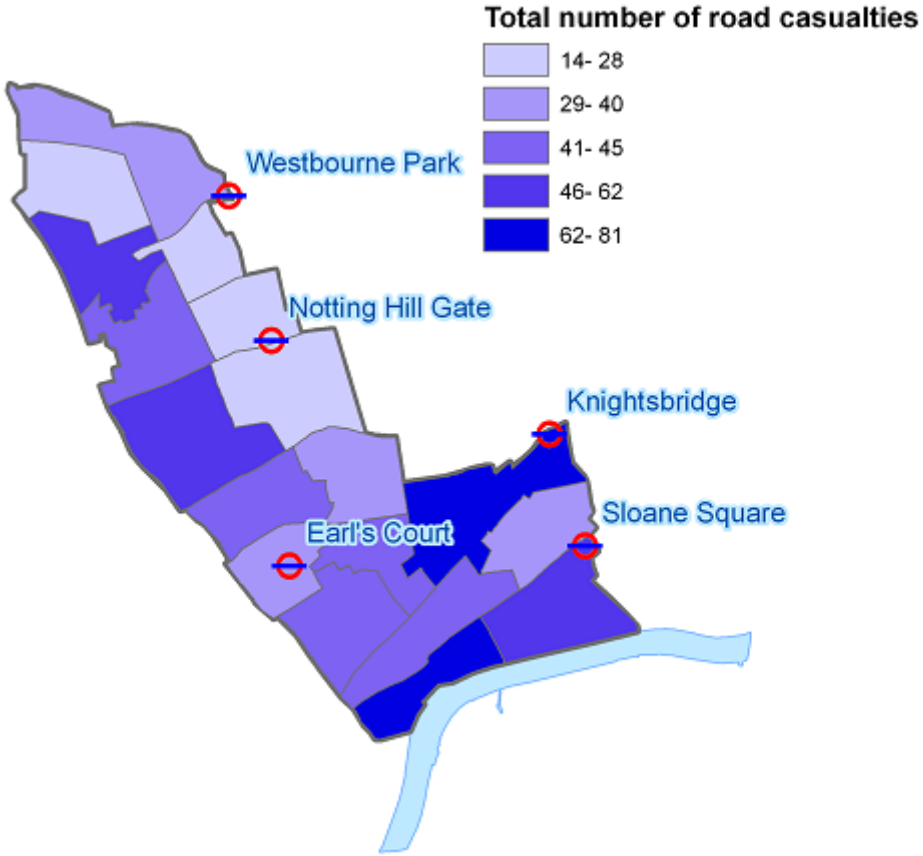
2.26 Prioritising action to reduce early death is important because work focused in particular areas or with particular groups has the power to reduce the variation in life expectancy that currently exists in the borough, thereby narrowing health inequalities.

Patterns of ill health

2.27 The principal cause of premature death in Kensington and Chelsea is cancer, followed by cardiovascular disease (CVD) (which includes heart disease and stroke). A significant number of people also die from respiratory diseases.

2.28 Accidents and injuries are most common among younger residents. This is pattern is broadly similar to the rest of the country. Highest number of road casualties were observed in Brompton and Cremorne wards (figure 2.12)

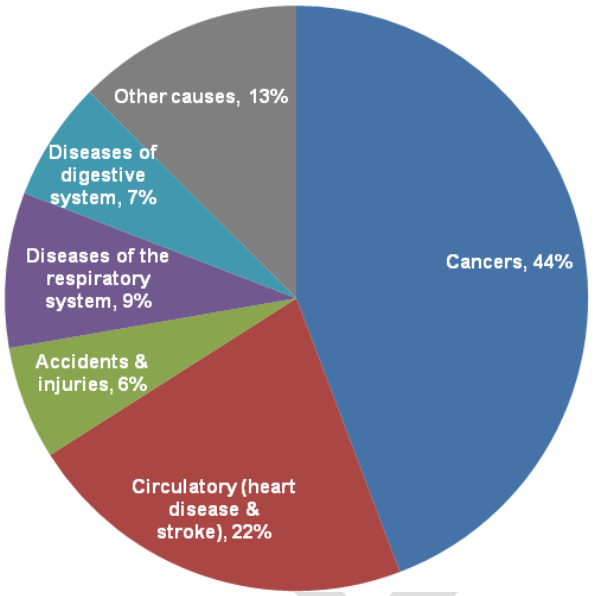
Figure 2.12: Total number of road casualties in Kensington & Chelsea (Data source: Year 2012, Department for Transport)



2.29 Tackling these chronic diseases using a range of factors, particularly lifestyle change and improved services for those with chronic disease, has resulted in a reduction of around 120 early deaths a year over the last decade, with differing levels of success across disease types.

2.30 Cancer (44%) and circulatory diseases (22%) were the major causes of premature deaths in Kensington and Chelsea (figure 2.13)

Figure 2.13: Premature deaths by cause, 2011 (Data source: Public Health Mortality Files, Office for National Statistics)



2.31 There have been marked reductions locally in premature mortality from CVD in the past decade (by 47%), the result of factors such as timely high quality treatment, effective prescribing, and a reduction in the number of smokers. Ten years ago, CVD was the primary cause of early death; it is now the second most common.

2.32 Currently 54 residents of the borough die prematurely each year from heart disease and 12 from stroke.

2.33 Improvements in lifestyles, as well as more accessible and high quality care, have resulted in a decline in the early death rate for cancer. The change has been faster than in London and England (27% locally in the last decade, compared to 20% in London and 17% nationally). Nationally, issues still exist around early diagnosis of cancer, with chances of survival much poorer in areas of deprivation.

2.34 Currently 134 residents of the borough die prematurely each year from cancer, which is around 40-50 less than a typical London borough.

2.35 Lung, breast and bowel cancer account for the greatest number of early deaths in the borough.

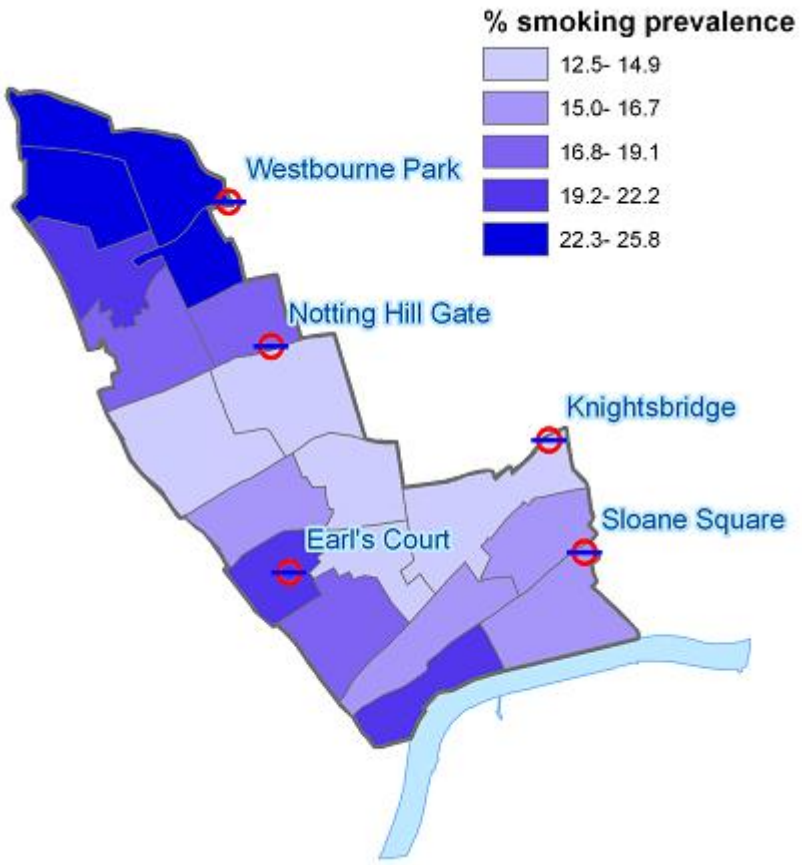
Lifestyles

2.36 Smoking is the largest avoidable cause of death and the biggest cause of inequalities, nationally and locally, and is responsible for around 151 deaths in the borough each year. This is 34 fewer than typical of England, and less people smoke in Kensington and Chelsea (18%) than average for London (19%) and England (20%); however, rates are much higher in deprived areas. Nationally, the majority of smokers state they

want to give up the habit, and supporting people to give up smoking and stopping people starting is the business of councils, GPs, hospitals, schools, the workplace, friends and family. The local cost associated with smoking is estimated to be £31 million, and around £700,000 is spent in the borough on schemes to support stopping smoking. Stop smoking services have been found to be among the most cost effective ways to quit. Enforcement and control of sales, along with prevention messages, have also been effective locally.

2.37 The most deprived northern parts of the borough is associated with the high prevalence of smoking (figure 2.14)

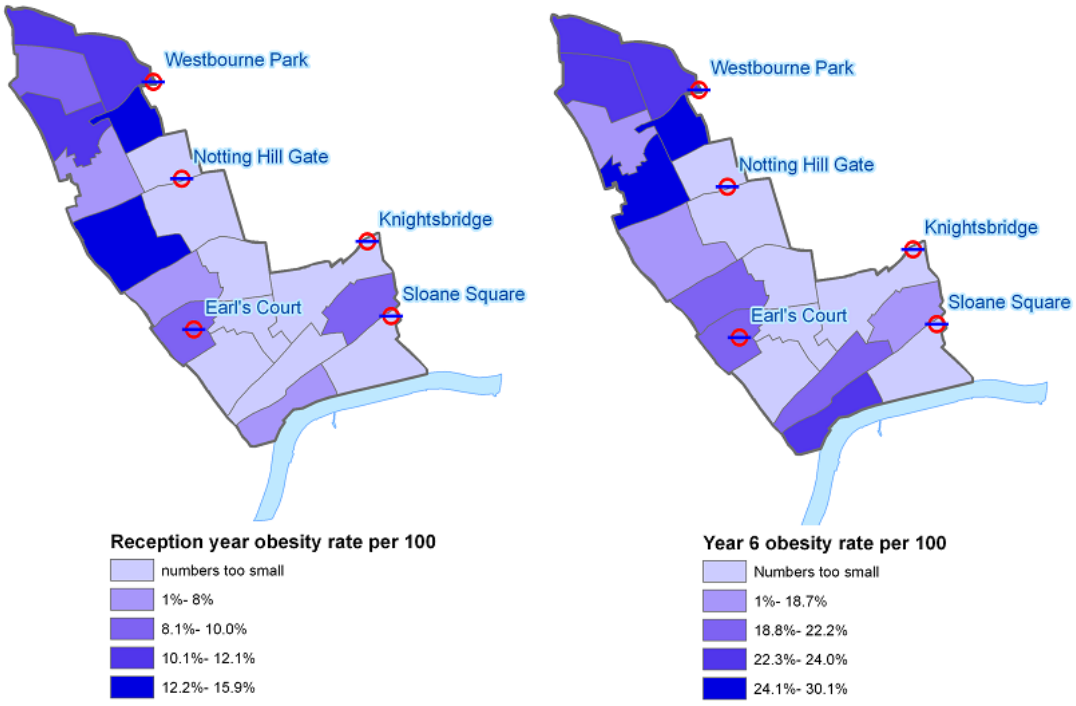
Figure 2.14: Map showing ward level smoking prevalence estimations, 2013 (Data source: Local Smoking prevalence estimations using GP practice data, January 2013)



2.38 Child obesity in Kensington and Chelsea state primary schools has been consistently higher than nationally for Year 6 pupils (aged 10-11) over a period of time.

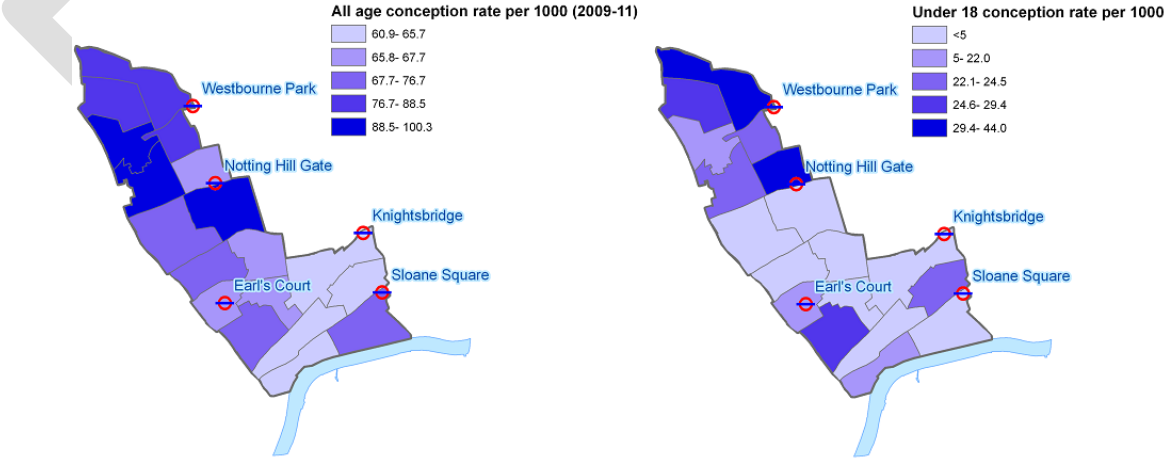
2.39 Generally childhood obesity levels are high in the north of the borough including Colville, and Golborne wards (figure 2.15).

Figure 2.15: Level of childhood obesity in Kensington & Chelsea (Data source: National Childhood Measurement Programme, 2010/11 to 2012/13)



2.40 There were 113 (19 per 1000, 15-17 old teenage girls) under 18 conceptions in the borough in 2009 to 2011 period – this is lower than the rate of London. Teenage mothers nationally are three times as likely to suffer from post-natal depression, are less likely to breastfeed and more likely to smoke. Teenage conception rates were highest in Golborne and Pembridge wards.

Figure 2.16: Teenage and all age conception rates in Kensington and Chelsea (Data source: 2009-11, ONS Teenage Pregnancy Unit)



2.41 Around 1 in 5 people in the borough (21%) are physically inactive, doing less than 30 minutes activity per week. Two thirds (65%) do the recommended 150 minutes a week, high for London. Rates of inactivity for BAME groups are typically around one quarter higher than average, and people over 55 are around twice as inactive. Inactivity is one of the major causes of disease such as diabetes, cardiovascular disease, cancer and musculoskeletal problems and a cause of obesity. Being active on

average reduces the chance of getting diabetes by one fifth. Even relatively small increases in physical activity are associated with protection from disease, improved quality of life, cost savings for health and social care services, and improve work productivity. Activity doesn't necessarily mean sport, with moderate activities such as walking having positive health impacts. NICE obesity guidance recommends local authorities promote active travel and affordable leisure facilities. Brief chats with GPs and other health professionals are also cost-effective.

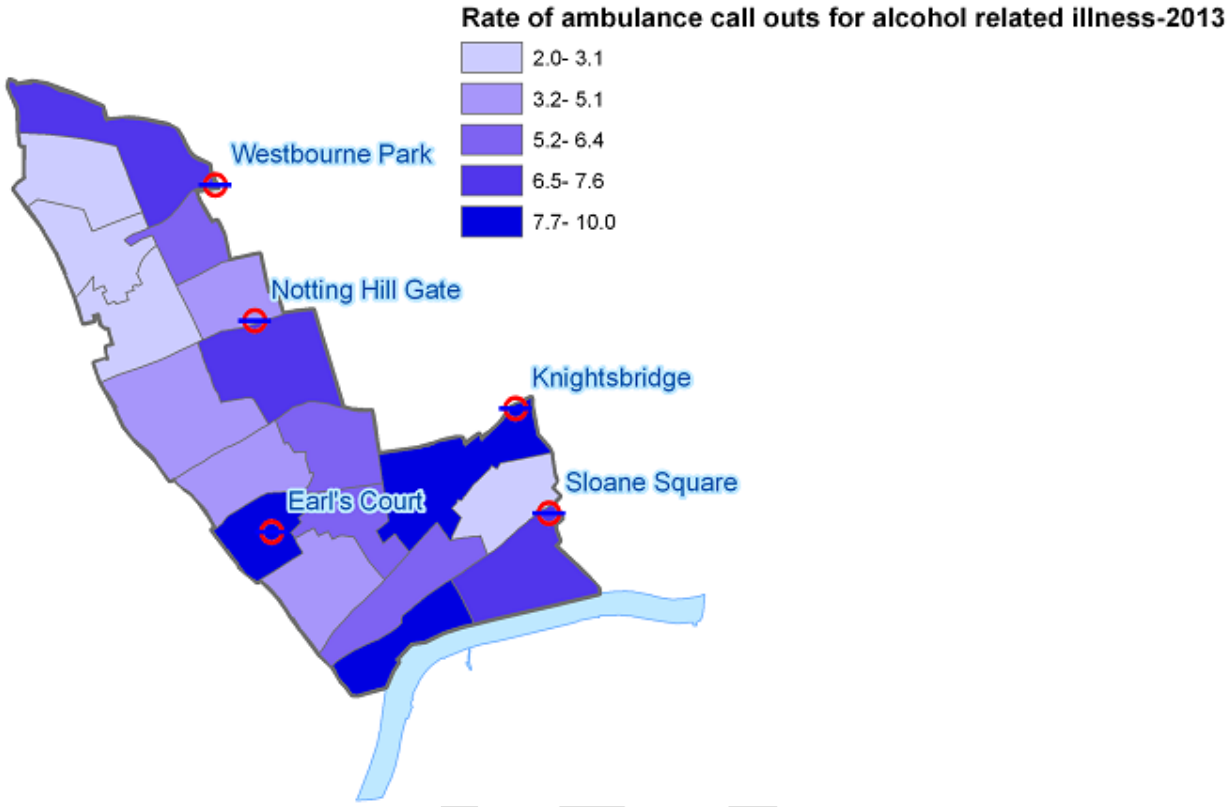
2.42 Having a diet rich in fruit and vegetables is one of the most vital factors in preventing cancer and heart disease, and is the third most influential factor for avoiding cancer. Estimates suggest half (48%) of the local population eats five portions of fruit and vegetables a day. Maintaining a high intake in a time of rising food costs is challenging and requires innovative ideas, particularly in poor areas. NICE suggests that local authorities could have a role in encouraging local retailers to promote affordable fruit and vegetables.

Vulnerable Groups

2.43 Levels of physical activity and smoking prevalence are both favourable compared to London and England, but estimates suggest parts of the north of the borough have among the lowest activity levels in London, with this area also having 50-70% higher smoking prevalence than the rest of the borough. The use of other forms of tobacco consumption (such as Khat and Shisha) tends to be a particular issue in the inner London area, and yet use of these substances has a substantial impact on health. Data suggests use of Khat has been growing in the young adult population. Local surveys are being carried out to understand the scale of the issue.

2.44 Hazardous or dependent consumption of alcohol can result in significant harm to individuals. Alcohol has significant costs to the NHS (around £10 million per year locally), loss of productivity (around £20 million locally), impact on crime (around £30 million locally), as well as domestic violence and relationship breakdown. Kensington and Chelsea has the 4th lowest rate in London for death from chronic liver disease, with around 6 men and 5 women dying every year. Deaths have dropped since a decade ago, but alcohol-related admissions have more than doubled. Hotspots for alcohol-related admissions include the Golborne, St Charles and Cremorne areas. Tackling alcohol use demands a range of approaches, from specialist support for alcohol addiction, to advice in GP surgeries, to liaison support in Hospital A&Es. Given the borough is a destination for night-time visitors, licensing issues are critical in the control of establishments, and alcohol-related crime is significantly higher than nationally. Furthermore, within the borough, hospital admissions for childhood injuries are highest in areas of deprivation, as are admissions for alcohol, particularly so in Golborne ward. Ambulance call outs for alcohol related illnesses were highest in Brompton, Earl's Court and Cremorne wards (figure 2.17).

Figure 2.17: Ambulance call outs for alcohol related illnesses during 2013 (Data Source: London Ambulance Service, year 2013)

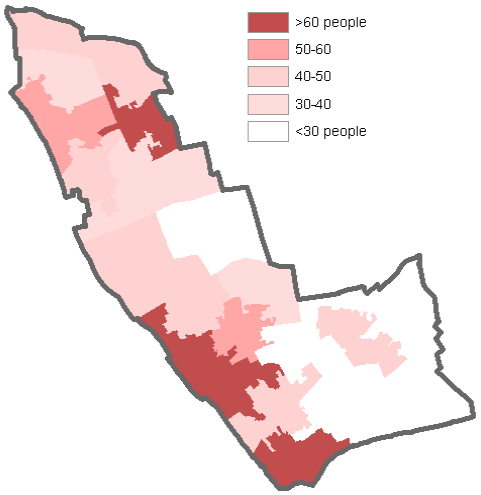


2.45 Kensington and Chelsea have the 12th highest rate of acute sexually transmitted infections in the country, including the 4th highest rate of syphilis. Whilst Chlamydia rates are high among 25+ year olds, the rate for 15-24 year olds is similar to average.

2.46 In 2011, the borough had the 4th highest HIV prevalence rate in England. A quarter of people with HIV in England remain undiagnosed. However, between 2011 and 2013, Kensington and Chelsea had the 6th lowest rate of late diagnosis in London. Gay men and African communities remain the populations most disproportionately affected by HIV locally. Effective treatment means that the number of people living with HIV is increasing annually, with an increasing proportion aged over 50 years. The high local rate of HIV requires ongoing investment to maximise testing opportunities across a range of key delivery settings and support HIV prevention programmes. Consideration needs to be given to better linkage of HIV prevention services with both mental health and substance misuse services.

2.47 The number of people with HIV/ AIDS known to services is highest in Colville, Earl's Court and Cremorne wards.

Figure 2.18: HIV/AIDS – People known to services, 2009 (Data source: Health Protection Agency (Public Health England)

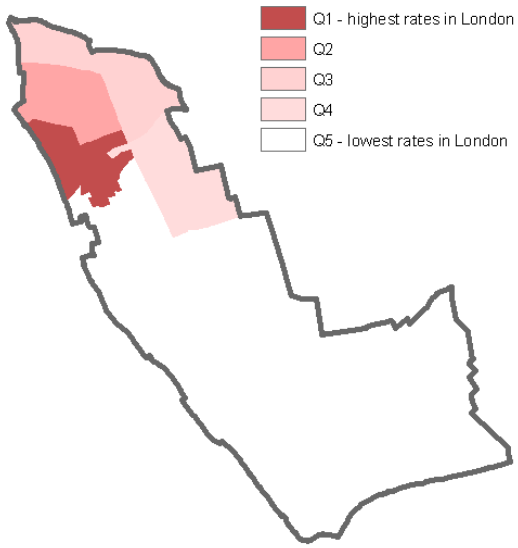


2.48 Poor dental health during childhood can result in significant disease and distress in later life through dental decay and gum disease with pain and infection. Dental caries accounts for one fifth of all hospital admissions for 5-9 year olds. 37.7% of 5 year olds attending the borough's state schools have decayed, missing or filled teeth, the 7th highest in London in 2007/08 and higher than the London average, with highest levels in areas of deprivation (the survey is currently being repeated). The proportion of children who had seen an NHS dentist in the previous 24 months at December 2011 (35.8%) was much lower than London (67.0%) and England (70.7%).

2.49 The overall premature (under 75) death rate in Kensington and Chelsea is the 4th lowest in the country, but Notting Barns ward falls within the 20% worst wards in London, with around 6 more early deaths a year than is typical for London.

2.50 The premature death rate from cancer is the lowest in the country, but Notting Barns ward falls within the 20% worst wards in London, with around 3 more early deaths a year than is typical for London (figure 2.19). The rate in the area covered by the four northerly wards is more than one and a half times that of the rest of the borough.

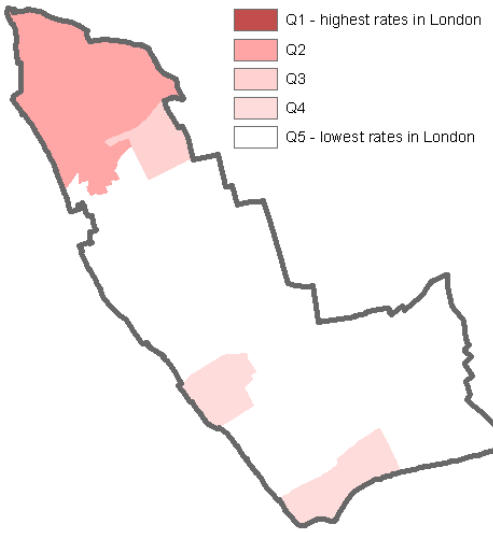
Figure 2.19: Cancer - Premature Mortality 2006-10 Mortality rates by London quintile (Data Source: Associated Public Health Observatories)



2.51 Breast and cervical screening coverage rates continue to be among the lowest in the country, with local evidence of population diversity, migration and high use of private services creating a constant challenge to improvement. Coverage of breast screening in the borough is currently close to 4 in 10 women (5,700 women) not having had an NHS screening within the last three years. Survival from breast and lung cancer is higher in the borough than the London average. There are 1-3 deaths a year from cervical cancer in the borough.

2.52 The premature death rate from cardio-vascular disease is the lowest in London. Although no electoral wards fall into the worst 20% in London, the four northerly wards are still around one fifth higher than the London average and in total account for around 6 more deaths a year than average (figure 2.20).

Figure 2.20: CVD - Premature Mortality 2006-10 Mortality rates by London quintile (Data Source: Associated Public Health Observatories)

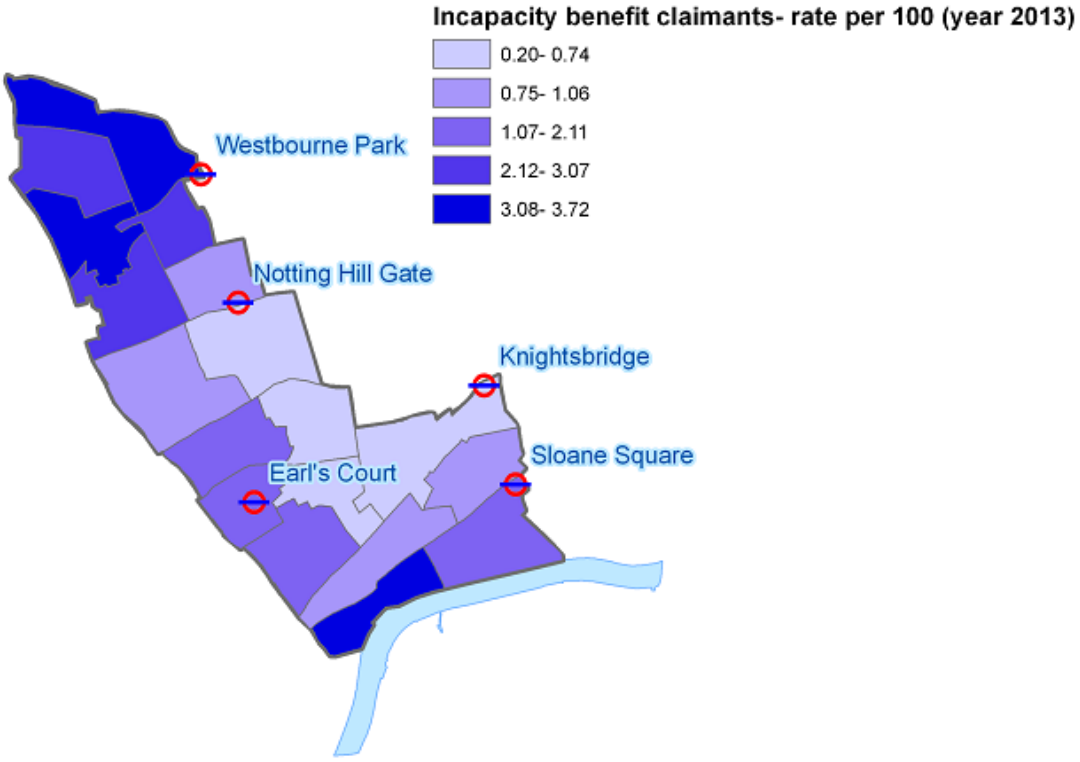


2.53 The impact of undiagnosed disease is huge, with an estimated 30% of people locally with diabetes undiagnosed by their GP, rising to over half for those with hypertension. Estimates based on national modelling on the introduction of the Health Checks programme suggest that carrying out health checks in the borough would identify around 60-70 new cases of diabetes and kidney disease annually. However, public awareness of Health Checks is low. Locally, 'Diabetes Champions' build awareness of the risks of the disease via peer messaging, predominantly in areas with high BAME populations. Health trainers also work in housing estates supporting healthy lifestyles.

2.54 There are currently 2,531 patients in the borough on a GP register for severe and enduring mental illness (e.g. schizophrenia), the 4th highest in the country in 2010/11. These patients are focused in the four northerly wards and West Chelsea.

2.55 Although improvements in health often focus on reducing years of life lost through early death, the growing burden of disability also requires a co-ordinated response, with mental disorders, substance use, musculoskeletal disorders and falls all having a significant impact on the ability to lead a fulfilling life and contribute to society through stable employment up to retirement. Locally, mental health is the most common reason for long term sickness absence and several of the wards in the deprived parts of the borough fall into the 20% highest in London for incapacity benefit/ ESA claimant rates for mental health reasons (figure 2.21).

Figure 2.21: Incapacity benefit rates per 1000 in Kensington and Chelsea (Data Source: Department for Work and Pensions, year 2013)



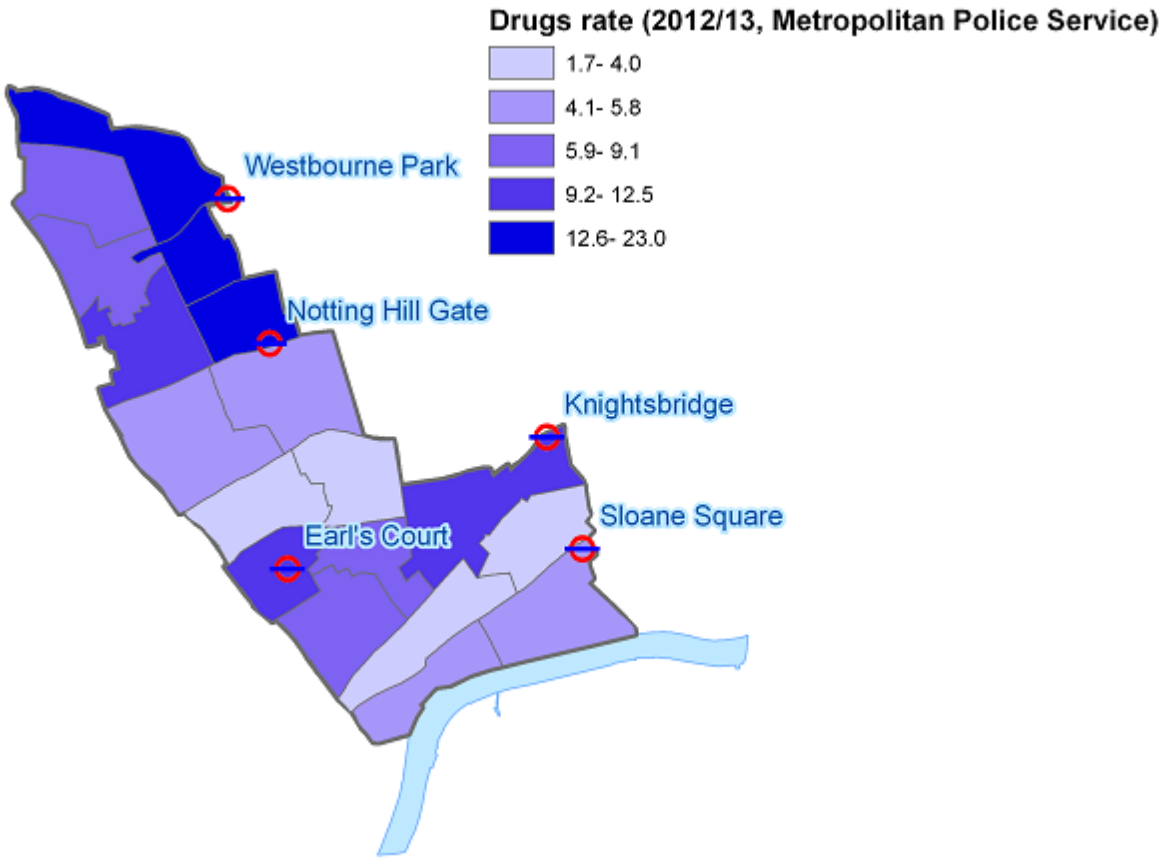
2.56 There are currently 1,031 residents in Kensington and Chelsea diagnosed with HIV, the 4th highest rate aged 15-59 in the country, with a higher proportion of cases contracted via sex between men. In 2010, 13% of cases were diagnosed late, compared to the London average of 27%. Late diagnosis carries with it increased risk of poor health and death and increases chances of onward transmission.

2.57 There are likely to be in the region of 1,800 families financially affected by welfare reform by £25 a week or more, resulting from changes in legislation around housing benefit. There will also be further families affected from the introduction of Universal Credit. Those most affected by changes to housing benefit live in Earl's Court and Abingdon wards. Local services are in the process of ensuring those at risk are supported through the process.

2.58 The estimated number of problem drug users in Kensington and Chelsea was 1,750 in 2009/10, a rate of 14.6 per 1,000 population aged 15-64, the 3rd highest rate in London (although local data suggests this estimate may be unrealistically high). The cost to society of crimes associated with problem drug use in the borough may be as much as £70 million, (based on national estimates from the Home Office).

2.59 Drug offences rate is highest in Golborne, Colville and Pembridge wards in Kensington and Chelsea.

Figure 2.22: Drugs offences rate in Kensington and Chelsea (Data Source: Metropolitan Police Service)



2.60 The incidence of Tuberculosis (TB) is lower than London, but is high compared to England – there have been an average of 33 cases a year for the last 3 years. Kensington and Chelsea is at risk as it is bordered by high prevalence boroughs such as Brent. The bulk of TB cases are acquired abroad, although the homeless population is also prone to TB. The condition is easily treated in the majority of cases, although treatment is expensive, particularly for multi-drug resistant TB. Changes to structures and responsibilities for TB services means strong levels of coordination may be needed to maintain a low rate.

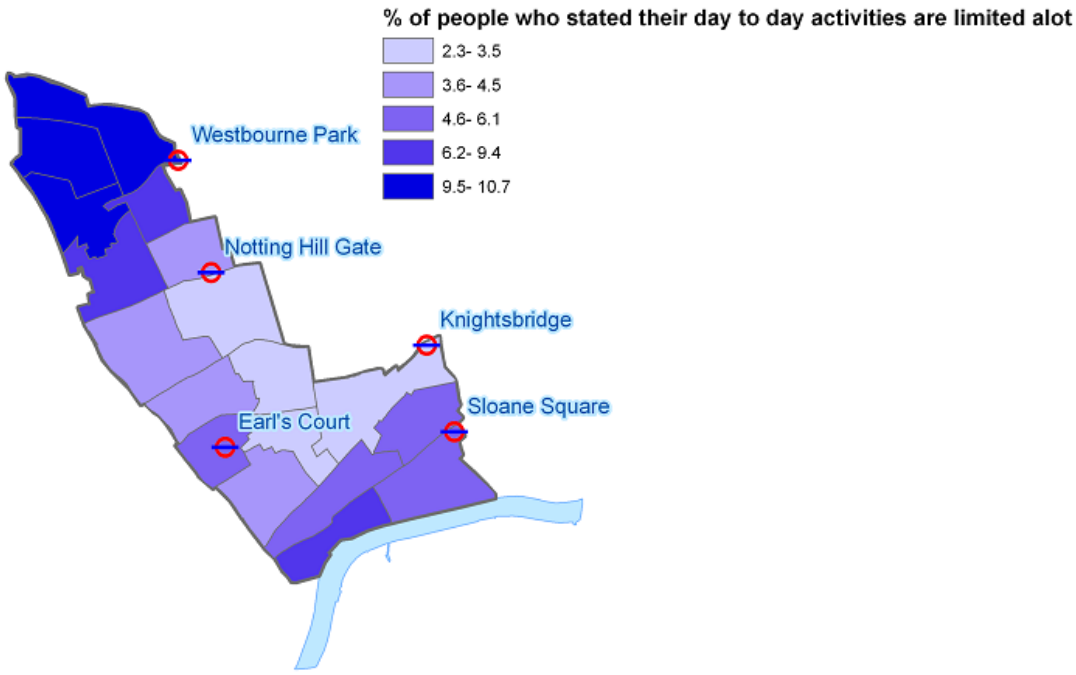
2.61 Those sleeping rough in the borough have been found to have very high levels of emergency health care use and poor levels of health which could be avoided with better coordination and support. A recent JSNA has highlighted gaps in service provision for rough sleepers in primary care resulting in excessive use of secondary care.

Changing Population

2.62 Illnesses such as dementia, primarily prevalent among very old populations, will become increasingly commonplace. Currently, there are likely to be around 1,700 patients in Kensington and Chelsea with dementia. By 2025, there are likely to be in the region of 2,250 patients. Earlier diagnosis of dementia is associated with delayed admission to nursing care.

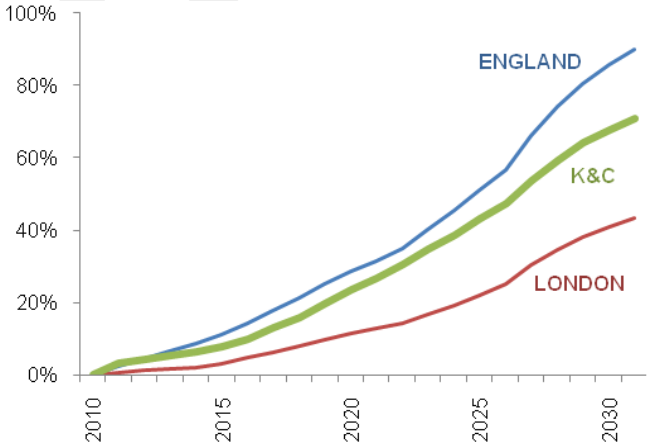
2.63 Nearly 10% of the population in northern deprived wards of Kensington and Chelsea stated that their day to day activities are limited due to ill health (figure 2.23). It is important to provide care for those people.

Figure 2.23: Percentage of people whom day to day activities are limited a lot due to ill health (Data source: ONS Census 2011)



2.64 Public health issues for the older population, such as social isolation, physical inactivity, and falls, may become more commonplace, as will levels of disability and mobility issues. It is projected that 80+ Kensington and Chelsea population will grow nearly 40% by 2030 (figure 2.24)

Figure 2.24: Projected growth population age 80+ (Data source: Office for National Statistics)



2.65 There are several proposed large scale development sites in the borough which may result in significant and concentrated increases in population if completed. All of these are likely to require reconsideration of pharmaceutical requirements if progressed. At

present, timescales for development are likely to be longer than the timescale of the 2015-2018 PNA. According to Greater London authority, there are 45 development schemes proposing 10 or more units either not started or under construction as at 29th September 2014 (figure 2.25).

Figure 2.25: Potential new developments in Kensington & Chelsea

2.66 As at 29th September 2014, 28 construction sites have started construction while another 17 have obtained planning permission. Those new developments sites will increase the Kensington & Chelsea population by 5669 (table 2.4).

Table 2.4: Expected increase in number of new residents (number of developments) by ward of the location

Ward	Construction not started	Construction started	All developments
ABINGDON	582 (4)	1426 (4)	2008 (8)
BROMPTON	0 (0)	6 (2)	6 (2)
CAMPDEN	48 (1)	98 (4)	146 (5)
COLVILLE	5 (1)	(0)	5 (1)
COURTFIELD	36 (3)	11 (2)	47 (5)
CREMORNE	0 (0)	420 (1)	420 (1)
EARL'S COURT	1580 (2)	24 (2)	1604 (4)
GOLBORNE	321 (1)	575 (4)	896 (5)
HANS TOWN	0 (0)	10 (1)	10 (1)

HOLLAND	0 (0)	112 (2)	112 (2)
NORLAND	0 (0)	14 (1)	14 (1)
NOTTING BARNS	0 (0)	127 (2)	127 (2)
PEMBRIDGE	11 (1)	0 (0)	11 (1)
QUEEN'S GATE	53 (1)	97 (1)	150 (2)
REDCLIFFE	15 (1)	0 (0)	15 (1)
ROYAL HOSPITAL	0 (0)	35 (1)	35 (1)
ST. CHARLES	0 (0)	36 (1)	36 (1)
STANLEY	49 (2)	0 (0)	49 (2)
Grand Total	2678 (17)	2991 (28)	5669 (45)

Changing Patterns of Need

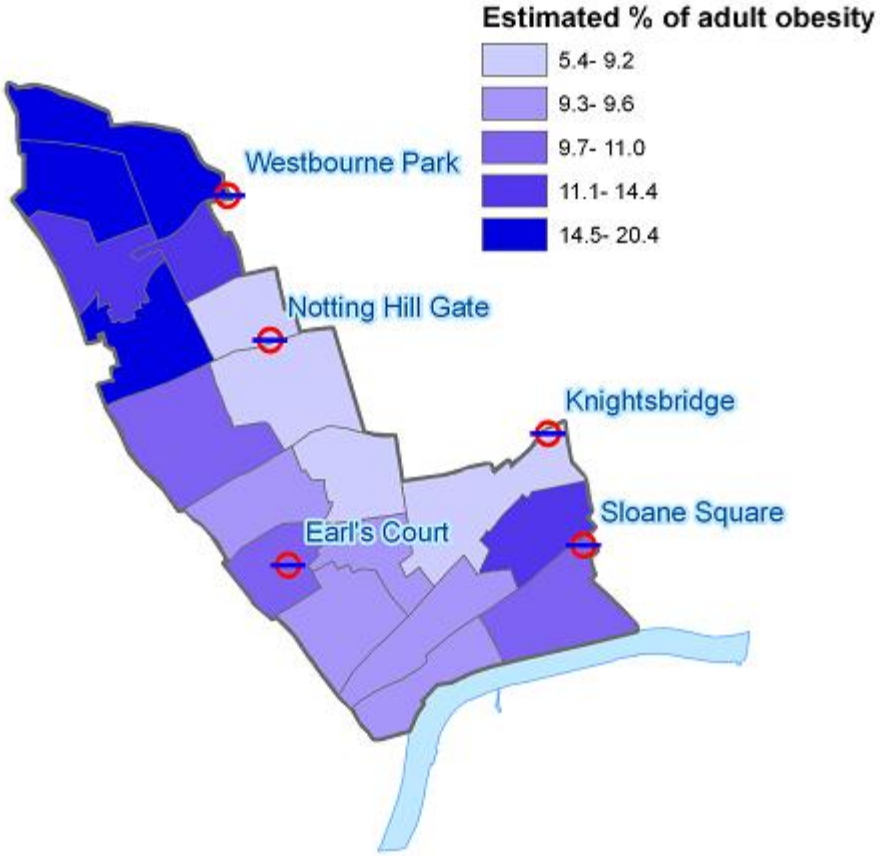
2.67 A number of emerging public health issues are likely to have an increasingly significant impact both in the short and long term in Kensington and Chelsea over time. The impacts are likely to be felt within the NHS and local councils, but also much more widely. Prioritising action around these issues may help alleviate their impact and ensure services are adequately prepared for the future.

2.68 Obesity can lead to a greater risk of heart disease, stroke, some cancers, high blood pressure, mental ill-health, and is likely to have contributed to 40% rise over 5 years in GP-recorded numbers with diabetes locally.

2.69 Child obesity in Kensington and Chelsea state primary schools has been consistently higher for Year 6 pupils (aged 10-11) over a period of time. These higher rates may in part be a result of physical inactivity and poor diet, which is also reflected in poorer than average levels of tooth decay locally. In 2010/11, 74 children in reception and 178 children in year 6 were found to be at risk of obesity (BMI 95th percentile) and 48 and 119 were classified as clinically obese (BMI 98th percentile). 27% of the borough's primary school children live outside the borough.

2.70 It is estimated that 18,500 adults in the borough are obese, 13% of all adults. Levels of adult obesity have been rising nationally, compared to London (21%), but with almost double the rate likely in deprived areas compared to affluent areas. The cost to the NHS from obesity is probably around £10-20 million a year in the borough. Ward including Golborne, St. Charles and Norland had highest rates of adult obesity in Kensington & Chelsea (figure 2.26)

Figure 2.26: Adult obesity rates in Kensington and Chelsea (Data Source: health Survey for England)



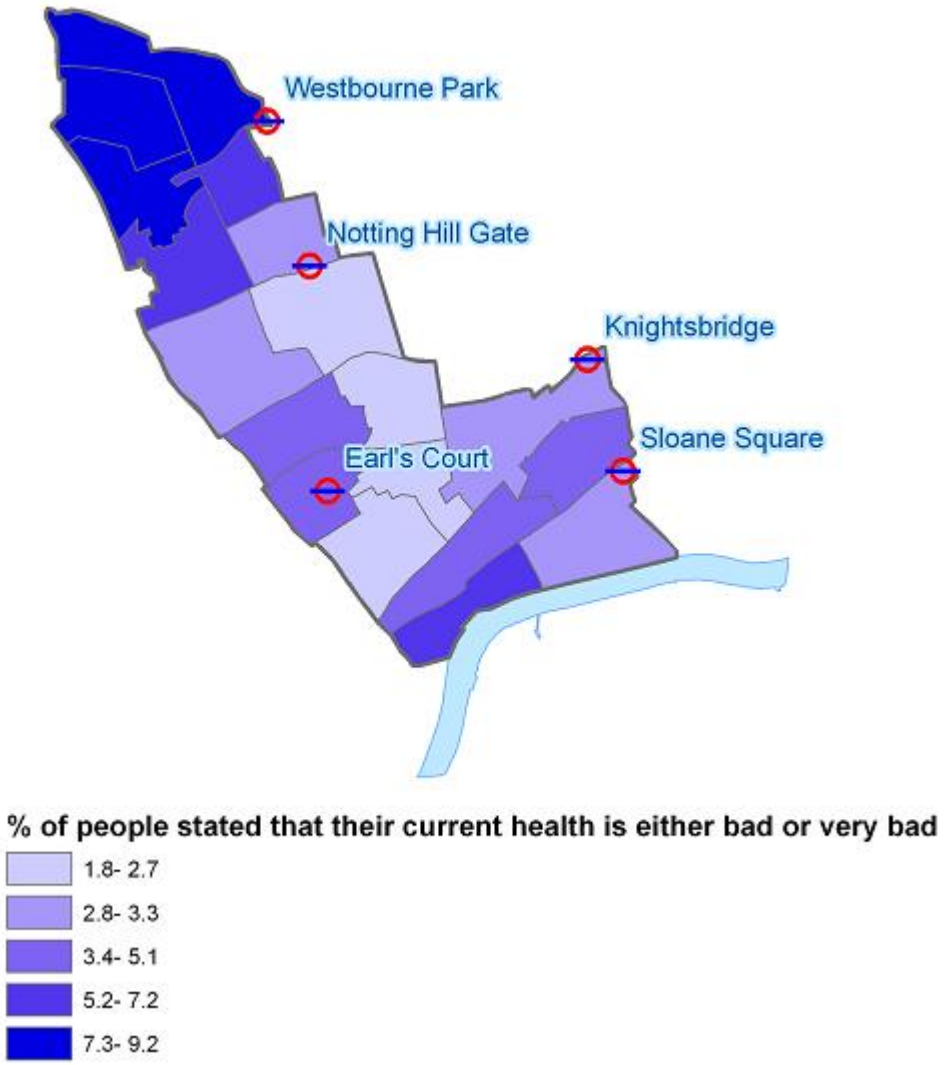
2.71 Although Kensington and Chelsea has significantly lower levels of alcohol-related harm compared to elsewhere, it appears to be increasing over time. 'Hotspots' for alcohol-related admissions are generally in areas of deprivation, particularly Golborne ward in the far north. Alcohol-related crime in the borough is higher than the national average, but lower than the London average.

2.72 The number of older people is expected to rise considerably over the next two decades. Although the rise experienced locally may not be as substantial as the rise nationally, it will nevertheless have a dramatic impact on demand for services. At the same time, the number of those providing unpaid care in Kensington and Chelsea was the 5th lowest in the country in 2001.

2.73 Most people in Kensington and Chelsea consider their health to be good – the 15th highest in the country. The minority of people who consider their health to be bad or very bad are more likely to have long term conditions that limit their ability to lead normal lives and are much more likely to be older. They also tend to be clustered around areas of deprivation/ social housing.

2.74 According to the Census 2011, over 7% of people in Golborne, St. Charles and Notting Barns stated their health either bad or very bad (figure 2.27). Those living in areas of high density social housing are 2-3 times as likely to report bad/very bad health compared to those in areas with low density, depending on age. This can make targeting of support easier, as areas of social housing in the borough are usually well defined.

Figure 2.27: % of people who stated their health is either bad or very bad (Data source: ONS Census 2011)



2.75 This rise is caused by improvements in life expectancy and greater numbers of people born in the post war 'baby boom' who are approaching old age. The latter cause explains the predicted acceleration in numbers of 80+ year olds from around 2025 onwards.

2.76 Unless behaviour and services change, people will experience longer periods of time living with disability, resulting from improved survival rates from major diseases such as stroke, heart disease and cancer.

Chapter Three

Location of Current Health Services

Pharmaceutical Services

3.1 There are currently 42 pharmacies on the NHS England pharmaceutical list for Kensington & Chelsea as of the 7th of July 2014. These have been marked on figure 3.1 and listed in Appendix A. For the purpose of the analysis, from this list, *My Pharmacy* (HF35) has been considered a Hammersmith & Fulham pharmacy and *Central Pharmacy* (WE46) has been considered a Westminster pharmacy as they lie geographically within these boroughs and were surveyed as a part of the Tri-borough. Day Lewis Pharmacy (KC36) on the Westminster pharmacy list has been included in Kensington & Chelsea as it lies geographically within the borough.

3.2 There are 19 pharmacies that are located within 500m outside of the Kensington & Chelsea borough border. These have been marked on figure 3.1 and listed in Appendix A.

3.3 The pharmaceutical needs assessment survey was sent to the pharmacies within the Tri-borough listed in Appendix A. The response rate was 88% (36/41) for Kensington & Chelsea.

3.4 The General Pharmaceutical Services in England 2003-04 to 2012-13 published by the Health & Social Care Information Centre had 44 community pharmacies on a PCT pharmaceutical list as of 31st March for 2012-2013.

3.5 Of these 44 pharmacies, 29 (65.9%) were owned by Independent contractors (London 61.5%; England 38.6%) while the remaining 15 (34.1%) were owned by multiple contractors (London 38.5%; England 61.4%).[4]

3.6 There are five 100 hour pharmacy in Kensington & Chelsea. One of them is open 24 hours a day: Zafash Pharmacy (KC13).

3.7 There are no mail order or internet based, distance selling pharmacies located within Kensington & Chelsea.

3.8 There are no community pharmacies receiving payment under the Essential Small Pharmacies Local Pharmaceutical Services (ESPLPS) scheme and Local Pharmaceutical Service (LPS) schemes at 31 March 2013 in Kensington & Chelsea.

[4] General Pharmaceutical Services in England 2003-04 to 2012-13

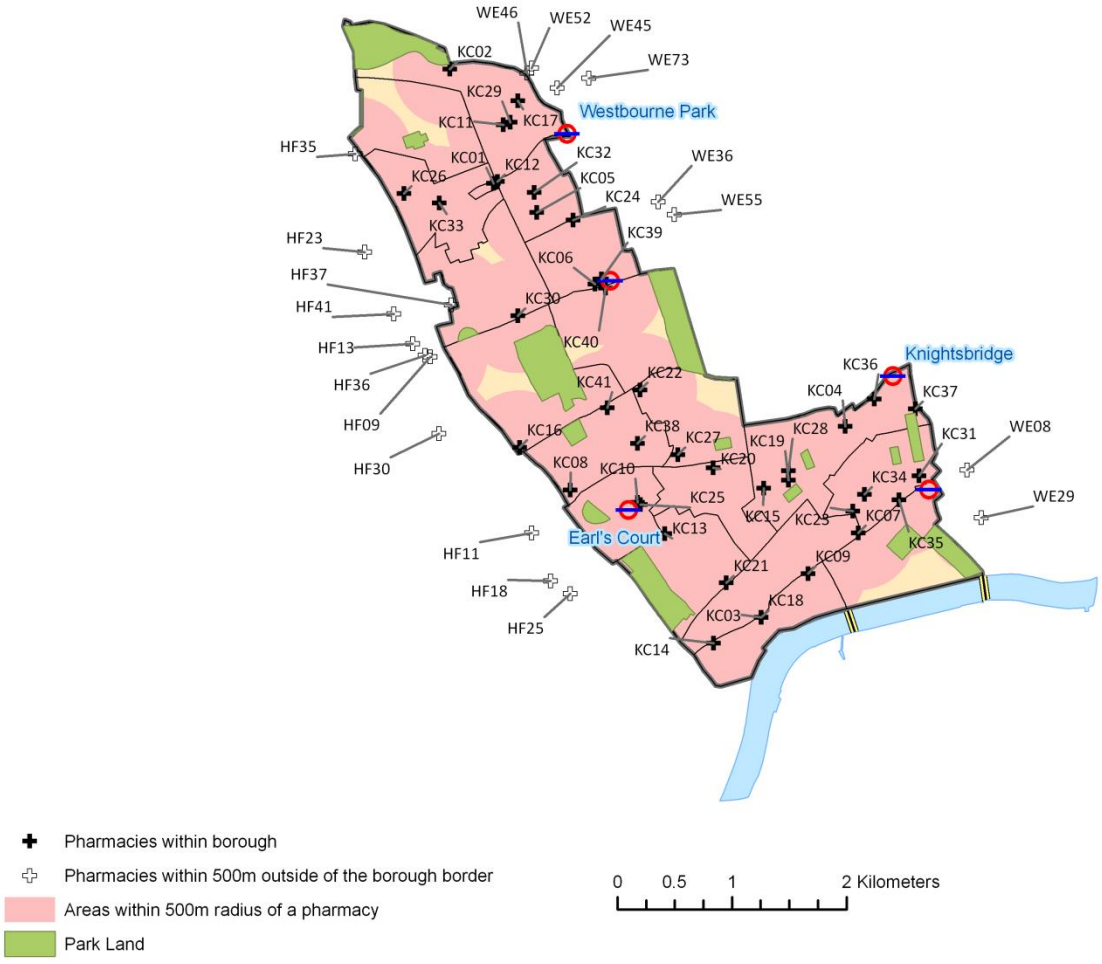


Figure 3.1: Location of Kensington & Chelsea pharmacies and neighbouring pharmacies within 500m outside of the borough border. The index to the pharmacy codes can be found in Appendix A.

Other Services

Primary Care

3.9 NHS West London Clinical Commissioning Group is the new organisation responsible for buying health services from Hospital Trusts, Mental Health Trusts and community organisations. West London Clinical Commissioning Group, representing 54 general practices and approximately 230,000 patients in Kensington and Chelsea and the North of Westminster (Queens park and Paddington area). West London CCG managed an annual budget of £344 million (West London CCG Annual Report 2013/14).

Figure 3.2: Map of GP practices in West London CCG

3.10 There are 20 dental practices in Kensington and Chelsea (figure 3.3).

Figure 3.3: Map of dental practices in Kensington and Chelsea

Community Services

3.11 Central London Community Healthcare (CLCH) is a NHS community healthcare provider in four London boroughs. Providing healthcare in the boroughs of Barnet, Hammersmith and Fulham, Kensington and Chelsea, and Westminster. They employ more than 3,000 health professionals and support staff to provide community and in-patient services to almost 1 million people across London. Central London Community Healthcare NHS Trust provides range of services including a tuberculosis (TB) nursing service from Hammersmith Hospital, stroke services across Kensington & Chelsea, Hammersmith & Fulham and Westminster, Hammersmith NHS Urgent Care Centre provides a range of walk-in health services to the general public from 7 days a week. And Central London Community Healthcare NHS Trust provides a range of services from Hammersmith Bridge Road including district nursing, school nursing, and speech and language therapy for adults (http://www.clch.nhs.uk/about-us.aspx)

Acute Care and Mental Health Care

3.12 The main secondary care provider for West London CCG population is mainly Chelsea and Westminster, Royal Brompton and St. Mary's hospital. Mental health services are provided by Central and North West London Mental Health NHS trust.

Figure 3.4: map showing location of Acute Trust sites and Urgent Care Centres

3.13 The PNA makes no assessment of the need for pharmaceutical services in secondary care. However there is interest in managing the transfer of patients across care settings, with particular regard to medicines review and reconciliation processes between hospital pharmacists and community pharmacists.

Voluntary Sector

3.14 Voluntary sector adds value to the cultural, social and economic quality of life for our residents; helping to shape social and economic regeneration and contributing to civic renewal.

Appliance Contractors and Dispensing Doctors

Appliance contractors

3.15 Appliance contractors provide services to people who need appliances such as stoma and incontinence care aids, trusses, hosiery, surgical stockings and dressings. They range from small sole-trader businesses to larger companies. They do not supply drugs. However, pharmacies and dispensing doctors can also supply appliances.

3.16 There are currently no appliance-*only* contractors in Kensington & Chelsea.

3.17 13 of the pharmacies that responded to the survey supply stoma care aids with 9 intending to begin within the next 12 months.

3.18 18 of the pharmacies that responded to the survey supply incontinence aids with 6 intending to begin within the next 12 months.

3.19 31 of the pharmacies that responded to the survey supply dressings with 4 intending to begin within the next 12 months.

3.20 There are no dispensing doctors or appliance contractors in Kensington & Chelsea.

Chapter Four

Prescribing and Dispensing Trends

Volume of prescribing and dispensing

4.1 In 2012/13, the 44 pharmacies in Kensington & Chelsea dispensed 0.88 items per resident per month, the lowest in England (London 1.18; England 1.43). This equated to 3172 items per pharmacy per month, the 3rd lowest in England (London 5225; England 6628).[5]

4.2 The average number of prescriptions dispensed per month per pharmacy in 2012-13 compared to 2010-11 has reduced by 3% in Kensington & Chelsea (Increased in London by 5% and in by England 2%)

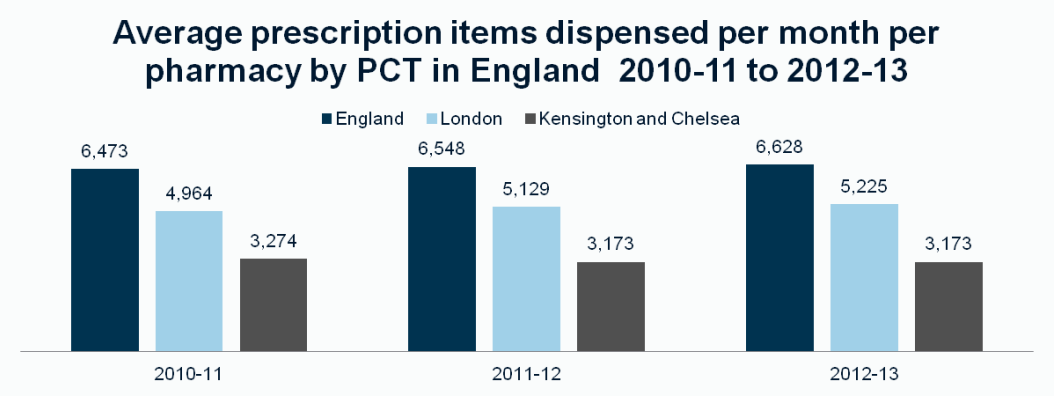


Table 4.1 Average prescription items dispensed per month per pharmacy by PCT in England 2010-11 to 2012-13

[5] General Pharmaceutical Services in England 2003-04 to 2012-13

Chapter Five

Access to Pharmaceutical Services

Pharmacy Choice

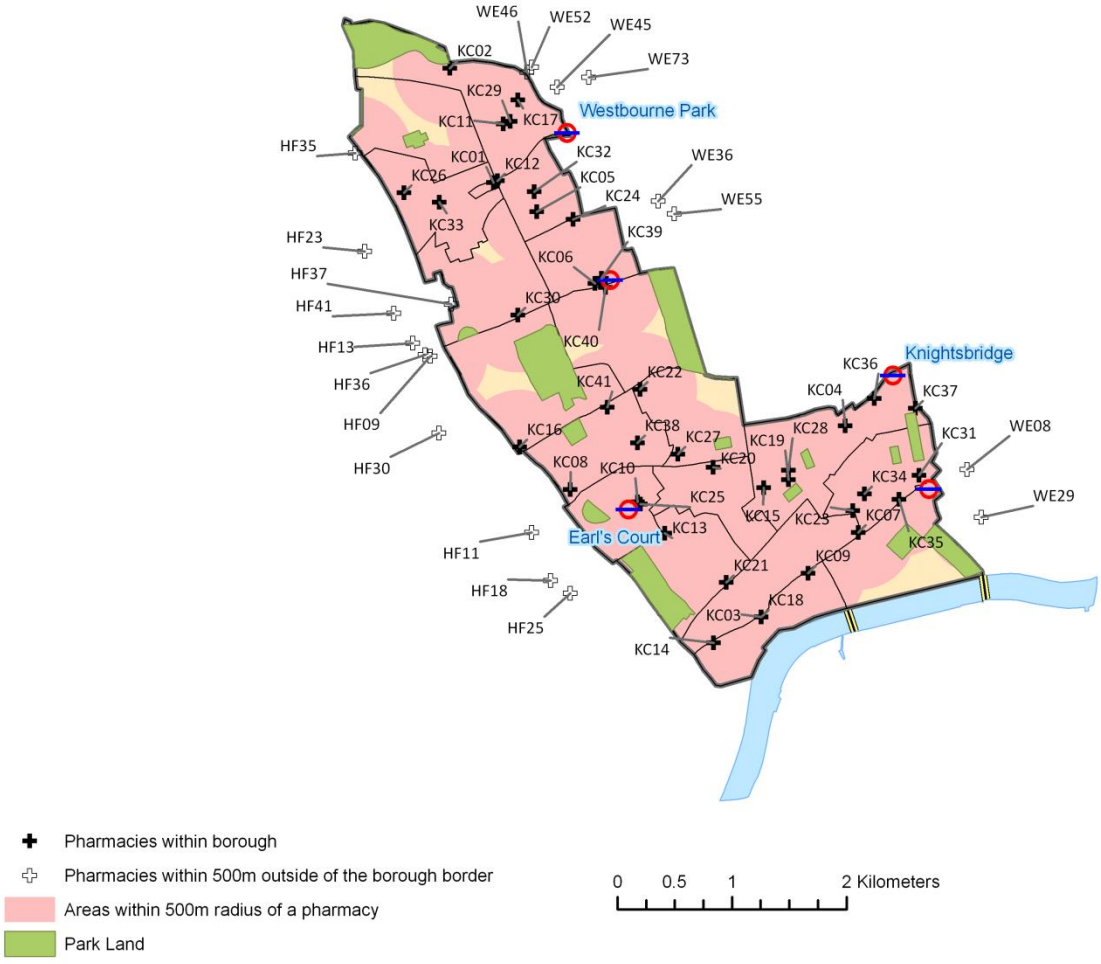


Figure 5.1: Pharmacies within Kensington & Chelsea and surrounding Boroughs. Areas that are not served by a pharmacy within 500m are coloured in red.

5.1 Dispensing is an essential service within the pharmacy contract. The local population should expect to have reasonable access to dispensing, in terms of the level of choice of pharmacy in the local area and their opening times.

5.2 There are 28 community pharmacies per 100,000 population (London 23; England 22) on the PCT pharmaceutical list as of 31st March for 2012-2013 which is the latest published data.

5.3 There are 19 pharmacies that are located within 500m outside of the Kensington & Chelsea borough border.

5.4 In consideration of the evidence, the HWB believes that the current number and location of pharmacies is **sufficient for supplying a necessary service with no gaps** in order to meet the need for pharmaceutical services in the borough.

Opening times

5.5 13 pharmacies are open before 9am within the borough from Monday to Friday with a further 3 open in boroughs around Kensington & Chelsea within 500m outside the border (Map 5.2a).

5.6 There are 18 pharmacies open after 7pm from Monday to Friday with a further 5 open in boroughs around Kensington & Chelsea within 500m outside the border (Map 5.2b).

5.7 Most pharmacies are open on Saturdays (39/41) within the borough with a further 16 open in boroughs around Kensington & Chelsea within 500m outside the border (Map 5.2c).

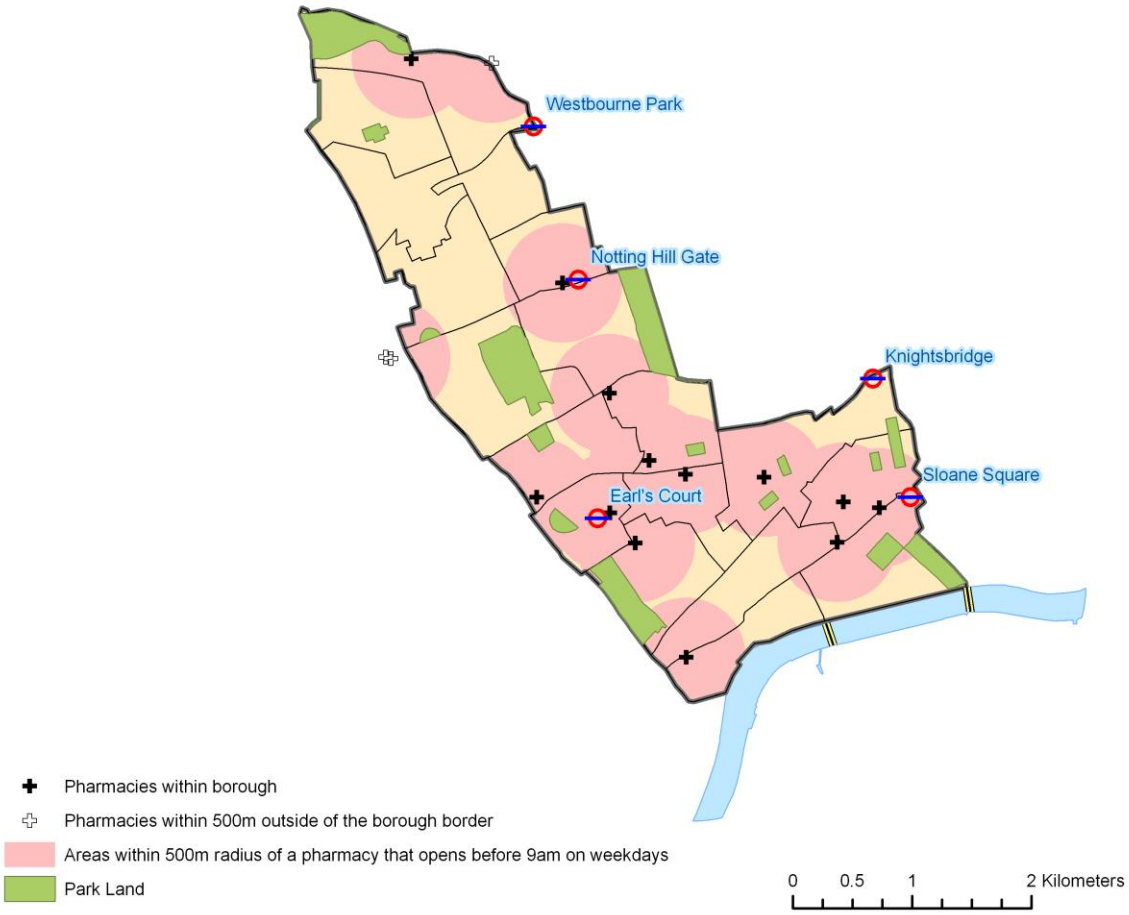
5.8 There are 24 pharmacies open on a Sunday within the borough with a further 5 open in boroughs around Kensington & Chelsea within 500m outside the border (Map 5.2d).

5.9 Zafash pharmacy (KC13) on Old Brompton Road is open 24 hours a day, 7 days a week.

5.10 The HWB believes that early morning, late evening, Saturday and Sunday access to pharmacies is sufficient for supplying a **necessary service with no gaps** in order to meet the need for pharmaceutical services in the borough. This is based on the current opening hours, the close proximity of pharmacies to local residents, and the lower demand for pharmacy services outside of office hours compared to within office hours.

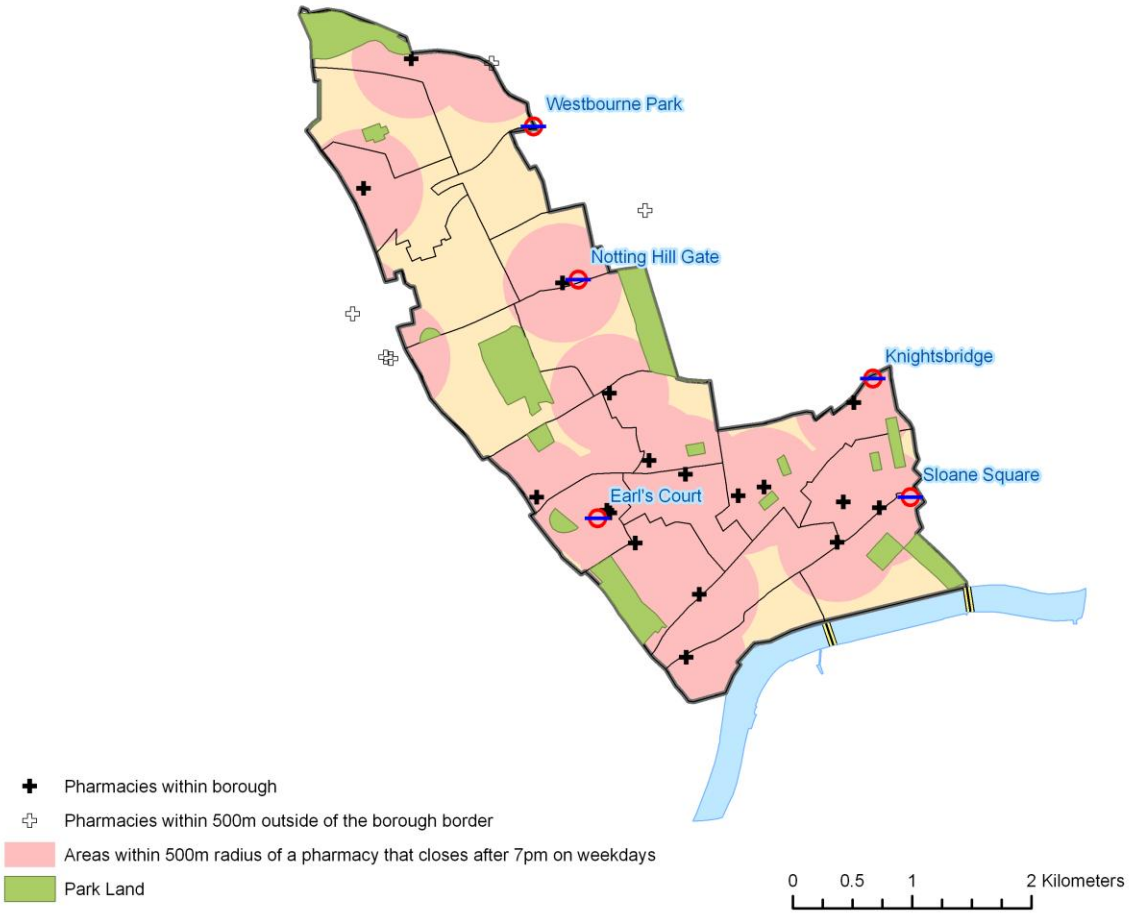
Figures 5.2: Availability of Pharmacies at different times of the day and week. [6]

Map 5.2a: Pharmacies open before 9am on weekdays

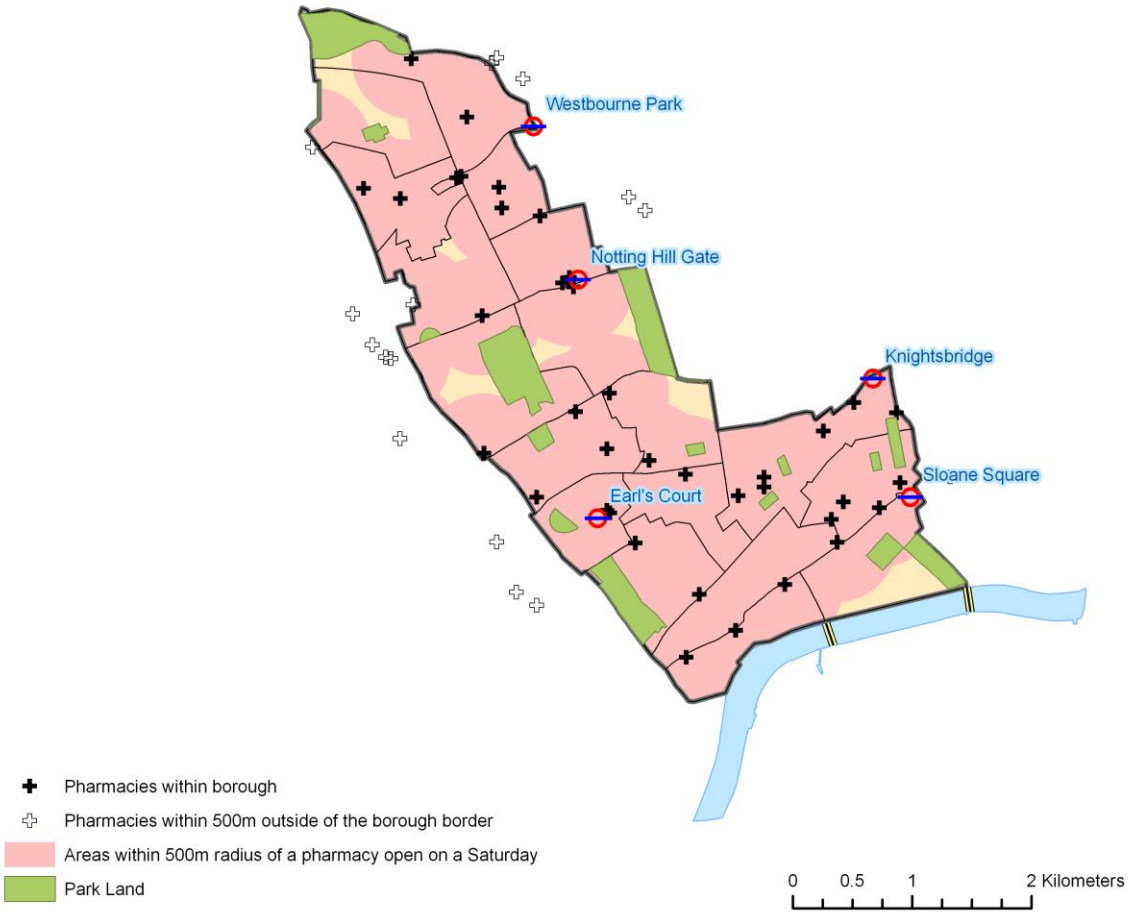


[6] Pharmaceutical Needs Assessment 2014 Survey. Data is included from pharmacies from surrounding boroughs and those that did not respond to the survey from NHS England (data received 26th September 2014). Refer to Appendix A for pharmacy level detail.

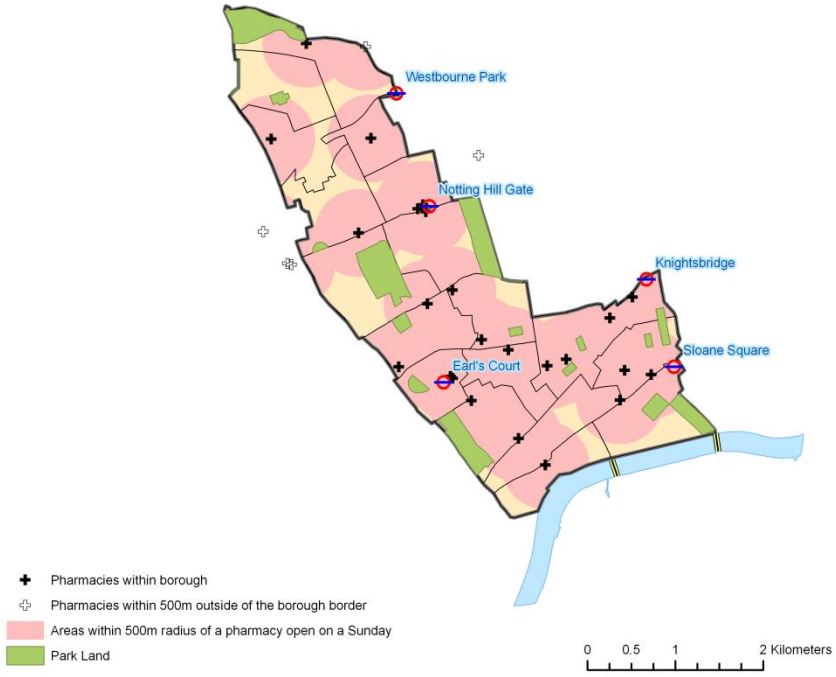
Map 5.2b: Pharmacies that close after 7pm on weekdays



Map 5.2c: Pharmacies open on a Saturday



Map 5.2d: Pharmacies open on a Sunday



Communication

5.11 The most common languages spoken other than English in Kensington & Chelsea are French, Arabic, Spanish and Italian. All of the above languages are spoken in at least one of the pharmacies in the borough.

Language	Number of pharmacies
Gujarati	18
Hindi	15
Arabic	13
Urdu	11
French	7
Polish	7
Italian	6
Punjabi	6
Spanish	6
Chinese	4

Table 5.1: Top 10 languages spoken by a member of staff at the pharmacies that responded to the survey in Kensington & Chelsea.

5.12 Accessible formats are alternatives to printed information, used by blind and partially sighted people, or others with a print impairment. Nearly two thirds of the pharmacies that responded to the survey provide large prints (24/36). 22 pharmacies provide Easy read material. 2 pharmacies within the borough provide information in Braille.

Chapter Six

Premises Characteristics

Physical Characteristics of Premises

6.1 Ideally, pharmacies should have consultation areas/ rooms, with wheelchair access, in order to be able to offer a broad range of services.

6.2 Almost all the pharmacies in Kensington & Chelsea that responded to the survey currently report having a clearly signposted private consulting room (33 out of 36 pharmacies) with six having access to an off-site consultation room or area. The three pharmacies that do not have a consulting room at the time of the survey is planning a room/area in the future. 34 out of the 36 have a consulting room that complies with MUR/NMS requirements.

6.3 35 of the pharmacies surveyed stated they have access that complied with the Equalities Act.

6.4 30 of the pharmacies with a consultation room indicated that they were accessible to wheelchair users.

6.5 Almost all the pharmacies surveyed have hand washing facilities close to the consultation room. 25 of the them off offer patients access to toilet facilities.

Parking

6.6 5 of the 36 pharmacies that responded have free car parking. 32 have paid car parking nearby. 28 pharmacies have disabled parking close to the premises.

Information Technology

6.7 All pharmacies are Release 1 enabled for Electronic Transfer of Prescriptions. 33 of the surveyed pharmacies are currently Release 2 enabled.

6.8 19 of the pharmacies surveyed have access to an IT system within the consultation room. 17 of these pharmacies have access to patient records from this IT system.

6.9 Almost all the pharmacies (35/36) have access to Microsoft Office applications.

6.10 25 pharmacies have access to NHS.net email.

Chapter Seven

Workforce & Skills

Utilisation of Clinical Skills in the Pharmacy

7.1 18 of the pharmacies reported that that the clinical skills in their pharmacies were" totally utilised". The rest indicated that they were "partly utilised". None of the pharmacies reported that the clinical skills were not utilised.

Pharmacists with a Special Interest

7.2 2 of the pharmacies surveyed have pharmacists with special interests.

Health Champions

7.3 Health Champions are people who, with training and support, voluntarily bring their ability to relate to people and their own life experience to transform health and well-being in their communities.

7.4 None of the pharmacies in Kensington & Chelsea that responded stated that they have a health champion.

Health Trainers

7.5 Health trainers help people to develop healthier behaviour and lifestyles in their own local communities. They offer practical support to change their behaviour to achieve their own choices and goals.

7.6 None of the pharmacies in Kensington & Chelsea that responded stated that they have a health trainer.

Dementia Friends

7.7 A Dementia Friend learns a little bit more about what it's like to live with dementia and then turns that understanding into action.

7.8 9 pharmacies in Kensington & Chelsea have dementia friends.

Chapter Eight

Services Provided by Pharmacies

Categorisation of Services

8.1 Pharmaceutical services in relation to PNAs include:

- **Essential services** which every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service;
- **Advanced services** - services community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation as necessary
- **Locally Enhanced services** commissioned by NHS England.

8.2 The categorisation of services into those stipulated by the PNA regulations (defined in Chapter 1) has been listed in Table 8.1 below. As there has been no significant change in the description of the population or its needs between this and the last PNA, this table rolls forward the assessment made in the last PNA with adjustment to reflect changes in regulation.

Table 8.1 Categorisation of services into those stipulated by PNA regulations

Necessary services: current provision (Schedule 1, paragraph 1)	**Necessary services: gaps in provision (Schedule 1, paragraph 2)**
Essential Services Medicine Use Review Service New Medicine Service Out Of Hours Palliative Care Drugs	No gaps in provision of necessary services
Other relevant services: current provision (Schedule 1, paragraph 3)	
Appliance Use Reviews Monitored Dosage	
Other services (Schedule 1, paragraph 5)	
Stop Smoking Supervised Methadone Consumption Needle Exchange Services NHS Health Checks	
Improvements and better access: gaps in provision (Schedule 1, paragraph 4)	
Stoma Appliance Customisation Reviews Care Homes Service Emergency Hormonal Contraception (PGD) Weight Management Alcohol Screening and Brief Intervention	

Necessary services: current provision (Schedule 1, paragraph 1)

Essential Services

8.3 All pharmacies are required to deliver and comply with the specifications for all essential services. Compliance is assessed as part of the PCT contract monitoring process. Essential services are:

- Dispensing
- Repeat dispensing
- Disposal of waste medicines
- Support for self care
- Public health
- Signposting
- Clinical governance

8.4 As evidenced in Chapter 5, the HWB believes that the current number, location and opening times/days of pharmacies in and outside the area of the HWB is **sufficient for supplying a necessary service with no gaps** in order to meet the need for essential pharmaceutical services in the borough.

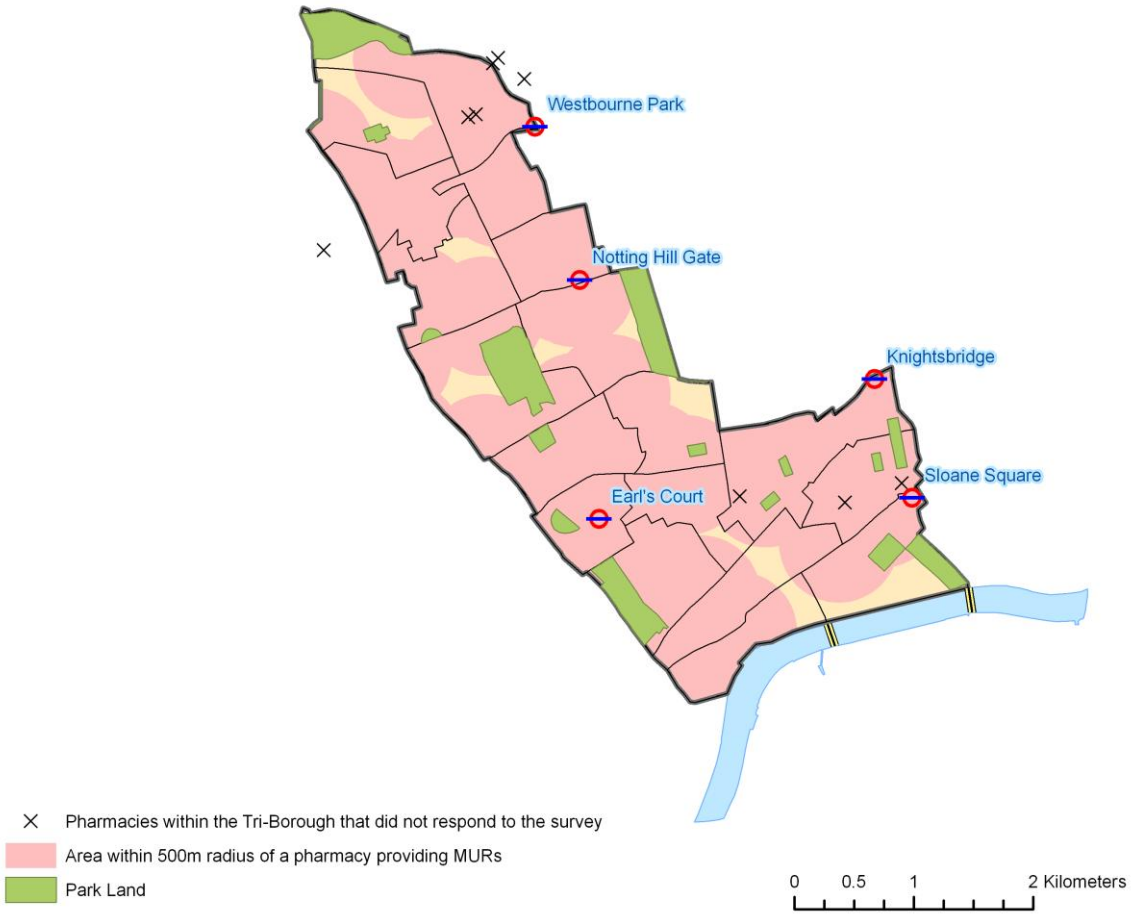
Medicines Use Reviews (MURs)

8.5 The Medicines Use Review and Prescription Intervention Service (MUR) as part of the community pharmacy contractual framework was the first advanced service to be introduced. The purpose of the MUR service is, with the patient's agreement, to improve their knowledge and use of medicines, through a specific consultation between the pharmacist and the patient. In particular, by:

- establishing the patient's actual use, understanding and experience of taking medicines
- identifying, discussing and resolving poor or ineffective use of medicines
- identifying side effects and drug interactions that may affect the patient's compliance with the medicines prescribed for them
- improving clinical and cost effectiveness of medicines prescribed also helping to reduce medicines wastage

8.6 Currently 33 of the pharmacies that responded to the survey (figure 8.1) provide MURs with the remaining three intending to do so in the next 12 months.

Figure 8.1 : Pharmacies that responded to the survey stating that they provide MURs



8.7 The number and proximity of pharmacies locally means the vast majority of residents in the borough live within 500m of a pharmacy providing MURs, with the remainder only having to travel a short additional distance. The HWB therefore believes that provision of MURs is **sufficient for supplying a necessary service with no gaps.**

New Medicines Services (NMS)

8.8 The NMS is focused on the following patient groups and conditions:

- asthma and chronic obstructive pulmonary disease (COPD)
- type 2 diabetes
- antiplatelet/anticoagulant therapy
- hypertension.

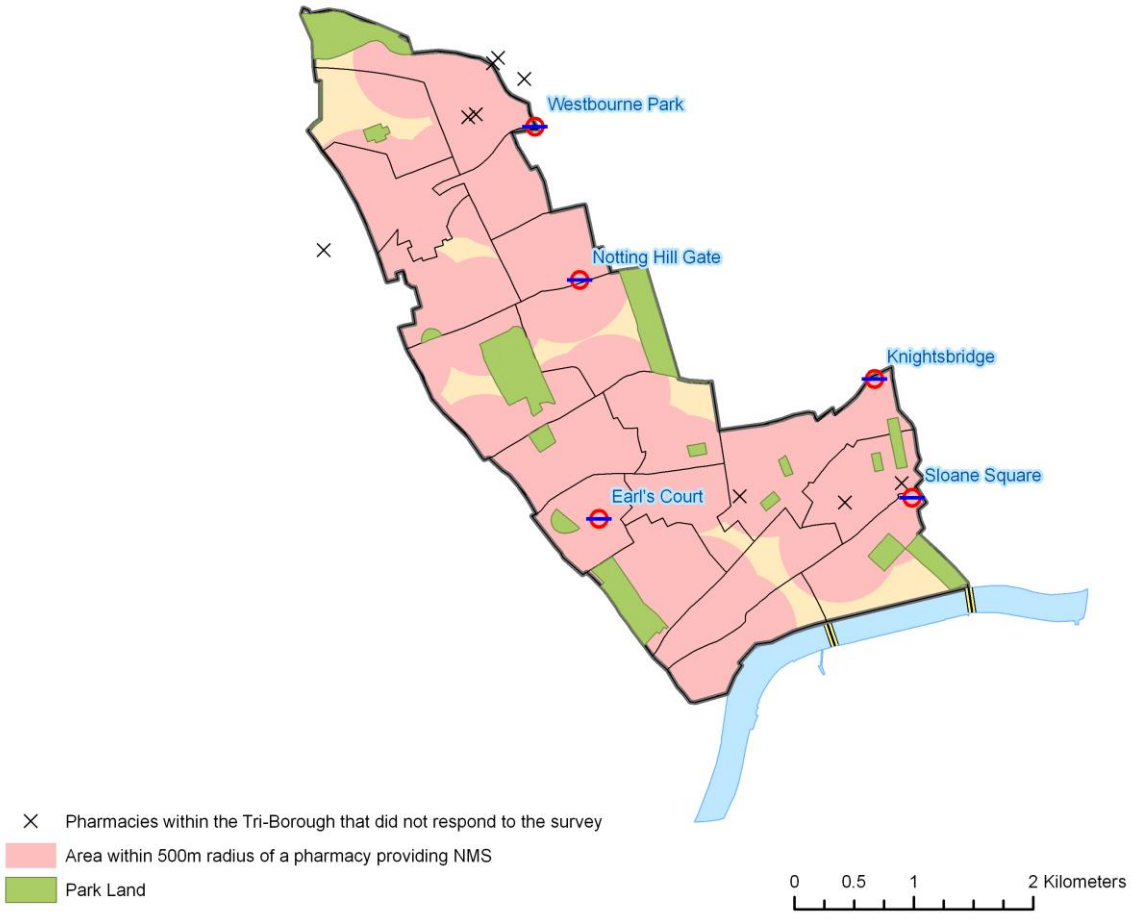
The service aims to:

- help patients and carers manage newly prescribed medicines for a long-term condition (LTC) and make shared decisions about their LTC
- recognise the important and expanding role of pharmacists in optimising the use of medicines

- increase patient adherence to treatment and consequently reduce medicines wastage and contribute to the NHS Quality, Innovation, Productivity and Prevention agenda
- supplement and reinforce information provided by the GP and practice staff to help patients make informed choices about their care
- promote multidisciplinary working with the patient's GP practice
- link the use of newly-prescribed medicines to lifestyle changes or other non-drug interventions to promote well-being and promote health in people with LTCs
- promote and support self-management of LTCs, and increase access to advice to improve medicines adherence and knowledge of potential side effects
- support integration with LTC services from other healthcare providers and provide appropriate signposting and referral to these services
- improve pharma co-vigilance, and
- through increased adherence to treatment, reduce medicines-related hospital admissions and improve quality of life for patients.

8.9 Currently 31 of the pharmacies that responded to the survey provide NMS (figure 8.2) with the remaining five intending to do so in the next 12 months.

Figure 8.2 : Pharmacies that responded to the survey stating that they provide NMSs



8.10 The number and proximity of pharmacies locally means the vast majority of residents in the borough live within 500m of a pharmacy providing NMSs, with the remainder only having to travel a short additional distance. The HWB therefore believes that provision of NMSs is **sufficient for supplying a necessary service with no gap.**

Out of hours palliative care drugs

8.11 In line with providing care closer to home, it is essential that there is good access to drugs used in the palliative environment for those patients choosing to die at home. Out of hours palliative care drugs is a locally enhanced service (explained in further detail below) that is commissioned from Zafash Pharmacy (KC13) and My Pharmacy (HF35). The two pharmacies offering end of life care drugs are strategically well positioned to offer medication to end-of-life care teams in the borough, during extended opening hours. The HWB therefore identifies the provision of End of Life Care Service to be **sufficient for supplying a necessary service with no gap**.

Necessary services: gaps in provision (Schedule 1, paragraph 2)

8.12 Having assessed the local needs and the current provision of necessary services, the Kensington & Chelsea HWB have not identified any *necessary pharmaceutical services* that are not provided in the area of the HWB.

Other relevant services: current provision (Schedule 1, paragraph 3)

Appliance Use Reviews (AURs)

8.13 Appliance Use Review (AUR) is an advanced service that community pharmacy and appliance contractors can choose to provide so long as they fulfill certain criteria. AURs can be carried out by, a pharmacist or a specialist nurse either at the contractor's premises or at the patient's home. AURs should 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 the appliances that are used or unwanted

8.14 Currently 2 of the pharmacies that responded to the survey provide AURs with 12 intending to begin within the next 12 months. There are no appliance only contractors in Kensington & Chelsea.

8.15 The HWB has identified the Appliance Use Review Service as a **relevant service, as it secures improvements or better access to service provision**.

Locally Enhanced Services

8.16 Each PCT was authorised to arrange for the provision of specific pharmaceutical services to persons within or outside its area with pharmacists included on its pharmaceutical list or on the list of a neighbouring PCT. There are currently twenty specific services[7].

8.17 The trend nationally since 2005-06 shows that the number of locally commissioned and funded enhanced services increased significantly until 2011-12 when there was an overall decrease of commissioned services, a trend which continued into 2012-13. This may have been due to the uncertainty around the new structure of the NHS following the introduction of the Health and Social Care Act 2012 which came into force from 1 April 2013. PCTs, now abolished, may have been cautious about commissioning services with new contractors in light of these changes.

7 General Pharmaceutical Services in England 2003-04 to 2012-13

8.18 The most frequently provided services nationally in 2012-13 have remained unchanged since 2005-06; those services are stop smoking, supervised administration of medicines (for example methadone), minor ailment schemes and patient group direction (which probably reflects the supply of medicines for emergency hormonal contraception). The following services are less frequently commissioned: pharmacy services to schools, independent and supplementary prescribing, prescriber support and anticoagulant monitoring. This may be because there is lower demand for such a service, alternative providers exist or additional requirements need to be met, for example training and qualification in respect of independent and supplementary prescribing.

8.19 There were 5 services commissioned in Kensington & Chelsea from community pharmacies on a PCT pharmaceutical list for 2012-13[8]. These were: Stop Smoking Service, Medication Review Service, Patient Group Direction Service, Screening Service, Supervised Administration Service and Needle and Syringe Exchange Service.

8.20 Under the Health Social Care Act 2012 legislation from 1 April 2013 the responsibility for commissioning some of the locally enhanced services now sits within public health and are commissioned by Local Authorities. These are described later as "Other Services" later in this chapter reflecting Regulation 4 and Schedule 1 of the 2013 Regulations.

8.21 The responsibility of commissioning locally enhanced services was handed over from the Medicine Management Team to NHS England in April 2014 and the services will continue to do so until review. NHS England currently commission two services from the pharmacies in Kensington & Chelsea: Out of hours palliative care drugs (discussed above under necessary services) and Monitored Dosage.

Monitored Dosage System

8.22 The World Health Organization estimates that between a third and a half of all dispensed medication is not taken as intended. Tailored medicines support for patients with long term conditions has the potential to reduce medicines waste and hospital admissions.

8.23 NHS England commission a Monitored Dosage System (MDS) service with seven pharmacies. The HWB identifies this as **relevant service, as it secures improvements or better access to service provision**. Seventeen pharmacies have indicated a willingness to provide this service in the survey.

Other Services (Schedule 1, paragraph 5)

8.24 The local authority currently commissions 5 services in Kensington & Chelsea according to the Tri-Borough Public Health Department: **Stop Smoking service,**

8 General Pharmaceutical Services in England 2003-04 to 2012-13

Needle and Syringe Exchange Service, Supervised Methadone Consumption and NHS Health Checks.

8.25 Smoking is the single biggest preventable cause of death and inequalities. Securing good access to stop smoking services increases the opportunity for the population to benefit from improvements in health. With 33 pharmacies providing the service, the HWB identifies the Stop Smoking Service provided in local pharmacies as a service with no gaps. However, given the volume of smokers in the borough, an increase in provision in the borough may be desirable, given pharmacists' position of influence as health-promoting advocates.

8.26 Good access to Needle & Syringe Exchange & Supervised Consumption Services is essential to support safer use of drugs by injecting drug users and minimise the transmission of blood-borne diseases, and the HWB therefore identifies these services as a necessary services. 8 pharmacies provide needle exchange and 15 provide supervised consumption, provision mapping well to areas of greatest need. Given the specialist nature and low volumes of service use compared to normal dispensing, the HWB identifies the level of this service to be sufficient, with no gaps.

8.27 While some NHS Health Checks take place in general practice, pharmacies are also well placed to play a key role. The aim of the risk assessment and management programme is to identify the risk of vascular disease in the population early and then to help people reduce or avoid it. 7 pharmacies have been commissioned to provide NHS Health Checks. The HWB identifies the level of this service to be sufficient, with no gaps.

Improvements and better access: gaps in provision (Schedule 1, paragraph 4)

8.28 The Kensington & Chelsea HWB has identified the services below that are not currently commissioned in the area of the HWB but which the HWB is satisfied would, if they were provided, secure improvements, or better access to pharmaceutical services of a specific type. Consideration has been made of future developments and changes.

Stoma Appliance Customisation Service (SAC)

8.29 The 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.

8.30 None of the pharmacies that responded to the survey provide SACs but 13 intend to begin within the next 12 months. There are no appliance only contractors in Kensington & Chelsea.

Care Home Service

8.31 Residents in care homes are often on a large number of medicines which often requires additional support with compliance. The care home service involves providing advice and support to the staff and management within the care home on medicines management, to ensure the proper and effective ordering, storage and administration of drugs and appliances and proper record keeping.

8.32 30 pharmacies would be willing to provide this service if commissioned.

Emergency Hormonal Contraception under Patient Group Direction Service

8.33 A patient group direction (PGD) service, allows suitably trained healthcare professionals (other than doctors) to prescribe emergency hormonal contraception for patients.

8.34 32 pharmacies would be willing to provide this service if commissioned.

Alcohol misuse service

8.35 This would identify higher-risk and increasing-risk drinking and provide brief interventions to motivate individuals to modify their drinking patterns.

8.36 35 pharmacies would be willing to provide this service if commissioned.

Weight management service

8.37 Obesity is increasing in the general population and is likely to have significant impact on future health costs. This service would expand the health promotion role of pharmacies.

8.38 33 pharmacies would be willing to provide this service if commissioned.

8.39 It should be noted that despite the HWB identifying these services, NHS England does not have to meet the need – this is because NHS England may have other factors to take into account, i.e. other commissioning decisions.

Appendix A – Index to pharmacies with opening time information

N.B.: Opening times obtained from the survey have been used for pharmacies that responded. Pharmacy opening times from those that did not respond and those that are not within the borough were obtained from NHS England (core + supplementary) 1 = open, 0 = closed, x = no data available

Code on map	Trading Name	Address	Postcode	Ward	Borough	Responded	Early opening	Late opening	Saturday	Sunday
KC01	Spivack Chemist	173 Ladbroke Grove	W10 6HJ	Colville	Kensington and Chelsea	YES	0	0	1	0
KC02	Sainsbury's	2 Canal Way, Ladbroke Grove	W10 5AA	Golborne	Kensington and Chelsea	YES	1	1	1	1
KC03	Medicine Chest	413-415 Kings Road,	SW10 0LR	Cremorne	Kensington and Chelsea	YES	0	0	1	1
KC04	Boots	205 Brompton Rd,	SW3 1LA	Brompton	Kensington and Chelsea	YES	0	0	1	1
KC05	D.R. Evans Pharmacy	15 Elgin Crescent	W11 2JA	Colville	Kensington and Chelsea	YES	0	0	1	0
KC06	Boots	96-98 Notting Hill Gate,	W11 3QA	Pembridge	Kensington and Chelsea	YES	1	1	1	1
KC07	Boots	148-150 Kings Rd,	SW3 4UT	Stanley	Kensington and Chelsea	YES	1	1	1	1
KC08	Tesco In-Store Pharmacy	West Cromwell Road	W14 8PB	Abingdon	Kensington and Chelsea	YES	1	1	1	1
KC09	I T Lloyd Chemist	255 King's Road,	SW3 5EL	Cremorne	Kensington and Chelsea	YES	0	0	1	0
KC10	Earls Court Chemist	240 Earls Court Road	SW5 9AA	Earl's Court	Kensington and Chelsea	YES	0	1	1	1
KC11	Golborne Pharmacy	106 Golborne Road	W10 5PS	Golborne	Kensington and Chelsea	NO	0	0	1	0
KC12	Chana Pharmacy/Clifford Evans	114 Ladbroke Grove,	W10 5NE	Colville	Kensington and Chelsea	YES	0	0	1	0
KC13	Zafash Pharmacy	233-235 Old Brompton Road,	SW5 0EA	Redcliffe	Kensington and Chelsea	YES	1	1	1	1
KC14	Lloyds pharmacy	513 Kings Road	SW10 0TX	Cremorne	Kensington and Chelsea	YES	1	1	1	0
KC15	Dajani Pharmacy	92 Old Brompton Road	SW7 3LQ	Brompton	Kensington and Chelsea	NO	0	1	1	1
KC16	H Lloyd Chemist	382 Kensington High Street	W14 8NL	Holland	Kensington and Chelsea	YES	0	0	1	0
KC17	Dillons Pharmacy	24 Golbourne Road,	W10 5PF	Golborne	Kensington and Chelsea	YES	0	0	0	0
KC18	World's End Pharmacy	469 Kings Road,	SW10 0LR	Cremorne	Kensington and Chelsea	YES	0	0	1	0

KC19	Harleys Pharmacy	35-37 Old Brompton Road,	SW7 3HZ	Brompton	Kensington and Chelsea	YES	0	1	1	1
KC20	Boots	128 Glocester Road	SW7 4SF	Courtfield	Kensington and Chelsea	YES	1	1	1	1
KC21	Boots	228-232 Fulham Road,	SW10 9NB	Redcliffe	Kensington and Chelsea	YES	0	1	1	1
KC22	Boots	127A Kensington High St,	W8 5SF	Queen's Gate	Kensington and Chelsea	YES	1	1	1	1
KC23	Astell Pharmacy	6 Elystan Street,	SW3 3NS	Hans Town	Kensington and Chelsea	YES	0	0	1	0
KC24	Baywood	239 Westbourne Road,	W11 2SE	Pembridge	Kensington and Chelsea	YES	0	0	1	0
KC25	Boots	254 Earls Court Rd,	SW5 9AD	Earl's Court	Kensington and Chelsea	YES	1	1	1	1
KC26	Borno Chemist	The Gatehouse	W10 6ND	Notting Barns	Kensington and Chelsea	YES	0	1	1	1
KC27	Sainsbury's Cromwell Rd	158a Cromwell Road,	SW7 4EJ	Queen's Gate	Kensington and Chelsea	YES	1	1	1	1
KC28	Stickland Chemist	4-6 The Arcade, South ,	SW7 2NA	Brompton	Kensington and Chelsea	YES	1	0	1	0
KC29	Dr Care Pharmacy	73 Golborne Road	W10 5NP	Golborne	Kensington and Chelsea	NO	0	0	0	0
KC30	Hillcrest Pharmacy	104-106 Holland Park Avenue,	W11 4UA	Norland	Kensington and Chelsea	YES	0	0	1	1
KC31	Andrews Pharmacy	149B Sloane Street	SW1X 9BZ	Hans Town	Kensington and Chelsea	NO	0	0	1	0
KC32	Chana Chemist	196-198 Portobello Road,	W11 1LA	Colville	Kensington and Chelsea	YES	0	0	1	1
KC33	Bramley Pharmacy	Unit 1, 132 Bramley Road	W10 6TJ	Notting Barns	Kensington and Chelsea	YES	0	0	1	0
KC34	Chelsea Pharmacy	61-63 Sloane Ave	SW3 3BH	Hans Town	Kensington and Chelsea	NO	1	1	1	1
KC35	Boots	60 Kings Road	SW3 4UD	Hans Town	Kensington and Chelsea	YES	1	1	1	1
KC36	Day Lewis PLC	Lower Ground Floor, 87-135 Brompton Road	SW1X 7XL	Brompton	Kensington and Chelsea	YES	0	1	1	1
KC37	Amoore & Co Ltd	25E Lowndes Street	SW1X 9JF	Brompton	Kensington and Chelsea	YES	0	0	1	0
KC38	Stratford Pharmacy	4 Stratford Road,	W8 6QD	Abingdon	Kensington and Chelsea	YES	0	0	1	0
KC39	Notting Hill Pharmacy	12 Pembridge Road,	W11 3HL	Pembridge	Kensington and Chelsea	YES	0	0	1	1
KC40	FJM Calder	55-57 Notting Hill Gate	W11 3JS	Campden	Kensington and Chelsea	YES	0	0	1	1
KC41	Pestle And Mortar	213 Kensington High Street,	W8 6BD	Abingdon	Kensington and Chelsea	YES	0	0	1	1

	Pharmacies within 500m outside of the borough									
HF09	Boots the Chemist	Unit 5-6 The West 12 Centre	W12 8PP	Addison	Hammersmith and Fulham	YES	1	1	1	1
HF11	Novapharma	100A North End Road	W14 9EX	North End	Hammersmith and Fulham	YES	0	0	1	0
HF13	Superdrug	92-94 Uxbridge Road	W12 8LR	Shepherd's Bush Green	Hammersmith and Fulham	YES	0	0	1	0
HF18	Parmay Pharmacy	Unit 4, 160 North End Road	W14 9QR	North End	Hammersmith and Fulham	YES	0	0	1	0
HF23	Pestle & Mortar	59 South Africa Road	W12 7PA	College Park and Old Oak	Hammersmith and Fulham	NO	0	0	0	0
HF25	Superdrug	317 North End Road	SW6 1NN	Fulham Broadway	Hammersmith and Fulham	YES	0	0	1	0
HF30	Forrest & Co.	67 Blythe Road	W14 0HP	Addison	Hammersmith and Fulham	YES	0	0	1	0
HF35	My Pharmacy	10 North Pole Road	W10 6QL	College Park and Old Oak	Hammersmith and Fulham	YES	0	0	1	0
HF36	Morrisons Pharmacy	Morrisons, 114-116 Concorde Centre	W12 8PH	Addison	Hammersmith and Fulham	YES	1	1	1	1
HF37	Faro Pharmacy	16 Swanscombe Road	W11 4SX	Shepherd's Bush Green	Hammersmith and Fulham	YES	0	0	1	0
HF41	Boots the Chemist	Unit 1109-1111 Westfield Shopping Ctr.	W12 7GD	Shepherd's Bush Green	Hammersmith and Fulham	YES	0	1	1	1
WE08	Walden Chemist	65 Elizabeth Street, Eaton Square	SW1W 9PJ	Knightsbridge and Belgravia	Westminster	YES	0	0	1	0
WE29	Green's Pharmacy	29-31 Ebury Bridge Road	SW1W 8QX	Churchill	Westminster	YES	0	0	0	0
WE36	Nashi Pharmacy	55 Westbourne Grove, Bayswater	W2 4UA	Lancaster Gate	Westminster	YES	0	0	1	0
WE45	Prince Chemist	486 Harrow Road	W9 3QA	Harrow Road	Westminster	NO	0	0	1	0
WE46	Central Pharmacy	Unit 5	W10 4RE	Harrow Road	Westminster	NO	1	1	1	1
WE52	Medicare (London) Ltd Pharmacy	568 Harrow Road	W9 3QH	Queen's Park	Westminster	NO	0	0	1	0
WE55	Boots The Chemist	114 Queensway	W2 6LS	Lancaster Gate	Westminster	YES	0	1	1	1
WE73	Pitchkins & Currans	Unit 2, 45-47 Elgin Avenue	W9 3PP	Harrow Road	Westminster	YES	0	0	0	0

Appendix B – Index to pharmacies with Advanced Services (Responses from Survey)

Code on map	Responded	MURs	AURs	SACs	NMS
KC01	YES	Yes	No, and not intending to provide	No, and not intending to provide	Yes
KC02	YES	Yes	No, and not intending to provide	No, and not intending to provide	Yes
KC03	YES	Yes	Don't know	Don't know	Yes
KC04	YES	Yes	Don't know	Don't know	Yes
KC05	YES	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Intending to begin within the next 12 months
KC06	YES	Yes	Don't know	Don't know	Yes
KC07	YES	Yes	Don't know	Don't know	Yes
KC08	YES	Yes	Don't know	Don't know	Yes
KC09	YES	Intending to begin within the next 12 months	No, and not intending to provide	No, and not intending to provide	Intending to begin within the next 12 months
KC10	YES	Yes	No, and not intending to provide	No, and not intending to provide	Yes
KC11	NO	x	x	x	x
KC12	YES	Yes	No, and not intending to provide	No, and not intending to provide	Yes
KC13	YES	Yes	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Yes
KC14	YES	Yes	No, and not intending to provide	No, and not intending to provide	Yes
KC15	NO	x	x	x	x
KC16	YES	Yes	Don't know	Don't know	Yes
KC17	YES	Yes	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Yes
KC18	YES	Yes	Don't know	Don't know	Yes

KC19	YES	Yes	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Intending to begin within the next 12 months
KC20	YES	Yes	Don't know	Don't know	Yes
KC21	YES	Yes	Don't know	Don't know	Yes
KC22	YES	Yes	Don't know	Don't know	Yes
KC23	YES	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Intending to begin within the next 12 months
KC24	YES	Yes	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Yes
KC25	YES	Yes	Don't know	Don't know	Yes
KC26	YES	Yes	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Yes
KC27	YES	Yes	Don't know	Don't know	Yes
KC28	YES	Yes	Yes	Intending to begin within the next 12 months	Yes
KC29	NO	x	x	x	x
KC30	YES	Yes	Intending to begin within the next 12 months	No, and not intending to provide	Yes
KC31	NO	x	x	x	x
KC32	YES	Yes	No, and not intending to provide	No, and not intending to provide	Yes
KC33	YES	Yes	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Yes
KC34	NO	x	x	x	x
KC35	YES	Yes	Don't know	Don't know	Yes
KC36	YES	Yes	No, and not intending to provide	No, and not intending to provide	Yes
KC37	YES	Yes	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Yes
KC38	YES	Yes	Yes	Intending to begin within the next 12 months	Yes
KC39	YES	Yes	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Yes
KC40	YES	Yes	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Intending to begin within the next 12 months
KC41	YES	Yes	Don't know	Don't know	Yes

HF09	YES	Yes	Don't know	Don't know	Yes
HF11	YES	Yes	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Yes
HF13	YES	Yes	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Yes
HF18	YES	Yes	Don't know	No, and not intending to provide	Yes
HF23	NO	x	x	x	x
HF25	YES	Yes	No, and not intending to provide	No, and not intending to provide	Yes
HF30	YES	Yes	No, and not intending to provide	No, and not intending to provide	Yes
HF35	YES	Yes	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Intending to begin within the next 12 months
HF36	YES	Yes	No, and not intending to provide	No, and not intending to provide	Yes
HF37	YES	Yes	No, and not intending to provide	No, and not intending to provide	Yes
HF41	YES	Yes	Don't know	Don't know	Yes
WE08	YES	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Intending to begin within the next 12 months
WE29	YES	Intending to begin within the next 12 months	Don't know	Don't know	Intending to begin within the next 12 months
WE36	YES	Yes	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Yes
WE45	NO	x	x	x	x
WE46	NO	x	x	x	x
WE52	NO	x	x	x	x
WE55	YES	Yes	Don't know	Don't know	Yes
WE73	YES	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Intending to begin within the next 12 months

Appendix C – Index to pharmacies with Locally Enhanced Services

Enhanced Service: Monitored dosage
Apex Pharmacy
My Pharmacy
Calder Pharmacy
D R Evans
Harley Chemist
Pharmaclinix
Golborne Pharmacy

Enhanced Service: Out of hours palliative care drugs
Zafash Pharmacy
My Pharmacy

Appendix D – Other Information

The PNA Task and Finish Group

- The Triborough PNA Task and Finish Group was created to be responsible for overseeing the development of the PNAs on behalf of the Health and Wellbeing Boards of Hammersmith and Fulham, Kensington and Chelsea, and Westminster. To ensure strong links with the JSNA the development of the PNA was included in the Triborough JSNA Work Programme for 2014/15. The Triborough PNA Task and Finish Group reported to the JSNA Steering Group, and provided regular updates to the Health and Wellbeing Board.

- The Terms of Reference and membership of this group are included below. Progress against the PNA Project Plan is monitored by the Triborough PNA Task and Finish Group.

Gathering Information for the PNA

- The Triborough PNA Task and Finish Group reviewed the NHS England assessment of previous Triborough PNAs and agreed to adopt the Royal Borough of Kensington and Chelsea PNA 2010-13 framework as the best model for the development of the needs assessment.

- A list of the data and information required for the development of the PNA was compiled. Data is held by a range of stakeholders (Triborough Public Health, NHS England, and North West London Commissioning Support Unit) and the appropriate member(s) of the group were tasked with providing the data. Pharmacy and GP lists for Kensington & Chelsea, and neighbouring boroughs, were requested from NHS England.

- The Triborough PNA Task and Finish Group issued a PNA questionnaire to all community pharmacies to gather up to date information for the needs assessment. The questionnaire was adapted from the one developed by the Pharmaceutical Services Negotiating Committee (PSNC) and was 'signed off' by the Task and Finish Group, including LPC representatives. The questionnaire was sent to all Kensington & Chelsea community pharmacy contractors in July 2014. The results were collated and analysed in August 2014. Information on bordering pharmacies outside of the Triborough was gathered from NHS England

- The PNA Task and Finish Group reviewed early drafts of the PNA in August and September 2014, providing an opportunity to comment prior to the official consultation period.

Consultation

- Key stakeholder groups, as defined in the 2013 Regulations, are being consulted on the draft report as part of the statutory sixty day consultation period.

Next Steps

- In accordance with the 2013 Regulations, the Kensington & Chelsea Health and Wellbeing Board will publish a statement of its revised assessment within three years of the publication of this document.

- In addition, the Kensington & Chelsea Health and Wellbeing Board will make a new assessment of pharmaceutical need sooner than this, should it identify any changes to the availability of pharmaceutical services that have occurred since the publication of this PNA. This will be undertaken only where, in the HWBs view, the changes are so substantial that the publication of a new assessment is a proportionate response.

Terms of Reference for PNA Task and Finish Group

Purpose

- The purpose of the PNA Task & Finish Group is to ensure delivery of a quality assured and robust Pharmaceutical Needs Assessment (PNA) for the Health and Wellbeing Boards for Hammersmith and Fulham, Kensington and Chelsea, and Westminster.

- The PNA is a commissioning tool and determines market entry for NHS pharmaceutical services provision

- The PNA Task & Finish Group will work to the agreed PNA Work Plan and develop a PNA that meets the requirements of NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

- The PNA Task & Finish Group will review and report on progress to the JSNA Steering Group, the Health and Wellbeing Boards and other stakeholders

Accountability & Governance

- The PNA is incorporated into the JSNA work programme as outlined in the JSNA Steering Group Terms of Reference. The JSNA Steering Group retains overall accountability to the three Health and Wellbeing Boards for the production of the PNA and will provide assurance to the Boards on progress and quality.

- The PNA Task & Finish Group is a subgroup of the JSNA Steering Group

- The PNA Task & Finish will provide regular progress reports to the JSNA Steering Group.

- The PNA Task & Finish Group will monitor and review progress against the timescales in the agreed PNA Work Plan and inform the JSNA Steering Group of risks to delivery

- The JSNA Manager will manage and coordinate the PNA Task & Finish Group.

Membership

- The Task & Finish Group will be chaired by Stuart Lines, Deputy Director of Public Health

- The group will be supported by the JSNA Programme Manager and Public Health Knowledge Manager.

- Membership of the Group:

Name	Representing/Role
Gerald Alexander/Michael Levitan	Local Pharmaceutical Committee (Hammersmith and Fulham)
Colin Brodie	Public Health Knowledge Manager
Annelise Johns	Interim Senior Public Health Officer
Ashfaq Khan	CCG Lead Pharmacist, North West London Commissioning Support Unit
Dan Lewer	JSNA Manager
Stuart Lines (Chair)	Deputy Director of Public Health
Holly Manktelow	Senior Policy Officer
Gayan Perera	Senior Public Health Analyst
Beneeta ShahLocal Pharmaceutical Committee (Boots)Rekha Shah	Local Pharmaceutical Committee (Kensington and Chelsea/Westminster)

- James Hebblethwaite, Tri-borough Adult Social Care, will provide input in an advisory capacity
- Additional expertise from other organisations will be drafted in as required.

Quorum

- The quorum shall be 4 members, to include representation from Public Health, LPC, Clinical Commissioning Groups, and the CSU.

Procedures

- The PNA Task & Finish Group will meet monthly in the first instance to be reviewed regularly dependent on need.

- The PNA Task & Finish Group may secure outside expert professional advice and/or the attendance of external advisers with relevant experience and expertise at meetings if this is considered necessary.

Reporting

- The PNA Task & Finish Group will report on progress to the JSNA Steering Group
- The Health and Wellbeing Boards will receive reports on an exception basis where appropriate. These will be included as part of the regular JSNA update to Health and Wellbeing Boards.

Review

- The terms of reference will be reviewed on 6 month basis