



THE ROYAL BOROUGH OF  
KENSINGTON  
AND CHELSEA

# Pharmaceutical Needs Assessment 2022

## Kensington and Chelsea Health and Wellbeing Board

This Pharmaceutical Needs Assessment has been produced by Soar Beyond, contracted by the Royal Borough of Kensington and Chelsea. The production has been overseen by the PNA Steering Group for Kensington and Chelsea Health and Wellbeing Board with authoring support from Soar Beyond Ltd. The information in this PNA was correct at the time of writing as of May 2022.

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## Executive summary

The Pharmaceutical Regulations 2013 require each Health and Wellbeing Board (HWB) to assess the needs for pharmaceutical services in its area and publish a statement of its assessment. This document is called a Pharmaceutical Needs Assessment (PNA). This document should be revised within three years of its previous publication. The last PNA for the Royal Borough of Kensington and Chelsea (RBKC) was published in March 2018 and since then has been kept updated with accompanying [supplementary statements](#). Due to the COVID-19 pandemic, the Department of Health and Social Care postponed the requirement for all HWBs to publish until 1 October 2022.

This mapping of pharmaceutical services against local health needs provides Kensington and Chelsea HWB with a framework for the strategic development and commissioning of services. It will enable the local pharmacy service providers and commissioners to:

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

This PNA has been produced through the PNA Steering Group on behalf of Kensington and Chelsea HWB by the Royal Borough of Kensington and Chelsea with authoring support from Soar Beyond Ltd.

### NHS pharmaceutical services in England

NHS pharmaceutical services are provided by contractors on the pharmaceutical list held by NHS England and NHS Improvement (NHSE&I). Types of providers are:

- Community pharmacy contractors, including Distance-Selling Pharmacies (DSPs)
- Dispensing Appliance Contractors (DACs)
- Local Pharmaceutical Service (LPS) providers
- Dispensing doctors

The Community Pharmacy Contractual Framework is made up of three types of services:

- Essential Services
- Advanced Services
- Enhanced Services

This assessment is based upon the HWB defining [Essential Services](#) as [Necessary](#) and the [Advanced](#) and [Enhanced](#) Services as being Relevant.

### Pharmaceutical service providers in Kensington and Chelsea

Kensington and Chelsea has 41 community pharmacies (as of March 2022) for a population of 153,903. Kensington and Chelsea has an average of 26.6 community pharmacies per 100,000 population, compared with 20.6 per 100,000 in England.

## Conclusions

The Steering Group provides the following conclusions and recommendations on the basis that funding is at least maintained at current levels and or reflects future population changes.

The PNA is required to clearly state what is considered to constitute **Necessary Services** as required by paragraphs 1 and 3 of Schedule 1 to the Pharmaceutical Regulations 2013.

For the purposes of this PNA, **Necessary Services** for Kensington and Chelsea HWB are defined as Essential Services.

Advanced Services and Enhanced Services are considered **relevant** as they contribute toward improvement in provision and access to pharmaceutical services.

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

### Current provision of Necessary Services

#### Necessary Services – gaps in provision

- **Necessary Services – normal working hours**

**There is no current gap in the provision of Necessary Services during normal working hours across Kensington and Chelsea to meet the needs of the population.**

- **Necessary Services – outside normal working hours**

**There are no current gaps in the provision of Necessary Services outside normal working hours across Kensington and Chelsea to meet the needs of the population.**

### Future provision of Necessary Services

**No gaps have been identified in the need for Necessary Services in specified future circumstances across Kensington and Chelsea.**

### Improvements and better access – gaps in provision

- **Current and future access to Advanced Services**

**There are no gaps in the provision of Advanced Services that would secure improvements or better access to Advanced Services in Kensington and Chelsea.**

- **Current and future access to Enhanced Services**

**No gaps have been identified that if provided either now or in the future would secure improvements or better access to Enhanced Services across Kensington and Chelsea.**

- **Current and future access to Locally Commissioned Services**

**Based on current information no gaps have been identified in respect of securing improvements or better access to Locally Commissioned Services across Kensington and Chelsea to meet the needs of the population.**

## Abbreviations

AF – Atrial Fibrillation  
AUR – Appliance Use Review  
BAME – Black, Asian and Minority Ethnic  
BSA – Business Services Authority  
C-19 – COVID-19  
CCG – Clinical Commissioning Group  
COPD – Chronic Obstructive Pulmonary Disease  
CPCF – Community Pharmacy Contractual Framework  
CPCS – Community Pharmacist Consultation Service  
DAC – Dispensing Appliance Contractor  
DHSC – Department of Health and Social Care  
DMIRS – Digital Minor Illness Referral Service  
DMS – Discharge Medicines Service  
DSP – Distance-Selling Pharmacy  
EHC – Emergency Hormonal Contraception  
EoLC – End of Life Care  
EPS – Electronic Prescription Service  
ES – Essential Services  
GLA – Greater London Authority  
GP – General Practitioner  
HIV – Human Immunodeficiency Virus  
HWB – Health and Wellbeing Board  
ICB – Integrated Care Board  
ICS – Integrated Care System  
IMD – Index of Multiple Deprivation  
JHWS – Joint Health and Wellbeing Strategy  
JSNA – Joint Strategic Needs Assessment  
LA – Local Authority  
LCS – Locally Commissioned Services  
LFD – Lateral Flow Device  
LPC – Local Pharmaceutical Committee

LPS – Local Pharmaceutical Service  
LTP – Long Term Plan  
MMR – Measles, Mumps and Rubella  
MUR – Medicines Use Review  
NEX – Needle Exchange  
NHS – National Health Service  
NHSE&I – NHS England and NHS Improvement  
NMS – New Medicine Service  
NUMSAS – NHS Urgent Medicine Supply Advanced Scheme  
NWL – North West London  
ONS – Office for National Statistics  
PANSI – Projecting Adult Needs and Service Information  
PCN – Primary Care Network  
PGD – Patient Group Direction  
PhAS – Pharmacy Access Scheme  
PNA – Pharmaceutical Needs Assessment  
POCT – Point-of-Care Testing  
PQS – Pharmacy Quality Scheme  
PSNC – Pharmaceutical Services Negotiating Committee  
PWID – People Who Inject Drugs  
RBKC – Royal Borough of Kensington and Chelsea  
SAC – Stoma Appliance Customisation  
STI – Sexually Transmitted Infection

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## Section 1: Introduction

### 1.1 Background

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (SI 2013/349),<sup>1</sup> hereafter referred to as the 'Pharmaceutical Regulations 2013', came into force on 1 April 2013. The Pharmaceutical Regulations 2013 require each Health and Wellbeing Board (HWB) to assess the needs for pharmaceutical services in its area and publish a statement of its assessment. This document is called a Pharmaceutical Needs Assessment (PNA). This document should be revised within three years of its previous publication. The last PNA for the Royal Borough of Kensington and Chelsea (RBKC) was published in March 2018 and since then has been kept updated with accompanying [supplementary statements](#).

Due to the COVID-19 pandemic the Department of Health and Social Care (DHSC) postponed the requirement for all HWBs to publish until 1 October 2022. Once approved, this PNA for RBKC fulfils this regulatory requirement.

The Pharmaceutical Regulations 2013 were updated by the National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendment and Transitional Provision) Regulations 2014 on 1 April 2014. This PNA has considered these amendments, but the Pharmaceutical Regulations 2013 have been referenced throughout.

**Table 1: Timeline for PNAs**

2009	2011	2013	2015	Ongoing
Health Act 2009 introduces statutory framework requiring primary care trusts to prepare and publish PNAs	PNAs to be published by 1 February 2011	Pharmaceutical Regulations 2013 outline PNA requirements for HWB	HWB required to publish own PNAs by 1 April 2015	PNAs reviewed every 3 years* *publication of PNAs was delayed during the coronavirus pandemic

Since the 2018 PNA there have been several significant changes to the Community Pharmacy Contractual Framework (CPCF), national directives, policy and other factors, which need to be considered as part of this PNA.

### 1.2 National changes since the last PNA

- **NHS Long Term Plan (LTP):**<sup>2</sup> The NHS LTP was published in January 2019, and it set out the priorities for healthcare for the next ten years. It is wide-ranging and includes chapters on new service models, action on prevention and health inequalities, and progress on care quality and outcomes. A more detailed description is available in Section 2.1.
- Clinical Commissioning Groups (CCGs) are to be replaced by Integrated Care Boards (ICBs) as part of Integrated Care Systems (ICS). In an ICS, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards and improving the

<sup>1</sup> The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

[www.legislation.gov.uk/uksi/2013/349/contents/made](http://www.legislation.gov.uk/uksi/2013/349/contents/made)

<sup>2</sup> NHS Long Term Plan. [www.longtermplan.nhs.uk/](http://www.longtermplan.nhs.uk/)

health of the population they serve. There is a delay in ICSs becoming legal entities with decision-making authority, due to the COVID-19 pandemic, with some not due to go live until April 2023.

- All pharmacies were required to become Level 1 **Healthy Living Pharmacies** by April 2020.
- **Coronavirus pandemic:** The COVID-19 pandemic placed greater demands on health systems and community pharmacies. Community pharmacists had to adapt and adopt changes to healthcare services provided and remain open during the pandemic to provide for the pharmaceutical needs for the population.<sup>3</sup> During the pandemic there was a national net loss of 215 pharmacies, with 236 opening while 451 closed during 2020-21, which resulted in the lowest number of pharmacies in England since 2015-16.<sup>4</sup> In response to the pandemic, two Advanced Services were also created: pandemic delivery service and COVID-19 lateral flow test provision. The COVID-19 vaccination service was also added as an Enhanced Service provided from community pharmacies and commissioned by NHS England and NHS Improvement (NHSE&I). Due to the easing of COVID-19 restrictions by the government, the pandemic delivery service was decommissioned on 5 March 2022 at 23:59. From 1 April, the government also stopped providing free universal symptomatic and asymptomatic testing for the general public in England.<sup>5</sup>
- **Remote access:** Since November 2020, community pharmacies have had to facilitate remote access to pharmaceutical services at or from the pharmacy premises.<sup>6</sup>
- **Community Pharmacist Consultation Service (CPCS):**<sup>7</sup> An Advanced Service introduced on 29 October 2019 to enable community pharmacies to play a greater role in urgent care provision. The service replaces the NHS Urgent Medicine Supply Advanced Scheme (NUMSAS) and local pilots of the Digital Minor Illness Referral Service (DMIRS). The first phase was to offer patients a consultation with pharmacist on referral from NHS 111, integrated urgent clinical assessment services and, in some cases, 999. From 1 November 2020; GP CPCS was launched, where GPs can refer patients for minor illness consultation but not for urgent supply of medicine or appliances, with a locally agreed referral pathway. The CPCS and GP CPCS aims to relieve pressure on the wider NHS by connecting patients with community pharmacies who are integrated with primary care-level services, part of the NHS LTP.

<sup>3</sup> Hayden JC and Parkin R. The Challenges of COVID-19 for community pharmacists and opportunities for the future. *Irish J Psych Med* 2020; 37(3), 198-203. <https://doi.org/10.1017/ipm.2020.52>

<sup>4</sup> Wickware C. Lowest number of community pharmacies in six years, official figures show. *Pharmaceutical J.* 28 October 2021. <https://pharmaceutical-journal.com/article/news/lowest-number-of-community-pharmacies-in-six-years-official-figures-show>

<sup>5</sup> Cabinet Office. COVID-19 Response: Living with COVID-19. 6 May 2022. [www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19](http://www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19)

<sup>6</sup> PSNC. Regs explainer (#12): Facilitating remote access to pharmacy services. 6 November 2020. <https://psnc.org.uk/our-news/regs-explainer-12-facilitating-remote-access-to-pharmacy-services/>

<sup>7</sup> Community Pharmacist Consultation Service. <https://psnc.org.uk/services-commissioning/advanced-services/community-pharmacist-consultation-service/>

- **Discharge Medicines Service (DMS):** A new Essential Service from 15 February 2021. NHS trusts are now able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHSE&I Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.<sup>8</sup>
- **Medicines Use Reviews (MURs)** were decommissioned on 31 March 2021. A number of additional services have been introduced including additional eligible patients for the New Medicine Service (NMS).
- **Pharmacy Quality Scheme (PQS):** The PQS scheme is a voluntary scheme that forms part of the CPCF.<sup>9</sup> It supports delivery of the NHS LTP and rewards community pharmacy contractors that deliver quality criteria in three quality dimensions: clinical effectiveness, patient safety and patient experience. The PQS has been developed to incentivise quality improvement in specific areas yearly. At the time of writing the 2022-23 scheme was still being negotiated by the Pharmaceutical Services Negotiating Committee (PSNC) with the DHSC and NHSE&I.

### 1.3 Purpose of the PNA

NHSE&I is required to publish and maintain pharmaceutical lists for each HWB area. Any person wishing to provide NHS pharmaceutical services is required to be listed on the pharmaceutical list. NHSE&I must consider any applications for entry to the pharmaceutical list. The Pharmaceutical Regulations 2013 require NHSE&I to consider applications to fulfil unmet needs determined in the PNA of that area, or applications for benefits unforeseen within the PNA. Such applications could be for the provision of NHS pharmaceutical services from new premises or to extend the range or duration of current NHS pharmaceutical services offered from existing premises. As the PNA will become the basis for NHSE&I to make determinations on such applications, it is therefore prudent that the PNA is compiled in line with the regulations and with due process, and that the PNA is accurately maintained and up to date. Although decisions made by NHSE&I regarding applications to the pharmaceutical list may be appealed to the NHS Primary Care Appeals Unit, the final published PNA cannot be appealed. It is likely the only challenge to a published PNA will be through application for a judicial review of the process undertaken to conclude the PNA.

The PNA should also be considered alongside the local authority's Joint Strategic Needs Assessment (JSNA).<sup>10</sup> RBKC's JSNA is a suite of documents on its website, and this PNA has referred to RBKC's 2016-2021 Joint Health and Wellbeing Strategy (JHWS).

The PNA will identify where pharmaceutical services address public health needs identified in the JSNA as a current or future need. Through decisions made by the local authority,

<sup>8</sup> Discharge Medicines Service. <https://psnc.org.uk/services-commissioning/essential-services/discharge-medicines-service/>

<sup>9</sup> NHSE&I. Pharmacy Quality Scheme Guidance 2021/22. September 2021. [www.england.nhs.uk/wp-content/uploads/2021/09/Pharmacy-Quality-Scheme-guidance-September-2021-22-Final.pdf](http://www.england.nhs.uk/wp-content/uploads/2021/09/Pharmacy-Quality-Scheme-guidance-September-2021-22-Final.pdf)

<sup>10</sup> Joint Strategic Needs Assessment (JSNA): Westminster and Kensington and Chelsea. [www.jsna.info/](http://www.jsna.info/)

NHSE&I and the CCGs, these documents will jointly aim to improve the health and wellbeing of the local population and reduce inequalities.

It is anticipated that ICBs will take on the delegated responsibility for pharmaceutical services from NHSE&I and therefore some services currently commissioned from pharmacies by CCGs may fall under the definition of Enhanced Services. For the purpose of this PNA, at the time of writing, only services commissioned by NHSE&I as per the regulations have been considered as 'pharmaceutical services'.

Although the Steering Group is aware (at the time of writing) that during the lifetime of this PNA CCGs will transition into ICBs, it has referred to CCGs throughout the document with the intention that the CCG will refer to its successor body when in place.

#### 1.4 Scope of the PNA

To appreciate the definition of 'pharmaceutical services' as used in this PNA, it is important to understand the types of NHS pharmaceutical providers comprised in the pharmaceutical list maintained by NHSE&I. They are:

- Pharmacy contractors
- Dispensing Appliance Contractors (DACs)
- Local Pharmaceutical Service (LPS) providers
- Dispensing doctors

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

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

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

#### What are **Necessary Services**?

The Pharmaceutical Regulations 2013 require the HWB to include a statement of those pharmaceutical services that it identified as being necessary to meet the need for pharmaceutical services within the PNA. There is no definition of Necessary Services within the regulations and the HWB therefore has complete freedom in the matter.<sup>11</sup>

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<sup>11</sup> DHSC. Pharmaceutical needs assessments: information pack for local authority health and wellbeing boards. October 2021.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1029805/pharmaceutical-needs-assessment-information-pack.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1029805/pharmaceutical-needs-assessment-information-pack.pdf)

The HWB has decided that all Essential Services are **Necessary Services** in RBKC.

What is classed as **relevant**?

These are services that the HWB is satisfied are not necessary to meet the need for pharmaceutical services but their provision has secured improvements or better access to pharmaceutical services. Once the HWB has decided which services are necessary then the remaining services will be other relevant services.

For the purpose of the RBKC PNA, Advanced and Enhanced Services are therefore considered **relevant**.

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

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

#### 1.4.1 Community pharmacy contractors

Pharmacy contractors comprise both those located within the RBKC HWB area as listed in Appendix A, those in neighbouring HWB areas and remote suppliers, such as Distance-Selling Pharmacies (DSPs).

A DSP provides services as per the Pharmaceutical Regulations 2013. As part of the terms of service for DSPs, provision of all services must be offered throughout England. It is therefore possible that patients within RBKC HWB area will be receiving pharmaceutical services from a DSP outside RBKC HWB area, however, DSPs outside the RBKC HWB area are not considered within this PNA.

The CPCF, last agreed in 2019,<sup>12</sup> is made up of three types of services:

- Essential Services
- Advanced Services
- Enhanced Services

Although DSPs may provide services from all three levels as described above, and must provide all Essential Services, they may not provide Essential Services face-to-face on the premises, therefore provision is by mail order and/or wholly internet.

Figures for 2020-21 show that in England there were 372 DSPs, accounting for 3.2% of the total number of pharmacies. This has increased significantly from 2015-16, when there were 266 DSPs, accounting for 2.3% of all pharmacy contractors.

##### 1.4.1.1 Essential Services

RBKC has designated that all Essential Services are to be regarded as **Necessary Services**.

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<sup>12</sup> Community Pharmacy Contractual Framework. July 2019. [www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024](http://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024)

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

- ES 1: Dispensing of medicines
- ES 2: Repeat dispensing/electronic repeat dispensing (eRD)
- ES 3: Disposal of unwanted medicines
- ES 4: Public health (promotion of healthy lifestyles)
- ES 5: Signposting patients to other healthcare providers
- ES 6: Support for self-care
- ES 7: Discharge Medicines Service (DMS)

ES1 and ES2 support patients living with long-term conditions by providing timely supply of medicines and advice to patients. ES2 may be of particular benefit to patients on medicines as part of their treatment for long-term conditions, e.g. diabetes, cardiovascular or respiratory conditions.

Using ES3, pharmacies can direct patients in the safe disposal of medicines and reduce the risk of hoarding medicines at home, which may increase the risk of error in taking medicines or the taking of out-of-date medicines.

ES4 can support local and national campaigns informing people of managing risk factors associated with many long-term conditions, such as smoking, healthy diet, physical activity and alcohol consumption.

ES4 provides the ability to:

- Improve awareness of the signs and symptoms of conditions such as stroke, e.g. FAST campaign
- Promote validated information resources for patients and carers
- Collect data from the local population on their awareness and understanding of different types of disease and their associated risk factors
- Target at-risk groups within the local population to promote understanding and access to screening programmes, e.g. men in their 40s for NHS Health Checks

Community pharmacy also plays a vital role in the management of minor ailments and self-care. Community pharmacists are potentially the most-accessed healthcare professionals in any health economy and are an important resource in supporting people in managing their own self-care and in directing people to the most appropriate points of care for their symptoms. Although the evidence base is currently very small in measuring the effectiveness and value of community pharmacies' contribution to urgent care, emergency care and unplanned care, there is a growing recognition of the importance of this role. The current pandemic has highlighted this even further and there appears to be a desire and appetite to do more to integrate the system and pharmacy workforce spanning across community pharmacy, primary and secondary care to improve health outcomes and reduce inequalities.

Using ES5, pharmacies can signpost patients and carers to local and national sources of information and reinforce those sources already promoted. Appropriate signposting has a significant role in supporting the numerous outcomes highlighted as priorities in the RBKC

JHWS. Essential Services may also identify other concerns, such as general mental health and wellbeing issues, providing an opportunity to signpost to other local services or services within the pharmacy, e.g. repeat dispensing.

Through ES6, pharmacy staff can advise patients and carers on the most appropriate choices for self-care and direct queries to the pharmacist for further advice when purchasing over-the-counter medicines or general sales lists products. Some over-the-counter medicines are contraindicated, e.g. decongestant use in circulatory disease, and inappropriate use could increase the risk of an unplanned hospital admission. Equally, some symptoms can be much more significant in certain long-term conditions, e.g. foot conditions in diabetes, and the attempted purchase of an over-the-counter medicine by a patient or carer could alert a pharmacist and lead to an appropriate referral. Promotion of self-care is an important aspect of the management of many long-term conditions and a key element in the support of patients. Advanced Services provide a key opportunity for the pharmacist to help support patients in reaching their goals.

ES7: From 15 February 2021, NHS trusts were able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHSE&I's Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.

Underpinning the Essential Services is a governance structure for the delivery of pharmacy services as part of the contractual framework. This structure is set out within the Pharmaceutical Regulations 2013 and includes:

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

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

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

#### **1.4.1.2 Advanced Services**

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

There are several Advanced Services within the NHS CPCF. Advanced Services are not mandatory for providers to provide and therefore community pharmacies can choose to

provide any of these services as long as they meet the requirements set out in the Secretary of State Directions. The Advanced Services are listed below and the number of pharmacy participants for each service in RBKC can be seen in [Section 3.2.4](#) and in [Section 6](#).

- A.1: Appliance Use Review (AUR)
- A.2: Stoma Appliance Customisation (SAC)
- A.3: COVID-19 Lateral Flow Device (LFD) distribution service (stopped 1 April 2022)
- A.4: Pandemic delivery service (stopped 5 March 2022 at 23:59)
- A.5: Community Pharmacist Consultation Service (CPCS)
- A.6: Flu vaccination service
- A.7: Hepatitis C testing service
- A.8: Hypertension case-finding service
- A.9: New Medicine Service (NMS)
- A.10: Smoking cessation Advanced Service

Although the Steering Group has determined that Advanced Services are **relevant** but not **Necessary Services**, RBKC HWB would wish to support all existing pharmaceutical service providers to make available all Advanced Services where appropriate.

Evidence shows that up to half of medicines may not be taken as prescribed or simply not taken at all. Advanced Services have a role in highlighting issues with medicines or appliance adherence and in reducing waste through inappropriate or unnecessary use of medicines or appliances. Polypharmacy is highly prevalent in long-term condition management.

### **A.1 Appliance Use Review (AUR)**

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

### **A.2 Stoma Appliance Customisation (SAC)**

SAC 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. The stoma appliances that can be customised are listed in Part IXC of the Drug Tariff.

### **A.3 and A.4 Services provided to give support during the COVID-19 pandemic**

From 16 March 2021, people notified of the need to self-isolate by NHS Test and Trace were able to access support for **the delivery of their prescriptions from community pharmacies.**

The **COVID-19 LFD distribution service**, which pharmacy contractors could choose to provide as long as they met the necessary requirements, aimed to improve access to COVID-19 testing by making LFD test kits readily available at community pharmacies for asymptomatic people, to identify COVID-positive cases in the community and break the chain of transmission.

Since 24 February 2022, the government has eased COVID-19 restrictions. Therefore, the pandemic delivery service was decommissioned on 6 March 2022. Since 1 April 2022, the government no longer provides free universal symptomatic and asymptomatic testing for the general public in England.<sup>13</sup>

### **A.5 Community Pharmacist Consultation Service (CPCS)**

Since 1 November 2020, GPs have been able to refer patients for a minor illness consultation via GP CPCS, once a local referral pathway has been agreed. As well as referrals from GPs, CPCS takes referrals to community pharmacy from NHS 111 (and NHS 111 online for requests for urgent supply) and Integrated Urgent Care Clinical Assessment Services, and, in some cases, patients referred via the 999 service, available since 29 October 2019.

Primary care networks across England have a funded target to work collaboratively with local community pharmacies to implement a plan to increase referrals to the CPCS and GP CPCS, with referrals increasing no later than 31 March 2022.

### **A.6 Flu vaccination**

The inclusion of flu vaccination as one of the Advanced Services contributes to improving access and opportunity for the public to receive their seasonal vaccine, thus reducing demand on GP practices and helping the HWB achieve its objectives. Community pharmacy has been providing flu vaccinations under a nationally commissioned service since September 2015. The accessibility of pharmacies, their extended opening hours and the option to walk in without an appointment have proved popular with patients seeking vaccinations – provided each year from September through to March.

Vaccination is a key intervention to protect at-risk groups, such as older people, people living with diabetes, Chronic Obstructive Pulmonary Disease (COPD) or cardiovascular disease, or carers, against diseases such as seasonal flu or shingles.

### **A.7 Hepatitis C testing service**

The service is focused on provision of Point-of-Care Testing (POCT) for hepatitis C (Hep C) antibodies to People Who Inject Drugs (PWIDs), i.e. individuals who inject illicit drugs such

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<sup>13</sup> Cabinet Office. COVID-19 Response: Living with COVID-19. 6 May 2022. [www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19](https://www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19)

as steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people test positive for Hep C antibodies, they will be referred for a confirmatory test and treatment, where appropriate. Recent developments in the treatment options for Hep C make the early identification of patients an important part of the management of the condition.

In May 2016, the UK signed up to the WHO Global Health Sector Strategy on Viral Hepatitis committing to meet targets of an 80% reduction in incidence of HCV infection and a 65% reduction in mortality from HCV by 2030 from a 2015 baseline.

The collective vision for Hepatitis C in England developed by the National Strategic Group for Viral Hepatitis<sup>14</sup> is that: "All people at risk of HCV infection should have access to testing. If positive, they should be advised on prevention of onward transmission and placed on a treatment pathway; if negative, action should be taken to reduce subsequent risk of infection."

### **A.8 Hypertension case-finding service**

This Advanced Service has recently been introduced. The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a 'clinic check'). The second stage, where clinically indicated, is offering 24-hour ambulatory blood pressure monitoring. The blood pressure test results will then be shared with the patient's GP to inform a potential diagnosis of hypertension.

### **A.9 New Medicine Service (NMS)**

The service provides support to people who are prescribed a new medicine to manage a long-term condition, which will generally help them to appropriately improve their medication adherence and enhance self-management of the long-term condition. Specific conditions/medicines are covered by the service, which are detailed below.

The service is split into three stages, which are: 1. patient engagement; 2. intervention; and 3. follow up.

From 1 September 2021, the following conditions are covered by the service:

- Asthma and COPD
- Parkinson's disease
- Diabetes (type 2)
- Urinary incontinence/retention
- Hypertension
- Heart failure
- Hypercholesterolaemia
- Acute coronary syndromes
- Osteoporosis
- Atrial fibrillation
- Gout

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<sup>14</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1057262/HCV-in-England-2022-short-report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1057262/HCV-in-England-2022-short-report.pdf)

- Long-term risks of venous thromboembolism/embolism
- Glaucoma
- Stroke/transient ischaemic attack
- Epilepsy
- Coronary heart disease

The antiplatelet/anticoagulant therapy eligibility continues, but it is now included in the above list by reference to the underlying condition/reason for prescribing.

The NHS Business Services Authority (NHS BSA) has published a list of medicines that are suitable for NMS.<sup>15</sup>

## **A.10 Smoking cessation**

This service enables NHS trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway, including providing medication and behavioural support as required, in line with the NHS LTP care model for tobacco addiction.

### **1.4.1.3 Enhanced Services**

There are currently four Enhanced Services commissioned through community pharmacies by NHSE&I in RBKC HWB area:

#### **COVID-19 vaccination**

This has been added into the Enhanced Services provided from community pharmacies and commissioned by NHSE&I. The number of pharmacies currently providing COVID-19 vaccination under the terms of an Enhanced Service has doubled from October 2021 to January 2022, and latest reports are that over 22 million doses have been provided by community pharmacies in the 12 months to 14 January 2022.

#### **London Vaccination Service**

This service is provided in addition to the National Advanced Flu Vaccination Service and includes a top-up element to cover additional groups of patients, e.g. carers, asylum seekers and the homeless.

There is also provision for pneumococcal vaccination to eligible cohorts.

#### **Bank holiday, Easter Sunday and Christmas Day coverage**

For the last two years NHSE&I has had two Enhanced Services to cover bank holidays and to cover Easter and Christmas Day, across the London area, to ensure that there are pharmacies open on these days and that their location is near to the hubs and out-of-hours providers so that patients can easily access medication if required.

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<sup>15</sup> NHS BSA. New Medicine Service (NMS) Drug Lists. [Accessed February 2022.] [www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/new-medicine-service-nms-drug-lists](http://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/new-medicine-service-nms-drug-lists)

### **1.4.2 Dispensing Appliance Contractors (DACs)**

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

DACs must provide a range of Essential Services such as dispensing of appliances, advice on appliances, signposting, clinical governance and home delivery of appliances. In addition, DACs may provide the Advanced Services of AUR and SAC.

Pharmacy contractors, dispensing doctors and Local Pharmaceutical Service (LPS) providers may supply appliances, but DACs are unable to supply medicines.

### **1.4.3 Local Pharmaceutical Service (LPS) providers**

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

This contract is locally commissioned by NHSE&I and provision for such contracts is made in the Pharmaceutical Regulations 2013 in Part 13 and Schedule 7. Such contracts are agreed outside the national framework although may be over and above what is required from the national contract. Payment for service delivery is locally agreed and funded.

### **1.4.4 Pharmacy Access Scheme (PhAS) providers**

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

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

DSPs, DACs, LPS contractors and dispensing doctors remain ineligible for the scheme.

From 1 January 2022, the revised PhAS is to continue to support patient access to isolated, eligible pharmacies and ensure that patient access to NHS community pharmaceutical services is protected. There are no PhAS providers in RBKC.

### **1.4.5 Other providers of pharmaceutical services in neighbouring HWB areas**

There are four other HWB areas that border the RBKC HWB area:

- Brent HWB
- Hammersmith and Fulham HWB
- Wandsworth HWB
- Westminster HWB

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

#### **1.4.6 Dispensing GP practices**

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

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

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

There are no dispensing GP practices in RBKC.

#### **1.4.7 Other services and providers in RBKC HWB area**

As stated in Section 1.3, for the purpose of this PNA, 'pharmaceutical services' have been defined as those that are or may be commissioned under the provider's contract with NHSE&I.

Section 4 of this PNA outlines services provided by NHS pharmaceutical providers in RBKC commissioned by organisations other than NHSE&I or provided privately, and which are therefore out of scope of the PNA. At the time of writing, the commissioning organisations primarily discussed are the local authority and CCG.

### **1.5 Process for developing the PNA**

HWBs are legally required to publish and maintain a PNA for their local area. Locally, this is undertaken as part of the JSNA Programme and led by the Bi-borough Public Health team.

A paper was presented to Bi-borough (Westminster and RBKC) HWB on 25 November 2021 to remind them of their legal responsibility and inform them of the preferred approach to outsource the production of the PNA.

After a competitive tender process Soar Beyond Ltd were selected due to its significant experience of providing services to assist pharmaceutical commissioning, including the production and publication of PNAs.

It was agreed by the steering group to delegate responsibility of the PNA to the Director of Public Health and the Lead Member for Adult Social Care and Public Health (in their capacity of being Chairs of the HWB)

- **Step 1: Steering group**

On 23 March 2022, RBKC's PNA Steering Group was established. The terms of reference and membership of the group can be found in Appendix B.

- **Step 2: Project management**

At this first meeting, Soar Beyond Ltd and the local authority presented and agreed the project plan and ongoing maintenance of the project plan. Appendix C shows an approved timeline for the project.

- **Step 3: Review of existing PNA and JSNA**

Through the project manager, the PNA Steering Group reviewed the existing PNA and subsequent supplementary statements<sup>16</sup> and JSNA.

- **Step 4a: Public questionnaire on pharmacy provision**

A public questionnaire to establish views about pharmacy services was co-produced by the Steering Group and was circulated to residents in RBKC through various channels. Further detail is provided in Section 5.

A total of 60 responses were received. A copy of the public questionnaire can be found in Appendix D with the detailed responses.

- **Step 4b: Pharmacy contractor questionnaire**

The Steering Group agreed a questionnaire to be distributed to the local community pharmacies to collate information for the PNA. The Local Pharmaceutical Committees (LPCs) supported this questionnaire to gain responses. The Steering Group thanks the LPCs and contractors for their efforts in getting the questionnaire distributed and completed.

A total of 26 responses were received from pharmacists, across 24 different pharmacies. All responses were included in the final analysis as they were verified as being different albeit from the same pharmacy. A copy of the pharmacy questionnaire can be found in Appendix E with the responses.

- **Step 5: Mapping of services**

Details of services and service providers were collated and triangulated to ensure the information upon the assessment was based on was the most robust and accurate. NHSE&I, as the commissioner of service providers and services classed as **necessary** and **relevant**, was predominantly used as a base for information due to its contractual obligation to hold and maintain pharmaceutical lists. Information was collated, ratified and shared with the Steering Group before the assessment was commenced.

- **Step 6: Preparing the draft PNA for consultation**

The Steering Group reviewed and revised the content and detail of the existing PNA. The process took into account the JSNA and other relevant strategies in order to ensure the priorities were identified correctly. The Steering Group was fully aware of the potential

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<sup>16</sup> Kensington and Chelsea. PNA subsequent supplementary statements. 2018. [www.jsna.info/RBKCPNA2018](http://www.jsna.info/RBKCPNA2018)

changes brought about with the easing of restrictions that had been brought in due to the COVID-19 pandemic. However, as the PNA is an assessment taken at defined moment in time, it was agreed the pragmatic way forward would be to monitor such changes and, if necessary, to update the PNA before finalising or publish with accompanying supplementary statements as per the regulations, unless the changes had a significant impact on the conclusions. In the case of the latter the group was fully aware of the need to reassess.

- Step 7: Consultation

In line with the Pharmaceutical Regulations 2013, a consultation on the draft PNA was undertaken between 15 July and 13 September 2022. The draft PNA and consultation response form was issued to all identified stakeholders. These are listed in Appendix F. The draft PNA was also posted on RBKC's website.

- Step 8: Collation and analysis of consultation responses

The consultation responses were collated and analysed by Soar Beyond Ltd. A summary of the responses received, and analysis is noted in Appendix G, and comments received are included in Appendix H.

- Step 9: Production of final PNA

The collation and analysis of consultation responses was used by the project manager to revise the draft PNA, and the final PNA was presented to the PNA Steering Group.

The final PNA was presented to the RBKC HWB for approval and publication before 1 October 2022.

## **1.6 Localities for the purpose of the PNA**

The PNA Steering Group, at its first meeting, considered how the localities within the RBKC HWB geography would be defined. The majority of health and social care data is available at local authority council ward level and at this level provides reasonable statistical rigour. It was agreed that the wards would be aggregated and RBKC borough would be discussed as one locality for the purpose of this PNA, see Figure 1.

**Figure 1: Wards in RBKC**



A list of providers of pharmaceutical services in RBKC is found in Appendix A.

The information contained in Appendix A has been provided by NHSE&I (who is legally responsible for maintaining the pharmaceutical list of providers of pharmaceutical services in each HWB area), RBKC and North West London (NWL) CCG.

## Section 2: Local context for the PNA

The PNA is undertaken in the context of the health, care and wellbeing needs of the local population. These are usually laid out in the Joint Strategic Needs Assessment (JSNA) of the local area. The strategies for meeting the needs identified in JSNAs are contained in the Joint Health and Wellbeing Strategies (JHWS), otherwise known as the Health and Wellbeing Board Strategy (HWBS).

### 2.1 NHS Long Term Plan (LTP)

The NHS LTP<sup>17</sup> was published in January 2019, and it set out the priorities for healthcare for the next ten years. It is wide-ranging and includes chapters on new service models, action on prevention and health inequalities, and progress on care quality and outcomes.

Priority clinical areas in the LTP include:

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

There are specific aspects of the LTP that include community pharmacy and pharmacists. Section 4.21 states that ‘Pharmacists have an essential role to play in delivering the Long Term Plan’ and goes on to state: ‘In community pharmacy, we will work with government to make greater use of community pharmacists’ skills and opportunities to engage patients, while also exploring further efficiencies through reform of reimbursement and wider supply arrangements.’ Specific service areas relevant to community pharmacy include:

- Section 1.10 refers to the creation of fully integrated community-based healthcare. This will be supported through the ongoing training and development of multidisciplinary teams in primary and community hubs. From 2019, NHS 111 started to directly book into GP practices across the country, as well as referring on to **community pharmacies**, who support urgent care and promote patient self-care and self-management. The CPCS has been developed and has been available since 31 October 2019 as an Advanced Service.

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<sup>17</sup> NHS Long Term Plan. [www.longtermplan.nhs.uk/](http://www.longtermplan.nhs.uk/)

- Section 1.12 identifies ‘pharmacist review’ of medication as a method to reduce avoidable A&E attendances, admissions and delayed discharge, streamlining patient pathways to reduce avoidable outpatient visits and over-medication.
- Section 1.26 states that urgent treatment centres will work alongside other parts of the urgent care network including primary care, community pharmacists, ambulance and other community-based services to provide a locally accessible and convenient alternative to A&E for patients who do not need to attend hospital.
- Section 3.68 identifies community pharmacists as part of the process of improving the effectiveness of approaches such as the NHS Health Check, rapidly treating those identified with high-risk conditions, including high blood pressure. The hypertension case-finding service has been developed as an Advanced Service from community pharmacy.
- Section 3.86 states: ‘We will do more to support those with respiratory disease to receive and use the right medication.’ Of NHS spend on asthma, 90% goes on medicines, but incorrect use of medication can also contribute to poorer health outcomes and increased risk of exacerbations, or even admission. The NMS is an Advanced Service that provides support for people with long-term conditions prescribed a new medicine, to help improve medicines adherence.
- Section 6.17 identifies ten priority areas. Section 6.17(v) identifies pharmacists as key in delivering value for the £16 billion spent on medicines annually. It states: ‘Research shows as many as 50% of patients do not take their medicines as intended and pharmacists will support patients to take their medicines to get the best from them, reduce waste and promote self-care.’

## 2.2 Core20PLUS<sup>18</sup>

Core20Plus5 is a national NHSE&I approach to support the reduction of health inequalities at both national and system level. The approach defines a target population cohort – the ‘Core20PLUS’ – and identifies ‘5’ focus clinical areas requiring accelerated improvement.

The most deprived 20% of the national population as identified by the national Index of Multiple Deprivation (IMD). The IMD has seven domains with indicators accounting for a wide range of social determinants of health.

Determined by ICS population groups experiencing poorer than average health access, experience and/or outcomes, but not captured in the ‘Core20’ alone.

The final part sets out five clinical areas of focus. Governance for these five focus areas sits with national programmes; national and regional teams coordinate local systems to achieve national aims:

1. **Maternity:** ensuring continuity of care for 75% of women from Black, Asian and minority ethnic communities and from the most deprived groups.
2. **Severe mental illness (SMI):** ensuring annual health checks for 60% of those living with SMI (bringing SMI in line with the success seen in learning disabilities).

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<sup>18</sup> NHSE&I. Core20PLUS5. [NHS England » Core20PLUS5 – An approach to reducing health inequalities](#)

3. **Chronic respiratory disease:** a clear focus on Chronic Obstructive Pulmonary Disease (COPD) driving up uptake of COVID, flu and pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations.
4. **Early cancer diagnosis:** 75% of cases diagnosed at stage 1 or 2 by 2028.
5. **Hypertension case-finding:** to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke.

### 2.3 Joint Strategic Needs Assessment (JSNA)

The purpose of the JSNA is to provide insight and intelligence on the current picture of the use of services by and needs of the local population, highlighting where there might be unmet need that allows for general or targeted interventions ensuring the efficient use of public funds and resources to improve health, care and wellbeing and reducing inequity in access and inequality of outcomes. In summary, the JSNA is an assessment of the health and wellbeing needs of the local area.

The PNA is undertaken in the context of the current and future health, care and wellbeing needs of the borough and the community to inform local decision-making as defined by the Westminster and RBKC JSNA.<sup>19</sup>

The JSNA is hosted online and consists of a range of products designed to be easily accessible to all that use it. The JSNA programme is currently being refreshed to develop a suite of succinct, visual and timely products that will directly inform strategy development and commissioning plans. This will include a Borough Story and a rolling programme of thematic reviews.

The information on the JSNA website can be read in combination with the information in the following PNA.

### 2.4 Joint Health and Wellbeing Strategy (JHWS)

The Kensington and Chelsea JHWS sets a vision for creating a 'borough of health', working together with residents and partners including the NHS, the voluntary and community sector, Healthwatch, local businesses, the educational sector, and the police, fire and ambulance services.

RBKC's Joint Health and Wellbeing Strategy 2016-2021 (JHWS)<sup>20</sup> sets the long-term strategic framework in collaboration with key partners in RBKC to form the statutory HWB. One of the statutory responsibilities of the HWB as set out by the Health and Social Care Act 2012 is developing the JHWS.

The JHWS is currently in the process of being updated and will have an ambition to begin to join up how the wider public sector and local partners work collaboratively to address inequalities in Kensington and Chelsea.

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<sup>19</sup> Joint Strategic Needs Assessment (JSNA): Westminster & Kensington and Chelsea. [www.jsna.info/](http://www.jsna.info/)

<sup>20</sup> Joint Health and Wellbeing Strategy 2016-2021: Kensington and Chelsea. [Kensington and Chelsea Joint Health and Wellbeing Strategy 2016-21 \(3\).pdf](#)

The emerging ambitions and focus of work are informed by the JSNA and wider community insight. There is an increased focus on developing the new HWB strategy in closer collaboration with local residents and a recognition that to address inequalities there will be a need to ensure access to good quality and accessible health services, while also focussing efforts in areas shown to be impacted by inequalities. This will mean working across organisations to look at new ways to address the wider social determinants of health (such as employment and housing) of these populations.

## **2.5 Population characteristics**

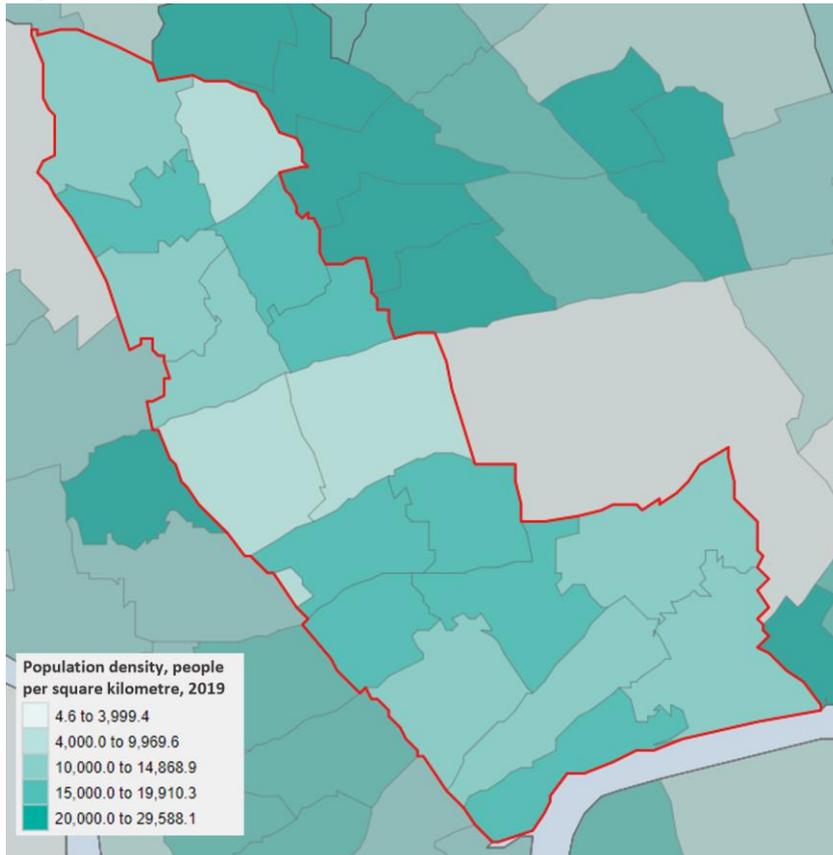
### **2.5.1 Overview**

RBKC has the smallest area of the 32 London boroughs and City of London, at 4.7 square miles. RBKC has population of around 153,903 people (Greater London Authority (GLA) 2022), which is the smallest population of the 32 London boroughs.

The population is estimated to increase to approximately 154,000 in 2025. The GP-registered population is 236,567.

Prior to the pandemic, there was an average of 56,000 visitors per day coming through South Kensington tube station. RBKC is the centre of London culture and hosts many nationally and internationally recognised cultural attractions, The Natural History Museum, Science Museum, and V&A welcome over 10 million visitors each year between them. Of the RBKC population, Kensington and Chelsea has a high population 'churn' rate of 23.8%. This is a measure of population turnover (births, deaths, internal and external migration). International migrants make up 5.6% of the population, which is the eighth highest in the country.

Figure 2 shows the population density of RBKC.

**Figure 2: Population density of RBKC<sup>21</sup>**

## 2.5.2 Age

The 0–19-year-old population is expected to decline by 18% by 2040 from 28,000 to 23,000 and the working age population is expected to decline by 4% from 108,500 to 104,000 in 2040. The number of people aged 65 or over is expected to increase by 48% in 2040 (from 25,600 to 38,000) higher than in London. The population for 75+ is 10,100 is expected to double by 2040 to 20,200.

It is estimated that 8,198 people over 65 are living alone in RBKC. Nationally, it is estimated that around 10% of the population aged over 65 are lonely. In particular there are four life events associated with social isolation among older people: retirement, falling ill, a spouse dying, and going into care.

## 2.5.3 Ethnicity

Over 30% of the population in RBKC are people who identify themselves as being from a Black, Asian or other minority ethnic background. This is a greater percentage than is average in England and Wales but with more people coming from a White ethnic background than is average in London.

The table below details ethnicity breakdown within RBKC as compared with London/England and Wales. These are the 2019 estimates based on the 2011 ONS census:

<sup>21</sup> Source: GLA 2020 <https://londondatastore-upload.s3.amazonaws.com/instant-atlas/ward-atlas-html/atlas.html>

**Table 2: Ethnicity breakdown of RBKC**

Region	White	Mixed	Asian or Asian British	Black or Black British	Other
RBKC	66.88%	4.46%	8.92%	9.55%	10.19%
London	59.37%	3.72%	18.37%	12.49%	6.06%
England and Wales	85.49%	1.70%	7.64%	3.37%	1.81%

Source: ONS census 2011

We see disparities in the prevalence of long-term conditions by ethnicity. Black residents have twice the rate of hypertension and almost three times the rates of obesity and diabetes as White residents.

## 2.5.4 Vulnerable population

### 2.5.4.1 Children and adults in care

In RBKC, 24.4% of children (6,400 children) under the age of 16 live in poverty.<sup>22</sup>

In RBKC there are 105 children in care (37 per 10,000), which is lower than the London and England averages.

### 2.5.4.2 Housebound populations

There are 1,902 housebound residents in RBKC.

### 2.5.4.3 Residential and nursing home populations

It is estimated that there were 759 adults over 65 living in a care home in 2020. It is estimated that 7,183 adults over 65 need help with at least one self-care activity, e.g. getting into and out of bed.

## 2.5.5 Wider determinants of health

### 2.5.5.1 IMD 2019

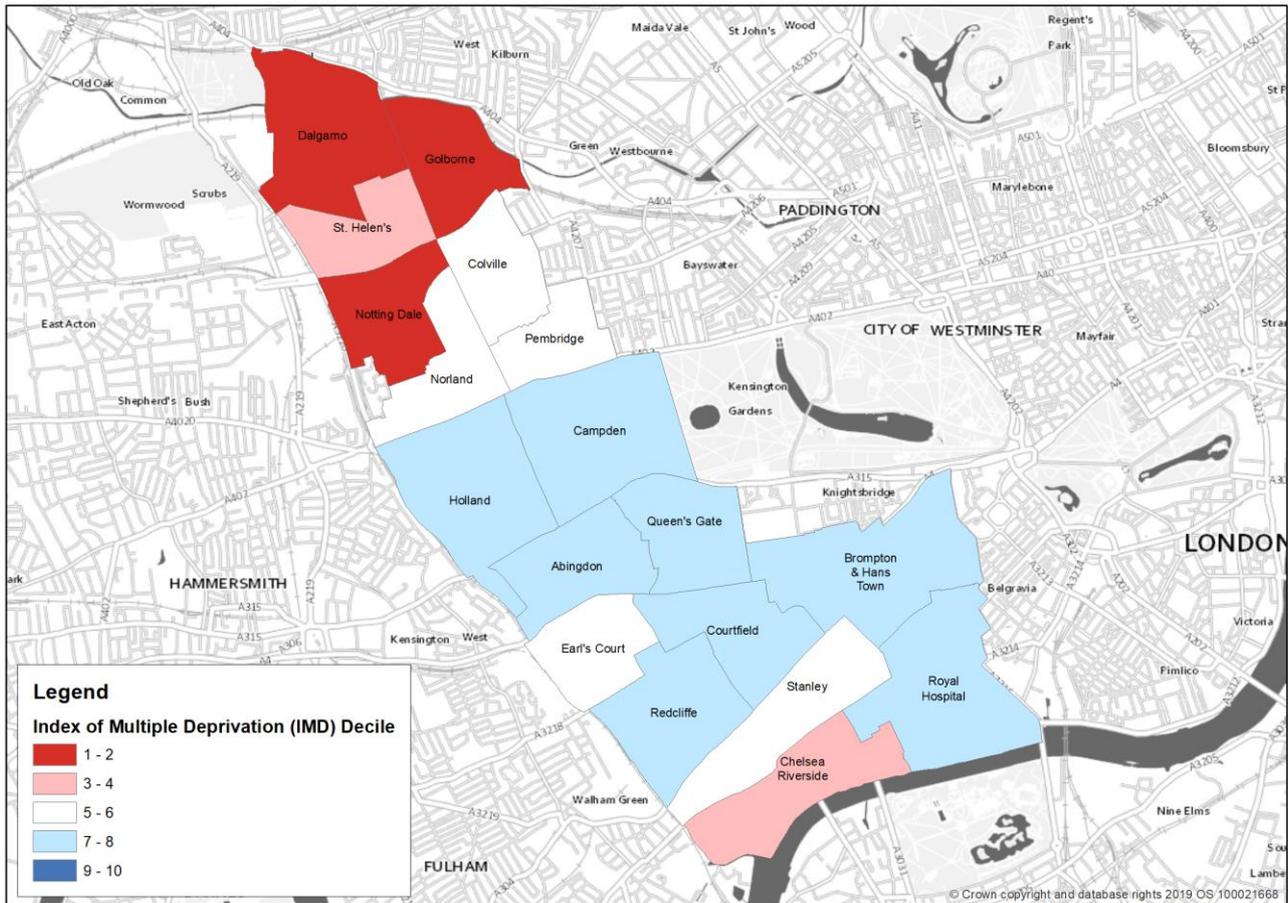
The Index of Multiple Deprivation (IMD) is a combined measure of deprivation based on a total of 39 separate indicators that encompass the wider determinants of health and reflect the different aspects of deprivation experienced by individuals living in an area. The 39 indicators fall under the following categories: income; employment; health deprivation and disability; education, skills and training; barriers to housing and services; living environment; and crime.

The IMD 2019 ranking for RBKC is 122/317 in England (17/33 in London).

Figure 3 illustrates the vast differences between the wards of the borough.

<sup>22</sup> DWP/HMRC statistics. Children in low income families: local area statistics. March 2021.

Figure 3: IMD 2019 for RBKC<sup>23</sup>



### 2.5.5.2 Housing

RBKC has planned housing of 98 units up to 2027. Table 3 shows the planned housing by ward.

Table 3: Planned housing

Ward	Sum of housing
Golborne	70
Dalgarno	28

### 2.5.5.3 Crime

In England and Wales the proportion of adults aged 18–74 who experienced abuse before the age of 16 was 21%, 7.5% being sexual abuse.

### 2.5.5.4 Life expectancy

While many people in RBKC live long lives, with some of the longest life expectancy in the country, there is significant variation in life expectancy, within the borough depending on area. RBKC is ranked 122 out of 317 authorities by the level of relative deprivation in England. Levels of deprivation vary vastly by ward and the difference in life expectancy

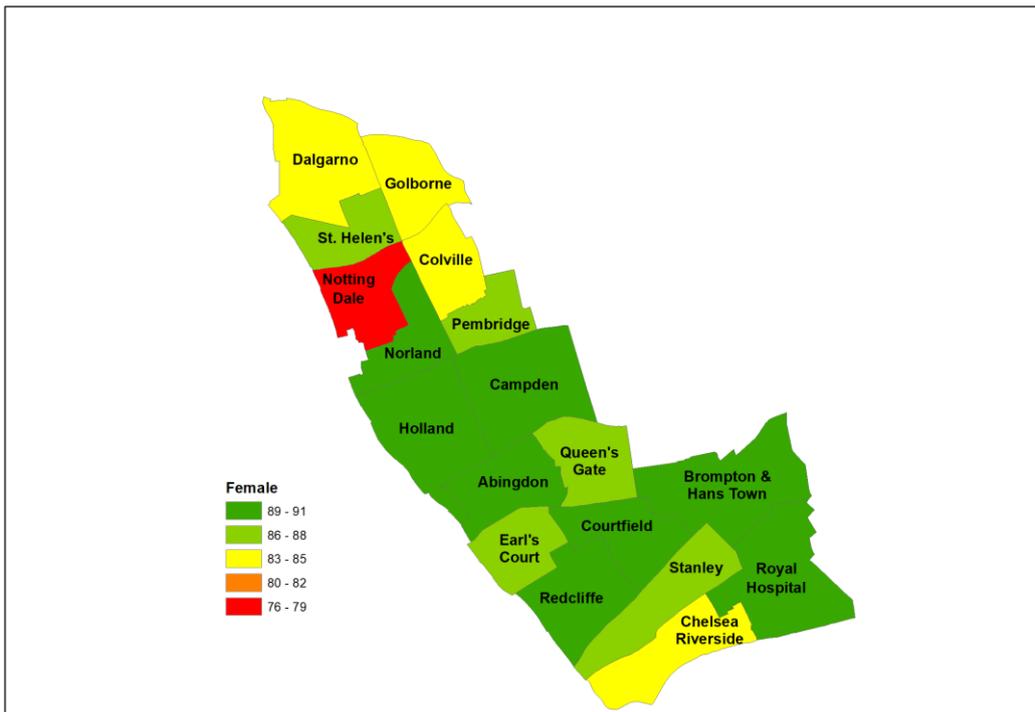
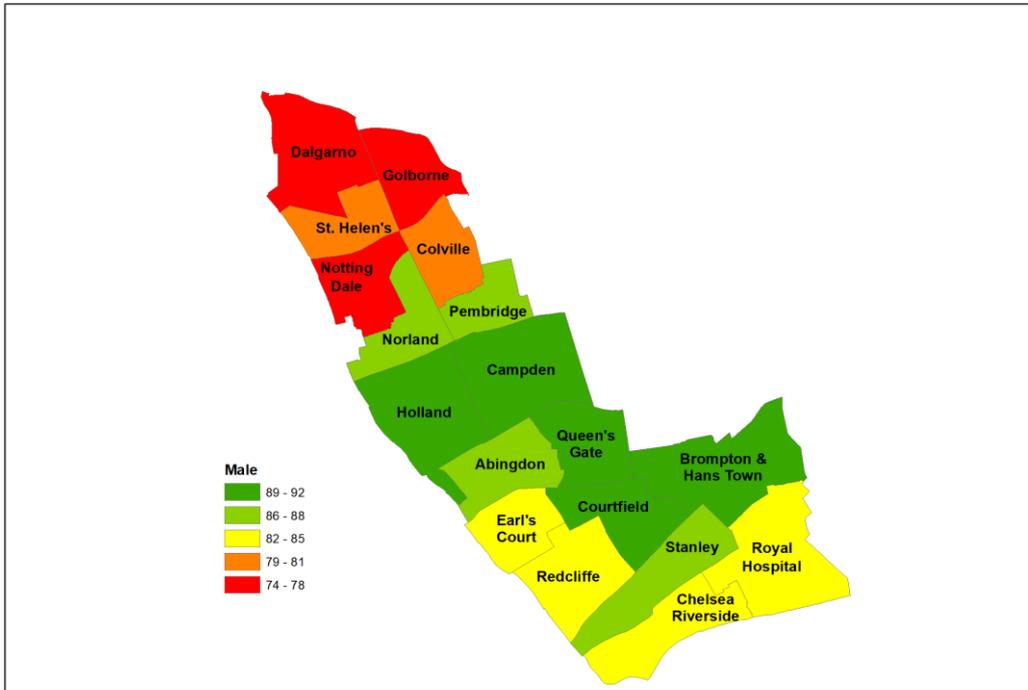
<sup>23</sup> Source: PHE Fingertips 2021

between the wards in RBKC is also vast: men can expect to live 18 years longer in certain wards and women 15 years longer.

While men have a life expectancy of 84 years, 23 of those are expected to be in poor health. Women have a slightly better margin of a life expectancy of 87 years, with 20 in poor health.

In Notting Dale ward a man is expected to live to the age of 74, while in Courtfield ward a man is expected to live to 92. A woman is expected to live to 76 in Notting Dale and 91 in Holland ward.

Figure 4: Life expectancy (years) at birth (upper age band 90+) 2015-19<sup>24</sup>



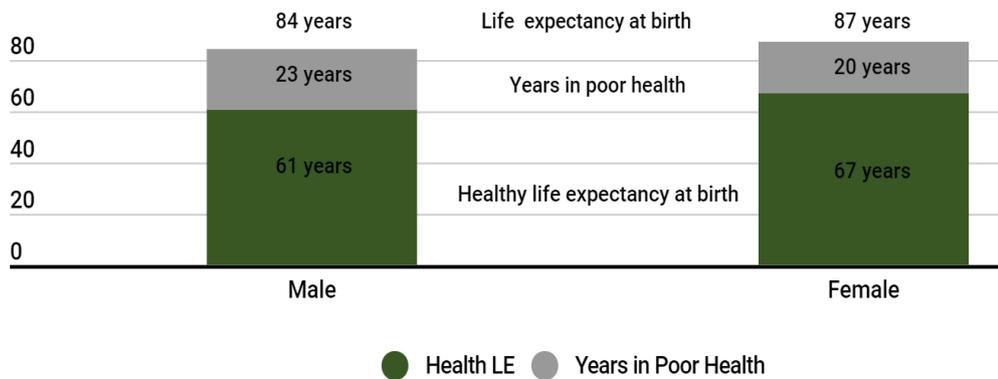
### 2.5.5.5 Healthy life expectancy and disability-free life years

The changes that can be made to lifestyles at 50 and beyond can have a significant impact on improving quality of life in older age. Although people are living longer, this has not been

<sup>24</sup> Source: PHE Fingertips 2021

matched by a similar increase in the length of time people live in good health. As a result people tend to live for longer in poor health, and with a diminished quality of life.

**Figure 5: Life expectancy at birth and healthy life expectancy at birth**

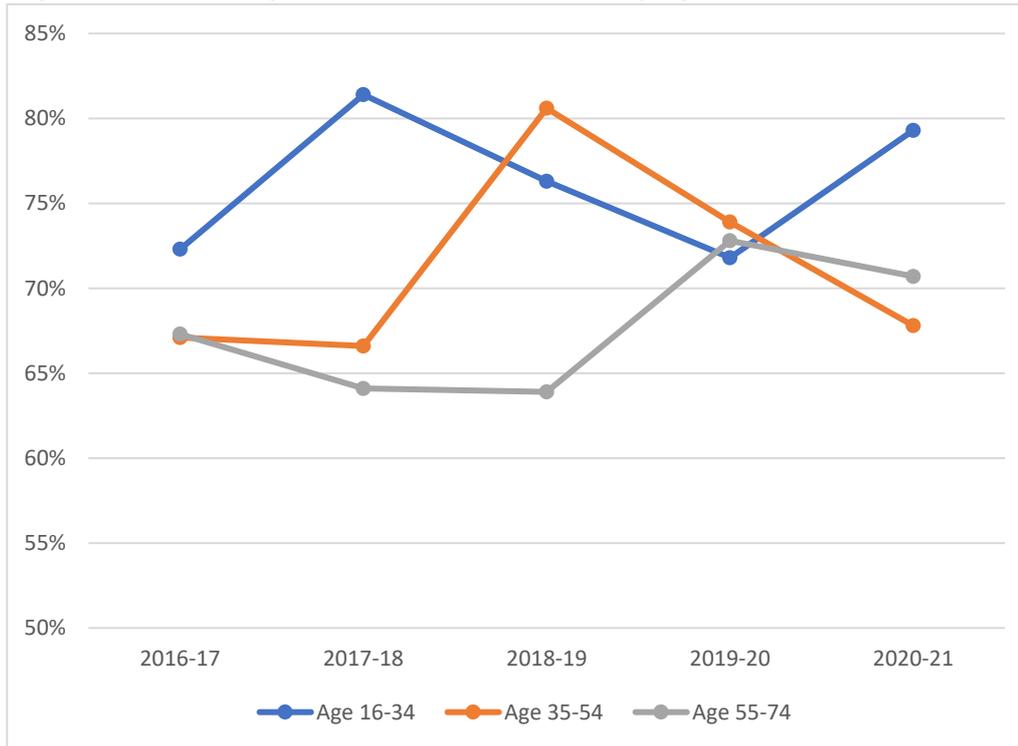


## 2.5.6 Lifestyle

### 2.5.6.1 Physical activity

People who engage in sport and physical activity are less likely to be obese and feel lonely. As per the national picture, and impacted by COVID-19 restrictions, activity levels have fallen for the 35–54 age groups compared with 12 months ago. A large initial drop in activity levels has also been seen for 55–74-year-olds, with some recovery seen.

In the 75+ age group, activity levels have fallen. This was particularly affected by the COVID-19 pandemic restrictions and may be linked to those aged 70+ being required to shield during the earlier stages of the pandemic.

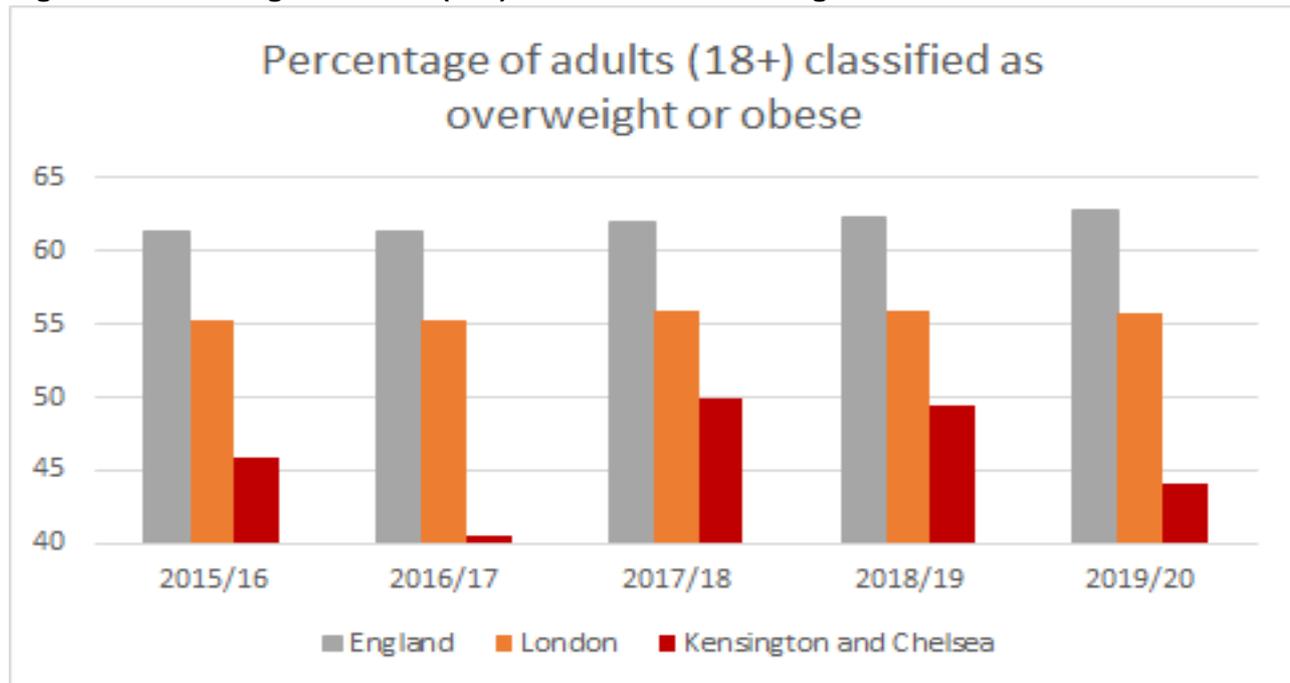
**Figure 6: Percentage of active residents by age group<sup>25</sup>**

### 2.5.6.2 Obesity

In 2019-20, the proportion of children in RBKC aged 4–5 who were overweight or obese was 21% (205 children, close to the London average of 22%); with prevalence increasing to 37% of children aged 10–11 leaving primary school (250 children, similar to London average of 38%).

Obesity is associated with reduced life expectancy and can affect mental health and wellbeing. There are 9,370 over-16-year-olds who are overweight or obese. The 2019-20 Active Lives survey found that 44% of adults in RBKC were obese, less than in London and England.

<sup>25</sup> Source: PHE Fingertips 2021

**Figure 7: Percentage of adults (18+) classified as overweight or obese<sup>26</sup>**

### 2.5.6.3 Smoking, drug, and alcohol misuse

It is estimated that 8% of 15-year-olds in RBKC partake in three or more risky behaviours (including smoking, drinking, cannabis, use of other drugs, poor diet and low physical activity). This is below the London average (10%) and far lower than the England average (16%).

It is estimated that 14.9% of adults smoke. The mortality rate for alcohol-related deaths in the borough is 28.4, which is lower than London's rate of 32.8 and England's rate of 37.8.

- 4,370 residents aged 18–64 have high risk of alcohol-related health issues<sup>27</sup>
- 3,641 residents aged 18–64 have a high risk of drug dependence<sup>28</sup>

### 2.5.6.4 Sexual health and teenage pregnancy

Sexually Transmitted Infection (STI) positivity rates for HIV, syphilis, gonorrhoea and chlamydia for those aged 25+ are 10.6% in RBKC (one of the highest in London).

The teenage pregnancy rate in RBKC is 5.3 per 1,000, compared with 9.8 for London and 13 for England.

### 2.5.6.5 Oral health

Almost a quarter of 5-year-olds in RBKC have one or more decayed, filled or missing tooth (413 children) which is just inside the top 50% upper-tier local authorities in England.

<sup>26</sup> Source: PHE Fingertips 2021

<sup>27</sup> PANSI. 2020.

<sup>28</sup> PANSI. 2020.

## 2.5.7 Burden of disease

The most prevalent long-term conditions in RBKC are anxiety, hypertension, depression, obesity and diabetes.

Air pollution is a significant environmental risk to public health: it is a cause of premature mortality and contributes to cardiovascular disease, lung cancer and respiratory diseases.

It is estimated that 11.3% of 15-year-olds have a long-term illness, disability or medical condition diagnosed by a doctor. It is estimated that 6,100 adults have a long-term physical and/or mental health condition.<sup>29</sup>

RBKC has the 12th lowest excess winter deaths in London, but still has on average 800 deaths a year, which is almost half the London average. The most common cause of death in England is dementia and Alzheimer's disease, with heart disease a close second.

### 2.5.7.1 Cardiovascular diseases

Coronary heart disease prevalence is 1.6% in RBKC (compared with 1.9% for London and 3% for England). There are 19,108 patients registered with GPs in RBKC who have hypertension.

The premature mortality rate from cardiovascular disease is 50.3 in RBKC, lower than in London and England

### 2.5.7.2 Diabetes and hyperglycaemia

There are 6,412 residents living with diabetes in RBKC. Eighty percent of cases of type 2 diabetes can be delayed or prevented by making simple changes like moving more, losing weight and eating healthily.

### 2.5.7.3 Cancers

Cancer screening rates in the borough are among the lowest in the country, with those with mental health needs least likely to access such screening. However, despite these low screening rates cancer outcomes are among the best in the country. The cancer mortality rate for under 75s is 95.1/100,000 (third lowest in England).

### 2.5.7.4 Respiratory diseases

The premature mortality rate from respiratory disease in RBKC is lower than the regional and national averages at 22.5 per 100,000. In 2020, 29% of deaths were attributed to pneumonia (which included suspected COVID-19 cases): this was approximately 348 residents.

### 2.5.7.5 Mental health

An estimated 15,134 residents in RBKC aged 16–74 have a common mental health disorder such as depression and anxiety.<sup>30</sup> It is estimated that 2,690 residents (11% of the population) aged 65+ has a common mental health disorder such as depression or anxiety.

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<sup>29</sup> PHE Fingertips 2019.

<sup>30</sup> WSIC. 2020.

What happens in pregnancy, childhood and adolescence affects physical and emotional health all the way through to adulthood. The foundations of good mental health and wellbeing are established in childhood, with approximately 50% of all mental health problems starting before the age of 14. Mental health problems affect about 1 in 10 children and young people. These include depression, anxiety and conduct disorder and are often a direct response to what is happening in their lives. The NHS estimates that 1,987 children aged 5–19 in RBKC have a mental, behavioural or emotional health disorder.

Long-term conditions also play a part: 31% of residents in RBKC who report a long-term joint problem also report depression or anxiety, the fifth highest rate among London boroughs.

#### **2.5.7.6 Wellbeing**

Immediately following the Grenfell tragedy in 2017 there was a sharp decline in all of the ONS4 well-being measures among local residents in North Kensington. These measures ask residents about life satisfaction, feeling worthwhile, day to day happiness, and day to day anxiety. Levels of anxiety and day-to-day happiness saw the highest rate of deterioration.

#### **2.5.7.7 Dementia**

In 2021, there were an estimated 941 (58%) dementia diagnosis cases. There are 1,766 patients with a dementia diagnosis.

#### **2.5.7.8 Infectious diseases**

Compared with the England average (87%), in RBKC a significantly lower percentage of children (66%) have received two doses of the measles, mumps and rubella (MMR) immunisation at or before the age of five. In 2020-21, 1,785 two-year-olds had one dose of the MMR vaccine.

Uptake of the flu vaccination in winter by people who are at greater risk of developing serious complications if they catch flu is low. For example, just under half (41%) of under-65s in clinical risk groups take up the flu vaccine. In 2020-21, 65% of the over-65s (16,956) had a flu vaccination, well below the target rate of 85%.

In 2019, 898 (0.9%) residents in RBKC aged 15–59 have HIV.

## Section 3: NHS pharmaceutical service provision in Kensington and Chelsea

### 3.1 Overview

There is a total of 40 contractors in RBKC.

**Table 4: Numbers of pharmacy contractors in RBKC**

Type of Contractor	Number
40-hour community pharmacies*	36
100-hour community pharmacies	4
LPS	0
DSP	0
DAC	0
Dispensing GP practices	0
PhAS	0



### 3.2 Community pharmacies

Number of community pharmacies in Kensington and Chelsea	Population of Kensington and Chelsea	Ratio of community pharmacies per 100,000 population
40	153,903	26.0

\* Correct as of December 2021

There are 40 community pharmacies in RBKC. (See Figure 8 for distribution and spread across RBKC). There has been a reduction of two community pharmacies since the previous PNA was published in 2018, when there were 42 pharmacies (Table 6). The England average is 20.6 community pharmacies per 100,000 population, which has decreased slightly from 2018 when the average number was 21.2. The London average has also decreased to 20.7 from the previous 22.3 community pharmacies per 100,000 population.

For the purpose of this PNA, a pharmacy has been included in the analysis of the community pharmacy services as agreed by the Steering Group, due to services being commissioned by RBKC. This one that is represented on the map (Figure 8) as being outside of the RBKC boundaries, to the west of Dalgarno ward. Therefore, throughout the rest of the PNA, analysis of 41 community pharmacies will be discussed.

Number of community pharmacies in Kensington and Chelsea	Population of Kensington and Chelsea	Ratio of community pharmacies per 100,000 population
41	153,903	26.6

\* Correct as of December 2021

**Table 5: Breakdown of average community pharmacies per 100,000 population**

	Number of community pharmacies (Dec 2021)	Total population	Average number of community pharmacies per 100,000 population (Dec 2021)*
RBKC HWB (2021)	41	153,903**	26.6
London	1,873	8,965,488***	20.7
England (2021)	11,636	56,760,975***	20.6

\* Data includes DSPs, which do not provide face-to-face services

\*\* GLA 2022

\*\*\* ONS mid-year 2020

London has a transient population with generally good transport links. Populations may therefore find community pharmacies in neighbouring HWB areas more accessible and/or more convenient. There is a variable rate of community pharmacies per 100,000 population in neighbouring HWB areas to RBKC: Brent (24.4), Hammersmith and Fulham (22.3), Westminster (31.2) and Wandsworth (17.0).

Table 6 shows the change in the ratio of community pharmacies per unit of population over recent years compared with regional and national averages. RBKC is well served with community pharmacies and the number is higher than the London and national averages.

**Table 6: Number of community pharmacies per 100,000 population**

	England	London	RBKC
2020-21	20.6	20.7	26.6
2019-20	21.0	20.2	26.7
2018-19	21.2	20.7	26.4

Source: ONS Mid-Year Population and GLA 2022 population<sup>31</sup>

[Section 1.4.1.1](#) lists the Essential Services of the pharmacy contract. It is assumed that provision of all these services is available from all contractors. Further analysis of the pharmaceutical service provision and health needs is explored in Section 6.

### 3.2.1 Choice of community pharmacies

Table 7 shows the breakdown of community pharmacy ownership in RBKC. The data shows that independent pharmacy ownership is at higher levels than seen in the rest of London, and there is a much higher percentage of independent pharmacies compared with the national average, with no one provider having a monopoly. People in RBKC have a choice of for the type of pharmacy provider they wish to use.

Multiple pharmacies include those on the Company Chemists' Association (CCA) list which are large pharmacy operators in the UK. Independent pharmacies include the (Association of Independent Multiples) AIMp which are independent pharmacy contractors with multiple branches of pharmacies.

**Table 7: Community pharmacy ownership, 2020-21**

Area	Multiples (%)	Independent (%) (includes those on AIMp list)*
England	60%	40%
London	39%	61%
RBKC (2021)	21%	79%

\*AIMp which are independent pharmacy contractors with multiple branches of pharmacies.

### 3.2.2 Weekend and evening provision

There are 1,094 (9.4%) community pharmacies in England open for 100 hours or more per week. This has decreased slightly since 2017, where there were 1,161 100-hour pharmacies.

Table 8 shows that RBKC has five 100-hour contracted pharmacies, similar to the proportion seen across London.

<sup>31</sup> ONS. Population Data. Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland. 2021. [www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland](http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland)

**Table 8: Number of 100-hour pharmacies (and percentage of total)**

Area	Number (%) of 100-hour pharmacies
England (2021)	1,094 (9.4%)
London	104 (5.5%)
RBKC (2021)	4 (10%)

### 3.2.3 Access to community pharmacies

Community pharmacies in RBKC are particularly located around areas with a higher density of population. Opening times vary by each pharmacy, but the standard pharmacy contract requires the pharmacy to be open for at least 40-hours per week. Many pharmacies are open in the evening on weekdays and on Saturdays and Sundays in excess of these standard 'core' hours.

A previously published article<sup>32</sup> suggests:

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

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

A list of community pharmacies in RBKC and their opening hours can be found in Appendix A.

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<sup>32</sup> Todd A, Copeland A, Husband A. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. *BMJ Open* 2014, Vol. 4, Issue 8. <http://bmjopen.bmj.com/content/4/8/e005764.full.pdf%20html>

### 3.2.3.1 Routine daytime access to community pharmacies

The following table shows travel times to community pharmacies using a variety of options.

**Table 9: Travel times in RBKC<sup>33</sup>**

<b>Walking travel times - Time</b>	<b>Walking travel times - Coverage</b>
5 minutes	90%
10 minutes	99%
15 minutes	100%
<b>Public transport weekday morning travel times - Time</b>	<b>Public transport weekday morning travel times - Coverage</b>
5 minutes	88%
10 minutes	100%
<b>Public transport weekday afternoon travel times - Time</b>	<b>Public transport weekday afternoon travel times - Coverage</b>
5 minutes	88%
10 minutes	100%
<b>Car drive times off-peak - Time</b>	<b>Car drive times off-peak - Coverage</b>
5 minutes	100%
10 minutes	100%
<b>Car drive times peak time – rush hour - Time</b>	<b>Car drive times peak time – rush hour - Coverage</b>
5 minutes	99%
10 minutes	100%

In summary:

- Walking: 90% of the population can walk to a pharmacy within 5 minutes (100% within 15 minutes)
- Public transport: 88% of the population can reach a pharmacy within 5 minutes morning or afternoon (100% within 10 minutes)
- Driving: 100% of the population can drive to a pharmacy within 5 minutes off-peak and 99% within 5 minutes during peak times (100% within peak times)

### 3.2.3.2 Routine weekday evening access to community pharmacies

The number, location and opening hours of community pharmacy providers open beyond 6.30 pm, Monday to Friday (excluding bank holidays), are listed in Table 10. Full details of all pharmacies' opening hours can be found in Appendix A. 'Average' access is difficult given the variety of opening hours and locations. The population of RBKC has reasonable access

<sup>33</sup> Source: ShapeAtlas 2022

to community pharmacies in the evening. This is because the majority of providers in RBKC HWB area are open after 6.30 pm.

**Table 10: Percentage of community pharmacy providers open Monday to Friday (excluding bank holidays) beyond 6.30 pm, on a Saturday and Sunday**

	Percentage of pharmacies open beyond 6.30 pm	Percentage of pharmacies open on a Saturday	Percentage of pharmacies open on a Sunday
RBKC HWB	66%	95%	41%

### 3.2.3.3 Routine Saturday daytime access to community pharmacies

Of the pharmacies in RBKC, 95% are open on Saturdays, the majority of which are open into the late afternoon. Full details of all pharmacies open on a Saturday can be found in Appendix A.

### 3.2.3.4 Routine Sunday daytime access to community pharmacies

In RBKC, 41% of community pharmacy providers are open on Sundays. Fewer pharmacies are open on Sundays than on any other day in RBKC. Full details of all pharmacies open on a Sunday can be found in Appendix A.

### 3.2.3.5 Routine bank holiday access to community pharmacies

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

For the last two years NHSE&I has had an Enhanced Service for coverage over bank holidays, to ensure that there are pharmacies open on these days and that their location is near to the hubs and out-of-hours providers, so that patients can easily access medication if required. The current service level agreements expire in August 2022 and are being extended. This is a change since the publication of the 2018 PNA. In RBKC there is the following coverage:

Golborne Pharmacy, 106 Golborne Road, W10 5PS	Christmas Day and Easter Sunday: 10:00–18:00
Golborne Pharmacy, 106 Golborne Road, W10 5PS	All other bank holidays: 10:00–14:00
Medicine Chest, 413-415 King's Road, SW10 0LR	Christmas Day and Easter Sunday: 10:00–18:00
Medicine Chest, 413-415 King's Road, SW10 0LR	All other bank holidays: 10:00–14:00

### 3.2.4 Advanced Service provision from community pharmacies

[Section 1.4.1.2](#) lists all Advanced Services that may be provided under the pharmacy contract. As these services are voluntary, not all providers will provide them all of the time.

The information in Table 11, provided by NHSE&I, has been used to demonstrate how many community pharmacies have signed up to provide the Advanced Services. Details of individual pharmacy providers can be seen in Appendix A. As discussed in [Section 1.4.1.2](#), these services are voluntary for community pharmacies to provide.

Note: The community pharmacy COVID-19 LFD service stopped on 1 April 2022, and COVID-19 medicine delivery service stopped on 5 March 2022, at 23:59, and have therefore not been included in the table.

**Table 11: Providers of Advanced Services in RBKC (2021- 22)<sup>34</sup>**

<b>Advanced Service</b>	<b>Percentage of community pharmacies in RBKC (41)</b>
NMS *	83%
Community pharmacy seasonal influenza vaccination*	66%
CPCS**	66%
Hypertension case-finding service*	34%
Smoking cessation service (as of 10 March 2022)	5%
Hepatitis C antibody-testing service*	0%

\*Providers as of 30 January 2022 \*\* This includes CPCS and GP CPCS consultations

The figures are provided by NHSE&I with a caveat that a small number of data items may be missing for individual contractors due to gaps in source dataset. There is a discrepancy between local figures and nationally held figures. Locally it is believed to be much higher than reported by NHSE&I.

Based on the information provided, none of the community pharmacies in RBKC have signed up to provide AUR or SAC. However, it should be noted that for some of these services, such as AUR, pharmacies may still provide these without signing up to the service. The number of providers of the AUR service is also very low regionally and nationally. There were only 65 community pharmacy or DAC providers nationally (1%) and ten community pharmacies or DAC providers in London as of October 2021 providing this service.

The hepatitis C testing service has had a very low uptake nationally, and at time of writing no pharmacies have signed up to this service in RBKC.

It must be stressed that the impact of the COVID-19 pandemic will have affected provision of services in several ways:

- Face-to-face services needed to be adjusted to enable telephone consultations
- Some Advanced Services had delayed implementation dates
- Referral pathways from NHS 111 and GP practices were focused on the pandemic
- The increased workload and provision of pandemic-specific services will have affected the ability to provide other Advanced Services

<sup>34</sup> NHSE&I. MIS Pharmaceutical List (NHS Futures) Accessed April 2022.

- The effect of the extra workload on community pharmacies may have affected the timeliness of claims, which are used to measure activity

New services such as CPCS are in place, but initial data showed low uptake nationally, which is based on referrals into the service.<sup>35</sup> A recent report (October 2021) demonstrated there are currently over 6,500 GP practices in England and only 862 practices referred patients to CPCS.<sup>36</sup> This is improving, in particular GP CPCS.

The new hypertension case-finding service started in October 2021. Provision is still low nationally, regionally and in RBKC, however, it is improving.

The smoking cessation service started on 10 March 2022, and therefore provision is still low at the time of writing.

### 3.2.5 Enhanced Service provision

Under the pharmacy contract, Enhanced Services are those directly commissioned by NHSE&I ([Section 1.4.1.3](#)). Therefore, any Locally Commissioned Services (LCS) commissioned by CCG or the local authority are not considered here. They are outside the scope of the PNA but are considered in Section 4.

There are currently four Enhanced Services commissioned in RBKC.

- Delivery of the COVID-19 vaccination service has been added as an Enhanced Service from community pharmacies to support the public during the pandemic; six pharmacies in RBKC provide this service.
- The London Vaccination Service is provided in addition to the National Advanced Flu Vaccination Service and includes a top-up element to cover additional groups of patients, e.g. carers, asylum seekers and the homeless. There is also provision for pneumococcal vaccination to eligible cohorts.
- Coverage on Easter Sunday and Christmas Day to ensure that there are pharmacies open on these days, and that their location is near to the hubs and out-of-hours providers so that patients can easily access medication if required
- Coverage on all other remaining bank holidays to ensure that there are pharmacies open on these days, and that their location is near to the hubs and out-of-hours providers so that patients can easily access medication if required; two pharmacies provide bank holiday coverage for RBKC ([Section 3.2.3.5](#)).

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<sup>35</sup> NHS BSA. Dispensing Data. [www.nhsbsa.nhs.uk/prescription-data/dispensing-data](http://www.nhsbsa.nhs.uk/prescription-data/dispensing-data)

<sup>36</sup> Royal College of General Practitioners. Making the Community Pharmacist Consultation. Service a Success. October 2021. [www.rpharms.com/recognition/all-our-campaigns/policy-a-z/cpcs](http://www.rpharms.com/recognition/all-our-campaigns/policy-a-z/cpcs)

### **3.3 Dispensing Appliance Contractors (DACs)**

There are no DAC in RBKC HWB area, however there are DAC services available to the population from elsewhere in the UK. Appliances may also be dispensed from community pharmacies.

The community pharmacy contractor questionnaire received 62 responses and 70% of respondents reported that they provide all types of appliances (3% reported that they did not supply stoma or incontinence appliances).

As part of the Essential Services of appliance contractors, a free delivery service is available to all patients. It is therefore likely that patients will obtain appliances delivered from DACs outside RBKC. There were 112 DACs in England in 2020-21. During 2021-22 (1 April 2021 to 31 January 2022), 0.93% of items prescribed in RBKC were dispensed by DACs nationally.

### **3.4 Distance-Selling Pharmacies (DSPs)**

There is no DSPs in RBKC HWB area.

Figures for 2020-21 show that in England there were 372 DSPs, accounting for 3.2% of the total number of pharmacies. This has increased significantly from 2015-16, when there were 266 DSPs, accounting for 2.3% of all pharmacy contractors. During 2021-22 (1 April 2021 to 31 January 2022), 1.18% of items prescribed in RBKC were dispensed by DSPs nationally.

### **3.5 Local Pharmaceutical Service (LPS) providers**

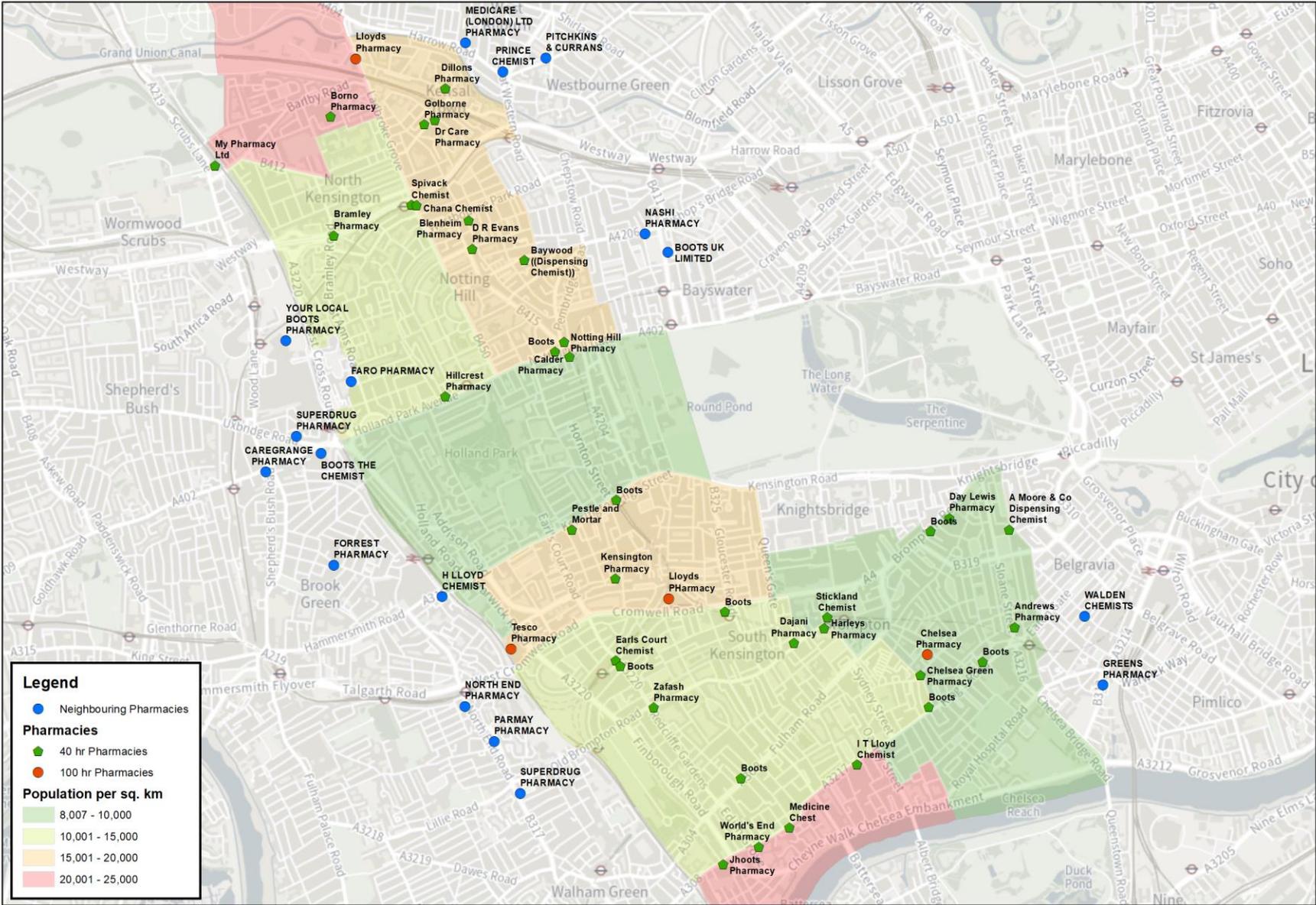
There are no LPS pharmacies in RBKC.

### **3.6 Pharmaceutical service provision provided from outside RBKC HWB area**

RBKC is bordered by four other HWB areas: Brent, Hammersmith and Fulham, Westminster, and Wandsworth. As previously mentioned, like most London boroughs, RBKC has a comprehensive transport system. As a result, it is anticipated that many residents in RBKC will have reasonable access to pharmaceutical service providers in neighbouring HWB areas and beyond.

It is not practical to list here all those pharmacies outside RBKC HWB area by which RBKC residents will access pharmaceutical services. A number of providers lie within close proximity to the borders of RBKC HWB area boundaries and are marked on Figure 9. Further analysis of cross-border provision is undertaken in Section 6.

Figure 9: Pharmacies within 500 m border of RBKC



## Section 4: Other services

Community pharmacies and GP practices provide a range of other services. These are not considered pharmaceutical services under the Pharmaceutical Regulations 2013 and may be either free of charge, privately funded (such as private Patient Group Directions (PGDs)), or commissioned by the Local Authority (LA) or CCG.

Examples of such services include delivery services, allergy testing, care home services and sexual health services, although this is not an exhaustive list.

**Table 12: Commissioned services from community pharmacies in RBKC HWB area**

Commissioned service	CCG-commissioned service	LA-commissioned service
Smoking cessation		x
Supervised consumption		x
Needle exchange		x
In-hours palliative care medicines supply service	x	
Out-of-hours palliative care medicines supply service	x	

### 4.1 Local authority-commissioned services provided by community pharmacies in RBKC HWB area

RBKC commissions three services from community pharmacies:

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

#### 4.1.1 Smoking cessation

Smoking prevalence in adults in RBKC was 14.9%, which was significantly lower than the London average but did not differ significantly from the England average.

Reducing smoking in the population is a government priority. The government targets to reduce smoking rates are as follows:

- To reduce adult smoking rates to 10% or less by 2020
- To halve smoking rates for routine and manual workers, pregnant women and in the most disadvantaged areas by 2020
- To reduce the smoking rate among 11–15-year-olds to 1% or less, and the rate among 16–17-year-olds to 8% by 2020

Seven out of ten smokers say they would like to quit smoking. Smokers are four times more likely to quit with the help of a stop smoking service. Therefore it is important for smokers living and working in RBKC to have access to high quality smoking cessation service.

The overall aim of the stop smoking programme is to reduce smoking-related illnesses and deaths by helping patients/service users to give up smoking.

The objectives of the pharmacy-based service are:

- To improve access to and choice of stop smoking services by provision of services within the pharmacy and referral into an alternative GP practice or pharmacy if this is preferred by the patient/service user
- To ensure that those wanting to quit have access to pharmacological and non-pharmacological stop smoking aids
- To improve the health of the population by reducing exposure to passive smoke

The service is delivered when an initial assessment has been carried out, a quit date set, up to at least two further support sessions delivered (best outcomes achieved with six) and the patient or customer has recorded a quit at four weeks. The use of carbon monoxide monitors, nicotine replacement, bupropion and varenicline are all possible interventions in the scheme.

There are 30 community pharmacies (78%) in RBKC providing this service.

Note: these services are also provided by GP practices and other organisations within RBKC.

#### **4.1.2 Supervised consumption**

This service is commissioned by Turning Point on behalf of the local authority.

Community pharmacies play an important role in the care of substance misusers. They enable service users to comply with their prescribed regime by supervised consumption of methadone, buprenorphine, Espranor (buprenorphine oral lyophilisate) or Suboxone (buprenorphine/naloxone). Supervised consumption reduces the diversion of controlled drugs, which may lead to a reduction in drug-related deaths.

The aims of the service are to:

- Ensure that service users are compliant with their prescribed regime by:
  - Dispensing medication in specified instalments as instructed on the prescription
  - Supervising the consumption of prescribed medication in the pharmacy
- Reduce opportunity for diversion and illicit supply of controlled drugs
- Provide regular contact with healthcare professionals for service users

There are 13 community pharmacies (32%) providing this service in RBKC.

Note: these services are also provided by some GPs in Kensington and Chelsea.

#### **4.1.3 Needle exchange service (NEX)**

This service is commissioned by Turning Point on behalf of the local authority.

The provision of NEX services alongside opiate substitution therapy is the most effective way of reducing the transmission of blood-borne viruses including hepatitis B and C, and other infections caused by sharing injecting equipment.

The NEX service will be available to all presenting adults (aged 18 and over) who are resident in RBKC, who require access to needles and other injecting paraphernalia in relation to illicit intravenous drug use.

The pharmacy will provide service users with:

- Injecting equipment in a suitable bag
- Information and advice around changing lifestyles
- Basic information on minimising the complications associated with drug use
- Information signposting them to substance misuse services within the community

There are 12 community pharmacies (29%) providing this service in RBKC.

## **4.2 CCG-commissioned services in Kensington and Chelsea**

NWL CCG currently commissions two services in RBKC HWB area:

### **4.2.1 In-hours palliative care medicines supply service**

Good End-of-Life Care (EoLC) ensures all residents have a dignified, controlled, and peaceful end to their life, regardless of age and cause of death. In order to achieve a good outcome, the needs of the patient, carer and family should be identified and services provided to meet these needs.

The aim of the EoLC/palliative care pharmacy rota service is to improve access to the supply of specialist palliative care drugs within the community in a timely manner for patients, carers and health professionals. National guidance recommends that palliative care formularies should be agreed as part of EoLC pathways. There should be adequate provision to these drugs for both in-hours and out-of-hours (below) settings, supporting home death scenarios.

NWL CCG has a guidance document, 'Access to Anticipatory Medicines from Community Pharmacy', which covers all aspects of this service.

In 2022, five pharmacies (12%) provide this service in RBKC. Pharmacies are required to keep medicines contained within a palliative care formulary in stock for in-hours access by local clinicians, patients and carers. Activity data for this service was not available.

### **4.2.2 Out-of-hours palliative care medicines supply service**

When the pharmacies for the in-hours service are closed or not accessible during the out-of-hours periods, providers such as GPs, hospices, healthcare professionals, care homes and community trusts can access and trigger the pharmacy on-call service.

The GP out-of-hours provider, Care UK, and London Central and West Unscheduled Care Collaborative will have details of the out-of-hours community pharmacy rota's pharmacy stockholding for that duty week and the schedule of the community pharmacists' contact details. There are three community pharmacies providing this service in RBKC.

There are three pharmacies (7%) providing this service in RBKC.

## **4.3 Other services provided from community pharmacies**

As part of the community pharmacy contractor questionnaire, found in Appendix E, respondents were asked to indicate which from a range of other services, including disease-

specific, vaccination and screening services, they currently provide, would be willing to provide or would not be willing to provide.

There were 26 responses (of 41 contractors) to the contractor questionnaire. Eighteen of the pharmacies indicated that they would be willing to provide a number of non-Essential Services if commissioned, including:

- Free supply of Emergency Hormonal Contraception (EHC)
- NHS Health Checks
- Minor ailments service
- Diabetes screening/monitoring
- Weight management service
- Phlebotomy service
- Ear syringing

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

#### **4.4 Collection and delivery services**

From the pharmacy contractor questionnaire, up to 40% of community pharmacies provided free home delivery services on request. 56% offered delivery to selected areas and 58% to specific patient groups. It should be noted that 26 (of 41) community pharmacies responded to this questionnaire.

Of pharmacies who responded, 58% offer to collect prescriptions from GP surgeries on behalf of their patients.

Free delivery is required to be offered without restriction by all DSPs to patients who request it throughout England. There is no DSP based in RBKC, however there 372 throughout England. Free delivery of appliances is also offered by DACs. There one DAC based in RBKC providing services nationally and there are a further 110 throughout England.

#### **4.5 Provision of services to nursing and residential care homes**

Elderly patients require proportionally more medicines than younger people. Results from the pharmacy contractor questionnaire show that ten pharmacies provide free delivery to elderly/housebound or vulnerable patients.

#### **4.6 Domiciliary services**

As of May 2022, there are 1,902 housebound residents in RBKC. It is unclear if this translates into a need for prescription delivery services and whether current provision fulfils this need

From the contractor questionnaire, ten respondents reported that they provide a free delivery service on request to housebound residents.

#### **4.7 Language services**

From the public questionnaire, 29% of residents found language/interpreting service extremely/very important when it came to choosing a pharmacy.

#### 4.8 Services for less-abled people

There are different ways that contractors can make their community pharmacies accessible and, under the Equality Act 2010,<sup>37</sup> all community pharmacies are required to make 'reasonable adjustments' to their services to ensure they are accessible by all groups, including less-abled persons. 32% of residents found accessibility (wheelchair/buggy access) extremely/very important when it came to choosing a pharmacy.

#### 4.9 Electronic Prescription Service (EPS)

All practices are enabled to provide the EPS.

#### 4.10 GP practices providing extended hours

All residents registered with GPs in RBKC HWB area have access to an extended hours GP and nurse service, which they access through their own GP practice. The normal working hours that a GP practice is obliged to be available to patients is 08:00 to 18:30. The extended hours run 365 days a year, 18:30–21:00 on weekdays and 08:00–20:00 on weekends.

#### 4.11 Other providers

The following are providers of pharmacy services in RBKC HWB area but are not defined as pharmaceutical services under the Pharmaceutical Regulations 2013.

**NHS Hospitals** – pharmaceutical service provision is provided to patients by the hospitals:

- Chelsea and Kensington and Chelsea Hospital, 369 Fulham Road, London SW10 9NH
- St Mary's Hospital, Praed Street, London W2 1NY
- Royal Brompton, Sydney Street, London SW3 6NP

Residents do have access to multiple hospitals outside of the borders of the RBKC.

In addition, an **urgent care centre** is available 24 hours a day, seven days a week, at:

- St Marys Hospital, Praed Street, London W2 1NY

**Minor Injury and illness Unit** – residents of RBKC HWB area have access to nurse practitioners between the hours of 8am to 6pm, seven days a week at:

- St Charles Centre for Health and Wellbeing, Exmoor Street, London W10 6DZ

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

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

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

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<sup>37</sup> Equality Act 2010. [www.legislation.gov.uk/ukpga/2010/15/contents](http://www.legislation.gov.uk/ukpga/2010/15/contents)

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

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

## Section 5: Findings from the public questionnaire

A public questionnaire about pharmacy provision was developed (Appendix D) and compiled by RBKC PNA Steering Group. This was circulated to a range of stakeholders listed below:

- Residents in RBKC via Healthwatch channels
- LPC
- LMC
- Healthwatch
- Chelsea and Westminster NHS Trust
- University College London Hospitals Chief executive, chair and communication team
- Guys & St Thomas Chief Executive chair and Communications team
- Royal Free Hospital Chief executive, chair and communications team
- All neighbouring HWB chairs and support teams
- Community pharmacies
- Hosted on council website
- Hosted on social media channels

From the **60** respondents:

### 5.1 Visiting a pharmacy

- 95% have a regular or preferred pharmacy
- 2% (1 respondent) prefers to use an online or internet pharmacy or traditional pharmacy
- 75% have visited a pharmacy once a month or more for themselves in the previous six months

### 5.2 Choosing a pharmacy

Reason for choosing pharmacy	% Respondents stating 'extremely or very important'
Quality of service	100%
Location of pharmacy	97%
Availability of medication	95%
Accessibility	32%
Opening times	84%
Space to have a private consultation	45%
Parking	13%
Public transport	30%
Communication (language/interpreting service)	29%

### 5.3 Time to get to a pharmacy

<b>≤30 mins</b>	<b>≤15 mins</b>
97%	92%

### 5.4 Preference for when to visit a pharmacy

- 93% of respondents state that the pharmacy is open on the most convenient day
- 90% state it is open at the most convenient time

### 5.5 Service provision from community pharmacies

From Appendix D (Q8) it can be seen that there was generally good awareness of Essential Services provided from community pharmacy (most over 90%).

Table 13 shows the awareness of respondents for some examples of services and the percentage that wish to see the service provided.

**Table 13: Summary of public awareness about services**

<b>Service</b>	<b>% of respondents who were aware</b>	<b>% of respondents who would wish to see always provided</b>	<b>% of respondents stating 'no opinion' regarding service provision</b>
Advice on healthy living, self-care advice and treatment for common ailments	81%	75%	22%
Flu vaccination	83%	72%	23%
COVID-19 vaccination services	71%	66%	28%
Stop smoking	73%	38%	48%
Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)	39%	46%	42%
Health tests e.g. cholesterol, blood pressure check	40%	75%	19%
Blood tests	20%	70%	23%

It can be seen that there is good awareness of many of the services that are currently provided. Respondents indicated that they wished to see the provision of many services from community pharmacy, although specific need may vary within the community (e.g. not everyone would require a stop smoking service).

There were 60 respondents to the public questionnaire out of a population of 153,903 in RBKC; extrapolation of the results as being reflective of the views of the whole population should be done with caution.

A full copy of the results can be found in Appendix D.

Table 26 provides the demographic analysis of respondents.

**Table 14: Demographic analysis of the community pharmacy user questionnaire respondents**

<b>Sex</b>	<b>Male</b>	<b>Female</b>	<b>Other</b>
<b>%</b>	32%	67%	2%

<b>Age</b>	Under 16	16–24	25–34	35–44	45–54	55–64	65–74	75+
<b>%</b>	0%	0%	4%	2%	14%	26%	28%	25%

<b>Illness or disability?</b>	Yes	No	Prefer not to say
<b>%</b>	30%	68%	2%

## Section 6: Analysis of health needs and pharmaceutical service provision

### 6.1 Pharmaceutical services and health needs

Section 2 discusses the RBKC JSNA, the JHWS and other local strategies. In addition, the priorities outlined in the NHS LTP (especially those where community pharmacies can have an impact) need consideration.

The following priorities can be supported by the provision of pharmaceutical services within the RBKC HWB area.

Some of these services are Essential Services and already provided and some will be Advanced or Enhanced Services that are new or are yet to be commissioned.

To note: there have been temporary changes to the service requirements within the NHS CPCF that were introduced during the COVID-19 pandemic.

The changes were agreed by the PSNC with NHSE&I and the DHSC to allow pharmacy contractors and their teams to prioritise the provision of key services to patients during periods of time when capacity in pharmacies and the wider NHS became very stretched. These services were temporary, with the Advanced Services now stopped, however it should be noted how community pharmacy has contributed as a system provider and has been able to step up to national priorities to meet the needs of the population.

It should also be recognised that there was a significant increase in the demand for self-care, minor ailment treatment and advice during the COVID-19 pandemic. An audit conducted by the PSNC enabled them to measure the reliance that the public has had on pharmacies through the pandemic and the additional pressure that this had put on teams.<sup>38</sup>

At present it is not clear what shape services locally commissioned by CCGs will take in the long-term future. The development of the ICS will conceivably lead to an alignment of these LCS across ICS areas.

#### 6.1.1 Kensington and Chelsea health needs

Causes of ill health in RBKC are discussed in [Section 2.4](#) of this PNA and more information can be found on the JSNA website. Some of the key areas are as follows:

- The most prevalent long-term conditions in RBKC are anxiety, hypertension, depression, obesity and diabetes.
- From the IMD 2019 rankings, RBKC is 122/317 in England (17/33 in London):
  - IMD figures show vast differences between the wards of the borough, with Notting Dale, Dalgarno and Golborne in the north of the borough all being in the most deprived two deciles, while the majority of the remaining wards are between the 5<sup>th</sup> and 8<sup>th</sup> (less deprived) deciles.

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<sup>38</sup> PSNC. Pharmacy Advice Audit: 2022 audit. <https://psnc.org.uk/contract-it/essential-service-clinical-governance/clinical-audit/psnc-pharmacy-advice-audit/>

- While many people in RBKC live long lives, with some of the longest life expectancy in the country, there is significant variation:
  - In Notting Dale ward a man is expected to live to the age of 74, while in Courtfield ward a man is expected to live to 92
  - A woman is expected to live to 76 in Notting Dale and 91 in Holland ward
  - While men have a life expectancy of 84 years, 23 of those are expected to be in poor health; women have a slightly better margin of a life expectancy of 87 years, with 20 in poor health
- Lifestyle
  - The 2019-20 Active Lives survey found that the proportion of overweight and obese adults in RBKC was 44%, below the London and England averages; of note, the prevalence of obesity is higher in areas with the most deprivation
  - It is estimated that 14.9% of adults smoke
  - The mortality rate for alcohol-related deaths in the borough is 28.4, which is lower than London's rate of 32.8 and England's rate of 37.8
- Sexual health
  - STI positivity rates for HIV, syphilis, gonorrhoea and chlamydia for those aged 25+ are 10.6% (one of the highest in London)
  - Teenage pregnancy is 5.3 per 1,000, compared with 9.8 for London and 13 for England
- Long-term conditions
  - Coronary heart disease prevalence is 1.6% (compared with 1.9% for London and 3% for England)
  - 19,108 patients registered with GPs in RBKC have hypertension (12.4%)
  - 6,412 residents are living with diabetes (4.2%) in RBKC, mainly in areas of higher deprivation
  - Cancer screening is among the lowest in the country, with those with mental health needs least likely to access screening
  - 2,690 residents (11% of the population) aged 65+ are estimated to have a common mental disorder, e.g. anxiety and depression
- Vaccinations
  - Compared with the England average (87%), a significantly lower percentage of children in RBKC (68%) have received two doses of MMR immunisation at or before the age of five
  - Uptake of the flu vaccination in winter by people who are at greater risk of developing serious complications if they catch flu is low; for example, just under half (47%) of under-65s in clinical risk groups take up the flu vaccine; in 2020-21 64% of the over-65s (19,578) had a flu vaccination, well below the target rate of 85%

### **6.1.2 Kensington and Chelsea Health and Wellbeing Strategy (JHWS)**

The JHWS is currently in the process of being updated and will have an ambition to begin to join up how the wider public sector and local partners work collaboratively to address inequalities in Kensington and Chelsea.

The emerging ambitions and focus of work are informed by the JSNA and wider community insight. There is an increased focus on developing the new HWB strategy in closer collaboration with local residents and a recognition that to address inequalities there will be a need to ensure access to good quality and accessible health services, while also focussing efforts in areas shown to be impacted by inequalities.

### 6.1.3 Priorities from the NHS LTP

LTP priorities that can be supported from community pharmacy:

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

From 2019, NHS 111 started direct booking into GP practices across the country, as well as referring on to community pharmacies who support urgent care and promote patient self-care and self-management. The **CPCS** has been available since October 2019 as an Advanced Service, with the addition of GP CPCS from 1 November 2020.

‘Pharmacist review’ of medication as a method to reduce avoidable A&E attendances, admissions and delayed discharge, streamlining patient pathways to reduce avoidable outpatient visits and over-medication, has been identified as an important part of the services that can be provided from community pharmacies and should include services that support patients in taking their medicines to get the best from them, reduce waste and promote self-care.

The LTP also identifies community pharmacists as part of the process of improving the effectiveness of approaches such as the **NHS Health Check** and rapidly treating those identified with high-risk conditions, including high blood pressure. The **hypertension case-finding service** has been developed as an Advanced Service from community pharmacies as part of this process, but other disease-specific programmes should be made part of the service options available including respiratory, diabetes and cancer. For example, the LTP states: ‘We will do more to support those with respiratory disease to receive and use the right medication’. Of NHS spend on asthma, 90% goes on medicines, but incorrect use of medication can also contribute to poorer health outcomes and increased risk of exacerbations or even admission. The NMS is an Advanced Service that provides support

for people with long-term conditions prescribed a new medicine, to help improve medicines adherence.

Community pharmacy also has an important role in optimising the use of medicines, and the LTP identifies pharmacists as key in delivering value for the £16 billion spent on medicines annually.

#### 6.1.4 Priorities from Core20PLUS5

The Core20PLUS5 priorities are as follows, many of which can be supported in community pharmacies:

- Maternity
- Severe mental illness
- Chronic respiratory disease
- Early cancer diagnosis
- Hypertension case-finding

## 6.2 PNA locality

There are 40 community pharmacies within RBKC HWB area but for the purposes of this PNA we will be discussing provision from 41 community pharmacies as discussed in Section 3.2. Individual pharmacy opening times are listed in Appendix A.

As described in [Section 1.6](#), the PNA Steering Group decided that the RBKC HWB area should be one discussed as one locality for the purpose of the PNA.

The health needs of the population of RBKC are discussed in detail in [Section 2.4](#); these health needs in regard to the services from community pharmacies are discussed in the following sections.

Community pharmacy information for RBKC is summarised in the following three tables in terms of opening hours and availability of services.

**Table 15: Opening hours of community pharmacies in RBKC**

Opening times	Number of community pharmacies
After 18:30 weekdays	27 (66%)
Saturday	39 (95%)
Sunday	21 (51%)

**Table 16: Provision of NHSE&I Advanced and Enhanced Services in RBKC**

Advanced or Enhanced* Service	Number of community pharmacies
NMS	34 (83%)
CPCS	27 (66%)
Flu vaccination	27 (66%)
SAC	0
AUR	0

<b>Advanced or Enhanced* Service</b>	<b>Number of community pharmacies</b>
Hypertension-finding	14 (34%)
Smoking cessation Advanced Service	2 (5%)
Hepatitis C antibody-testing service	0
C-19 vaccination*	3 (7%)
London Vaccination*	Data Not provided

\* Enhanced

The smoking cessation Advanced Service has had a delayed implementation nationally, and the hepatitis C testing service has had very low uptake across England for a number of reasons, most significantly the COVID-19 pandemic.

The majority of pharmacies in RBKC are involved in the London Vaccination Service, except for Boots pharmacies.

**Table 17: Provision of Locally Commissioned Services (CCG and LA)**

<b>LCS</b>	<b>Number of community pharmacies</b>
<b>CCG</b>	
In-hours supply of palliative care medicines	5 (12%)
Out-of-hours supply of palliative care medicines	No data provided
<b>LA</b>	
Supervised consumption	13 (32%)
Needle exchange service	12 (29%)
Smoking cessation	30 (73%)

For the purpose of the PNA, **Necessary Services** are Essential Services, although Advanced Services and Enhanced Services are considered **relevant**.

RBKC HWB has identified LCS as pharmaceutical services that secure improvements or better access or that have contributed towards meeting the need for pharmaceutical services in the HWB area.

Appendix A contains details of pharmacy opening times, contractual status and the provision of Advanced Services, Enhanced Services and LCS. A number of community pharmacies provide free prescription delivery services, which many residents may find helpful.

### **6.2.1 Necessary Services: current provision**

RBKC is the smallest area of 32 London boroughs, at 4.7 square miles. RBKC has population of around 153,903 people (GLA 2022), which is the smallest population of the 32 London boroughs.

There are 41 community pharmacies in this borough and the estimated average number of community pharmacies per 100,000 population is 26.6, higher than the London (20.7) and

England (20.6) averages. Of these, 37 pharmacies hold a standard 40-core hour contract and four hold a 100-hour contract.

There is a significant increase in the daytime population in RBKC including tourists; the Natural History Museum, Science Museum and V&A welcome over 10 million visitors each year between them. The effect of the increased daytime population is unclear, and the requirements for pharmacy services may differ from local residents; there is no available evidence that suggests that there is a negative impact.

Information on the opening hours and service provision in RBKC is provided in the tables above. In summary:

Of the 41 pharmacies:

- 27 pharmacies (66%) are open after 18:30 on weekdays
- 39 pharmacies (95%) are open on Saturdays
- 21 pharmacies (51%) are open on Sundays

### 6.2.2 Necessary Services: gaps in provision

When assessing the provision of pharmaceutical services in RBKC, the HWB has considered the following:

- The health needs of the population of RBKC from the JNSA and JHWS, and nationally from the NHS LTP
- The map showing the location of pharmacies within RBKC ([Section 3](#), Figure 8)
- Population information ([Section 2.4](#)), including specific populations
- Over 30% of the RBKC population are BAME and will have specific health needs, particularly in areas such as cardiovascular and diabetes
- Projected population growth:
  - The population is expected to only increase by about 100 people to 154,000 over the duration of the PNA; this growth should not make a material difference in terms of overall access to services
  - The number of people aged 65 or over is projected to increase by 48% in the next 20 years
  - The population aged 75+ is expected to double by 2040
- Housing developments:
  - RBKC only has planned housing developments of 98 units to 2027 (in Dalgarno and Golborne wards)
- Access to community pharmacies via various types of transport ([Section 3.2](#)); from the tables provided in [Section 3.2.3](#), the travel times to community pharmacies were:
  - Walking: 90% of the population can walk to a pharmacy within 5 minutes (100% within 15 minutes)
  - Public transport: 88% of the population can reach a pharmacy within 5 minutes morning or afternoon (100% within 10 minutes)
  - Driving: 100% of the population can drive to a pharmacy within 5 minutes off-peak and 99% within 5 minutes during peak times (100% within peak times)

- The number, distribution and opening times of pharmacies across the whole of RBKC (Appendix A)
- Service provision from community pharmacies (Appendix A)
- The choice of pharmacies in RBKC ([Section 3.2.1](#))
- Results of the public questionnaire ([Section 5](#) and Appendix D)
  - 95% have a regular or preferred pharmacy
  - 75% have visited a pharmacy once a month or more for themselves in the previous six months
  - 93% of respondents suggest that the pharmacy is open on the most convenient day and 90% state it is open at the most convenient time
- Results of the contractor questionnaire (Appendix E)

Information from the travel time analysis and public questionnaire indicate good access to community pharmacies in RBKC.

Pharmaceutical services on bank holidays are limited but there is access if required as an Enhanced Service across RBKC.

There are a significant number of community pharmacies on or near the border of RBKC HWB area, which further improves the access to pharmaceutical services for the population.

As with all HWB areas, the population of RBKC is aging, with population growth being highest in the over-75 age group. The impact of this growth on the health needs of the population over time should be monitored and reviewed for future PNAs.

There is no evidence to suggest there is a gap in service that would equate to the need for additional access to **Necessary Services** outside normal hours anywhere in RBKC.

RBKC HWB will continue to monitor pharmaceutical service provision to ensure there is capacity to meet potential increases in service demand.

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

### 6.2.3 Other relevant services: current provision

Table 16 shows the number of pharmacies providing Advanced Services in RBKC – there is good availability of the NMS (83%). CPCS (66%) and flu vaccination (66%) are provided in a smaller proportion of pharmacies, but there are over 25 providers of each within the HWB area.

Fourteen pharmacies are currently signed up to provide the hypertension case-finding service and two pharmacies provide the smoking cessation service; these are relatively new services and are yet to be fully bedded-in. There are no pharmacies currently provide the hepatitis C screening service.

Regarding access to **Enhanced Services**:

- The majority of pharmacies provide the London Vaccination Service

- 3 pharmacies (7%) provide the COVID-19 vaccination service

#### 6.2.4 Improvements and better access: gaps in provision

The Steering Group considers it is those services provided in addition to those considered Necessary for the purpose of this PNA that should reasonably be regarded as providing either an improvement or better access to pharmaceutical provision.

RBKC HWB has identified LCS that secure improvements or better access or have contributed towards meeting the need for pharmaceutical services in the HWB area.

Regarding access to **LCS** in the 41 pharmacies:

- 13 pharmacies provide supervised consumption
- 12 pharmacies provide needle exchange
- 30 pharmacies provide smoking cessation services
- 5 pharmacies provide in-hours palliative care medicines supply service

The PNA recognises that any addition of pharmaceutical services by location, provider, hours or services should be considered, however, a principle of proportionate consideration should apply.

There are vast differences in IMD scores between the wards of the borough. Notting Dale, Dalgarno and Golborne in the north of the borough are in the most deprived two deciles, while the majority of the remaining wards are between the 5<sup>th</sup> and 8<sup>th</sup> (less deprived) deciles. These variations in IMD are likely to reflect in the health needs of the population across RBKC.

Causes of ill health in RBKC are discussed in detail in [Section 2.4](#) and more information can be found on the JSNA website. This information is summarised in [Section 6.1.1](#).

Should these areas of health need be a priority target area for commissioners, they may want to give consideration to incentives for further uptake of existing services from current providers and extending provision through community pharmacies including:

- Delivery of the recently introduced Advanced Service – hypertension case-finding service. Prevalence of hypertension is 12.4% in RBKC; early detection and management can improve health outcomes in a variety of long-term conditions, e.g. stroke.
- The smoking cessation Advanced Service would contribute to reducing a major risk factor in cancer, stroke, respiratory and cardiovascular disease and be a useful adjunct to the local authority smoking cessation service.
- Hepatitis C is a major WHO, national and local health priority. Uptake of the Advanced screening service in the community pharmacies that are currently commissioned by Turning Point to provide NEX services in RBKC could support meeting targets in this area.
- Using the DMS and NMS services to support specific disease areas that are local priorities, e.g. mental health and diabetes.
- The Essential Services include signposting patients and carers to local and national sources of information and reinforce those sources already promoted. Signposting

for cancers may help in earlier detection and thereby help to reduce low levels of cancer screening seen in RBKC.

The impact of the COVID-19 pandemic on service provision from community pharmacies has been significant during the life of the previous PNA:

- New Advanced Services have had their implementation delayed
- Community pharmacy priorities have been centred on pandemic service delivery, e.g. LFD distribution and COVID-19 vaccination
- Significantly increased demand for existing services, e.g. repeat dispensing

The successful implementation of new Advanced and Enhanced Services to support the pandemic response should be an indication that further implementation of new services from community pharmacies in the future is possible.

Eighteen of the 26 respondents to the contractor questionnaire indicated a willingness to provide services if they were commissioned.

The PNA Steering Group recognises that there are potential opportunities to commission services from community pharmacy or other healthcare providers that would promote health and wellbeing, address health inequalities and reduce pressures elsewhere in the health system. Where the potential exists for community pharmacies to contribute to the health and wellbeing of the population of RBKC, this has been included within the document. Appendix I discusses some possible services that could fulfil these criteria.

While no gaps in pharmaceutical service provision have been identified, the Steering Group recognises that the burden of health needs in RBKC will increase as the population grows and ages, and would welcome proactive proposals from commissioners, including NHSE&I and all CCGs to commission pharmacy services that meet local needs but are beyond the scope of the PNA.

## Section 7: Conclusions

The Steering Group provides the following conclusions and recommendations on the basis that funding is at least maintained at current levels and/or reflects future population changes.

The PNA is required to clearly state what is considered to constitute **Necessary Services** as required by paragraphs 1 and 3 of Schedule 1 to the Pharmaceutical Regulations 2013.

For the purposes of this PNA, **Necessary Services** for RBKC HWB are defined as Essential Services.

Advanced Services and Enhanced Services are considered **relevant** as they contribute toward improvement in provision and access to pharmaceutical services.

LCS are those services that secure improvements or better access to or that have contributed towards meeting the need for pharmaceutical services in RBKC HWB area, and are commissioned by the CCG or local authority, rather than NHSE&I.

### 7.1 Current provision of Necessary Services

#### Necessary Services – gaps in provision

Necessary Services are Essential Services, which are described in [Section 1.4.1.1](#). Access to Necessary Service provision in RBKC is provided by locality in [Section 6.2](#).

In reference to [Section 6](#), and required by paragraph 2 of schedule 1 to the Pharmaceutical Regulations 2013:

#### 7.1.1 Necessary Services – normal working hours

**There is no current gap in the provision of Necessary Services during normal working hours across Kensington and Chelsea to meet the needs of the population.**

#### 7.1.2 Necessary Services – outside normal working hours

**There are no current gaps in the provision of Necessary Services outside normal working hours across Kensington and Chelsea to meet the needs of the population.**

### 7.2 Future provision of Necessary Services

While there is little proposed population growth in the lifespan of this PNA there is projected significant growth in the population of over-65-year-olds. A clear understanding of the potential impact of this aging population growth over the next ten years would support the meeting of ongoing needs for service provision in future PNAs.

**No gaps have been identified in the need for Necessary Services in specified future circumstances across Kensington and Chelsea.**

### 7.3 Improvements and better access – gaps in provision

Advanced Services and Enhanced Services are considered **relevant** as they contribute toward improvement in provision and access to pharmaceutical services.

LCS are those that secure improvements or better access to or that have contributed towards meeting the need for pharmaceutical services in RBKC HWB area, and are commissioned by the CCG or local authority, rather than NHSE&I.

#### 7.3.1 Current and future access to Advanced Services

Details of the Advanced Services are outlined in [Section 1.4.1.2](#) and the provision in RBKC discussed in [Sections 3.2.4](#) and [6.2.3](#).

[Section 6.2.4](#) discusses improvements and better access to services in relation to the health needs of RBKC.

Appendix I discusses the opportunities that may be available for expansion of existing services or delivery of new services from community pharmacies that may have benefit to the population of RBKC.

**There are no gaps in the provision of Advanced Services that would secure improvements or better access to Advanced Services in Kensington and Chelsea.**

#### 7.3.2 Current and future access to Enhanced Services

Details of the Enhanced Services are outlined in [Section 1.4.1.3](#) and the provision in RBKC is discussed in [Sections 3.2.5](#) and [6.2.3](#).

[Section 6.2.4](#) discusses improvements and better access to services in relation to the health needs of RBKC.

**No gaps have been identified that if provided either now or in the future would secure improvements or better access to Enhanced Services across Kensington and Chelsea.**

#### 7.3.3 Current and future access to Locally Commissioned Services (LCS)

With regard to LCS, the PNA is mindful that only those services commissioned by NHSE&I are regarded as pharmaceutical services. The absence of a particular service being commissioned by NHSE&I is in some cases addressed by a service being commissioned through the council or local authority: these services are described in [Sections 4.1](#) and [4.2](#).

[Section 6.2.4](#) discusses improvements and better access to LCS in relation to the health needs of RBKC.

Appendix I discusses the opportunities that may be available for expansion of existing services or delivery of new services from community pharmacies that may have benefit to the population of RBKC.

Based on current information, the Steering Group has not considered that any of these LCS should be decommissioned, or that any of these services should be expanded.

A full analysis has not been conducted on which LCS might be of benefit as this is out of the scope of the PNA.

**Based on current information no current gaps have been identified in respect of securing improvements or better access to Locally Commissioned Services, across Kensington and Chelsea, to meet the needs of the population.**

**Appendix A: List of pharmaceutical service providers in Kensington and Chelsea HWB area (correct as of March 2022)**

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced								NHSE&I Enhanced	CCG	LA						
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Bank holiday	In hours supply of palliative care	Smoking	Supervised consumption	Needle exchange			
A Moore & Co Dispensing Chemist	FTH32	Community	25E Lowndes Street, London	SW1X 9JF	09:00-18:00	09:00-13:30	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Andrews Pharmacy	FP803	Community	149B Sloane Street, London	SW1X 9BZ	09:00-18:00	09:00-13:00	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Baywood (Dispensing Chemist)	FMD23	Community	239 Westbourne Road, London	W11 2SE	09:00-18:30 (Wed 09:00-18:00)	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	Y	Y	Y	Y	Y	Y	Y
Blenheim Pharmacy	FXP96	Community	202 Portobello Road, London	W11 1LA	09:00-18:30	09:00-13:30	11:00-15:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	Y	Y	Y	Y	Y	Y
Boots	FLR83	Community	228-232 Fulham Road, London	SW10 9NB	09:00-19:00	09:00-18:00	10:00-18:00	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y
Boots	FEF09	Community	145-149 Brompton Road, London	SW3 1QP	09:00-19:00	09:00-19:00	12:00-18:00	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	Y	-	-	-	-	-
Boots	FRP77	Community	60 Kings Road, Chelsea, London	SW3 4UD	09:00-20:00	08:30-18:00	11:30-17:30	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	Y	-	-	-	-
Boots	FG051	Community	148-150 Kings Road, Chelsea, London	SW3 4UT	08:30-20:00	09:00-19:00	12:00-18:00	-	-	Y	-	-	-	-	Y	-	-	-	-	-	Y	Y	-	-	-	-
Boots	FMH12	Community	254 Earls Court Road, London	SW5 9AD	09:00-18:00	09:00-18:00	12:00-18:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	Y	Y	Y	Y	Y	Y
Boots	FLF10	Community	128 Gloucester Road, London	SW7 4SF	08:00-20:00	08:00-20:00	12:00-18:00	-	-	Y	-	-	-	-	-	-	-	-	-	-	Y	-	-	-	-	-
Boots	FF592	Community	96-98 Notting Hill Gate, London	W11 3QA	09:00-18:00	09:00-18:00	11:00-17:00	-	-	Y	-	-	-	-	Y	-	-	-	-	-	Y	Y	Y	Y	Y	Y
Boots	FM115	Community	127A Kensington High Street, London	W8 5SF	08:00-20:00	08:00-20:00	11:00-17:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	Y	Y	Y	Y	Y	Y	Y
Borno Pharmacy	FHG52	Community	The Gatehouse, St Charles Centre, Exmoor Street, London	W10 6DZ	09:00-19:00	10:00-13:30	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	Y	-	-	-	-	-
Bramley Pharmacy	FRJ68	Community	Unit 1, 132 Bramley Road, London	W10 6TJ	09:00-18:30 (Thu 09:00-19:30)	10:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	Y	-	-	-	-	-
Calder Pharmacy	FX265	Community	55-57 Notting Hill Gate, London	W11 3JS	09:00-19:00	09:00-18:30	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chana Chemist	FHR66	Community	114 Ladbrooke Grove, London	W10 5NE	09:00-19:00	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	Y	-	-	-	-	-
Chelsea Green Pharmacy	FMD22	Community	6 Elystan Street, Chelsea, London	SW3 3NS	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	Y	-	-	-	-	-
Chelsea Pharmacy	FRM07	Community	61-63 Sloane Avenue, London	SW3 3DH	07:00-23:00	08:00-20:00	11:00-19:00	Y	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-
D R Evans Pharmacy	FF202	Community	15 Elgin Crescent, Kensington, London	W11 2JA	09:00-18:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	Y	-	-	-	-	-

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced							NHSE&I Enhanced		CCG	LA					
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination		Bank holiday	In hours supply of palliative care	Smoking	Supervised consumption	Needle exchange	
Dajani Pharmacy	FJA08	Community	92 Old Brompton Road, London	SW7 3LQ	09:00-22:00	09:00-21:00	10:00-20:00	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Day Lewis Pharmacy	FTC71	Community	Harrods, 87-135 Brompton Road, Knightsbridge, London	SW1X 7XL	10:00-21:00	10:00-21:00	11:30-18:00	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	-
Dillons Pharmacy	FLV31	Community	24 Golborne Road, London	W10 5PF	09:00-19:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	Y	-	-	
Dr Care Pharmacy	FNC99	Community	73 Golborne Road, London	W10 5NP	09:00-19:00	10:00-16:00	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	Y	-	Y	
Earls Court Chemist	FKG79	Community	240 Earls Court Road, Earls Court, London	SW5 9AA	09:00-21:00	09:00-21:00	10:00-18:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	Y	-	-	
Golborne Pharmacy	FH396	Community	106 Golborne Road, London	W10 5PS	09:00-19:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	-	Y	Y	-	-	-	Y	Y	Y	
Harleys Pharmacy	FLA67	Community	35-37 Old Brompton Road, London	SW7 3HZ	09:00-20:00	09:00-19:00	10:30-18:00	-	-	Y	-	-	-	-	Y	-	-	-	-	-	-	Y	-	-	
Hillcrest Pharmacy	FNY66	Community	104-106 Holland Park Avenue, London	W11 4UA	09:00-19:00	09:00-19:00	09:00-18:00	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	Y	-	-	
I T Lloyd Chemist	FGG58	Community	255 Kings Road, Chelsea, London	SW3 5EL	09:30-18:30	09:30-18:30	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Jhoots Pharmacy	FQH86	Community	513 Kings Road, London	SW10 0TX	09:00-18:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	Y	-	-	
Kensington Pharmacy	FCK97	Community	4 Stratford Road, London	W8 6QD	09:00-18:30	09:00-17:30	Closed	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	Y	-	-	
Lloyds Pharmacy	FN048	Community	Sainsbury's, 158A Cromwell Road, Kensington, London	SW7 4EJ	07:00-23:00	07:00-22:00	10:00-16:00	Y	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	Y	-	-	
Lloyds Pharmacy	FD465	Community	Sainsbury's, 2 Canal Way, Ladbroke Grove, London	W10 5AA	07:00-23:00	07:00-22:00	11:00-17:00	Y	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	
Medicine Chest	FE207	Community	413-415 Kings Road, London	SW10 0LR	09:00-18:30	09:00-18:30	10:00-14:00	-	-	Y	-	-	Y	-	Y	Y	-	Y	Y	Y	Y	Y	Y	-	
My Pharmacy Ltd	FWH06	Community	10 North Pole Road, London	W10 6QL	09:00-18:30	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	Y	Y	Y	
Notting Hill Pharmacy	FX258	Community	12 Pembridge Road, London	W11 3HL	09:00-18:30	09:30-17:30	Closed	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	Y	-	-	
Pestle and Mortar	FY364	Community	213 Kensington High Street, London	W8 6BD	09:00-19:00	09:00-19:00	10:00-17:00	-	-	Y	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	
Spivack Chemist	FC727	Community	173 Ladbroke Grove, London	W10 6HJ	09:00-19:00	10:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	Y	Y	Y	Y	
Stickland Chemist	FN445	Community	4-6 The Arcade, South Kensington Underground, London	SW7 2NA	08:00-19:00	08:30-18:00	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	
Tesco Pharmacy	FG671	Community	West Cromwell Road, Kensington, London	W14 8PB	06:30-22:30 (Mon 08:00-22:30)	06:30-22:00	11:00-17:00	Y	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	Y	-	-	
World's End Pharmacy	FL862	Community	469 Kings Road, London	SW10 0LU	09:00-19:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	Y	Y	Y	
Zafash Pharmacy	FJ365	Community	233-235 Old Brompton Road, London	SW5 0EA	08:30-00:00	08:30-00:00	08:30-00:00	-	-	-	-	-	Y	-	Y	Y	Y	-	-	-	-	Y	-	-	

## **Appendix B: PNA Steering Group terms of reference**

### **Objective/Purpose**

To support the production of the Pharmaceutical Needs Assessment (PNA) on behalf of the Kensington and Chelsea Health and Wellbeing Board (HWB), to ensure that it satisfies the relevant regulations including consultation requirements.

### **Delegated responsibility**

The HWB have delegated the responsibility of the PNA to the Director of Public Health and the Lead Member for Adult Social Care and Public Health (in their capacity as Chair of the HWBs

### **Accountability**

The Steering Group is to report to the Director of Public Health

### **Membership**

Core members:

- Director of Public Health
- Lead Member for Adult Social Care and Public Health
- Public Health Knowledge Manager
- Local Pharmaceutical Committee (LPC) representative
- CCG representative
- Healthwatch representative (lay member)

Soar Beyond is not to be a core member however will chair the meetings. Each core member has one vote. The Public Health lead will have the casting vote, if required. Core members may provide a deputy to meetings in their absence. The Steering Group shall be quorate with three core members in attendance (representing the LPC, Public Health and CCG). Non-attending members are unable to cast a vote – that vote may otherwise sway the casting decision.

Additional members (if required):

- CCG commissioning managers
- NHS Trust chief pharmacists

In attendance at meetings will be representatives of Soar Beyond Ltd, who has been commissioned by the Royal Borough of Kensington and Chelsea to support the development of its PNA. Other additional members may be co-opted if required.

### **Frequency of meetings**

Meetings will be arranged at key stages of the project plan. The Steering Group will meet in autumn 2022 to sign off the PNA for submission to the HWB.

### **Responsibilities**

- Provide a clear and concise PNA process

- Review and validate information and data on population, demographics, pharmaceutical provision, and health needs
- To consult with the bodies stated in Regulation 8 of the Pharmaceutical Regulations 2013:
  - Any LPC for its area
  - Any local medical committee for its area
  - Any persons on the pharmaceutical lists and any dispensing doctors list for its area
  - Any LPS chemist in its area
  - Any local Healthwatch organisation for its area
  - Any NHS Trust or NHS Foundation Trust in its area
  - NHS England and NHS Improvement
  - Any neighbouring HWB
- Ensure that due process is followed
- Report to HWB on both the draft and final PNA
- Publish the final PNA by 1 October 2022.

### Appendix C: PNA project plan

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Stage 1: Project planning and governance <ul style="list-style-type: none"> <li>Stakeholders identified</li> <li>First Steering Group meeting conducted</li> <li>Project plan, communications plan and terms of reference agreed</li> <li>PNA localities agreed</li> <li>Questionnaire templates shared and agreed</li> </ul>										
Stage 2: Research and analysis <ul style="list-style-type: none"> <li>Collation of data from NHSE&amp;I, Public Health, LPC and other providers of services</li> <li>Listing and mapping of services and facilities with the borough</li> <li>Collation of information regarding housing and new care home developments</li> <li>Equalities Impact Assessment</li> <li>Electronic, distribution and collation</li> <li>Analysis of questionnaire responses</li> <li>Steering Group meeting two</li> <li>Draft update for HWB</li> </ul>										
Stage 3: PNA development <ul style="list-style-type: none"> <li>Triangulation, review and analysis of all data and information collated to identify gaps in services based on current and future population needs</li> <li>Develop consultation plan</li> <li>Draft PNA</li> <li>Engagement for consultation</li> <li>Steering Group meeting three</li> <li>Draft update for HWB</li> </ul>										
Stage 4: Consultation and final draft production <ul style="list-style-type: none"> <li>Coordination and management of consultation</li> <li>Analysis of consultation responses</li> <li>Production of consultation findings report</li> <li>Draft final PNA for approval</li> <li>Steering Group meeting four</li> <li>Minutes to meetings</li> <li>Edit and finalise final PNA 2022</li> <li>Draft update for HWB</li> </ul>										

## Appendix D: Public questionnaire

Total responses received:<sup>1</sup> 60

**1) Do you have a regular or preferred local community pharmacy?** (Please select one answer)

Answered – 60; skipped – 0

Response options	%	Total
Yes	95%	57
No	3%	2
I prefer to use an internet/online pharmacy*	0%	0
I use a combination of traditional and internet pharmacy	2%	1

\*An internet pharmacy is one which is operated partially or totally online where prescriptions are sent electronically and dispensed medication is sent via a courier to your home.

**2) On a scale of 1 to 10 how well does your local community pharmacy meet your needs?** (Please select one answer) (1 = Poorly and 10 = Extremely well)

Answered – 60; skipped – 0

Response options	%	Total
1	3%	2
2	0%	0
3	0%	0
4	3%	2
5	7%	4
6	3%	2
7	5%	3
8	12%	7
9	18%	11
10	48%	29

**3) How often have you visited/contacted (spoken to, emailed or visited in person) a pharmacy in the last six months?** (Please select one answer for yourself and one for someone else)

For yourself: Answered – 59; skipped – 1

Response options	%	Total
Once a week or more	7%	4
A few times a month	32%	19
Once a month	36%	21
Once every few months	19%	11
Once in six months	7%	4
I haven't visited/contacted a pharmacy in the last six months	0%	0

<sup>1</sup> Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question, or figures have been rounded up to the nearest whole percent.

For someone else: Answered – 33; skipped – 27

<b>Response options</b>	<b>%</b>	<b>Total</b>
Once a week or more	15%	5
A few times a month	21%	7
Once a month	12%	4
Once every few months	15%	5
Once in six months	9%	3
I haven't visited/contacted a pharmacy in the last six months	27%	9

**4) How important are each of the following aspects to you when choosing a pharmacy? (Please select one answer for each factor)**

Answered – 60; skipped – 0

<b>Quality of service (friendly staff, expertise)</b>	<b>%</b>	<b>Total</b>
Extremely important	65%	39
Very important	35%	21
Moderately important	0%	0
Fairly important	0%	0
Not at all important	0%	0

<b>Location of pharmacy</b>	<b>%</b>	<b>Total</b>
Extremely important	66%	39
Very important	31%	18
Moderately important	3%	2
Fairly important	0%	0
Not at all important	0%	0

<b>Opening times</b>	<b>%</b>	<b>Total</b>
Extremely important	47%	28
Very important	37%	22
Moderately important	10%	6
Fairly important	7%	4
Not at all important	10%	0

<b>Parking</b>	<b>%</b>	<b>Total</b>
Extremely important	11%	6
Very important	2%	1
Moderately important	14%	8
Fairly important	13%	7
Not at all important	61%	34

<b>Public transport</b>	<b>%</b>	<b>Total</b>
Extremely important	14%	8
Very important	16%	9

<b>Public transport</b>	<b>%</b>	<b>Total</b>
Moderately important	20%	11
Fairly important	7%	4
Not at all important	43%	24

<b>Accessibility (wheelchair/buggy access)</b>	<b>%</b>	<b>Total</b>
Extremely important	25%	14
Very important	7%	4
Moderately important	13%	7
Fairly important	11%	6
Not at all important	45%	25

<b>Communication (languages/interpreting service)</b>	<b>%</b>	<b>Total</b>
Extremely important	18%	10
Very important	11%	6
Moderately important	14%	8
Fairly important	11%	6
Not at all important	46%	26

<b>Space to have a private consultation</b>	<b>%</b>	<b>Total</b>
Extremely important	26%	15
Very important	19%	11
Moderately important	23%	13
Fairly important	12%	7
Not at all important	19%	11

<b>Availability of medication/services (stocks, specific services)</b>	<b>%</b>	<b>Total</b>
Extremely important	78%	45
Very important	17%	10
Moderately important	3%	2
Fairly important	2%	1
Not at all important	0%	0

<b>Other responses</b>	<b>Total</b>
Home delivery	2
Personal service	1
Politeness and respect	1
Honesty in dispensing and requesting prescriptions	1
Minor ailment service	1
Appropriate staff levels	1
Dosette boxes	1
Reliability	1
Correct name, address and ID	1

**5) On average, how long does it take you to travel to a pharmacy?** (Please select one answer)

Answered – 59; skipped – 1

Response options	%	Total
0 to 15 minutes	92%	54
16 to 30 minutes	5%	3
Over 30 minutes	3%	2

**6) Is your preferred pharmacy open on the most convenient day for you?** (Please select one answer)

Answered – 60; skipped – 0

Response options	%	Total
Yes	93%	56
No	7%	4

**7) Is your preferred pharmacy open at a time convenient for you?** (Please select one answer)

Answered – 60; skipped – 0

Response options	%	Total
Yes	90%	54
No	10%	6

**8) Which of the following pharmacy services are you aware that a pharmacy may provide?** (Please select Yes or No for each service – even if you do not use the service)

Service	Yes (%)	Yes (total)	No (%)	No (total)	Answered
Advice from your pharmacist	93%	55	7%	4	59
Discuss your prescription medicines	88%	52	12%	7	59
C-19 vaccination services	71%	42	29%	17	59
Flu vaccination services	83%	48	17%	10	58
Buying over-the-counter (non-prescription) medicines	97%	57	3%	2	59
Home delivery and prescription collection services	64%	38	36%	21	59
Emergency supply of prescription medicines	54%	31	46%	26	57
Disposal of unwanted medicines	69%	40	31%	18	58
Dispensing prescription medicines	93%	55	7%	4	59
Advice on healthy living, self-care advice and treatment for common ailments	81%	47	19%	11	58
Stopping smoking/nicotine replacement therapy	73%	43	27%	16	59

Service	Yes (%)	Yes (total)	No (%)	No (total)	Answered
Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)	39%	23	61%	36	59
Blood tests	20%	12	80%	47	59
Health tests e.g. cholesterol, blood pressure check	40%	23	60%	35	58

Other responses	Total
Not aware whether some of the services are offered or not	2
Should be open on weekends	1
Dealing with dosage boxes	1
Excellent service	1

**9) And which of the following pharmacy services would you like to see always provided by your pharmacy? (Please select a response for each service)**

Service	Yes (%)	Yes (total)	No (%)	No (total)	No opinion (%)	No opinion (total)	Answered
Advice from your pharmacist	97%	57	2%	1	2%	1	59
Discuss your prescription medicines	92%	54	3%	2	5%	3	59
C-19 vaccination services	66%	38	5%	3	29%	17	58
Flu vaccination services	72%	43	5%	3	23%	14	60
Buying over-the-counter (non-prescription) medicines	95%	56	2%	1	3%	2	59
Home delivery and prescription collection services	81%	48	5%	3	14%	8	59
Emergency supply of prescription medicines	90%	54	0%	0	10%	6	60
Disposal of unwanted medicines	92%	55	0%	0	8%	5	60
Dispensing prescription medicines	97%	57	2%	1	2%	1	59
Advice on healthy living, self-care advice and treatment for common ailments	75%	44	3%	2	22%	13	59
Stopping smoking/nicotine replacement therapy	38%	22	14%	8	48%	28	58
Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)	46%	26	12%	7	42%	24	57

Service	Yes (%)	Yes (total)	No (%)	No (total)	No opinion (%)	No opinion (total)	Answered
Blood tests	70%	40	7%	4	23%	13	57
Health tests e.g. cholesterol, blood pressure check	75%	44	7%	4	19%	11	59

Other responses	Total
Blood pressure checks	1
Pharmacy and GP integration needed	1

### 10) Do you have any other comments you would like to make about your pharmacy?

Answered – 30; skipped – 30

Comments	Total
They provide a very good service	16
No comments	4
Not enough staff	2
Unreliable dispensing	2
Wasn't aware of extra services	1
Local brands rather than big chains are better	1
Long waiting times	1
Text alert system would be very useful	1
I wish it had a delivery service	1
Continuity of care is vital, not changing pharmacists	1

### A bit about you

#### 11) Do you consider yourself to be:

Answered – 57; skipped – 3

Response options	%	Total
Female	67%	38
Male	32%	18
Other (please specify below)	2%	1

Other responses	Total
Adult human female, not including trans 'women'	1

#### 12) Please tell us which age group you fit into:

Answered – 57; skipped – 3

Response options	%	Total
Under 16	0%	0
16–24	0%	0

<b>Response options</b>	<b>%</b>	<b>Total</b>
25–34	4%	2
35–44	2%	1
45–54	14%	8
55–64	26%	15
65–74	28%	16
75+	25%	14
Prefer not to say	2%	1

**13) What is your employment status? (Please select one answer)**

Answered – 57; skipped – 3

<b>Response options</b>	<b>%</b>	<b>Total</b>
Full-time	23%	13
Part-time	2%	1
Self-employed	18%	10
Retired	46%	26
In education	7%	4
Refugee community	0%	0
Not currently working	5%	3
Other (please specify)	0%	0

**14) What religion do you consider yourself to belong to? (Please select one answer)**

Answered – 57; skipped – 3

<b>Response options</b>	<b>%</b>	<b>Total</b>
Christian	49%	28
Muslim	0%	0
Buddhist	2%	1
Hindu	4%	2
Jewish	2%	1
No faith	16%	9
Prefer not to say	28%	16
Other (please specify)	0%	0

**15) What is your sexual orientation? (Please select one answer)**

Answered – 57; skipped – 3

<b>Response options</b>	<b>%</b>	<b>Total</b>
Straight/heterosexual	75%	43
Gay/lesbian/homosexual	5%	3
Bisexual	2%	1
Prefer not to say	16%	9
Other (please specify below)	2%	1

<b>Other responses</b>	<b>Total</b>
Asexual	1

**16) Which of these would you describe as your ethnic group? (Please select one answer)**

Answered – 57; skipped – 3

<b>Response options</b>	<b>%</b>	<b>Total</b>
White: Scottish/English/Welsh/Northern Irish/British	63%	36
White: Irish	4%	2
White: Gypsy or Irish Traveller	0%	0
Mixed/Multiple ethnic groups: White and Black Caribbean	0%	0
Mixed/Multiple ethnic groups: White and Black African	0%	0
Mixed/Multiple ethnic groups: White and Asian	2%	1
Asian/Asian British: Indian	4%	2
Asian/Asian British: Pakistani	0%	0
Asian/Asian British: Bangladeshi	0%	0
Asian/Asian British: Chinese	2%	1
Black/African/Caribbean/Black British: African	2%	1
Black/African/Caribbean/Black British: Caribbean	2%	1
Other ethnic group: Arab	2%	1
Other (please specify)	21%	12

<b>Other responses</b>	<b>Total</b>
White (other)	7
White European	2
North African	1
Irish and Arab	1
I don't know	1

**17) Do you consider yourself to have a disability?**

Answered – 57; skipped – 3

<b>Response options</b>	<b>%</b>	<b>Total</b>
Yes	30%	17
No	68%	39
Prefer not to say	2%	1

**18) Please state the first 4 letters and numbers of your postcode (residence/ university/college/place or work)**

Answered – 52; skipped – 8

## Appendix E: Pharmacy contractor questionnaire

Total responses received:<sup>40</sup> 26 responses

### 1) Premises and contact details

24 unique pharmacies provided their ODS code, pharmacy name and address

### 2) Does the pharmacy dispense appliances?

Answered – 26; skipped – 0

Response options	%	Total
None	15%	4
Yes – All types	54%	14
Yes, excluding stoma appliances, or	0%	0
Yes, excluding incontinence appliances, or	8%	2
Yes, excluding stoma and incontinence appliances, or	0%	0
Yes, just dressings, or	23%	6
Other (please specify)	0%	0

### 3) Is there a particular need for a locally commissioned service in your area?

Answered – 26; skipped – 0

Response options	%	Total
Yes	50%	13
No	50%	13

If so, what is the service requirement and why?	Total
Free EHC	6
Avoid delays from deliveries	1
Ability to get appliances from the pharmacy rather than appliance centre	1
Weight management	2
Inhaler technique	1
Care for elderly patients	1

### 4) Non-commissioned services: Does the pharmacy provide any of the following?

Services	Yes (%)	Yes (total)	No (%)	No (total)	Total
Collection of prescriptions from GP practices	58%	15	42%	11	26
Delivery of dispensed medicines – selected patient groups (please list patient groups below)	58%	15	42%	11	26

<sup>40</sup> Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question, or figures have been rounded up to the nearest whole percent.

<b>Services</b>	<b>Yes (%)</b>	<b>Yes (total)</b>	<b>No (%)</b>	<b>No (total)</b>	<b>Total</b>
Delivery of dispensed medicines – selected areas (please list areas below)	56%	14	44%	11	25
Delivery of dispensed medicines – free of charge on request	40%	10	60%	15	25
Delivery of dispensed medicines – with charge	36%	8	64%	14	22

<b>Please list your criteria for selected patient groups</b>	<b>Total</b>
Elderly/housebound/disable or vulnerable patients	10
All patients with charge	2

<b>Please list your criteria for selected areas</b>	<b>Total</b>
Local area	7
½ mile radius	1
1-mile radius	1
2-miles radius	1

**5) Are there any services you would like to provide that are not currently commissioned in your area?**

Answered – 18; skipped – 8

<b>Responses</b>	<b>Total</b>
EHC under NHS PGD	6
No/N/A	6
NHS health checks	6
Minor ailments service	3
Diabetes screening/monitoring	3
Weight management service	3
C-19 vaccinations	1
Phlebotomy service	1
Asthma and inhaler technique reviews	1
Ear syringing	1

**6) Details of the person completing this form**

Answered – 26; skipped – 0

## Appendix F: Consultation plan and list of stakeholders

### Consultee as required by Pharmaceutical Regulations 2013 Part 2 (8)

Stakeholder role	PNA briefing letter sent	Steering Group representation	PNA production engagement: Questionnaire (pharmacy contractor/public)	Draft PNA link sent
LPC – Royal Borough Kensington and Chelsea	Y	Y	All	Y
LMC – Royal Borough Kensington and Chelsea	Y	Y	All	Y
Any person on pharmaceutical List (Community Pharmacies)	-	-	Contractor	Y
Healthwatch – Royal Borough Kensington and Chelsea	Y	Y	All	Y
Chelsea and Westminster Hospital - Chief Pharmacist & Associate Chief Pharmacist	-	-	-	Y
St Mary's Hospital - Deputy Chief Pharmacist	-	-	-	Y
Royal Brompton Hospital - Associate Director of Pharmacy & Associate Chief Pharmacist	-	-	-	Y
Royal Marsden Hospital - Chief Pharmacist	-	-	-	Y
Central London Community Healthcare NHS Trust	-	-	-	Y
NHSE&I	Y	Y	All	Y
Brent HWB	-	-	-	Y
Camden HWB	-	-	-	Y
City of London HWB	-	-	-	Y
Lambeth HWB	-	-	-	Y
Kensington & Chelsea HWB	-	-	-	Y
Wandsworth HWB	-	-	-	Y

<b>Stakeholder role</b>	<b>PNA briefing letter sent</b>	<b>Steering Group representation</b>	<b>PNA production engagement: Questionnaire (pharmacy contractor/public)</b>	<b>Draft PNA link sent</b>
Hosted on Council Website	-	-	Public	Y
Social Media	-	-	Public	Y
E-Newsletter	-	-	Public	Y
Kensington and Chelsea Council Employees	-	-	Public	Y
Comms shared with Partners: Healthwatch, Kensington and Chelsea Social Council, University College London Hospitals, Guys & St Thomas, Royal Free Hospital	-	-	Public	Y
Comms sent to libraries, leisure centres, family hubs, partners, Adult Social Care	-	-	Public	-
Survey copy sent to Education team to be included in the schools and early years bulletins	-	-	Public	-
Emails and links sent to Individual pharmacies	-	-	Public/Contractor	Y

### Other consultees

<b>Stakeholder role</b>	<b>PNA briefing letter sent</b>	<b>Steering Group representation</b>	<b>PNA production engagement: Questionnaire (pharmacy contractor/public)</b>	<b>Draft PNA link sent</b>
CCG	Y	Y	All	Y
Imperial Healthcare Trust - Chief Pharmacist	-	-	-	Y
Guy's and St Thomas' Hospital - Principal Pharmacist, Associate Chief Pharmacist and Chief Pharmacist	-	-	-	Y
Central & NW London NHS Foundation Trust - Chief Pharmacist	-	-	-	Y

<b>Stakeholder role</b>	<b>PNA briefing letter sent</b>	<b>Steering Group representation</b>	<b>PNA production engagement: Questionnaire (pharmacy contractor/public)</b>	<b>Draft PNA link sent</b>
Brent LMC	-	-	-	Y
Camden LMC	-	-	-	Y
City of London LMC	-	-	-	Y
Lambeth LMC	-	-	-	Y
Westminster LMC	-	-	-	Y
Wandsworth LMC	-	-	-	Y
Brent LPC	-	-	-	Y
Camden LPC	-	-	-	Y
City of London LPC	-	-	-	Y
Lambeth LPC	-	-	-	Y
Wandsworth LPC	-	-	-	Y
Westminster LPC	-	-	-	Y
Consultant in Public Health, Kensington and Chelsea	-	-	All	Y
Public Health Knowledge Manager, Kensington and Chelsea	Y	Y	All	Y
Public Health Analyst, Kensington and Chelsea	Y	Y	All	Y
Public Health Communications and Partnerships Manager Kensington and Chelsea	Y	Y	All	Y

## Appendix G: Summary of consultation responses

As required by the Pharmaceutical Regulations 2013, Kensington and Chelsea HWB held a 60-day consultation on the draft PNA from 15 July to 13 September 2022.

The draft PNA was hosted on the RBKC website and invitations to review the assessment, and comment, were sent to a wide range of stakeholders including all community pharmacies in Kensington and Chelsea. A number of members of the public had expressed an interest in the PNA and were invited to participate in the consultation as well as a range of public engagement groups in Westminster as identified by RBKC and Kensington and Chelsea Healthwatch. Responses to the consultation were possible via an online survey or paper.

There were in total 7 responses, all of them from the internet survey. Responses received:

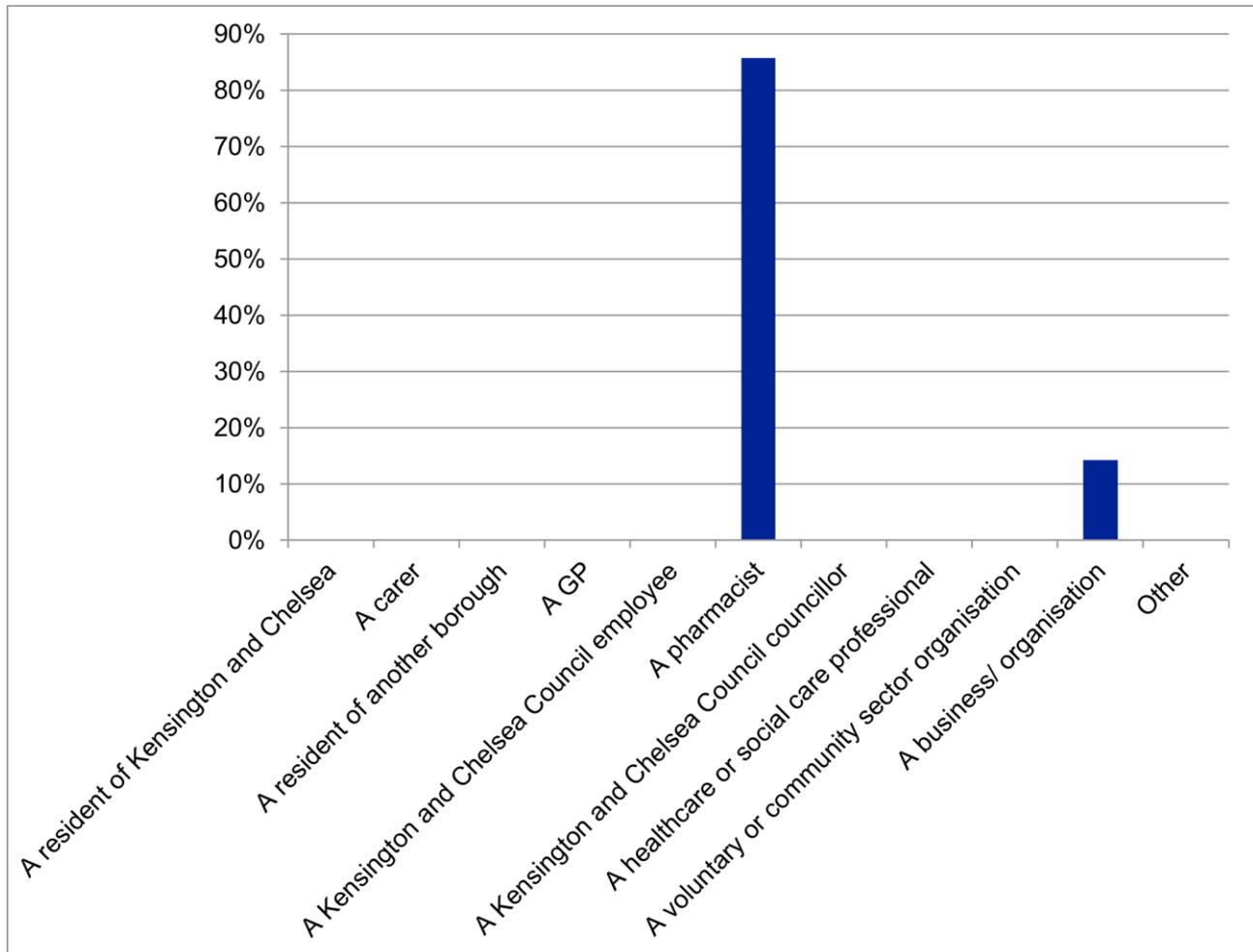
- 6 (86%) from a pharmacist
- 1 (14%) from a business/organisation

The following are the main themes, and PNA Steering Group's response, to feedback received during the consultation on the draft PNA:

- Information provided in the PNA
- Consideration which services are 'necessary' and 'relevant'
- Issues over access to services
- Availability of services currently, and not currently, provided by pharmacies
- Correction of data in the PNA

All responses were considered by the PNA Steering Group at its meeting on 21 September 2022 for the final report. A number of additional comments were received that were considered by the Steering Group in the production of the final PNA and are included in Appendix H.

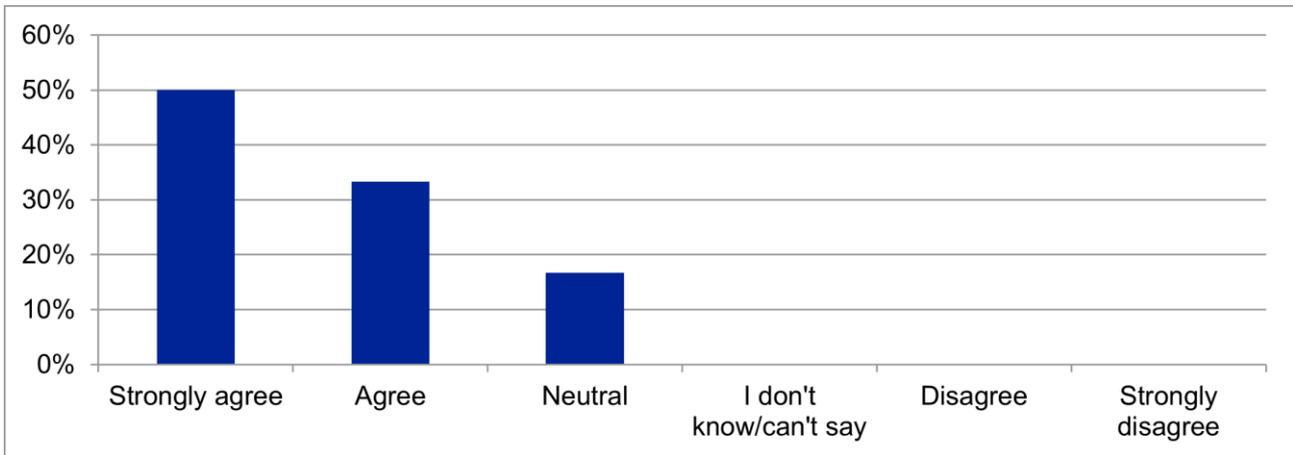
Below is a summary of responses to the specific questions, asked during the consultation.

**Consultation questions and responses:****Q1- Are you mainly responding as? (Please select one option)**

<b>Response options</b>	<b>%</b>	<b>Total</b>
A resident of Kensington and Chelsea	0%	0
A carer	0%	0
A resident of another borough	0%	0
A GP	0%	0
A Kensington and Chelsea Council employee	0%	0
A pharmacist	86%	6
A Kensington and Chelsea Council councillor	0%	0
A healthcare or social care professional	0%	0
A voluntary or community sector organisation	0%	0
A business/organisation	14%	1
Other	0%	0

Answered – 7; skipped – 0

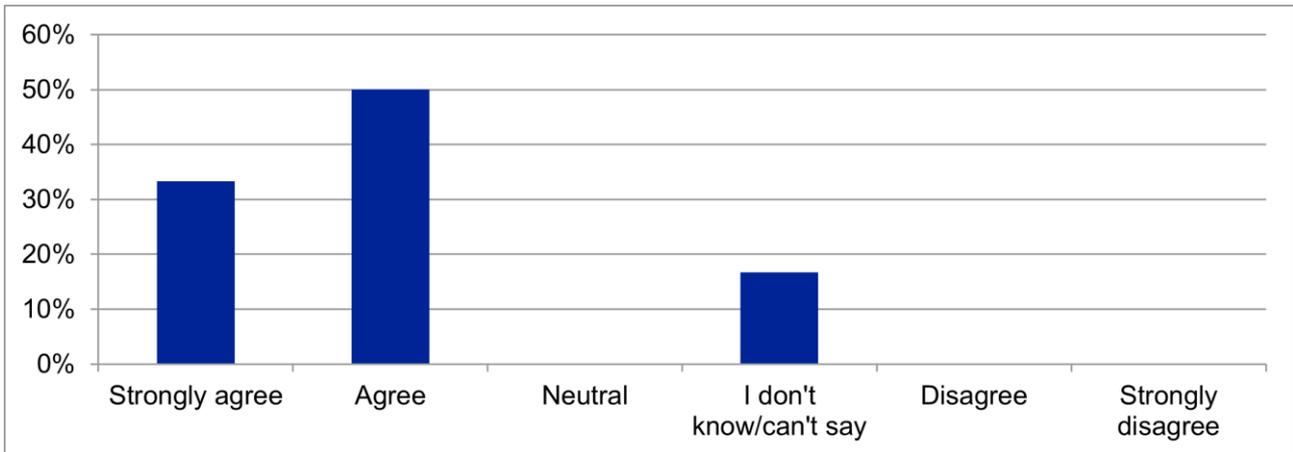
**Q2- The Draft Kensington and Chelsea PNA currently does not identify any gaps in the provision (supply) of pharmaceutical services in Kensington and Chelsea. (See Sections 3, 4 & 6 of the Draft PNA)**



Response options	%	Total
Strongly agree	50%	3
Agree	33%	2
Neutral	17%	1
I don't know/can't say	0%	0
Disagree	0%	0
Strongly disagree	0%	0

Answered – 6; skipped – 0=1

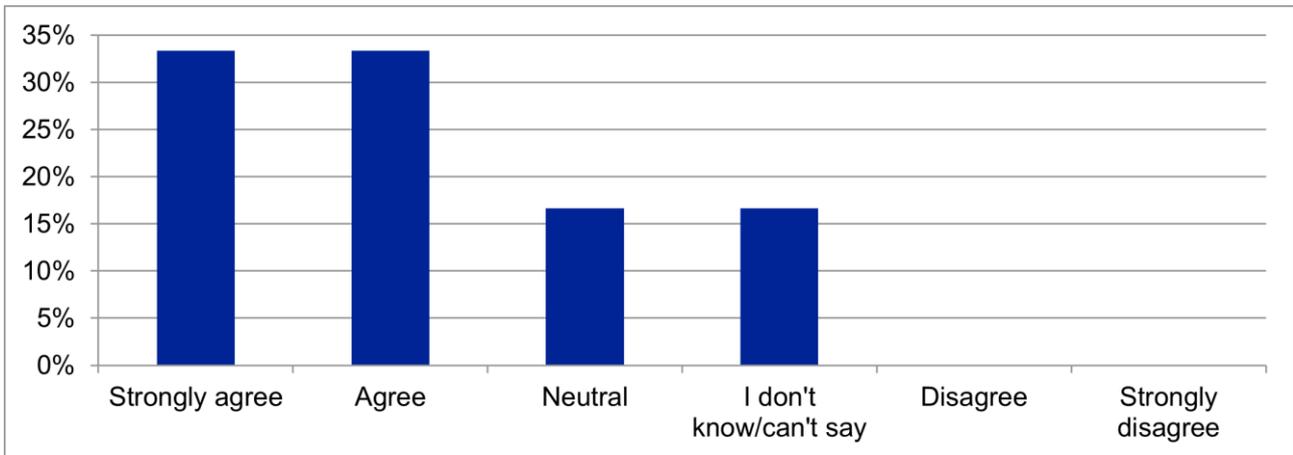
**Q3- The Draft Kensington and Chelsea PNA reflects the current pharmaceutical needs of Kensington and Chelsea residents. (See Section 7 of the Draft PNA)**



Response options	%	Total
Strongly agree	33%	2
Agree	50%	3
Neutral	0%	0
I don't know/can't say	17%	1
Disagree	0%	0
Strongly disagree	0%	0

Answered – 6; skipped – 1

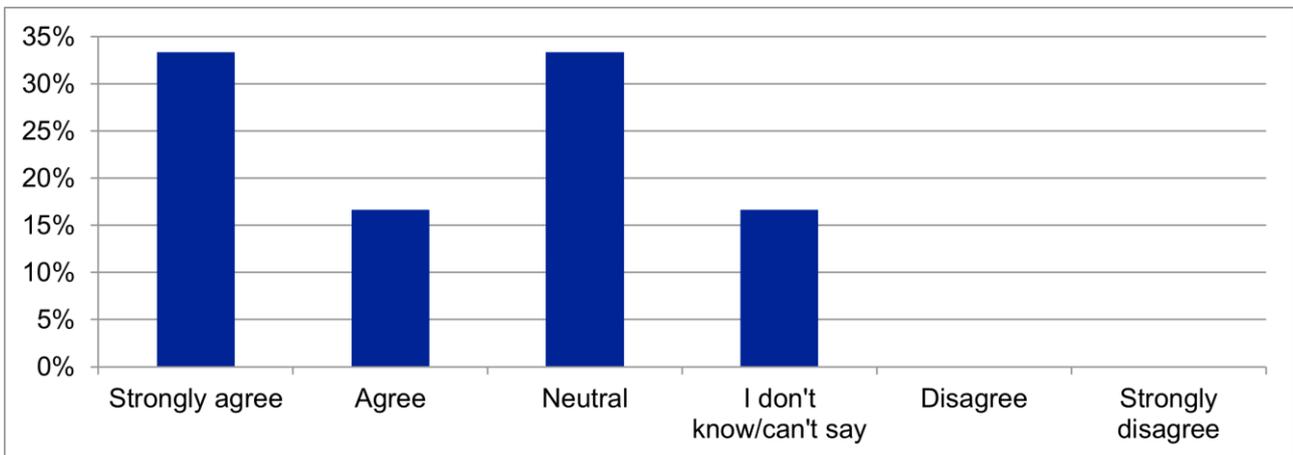
**Q4- The Draft Kensington and Chelsea PNA has not identified any gaps in the provision of pharmaceutical services. Do you agree with these findings?**



Response options	%	Total
Strongly agree	33%	2
Agree	33%	2
Neutral	17%	1
I don't know/can't say	17%	1
Disagree	0%	0
Strongly disagree	0%	0

Answered – 6; skipped – 1

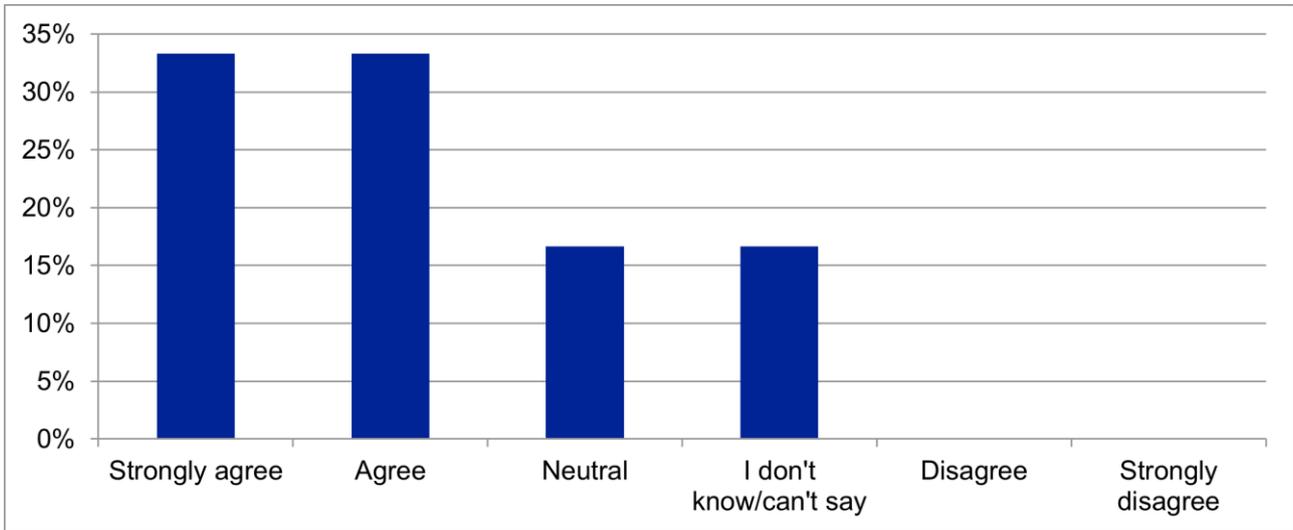
**Q5- The Draft Kensington and Chelsea PNA reflects the future (over the next three years) pharmaceutical needs of Kensington and Chelsea residents. (See Section 7 of the Draft PNA)**



Response options	%	Total
Strongly agree	33%	2
Agree	17%	1
Neutral	33%	2
I don't know/can't say	17%	1
Disagree	0%	0
Strongly disagree	0%	0

Answered – 6; skipped – 1

**Q6- To what extent do you agree or disagree with the other conclusions contained within the Draft Kensington and Chelsea PNA? (See the Executive Summary and Section 7 of the Draft PNA)**



<b>Response options</b>	<b>%</b>	<b>Total</b>
Strongly agree	33%	2
Agree	33%	2
Neutral	17%	1
I don't know/can't say	17%	1
Disagree	0%	0
Strongly disagree	0%	0

Answered – 6; skipped – 1

## Appendix H: Consultation comments

### Comments to the consultation survey:

Comment number	Question	Responding as	Comment	SG response
1	Q7 – Any other comments	A business/ organisation – Boots UK Ltd	It appears that possibly due to the timing of production of this draft, the recent changes in the opening hours of a number of Boots pharmacies have not been reflected in the draft PNA.	Amended at the time of writing and any further notifications received from NHSE as part of their feedback during the consultation.

### Recommendations received from NHSE:

Recommendation	SG response
There are a number of places where there does not appear to have been any information identified. The HWBB is asked to check that this is the case and to add in any additional information if available to support their decisions regarding provision of services (see below).	Please see below
What is the extent to which current service provision in the locality is adequately responding to the changing needs of the community it serves?	There are mechanisms in place to monitor changes across the HWB and with key stakeholders.
Is there a need for specialist or other services, which would improve the provision of, or access to, services such as for specific populations or vulnerable groups?	The PNA steering group were not aware of a need at the time of writing
Are there known firm plans in and arising from local joint strategic needs assessments or joint health and wellbeing strategies?	The PNA steering group were not aware of any at the time of writing
Are there known firm plans for changes in the number and/or sources of prescriptions i.e. changes in providers of primary medical services, or the appointment of additional providers of primary medical services in the area?	The PNA steering group were not aware of any at the time of writing
Are there plans for the development of NHS services?	The PNA steering group were not aware of any at the time of writing
Are there plans for changing the commissioning of public health services by community pharmacists, for example, weight management clinics, and life checks?	The PNA steering group were not aware of any at the time of writing

<b>Recommendation</b>	<b>SG response</b>
Are there plans for introduction of special services commissioned by clinical commissioning groups?	The PNA steering group were not aware of any at the time of writing
Are there plans for new strategies by social care/occupational health to provide aids/equipment through pharmacies or dispensing appliance contractors?	The PNA steering group were not aware of any at the time of writing

## Appendix I: Future opportunities for possible community pharmacy services in Kensington and Chelsea

### Introduction

Any local commissioning of services for delivery by community pharmacy lies outside the requirements of a PNA; it is considered as being additional to any **Necessary Services** required under the regulations.

In reviewing the provision of **Necessary Services** and considering Advanced, Enhanced and Locally Commissioned Services for Kensington and Chelsea (RBKC) as part of the PNA process, it was possible to identify opportunities for service delivery via the community pharmacy infrastructure that could positively affect the population.

Not every service can be provided from every pharmacy, and service development and delivery must be planned carefully. However, many of the health priorities either at a national or local level can be positively affected by services provided from community pharmacies, albeit being out of the scope of the PNA process.

Where applicable, all pharmacies and pharmacists should be encouraged to become eligible to deliver Advanced Services in all pharmacies across all CCG localities. This will mean that more eligible patients are able to access and benefit from these services.

The impact of the COVID-19 pandemic on service provision from community pharmacies has been significant during the life of the previous PNA:

- New Advanced Services have had their implementation delayed
- Community pharmacy priorities have been centred on pandemic service delivery, e.g. lateral flow test distribution and COVID-19 vaccination
- Significantly increased demand for existing services, e.g. repeat dispensing

The successful implementation of new Advanced and Enhanced Services to support the pandemic response is an indicator that implementation of additional new services from community pharmacies in the future is possible.

### Health needs identified in the NHS Long Term Plan and Core20PLUS5

The LTP and Core20PLUS5 identifies community pharmacists as part of the process of improving the effectiveness of approaches such as the **NHS Health Check**, rapidly treating those identified with high-risk conditions, including high blood pressure. The **hypertension case-finding service** has been developed as an Advanced Service from community pharmacy as part of this process, but other disease-specific programmes should be made part of the service options available including for respiratory conditions, diabetes and cancer. For example, the LTP states: 'We will do more to support those with respiratory disease to receive and use the right medication'. Of NHS spend on asthma, 90% goes on medicines, but incorrect use of medication can also contribute to poorer health outcomes and increased risk of exacerbations, or even admission. The New Medicine Service (NMS) is an Advanced Service that provides support for people with long-term conditions newly prescribed a medicine, to help improve medicines adherence.

LTP priorities that can be supported from community pharmacy:

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

Core20PLUS5 priorities that could be supported in community pharmacy:

- Maternity
- Severe mental illness
- Chronic respiratory disease
- Early cancer diagnosis
- Hypertension case-finding

### Health needs in Kensington and Chelsea

The health needs of the population of RBKC were outlined in Section 2 and summarised in Section 6.1 of the PNA.

The most prevalent long-term conditions in RBKC are anxiety, hypertension, depression, obesity and diabetes.

- From the IMD 2019 rankings, RBKC is 122/317 in England (17/33 in London):
  - IMD has vast differences between the wards of the borough, with Notting Dale, Dalgarno and Golborne in the north of the borough all being in the most deprived two deciles, while the majority of the remaining wards are between the 5<sup>th</sup> and 8<sup>th</sup> (less deprived) deciles.
- While many people in RBKC live long lives, with some of the longest life expectancy in the country, there is significant variation:
  - In Notting Dale ward a man is expected to live to the age of 74, while in Courtfield ward a man is expected to live to 92
  - A woman is expected to live to 76 in Notting Dale and 91 in Holland ward
  - While men have a life expectancy of 84 years, 23 of those are expected to be in poor health; women have a slightly better margin of a life expectancy of 87 years with 20 in poor health
- Lifestyle

- The 2019-20 Active Lives survey found that the proportion of overweight and obese adults in Kensington and Chelsea was 44%, below the London and England averages; of note, the prevalence of obesity is higher in areas with the most deprivation
- It is estimated that 14.9% of adults smoke
- The mortality rate for alcohol-related deaths in the borough is 28.4, which is lower than London's rate of 32.8 and England's rate of 37.8
- Sexual health
  - STI positivity rates for HIV, syphilis, gonorrhoea and chlamydia for those aged 25+ are 10.6% (one of the highest in London)
  - The teenage pregnancy rate is 5.3 per 1,000, compared with 9.8 for London and 13 for England
- Long-term conditions
  - Coronary heart disease prevalence is 1.6% (compared with 1.9% for London and 3% for England)
  - 19,108 patients registered with GPs in RBKC have hypertension (12.4%)
  - 6,412 residents are living with diabetes (4.2%) in RBKC, mainly in areas of higher deprivation
  - Cancer screening is among the lowest in the country, with those with mental health needs least likely to access screening
  - 2,690 residents (11% of the population) aged 65+ are estimated to have a common mental disorder, e.g. anxiety and depression
- Vaccinations
  - Compared with the England average (87%), a significantly lower percentage of children in RBKC (68%) have received two doses of MMR immunisation at or before the age of five
  - Uptake of the flu vaccination in winter by people who are at greater risk of developing serious complications if they catch flu is low; for example, just under half (47%) of under-65s in clinical risk groups take up the flu vaccine; in 2020-21, 64% of the over-65s (19,578) had a flu vaccination, well below the target rate of 85%

### **Opportunities for further community pharmacy provision**

Based on these priorities and health needs, community pharmacy can be commissioned to provide services that can help and support the reduction of the variances seen in health outcomes across RBKC.

#### **A. Existing services**

##### **Essential Services**

Signposting for issues such weight management and health checks.

## Advanced Services

Some of the existing Advanced Services could be better used within RBKC, i.e. NMS, including a focus on particular health needs in the population for these services, e.g. diabetes, coronary heart disease.

The flu vaccination uptake is below the national average in RBKC; uptake of the flu vaccination in winter by people who are at greater risk of developing serious complications if they catch flu is low; for example, just under half (47%) of under-65s in clinical risk groups take up the flu vaccine; in 2020-21, only 64% of the over-65s had a flu vaccination. Flu vaccination is available from many community pharmacies in RBKC who are well placed for residents to access this service. Highlighting the service availability in community pharmacies may help to improve the uptake of flu vaccination.

There are several new or recently introduced Advanced Services being implemented that could be beneficial to the population of RBKC based on the identified health needs, including:

- Hypertension case-finding service

This is a recently introduced Advanced Service. The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a ‘clinic check’). The second stage, where clinically indicated, is offering 24-hour ambulatory blood pressure monitoring. The blood pressure test results will then be shared with the patient’s GP to inform a potential diagnosis of hypertension.

- Hepatitis C testing service

The service is focused on provision of Point-of-Care Testing (POCT) for hepatitis C (Hep C) antibodies to People Who Inject Drugs (PWIDs), i.e. individuals who inject illicit drugs such as steroids or heroin, but who haven’t yet moved to the point of accepting treatment for their substance use. Where people test positive for Hep C antibodies, they will be referred for a confirmatory test and treatment, where appropriate.

- Stop smoking

There is a new stop smoking Advanced Service for people referred to pharmacies by a hospital, which has been commissioned from January 2022 (delayed). The service is aimed at stop smoking support for those beginning a programme of smoking cessation in secondary care and referred for completion in community pharmacy. The Department of Health and Social Care and NHSE&I proposed the commissioning of this service as an Advanced Service.

Smoking is the highest cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, Chronic Obstructive Pulmonary Disease (COPD) and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver

and cervix. Levels of smoking have been decreasing in RBKC as well as in London and England.

In RBKC it is estimated that nearly 15% of the population are active smokers, although it is known that smoking levels in more deprived populations are higher.

### Enhanced Services

The London Vaccination Service could be reviewed and expanded to include some of the childhood vaccinations, with a view to improving uptake by providing better access to services during supplementary hours (evenings and weekends). Compared with the England average (87%), a significantly lower percentage of children (68%) have received two doses of MMR immunisation at or before the age of five.

### B. New services

Based on the local and national health needs identified throughout this PNA, there are opportunities for community pharmacy to positively impact outcomes.

- Sexual Health

Sexual health services are not currently commissioned in community pharmacies in RBKC. Of respondents to the public questionnaire, 46% indicated that they would wish to see such services available from community pharmacies.

Sexual health services are commissioned by many local authorities in community pharmacy settings across England; models of care and service level agreements could be easily implemented within RBKC.

Based on the identified health needs around sexual health, provision of services to include STI screening and/or treatment may be beneficial. In addition, coupling such services with the hepatitis C testing Advanced Service could be advantageous.

From the pharmacy contractor questionnaire, EHC is the service most frequently identified as there being a 'particular need' or 'like to provide' if commissioned. Teenage pregnancy rates are 5.3 per 1,000, compared with 9.8 for London and 13 for England, which would indicate that there is good provision from other providers, however the opening times of community pharmacies during evenings and weekends could be beneficial in this area.

- NHS Health Check

This is a national programme for people aged 40–74 that assesses a person's risk of developing **diabetes, heart disease, kidney disease** and **stroke**. It then provides the person with tailored support to help prevent the condition, advising on lifestyle changes to reduce their risk. Nationally, there are over 15 million people in this age group who should be offered an NHS Health Check once every five years, and local authorities are responsible for commissioning NHS Health Checks. Health Checks are available from other providers in RBKC, e.g. GP practices.

Prevalence of many of these areas of ill health are not above the national averages, however they continue to have a significant impact on the health of the population and are national health priorities.

## Possible disease-specific services

The following are examples of disease-specific services that have been commissioned in some areas of England either by NHSE&I or CCGs. These would be seen as add-on services to Advanced Services or could be commissioned separately. There are many examples of different service types on the PSNC website: those below are described to give an idea of the type of service available. The conditions listed have been identified as health priorities either as causes of ill health in RBKC or in the NHS LTP

- **Weight management**  
There are many different examples of weight management services already provided from a number of community pharmacies in England. These may be targeted to localities, e.g. areas of higher deprivation or coupled with programmes for other ill health e.g. cardiovascular disease or diabetes.  
In 2019-20, 44% of adults in RBKC were estimated to be overweight.
- **Diabetes**  
Diabetes-focused pharmacy (Wessex LPN). The framework is categorised into six elements: 1. The pharmacy team, 2. Prevention and lifestyle, 3. Complications of diabetes, 4. Education programmes, 5. Medicines adherence; 6. Signposting.  
Diabetes prevalence in RBKC is 4.2% and is increasing.
- **Lung cancer initiative**  
The Local Pharmacy Early Identification of Symptomatic Lung Cancer Patients Scheme (East Sussex) is to enable local awareness-raising, for example – ‘not ALL cough is COVID’. To support pharmacies to identify symptomatic patients who may come into the pharmacy and provide a pathway for those patients which the pharmacist can use. Local defined outcomes: 1. A reduction in the numbers of late, emergency presentations for patients with lung cancer in the Crawley area; 2. An increase in GP referral activity for lung cancer up to and beyond levels seen prior to COVID; 3. An increase in the number of patients who stop smoking; 4. Prevention of early deaths and patients dying undiagnosed of cancer.  
Cancer screening in RBKC is among the lowest in the country.
- **STI and HIV screening**  
Chlamydia screening is a service that is commonly provided by many community pharmacies across England. This service may also include a treatment arm.  
The Advanced Service for Hepatitis C testing uses a POCT methodology and these tests are also available for HIV testing. There have been many such services delivered from community pharmacies around England. Linking such services to the existing needle exchange services could be beneficial.  
STI positivity rates for HIV, syphilis, gonorrhoea and chlamydia in those aged 25+ are 10.6% (one of the highest in London).
- **Cardiovascular**

Atrial Fibrillation (AF) screening service (multiple areas). This service provides patients at high risk of AF with a consultation that gathers information and screens them for AF using a portable heart monitoring device called an AliveCor monitor. Patients who have this arrhythmia detected will be counselled by the pharmacist about the implications of the diagnosis and referred to their GP for ongoing management. The pharmacy consultation will: 1. Screen identified cohorts for AF using a portable heart monitor device; 2. Counsel the patient on the results of the analysis; 3. Where appropriate, send the report and refer the patient to their GP for further investigation and management; 4. Offer advice on a healthier lifestyle; and 5. Signpost the patient to other services available in the pharmacy such as a Stop Smoking Service or Weight Loss Support Service

- Mental health

Mental Health Support Scheme (NHS England – South (Wessex)). Commissioned as a community pharmacy Enhanced Service pilot within Dorset. The aim of the pilot is to test a model of community pharmacy support for suitable clients who are under the care of the Dorset Healthcare University Foundation Trust Community Mental Health Team (CMHT). The pilot will assess whether community pharmacy support improves medicines optimisation in this group of clients and reduces the number of readmissions to the service.

Patient eligibility for the service is:

- Under care of CMHT;
- Recently discharged from in-patient services;
- Aged 18–65;
- No diagnosis of dementia; and
- Willing to use a regular pharmacy.

During the first appointment, the pharmacist, key worker and patient will discuss the referral and agree the support that will be given and the review period. The pharmacist will:

- Provide the service as agreed at the first appointment
- Discuss with the patient at each interaction if there any issues with managing or taking their medicines
- Contact the patient's CMHT and/or GP, if appropriate
- Signpost to other services, if appropriate

11% of the RBKC population aged 65+ is estimated to have a common mental health disorder, e.g. depression and anxiety

- Respiratory

Asthma inhaler technique (Greater Manchester) The purpose of the Improving Inhaler Technique through Community Pharmacy service is to provide a brief intervention service to patients receiving inhaled medication for respiratory disease. The service is available to patients registered with a GP practice in Greater Manchester presenting a prescription for inhaled respiratory medication for the treatment of asthma or COPD to a participating pharmacy.

## **Recommendations**

**1. Highlight to the public the services that are currently available from community pharmacies to support the improved utilisation of these existing services.**

**2. Identify the best way to deliver the new Advanced Services**

Smoking cessation, hepatitis C screening and hypertension case-finding can meet the health needs of RBKC, potentially in targeted wards.

**3. Consider the provision of new Locally Commissioned Services**

To meet specific health needs in RBKC, e.g. NHS Health Checks, diabetes, weight management, sexual health, respiratory, cardiovascular, mental health or cancer screening.