

# Pharmaceutical Needs Assessment for the Royal Borough of Kensington and Chelsea

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2018-2021



THE ROYAL BOROUGH OF  
KENSINGTON  
AND CHELSEA

**Compiled by Healthy Dialogues Ltd.**



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— Behaviour Change Solutions For Health —

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# Executive Summary

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Community pharmacies provide a range of services including dispensing medicines, promoting health and wellbeing and early detection of diseases. They can offer long opening hours and are situated in local communities, which means they can be more easily accessible than most other community health services. They are key to connecting local people and communities to healthcare and public health services that they need.

There is a strong network of 42 community pharmacies located throughout Kensington and Chelsea. This Pharmaceutical Needs Assessment (PNA) reviews the need for Pharmacy Services and assesses the current service provision to identify gaps. The PNA is a statutory responsibility of the Health and Wellbeing Board. It is used for informing decisions on applications for new pharmacies, changes in premises and services of existing pharmacies.

This PNA assesses the health and wellbeing needs of the population of Kensington and Chelsea with respect to pharmacy services. The current pharmacy provision and their services have been examined in detail, including users' views. Key findings are outlined below.

## Key Demographics and Health Needs

- Kensington and Chelsea is a small yet densely populated borough with a large working-age population. The population, particularly the older population, is expected to rise substantially in the coming years
- Golborne, Dalgarno and Notting Dale are the wards with the highest density, levels of deprivation and BME population. Additionally, life expectancy levels are lowest in Dalgarno
- Poverty is rising in Kensington and Chelsea; one-fifth of children are from low-income families and 14.2% of people experience fuel poverty
- Cancer, circulatory diseases and respiratory diseases account for the biggest differences in life expectancy between the more affluent and the more deprived in the borough
- Recorded mental illness and sexually transmitted infections are high in Kensington and Chelsea
- Excess weight and dental decay in children are high
- There is likely to be a long-lasting impact on the physical and mental health and wellbeing of the population of North Kensington as a result of the Grenfell Tower Disaster of June 2017

## Key Findings from User Views

- Overall people are happy with the pharmacy services they receive in the borough.
- Respondents of our community survey mostly use the pharmacies for prescription medication, over the counter medication and repeat prescriptions.
- The top three services respondents would use, if provided, were health checks, travel vaccinations and disposal of unwanted/unused medications.
- Suggestions for improvement included providing longer opening hours and improving accessibility for wheelchair users.

## Health and Wellbeing Board Statements on Service Provision

The categorisation of these services into those stipulated by the PNA regulations are summarised in the table below.

Necessary services: current provision (Schedule 1, paragraph 1)	Necessary services: gaps in provision (Schedule 1, paragraph 2)
Pharmacy provision in Kensington and Chelsea is sufficient for supplying a necessary pharmaceutical service in the borough.	No gaps in necessary services.
<b>Other relevant services: current provision (Schedule 1, paragraph 3)</b>	
<ul style="list-style-type: none"> <li>• Medicine Use Review service</li> <li>• New Medicine Service</li> <li>• Appliance Use Reviews</li> <li>• Stoma Appliance Customisation Service</li> <li>• National NHS England Flu Service (Advanced Service)</li> <li>• NHS Urgent Medicines Supply Advanced Service (NUMSAS)</li> </ul>	
<b>Other services (Schedule 1, paragraph 5)</b>	
<p><b>Commissioned Services:</b></p> <ul style="list-style-type: none"> <li>• Out of Hours Palliative Care Service</li> <li>• NHS Health Checks</li> <li>• Supervised Administration</li> <li>• Needle Exchange Services</li> <li>• Stop Smoking Services</li> </ul> <p><b>Privately Provided Services:</b></p> <ul style="list-style-type: none"> <li>• Minor Ailments Scheme</li> <li>• Emergency Hormonal Contraception</li> <li>• Care Home Advice service</li> </ul>	
<b>Improvements and better access: gaps in provision (Schedule 1, paragraph 4)</b>	
<ul style="list-style-type: none"> <li>• Child and Family Weight Management Services</li> <li>• Sexual Health Screening and Treatment</li> </ul>	

### Necessary Services

Necessary services are fundamental for patients to obtain prescribed medicines in a safe and reliable manner. All pharmacies are required to deliver and comply with the specifications for all essential services.

The range of options for dispensing NHS prescriptions, facilities within pharmacies, the range of opening hours and the close proximity of pharmacies to local residents are sufficient for supplying a necessary pharmaceutical service.

However, there are opportunities for commissioners to work with existing pharmacies to widen provision of opening hours during early mornings and late evenings, particularly with those pharmacies located within or near St Helens, Nottingdale, Norland and Holland wards.

## Other Relevant Services

These are services provided which are not necessary to meet the need for pharmaceutical services in the area, but which nonetheless have secured improvements or better access to pharmaceutical services. They include:

- Medicine Use Review service
- New Medicine Service
- Appliance Use Reviews
- Stoma Appliance Customisation Service
- NHS Urgent Medicine Supply Advanced Service
- National NHS England Flu Service (Advanced Service)

These services are sufficient for supplying a relevant service with no gaps.

## Other Services

Other services are services that are provided or arranged by a local authority, NHS England or delivered privately to meet the needs of local populations. The Health and Wellbeing Board is satisfied that these services are sufficient to secure improvement, or better access to pharmaceutical services, in its area. In Kensington and Chelsea these include:

- Out of Hours Palliative Care Service
- NHS Health Checks
- Supervised Administration
- Needle Exchange Services
- Stop Smoking Services
- Minor Ailments Scheme
- Emergency Hormonal Contraception
- Care Home Advice service

## Improvements and Better Access

The Kensington and Chelsea Health and Wellbeing Board has identified certain services, listed below, that though not currently commissioned would, if commissioned through existing pharmacies, secure improvements, or better access to pharmaceutical services of a specific type. These are:

- Child and Family Weight Management Services
- Sexual Health Screening and Treatment

## Response to the Grenfell Tower Disaster and Emergency Medical Planning

During the Grenfell Tower Disaster, local pharmacists and their Local Pharmacy Committee worked with NHS England to implement an emergency response to supply immediate emergency medicines to residents affected. Local pharmacies supported volunteering doctors to compile and write prescriptions and worked with NHS111 to enable authorisation of pharmacy supplies to affected patients.

## Recommendations

Recommendation 1: No pharmacies are open before 9am and after 7pm in St Helens, Nottingdale, Norland and Holland wards. The Health and Wellbeing Board recommends that

commissioners engage with pharmacies in and around these wards to widen provision of opening hours.

Recommendation 2: NHS Pharmacies are contracted to participate in up to six public health campaigns each year. Only one campaign per year has been delivered through pharmacies in recent years. Better co-ordination between NHS England, Public Health England, CCGs and Local Authorities to ensure pharmacies are better utilised to deliver key health promotion messages to the public is recommended.

Recommendation 3: Two pharmacies are commissioned to provide out of hours palliative care drugs in the borough. Further exploration by relevant stakeholders to identify if there is a current or future need for more provision of out of hours palliative care drugs is recommended.

## **Summary**

Kensington and Chelsea Health and Wellbeing Board are satisfied that the current pharmacy provision is sufficient for supplying a necessary and relevant pharmaceutical service for the borough.

# Chapter 1 – Introduction

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## Role of Pharmacies

- 1.1 Community pharmacists and their teams work at the heart of communities and are trusted professionals in supporting individual, family and community health. Community pharmacies are often patients' and the public's first point of contact and, for some, their only contact with a healthcare professional. Community pharmacies are not only a valuable health asset, but also an important social asset because often they are the only healthcare facility located in an area of deprivation.
- 1.2 Pharmacies provide a range of care responsibilities for patients and the public including dispensing medications, providing basic health checks, healthcare and preventative care and educating patients on the use of prescriptions and over-the-counter medications.

## Purpose of the Pharmaceutical Needs Assessment

- 1.3 The Pharmaceutical Needs Assessment (PNA) identifies the key health needs of the local population and how those needs are being fulfilled, or could be fulfilled, by pharmaceutical services in different parts of the borough. The role of the PNA is twofold:
  - to inform local plans for the commissioning of pharmaceutical services and
  - to support the 'market entry' decision making process (undertaken by NHS England) in relation to applications for new pharmacies or changes of pharmacy premises.
- 1.4 As outlined in the 2013 regulations, this PNA describes pharmaceutical services in terms of the following summary categories:

**Necessary Services – Current Provision:** services currently being provided which are regarded to be “necessary to meet the need for pharmaceutical services in the area”. This includes services provided in the borough as well as those in neighbouring boroughs

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

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

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

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

## Policy Background Relating to the PNA

- 1.5 From 2006, NHS Primary Care Trusts (PCT) had a statutory responsibility to assess the pharmaceutical needs for its area and to publish a statement of its assessment and of any revised assessment. This was generally undertaken by public health teams within the PCTs.
- 1.6 With the abolition of Primary Care Trusts and the creation of Clinical Commissioning Groups in 2013, Public Health functions were transferred to local authorities. Health and Wellbeing Boards were introduced and hosted by local authorities to bring together Public Health, Adult Social Care, Children’s services and Healthwatch.
- 1.7 The Health and Social Care Act of 2012 put the responsibility of the developing and updating the Pharmaceutical Needs Assessments and Joint Strategic Needs Assessments on the Health and Wellbeing boards.
- 1.8 The 2018-21 Pharmaceutical Needs Assessment must be produced and published by 1st April 2018. The Health and Wellbeing Board are also required to revise their latest PNA publication if they deem there to be significant changes in pharmaceutical services within the 2018-21 timeframe.
- 1.9 The PNA must be put out for consultation for a minimum of 60 days prior to its publication. The 2013 Regulations list those persons and organisations that the Health and Wellbeing Board must consult, which include:
  - Any relevant Local Pharmaceutical Committee (LPC) for the HWB area
  - Any Local Medical Committee (LMC) for the HWB area
  - Any persons on the pharmaceutical lists and any dispensing GP practices in the HWB area
  - Any local Healthwatch organisation for the HWB area, and any other patient, consumer and community group, which in the opinion of the HWB has an interest in the provision of pharmaceutical services in its area
  - Any NHS Trust or NHS Foundation Trust in the HWB area
  - NHS England
  - Any neighbouring Health and Wellbeing board
- 1.10 The NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations of 2013 and the Department of Health Information Pack for Local Authorities and Health and Wellbeing Boards provide guidance on the requirements that should be contained

in the PNA publication and the process to be followed to develop the publication. The development and publication of this PNA has been carried out in accordance with these Regulations.

- 1.11** Joint Strategic Needs Assessments are a strategic valuation of the health and wellbeing needs of the local population, and this PNA builds on the findings of the JSNA by supporting the commissioning and the development of appropriate, sustainable and effective pharmacy services. For further information on the JSNA please refer to <http://www.jsna.info>.

# Chapter 2 - Local health and wellbeing priorities

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- 2.1** All Health and Wellbeing boards are required to produce a Health and Wellbeing Strategy that sets out how partners will meet local health needs, improve outcomes and reduce health inequalities within the borough.
- 2.2** **The Kensington and Chelsea Joint Health and Wellbeing Strategy 2016 - 2021** sets out plans to address health inequalities and improve local initiatives that will transform how health and social care services are designed and delivered. Its aims are to “enable everyone to be as healthy as they can be; to start well, stay well and age well.”
- 2.3** The Health and Wellbeing Board and Partners will achieve this by working across organisational boundaries in the wider community to help people to have the jobs, housing, environment, and education they need to be healthy, happy and independent and support people to take greater responsibility for their own health. The strategy identifies four priorities for the local area:
1. Enabling good mental health for all
  2. Supporting children, young people and families to have the best possible start in life
  3. Addressing the rising tide of long-term conditions
  4. Delivering a sustainable health and social care system
- 2.4** Alongside this, the Royal Borough of Kensington and Chelsea Health and Wellbeing board are working with Hammersmith and Fulham and Westminster to pool together budgets to support health and social care services to collaborate more closely. This budget is called the **Better Care Fund** which aims to support residents in Kensington and Chelsea by providing people with the right care, in the right place, at the right time, including expansion of care in the community setting. This includes:
1. Helping people self-manage, providing care navigation, working in partnership with the local community and voluntary sector and local faith groups.
  2. Investing in locality-based social work, working alongside GPs and care navigators to prevent reliance on expensive health and social care packages. Reducing delayed discharges from hospital through strengthening 7-day social care provision.
  3. Integrating NHS and social care systems around the NHS number through a single point of access across health and social care, to ensure those frontline professionals, and ultimately all patients and service users, have access to all of the records and information they need.
  4. Improving outcomes through transforming the quality, consistency and coordination of care across nursing and care homes in Kensington and Chelsea and improving primary care support to our care homes.
  5. Coordinating dementia support across health and social care ensuring an effective pathway from early diagnosis to end of life care.

- 2.5 Northwest London Sustainability and Transformation Plans (STP)** outline how the Local Authorities and NHS within the sub-region, including Kensington and Chelsea will work together to radically transform the way they provide health and social care for the population. Their aim is to provide excellent quality care in the right place and when needed, help people to look after themselves and maximise opportunities to keep the healthy majority healthy. There are five delivery areas the STP will focus on:
1. Radically upgrading prevention and wellbeing
  2. Eliminating unwarranted variation and improving long-term condition management
  3. Achieving better outcomes and experiences for older people
  4. Improving outcomes for children and adults with mental health needs
  5. Ensuring we have safe, high quality sustainable acute services
- 2.6** Additionally Northwest London Collaboration of Clinical Commissioning Groups are launching **Prescribing Wisely**. Prescribing Wisely is a set of recommendations for GPs and other prescribers to reduce the prescribing of medicines that can be purchased without a prescription. This supports patient self-care as well as potentially reducing GP appointments and prescription costs.
- 2.7** In Kensington and Chelsea, GP surgeries, NHS hospitals, local community and social care services and local charities and voluntary organisations are all working in partnership to support the health and wellbeing of people aged 65 and over through a new integrated care service called **My Care My Way**. Through this model of care a number of elements of integration are already in place. The ambition is to further integrate separate teams into a Single Integrated Community Team with a single budget and management structure by 2019/20.
- 2.8** This PNA has taken these local policies and strategies into consideration when reviewing the pharmaceutical needs.

# Chapter 3 - The Pharmaceutical Needs Assessment Process

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- 3.1 This PNA has been developed using a range of information sources to describe and identify population needs and current service provision from the network of community pharmacies (see Table 3.1). This includes:
- Nationally published data
  - Joint Strategic Needs Assessment
  - A survey to Kensington and Chelsea pharmacy providers
  - A community questionnaire to the patients and public of Kensington and Chelsea
  - Comments made during the consultation process

*Table 3.1 PNA 2018-21 data sources*

<b>Health need and priorities</b>	National benchmarking ward and borough-level data from Public Health England Kensington and Chelsea Joint Strategic Needs Assessment (JSNA) Office of National Statistics 2014 mid-year estimates Synthesis from national datasets and statistics
<b>Current Pharmaceutical Services</b>	Commissioning data held by the NHS England Commissioning data held by Royal Borough of Kensington and Chelsea Survey to community pharmacy providers Direct phone call with pharmacies to clarify any discrepancies
<b>Patients and the Public</b>	Community questionnaire

- 3.2 These data have been combined to describe the Kensington and Chelsea population, current and future health needs and how pharmaceutical services can be used to support the Health and Wellbeing Board (HWB) to improve the health and wellbeing of our population.

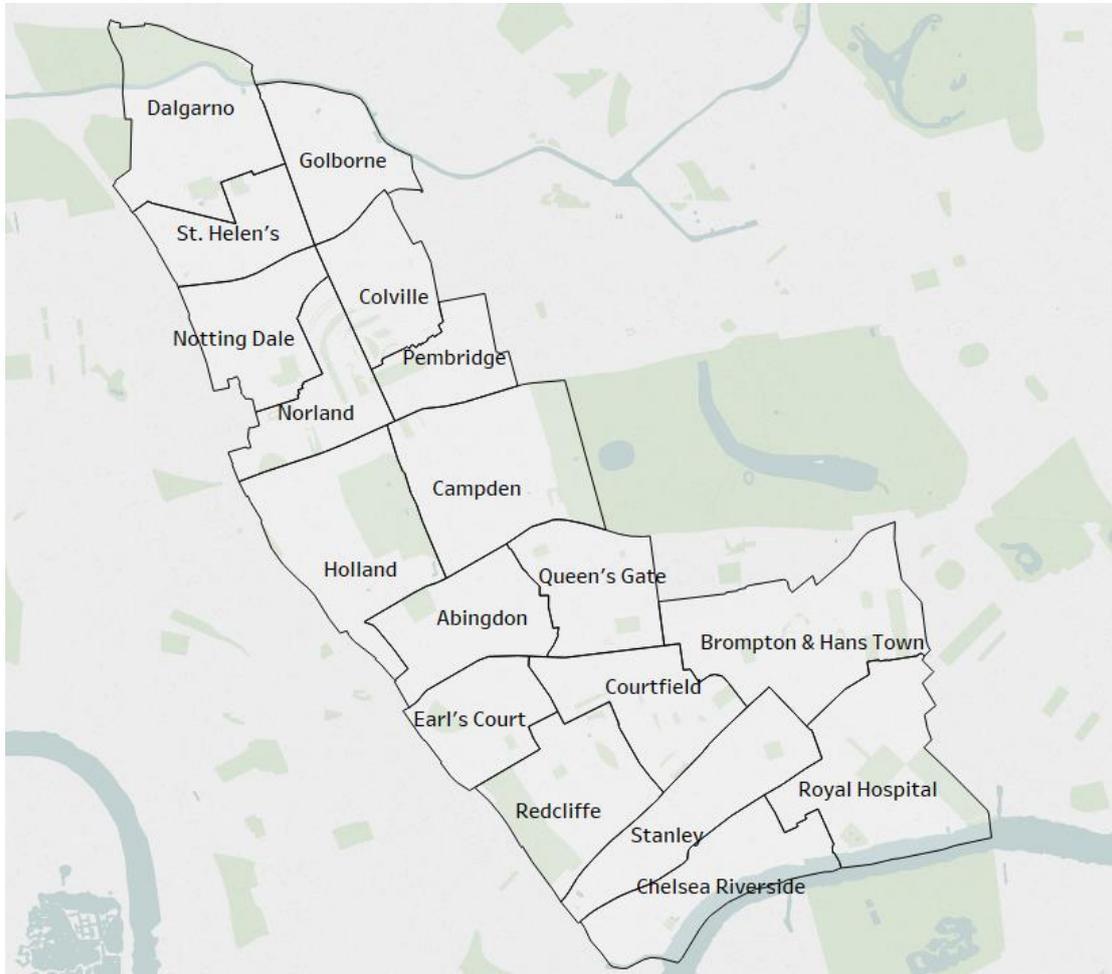
## Methodological considerations

### Geographical Coverage

- 3.3 For the purposes of the PNA the geographical area of Kensington and Chelsea is presented using two approaches to define localities:
- **Electoral wards** are used to summarise demographic and health need. Kensington and Chelsea has 18 in total which are illustrated in Figure 3.1.

- Provision and choice of pharmacies is determined by using a **500 metres radius** from the centre of the postcode of each pharmacy. This is considered to be approximately a 10-minute walk from the outer perimeter of the buffer zone created.

**Figure 3.1 Kensington and Chelsea Electoral Wards**



- 3.4** The rationale for using the more detailed “500m-radius” approach was to identify the range of access and service provision in a far more precise fashion than ward averages would allow. For example, where boundaries of wards are main roads, pharmacies on the opposite side of the road would not be counted towards the ward’s provision, thereby giving an inaccurate picture of provision; use of the more detailed 500m-radius approach avoids this. It also allows the PNA to assess the impact of pharmacies in surrounding boroughs that are within 500m of the borough border.
- 3.5** The 500m-radius approach illustrates where there is at least one pharmacy within 500m and where there is no pharmacy within 500m. The distance of 500m was chosen by the Steering Group as being a reasonable measure to identify variation and choice. However, whilst highlighting variation, it is not always used to determine gaps in services; in some instances, wider measures are more appropriate (e.g. where there is lower patient demand for services, such as needle exchange and dispensing outside normal working hours). These instances have all been stated in the relevant sections of the report.

### **Pharmacy Contractor Survey**

- 3.6** The contractor survey was sent to the pharmacies within Kensington and Chelsea and the response rate was 100%. Incomplete questionnaires were followed up with the pharmacies directly and opening hours were confirmed through the NHS Choices website. The results are referred to throughout this document.

### **Patient and Public Engagement and Assessment of Protected Characteristics**

- 3.7** A community pharmacy questionnaire was used to engage with over 120 people to understand their use and experience of local pharmacies from September to October 2017. The methods of engagement are outlined in Appendix C. A total of 105 usable questionnaires were collected through paper-based questionnaires or online. Information obtained from these surveys informed the analysis of the use and views of pharmacies by people from the protected characteristics and vulnerable groups.

## **Governance and steering group**

- 3.8** The development of the PNA was advised by a Task and Finish group whose membership included representation from:
- Kensington and Chelsea Public Health team
  - Clinical Commissioning Group
  - Kensington, Chelsea & Westminster Local Pharmaceutical Committee (LPC)
  - Healthwatch

The membership and Terms of Reference of the steering group is described in Appendix A.

## **Regulatory consultation process and outcomes**

- 3.9** This PNA was published for public consultation in December 2017 for 60 days. All comments have been considered and incorporated into this final report.

## **Additional Considerations regarding pharmacy funding**

- 3.10** From October 2016 the government has imposed a two-year funding package that will lead to 4% reduction in funding in 2016/17 and a further 3.4% in funding in 2017/18.
- 3.11** In consideration of these funding cuts the Department of Health introduced the Pharmacy Access Scheme (PhAS) in December 2016 to ensure that access to NHS community pharmaceutical services is protected, particularly in areas where there are higher health needs. Qualifying pharmacies, i.e. those with high dependency and located where pharmacy services are sparse, receive an additional payment that will protect them from the full effect of the reduction in funding imposed from December 2016.
- 3.12** The Government has also introduced a Quality Payment Scheme from December 2016 to March 2018. Pharmacies qualify for additional funding if they meet the following four criteria:
- Provision of at least one advanced service
  - NHS Choices entry up to date
  - Staff able to send and receive NHS email
  - On-going utilisation of the Electronic Prescription Service (EPS).

# Chapter 4 - Demographics & Health Needs

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- 4.1** Much of the demographic and health information included here is covered in graphical detail in this chapter as well as in the Joint Strategic Needs Assessment (JSNA) for the Royal Borough of Kensington and Chelsea. The JSNA identifies current and future health and social care needs of the borough's population and analyses whether these needs are being met locally. For the borough's highlights report please see <https://www.jsna.info/online/highlightreports>.
- 4.2** The analysis of health needs and population changes are outlined in three sub-sections of this chapter: Population Characteristics and Projections; Wider Determinants of Health and Inequalities and Risk Factors for Mortality and Morbidity.
- 4.3** The aim of this chapter is to present an overview of health and wellbeing in Kensington and Chelsea, particularly the areas likely to impact on needs for community pharmacy services. This includes an analysis of the latest Kensington and Chelsea population and inequalities projections.
- 4.4** All the maps that follow present the size of population in relation to different factors such as population density, wellbeing and smoking prevalence. They are displayed in gradients, whereby the lowest the marker, the lighter the colour. The gradients are illustrated in the legends attached to each map.
- 4.5** Several data sources have been used to examine the Kensington and Chelsea population. The main data source is the Office of National Statistics (ONS) 2014 mid-year estimates (used for age, sex, and ethnicity, and for projections of future population size) and Public Health England, which draws its data from a range of sources including surveys, ONS and a range of NHS monitoring data. Analysis was completed in October 2017.

## Population Characteristics and Projections

### Summary of Population Characteristics

- 4.6** Kensington and Chelsea is a small Inner London borough, but densely populated and vibrant Central London borough. The population is unusual in that it has a large proportion of older working age residents and very few children, as well as high levels of international migration and cultural diversity. Rich and poor live side by side, particularly in the north of the borough. Some key characteristics of the local population have been summarised below (Table 4.1). Further detail is provided later in this chapter.

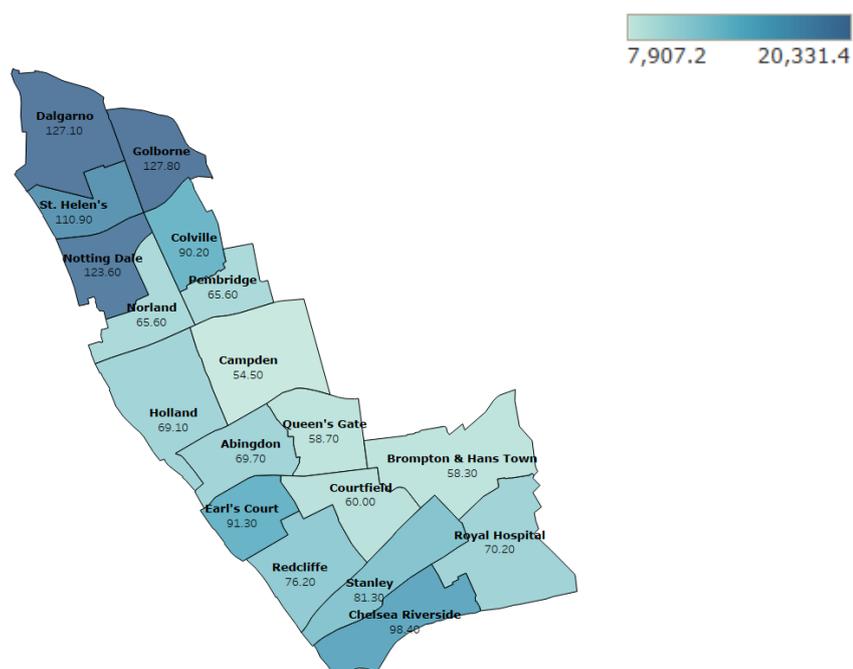
**Table 4.1: Population Characteristics at a Glance**

159,000	Residents	5 (4.95)	Live births each day
252,831	Daytime population in an average weekday	2 (2.3)	Deaths each day
80,200	Households	45.8%	State school pupils whose main language not English
1,200,000	Median house price	14.7%	Jobs in Public Sector
30%	From BAME groups	14,350	Local businesses
51.9%	Born abroad (2011 Census)	4.2%	Unemployment rate (JSA) (London 3.1%)
6,380	New migrants registered with a GP	Ranked 14th	Highest carbon emissions in London
28%	Main language not English	15.1%	Green space in Borough
Ranked 192nd	Income Deprivation Affecting Children Index (out of 326) (30th in London)	Ranked 177th	Most deprived borough in England (out of 326) (27th in London)
156,726	Registered with local GPs		

### Overall population

- 4.7** Kensington and Chelsea is a small and demographically unusual borough. Roughly 159,000 people live within just five squares miles, 131.1 people per hector making it the most **densely populated** borough in the UK. This is nearly three times the London average of 56.2 people per hectare.
- 4.8** North of the borough is more densely populated than the south. Golborne, Dalgarno and Notting Dale have the highest population density in Kensington and Chelsea (Figure 4.1).
- 4.9** The borough is also a busy tourist, retail and business area and therefore has a large influx of daytime visitors. Popular attractions such as the Museum complex in South Kensington and shopping streets such as King’s Road, High Street Kensington and Portobello Road draw people in whose requirement for pharmacy services may differ from local residents. People **commuting to work** in the borough and tourists raise daytime population to the 252,831.

**Figure 4.1 Population Density of Kensington and Chelsea per square kilometre by Ward, mid-2015 estimates.**

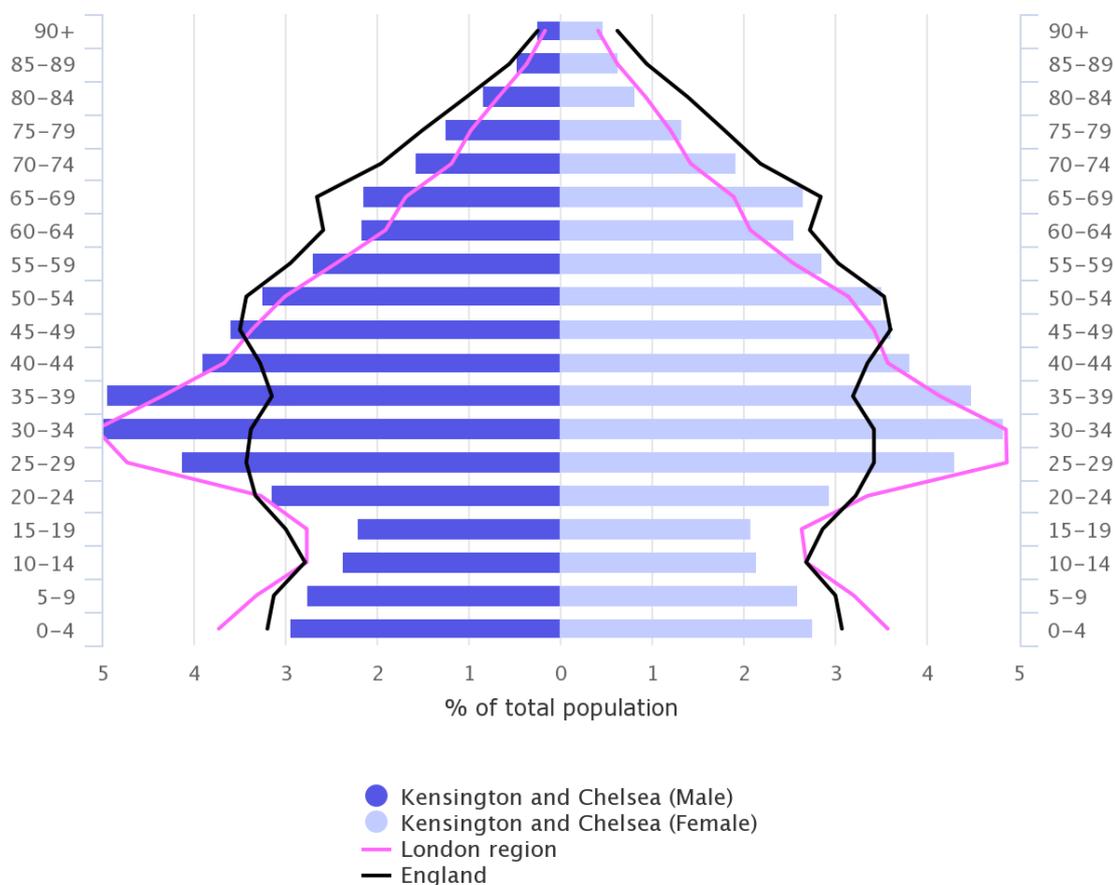


Source: ONS, 2015

### Age and Gender Structure

- 4.10 There are slightly more women than men living in the borough. As with elsewhere, there are a greater number of older women due to longer life expectancy.
- 4.11 Kensington and Chelsea has quite a large working age population, similar to that of the rest of London. The average age of the population is 39.3 years, about two years older than the London overall average age (37 years).
- 4.12 The borough has the 2nd smallest 0-15 population in London (not including City of London).
- 4.13 Those aged 65+ form a slightly larger proportion of the total population than London, but smaller than England (see figure 4.2).

**Figure 4.2: Proportion of resident population by age-band and gender, mid-year population estimates for Kensington and Chelsea, 2015**

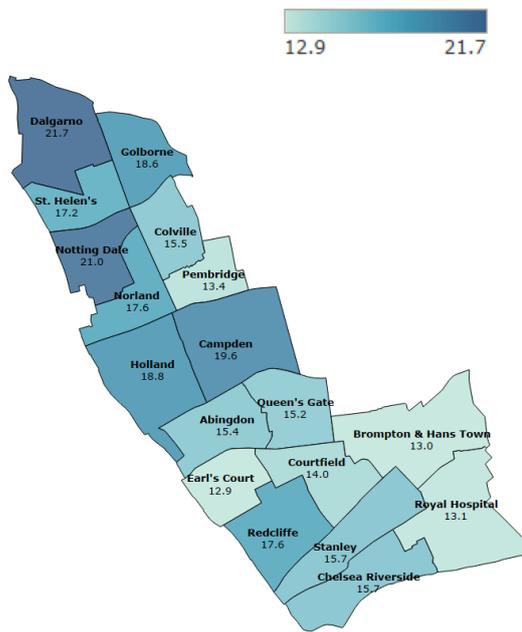


Source: ONS 2015

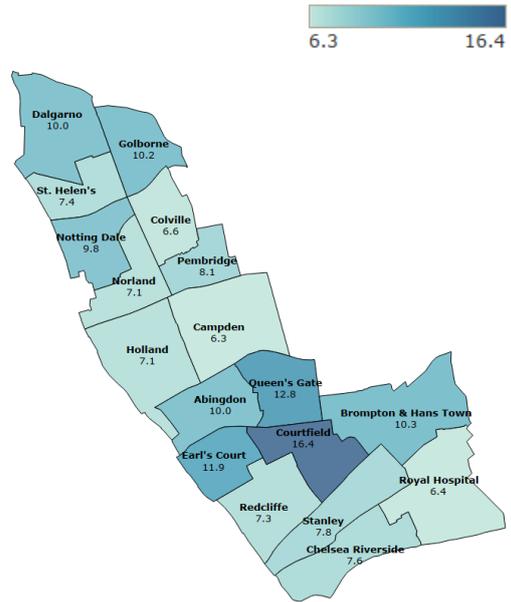
**4.14** An estimated 46.5% of residents are dependent on the working age population in the borough, much lower than England (60.7%). This is based on the number of dependants less likely to be working such as children under 16 years and those who are of state pension age or above.

**4.15** Most of the 0- 15 population live in the northern deprived wards including Dalgarno and Notting Barns, while a high proportion of older people live in the affluent southern parts of Kensington & Chelsea, particularly Royal Hospital (see figures 4.3 to 4.6).

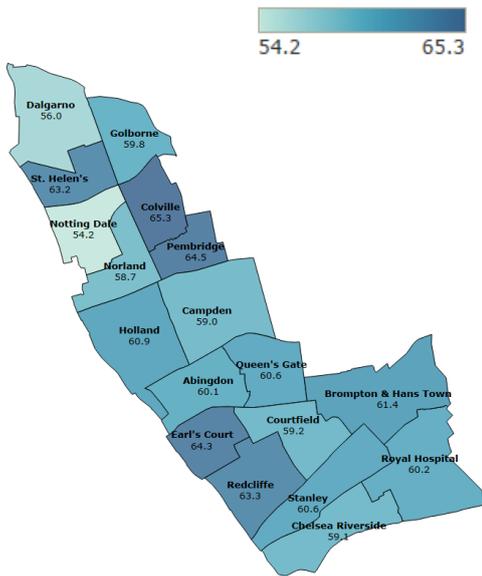
**Figure 4.3: % of 0-15 Population by Ward**



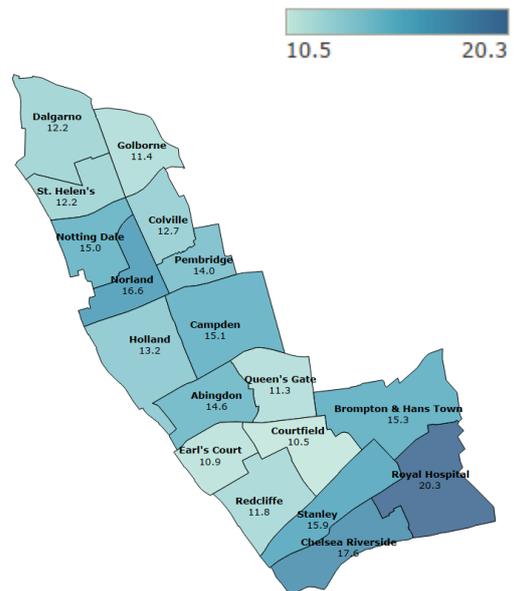
**Figure 4.4: % of 16-24 Population by Ward**



**Figure 4.5: % of 25-64 Population by Ward**



**Figure 4.6: % of 65+ Population by Ward**



Source: ONS Mid-year population estimates 2015

**4.16** It is expected that there will be an **increase in older people** in Kensington and Chelsea over the next decade due to improvements in the life expectancy of the baby-boom generation. Predictive modelling estimates a 22% increase of residents who are aged 65 and over by 2024.

#### Increasing elderly population

As the population ages, the demand on health care and dispensing services increases. Accessibility is an important factor for the elderly population. This is discussed in Chapter 5.

**Table 4.2 Projected population growth by age group for Kensington and Chelsea**

	2014	2024
<b>65-74</b>	12,333	12,935
<b>75-84</b>	6,375	9,341
<b>85+</b>	2,749	4,145
<b>Total 65+</b>	21,458	26,241

Source: PHE, 2017, based on ONS 2011 census

#### Ethnicity and diversity

**4.17** Over half (51.9%) of the resident population was **born abroad**, much higher than that of London (36.6%). The largest migrant groups are from the Unites States (5%), France (4.2%) and Italy (2.7%).

**4.18** Nearly a third (30.2%) of the Kensington and Chelsea resident population are from **BAME groups**. The borough has a smaller proportion of residents from 'White British', 'Black' and 'Asian' ethnic groups in comparison to London.

#### Pharmacy provision for cultural and language barriers

Areas where diversity is higher correlate with areas of higher levels of deprivation and poorer health. For example, Ethnic minority communities have higher incidence of long term conditions such as diabetes and cardiovascular disease.

Cultural and language barriers can create problems for people who wish to engage with healthcare services.

Pharmacies employ staff from diverse backgrounds who may be able to speak multiple languages.

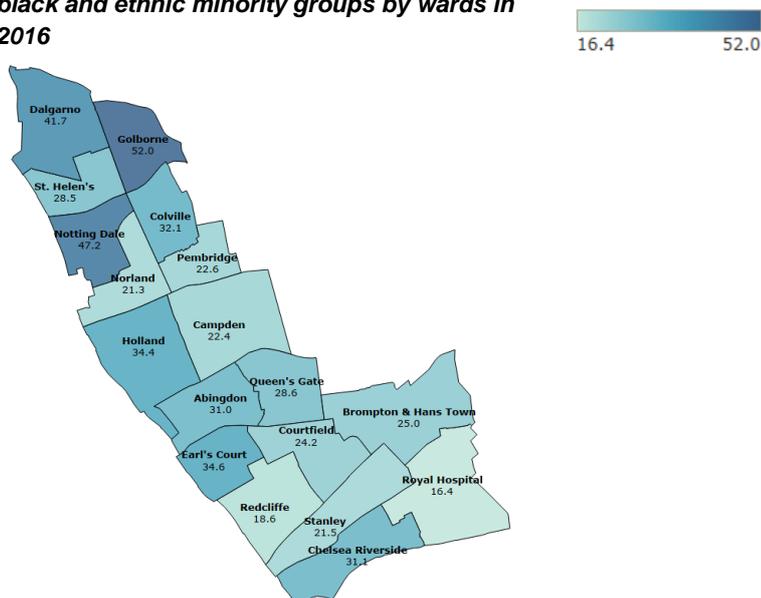
**Table 4.3 Black and Minority Ethnic population breakdown for Kensington and Chelsea, London and England and Wales**

Region	White	Mixed	Asian or Asian British	Black or Black British	Other
<b>Kensington and Chelsea</b>	70.61%	5.66%	10.00%	6.51%	7.22%
<b>London</b>	59.79%	4.96%	18.49%	13.32%	3.44%
<b>England and Wales</b>	85.97%	2.18%	7.51%	3.33%	1.01%

Source: ONS, 2011

4.19 Most of the Kensington and Chelsea Black and Minority Ethnic population reside in the northern wards of the borough, particularly, Golborne, Notting Dale and Dalgarno.

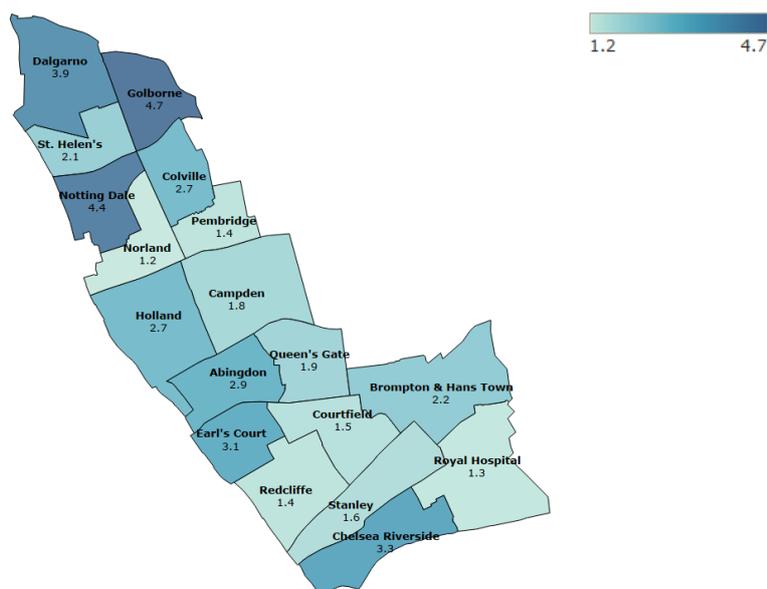
Figure 4.7: Percentage of black and ethnic minority groups by wards in Kensington and Chelsea, 2016



Source: PHE, 2017

4.20 Over a quarter (28%) of the borough's residents state their **main language is not English**. Figure 4.8 shows a breakdown of the population who do not speak English well or at all by ward. Golborne, Notting Dale and Dalgarno have the highest population who do not have proficiency in English, this correlates with the wards with the highest BME population.

Figure 4.8: Percentage of people that cannot speak English well or at all by Ward in Kensington and Chelsea in 2011



Source: PHE, 2016

4.21 French, Arabic, Spanish and Italian are the most commonly spoken languages other than English (Table 4.4).

**Table 4.4: Proportion of languages spoken in Kensington and Chelsea**

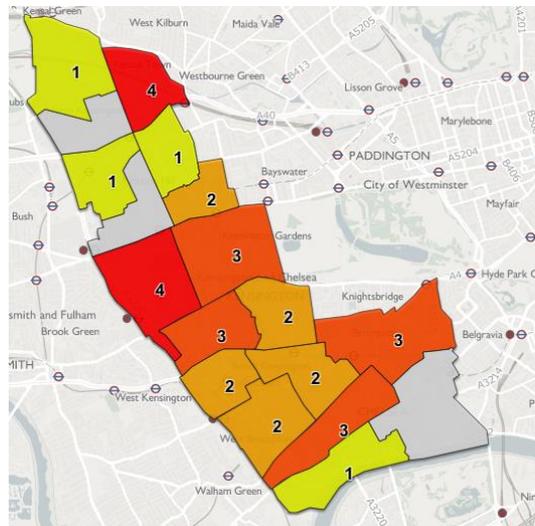
Language	%
English	72%
French	4.9%
Arabic	2.9%
Spanish	2.7%
Italian	2.4%
Portuguese	1.4%
German	1.4%
Tagalog/ Filipino	0.9%
Persian/ Farsi	0.9%
Russian	0.9%

Source: ONS, 2015

### Population Growth

**4.22** There are several proposed **large-scale development sites** in the borough that may result in significant and concentrated increases in population if completed. All of these are likely to require reconsideration of pharmaceutical requirements if progressed. At present, timescales for development are likely to be longer than the timescale of the 2018-2021 PNA.

**Figure 4.9: Number of medium and large-scale housing development sites that have acquired planning permission in Kensington and Chelsea from October 2018**



Source: Local Government Association, 2017

**4.23** According to the Greater London Authority, there are 34 development schemes proposing 10 or more units. 16 construction sites have started construction while another 18 have obtained planning permission as at October 2018 (Figure 4.9).

#### Changes in populations

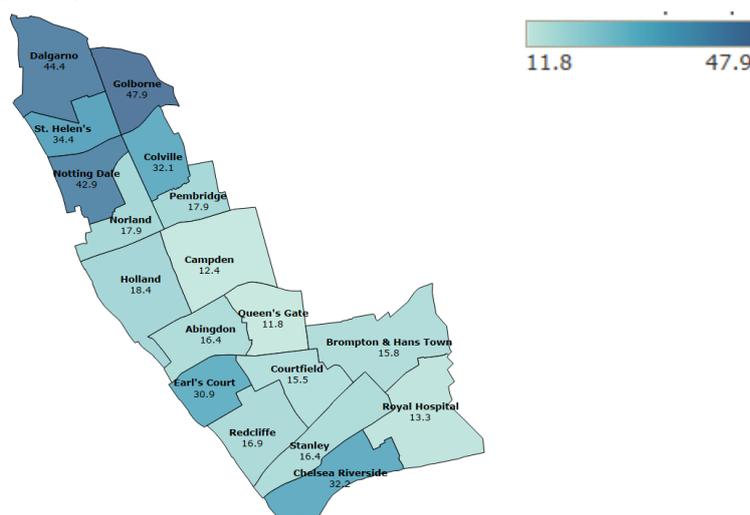
Population increases and new developments may increase demand on community pharmacy services, and different population groups will have different needs.

- 4.24 The **population of the borough is expected to increase** by 2.11% by 2021 to 165,367 residents. These figures are based on mid-year population estimates and assumptions such as future fertility, mortality and migration.
- 4.25 There are currently no other known factors that could affect changes in the patterns of the population or social traffic of Kensington and Chelsea.

## Wider Determinants of Health and Inequalities

- 4.26 There are a range of social, economic and environmental factors that impact on an individual’s health behaviours, choices and goals and ultimately their health outcomes. These are outlined in Fair Society, Healthy Lives: The Marmot Review report and include life expectancy, healthy life expectancy, education, employment and fuel poverty to name a few, which we explore in this chapter.
- 4.27 The **Index of Multiple Deprivation** is a combined measure of deprivation based on a total of 37 separate indicators that encompass the wider determinants of health and reflect the different aspects of deprivation experienced by individuals living in an area. The 37 indicators fall under the following categories: Income Deprivation, Employment Deprivation, Health Deprivation and Disability, Education, Skills and Training Deprivation, Barriers to Housing and services, Living Environment Deprivation and Crime.
- 4.28 Figure 4.10 illustrates the vast differences between the north and south of the borough. The wards with this highest multiple deprivation scores are Golborne, Dalgarno and Notting Dale. Queen’s Gate and Campden have the lowest scores for multiple deprivation.

**Figure 4.10 The Index of Multiple Deprivation scores in Kensington and Chelsea by ward in 2015**



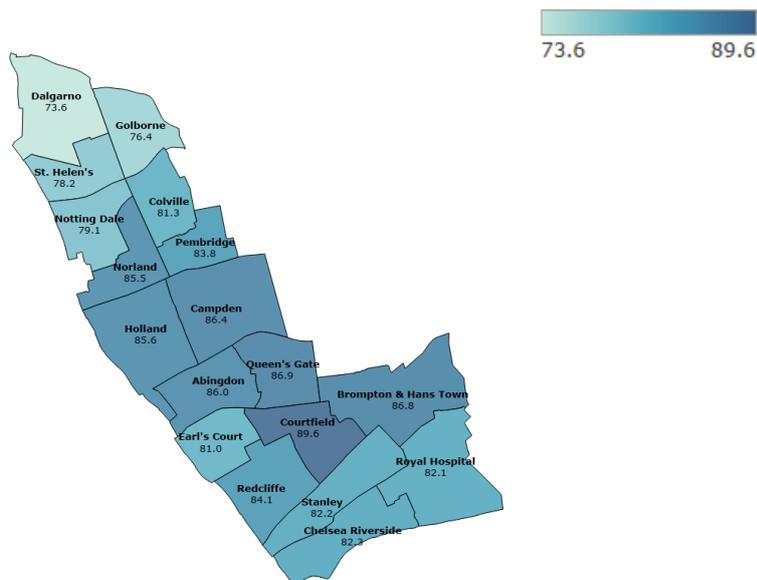
Source: PHE, 2016

- 4.29 **Life expectancy** for males at birth in Kensington and Chelsea is 83.4, and 86.4 years for females. This is among the highest nationally and more than three years higher than the national figures for life expectancy.

**4.30** There is significant variation in life expectancy across the social gradient in Kensington and Chelsea. The **Slope Index of Inequality**, which measures the absolute difference in life expectancy between the most and least deprived areas, shows a 13.8 year life expectancy gap for men and a 5.7 year gap for women between those who live in the most deprived areas and the least deprived areas.

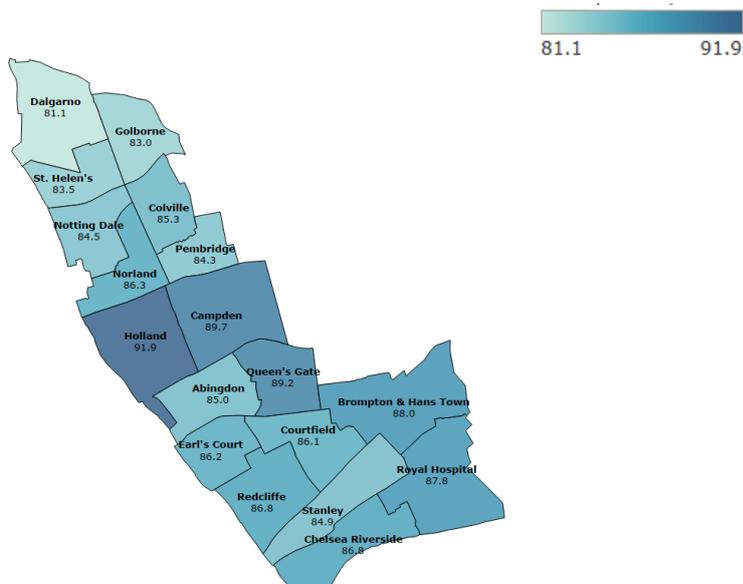
**4.31** A breakdown by wards as illustrated in Figures 4.11 and 4.12 shows that Dalgarno has the lowest life expectancy in the borough for both genders. Courtfield has the highest life expectancy for Males and Holland has the highest life expectancy for Females.

**Figure 4.11: Life expectancy at birth of Males by Ward in Kensington and Chelsea in 2015**



Source: PHE 2016

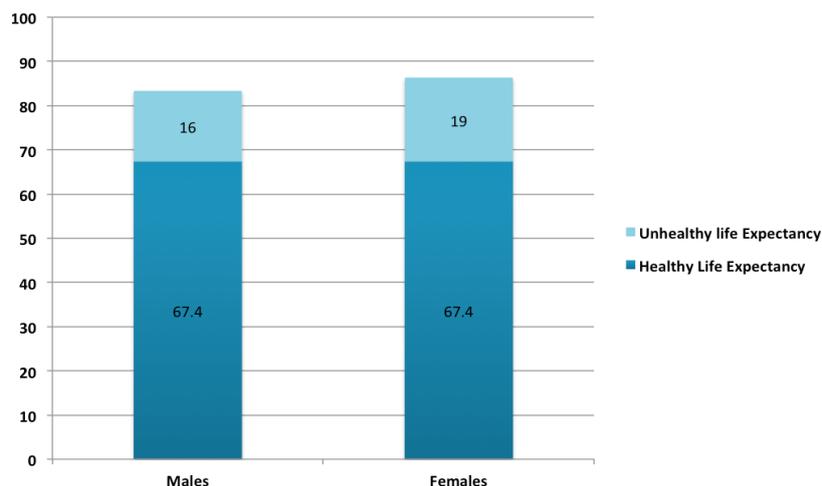
**Figure 4.12: Life expectancy at birth of Females by Ward in Kensington and Chelsea in 2015**



Source: PHE 2016

- 4.32 Healthy life expectancy at birth** is the average number of years an individual should expect to live in good health considering age-specific mortality rates and prevalence for good health for their area.
- 4.33** Both males and females living in Kensington and Chelsea have a healthy life expectancy of 67.4. This is better than England figures. They indicate that males living in Kensington and Chelsea could live with ill health for 16 years and females for 19 years (see figure 4.13).

**Figure 4.13: Life expectancy and Healthy life expectancy in years for Males and Females in Kensington and Chelsea in 2015**



Source: PHE, 2016

**4.34** Kensington and Chelsea has a low **dependency ratio**. An estimated 46.5% of the population are dependants, meaning that they are less likely to be working (for example, children under 16 or those of state pension age or above). This is much lower than England where an estimated 60.7% of people are dependants.

**4.35** However, 371 (3.4%) of working age population of the borough are long-term unemployed (based on 2016 figures), this is slightly lower than the England rate at 3.7%.

**4.36** 3,840 children residing in the borough are from **low-income families** (22%), significantly worse than the overall national figure of 20.1%.

**4.37** A higher rate of people experience **fuel poverty**; 14.2% of people did not have enough income to afford sufficient fuel in 2014, higher than the national rate of 10.6% and an increase from 10.7% from the previous year.

#### Pharmacy provision within deprived communities

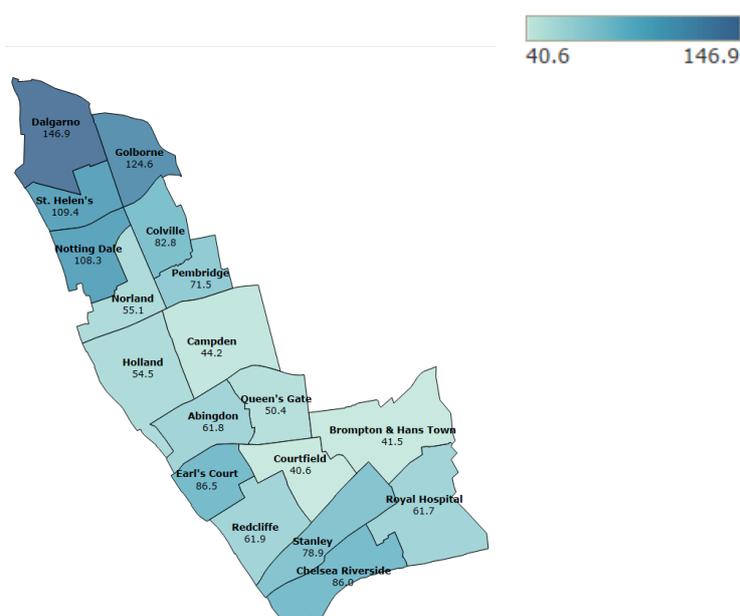
Access to community pharmacy services in the communities where there is high deprivation is important in addressing health inequalities.

The PNA will need to take into account whether the services provided by pharmacies are available in our most deprived communities and are sufficient to meet their local populations.

## Premature Mortality

- 4.38** The **standardised mortality ratio** is a good indicator of risk factors, prevalence and severity of disease, and the effectiveness of interventions and treatment. The differences of early mortality rates in different areas can reveal where focus is needed to reduce variation in life expectancy and health inequalities.
- 4.39** Figure 4.14 presents the standardised mortality ratio for deaths from all causes aged under 75, otherwise known as **premature mortality**. This measure is used to identify deaths usually considered 'avoidable'. Premature mortality is higher in the north of the borough, among the more deprived wards.

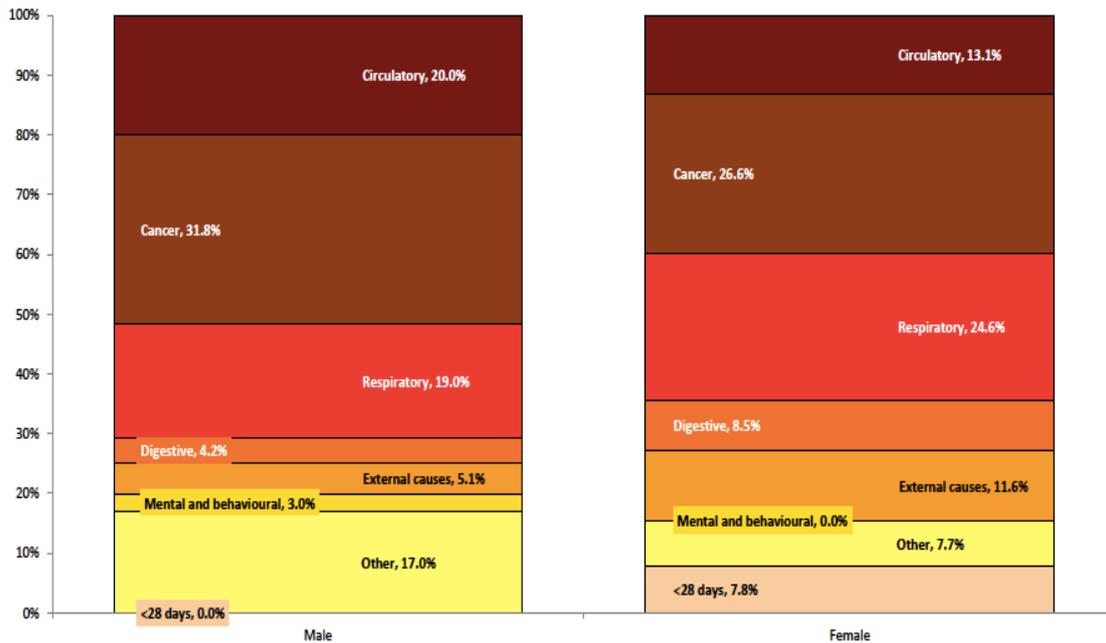
*Figure 4.14 Standardised mortality ratio 2010-2014 by Ward in Kensington and Chelsea in 2015*



Source: PHE, 2016

- 4.40** Cancer accounts for nearly one third (31.8%) of the **cause of the differences in life expectancy** in males from the borough. Following that is circulatory diseases such as coronary heart disease and stroke (20%) and respiratory diseases which includes flu, pneumonia and chronic obstructive airway disease (19%).
- 4.41** Cancer is the biggest **cause of the differences in life expectancy between deprivation quintiles in women**, accounting for 26.6%. This is followed by respiratory diseases at 24.6% and circulatory diseases at 13.1%. Figure 4.15 presents the differences in life expectancy by cause between the most deprived and the least deprived quintiles of the borough.

**Figure 4.15: Life expectancy gap between the most deprived quintile and the least deprived quintile for Kensington and Chelsea by broad cause of death, 2012-2014**



Source: PHE, 2017

### Medicine Use Reviews and the New Medicine Service

Many long-term conditions such as Circulatory or respiratory diseases and cancers, are managed with medicines. Pharmacy services play an important part of the long-term conditions pathway by ensuring that medicines are used effectively and safely and therefore improving outcomes for patients.

Pharmacies can support patients, clinicians and carers to achieve the maximum benefit from medicines whilst reducing the risks associated with treatment.

Targeted Medicine Use Reviews and the New Medicine Service can encourage patients to adhere to their prescribed regimen, help to manage medicines related risks and reduce re-admissions to hospital. It is recommended that patients with long-term conditions with multiple medicines should be reviewed at regular intervals.

### Cancer

**4.42** The overall **prevalence of new cases of all cancers** is 1.8% for NHS West London CCG. This is fairly similar to the regional figure of 1.7% and lower than the national figure of 2.4%. This may be a reflection of poor early diagnosis of cancer where chances of survival much poorer in areas of deprivation.

**4.43** The overall **prevalence of new cases of all cancers** is 1.8% for NHS West London CCG. This is fairly similar to the regional figure of 1.7% and lower than the national

figure of 2.4%. This may be a reflection of poor early diagnosis of cancer where chances of survival are much poorer in areas of deprivation.

**4.44** NHS West London **screening coverage** is low compared to the rest of London. It is the poorest performing CCG for bowel screening coverage 2nd poorest for cervical screening coverage 4<sup>th</sup> poorest for 3 year breast screening coverage. Population diversity, migration and high use of private services create a constant challenge to improvement.

**4.45** Despite the low screening coverage, the **premature mortality rate for cancer**, i.e. under 75 years, is low when compared with regional and national figures. Currently 111.3 per 100,000 residents of the borough die prematurely each year from cancer, compared with 129.7 for London and 138.8 for England. This is the 4th lowest figure of the London boroughs.

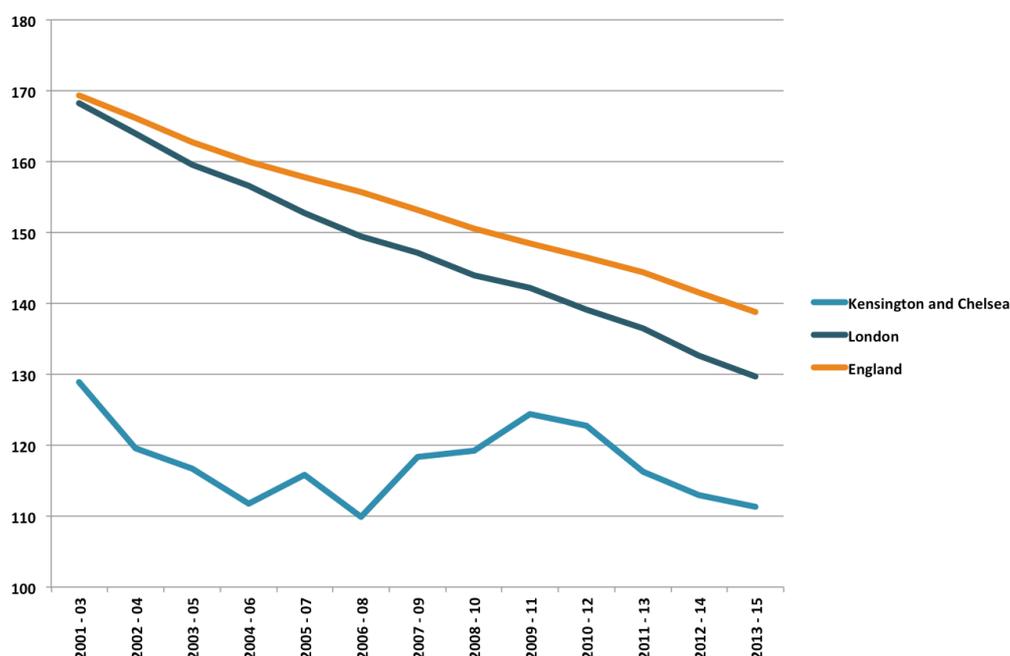
**4.46** Premature mortality has been substantially lower than England and London overall since 2001 (see Figure 4.16).

#### Early detection and diagnosis of cancers

Pharmacists can play in an important role in the early detection and diagnosis of cancer.

Raising awareness and talking to patients about signs and symptoms of different cancers can result in earlier diagnosis and therefore better treatment options for patients.

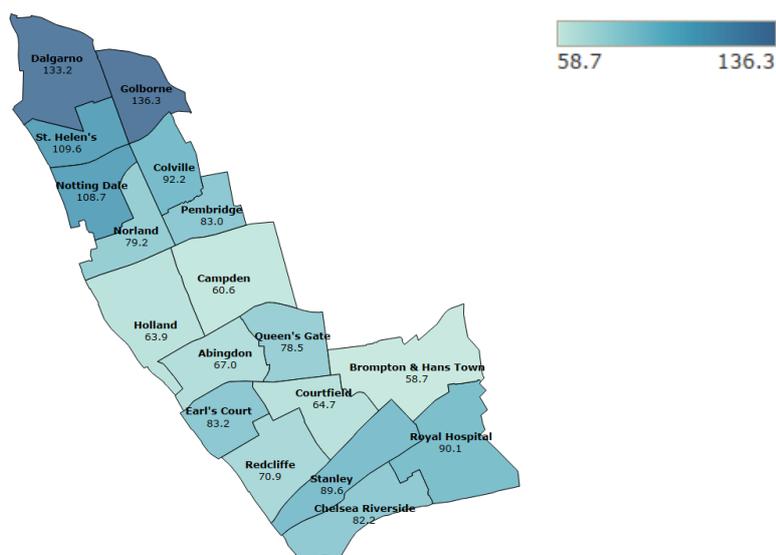
**Figure 4.16: Under 75 mortality rate from cancer for Kensington and Chelsea, London and England from 2001 to 2015**



Source: PHE, 2016

**4.47** Standardised mortality is highest at the northern, more deprived wards of the borough (see figure 4.17).

**Figure 4.17: Under 75 mortality rate from cancer by ward in Kensington and Chelsea, London and England from 2013 to 2015**



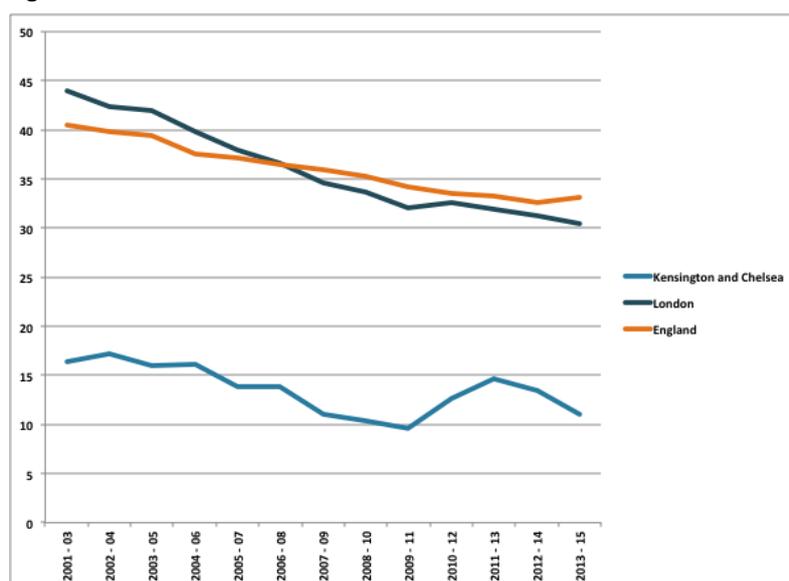
Source: PHE, 2016

### Respiratory Diseases

**4.48** Kensington and Chelsea has the fourth lowest rate of **deaths caused by respiratory diseases considered preventable** in London. 11.1 per 100,000 residents die each year from preventable respiratory disease, this is significantly lower than London and England rates.

**4.49** The rates of deaths by respiratory disease considered preventable have decreased in the last few years and have remained substantially lower than London and England since 2001 (see Figure 4.18).

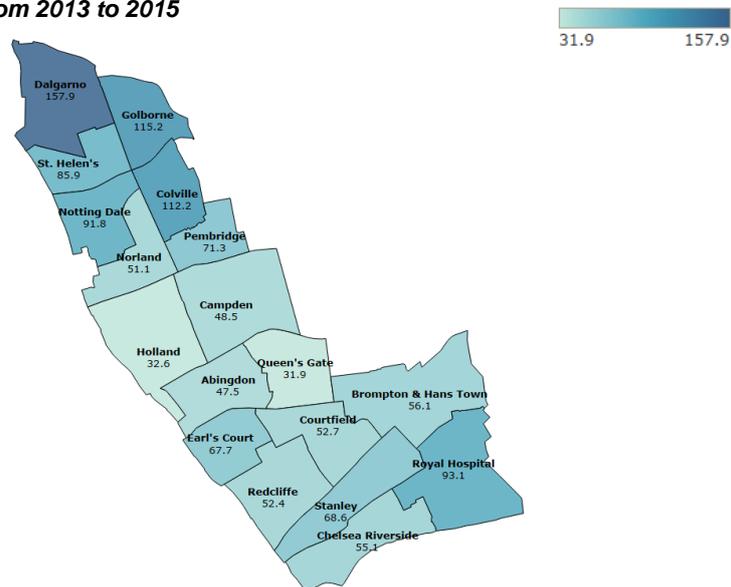
**Figure 4.18: Under 75 mortality rate from respiratory disease for Kensington and Chelsea, London and England from 2001 to 2015**



Source: PHE, 2016

**4.50** The **Under 75 mortality rate from respiratory disease** including those considered preventable and not preventable is higher in the northern wards where deprivation is highest (see Figure 4.19).

**Figure 4.19: Under 75 mortality rate from respiratory disease by ward in Kensington and Chelsea, London and England from 2013 to 2015**



Source: PHE, 2016

**4.51 Chronic Obstructive Pulmonary Disease (COPD)** is a highly preventable cause of morbidity and mortality that sits within respiratory diseases. Prevalence rates and hospital admission rates for COPD in Kensington and Chelsea are similar to that of London and lower than England.

**Medicine adherence**

Medicines are a key component of managing respiratory diseases and pharmacists have the expertise required to improve adherence to medication support the reduction of inappropriate use of medicines.

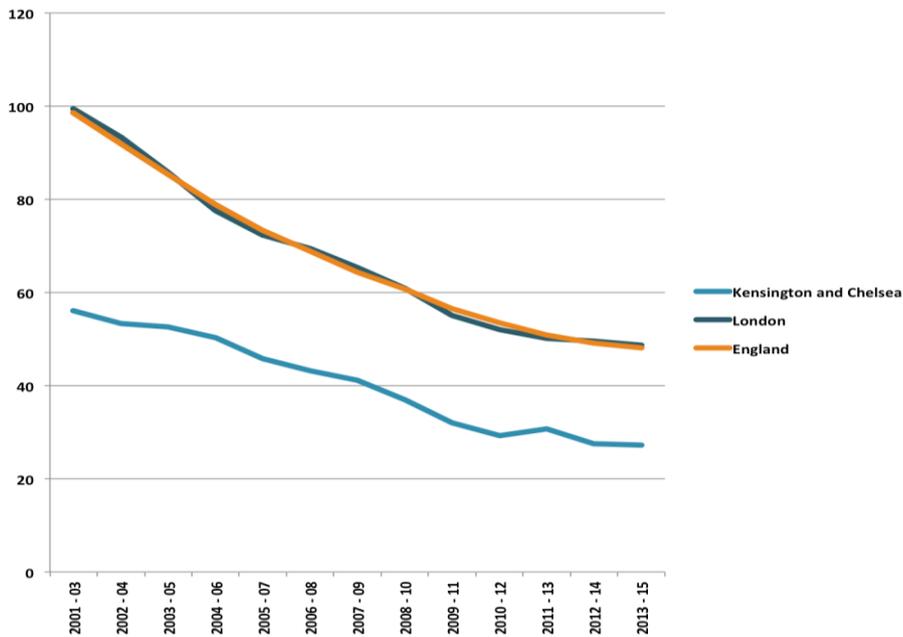
**4.52 Tuberculosis** is on the decline in Kensington and Chelsea. West London CCG recorded a three-year crude rate of 17.5 per 100,000 population that were diagnosed with TB. This is lower than the rest of London (30.4 per 100,000 population).

**Circulatory Diseases**

**4.53** The **premature death rate from cardio-vascular disease (CVD) considered preventable** is the lowest in London. In Kensington and Chelsea 167 people or 38.9 per 100,000 residents die from CVD considered preventable. This is substantially lower than London and England rates of 48.7 and 48.1 deaths per 100,000 population respectively.

**4.54** These rates have been lower than London and England since 2001 and have been reducing over the years (see Figure 4.20) and this is likely due to more timely high quality treatment, effective prescribing, and a reduction in the number of smokers.

**Figure 4.20: Under 75 mortality rate per 100,000 from cardiovascular disease for Kensington and Chelsea, London and England from 2001 to 2015**



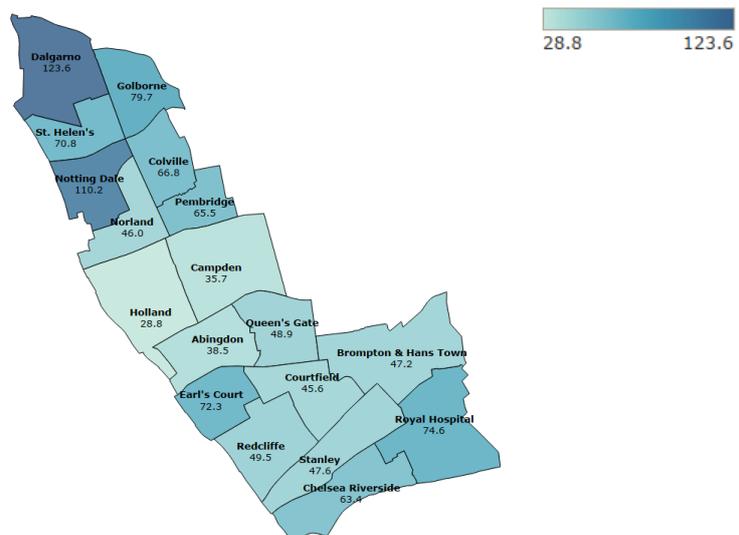
Source: PHE, 2016

**4.55** The under 75 mortality rate from CVD considered both preventable and non-preventable is higher in the northern, more deprived wards such as Dalgarno and Notting Dale (see Figure 4.21).

**NHS Health Checks**

Pharmacies may provide NHS Health Checks for people aged 40-74 years. This includes providing a full vascular risk assessment and along with advice and support to help reduce the risk of heart disease, strokes, diabetes and obesity.

**Figure 4.21: Under 75 mortality rate from circulatory disease by ward in Kensington and Chelsea, London and England from 2013 to 2015**



Source: PHE, 2016

4.56 Currently 27.8 per 100,000 residents of the borough die prematurely each year from **coronary heart disease**. This is lower than the national rate of 40.6 per 100,000 people. 10.2 people per 100,000 die of a stroke prematurely, similar to that of England.

## Risk Factors for Mortality and Morbidity

### Risk Factors in Adults

4.57 **Smoking** is the leading cause for preventable death in the world. 12.9% of adults surveyed in Kensington and Chelsea smoke. This is a lower rate than for London and England of 15.2% and 15.5% respectively.

#### Stop Smoking Services

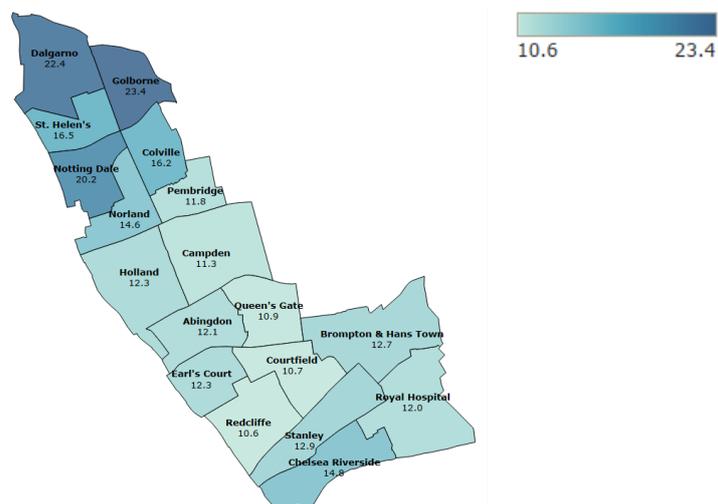
Pharmacies may provide proactive promotion of smoking cessation through to provision of full NHS stop smoking programme.

4.58 The proportion of adults who are overweight or obese in Kensington and Chelsea is 47.3%, the 2nd lowest in London. Yet this figure is still high. **Obesity** is recognised as a major determinant of premature mortality and avoidable ill health. The levels of obesity are markedly higher in the northern wards of Kensington and Chelsea when compared with the southern, more affluent wards. Golborne has nearly twice the level of obesity than Royal Hospital (see Figure 4.22)

#### Weight Management Services

Pharmacies can provide services that can promote healthy eating and physical activity, weight management services for adults who are overweight or obese or brief interventions to signpost patients towards increasing their physical activity and improving their diet.

Figure 4.22: % of adults who are obese by ward in Kensington and Chelsea 2016



Source: PHE 2016

4.59 Nearly a quarter (23.2%) of adults residing in the borough are considered **physically inactive**, meaning they engage in less than 30 minutes of moderate physical activity per week. People who are physically inactive increase their chances of cardiovascular disease, coronary heart disease and stroke. People who have a physically active

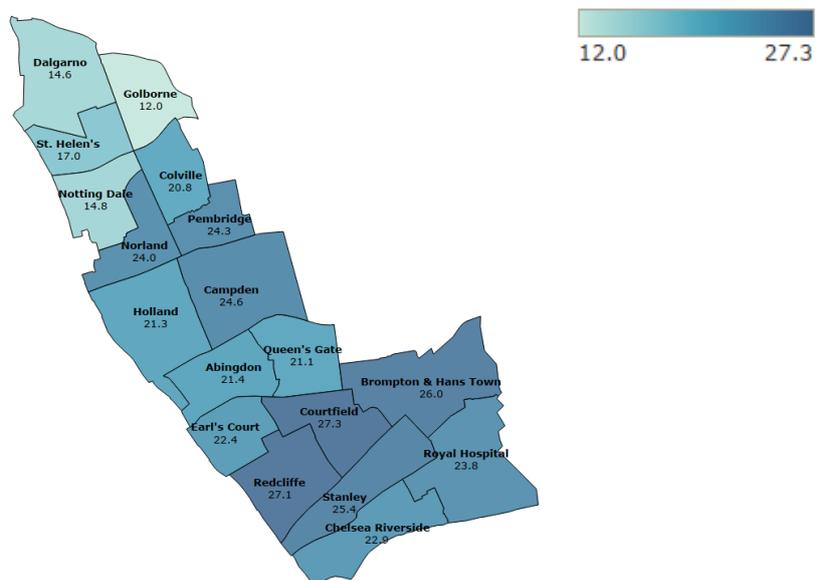
lifestyle reduce their risk of obesity, diabetes, osteoporosis and some cancers and improved mental health.

**4.60 Alcohol consumption** contributes to morbidity and mortality from a diverse range of conditions. 32.3 per 100,000 deaths are alcohol-related, the lowest in London (excluding City of London). 490 people per 100,000 residents were admitted to hospital in 2015/16, these are lower than national figures. Modelled estimates indicate that binge drinking is higher in the lower parts of the borough. The highest rates are in Courtfield and Redcliffe wards (Figure 4.23).

#### Alcohol Misuse Services

Pharmacies may provide Alcohol misuse services that include proactive brief interventions and advice on alcohol with referrals to specialist services for problem drinkers.

Figure 4.23: % of adults (16+) who binge drink in Kensington and Chelsea in 2015



Source: PHE, 2015

**4.61** There are currently 958 residents in Kensington and Chelsea are diagnosed with **HIV**; it is one of the highest rates for aged 15-59 in London. In 2014-16, 28.9% of cases were diagnosed late, compared to the London average of 33.7%. Late diagnosis carries with it an increased risk of poor health and death and it increases the chances of onward transmission.

#### Sexual Health Services

Pharmacies can widen the reach and accessibility of Sexual Health service provision including emergency hormonal contraception services; condom distribution; pregnancy testing and advice; chlamydia screening and treatment; other sexual health screening, including syphilis, HIV and gonorrhoea.

**4.62** Of those who are tested for **Sexually Transmitted Infections (STIs)**, 5.3% tested positively for an infection (excluding chlamydia) in Kensington and Chelsea, the fifth highest in London. Chlamydia detection rates are similar to the national average. Kensington and Chelsea have the second worst syphilis detection rate in London.

**4.63** Of those registered with a GP in Kensington and Chelsea, one in five (20.9%) are known to have a **common mental illness**. This is markedly higher than London (16.4%) and England (15.6%) which likely due to good identification and reporting by GPs in the borough.

#### Mental Health Services

The Grenfell Tower Disaster will likely have a substantial impact on the short and long-term physical health, mental health and overall wellbeing of residents of North Kensington. Those residing in Notting Dale and surrounding areas will be particularly affected.

**4.64** Kensington and Chelsea is the borough with the highest rate of people known with **Severe Mental Illness**. 1.46 % of people registered with a GP in Kensington and Chelsea are known to have a Severe Mental Illness. This is substantially higher than the London (1.03%) and nearly double the rate of England (0.84%) but likely due to good identification and reporting by GPs.

**4.65** These figures do not reflect the potential impact that the recent Grenfell Tower Disaster will have on the long-term mental health of residents.

#### Health Champions, Health Trainers

The 'walk-in' nature of pharmacies mean that they are ideally placed to offer opportunistic screening and brief interventions for a better health and wellbeing.

#### Risk Factors in Older Adults

**4.66** The proportion of older population is rising and older people are the biggest and costliest users of healthcare. The biggest costs are for those with complex needs, long-term conditions, and functional, sensory or cognitive impairment including Dementia.

Health Champions and Health Trainers support people to make positive health behaviour changes on topics such as smoking, alcohol, weight management, sexual health, physical activity and mental health.

**4.67** **Health-related quality of life** gives an indication of levels of good health, wellbeing and independence. This is measured using a health status score in the over 65s and looks at mobility, self-care, usual activities, pain / discomfort and anxiety / depression. In Kensington and Chelsea the average score is 0.769, slightly higher than the national norm of 0.733.

Healthy Champions and Health Trainers situated within pharmacies can bridge that gap between healthcare and the community and voluntary services that can support it.

**4.68** The number of people living with **dementia** is increasing. Approximately 1,036 people (4.3% of over 65s) are living with dementia in Kensington and Chelsea, half of whom are over 85 years of age. This is predicted to rise to 1560 by year 2025. This can have an impact on levels of paid and unpaid health and care provision.

**4.69** **Loneliness and isolation** of older people is a risk factor for ill-health and premature mortality. People who are lonely and socially isolated are more likely to need healthcare resources and long-term care. Over a third (37.4%) of Kensington and Chelsea's older generation (65+) are living alone and are at risk of loneliness and isolation.

**4.70 Falls** are the largest cause of emergency hospital admissions and a major cause of loss of independence, disability or death in older people. 2,044 per 100,000 emergency admissions for the over 65s in Kensington and Chelsea are due to falls. This is lower than London and national rates.

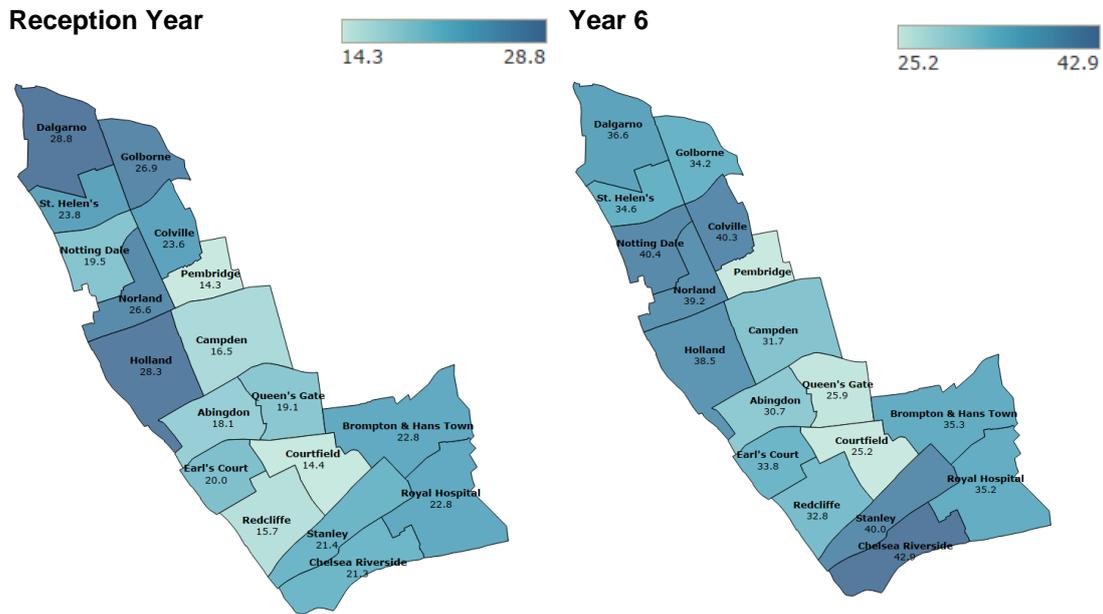
#### Falls Prevention

Pharmacy services can support people to manage their medicines and signpost them to services that can assist them to live independently, prevent falls thereby prevent hospital admissions.

#### Risk Factors in Children and Young People

- 4.71** The younger working population are usually considered to be low users of the healthcare system. However, pharmacies may provide enhanced services such as immunisations, minor ailment services and sexual health services which may be more accessible than GPs and secondary care and also reduce the demand on these services.
- 4.72** Over 1 in 10 (11.3%) of 15 year olds have a **long-term illness, disability or medical condition diagnosed by a doctor** in London. Young people from the more deprived areas are more likely to report poor health and this can have a significant impact on overall life chances.
- 4.73** There were 20 **under 18 conceptions** in the borough in 2015, this is slightly lower than our regional and national comparators. Teenage mothers nationally are three times as likely to suffer from post-natal depression, are less likely to breastfeed and more likely to smoke.
- 4.74** Based on the 2015/16 latest **GCSE** figures, pupils in Kensington and Chelsea are performing well. 65% of pupils achieved 5A\*-C GCSEs, an improvement from the previous year and significantly better than the national percentage of 57.8%.
- 4.75** Childhood obesity is on the rise and can have significant impact on health outcomes. A child who is overweight or obese can have increased blood lipids, glucose intolerance, type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.
- 4.76** One quarter of Reception age children (25.3%) are **overweight or obese**. This is the fourth-highest rate in London. Conversely, 34.4% of Year 6 children are overweight or obese, the sixth lowest rate in London.
- 4.77** At ward level, Dalgarno and Holland have the highest rates of excess weight in Reception year children, whereas Chelsea Riverside, Notting Dale and Colville have the highest rates in Year 6 children (see Figure 4.24).

**Figure 4.24: % of children who are overweight or obese in Reception and Year 6 by ward in Kensington and Chelsea**



Source: PHE, 2016

**4.78 Dental decay** is a highly preventable disease, caused by a high-sugar diet. One third (33.4%) of children have decayed, missing or filled teeth in Kensington and Chelsea. This is substantially worse than regional and national figures.

**Dental Health Promotion**

Due to the frequency of their contact with the public and in promoting health and wellbeing, pharmacists can be effective in raising awareness of oral health.

**4.79 Vaccinations** help prevent serious illness in children, especially potentially severe disease such as meningitis, whooping cough, and tetanus. Despite this, Kensington and Chelsea has significantly poorer coverage rates compared to the rest of England in all childhood vaccinations for which there is data.

**Vaccinations**

Due to better flexibility of opening hours and convenient locations, pharmacies can improve uptake of some vaccinations.

**4.80 Substance misuse** in young people is linked to mental health issues such as depression, disruptive behaviour and suicide. It is also linked to adverse experiences and behaviours such as truancy, exclusion from school, homelessness, time spent in care and serious or frequent offending. Eighty-one per 100,000 hospital admissions

**Substance misuse services**

Pharmacies can increase accessibility to a range of substance misuse services including needle and syringe services; supervised administration of medicines to treat addiction, e.g. methadone; hepatitis testing and hepatitis B and C vaccination; HIV testing; provision of naloxone to drug users for use in emergency overdose situations.

for 15-24 year olds in Kensington and Chelsea (2013/14 to 2015/16) are due to substance misuse, this is similar to England figures.

### **Summary of Demographics and Health Needs of Kensington and Chelsea**

Kensington and Chelsea is a small yet densely populated borough with a large working-age population. The population, particularly the older population is expected to rise substantially in the coming years, overall population will rise by 2.11% by 2021.

Golborne, Dalgarno and Notting Dale are the wards with the highest density, levels of deprivation and BME population. Additionally life expectancy levels are lowest in Dalgarno.

One-quarter of residents in Kensington and Chelsea state that their main language is not English, the most common languages spoken (other than English) are French, Arabic, Spanish and Italian.

One-fifth of children are from low-income families, and 14.2% of people experience fuel poverty, a substantial increase from recent years.

Cancer, circulatory diseases and respiratory diseases account for the biggest differences in life expectancy between the more affluent and the more deprived in the borough.

Cancer screening coverage is low in the borough when compared to national figures, however fewer people die prematurely from cancer when compared to London and national figures.

The number of people who suffer from mental illness are high in comparison to the rest of London and England, however this may be a reflection of better detection rates.

The Grenfell fire in June 2017 will have a yet unknown impact on mental health and morbidity in the north of the Borough.

Levels of key risk factors for poor health such as smoking, obesity, alcohol and physical activity in adults are good in comparison to regional figures. The same is true of detection rates for sexually transmitted diseases.

However, the rates of excess weight in children is the fourth highest for London, nearly one-third of children have had dental decay and coverage for childhood vaccinations are low.

Over one-third of older adults are living alone and are at risk of loneliness and isolation and approximately 4.3% have dementia. The rates of hospital admissions due to falls in older adults are lower than national figures.

# Chapter 5 - Patient and Public Engagement and the Protected Characteristics

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- 5.1** A community pharmacy questionnaire was used to engage with residents to understand their use and experience of local pharmacies from September to October 2017. This section discusses the results of this engagement and includes an examination of the health needs specific to protected characteristics and vulnerable groups that we have engaged during this process and the implications they may have on the PNA.
- 5.2** A “protected characteristic” means a characteristic listed in section 149(7) of the Equality Act 2010. There are also certain vulnerable groups that experience a higher risk of poverty and social exclusion than the general population. These groups often face difficulties that can lead to further social exclusion, such as low levels of education and unemployment or underemployment.
- 5.3** The questionnaire was approved for use with the local population by the PNA Steering Group and the communications team of the Royal Borough Kensington and Chelsea. This questionnaire is available as Appendix B in this document.
- 5.4** The engagement plan and methods of dissemination of the survey are referenced in Appendix C. We had identified 6 pharmacies to carry out some outreach; some of which were in the most deprived wards of the Borough. The engagement plan was not fully realised as we were unable to get sufficient engagement with community pharmacies. Only one pharmacy was amenable to hosting a community researcher to carry out engagement.
- 5.5** As part of the engagement process, we were instructed by the Steering Group to engage with Grenfell Tower residents to understand the needs of this group and the response of the Pharmacies in the aftermath of the disaster in June 2017. We approached several groups and engagement leads to gain access to existing forums or meetings, but this was challenging. We have since been informed that the Council has appointed a Public Health Consultant to carry out a detailed needs assessment with those affected by the Grenfell Tower Disaster. Findings from this needs assessment, and any impact or implications on pharmacy provision are expected in 2018/19.
- 5.6** We engaged with over 120 residents in Kensington and Chelsea. Paper copies and an online version were used for the purposes of this engagement. 20 questionnaires across could not be used as the information provided was insufficient for analysis.

**5.7** A total of 105 usable questionnaires were collected between 23rd Sept 2017 and 20th October 2017. A small number of respondents declined to answer some equal opportunities monitoring questions.

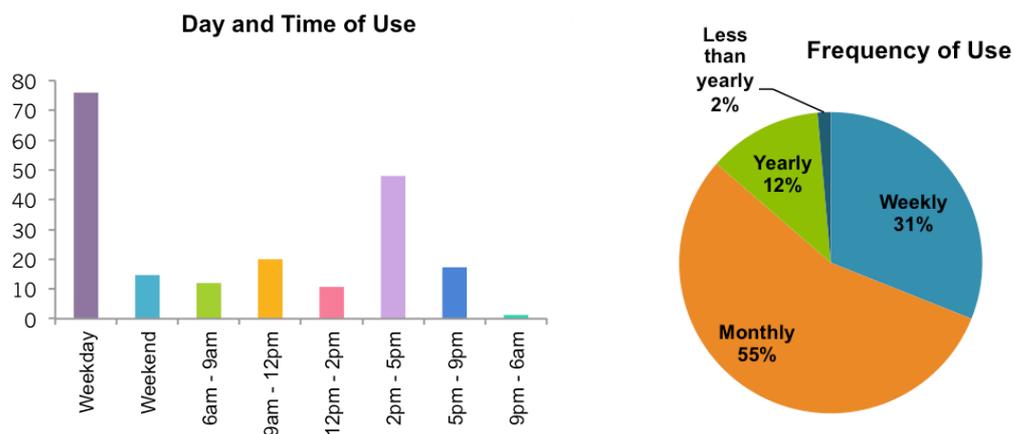
**5.8** The main sources of the questionnaires were Kensington and Chelsea Community Champions outreach, particularly the World’s End estate based team, pharmacy outreach in Colville Ward, and online survey links, disseminated through several newsletters and mailing lists.

## Results of the Community Pharmacy Questionnaire

### Use of Pharmacies

**5.9** **Times and frequency** of pharmacy use was explored. 55% of the sample population visit a pharmacy monthly and 31% weekly. Most people use pharmacies on weekdays between 2-5pm as illustrated in Figure 1.

*Figure 5.1: Times and frequency of use of Kensington and Chelsea pharmacies*



**5.10** 75% of the sample population were happy with the overall service they received from the pharmacies. Friendly staff was the main reason respondents use a particular pharmacy. The other reasons for using their pharmacy were good location, good access to public transport, knowledgeable staff and not having to wait too long for their prescriptions.

**5.11** The **top three pharmacy services used** by respondents were obtaining prescription medication, over the counter medication and repeat prescriptions.

**5.12** The **top three services respondents would use** if provided were Health checks including blood glucose, cholesterol, blood pressure and BMI (height and weight), travel vaccinations and disposal of unwanted/unused medications.

5.13 The **feedback** in the open text boxes was mainly positive with respondents saying they were happy with the services being provided (illustrated in Figure 5.2).

Figure 5.2: Word cloud of feedback from respondents on services in pharmacies.



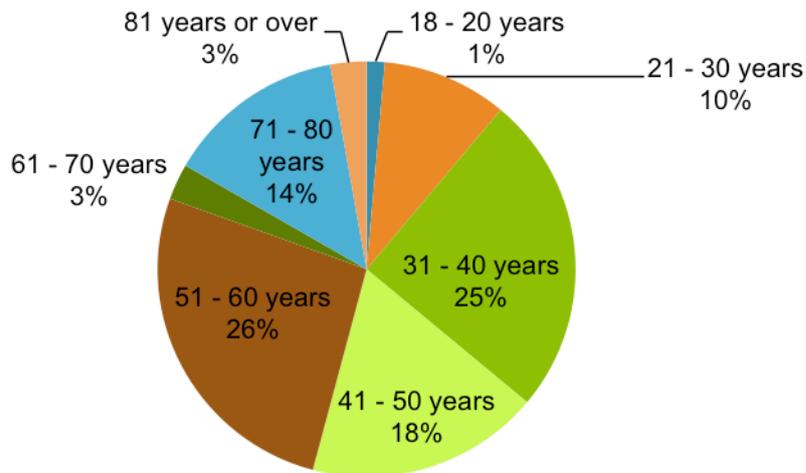
5.14 **Suggestions for improvement** were mainly around providing longer opening hours. A few respondents also mentioned long queues and insufficient space for wheelchairs and browsing as areas for improvement. A few respondents also mentioned, that the products in the pharmacy were expensive and targeted at high-income individuals and so they just used it to obtain prescription medication.

## Protected Characteristics

### Age

- 5.15 The current age profile and projections are discussed in the chapter on population statistics.
- 5.16 The single largest age group in the sample population was the 51-60 year olds with 31-40 year olds as the second largest group. There were 14 respondents who were 60+ years old.

**Figure 5.3: Age profile of survey respondents**

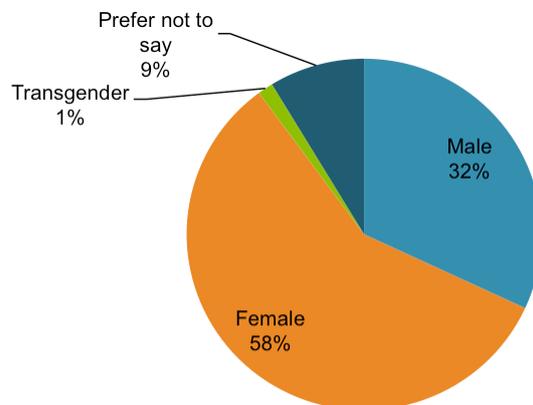


- 5.17 Pharmacies provide essential services to all age groups such as dispensing, promotion of healthy lifestyles and signposting patients to other healthcare providers.
- 5.18 Pharmacies providing services to vulnerable adults and children are required to be aware of the safeguarding guidance and local safeguarding arrangements.
- 5.19 The sample that we surveyed have not identified any gaps in access to the provision of pharmaceutical services based on age.

**Gender and gender reassignment**

- 5.20 Forty of the respondents were female, 22 men and one identified as transgender. Gender reassignment was not captured on the questionnaire (see Figure 5.4).

**Figure 5.4: Breakdown survey respondents by Gender**

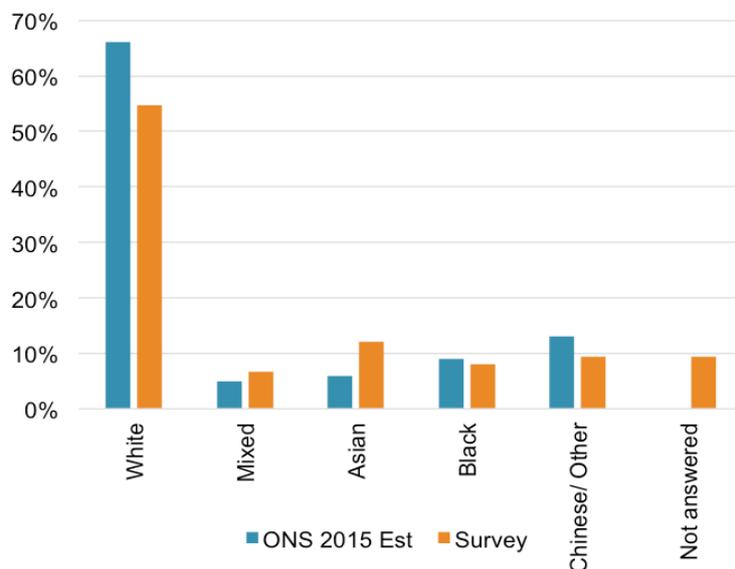


- 5.21 We found that women are more likely than men to use the pharmacy for their children, parents or other members of the family.
- 5.22 Other than that, the use and experience of pharmacies across genders was quite similar. Both men and women were satisfied with the overall service provided and good location was important to them when choosing their pharmacy.

**Ethnicity**

- 5.23 Of the respondents, 55 identified as White and 37 respondents identified as belonging to Black and other ethnic minority groups. White English was the single largest ethnic group followed by Asian. The ethnicity breakdown of the sample population is similar to the general population in the borough (see Figure 5.5).

**Figure 5.5: Comparison of breakdown of Ethnicity between ONS mid-year estimates and Patient and Public Survey respondents**



- 5.24 The experience and way in which pharmacies were used did not differ significantly.
- 5.25 The questionnaire has not identified any gaps in access to the provision of pharmaceutical services to the different ethnic groups.

**Religion and belief**

- 5.26 Kensington & Chelsea has a diverse population as noted in previous chapters and multiple religions are practiced within the borough. 27 respondents identified as Christian, and 12 each identified as Muslim and no religion (see Figure 5.6). A small number of respondents identified as Hindu or Buddhist.

5.27 No differences were noted in the experience and use of the pharmacies based on religion and belief and no gaps have been identified in the provision of services with respect to faith or belief.

### Employment Status

5.28 Thirty-six respondents identified as full or part time employed. Twenty-seven identified as unemployed, retired or students.

5.29 Employed respondents use the pharmacies on the weekend more than those who are unemployed or retired. Other than that, no significant differences are noted in the use and overall experience of local pharmacies.

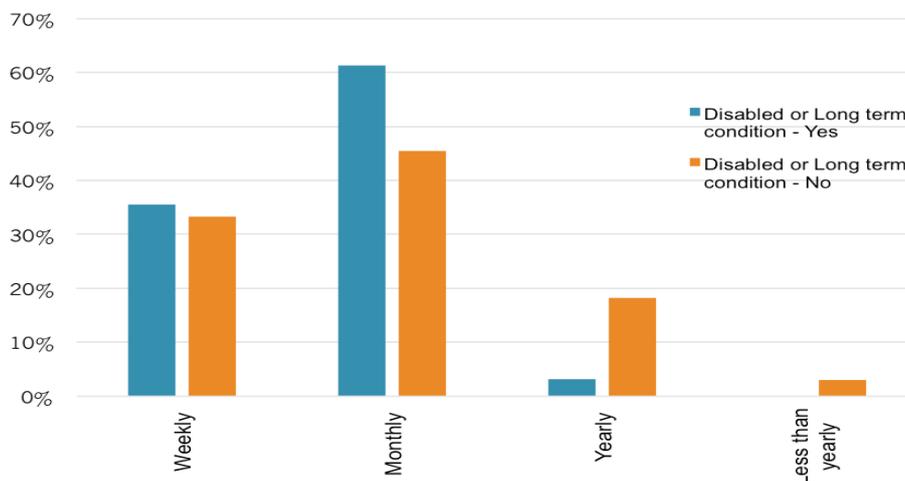
### Disability and Long-Term Conditions

5.30 All pharmacies must comply with the Disability Discrimination Act 1995 (now superseded by the Equality Act 2010). Pharmacy contractors will have assessed the extent to which it would be appropriate to install hearing loops, or provide access ramps wide aisles to allow wheelchair access. Accessible information formats are alternatives to printed information, used by blind and partially sighted people, or others with a print impairment.

5.31 Ten respondents said they had a disability and 29 respondents said they had a long-term condition, eight identified as having both. Because of the size of the sample, we have combined the results for those who identified as having a disability and/or long-term condition and the size of this combined sample is 31.

5.32 The frequency of pharmacy use by the group with disability and long-term conditions is mainly weekly and monthly. Yearly or less than yearly use is lower in this group as compared to the rest of the sample population (Figure 5.6).

**Figure 5.6: Frequency of pharmacy use by survey respondents with and without a long-term condition or disability**



**5.33** Based on the response to the questionnaires, the pharmacies are meeting the needs of this protected characteristic. Their overall satisfaction of using pharmacy services was similar to the rest of the sample and their top criteria for choosing the pharmacy they visited was the location. There were no comments on disability specific access requirements by the respondents themselves. However, a couple of respondents who didn't specifically identify themselves as disabled said that they felt that there wasn't enough space around the shelves for wheelchair users.

### **Sexual orientation**

**5.34** Fifty-seven respondents identified as heterosexual and 13 preferred not to disclose their sexual orientation. Therefore, no comments can be made on the use of pharmacies by people of different sexual orientations.

### **Marital Status**

**5.35** Forty-two respondents identified themselves as being single. Some identified as widowers/ divorced and for purposes of data analysis we classified them as single. It is suggested that these additional fields feature in future questionnaires. Thirty-one respondents identified as married, co-habiting or in a civil partnership.

**5.36** No differences were noted in the use and experience of those who are single and those who are married, co-habiting or in a civil partnership. The local pharmacies are meeting the needs of these groups.

### **Pregnancy and maternity**

**5.37** Our sample did not have any respondents who were pregnant or breastfeeding so we cannot comment on the use of pharmacies for this protected characteristic. Qualitative information captured through the questionnaire's open text boxes did not identify any comments on services relating to feedback or use of these services.

## Summary of the Patient and Public Engagement and the Protected Characteristics

Patient and public engagement was undertaken to understand how people use their pharmacies, what they use them for and their views of the pharmacy provision. It included an exploration of the health needs specific to protected characteristics and vulnerable groups.

Findings showed that overall people are happy with the pharmacy services in the borough. Respondents mostly use the pharmacies for prescription medication, over the counter medication and repeat prescriptions.

The top three services respondents would use if provided were Health checks, travel vaccinations and disposal of unwanted/unused medications.

Suggestions for improvement included providing longer opening hours and improving accessibility for wheelchair users.

**Overall findings show that the pharmacy provision is sufficient for supplying a necessary service with no gaps in the borough.**

# Chapter 6 - Access to Pharmaceutical Essential Services

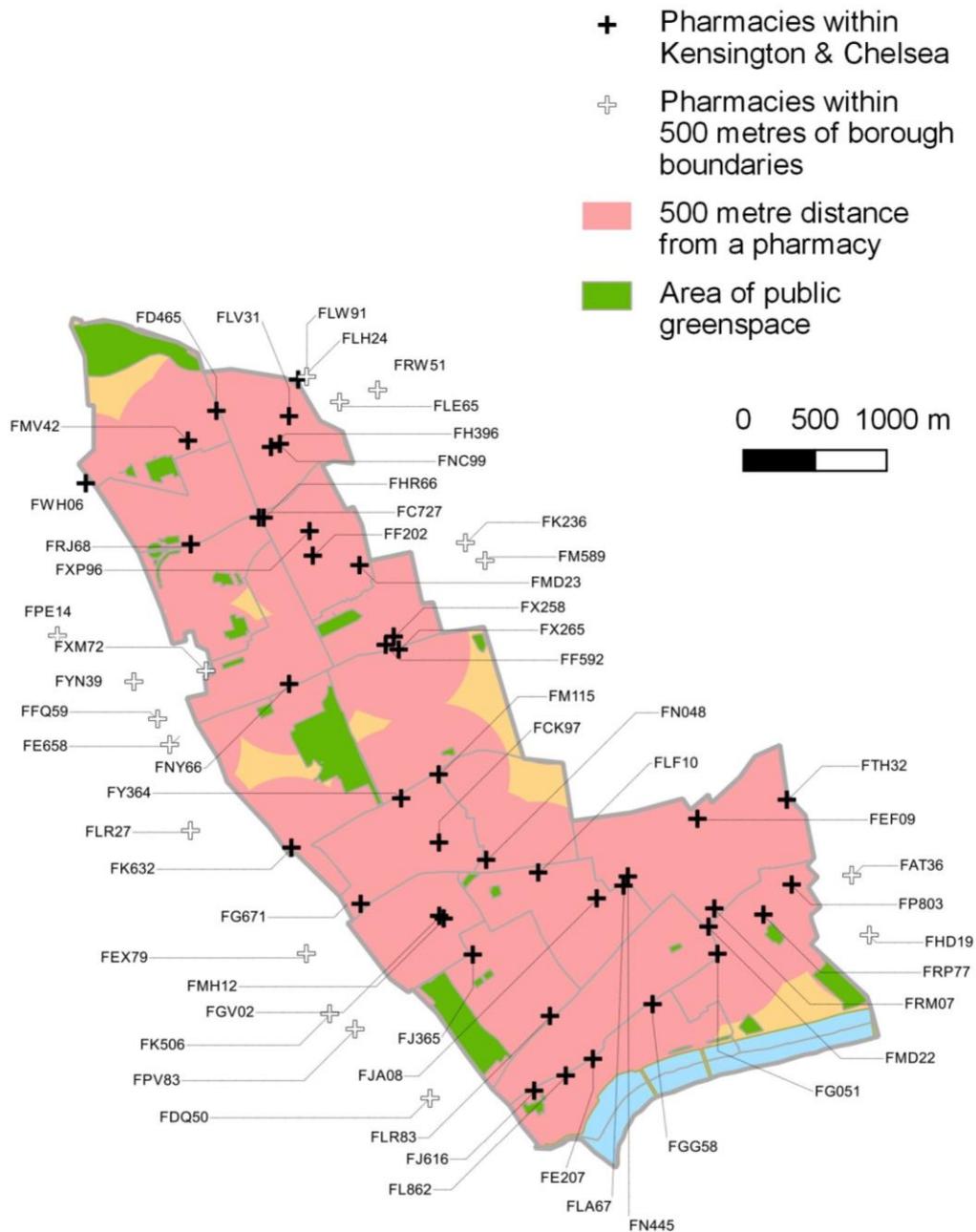
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- 6.1** All pharmacy contractors must provide Essential services, but they can choose whether they wish to provide Advanced, Enhanced or Locally Commissioned services. All pharmacies are required to deliver and comply with the specifications for all essential services, these are:
- Dispensing
  - Repeat dispensing
  - Disposal of waste medicines
  - Support for self-care
  - Public health
  - Signposting
  - Clinical governance
- 6.2** This chapter looks at the adequacy of provision of essential services by considering:
- Distribution and choice
  - Geographical distribution of pharmacies, within and outside the borough
  - Distribution in relation to health services and transport links
  - Opening hours
  - Accessibility

## **Pharmacy Distribution and Choice**

- 6.3** There are currently 42 pharmacies in Kensington & Chelsea as of October 2017. These have been marked on Figure 6.1, listed in Appendix D
- 6.4** There are 26 community pharmacies per 100,000 resident population within Kensington & Chelsea (based on the 2018 borough population estimate – 161,947). This is higher than the London and England averages (both of which stand at 22).
- 6.5** The PNA examines the geographical accessibility of pharmaceutical services and has hence used the postcode of the pharmacy to consider which borough the pharmacy belongs to. Due to use of the 500m radius buffer, the services that these pharmacies provide are still taken account of for the Kensington & Chelsea PNA.

**Figure 6.1: Distribution of pharmacies in Kensington and Chelsea and within 500 metres of the borough boundaries, with 500 metre radius coverage**



Source: Contractor Survey and NHS England, 2017

- 6.6** Though My Pharmacy (FWH06) lies physically within Hammersmith & Fulham, for funding purposes it is listed as being in Kensington & Chelsea. This PNA therefore regards My Pharmacy as a Kensington & Chelsea pharmacy.
- 6.7** There are 19 pharmacies that are located within 500m outside of the Kensington & Chelsea borough border. These also shown in Figure 6.1 and listed in Appendix D.

- 6.8** The geographical distribution of the pharmacies by electoral ward is shown in Table 6.1. Areas that are served by a pharmacy within 500m are coloured in pink.
- 6.9** As seen on Figure 6.1, a 500m radius buffer has been drawn from the centre of each Pharmacy postcode – this shows that most of the borough is within 500m of at least one pharmacy. The small areas not within a 500m radius of a pharmacy are only a short distance further from a pharmacy either within or outside the borough.

**Table 6.1: Distribution of pharmacies by ward**

Ward	Number of Pharmacies	Ward	Number of Pharmacies
Brompton & Hans Town	5	Earl's Court	2
Colville	4	Pembridge	2
Chelsea Riverside	4	Redcliffe	2
Abingdon	3	St. Helen's	1
Royal Hospital	3	Notting Dale	1
Courtfield	3	Campden	1
Golborne	3	Stanley	1
Dalgarno	3	Holland	1
Queen's Gate	2	Norland	1

Source: Contractor Survey and NHS England, 2017

- 6.10** There are no dispensing doctors, mail order or internet based, distance selling or appliance-only pharmacies based in Kensington & Chelsea.
- 6.11** There are no pharmacies in Kensington & Chelsea with a Local Pharmaceutical Service (LPS) contract with NHS England of October 2017 and no pharmacies in the borough are entitled to the Pharmacy Access Schemes payments.

### **Dispensing**

- 6.12** Kensington and Chelsea pharmacies dispense an average of 3,622 per month (based on NHS Business Services Authority, Jan-Apr 2017 data). This is much lower than the London average of 5,295 per month and lower than England average at 6,675 per month. This suggests there is capacity amongst these pharmacies to fulfil any potential increased demand for pharmaceutical services.

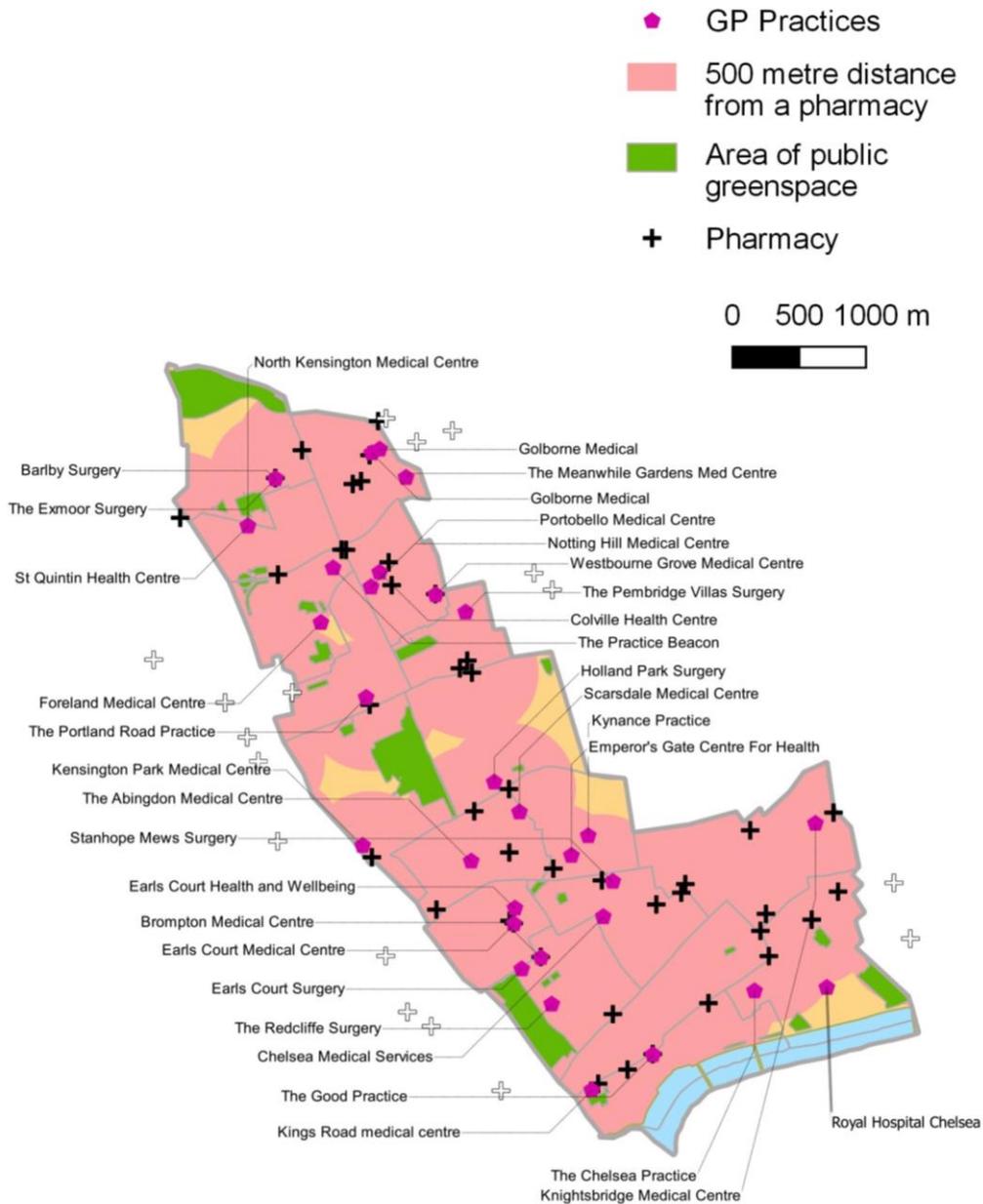
### **Pharmacy Distribution in relation to Primary Care**

- 6.13** NHS West London Clinical Commissioning Group was set up in April 2013 in response to the Health and Social Care Act 2012. The CCG is a GP-led organisation, comprising of 43 GP member practices. It is responsible for planning and commissioning health services for the people living in the Royal Borough of Kensington and Chelsea and the Queen's Park and Paddington area of Westminster.
- 6.14** Its aim is to ensure that the highest quality of care is delivered by organisations who are best qualified to do so for the diverse needs of its patients, carers and public and at the best value for money.

**6.15** Altogether there are 33 GP practices located within Kensington and Chelsea, these are displayed in Figure 6.2, which shows that there is a pharmacy within 500 metres of all GP practices in the borough.

**6.16** There are no known plans for changes in GP practices, including moves or closures in this PNA period. There are also no known firm plans for changes in the number and sources of prescriptions, i.e. primary medical services or the appointment of additional providers of primary medical services in the area.

**Figure 6.2. GP practices in Kensington and Chelsea and 500 metre pharmacy coverage, 2017**

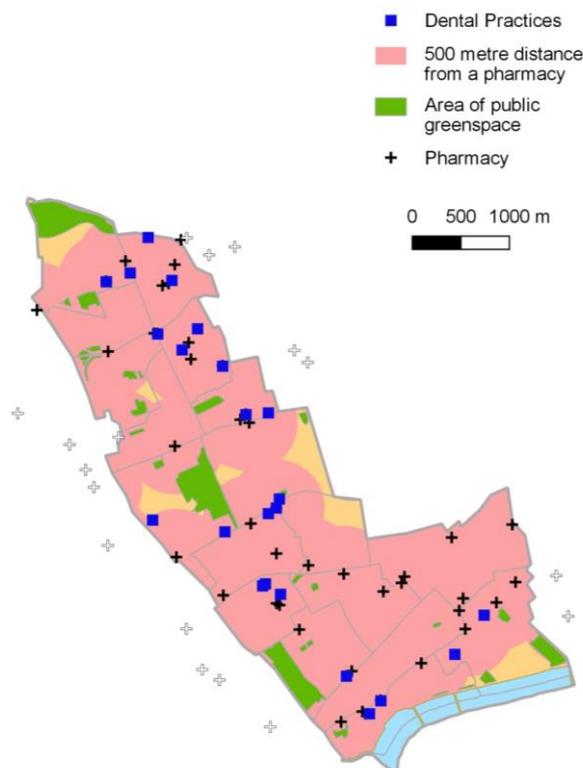


Source: Ordnance Survey, NHS England and Contractor Survey, 2017

## Pharmacy distribution in relation to Dentists

- 6.17 There are 25 dental practices in Kensington and Chelsea, this is an increase since the previous PNA when there was 20. Figure 6.3 shows that there is a pharmacy within 500 metres of all dentists in the borough.

Figure 6.3. Dentists in Kensington and Chelsea and 500 metre pharmacy coverage, 2017



Source: Ordnance Survey, NHS England and Contractor Survey, 2017

## Acute Care, Mental Health Care and Community Health Services

- 6.18 The main secondary care providers for West London CCG population are Chelsea and Westminster, Royal Brompton and St. Mary's hospital. Mental health services are provided by Central and North West London NHS Foundation trust.
- 6.19 Central London Community Healthcare (CLCH) is the NHS community healthcare provider for Kensington and Chelsea. It provides a range of services including adult community nursing, children and family services, rehabilitation, End of Life care and long-term condition management. They also provide an Urgent Care Centre, St Charles Urgent Care Centre, for treatments for a range of conditions including:
- minor ear, nose and throat problems
  - sprains and strains
  - wound infections
  - minor burns and scalds
  - minor head injuries
  - skin conditions
  - minor respiratory conditions such as cough
  - mild abdominal pain or discomfort
  - insect and animal bites and stings

- minor eye injuries
- minor injuries to the back, shoulder and chest

**6.20** The walk-in centre is called St Charles Centre for Health and Wellbeing and is situated in Ladbroke Grove/North Kensington (W10 6DZ).

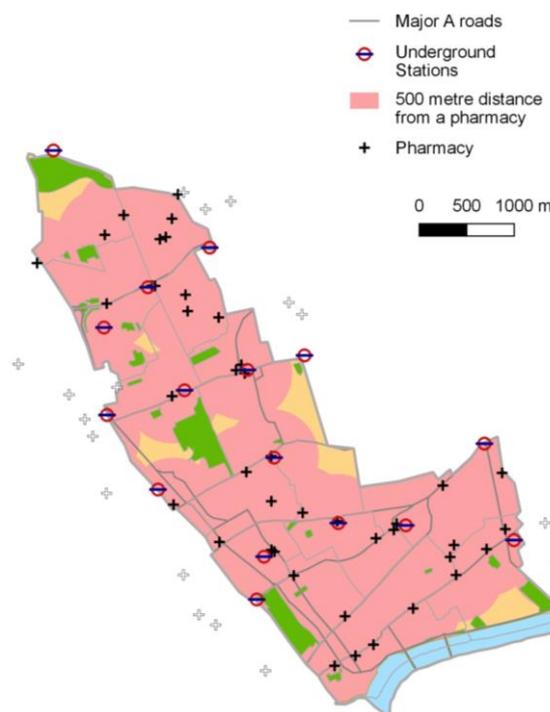
**6.21** There is one known planned change to NHS services in the area of Kensington and Chelsea for the period of this PNA. The Prescribing Wisely proposal will reduce the number of prescriptions written by GPs for medicines that can be bought over the counter at pharmacies. It will also reduce automated repeat prescriptions by asking patients to order them when needed.

### Transport Networks

**6.22** The local population is not bound by electoral ward or borough boundaries when accessing pharmaceutical services. The excellent travel infrastructure available within central London places many more pharmacies, both inside and outside the borough, within convenient access to our local population.

**6.23** The borough has 12 tube stations which utilise six London Underground lines: Bakerloo line, Central line, Circle line, District line, Hammersmith & City line, and Piccadilly line. The stations are West Brompton, Earl's Court, Sloane Square, West Brompton, Kensington (Olympia), High Street Kensington, Holland Park, Notting Hill Gate, Ladbroke Grove, Westbourne Park, and Latimer Road. An overlay of the pharmacies with the tube network is shown in Figure 6.4. West Brompton and Kensington (Olympia) serve as rail stations as well as underground stations.

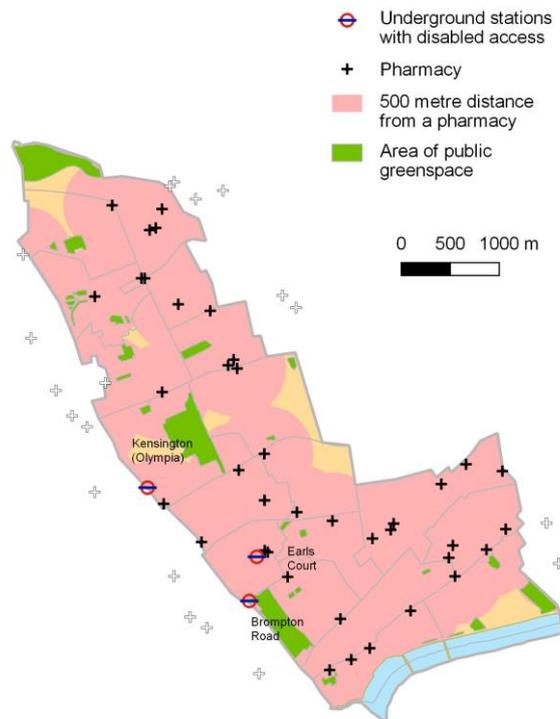
**Figure 6.4 Transport links and pharmacy coverage**



Source: Contractor Survey, Transport for London and NHS England, 2017

- 6.24 Chelsea (SW3, SW10 and partly SW1) has less Underground access than Kensington, the only station within Chelsea being Sloane Square. There are long-term plans for the Chelsea-Hackney line, with a station in the King's Road near Chelsea Old Town Hall, and possibly another at Sloane Square. Its estimated completion is 2022.
- 6.25 Paddington and Victoria are the nearest major railway termini, and National Rail stations in the borough are Kensington (Olympia) and West Brompton, and partly Kensal Green, all served by the London Overground.
- 6.26 Many London bus routes pass through the borough, most of them along King's Road, Fulham Road, Kensington High Street and Ladbrooke Grove. The entire bus network is now fully wheelchair accessible.
- 6.27 There are three Underground stations that are wheelchair accessible, these are West Brompton, Earl's Court and Kensington (Olympia). Of these all are within 500 metres of a pharmacy. These are shown in Figure 6.5.
- 6.28 In March 2011 (Census 2011), the main forms of transport that residents aged 16–74 used to travel to work were: underground, metro, light rail, tram (23.6%); driving a car or van (8.2%); on foot (8.2%); bus, minibus or coach (8.0%); work mainly at or from home (7.0%); bicycle (3.1%); train (2.1%).

**Figure 6.5 Tube stations that are wheelchair accessible and pharmacy coverage**



Source: Contractor Survey, Transport for London and NHS England, 2017

## Parking

**6.29** Seven of the 36 pharmacies that responded have free car parking. Twenty-nine have paid car parking nearby. Twenty-four pharmacies have disabled parking close to the premises.

## Opening times

**6.30** Pharmacy contracts with NHS England stipulate the core hours during which each pharmacy must remain open. A pharmacy may stay open longer than the stipulated core opening hours, these are called supplementary hours.

**6.31** Opening times were obtained from NHS England in August 2017. They were also collected as a part of the pharmacy contractor survey. NHS England became aware that opening times reported by pharmacies in the contractor survey were different to those in their records. Any changes to core hours need to be agreed with NHS England but changes to supplementary hours as reported by the survey would be accepted as notice of change.

**6.32** This PNA has used the core and supplementary hours reported by pharmacies from the contractor survey to produce the figures below. For pharmacies that did not respond and for pharmacies in surrounding boroughs, we have used the opening times as held by NHS England on October 2017.

**6.33** NHS England has four 100-hour pharmacies (core) on their list for Kensington & Chelsea. They are listed below.

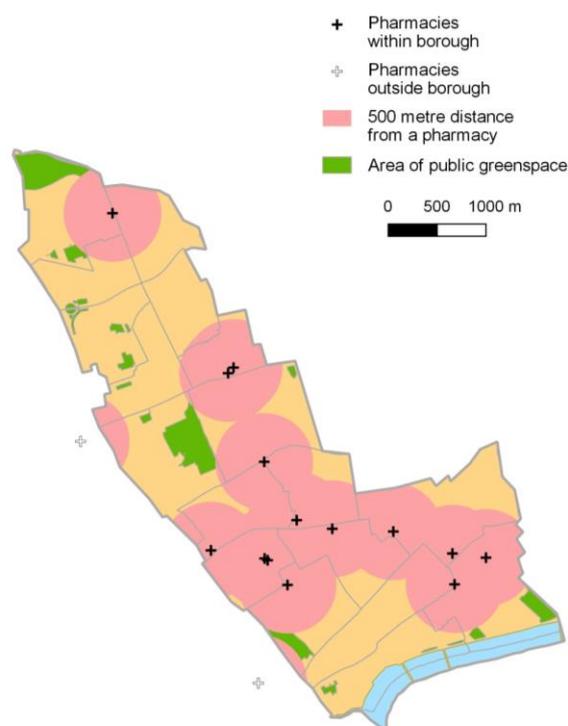
**Table 6.2: 100 hour pharmacies**

Pharmacy	Address	Ward
Lloyds Pharmacy	2 Canal Way, Ladbroke Grove	Dalgarno
Lloyds Pharmacy	158a Cromwell Road,	Queen's Gate
Tesco Pharmacy	West Cromwell Road	Abington
Chelsea Pharmacy	61-63 Sloane Ave	Brompton & Hans Town

Source: Contractor Survey and NHS England, 2017

**6.34** Fourteen pharmacies are open before 9am within the borough on weekdays with a further two open in boroughs around Kensington & Chelsea within 500m outside the border. These are presented in Figure 6.6 and Table 6.3.

**Figure 6.6: Pharmacies that are open before 9am on a weekday**



Source: Contractor Survey and NHS England, 2017

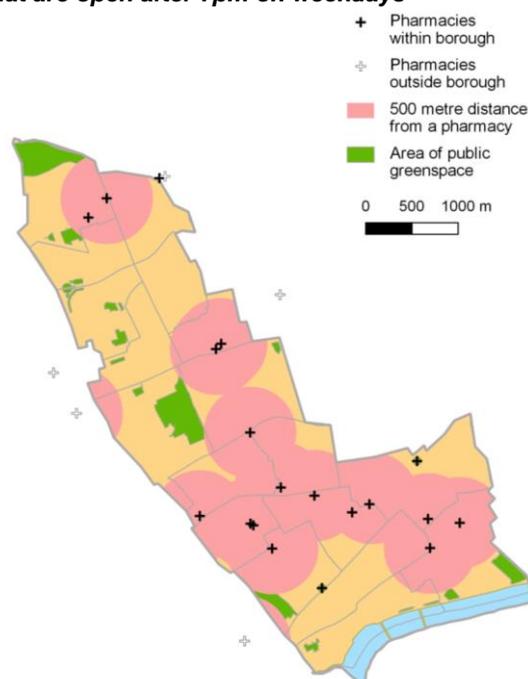
**Table 6.3: Pharmacies open before 9am on weekdays by ward**

Ward	Number of Pharmacies	Ward	Number of Pharmacies
Queen's Gate	2	Royal Hospital	1
Pembridge	2	Stanley	1
Brompton & Hans Town	2	Courtfield	1
Earl's Court	2	Abingdon	1
Redcliffe	1	Dalgarno	1

Source: Contractor Survey and NHS England, 2017

**6.35** There are 17 pharmacies still open after 7pm on weekdays. There are no pharmacies in St Helens, Nottingdale, Norland and Holland that open late (see Figure 6.7 and Table 6.4).

**Figure 6.7: Pharmacies that are open after 7pm on weekdays**



Source: Contractor Survey and NHS England, 2017

**Table 6.4: Pharmacies closing after 7pm by ward**

Ward	Number of Pharmacies	Ward	Number of Pharmacies
Courtfield	3	Redcliffe	2
Brompton & Hans Town	3	Dalgarno	2
Pembridge	2	Royal Hospital	1
Queen's Gate	2	Abingdon	1
Earl's Court	2	Stanley	1

Contractor Survey and NHS England, 2017

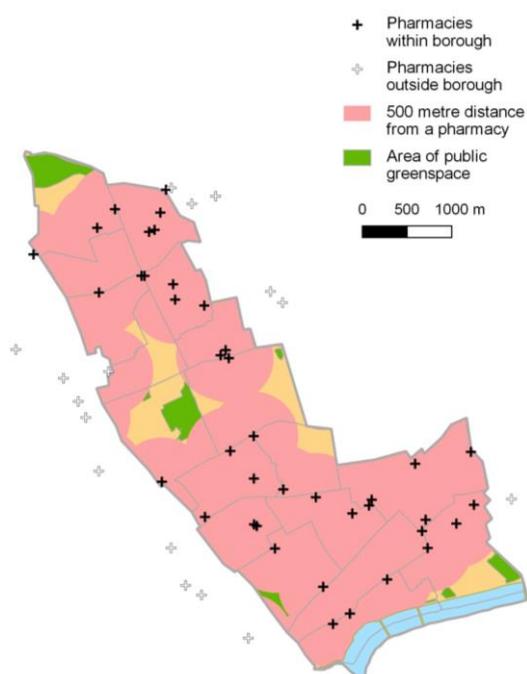
**6.36** Most pharmacies are open on Saturdays (40 out of 42) within the borough with a further 16 open in boroughs around Kensington & Chelsea within 500m outside the border (Figure 6.8 and Table 6.5).

**Table 6.5: Pharmacies open on Saturday by ward**

Kensington and Chelsea Ward	Number of Pharmacies	Kensington and Chelsea Ward	Number of Pharmacies
Brompton & Hans Town	5	Earl's Court	2
Colville	4	Pembridge	2
Abingdon	3	Redcliffe	2
Courtfield	3	Stanley	1
Royal Hospital	3	St. Helen's	1
Chelsea Riverside	3	Holland	1
Golborne	3	Campden	1
Dalgarno	3	Notting Dale	1
Queen's Gate	2		

Source: Contractor Survey and NHS England, 2017

**Figure 6.8 Pharmacies open on Saturday and 500 metre coverage**



Source: Contractor Survey and NHS England, 2017

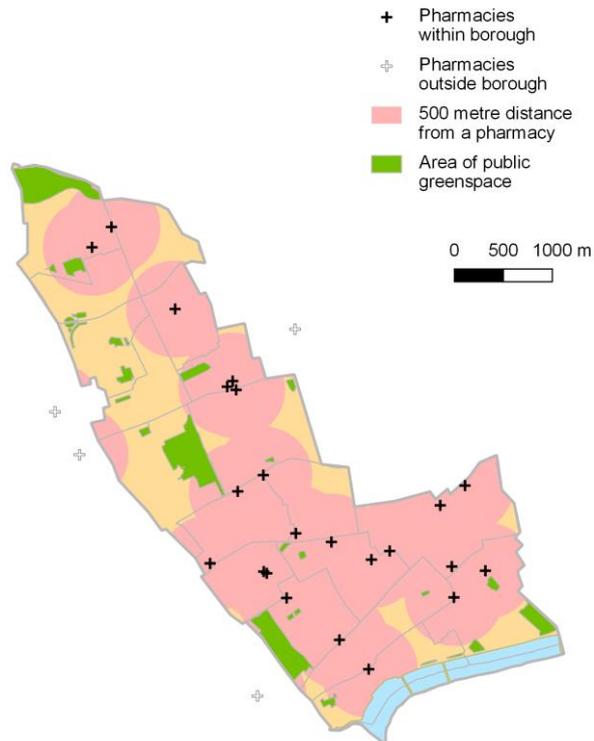
**6.37** There are 23 pharmacies open on a Sunday within the borough with a further 5 open in boroughs around Kensington & Chelsea within 500m outside the border (Figure 6.9, Table 6.6). The range of opening hours are presented in Figure 6.10.

**Table 6.6: Pharmacies open on Sunday by ward**

Kensington and Chelsea Ward	Number of Pharmacies	Kensington and Chelsea Ward	Number of Pharmacies
Brompton & Hans Town	3	Earl's Court	2
Courtfield	3	Abingdon	2
Queen's Gate	2	Stanley	1
Pembridge	2	Campden	1
Redcliffe	2	Chelsea Riverside	1
Dalgarno	2	Royal Hospital	1
Colville	1		

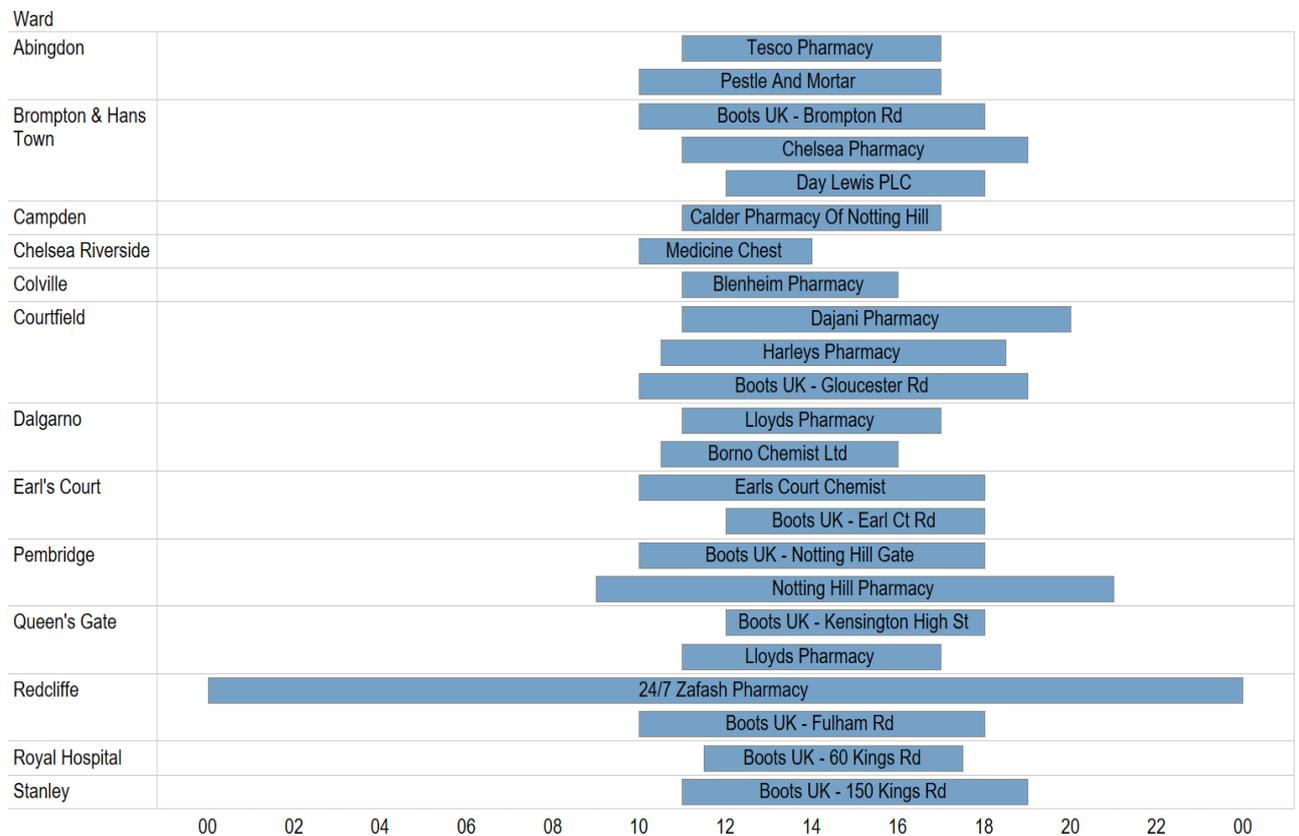
Source: Contractor Survey and NHS England, 2017

**Figure 6.9: Pharmacies open on a Sunday and their 500 metre coverage**



Source: Contractor Survey and NHS England, 2017

**Figure 6.10: Pharmacies open on a Sunday and their range of opening hours**



Source: Contractor Survey and NHS England, 2017

**6.38** Good transport links in the borough make pharmacies that are open during late evenings, early morning and Sundays easily accessible. There is also scope within existing pharmacies in and around St Helens, Nottingdale, Norland and Holland to work collaboratively with commissioners to amend current opening hours to widen provision of early morning and late evening opening hours.

**Appliance contractors**

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

**6.40** There are currently no appliance-only contractors in Kensington & Chelsea. Twenty-three of the pharmacies that responded to the survey **supply stoma care aids** with three intending to begin within the next 12 months.

**6.41** Twenty-four of the pharmacies that responded to the survey supply **incontinence aids** with two more intending to begin within the next 12 months.

**6.42** Thirty of the pharmacies that responded to the survey supply **dressings** with one intending to begin within the next 12 months.

**Communication**

**6.43** Pharmacies hire staff from a variety of ethnic backgrounds and who speak a variety of languages. The most common **languages** spoken other than English in Kensington and Chelsea pharmacies are Gujarati, Hindi and Arabic.

*Table 6.7: Top 10 languages spoken by a member of staff at the pharmacies in Kensington and Chelsea*

Language	Number of Pharmacies
Gujarati	17
Hindi	15
Arabic	13
Spanish	9
Urdu	8
Italian	7
French	6
Punjabi	6
Bengali	6
Polish	5

Source: Contractor Survey, 2017

**6.44** The top three languages spoken by residents in the borough (other than English) are French, Arabic and Spanish. All of these are spoken by at least one member of staff from a range of pharmacies across the borough. Table 6.7 lists the most common

languages spoken by a member of staff in the pharmacies that responded to the survey.

### **Consultation Rooms**

- 6.45** Ideally, pharmacies should have consultation areas or rooms with wheelchair access in order to be able to offer a broad range of services.
- 6.46** Almost all the pharmacies in Kensington and Chelsea that responded to the survey currently report having a clearly signposted private consulting room (32 out of 36 pharmacies) with two having access to an off-site consultation room or area.
- 6.47** Two of the pharmacies that do not have clearly signposted consulting rooms plan on having one in the future. Thirty-two out of the 36 have a consulting room that complies with MUR/NMS requirements.
- 6.48** Almost all the pharmacies who responded to (32) have **hand washing facilities** close to the consultation room. Sixteen of them offer patients access to **toilet facilities**.

### **Disability Access**

- 6.49** Twenty-eight of the pharmacies with a consultation room indicated that they were **accessible to wheelchair users**.
- 6.50** Accessible information formats are alternatives to printed information, used by blind and partially sighted people, or others with a print impairment. Sixteen of the surveyed pharmacies provide **printed information in large print format** and 17 provide it in **Easy Read format**. Only one pharmacy within the borough provides information in **Braille**.

### **Collection and Delivery of medication**

- 6.51** **Repeat dispensing** allows patients to collect their repeat prescriptions from a pharmacy without having to request a new prescription from their GP. The benefits of repeat dispensing include reduction of medicine waste, reduction in GP practice workload, improved predictability of pharmacy workload and greater convenience for patients. All pharmacies offer a repeat prescription service.
- 6.52** Pharmacies in Kensington and Chelsea further improve access by providing delivery services to the local population. Seventeen of the pharmacies surveyed reported that they **deliver dispensed medicines**, free of charge (see Table 6.8).

**Table 6.8: Collection of prescriptions and delivery of medication**

Type of collection or delivery service	Number of pharmacies
Collection of prescriptions from surgeries	33
Delivery of dispensed medicines - free of charge on request	17
Delivery of dispensed medicines - free of charge to selected patient groups only	17
Delivery of dispensed medicines - chargeable	10

Source: Contractor Survey, 2017

**6.53** All pharmacies provide a **disposal service** of unwanted or unused medicines. No pharmacies are commissioned to provide a sharps disposal service.

### Information Technology

**6.54** IT can improve high quality care by enabling storage accessibility of patient records, electronic prescribing and improve medicines management. Twenty-seven of the pharmacies surveyed reported to have access to an **IT system** within the consultation room and another six more are intending one within the next 12 months. Five of these pharmacies have access to patient records from this IT system.

**6.55** Thirty-five of the surveyed pharmacies are currently **Release 2** enabled, 33 reported that they have access to **Microsoft Office applications** and all pharmacies have access to **NHS.net email**.

### Summary of necessary services: current provision (Schedule 1, paragraph 1) Necessary services: gaps in provision (Schedule 1, paragraph 2)

Necessary services are fundamental for patients to obtain prescribed medicines in a safe and reliable manner.

Dispensing NHS prescriptions, access (both location and hours of opening) and facilities (including provision of suitable consultation areas and disability access) were considered in the evaluation of essential services for this PNA.

The Kensington and Chelsea Health and Wellbeing Board believes that the range of opening hours, options for delivery of medications and the close proximity of pharmacies to local residents is **sufficient for supplying a necessary pharmaceutical service in the borough**.

The Health and Wellbeing Board recommends that commissioners engage with current pharmacies to widen the provision of opening hours during early mornings and late evenings in St Helens, Nottingdale, Norland and Holland.

# Chapter 7 – Other relevant services, other services and gaps in services provided by pharmacies

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## Categorisation of pharmaceutical services

- 7.1** Pharmaceutical services in relation to PNAs include:
- **Essential services** which every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service
  - **Advanced services** - services community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation as necessary
  - **Locally Enhanced Services** - services commissioned locally by NHS England's area teams
  - **Other Locally Commissioned Services** - Public Health Services commissioned by the Local Authorities in order to meet the needs of the population.
- 7.2** The categorisation of these services into those stipulated by the PNA regulations (defined in Chapter 1) for Kensington & Chelsea has been summarised in Table 7.1 below.
- 7.3** This chapter outlines the Other Relevant Services, Other Services and Improvements and better access of pharmacy services in Kensington and Chelsea.

**Table 7.1: Summary of Categorisation of services into those stipulated by PNA regulations**

Necessary services: current provision (Schedule 1, paragraph 1)	Necessary services: gaps in provision (Schedule 1, paragraph 2)
Pharmacy provision in Kensington and Chelsea is sufficient for supplying a necessary pharmaceutical service in the borough.	No gaps in necessary services.
<b>Other relevant services: current provision (Schedule 1, paragraph 3)</b>	
Medicine Use Review service New Medicine Service Appliance Use Reviews Stoma Appliance Customisation Service National NHS England Flu Service (Advanced Service) NHS Urgent Medicines Supply Advanced Service (NUMSAS)	
<b>Other services (Schedule 1, paragraph 5)</b>	
<p><b>Commissioned Services:</b></p> <ul style="list-style-type: none"> <li>• Out of Hours Palliative Care Service</li> <li>• NHS Health Checks</li> <li>• Supervised Administration</li> <li>• Needle Exchange Services</li> <li>• Stop Smoking Services</li> </ul> <p><b>Privately Provided Services:</b></p> <ul style="list-style-type: none"> <li>• Minor Ailments Scheme</li> <li>• Emergency Hormonal Contraception</li> <li>• Care Home Advice service</li> </ul>	
<b>Improvements and better access: gaps in provision (Schedule 1, paragraph 4)</b>	
<ul style="list-style-type: none"> <li>• Child and Family Weight Management Services</li> <li>• Sexual Health Screening and Treatment</li> </ul>	

### *Other Relevant Services: current provision (Schedule 1, paragraph 3).*

There are four services within the NHS community pharmacy contractual framework considered relevant. 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.

#### **Medicines Use Reviews (MURs)**

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

- establishing the patient's actual use, understanding and experience of taking medicines

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

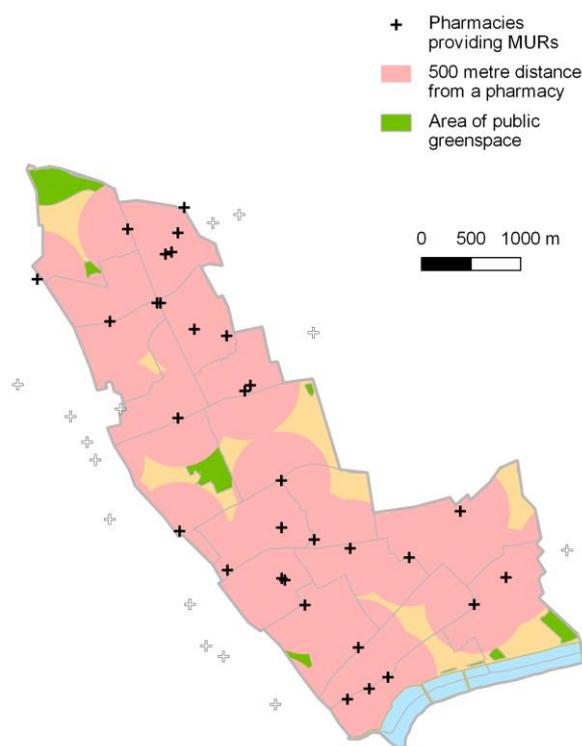
**7.5** MURs improve adherence with the prescribed regimen, help to manage risks related to poor medicines management and therefore improve patient outcomes and reduce hospital admissions.

**7.6** NHS England reports that during the financial year 2016-17, thirty-one pharmacies (that are still operating) provided MURs. These pharmacies and their reach are displayed in Figure 7.1 and listed in Appendix D.

**7.7** Pharmacies can deliver up to 400 MURs each year. Table 7.2 summaries MURs activity in the financial year 2016/17. The average number of MURs delivered per pharmacy during that period was 278.2. The most MURs were provided in the north of the borough in line with where the highest population density is and where there are higher levels of health issues.

**7.8** Given the wide distribution of MUR services across the borough the Health and Wellbeing Board are satisfied that there is sufficient MUR provision for supplying a relevant service with no gaps.

**Figure 7.1: Pharmacies that provided MURs in the Kensington and Chelsea and their 500 metre coverage, 2016/17**



Source: NHS England, 2017

**Table 7.2: Number of MURs provided, Kensington and Chelsea pharmacies, 2016/17**

Ward	Number of Pharmacies	Total Number of MURs provided	Average Number per Pharmacy
Abingdon	2	438	219.0
Brompton & Hans Town	1	400	400.0
Chelsea Riverside	3	1198	399.3
Colville	4	851	212.8
Courtfield	2	529	264.5
Dalgarno	4	552	138.0
Earl's Court	2	800	400.0
Golborne	3	864	288.0
Harrow Road	1	233	233.0
Holland	1	402	402.0
Norland	1	64	64.0
Notting Dale	1	400	400.0
Pembridge	2	640	320.0
Queen's Gate	3	626	208.7
Redcliffe	2	520	260.0
Royal Hospital	1	399	399.0
St. Helen's	1	418	418.0
Stanley	1	403	403.0
<b>Grand Total</b>	<b>35</b>	<b>9737</b>	<b>278.2</b>

Source: NHS England, 2017

### **New Medicines Services (NMS)**

**7.9** The New Medicine Service (NMS) supports patients with long-term conditions, who are taking a newly prescribed medicine, to help improve medicines adherence. The service is focused on the following patient groups and conditions:

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

**7.10** This service is designed to improve patients' understanding of a newly prescribed medicine for their long-term condition, and help them get the most from the medicine.

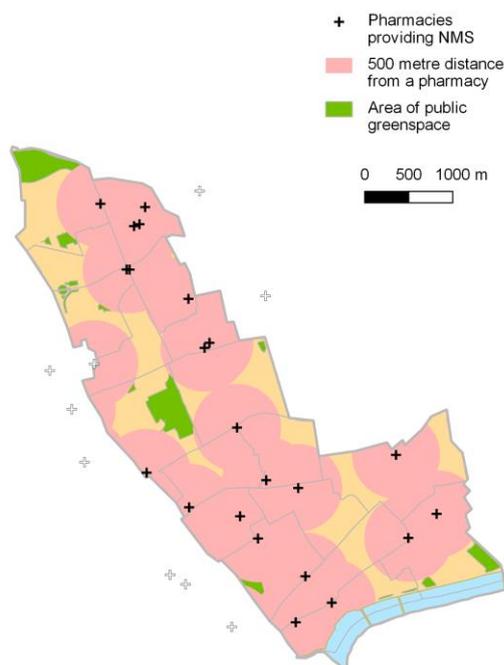
**7.11** New Medicines Service can only be provided by pharmacies and is conducted in a private consultation area to ensure patient confidentiality.

**7.12** Twenty-three pharmacies (that are still operating) delivered NMS in the borough in 2016/17. These are presented in Figure 7.2 and listed in Appendix D.

**7.13** On average Kensington and Chelsea provided 36 NMS. Table 7.3 presents a breakdown of NMS delivered in 2016/17 by ward. It shows that there is good coverage across the borough with capacity within existing pharmacies to provide additional NMS.

7.14 NMS are supplied widely across the borough, therefore the Health and Wellbeing Board are satisfied that this is sufficient for supplying a relevant service with no gaps.

**Figure 7.2: Pharmacies that provided NMS in Kensington and Chelsea and their 500 metre coverage, 2016/17**



Source: NHS England, 2017

**Table 7.3: Number of NMS provided, Kensington and Chelsea pharmacies, 2016/17**

Ward	Number of Pharmacies	Total Number of NMSs provided	Average Number per Pharmacy
Abingdon	1	20	20.0
Brompton & Hans Town	1	60	60.0
Chelsea Riverside	3	161	53.7
Colville	3	16	5.3
Courtfield	1	16	16.0
Dalgarno	3	118	39.3
Earl's Court	1	58	58.0
Golborne	3	97	32.3
Holland	1	159	159.0
Notting Dale	1	15	15.0
Pembridge	2	53	26.5
Queen's Gate	3	52	17.3
Redcliffe	2	73	36.5
Royal Hospital	1	96	96.0
Stanley	1	91	91.0
<b>Grand Total</b>	<b>27</b>	<b>1085</b>	<b>40.2</b>

Source: NHS England, 2017

### **Appliance Use Reviews (AURs)**

- 7.15** Appliance Use Review (AUR) is another advanced service that community pharmacy and appliance contractors can choose to provide so long as they fulfil certain criteria.
- 7.16** AURs can be carried out by, a pharmacist or a specialist nurse either at the contractor's premises or at the patient's home. AURs help patient's to better understand and use their prescribed appliances 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
- 7.17** Currently one pharmacy, Lloyds Pharmacy at 513 Kings Road is commissioned by NHS England to provide AURs (detailed in Appendix D).
- 7.18** Given the flexibility of how this service can be delivered, and the low volume of use, the Health and Wellbeing board are satisfied that the AUR service is sufficient for supplying a relevant service with no gaps.

### **Stoma Appliance Customisation service (SAC)**

- 7.19** The SAC service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.
- 7.20** Only one pharmacy is commissioned to provide SACs: Lloyds Pharmacy at 513 Kings Road. This pharmacy is located in Chelsea Riverside.
- 7.21** Seven intend to begin to provide SACs within the next 12 months. There are no appliance only contractors in Kensington & Chelsea (detailed in Appendix D).
- 7.22** Residents can access the SAC service either from non-pharmacy providers within the Borough (e.g. community health services) or from dispensing appliance contractors outside of the Borough. Therefore one pharmacy is sufficient to meet the current and future needs of a densely populated borough.

### **National NHS England Flu Service**

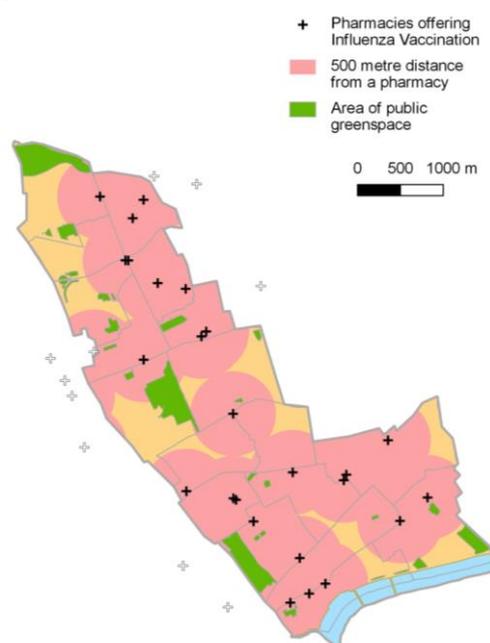
- 7.23** Flu vaccination by injection, commonly known as the "flu jab" is available every year on the NHS to protect certain groups who are at risk of developing potentially serious complications, such as:
- anyone over the age of 65
  - pregnant women
  - adults with an underlying health condition (particularly long-term heart or respiratory disease)
  - adults with weakened immune systems

**7.24** GPs currently provide the majority of flu vaccinations and pharmacies can help improve access to this service given their convenient locations, extended opening hours and walk-in service. The National Advanced Flu Service is an advanced service commissioned by NHS England to maximise the uptake of the flu vaccine by those who are 'at-risk' due to ill-health or long term condition.

**7.25** In addition to the Advanced Flu Service the NHS England London Region commissions the London Pharmacy Vaccination Service (2017/18). It covers other vaccines in addition to flu and can be provided by any pharmacy in London. It provides a vaccination service where there may otherwise be gaps and is offered to a wider patient group.

**7.26** Twenty-six pharmacies delivered a flu vaccination in the borough in 2016/17 (Figure 7.3 and Table 7.4).

**Figure 7.3: Pharmacies that provide Flu Vaccinations in Kensington and Chelsea and their 500 metre coverage, October 2017**



Source: NHS England, 2017

**Table 7.4: Locations of Flu Vaccination provision by ward in Kensington and Chelsea, October 2017**

Kensington and Chelsea Ward	Number of Pharmacies	Kensington and Chelsea Ward	Number of Pharmacies
Brompton & Hans Town	3	Royal Hospital	1
C Chelsea Riverside	3	Abingdon	1
Colville	3	Notting Dale	1
Pembridge	2	Stanley	1
Earl's Court	2	Queen's Gale	1
Redcliff	2	Norland	1
Courtfield	2	Dalgarno	1
Golborne	2		

Source: NHS England, 2017

**7.27** No pharmacies in Holland or Norland wards provided Influenza vaccinations. However most of the ward is within a mile of a pharmacy that provides Flu vaccinations and population density is low in comparison to the rest of the borough. Additionally there are sufficient GP surgeries to cover demand.

**7.28** As demonstrated in Figure 7.3 and Table 7.4, pharmacies across the borough provide easy access to all the wards to obtain flu vaccinations. The Health and Wellbeing Board believes that the current provision of flu vaccinations is sufficient for supplying a relevant service with no gaps.

### **NHS Urgent Medicines Supply Advanced Service (NUMSAS)**

**7.29** The NUMSAS is a pilot service that was set up to relieve the pressure on urgent and emergency care services by shifting the demand from GP out-of-hours providers to community pharmacy. It enables appropriate urgent access to medicines or appliances through community pharmacies. Patients who contact NHS 111 can access this service.

**7.30** NHS England lists nine pharmacies in Kensington & Chelsea as providing an NHS Urgent Medicines Supply Advanced service. These are listed in Table 7.5 below.

**Table 7.5: Pharmacies that provide NHS Medicines Supply Advanced Service in Kensington & Chelsea ward, October 2017**

<b>Pharmacy</b>	<b>Address</b>	<b>Ward</b>
Lloyds Pharmacy	513 Kings Road	Chelsea Riverside
Dillons Pharmacy	24 Golborne Road	Golborne
Lloyds Pharmacy	2 Canal Way	Dalgarno
Lloyds Pharmacy	158A Cromwell Road	Queen's Gate
Medicine Chest	413/415 Kings Road	Chelsea Riverside
World's End Pharmacy	469 Kings Road	Chelsea Riverside
24/7 Zafash Pharmacy	233-235 Old Brompton Road	Redcliffe
Stickland Chemist	South Kensington Station	Brompton & Hans Town
Baywood Chemist	239 Westbourne Grove	Colville

Source: NHS England, 2017

**7.31** The Health and Wellbeing Board considers that the existing NUMSAS is sufficient for supplying a relevant service and with the additional capacity expected in 2018/19 will be able to cope with future demand.

### Summary of Other Relevant Services: current provision (schedule 1, paragraph 3).

Community pharmacies can choose to provide any or all of the six relevant services within the NHS community pharmacy contractual framework, as long as they meet the requirements set out in the Secretary of State Directions. These are:

- Medicine Use Review service
- New Medicine Service
- Appliance Use Reviews
- Stoma Appliance Customisation Service
- National NHS England Flu Service (Advanced Service)
- NHS Urgent Medicines Supply Advanced Service (NUMSAS)

The number and proximity of pharmacies locally means the vast majority of residents in the borough live close to a pharmacy that provides MURs, NMS, Flu Vaccination and NUMSAS. The Health and Wellbeing Board believes that the **current provision of Medicine Use Review services, New Medicine Services, Flu Services and NHS Urgent Medicines Supply Advanced Service is sufficient for supplying a relevant service with no gaps.**

Appliance Use Reviews and Stoma Appliance Customisation services are supplied by one pharmacy in the borough. They can be provided by both pharmacies and specialist nurses. In considering the low volume of use of this service the Health and Wellbeing Board are satisfied that these services are **sufficient for supplying a relevant service with no gaps.**

### *Other Services: current provision (schedule 1, paragraph 5).*

- 7.32** Certain enhanced services are commissioned by NHS England Regulations 2013. The responsibilities for commissioning some of the locally enhanced services under the previous regulations now sits within public health and are commissioned by Local Authorities.
- 7.33** The following section outlines the enhanced services currently commissioned by NHS England and Public Health and explores their relevance to the local population and their current and future commissioning. Other services provided privately by pharmacies are also explored.

### **NHS England Commissioned Services**

#### **Out of Hours Palliative Care Service**

- 7.34** In line with providing care closer to home, it is essential that there is good access to drugs used in the palliative environment for those patients choosing to die at home.

Medicines management and support can support improvements to patients' quality of life while reducing costs and use of unnecessary medications.

- 7.35** Out of hours palliative care drugs is a locally enhanced service that supports this. Two pharmacies in the borough (24/7 Zafash Pharmacy and Lloyds Pharmacy on Canal Way) provide this service. The two pharmacies are commissioned to offer out of hours palliative care drugs are strategically well positioned across the borough to offer medication to end-of-life care teams in the borough, during extended opening hours.
- 7.36** The Health and Wellbeing Board therefore identifies the provision of Out of Hours Palliative Care Service to be sufficient for supplying a relevant service.

## Public Health Commissioned Services

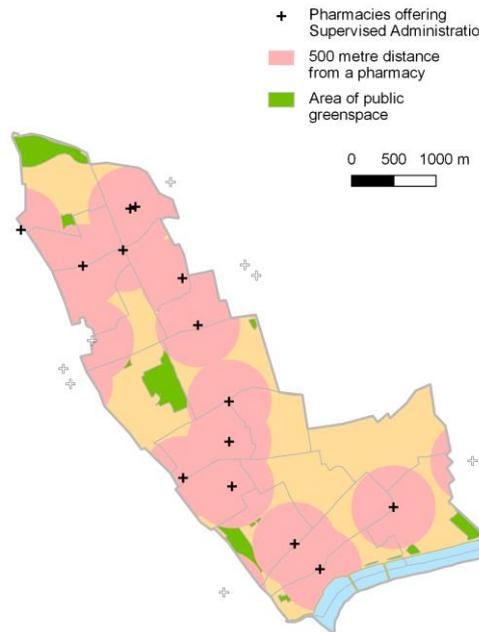
### NHS Health Checks

- 7.37** Screening services within pharmacies can bring a range of benefits including identifying patients at risk of developing a specific disease or condition and providing advice, screening and signposting or referrals.
- 7.38** NHS Health Checks is a screening programme set up to identify the risk of vascular disease in the population early and then to help people reduce or avoid it. Generally NHS Health Checks take place as part of general practice services, yet pharmacies are also well placed to play a key role.
- 7.39** One pharmacy (24/7 Zafash Pharmacy in Redcliffe ward) was commissioned by the Royal Borough of Kensington and Chelsea. To deliver NHS Health Checks.
- 7.40** Most of the GPs in Kensington & Chelsea are commissioned to provide NHS Health Checks and currently pharmacies perform a very small number of health checks. The Health and Wellbeing Board identifies the level of this service to be sufficient, with no gaps.

### Supervised Administration Service

- 7.41** Pharmacists providing a Supervised Administration Service supervise the consumption of medicines at the point of dispensing in a pharmacy. It ensures that the correct dosage has been administered properly and provides a confidential, non-judgemental approach for patients who need support to manage their medicines.
- 7.42** The borough commissions 14 pharmacies to provide a Supervised Administration Service (shown in Figure 4.4 and Table 7.6). Twelve more pharmacies indicated in the contractor survey that they are willing to be commissioned for the service.
- 7.43** In considering the wide reach of this service within areas of high deprivation across the borough the Health and Wellbeing Board identifies the level of this service to be sufficient, with no gaps.

**Figure 7.4: Pharmacies that provide a Supervised Administration service in Kensington and Chelsea, October 2017**



Source: RBKC Public Health Commissioning Data, 2017

**Table 7.6: Locations of Pharmacies that provide Supervised Administration by ward in Kensington and Chelsea, October 2017**

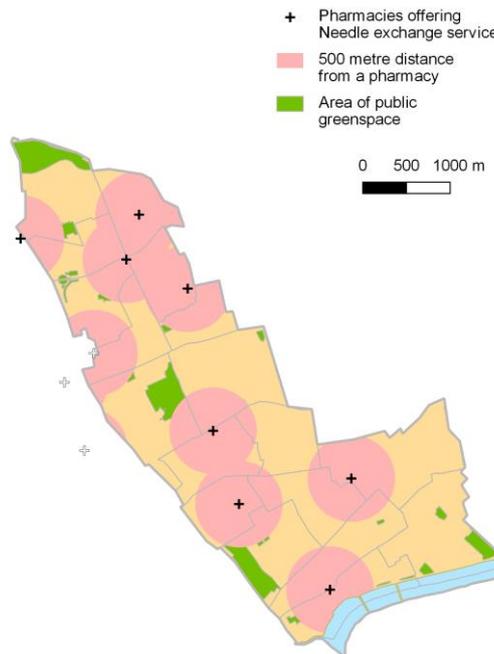
Kensington and Chelsea Ward	Number of Pharmacies	Kensington and Chelsea Ward	Number of Pharmacies
Abingdon	2	Queen's Gate	1
Golborne	2	Earl's Court	1
Redcliffe	1	St. Helen's	1
Pembridge	1	Chelsea Riverside	1
Stanley	1	Dalgarno	1
Colville	1	Notting Dale	1

Source: RBKC Public Health Commissioning Data, 2017

### Needle and Syringe Exchange

- 7.44** Good access to Needle and Syringe Exchange supports safer use of drugs by injecting drug users by reducing the transmission of viruses and other infections caused by needles and syringes, such as HIV and Hepatitis B and C.
- 7.45** A Needle and Syringe Exchange Service provides sterile needles, syringes and associated materials to drug misusers and disposes of used needles, syringes and associated materials. Additionally the service offers advice to drug misusers and where appropriate makes referrals to other health care professionals or a specialist drug treatment centre.
- 7.46** The local public health team commissions eight pharmacies to provide a Needle Exchange Service. All the pharmacies that provide the service are shown in the Figure 7.5 and Table 7.7.

**Figure 7.5: Pharmacies that provide a Needle and Syringe Exchange service in Kensington and Chelsea, October 2017**



Source: RBKC Commissioning Data, 2017

**Table 7.7: Pharmacies that provide a Needle and Syringe Exchange service in Kensington and Chelsea and their 500 metre coverage, October 2017**

Pharmacy	Address	Ward
Baywood Chemist	239 Westbourne Grove	Colville
Boots UK	254 Earls Court Road, Earls Court	Earl's Court
Dr Care Pharmacy/ Apex	73 Golborne Rd, North Kensington, London	Golborne
Niemans Chemist Ltd T/A Medicine Chest Pharmacy	413/415 Kings Road London	Chelsea Riverside
Pestle and Mortar Chemist	213 Kensington High Street	Abingdon
Spivack Chemist	173 Ladbroke Grove	Notting Dale
Stickland Pharmacy	6, The Arcade, South Kensington Underground Station	Brompton & Hans Town
My Pharmacy	10 North Pole Road	Dalgarno

Source: RBKC Public Health Commissioning Data, 2017

**7.47** The Needle Exchange service is spread across the borough and mapped well to areas of greatest need. Given the specialist nature and low volumes of service use compared to normal dispensing, the Health and Wellbeing Board identifies the level of these services to be sufficient, with no gaps.

### Stop Smoking Service

**7.48** Smoking is the single biggest preventable cause of death and inequalities. Securing good access to stop smoking services increases the opportunity for the population to benefit from improvements in health including reduced risk of cancers, circulatory diseases and respiratory diseases.

- 7.49** A stop smoking service within a pharmacy can provide advice and support to patients wishing to give up smoking and where appropriate supply nicotine replacement therapies.
- 7.50** Table 7.8 outlines the reach of the stop smoking services by pharmacies in Kensington and Chelsea. Twenty-three pharmacies are commissioned by the Royal Borough of Kensington and Chelsea to offer the service.
- 7.51** In considering the reducing number of smokers in Kensington and Chelsea and the wide reach of Stop Smoking Services on offer, the Health and Wellbeing Board identifies the Service provided in local pharmacies as sufficient for supplying a service with no gaps.

**Table 7.8: Locations of Pharmacy led Stop Smoking services in Kensington and Chelsea by ward, October 2017**

Kensington and Chelsea Ward	Number of Pharmacies	Kensington and Chelsea Ward	Number of Pharmacies
Colville	3	Pembridge	1
Golborne	3	Stanley	1
Queen's Gate	2	Redcliffe	1
Chelsea Riverside	2	Brompton & Hans Town	1
Courtfield	2	Earl's Court	1
Abingdon	2	Notting Dale	1
Royal Hospital	1	Holland	1
Dalgarno	1		

RBKC Public Health Commissioning Data, 2017

## Privately Provided Services

### Minor Ailment Scheme

- 7.52** The Minor Ailment Scheme offers free advice and treatment for minor, self-limiting conditions such as mild skin conditions, coughs and colds and aches and pains. This service helps to relieve pressure from GPs and Secondary Care.
- 7.53** No pharmacies provide a commissioned Minor Ailment Scheme and 28 reported in the contractor survey as willing to provide the service if commissioned.
- 7.54** The North West London Collaboration of CCG's Prescribing Wisely initiative encourages the public to use community pharmacies for advice and help with common self-limiting ailments and to purchase any over the counter medicines they need. In considering these factors, the Health and Wellbeing Board are satisfied that there are no gaps in the current provision of the Minor Ailment Scheme.

### Emergency Hormonal Contraception

- 7.55** The Emergency Hormonal Contraception (EHC) service aims to reduce unintended pregnancies. Pharmacies that provide EHC can provide signposting to mainstream

contraception services and provide information in risks associated with sexually transmitted infections.

- 7.56** Twenty-eight of the surveyed pharmacies provide EHC privately within a 72-hour period, these are located throughout the borough (see Table 7.9). Twenty-six pharmacies offer the service privately within a 120 hour period. These are widely spread across Kensington and Chelsea, including areas such as Courtfield where the population of young people is high. No pharmacies have been commissioned to deliver EHC in the borough.

**Table 7.9 Ward locations of pharmacies that provide EHC in 72 hour period**

Kensington and Chelsea Ward	Number of Pharmacies	Kensington and Chelsea Ward	Number of Pharmacies
Brompton & Hans Town	4	Earl's Court	2
Courtfield	3	Abingdon	3
Queen's Gate	2	Stanley	1
Pembridge	1	Campden	1
Norland	0	Chelsea Riverside	3
Colville	2	Dalgarno	1
Royal Hospital	0	Golborne	1
Holland	1	Notting Dale	1
Redcliffe	2	St Helen's	1

Source: Contractor Survey, 2017

- 7.57** The prevalence of under 18 conceptions is low in the borough, therefore Health and Wellbeing Board is satisfied that the EHC privately provided in local pharmacies is sufficient for supplying a service with no gaps.

### **Care Home Advice Service**

- 7.58** The Care Home Advice Service involves providing advice and support to the staff and management within the care home on medicines management, to ensure the proper and effective ordering, storage and administration of drugs and appliances and proper record keeping. This is essential as residents in care homes are often on a large number of medicines that often require additional support with compliance.
- 7.59** The Care Home Service includes advice on medicines management, best practice guidelines and staff training and signposting.
- 7.60** Three pharmacies indicated in the survey (see Table 7.10) that they provide Care Home Advice services privately and another 21 would be willing to provide advice to care homes. No pharmacies have been commissioned to provide this service.

**Table 7.10: Locations of private Care Home Advice Service provision by ward in Kensington and Chelsea, October 2017**

Pharmacy	Address	Ward
24/7 Zafash Pharmacy	233-235 Old Brompton Road	Redcliffe
Golborne Pharmacy	106 Golborne Road	Golborne
Day Lewis PLC	87-135 Brompton Road	Brompton & Hans Town

Source: NHS England and Contractor Survey, 2017

- 7.61** The PNA did not identify any needs for the provision of commissioned Care Home Advice Service in the borough. The Health and Wellbeing Board therefore identifies the provision of the Care Home Advice Service to be sufficient for supplying a relevant service with no gap.

### **Summary of Other Services: current provision (schedule 1, paragraph 5).**

The following section defines the enhanced services commissioned and delivered in response to local health and wellbeing needs. It includes Public Health commissioned services. These were explored in relation to whether they are sufficient in providing a relevant service with no gaps or whether there is an area for improvement or gap in provision.

#### **No gaps were found in the following relevant services**

##### **Commissioned Services:**

- Out of Hours Palliative Care Service
- NHS Health Checks
- Supervised Administration
- Needle Exchange Services
- Stop Smoking Services

##### **Privately Provided Services:**

- Minor Ailments Scheme
- Emergency Hormonal Contraception
- Care Home Advice service

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

**7.62** The Kensington and Chelsea Health and Wellbeing Board has identified certain public health services below that are not currently commissioned in the area of the HWB for pharmacies but which the Health and Wellbeing Board is satisfied would, if they were provided, may secure improvements, or better access to pharmaceutical services of a specific type.

**7.63** There are already pharmacies providing these services privately and additional pharmacies have expressed willingness to provide these services if commissioned. Pharmacies would not be able to apply to fulfil these services, unless they are commissioned by NHS England as an enhanced service.

### **Weight Management Services**

**7.64** Rates of child obesity in the borough are on the rise and this can have substantial impact on health outcomes and quality of life. Weight management services, particularly for children would expand the health promotion role of pharmacies.

**7.65** Currently child and family weight management services are not commissioned through pharmacies, but are delivered through other commissioned services. Pharmacies can improve access to weight management guidance and support.

**7.66** Therefore Health and Wellbeing Board identifies Child and Family Weight management services as an area for improvements or better access.

### **Sexual Health Screening and Treatment**

**7.67** Pharmacies can be commissioned to provide services such as condom distribution; pregnancy testing and advice, Chlamydia screening and treatment and other sexual health screening, including syphilis, HIV and gonorrhoea. These services are currently provided by GPs, GUM Clinics and Secondary Care Centres. However, the provision of these services from pharmacies may reduce the demand on the above-mentioned services and improve access. Most pharmacies already provide these services privately and would be willing to provide them if commissioned.

**7.68** Four pharmacies in the borough offer chlamydia screening (see Table 7.11 below). Two of these pharmacies (Lloyds and Stratford) also offer chlamydia treatment.

**Table 7.11: Location of pharmacies that provide Chlamydia Screening by ward in Kensington and Chelsea, 2011**

<b>Pharmacy</b>	<b>Address</b>	<b>Ward</b>
Lloyds Pharmacy	2 Canal Way	Dalgarno
Stratford Pharmacy	4 Stratford Road	Abingdon
Chana Chemist	114 Ladbrooke Grove	Colville
Baywood Chemist	239 Westbourne Grove	Colville

Source: Contractor Survey, 2017

- 7.69 Considering the high rates of sexually transmitted infections in the borough the Health and Wellbeing Board identifies the Sexual Health screening as an area for improvement and better access.

### Summary of Improvements and better access: gaps in provision (Schedule 1, paragraph 4) - Improvements and gaps in access to Public Health Services

The Kensington and Chelsea Health and Wellbeing Board has identified certain public health services below that are not currently commissioned which the Health and Wellbeing Board is considers may, if they were provided, secure improvements, or better access to pharmaceutical services of a specific type. These include:

- Child and Family Weight Management Services
- Sexual Health Screening and Treatment

### *Other skills and services identified in the Pharmacy Contractor Survey*

#### **Utilisation of Clinical Skills in the Pharmacy**

- 7.70 Twenty-five of the pharmacies reported that that the clinical skills in their pharmacies were “totally utilised” while the remaining 11 respondents felt they were “partly utilised”. None of the pharmacies reported that the clinical skills were not utilised.

#### **Pharmacists with a Special Interest**

- 7.71 Four of the pharmacies surveyed have pharmacists with special interests.

#### **Health Champions**

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

- 7.73 Twenty-four of the pharmacies in Kensington & Chelsea that responded stated that they have a health champion.

#### **Health Trainers**

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

- 7.75 Two of the pharmacies in Kensington and Chelsea that responded stated that they have a health trainer.

### **Dementia Friendly Environments**

**7.76** Dementia Friendly environments offer additional support and understanding to people who have Dementia. To achieve Dementia Friendly Status pharmacy staff attend brief training on what it's like to live with dementia and make changes to their pharmacy environment so that it is more welcoming to those who suffer from dementia. Thirty of the pharmacies in the reported being a dementia friendly environment.

### **Public Health Campaigns**

**7.77** NHS Pharmacists are required to participate in up to six campaigns each year to promote public health messages to their users as part of their NHS Community Pharmacy Contractual Framework. This can involve delivering prescription-linked interventions such as smoking cessation or simply the display and distribution of leaflets provided by NHS England.

**7.78** Only one campaign was delivered through pharmacies a year in the last few years. In November 2016 the campaign was focused on Oral Health and Pain Management for children and young people, in 2015 it was on Raising Awareness of Asthma Management in children and young people.

**7.79** Better coordination is required between NHS England, Public Health England, CCGs and Local Authorities to ensure pharmacies are better utilised to deliver key health promotion messages to the public. Consideration should be given to schedule further oral health campaigns to address the high levels of dental decay of children in Kensington and Chelsea.

### **Response to the Grenfell Disaster and emergency medical planning**

During the Grenfell Disaster local pharmacists stepped in quickly to establish a system for supplying emergency medicines. The Local Pharmacy Committee worked with NHS England to implement an emergency response. This included:

- NHS England enabling local pharmacies to have immediate access to affected patient's records
- Pharmacists compiling a list of patients and medications to be prescribed for their GP
- Preparing emergency supplies while awaiting prescriptions from the GP
- In some cases working with NHS111 to enable authorisation of pharmacy supplies to affected patients through the local pharmacies
- Supporting the volunteering doctors to write prescriptions at the centre that was accommodating patients from the Grenfell disaster.
- Ensuring affected patients were exempt from prescription fees and so that they could receive free supplies of their emergency medicines.

# Appendices

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Appendix A – Terms of Reference

Appendix B – Community Questionnaire

Appendix C – Community Engagement Plan

Appendix D - Pharmacy listings and opening times and Essential Services