



Kingston Pharmaceutical Needs Assessment

2018

Approved by Kingston Health and Well Being Board

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2 Executive summary

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs.

Every Health and Well Being Board (HWB) in England has a statutory responsibility to publish and keep up to date, a statement of the needs for pharmaceutical services in its area, otherwise referred to as a Pharmaceutical Needs Assessment (PNA). There is a requirement to reassess and revise the PNA within 3 years of its production. However pharmaceutical service needs should be constantly reviewed and the HWB must make a revised assessment as soon as is reasonably practicable after identifying any change that has occurred since the previous assessment which may affect the needs for pharmaceutical services. These will be published as a supplementary document to the PNA.

The PNA is used by NHS England to make decisions on new pharmacy applications, changes to pharmaceutical services provided, or relocation of current pharmacy providers. It is also used by local commissioners reviewing the health needs and services for the local population.

NHS pharmaceutical services in England are provided by contractors on the 'pharmaceutical list' held by NHS England. Types of providers are:

- Community pharmacy contractors including distance selling pharmacies (DSP)
- Dispensing appliance contractors (DAC)
- Local pharmaceutical services (LPS) providers
- Dispensing doctors

There are no LPS providers or Dispensing doctors currently in the Kingston HWB area.

Community pharmacies operate under a contractual framework agreed in 2005 which sets three levels of service:

- Essential services – negotiated nationally provided by all pharmacies
- Advanced services- negotiated nationally provided by those pharmacies specifically accredited
- Enhanced services- negotiated locally to address local health needs, provided by pharmacies trained and accredited, and specifically commissioned.

The Kingston PNA looks at the local population and health needs and assesses if pharmaceutical services are meeting the appropriate needs, describes the current pharmaceutical services and identifies any gaps.

The key findings and recommendations of this PNA are:

The Royal Borough of Kingston upon Thames is located in South West London and shares borders with the London boroughs of Wandsworth, Richmond, Sutton, Merton and Surrey. It has the smallest population of any boroughs in London at over 173,000 residents. Kingston as a whole is not a deprived area, but there are pockets of deprived communities within it.

The population is growing faster than London as a whole, and is becoming more ethnically diverse.

Essential services

There are currently 34 pharmacies on the 'pharmaceutical list', including two distance selling pharmacies (DSP), one dispensing appliance contractor (DAC). There is one 100 hour pharmacy. There have been no closures or mergers of pharmacies since the last PNA. Several GP practices have closed or merged since the last PNA and GP extended hour hubs have been introduced across the HWB area.

Overall there is good pharmaceutical service provision in the majority of Kingston in terms of geographical spread, access and service provision. There are 2 localities in the borough that have less pharmacies per head of population than England and the rest of the borough, (Malden and Coombe and South of the borough) however access is still considered good for the residents in these areas.

Necessary services

No gap identified in the provision of essential services across the HWB area

No gap identified in the provision of advanced services across the HWB area

Relevant services

NHS England commission only one enhanced service. Most enhanced services are commissioned by either Kingston CCG or Kingston Council as 'Locally Enhanced Services', and therefore fall outside the definition of enhanced and pharmaceutical services.

At the present time there are no gaps identified in the provision of enhanced services across the HWB area. Many pharmacists across each locality expressed an interest in delivering additional enhanced services should these be commissioned in the future.

Other NHS services

As required by paragraph 5 of schedule 1 to the pharmaceutical regulations 2013, Kingston HWB has had regard for any other services that might affect the need for pharmaceutical services.

No gaps identified have been identified at this time.

Other Locally commissioned services and local arrangements

Most enhanced services provided by pharmacies are currently commissioned by Kingston council Public Health, as locally commissioned services (LCS). They include, stop smoking, alcohol screening, needle and syringe exchange, supervised consumption of methadone and buprenorphine, chlamydia screening, chlamydia treatment (PGD), emergency hormonal contraception (PGD), c-card scheme, and NHS health checks. There is currently good provision of these services across the HWB area.

Commissioners from local authority and/ or CCG have relationships with community pharmacy contractors, and Pharmacists and their staff play a key role in the local Health landscape.

The PNA identifies opportunities for improved local provision which include,

Pharmacies working more collaboratively across the health and wellbeing agenda

Pharmacies having a recognised role in the Kingston coordinated care agenda

Pharmacies playing a key role in the Self Care agenda and providing proactive and personalised care for people with long term conditions, incorporating their Healthy Living Pharmacy accreditations and use of their qualified health champions.

3 Introduction

This document has been prepared by Kingston's Health and Wellbeing Board (HWB) in accordance with the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013, as amended. It replaces the Pharmaceutical Needs Assessment (PNA) published by the Kingston HWB in 2015.

There is a requirement for local health partners, NHS England, Kingston Council, Kingston Clinical Commissioning Group (CCG), Kingston pharmacies and other providers of health and social care, to ensure that the health and pharmaceutical needs of the local population are met through the appropriate commissioning of services.

There is also a need to ensure that those additional services commissioned by Kingston Council or Kingston CCG from Kingston pharmacies are promoted to Kingston's population to improve their uptake.

The current providers of pharmaceutical services in Kingston are well placed to support the HWB in achieving the required outcomes identified as the health priorities outlined in its strategy.

Pharmaceutical services in the context of this PNA are services provided by community pharmacy providers, dispensing doctors and appliance contractors.

Glossary and acronyms are provided in Appendix H.

3.1 Background and legislation

The Health Act 2009¹ made amendments to the National Health Service (NHS) Act 2006 stating that each PCT must in accordance with regulations:

- Assess needs for pharmaceutical services in its area.
- Publish a statement of its first assessment and of any revised assessment.

The Health and Social Care Act 2012² brought about the most wide-ranging reforms to the NHS since its inception in 1948. These reforms included the abolition of PCTs and the introduction of CCGs who now commission the majority of NHS services. Public health functions were not transferred to CCGs and are now part of the remit of local authorities (LA)/ Councils.

In order to ensure integrated working and to plan how best to meet the needs of any local population and tackle local inequalities in health, the 2012 legislation called for HWB's to be established and hosted by local authorities (LAs). These boards bring together the NHS, public health, adult social care and children's services, elected representatives, local Healthwatch and other stakeholders as deemed appropriate for the local area.

The Health and Social Care Act 2012 transferred responsibility for developing and updating of PNAs to HWBs. It also made provision for a temporary extension of PCTs' PNAs and access to them by NHS England and HWBs.

The NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013³ gave a requirement that each HWB must publish its first PNA by 1st April 2015, unless a need for an earlier update is identified.

HWBs are also required to publish a revised assessment when significant changes to the need for pharmaceutical services are identified, unless this is considered a disproportionate response.

¹ <http://www.legislation.gov.uk/ukpga/2009/21/part/3/crossheading/pharmaceutical-services-in-england>

² <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

³ <http://www.legislation.gov.uk/uksi/2013/349/regulation/6/made>

The PNA published by the HWB in April 2015 had a maximum lifetime of three years. Consequently, there is a duty to publish a revised assessment by 1st April 2018.

The preparation and consultation on the PNA should take account of the HWB's Joint Strategic Needs Assessment (JSNA) and other relevant local strategies in order to prevent duplication of work and multiple consultations with health groups, patients and the public.

As part of producing the PNA, HWBs must undertake a consultation for a minimum of 60 days. The 2013 Regulations list those persons and organisations that the HWB must consult. This list includes:

- 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 HWB

The Health and Social Care Act 2012 also transferred responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list from PCTs to NHS England. The PNA will be used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises; or applications from current pharmaceutical providers to change their existing regulatory requirements.

Such decisions are appealable to the NHS Litigation Authority's Family Health Services Appeal Unit (FHSAU), and decisions made on appeal can be challenged through the courts.

PNAs will also inform the commissioning of enhanced services from pharmacies by NHS England, and the commissioning of services from pharmacies by the LA and other local commissioners, e.g. CCGs.

Review of Regulations

Regulation 121 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 specifies that the Secretary of State (SoS) must carry out a review of the Regulations before the end of August 2017.

At the time of writing, further information on the review process and timelines is not available. Since it is likely that the review will be undertaken at the same time as the refreshing of this PNA, there is a risk that the process may have to be altered to accommodate any revision of the Regulations.

3.2 Health and Wellbeing Board duties in respect of the PNA

In summary Kingston HWB must:

- Produce a PNA which complies with the regulatory requirements;
- Publish a revised PNA by 1st April 2018;
- Publish subsequent PNAs on a three yearly basis;
- Publish a revised PNA sooner when it identifies changes to the need for pharmaceutical services which are of a significant extent, unless to do so would be a disproportionate response to those changes; and
- Produce supplementary statements in certain circumstances.
- Keep an up to date map of provision of NHS pharmacy services within its area.

3.3 Purpose of a PNA

The purpose of the PNA is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of a HWB's area for a period of up to three years, linking closely to the Joint Strategic Needs Assessment (JSNA). Whilst the JSNA focuses on the general health needs of the population of Kingston, the PNA looks at how those health needs can be met by pharmaceutical services commissioned by NHS England.

If a person (a pharmacy or a dispensing appliance contractor) wants to provide pharmaceutical services, they are required to apply to NHS England to be included in the pharmaceutical list for the HWB's area in which they wish to have premises. In general, their application must offer to meet a need that is set out in the HWB's PNA, or to secure improvements or better access similarly identified in the PNA. There are however some exceptions to this e.g. applications offering benefits that were not foreseen when the PNA was published ('unforeseen benefits applications').

As well as identifying if there is a need for additional premises, the PNA will also identify whether there is a need for an additional service or services, or whether improvements or better access to existing services are required. Identified needs, improvements or better access could either be current or will arise within the lifetime of the PNA. Whilst the PNA is primarily a document for NHS England to use to make commissioning decisions, it may also be used by LAs and CCGs. A robust PNA will ensure those who commission services from pharmacies and dispensing appliance contractors (DACs) are able to ensure services are targeted to areas of health need, and reduce the risk of overprovision in areas of less need.

Circumstances under which the PNA is to be revised or updated

It is important that the PNA reflects changes that affect the need for pharmaceutical services in Kingston. Where the HWB becomes aware that a change may require the PNA to be updated then a decision to revise the PNA will be made.

Not all changes to pharmaceutical services will result in a change to the need for services. Where required, the HWB will issue supplementary statements to update the PNA as changes take place to the provision of services locally.

3.4 Scope of the PNA

A PNA is defined in the regulations as follows:

The statement of the needs for pharmaceutical services which each HWB is required to publish by virtue of section 128A of the 2006 Act(1) (pharmaceutical needs assessments), whether it is the statement of its first assessment or of any revised assessment, is referred to in these Regulations as a pharmaceutical needs assessment.

The pharmaceutical services to which each pharmaceutical needs assessment must relate are all the pharmaceutical services that may be provided under arrangements made by the NHS Commissioning Board (NHSCB) (now known as NHS England) for –

- *the provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list*
- *the provision of local pharmaceutical services under a Local Pharmaceutical services (LPS) scheme; or*
- *the dispensing of drugs and appliances by a person on a dispensing doctors list (but not other NHS services that may be provided under arrangements made by the NHSCB with a dispensing doctor).*

Pharmaceutical services are defined by reference to the regulations and directions governing pharmaceutical services provided by community pharmacies (which may be LPS providers), dispensing doctors and appliance contractors.

Whether a service falls within the scope of pharmaceutical services for the purposes of the PNA depends on who the provider is and what is provided: For **dispensing practices** the scope of the service to be assessed in the PNA is the dispensing service.

For **appliance contractors** the scope of the service to be assessed in the PNA is the dispensing of appliances and the provision of appliance use review (AUR) and stoma appliance customisation (SAC). This means that, for the purposes of the PNA, it is concerned with whether patients have adequate access to dispensing services, including dispensing of appliances, AURs and SACs where these are undertaken by an appliance contractor but not concerned with other services appliance contractors may provide.

For **community pharmacy contractors** the scope of the services to be assessed in the PNA is broad and comprehensive. It includes the essential, advanced and enhanced services elements of the pharmacy contract whether provided under the terms of services for pharmaceutical contractors or under LPS contracts.

Other providers may deliver services that meet a particular pharmaceutical service need although they are not considered pharmaceutical services under the relevant regulations. It is therefore important that these are considered as part of the assessment.

Minimum requirements for the PNA

Schedule 1 of the NHS 2013 Regulations state that the PNA must include, as a minimum, a statement of the following:

- **Necessary services** - pharmaceutical services which have been assessed as required to meet a pharmaceutical need. This should include their current provision (within the HWB area and outside of the area) and any current or likely future gaps in provision. These include all Essential services and most Advanced services.
- **Relevant services** - services which have secured improvements, or better access, to pharmaceutical services. This should include their current provision (within the HWB area and outside of the area) and any current or future gaps in provision. These include all Enhanced services and all Locally Commissioned services.
- **Other NHS services**, either provided or arranged by a LA, NHS England, a CCG, an NHS Trust or Foundation Trust which either impact upon the need for pharmaceutical services, or which would secure improvements, or better access to, pharmaceutical services within the area.
- A **map** showing the premises where pharmaceutical services are provided.
- An explanation of how the assessment was made.

3.5 Development of the PNA

Steering group

The PNA was developed using a project management approach. A collaborative steering group was established which met at key points during the development of the PNA. The steering group covered Kingston and Richmond areas due to the joint working between Kingston and Richmond CCGs and the shared Local Pharmaceutical Committee (LPC) and Local Medical Committee (LMC) and included representation from the following groups:

- Local Pharmaceutical Committee (LPC)
- Local Medical Committee (LMC)

- London Borough of Kingston and Richmond Public Health and Business Intelligence teams
- Kingston and Richmond Clinical Commissioning Group (CCG)
- Kingston and Richmond Health Watch

NHS England (London) did not provide representation at local steering groups and was treated as a statutory consultee.

Stakeholder views were gathered through feedback in meetings, via telephone and feedback online via email.

The steering group was responsible for reviewing the PNA to ensure it met the statutory requirements. The steering group approved all public-facing documentation. The terms of reference of the steering group are provided at Appendix A.

Current service provision

NHS England provided up-to-date pharmacy lists for the borough, including details of core and supplementary opening hours and MUR and NMS provision.

Although pharmacy opening hours can be divided into two types (core and supplementary), which have different contractual status with NHS England, for the purposes of this PNA, the total opening hours (core *plus* supplementary) have been used to assess pharmacy provision. The rationale for this is that both types of hours are stable enough for the purposes of the assessment, and from the perspective of a patient with pharmacy need, there is no difference between the service provided in core and supplementary opening times.

Details of the services commissioned locally were obtained from the Local Authority and CCG primary care commissioning teams.

Contractor survey

The contractor questionnaire (Appendix B) was approved by the steering group and provided an opportunity to validate the information provided by NHS England in respect of the hours and services provided. The questionnaire asked a number of questions outside the scope of the PNA, which will provide commissioners with valuable additional information.

Assessing the need

Assessing the need for pharmaceutical services is a complex process. In addition to taking account of all views submitted from the stakeholders outlined above, this PNA considered a number of factors, including:

- The size and demography of the population across Kingston.
- Whether there was adequate access to pharmaceutical services across Kingston.
- Different needs of different localities within Kingston.
- Pharmaceutical services provided in the area of neighbouring HWBs which affect the need for pharmaceutical services in Kingston.
- Other NHS services provided in or outside its area which affect the need for pharmaceutical services in Kingston.
- Whether further provision of pharmaceutical services would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in the area.

Consultation

A statutory consultation exercise was carried out in accordance with the 2013 Regulations. The consultation took place from November 2017 until January 2018 for a period of 63 days, in line with the Regulations.

The list of stakeholders consulted included the following groups:

- Kingston Local Pharmaceutical Committee Local Pharmaceutical Committee (LPC)
- Kingston Local Medical Committee Local Medical Committee (LMC)
- Persons on the pharmaceutical list
- Kingston Health Watch
- Other patient, consumer and community groups in the area with an interest in the provision of pharmaceutical services in the area
- NHS trusts and NHS foundation trusts in the area
- NHS England
- Neighbouring HWBs

The statutory consultees were written to and provided with a link to the council's web site where the draft PNA was published and invited to respond online. The draft PNA and consultation response form was issued to all stakeholders. The documents were posted on the internet and publicised, with paper copies made available to those unable to access on line. The consultation was also publicised to members of the public and patients, with paper copies distributed in libraries and the Guildhall.

Consultation responses were collated and analysed. A report of the consultation, including any changes to the PNA was produced before the final PNA was published and is included in Appendix C. All issues raised as a result of the consultation process have been considered in the redrafting of the final PNA.

PNA localities

Four localities have been defined for the PNA by the steering group, these are

- Kingston Town
- Surbiton
- Maldens and Coombe
- South of Borough

These localities were chosen as Kingston is divided into four neighbourhoods within the council. This way of splitting the borough is familiar to many partners and aligns to ward and borough boundaries which is utilised when commissioning services.

Public and Patient Engagement

A survey for the previous PNA undertaken between September 2014 and October 2014 received 83 responses. The themes are thought to still be applicable. The main findings from the survey were:

- Choice – The main reasons people chose a particular pharmacy were because it was close to home, or close to the GP surgery.

- Access – 84% had no problems accessing pharmacies in the year preceding the survey, although one person had gone to a Walk-in –Centre when they found a pharmacy was shut
- Development of pharmaceutical services – The most common preferences for services at pharmacies were to have health checks, flu vaccination, weight management and medicines usage reviews.

Focus groups for vulnerable people were also held (including people with English as a foreign language, Refugee and Asylum Seekers, people with mental health problems, substance misusers and homeless people). The people attending the focus groups did not appear to have different issues with access or quality. However at the time several of the participants were using the larger pharmacies at supermarkets primarily due to availability of medicines.

In general, respondents highly valued pharmacy staff for their professionalism and knowledge.

For a full report see the Pharmaceutical Needs Assessment 2015.

4 How the assessment was undertaken

Assessing the need for pharmaceutical services is a complex process. In addition to taking account of all views submitted from the stakeholders outlined above, this PNA considered a number of factors, including:

- Inclusion criteria for services to be assessed as part of the PNA (Section 4.1)
- The characteristics of the population across Kingston (Section 5)
- The general health needs of the population (Section 6)
- Whether there is adequate access to pharmaceutical services across Kingston, through analysis of NHSE data, contractor survey and use of mapping (Section 7)
- Different needs of different localities within Kingston (Section 7)
- Pharmaceutical services provided in the area of neighbouring HWBs which affect the need for pharmaceutical services in Kingston.
- Other NHS services provided in or outside its area which affect the need for pharmaceutical services in Kingston.
- Assessment of whether further provision of pharmaceutical services would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in the area.
- Review of likely changes to needs in the future occurring due to changes to the size of the population, the demography of the population, and risks to the health or wellbeing of people in its area which could influence an analysis to identify gaps in the provision of pharmaceutical services.

4.1 Description of services included in this PNA

Pharmaceutical services

The services that a PNA must include are defined within both the NHS Act 2006 and the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended (the 2013 regulations).

Pharmaceutical services may be provided by:

- A pharmacy contractor who is included in the pharmaceutical list for the area of the HWB;

- A pharmacy contractor who is included in the local pharmaceutical services (LPS) list for the area of the HWB;
- A DAC who is included in the pharmaceutical list held for the area of the HWB; and
- A doctor who is included in a dispensing doctor list held for the area of the HWB.

NHS England is solely responsible for preparing, maintaining and publishing these lists. The pharmaceutical list for Kingston HWB contains 34 contractors, this includes:

- 1 x DAC
- 2 x distance selling pharmacy
- 1 x 100 hour pharmacy and
- No dispensing doctors within the HWB's area.
- No LPS pharmacies within the HWB's area

4.2 Pharmaceutical services provided by pharmacy contractors

Unlike for GPs, dentists and optometrists, NHS England does not hold contracts with pharmacy contractors. Instead they provide services under a contractual framework, details of which are set out in schedule 4 of the 2013 regulations and also in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 (the 2013 directions).

Community Pharmacy Reforms⁴

In October 2016, the Government introduced a two-year funding package for community pharmacies within England. The package represents a 4% reduction in funding in 2016/17 when compared to 2015/16 with a further reduction of 3.4% in 2017/18.

Contractors providing NHS pharmaceutical services under the community pharmacy contractual framework (CPCF) will receive £2.687 billion in 2016/17 and £2.592 billion in 2017/18.

As part of the reforms, the Department of Health (DH) has simplified payments via the single activity fee, moved to phase out establishment payments, introduced quality payments and the Pharmacy Access Scheme (PhAS).

The effect that these reforms will have on the future viability of community pharmacies in the borough is currently not known.

Community pharmacy remuneration for 2018/19 and beyond is the subject of future consultation.

4.3 The community pharmacy contractual framework (CPCF)

The community pharmacy contractual framework (CPCF) was introduced in 2005. Under the framework, there are three types of service which can be provided by community pharmacy and/or appliance contractors:

- Essential services (<http://psnc.org.uk/services-commissioning/essential-services/>)
- Advanced services (<http://psnc.org.uk/services-commissioning/advanced-services/>)
- Enhanced services (<https://www.gov.uk/government/publications/pharmaceutical-services-advanced-and-enhanced-services-england-directions-2013>)

⁴ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/561495/Community_pharmacy_package_A.pdf, accessed 24/1/2017

When assessing service provision, there are two considerations of interest for the PNA: opening hours and service necessity/relevance, which are defined as:

4.3.1 Necessary and Relevant Services

Necessary services are pharmaceutical services which have been assessed as required to meet a pharmaceutical need. This should include their current provision (within the HWB area and outside of the area) and any current or likely future gaps in provision. These include all Essential services and most Advanced services.

Relevant services are services which have secured improvements, or better access, to pharmaceutical services, which may include choice. This should include their current provision (within the HWB area and outside of the area) and any current or future gaps in provision. These include all Enhanced services and all Locally Commissioned services.

Essential services

Provision included in the contractual framework for Essential Services

| SERVICE | DESCRIPTION |
|--|--|
| Dispensing | The safe supply of medicines or appliances. Advice is given to patient about the medicines being dispensed and how to use them. Records are kept of all medicines dispensed and significant advice provided, referrals and interventions made. |
| Repeat dispensing | The management of repeat medication for up to one year, in partnership with the patient and prescriber. The patient will return to the pharmacy for repeat supplies, without first having to visit the GP surgery. Before each supply the pharmacy will ascertain the patient's need for a repeat supply of a particular medicine. |
| Disposal of unwanted medicines | Pharmacies accept unwanted medicines from individuals. The medicines are then safely disposed of. |
| Promotion of Healthy Lifestyles (Public health) | Opportunistic one to one advice is given on healthy lifestyle topics, such as stopping smoking, to certain patient groups who present prescriptions for dispensing. Pharmacies will also get involved in local campaigns organised by NHS England. |
| Signposting patients to other healthcare providers | Pharmacists and staff will refer patients to other healthcare professionals or care providers when appropriate. |
| Support for self-care | The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families. |

4.3.2 Advanced Services

Advanced services – pharmacies may choose whether to provide these services or not. If they choose to provide one or more of the advanced services they must be compliant with the criteria for service provision. Advanced services are:

- Medicine use review and prescription intervention services (known as MUR)
- New medicine service (NMS)
- Stoma appliance customisation (SAC)
- Appliance use review (AUR)
- Flu vaccination
- NHS Urgent Medicine Supply advanced service (NUMSAS)

4.3.3 Enhanced services

Service specifications for this type of service are developed by NHS England and then commissioned to meet specific local health needs. Enhanced services include:

- Anticoagulation monitoring
- Care home service
- Disease specific medicines management service
- Gluten free food supply service
- Independent prescribing service
- Home delivery service
- Immunisation service
- Language access service
- Medication review service
- Medicines assessment and compliance support service
- Minor ailment scheme
- Needle and syringe exchange*
- On demand availability of specialist drugs service
- Out of hours service
- Patient Group Direction service*
- Prescriber support service
- Schools service
- Screening service*
- Stop smoking service*
- Supervised administration service*
- Supplementary prescribing service

It should be noted that since 1 April 2013 those services marked with an asterisk* are commissioned by Kingston Council, Public Health as locally commissioned services (LCS). See Section 8.

4.3.4 Core and Supplementary opening hours:

A pharmacy has 40 core contractual hours (or 100 for those that have opened under the former exemption from the control of entry test), which cannot be amended without the consent of NHS England, together with supplementary opening hours, which are all the additional opening hours. A pharmacy may also have more than 40 core hours where it has made an application based on that higher number, and NHS England has agreed that application.

The proposed opening hours for each pharmacy are set out in the initial application, and if the application is granted and the pharmacy subsequently opens, then these form the pharmacy's contracted opening hours (core and supplementary hours). The contractor can subsequently apply to change their core opening hours. NHS England will assess the application against the needs of the population of the HWB area as set out in the PNA to determine whether to agree to the change in core hours or not. If a contractor wishes to change their supplementary opening hours they have to notify NHS England of the change, giving at least three months' notice.

4.3.5 100 hours pharmacies

Certain pharmacies opened under previous regulations undertaking to provide pharmaceutical services for 100 hours a week. NHS England may not vary or remove the 100 hour conditions on premises that were granted their contract under the 100 hour application exemption.

There is one pharmacy in Kingston with a 100 hours contract.

4.3.6 Distance selling pharmacies (Internet pharmacies)

Patients have the right to access pharmaceutical services from any community pharmacy including mail order/wholly internet pharmacy of their choice and therefore can access any of the many internet pharmacies available nationwide.

New conditions have been introduced in the regulations, which require all distance selling pharmacies (including those admitted under the 2005 regulations) to be able to provide essential services safely, without face to face contact at the premises, and ensure that persons anywhere in England are able to access the essential services.

There are two pharmacies Kingston with a distance selling pharmacy contract.

4.3.7 Local pharmaceutical services

Local pharmaceutical services (LPS) contracts allow NHS England to commission services, from a pharmacy, which are tailored to specific local requirements. LPS complements the national contractual arrangements but is an important local commissioning tool in its own right. LPS provides flexibility to include within a contract a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under national contractual arrangements. For the purposes of the PNA the definition of pharmaceutical services includes LPS.

No contractor within the HWB's area currently holds an LPS contract.

4.3.8 Pharmaceutical services provided by dispensing appliance contractors (DAC)

As with pharmacy contractors, NHS England does not hold contracts with DACs. Their terms of service are also set out in schedule 5 of the 2013 regulations and in the 2013 directions.

DACs provide the following services that fall within the definition of pharmaceutical services.

- Dispensing of prescriptions (both electronic and non-electronic), including urgent supply without a prescription
- Dispensing of repeatable prescriptions
- Home delivery service
- Supply of appropriate supplementary items (e.g. disposable wipes and disposal bags)
- Provision of expert clinical advice regarding the appliances
- Signposting

All DACs must provide the above services.

Advanced services – DACs may choose whether to provide these services or not. If they do choose to provide them then they must meet certain requirements:

- Stoma appliance customisation
- Appliance use review

As with pharmacies, DACs are required to participate in a system of clinical governance. This system is set out within the 2013 regulations.

DACs are required to open at least 30 hours per week and these are referred to as core opening hours. They may choose to open for longer and these hours are referred to as supplementary opening hours.

The proposed opening hours for each DAC are set out in the initial application, and if the application is granted and the DAC subsequently opens then these form the DAC's contracted opening hours. The

contractor can subsequently apply to change their core opening hours. NHS England will assess the application against the needs of the population of the HWB area as set out in the PNA to determine whether to agree to the change in core hours or not. If a contractor wishes to change their supplementary opening hours they have to notify NHS England of the change, giving at least three months' notice.

There is one dispensing appliance contractor within Kingston HWB's area.

4.3.9 Pharmaceutical services provided by doctors

The 2013 regulations allow doctors to dispense to eligible patients in certain circumstances. There are no dispensing doctors within the HWB's area.

4.4 Locally commissioned services (LCS)

Kingston Council and Kingston CCG may also commission services from pharmacies and DACs, however these services fall outside the definition of pharmaceutical services. For the purposes of this document they are referred to as locally commissioned services (LCS).

The following services are commissioned by Kingston council, Public Health from pharmacies:

- Chlamydia screening
- Chlamydia treatment (Patient Group Direction (PGD) service)
- Emergency hormonal contraception (PGD service)
- C-card scheme
- Needle and syringe exchange
- Supervised consumption of methadone and buprenorphine
- Alcohol screening
- Stop smoking
- NHS health check

The following services are commissioned by Kingston CCG:

- Access to palliative care medicines

LCS's are included within this assessment where they affect the need for pharmaceutical services, or where the further provision of these services would secure improvements or better access to pharmaceutical services.

Further information on provision of services is available in Appendix F.

4.5 Other NHS services

Other services which are commissioned or provided by NHS England, Kingston Council, Kingston CCG and Kingston Hospital NHS Foundation Trust, which affect the need for pharmaceutical services, are also included within this PNA.

4.6 Other provision of pharmaceutical services

Pharmaceutical services are provided by other services. These can include arrangements for:

- Prison population
- Services provided in neighbouring HWB areas
- Private providers

The PNA makes no assessment of these services.

5. Context of the PNA

Pharmaceutical services are part of the complex health and social care system supporting the people of Kingston. Pharmaceutical services should also be planned as part of a whole system, taking account of the Kingston Joint Strategic Needs Assessment, Kingston Health and Wellbeing Strategy, and the Sustainability and Transformation Plans (STP).

Kingston Joint Strategic Needs Assessment

This PNA is undertaken within the context of the health and care needs of the population, as set out in the Kingston Joint Strategic Needs Assessment (JSNA).

JSNAs are assessments of the current and future health and social care needs of a local community. These needs may be met by Kingston Council, Kingston CCG or NHS England, the local community themselves, or through all working together. JSNAs are produced by Health and Wellbeing Boards, and are specific to each local area. As well as health and social care needs, JSNAs are intended to include other factors that impact on the population's health and wellbeing, namely inequality issues, wider determinants of health, and the local assets that can help to improve health and wellbeing.

JSNAs are a continuous process of strategic assessment to inform strategic planning, and to ultimately inform commissioning that will improve the health of Kingston and reduce inequalities. The JSNA outputs, in the form of evidence, analysis of need and priorities, will help Kingston Council, Kingston CCG, the local NHS providers and other partners to determine what actions should be taken to meet health and social care needs and address the wider determinants of health and wellbeing.

This PNA should be read in conjunction with the Kingston JSNA. Within this PNA relevant excerpts from the current Kingston JSNA are included for:

- Kingston population characteristics (Section 5) and
- Kingston's particular health needs (Section 6)

At the time of writing this PNA there are no specific development plans within the JSNA for pharmaceutical service provision.

Kingston Health and Wellbeing Strategy

Joint Health and Wellbeing Strategies are strategies to address the needs that are identified through the Joint Strategic Needs Assessment process. The current Kingston Health and Wellbeing Strategy 2017 to 2019 has four priority areas 1) Children and Young People, 2) Mental Health 3) Vulnerable Groups and Health Inequalities and 4) Older People.

The full Health and Wellbeing Strategy can be found on the Health and Wellbeing Board section of the Kingston Council website.

Sustainability and Transformation Partnerships/Plans - South West London STP

STPs are partnerships in an area bringing together local NHS organisations and partners including councils to develop place-based STP plans which set out practical ways to implement the NHS 5 Year Forward View to improve NHS services and population health.

Kingston CCG is part of the South West London STP, working with Richmond, Wandsworth, Merton, Sutton and Croydon CCGs as well as NHS England. The philosophy of an STP is a move away from competition

as the method of improving health services and moving towards collaboration, integration and engagement of services across the local health and social care sectors.

The SWL STP plan has a range of themes:

Prevention and early intervention as well as supporting people to stay well and identifying people at risk of developing long term conditions. This also includes providing proactive, personalised care for people with long term conditions such as the national diabetes prevention programme, expert patients programme, cancer vanguard, ESCAPE pain management programme, as well as supporting people with dementia and mental health problems. Modern technology and a modern workforce is essential to delivering this service and developing the proactive care required to better support individuals to remain at home and in the community.

Patients are not always treated in the best place for their needs. By integrating primary care, NHS 111, community and acute hospital resources and **community pharmacies**, the SWL STP hopes to be able to deliver the right care in the best place.

End of life care will be improved to ensure that the dying person themselves is the focus of care including supporting them to choose the place of their death and prevent unnecessary hospital admissions.

Access to hospital services via outpatients will be improved to deliver a more consistent service across South West London. Transforming access to outpatient services involves standardising protocols, reducing unnecessary appointments, bringing appointments closer to the patients house via community based clinics and increasing roll out of new technologies to deliver better and more personalised patient care.

Ensuring that people get the right care they need in the right place means developing new or improved care pathways. Getting the model of care right in maternity, paediatrics, urgent and emergency care, ambulatory emergency care and care for the frail elderly is expected to reduce unnecessary emergency hospital admissions and redirect those in need to more appropriate settings where they could get the most suitable care.

Capacity and capability will be built by transforming community and primary care to deliver the STP aims.

Locality teams, based on populations of approximately 50,000 patients, aligned to GP practices, will bring together staff from across the health, community and social care spectrum. They will be easily accessible and help people to stay well, intervene early and work closely with both voluntary and community services to ensure that people stay well and access the right care in the right place.

The locality community crisis and intermediate care response will continue to prevent unnecessary admissions and to facilitate discharges. This response will be easy to access, work across the system and may have an expanded remit compared to the locality teams, with access to extra assessment, support and intervention packages. They will operate on a "home first" principle to deliver enhanced care at the home where possible.

Primary care is one of the most critical aspects of healthcare delivery. The STP vision is to transform primary care to provide accessible, coordinated, consistent and proactive care to the population.

Kingston and Richmond Local Delivery Unit is an individual unit within the wider STP. There is a Local Transformation Board covering Kingston, Richmond and East Elmbridge CCG (Surrey). The vision for the LTB is to deliver person-centred care across Kingston, Richmond and East Elmbridge. The LTB work plan gives local nuance to the South West London STP.

5.1 Population characteristics - introduction

The Royal Borough of Kingston upon Thames is located in South West London and shares borders with the London Boroughs of Wandsworth, Richmond, Sutton, Merton and the county of Surrey. It has the smallest population of any boroughs in London (apart from City of London) and is the seventh smallest borough in terms of geographical area.

In 2015 the estimated number of residents was 173,525, and that number is expected to rise over coming years. The Royal Borough of Kingston is responsible for commissioning or providing statutory services for the resident population. The Kingston Clinical Commissioning Group is responsible for healthcare for people registered with Kingston GPs, which at January 2017 was 204,510 registered patients. There are over 30,000 more people registered with a Kingston GP, than there are resident in Kingston. Local Community Pharmacies will provide services to both these populations.

Kingston as a whole is not a deprived area, but there are pockets of deprived communities, and there is one area (Lower Super Output Area, LSOA) which is in the second most deprived 10% nationally.

5.2 The Population of Kingston borough

The 2015 mid-year estimate of the population of Kingston indicates that the number of residents increased to 173,525 from 169,958 in mid-2014. This represented a total increase of 3,567 people (2.1%), and is a greater proportional increase than either London or England over the same time period.

Children and young people (0 to 17 years old) made up 21.64 % of the Kingston population, whilst people of working age (18 to 64 years old) accounted for 65.11 % of the population. Older persons (aged 65 or over) accounted for 13.25 % of the population, and the proportion of older people is rising.

The median age of the population of Kingston was 36.1 years in mid-2015 and is rising.

Please see Figure 1 and Table 1. To access the 2011 Census data, please visit the Office for National Statistics (ONS) website.

Figure 2 shows the spatial variation in geographic distribution of the population in the borough.

Table 1: The age and gender structure of the population of Kingston in 2015

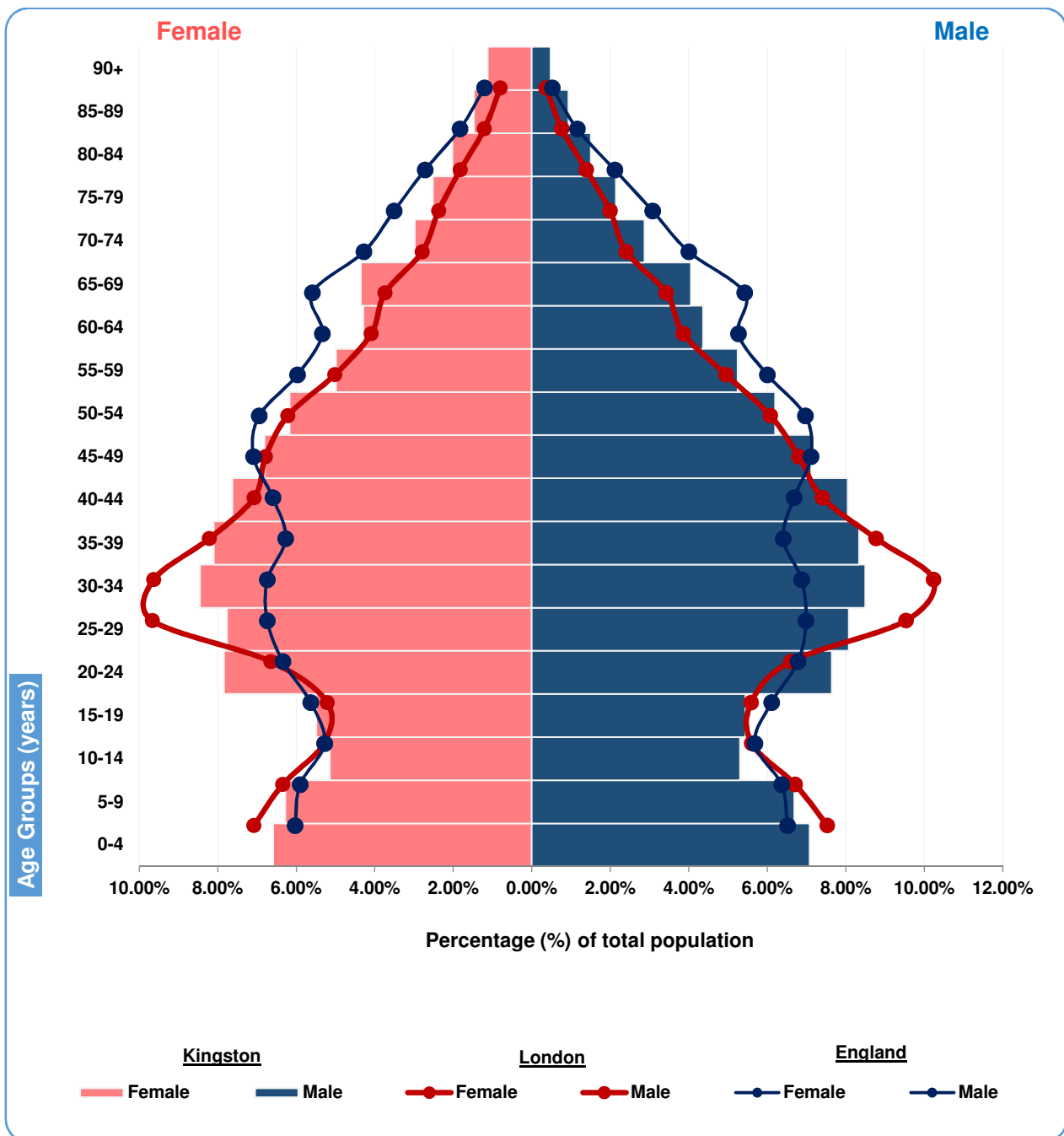
| | Age group | Female | Male | Total | % of the total population |
|----------------------|-----------------|---------------|---------------|----------------|---------------------------|
| Five year age groups | 0 - 4 | 5,803 | 6,047 | 11,850 | 6.8% |
| | 5 - 9 | 5,528 | 5,710 | 11,238 | 6.5% |
| | 10 - 14 | 4,532 | 4,535 | 9,067 | 5.2% |
| | 15 - 19 | 4,831 | 4,648 | 9,479 | 5.5% |
| | 20 - 24 | 6,901 | 6,528 | 13,429 | 7.7% |
| | 25 - 29 | 6,835 | 6,902 | 13,737 | 7.9% |
| | 30 - 34 | 7,442 | 7,260 | 14,702 | 8.5% |
| | 35 - 39 | 7,136 | 7,125 | 14,261 | 8.2% |
| | 40 - 44 | 6,714 | 6,876 | 13,590 | 7.8% |
| | 45 - 49 | 5,997 | 6,084 | 12,081 | 7.0% |
| | 50 - 54 | 5,433 | 5,295 | 10,728 | 6.2% |
| | 55 - 59 | 4,389 | 4,480 | 8,869 | 5.1% |
| | 60 - 64 | 3,782 | 3,728 | 7,510 | 4.3% |
| | 65 - 69 | 3,836 | 3,464 | 7,300 | 4.2% |
| | 70 - 74 | 2,624 | 2,452 | 5,076 | 2.9% |
| | 75 - 79 | 2,219 | 1,829 | 4,048 | 2.3% |
| | 80 - 84 | 1,781 | 1,286 | 3,067 | 1.8% |
| | 85 - 89 | 1,295 | 799 | 2,094 | 1.2% |
| 90+ | 989 | 410 | 1,399 | 0.8% | |
| | All Ages | 88,067 | 85,458 | 173,525 | 100.0% |

Note: * Please note that 11 year olds are counted in both rows

\$ Please note that the percentage is calculated as the percentage of total female population only

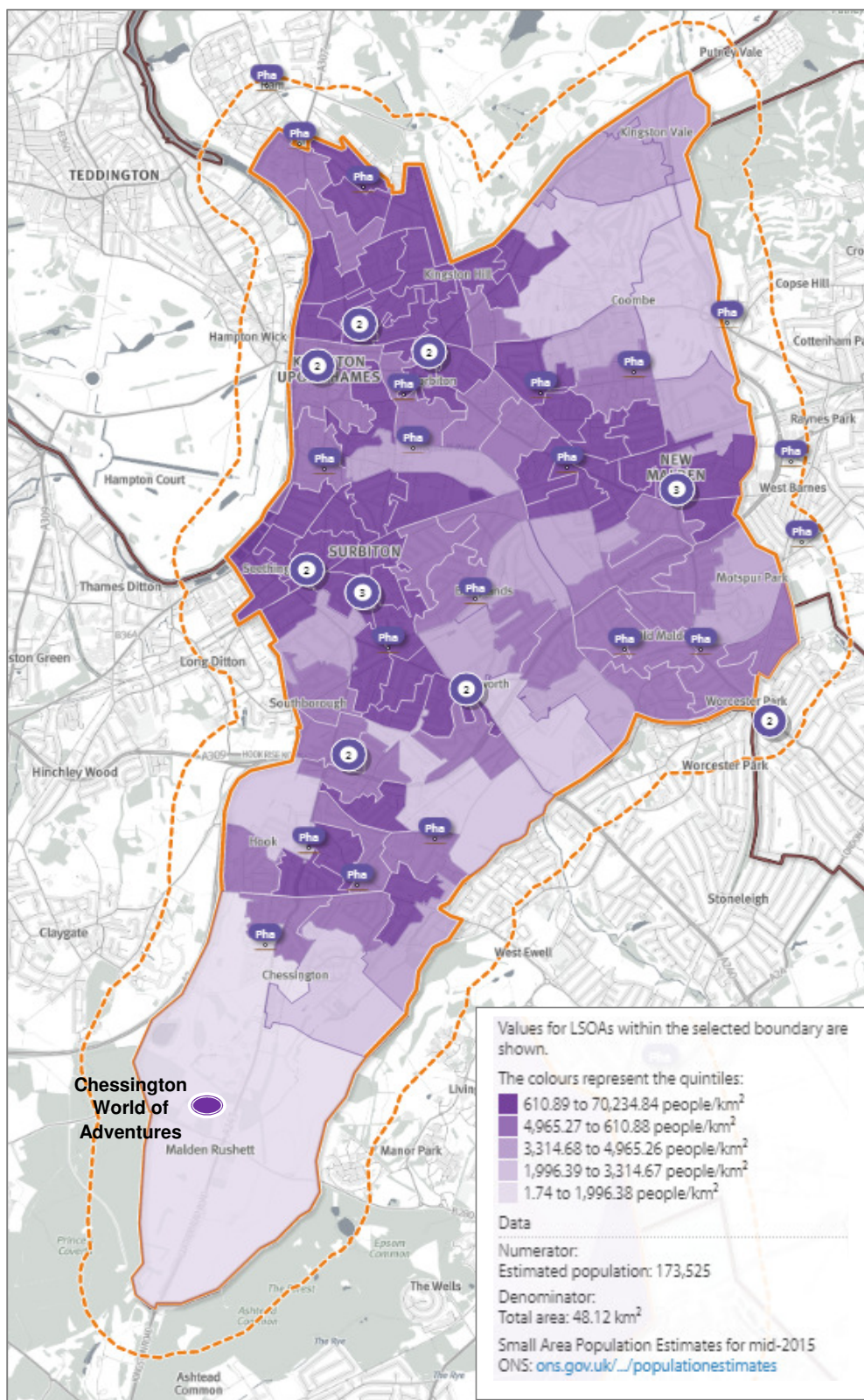
Source: 2015 Annual Mid-Year Population Estimates for the UK, Office for National Statistics © Crown Copyright 2016

Figure 1: The age and gender structure of the mid-year resident population of Kingston in comparison with London and England, 2015



Source: Annual Mid-Year Population Estimates for the UK, Office for National Statistics © Crown Copyright 2016

Figure 2: Population density of the 2015 mid-year resident population of Kingston



Note: The analysis focuses on the estimated population density per km². Kingston's estimated population density in mid-2015 is **3606.43 per km²** within a range of 330.04 to 20113.75 across 98 LSOAs. Orange dotted line around the Borough shows 0.5km buffer. A buffer is drawn around the borough boundary to show pharmacies from neighbouring boroughs that are within 0.5kms. Residents along the borough boundary are more likely to access pharmacies from neighbouring boroughs due to the proximity. You will see a buffer drawn around the borough boundary on some of the maps below.

Source: SHAPE Tool, PHE, 2017

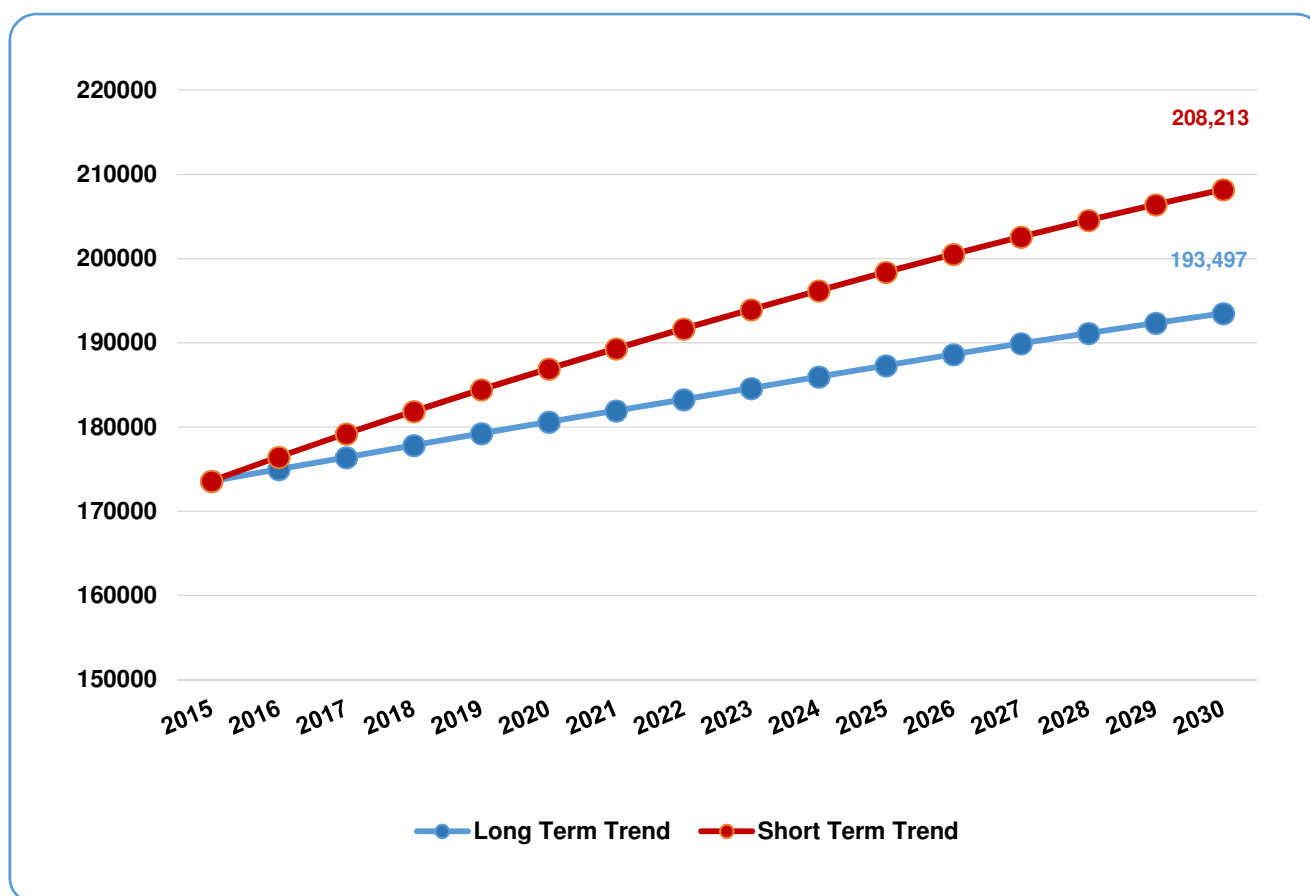
5.3 Population forecast for Kingston borough and wards

The resident population is predicted to increase steadily in future years

The long-term scenario projects less growth, with an additional 21,039 people (12.3 %) by year 2030 taking the total number of residents to 193,100. The proportion of older people aged 65 and over is projected to increase from 13.4% in 2015 to 15.9% by 2030.

Higher numbers of older people will increase the demand for health and social care services, and the decrease in the proportion of people of working age may mean fewer people to support them.

Figure 3: Projected population of Kingston between 2015 and 2030 according to the short-term and long-term migration scenarios



Note: Figures may not add due to rounding

Source: 2015 Round of Demographic Projections, Local authority population projections - Trend projections, long-term migration and short-term migration scenario, © GLA 2016

In 2014 there were more births than deaths and a net inward migration of people, all resulting in a rise in the population number. There were 2,314 births, 1,107 deaths, 16,314 people moving into Kingston, and 13,993 moving out.

Kingston is divided up into 16 electoral wards. Table 2 presents a summary of the electoral ward population size estimates for Kingston over the next 15 years.

Table 2: Projections of the electoral ward populations of Kingston, 2015 to 2030

| Electoral Ward name | 2015 | 2020 | 2025 | 2030 |
|----------------------------|----------------|----------------|----------------|----------------|
| Alexandra | 9,896 | 10,337 | 10,806 | 10,976 |
| Berrylands | 10,199 | 10,447 | 10,755 | 10,908 |
| Beverley | 11,070 | 11,710 | 12,146 | 12,280 |
| Canbury | 14,296 | 15,577 | 15,846 | 16,191 |
| Chessington North and Hook | 9,120 | 9,153 | 9,213 | 9,243 |
| Chessington South | 10,866 | 11,168 | 11,707 | 12,159 |
| Coombe Hill | 10,960 | 11,290 | 12,026 | 12,397 |
| Coombe Vale | 10,232 | 10,417 | 10,486 | 10,560 |
| Grove | 12,109 | 13,409 | 15,005 | 15,547 |
| Norbiton | 10,892 | 11,229 | 11,759 | 12,823 |
| Old Malden | 9,915 | 10,057 | 10,334 | 10,533 |
| St James | 9,415 | 9,501 | 9,573 | 9,659 |
| St Mark's | 11,612 | 11,826 | 12,213 | 12,458 |
| Surbiton Hill | 11,192 | 11,573 | 12,033 | 12,099 |
| Tolworth and Hook Rise | 10,510 | 11,913 | 12,935 | 13,302 |
| Tudor | 10,067 | 10,293 | 10,225 | 10,192 |
| Kingston | 172,351 | 179,900 | 187,062 | 191,327 |
| % Growth from 2015 | - | 4.4% | 8.5% | 11.0% |

Note: Figures may not add due to rounding

Source: 2015 Round of Demographic Projections - Ward projections, SHLAA-based; Capped Household Size model © GLA 2016

The electoral wards are predicted to grow at varying rates and the highest population increases are likely to be seen in Grove (28.4%), Tolworth and Hook Rise (26.6%) and Norbiton (17.7%) wards.

There are four Kingston Neighbourhoods (or Localities) made up of groups of electoral wards. They are:

1. Kingston Town (Canbury, Grove, Norbiton, Tudor)
2. Malden and Combe (Beverley, Coombe Hill, Coombe Vale, Old Malden, St James)
3. South of Borough (Chessington North & Hook, Chessington South, Tolworth and Hook Rise)
4. Surbiton (Alexandra, Berrylands, St Marks, Surbiton Hill)

5.4 GP Practice Population

The majority (83.4%) of prescriptions written in Kingston general practices are dispensed in Kingston pharmacies. We also know that one of the top reasons for using a pharmacy is because it is near to the person's GP practice. It is therefore important to understand the practice populations.

A total of 207,724 people were registered with Kingston CCG general practices in September 2017. The total number of registered men (103,461) was slightly lower than the number of women (104,263).

Comparison of the registered GP population with the resident population indicates that the number of registered patients with local general practices is greater than the number of resident people in all age groups. Overall there were 34,199 more people registered with local GP practices than live in Kingston.

Table 3: Kingston CCG GP registered population by age group, showing difference between registered and resident populations, September 2017

| Age Group (years) | Female | Male | Total | Difference (Practice - Resident population) |
|-------------------|----------------|----------------|----------------|---|
| 0-4 | 6,151 | 6,482 | 12,633 | 783 |
| 5-9 | 6,424 | 6,578 | 13,002 | 1,764 |
| 10-14 | 5,790 | 5,821 | 11,611 | 2,544 |
| 15-19 | 5,473 | 5,134 | 10,607 | 1,128 |
| 20-24 | 9,057 | 6,920 | 15,977 | 2,548 |
| 25-29 | 8,402 | 7,860 | 16,262 | 2,525 |
| 30-34 | 8,376 | 8,210 | 16,586 | 1,884 |
| 35-39 | 8,763 | 9,204 | 17,967 | 3,706 |
| 40-44 | 7,888 | 8,960 | 16,848 | 3,258 |
| 45-49 | 7,219 | 8,384 | 15,603 | 3,522 |
| 50-54 | 6,464 | 7,361 | 13,825 | 3,097 |
| 55-59 | 5,436 | 5,827 | 11,263 | 2,394 |
| 60-64 | 4,441 | 4,505 | 8,946 | 1,436 |
| 65-69 | 4,041 | 3,927 | 7,968 | 668 |
| 70-74 | 3,528 | 3,334 | 6,862 | 1,786 |
| 75-79 | 2,457 | 2,094 | 4,551 | 503 |
| 80-84 | 1,882 | 1,517 | 3,399 | 332 |
| 85-89 | 1,433 | 894 | 2,327 | 233 |
| 90+ | 1,038 | 449 | 1,487 | 88 |
| Total | 104,263 | 103,461 | 207,724 | 34,199 |

Source: CCG Population - NHS Digital, 2017

Resident population - 2015 Annual Mid-Year Population Estimates for the UK, Office for National Statistics © Crown Copyright 2016

Table 4: Kingston CCG GP registered population by practice, September 2017

| Practice Code | Practice name | Practice Postcode | Practice Population |
|---------------|------------------------------|-------------------|---------------------|
| H84637 | The Grays Medical Practice | KT9 1AG | 215 |
| Y03054 | Gosbury Hill GP Clinic | KT9 1AG | 224 |
| H84049 | Maypole Surgery | KT6 5BH | 274 |
| H84054 | Red Lion Road Surgery | KT6 7QG | 3,010 |
| H84053 | Berrylands Surgery | KT6 6EZ | 4,216 |
| H84618 | Sunray Surgery | KT5 9QD | 4,401 |
| H84629 | Village Surgery | KT3 4BH | 5,046 |
| H84051 | Roselawn Surgery | KT3 6AA | 6,045 |
| H84050 | Chessington Park Surgery | KT9 2GY | 7,116 |
| H84033 | St Albans Medical Centre | KT2 5HF | 7,201 |
| H84025 | Hook Surgery | KT9 2GY | 7,223 |
| H85055 | West Barnes Surgery | KT3 6JD | 7,385 |
| H84062 | Langley Medical Practice | KT6 6EZ | 7,787 |
| H84015 | Brunswick Surgery | KT6 6EZ | 7,837 |
| H84034 | The Orchard Practice | KT9 1AG | 8,440 |
| H84010 | Canbury Medical Centre | KT2 6HR | 9,986 |
| H84619 | Claremont Medical Centre | KT6 6BS | 10,748 |
| H84061 | Kingston Health Centre | KT2 5AD | 10,982 |
| H84042 | Holmwood Corner Surgery | KT3 6DR | 12,849 |
| H84635 | Manor Drive Medical Centre | KT4 7LG | 13,523 |
| H84016 | The Groves Medical Centre | KT3 3TX | 15,559 |
| H84030 | Central Surgery | KT6 6EZ | 16,545 |
| H84027 | The Churchill Medical Centre | KT2 6PG | 18,725 |
| H84020 | Fairhill Medical Practice | KT2 7PX | 22,387 |
| Total | | | 207,724 |

Note: Some of the practices were closed in financial year 2016-17 and the patients were repatriated to other General Practices

Source: NHS Digital, 2017

5.5 Ethnicity in Kingston

The people of Kingston are becoming more ethnically diverse, with the Black, Asian and minority ethnic (BAME) population increasing and the White population decreasing. White people decreased from 84.5% in 2001 to 74.5% in 2011⁵, and are projected to decrease further to 62.5% by 2030⁶. However, White still remains the single largest ethnic group in Kingston for the entire projection period, partly attributed to a significant arrival of European Union Accession citizens as well as other White people from other countries.

The proportion of the BAME population was 15.5% in 2001 and rose to 25.5% in 2011, and is projected to increase further to 37.5% by 2030. Currently the largest BAME group in Kingston is the 'Other Asian' group, which includes Koreans. The 2011 Census reported that 3,408 (2.1%) people identified themselves as Korean and 4,012 (2.5%) as Sri Lankan in Kingston.

The health and wellbeing of BAME groups is affected by a range of issues including delivery and take up of services, difference in culture and lifestyle, language, discrimination and differing biological susceptibility to some diseases.

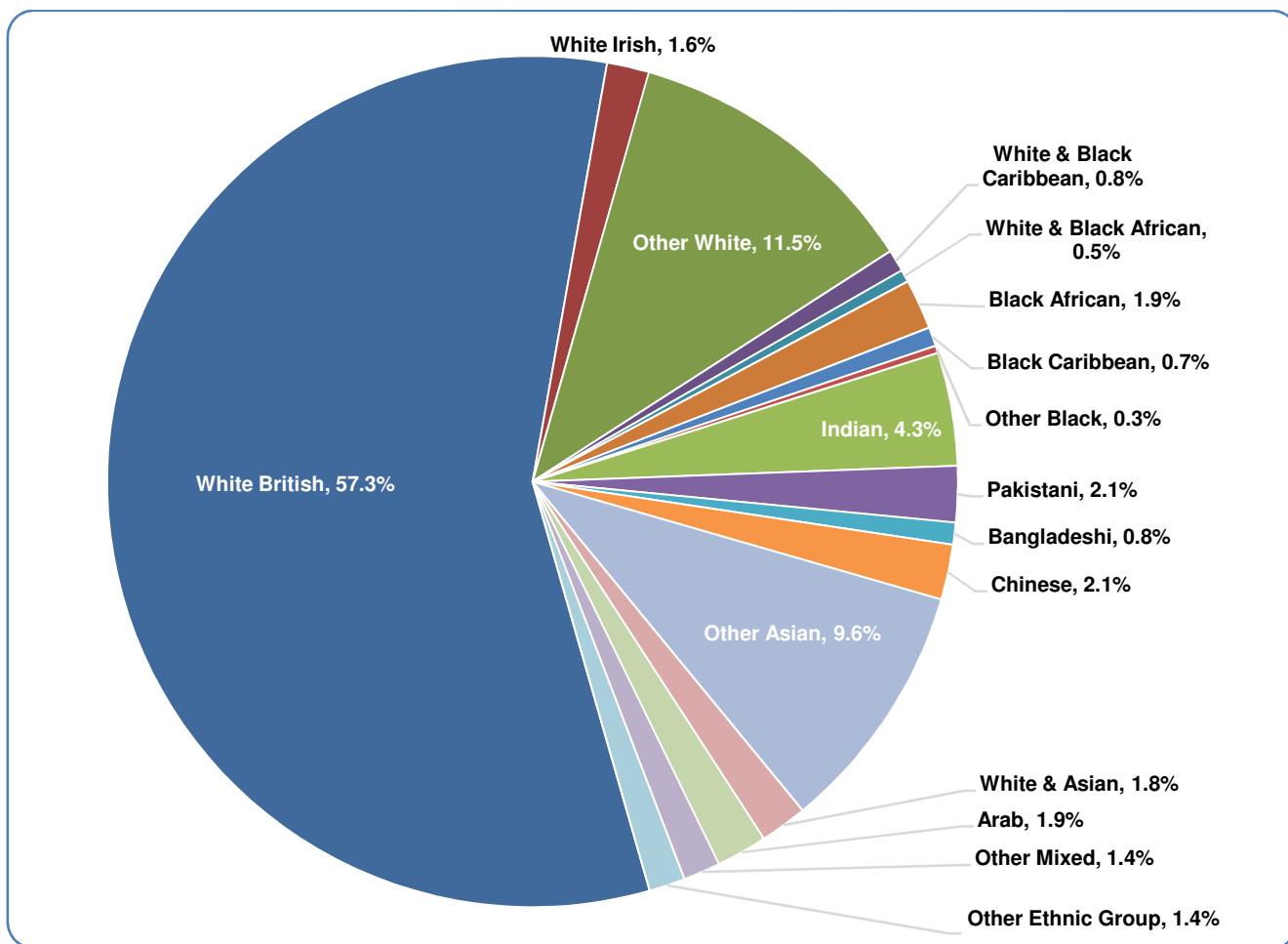
Some of the main languages, other than English, spoken in Kingston are:

1. Tamil
2. Korean
3. Polish
4. Arabic
5. German
6. Urdu

⁵ 2011 Census, Office of National Statistics

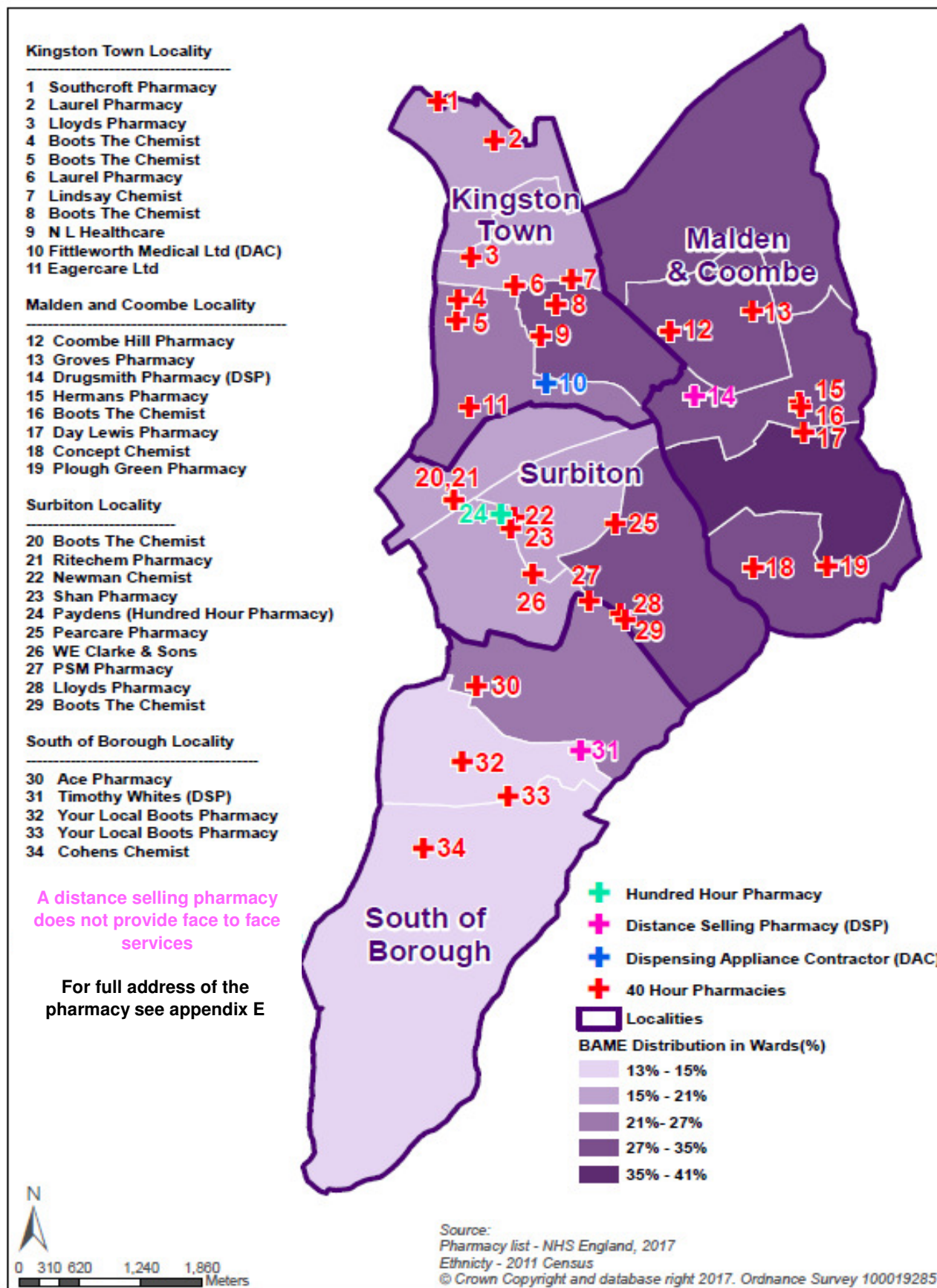
⁶ The 2015 Round of Ethnic Population Projections, GLA (Greater London Authority)

Figure 3: Key Ethnic Groups, Short-term migration scenario, 2015



Source: 2015 Round of Demographic Projections, © GLA 2016
 Local authority population projections - Trend-based ethnic group projections, short-term migration scenario

Figure 4: BAME population distribution in Kingston wards, 2011 Census



5.6 Life Expectancy and Healthy Life Expectancy

Life expectancy (LE) is a common measure of the populations' health. People in Kingston continue to have better health than the national average and this is reflected in their life expectancy. Life expectancy at birth for the three year period 2013-15 in Kingston was 81.5 years for men and 84.5 years for women. These were above the London life expectancies (80.2 years for men and 84.1 years for women) and also above the England averages (79.5 years for men, 83.1 years for women).

Healthy life expectancy (HLE), also called disability adjusted life expectancy, represents the average number of years that a person can expect to live in full health. The HLE at birth for both males (67.9 years) and females (68.6 years) living in Kingston was above the averages for London and England. After these ages the average person will be living with some form of illness or disability which may place a demand on health services including community pharmacies.

Life expectancy is higher among the more affluent areas of Kingston. For the three year period 2012-14, a person living in most affluent areas (the most affluent 10%) can expect to live longer than people in the most deprived areas (most deprived 10%) - on average the most affluent will live 4.8 years longer for men and 4.6 years longer for women.

People living in Alexandra, Old Malden and Tudor wards had the highest life expectancy at birth. However at age 65, men in Coombe Hill and Old Malden and women living in Alexandra, Old Malden and Tudor have the highest life expectancy.

People living in Norbiton ward have the lowest life expectancy at birth and at 65 years, demonstrating the relationship between life expectancy and deprivation.

5.7 Households

Kingston has 65,198 properties (excluding communal establishments and student halls of residence) and 63,639 households living in them⁵.

45% of Kingston's households were couples, including a higher than average proportion of couples with dependent children (22%). 28.6% of households in Kingston were habituated by single person and 11% of those were aged 65 and over

64% of Kingston households own their property either outright or with a mortgage as at 2011.

Kingston has a relatively small proportion of social rented properties. The proportion of social housing in the borough is approximately half that in London.

The Greater London Authority expects that the number of one-person households and households with two dependent children will decline as a proportion of all households over the next five years in Kingston.

Fuel poverty has been estimated to affect 9.4% of total housing in Kingston, this compares with previous figures from 2010 (9.9%) and 2012 (8.9%). In comparison, London had a rate of 8.9% and England 10.4% in 2012⁷.

The cost of housing is a real issue for many. In June 2015, the average house price in Kingston stood at £429,296, 23% higher than 18 months previously in December 2013 (Land Registry as at August 2015). The median rental price for Kingston was £1,250 per month in 2014/15, 5% higher than 2013/14, according to the Valuation Office Agency.

⁷ Fuel Poverty JSNA, Royal Borough of Kingston
http://data.kingston.gov.uk/wp-content/uploads/2017/09/JSNA_FuelPovertyChapter2016.pdf

In 2015, 26% of people living in Kingston were earning less than London Living Wage (LLW) per hour and 8% were earning less than National Minimum Wage (NMW) per hour⁸.

5.8 Homelessness

Homelessness is associated with severe poverty and is associated with adverse health, education and social outcomes, particularly for children. To be deemed statutorily homeless a household must have become unintentionally homeless and must be considered to be in priority need. As such, statutorily homeless households contain some of the most vulnerable and needy members of our communities. Preventing and tackling homelessness requires sustained and joined-up interventions by central and local government, health and social care and the voluntary sector.

The number of households to whom the Council has accepted a statutory homelessness duty, which includes a duty to secure accommodation, has risen steadily over the last five years from 137 in 2010/11 to 219 in 2014/15⁹. However, in a climate where most local authorities are finding it increasingly challenging to prevent homelessness, given high rent levels and the impacts of the Welfare Reform, Kingston has consistently maximised homelessness prevention and in 2014/15 homelessness was prevented for 544 households.

The number of households in all types of temporary accommodation has been steadily increasing⁹. At the end of September 2015 Kingston had 105 households accommodated in nightly paid temporary accommodation compared to 72 households on the same date in 2014. This represents an increase of just over 45%. The number of households accommodated in longer term temporary accommodation via the Council's Private Leasing Scheme increased from 326 in September 2014 to 367 in September 2015, an increase of 12.5% and an increase from 2013 of 16.5%.

The autumn 2016 total number of rough sleepers counted and estimated in Kingston was 23. This is up 9 from the autumn 2015 total of 14¹⁰.

5.9 Deprivation

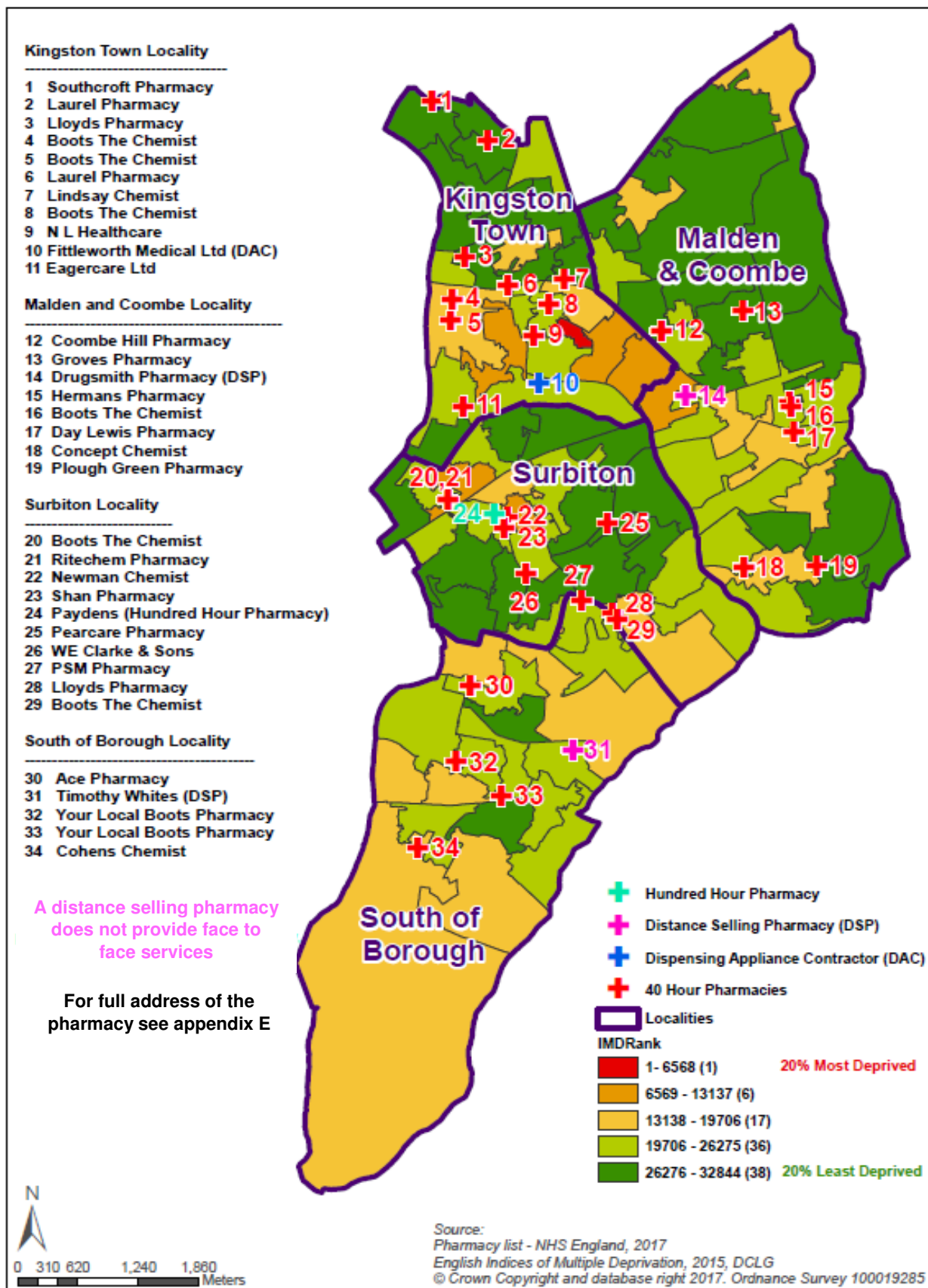
Kingston as a whole is not a deprived area and is the third least deprived local authority in London. However there are pockets of deprivation, with one Kingston LSOA (Cambridge Road Estate in Norbiton) in the most deprived 20% of all areas in England and six in the most deprived 40%. 38 of the 98 LSOAs in Kingston are in the least deprived 20% nationally. Figure 5 shows the areas of deprivation across Kingston.

⁸ Percentage of People on Low Income (hourly earnings), Annual Population Survey, Office of National Statistics

⁹ RBK Housing Strategy, 2015-2020

¹⁰ Rough Sleeping Statistics Autumn 2016, England

Figure 5: Deprivation in Kingston, English indices of multiple deprivation 2015



6 General health needs of Kingston

This section outlines some of the key health needs in Kingston, and is based on Kingston Joint Strategic Needs Assessment¹¹. In turn these health needs will be reflected in the patterns of prescribed medicines dispensed in community pharmacies, will potentially be reflected in over-the-counter purchases, and will guide the priorities for Healthy-Living Pharmacies and local health campaigns.

This chapter covers

- Healthy behaviours and preventing ill health
- Sexual Health
- Long term illnesses
- End of Life Care
- Carers
- Children and Young People
- Protecting people through immunisation and screening

6.1 Healthy behaviours and preventing ill health

6.1.1 Obesity and overweight

Tackling obesity and helping people achieve a healthy weight is key to preventing future illness.

Obesity and overweight in adults

Nearly 6 in 10 people (58.2%) in Kingston are overweight or obese according to the Active People's Survey. This is similar to London but lower than seen across England. In general adults tend to underestimate their weight and overestimate their height when providing self-reported measurements to surveys, but the amount to which this has occurred in Kingston is not known. See Table 5.

A local survey of lifestyles found slightly lower rates, with 46% of people reporting being overweight or obese, of which just over 31.1% are overweight, 12.6% are obese, and 2.2% are severely obese. Notably 3% of adults were underweight. See Table 6.

Table 5: Percentage of adults classified as overweight or obese in Kingston, London and England, 2013-15

| Survey Year | Kingston % | London % | England % |
|-------------|------------------------|------------------------|------------------------|
| 2013-15 | 58.2 (55.5 to 60.8) | 58.8 (58.4 to 59.3) | 64.8 (64.7 to 64.9) |

Note: Values in brackets denote 95% confidence intervals

Source: Active People Survey (APS), Sport England, Accessible via Public Health England and PHOF, 2017

Table 6: BMI Categories (expressed in percentage) of adults in Kingston, Kingston Lifestyle Survey, 2014

| BMI Category | Frequency | Percentage * |
|-------------------------------|--------------|----------------------------|
| Underweight | 41 | 3.0% |
| Healthy Weight | 710 | 51.2% |
| Overweight | 432 | 31.1% |
| Obese | 174 | 12.5% |
| Severely Obese | 30 | 2.2% |
| Data Missing/Incorrect entry | 178 | Not included in percentage |
| Total people answering | 1,387 | 100.0% |

**Note: numbers may not add to 100% due to rounding*

Source: Kingston Lifestyle Survey, 2014

¹¹ www.data.kingston.gov.uk

Children

There is concern about the rise in childhood obesity in the UK, and the implications of obesity persisting into adulthood.

In Kingston, the proportion of overweight and obese children at age 4-5 is 14.3%, but this rises sharply to 29.7% by the age of 10-11 years. See Table 7. The steep rise is a cause for concern, despite the rates being lower than London and England rates at both ages. This data is collected by the National Child Measurement Programme (NCMP).

Table 7: Prevalence of overweight, including obese, amongst children in Reception and Year 6 in Kingston, London and England, 2015/16

| | Kingston | London | England |
|--|------------------------|------------------------|------------------------|
| Child excess weight in 4-5 year olds (Reception) | 14.3 (12.8 to 16.0) | 22.0 (21.7 to 22.2) | 22.1 (22.0 to 22.2) |
| Child excess weight in 10-11 year olds (Year 6) | 29.7 (27.6 to 32.0) | 38.1 (37.7 to 38.4) | 34.2 (34.0 to 34.3) |

Note: Values in brackets denote 95% confidence intervals

Source: NHS Digital, National Child Measurement Programme, Accessible via Public Health England, 2017

6.1.2 Physical Activity

Physical activity can reduce the risk of cardiovascular disease (coronary heart disease and stroke), diabetes, obesity, osteoporosis and colon/breast cancer. Physical activity can improve mental health in people of all ages, and increase functional capacity in older people.

Approximately 2 in 3 adults in Kingston report being physically active, whilst approximately 1 in 3 adults report being inactive, although there is always an issue with some people not answering this type of question so the percentages are not completely reliable. The percentages also vary slightly depending on the survey used to make these estimates. See Tables 8 and 9. Physical activity was defined as taking at least 150 minutes of physical activity per week.

Table 8: Percentage of adults achieving at least 150 minutes of physical activity per week in accordance with UK Chief Medical Officer (CMO) recommended guidelines on physical activity in Kingston, London and England, 2015

| | Kingston | London | England |
|-----------------|------------------------|------------------------|------------------------|
| Inactive adults | 20.8 (17.3 to 24.3) | 28.1 (27.4 to 28.8) | 28.7 (28.4 to 28.9) |
| Active adults | 66.1 (62.1 to 70.2) | 57.8 (57.1 to 58.6) | 57.0 (56.8 to 57.3) |

Note: Values in brackets denote 95% confidence intervals

Source: Active People Survey, Sport England, Accessible via Public Health England, 2017

Table 9: Number and percentage of Active and Inactive Adults in Kingston, 2014

| | Number | % of total surveyed | % of total answered |
|------------------|--------|---------------------|---------------------|
| Active Adults | 712 | 45.5% | 60.0% |
| Inactive Adults | 450 | 28.8% | 37.9% |
| Don't know | 24 | 1.5% | 2.0% |
| Question Skipped | 379 | 24.2% | - |

Source: Adult Lifestyle Survey, Kingston Public Health Team, 2014

6.1.3 Healthy Eating

Breastfeeding

Breastfeeding short and long term health benefits for both mothers and infants. Breastfed infants are likely to have a reduced risk of infection (particularly those affecting the ear, respiratory tract and gastro-intestinal tract, and the effect is most marked in low birth weight infants), and a reduced risk of childhood obesity. Women who breastfeed have lower risks of breast cancer, epithelial ovarian cancer and hip fracture later in life¹².

The percentage of mothers who breast fed their babies in the first 48 hours after delivery is 86.9% (2,110 women), dropping to 1,470 women by 6-8 weeks after delivery. See Table 10 and 11.

Table 10: Breastfeeding Initiation - % of all mothers who breastfeed their babies in the first 48 hours after delivery

| | Kingston | London | England |
|---------|---------------|--------|---------|
| 2014-15 | 86.9% (2,110) | 86.1% | 74.3% |

Note: '-' denotes value not published for quality reasons
Source: Public Health England, 2017

Table 11: Count of all infants due a 6-8 week check that are totally or partially breastfed

| | Kingston | London | England |
|---------|----------|--------|-----------------|
| 2015-16 | 1,470 | 48,290 | 262,809 (43.2%) |

Note: 1) Based on New Method. 2) Percentage for London and Kingston are not available
Source: Public Health England, 2017

Healthy Eating in Adults

The five a day message – to eat at least five portions (400g) of a variety of fruit and vegetables each day - was developed based on a recommendation from the World Health Organisation (WHO), following evidence that populations consuming at least 400g of fruit and vegetables per day can reduce the risk of deaths from chronic diseases such as heart disease, stroke, and some cancers (World Health Organization, 1990).

Approximately 41% of adults in Kingston (aged 16+) are estimated to eat at least five portions of fruits and vegetable a day. This is significantly higher than across London and England. See Table 12.

The Kingston Lifestyle Survey (2014) found a slightly higher percentage of people i.e. 56.5% (62.4% of women and 50.3% of men) consumed five pieces of fruit and vegetables or more per day (Table 13). Over 36.2% of the women who participated in this survey and 47.1% of the men were consuming less than 5 portions of fruit and vegetables per day.

Table 12: Modelled estimates of five-a-day consumption of fruit and vegetables in Kingston, London and England, 2006-08

| | Kingston % | London % | England % |
|---------|------------------------|------------------------|------------------------|
| 2006-08 | 40.9 (37.0 to 45.0) | 36.4 (34.2 to 38.7) | 28.7 (28.0 to 29.3) |

Note: Values in brackets denote 95% confidence intervals Source: Public Health England, 2017

¹² Benefits of breastfeeding and women's health, Marina F. Rea (review article), Jornal de Pediatria 80 (5 Suppl):S142-6 · December 2004

Table 13: Percentage of people eating five portions of fruit and vegetables, 2014

| | Female | Male | Female (%) | Male (%) |
|---------------|--------|------|------------|----------|
| Less than 1 | 2 | 6 | 0.2% | 0.8% |
| 1 to 2 | 58 | 80 | 7.2% | 10.5% |
| 3 to 4 | 231 | 273 | 28.8% | 35.8% |
| 5 or more | 501 | 383 | 62.4% | 50.3% |
| Not specified | 11 | 20 | 1.4% | 2.6% |
| Total | 803 | 762 | 100.00% | 100.00% |

Source: Adult Lifestyle Survey, Kingston Public Health Team, 2014

6.1.4 Smoking

Smoking continues to be the leading preventable cause of death in England. Smoking-related deaths are mainly due to cancers, chronic obstructive pulmonary disease (COPD) and heart disease and about half of all smokers die from these conditions. Smoking is the single biggest cause of inequality in death rates between rich and poor in the UK¹³. Smoking has been linked to 50 different illnesses, including heart disease and lung diseases, and many of these illnesses leading to long term ill health and hospital admissions.

Among children, illnesses caused by exposure to second-hand smoke leads to an estimated 300,000 general practice consultations and about 9,500 hospital admissions in the UK each year¹⁴.

There are marked inequalities in rates of smoking. Smoking rates are much higher within deprived communities' and are twice as common amongst people with serious mental health problems, or unemployed or people who are economically inactive (such as students or retired people).

Amongst 11 to 15 year olds in 2013, less than a quarter of pupils reported that they had tried smoking at least once. At 22 per cent, this is the lowest level recorded since the data were first collected in 1982, and continues the decline since 2003, when 42 per cent of pupils had tried smoking¹⁵.

Less than 1 in 7 (13.8%) of Kingston adults over 18 years are smokers. Whilst this is lower than London and England, the difference is not statistically significant. See Table 14.

Table 14: Smoking prevalence of people aged 18 and over in Kingston, London and England, 2012-2015

| | Kingston | London | England |
|------|-------------------------|-------------------------|-------------------------|
| 2015 | 13.8% (10.8 to 16.9) | 15.2% (14.6 to 15.7) | 15.5% (15.3 to 15.7) |

Note:

1) Values in bracket represent 95% confidence intervals

2) *In 2013, several survey modules were removed from the Integrated Household Survey (IHS) to leave a dataset solely based upon the Annual Population Survey (APS). Some differences in survey coverage, imputation and weighting methodology may have resulted in some discontinuity for certain 'core' variables compared to estimates previously provides as part of the IHS, therefore the HIS and APS should not be directly compared.

Source: Annual Population Survey 2012-2015, Public Health England, 2015

¹³ Ash (Action on Smoking and Health)

¹⁴ Passive Smoking and Children. Royal College of Physicians, London.

¹⁵ NHS Information Centre (2015) Statistics on Smoking: England 2015 NHS Information Centre, Leeds

A local Kingston lifestyle survey found over 1 in 7 people smoked (16.7%), with a marked difference between men and women (12.5% of the women and 21.3% of the men who took part in the survey identifying themselves as smokers). Table 15 also shows that 29.7% of the respondents were ex-smokers and 53.6% had never smoked.

Table 15: Smoking prevalence in Kingston, 2014

| | Female | Male | Total | Female (%) | Male (%) | Total (%) |
|--------------|--------|------|-------|------------|----------|-----------|
| Smoker | 100 | 162 | 262 | 12.5% | 21.3% | 16.7% |
| Ex-smoker | 236 | 229 | 465 | 29.4% | 30.1% | 29.7% |
| Never smoked | 467 | 371 | 838 | 58.2% | 48.7% | 53.6% |
| Total | 803 | 762 | 1,565 | 100% | 100% | 100% |

Source: Kingston Lifestyle Survey, 2015
Total number of resident participants = 1565

Kick-It provides stop smoking services for adults who live or work in Kingston. The service provides a free treatment programme comprising six weekly sessions of behavioural support, stop smoking medication and carbon monoxide monitoring (CO checks). *Kick It* also offer a self- help approach to stopping smoking by encouraging GPs, pharmacies and other organisations to distribute quit kits following a brief intervention/assessment of readiness to change for each person.

The table below (Table 16) shows the rate of access to *Kick It* for the period 2015/16 by age and gender. Access to smoking cessation services is defined as the smoker setting a quit date. From this data, the service is accessed mainly by the working age population and young retirees (25-34, 35-44, 45-54, 55-64 and 65-74 age groups), and less so by young people and older people.

Table 16: Rate per 1,000 of access to smoking cessation service, *Kick It*, in Kingston by age and gender, 2015/16

| Age group | Number of females | Number of males | Total | Population (mye) | (2015 Rate/ 1,000 |
|-----------|-------------------|-----------------|-------|------------------|-------------------|
| 0-14 | <5 | <5 | <5 | 32,155 | 0.00 |
| 15-18 | <5 | <5 | 5 | 7,313 | 0.68 |
| 19-24 | 13 | 14 | 27 | 15,595 | 1.73 |
| 25-34 | 67 | 55 | 122 | 28,439 | 4.29 |
| 35-44 | 69 | 57 | 126 | 27,851 | 4.52 |
| 45-54 | 76 | 71 | 147 | 22,809 | 6.44 |
| 55-64 | 50 | 50 | 100 | 16,379 | 6.11 |
| 65-74 | 34 | 21 | 55 | 12,376 | 4.44 |
| 75+ | 6 | 5 | 11 | 10,608 | 1.04 |

Note: < 5 denotes value less than 5

Source: *Kick-it* & population data from ONS (mid-year estimates (mye) 2015)

6.1.5 Substance Misuse – Alcohol and Drugs

Alcohol

Alcohol is England’s second biggest cause of premature deaths after tobacco. Drinking alcohol above the recommended levels can have a severe impact on people’s health¹⁶, and may lead to hospital admissions, Accident and Emergency attendances and repeated visits to primary care. Problems with alcohol cause pressure on the criminal justice system, are a major reason for absenteeism at work, and have a negative

¹⁶ Babor, T. F., Caetano, R., Casswell, S., Edwards, G., Giesbrecht, N., Graham, K., Grube, J., Hill, L., Holder, H., Homel, R., Livingstone, M., Österberg, E., Rehm, J., Room, R. & Rossow, I. (2010) *Alcohol: No Ordinary Commodity Research and Public Policy Second Edition* Oxford an: Oxford University Press.

impact on families and social networks, may lead to homelessness, and children can be very adversely affected by parental alcohol problems¹⁷.

Conversely, alcohol plays an important role in the economy, both as a means of raising taxes¹⁸ and because alcohol sales account for 4.5% of all consumer spending. Alcohol plays a central role in many social and family events, and drinking at moderate levels can increase mental and physical wellbeing, reduce levels of stress, and create greater feelings of social connection¹⁹.

The perception of whether “people being drunk or rowdy in public places” is a problem varies between Kingston localities. See Table 17. Residents of Kingston Town are more likely to see this as a problem, which probably reflects the much higher density of bars, restaurants, pubs and clubs in the Kingston Town Neighbourhood.

Table 17: Perceptions of drunk or rowdy behaviour as a problem, 2013

| Period | | Kingston Town | Malden and Coombe | South of the Borough | Surbiton |
|--------------|---|---------------|-------------------|----------------------|----------|
| October 2013 | Percentage of respondents to ‘Your Kingston, Your Say’ survey who felt <i>people being drunk or rowdy in public places</i> was an issue in their local area | 39% | 26% | 19% | 24% |

Source: DJS (November 2013), *Your Kingston, Your Say Kingston Resident Survey*

Drinking behaviour in the Kingston population as a whole is unusual, compared to London, in that fewer people abstain completely from drinking alcohol. The reason for this is not clear. Binge drinking does not differ much from the London and England rates. Nearly one in three people in Kingston drink more than the Chief Medical Officer recommended limit of 14 units a week (Table 18), which is higher than London and England which, although not statistically significant, should be monitored over time.

Table 18: Drinking behaviour of adults (persons aged 18+) in Kingston, London and England, 2011-14

| | Kingston | London | England |
|---|---------------------------|---------------------------|---------------------------|
| Percentage of adults who abstain from drinking alcohol | 14.39 (9.31 to 21.55) | 24.35 (23.01 to 25.74) | 15.48 (15.09 to 15.88) |
| Percentage of adults binge drinking on heaviest drinking day | 13.67 (8.72 to 20.76) | 13.18 (12.09 to 14.34) | 16.52 (16.10 to 16.94) |
| Percentage of adults drinking over 14 units of alcohol a week | 29.20 (22.05 to 37.46) | 21.57 (20.28 to 22.93) | 25.74 (25.26 to 26.22) |

Note: Values in brackets denote 95% confidence intervals

Source: *Local Alcohol Profiles for England, 2017*

Drugs

Drug and substance misuse are considered preventable. Less people are misusing drugs (opiate and crack) in Kingston than in England as shown in Table 19.

¹⁷ Institute of Alcohol Studies (2007) *Economic costs and benefits factsheet*

¹⁸ Piec M., Grayson A., Johal S. and Collis J. (2011) Economic analysis of alcohol and cigarettes consumption in the UK. 2011 International Conference on Taxation Analysis and Research.

¹⁹ Peele, S. & Brodsky, A. (2000) „Exploring psychological benefits associated with moderate alcohol use: a necessary corrective to assessments of drinking outcomes? “ *Drug and Alcohol Dependence* 60 pp. 221-247.

Table 19: Estimates of the prevalence of opiate use and/or crack cocaine use per 1,000 population, amongst people aged 15-64, 2014-2015

| | Kingston | England |
|--------------|------------------------|------------------------|
| OCU* | 4.77 (3.80 to 7.56) | 8.57 (8.49 to 8.86) |
| Opiate Users | 3.88 (3.15 to 6.22) | 7.33 (7.3 to 7.6) |
| Crack Users | 2.37 (1.80 to 3.40) | 5.21 (5.03 to 5.43) |

Note: Values in brackets denote 95% confidence intervals

***"OCU" is defined as a client presenting with opiates and/or crack cocaine as their main, second or third drug recorded at any episode during their latest treatment journey.*

Source: National Treatment Agency

In September and October 2013 a survey of residents found that “people using or dealing drugs” was a problem according to 15% of residents of Surbiton, 17% of residents in both Malden and Combe and South of Borough, and for 22% in Kingston Town Neighbourhood.

Drug users are encouraged to attend treatment sessions and Table 20 below shows treatment activity in Kingston during 2015-16 compared to the previous year.

Table 20: Overall drug treatment activity in 2015-16 compared to 2014-15

| | Numbers in treatment | | New presentations to treatment | |
|------------------------|----------------------|-----------|--------------------------------|----------|
| Opiate | 239 | No change | 85 | Down 1% |
| Non-opiate | 50 | Up 16% | 39 | Up 26% |
| Non-opiate and alcohol | 78 | Down 16% | 60 | Down 19% |
| Total | 367 | Down 2% | 184 | Down 4% |

Source: Adults – Drugs JSNA Support pack, National Drug Treatment Monitoring System, 2017

Table 21 shows that nearly half (47.1%) of non-opiates users completed drug treatment successfully (free of drug(s) of dependence) and did not then re-present to treatment again within 6 months, which is a higher rate than across England. It also shows that treatment completion is much harder to achieve in opiate users being only 7.4% in Kingston, which is similar to both London and England.

Table 21: Successful completion of drug treatment for opiate and non-opiate users (% who do not re-present within 6 months), aged 18 to 75 years in Kingston, London and England, 2015

| | Kingston (%) | London (%) | England (%) |
|------------------|------------------------|------------------------|------------------------|
| Opiate users | 7.4 (4.8 to 11.4) | 7.6 (7.3 to 8.0) | 6.7 (6.6 to 6.8) |
| Non Opiate users | 47.1 (39.1 to 55.4) | 40.1 (39.2 to 41.0) | 37.3 (36.9 to 37.7) |

Note: Values in brackets denote 95% confidence intervals

Source: Calculated by Public Health England: Knowledge and Intelligence Team (North West) using data from the National Drug Treatment Monitoring System, 2017

There are 10 pharmacies in the Kingston borough that offer the Needle and Syringe program. 714 people in Kingston visited the pharmacies in 2015/16. The most visits were recorded at Hawks Pharmacy. This may be because it is located in an area of high deprivation and it is one of the nearest pharmacies to Kingston town centre.

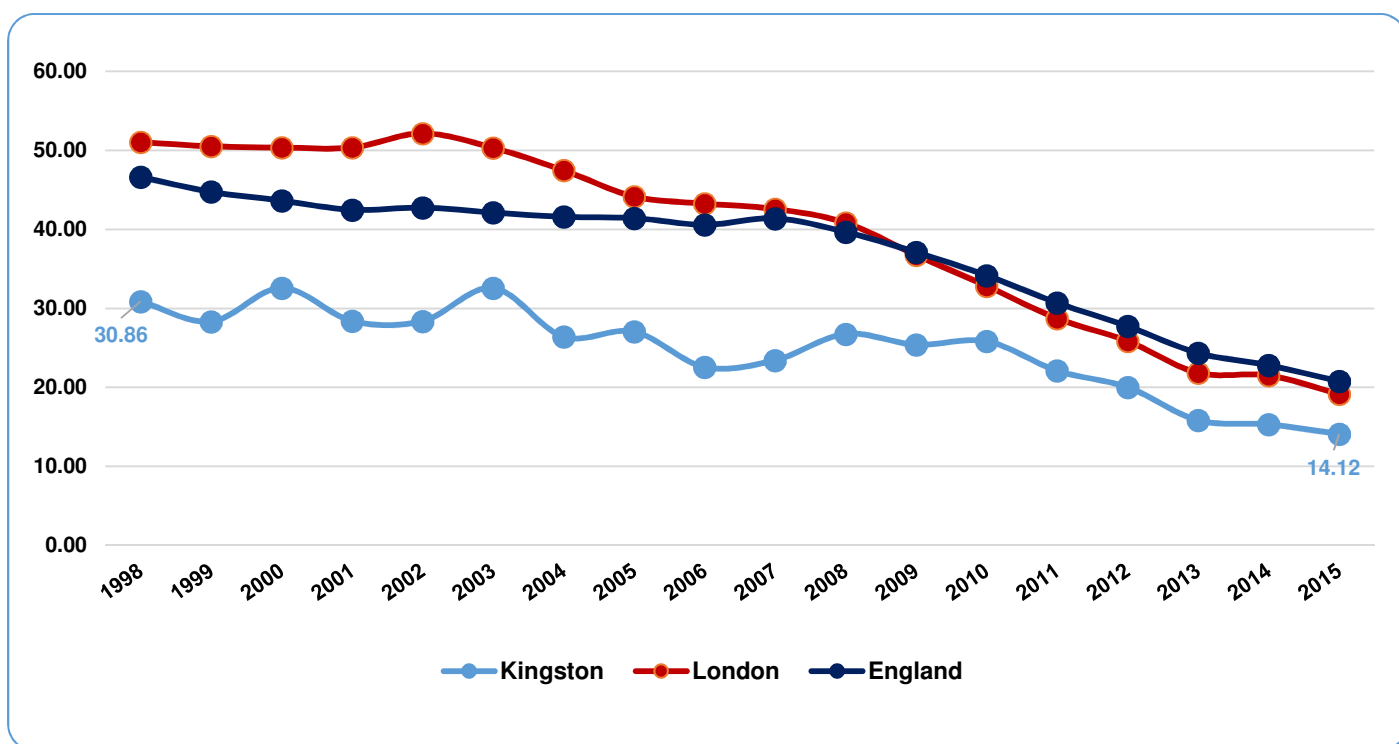
6.1.6 Sexual Health

Under 18 Conception and Abortion Rates

Most teenage pregnancies are unplanned and the majority end in an abortion. While for some young women having a child when young can represent a positive turning point in their lives, for many more teenagers bringing up a child is extremely difficult and often results in poor outcomes for both the teenage parent and the child, in terms of the baby's health, the mother's emotional health and well-being and the likelihood of both of the parent and the child living in long-term poverty.

The rate of teenage conceptions (under 18) has declined in Kingston from 30.1/1,000 women in 1998 to 14.1/1,000 in 2015. Figure 6 shows that both the London and England rates have also declined during this period but remain higher than the Kingston rate. It is worth noting that the number of teenage conceptions is very small in Kingston with only 296 recorded between 2010 and 2015.

Figure 6: Rate of conceptions per 1,000 females aged 15-17 in Kingston, London and England, 1998 to 2015



Source: Public Health England, 2017

Eight out of 10 (79.5%) under 18 conceptions led to abortion in 2015 in Kingston. The rate of increase in the percentage of conceptions leading to abortions is higher in Kingston than in London and England.

There are 10 pharmacies in the HWB area that offer free emergency hormonal contraception to under 25 year olds. 1,252 females visited pharmacy and received treatment in 2016/17²⁰.

Sexually Transmitted Infections (STIs)

Many STIs initially do not cause symptoms, meaning there is a greater risk of passing the disease on to others.

²⁰ KISH scorecard 2017 Kingston Council public Health

Chlamydia

Chlamydia is the most commonly diagnosed bacterial sexually transmitted infection in England, with rates substantially higher in young adults than any other age group. It causes avoidable sexual and reproductive ill-health, including symptomatic acute infections and complications such as pelvic inflammatory disease (PID), ectopic pregnancy and tubal-factor infertility. The National Chlamydia Screening Programme (NCSP) recommends screening for all sexually active young people under 25 annually or on change of partner.

In Kingston the Chlamydia detection rate in 15-24 year olds was 1,681/100,000 in 2015 which is below the Public Health England (PHE) recommendation that local authorities should be working towards achieving a detection rate of at least 2,300 per 100,000 population aged 15-24.

The Chlamydia diagnosis rate was introduced to try to ensure the screening programme was identifying those with the disease. The diagnosis rate in Kingston in 2015 for all ages was 356.72/100,000 and there is no significant change in trend over the last 5 years.

377 young people aged 15-24 years visited pharmacy and were screened for Chlamydia and Gonorrhoea in 2016/17²¹.

HIV

There are now nearly 110,000 people living with HIV in the UK²². Around a quarter of these (26,100) are unaware of their infection and at risk of passing on the virus to others through unprotected sex. Encouragingly, the proportion of people diagnosed with a late stage of HIV infection fell from 57% in 2004 to 42% in 2013. The geographical distribution of people seen for HIV care and treatment is not uniform across or within regions. Knowledge of the local diagnosed HIV prevalence and identification of the local risk groups can be used to help direct resources for HIV prevention and treatment. One example is the recommendation to expand HIV testing in areas of high diagnosed HIV prevalence. HIV testing is integral to the treatment and management of HIV. Knowledge of HIV status increases survival rates, improves quality of life and reduces the risk of HIV transmission.

Table 22 shows HIV testing uptake and coverage in Kingston, London and England.

Table 22: HIV testing uptake and coverage for Kingston, London and England, persons, 2016

| | Age Group | Kingston | London | England |
|--------------------------------|-----------|---------------------------|---------------------------|---------------------------|
| HIV testing uptake total (%) | All ages | 74.52 (73.53 to 75.48) | 78.81 (78.70 to 78.93) | 76.49 (76.42 to 76.56) |
| HIV testing coverage total (%) | All ages | 68.51 (67.42 to 69.59) | 72.76 (72.63 to 72.89) | 67.72 (67.65 to 67.80) |

Note: Values in brackets denote 95% confidence intervals

Source: Sexual Health Profile, Public Health England, 2017

Gonorrhoea

The rate of diagnosis of gonorrhoea in Kingston in 2015 is 83.56/100,000 for all ages, which is higher than England, but lower than London. From October 2012, the Chlamydia screening service in Kingston includes screening for gonorrhoea²³.

²¹ Chlamydia Screening Office Your Healthcare 2017

²² HIV in the UK, 2016, Public Health England <https://www.gov.uk/government/publications/hiv-in-the-united-kingdom>

²³ Sexual Health Profile, Public Health England, 2017

6.2 Long Term Conditions

A long term condition (LTC) is a condition that cannot, at present, be cured but is controlled by medicines and or other therapies. Long term conditions include cardiovascular disease (hypertension, stroke and coronary heart disease), diabetes, asthma, chronic obstructive pulmonary disease, mental illness including depression, cancer, musculoskeletal conditions including arthritis and neurological conditions including epilepsy.

An estimated 31% of the adult population of Kingston have at least one long term condition that is nearly 50,000 adult residents. The proportion of people with a long term condition rises with age. People with LTCs can be intensive users of health and social care services, including community services, emergency care, other hospital services and community pharmacy.

Up to half of all medicines for treating long term conditions are not taken as prescribed²⁴. This is a problem both for people living in their own homes and those living in care homes. One particular issue is ensuring medicines started in hospital are continued correctly when the patient is back at home.

Some people with LTC, including older people may be dependent on prescribed medicines. The types of medicines most likely to cause dependence in people with long term conditions include opioids for pain relief, benzodiazepines for anxiety and insomnia, combined epilepsy and pain medicines and some medicines for coughs, colds and diarrhoea²⁵

6.2.1 Cardiovascular Disease

Cardiovascular disease (CVD) is a leading public health problem in the UK. CVD is not only the largest cause of death in the UK with approximately 30% of these deaths occurred before the age of 75, but also a significant cause of long term illness. The prevalence of CVD increases with age. Deprivation and social class are key risk factors for CVD mortality and as a result CVD is the main contributor to the health inequalities between the most and least deprived communities. There are also gender inequalities with women being particularly at a high risk of stroke.

The prevalence of different cardiovascular conditions and number of people who received a primary prevention advice is shown in Table 23.

Table 23: Recorded prevalence of cardiovascular diseases, Kingston CCG, all ages, 2015-16

| | List Size | Number of Disease Register | Prevalence (%) |
|-----------------------------|-----------|----------------------------|----------------|
| Atrial Fibrillation | 202,397 | 2,301 | 1.14 |
| CVD-PP | 111,852 | 1,103 | 0.99 |
| Coronary heart disease | 202,397 | 4,255 | 2.10 |
| Heart Failure | 202,397 | 909 | 0.45 |
| Hypertension | 202,397 | 20,718 | 10.24 |
| Peripheral Arterial Disease | 202,397 | 643 | 0.32 |
| Stroke and TIA | 202,397 | 2,051 | 1.01 |

*Note: * CVD Primary Prevention data is for age group 30 to 74 years. Data for years prior to 2014-15 was recorded for all ages and hence is not directly comparable*

Source: Quality and Outcomes Framework (QOF) for April 2015 - March 2016, England

²⁴ NICE (2009) Medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence. Clinical Guideline CG76

²⁵ Public Health England (2013) Commissioning treatment for dependence on prescription and over-the-counter medicines: a guide for NHS and Local Authority Commissioners

In Kingston the under 75's CVD mortality rates are lower than London and England. See Table 24. Under 75 deaths are considered preventable.

Table 24: Age-standardised rate of mortality from all cardiovascular diseases per 100,000 population in Kingston, London and England, 2012-14

| | Kingston | London | England |
|---|---------------------------|---------------------------|---------------------------|
| Under 75 mortality rate from all cardiovascular diseases | 63.14 (54.71 to 72.48) | 77.45 (76.03 to 78.88) | 74.65 (74.18 to 75.11) |
| Under 75 mortality rate from cardiovascular diseases considered preventable | 40.10 (33.49 to 47.63) | 48.7 (47.6 to 49.8) | 48.09 (47.71 to 48.46) |

Values in brackets denote 95% confidence intervals
Source: Public Health Outcomes Framework, 2017

6.2.2 Cancer

The recorded prevalence of cancer in Kingston's General Practices was 1.9% in 2015/16, which is lower than England but higher than London²⁶.

New cancers, known as the cancer incidence rate²⁷ in NHS Kingston CCG (562.7 per 100,000) is lower than the English average (614.8 per 100,000). Since 2001 the cancer incidence rate in England has increased by 0.8% per year. The trend in NHS Kingston CCG is different from England with no change since 2001.

One year cancer survival in NHS Kingston CCG (72.8%) is higher than the English average (70.4%).
One year breast cancer survival in NHS Kingston CCG (97.3%) is similar to the English average (96.5%).
One year bowel cancer survival in NHS Kingston CCG (77.9%) is similar to the English average (77.2%).
One year lung cancer survival in NHS Kingston CCG (38.0%) is similar to the English average (36.8%).

The cancer mortality rate in NHS Kingston CCG (242.3 per 100,000) is lower than the English average (282.4 per 100,000). Since 2001 the cancer mortality rate in England has fallen by 1.0% per year. The trend in NHS Kingston CCG is similar to England with a decrease of 1.6% per year.

²⁶ Quality and Outcomes Framework (QOF) for April 2015 - March 2016, England

²⁷ Local cancer Statistics, Cancer Research UK, 2017

Definitions:

Cancer Incidence Rate - This is the average European 2013 age standardised incidence rate per 100,000 population per year for the period 2012 - 2014. Data is for all cancers, excluding non-melanoma skin cancer (ICD-10 C00-C97 excluding C44).

Cancer Survival Rate - The percentage of patients diagnosed in 2014 that survive their disease for at least one year after diagnosis (followed up to 2015). Data is for all cancers, excluding non-melanoma skin cancer and prostate cancer (ICD-10 C00-C97 excluding C44 and C61).

Cancer Mortality - This is the average European 2013 age standardised mortality rate per 100,000 population per year for the period 2012 - 2014. Data is for all cancers, excluding non-melanoma skin cancer (ICD-10 C00-C97 excluding C44).

Premature Cancer Mortality - This is the average European age standardised (using the 2013 European Standard Population) mortality rate per 100,000 for people aged under 75 per year for the period 2013 - 2015.

Cancer is the most common cause of death in England in people under 75 years of age, and in Kingston the rate (120.9 per 100,000) is lower than the English average (138.8 per 100,000).

More than four in ten cases of cancer could be prevented by lifestyle changes, such as not smoking, keeping a healthy body weight, cutting back on alcohol, eating a healthy, balanced diet, keeping active and staying safe in the sun.

6.2.3 Respiratory Disease

Asthma

Asthma is a chronic condition with inflammation and reversible and narrowing of the airways in the lungs. There are 5.4 million people with asthma in the UK, which means asthma affects one in every 11 people and one in five households. Asthma prevalence is thought to have plateaued since the late 1990s, although the UK still has some of the highest rates in Europe and on average 3 people a day die from asthma²⁸.

Table 25 shows QOF prevalence of asthma for Kingston, London and England in 2016-17 and the prevalence in Kingston is slightly higher than London but lower than the England rate.

Table 25: QOF prevalence of asthma in Kingston, London and England, 2016-17

| | Kingston (%) | London (%) | England (%) |
|---------|--------------|------------|-------------|
| 2016-17 | 4.65 | 4.62 | 5.94 |

Source: NHS Digital, 2016-17

Table 26: Emergency hospital admissions for asthma (under 19 years) in under 19s, crude rate per 100,000 population in Kingston, London and England, 2015/16

| | Kingston (%) | London (%) | England (%) |
|---------|--------------|------------|-------------|
| 2015/16 | 111.5 | 194.9 | 202.4 |

Source: Public Health England, 2017

Table 26 shows emergency hospital admissions for asthma in under 19s and the rates for Kingston are significantly better than the England average.

Chronic Obstructive Pulmonary Disease

Chronic obstructive pulmonary disease (COPD) is the third largest causes of respiratory related deaths after pneumonia and acute respiratory infection. COPD is also the second most common cause of emergency admissions to hospital. COPD is a term used for a number of conditions including chronic bronchitis and emphysema. It primarily affects people over the age of 45 and is linked to social deprivation. Smoking is the most common cause of respiratory disease with 86% of COPD deaths being attributable to it. Respiratory disease, in particular COPD and pneumonia, has a major impact in terms of costs to the NHS and in terms of caused disability.

Mortality rates for respiratory disease in under 75 year olds, including those that are considered preventable, are significantly lower in Kingston than London and England.

²⁸ <https://www.asthma.org.uk/about/media/facts-and-statistics/>

Table 27: Age-standardised rate of mortality and those considered preventable from respiratory disease in those aged <75 per 100,000 population in Kingston, London and England, persons, 2013-15

| | Kingston | London | England |
|---|---------------------------|---------------------------|---------------------------|
| Under 75 mortality | 24.61 (19.47 to 30.68) | 30.38 (29.48 to 31.30) | 33.07 (32.76 to 33.38) |
| Under 75 mortality considered preventable | 11.05 (7.65 to 15.44) | 16.53 (15.86 to 17.23) | 18.09 (17.86 to 18.32) |

Note: Values in brackets denote 95% confidence intervals

Source: Public Health England, 2017

6.2.3.1 Tuberculosis

Tuberculosis (TB) has re-emerged as a serious public health problem in the UK over the last two decades, with TB incidence rising above the European average. TB is an infectious disease that is caused by a bacterium called *Mycobacterium tuberculosis*. In over 80% of people infected, TB is eventually killed off by the body's immune response, but for a small number of cases the TB bacteria are not killed and lay dormant (latent TB). Up to 15% of adults with latent TB will go on to develop active TB at some point in their lives and the risk in children may be much higher²⁹.

TB is a complex disease. The drugs required to treat TB are usually relatively straightforward antibiotics, but need to be taken for long time and treatment of the disease is complicated by social factors.

In 2013-15, the crude rate of new cases of tuberculosis in Kingston was 14.1 new cases per 100,000 people and the rates in Kingston were not significantly different from English average but lower than the regional average³⁰.

6.2.4 Mental Health

At least one in four people will experience a mental health problem at some point in their life and one in six adults has a mental health problem at any one time. Half of those with lifetime mental health problems first experience symptoms by the age of 14, and three-quarters before their mid-20s. The prevalence of mental health problems (QOF³¹ prevalence) in Kingston is significantly below the national average.

Depression affects different people in different ways but it can include some or all of the following symptoms: feelings of sadness and hopelessness; losing interest in things; feeling tearful; feeling constantly tired, sleeping badly; having no appetite. It can result in significantly reduced quality of life for the patient their family and carers. One in ten new mothers experience postnatal depression. Almost half of all adults will experience at least one episode of depression during their lifetime. The prevalence of diagnosed depression in Kingston is significantly below the national average.

The table below shows prevalence of common mental health disorders in Kingston, London and England. Estimates of the prevalence vary considerably depending on where and when surveys are carried out, and the period over which prevalence is measured.

²⁹ NICE (2011) Clinical diagnosis and management of tuberculosis, and measures for its prevention and control

³⁰ TB Strategy Monitoring Indicators, Public Health England, 2017

³¹ [Quality and Outcomes Framework](#) (QOF) is a voluntary annual reward and incentive programme for all GP surgeries in England, detailing practice achievement results. It is not about performance management but resourcing and then rewarding good practice.

Table 28: Prevalence of Common Mental Health Disorders in Kingston, London and England

| | Period | Kingston | London | England |
|---|---------|------------------------|------------------------|---------------------------|
| Mental Health: QOF prevalence (all ages) | 2015/16 | 0.84 (0.80 to 0.88) | 1.08 | 0.90 (0.90 to 0.90) |
| Depression: Recorded prevalence (aged 18+) | 2015/16 | 6.21 (6.09 to 6.33) | 6.04 (6.02 to 6.06) | 8.26 (8.26 to 8.27) |
| Depression and anxiety prevalence (GP Patient Survey): % of respondents aged 18+ | 2015/16 | 9.91 (8.84 to 11.1) | 11.83 | 12.70 (12.63 to 12.78) |
| Mixed anxiety and depressive disorder: estimated % of population aged 16-74 | 2012 | 7.63 | 8.50 | 8.92 |
| Generalised anxiety disorder: estimated % of population aged 16-74 | 2012 | 4.76 | 5.34 | 4.50 |
| Depressive episode: estimated % of population aged 16-74 | 2012 | 3.19 | 3.53 | 2.48 |
| All phobias: estimated % of population aged 16-74 | 2012 | 1.95 | 2.19 | 1.77 |
| Obsessive compulsive disorder: estimated % of population aged 16-74 | 2012 | 1.41 | 1.55 | 1.10 |
| Panic disorder: estimated % of population aged 16-74 | 2012 | 0.75 | 0.86 | 0.65 |
| Estimated prevalence of post-traumatic stress disorder (PTSD): % of population aged 16+ | 2012 | 2.98 | 3.04 | 3.02 |

Note: Values in brackets denote 95% confidence intervals

Source Public Health England, 2017

6.2.4.1 Dementia

Dementia is the progressive decline of memory, reasoning, communications skills and the ability to carry out daily activities. There are many different types of dementia and some people may present with a combination of types. Regardless of which type is diagnosed, each person will experience their dementia in their own unique way.

Alzheimer's disease is the most common type of dementia; on its own it accounts for an estimated 62% of cases. Vascular dementia was previously known as multi-infarct or post stroke dementia. It constitutes the second most common cause of dementia after Alzheimer's disease. The other types of dementia are less common.

According to the POPPI³² estimates there are 2,952 people aged 65 in Kingston who have dementia.

There are 1,083 people aged 65 and above diagnosed with dementia in Kingston at 30th September 2017. The total number of people estimated to have dementia (diagnosed and undiagnosed) during the same period in Kingston is 1,720. The dementia diagnosis rate for Kingston at 30th September 2017 is 62.9 %, which has been moving gradually towards the 66.7% benchmark over the last two years³³.

³² Projecting Older People Population Information System
<http://www.poppi.org.uk>

³³ NHS Digital, 2017

6.2.4.2 Mental Wellbeing

Well-being integrates mental health (mind) and physical health (body) and provides a valid population outcome measure beyond morbidity, mortality, and economic status as it illustrates how people perceive their life is going from their own perspective³⁴.

The findings from the Kingston Lifestyle Survey revealed that Kingston residents were least positive about their feelings about the future and about how relaxed they felt. On a more positive note, the findings also showed that residents are most positive about being able to make up their mind, thinking clearly, dealing with problems well and feeling useful.

6.2.5 Diabetes

Diabetes mellitus is one of the common endocrine diseases affecting all age groups with over one million people in the UK having the condition. Effective control and monitoring can reduce mortality and morbidity. Much of the management and monitoring of diabetic patients, particularly patients with Type 2 diabetes is undertaken by the GP and members of the primary care team.

The percentage of patients aged 17 years and over with diabetes mellitus, as recorded on Kingston General Practice disease registers is 4.9%. The values for Kingston have remained stable over last three years and are significantly below the regional and national averages.

6.3 End of Life Care

Current government policy for England and Wales sets out the aim to enable more people to have the choice of dying at home (Department of Health End of Life Care Strategy, 2008). Good end of life care (EoLC) ensures all residents have a dignified, controlled and peaceful end to their life regardless of age and cause of death. In order to achieve a good outcome, the needs of the patient, carer and family should be identified and services provided to meet these needs.

The proportion of deaths at home (home deaths) is used as a proxy indicator for EoLC provision with a higher proportion considered to be desirable. The proportion of deaths at home in Kingston are similar to the national and regional average.

A national survey in 2006 showing that 57% of respondents preferred a home death

Table 29: Variations in place of death in Kingston, London and England, 2015

| | Kingston (%) | London (%) | England (%) |
|------------------------|--------------|------------|-------------|
| Hospital deaths | 48.20 | 53.21 | 46.75 |
| Care home deaths | 21.54 | 14.99 | 22.64 |
| Home deaths | 21.45 | 22.80 | 22.83 |
| Deaths in Other Places | 1.89 | 2.57 | 2.16 |
| Hospice deaths | 6.91 | 6.50 | 5.62 |

Note: Figures may not add due to rounding

Source: Public Health England, 2017

³⁴ Diener E, Lucas R, Schimmack U, and Helliwell J. Well-Being for public policy. New York: Oxford University Press; 2009.

6.4 Carers

Within Kingston 5.9% of the population provide at least one hour of unpaid care a week. This is less than England (6.5% of the population) but similar to the London percentage. Over 1,600 people provided 20-49 hours of unpaid care per week and over 2,300 people in Kingston provided 50 or more. There were 990 young carers (under 24) and 2,518 older people providing care at the time of the 2011 census.

Table 30: Provision of unpaid care by number of hours and age in Kingston, 2011

| Age | Provides unpaid care: Total | | Provides 1 to 19 hours unpaid care a week | | Provides 20 to 49 hours unpaid care a week | | Provides 50 or more hours unpaid care a week | |
|-----------------|-----------------------------|------------|---|------------|--|------------|--|------------|
| | Number | Percentage | Number | Percentage | Number | Percentage | Number | Percentage |
| All Ages | 13,288 | 8.3% | 9,331 | 5.8% | 1,611 | 1.0% | 2,346 | 1.5% |
| Age 0 to 15 | 251 | 0.8% | 206 | 0.7% | 19 | 0.1% | 26 | 0.1% |
| Age 16 to 24 | 786 | 3.6% | 629 | 2.9% | 108 | 0.5% | 49 | 0.2% |
| Age 25 to 34 | 1,229 | 4.8% | 852 | 3.3% | 184 | 0.7% | 193 | 0.8% |
| Age 35 to 49 | 3,705 | 10.1% | 2,569 | 7.0% | 459 | 1.3% | 677 | 1.8% |
| Age 50 to 64 | 4,787 | 18.8% | 3,630 | 14.3% | 548 | 2.2% | 609 | 2.4% |
| Age 65 and over | 2,530 | 12.4% | 1,445 | 7.1% | 293 | 1.4% | 792 | 3.9% |

Source: 2011 Census, Office of National Statistics

6.5 Children and young people

Children and young people under the age of 20 years make up 24% of the population of Kingston. 53% of school children are from a minority ethnic group.

The health and wellbeing of children in Kingston upon Thames is generally better than the England average³⁵. There were 2,350 live births in Kingston in 2015, a small increase of 103 live births (4.6%) when compared with 2,247 in 2014. Infant and child mortality rates³⁶ are similar to the England average.

Child poverty is an important issue for public health. The Marmot Review (2010) suggests there is evidence that childhood poverty leads to premature mortality and poor health outcomes for adults. Reducing the numbers of children who experience poverty should improve these adult health outcomes and increase healthy life expectancy. The level of child poverty in Kingston is better than the England average with 13.5% of children aged under 16 years living in poverty.

Tooth decay is a predominantly preventable disease. Significant levels remain, resulting in pain, sleep loss, time off school and, in some cases, treatment under general anaesthetic. In 2014/15, 22.9% of five year olds in Kingston had one or more decayed, filled or missing teeth. This was similar to the England average.

There were 115 children in care at 31 March 2015, which equates to a lower rate than the England average. A lower percentage of children in care are up-to-date with their immunisations compared with the England average for this group of children.

Nationally, the rate of young people aged under 18 being admitted to hospital because they have a condition wholly related to alcohol is decreasing. Kingston is also showing a downward trend, although this is not significant. The admission rate in the latest period is lower than the England average.

³⁵ Child Health Profile, 2017, Public Health England

³⁶ The infant mortality rate (IMR) is defined as the number of deaths under the age of one year, per 1,000 live births

Nationally, the rate of young people aged under 18 being admitted to hospital as a result of self-harm is increasing, and this is also the case in Kingston upon Thames. However, the admission rate in 2013/14 - 2015/16 is lower than the England average. Nationally, levels of self-harm are higher among young women than young men.

6.6 Protecting People's Health

6.6.1 Immunisation

Vaccination uptake rates should be over 95% to ensure the whole population is immune and infectious disease cannot be transmitted between people. The table 31 shows uptake rate in Kingston, London and England for childhood vaccines and flu vaccination in older people.

It is a priority for Kingston to improve the uptake of the second dose of MMR at age 5. This is because by age of 5 only 86.1% of children have received their 2nd dose of MMR which is not high enough to give population protection against outbreaks of measles, mumps or rubella. During the same time period (2015/16) in London there were 47 laboratory confirmed cases of measles in young people aged 19 or under.

Table 31: Vaccination uptake in Kingston, London and England, 2015/16

| | Kingston (%) | London (%) | England (%) |
|----------------------------------|--------------|------------|-------------|
| Dtap / IPV / Hib (1 year old) | 94.12 | 89.22 | 93.56 |
| MenC (1 year old) | 94.58 | - | - |
| Hepatitis B (1 year old) | 88.89 | - | - |
| Hib / MenC booster (2 years old) | 89.80 | 85.90 | 91.60 |
| MMR for one dose (2 years old) | 91.03 | 86.38 | 91.92 |
| Dtap / IPV / Hib (2 years old) | 95.50 | 92.20 | 95.20 |
| Hepatitis B (2 years old) | 87.50 | - | - |
| Hib / Men C booster (5 years) | 88.10 | 88.70 | 92.60 |
| MMR for one dose (5 years old) | 93.00 | 91.10 | 94.80 |
| MMR for two doses (5 years old) | 86.10 | 81.70 | 88.20 |
| Flu vaccine (65 years old) | 66.2 | 65.1 | 70.5 |

Source: Public Health England, 2017

6.6.2 Screening

Screening is the process of identifying people who may be at increased risk of certain diseases or conditions with the aim of offering a diagnostic test. For those confirmed to have the disease, treatment is provided which can save lives and/or reduces the complications of a disease.

Uptake of the main screening programmes offered to adults and new-borns in the UK is shown in Table 32.

Table 32: Screening uptake in Kingston, London and England, 2016

| | | Kingston (%) | London (%) | England (%) |
|----------------------|---------------------------|--------------|------------|-------------|
| Non Cancer Screening | Newborn bloodspot | 99.8 | 96.4 | 95.6 |
| | Newborn hearing | 99.3 | 98.5 | 98.7 |
| | Abdominal Aortic Aneurysm | 77.1 | 74.6 | 79.9 |
| Cancer Screening | Breast Cancer | 71.9 | 69.2 | 75.5 |
| | Bowel Cancer | 55.3 | 48.8 | 57.9 |
| | Cervical Cancer | 68.3 | 66.7 | 72.7 |

Note: Please see the Sexual Health Section of the PNA for Chlamydia Screening
Source: Public Health England, 2017

The NHS Health Check is a free check-up that aims to help prevent heart disease, stroke, diabetes, and kidney disease. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk.

A high uptake of NHS Health Checks is important to identify early signs of poor health leading to opportunities for early interventions. See Table 33

Table 33: NHS Health Checks in Kingston, London and England, 2016/17

| NHS Health Checks | Kingston (%) | London (%) | England (%) |
|---|--------------|------------|-------------|
| People invited for NHS HC per year | 24.3 | 19.0 | 17.0 |
| People receiving NHS HC per year | 11.1 | 9.8 | 8.5 |
| People taking up NHS HC invite per year | 45.6 | 51.6 | 49.9 |

Note:

- 1) Indicator "People invited for NHS HC per year" is defined as Percentage of the eligible population, aged 40 – 74 years, offered an NHS Health Check per financial year
- 2) Indicator "People receiving NHS HC per year" is defined as Percentage of the eligible population, aged 40 – 74 years, receiving an NHS Health Check in the financial year
- 3) Indicator "People taking up NHS HC invite per year" is defined as Percentage of people invited for an NHS Health Check taking one up in the financial year

Source: Public Health England, 2017

6.7 Identified patient groups – particular health issues

The following patient groups have been identified as living within Kingston HWB area

Those people with specific needs due to one or more of the characteristics below, of which the first nine are 'protected characteristics', are:

1. Age
2. Disability which is defined as a physical or mental impairment, that has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities
3. Pregnancy and maternity;
4. Race which includes colour, nationality, ethnic or national origins;
5. Religion and belief
6. Gender
7. Sexual Orientation

8. Gender reassignment
9. Marriage and Civil partnership
10. University students
11. Homeless
12. Unemployed or those claiming out of work benefit, including unemployed youth & long term unemployed
13. Children living in poverty
14. Looked After Children

The general health issues experienced by these groups, together with how community pharmacies might respond to them, are covered in Section 7.

7 Assessment of Provision of pharmaceutical services in Kingston

Introduction and approach

This section describes the current provision of pharmaceutical services using the following data sources:

- Benchmarking data from the Health and Social Care Information Centre (HSCIC)
- Data collected from Kingston Council, CCG and NHS England
- Results of the contractor questionnaire conducted in 2017

Consideration is given to the regulations when assessing services, choice for the population and the needs of specific populations.

The regulations governing the development of the PNA require the HWB to consider the needs of pharmaceutical services in terms of **necessary** and **relevant** services:

- **Necessary services** i.e. pharmaceutical services which have been assessed as required to meet a pharmaceutical need. This should include their current provision (within the HWB area and outside of the area) and any current or likely future gaps in provision. These include all Essential services and most Advanced services.
- **Relevant services** i.e. services which have secured improvements, or better access, to pharmaceutical services. This should include their current provision (within the HWB area and outside of the area) and any current or future gaps in provision. These include all Enhanced services and all Locally Commissioned services.

7.1 Contractor questionnaire

During August and September 2017, an online contractor questionnaire was undertaken. The contractor questionnaire provided an opportunity to validate the information provided by NHS England in respect of the hours and services provided, a copy of the survey is provided in Appendix B. Where information provided by contractors on opening hours differed to that held by NHS England this was highlighted to NHS England for resolution.

The questionnaire was issued to all pharmacies in Kingston-upon-Thames. This included 1 x Dispensing Appliance Contractor (DAC) 2 x Distance Selling Pharmacies (DSP) and 31 x Community Pharmacies.

All 31 Community Pharmacies responded to the questionnaire.

Essential Services

As well as the provision of drugs and appliances, health advice/ information, signposting and disposal of unwanted medicines (Essential services), all 31 Community Pharmacies have onsite private consultation areas with wheelchair access, 74% of these having hand washing facilities available, and 13% have accessible toilet facilities for clients. 39% stated they would be willing to undertake off site consultations.

All Community Pharmacies have Electronic Prescription Service 2 (EPS2) enabled, and 94% have Summary Care records enabled. However only 52% are using NHS mail the NHS secure encrypted email. 90% confirmed they have updated information on NHS choices website.

19% (6) Community Pharmacies operate late night opening, and 35% (11) open on both Saturday and Sundays. See Appendix E.

61% (19) Community Pharmacies have achieved Healthy Living Pharmacy (HLP) status, 36% are working towards accreditation, and 3% are not currently working towards accreditation.

Advanced services

Pharmacies confirmed which services they currently provide and if they intended to provide them in the near future. See Appendix F

All 31 (100%) Community Pharmacies are accredited to provide Medication Use Reviews (MUR) and 90% (28) to provide New Medicine Service (NMS)

3 Community Pharmacies provide appliance use review (AUR) and 1 provides stoma appliance customisation (SAC) services.

Enhanced and locally commissioned services

Pharmacies confirmed which services they currently provide and gave expressions of interest in providing new services. Further details on full service provision see Appendix F

The following services were identified as provided or pharmacies were willing to provide as either enhanced services (commissioned by NHS England) or locally commissioned services (by Local Authority or CCG)

- Supervised Administration
- Needle and Syringe Exchange Service
- Sharps Disposal Service
- On Demand Availability of Specialist Drugs Service
- Smoking Cessation Counselling Service / NRT voucher service
- Care Home Service
- Medicines Assessment and Compliance Support Service
- Medication Review Service
- Emergency Hormonal Contraception Service
- Contraceptive Service
- Chlamydia testing and treatment Service
- Gonorrhoea screening
- Seasonal Influenza Vaccination Service
- Childhood vaccinations
- Palliative Care out of hours Service
- NHS health checks
- MUR Plus/Medicines Optimisation Service
- Obesity management (adults and children)
- Phlebotomy Service
- Patient Group Direction Service
- Alcohol service
- Cholesterol service
- Diabetes service
- Hepatitis service
- COPD

Non-NHS services

- 100% (all 31 Community Pharmacies) provide a free prescription collection service from local GP surgeries
- 90% provide a free delivery service (criteria apply e.g. elderly, housebound, disabled, within 1 mile radius etc. 6% also provide a chargeable delivery service to any patient on request.
- 90% provide a free monitored dosage system. 6% also offer a chargeable service.

Community Pharmacies in Kingston have staff that speak 20 languages in addition to English. Gujarati is the most popular language after English, it is currently spoken in 10 Pharmacies. 45% of all Community Pharmacies have staff that speak a language other than English. The most common languages spoken in Kingston after English are Tamil, Korean and Polish, there are currently 9 pharmacies speaking either one of these languages.

7.2 The availability of choice

For patients, choice is a mechanism to drive up the quality of services and improve patient satisfaction. For the overall health system, choice is a mechanism to encourage more appropriate and cost effective use of available services. The factors which have been taken into account when considering whether or not there is sufficient choice are:

- Current level of access to NHS pharmaceutical services in the area
- Extent to which existing services already offer a choice
- Extent to which choice may be improved through the availability of additional providers or additional facilities
- Need for specialist or other services which would improve the provision of, or access to, services for specific populations

Community pharmacies improve access to healthcare and increase the choice available to service users.

Access to a greater range of services is generally available in urban areas and this applies to pharmaceutical services.

In rural areas, services and businesses are not always available in the immediate locality and public transport may be less frequent or non-existent. Residents of these areas have to make arrangements for shopping and other services including pharmaceutical services.

Specific populations and their needs

Table 34 sets out how pharmacy can support the specific needs of the population as defined by the protected characteristics in equality legislation.

Table 34: Meeting the needs of specific populations with protected characteristics

| Protected Characteristic | How pharmacy can support the specific population |
|--------------------------|--|
| Age | Age has an influence on which medicine and method of delivery is prescribed. Older people have a higher prevalence of illness and take many medicines. The medicines management of older people is complicated by multiple disease, complex medication regimes and the aging process affecting the body's capacity to metabolise and eliminate medicines from it. Community pharmacies can support people to live independently by supporting optimisation of use of medicines, support with ordering, re-ordering medicines, home delivery to the housebound and appropriate provision of multi-compartment compliance aids and other interventions |

| Protected Characteristic | How pharmacy can support the specific population |
|--------------------------|---|
| | <p>such as reminder charts to help people to take their medicines. Pharmacies can support independence by offering:</p> <ul style="list-style-type: none"> • Reablement services following discharge from hospital • Falls assessments • Supply of daily living aids • Identifying emerging problems with people's health • Signposting to additional support and resources <p>Social isolation can have detrimental effects on health and wellbeing. For many older people, pharmacy staff may be one of the few regular contacts they have. As part of being a Healthy Living Pharmacy in Kingston, pharmacy staff can make interventions and refer into social and voluntary services to improve people's health and wellbeing.</p> <p>Younger people, similarly, have different abilities to metabolise and eliminate medicines from their bodies. Advice can be given to parents on the optimal way to use the medicine or appliance and provide explanations on the variety of ways available to deliver medicines.</p> <p>Pharmacy staff provide broader advice when appropriate to the patient or carer on the medicine, for example, its possible side effects and significant interactions with other substances.</p> <p>The safe use of medicines for children and older people is an area where pharmacies play an essential role.</p> <p>Young people access pharmacies for sexual health advice and service provision, this is a location of choice for many due to the fact you do not need to register or book an appointment and easy access and longer opening hours.</p> |
| Disability | <p>When patients are managing their own medication but need some support, pharmacists and dispensing doctors must comply with the Equality Act 2010. Where the patient is assessed as having a long term physical or mental impairment that affects their ability to carry out every day activities, such as managing their medication, the pharmacy contract includes funding for reasonable adjustments to the packaging or instructions that will support the person in self-care. The first step should be a review to ensure that the number of medications and doses are reduced to a minimum. If further support is needed, then compliance aids might include multi- compartment compliance aids, large print labels, easy to open containers, medication reminder alarms/charts, eye dropper or inhaler aids.</p> <p>Each pharmacy should have a robust system for assessment and auxiliary aid supply that adheres to clinical governance principles.</p> |
| Gender | <p>The prevalence of certain conditions is more common in men (eg prostate cancer, Parkinson's Disease, risk factors for heart disease) or women (eg breast cancer, depression, anxiety).</p> <p>It is well documented that men are more unlikely to access healthcare services. Community pharmacies are ideally placed for self-care by providing advice and support for people to derive maximum benefit from caring for themselves or their families.</p> <p>When necessary, access to advice, provision of over the counter medications and signposting to other services is available as a walk in service without the need for an appointment.</p> <p>Community pharmacy is a socially inclusive healthcare service providing a convenient and less formal environment for those who do not choose to access other kinds of health service.</p> |

| Protected Characteristic | How pharmacy can support the specific population |
|--------------------------------|--|
| Race | <p>Black, Asian and minority ethnic (BAME) groups generally have worse health than the overall population, although some BAME groups fare much worse than others, and patterns vary from one health condition to the next. Evidence suggests that the poorer socio-economic position of BAME groups is the main factor driving ethnic health inequalities. Language can be a barrier to delivering effective advice on medicines, health promotion and public health interventions.</p> <p>There are opportunities to access translation services that should be used when considered necessary. Mapping shows that 100% of the Kingston population can get to a pharmacy within 10 minutes by car. Community pharmacy is consequently a socially inclusive healthcare service providing a convenient and less formal environment for those who cannot easily access or do not choose to access other kinds of health service. The recent contractor questionnaire shows us that 45% of pharmacies speak languages other than English, with over 20 additional languages being spoken in pharmacies across Kingston.</p> |
| Religion | <p>Pharmacies can provide religious or culturally appropriate advice, for example advice about medicines derived from animal sources and during periods of fasting.</p> |
| Pregnancy and maternity | <p>There are many common health problems that are associated with pregnancy such as backache, constipation and sleeplessness. Additionally there are health issues such as morning sickness that are specific to pregnancy.</p> <p>Pharmacies can provide advice to pregnant mothers on medicines and self-care. They have the expertise on advising which medicines are safe for use in pregnancy and during breast feeding.</p> |
| Sexual orientation | <p>Certain health issues may be more prevalent in lesbian and gay communities e.g. men who have sex with men are in a higher risk group for HIV. There is evidence to suggest that members of the lesbian and gay communities may be less likely to be screened for certain conditions meaning problems are not identified at the earliest stage possible.</p> <p>Community pharmacy is a socially inclusive healthcare service providing a convenient and less formal environment for those who do not choose to access other kinds of health service.</p> <p>Pharmacies can help to raise awareness of a range of health related issues and can provide advice to the LGBT community in relation to a variety of healthy lifestyle choices.</p> |
| Gender reassignment | <p>Transgendered individuals and those who have experienced gender reassignment can face discrimination, harassment and may even be subjected to hate crimes.</p> <p>Provision of necessary medicines and advice on adherence and side effects including the long term use of hormone therapy. Pharmacies can provide advice to members of this community in relation to health and wellbeing and on raising awareness about issues relating to members of these communities.</p> |
| Marriage and civil partnership | <p>Pharmacies should provide a service equitably to any person regardless of their single/married/civil partnership status.</p> <p>Consideration should be given to signs of domestic violence especially towards women. Pharmacies can help to raise awareness of this issue.</p> |

In addition, pharmacies in Kingston should take account of the specific needs of the following groups:

University students

Conditions such as mumps and meningitis can have a greater prevalence. Sexual health can also be an issue e.g. contraception, including EHC provision and C-Card scheme. Mental health problems are more common among students than the general population

Homeless

Homeless link completed a nationwide study of the health needs of homeless people which showed that 82% of homeless people have physical health needs. Of these, 56% were long term health needs which compares to 29% in the rest of the population. In addition, homelessness is a key risk factor for TB due to the transmission risks of sleeping rough or in overcrowded accommodation.

Unemployed people

There is an association between worklessness and reduced health status particularly in the long term unemployed.

Children living in poverty

Poverty is associated to poor health outcomes in short, medium and long term in children which can progress into adulthood e.g. poor diet and increased obesity, mental health and well-being.

Looked after Children

There is an association with poor health outcomes which can progress into adulthood e.g. mental health problems.

7.3 Provision of pharmaceutical services

Essential services, including dispensing services, are mandatory within the pharmacy contract and are managed and monitored by NHS England's area teams. The fact that all pharmacy premises must provide these services means they can be used across the borough to focus on reducing health inequalities. Essential services can be used by pharmacy contractors to help deliver the local authority public health measures, improving outcomes by targeting people using an opportunistic approach.

In order to assess the provision against the needs of the population the PNA has considered the distribution of pharmacies, the provision of dispensing services and their opening hours.

There is currently a good number of pharmacies across all localities in the borough, offering the necessary, Essential and Advanced services, and a good selection of other relevant Locally Enhanced services.

Currently pharmacies are meeting the needs of the changing population with regard the increase in population numbers in the borough. Dispensing numbers are increasing, however the dispensing rate in Kingston remains lower than that of England therefore, it is felt, there is still room for further increase in activity within the current providers.

Many pharmacies have not reached the maximum number of Advanced service Medicine Use Reviews (MUR), and there is opportunity for increased activity within current providers.

It is felt at this time, there would not be any service improvement by the introduction of any additional pharmacy providers.

7.3.1 Location of pharmacies

The 2008 White Paper Pharmacy in England: '*Building on strengths – delivering the future*' states that it is a strength of the current system that community pharmacies are easily accessible, and that 99% of the

population – even those living in the most deprived areas – can get to a pharmacy within 20 minutes by car and 96% by walking or using public transport³⁷.

There is good geographical distribution of pharmacies across Kingston providing adequate choice within a reasonable travel distance. There is a statutory requirement to provide a map of the premises providing pharmaceutical services. See Figure 7 below.

There are 34 pharmacies, including one Dispensing Appliance Contractor (DAC) and two Distance Selling Pharmacies (DSP) included in the pharmaceutical lists for the area of the HWB (sourced NHS England, September 2017), operated by 23 different contractors. Of these, 58% are owned by independent contractors (defined as owning five or less pharmacies within England) and 42% by multiple contractors (those owning six or more pharmacies).

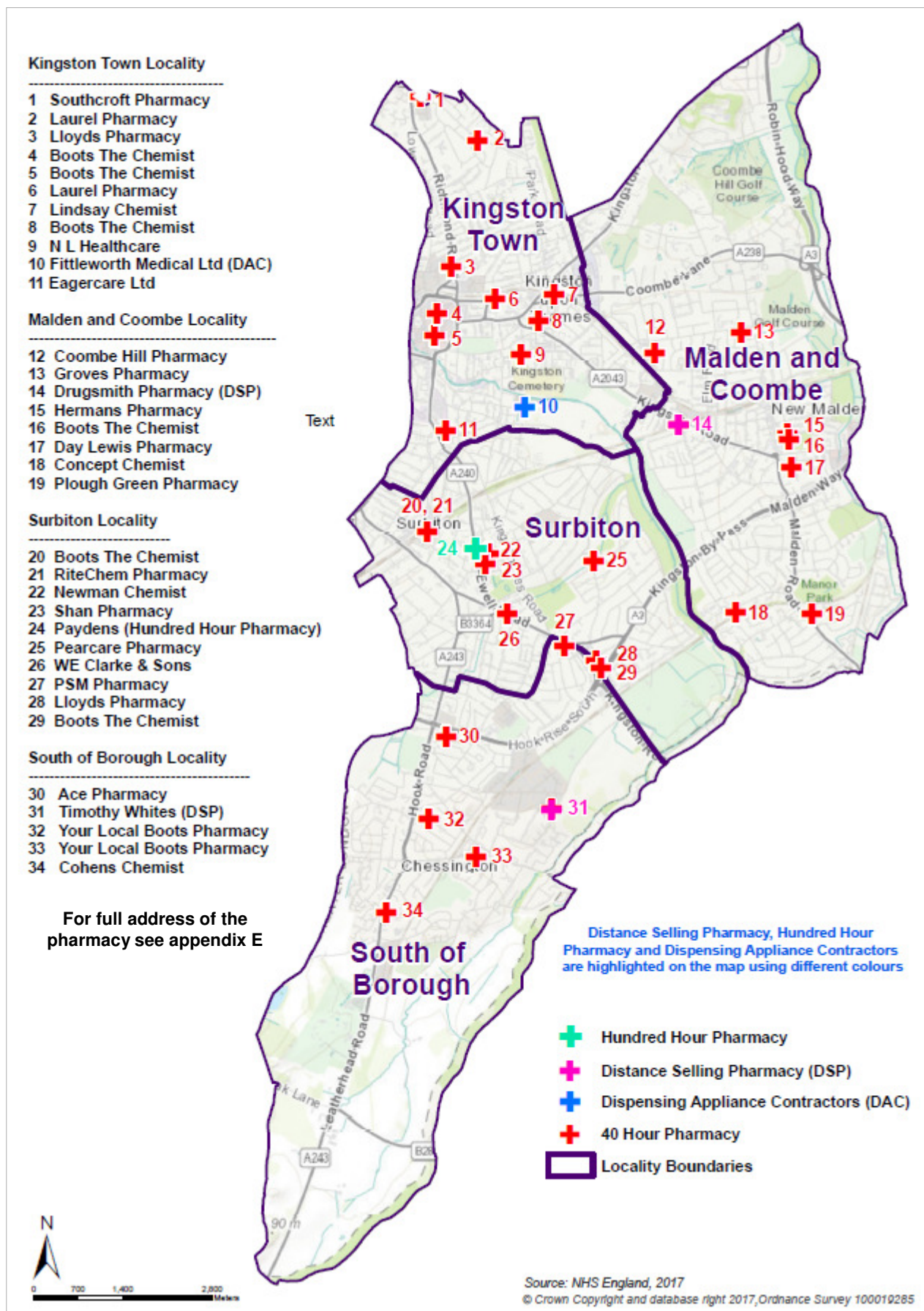
Compared to London which has a combination of 60.8% independent contractors to 39.2% multiple contractors and England which has a combination of 38.1% independent contractors to 61.9% multiple contractors, Kingston combination is closer to London than the national pattern.

Of these 34 pharmacy premises, 30 operate standard '40 core opening hours' plus supplementary hours, one operates under '100 core opening hours', two are distance selling premises (DSP), and one is a Dispensing Appliance Contractor (DAC). Both DSP and DAC do not providing face to face pharmaceutical services.

More details on supplementary opening hours, the pharmacy providing services for 100 core hours and DSP are considered in section 4.3.4.

³⁷ Department of Health (2008). 'Pharmacy in England: Building on strengths – delivering the future.' Available at: <http://www.official-documents.gov.uk/document/cm73/7341/7341.pdf>

Figure 7: Location of Pharmacies by type in Kingston, 2017



7.3.2 Accessibility of pharmacies

Figure 7 shows the locations of pharmacies, including distance selling pharmacies and dispensing appliance contractors in Kingston, together with the Kingston locality boundary and major roads in the borough.

Figure 8 shows that, with the exception of small, sparsely populated wards of Coombe Hill (Malden and Coombe locality) and another area in the ward of South Chessington (South of Borough locality) both these localities have large areas of open space, farm or parkland, all Kingston residents live nearly within 10 minutes walking distance of a pharmacy. Figure 8 was created because there will be a cohort of the population who do not have access to a private vehicle, are unable to access or afford public transport, or chose not to use public transport. Walking times, based on walking speed of 5km/hr, are shown as 3 minute zones, up to 15 minutes. For this map pharmacies located within 0.5 km of the borough boundary were also taken in to account because people living near the borough border are more likely to access the pharmacy in the neighbouring borough.

Figure 9 analyses the average off peak drive time to pharmacies in the borough and demonstrates that there are no pockets in Kingston where it is necessary to drive more than 10 minutes by car to access a pharmacy. The travel times are calculated using the normal speed limits and takes into account junctions, crossings and traffic lights. The rush hour option uses additional congestion data and road density analysis. This map was validated by comparing with similar data on Google maps.

Figure 10 illustrates travel times during rush hours and shows that all the residents can access a pharmacy within 10 minutes by car even during the peak times. The travel times are calculated using the normal speed limits and takes into account junctions, crossings and traffic lights. They also take into account additional congestion data and road density analysis.

Some people unable to access a car may be among the more vulnerable in society. Figure 11 illustrates that access to pharmacy through public transport in Kingston is fairly good. This map must be used with caution due to the constantly changing nature of public transport routes, service times and traffic situations.

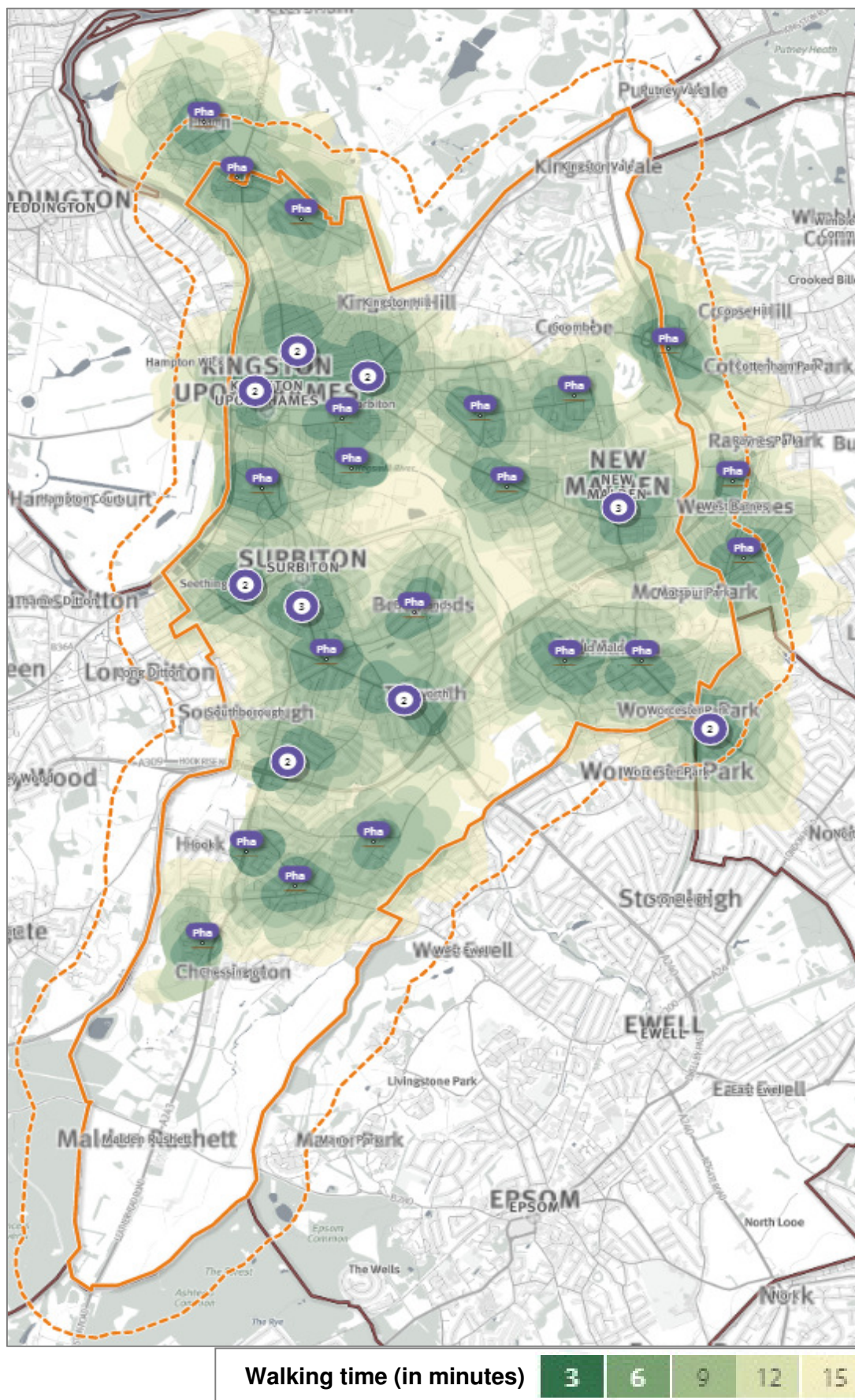
Figures 12 and 13 show that over the weekend, Kingston residents can access pharmacies by car in nearly 10 minutes, except for a small area in Chessington (where Chessington World of Adventures is located) and Kingston Vale (where Coombe Golf Club, Beverley Meads Recreation Ground and Fishponds Wood Nature Reserves are located). Residents also have access to pharmacies in the neighbouring boroughs.

Figure 14 shows that there is good spatial distribution of pharmacies open late night in the borough. Residents can access a late night pharmacy by car in less than 15 minutes. Moreover, they have access to pharmacies in the neighbouring boroughs.


Overall, the access to pharmacies in Kingston is good. Please note the distance selling pharmacies (DSP) and dispensing appliance contractor (DAC) are not shown the maps related to accessibility because they do not provide face-to-face pharmacy services.

Figure 15 to 18 show distribution of pharmacies, dispensing appliance contractor and distance selling pharmacies in each of the Kingston localities, together with major roads in the borough.

Figure 8: Pharmacies within walking distance (in minutes)

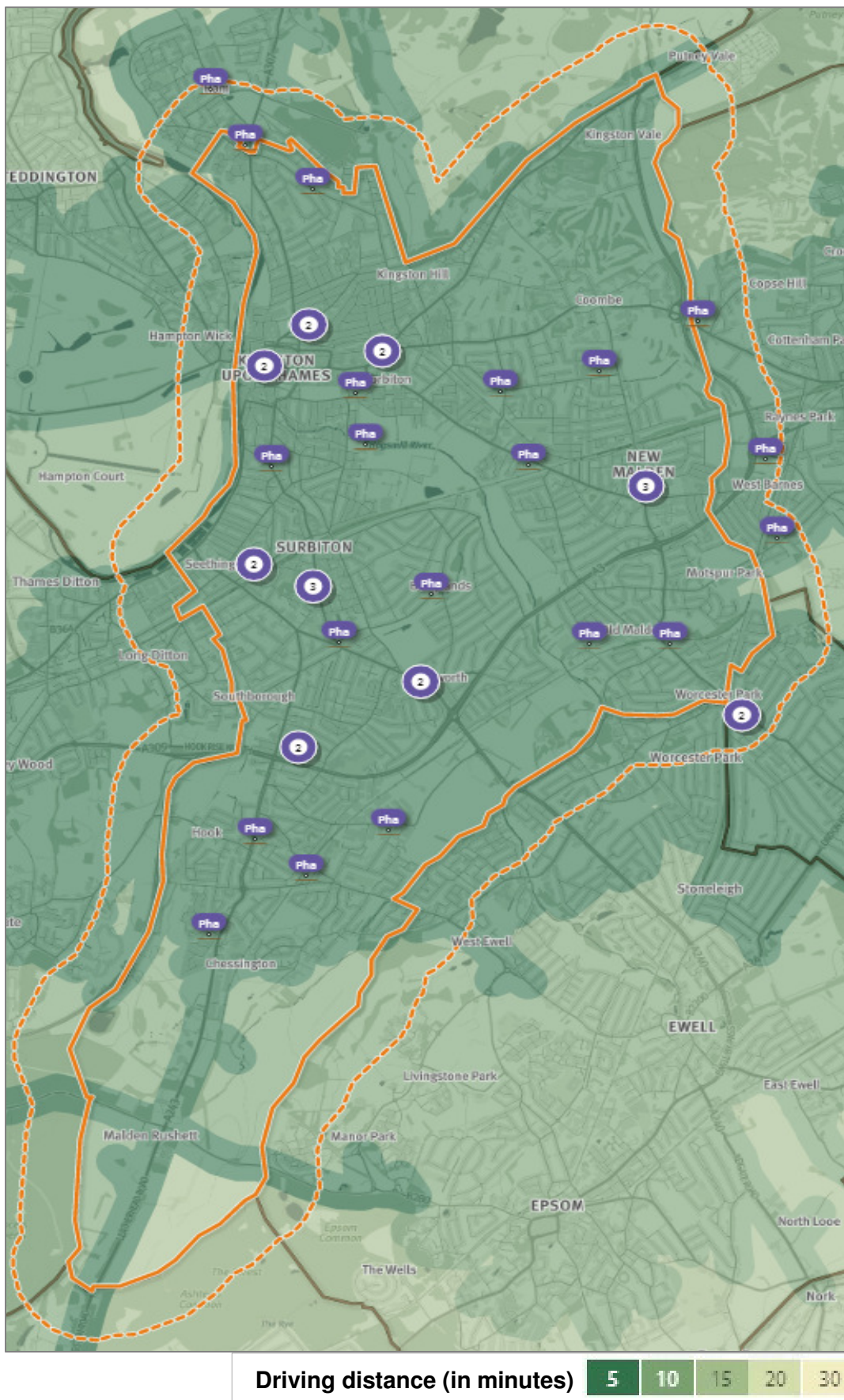


Note: 1) Orange dotted line around the Borough boundary shows 0.5km buffer

2)  denotes multiple pharmacies

Source: SHAPE tool, PHE 2017

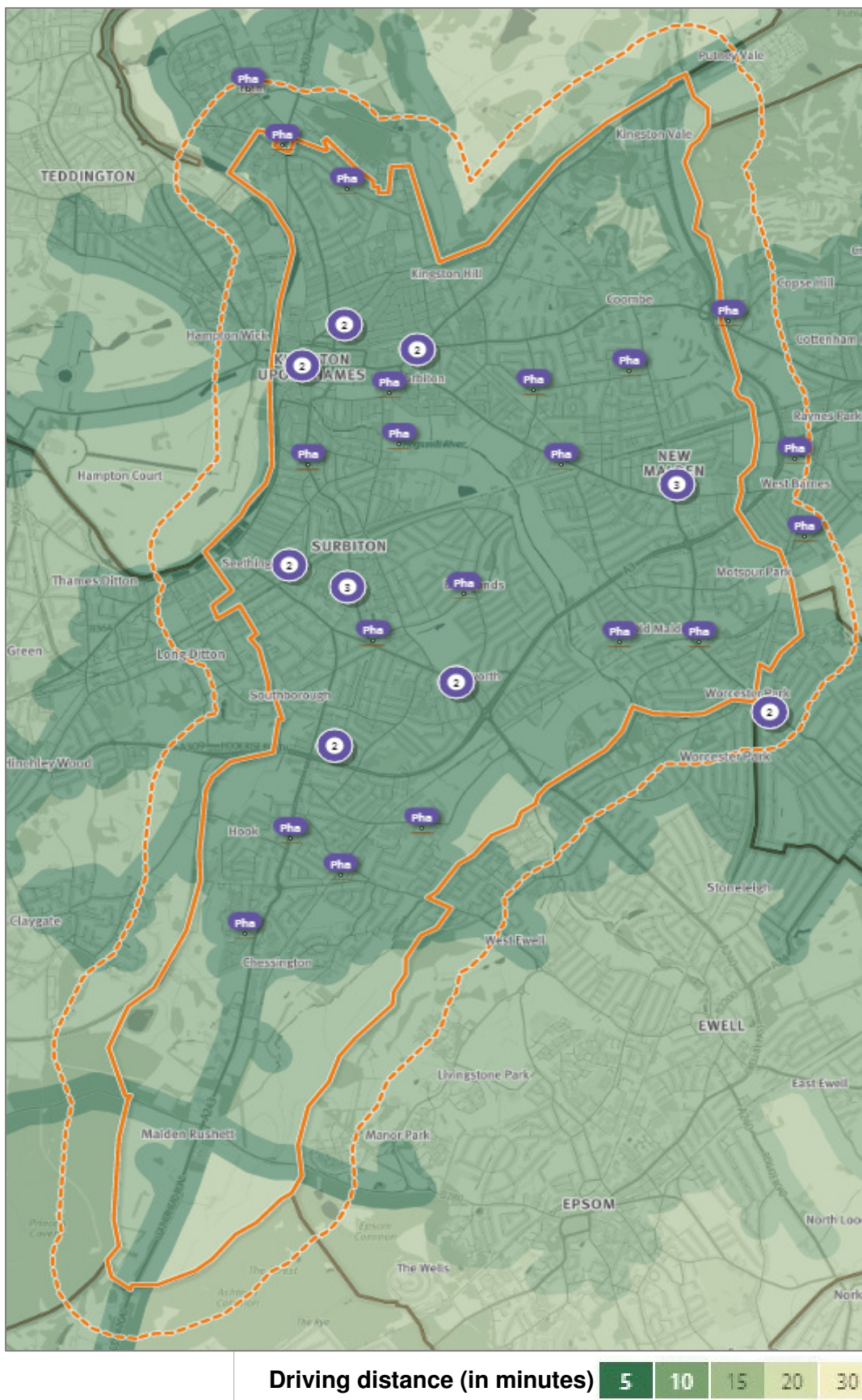
Figure 9: Pharmacies within driving distance (in minutes)




Note: 1) Orange dotted line around the Borough shows 0.5km buffer
 2) ● denotes multiple pharmacies

Source: SHAPE Tool, PHE, 2017

Figure 10: Pharmacies within driving distance (in minutes) during the rush hour

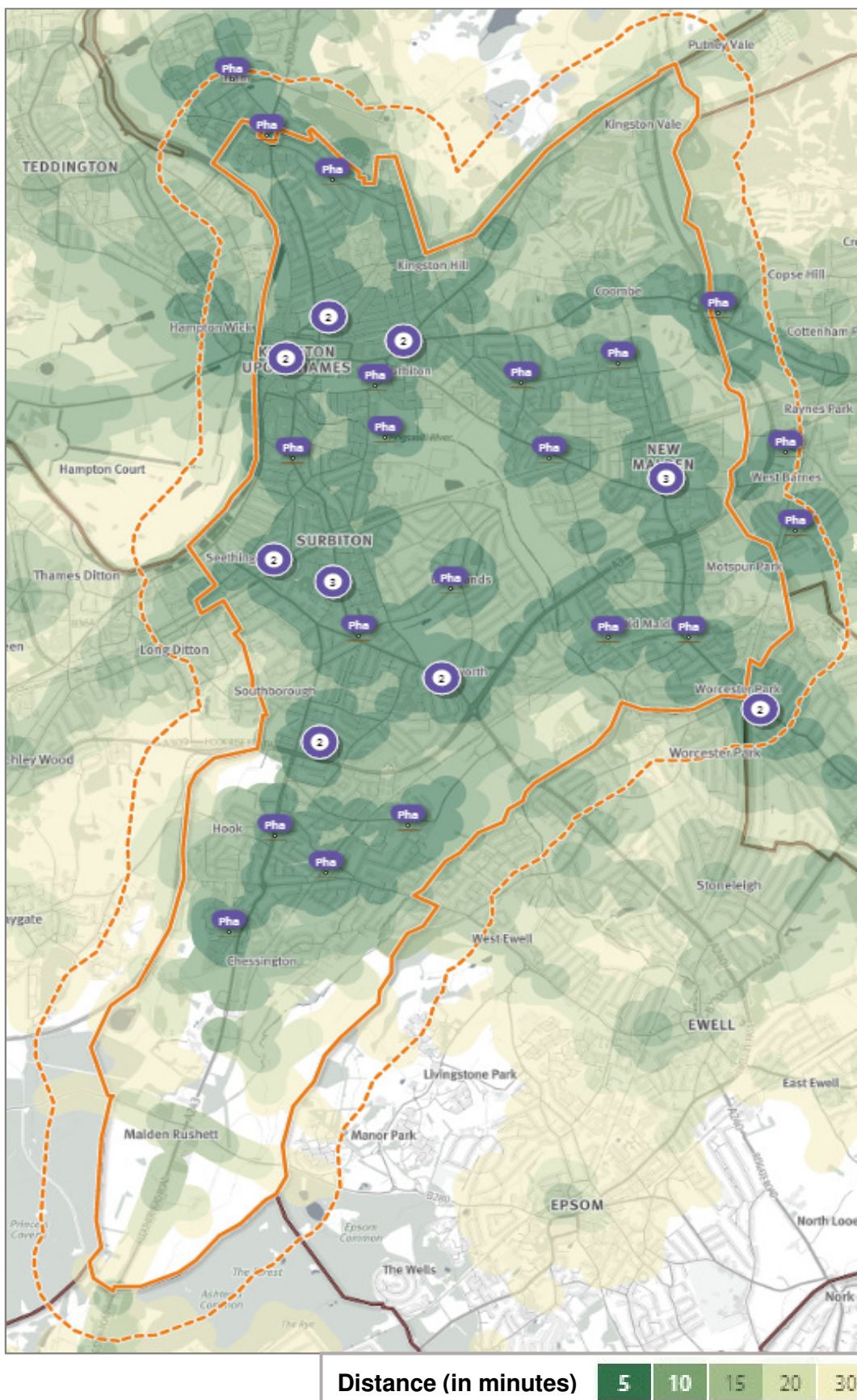


Note: 1) Orange dotted line around the Borough shows 0.5km buffer


2)  denotes multiple pharmacies

Source: SHAPE tool, PHE 2017

Figure 11: Pharmacies within distance (in minutes) by public transport using Rail and Road

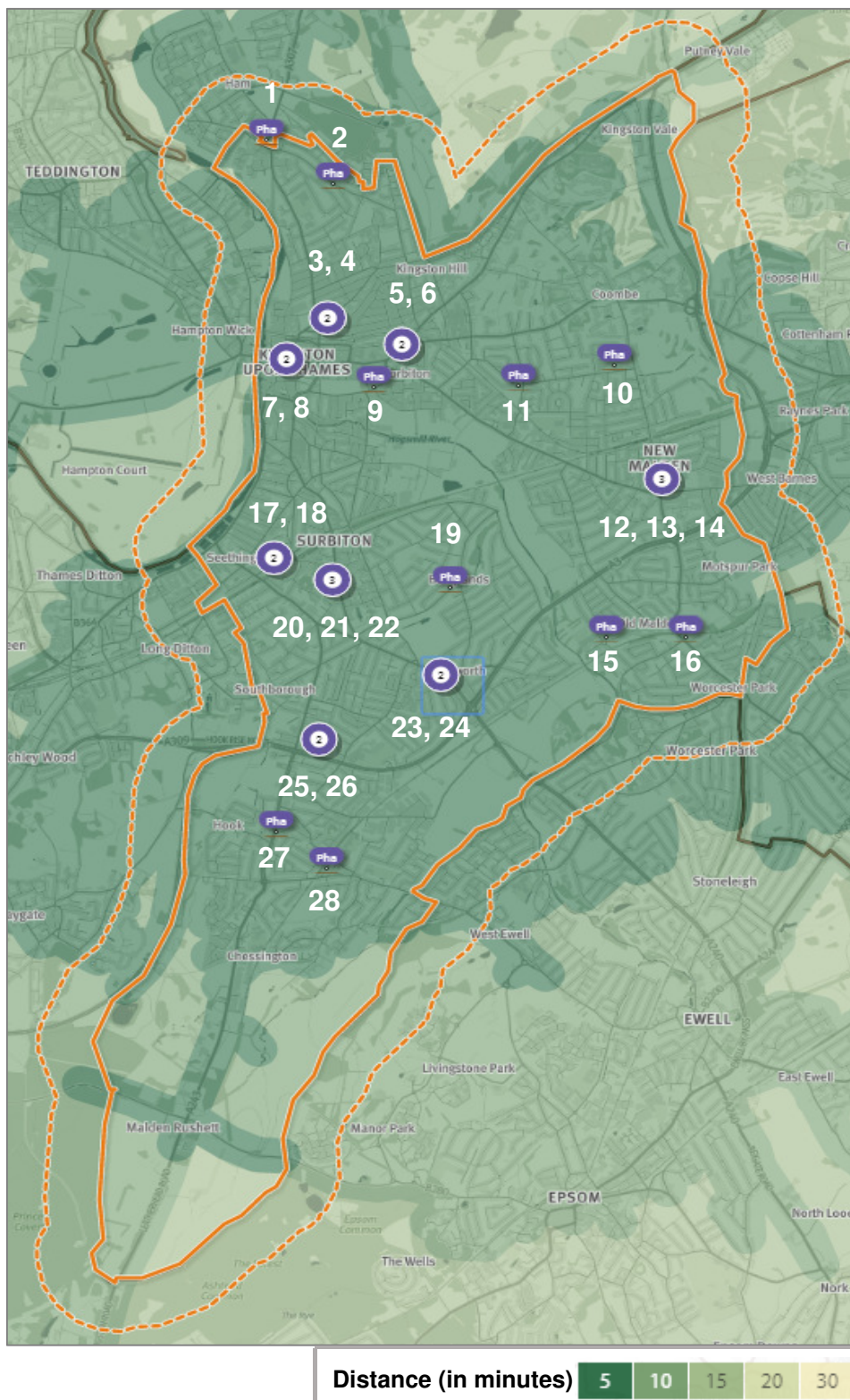


Note: 1) Orange dotted line around the Borough shows 0.5km buffer

2)  denotes multiple pharmacies


Source: SHAPE tool, PHE 2017

Figure 12: Access to pharmacies open on Saturday (half-day and full-day) by car, in minutes



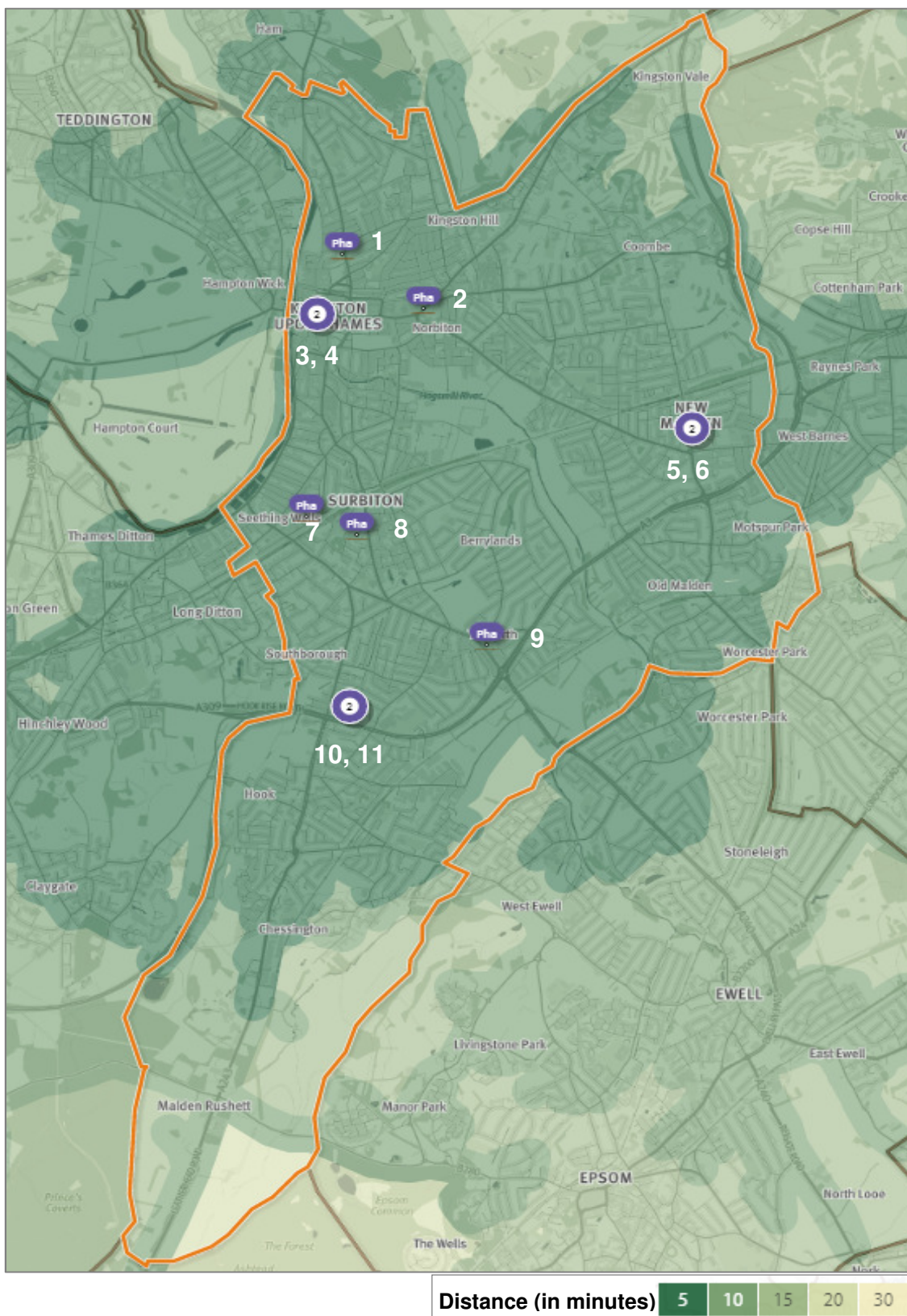
Note: 1) Orange dotted line around the borough boundary is the 0.5km buffer. Buffer has been used on this map to include “Southcroft Pharmacy” in Kingston, which is on the boundary of Kingston and Richmond. Other Pharmacies from the neighbouring boroughs that are within 0.5km are not shown on the map as we do not have information on their opening hours for Saturday


2) Please see Table 35 for more information about the pharmacies open on Saturday

3)  Denotes multiple pharmacies

Source: SHAPE tool, PHE 2017

Figure 13: Access to pharmacies open on Sunday by car



- Note: 1) Please see Table 36 for more information about the pharmacies open on Sunday
 2) Other Pharmacies from the neighbouring boroughs that are within 0.5km are not shown on the map as we do not have information on their opening hours for Sunday
 3)  denotes more than one pharmacy

Source: SHAPE tool, PHE 2017

Table 35: Pharmacies open on Saturday in Kingston

| Map Id | ODS Code | Pharmacy Name | Postcode | Standard Opening Hours | Locality |
|--------|----------|---------------------------|----------|------------------------|-------------------|
| 1 | FGA78 | Southcroft Co | KT2 5QU | 40 Hour Pharmacy | Kingston Town |
| 2 | FL298 | Laurel Pharmacy | KT2 5QG | 40 Hour Pharmacy | Kingston Town |
| 3 | FV188 | Laurel Pharmacy | KT2 6JZ | 40 Hour Pharmacy | Kingston Town |
| 4 | FLF25 | Lloyds Pharmacy | KT2 5NZ | 40 Hour Pharmacy | Kingston Town |
| 5 | FWQ55 | Boots, The Chemist | KT2 6QL | 40 Hour Pharmacy | Kingston Town |
| 6 | FCK24 | Lindsay Chemist | KT2 6PF | 40 Hour Pharmacy | Kingston Town |
| 7 | FYH83 | Boots, The Chemist | KT1 1RP | 40 Hour Pharmacy | Kingston Town |
| 8 | FG680 | Boots, The Chemist | KT1 1TR | 40 Hour Pharmacy | Kingston Town |
| 9 | FNK00 | NL Healthcare Ltd | KT1 3DG | 40 Hour Pharmacy | Kingston Town |
| 10 | FAL88 | Groves Pharmacy | KT3 3TX | 40 Hour Pharmacy | Malden and Coombe |
| 11 | FN954 | Coombe Hill Pharmacy | KT1 3RU | 40 Hour Pharmacy | Malden and Coombe |
| 12 | FUF17 | Hermans Pharmacy | KT3 4ET | 40 Hour Pharmacy | Malden and Coombe |
| 13 | FEG11 | Boots, The Chemist | KT3 4EU | 40 Hour Pharmacy | Malden and Coombe |
| 14 | FDH40 | Day Lewis Pharmacy | KT3 6DD | 40 Hour Pharmacy | Malden and Coombe |
| 15 | FXL91 | Concept Chemist | KT3 5PD | 40 Hour Pharmacy | Malden and Coombe |
| 16 | FTX78 | Plough Green Pharmacy | KT4 7NW | 40 Hour Pharmacy | Malden and Coombe |
| 17 | FD501 | Boots, The Chemist | KT6 4JZ | 40 Hour Pharmacy | Surbiton |
| 18 | FM456 | Ritechem Pharmacy | KT6 4JZ | 40 Hour Pharmacy | Surbiton |
| 19 | FPF11 | Pearcare Pharmacy | KT5 9AG | 40 Hour Pharmacy | Surbiton |
| 20 | FYY52 | Shan Pharmacy | KT6 6HA | 40 Hour Pharmacy | Surbiton |
| 21 | FCL07 | Newman Chemist | KT6 6AH | 40 Hour Pharmacy | Surbiton |
| 22 | FTL85 | Paydens | KT6 6EZ | 100 Hour Pharmacy | Surbiton |
| 23 | FH455 | PSM Pharmacy | KT6 7BB | 40 Hour Pharmacy | Surbiton |
| 24 | FM521 | Lloyds Pharmacy | KT6 7DJ | 40 Hour Pharmacy | Surbiton |
| 25 | FR299 | Boots, The Chemist | KT6 7DW | 40 Hour Pharmacy | Surbiton |
| 26 | FAM93 | Ace Pharmacy | KT9 1DR | 40 Hour Pharmacy | South of Borough |
| 27 | FYQ11 | Your Local Boots Pharmacy | KT9 1AB | 40 Hour Pharmacy | South of Borough |
| 28 | FPC86 | Your Local Boots Pharmacy | KT9 1QL | 40 Hour Pharmacy | South of Borough |

Note: Pharmacies closing by 2pm on Saturday are coloured in blue

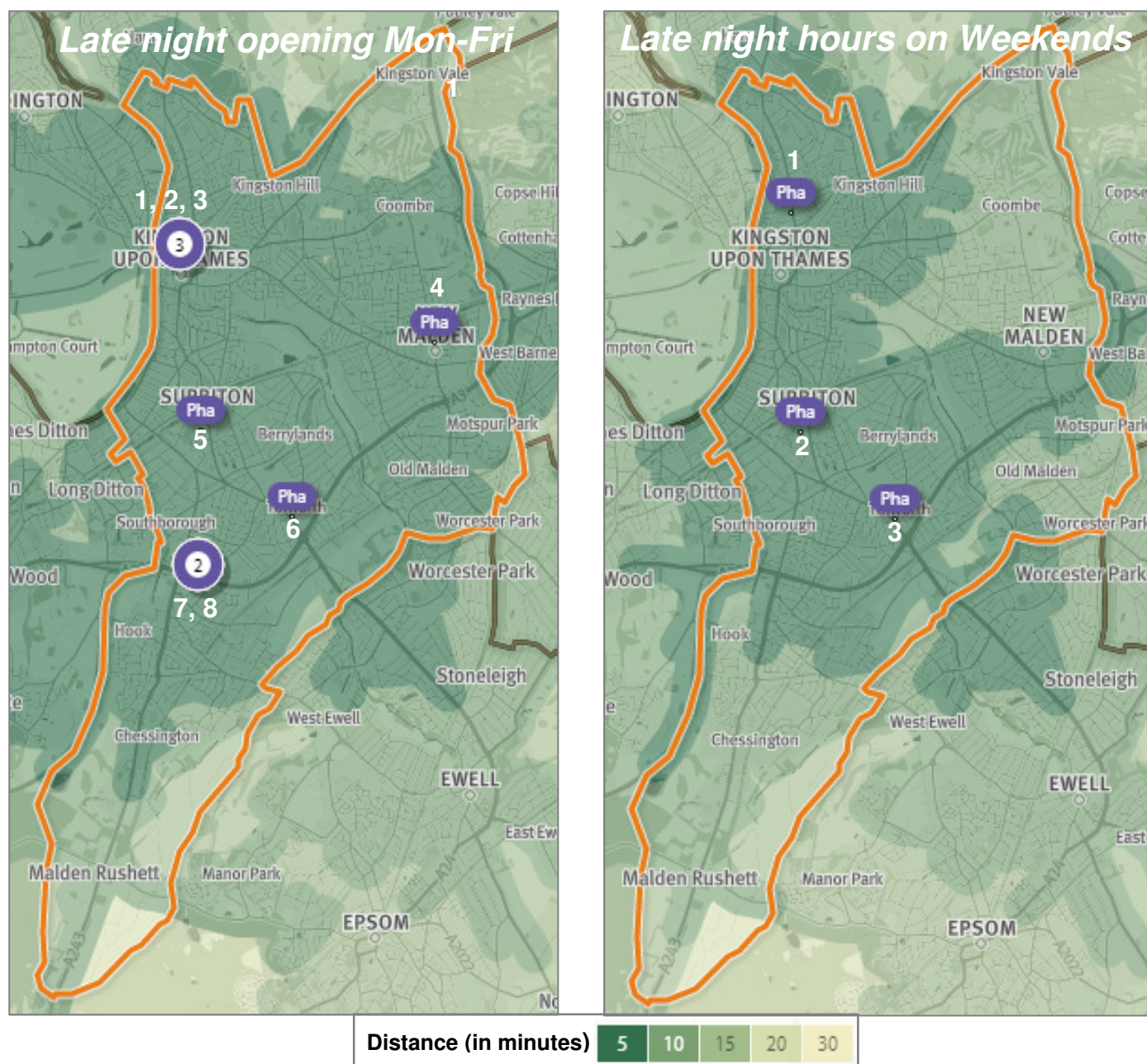
Source: NHS England, 2017

Table 36: Pharmacies open on Sunday in Kingston


| Map Id | ODS Code | Pharmacy Name | Postcode | Standard Opening Hours | Locality |
|--------|----------|--------------------|----------|------------------------|-------------------|
| 1 | FLF25 | Lloyds Pharmacy | KT2 5NZ | 40 Hour Pharmacy | Kingston Town |
| 2 | FWQ55 | Boots, The Chemist | KT2 6QL | 40 Hour Pharmacy | Kingston Town |
| 3 | FG680 | Boots, The Chemist | KT1 1TR | 40 Hour Pharmacy | Kingston Town |
| 4 | FYH83 | Boots, The Chemist | KT1 1RP | 40 Hour Pharmacy | Kingston Town |
| 5 | FEG11 | Boots, The Chemist | KT3 4EU | 40 Hour Pharmacy | Malden and Coombe |
| 6 | FUF17 | Hermans Pharmacy | KT3 4ET | 40 Hour Pharmacy | Malden and Coombe |
| 7 | FD501 | Boots, The Chemist | KT6 4JZ | 40 Hour Pharmacy | Surbiton |
| 8 | FTL85 | Paydens | KT6 6EZ | 100 Hour Pharmacy | Surbiton |
| 9 | FM521 | Lloyds Pharmacy | KT6 7DJ | 40 Hour Pharmacy | Surbiton |
| 10 | FR299 | Boots, The Chemist | KT6 7DW | 40 Hour Pharmacy | Surbiton |
| 11 | FAM93 | Ace Pharmacy | KT9 1DR | 40 Hour Pharmacy | South of Borough |

Source: NHS England, 2017

Figure 14: Access to late night pharmacies, by car, in Kingston, distance in minutes



Note: 1) Please see Table 37 and Table 38 for more information about the late night pharmacy opening hours

2)  Denotes more than one pharmacy

Source: SHAPE tool, PHE 2017

Table 37: Late night pharmacies open on weekend(s) in Kingston

| Locality | ODS Code | Map Id | Pharmacy | Saturday | | Sunday | |
|---------------|----------|--------|-----------------|----------|-------|--------|-------|
| Kingston Town | FLF25 | 1 | Lloyds Pharmacy | 08:00 | 21:00 | 11:00 | 17:00 |
| Surbiton | FTL85 | 2 | Paydens | 07:00 | 20:00 | 08:00 | 20:00 |
| | FM521 | 3 | Lloyds Pharmacy | 09:00 | 23:00 | 09:00 | 23:00 |

Note: Blue Cells denote late night opening hours

Source: NHS England, 2017

Table 38: Late night pharmacies open Monday-to-Friday in Kingston

| Locality | ODS Code | Map ID | Pharmacy | Monday | Tuesday | Wednesday | Thursday | Friday | |
|-------------------|----------|--------|-------------------|--------|---------|-----------|----------|--------|-------|
| Kingston Town | FLF25 | 1 | Lloyds Pharmacy | 08:00 | 21:00 | 08:00 | 21:00 | 08:00 | 21:00 |
| | FG680 | 2 | Boots The Chemist | 08:30 | 18:00 | 08:30 | 18:00 | 08:30 | 18:00 |
| | FYH83 | 3 | Boots The Chemist | 08:00 | 18:30 | 08:00 | 18:30 | 08:00 | 18:30 |
| Malden and Coombe | FUF17 | 4 | Hermans Pharmacy | 09:00 | 22:00 | 09:00 | 22:00 | 09:00 | 22:00 |
| Surbiton | FTL85 | 5 | Paydens | 07:00 | 22:00 | 07:00 | 22:00 | 07:00 | 22:00 |
| | FM521 | 6 | Lloyds Pharmacy | 09:00 | 23:00 | 09:00 | 23:00 | 09:00 | 23:00 |
| | FR299 | 7 | Boots The Chemist | 08:30 | 20:00 | 08:30 | 20:00 | 08:30 | 20:00 |
| South of Borough | FAM93 | 8 | Ace Pharmacy | 09:00 | 20:00 | 09:00 | 20:00 | 09:00 | 20:00 |

Note: Blue cells denote late night opening hours

Source: NHS England, 2017

7.3.3 Dispensing data for pharmacies

Table 39: Dispensing analysis

| | Number of pharmacies | Dispensed Prescription items/ month (000's) | Population (000's) | Pharmacies per 100,000 | Average dispensed prescription items/ month / pharmacy | Dispensed prescription items/ month/ head of population |
|----------|----------------------|---|--------------------|------------------------|--|---|
| England | 11,688 | 91,533 | 54,786 | 21.33 | 7,831 | 1.67 |
| Kingston | 33 | 213 | 173 | 19.07 | 6,455 | 1.23 |

Sources: NHS Prescription Services part of the NHS Business Services Authority 2016/17 Population data- Office of National Statistics (2015 mid-year Estimates)

Note: DAC excluded from number of pharmacies. DAC focus on specific range of appliances and normally provide a nation-wide service.

Kingston borough has fewer pharmacies per 100,000 population than the England average, and they dispense fewer items per month per pharmacy, and per population than the England average. As Kingston has a comparatively healthy population with good quality, appropriate GP prescribing, comparatively lower prescribing rates would be expected, and therefore the pharmacy provision is considered to be sufficient to meet the needs of the area.

Analysis of dispensing of Kingston CCG prescriptions shows that 83.4% of prescriptions generated within Kingston CCG are dispensed in the borough. 16.6% are dispensed out of the borough by other contractors.

Table 40: Dispensing analysis

| | | |
|---|-----------|-------|
| Kingston CCG total prescription items | 2,560,006 | - |
| Number and % dispensed inside Kingston borough | 2,133,994 | 83.4% |
| Number and % dispensed outside Kingston borough | 426,012 | 16.6% |

Sources: NHS Prescription Services part of the NHS Business Services Authority 2016/17 Population data- Office of National Statistics (2015 mid-year Estimates)

7.3.4 Advanced Services

Any contractor may choose to provide advanced services (MUR, NMS, SAC, AUR, Flu and NUMSAS). There are requirements which need to be met in relation to premises, training or notification to NHS England. Advanced services offer an opportunity for pharmacy contractors to engage patients and empower them to take greater responsibility for their health through their prescribed medication or appliance.

Similarly dispensing appliance contractors can do the same for patients to whom they supply appliances. Providing patients with a better understanding of their appliance can help to prevent unnecessary exacerbations of conditions and reduce the possible risk of patients accessing urgent care services with the aim of leading to better health outcomes.

Access to Medicines Use Reviews (MUR)

In 2016/17 a total of 9,220 MURs were provided by 31 pharmacies with an average of 297 MUR per pharmacy.

Table 41: Number of MURs per month in Kingston, 2016/17

| Month | Number of MURs |
|--------------|----------------|
| April | 952 |
| May | 842 |
| June | 791 |
| July | 686 |
| August | 616 |
| September | 701 |
| October | 736 |
| November | 932 |
| December | 653 |
| January | 708 |
| February | 710 |
| March | 893 |
| Total | 9,220 |

Source: NHS England, 2017

Currently 100% of eligible pharmacies offer this service. 52% (16 out of 31 pharmacies) provided the maximum amount funded of 400 per year +/- 10%. The maximum amount of MURs funded per annum for Kingston is 12,400.

This means that 48% (15) pharmacies did not meet the potential maximum MURs in the year 2016/17, and there is capacity therefore within the system for more MURs to be undertaken.

Access to New Medicines Service - NMS

In 2016/17 a total of 2,331 NMS interventions were provided by 55% (17) pharmacies with an average of 137 NMS per pharmacy.

Unlike for MURs there is no nationally set maximum number of NMS interventions that may be provided in a year. However the service is limited to a specific range of drugs and can only be provided in certain circumstances and this therefore limits the total numbers of eligible patients.

The provision of MURs and NMS is not linked to dispensing activity, opening times or locations of the pharmacy.

Flu

In 2016/17 flu vaccinations were provided by 71% (22) pharmacies.

NHS Urgent Medicine Supply advanced service (NUMSAS)

No data available at present from NHS England on this service provision.

Stoma appliance customisation (SAC) and Appliance use review (AUR)

No data available

7.3.5 Enhanced services

NHS England commissioned one enhanced service from pharmacies in 2016/17 (source NHS England September 2017) – immunisation service from 14 pharmacies. The commissioning of this service from pharmacies complements the provision of the service by other types of contractor, principally GP practices and school immunisation teams.

7.3.6 Access to pharmaceutical services on public and bank holidays and Easter Sunday

NHS England has a duty to ensure that residents of the HWB's area are able to access pharmaceutical services every day. Pharmacies and DACs are not required to open on public and bank holidays, or Easter Sunday, although some choose to do so. NHS England asks each contractor to confirm their intentions regarding these days and where necessary will direct a contractor or contractors to open on one or more of these days to ensure adequate access.

7.3.7 Current provision of pharmaceutical services outside the HWB's area

Access to essential services (outside HWB area)

Figure 8 shows the location of the pharmacies around the border of the HWB's area.

Patients have a choice of where they access pharmaceutical services; this may be close to their GP practice, their home, their place of work or where they go for shopping, recreational or other reasons. Consequently not all the prescriptions written for residents of Kingston are dispensed by the pharmacies within the Kingston HWB area. As noted in the previous section, the vast majority of items, 2,133,994 items equivalent to 83.4% of items prescribed within Kingston CCG were dispensed by contractors within the Kingston HWB's area. However, 426,012 or 16.6% were dispensed outside of the HWB's area. Analysis shows these were dispensed by pharmacies spread throughout England with a higher proportion dispensed in London.

It should be noted that although there is a DAC within the HWB area the vast majority of items dispensed by DACs was to outside the HWB area. This reflects the specialist nature of DACs who generally focus on a specific range of appliances and provide a nationwide delivery service.

It should also be noted there are two DSPs within the HWB area.

Access to Advanced and Enhanced services (outside HWB area)

Information on the type of advanced or enhanced services provided by pharmacies and DACs outside the HWB's area to residents of Kingston is not available. When claiming for these services contractors merely claim for the total number provided for each service. The exception to this is the stoma appliance customisation service where payment is made based on the information contained on the prescription. However even with this service just the total number of relevant appliance items is noted for payment purposes.

It can be assumed however that residents of the HWB's area will be able to access the advanced and enhanced services from contractors outside of Kingston HWB area.

7.4 Analysis at Locality Level

Kingston has four localities (neighbourhoods) - Kingston Town, Malden and Coombe, Surbiton and South of Borough.

Table 42: Pharmacy distribution per locality, 2017

| Locality | No of Pharmacies available for 'walk in' service provision | Population | Pharmacies per 100,000 population |
|-------------------|--|------------|-----------------------------------|
| Kingston Town | 10 | 47364 | 21.11 |
| Malden and Coombe | 7 | 51592 | 13.56 |
| Surbiton | 10 | 42899 | 23.31 |
| South of Borough | 4 | 30496 | 13.11 |

Source: ONS 2015 MYE and NHS England, 2017

Dispensing appliance contractors (DAC) and Distance selling pharmacies (DSP) are excluded from the calculation above as these do not offer face to face pharmacy services.

Kingston town locality

Kingston Town locality is made up of four wards – Canbury, Grove, Norbiton and Tudor. This locality contains the main shopping and commercial area of the Royal Borough of Kingston including Kingston over-ground stations and Kingston's Cromwell bus station. It also contains parts of Kingston Hospital NHS Foundation Trust site. The four wards contain residential areas of varying size and density with a number of over-ground stations and major Transport for London (TfL) bus routes running throughout the locality. There are no large parklands or large open spaces, nor low density residential homes in the locality.

This locality contains the ward of Norbiton which is the most deprived ward in the borough, and among the most deprived 20% nationally. It is important that dispensing and preventive services for people living in deprivation are accessible and flexible enough to offer opportunistic engagement.

Table 43a shows population projections for wards in the Kingston Town locality, which is the most densely populated locality in the borough. The population in this locality is estimated to increase by nearly 16% by 2030, making it the fastest growing locality in Kingston. Kingston Town locality has large over-16 student population mainly based at the University and College. This cohort has a range of specific needs such as immunisation services, contraception services, support for long term conditions seen in the younger population for example asthma care.

In this locality, Tudor ward has the highest proportion of 65+ and under 18 population. Grove ward has higher proportion of working age adults (i.e. those aged 18 to 64 years)³⁸.

According to the 2011 Census, 2% of the population in Kingston Town cannot speak English well or at all and 23.3% of the population is BAME. The 2011 Census also reported that 10.9% of the people in this locality have identified themselves to have a limiting long term illness or disability. 38.8% of pensioners in this ward are living alone.

Although the emergency hospital admission rates for CHD, MI and COPD are significantly better than the England average, the rate of premature mortality due to coronary heart disease is high in this locality (partly due to the relative deprivation in Norbiton³⁹). Services should be available to aid further reduction of emergency admissions for long term conditions.

There are 11 contractors in this locality, including one Dispensing Appliance Contractor (DAC).

- Four pharmacies are open seven days a week.
- Nine pharmacies are open Monday through Saturday, of which four are open only up to the lunch hour on Saturday
- One pharmacy is open late night⁴⁰ Monday through Saturday and two pharmacies are open late night on Thursdays

This locality has the highest number of pharmacies. It is noted that Pharmacies in this locality are accessed by residents in our neighbouring HWB area of Richmond, and are also meeting the needs of the Pharmaceutical Needs Assessment in that area.

Table 43a: Projections of the electoral wards population of Kingston Town locality, 2015 to 2030

| Locality | Electoral Ward | 2015 | 2020 | 2025 | 2030 | % Change between 2015 & 2030 |
|---------------|----------------|---------------|---------------|---------------|---------------|------------------------------|
| Kingston Town | Canbury | 14,296 | 15,577 | 15,846 | 16,191 | 13.30% |
| | Grove | 12,109 | 13,409 | 15,005 | 15,547 | 28.40% |
| | Norbiton | 10,892 | 11,229 | 11,759 | 12,823 | 17.70% |
| | Tudor | 10,067 | 10,293 | 10,225 | 10,192 | 1.20% |
| | Total | 47,364 | 50,508 | 52,835 | 54,753 | 15.60% |

Note:

- 1) Small area population estimates are used by both central government departments and local authorities for a range of purposes including planning and monitoring of services and as denominators for the calculation of various rates and indicators. However, it is important to note here that the population of electoral wards are small and therefore minor changes in some of the factors used in these predictions may disproportionately affect their size. This renders long term predictions highly imprecise.
- 2) Figures may not add due to rounding

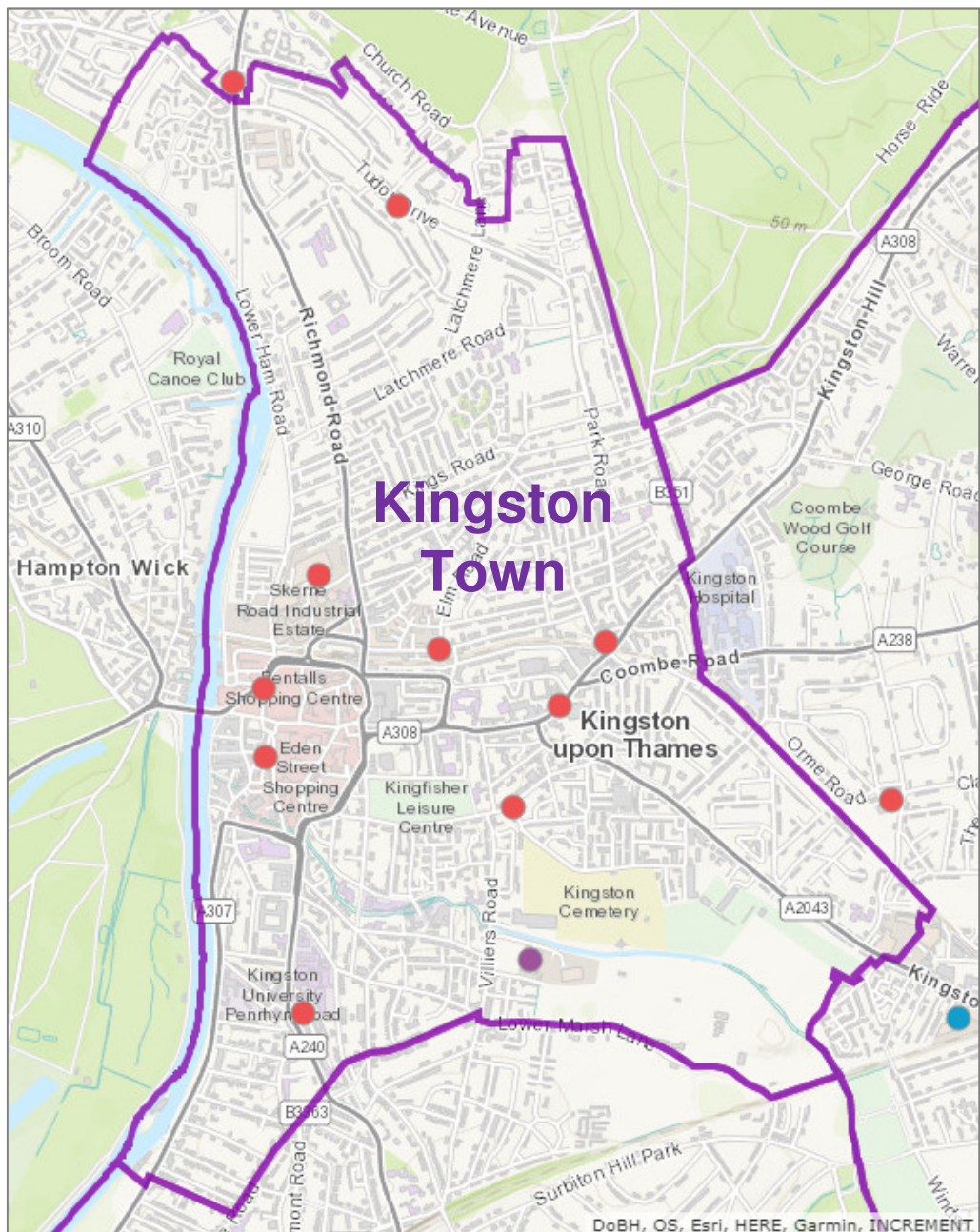
Source: 2015 Round of Demographic Projections - Ward projections, SHLAA-based; Capped Household Size model © GLA 2016

³⁸ 2015 Round of Demographic Projections – Ward Projections, SHLAA-based; Capped Household Size model. GLA 2016

³⁹ Local Health, Public Health England, 2017

⁴⁰ Pharmacies open after 7pm are classified as “Late Night Pharmacies” for the purpose of this PNA

Figure15: Pharmacies in Kingston Town locality, 2017



Note: ● denotes 40 hour pharmacies in the locality
 ● denotes Dispensing Appliance Contractor located in the borough

Malden and Coombe locality

Malden and Coombe Neighbourhood is made up of five wards – Beverley, Coombe Hill, Coombe Vale, Old Malden and St James.

This locality consists of mostly residential areas of varying density with a number of over-ground stations and major TfL bus routes running throughout the locality. Kingston Hospital NHS Foundation Trust site is partly located in Malden and Coombe. There are a number of golf courses and public parkland located within the locality. Figure 6 shows that most of the LSOAs in this locality are in 40% least deprived.

Table 43b shows population projections for wards in the Malden and Coombe locality. The highest population increase in this locality is estimated to be in the Coombe Hill ward. According to 2011 Census, 34.6% of the BAME population in Kingston reside in this locality. The 2011 Census also reported that 3,408(2.1%) people identified themselves as Korean and 4,012 (2.5%) as Sri Lankan in Kingston and many of these people are Malden and Coombe residents. In this locality, higher concentration of 65+ population is Old Malden and St James ward³⁸.

According to 2011 Census, 3.6% of the population in Malden and Coombe cannot speak English well or cannot speak English at all. 13.2% of the people residing in this ward have identified themselves as having limiting long term illness or disability. 28.2% of pensioners in this ward are living alone.

A & E attendance amongst children aged 0 to 4 years (rate per 1,000) is significantly high in this locality in comparison to England average.

The emergency hospital admissions for coronary heart disease and stroke in this locality are not significantly different from England average. The premature (under 75) mortality rates in this locality are significantly better than the England average.

There are 8 contractors in this locality, including one Distance Selling Pharmacy (DSP).

- Two pharmacies are open seven days a week.
- Seven pharmacies are open Monday through Saturday, of which two are open only up to the lunch hour on Saturday
- One pharmacy is open late night Monday through Friday
- Two pharmacies are open on Sunday

Table 43b: Projections of the electoral wards population of Malden & Coombe locality, 2015 to 2030

| Locality | Electoral Ward | 2015 | 2020 | 2025 | 2030 | % Change between 2015 & 2030 |
|-------------------|----------------|--------|---------------|---------------|---------------|------------------------------|
| Malden and Coombe | Beverley | 11,070 | 11,710 | 12,146 | 12,280 | 10.90% |
| | Coombe Hill | 10,960 | 11,290 | 12,026 | 12,397 | 13.10% |
| | Coombe Vale | 10,232 | 10,417 | 10,486 | 10,560 | 3.20% |
| | Old Malden | 9,915 | 10,057 | 10,334 | 10,533 | 6.20% |
| | St James | 9,415 | 9,501 | 9,573 | 9,659 | 2.60% |
| | Total | | 51,592 | 52,975 | 54,565 | 55,429 |

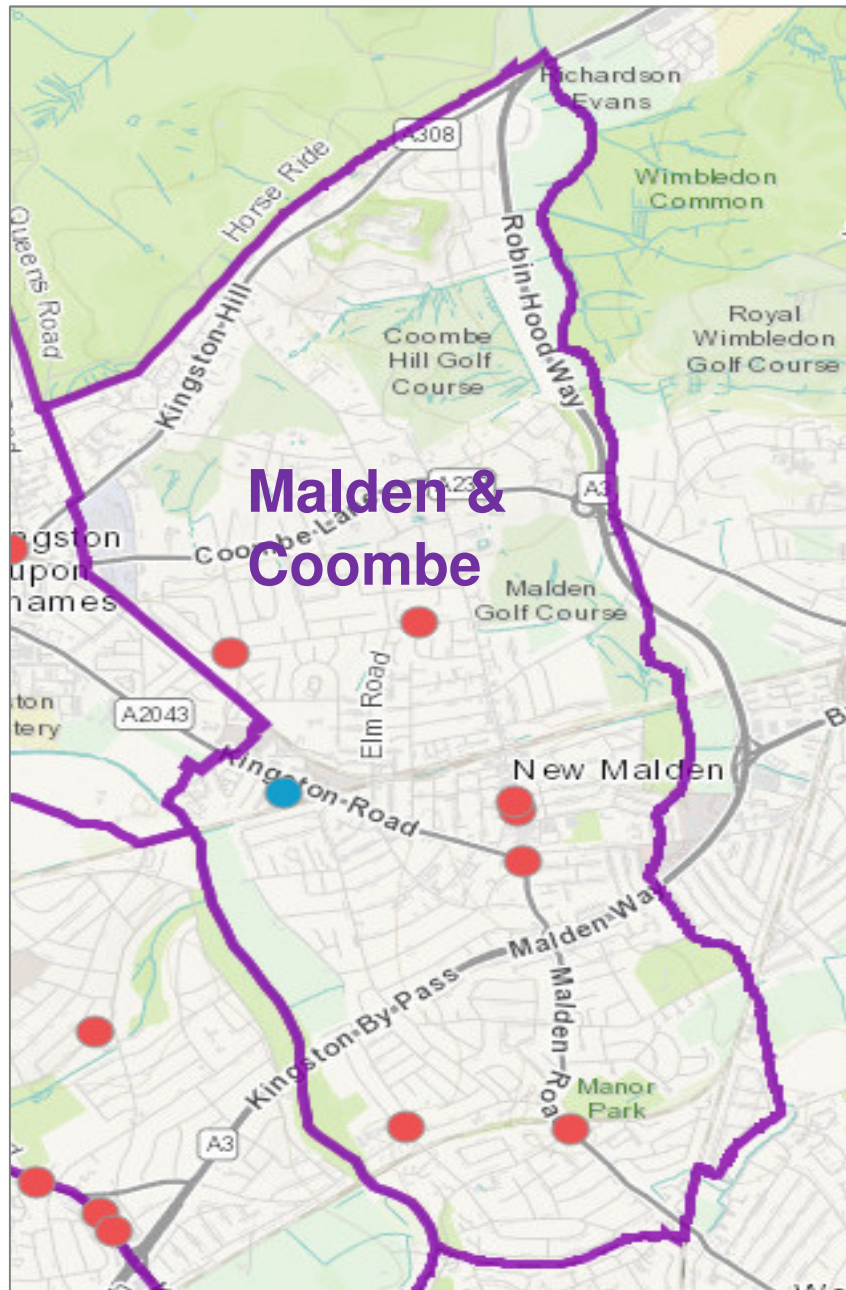
Note:

1) Small area population estimates are used by both central government departments and local authorities for a range of purposes including planning and monitoring of services and as denominators for the calculation of various rates and indicators. However, it is important to note here that the population of electoral wards are small and therefore minor changes in some of the factors used in these predictions may disproportionately affect their size. This renders long term predictions highly imprecise.

2) Figures may not add due to rounding

Source: 2015 Round of Demographic Projections - Ward projections, SHLAA-based; Capped Household Size model © GLA 2016

Figure 16: Pharmacies in Malden and Coombe locality, 2017



Note: ● denotes 40 hour pharmacies in the locality
● denotes Distance Selling Pharmacy located in the borough

Surbiton locality

Surbiton locality is made up of four wards – Alexandra, Berrylands, St Marks and Surbiton Hill. All the wards in this locality are residential with varying population densities. Surbiton Hill contains Surbiton over-ground station and associated shopping and commercial area. The southern part of Alexandra ward contains large areas of parkland. There are a number of over-ground stations and major TfL bus routes running throughout the locality.

This locality is in the centre of the borough and has a population of 42,899 in 2015, which is projected to increase by an average of 8% by 2030, with the highest increase expected in Alexandra ward (Table 43c). Surbiton Hill ward is the least deprived ward in this locality.

In this locality, St Marks ward has the highest proportion of working age adults (i.e. people aged 18 to 64 years). The 65+ population in this locality is mainly concentrated in Alexandra and Berrylands ward³⁸.

21.9% of the population in this locality is BAME and 1.8% cannot speak English well (2011 Census).

According to 2011 Census, 12.2% of the population in Surbiton locality have identified themselves to have limiting long term illness or disability. 2011 Census also highlights that the number of pensioners (37.6%) living alone in this locality is significantly higher compared to England.

The incidence rate of colorectal and prostate cancer in this locality is higher than Kingston but not significantly different from England average. The premature (under 75) mortality rates for cancer, circulatory diseases and coronary heart disease in this locality are not significantly different from the England average.

There are 10 contractors in this locality, including one 100 hour pharmacy.

- Two pharmacies are open seven days a week.
- Nine pharmacies are open Monday through Saturday, of which three are open only up to the lunch hour on Saturday
- Two pharmacies are open late night Monday through Saturday (including the hundred hour pharmacy) and one is open late night from Monday through Friday
- Four pharmacies are open on Sunday

Table 43c: Projections of the electoral wards population of Surbiton locality, 2015 to 2030

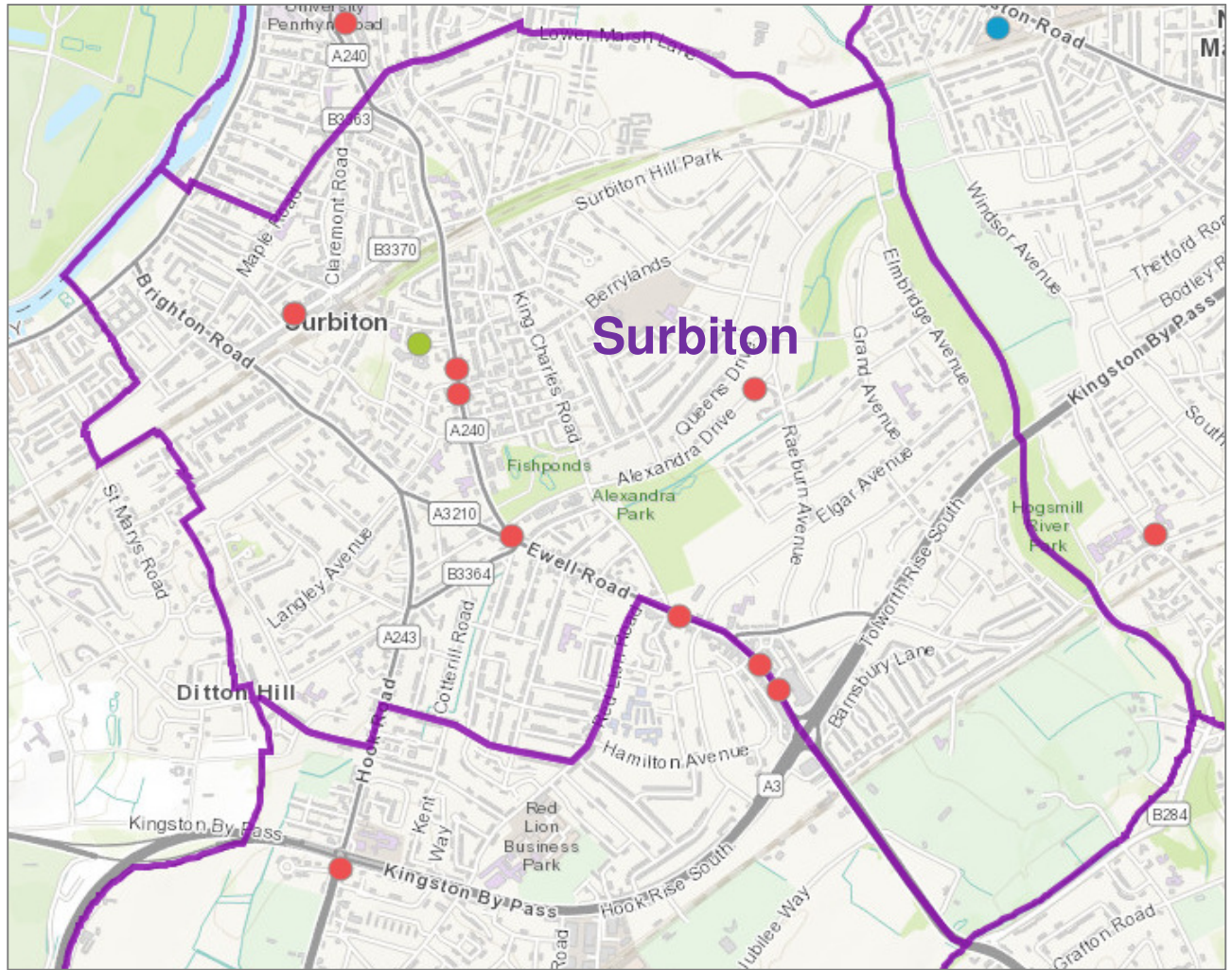
| Locality | Electoral Ward | 2015 | 2020 | 2025 | 2030 | % Change between 2015 & 2030 |
|----------|----------------|---------------|---------------|---------------|---------------|------------------------------|
| Surbiton | Alexandra | 9,896 | 10,337 | 10,806 | 10,976 | 10.90% |
| | Berrylands | 10,199 | 10,447 | 10,755 | 10,908 | 7.00% |
| | St Mark's | 11,612 | 11,826 | 12,213 | 12,458 | 7.30% |
| | Surbiton Hill | 11,192 | 11,573 | 12,033 | 12,099 | 8.10% |
| | Total | 42,899 | 44,183 | 45,807 | 46,441 | 8.30% |

Note:

- 1) Small area population estimates are used by both central government departments and local authorities for a range of purposes including planning and monitoring of services and as denominators for the calculation of various rates and indicators. However, it is important to note here that the population of electoral wards are small and therefore minor changes in some of the factors used in these predictions may disproportionately affect their size. This renders long term predictions highly imprecise.
- 2) Figures may not add due to rounding

Source: 2015 Round of Demographic Projections - Ward projections, SHLAA-based; Capped Household Size model © GLA 2016

Figure 17: Pharmacies in Surbiton locality, 2017



Note: ● denotes 40 hour pharmacies in the locality
● denotes 100 hour pharmacy

South of the Borough locality

South of the Borough locality is made up of three wards – Chessington North & Hook, Chessington South and Tolworth & Hook Rise. The north of the locality is much more densely populated but also contains parkland. There are a number of over-ground stations and major TfL bus routes running throughout the locality. The South Chessington ward is a much less densely populated area characterised by large open spaces of parkland and woodland including the theme park Chessington World of Adventures.

Table 43d shows population projections for wards in the South of Borough locality and estimates the population in this locality to grow by nearly 14% by 2030. The highest population increase will be in Tolworth and Hook Rise ward. In this locality, the 65+ population is mainly concentrated in Chessington and North Hook ward³⁸.

According to 2011 Census, 18.5% of people residing in this locality are from BAME groups and 1.8% of the population cannot speak English. The 2011 Census also reported that 13.8% of the people in this locality have identified themselves as having a limiting long term illness or disability. 30.8% of pensioners in this ward are living alone.

A& E attendance amongst children aged 0 to 4 years (rate per 1,000) is significantly worse in this locality in comparison to the England average.

The emergency hospital admission rates for coronary heart disease and stroke in the South of Borough locality are not significantly different from the England average. The premature (under 75) mortality rates (under 65 and under 75) in this locality are significantly better than England average.

The incidence ratios for prostate cancer in this locality are higher than the Kingston and England values but the differences are not statistically significant in comparison to England.

There are 5 contractors in this locality, including one Distance Selling Pharmacy (DSP).

- One pharmacy is open seven days a week.
- Three pharmacies are open Monday through Saturday
- One pharmacy is open late night Monday through Friday
- One pharmacy is open on Sunday

Table 43d: Projections of the electoral wards population of South of Borough locality, 2015 to 2030

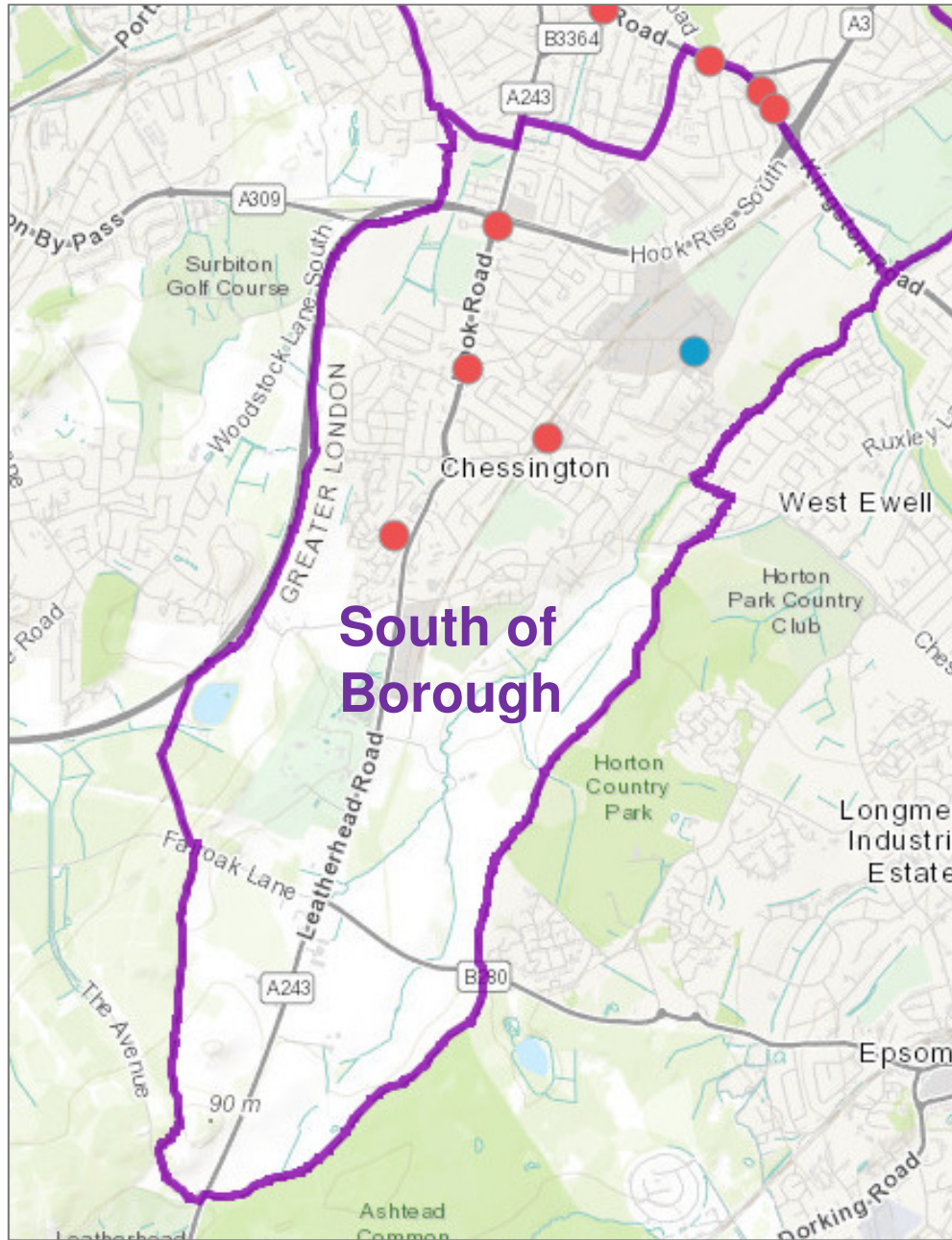
| Locality | Electoral Ward | 2015 | 2020 | 2025 | 2030 | % Change between 2015 & 2030 |
|------------------|----------------------------|---------------|---------------|---------------|---------------|------------------------------|
| South of Borough | Chessington North and Hook | 9,120 | 9,153 | 9,213 | 9,243 | 1.30% |
| | Chessington South | 10,866 | 11,168 | 11,707 | 12,159 | 11.90% |
| | Tolworth and Hook Rise | 10,510 | 11,913 | 12,935 | 13,302 | 26.60% |
| | Total | 30,496 | 32,234 | 33,855 | 34,704 | 13.80% |

Note:

- 1) Small area population estimates are used by both central government departments and local authorities for a range of purposes including planning and monitoring of services and as denominators for the calculation of various rates and indicators. However, it is important to note here that the population of electoral wards are small and therefore minor changes in some of the factors used in these predictions may disproportionately affect their size. This renders long term predictions highly imprecise.
- 2) Figures may not add due to rounding

Source: 2015 Round of Demographic Projections - Ward projections, SHLAA-based; Capped Household Size model © GLA 2016

Figure 18: Pharmacies in South of Borough locality, 2017



Note: ● denotes 40 hour pharmacies in the locality
● denotes Distance Selling Pharmacy located in the borough

8 Other services that may impact on pharmaceutical services

The following services are deemed, by the HWB, to affect the need for pharmaceutical services within its area:

1. Hospital pharmacies – reduce the demand for the dispensing essential service as prescriptions written in the hospital are dispensed by the hospital pharmacy service.
2. Personal administration of items by GPs – as above this also reduces the demand for the dispensing essential service. Items are sourced and personally administered by GPs and/or practice nurses thus saving patients having to take a prescription to a pharmacy, for example for a vaccination, in order to then return with the vaccine to the practice so that it may be administered.
3. GP out of hours service may increase demand for pharmaceutical services
4. Locally Commissioned Services by Kingston council
5. Sexual health services provided by a variety of organisations
6. Access to palliative drugs commissioned by Kingston CCG
7. Other services commissioned by Kingston CCG – these community based services require a number of prescriptions to be dispensed by pharmacies.
8. Dental and Optometry contractors

There are no other specialist services at this time impacting on pharmaceutical services. There are no known plans in place regarding managing social care aids or equipment via pharmacies. There are currently no planned changes in primary medical services that will impact on pharmaceutical services.

8.1 Hospital pharmacies

There is one hospital in Kingston HWB area, Kingston Hospital NHS Foundation Trust. It is a district general hospital with approximately 520 beds and directly employs some 2,750 staff directly with another 300 staff employed by contractors but working on behalf of the Trust. (*NHS choices October 2017*)

Patients attending, on either an inpatient or outpatient basis, may require prescriptions to be dispensed. The main hospital site has a pharmacy where patients will normally collect their medicines and devices. Boots manage the in house pharmacy at Kingston Hospital.

8.2 Personal administration of items by GPs

Under their medical contract with NHS England there will be occasion where a GP practice personally administers an item to a patient.

Generally when a patient requires a medicine or appliance their GP will give them a prescription which they take to their preferred pharmacy. In some instances however the GP will supply the item against a prescription and this is referred to as personal administration as the item that is supplied will then be administered to the patient by the GP or a nurse. This is different to the dispensing of prescriptions and only applies to certain specified items for example vaccines, anaesthetics, injections, intra-uterine contraceptive devices and sutures.

For these items the practice will produce a prescription however the patient is not required to take it to a pharmacy, have it dispensed and then return to the practice for it to be administered.

8.3 GP out of hours service / extended hours

Beyond the normal working hours that GP practices open, there is a GP out of hours (OOH) service. This OOH service takes the form of an initial telephone consultation where the doctor may attend the patient's home or request the patient to access one of the clinics. The clinics and travelling GPs have a stock of medicines and depending on the patient and their requirements they may be given medicines from stock or a prescription issued for dispensing at a pharmacy.

In addition to the OOH service which runs outside of normal working hours, Kingston CCG has received non-recurrent funding from NHS England for 3 primary care access hubs, which are open weeknights 6.30-8pm and at weekends. The funding started in 2016/17 and will span 3 years.

Prescriptions from out of hours services may be dispensed by pharmacies with longer opening hours.

Extended GP Opening hours impacting on pharmaceutical services

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

Kingston CCG has received non-recurrent funding from NHS England for 3 primary care access hubs, which are open weeknights 18.30 to 20.00 and at weekends. The funding started in 2016/17 and will span 3 years. It is expected that this extra primary care capacity will relieve pressure on A&E services. This will be monitored.

Table 44: Extended GP Opening hours

| Kingston Extended Primary Care Service | | Appointments provided and booked (used) in Apr – Aug 2017 | | |
|--|-----------|---|--------------|----------|
| | | Total provided | Total booked | Booked % |
| Surbiton hub | Mon – Fri | 1,518 | 1,304 | 85.90% |
| | Saturday | 2,266 | 1,631 | 71.98% |
| | Sunday | 2,159 | 1,275 | 59.06% |
| | Total | 5,943 | 4,210 | 70.84% |
| Kingston hub | Mon – Fri | 1,268 | 1,099 | 86.67% |
| | Saturday | 1,694 | 689 | 40.67% |
| | Sunday | 619 | 147 | 23.75% |
| | Total | 3,581 | 1,935 | 54.04% |
| Chessington hub | Mon- Fri | 1,077 | 914 | 84.87% |
| | Saturday | 1,111 | 320 | 28.80% |
| | Sunday | 627 | 171 | 27.27% |
| | Total | 2,815 | 1,405 | 49.91% |
| ALL 3 x HUBS | Mon – Fri | 3,863 | 3,317 | 85.87% |
| | Saturday | 5,071 | 2,640 | 52.06% |
| | Sunday | 3,405 | 1,593 | 46.78% |
| | Total | 12,339 | 7,550 | 61.19% |

Source: Kingston CCG, 2017

Weekday usage across all of the hubs is at expected levels. However, weekend usage is much lower; whilst Saturdays are low (52%), Sundays are much lower again (46.78%), especially within the Chessington hub where only one in three spaces are used.

Both the Surbiton and Chessington hubs have community pharmacies located within the premises, and the Kingston hub has several pharmacies around it in close proximity. The pharmacy in the Surbiton hub is the 100 hour pharmacy and is open during all hub opening hours. The pharmacy in the Chessington hub closes at 1900 hrs Mon – Fri and is closed Saturdays and Sundays, however there is another pharmacy close by that opens late nights and weekends. There is a late night and weekend opening pharmacy near the Kingston hub.

8.4 Services commissioned by Kingston Council

Since 1st April 2013 Kingston Council has been responsible for the commissioning of some public health services and this has impacted on the need for pharmaceutical services.

Kingston council commissions the following public health services from pharmacies:

- Stop smoking
- Alcohol screening
- Needle and syringe exchange
- Supervised consumption of methadone and buprenorphine
- Chlamydia screening
- Chlamydia treatment (Patient Group Direction service)
- Emergency hormonal contraception (Patient Group Direction service)
- C-card scheme
- NHS Health Checks

As at the beginning of October 2017:

- 10 pharmacies provide the emergency hormonal contraception, chlamydia screening & treatment as a combined sexual health service model
- 10 pharmacies provide the C-card scheme
- 9 pharmacies provide a needle exchange service
- 11 pharmacies provide supervision service for the consumption of methadone/buprenorphine
- 13 pharmacies provide alcohol screening service
- 23 pharmacies provide stop smoking service
- 2 pharmacies provide NHS health checks

Stop smoking service

This service is commissioned by Kingston Council as a LCS. Pharmacies are just one of several providers of this service.

Alcohol and substance misuse

Needle and syringe exchange services are an integral part of the harm reduction strategy for drug users. It aims to:

- Reduce the spread of blood borne pathogens e.g. Hepatitis B, Hepatitis C, HIV
- Act as a referral point for service users to other health and social care services

There is established evidence to support the effectiveness of needle exchange services with long term health benefits to drug users and the whole population.

Supervised Administration involves the client consuming methadone or buprenorphine under the direct supervision of a pharmacist in a community pharmacy. It is a medicines adherence service which aims to

- Reduce the risk of harm to the client by over or under usage of drug treatment
- Reduce the risk of harm to the local community by the inappropriate use of prescribed medicines via the illicit drug market
- Reduce the risk of harm to the community by accidental exposure to prescribed medicines

There is a compelling evidence to support the effectiveness of supervised administration with long term health benefits to drug users and the whole population.

Pharmacies screen patients opportunistically using a screening tool called AUDIT-C which consists of three questions. Screening will apply to all patients who are aged 16 or over who live in Kingston or who are registered with a Kingston GP. If a patient is identified as having a positive score of 5 and above, the remaining questions of the ten question AUDIT questionnaire are used to determine low, increasing, high or dependent patterns of drinking. If a patient is identified as increasing risk following a full AUDIT score of 8-15, then the Pharmacist will offer a brief intervention and offer a referral to e-drink-check.kingston.gov.uk. A brief intervention is a five minute discussion offering advice and information around the patient's levels of drinking alcohol. If a patient's drinking pattern is identified as harmful (score of 16+) then the patient will be referred to specialist substance misuse services (available by GP prescribing or the Kingston Wellbeing Service).

Sexual Health

Emergency Hormonal Contraception (EHC)

There is a very strong evidence base for the use of EHC in reducing unplanned or unwanted pregnancies especially within teenage years. Its use forms part of an overall national strategy to reduce the rate of teenage pregnancy with England. The drugs Levonorgestrel and Ulipristal Acetate are used for emergency hormonal contraception. Through this service they are supplied under a patient group direction (PGD) to women who meet the criteria for inclusion of the PGD and service specification. Note the drugs can also be prescribed using an FP10 prescription. They may also be bought as over the counter medication from pharmacies, however the user must be 16 years or over hence the need for a PGD service within pharmacies which provides free access from 13 to 24 years of age.

Reducing the Transmission of and Rate of Undiagnosed HIV and STIs

The growing incidence of HIV and Sexually Transmitted Infections (STIs) can only be stopped through the systematic introduction of health promotion, screening, STI testing, and prompt follow-up for both patients and their partners throughout the borough.

Attaining prompt diagnosis and treatment and therefore reducing the spread of infection whilst improving the patient experience of sexual health services is critical. Establishing service standards, definitive care pathways and targeted and appropriate services. Introduction into non-traditional settings responding to local need bringing sexual health services closer to the community

Pharmacy based screening and treatment services for STI can help achieve all of the above.

C card scheme

Pharmacies are also providing the C-card scheme. This is a service providing free condoms to young people and is commissioned as a pan-London service. The service registers young people 13-24 years on the pan London C-card scheme and provides condoms to young people presenting for further free supplies.

NHS Health Checks

The NHS Health Checks programme was introduced in Kingston in 2009 to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions or have certain risk factors, is eligible to have a check (once every five years) to assess their risk of cardiovascular disease. All people identified with a medium or high risk are given support and advice to help them manage their risk.

The programme is provided in all GP practices, and in some pharmacies in the community targeting hard-to-reach population groups.

Considering all of the above locally commissioned services by Kingston local authority, there are elements of essential service provision which will help complement these services or address other health needs:

- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England.
- Where the pharmacy does not provide the relevant LCS, signposting people to other providers of the service.

In addition to dispensing prescriptions and provision of LCS, pharmacies can contribute to many of the public health issues, including the management of long-term conditions, as part of the essential services they provide, some examples are:

- Where a person presents a prescription, and they appear to have diabetes, be at risk of coronary heart disease (especially those with high blood pressure), smoke or are overweight, the pharmacy is required to give appropriate advice with the aim of increasing their knowledge and understanding of the health issues which are relevant to that person's circumstances.
- In addition to ensuring that people with long term conditions have access to drugs and medicines, pharmacies can contribute by providing accessible and comprehensive information and advice to carers about what help and support is available to them.
- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England and have previously included topics on healthy eating and physical activity.
- Signposting people using the pharmacy to other providers of services or support.

Provision of the six advanced services will also assist people to manage their long term conditions in order to maximise the quality of life.

As the above services are commissioned by Kingston Council, it is not envisaged that within the lifetime of this PNA there is, or will be, a need for them to be commissioned as part of pharmaceutical services. Should these services be terminated during the lifetime of the PNA service needs should be reviewed. At the time of writing there are no planned changes to the commissioning of public health services from community pharmacies, but this will be kept under review depending on the changing needs of the population.

8.5 Sexual health services delivered by other providers

Sexual health services delivered by other providers may reduce or remove the need for sexual health enhanced services to be commissioned by NHS England from pharmacies. There are a range of sexual health services across Kingston offering treatment, information, advice and support around a range of sexual health issues, including sexually transmitted infections, contraception, relationships, and unplanned pregnancy. [See Kingston Council/ sexual health services](#)

Contraception and Sexual health (CASH) Clinic

Hawks Road and Hollyfield House clinics offers contraception and sexual health services and confidential advice. Free pregnancy testing and well woman advice is also available. The clinics are open to any age group and no appointment is necessary.

The Wolverton Centre

This Centre specialises in sexually transmitted infections (STI's), contraception, HIV, and specialist genitourinary medicine services. The clinic is open to any age group and located at Kingston Hospital, Galsworthy Road, Kingston.

Ku19

Ku19 is Kingston's health service for young people aged 19 and under. Services available at the clinic include free condoms, emergency contraception, advice and information, pregnancy testing and more.

Additionally, GP practices offer sexual health screening services and some practices provide long acting reversible contraception, as well as other forms of contraception.

8.6 Services commissioned by Kingston CCG

Kingston CCG currently commissions one service from pharmacies – access to palliative care drugs 24 hours per day for 365 days per year.

There is one pharmacy commissioned to deliver this service.

The service is for patients registered with a GP within Kingston CCG, and aims to supplement the GP out of hours service, and when the patient's regular pharmacy is closed. The purpose is to supply palliative care drugs within the community in a timely manner for patients, carers and health professionals. National guidance recommends that palliative care formularies should be agreed as part of end of life care pathways and there should be adequate provision to these drugs for both in hours and out of hour's settings, which supports a person's choice to die at home.

As the service is commissioned by the CCG, it is not envisaged that within the lifetime of this PNA there is, or will be, a need for it to be commissioned as part of pharmaceutical services. Should these services be terminated during the lifetime of the PNA service needs should be reviewed.

Other community based services commissioned by Kingston CCG

The following community services are currently commissioned by Kingston CCG and will generate prescriptions to be dispensed by pharmacies:

- Community dermatology clinic
- Specialist treatment centre
- Minor injury unit

Should these services terminate during the lifetime of the PNA the work will most probably return to a hospital setting and prescriptions issued will be dispensed by one of the hospital pharmacies.

8.7 Future provision

Under Kingston's plans to integrate health and social care, provide care closer to home, enhance self-care, prevention and social prescribing, and create locality health and wellbeing hubs (through the STP, Kingston Co-ordinated Care and the Better Care Fund initiatives), the Health and Wellbeing Board anticipates an impact on the requirements and need for community pharmacy in the future. The STP states that pharmaceutical services are seen as a key part of the new system of care for the population

8.8 Housing and development

Please refer to Appendix G and Kingston Council's Authority Monitoring Report (AMR) 2015/16 for further details of known developments during the writing of this PNA. The developments listed in the AMR 2015/16 were taken into account when drawing conclusions in this PNA. Some key residential schemes that are in the planning stages and are likely to come forward in the next three years are:

- **Gas Holder Site, Richmond Road, North Kingston:** At the time of preparing this PNA, construction 328 new residential units on the site (to be known as Queenshurst) was well under way.
- **Kingsgate Business Centre, Kingsgate Road, North Kingston:** Planning permission has been granted to redevelop this site into a new 228-bedroom student halls of residence as part of a mixed-use scheme.
- **Former Post Office Site, Brook Street, Kingston Town Centre:** Planning permission has been granted for the redevelopment of this site into 319 new residential units as part of a mixed-use scheme.

The Council's Kingston Futures initiative is promoting significant additional residential development within the borough. Kingston Council has also published the Direction of Travel - a document jointly-prepared with the Mayor of London that sets out areas of opportunity to help realise the potential to provide new jobs, homes and investment in the borough.

Currently there are no confirmed future developments that are likely to significantly alter demand for pharmaceutical services in the next three years, however Kingston is going through a rapid period of growth and any changes to development plans during the lifetime of this PNA should be reviewed in relation to any pharmaceutical and wider health needs.

8.9 Primary Care developments

Over recent years a number of GP practices have merged. The current GP practices in Kingston are shown in Table 4. The plan for GP practices to work together in hub arrangements continues, as does the plan to provide extended GP opening times for the next three years.

There is a strong push to improve quality of primary care, and to move some care that has traditionally been in hospitals back to practices. A primary mental health care service is being piloted.

There is adequate provision in Kingston to meet the needs of the above changes and we do not foresee any benefit in new pharmaceutical provision.

9 Health needs that can be met by pharmaceutical services

This is not an exhaustive list and this section provides examples of how pharmaceutical services in Kingston can meet some of the health needs of the population.

Appendix F contains a summary list of pharmacies providing enhanced and LCS.

Meeting health needs through essential services

There are six essential services listed below. These services must be offered by all pharmacy contractors during all opening hours of the pharmacy as part of the NHS Community Pharmacy Contractual Framework

- ES1 Dispensing Medicines & Dispensing Appliances
- ES2 Repeat Dispensing
- ES3 Disposal of Unwanted Medicines
- ES4 Public Health (Promotion of a healthy lifestyle)
- ES5 Signposting
- ES6 Support for Self-care

Medicines management is vital in the successful control of many long term conditions e.g. circulatory diseases, mental health, diabetes and in turn will have a positive impact on morbidity and mortality. Disease specific guidance such as that published by the National Institute for Clinical & Healthcare Excellence (NICE) regularly emphasises the importance of medicines optimisation and adherence in control of conditions such as hypertension, asthma and stroke.

ES1 and ES2 support patients living with long term conditions by providing timely supply of medicines and advice to patients. ES2 may be of particular benefit to patients on lifelong medicines as part of their treatment e.g. statins or insulin

Using ES3, pharmacies can direct patients in the safe disposal of prescribed medicines and reduce the risk of hoarding medicines at home which may increase the risk of errors in taking medicines or in taking out of date medicines. This does not include items such as diabetic needles, nursing and residential medicines waste, nor waste from GPs surgeries.

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

ES4 provides the ability to

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

Community pharmacy also plays a vital role in the management of minor ailments and self-care. Evidence shows that community pharmacists are potentially the most accessed healthcare professionals in any health economy (Pharmacy White Paper , 2008) and are an important resource in supporting people in managing their own self-care and in directing people to the most appropriate points of care for their symptoms (Pharmacy White Paper, 2008). Although the evidence base is currently very small in measuring the effectiveness and cost effectiveness of community pharmacies contribution to urgent care, emergency care and unplanned care, there is a growing recognition of the importance of research into this role.

Using ES5, pharmacies can signpost patients and carers about local and national sources of information and reinforce those sources already promoted. They can also direct patients to the appropriate care pathways for their condition. As part of Level 2 Healthy Living Pharmacies in Kingston, pharmacies have

access to signpost and refer patients and carers into voluntary and community social services to support and improve their wellbeing.

Through ES6 pharmacy staff can advise patients and carers on the most appropriate choices for self-care and also direct queries to the pharmacist for further advice when purchasing over the counter medicines or general sales lists products. Some over the counter medicine are contraindicated e.g. decongestant use in circulatory disease where inappropriate use could increase the risk of an unplanned hospital admission. Equally some symptoms can be much more significant than might first appear. E.g. a pharmacist may be alerted to foot conditions in a diabetic during an attempted purchase of an over the counter medicines and in this instance the pharmacist can make an appropriate referral.

Meeting health needs through enhanced and advanced services

Evidence shows that up to half of medicines may not be taken as prescribed or simply not taken at all (source NICE). Advanced services have a role in highlighting issues with medicines or appliance adherence issues and in reducing waste through inappropriate or unnecessary use of medicines or appliances. Polypharmacy (use of multiple medicines by one person) is highly prevalent in long term conditions management. Advanced services provide an opportunity to identify issues with side effects, changes in dosage, confirmation that the patient understands the role of the medicine(s) or appliance(s) in their care and opportunities for medicine optimisation. Appropriate referrals can be made to GPs or other care settings resulting in patients receiving a better outcome from their medicines and in some cases cost saving for the CCG. Advanced services may also identify other issues such as general mental health and well-being issues providing an opportunity to signpost to other local services or a service within the pharmacy e.g. seasonal flu immunisation or repeat dispensing.

Promotion of self-care is an important aspect to the management of many long term conditions and advanced services provide an important opportunity for the pharmacist to do so. For example the importance of dry weight monitoring in heart failure management.

Pharmacies may provide enhanced services. These services are commissioned to meet an identified need in the local population. Depending on the service agreement used these service may or may not be accessible for all of the pharmacies opening hours.

Commissioning, delivery, and regulation of immunisation services are now shared at national level between NHS England, Public Health England (PHE), and the Department of Health (DH)

Immunisation is a key intervention to protect at risk groups, older people and those with long-term conditions against diseases such as seasonal flu or shingles which can cause additional health complications that can be associated with unplanned hospital admissions. Pharmacies are well placed to provide a range of immunisations.

In pharmacies, the vaccine is administered under a patient group direction (PGD) to patients who meet the criteria for inclusion of the PGD and service specification. There is a strong evidence base for the role of immunisation in reducing morbidity and mortality in the adult and child population (source WHO). For example, seasonal flu immunisation is established as an effective and cost effective intervention in reducing unplanned hospital admissions in many long term conditions, particularly respiratory disease.

10 Conclusions – [for the purpose of Schedule 1 to the 2013 Regulations]

Current provision – necessary and other relevant services

As required by paragraphs 1 and 3 of schedule 1 to the Regulations, Kingston HWB has had regard to the pharmaceutical services referred to in this PNA in seeking to identify those that are necessary, have secured improvements or better access, or have contributed towards meeting the need for pharmaceutical services in the area of the HWB.

Kingston HWB has determined that while not all provision was necessary to meet the need for pharmaceutical services, the majority of essential and advanced services of the current provision was likely to be necessary with that identified as enhanced services as providing improvement or better access without the need to differentiate in any further detail.

Necessary services (Essential and Advanced services) – gaps in provision

As required by paragraph 2 of schedule 1 to the Regulations, Kingston HWB has had regard to the following in seeking to identify whether there are any gaps in necessary services in the area of the HWB.

Access to essential and advanced services

In order to assess the provision of essential services against the needs of our population we consider access (travelling times and opening hours) as the most important factor in determining the extent to which the current provision of essential services meets the needs of the population.

Access to essential and advanced services during normal working hours

Kingston HWB has determined that the travel times as described in particular in section 7 to access essential services are reasonable in all the circumstances.

Based on the information available at the time of developing this PNA no current gaps in the need for provision of essential and advanced services during normal working hours have been identified.

Access to essential and advanced services outside normal working hours

In Kingston there is good access to essential services outside normal working hours in all 4 localities and across the HWB area. This due partly to a 100 hour pharmacy and partly due to the supplementary opening hours offered by all other pharmacies. It is not expected that any of the current pharmacies will reduce the number of core opening hours, indeed 100 hour pharmacies are unable to, and NHS England foresees no reason to agree a reduction of core opening hours for any service provider except on an ad hoc basis to cover extenuating circumstances.

Based on the information available at the time of developing this PNA no current gaps in the provision of essential and advanced services outside normal working hours have been identified.

Access to enhanced services

Insofar as only NHS England may commission these services, this PNA identify access to enhanced services as a relevant service and not a necessary service. Only one enhanced service which is Flu is currently commissioned in the Kingston HWB area.

Based on the information available at the time of developing this PNA no current gaps in the provision of enhanced services have been identified as being necessary. However Pharmacy contractors expressed an interest in providing additional enhanced services were they to be commissioned.

Future provision of necessary services

Kingston HWB has not identified any pharmaceutical services that are not currently provided but that will, in specified future circumstances, need to be provided in order to meet a need for pharmaceutical services.

Based on the information available at the time of developing this PNA no gaps in the need for pharmaceutical services in specified future circumstances have been identified.

Improvements and better access – gaps in provision

Kingston HWB considered the conclusion in respect of current provision as set out above and the information in respect of essential and advanced services. While it had not been possible to determine which current provision provided improvement or better access, the HWB was satisfied that some current provision did so. Kingston HWB has not identified services that would, if provided either now or in future specified circumstances, secure improvements to or better access to essential or advanced services.

Based on the information available at the time of developing this PNA no gaps have been identified in services that if provided either now or in the future would secure improvements, or better access, to services.

Access to essential and advanced services – present and future circumstances

Kingston HWB considered the conclusion in respect of current provision as set out above and the information in respect of essential and advanced services. While it had not been possible to determine which current provision of essential and advanced service by location or standard hours provided improvement or better access, the HWB was satisfied that some current provision did so. Kingston HWB has not identified services that would, if provided either now or in future specified circumstances, secure improvements to or better access to essential or advanced services.

Based on the information available at the time of developing this PNA no gaps have been identified in essential or advanced services that if provided either now or in the future would secure improvements, or better access, to essential services.

Current and future access to enhanced services

NHS England commissioned just one enhanced service (immunisation services) from pharmacies. It also commissions this service from other non-pharmacy providers, principally GP practices.

Many of the enhanced services listed in the 2013 directions are now commissioned by Kingston Council (public health services) or Kingston CCG (access to palliative care drugs) and so fall outside of the definition of both enhanced services and pharmaceutical services.

Based on the information available at the time of developing this PNA no gaps in respect of securing improvements, or better access, to enhanced services either now or in specified future circumstances have been identified.

Other Services

As required by paragraph 5 of schedule 1 to the 2013 Regulations, Kingston HWB has had regard in considering any other Services that may affect the determination in respect of pharmaceutical services in the area of the HWB.

Although falling outside the definition of both enhanced services and pharmaceutical services, it is noted there is good provision of choice and spread across the four Kingston localities of services commissioned by Kingston council, providing residents with services which lead to health improvement and better care and prevent ill health.

If these locally commissioned services ceased to be commissioned from Pharmacy, this may have an impact on health and wellbeing. Commissioning of local services from community pharmacy should be monitored and reviewed regularly to ensure access to these additional services are maintained.

Based on the information available at the time of developing this PNA no gaps in respect of securing improvements, or better access, to other NHS services now or in future circumstances have been identified.

How the assessment was carried out

As required by paragraph 6 of schedule 1 to the 2013 Regulations:

In respect of how the HWB considered whether to determine localities in its area for the purpose of this PNA, see section 3.8.

In respect of how the HWB took into account the different needs in its area, including those who share a protected characteristic, see section 7.

In respect of the consultation undertaken by the HWB, see Appendix H.

Map of provision

As required by paragraph 7 of schedule 1 to the 2013 Regulations, the HWB has published a map of premises providing pharmaceutical services see Figure 7, which also includes links to additional mapping to that required by regulation.

Kingston and Richmond Pharmaceutical Needs Assessment Steering Group Terms of Reference

Project Aim

To fulfil the duty of Richmond and Kingston Health and Wellbeing Boards (HWBs) to produce revised pharmaceutical needs assessments (PNAs) which will provide a rational basis to plan where resources need to be invested, to ensure that the commissioning of enhanced pharmaceutical services from community pharmacy is explicitly linked to national targets and local needs. NHS England must take account of PNAs in its commissioning decisions. The PNA complements the local Joint Strategic Needs Assessment (JSNA) which the Council and Clinical Commissioning Group (CCG) uses to inform commissioning of local services.

The current PNAs were published the 1st April 2015 in accordance with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013⁴¹ (hereafter, “the Regulations”) following extensive local engagement and analysis. The revised assessments will build on the existing evidence, taking into account developments in the strategic context and local need and provision.

Purpose

The purpose of the steering group is to:

- Oversee in the refresh of the PNAs for the London Borough of Richmond upon Thames and the Royal Borough of Kingston upon Thames, in line with the Regulations and Department of Health guidance⁴² to inform existing and future commissioning plans for the 2017/18 commissioning cycle and beyond.
- To ensure publication of the PNAs and recommendations therein by 31st March 2018.
- Coordinate collaboration across Kingston and Richmond to make efficient use of resources and in reflection of the common links to the Richmond and Kingston Local Pharmaceutical Committee and the integration of Kingston and Richmond Clinical Commissioning Group staffing, whilst retaining the sovereignty of the two boroughs and distinct assessments of their pharmaceutical needs.

Steering group members and key stakeholders

A multidisciplinary joint steering group has been established, comprising the following personnel from Kingston and Richmond with roles and responsibilities detailed:

Health and Wellbeing Board member organisations membership

Council Public Health and health intelligence - *Project manage, analyse and draft PNAs.*

- Anna Raleigh, Consultant in Public Health, Richmond and Wandsworth Councils
- Helen Raison, Consultant in Public Health, Kingston Council
- Karen Titterington, Sexual Health Improvement Specialist, Kingston Council
- Steven Bow, Business Intelligence Manager, Richmond and Wandsworth Councils
- Tejal Indulkar, Senior PH Intelligence Analyst, Kingston Council

⁴¹ <http://www.legislation.gov.uk/ukxi/2013/349/part/1/made>

⁴² <https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack>

- Shewa Melesse, Analyst Support Officer, Richmond and Wandsworth Councils
- Youssof Oskrochi, Public Health Registrar, Richmond and Wandsworth Councils

Clinical Commissioning Group (CCG)

Clinical and professional advice relating to medicines optimisation

- Emma Richmond, Chief Pharmacist, Richmond CCG (also representing Kingston CCG)

Ensure pharmacy is embedded within wider primary care landscape

- Kathryn MacDermott, Head of Planning & Primary Care Development, Kingston CCG (also representing Richmond CCG)
- Attracta Asika, Head of Commissioning, Primary and Urgent Care, Richmond CCG (also representing Kingston CCG)

Healthwatch

Support consultation on PNA and ensure public and patient voice is heard.

- Mike Derry, Chief Officer, Richmond Healthwatch
- Grahame Snelling, Chair of Trustees, Kingston Healthwatch

Key stakeholder membership

Local Pharmaceutical Committee (LPC) – *Representing and supporting liaison and communication with pharmacy contractors*

- Terry Silverstone, Chief Executive, Richmond and Kingston Local Pharmaceutical Committee

Local Medical Committee (LMC) – *Representing and supporting liaison and communication with general practice*

- Julius Parker, Chief Executive, Kingston & Richmond Local Medical Committee

General Practice providers – *Representing (some) locally commissioned services*

- Penny Taylor, Richmond General Practice Alliance (RGPA)

Key stakeholders for consultation

NHS England – *Responsibility to take account of PNAs in commissioning decisions, and to provide information to inform PNAs (i.e. pharmaceutical lists and details of services commissioned), but no responsibility for producing the PNAs themselves.*

Acute hospital trusts

- Kingston Hospital NHS Foundation Trust
- West Middlesex University Hospital

Community trusts

- Hounslow and Richmond Community Healthcare NHS Trust
- Your Healthcare Community Interest Company
- Central London Community Healthcare NHS Trust

Mental health trusts

- South West London and St George's Mental Health NHS Trust

Pharmacists and dispensing doctors

Neighbouring HWBs

The Joint Steering Group will meet at critical project dates for the term of the project with the first such meeting scheduled for the 31st August 2017

The Steering Group will reach decisions by consensus. When consensus cannot be achieved, decisions will be referred to each HWB.

Chair

The Steering Group will be co-chaired by Anna Raleigh (Consultant in Public Health, Richmond and Wandsworth Councils) and Helen Raison (Consultant of Public Health, Royal Borough of Kingston upon Thames), who are to be the PNA operational officers.

Key Functions of the Pharmaceutical Needs Assessment Steering Group

- Oversee the PNA process
- Ensure key project milestones are delivered to timescale
- Provide guidance to the project teams developing the PNAs
- Ensure consultation with all stakeholders
- Ensure that the outputs of the PNAs have “fit” with the wider health economy and priorities therein
- Ensure the PNAs are integrated with the HWB’s JSNAs
- Ensure that the PNAs are utilised to influence commissioning
- Responsible for considering the interdependencies and consequences of commissioning proposals emanating from the PNAs
- Responsible for approving the PNA before submission to the respective HWB
- Ensure interface between pharmacy and primary care

Accountability

The steering group will report to the HWBs.

Project Implementation Plan

Progress will be monitored against the milestones detailed within the PNA project plan. Updates on the project plan and milestones therein will be presented to the Steering Group at each meeting.

Deliverables

- Completion of a pharmaceutical needs assessment in line with national/guidance
- Recommend an appropriate range of services from Community Pharmacies which support or enhance primary care services in the area
- Maintain or improve levels of access to Pharmacy Services in the area

Appendix B Contractor questionnaire

Dear Colleague,

Kingston and Richmond Pharmaceutical Needs Assessment – Contractor Questionnaire

From 1 April 2013, every health and wellbeing board (HWB) in England has a statutory duty to publish and keep up-to-date a statement of the needs for pharmaceutical services for the population in its area. This document is referred to as a pharmaceutical needs assessment or PNA.

The Kingston and Richmond PNAs consider the current provision of pharmaceutical services across the two boroughs. They aim to identify whether current provision meets the needs of the populations of Kingston and Richmond, and whether there is sufficient capacity to meet needs that may arise during the lifetime of the documents.

The PNAs are used to inform community pharmacy commissioning decisions by Kingston and Richmond Councils, NHS England and Kingston and Richmond Clinical Commissioning Groups. To help inform the next generation PNAs from 2018 we need all pharmacies to complete a pharmacy questionnaire to ensure that all information about the pharmacy and the services the pharmacy provides is correct. This information will be included in the PNAs when they are published, and will help to identify gaps in service provision as part of the PNA process.

The pharmacy questionnaire is to complete online at the following link -
<https://pharmoutcomes.org/pharmoutcomes/>

The deadline for the completion of the questionnaire is Friday 8th September 2017, but please complete your pharmacy questionnaire promptly and accurately to ensure that the final PNAs are as accurate and comprehensive as possible.

If you have any questions, do not hesitate to get in touch with myself, or Karen Titterington (Public Health Commissioning Manager at Kingston Council) via karen.titterington@kingston.gov.uk

Kind regards,

Terry Silverstone
Kingston and Richmond LPC

PNA Pharmacy Questionnaire

Health and Wellbeing Board

Premises Details

| | |
|--|--|
| Contractor Code (ODS Code) | |
| Name of contractor (i.e. name of individual, partnership or company owning the pharmacy business) | |
| Trading Name | |
| Address of Contractor pharmacy | |
| Is this pharmacy one which is entitled to Pharmacy Access Scheme payments? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possibly |
| Is this pharmacy a 100-hour pharmacy? | <input type="checkbox"/> Yes |
| Does this pharmacy hold a Local Pharmaceutical Services (LPS) contract? (i.e. it is not the 'standard' Pharmaceutical Services contract) | <input type="checkbox"/> Yes |
| Is this pharmacy a Distance Selling Pharmacy? (i.e. it cannot provide Essential Services to persons present at or in the vicinity of the pharmacy) | <input type="checkbox"/> Yes |
| Pharmacy email address | |
| Pharmacy telephone | |
| Pharmacy fax (if applicable) | |
| Pharmacy website address (if applicable) | |
| Can the LPC store the above information and use it to contact you? | <input type="checkbox"/> Yes |

Core hours of opening

| Day | Open from | To | Lunchtime (From – To) |
|-----------|-----------|----|-----------------------|
| Monday | | | |
| Tuesday | | | |
| Wednesday | | | |
| Thursday | | | |
| Friday | | | |
| Saturday | | | |
| Sunday | | | |

Total hours of opening

| Day | Open from | To | Lunchtime (From – To) |
|-----------|-----------|----|-----------------------|
| Monday | | | |
| Tuesday | | | |
| Wednesday | | | |

| | | | |
|----------|--|--|--|
| Thursday | | | |
| Friday | | | |
| Saturday | | | |
| Sunday | | | |

Consultation facilities

There is a consultation area (meeting the criteria for the Medicines Use Review service) (tick as appropriate)

| | | |
|--|---|------------------------------|
| On premises | None, or | <input type="checkbox"/> |
| | Available (including wheelchair access), or | <input type="checkbox"/> |
| | Available (without wheelchair access), or | <input type="checkbox"/> |
| | Planned within the next 12 months, or | <input type="checkbox"/> |
| | Other (specify) | |
| Where there is a consultation area, is it a closed room? | | <input type="checkbox"/> Yes |

| | | |
|--|------------------------------------|--------------------------|
| During consultations are there hand-washing facilities | In the consultation area, or | <input type="checkbox"/> |
| | Close to the consultation area, or | <input type="checkbox"/> |
| | None | <input type="checkbox"/> |

| | |
|---|------------------------------|
| Patients attending for consultations have access to toilet facilities | <input type="checkbox"/> Yes |
|---|------------------------------|

| | | |
|----------|--|------------------------------|
| Off-site | The pharmacy has access to an off-site consultation area (i.e. one which the former PCT or NHS England local team has given consent for use) | <input type="checkbox"/> Yes |
| | The pharmacy is willing to undertake consultations in patient's home / other suitable site | <input type="checkbox"/> Yes |

| | |
|---|--|
| Languages spoken (in addition to English) | |
|---|--|

IT Facilities

Select any that apply.

| | |
|---|--------------------------|
| Electronic Prescription Service Release 2 enabled | <input type="checkbox"/> |
| NHSmail being used | <input type="checkbox"/> |
| NHS Summary Care Record enabled | <input type="checkbox"/> |
| Up to date NHS Choice entry | <input type="checkbox"/> |

Healthy Living Pharmacies (HLP)

Select the one that applies.

| | |
|---|--------------------------|
| The pharmacy has achieved HLP status | <input type="checkbox"/> |
| The pharmacy is working toward HLP status | <input type="checkbox"/> |
| The pharmacy is not currently working toward HLP status | <input type="checkbox"/> |

Services

Does the pharmacy dispense appliances?

| | |
|--|--------------------------|
| Yes – All types, or | <input type="checkbox"/> |
| Yes, excluding stoma appliances, or | <input type="checkbox"/> |
| Yes, excluding incontinence appliances, or | <input type="checkbox"/> |
| Yes, excluding stoma and incontinence appliances, or | <input type="checkbox"/> |
| Yes, just dressings, or | <input type="checkbox"/> |
| Other [identify] | |
| None | <input type="checkbox"/> |

Advanced services

Does the pharmacy provide the following services?

| | Yes | Intending to begin within next 12 months | No - not intending to provide |
|---|--------------------------|--|-------------------------------|
| Medicines Use Review service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| New Medicine Service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Appliance Use Review service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stoma Appliance Customisation service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flu Vaccination Service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NHS Urgent Medicine Supply Advanced Service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Enhanced⁴³ and Other Locally Commissioned Services

Which of the following services does the pharmacy provide, or would be willing to provide?

| | Currently providing under contract with the local NHS England Team | Currently providing under contract with CCG | Currently providing under contract with Local Authority | Willing to provide if commissioned | Not able or willing to provide |
|----------------------------------|--|---|---|------------------------------------|--------------------------------|
| Anticoagulant Monitoring Service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

⁴³ 'Enhanced Services' are those commissioned by the local NHS England Team. CCGs and Local Authorities can commission Other Locally Commissioned Services that are equivalent to the Enhanced Services, but for the purpose of developing the PNA are called 'Other Locally Commissioned Services' not 'Enhanced Services'

| | Currently providing under contract with the local NHS England Team | Currently providing under contract with CCG | Currently providing under contract with Local Authority | Willing to provide if commissioned | Not able or willing to provide |
|---|--|---|---|------------------------------------|--------------------------------|
| Anti-viral Distribution Service ⁽⁴⁴⁾ | <input type="checkbox"/> ⁽²⁾ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Care Home Service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Chlamydia Testing Service ⁽²⁾ | <input type="checkbox"/> ⁽²⁾ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Chlamydia Treatment Service ⁽²⁾ | <input type="checkbox"/> ⁽²⁾ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Contraceptive service (not EC) ⁽²⁾ | <input type="checkbox"/> ⁽²⁾ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Disease Specific Medicines Management Service: | | | | | |
| Allergies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Alzheimer's/dementia | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Asthma | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CHD | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| COPD | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Depression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetes type I | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetes type II | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Epilepsy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Heart Failure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hypertension | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Parkinson's disease | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (please state) | | | | | |
| Emergency Contraception Service ⁽²⁾ | <input type="checkbox"/> ⁽²⁾ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emergency Supply Service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gluten Free Food Supply Service (i.e. not via FP10) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

⁴⁴ These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the local NHS England Team. The local NHS England Team may commission them on behalf of the CCG or Local Authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'

| | Currently providing under contract with the local NHS England Team | Currently providing under contract with CCG | Currently providing under contract with Local Authority | Willing to provide if commissioned | Not able or willing to provide |
|---|--|---|---|------------------------------------|--------------------------------|
| Home Delivery Service (not appliances) ⁽²⁾ | <input type="checkbox"/> ⁽²⁾ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Independent Prescribing Service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If currently providing an Independent Prescribing Service, what therapeutic areas are covered? | | | | | |
| Language Access Service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medication Review Service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medicines Assessment and Compliance Support Service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Minor Ailment Scheme | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MUR Plus/Medicines Optimisation Service ⁽²⁾ | <input type="checkbox"/> ⁽²⁾ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If currently providing an MUR Plus/ Medicines Optimisation Service, what therapeutic areas are covered? | | | | | |
| Needle and Syringe Exchange Service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Obesity management (adults and children) ⁽²⁾ | <input type="checkbox"/> ⁽²⁾ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Not Dispensed Scheme | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| On Demand Availability of Specialist Drugs Service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Out of Hours Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Patient Group Direction Service (name the medicines covered by the Patient Group Direction) | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Phlebotomy Service ⁽²⁾ | <input type="checkbox"/> ⁽²⁾ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prescriber Support Service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | Currently providing under contract with the local NHS England Team | Currently providing under contract with CCG | Currently providing under contract with Local Authority | Willing to provide if commissioned | Not able or willing to provide |
|---|--|---|---|------------------------------------|--------------------------------|
| Schools Service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Screening Service | | | | | |
| Alcohol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cholesterol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gonorrhoea | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H. pylori | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HbA1C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hepatitis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HIV | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (please state) | | | | | |
| Seasonal Influenza Vaccination Service ⁽²⁾ | <input type="checkbox"/> ⁽²⁾ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other vaccinations⁽²⁾ | | | | | |
| Childhood vaccinations | <input type="checkbox"/> ⁽²⁾ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hepatitis (at risk workers or patients) | <input type="checkbox"/> ⁽²⁾ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HPV | <input type="checkbox"/> ⁽²⁾ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Travel vaccines | <input type="checkbox"/> ⁽²⁾ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other – (please state) | | | | | |
| Sharps Disposal Service ⁽²⁾ | <input type="checkbox"/> ⁽²⁾ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stop Smoking Service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Supervised Administration Service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Supplementary Prescribing Service (what therapeutic areas are covered?) | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Vascular Risk Assessment Service (NHS Health Check) ⁽²⁾ | <input type="checkbox"/> ⁽²⁾ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Non-commissioned services

Does the pharmacy provide any of the following?

| | |
|---|--------------------------|
| Collection of prescriptions from GP practices | <input type="checkbox"/> |
| Delivery of dispensed medicines – Free of charge on request | <input type="checkbox"/> |
| Delivery of dispensed medicines – Selected patient groups (list criteria) | |
| Delivery of dispensed medicines – Selected areas (list areas) | |
| Delivery of dispensed medicines - Chargeable | <input type="checkbox"/> |
| Monitored Dosage Systems – Free of charge on request | <input type="checkbox"/> |
| Monitored Dosage Systems – chargeable | <input type="checkbox"/> |

| | |
|---|--------------------------|
| Is there a particular need for a locally commissioned service in your area? If so, what is the service requirement and why. | <input type="checkbox"/> |
|---|--------------------------|

Details of the person completing this form:

| | |
|---|--------------------------|
| Contact name of person completing questionnaire, if questions arise | Contact telephone number |
| | |

Appendix C Consultation Report

In accordance with legislation, the draft PNA was consulted on for a period of 63 days from 24 November 2017 until 26 January 2018.

Invitations to participate in the consultation were sent to local LPC, LMC, Health Watch, all contractors on the pharmaceutical list, local community voluntary agency, local NHS foundation trust, NHS England, neighbouring HWBs, and the public were also able to engage in the process via the council website and social media.

Participants were invited to access the process via an online portal, and additionally there was the option to have paper copies sent out. No paper copies were requested.

The online portal had 74 visits. 41 of these were informed visits where people either downloaded the draft PNA or accessed multiple pages of the site. 8 respondents engaged in the process and submitted survey responses (see below)

| Question | Agree | Neither agree nor disagree | Disagree | Don't know / can't say |
|--|-------|----------------------------|----------|------------------------|
| The PNA does not identify any gaps in provision of pharmaceutical services | 2 | 2 | 2 | 2 |
| Do you agree with the other conclusions in draft PNA | 2 | 2 | 3 | 1 |
| How accurately does PNA reflect current provision of pharmaceutical services | 3 | 3 | 1 | 1 |
| How accurately does PNA reflect current pharmaceutical needs of population, including people with a protected characteristic | 4 | 2 | | 2 |
| How accurately does PNA reflect future pharmaceutical needs of population (next 3 years) | 2 | 3 | 2 | 1 |

Details of other feedback received:

1. If the population of Kingston is increasing, then why are we shutting down surgeries without adequate replacements for healthcare? Therefore have overstretched the provision from existing surgeries. OOH (out of hours) in the new hubs is still promoted as appointment only rather than 'walk in' model – therefore uptake figures can be inaccurate especially for weekends.

When practices have shut down there is engagement done with the patients of the practices and other local practices to ensure they are able to manage the increase in demand of these patients, this includes support to recruit extra staff to support. The last practice closure in Kingston was in 2016. In 2017 there was a practice merger between two practices, with all of the staff being offered to move to the new practice, patient care was not affected as they always had a GP. Our practices in Kingston work in a collaborative manner, epitomised in the GP Federation and provide enhanced services to the population of Kingston.

The 'OOH Hubs' are extended primary care access, they are not walk in centres, they are offering a primary care service, beyond the core GP contract. Kingston CCG receives figures from the provider of the number of appointments they offer on a monthly basis and the number of appointments used as well as patients who do not attend.

2. “Feel there is no need for DSP (Distance Selling Pharmacies) these do not provide any other services except dispensing which can be provided by all local pharmacies adequately”

Distance Selling Pharmacies were introduced in 2005. They were one of four categories of applications that were exempt from control of entry system and continue to exist under NHS Pharmaceutical regulations.

3. A neighbouring HWB commented that although they had not identified gaps in service provision in some localities within their borough, this relied on their residents accessing pharmaceutical services from pharmacy premises within Kingston borough. If the service provision at these premises were to change, this may impact their PNA.

We know of no intentions for any contractor to change core or supplementary hours. We would continue to work in a collaborative way with our neighbours in other HWB areas to ensure continued provision is adequate and meets the needs of the local populations. This comment has been noted and added to the PNA in the relevant locality section.

4. Gaps in advanced services, community INR, repeat medicines, new medicine reviews, gaps between primary and secondary care, gaps in working collaboratively on Kingston Coordinated Care agenda.

Future pharmaceutical needs – “this will need to be reviewed before 3 years, including enhanced services”.

The list of services above fall into different commissioning arrangements. - Repeat Medicines and New Medicines Review are part of Pharmaceutical Essential and Advanced Services, and are already commissioned by NHSE, all contractors currently on the Pharmacy list can provide these services. Data shows there is capacity to increase activity in these services in many pharmacies. Community INR is an Enhanced Service not currently being commissioned by NHSE. Gaps in collaborative working between primary and secondary care, and Pharmacists working within the Kingston Coordinated Care agenda, this falls outside of the PNA and commissioned services, however in meeting local strategic health and wellbeing plans, including the Kingston Health and Wellbeing strategy and the CCG Sustainability and Transformation Plan, a local action plan needs to be created to ensure Pharmacy contractors become key stakeholders in the development of local delivery of health care in Kingston.

5. NHS England made some recommendations:

Include list of full addresses for pharmacy contractors, include full list of services provided by individual pharmacy contractors, add details of any development plans regarding, JSNA, Primary Medical services, shopping centres/ out of town centres, commissioning of public health services, social care aids/ equipment.

All recommendations have been accepted and added to final PNA.

Appendix D

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Appendix E Pharmaceutical list premises and Opening hours index

| Map Id | ODS Code | Trading Name | Address |
|--------|----------|---------------------------|---|
| 1 | FGA78 | Southcroft Co | 305 Richmond Road, Kingston, Surrey, KT2 5QU |
| 2 | FL298 | Laurel Pharmacy | 170 Tudor Drive, Kingston, Surrey, KT2 5QG |
| 3 | FLF25 | Lloyds Pharmacy | Sainsburys Store, 1 Sury Basin, Kingston Upon Thames, KT2 5NZ |
| 4 | FG680 | BOOTS THE CHEMIST | Unit G34 Bentalls Shopping Centre, Kingston, Surrey, KT1 1TR |
| 5 | FYH83 | BOOTS THE CHEMIST | 42 Union Street, Kingston, Surrey, KT1 1RP |
| 6 | FV188 | Laurel Pharmacy | 112a Canbury Park Road, Kingston, Surrey, KT2 6JZ |
| 7 | FCK24 | Lindsay Chemist | Clifton Road, Kingston, Surrey, KT2 6PF |
| 8 | FWQ55 | BOOTS THE CHEMIST | 140a London Road, Kingston, Surrey, KT2 6QL |
| 9 | FNK00 | NL Healthcare Ltd | Regent House, Hawks Road, Kingston Surrey, KT1 3DG |
| 10 | FV224 | Fittleworth Medical Ltd | Unit 16, Kingsmill Business Park, Chapel Mill Rd, Kingston Upon Thames, KT1 3GZ |
| 11 | FQD93 | Eagercare Ltd | 53 Surbiton Road, Kingston, Surrey, KT1 2HG |
| 12 | FN954 | Coombe Hill Pharmacy | 3 The Triangle, Kingston, Surrey, KT1 3RU |
| 13 | FAL88 | Groves Pharmacy | The Groves Medical Centre, 171 Clarence Avenue, New Malden, KT3 3TX |
| 14 | FW821 | Drugsmith Pharmacy | Unit 215 Kingspark Business Centre, 152-178 Kingston Road, New Malden, KT3 3ST |
| 16 | FEG11 | BOOTS THE CHEMIST | 116/118 High Street, New Malden, Surrey, KT3 4EU |
| 15 | FUF17 | Hermans Pharmacy | 84 High Street, New Malden, Surrey, KT3 4ET |
| 17 | FDH40 | Day Lewis Pharmacy | 128 Malden Road, New Malden, Surrey, KT3 6DD |
| 18 | FXL91 | Concept Chemist | 127 Manor Drive North, New Malden, Surrey, KT3 5PD |
| 19 | FTX78 | Plough Green Pharmacy | 364 Malden Road, Worcester Park, Surrey, KT4 7NW |
| 20 | FD501 | BOOTS THE CHEMIST | 19/20 Victoria Road, Surbiton, Surrey, KT6 4JZ |
| 21 | FM456 | Ritechem Pharmacy | 22 Victoria Road, Surbiton, Surrey, KT6 4JZ |
| 22 | FCL07 | Newman Chemist | 99 Ewell Road, Surbiton, Surrey, KT6 6AH |
| 23 | FYY52 | Shan Pharmacy | 106 Ewell Road, Surbiton, Surrey, KT6 6HA |
| 24 | FTL85 | Paydens | Surbiton Health Centre, Ewell Road, Surbiton, KT6 6EZ |
| 25 | FPF11 | Pearcare Pharmacy | 86 Alexandra Drive, Surbiton, Surrey, KT5 9AG |
| 26 | FK712 | WE Clarke & Sons | 253 Ewell Road, Surbiton, Surrey, KT6 7AA |
| 27 | FH455 | PSM Pharmacy | 388 Ewell Road, Tolworth, Surrey, KT6 7BB |
| 28 | FM521 | Lloyds Pharmacy | 11 The Broadway, Tolworth, Surrey, KT6 7DJ |
| 29 | FR299 | BOOTS THE CHEMIST | 59/63 The Broadway, Tolworth, Surrey, KT6 7DW |
| 30 | FAM93 | Ace Pharmacy | 1/3 Ace Parade, Hook Road, Chessington, KT9 1DR |
| 31 | FMM15 | Timothy Whites | 1 Roebuck Place, 110 Roebuck Road, Chessington, KT9 1EU |
| 32 | FYQ11 | Your Local Boots Pharmacy | 4 Arcade Parade, Chessington, Surrey, KT9 1AB |
| 33 | FPC86 | Your Local Boots Pharmacy | 11 North Parade, Chessington, Surrey, KT9 1QL |
| 34 | FL578 | Cohens Chemist | The Merrit Medical Centre, Merritt Gardens, Chessington, KT9 2GY |

Weekday Opening hours

| Trading name | 07:00 | 08:00 | 08:30 | 09:00 | 09:30 | 10:00 | 10:30 | 11:00 | 11:30 | 12:00 | 12:30 | 13:00 | 13:30 | 14:00 | 14:30 | 15:00 | 15:30 | 16:00 | 16:30 | 17:00 | 17:30 | 18:00 | 18:30 | 19:00 | 20:00 | 21:00 | 22:00 | 23:00 | | |
|-------------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|------------|------------|---------------------------|-------|---------------------------|------------|--|
| Kingston Town Locality | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lloyds Pharmacy | | 08:00 | | | | | | | | | | | | | | | | | | | | | | | | | | | 21:00 | |
| Boots The Chemist | | 08:00 | | | | | | | | | | | | | | | | | | | | | 18:30 | 20:00: Thu | | | | | | |
| Boots The Chemist | | | 08:30 | | | | | | | | | | | | | | | | | | | | 18:00 | | | | | 21:00: Thu | | |
| Boots The Chemist | | | 08:30 | | | | | | | | | | | | | | | | | | | | | | 19:00 | | | | | |
| N L Healthcare | | | 08:30 | | | | | | | | | | | | | | | | | | | | | | 18:30 | | | | | |
| Southcroft chemist | | | | 09:00 | | | | | | | | | | | | | | | | | | | | | 18:00 | | | | | |
| Laurel Pharmacy | | | | 09:00 | | | | | | | | | | | | | | | | | | | | 18:00: Wed | 18:30 | Mon, Tue, Thu, Fri | | | | |
| Laurel Pharmacy | | | | 09:00 | | | | | | | | | | | | | | | | | | | | 18:30 | | | | | | |
| Lindsay Chemist | | | 08:40 | | | | | | | | | | | | | | | | | | | | | | | | | 19:00 | | |
| Egercare Ltd | | | | | 09:15 | | | | | | | | | | | | | | | | | | | | | | | 17:15 | | |
| Malden & Coombe Locality | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Groves Pharmacy | | | 08:30 | | | | | | | | | | | | | | | | | | | | | | | | | | 19:00 | |
| Boots The Chemist | | | 08:30 | | | | | | | | | | | | | | | | | | | | | | | | | | 18:30 | |
| Coombe Hill Pharmacy | | | | 09:00 | | | | | | | | 13:00: Wed | | | | | | | | | | | | | | | | 18:00: Mon, Tue, Thu, Fri | | |
| Hermans Pharmacy | | | | 09:00 | | | | | | | | | | | | | | | | | | | | | | | | | 22:00 | |
| Day Lewis Pharmacy | | | | 09:00 | | | | | | | | | | | | | | | | | | | | | 18:00 | | | | | |
| Concept Chemist | | | | 09:00 | | | | | | | | | | | | | | | | | | | | | | | | 19:00 | | |
| Plough Green Pharmacy | | | | 09:00 | | | | | | | | | | | | | | | | | | | | | | | | 19:00 | | |
| Surbiton Locality | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Paydens | | 07:00 | | | | | | | | | | | | | | | | | | | | | | | | | | | 22:00 | |
| Shan Pharmacy | | | 08:30 | | | | | | | | | | | | | | | | | | | | | | | | | | 19:00 | |
| Boots The Chemist | | | 08:30 | | | | | | | | | | | | | | | | | | | | | | | | | | 20:00 | |
| Boots The Chemist | | | | 09:00 | | | | | | | | | | | | | | | | | | | | | | | | | 19:00 | |
| Ritechem Pharmacy | | | | 09:00 | | | | | | | | | | | | | | | | | | | | | | | | | 19:00 | |
| Newman Chemist | | | | 09:00 | | | | | | | | | | | | | | | | | | | | | | | | | 18:30 | |
| Pearcare Pharmacy | | | | 09:00 | | | | | | | | | | | | | | | | | | | | | | | | 18:00 | | |
| WE Clarke & Sons | | | | 09:00 | | | | | | | | | | | | | | | | | | | | | 18:00: Wed | 19:00: Mon, Tue, Thu, Fri | | | | |
| PSM Pharmacy | | | | 09:00 | | | | | | | | | | | | | | | | | | | | | | | | 18:00 | | |
| Lloyds Pharmacy | | | | 09:00 | | | | | | | | | | | | | | | | | | | | | | | | | 23:00 | |
| South of Borough Locality | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ace Pharmacy | | | | 09:00 | | | | | | | | | | | | | | | | | | | | | | | | | 20:00 | |
| Your Local Boots Pharmacy | | | | 09:00 | | | | | | | | | | | | | | | | | | | | | | | | 17:30: Mon, Tue, Wed, Thu | 18:00: Fri | |
| Your Local Boots Pharmacy | | | | 09:00 | | | | | | | | | | | | | | | | | | | | | | | | | 18:30 | |
| Cohen Chemist | | | 08:30 | | | | | | | | | | | | | | | | | | | | | | | | | | 19:00 | |

Saturday Opening hours

| Trading name | 07:00 | 08:00 | 08:30 | 09:00 | 09:30 | 10:00 | 10:30 | 11:00 | 11:30 | 12:00 | 12:30 | 13:00 | 13:30 | 14:00 | 14:30 | 15:00 | 15:30 | 16:00 | 16:30 | 17:00 | 17:30 | 18:00 | 18:30 | 19:00 | 20:00 | 21:00 | 22:00 | 23:00 | | | |
|-------------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|--|
| Kingston Town Locality | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lloyds Pharmacy | | 08:00 | | | | | | | | | | | | | | | | | | | | | | | | | | | 21:00 | | |
| Boots The Chemist | | 08:00 | | | | | | | | | | | | | | | | | | | | | 18:30 | | | | | | | | |
| Boots The Chemist | | | 08:30 | | | | | | | | | | | | | | | | | | | | | 19:00 | | | | | | | |
| Boots The Chemist | | | 08:30 | | | | | | | | | | | | | | | | | | | 18:00 | | | | | | | | | |
| N L Healthcare | | | | 09:00 | | | | | | | 13:00 | | | | | | | | | | | | | | | | | | | | |
| Southcroft chemist | | | | 09:00 | | | | | | | | | | | | | | | | | | | | | | | | 16:00 | | | |
| Laurel Pharmacy | | | | 09:00 | | | | | | | | 13:00 | | | | | | | | | | | | | | | | | | | |
| Laurel Pharmacy | | | | 09:00 | | | | | | | | 13:00 | | | | | | | | | | | | | | | | | | | |
| Lindsay Chemist | | | | | | | | | | | | 13:00 | | | | | | | | | | | | | | | | | | | |
| Eagercare Ltd | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Closed | |
| Malden & Coombe Locality | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Groves Pharmacy | | | | 09:00 | | | | | | | | 13:00 | | | | | | | | | | | | | | | | | | | |
| Boots The Chemist | | | | 09:00 | | | | | | | | | | | | | | | | | | | | | | | | | 18:00 | | |
| Coombe Hill Pharmacy | | | | 09:00 | | | | | | | | | | | | | | | | | | | | | | | | | 17:00 | | |
| Hermans Pharmacy | | | | 09:00 | | | | | | | | | | | | | | | | | | | | | | | | | 18:00 | | |
| Day Lewis Pharmacy | | | | 09:00 | | | | | | | | 13:00 | | | | | | | | | | | | | | | | | | | |
| Concept Chemist | | | | 09:00 | | | | | | | | | | | | | | | | | | | | | | | | | 17:00 | | |
| Plough Green Pharmacy | | | | 09:00 | | | | | | | | | | | | | | | | | | | | | | | | | 17:00 | | |
| Surbiton Locality | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Paydens | 07:00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 20:00 | |
| Shan Pharmacy | | | | 09:00 | | | | | | | | | | 14:00 | | | | | | | | | | | | | | | | | |
| Boots The Chemist | | | 08:30 | | | | | | | | | | | | | | | | | | | | | | | | | | 19:00 | | |
| Boots The Chemist | | | 09:00 | | | | | | | | | | | | | | | | | | | | | | | | | | 19:00 | | |
| Ritechem Pharmacy | | | 09:00 | | | | | | | | | | | | | | | | | | | | | | | | | | 18:00 | | |
| Newman Chemist | | | 09:00 | | | | | | | | | 13:00 | | | | | | | | | | | | | | | | | | | |
| Pearcare Pharmacy | | | 09:00 | | | | | | | | | | | | | | | | | | | | | | | | | | 17:00 | | |
| WE Clarke & Sons | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Closed | |
| PSM Pharmacy | | | 09:00 | | | | | | | | | 13:00 | | | | | | | | | | | | | | | | | | | |
| Lloyds Pharmacy | | | 09:00 | | | | | | | | | | | | | | | | | | | | | | | | | | | 23:00 | |
| South of Borough Locality | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ace Pharmacy | | | 09:00 | | | | | | | | | | | | | | | | | | | | | | | | | | 18:30 | | |
| Your Local Boots Pharmacy | | | 09:00 | | | | | | | | | | | | | | | | | | | | | | | | | | 17:00 | | |
| Your Local Boots Pharmacy | | | 09:00 | | | | | | | | | | | | | | | | | | | | | | | | | | 17:00 | | |
| Cohen Chemist | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Closed | |

Sunday Opening hours

| Trading name | 07:00 | 08:00 | 08:30 | 09:00 | 09:30 | 10:00 | 10:30 | 11:00 | 11:30 | 12:00 | 12:30 | 13:00 | 13:30 | 14:00 | 14:30 | 15:00 | 15:30 | 16:00 | 16:30 | 17:00 | 17:30 | 18:00 | 18:30 | 19:00 | 20:00 | 21:00 | 22:00 | 23:00 | |
|-------------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|
| Kingston Town Locality | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lloyds Pharmacy | | | | | | | | 11:00 | | | | | | | | | | | | | | | | | | | | | 17:00 |
| Boots The Chemist | | | | | | | | 11:00 | | | | | | | | | | | | | | | | | | | | | 17:00 |
| Boots The Chemist | | | | | | | | 11:00 | | | | | | | | | | | | | | | | | | | | | 17:00 |
| Boots The Chemist | | | | | | | 10:00 | | | | | | | | | | | | | | | | | | | | | | 16:30 |
| N L Healthcare | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Closed |
| Southcroft chemist | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Closed |
| Laurel Pharmacy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Closed |
| Laurel Pharmacy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Closed |
| Lindsay Chemist | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Closed |
| Egercare Ltd | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Closed |
| Malden & Coombe Locality | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Groves Pharmacy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Closed |
| Boots The Chemist | | | | | | | 10:00 | | | | | | | | | | | | | | | | | | | | | | 16:00 |
| Coombe Hill Pharmacy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Closed |
| Hermans Pharmacy | | | | | | | 10:00 | | | | | | | | | | | | | | | | | | | | | | 16:00 |
| Day Lewis Pharmacy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Closed |
| Concept Chemist | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Closed |
| Plough Green Pharmacy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Closed |
| Surbiton Locality | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Paydens | | 08:00 | | | | | | | | | | | | | | | | | | | | | | | | | | | 20:00 |
| Shan Pharmacy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Closed |
| Boots The Chemist | | | | | | | 10:00 | | | | | | | | | | | | | | | | | | | | | | 16:00 |
| Boots The Chemist | | | | | | | 10:00 | | | | | | | | | | | | | | | | | | | | | | 16:00 |
| Ritechem Pharmacy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Closed |
| Newman Chemist | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Closed |
| Pearcare Pharmacy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Closed |
| WE Clarke & Sons | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Closed |
| PSM Pharmacy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Closed |
| Lloyds Pharmacy | | | | | | | 09:00 | | | | | | | | | | | | | | | | | | | | | | 23:00 |
| South of Borough Locality | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ace Pharmacy | | | | | | | 10:00 | | | | | | | | | | | | | | | | | | | | | | 16:00 |
| Your Local Boots Pharmacy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Closed |
| Your Local Boots Pharmacy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Closed |
| Cohen Chemist | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Closed |

Appendix F Service provision (including advanced, Enhanced and locally commissioned services)

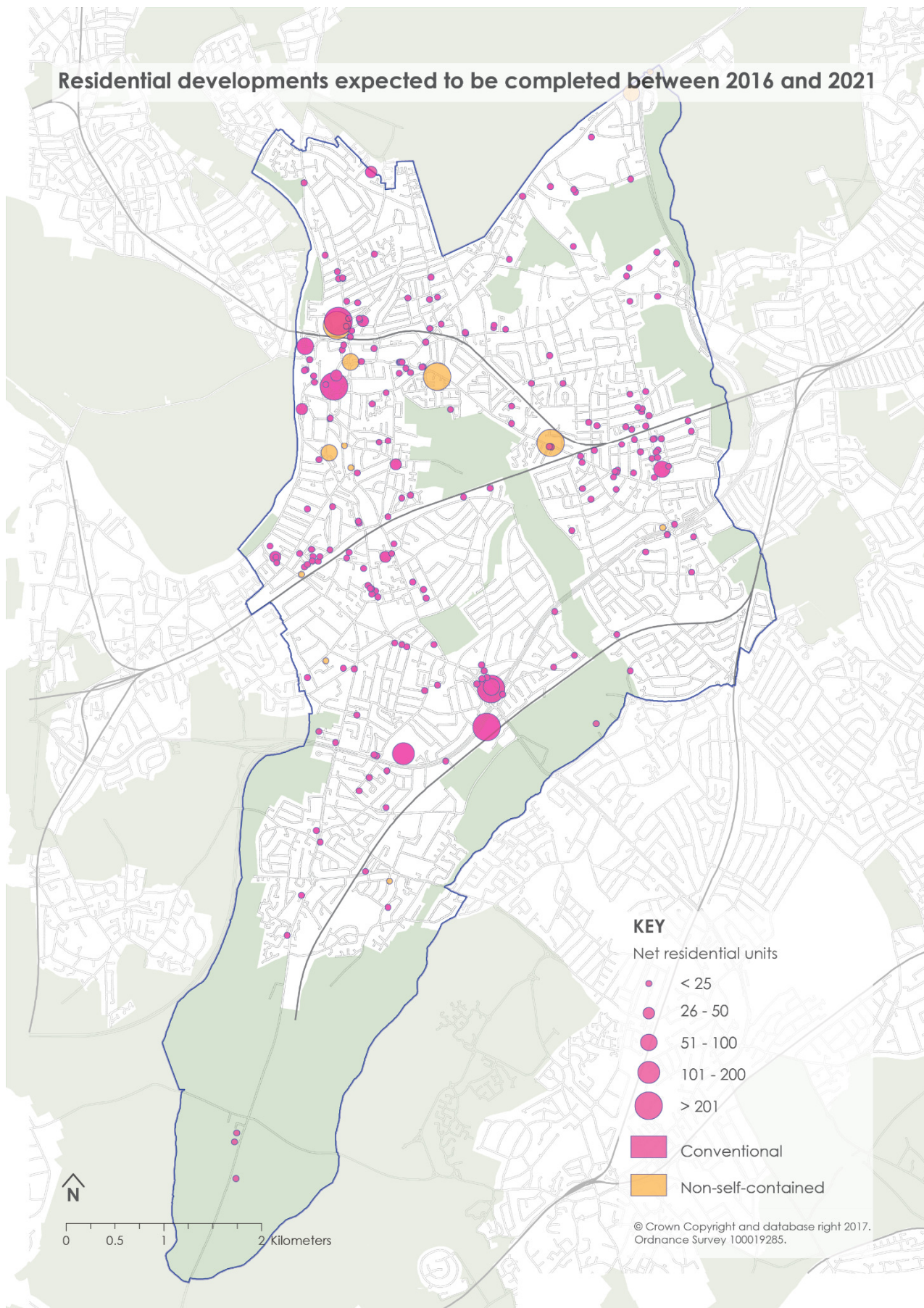
| Map Id | ODS Code | Trading Name | MUR | NMS | AUR | Stomachus | Flu | NHS Urgent Med supply | Palliative care drug supply | Health Checks | Stop smoking | NEX | Alcohol | Supervised | Sexual health |
|--------|----------|---------------------------|-----|-----|-----|-----------|-----|-----------------------|-----------------------------|---------------|--------------|-----|---------|------------|---------------|
| 1 | FGA78 | Southcroft Co | ✓ | ✓ | | | ✓ | | | | ✓ | | | ✓ | |
| 2 | FL298 | Laurel Pharmacy | ✓ | ✓ | | | | | | | ✓ | | | | |
| 3 | FLF25 | Lloyds Pharmacy | ✓ | ✓ | | | ✓ | | | | | | | | |
| 4 | FG680 | BOOTS THE CHEMIST | ✓ | ✓ | | | ✓ | | | | | | | | ✓ |
| 5 | FYH83 | BOOTS THE CHEMIST | ✓ | ✓ | | | ✓ | | | | | | | | |
| 6 | FV188 | Laurel Pharmacy | ✓ | ✓ | | | | | | ✓ | ✓ | | ✓ | ✓ | |
| 7 | FCK24 | Lindsay Chemist | ✓ | ✓ | | | | | | | ✓ | | | | |
| 8 | FWQ55 | BOOTS THE CHEMIST | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | | | ✓ |
| 9 | FNK00 | NL Healthcare Ltd | ✓ | ✓ | | | | | | | ✓ | ✓ | ✓ | ✓ | ✓ |
| 10 | FV224 | Fittleworth Medical Ltd | | | | | | | | | | | | | |
| 11 | FQD93 | Eagercare Ltd | ✓ | ✓ | | | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ | ✓ |
| 12 | FN954 | Coombe Hill Pharmacy | ✓ | | | | ✓ | | | | ✓ | ✓ | ✓ | ✓ | |
| 13 | FAL88 | Groves Pharmacy | ✓ | ✓ | | | ✓ | | | | | | | | |
| 14 | FW821 | Drugsmith Pharmacy | | | | | | | | | | | | | |
| 16 | FEG11 | BOOTS THE CHEMIST | ✓ | ✓ | | | | | | | | | | | |
| 15 | FUF17 | Hermans Pharmacy | ✓ | ✓ | ✓ | | ✓ | | | | | ✓ | ✓ | | |
| 17 | FDH40 | Day Lewis Pharmacy | ✓ | ✓ | | | ✓ | ✓ | | | | | | | ✓ |
| 18 | FXL91 | Concept Chemist | ✓ | ✓ | | | | | | | ✓ | ✓ | ✓ | ✓ | |
| 19 | FTX78 | Plough Green Pharmacy | ✓ | ✓ | | | | | | | | | | | |
| 20 | FD501 | BOOTS THE CHEMIST | ✓ | ✓ | | | ✓ | | | | | | | | |
| 21 | FM456 | Ritechem Pharmacy | ✓ | ✓ | | | ✓ | | | | ✓ | ✓ | | ✓ | ✓ |
| 22 | FCL07 | Newman Chemist | ✓ | ✓ | | | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ | ✓ |
| 23 | FYY52 | Shan Pharmacy | ✓ | ✓ | | | ✓ | | | | ✓ | ✓ | ✓ | ✓ | |
| 24 | FTL85 | Paydens | ✓ | ✓ | | | ✓ | ✓ | | | | ✓ | ✓ | ✓ | |
| 25 | PPF11 | Pearcare Pharmacy | ✓ | ✓ | | | ✓ | | | | ✓ | | ✓ | | |
| 26 | FK712 | WE Clarke & Sons | ✓ | ✓ | | | | | | | | | | | |
| 27 | FH455 | PSM Pharmacy | ✓ | | | | ✓ | | | | ✓ | ✓ | ✓ | ✓ | |
| 28 | FM521 | Lloyds Pharmacy | ✓ | ✓ | | | ✓ | ✓ | | | | | | | |
| 29 | FR299 | BOOTS THE CHEMIST | ✓ | ✓ | | | ✓ | | | | | | | | |
| 30 | FAM93 | Ace Pharmacy | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 31 | FMM15 | Timothy Whites | | | | | | | | | | | | | |
| 32 | FYQ11 | Your Local Boots Pharmacy | ✓ | ✓ | | | ✓ | | | | | | | | |
| 33 | FPC86 | Your Local Boots Pharmacy | ✓ | ✓ | | | ✓ | | | | | | | | |
| 34 | FL578 | Cohens Chemist | ✓ | ✓ | | | ✓ | | | | ✓ | | ✓ | ✓ | |

| Borough Locality | Commissioner | NHSE | NHSE | NHSE | NHSE | NHSE | NHSE | NHSE |
|------------------------------|--------------|---------------------|----------------------|----------------------|---------|---|---------------------|-------------------------------|
| Total pharmacies in locality | | Medicine Use Review | New Medicine Service | Appliance Use Review | Flu Vac | NHS Urgent Medicine Supply advanced service | Stoma Customisation | Enhanced Immunisation service |
| Kingston Town | 11 | 10 | 9 | 1 | 5 | 2 | 1 | 4 |
| Malden and Coombe | 8 | 7 | 6 | 1 | 3 | 1 | | 3 |
| South of Borough | 5 | 4 | 4 | | 4 | 1 | | 3 |
| Surbiton | 10 | 10 | 9 | 1 | 9 | 2 | | 4 |

| Borough Locality | Commissioner | LA / PH | LA / PH | LA / PH | LA / PH | LA / PH | LA / PH |
|------------------------------|--------------|--------------|---------------|---------|-----------------|------------------------|---------------|
| Total pharmacies in locality | | Stop Smoking | Sexual Health | Alcohol | Needle Exchange | Supervised consumption | Health Checks |
| Kingston Town | 11 | 9 | 5 | 6 | 1 | 2 | 1 |
| Malden and Coombe | 8 | 3 | 2 | 2 | 2 | 2 | |
| South of Borough | 5 | 2 | 1 | 2 | 1 | 2 | 1 |
| Surbiton | 10 | 9 | 3 | 3 | 5 | 5 | |

| Borough Locality | Commissioner | CCG |
|------------------------------|--------------|------------------------------|
| Total pharmacies in locality | | Palliative care out of hours |
| Kingston Town | 11 | |
| Malden and Coombe | 8 | |
| South of Borough | 5 | 1 |
| Surbiton | 10 | |

Appendix G Housing and Commercial developments



Appendix H Glossary and acronyms

| | | |
|--------|---|--|
| AUR | - | appliance use review |
| BAME | - | black & Asian minority ethnic |
| BME | - | black & minority ethnic |
| CCG | - | Clinical Commissioning Group |
| CHD | - | coronary heart disease |
| CKD | - | chronic kidney disease |
| COPD | - | chronic obstructive pulmonary disease |
| CVD | - | cardiovascular disease |
| DAC | - | dispensing appliance contractor |
| DSP | - | distance selling pharmacy |
| DH | - | department of health |
| EHC | - | emergency hormonal contraception |
| ESIA | - | equality and safety impact assessment |
| Flu | - | influenza |
| HIV | - | human immunodeficiency virus |
| HPV | - | human papilloma virus |
| HSCIC | - | health & social care information centre |
| HWB | - | health and well-being board |
| IMD | - | index of multiple deprivation |
| JSNA | - | joint strategic needs assessment |
| KHFT | - | Kingston hospital NHS foundation trust |
| LA | - | local authority |
| LCS | - | locally commissioned service |
| LPS | - | local pharmaceutical services |
| LSOA | - | lower super output area |
| MAS | - | minor ailments scheme |
| MUR | - | medicines use review |
| NEX | - | needle and syringe exchange service |
| NUMSAS | - | NHS urgent medicine supply advanced service |
| ONS | - | Office for National Statistics |
| PCT | - | primary care trust |
| PGD | - | patient group direction |
| PNA | - | pharmaceutical needs assessment |
| PSNC | - | pharmaceutical services negotiating committee |
| RBK | - | Royal Borough of Kingston |
| SAC | - | stoma appliance customisation |
| STI | - | sexually transmitted infection |
| STP | - | sustainability transformation partnership/ plans |

The 2013 directions - The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013

The 2013 regulations - The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended