



Pharmaceutical Needs Assessment 2025

Kingston Upon Thames
Health and Wellbeing Board
(as part of Kingston
Partnership Board)

This Pharmaceutical Needs Assessment (PNA) has been produced by the Kingston PNA Steering Group, on behalf of the Kingston Health and Wellbeing Board (Kingston Partnership Board), with the support of Soar Beyond.

The data and services included in this needs assessment reflect the point in time when the needs assessment was undertaken and prior to going out to consultation with partners and the public. For Kingston, this point in time was December 2024. Some services delivered by pharmacies in the borough will have changed during the intervening months. This is a natural part of the PNA three-yearly cycle.

Important regulatory updates and other changes as part of the PNA process were included in June 2025 for the final document.

Contents

Contents	3
List of tables.....	8
List of figures	9
Abbreviations.....	10
Executive summary	12
Section 1: Introduction.....	17
1.1 Background and context	17
1.2 Important changes since the last Pharmaceutical Needs Assessment (PNA)	18
1.3 Key upcoming changes	19
1.4 Purpose of the PNA	20
1.5 Scope of the PNA	21
1.5.1 Pharmacy contractors	22
1.5.2 Dispensing Appliance Contractors (DACs)	28
1.5.3 Dispensing GP practices.....	29
1.5.4 Other providers of pharmaceutical services in neighbouring areas	29
1.6 Process for developing the PNA	29
1.7 Localities for the purpose of the PNA	31
Section 2: Context for the PNA.....	34
2.1 NHS Long Term Plan (LTP).....	34
2.2 Core20PLUS5.....	35
2.3 NHS South West London (SWL) Joint Forward Plan 2023-2028.....	36
2.4 Joint Strategic Needs Assessment (JSNA).....	36
2.5 Kingston Health and Care Plan and Kingston Joint Local Health and Wellbeing Strategy	37
2.6 Population characteristics	39
2.6.1 Introduction	39
2.6.2 Age distribution	42
2.6.3 Population growth	42
2.6.4 Housing development	44
2.6.5 Care homes – existing and in development	45
2.6.6 Increasing population and need for pharmaceutical services	47
2.6.7 GP-registered population	47

2.6.8	International migration	49
2.6.9	Life expectancy	49
2.6.10	Specific populations	51
2.6.11	Deprivation	66
2.7	Health profiles – causes of ill health	68
2.7.1	Cardiovascular disease (CVD)	69
2.7.2	Coronary Heart Disease (CHD)	69
2.7.3	Stroke / Transient Ischaemic Attack	70
2.7.4	Hypertension	70
2.7.5	Cancers	70
2.7.6	Diabetes	71
2.7.7	Respiratory diseases	72
2.7.8	Depression and mental health	73
2.7.9	Dementia	74
2.7.10	Accidental injuries and falls	75
2.7.11	Palliative care	75
2.7.12	Immunisation	76
2.7.13	COVID-19	77
2.8	Health behaviours	77
2.8.1	Drug misuse	77
2.8.2	Alcohol use and related diseases	78
2.8.3	Sexual health and teenage conception	79
2.8.4	Smoking	79
2.8.5	Obesity	80
2.8.6	Oral health	81
Section 3: NHS pharmaceutical services provision, currently commissioned		82
3.1	Overview	82
3.2	Community pharmacies	84
3.2.1	Distance-Selling Pharmacies (DSPs)	85
3.2.2	Weekend and evening provision	85
3.2.3	Access to community pharmacies	85
3.2.4	Advanced Service provision from community pharmacies	88
3.2.5	Enhanced Service provision from community pharmacy	89

3.3	Dispensing Appliance Contractors.....	90
3.4	Dispensing GP practices	90
3.5	PhAS pharmacies	90
3.6	Pharmaceutical service provision provided from outside Kingston	91
Section 4: Other services that may impact on pharmaceutical services provision...		92
4.1	ICB-commissioned services	92
4.2	Local Authority-commissioned Services provided by community pharmacies in Kingston.....	92
4.3	Other services provided from community pharmacies	93
4.4	Collection and delivery services.....	93
4.5	Services for less-abled people.....	94
4.6	Language services.....	94
4.7	Other providers that reduce the need for pharmaceutical service provision	94
4.7.1	NHS hospitals	94
4.7.2	Personal administration of items by GP practices.....	94
4.7.3	Prison pharmacies	94
4.7.4	Substance misuse services	95
4.7.5	Flu vaccination service by GP Practices	95
4.8	Other services that may increase the demand for pharmaceutical service provision	95
4.8.1	Urgent care centres	95
4.8.2	Minor injury units.....	95
4.8.3	Extended hours provided by Primary Care Networks (PCNs).....	95
4.8.4	Community nursing prescribing.....	95
4.8.5	Dental services	95
4.8.6	End of life services.....	96
4.8.7	Walk-in centres	96
4.8.8	Sexual health centres	96
4.8.9	Other services.....	96
Section 5: Findings from the public questionnaire.....		97
5.1	Demographic analysis	98
5.2	Visiting a pharmacy	98
5.3	Reason for visiting a pharmacy.....	98
5.4	Choosing a pharmacy.....	98

5.5 Access to a pharmacy	99
Section 6: Analysis of health needs and pharmaceutical service provision	100
6.1 Pharmaceutical services and health needs	100
6.2 PNA localities.....	100
6.2.1 Kingston and North Kingston	102
6.2.2 New and Old Malden	104
6.2.3 South of the Borough	107
6.2.4 Surbiton	109
6.3 Kingston pharmaceutical services and health needs	111
6.3.1 Necessary Services: current provision across Kingston	114
6.3.2 Necessary Services: gaps in provision across Kingston	115
6.3.3 Other relevant services: current provision.....	115
6.4 Improvements and better access: gaps in provision across Kingston.....	116
Section 7: Conclusions	117
7.1 Statements of the PNA	117
7.1.1 Current provision of Necessary Services	117
7.1.2 Future provision of Necessary Services.....	118
7.1.3 Other relevant services – gaps in provision	118
7.1.4 Improvements and better access – gaps in provision	119
7.2 Future opportunities for possible community pharmacy services in Kingston.....	120
7.2.1 Introduction	120
7.2.2 Opportunities for pharmaceutical service provision.....	120
7.2.3 Existing services	120
7.2.4 Considerations.....	124
Appendix A: List of pharmaceutical services providers in Kingston.....	127
Kingston and North Kingston locality	128
New and Old Malden locality	129
South of the Borough locality	130
Surbiton locality	131
Appendix B: PNA project plan.....	132
Appendix C: PNA Steering Group terms of reference	133
Appendix D: Public questionnaire	135
Appendix E: Pharmacy contractor questionnaire.....	146

Appendix F: Consultation stakeholders	157
Appendix G: Summary of consultation responses.....	158
Appendix H: Consultation comments	162

List of tables

Table 1: Timeline for PNAs	17
Table 2: Kingston Health and Care Plan 2022-24 priorities	38
Table 3: Kingston ward and neighbourhood populations, 2024	40
Table 4: Ward and locality (neighbourhood) planned housing to 2028-29	44
Table 5: Large sites with planning permission in Kingston and North Kingston locality	45
Table 6: Existing and future planned care home beds per locality	46
Table 7: Age band comparison of Kingston GP registrations and borough residents, 2024	48
Table 8: Kingston ethnicity changes, 2011-2021	51
Table 9: Percentage of Kingston residents as ethnic minority groups per locality, JSNA 2023	52
Table 10: Childhood immunisation levels in 2023-24, from NHS England	58
Table 11: Children in care in 2023, rate per 10,000, from the Department for Education ..	59
Table 12: Number of clients aged 65 and over in Kingston accessing long term support at the end of 2022-23, by primary support reason, NHS England.....	62
Table 13: Number of Kingston residents with disabilities, by age group	63
Table 14: IMD 2019 summary for Kingston's Lower Super Output Areas (LSOAs)	66
Table 15: Contractor type and number in Kingston.....	82
Table 16: Number of community pharmacies in Kingston (as of June 2025)	84
Table 17: Number of community pharmacies per 100,000 population	84
Table 18: Average number of community pharmacies in 100,000 population by locality ...	84
Table 19: Time to pharmacy with various methods of transportation across Kingston	85
Table 20: Number and percentage of community pharmacy providers (including DSPs) open Monday to Friday (excluding bank holidays) beyond 6 pm, and on Saturday and Sunday	87
Table 21: Number and percentage of providers for Advanced Services in Kingston	88
Table 22: Number and percentage of providers for Enhanced Services in Kingston	90
Table 23: Number and percentage of providers for RBK commissioned services in Kingston	93

List of figures

Figure 1: Location of Kingston's localities	32
Figure 2: Kingston's population density (persons per square hectare), 2024, by ward	41
Figure 3: Age band comparison graphs for Kingston and London, 2024	42
Figure 4: Projected Kingston population, 2024-2039	43
Figure 5: Kingston's population size by broad age group, projection, 2019-2034	43
Figure 6: Care home locations in the borough (larger pins have more beds)	47
Figure 7: Percentage of Kingston residents recorded as White ethnic group, by ward, Census 2021	53
Figure 8: Kingston's child (under 16 years) population, by single year of age, 2024 estimate	55
Figure 9: Kingston's child (under 16 years) proportion, by ward, 2024 estimate	55
Figure 10: A summary of Kingston's child health indicators, from Office for Health Improvement and Disparities (OHID) Fingertips	57
Figure 11: Admissions to care homes (rate per 100,000 people) for ages 65+, 2010-11 to 2022-23, NHS England	59
Figure 12: Percentage of residents aged 65 and over, 2024, by ward	60
Figure 13: Percentage of older (66+) residents living alone in Kingston (2021), by ward per locality	61
Figure 14: Percentage of residents reporting limitations in their day-to-day activities, Office for National Statistics (ONS) Census 2021	62
Figure 15: IMD 2019 map for Kingston's LSOAs	67
Figure 16: Premature mortality rate, Kingston and London, 2001-03 to 2020-22	68
Figure 17: Cancer prevalence in GP registers (%), by PCN, 2023-24	71
Figure 18: Diabetes prevalence in Kingston and England (%), 2012-13 to 2023-24	72
Figure 19: Prevalence of depression in Kingston and London (%), 2012-13 to 2022-23	73
Figure 20: Hospital admissions due to injuries in young people (15-24 years) 2010-11 to 2022-23	75
Figure 21: Place of death location, Kingston, London and England, 2022	76
Figure 22: Admission episodes for alcohol-related conditions (Narrow, females), 2016-17 to 2023-24	78
Figure 23: Overweight (including obesity) levels at various ages (2022-23, %)	81
Figure 24: Map of pharmacies in Kingston and across borders	83
Figure 25: Average walk time to community pharmacies in Kingston	86
Figure 26: Average drive time by car to the nearest pharmacy in Kingston	86

Abbreviations

A&E – Accident and Emergency
AS – Advanced Service
AUR – Appliance Use Review
BSA – Business Services Authority
CCG – Clinical Commissioning Group
CHD – Coronary Heart Disease
COPD – Chronic Obstructive Pulmonary Disorder
CP – Community Pharmacy
CPCF – Community Pharmacy Contractual Framework
CPCS – Community Pharmacist Consultation Service
CVD – Cardiovascular Disease
DAC – Dispensing Appliance Contractor
DfE – Department for Education
DHSC – Department of Health and Social Care
DMS – Discharge Medicines Service
DSP – Distance Selling Pharmacy
EoLC – End of Life Care
ES – Essential Service
GLA – Greater London Authority
GFR – General Fertility Rate
GP – General Practitioner
HIV – Human Immunodeficiency Virus
HLE – Healthy Life Expectancy
HLP – Healthy Living Pharmacy
HWB – Health and Wellbeing Board
ICB – Integrated Care Board
ICBS – ICB-commissioned Service
ICS – Integrated Care System
IMD – Index of Multiple Deprivation
JFP – Joint Forward Plan
JLHWS – Joint Local Health and Wellbeing Strategy
JSNA – Joint Strategic Need Assessment
LAS – Local Authority-commissioned Service
LCS – Locally Commissioned Service

LES – Local Enhanced Service
LFD – Lateral Flow Device
LPS – Local Pharmaceutical Service
LSOA – Lower Super Output Area
LTC – Long Term Condition
LTP – Long Term Plan
MMR – Measles, Mumps and Rubella
NES – National Enhanced Service
NHS – National Health Service
NHSE – NHS England
NMS – New Medicine Service
NPA – National Pharmacy Association
OHID – Office for Health Improvement and Disparities
ONS – Office for National Statistics
PhAS – Pharmacy Access Scheme
PNA – Pharmaceutical Needs Assessment
PCN – Primary Care Network
PCS – Pharmacy Contraception Service
PCT – Primary Care Trust
PGD – Patient Group Direction
PPV – Pneumococcal Polysaccharide Vaccine
PQS – Pharmacy Quality Scheme
QOF – Quality and Outcomes Framework
RBK – Royal Borough of Kingston Upon Thames
RSV – Respiratory Syncytial Virus
SAC – Stoma Appliance Customisation
SCS – Smoking Cessation Service
STI – Sexually Transmitted Infection
SWL – South West London

Executive summary

Introduction

Every Health and Wellbeing Board (HWB) has a statutory duty to carry out a Pharmaceutical Needs Assessment (PNA) every three years. The last PNA for the Royal Borough of Kingston upon Thames (RBK) was published in September 2022 and has been kept up to date with supplementary statements reflecting changes in provision. This 2025 PNA for Kingston HWB meets the regulatory requirement by being published within three years.

Aim, objectives and methodology

The aim of the Pharmaceutical Needs Assessment (PNA) is to enable local pharmacy service providers and commissioners to:

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

Soar Beyond were commissioned by Kingston Council to complete the PNA, overseen by a Steering Group to ensure process was followed and the PNA intended for publication was fit for purpose as per the National Health Service (NHS) Regulations.

The process consisted of:

- Agreement from the Kingston Health and Wellbeing Board (Kingston Partnership Board) that a Kingston PNA Steering Group ('the Steering Group') would complete the preparation of the Kingston PNA on behalf of the Kingston Health and Wellbeing Board.
- The Kingston PNA Steering Group was convened and the process and roles and timelines for the PNA production were agreed (See Appendix C for membership).
- Data collection: Gathering data on pharmaceutical services, population demographics, and health needs.
- Service assessment: Mapping and evaluating existing services, including those from neighbouring areas.
- Gap identification: Identifying current and future service gaps based on population growth and access issues.
- Consultation: Conducting a 60-day public consultation to gather feedback from stakeholders and the public
- Finalisation and publication: reviewing feedback to finalise the PNA and publishing.

National Health Service (NHS) pharmaceutical services in England

NHS pharmaceutical services are provided by contractors on the pharmaceutical list held by NHS England (NHSE). The types of providers are:

- **Community Pharmacy (CP) contractors, including Distance-Selling Pharmacies (DSPs):** Community contractors refer to persons providing local pharmaceutical services from registered pharmacy premises in Kingston, neighbouring areas and remote suppliers, including DSPs, who are required to offer services throughout England.
- **Dispensing Appliance Contractors (DACs):** DACs are required to provide a range of 'Essential Services' including advice on, and home delivery of, appliances, but they are unable to supply medicines.
- **Local Pharmaceutical Service (LPS):** LPS refers to pharmacy providers contracted by the NHS to perform specified services to their local population or a specific population, outside the national framework.
- **Dispensing doctors:** refers to General Practitioners (GPs) who are allowed to dispense the medicines they prescribe for their patients.

NHS pharmaceutical services refer to services commissioned through NHSE. Integrated Care Boards (ICB) took on the delegated responsibility for the commissioning of pharmacy services from NHS England from 1 April 2023.

The three main categories, as identified in the Community Pharmacy Contractual Framework (CPCF) are as follows:

Essential Services: These are services that every community pharmacy providing NHS pharmaceutical services must provide and are set out in their terms of service. These include: the dispensing of medicines and appliances, disposal of unwanted medicines, clinical governance, and promotion of healthy lifestyles.

Advanced Services: These are services community pharmacy contractors and DACs can choose to provide, subject to accreditation as set out in the Secretary of State Directions.

Enhanced Services: These are services commissioned directly by NHSE, introduced to assist the NHS in improving and delivering a better level of care in the community. Pharmacy contractors can choose to provide any of these services.

However, in the absence of a particular service being commissioned by NHSE, it is in some cases addressed by **Locally Commissioned Services**, funded by the local authority or the ICB. These are services community pharmacy contractors could choose to provide and are therefore included in the PNA.

About Kingston

The Royal Borough of Kingston is a London borough which borders with the Health and Wellbeing Boards (HWBs) of Richmond upon Thames, Sutton, Merton, Wandsworth and Surrey. This provides Kingston residents access to community pharmacies on the border of these HWB areas.

The population: Kingston has a population of 171,170 (2024) of which 68% are classified White and 32% are non-white. Over the last few years, the population diversity has increased. The 2021 Census reports that 82.7% of Kingston residents (aged three and over) speak English as their first language at home, which is a very similar proportion to the previous census (83.6%). After English, the three most common languages spoken in the borough as a first language are Tamil, Korean and Arabic. Since the previous census in 2011, Arabic has overtaken Polish as third most commonly used language. In 2024, 23% of the population were children and young people and 15% of the population were aged 65 and over. The borough population is projected to grow to approximately 177,000 by 2028, the end point of this PNA period, which would be a 3.4% rise, with most growth in the population aged over 65 years.

Health inequalities: Kingston has relatively low levels of deprivation. Of the 317 local authorities in England, ranked from 1 (least deprived) to 317 (most deprived) in 2019, Kingston ranks 48th overall, or second out of all the London boroughs. Kingston is generally a healthy borough with lower levels of deprivation compared to other London boroughs. These overall figures mask differences between local areas. Lower levels of good health are found in the more deprived areas of the borough. There are also other differences in some health patterns, related to ethnicity and sex and age. Diabetes levels, while lower than London and England rates, have been rising in the borough over the last few years.

Community Pharmacy access

There are 28 community pharmacies in Kingston (including Distance Selling Pharmacies (DSPs)). This is a decrease from 31 in the last PNA. The England average is 18.1 community pharmacies per 100,000 population, which has decreased from 2021, when the average number was 20.6. The Kingston average has decreased from 17.5 per 100,000 to 16.4 pharmacies per 100,000 and is lower than the national average. By 2028, as the population is rising, if the number of pharmacies stays the same there will be 15.8 pharmacies per 100,000 residents.

Community pharmacies are well distributed across the four neighbourhoods (localities). See Section 1.7 for a table of how the localities are configured. The majority of the residents are able to travel to a pharmacy within 20 minutes by walking (97.5%) or within five minutes by car (100%).

Kingston has good transport links including buses and trains, allowing access to the neighbouring boroughs. There is a good cycle network as part of the local transport plan. At the time of writing, access was available to community pharmacies on the border with Richmond, Sutton, Merton, Wandsworth and Surrey.

Community Pharmacy market: The Kingston PNA Steering Group noted the current pressures facing community pharmacy due to financial pressures and medicine shortages. This is a national issue. There have been pharmacy closures nationally and locally in Kingston over the last three years. The viability of community pharmacies has been impacted by external pressures.

Feedback on pharmaceutical services

A questionnaire to understand the views of the public regarding pharmaceutical service provision in Kingston was developed. There was a total of 284 responses.

- Female respondents were 71%, and 28% male.
- The majority of the responses came from those aged 65-74 (28%) followed by 75-84 years old (21%).
- Half of the respondents (50%) reported having a disability or long-standing illness, of which 11% (15) had a physical impairment.
- Majority of the respondents came from a White-British background (76%).
- There was no main day or time preferred to visit a pharmacy, however Sunday was the least popular (only 15% of responses).
- The main reason for visiting a pharmacy was to collect prescriptions, either for themselves (83%) or for someone else (49%) or to buy over the counter medicines (58%) or getting advice from the pharmacist (43%).
- Most walked (57%) or travelled to the pharmacy by car (28%) and, in the main, were able to get to a pharmacy within 30 minutes (96%).
- The top four factors influencing the choice of a pharmacy were the availability of medicines (74%), quality of service (63%), location of pharmacy (54%) and customer service (52%).

Adequacy of pharmaceutical services in Kingston

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

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

Conclusions

For the purposes of this PNA, the Steering Group designated Essential Services as Necessary Services. These are services that every community pharmacy has to provide under the current contract.

Advanced and Enhanced Services are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services. These are not mandatory.

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

There are 28 community pharmacies in Kingston including two DSPs. All pharmacies provide all Essential Services as per the current Community Pharmacy Contractual Framework. No gaps have been identified, although recommendations to enhance provision have been highlighted in this report.

This Kingston Pharmaceutical Needs Assessment 2025 concludes that there are no identified gaps in provision of NHS Necessary Services to meet current and future (next three years) needs of the population. This includes provision during working and non-working hours.

The PNA highlights good uptake of Advanced and Enhanced Services, including the Pharmacy First service, hypertension case-finding, and New Medicine Service, with opportunities to improve awareness in some areas. Ongoing monitoring of service provision is recommended to ensure continued alignment with evolving local health needs. Future priorities include enhancing collaboration between Integrated Care Boards and community pharmacies to further embed Advanced and Enhanced services.

There are no gaps in the provision of Advanced or Enhanced Services at present, or in the next three years, that would secure improvements or better access to services in Kingston.

Kingston Council and the South West London ICB commission a range of services that complement the NHS pharmaceutical services. These are aimed at improving access and addressing specific local needs. Opportunities exist for collaboration between the local commissioners to improve awareness of the availability of locally commissioned services to maximise the uptake.

Based on current information, no gaps have been identified in respect of securing improvements or better access to locally commissioned services, either now or in specific future circumstances in the next three years across Kingston, to meet the needs of the population.

Section 1: Introduction

1.1 Background and context

The Health Act 2009, implemented in April 2010, mandated Primary Care Trusts (PCTs) in England to undertake and publish Pharmaceutical Needs Assessments (PNAs) within specific timeframes. These PNAs:

- Inform local commissioning decisions regarding pharmaceutical services. They provide evidence of the current and future needs for pharmaceutical services in the area, helping NHS England (NHSE), local authorities, and Integrated Care Boards (ICBs) make informed decisions about service provision and commissioning.
- Are a key tool in determining market entry for new pharmaceutical services. They identify any gaps in service provision and help decide whether new pharmacies or service providers are needed to meet the pharmaceutical needs of the population.
- Can contribute to public health strategies by assessing how pharmaceutical services can support broader health initiatives, such as reducing hospital admissions, promoting healthy lifestyles, and improving access to services for vulnerable populations.
- Help plan for future pharmaceutical service provision, ensuring the area's needs are met as the population grows or change by assessing upcoming developments such as housing projects or demographic changes.

The Health and Social Care Act 2012 transferred responsibility for developing and updating PNAs to Health and Wellbeing Boards (HWBs). PNAs are a statutory requirement, and they must be published in accordance with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (hereafter referred to as the Pharmaceutical Regulations 2013).

The Pharmaceutical Regulations 2013 updated in 2013 (SI 2013/349)¹, came into force on 1 April 2013.

The initial PNAs were published in 2011 (see Table 1 for timelines).

Table 1: Timeline for PNAs

2009	2011	2013	2015	Ongoing
Health Act 2009 introduces statutory framework requiring Primary Care Trusts (PCTs) to prepare and publish PNAs	PNAs to be published by 1 February 2011	The Pharmaceutical Regulations 2013 outline PNA requirements for HWB	HWB required to publish own PNAs by 1 April 2015	PNAs reviewed every 3 years* *Publication of PNAs was delayed during COVID-19 pandemic and PNAs were published by October 2022

¹ The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. July 2017. [Accessed December 2024] www.legislation.gov.uk/uksi/2013/349/contents/made

This document should be revised within three years of its previous publication. The last PNA for Kingston HWB was published in September 2022. This PNA for Kingston HWB fulfils this regulatory requirement.

1.2 Important changes since the last Pharmaceutical Needs Assessment (PNA)

- There was an **update to the Pharmaceutical Regulations 2013 in May 2023²** which, in the main, was in response to the number of requests for temporary closures. Key changes were made for:
 - Notification procedures for changes in core opening hours.
 - Notification procedures for 100-hour pharmacies to be able to reduce their hours to no less than 72 hours per week.
 - Local arrangements with ICBs for the temporary reduction in hours.
 - All pharmacies requiring a business continuity plan that allows them to deal with temporary closures.
- **Clinical Commissioning Groups (CCGs)** are now replaced by **Integrated Care Boards (ICBs)** as part of Integrated Care Systems (ICS). In an ICB, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards and improving the health of the population they serve.
- **Integrated Care Boards** took on the delegated responsibility for the commissioning of pharmacy services from NHS England from 1 April 2023.
- **Independent Prescribing ‘Pathfinder’ Programme³** – NHSE has developed a programme of pilot sites, referred to as ‘pathfinder’ sites, across integrated care systems, enabling a community pharmacist prescriber to support primary care clinical services. This presents a unique opportunity for community pharmacy to redesign current pathways and play an increasing role in delivering clinical services in primary care.
- The Community Pharmacy sector has nationally reported **workforce challenges** and pressures, reported by the National Pharmacy Association (NPA)⁴ and Healthwatch⁵. Both highlighted the current rate of **pharmacy closures** for 2024 was higher than previous years, mainly due to a combination of funding and workforce challenges.

² Pharmaceutical Regulations 2013. [Accessed December 2024] <https://cpe.org.uk/quality-and-regulations/other-regulatory-and-terms-of-service-requirements/pharmacy-regulation/>

³ NHS England. Independent prescribing. [Accessed December 2024] <https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-integration-fund/independent-prescribing/>

⁴ InPharmacy NPA warns that pharmacy closures are at record high levels. May 2024. [Accessed December 2024] <https://www.inpharmacy.co.uk/2024/05/14/npa-warns-pharmacy-closures-are-record-high-levels/>

⁵ Healthwatch. Pharmacy closures in England. September 2024. [Accessed December 2024] <https://www.healthwatch.co.uk/report/2024-09-26/pharmacy-closures-england>

- **Pharmacy First Service⁶** – The Pharmacy First service commenced on 31 January 2024 and builds upon the Community Pharmacist Consultation Service (CPCS). The service incorporates elements of the CPCS, i.e. minor illness consultations with a pharmacist and the supply of urgent medicines. Consultations are available to patients under a clinical pathway for seven clinical conditions, which they can access either by referral from General Practice, NHS 111 and urgent and emergency care settings, or by attending or contacting the pharmacy directly without referral.
- **Hypertension Case-Finding Service⁷** requirements were updated from 1 December 2023 and means that the service can be provided by suitably trained and competent pharmacy staff; previously, only pharmacists and pharmacy technicians could provide the service.
- **The 10 Year Health Plan:** NHS Change consultation: this plans to develop an inclusive plan to meet the needs of the people as part of the NHS long term plan. The emphasis is around shifting care from secondary providers to community, analogue to digital transition and sickness to prevention. This is expected to be published in summer 2025.

1.3 Key upcoming changes

Although the PNA was drafted in December 2024, the following changes will occur during the lifetime of this PNA. They have been considered and agreed following consultation that will not have an impact on the conclusions of this PNA.

An announcement was made in March 2025 which included changes to some of the services and changes to the Pharmaceutical and Local Pharmaceutical Services Regulations 2013. Some of the key changes are listed below:

- **Pharmaceutical Regulations 2013 amendments:** These amendments to the Regulations are intended to allow pharmacy owners greater flexibility in adjusting their opening hours to better align with the needs of patients and likely users. While the changes have not yet come into force, they are expected to take effect during the lifespan of this PNA.
- **DSPs will no longer be permitted to provide Advanced and Enhanced services on their premises,** though remote provision will still be allowed where specified.
- **From 23 June 2025, no new applications for Distance Selling Pharmacy's (DSPs) will be accepted,** following amendments to the Pharmaceutical Regulations 2013 which close entry to the DSP market.
- **Funding and fees:** Additional funding has been allocated and agreed for the Community Pharmacy Contractual Framework for 2025/2026.

⁶ Community Pharmacy England. Pharmacy First Service. November 2024. [Accessed December 2024] <https://cpe.org.uk/national-pharmacy-services/advanced-services/pharmacy-first-service/>

⁷ Community Pharmacy England. Hypertension Case-Finding service. July 2024. [Accessed December 2024] <https://cpe.org.uk/national-pharmacy-services/advanced-services/hypertension-case-finding-service/>

Service developments:

- From October 2025, the Pharmacy Contraception Service will be expanded to include Emergency Hormonal Contraception.
- New Medicine Service will be expanded to include depression from October 2025.
- Smoking Cessation Service will have Patient Group Directions (PGDs) introduced to enable provision of Varenicline and Cytisinicline (Cytisine). No dates have been given for this.

In March 2025, the government decided to merge NHS England into the Department of Health and Social Care, aiming to reduce bureaucracy and improve the management of health services. A timeline for this is still being developed.

1.4 Purpose of the PNA

The ICB, through their delegated responsibility from NHSE, is required to publish and maintain pharmaceutical lists for each HWB area. Any person wishing to provide NHS pharmaceutical services is required to be included on the pharmaceutical list. The ICB must consider any applications for entry to the pharmaceutical list. The Pharmaceutical Regulations 2013 require the ICB to consider applications to fulfil unmet needs determined within the PNA of that area or applications for benefits unforeseen within the PNA. Such applications could be for the provision of NHS pharmaceutical services from new premises or to extend the range or duration of current NHS pharmaceutical services offered from existing premises. This function is carried out by the Dentistry, Optometry and Pharmacy Commissioning Hub hosted by NHS North East London on behalf of all London ICBs.

The PNA is the basis for the ICB to make determinations on such applications. It is therefore prudent that the PNA is compiled in line with the regulations and with due process, and that the PNA is accurately maintained and up to date. Although decisions made by the ICB regarding applications to the pharmaceutical list may be appealed to the NHS Primary Care Appeals Unit, the final published PNA cannot be appealed. It is likely the only challenge to a published PNA will be through an application for a judicial review of the process undertaken to conclude the PNA.

The PNA should be read alongside other Joint Strategic Needs Assessment (JSNA) products. Information and JSNA products are updated on the Royal Borough of Kingston Upon Thames (RBK) 'Kingston Data' website⁸, which are kept live and inform their Health and Wellbeing Strategies, which take into account the findings of their JSNA products.

The PNA assesses how pharmaceutical services meet the needs of the local population, both now and in the future. By informing decisions made by the local authority and the ICB, these documents jointly aim to improve the health and wellbeing of the local population and reduce inequalities.

⁸ Kingston data. [Accessed December 2024] <https://data.kingston.gov.uk/>

ICBs have been given delegated responsibility for pharmacy commissioning from NHSE. Therefore, some services currently commissioned from pharmacies by ICBs may fall under the definition of Enhanced Services in the future. For the purpose of this PNA, at the time of writing, only services commissioned by NHSE as per the regulations have been considered as 'NHS pharmaceutical services'.

1.5 Scope of the PNA

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

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

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

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

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

In Kingston, once the provision of all pharmaceutical services was identified, the HWB via the PNA Steering Group, decided upon those services which were necessary to meet the pharmaceutical service needs for Kingston. This decision was made by service type.

Kingston HWB, through the PNA Steering Group, have decided that all Essential Services are Necessary Services in Kingston.

Other relevant services – These are services that the HWB is satisfied are not necessary to meet the need for pharmaceutical services, but their provision has secured improvements or better access to pharmaceutical services. Advanced and Enhanced Services, for the purposes of the PNA, were agreed by the Steering Group as relevant services.

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

- Pharmacy contractors:
 - Community Pharmacies (CPs).
 - Local Pharmaceutical Service (LPS) providers.
 - Distance-Selling Pharmacies (DSPs).

- Dispensing Appliance Contractors (DACs).
- Dispensing GP practices.

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

1.5.1 Pharmacy contractors

Pharmacy contractors comprise both those located within the Kingston HWB areas as listed in Appendix A, those in neighbouring HWB areas and remote suppliers, such as DSPs.

There are 10,451 community pharmacies in England in December 2024 (this includes DSPs).⁹ This number has decreased from 11,636 community pharmacies in 2021 since the previous PNA assessment was completed.

1.5.1.1 Community Pharmacies (CPs)

Community pharmacies are the most common type of pharmacy that allows the public to access their medications and advice about their health. Traditionally these were known as a chemist.

NHSE is responsible for administering opening hours for pharmacies, which is handled locally by ICBs through the delegated responsibilities. A pharmacy normally has 40 core contractual hours or 72+ for those that opened under the former exemption from the control of entry test. These hours cannot be amended without the consent of the ICB. All applications are required to be considered and outcomes determined within 60 days, and if approved, may be implemented 30 days after approval¹⁰. This is due to change as mentioned in Section 1.3.

1.5.1.2 Distance-Selling Pharmacies (DSPs)

A Distance-Selling Pharmacy (DSP) is a pharmacy contractor that works exclusively at a distance from patients. This includes mail order and internet pharmacies that remotely manage medicine logistics and distribution. The Pharmaceutical Regulations 2013 state that DSPs must not provide Essential Services face to face, but they may provide Advanced and Enhanced Services on the premises, as long as any Essential Service that forms part of the Advanced or Enhanced Service is not provided in person on the premises. From the 1 October 2025, DSPs will no longer be able to deliver Advanced or Enhanced services face to face with patients, onsite.

⁹ National Health Service Business Services Authority (NHS BSA). Pharmacy Openings and Closures. November 2024. [Accessed December 2024] <https://opendata.nhsbsa.net/dataset/pharmacy-openings-and-closures>

¹⁰ Community Pharmacy England. Changing Core Opening Hours. June 2024. [Accessed December 2024] <https://cpe.org.uk/changing-core-opening-hours/>

As part of the terms of service for DSPs, provision of all services offered must be offered throughout England. It is therefore possible that patients within Kingston will receive pharmaceutical services from a DSP outside Kingston.

Figures for 2023-24 show that in England there were 409 DSPs¹¹, accounting for 3.4% of the total number of pharmacies. This has increased slightly from 2020-21, when there were 372 DSPs, accounting for 3.2% of all pharmacy contractors.

1.5.1.3 Local Pharmaceutical Service (LPS) providers

A pharmacy provider may be contracted to perform specified services to their local population or a specific population group as a Local Pharmaceutical Service (LPS) provider.

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

1.5.1.4 Pharmaceutical services

The CPCF (Community Pharmacy Contractual Framework), last agreed in 2019,¹² is made up of three types of services:

- Essential Services.
- Advanced Services.
- Enhanced Services.

Underpinning all the services is a governance structure for the delivery of pharmacy services. This structure is set out within the Pharmaceutical Regulations 2013 and includes:

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

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

¹¹ NHS Business Services Authority. General Pharmaceutical Services in England 2015-16 – 2023-24. October 2024. [Accessed December 2024] [NHS BSA General Pharmaceutical Services in England 2015-16 - 2023-24](#)

¹² Department of Health and Social Care (DHSC). Community Pharmacy Contractual Framework: 2019 to 2024. May 2023. [Accessed December 2024] www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024

1.5.1.4.1 Essential Services¹³

Kingston has designated that all Essential Services (ESs) are to be regarded as Necessary Services.

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

- **ES1: Dispensing medicines** – The supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records.
- **ES2: Repeat dispensing/electronic repeat dispensing (eRD)** – The management and dispensing of repeatable NHS prescriptions for medicines and appliances, in partnership with the patient and the prescriber.
- **ES3: Disposal of unwanted medicines** – Acceptance, by community pharmacies, of unwanted medicines from households and individuals which require safe disposal.
- **ES4: Public Health (promotion of healthy lifestyles)** – Each financial year (1 April to 31 March), pharmacies are required to participate in up to six health campaigns at the request of NHS England. This generally involves the display and distribution of leaflets provided by NHSE. In addition, pharmacies are required to undertake prescription-linked interventions on major areas of Public Health concern, such as encouraging smoking cessation.
- **ES5: Signposting** – The provision of information to people visiting the pharmacy who require further support, advice or treatment that cannot be provided by the pharmacy, on other health and social care providers or support organisations who may be able to assist them. Where appropriate, this may take the form of a referral.
- **ES6: 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.
- **ES7: Discharge Medicines Service (DMS)** – From 15 February 2021, NHS trusts are able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHSE's Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.
- **ES8: Healthy Living Pharmacy (HLP)** – From 1 January 2021, being a HLP is an essential requirement for all community pharmacy contractors in England. The HLP framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local needs, improving the health and wellbeing of the local population and helping to reduce health inequalities.

¹³ Community Pharmacy England. Essential Services. April 2024. [Accessed December 2024] <https://cpe.org.uk/national-pharmacy-services/essential-services/>

- **ES9: Dispensing appliances** – Pharmacists may regularly dispense appliances in the course of their business, or they may dispense such prescriptions infrequently, or they may have taken a decision not to dispense them at all. Whilst the Terms of Service requires a pharmacist to dispense any (non-Part XVIII A listed) medicine ‘with reasonable promptness’, for appliances the obligation to dispense arises only if the pharmacist supplies such products ‘in the normal course of business’.

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

1.5.1.4.2 Advanced Services¹⁴

Advanced Services (ASs) are all considered relevant for the purpose of this PNA.

There are nine Advanced Services within the Community Pharmacy Contractual Framework (CPCF). Advanced Services are not mandatory for providers to provide and therefore community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions. The Advanced Services are listed below and the number of pharmacy participants for each service in Kingston can be seen in Section 3.2.4, and in Section 6.2 by locality.

- **AS1: Pharmacy First service** – The Pharmacy First service commenced on 31 January 2024 and builds upon the Community Pharmacist Consultation Service (CPCS). The service incorporates elements of the CPCS, i.e. minor illness consultations with a pharmacist and the supply of urgent medicines. Consultations are available to patients under a clinical pathway for seven clinical conditions which they can access either by referral from general practice, NHS 111 and urgent and emergency care settings or by attending or contacting the pharmacy directly without referral.
- **AS2: Flu Vaccination service** – A service to sustain and maximise uptake of flu vaccine in at-risk groups by providing more opportunities for access and improve convenience for eligible patients to access flu vaccinations. This service is commissioned nationally.
- **AS3: Pharmacy Contraception Service (PCS)** – The PCS started on 24 April 2023, allowing the ongoing supply of oral contraception from community pharmacies. From 1 December 2023, the service included both initiation and ongoing supply of oral contraception. The supplies are authorised via a PGD, with appropriate checks, such as the measurement of the patient’s blood pressure and body mass index, being undertaken, where necessary. From October 2025, the Pharmacy Contraception Service will be expanded to include Emergency Hormonal Contraception.

¹⁴ Community Pharmacy England. Advanced Services. February 2024. [Accessed December 2024] <https://cpe.org.uk/national-pharmacy-services/advanced-services/>

- **AS4: Hypertension case-finding service** – This service was introduced in October 2021. The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a ‘clinic check’). The second stage, where clinically indicated, is offering ambulatory blood pressure monitoring. The blood pressure and ambulatory blood pressure monitoring results will then be shared with the GP practice where the patient is registered.
- **AS5: New Medicine Service (NMS)** – The service provides support to people who are prescribed a new medicine to manage a Long Term Condition (LTC), which will generally help them to appropriately improve their medication adherence and enhance self-management of the LTC. Specific conditions/medicines are covered by the service. New Medicine Service will be expanded to include depression from October 2025.
- **AS6: Smoking Cessation Service (SCS)** – This service is commissioned as an Advanced Service from 10 March 2022. It enables NHS trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway, including providing medication and behavioural support as required, in line with the NHS Long Term Plan care model for tobacco addiction.
- **AS7: Appliance Use Review (AUR)** – To improve the patient’s knowledge and use of any ‘specified appliance’ by:
 - Establishing the way the patient uses the appliance and the patient’s experience of such use.
 - Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient.
 - Advising the patient on the safe and appropriate storage of the appliance.
 - Advising the patient on the safe and proper disposal of appliances that are used or unwanted.
- **AS8: Stoma Appliance Customisation (SAC)** – This service involves the customisation of a quantity of more than one stoma appliance, based on the patient’s measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.
- **AS9: Lateral Flow Device (LFD) service** – The lateral flow device tests supply service for patients potentially eligible for COVID-19 treatments (LFD service) is commissioned as an Advanced service from 6 November 2023. The objective of this service is to offer eligible at-risk patients access to LFD tests to enable testing at home for COVID-19, following symptoms of infection. A positive LFD test result will be used to inform a clinical assessment to determine whether the patient is suitable for, and will benefit from, NICE recommended COVID-19 treatments.

1.5.1.4.3 Enhanced Services

Enhanced Services are all considered relevant for the purpose of this PNA.

Under the pharmacy contract, Enhanced Services are those directly commissioned by NHSE.

Under the pharmacy contract, National Enhanced Services (NES)¹⁵ are those directly commissioned by NHS England (NHSE) as part of a nationally coordinated programme. There are currently two National Enhanced Services commissioned, one is currently being provided, and the other one is undergoing national procurement.

- **NES1: COVID-19 vaccination service:** provided from selected community pharmacies who have undergone an expression of interest process and commissioned by NHSE. Pharmacy owners must also provide the Flu Vaccination service and is provided for a selected cohort of patients.
- **NES2: Respiratory Syncytial Virus (RSV) vaccination and Pertussis vaccination service:** currently under procurement, is due to go live in autumn 2025.

Local Enhanced Services (LES) are developed and designed locally by NHS England, in consultation with Local Pharmaceutical Committees (LPCs), to meet local health needs. There are four services commissioned regionally by NHS London as coordinated by the Dentistry, Optometry and Pharmacy Commissioning Hub or by the North East London ICB on behalf of all London ICBs through the delegated authority by NHSE.

- **LES1: Bank Holiday Service:** provides coverage over Bank Holidays, Easter Sunday, and Christmas Day, to ensure that there are pharmacies open on these days so patients can access medication if required.
- **LES2: Measles, Mumps and Rubella (MMR) vaccination service:** pharmacies are commissioned by direct award based on areas of low uptake and proven experience and success of running similar schemes. This service is commissioned to deliver by the currently selected sites until end of March 2026.
- **LES3: Pneumococcal Polysaccharide Vaccine (PPV) service:** was issued in April 2025 as currently commissioned. Pharmacies can sign up to provide this service.
- **LES4: London Flu:** the specification for this vaccination service is currently being drawn up for 2025/26 and will come into effect from 1 September 2025. Pharmacies that are already providing the national Flu advanced service can sign up to provide this local service. The London Flu service runs in parallel to the national Flu programme, with cohorts that sit outside of the Flu advanced service as described in Section 1.5.1.4.2.

¹⁵ Community Pharmacy England. Advanced Services. February 2024. [Accessed December 2024] <https://cpe.org.uk/national-pharmacy-services/national-enhanced-services/>

1.5.1.5 Pharmacy Access Scheme (PhAS) providers¹⁶

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

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

DSPs, DACs, LPS contractors and dispensing GP practices are ineligible for the scheme.

From 1 January 2022, the revised PhAS is to continue to support patient access to isolated, eligible pharmacies and ensure patient access to NHS community pharmaceutical services is protected.

1.5.1.6 Other services

As stated in Section 1.4, for the purpose of this PNA, 'pharmaceutical services' has been defined as those which are or may be commissioned under the provider's contract with NHSE.

[Section 4](#) outlines services provided by NHS pharmaceutical providers in Kingston commissioned by organisations other than NHSE or provided privately, and therefore are out of scope of the PNA. At the time of writing the commissioning organisations primarily discussed are the local authority and ICB.

1.5.2 Dispensing Appliance Contractors (DACs)

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

DACs must provide a range of Essential Services such as dispensing of appliances, advice on appliances, signposting, clinical governance and home delivery of appliances. In addition, DACs may provide the Advanced Services of AUR and SAC. As of August 2024,¹⁷ there were a total of 111 DACs in England.

Pharmacy contractors, dispensing GP practices, and LPS providers may supply appliances, but DACs are unable to supply medicines.

¹⁶ DHSC. 2022 Pharmacy Access Scheme: guidance. May 2023. [Accessed December 2024.] <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024/2021-to-2022-pharmacy-access-scheme-guidance>

¹⁷ NHS Business Services Authority (BSA). Dispensing contractors' data. [Accessed December 2024] <https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data>

1.5.3 Dispensing GP practices

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

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

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

1.5.4 Other providers of pharmaceutical services in neighbouring areas

There are five other HWBs that border Kingston:

- Merton HWB.
- Richmond HWB.
- Surrey HWB.
- Sutton HWB.
- Wandsworth HWB.

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

1.6 Process for developing the PNA

Kingston HWB has statutory responsibilities under the Health and Social Care Act to produce and publicise a revised PNA at least every three years. The last PNA for Kingston was published in September 2022 and is therefore due to be reassessed and published by September 2025.

This PNA has been produced by the Kingston PNA Steering Group, on behalf of the Kingston Partnership Board, with the support of Soar Beyond.

- **Step 1:** Kingston Partnership Board requested that a Kingston PNA Steering Group prepare the Kingston PNA 2025 on behalf of the Board. Soar Beyond was commissioned by RBK to support the PNA production.
- **Step 2: Steering Group** – On 3 September 2024, Kingston PNA Steering Group was established. The terms of reference and membership of the group can be found in Appendix C.
- **Step 3: Project management** – At this first meeting, the Steering Group agreed the project plan for the PNA production and ongoing maintenance of the Kingston PNA. Appendix B shows an approved timeline for the project.

- **Step 4: Review of existing PNA and JSNA** – The PNA Steering Group reviewed the existing PNA and JSNA.
- **Step 5a: Public questionnaire on pharmacy provision** – A public questionnaire to establish views about pharmacy services was agreed by the Steering Group and circulated to residents via various channels. A total of 284 responses were received. A copy of the public questionnaire can be found in Appendix D with detailed responses.
- **Step 5b: Pharmacy contractor questionnaire** – The Steering Group agreed a questionnaire to be distributed to the local community pharmacies to collate information for the PNA. A total of 17 responses were received. A copy of the pharmacy questionnaire can be found Appendix E with detailed responses.
- **Step 6: Mapping of services** – Details of services and service providers were collated and triangulated to ensure the information that the assessment was based on was the most robust and accurate. The Pharmacy Contracting function within the ICB, as the commissioner of service providers and services classed as necessary and relevant, was predominantly used as a base for information due to its contractual obligation to hold and maintain pharmaceutical lists on behalf of NHSE. Information was collated, ratified and shared with the Steering Group before the assessment was commenced. The pharmaceutical list dated October 2024 was used for the draft assessment.
- **Step 7: Preparing the draft PNA for consultation** – The Steering Group reviewed and revised the content and detail of the draft PNA. The process took into account the demography, health needs of residents in the local area, JSNA and other relevant strategies in order to ensure the priorities were identified correctly. As the PNA is an assessment taken at defined moment in time, the Steering Group agreed to monitor any changes and, if necessary, to update the PNA before finalising or publish with accompanying supplementary statements as per the regulations, unless the changes had a significant impact on the conclusions. In the case of the latter, the group were fully aware of the need to reassess.
- **Step 8: Consultation** – In line with the Pharmaceutical Regulations 2013, a consultation on the draft PNA was undertaken between 24 March and 25 May 2025. The draft PNA and consultation response form was issued to all identified stakeholders. These are listed in the final PNA in Appendix F.
- **Step 9: Collation and analysis of consultation responses** – The consultation responses were collated by the council and analysed by the Steering Group. A summary of the responses received is noted in Appendix G, and full comments are included in Appendix H.
- **Step 10: Review of all pharmaceutical list notifications** – The steering group reviewed all amendments made since the draft PNA and concluded that these changes did not alter the overall findings. The section on pharmaceutical service provision was therefore updated in June 2025 to reflect the most accurate opening hours available at the time of publication.

- **Step 10: Production of final PNA** –The collation and analysis of consultation responses was used by the project manager to revise the draft PNA, and the final PNA was presented to the PNA Steering Group. The final PNA was signed off by the Kingston Partnership Board (which fulfils the functions of the Kingston HWB) / Director of Public Health and subsequently published on the council's website.

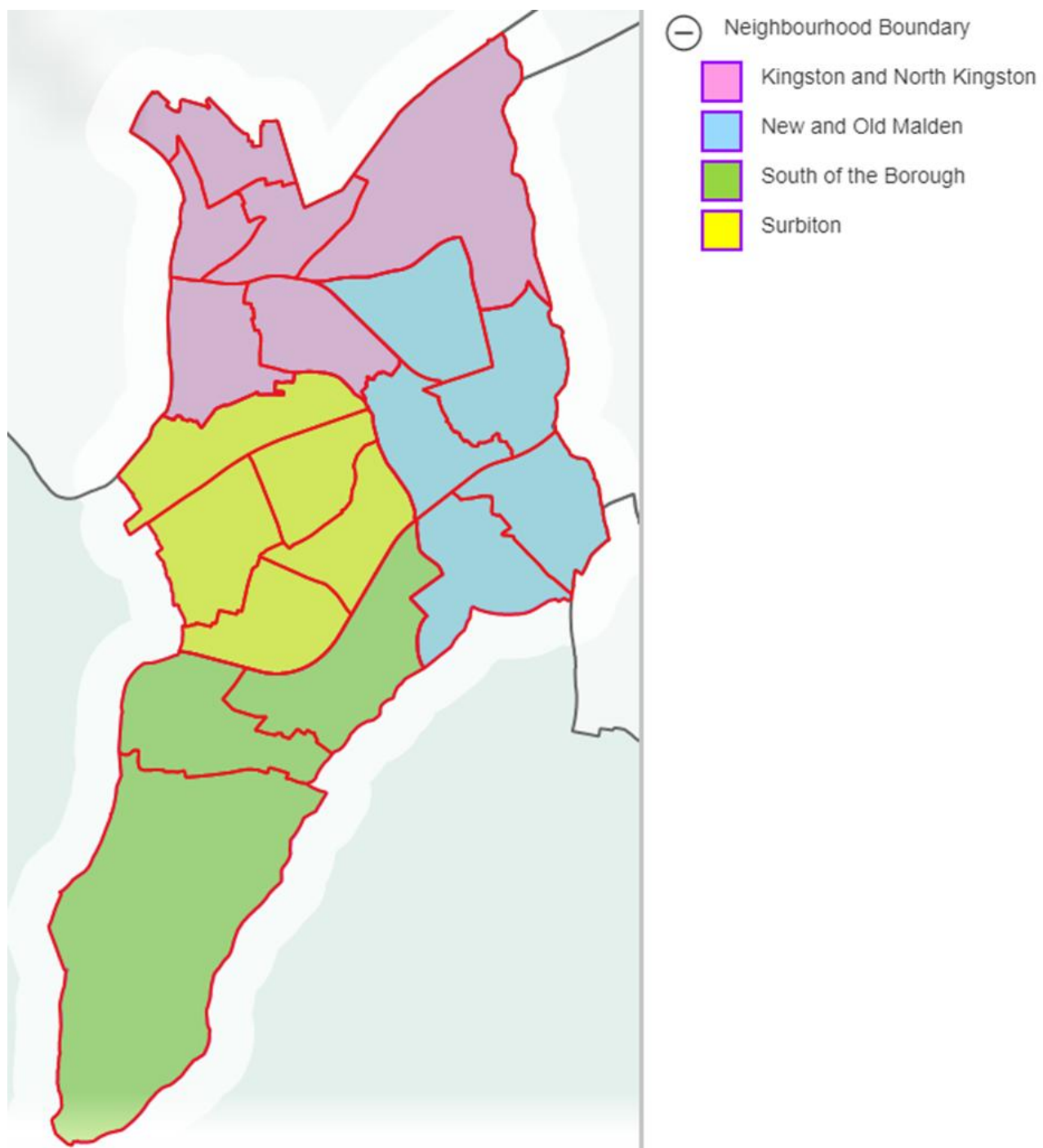
1.7 Localities for the purpose of the PNA

The PNA Steering Group, at its first meeting, considered how the localities within Kingston geography would be defined. The localities used in the previous PNA (locally known as neighbourhoods) are no longer used for other assessments across the HWB. It was agreed to align to the new neighbourhoods as PNA localities, in order to be consistent with local assessments and understanding of the area and the availability of data.

The localities used for the PNA for Kingston are:

- Kingston and North Kingston.
- New and Old Malden.
- South of the Borough.
- Surbiton.

Figure 1: Location of Kingston's localities



All maps © statmap.co.uk, unless otherwise stated

For the purpose of comparison to the 2022 PNA, the new localities have been mapped to the previous localities.

Locality 2021	Ward 2021	Locality 2024	Ward 2024
Kingston Town	Canbury	Kingston and North Kingston	Canbury Gardens
			Kingston Gate
			Kingston Town
	Grove		
	Norbiton		Norbiton
	Tudor		Tudor
			Coombe Hill
Maldens and Coombe	Beverley	New and Old Malden	
	Coombe Hill		
	Coombe Vale		Coombe Vale
	Old Malden		Old Malden
			New Malden Village
			Motspur Park and Old Malden East
	St James		Green Lane and St James
South of the Borough	Chessington North and Hook	South of the Borough	Hook and Chessington North
	Chessington South		Chessington South and Malden Rushett
	Tolworth and Hook Rise		
			King George's and Sunray
Surbiton	Alexandra	Surbiton	Alexandra
	Berrylands		Berrylands
	St Mark's		St Mark's and Seething Wells
	Surbiton Hill		Surbiton Hill
			Tolworth

A list of providers of pharmaceutical services within these localities is found in Appendix A.

The information contained in Appendix A has been provided by the South West London (SWL) ICB and RBK. Once collated, it was ratified by the Steering Group during the second Steering Group meeting.

Section 2: Context for the PNA

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

This section aims to present health needs data that might be of relevance to pharmacy services. It is not an interpretation of pharmaceutical service provision requirements for Kingston. This section should be read in conjunction with these detailed documents. Appropriate links have been provided within each subsection. There are opportunities for the ICB and HWB to maximise Community Pharmacy Contractual Framework (CPCF) services to support the Kingston Joint Local Health and Wellbeing Strategy.

2.1 NHS Long Term Plan (LTP)

The NHS LTP¹⁸ was published in January 2019, and it set out the priorities for healthcare for the next ten years. It is wide-ranging and includes chapters on new service models, action on prevention, health inequalities, and progress on care quality and outcomes.

Priority clinical areas in the LTP include:

- Prevention.
- Smoking.
- Obesity.
- Alcohol.
- Antimicrobial resistance.
- Stronger NHS action on health inequalities.
- Hypertension.

Better care for major health conditions:

- Cancer.
- Cardiovascular Disease.
- Stroke care.
- Diabetes.
- Respiratory disease.
- Adult mental health services.

There are specific aspects of the LTP that include community pharmacy and pharmacists:

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

¹⁸ NHS Long Term Plan. [Accessed December 2024] www.longtermplan.nhs.uk/

- Section 1.10 refers to the creation of ‘fully integrated community-based healthcare.’ This will be supported through the ongoing training and development of multidisciplinary teams in primary and community hubs. From 2019, NHS 111 started to directly book into GP practices across the country, as well as referring on to community pharmacies who support urgent care and promote patient self-care and self-management’.
- Section 1.12 identifies ‘pharmacist review’ of medication as a method to reduce avoidable Accident & Emergency (A&E) attendances, admissions, and delayed discharge, streamlining patient pathways to reduce avoidable outpatient visits and over-medication.
- Section 3.68 identifies community pharmacists as part of the process of improving the effectiveness of approaches such as the NHS Health Check, ‘rapidly treating those identified with high-risk conditions’, including high blood pressure.
- Section 3.86 states: ‘We will do more to support those with respiratory disease to receive and use the right medication.’ Of NHS spend on asthma, 90% goes on medicines, ‘but incorrect use of medication can also contribute to poorer health outcomes and increased risk of exacerbations or even admission’.
- Section 6.17 identifies ten priority areas. Section 6.17(v) identifies pharmacists as key in delivering value for the £16 billion spent on medicines annually. It states: ‘Research shows as many as 50% of patients do not take their medicines as intended and pharmacists will support patients to take their medicines to get the best from them, reduce waste, and promote self-care.’

The LTP has implications for the current CPCF Essential Services (1.5.1.4.1) and Advanced Services (1.5.1.4.2), by providing benefits to the Integrated Care System (ICS) to maximise these services into care pathways. Services such as the Hypertension case-finding service, Pharmacy First, PCS, and NMS can help meet the needs of the LTP.

2.2 Core20PLUS5

Core20PLUS5¹⁹ ‘is a national NHSE approach to support the reduction of health inequalities at both national’ and ICS level. The targeted population approach focuses on the most deprived 20% of the national population (CORE20) as identified by the Index of Multiple Deprivation, and those within an ICS who are not identified within the core 20% but who experience lower than average outcomes, experience or access, i.e. people with a learning disability and hidden deprivation in coastal communities (PLUS). Additionally, there are five key clinical areas (5):

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

¹⁹ NHSE Core20PLUS5 (adults) – an approach to reducing healthcare inequalities. [Accessed December 2024] www.england.nhs.uk/about/equality/equality-hub/core20plus5/

2.3 NHS South West London (SWL) Joint Forward Plan 2023-2028

The NHS South West London ICB Joint Forward Plan (JFP)²⁰, published in June 2023, describes how the local NHS and partner trusts will work together to arrange and provide NHS services to meet the needs of everyone in South West London over the next five years (2023-2028), aiming to improve local services for local people.

Pharmacies and pharmacy staff are seen as key access and delivery partners across a wide range of preventative and care services, and the JFP is keen to advance this, particularly with regard to strengthening links between GPs and community pharmacies. The document also states that one of its aims is to “develop and enhance the community pharmacy offer so that people with minor ailments see their pharmacy as the place to go for advice and support”.

Local NHS services have undergone significant structural reorganisations in the past few years. In April 2020, changes to Clinical Commissioning Groups (CCG) saw a number of mergers, including Kingston CCG being combined with Croydon, Merton, Richmond, Sutton, and Wandsworth into a single entity, NHS South West London CCG, serving 1.7 million people (now 1.8 million).

Then, in July 2022, another set of reorganisations saw the CCGs replaced by Integrated Care Board (ICBs), which took over responsibilities for allocating the local NHS budget and commissioning services for the local community, amongst other duties. The changes also aimed to improve partnership working at a local level between the NHS, GPs, local councils, and the community and voluntary sector, and replaced the previous organisation focused on partnership working in the area, the South West London Health & Care Partnership.

For the purposes of this document, where ‘NHS Kingston’ is referred to, this means the GP practices, associated services, and geographical area that old Kingston CCG covered prior to the changes. One of the GP practices (West Barnes Surgery) is situated just outside of the geographical boundaries of the borough, being located in Merton, but included here as many of its patients will be Kingston residents, and it was always part of Kingston CCG.

2.4 Joint Strategic Needs Assessment (JSNA)²¹

The PNA is undertaken within the context of the health, care and wellbeing needs of the local population, as set out in the Kingston JSNA. JSNAs are broad assessments of the current and future health and social care needs of the local community, which may be met by Kingston Council, the South West London ICB, NHS England or other providers. The production of the borough JSNA is the responsibility of the local Health and Wellbeing Board (HWB), and it is unique to their area. JSNAs are also intended to cover broader factors that affect the health and wellbeing of the local population, such as inequalities and the wider determinants of health. They can also include local assets and other resources that can help to improve health and wellbeing.

²⁰ SWL Joint Forward Plan 2023-2028 [Accessed December 2024]

https://www.southwestlondon.icb.nhs.uk/wp-content/uploads/2023/07/SWLICBJFP_June2023Final.pdf

²¹ Kingston 2023 JSNA. [Accessed December 2024] <https://data.kingston.gov.uk/needs-assessments/>

The latest Kingston JSNA was published in the summer of 2023, and focuses on the ‘top fives’ in the borough, i.e. the top five reasons for ill-health and death in Kingston for a variety of age groups, the top five risk factors for both (where applicable), top five long term conditions, and top five reasons for in-patient hospitalisation. It then looks at inequalities within the top fives, whether it be by location of residence or deprivation, ethnicity, Primary Care Network (PCN - a group of GP practices), and the wider determinants of good health.

The JSNA also contains several standalone ‘focus’ chapters, giving a more detailed summary on the following aspects of health and wellbeing:

- Alcohol.
- COVID-19.
- Geography.
- Immunisation and education basics for good health.
- Mental health.
- Obesity, healthy weight and physical activity.
- Smoking and respiratory health.

The ultimate aims of JSNAs and the Kingston Health and Care Plan - which is the current Kingston Joint Health and Wellbeing Strategy (see next section) - are to reduce health and wellbeing inequalities within the borough and improve said outcomes for the whole population.

JSNAs are a cyclical process of strategic assessment to inform the planning and commissioning of local services, that will provide the greatest benefits to improve the health of Kingston’s residents and reduce inequalities. The JSNA itself, and the focus chapters, generated a number of outputs in the form of evidence, analysis of need and priority recommendations. These will help Kingston Council, NHS Kingston, 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 and data updates on the Kingston health and wellbeing situation outlined in the Kingston Health and Care Plan.

2.5 Kingston Health and Care Plan²² and Kingston Joint Local Health and Wellbeing Strategy

The Kingston Health and Care Plan 2022-2024 is the effective Joint Health and Wellbeing Strategy for Kingston. Published by the Kingston Health and Wellbeing Board, the three-year strategy aims to give everyone the best start in life, help people to live healthier lives, and be better connected to their local community.

The current Health and Care Plan was originally published in November 2019, is based on findings in the previous Kingston JSNA and related data and is supported by a range of other strategies and plans. A refreshed, revised and updated plan to cover 2022-2024 was released in early 2022.

²² SWL ICS Kingston Health and Care Plan 2022 to 2024. [Accessed December 2024] <https://www.southwestlondonics.org.uk/publications/kingston-health-and-care-plan-2022-to-2024/>

In June 2024, the Kingston Health and Wellbeing Board agreed that the Kingston Health and Care Plan 2022-24 would remain in place until the end of March 2025, when the new Joint Local Health and Wellbeing Strategy 2025-2028 is expected to commence. The Health and Care Plan 2022-24 builds on the original plan and continues the focus on three overarching aspirations for the people of Kingston across their life course, namely that they:

- **Start well:** What happens in early life, starting from conception, affects health and wellbeing in later life. Prevention is critical to ensuring that all children and young people can fulfil their potential.
- **Live well:** Wellbeing is influenced by our environment, communities, and access to healthy choices. The Health and Care Plan will drive forward preventative approaches at all levels: engaging communities, utilising local assets (e.g. parks and open spaces) and targeting approaches to reach those most at risk.
- **Age well:** In Kingston, we want to promote an ethos of 'active, healthy ageing' and an environment to support this. We know that, within Kingston, people have different experiences of older age, with residents in some of our more deprived areas having both a shorter overall older age and having less good health in their older years. We want our residents to enjoy life in Kingston and be in the best health possible in older age. We will promote and facilitate enjoyable physical activity for all ages, making best use of the abundant green space, active travel opportunities, and sport and social groups in the borough. We want to promote volunteering and social connection, including strong bonds between the generations.

Each of the three life course stages considered in the plan contains within it three priority areas for improvement, making a total of nine life course priorities within the plan as a whole. The priority areas can be seen in Table 2.

Table 2: Kingston Health and Care Plan 2022-24 priorities

Life course stage	Priorities within each time period
Early life (start well)	Maximise the mental wellbeing and resilience of our children and young people
	Improve the health of children and young people with a focus on tackling childhood obesity
	Give children and young people with special educational needs and disabilities opportunities to flourish and be independent
Mid-life (live well)	Support people to have good physical and mental health and prevent ill health
	Support people to manage long-term conditions
	Reduce health inequalities for those with poor health
Later life (age well)	Maximise people's independence and resilience to enable them to live well at home where that is their choice
	Reduce loneliness and isolation for everyone, particularly older people and their carers
	Enable people to live and end the last years of their life well

The key themes of the plan are supported by four cross-cutting priorities, which are important to consider across all life stages:

- Identifying, recognising and helping carers to lessen the impact that caring can cause.
- Tackling inequalities in health and reducing disparities for the most disadvantaged.
- Taking action to tackle obesity at all ages, promoting healthy lifestyles and weight.
- Promoting good mental health and resilience to life's ups and downs.

A new JLHWS for Kingston, to cover 2025-28, is currently in production and due for release in the spring of 2025. It will again consider a life course approach to promoting good physical and mental health and wellbeing, and reducing inequalities, and will be based on the data and findings outlined in the 2023 JSNA. The new strategy also aligns with other borough and council ambitions, such as becoming an 'Age Friendly' borough²³.

2.6 Population characteristics

2.6.1 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 third smallest population of any borough in London²⁴ (after the City of London and Kensington and Chelsea), is the seventh smallest borough in terms of geographical area and has the eighth lowest population density.

Kingston residents are, on the whole, healthier and more affluent than the average London borough. However, there is variation across the population, with some people doing less well than others.

Based on short-term projections, the current 2024 estimated resident population of the borough is 171,170²⁵. Over the lifespan of this PNA (to 2028), Kingston's population is estimated to grow by 3.4% (to approximately 177,000), which is more than double the estimated London-wide growth of 1.6% over the same time frame. The majority of Kingston's growth is predicted to be in older residents, with the 65 years and over population due to rise by 8% (2,000 more people), whereas the child population is set to fall by 5% (1,500 fewer).

²³ Age Friendly Kingston. [Accessed December 2024] <https://www.kingston.gov.uk/neighbourhood-community-safety/age-friendly-kingston>

²⁴ Greater London Authority (GLA) housing-led population projections, 2022 base, 10-year migration and central fertility scenario. [Accessed December 2024] <https://data.london.gov.uk/dataset/housing-led-population-projections>

²⁵ GLA housing-led population projections, 2022 base, 10-year migration and central fertility scenario. [Accessed December 2024] <https://data.london.gov.uk/dataset/housing-led-population-projections>

The South West London ICB is responsible for the healthcare of all GP-registered patients within its boundaries, including Kingston, whose GP-registered population currently (1 October 2024) stands at 225,050²⁶, which is over 8,000 (3.5%) higher than at the time of the previous PNA 2022, three years ago. Almost 53,000 more people are registered with Kingston GPs than are thought to reside in the borough, and this figure is increasing. Local pharmacies will provide services to both of these groups.

The borough is divided into 19 electoral wards, which are combined into four localities, called neighbourhoods (see Section 1.7). Table 3 shows the size of the population in each ward and neighbourhood locality.

Table 3: Kingston ward and neighbourhood populations, 2024²⁷

Neighbourhood	Wards within the neighbourhood	Ward population size	Neighbourhood population size
Kingston and North Kingston	Canbury Gardens	8,348	56,616
	Kingston Gate	11,270	
	Kingston Town	10,979	
	Norbiton	11,322	
	Tudor	6,960	
	Coombe Hill	7,737	
New and Old Malden	Coombe Vale	10,569	40,925
	Green Lane & St James	6,983	
	Motspur Park & Old Malden East	7,040	
	New Malden Village	9,573	
	Old Malden	6,760	
South of the Borough	Chessington South & Malden Rushett	9,316	26,367
	Hook & Chessington North	11,150	
	King George's & Sunray	5,901	
Surbiton	Alexandra	6,536	47,261
	Berrylands	6,126	
	St Mark's & Seething Wells	12,304	
	Surbiton Hill	10,907	
	Tolworth	11,388	

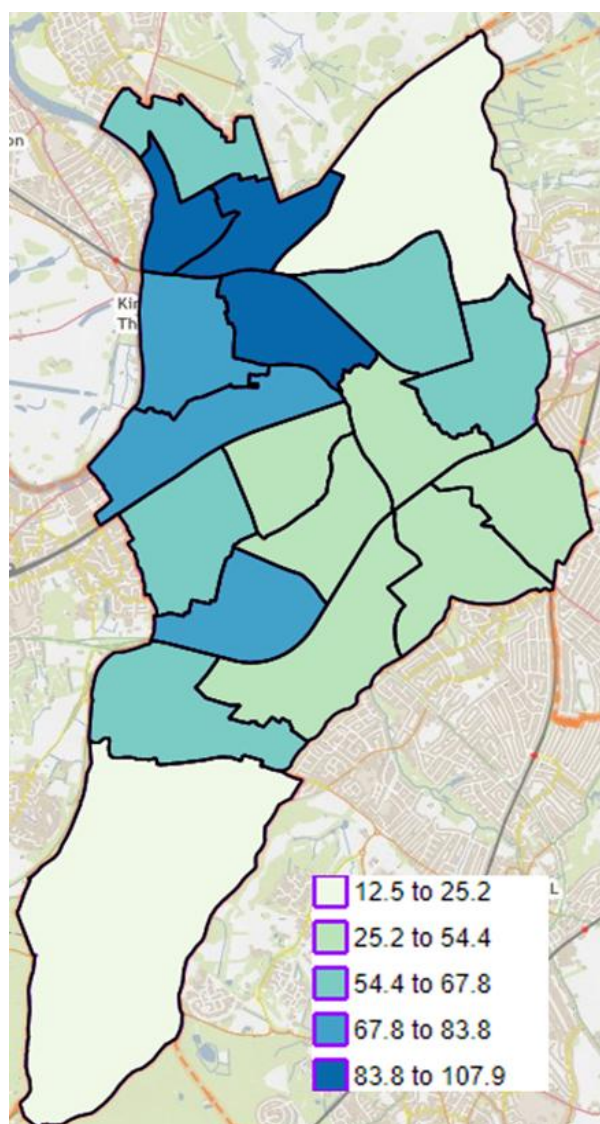
²⁶ NHS England, 'Patients Registered at a GP Practice, October 2024'. [Accessed December 2024] <https://digital.nhs.uk/data-and-information/publications/statistical/patients-registered-at-a-gp-practice/october-2024>

²⁷ GLA housing-led population projections, 2022 base, 10-year migration and central fertility scenario. [Accessed December 2024] <https://data.london.gov.uk/dataset/housing-led-population-projections>

It should be noted that ward boundary changes came into effect in 2022. This means the number of wards in Kingston has increased from 16 to 19 and most, if not every ward, have different boundaries. All data provided here is based on the current wards; however, the wards, and hence the localities, have all changed since the drafting of the previous PNA in 2021-22, so the ward-level analyses are not comparable with those of the previous document.

At ward level, Kingston's population density varies by a factor of ten, from around 12.5 people/ square hectare (1,250 people/ square km) in Chessington South, to over 107 (10,700) in Canbury Gardens (situated close to Kingston town centre). The most densely populated parts of the borough tend to be in the north-west, around Kingston, Norbiton and Surbiton. Four of the five most densely populated wards in the borough are found in the Kingston and North Kingston neighbourhood, with less dense areas mainly in the extreme south and north-east (see Figure 2).

Figure 2: Kingston's population density (persons per square hectare), 2024, by ward

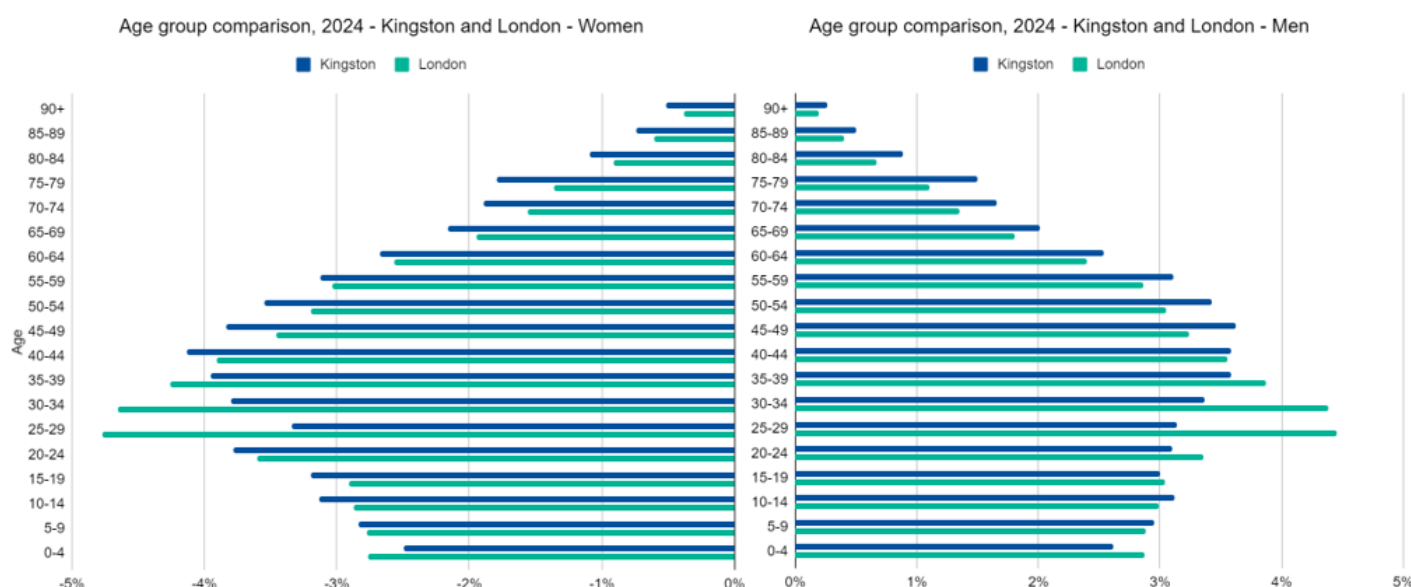


2.6.2 Age distribution

As of 2024, 18.4% of the Kingston population is estimated to be aged between 0 and 15 years old, inclusive, compared with 18.3% for London. Equivalent recent projections for England are not available, but Census 2021 data showed 18.1% for England. People of working age (16-64 years) currently comprise 66.6% of the Kingston population, compared to 69.4% for London and 63.7% (as at Census 2021) for England²⁸.

Kingston has a significantly older demographic when compared to London (12.3%), with 15% of Kingston aged 65 and over. Kingston's median age is 39.1 years compared to the London median of 35.9. However, the overall England population of older people (as at Census 2021) is higher than Kingston, at 18.2%.

Figure 3: Age band comparison graphs for Kingston and London, 2024



2.6.3 Population growth

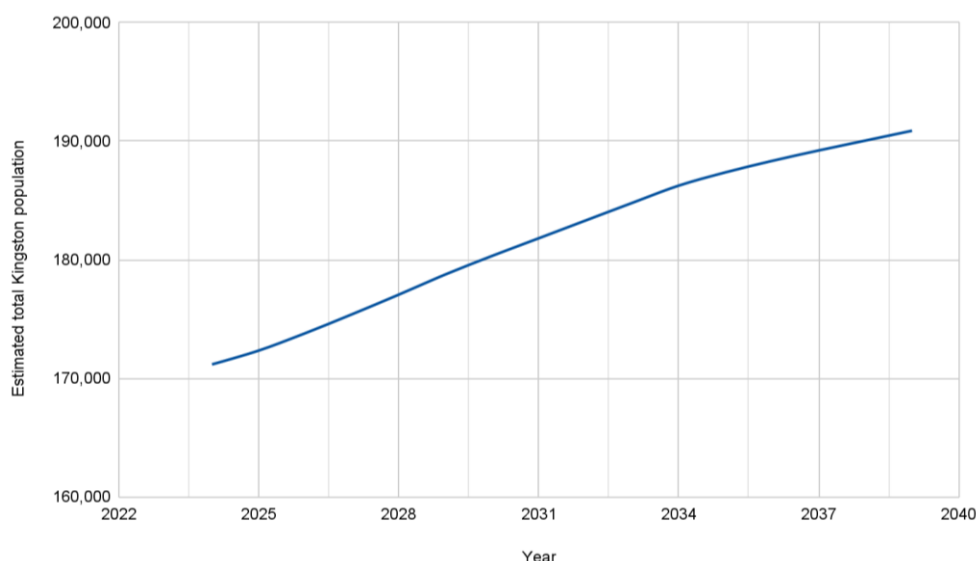
The population of Kingston is projected²⁹ to rise steadily in the coming years (see Figure 4), increasing to around:

- 178,800 by 2029.
- 186,250 by 2034.
- 190,900 by 2039.

This is a projected growth of 4.4% to 2029 and 11.5% in the next fifteen years.

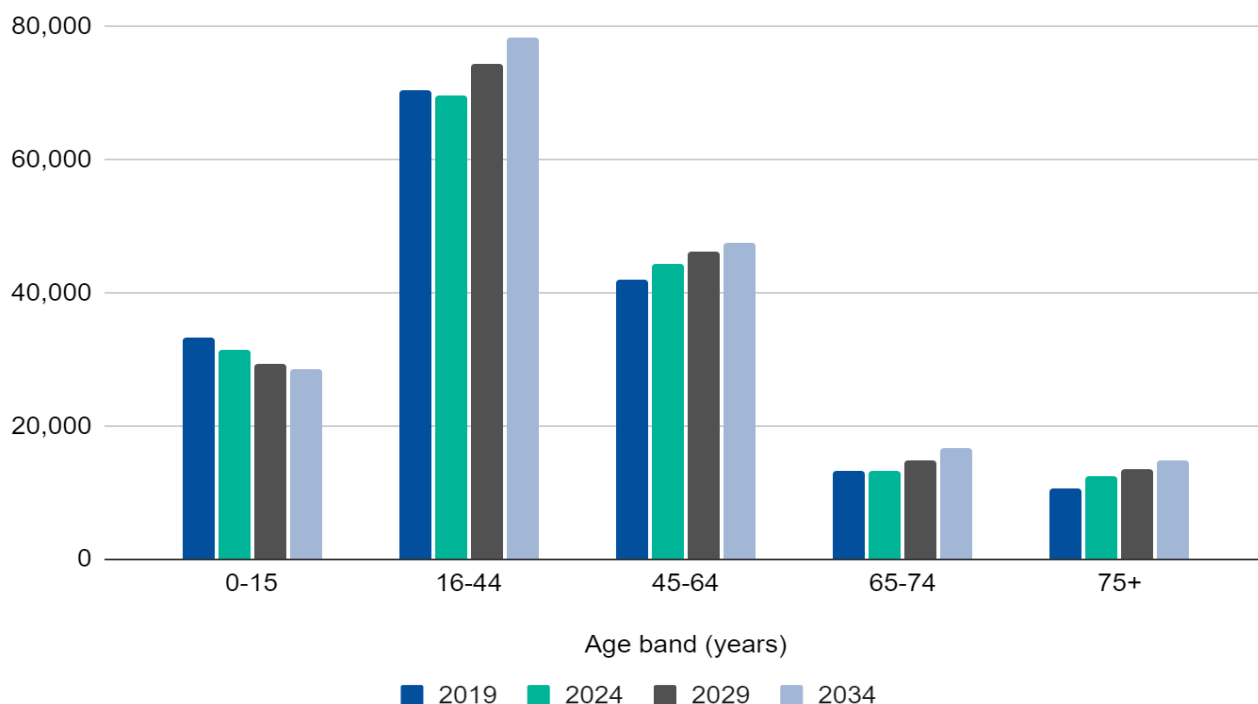
²⁸ Greater London Authority (GLA) housing-led population projections, 2022 base, 10-year migration and central fertility scenario. [Accessed December 2024] <https://data.london.gov.uk/dataset/housing-led-population-projections>

²⁹ GLA housing-led population projections, 2022 base. [Accessed December 2024] <https://data.london.gov.uk/dataset/housing-led-population-projections>

Figure 4: Projected Kingston population, 2024-2039

These projections have been revised downwards over the past few years since the previous PNA 2022 was formulated. The 2021 Census revealed a lower population in the borough than had previously been estimated, and future population growth is likely to be slowed by a shortage of housing stock and a falling birth rate.

Figure 5 shows the proportions of Kingston's population broken down by age group. Over the past five years, the number of residents aged 0-15 and 16-44 years has decreased slightly, mostly amongst men. All other groups have risen, and all are projected to rise over the coming decade, with the biggest increase in the next ten years amongst people aged between 65 and 74 years inclusive, who show a 27% increase compared to the 2024 total, over 3,500 extra residents in this age group over the next decade.

Figure 5: Kingston's population size by broad age group, projection, 2019-2034

A growing number of older people will likely increase the demand for health and social care services. Healthy life expectancy, which varies within the borough and is strongly linked to deprivation levels, will affect future needs. The projections show that the number of people aged 65 and over in the borough will rise at more than double the rate of working age residents (23% vs 10% more people) in the next decade. An ageing population is predicted in many areas across the country, with Kingston and other similar boroughs at the vanguard of this demographic shift in London.

2.6.4 Housing development

The most recent London Strategic Housing Land Availability Assessment was finalised in 2017,³⁰ within which Kingston had the capacity to build 13,640 new homes between 2019-29. As population projections have since been revised downwards, if even half of these new homes were delivered, they would likely be sufficient to house the forecasted new residents by the end of this decade. A new strategic land availability assessment is due for completion in 2026, under the LAND4LDN project³¹.

Kingston's Housing Pipeline³², for sites with planning permission in the borough, shows 2,800 units with around 5,000 beds due to be completed in the next five years. Future building plans are unevenly distributed around the borough, with the vast majority in and around the Kingston Town and Norbiton areas (see Table 4), with 81% of the future units for the borough to be found in the Kingston and North Kingston locality. However, these are a combined total of small and large developments.

There will be many units built in the next five years that do not yet have planning permission, so these numbers are likely an underestimate. The change of national government in 2024 may also play a part in increasing local housebuilding by relaxing planning laws or streamlining the development process.

Table 4: Ward and locality (neighbourhood) planned housing to 2028-29

Locality	Wards within the locality	Planned new units	Planned new units (Total)
Kingston and North Kingston	Canbury Gardens	1	2,269
	Kingston Gate	57	
	Kingston Town	826	
	Norbiton	1,137	
	Tudor	1	
	Coombe Hill	247	

³⁰ The London Strategic Housing Land Availability Assessment 2017. [Accessed December 2024] https://www.london.gov.uk/sites/default/files/2017_london_strategic_housing_land_availability_assessment.pdf

³¹ LAND4LDN Programme. [Accessed December 2024] <https://www.london.gov.uk/programmes-strategies/planning/digital-planning/land4ldn-programme>

³² Royal Borough of Kingston, unpublished. [Accessed December 2024] Further details on planned development can be found at <https://www.kingston.gov.uk/applications>

Locality	Wards within the locality	Planned new units	Planned new units (Total)
New and Old Malden	Coombe Vale	9	186
	Green Lane & St James	40	
	Motspur Park & Old Malden East	9	
	New Malden Village	120	
	Old Malden	8	
South of the Borough	Chessington South & Malden Rushett	6	26
	Hook & Chessington North	15	
	King George's & Sunray	5	
Surbiton	Alexandra	15	304
	Berrylands	45	
	St Mark's & Seething Wells	101	
	Surbiton Hill	79	
	Tolworth	64	

The largest specified developments, including approved and commenced sites, in Kingston and North Kingston locality are located in the wards of Norbiton and Kingston Town.

Table 5: Large sites with planning permission in Kingston and North Kingston locality

Ward	Address	Total net additional homes	Development status	Expected completion year
Norbiton	Hawks Road Clinic, Hawks Road, KT1 3EW	125	Commenced	2025/26
Kingston Town	15 - 23 Fife Road, Kingston Upon Thames, KT1 1SB	111	Commenced	2025/26
Norbiton	Cambridge Road Estate Redevelopment Site, Cambridge Road, Kingston Upon Thames	165	Approved	2025/26
Norbiton	Cambridge Road Estate Redevelopment Site, Cambridge Road, Kingston Upon Thames	130	Approved	2026/27
Norbiton	Cambridge Road Estate Redevelopment Site, Cambridge Road, Kingston Upon Thames	886	Approved	Uncertain
Kingston Town	Unilever Kingston, 3 St James Road, Kingston Upon Thames	156	Approved	Uncertain

2.6.5 Care homes – existing and in development

Care homes are an important consideration when looking at current and future pharmacy use. At the time of writing, there are 38 care homes in the borough, across all localities, with a total of 1,235 beds. As well as this, two new care home developments within the borough that currently have planning permission are due for completion in 2026-27, a 120-bed home in the Kingston and North Kingston locality (Norbiton ward) and an 86-bed location in Surbiton neighbourhood (Surbiton Hill ward). Care homes are fairly evenly split across three of the four localities (see Table 6), although very rare in the South of the Borough.

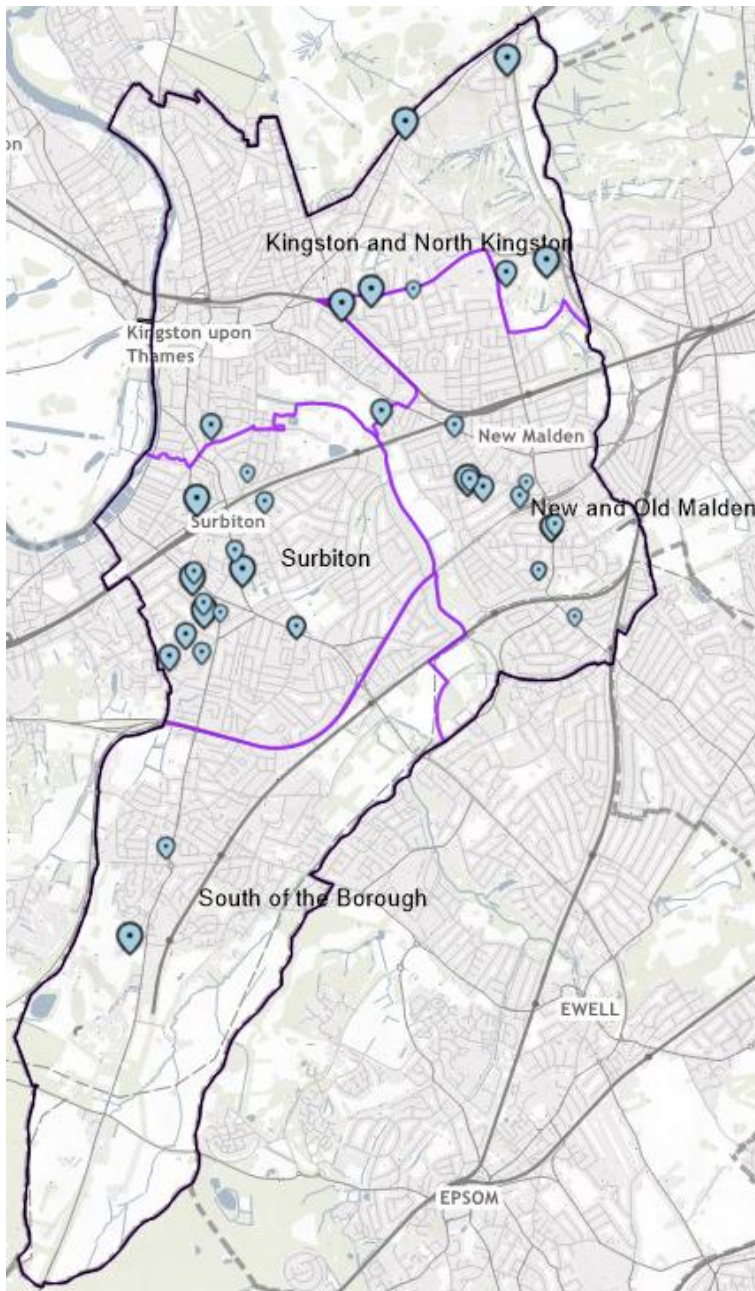
Table 6: Existing and future planned care home beds per locality

Locality	Care home beds (2025)	Care home beds (estimated 2028)
Kingston and North Kingston	375	495
New and Old Malden	355	355
South of the Borough	53	53
Surbiton	452	538
Total	1,235	1,441

At ward level, the wards with the most care home beds in the borough are Surbiton Hill (350, 436 estimated in 2028) and Coombe Hill (339).

The mapped locations of the care homes (see Figure 6) shows the largest cluster of homes to be situated in the south of the Surbiton area and another smaller cluster towards the south of New and Old Malden.

Figure 6: Care home locations in the borough (larger pins have more beds)



2.6.6 Increasing population and need for pharmaceutical services

Kingston's rising, and ageing, population needs to be considered in planning for future pharmacy services.

2.6.7 GP-registered population

The NHS Kingston area is made up of 20 GP member practices that in October 2024 served a registered patient population of 225,050. The registered population has grown by over 8,000 people (3.5%) since the last PNA 2022, which was a similar rate of increase to the previous PNA three years prior to that.

Over 20% of the GP-registered population live outside the borough and the number of registered patients with local general practices is greater than the number of resident people in almost all age groups. A comparison of the local GP-registered population and Kingston residents can be seen in Table 7³³.

Table 7: Age band comparison of Kingston GP registrations and borough residents, 2024

Age group (years)	Number of GP registrations	Number of Kingston residents	% difference of registrations compared to residents
0-4	10,099	8,738	16%
5-9	12,689	9,908	28%
10-14	14,076	10,697	32%
15-19	13,074	10,611	23%
20-24	14,255	11,785	21%
25-29	16,750	11,078	51%
30-34	17,731	12,282	44%
35-39	18,380	12,891	43%
40-44	18,792	13,196	42%
45-49	17,812	12,764	40%
50-54	15,873	11,955	33%
55-59	13,503	10,663	27%
60-64	11,229	8,915	26%
65-69	8,852	7,133	24%
70-74	7,290	6,081	20%
75-79	6,619	5,642	17%
80-84	4,017	3,387	19%
85-89	2,486	2,117	17%
90+	1,529	1,332	15%

The greatest difference between GP registrations and borough residents is in younger working age groups, with over 27,000 more people aged between 25-49 years being registered with a Kingston GP than living in the borough.

³³ NHS England 'Patients Registered at a GP Practice, October 2024', GLA housing-led population projections 2022 base [Accessed December 2024] <https://digital.nhs.uk/data-and-information/publications/statistical/patients-registered-at-a-gp-practice/october-2024>

Between the sexes, the largest differences in GP population in Kingston (outside of very old age, where women predominate) are the 20-24 years age group, where there are 25% more women registered than men. Conversely, men aged between 45 and 59 outnumber women of the same age by 10% amongst registrations; however, these patterns were also seen for the previous PNA three years ago.

2.6.8 International migration

International migration has been a significant factor in the change in population of Kingston over recent years. In 2023-24, over 3,400 overseas nationals registered for National Insurance numbers in Kingston³⁴, with the most popular countries of origin for migrants this year being India, China and Pakistan.

Non-EU migration is far and away the largest subgroup, with around two-thirds of migrants coming from Asia alone. This is very different to what was seen prior to legislation enacting the outcome of the UK EU membership referendum in 2016. Annual levels of migration in the 2020s are higher than in the 2010s or 2000s.

2.6.9 Life expectancy

Life expectancy is a key measure of the health of a population. People in Kingston continue to have better health than the national average, and this is reflected in their life expectancy.

Life expectancy has increased over the last two decades across the country and within the borough, although in the past few years, life expectancy has remained largely flat in Kingston³⁵, and decreased across London and nationally, mostly due to increased mortality from the COVID-19 pandemic period. Over the period 2020-22, life expectancy at birth in Kingston was 84.7 years for women and 81.1 years for men, in both cases significantly above the average for London (83.6 for women, 79.1 for men) and for England (82.8 for women, 78.9 for men)³⁶. Since 2001-03, life expectancy in the borough for both sexes has risen by about three and a half years, which is slightly above the equivalent figures for London and England.

³⁴ National Insurance number registrations of overseas nationals. [Accessed December 2024] <https://stat-xplore.dwp.gov.uk/webapi/jsf/tableView/tableView.xhtml>

³⁵ Office for Health Improvement and Disparities (OHID) Fingertips, life expectancy profiles. [Accessed December 2024] <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/4/gid/1000049/pat/6/par/E12000007/ati/301/are/E09000021/iid/90366/age/1/sex/1/cat/-1/ctp/-1/yr/3/cid/4/tbm/1/page-options/car-do-0>

³⁶ Office for National Statistics (ONS), Life expectancy at birth and at age 65 years by local areas (via OHID Fingertips). [Accessed December 2024] <https://fingertips.phe.org.uk/search/life%20expectancy>

2.6.9.1 Life expectancy and deprivation:

Life expectancy is longer among the more affluent areas of Kingston. For the three-year period 2018-20, people living in more affluent areas could expect to live almost 10% longer than those in the most deprived parts of the borough³⁷, equating to almost seven extra years of life for men, and six extra years for women in Kingston. This gap in lifespan between high and low deprivation areas is slowly closing, however, there is a long way still to go.

2.6.9.2 Healthy Life Expectancy (HLE)

Healthy life expectancy (HLE) represents the average number of years that a person can expect to live in full or fairly good health, after taking into account the local health profile of their area of residence. For the period 2021-23, the HLE at birth for both males (68.8 years) and females (69.4 years) living in Kingston was the fourth highest local authority nationally, significantly above the averages for London (63.9 years men, 64.0 years women) and England (61.5 years men, 61.9 years women)³⁸. Trends in HLE over the past decade are generally positive for men and women in Kingston. For HLE at birth, the value for men has risen by three years, from 65.7 years in 2011-13 to 68.8 in 2021-23; however, most of this rise occurred in the early 2010s. HLE at birth for women in Kingston shows a similar pattern (65.7 years in 2011-13 up to 69.4 in 2021-23), rising strongly in the early 2010's but with more of a plateau since.

For HLE at 65 years, men in Kingston have an extra two years (12.3 in 2021-23 compared to 10.3 in 2011-13) than they did a decade previously, but similarly to HLE at birth, levels rose most strongly in the early 2010s but have fluctuated since. HLE in women at age 65 shows a similar picture, with a two and a half years' rise in the past decade (10.4 years in 2011-13 to 13 in 2021-23) and an overall upward trend.

After this age, a typical person will be living with some form of illness, poor self-rated health or disability³⁹. Additional health needs may give rise to increased health service utilisation, including local pharmacies.

As with life expectancy, variation in HLE can be found across the borough. Around a decade of extra healthy life is found for residents in wards with lower deprivation than those in more deprived areas⁴⁰.

³⁷ OHID fingertips, public health outcomes framework (PHOF). [Accessed December 2024]

<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0/gid/1000049/pat/6/par/E12000007/ati/301/are/E09000021/iid/90366/age/1/sex/1/cat/-1/ctp/-1/yr/3/cid/4/tbm/1/page-options/car-do-0>

³⁸ OHID fingertips, life expectancy profiles. [Accessed December 2024]

<https://fingertips.phe.org.uk/search/healthy%20life%20expectancy>

³⁹ OHID, healthy life expectancy definition. [Accessed December 2024]

<https://fingertips.phe.org.uk/search/healthy%20life%20expectancy#page/6/gid/1000049/pat/6/par/E12000007/ati/502/are/E09000021/iid/90362/age/1/sex/2/cat/-1/ctp/-1/yr/3/cid/4/tbm/1/page-options/car-do-0>

⁴⁰ ONS data visualisation. [Accessed December 2024]

<https://www.ons.gov.uk/visualisations/dvc479/map/index.html>

2.6.10 Specific populations

2.6.10.1 Ethnicity

The ethnic composition of Kingston was last fully captured in the Census of 2021. The population makeup of Kingston is becoming more ethnically diverse, with ethnic minority groups increasing and the White population decreasing since the previous Census in 2011. The White proportion of the borough decreased from 84.5% in 2001 to 74.5% in 2011 and 68.3% in 2021⁴¹.

In 2021, 32% of the Kingston population came from an ethnic minority, compared with 46% for London and 19% in England overall⁴².

The full Kingston ethnicity breakdown of the Office for National Statistics (ONS) 2021 Census, and comparison to the previous census, can be seen in Table 8.

Table 8: Kingston ethnicity changes, 2011-2021

Ethnic group	Number in 2021 Census	% in 2021 Census	Number in 2011 Census	% change 2011-2021
White: English/Welsh/Scottish/Northern Irish/British	90,280	53.7%	101,015	-11%
White: Irish	2,647	1.6%	2,718	-3%
White: Gypsy or Irish Traveller	57	0.0%	95	-40%
White: Other White (includes Roma)	21,860	13.0%	15,391	42%
Mixed/multiple ethnic groups: White and Black Caribbean	1,547	0.9%	1,238	25%
Mixed/multiple ethnic groups: White and Black African	1,086	0.6%	700	55%
Mixed/multiple ethnic groups: White and Asian	3,553	2.1%	2,500	42%
Mixed/multiple ethnic groups: Other Mixed	2,792	1.7%	1,831	52%
Asian/Asian British: Indian	7,722	4.6%	6,325	22%
Asian/Asian British: Pakistani	4,361	2.6%	3,009	45%
Asian/Asian British: Bangladeshi	941	0.6%	892	5%
Asian/Asian British: Chinese	4,116	2.5%	2,883	43%

⁴¹ 2001/2011/2021 Census [Accessed December 2024] ONS, via <https://www.nomisweb.co.uk/census/>

⁴² 2021 Census. [Accessed December 2024] ONS, via <https://www.nomisweb.co.uk/census/>

Ethnic group	Number in 2021 Census	% in 2021 Census	Number in 2011 Census	% change 2011-2021
Asian/Asian British: Other Asian	12,737	7.6%	13,043	-2%
Black/African/Caribbean/Black British: African	3,117	1.9%	2,616	19%
Black/African/Caribbean/Black British: Caribbean	1,089	0.6%	1,027	6%
Black/African/Caribbean/Black British: Other Black	545	0.3%	378	44%
Other: Arab	3,564	2.1%	2,439	46%
Other: Any other ethnic group	5,967	3.6%	1,960	204%
Total	168,050	100	160,060	5%

In absolute terms, the largest non-White ethnic minorities in Kingston are the groups categorised as ‘Other Asian’, Indian, and Pakistani. Kingston has a sizable Korean population, particularly in the New and Old Malden neighbourhood, which could account for the prominence of the Other Asian group. The largest proportional increases in ethnic groups over the past decade have been ‘Any other ethnic group’, ‘White and Black African’, and ‘Other Mixed’. There are ten thousand fewer White British residents in the borough than there were a decade ago.

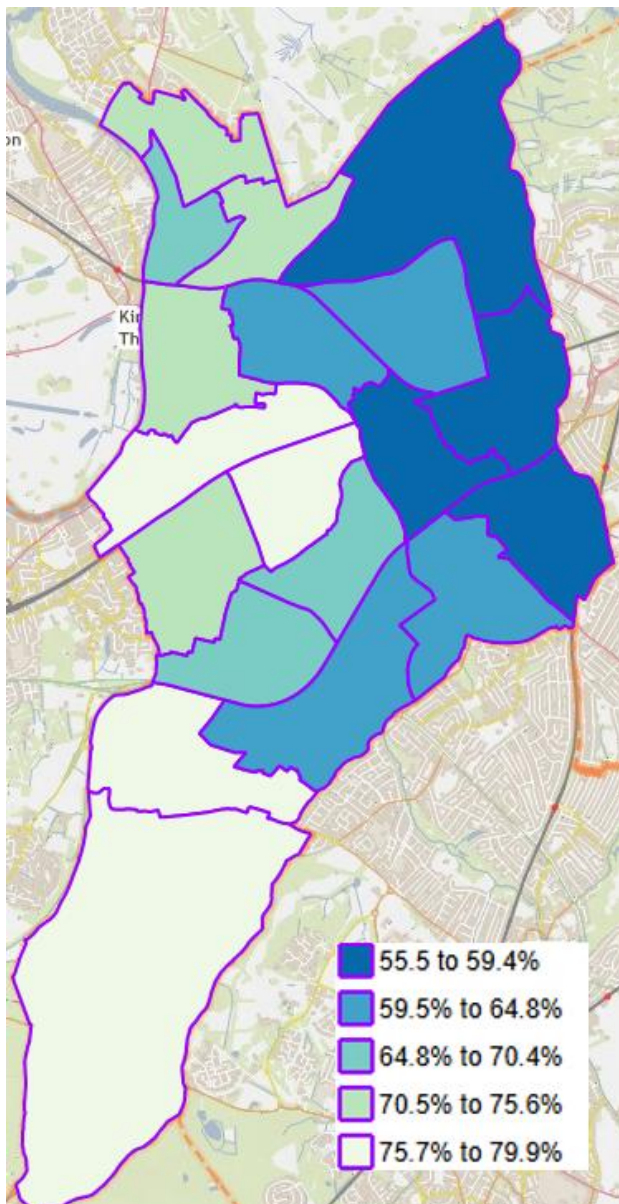
At a ward and neighbourhood locality level (see Figure 7 and Table 9), the wards in New and Old Malden are the most diverse part of the borough overall, with 59% White residents, 26% Asian being the next highest major group. The South of the Borough’s wards are the least diverse, being 76% White.

Table 9: Percentage of Kingston residents as ethnic minority groups per locality, JSNA 2023⁴³

Locality	Ethnic minority
Kingston and North Kingston	34.1%
New and Old Malden	41%
South of the Borough	23.8%
Surbiton	26.9%

⁴³ Kingston JSNA 2023. [Accessed December 2024]. <https://data.kingston.gov.uk/wp-content/uploads/2023/10/Online-Published-MASTER-FINAL-JSNA-2023.pdf>

Figure 7: Percentage of Kingston residents recorded as White ethnic group, by ward, Census 2021



2.6.10.2 Languages

The 2021 Census reports that 82.7% of Kingston residents (aged three and over) speak English as their first language at home, which is a very similar proportion to the previous census (83.6%). After English, the three most common languages spoken as a first language are Tamil, Korean, and Arabic, similar to 2011, except that Arabic has overtaken Polish as the third most popular.

At ward level, the parts of Kingston with the fewest English speakers at home are mostly in the north and east of the borough, with almost a quarter of residents in Norbiton and New Malden Village having a different primary language. The south of the borough, around Chessington, has the fewest such residents, with almost 90% of residents speaking English at home.

2.6.10.3 Religion

The 2021 Census data on religion shows that belief has dropped in the past decade, with only 46% of the borough's population who answered the question identifying as Christian, compared to 57% in 2011. The proportion of people having no religion has increased from 28% to 37% in the same time period.

At ward level, Christianity varies from 39% of people in Kingston Town to 53% in Hook and Chessington North. Islam and Hinduism are the next most common religions in the borough, 9% and 5% overall respectively, with 18% of people in Coombe Hill ward being Muslim, and 9% in King George's and Sunray being Hindu.

2.6.10.4 Maternity

In 2023, Kingston residents gave birth to 1,607 babies⁴⁴, which is a General Fertility Rate (GFR) of 42.5 live births, so around one in 23 women aged 15-44 gave birth that year. Kingston's GFR is below the London average; another 230 births would be needed to come up to the London overall. Birth rates across the capital have been falling in recent years, with Kingston seeing a 20% decrease in GFR in the past decade, similar to London's drop overall. 46% of Kingston's births were to mothers who were born outside of the UK⁴⁵, which is lower than the London average (59%).

Maternity-related health indicators and outcomes are generally better in Kingston than elsewhere in London. For example, obesity and smoking in early pregnancy (in 2019-20) are lower than average for the capital. Levels of premature birth (2019-21), low birth weight (2022) and stillbirth (2020-22) have Kingston as amongst the lowest boroughs in London.

2.6.10.5 Children demography

There are around 40,000 children and young people aged under 20 currently living in Kingston. Children and young people make up 23% of the population in 2024⁴⁶. The estimated number of children of each single year of age can be seen in Figure 8.

The number of children rises through the year groups, with slightly more in the older ages. The birth rate in the borough has been falling and is down by around 25% in the past decade. Kingston's total under 16 years population is expected to fall by around 10% (2,800 individuals) in the next decade, from 2024 to 2034.

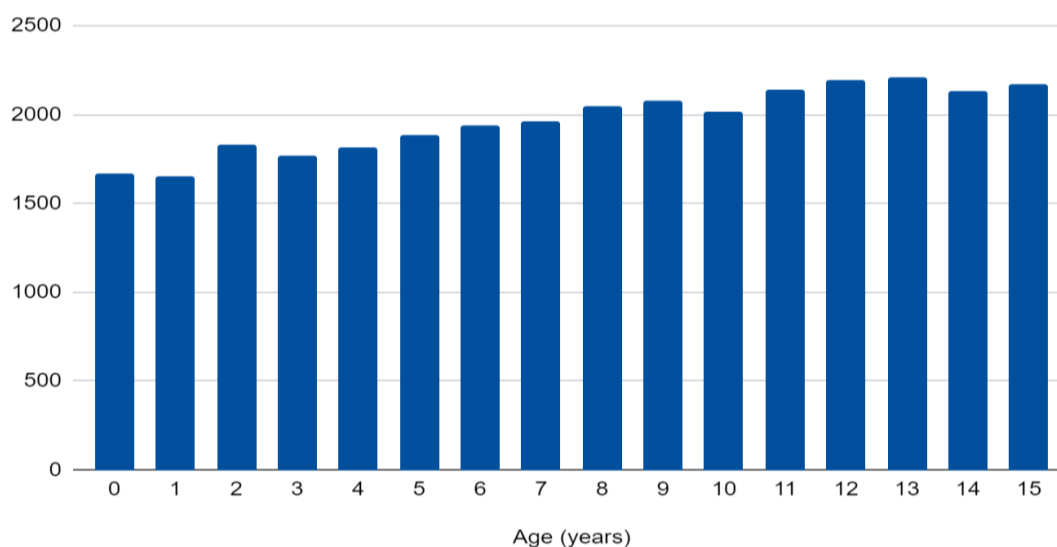
⁴⁴ Nomis, birth rates. [Accessed December 2024] <https://www.nomisweb.co.uk/datasets/lebirthrates>

⁴⁵ ONS, parents' country of birth. [Accessed December 2024]

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/datasets/parentscountryofbirth>

⁴⁶ GLA housing-led population projections, 2022 base. [Accessed December 2024] <https://data.london.gov.uk/dataset/housing-led-population-projections>

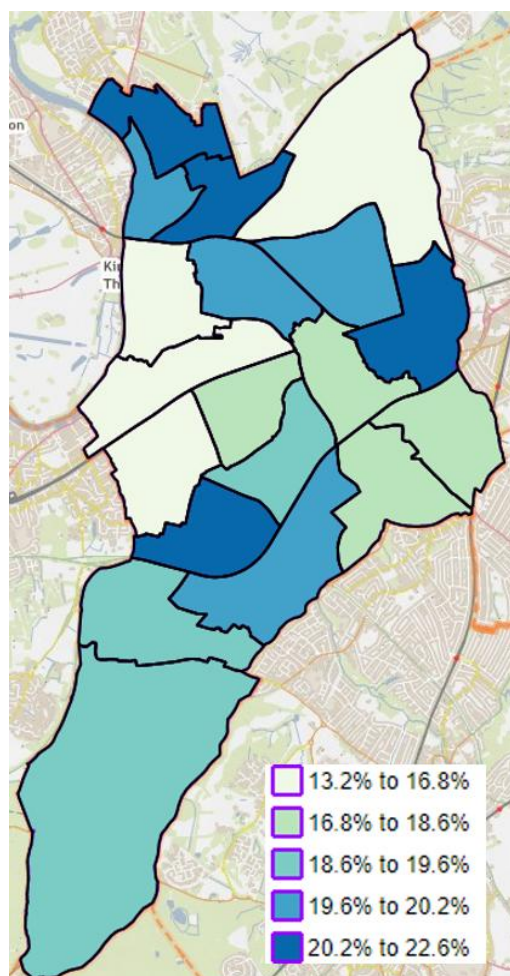
Figure 8: Kingston's child (under 16 years) population, by single year of age, 2024 estimate



At ward level, the areas of Kingston with the lowest proportion of child residents (aged under 16 years) are mostly concentrated in the west of the borough (see

Figure 9), with the range at ward level running from 13.2% of residents in St Mark's & Seething Wells, to 22.6% of those in Tudor.

Figure 9: Kingston's child (under 16 years) proportion, by ward, 2024 estimate



According to the 2021 Census, two fifths (40%) of Kingston's child (under 16 years) population is from a minority ethnic group⁴⁷, a significant increase compared to one third (33%) in 2011. At ward level, Berrylands has the lowest proportion of children from a minority ethnic group, at 27%, Coombe Hill has the highest (55%).

2.6.10.6 Health and wellbeing of children and young people

Children and young people living in Kingston have a mixed picture regarding their health and wellbeing, when compared to London and England averages⁴⁸. The number of children living in absolute low-income families is small and falling, at 6.5% (around 2,100 children) in 2022-23, compared with the London average of over 12%. Overall, educational attainment is better in Kingston than most other London boroughs (in 2022-23), both when measured at Reception and Key Stage 4 (age 15-16). However, educational attainment varies by income group, with early educational attainment for children in Kingston in receipt of free school meals being below the London average (2022-23), with only 56% achieving a good level of development at the end of Reception year, and 67% with a satisfactory phonics test score in Year 1⁴⁹. At Key Stage 4 (in 2019-20, latest data available), the average attainment score for looked-after children in Kingston was amongst the lowest in London⁵⁰.

With regards to health, at a borough level, younger children generally fare better than most of London on some key measures. Accident and emergency attendance in under-fives, oral health measures, and overweight and obesity levels in Reception and Year 6 pupils (in 2022-23) were all better than the London averages. Kingston's infant mortality rate for 2020-22 was below the London average, which was not the case three years previously, when the last PNA was being produced. Overall child (age 1-17) mortality for 2020-22 was also very low in Kingston.

However, there are differences within the borough picture for some child health measures. For example, A&E attendance is around 40% higher for under-fives living in more deprived wards than less deprived areas, and more deprived parts also have the highest emergency admission rates for under-fives in Kingston (2016-17 to 2020-21), about 20% higher than the national average⁵¹.

⁴⁷ Census table c2021rm032. [Accessed December 2024] ONS via www.nomisweb.co.uk

⁴⁸ All references in this section taken from OHID fingertips, child health profile. [Accessed December 2024] <https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1>

⁴⁹ OHID fingertips, education profile. [Accessed December 2024] <https://fingertips.phe.org.uk/search/free%20school%20meals#page/1/gid/1/pat/6/par/E12000007/ati/402/are/E09000021/iid/90632/age/34/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁵⁰ OHID fingertips. [Accessed December 2024] <https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/4/gid/1938133259/pat/6/par/E12000007/ati/402/are/E09000021/iid/93381/age/175/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

⁵¹ OHID local health tool. [Accessed December 2024] <https://fingertips.phe.org.uk/search/emergency%20admission%20rates#page/4/gid/1/pat/15/ati/502/are/E09000021/iid/92477/age/28/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

For older children, the health picture is also broadly positive. However, Kingston has the second highest rate in London for hospital admissions as a result of self-harm in 10 to 24 year olds, and is in the top 10 London boroughs for the rate of admissions as a result of injury in 15 to 24 year olds (in 2022-23), although the high self-harm rates could be due to different recording methods at Kingston Hospital, where more self-harm presentations are classed as short term admissions, rather than A&E/ outpatient treatment as is the case in most areas.

Admission for alcohol-related reasons, rates of substance misuse, smoking and childhood pregnancy levels are similar to, or lower than, the London average.

Figure 10: A summary of Kingston's child health indicators, from Office for Health Improvement and Disparities (OHID) Fingertips⁵²

Indicator	Period	Kingston uT		London England				England	
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Infant mortality rate	2020 - 22	—	17	3.1*	3.5	3.9	7.6		1.4
Child mortality rate (1-17 years)	2020 - 22	—	5	*	9.3	10.4	21.9		4.8
Population vaccination coverage: MMR for one dose (2 years old)	2022/23	→	1,777	87.6%	82.4%	89.3%	68.1%		97.3%
Population vaccination coverage: Dtap IPV Hib HepB (2 years old)	2022/23	→	1,851	91.3%	87.4%	92.6%	70.8%		98.5%
Children in care immunisations	2023	→	45	71.0%	74.3%	82.0%	25.0%		100%
School readiness: percentage of children achieving a good level of development at the end of Reception	2022/23	—	1,315	72.1%	69.1%	67.2%	58.5%		75.6%
Average Attainment 8 score	2022/23	—	-	56.2	50.7	46.2	36.1		58.4
Average Attainment 8 score of children in care	2021/22	—	-	*	22.0	20.3	9.8		31.8
16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known	2022/23	→	67	1.9%	3.4%	5.2%	15.2%		0.9%
First time entrants to the youth justice system	2023	→	19	114.4	143.3	143.4	340.0		42.0
Children in absolute low income families (under 16s)	2022/23	↓	2,097	6.5%	12.3%	15.6%	35.7%		4.2%
Children in relative low income families (under 16s)	2022/23	↓	2,705	8.3%	15.8%	19.8%	42.2%		5.2%
Homelessness - households with dependent children owed a duty under the Homelessness Reduction Act	2022/23	—	-	-	-	-	-		-
Children in care	2022/23	→	111	30	51	71	191		26
Children killed and seriously injured (KSI) on England's roads	2020 - 22	→	10	10.2	11.3	16.5	64.1		0.0
Low birth weight of term babies	2022	→	37	2.4%	3.4%	2.9%	5.0%		1.8%
Reception prevalence of obesity (including severe obesity) (4-5 yrs)	2022/23	↑	120	7.7%	9.3%	9.2%	14.1%		4.9%
Year 6 prevalence of obesity (including severe obesity) (10-11 yrs)	2022/23	→	305	16.9%	24.8%	22.7%	31.7%		12.0%
Percentage of 5 year olds with experience of visually obvious dental decay	2021/22	—	-	16.3%	25.8%	23.7%	46.0%		9.7%
Hospital admissions for dental caries (0 to 5 years)	2020/21 - 22/23	—	100	285.6	247.9	178.8	0.0		900.9
Under 18s conception rate / 1,000	2021	→	8	2.7	9.5	13.1	31.5		1.1
Teenage mothers	2022/23	→	-	*	0.3%	0.6%*	1.9%		0.0%
Admission episodes for alcohol-specific conditions - Under 18s	2020/21 - 22/23	—	15	13.7	14.9	26.0	75.5		3.8
Hospital admissions due to substance misuse (15 to 24 years)	2020/21 - 22/23	—	30	51.1	49.9	58.3	184.5		16.7
Smoking status at time of delivery	2022/23	↑	70	5.2%	4.6%	8.8%	19.4%		3.4%
Baby's first feed breastmilk	2020/21	—	75	83.3%	87.7%	71.7%	1.3%		98.6%
Breastfeeding prevalence at 6 to 8 weeks - current method	2022/23	—	1,172	*	*	49.2%*	-		-
A&E attendances (0 to 4 years)	2022/23	—	7,940	851.8	855.3	797.3	1,928.9		414.7
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 14 years)	2022/23	↓	180	59.1	60.1	75.3	153.5		35.7
Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15 to 24 years)	2022/23	→	155	74.7	68.1	94.1	266.9		40.3
Hospital admissions for asthma (under 19 years)	2022/23	↓	40	104.0	135.3	122.2	350.7		51.9
Hospital admissions for mental health conditions (<18 yrs)	2022/23	→	20	54.9	61.7	80.8	308.5		22.3
Hospital admissions as a result of self-harm (10-24 years)	2022/23	→	85	278.3	159.9	319.0	1,058.4		89.0

Further information can be found in the Children and Young People's Plan⁵³ and the Children and Young People's Needs Assessment⁵⁴.

⁵² OHID Fingertips. Child and Maternal Health. [Accessed December 2024] <https://fingertips.phe.org.uk/profile/child-health-profiles/data>

⁵³ Children and Young People's Plan 2024-2027 [Accessed December 2024] <https://www.kingston.gov.uk/coordinating-childrens-services/children-young-peoples-plan>

⁵⁴ Children's and Young People's Needs Assessment 2024 (CYPNA) [Accessed December 2024] <https://data.kingston.gov.uk/needs-assessments/>

2.6.10.7 Child immunisations

Immunisation levels in Kingston are below the 95% herd immunity target level deemed necessary to protect the whole population and have been for many years. However, this is the case for the vast majority of local authorities throughout England⁵⁵, and particularly in London, which has traditionally always had lower uptake than other parts of the country. Kingston's immunisation levels are above the London average in all categories.

Table 10 shows the range of uptake across the childhood immunisations for Kingston in 2023-24. Pertussis is the lowest, with only three-quarters of eligible five-year-olds immunised that year, up to the highest being DTaP/IPV/Hib/HepB, with 91.4% of infants vaccinated at age one. Overall, immunisation levels have continued to decrease across London and nationally over the past few years, although Measles, Mumps, and Rubella (MMR) dose 1 levels in Kingston, at 88%, are one of the highest in London. The after-effects of the COVID-19 pandemic continue to have a negative impact on child vaccinations into the current year, with general vaccine hesitancy perhaps playing a part in falling levels.

Table 10: Childhood immunisation levels in 2023-24, from NHS England

Age group	Vaccine	Kingston	London	England
1 year	DTaP/IPV/Hib/HepB	91.4%	86.2%	91.2%
	Rotavirus	90.1%	83.6%	88.5%
	MenB	90.7%	85.5%	90.6%
2 years	DTaP/IPV/Hib/HepB	92.3%	87.7%	92.4%
	MMR	88.6%	81.8%	88.9%
	Hib/MenC booster	87.5%	81.2%	88.6%
	PCV booster	87.3%	80.4%	88.2%
	MenB booster	86%	79.3%	87.3%
5 years	DTaP/IPV/Hib	89.2%	86.9%	92.6%
	MMR dose 1	88.1%	85.2%	91.9%
	MMR dose 1 and 2	77.1%	73.3%	83.9%
	Hib/MenC booster	84.1%	82.5%	89.4%

⁵⁵ NHS England. Childhood Vaccination Coverage Statistics, England, 2023-24. [Accessed December 2024] <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-immunisation-statistics/england-2023-24>

2.6.10.8 Children in care (Looked-after children)

In 2023, 111 children in Kingston were in the care of Kingston Council⁵⁶, which is about one in every 330 children in the borough, and 10% lower than in 2020. This proportion has fallen significantly in 2023 after remaining largely stable over the previous few years. It is the joint-second lowest in London and far below the national rate.

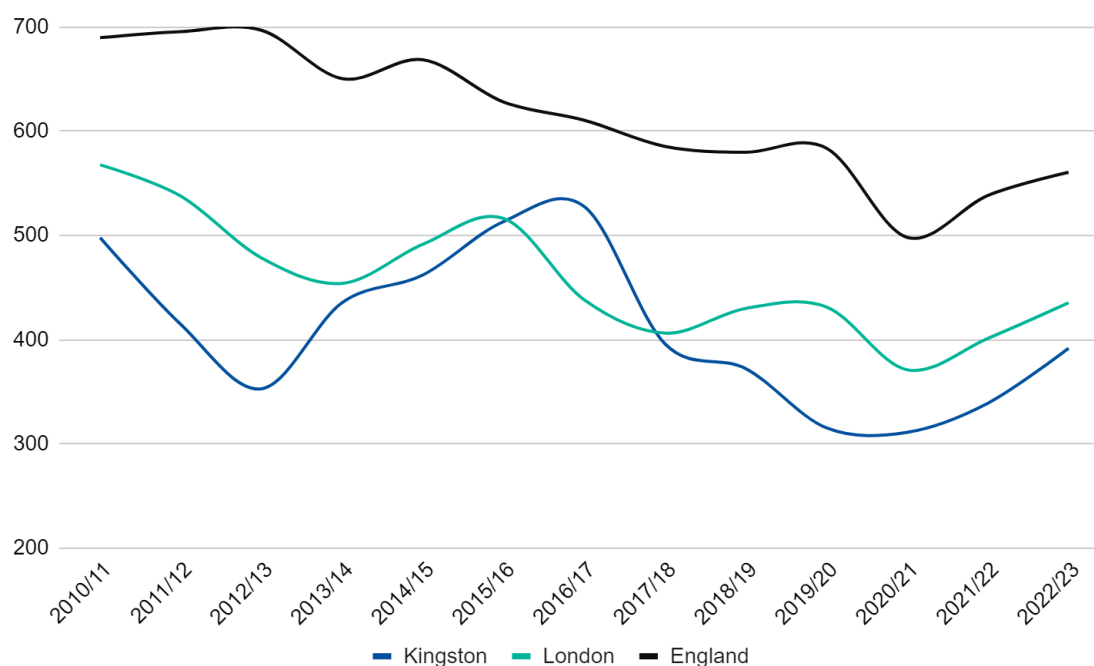
Table 11: Children in care in 2023, rate per 10,000, from the Department for Education

Kingston	London	England
30	51	71

2.6.10.9 Adults in residential and nursing care

The rate of admission to permanent residential or nursing care for people aged over 65 in Kingston is amongst the lowest in London (in 2022-23), however it has increased in the past few years, along with most other areas (see Figure 11).

Figure 11: Admissions to care homes (rate per 100,000 people) for ages 65+, 2010-11 to 2022-23, NHS England⁵⁷



The number of people accessing long term support for more than 12 months at the end of the last year (31 March 2023) was 1,040 - very similar to previous years⁵⁸.

⁵⁶ Department for Education (DfE), statistics: looked-after children. [Accessed December 2024] <https://explore-education-statistics.service.gov.uk/data-tables/children-looked-after-in-england-including-adoptions>

⁵⁷ NHSE, Measures from the Adult Social Care Outcomes Framework. [Accessed December 2024] <https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-outcomes-framework-ascf>

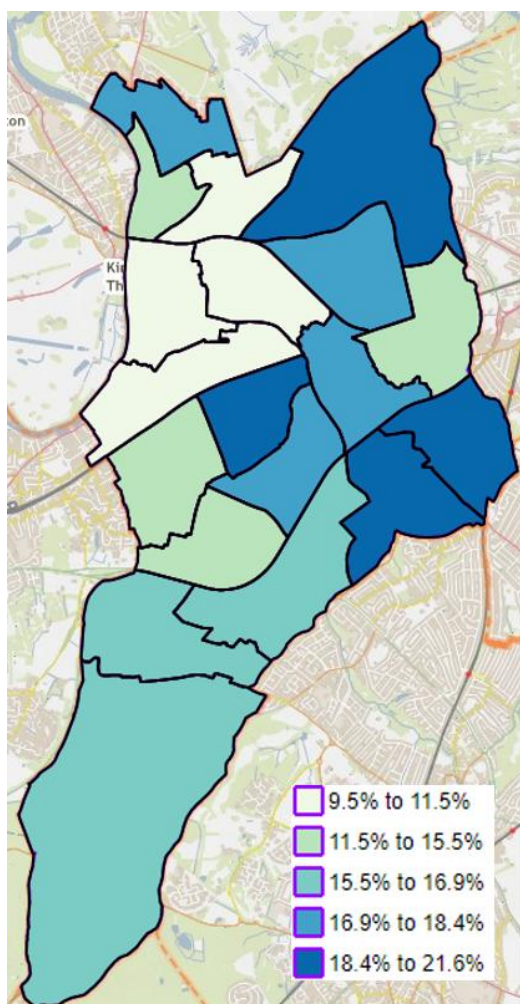
⁵⁸ NHS England, Short and long term care report (SALT) 2019-20, via Adult Social Care Outcomes Framework (ASCOF). [Accessed December 2024] <https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report>

2.6.10.10 Older people

Around 25,700 people aged 65 and over live in Kingston⁵⁹, which is 15% of the total population. This is higher than the overall London figure of 12.3% and is predicted to rise to almost 16% over the lifespan of this PNA. This would mean an extra 2,000 residents aged 65 and over by 2028. Kingston has around 3,450 residents aged 85 years and over. This is set to rise by 4% to a total of almost 3,600 by 2028.

At ward level there is a general east-west gradient (see Figure 12), with increasing numbers of older residents on the eastern side of the borough. Motspur Park and Old Malden East, and Old Malden have the highest proportion of older residents, with around 20% aged 65 and over. Norbiton and Kingston Town have the smallest proportion of residents aged 65 and over, at around 10%.

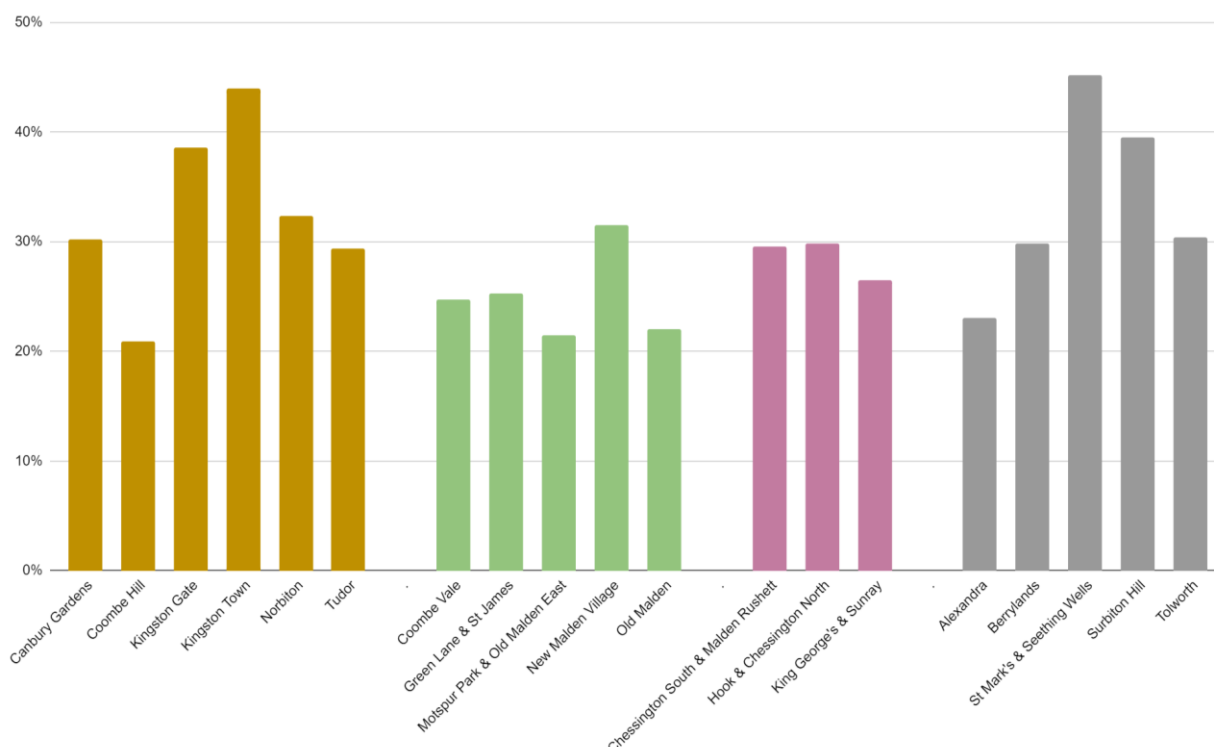
Figure 12: Percentage of residents aged 65 and over, 2024, by ward



⁵⁹ GLA housing-led population projections, 2022 base. [Accessed December 2024]. <https://data.london.gov.uk/dataset/housing-led-population-projections>

The 2021 Census reported almost 6,900 older residents living alone in Kingston⁶⁰, which is slightly lower than the previous census in 2011. Factoring in the population at that time, 30% of older residents (66+ years) in the borough live alone, rising to almost half of older residents in some wards (see Figure 13).

Figure 13: Percentage of older (66+) residents living alone in Kingston (2021), by ward per locality⁶¹



Living alone, for some, can be associated with loneliness and isolation. This can be linked to poorer health outcomes. Reducing loneliness, particularly in older people, is one of the key aims of Kingston's Health and Care Plan 2022-24.

Care services

The proportion of older people accessing long-term support in 2022-23 across London boroughs ranges from 4% to 12% of the 65 and over population⁶². Kingston's figure is 5.1%, at the lower end of the scale, but up from 4.7% three years previously. The level of support needed in the younger adult population (age 18-64) is much less, with only 0.6% (one in 160) younger residents receiving support.

Table 12 shows the type of support needed by people 65 and over. Personal care support is by far the most common need, accounting for two thirds of all care needs.

⁶⁰ ONS, Census 2021 table c2021ts054. [Accessed December 2024]

<https://www.nomisweb.co.uk/datasets/c2021ts054>

⁶¹ ONS, Census 2021. [Accessed December 2024] <https://www.nomisweb.co.uk/datasets/c2021rm067>

⁶² NHS Digital, Short and Long term care report (SALT) 2022-23. [Accessed December 2024] Via Adult Social Care Outcomes Framework (ASCOF) <https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report>

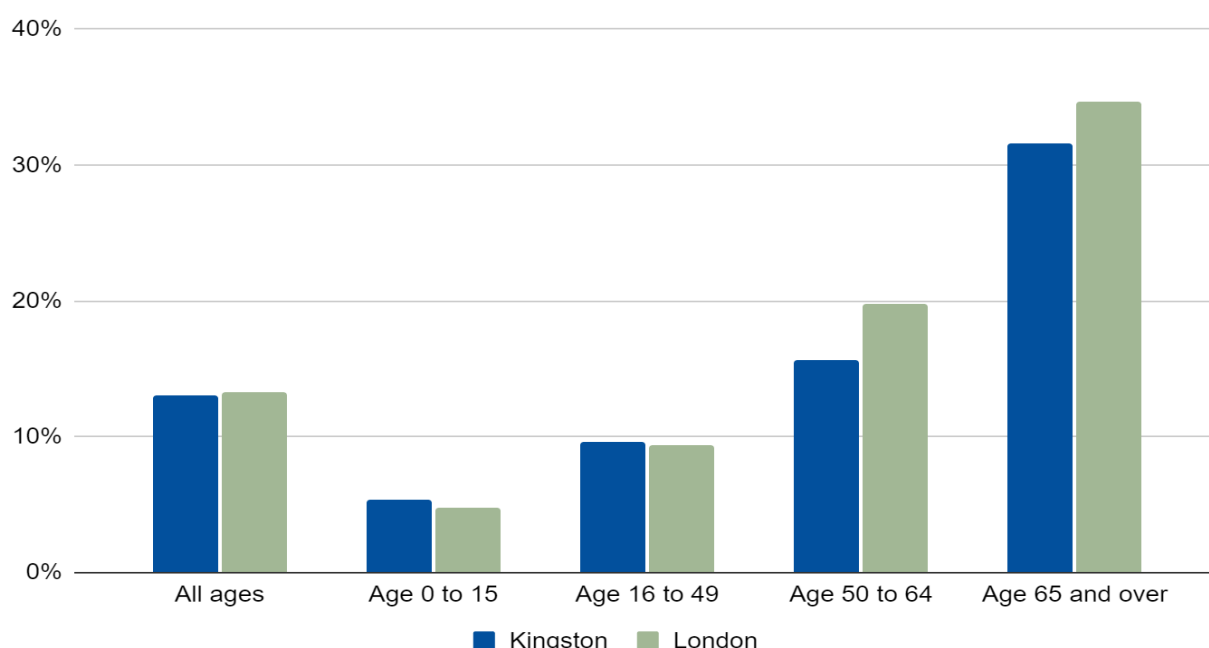
Table 12: Number of clients aged 65 and over in Kingston accessing long term support at the end of 2022-23, by primary support reason, NHS England

Type of support needed	Number of clients
Physical support - personal care support	580
Physical support - access and mobility	40
Sensory support	(under 20)
Support with memory and cognition	55
Learning disability support	50
Mental health support	75
Social support	(under 15)

2.6.10.11 Less able populations

As a population grows and ages, rates of disability have been found to increase accordingly. Although Kingston's population is relatively able compared to the London average, in the 2021 Census, 13% of Kingston residents reported some limitations with their day-to-day activities. This figure rises to almost one third of residents aged 65 or over (see Figure 14) reporting some limitations with their day-to-day activities.

Figure 14: Percentage of residents reporting limitations in their day-to-day activities, Office for National Statistics (ONS) Census 2021



At ward level, the proportion of residents with a disability varies from 10% (800 people) in Canbury Gardens to over 16% (1,100 people) in Green Lane & St James. As would be expected, the rates of disability closely align with the increasing age of a ward's residents.

The number of known, or estimated, people in Kingston with various types and levels of disability at certain age groups can be seen in Table 13.

Table 13: Number of Kingston residents with disabilities, by age group

Disability type	Measure	Age	Number	Source*
Physical disability	Physical disability SEN	5-16	101	DeF SEN data 2023-24
	Impaired mobility	18-64	5,878	PANSI 2023 - estimate
	Moderate to serious personal care disability	18-64	5,200	PANSI 2023 - estimate
Learning disability	Autism spectrum	0-16	1052	DfE SEN data 2023-24
	Moderate disability	0-16	1021	DfE SEN data 2023-24
	Severe/profound disability	0-16	126	DfE SEN data 2023-24
	GP learning disability register	All ages	750	NHS Digital, QOF 2023-24
	Predicted to have a learning disability	18-64	2,782	PANSI 2023 - estimate
Visual disability	Children reported with SEN visual impairment	Under 16	27	DfE SEN data 2023-24
	Predicted to have serious visual impairment	18-64	74	PANSI 2023 - estimate
	Moderate or severe visual impairment	65 and over	2,374	POPPI 2023 - estimate
Hearing disability	Children recorded with SEN hearing impairment	Under 16	84	DfE SEN data 2023-24
	Predicted to have some hearing loss	18-64	10,425	PANSI 2023 - estimate
	Predicted to have severe hearing loss	18-64	640	PANSI 2023 - estimate
	Predicted to have some hearing loss	65 and over	16,132	POPPI 2023 - estimate
	Predicted to have severe hearing loss	65 and over	2,123	POPPI 2023 - estimate

* DeF Department for Education

PANSI Projecting Adult Needs and Service Information

POPPI Projecting Older People Population

SEN Special Educational Needs

The number of people with disabilities in Kingston is expected to grow over the coming years. The projections estimate that there will be a 5% increase in people with moderate or severe learning disabilities by 2030, and an extra 900 adults over 65 years with impaired mobility over the same timeframe.

2.6.10.12 Housebound population

There can be many reasons why people are unable to leave their homes, from physical or mental disability to phobias or practical reasons. It is difficult to precisely estimate the number of housebound Kingston residents, although there are thought to be almost 11,000 people in Kingston (in 2023) with mobility impairments⁶³.

This figure is set to rise by 1,500 in the coming decade and includes almost 5,000 people aged 65 and over who are unable to perform a specific mobility activity (going out of doors and walking down the road; getting up and down stairs; getting around the house on the level; getting to the toilet; getting in and out of bed). The majority of people with mobility problems, however, are not housebound, and physical disability is only one possible reason for being housebound.

One study⁶⁴ gives the proportion of housebound people nationally as 3.5% of over 65s (including 20% of over 85s) using a narrow definition of houseboundness. Applying these figures to Kingston would give a reasonable minimum estimate of 900 housebound people in the borough. Kingston's GP practice system has the number of housebound residents flagged as 1,060 - this is similar to the level in 2021 at the time of the previous PNA 2022.

2.6.10.13 Homelessness

Homelessness can often be a significant contributory factor to poor health (and possibly, health may be a related factor in homelessness). Homeless people are much more likely to have comorbid conditions than the rest of the population, and the average age at death of a homeless person in England is just 47, and for homeless women it is 43⁶⁵.

In the most recent year (as of the end of 2023-24), 251 new households were assessed as being statutorily homeless in Kingston, which is lower than in recent years, and gives a rate of less than five households per 1,000 in the borough, about one third of the equivalent rate across London and nationally⁶⁶. 78% of main applicants were of White ethnicity, which is higher than the proportion of White adults in the borough overall. Most of these households will be initially placed in Temporary Accommodation.

⁶³ Poppi / Pansi. [Accessed December 2024].

<https://www.poppi.org.uk/index.php?pageNo=342&sc=1&loc=8353&np=1>

<https://www.pansi.org.uk/index.php?pageNo=395&sc=1&loc=8353&np=1>

⁶⁴ Lindesay, J and Thompson C - Housebound elderly people: Definition, prevalence and characteristics. [Accessed December 2024]. <https://onlinelibrary.wiley.com/doi/abs/10.1002/gps.930080306>

⁶⁵ The Local Government Association, Health and Homelessness. [Accessed December 2024]

https://www.local.gov.uk/sites/default/files/documents/22.7%20HEALTH%20AND%20HOMELESSNESS_v08_WEB_0.PDF

⁶⁶ MHCLG, statutory homelessness provision. [Accessed December 2024]

<https://www.gov.uk/government/statistics/statutory-homelessness-in-england-financial-year-2023-24>

Regarding the overall level of temporary accommodation in Kingston, the current (as of 11 September 2024) totals show over 1,000 families in temporary accommodation⁶⁷ in the borough, most of whom are in leased accommodation from private landlords or nightly paid self-contained annexes. The overall figures are low for London, but increasing, especially for nightly paid placements.

Rough sleeping in the borough is estimated using a single night's snapshot count. For 2023, this figure was 27 people⁶⁸, which is slightly higher than previous years. However, the true number of people sleeping rough is likely to vary considerably. Over the past few years, Kingston's rough sleepers have been almost exclusively male, and most are from EU countries.

2.6.10.14 Gypsy, Roma and Traveller community

In the 2021 Census, 63 residents of Kingston reported their ethnicity as Gypsy or Irish Traveller (a decrease from the 95 people who reported this ethnicity in 2011). The Roma population of Kingston (recorded as a distinct group for the first time in 2021) was 442 people.

In total, people of Gypsy, Roma and Traveller ethnicity make up 0.3% of the Kingston population - a figure similar to the proportion of the population of England who identify as Gypsy, Roma and/or Traveller (0.3%), but smaller than the proportion of the population of London who identify as Gypsy, Roma and/or Traveller (0.5%).

2.6.10.15 Daytime population

Kingston's 'daytime population' is an estimate of how many people are in the borough during a standard workday in school term time. This measure gives an indication of the number of people who may need pharmacy services on a typical weekday.

In terms of workday commuting, the 2021 Census reported that more than 21,000 people leave the borough to go to work⁶⁹, and a similar number arrive, giving a neutral total of people in the borough during working hours. However, it should be noted that a large number of people were working from home when the Census data was collected in the spring of 2021 due to the COVID-19 pandemic; indeed, the work travel figures are only around 50-60% of what was noted in the 2011 census.

⁶⁷ Kingston Health Overview Panel. [Accessed December 2024]

https://moderngov.kingston.gov.uk/documents/s106823/Appendix_A_Temporary_Accommodation_and_Health_and_Care_Committee_Report.pdf

⁶⁸ MHCLG, rough sleeping snapshot, autumn 2023. [Accessed December 2024]

<https://www.gov.uk/government/statistics/rough-sleeping-snapshot-in-england-autumn-2023/rough-sleeping-snapshot-in-england-autumn-2023>

⁶⁹ ONS, Census 2021 data visualiser. [Accessed December 2024]

<https://www.ons.gov.uk/visualisations/censusorigindestination/>

2.6.11 Deprivation

Deprivation is measured and quantified using the Index of Multiple Deprivation (IMD)⁷⁰, which scores each small area⁷¹ in England on seven domains that cover economic and social factors, which are weighted and combined to provide an overall index and ranking. The measures and weightings (for the latest IMD figures from 2019) are:

- Income deprivation (22.5%).
- Employment deprivation (22.5%).
- Education, skills and training deprivation (13.5%).
- Health deprivation and disability (13.5%).
- Crime (9.3%).
- Barriers to housing and services (9.3%).
- Living environment deprivation (9.3%).

Kingston has relatively low levels of deprivation. If the 317 local authorities in England were ranked from 1 (least deprived) to 317 (most deprived) in 2019, Kingston would rank 48th overall, or second out of the London boroughs. In the previous IMD data in 2015, Kingston ranked 40th overall, so it has fallen eight places and become relatively more deprived over the intervening four years.

As for the individual domains of deprivation, Kingston is in the most deprived 25% of English local authorities for the 'Barriers to housing and services' and 'Living environment' measures. In terms of the 'Health deprivation and disability' domain, Kingston ranks 29th best nationally.

The 32,844 small areas (Lower Super Output Areas - LSOAs) in England are split into ten equally sized deciles, with the most deprived 10% of areas grouped into Decile 1, up to the least deprived 10% in Decile 10. The number of LSOAs in Kingston in each decile in the overall IMD rankings for 2019 can be seen in Table 14.

Table 14: IMD 2019 summary for Kingston's Lower Super Output Areas (LSOAs)

IMD Decile 2019	Number of LSOAs in Kingston in this decile	% of Kingston's population living in this decile	Cumulative % of the population living in this decile or below	Estimated population in this decile
1	0	0%	0%	0
2	1	1%	1%	1,901
3	2	2%	3%	3,867
4	1	1%	4%	1,553

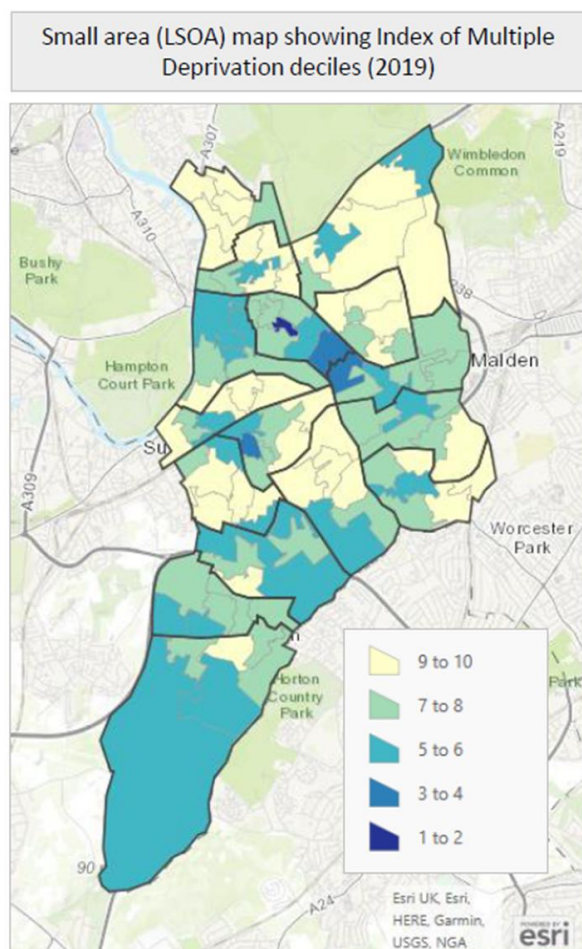
⁷⁰ MHCLG, indices of deprivation 2019. [Accessed December 2024]. <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

⁷¹ Lower Super Output Area (LSOA) - a small geographical area defined by the ONS, usually with 1,500 - 2,000 residents. Kingston has 99 LSOAs (although there were 98 when the IMD was produced), and 32,844 in England.

IMD Decile 2019	Number of LSOAs in Kingston in this decile	% of Kingston's population living in this decile	Cumulative % of the population living in this decile or below	Estimated population in this decile
5	7	7%	11%	12,733
6	14	16%	27%	27,948
7	19	20%	47%	35,161
8	16	16%	63%	27,952
9	25	24%	87%	43,388
10	13	13%	100%	23,004

Pockets of deprivation do exist within Kingston, with three of the borough's 98 small areas ranking in the most deprived 30% nationally, and almost 13,000 residents living in areas in deciles 1-5. Figure 15 illustrates the IMD ranking for each LSOA within Kingston. Areas with the highest deprivation can be seen in blue.

Figure 15: IMD 2019 map for Kingston's LSOAs



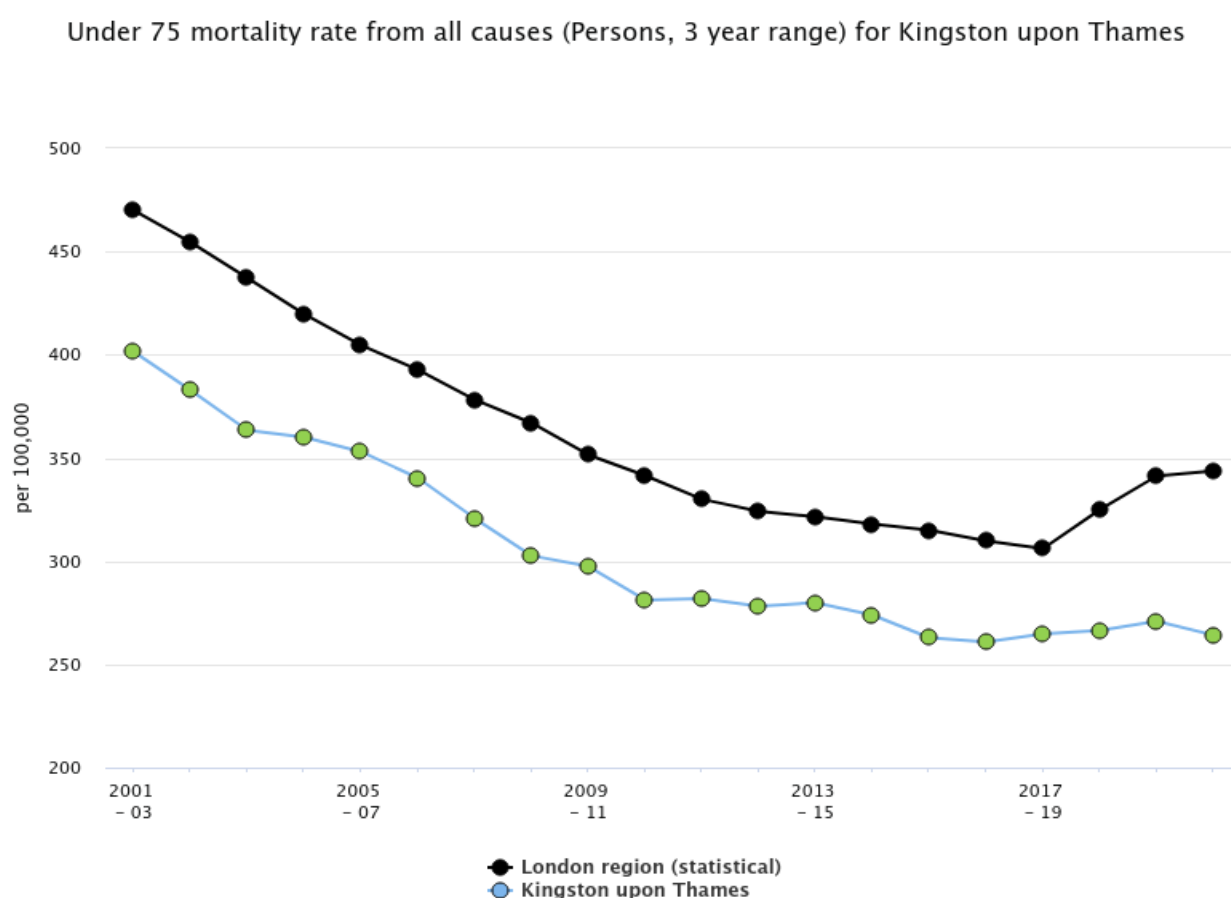
The main area of deprivation can be seen towards the north of the borough, in an area which is part of Norbiton and Green Lane & St James (was Beverley ward prior to 2022). The least deprived wards in Kingston are Tudor and Coombe Vale, in the north of the borough.

2.7 Health profiles – causes of ill health

Deaths among those aged under 75 years, known as ‘premature deaths’, are an important public health indicator, with many of these premature deaths being preventable. From 2020-23, almost half of residents in the most deprived areas of Kingston who died were aged under 75, compared to just over a quarter of residents in the least deprived parts⁷².

Rates of premature death in Kingston are below the London average⁷³. Figure 16 shows the recent trend, down by one third in the borough in the past 20 years (2020-22 compared to 2001-03). Rates across London and England have increased since 2017-19, however Kingston is more flat, primarily due to its being less affected by COVID-19 mortality than most other parts of the country.

Figure 16: Premature mortality rate, Kingston and London, 2001-03 to 2020-22



Nevertheless, over 1,000 Kingston residents aged under 75 died in the three years from 2021 to 2023. Three-fifths of the premature deaths were in men, which is a similar proportion to London and England.

⁷² NHS Digital, Primary Care Mortality Database, unpublished.

⁷³ ONS mortality data, via OHID fingertips. [Accessed December 2024]

<https://fingertips.phe.org.uk/search/mortality%20all%20causes#page/4/gid/1/pat/15/ati/502/are/E09000021/iid/93823/age/1/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1>

Leading causes of death amongst those aged under 75 years (in 2023) were:

- Cancer (35%).
- Diseases of the circulatory system (27%).
- Diseases of the digestive system (11%)⁷⁴.

Standardised mortality ratios are used to compare death rates across areas. The national level is set at 100, and numbers higher than this show areas with an above average level of early death.

Kingston's overall figure (for 2016-20) is 76⁷⁵. However, wide differences can be seen across the borough, with people living in more deprived wards around double as likely than those in less deprived areas to die before 75.

2.7.1 Cardiovascular disease (CVD)

Premature mortality from all cardiovascular diseases in Kingston has been significantly lower than the London and England averages in recent years. However, in 2023, circulatory diseases (a part of the umbrella term CVD) were the most common cause of death in the borough for people of all ages. The premature death rate from CVD in Kingston's men (from 2016-20) is considerably higher than that of women. Almost three-quarters of early deaths from CVD in Kingston were in men, compared to two-thirds in London.

At a borough level across the same timeframe, Kingston's standardised mortality ratio for CVD was 75.8, hence around 25% lower than the national average overall and decreasing (getting better compared to England). However, there are again within-borough differences linked to deprivation, with more deprived areas having rates twice as high as less deprived parts⁷⁶.

2.7.2 Coronary Heart Disease (CHD)

Coronary Heart Disease (CHD) prevalence among GP-registered patients in Kingston is 2.0% in 2023-24⁷⁷, with almost 4,400 people diagnosed. The prevalence has declined from 2.3% in 2012-13 and has been consistently lower than the national average (3.0% in 2023-24), but slightly higher than the London level (1.9%) over the past few years.

⁷⁴ ONS, mortality statistics. [Accessed December 2024] <https://www.nomisweb.co.uk/datasets/mortsa>

⁷⁵ OHID local health tool. [Accessed December 2024]

<https://fingertips.phe.org.uk/search/mortality%20all%20causes#page/4/gid/1938133009/pat/15/ati/502/are/E09000021/iid/108/age/163/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1>

⁷⁶ OHID local health tool. [Accessed December 2024]

<https://fingertips.phe.org.uk/search/cardio#page/4/gid/1/pat/15/ati/502/are/E09000021/iid/93956/age/1/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1>

⁷⁷ NHS England, via OHID fingertips, Quarterly Outcomes Framework (QOF). [Accessed December 2024]

<https://fingertips.phe.org.uk/search/CHD#page/4/gid/1/pat/15/ati/502/are/E09000021/iid/273/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

Rates of CHD tend to be higher in those patients whose GP practices are in the New Malden and Worcester Park, or Surbiton Health Centre PCN, situated in New and Old Malden and Surbiton, respectively, with the lowest frequency in Kingston and North Kingston (which also has a younger age profile). Although disease prevalence data is not available by ward of residence, most people's GP practice is close to their home address, so a practice's location can be used as a proxy for their ward of residence⁷⁸.

2.7.3 Stroke / Transient Ischaemic Attack

The prevalence of a history of stroke among adult patients registered with a GP in Kingston was 1.2% (2,500 people) in 2023-24⁷⁹, which has increased from 1% in 2017-18. This is slightly higher than the London average of 1.1%, but considerably lower than the national prevalence of 1.9%. Figures vary somewhat by locality, with the highest prevalence in patients of the Surbiton Health Centre PCN, at 1.6%, and the lowest in Kingston PCN at 0.8%.

2.7.4 Hypertension

High blood pressure (hypertension) is the most common condition in the general population that is reported in the NHS Quality and Outcomes Framework (QOF) data and can be a key contributor to heart attacks and strokes. It has been diagnosed in 10.3% of Kingston's population (in 2023-24), which is a stable rate; however, over 23,000 people are affected. The Kingston hypertension rate is lower than the London (11.1%) and England (14.8%) figures, both of which have risen in the past three years since the previous PNA 2022. Similarly to the other cardiac conditions, rates are lowest in Kingston and North Kingston and highest in the Surbiton neighbourhoods.

2.7.5 Cancers

Cancer was the second leading cause of death for all Kingston residents in 2023 and was recorded as the underlying cause of death in 22% of people who died that year, rising to 35% of those who died under 75 years old⁸⁰.

The standardised mortality ratio for cancer in Kingston for residents aged under 75 (in 2016-20) was 80.6, which means residents died from this cause almost 20% less than the national average. Similar differences in deprivation can also be seen here, with rates in more deprived areas of the borough around double those in the least deprived parts.

The commonest fatal cancers in Kingston in 2020-23 in people aged under 75 years were colorectal and digestive (150 related deaths across the four years), lung and chest (60), breast (30) and cervical (20).

⁷⁸ To note, as the percentage prevalence rates are usually based on 'all patients' or 'all adult patients' as the denominator, GP practices with a higher proportion of older patients would be expected to have higher rates.

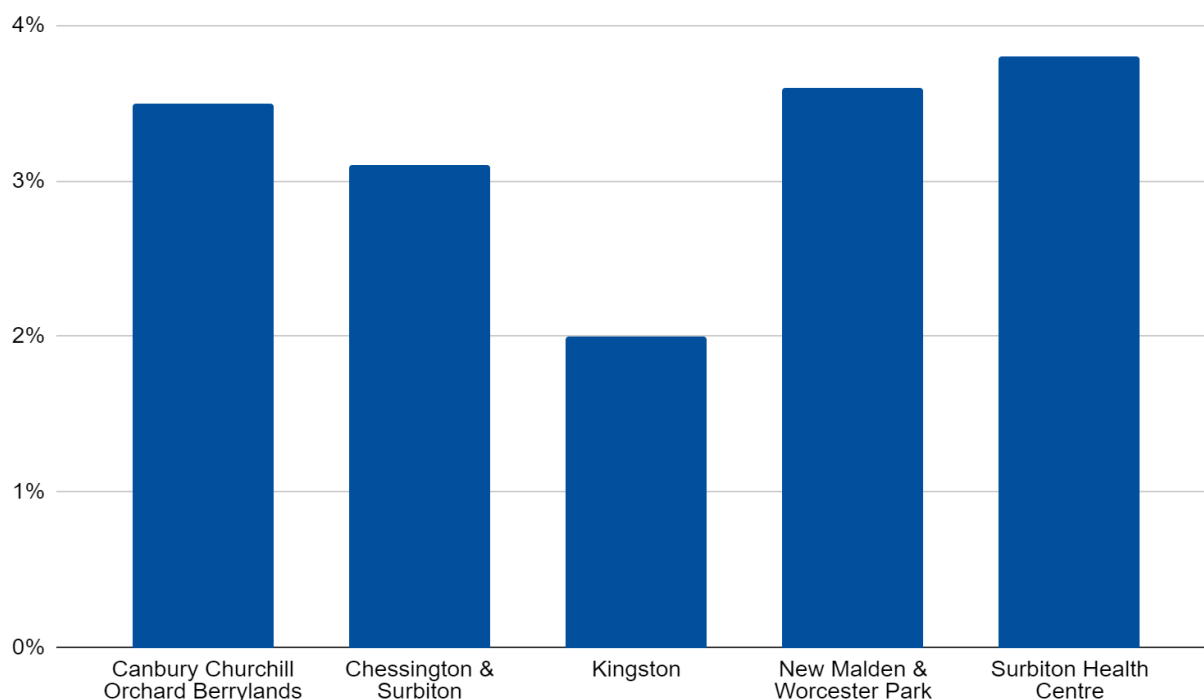
⁷⁹ NHS England, via OHID fingertips, Quarterly Outcomes Framework (QOF). [Accessed December 2024] <https://fingertips.phe.org.uk/search/QOF#page/3/gid/1/pat/6/par/E12000007/ati/402/are/E09000021/iid/212/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

⁸⁰ ONS mortality statistics, via Nomis. [Accessed December 2024] <https://www.nomisweb.co.uk/datasets/mortsa>

From GP records, the prevalence of all cancers is 3.1% in Kingston, higher than London (2.5%) but lower than England (3.6%) in 2023-24. Rates have been rising in all areas, with Kingston up from 2.7% three years ago. Kingston's population is older than the London average, which partly explains the relatively high rate, as age is the greatest risk factor for a cancer diagnosis.

At a local level, there is some variety in prevalence, with the highest levels in patients of the Surbiton Health Centre PCN, at 3.8%, and the lowest in Kingston PCN at 2.0%.

Figure 17: Cancer prevalence in GP registers (%), by PCN, 2023-24



2.7.6 Diabetes

Diabetes is one of the most common long term health conditions in England, with rates increasing year on year, up around 30% between 2012-13 and 2023-24⁸¹. According to GP practice lists, diabetes prevalence in Kingston has been significantly lower than London and England averages for the past decade⁸² (see Figure 18). However, Kingston has seen an increasing prevalence of diabetes, rising from 4.8% in 2012-13 to 5.8% in 2023-24.

Data from 2023-24 gives the prevalence in London's adult population as 7%, and 7.7% nationally. In 2012-13, just over 7,000 people had diabetes in Kingston compared to over 10,000 in 2023-24.

⁸¹ OHID fingertips. [Accessed December 2024]

<https://fingertips.phe.org.uk/search/DIABETES#page/4/gid/1/pat/15/par/E92000001/ati/502/are/E09000021/iid/241/age/187/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

⁸² OHID Fingertips. [Accessed December 2024]

<https://fingertips.phe.org.uk/search/diabetes#page/3/gid/1/pat/15/par/E92000001/ati/502/are/E09000021/iid/241/age/187/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

Figure 18: Diabetes prevalence in Kingston and England (%), 2012-13 to 2023-24

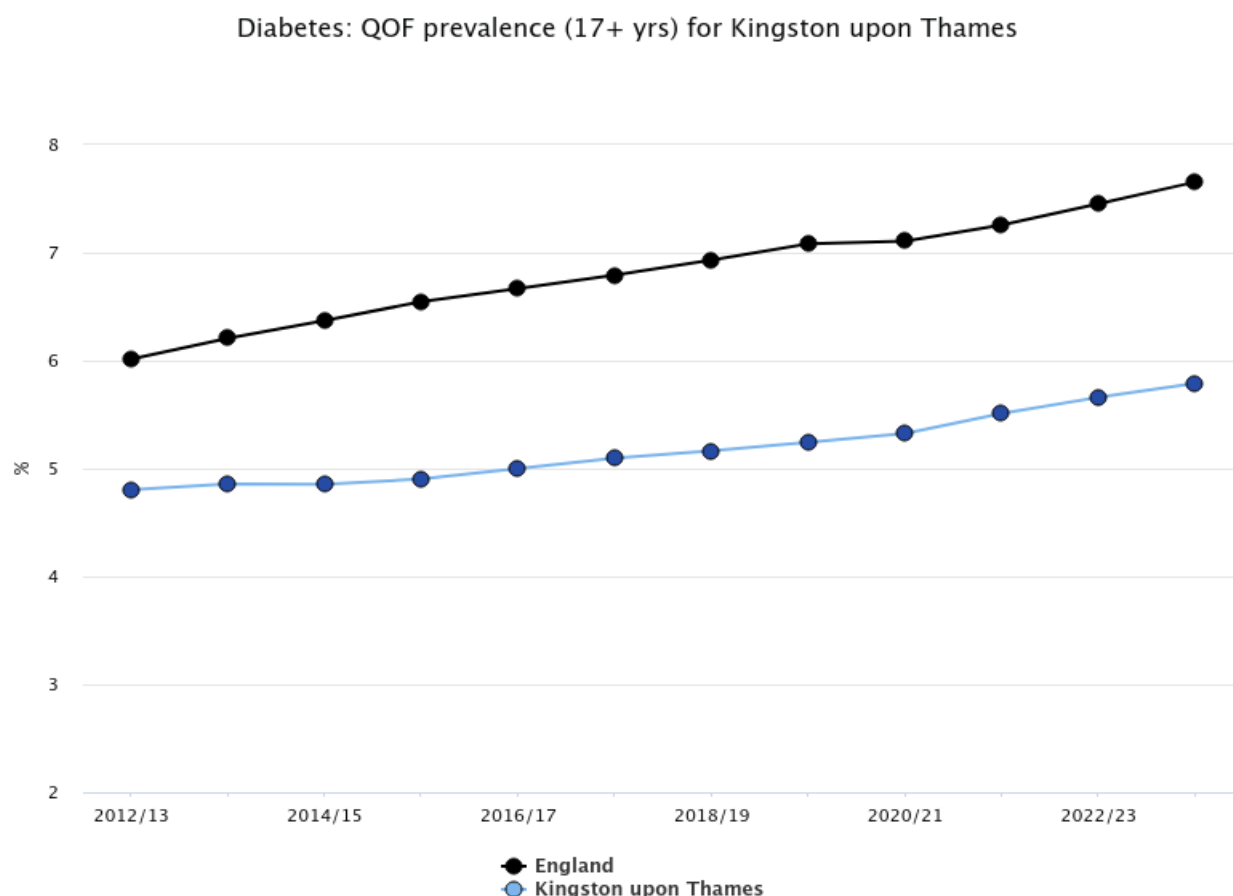


Figure 18 above shows the prevalence of diabetes as recorded by GPs, which does not include undiagnosed cases. Around 20% of diabetes cases are estimated to be undiagnosed. If we applied this to today's figures, it would mean that as well as the 10,100 people diagnosed with diabetes in the borough, another 2,000 would be undiagnosed and untreated, bringing the borough to a total of 12,100 diagnosed and undiagnosed diabetes cases.

2.7.7 Respiratory diseases

Chronic Obstructive Pulmonary Disorder (COPD) and asthma are the two most common respiratory disease conditions affecting Kingston residents.

COPD is a long-term, serious lung condition which commonly results from regular smoking and can take many years to develop. GP-recorded prevalence in Kingston in 2023-24 is 1% (2,200 people)⁸³, slightly lower than in previous years. Kingston's level is the same as the overall London rate, but far lower than England (1.9%). At neighbourhood level, patients of GP surgeries in the South of the Borough and Surbiton localities have the highest incidence, at around 1.3%, with other areas having 1% or lower.

⁸³ OHID fingertips. [Accessed December 2024]

<https://fingertips.phe.org.uk/search/COPD#page/3/gid/1/pat/6/ati/502/are/E09000021/iid/253/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

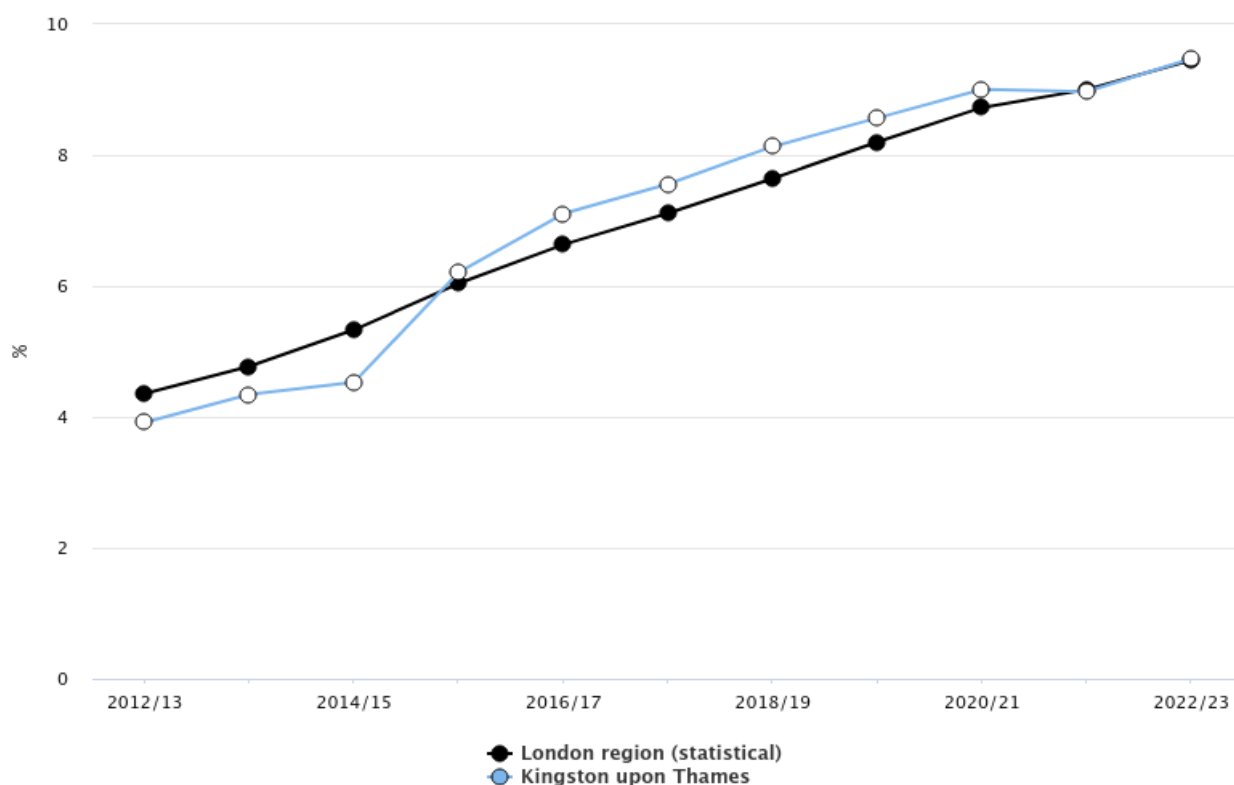
Over 10,000 people registered with Kingston GPs are recorded as having asthma (in 2023-24), which is 5% of patients aged six years or over, slightly higher than the London average (4.7%) but significantly lower than England (6.5%)⁸⁴. Locality levels of asthma diagnosis range from 4.3% in Kingston and North Kingston to 5.8% for patients of the GP practices in Surbiton.

2.7.8 Depression and mental health

Depression is the second most commonly diagnosed condition among adults registered with Kingston GPs, with 9.5% of patients in 2022-23 (latest data available)⁸⁵. This is the same as the London average but considerably lower than England (13.2%). Rates of depression in Kingston continue to rise year on year, doubling in the past eight years (see Figure 19), with over 16,000 people now diagnosed.

Figure 19: Prevalence of depression in Kingston and London (%), 2012-13 to 2022-23

Depression: QOF prevalence (18+ yrs) – retired after 2022/23 for Kingston upon Thames



⁸⁴ OHID Fingertips. [Accessed December 2024]

<https://fingertips.phe.org.uk/search/QOF#page/1/gid/1/pat/6/par/E12000007/ati/502/are/E09000021/iid/212/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

⁸⁵ OHID Fingertips. [Accessed December 2024]

<https://fingertips.phe.org.uk/search/QOF#page/4/gid/1/pat/6/par/E12000007/ati/502/are/E09000021/iid/848/age/168/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

Mental health concerns, especially in younger people, are also rising. A 2023 secondary school survey⁸⁶ in the borough showed that only half of 11–16-year-olds surveyed were happy with their emotional health, including only 40% of girls. Hospital admissions for mental health conditions in people under 18 years were above the London average for several years, although the most recent data (for 2022-23) shows Kingston back below the average⁸⁷.

Kingston also had the highest rate of hospital admissions as a result of self-harm (age 10-24, 2019-20 to 2021-22) of all London boroughs, more than double the average for the capital, and is still the second highest in the latest data (2022-23). However, it seems as if this could be due to different recording methods in Kingston Hospital, with more self-harm presentations being counted as short-term admissions, rather than only as A&E/ outpatient cases, which is the case in most hospitals. This would increase Kingston's figure relative to other areas.

Kingston's suicide rate (in 2021-23) is slightly above the London average, particularly among women. Although numbers are low in women compared to men (11 across the three-year period, vs 24 men), this is the eighth highest rate for women in London.

2.7.9 Dementia

1,300 people aged 18 or over were recorded on GP registers as having dementia in Kingston in 2023-24, which is 0.6% of the Kingston population, above London overall (0.5%), but lower than England (0.75%). In residents aged 65 and over, the recorded prevalence is 3.85%⁸⁸, amongst the lowest in London.

The estimated dementia diagnosis rate⁸⁹ in people aged 65 years and over gives a measure of how many people may be living with undiagnosed dementia. A prompt diagnosis can help people living with dementia, their family and medical staff to work together to improve health and care outcomes. Kingston's rate (in 2024) is 65.8%, so for every two people with diagnosed dementia, another person may not have been diagnosed, which would add another 650 or so people to the total if the estimated rate was applied.

⁸⁶ School Health Education Unit (SHEU) survey 2023, unpublished.

⁸⁷ OHID fingertips. [Accessed December 2024]

<https://fingertips.phe.org.uk/search/mental%20health#page/3/gid/1/pat/6/par/E12000007/ati/302/are/E09000021/iid/90812/age/173/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁸⁸ OHID fingertips. [Accessed December 2024]

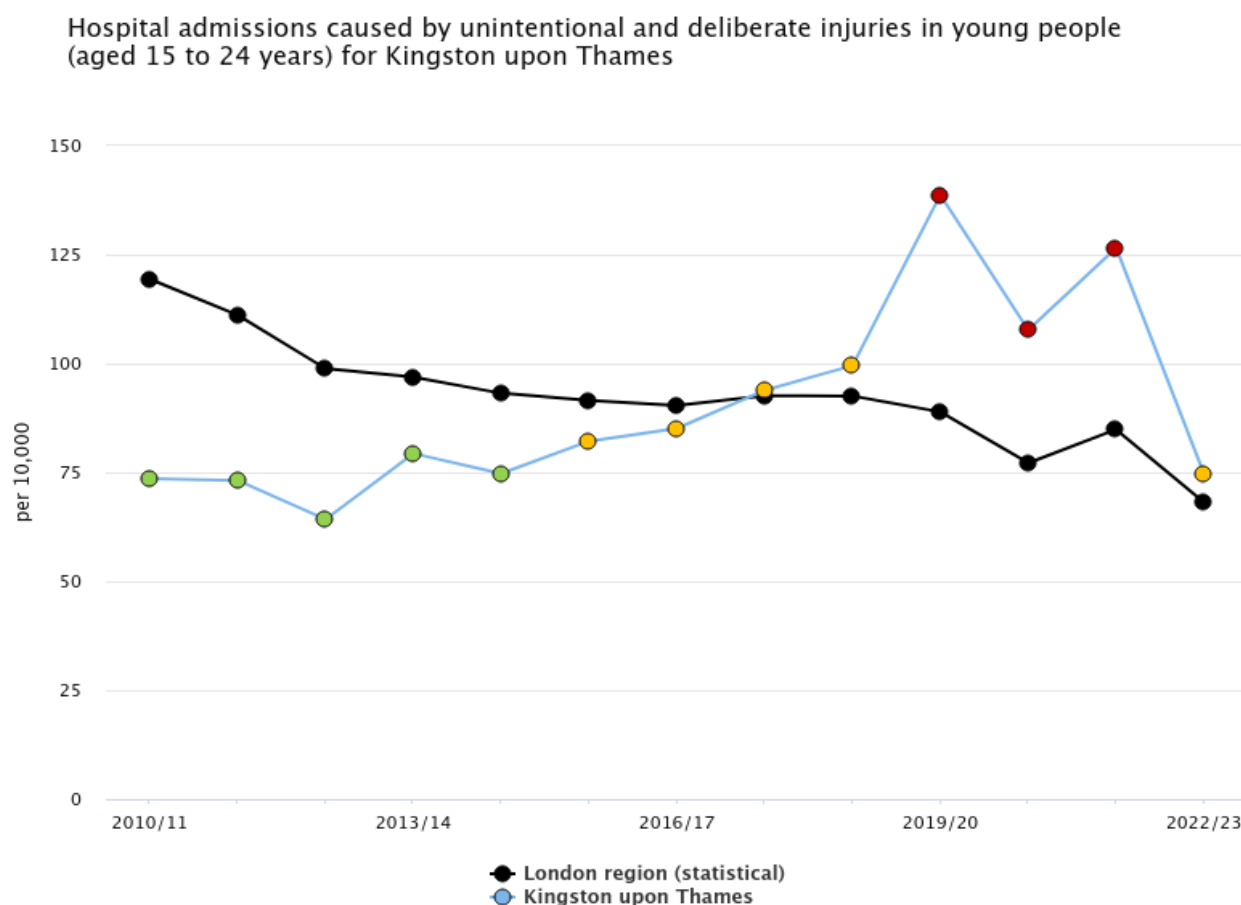
<https://fingertips.phe.org.uk/search/dementia#page/4/gid/1/pat/15/ati/502/are/E09000021/iid/247/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁸⁹ OHID fingertips. [Accessed December 2024] <https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/data#page/3/gid/1938132811/pat/6/par/E12000007/ati/402/are/E09000021/iid/92949/age/27/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

2.7.10 Accidental injuries and falls

For injuries in younger residents needing hospital admission (in 2022-23), Kingston's rate is similar to the London average overall; however, rates have been decreasing in the borough, with the latest data (for 2022-23) showing the lowest annual rate for over a decade. Rates in young people aged 15 to 24 years have been especially high in Kingston for the past few years (see Figure 20); however, for this age group, we are now back towards the London average rate.

Figure 20: Hospital admissions due to injuries in young people (15-24 years) 2010-11 to 2022-23



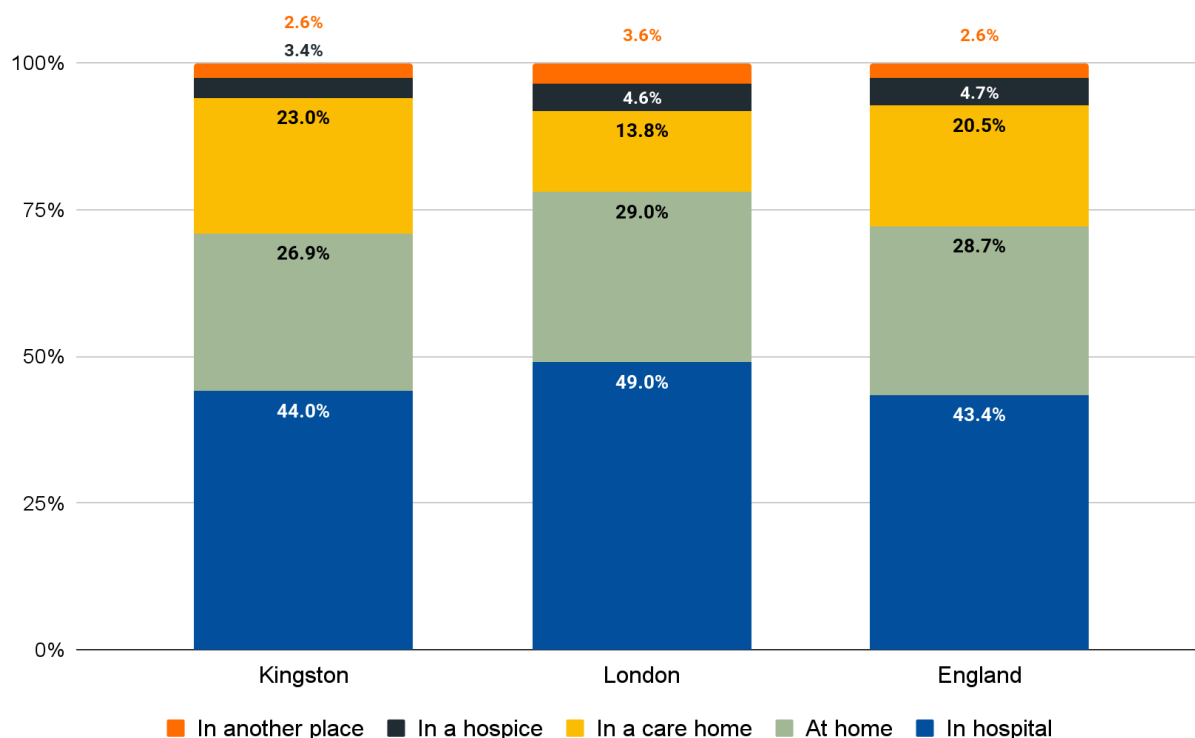
The rate of serious falls in older people in the borough is similar to the London average, and slightly higher than England, with one in 49 residents aged 65 and over (530 people) being admitted to hospital in 2022-23 after a fall. However, rates are falling overall and in Kingston, with a drop of around 20% in the borough rate in the past five years.

2.7.11 Palliative care

In 2023-24, 565 patients in Kingston were registered by GPs as receiving palliative care (0.25%), lower than London (0.36%) and England (0.55%), but 120 more people than three years ago. At locality level, the highest levels by far were in patients of the GP surgery not geographically in Kingston (0.45%), with the next highest being the New and Old Malden locality GP practices, at 0.3%.

In terms of the place of death of Kingston residents, in 2022, 3.4% of deaths in Kingston occurred in hospices⁹⁰, which is lower than London (4.6%) and England (4.7%). With regards to other death locations, Kingston has the highest level in London for deaths in a care home, and one of the lowest for deaths in a hospital.

Figure 21: Place of death location, Kingston, London and England, 2022



2.7.12 Immunisation

Vaccination programmes, both in childhood and adulthood, are an important measure to protect against the risk of infection and associated harms. The aim of population-wide vaccinations is to provide 'herd immunity', a level at which enough people in the community have been vaccinated that people who cannot be vaccinated will still benefit.

For childhood programmes, in 2023-24, Kingston had a higher rate of vaccination than London, but lower than England⁹¹. Despite this, Kingston is not meeting uptake targets. National figures are also below the 95% herd immunity target. Regarding MMR, 88% of five-year-olds in Kingston had had their first MMR jab, compared to 87% for London and 93% in England.

⁹⁰ OHID fingertips. [Accessed December 2024] <https://fingertips.phe.org.uk/profile/end-of-life/data#page/1/gid/1938132883/pat/6/par/E12000007/ati/302/are/E09000021/iid/93478/age/161/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

⁹¹ NHS England, childhood vaccination coverage. [Accessed December 2024] <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-immunisation-statistics/england-2023-24>

The annual influenza immunisation programme aims to help people stay well and to lessen winter pressures on health services. In Kingston, flu vaccination uptake rates are higher than the London average but lower than England. Over 21,000 people aged 65 and over had a flu jab in Kingston in 2023-24⁹², which is 74% of this population, the fourth highest in London. A further 11,000 ‘at-risk’ individuals also received the vaccine that year, the highest proportion in London.

2.7.13 COVID-19

The COVID-19 pandemic was undoubtedly the largest health event of recent modern times, and affected all aspects of health of residents, health provision and health service access (including pharmacy services), both in Kingston and further afield.

Accessing pharmacies to collect prescriptions was always classed as an ‘essential journey’ during periods of national lockdown, and pharmacies remained open throughout the whole pandemic period. Nevertheless, the rise in demand of pharmacy services due to increasing numbers of infections, the reluctance of many people to leave their homes for fear of catching COVID-19, and increased vaccine hesitation in the post-pandemic period may all feed into longer-term behavioural trends that could affect pharmacy usage patterns now and into the future.

2.8 Health behaviours

2.8.1 Drug misuse

The latest estimate on the number of people using opiates and/or crack cocaine in Kingston is from 2019-20⁹³. At that time, one in 190 residents aged 15-64 were thought to use these drugs, about half the London rate. Applying those figures to today’s estimated population, would mean 630 such users currently in the borough, broadly similar to the estimated amount from previous years.

Figures for 2022 show 340 people in drug treatment in Kingston, with 75 successful completions⁹⁴. Almost half (49%) of the non-opiate users successfully completed the programme (i.e. they didn’t re-present to treatment within six months), along with one in 12 opiate users. The success proportion for non-opiate users has risen significantly in Kingston, well above the long-term average of around 33% success, and in 2022, it is the second-highest success rate nationally. The opiate success rate is also well above the London average and increasing.

⁹² OHID fingertips. [Accessed December 2024]

<https://fingertips.phe.org.uk/search/influenza#page/1/gid/1/pat/6/par/E12000007/ati/502/are/E09000021/iid/30303/age/30/sex/4/cat/-1/ctp/-1/yr/1/cid/1/tbm/1>

⁹³ OHID, opiate and crack cocaine use. [Accessed December 2024]

<https://www.gov.uk/government/publications/opiate-and-crack-cocaine-use-prevalence-estimates>

⁹⁴ OHID fingertips. [Accessed December 2024]

<https://fingertips.phe.org.uk/search/drug#page/0/gid/1000042/pat/6/par/E12000007/ati/402/are/E09000021/iid/92432/age/1/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1/page-options/car-do-0>

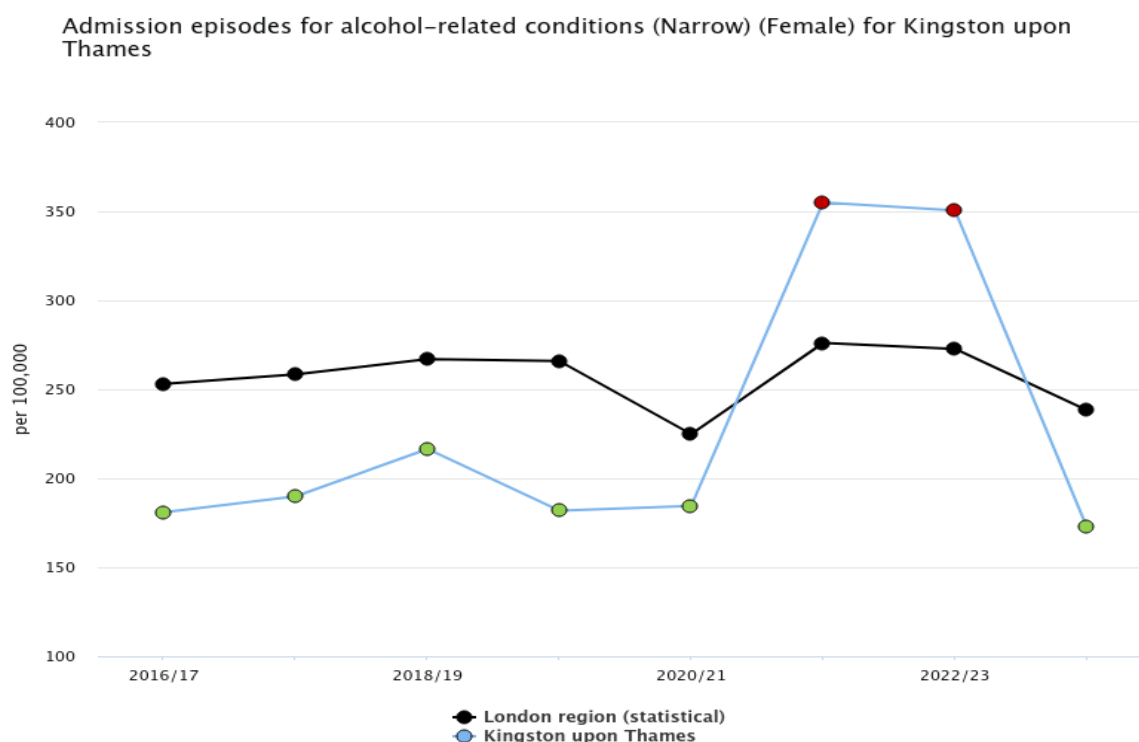
Across 2020-22, 17 people died from drug use in the borough. Although the rate is lower than in London and England, this is still one of the highest numbers of drug-related deaths in Kingston in any three-year period of the past 20 years.

2.8.2 Alcohol use and related diseases

Alcohol use is the second-biggest risk factor for death, ill-health and disability among 15 to 49-year-olds in the UK and is a causal factor in more than 60 medical conditions, including several cancers, high blood pressure, cirrhosis of the liver, and depression⁹⁵. Levels of binge drinking and exceeding the recommended number of units per week are lower in Kingston than in London overall. Nevertheless, Kingston is above the London average for several metrics related to alcohol.

Key health indicators around alcohol use refer to hospitalisations and mortality. Under both the 'broad' and 'narrow' definitions of alcohol-related admissions to hospital (depending on whether the primary or a secondary reason for admission is related to alcohol), Kingston is at or below the London average rate in men, but was well above the London average for women (see Figure 22). The rate for narrow admissions increased significantly in the borough in 2021-22 and stayed high in 2022-23.

Figure 22: Admission episodes for alcohol-related conditions (Narrow, females), 2016-17 to 2023-24



Alcohol-related mortality in Kingston has fallen below the London average. In 2022, 41 people died with alcohol listed as the underlying cause, giving a rate of 29 people/ 100,000 population, the seventh-lowest borough in the capital.

⁹⁵ OHID local alcohol profiles. [Accessed December 2024]. <https://fingertips.phe.org.uk/profile/local-alcohol-profiles>

2.8.3 Sexual health and teenage conception

2.8.3.1 Sexually Transmitted Infections (STIs)

Sexual health services in Kingston diagnosed almost 1,100 new cases of STIs in 2023 (excluding chlamydia cases in under 25s)⁹⁶, although some of these cases will be re-infections for the same person within the year. Kingston's rate is around half of the London average; however, numbers have gone up every year since 2020 and are now close to pre-pandemic levels.

The diagnosis rates for syphilis and gonorrhoea are amongst the lowest in London; however, chlamydia detections are below the average in the capital, and well below the UK Health Security Agency target detection level. The chlamydia screening programme for 15-24 year olds tested 26% of Kingston's young women in 2023, which is increasing, and above London and England overall.

2.8.3.2 Human Immunodeficiency Virus (HIV)

The prevalence of HIV in Kingston has remained mostly flat in recent years and stood at around one in 500 people aged 15-59⁹⁷ (in 2023), which is the second lowest in London. However, the published data on more recent new diagnoses in Kingston is incorrect and will be updated shortly.

2.8.3.3 Teenage conception

The rate of under-18 conceptions in Kingston in 2021 was 2.7 per 1,000, the lowest rate in London and comprising less than ten young women. Rates of under-18 conceptions have decreased dramatically in Kingston, falling by over 80% in the past 20 years.

2.8.4 Smoking

Smoking is the single greatest behavioural risk factor for both morbidity and mortality in the country⁹⁸, and is associated with an increased risk of developing many conditions, including several cancers, circulatory conditions and COPD.

⁹⁶ OHID fingertips. [Accessed December 2024]

<https://fingertips.phe.org.uk/profile/SEXUALHEALTH/data#page/0/gid/8000057/pat/6/par/E12000007/ati/402/are/E09000021/iid/90777/age/156/sex/4/cat/-1/ctp/-1/yr/1/cid/1/tbm/1/page-options/car-do-0>

⁹⁷ OHID fingertips. [Accessed December 2024]

<https://fingertips.phe.org.uk/profile/SEXUALHEALTH/data#page/0/gid/8000057/pat/6/par/E12000007/ati/402/are/E09000021/iid/91525/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/1/tbm/1/page-options/car-do-0>

⁹⁸ PHE, Health profile for England 2021. [Accessed December 2024] https://fingertips.phe.org.uk/static-reports/health-profile-for-england/hpfe_report.html#detailed-analysis-and-charts-4

Smoking prevalence in Kingston has been estimated from the 2023 Annual Population Survey and stands at 7.5% of adults (age 18+)⁹⁹, one of the lowest levels in London and equivalent to about 10,000 residents. Overall, rates are coming down. The 2023 figure was, however, slightly higher than the year before. Adjusting for occupation type, the highest proportion of smokers are in people with routine and manual jobs, with double the likelihood of these workers smoking, compared to people who don't have this kind of occupations¹⁰⁰.

The quit rate for smokers in Kingston in 2022-23, whilst low at 3% of adult smokers, is the highest Kingston value for a decade and is well above the London average (1.5%).

2.8.5 Obesity

Excess weight in childhood increases the probability of becoming an overweight or obese adult, which is recognised as a major determinant of premature mortality and avoidable ill health. Tackling obesity in children is one of the key themes of the 'Start well' section of Kingston's Health and Care Plan, and a new Kingston Healthy Weight Strategy 2024-2027 was launched in 2024¹⁰¹.

2.8.5.1 Overweight in children

The annual National Child Measurement Programme weighs children in Reception (age four-five) and Year 6 (age 10-11). The most recent results (from 2022-23) showed 290 (19%) overweight children entering school in Kingston, well below the London average but significantly higher than the 17% measured the previous year and the highest Kingston value for many years¹⁰².

In Year 6, almost a third (29%) of Kingston's children are overweight, but this is well below the London overall figure of 39%. 305 obese children, and another 215 who were overweight, were measured in Year 6 in 2022-23.

Considerable variation can be seen at ward level, and this is largely linked to levels of deprivation, with more deprived areas having around one and a half to double the childhood obesity rates of less deprived parts.

2.8.5.2 Overweight in adults

In Kingston, over half of the adults (52.7%) were overweight or obese in 2022-23. While this figure is very high and has major implications for health, wellbeing and pharmacy service use, it is low compared to London and nationally (see Figure 23).

⁹⁹ OHID fingertips. [Accessed December 2024]

<https://fingertips.phe.org.uk/search/smoking#page/3/gid/1/pat/6/par/E12000007/ati/502/are/E09000021/iid/92443/age/168/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

¹⁰⁰ OHID fingertips. [Accessed December 2024]

<https://fingertips.phe.org.uk/search/smoking#page/3/gid/1/pat/6/par/E12000007/ati/502/are/E09000021/iid/93382/age/183/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

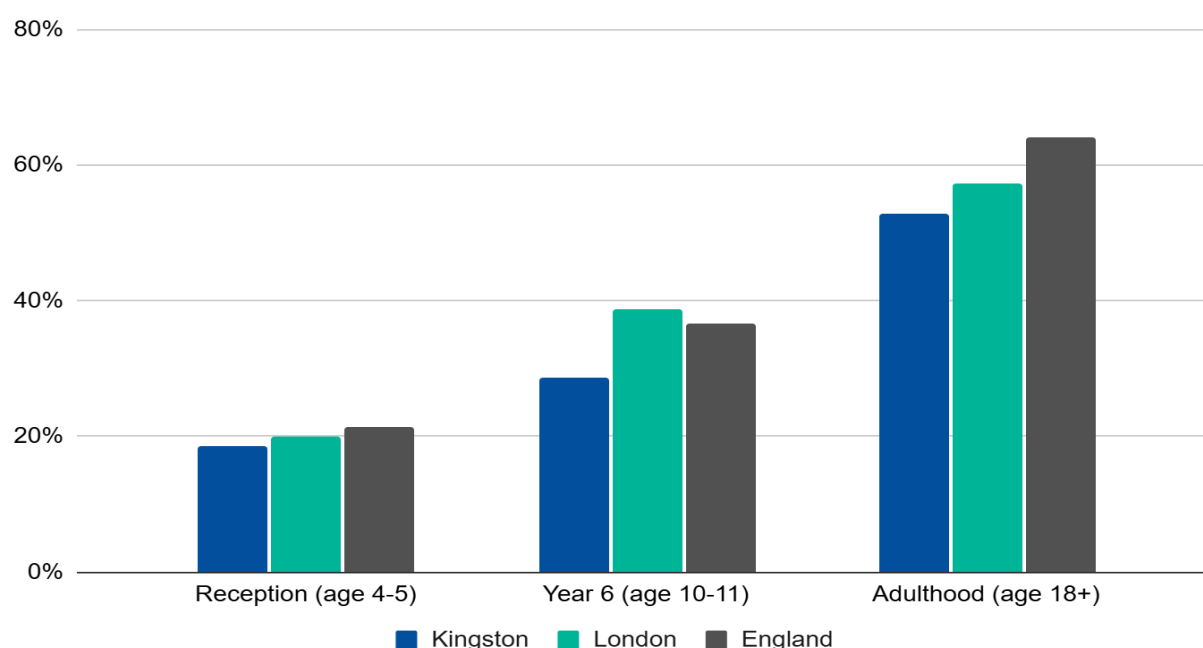
¹⁰¹ Public Health Kingston, Healthy Weight Strategy. [Accessed December 2024]

<https://www.kingston.gov.uk/downloads/file/2825/healthy-weight-strategy>

¹⁰² OHID fingertips. [Accessed December 2024]

<https://fingertips.phe.org.uk/search/obesity#page/0/gid/8000011/pat/6/par/E12000007/ati/302/are/E09000021/iid/92033/age/201/sex/4/cat/-1/ctp/-1/yr/5/cid/4/tbm/1/page-options/car-do-0>

Figure 23: Overweight (including obesity) levels at various ages (2022-23, %)



According to 2023-24 GP data on patients, the highest levels of obesity were found in the South of the Borough locality, at 12%. The lowest levels were recorded in Kingston and North Kingston (7.2%). In 2023-24, GPs had almost 16,000 obese adults on their registers.

2.8.6 Oral health

Levels of tooth decay in young children are an important marker towards future health outcomes. In Kingston, in 2022, 16% of children aged five had visually obvious dental decay¹⁰³ (at least one tooth decayed, missing or filled). This is the fourth-lowest level in London, with regional and national figures being around 25%.

Dental-related procedures are the most common reason for hospital admission in young children. Over the three years from 2020-21 to 2022-23, 100 children under six years old were admitted to hospital due to dental caries¹⁰⁴, which is a higher rate than the London average but a decrease on previous Kingston data.

¹⁰³ OHID. [Accessed December 2024]. <https://www.gov.uk/government/statistics/oral-health-survey-of-5-year-old-children-2022>

¹⁰⁴ OHID fingertips. [Accessed December 2024]. <https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/3/gid/1938133228/pat/6/par/E12000007/ati/302/are/E09000021/iid/93479/age/247/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1>

Section 3: NHS pharmaceutical services provision, currently commissioned

3.1 Overview

There are a total of 29 pharmaceutical contractors in Kingston.

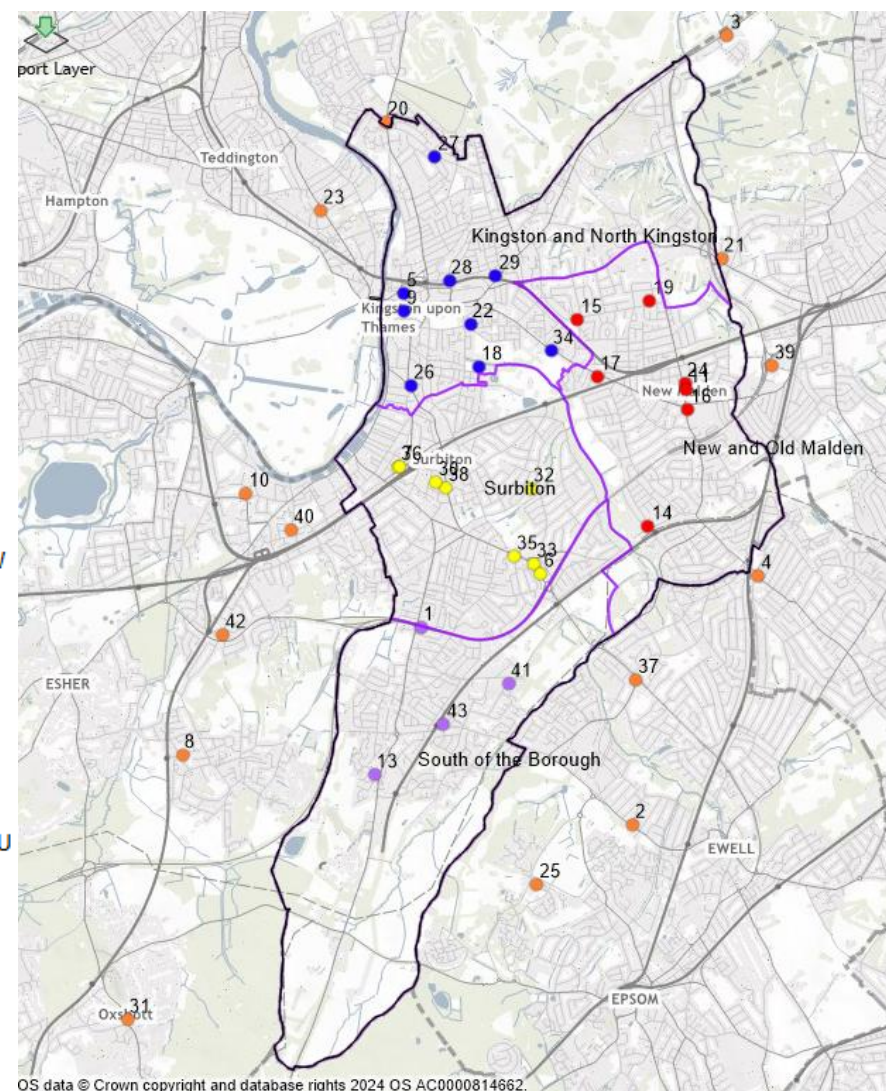
Table 15: Contractor type and number in Kingston

Type of contractor	Number
40-hour community pharmacies	26
72 hour plus community pharmacies	0
Distance Selling Pharmacies (DSPs)	2
Local Pharmaceutical Service (LPS) providers	0
Dispensing Appliance Contractor (DAC)	1
Dispensing GP Practices	0
Total	29

A list of all contractors in Kingston and their opening hours can be found in Appendix A. Figure 24 shows all contractor locations within Kingston.

Figure 24: Map of pharmacies in Kingston and across borders

- | | |
|----------------------------------|-------------------------------------|
| 1, ACE PHARMACY KT9 1DR | 23, HERBERT & SHRIVE TW11 9JD |
| 2, ANACHEM KT19 9XA | 24, HERMAN'S PHARMACY KT3 4ET |
| 3, ASDA IN STORE SW15 3DT | 25, HORTON PHARMACY KT19 8HJ |
| 4, BOOTS KT4 8HH | 26, KINGSTON PHARMACY KT1 2HG |
| 5, BOOTS KT1 1TR | 27, TUDOR DRIVE PHARMACY KT2 5QG |
| 6, BOOTS KT6 7DW | 28, LAUREL PHARMACY KT2 6JZ |
| 7, BOOTS KT6 4JZ | 29, LINDSAY CHEMIST KT2 6PF |
| 8, BOOTS KT10 0QX | 30, NEWMAN CHEMIST KT6 6EZ |
| 9, BOOTS KT1 1RP | 31, OXSHOTT PHARMACY KT22 0JP |
| 10, BOOTS KT7 0RY | 32, PEARCARE PHARMACY KT5 9AG |
| 11, BOOTS KT3 4EU | 33, PEARL CHEMIST KT6 7DJ |
| 12, BUCKLEY KT22 7SR | 34, PLOUGH GREEN PHARMACY KT4 7NW |
| 13, COHENS CHEMIST KT9 2GY | 35, PSM PHARMACY KT6 7BB |
| 14, CONCEPT CHEMIST KT3 5PD | 36, RITECHEM PHARMACY KT6 4JZ |
| 15, COOMBE HILL PHARMACY KT1 3RU | 37, RUXLEY PHARMACY KT19 0JA |
| 16, DAY LEWIS PHARMACY KT3 6DD | 38, SHAN PHARMACY KT6 6HA |
| 17, DRUGSMITH PHARMACY KT3 3ST | 39, TESCO IN STORE KT3 4PJ |
| 18, FITTLEWORTH MEDICAL KT1 3GZ | 40, THORKHILL PHARMACY KT7 0UQ |
| 19, GROVES PHARMACY KT3 3TX | 41, TIMOTHY WHITES PHARMACY KT9 1EU |
| 20, HAM PARADE PHARMACY KT2 5QU | 42, WALLIS JONES KT10 0SH |
| 21, HARIA SW20 0RJ | 43, BOOTS KT9 1QL |
| 22, HAWKS PHARMACY KT1 3DG | |



* Please note that with a recent update, correct as of June 2025, number 16 is trading as Fountain Pharmacy, and number 30 as Paydens Pharmacy.

3.2 Community pharmacies

Table 16: Number of community pharmacies in Kingston (as of June 2025)

Number of community pharmacies	Population of Kingston	Ratio of pharmacies per 100,000 population*
28 (includes two DSPs)	171,170	16.4

There are 28 community pharmacies in Kingston (including DSPs) which has decreased from 31 in the last PNA. The England average is 18.1 community pharmacies per 100,000 population, which has decreased from 2021, when the average number was 20.6. The Kingston average of 16.4 pharmacies per 100,000 is lower than the national average. Section 1.2 noted the national level of community pharmacy closures due to funding challenges and workforce pressures.

Table 17 shows the change in the numbers of pharmacies over recent years compared with national averages.

Table 17: Number of community pharmacies per 100,000 population

Period	Kingston	England
2023-24	16.4	18.1
2021-22	17.5	20.6

Source for England: ONS 2020 and 2023 mid-year population estimates and NHS Business Services Authority (BSA) for number of pharmacies.

Section 1.5.1.4.1 lists the Essential Services of the pharmacy contract. It is assumed that provision of all these services is available from all contractors. Further analysis of the pharmaceutical service provision and health needs for each locality is explored in [Section 6](#). The number and rate of community pharmacies vary by locality. Table 18 provides a breakdown, by locality, of the average number of community pharmacies per 100,000 population.

Table 18: Average number of community pharmacies in 100,000 population by locality

Area	Number of community pharmacies	Total population	Average number of community pharmacies per 100,000 population
Kingston and North Kingston	8	56,616	14.1
New and Old Malden	8	40,925	19.5
South of the Borough	4	26,367	15.2
Surbiton	8	47,261	16.9
Kingston	28	171,170	16.4
England¹⁰⁵	10,451	57,690,323	18.1

¹⁰⁵ NHS. Open Data Portal. Pharmacy Opening and Closures. November 2024. [Accessed December 2024] <https://opendata.nhsbsa.net/dataset/pharmacy-openings-and-closures>. ONS Estimates of the population for England and Wales. Mid-2023. [Accessed December 2024] <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/dataset/estimatesofthepopulationforenglandandwales>

3.2.1 Distance-Selling Pharmacies (DSPs)

Distance-Selling Pharmacies are described in Section 1.5.1.2. There are two DSPs in Kingston, same as the previous PNA. Details can be found in Appendix A.

3.2.2 Weekend and evening provision

In May 2023, the Pharmaceutical Regulations 2013 were updated to allow 100-hour pharmacies to reduce their total weekly core opening hours to no less than 72 hours, subject to various requirements.

In the 2022 PNA, Kingston had one 100-hour pharmacy (3%) whereas now there are none. Nationally, there has also been a decline, with number of 100-hour community pharmacies in England open in 2022 being 9.4%, and now for 72 hours or more per week being 7.7%.

3.2.3 Access to community pharmacies

A previously published article¹⁰⁶ suggests:

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

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

3.2.3.1 Routine daytime access to community pharmacies

The following maps and table below show travel times to community pharmacies using a variety of options.

Table 19: Time to pharmacy with various methods of transportation across Kingston

Type of transport	Time taken to travel	Population (number)	Population (%)
Walking	Up to 5 minutes	86,426	50.5%
Walking	Up to 10 minutes	149,130	87.1%
Walking	Up to 15 minutes	163,720	95.6%
Walking	Up to 20 minutes	166,820	97.5%
Walking	Up to 25 minutes	167,634	97.9%
Walking	Up to 30 minutes	168,209	98.3%
Driving	Up to 5 minutes	171,170	100%

¹⁰⁶ Todd A, Copeland A, Husband A. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. BMJ Open 2014, Vol. 4, Issue 8. [Accessed December 2024] <http://bmjopen.bmj.com/content/4/8/e005764.full.pdf%20html>

Summary:

- 100% of the population in Kingston can get to a pharmacy within five minutes driving.
- 97.5% of the population are able to walk to the pharmacy within 20 minutes.
- Kingston has a good public transport network, including buses and trains.

Figure 25: Average walk time to community pharmacies in Kingston

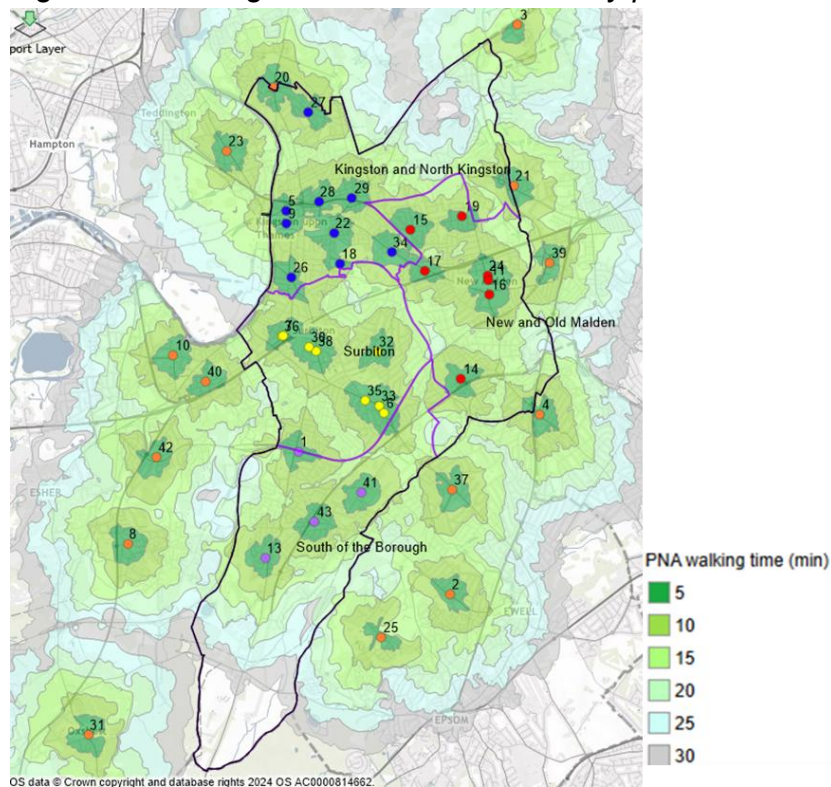
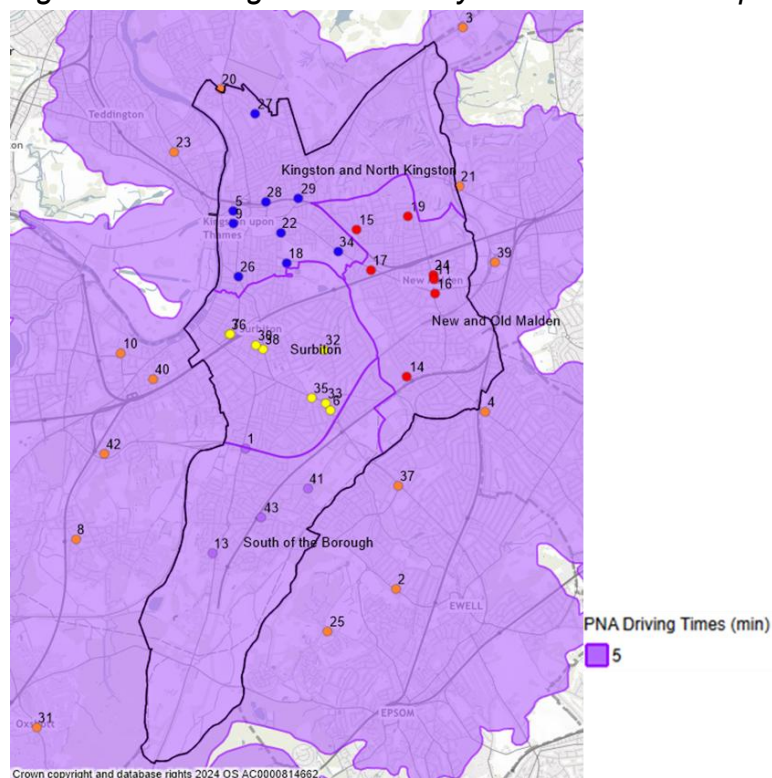


Figure 26: Average drive time by car to the nearest pharmacy in Kingston



3.2.3.2 Routine weekday evening access to community pharmacies

The number, location and opening hours of community pharmacy providers open beyond 6 pm, Monday to Friday (excluding bank holidays), vary within each locality. Full details of all pharmacies' opening hours can be found in Appendix A. 'Average' access is difficult, given the variety of opening hours and locations. Access is therefore considered at locality level and can be found in Table 20, which shows that 57% of pharmacies are open beyond 6 pm across Kingston.

Table 20: Number and percentage of community pharmacy providers (including DSPs) open Monday to Friday (excluding bank holidays) beyond 6 pm, and on Saturday and Sunday

Locality	Number (%) of pharmacies open beyond 6 pm	Number (%) of pharmacies open on Saturday	Number (%) of pharmacies open on a Sunday
Kingston and North Kingston	5 (63%)	7 (88%)	2 (25%)
New and Old Malden	6 (75%)	6 (75%)	2 (25%)
South of the Borough	1 (25%)	2 (50%)	0 (0%)
Surbiton	4 (50%)	8 (100%)	3 (38%)
Kingston	16 (57%)	23 (82%)	7 (25%)

3.2.3.3 Routine Saturday daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on Saturdays vary within each locality. Of the pharmacies in Kingston, 23 (82%) are open on Saturdays, the majority of which are open into the late afternoon. 'Average' access is difficult given the variety of opening hours and locations. Access is therefore considered at locality level. Full details of all pharmacies open on a Saturday can be found in Appendix A.

3.2.3.4 Routine Sunday daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on Sundays vary within each locality. Fewer pharmacies – seven (25%) – are open on Sundays than on any other day in Kingston, which typically mirrors the availability of other healthcare providers open on a Sunday. Full details of all pharmacies open on a Sunday can be found in Appendix A.

3.2.3.5 Routine bank holiday access to community pharmacies

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

The ICB has commissioned a Local Enhanced Service to provide coverage over Bank Holidays, Easter Sunday, and Christmas Day, to ensure that there are pharmacies open on these days so patients can access medication if required. This is coordinated by the local Dentistry, Optometry and Pharmacy Team across London. Details of the pharmacies signed up to open on Bank Holidays in Kingston during the Christmas 2024 period can be found in Appendix A. However, any pharmacy may apply to open or be directed to open depending on need. It may also not be the same pharmacies on each bank holiday. Details of which pharmacies are open can be found on the NHSE website: <https://www.nhs.uk/service-search/pharmacy/find-a-pharmacy>.

3.2.4 Advanced Service provision from community pharmacies

Section 1.5.1.4.2 lists all Advanced Services that may be provided under the pharmacy contract. As these services are discretionary, not all providers will provide them all of the time.

Data supplied from NHS Business Services Authority (BSA) dispensing data has been used in Table 21 to demonstrate how many community pharmacies per locality have provided the Advanced and Enhanced services, based on pharmacies claiming payment for the service. Details of individual pharmacy providers can be seen in Appendix A.

Table 21: Number and percentage of providers for Advanced Services in Kingston

Service	Kingston and North Kingston	New and Old Malden	South of the Borough	Surbiton	Kingston
Pharmacy First	8 (100%)	7 (88%)	3 (75%)	8 (100%)	26 (93%)
Flu Vaccination Service	8 (100%)	5 (63%)	3 (75%)	7 (88%)	23 (82%)
Pharmacy Contraception Service	3 (38%)	3 (38%)	2 (50%)	5 (63%)	13 (46%)
Hypertension Case Finding Service	6 (75%)	5 (63%)	3 (75%)	7 (88%)	21 (75%)
New Medicine Service	7 (88%)	7 (88%)	3 (75%)	8 (100%)	25 (89%)
Smoking Cessation Service (SCS)*	3 (38%)	1 (13%)	2 (50%)	3 (38%)	9 (32%)
Appliance Use Review (AUR)	1 (13%)	0 (0%)	0 (0%)	0 (0%)	1 (4%)
Stoma Appliance Customisation (SAC)	1 (13%)	0 (0%)	0 (0%)	0 (0%)	1 (4%)
Lateral Flow Device Service	2 (25%)	5 (50%)	1 (25%)	4 (50%)	11 (39%)

Source: NHS BSA July-November 2024 based on activity data.

* Source: List of signed up pharmacy providers.

It should be noted that services such as AUR and SAC have lower dispensing through community pharmacies, as Dispensing Appliance Contractors (a specialised supplier of medical appliances and devices) provides these services. It should also be noted that for some of these services, such as the Smoking Cessation Service and the Pharmacy Contraception Service, pharmacies signed up to a similar locally commissioned service (such as smoking cessation or sexual health) are not signed up to the national service.

Although some pharmacies are signed to the national Smoking Cessation Service, as shown in Table 21, the referral process is still being established. More details on local and national trends can be found in the Community Pharmacy England Dashboards¹⁰⁷.

Newer advanced services are increasing in activity based on comparison with the activity recorded in the 2022 PNA. The Hypertension case finding service previously had low uptake across all localities as reported in the 2022 PNA; however, this has now shifted, as shown in Table 21, which suggests good uptake for the majority of contractors in all localities.

The Flu Vaccination Service can be provided by any pharmacy that fulfils the criteria.

3.2.5 Enhanced Service provision from community pharmacy

Enhanced services are described in Section 1.5.1.4.3. There are two National Enhanced Services and four Local Enhanced Services commissioned through community pharmacies in London.

The National Enhanced Services (NES) are the COVID-19 vaccination service and the RSV and Pertussis vaccination services.

- COVID-19 vaccination service: Actual provision numbers are not available at the time of writing, as this activity is seasonal, but number of pharmacies signed up is available in Table 22 below and details of individual pharmacies signed up for the last campaign can be found in Appendix A, although service provision can change with each campaign. This service is also accessible to residents from other healthcare providers.
- The RSV vaccination and Pertussis vaccination service is currently under procurement and due to go live in autumn 2025.

The Local Enhanced Services (LES) are the bank holiday opening, MMR vaccination, Pneumococcal vaccination and London Flu vaccination.

- Bank holidays: As discussed in Section 3.2.3.5, there is a local enhanced service to ensure that there are pharmacies open on these days so patients can access medication if required. Providers typically changes each bank holiday, however provision is spread across the area and details can be found on the NHSE website: <https://www.nhs.uk/service-search/pharmacy/find-a-pharmacy>. Details of the pharmacies open on Christmas 2024 bank holidays in Kingston can be found in Appendix A.

¹⁰⁷ Community Pharmacy England. Clinical Services Statistics. October 2024. [Accessed December 2024] <https://cpe.org.uk/funding-and-reimbursement/nhs-statistics/clinical-services-statistics/>

- The Measles, Mumps and Rubella (MMR) vaccination service is currently commissioned to one pharmacy in Kingston: PSM Pharmacy at 388 Ewell Road, Tolworth, KT6 7BB.
- Details of pharmacies signed up for the Pneumococcal Polysaccharide Vaccine (PPV) service were not available at the time of writing.
- The London Flu vaccination service will come into effect from 1 September 2025. In previous campaigns, one of the requirements for eligibility was for pharmacies to be providing the national Advanced Flu service first.

Table 22: Number and percentage of providers for Enhanced Services in Kingston

Service	Kingston and North Kingston	New and Old Malden	South of the Borough	Surbiton	Kingston
COVID-19 Vaccination Service	2 (25%)	3 (38%)	2 (50%)	3 (38%)	10 (36%)
Bank Holiday Service	0 (0%)	0 (0%)	0 (0%)	2 (25%)	2 (7%)

Source: List of signed up pharmacy providers for last campaign/ opening.

Any Locally Commissioned Service (LCS) commissioned by the ICB or the local authority are not considered here. They are outside the scope of the PNA but are considered in [Section 4](#).

3.3 Dispensing Appliance Contractors

Dispensing Appliance Contractors are described in Section 1.5.2. There is one DAC in Kingston, based in Kingston and North Kingston locality.

The community pharmacy contractor questionnaire received 17 responses to the appliance dispensing question, and 76% of them reported that they dispense all types of appliances.

As part of the Essential Services of appliance contractors, a free delivery service is available to all patients. It is therefore likely that patients will obtain appliances delivered from DACs outside Kingston. There are 111 DACs in England¹⁰⁸.

3.4 Dispensing GP practices

Dispensing GP practices are described in Section 1.5.3. There are no dispensing GP practices in Kingston.

3.5 PhAS pharmacies

The Pharmacy Access Scheme is described in Section 1.5.1.5. There are no PhAS providers in Kingston.

¹⁰⁸ NHSBSA. General Pharmaceutical Services in England 2015-16 – 2023-24. October 2024. [Accessed December 2024] <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-2015-16-2023-24>

3.6 Pharmaceutical service provision provided from outside Kingston

Kingston borders five other HWBs and has good transport links. Populations may therefore find community pharmacies in neighbouring HWB areas more accessible and/or more convenient. Neighbouring areas include: Sutton HWB, Wandsworth HWB, Merton HWB, Richmond HWB, Surrey HWB.

It is not practical to list here all those pharmacies outside Kingston area by which Kingston residents will access pharmaceutical services. A number of providers lie within close proximity to the borders of Kingston area boundaries as shown in Figure 24. Further analysis of cross-border provision is undertaken in [Section 6](#).

Analysis of dispensing data has highlighted approximately 211,993 prescription items dispensed each month (between May-July 2024), accounting for an average of 7,310 items per community pharmacy in Kingston¹⁰⁹. This is higher than the England average of 7,109 items per pharmacy monthly and the London average of 6,997 in 2023-24¹¹⁰.

¹⁰⁹ NHSBSA. Dispensing Contractors' Data May-July 2024. [Accessed December 2024] <https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data>

¹¹⁰ NHSBSA. General Pharmaceutical Services in England 2015-16 – 2023-24. October 2024. [Accessed December 2024] <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-2015-16-2023-24>

Section 4: Other services that may impact on pharmaceutical services provision

Community pharmacies and GP practices provide a range of other services. These are not considered 'pharmaceutical services' under the Pharmaceutical Regulations 2013 and may be either free of charge, privately funded or commissioned by the local authority or the ICB.

These services are listed for information only and would not be considered as part of a market entry determination.

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

This section details the services provided across Kingston. A list of all contractors and commissioned services can be found in Appendix A.

4.1 ICB-commissioned services

South West London ICB commissions two services at the time of writing:

- End of life care (EoLC) medicines service (in hours).
- Independent Prescribing Pathfinder Scheme.

There is one pharmacy in the South of the Borough locality providing the end of life care service: Ace Pharmacy at 1-3 Ace Parade, Hook Road, KT9 1DR. Currently this service is due to be decommissioned from April 2025 and replaced with an ICB-wide service.

Although the end of life care service is being replaced by an ICB wide service, support is available through the Pharmacy Quality Scheme (PQS) for community pharmacies that have signed up and registered to deliver the Pharmacy First and Pharmacy Contraception Services¹¹¹.

4.2 Local Authority-commissioned Services provided by community pharmacies in Kingston

RBK currently commissions seven Local Authority-commissioned Services (LASs) from community pharmacies in Kingston:

- LAS1: Sexual health.
- LAS2: NHS health checks.
- LAS3: Substance misuse naloxone.
- LAS4: Needle and syringe programme.
- LAS5: Supervised consumption.
- LAS6: Alcohol misuse.
- LAS7: Smoking cessation.

¹¹¹ NHS England. Pharmacy quality scheme 2022. [Accessed December 2024] <https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-quality-payments-scheme/>

These services may also be provided by other providers, for example, GP practices and community health services. A full list of community pharmacy providers for each service in Kingston can be found in Appendix A.

These services are listed for information only and would not be considered or used as part of a market entry determination.

Table 23: Number and percentage of providers for RBK commissioned services in Kingston

Service	Kingston and North Kingston	New and Old Malden	South of the Borough	Surbiton	Kingston
Sexual health	3 (38%)	0 (0%)	1 (25%)	5 (63%)	9 (32%)
NHS health checks	2 (25%)	0 (0%)	1 (25%)	3 (38%)	6 (21%)
Substance misuse naloxone	3 (38%)	1 (13%)	0 (0%)	1 (13%)	5 (18%)
Needle and syringe programme	3 (38%)	2 (25%)	1 (25%)	5 (63%)	11 (39%)
Supervised consumption	4 (50%)	1 (13%)	2 (50%)	5 (63%)	12 (43%)
Alcohol misuse	2 (25%)	0 (0%)	1 (25%)	5 (63%)	8 (29%)
Smoking cessation	2 (25%)	2 (25%)	2 (50%)	4 (50%)	10 (36%)

With the anticipated changes to the Advanced Services from October, specifically the Pharmacy Contraception, local commissioners should review existing locally commissioned services.

4.3 Other services provided from community pharmacies

There were 17 respondents to the community pharmacy contractor questionnaire. Of respondents, five pharmacies (29%) stated that they would like to provide some services that are not currently commissioned in Kingston.

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

4.4 Collection and delivery services

The delivery services offered by pharmacy contractors are not commissioned services and delivery is not part of the community pharmacy contractual terms of service. There has been a recommendation from the National Pharmacy Association that services like these should be stopped and no longer be available free of charge.

This service would not be considered as part of a determination for market entry.

From the pharmacy contractor questionnaire, 10 community pharmacies (63%) provide home delivery services free of charge on request. It should be noted that nine (53%) collect prescriptions from GP practices.

Free delivery is required to be offered without restriction by all DSPs to patients who request it throughout England. There are two DSPs based in Kingston, and there are 409 throughout England. Free delivery of appliances is also offered by DACs, and there is one DAC in Kingston and 111 DACs throughout England.

4.5 Services for less-abled people

Under the Equality Act 2010¹¹², community pharmacies are required to make 'reasonable adjustments' to their services to ensure they are accessible by all groups, including less-abled persons.

Of the 284 responders to the public questionnaire, 50% have identified that they have a disability. It should be noted that out of the 139 that state they have a disability, 15 (11%) state it affects their mobility.

The contractor questionnaire identifies that 88% of the 17 respondent pharmacies have a consultation room that is accessible to wheelchair users.

4.6 Language services

Of the 17 contractors who responded to the community pharmacy contractor questionnaire, 13 (76%) reported that they offer at least one additional language in addition to English. The most commonly spoken additional languages were Hindi (nine), Gujarati (six), Tamil (five) and Urdu (four).

There are no national or locally commissioned language interpretation services provided by community pharmacies in Kingston.

4.7 Other providers that reduce the need for pharmaceutical service provision

The following are providers of pharmacy services in Kingston, but are not defined as pharmaceutical services under the Pharmaceutical Regulations 2013; however, they reduce the need for pharmaceutical service provision, in particular, the dispensing service.

Some of the providers are outside the borough of Kingston.

4.7.1 NHS hospitals

Pharmaceutical service provision is provided to patients by the hospital:

- Kingston Hospital, Galsworthy Road, Kingston KT2 7QB.

4.7.2 Personal administration of items by GP practices

GPs are able to personally administer certain items, such as vaccines and certain injectable medications for reimbursement from the NHS.

4.7.3 Prison pharmacies

There are currently no prison pharmacies in Kingston.

¹¹² Legislation. Equality Act 2010. October 2024. [Accessed December 2024]
www.legislation.gov.uk/ukpga/2010/15/contents

4.7.4 Substance misuse services

RBK commissions some substance misuse services through community pharmacy; however, the following services also exist in Kingston:

- Kingston wellbeing service - Community drug and alcohol treatment service, Surbiton Health Centre, Ewell Road, Surbiton, KT6 6EZ.
- Young people's substance misuse service¹¹³.

4.7.5 Flu vaccination service by GP Practices

GPs provide access to flu vaccination in addition to the service commissioned in pharmacies through the NHS Enhanced service.

4.8 Other services that may increase the demand for pharmaceutical service provision

4.8.1 Urgent care centres

There are two urgent care centres that residents in Kingston have access to:

- Teddington Memorial, Hampton Road, Teddington TW11 0JL.
- Queen Mary's Hospital, Roehampton Lane, London SW15 5PN.

4.8.2 Minor injury units

There is one minor injury unit that residents in Kingston have access to:

- Queen Mary's Hospital, Roehampton Lane, London SW15 5PN.

4.8.3 Extended hours provided by Primary Care Networks (PCNs)

PCNs are required to provide enhanced access to appointments outside of the standard opening hours for most GPs to accommodate those who may need appointments outside typical opening working times.

In Kingston, normal core hour opening times are from Monday to Friday from 8 am to 6.30 pm. Then the PCN Enhanced Access Service Core Network Standard hours are from Monday to Friday from 6.30 pm to 8 pm, and Saturday from 9 am to 5 pm. Kingston also has a minor illness service running through the PCNs.

4.8.4 Community nursing prescribing

Community nurses work in a variety of settings, providing care to individuals outside of a normal acute or general practice setting. This can range from community-based clinics offering specialist services to directly visiting patients in their homes.

4.8.5 Dental services

Dentists are able to prescribe through their dental practices and may issue prescriptions for their patients when necessary.

¹¹³ Kingston and Richmond young people's substance misuse service. [Accessed December 2024] <https://kr.afcinfo.org.uk/pages/young-people/information-and-advice/health-well-being-hub/young-people-s-substance-misuse-service>

4.8.6 End of life services

An out-of-hours EoLC medicine provision is also available from Practice Plus Group, who are the NHS 111 provider.

4.8.7 Walk-in centres

There are no walk-in centres in Kingston; however, residents can access the following:

- Teddington Memorial, Hampton Road, Teddington TW11 0JL.
- Queen Mary's Hospital, Roehampton Lane, London SW15 5PN.

4.8.8 Sexual health centres

There are two sexual health centres in Kingston:

- The Wolverton - Sexual health service, Galsworthy Road, Kingston upon Thames, Surrey KT2 7QB.
- Your healthcare contraception and sexual health service, Hollyfield House, Surbiton, KT5 9AL.

4.8.9 Other services

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

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

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

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

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

Community pharmacies are contractually obliged to clarify on their patient leaflet which services are NHSE-funded, local authority-funded and privately funded.

Section 5: Findings from the public questionnaire

A public questionnaire about pharmacy provision was developed by the Steering Group to understand the views of the public in Kingston. This questionnaire was available online through the RBK consultations website page between 18 September and 15 November 2024. Paper copies and an easy read version were also available under request.

The questionnaire was circulated by the PNA Steering Group to engage stakeholders through various routes:

- Social media channels.
- Posters displayed in Kingston community pharmacies, local libraries, GP practices, community boards.
- Digital posters displayed in screens in public buildings and waiting rooms.
- Paper copies and easy-read version readily available in community pharmacies and local libraries.
- RBK resident's newsletter.
- RBK engagement newsletter.
- RBK staff.
- RBK network including:
 - Kingston Voluntary Action e-bulletin.
 - Achieving for Children.
 - UK Health Security Agency.
 - Public Health England.
 - Kingston Vaccination Steering Group.
 - Kingston Health Protection Forum.
 - Homes for Ukraine newsletter.
 - Afghan and Syrian Resettlement newsletter.
 - RBK Regulatory Services.
- Surrey Community Action.
- Healthwatch Kingston network including:
 - Healthwatch newsletter.
 - Kingston Open Meeting.
 - Fastminds.
 - Kingston Association for the Blind.
 - Kingston Food Bank.
 - Kingston All Age Learning Disability Partnership Board.
 - Including Communities Engagement Report.
 - Including Digitally Excluded Communities Engagement Report.
- Housebound visiting team (Your HealthCare).
- Kingston Partnership Board and Health and Wellbeing Board.
- South West London ICB network.

There were 284 responses (217 to the online survey, 62 paper copies and five easy read copies), from a population of 171,170 (0.13%), so the findings should be interpreted with some care regarding the representation of the community as a whole. It should also be noted that the demographics of respondents do not fully reflect population demographics, with certain groups not adequately represented, limiting how generalisable the findings are.

Due to small numbers, responses are not broken down by locality. A detailed report of the results can be found in Appendix D.

When reporting details of responses to the public questionnaire, some figures may not add up to 100% due to rounded numbers, multiple choice, or some options not being included in a detailed report (e.g. "Prefer not to say", "N/A", etc).

5.1 Demographic analysis

- 71% of the respondents were female and 28% male.
- The majority of the responses came from those aged 65-74 (28%), followed by 75-84 years old (21%).
- 50% reported having a disability or long-standing illness, of which 11% (15) had a physical impairment.
- Majority of the respondents came from a White-British background (76%).

5.2 Visiting a pharmacy

- 91% had a regular or preferred local community pharmacy, which was similar to the 92% of respondents in 2022.
- Most of the respondents (40%) visited a pharmacy a few times a month or once a month (24%).
- 37% said the time of day most convenient typically varied, and those indicated a preference that it was between the hours of 9 am - 1 pm (26%) and 1 pm - 5 pm (26%).
- 64% said the day that was most convenient also varied, with only 15% specifically stating Sunday was the most convenient.
- 1% said they only used an online pharmacy, and another 1% use a combination of traditional and internet pharmacy.

5.3 Reason for visiting a pharmacy

- The main reason for visiting a pharmacy for most (83%) was to collect prescriptions for themselves.
- 58% visited to buy something over the counter, and 49% went to collect prescriptions for somebody else.

5.4 Choosing a pharmacy

- The top four factors influencing the choice of a pharmacy were the availability of medicines (74%), quality of service (63%), location of pharmacy (54%) and customer service (52%).

- The pharmacy being accessible, communication in other languages and public transport being available were considered not being important at all by 58%, 56%, and 50% respectively.
- 24% said they chose to visit a pharmacy that wasn't the most convenient or closest due to various reasons, the top three reasons being accessibility, service, or stock availability.

5.5 Access to a pharmacy

- Most users (57%) walk to the pharmacy or travel by car (28%).
- 83% reported that they were able to travel to a pharmacy in less than 20 minutes and 96% being able to get to their pharmacy within 30 minutes.

Section 6: Analysis of health needs and pharmaceutical service provision

This section is to provide an analysis of health needs and pharmaceutical service provision to establish if there is a gap or potential future gap in the provision of pharmaceutical services in Kingston.

6.1 Pharmaceutical services and health needs

The health needs and pharmaceutical service provision for Kingston have been analysed, taking into consideration the priorities outlined in the NHS LTP, JSNA, JLHWS and other local policies, strategies and health needs ([Section 2](#)).

Several of the priorities in these strategies and policies can be supported by the provision of pharmaceutical services within Kingston. Some of these services are Essential Services and already provided, and some will be Advanced or Enhanced Services that are new.

Understanding the communities that local pharmacies serve is important for maximising national Community Pharmacy Contractual Framework (CPCF) services in care pathways, as well as commissioning the services that best serve the health and wellbeing requirements of the local communities. Pharmacies play more than a medicine-dispensing role today, and the changes in the 2019-2024 CPCF saw services that meet the prevention, medicines optimisation and primary care access agendas. The local authority supports communities through community pharmacy to be healthy, to self-care and to self-manage long-term conditions. These are all important services that can help reduce the demand on local general practices and hospitals.

6.2 PNA localities

There are 29 contractors in Kingston, of which 28 are community pharmacies (including 2 DSPs). Table 15 in Section 3.1 provides a breakdown by contractor type, and Table 20 in Section 3.2.3.2 provides a breakdown of the number and percentage of community pharmacies open beyond 6 pm and weekends. Individual community pharmacy opening times are listed in Appendix A.

The health needs of the Kingston population influence pharmaceutical service provision in Kingston. Health and population information was not always provided on a locality basis; where it was provided, it has been discussed in the relevant locality section. Where data was only available at the area level, it will be discussed in Section 6.3.

For the purpose of the PNA, all Essential Services are to be regarded as Necessary Services in Kingston.

All advanced and enhanced services are 'other relevant services'.

Locally commissioned pharmaceutical services are considered those that secure improvements or better access, or that have contributed towards meeting the need for pharmaceutical services in the HWB area.

The breakdown of Advanced, Enhanced and Locally Commissioned Service provision by locality can be found in Sections 3.2.4, 3.2.5, 4.1 and 4.2 respectively. When discussing Advanced Service provision, the Appliance Use Review (AUR) and Stoma Appliance Customisation (SAC) services are excluded from the narrative; as mentioned in Section 3.2.4, DACs typically provide these services.

For the purpose of the PNA, the Kingston geography has four localities:

- Kingston and North Kingston.
- New and Old Malden.
- South of the Borough.
- Surbiton.

The following have been considered as part of the assessment for Kingston to understand the needs of the population:

- National priorities as set out by the NHS Long Term Plan and Core20PLUS5.
- The local strategies across the area for the health needs of the population of Kingston from the JSNA, JLHWS and the ICB Joint Forward Plan.
- Population changes and housing and care home developments across the next three years.
- IMD and deprivation ranges compared with the relative location of pharmacy premises.
- The burden of diseases and the lifestyle choices people make across Kingston.
- The health profiles based on ONS and QOF data.

The following have been considered to understand pharmaceutical service provision and access:

- The number and location of pharmacy contractors across each locality.
- What choice do individuals have in which pharmacy they choose to visit.
- Weekend and evening access across each locality.
- How long it takes to travel to the nearest pharmacy based on various transportation methods.
- What services are provided across each locality.
- The views of the public on pharmaceutical service provision.
- The views of contractors on pharmaceutical service provision.

6.2.1 Kingston and North Kingston

Kingston and North Kingston locality has a population of 56,616, of which, according to the 2023 Kingston JSNA, 34.1% is from an ethnic minority and 63.9% white. The highest proportion of white ethnicity can be found in the northern part of this locality. The borough is relatively affluent, with pockets of deprivation in parts of Norbiton. Population density is higher in the western half of the locality, while the eastern half of the locality has very low population density. The average number of households in Kingston and North Kingston that own at least one car or van is 70.3% which is below the Kingston level (74.3%)¹¹⁴.

According to data from QOF and the JSNA, this locality has the lowest prevalence of long-term conditions, such as coronary heart disease, hypertension, cancer and asthma, compared with other localities. Some of these low prevalence rates are linked to a younger age profile of the locality's population.

6.2.1.1 Necessary Services: current provision

There are eight community pharmacies in Kingston and North Kingston. The estimated average number of community pharmacies per 100,000 population is 14.1, which is lower than the England average of 18.1 and lower than the Kingston average of 16.4. All community pharmacies hold a standard 40-core hour contract. There is also one DAC in Kingston and North Kingston locality.

Of the eight community pharmacies:

- Five pharmacies (63%) are open after 6 pm on weekdays.
- Seven pharmacies (88%) are open on Saturdays.
- Two pharmacies (25%) are open on Sundays.

There are also a number of accessible providers open in the neighbouring localities, Surbiton, New and Old Malden, and the HWBs of Richmond, Wandsworth and Merton. Residents in the eastern half of the locality, where there is very low population density and therefore fewer community pharmacies, can also access DSPs in Kingston and across England, as well as pharmacies in neighbouring boroughs, Richmond, Merton and Wandsworth HWBS, particularly by car.

6.2.1.2 Necessary Services: gaps in provision

There is good pharmaceutical service provision across the whole locality to ensure continuity of provision to the new housing and care home developments. The planned number of housing units in the locality will increase by 2,269 by 2028/ 2029 as discussed in Section 2.6.4 and care home beds will increase by 120 as discussed in Section 0, with 375 care home beds currently, anticipated to increase to 495 beds by 2028.

¹¹⁴ ONS 2021 Census (TS045) Car or van availability. [Accessed December 2024]
https://www.nomisweb.co.uk/sources/census_2021/report

Although there are a large number of housing developments planned in Kingston and North Kingston (Kingston Town with 826 units and Norbiton with 1,137) these are a combined total of small and large developments (Section 2.6.4). This can be easily absorbed by the existing community pharmacy network. The small projected population growth should not impact access to pharmaceutical services.

With projected increases in population and corresponding demand, pharmacies, particularly those operating as sole providers, may experience increased footfall and service pressures. While current access is considered adequate, this assessment assumes that existing pharmacies will adapt to meet rising demand.

The rationale for determining no current gap in provision is based not only on physical access but also on the expectation that pharmacy contractors will scale and flex their capacity in response to local needs.

Kingston HWB will continue to monitor pharmaceutical service provision in specific areas within the locality where major housing developments are planned, to ensure there is the capacity to meet potential increases in service demand and an ageing population.

No gaps in the provision of Necessary Services have been identified for Kingston and North Kingston locality.

6.2.1.3 Other relevant services: current provision

Table 21 in Section 3.2.4 shows the number of pharmacies providing **Advanced** services in Kingston and North Kingston locality, based on the pharmacies signed or on the activity data for the months July-November 2024:

- Pharmacy First – eight pharmacies (100%) provide this service.
- Seasonal influenza vaccination – eight pharmacies (100%) provide this service.
- Pharmacy Contraception – three pharmacies (38%) provide this service.
- Hypertension case-finding – six pharmacies (75%) provide this service.
- New Medicine Service – seven pharmacies (88%) provide this service.
- Smoking Cessation – three pharmacies (38%) signed up to provide this service.
- Lateral Flow Device Tests – two pharmacies (25%) offer this service.

There is very good coverage of Pharmacy First, Flu vaccination, Hypertension case finding and NMS services. The ICB needs to improve uptake of PCS and SCS through existing providers working with place-based stakeholders.

Regarding access to **Enhanced** Services, based on the list of signed up providers:

- COVID-19 vaccination service – two pharmacies (25%) offer this service.
- Bank Holiday – no pharmacy signed up for this service.

Providers for the COVID-19 service can change with each campaign, and the Bank Holiday opening service can change for each bank holiday. The ICB needs to review public holiday rota cover as part of forward planning.

No gaps in the provision of Relevant Services have been identified for Kingston and North Kingston locality.

6.2.1.4 Improvements and better access: gaps in provision

Regarding access to **services commissioned by South West London ICB**, based on the list of signed up providers:

- EoLC Medicine - (in hours) – no pharmacy offers this service.

Regarding access to **services commissioned by RBK**, based on the list of signed up providers:

- Sexual health – three pharmacies (38%) offer this service.
- NHS health checks – two pharmacies (25%) offer this service.
- Substance misuse naloxone – three pharmacies (38%) offer this service.
- Needle and syringe programme – three pharmacies (38%) offer this service.
- Supervised consumption – four pharmacies (50%) offer this service.
- Alcohol misuse – two pharmacies (25%) offer this service.
- Smoking cessation – two pharmacies (25%) offer this service.

There is good provision of locally commissioned services across Kingston and North Kingston.

No gaps have been identified that if provided either now or in the next three years would secure improvements or better access to services across Kingston and North Kingston locality.

6.2.2 New and Old Malden

New and Old Malden locality has a population of 40,925, of which, according to the 2023 Kingston JSNA, 41% is from an ethnic minority and 59% is white ethnicity. This locality has a mixture of affluence and moderate areas of deprivation, with a pocket of relative deprivation in Green Lane & St James. The population density is moderate relative to the borough. The average number of households in New and Old Malden that own at least one car or van is 79.7%, which is above the Kingston level (74.3%)¹¹⁵.

The health of the population of New and Old Malden shows that the rates of CHD were higher in those patients whose GP practices are in the locality. The locality had the highest proportion of the elderly in several wards compared to the other three localities. The locality also had one of the highest proportions of patients receiving palliative care.

¹¹⁵ ONS 2021 Census (TS045) Car or van availability. [Accessed December 2024] https://www.nomisweb.co.uk/sources/census_2021/report

6.2.2.1 Necessary Services: current provision

There are eight community pharmacies, including one DSP, in New and Old Malden. The estimated average number of community pharmacies per 100,000 population is 19.5, which is higher than the England average of 18.1 and the Kingston average of 16.4. Seven community pharmacies hold a standard 40-core hour contract, and the other one is a DSP.

Of the eight community pharmacies:

- Six pharmacies (75%) are open after 6 pm on weekdays.
- Six pharmacies (75%) are open on Saturdays.
- Two pharmacies (25%) are open on Sundays.

There are also a number of accessible providers open in the neighbouring localities of Kingston and North Kingston, South of the Borough and Surbiton; and the HWB areas of Merton, Sutton and Surrey.

6.2.2.2 Necessary Services: gaps in provision

There is a very good pharmaceutical service provision across the whole locality to ensure continuity of provision to the new developments. The planned number of housing units in the locality will increase by 186 by 2028/ 2029 as discussed in Section 2.6.4. This can be easily absorbed by the existing community pharmacy network. There are 355 care home beds in this locality, with currently no further increase in beds by 2028. The small projected population growth should not impact access to pharmaceutical services.

With projected increases in population and corresponding demand, pharmacies, particularly those operating as sole providers, may experience increased footfall and service pressures. While current access is considered adequate, this assessment assumes that existing pharmacies will adapt to meet rising demand.

The rationale for determining no current gap in provision is based not only on physical access but also on the expectation that pharmacy contractors will scale and flex their capacity in response to local needs.

Kingston HWB will continue to monitor pharmaceutical service provision in specific areas within the locality where housing developments are planned, to ensure there is the capacity to meet potential increases in service demand and an ageing population.

No gaps in the provision of Necessary Services have been identified for New and Old Malden locality.

6.2.2.3 Other relevant services: current provision

Table 21 in Section 3.2.4 shows the number of pharmacies providing **Advanced** services in New and Old Malden locality, based on the pharmacies signed or on the activity data for the months July-November 2024:

- Pharmacy First – seven pharmacies (88%) provide this service.

- Seasonal influenza vaccination – five pharmacies (63%) provide this service.
- Pharmacy Contraception – three pharmacies (38%) provide this service.
- Hypertension case-finding – five pharmacies (63%) provide this service.
- New Medicine Service – seven pharmacies (88%) provide this service.
- Smoking Cessation – one pharmacy (13%) signed up to provide this service.
- Lateral Flow Device Tests – four pharmacies (50%) provide this service.

There is very good coverage of Pharmacy First, and NMS; and good provision of Flu vaccination, Hypertension case finding and LFD services. The ICB needs to improve uptake of PCS and SCS through existing providers working with place-based stakeholders.

Regarding access to **Enhanced Services**, based on the list of signed up providers:

- COVID-19 vaccination service – three pharmacies (38%) offer this service.
- Bank Holiday – no pharmacy signed up for this service.

Providers for the COVID-19 service can change with each campaign, and the Bank Holiday opening service can change for each bank holiday. The ICB needs to review public holiday rota cover as part of forward planning.

No gaps in the provision of Relevant Services have been identified for New and Old Malden locality.

6.2.2.4 Improvements and better access: gaps in provision

Regarding access to **services commissioned by South West London ICB**, based on the list of signed up providers:

- EoLC Medicine - (in hours) – no pharmacy offers this service.

Regarding access to **services commissioned by RBK**, based on the list of signed up providers:

- Sexual health – no pharmacy offers this service.
- NHS health checks – no pharmacy offers this service.
- Substance misuse naloxone – one pharmacy (13%) offers this service.
- Needle and syringe programme – two pharmacies (25%) offer this service.
- Supervised consumption – one pharmacy (13%) offers this service.
- Alcohol misuse – no pharmacy offers this service.
- Smoking cessation – two pharmacies (25%) offer this service.

There is good provision of locally commissioned services across New and Old Malden.

No gaps have been identified that if provided either now or in the next three years would secure improvements or better access to services across New and Old Malden locality.

6.2.3 South of the Borough

South of the Borough locality has a population of 26,367, of which, according to the 2023 Kingston JSNA, 23.8% is from an ethnic minority and 76.2% is white. This locality has more relative deprivation compared to the other localities. The locality has the lowest population density compared to the other three localities. The average number of households in South of the Borough that own at least one car or van is 84% which is above the Kingston level (74.3%)¹¹⁶.

According to the QOF data and JSNA, the locality had the highest levels of obesity. There was a higher incidence of recorded COPD compared to the other localities in the borough.

6.2.3.1 Necessary Services: current provision

There are four community pharmacies (including one DSP) in South of the Borough. The estimated average number of community pharmacies per 100,000 population is 15.2, which is lower than the England average of 18.1 and the Kingston average of 16.4. Three community pharmacies hold a standard 40-core hour contract, and the other one is a DSP.

Of the four community pharmacies:

- One pharmacy (25%) is open after 6 pm on weekdays.
- Two pharmacies (50%) are open on Saturdays.
- There are no pharmacies open on Sundays however there are two north of the borough in Surbiton that are open on a Sunday.

There are also a number of accessible providers open in the neighbouring localities of Surbiton and, New and Old Malden; and the Surrey HWB.

6.2.3.2 Necessary Services: gaps in provision

There is good pharmaceutical service provision across the whole locality to ensure continuity of provision to the new developments. The planned number of housing units in the locality will increase by 26 by 2028/ 2029 as discussed in Section 2.6.4. This can be easily absorbed by the existing community pharmacy network. There are 53 care home beds in this locality, and no further new beds are anticipated by 2028. The very small projected population growth should not impact access to pharmaceutical services.

This locality has a lower population density, particularly in the southern half of the locality and therefore fewer community pharmacies; however, residents can access DSPs across Kingston and England, as well as pharmacies in Surrey on either side of the locality, particularly by car.

With projected increases in population and corresponding demand, pharmacies, particularly those operating as sole providers, may experience increased footfall and service pressures. While current access is considered adequate, this assessment assumes that existing pharmacies will adapt to meet rising demand.

¹¹⁶ ONS 2021 Census (TS045) Car or van availability [Accessed December 2024]
https://www.nomisweb.co.uk/sources/census_2021/report

The rationale for determining no current gap in provision is based not only on physical access but also on the expectation that pharmacy contractors will scale and flex their capacity in response to local needs.

Kingston HWB will continue to monitor pharmaceutical service provision in specific areas within the locality where housing developments are planned, to ensure there is the capacity to meet potential increases in service demand and an ageing population.

No gaps in the provision of Necessary Services have been identified for South of the Borough locality.

6.2.3.3 Other relevant services: current provision

Table 21 in Section 3.2.4 shows the number of pharmacies providing **Advanced** services in South of the Borough locality, based on the pharmacies signed or on the activity data for the months July-November 2024:

- Pharmacy First – three pharmacies (75%) provide this service.
- Seasonal influenza vaccination – three pharmacies (75%) provide this service.
- Pharmacy Contraception – two pharmacies (50%) provide this service.
- Hypertension case-finding – three pharmacies (75%) provide this service.
- New Medicine Service – three pharmacies (75%) provide this service.
- Smoking Cessation – two pharmacies (50%) signed up to provide this service.
- Lateral Flow Device Tests – one pharmacy (25%) provides this service.

There is very good coverage of Pharmacy First, Flu vaccination, Hypertension case finding and NMS services. The ICB needs to improve uptake of PCS and SCS through existing providers working with place-based stakeholders.

Regarding access to **Enhanced** Services, based on the list of signed up providers:

- COVID-19 vaccination service – two pharmacies (50%) offer this service.
- Bank Holiday – no pharmacy signed up for this service.

Providers for the COVID-19 service can change with each campaign, and the Bank Holiday opening service can change for each bank holiday. The ICB needs to review public holiday rota cover as part of forward planning.

No gaps in the provision of Relevant Services have been identified for South of the Borough locality.

6.2.3.4 Improvements and better access: gaps in provision

Regarding access to **services commissioned by South West London ICB**, based on the list of signed up providers:

- EoLC Medicine - (in hours) – one pharmacy (25%) offers this service.

Regarding access to **services commissioned by RBK**, based on the list of signed up providers:

- Sexual health – one pharmacy (25%) offers this service.
- NHS health checks – one pharmacy (25%) offers this service.
- Substance misuse naloxone – no pharmacy offers this service.
- Needle and syringe programme – one pharmacy (25%) offers this service.
- Supervised consumption – two pharmacies (50%) offer this service.
- Alcohol misuse – one pharmacy (25%) offers this service.
- Smoking cessation – two pharmacies (50%) offer this service.

There is good provision of locally commissioned services across South of the Borough.

No gaps have been identified that if provided either now or in the next three years would secure improvements or better access to services across South of the Borough locality.

6.2.4 Surbiton

Surbiton locality has a population of 47,261, of which of which, according to the 2023 Kingston JSNA, 26.9% is from an ethnic minority and 73.1% is white. This locality is relatively affluent and has the highest population density compared to the other three localities. The average number of households in Surbiton that own at least one car or van is 74%, which is similar to the Kingston level (74.3%)¹¹⁷.

According to the details of health from QOF and JSNA, the locality had higher levels of cardiovascular disease prevalence. Surbiton PCN recorded higher levels of stroke than London levels. Hypertension levels in the locality were higher compared to the three other localities. COPD incidence recorded in GP registers was relatively higher. Cancer was also recorded as relatively higher in the locality.

6.2.4.1 Necessary Services: current provision

There are eight community pharmacies in Surbiton, all of them holding a standard 40-core hour contract. The estimated average number of community pharmacies per 100,000 population is 16.9, which is lower than the England average of 18.1 and higher than the Kingston average of 16.4.

Of the eight community pharmacies:

- Four pharmacies (50%) are open after 6 pm on weekdays.
- Eight pharmacies (100%) are open on Saturdays.
- Three pharmacies (38%) are open on Sundays.

¹¹⁷ ONS 2021 Census (TS045) Car or van availability [Accessed December 2024]
https://www.nomisweb.co.uk/sources/census_2021/report

There are also a number of accessible providers open in the neighbouring localities of New and Old Malden, South of the Borough, Kingston and North Kingston; and the HWB areas of Surrey and Richmond.

6.2.4.2 Necessary Services: gaps in provision

There is good pharmaceutical service provision across the whole locality to ensure continuity of provision to the new housing and care home developments. The planned number of housing units in the locality will increase by 304 by 2028/29, as discussed in Section 2.6.4. Care homes currently have 452 beds, which are due to increase by 86, to a total of 538 beds in 2028, as discussed in Section 0. This can be easily absorbed by the existing community pharmacy network. The very small projected population growth should not impact access to pharmaceutical services.

With projected increases in population and corresponding demand, pharmacies, particularly those operating as sole providers, may experience increased footfall and service pressures. While current access is considered adequate, this assessment assumes that existing pharmacies will adapt to meet rising demand.

The rationale for determining no current gap in provision is based not only on physical access but also on the expectation that pharmacy contractors will scale and flex their capacity in response to local needs.

Kingston HWB will continue to monitor pharmaceutical service provision in specific areas within the locality where housing developments are planned, to ensure there is the capacity to meet potential increases in service demand and an ageing population.

No gaps in the provision of Necessary Services have been identified for Surbiton locality.

6.2.4.3 Other relevant services: current provision

Table 21 in Section 3.2.4 shows the number of pharmacies providing **Advanced** services in Surbiton locality, based on the pharmacies signed or on the activity data for the months July-November 2024:

- Pharmacy First – eight pharmacies (100%) provide this service.
- Seasonal influenza vaccination – seven pharmacies (88%) provide this service.
- Pharmacy Contraception – five pharmacies (63%) provide this service.
- Hypertension case-finding – seven pharmacies (88%) provide this service.
- New Medicine Service – eight pharmacies (100%) provide this service.
- Smoking Cessation – three pharmacies (38%) signed up to provide this service .
- Lateral Flow Device Tests – four pharmacies (50%) provide this service.

There is very good coverage of Pharmacy First, Flu vaccination, Hypertension case finding and NMS services. The ICB needs to improve uptake of PCS and SCS through existing providers working with place-based stakeholders.

Regarding access to **Enhanced** Services, based on the list of signed up providers:

- COVID-19 vaccination service – two pharmacies (25%) offer this service.
- Bank Holiday – two pharmacies (25%) signed up for this service.

Providers for the COVID-19 service can change with each campaign, and the Bank Holiday opening service can change for each bank holiday. The ICB needs to review public holiday rota cover as part of forward planning.

No gaps in the provision of Relevant Services have been identified for Surbiton locality.

6.2.4.4 Improvements and better access: gaps in provision

Regarding access to **services commissioned by South West London ICB**, based on the list of signed up providers:

- EoLC Medicine - (in hours) – no pharmacy offers this service.

Regarding access to **services commissioned by RBK**, based on the list of signed up providers:

- Sexual health – five pharmacies (63%) offer this service.
- NHS health checks – three pharmacies (38%) offer this service.
- Substance misuse naloxone – one pharmacy (13%) offers this service.
- Needle and syringe programme – five pharmacies (63%) offer this service.
- Supervised consumption – five pharmacies (63%) offer this service.
- Alcohol misuse – five pharmacies (63%) offer this service.
- Smoking cessation – four pharmacies (50%) offer this service.

There is good provision of locally commissioned services across Surbiton.

No gaps have been identified that if provided either now or in the next three years would secure improvements or better access to services across Surbiton locality.

6.3 Kingston pharmaceutical services and health needs

Kingston HWB area has a population of 171,170, which is composed of white (68.3%) and non-white (31.7%). Children and young people make up 23% of the population in 2024. Around 25,700 people aged 65 and over live in Kingston, which is 15% of the total population.

The 2021 Census report highlighted that 82.7% of Kingston residents (aged three and over) speak English as their first language at home. After English, the three most common languages spoken as a first language are Tamil, Korean and Arabic, also similar to 2011, except that Arabic has overtaken Polish as the third most common. At ward level, the parts of Kingston with the fewest English speakers at home are mostly in the north and east of the borough, with almost a quarter of residents in Norbiton and New Malden Village having a different primary language. The south of the borough, around Chessington, has the fewest such residents, with almost 90% of residents speaking English at home. Residents may use apps, such as Google Translate, or a member of pharmacy staff to translate; however, a commissioned translation and interpretation service would be beneficial for current pharmacy contractors.

There is no evidence to suggest there is a gap in service that would equate to the need for additional access to Necessary Services inside or outside normal hours anywhere in Kingston. There is an opportunity for the ICB and HWB to improve understanding of community pharmacy services with minority groups to maximise access from the existing community pharmacy network.

Kingston has relatively low levels of deprivation. If the 317 local authorities in England were ranked from 1 (least deprived) to 317 (most deprived) in 2019, Kingston would rank 48th overall, or second out of the London boroughs. In the previous 2015 IMD data, Kingston was ranked 40th overall, falling eight places and becoming relatively more deprived over the intervening four years. However, these overall figures mask differences between local areas. Higher levels of poor health are found in areas of higher deprivation. There are also some differences in some health conditions between different ethnic groups, ages and sexes.

The borough population growth is expected to increase over the next four years to 2029 to 178,800. To note, the 2021 Census revealed a lower population in the borough than had previously been estimated, and future population growth is likely to be slowed by a shortage of housing stock and a falling birth rate. The sites with planning permission in the borough show 2,800 units with around 5,000 beds due to be completed in the next five years, which is outside the lifetime of this PNA. There will be many units built in the next five years that do not yet have planning permission, so these numbers are likely an underestimate. The anticipated number of housing units to be built by 2028/29 is 2,785.

Care homes are fairly evenly split across three of the four localities, with further new care homes planned across the borough. The number of beds across Kingston is due to increase by 16.7% over the next three years.

The registered population has grown by over 8,000 people (3.5%) since the last PNA 2022, which was a similar rate of increase to the previous PNA three years prior to that. Over 20% of the GP-registered population lives outside the borough.

Travel analysis across Kingston showed:

- 100% of the population in Kingston can get to a pharmacy within five minutes driving.
- 97.5% of the population are able to walk to the pharmacy within 20 minutes.
- Kingston has a good public transport network, including buses and trains.

The number of households in Kingston that own at least one car or van is 74.3%, which is significantly above the London level (57.9%) but slightly below the England level (76.5%)¹¹⁸.

Health data for Kingston was compiled from QOF and JSNA data. People in Kingston are generally healthier overall than the national or London population. Life expectancy for men and women is greater than the London and England averages. Within the borough, there are differences in life expectancy, with shorter levels found in the most deprived areas, compared to the least deprived areas. This would be expected for the second least deprived borough in London and hides differences between the localities.

The health and wellbeing of children in Kingston is generally better than the England average, although there are variations in some indicators:

- A&E attendance is around 40% higher for under-fives living in more deprived wards than less deprived areas, and more deprived parts also have the highest emergency admission rates for under-fives in Kingston, about 20% higher than the national average.
- While childhood vaccinations in Kingston remain comparable or higher than England levels, Kingston is, like other London boroughs, not meeting national targets for childhood vaccinations.
- Asthma prevalence is 5% of patients aged six or over. In Year 6, almost a third (29%) of Kingston's children are overweight.

The health and wellbeing of the over 65s noted the following:

- This age group is higher than the overall London figure and is predicted to rise to 17% over the next decade. The associated health needs of the over 65s will grow over the next 10 years.
- Housebound patients are set to rise by 1,500 in the coming decade.
- The rate of serious falls in older people in the borough is similar to the London average, and slightly higher than England.
- Leading causes of death amongst those aged under 75 years (in 2023), known as premature deaths, were cancer (35%), diseases of the circulatory system (27%) and diseases of the digestive system (11%).

General health trends:

- The premature death rate from CVD in Kingston's men is considerably higher than that of women. Almost three-quarters of early deaths from CVD in Kingston were in men, compared to two-thirds in London. More deprived areas in Kingston had higher CVD rates than less deprived parts.
- Overall CHD levels were lower in Kingston compared to London and England, but it was noted that specific wards had higher levels situated in Old and New Malden and Surbiton localities.

¹¹⁸ ONS 2021 Census (TS045) Car or van availability [Accessed December 2024]
https://www.nomisweb.co.uk/sources/census_2021/report

- Stroke prevalence in Kingston was slightly higher than London levels, and lower than national levels.
- While hypertension levels are lower than England and national levels, there are 23,000 people in Kingston who are affected.
- The prevalence of all cancers in Kingston was higher than in London but lower than in England in 2023-24. However, cancer rates have been rising in all areas. Kingston's population is older than the London average, which partly explains the relatively high rate.
- Diabetes prevalence in Kingston has been significantly lower than London and England averages for the past decade. However, Kingston has seen an increasing prevalence of diabetes, rising from 4.8% in 2012-13 to 5.8% in 2023-24.
- GP-recorded COPD prevalence in Kingston in 2023-24 is slightly lower than in previous years. Kingston's level is the same as the overall London rate.
- Over 10,000 people registered with Kingston GPs in 2023-24 are recorded as having asthma.
- For injuries in younger residents needing hospital admission (in 2022-23), Kingston's rate is similar to the London average overall.
- For drug misuse, the successful treatment completion proportion for non-opiate users has risen significantly in Kingston, well above the long-term average, and in 2022 was the second highest success rate nationally. The opiate success rate is also well above the London average and increasing.
- For alcohol related hospital admissions, Kingston is at or below the London average rate in men, but well above the London average for women.
- Sexually transmitted infection rates in Kingston have gone up every year since 2020 and are now close to pre-pandemic levels.

6.3.1 Necessary Services: current provision across Kingston

There are 28 community pharmacies (including 2 DSPs) in Kingston. The estimated average number of community pharmacies per 100,000 population is 16.4, which is lower than the England average of 18.1. There are 26 (90%) pharmacies that hold a standard 40-core hour contract, two DSPs and no 72+hour pharmacies. There is one DAC and no dispensing practices in Kingston.

Kingston has many pharmacies open on weekday evenings and weekends. The majority of community pharmacies (82%) are open on Saturdays, and 57% of community pharmacies open after 6 pm on weekdays. There are also 7 pharmacies (25%) open on Sundays in Kingston.

Residents living in areas of low population density, which typically have fewer pharmacies, have access to two DSPs in Kingston and many others across London and England.

There are also a number of accessible providers open in the neighbouring HWBs of Richmond upon Thames, Wandsworth, Merton, Sutton and Surrey, which is supported by good public transport links.

6.3.2 Necessary Services: gaps in provision across Kingston

There is good pharmaceutical service provision across the whole area to ensure continuity of provision to the new developments, including new care home developments. The borough population growth is expected to increase to 178,800 by 2029 over the next four years to 2029 and the number of unit homes are anticipated to increase to 2,785 by 2028/29. This represents a small increase that can be easily absorbed by the existing community pharmacy network.

The additional pharmaceutical service provision required by the current and two planned care homes across Kingston will also be adequately served by the existing community pharmacy provision.

The small projected population growth should not impact access to pharmaceutical services.

The ratio of community pharmacies per 100,000 population is lower than the England value. However, there is good pharmaceutical service provision across the whole borough, and access to community pharmacies in neighbouring areas to ensure continuity of provision to the new developments.

Kingston HWB will continue to monitor pharmaceutical service provision in specific areas where major housing developments are planned, to ensure there is the capacity to meet potential increases in service demand.

No gaps in the provision of Necessary Services have been identified for Kingston HWB.

6.3.3 Other relevant services: current provision

Table 21 in Section 3.2.4 shows the number of pharmacies providing **Advanced** services in the Kingston HWB area. It can be seen that there is very good availability of Pharmacy First (93%), NMS (89%), flu vaccination service (82%) and the hypertension case-finding service (75%). The provision of the pharmacy contraception service is lower (36%), as well as LFD tests supply (39%) and smoking cessation (32%).

It should be noted that the Dispensing Appliance Contractor in Kingston provides the AUR and SAC services so patients can access these products and devices.

Regarding access to **Enhanced** Services, ten pharmacies (36%) offer the COVID-19 vaccination service and two pharmacies (7%) open on bank holidays. Providers for the COVID-19 service can change with each campaign, and the Bank Holiday opening service can change for each bank holiday.

No gaps in the provision of Relevant Services have been identified for Kingston HWB.

6.4 Improvements and better access: gaps in provision across Kingston

Regarding access to services **commissioned by SWL ICB**, one pharmacy (4%) provides the end of life care medicines (in hours) and one pharmacy (4%) provides MMR vaccinations. The EoLC service is due to be decommissioned in April 2025 however the Pharmacy Quality Scheme (PQS) for 2025/26 has provisions for palliative and end of life care.

Regarding access to services **commissioned by RBK**:

- Sexual health – nine pharmacies (32%) offer this service.
- NHS health checks – six pharmacies (21%) offer this service.
- Substance misuse naloxone – five pharmacies (18%) offer this service.
- Needle and syringe programme – 11 pharmacies (39%) offer this service.
- Supervised consumption – 12 pharmacies (43%) offer this service.
- Alcohol misuse – eight pharmacies (29%) offer this service.
- Smoking cessation – 10 pharmacies (36%) offer this service.

All Advanced, Enhanced and Locally Commissioned Services are available in Kingston and have varying opening times.

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies, including plans for increased uptake of the recently introduced Advanced Services – Pharmacy First, the hypertension case-finding service, PCS and the smoking cessation Advanced Service. The ICB needs to look at increasing service uptake through existing providers working with place-based stakeholders.

No gaps have been identified that if provided either now or in the next three years would secure improvements or better access to services across Kingston.

Section 7: Conclusions

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

There is a wide range of pharmaceutical services provided in Kingston to meet the health needs of the population. The provision of current pharmaceutical services and locally commissioned services are distributed across localities, providing good access throughout Kingston.

As part of this assessment, no gaps have been identified in provision either now or in the future (over the next three years) for pharmaceutical services deemed Necessary. Factors such as population growth and pharmacy closures have resulted, and will result, in a reduction of the number of pharmacies per population in the area. With future housing growth in Kingston, it is imperative that accessibility to pharmacy services is monitored, and the recommendations actioned, to ensure that services remain appropriate to the needs. Any required amendments should be made through the three-year life cycle of this PNA.

7.1 Statements of the PNA

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

For the purposes of this PNA, Essential Services for Kingston HWB are to be regarded as Necessary Services.

Other Advanced and Enhanced Services are considered relevant.

Locally Commissioned Services (LCS) are those services that secure improvements or better access to, or which have contributed towards meeting the need for, pharmaceutical services in Kingston HWB areas, and are commissioned by the ICB or local authority, rather than the NHSE.

7.1.1 Current provision of Necessary Services

Necessary Services – gaps in provision

Essential services are Necessary Services, which are described in Section 1.5.1.4.1. Access to Necessary Service provision in Kingston is provided in Sections 3.2 and 6.3, and by locality in Section 6.2.

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

Necessary Services – normal working hours

There is no gap in the provision of Necessary Services during normal working hours across Kingston to meet the needs of the population.

Necessary Services – outside normal working hours

There are no gaps in the provision of Necessary Services outside normal working hours across Kingston to meet the needs of the population.

7.1.2 Future provision of Necessary Services

No gaps have been identified in the need for pharmaceutical services in specified future circumstances, in the next three years, across Kingston.

7.1.3 Other relevant services – gaps in provision

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

7.1.3.1 Current and future access to Advanced Services

Details of the Advanced Services are outlined in Section 1.5.1.4.2 and the provision in Kingston discussed in Sections 3.2 and 6.3, and by locality in Section 6.2.

Section 6.4 discusses improvements and better access to services in relation to the health needs of Kingston.

Based on the information available at the time of developing this PNA, no gaps in the current provision of Advanced Services, or in specified future circumstances in the next three years, have been identified in any of the localities across Kingston.

Section 7.2 discusses the opportunities that may be available for expansion of existing services or delivery of new services from community pharmacies that may benefit the population of Kingston.

There are no gaps in the provision of Advanced Services at present or in the next three years that would secure improvements or better access to services in Kingston.

7.1.3.2 Current and future access to Enhanced Services

Details of the Enhanced Services are outlined in Section 1.5.1.4.3 and the provision in Kingston discussed in Sections 3.2 and 6.3, and by locality in Section 6.2.

Section 6.4 discusses improvements and better access to services in relation to the health needs of Kingston.

Based on the information available at the time of developing this PNA, no gaps in the current provision of Enhanced Services or in specified future circumstances in the next three years have been identified in any of the localities across Kingston.

No gaps have been identified that if provided either now or in the next three years would secure improvements or better access to Enhanced Services across Kingston.

7.1.3.3 Current and future access to Locally Commissioned Services (LCS)

With regard to LCS, the PNA is mindful that only those commissioned by NHSE are regarded as pharmaceutical services. The absence of a particular service being commissioned by NHSE is, in some cases, addressed by a service being commissioned through the ICB or the local authority; these services are described in Sections 4.1 and 4.2.

Section 6.4 discusses improvements and better access to LCS in relation to the health needs of Kingston.

Based on the information available at the time of developing this PNA, no gaps have been identified in LCS, that if provided either now or in the future, in the next three years, would secure improvements or better access in any of the localities. Future improvements and better access are best managed through working with existing contractors and improving integration with other services and within Primary Care Networks, rather than through the opening of additional pharmacies.

Based on current information, the Steering Group has not considered that any of these LCS should be decommissioned. However, the HWB and commissioning organisations may want to consider incentivising community pharmacies to encourage further uptake of services.

Section 7.2 discusses the opportunities that may be available for the expansion of existing services or the delivery of new services from community pharmacies that may have benefits to the population of Kingston.

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

No gaps have been identified that if provided either now or in the next three years would secure improvements or better access to Locally Commissioned Services across Kingston.

7.1.4 Improvements and better access – gaps in provision

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

Based on current information, no gaps have been identified in respect of securing improvements or better access to Locally Commissioned Services, either now or in the next three years across Kingston to meet the needs of the population.

7.2 Future opportunities for possible community pharmacy services in Kingston

7.2.1 Introduction

Any local commissioning of services for delivery by community pharmacy lies outside the requirements of a PNA; it is considered as being additional to any Necessary Services required under the Pharmaceutical Regulations 2013.

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

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

National and Kingston health needs priorities have been considered when outlining opportunities for further community pharmacy provision below. The highest risk factors for causing death and disease for the Kingston population are listed in Sections 2.7 and 2.8 and are considered when looking at opportunities for further community pharmacy provision.

7.2.2 Opportunities for pharmaceutical service provision

Health needs and highest risk factors for causing death and disease for the Kingston population are stated in [Section 2](#) and [Section 6](#). Should these be priority target areas for commissioners, they may want to consider the current and future service provision from community pharmacies, in particular the screening services they are able to offer.

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

7.2.3 Existing services

7.2.3.1 Essential Services

- Signposting for issues such as weight management and health checks.
- Promote a self-referral route to the National Diabetes Prevention Programme.
- Developing healthy living pharmacies and self-care to support the Kingston prevention agenda.
- Electronic repeat dispensing can reduce unnecessary patient trips to the GP practice to collect repeat medication and could help reduce wasted medicines.

7.2.3.2 Advanced Services

Some of the existing Advanced Services could be targeted in a way that improves patient access, reduces pressures in general practice, and supports the primary care, urgent care, prevention and medicines safety agendas.

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

- **Pharmacy First**

Pharmacy First can provide benefits to patients and the ICB, and support the borough's health needs as follows:

- Convenient access to healthcare where patients can access prescription-only treatment for seven common conditions without needing to see a GP.
- Provides an alternative route to accessing medicine for these conditions.
- The service includes elements from the CPCS, such as minor illness consultations with a pharmacist, or the supply of urgent medicines and appliances.

Pharmacy First provides the ICB with an opportunity to maximise additional primary care capacity and capability.

- **Hypertension case-finding service**

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

In 2023-24, 10.3% of Kingston's population was diagnosed with hypertension, which equates to 23,000 affected people. While the Kingston hypertension rate is lower than the London and England figures, the rates have risen in the borough over the past three years since the previous PNA 2022. This service would provide the borough with additional capacity to help identify and manage the condition.

- **Pharmacy Contraception Service**

The NHS PCS is a tiered pharmacy contraception service. This service is designed to offer people greater choice where they can access contraception services (oral contraception) and creates extra capacity in primary care and sexual health clinics (or equivalent) to support meeting the demand for more complex assessments.

The two tiers of the service are:

- Initiation: where a person wishes to start oral contraception for the first time or needs to restart oral contraception following a pill-free break. A person who is being switched to an alternative pill following consultation can also be considered as an initiation.

- Ongoing supply: where a person has been supplied with oral contraception by a primary care provider or a sexual health clinic (or equivalent) and a subsequent equivalent supply is needed. Their current supply of oral contraception should still be in use.

The supplies will be authorised via a PGD, with appropriate checks, such as the measurement of the patient's blood pressure and body mass index being undertaken, where necessary.

- **New Medicines Service**

The NMS has many benefits that can support ICB medicines management objectives and patient medicines compliance, including the following:

- Improved patient adherence: Research shows that the NMS increases the proportion of patients who adhere to their new medicine.
- Reduced hospital admissions: can help identify adverse drug reactions early, which can reduce hospital admissions
- Reduced medicine waste: can help reduce the amount of wasted medicine.
- Improved health outcomes: can help improve health outcomes for patients.
- Lifestyle advice: can provide healthy living advice that is appropriate for the individual.
- Cost-effective: is more effective and less costly than normal practice.

- **Smoking Cessation Advanced Service**

The LTP states that all patients admitted to hospital who smoke are to be offered NHS-funded tobacco treatment services by 2023-24. The Smoking Cessation service (SCS) is a referral service from the hospital for patients who have been initiated on smoking cessation to continue their journey in a community pharmacy.

Smoking is the highest cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, COPD and heart disease. It is also associated with cancers in other organs, including the lip, mouth, throat, bladder, kidney, stomach, liver and cervix. Kingston has a lower smoking prevalence and a higher smoking cessation success rate than England. The SCS service is well placed to support Kingston smoking cessation priorities as an additional pathway. At the time of writing, Kingston Hospital has not started SCS referrals, and the ICB needs to start implementing this to seek the benefits of this care pathway.

7.2.3.3 ICB-commissioned services

- **Bank Holiday opening service**

The ICB should review the holiday pharmacy rota service (a Local Enhanced Service) to ensure there is suitable pharmacy coverage over religious and public holidays.

- **Elective care ear health services**

In the NHS England reforming elective plan in January 2025, Community pharmacy can play its part through appropriately funded pharmacy services being commissioned. One good example is ear health, which includes earwax removal and increased access to otoscopy. SWL ICB had commissioned a successful pilot community pharmacy earwax removal service, which had very good outcomes. This was cited as a community pharmacy case study on the NHS England website¹¹⁹. The ICB should explore recommissioning this service to support local elective plans.

7.2.3.4 Local authority-commissioned services

- **Sexual health services**

The chlamydia detection rate in Kingston among those aged 15-24 is below the figures for England and London. This provides an opportunity for the local authority to maximise locally commissioned sexual health services with the community pharmacy network.

The local authority and ICB could explore the interdependencies between the LCS sexual health service and the CPCF Advanced PCS services to provide a more comprehensive service offering.

- **Smoking cessation services**

As mentioned earlier in this section, smoking cessation is a priority area for Kingston Public Health. Smoking prevalence in Kingston is lower than the smoking prevalence in London, and it also has higher smoking cessation success rates.

The Local authority and ICB could explore the interdependencies between the LCS smoking cessation service and the CPCF Advanced SCS services to provide a more comprehensive service offering and maximise several patient pathways to support Kingston smoking cessation targets.

¹¹⁹ NHS England. Reforming elective care for patients [Accessed December 2024]
<https://www.england.nhs.uk/long-read/reforming-elective-care-for-patients/#:~:text=Case%20study%3A%20South%20West%20London%20offers%20hearing%20assessments%20in%20the%20community>

- **NHS health checks**

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

Although the diabetes prevalence in Kingston is lower than the England figure, the JSNA noted that Kingston has seen an increasing prevalence of diabetes. Black and Asian populations have a higher prevalence of diabetes, and Kingston's population diversity has been increasing over the last 10 years. The service could be aligned with the hypertension case finding service to improve and increase uptake, i.e. increased provision of ambulatory blood pressure monitoring.

- **Local authority service harmonisation**

Kingston Council is co-terminus within the SWL ICB, where there are five other local authorities. There is an opportunity to work with the ICB and SWL LPC to explore service harmonisation and accreditation. This would improve efficiencies and support a mobile pharmacy workforce and contractors who work across the SWL health economy.

7.2.4 Considerations

The PNA recognises the evolving role of community pharmacy in delivering preventive care, reducing health inequalities, and integrating with primary care networks. While no gaps have been identified in the current or future (three-year) provision of pharmaceutical services in Kingston HWB, there are opportunities to strengthen pharmacy services in alignment with the proposed NHS 10-Year Health Plan and Change NHS initiative. These opportunities focus on prevention, long-term conditions, primary care access, medicines management, health inequalities and integrated care. The most appropriate commissioning route would be through the ICS as Enhanced Pharmaceutical services or through the local authority and locally commissioned services, which would not be defined as necessary services for this PNA.

Community Pharmacy England commissioned leading health think tanks, Nuffield Trust and The King's Fund, to develop a vision for community pharmacy to see a transformation of this sector over the next decade. These themes are reflected below.

1) Strengthening the role of community pharmacy in prevention, preventing ill health and supporting wellbeing.

- Community pharmacies should be fully integrated into preventive healthcare, supporting early detection, health promotion, and self-care initiatives.
- Services such as the Hypertension case-finding service, Smoking Cessation Advanced Service, and NHS Health Checks should be prioritised to reduce the incidence of long-term conditions.

- The Healthy Living Pharmacy framework should be expanded. Local Authorities and ICBs should work collaboratively to embed community pharmacy into prevention strategies.

2) Reducing health inequalities through targeted pharmacy services

- Commissioners should focus on increasing the uptake of Essential, Advanced, and LCS in areas of deprivation, ensuring equitable access to services such as sexual health, smoking cessation, cardiovascular risk screening and weight management.
- Public awareness campaigns should be enhanced to improve access to pharmacy services, particularly for non-English-speaking communities and those facing healthcare access barriers.
- Incentives should be considered for pharmacies in under-served areas to expand their service offering and address local health disparities, particularly where there is under provision of LCSs.

3) Embedding pharmacy into integrated NHS neighbourhood health services, providing clinical care for patients

- Community pharmacy should be positioned as a core provider within primary care, ensuring seamless referrals and collaboration between ICSs, Local Authorities, and PCNs.
- Medicines Optimisation services, including repeat dispensing, the New Medicine Service and the Discharge Medicines Service, should be embedded within primary care pathways to enhance patient safety and medication adherence.
- Interdependencies between ICB and LCS services, such as smoking cessation and sexual health services, should be leveraged to provide more holistic and accessible care. This will require close ICB, local authority and LPC collaboration.

4) Supporting workforce development and expanding pharmacy services

- Sustainable funding should be prioritised to ensure the long-term stability and growth of community pharmacy services.
- The ICB should explore commissioning a pharmacy workforce development programme, ensuring pharmacists and their teams are equipped to deliver expanded clinical services under the CPCF.
- The introduction of independent prescribing for pharmacists from 2026 presents a significant opportunity for community pharmacies to manage long-term conditions and improve primary care access.
- The pharmacy team's role should be expanded, with pharmacy technicians supporting service delivery under Patient Group Directions (PGDs) and pharmacy staff providing Making Every Contact Count (MECC) interventions.
- Making use of the 'Connected Kingston' offer, which brings details of local community support offers and stay well services together in one website (<https://connectedkingston.uk/>).

5) Enhancing public awareness and digital transformation

- Public education campaigns should be developed to raise awareness of pharmacy services, using diverse communication methods tailored to local communities.
- Digital innovation should be prioritised, ensuring pharmacies have access to modern clinical decision-support tools and NHS-integrated patient records.
- The adoption of Point-of-Care Testing (POCT) services in community pharmacies should be explored to improve early diagnosis and management of conditions such as diabetes, hypertension and respiratory diseases.

6) Monitoring future demand and improving public engagement

- The provision of pharmaceutical services should be regularly monitored and reviewed, particularly in light of demographic changes and population health needs.

7) Community-based medicines management: Living well with medicines

- Community pharmacy provides patient access to a local expert to support advice and safe access to medicines.
- The growth of independent prescribing in community pharmacy offers greater opportunities to take the pressure off general practice and shared responsibilities, managing prescribing budgets and delivering structured medication reviews.
- These services could be offered as part of domiciliary services to housebound patients and care homes.

By aligning with national health priorities, these considerations/ recommendations ensure that community pharmacy plays a central role in being part of an integrated neighbourhood in delivering preventive care, tackling health inequalities, and supporting long-term condition management – ultimately improving the health and wellbeing of Kingston residents.

Appendix A: List of pharmaceutical services providers in Kingston

Key for services:

AS1	Pharmacy First
AS2	Flu Vaccination service
AS3	Pharmacy Contraception Service
AS4	Hypertension case-finding service
AS5	New Medicine Service
AS6	Smoking Cessation Service
AS7	Appliance Use Review
AS8	Stoma Appliance Customisation
AS9	Lateral Flow Device Service
NES1	COVID-19 Vaccination Service
LES1	Bank Holiday
LAS1	Sexual health
LAS2	NHS health checks
LAS3	Substance misuse naloxone
LAS4	Needle and syringe programme
LAS5	Supervised consumption
LAS6	Alcohol misuse
LAS7	Smoking cessation

Kingston and North Kingston locality

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	LES1	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7
Boots	FG680	CP	Unit G34, Bentalls Shopping Centre, Kingston	KT1 1TR	09:00-17:30 (Thu 09:00-18:30)	09:00-17:30	11:00-17:00	-	-	Y	Y	-	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-
Boots	FYH83	CP	42 Union St, Kingston	KT1 1RP	08:00-18:30 (Thu 08:00-20:00)	08:00-18:30	11:00-17:00	-	-	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-
Fittleworth Medical Limited	FV224	DAC	16 Kingsmill Business Park, Chapel Mill Road, Kingston	KT1 3GZ	09:00-17:00	Closed	Closed	-	-	-	-	-	-	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-
Ham Parade Pharmacy	FA683	CP	305 Richmond Road, Kingston	KT2 5QU	09:00-18:00	09:00-16:00	Closed	-	-	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-
Hawks Pharmacy	FNK00	CP	Regent House, Hawks Road, Kingston	KT1 3DG	08:30-18:30	09:00-13:00	Closed	-	-	Y	Y	-	-	-	-	-	-	-	-	-	Y	-	Y	Y	Y	-	-
Laurel Pharmacy	FV188	CP	112A Canbury Park Road, Kingston	KT2 6JZ	09:00-13:00, 14:15-18:30	09:00-13:00	Closed	-	-	Y	Y	-	Y	Y	-	-	-	-	-	-	-	Y	-	-	Y	Y	-
Lindsay Chemist	FCK24	CP	Clifton Road, Kingston	KT2 6PF	08:40-19:00	09:00-13:00	Closed	-	-	Y	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	Y
The Kingston Pharmacy	FW593	CP	The Pharmacy, 53 Surbiton Road, Kingston	KT1 2HG	09:15-17:15	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	-	-	Y	Y	-	Y	-	Y	Y	Y	Y	-
Tudor Drive Pharmacy	FCW46	CP	170 Tudor Drive, Kingston	KT2 5QG	09:00-13:00, 14:15-18:30 (Wed 09:00-13:00, 14:15-18:00)	09:00-13:00	Closed	-	-	Y	Y	Y	-	Y	-	-	-	-	Y	-	Y	Y	Y	Y	Y	-	Y

New and Old Malden locality

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	LES1	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7
Boots	FEG11	CP	116-118 High Street, New Malden	KT3 4EU	09:00-18:30	09:00-18:00	10:00-16:00	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-
Concept Chemist	FXL91	CP	127 Manor Drive North, New Malden	KT3 5PD	09:00-19:00	09:00-17:00	Closed	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	Y
Coombe Hill Pharmacy	FN954	CP	3 The Triangle, Kingston	KT1 3RU	09:00-18:00	09:00-17:00	Closed	-	-	Y	Y	-	Y	Y	Y	-	-	Y	Y	-	-	-	Y	Y	Y	-	Y
Drugsmith Pharmacy	FW821	DSP	Unit 215 Kingspark Business Centre, 152-178 Kingston Road, New Malden	KT3 3ST	09:00-21:00 (Mon, Wed Closed)	Closed	16:30-20:30	-	-	Y	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-
Fountain Pharmacy	FVL51	CP	128 Malden Road, New Malden	KT3 6DD	09:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	-	-	-	-	-	-
Groves Pharmacy	FLW51	CP	The Groves Medical Centre, 171 Clarence Avenue, New Malden	KT3 3TX	08:30-13:00, 14:00-19:00	09:00-13:00	Closed	-	-	Y	-	-	-	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-
Herman's Pharmacy	FLF17	CP	84 High Street, New Malden	KT3 4ET	09:00-19:00	09:00-18:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	Y	-	-	-
Plough Green Pharmacy	FTX78	CP	364 Malden Road, Worcester Park	KT4 7NW	09:00-19:00	09:00-17:30	Closed	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-

South of the Borough locality

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	LES1	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7
Ace Pharmacy	FAM93	CP	1-3 Ace Parade, Hook Road, Chessington	KT9 1DR	09:00-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	-	-	-	Y	-	Y	Y	-	Y	Y	Y	Y
Boots	FPC86	CP	11 North Parade, Chessington	KT9 1QL	09:00-13:00, 14:00-17:30 (Fri 09:00-13:00, 14:00-18:00)	09:00-16:00	Closed	-	-	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-
Cohens Chemist	FL578	CP	The Merritt Medical Centre, Merritt Gardens, Chessington	KT9 2GY	08:30-13:00, 13:30-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	-	-	Y	Y	-	-	-	-	-	Y	-	Y
Timothy Whites Pharmacy	FFV08	DSP	1 Roebuck Place, 110 Roebuck Road, Chessington	KT9 1EU	09:00-17:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Surbiton locality

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	LES1	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7
Boots	FD501	CP	19-20 Victoria Road, Surbiton	KT6 4JZ	09:00-19:00	09:00-19:00	10:00-16:00	-	-	Y	Y	-	Y	Y	-	-	-	-	-	Y	-	-	-	-	-	-	-
Boots	FR299	CP	59-63 Tolworth Broadway, Tolworth, Surbiton	KT6 7DW	09:00-20:00	08:30-19:00	10:00-16:00	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-
Paydens Pharmacy	FKF73	CP	Surbiton Health Centre, Ewell Road, Surbiton	KT6 6EZ	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	Y	Y	Y	-	-	-	Y	Y	-	Y	-	Y	Y	Y	Y	Y
Pearcare Pharmacy	FPF11	CP	86 Alexandra Drive, Surbiton	KT5 9AG	09:00-13:00, 14:00-18:00	09:00-17:00	Closed	-	-	Y	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	Y
Pearl Chemist	FD616	CP	11-13 The Broadway, Tolworth, Surbiton	KT6 7DJ	09:00-23:00	09:00-23:00	09:00-23:00	-	-	Y	Y	Y	Y	Y	Y	-	-	Y	Y	-	Y	Y	-	Y	Y	Y	Y
PSM Pharmacy	FH455	CP	388 Ewell Road, Tolworth, Surbiton	KT6 7BB	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y	Y	Y	-	Y	Y	Y	-
Ritechem Pharmacy	FM456	CP	22 Victoria Road, Surbiton	KT6 4JZ	09:00-18:00	09:00-15:00	Closed	-	-	Y	Y	-	Y	Y	-	-	-	-	-	-	Y	-	-	Y	Y	Y	-
Shan Pharmacy	FEQ73	CP	106 Ewell Road, Surbiton	KT6 6HA	09:00-18:00	09:00-14:00	Closed	-	-	Y	Y	Y	Y	Y	Y	-	-	Y	-	-	Y	Y	-	Y	Y	Y	Y

Appendix B: PNA project plan

	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025
Stage 1: Project planning and governance Stakeholders identified and the PNA Steering Group terms of reference agreed Project plan, PNA localities, communications plan and data to collect agreed at first Steering Group meeting Prepare questionnaires for initial engagement														
Stage 2: Research and analysis Collation of data from Public Health, LPC, ICB and other providers of services Listing and mapping of services and facilities Collation of data for housing and new care home developments Equalities Impact Assessment Analysis of questionnaire responses Review all data at second Steering Group meeting														
Stage 3: PNA development Review and analyse data and information collated to identify gaps in services based on current and future population needs Develop consultation plan Draft PNA Sign off draft PNA at third Steering Group meeting														
Stage 4: Consultation and final draft production Coordination and management of consultation Analysis of consultation responses and production of report Draft final PNA for approval Sign off final PNA at fourth Steering Group meeting Edit final PNA 2025 ready for publication and provide update for HWB														

Appendix C: PNA Steering Group terms of reference

Objective / Purpose

To support the production of the Pharmaceutical Needs Assessment on behalf of the Royal Borough of Kingston Upon Thames Health and Wellbeing Board, to ensure that it satisfies the relevant regulations including consultation requirements.

Delegated responsibility

Kingston Public Health confirmed they have received delegated authority for the PNA from the Health and Wellbeing Board.

Accountability

The Steering Group is to report to the Director in Public Health.

Responsibilities

- Provide a clear and concise PNA process.
- Review and validate information and data on population, demographics, pharmaceutical provision, and health needs.
- To consult with the bodies stated in Regulation 8 of The NHS Regulations 2013:
 - Any Local Pharmaceutical Committee for its area.
 - Any persons on the pharmaceutical lists and any dispensing doctors list for its area.
 - Any LPS Chemist in its area.
 - Any Local Healthwatch organisation for its area.
 - Any NHS Trust or NHS Foundation Trust in its area.
 - ICBs.
 - Any neighbouring HWB.
- Ensure that due process is followed.
- Report to Health and Wellbeing Board on both the draft and final PNA.
- Publish the final PNA by 1 October 2025.
- Discuss and ensure a process is in place to maintain the PNA post publication.

Membership

Core members:

- Director / Consultant in Public Health / Nominated Public Health Lead.
- Local Pharmaceutical Committee representative.
- Integrated Care Board representative.
- Healthwatch representative (lay member).

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

Additional members (if required):

- ICB Commissioning Managers.
- NHS Trust Chief Pharmacists.

In attendance at meetings will be representatives of Soar Beyond Ltd who have been commissioned by RBK to support the development of the PNA. Other additional members may be co-opted if required.

Frequency of meetings

Meetings will be arranged at key stages of the project plan. The Steering Group will meet in summer 2025 to sign off the PNA for submission to the Health and Wellbeing Board.

Appendix D: Public questionnaire

Total responses received: 284.

The questionnaire was open for responses between 18 September and 15 November 2024.

When reporting the details of the responses, please note:

- Due to small numbers, responses are not broken down by locality.
- Some numbers may be higher than the number of answers due to multiple choice.
- Some figures may not add up to 100% due to rounded numbers.
- The option with the higher number of responses shows in bold to facilitate analysis.
- The number of comments may be different to the number of responses due to some users adding different themes and other comments being “N/A” or “No comment”.

1) Why do you usually visit a pharmacy? (Please tick all that apply) (Please note number and percentages may add up to more than 100% due to multiple responses) (Answered: 281, Skipped: 3)

Options	%	Number
To buy over-the-counter medicines	58%	162
To collect prescriptions for myself	83%	234
To collect prescriptions for somebody else	49%	137
To get advice from a pharmacist	43%	120
Other (please specify)	12%	35

Other comments (themes)	Number
Vaccinations (Flu and COVID-19)	14
Purchasing items (toiletries)	8
Appointments, health checks and pharmacist advice	3

2) How often have you visited or contacted a pharmacy in the last six months? (Answered: 281, Skipped: 3)

Options	%	Number
Once a week or more	9%	26
A few times a month	40%	113
Once a month	24%	67
Once every few months	22%	61
Once in six months	3%	8
I have not visited/contacted a pharmacy in the last six months	2%	6

3) What time is most convenient for you to use a pharmacy? (Answered: 281, Skipped: 3)

Options	%	Number
Before 9am	2%	5
9am-1pm	26%	72
1pm-5pm	26%	72
5pm-7pm	8%	22
After 7pm	2%	5
It varies	37%	105

4) Which days of the week are most convenient for you to visit a local? (Please tick all that apply) (Please note number and percentages may add up to more than 100% due to multiple responses) (Answered: 282, Skipped: 32)

Options	%	Number
Monday	29%	81
Tuesday	26%	74
Wednesday	27%	76
Thursday	28%	78
Friday	28%	78
Saturday	30%	84
Sunday	15%	41
It varies	64%	180

5) Do you have a regular or preferred local community pharmacy? (Answered: 280, Skipped: 4)

Options	%	Number
Yes	91%	256
No	7%	20
I prefer to use an internet/online pharmacy (An internet pharmacy is one which operates partially or completely online where prescriptions are sent electronically, and dispensed medication is sent via a courier to your home)	1%	2
I use a combination of traditional and internet pharmacy	1%	2

6) Is there a more convenient and/or closer pharmacy that you don't use and why is that? (Answered: 277, Skipped: 7)

Options	%	Number
No	76%	210
Yes, but I do not use it because:	24%	67

Other comments (themes)	Number
Convenience and accessibility (Parking, opening hours, location)	21
Service quality (friendliness of staff, efficiency and reliability)	16
Stock and prescription management (availability of medications)	8
Personal history or preference	6
Chain vs independent pharmacies	4

7) What influences your choice of pharmacy? (Please tick one box for each factor)
(Please note percentages are calculated for each factor) (Answered: 277, Skipped: 7)

Factors	Extremely important		Very Important		Moderately Important		Fairly important		Not at all important	
Quality of service (expertise)	63%	174	28%	78	6%	16	2%	6	1%	2
Customer service	52%	139	36%	97	8%	21	3%	8	0%	1
Location of pharmacy	54%	148	30%	83	14%	37	2%	5	0%	0
Opening times	40%	107	35%	95	20%	54	3%	9	1%	3
Parking	29%	77	13%	34	15%	38	7%	19	36%	94
Public transport	13%	32	13%	32	14%	33	10%	23	50%	120
Accessibility (wheelchair / buggy access)	14%	35	9%	23	12%	29	6%	15	58%	142
Communication (languages / interpreting service)	16%	40	15%	38	9%	21	4%	9	56%	139
Space to have a private consultation	23%	58	20%	52	26%	67	12%	30	19%	50
Availability of medication	74%	197	23%	60	2%	5	1%	3	0%	1
Services provided	44%	111	32%	81	16%	39	6%	14	2%	6

Other comments (themes)	Number
Need for home delivery or hybrid services	8
Organisation, speed and efficiency	7
Privacy and comfort for consultations	6
Services offered (vaccinations or walk in appointments)	3
Independent vs chain pharmacies	3
Connections to GPs	2
Long term relationships with pharmacies	2

8) How do you usually travel to the pharmacy? (Answered: 283, Skipped: 1)

Options	%	Number
Walk	57%	160
Public transport (e.g. bus or train)	6%	18
Bicycle	3%	8
Car	28%	79
Taxi	1%	2
Electric Scooter	0%	0
Wheelchair / Mobility Scooter	0%	1
I don't, someone else goes for me	1%	4
I don't, I utilise a delivery service	2%	5
I don't, I use an online pharmacy	0%	0
Other (please specify)	2%	6

Other comments (themes)	Number
Need somebody else to take them	2

9) How long does it usually take you to travel to your pharmacy? (Answered: 279, Skipped: 5)

Options	%	Number
Less than 20 minutes	83%	232
20-30 minutes	13%	37
30-40 minutes	1%	2
More than 40 minutes	0%	1
Not applicable - I don't travel to the pharmacy	3%	7

10) Do you have any other comments that you would like to add regarding pharmaceutical services in Kingston? (Answered: 128, Skipped or no comment: 156)

Other comments (themes)	Number
Increasing access needed (longer opening hours and more parking)	32
Acknowledging staff and praising care	21
Concerns about closures	20
Issues with stock	15
Independent vs chain pharmacies	15
Increasing services (vaccinations and delivery services)	10
Role in community and reducing pressure on the NHS	9
Need to improve technology	6

About you

11) What is your age? (Answered: 276, Skipped: 8)

Options	%	Number
Under 16	0%	0
16-24	1%	3
25-34	6%	17
35-44	6%	17
45-54	13%	35
55-64	20%	56
65-74	28%	78
75-84	21%	58
85+	4%	11
Prefer not to say	0%	1

12) What is your ethnic group? (Answered: 275, Skipped: 9)

Options	%	Number
White - English, Welsh, Scottish, Northern Irish, British	76%	209
White - Irish	1%	3
White - Gypsy or Irish Traveller	5%	13
White - Any other White Background (please specify below)	3%	8
Mixed or Multiple ethnic groups - White and Black Caribbean	1%	2
Mixed or Multiple ethnic groups - White and Black African	0%	1
Mixed or Multiple ethnic groups - White and Asian	1%	2

Options	%	Number
Mixed or Multiple ethnic groups - any other Mixed or Multiple ethnic background (please specify below)	0%	1
Asian or Asian British - Indian	3%	9
Asian or Asian British - Pakistani	0%	1
Asian or Asian British - Bangladeshi	0%	0
Asian or Asian British - Chinese	2%	5
Asian or Asian British - Sri Lankan	1%	3
Asian or Asian British - Korean	0%	0
Asian or Asian British - any other Asian background (please specify below)	0%	0
Black, African, Caribbean, Black British - Caribbean	0%	0
Black, African, Caribbean, Black British - African	0%	0
Black, African, Caribbean, Black British - any other background (please specify below)	0%	0
Other ethnic group - Arab	0%	1
Any other ethnic group	0%	0
Prefer not to say	4%	10
If you have selected 'other' in any of the categories above, please describe	3%	7

Other comments (themes)	Number
European	3
Persian	1
Jewish	1
Singaporean	1
Latino	1

13) Do you have any physical, mental health conditions or illnesses lasting or expected to last 12 months or more? (Answered: 276, Skipped: 8)

Options	%	Number
Yes	50%	139
No	47%	129
Prefer not to say	3%	8

14) Please select all of the following conditions that apply to you. (Please note number and percentages may add up to more than 100% due to multiple responses) (Answered: 272, Skipped: 9)

Options	%	Number
Blind or have a visual impairment uncorrected by glasses	3%	8
Deaf or have a hearing impairment	4%	11
Neurodiversity such as Autism, ADHD, ADD, dyslexia, dyscalculia and dyspraxia	5%	15
Long term illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy	20%	54
Mental health condition, challenge or disorder, such as depression, schizophrenia or anxiety	4%	11
Physical impairment (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying)	5%	15
Social / communication conditions such as a speech and language impairment or an autistic spectrum condition	0%	0
Prefer not to say	6%	17
None	41%	113
Other (please specify, if you wish)	11%	31

Other comments (themes)	Number
Osteoporosis	12
Respiratory (asthma or persistent cough)	8
Blood pressure issues	6
Long term medication	4
Arthritis	4
Old age	2
Auto immune disorder	1
Coeliac disease	1
Thyroid issues	1
Migraines	1
Gynaecological condition	1
Cancer	1

15) What is your sex? (Answered: 273, Skipped: 8)

Options	%	Number
Female	71%	195
Male	28%	78
Prefer not to say	1%	3

16) Is the gender you identify with the same as your sex registered at birth?
(Answered: 273, Skipped: 11)

Options	%	Number
Yes	97%	264
No	1%	3
Prefer not to say	1%	4
Other (please specify, if you wish)	1%	2

Other comments (themes)	Number
Do not believe in gender	2

17) How would you describe your gender identity? (Answered: 269, Skipped: 15)

Options	%	Number
Man	28%	77
Woman	69%	187
Non-binary	0%	1
Prefer not to say	1%	4

Other comments (themes)	Number
Do not understand the question or disagree with the principle	3

18) Which of the following options best describes your sexual orientation?
(Answered: 272, Skipped: 12)

Options	%	Number
Straight / Heterosexual	86%	235
Gay or Lesbian	1%	3
Bisexual	0%	0
Prefer not to say	12%	32
Other (please specify, if you wish)	1%	2

19) What is your legal marital or registered civil partnership status? (Answered: 265, Skipped: 19)

Options	%	Number
Civil Partnership	2%	5
Married	59%	156
Single	21%	56
Prefer not to say	6%	15
Other (please specify, if you wish)	12%	33

Other comments (themes)	Number
Widow	21
Divorced or separated	9
A 24-hour carer	1

20) What is your religion or belief? (Answered: 272, Skipped: 12)

Options	%	Number
Buddhist	1%	3
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	52%	142
Hindu	3%	7
Humanism	1%	4
Jewish	2%	5
Muslim	0%	1
Sikh	0%	0
No religion	27%	74
Prefer not to say	11%	31
Other (please specify, if you wish)	2%	5

Other comments (themes)	Number
Atheist	1
Spiritualist	1
Panpsychist	1
Vivraanvraak	1

21) Are you care experienced? This includes anyone who, at any stage in their life, for any length of time (no matter for how short): has been in care; or is currently in care; or is from a looked-after background, including adopted children who were previously looked-after. (Answered: 268, Skipped: 16)

Options	%	Number
Yes	9%	24
No	88%	235
Prefer not to say	3%	9

22) Do you have a connection to the Armed Forces? (Answered: 258, Skipped: 26)

Options	%	Number
No	90%	233
Current member of HM Armed Forces - Regular or Reserve	0%	1
Former member of HM Armed Forces - Regular or Reserve	2%	4
Spouse or partner of serving or former members of HM Armed Forces	2%	5
Widow(er) of member of HM Armed Forces	0%	1
Recently divorced or separated spouses or partners of serving or former members of HM Armed Forces	0%	1
Prefer not to say	2%	6
Other (please specify, if you wish)	3%	7

23) Are you an unpaid carer for an adult relative/partner, disabled child, or friend/neighbour? This includes unpaid care for a friend or family member due to illness, disability, a mental health problem or an addition. (Answered: 269, Skipped: 15)

Options	%	Number
Yes	20%	55
No	78%	210
Prefer not to say	1%	4

Other comments (themes)	Number
Family in the military	3
Air instructor	1

24) Are you a British/ United Kingdom citizen? (Answered: 270, Skipped: 14)

Options	%	Number
Yes	93%	252
No	6%	16
Prefer not to say	1%	2

25) If you are a national of another country, are you...? (Answered: 166, Skipped: 118)

Options	%	Number
An EU National	9%	15
Refugee	0%	0
Asylum Seeker	1%	1
A Student	2%	3
Not applicable	85%	141
Prefer not to say	2%	4
Other e.g. on a working holiday visa (please specify, if you wish)	1%	2

Other comments (themes)	Number
Indefinite leave to remain	3

Appendix E: Pharmacy contractor questionnaire

Total responses received: 17.

The questionnaire was open for responses between 18 September and 25 November 2024.

When reporting the details of the responses, please note:

- Due to small numbers, responses are not broken down by locality.
- Some numbers may be higher than the number of answered due to multiple choice.
- Some figures may not add up to 100% due to rounded numbers.
- The option with the higher number of responses shows in bold to facilitate analysis

1) Premises and contact details (Answered: 17, Skipped: 0)

Options	%	Number
Contractor code (ODS Code)	100%	17
Name of contractor (i.e. name of individual, partnership or company owning the pharmacy business)	100%	17
Trading name	94%	16
Pharmacy	100%	17
Pharmacy telephone number	100%	17

2) Contact details of the person completing this form on behalf of the contractor (Answered: 17, Skipped: 0)

Options	%	Number
Name	100%	17
Role	94%	16
Telephone number	94%	16

3) Is this pharmacy a 100-hour pharmacy that has applied to reduce hours to not less than 72hrs? (Answered: 17, Skipped: 0)

Options	%	Number
Yes	0%	0
No	100%	17
Other, please specify	0%	0

4) Does this pharmacy hold a Local Pharmaceutical Services (LPS) contract? (i.e. it is not the 'standard' Pharmaceutical Services contract) (Answered: 17, Skipped: 0)

Options	%	Number
Yes	24%	4
No	76%	13

5) 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)? (Answered: 17, Skipped: 0)

Options	%	Number
Yes	0%	0
No	100%	17

6) May the LPC update its records with information returned by this survey? (Answered: 17, Skipped: 0)

Options	%	Number
Yes	100%	17
No	0%	0

7) Languages spoken in this pharmacy (in addition to English) (Please note number may add up to more than the number of responses due to multiple responses) (Answered: 17, Skipped: 3)

Other comments (themes)	Number
Hindi	9
Arabic	2
Polish	3
Punjabi	2
Tamil	5
Gujrati	6
Urdu	4
Malayalam	2
Korean	3
Romanian, Bulgarian, Portuguese, Ghanaian, Albanian, Chinese, Farsi, Slovakian, Italian, Spanish Mandarin and Swahili.	1

8) Is your pharmacy actively deploying strategies to contribute to a more sustainable and greener approach to pharmacy services? (Answered: 17, Skipped: 0)

Options	%	Number
Yes, please provide details if you wish	65%	11
No	35%	6

Other comments (themes)	Number
Recycling	3
Environmentally friendly inhalers	1
Reducing materials e.g. paper and plastic use	3

9) Is there is a consultation room, that is clearly designated as a room for confidential conversations; distinct from the general public areas of the pharmacy premises; and is a room where both the person receiving the service and the person providing it can be seated together and communicate confidentially? (Answered: 17, Skipped: 0)

Options	%	Number
Yes- including wheelchair access	88%	15
Yes- without wheelchair access	12%	2
No- distance selling pharmacy	0%	0
No- have submitted a request to the NHS England regional team that the premises are too small for a consultation room	0%	0
No- the NHS England regional team has approved the request that the premises are too small for a consultation room	0%	0
Other, please specify	0%	0

10) Is there more than one consultation room available on the premises? (Answered: 17, Skipped: 0)

Options	%	Number
Yes, please specify how many	76%	13
No	24%	4

Other comments (themes)	Number
Two	4

11) Where there is a consultation room, is it a closed room? (Answered: 17, Skipped: 0)

Options	%	Number
Yes	94%	16
No	6%	1

12) During consultations, are there hand-washing facilities? (Answered: 17, Skipped: 0)

Options	%	Number
Yes, in the consultation area	88%	15
Yes, close to the consultation area	12%	2
None	0%	0

13) Do the patients attending consultations have access to toilet facilities? (Answered: 17, Skipped: 0)

Options	%	Number
Yes	6%	1
No	94%	16

14) Does the pharmacy dispense appliances (in addition to normal prescriptions)? (Answered: 17, Skipped: 0)

Options	%	Number
Yes – All types	13	76%
Yes, excluding stoma appliances	1	6%
Yes, excluding incontinence appliances	0	0%
Yes, excluding stoma and incontinence appliances	0	0%
Yes, just dressings	3	18%
None	0	0%
Other, please specify	0	0%

15) Does the pharmacy provide the following Advanced services? (Please tick one box for each service) (Please note percentages are calculated for each service) (Answered: 17, Skipped: 0)

Options	Yes		Intending to begin within next 12 months		No - not intending to provide	
	%	#	%	#	%	#
Pharmacy First	94%	16	0%	0	6%	1
Community pharmacy blood pressure check service	82%	14	12%	2	6%	1
Pharmacy contraception service	71%	12	18%	3	12%	2
Community pharmacy smoking cessation service	24%	4	35%	6	41%	7
New medicine service	100%	17	0%	0	0%	0

Options	Yes		Intending to begin within next 12 months		No - not intending to provide	
	%	#	%	#	%	#
Flue vaccination service	94%	16	6%	1	0%	0
Appliance use review	18%	3	6%	1	76%	13
Stoma appliance customisation	12%	2	12%	2	76%	13
Other, please specify	25%	2	0%	0	75%	6

Other comments (themes)	Number
Chlamydia Testing, Lateral Flow Testing, Emergency Contraception under 25s Free, Chlamydia Treatment, C-card Scheme, Needle Exchange and Supervised Consumption	1

16) Have you delivered the pharmacy first service in the last three months?
(Answered: 17, Skipped: 0)

Options	%	Number
Yes- often	82%	14
Yes- occasionally	18%	3
Yes- rarely	0%	0
No	0%	0

17) The Discharge Medicines Service (DMS) is an essential service when requested electronically by a hospital. Have you ever provided a DMS? (Answered: 17, Skipped: 0)

Options	%	Number
Yes- often	71%	12
Yes- occasionally	6%	1
Yes- rarely	18%	3
No	6%	1

18) Which of the following other services does the pharmacy provide, or would be willing to provide? (These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the NHS England regional team. The NHS England regional team, the ICB or Local Authority may commission them, but when identified in the PNA they will be described as 'Other locally commissioned services' or 'Other NHS services') (Please note percentages are calculated for each service) (Answered: 17, Skipped: 0)

Service	Current contract with NHSE		Current contract with ICB		Current contract with LA		Willing to provide if commissioned		Not able or willing to provide		Willing to provide privately	
	%	#	%	#	%	#	%	#	%	#	%	#
Anticoagulant Monitoring Service	13%	2	0%	0	0%	0	69%	11	19%	3	0%	0
Anti-viral Distribution Service	0%	0	0%	0	0%	0	69%	11	25%	4	6%	1
Chlamydia Testing Service	0%	0	0%	0	31%	5	31%	5	38%	6	0%	0
Chlamydia Treatment Service	0%	0	0%	0	33%	5	33%	5	33%	5	0%	0
Emergency Contraception Service	31%	5	0%	0	31%	5	38%	6	0%	0	0%	0
Gluten Free Food Supply Service (i.e. not via FP10)	6%	1	0%	0	0%	0	75%	12	19%	3	0%	0
Home Delivery Service (not appliances)	13%	2	0%	0	0%	0	56%	9	6%	1	25%	4
Language Access Service	6%	1	0%	0	0%	0	50%	8	44%	7	0%	0
Medication Review Service	24%	4	0%	0	0%	0	53%	9	18%	3	6%	1
Medicines Assessment and Compliance Support Service	0%	0	0%	0	0%	0	63%	10	31%	5	6%	1
Medicines Optimisation Service	0%	0	0%	0	0%	0	69%	11	31%	5	0%	0
Minor Ailment Scheme	12%	2	0%	0	0%	0	71%	12	12%	2	6%	1

Service	Current contract with NHSE		Current contract with ICB		Current contract with LA		Willing to provide if commissioned		Not able or willing to provide		Willing to provide privately	
	%	#	%	#	%	#	%	#	%	#	%	#
Supervised Administration Service	18%	3	0%	0	24%	4	18%	3	41%	7	0%	0
Needle and Syringe Exchange Service	6%	1	0%	0	25%	4	13%	2	56%	9	0%	0
Not Dispensed Scheme	6%	1	0%	0	0%	0	44%	7	50%	8	0%	0
Obesity management (adult and children)	0%	0	0%	0	0%	0	47%	8	29%	5	24%	4
On demand availability of Specialist Drug Service	0%	0	0%	0	0%	0	40%	6	53%	8	7%	1
Out of Hours Services	0%	0	0%	0	6%	1	25%	4	63%	10	6%	1
Patient Group Direction Service	13%	2	0%	0	0%	0	27%	4	27%	4	33%	5
Phlebotomy Service	7%	1	0%	0	0%	0	33%	5	40%	6	20%	3
Schools Service	0%	0	0%	0	0%	0	36%	5	50%	7	14%	2
Seasonal Influenza Vaccination Service	69%	11	0%	0	6%	1	19%	3	6%	1	0%	0
Stop Smoking Service	7%	1	0%	0	7%	1	40%	6	47%	7	0%	0
Vascular Risk Assessment Service (NHS Health Check)	7%	1	0%	0	13%	2	33%	5	33%	5	13%	2
Disease Specific Medicines Management Service: Allergies	0%	0	0%	0	0%	0	63%	10	25%	4	13%	2

Service	Current contract with NHSE		Current contract with ICB		Current contract with LA		Willing to provide if commissioned		Not able or willing to provide		Willing to provide privately	
	%	#	%	#	%	#	%	#	%	#	%	#
Disease Specific Medicines Management Service: Alzheimer's/ dementia	0%	0	0%	0	0%	0	63%	10	25%	4	13%	2
Disease Specific Medicines Management Service: Asthma	0%	0	0%	0	0%	0	75%	12	19%	3	6%	1
Disease Specific Medicines Management Service: CHD	0%	0	0%	0	0%	0	69%	11	31%	5	0%	0
Disease Specific Medicines Management Service: COPD	0%	0	0%	0	0%	0	69%	11	31%	5	0%	0
Disease Specific Medicines Management Service: Depression	0%	0	0%	0	0%	0	63%	10	38%	6	0%	0
Disease Specific Medicines Management Service: Diabetes Type I	0%	0	0%	0	0%	0	69%	11	31%	5	0%	0
Disease Specific Medicines Management Service: Diabetes Type II	0%	0	0%	0	0%	0	69%	11	31%	5	0%	0
Disease Specific Medicines Management Service: Epilepsy	0%	0	0%	0	0%	0	63%	10	38%	6	0%	0
Disease Specific Medicines Management Service: Heart Failure	0%	0	0%	0	0%	0	63%	10	38%	6	0%	0

Service	Current contract with NHSE		Current contract with ICB		Current contract with LA		Willing to provide if commissioned		Not able or willing to provide		Willing to provide privately	
	%	#	%	#	%	#	%	#	%	#	%	#
Disease Specific Medicines Management Service: Hypertension	6%	1	0%	0	0%	0	75%	12	19%	3	0%	0
Disease Specific Medicines Management Service: Parkinson's Disease	0%	0	0%	0	0%	0	69%	11	31%	5	0%	0
Disease Specific Medicines Management Service: Other	0%	0	0%	0	0%	0	63%	10	38%	6	0%	0
Screening Service: Alcohol	0%	0	0%	0	0%	0	50%	8	50%	8	0%	0
Screening Service: Cholesterol	0%	0	0%	0	6%	1	63%	10	25%	4	6%	1
Screening Service: Diabetes	0%	0	0%	0	6%	1	63%	10	25%	4	6%	1
Screening Service: Gonorrhoea	0%	0	0%	0	0%	0	40%	6	53%	8	7%	1
Screening Service: H. pylori	0%	0	0%	0	0%	0	63%	10	31%	5	6%	1
Screening Service: HbA1C	0%	0	0%	0	0%	0	63%	10	31%	5	6%	1
Screening Service: Hepatitis	0%	0	0%	0	0%	0	44%	7	50%	8	6%	1
Screening Service: HIV	0%	0	0%	0	0%	0	35%	6	53%	9	12%	2
Screening Service: Other	0%	0	0%	0	0%	0	40%	6	53%	8	7%	1
Other Vaccinations: Childhood vaccinations	6%	1	0%	0	0%	0	47%	8	41%	7	6%	1

Service	Current contract with NHSE		Current contract with ICB		Current contract with LA		Willing to provide if commissioned		Not able or willing to provide		Willing to provide privately	
	%	#	%	#	%	#	%	#	%	#	%	#
Other Vaccinations: COVID-19 vaccinations	12%	2	0%	0	6%	1	47%	8	24%	4	12%	2
Other Vaccinations: Hepatitis (at risk workers or patients) vaccinations	6%	1	0%	0	0%	0	47%	8	24%	4	24%	4
Other Vaccinations: HPV vaccinations	6%	1	0%	0	0%	0	47%	8	24%	4	24%	4
Other Vaccinations: Meningococcal vaccinations	0%	0	0%	0	0%	0	59%	10	24%	4	18%	3
Other Vaccinations: Pneumococcal vaccinations	6%	1	0%	0	0%	0	53%	9	24%	4	18%	3
Other Vaccinations: Travel vaccinations	6%	1	0%	0	0%	0	38%	6	25%	4	31%	5
Other Vaccinations: Other	0%	0	0%	0	0%	0	36%	5	43%	6	21%	3

19) Does the pharmacy provide any of the following non-commissioned services?
 (Please note percentages are calculated for each service) (Answered: 17, Skipped: 0)

Options	Yes		Intending to begin within next 12 months		No - not intending to provide	
	%	#	%	#	%	#
Collection of prescriptions from GP practices	53%	9	6%	1	41%	7
Delivery of dispensed medicines – Selected patient groups (Please list criteria below)	76%	13	6%	1	18%	3
Delivery of dispensed medicines – Selected areas (Please list areas below)	71%	12	6%	1	24%	4
Delivery of dispensed medicines – Free of charge on request	63%	10	6%	1	31%	5
Delivery of dispensed medicines – With charge	44%	7	25%	4	31%	5
Monitored Dosage Systems – Free of charge on request	82%	14	0%	0	18%	3
Monitored Dosage Systems – With charge	6%	1	31%	5	63%	10

Other comments (themes)	Number
Elderly patients	2
Housebound patients	2
Within a certain radius	3
5 or more regular monthly prescriptions	1

20) Are there any services you would like to provide that are not currently commissioned in your area? (Answered: 17, Skipped: 0)

Options	%	Number
No	71%	12
Yes, please specify the service requirement and why	29%	5

Other comments (themes)	Number
Ear wax removal	3
More sexual health screening	1
Anticoagulant services	1
Prescribing clinic	1

Appendix F: Consultation stakeholders

Regulation 8 requires the health and wellbeing board to consult a specified range of organisations on a draft of the pharmaceutical needs assessment at least once during the process of drafting the document.

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

- Kingston Local Pharmaceutical Committee.
- Kingston Local Medical Committee.
- Pharmacies and Dispensing Appliance Contractor in Kingston¹²⁰.
- Healthwatch Kingston.
- NHS Trust or NHS Foundation Trust:
 - Hounslow & Richmond Healthcare & Kingston NHS Foundation Trust.
- South West London Integrated Care Board.
- Neighbouring Health and Wellbeing Boards:
 - Merton HWB.
 - Richmond HWB.
 - Surrey HWB.
 - Sutton HWB.
 - Wandsworth HWB.

Other consultees

- GP practices in Kingston.
- Local Pharmaceutical Committee in all the neighbouring areas.
- Local Medical Committee in all the neighbouring areas.
- Members of the public and patient groups.

¹²⁰ Please note there are no dispensing GP practices or LPS contractors in Kingston Health and Wellbeing Board area.

Appendix G: Summary of consultation responses

As required by the Pharmaceutical Regulations 2013, Kingston HWB held a consultation on the draft PNA for at least 60 days, from 24 March to 25 May 2025.

The draft PNA was hosted on the Kingston council website and invitations to review the assessment, and comment, were sent to a wide range of stakeholders including all community pharmacies in Kingston. A range of public engagement groups in Kingston as identified by the Steering Group were invited to participate in the consultation. Responses to the consultation were possible via an online survey or email. Easy read version of the PNA summary and consultation questionnaire were readily available on the consultation website. Paper copies and alternative formats were also available under request.

There were in total 10 responses, all of them from the internet survey. Responses received:

- Seven (70%) from members of the public.
- Two (20%) from other organisations in Kingston.
- One (10%) from pharmacies in Kingston.

All responses were considered by the PNA Steering Group at its meeting on Tuesday 17 June 2025 for the final report. A number of additional comments were received that were considered by the Steering Group in the production of the final PNA and are included in Appendix H.

From the 10 responses, eight agreed with the conclusions of Kingston Draft 2025 PNA and two didn't know/ couldn't say.

Below is a summary of responses to the specific questions, asked during the consultation. All comments received to these questions are listed in Appendix H.

1) Who do you mainly represent with your response? (Answered: 10, Skipped: 0)

Options	Number	%
A member of the public	7	70%
Pharmacy in Kingston	1	10%
Pharmacy contractor with a Local Pharmaceutical Services contract	0	0%
Local Pharmaceutical Committee in Kingston	0	0%
Local Medical Committee in Kingston	0	0%
Healthwatch or other patient, consumer or community group	0	0%
NHS Trust of NHS Foundation Trust in Kingston	0	0%
NHS England	0	0%
Neighbouring health and wellbeing board	0	0%
Other organisation in Kingston	2	20%
Other organisation outside Kingston	0	0%

If you are responding on behalf of an organisation, please give its name (Answered: 10, Skipped: 0)

One organisation in Kingston identified as Your Healthcare CIC¹²¹.

2) Has the purpose of the Pharmaceutical Needs Assessment been explained? (Please refer to Section 1 in the draft PNA) (Answered: 10, Skipped: 0)

Options	Number	%
Yes	9	90%
No (please specify)	0	0%
I don't know/can't say	1	10%

3) Does the draft Pharmaceutical Needs Assessment show the current provision of pharmaceutical services within the Borough of Kingston? (Section 3 in the draft PNA) (Answered: 10, Skipped: 0)

Options	Number	%
Yes	9	90%
No (please specify)	0	0%
I don't know/can't say	1	10%

4) Are there any gaps in pharmacy services in Kingston (i.e. when, where and which services are available) that have not been identified in the draft Pharmaceutical Needs Assessment? (Section 6 and 7 in the draft PNA) (Answered: 10, Skipped: 0)

Options	Number	%
Yes (please specify)	2	20%
No	7	70%
I don't know/can't say	1	10%

5) Does the draft Pharmaceutical Needs Assessment reflect the needs of residents in the Borough of Kingston? (Section 2 in the draft PNA) (Answered: 10, Skipped: 0)

Options	Number	%
Yes	8	80%
No (please specify)	2	20%
I don't know/can't say	0	0%

¹²¹ CIC: Community Interest Company.

6) Does the draft Pharmaceutical Needs Assessment provide information to help applications for new pharmacies and specialist medical appliances and devices providers (also known as a Dispensing Appliance Contractor or DAC)? (Answered: 10, Skipped: 0)

Options	Number	%
Yes	3	30%
No (please specify)	0	0%
I don't know/can't say	7	70%

7) Does the draft Pharmaceutical Needs Assessment provide information on how pharmaceutical services may be commissioned in the future? (Answered: 10, Skipped: 0)

Options	Number	%
Yes	7	70%
No (please specify)	0	0%
I don't know/can't say	3	30%

8) Does the draft Pharmaceutical Needs Assessment provide enough information to inform future pharmaceutical services provision and plans for pharmacies and specialist medical appliances and devices providers? (Answered: 10, Skipped: 0)

Options	Number	%
Yes	6	60%
No (please specify)	0	0%
I don't know/can't say	4	40%

9) Are there any other services that could be provided in the community pharmacies that have not been highlighted? (Answered: 9, Skipped: 1)

Options	Number	%
Yes (please specify)	3	33%
No	3	33%
I don't know/can't say	3	33%

10) Do you agree with the conclusions of the draft Pharmaceutical Needs Assessment? (Answered: 10, Skipped: 0)

Options	Number	%
Yes	8	80%
No (please specify)	0	0%
I don't know/can't say	2	20%

11) Further comments you have on the PNA (Answered: 4, Skipped: 6)

Comments are listed in Appendix H.

Appendix H: Consultation comments

Additional comments received on the consultation survey¹

Additional comments to **question 4**: Are there any gaps in pharmacy services in Kingston (i.e. when, where and which services are available) that have not been identified in the draft Pharmaceutical Needs Assessment? What gap?

From	Comment	Steering Group response
Member of the public	Not enough out of hours pharmacies. Lots of local pharmacies closed.	<p>The PNA has reviewed opening hours across the borough, including evenings and weekends, and concludes that there is no current gap in the provision of pharmaceutical services during these times. However, we recognise that individual experiences may vary.</p> <p>The PNA has taken into account current population and expected growth. While we acknowledge the closure of pharmacies may reduce convenience for some residents, the assessment concludes that there is currently no gap in pharmaceutical service provision.</p>
Other organisation in Kingston (Your Healthcare CIC)	<p>This is for people who are mobile and can access the service. Have you considered the house bounds? Do you have pharmacies that deliver medications to the house bounds? How often do they provide this service?</p> <p>Do all of your pharmacies stock end of life medications?</p> <p>Weekends and after 6pm access for healthcare professionals can be challenging to find across the whole borough. Do you have an 'on-call' service?</p>	<p>Thank you for your comments.</p> <p>To meet the needs of housebound patients many local pharmacies do offer home delivery and there are also Distance Selling Pharmacies (DSPs) that can deliver to people's homes. There is provision locally through other providers within Kingston and an ICB wide service is currently being planned.</p> <p>There is no formal 'on-call' pharmacy service in Kingston, but NHS 111 and some pharmacies with longer opening hours can help with urgent needs, including evenings and weekends.</p>

¹ Please note that some questions have not received any additional comments and therefore are not listed here.

Additional comments to **question 5**: Does the draft Pharmaceutical Needs Assessment reflect the needs of residents in the Borough of Kingston? No, additional needs required.

From	Comment	Steering Group response
Other organisation in Kingston (Your Healthcare CIC)	It does not meet the needs of the housebound, or those with mobility issues who might find getting to a pharmacy challenging. They may not have anyone who can assist them.	Thank you for your comment. Under the Equality Act 2010, community pharmacies are required to make reasonable adjustments to ensure services are accessible to all, including less-abled persons. To meet the needs of housebound patients many local pharmacies do offer home delivery and there are also Distance Selling Pharmacies (DSPs) that can deliver to people's homes for patients facing access barriers.

Additional comments to **question 7**: Does the draft Pharmaceutical Needs Assessment provide information on how pharmaceutical services may be commissioned in the future? Why doesn't inform how to commission in future.

From	Comment	Steering Group response
Member of the public	I think it says that everything is ok with what we have.	Thank you for your comment.
Other organisation in Kingston (Your Healthcare CIC)	It would be good to have increased availability at bank holidays and also increase access to End of life medications including OOH	Thank you for your comment. There is a Local Enhanced Service commissioned to provide Bank Holiday coverage across Kingston. No gaps in provision for the purpose of this PNA were identified. There is local provision for end of life medications through other providers within Kingston and an ICB wide service is currently being planned.

Additional comments to **question 9**: Are there any other services that could be provided in community pharmacies that have not been highlighted? Other services that can be provided.

From	Comment	Steering Group response
Member of the public	Just to have available pharmacies- especially as it is so stop get GP appointments	Thank you for your comment.
Member of the public	Ear wax removal	Thank you for your comment. Your feedback will be shared with local commissioners.
Other organisation in Kingston (Your Healthcare CIC)	Other vaccination on the national vaccination campaigns e.g. shingles, RSV	Thank you for your comment. Other vaccination services have been included in the final PNA as currently commissioned or planned through community pharmacies in Kingston.
Member of the public	Blood tests	Thank you for your comment.

Additional comments to **question 10**: Do you agree with the conclusions of the draft Pharmaceutical Needs Assessment? 'No', please tell us why don't agree with the conclusions of the draft PNA.

From	Comment	Steering Group response
Other organisation in Kingston (Your Healthcare CIC)	We would not say there are no gaps, but only a few small gaps around access for housebound, OOH provision and end of life medication.	<p>Thank you for your comment.</p> <p>Under the Equality Act 2010, community pharmacies are required to make reasonable adjustments to ensure services are accessible to all, including less-abled persons.</p> <p>We also note that Distance Selling Pharmacies (DSPs) offer delivery services, which may be a suitable option for patients facing access barriers.</p> <p>At present, extended opening on bank holidays and out-of-hours access to end of life medicines are not identified as necessary services for identifying gaps in provision for the purpose of this PNA. However, your feedback will be shared with local commissioners.</p>

Comments to **question 11**: Further comments you have on the PNA.

From	Comment	Steering Group response
Member of the public	Well drafted with links to reference documents.	Thank you for your comment.

From	Comment	Steering Group response
Member of the public	<p>My main point in responding to this survey as a member of the public, patient and carer, is the inconsistency in the quality of consultation skills by pharmacists. There are a few who are very good but there is a long way to go to match the quality of GPs and practice nurses. A lot of pharmacists are not quite there in embracing a person-centred approach, finding out the patient's agenda first, and they often have too much of an emphasis in information giving rather than asking first what patients want to know about their medicines. Pharmacists will know that CPPE, the GPhC and the RPS are all pushing for change in the way they do consultations and now is the time for there to be a real shift. There are some pharmacists I have encountered who don't want to bother, see me as quickly as possible and get behind the dispensing bench as soon as they can. This has to change otherwise the provision of enhanced services will fail at the first hurdle. This requires an honest reflection on motivations of pharmacists, the cripplingly busy schedules they have, and skill mix. Please take this feedback to heart. Pharmacists have so much to offer but they are being stymied by factors some of which they can control. I want the best for pharmacy which is why I'm being so honest. Thank you for reading.</p>	<p>Thank you for your honest and constructive feedback. Your points regarding the variability in consultation skills and the need for a stronger person-centred approach are well noted. We would like to reassure you that both local and national discussions are actively taking place to address these concerns. Ongoing funding negotiations aim to better support community pharmacy services, enabling pharmacists to further develop their consultation and clinical skills. The Community Pharmacy Pathfinder Programme is one example of current initiatives focused on enhancing the delivery of clinical services, improving patient-centred care, and supporting professional development. We also recognise the importance of tackling workload pressures and skill mix issues, which are essential to fostering consistent, high-quality service provision across all pharmacies. Your feedback contributes to these wider conversations and we are committed to taking it on board as we work towards continuous improvement in community pharmacy services.</p>

From	Comment	Steering Group response
Other organisation in Kingston (Your Healthcare CIC)	This was a very comprehensive document which detailed the demographics and needs of the population in the different zones of the borough.	Thank you for your comment.
Member of the public	Not a very good summary of the main PNA. Seems a bit "wordie" with no actual punchlines and/or objectives	Thank you for your comment.

From	Comment	Steering Group response
ICB	Section 4.7.11 End of life services The service has now ended although it was correct at the time of writing as it was live until 31 March 2025. This level of access will be replaced by PQS in the new pharmacy contract. SWL continue to look at EOLC access. The Practice Plus Group sentence still applies.	Thank you for your comment. This have been updated for the final PNA.

Comments received from London Region Pharmaceutical Services Regulations Committee

Comment	Steering Group response
There are a small number of discrepancies in hours and one in terms of name where a change of ownership has recently been finalised.	Noted. The final PNA reflects the changes.
Most of the housing developments listed in the PNA are of a very small nature, there are however, two in Kingston and North Kingston of 826 and 1137 planned units. It would be useful to have these developments named so that it shows in the HWB analysis that these were taken into account when the PNA statements were made. This will save any confusion later if an application were to be presented for unforeseen benefits.	Noted. This has now been expanded in the final PNA.
The PNA notes some additional care homes that are being planned, please can this be clarified as to if additional capacity is needed to cover these or not.	Noted. This has now been added in the final PNA.
The bank holiday service is an enhanced service within the regs and should be included within these statements. Please note the current service is about to finish and a new one is currently being worked through to start later this year.	Noted. This has now been amended in the final PNA.
The HWBB need to be aware of the recently notified change to the Community Pharmacy Framework and may need to make some small adjustments to the text of the PNA to take into consideration these amendments.	Noted. This has now been added in the final PNA.