



Pharmaceutical Needs Assessment 2022

Kingston Upon Thames
Health and Wellbeing Board

This Pharmaceutical Needs Assessment (PNA) has been produced by Soar Beyond, contracted by the Royal Borough of Kingston upon Thames. The production has been overseen by the PNA Steering Group for Kingston upon Thames Health and Wellbeing Board with authoring support from Soar Beyond Ltd.

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 late 2021. Some services delivered by pharmacies in the borough will have changed during the intervening months, particularly those relating to the response to the COVID-19 pandemic. This is a natural part of the PNA 3-yearly cycle.

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Executive summary

Every Health and Wellbeing Board (HWB) is required to produce a Pharmaceutical Needs Assessment (PNA).

There is also a requirement to reassess and revise the PNA within three years of its previous publication. However, the HWB must make a revised assessment as soon as it is reasonably practicable after identifying any changes that have occurred since the previous assessment that may have an effect on the needs of the pharmaceutical services. Due to the COVID-19 pandemic the Department of Health and Social Care postponed the requirement for all HWBs to publish a refreshed PNA until 1 October 2022.

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

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

This PNA has been produced through the Royal Borough of Kingston upon Thames PNA Steering Group for Kingston upon Thames HWB by the Royal Borough of Kingston upon Thames (referred to as Kingston going forward for the purpose of this PNA), with authoring support from Soar Beyond Ltd.

NHS pharmaceutical services in England

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

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

Community pharmacies operate under a contractual framework, last agreed in 2019, which sets three levels of service:

Essential Services: Negotiated nationally, provided by all pharmacy contractors as part of the NHS Community Pharmacy Contractual Framework

Advanced Services: Negotiated nationally, 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.

Enhanced Services: Negotiated locally to address local health needs. Provided from selected pharmacies, specifically commissioned. These services are only commissioned by NHSE&I

The contract enables NHSE&I Area Teams to commission services to address local needs, while still retaining the traditional dispensing of medicines and access to support for self-care from pharmacies. Since the 2018 PNA there have been several contractual changes affecting community pharmacies.

In addition to NHS pharmaceutical services, community pharmacies may also provide 'Locally Commissioned Services (LCS). These are not considered 'pharmaceutical services' under the Pharmaceutical Regulations 2013. Further information and details of those LCS provided in Kingston can be found in [Section 4](#).

Health in Kingston upon Thames

The area

Kingston is situated in the south-west of London. It has the third smallest population of any borough in London (after the City of London and Kensington and Chelsea) and is the seventh smallest borough in terms of geographical area.

Kingston shares borders with the London Boroughs of Wandsworth, Richmond, Sutton and Merton, and the county of Surrey. There is variation in population density throughout the borough. The most densely populated parts of the borough tend to be in the north-west, around Kingston and Surbiton, with less dense areas mainly in the south (where Chessington World of Adventures is located).

The population

The current 2021 estimated resident population is 177,500. Over the next 25 years, the population is estimated to grow by 21% (to approximately 214,000).

The population of Kingston is projected to rise to around:

- 196,800 by 2030
- 210,500 by 2040
- 218,100 by 2050

International migration has been a significant factor in the change in population of Kingston over recent years. In 2018-19, over 2,700 overseas nationals registered for National Insurance numbers in Kingston, with the most popular countries of origin for migrants that year being Bulgaria, Romania and Italy.

Kingston has a predominantly White (74.5%) population. The population make-up of Kingston is becoming more ethnically diverse, with the ethnic minority population increasing and the White population decreasing.

In 2021, an estimated 34% of the Kingston population came from an ethnic minority, compared with 44% for London overall.

Kingston plans to develop approximately 13,640 new homes during 2019-29 which will help support the growing population and demand for housing.

Generally, Kingston has a higher proportion of its population aged 65 and over (14.3% in 2021) than London (12.3%) and lower proportion than England (18.2%).

The increasing population and its diversity will require significant planning for the delivery of services, in particular to meet its varied health and social care needs.

Health inequalities

Index of Multiple Deprivation (IMD) 2019 data shows that Kingston was ranked the 48th least deprived local authority (out of 317) in England in 2019, and the second least deprived local authority in London. In the previous IMD rankings, in 2015, Kingston was the 40th least deprived local authority in the country, so has become relatively more deprived over the intervening years.

The main area of deprivation can be seen towards the north of the borough, in an area that is part of Norbiton and Beverley wards. The least deprived wards in Kingston are Tudor and Coombe Vale.

Particular populations which may have specific health needs include housebound, Travellers, minority ethnic communities and disabled people.

Health and illness

Life expectancy has increased across the country. Over the period 2017-19, life expectancy at birth in Kingston was 85.2 years for women and 81.8 years for men, in both cases slightly above the average for England. For the four-year period 2015-19, people living in more affluent areas can expect to live around 10% longer than those in the most deprived parts of the borough.

There were 1,000 premature deaths in Kingston between 2017 and 2019. This is represented as 260 deaths per year per 100,000 population for the period 2017-19.

Kingston's premature mortality ratio is 79.1, which means it is 20% lower than the national average.

Lifestyle

Lifestyle issues are of a concern especially those related to alcohol use. Hospital admissions for alcohol-related conditions in Kingston residents are amongst the highest in London, especially in women and people aged under 40. Kingston also has one of the highest levels of alcohol-related road traffic accidents in London (in 2014-16).

Other areas of concern are mental health and wellbeing, particularly in younger people, tackling health inequalities, and obesity rates in adults and children.

LCS, throughout Kingston, are provided by many community pharmacies to address these lifestyle issues.

Pharmacies in Kingston

Kingston has 31 pharmacies (as of December 2021) for a population of around 177,500. Provision of current pharmaceutical services and LCS are well distributed, serving all the main population centres. There is excellent access to a range of services commissioned and privately provided from pharmaceutical service providers.

Using current population estimates, the number of community pharmacies per 100,000 population for Kingston is 17.5, which has decreased slightly from 19.0 in 2018.

The majority (66%) of community pharmacies in Kingston are open weekday evenings (after 6pm) and on Saturdays (87%).

A number are open on Sundays (31%), mainly in shopping areas. There is a much higher than national ratio of independent providers to multiples, providing a good choice of providers to local residents (national average is 40% independent providers versus 75% in Kingston based on 2020-21 figures).

Feedback on pharmaceutical services

Views of pharmacy service users were gained from a questionnaire circulated in autumn 2021 for feedback from the general public.

From the 144 responses received from the public questionnaire:

- 92% have a regular or preferred pharmacy
- 84% describe the service as good or excellent (only four respondents (2%) identified the service from their pharmacy as poor)
- 53% have visited a pharmacy once a month or more for themselves in the past six months

The main method reported by the public in how they access a pharmacy is by walking (56%). The next most common method is by car 30% (4% used public transport and 3% cycled). 94% report no difficulty in travelling to a pharmacy.

The information from respondents showed that there was no preferred day or time of day to visit a pharmacy. Of note: 94% of respondents suggest that the pharmacy is open on the most convenient day and 90% state it is open at the most convenient time.

In the comments section, 27 respondents indicated they were happy with the service and 10 responded that they were not happy. Only three identified better opening hours as an issue.

Conclusions

Current provision – necessary and other relevant services

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

For the purposes of this PNA, Necessary Services for the HWB are defined as Essential Services. Advanced Services are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

For the purpose of this PNA, Enhanced Services are defined as pharmaceutical services that secure improvements or better access to or that have contributed towards meeting the need for pharmaceutical services in the HWB area.

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

The PNA Steering Group for Kingston HWB recognises that a number of HWBs, that border Kingston, contribute toward meeting the pharmaceutical needs of Kingston residents and their contribution has been taken into consideration where appropriate. No other relevant services have been identified from outside the HWB area that have secured improvements or better access in the Kingston area.

Please note although a service may not be commissioned this does not necessarily mean there is a gap in pharmaceutical service provision.

Necessary Services: gaps in provision in Kingston

From the information provided by locality, the maps and public questionnaire:

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

Improvements and better access: gaps in provision for Kingston

Appendix O discusses health needs and opportunities for the implementation of new services to meet these needs.

People in Kingston as a whole continue to have better health than the national average and this is reflected in their life expectancy. Many of the conditions that are national priorities for health such as cardiovascular disease, stroke, hypertension and diabetes are present at lower or similar rates to London and England averages, however they remain leading causes of morbidity and mortality within Kingston. There are differences in health within the borough.

Leading causes of death among those aged under 75 years (in 2020) were:

- Cancer (46%)
- Diseases of the circulatory system (24%)

In addition, rates of diabetes have increased from 4.4% in 2009-10 to 5.3% in 2020-21. Almost 10,000 people registered with Kingston GPs are recorded as having

asthma (in 2020-21), which is 4.8% of patients, slightly higher than the London average (4.7%).

Immunisation levels in Kingston are below the 95% herd immunity target level deemed necessary to protect the whole population.

HIV testing coverage in Kingston is the lowest in London (in 2019), with only 61% of 'eligible attendees' to sexual health centres taking an HIV test.

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

- NHS Health Checks (currently provided from two pharmacies within Kingston)
- Delivery of the recently implemented Advanced Service – hypertension case-finding service
- Smoking Cessation Advanced Service would contribute to reducing a major risk factor in both cancer and cardiovascular disease
- Improved utilisation of the London Vaccination Service to target immunisation levels in the population
- Extending screening services to other conditions (screening services are already in place for some sexual health indications (e.g. chlamydia))

No gaps have been identified that if provided either now or in the future, would secure improvements, or better access to relevant or Necessary Services across Kingston.

Section 1: Introduction

1.1 Background

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (SI 2013/349),¹ hereafter referred to as the 'Pharmaceutical Regulations 2013', came into force on 1 April 2013. Unless required to be produced earlier, the Pharmaceutical Regulations 2013 permitted Health and Wellbeing Boards (HWBs) a temporary extension of the Pharmaceutical Needs Assessments (PNAs) previously produced by Primary Care Trusts (PCTs); HWBs were then required to publish their first PNA by 1 April 2015 at the latest. The Pharmaceutical Regulations 2013 require each HWB to publish a statement of its revised assessment within three years of its previous publication and this document fulfils this regulatory requirement. Due to the COVID-19 pandemic the Department of Health and Social Care (DHSC) postponed the requirement for all HWBs to publish until 1 October 2022.

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

Table 1: Timeline for PNAs

2009	2011	2013	2015	Ongoing
Health Act 2009 introduces statutory framework requiring PCTs to prepare and publish PNAs	PNAs to be published by 1 February 2011	Pharmaceutical Regulations 2013 outline PNA requirements for HWB	HWB required to publish own PNAs by 1 April 2015	PNAs reviewed every 3 years* *publication of PNAs was delayed during the COVID-19 pandemic

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

1.1.1 NHS Long Term Plan (LTP)²

The NHS Long Term Plan (LTP) was published in January 2019, and it set out the priorities for healthcare for the next ten years. It is wide-ranging and includes chapters on new service models, action on prevention and health inequalities, and progress on care quality and outcomes. The priority clinical areas that could be impacted by community pharmacy services are identified below. A more detailed description is available in [Section 2.1](#).

¹ The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

www.legislation.gov.uk/uksi/2013/349/contents/made

² NHS Long Term Plan. www.longtermplan.nhs.uk/

Priority clinical areas in the LTP include:

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

1.1.2 Services stopped, started and changed

- **Medicines Use Reviews (MURs)** were decommissioned on 31 March 2021. A number of additional services have been introduced including additional eligible patients for the New Medicine Service (NMS).
- **Discharge Medicines Service (DMS):** A new Essential Service from 15 February 2021. NHS Trusts were able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by the NHS England and NHS Improvement (NHSE&I) Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.³
- **Community Pharmacist Consultation Service (CPCS):**⁴ An Advanced Service introduced on 29 October 2019 to enable community pharmacies to play a greater role in urgent care provision. The service replaces the NHS Urgent Supply Advanced Scheme (NUMSAS) and local pilots of the Digital Minor Illness Referral Service (DMIRS). The first phase was to offer patients a consultation with pharmacist from referral from NHS 111, integrated urgent clinical assessment services and, in some cases, 999. From 1 November 2020; GP CPCS was launched where GPs can refer patients for minor illness consultation but not for urgent supply of medicine or appliance, with a locally agreed referral pathway. The CPCS and GP CPCS aim to relieve pressure on the wider NHS by connecting patients with community pharmacies who are integrated with primary care-level services, part of the NHS LTP.

³ Discharge Medicines Service. <https://psnc.org.uk/services-commissioning/essential-services/discharge-medicines-service/>

⁴ Community Pharmacist Consultation Service (CPCS). <https://psnc.org.uk/services-commissioning/advanced-services/community-pharmacist-consultation-service/>

- **COVID-19 pandemic:** The COVID-19 pandemic placed greater demands on health systems and community pharmacies. Community pharmacists had to adapt and adopt changes to healthcare services provided and remain open during the pandemic to provide for the pharmaceutical needs for the population.⁵ During the pandemic there was a net loss of 215 pharmacies, with 236 opening while 451 closed during 2020-21, which resulted in the lowest number of pharmacies in England since 2015-16.⁶ In response to the pandemic, two Advanced Services were also created: pandemic delivery service and COVID-19 Lateral Flow Test (LFT) provision. The Covid-19 vaccination service was also added as an Enhanced Service provided from community pharmacies and commissioned by NHSE&I. Due to the easing of Covid-19 restrictions by the government, the pandemic delivery service was decommissioned on 5 March 2022 at 23:59. Since 1 April 2022, the government no longer provides free universal symptomatic and asymptomatic testing for the general public in England⁷
- **Remote Access:** From November 2020, community pharmacies had to facilitate remote access to pharmaceutical services at or from the pharmacy premises.
- **Pharmacy Quality Scheme (PQS):** The PQS scheme is a voluntary scheme which forms part of the CPCF.⁸ It supports delivery of the NHS LTP and rewards community pharmacy contractors that deliver quality criteria in three quality dimensions: clinical effectiveness, patient safety and patient experience. The PQS has been developed to incentivise quality improvement in specific areas yearly. At the time of writing the current PQS focuses on priorities supporting COVID-19 recovery, which include:
 - 20 new NMS provisions
 - Identifying patients who would benefit from weight management advice and onward referral, including the recently introduced NHS Digital Weight Management Programme and/or local authority-funded tier 2 weight management service
 - Checking inhaler techniques, as part of catch-up NMS, ensuring patients have personalised asthma action plans, promoting use of spacers in children, and encouraging return of unwanted and used inhalers for disposal to protect the environment
 - Safety report and demonstrable learnings from the Centre for Pharmacy Postgraduate Education – Look-Alike, Sound-Alike (LASA) e-learning

⁵ Hayden JC and Parkin R. The Challenges of COVID-19 for community pharmacists and opportunities for the future. *Irish J Psych Med* 2020; 37(3), 198-203. <https://doi.org/10.1017/ipm.2020.52>

⁶ Wickware C. Lowest number of community pharmacies in six years, official figures show. *Pharmaceutical J.* 28 October 2021. <https://pharmaceutical-journal.com/article/news/lowest-number-of-community-pharmacies-in-six-years-official-figures-show>

⁷ Cabinet Office. Living with COVID-19. 6 May 2022. www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19

⁸ NHSE&I. Pharmacy Quality Scheme Guidance 2021/22. September 2021. www.england.nhs.uk/wp-content/uploads/2021/09/Pharmacy-Quality-Scheme-guidance-September-2021-22-Final.pdf

1.2 Purpose of the PNA

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

The PNA should also be considered alongside the local authority's Joint Strategic Needs Assessment (JSNA).⁹ Kingston's JSNA is a suite of documents on its website, and this PNA has referred to the 2019-2021 Health and Care Plan and the refreshed version of the plan for 2022-2024.

The PNA will identify where pharmaceutical services address public health needs identified in the JSNA as a current or future need. Through decisions made by the local authority, NHSE&I and the South West London Integrated Care System (ICS), these documents will jointly aim to improve the health and wellbeing of the local population and reduce inequalities.

CCGs have been replaced by Integrated Care Boards (ICBs) as part of Integrated Care Systems (ICS). In an ICS, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve. ICS delegation was delayed due to the COVID-19 pandemic and the SWL ICB became a legal entity from 1st July 2022. For the purpose of this PNA, at the time of writing, only services commissioned by NHSE&I as per the regulations have been considered as 'pharmaceutical services'.

⁹ Joint Strategic Needs Assessment (JSNA): Kingston. <https://data.kingston.gov.uk/jsna/>

1.3 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

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

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

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

1.3.1 Community pharmacy contractors

The CPCF, last agreed in 2019¹⁰ is made up of three types of services:

- Essential Services
- Advanced Services
- Enhanced Services

Details of these services can be found in [Section 6](#).

All pharmacies were required to become Level 1 Healthy Living Pharmacies by April 2020.

The responsibility for public health services transferred from PCTs to local authorities with effect from 1 April 2013.

¹⁰ DHSC. Community Pharmacy Contractual Framework. 2019 to 2024. July 2019 www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024

Pharmacy contractors comprise both those located within the Kingston HWB area as listed in Appendix A, those in neighbouring HWB areas and remote suppliers, such as Distance-Selling Pharmacies (DSPs). Although DSPs may provide services from all three levels as described above, and must provide all Essential Services, they may not provide Essential Services face-to-face on the premises.

Additionally, they must provide services to the whole population of England.

1.3.2 Dispensing Appliance Contractors (DACs)

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

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

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

1.3.3 Local Pharmaceutical Service (LPS) providers

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

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

There are no LPS pharmacies in Kingston.

1.3.4 Pharmacy Access Scheme (PhAS) providers¹¹

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

Pharmacies in areas with dense provision of pharmacies remain excluded from the scheme. In areas with high numbers of pharmacies, public access to NHS pharmaceutical services is not at risk. The scheme is focused on areas that may be at

¹¹ DHSC. 2022 Pharmacy Access Scheme Guidance. 4 July 2022

www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024/2021-to-2022-pharmacy-access-scheme-guidance

risk of reduced access, for example, where a local population relies on a single pharmacy.

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

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

1.3.5 Other providers of pharmaceutical services in neighbouring HWB areas

There are five other HWB areas that border the Kingston HWB area:

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

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

1.3.6 Dispensing GP practices

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

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

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

There are no dispensing practices in Kingston.

1.3.7 Other services and providers in Kingston HWB area

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

[Section 4](#) outlines services provided by NHS pharmaceutical providers in Kingston, commissioned by organisations other than NHSE&I 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 CCGs.

1.4 Process for developing the PNA

As a direct result of the Health and Social Care Act 2012, a paper was presented to Kingston HWB in January 2020.

The purpose of the paper was to inform Kingston HWB of its statutory responsibilities under the Health and Social Care Act to produce and publicise a revised PNA at least every three years. Kingston HWB accepted the content of the paper at the meeting and the recommendation to delegate responsibility of the PNA to a steering group. It also agreed to the funding necessary to research and produce the PNA.

The last PNA for Kingston was published in March 2018 and is therefore due to be reassessed in line with the extended timetable by October 2022.

Public Health Kingston has a duty to complete this document on behalf of Kingston HWB.

Soar Beyond Ltd was chosen from a selection of potential candidates due to its significant experience of providing services to assist pharmaceutical commissioning, including the production and publication of PNAs.

- **Step 1: Steering group**

On 27 September 2021 Kingston's PNA Steering Group was established. The terms of reference and membership of the group can be found in Appendix B.

- **Step 2: Project management**

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

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

Through the project manager, the PNA Steering Group reviewed the existing PNA and subsequent supplementary statements¹² and JSNA.

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

A public questionnaire to establish views about pharmacy services was produced by the Steering Group and was circulated to:

- All pharmacy contractors in Kingston, to distribute to the public
- Kingston Upon Thames Healthwatch, for onward distribution to its members and participation groups
- Kingston residents via social media, websites, e-newsletters
- Residents via social media, websites, e-newsletters
- Kingston website
- Kingston Carers' Network for onward distribution to carers

¹² Kingston PNA and subsequent supplementary statements. www.kingston.gov.uk/health-wellbeing-1/pharmaceutical-needs-assessment-pna?documentId=619&categoryId=20133

- Charity, voluntary sector, and local groups, for onward distribution to their members

A total of 144 responses were received. A copy of the public questionnaire can be found in Appendix C and the detailed responses can be found in Appendix H.

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

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

A total of 18 responses were received. A copy of the pharmacy questionnaire can be found in Appendix D and the responses can be found in Appendix I.

- **Step 4c: Commissioner questionnaire**

The Steering Group agreed a questionnaire to be distributed to all relevant commissioners in Kingston to inform the PNA.

There were two responses to the questionnaire. A copy of the commissioner questionnaire can be found in Appendix E and the responses can be found in Appendix J.

- **Step 4d: PCN questionnaire**

The Steering Group agreed a questionnaire to be distributed to all Primary Care Networks (PCNs) within Kingston to inform the PNA.

There were two responses to the questionnaire. A copy of the PCN questionnaire can be found in Appendix F and the responses can be found in Appendix K.

- **Step 5: Mapping of services**

Details of services and service providers were collated and triangulated to ensure the information upon which the assessment was based was the most robust and accurate. NHSE&I being the commissioner of service providers and services classed as necessary and relevant, was predominantly used as a base for information due to its contractual obligation to hold and maintain pharmaceutical lists. Information was collated, ratified, and shared with the Steering Group before the assessment was commenced. The pharmaceutical list from NHSE&I dated December 2021 was used for this assessment.

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

The Steering Group reviewed and revised the content and detail of the existing PNA. The process took into account the JSNA and other relevant strategies in order to ensure the priorities were identified correctly. As the PNA is an assessment taken at a defined moment in time, it was agreed the pragmatic way forward would be to monitor any changes. If necessary and appropriate, the PNA will be updated before finalising

or published 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 Steering Group will reconvene and reassess the impact of these changes.

- **Step 7: Consultation**

In line with the Pharmaceutical Regulations 2013, a consultation on the draft PNA was undertaken between 9 May 2022 to 8 July 2022. The draft PNA and consultation response form was issued to all identified stakeholders. These are listed in the final PNA. The draft PNA was also posted on Kingston's website.

- **Step 8: Collation and analysis of consultation responses**

The consultation responses were collated and analysed by Soar Beyond Ltd. A summary of the responses received, and analysis is noted in Appendix M.

- **Step 9: Production of final PNA – future stage**

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

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

1.5 Localities for the purpose of the PNA

The PNA Steering Group, at its first meeting, considered how the localities within the Kingston HWB geography would be defined. The majority of health and social care data is available at local authority council ward level and at this level provides reasonable statistical rigour. It was agreed that the council wards would be used to define the localities of the Kingston HWB geography.

The localities used for the PNA for Kingston HWB area are:

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

Table 2: Kingston localities/neighbourhoods

Locality	Wards within the locality
Kingston Town	Canbury
Kingston Town	Grove
Kingston Town	Norbiton
Kingston Town	Tudor
Malden and Coombe	Beverley
Malden and Coombe	Coombe Hill
Malden and Coombe	Coombe Vale
Malden and Coombe	Old Malden
Malden and Coombe	St James
South of the Borough	Chessington North and Hook
South of the Borough	Chessington South
South of the Borough	Tolworth and Hook Rise
Surbiton	Alexandra
Surbiton	Berrylands
Surbiton	St Mark's
Surbiton	Surbiton Hill

A list of providers of pharmaceutical services in each locality is found in Appendix A.

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

Section 2: Context for the PNA

2.1 NHS Long Term Plan (LTP)¹³

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

Priority clinical areas in the LTP include:

- Prevention
 - Smoking
 - Obesity
 - Alcohol
 - Antimicrobial resistance
 - Stronger NHS action on health inequalities
- Better care for major health conditions
 - Cancer
 - CVD
 - 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.’
- Section 1.10 refers to the creation of fully integrated community-based health care. This will be supported through the ongoing training and development of multidisciplinary teams in primary and community hubs. From 2019, NHS 111 will start direct booking into GP practices across the country, as well as referring on to community pharmacies who support urgent care and promote patient self-care and self-management. CCGs will also develop pharmacy connection schemes for patients who don’t need primary medical services. Pharmacy connection schemes have developed into the CPCS, which has been available since October 2019 as an Advanced Service.
- Section 1.12 identifies ‘pharmacist review’ of medication as a method to reduce avoidable A&E attendances, admissions and delayed discharge, streamlining patient pathways to reduce avoidable outpatient visits and over-medication.

¹³ NHS Long Term Plan. www.longtermplan.nhs.uk/

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

2.2 Joint Strategic Needs Assessment (JSNA)

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 assessments of the current and future health and social care needs of the local community, which may be met by Kingston Council, Kingston CCG, NHSE&I, or other providers. JSNAs are produced by HWBs and are unique to the local 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, and local assets that can help to improve health and wellbeing. Due to the current pandemic situation, the Kingston JSNA main document has not been updated over the last two years. However, the updated health and wellbeing data has been reflected in the refreshed Health and Care Plan 2022-24 for Kingston, and this updated data is considered in this PNA.

On 1 April 2020, NHSE&I implemented a reconfiguration¹⁴ of its organisational hierarchy. Several CCGs were merged, with the total number of CCGs in England reduced from 191 to 135. Kingston CCG was combined with Croydon, Merton, Richmond, Sutton and Wandsworth into a single entity, NHS SWL CCG, serving 1.7 million people. The government published the 'Integration and Innovation: working together to improve health and social care for all' white paper in February 2021, outlining proposals to bring NHS and social care closer together: [Integration and](#)

¹⁴ NHS Digital. Change summary – 2020 STP, CCG and Commissioning Hub Reconfiguration: <https://digital.nhs.uk/services/organisation-data-service/archive/change-summary-2020-stp-reconfiguration>

[Innovation: working together to improve health and social care for all](#).¹⁵ This saw SWL CCG operate as SWL Integrated Care System (ICS) in shadow form from 1 April 2021, and then SWL Integrated Care Board (ICB) become a legal entity on 1st July 2022. For the purposes of this document, Kingston CCG refers to the GP practices, associated services and geographical area that the previous Kingston CCG covered prior to these mergers, is the one used throughout. One of the GP practices (West Barnes Surgery) is situated just outside the geographical boundaries of the borough, being located in Merton, but is still included here as many of its patients will be Kingston residents.

The ultimate aims of JSNAs and the Kingston Health and Care Plan – which is the Kingston Joint Health and Wellbeing Strategy (see [Section 2.3](#)) – are to reduce health and wellbeing inequalities and improve outcomes for all ages.

JSNAs are a continuous process of strategic assessment to inform planning and commissioning of local services that will improve the health of Kingston and reduce inequalities. The JSNA outputs, in the form of evidence, analysis of need and priorities, will help Kingston Council, Kingston CCG, 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 as outlined in the Kingston Health and Care Plan.

2.3 Kingston Health and Care Plan

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

The previous Health and Care Plan was widely consulted upon with residents in Kingston and published in November 2019¹⁶. It was based on findings in the Kingston JSNA and related data and is supported by a range of other strategies and plans. A refreshed plan to cover 2022-24 has been prepared and published and is based on the Marmot Review's¹⁷ recommended policy objectives. It retains the three overarching aspirations for the people of Kingston across their life, namely that they:

- Start Well
- Live Well, and
- Age Well

It also has four cross-cutting priority themes:

- 1) Recognising all carers;

¹⁵ Integration and Innovation 2021 <https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all>

¹⁶ Kingston Health and Care Plan 2019-2021 www.kingston.gov.uk/downloads/file/69/kingston-health-and-care-plan

¹⁷ Marmot Review 2020 www.health.org.uk/publications/reports/the-marmot-review-10-years-on

- 2) Tackling inequalities in health to reduce disparities for those most disadvantaged (especially in light of the COVID-19 pandemic);
- 3) Tackling obesity; and
- 4) Promoting the mental health and resilience of residents to improve health and wellbeing across the life course.

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

Healthy choices are influenced by our environment, communities and wellbeing. Preventative approaches are needed at all levels; engaging communities, utilising local assets and targeting those most at risk.

Age Well

Whilst people are living longer, many older people are also living with a reduced quality of life due to ill health or disability, or experience loneliness and isolation.

The key themes of the plan are supported by cross-cutting priorities, namely prevention and early intervention, and support for carers, which are important to consider across life stages.

Each of the three life 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 below.

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 adults with or at risk of having poorer 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

2.4 Integrated Care Systems (ICSs)¹⁸

The Health and Care Bill introduced in Parliament on 6 July 2021 confirmed the Government's intentions to introduce statutory arrangements for integrated care systems (ICSs) from April 2022. In line with NHS recommendations each ICS comprises:

- Integrated care partnership (ICP): the broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS.
- Integrated care board (ICB) bringing the NHS together locally to improve population health and care.

South West London Integrated Care System (SWL ICS), a grouping of local NHS organisations, councils, and related bodies, and comprising the six boroughs of SWL: Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth, took on new responsibilities for health and care in SWL. These new responsibilities aim to make it easier for GPs, hospitals, mental health, social care, community services and the voluntary sector to work together more closely, to make sure local people receive the best care. It operated in shadow form throughout 2021, with the SWL Integrated Care Board (SWL ICB) becoming a legal entity from 1st July 2022. This replaces the previous Sustainability and Transformation Partnerships (STPs).¹⁹

The role of an ICS is to:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development

SWL ICB will undertake a needs assessment and develop a health strategy for April 2023. In the meantime, the previous five-year forward plan is in place and which aims 'to improve local health services and to make sure they are sustainable in the years ahead'²⁰ and has the following themes:

- Use money and staff differently to build services around the needs of patients
- Invest in more and better services in local communities
- Invest in estates to bring them up to scratch
- Try to bring all services up to the standard of the best

The top-level suggested actions summarised within the plan are:

- Set up locality teams across south-west London to provide care to and improve health for defined populations of approximately 50,000 people. The teams will

¹⁸ NHSE. <https://www.england.nhs.uk/integratedcare/what-is-integrated-care/>

¹⁹ The South West London STP. November 2016. www.swlondon.nhs.uk/our-plan/our-plan-for-south-west-london/

²⁰ The South West London STP. November 2016. Summary document, p 2. www.swlondon.nhs.uk/our-plan/our-plan-for-south-west-london/

align with GP practice localities and have the skills, resources, and capacity to deliver preventative health and support self-care.

- Use the workforce differently to give enough capacity in community, social care, and mental health services to bring care closer to home and reduce hospital admissions.
- Review acute hospitals to ensure that they meet the changing demands of populations, and to ensure that acute providers deliver high quality, efficient care. The working hypothesis is that they will need four acute hospital sites in south-west London, but they need to do further work on this.
- Address both mental and physical needs in an integrated way because they know this improves the wellbeing and life expectancy of people with severe mental illness and reduces the need for acute and primary care services for people with long-term conditions.
- Introduce new technologies to deliver better patient care (e.g. virtual clinics and apps).
- Make best use of acute staff through clinical networking and redesigning clinical pathways.
- Review specialised services in south London. With NHS&I, it has initiated a programme of work to identify the best configuration of the eight acute specialised providers in south London to be clinically and financially sustainable and deliver the best patient care.

2.5 Population characteristics

2.5.1 Introduction

The Royal Borough of Kingston upon Thames (Kingston) is located in south-west London and shares borders with the London Boroughs of Wandsworth, Richmond, Sutton and Merton, and the county of Surrey. It has the third smallest population of any borough in London²¹ (after the City of London and Kensington and Chelsea) and is the seventh smallest borough in terms of geographical area.

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 2021 estimated resident population of the borough is 177,500.²² Over the next 25 years, Kingston's population is estimated to grow by 21% (to approximately 214,000). SWL CCG is responsible for the healthcare of all GP-registered patients within its boundaries, including Kingston, whose GP-registered population currently (1 October 2021) stands at 216,729.²³ Almost 40,000

²¹ GLA. Housing-led population projections, 2018 base. [Accessed October 2021] <https://maps.london.gov.uk/population-projections/>

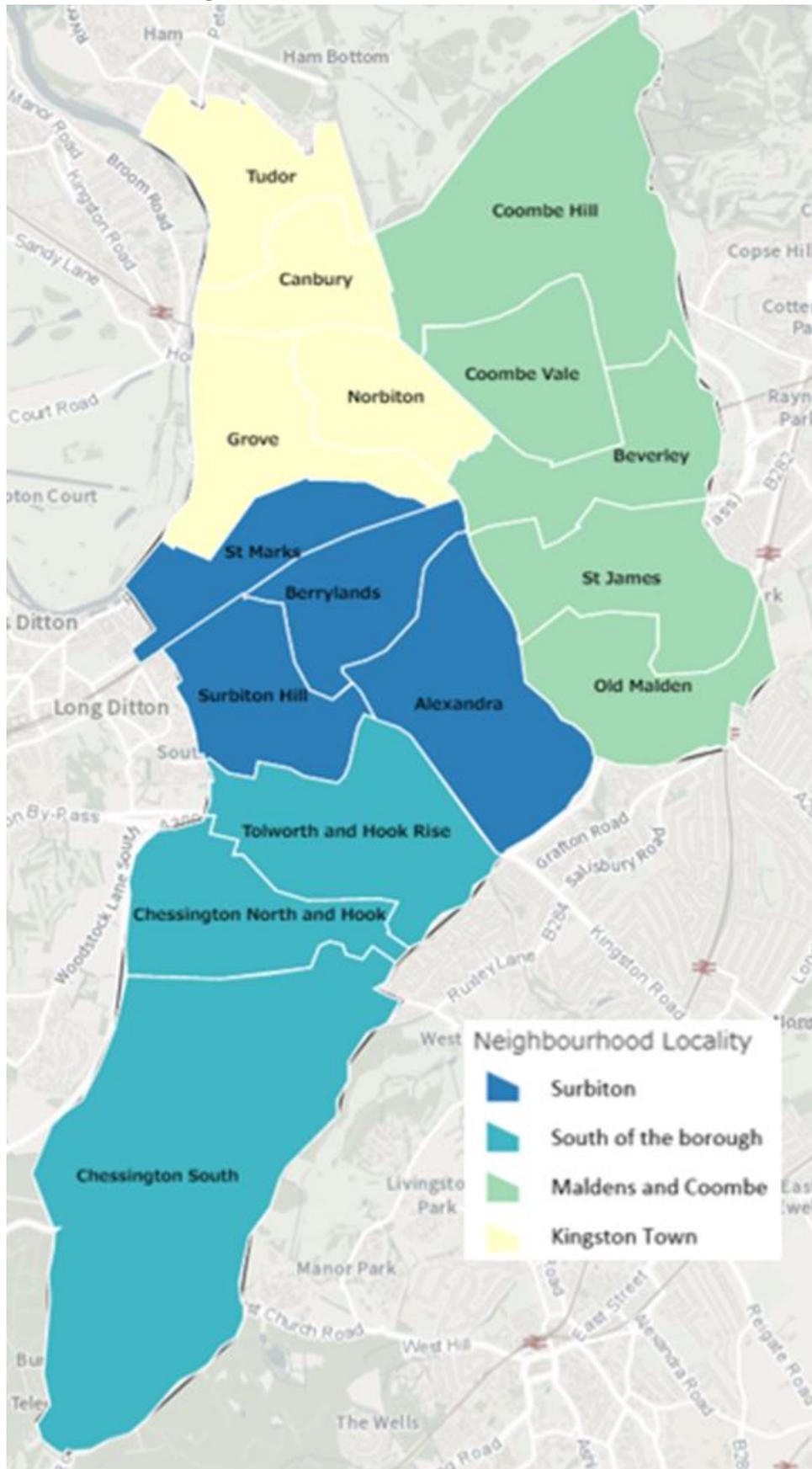
²² GLA. Housing-led population projections, 2018 base (rounded to 10 persons). [Accessed October 2021] <https://maps.london.gov.uk/population-projections/>

²³ NHS Digital. Patients Registered at a GP Practice – August 2021. [Accessed October 2021] <https://digital.nhs.uk/data-and-information/publications/statistical/patients-registered-at-a-gp-practice/october-2021>

more people are registered with Kingston GPs than are thought to reside in the borough. Local pharmacies will provide services to both of these groups.

The borough is divided into 16 electoral wards, which are combined into four localities, called neighbourhoods (see Figure 1a).

Figure 1a: Location of Kingston wards and localities



All maps © Esriuk.com, unless otherwise stated

Table 3 shows the size of the population in each ward and neighbourhood.

It should be noted that planned ward boundary changes are to come into effect in 2022. This means the number of wards in Kingston will increase to 19, and many wards will have different boundaries. All data provided here is based on the current (2021) wards.

Table 3: Ward and neighbourhood populations, 2021²⁴

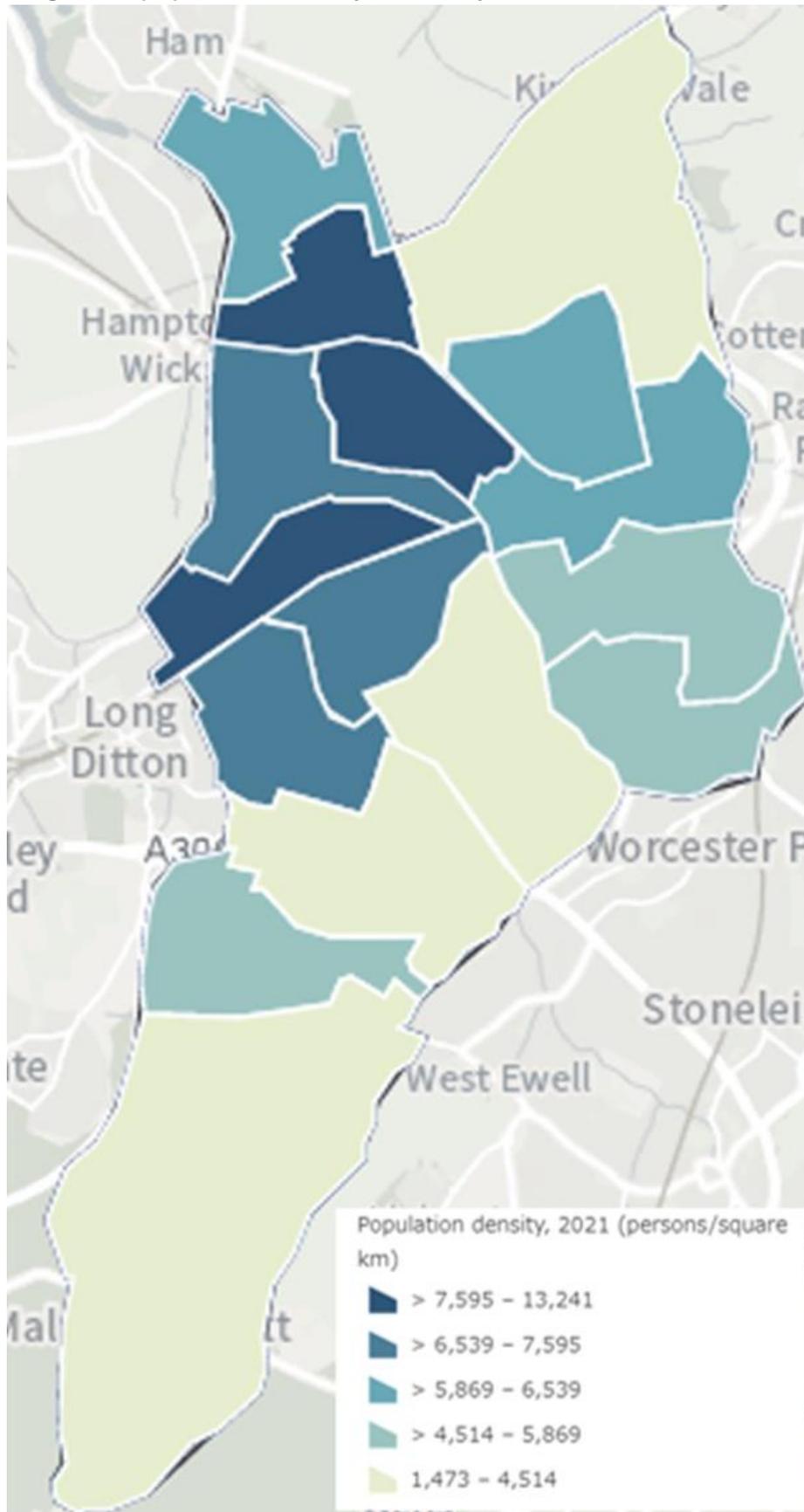
Neighbourhood	Wards within the neighbourhood	Population size
Kingston Town	Canbury	15,568
Kingston Town	Grove	13,361
Kingston Town	Norbiton	11,389
Kingston Town	Tudor	9,953
Kingston Town	-	50,272
Malden and Coombe	Beverley	11,365
Malden and Coombe	Coombe Hill	11,964
Malden and Coombe	Coombe Vale	10,267
Malden and Coombe	Old Malden	10,191
Malden and Coombe	St James	9,551
Malden and Coombe	-	53,338
South of the Borough	Chessington North and Hook	9,180
South of the Borough	Chessington South	10,638
South of the Borough	Tolworth and Hook Rise	10,850
South of the Borough	-	30,668
Surbiton	Alexandra	10,448
Surbiton	Berrylands	9,890
Surbiton	St Mark's	12,016
Surbiton	Surbiton Hill	10,871
Surbiton	-	43,225

At ward level, Kingston's population density varies by a factor of ten, from fewer than 1,500 people/square kilometre in Chessington South to over 13,000 in Canbury (situated close to Kingston town centre).²⁵ The most densely populated parts of the borough tend to be in the north-west, around Kingston and Surbiton, with less dense areas mainly in the south (see Figure 1b).

²⁴ GLA. Housing-led population projections, 2018 base. [Accessed October 2021]. <https://maps.london.gov.uk/population-projections/>

²⁵ GLA. Land area and population density. [Accessed November 2021.] <https://data.london.gov.uk/dataset/land-area-and-population-density-ward-and-borough>

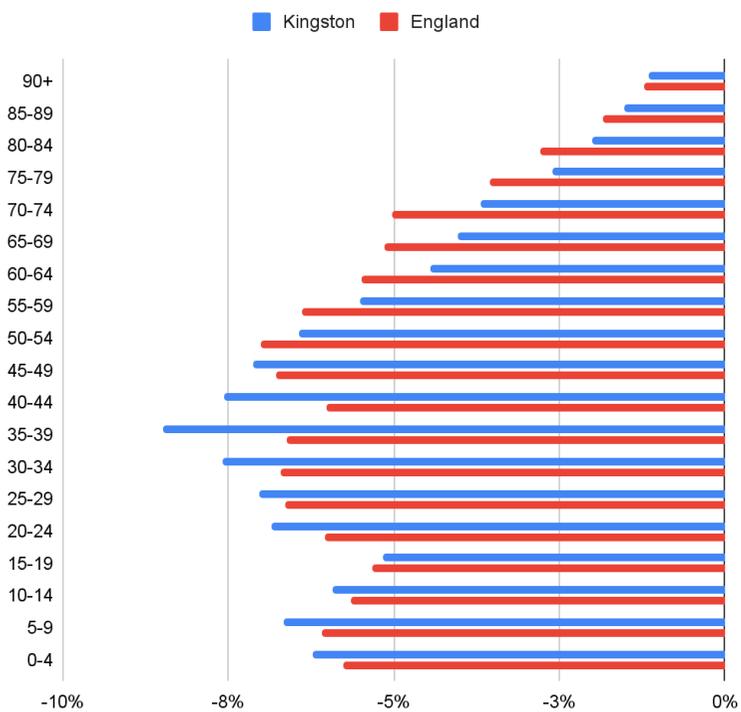
Figure 1b: Kingston's population density, 2021, by ward



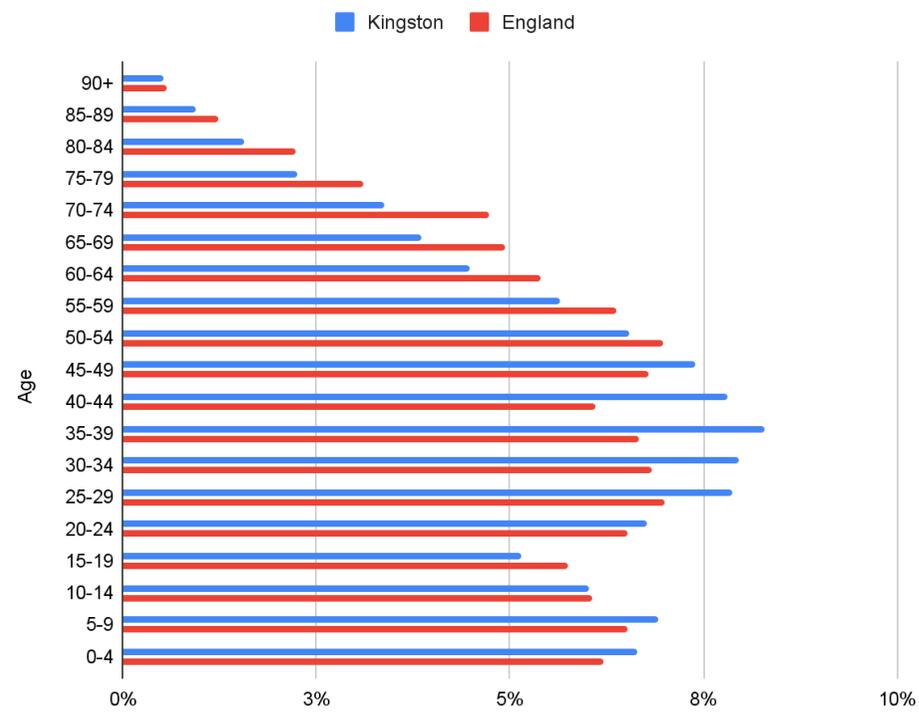
2.5.2 Age distribution

Figure 2: Age band comparison graphs for Kingston and England

Age group comparison - Kingston and England - Females



Age group comparison - Kingston and England - Males



Source: ONS 2018 five-year age band projections. 2018. www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections

As of 2021, 19.2% of the Kingston population is estimated to be aged between 0 and 15 years old, compared with 19.5% for London and 18.1% for England. People of working age (16–64 years) comprise 67% of the Kingston population, compared with 68.6% for London and 63.7% for England.

Kingston has an older demographic when compared with London (12.3%), with 14.3% in Kingston aged 65 and over. Kingston's median age is 37.4 years, compared with the London median of 35.6.²⁶ However, the overall England population of older people is higher than Kingston, at 18.2%.

2.5.3 Population growth

The population of Kingston is projected²⁷ to rise steadily in the coming years (see Figure 3), increasing to around:

- 196,800 by 2030
- 210,500 by 2040
- 218,100 by 2050

This is a projected growth of 11% to 2030 and almost one quarter (23.7%) in the next 30 years.

Figure 3: Projected Kingston population growth, 2020-50

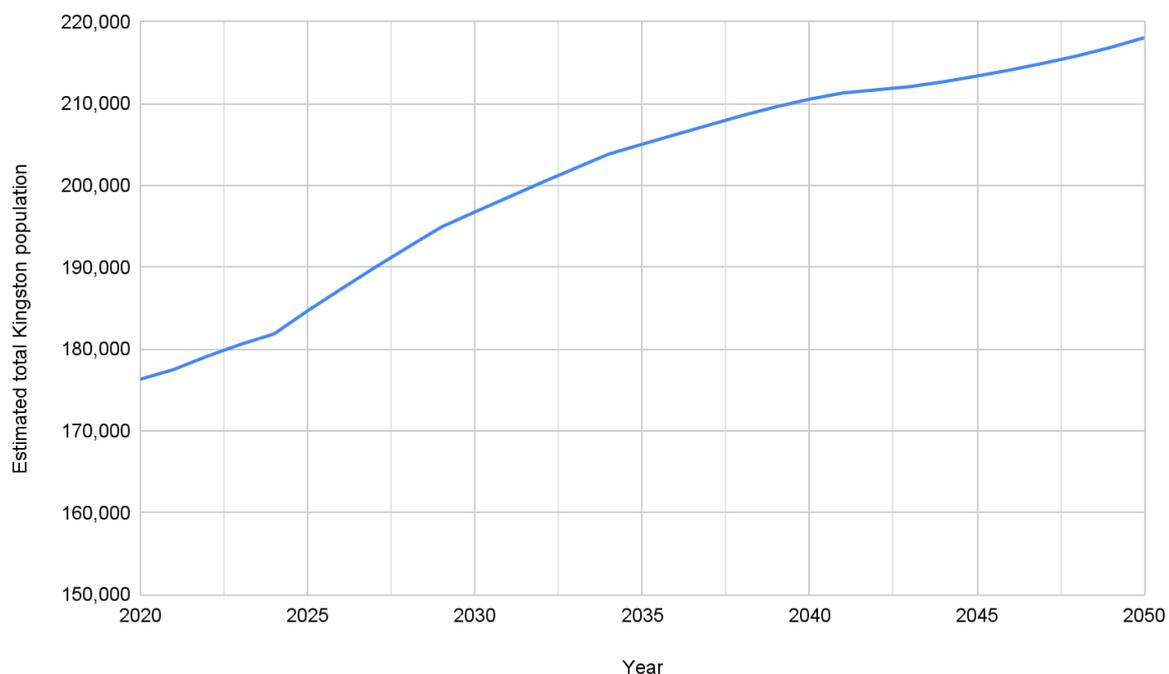


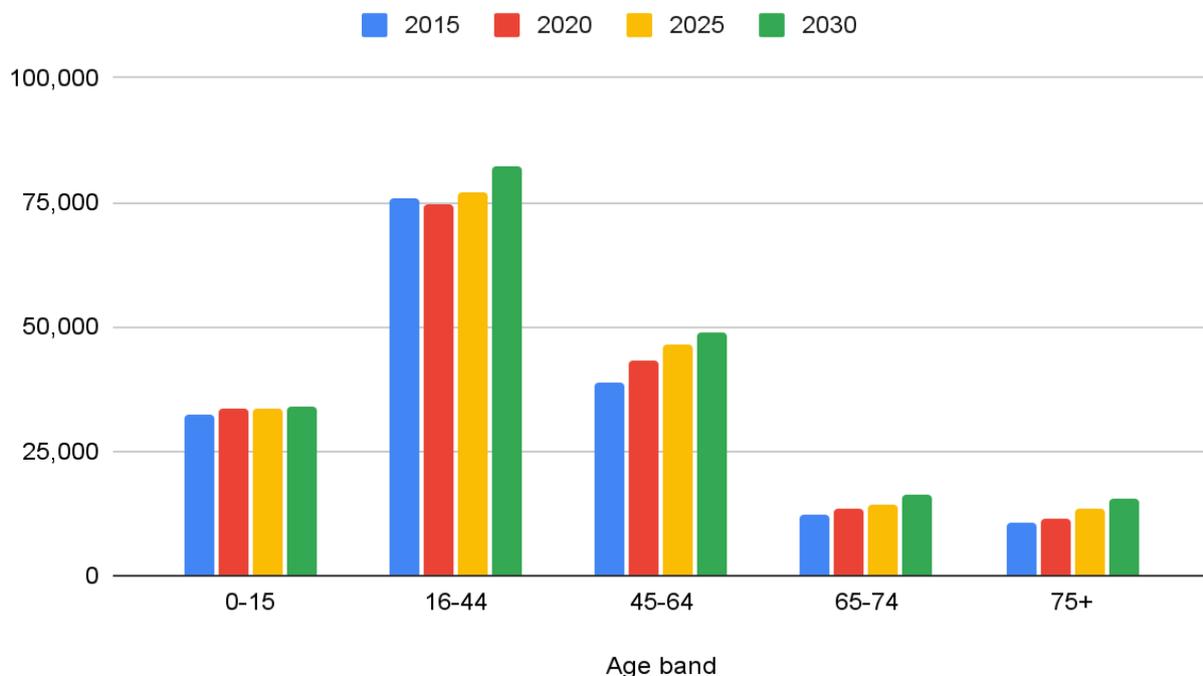
Figure 4 shows the proportions of Kingston's population broken down by age group. Since 2015 the number of residents aged 16–44 has decreased slightly, mostly among women.

²⁶ ONS. Mid-year population estimates. 2019. [Accessed October 2021]. www.ons.gov.uk/datasets/ageing-population-estimates/editions/time-series/versions/1

²⁷ GLA. Housing-led population projections, 2018 base. [Accessed October 2021]. <https://maps.london.gov.uk/population-projections/>

All other groups have risen, and all are projected to rise over the coming decade, with the biggest increase in the next ten years among people aged over 75- that group shows a 34% increase compared with the 2020 total.

Figure 4: Kingston's population projection by broad age group, 2015-30



Higher numbers 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 need. The projections show that the number of people aged 65 and over will increase by more than double the proportion of working-age residents (26% vs 11%) in the 2020s. This may mean fewer younger people in Kingston to support the larger number of older people.

2.5.4 Housing development

According to the London Strategic Housing Land Availability Assessment 2017²⁸ Kingston has the capacity to build 13,640 new homes between 2019 and 2029. If the majority of these were delivered, they would likely be sufficient to house the 20,000 forecasted new residents due in this time frame.

Kingston's Housing Pipeline,²⁹ for sites with planning permission in the borough, details 3,350 units (containing almost 6,000 beds) due to be completed in the next five years. Over half of these units are concentrated in three major developments, which gives rise to the uneven distribution through the localities (see Table4), with three times as many units planned in Kingston Town than in Malden and Coombe, for example.

²⁸ GLA. London Strategic Housing Land Availability Assessment 2017. November 2017. [Accessed October 2021.] www.london.gov.uk/sites/default/files/2017_london_strategic_housing_land_availability_assessment.pdf

²⁹ Royal Borough of Kingston, unpublished. Further details on planned development can be found at www.kingston.gov.uk/applications [Accessed 24 December 2021.]

Table 4: Ward and locality (neighbourhood) planned, permitted housing to 2026-27

Locality	Wards within the locality	Planned new units
Kingston Town	Canbury	311
Kingston Town	Grove	817
Kingston Town	Norbiton	150
Kingston Town	Tudor	6
Kingston Town	-	1,284
Malden and Coombe	Beverley	250
Malden and Coombe	Coombe Hill	39
Malden and Coombe	Coombe Vale	31
Malden and Coombe	Old Malden	11
Malden and Coombe	St James	82
Malden and Coombe	-	413
South of the Borough	Chessington North and Hook	7
South of the Borough	Chessington South	17
South of the Borough	Tolworth and Hook Rise	982
South of the Borough	-	1,006
Surbiton	Alexandra	8
Surbiton	Berrylands	215
Surbiton	St Mark's	290
Surbiton	Surbiton Hill	134
Surbiton	-	647

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, which would need to be true if the estimated 10,000 new borough residents in the next five years are all to be accommodated.

2.5.5 Increasing population and need for pharmaceutical services

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

2.5.6 GP-registered population

The former Kingston CCG area is made up of 21 GP member practices that in October 2021 served a registered patient population of 216,729. The registered population has grown by almost 8,000 people (4%) since the last PNA (March 2018), with slightly more men than women registered.

Around 20% of the GP-registered population live outside the borough and the number of registered patients with local GPs 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 5.

Table 5: Age band comparison of Kingston GP registrations and borough residents, 2021

Age group	Number of GP registrations	Number of Kingston residents	% difference of registrations compared with residents
0–4	11,150	10,601	5%
5–9	13,385	10,525	27%
10–14	11,493	10,372	11%
15–19	14,018	9,891	42%
20–24	16,261	12,061	35%
25–29	17,332	12,614	37%
30–34	17,920	13,711	31%
35–39	18,472	14,296	29%
40–44	16,767	14,039	19%
45–49	13,115	13,119	0%
50–54	15,119	11,813	28%
55–59	13,008	10,410	25%
60–64	10,143	8,669	17%
65–69	8,086	6,921	17%
70–74	7,543	6,678	13%
75–79	5,600	4,858	15%
80–84	3,536	3,343	6%
85–89	2,303	2,138	8%
90+	1,478	1,441	3%

Source: NHS Digital. Patients Registered at a GP Practice, October 2021; GLA housing-led population projections

The greatest difference between GP registrations and borough residents is in older children and younger working-age groups, with almost 25,000 more people aged 15–44 being registered with a Kingston GP than living in the borough.

Between the sexes, the largest differences in GP-registered population in Kingston (outside of very old age, where women predominate) are in the 20–24 age group, where there are 20% more women registered than men; conversely, men aged between 40 and 59 outnumber women of the same age by 11% among registrations.

2.5.7 International migration

International migration has been a significant factor in the change in population of Kingston over recent years. In 2018-19, over 2,700 overseas nationals registered for National Insurance numbers in Kingston,³⁰ with the most popular countries of origin for migrants that year being Bulgaria, Romania and Italy.

Migrant National Insurance number registration rates in the borough have been consistent over the past decade, with an average of 2,740 people per year between 2011 and 2019. However, immigration rates fell around 15% following the result of the EU referendum in 2016 (comparing 2015-16 with 2017-18 figures).

2.5.8 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 the rate of increase has slowed since 2010. Over the period 2017-19, life expectancy at birth in Kingston was 85.2 years for women and 81.8 years for men, in both cases slightly above the average for London (84.7 for women, 80.9 for men) and for England (83.4 for women, 79.8 for men).³¹ Since 2001-03, life expectancy in the borough for both sexes has risen by about four years, which is broadly in line with the equivalent figures for London and England.

Life expectancy and deprivation: Life expectancy is longer among the more affluent areas of Kingston. For the four-year period 2015-19, people living in more affluent areas can expect to live around 10% longer than those in the most deprived parts of the borough. For example, Tudor and Canbury wards (in the north-west of the borough) have some of the lowest levels of deprivation within Kingston³² life expectancy for their residents at birth averages 83.9 years for men (see Figure 5).³³ Men living in the adjacent Norbiton ward (which adjoins Canbury ward to the south), have the highest deprivation within Kingston and the lowest life expectancy at birth (76.7 years). Norbiton ward is the only one in Kingston with a lower life expectancy than the national average for men.

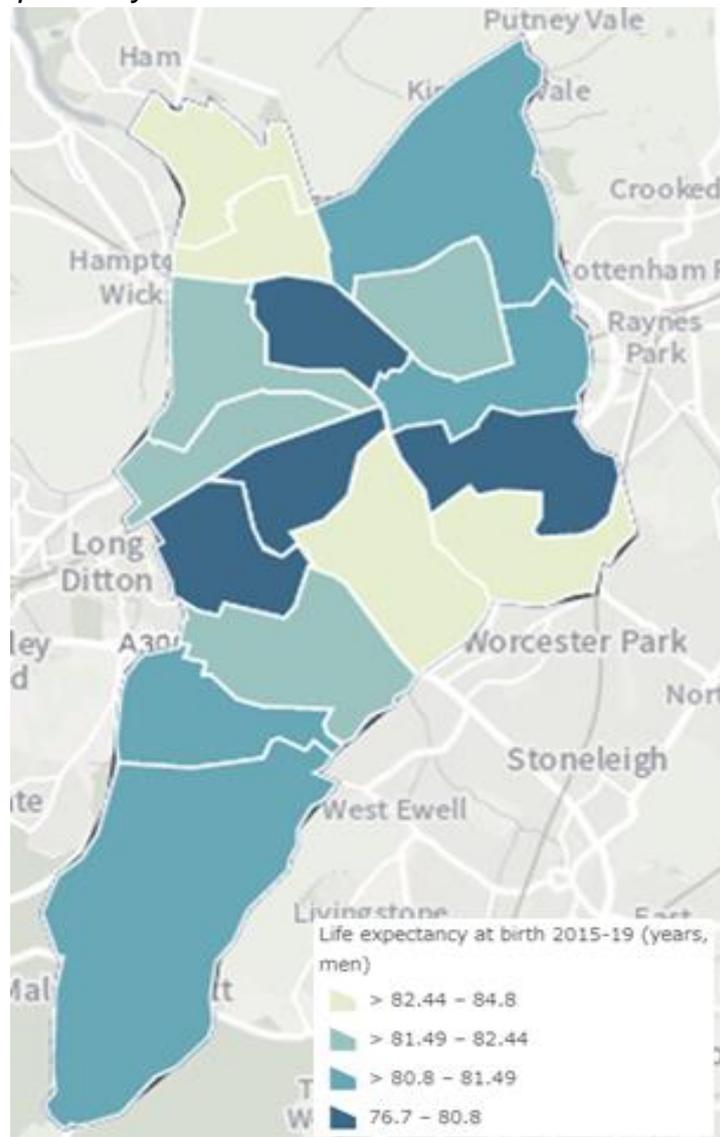
³⁰ GLA. National Insurance Number Registrations of Overseas Nationals. [Accessed October 2021.] <https://data.london.gov.uk/dataset/national-insurance-number-registrations-overseas-nationals-borough>

³¹ Office for Health Improvement and Disparities (OHID). Fingertips: Life expectancy at birth and at age 65 years by local areas [Accessed October 2021.] <https://fingertips.phe.org.uk/search/life%20expectancy#page/1/qid/1/pat/6/ati/102/are/E09000021/iid/90362/age/1/sex/1/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1>

³² National Statistics. English indices of deprivation 2019. [Accessed October 2021.] www.gov.uk/government/statistics/english-indices-of-deprivation-2019

³³ PHE. Public Health Profiles.

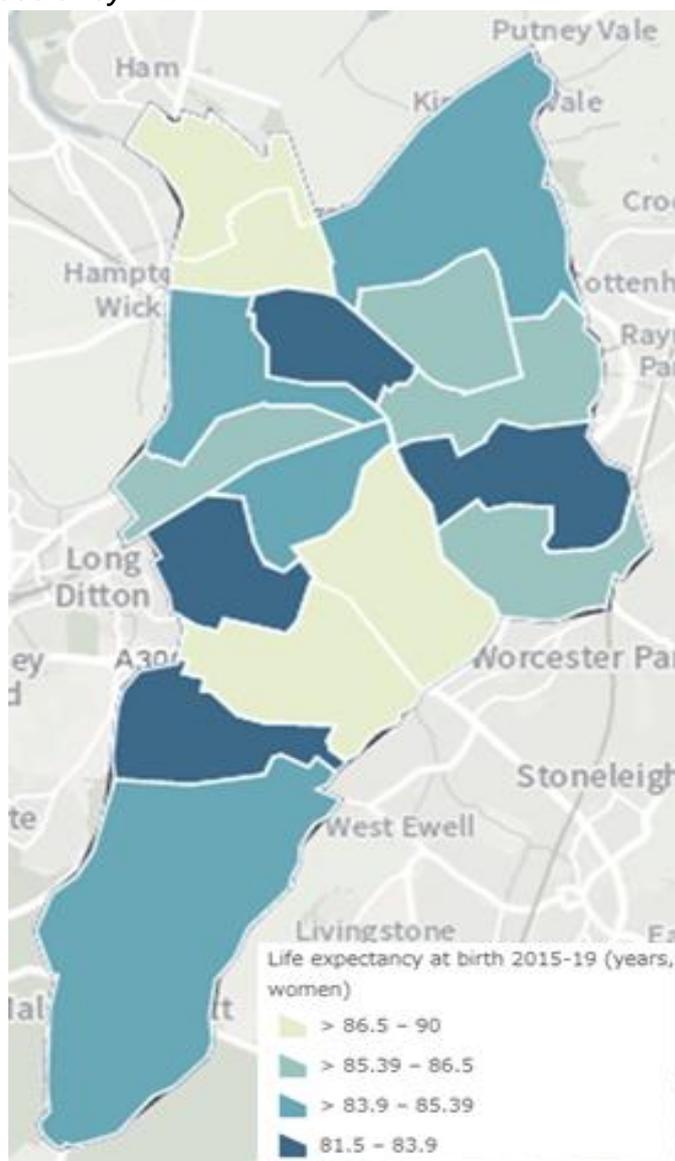
Figure 5: Life expectancy at birth in Kingston by ward, 2015-19, men. A darker shade signifies lower life expectancy



For women, the picture is very similar. Tudor and Canbury wards have among the highest female life expectancy for residents at birth, averaging 88.6 years (see Figure 6).³⁴ However, women living in Norbiton and Surbiton Hill wards have a life expectancy at birth of 81.5 years. These two wards are the only ones in Kingston with a lower life expectancy than the national average among women. The seven-year gap between these residents and their northern neighbours demonstrates the relationship between life expectancy and deprivation.

³⁴ PHE. Public Health Profiles.

Figure 6: Life expectancy at birth in Kingston by ward, 2015-19, women. A darker shade signifies lower life expectancy



2.5.8.1 Healthy Life Expectancy

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 2017-19, the HLE at birth for both males (68.5 years) and females (67.7 years) living in Kingston was significantly above the averages for London (63.5 for men, 64.0 for women) and England (63.2 for men, 63.5 for women).³⁵ However, unusually, women in Kingston have fewer years of good health than their male counterparts, which is the opposite to London and nationally.

³⁵ OHID. Fingertips: Public Health Profiles. [Accessed October 2021]. <https://fingertips.phe.org.uk/search/healthy%20life%20expectancy#page/1/gid/1/pat/6/ati/402/are/E09000021/iid/90362/age/1/sex/1/cat/-1/ctp/-1/cid/4/tbm/1>

After this age, a typical person will be living with some form of illness or disability. Additional health needs may give rise to increased health service use, including use of 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 areas. In 2009-13, Tudor ward had the lowest deprivation and highest HLE, at 71.3 for men and 71.4 for women. In contrast, Norbiton's HLE was 61.2 years for men and 62.6 years for women.³⁶

2.5.9 Specific populations

2.5.9.1 Ethnicity

The ethnic composition of Kingston was last fully captured in the 2011 census (equivalent data from the 2021 census is due for release in the summer of 2022). The population make-up of Kingston is becoming more ethnically diverse, with the ethnic minority population increasing and the White population decreasing. The White proportion of the borough decreased from 84.5% in 2001 to 74.5% in 2011,³⁷ and the proportion is estimated to have fallen to 66.4% in 2021.³⁸

In 2021, an estimated 34% of the Kingston population comes from an ethnic minority, compared with 44% for London overall.³⁹

The full Kingston ethnicity breakdown from the 2011 census, and current projected population, can be seen in Table 6.

³⁶ ONS. Data visualisation. [Accessed October 2021]. www.ons.gov.uk/visualisations/dvc479/map/index.html

³⁷ ONS. 2001/2011 Census. [Accessed October 2021]. https://www.nomisweb.co.uk/sources/census_2011

³⁸ GLA. Ethnic group population projections (2016-based, housing-led) [Accessed October 2021.] <https://data.london.gov.uk/dataset/ethnic-group-population-projections>

³⁹ *ibid.*

Table 6: Kingston ethnicity changes, 2011-2021 (estimated)

Ethnic group	Number in 2011 census	% in 2011 census	Estimated number in 2021	% change 2011-21
White: English/Welsh/Scottish/Northern Irish/British	101,015	63.1	92,187	-9%
White: Irish	2,718	1.7	2,610	-4%
White: Gypsy or Irish Traveller	95	0.1	*	49%
White: Other White	15,391	9.6	23,068*	56%
Mixed/multiple ethnic groups: White and Black Caribbean	1,238	0.8	1,558	26%
Mixed/multiple ethnic groups: White and Black African	700	0.4	880	26%
Mixed/multiple ethnic groups: White and Asian	2,500	1.6	3,468	39%
Mixed/multiple ethnic groups: Other mixed	1,831	1.1	2,904	59%
Asian/Asian British: Indian	6,325	4	8,194	30%
Asian/Asian British: Pakistani	3,009	1.9	4,174	39%
Asian/Asian British: Bangladeshi	892	0.6	1,980	122%
Asian/Asian British: Chinese	2,883	1.8	4,149	44%
Asian/Asian British: Other Asian	13,043	8.1	19,518	50%
Black/African/Caribbean/Black British: African	2,616	1.6	3,943	51%
Black/African/Caribbean/Black British: Caribbean	1,027	0.6	1,446	41%
Black/African/Caribbean/Black British: Other Black	378	0.2	571	51%
Other Arab	2,439	1.5	4,164	71%
Other Any other ethnic group	1,960	1.2	2,688	37%
Total	160,060	100	177,500	11%

* these categories are combined in the GLA data

In absolute terms, the largest ethnic minorities in Kingston are the groups categorised as 'Other Asian', Indian and Pakistani. Kingston has a sizable Korean population, particularly in the Malden and Coombe 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 Bangladeshi, Arab and 'Other Mixed'. Projecting further ahead, by 2031

it is expected that 37% of the Kingston population will be made up of ethnic minorities, compared with 46% in Greater London.

2.5.9.2 Languages

The 2011 census reports that 83.6% 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 Polish.

At ward level, the parts of Kingston with fewest English speakers at home are in the east of the borough, with almost a quarter of residents in St James and Coombe Hill having a different primary language. The south of the borough around Chessington has the fewest such residents, with over 90% of residents speaking English at home.

2.5.9.3 Religion

The 2011 census data on religion shows that while 57% of the borough's population who answered the question identified as Christian, this ranges from 50% in Grove ward to 66% in Chessington North and Hook.

In terms of other religions, the only faiths with over 10% of respondents in a ward are Islam, with St James and Coombe Hill both meeting this figure, and Hinduism in St James. Other figures show a similar pattern to language, with areas in the east of the borough being more religiously diverse, and those in the south less so.

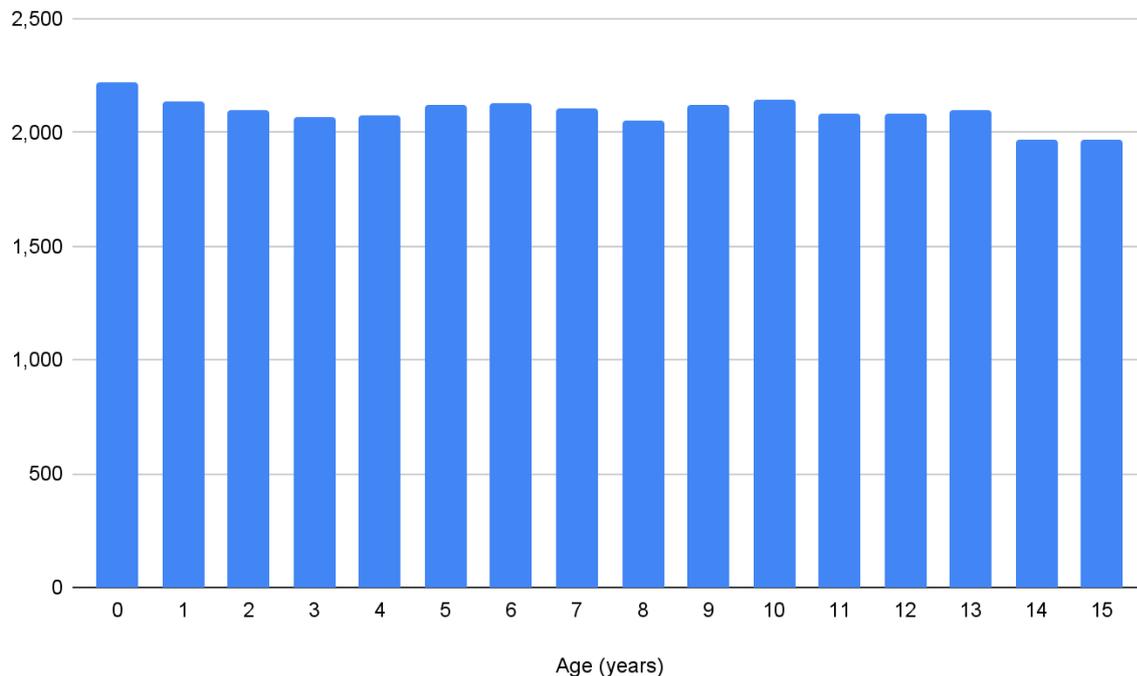
2.5.9.4 Children

Demography

There are around 41,000 children and young people aged under 20 currently living in Kingston. Children and young people make up 23% of the population.⁴⁰ The estimated number of children of each single year of age can be seen in Figure 7.

⁴⁰ GLA. Housing-led population projections, 2018 base. [Accessed October 2021.] <https://maps.london.gov.uk/population-projections/>

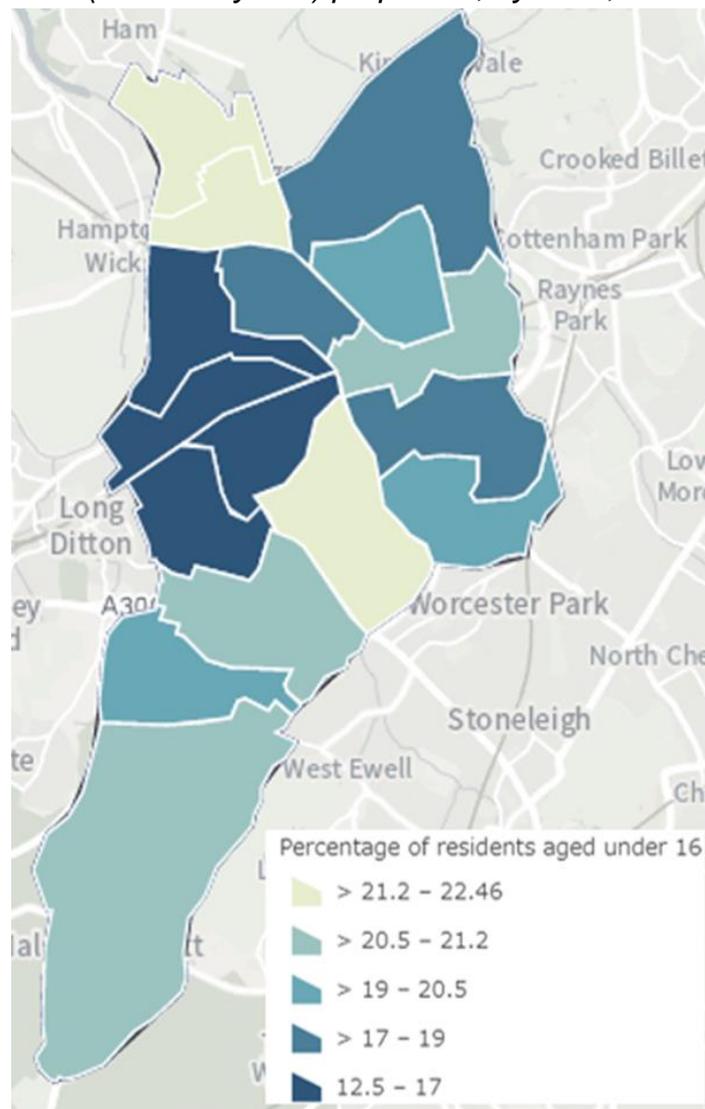
Figure 7: Kingston's child (under 16 years) population, by single year of age, 2021 estimate



The number of children is fairly constant across the year groups, with slightly more in the youngest age groups. Kingston's total under-16 population is expected to grow by around 600 individuals over the next decade, which would be a 2% rise, lower than projected increases for older age groups.

At ward level, the areas of Kingston with the lowest proportion of child residents (aged under 16) are clustered in the west of the borough (see Figure 8), with the range at ward level running from 12.5% of residents in Grove ward, to 22.5% in Canbury.

Figure 8: Kingston's child (under 16 years) proportion, by ward, 2021 estimate



According to the 2011 Census, one third (33%) of Kingston's child population is from a minority ethnic group.⁴¹ At ward level, Chessington South has the lowest proportion of children from a minority ethnic group at 13%, St James has the highest (41%).

Health and wellbeing of children and young people

Children and young people living in Kingston have a mixed picture with regard to health and wellbeing, when compared with London and England averages.⁴² The number of children living in absolute low-income families is small, at 8% (around 2,900 children) in 2019-20, compared with the London average of almost 15%. Overall, educational attainment is better in Kingston than in most other London boroughs (in 2018-19), 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 the second lowest in London (2018-19), only

⁴¹ ONS. Census table DC2101EW. [Accessed October 2021] www.nomisweb.co.uk/census/2011/dc2101ew.

⁴² All references in this section taken from OHID Fingertips: Child and Maternal Health profile. [Accessed October 2021]. <https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1>

56% achieving a good level of development at the end of Reception, and 65% with a satisfactory phonics test score in Year 1.⁴³ At Key Stage 4, the average attainment score for looked-after children in Kingston is among the lowest in London.⁴⁴

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-5s, oral health measures (in 2018-19), and overweight and obesity levels in Reception and Year 6 pupils (in 2019-20) were all among the lowest (best) in London.

However, the picture of health for children is also mixed. Kingston's infant mortality rate for 2017-19 was the third highest of any London borough, and higher than the national average. At the same time, overall child (age 1–17) mortality for the same period was lower than the London average. However, there are differences within the borough for these measures. For example, A&E attendance is 40% higher for under-5s living in Norbiton ward (more deprived) than Tudor (less deprived), and Norbiton ward also has the highest emergency admission rate for under-5s in Kingston (2015-16 to 2019-20).⁴⁵

For older children, however, the health picture is less certain. Kingston has the highest rate in London for hospital admissions as a result of self-harm in 10-to-24-year-olds, and the highest rate of admissions as a result of injury in 15-24-year-olds (in 2019-20), particularly in relatively deprived wards, with Chessington North and Hook, Chessington South and Norbiton wards having among the highest rates of injury admission, these rates are rising.

Admission for alcohol-related reasons in young people are also high compared with London, however substance misuse, smoking and childhood pregnancy levels are lower than the London averages.

⁴³ OHID. Fingertips: Education profile. [Accessed 4 October 2021.] <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>

⁴⁴ OHID. Fingertips: Child and Maternal Health profile. [Accessed 14 December 2021.] <https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/3/gid/1938133228/pat/6/par/E12000007/ati/302/are/E09000021/iid/93381/age/175/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

⁴⁵ OHID. Local Health Tool. [Accessed 14 December 2021.] www.localhealth.org.uk/-bbox=508003,172512,20737,12032&c=indicator&i=t2.inj_v&selcoggeo=E05000409&view=map8

Figure 9: Summary of Kingston’s child health indicators⁴⁶

Indicator	Period	Kingston uT		Region England				England	
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Infant mortality rate	2017 - 19	→	27	4.4	3.4	3.9	7.5		2.0
Child mortality rate (1-17 years)	2017 - 19	→	10	9.5	10.6	10.8	25.7		5.7
Population vaccination coverage - MMR for one dose (2 years old)	2019/20	↓	2,098	87.0%	83.8%	90.6%	77.1%		97.6%
Population vaccination coverage - Dtap / IPV / Hib (2 years old)	2019/20	↓	2,221	92.1%	90.1%	93.8%	80.1%		98.7%
Children in care immunisations	2020	→	63	80.6%	79.7%	87.8%	34.5%		100%
School readiness: percentage of children achieving a good level of development at the end of Reception	2018/19	→	1,508	75.9%	74.1%	71.6%	63.1%		80.6%
Average Attainment 8 score	2019/20	→	90,765	56.9	53.4	50.2	42.9		60.0
Average Attainment 8 score of children in care	2019	→	-	24.2	20.3	19.2	10.6		28.1
16-17 year olds not in education, employment or training (NEET) or whose activity is not known	2019	→	60	2.1%	4.2%	5.5%	15.0%		1.5%
First time entrants to the youth justice system	2019	→	30	190.0	260.2	208.0	845.9		62.2
Children in absolute low income families (under 16s)	2019/20	→	2,872	8.0%	14.6%	15.6%	33.4%		5.4%
Children in relative low income families (under 16s)	2019/20	↑	3,533	9.6%	18.3%	19.1%	38.6%		6.9%
Homelessness - households with dependent children owed a duty under the Homelessness Reduction Act	2019/20	→	-	*	18.7	14.9	31.2		4.7
Children in care	2020	→	125	32	49	67	223		24
Children killed and seriously injured (KSI) on England's roads	2017 - 19	→	6	5.6	12.7	18.0	50.4		3.1
Low birth weight of term babies	2019	→	55	3.06%	3.20%	2.90%	5.16%		1.29%
Reception: Prevalence of obesity (including severe obesity)	2019/20	→	70	7.5%*	10.0%	9.9%	14.6%		4.7%
Year 6: Prevalence of obesity (including severe obesity)	2019/20	→	170	18.6%*	23.7%	21.0%	30.1%		11.1%
Percentage of 5 year olds with experience of visually obvious dental decay	2018/19	→	-	22.0%	27.0%	23.4%	50.9%		8.7%
Hospital admissions for dental caries (0-5 years)	2017/18 - 19/20	→	135	329.6	371.0	288.2	11.1		1,298.5
Under 18s conception rate / 1,000	2018	→	21	7.9	13.9	16.7	39.4		3.6
Teenage mothers	2019/20	→	-	*	0.4%	0.7%	2.3%		0.2%
Admission episodes for alcohol-specific conditions - Under 18s	2017/18 - 19/20	→	25	21.4	15.4	30.7	111.5		7.7
Hospital admissions due to substance misuse (15-24 years)	2017/18 - 19/20	→	35	51.9	55.6	84.7	259.8		33.2
Smoking status at time of delivery	2019/20	→	64	3.9%	4.8%*	10.4%	23.1%		2.1%
Baby's first feed breastmilk	2018/19	→	1,565	81.7%	76.3%	67.4%	43.6%		98.7%
Breastfeeding prevalence at 6-8 weeks after birth - current method	2019/20	→	1,435	75.1%	*	48.0%*	-	Insufficient number of values for a spine chart	-
A&E attendances (0-4 years)	2018/19	↑	7,370	652.7	755.2	655.3	1,917.4		126.3
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	2019/20	↓	250	73.6	67.3	91.2	153.1		48.5
Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)	2019/20	↑	295	139.0	94.8	132.1	269.9		65.1
Hospital admissions for asthma (under 19 years)	2019/20	↑	85	205.4	167.6	160.7	405.2		68.4
Hospital admissions for mental health conditions (<18 yrs)	2019/20	→	30	75.9	64.5	89.5	249.7		26.3
Hospital admissions as a result of self-harm (10-24 years)	2019/20	↑	130	423.1	191.7	439.2	1,105.4		126.2

Source: Public Health England (PHE) Fingertips

2.5.9.5 Child immunisations

Immunisation levels in Kingston are below the 95% herd immunity target level deemed necessary to protect the whole population. However, this is the case for the vast majority of local authorities throughout England,⁴⁷ and particularly in London, which has traditionally

⁴⁶ OHID. Fingertips: Child and Maternal Health profile. [Accessed 14 December 2021]. <https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/ati/302/are/E09000021>

⁴⁷ NHS Digital. Childhood Vaccination Coverage Statistics 2020-21. [Accessed October 2021]. <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-immunisation-statistics/england---2020-21>

always had lower uptake than other parts of the country. Kingston's immunisation levels are above the London average in all categories.

Table 7 shows the range of uptake across the childhood immunisations for Kingston in 2020-21. Pertussis is the lowest, with only three-quarters of eligible 5-year-olds immunised that year, up to the highest being DTaP/IPV/Hib/HepB, with 91.3% of infants vaccinated at age 1, and 93% by age 5. Overall, immunisation levels have been decreasing across all geographies in the past few years, although the MMR dose 1 level in Kingston, at over 90%, is the highest for several years, and one of the highest in London. The COVID-19 pandemic also had a major and very large negative impact on child vaccinations over 2020-21, with many in-school vaccination campaigns postponed and access to health services limited at times.

Table 7: Childhood immunisation levels in 2020-21 (% uptake), from NHS Digital

Age group	Vaccine	Kingston	London	England
1 year	DTaP/IPV/Hib/HepB	91.3	86.7	92
1 year	Rotavirus	90.5	85.1	90.2
1 year	MenB	90.2	86.6	92.1
2 years	DTaP/IPV/Hib/HepB	91.6	89.4	93.8
2 years	MMR	86.5	82.4	90.3
2 years	Hib/MenC booster	86.6	82.2	90.2
2 years	PCV booster	86.5	81.1	90.1
2 years	MenB booster	84.9	80.3	89
5 years	DTaP/IPV/Hib	93	91.2	95.2
5 years	Pertussis	74.2	72.6	85.3
5 years	MMR dose 1	90.5	88.8	94.3
5 years	MMR dose 1 and 2	76.4	75.1	86.6
5 years	Hib/MenC booster	88.4	86.7	92.3

2.5.9.6 Children in care

In 2020, 125 children in Kingston were in the care of Kingston Council,⁴⁸ which is about 1 in every 300 children in the borough. This proportion has remained stable over the past decade and is one of the lowest in London and far below the national rate.

Table 8: Children in care in 2020 (rate per 10,000), from the Department for Education (DfE)

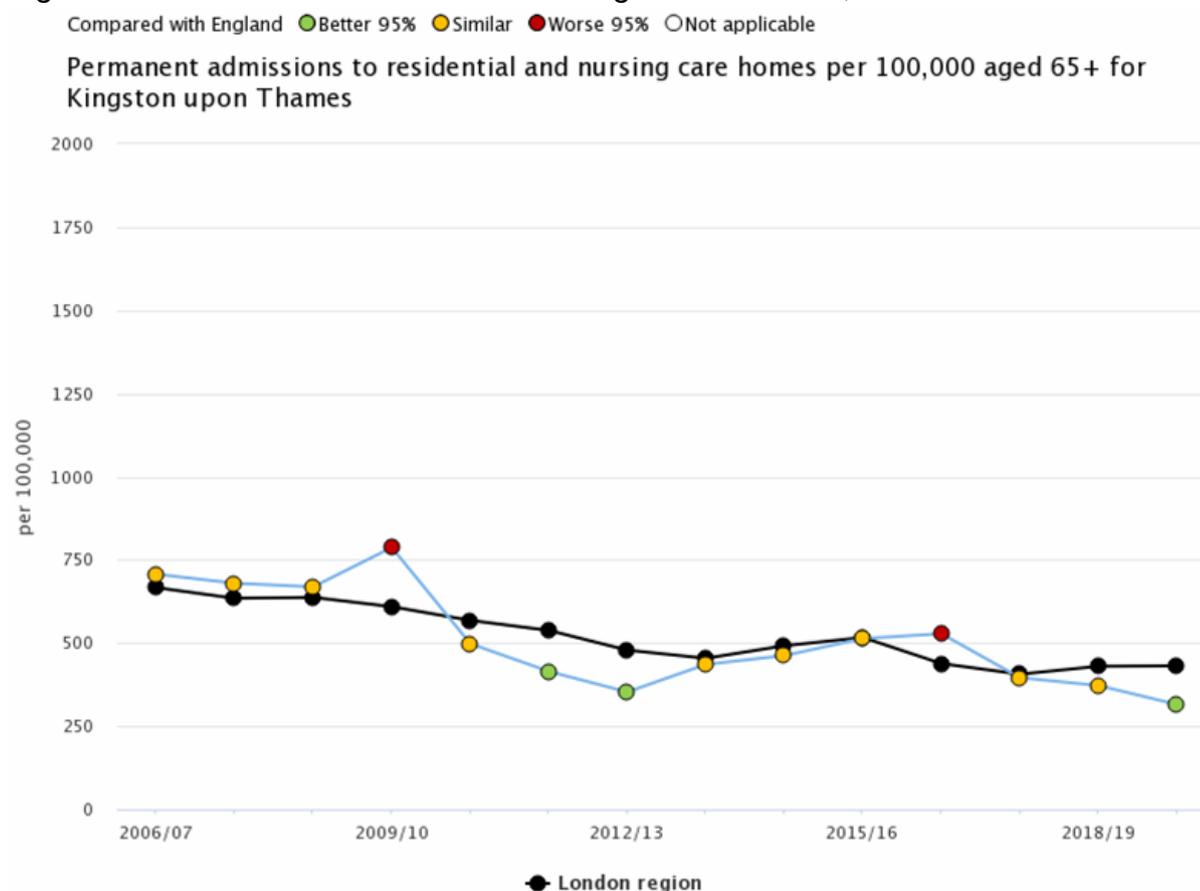
Kingston	London	England
32	49	67

⁴⁸ DfE. Statistics: looked-after children 2020, via OHID fingertips. [Accessed October 2021.] <https://fingertips.phe.org.uk/search/looked#page/3/gid/1938132831/pat/6/par/E12000007/ati/102/are/E09000021/iid/90803/age/173/sex/4/cat/-1/ctp/-1/cid/4/tbm/1/page-options/car-do-0>

2.5.9.7 Adults in residential and nursing care

The rate of admission to permanent residential or nursing care for people aged over 65 in Kingston is one of the lowest in London (in 2019-20) and has decreased in recent years (see Figure 10).

Figure 10: Admissions to care homes for ages 65 and over, 2006/07-2019/20



Source: PHE Fingertips via NHS Digital

In the year to 31 March 2020 the number of people accessing long-term support for more than 12 months is 1,070.⁴⁹

2.5.9.8 Older people

Around 23,500 people aged 65 and over live in Kingston,⁵⁰ which is 14.3% of the total population. This is higher than the overall London figure of 12.3% and is predicted to rise to 16% over the next decade. This would mean an extra 6,000 residents aged 65 and over by 2031. Kingston has around 3,500 residents aged 85 years and over. This is set to rise by one-third to a total of almost 4,700 by 2031.

At ward level, there is a general east-west gradient, with increasing numbers of older residents on the eastern side of the borough. St James and Old Malden have the highest

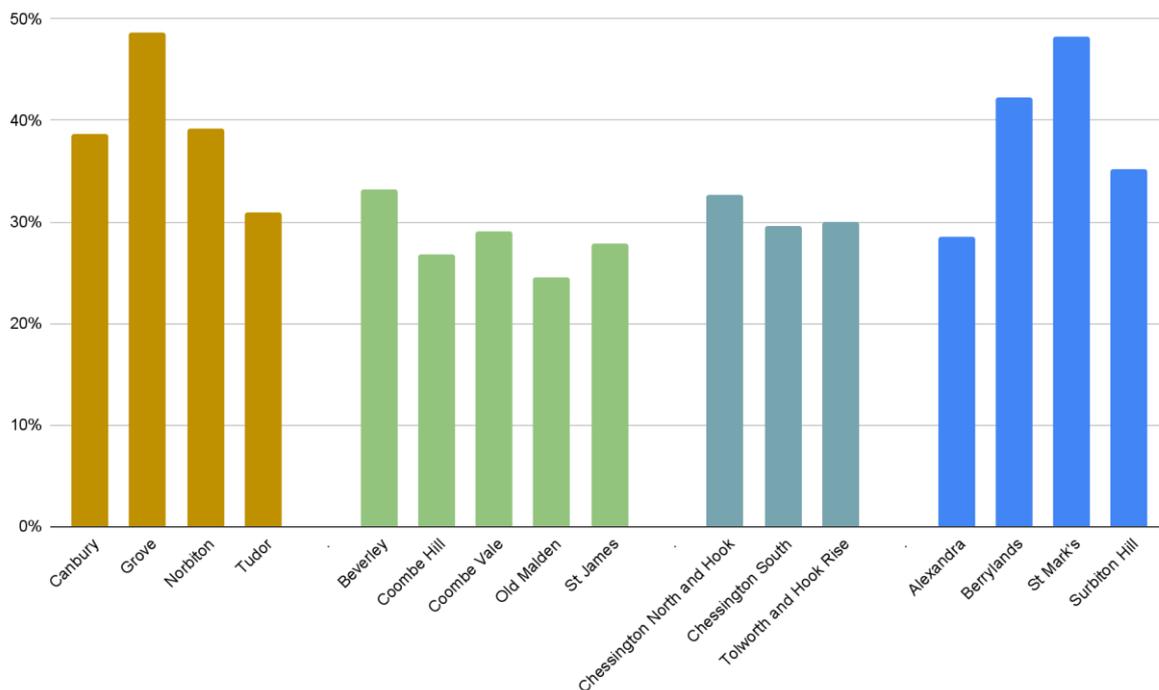
⁴⁹ NHS Digital. Short and Long-term Care Report (SALT) 2019-20, via ASCOF. [Accessed November 2021.] <https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report>

⁵⁰ GLA. Housing-led population projections, 2018 base [Accessed October 2021.] <https://maps.london.gov.uk/population-projections/>

proportion of older residents, with around 20% aged 65 and over. St Mark's and Canbury have the smallest proportion of residents 65 and over, at 9%.

The 2011 census reported almost 7,000 older residents living alone in Kingston,⁵¹ and this number is very likely to have risen in the intervening decade. Factoring in the population at that time, almost half of older residents in some wards lived alone (see Figure 11)

Figure 11: Older residents living alone in Kingston (2011), by ward, grouped into locality



Source: ONS via nomisweb.co.uk

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.

Care services

The proportion of older people accessing long-term support (in 2019-20) across London boroughs ranges from 4 to 12% of the 65+ population.⁵² Kingston's figure is 4.7%, at the lower end of the scale. The level of support needed in the younger adult population (age 18–64) is much less, with only 0.6% (1 in 165) of younger residents receiving support.

Table 9 shows the type of support needed by people aged 65 and over. Personal care support is by far the most common need, accounting for two-thirds of all care needs.

⁵¹ ONS. Census 2011 table KS105EW. [Accessed November 2021]. www.nomisweb.co.uk/census/2011/ks105ew

⁵² NHS Digital. Short and Long-term Care Report (SALT) 2019-20, via ASCOF. [Accessed November 2021]. <https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report>

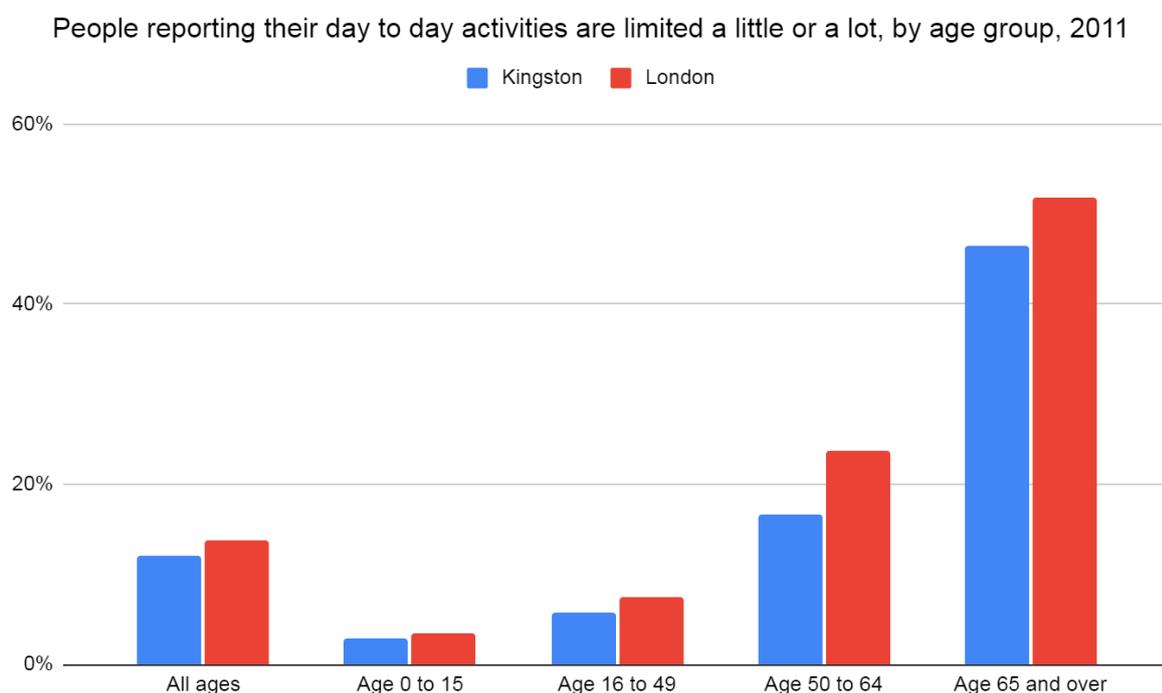
Table 9: Number of clients aged 65 and over accessing long-term support at the end of 2019-20, by primary support reason

Type of support needed	Number of clients
Physical support – personal care support	470
Physical support – access and mobility	65
Sensory support	(under 10)
Support with memory and cognition	70
Learning disability support	45
Mental health support	80
Social support	(under 10)

Source: NHS Digital

2.5.9.9 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 with the London average, in 2011 12% of Kingston residents reported some limitations with their day-to-day activities. This figure rises to almost half of residents aged 65 or over (see Figure 12) reporting some limitations with their day-to-day activities.

Figure 12: Residents reporting limitations in their day-to-day activities

Source: ONS Census 2011

At ward level, the proportion of residents with a disability varies from 9% (1,100 people) in Canbury to almost 16% (1,400 people) in St James. As would be expected, the rates of disability closely align with increasing age of the 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 10.

Table 10: Number of Kingston residents with disabilities, by age group

Disability type	Measure	Age	Number	Source
Physical disability	Physical disability SEN	5–16	93	DfE SEN data 2020-21 ⁵³
Physical disability	Moderate or serious physical disability	18–64	12,649	PANSI 2020 – estimate ⁵⁴
Physical disability	Moderate to serious personal care disability	18–64	7,355	PANSI 2020 – estimate
Learning disability	Autism spectrum	0–16	642	DfE SEN data 2020-21
Learning disability	Moderate disability	0–16	895	DfE SEN data 2020-21
Learning disability	Severe/profound disability	0–16	133	DfE SEN data 2020-21
Learning disability	GP learning disability register	All ages	704	NHS Digital, QOF 2020-21 ⁵⁵
Learning disability	Predicted to have a learning disability	18–64	2,760	PANSI 2020 – estimate
Visual disability	Children reported with SEN visual impairment	Under 16	20	DfE SEN data 2020-21
Visual disability	Predicted to have serious visual impairment	18–64	73	PANSI 2020 – estimate
Visual disability	Blind or partially sighted	65+	3,650	RNIB 2019 – estimate ⁵⁶
Hearing disability	Children recorded with SEN hearing impairment	Under 16	60	DfE SEN data 2020-21
Hearing disability	Predicted to have some hearing loss	18–64	9,934	PANSI 2020 – estimate
Hearing disability	Predicted to have severe hearing loss	18–64	619	PANSI 2020 – estimate
Hearing disability	Predicted to have some hearing loss	65+	15,301	POPPI 2020 – estimate
Hearing disability	Predicted to have severe hearing loss	65+	2,024	POPPI 2020 – estimate

⁵³ DfE. Statistics: special educational needs (SEN) [Accessed November 2021.] www.gov.uk/government/collections/statistics-special-educational-needs-sen

⁵⁴ Projecting Adult Needs and Service Information (PANSI). [Accessed November 2021.] www.pansi.org.uk/index.php?pageNo=395&sc=1&loc=8353&np=1

⁵⁵ NHS Digital. Quality and Outcomes Framework. [Accessed November 2021.] <https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data>

⁵⁶ RNIB. Sight Loss Data Tool. [Accessed November 2021.] www.rnib.org.uk/professionals/knowledge-and-research-hub/key-information-and-statistics/sight-loss-data-tool

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 500 adults under 65 with impaired mobility over the same timeframe.

2.5.9.9 Maternity

In 2019, Kingston residents gave birth to 1,946 babies,⁵⁷ which is a General Fertility Rate (GFR) of 51.3 live births – so just over 1 in 20 women aged 15–44 gave birth that year. Kingston’s GFR is below the London average: another 250 births would be needed to come up to London overall. Birth rates across the capital have been falling in recent years, with Kingston seeing a 17% decrease in GFR since 2010, compared with London’s 13% drop.

One-quarter of Kingston’s births were to mothers from ethnic minority groups, which is lower than the London average (40%).

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 (2016-18), low birth weight (2018) and stillbirth (2017-19) have Kingston as the lowest or second lowest borough in London.

2.5.9.10 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 certain conditions than the rest of the population. For example, data shows that homeless people are six times more likely to have heart disease, 12 times more likely to have epilepsy and nine times more likely to commit suicide.⁵⁸

The number of people registered as statutorily homeless in Kingston has been fairly stable, with 190 people in 2017-18 being the most recently published total.⁵⁹ This is about two-thirds of the London average. Of these 190 people, around half were from an ethnic minority background, which is an over-representation of these ethnicities given their prevalence in Kingston’s total population. 706 households were in temporary accommodation in Kingston in 2017-18, which is low for London. However, numbers of households in temporary accommodation are rising in Kingston, having grown by over 200 households in the past five years.

⁵⁷ OHID. Fingertips: Child and Maternal Health Profiles. [Accessed November 2021.] <https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/gid/1938133222>

⁵⁸ Queen’s Nursing Institute. Facts about Homelessness and Health. [Accessed November 2021.] www.qni.org.uk/nursing-in-the-community/homeless-health-programme/facts-homelessness-health/-_ftn6

⁵⁹ Ministry of Housing, Communities and Local Government (MHCLG). Homelessness provision by borough. [Accessed November 2021]. <https://data.london.gov.uk/dataset/homelessness>

Rough sleeping in the borough is estimated using a single night's snapshot count. For 2020, this figure was 14 people,⁶⁰ which is slightly lower than in 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 outside the UK.

2.5.9.11 Daytime population

Kingston's 'daytime population' is an estimate of how many people are in the borough during a standard work-day 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 work-day commuting, the 2011 census reported that more than 45,000 people leave the borough to go to work,⁶¹ and 36,000 arrive, giving a net loss of over 9,000 people during working hours.

The most recent overall estimate of daytime population was undertaken in 2014, attempting to encompass all adults, both working and non-working, school children, visitors to the borough and tourists (see Table 11).

Table 11: Kingston's estimated daytime population, 2014

Population group	Number of people
Total daytime population (includes tourists)	166,161
Workday population (excludes tourists)	149,874
In work (employee)	58,592
In work (self-employed)	10,666
Not in work	44,656
Population aged 0–4	11,359
School children aged 5 or over	24,601
Overseas staying visitors	4,132
Domestic staying visitors	1,173
Day-trip visitors	10,982

⁶⁰ MHCLG. Rough sleeping snapshot in England: autumn 2020. February 2021. [Accessed November 2021.] www.gov.uk/government/statistics/rough-sleeping-snapshot-in-england-autumn-2020/rough-sleeping-snapshot-in-england-autumn-2020

⁶¹ ONS. Census 2011 table WU03UK. [Accessed November 2021.] <https://www.nomisweb.co.uk/census/2011/WU03UK/chart/1132462392>

Comparing the estimated weekday total (166,161) to the GLA overall residential population estimate of the same year (168,903), the weekday total population is almost 3,000 (1.6%) smaller. Applying the same proportional reduction to the current population estimate would give a 2021 weekday population of 174,618, although this assumes that work and school patterns have not changed significantly over the past seven years.

2.5.9.12 Gypsies and Travellers

In the 2011 census, 95 Kingston residents gave their ethnicity as Gypsy or Irish Traveller, which is 0.06% of the resident population, living mostly in the south of the borough.

2.5.9.13 Housebound population

There can be many reasons why people are unable to leave their home, 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 around 11,000 people in Kingston (in 2020) with mobility impairments.⁶² This figure is set to rise by 2,000 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 study⁶³ gives the proportion of housebound people nationally as 3.5% of over-65s (including 20% of over-85s) using a narrow definition of housebound-ness. 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 1,100.

2.5.10 Deprivation

Deprivation is measured and quantified using the IMD,⁶⁴ which scores each small area⁶⁵ 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%)

⁶² POPPI / PANSI. [Accessed November 2021.] www.poppi.org.uk/index.php?pageNo=342&sc=1&loc=8353&np=1
www.pansi.org.uk/index.php?pageNo=395&sc=1&loc=8353&np=1

⁶³ Lindsay J and Thompson C. Housebound elderly people: Definition, prevalence and characteristics. *Geriatric Psych.* 1993; 8(3), 231-37 <https://onlinelibrary.wiley.com/doi/abs/10.1002/gps.930080306>

⁶⁴ MHCLG. English indices of deprivation 2019. [Accessed November 2021.] www.gov.uk/government/statistics/english-indices-of-deprivation-2019

⁶⁵ Lower Layer Super Output Area (LSOA) – a small geographical area defined by the ONS, usually with 1,500–2,000 residents. Kingston has 98 LSOAs, and there are 32,844 in England.

- 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 and was ranked the 48th least deprived local authority (out of 317) in England in 2019, and the second least deprived local authority in London. Regarding the individual domains, 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 least deprived nationally.

In the previous IMD rankings, in 2015, Kingston was the 40th least deprived local authority in the country, so has become relatively more deprived over the intervening years.

The 32,844 small 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 12.

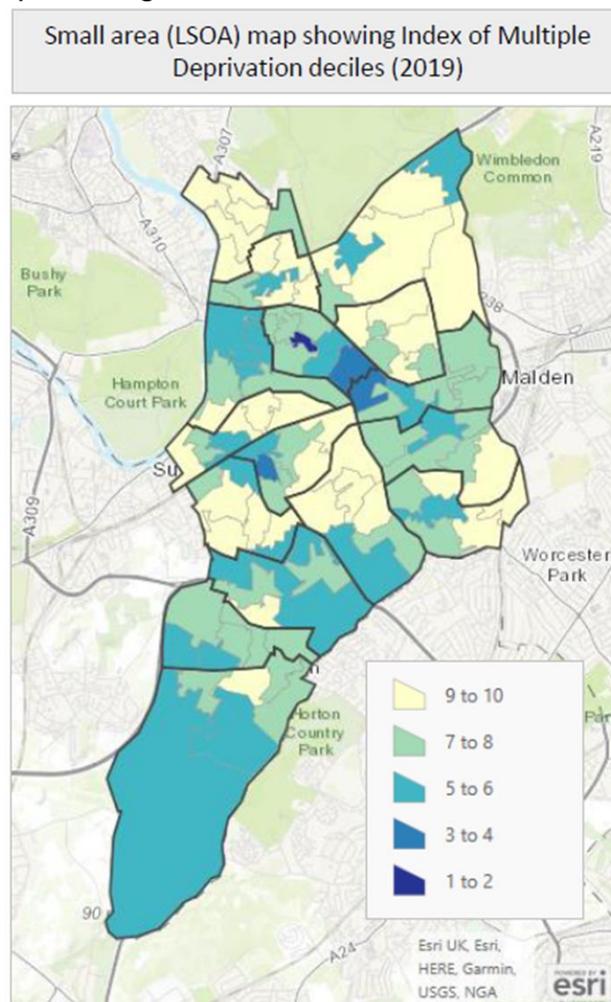
Table 12: IMD 2019 summary for Kingston's LSOAs

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
2	1	1%	1%	1,901
3	2	2%	3%	3,867
4	1	1%	4%	1,553
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

(N.B. no LSOAs in Kingston are in IMD decile 1)

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

Figure 13: 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 Beverley wards. The least deprived wards in Kingston are Tudor and Coombe Vale.

2.6 Health profiles

2.6.1 Causes of ill health

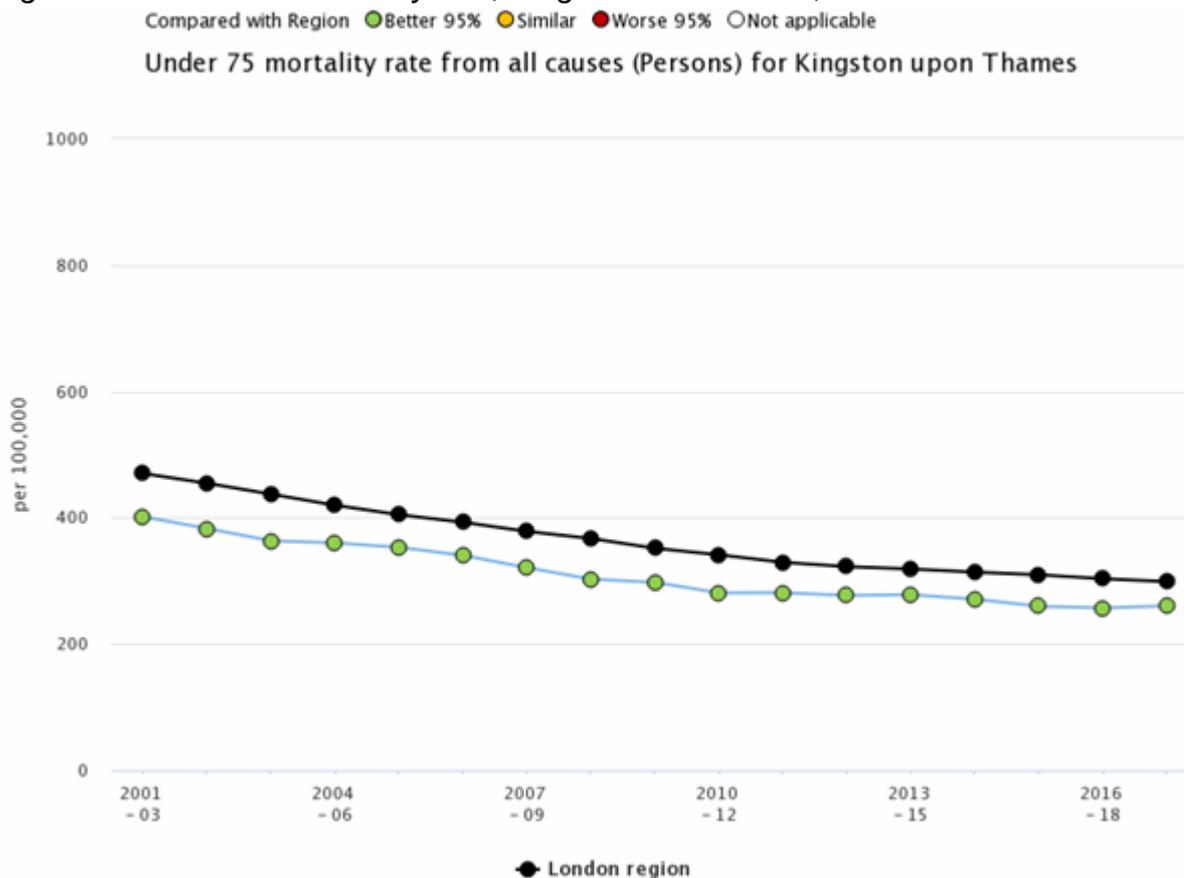
Deaths among those aged under 75 years, known as premature deaths, are an important public health indicator, with many of these premature deaths in Kingston preventable. From 2017-19, almost half of residents in the most deprived areas of Kingston who died were aged under 75, compared with just over a quarter of residents in the least deprived parts.⁶⁶

Rates of premature death in Kingston are below the London average.⁶⁷ Figure 14 shows the recent trend, down 30% in the borough in the past 15 years (2017-19 compared with 2002-04).

⁶⁶ NHS Digital. Primary Care Mortality Database. unpublished.

⁶⁷ OHID. Fingertips: Mortality Data [Accessed November 2021]. <https://fingertips.phe.org.uk/search/mortality%20all%20cause#page/4/gid/1/pat/6/par/E12000007/ati/102/are/E09000021/iid/108/age/163/sex/4/cat/-1/ctp/-1/yr/3/cid/1/tbm/1>

Figure 14: Premature mortality rate, Kingston and London, 2001/03-2017/19



Nevertheless, almost 1,000 Kingston residents aged under 75 died in the three years from 2017 to 2019. Three-fifths of the premature deaths were in men, which is a similar proportion to London and England.

Leading causes of death among those aged under 75 (in 2020) were:

- Cancer (46%)
- Diseases of the circulatory system (24%)
- External causes (accidents, misadventure, suicide) (11%)⁶⁸

Standardised Mortality Ratios (SMRs) 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.

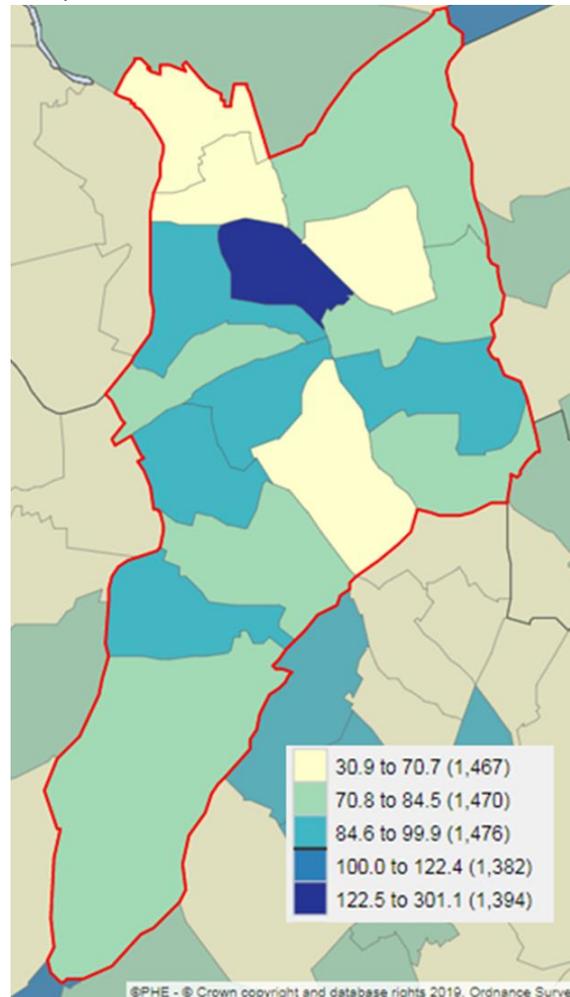
Kingston's overall figure (for 2015-19) is 79.1.⁶⁹ However, wide differences can be seen at ward level, with a range of 54.1 to 128.7 (see Figure 15). This means that people living in Norbiton ward are almost two and a half times more likely than those in Tudor to die before 75.

⁶⁸ ONS. Mortality statistics. [Accessed September 2021]. <https://www.nomisweb.co.uk/datasets/mortsa>

⁶⁹ OHID. Local Health Tool. [Accessed November 2021.] www.localhealth.org.uk/-bbox=508316,173503,22690,14004&c=indicator&i=t4.under75_allcause&view=map8

Norbiton ward is the only area in Kingston that has higher levels of early death than the national average.

Figure 15: Premature mortality (SMR), all causes, in Kingston 2015-19, by ward. Colour coding bands are national quintiles, with approximately 20% of wards in each group (number of wards in brackets)

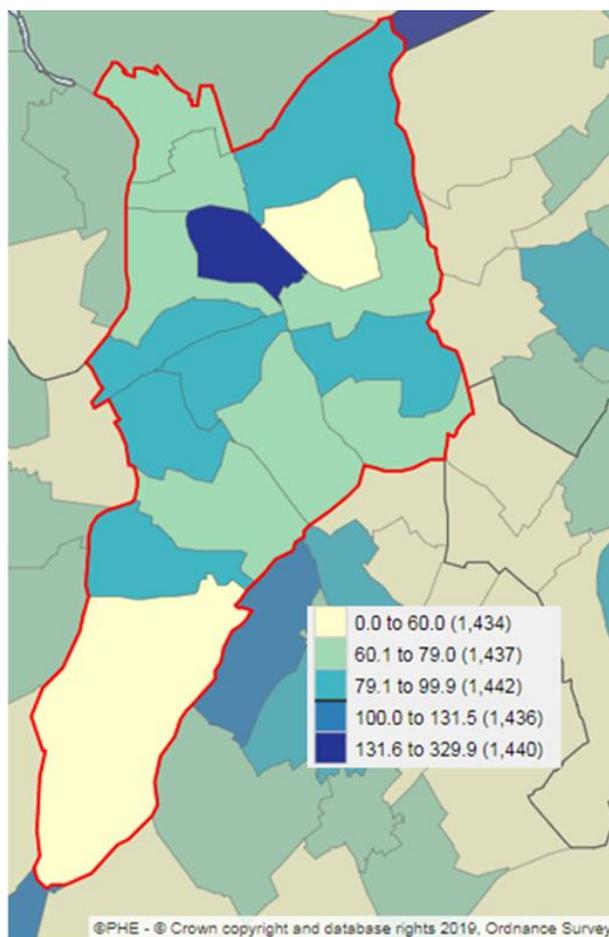


2.6.1.1 Cardiovascular Disease (CVD)

Premature mortality from all CVD in Kingston has been significantly lower than the London and England averages in recent years. However, the rate for Kingston men (from 2015-19) is much closer to the London average than that for women. Almost three-quarters of early deaths from CVD in Kingston were in men, compared with two-thirds for London.

At ward level across the same time frame, Kingston's SMR for CVD was 79.9, hence around 20% lower than the national average overall. However, Figure 16 shows the persisting differences between most and least deprived wards, with Norbiton (more deprived) having a ratio of 151, nearly three times as high as its neighbouring ward, Coombe Vale (less deprived).

Figure 16: Premature mortality from circulatory disease (SMR), in Kingston 2015-19, by ward



2.6.1.2 Coronary Heart Disease (CHD)

Coronary Heart Disease (CHD) prevalence among GP-registered patients in Kingston was 2.0% in 2020-21,⁷⁰ with almost 4,400 people so diagnosed. The prevalence has declined from 2.3% in 2012-13 and has been consistently lower than the national average (3.0% in 2020-21), but slightly higher than the London level (1.9%) over the past few years.

Rates of CHD tend to be higher in those patients whose GP practices are in the South of the Borough and Surbiton neighbourhoods, with the lowest frequency in Kingston Town (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 residence.

⁷⁰ OHID. Fingertips.QOF: CHD Prevalence. [Accessed November 2021.] <https://fingertips.phe.org.uk/search/qof#page/3/gid/1/pat/6/par/E12000007/ati/301/are/E09000021/iid/273/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1>

2.6.1.3 Stroke/Transient Ischaemic Attack (TIA)

The prevalence of a history of stroke among adult patients registered with a GP in Kingston was 1.1% (2,400 people) in 2020-21,⁷¹ which is slightly higher than the London average of 1.07% but considerably lower than the national prevalence of 1.8%. Prevalence of a history of stroke has remained relatively unchanged in Kingston since 2012-13. Figures vary somewhat by locality, with the highest prevalence in patients of the GP surgery not geographically in Kingston, at 1.5%, and the lowest in Kingston Town at 1%.

2.6.1.4 Hypertension

High blood pressure (hypertension) is the most common condition in the general population that is reported on the NHS's Quality Outcome 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 2020-21), with over 22,000 people affected. The Kingston hypertension rate is lower than the London (10.8%) and England (13.9%) figures. Similarly, to other cardiac conditions, rates are lowest in Kingston Town neighbourhood and highest in the South of the Borough neighbourhood.

2.6.1.5 Cancers

Cancer was the leading cause of death for Kingston residents in 2019 and was recorded as the underlying cause of death in 28% of people who died that year, rising to 46% of those who died under 75 years old.⁷²

The SMR for cancer in Kingston for residents aged under 75 (in 2015-19) was 83.6, which means residents were diagnosed almost 20% less than the national average. The ward breakdown (see Figure 17) shows Norbiton (high deprivation) with the highest mortality ratio at 126.8, more than twice as high as Tudor (low deprivation) with 47.0.

The commonest cancers in Kingston in 2014-18 were breast (in women), prostate (in men), colorectal and lung, with each of these cancer types affecting 400–600 residents over the four-year period.

The prevalence of all cancers is 2.7% in Kingston, higher than London (2.2%) but lower than England (3.2%) in 2020-21. 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 locality level, there is some variety in prevalence, with the highest levels in patients of the GP surgery not geographically in Kingston, at 3.5%, and the lowest in Malden and Coombe at 2.5%. Interestingly, the Malden and Coombe neighbourhood has the oldest population of the four areas geographically within Kingston, but the lowest cancer prevalence.

⁷¹ OHID. Fingertips QOF: Prevalence of Stroke. [Accessed November 2021.] <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/c-at/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

⁷² ONS. Mortality statistics. [Accessed November 2021]. <https://www.nomisweb.co.uk/datasets/mortsa>

Figure 17: Premature mortality from all cancers (SMR), in Kingston 2015-19, by ward

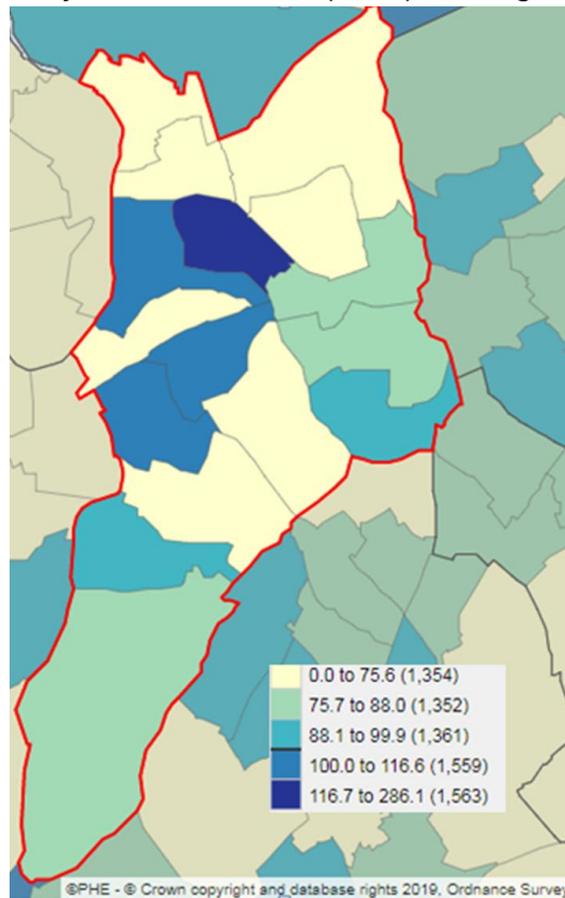
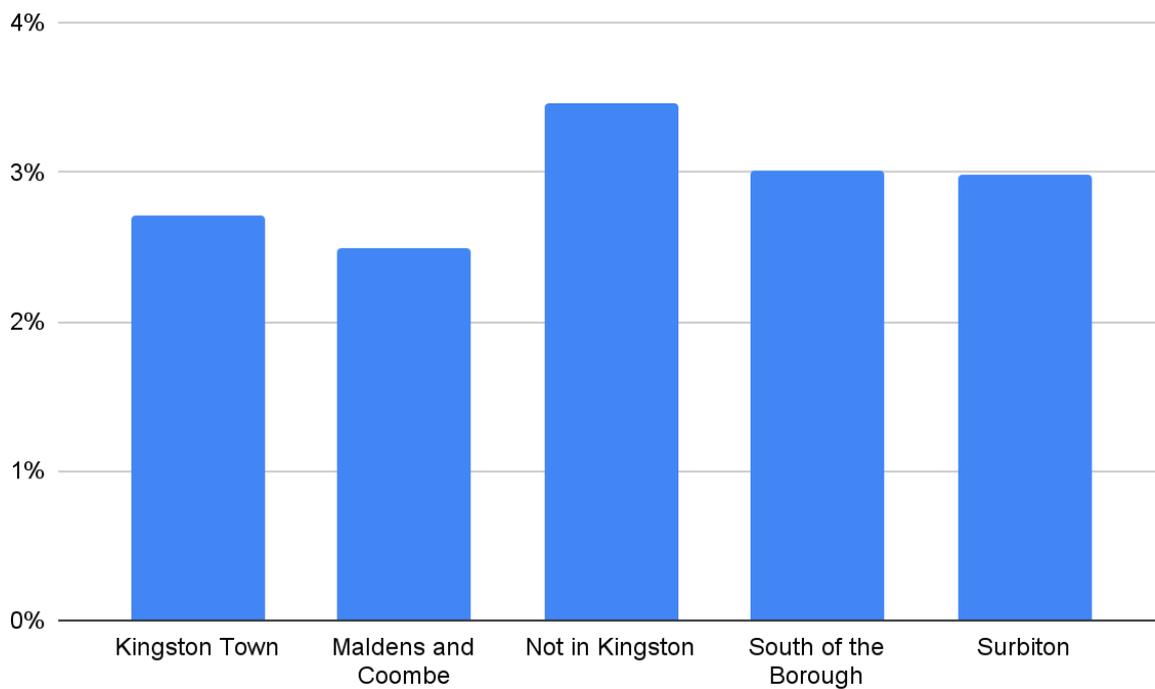


Figure 18: Cancer prevalence in GP registers (%) by locality of GP practice, 2020-21



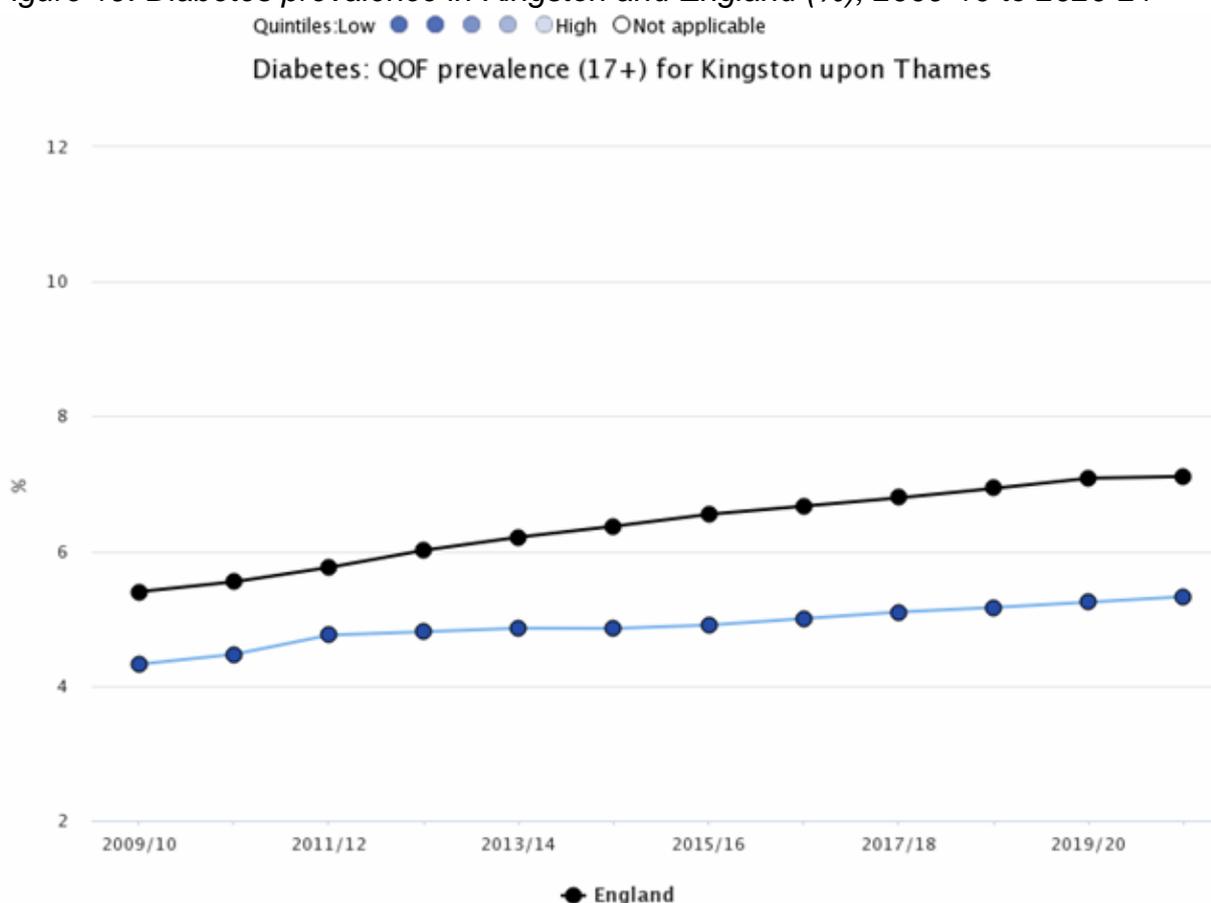
2.6.1.6 Diabetes

Diabetes is one of the commonest long-term health conditions in England. It was the second largest cause of ill health in men and fourth highest in women across the country in 2019, and rates more than doubled between 1990 and 2019.⁷³

According to GP practice lists, diabetes prevalence in Kingston has been significantly lower than London and England averages for the past decade⁷⁴ (see Figure 19). However, Kingston has seen an increasing prevalence of diabetes, rising from 4.4% in 2009-10 to 5.3% in 2020-21.

Data from 2020-21 gives the prevalence in London's adult population as 6.7%, and 7.1% nationally. In 2009-10, fewer than 7,000 people had diabetes in Kingston compared with almost 9,000 in 2020-21.

Figure 19: Diabetes prevalence in Kingston and England (%), 2009-10 to 2020-21



⁷³ PHE. Health Profile for England 2021. Summary 12. [Accessed November 2021]. https://fingertips.phe.org.uk/static-reports/health-profile-for-england/hpfe_report.html#summary-12---causes-of-morbidity

⁷⁴ OHID. Fingertips. QOF: Prevalence of Diabetes. [Accessed November 2021]. https://fingertips.phe.org.uk/search/QOF#page/4/gid/1/pat/6/par/E12000007/ati/102/are/E09000021/iid/241/age/187/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0_tre-ao-0

Figure 19 shows the prevalence of diabetes as recorded by GPs, which does not include undiagnosed cases. The estimated total prevalence (in 2017) was 6.6% in Kingston; if we apply this to today's figures it would mean that as well as the 9,300 people diagnosed with diabetes in the borough, another 2,700 would be undiagnosed and untreated, bringing the borough to a total of 12,000 diagnosed and undiagnosed diabetes cases.

2.6.1.7 Respiratory disease

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

COPD

COPD is a long-term, serious lung condition that usually results from regular smoking, although it can take many years to develop. GP-recorded prevalence in Kingston in 2020-21 is 1.1% (2,450 people),⁷⁵ 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 2% and 1.5% respectively, with other areas having 1% or lower.

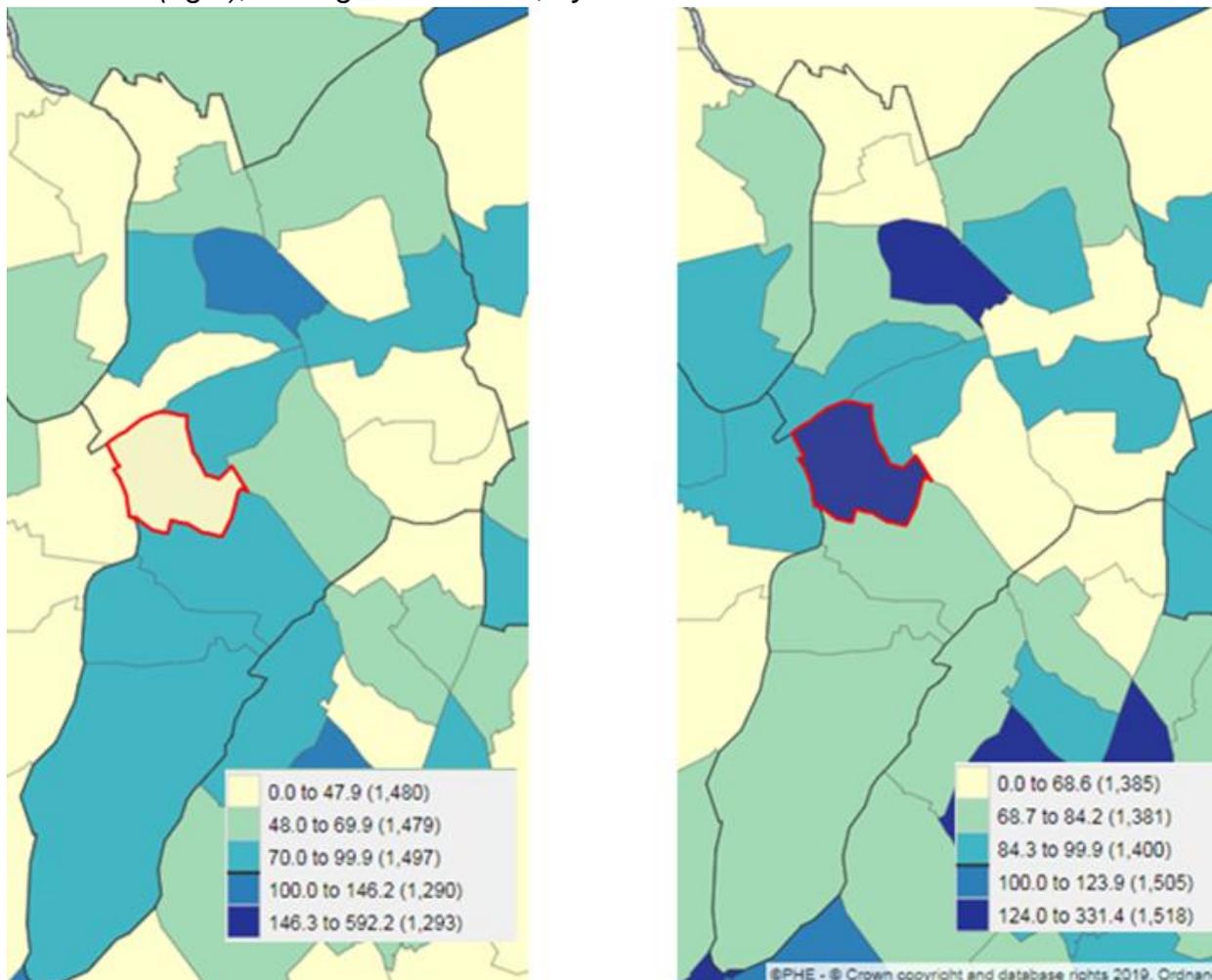
Standardised ratio data on hospital admissions for COPD and deaths attributed to respiratory disease, show an apparent anomaly⁷⁶ (see Figure 20). Residents in the Surbiton Hill ward are in the lowest 20% of wards nationally for COPD-related hospital admissions, yet respiratory mortality⁷⁷ in this area is the highest in the borough and in the top 20% nationally, even higher than Norbiton ward, whose residents generally have the poorest health outcomes.

⁷⁵ NHS Digital. QOF Interactive Tool 2020-21. [Accessed November 2021.] <https://app.powerbi.com/view?r=eyJrljoiMzhjYmE3YjEtMDJjNS00MTBhLTlTYWUtZTE1MjE4ODMxNzU1IiwidCI6IjUwZjYwNzFmLWJiZmUtNDAxYS04ODAzLTY3Mzc0OGU2MjllMiIsImMiOj9>

⁷⁶ OHID. Local Health Tool. [Accessed November 2021.] www.localhealth.org.uk/-bbox=507346,174728,24284,14988&c=indicator&i=t3.em_adm_copd&selcodgeo=E05000413&view=map8

⁷⁷ That is, with an underlying cause of death from ICD section J00-J99, which includes pneumonia, influenza, COPD, bronchitis and asthma.

Figure 20: Hospital admission ratio for COPD (left) and mortality from respiratory conditions (right), in Kingston 2015-19, by ward. Surbiton Hill ward outlined in red.



Although pneumonia is a more common cause of death than COPD and other respiratory conditions, it is nonetheless unusual that Surbiton Hill ward should have more respiratory-related deaths than expected. Its residents have a younger age profile than most wards, although this area is home to 13 care homes, far more than any other ward in Kingston.

Asthma

Almost 10,000 people registered with Kingston GPs are recorded as having asthma (in 2020-21), which is 4.8% of patients, slightly higher than the London average (4.7%) but significantly lower than England (6.8%).⁷⁸

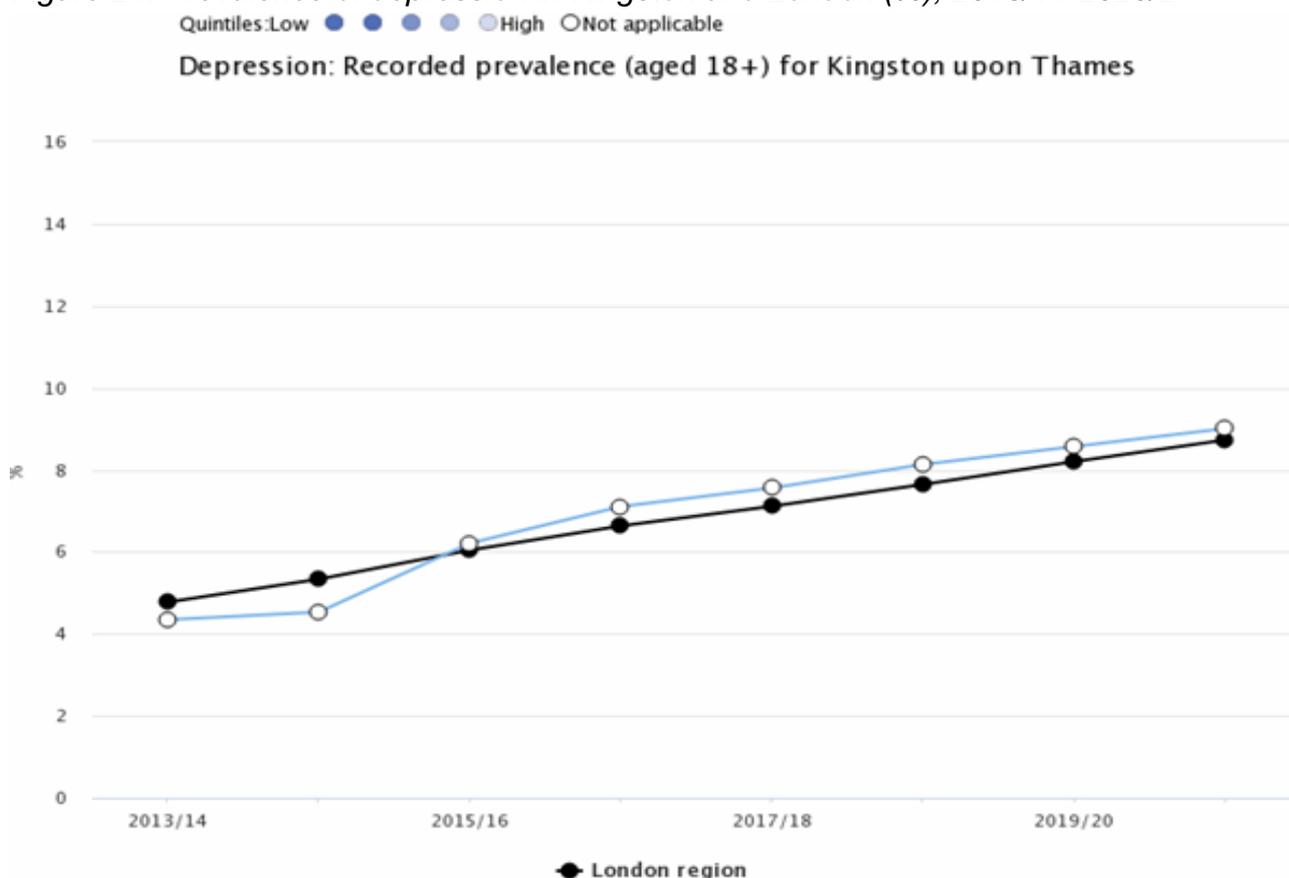
Locality levels of asthma diagnosis range from 4.4% in Kingston Town and Malden and Coombe to over 6% for patients of the GP practice not geographically in Kingston.

⁷⁸ NHS Digital. QOF Interactive Tool 2020-21. [Accessed November 2021]. <https://app.powerbi.com/view?r=eyJrljoiMzhjYmE3YjEtMDJjNS00MTBhLTlTYWUzZTE1MjE4ODMxNzU1IiwidCI6IjUwZjYwNzFmLWJiZmUtNDAxYS04ODAzLTU3Mzc0OGU2MjllMiIsImMiOjIj>

2.6.1.8 Depression and mental health

Depression is the second most commonly-diagnosed condition among adults registered with Kingston GPs, affecting 9% of patients in 2020-21.⁷⁹ This is slightly higher than the London average (8.7%) but considerably lower than England (12.3%). Rates of depression in Kingston have risen every year since 2013, doubling in the past six years (see Figure 21), with over 15,000 people now diagnosed.

Figure 21: Prevalence of depression in Kingston and London (%), 2013/14-2020/21



Mental health concerns, especially in younger people, are also rising. The 2017-18 Healthwatch survey estimated that over 3,200 school children have a common mental health problem, over 1,000 higher than three years previously. Hospital admissions for mental health conditions in people under 18 years (in 2020-21) are the second highest in London.⁸⁰ Kingston has the highest rate of hospital admissions as a result of self-harm (age 10–24, 2020-21) of all London boroughs, more than double the average for the capital. Later teenage age groups are particularly affected, with 1 in 120 15–19-year-olds being hospitalised for self-harm in 2020-21.

⁷⁹ NHS Digital. QOF Interactive Tool 2020-21. [Accessed November 2021]. <https://app.powerbi.com/view?r=eyJrljoiMzhjYmE3YjEtMDJjNS00MTBhLTllYWUtZTE1MjE4ODMxNzU1IiwidCI6IjUwZjYwNzFmLWJiZmUtNDAxYS04ODAzLTU3Mzc0OGU2MjllMiIsImMiOiJh9>

⁸⁰ OHID Fingertips: Hospital admissions for mental health conditions 2020/21. [Accessed March 2022]. <https://fingertips.phe.org.uk/search/mental%20health#page/3/gid/1/pat/6/par/E12000007/ati/102/are/E09000021/iid/90812/age/173/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1>

Kingston's suicide rate (in 2018-20) was above the London average, particularly in women. Although numbers are low (14 across the two-year period) this is one of the highest rates in London.

2.6.1.9 Dementia

Of people aged 18 or over, 1,100 were recorded on GP registers as having dementia in Kingston in 2020-21, which is 0.5% of the Kingston population, similar to London overall but much lower than England (0.7%). In residents aged 65 and over the prevalence was 3.85%,⁸¹ among the lowest in London.

Other dementia indicators⁸² show a lower rate of hospital admissions for dementia in Kingston residents than London averages, that the quality and quantity of dementia care home beds is relatively high in Kingston, and that the borough has the highest proportion of people with dementia dying in their own homes than anywhere else in London.

2.6.1.10 Accidental injuries and falls

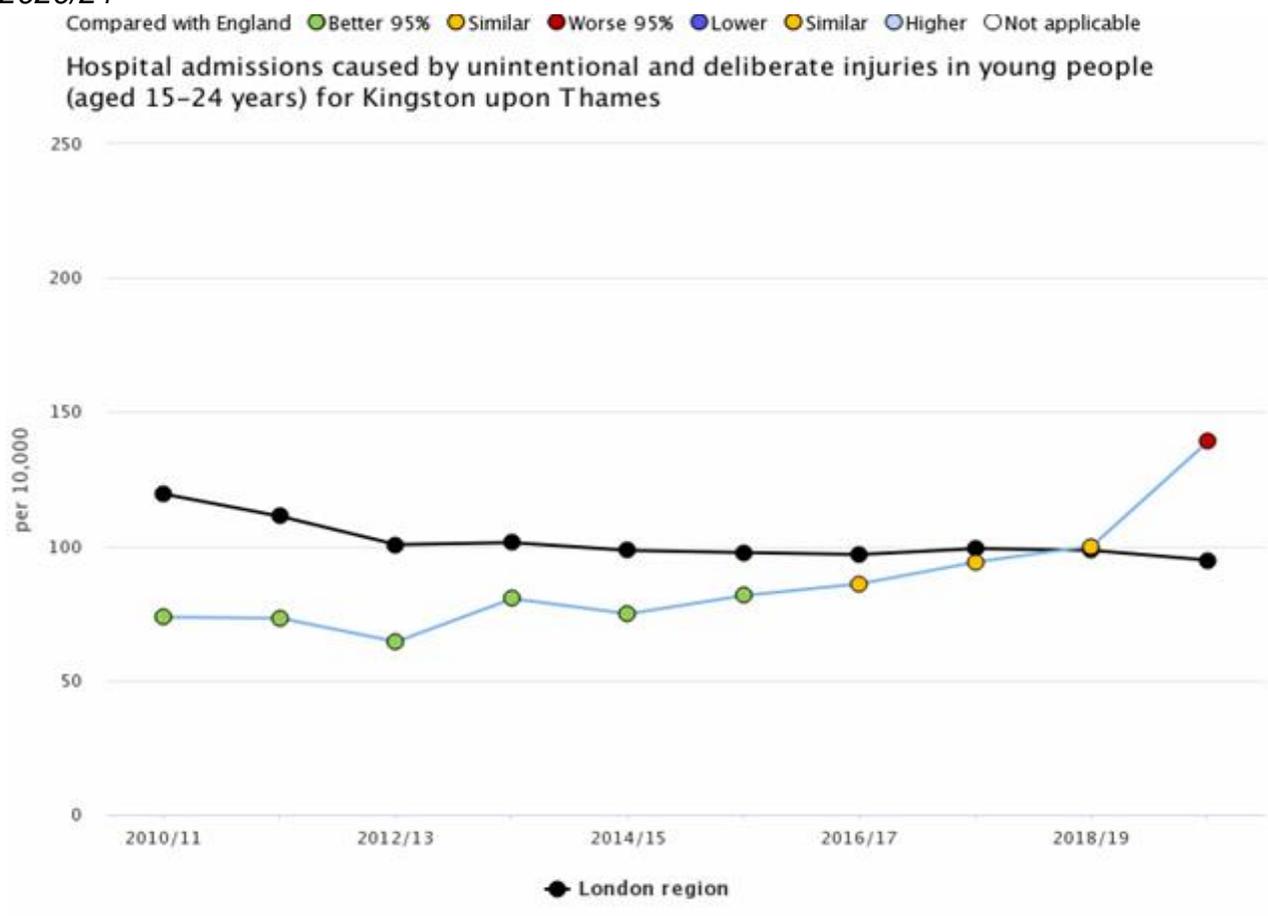
For injuries in younger residents needing hospital admission (in 2019-20), Kingston's rate is one of the highest in London,⁸³ with 545 people aged under 25 hospitalised for this reason. In 15–24-year-olds the picture is especially pronounced, with rates almost doubling in the past five years (see Figure 22) including a 40% rise in a single year from 2018-19 to 2019-20. Around 1 in 70 young people needed hospital inpatient treatment for injuries that year.

⁸¹ OHID Fingertips. Dementia profile 2020. [Accessed November 2021.] <https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/data#page/3/gid/1938133052/pat/6/par/E12000007/ati/302/are/E09000021/iid/91891/age/27/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁸² OHID Fingertips. Public Health Profiles: Dementia 2020/21. [Accessed November 2021.] <https://fingertips.phe.org.uk/search/dementia#page/0/gid/1/pat/6/par/E12000007/ati/302/are/E09000021/iid/247/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/1/tbm/1>

⁸³ OHID Fingertips. Hospital admissions caused by unintentional and deliberate injuries in young people 2020/21. [Accessed November 2021.] <https://fingertips.phe.org.uk/search/injuries#page/3/gid/1000042/pat/6/par/E12000007/ati/102/are/E09000021/iid/90285/age/156/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

Figure 22: Hospital admissions due to injuries in young people (15–24 years) 2010/11-2020/21



The rate of serious falls in older people in the borough is similar to London and England averages, with 1 in 45 residents aged 65 and over (600 people) being admitted to hospital in 2019-20 after a fall, and the rate is rising.

2.6.1.11 Palliative care

In 2020-21, 438 patients in Kingston were registered by GPs as receiving palliative care (0.2%), lower than London (0.3%) and England (0.5%). The highest levels by far were in patients of the GP surgery not geographically in Kingston (0.52%), more than double all the other localities.

In 2019, 7.4% of deaths in Kingston occurred in hospices,⁸⁴ which is higher than London (6%) and England (5.8%). In people aged 65–74, Kingston has the highest proportion of hospice deaths of all London boroughs (16%).

⁸⁴ OHID Fingertips. Palliative and End of Life Care Profiles 2020/21. [Accessed November 2021]. <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>

2.6.1.12 Immunisation

Vaccination programmes, both in childhood and adulthood, are an important measure to protect against the risk from infection. 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 2020-21 Kingston had a higher rate of vaccination than London but lower than England, for all infections.⁸⁵ Even the national figures were below the 95% herd immunity target. For MMR, 90% of 5-year-olds in Kingston had had their first MMR jab, compared with 88% for London and 94% in England.

The influenza immunisation programme is an annual event that aims to lessen winter pressures on health services by protecting the most vulnerable groups in society from the flu virus. In Kingston a similar picture can be seen, with uptake rates higher than the London average, but lower than England. Over 20,000 people aged 65 and over had a flu jab in Kingston in 2020-21,⁸⁶ which is 75% of this population, with a further 11,000 ‘at risk’ individuals also receiving the vaccine, the highest proportion in London.

2.6.2 COVID-19

The COVID-19 pandemic is undoubtedly the largest public health event of modern times and has affected all aspects of 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 staff absence across the pharmaceutical supply and delivery chains, among other factors, will all have played their part in a radically different pharmacy usage landscape since 2020 compared with previous years.

2.6.2.1 COVID-19 and Kingston

Infections

To 12 November 2021, 23,402 Kingston residents have tested positive for COVID-19⁸⁷ which is 13.1% of the population.

Across London, 13.6% of the population has tested positive, and nationally the figure is 14.3%, so Kingston has a lower than average overall infection rate. However, testing was limited in the first few months of the pandemic, so the true infection rate is likely to be much higher in all locations.

⁸⁵ NHS Digital. Childhood Vaccination Coverage Statistics 2020-21 September 2021. [Accessed November 2021.] <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-immunisation-statistics/england---2020-21>

⁸⁶ OHID. Fingertips. Popular Vaccination Coverage: Flu (aged 65+) 2020/21. [Accessed November 2021.] <https://fingertips.phe.org.uk/search/influenza#page/3/gid/1000043/pat/6/par/E12000007/ati/102/are/E09000021/iid/30314/age/27/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

⁸⁷ Gov.uk. Coronavirus dashboard: Cases in Kingston upon Thames. [Accessed November 2021.] <https://coronavirus.data.gov.uk/details/cases?areaType=Itla&areaName=Kingston%20upon%20Thames>

The locality of highest infection was the South of the Borough. Areas with the lowest infection rates were in Surbiton and Kingston Town.

Hospitalisations

To 7 November 2021, 2,305 people were admitted to Kingston Hospital with COVID-19 (it is important to note that the hospital's catchment area is broader than Kingston local authority), with the peak of admissions being in January 2021. Around 1 in 10 of these patients needed to be put on a ventilator.

Deaths

To date, 324 Kingston residents have died within 28 days of a positive COVID-19 test (to 12 November 2021). This equates to around 1 in 570 residents, or a rate of 181/100,000.

The London and England equivalent rates are 188 and 221 respectively, so Kingston is around 20% lower than the national average.

The total number of deaths from all causes in Kingston during the pandemic period so far (excess deaths) is around one-third higher than expected. In 2020 alone, more than 300 extra residents died compared with a typical year.

2.7 Health behaviours

2.7.1 Drug misuse

The latest estimate on the number of opiate and/or crack cocaine users (OCUs) in Kingston is from 2016-17.⁸⁸ At that time, 1 in 200 residents aged 15–64 were thought to be OCUs, about half the London rate. Applying those figures to today's estimated population would mean 600 OCUs currently in the borough.

Figures for 2019 show 400 people entering drug treatment in Kingston, with 74 successful completions.⁸⁹ One in three of the non-opiate users successfully (not re-presenting to treatment within six months) completed the programme, along with 1 in 14 opiate users, both figures being similar to London and England averages.

Across 2018-20, 17 people died from drug misuse in the borough. Although the rate is lower than in London and England, this is still the highest number of drug-related deaths in Kingston in any three-year period this century.

2.7.2 Alcohol misuse and related diseases

Alcohol misuse is the biggest risk factor for death, ill-health and disability among 15–49-year-olds in the UK, the fifth biggest risk factor across all ages, and is a causal factor in more than 60 medical conditions, including several cancers, high blood pressure, cirrhosis of the liver and depression.⁹⁰ Levels of binge-drinking and exceeding the recommended

⁸⁸ PHE. Opiate and crack cocaine use: prevalence estimates by local area. September 2017. [Accessed November 2021.] www.gov.uk/government/publications/opiate-and-crack-cocaine-use-prevalence-estimates-for-local-populations

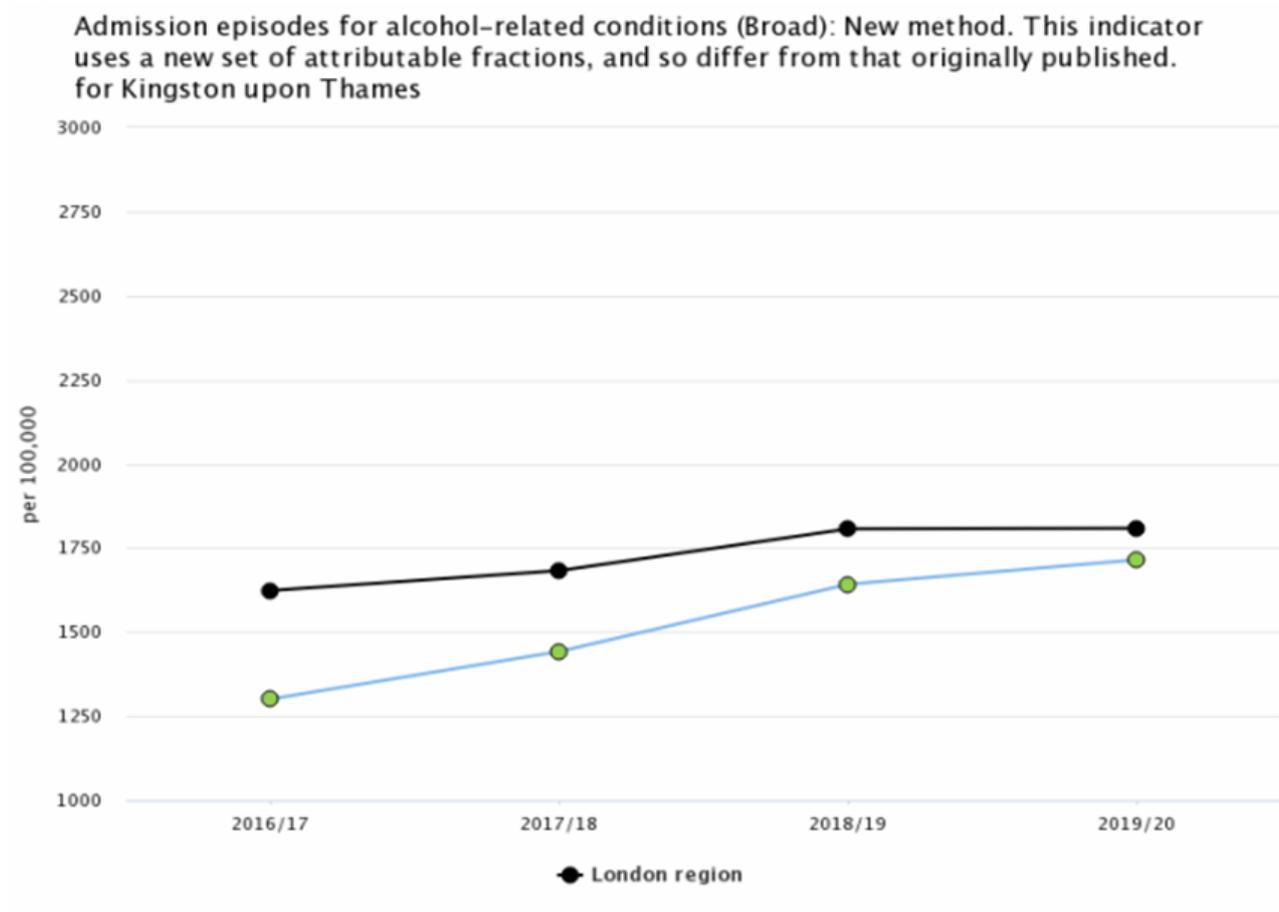
⁸⁹ OHID. Fingertips. Public health profiles: drug. 2021. [Accessed November 2021.] <https://fingertips.phe.org.uk/search/drug#page/0/gid/1000042/pat/6/par/E12000007/ati/402/are/E09000021/iid/92432/age/1/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1/page-options/car-do-0>

⁹⁰OHID. Local Alcohol Profiles. [Accessed November 2021.] <https://fingertips.phe.org.uk/profile/local-alcohol-profiles>

number of units per week are lower in Kingston than in London overall. Nevertheless, one in six adult residents drinks more than the recommended amount (in 2015-18).⁹¹ Data is not yet available for the recent pandemic years, which may or may not show a different pattern.

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 alcohol is the primary, or a secondary reason for admission), Kingston is below the London average rate, although 'broad' admissions have been rising in the borough, up 30% in three years (to 2019-20), with almost 2,500 people hospitalised due to alcohol that year.

Figure 23: Admission episodes for alcohol-related conditions (broad), 2016/17-2019/20



Alcohol-related mortality in Kingston is one of the highest in London. In 2019, 50 people died with alcohol listed as the underlying cause, giving a rate of 35 people/100,000 population, the sixth highest borough in the capital. Kingston also has one of the highest levels of alcohol-related road traffic accidents in London (in 2014-16).⁹²

⁹¹ OHID. Fingertips. Public health profiles: units. 2019/20. [Accessed November 2021]. <https://fingertips.phe.org.uk/search/units#page/3/gid/1938133118/pat/6/par/E12000007/ati/202/are/E09000021/iid/92778/age/168/sex/4/cat/-1/ctp/-1/yr/4/cid/4/tbm/1/page-options/car-do-0>

⁹² OHID. Fingertips. Public health profiles: accident. 2019/20. [Accessed November 2021]. <https://fingertips.phe.org.uk/search/accident>

2.7.3 Sexual health and teenage conception

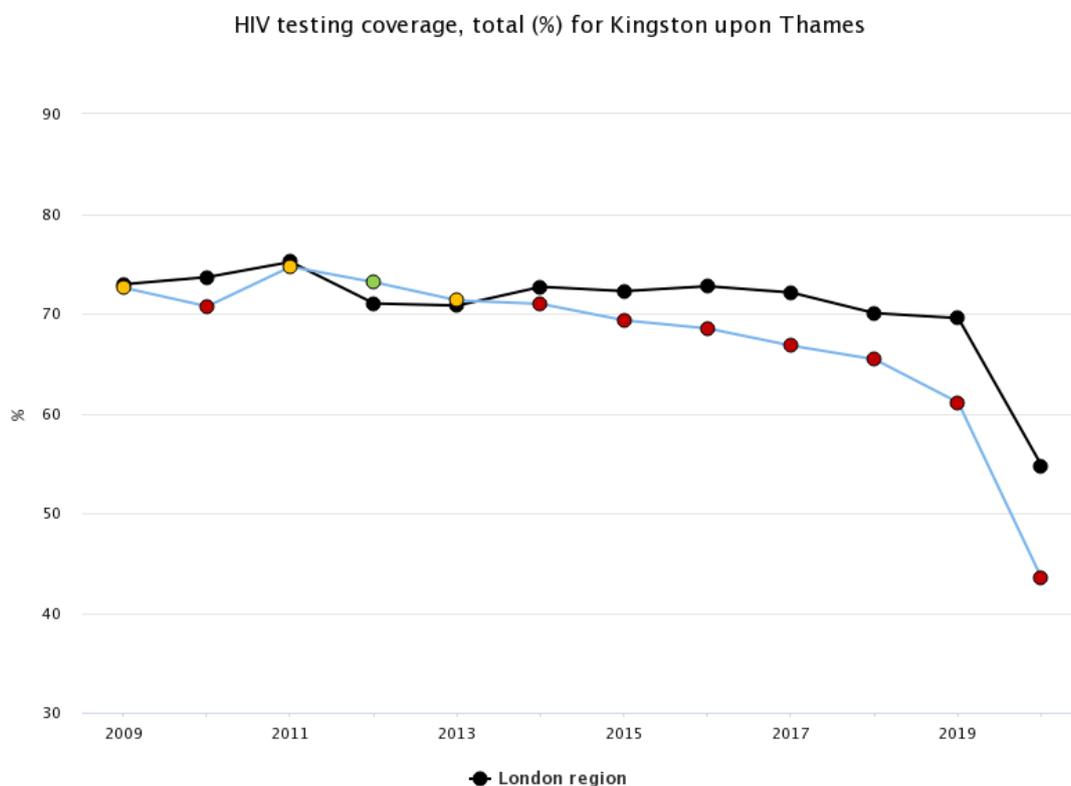
2.7.3.1 Sexually-Transmitted Infections (STIs)

Sexual health services in Kingston diagnosed 792 new STI cases in 2020⁹³ (excluding chlamydia cases in under 25s). This is 1 in 150 adults in the borough, one of the lowest rates in London, and 30% lower than the previously stable numbers up to 2019. The sudden decrease in 2020 is probably due to restrictions on non-household mingling during COVID-19 lockdowns. Detection rates for syphilis, gonorrhoea and chlamydia were all well below the London average. The chlamydia screening programme for 15–24-year-olds tested 19% of Kingston’s young people in 2020, which is level with London overall.

2.7.3.2 HIV

The prevalence of HIV in Kingston has decreased slightly in recent years and stands at 1 in 500 people aged 15–59 (in 2020), which is the lowest in London. New HIV diagnoses (in 2019) are also lower than any other London borough. However, HIV testing coverage in Kingston is the third lowest in London (in 2020), with only 43% of ‘eligible attendees’ to sexual health centres taking an HIV test. This proportion has fallen from almost 75% in the past 11 years (see Figure 24) and could be one factor behind the low level of new diagnoses. The sharp decrease across Kingston and London in 2020 due to the impact of Covid-19 on other NHS programmes can be clearly seen.

Figure 24: HIV testing coverage (%), Kingston (blue line) and London, 2009 to 2019



⁹³ OHID. Fingertips. Sexual and Reproductive Health Profiles. 2021. [Accessed November 2021]. <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>

2.7.3.3 Teenage conception

The rate of under-18 conceptions in Kingston in 2019 was 3.9 per 1,000, the lowest rate in London and comprising only 11 young women. Rates of under-18 conceptions have decreased dramatically in Kingston, falling by over 80% in the past 20 years. Five of the conceptions led to abortion that year, which is a smaller proportion than in London or nationally.

2.7.4 Smoking

Smoking is the single greatest behavioural risk factor for both morbidity and mortality in the country,⁹⁴ and is associated with an increased risk of developing many conditions including several cancers, circulatory conditions and COPD.

Smoking prevalence in Kingston has been estimated from the 2019 Annual Population Survey and stands at 9.4% of adults⁹⁵ (age 18+), the second lowest level in London and equivalent to about 13,000 residents. Adjusting for occupation type has the highest proportion of smokers in people with routine and manual jobs, with 1 in 4 smoking.⁹⁶

The quit rate for smokers in Kingston in 2019-20, whilst low at 3% of adult smokers, has almost doubled in the past four years and is well above the London average.

2.7.5 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.

2.7.5.1 Obesity in children

Rates of obesity in Kingston's children are relatively low for the borough as a whole. The annual National Child Measurement Programme (NCMP) weighs children in Reception (age 4–5) and Year 6 (age 10–11) and the most recent results (from 2019-20) showed 160 (17%) overweight children entering school in Kingston, one of the lowest levels in London and a proportion that has been steady for the past decade.⁹⁷

In Year 6, almost a third (31%) of Kingston's children are overweight, but this is well below the London overall figure of 38%. Measurements in the borough's school found 170 obese children and another 115 who were overweight.

⁹⁴ OHID. Health profile for England 2021. Leading risk factors. [Accessed November 2021.] https://fingertips.phe.org.uk/static-reports/health-profile-for-england/hpfe_report.html#detailed-analysis-and-charts-4

⁹⁵ OHID Fingertips. Local Tobacco Control Profiles. [Accessed November 2021.] <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/3/gid/1938132885/pat/6/par/E12000007/ati/302/are/E09000021/iid/92443/age/168/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

⁹⁶ OHID. Health Inequalities Dashboard. [Accessed November 2021.] <https://analytics.phe.gov.uk/apps/health-inequalities-dashboard/>

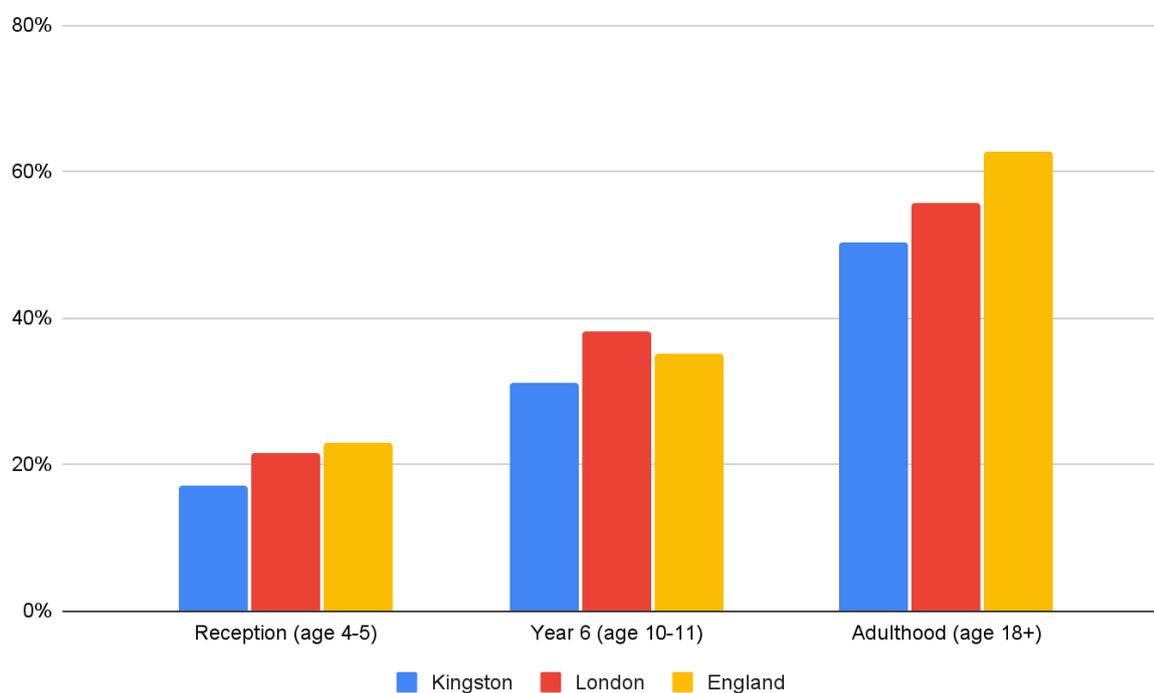
⁹⁷ OHID. Fingertips. Public health profiles: obesity. 2020/21. [Accessed November 2021.] <https://fingertips.phe.org.uk/search/obesity#page/0/gid/8000011/pat/6/par/E12000007/ati/302/are/E09000021/iid/92033/age/201/sex/4/cat/-1/ctp/-1/yr/5/cid/4/tbm/1/page-options/car-do-0>

At ward level, considerable variation can be seen, and this is largely linked to levels of deprivation, with more deprived areas having higher rates of obesity. Norbiton ward has the highest obesity levels at both Reception and Year 6, around three times that of the lowest areas (Tudor and Canbury).

2.7.5.2 Obesity in adults

In Kingston, over half of adults (50.4%) were overweight or obese in 2019-20. While this figure is very high and has major implications for health and wellbeing and health and pharmacy service use, it is low compared with London and nationally (see Figure 25). Obesity levels in early pregnancy (in 2018-19) are also one of the lowest in London.⁹⁸

Figure 25: Overweight (including obesity) levels at various ages (2019-20, %)



According to 2020-21 GP data on patients with a Body Mass Index (BMI) of over 30, the highest levels of obesity were found in the South of the Borough and Surbiton localities, at 5.7%. The lowest levels were recorded in Kingston Town (4.2%). In 2020-21 GPs had over 8,000 obese patients on their registers.

⁹⁸ OHID Fingertips. Public health profiles: obesity in early pregnancy. 2019/19. [Accessed November 2021]. <https://fingertips.phe.org.uk/search/obesity#page/3/gid/1938132859/pat/6/par/E12000007/ati/302/are/E09000021/iid/93584/age/-1/sex/2/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

2.7.6 Oral health

Levels of tooth decay in young children are an important marker towards future health outcomes. In Kingston in 2018-19, 7.5% of 3-year-olds, and 22% of children aged 5, had visually obvious dental decay⁹⁹ (at least one tooth decayed, missing, or filled). This is lower than the London and England averages.

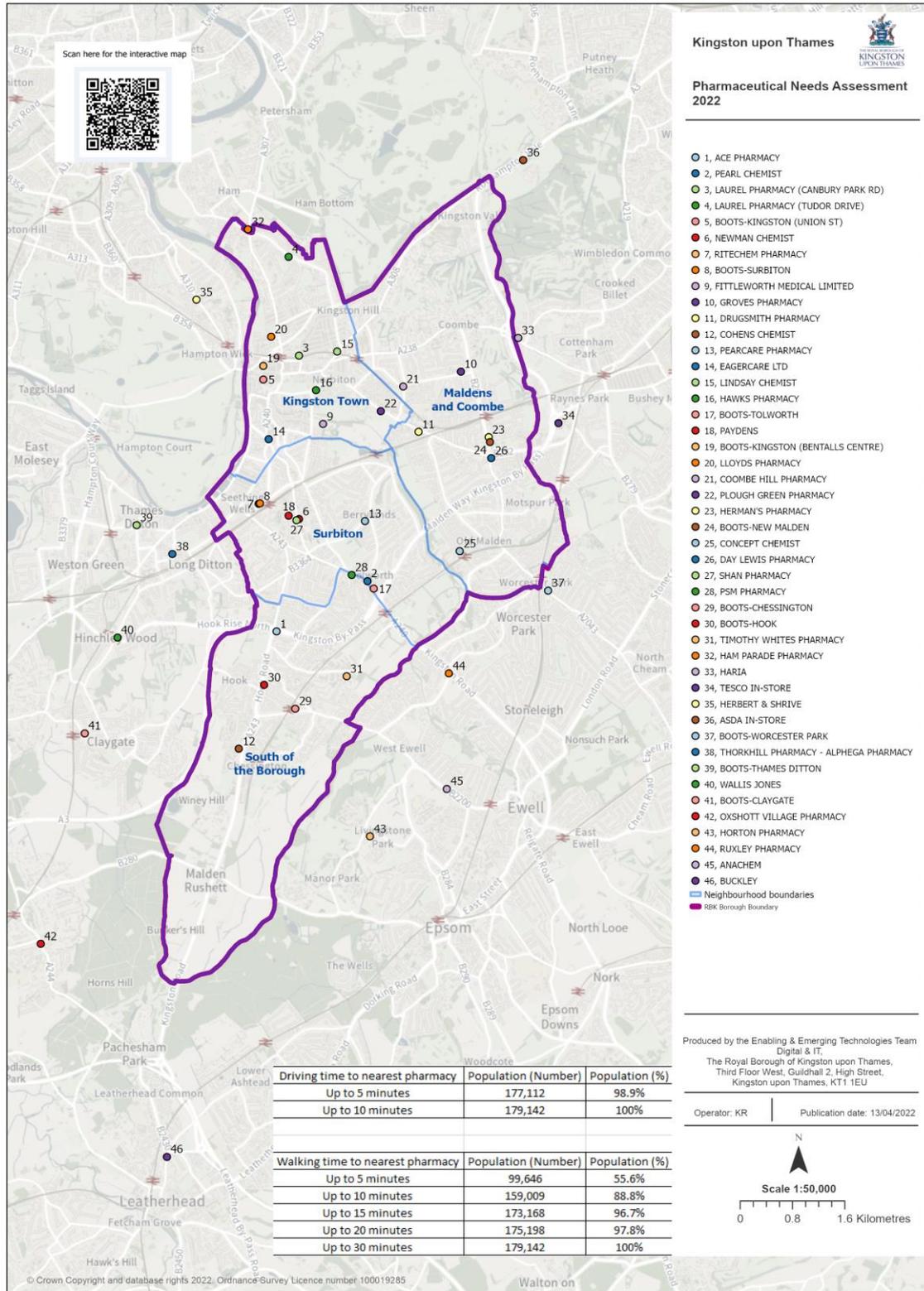
Dental-related procedures are the most common reason for hospital admission in young children. Over the three years from 2017-18 to 2019-20, 135 children under 6 were admitted to hospital due to dental caries,¹⁰⁰ which is a relatively low rate for a London borough.

⁹⁹ OHID. Fingertips. Public health profiles: Percentage of 5 year olds with visually obvious dental decay. 2021. [Accessed November 2021.] <https://fingertips.phe.org.uk/search/oral#page/6/qid/1/pat/6/par/E12000007/ati/401/are/E09000021/iid/93563/age/34/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

¹⁰⁰ OHID. Fingertips. Hospital admissions for dental caries (0-5 years). 2020/21. [Accessed November 2021.] <https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/3/qid/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

Figure 26: All contractors in Kingston HWB area



There are a total of 32 contractors in Kingston.

- 28 x 40hr community pharmacies
- 1 x 100hr community pharmacy
- 2 x DSP
- 1 x DAC

Where discussed the total number of community pharmacies includes DSPs apart from when discussing opening times.

3.1 Community pharmacies

<p>29 community pharmacies plus two DSPs in Kingston</p> 	<p>177,500 population of Kingston</p> 	<p>17.5 pharmacies per 100,000 population*</p> 
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Correct as of December 2021

The pandemic led to a national net loss of 215 pharmacies, with 236 opening while 451 closed during 2020-21, which resulted in the lowest number of pharmacies in England since 2015-16.¹⁰¹

In Kingston there are 29 community pharmacies plus two DSPs, giving a total of 31 contractors. Since the previous PNA published in 2018, there has been a decrease in the number of pharmacies in Kingston from 33. The England average is 20.6 community pharmacies per 100,000 population, which has decreased slightly from 2018 when the average number was 21.2. The London average has also decreased to 21.7 from the previous 22.3 community pharmacies per 100,000 population.

London has a transient population with generally good transport links. Populations may therefore find community pharmacies in neighbouring HWB areas more accessible and/or more convenient. There is a variable rate of community pharmacies per 100,000 population in neighbouring HWB areas to Kingston: Merton (12.1), Richmond (23), Surrey (16.9), Sutton (21.0) and Wandsworth (17.0).

There are no dispensing GP practices in Kingston.

Table 13 shows the change in the numbers of community pharmacies over recent years compared with regional and national averages. Kingston is well served with community pharmacies, but the number is lower than the London and national averages.

¹⁰¹ Wickware C. Lowest number of community pharmacies in six years, official figures show. Pharmaceutical J. 28 October 2021. <https://pharmaceutical-journal.com/article/news/lowest-number-of-community-pharmacies-in-six-years-official-figures-show>

Table 13: Number of community pharmacies per 100,000 population

	England	London	Kingston
2020-21	20.6	20.7	17.5
2019-20	21.0	20.2	18.0
2018-19	21.2	20.7	19.0

Source: ONS Mid-Year Population¹⁰²

In autumn 2021, a public questionnaire to establish views about pharmacy services was circulated to various stakeholders and residents in Kingston. The public questionnaire details the perception of access to community pharmacies and the services they provide. The full results of the pharmacy user questionnaire are detailed in [Section 5](#).

Table 14 provides a breakdown, by locality, of the average number of community pharmacies per 100,000 population. The number and rate of community pharmacies vary widely by locality.

Table 14: Breakdown of average community pharmacies per 100,000 population

Locality	Number of community pharmacies (Dec 2021)*	Number of community pharmacies (Nov 2017)	Total population (GLA 2018)	Average number of community pharmacies per 100,000 population (Dec 2021)*
Kingston Town	9	10	50,272	17.9
South of Borough	5	5	30,668	16.3
Surbiton	9	10	43,225	20.8
Malden and Coombe	8	8	53,338	15.0
Kingston (2021)	31	33	177,500**	17.5
London	1,873	1,853	8,965,488**	20.7
England (2021)	11,636	11,688	56,760,975**	20.6

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

** ONS mid-year 2020

[Section 6](#) 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](#).

3.1.1 Choice of community pharmacies

Table 15 shows the breakdown of community pharmacy ownership in Kingston. The data shows that pharmacy ownership is at similar levels to those seen in the rest of London, whereas Kingston has a much higher percentage of independent pharmacies compared

¹⁰² ONS. Population Data. Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland. 2021.

www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland

with nationally, with no one provider having a monopoly in any locality. People in Kingston therefore have a good choice of pharmacy providers.

Table 15: Community pharmacy ownership, 2020-21

Area	Multiples (%)	Independent (%)
England	60%	40%
London	39%	61%
Kingston HWB area (2021)	25%	75%

3.1.2 Weekend and evening provision

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

Table 16 shows that Kingston has one pharmacy open for 100 hours in Surbiton locality.

Table 16: Number of 100-hour pharmacies (and percentage of total)

Area	Number (%) of 100-hour pharmacies
England (2021)	1,094 (9.4%)
London	104 (5.5%)
Kingston HWB area (2021)	1 (3%)

3.1.3 Access to community pharmacies

Community pharmacies in Kingston are particularly located around areas with a higher density of population. Many also provide extended opening hours and/or open at weekends.

A previously published article¹⁰³ suggests:

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

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

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

¹⁰³ Todd A, Copeland A, Husband A. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. *BMJ Open* 2014, Vol. 4, Issue 8. <http://bmjopen.bmj.com/content/4/8/e005764.full.pdf%20html>

3.1.3.1 Routine daytime access to community pharmacies

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

Figure 27: Driving times to nearest pharmacy

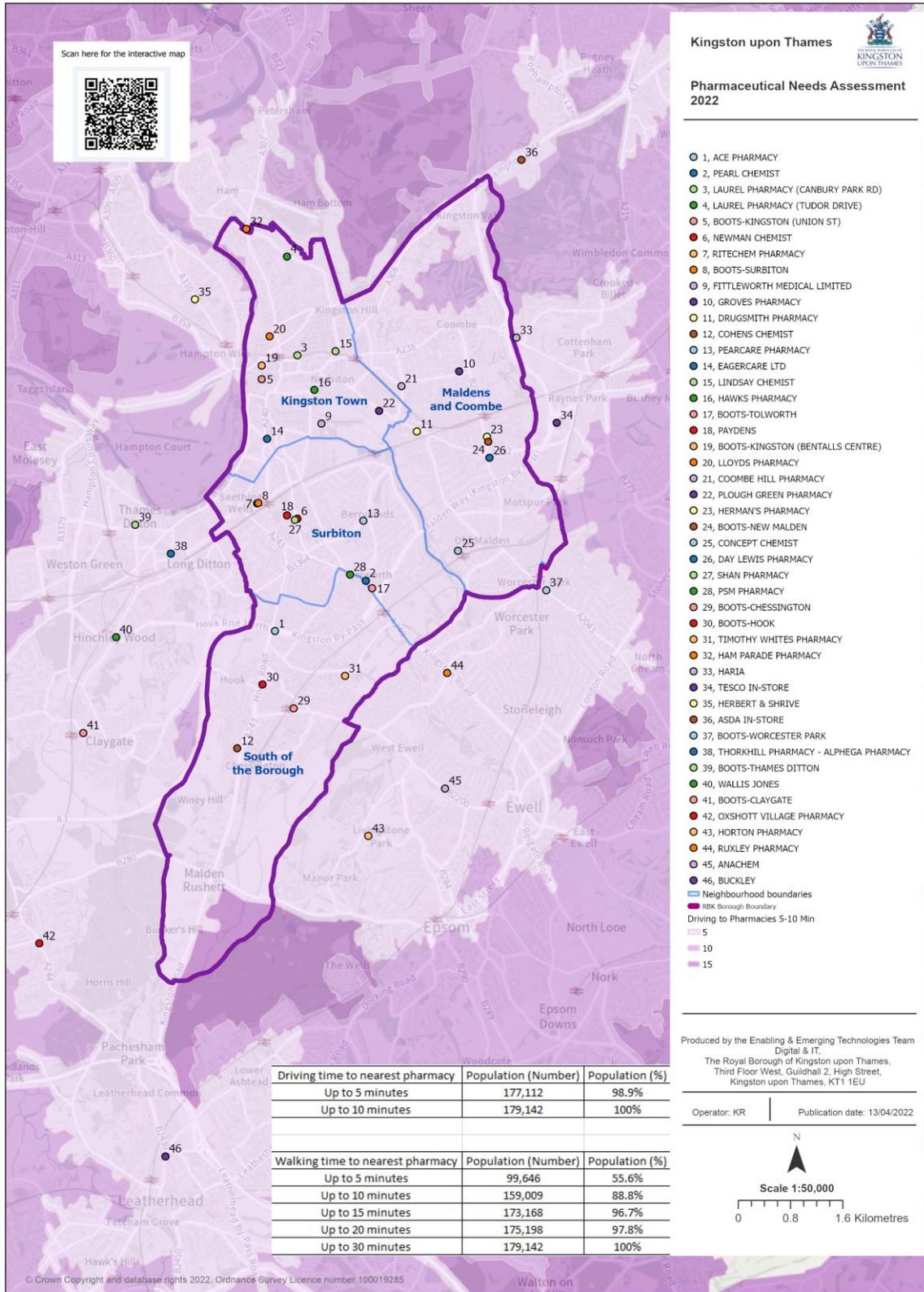
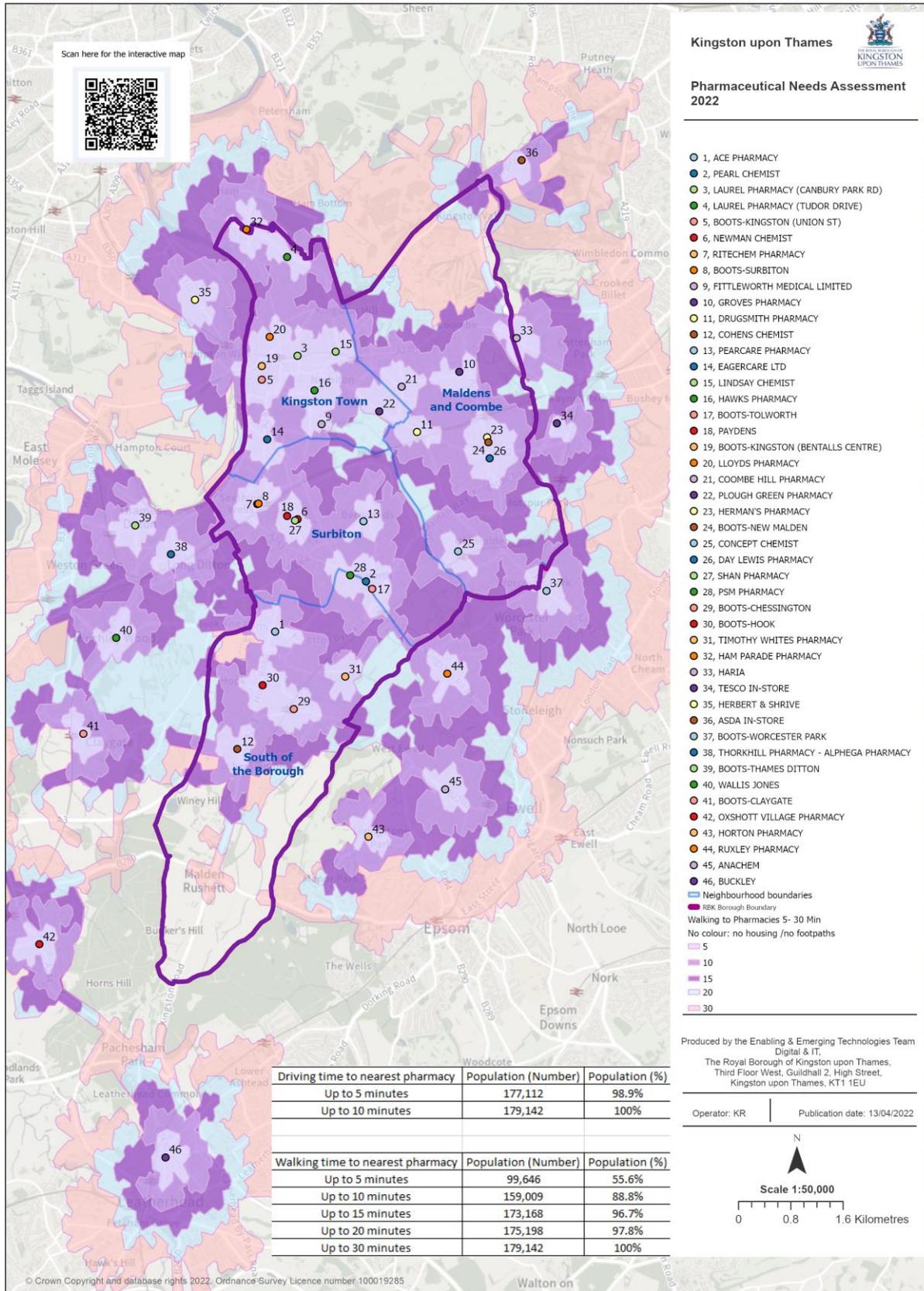


Figure 28: Walking times to nearest pharmacy



In summary:

- Driving: 98.9% of the population can drive to a pharmacy within 5 minutes (100% within 10 minutes)
- Walking: 97.8% of the population can walk to a pharmacy within 20 minutes (100% within 30 minutes)

3.1.3.2 Routine weekday evening access to community pharmacies

The number, location and opening hours of community pharmacy providers open beyond 6pm, Monday to Friday (excluding bank holidays), vary within each locality; they are listed in the table below. 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 17. The population of Kingston has reasonable access to community pharmacies in the evening. This is because the majority of providers in Kingston HWB area are open after 6pm.

Table 17: Percentage of community pharmacy providers open Monday to Friday (excluding bank holidays) beyond 6pm, on a Saturday and Sunday

Locality	Percentage of pharmacies open beyond 6pm	Percentage of pharmacies open on a Saturday	Percentage of pharmacies open on a Sunday
Kingston Town	78%	89%	33%
South of Borough	60%	60%	20%
Surbiton	67%	100%	44%
Malden and Coombe	62%	87%	25%
Kingston HWB area (2021)	66%	87%	32%

3.1.3.3 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 HWB area, 87% 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.

3.1.3.4 Routine Sunday daytime access to community pharmacies

Of the community pharmacy providers in Kingston HWB area (except Surbiton locality), 32% are open on Sundays. Fewer pharmacies are open on Sundays than on any other day in Kingston. Full details of all pharmacies open on a Sunday can be found in Appendix A.

3.1.3.5 Routine bank holiday access to community pharmacies

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

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

Paydens Pharmacy, Surbiton Health Centre, Ewell Road, Surbiton, KT6 6EZ	Christmas Day and Easter Sunday: 10:00 -18:00
Boots, 19 Victoria Road, Surbiton, Surrey, KT6 4JZ	All other bank holidays 10:00 - 16:00

3.1.4 Advanced Service provision from community pharmacies

Data supplied from NHSE&I has been used in Table 18 to demonstrate how many community pharmacies per locality have signed up to provide the Advanced Services. Details of individual pharmacy providers can be seen in Appendix A.

Note: Community pharmacy Covid-19 lateral flow distribution service stopped on 1 April, 2022, and the Covid-19 medicine delivery service stopped on 5 March 2022, at 23:59.

Table 18: Providers of Advanced Services in Kingston by locality (2021-22)

Advanced Services	Kingston Town (9)	South of Borough (5)	Surbiton (9)	Malden and Coombe (8)
NMS	89%	80%	78%	50%
Community pharmacy seasonal influenza vaccination	67%	80%	100%	62.5%
CPCS*	78%	80%	89%	50%
Hypertension case-finding service	11%	40%	44%	12.5%
Community pharmacy COVID-19 LFD distribution service	89%	80%	100%	88%

Number in brackets is number of pharmacies in each locality.

* This includes CPCS and GP CPCS consultations

There is no data on AUR, SAC, or community pharmacy hepatitis C antibody testing service (currently until 31 March 2022).

The information in Table 19 provides detail of the recorded activity of Advanced Service delivery in Kingston for 2021-22 (seven months). It must be stressed that the impact of the COVID-19 pandemic will have affected this activity data in several ways:

- Face-to-face services needed to be adjusted to enable telephone consultations
- Some Advanced Services had delayed implementation dates
- Referral pathways from NHS 111 and GP practices were focused on the pandemic
- The increased workload and provision of pandemic-specific services will have affected the ability to provide other Advanced Services
- The effect of the extra workload on community pharmacies may have affected the timeliness of claims, which are used to measure activity

[Section 6.3](#) 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 NHSE&I has been used in Table 19 to demonstrate activity of these Advanced Services across the area.

Table 19: Advanced Service provision: percentage of providers currently providing

Advanced Service	England	London	Kingston
NMS*	85%	81.5%	71%
Community pharmacy seasonal influenza vaccination *	63.5%	67%	74%
CPCS*	77%	71%	61%
Hypertension case-finding service (Nov 2021)	5%	2%	6%
Community pharmacy hepatitis C antibody testing service (currently until 31 March 2022)*	0.1%	0.3%	0%
Community pharmacy COVID-19 LFD service**	89%	87%	100%
COVID-19 medicines delivery service**	7.7%	7.6%	1.6%
AUR*	0.3%	0.2%	0%
SAC*	8%	2.1%	3%

Source: NHS BSA Dispensing Data

* Data from NHS BSA 2021-22 7 months

** Data taken from average of 3 months from August to October 2021

Appendix A lists those community pharmacies who have provided these services in December 2021.

Table 19 provides information on the activity of Advanced Services across Kingston. For Kingston COVID-19 related data, the average of three months has been used, to consider that not all pharmacies submit payment for services monthly. All other data uses 2021-22 seven-month data, however for this PNA activity data across the last four years is skewed, as the most recent data will have been affected by the pandemic and will therefore not be an accurate reflection.

Activity data shows that Advanced Services are used, but information is skewed due to the COVID-19 pandemic. New services such as CPCS are being used, but data shows low uptake nationally.¹⁰⁴ A recent report (October 2021) demonstrated there are currently over 6,500 GP practices in England and only 862 practices referred patients to CPCS.¹⁰⁵ National data as of November 2021 shows that 77% of community pharmacies are using CPCS. In Kingston, CPCS including GP CPCS has only been provided in 61% community pharmacies as of October 2021. The provision of COVID-19 Lateral Flow Device (LFD) distribution began on 1 April 2021, and this service uptake has been high locally and nationally due to increased awareness by the public.

The new hypertension service which started in October 2021 (but at time of writing only November 2021 activity data is available), shows low use nationally and regionally. Kingston has higher than national (6% vs 5%) and regional usage of the hypertension service across the pharmacies. Community Pharmacies are registering to provide the service but there is a national shortage of ambulatory blood pressure monitoring devices. This will have impacted the delivery of this new service.

To date, there has been low use of the community pharmacy hepatitis C antibody-testing service.

There has been low activity for the AUR service from community pharmacy providers in Kingston HWB area up to 31 October 2021. The number of providers of AUR is also very low regionally and nationally.

3.1.5 Enhanced Service provision

Under the pharmacy contract, Enhanced Services are those directly commissioned by NHSE&I ([Section 6.4](#)). Therefore, any Locally Commissioned Services (LCS) commissioned by CCGs or the local authority are not considered here. They are outside the scope of the PNA but are considered in [Section 4](#).

NHSE&I (London region) currently commissions the London Vaccination Service from pharmacies in Kingston. This Enhanced Service is in addition to the National Advanced Flu Vaccination Service and includes a top-up element for seasonal flu as well as pneumococcal vaccinations for certain cohorts. Delivery of the COVID-19 vaccination has been added as an Enhanced Service from community pharmacies to support the public during the pandemic.

In addition, the bank holiday services listed in [Section 3.1.3.5](#) are Enhanced Services.

3.2 Dispensing Appliance Contractors (DACs)

There is one DAC in Kingston HWB area, and there are DAC services available to the population from elsewhere in the UK. Appliances may also be dispensed from community pharmacies.

¹⁰⁴ NHS BSA Dispensing Data. <https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data>

¹⁰⁵ Royal College of General Practitioners. Making the Community Pharmacist Consultation Service A Success. October 2021. www.rpharms.com/recognition/all-our-campaigns/policy-a-z/cpcs

The community pharmacy contractor questionnaire received 18 responses and 77% of respondents reported that they provide all types of appliances.

There is one DAC in Kingston:

- Fittleworth Medical Limited, 16 Kingsmill Business Park, Chapel Mill Road, Kingston, KT1 3GZ

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 were 112 DACs in England in 2020-21.

3.3 Distance-Selling Pharmacies (DSPs)

A DSP provides services as per the Pharmaceutical Regulations 2013. It may not provide Essential Services face-to-face and therefore provision is by mail order and/or wholly internet. As part of the terms of service for DSPs, provision of all services offered must be offered throughout England.

It is therefore likely that patients within Kingston will be receiving pharmaceutical services from a DSP outside Kingston. There are two DSPs in Kingston HWB area:

- Timothy Whites Pharmacy, 1 Roebuck Place, 110 Roebuck Road, Chessington KT9 1EU
- Drugsmith Pharmacy, Unit 215 Kingspark Business Centre, 152-178 Kingston Road, New Malden KT3 3ST

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

The public questionnaire identifies that 10% of respondents have used a DSP (internet pharmacy). Of those who did use an internet pharmacy, 82% found the service to be excellent or good.

3.4 Local Pharmaceutical Service providers (LPS) providers

There are no LPS pharmacies in Kingston.

3.5 PhAS pharmacies

There are no PhAS pharmacies in Kingston.

3.6 Dispensing GP practices

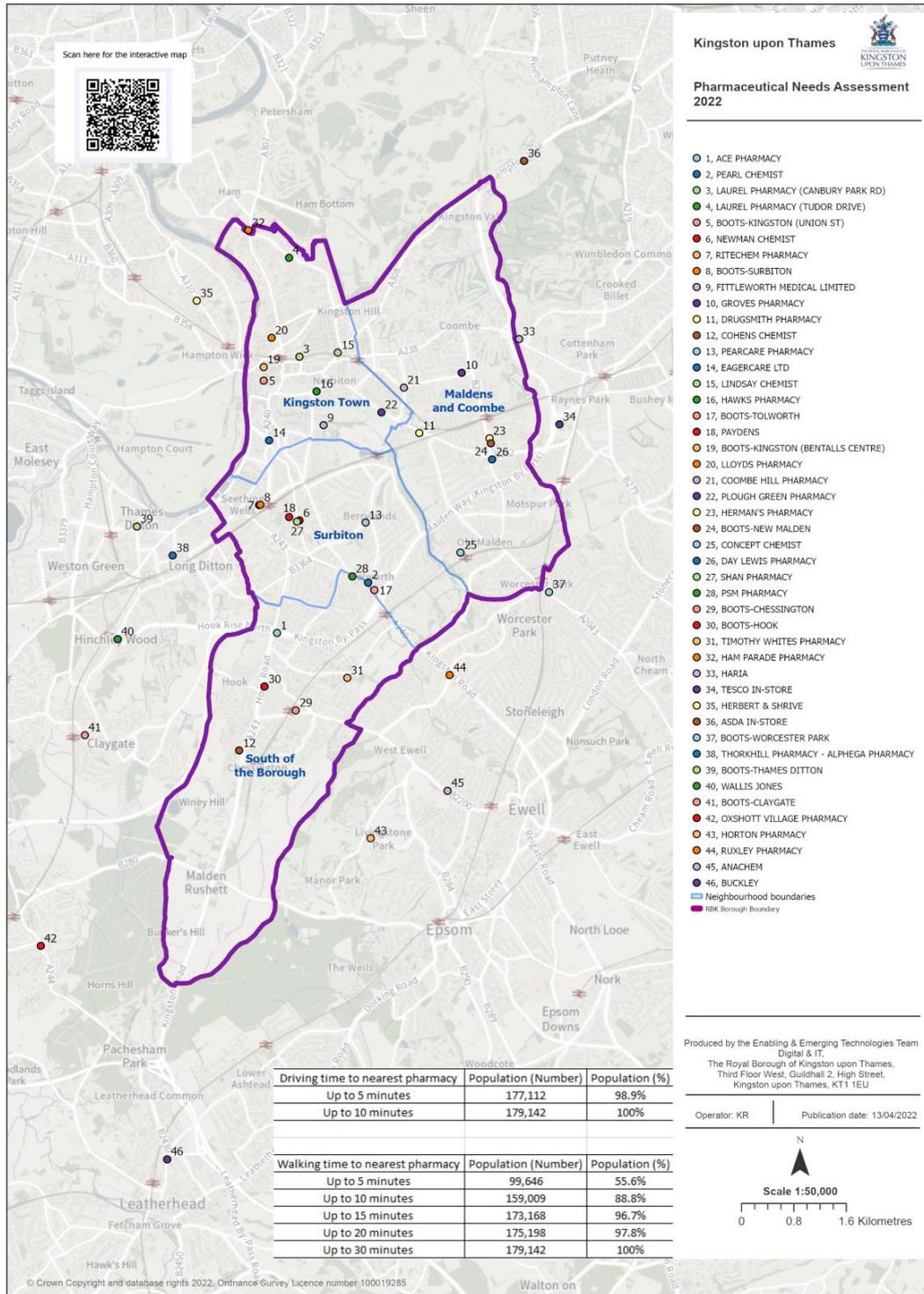
There are no Dispensing GP Practices in Kingston.

3.7 Pharmaceutical service provision provided from outside Kingston

Kingston is bordered by five other HWB areas: Sutton, Wandsworth, Merton, Richmond, and Surrey. As previously mentioned, like most London boroughs, Kingston has a comprehensive transport system. As a result, it is anticipated that many residents in Kingston will have reasonable access to pharmaceutical service providers in neighbouring HWB areas and beyond.

It is not practical to list here all those pharmacies outside Kingston by which Kingston residents will access pharmaceutical services. A number of providers lie within close proximity to the borders of Kingston HWB area boundaries and are marked on Figure 29. Further analysis of cross-border provision is undertaken in [Section 6](#).

Figure 29: A Map identifying Kingston HWB pharmacies and cross-border pharmacy provision



Section 4: Other services that may impact 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 (LA) or CCG.

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

The services commissioned in Kingston are described below and in [Section 6](#), and those commissioned from community pharmacy contractors in Kingston are listed in Table 20.

Table 20: Commissioned services from community pharmacies in Kingston

Commissioned service	CCG commissioned service	LA commissioned service
Supervised consumption of opiates		x
Needle Exchange Service (NEX)		x
Support to stop smoking services		x
Alcohol brief intervention		x
NHS Health Check		x
COVID-19 lateral flow testing		x
Advanced sexual health service		x
Out-of-hours access to palliative care medicines and advice	x	

4.1 Local authority-commissioned services provided by community pharmacies in Kingston

Kingston commissions seven services from community pharmacies:

- Supervised consumption of opiates
- Needle Exchange Service (NEX)
- Support to stop smoking services
- Alcohol brief intervention
- NHS Health Check
- COVID-19 lateral flow testing
- Advanced sexual health service
 - STI testing (FreeTestMe Smart Kits) and treatment
 - Emergency Hormonal Contraception (EHC)
 - C-Card

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

4.2 SWL ICB-commissioned services

SWL ICB currently commissions one service:

- Out-of-hours access to palliative care medicines and advice

A full list of community pharmacy providers is listed in Appendix A.

All 42 ICBs will take on responsibility for pharmaceutical services from April 2023, with nine taking-on responsibility earlier than this.

4.3 Other services provided from community pharmacies

As part of the community pharmacy contractor questionnaire, found in Appendix D, respondents were asked to indicate which from a range of other services, including disease-specific, vaccination and screening services, they currently provide, would be willing to provide or would not be willing to provide. The majority of pharmacies indicated that they either currently provide these services or would be willing to provide if commissioned.

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

4.4 Collection and delivery services

Of the pharmacies who responded, 85% (11 of 13) offer collection of prescriptions from GP practices. Of those who responded, 12 of 13 (92%) stated that they offer a free delivery service of dispensed medicines on request, (the other provides a chargeable service). These numbers are low and therefore cannot be extrapolated to all pharmacies in the HWB area.

Although there was a temporary Advanced Service that provided a free delivery service to certain patients during the pandemic, this has now stopped (24 February 2022). Prescription delivery services are not a commissioned service by the NHSE&I free to patients.

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, but there are 266 throughout England. Free delivery of appliances is also offered by DACs. There is one DAC based in Kingston providing services nationally and there are a further 110 throughout England.

4.5 Domiciliary services

It is estimated that between 900 and 1,100 Kingston residents are considered housebound. It is unclear if this translates into a need for prescription delivery services and whether current provision fulfils this need.

4.6 Language services

Of the 18 contractors who responded to the community pharmacy contractor questionnaire, 12 reported that they offer at least one additional language in addition to

English. The most common spoken additional languages were Hindi (6), Gujarati (4), Punjabi (3) and Tamil (3).

4.7 Services for less-abled people

Under the Equality Act 2010,¹⁰⁶ community pharmacies are required to make 'reasonable adjustments' to their services to ensure they are accessible by all groups, including less-abled persons. The questionnaire identifies that 86% have a consultation room that is accessible to wheelchair users.

4.8 GP practices providing extended hours

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

Table 179 in [Section 3](#) demonstrates that 66% of pharmacies are open after 6pm and 87% are open on Saturdays, which ensures there is pharmaceutical provision during GP extended hours.

4.9 Other providers

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

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

- Kingston Hospital, Galsworthy Road, Kingston upon Thames KT2 7QB (in-house pharmacy run by Boots)

Urgent care centres and walk-in centres – residents of Kingston have access to walk-in centres and urgent care centres based at:

- Teddington Memorial Hospital, Hampton Road, Teddington TW11 0JL
- Surbiton Health Centre, Ewell Road, Surbiton KT6 6EZ
- Merritt Medical Centre, Merritt Gardens, Chessington KT9 2GY
- Kingston Health Centre, 10 Skerne Road, Kingston Upon Thames KT2 5AD
- Queen Mary's Hospital, Roehampton Lane, London SW15 5PN

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

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

¹⁰⁶ Equality Act 2010. www.legislation.gov.uk/ukpga/2010/15/contents

Section 5: Findings from the public questionnaire

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

- All pharmacy contractors in Kingston, to distribute to the public
- Kingston Healthwatch, for onward distribution to its members and participation groups
- Residents via social media, websites, e-newsletters
- Residents via paper copies in libraries across the borough
- Kingston website
- Kingston Carers' Network for onward distribution to carers
- Charity, voluntary sector, and local groups for onward distribution to its members

It should be noted that the Steering Group would like to thank the teams who supported the distribution of the questionnaires, especially Healthwatch.

The full results of the public questionnaire can be found in Appendix H.

From the 144 respondents:

5.1 Visiting a pharmacy

- 92% have a regular or preferred pharmacy
- 84% describe the service as good or excellent (only four respondents (2%) identified the service from their pharmacy as poor)
- 53% have visited a pharmacy once a month or more for themselves in the past six months

5.2 Choosing a pharmacy

Reason for choosing pharmacy	% Respondents stating 'very important'
Convenience	73%
Quality of service	77%
Availability of medication	74%

5.3 Mode of transport to a community pharmacy

The method reported to access a pharmacy:

- Walking, 56%
- By car, 30%
- 4% used public transport
- 3% cycled

To note: many respondents have indicated they normally walk to their pharmacy, and it could be considered the desirability to have a pharmacy within walking distance improves access.

5.4 Time to get to a pharmacy

≤30 mins	≤15 mins
97%	88%

- 94% report no difficulty in travelling to a pharmacy
- Of the 8 respondents (6%) reporting any difficulty travelling, 3 identified access issues and 2 parking
- There were only 2 respondents (2%) who stated that it took longer than 30 minutes to get to a pharmacy

5.5 Preference for when to visit a pharmacy

- The information from respondents showed that there was no preferred day or time of day to visit a pharmacy
- Of note: 94% of respondents suggest that the pharmacy is open on the most convenient day and 90% state it is open at the most convenient time

5.6 Service provision from community pharmacies

From Appendix H (Q 19) it can be seen that there was generally good awareness of Essential Services provided from community pharmacy (most over 90%) except for the DMS (38%).

Table 21 shows the awareness of respondents for some non-Essential Services and a second column that identifies the percentage that would wish to see the service provided.

Table 21: Summary of public awareness of services

Service	% of respondents who were aware	% of respondents who would wish to see provided
DMS*	38%	52%
COVID-19 LFT distribution	65%	87%
CPCS	18%	73%
Flu vaccination	90%	88%
NMS	14%	50%
Needle exchange	20%	50%
Stop smoking	68%	56%
Supervised consumption	68%	43%
Sexual health services	43%	64%
Access to palliative care medicines	18%	76%
Hepatitis C testing	8%	49%
COVID-19 vaccination	60%	88%

* Essential Services

It can be seen that there is a lack of awareness of some of the non-Essential Services that are currently provided but also a perceived need for the provision of these services from community pharmacy. There is good awareness of stop smoking and supervised consumption services.

In the comments section, 27 respondents indicated they were happy with the service and 10 responded that they were not happy. Only 3 identified better opening hours.

It should be noted that prescription waiting times may vary according to the IT systems operated by individual companies operating community pharmacies and whether items are kept in stock or not and the availability of stock from wholesalers.

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

Table 22 provides the demographic analysis of respondents.

Table 22: Demographic analysis of the community pharmacy user questionnaire respondents

Sex (%)								
Male				Female				
42%				58%				
Age (%)								
16–24	25–34	35–54	55–64	65–69	70–79	80–89	90–99	100+
3.9%	13.2%	17.5%	19.3%	13.2%	22.8%	8.8%	1.3%	0%
Illness or disability (%)?								
Yes				No				
25.3%				74.7%				

Section 6: Analysis of health needs and pharmaceutical service provision

6.1 Pharmaceutical services and health needs

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

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

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

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

The changes were agreed by the Pharmaceutical Services Negotiating Committee (PSNC) with NHSE&I and the DHSC to allow pharmacy contractors and their teams to prioritise the provision of key services to patients during periods of time when capacity in pharmacies and the wider NHS became very stretched.

These services are temporary, with the Advanced Services due to stop, however it should be noted how community pharmacy has contributed as a system provider and has been able to step up to national priorities to meet the needs of the population.

It should also be recognised that there was a significant increase in the demand for self-care, minor ailment treatment, and advice during the pandemic. An audit conducted by the PSNC enabled them to measure the reliance that the public has had on pharmacies through the pandemic and the additional pressure that this had put on teams.¹⁰⁷

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

6.1.1 Kingston health needs

People in Kingston continue to have better health than the national average and this is reflected in their life expectancy. Many of the conditions that are national priorities for health such as CVD, stroke, hypertension, and diabetes are either lower or at similar rates to London and England averages, however they remain leading causes of morbidity and mortality within Kingston.

Leading causes of death amongst those aged under 75 years (in 2020) were:

- Cancer (46%)
- Diseases of the circulatory system (24%)

¹⁰⁷PSNC. Pharmacy Advice Audit: 2022 audit. <https://psnc.org.uk/contract-it/essential-service-clinical-governance/clinical-audit/psnc-pharmacy-advice-audit/>

In addition, rates of diabetes have increased from 4.4% in 2009-10 to 5.3% in 2020-21. Almost 10,000 people registered with Kingston GPs are recorded as having asthma (in 2020-21), which is 4.8% of patients, slightly higher than the London average (4.7%).

Immunisation levels in Kingston are below the 95% herd immunity target level deemed necessary to protect the whole population.

HIV testing coverage in Kingston is the lowest in London (in 2019), with only 61% of 'eligible attendees' to sexual health centres taking an HIV test.

6.1.2 Kingston Health and Care Plan

The Kingston Health and Care Plan is the effective Joint Health and Wellbeing Strategy for Kingston. Published by the Kingston HWB, the two-year strategy (2022-2024), a refresh and extension of the previous plan, aims to give everyone the best start in life, to help people to live healthier lives and be better connected to their local community.

The existing plan has three overarching aspirations for the people of Kingston across their life, namely that they:

- Start Well
- Live Well, and
- Age Well

It also has four cross-cutting priority themes:

- 1) Recognising all carers;
- 2) Tackling inequalities in health to reduce disparities for those most disadvantaged (especially in light of the COVID-19 pandemic);
- 3) Tackling obesity; and
- 4) Promoting the mental health and resilience of residents to improve health and wellbeing across the life course.

6.1.3 Priorities from the NHS Long Term Plan (LTP)

LTP priorities that can be supported from community pharmacy

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

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

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

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

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

Kingston has designated that all Essential Services to be regarded as Necessary Services. Advanced Services are all considered relevant.

6.2 Essential Services (ES)

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

- ES 1: Dispensing of medicines
- ES 2: Repeat dispensing/electronic repeat dispensing (eRD)
- ES 3: Managed repeats
- ES 4: Disposal of unwanted medicines
- ES 5: Public Health (promotion of healthy lifestyles)
- ES 6: Signposting patients to other healthcare providers
- ES 7: Support for self-care
- ES 8: Discharge Medicines Service (DMS)

ES1, ES2 and ES3 support patients living with long-term conditions by providing timely supply of medicines and advice to patients. ES2 may be of particular benefit to patients on

medicines as part of their treatment for long-term conditions, e.g. diabetes, or cardiovascular or respiratory conditions.

Using ES4, pharmacies can direct patients in the safe disposal of medicines and reduce the risk of hoarding medicines at home, which may increase the risk of error in taking medicines or the taking of out-of-date medicines.

ES5 can support local and national campaigns informing people of managing risk factors associated with many long-term conditions, such as smoking, healthy diet, physical activity and alcohol consumption.

ES5 provides the ability to:

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

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

Using ES6, pharmacies can signpost patients and carers to local and national sources of information and reinforce those sources already promoted. Essential Services may also identify other issues such as general mental health and wellbeing, providing an opportunity to signpost to other local services or services within the pharmacy, e.g. repeat dispensing.

Through ES7, pharmacy staff can advise patients and carers on the most appropriate choices for self-care and direct queries to the pharmacist for further advice when purchasing over-the-counter medicines or general sales lists products. Some over-the-counter medicines are contraindicated, e.g. decongestant use in circulatory disease, and inappropriate use could increase the risk of an unplanned hospital admission. Equally, some symptoms can be much more significant in certain long-term conditions, e.g. foot conditions in diabetes, and the attempted purchase of an over-the-counter medicine by a patient or carer could alert a pharmacist and lead to an appropriate referral. Promotion of self-care is an important aspect of the management of many long-term conditions and a

key element in the support of patients. Advanced Services provide a key opportunity for the pharmacist to help support patients in reaching their goals.

ES8: from 15 February 2021, NHS trusts were able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by the NHSE&I Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.

Underpinning the Essential 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 within Kingston.

Both Essential and Advanced Services provide an opportunity to identify issues with side effects, 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.

6.3 Advanced Services

Advanced Services are not mandatory for providers to provide. In many cases, there are restrictions within the provision and/or availability of these services. The Advanced Services are listed below and the number of pharmacy participants for each service in Kingston can be seen in [Section 3.1.4](#) and later in this section by locality. A description of each service may be found below.

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

A.10 Smoking Cessation Advanced Service

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

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

A.1 Appliance Use Review

AURs should improve the patient's knowledge and use of any 'specified appliance' by:

1. Establishing the way the patient uses the appliance and the patient's experience of such use.
2. Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient.
3. Advising the patient on the safe and appropriate storage of the appliance.
4. Advising the patient on the safe and proper disposal of the appliances that are used or unwanted.

A.2 Stoma Appliance Customisation (SAC)

The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. The stoma appliances that can be customised are listed in Part IXC of the Drug Tariff.

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

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

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

From 24 February 2022, the government eased Covid-19 restrictions to align with the national 'Living with COVID-19' plan. Therefore, the pandemic delivery was

decommissioned on 6 March 2022. From 1 April 2022, the government no longer provides free universal symptomatic and asymptomatic testing for the general public in England.¹⁰⁸

A.5 Community Pharmacist Consultation Service (CPCS)

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

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

A.6 Flu vaccination

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

Vaccination is a key intervention to protect at-risk groups, such as older people, people living with diabetes, COPD or CVD, or carers, against diseases such as seasonal flu or shingles.

A.7 Hepatitis C testing service

The service is focused on provision of Point-of-Care Testing (POCT) for Hepatitis C (Hep C) antibodies to People Who Inject Drugs (PWIDs), i.e. individuals who inject illicit drugs such as steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people test positive for Hep C antibodies, they will be referred for a confirmatory test and treatment, where appropriate. Recent developments in the treatment options for Hep C make the early identification of patients an important part of the management of the condition.

A.8 Hypertension case-finding service

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

¹⁰⁸ Cabinet Office. Living with COVID-19. 6 May 2022. www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19

A.9 New Medicine Service (NMS)

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

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

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

- Asthma and COPD
- Diabetes (type 2)
- Hypertension
- Hypercholesterolaemia
- Osteoporosis
- Gout
- Glaucoma
- Epilepsy
- Parkinson's disease
- Urinary incontinence/retention
- Heart failure
- Acute coronary syndromes
- Atrial fibrillation
- Long term risks of venous thromboembolism /embolism
- Stroke/TIA
- CHD

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

The NHS BSA has published a list of medicines that are suitable for NMS.¹⁰⁹

A.10 Smoking Cessation

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

¹⁰⁹ NHS BSA. New Medicine Service (NMS) Drug Lists. [Accessed February 2022.] www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/new-medicine-service-nms-drug-lists

6.4 Enhanced Services

There are currently four Enhanced Services commissioned through community pharmacies from NHSE&I in Kingston:

6.4.1 London Vaccination Service

This service is provided in addition to the National Advanced Flu Vaccination Service and includes a top-up element to cover additional groups of patients, e.g. carers, asylum seekers and the homeless, as well as providing vaccination for those aged 2–18.

There is also provision for pneumococcal vaccination to eligible cohorts.

6.4.2 COVID-19 vaccination

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

6.4.3 Bank holiday services

For the last two years NHSE&I has had an enhanced service for coverage over bank holidays to ensure that there are pharmacies open on these days and their location is near to the hubs and out of hours providers so patients can easily access medication if required.

This service is provided by one pharmacy in Surbiton locality to cover the whole of Kingston.

6.4.4 Christmas Day and Easter Sunday Services

For the last two years NHSE&I has had an enhanced service for coverage over these bank holidays to ensure that there are pharmacies open on these days and their location is near to the hubs and out of hours providers so patients can easily access medication if required

This service is provided by one pharmacy (different from that in [Section 6.4.3](#)) in Surbiton locality to cover the whole of Kingston.

6.5 Locally Commissioned Services (LCS)

Appendix A provides a summary of providers of Locally Commissioned Services (LCS) within Kingston pharmacies and a description of those services is provided below.

These services are commissioned by the CCG ([Section 6.5.1](#)) or the local authority ([Section 6.5.2](#)).

6.5.1 ICB-commissioned services

SWL ICB currently commissions one service:

6.5.1.1 Community pharmacy out-of-hours palliative care dispensing and medicines advice

The community pharmacy palliative care dispensing service has been developed to ensure that patients and healthcare professionals have secure access to specialist palliative care drugs in the community outside normal dispensing hours, when required. A gap had been identified in Kingston and Richmond for out-of-hours dispensing of palliative care drugs and this dispensing service is to support the improvement of, and best practice in, end-of-life care. The service will also facilitate safe and effective symptom management for palliative care patients at home aligning with the CCG's priorities of delivering care closer to home and reducing unnecessary and avoidable hospital admissions.

The service relates to out-of-hours 6 pm to 8 am Monday to Friday, all day Saturday and Sunday and bank holidays, 365 days a year.

6.5.2 Local authority-commissioned services

Kingston commissions seven services from community pharmacies:

6.5.2.1 Supervised consumption of opiates

The service will require the pharmacist to supervise the consumption by drug and/or alcohol misuse patients receiving drug and/or alcohol management treatment from services in Kingston of specified prescribed medicines at the point of dispensing in the pharmacy, ensuring the dose has been administered to the intended patient. The aim of the service is to provide supervised dispensing (in specified instalments) within community pharmacies for the following:

- Those who are undergoing treatment for substance misuse, and whom in the prescriber's opinion would benefit from a supervised community detoxification regime
- Clients with chaotic lifestyles/drug-using behaviour who could benefit from closer monitoring under supervised dispensing conditions until stabilised.
- Those clients starting new episodes of substitute opiate treatment, where national and local guidelines recommend supervision for at least the first three months of treatment (this includes methadone and buprenorphine) and supervised diazepam as part of a relapse prevention intervention as prescribed by Kingston specialist prescribing drug services only. Additional medication for supervision may be added in the future, which will be notified to pharmacies operating within the service specification.
- For clients prescribed buprenorphine, where there is an increased risk of injecting or diverting this medication if not closely supervised.
- For substance misuse clients prescribed supervised instalment dispensing of diazepam, and/or disulfiram and naltrexone where there is also an increased risk of diversion if not closely monitored and prescribed within guidelines.

6.5.2.2 Needle Exchange Service (NEX)

The provision of NEX services alongside opiate substitution therapy is the most effective way of reducing hepatitis C transmission among drug users.¹¹⁰

6.5.2.3 Support to stop smoking services

Adult smoking prevalence in Kingston is 9.2% (2019), which is slightly below the national average in England (13.9%); prevalence among routine and manual occupations smoking prevalence is 24.3%, which is higher than the national average (23.2%).

The service will support stop smoking interventions in GP practices and community pharmacies. This will include the development of care pathways, training and support for staff within these organisations to enable the delivery of stop smoking advice for patients and monitoring of performance.

6.5.2.4 Alcohol brief intervention

Pharmacies may offer screening for patients aged 16 and over, using the shortened version of the World Health Organisation (WHO) Alcohol Use Disorders Identification Test (AUDIT) questionnaire: AUDIT-C has three questions, taking approximately one minute to complete. Screening will apply to all patients who are aged 16 or over who live in Kingston or who are registered with a Kingston GP. If a patient is identified as positive, scoring 5 and above, the remaining questions of the 10-question AUDIT questionnaire are used to determine low risk, increasing risk, high risk or possible dependent patterns of drinking.

- If a patient is identified as increasing risk following a full AUDIT score of 8-15, then the pharmacist is required to offer a brief intervention and offer a referral to e-drink-check.kingston.gov.uk
- The recommended brief intervention is the basic five minutes of advice used in WHO clinical trial of brief intervention in primary care, using a programme modified for the UK context by the University of Newcastle – How Much is Too Much? The tools from this programme have been further refined.
- If a patient's drinking pattern is identified as high risk (score of 16+) then the patient shall be referred to specialist substance misuse services (the Kingston Wellbeing Service).

6.5.2.5 NHS Health Check

The NHS Health Check programme is a universal and systematic programme for everyone between the ages of 40 and 74, to assess risk of heart disease, stroke, kidney disease and diabetes, and to support people to reduce or manage that risk through individually tailored advice. The programme is not intended for those people already identified as having certain conditions. It is expected that where already identified, these people will be on the appropriate disease register and receiving treatment as necessary.

Pharmacy objectives:

¹¹⁰ National Institute for Health and Care Research (NIHCR). Harm reduction approaches predicted to reduce rates of new hepatitis C infection for people who inject drugs. 5 December 2017. <https://doi.org/10.3310/signal-000518>

- Be responsible for the identification of all patients aged 40–74 who are not on existing disease registers for diabetes, hypertension, stroke/TIA and chronic kidney disease, not on statins for more than six months, and who have not had their Health Check in the last five years
- Manage the risk of patients who are identified via the Health Check to have any of the following risk factors:
 - Hypertension
 - Smoker or ex-smoker in the last five years
 - BMI >30 (>27.5 for South Asians) or with waist circumference (male >102 cm, female >88 cm)
 - Family history of CVD, ischaemic heart disease or diabetes
 - Hypercholesterolemia
 - Non-diabetic hyperglycaemia (pre-diabetic – HbA1c 42–47 mmol)
 - Gestational diabetes
 - Irregular pulse
 - Specific ethnic minority groups (Indian, Pakistani, Bangladeshi)
- Engage the target population effectively and creatively to systematically assess their vascular risk
- Communicate healthy lifestyle messages to all those who engage with the programme, in line with NICE guidance
- Facilitate referral of patients requiring lifestyle interventions to lifestyle programmes
- Refer (where applicable) at-risk patients to appropriate lifestyle programmes
- Increase the awareness of everyone having a Health Check about the early signs of dementia and local services such as the memory clinic
- Work actively to reduce the current health inequalities in Kingston by targeting patients (specifically men) living in disadvantaged communities as well as those from black and minority ethnic groups COVID-19 lateral flow testing

6.5.2.6 Lateral flow testing

As part of Kingston’s approach to tackling the COVID-19 pandemic, Kingston delivered a programme of community testing using LFTs to identify asymptomatic residents.

This service required the community pharmacy to deliver a full and complete service for asymptomatic testing for COVID-19 of eligible patients using an LFT device.

- The service will be delivered in community pharmacy sites, across Kingston, operating up to 7 days per week.
- This service will be a standard offer to provide supervision of an LFT with results provided by the NHS Test and Trace service. This will include an explanation of its meaning, what to do if they have a positive result and referral to Connected Kingston.
- The pharmacy will deliver the service in line with this specification and any current or future guidance.

- The community pharmacy will provide support and advice to the patient, including referral to other services where required, e.g. to access a confirmation PCR test or referral to stop smoking services. This service ended 31 March 2022.

6.5.2.7 Advanced sexual health service

The service will support delivery against the three main sexual health public health outcome framework measures:

- Under-18 conceptions
- Chlamydia diagnoses (15–24-year-olds)
- People presenting with HIV at a late stage of infection
- STI testing (FreeTestMe Smart Kits) and treatment for chlamydia and gonorrhoea: Testing kits are available online or can be collected from participating community pharmacies.
If the client receives notification of a positive test for chlamydia they can seek treatment at an accredited community pharmacy, which is supplied under a patient group direction (azithromycin 1st line).
- EHC.
Emergency contraception can be used to prevent pregnancy after unprotected sex or if the contraception used has failed (e.g. a missed pill or a split condom). Levonelle and ellaOne are available free of charge from community pharmacies participating in the service for 16–24-year-olds
- C-card
Free condoms are available via the C-card scheme at participating pharmacies

6.6 PNA localities

There are 29 community pharmacies within Kingston HWB area. Individual pharmacy opening times are listed in Appendix A.

In addition, there are two DSPs in Kingston HWB, one in South of Borough and one in Malden and Coombe. These pharmacies are both involved in C-19 LFD distribution and the pharmacy in South of Borough participates in both the flu vaccination and London Vaccination Services. This will be reflected in the narrative below.

As described in [Section 1.5](#), the PNA Steering Group decided that the Kingston PNA should be divided into four localities:

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

Kingston's Housing Pipeline,¹¹¹ for sites with planning permission in the borough, details 3,350 units (containing almost 6,000 beds) due to be completed in the next five years, with

¹¹¹ Royal Borough of Kingston. Unpublished. Further details on planned development can be found at www.kingston.gov.uk/applications [Accessed 24 December 2021.]

population expansion of 20,000 people expected by 2030. Kingston's rising, and ageing, population needs to be considered in planning for future pharmacy services.

Substantial health data is available at this level and populations and their health needs vary widely between wards. This is illustrated and discussed in detail in [Section 2](#).

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

Table 23: Opening hours of community pharmacies by locality (total number in brackets)*

Opening hours	Kingston Town (9)	South of Borough (4)	Surbiton(9)	Malden and Coombe (7)
100-hour pharmacy	0	0	1 (11%)	0
After 18:30 weekday	4 (44%)	2 (50%)	4 (44%)	4 (57%)
Saturday	8 (89%)	3 (75%)	9 (100%)	7 (100%)
Sunday	3 (33%)	1 (25%)	4 (44%)	1 (14%)

*DSPs are not included as they do not provide Essential Services face to face

Table 24: Provision of NHSE Advanced and Enhanced Services by locality (total number in brackets)

Advanced or Enhanced* Service	Kingston Town (9)	South of Borough (5)	Surbiton (9)	Malden and Coombe (8)
NMS	8 (89%)	4 (80%)	7 (78%)	4 (50%)
CPCS	7 (78%)	4 (80%)	8 (89%)	4 (50%)
C-19 LFD^	9 (100%)	5 (100%)	9 (100%)	8 (100%)
C-19 delivery	1	2	1	1
Flu vaccination^	6 (67%)	4 (80%)	9 (100%)	5 (62.5%)
SAC	0	0	0	0
AUR	0	0	0	0
Hypertension-finding	1 (11%)	2 (40%)	4 (44%)	1 (13%)
C-19 vaccination*^	0	1 (20%)	2 (22%)	0
London Vaccination*^	6 (67%)	4 (80%)	9 (100%)	5 (100%)

*Enhanced

^ Services provided by DSPs

The two Advanced Services –hepatitis-C screening and smoking cessation have had delayed implementation due to the COVID-19 pandemic and so are not listed in Table 24.

Table 25: Provision of LCS (CCG and LA) (total number in brackets)*

LCS:	Kingston Town (9)	South of Borough (4)	Surbiton (9)	Malden and Coombe (7)
CCG				
OOH access to palliative care medicines and advice	0	1 (25%)	0	0
LA				
Supervised consumption of opiates	2 (22%)	2 (50%)	6 (67%)	2 (29%)
(NEX)	2 (22%)	1 (25%)	6 (67%)	2 (29%)
Support to stop smoking services	3 (33%)	2 (50%)	5 (56%)	2 (29%)
Alcohol brief intervention	3(33%)	2 (50%)	4 (44%)	2 (29%)
NHS Health Check	1 (11%)	1 (25%)	0	0
COVID-19 lateral flow testing	1 (11%)	1 (25%)	3 (33%)	1 (14%)
Advanced sexual health service	4 (44%)	3 (75%)	4 (44%)	1 (14%)

None of these services are provided by DSPs therefore they are not included in the table

Taking the health needs highlighted in each locality into consideration, this section considers the pharmaceutical service provision within each locality.

Necessary Services are Essential Services although Advanced and Enhanced Services are regarded as relevant.

6.6.1 Kingston Town

6.6.1.1 Necessary Services: current provision

Kingston Town has a population of 50,272.

There are nine community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 17.9, slightly above the Kingston average (17.5) but below the England average of 20.6. All of these pharmacies hold a standard 40-core hour contract.

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

Of the 9 pharmacies:

- 4 pharmacies (44%) are open after 18:30 on weekdays
- 8 pharmacies (89%) are open on Saturdays
- 3 pharmacies (33%) are open on Sundays

6.6.1.2 Necessary Services: gaps in provision

There are a number of new housing developments in the locality totalling over 1,250 units and disproportionately more in this locality than others in Kingston.

While these new developments are significant, generally there is adequate pharmaceutical service provision across the whole locality to ensure continuity of provision to the new developments.

There are no community pharmacies providing services overnight in the Kingston Town locality. Based upon the results of the public and pharmacy contractor questionnaires, and access to pharmacies across Kingston or in neighbouring HWB areas, there is no evidence to suggest there is a gap in service that would equate to the need for access to Essential Services outside normal hours in this locality. Kingston will monitor the uptake and need for Necessary Services.

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 capacity to meet potential increases in service demand.

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

6.6.1.3 Other relevant services: current provision

The table above shows the number of pharmacies providing Advanced Services in Kingston Town – there is good availability of NMS, CPCS, flu vaccination and C-19 LFD distribution in the locality.

Regarding access to **Advanced Services**:

- 8 pharmacies (89%) provide NMS
- 7 (78%) provide CPCS
- 6 pharmacies (67%) provide flu vaccination services
- 1 pharmacy (11%) is signed up to the hypertension case finding service
- 8 (89%) provide C-19 LFD services

6.6.1.4 Improvements and better access: gaps in provision

Regarding access to **Enhanced Services**:

- 6 pharmacies (67%) provide the London Vaccination Service

Regarding access to **Locally Commissioned Services** within the 9 pharmacies:

- None of the pharmacies provides the immediate access to palliative medicines service commissioned via the CCG (there is only one provider in Kingston).

Of the local authority–commissioned services:

- 2 pharmacies (22%) provide supervised consumption of opiates
- 2 (22%) provide NEX
- 3 (33%) provide support to stop smoking services
- 3 (33%) provide alcohol brief intervention

- 1 (11%) provides NHS Health Check
- 1 (11%) provides COVID-19 lateral flow testing
- 4 (44%) provide sexual health Advanced Service

While Kingston can be regarded as having better than average health there are pockets of deprivation and poor health.

Tudor ward (in the north of Kingston Town locality) had the lowest deprivation and highest HLE, at 71.3 for men and 71.4 for women.

In contrast, Norbiton ward (in the south of Kingston Town locality) has a lower life expectancy (and higher levels of deprivation) for both men and women than the national average and, from 2017-19, almost half of residents in the most deprived areas of Kingston who died were aged under 75, compared with just over a quarter of residents in the least deprived parts.¹¹²

Leading causes of death among those aged under 75 years (in 2020) were:

- Cancer (46%)
- Diseases of the circulatory system (24%)

Should this be a priority target area for commissioners, they may want to consider the current provision and uptake of services from community pharmacies. There is only one community pharmacy within the locality providing NHS Health Checks.

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies. Implementation of the new Advanced Service – hypertension case-finding service - would seem appropriate. In addition, the Smoking Cessation Advanced Service would contribute to reducing a major risk factor in cancer and CVD.

Details of health needs for the wider Kingston can be seen in [Section 6.8](#) and in Appendix O, which highlights opportunities for the implementation of new services to meet these needs.

No gaps have been identified that if provided either now or in the future would secure improvements or better access to relevant services across the Kingston Town locality.

6.6.2 South of Borough

6.6.2.1 Necessary Services: current provision

South of Borough has a population of 30,668.

¹¹² NHS Digital. Primary Care Mortality Database. Unpublished.

There are four community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 13.0, below the Kingston average (17.5) and significantly below the England average of 20.6. All of these pharmacies hold a standard 40-core hour contract. In addition, there is one DSP in the locality.

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

Of the 4 community pharmacies:

- 2 pharmacies (50%) are open after 18:30 on weekdays
- 3 pharmacies (75%) are open on Saturdays
- 1 pharmacy (25%) is open on Sundays

6.6.2.2 Necessary Services: gaps in provision

There are a number of new housing developments in the locality, totalling over 1,000 units.

While these new developments are significant based on the current population, generally there is adequate pharmaceutical service provision across the whole locality and in neighbouring localities to ensure continuity of provision to the new developments.

The number of community pharmacies per 100,000 population is low, however, based upon the results of the public and pharmacy contractor questionnaires and access to pharmacies across Kingston or in neighbouring HWB areas, there is no evidence to suggest there is a gap in service that would equate to the need for access to Essential Services outside normal hours in this locality. Kingston will monitor the uptake and need for Necessary Services.

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 capacity to meet potential increases in service demand.

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

6.6.2.3 Other relevant services: current provision

The table above shows the number of pharmacies providing Advanced Services in South of Borough – it can be seen that there is good availability of NMS, CPCS, flu vaccination and C-19 LFD distribution in the locality. Of note, the DSP provides both flu vaccination and the London Vaccination Services, as well as the C-19 LFD distribution, which are reflected in the numbers below.

Regarding access to **Advanced Services**:

- 4 (100%) community pharmacies provide NMS
- 4 (100%) community pharmacies provide CPCS

- 4 (80%) (3 community and the DSP) pharmacies provide flu vaccination services
- 2 (40%) provide the hypertension case finding service
- All 5 provide C-19 LFD services

6.6.2.4 Improvements and better access: gaps in provision

Regarding access to **Enhanced Services**:

- 4 (80%) (3 community and the DSP) provide the London Vaccination Service

Regarding access to **Locally Commissioned Services** in the 4 community pharmacies:

- 1 pharmacy provides the immediate access to palliative medicines service commissioned via the CCG – this provision is for the whole of Kingston

Of the local authority–commissioned services:

- 2 pharmacies (50%) provide supervised consumption of opiates
- 1 (25%) provides NEX
- 2 (50%) provide support to stop smoking services
- 2 (50%) provide alcohol brief intervention
- 1 (25%) provides NHS Health Check
- 1 (25%) provides COVID-19 lateral flow testing
- 3 (75%) provide the sexual health Advanced Service

Details of health needs for the wider Kingston can be seen in Section 6.8 and in Appendix O, which highlights opportunities for the implementation of new services to meet these needs.

There is generally good provision of services deemed relevant in the South of Borough locality.

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

6.6.3 Surbiton

6.6.3.1 Necessary Services: current provision

Surbiton has a population of 43,225.

There are nine community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 20.8, above the Kingston average (17.5) and the England average of 20.6. Eight of these pharmacies hold a standard 40-core hour contract and one is a 100-hour pharmacy.

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

Of the 9 pharmacies:

- 4 pharmacies (44%) are open after 18:30 on weekdays
- 9 pharmacies (100%) are open on Saturdays
- 4 pharmacies (44%) are open on Sundays

6.6.3.2 Necessary Services: gaps in provision

There are some new housing developments in the locality totalling nearly 650 units.

While these new developments may have an impact, there is adequate pharmaceutical service provision, including 100-hour pharmacies, across the whole locality to ensure continuity of provision to the new developments.

Based upon the results of the public and pharmacy contractor questionnaires and access to pharmacies across Kingston or in neighbouring HWB areas, there is no evidence to suggest there is a gap in service that would equate to the need for access to Essential Services outside normal hours in this locality. Kingston will monitor the uptake and need for Necessary Services.

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 capacity to meet potential increases in service demand.

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

6.6.3.3 Other relevant services: current provision

The tables above show the number of pharmacies providing Advanced Services in Surbiton – it can be seen that there is good availability of NMS, CPCS, flu vaccination and C-19 LFD distribution in the locality.

Regarding access to **Advanced** Services:

- 7 pharmacies (78%) provide NMS
- 8 pharmacies (89%) provide CPCS
- 9 pharmacies (100%) provide flu vaccination services
- 4 pharmacies (44%) provide the hypertension case finding service
- All 9 provide C-19 LFD services

6.6.3.4 Improvements and better access: gaps in provision

Regarding access to **Enhanced** Services:

- All 9 pharmacies (100%) provide the London Vaccination Service

Regarding access to **Locally Commissioned Services** in the 9 pharmacies:

- None of the pharmacies provides the immediate access to palliative medicines service commissioned via the CCG

Of the local authority–commissioned services:

- 6 pharmacies (67%) provide supervised consumption of opiates
- 6 (67%) provide NEX
- 5 (56%) provide support to stop smoking services
- 4 (44%) provide alcohol brief intervention
- None provides NHS Health Check
- 3 (33%) provide COVID-19 lateral flow testing
- 4 (44%) provide sexual health Advanced Service

Women living in Surbiton Hill ward have a life expectancy at birth of 81.5 years, a lower life expectancy than the national average among women. The seven-year gap between these residents and their northern neighbours demonstrates the relationship between life expectancy and deprivation.

Leading causes of death among those aged under 75 years (in 2020) were:

- Cancer (46%)
- Diseases of the circulatory system (24%)

Details of health needs for the wider Kingston can be seen in [Section 6.8](#) and in Appendix O, which highlights opportunities for the implementation of new services to meet these needs.

There is generally good provision of services deemed relevant with the Surbiton locality. No community pharmacy provides NHS Health Checks, but they are available in the other localities of the HWB area.

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

6.6.4 Malden and Coombe

6.6.4.1 Necessary Services: current provision

Malden and Coombe has a population of 53,338.

There are seven community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 13.1, below the Kingston average (17.5) and significantly below the England average of 20.6. All of these community pharmacies hold a standard 40-core hour contract. There is one DSP in the locality; the impact on service provision is outlined below.

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

Of the 7 community pharmacies:

- 3 pharmacies (43%) are open after 18:30 on weekdays
- 7 pharmacies (100%) are open on Saturdays
- 1 pharmacy (14%) is open on Sundays

6.6.4.2 Necessary Services: gaps in provision

There are a small number of new housing developments in the locality totalling just over 400 units.

While these new developments may have an impact, there is adequate pharmaceutical service provision across the whole locality (and in neighbouring localities) to ensure continuity of provision to the new developments.

The number of community pharmacies per 100,000 population is low, however, based upon the results of the public and pharmacy contractor questionnaires and access to pharmacies across Kingston or in neighbouring HWB areas, there is no evidence to suggest there is a gap in service that would equate to the need for access to Essential Services outside normal hours in this locality. Kingston will monitor the uptake and need for Necessary Services.

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 capacity to meet potential increases in service demand.

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

6.6.4.3 Other relevant services: current provision

Table 24 shows the number of pharmacies providing Advanced Services in Malden and Coombe – it can be seen that there is good availability of NMS, CPCS, flu vaccination and C-19 LFD distribution in the locality. The only service provided by the DSP is C-19 LFD distribution, which is reflected below.

Regarding access to **Advanced** Services:

- 4 pharmacies (57%) provide NMS
- 4 pharmacies (57%) provide CPCS
- 5 pharmacies (71%) provide flu vaccination services
- 1 pharmacy (14%) provides the hypertension case finding service
- All 8 (including DSP) provide C-19 LFD services

6.6.4.4 Improvements and better access: gaps in provision

Regarding access to **Enhanced Services**:

- 5 pharmacies (71%) provide the London Vaccination Service

Regarding access to **Locally Commissioned Services** in the 9 pharmacies:

- None of the pharmacies provides the immediate access to palliative medicines service commissioned via the CCG

Of the local authority–commissioned services:

- 2 (29%) provide supervised consumption of opiates
- 2 (29%) provide NEX
- 2 (29%) provide support to stop smoking services
- 2 (29%) provide alcohol brief intervention
- None provides NHS Health Check
- 1 (14%) provides COVID-19 lateral flow testing
- 1 (14%) provide sexual health Advanced Service

Details of health needs for the wider Kingston can be seen in [Section 6.8](#) and in Appendix O, which highlights opportunities for the implementation of new services to meet these needs.

There is generally adequate provision of services deemed relevant with the Malden and Coombe locality (and surrounding localities), although no community pharmacies currently provide NHS Health Checks, they are available in the other localities of the HWB.

No gaps have been identified that if provided either now or in the future would secure improvements or better access to relevant services across the Malden and Coombe locality.

6.7 Necessary Services: gaps in provision in Kingston

From the information provided above by locality, the maps, and contractor and public questionnaires:

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

6.8 Improvements and better access: gaps in provision for Kingston

Appendix O discusses health needs and opportunities for the implementation of new services to meet these needs.

People in Kingston continue to have better health than the national average and this is reflected in their life expectancy. Many of the conditions that are national priorities for health such as CVD, stroke, hypertension, and diabetes are either lower than or at similar rates to London and England averages, however they remain leading causes of morbidity and mortality within Kingston.

Leading causes of death among those aged under 75 years (in 2020) were:

- Cancer (46%)
- Diseases of the circulatory system (24%)

In addition, rates of diabetes have increased from 4.4% in 2009-10 to 5.3% in 2020-21. Almost 10,000 people registered with Kingston GPs are recorded as having asthma (in 2020-21), which is 4.8% of patients, slightly higher than the London average (4.7%).

Immunisation levels in Kingston are below the 95% herd immunity target level deemed necessary to protect the whole population.

HIV testing coverage in Kingston is the lowest in London (in 2019), with only 61% of 'eligible attendees' to sexual health centres taking an HIV test.

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

- NHS Health Checks (there are currently two pharmacies providing within Kingston)
- Delivery of the recently introduced Advanced Service – hypertension case-finding service
- Smoking Cessation Advanced Service would contribute to reducing a major risk factor in both cancer and CVD
- Improved use of the London Vaccination Service to target immunisation levels in the population
- Extending screening services to other conditions (screening services are already in place for some sexual health indications (e.g. chlamydia))

Many respondents to the public questionnaire have indicated they normally walk to their pharmacy, and it could be considered that the desirability to have a pharmacy within walking distance improves access.

Many community pharmacy contractors have provided a delivery service at no cost to patients as part of an added value service. Many patients and primary care clinicians have assumed that this is a funded service. During the pandemic the temporary Advanced Service supported the need for delivery services, and these are now due to end¹¹³. There is a need for clear communication to ensure that patients and primary care understand that this is no longer commissioned. However, this may be something to consider as a nationally commissioned service to meet the needs of residents rather than as a non-

¹¹³ These services have now ended since the time of writing

funded service that community pharmacies continue to provide or may be expected to provide and cannot, due to the pressures of general service delivery.

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

Section 7: Conclusions

When assessing the provision of pharmaceutical services in Kingston and each of the four PNA localities, Kingston HWB has considered the following:

- The health needs of the population of from the JNSA, the Kingston Health and Care Plan (2022-2024) and nationally from the NHS LTP
- The map showing the location of pharmacies within Kingston ([Section 3](#), Figure 26)
- Population densities ([Section 2.5.1](#))
- Life expectancy within Kingston across the four PNA localities ([Section 2.5.8](#))
- IMD 2019 data
- Specific populations ([Section 2.5.9](#)) across all four PNA localities
- Access to community pharmacies via various types of transport ([Section 3.1](#))
- The number, distribution, and opening times of pharmacies within each of the four PNA localities and across the whole of Kingston (Appendix A)
- Service provision from community pharmacies and DSPs (Appendix A)
- The choice of pharmacies covering each of the four PNA localities and the whole of Kingston (Appendix A)
- Results of the public questionnaire (Appendix H)
- Results of the contractor questionnaire (Appendix I)
- Proposed new housing developments ([Section 2.5.4](#))
- Projected population growth ([Section 2.5.3](#))

Kingston has a current estimated population of around 177,500 in 2021 and is expected to grow by 10,000 in the duration of this PNA.

Kingston has an older demographic when compared with London (12.3%), with 14.3% in Kingston aged 65 and over. The projections show that the number of people aged 65 and over will go up by more than double the proportion of working age residents (26% vs 11%) in the 2020s. This may mean fewer younger people in Kingston to support the larger number of older people.

The population is generally affluent, compared with the England average, though pockets of deprivation exist. IMD 2019 data shows that Kingston was ranked the 48th least deprived local authority (out of 317) in England in 2019, and the second least deprived local authority in London. In the previous IMD rankings, in 2015, Kingston was the 40th least deprived local authority in the country, so has become relatively more deprived over the intervening years.

In 2021, an estimated 34% of the Kingston population comes from an ethnic minority, compared with 44% for London overall.¹¹⁴ After English, the three most common languages spoken as a first language are Tamil, Korean and Polish.

¹¹⁴ GLA. Ethnic group population projections, 2016 base. [Accessed October 2021.] <https://data.london.gov.uk/dataset/ethnic-group-population-projections>

From the public questionnaire, 92% of respondents report having a regular or preferred pharmacy; 84% describe the service as good or excellent.

The main way reported for travel to the pharmacy is by walking, with 56% using this method. The next most common method is by car, 30% (4% used public transport and 3% cycled).

From the public questionnaire, 97% can access a pharmacy within 30 minutes or less (88% in 15 minutes or less).

From the maps provided in [Section 3](#), the travel times to community pharmacies were:

- Driving: 98.9% of the population can drive to a pharmacy within 5 minutes (100% within 10 minutes)
- Walking: 97.8% of the population can walk to a pharmacy within 20 minutes (100% within 30 minutes)

Respondents to the public questionnaire identified that they wished to see a variety of services provided from community pharmacies, although the questionnaire did highlight that there was a lack of awareness of some of the services that were available. A review of how services are advertised would be worthwhile in an effort to get optimal activity. A summary of the questionnaire results can be seen in [Section 5](#) (full results in Appendix H).

There are 29 community pharmacies (down from 31 in 2018) In addition, there are two DSPs and one DAC. Community pharmacies are more densely concentrated in populated areas, and this generally matches areas of higher all-cause mortality and deprivation. Community pharmacies are therefore well placed to provide services specifically targeted to improve health outcomes. There are 16.3 community pharmacies per 100,000 population in Kingston (17.5 when DSPs are included), compared with 20.6 per 100,000 in England (South of Borough 13.0/100,000; Surbiton 20.8/100,000).

A lower percentage of community pharmacies in Kingston are open for 100 hours or more (3.3% versus 9.4% in England), only one in total, although the majority of community pharmacies (93%) are open on Saturdays. There are just over a third of community pharmacies open on Sundays (34.5%). Access to pharmaceutical services on bank holidays and overnight is limited but there is access if required. The contractor questionnaire showed that 8 respondents would be willing to provide an out-of-hours service if commissioned.

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

The majority of community pharmacies offer a free delivery service, and many have extended opening hours on weekday evenings and Saturdays.

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

- New Advanced Services have had their implementation delayed

- Community pharmacy priorities have been centred on pandemic service delivery, e.g. LFD distribution and COVID-19 vaccination
- Managing significantly increased demand for existing services, e.g. repeat dispensing

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

There are recently introduced Advanced Services becoming available (hypertension case-finding, hepatitis C-screening, smoking cessation), would support the identified priorities of Kingston. However, the uptake of existing services (e.g. NMS, CPCS) has been impacted for a variety of reasons; methods to enhance the uptake should be considered, including awareness campaigns (healthcare professionals and public) and gaining a clear understanding of the pandemic impact.

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

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

7.1 Current provision of Necessary Services

Necessary Services – gaps in provision

7.1.1 Necessary Services – normal working hours

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

7.1.2 Necessary Services – outside normal working hours

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

7.2 Future provision of Necessary Services

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

7.3 Improvements and better access – gaps in provision

7.3.1 Current and future access to Advanced Services

No gaps have been identified that if provided either now or in the future would secure improvements or better access to Advanced Services across Kingston.

7.3.2 Current and future access to Enhanced Services

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

7.3.3 Current and future access to Locally Commissioned Services

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

South of Borough neighbourhood

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced			CCG	LA							
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	C-19 LFD distribution	Hypertension case-finding	Stop smoking	C-19 vaccination	London vaccination	Bank holiday	OOH palliative care	C-19 test	Needle exchange	Supervised consumption	Health Checks	Alcohol	Sexual health	Stop smoking		
Ace Pharmacy	FAM93	Community	1-3 Ace Parade, Hook Road, Chessington	KT9 1DR	09:00-20:00	09:00-18:30	10:00-14:00	-	-	-	-	-	-	Y	-	Y	Y	Y		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	-	-	Y	-	-	-	-	Y	-	-		-	Y	-	-	-	-	-	-	-	-	-	-	-
Cohens Chemist	FL578	Community	The Merritt Medical Centre, Merritt Gardens, Chessington	KT9 2GY	08:30-13:00, 13:30-19:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	Y		-	-	-	-	Y	-	-	-	-	Y	-	Y	
Boots	FPC86	Community	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	-		-	Y	-	-	-	-	Y	-	-	-	Y	-	
Boots	FYQ11	Community	4 Arcade Parade, Hook, Chessington	KT9 1AB	09:00-13:00, 13:30-18:30	09:00-13:00, 13:30-17:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-		-	Y	-	-	-	-	-	-	-	-	-	Y	-

Surbiton neighbourhood

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced			CCG	LA				
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	C-19 LFD distribution	Hypertension case-finding	Stop smoking	C-19 vaccination	London vaccination	Bank holiday	OOH palliative care	C-19 test	Needle exchange	Supervised consumption	Health checks	Alcohol	Sexual health
Newman Chemist	FCL07	Community	99 Ewell Road, Surbiton	KT6 6AH	09:00-13:00,14:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	Y	-	-	Y	Y	Y	-	Y	Y	Y
Boots	FD501	Community	19-20 Victoria Road, Surbiton	KT6 4JZ	09:00-19:00	09:00-19:00	10:00-16:00	-	-	Y	-	-	-	-	Y	Y	-	-	Y	Y	-	-	Y	Y	-	-	Y	Y
Pearl Chemist	FD616	Community	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	-	-	-	-	-
PSM Pharmacy	FH455	Community	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
Ritechem Pharmacy	FM456	Community	22 Victoria Road, Surbiton	KT6 4JZ	09:00-18:00	10:00-16:00	Closed	-	-	-	-	-	Y	-	Y	Y	-	-	Y	-	-	-	-	-	-	-	-	Y
Pearcare Pharmacy	FPF11	Community	86 Alexandra Drive, Surbiton	KT5 9AG	09:00-13:00, 14:00-18:00	09:00-17:00	Closed	-	-	-	-	-	Y	-	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-	-
Boots	FR299	Community	59-63 Tolworth Broadway, Surbiton	KT6 7DW	09:00-20:00	08:30-19:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y
Paydens	FTL85	Community	Surbiton Health Centre, Ewell Road, Surbiton	KT6 6EZ	07:00-22:00	07:00-20:00	08:00-20:00	Y	-	Y	-	-	Y	-	Y	Y	-	-	Y	Y	-	-	Y	Y	-	Y	-	-
Shan Pharmacy	FYY52	Community	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

Malden and Coombe neighbourhood

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced			CCG	LA							
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	C-19 LFD distribution	Hypertension case-finding	Stop smoking	C-19 vaccination	London vaccination	Bank holiday	OOH palliative care	C-19 test	Needle exchange	Supervised consumption	Health checks	Alcohol	Sexual health	Stop smoking		
Day Lewis Pharmacy	FDH40	Community	128 Malden Road, New Malden	KT3 6DD	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-
Boots	FEG11	Community	116 High Street, New Malden	KT3 4EU	09:00-18:30	09:00-18:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	-	-	-	-	Y	-	-	-	Y	Y	
Herman's Pharmacy	FLF17	Community	84 High Street, New Malden	KT3 4ET	09:00-19:00	09:00-18:00	Closed	-	-	-	-	-	-	-	Y	-	-	-	-	Y	-	-	-	Y	-	-	Y	-	-	-	
Groves Pharmacy	FLW51	Community	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	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Coombe Hill Pharmacy	FN954	Community	3 The Triangle, Kingston	KT1 3RU	09:00-18:00	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	-	-	-	Y	Y	-	Y	-	Y		
Plough Green Pharmacy	FTX78	Community	364 Malden Road, Worcester Park	KT4 7NW	09:00-18:00	09:00-17:30	Closed	-	-	-	-	-	-	-	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	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Concept Chemist	FXL91	Community	127 Manor Drive North, New Malden	KT3 5PD	09:00-19:00	09:00-17:00	Closed	-	-	-	-	-	Y	-	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	

Appendix B: PNA Steering Group terms of reference

Objective/Purpose

To support the production of the Pharmaceutical Needs Assessment (PNA) on behalf of the Royal Borough of Kingston, to ensure that it satisfies the relevant regulations including consultation requirements.

Accountability

The Steering Group is to report to the Consultant in Public Health.

Membership

Core members:

- Consultant for Public Health
- NHS England representative
- Local Medical Committee representative
- Local Pharmaceutical Committee representative
- CCG/ICS representative
- Council – Consultant in Public Health
- Council – Commissioning Manager
- Healthwatch representative (lay member)

Soar Beyond are not to be a core member but will chair the meetings. Each core member has one vote. The Consultant in Public Health 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. Non-attending members are unable to cast a vote – that vote may otherwise sway the casting decision.

The Kingston Director of Public Health to approve the final draft and final version of the PNA 2022. The report would then be brought back to a future board meeting for information.

Additional members (if required):

- CCG commissioning managers
- NHS Trust chief pharmacists
- Dispensing doctors representative

In attendance at meetings will be representatives of Soar Beyond Ltd who have been commissioned by the Royal Borough of Kingston 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 2022 to sign off the PNA for submission to the Health and Wellbeing Board (HWB).

Responsibilities

- Provide a clear and concise PNA process
- Review and validate information and data on population, demographics, pharmaceutical provision, and health needs
- To consult with the bodies stated in Regulation 8 of the Pharmaceutical Regulations 2013:
 - Any Local Pharmaceutical Committee for its area
 - Any Local Medical Committee for its area
 - Any persons on the pharmaceutical lists and any dispensing doctors list for its area
 - Any LPS chemist in its area
 - Any local Healthwatch organisation for its area
 - Any NHS Trust or NHS Foundation Trust in its area
 - NHS England
 - Any neighbouring HWB
- Ensure that due process is followed
- Report to HWB on both the draft and final PNA
- Publish the final PNA by end 31 October 2022

Appendix C: Public questionnaire



Pharmaceutical Needs Assessment Public Questionnaire 2022 Royal Borough of Kingston Upon Thames Health and Wellbeing Board

Tell us what you think of pharmacy services in the Royal Borough of Kingston

We want to hear what you think of pharmacy services in the Royal Borough of Kingston as part of our required Pharmaceutical Needs Assessment (PNA). Responding will help us to develop future services and review how best these can be accessed. Everybody's views are important to ensure that pharmacy services in the Royal Borough of Kingston meet your needs. Please note this is about pharmacy services in general, and not about the availability of medicines.

The information you give us will enable us to:

- check whether or not our services are equally accessible to everyone who is entitled to them;
- identify and address any barriers to accessing information about our services;
- continually improve the services we deliver.

We would be grateful if you would take the time to answer some questions about your own experience and views. It takes between 3 and 20 minutes, depending on your answers.

The information in the questionnaire you provide is confidential. Please see the privacy statement below (on p 2) to understand what happens to your information and answers. Information returned in the 'A bit about you' section will be recorded separately from your questionnaire response.

The closing date for this questionnaire is **Friday 10th December 2021**, and there are a number of ways you can give your feedback:

Paper copy: please complete one of the copies available at pharmacies and libraries across the borough, and leave there for collection

Post: send back a response via post to: Soar Beyond, 1 Marchmont Gate, Maxted Road, Hemel Hempstead, Hertfordshire, HP2 7BE. If you would like a stamped addressed envelope to use, please get in touch.

Phone: to request a call back to give your responses over the phone, call 020 8547 5000 and ask for the Public Health Single Point of Contact

Online; to complete the survey online, please visit kingstonletstalk.co.uk/pna-2022

If you require any further information, or the survey in a more accessible format, please contact the Public Health Team via email pna2021@kingston.gov.uk or call 020 8547 5000 and ask for the Public Health Single Point of Contact

N.B. All responses to these questions are anonymous; responses are added together and no individuals are identified. Any information provided will be treated as strictly confidential and in line with GDPR (General Data Protection Regulation). The information will be held securely and used for the purpose of planning appropriate services for all communities. It will not be passed on to any third party. For more detail on the Public Health privacy notice please visit: [Kingston council privacy note](#)

1) What could a pharmacy offer to make it your first point of call for your healthcare needs (i.e. one that is related to the treatments, control or preventions of illness, disease or injury)?

2) Do you have a regular or preferred pharmacy that you visit/contact?

Yes – if happy to do so, please provide the name and address

No

If you have answered Yes, please go to question 4

3) If you don't have a regular or preferred pharmacy that you visit/contact, is there a reason why?

I regularly prefer to use an online/internet pharmacy. (An internet pharmacy is a registered pharmacy business that only provides an online service for prescriptions. A traditional pharmacy provides face to face services and may provide the facility to provide online services too.)

If happy to do so, please provide the website

I use both a traditional pharmacy and an internet pharmacy – if happy to do so, please provide the name and address, and the website of the online pharmacy

Other, please specify_____

4) How would you rate your overall satisfaction with your regular/preferred pharmacy/dispensary? (Please select one answer for each row)

Pharmacy/dispensary	Excellent	Good	Fair	Poor	Very Poor	N/A
Traditional pharmacy/dispensary						
Internet pharmacy						

Any other comments you would like to make about your traditional/internet pharmacy?

5) How easy has it been to speak to your pharmacy team over the last 18 months, during the pandemic?

- Very easy
 Easy
 Difficult
 Very difficult
 Not Applicable

6) How well does your local community pharmacy meet your need for treating a minor illness? (e.g. bites, stings, colds and coughs, congestion, conjunctivitis, constipation and diarrhoea, hay fever and allergies, cystitis, pain, itch, sore mouth, swelling etc)

- Extremely well
 Very well
 Adequate
 Poor
 Very Poor
 I don't know

7) When considering a choice of pharmacy, please select the importance of each of the following aspects to you:

	Very important	Quite important	Important	Neutral	Not important
Quality of service (friendly staff, expertise)					
Convenience (e.g. location, opening times)					
Accessibility (e.g. parking, clear signage)					
Availability of medication / services (e.g. stocks, specific services)					
Other, please specify _____					

8) How often have you visited/contacted (spoken to, emailed, or visited in person) a traditional pharmacy in the last six months?

For yourself:

- Once a week or more
- Once a month
- Once every few months
- Once in six months
- I haven't visited/contacted a pharmacy in the last 6 months

For someone else:

- Once a week or more
- Once a month
- Once every few months
- Once in six months
- I haven't visited/contacted a pharmacy in the last 6 months

9) If you have not visited/contacted a traditional pharmacy in the last six months, is there a reason why?

- I regularly prefer to use an internet/online pharmacy – if happy to do so, please provide the website _____
- Other, please specify _____

10) Who would you normally visit/contact a pharmacy for? (Please select all that apply)

- Yourself A family member Neighbour/friend Someone you are a carer for
- All of the above
- Other, please specify _____

11) If you visit/contact a pharmacy regularly *on behalf of someone else*, please give a reason why? (Please select all that apply)

- Opening hours of the pharmacy not suitable for the person
- Most convenient location
- Access (for example disability/transport)
- The person cannot use the delivery service
- For a child/dependant
- The person is too unwell
- The person does not have access to digital or online services
- All of the above
- Other, please specify _____

12) How would you usually travel to the pharmacy? (Please select one answer)

- Car Taxi Public transport Walk Bicycle
- Scooter Wheelchair/mobility scooter I don't, someone goes for me
- I don't, I use an online pharmacy or delivery service
- Other, please specify _____

If you have answered that you don't travel, please go to question 17

13) If you travel to the pharmacy, where do you travel from? (Please select all that apply)

- Home Work Other, please specify _____

14) On average, how long would it take you to travel to your closest pharmacy? (Please select one answer)

- 0 to 15 minutes 16 to 30 minutes Over 30 minutes Varies

15) Do you have any difficulties when travelling to a pharmacy?

- Yes No

If you have answered No, please go to question 17

16) If you have answered Yes to the previous question, why do you have difficulties when travelling to a pharmacy? (Please select all that apply)

- Location of pharmacy Parking difficulties Public transport availability
 It's too far away Access issues
 Other, please specify _____

17) What is the most convenient day for you to visit/contact a pharmacy? (Please select one answer)

- Monday to Friday Saturday Sunday Varies I don't mind

18) Is your preferred pharmacy open on the most convenient day for you?

- Yes No

19) When do you prefer to visit/contact a pharmacy? (Please select one answer)

- Morning (8 am–12 pm) Lunchtime (12 pm–2 pm) Afternoon (2 pm–6 pm)
 Early evening (6 pm–8 pm) Late evening (after 8 pm) Varies
 I don't mind/no preference

20) Is your preferred pharmacy open at the most convenient time for you/at your preferred time?

- Yes No

21) How regularly do you typically buy an over-the-counter (i.e. non-prescription) medicine from a pharmacy? (Please select one answer)

- Varies – when I need it
 Daily Weekly Fortnightly Monthly Yearly Rarely Never

22) Which of the following [pharmacy services](#) are you aware that a pharmacy may provide? (Please select one answer for each service – even if you do not use the service)

Service	Are you aware that a pharmacy may provide this?
Advice from your pharmacist	<input type="checkbox"/> Yes <input type="checkbox"/> No
Buying over-the-counter medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dispensing medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dispensing appliances	<input type="checkbox"/> Yes <input type="checkbox"/> No
Repeat dispensing services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Discharge Medicines Service	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disposal of unwanted medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No
Appliance Use Review	<input type="checkbox"/> Yes <input type="checkbox"/> No
C-19 lateral flow device distribution service	<input type="checkbox"/> Yes <input type="checkbox"/> No
Community Pharmacist Consultation Service (urgent care referral)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Flu vaccination services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hepatitis testing service	<input type="checkbox"/> Yes <input type="checkbox"/> No
New Medicine Service	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stoma Appliance Customisation Service	<input type="checkbox"/> Yes <input type="checkbox"/> No
Needle exchange	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home delivery and prescription collection services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stopping smoking / nicotine replacement therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No

Service	Are you aware that a pharmacy may provide this?
Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Immediate access to specialist drugs (e.g. palliative care medicines)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supervised consumption of methadone and buprenorphine	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency supply of prescription medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No
COVID-19 vaccination services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medication review	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other, please specify	

23) Which of the following [pharmacy services](#) would you like to see always provided by your pharmacy? (Please select one answer for each service)

Service	Would you like to see this service always provided?
Advice from your pharmacist	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Buying over-the-counter medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Dispensing medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Dispensing appliances	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Repeat dispensing services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Discharge Medicines Service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Disposal of unwanted medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Appliance Use Review	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
C-19 lateral flow device distribution service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Community Pharmacist Consultation Service (urgent care referral)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Flu vaccination services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion

Service	Would you like to see this service always provided?
Hepatitis testing service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
New Medicine Service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Stoma Appliance Customisation Service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Needle exchange	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Home delivery and prescription collection services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Stopping smoking / nicotine replacement therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Sexual health services (chlamydia testing / treating, condom distribution, emergency contraception)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Immediate access to specialist drugs (e.g. palliative care medicines)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Supervised consumption of methadone and buprenorphine	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Emergency supply of prescription medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
COVID-19 vaccination services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Medication review	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Other, please specify	

24) Is there a consultation room available where you cannot be overheard in the pharmacy you normally visit/contact?

Yes No I don't know

If you have answered No or I don't know, please go to question 26

25) If there is a consultation room, is it fully accessible to wheelchair users, or other accessibility needs?

Yes No I don't know

Any other comments you would like to make about the consultation room?

26) Is your pharmacy able to provide medication on the same day that your prescription is sent to it? (Please note, the length of time it takes a pharmacy to obtain your medicines may be outside of their control, but we are very interested to read your comments)

- Yes

 No – it normally takes one day
 No – it normally takes two or three days

 No – it normally takes more than three days
 I don't know

27) If you use your pharmacy to collect regular prescriptions, how do you order your prescriptions (Please select all that apply)

- Paper request form to my GP practice
 Paper request form through my pharmacy
 By email to my GP practice
 Online request to my GP practice
 My pharmacy orders on my behalf
 Electronic Repeat Dispensing (eRD)
 NHS app
 Varies
 Other, please specify _____

28) Have you ever used [Electronic Repeat Dispensing](#) (eRD) (eRD is where your prescriber writes several months of prescriptions electronically and you obtain them straight from the pharmacy at monthly intervals)

- Yes – Do you have any comments about it? _____
 No
 I don't know / I have never heard of it

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

Thank you for completing this questionnaire

If you wish to be kept informed about the Pharmaceutical Needs Assessment and the consultation that we will be running in the Royal Borough of Kingston, please visit:

<https://www.kingston.gov.uk/health-wellbeing-1/pharmaceutical-needs-assessment-pna>

A bit about you

Please help us to provide better services for everyone by completing this form. We know that the monitoring questions are very personal and private. We will treat the information in a sensitive and confidential way as required by the Data Protection Act. This information will be kept confidential. Please tick all of the boxes that apply to you.

Ethnicity – What is your ethnic group?

Choose one option that best describes your ethnic group or background:

- White – English / Welsh / Scottish / Northern Irish / British
- White – Irish
- White – Gypsy or Irish Traveller
- White – Any other White Background
- Mixed / Multiple ethnic groups – White & Black Caribbean
- Mixed / Multiple ethnic groups – White & Black African
- Mixed / Multiple ethnic groups – White & Asian
- Mixed / Multiple ethnic groups – Any other
- Mixed / Multiple ethnic background
- Asian or Asian British – Indian
- Asian or Asian British – Pakistani
- Asian or Asian British – Bangladeshi
- Asian or Asian British – Chinese
- Asian or Asian British – Tamil
- Asian or Asian British – Korean
- Asian or Asian British – Any other Asian background
- Black / African / Caribbean / Black British – Caribbean
- Black / African / Caribbean / Black British – African
- Black / African / Caribbean / Black British – Any other background
- Other ethnic group – Arab
- Any other ethnic group
- Prefer not to say

If you have selected 'other' in any of the categories above, please describe _____

Health Conditions

Do you have any physical or mental health conditions or illnesses lasting or expected to last twelve months or more?

- Yes No Prefer not to say

Health Conditions

Do you have any health conditions which affect you in the following areas? (Please select all that apply)

- Vision
- Hearing
- Mobility/Physical
- Learning Disability
- Mental Health
- Health Diagnosis
- Prefer not to say
- Other, please specify _____

Gender – What is your gender?

- Male
- Female
- Prefer not to say
- Other, please specify _____

Gender – Is the gender you identify with the same as your sex registered at birth?

- Yes No Prefer not to say
- Other, please specify _____

Age – What is your age?

- Under 16
- 16–24
- 25–34

- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85+
- Prefer not to say

Sexual orientation – Which of the following options best describes how you think of yourself?

- Straight
- Gay
- Lesbian
- Bisexual
- Pansexual
- Prefer not to say
- Other, please specify _____

Religion – What is your religion?

- No religion
- Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- Buddhist
- Hindu
- Jewish
- Sikh
- Muslim
- Prefer not to say
- Other, please specify _____

Appendix D: Pharmacy contractor questionnaire

PNA Pharmacy Contractor Questionnaire 2022 The Royal Borough of Kingston upon Thames Health and Wellbeing Board

Soar Beyond are supporting the Royal Borough of Kingston upon Thames to produce their 2022 Pharmaceutical Needs Assessment. We are undertaking a survey of all pharmacy contractors within the Royal Borough of Kingston upon Thames.

We would therefore be grateful if you could spend a few minutes to complete the questions below. If you prefer, you may complete the survey online at

<https://www.surveymonkey.co.uk/r/KingstonPNA2022PharmacyContractor>



Please complete this questionnaire by Friday 10th December 2021 at the latest

Premises and contact details

Contractor code (ODS Code)	
Name of contractor (i.e. name of individual, partnership or company owning the pharmacy business)	
Trading name	
Full address of contractor pharmacy (including postcode)	
Is this pharmacy one which is entitled to Pharmacy Access Scheme payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possibly
Is this pharmacy a 100-hour pharmacy?	<input type="checkbox"/> Yes
Does this pharmacy hold a Local Pharmaceutical Services (LPS) contract? (i.e. it is not the 'standard' Pharmaceutical Services contract)	<input type="checkbox"/> Yes
Is this pharmacy a Distance Selling Pharmacy? (i.e. it cannot provide Essential Services to persons present at or in the vicinity of the pharmacy)	<input type="checkbox"/> Yes
Pharmacy premises shared NHS mail account	
Pharmacy telephone	
Pharmacy fax (if applicable)	
Pharmacy website address (if applicable)	
May the LPC update its premises and contact details for you with the above information?	<input type="checkbox"/> Yes

Opening hours and related matters**Core hours of opening**

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

Total hours of opening

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

Consultation facilities

There is a consultation 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) (Please tick as appropriate)

On premises	None, have submitted a request to the NHS England and NHS Improvement (NHSE&I) regional team that the premises are too small for a consultation room	<input type="checkbox"/>
	None, the NHSE&I regional team has approved my request that the premises are too small for a consultation room	<input type="checkbox"/>
	None (Distance Selling Pharmacy)	<input type="checkbox"/>
	Available (including wheelchair access)	<input type="checkbox"/>
	Available (without wheelchair access), or	<input type="checkbox"/>
	Planned before 1st April 2023, or	<input type="checkbox"/>
	Other (Please specify)	
Where there is a consultation area, is it a closed room?		<input type="checkbox"/> Yes <input type="checkbox"/> No

As a result of the Healthy Living Pharmacy Level 1 (HLP) criteria becoming Terms of Service requirements **from 1st January 2021**, almost all pharmacies will need to have a consultation room.

<https://psnc.org.uk/our-news/regs-reminder-14-consultation-rooms-and-remote-consultations/>

During consultations are there hand-washing facilities	In the consultation area	<input type="checkbox"/>
	Close to the consultation area, or	<input type="checkbox"/>
	None	<input type="checkbox"/>
Patients attending for consultations have access to toilet facilities		<input type="checkbox"/> Yes <input type="checkbox"/> No

Languages spoken (in addition to English)	
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Services

Does the pharmacy dispense appliances?

Yes – All types	<input type="checkbox"/>
Yes, excluding stoma appliances, or	<input type="checkbox"/>
Yes, excluding incontinence appliances, or	<input type="checkbox"/>
Yes, excluding stoma and incontinence appliances, or	<input type="checkbox"/>
Yes, just dressings, or	<input type="checkbox"/>
Other (Please identify)	
None	<input type="checkbox"/>

Advanced Services

Does the pharmacy provide the following services?

Service	Yes	Intending to begin within next 12 months	No – not intending to provide
Appliance Use Review service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Pharmacist Consultation Service (CPCS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-19 LFD distribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flu Vaccination Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis C testing service (Until 31 st March 2022)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension case finding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Medicine Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pandemic Delivery Service (Until 31 st March 2022)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stoma Appliance Customisation service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Service	Currently providing under contract with			Willing to provide if commissioned	Not able or willing to provide	Willing to provide privately
	NHSE&I regional team	CCG	Local Authority			

Service	Currently providing under contract with			Willing to provide if commissioned	Not able or willing to provide	Willing to provide privately
	NHSE&I regional team	CCG	Local Authority			
Anticoagulant Monitoring Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-viral Distribution Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care Home Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia Testing Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia Treatment Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraceptive service (not EC) ⁽¹⁾	<input type="checkbox"/>					
Disease Specific Medicines Management Service						
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer's/dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes type I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes type II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parkinson's disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)						
Emergency Contraception Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Supply Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gluten Free Food Supply Service (i.e. not via FP10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Delivery Service (not appliances) ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Prescribing Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the NHSE&I regional team. The NHSE&I regional team may commission them on behalf of the CCG or Local Authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'.

Service	Currently providing under contract with			Willing to provide if commissioned	Not able or willing to provide	Willing to provide privately
	NHSE&I regional team	CCG	Local Authority			
If currently providing an Independent Prescribing Service, what therapeutic areas are covered?						
Language Access Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Review Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicines Assessment and Compliance Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor Ailment Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicines Optimisation Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If currently providing a Medicines Optimisation Service, what therapeutic areas are covered?						
Needle and Syringe Exchange Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obesity management (adults and children) ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Dispensed Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On Demand Availability of Specialist Drugs Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out of Hours Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Group Direction Service (name the medicines)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phlebotomy Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening Service						
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. pylori	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HbA1C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please state)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seasonal Influenza Vaccination Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Service	Currently providing under contract with			Willing to provide if commissioned	Not able or willing to provide	Willing to provide privately
	NHSE&I regional team	CCG	Local Authority			
Other Vaccinations⁽¹⁾						
Childhood vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis (at risk workers or patients) vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPV vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meningococcal vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumococcal vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please state)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharps Disposal Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop Smoking Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervised Administration Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplementary Prescribing Service (Please name therapeutic areas)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vascular Risk Assessment Service (NHS Health Check) ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Non-commissioned services

Does the pharmacy provide any of the following?

Collection of prescriptions from GP practices	<input type="checkbox"/> Yes <input type="checkbox"/> No
Delivery of dispensed medicines – Selected patient groups (Please list criteria)	
Delivery of dispensed medicines – Selected areas (Please list areas)	
Delivery of dispensed medicines – Free of charge on request	<input type="checkbox"/> Yes <input type="checkbox"/> No
Delivery of dispensed medicines – With charge	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monitored Dosage Systems – Free of charge on request	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monitored Dosage Systems – With charge	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>Is there a particular need for a locally commissioned service in your area? If so, what is the service requirement and why?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

<p>May the LPC update its opening hours and related matters and services details for you with the above information?</p>	<input type="checkbox"/> Yes
--	------------------------------

Details of the person completing this form:

<p>Contact name of person completing questionnaire on behalf of the contractor if questions arise</p>	<p>Contact telephone number</p>

Appendix E: Commissioner questionnaire

PNA Commissioner Questionnaire 2022 Royal Borough of Kingston Upon Thames Health and Wellbeing Board

Soar Beyond are supporting the Royal Borough of Kingston to produce their 2022 Pharmaceutical Needs Assessment. We are undertaking a survey of all commissioners who are responsible for commissioning services from community pharmacies in the Royal Borough of Kingston (even if they do not commission services currently).

We would therefore be grateful if you could spend a few minutes to complete the questions below. If you prefer, you may complete the survey online by following the QR code or going to:

<https://www.surveymonkey.co.uk/r/KingstonPNA2022Commissioner>



Please complete the questionnaire by Friday 10th December 2021 at the latest

Which of the following services do you commission or may be considering commissioning from local community pharmacies?

SERVICE	Already commissioning	Willing to commission	Not able or willing to commission
Anticoagulant Monitoring Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-viral Distribution Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care Home Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia Testing Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia Treatment Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraceptive service (not EC) ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disease Specific Medicines Management Service:			
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer's/dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes type I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes type II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parkinson's disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please state)			
Emergency Contraception Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Supply Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gluten Free Food Supply Service (i.e. not via FP10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Delivery Service (not appliances) ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Prescribing Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If currently providing and Independent Prescribing Service, what therapeutic areas are covered?			
Language Access Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Review Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the regional NHS England and NHS Improvement Team. The regional NHS England and NHS Improvement Team may commission them on behalf of the CCG or Local Authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'

SERVICE	Already commissioning	Willing to commission	Not able or willing to commission
Medicines Assessment and Compliance Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor Ailment Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicines Optimisation Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If currently providing a Medicines Optimisation Service, what therapeutic areas are covered?			
Needle and Syringe Exchange Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obesity management (adults and children) ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Dispensed Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On Demand Availability of Specialist Drugs Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out of Hours Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Group Direction Service (name the medicines)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phlebotomy Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening Service:			
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. pylori	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HbA1C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seasonal Influenza Vaccination Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Vaccinations⁽¹⁾:			
Childhood vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis (at risk workers or patients) vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPV vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meningococcal vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumococcal vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SERVICE	Already commissioning	Willing to commission	Not able or willing to commission
Other (Please state)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharps Disposal Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop Smoking Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervised Administration Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplementary Prescribing Service (name therapeutic areas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vascular Risk Assessment Service (NHS Health Check) ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there anything else you would like to include or you would be willing to commission that is not already listed?

Details of the Person Completing this Questionnaire – if questions arise

Contact name	Contact telephone number

Appendix F: PCN questionnaire

PNA Primary Care Network (PCN) Questionnaire 2022

Royal Borough of Kingston Upon Thames

Health and Wellbeing Board

What is this questionnaire about?

As you may be aware, the Royal Borough of Kingston has a statutory duty to develop and publish a revised Pharmaceutical Needs Assessment (PNA) at least every three years. The next PNA will be published by October 2022. Work has been underway on the PNA for some time, and I would like to update you on the process so far.

A core Steering Group was established to lead the work. The Steering Group includes Local Medical Committee (LMC) and Local Pharmaceutical Committee (LPC) representation.

Information is being collated on the population and health needs of each of the localities in the Royal Borough of Kingston. Alongside that, information is being collated on the pharmaceutical services that are currently available.

The conclusions will start to be drawn leading to the draft PNA for consultation being completed by summer 2022. All PCNs will be invited to comment as part of the consultation.¹

To help us form a clearer picture of the services available to patients living in the more rural parts of the Health and Wellbeing Board area who may have problems accessing services, please can you answer the following questions by **Friday 10th December 2021**, so that the information can be incorporated into the needs assessment.

Who should complete the questionnaire?

This questionnaire should be completed by the PCN Clinical Director / Senior Pharmacist. The responses should be about the pharmaceutical services provided by the PCN.

Please note, we are aware that activities and priorities have changed significantly in the last year with the impact of COVID-19, and therefore would like to emphasise there is not right or wrong answer for these questions. The answers will provide a clear understanding of the current provision of pharmaceutical services within your PCN as well as the needs for future developments.

If you do not wish to answer a question for any reason, then leave it blank.

If you would like to complete this online please go to:

<https://www.surveymonkey.co.uk/r/KingstonPNA2022PCN>

¹ Although PCN pharmacy services provision is out of scope of the PNA, the questionnaire is intended to add to the quality of the information collated as part of the process.



Please complete the questionnaire by **Friday 10th December 2021 at the latest**

1) What do you know about your local pharmaceutical provision across your PCN?

2) Who is leading your pharmacy integration strategy at a local level?

Don't know

3) Do you know who your Community Pharmacy PCN Lead is?

Yes No

4) Do you have any plans that have been developed between the pharmacy and the PCN for pharmacy services across your PCN?

Yes No Don't know

5) Is the community pharmacy contract integrated into the way the PCN operates?

Yes No Don't know

6) How do you rate the quality of the service of your local pharmaceutical provision in the Royal Borough of Kingston?

Excellent Very Good Good Adequate Poor Very Poor Don't know

7) Which of the following community pharmacy services is your PCN signposting / referring / using? (Please select all that apply)

- Community Pharmacist Consultation Service (CPCS)
- New Medicines Service (NMS)
- Flu Vaccination Service
- Appliance Use Review (AUR)
- Stoma Appliance Customisation (SAC)

- Discharge Medicines Service (DMS)
- Pandemic Delivery Service (commissioned until 31st March 2022)

8) Is the technology suitable to provide effective pharmaceutical services across your PCN? (E.g. Discharge Medicine Service – access and permissions to edit summary care records in community pharmacy)

- Yes No Don't know

9) Is there anything further you would like to add regarding pharmaceutical service provision across your PCN?

Thank you for completing this questionnaire

Appendix G: PNA Project Plan

	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Stage 1: Project Planning and Governance <ul style="list-style-type: none"> Stakeholders identified First Steering Group meeting conducted Project Plan, Communications Plan and Terms of Reference agreed PNA localities agreed Questionnaire templates shared and agreed 													
Stage 2: Research and Analysis <ul style="list-style-type: none"> Collation of data from NHSE&I, Public Health, LPC and other providers of services Listing and mapping of services and facilities with the borough Collation of information regarding housing and new care home developments EIA Electronic, distribution and collation Analysis of questionnaire responses Steering Group Meeting Two Draft Update for HWB 													
Stage 3: PNA development <ul style="list-style-type: none"> Triangulation, review and analysis of all data and information collated to identify gaps in services based on current and future population needs Develop Consultation Plan Draft PNA Engagement for Consultation Steering Group Meeting Three Draft update for HWB 													

	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Stage 4: Consultation and final draft production <ul style="list-style-type: none"> • Coordination and management of consultation • Analysis of consultation responses • Production of consultation findings report • Draft Final PNA for approval • Steering Group Meeting Four • Minutes to meetings • Edit and finalise Final PNA 2022 • Draft update for HWB 													

Appendix H: Results of the public questionnaire

Total responses received:¹ **144**

1 - What could a pharmacy offer to make it your first point of call for your health needs?	Answered	126	Skipped	18
	%		Responses	
Telephone service			22	
Minor ailment scheme			19	
Medical advice			17	
General health tests (BP, BMI etc.)			11	
Specialist nursing staff			9	
Privacy			5	

2 - Do you have a regular or preferred pharmacy that you visit / contact?		Answered	Skipped
		%	Responses
Yes		92%	132
No		8%	12

Comments:

Provided name and address of pharmacy	123
Provided name and website of online pharmacy	7

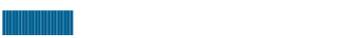
3 - How would you rate your overall satisfaction with your regular / preferred pharmacy?		Answered	136	Skipped	8
		%		Responses	
Excellent		57%	78		
Good		27%	38		
Fair		11%	15		
Poor		2%	4		
Very Poor		0%	0		
N/A		1%	1		

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

4 - How easy has it been to speak to your pharmacy team over the last 18 months, during the pandemic?		Answered	136	Skipped	8
		%		Responses	
Very easy		48%		65	
Easy		35%		47	
Difficult		7%		10	
Very difficult		3%		4	

5 - How well does your local community pharmacy meet your need for treating a minor illness?		Answered	136	Skipped	8
		%		Responses	
Extremely Well		40%		54	
Very Well		27%		37	
Adequate		13%		17	
Poor		1%		1	
Very Poor		0%		0	
I don't know		20%		27	

6 - When considering a choice of pharmacy, please select the importance of each of the following aspects:		Answered	136	Skipped	8
		%		Responses	
Quality of service (friendly staff, expertise)					
Very important		77%		105	
Quite Important		17%		23	
Important		4%		6	
Neutral		1%		1	
Not Important		1%		1	
Convenience (e.g. location, opening times)					
Very important		73%		99	
Quite Important		23%		31	
Important		4%		5	
Neutral		1%		1	
Not Important		0%		0	

Accessibility (e.g. parking, clear signage)			
Very important		38%	51
Quite Important		22%	30
Important		11%	15
Neutral		16%	21
Not Important		13%	17
Availability of medication / services (e.g stocks, specific services)			
Very important		74%	101
Quite Important		19%	26
Important		3%	4
Neutral		2%	3
Not Important		1%	2

Comments:

Free delivery	6	Additional services	6
Secure parking	5	Good advice	3
eRD offered	3	Working in tandem with GP	2
Opening times	2	Trustworthy	2
Understanding staff	1	Ethical organisation	1

7 - How often have you visited / contacted a pharmacy in the last six months for yourself?		Answered 136	Skipped 8
		%	Responses
Once a week or more		6%	8
Once a month		47%	63
Once every few months		34%	46
Once in six months		9%	12
I haven't visited / contacted a pharmacy in the last 6 months		4%	5

Comments:

I regularly use an online pharmacy	16
------------------------------------	----

8 - Who would you normally visit / contact a pharmacy for? (Please select all that apply)		Answered 136	Skipped 8
		%	Responses
Yourself		93%	127
A family member		53%	72
A neighbour / friend		7%	9
Someone you are a carer for		2%	3
All of the above		0%	0
Other		2%	3

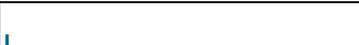
Comments:

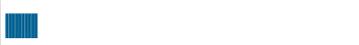
Children rely on support from adult	1	Visit as a carer	1
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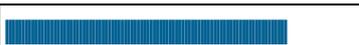
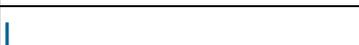
9 - If you visit / contact a pharmacy regularly on behalf of someone else, please give a reason why? (Please select all that apply)		Answered 70	Skipped 74
		%	Responses
Opening hours not suitable for the person		19%	13
Most convenient		26%	18
Access (e.g. disability / transport)		11%	8
The person cannot use the delivery service		1%	1
For a child / dependant		29%	20
The person is too unwell		14%	10
The person does not have access to digital or online services		10%	7
All of the above		0%	0
Other		29%	20

Comments:

Family member	16	Convenience	3
Dependent	2	Person I am a carer for	1

10 - How would you usually travel to the pharmacy?		Answered	136	Skipped	8
		%		Responses	
Car		30%		41	
Taxi		1%		1	
Public transport		4%		6	
Walk		56%		76	
Bicycle		3%		4	
Wheelchair / mobility scooter		0%		0	
I don't, someone goes for me		1%		1	
I don't, I use an online pharmacy or delivery service		1%		2	
Other		1%		1	

11 - If you travel, where do you travel from?		Answered	127	Skipped	17
		%		Responses	
Home		98%		125	
Work		10%		13	
Other		2%		3	

12 - On average, how long would it take you to travel to a pharmacy?		Answered	129	Skipped	15
		%		Responses	
0 to 15 minutes		88%		114	
16 to 30 minutes		9%		12	
Over 30 minutes		2%		2	
Varies		1%		1	

13 - Do you have any difficulties when travelling to a pharmacy?		Answered	129	Skipped	15
		%		Responses	
Yes		6%		8	
No		94%		121	

Comments:

Access issues	3	Parking difficulties	2
Location of pharmacy	1	It's too far away	1

14 - What is the most convenient day for you to visit / contact a pharmacy?		Answered	127	Skipped	17
		%		Responses	
Monday to Friday		24%		30	
Saturday		8%		10	
Sunday		1%		1	
Varies		28%		36	
I don't mind		39%		50	

15 - Is your preferred pharmacy open on the most convenient day for you?		Answered	125	Skipped	19
		%		Responses	
Yes		94%		117	
No		6%		8	

16 - When do you prefer to visit / contact a pharmacy?		Answered	128	Skipped	16
		%		Responses	
Morning (8 am–12 pm)		16%		21	
Lunchtime (12 pm–2 pm)		5%		6	
Afternoon (2 pm–6 pm)		9%		11	
Early evening (6 pm–8 pm)		8%		10	
Late evening (after 8 pm)		2%		2	
Varies		35%		45	
I don't mind / No preference		26%		33	

17 - Is your preferred pharmacy open at the most convenient time for you / at your preferred time?		Answered	126	Skipped	18
		%		Responses	
Yes		90%		113	
No		10%		13	

18 - How regularly do you typically buy an over-the-counter (i.e. non-prescription) medicine from a pharmacy)		Answered 128	Skipped 16
		%	Responses
Varies – when I need it		53%	68
Daily		0%	0
Weekly		2%	2
Fortnightly		2%	2
Monthly		14%	18
Yearly		7%	9
Rarely		20%	25
Never		3%	4

19 - Which of the following pharmacy services are you aware that a pharmacy may provide?		Answered 127	Skipped 17
		%	Responses
Advice from your pharmacist			
Yes		98%	125
No		2%	2
COVID-19 lateral flow device distribution service			
Yes		65%	79
No		35%	42
COVID-19 vaccination services			
Yes		60%	68
No		40%	46
Flu vaccination services			
Yes		90%	111
No		10%	12
Buying over-the-counter medicines			
Yes		99%	125
No		1%	1
Dispensing medicines			
Yes		98%	124
No		2%	3
Dispensing appliances			
Yes		58%	69
No		42%	49
Repeat dispensing services			

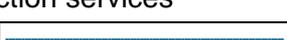
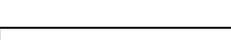
19 - Which of the following pharmacy services are you aware that a pharmacy may provide?		Answered 127	Skipped 17
		%	Responses
Yes		94%	116
No		6%	8
Home delivery and prescription collection services			
Yes		72%	86
No		28%	34
Medication review			
Yes		34%	38
No		66%	74
New medicine service			
Yes		14%	16
No		86%	96
Discharge from hospital medicines service			
Yes		38%	44
No		62%	71
Emergency supply of prescription medicines			
Yes		58%	68
No		42%	49
Disposal of unwanted medicines			
Yes		79%	97
No		21%	26
Appliance use review			
Yes		21%	24
No		79%	88
Community pharmacist consultation service (urgent care referral)			
Yes		18%	20
No		82%	94
Hepatitis testing service			
Yes		8%	9
No		92%	105
Stoma appliance customisation service			
Yes		5%	6
No		95%	106
Needle exchange			

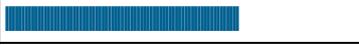
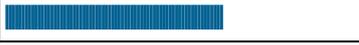
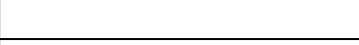
19 - Which of the following pharmacy services are you aware that a pharmacy may provide?		Answered 127	Skipped 17
		%	Responses
Yes		20%	23
No		80%	91
Stopping smoking / nicotine replacement therapy			
Yes		68%	78
No		32%	37
Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)			
Yes		43%	50
No		57%	65
Immediate access to specialist drugs e.g. palliative care medicines			
Yes		18%	20
No		82%	93
Supervised consumption of methadone and buprenorphine			
Yes		68%	78
No		32%	37

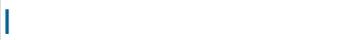
Comments:

I use a pharmacy that is not closest but offers a better service	1
Health review (BP, weight management, some blood tests)	1

20 - Would you like to see the following pharmacy services always provided by your pharmacy?		Answered 124	Skipped 20
		%	Responses
Advice from your pharmacist			
Yes		96%	118
No		1%	1
No opinion		3%	4
COVID-19 lateral flow device distribution service			
Yes		87%	104
No		0%	0
No opinion		13%	15
COVID-19 vaccination services			
Yes		88%	105
No		2%	2
No opinion		11%	13

20 - Would you like to see the following pharmacy services always provided by your pharmacy?		Answered 124	Skipped 20
		%	Responses
Flu vaccination services			
Yes		88%	106
No		2%	2
No opinion		10%	12
Buying over-the-counter medicines			
Yes		98%	119
No		0%	0
No opinion		2%	3
Dispensing medicines			
Yes		96%	118
No		1%	1
No opinion		3%	4
Dispensing appliances			
Yes		57%	67
No		2%	2
No opinion		42%	49
Repeat dispensing services			
Yes		93%	113
No		2%	2
No opinion		6%	7
Home delivery and prescription collection services			
Yes		87%	103
No		0%	0
No opinion		13%	15
Medication review			
Yes		71%	83
No		5%	6
No opinion		24%	28
New medicine service			
Yes		50%	58
No		3%	3
No opinion		48%	56
Discharge from hospital medicines service			

20 - Would you like to see the following pharmacy services always provided by your pharmacy?		Answered 124	Skipped 20
		%	Responses
Yes		52%	61
No		2%	2
No opinion		46%	54
Emergency supply of prescription medicines			
Yes		94%	112
No		1%	1
No opinion		5%	6
Disposal of unwanted medicines			
Yes		90%	107
No		1%	1
No opinion		9%	11
Appliance use review			
Yes		38%	43
No		2%	2
No opinion		61%	69
Community pharmacist consultation service (urgent care referral)			
Yes		73%	87
No		3%	3
No opinion		24%	29
Hepatitis testing service			
Yes		49%	58
No		3%	3
No opinion		48%	57
Stoma appliance customisation service			
Yes		31%	36
No		0%	0
No opinion		69%	79
Needle exchange			
Yes		50%	58
No		1%	1
No opinion		49%	56
Stopping smoking / nicotine replacement therapy			
Yes		56%	66

20 - Would you like to see the following pharmacy services always provided by your pharmacy?		Answered 124	Skipped 20
		%	Responses
No		0%	0
No opinion		44%	51
Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)			
Yes		64%	75
No		1%	1
No opinion		35%	41
Immediate access to specialist drugs e.g. palliative care medicines			
Yes		76%	91
No		2%	2
No opinion		22%	26
Supervised consumption of methadone and buprenorphine			
Yes		43%	50
No		3%	3
No opinion		54%	63

Comments:

Thyroid blood testing	1
Sharps disposal	1
Blood tests – INR prick test – urine test – B12 injections	1
Recycling of empty blister packs	1
Pharmacy and GPs to work together to sort out prescription problems	1
Ability to prescribe some medications	1

21 - Is there a consultation room available where you cannot be overheard in the pharmacy you normally visit / contact?		Answered 128	Skipped 16
		%	Responses
Yes		69%	88
No		9%	11
I don't know		23%	29

22 - If there is a consultation room, is it fully accessible to wheelchair users, or other accessibility needs?		Answered 88	Skipped 56
		%	Responses

Yes		45%	40
No		1%	1
I don't know		53%	47

Any other comments about the consultation room:

Room is too small			5
23 - Is your pharmacy able to provide medication on the same day that your prescription is sent to it?		Answered 128	Skipped 16
		%	Responses
Yes		55%	71
No – it normally takes one day		11%	14
No – it normally takes two or three days		12%	15
No – it normally takes more than three days		4%	5
I don't know		18%	23

24 - If you use your pharmacy to collect regular prescriptions, how do you order your prescriptions (please select all that apply)		Answered 112	Skipped 32
		%	Responses
Paper request form to my GP practice		11%	12
Paper request form through my pharmacy		1%	1
By email to my GP practice		9%	10
Online request to my GP practice		50%	56
My pharmacy orders on my behalf		20%	22
Electronic Repeat Dispensing (eRD)		7%	8
NHS app		9%	10
Varies		3%	3
Other		16%	18

Comments:

Telephone	17	Doctor call	1
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25 - Have you ever used Electronic Repeat Dispensing (eRD)?		Answered 127	Skipped 17
		%	Responses
Yes		19%	24

No – it normally takes one day		44%	56
I don't know / have never heard of it		37%	47

Any comments about eRD:

Good service	12
Efficient	10
Never heard of it	1

26 - Do you have any other comments you would like to make about your pharmacy?	Answered	51	Skipped	93
		%	Responses	
Happy with the service			27	
Not happy with service			10	
More knowledgeable staff needed			5	
Better opening hours needed			3	
Overly reliant on internet services			1	

‘A bit about you’

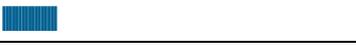
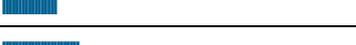
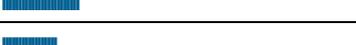
27 - Ethnicity – What is your ethnic group? Choose one option that best describes your ethnic group or background		Answered 128	Skipped 16
		%	Responses
White – English / Welsh / Scottish / Northern Irish / British		79%	101
White – Irish		2%	2
White – Gypsy or Irish Traveller		0%	0
White – other White Background		5%	6
Mixed / Multiple ethnic groups – White & Black Caribbean		1%	1
Mixed / Multiple ethnic groups – White & Black African		1%	1
Mixed / Multiple ethnic groups – White & Asian		0%	0
Mixed / Multiple ethnic groups – other mixed/multiple ethnic background		2%	2
Asian or Asian British – Indian		2%	2
Asian or Asian British – Pakistani		0%	0
Asian or Asian British – Bangladeshi		0%	0
Asian or Asian British – Chinese		2%	2
Asian or Asian British – Tamil		0%	0
Asian or Asian British – Korean		0%	0
Asian or Asian British – Any other Asian background		1%	1
Black / African / Caribbean / Black British – Caribbean		0%	0
Black / African / Caribbean / Black British – African		1%	1
Black / African / Caribbean / Black British – other background		0%	0
Other ethnic group – Arab		0%	0
Any other ethnic group		2%	2
Prefer not to say		5%	7

Comments:

Chinese and Indian	1	Polish	1
White British with Jewish lineage	1	Spanish / Iranian	1

Canadian	1		
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28 - Health conditions – Do you have any physical or mental health condition or illnesses lasting or expected to last twelve months or more?		Answered	128	Skipped	16
		%		Responses	
Yes		66%		84	
No		27%		35	
Prefer not to say		7%		9	

29 - Health conditions – Do you have any health conditions which affect you in the following areas? (Select all that apply)		Answered	81	Skipped	63
		%		Responses	
Vision		17%		14	
Hearing		14%		11	
Mobility / Physical		22%		18	
Learning Disability		1%		1	
Mental Health		17%		14	
Health Diagnosis		25%		20	
Prefer not to say		17%		14	
Other		30%		24	

Comments:

High blood pressure	5	Diabetes	3
Thyroid problems	2	Cholesterol	2
Cardiac problems	2	Breathing difficulties	1
Senses failing with age	1	COPD	1
Osteoporosis	1	Lymphoedema	1
Renal disease	1	MCTD	1
Chronic pain	1	Overactive bladder	1
IBS	1	General health issues	1
Undiagnosed condition	1	Stroke	1
Epilepsy	1	Acid reflux	1
Sinusitis / allergies	1		

30 - Gender – What is your gender?		Answered 127	Skipped 17
		%	Responses
Male		28%	36
Female		65%	83
Prefer not to say		6%	8
Other		0%	0

31 – Gender – Is the gender you identify with the same as your sex registered at birth?		Answered 127	Skipped 17
		%	Responses
Yes		94%	120
No		1%	1
Prefer not to say		5%	6
Other		0%	0

32 - Age – What is your age?		Answered 128	Skipped 16
		%	Responses
Under 16		0%	0
16–24		2%	2
25–34		2%	2
35–44		10%	13
45–54		16%	21
55–64		24%	31
65–74		26%	33
75–84		16%	21
85+		2%	2
Prefer not to say		2%	3

33 - Sexual orientation – Which of the following options best describes how you think of yourself?		Answered 127	Skipped 17
		%	Responses
Straight		84%	107
Gay		2%	2
Lesbian		0%	0
Bisexual		1%	1
Pansexual		0%	0
Prefer not to say		13%	17
Other		0%	0

34 - Religion – What is your religion?		Answered 127	Skipped 17
		%	Responses
No religion		35%	45
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)		48%	61
Buddhist		2%	2
Hindu		2%	2
Jewish		2%	2
Sikh		0%	0
Muslim		0%	0
Prefer not to say		9%	11
Other		3%	4

Comments:

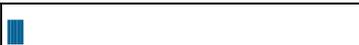
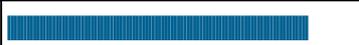
Christian but questioning own faith	1	Pagan	1
Quaker	1	Atheist (Not 'No religion')	1

Appendix I: Results of the pharmacy contractor questionnaire

Total responses received:² 18

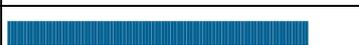
1 - Pharmacy-specific questions: ODS code, trading name, etc	Answered	17	Skipped	1
	N/A			

2 - Is this pharmacy one which is entitled to Pharmacy Access Scheme payments?		Answered	17	Skipped	1
		%		Responses	
Yes		0%		0	
No		82%		14	
Possibly		18%		3	

3 - Is this pharmacy a 100-hour pharmacy?		Answered	17	Skipped	1
		%		Responses	
Yes		6%		1	
No		94%		16	

4 - Does this pharmacy hold a Local Pharmaceutical Services (LPS) contract? (i.e. it is not the 'standard' Pharmaceutical Services contract)		Answered	17	Skipped	1
		%		Responses	
Yes		24%		4	
No		76%		13	

*to note there are no LPS contracts in Kingston

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	1
		%		Responses	
Yes		6%		1	
No		94%		16	

6–10 - Questions relating to updating details and opening hours	Answered	17	Skipped	1
	N/A			

11 - There is a consultation room (distinct from the public area, clearly designated and confidential) on premises:	Answered	14	Skipped	4
	%		Responses	

² Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question, or figures have been rounded up to the nearest whole percent.

11 - There is a consultation room (distinct from the public area, clearly designated and confidential) on premises:		Answered	14	Skipped	4
		%		Responses	
None, have submitted a request to NHSE&I that premises are too small		0%		0	
None, NHSE&I has approved my request that premises are too small		0%		0	
None (Distance-Selling Pharmacy)		0%		0	
Available (wheelchair access)		86%		12	
Available (no wheelchair access)		14%		2	
Planned before 1 April 2023		0%		0	
Other		0%		0	

12 - Where there is a consultation area, is it a closed room?		Answered	14	Skipped	4
		%		Responses	
Yes		100%		14	
No		0%		0	

13 - During consultations are there hand-washing facilities?		Answered	14	Skipped	4
		%		Responses	
In the consultation area		71%		10	
Close to the consultation area		29%		4	
None		0%		0	

14 - Do patients attending for consultations have access to toilet facilities?		Answered	14	Skipped	4
		%		Responses	
Yes		29%		4	
No		71%		10	

15 - Languages spoken (in addition to English)				Answered	12	Skipped	6
				N/A			
Hindi	6	Gujarati	4	Tamil	3		
Punjabi	3	Polish	2	Urdu	2		
French	2	Creole	1	Arabic	1		
Sinhalese	1	Italian	1	German	1		

Ukrainian	1	Slovakian	1	Mandarin	1
16 - Does the pharmacy dispense appliances?				Answered 13	Skipped 5
				%	Responses
None				0%	0
Yes – All types				77%	10
Yes, excluding stoma appliances				0%	0
Yes, excluding incontinence appliances				0%	0
Yes, excluding stoma and incontinence appliances				0%	0
Yes, just dressings				15%	2
Other				8%	1

Comments:

We dispense but do not customise	1
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17 - Does the pharmacy provide the following Advanced Services?		Answered 13	Skipped 5
		%	Responses
Appliance Use Review Service (AUR)			
Yes		0%	0
Intending to begin within 12 months		18%	2
No – not intending to provide		82%	9
Community Pharmacist Consultation Service (CPCS)			
Yes		85%	11
Intending to begin within 12 months		15%	2
No – not intending to provide		0%	0
C-19 Lateral Flow Device (LFD) Distribution			
Yes		92%	12
Intending to begin within 12 months		0%	0
No – not intending to provide		8%	1
Flu Vaccination Service			
Yes		92%	12
Intending to begin within 12 months		8%	1
No – not intending to provide		0%	0
Hepatitis C Testing Service (until 31 March 2022)			
Yes		0%	0

17 - Does the pharmacy provide the following Advanced Services?		Answered	13	Skipped	5
		%		Responses	
Intending to begin within 12 months		18%		2	
No – not intending to provide		82%		9	
Hypertension Case Finding					
Yes		27%		3	
Intending to begin within 12 months		45%		5	
No – not intending to provide		27%		3	
New Medicine Service (NMS)					
Yes		100%		13	
Intending to begin within 12 months		0%		0	
No – not intending to provide		0%		0	
Pandemic Delivery Service (until 31 March 2022)					
Yes		83%		10	
Intending to begin within 12 months		8%		1	
No – not intending to provide		8%		1	
Stoma Appliance Customisation Service					
Yes		17%		2	
Intending to begin within 12 months		17%		2	
No – not intending to provide		67%		8	

18 - Which of the following other services does the pharmacy provide, or would be willing to provide?		Answered	13	Skipped	5
		%		Responses	
Anticoagulant Monitoring Service					
Providing (contract with NHSE&I)		0%		0	
Providing (contract with CCG)		0%		0	
Providing (contract with LA)		0%		0	
Willing to provide if commissioned		92%		12	
Not able or willing to provide		8%		1	
Willing to provide privately		0%		0	
Antiviral Distribution Service					
Providing (contract with NHSE&I)		8%		1	
Providing (contract with CCG)		0%		0	
Providing (contract with LA)		0%		0	
Willing to provide if commissioned		85%		11	

18 - Which of the following other services does the pharmacy provide, or would be willing to provide?		Answered 13	Skipped 5
		%	Responses
Not able or willing to provide		8%	1
Willing to provide privately		0%	0
Care Home Service			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		92%	12
Not able or willing to provide		8%	1
Willing to provide privately		0%	0
Chlamydia Testing Service			
Providing (contract with NHSE&I)		25%	3
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		58%	7
Not able or willing to provide		17%	2
Willing to provide privately		0%	0
Chlamydia Treatment Service			
Providing (contract with NHSE&I)		25%	3
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		58%	7
Not able or willing to provide		17%	2
Willing to provide privately		0%	0
Contraceptive Service (not EC)			
Providing (contract with NHSE&I)		23%	3
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		54%	7
Not able or willing to provide		15%	2
Willing to provide privately		8%	1

19 - Which of the following other services does the pharmacy provide, or would be willing to provide? – Disease Specific Medicines Management Services (DSMMS)		Answered 13	Skipped 5
		%	Responses

19 - Which of the following other services does the pharmacy provide, or would be willing to provide? – Disease Specific Medicines Management Services (DSMMS)		Answered 13	Skipped 5
		%	Responses
Allergies			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		85%	11
Not able or willing to provide		8%	1
Willing to provide privately		8%	1
Alzheimer's / dementia			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		85%	11
Not able or willing to provide		8%	1
Willing to provide privately		8%	1
Asthma			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		92%	12
Not able or willing to provide		8%	1
Willing to provide privately		0%	0
CHD			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		92%	11
Not able or willing to provide		0%	0
Willing to provide privately		8%	1
COPD			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		92%	12

19 - Which of the following other services does the pharmacy provide, or would be willing to provide? – Disease Specific Medicines Management Services (DSMMS)		Answered 13	Skipped 5
		%	Responses
Not able or willing to provide		8%	1
Willing to provide privately		0%	0
Depression			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		85%	11
Not able or willing to provide		15%	2
Willing to provide privately		0%	0
Diabetes type I			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		92%	12
Not able or willing to provide		0%	0
Willing to provide privately		8%	1
Diabetes type II			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		92%	12
Not able or willing to provide		0%	0
Willing to provide privately		8%	1
Epilepsy			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		85%	11
Not able or willing to provide		8%	1
Willing to provide privately		8%	1
Heart Failure			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0

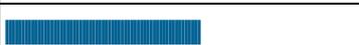
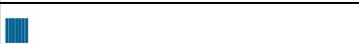
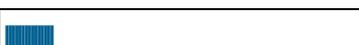
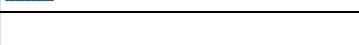
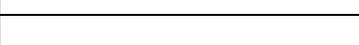
19 - Which of the following other services does the pharmacy provide, or would be willing to provide? – Disease Specific Medicines Management Services (DSMMS)		Answered	13	Skipped	5
		%		Responses	
Providing (contract with LA)		0%		0	
Willing to provide if commissioned		92%		12	
Not able or willing to provide		0%		0	
Willing to provide privately		8%		1	
Hypertension					
Providing (contract with NHSE&I)		0%		0	
Providing (contract with CCG)		0%		0	
Providing (contract with LA)		0%		0	
Willing to provide if commissioned		92%		12	
Not able or willing to provide		0%		0	
Willing to provide privately		8%		1	
Parkinson's disease					
Providing (contract with NHSE&I)		0%		0	
Providing (contract with CCG)		0%		0	
Providing (contract with LA)		0%		0	
Willing to provide if commissioned		85%		11	
Not able or willing to provide		8%		1	
Willing to provide privately		8%		1	
Other					
Providing (contract with NHSE&I)		0%		0	
Providing (contract with CCG)		0%		0	
Providing (contract with LA)		0%		0	
Willing to provide if commissioned		80%		8	
Not able or willing to provide		10%		1	
Willing to provide privately		10%		1	

20 - Which of the following other services does the pharmacy provide, or would be willing to provide?		Answered	13	Skipped	5
		%		Responses	
Emergency Contraception Service					
Providing (contract with NHSE&I)		23%		3	
Providing (contract with CCG)		0%		0	
Providing (contract with LA)		0%		0	
Willing to provide if commissioned		46%		6	

20 - Which of the following other services does the pharmacy provide, or would be willing to provide?		Answered 13	Skipped 5
		%	Responses
Not able or willing to provide		31%	4
Willing to provide privately		0%	0
Emergency Supply Service			
Providing (contract with NHSE&I)		15%	2
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		77%	10
Not able or willing to provide		8%	1
Willing to provide privately		0%	0
Gluten Free Food Supply Service (i.e. not via FP10)			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		85%	11
Not able or willing to provide		15%	2
Willing to provide privately		0%	0
Home Delivery Service (not appliances)			
Providing (contract with NHSE&I)		8%	1
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		69%	9
Not able or willing to provide		15%	2
Willing to provide privately		8%	1
Independent Prescribing Service			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		42%	5
Not able or willing to provide		42%	5
Willing to provide privately		17%	2

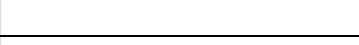
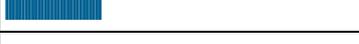
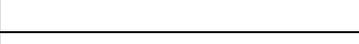
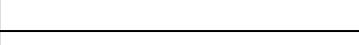
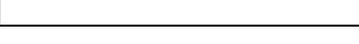
If currently providing an Independent Prescribing Service, what therapeutic areas are covered?

Provide IP privately covering minor ailments	1
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21 - Which of the following other services does the pharmacy provide, or would be willing to provide?		Answered 13	Skipped 5
		%	Responses
Language Access Service			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		62%	8
Not able or willing to provide		31%	4
Willing to provide privately		8%	1
Medication Review			
Providing (contract with NHSE&I)		8%	1
Providing (contract with CCG)		8%	1
Providing (contract with LA)		8%	1
Willing to provide if commissioned		77%	10
Not able or willing to provide		0%	0
Willing to provide privately		0%	0
Medicines Assessment and Compliance Support Service			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		92%	11
Not able or willing to provide		8%	1
Willing to provide privately		0%	0
Minor Ailment Scheme			
Providing (contract with NHSE&I)		15%	2
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		77%	10
Not able or willing to provide		8%	1
Willing to provide privately		0%	0

21 - Which of the following other services does the pharmacy provide, or would be willing to provide?		Answered	13	Skipped	5
		%		Responses	
Medicines Optimisation Service					
Providing (contract with NHSE&I)		0%		0	
Providing (contract with CCG)		0%		0	
Providing (contract with LA)		0%		0	
Willing to provide if commissioned		92%		12	
Not able or willing to provide		8%		1	
Willing to provide privately		0%		0	

22 - Which of the following other services does the pharmacy provide, or would be willing to provide?		Answered	13	Skipped	5
		%		Responses	
Needle and Syringe Exchange Service					
Providing (contract with NHSE&I)		17%		2	
Providing (contract with CCG)		0%		0	
Providing (contract with LA)		17%		2	
Willing to provide if commissioned		42%		5	
Not able or willing to provide		25%		3	
Willing to provide privately		0%		0	
Obesity Management (adults and children)					
Providing (contract with NHSE&I)		0%		0	
Providing (contract with CCG)		0%		0	
Providing (contract with LA)		0%		0	
Willing to provide if commissioned		92%		12	
Not able or willing to provide		8%		1	
Willing to provide privately		0%		0	
Not Dispensed Scheme					
Providing (contract with NHSE&I)		0%		0	
Providing (contract with CCG)		0%		0	
Providing (contract with LA)		0%		0	
Willing to provide if commissioned		92%		11	
Not able or willing to provide		8%		1	
Willing to provide privately		0%		0	
On-Demand Availability of Specialist Drugs Service					
Providing (contract with NHSE&I)		0%		0	

22 - Which of the following other services does the pharmacy provide, or would be willing to provide?		Answered 13	Skipped 5
		%	Responses
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		75%	9
Not able or willing to provide		25%	3
Willing to provide privately		0%	0
Out-of-Hours Services			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		62%	8
Not able or willing to provide		38%	5
Willing to provide privately		0%	0
Patient Group Direction Service			
Providing (contract with NHSE&I)		8%	1
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		85%	11
Not able or willing to provide		8%	1
Willing to provide privately		0%	0
Phlebotomy Service			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		62%	8
Not able or willing to provide		31%	4
Willing to provide privately		8%	1
Prescriber Support Service			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		62%	8
Not able or willing to provide		38%	5
Willing to provide privately		0%	0

22 - Which of the following other services does the pharmacy provide, or would be willing to provide?		Answered	13	Skipped	5
		%		Responses	
Schools Service					
Providing (contract with NHSE&I)		0%		0	
Providing (contract with CCG)		0%		0	
Providing (contract with LA)		0%		0	
Willing to provide if commissioned		75%		9	
Not able or willing to provide		25%		3	
Willing to provide privately		0%		0	

Please name the medicines for your Patient Group Direction Service:

Private Flu Service	1	Otomize	1
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23 - Which of the following other services does the pharmacy provide, or would be willing to provide? – Screening Services		Answered	13	Skipped	5
		%		Responses	
Alcohol					
Providing (contract with NHSE&I)		8%		1	
Providing (contract with CCG)		0%		0	
Providing (contract with LA)		0%		0	
Willing to provide if commissioned		77%		10	
Not able or willing to provide		15%		2	
Willing to provide privately		0%		0	
Cholesterol					
Providing (contract with NHSE&I)		0%		0	
Providing (contract with CCG)		0%		0	
Providing (contract with LA)		8%		1	
Willing to provide if commissioned		85%		11	
Not able or willing to provide		8%		1	
Willing to provide privately		0%		0	
Diabetes					
Providing (contract with NHSE&I)		0%		0	
Providing (contract with CCG)		0%		0	
Providing (contract with LA)		8%		1	
Willing to provide if commissioned		85%		11	
Not able or willing to provide		8%		1	
Willing to provide privately		0%		0	

23 - Which of the following other services does the pharmacy provide, or would be willing to provide? – Screening Services		Answered 13	Skipped 5
		%	Responses
Gonorrhoea			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		69%	9
Not able or willing to provide		31%	4
Willing to provide privately		0%	0
H. pylori			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		85%	11
Not able or willing to provide		15%	2
Willing to provide privately		0%	0
HbA1C			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		92%	12
Not able or willing to provide		8%	1
Willing to provide privately		0%	0
Hepatitis			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		77%	10
Not able or willing to provide		23%	3
Willing to provide privately		0%	0
HIV			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		62%	8

23 - Which of the following other services does the pharmacy provide, or would be willing to provide? – Screening Services		Answered	13	Skipped	5
		%		Responses	
Not able or willing to provide		38%		5	
Willing to provide privately		0%		0	
Other					
Providing (contract with NHSE&I)		0%		0	
Providing (contract with CCG)		0%		0	
Providing (contract with LA)		0%		0	
Willing to provide if commissioned		60%		6	
Not able or willing to provide		40%		4	
Willing to provide privately		0%		0	

24 - Which of the following other services does the pharmacy provide, or would be willing to provide? – Vaccinations		Answered	13	Skipped	5
		%		Responses	
Seasonal Influenza Vaccination Service					
Providing (contract with NHSE&I)		92%		12	
Providing (contract with CCG)		0%		0	
Providing (contract with LA)		0%		0	
Willing to provide if commissioned		8%		1	
Not able or willing to provide		0%		0	
Willing to provide privately		0%		0	
Childhood vaccinations					
Providing (contract with NHSE&I)		0%		0	
Providing (contract with CCG)		0%		0	
Providing (contract with LA)		0%		0	
Willing to provide if commissioned		58%		7	
Not able or willing to provide		33%		4	
Willing to provide privately		8%		1	
COVID-19 vaccinations					
Providing (contract with NHSE&I)		15%		2	
Providing (contract with CCG)		0%		0	
Providing (contract with LA)		0%		0	
Willing to provide if commissioned		54%		7	
Not able or willing to provide		31%		4	
Willing to provide privately		0%		0	
Hepatitis (at-risk workers or patients) vaccinations					

24 - Which of the following other services does the pharmacy provide, or would be willing to provide? – Vaccinations		Answered	13	Skipped	5
		% Responses			
Providing (contract with NHSE&I)		0%		0	
Providing (contract with CCG)		0%		0	
Providing (contract with LA)		0%		0	
Willing to provide if commissioned		62%		8	
Not able or willing to provide		38%		5	
Willing to provide privately		0%		0	
HPV vaccinations					
Providing (contract with NHSE&I)		0%		0	
Providing (contract with CCG)		0%		0	
Providing (contract with LA)		0%		0	
Willing to provide if commissioned		69%		9	
Not able or willing to provide		31%		4	
Willing to provide privately		0%		0	
Meningococcal vaccinations					
Providing (contract with NHSE&I)		0%		0	
Providing (contract with CCG)		0%		0	
Providing (contract with LA)		0%		0	
Willing to provide if commissioned		77%		10	
Not able or willing to provide		23%		3	
Willing to provide privately		0%		0	
Pneumococcal vaccinations					
Providing (contract with NHSE&I)		15%		2	
Providing (contract with CCG)		0%		0	
Providing (contract with LA)		0%		0	
Willing to provide if commissioned		62%		8	
Not able or willing to provide		23%		3	
Willing to provide privately		0%		0	
Travel vaccinations					
Providing (contract with NHSE&I)		0%		0	
Providing (contract with CCG)		0%		0	
Providing (contract with LA)		0%		0	
Willing to provide if commissioned		62%		8	
Not able or willing to provide		23%		3	

24 - Which of the following other services does the pharmacy provide, or would be willing to provide? – Vaccinations		Answered	13	Skipped	5
		%		Responses	
Willing to provide privately		15%		2	
Other vaccinations					
Providing (contract with NHSE&I)		0%		0	
Providing (contract with CCG)		0%		0	
Providing (contract with LA)		0%		0	
Willing to provide if commissioned		67%		6	
Not able or willing to provide		33%		3	
Willing to provide privately		0%		0	

Other:

Chicken pox	1
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25 - Which of the following other services does the pharmacy provide, or would be willing to provide?		Answered	13	Skipped	5
		%		Responses	
Sharps Disposal Service					
Providing (contract with NHSE&I)		17%		2	
Providing (contract with CCG)		0%		0	
Providing (contract with LA)		8%		1	
Willing to provide if commissioned		50%		6	
Not able or willing to provide		25%		3	
Willing to provide privately		0%		0	
Stop Smoking Service					
Providing (contract with NHSE&I)		46%		6	
Providing (contract with CCG)		0%		0	
Providing (contract with LA)		31%		4	
Willing to provide if commissioned		15%		2	
Not able or willing to provide		8%		1	
Willing to provide privately		0%		0	
Supervised Administration Service					
Providing (contract with NHSE&I)		38%		5	
Providing (contract with CCG)		0%		0	
Providing (contract with LA)		15%		2	
Willing to provide if commissioned		31%		4	
Not able or willing to provide		15%		2	

25 - Which of the following other services does the pharmacy provide, or would be willing to provide?		Answered 13	Skipped 5
		%	Responses
Willing to provide privately		0%	0
Supplementary Prescribing Service			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		62%	8
Not able or willing to provide		38%	5
Willing to provide privately		0%	0
Vascular Risk Assessment Service (NHS Health Check)			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		8%	1
Willing to provide if commissioned		85%	11
Not able or willing to provide		8%	1
Willing to provide privately		0%	0

26 - Non-commissioned services: Does the pharmacy provide any of the following?		Answered 13	Skipped 5
		%	Responses
Collection of prescriptions from GP practices			
Yes		85%	11
No		15%	2
Delivery of dispensed medicines – selected patient groups			
Yes		77%	10
No		23%	3
Delivery of dispensed medicines – selected areas			
Yes		85%	11
No		15%	2
Delivery of dispensed medicines – free of charge on request			
Yes		92%	12
No		8%	1
Delivery of dispensed medicines – with charge			
Yes		9%	1
No		91%	10
Monitored Dosage Systems – free of charge on request			

26 - Non-commissioned services: Does the pharmacy provide any of the following?		Answered 13	Skipped 5
		%	Responses
Yes		85%	11
No		15%	2
Monitored Dosage Systems – with charge			
Yes		17%	2
No		83%	10

Please list your criteria for your selected patient groups or areas:

Elderly or housebound	5	Local area	2
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27 - Is there a particular need for a locally commissioned service in your area? If so, what is the service requirement and why?		Answered 12	Skipped 6
		%	Responses
Yes		25%	3
No		75%	9

Please state the service requirement and why:

Inhalation techniques	1
Mental access	1
Commissioned IP services	1

28 - May the LPC update its opening hours and related matters and services details for you with the above information		Answered 13	Skipped 5
		%	Responses
Yes		85%	11
No		15%	2

Appendix J: Results of the commissioner questionnaire

The commissioner questionnaire was sent to commissioners within the Health and Wellbeing Board area.

Responses were low and cannot be seen to be representative of the commissioners across the area. Not all respondents answered every question. The table below lists the number of responses received for each question.

Total responses received:¹ 2

1 - Which of the following services do you commission or may consider commissioning from local community pharmacies?		Answered 2 %	Skipped 0 Responses
Anticoagulant Monitoring Service			
Already commissioning		0%	0
Willing to commission		0%	0
Not able or willing to commission		0%	0
Antiviral Distribution Service			
Already commissioning		0%	0
Willing to commission		0%	0
Not able or willing to commission		0%	0
Care Home Service			
Already commissioning		0%	0
Willing to commission		0%	0
Not able or willing to commission		0%	0
Chlamydia Testing Service			
Already commissioning		100%	2
Willing to commission		0%	0
Not able or willing to commission		0%	0
Chlamydia Treatment Service			
Already commissioning		100%	2
Willing to commission		0%	0
Not able or willing to commission		0%	0
Contraceptive Service (not EC)			
Already commissioning		100%	2
Willing to commission		0%	0
Not able or willing to commission		0%	0

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

2 - Which of the following services do you commission or may consider commissioning from local community pharmacies? – Disease Specific Medicines Management Services	Answered	0	Skipped	2
	N/A			

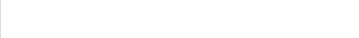
3 - Which of the following services do you commission or may consider commissioning from local community pharmacies?	Answered	2	Skipped	0
	%		Responses	
Emergency Contraception Service				
Already commissioning		100%		2
Willing to commission		0%		0
Not able or willing to commission		0%		0
Emergency Supply Service				
Already commissioning		0%		0
Willing to commission		0%		0
Not able or willing to commission		0%		0
Gluten Free Food Supply Service (i.e. not via FP10)				
Already commissioning		0%		0
Willing to commission		0%		0
Not able or willing to commission		0%		0
Home Delivery Service (not appliances)				
Already commissioning		0%		0
Willing to commission		0%		0
Not able or willing to commission		0%		0
Independent Prescribing Service				
Already commissioning		0%		0
Willing to commission		0%		0
Not able or willing to commission		0%		0

4 - Which of the following services do you commission or may consider commissioning from local community pharmacies?	Answered	0	Skipped	2
	N/A			

5 - Which of the following services do you commission or may consider commissioning from local community pharmacies?	Answered	1	Skipped	1
	%		Responses	
Needle and Syringe Exchange Service				
Already commissioning		100%		1
Willing to commission		0%		0

5 - Which of the following services do you commission or may consider commissioning from local community pharmacies?		Answered	1	Skipped	1
		%		Responses	
Not able or willing to commission		0%		0	
Obesity Management (adults and children)					
Already commissioning		0%		0	
Willing to commission		0%		0	
Not able or willing to commission		0%		0	
Not Dispensed Scheme					
Already commissioning		0%		0	
Willing to commission		0%		0	
Not able or willing to commission		0%		0	
On-Demand Availability of Specialist Drugs Service					
Already commissioning		0%		0	
Willing to commission		0%		0	
Not able or willing to commission		0%		0	
Out-of-Hours Services					
Already commissioning		0%		0	
Willing to commission		0%		0	
Not able or willing to commission		0%		0	
Patient Group Direction Service					
Already commissioning		0%		0	
Willing to commission		0%		0	
Not able or willing to commission		0%		0	
Phlebotomy Service					
Already commissioning		0%		0	
Willing to commission		0%		0	
Not able or willing to commission		0%		0	
Prescriber Support Service					
Already commissioning		0%		0	
Willing to commission		0%		0	
Not able or willing to commission		0%		0	
Schools Service					
Already commissioning		0%		0	
Willing to commission		0%		0	
Not able or willing to commission		0%		0	

6 - Which of the following services do you commission or may consider commissioning from local community pharmacies? – Screening Services:		Answered 2	Skipped 0
		%	Responses
Alcohol			
Already commissioning		100%	1
Willing to commission		0%	0
Not able or willing to commission		0%	0
Cholesterol			
Already commissioning		0%	0
Willing to commission		0%	0
Not able or willing to commission		0%	0
Diabetes			
Already commissioning		0%	0
Willing to commission		0%	0
Not able or willing to commission		0%	0
Gonorrhoea			
Already commissioning		0%	0
Willing to commission		0%	0
Not able or willing to commission		0%	0
H. pylori			
Already commissioning		0%	0
Willing to commission		0%	0
Not able or willing to commission		0%	0
HbA1C			
Already commissioning		0%	0
Willing to commission		0%	0
Not able or willing to commission		0%	0
Hepatitis			
Already commissioning		0%	0
Willing to commission		100%	1
Not able or willing to commission		0%	0
HIV			
Already commissioning		0%	0
Willing to commission		100%	1
Not able or willing to commission		0%	0
Other			

6 - Which of the following services do you commission or may consider commissioning from local community pharmacies? – Screening Services:		Answered	2	Skipped	0
		%		Responses	
Already commissioning		0%		0	
Willing to commission		0%		0	
Not able or willing to commission		0%		0	

7 - Which of the following services do you commission or may consider commissioning from local community pharmacies? – Vaccinations		Answered	0	Skipped	2
		N/A			

8 - Which of the following services do you commission or may consider commissioning from local community pharmacies?		Answered	1	Skipped	1
		%		Responses	
Sharps Disposal Service					
Already commissioning		100%		1	
Willing to commission		0%		0	
Not able or willing to commission		0%		0	
Stop Smoking Service					
Already commissioning		100%		1	
Willing to commission		0%		0	
Not able or willing to commission		0%		0	
Supervised Administration Service					
Already commissioning		0%		0	
Willing to commission		0%		0	
Not able or willing to commission		0%		0	
Supplementary Prescribing Service					
Already commissioning		0%		0	
Willing to commission		0%		0	
Not able or willing to commission		0%		0	
Vascular Risk Assessment Service (NHS Health Check)					
Already commissioning		100%		1	
Willing to commission		0%		0	
Not able or willing to commission		0%		0	

9 - Is there anything else you would like to include or would you be willing to commission that is not already listed?		Answered	1	Skipped	1
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Not sure if my answers have helped, however I am not directly the lead for primary care commissioning in public health. However as sexual health lead I support the process/commissioning within primary care and therefore pharmacies e.g. testing and EHC	1
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Appendix K: Results of the PCN questionnaire

The PCN questionnaire was sent to all PCN clinical directors in Kingston upon Thames HWB area. Although not necessary as part of the PNA process it was seen as an opportunity to engage with an important stakeholder.

Responses were low and cannot be seen to be representative of the PCNs across the HWB area. Not all respondents answered every question. The table below lists the number of responses received for each question.

Total responses received:¹ 2

1 - What do you know about your local pharmaceutical provision across your PCN?	Answered	2	Skipped	0
	%		Responses	
Local LPC contracts based on locally commissioned services			1	
Unclear			1	

2 - Who is leading your pharmacy integration strategy at a local level?	Answered	2	Skipped	0
	%		Responses	
Provide details below		0%	0	
I don't know		100%	2	

3 - Do you know who your community pharmacy PCN lead is?	Answered	2	Skipped	0
	%		Responses	
Yes		100%	2	
No		0%	0	

4 - Do you have any plans that have been developed between the pharmacy and the PCN for pharmacy services across your PCN?	Answered	2	Skipped	0
	%		Responses	
Yes		50%	1	
No		50%	1	
I don't know		0%	0	

5 - Is the community pharmacy contract integrated into the way the PCN operates?	Answered	2	Skipped	0
	%		Responses	
Yes		50%	1	
No		0%	0	

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

I don't know		50%	1
6 - How do you rate the quality of the service of your local pharmaceutical provision in the Royal Borough of Kingston?		Answered 2	Skipped 0
		%	Responses
Excellent		0%	0
Very Good		0%	0
Good		50%	1
Adequate		50%	1
Poor		0%	0
Very Poor		0%	0
I don't know		0%	0

7 - Which of the following community pharmacy services is your PCN signposting / referring / using? (Please select all that apply)		Answered 1	Skipped 1
		%	Responses
Community Pharmacist Consultation Service (CPCS)		100%	1
New Medicines Service (NMS)		100%	1
Flu Vaccination Service		100%	1
Appliance Use Review (AUR)		0%	0
Stoma Appliance Customisation (SAC)		0%	0
Discharge Medicines Service (DMS)		100%	1
Pandemic Delivery Service (commissioned until 31 March 2022)		0%	0

8 - Is the technology suitable to provide effective pharmaceutical services across your PCN? (e.g. Discharge Medicine Service – access and permissions to edit summary care records in community pharmacy)		Answered 2	Skipped 0
		%	Responses
Yes		50%	1
No		0%	0
I don't know		50%	1

9 - Is there anything further you would like to add regarding pharmaceutical service provision across your PCN?		Answered 0	Skipped 2
		N/A	

Appendix L: Consultation plan and list of stakeholders

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

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

Role	PNA briefing letter sent	Steering Group representation	PNA production engagement: Questionnaires sent	Draft PNA link sent
LPC – Kingston	Y	Y	Contractor & Public	Y
LMC – Kingston	Y	Y	Dispensing & Public	Y
Any person on pharmaceutical list (community pharmacies)	-	-	Public	Y
Kingston Healthwatch	Y	Y	Public	Y
Kingston HWB	Y	N	Public/Contractor/Commissioner/PCN	Y
NHSE&I	Y	Y	Public/Contractor/Commissioner/PCN	Y
Surrey HWB	-	-	-	Y
Sutton HWB	-	-	-	Y
Wandsworth HWB	-	-	-	Y
Merton HWB	-	-	-	Y
Richmond HWB	-	-	-	Y
Chief Pharmacist, Kingston Hospital, YourHealthcare	-	-	-	Y
Kingston Council Website and Engagement Portal	-	-	Public	Y
Kingston Social Media Channels	-	-	Public	Y
Paper copies of the public questionnaire and posters were	-	-	Public	-

Role	PNA briefing letter sent	Steering Group representation	PNA production engagement: Questionnaires sent	Draft PNA link sent
delivered to all Kingston pharmacies and libraries				
Kingston Care Provider Newsletter article & web link	-	-	Public	Y
Kingston Community Groups (VCS) x30	-	-	Public	Y
Kingston e-Newsletter 'Let's Talk'	-	-	Public	Y
Kingston Council employees	-	-	Public	Y
Healthwatch eNewsletter and social media	-	-	Public	Y
Kingston Residents Newsletter (8k households)	-	-	Public	Y
Kingston CCG – Twitter & promoted to NHS patient groups	-	-	Public	Y

Other consultees

Stakeholder role	PNA briefing letter sent	Steering Group representation	PNA production engagement: Questionnaires sent	Draft PNA link sent
Chief Pharmacist, Kingston and Richmond CCGs	Y	Y	Public/Contractor/Commissioner/PCN	Y
Kingston GP [ractices	-	-	-	Y
Senior Primary Care Pharmacist, Kingston and Richmond CCGs	Y	Y	Public/Contractor/Commissioner/PCN	Y
Lead Pharmacist (Primary Care) Kingston & Richmond SWLCCG	Y	Y	Public/Contractor/Commissioner/PCN	Y
Communications Lead in Kingston CCG	-	-	Public/Commissioner	Y
LMC Surrey	-	-	-	Y

Stakeholder role	PNA briefing letter sent	Steering Group representation	PNA production engagement: Questionnaires sent	Draft PNA link sent
LMC Sutton	-	-	-	Y
LMC Wandsworth	-	-	-	Y
LMC Merton	-	-	-	Y
LMC Surrey and Sussex (Kingston & Richmond)	-	-	-	Y
LPC Surrey (Epsom, Ewell, Mole Valley & Elmbridge)	-	-	-	Y
LPC Sutton, Merton and Wandsworth	-	-	-	Y
LPC Kingston, Richmond & Twickenham	-	-	-	Y
LPC Surrey and Essex	-	-	-	Y
Consultant in Public Health, Kingston	Y	Y	Public/Contractor/Commissioner/PCN	Y
Public Health Project Support/Liaison Officer, Kingston	Y	Y	Public/Contractor/Commissioner/PCN	Y
Head of GIS mapping, Kingston	Y	Y	Public/Contractor/Commissioner/PCN	Y
Corporate Head of Service, Health Behaviours & Public Health Services, Kingston	-	-	Public	Y
Exchequer Services Officer, Kingston	-	-	Public	Y
Public Health Service Development & Commissioning Lead, Kingston	-	-	Public	Y
Corporate Head, Strategy and Engagement, Kingston	Y	Y	Public/Contractor/Commissioner/PCN	Y
Corporate Head of Service, Public Health Kingston	Y	Y	Public/Contractor/Commissioner/PCN	Y
Primary Care Commissioner, Kingston	Y	Y	Public/Contractor/Commissioner/PCN	Y

Stakeholder role	PNA briefing letter sent	Steering Group representation	PNA production engagement: Questionnaires sent	Draft PNA link sent
Public Health Analyst, Kingston	Y	Y	Public/Contractor/Commissioner/PCN	Y
Insight Manager, Kingston	Y	Y	Public/Contractor/Commissioner/PCN	Y
Senior Participation and Engagement Officer, Kingston	Y	Y	Public/Contractor/Commissioner/PCN	Y
Corporate Participation and Engagement Manager, Kingston	-	-	Public	Y
PR Officer, Kingston	-	-	Public	Y
Libraries Manager, Kingston	-	-	Public	Y
Director of Public Health, Kingston	-	-	Public	Y
Equalities Impact Assessment, Kingston	-	-	Public	Y
Community Response Hub Lead for Essential Supplies Team, Kingston	-	-	Public	Y
Executive Director of Adult Social Care and Health, Kingston	-	-	Public	Y
Chief Pharmacist, Kingston Hospital, YourHealthcare	-	-	-	Y
Pharmacy Lead, YourHealthcare	Y	Y	Public/Contractor/Commissioner/PCN	Y
Central London Community Healthcare NHS Trust	-	-	Public	Y
Your Healthcare Community Interest Company	-	-	Public	Y
Hounslow and Richmond Community Healthcare NHS Trust	-	-	Public	Y
Kingston Adult Social Care Team	-	-	Public	Y
Carers via Kingston Carers Network	-	-	Public	Y
Community groups at the VCS	-	-	Public	Y

Appendix M: Summary of consultation responses

As required by the Pharmaceutical Regulations 2013,¹²² Kingston-upon-Thames HWB held a 60-day consultation on the draft PNA from 9 May to 8 July 2022.

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 number of members of the public had expressed an interest in the PNA and were invited to participate in the consultation as well as a range of public engagement groups in Kingston as identified by Kingston Council and Kingston-upon-Thames Healthwatch. Responses to the consultation were possible via an online survey or email.

There were in total **12 responses**, all of them from the internet survey; responses received:

- 1 (8%) from the public
- 4 (33%) from pharmacists
- 1 (8%) from a voluntary or community sector organisation
- 4 (25%) from organisations, businesses and 'other'
- 2 (16%) did not identify how they were responding

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

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

All responses were considered by the PNA Steering Group at its meeting on 6 September 2022 for the final report. A number of additional comments were received that were considered by the Steering Group in the production of the final PNA. Should you wish to view these comments please view Appendix N.

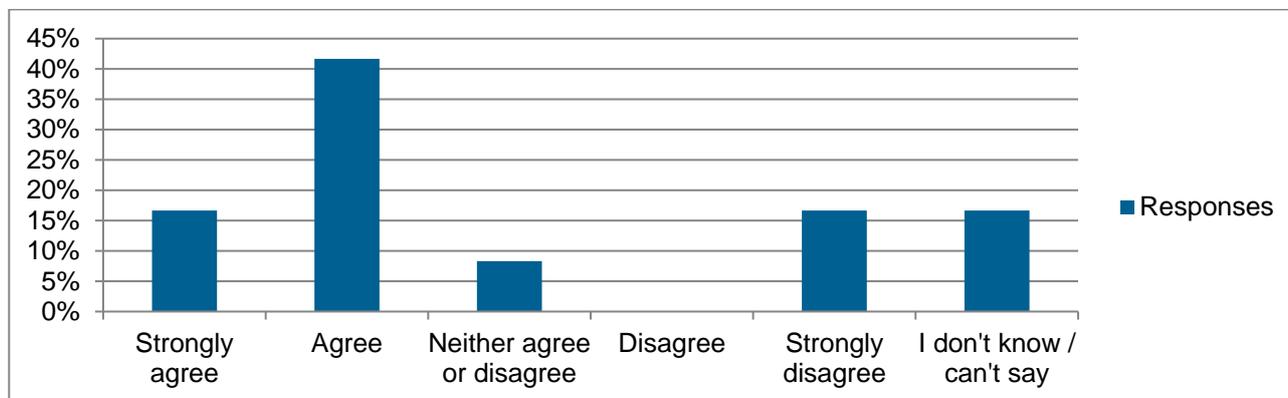
Below is a summary of responses to specific questions, asked during the consultation.¹²³

¹²² Pharmaceutical Regulations 2013. www.legislation.gov.uk/uksi/2013/349/contents/made

¹²³ Please note that some percentage figures will add up to more or less than 100%. These figures have been rounded up to the nearest whole percent.

Consultation questions and responses:

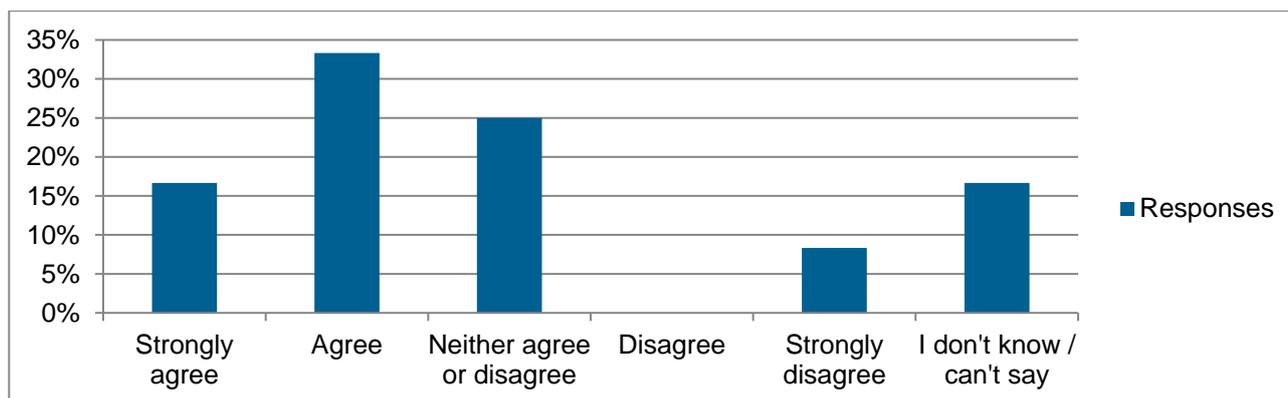
Q1 - The Draft Kingston PNA does not identify any gaps in the provision of pharmaceutical services. To what extent do you agree or disagree with this assessment?



Answer choices	Percentage	Responses
Strongly agree	17%	2
Agree	42%	5
Neither agree nor disagree	8%	1
Disagree	0%	0
Strongly disagree	17%	2
I don't know / can't say	17%	2

Answered: 12; skipped: 0

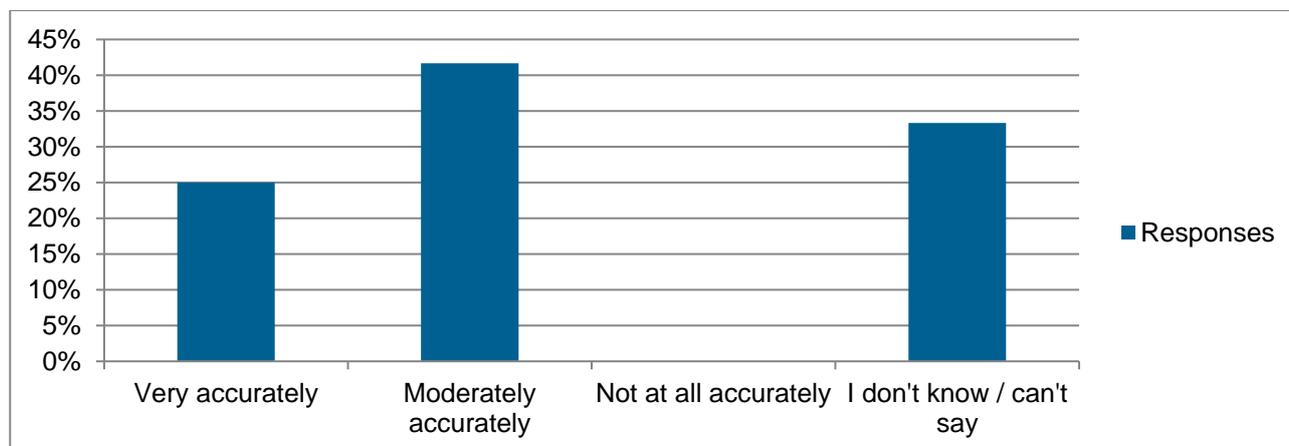
Q2 - To what extent do you agree or disagree with the other conclusions contained within the Draft Kingston PNA? (See the Executive Summary of the Draft Kingston PNA)



Answer choices	Percentage	Responses
Strongly agree	17%	2
Agree	33%	4
Neither agree nor disagree	25%	3
Disagree	0%	0
Strongly disagree	8%	1
I don't know / can't say	17%	2

Answered: 12; skipped: 0

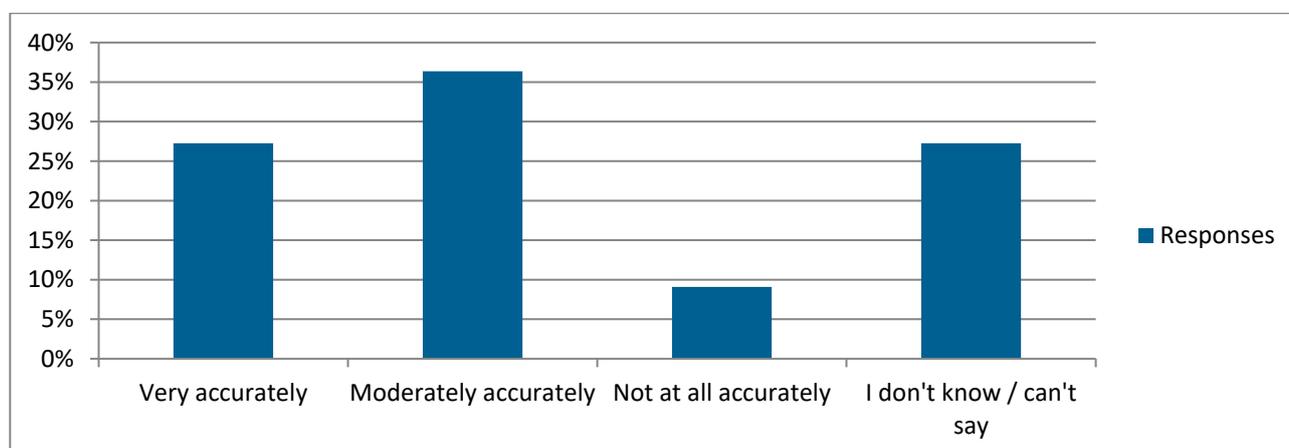
Q3 - In your opinion, how accurately does the Draft Kingston PNA reflect what is currently being provided in terms of pharmaceutical services in Kingston? (See Sections 3, 4 and 6 of the Draft Kingston PNA)



Answer choices	Percentage	Responses
Very accurately	25%	3
Moderately accurately	42%	5
Not at all accurately	0%	0
I don't know / can't say	33%	4

Answered: 12; skipped: 0

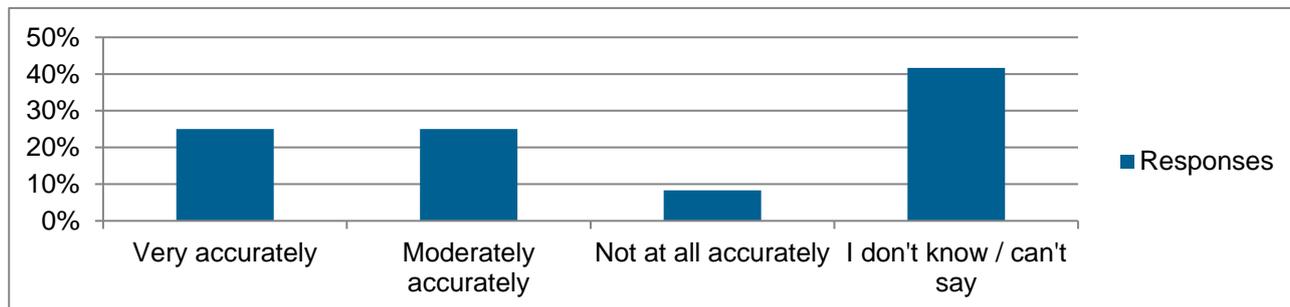
Q4 - In your opinion, how accurately does the Draft Kingston PNA reflect the current pharmaceutical needs of Kingston's population? (See Section 6 of the Draft Kingston PNA)



Answer choices	Percentage	Responses
Very accurately	27%	3
Moderately accurately	36%	4
Not at all accurately	9%	1
I don't know / can't say	27%	3

Answered: 11; skipped: 1

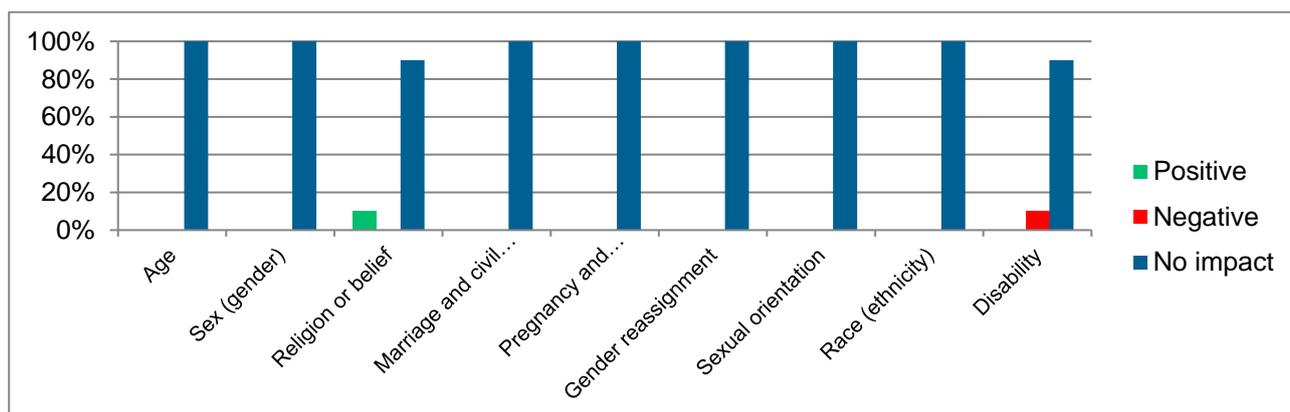
Q5 - In your opinion, how accurately does the Draft Kingston PNA reflect the future pharmaceutical needs of Kingston's population (over the next three years)? (See Section 6 of the Draft Kingston PNA)



Answer choices	Percentage	Responses
Very accurately	25%	3
Moderately accurately	25%	3
Not at all accurately	8%	1
I don't know / can't say	42%	5

Answered: 12; skipped: 0

Q6 - Would the conclusion of the PNA have a positive or negative impact on you due to any of the following? (Please select all that apply)



Answer choices	Positive (%)	Positive	Negative (%)	Negative	No impact (%)	No impact
Age	0%	0	0%	0	100%	9
Sex (gender)	0%	0	0%	0	100%	9
Religion or belief	10%	1	0%	0	90%	9
Marriage and civil partnership	0%	0	0%	0	100%	9
Pregnancy and maternity	0%	0	0%	0	100%	9
Gender reassignment	0%	0	0%	0	100%	9
Sexual orientation	0%	0	0%	0	100%	9
Race (ethnicity)	0%	0	0%	0	100%	9
Disability	0%	0	10%	1	90%	9

Answered: 10; skipped: 2

All free text comments are included in the full consultation report available under request.

Appendix N: Consultation Comments Report

Comment number	Question	Responding as	Comment	SG response
1	Does not identify gaps in provision	A member of the public	In the PNA it mentions that %34 of population are minority which might benefit more from pharmacy services. Day time population is increasing (page 21) and they would benefit from pharmacy services and accessibility of the pharmacies so less waiting time for them to access services and more options to choose from specially the CVD increase in men suggests they are not using pharmacy often. Page 75 says Kingston is well served but the number is lower than London. People are more aware about using pharmacies to access services after pandemic. Pharmacy review of medication reduces hospital admissions. There is just one pharmacy that is doing the NHS health checks.	<p>To note there are 2 pharmacies providing NHS health checks.</p> <p>There is currently work being undertaken across the area to improve the awareness of services being provided by community pharmacies.</p> <p>There is a national workforce issue currently due to the expanding roles for pharmacists. However this is outside of the scope of the PNA.</p>
2	Agree or disagree with other conclusions	A member of the public	I think with the numbers of newly built residential in the area I think the services should be more accessible from pharmacies.	Noted, however new housing was considered as part of the PNA process and has been assessed. No gaps were identified in service provision.
3	Reflect the current	A member of the public	I think the need has increased compared to last draft but PNA does not specify that.	Noted, this comment is accurate and the assessment

Comment number	Question	Responding as	Comment	SG response
	pharmaceutical need			concluded the current infrastructure would support the increased need and no gaps were found.
4	Reflect the future pharmaceutical need	A member of the public	I think it needs more pharmacies to provide services and residents would have more options to choose from.	Noted, the PNA assessed the current infrastructure was adequate and no gaps were found.
5	Impact of PNA conclusions	A voluntary or community sector organisation	I cannot comment so have put no impact	Noted.
6	Any other comments	A business or organisation	No	Noted.
7	Any other comments	Member of Surrey County Council	Formatting of figures (17.9, 16.3, 20.8 and 15.0) in first four rows of final column of Table 16 need re-formatting to be consistent with the remainder of the table. Description of seven health and wellbeing boards in para 3.7 (page 87) is incorrect and needs correcting. Surrey districts (Epsom and Ewell, Elmbridge and Mole Valley) come together with all other districts and boroughs in Surrey as 1 upper tier local authority Health and Wellbeing Board. Not three separate.	Noted, amended for the published PNA

Comment number	Question	Responding as	Comment	SG response
8	Any other comments	A business or organisation	It appears that possibly due to the timing of production of this draft, the recent changes in the opening hours of a number of Boots pharmacies have not been reflected in the draft PNA.	Noted, amended as per the notification received from NHSE for the published PNA

Comments received from NHSE

Comment	SG response
A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied- In specified future circumstances, need to be provided (whether or not they are located in the area of the HWB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.	There are no gaps in provision. Statements have been added to make it clearer to section 7.
Please note below the pharmacies where the opening hours have been amended recently. The HWBB is asked to review if these changes have any impact on any statements it has made.	Updated within this document.
The presence of 100. hour pharmacies not the only point regarding access in evenings and weekends. Access to other late night or weekend pharmacies should be assessed. It is also noted that (p75) the position in RBK is better than national average for travel time to pharmacy	The assessment took into account all pharmacies open either in the evenings and weekends. See sections 3.1.3.
p116 comment is not helpful. What are the pharmaceutical services not covered in the PNA? Does the HWBB believe that these non-PNA services might affect level of pharmaceutical services needed over the period of the PNA? If so, this should be articulated. Anything that is not covered by the PNA in terms of specifics could be used by an unforeseen benefit application. If this is something that the HWBB had considered it should be	Comment amended – see page 120

included.	
<p>p32 and 33. The population will only rise by 20,000 if the houses are there. It does indicate that 6,000 are planned for the next five years but says there might be more. Does RBK think that these 6,000 extra houses (plus a reasonable guestimate of those not yet planned) have no service implications? Remembering that the PNA is only considering the next 3 years, if this is so, this should be articulated within the PNA.</p>	<p>Housing developments have been considered for the lifetime of this PNA. See sections: Section 6.6.2.2 as an example</p>
<p>The PNA does not have a statement that covers necessary services in the future. The HWBB should ensure that this statement is made to determine if it considers if future necessary services are sufficient.</p>	<p>Statement added in Section 7.</p>
<p>The HWBB will need to assess any impact that these changes to opening hours may have made and if the HWBB needs to amend any of the assessments.</p>	<p>These have been considered and concluded that no impact on the conclusions of this PNA</p>

Appendix O: Opportunities for possible community pharmacy services in Kingston

Any local commissioning of services for delivery by community pharmacy lie outside the requirements of a PNA; they are 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 impact the population.

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

The take-up of some services from pharmacies has been low; a review to identify the factors that contribute to this low uptake should form part of a review to rectify the shortfall.

Most responses from the contractor questionnaire (Appendix I) identify that they would be willing to provide new services from the community pharmacy if they were commissioned (e.g. diabetes 92%, hypertension 92% of 18 responses).

1 Health needs identified in the NHS Long Term Plan (LTP)

Priority clinical areas in the LTP include:

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

2 Health needs identified in Kingston

People in Kingston continue to have better health than the national average and this is reflected in their life expectancy. Many of the conditions that are national priorities for health such as CVD, stroke, hypertension, and diabetes are either lower or at similar rates to London and England averages, however they remain leading causes of morbidity and mortality within Kingston.

Leading causes of death among those aged under 75 years (in 2020) were:

- Cancer (46%)
- Diseases of the circulatory system (24%)

In addition, rates of diabetes have increased from 4.4% in 2009-10 to 5.3% in 2020-21. Almost 10,000 people registered with Kingston GPs are recorded as having asthma (in 2020-21), which is 4.8% of patients, slightly higher than the London average (4.7%).

Immunisation levels in Kingston are below the 95% herd immunity target level deemed necessary to protect the whole population.

HIV testing coverage in Kingston is the lowest in London (in 2019), with only 61% of 'eligible attendees' to sexual health centres taking an HIV test.

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

- NHS Health Checks (currently provided by two pharmacies within Kingston)
- Implementation of the new Advanced Service – hypertension case-finding service
- Stop Smoking Advanced Service would contribute to reducing a major risk factor in both cancer and CVD
- Improved use of the London Vaccination Service to target immunisation levels in the population
- Extending screening services to other conditions (screening services are already in place for some sexual health indications (e.g. chlamydia))

3 Opportunities for further community pharmacy provision

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 manage and support in these areas

3.1 Existing Services

3.1.1 Essential Services

Signposting for issues such weight management and Health Checks.

3.1.2 Advanced Services

Some of the existing Advanced Services could be better utilised within Kingston i.e. CPCS and NMS, including a focus on particular health needs in the population for these services, e.g. diabetes and asthma.

3.1.3 Locally Commissioned Services

There are only two pharmacies providing Health Checks across Kingston. The NHS Health Check 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.

As hypertension, coronary heart disease (CHD), Atrial Fibrillation (AF), stroke, and heart failure are all priority health areas in Kingston and the rates of diabetes are increasing then the provision of Health Checks through a greater number of community pharmacies within the existing infrastructure could be considered or reviewed.

Immunisation levels in Kingston are below the 95% herd immunity target level deemed necessary to protect the whole population. Improved use of the London Vaccination Service to target immunisation levels in the population could be considered as part of future provision of this service.

3.2 New Services

From the public questionnaire there is a wish for new services to be made available from community pharmacies. From the contractor questionnaire there is also a willingness to deliver such services.

3.2.1 Advanced Services

These services would be commissioned by NHSE&I.

There are several new Advanced Services about to be implemented that could be beneficial to the population of Kingston based on the identified health needs, including:

Hypertension case finding service:

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

Hepatitis C testing service:

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

Stop Smoking:

There is a new Stop Smoking Advanced Service for people referred to pharmacies by a hospital, which will be commissioned from January 2022 (delayed). The service is aimed at ‘stop smoking support’ for those beginning a programme of smoking cessation in secondary care and referred for completion in community pharmacy. The Department of

Health and Social Care (DHSC) and NHSE&I proposed the commissioning of this service, as an Advanced Service.

3.2.2 Locally Commissioned Services

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

Below are examples of services that have been commissioned in some areas of England either by NHSE or CCGs. These would be seen as add-on services to Advanced Services or could be commissioned separately.

There are many examples of different service types on the PSNC website, those below are described to give an idea of the type of service available. The conditions listed have been identified as health priorities either as causes of ill health in Kingston (Section 2) or the NHS Long Term Plan.

3.2.3 Possible Disease Specific Services

Diabetes:

Diabetes-focused pharmacy (Wessex LPN). The framework is categorised into six elements: 1. The pharmacy team; 2. Prevention and lifestyle; 3. Complications of diabetes; 4. Education programmes; 5. Medicines adherence; 6. Signposting.

HIV Screening:

The new Advanced Service for Hepatitis C testing uses a POCT methodology, and these tests are also available for HIV testing. There have been many such services delivered from community pharmacies around England. This service could be combined with the existing needle exchange service, or as a supplementary service to the Emergency Hormonal Contraception service, which is available already.

Cardiovascular:

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

4 Recommendations

1. Highlight to the public the services that are currently available from community pharmacies

This will help to manage the following issues:

The existing services are used sub-optimally

The public questionnaire made it clear that members of the public were not aware of available services

Members of the public wish to see these services provided ([Section 5](#))

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

Smoking cessation, hypertension case-finding and hepatitis C-screening can all meet the health needs of Kingston, albeit in targeted localities

3. Consider the provision of new locally commissioned services

To meet specific health needs in Kingston, e.g. HIV screening, diabetes, immunisation and cardiovascular services.

Appendix P: Alphabetical list of pharmaceutical service providers in Kingston upon Thames HWB area

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced			CCG		LA										
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	C-19 LFD distribution	Hypertension case-finding	Stop smoking	C-19 vaccination	London vaccination	Bank holiday	OOH palliative care	C-19 test	Needle exchange	Supervised consumption	Health checks	Alcohol	Sexual health	Stop smoking						
Ace Pharmacy	FAM93	Community	1-3 Ace Parade, Hook Road, Chessington	KT9 1DR	09:00-20:00	09:00-18:30	10:00-14:00	-	-	-	-	-	-	Y	-	Y	Y	Y		Y	Y	-	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Boots	FYH83	Community	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	Y	-	-	-	-	-	-	-	-	-	-	-	Y	-	
Boots	FG680	Community	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	FEG11	Community	116 High Street, New Malden	KT3 4EU	09:00-18:30	09:00-18:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	Y	-		-	Y	-	-	-	-	-	Y	-	-	-	Y	Y				
Boots	FD501	Community	19-20 Victoria Road, Surbiton	KT6 4JZ	09:00-19:00	09:00-19:00	10:00-16:00	-	-	Y	-	-	-	-	Y	Y	-		-	Y	Y	-	-	Y	Y	-	-	Y	Y						
Boots	FR299	Community	59-63 Tolworth Broadway, Surbiton	KT6 7DW	09:00-20:00	08:30-19:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	Y	-		-	Y	-	-	-	Y	Y	-	Y	Y							
Boots	FYQ11	Community	4 Arcade Parade, Hook, Chessington	KT9 1AB	09:00-13:00, 13:30-18:30	09:00-13:00, 13:30-17:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-		-	Y	-	-	-	-	-	-	-	-	-	-	Y	-			
Boots	FPC86	Community	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	-		-	Y	-	-	-	-	-	Y	-	-	-	Y	-				
Cohens Chemist	FL578	Community	The Merritt Medical Centre, Merritt Gardens, Chessington	KT9 2GY	08:30-13:00,13:30-19:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	Y		-	-	-	-	Y	-	-	-	-	Y	-	Y	-	Y			

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Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced							NHSE&I Enhanced			CCG		LA										
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	C-19 LFD distribution	Hypertension case-finding	Stop smoking	C-19 vaccination	London vaccination	Bank holiday	OOH palliative care	C-19 test	Needle exchange	Supervised consumption	Health checks	Alcohol	Sexual health	Stop smoking			
Concept Chemist	FXL91	Community	127 Manor Drive North, New Malden	KT3 5PD	09:00-19:00	09:00-17:00	Closed	-	-	-	-	-	Y	-	Y	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-
Coombe Hill Pharmacy	FN954	Community	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		
Day Lewis Pharmacy	FDH40	Community	128 Malden Road, New Malden	KT3 6DD	09:00-18:00	09:00-13:00	Closed	-	-	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	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Eagercare Ltd	FQD93	Community	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	-	
Fittleworth Medical Limited	FV224	DAC	16 Kingsmill Business Park, Chapel Mill Road, Kingston	KT1 3GZ	09:00-17:00	Closed	Closed	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Groves Pharmacy	FLW51	Community	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	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Ham Parade Pharmacy	FA683	Community	305 Richmond Road, Kingston	KT2 5QU	09:00-18:00	09:00-16:00	Closed	-	-	Y	-	-	-	-	Y	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	
Hawks Pharmacy	FNK00	Community	Regent House, Hawks Road, Kingston	KT1 3DG	08:00-18:30	09:00-13:00	Closed	-	-	-	-	-	Y	-	-	Y	-	-	-	-	-	-	Y	Y	-	Y	Y	-	Y	Y	Y	
Herman's Pharmacy	FLF17	Community	84 High Street, New Malden	KT3 4ET	09:00-19:00	09:00-18:00	Closed	-	-	-	-	-	-	-	-	Y	-	-	Y	-	-	-	Y	-	-	-	Y	-	-	-	-	
Laurel Pharmacy	FV188	Community	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	-	Y	

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced								NHSE&I Enhanced			CCG		LA									
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	C-19 LFD distribution	Hypertension case-finding	Stop smoking	C-19 vaccination	London vaccination	Bank holiday	OOH palliative care	C-19 test	Needle exchange	Supervised consumption	Health checks	Alcohol	Sexual health	Stop smoking			
Lindsay Chemist	FCK24	Community	Clifton Road, Kingston	KT2 6PF	08:30-19:00	09:00-13:00	Closed	-	-	-	-	-	-	-	-	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-
Lloyds Pharmacy	FLF25	Community	Sainsbury's, Richmond Road, Kingston	KT2 5NZ	08:00-21:00	08:00-21:00	11:00-17:00	-	-	Y	-	-	-	-	-	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	
Newman Chemist	FCL07	Community	99 Ewell Road, Surbiton	KT6 6AH	09:00-13:00, 14:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	-	-	Y	Y	Y	-	Y	Y	Y	-	-	
Paydens	FTL85	Community	Surbiton Health Centre, Ewell Road, Surbiton	KT6 6EZ	07:00-22:00	07:00-20:00	08:00-20:00	Y	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	Y	-	-	Y	Y	-	Y	-	-	-	-	
Pearcare Pharmacy	FPF11	Community	86 Alexandra Drive, Surbiton	KT5 9AG	09:00-13:00, 14:00-18:00	09:00-17:00	Closed	-	-	-	-	-	Y	-	Y	Y	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	
Pearl Chemist	FD616	Community	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	-	-	-	-	-	-	-	-	
Plough Green Pharmacy	FTX78	Community	364 Malden Road, Worcester Park	KT4 7NW	09:00-18:00	09:00-17:30	Closed	-	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
PSM Pharmacy	FH455	Community	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	
Ritechem Pharmacy	FM456	Community	22 Victoria Road, Surbiton	KT6 4JZ	09:00-18:00	10:00-16:00	Closed	-	-	-	-	-	Y	-	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	Y	-	
Shan Pharmacy	FYY52	Community	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	
Timothy Whites Pharmacy	FFV08	DSP	1 Roebuck Place, 110 Roebuck Road, Chessington	KT9 1EU	09:00 - 17:00	Closed	Closed	-	-	Y	-	-	-	-	Y	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	
Tudor Drive Pharmacy	FCW46	Community	170 Tudor Drive, Kingston	KT2 5QG	09:00-13:00, 14:15-18:30 (Wed 09:00-13:00, 14:15-18:00)	09:00-16:00	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

Abbreviations

AF – Atrial Fibrillation
AUDIT – Alcohol Use Disorders Identification Test
AUR – Appliance Use Review
BMI – Body Mass Index
BSA – Business Services Authority
CCG – Clinical Commissioning Group
CHD – Coronary Heart Disease
COPD – Chronic Obstructive Pulmonary Disease
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
DMIRS – Digital Minor Illness Referral Service
DMS – Discharge Medicines Service
DSP – Distance-Selling Pharmacy
EHC – Emergency Hormonal Contraception
EPS – Electronic Prescription Service
ES – Essential Services
EU – European Union
GFR – General Fertility Rate
GLA – Greater London Authority
GP – General Practitioner
HIV – Human Immunodeficiency Virus
HLE – Healthy Life Expectancy
HWB – Health and Wellbeing Board
ICB – Integrated Care Board
ICS – Integrated Care System
IMD – Index of Multiple Deprivation
JSNA – Joint Strategic Needs Assessment

LASA – Look-Alike, Sound-Alike
LCS – Locally Commissioned Services
LFD – Lateral Flow Device
LFT – Lateral Flow Test
LMC – Local Medical Committee
LPC – Local Pharmaceutical Committee
LPS – Local Pharmaceutical Service
LSOA – Lower Super Output Areas
LTP – Long Term Plan
MHCLG – Ministry of Housing, Communities and Local Government
MUR – Medicines Use Review
NCMP – National Child Measurement Programme
NEX – Needle Exchange Service
NHS – National Health Service
NHSE&I – NHS England and NHS Improvement
NICE – National Institute for Health and Care Excellence
NMS – New Medicine Service
NUMSAS – NHS Urgent Medicine Supply Advanced Service
OCU – Opiate and/or Crack Cocaine Users
OHID – Office for Health Improvement and Disparities
ONS – Office for National Statistics
PANSI – Projecting Adult Needs and Service Information System
PCN – Primary Care Network
PCT – Primary Care Trust
PhAS – Pharmacy Access Scheme
PHE – Public Health England
PNA – Pharmaceutical Needs Assessment
POCT – Point-of-Care Testing
POPPI – Projecting Older People Population Information System
PQS – Pharmacy Quality Scheme
PSNC – Pharmaceutical Services Negotiating Committee
PWID – People Who Inject Drugs

QOF – Quality and Outcomes Framework

RNIB – Royal National Institute of Blind People

SAC – Stoma Appliance Customisation

SEN – Special Educational Needs

SMR – Standardised Mortality Ratio

STI – Sexually Transmitted Infection

STP – Sustainability and Transformation Partnership/Plan

SWL – South West London

SWLHCP – South West London Health and Care Partnership

TIA – Transient Ischaemic Attack

WHO – World Health Organization