

Kensington and Chelsea Pharmaceutical Needs Assessment 2010 - 2013

MAIN REPORT

Date of issue: January 2011

Date of Review: December 2013



Acknowledgements

NHS Kensington and Chelsea would particularly like to thank all the community pharmacies in Kensington and Chelsea for their support in the completion of the 2010 Pharmaceutical Needs Assessment.

All pharmacies in the borough took time in July 2010 to complete a questionnaire as part of the process; the results of these questionnaires inform this needs assessment. Some pharmacists' views gathered during a Pharmacy Forum event in July 2010 have also been incorporated into this report, as have responses from the 60 day consultation period on the draft document (October-November 2010). Further information on consultation responses can be found in the Response to Consultation document.

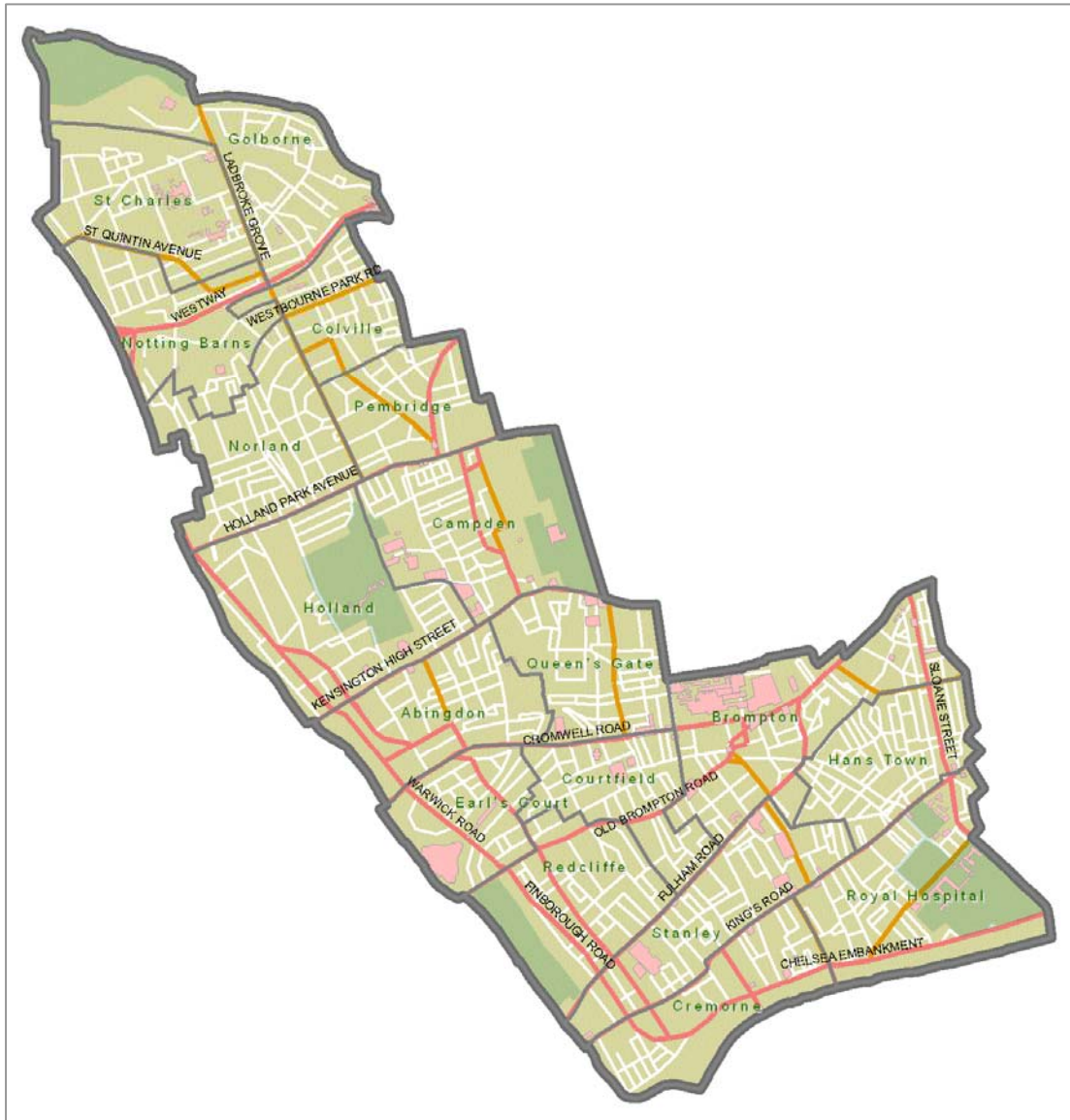
As the questionnaires were sent in July 2010, views in this document are a reflection of stated provision, intentions and attitudes of pharmacists at that point in time. Data from other sources was the most up to date available at the time of the production of the report in December 2010 and included information from pharmacies in other PCTs but close to the Kensington and Chelsea border.

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This document has been compiled in accordance with The National Health Service (Pharmaceutical Services) (Amendment) SI 2010/9 14 Regulations 2010 (the Regulations) in order to inform commissioning decisions and managing Control of Entry, rather than as a Strategic Plan.

Map of the Borough

MAP 1: Kensington and Chelsea location map with main roads and electoral wards



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Chapter One

Background

Purpose of the Pharmaceutical Needs Assessment

- 1.1 The Pharmaceutical Needs Assessment (PNA) identifies key health needs and how those needs are being fulfilled or could be fulfilled by pharmaceutical services in different parts of the borough. The role of the PNA is twofold: to inform the PCT's plans for commissioning of pharmaceutical services; and to support the PCT's decision making process in relation to applications for new pharmacies or changes of pharmacy premises.¹
- 1.2 In the context of the regulations, the PCT is required to group pharmaceutical services in terms of the following summary categories:

Necessary Services – Current Provision: services currently being provided which are regarded by the PCT to be “necessary to meet the need for pharmaceutical services in the area”

Necessary Services – Gaps in Provision: services *not* currently being provided which are regarded by the PCT to be “necessary to meet the need for pharmaceutical services in the area”

Other Relevant Services: services provided which are not necessary to meet the need for pharmaceutical services in the area, but which nonetheless have “secured improvements or better access to pharmaceutical services”

Improvements or better Access: services *not* currently provided and not necessary to meet the need for pharmaceutical services in the area, but which nonetheless would “secure improvements or better access to pharmaceutical services” if provided

- 1.3 The services being assessed in the PNA are those provided under the terms of services for pharmaceutical contractors or under Local Pharmaceutical Services (LPS) contracts.
- 1.4 The process followed in developing this PNA has been detailed in Appendix D.

¹ For further details see guidance document *Pharmacy in England: Building on strengths – delivering the future – Regulations under the Health Act 2009: Pharmaceutical Needs Assessments*
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_114953

Defining Localities

1.5 For the purposes of the PNA, it is necessary to divide the geographical area of Kensington and Chelsea into distinct localities. These localities are likely to be used to help determine market entry.

1.6 The PCT has used two main approaches for the definition of localities²:

- The **provision and choice** for residents in each postcode area by pharmacies within a 500 metres radius from the centre of the postcode). This is considered to be approximately a 10 minute walk. The score for each postcode area is measured as:
 - No pharmacies providing service within 500m radius
 - One pharmacy providing service within 500m radius
 - Two or more pharmacies providing service within 500m radius
- Where these detailed findings needed to be summarised, **electoral wards** were adopted to summarise them. There are 18 electoral wards in Kensington and Chelsea (see Map 1).

1.7 The rationale for using the more detailed postcode approach was to identify the range of access and service provision in a far more precise fashion than ward averages would allow. For example, where boundaries of wards are main roads, pharmacies on the opposite side of the road would not be counted towards the ward's provision, thereby giving an inaccurate picture of provision. Use of the detailed postcode and '500m radius' approach avoids this.

1.8 The distance of 500m was chosen by the Steering Group as being a reasonable measure to identify variation and choice. However, whilst highlighting variation, it is not always used to determine gaps in services; in some instances, wider measures are more appropriate (e.g. where there is lower patient demand for services, such as needle exchange and dispensing outside normal working hours). These instances have all been stated in the relevant sections of the report.

Policy Background Relating to the PNA

1.9 It is a statutory responsibility for PCTs to produce PNAs: Section 128A of the NHS Act 2006 requires each PCT to assess the pharmaceutical needs for its area and to publish a statement of its assessment and of any revised assessment. Subsequently, the Health Act 2009 contained the powers needed to require PCTs to develop and publish PNAs and use them as the basis for determining market entry to NHS pharmaceutical services provision subject to further regulations.

² These approaches were agreed by the Kensington and Chelsea PNA Steering Group

- 1.10** The National Health Service (Pharmaceutical Services) (Amendment) SI 2010/9 14 Regulations 2010 (the Regulations), which came into force on 24 May 2010, provided PCTs with the minimum information that must be contained within their PNA and also the process to be followed in their development and publication. The development and publication of this PNA has been carried out in accordance with these Regulations.
- 1.11** The White Paper, *Pharmacy in England: Building on Strengths – delivering the future*, published on 3 April 2008 by the Department of Health (DH) set out the Government’s programme for a “21st Century pharmaceutical service”. The paper identified practical, achievable ways in which pharmacists and their teams could contribute to improving patient care through delivering personalised pharmaceutical services in the coming years.
- 1.12** The NHS Kensington and Chelsea Primary Care Strategy 2008-18 supports utilising pharmacies as health and well being centres and utilising the skills of pharmacists.³
- 1.13** Since 1 April 2008, Local Authorities and PCTs have been under a statutory duty to produce a Joint Strategic Needs Assessment (JSNA)⁴ by virtue of Section 116 of the Local Government and Public Involvement in Health Act 2007. This PNA builds on the findings of the JSNA by supporting the commissioning and the development of appropriate, sustainable and effective pharmacy services. *Chapter 2 – Demographic and Health Needs* summarises findings from the Kensington and Chelsea JSNA.
- 1.14** The White Paper: *Equity and Excellence: Liberating the NHS* identifies large structural changes ahead in commissioning of NHS services. Consortia of GP practices, working with other health and care professionals, and in partnership with local communities and local authorities, will commission the great majority of NHS services for their patients. They will not be directly responsible for commissioning pharmacy services, which will be one of the roles of the NHS Commissioning Board, although GP consortia will still have influence and involvement. However there is nothing in the most recent White Paper which detracts from the national and local existing vision of an increased contribution from community pharmacies to the promotion and maintenance of good health.

³ http://www.kensingtonandchelsea.nhs.uk/media/23018/kcprimarycarestrategy_2008to2018.pdf

⁴ <http://www.rbkc.gov.uk/voluntaryandpartnerships/healthandwell-being.aspx>

Chapter Two

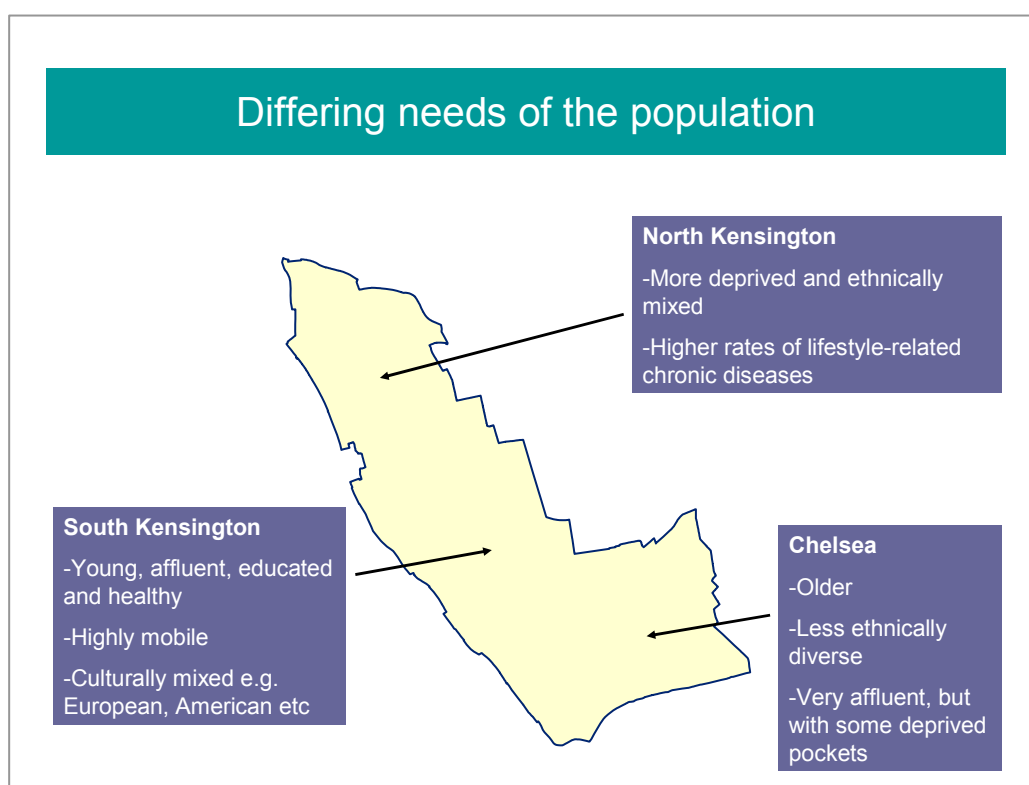
Demographic and Health Need

The Joint Strategic Needs Assessment

- 2.1** The demographic and health information included here is covered in graphical detail in Appendix A and B of this report as well as in the PCT and Royal Borough of Kensington and Chelsea's Joint Strategic Needs Assessment (JSNA). The JSNA identifies current and future health and social care needs of the borough's population and analyses whether needs are being met locally.⁵
- 2.2** Further information on how the needs of the local population are being addressed can be found in the PCT's Commissioning Strategy.⁶

Summary of Population Characteristics in Kensington and Chelsea

- 2.3** Characteristics of the local population have been summarised below. Further detail is provided later in this chapter.



⁵ <http://www.rbkc.gov.uk/voluntaryandpartnerships/healthandwell-being.aspx>

⁶ <http://www.kensingtonandchelsea.nhs.uk/media/12767/commissioningstrategy2010-2015.pdf>

Overall population of Kensington and Chelsea

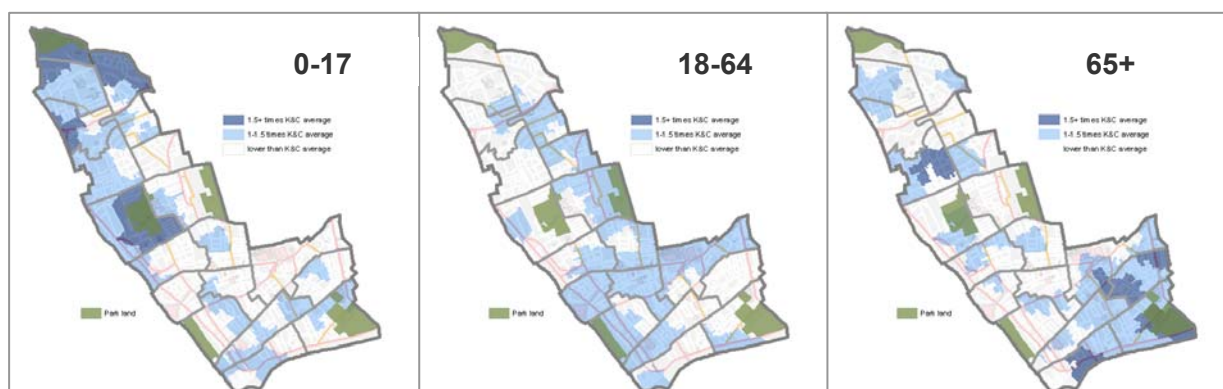
- 2.4** Kensington and Chelsea is a small and demographically unusual borough. Roughly 170,000 people⁷ live within just five squares miles, making it the most densely populated borough in the UK.⁸
- 2.5** The borough is also a busy tourist, retail and business area and therefore has a large influx of daytime visitors. Popular attractions such as the Museum complex in South Kensington and shopping streets such as the King's Road, High Street Kensington and Portobello Road draw people in whose requirement for pharmacy services may differ from local residents.

Age Structure

- 2.6** The age structure of the borough's resident population is strikingly different to many other places, being dominated by a large working-age population (see Chart 1). Compared to England, there are far fewer older people and children and young people. Even compared to the London average, there are far fewer children.⁷
- 2.7** The structure of the population is heavily influenced by patterns of migration, with large numbers of people moving in and out of the borough and a net outward migration of new families with young children. There is up to 30% annual turnover in the central part of the borough, with migration fuelled by a large stock of rental properties. Conversely, areas of social housing tend to be home to more stable long-term communities (see Map 2).⁹ The PCT has targeted health and healthcare improvement interventions at these communities due to the poorer health and increased likelihood of reaping long-term health benefits.

MAP 2: Location of population groups in Kensington and Chelsea

Source: Exeter GP registration data adjusted to fit GLA Projections 2008 (low) for 2010



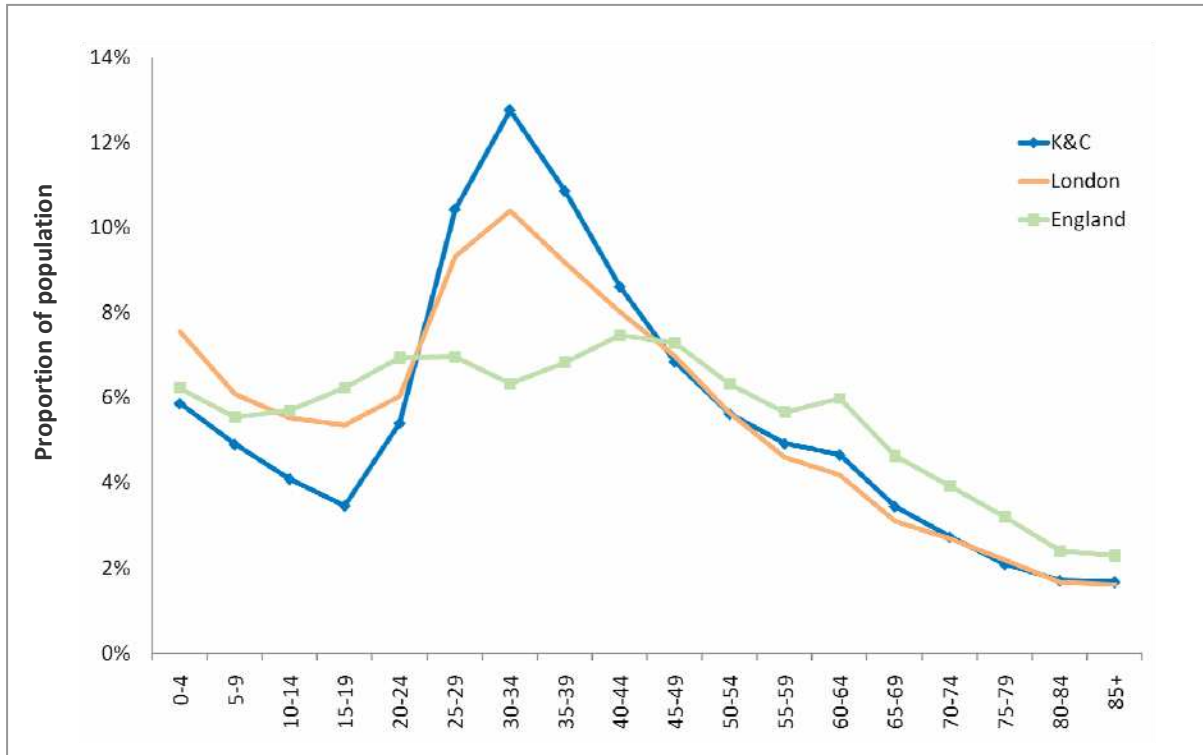
⁷ GLA 2008 Population Projections (low) for 2010

⁸ ONS 2001 Census

⁹ Kensington and Chelsea PCT analysis of movements on and off Exeter GP registration data, 2010

CHART 1: Age structure of the population

Source: GLA Projections 2008 (low) for 2010, ONS 2010 subnational population projections for 2010



Ethnicity and diversity

- 2.8** The Kensington and Chelsea population is extremely diverse (see Chart 2 and Table 1), with almost a half of local residents born abroad and with the largest proportion of the population describing their ethnicity as 'White Other', which includes people from Western Europe, North America and Australia. The borough is also home to large communities from the Middle East and North Africa.
- 2.9** The most common first language spoken after English is Arabic, followed by French and Spanish. Further detail on languages spoken can be found in Chapter 5.

CHART 2: Countries/ Continents of birth for Kensington and Chelsea residents, 2001

Source: Exeter GP registration data, 2010

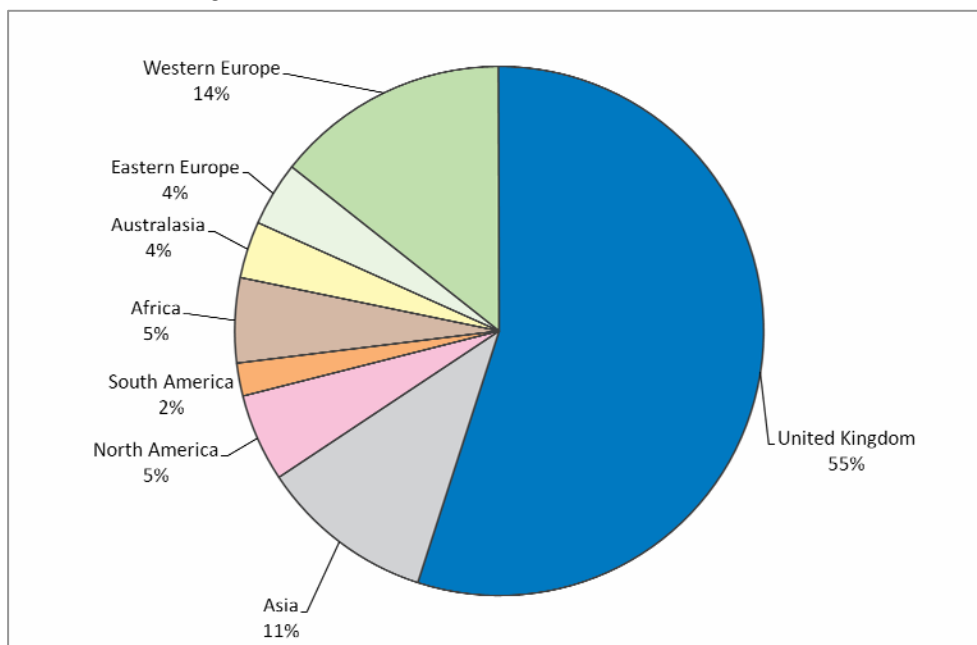


TABLE 1: Proportion from Black and Minority ethnic groups, by area

Source: ONS 2001 Census

Area	% from BME groups (London=29%)	Higher than London for...	Lower than London for...
North Kensington	29%	Other White, Black, Mixed/ Other Ethnicity.	White British, Asian
South Kensington	20%	Other White, Mixed/ Other Ethnicity.	White British, Black and Asian
Chelsea	15%	Other White, Mixed/ Other Ethnicity.	White British, Black and Asian

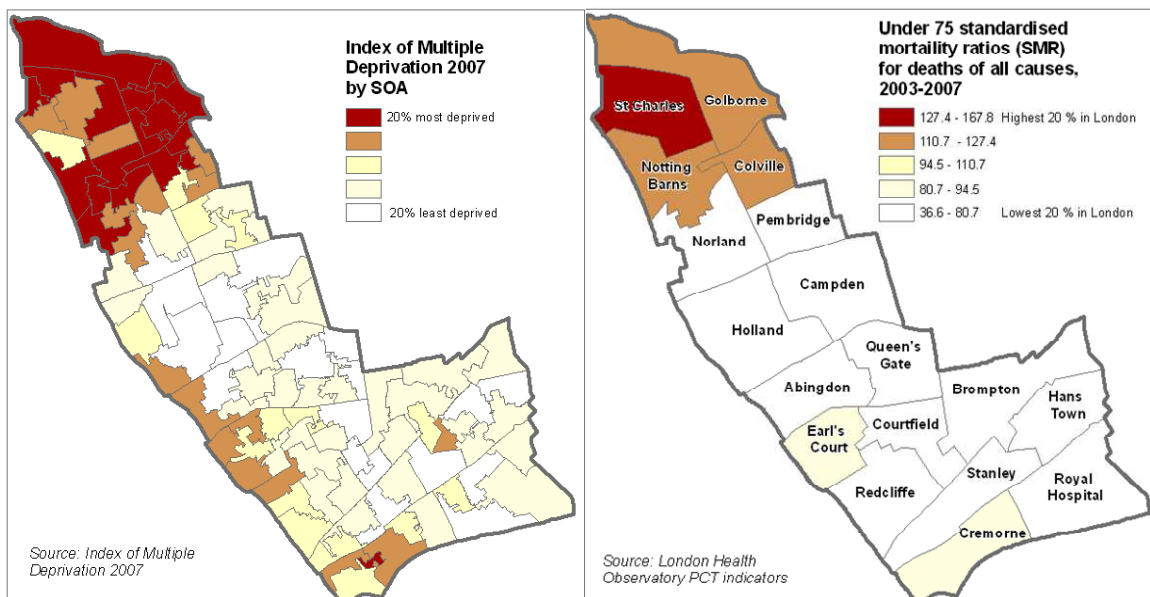
Health and well-being in Kensington and Chelsea

2.10 Overall, Kensington and Chelsea residents have excellent health and well-being: life expectancy is the highest in England and has improved faster than elsewhere over the last decade; it now stands at five years above UK figures for men and women.¹⁰ Levels of self-reported good health are also very high.⁸

2.11 However, the consistency and magnitude of health inequalities within the borough are striking (see Map 3). The concentration of deprivation in the four most northerly wards in the borough means those living in this area are twice as likely to die before the age of 75 than people in the rest of the borough.¹¹

2.12 While inequalities are often described in terms of a 'north-south divide', this can obscure the fact that pockets of deprivation and poor health exist throughout the borough, particularly in the Worlds End area of Southwest Chelsea.¹²

MAP 3: Deprivation and premature (<75) mortality in Kensington and Chelsea



¹⁰ ONS life expectancy data 2007-09

¹¹ London Health Observatory PCT Indicators

¹² Index of Multiple Deprivation 2007

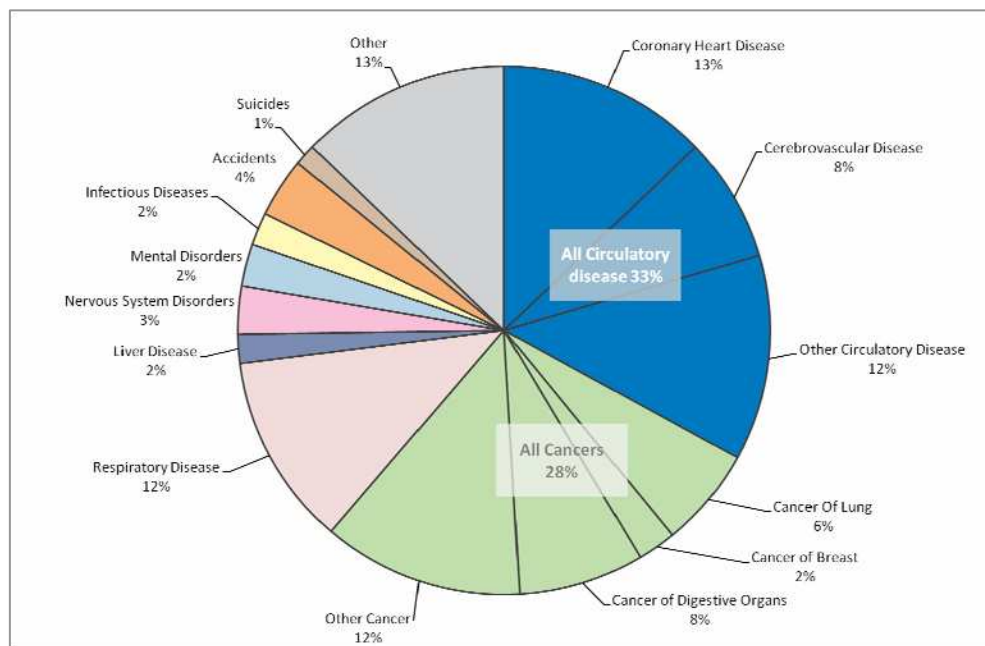
Patterns of ill health

2.13 While health locally is generally better than elsewhere, the pattern of ill-health is similar to the national picture. “Big killers” locally are cancer, circulatory diseases (to which diabetes contributes) and respiratory disease (see Chart 3).¹³

2.14 GP registers generally show much higher numbers of people with chronic diseases such as diabetes, COPD and hypertension in areas of deprivation compared to wealthier areas.¹⁴ In recent years, there has been a focus on supporting people in active self-management of their chronic diseases within their communities rather than in hospital. There are around 900 emergency admissions among Kensington and Chelsea patients each year for COPD, Asthma, Angina, Diabetes complications and heart failure.¹⁵

CHART 3: Main causes of death in Kensington and Chelsea, 2009

Source: ONS Public Health Mortality File, 2009



¹³ ONS Public Health Mortality File, 2009

¹⁴ GP Registers, QMAS March 2010

¹⁵ Dr Foster, 2009/10

Lifestyles

- 2.15** Lifestyle choices such as smoking, poor diet, physical inactivity and alcohol misuse are associated with all the ‘big killers’ and while in general people in Kensington and Chelsea make much better lifestyle choices than nationally, there is still considerable scope for improvement. For example, levels of physical activity in the borough are amongst the highest in England, yet more than two thirds of local people are still insufficiently active.¹⁶
- 2.16** The geographical areas with greatest levels of smoking, obesity and physical inactivity tend to be the more deprived areas, predominantly in the north of the borough, but also in other pockets such as the World’s End area in West Chelsea.¹⁶
- 2.17** Recently published data identifies Kensington and Chelsea as having a high number of residents in contact with services for sexually transmitted infections (STIs) compared to nationally,¹⁷ and local GUM services have a very active role in serving the local population. Screening programmes outside of these settings have tended to yield a lower positivity rate, particularly for Chlamydia screening, where positivity is significantly lower than the national average and highest rates located in the North Kensington area.¹⁸ Although the teenage conception rate in the borough is the third lowest in London,¹⁹ the North Kensington area is also where teenage conceptions are most common.

Vulnerable Groups in Kensington and Chelsea

- 2.18** For HIV, the local pattern of health differs from the national picture: there are 1,000 people living with HIV in the borough and Kensington and Chelsea has the 6th highest prevalence of 15-59 year olds with HIV/AIDS in the England. In comparison with the rest of London, the local HIV positive population is older, less ethnically diverse, and men who have sex with men remain the largest group. This population is focused primarily in the Earl’s Court area as well as West Chelsea (SW10) in the south of the borough.²⁰
- 2.19** Kensington and Chelsea is also an ‘outlier’ for severe and enduring mental illness (SMI). The PCT is ranked the fourth highest nationally for the prevalence of people recorded by their GP as having SMI. This patient group is focused particularly in the North Kensington area, although rates in the Earls Court and West Chelsea area are also high¹⁴ (see map in Appendix B).
- 2.20** There is likely to be significant under-diagnosis of dementia among older people in Kensington and Chelsea, with numbers on disease registers substantially below population estimates.¹⁶

16 Kensington and Chelsea JSNA, 2009

17 Health Protection Agency, 2010

18 NHS Kensington and Chelsea analysis of the Chlamydia Screening Programme

19 24.4 under 18 conceptions per 1,000 women 15-17, Teenage Pregnancy Unit, 2008

20 SOPHID, 2008

- 2.21** Kensington and Chelsea is typical of other inner city areas in having a relatively high number of problematic drug users compared to nationally. The highest numbers are located in the Earl's Court and Southwest Chelsea area, as well as in North Kensington²¹ (see map in Appendix A). There are two hostels located in the Earl's Court area which contribute to the level of need.
- 2.22** Although the proportion of children and young people in the borough is very small compared to elsewhere, the level of child poverty in deprived areas is substantial: nearly half of all children in the four northerly electoral wards are classified as living in poverty, compared to one in seven in the rest of the borough.²² This mirrors the general pattern of deprivation in the borough.
- 2.23** The proportion of older people in Kensington and Chelsea is similar to London, but is much lower than the nation average. Whilst social services and benefits data suggest lower levels of need among older people in Kensington and Chelsea compared to elsewhere, six out of ten pensioners in the borough live alone, the highest in London. Furthermore, half of all older people with a limiting long-term illness live above ground floor level.⁸ With some restrictions on housing adaptations in conservation areas, there are likely to be a significant number of vulnerable or housebound older people.
- 2.24** As mentioned previously in this chapter, there is a twofold difference in premature mortality between the four northerly wards and the rest of the borough. The deprived areas, predominantly in the north, coincide with high levels of social housing, a higher concentration of refugees, greater chronic disease and poverty-related illness as well as high prescribing. Vulnerable patients at risk of emergency readmission to a hospital are 2-4 times as common in the four northerly wards as elsewhere in the borough.¹⁶
- 2.25** Residents known to have learning disabilities or physical disabilities may experience challenges accessing appropriate pharmacy services. People with a learning disability are more likely to be resident in areas of social housing in the north of the borough.¹⁶

Changing Population

- 2.26** There is likely to be a small growth in the total number of residents in Kensington and Chelsea over the next few years, predicted to be around 0.3-0.5% per year.⁷
- 2.27** The population registered with Kensington and Chelsea GPs has been growing faster than the resident population.²³ This may continue to rise, given the relaxation of GP practice boundaries, as detailed in the most recent NHS White Paper and the likelihood of some workers registering in the borough. It is too early to tell whether this will affect local patterns of dispensing.

²¹ Kensington and Chelsea DAAT data, 2008/09

²² Index of Income Deprivation Affecting Children, 2007

²³ NHS Kensington and Chelsea GP registered population data over time

- 2.28** Population projections⁷ are predicting a rise in the number of older people in the borough in the years ahead, due to improving life expectancy and the ageing of the post war 'baby boom' generation, with those born in 1946 reaching age 75 in 2021. The proportionate growth in older people in Kensington and Chelsea is anticipated to be 2-3 times less than experienced nationally.
- 2.29** There are several proposed large scale development sites in the borough which may result in significant and concentrated increases in population if completed. All of these are likely to require reconsideration of pharmaceutical requirements if progressed. At present, timescales for development are likely to be longer than the timescale of the 2010 PNA. Sites include:

Potential new development sites in the borough

- The Kensal Gasworks/ Sainsbury's site, North Kensington, W10
- The western side of Warwick Road, off West Cromwell Road, W14
- Redevelopment of the Earls Court Exhibition Centre, SW5
- The Lots Road power station site, West Chelsea, SW10

Changing Patterns of Need

- 2.30** GP practice registers for chronic diseases have generally been growing over time, partly due to better disease identification, but also in some cases due to increasing population prevalence of certain diseases.
- 2.31** Disease recognition has been central to General Practice and PCT strategy in the last few years, with real improvements in identification of diabetes, COPD, and hypertension in particular. However, local and national prevalence estimation 'tools' suggest Kensington and Chelsea still has a lower level of diagnosis compared to London for CHD, Diabetes and Hypertension in particular.¹⁶
- 2.32** Some diseases are becoming more common in the population. There is strong local evidence for a rise in childhood obesity,²⁴ and adult obesity (although low) is likely to be rising too. The rise in patients with diabetes is likely to be partly due to rises in the population and is being fuelled by rising levels of obesity.
- 2.33** The gradual increase in older people is likely to result in a rise in cases of dementia, by around 4% over a five year period, with larger rises in a decade's time with the ageing of the 'baby boom' generation.

²⁴ National Child Measurement Programme results

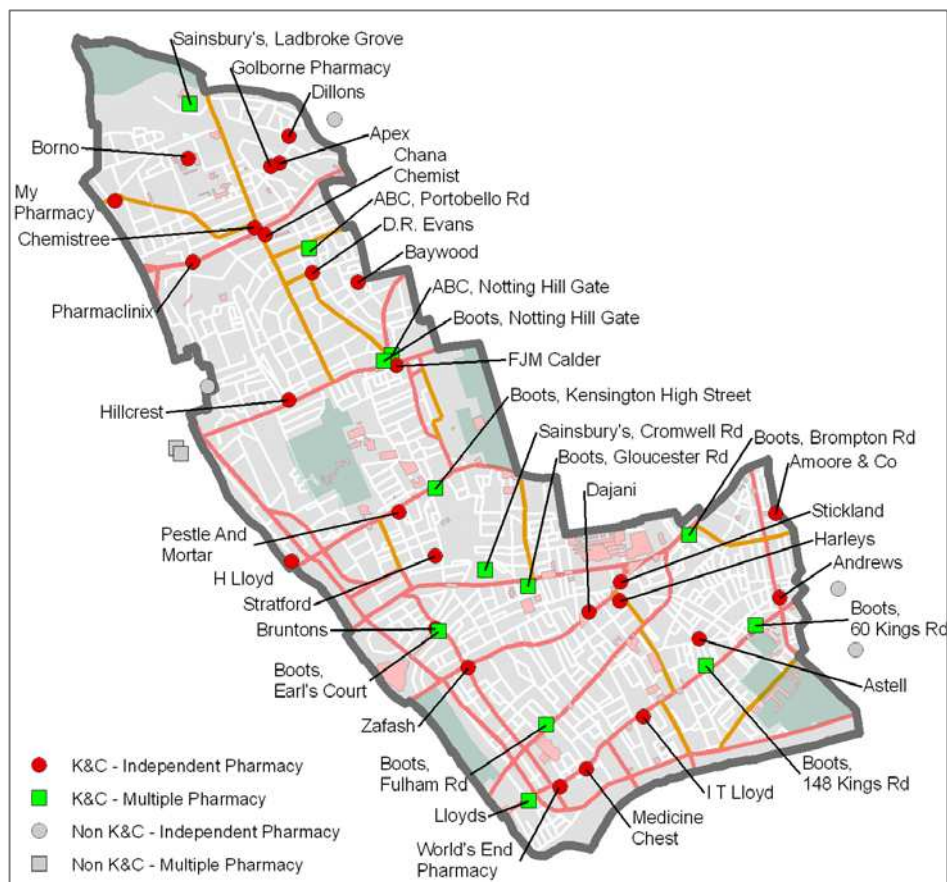
Chapter Three

Location of Current Health Services

Pharmaceutical Services

- 3.1** There are currently 39 community pharmacies located in Kensington and Chelsea. This includes the recently opened Borno Pharmacy which opened in November 2010 on the St Charles' Centre for Health and Well Being site in the far northwest of the borough (see Map 4), based on need identified in the 2009 Pharmaceutical Needs Assessment. The PCT is also currently in receipt of two applications for 100 hour pharmacies, one in the Earl's Court area and one in Chelsea.
- 3.2** The proportion of Multiple Contractors²⁵ is slightly lower than London and much lower than nationally: 33% of pharmacies (13 out of 39) in Kensington and Chelsea are multiples (London 38%, England 62%, Westminster 31%, Hammersmith and Fulham 38%, Brent 23%). Kensington and Chelsea also has eight contractors which have more than one branch (in other PCTs) but which are not included in the national definition of a 'Multiple Contractor'.²⁶

MAP 4: Location of Kensington and Chelsea and neighbouring pharmacies



²⁵ General Pharmaceutical Services in England, 1999-2000 to 2009-10, NHS Information Centre website. Adjusted for inclusion of St Charles pharmacy

²⁶ With more than six outlets, as per published national guidance

- 3.3** There are seven non-Kensington and Chelsea pharmacies that are located within 500m of the Kensington and Chelsea borough border; these have been marked in Map 4. In particular, Faro Pharmacy in the western region of Notting Hill, is isolated from much of Hammersmith and Fulham and is used frequently by Kensington and Chelsea residents; it is currently a much higher than average dispenser of Kensington and Chelsea prescriptions.

Other Services

Primary Care

- 3.4** There are currently 43 GP practices which serve Kensington and Chelsea residents. When benchmarked against London and England, the borough is well provided for per population size, although there are more sole practitioner GPs. GP practices provide an increased range of services through Local Enhanced Schemes and the Quality Outcomes Framework (QOF).
- 3.5** There are 20 NHS dentists and 28 opticians located in the borough (plus 14 Additional Domiciliary opticians).
- 3.6** The ten-year vision for primary care services in Kensington and Chelsea has been detailed in the PCT's Primary Care Strategy 2008-2018.²⁷

Community Services

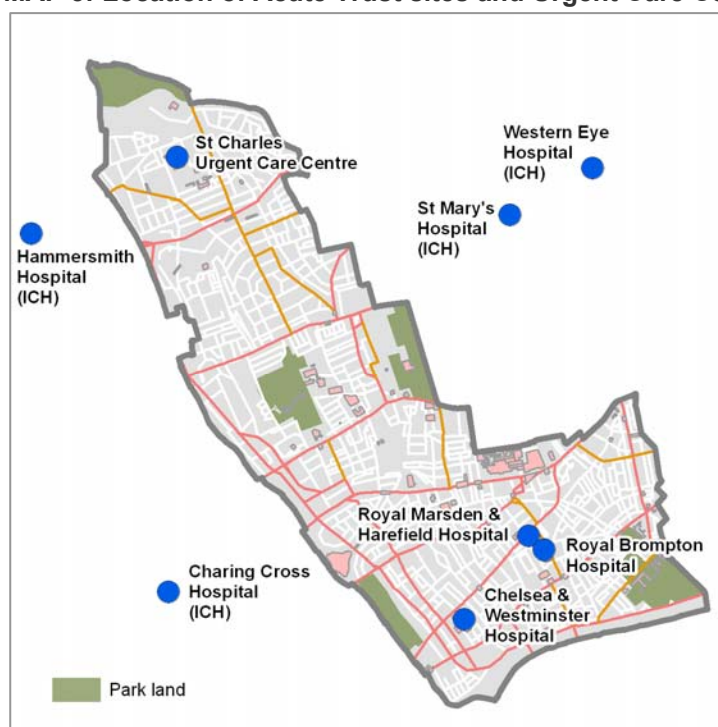
- 3.7** The majority of community services are provided to Kensington and Chelsea residents by Central London Community Healthcare (CLCH). This is a new arrangement created by the merger in October 2009 of the community service teams of Westminster, Kensington and Chelsea, and Hammersmith and Fulham PCTs. CLCH has recently been awarded Foundation Trust status and plans to become a standalone NHS organisation separate from its current host (NHS Kensington and Chelsea) in late 2010.

Acute Care and Mental Health Care

- 3.8** Kensington and Chelsea residents have five teaching NHS Trusts within a radius of two miles (see Map 5 for local Trusts). The bulk of hospital activity occurs in Chelsea and Westminster Hospital NHS Foundation Trust and Imperial College Healthcare (ICH) NHS Trust.
- 3.9** The main provider of specialist mental health services for Kensington and Chelsea is Central and North West London (CNWL) NHS Foundation Trust, which accounts for two thirds of the mental health commissioning budget.

²⁷ http://www.kensingtonandchelsea.nhs.uk/media/23018/kcprimarycarestrategy_2008to2018.pdf

MAP 5: Location of Acute Trust sites and Urgent Care Centres



3.10 Pharmaceutical services that are provided by the acute trusts (e.g. Chelsea and Westminster Hospital NHS Foundation Trust and Imperial College Healthcare (ICH) NHS Trust), and mental health service providers (Central and North West London (CNWL) NHS Foundation Trust) are managed under contracts and service level agreements commissioned by the PCT.

3.11 The PNA makes no assessment of the need for pharmaceutical services in secondary care. However there is interest in managing the transfer of patients across care settings, with particular regard to medicines review and reconciliation processes between hospital pharmacists and community pharmacists.

Voluntary Sector

3.12 There is large and vibrant 'third sector' in Kensington and Chelsea. Voluntary sector services are commissioned both directly and in partnership with the local authority.

Dispensing Doctors and Appliance Contractors

3.13 There are currently no dispensing doctors or appliance contractors in Kensington and Chelsea.

Chapter Four

Prescribing and Dispensing Trends

Volume of prescribing and dispensing

- 4.1 Volumes of dispensing are low in Kensington and Chelsea: in 2009/10, Kensington and Chelsea pharmacies dispensed 0.7 items per resident per month, the lowest number per resident of anywhere in England. This equated to 3,200 items per *pharmacy* per month, which was the third lowest in England.²⁵
- 4.2 One third of all items dispensed in the borough are via multiples; an average multiple pharmacy in Kensington and Chelsea dispenses slightly more than an average independent pharmacy.²⁸
- 4.3 The growth in the number of prescription items dispensed nationally has been twice as fast as in Kensington and Chelsea (with England increasing by 24% between 2004/05 and 2008/09, and Kensington and Chelsea increasing by 12%).²⁵

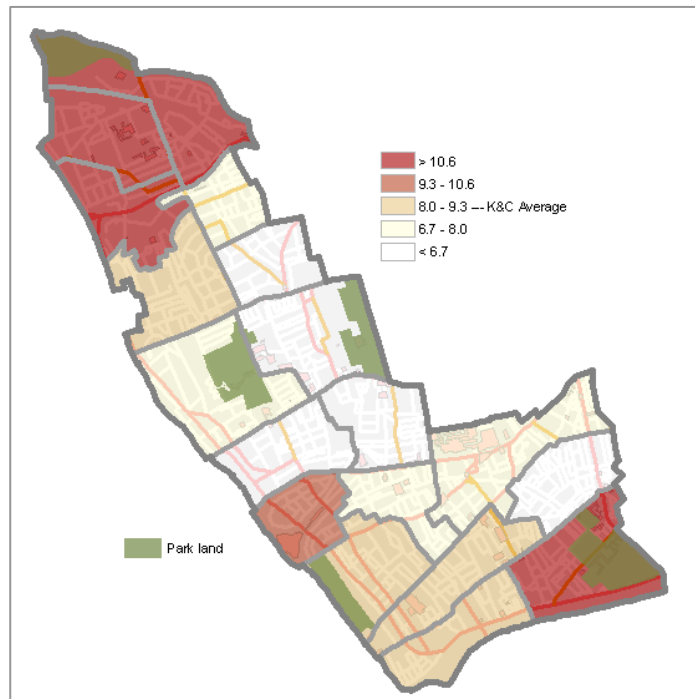
Geographical variations in pattern of prescribing and dispensing

- 4.4 Prescribing volumes follow the geographical pattern of both poor health and deprivation as well as old age, with the highest rates in the far north of the borough and very far south (see Map 6).²⁸
- 4.5 The highest volume dispensing pharmacies tend to be located either in the north of the borough where health need is greater, or in the busy High Street Kensington/ South Kensington areas. Other factors affecting volume include instalment dispensing (e.g. Methadone) and the use of seven day prescriptions.

²⁸ EPACKT, 2009/10

MAP 6: Estimated number of items prescribed per person per year, 2009/10

Source: EPACKT, 2009/10, Exeter NHS registration population, 2009



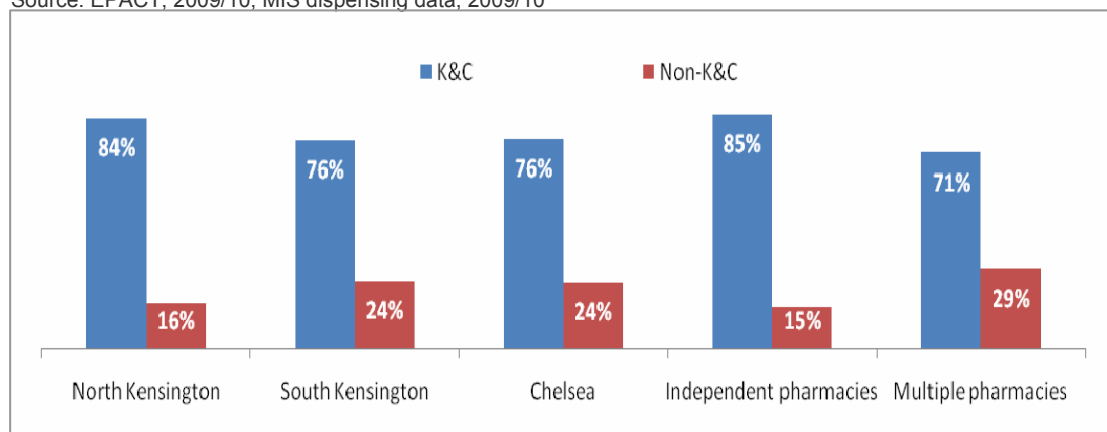
Inter PCT prescribing and dispensing

4.6 Around three quarters (76%) of NHS Kensington and Chelsea registered patients collect their prescriptions from a Kensington and Chelsea pharmacy, 8% from one of the nearby pharmacies in neighbouring boroughs and the remaining 16% from further afield.

4.7 Similarly, 79% of all dispensing carried out by Kensington and Chelsea pharmacies is for Kensington and Chelsea GP registered patients, with the remainder for outside the PCT. Dispensing for out-of-PCT patients is much more common in the South Kensington and Chelsea areas, compared to North Kensington (see Chart 4). It is also more common among multiples.

CHART 4: Dispensing for 'out-of-PCT' patients, by area and provider type

Source: EPACKT, 2009/10, MIS dispensing data, 2009/10

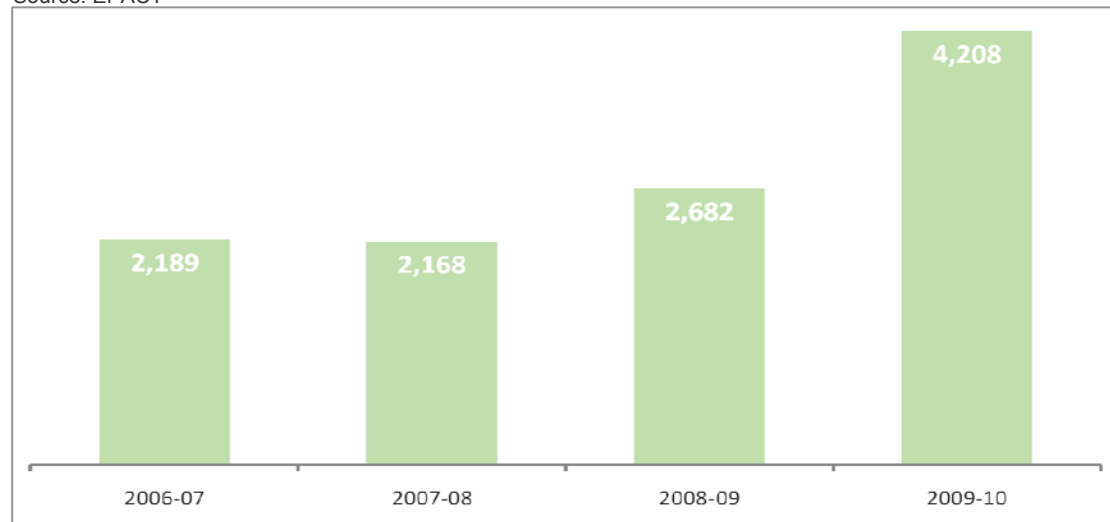


Internet dispensing

- 4.8** Currently 0.3% of items prescribed in Kensington and Chelsea are dispensed via internet pharmacies. Whilst this is a small proportion, the number of items dispensed to Kensington and Chelsea patients has doubled in the past three years (see Chart 5). If this trend continues, this may grow to between 0.7% and 2.0% by 2015. No internet pharmacies are sited in Kensington and Chelsea.

CHART 5: Kensington and Chelsea prescriptions dispensed through internet pharmacies

Source: EPACKT



Chapter Five

Access to Pharmaceutical Services

Pharmacy Choice

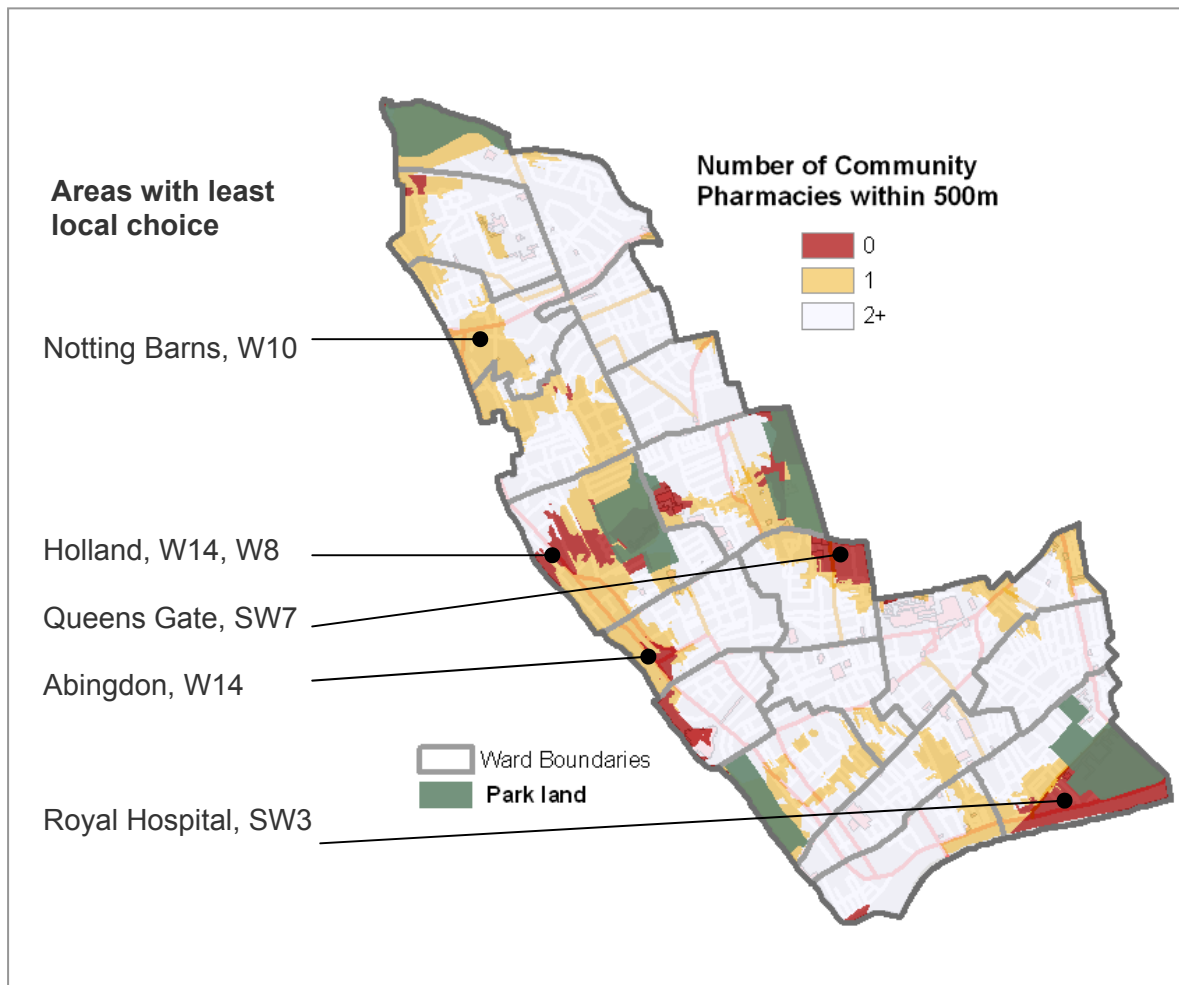
- 5.1** Dispensing is an essential service within the pharmacy contract. The local population should expect to have reasonable access to dispensing, in terms of the level of choice of pharmacy in the local area and their opening times.
- 5.2** Kensington and Chelsea is slightly better served for pharmacies compared to nationally and similarly well served to London,²⁵ with around 23 pharmacies per 100,000 population (London: 24; England: 21).
- 5.3** Kensington and Chelsea is the most densely populated of all boroughs in England, so pharmacies tend to be close to residents' homes and choice is good. Four out of five (79%) of Kensington and Chelsea residents have a choice of two or more pharmacies within a 500m radius from home; 18% have just one pharmacy within 500m; and just 3% do not have a pharmacy within 500m of their home.
- 5.4** The few areas with no pharmacy within 500m have been marked on Map 7 and detailed below.

- In Queen's Gate ward, around 1 in 7 (around 1,400) residents do not have a pharmacy within 500m. The poorer access is in the far northeast of the ward.
- Likewise, in Royal Hospital ward, there are also around 1 in 7 residents (around 1,000 people) with no pharmacy within a 500m radius. Poorer access is below Royal Hospital Road.
- In Abingdon ward, there is a small region off Warwick Road with no access for 1 in 14 (around 800) ward residents.
- In all other wards the proportion with no pharmacy within 500m is better than average.

- 5.5** The area with least choice is Holland ward, where more than half of the population rely on just one pharmacy in their 500m radius. Forty percent of Notting Barns ward also rely on access from just one pharmacy. These have been marked on Map 7.
- 5.6** In consideration of the evidence, the PCT believes that the current number and location of pharmacies is **sufficient for supplying a necessary service with no gaps** in order to meet "the need for pharmaceutical services in the borough".

MAP 7: Number of Pharmacies within a 500m radius of each postcode area

Note: Analysis includes pharmacies located in other boroughs



Opening times

5.7 Almost all pharmacies in the borough are open on Saturdays and around half are open on Sundays. More than one third are open before 9am on weekdays and around one third are open after 7pm on weekdays (see Table 2). There are two 100 hour pharmacies²⁹ in Kensington & Chelsea, one in a superstore in the far north of the borough and one in a superstore on Cromwell Road.³⁰ There is also a pharmacy in the Earl's Court area which is open 24 hours a day; these are well positioned to cover the population of Kensington and Chelsea outside normal hours. The PCT is also in receipt of two applications for 100 hour pharmacies, one in the Earl's Court area and one in Chelsea.

²⁹ Open 100 hours a week

³⁰ Both of these are Sainsbury's Superstores

5.8 NHS Kensington and Chelsea believes that early morning, late evening, Saturday and Sunday access to pharmacies is sufficient for supplying a **necessary service with no gaps** in order to meet “the need for pharmaceutical services in the borough”. This is based on the current opening hours, the close proximity of pharmacies to local residents, and the lower demand for pharmacy services outside of office hours compared to within office hours.

TABLE 2: Pharmacy opening times

Total pharmacies = 39

	Early opening (open before 9am Mon-Fri)	Late opening (open after 7pm Mon - Fri)	Saturday	Sunday
North Kensington	3/16	3/16	12/16	5/16
South Kensington	7/12	8/12	12/12	9/12
Chelsea	4/11	2/11	11/11	5/11
TOTAL	14/39	13/39	35/39	19/39

5.9 However, the PCT does recognise that, in some instances, it may be desirable to allocate provision more consistently across the localities at different times of the day and week. Working within financial constraints, the PCT will discuss provision with local contractors.

5.10 Residents living in parts of Notting Hill (W11) and Holland Park/ Western areas of Kensington (W14) do not have an early or late opening¹ pharmacy within a 500m radius of their home and would have to travel further at these times (see Map 8). Residents in some parts of these areas also have a greater than average health need compared to the rest of the borough.

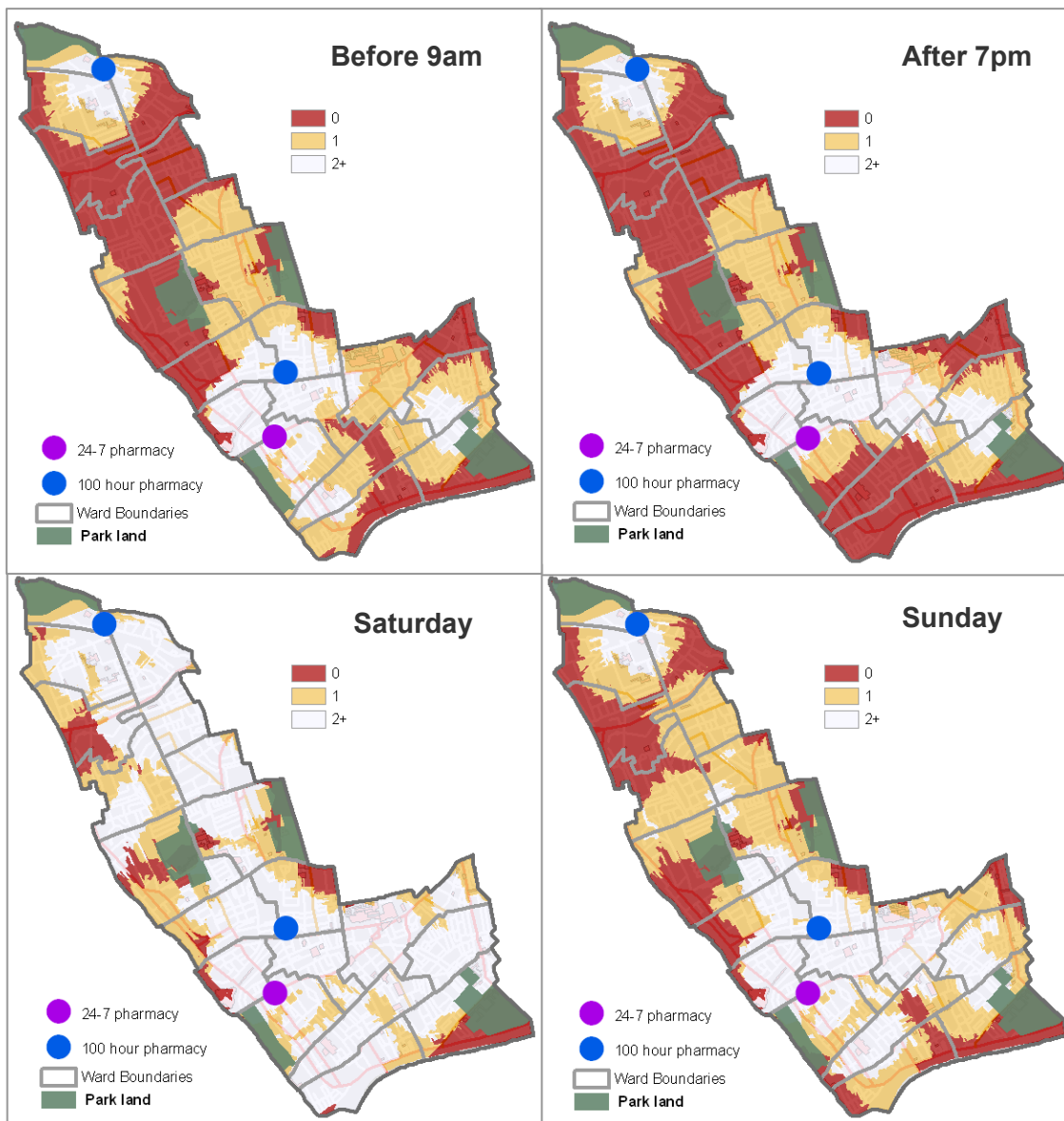
5.11 Residents of the West Chelsea area have no late opening pharmacies within a 500m radius and would have to travel further at these times (see Map 8); this area corresponds with some pockets of deprivation and older populations.

5.12 On Sunday, parts of Notting Hill, to the west of Ladbroke Grove (see Map 8) are less well served than other areas.

5.13 The PCT believes that no further ‘extended hours’ pharmacies are needed in Kensington & Chelsea. A number of local community pharmacists have indicated that they would be willing to review their opening hours with a view of filling gaps in access, if appropriate. This review will take place in 2011/12. Current access information for each pharmacy has been provided in Appendix C.

MAP 8: Availability of Pharmacies at different times of day/ week: 500m radius

Note: Analysis includes pharmacies located in other boroughs



Language

5.14 Language may be a barrier for understanding the use of prescribed medication. In Kensington and Chelsea, it is estimated that one third of residents have a language other than English as their first language³¹ (although a significant proportion of these people may also speak English).

5.15 The most common languages spoken other than English are Arabic (4.0%), French (3.6%), Spanish (3.1%), Italian (2.6%) and Portuguese (1.7%). Data from interpreting services in general practice highlights Arabic, Farsi, Russian, Spanish and Polish as being the most requested languages.

³¹ Based on place of birth field in Exeter GP registration database

5.16 Information returned by local pharmacies shows that Hindi and Gujarati are the most commonly spoken languages by pharmacy staff, after English (see Table 3). There is a relatively good match between staff languages spoken and languages in the local community, with Arabic and French spoken by some pharmacy staff. The only notable exceptions are Portuguese and Tagalog/Filipino throughout the borough and Spanish in the centre and south of the borough, although this is not considered to be a significant gap.

5.17 The PCT is reviewing the language line service in cases where there is an identified need. Currently, Pharmacies can access language line by special request to the PCT.

TABLE 3: Comparison of most commonly spoken languages in the community and pharmacies

Region	Commonly spoken languages by residents Most common listed first	Commonly spoken languages by pharmacy staff Most common listed first
North Kensington	Arabic Spanish French Portuguese Italian German Tagalog/Filipino Farsi/Persian Somali Russian	Hindi Gujarati Spanish Polish Arabic Urdu French Italian Swahili Turkish Farsi/ Persian Russian
South Kensington	French Arabic Spanish Italian Mandarin/ Cantonese Russian German Farsi/Persian Portuguese Tagalog/Filipino	Hindi Gujarati French Arabic Farsi/ Persian Polish Urdu Bengali Swahili Russian
Chelsea	French Arabic Spanish Italian Portuguese German Tagalog/Filipino Russian Farsi/Persian Mandarin/ Cantonese	Gujarati French Arabic Polish Bengali Hindi Swahili Italian Urdu German Tamil

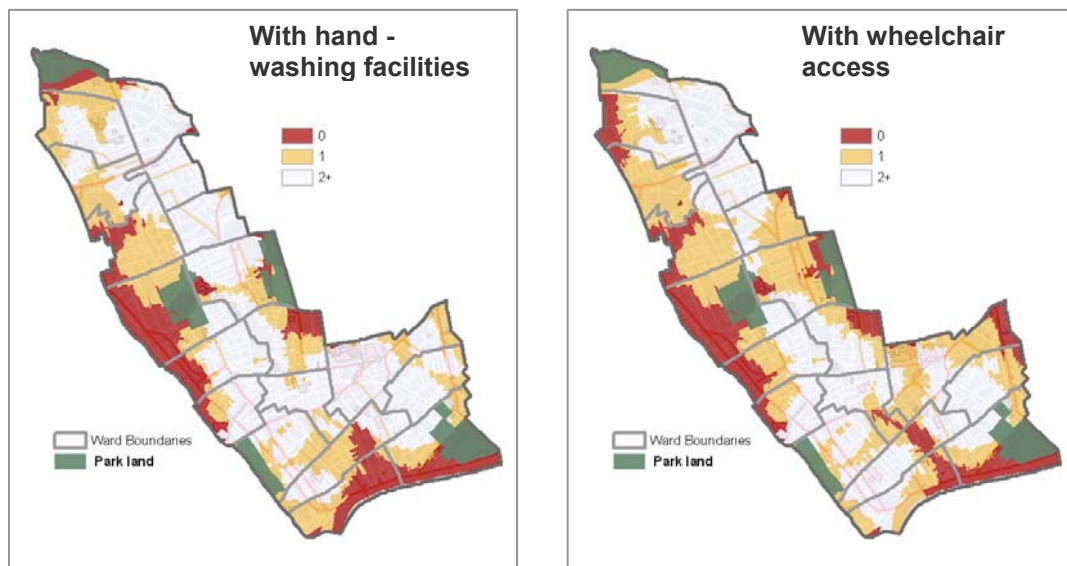
Chapter Six

Premises Characteristics

Physical Characteristics of Premises

- 6.1** Ideally, pharmacies should have consultation areas/ rooms with wheelchair access in order to be able to offer a broad range of services.
- 6.2** Most of the pharmacies in Kensington and Chelsea currently report having a consulting room (33 out of 39 pharmacies, including St Charles' Centre for Health and Well Being), with a further two reporting having a consulting area and one having access to an off-site area. All of the remainder with one exception are planning a room/ area in the future.
- 6.3** Of the 35 pharmacies reporting having an on-site consulting room/ area, five do not currently report having hand washing facilities within the area, although all plan to do so in the future. These are a mix of independents and multiples.
- 6.4** One third (11) of the 35 pharmacies with an on-site consulting room/ area do not have wheelchair access to the area. All but one of these are Independent Pharmacies.
- 6.5** In total, there are 21 pharmacies that currently report having both a consultation area/ room with wheelchair access and hand washing facilities. If future plans are adhered to, this will rise by an additional ten pharmacies, which will result in a generally good level of provision and choice of pharmacies (see Map 9).
- 6.6** The PCT believes there is currently a sufficient number and spread of pharmacies with wheelchair accessible consultation areas/rooms to provide a range of services to the local population.

MAP 9: Access to pharmacies with an on-site consultation area/ space with hand-washing facilities and wheelchair access



- 6.7 Currently 24 pharmacies have toilet facilities available to patients, with a further seven planning this for the future.
- 6.8 Eighteen pharmacies currently have a willingness to undertake consultations in patients' homes with a further 14 planning it for the future. Five pharmacies (including two multiples) are not planning it.
- 6.9 Only four pharmacies do not have dispensing hand-in/ collection areas conforming to the Disability Discrimination Act, one of which is planning to conform in the future. Those not planning to conform are located in the south of the borough. Given the large number of pharmacies conforming and the level of choice available, this is not considered to represent a gap in services.

Information Technology

- 6.10 All pharmacies are Release 1 enabled for Electronic Transfer of Prescriptions. Five pharmacies are currently Release 2 enabled, with all but two of the remainder intending to be enabled in the next 12 months. The five pharmacies that are Release 2 enabled will provide the pilot sites for the Electronic Prescription Service and will 'go live' later in the financial year.
- 6.11 All except one pharmacy have access to Microsoft Word and Excel as well as the ability to read PDFs. However, only half of all pharmacies stated they had the facility to open files in Microsoft Access, which may relate to a lack of familiarity with this package.

Chapter Seven

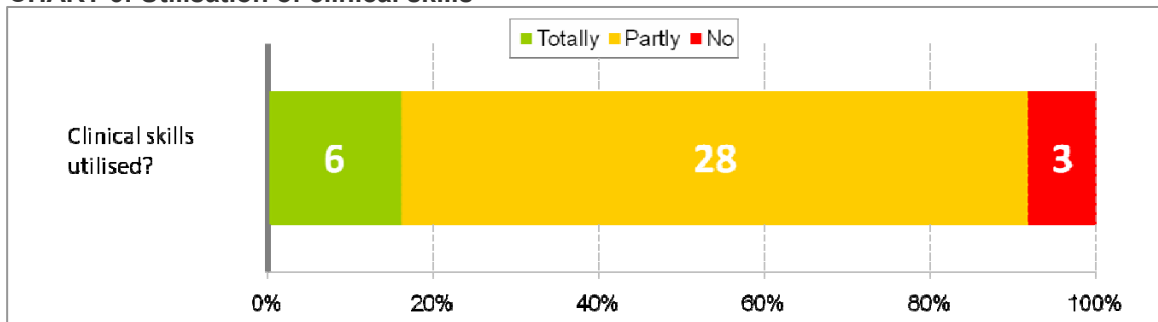
Relationships, Opportunities and Skills ³²

Utilisation of Clinical Skills in the Pharmacy

7.1 The results from the Pharmacy Questionnaire 2010 indicated that one in six pharmacists 'agree totally' that their skills are being fully utilised in their role, with a further three quarters agreeing partly (see Chart 6 below). Common suggestions made by pharmacists to improve utilisation of their skills are:

- The PCT to commission more services from pharmacies
- Ongoing support from the PCT to train pharmacy staff
- The freeing up of time taken by paperwork and 'red tape'
- More health promotion training

CHART 6: Utilisation of clinical skills



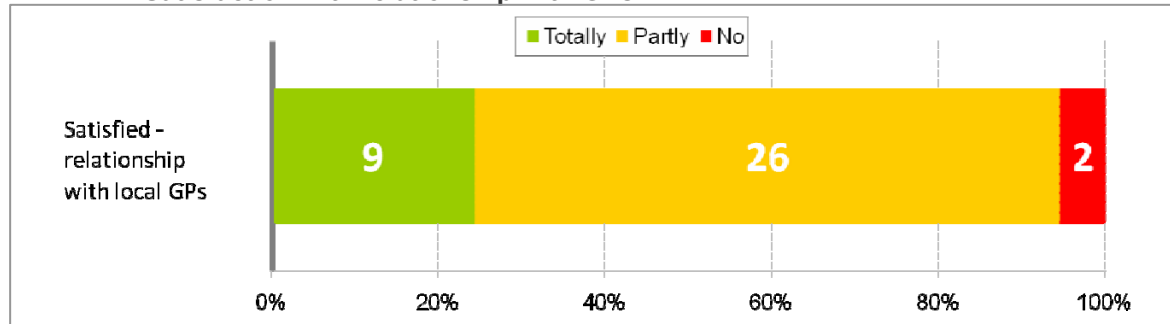
Relationships with GPs

7.2 One quarter of pharmacists are totally satisfied with their relationship with local GPs; most of the remainder are partially satisfied, with just two pharmacists not satisfied (see Chart 7 below). Common suggestions made by pharmacists to improve relationships with GPs are:

- Improved communication/ approachability/ cooperation between pharmacies and GPs
- More networking and meetings with GPs
- More understanding from GPs of the potential of pharmacies to provide services, and more understanding of their services]
- Increased co-operation with carrying out MURs: targeting of patients and actioning of recommendations

³² Feedback in this section was gathered from the Pharmacy Questionnaire and via feedback from a Kensington and Chelsea Pharmacy Forum event

CHART 7: Satisfaction with relationship with GPs

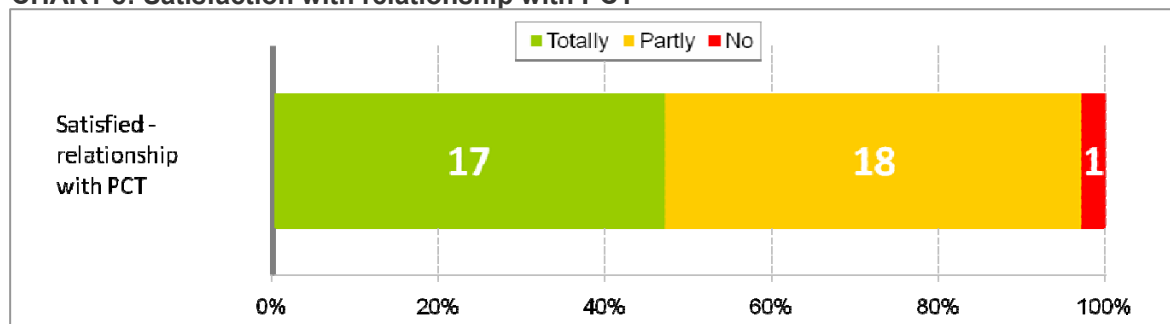


Relationships with the PCT

7.3 Just under half of pharmacists are totally satisfied with their relationship with the PCT; all of the remainder except one are partially satisfied (see Chart 8 below). Common suggestions made by pharmacists to improve relationships with the PCT are:

- Greater recognition of the work being carried out in pharmacies
- Less red tape/ box ticking/ administrative burdens
- More funding available for enhanced services
- More time given to implement services (once decision has been made to commission them)
- Speeding up of payment to pharmacies for their services
- Less PCT staff turnover and a clearer way to contact PCT staff

CHART 8: Satisfaction with relationship with PCT



Improvements, Opportunities and Challenges

7.4 By far the most common change suggested by pharmacists to improve pharmaceutical services is to commission more enhanced services from pharmacies. Common suggestions for potential new enhanced services suggested by pharmacists include: management for diabetes, anticoagulation monitoring, glucose testing, cholesterol and HbA1C monitoring, emergency hormonal contraception, minor ailments, health checks, and medicines management for long term conditions.

- 7.5 Many pharmacists also identify a need for appropriate training and support in implementing services, as well as regular ongoing training for pharmacy staff.
- 7.6 Pharmacists also highlight the importance of advertising services offered by pharmacies, both currently and in the future. This would be to the general public, in GP surgeries, and to other pharmacies for signposting purposes.
- 7.7 Some pharmacists have voiced concern over the guarantee of longevity of services by the PCT and the associated security of return of investment. For example, in some cases, costly premises adaptation might be necessary.
- 7.8 Some pharmacists have also identified a lack of available time as a constraint and highlighted challenges faced by Independent Contractors around competing for opportunities with the multiples.
- 7.9 Findings have been summarised in Table 4.

TABLE 4: Main changes, opportunities and threats identified from consultation with pharmacists

Changes/ Opportunities
<ul style="list-style-type: none"> • The commissioning of a range of popular and innovative enhanced services • Appropriate support to implement services • Ongoing training for staff • Advertising services offered by pharmacies to public and professionals • Improving communication and relationships between local healthcare providers
Threats
<ul style="list-style-type: none"> • Lack of PCT funding for services • Lack of time to implement services • Guarantee of commissioning of services e.g. so premises can be adapted • Premises and expansion costs and space issues • Security of return on investment • Lack of fairness – independents should have same opportunities as multiples and not be driven out, particularly by new entry

Chapter Eight

Services Provided by Pharmacies

Categorisation of Services according to Schedule 3A of Regulations³³

8.1 The categorisation of services into those stipulated by the PNA regulations has been listed in Table 5 below. Evidence for categorisation has been provided later in this section of the report and in Appendix A and B.

Table 5

Necessary Services: Current Provision	Necessary Services: Gaps in Provision
Dispensing Services	No gaps in provision of necessary services
MURs	
Stop smoking Service	
Needle and Syringe Exchange	
Supervised consumption Scheme	
End of Life Care Service	
Other Relevant Services: Current Provision	Improvements or better Access: Gaps in Provision
Appliance Use Review (AUR)	Medicines Assessment and Compliance
Stoma Appliance Customisation (SAC)	Care Homes Service
Minor Ailment Scheme	Emergency Hormonal Contraception (PGD)
Chlamydia Testing and Treating Service	Weight Management
NHS Health Checks	Alcohol Screening and Brief Interventions

Essential Services

8.2 All pharmacies are required to deliver and comply with the specifications for all essential services. Compliance is assessed as part of the PCT contract monitoring process. Essential services are:

- Dispensing
- Repeat dispensing
- Disposal of waste medicines
- Support for self care
- Public health
- Signposting
- Clinical governance

³³ http://www.legislation.gov.uk/uksi/2010/914/pdfs/uksi_20100914_en.pdf

Appliances

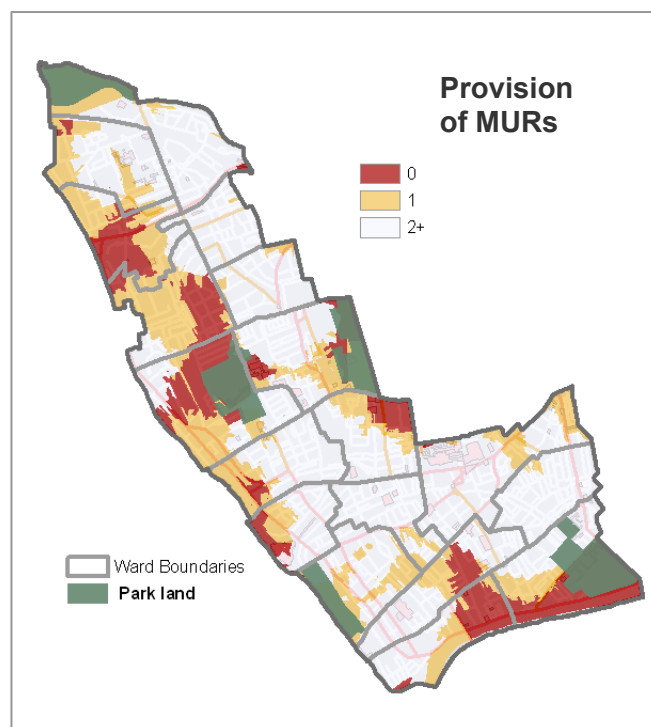
- 8.3 All types of appliances are dispensed by all pharmacies except in two, both of which currently dispense dressings only; one of these pharmacies is planning to offer all types in the next 12 months and the other has no plans to do so.

Advanced Services

- 8.4 Advanced services are: Medicines Use Reviews and Prescription Intervention Service; Appliance Use Reviews; and Stoma Appliance Customisation Service. All pharmacies can provide advanced services, but they must meet specified requirements with respect to pharmacy premises, training and accreditation of pharmacists. **Medicines Use Reviews (MURs) and Prescription Intervention Service**
- 8.5 The PCT believes a targeted approach (for those people with most need for assistance) to delivering MURs should serve as a precursor to commissioning specific disease management services to those with long-term conditions, and that MURs are a **'necessary service'** for meeting the needs of the population.
- 8.6 A national multidisciplinary audit of the effectiveness of MURs carried out locally found the service to be rated highly by patients, with 82% reporting that their knowledge about their medicines had improved as a result.
- 8.7 In 2009/10, 66% of pharmacies (25 pharmacies) in Kensington and Chelsea were reported to have provided Medicine Use Reviews (MURs), with Kensington and Chelsea having the 2nd lowest proportion of pharmacies providing MURs of anywhere in England (London 82%, England 86%) at that time.²⁵
- 8.8 Those pharmacies that provided MURs in 2009/10 carried out a similar number (185 per year) to the national average (186 per year) and slightly lower than London (198 per year).
- 8.9 Current data collected from pharmacies identifies 32 pharmacies in Kensington and Chelsea providing MURs (see Map 10), although PCT records suggest just 19 actively provided them in 2009/10. The seven pharmacies not currently reporting that they provide MURs are all independent community pharmacies, located throughout the borough. All report that they plan to provide MURs in the next 12 months. The recently undertaken audit found 80% of MURs were carried out by pharmacies which are part of large chains of more than 20 outlets. This was felt to be partly due to the higher proportion of multiple pharmacies with consultation areas.
- 8.10 However, the number and proximity of pharmacies locally means the vast majority of residents in the borough live within 500m of a pharmacy providing MURs, with the remainder only having to travel a short additional distance. The PCT therefore believes that provision of MURs a **necessary service with no gaps** (see Map 10).

8.11 Given the effectiveness and local popularity of MURs, the PCT recognises that it may be desirable if existing pharmacy contractors not currently providing the MUR service were to provide it, where possible. Pharmacies in the Notting Barns and Holland areas should be prioritised before other areas to ensure all areas have excellent access.

MAP 10: Access to pharmacies who report carrying out MURs



Appliance Use Reviews (AURs)

8.12 Just two pharmacies currently provide Appliance Use Reviews, although an additional 29 intend to begin providing them in the next 12 months. Five pharmacies have specifically stated they are not intending to provide them. Those not intending to are a mixture of independents and multiples.

8.13 The PCT has identified the Appliance Use Review Service as a **relevant service**, as it secures improvements or better access to service provision.

Stoma Appliance Customisation Service (SAC)

8.14 Just one pharmacy currently provides a Stoma Appliance Customisation Service, although 27 stated they intend to within the next 12 months in the pharmacy questionnaire. Eight pharmacies have specifically stated they are not intending to provide the service. Those not intending to are a mixture of independents and multiples.

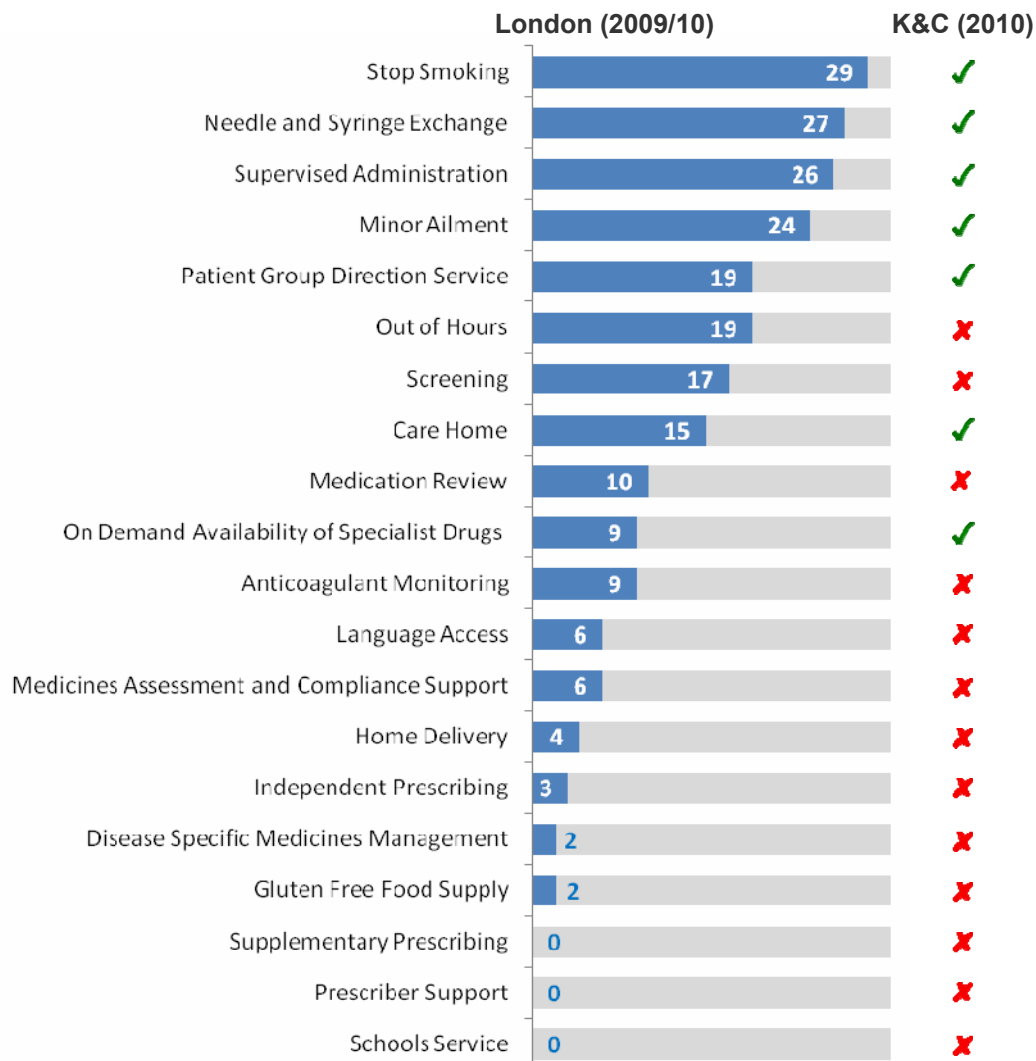
8.15 The PCT has identified the Stoma Appliance Customisation Service as a **relevant service**, as it secures improvements or better access to service provision.

Enhanced Services Currently Commissioned

8.16 Fewer enhanced services are currently commissioned in Kensington and Chelsea than the London average. Services not currently commissioned in Kensington and Chelsea that are commonly commissioned in London are: the Patient Group Direction Service for the supply of emergency hormonal contraception; the Out of Hours Service; and the Care Home Service (see Chart 9). An assessment of local need for these services has been carried out later in this report.

8.17 The recent pharmacy questionnaire also highlights a range of services provided by pharmacies, mostly free of charge but some private, which are not commissioned by the PCT.

CHART 9: Enhanced services commissioned in Kensington and Chelsea, compared to number commissioned in London (2008/09)²⁵ London has 31 PCTs



8.18 A full examination of need against service provision for services currently provided can be found in Appendix A.

‘Necessary’ Enhanced Services

- 8.19** Necessary Services are services currently being provided which are regarded by the PCT to be “necessary to meet the need for pharmaceutical services in the area”. Enhanced services which the PCT has identified as necessary have been listed below. Further detail is available in Appendix A.
- 8.20** Smoking is the single biggest preventable cause of death and inequalities. Securing good access to stop smoking services increases the opportunity for the population to benefit from improvements in health. With almost all residents within 500m of a pharmacy providing the service, the PCT identifies the **Stop Smoking Service** provided in local pharmacies as a necessary service with no gaps. However, given the volume of smokers in the borough, an increase in provision in the borough may be desirable, given pharmacists’ position of influence as health-promoting advocates. All except one of the non-participating pharmacies have shown a willingness to provide the service.
- 8.21** Good access to **Needle & Syringe Exchange & Supervised Consumption Services** is essential to support safer use of drugs by injecting drug users and minimise the transmission of blood-borne diseases, and the PCT therefore identifies these services as a necessary services. Nine pharmacies provide needle exchange and 14 provide supervised consumption, provision mapping well to areas of greatest need. Given the specialist nature and low volumes of service use compared to normal dispensing, the PCT identifies the level of this necessary service to be sufficient, with no gaps.
- 8.22** However, although availability is good, choice of Needle & Syringe Exchange is more limited in some parts of the borough (see Maps 2-4) and it may be desirable to allocate provision more consistently, depending on financial constraints. The PCT will discuss provision with local contractors.
- 8.23** In line with providing care closer to home, it is essential that there is good access to drugs used in the palliative environment for those patients choosing to die at home. The two pharmacies offering end of life care drugs are strategically well positioned to offer medication to end-of-life care teams in the borough, during extended opening hours. The PCT therefore identifies the **End of Life Care Service** to be a necessary service with no gaps.

Other Relevant Enhanced Services

- 8.24** Relevant Services are services currently being provided which services provided which are not necessary to meet the need for pharmaceutical services in the area, but which nonetheless have “secured improvements or better access to pharmaceutical services”. Enhanced services which the PCT has identified as relevant have been listed below. Further detail is available in Appendix A.

- 8.25** The **NHS Health Checks Service** is identified by the PCT as a relevant service, which has secured improvements or better access for the local population. At present, pharmacy provision of NHS Health Checks is limited and it may be desirable to allocate provision more consistently across the localities. A range of NHS providers, including pharmacies, GP practices and outreach programmes, will need to be considered. All pharmacies would consider providing the service.
- 8.26** The local **Chlamydia Testing and Treatment Service** is identified by the PCT as a relevant service, which has secured improvements or better access for the local population. It may be desirable to allocate provision more consistently across the localities. Working within financial constraints, the PCT will discuss provision with local contractors.
- 8.27** The **Minor Ailment Scheme**, which offers free advice and treatment for minor, self-limiting conditions, is identified by the PCT as a relevant service. Provision is limited, with just five pharmacies offering the service. The PCT is considering reviewing prescribing patterns in 2010/11 to establish the financial and health benefits of increasing the provision of the service among existing local contractors.

Enhanced Services securing Improvements or Better Access

- 8.28** There are a number of Enhanced Services that the PCT does not currently commission would “secure improvements or better access to pharmaceutical services” if provided. Enhanced services which the PCT has identified as securing improvements or better access have been discussed below. The PCT will discuss provision with local contractors; commissioning of these services will be subject to financial constraints. Further detail on patterns of need is available in Appendix B.

Medicines Assessment and Compliance Service

- 8.29** The World Health Organization estimates that between a third and a half of all dispensed medication is not taken as intended. Tailored medicines support for patients with long term conditions has the potential to reduce medicines waste and hospital admissions.
- 8.30** NHS Kensington and Chelsea commissions a limited Monitored Dosage System (MDS) service with nine pharmacies, which it is planning to decommission or revise in favour of a more comprehensive service. Many other pharmacies provide an MDS service outside the PCT-commissioned service. The PCT therefore considers a Medicines Assessment and Compliance Service may potentially secure **improvements or better access**. If commissioned, this would be prioritised over specific disease management services, as all patients on medicines for long term conditions could have the potential to benefit. Thirty six pharmacies have indicated a willingness to provide this service.

Care Home Service

- 8.31** There are approximately 500-600 residents living in major care homes spread throughout the borough (see Appendix B). Residents in care homes are often on a large number of medicines which often requires additional support with compliance. The recent Care Homes Use of Medicines Study (CHUMS)³⁴ highlighted the role of community pharmacies and GPs in improving medicines management in care homes, ensuring adequate medicines review and appropriate access to pharmacy and medical input.
- 8.32** The care home service involves providing advice and support to the staff and management within the care home on medicines management, to ensure the proper and effective ordering, storage and administration of drugs and appliances and proper record keeping.
- 8.33** NHS Kensington and Chelsea considers this service may potentially secure **improvements or better access**, and may explore the opportunity to commission a small number of appropriately distributed pharmacies to deliver this service to local care homes. Thirty three pharmacies have indicated a willingness to provide this service.

Emergency Hormonal Contraception under Patient Group Direction (PGD)

- 8.34** The 2007 Sexual Health Needs Assessment for NHS Kensington and Chelsea outlined the potential to expand the role of community pharmacies to improve access to sexual health services at the community level, in particular the need for a locally enhanced service for the provision of Emergency Hormonal Contraception (EHC) through community pharmacies.
- 8.35** This could benefit women by increasing choice and by improving access as many pharmacies are open six days per week from 9am to 7pm with some open later in the evening and on Sundays.
- 8.36** Kensington and Chelsea has a lower level of teenage conception compared to the London average (with the 3rd lowest rate in London) (see Appendix B). Teenage births and abortions are heavily focused in areas of deprivation, primarily North Kensington, Earl's Court and the far southwest of the borough (World's End).
- 8.37** Prior to EHC being made available nationally through pharmacies without a prescription, the precursor to the PCT, KCW Health Authority did commission a EHC PGD service from community pharmacies. The demand was consistently less than other areas in London, which could suggest good access to alternative provision³⁵. When EHC became available over the counter in pharmacies, local demand through the PGD scheme plummeted.

³⁴ *Care homes' use of medicines study: prevalence, causes and potential harm of medication errors in care homes for older people*. Barber N et al. *Qual Saf Health Care* 2009;**18**:341-346

³⁵ e.g. through local GPs, GUM clinics, Women's Services and Accident & Emergency (A&E)

8.38 However, NHS Kensington and Chelsea considers this service may potentially secure **improvements or better access**. If any future provision of emergency hormonal contraception under the Patient Group Direction is commissioned, it should reflect need by focusing primarily in areas of deprivation, catering in particular for residents of Golborne, St Charles, Notting Barns, Colville, Earls Court and Cremorne wards. Given past experience of EHC services not being taken up by community pharmacy users, any resumption of an EHC service would need to be piloted and subject to review. Thirty one pharmacies have indicated a willingness to provide this service.

Weight Management Service

8.39 There are very low levels of obesity in Kensington and Chelsea relative to elsewhere in England. However nationally obesity is common and increasing. There are disproportionately more obese people in the north of the borough in areas of deprivation, but even in the more affluent areas one in ten of the adult population is obese.

8.40 NHS Kensington & Chelsea does not currently commission weight management services from community pharmacy. Pharmacies in Coventry provide a comprehensive 12-month weight management programme, which incorporates risk assessment and motivational interviewing at monthly intervals to support weight loss. An interim evaluation study³⁶ of the pilot service in 2007 found that 68% of participants who had undertaken four follow ups had lost weight, losing an average of 0.62 of their BMI. A number of patients were referred to their GP for management of health conditions such as hypertension and diabetes. In addition, the Coventry weight management service has proved successful in attracting men who are often more difficult to reach.

8.41 NHS Kensington and Chelsea considers that weight management services may potentially secure **improvements or better access** and may consider exploring the feasibility of commissioning a service from local pharmacies, particularly in the north of the borough.

8.42 Any service would have to be closely aligned to, and offer a clear addition to, the current effective provision by the Public Health Nutrition and Dietetics workforce in CLCH. Thirty six pharmacies have indicated a willingness to provide this service.

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Screening and Brief Interventions for Alcohol

- 8.43** Pharmacies' role in providing brief interventions in alcohol use is evolving. For example, community pharmacies in NHS Wirral are contracted to deliver co-ordinated alcohol identification and brief advice service and provide a follow-up service where appropriate.³⁷ However, there are few published studies of community pharmacy-based services for alcohol misuse measuring feasibility and patient outcomes.
- 8.44** NHS Kensington and Chelsea considers that alcohol screening and brief intervention services may potentially secure **improvements or better access** for a relatively small number of patients but recognises evidence is too limited to commission a full service and that there is no evidence of demand from the local population. Therefore, the PCT may consider exploring the feasibility of a pilot scheme in the far north of the borough, where alcohol-specific admissions area greatest (see Appendix B). Thirty six pharmacies have indicated a willingness to provide this service.

Enhanced Services not Considered Appropriate to Meet Needs Locally

- 8.45** The following Enhanced Services were considered by the PCT to not be currently appropriate for securing improvements or better access.

Anticoagulation Monitoring

- 8.46** There is growing recognition of a potential role of pharmacists in managing anticoagulation therapy³⁸ which is used to significantly reduce the risk of stroke among patients with atrial fibrillation. There are approximately 1,600 people on GP practice registers with atrial fibrillation, with increased prevalence in areas with an older population. Thirty six pharmacies have indicated a willingness to provide this service.
- 8.47** The community-based service functioning in Kensington and Chelsea is currently under review by the PCT; as a result, NHS Kensington and Chelsea is currently **unable to take a view** on anticoagulation provision in pharmacies but will explore the opportunities as part of the review.

³⁷ *Alcohol screening at pharmacies boosts public health*. HSJ 16th March 2009. Available at <http://www.hsj.co.uk/comment/opinion/alcohol-screening-at-pharmacies-boosts-public-health/1996386.article> (accessed 16th Sept 2010)

³⁸ Pharmacy in England: Building on strengths – delivering the future. Department of Health 2008. London

Disease-Specific Screening Services

- 8.48** As detailed previously in this report, NHS Kensington and Chelsea already commissions NHS Health checks and considers it be a relevant service. As part of the NHS Health Check, patients are screened for a range of conditions and referred to additional services where appropriate. National evidence has identified that targeting those aged 40-74 within an overall health check is the most cost-effective method of screening for vascular risk factors.
- 8.49** Given the PCT's existing commitment to the NHS Health Checks scheme, the PCT believes that additional *disease specific* screening services are currently **not appropriate** for meeting needs locally.
- 8.50** The PCT encourages community pharmacies to continue signposting patients to the existing local service infrastructure for screening, particularly to general practice, as well as the Community Respiratory Service for COPD, and GUM clinics and drug services for HIV and Hepatitis B/C.

Home Delivery Service

- 8.51** Thirty four pharmacies currently offer their own services for the delivery of dispensed medicines, mostly free of charge and on request. The service is generally offered to elderly, housebound or disabled residents in the surrounding area to the pharmacy. Because of this, NHS Kensington and Chelsea believes that an additional enhanced home delivery service **may not be appropriate** for meeting needs locally.

Services for Vulnerable Groups

- 8.52** The 'core' vulnerable groups in Kensington and Chelsea specifically highlighted in Chapter 2 include: those with HIV, those with severe and enduring mental illness, those with dementia, those living in poverty, problematic drug users, and those with physical or learning disabilities.
- 8.53** Rather than commissioning specific services for specific vulnerable groups (with the exception of drug misusers), the PCT expects that all pharmaceutical services should be provided and commissioned in such a way as to ensure that the needs of vulnerable groups are met. For example, we believe that specific Enhanced Services designed solely for these vulnerable groups (beyond what is currently commissioned) **may not currently be appropriate**.
- 8.54** It is therefore **recommended** that the PCT commissions each service with regard to health inequalities and the particular needs of vulnerable groups, and that commissioning of pharmaceutical services should be in line with the PCT's Health Inequalities Commissioning Framework.³⁹
- 8.55** In particular, the Framework recommends that Equality Impact Assessments (EqIAs) should be carried out as part of new service development, to identify whether these services target the needs of vulnerable groups adequately. All EqIAs would need to apply findings from needs assessments, community engagement, and reviews of evidence.

³⁹ Available on the Kensington and Chelsea website www.kensingtonandchelsea.nhs.uk

Appendix A

Needs Mapping: Existing Enhanced Services

Pharmacies located in Kensington and Chelsea

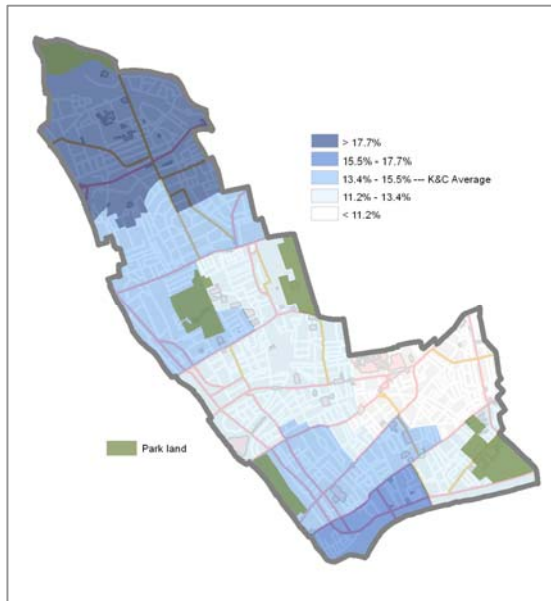
Pharmacy	Ward	Stop Smoking Service	Needle exchange	Supervised Consumption	End of life care	Minor Ailments	Chlamydia screening/testing	Health Checks
Sainsbury's, Ladbroke Grove	Golborne	✗	✗	✗	✗	✗	✗	✗
Dillons		✓	✗	✗	✗	✓	✓	✗
Golborne		✓	✗	✓	✗	✗	✗	✗
Apex		✓	✓	✓	✗	✗	✗	✗
Borno	St Charles	✓	✗	✗	✗	✗	✓	✓
My Pharmacy		✓	✓	✓	✓	✓	✓	✓
Chana Chemist	Notting Barns	✓	✗	✗	✗	✗	✗	✗
Pharmaclinix		✓	✗	✓	✗	✗	✗	✗
Chemistree		✓	✓	✓	✗	✗	✗	✗
ABC, Portobello Rd	Colville	✓	✓	✓	✗	✗	✓	✗
D.R. Evans		✗	✗	✗	✗	✓	✗	✗
Hillcrest	Norland	✓	✗	✗	✗	✗	✗	✗
Baywood	Pembroke	✓	✓	✓	✗	✗	✓	✓
Boots, Notting Hill Gate		✓	✗	✓	✗	✗	✓	✗
ABC, Notting Hill Gate		✓	✗	✗	✗	✗	✗	✗
FJM Calder	Campden	✓	✗	✗	✗	✗	✓	✗
H Lloyd	Holland	✓	✗	✗	✗	✗	✗	✗
Boots, Kensington High St	Queen's Gate	✓	✗	✓	✗	✗	✓	✗
Sainsbury's, Cromwell Rd		✓	✗	✗	✗	✗	✓	✗
Pestle And Mortar	Abingdon	✗	✓	✓	✗	✗	✗	✗
Stratford		✓	✗	✓	✗	✗	✓	✗
Bruntons	Earl's Court	✗	✗	✗	✗	✗	✗	✗
Boots, Earl's Court Rd		✓	✓	✓	✗	✗	✗	✗
Zafash	Redcliffe	✓	✗	✗	✓	✗	✗	✓
Boots, Fulham Rd		✓	✗	✓	✗	✗	✗	✗
Boots, Gloucester Rd	Courtfield	✓	✗	✗	✗	✗	✓	✗
Amoore & Co	Brompton	✗	✗	✗	✗	✗	✗	✗
Boots, Brompton Rd		✓	✗	✗	✗	✗	✓	✗
Stickland		✓	✓	✗	✗	✗	✗	✗
Harleys		✓	✗	✗	✗	✗	✗	✓
Dajani		✗	✗	✗	✗	✗	✗	✗
Andrews	Hans Town	✗	✗	✗	✗	✗	✗	✗
Boots, 60 King's Rd		✓	✗	✗	✗	✗	✓	✗
Astell		✓	✗	✗	✗	✗	✗	✗
Boots, 148 King's Rd	Stanley	✓	✗	✗	✗	✗	✗	✗
I T Lloyd	Cremorne	✗	✗	✗	✗	✗	✗	✗
Medicine Chest		✓	✗	✗	✗	✗	✗	✗
World's End Pharmacy		✓	✓	✓	✗	✓	✗	✗
Lloyds		✓	✗	✗	✗	✓	✗	✗

**Fringe pharmacies within a 500m radius but located outside Kensington and Chelsea
(Services provided incorporated into analysis)**

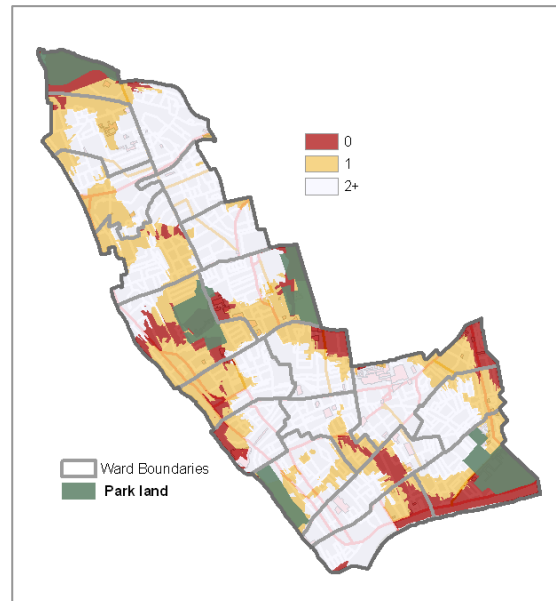
Pharmacy	Local Authority	Stop Smoking Service	Needle exchange	Supervised Consumption	End of life care	Minor Ailments	Chlamydia screening/testing	Health Checks	Emergency Hormonal Contraception
Walden Chemist, SW1W	West-minster	✗	✗	✗	✗	✗	✗	✗	✗
Prince Chemist, W9		✓	✗	✗	✗	✓	✓	✗	✗
Greens Pharmacy, SW1W		✗	✗	✗	✗	✗	✗	✗	✗
Faro, W11	Hammer-smith & Fulham	✓	✓	✓	✗	✗	✓	✗	✓
Boots, W12		✓	✗	✓	✗	✗	✓	✓	✗
Morrison Pharmacy, W12		✓	✗	✓	✗	✗	✗	✗	✓

Stop Smoking Service

Need – Estimated smoking prevalence



Supply – via NHS



Pharmacy provision:	
Via NHS only	31
Via Private only	0
Via Both	1
Would provide	5
...need training	2
...need adjustments	1
Would NOT provide	1

No response: 2

Comments

The estimated level of smoking (14-15% of adults, or 25,000 people) is low in Kensington and Chelsea compared to London and England. However, the number of smokers even in low prevalence areas is still substantial and the impact of smoking is so severe that extensive coverage of services is warranted. Particular focus is needed in areas of high deprivation, where prevalence climbs to 20%.

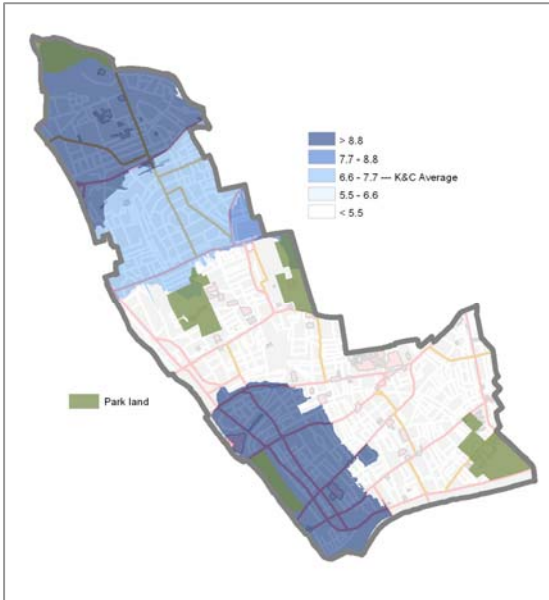
Provision of the Stop Smoking Service is currently comprehensive in the borough, with three quarters of pharmacists offering it. Most areas of high prevalence offer a choice of pharmacy in the local area. All pharmacies in the borough are also signed up to provide signposting to local stop smoking services.

All except one of the existing pharmacies not currently offering the service would be willing to consider providing it, thereby potentially extending coverage (should further choice be desirable, given financial constraints).

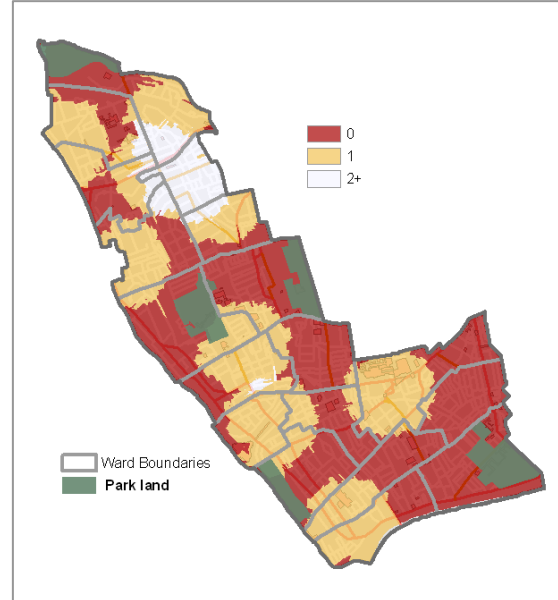
23 of the 43 GP practices in the borough offer the Stop Smoking Service, covering a broad geographical area.

Needle and Syringe Exchange Service

Need – Problematic drug users in treatment



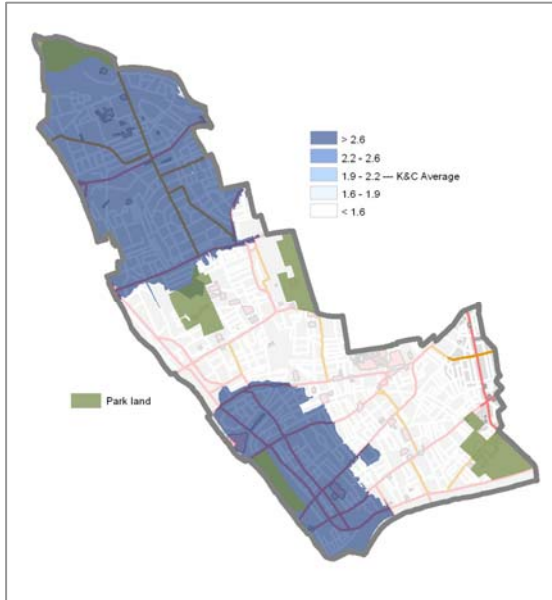
Supply – via NHS



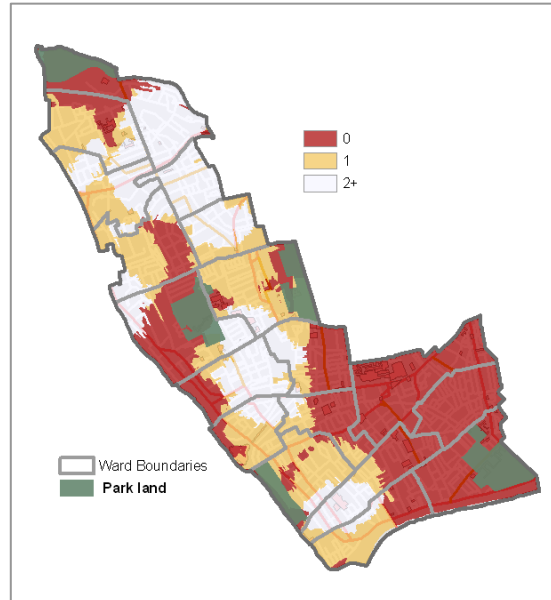
Pharmacy provision:		Comments
Via NHS only	9	
Via Private only	0	
Via Both	0	
Would provide	22	
...need training	4	
...need adjustments	2	
Would NOT provide	5	
No response: 3		

Pharmacy Supervised Consumption Scheme

Need – Methadone users



Supply – via NHS



Pharmacy provision:	
Via NHS only	14
Via Private only	0
Via Both	0
Would provide	17
...need training	4
...need adjustments	1
Would NOT provide	5

No response: 3

Comments

There are currently in the region of 350 residents of Kensington and Chelsea who are in contact with the Supervised Consumption Service. Note: The Pharmacy Supervised Consumption Scheme also includes instalment dispensing of methadone and other medicines subject to misuse.

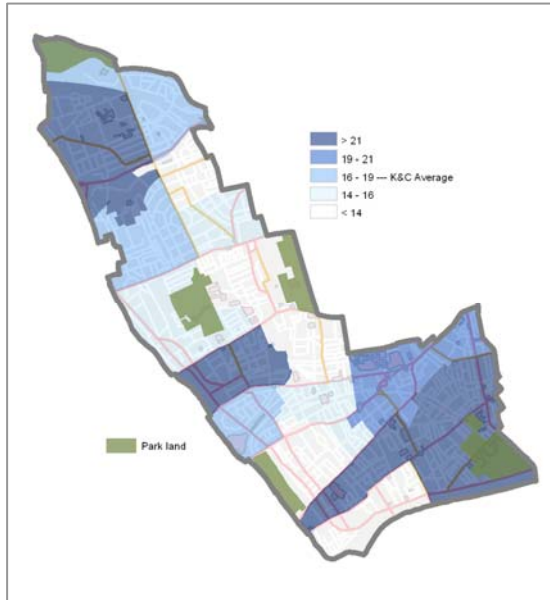
Supervised consumption matches the location of methadone users, although the level of choice available is more limited in some areas compared to others.

However, willingness to provide the service from remaining pharmacies means there is scope to improve provision in the future, if desirable and if financially viable.

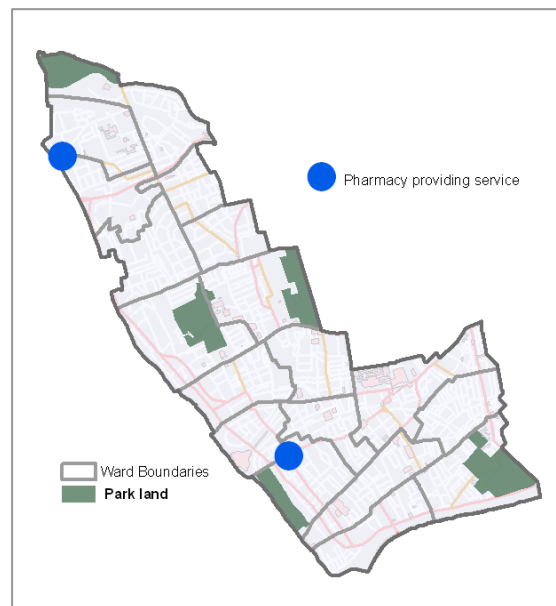
There are five pharmacies who state they would not offer the service.

End of Life Care Service

Need – Number of annual palliative care deaths



Supply – via NHS



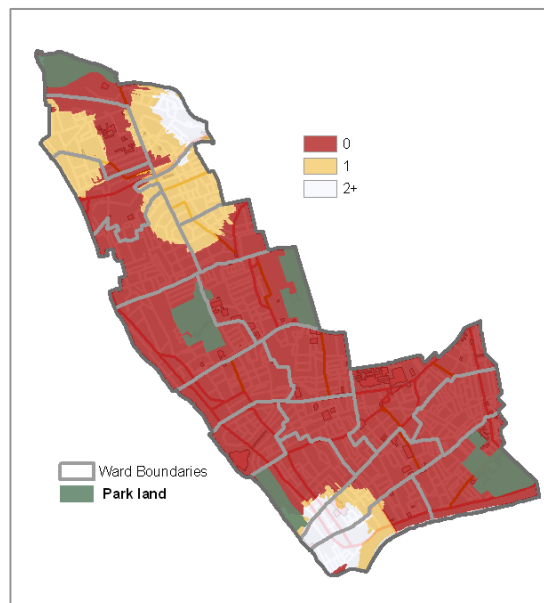
Pharmacy provision:		Comments
Via NHS only	2	
Via Private only	0	
Via Both	0	
Would provide	34	
<i>...need training</i>	10	
<i>...need adjustments</i>	2	
Would NOT provide	1	
<i>No response: 2</i>		

Minor Ailment Scheme

Need

Universal need

Supply – via NHS



Pharmacy provision:	
Via NHS only	5
Via Private only	0
Via Both	0
Would provide	32
<i>...need training</i>	8
<i>...need adjustments</i>	2
Would NOT provide	0

No response: 2

Comments

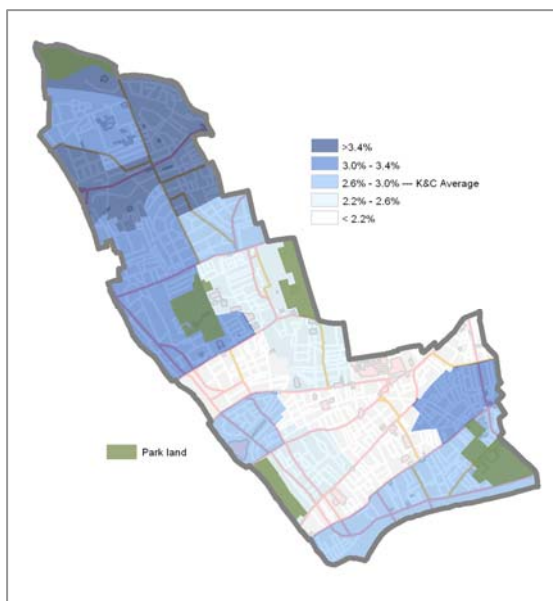
Minor ailments schemes offer free advice and treatment for minor, self-limiting conditions. They are aimed at patients who do not pay for their prescriptions and who visit the GP to obtain medicines on prescription that can be bought over-the-counter, for example, treatments for hay fever, hay fever and thrush. The aim of such schemes is to divert patients away from general practice and to use GP time more productively.

Very few pharmacies provide the minor ailment scheme locally, although the majority of pharmacies would be willing to consider it. The five Pharmacies that participate in the existing scheme report very limited activity.

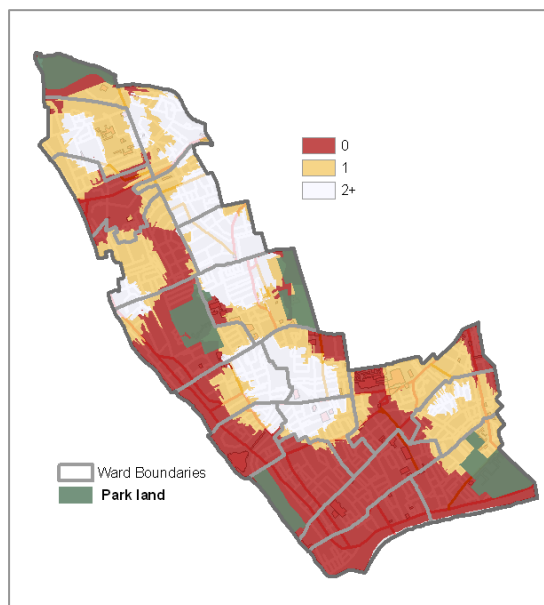
The PCT is considering reviewing prescribing patterns in 2010/11 to establish the financial and health benefits of increasing the provision of the service.

Chlamydia Testing and Treating Service

Need – Estimated Chlamydia prevalence



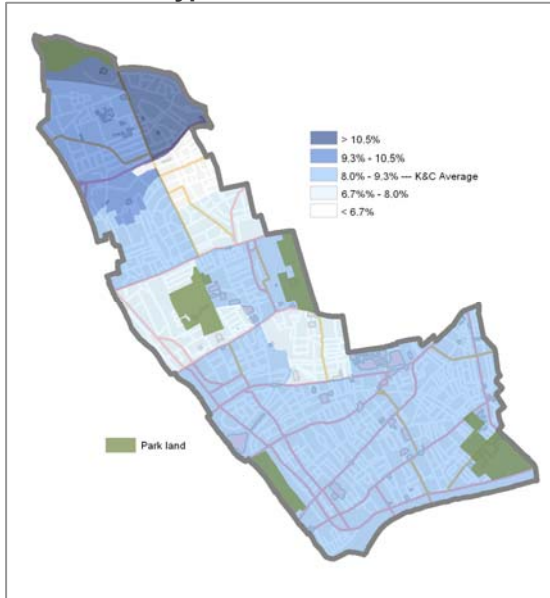
Supply – via NHS



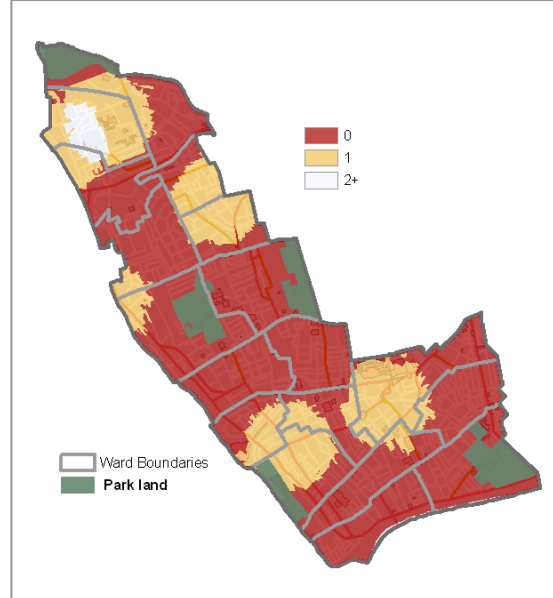
Pharmacy provision:		Comments
Via NHS only	6	
Via Private only	4	
Via Both	7	
Would provide	24	
...need training	8	
...need adjustments	3	
Would NOT provide	1	
No response: 1		

NHS Health Check/ Private Vascular Risk Assessment Service

Need – Practice prevalence of Hypertension



Supply – via NHS



Pharmacy provision:	
Via NHS only	5
Via Private only	2
Via Both	0
Would provide	32
...need training	8
...need adjustments	3
Would NOT provide	0

No response: 2

Comments

The pilot project for NHS Health Checks in Kensington and Chelsea found high levels of undiagnosed hypertension and raised cholesterol and risk of diabetes universally in the borough. However, greatest levels were in areas of deprivation. National figures for undiagnosed hypertension applied locally suggest around 12,000 people aged 45 to 74 are living unknowingly with hypertension and in the region of 1,500 with diabetes. Practice hypertension registers show greatest numbers in (a) areas of deprivation and (b) areas with a larger concentration of older people, such as Chelsea.

At present, pharmacy provision of NHS Health Checks is limited, with just four pharmacies commissioned to provide the service and one planning to provide it. Whilst all pharmacies would consider providing the service, NHS Health Checks are commissioned from a range of providers, and potential pharmacy provision will be assessed in light of potential or actual GP/ Community provision in the area and available resources. Six GP practices currently offer Health Checks, as well as a roaming mobile NHS Health Check Service.

Appendix B

Needs Mapping: Potential New Services

Services considered to secure improvements or better access

Potential Service	Description of need	Need by ward
Medicines Assessment and Compliance	Universal	Universal
Care Homes Service	<p>There are in the region of 500-600 residents living in care homes in the borough, with Royal Hospital in Chelsea being the largest care home.</p> <p>Major sites located in Royal Hospital, Stanley, Abingdon, Queens Gate, Pembridge and St Charles wards</p> <p><i>Source: Exeter 2010</i></p>	<p>Care home residents</p> <ul style="list-style-type: none"> >= 30 20 - 30 26 - 33 - K&C Average 24 - 29 < 24
Emergency Hormonal Contraception under PGD	<p>80 people under 20 years of age giving birth/ having abortions per year. Conceptions among under 18 year olds are among lowest in London.</p> <p>Very focused in areas of deprivation e.g. Golborne, St Charles, Notting Barns, Colville, Earls Court and Cremorne wards</p> <p><i>Source: Dr Foster 2007/08 – 2009/10</i></p>	<p><20 NHS births & abortions</p> <ul style="list-style-type: none"> >= 5.4 4.7 - 5.4 4.1 - 4.7 - K&C Average 3.4 - 4.1 < 3.4
Weight Management	<p>Estimated 25,000 people obese. Obesity in Kensington and Chelsea among lowest in England, with large variations within the borough.</p> <p>Universal need, but with highest rates in Golborne, St Charles and Notting Barns wards</p> <p><i>Source: Community Health Profiles and PCT special data collection from GPs</i></p>	<p>Adult Obesity</p> <ul style="list-style-type: none"> > 20.0% 17.6% - 20.0% 15.1% - 17.6% - K&C Average 12.7% - 15.1% < 12.7%

Potential Service	Description of need	Need by ward
Alcohol Screening and Brief Interventions	<p>Estimated 600 people in Kensington and Chelsea with alcohol dependence. Alcohol-related admissions among lowest in London, with strong focus around areas of deprivation.</p> <p>Low need overall, but with focus in far North – Golborne, St Charles, Colville and Notting Barns</p> <p><i>Source: Dr Foster 2007/08 – 2009/10</i></p>	<p>Alcohol-related admissions</p> <ul style="list-style-type: none"> >11 9-11 8-9 - HSC Average 7-8 <7 <p>Park land</p>

General information on need and disease burden

Potential Service	Description of need	Need by ward
Atrial Fibrillation	<p>1,600 people on GP practice registers for Atrial Fibrillation. Need is universal but highest prevalence is in south of borough among older population.</p> <p><i>Source: QMAS March 2010</i></p>	<p>Atrial Fibrillation</p> <ul style="list-style-type: none"> >1.1% 1.0% - 1.1% 0.8% - 1.0% - HSC Average 0.7% - 0.8% <0.7% <p>Park land</p>
Diabetes	<p>5,400 people on GP practice registers. Universal need, but highest prevalence areas focused in areas of deprivation in North Kensington. Management of Diabetes is primarily carried out in General Practice and community settings</p> <p><i>Source: QMAS March 2010</i></p>	<p>Diabetes</p> <ul style="list-style-type: none"> >3.4% 3.0% - 3.4% 2.6% - 3.0% - HSC Average 2.2% - 2.6% <2.2% <p>Park land</p>

Potential Service	Description of need	Need by ward
Chronic Obstructive Pulmonary Disease (COPD)	<p>2,000 people on GP practice registers. Universal need, but High prevalence very focused in North Kensington and Cremorne in Chelsea. Management of COPD is primarily carried out in General Practice and community settings, via the Community Respiratory Service</p> <p><i>Source: QMAS March 2010</i></p>	
Coronary Heart Disease (CHD)	<p>3,500 people on GP practice registers. Prevalence relatively uniform. Management of CHD is primarily carried out in General Practice and community settings</p> <p><i>Source: QMAS March 2010</i></p>	
Heart Failure	<p>800 people on GP practice registers. Prevalence relatively uniform. Management of Heart Failure is primarily carried out in General Practice and community settings</p> <p><i>Source: QMAS March 2010</i></p>	
Stroke	<p>1,900 people on GP practice registers. Prevalence relatively uniform, although higher prevalence areas tend to be where areas with a higher proportion of older people. Management of Stroke is carried out in a range of settings</p> <p><i>Source: QMAS March 2010</i></p>	

Potential Service	Description of need	Need by ward
Asthma	<p>6,600 people on GP practice registers. Universal need, but High prevalence very focused in North Kensington. Management of Asthma is primarily carried out in General Practice</p> <p><i>Source: QMAS March 2010</i></p>	
Severe & Enduring Mental Illness (SMI)	<p>Prevalence high in Kensington and Chelsea compared to elsewhere: 2,400 people on GP practice registers. Prevalence very focused in North Kensington and Southwest Chelsea. Management of SMI is carried out in a range of settings</p> <p><i>Source: QMAS March 2010</i></p>	
Depression	<p>14,000 people on GP practice registers as “ever had depression”, with 2,500 in previous 12 months. Prevalence relatively uniform. Management of common mental illness is primarily carried out in General Practice and community settings.</p> <p><i>Source: QMAS March 2010</i></p>	
Dementia	<p>Estimated 1,400 people with dementia, and 600 on GP practice registers. Highest in Chelsea and Northwest Kensington</p> <p><i>Source: QMAS March 2010</i></p>	

Appendix C

Summary of Pharmacy Access

Pharmacies located in Kensington and Chelsea

Pharmacy	Ward <i>(note: there are no pharmacies in Royal Hospital ward)</i>	Early weekday opening	Late weekday opening	Saturday opening	Sunday opening	Current: area with hand-washing/wheel-chair access	Current / future: area with hand-washing/wheel-chair access	Toilet facilities	DDA compliant dispensing/ collection
Sainsbury's, Ladbroke Grove	Golborne	✓	✓	✓	✓	✗	✓	✓	✓
Dillons		✗	✗	✗	✗	✓	✓	✗	✓
Golborne		✗	✗	✓	✗	✓	✓	✓	✓
Apex		✗	✗	✗	✗	✓	✓	✓	✓
Borno	St Charles	✓	✓	✓	✓	✓	✓	✓	✓
My Pharmacy		✗	✗	✓	✗	✗	✓	✗	✓
Chana Chemist	Notting Barns	✗	✗	✓	✗	✗	✗	✗	✓
Pharmaclinix		✗	✗	✗	✗	✓	✓	✓	✓
Chemistree		✗	✗	✓	✗	✗	✓	✓	✓
ABC, Portobello Rd	Colville	✗	✗	✓	✓	✓	✓	✗	✓
D.R. Evans		✗	✗	✓	✗	✓	✓	✗	✓
Hillcrest	Norland	✗	✗	✓	✓	✓	✓	✓	✓
Baywood	Pembroke	✗	✗	✓	✗	✗	✓	✗	✓
Boots, Notting Hill Gate		✓	✓	✓	✓	✓	✓	✓	✓
ABC, Notting Hill Gate		✗	✗	✗	✗	✗	✗	✗	✓
FJM Calder	Campden	✗	✗	✓	✗	✗	✗	✓	✓
H Lloyd	Holland	✗	✗	✓	✗	✗	✓	✗	✓
Boots, Kensington High St	Queen's Gate	✓	✓	✓	✓	✓	✓	✓	✓
Sainsbury's, Cromwell Rd		✓	✓	✓	✓	✗	✓	✓	✓
Pestle And Mortar	Abingdon	✗	✗	✓	✓	✓	✓	✓	✓
Stratford		✗	✗	✓	✗	✗	✗	✓	✓
Bruntons	Earl's Court	✓	✓	✓	✓	✗	✓	✗	✓
Boots, Earl's Court Rd		✓	✓	✓	✓	✓	✓	✓	✓
Zafash	Redcliffe	✓	✓	✓	✓	✓	✓	✓	✓
Boots, Fulham Rd		✓	✗	✓	✓	✓	✓	✓	✓
Boots, Gloucester Rd	Courtfield	✓	✓	✓	✓	✓	✓	✓	✓
Amoore & Co	Brompton	✗	✗	✓	✗	✗	✗	✓	✓
Boots, Brompton Rd		✗	✗	✓	✓	✓	✓	✓	✓
Stickland		✓	✗	✓	✗	✗	✓	✗	✓
Harleys		✗	✓	✓	✓	✓	✓	✓	✓
Dajani		✗	✓	✓	✓	✓	✗	✗	✗
Andrews	Hans Town	✗	✗	✓	✗	✗	✗	✗	✗
Boots, 60 King's Rd		✓	✓	✓	✓	✓	✓	✓	✓
Astell		✗	✗	✓	✗	✓	✓	✓	✓
Boots, 148 King's Rd	Stanley	✓	✓	✓	✓	✓	✓	✓	✓
I T Lloyd	Cremorne	✗	✗	✓	✗	✗	✗	✓	✓
Medicine Chest		✗	✗	✓	✓	✗	✓	✗	✓
World's End Pharmacy		✗	✗	✓	✗	✗	✓	✗	✗
Lloyds		✓	✗	✓	✗	✓	✓	✗	✗

**Fringe pharmacies within a 500m radius but located outside Kensington and Chelsea
(Services provided incorporated into analysis where ticked/ crossed)**

Pharmacy	Ward <i>(note: there are no pharmacies in Royal Hospital ward)</i>	Early weekday opening	Late weekday opening	Saturday opening	Sunday opening	Current: area with hand-washing//wheel-chair access	Current / future: area with hand-washing/ wheel-chair access	Toilet facilities	DDA compliant dispensing/ collection
Walden Chemist, SW1W	Westminster	✗	✗	✓	✗	-	-	-	-
Prince Chemist, W9		✗	✗	✓	✗	-	-	-	-
Greens Pharmacy, SW1W		✗	✗	✗	✗	-	-	-	-
Faro, W11	Hammer-smith & Fulham	✗	✗	✓	✗	-	-	-	-
Boots, W12		✗	✗	✓	✗	-	-	-	-
Morrison Pharmacy, W12		✓	✓	✓	✓	-	-	-	-

Appendix D

Other Information

The PNA Steering Group

- The NHS Kensington and Chelsea PNA Steering Group was created to be responsible for overseeing the development of this PNA. The PNA Steering Groups reports directly to the Strategy Committee, which has devolved powers of authority from the PCT Board. The Terms of Reference and membership of this group are included below. Progress against the PNA Project Plan is monitored at the Pharmacy Commissioning Steering Group.

Gathering Information for the PNA

- In May 2010, members of the PNA Steering Group attended a Kensington and Chelsea and Westminster LPC meeting to introduce the process and to allow the LPC to give their views on the most appropriate way forward for the needs assessment.
- The PNA Steering Group issued a PNA questionnaire to all community pharmacies to gather up to date information for the needs assessment. The questionnaire was adapted from the questionnaire developed by the Pharmaceutical Services Negotiating Committee (PSNC) and was 'signed off' by a Kensington and Chelsea LPC representative. The questionnaire was sent to all NHS Kensington and Chelsea community pharmacy contractors in July 2010; all pharmacies completed the questionnaire. Results were collated in August 2010. Information on bordering pharmacies was gathered directly from Westminster and Hammersmith and Fulham PCTs.
- In July 2010, members of the PNA Steering Group attended an evening Pharmacy Forum event at the London Lighthouse, Lancaster Road and discussed the PNA with attendee pharmacists, and gathered a range of views on developing services which were incorporated into this report.
- The PNA was then developed based on information held by the PCT and the responses received from the questionnaire and Forum event.
- The Local Pharmaceutical Committee (LPC) were offered the chance to comment on a draft of the PNA prior to the official consultation period.

Consultation and Revision of PNA

- A number of key stakeholder groups were consulted with in the sixty day consultation period, listed below:

	Community Pharmacy Forum
Local Pharmaceutical Committee (LPC)	Local Medical Committee (LMC)
LPS chemists	Practice Based Commissioning (PBC) steering group
GPs	Kensington and Chelsea LINK
Patient and community groups	NHS trusts and NHS foundation trusts in the area
Neighbouring PCTs	Royal Borough of Kensington and Chelsea

- A structured feedback form was provided as part of the consultation period. Comments were received from 14 parties, of which 12 were existing pharmacy contractors, one was a local resident and one was from the Local Pharmaceutical Committee (LPC). Six local residents also responded to an online patient questionnaire.
- Comments gathered during the consultation have been reported back separately, as part of the 'PNA Consultation Response' Report and can be found on the NHS Kensington and Chelsea website.
- The final draft of the PNA was signed off in January 2011 at the NHS Kensington and Chelsea Board meeting.

Next Steps

- In accordance with Part 1A (Regulation 3D[1]) of the Regulations, NHS Kensington and Chelsea will, as a minimum, publish a revised PNA within three years of the publication of this document. This is subject to change in Part 1A of Regulation 3D[1].
- In addition, the PCT will make a new assessment of pharmaceutical need sooner than this, should it identify any changes to the availability of pharmaceutical services that have occurred since the publication of this PNA. This will be undertaken only where, in the PCT's view, the changes are so substantial that the publication of a new assessment is a proportionate response.

ⁱ Before 9am or after 7pm