A map of the Kensington & Chelsea area in London, showing various neighborhoods and landmarks. The map includes labels for areas like Kensal Town, West Kilburn, Maida Vale, Maida Hill, North Kensington, Westbourne Green, Paddington, Lancaster West Estate, Notting Hill, Bayswater, Shepherd's Bush, St John's Wood, Lord's Cricket Ground, The Regent Park, Marylebone, Kensington Gardens, Hyde Park, Hammersmith, Belgrave, Chelsea, Fulham, Walham Green, World's End, and Lot's Village. A blue shaded region covers the central part of the map, including North Kensington, Westbourne Green, Paddington, Lancaster West Estate, Notting Hill, and Bayswater. A blue banner is overlaid on the map, containing the title text.

# Kensington & Chelsea Pharmaceutical Needs Assessment 2025-2028



THE ROYAL BOROUGH OF  
KENSINGTON  
AND CHELSEA



Healthy Dialogues  
LTD

# Executive Summary

## Introduction

All Health and Wellbeing Boards (HWB) have a statutory responsibility to publish and keep up to date a statement of needs for pharmaceutical services for their population every three years. This is called the Pharmaceutical Needs Assessment (PNA). The purpose of the PNA is twofold, namely to:

- Support NHS England in their decision-making related to applications for new pharmacies, or changes of pharmacy premises and/or opening hours.
- Support local commissioners in decisions regarding services that could be delivered by community pharmacies to meet the future identified health needs of the population.

This PNA provides an overview of the demographics and health and wellbeing needs of the Kensington and Chelsea population. It also captures patients' and the public's views of pharmacy services they access. It assesses whether the current provision of pharmacies and the commissioned services they provide meet the needs of the Kensington and Chelsea residents and whether there are any gaps, either now or within the lifetime of the document, from the date of its publication to the 30<sup>th</sup> September 2028. It assesses current and future provision with respect to:

- Necessary Services – defined here as provision of Essential Services.
- Other Relevant Services – defined here Advanced, Enhanced and Locally Commissioned Services.

## Methodology

In November 2024, a steering group of key stakeholders was established to oversee the development of the PNA with overall responsibility of ensuring it met the statutory regulations. The process included:

- A review of the current and future demographics and health needs of the Kensington and Chelsea population determined on a locality basis.
- A survey to Kensington and Chelsea patients and the public on their use and expectations of pharmaceutical services and an equality impact assessment.
- A survey to Kensington and Chelsea pharmacy contractors to determine their capacity to fulfil any identified current or future needs.
- An assessment of the commissioned Essential, Advanced, Enhanced and Locally Commissioned services provided in Kensington and Chelsea.

A PNA consultation draft was published for formal consultation between 9<sup>th</sup> June to the 10<sup>th</sup> August 2025. Responses to the consultation were considered by the steering group before final publication of the PNA in October 2025.

## **Findings**

### **Key population demographics of Kensington and Chelsea**

The Royal Borough of Kensington and Chelsea is an inner London borough with an estimated population of 146,848. This population is projected to show a minor decrease of 0.5% in the lifetime of this PNA, though Dalgarno ward is forecast to have 15.4% increase during that period.

Areas of deprivation persist across the borough, with 23 of the borough's 103 LSOAs among the most deprived 20% in England (Ministry of Housing, Communities & Local Government). Patient groups identified as having specific pharmaceutical needs include: people affected by the Grenfell Disaster, days visitors, refugees/ asylum seekers and people who sleep rough.

### **Key population health needs of Kensington and Chelsea**

Kensington and Chelsea residents enjoy a higher life expectancy than the London and national picture, though there is great disparity across localities. Health life expectancy is similar to that of London and the England.

Overall health and behaviour markers explored in this document indicate that Kensington and Chelsea broadly mirror national figures. The JSNA highlights the following areas to address: inequalities in life expectancy and healthy life expectancy, people living longer in poor health, obesity in children and adults, mental health and wellbeing, and screening and immunisation rates.

### **Patient and public engagement**

A patient and public survey was disseminated across Kensington and Chelsea to explore how people use their pharmacy and their views on specific 'necessary' pharmaceutical services. A total of 37 people responded.

Most respondents chose their pharmacy because it was close to their home or work, was where their GP sends their prescriptions, or they were happy with the overall experience provided by the pharmacy. All respondents can reach their pharmacy in 20 minutes or less, with walking the most common means of reaching pharmacies (89%). No substantial differences or identified needs were found amongst protected characteristics groups and pharmacy usage.

## Health and Wellbeing Board statements on service provision

There are 38 community pharmacies located within the Kensington and Chelsea's HWB area. There is also a further 88 community pharmacies located within a mile of Kensington and Chelsea's boundaries.

The PNA steering group, on behalf of the Health and Wellbeing Board has assessed whether the current and future pharmacy provision meets the health and wellbeing needs of the Kensington and Chelsea population. It has also considered whether there are any gaps in the provision of pharmaceutical service either now or within the lifetime of this document, from the date of its publication to the 30<sup>th</sup> September 2028.

Kensington and Chelsea is well served in relation to the number and location of pharmacies. The Health and Wellbeing Board has concluded that there is good access to necessary and other relevant services with no gaps in the current and future provision of these services identified.

The PNA concluding statements are listed below.

### Necessary services

These are services that necessary to meet the need for pharmaceutical services and could be provided within or outside of the Health and Wellbeing Board's area.

#### *Current provision of necessary services during normal working hours*

Based on the information available at the time of developing the PNA, no gaps were identified in the current provision of necessary services inside normal working hours in any of the 18 localities in Kensington and Chelsea.

#### *Current provision of necessary services outside normal working hours*

Based on the information available at the time of developing the PNA, no gaps were identified in the current provision of necessary services outside normal working hours in any of the 18 localities.

#### *Future provision of necessary services during normal working hours*

Based on the information available at the time of developing this PNA, no gaps were identified in the future provision of necessary services during normal working hours in the lifetime of this PNA in any of the 18 localities.

#### *Future provision of necessary services outside normal working hours*

Based on the information available at the time of developing this PNA, no gaps were identified in the future provision of necessary services outside of normal working hours in the lifetime of this PNA in any of the 18 localities.

### **Other relevant services**

These are services which are not necessary to meet the need for pharmaceutical services in the area, but which nonetheless secure improvements or better access to pharmaceutical services.

#### ***Current provision of other relevant services***

Based on the information available at the time of developing the PNA, no gaps were identified in services that if provided would secure improvements and better access to pharmaceutical services in general, or pharmaceutical services of a specific type in any of the 18 localities.

#### ***Future provision of other relevant services***

Based on the information available at the time of developing this PNA, no future needs were identified for improvement and better access in any of the localities.

# Contents

Executive Summary .....	1
Introduction .....	1
Methodology.....	1
Findings.....	2
Health and Wellbeing Board statements on service provision.....	3
Chapter 1 - Introduction .....	7
Purpose of the Pharmaceutical Needs Assessment .....	7
Chapter 2 - Strategic Context.....	11
National Context.....	11
Local Context .....	13
Chapter 3 - Methodology.....	17
Geographical coverage .....	17
Patient and public survey.....	19
Pharmacy contractor survey .....	19
Governance and Steering Group .....	19
Stakeholder consultation and report .....	20
Chapter 4 - Population Demographics .....	21
At a glance .....	21
Demography.....	21
Wider determinants of health .....	28
Patient groups with specific needs.....	30
Chapter 5 - Health needs .....	35
Place .....	35
Start well .....	36
Live well .....	38
Age well.....	42
Chapter 6 - Patient and public survey .....	45
Kensington and Chelsea engagement strategy .....	45
Results of the public survey.....	45
Equality impact assessment .....	50
Chapter 7 - Pharmaceutical Services Provision.....	56
Pharmaceutical Service Providers .....	56
Accessibility.....	58
Essential Services .....	67
Advanced Services.....	72
Enhanced Pharmacy Services.....	92
Chapter 8 - Other NHS services.....	96



Locally commissioned services.....	96
Other prescribing centres .....	100
Chapter 9 - Conclusions and Statements.....	102
Current Provision.....	102
Future Provision .....	105
Appendix A: Westminster City Council and Royal Borough of Kensington and Chelsea PNA Group Terms of Reference .....	108
Appendix B: List of pharmaceutical service providers in Kensington and Chelsea .....	111

# Chapter 1 - Introduction

## Purpose of the Pharmaceutical Needs Assessment

- 1.1 Community pharmacies play a crucial role in delivering quality healthcare within local communities. Beyond dispensing prescriptions, they often serve as the first point of contact for patients and the public. In some instances, they may be the only interaction individuals have with a healthcare professional.
- 1.2 A 'Pharmaceutical Needs Assessment' (PNA) identifies the pharmaceutical service needs of a specific population. It details the existing pharmaceutical services, including their availability and locations. This PNA specifically assesses the pharmaceutical needs of the Kensington and Chelsea population.
- 1.3 NHS Pharmaceutical Services function within a regulated and controlled market. Pharmacies or dispensing appliance contractors who wish to provide these services must apply to NHS England for inclusion in the Pharmaceutical List of the Health and Wellbeing Board.
- 1.4 The PNA serves to facilitate the planning and commissioning of pharmaceutical services whilst supporting decision-making on new applications or changes to pharmacy locations. This includes:
  - Assisting NHS England in the 'market entry' decision-making process for applications related to new pharmacies or changes in pharmacy premises
  - Guiding the commissioning of enhanced pharmacy services by NHS England, as well as the local commissioning of services by the local authority and other local commissioners.
- 1.5 The Kensington and Chelsea PNA can also:
  - Help the Health and Wellbeing Board (HWB) to inform stakeholders about the borough's pharmaceutical needs, enabling effective planning, development, and delivery of pharmacy services for the community
  - Support the HWB in working with providers to allocate services to areas of need whilst reducing duplication and ensuring adequate provision



## PNA Legislation

- 1.6 From 2006, NHS Primary Care Trusts had a statutory responsibility to assess the pharmaceutical needs for their area and publish a statement of their first assessment and of any revised statements.
- 1.7 With the abolition of Primary Care Trusts and the creation of the Clinical Commissioning Groups (CCGs) in 2013 (and later Integrated Care Boards in 2022), Public Health functions were transferred to local authorities. The HWB were introduced and hosted by local authorities to bring together Commissioners of Health Services, Public Health, Adult Social Care, Children's services and Healthwatch.
- 1.8 The Health and Social Care Act of 2012 gave a responsibility to HWBs for developing and updating Joint Strategic Needs Assessments and Pharmaceutical Needs Assessments.

## PNA Requirements

- 1.9 This PNA covers the period between 1<sup>st</sup> October 2025 and 30<sup>th</sup> September 2028. It is an update of the previous PNA<sup>1</sup> which expires on the 30<sup>th</sup> September 2025 and must be produced and published by 1<sup>st</sup> October 2025. The development of and publication of this PNA has been carried out in accordance with regulations and associated guidance, including:
  - The NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013
  - The Department of Health Information Pack for Local Authorities and HWBs
- 1.10 As outlined in the 2013 regulations, this PNA must include a statement of the following:
  - **Necessary Services – current provision:** services currently available that are necessary to meet the need for pharmaceutical services and could be provided within or outside of the health and wellbeing board's area.
  - **Necessary Services – gaps in provision:** services that are not currently available but are deemed necessary by the HWB to address an existing need for pharmaceutical services

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<sup>1</sup> Kensington and Chelsea Health and Wellbeing Board (2022). Pharmaceutical Needs Assessment 2022. <https://www.rbkc.gov.uk/sites/default/files/media/documents/Kensington%20and%20Chelsea%20PNA%202022.pdf>

- **Other Relevant Services – current provision:** any services delivered or commissioned by the local authority, NHS England, the ICB, an NHS trust, or an NHS foundation trust that impact the need for pharmaceutical services in the area or where future provision could enhance quality or improve access to specific pharmaceutical services.
- **Improvement and better access - gaps in provision:** services that are not currently available but are considered by the HWB to enhance quality or improve access to pharmaceutical services if introduced.

1.11 Additionally, the PNA must include a map showing the premises where pharmaceutical services are provided and an explanation of how the assessment was made. This includes:

- Consideration of the varying needs across different localities
- Assessment of how the needs of individuals with protected characteristics have been addressed
- Evaluation of whether expanding pharmaceutical services would enhance access or improve service quality
- A report of the statutory consultation on the draft PNA

## Consultation

1.12 A draft PNA must be put out for consultation for a minimum of 60-days prior to its publication.

1.13 The PNA was published for consultation between 9<sup>th</sup> June and 8<sup>th</sup> August 2025. The 2013 Regulations list those persons and organisations that the HWB must consult, which include:

- Any relevant local pharmaceutical committee (LPC) for the HWB area
- Any local medical committee (LMC) for the HWB area
- Any persons on the pharmaceutical lists and any dispensing GP practices in the HWB area
- Any local Healthwatch organisation for the HWB area, and any other patient, consumer, and community group, which in the opinion of the HWB has an interest in the provision of pharmaceutical services in its area
- Any NHS Trust or NHS Foundation Trust in the HWB area

- NHS England
- Any neighbouring HWB

1.14 All comments received were considered in the final PNA report to be presented to the HWB before the 1<sup>st</sup> October 2025.

# Chapter 2 - Strategic Context

- 2.1 This section provides an overview of key policies, strategies and reports that shape the strategic context of community pharmacy services at both a national and local level.

## National Context

- 2.2 Throughout the last decade, the health and social care system has transformed and evolved to meet a range of challenges. Consequently, it has seen significant changes towards greater integration between health and social care services, increased emphasis on preventative care and growing use of technology for remote monitoring and consultations. This has been undertaken whilst also facing challenges with an ageing population, more people experiencing long-term health conditions, and continued funding pressures.

## Health and Care Act (2022)<sup>2</sup>

- 2.3 The Health and Care Act 2022 builds on NHS proposals from the Long-Term Plans. It emphasises the importance of collaboration, drawing on lessons from the COVID-19 pandemic to enhance system responsiveness. The Act focuses on three key areas: integrating NHS services with local government to tackle health inequalities, reducing bureaucracy to streamline decision-making and improve care delivery, and establishing clear accountability mechanisms.

## Health Equity in England: Marmot Review 10 years on<sup>3</sup>

- 2.4 The objectives outlined in the Marmot review are intended to ensure the health life expectancy gap between the least deprived and most deprived are reduced. More specific to health, community pharmacists are uniquely placed at the heart of communities to support patients to provide the public a range of public health interventions, weight management services, smoking cessation services and

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<sup>2</sup> Department of Health and Social Care (2022). Health and Care Act 2022. Available at: [Health and Care Act 2022 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2022/41/contents/enacted)

<sup>3</sup> Institute of Health Equity (2020). Marmot Review 10 Years On. Available at: [Marmot Review 10 Years On - IHE](https://www.instituteofhealthequity.org/publications/marmot-review-10-years-on)

vaccination services. At present community pharmacies provide a pivotal role in promoting healthier lifestyle information and disease prevention.

### **Plan for Change<sup>4</sup>**

- 2.5 In 2024, HM Government launched their 'Plan for Change' outlining five missions to deliver a decade of national renewal. A focus on bringing care closer to where people live underpin the Health and Wellbeing ambitions which include transitioning how elective care is delivered, transforming patients' experience of care and transforming the model of care to make it more sustainable.
- 2.6 As part of this, on the 28th of January 2025, the Department of Health and Social Care entered into consultation with Community Pharmacy England regarding the 2024-2025, and 2025-2026 funding contractual framework<sup>5</sup>. This is intended to set the future direction for community pharmacy recognising it will play a vital role in supporting the delivery of the reforms that are set out in this plan.

### **Pharmacy Integration Fund**

- 2.7 The Pharmacy Integration Fund (PhIF) was established to promote the integration of clinical pharmacy services across various primary care settings, aiming to enhance patient care. Key initiatives supported by the PhIF include collaborating with Health Education England (now NHS England) to provide education and training for pharmacists and pre-registered pharmacists. Additionally, urgent medication requests are now directed to community pharmacies through NHS 111, reducing the burden on out-of-hours GP services, while minor health concerns are also redirected to community pharmacies.
- 2.8 Moreover, the PhIF facilitates the integration of pharmacists into urgent care settings, social care teams, and GP settings to optimise medication management and support the General Practice Forward View (GPFV) initiative. It also supports system leadership development and implements 'Stay Well' pharmacy campaigns to encourage families to visit community pharmacies first for minor health concerns.

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<sup>4</sup> HM Government (2024). *Plan for Change: Milestones for mission-led government*. Available here: [Plan for Change – Milestones for mission-led government](#)

<sup>5</sup> GOV.UK (2025). Government opens discussions with Community Pharmacy England over 2025 to 2026 funding contract. Available at: [Government opens discussions with Community Pharmacy England over 2025 to 2026 funding contract - GOV.UK](#)

These efforts aim to improve patient access to clinical pharmacy services and enhance the role of pharmacists in delivering safe and effective care within primary care settings.

## Local Context

### Kensington and Chelsea Joint Strategic Needs Assessment (JSNA)<sup>6</sup>

2.9 The most recent JSNA acknowledged a number of physical and mental health challenges, which included tackling health inequalities, an ageing population living in poor health, obesity in both adults and children, mental health and wellbeing and screening and immunisation rates. A summary the focus areas are outlined in this section:

- **Start well:** This acknowledges what happens in pregnancy, childhood, and adolescence impacts physical and emotional health all the way to adulthood. Where children live, their household income, and how they are cared for all impact their health and wellbeing. Area of focus include childhood vaccinations, dental health, young people and mental health, childhood obesity and education.
- **Live well:** This recognises that people's surroundings, including employment and housing, and how lonely or isolated people feel can significantly affect their health. People's experiences and environment can cause different levels of health and wellbeing across the borough. This includes, drinking alcohol, drug misuse, smoking, obesity, sexually transmitted infections, mental health and wellbeing, and long-term health conditions.
- **Age well:** People are living longer, but they are not living longer in good health. This means that people are living longer with health problems and a lower quality of life. Areas of priority include, living in poor health, screening and immunisations, help with self-care, living alone and loneliness, living with dementia and dying well.

2.10 The recognised challenges reported within the JSNA informed the 10-year Wellbeing Strategy outlined in the proceeding sections.

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<sup>6</sup> The Royal Borough of Kensington and Chelsea (2025). *Joint Strategic Needs Assessment*. Available here: [Health and wellbeing in Kensington and Chelsea | Royal Borough of Kensington and Chelsea](#)

## Health and Wellbeing Strategy<sup>7</sup>

- 2.11 The Joint Health and Wellbeing board set out a 10-year Health and Wellbeing Strategy that is targeted at reducing health inequalities across the borough.
- 2.12 The strategy outlines 10 key ambitions that aims to achieve good health and wellbeing that is equitable for all. These ambitions are outlined below:
- Children and young people are healthy, happy, safe and can achieve their full potential
  - A focus on prevention and early intervention so everyone can improve their health and wellbeing, and prevent ill-health
  - Support people to look after their mental health and wellbeing
  - Everyone has a good quality home
  - People feel safe and part of the community
  - The boroughs are healthy environments
  - Bring together health and wellbeing service to form teams around neighbourhoods to meet the health and social care needs of residents with a focus on reducing inequality
  - Everyone feels that are treated with fairness and have control over their lives
  - All are financially stable and have access to enriching opportunities and good jobs
  - Everyone is supported and empowered to live as independently as possible

## The Grenfell Joint Strategic Needs Assessment (JSNA)<sup>8</sup>

- 2.13 In 2024, the Grenfell JSNA was refreshed during the final phases of the council's 5-year recovery programme. The refresh was a continuation of the 2018 JSNA Report 'Journey to Recovery'<sup>9</sup> published the year following the Grenfell Tower fire disaster.

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<sup>7</sup> Kensington and Chelsea and Westminster's Health and Wellbeing Strategy (2023-2033). *Healthier and Happier Lives*. Available here: [RBKC and WCC Health and Wellbeing Strategy 2023](#)

<sup>8</sup> Kensington and Chelsea Council (2024). *Grenfell JSNA Refresh*. Available here: [Grenfell JSNA Refresh 2024 - Report.pdf](#)

<sup>9</sup> JSNA for Kensington and Chelsea (2018). *A Journey of Recovery: Supporting the health & wellbeing for the communities impacted by the Grenfell Tower fire disaster*. Available here: [Journey of Recovery Needs Assessment 0.pdf](#)



2.14 The programme covered a range of interventions across a broad range of areas, including:

- Environmental and Air Quality Monitoring
- Population Health Monitoring
- Survivors and Bereaved
- Emotional and Mental Health
- Households
- Children and Young People
- Health Inequalities
- Wider Local Community

2.15 In response to the findings of the Grenfell JSNA 2024 Refresh, a variety of recommendations were made and are summarised below:

*Recommendations to support survivors and those bereaved*

2.16 Service providers must recognise the diverse experiences of survivors and the bereaved, offering tailored support based on individual needs. Key considerations include:

- Addressing long-term impacts such as justice processes and decisions about the Tower
- Regularly monitoring and sharing health information with those affected
- Providing enhanced support for children and young people to ensure their wellbeing and future opportunities
- Ensuring all displaced individuals receive suitable, high-quality and culturally appropriate permanent housing
- Offering flexible and culturally sensitive support options that allow families to choose what works best for them
- Promoting peer support and community-led recovery efforts
- Include bereaved and survivor voices in future plans

*Recommendations to support the immediate local community*

2.17 Support the local community near Grenfell with targeted health and wellbeing services, ensuring:

- Access to high-quality mental and physical health care

- Proactive responses to changing needs and Tower-related decisions
- Regular monitoring and sharing of health data
- Focused support for children's mental and emotional wellbeing
- Community-led recovery efforts in trusted local settings

*Recommendations to support the broader population*

2.18 The Grenfell legacy should go beyond recovery, addressing deep-rooted inequalities and promoting community-led change. Key priorities include:

- Building equal partnerships with communities and the voluntary sector
- Improving health equity through preventative care and tackling deprivation
- Ensuring fair access to education, skills and employment for young people
- Recognising and addressing structural disadvantages linked to racism
- Rebuilding community trust and ensuring culturally competent services

# Chapter 3 - Methodology

3.1 In accordance with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013, this Pharmaceutical Needs Assessment (PNA) has been developed using a range of data sources, including:

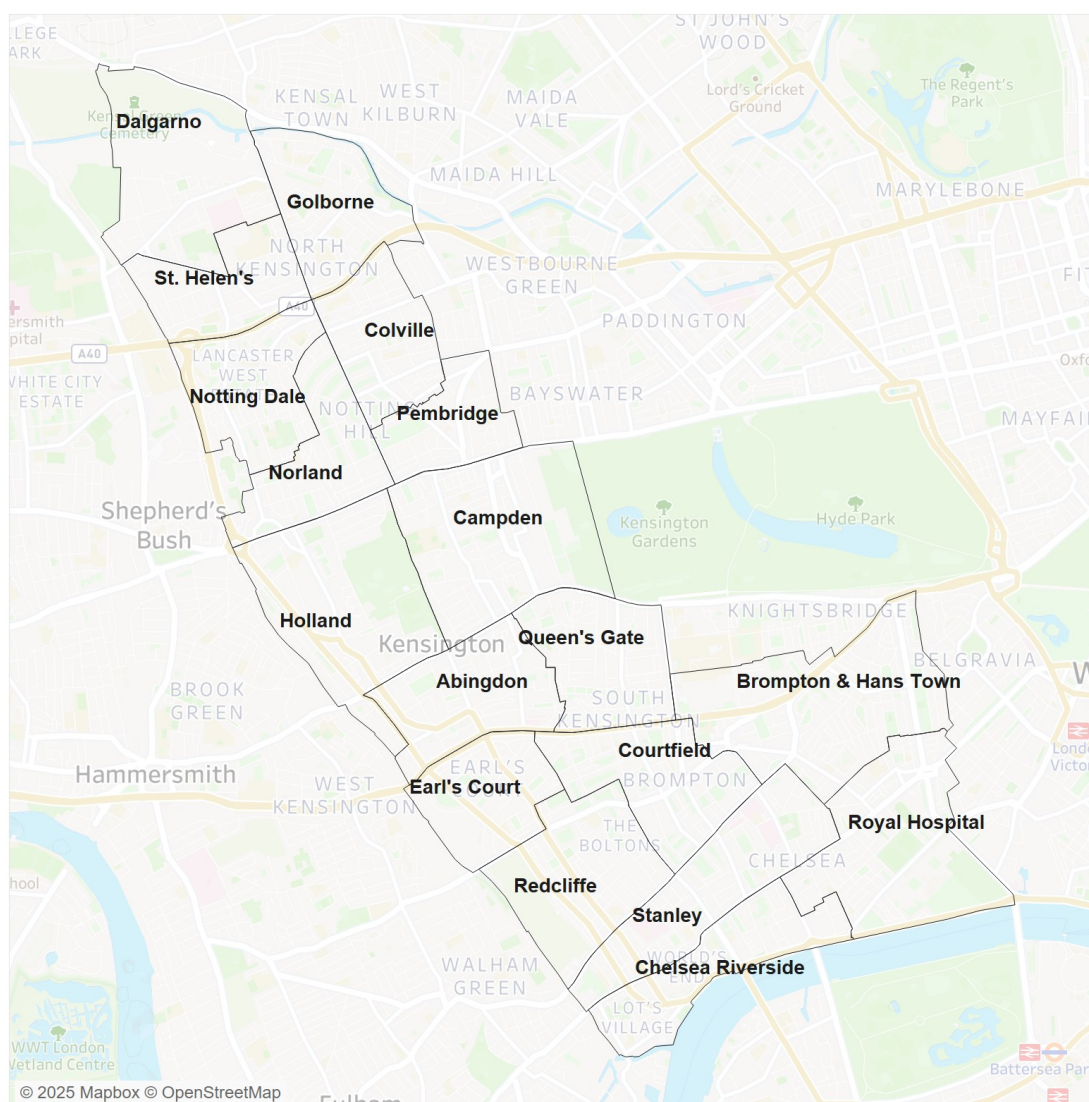
- Nationally published health and pharmacy data
- Kensington and Chelsea Joint Strategic Needs Assessment (JSNA)
- Local health and wellbeing policies and strategies
- A survey of residents, workers, and students in Kensington and Chelsea
- NHS Business Services Authority data
- Commissioning data from:
  - Royal Borough of Kensington and Chelsea
  - NHS North West London Integrated Care Board (ICB)

3.2 The collected data provide insights into Kensington and Chelsea's population, including current and future health needs. This information helps assess how pharmaceutical services can support the Health and Wellbeing Board (HWB) in improving the health and wellbeing of local residents.

## Geographical coverage

3.3 PNA regulations require that the HWB divides its area into localities as a basis for structuring the assessment. The PNA Steering Group selected wards to sub-divide the HWB's coverage. The majority of health and social care data is available at local authority council ward level as this level provides reasonable statistical rigour. Kensington and Chelsea wards are presented in Figure 3.1.

**Figure 3.1: Kensington and Chelsea wards**



- 3.4 The HWB assessed pharmacy provision and choice based on a 1-mile travel distance to reach a community pharmacy. 1-mile is approximately equivalent to a 20-minute walk. Lord Darzi's recent report on the state of the NHS<sup>10</sup> also used a mile as a basis for accessibility of community pharmacies.
- 3.5 However, travel time is not the only factor considered when determining if there is sufficient pharmacy provision. Other considerations include pharmacy provision outside normal working hours, proximity to GP practices, current and future population density, access via public transport and changes in healthcare provision and deprivation levels.

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<sup>10</sup> Darzi (2024). Independent Investigation of the National Health Service in England. September 2024.

## **Patient and public survey**

- 3.6 A patient and public survey was co-developed with the PNA group and shared across Kensington and Chelsea to understand how people use their pharmacies, what they use them for and their views of the pharmacy provision. Responses from the survey of people who live and work in Kensington and Chelsea were explored, including detailed analysis of the Protected Characteristics. The dissemination of the survey and its findings are presented in Chapter 6 of this PNA.

## **Pharmacy contractor survey**

- 3.7 The contractor survey was developed in collaboration with the steering group building on guidance from Community Pharmacy England. It was sent all to the community pharmacies within RBKC to capture data on services provided and opportunities for future commissioning. Findings from this survey support the analysis presented in Chapter 7 and 8 of this report.

## **Governance and Steering Group**

- 3.8 The Royal Borough of Kensington and Chelsea HWB commissioned delivery of its PNA to Healthy Dialogues through a competitive tender process. The management governance of the production of this PNA was delegated by the HWB to the Westminster and Kensington and Chelsea PNA steering group.
- 3.9 Westminster and Kensington and Chelsea PNA steering group comprised representation from:
- Westminster City Council
  - The Royal Borough of Kensington and Chelsea
  - Community Pharmacy KCW
  - NHS North West London Integrated Care Board
  - Healthwatch
  - Healthy Dialogues
- 3.10 The Terms of Reference of the Steering Group presented in Appendix A.

## Stakeholder consultation and report

- 3.11 A draft of this PNA was published for statutory consultation between 9<sup>th</sup> June and 10<sup>th</sup> August 2025. Comments received during the consultation period were considered and incorporated into the final report to be published by 1st October 2025.

# Chapter 4 - Population Demographics

- 4.1 This chapter provides an overview of Kensington and Chelsea's population demographics, highlighting aspects that are likely to influence the demand on pharmaceutical services. It examines the characteristics of the borough's residents, population size changes and the wider determinants of health.
- 4.2 Maps presented in this chapter illustrate population characteristics such as population density and markers of deprivation, using gradients to denote intensity. The legends accompanying each map explain these gradients.

## At a glance

- 4.3 Kensington and Chelsea is rich in culture and heritage. The borough hosts many nationally and internationally recognised cultural attractions. Kensington Palace, the Victoria & Albert, Natural History, Science and Design Museums are just some of its landmark institutions.

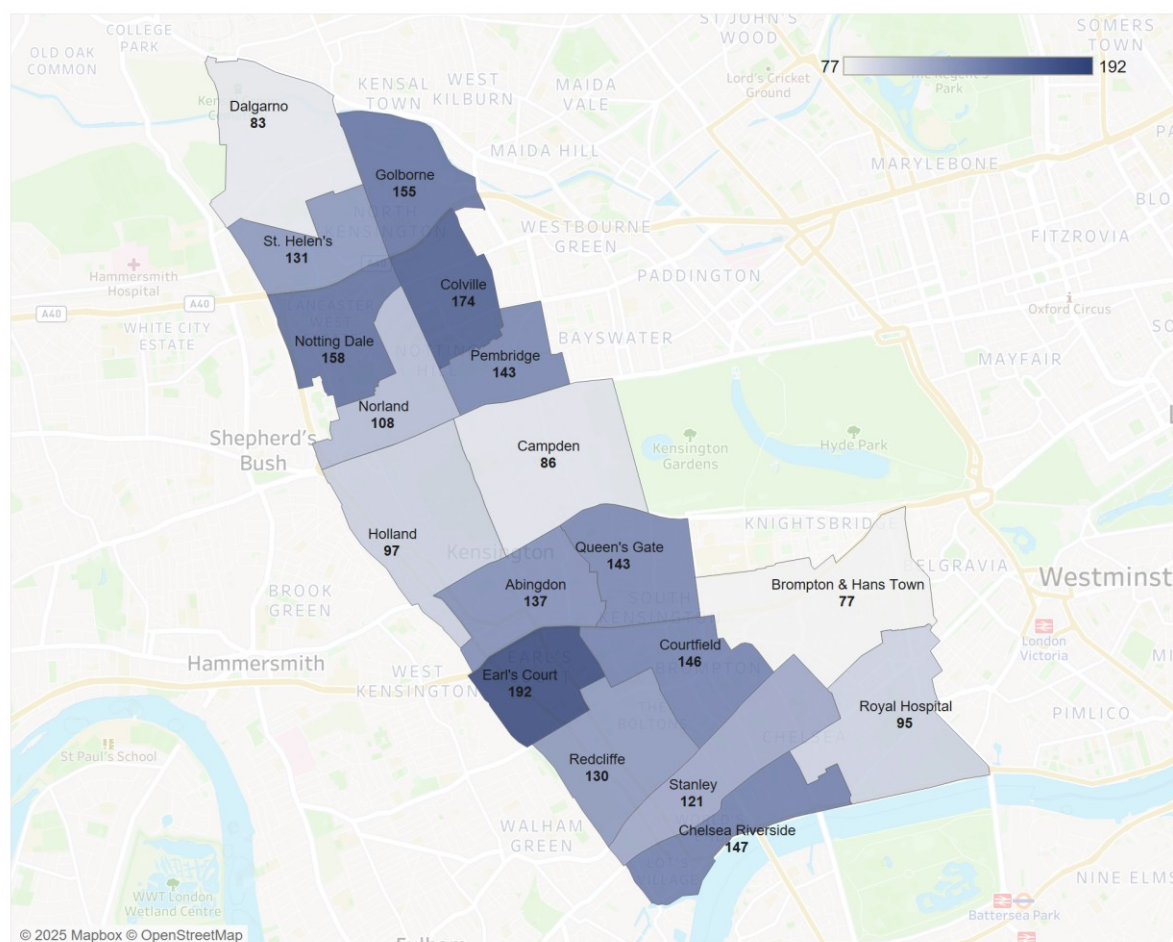
## Demography

### Population size and density

- 4.4 The Greater London Authority projects Kensington and Chelsea's resident population to be 146,848 in 2025 (Housing-led projections, central fertility identified capacity).
- 4.5 With a population density of 118 people per hectare, Kensington and Chelsea has the 4th highest population density in London.
- 4.6 At a ward-level, the population density peaks at Earl's Court reaching 192 people per hectare, while Brompton & Hans Town has the lowest at 77 people per hectare (Figure 4.1).



**Figure 4.1: Population density of Kensington and Chelsea per hectare by ward**

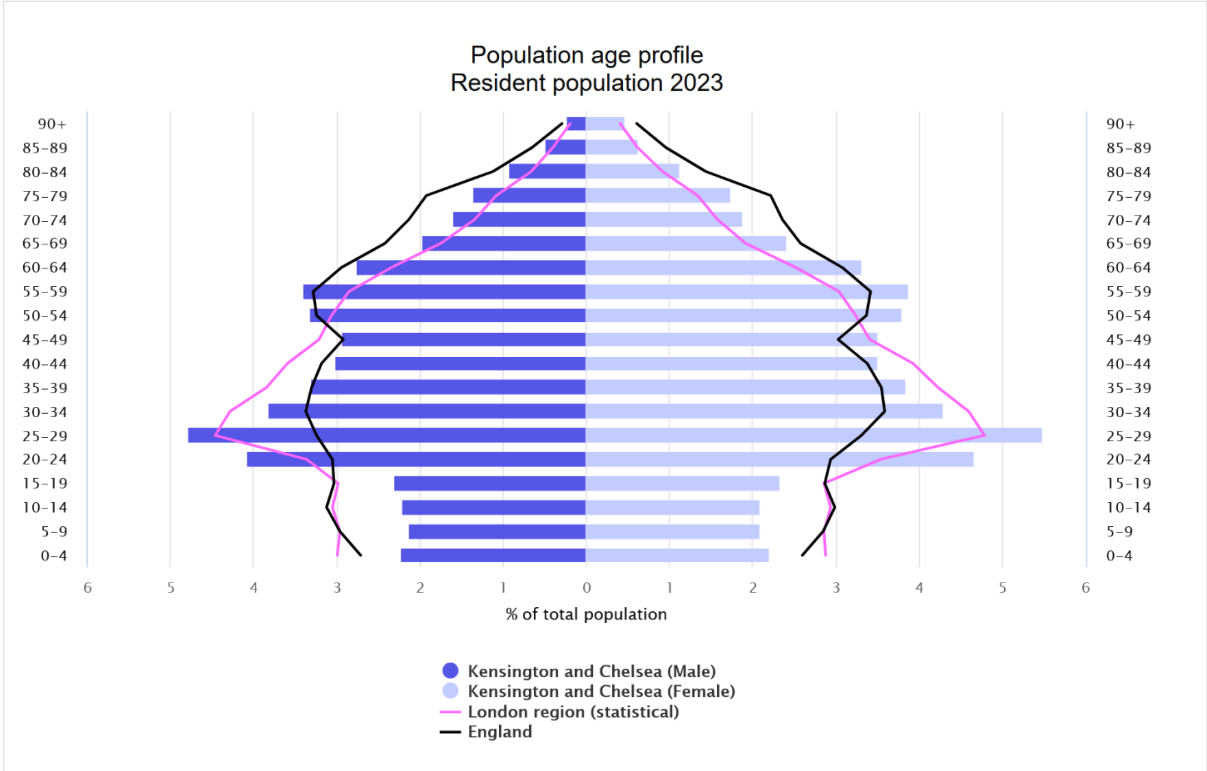


Source: GLA population projections, 2025

## Age and profile

- 4.7 Kensington and Chelsea's working age population (aged 16-64) make up 72% of the resident population. Older adults (aged 65 and over) make up 15% of the population. This is above London's overall proportion which stands at 12%.
- 4.8 The figure below presents a breakdown of the age and gender of Kensington and Chelsea residents.

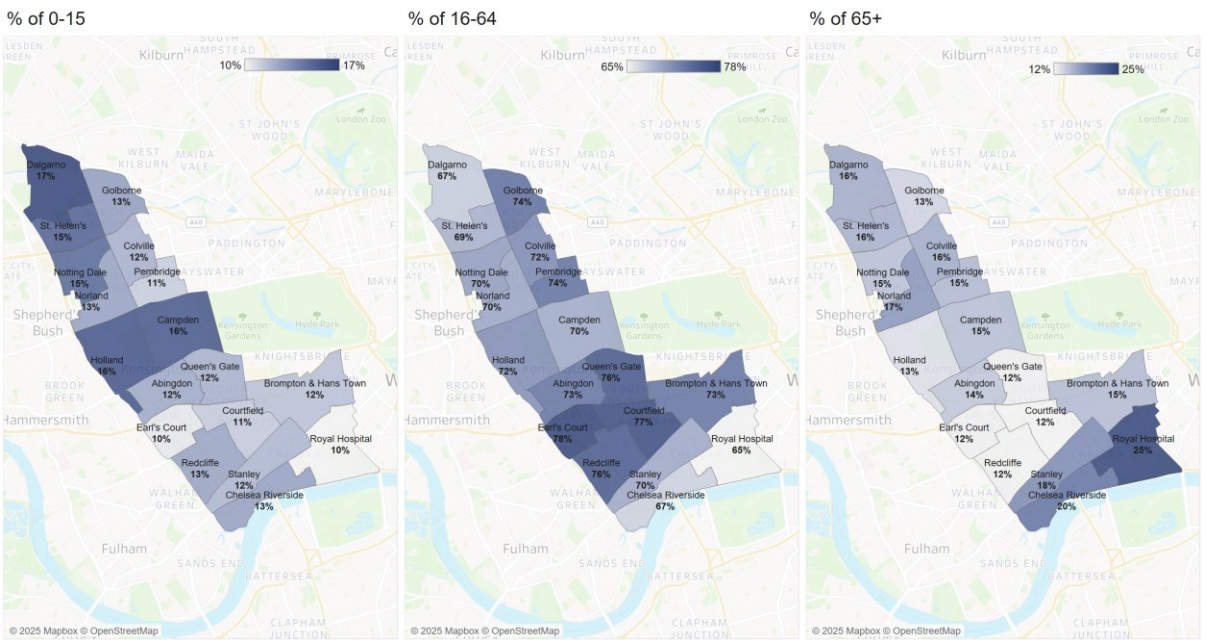
**Figure 4.2: Proportion of Kensington and Chelsea resident population by age-band and gender, Resident Population 2023**



Source: Public Health Outcomes Framework, 2025

4.9 At a ward level, Dalgarno ward has the highest proportion of young people with 17% of its residents aged 15 or below. Conversely, Royal Hospital represents the ward with the highest proportion of older adults (aged 65 and above), at 25%. These ward breakdown by age groups is shown in the Figure 4.3 below.

**Figure 4.3: Percentage of age groups by ward**



## Ethnicity and diversity

- 4.10 Often areas that have high diversity, also have higher levels of deprivation and health inequalities. NICE Guidance<sup>11</sup> highlights that community pharmacies can impact on health inequalities in several ways. For example, pharmacy staff often reflect the social and ethnic backgrounds of the community they serve making them approachable to those who may not choose to access other health care services. It recommends that they take into consideration how a patient's personal factors may impact on the service they receive, for example, their gender, identity, ethnicity, faith, culture, or any disability. It also recommends that community pharmacists make use of any additional languages staff members may have.
- 4.11 Nearly a third of Kensington and Chelsea residents are from an ethnic minority (36%), with Notting Dale ward having the largest proportion of those from an ethnic minority (56%). Conversely, Royal Hospital has the lowest proportion of ethnic minorities (22%).

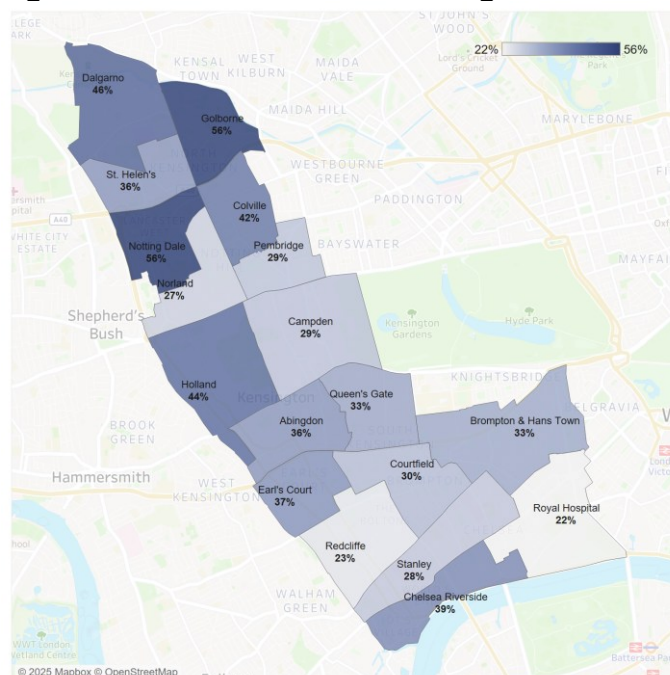
**Table 4.1: Proportion of RBKC population by ethnicity**

	Kensington and Chelsea	London	England
Asian or Asian British	12%	21%	9%
Black, Black British, Caribbean or African	8%	14%	4%
Mixed or Multiple ethnic groups	7%	6%	3%
White	64%	54%	82%
Other ethnic group	10%	6%	2%

Source: ONS, Census, 2021

<sup>11</sup> NICE guideline (2018) Community pharmacies: promoting health and wellbeing [NG102]

**Figure 4.4: Percentage of ethnic minorities in Kensington and Chelsea by ward**



Source: ONS, Census 2021

4.12 There are over 80 languages spoken in Kensington and Chelsea. French, Spanish and Italian are the most widely spoken main languages after English.

**Table 4.2: Proportion of main languages spoken in RBKC - Top 10**

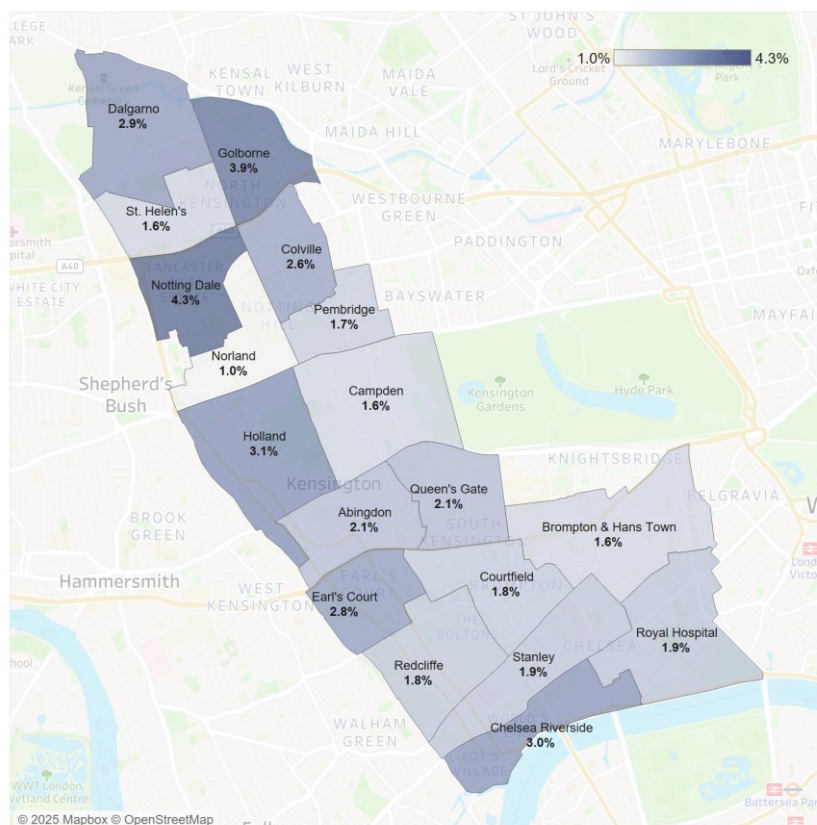
Main Language	Percentage of population
English	76.4%
French	3.4%
Spanish	2.6%
Italian	2.5%
Arabic	2.3%
Portuguese	1.3%
Russian	1.0%
All other Chinese	0.9%
Tagalog or Filipino	0.8%
German	0.7%

Source: ONS, Census 2021

4.13 Only 2.4% of the borough's populations report that they cannot speak English well or at all. The highest proportion of such residents is in Notting Dale ward, which corresponds to the ward with the highest proportion of ethnic minorities (Figure 4.5).



**Figure 4.5: Proportion of residents that cannot speak English well or at all by ward**



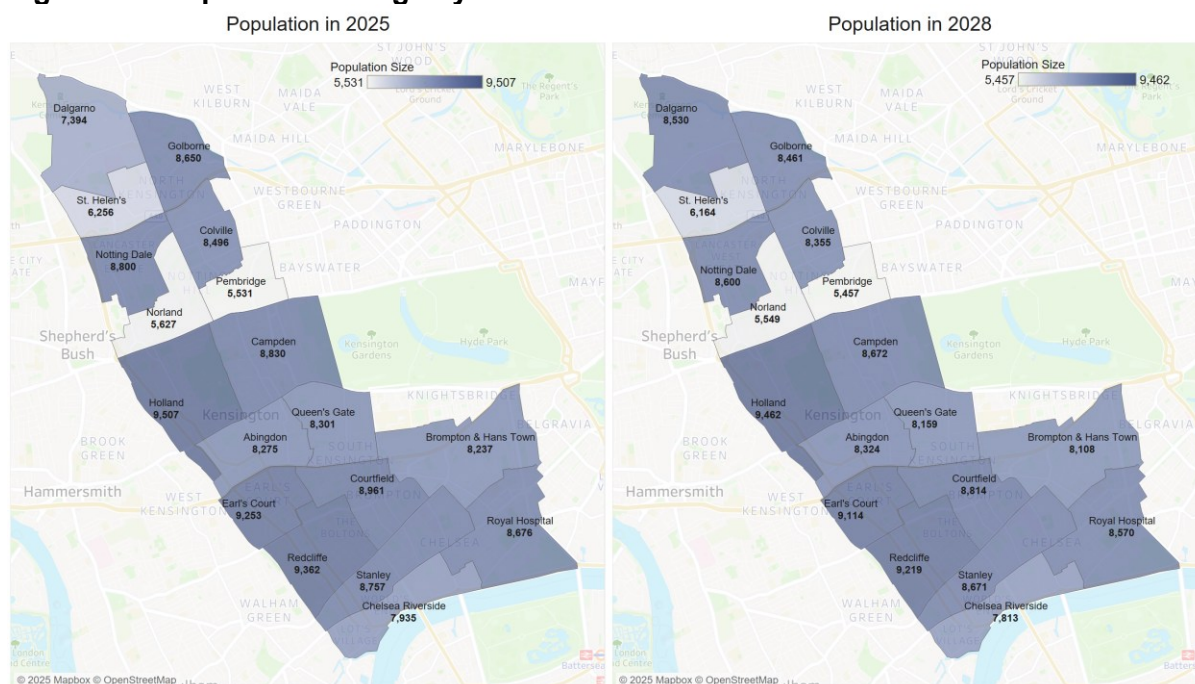
Source: ONS, Census 2021

## Population changes

### Population size projections

- 4.14 Any population increases sustained in the lifetime of this PNA need to be taken into consideration. Population increases will likely place increased demands on community pharmacy services with different population groups having different needs.
- 4.15 During the 2025-2028 PNA period, Kensington and Chelsea's population is expected to decrease by 0.5% to 146,042 (GLA, Housing-led projections, central fertility identified capacity). These projections are based on mid-year population estimates and assumptions such as births, deaths, and migration.
- 4.16 Dalgarno is expected to have the largest increase in population size, expanding from 7,394 in 2025 to 8,530 in 2028, a 15.4% increase (see Figure 4.6 and Table 4.1). Notting Dale on the other hand, is expected to experience a 2.3% decrease in its population size.

**Figure 4.6: Population change by ward - 2025 to 2028**



Source: GLA population projections

**Table 4.3: Projected population changes between 2025 and 2028 by ward**

Ward	2025	2026	2027	2028
Dalgarno	0.0%	4.4%	9.6%	15.4%
Abingdon	0.0%	0.2%	0.4%	0.6%
Holland	0.0%	-0.2%	-0.3%	-0.5%
Stanley	0.0%	-0.4%	-0.6%	-1.0%
Royal Hospital	0.0%	-0.5%	-0.8%	-1.2%
Pembroke	0.0%	-0.5%	-0.9%	-1.3%
Norland	0.0%	-0.4%	-0.9%	-1.4%
St. Helen's	0.0%	-0.6%	-1.0%	-1.5%
Earl's Court	0.0%	-0.5%	-1.0%	-1.5%
Redcliffe	0.0%	-0.6%	-1.0%	-1.5%
Chelsea Riverside	0.0%	-0.6%	-1.1%	-1.5%
Brompton & Hans Town	0.0%	-0.7%	-1.1%	-1.6%
Courtfield	0.0%	-0.7%	-1.3%	-1.6%
Colville	0.0%	-0.6%	-1.0%	-1.7%
Queen's Gate	0.0%	-0.7%	-1.2%	-1.7%
Campden	0.0%	-0.6%	-1.3%	-1.8%
Golborne	0.0%	-0.8%	-1.5%	-2.2%
Notting Dale	0.0%	-0.8%	-1.6%	-2.3%
<b>Total</b>	<b>0.0%</b>	<b>-0.3%</b>	<b>-0.4%</b>	<b>-0.5%</b>

Source: GLA population projections

### *Housing developments*

- 4.17 RBKC is projected to complete over 2,300 new dwellings during the PNA's lifetime (2024/25 to 2028/29). Chelsea Riverside, Brompton and Hans Town and Dalgarno wards are expected to have the greatest number of new housings completed during that period.

**Table 4.4: Housing trajectory by ward**

Ward	Dwellings
Chelsea Riverside	585
Brompton and Hans Town	494
Dalgarno	473
Earl's Court	245
Golborne	235
Abingdon	125
Stanley	86
Norland	25
St Helen's	18
Notting Dale	11
Pembridge	9
<b>Total</b>	<b>2,306</b>

Source: RBKC

- 4.18 At a site level, the largest sites are:

- West Cromwell in Brompton and Hans Town ward (462 dwellings)
- Lots Road Power Station in Chelsea Riverside ward (450 dwellings)
- Kensal Canalside in Dalgarno ward (390 dwellings)

### **Wider determinants of health**

- 4.19 There are a range of social, economic and environmental factors that impact on an individual's health behaviours, choices, goals and ultimately health outcomes. These are outlined in Fair Society, Healthy Lives: (The Marmot Review)<sup>12</sup> and later the Marmot Review 10 Years On<sup>13</sup>. They include factors such as deprivation, education, employment and fuel poverty.

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<sup>12</sup> Fair Society Healthy Lives (The Marmot Review):  
<http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

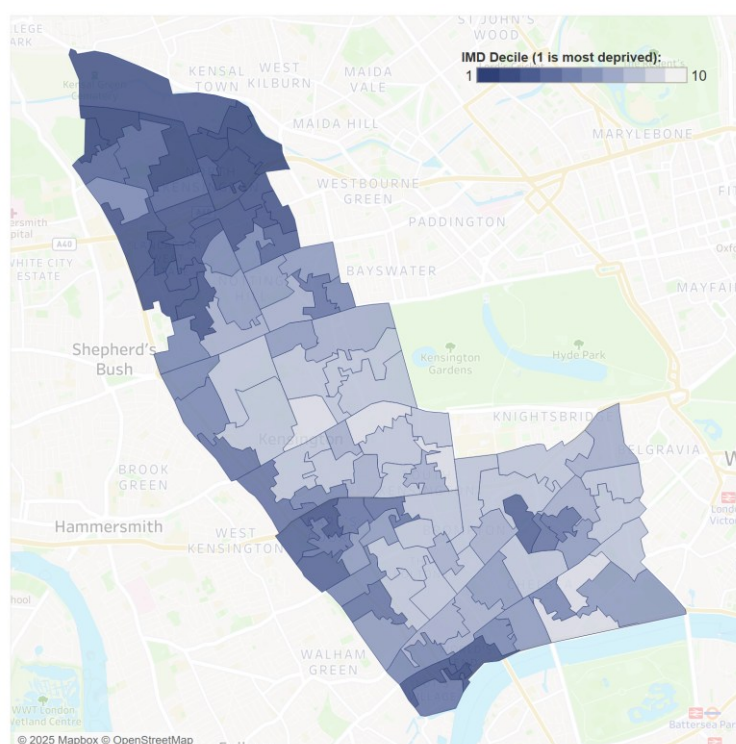
<sup>13</sup> Marmot Review 10 Years On (February 2020):  
<http://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on>



## Index of Multiple Deprivation

- 4.20 The Index of Multiple Deprivation (IMD) is a well-established combined measure of deprivation based on a total of 37 separate indicators that encompass the wider determinants of health and reflect the different aspects of deprivation experienced by individuals living in an area. The 37 indicators fall under the following domains: Income Deprivation, Employment Deprivation, Health Deprivation and Disability, Education, Skills and Training Deprivation, Barriers to Housing and services, Living Environment Deprivation and Crime.
- 4.21 RBKC is ranked 81<sup>st</sup> out of the nation's 151 upper-tier local authorities, where 1 is the most deprived.
- 4.22 Figure 4.7 shows deprivation deciles at LSOA level, highlighting that there are areas of high deprivation in the borough. 23 of the borough's 103 LSOAs are among the most deprived 20% in all of England (deprivation deciles of 1 or 2).
- 4.23 These are concentrated in the neighbourhoods of North Kensington, such as Golborne, Notting Dale and Dalgarno, which is considered the most deprived in London. These areas tend to have a large proportion of social housing.

**Figure 4.7: The Index of Multiple Deprivation deciles in Kensington and Chelsea by LSOA, 2019**



Source: Ministry of Housing, Communities & Local Government

### Other economic markers

- 4.24 The unemployment rate is 5.9%, similar to the London average of 5.0%. the average net annual income varies by area (with a range between £33,500 to £64,000).
- 4.25 Nearly 1 in 4 children are living in poverty. 4,650 children are eligible for free school meals.<sup>14</sup>
- 4.26 In 2022, 11.5% of people did not have enough income to **afford sufficient fuel**. This is lower than the regional and national rate of 10.4% and 13.1%, a decrease (OHID).

### Patient groups with specific needs

#### People affected by the Grenfell Disaster

- 4.27 The events of 14 June 2017 at Grenfell Tower were a disaster on an international scale. 72 people lost their lives, including 18 children. It was the largest loss of life to fire in the United Kingdom since the Piper Alpha disaster of 1988 and the worst fire in domestic premises since the Second World War. 371 residents from the Tower and the Walk lost their homes in the fire and hundreds of others were evacuated in the immediate aftermath. In addition to the immediate and profound impact on those most affected (including trauma, complex grief, and displacement), the impact of Grenfell was felt much more widely across the local community, across London and across the country in a way that reflected the scale and complexity of the tragedy. It raised fundamental issues about the state of social housing in the United Kingdom, inequality, social injustice, and the capacity of people who have power to listen to those who do not.
- 4.28 During the disaster, local pharmacists and the Local Pharmacy Committee worked alongside NHS England to implement an emergency response, ensuring that residents had immediate access to essential medicines. Pharmacies played a crucial role in supporting volunteer doctors with prescription drafting and collaborated with NHS 111 to authorise the supply of medicines to those affected.

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<sup>14</sup> Royal Borough of Kensington and Chelsea (Spring 2025). Creating a Greener, Safer and Fairer Kensington and Chelsea: Our Borough Story.

4.29 The 2024 Grenfell Joint Strategic Needs Assessment (JSNA) Refresh<sup>15</sup> highlights ongoing challenges, including persistent health inequalities, mental health concerns, and environmental anxieties. Although environmental monitoring has found no harmful contamination, residents continue to experience high levels of anxiety about potential health risks. The JSNA emphasises the need for culturally sensitive, patient-centred approaches to address these complex and evolving needs.

4.30 To support survivors, bereaved families, the immediate local community, and the broader population, the Royal Borough of Kensington and Chelsea's Grenfell JSNA Refresh 2024 outlines key recommendations. Among these are several that are particularly relevant to pharmacy services:

- Ensure the community living in the immediate area can access appropriate high quality mental and physical health services that take into account the impact of the Grenfell tragedy.
- Provide choice, flexibility, and control for families in deciding what support to access, when and how, including the need for a menu of different culturally appropriate options.
- Improve health equity by increasing the focus on preventive health interventions and proactively building health and wellbeing, acknowledging the impact of deprivation and financial poverty on health.
- A diverse range of ethnic groups were impacted by the Grenfell tragedy. Systems should recognise and respond to the structural disadvantage that is rooted in racism and discrimination. Particular consideration should be given to the steps taken to rebuild community trust and the cultural competency of any services provided.

4.31 Community pharmacies are uniquely positioned to support those that are affected by the Grenfell tragedy, given their local presence, accessibility and trusted role in health care. They can offer support beyond dispensing medicines to this group. For instance, they can signpost them to local support services for counselling, social prescribing and help with housing management. They can also provide private spaces that is safe and calm where people can talk sensitively about difficult issues. Additionally, through their awareness of religious and dietary restrictions, they can offer advice and answer questions on halal or vegetarian medicines.

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<sup>15</sup> Royal Borough of Kensington and Chelsea. (2024). *Grenfell JSNA Refresh 2024 – Summary Document*. Available at: <https://www.jsna.info/sites/jsna.info/files/Grenfell%20JSNA%20Refresh%202024%20-%20Summary%20Document.pdf>.

### **Day visitors – tourists and commuters**

- 4.32 There are approximately 250,000 daytime and nighttime visitors to Kensington and Chelsea, including tourists, shoppers and commuters.
- 4.33 Multilingual staff in some of the community pharmacies can help overcome language barriers especially with tourists.
- 4.34 The easy accessibility of community pharmacies and the late opening times of some of the pharmacies make it more attractive to visitors who may not know how to access GPs. This is because they can walk in to be attended to without the need for registration, booking or referral
- 4.35 Advanced services offered by community pharmacies such as the Pharmacy First service makes it possible for visitors who are registered with an NHS GP, even if elsewhere, to access this service free of charge and can be offered treatment for any of the seven conditions under the Pharmacy First clinical pathways provided they meet the criteria. Additionally, they can also receive urgent medicine supply through this service if they forget or lose their medicine.

### **Refugee/asylum seekers**

- 4.36 As of 30<sup>th</sup> September 2024, Kensington and Chelsea had a small number of asylum seekers and refugees, including 22 people under the Afghan Resettlement Programme, 907 under Homes for Ukraine, and 311 in Supported Asylum, totalling 1,240 individuals or 0.84% of the population (Home Office, Immigration System Statistics, 2024).
- 4.37 Pharmacies play an important role in supporting asylum seekers by serving as accessible, trusted points of contact with the healthcare system. They provide immediate healthcare assistance and help guide individuals toward further services, bridging gaps in access. Many pharmacies also offer interpreting services to overcome language barriers, ensuring asylum seekers can fully understand medical guidance and proper medication usage.

### **People who sleep rough**

- 4.38 It is estimated that four people sleep rough in Kensington and Chelsea on any given night (Ministry of Housing, Communities & Local Government, Rough Sleeping Data Framework, December 2024).

- 4.39 The impact of sleeping rough includes increased vulnerability, with rough sleepers facing heightened risks of physical and mental health problems and a lack of access to regular support services.
- 4.40 The Royal Borough of Kensington and Chelsea's Homelessness and Rough Sleeping Reduction Strategy 2020-2025<sup>16</sup> outlines its vision where their most vulnerable residents get the help they need when they need it, not when it is too late. Their priorities include:
- Preventing residents from becoming homeless and assisting them when they have become homeless
  - Providing suitable accommodation for homeless households
  - Reducing and working towards the elimination of rough sleeping
  - Working with partners to prevent homelessness earlier
- 4.41 Pharmacies play a vital role in supporting the health and well-being of people experiencing homelessness. As easily accessible services, often situated in areas with high levels of deprivation, pharmacies offer a crucial point of contact for marginalised groups, including those without stable accommodation or those dealing with substance misuse. Many individuals in these circumstances are more likely to seek help from a pharmacy than from a GP or other healthcare provider, as pharmacies provide a safe, confidential space for advice and support.
- 4.42 Pharmacists offer essential assistance in managing medications, promoting hygiene, providing sexual health services and vaccinations, and directing individuals to additional health and social care resources. They are also instrumental in harm reduction, offering advice, supplying clean needles to those who inject drugs, and providing supervised consumption services for individuals grappling with substance misuse issues.

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<sup>16</sup> Royal Borough of Kensington and Chelsea. (2020). *Homelessness and Rough Sleeping Strategy 2020-2025*.

### **Summary of the demographics of Kensington and Chelsea**

The Royal Borough of Kensington and Chelsea is a densely populated borough with a population estimate of 146,848. Ethnic diversity is a significant feature of RBKC, with 36% of residents from ethnic minority backgrounds. Population projections between 2025 and 2028 show an overall slight decline in residents, though Dalgarno ward is expected to grow by over 15%.

RBKC ranks 81<sup>st</sup> out of England's 151 upper tier local authorities for deprivation and showing lower employment rates than regional and national averages. Although fewer children live in low-income households compared to the London average, areas of disadvantage persist, influencing health outcomes and pharmacy demand.

Special attention is given to vulnerable groups such as Grenfell survivors, refugees/asylum seekers, and people experiencing homelessness. The Grenfell disaster's lasting impact has necessitated culturally sensitive and trauma-informed healthcare approaches. Pharmacies are crucial community touchpoints, especially for groups who may face barriers to accessing traditional healthcare services. Their accessibility and flexibility position them as essential in addressing inequalities and offering personalized, immediate support.

# Chapter 5 - Health needs

- 5.1** This chapter sets out the shared understanding of the health and wellbeing needs of residents in Kensington and Chelsea. These will be explored through ‘Borough Stories’, which are narratives that bring together data and lived experience to highlight local needs and priorities.
- 5.2** The data explored in this chapter is from the Kensington and Chelsea Borough Stories<sup>17</sup> or Office for Health Improvement & Disparities (OHID), Public Health Profiles, unless otherwise stated.

## Place

### Life expectancy and healthy life expectancy

- 5.3** Life expectancy is a statistical measure predicting the average number of years a person is expected to live for. Healthy life expectancy predicts how much of their life an individual can expect to live in good health, accounting for age-specific mortality rates and the prevalence of good health in their area.
- 5.4** Life expectancy in the borough for males at birth (2021-23) in the borough is 81.5 and 86.5 for females. This is the highest life expectancy for males and second highest for females when compared to all other London boroughs.
- 5.5** However, life expectancy varies widely across the borough, with some wards having a much lower life expectancy than others. For example, men can expect to live 17 years longer in Queen’s Gate ward than in Notting Dale, whilst women in Holland ward live approximately 18 years longer than those in Notting Dale (JSNA, 2024).
- 5.6** **Residents spend around a fifth of their lives in poor health.** Healthy life expectancy at birth is the average number of years an individual should expect to live in good health, considering age-specific mortality rates and prevalence for good health in their area. The healthy life expectancy for males in the borough is 67.7, while for females it is 68.4 (2021-23). This is the second highest for both males and females

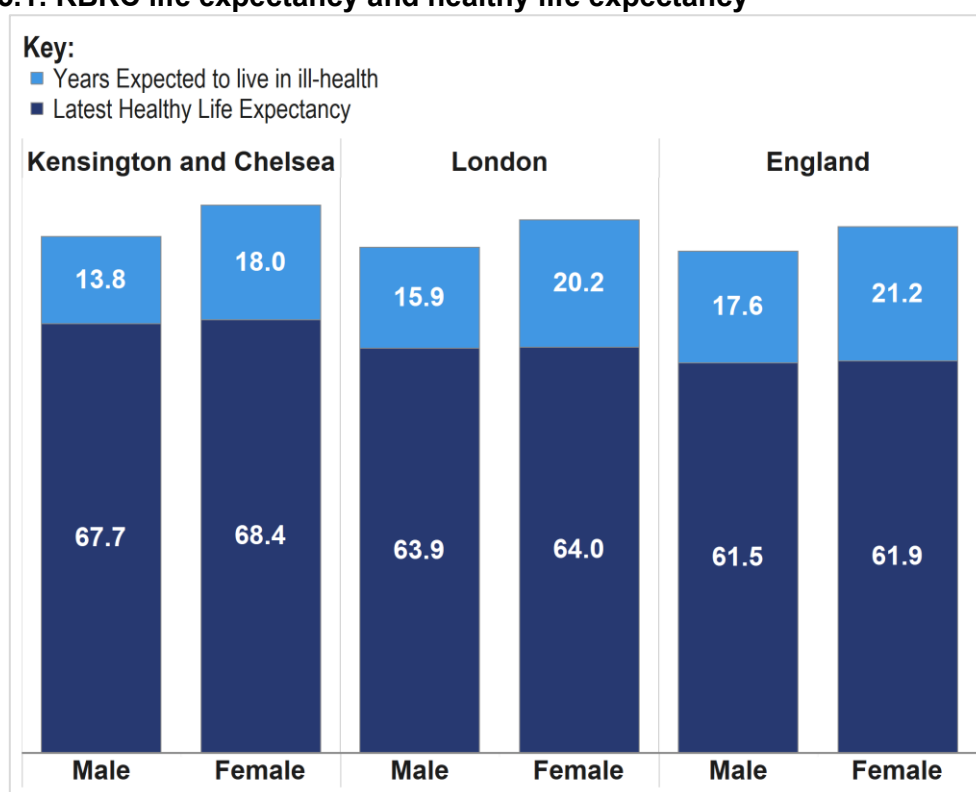
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<sup>17</sup> Royal Borough of Kensington and Chelsea (Spring 2025). Creating a Greener, Safer and Fairer Kensington and Chelsea: Our Borough Story.



when compared to other London boroughs. Furthermore, it is significantly higher than the average healthy life expectancy when compared to England as a whole.

**Figure 5.1: RBKC life expectancy and healthy life expectancy**



## Start well

- 5.7 Supporting people to start well involves considering factors during pregnancy, childhood, and adolescence that affect physical and emotional health, recognising their lasting impact into adulthood.
- 5.8 **Over 1 in 3 are overweight by age 11.** Childhood obesity can have significant impact on health outcomes, by increasing blood lipids, glucose intolerance, risk of Type 2 diabetes, hypertension, liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and risk of psychological problems such as social isolation, low self-esteem, teasing and bullying. At the start of primary school (ages 4-5), 23% of children are classified as overweight or obese, increasing to 34% by the time they leave (ages 10-11). Rates vary by ward, with children in Golborne being three times more likely to be overweight than those in Campden. Additionally, children with obese parents have a higher likelihood of obesity themselves, underscoring the challenges of helping families achieve and maintain a healthy weight. At age 10-11, boys are more

likely to be at an unhealthy weight, as well as children who identify themselves as being from Black, Mixed or Other ethnic groups.

- 5.9 **Over 1 in 3 children have not received two doses of the measles, mumps and rubella (MMR) immunisation:** In 2023/24, nearly two thirds (64%) children aged 5 years old had received two doses of the MMR vaccine in RBKC, compared to 73% for the London region. This is significantly lower than the England rate of 84%.
- 5.10 **1 in 4 five-year-olds have decayed teeth.** A common cause of hospital admissions has been associated with decayed teeth, with 1 in 4 five-year-olds having one or more decayed, filled or missing teeth (24%). Whilst the majority of dental appointments are for check-ups only, over 1 in 3 include a mid-range treatment such as fillings, with a 1 in 20 requiring urgent treatments.
- 5.11 **1 in 5 children and young people are living with mental health needs.** Around 6,900 children and young people in the Borough have mental health needs, however, a rising use of services indicates that the proportion of children with mental health needs is increasing.<sup>18</sup>
- 5.12 Community pharmacies play a crucial role at the start well stage. They do this through various avenue to support maternal health and pregnancy. For instance, they offer confidential advice and signposting to midwives or GPs, given that they are often the first point of contact for those who suspect they are pregnant. They also ensure access and provision of vitamins and supplements such as folic acid and vitamin D to expectant mothers, provide advice on colic, teething and over the counter medicines as well as offering treatment for common childhood issues such as ear infections and nappy rash. Additionally, they can provide advice on diet and medication safety during pregnancy, guide parents on dosages and safe storage of medicines and offer targeted support to pregnant women and their partners to quit smoking.
- 5.13 Some community pharmacies offer childhood immunisations and can help educate parents on NHS immunisation schedules and can also be an approachable first stop for new parents who may be dealing with post-natal depression or anxiety.

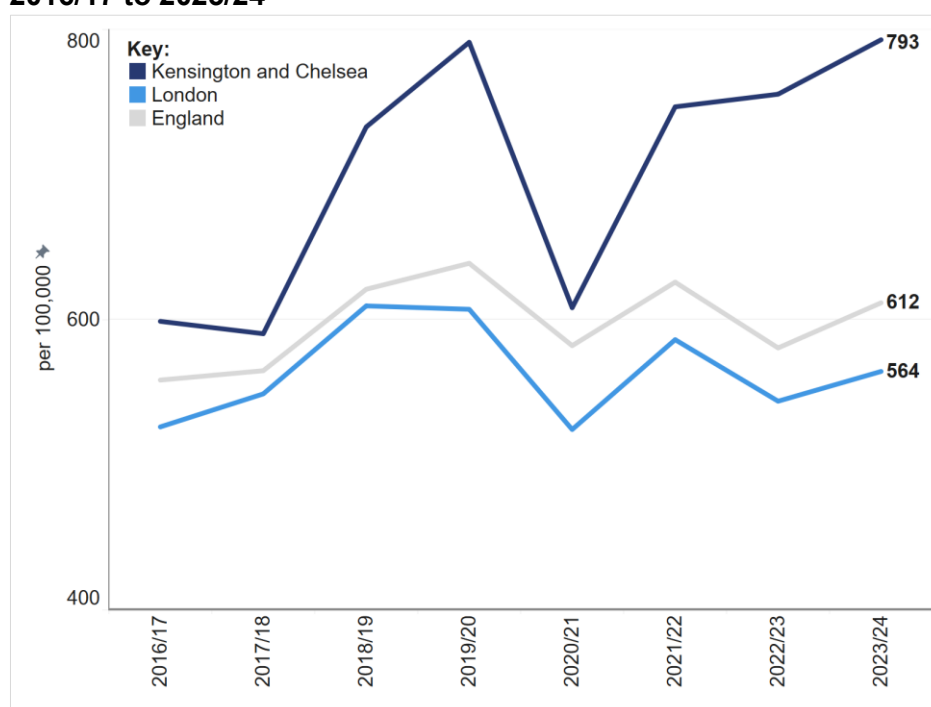
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<sup>18</sup> Royal Borough of Kensington and Chelsea (Spring 2025). Creating a Greener, Safer and Fairer Kensington and Chelsea: Our Borough Story.

## Live well

- 5.14 Health and wellbeing in the borough are shaped by social, economic, and environmental factors, leading to significant health inequalities.
- 5.15 **Over 2 in 5 adults are overweight or obese.** In 2022/23, 8600 of adults are diagnosed obese in Kensington and Chelsea, with over 1 in 5 residents considered to be inactive. Obesity rates are nearly three times higher amongst residents from a Black ethnic background than those from a White background. Overall, obesity rates within the borough are lower (45.8%) than that of London (57.2%) and England (64%).
- 5.16 **1 in 9 adults' smoke.** Across the borough, higher rates of smoking are observed within deprived areas. Most likely to smoke are those who identify themselves as from Mixed White and Black Caribbean ethnic backgrounds, people with mental health conditions and people in treatment for drugs or alcohol. Smoking prevalence in adults (aged 18 and over) who are considered current smokers is 10.7% for Kensington and Chelsea. This is lower when compared to London (11.7%) and England (11.6%) (2023 data). Notably, the borough has a high rate of smoking cessation success, with 5,391 per 100,000 smokers quitting at four weeks (2022/23 data), significantly higher than both the London (1,540) and England (1,620) averages.
- 5.17 Smoking-related harm is significant, costing the borough an estimated £144 million annually.
- 5.18 **2 in 5 residents drink more than is recommended.** In 2023/24, an estimated 4,370 residents aged 18 and over in Kensington and Chelsea were identified as being at high risk of alcohol-related health issues. During the same period, the borough recorded 793 alcohol-specific hospital admissions per 100,000 residents, the fourth highest rate across all London boroughs. Although this admission rate is lower than the England average, which stands at 1,713 per 100,000 (Figure 5.2).

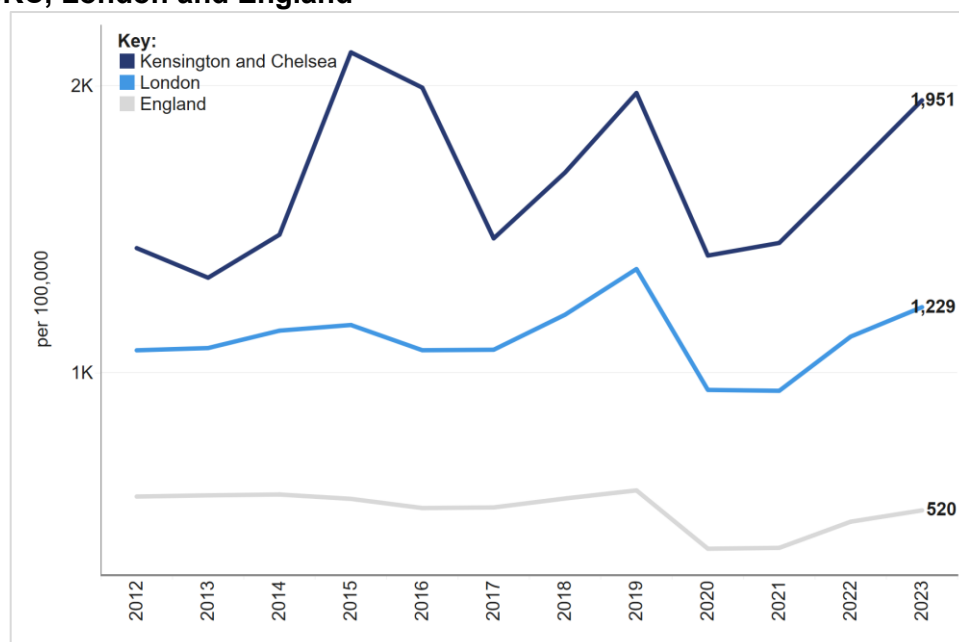
**Figure 5.2: Admission episodes for alcohol-specific conditions in RBKC, London and England, 2016/17 to 2023/24**



- 5.19 Evidence shows that a person in mid-life who smokes, drinks excessively, and is physically inactive is four times more likely to die within the next decade than someone who engages in none of these behaviours.
- 5.20 **Drugs and substance use.** Between 2021 and 2023, the borough recorded 5.1 deaths per 100,000 from drug misuse, ranking it the 9th highest in London. This mortality rate is higher than the London average of 3.8 per 100,000 but comparable to the England average of 5.5 per 100,000.
- 5.21 In 2023, the successful completion rate of drug treatment in the borough was 11.4% for opiate users, more than double the rate for London (5.2%) and England (5.1%). For non-opiate users, the completion rate was 30.1%, which is also higher than both the London average (28.0%) and the England average (29.5%).
- 5.22 In 2022/23, 68.3% of people entering drug treatment in Kensington and Chelsea were identified as having a mental health treatment need and were receiving mental health support. This is slightly lower than the London average of 70.3%, but significantly higher than the England average of 51.5%.
- 5.23 **Sexual health.** In 2023, a total of 2,850 new sexually transmitted infections (STIs) were diagnosed in Kensington and Chelsea. This is a rate of 1,951 per 100,000 population (figure 5.3), which places the borough as the eighth highest across all

London boroughs and ninth highest in England for new STI diagnoses. STIs include syphilis, HIV, gonorrhoea, and chlamydia.

**Figure 5.3 New STI diagnoses (excluding chlamydia aged under 25) per 100,000 for RBKC, London and England**



5.24 In 2023, the chlamydia detection rate among 15 to 24-year-olds was 1,547 per 100,000, significantly higher than the London average of 1,397 and the England average of 1,042 per 100,000.

5.25 The under-18 conception rate in 2021 was 6.1 per 1,000, which is lower than the London rate of 9.5 per 1,000 and the England rate of 13.1 per 1,000 (2021 data). Kensington and Chelsea ranks as the 10th lowest borough in England for under-18 conceptions.

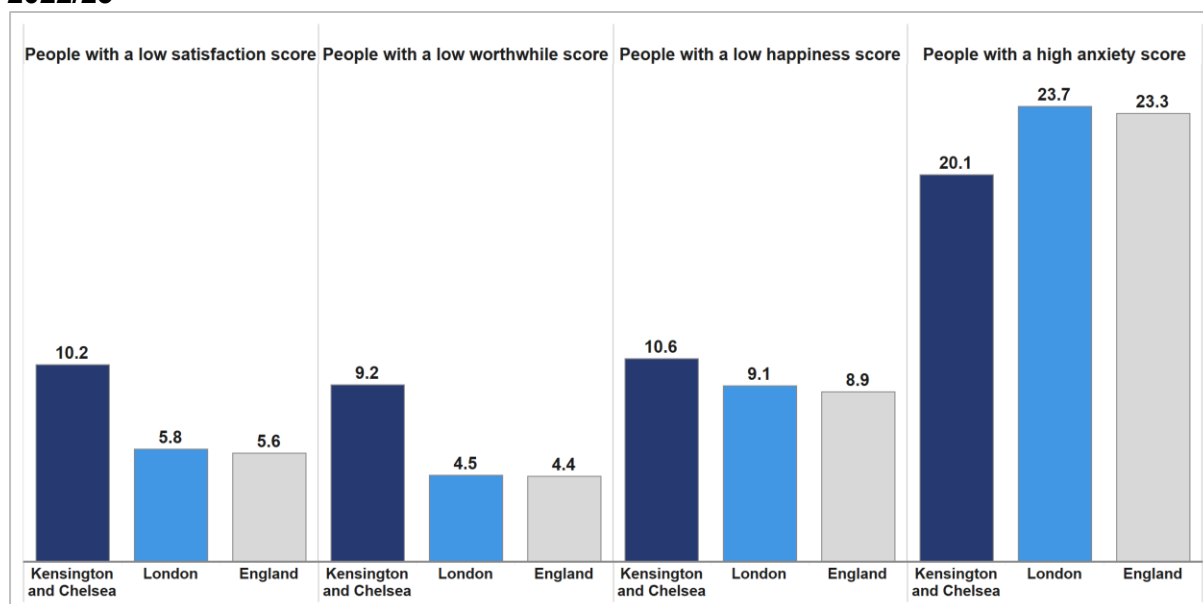
5.26 **One in five residents (20%) report feeling high levels of anxiety.** The ONS dataset 'Personal well-being estimates by Local Authority' uses four measures to assess personal wellbeing:

- Life satisfaction
- Feeling the things done in life are worthwhile
- Happiness
- Anxiety

5.27 Figure 5.4 below presents the results from the latest survey wave (2022-23), showing the percentage of respondents scoring low for each indicator. From this, Kensington

and Chelsea has similar results to London region and England for Anxiety, Happiness, Life Satisfaction and Worthwhileness.

**Figure 5.4: Personal wellbeing scores in RBKC, London region and England. May 2022/23**



- 5.28 A local Citizen Panel survey found that feeling satisfied with life, motivated and optimistic was lower for people from an ethnically diverse background, females and those under 60. One in 12 have a GP diagnosis of depression; this is more common among residents identifying as from a Black and Black British or Mixed (particularly Caribbean) background, and those living in more deprived areas. Rates of suicide in the borough are similar to the average for England and Wales. On average, 14 residents take their life each year.
- 5.29 **3 in 10 residents have a long-term condition.** More than 30% of residents in the borough live with one or more long-term health conditions. This percentage rises with age and is significantly higher among those in more deprived areas. Residents from Black ethnic backgrounds experience disproportionately higher rates of certain conditions - hypertension is twice as common, whilst diabetes and obesity occur at three times the rate compared to White residents. Despite these challenges, the borough ranks among the top 10 in London for NHS Health Check uptake, with 57% of eligible residents attending their check every five years.
- 5.30 The rising cost of living exacerbates these health challenges, impacting both mental and physical well-being. Residents highlight the need for more community-based activities and accessible health support services to address these issues.

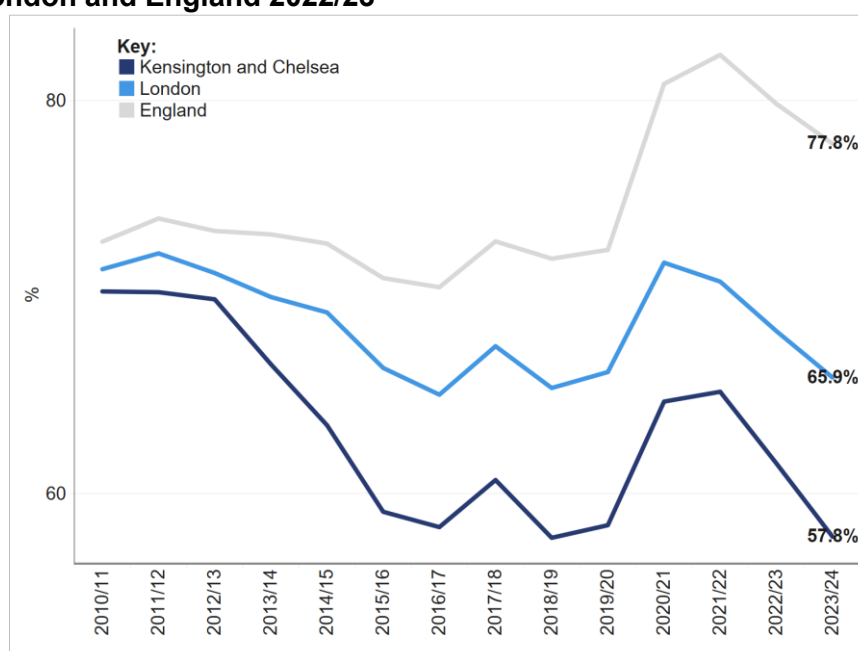
- 5.31 Community pharmacies are key players at the live well stage due to their easy accessibility in the community. They can support people to live well through the various services they offer to help manage long term conditions. This includes services such as the New Medicines Service which ensures that patients with conditions such as asthma, diabetes or hypertension understand and manage their medications effectively; blood pressure monitoring which helps early detection and ongoing support.
- 5.32 Community pharmacies can promote healthy lifestyles through (smoking cessation services, weigh management and offering advice on alcohol), offer preventive health services (such as vaccinations, health checks and encouraging cancer screening as well educating on recognising of red flags) and offer mental health support (through spotting early signs of stress, anxiety or depression and signposting to GPs, talking therapies or Crisis teams).

## Age well

- 5.33 As the borough's population ages, health and social care needs are becoming more complex. Many older residents face long periods of poor health, social isolation, and limited access to essential services. Addressing these challenges requires a focus on early diagnosis, preventative healthcare, and strong community support.
- 5.34 **Aging population:** The number of residents aged 65+ (currently 21,800) is expected to grow by nearly 40% in the next 20 years, with 25% from Black, Asian, or Other ethnic minority backgrounds.
- 5.35 **1 in 12 older residents live with dementia.** Approximately 1,700 people in the borough are estimated to be living with dementia. The estimated dementia diagnosis rate (aged 65 and older) for the borough is 58.5 per 100. This is significantly lower than London (67.0 per 100) and 64.8 per 100 in England. This is the 5<sup>th</sup> lowest diagnosis rate across the boroughs. Diagnosed prevalence is highest amongst residents from Black or Black British backgrounds.
- 5.36 **Social isolation:** Nearly a third of older residents live alone, and 1 in 5 is digitally excluded, making it harder to access services and stay socially connected. Major life events like retirement, illness, or losing a spouse contribute to loneliness.
- 5.37 **Care needs:** Around 7,800 adults over 65 need help with at least one self-care activity. Over 2,300 residents provide 50+ hours of unpaid care per week.

- 5.38 **Screening and vaccinations:** Cancer screening rates (breast, cervical, bowel) are among the lowest in the country, particularly for those with mental health needs. In 2023/24, bowel cancer screening for those aged 60-74 years old is 61.0%. This is lower than London's rate of 63.8% and England's 71.8%. Cancer screening for breast cancer is 45.8% which is significantly lower than London (61.5%) and England (69.9%). This is the lowest when compared to all other boroughs.
- 5.39 In 2023/24 57.8% of those aged 65 and older received the flu vaccination (figure 5.5). This is lower than both London (65.9%) and England (77.8%) and then national target of 75%. It is also the 4<sup>th</sup> lowest of the boroughs within London.

**Figure 5.5: Population vaccination coverage for flu (aged 65+) for Kensington and Chelsea, London and England 2022/23**



- 5.40 **End of Life Care:** In 2023, 840 residents died, mainly from cancer (30%), cardiovascular disease (25%), respiratory disease (11%), or dementia (8%). Nearly a third died at home, but many had emergency hospital admissions in their final months.
- 5.41 Community pharmacies are strategically placed to help older adults age well through supporting them in the safe and effective use of their medicines. They can help older adults manage multiple medications by providing tools such as blister packs and other reminder systems that can help improve adherence as well as working with their GPs to deprescribe unnecessary or potentially harmful medicines.
- 5.42 Furthermore, community pharmacies can help to reduce the incidence of falls in the elderly by reviewing medicines that can cause dizziness and offering vitamin D and



other bone health supplements as well as offering advice on healthy eating. They can work with their carers so ensure that there are no disruptions in the provision of their prescribed medicines as well as signposting to social care or other community-based support groups when necessary.

### Health and wellbeing challenges<sup>19</sup>

5.43 In August 2024, the 'Joint Strategic Needs Assessment' outlined 5 key health and wellbeing challenges. These challenges are summarised below:

- Tackling health inequalities and reducing the gap in life expectancy
- Recognition of many people living longer in a poor state of health
- Prevalence of obesity being high in both children and adults
- Recognition of the importance of mental health and wellbeing across the life course
- Screening and immunisation rates are among the lowest in the country

#### Summary of health needs

Overall, the people of Kensington and Chelsea enjoy a good level of health. They have a higher life expectancy, and a similar healthy life expectancy to the rest of the population in London and England.

In general, the health and behaviour markers of Kensington and Chelsea residents across the life stages are similar to London region and England as a whole. Community pharmacies continue to be a key asset, helping residents manage conditions and access health services. In August 2024, the 'Joint Strategic Needs Assessment' highlighted 5 key health and wellbeing challenges for Kensington and Chelsea. They address inequalities in life expectancy and healthy life expectancy, obesity in children and adults, mental health and wellbeing and screening and immunisation rates.

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<sup>19</sup> JSNA (2024). *Creating a Greener, Safer and Fairer Kensington and Chelsea: Our Borough Story*. Available here: [Borough Stories | Joint Strategic Needs Assessment](#)

## Chapter 6 - Patient and public survey

- 6.1 To understand patient and public views on the use of pharmacies in Kensington and Chelsea, a survey was developed and shared widely across the borough between 7th and 21st February 2025. This survey explored how residents, workers and students use and experience accessing local pharmacy services.
- 6.2 The survey also captured protected characteristics of respondents. A “protected characteristic” is a characteristic listed in section 149 (7) of the Equality Act 2010. These protected characteristics include age, ethnicity, gender, pregnancy and/or breastfeeding, sexual orientation, employment status, relationship status, and disability status.
- 6.3 The survey was approved by the PNA Group for use with the local population of Kensington and Chelsea prior to dissemination.
- 6.4 The findings of the survey and equality impact assessment are presented in the following chapter.

### **Kensington and Chelsea engagement strategy**

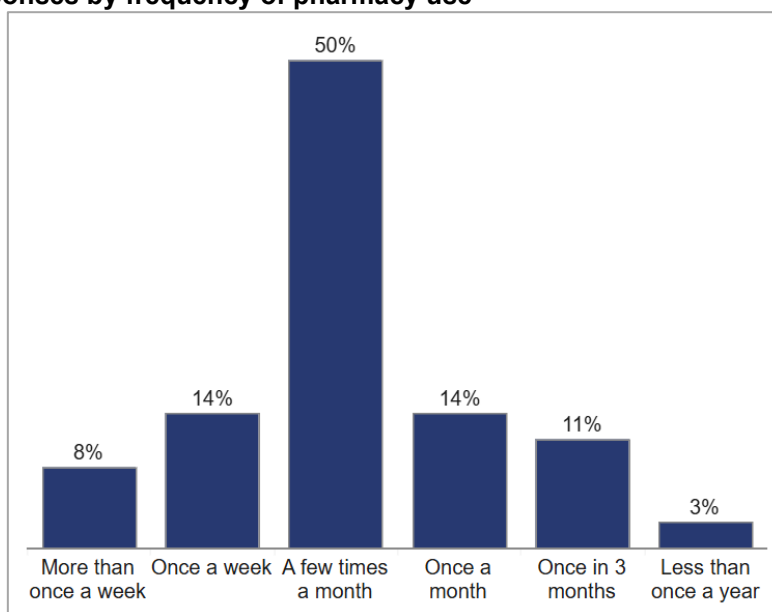
- 6.5 Working closely with the steering group and RBKC Communications Team, the survey was promoted through a variety of channels. It was shared in the RBKC schools’ bulletin, with NHS partners, libraries and voluntary sector organisations. Healthwatch also promoted the survey through their mini blog and their local community groups.
- 6.6 In total, the survey was completed by 37 residents, workers and students of Kensington and Chelsea.
- 6.7 This is a small sample size of the population and therefore not a representative sample. The findings do provide some insights on local views to pharmacy provision, however there are limits to the conclusions that can be made from this analysis.

### **Results of the public survey**

- 6.8 Pharmacies are well used by respondents in RBKC. Half of respondents (50%) reported that they used their pharmacy a few times a month, 14% stated once a month,

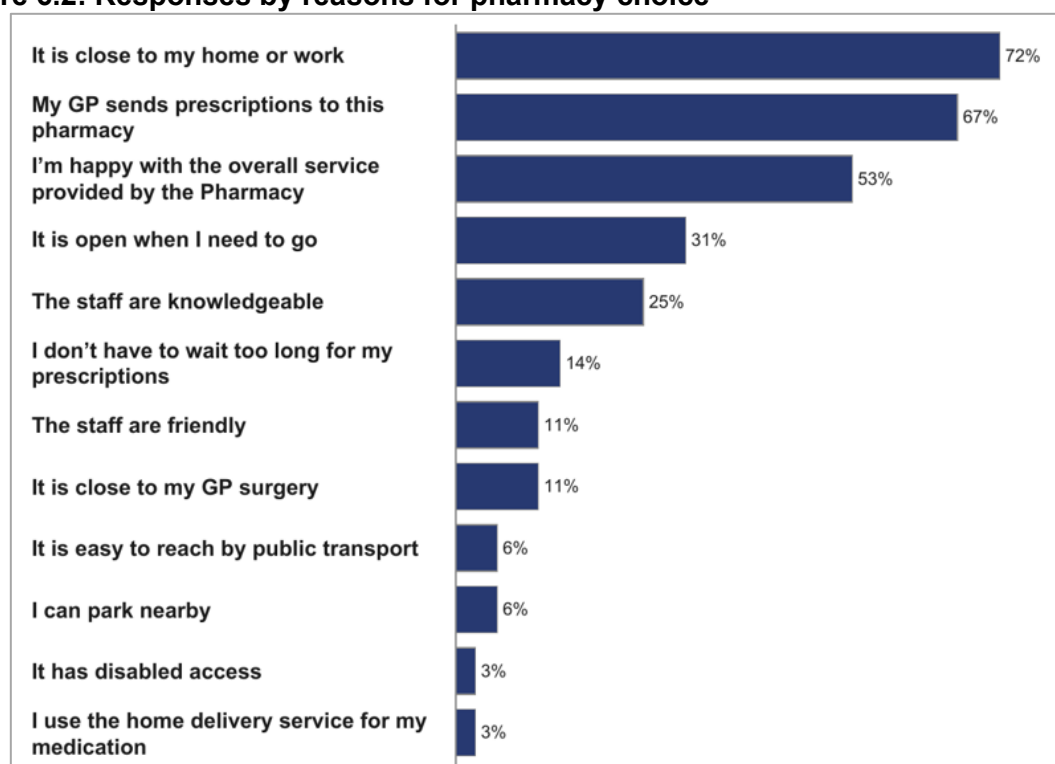
14% used it once a week, 11% once every 3 months, 8% more than once a week, and only 3% less than once a year (Figure 6.1).

**Figure 6.1: Responses by frequency of pharmacy use**



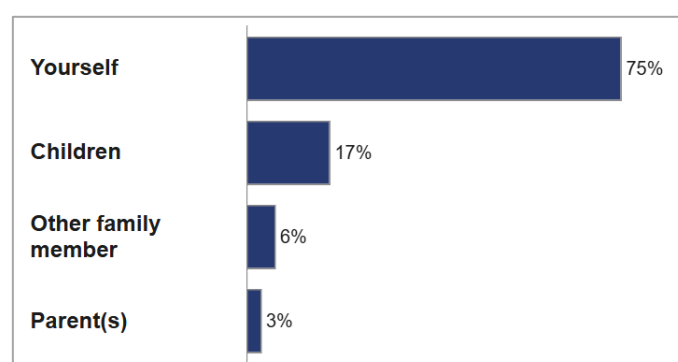
6.9 When asked to provide the top three reasons they chose their particular pharmacy, nearly three quarters (72%) responded that it was close to their home or work, two thirds (67%) reported that it was because it was where their GP sent their prescriptions to, over half (53%) are happy with the overall service provided, nearly a third (31%) reported that it is open when they need to go and a quarter (25%) felt that the staff were knowledgeable (Figure 6.2).

**Figure 6.2: Responses by reasons for pharmacy choice**



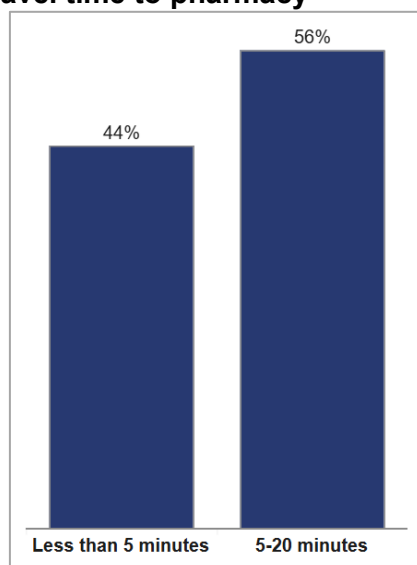
6.10 Three quarters (75%) of respondents reported that they primarily use a pharmacy for themselves, 17% primarily use a pharmacy for their children, 6% for another family member and 3% for their parent(s) (Figure 6.3).

**Figure 6.3: Responses by whom the pharmacy is primarily used for**



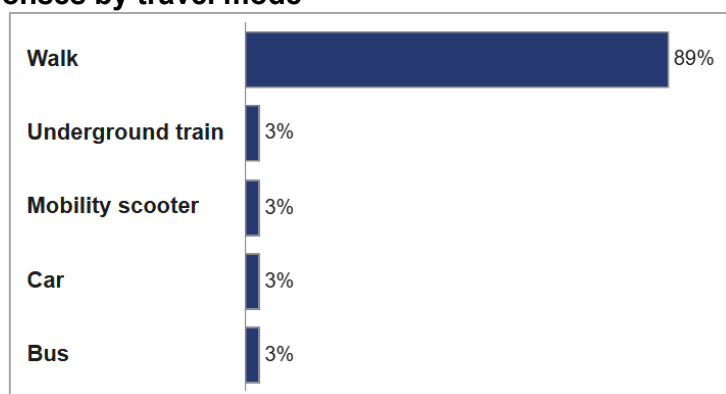
6.11 All respondents could reach their pharmacy in 20 minutes or less. Most respondents (56%) could reach their pharmacy in between 5 and 20 minutes, with the remaining 44% saying it takes them less than 5 minutes (Figure 6.4).

**Figure 6.4: Responses by travel time to pharmacy**



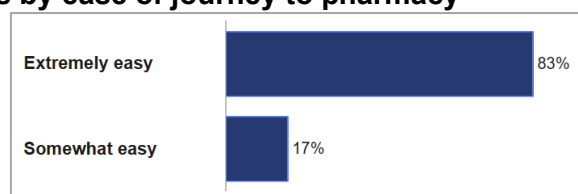
6.12 The vast majority of respondents (89%) walk to their pharmacy, 3% travel by underground train, 3% use a mobility scooter, 3% use a car and 3% travel by bus (Figure 6.5).

**Figure 6.5: Responses by travel mode**



6.13 Respondents were unanimously happy with their journey to their pharmacy, with the majority of respondents (83%) finding the journey to reach their pharmacy extremely easy and a further 17% finding it somewhat easy (Figure 6.6).

**Figure 6.6: Responses by ease of journey to pharmacy**



6.14 There was no clear preference for when respondents would rather use their pharmacy. Half the respondents (50%) did not have a preference for whether they visit their pharmacy on a weekday or weekend, while 44% preferred to go on a weekday and only 6% preferred to go on a weekend (Figure 6.7). When asked what time of the day they usually go to their pharmacy, 29% had no set time, 29% between 9am-12pm, a fifth (20%) between 12-3pm, 11% between 3-6pm and a further 11% between 6-9pm (Figure 6.8).

Figure 6.7: Responses by preferred day for pharmacy use

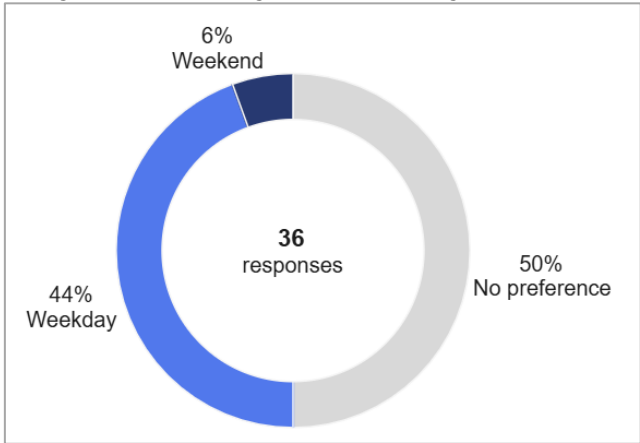
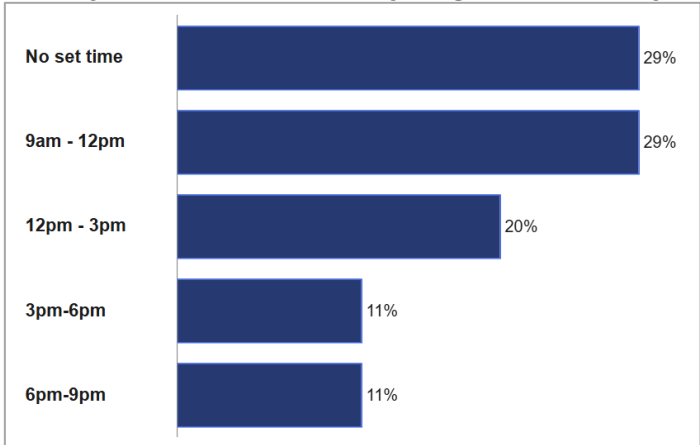
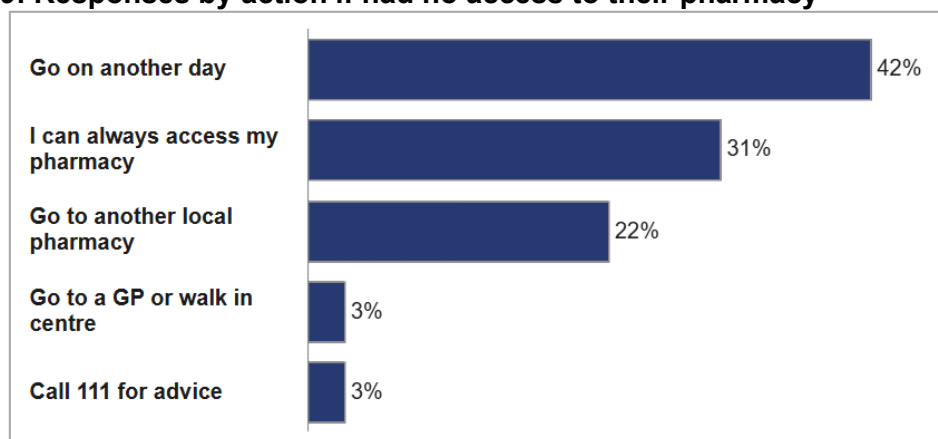


Figure 6.8: Responses by preferred time of day to go to pharmacy, 2025



6.15 When asked what they would do if they could not access their pharmacy, 42% would go on another day, nearly two thirds (31%) report that they can always access their pharmacy, over a fifth (22%) would go to another pharmacy, a small number (3%) would go to a GP or walk-in centre and a further 3% would call 111 for advice (Figure 6.9).

**Figure 6.9: Responses by action if had no access to their pharmacy**



6.16 In comments left in the public and patient survey, RBKC respondents were generally positive about the services available at their pharmacy, although suggestions were made for additional services that could be provided:

- Covid-19 and flu vaccinations
- Cholesterol and blood pressure checks
- Height and weight checks

## Equality impact assessment

6.17 This section examines the patient and public survey responses by different groups representing protected characteristics to understand similarities and differences between groups.

### Age

6.18 To understand any differences between age groups, we compared differences between those aged 65 and under (n=21) and individuals aged over 65 (n=14).

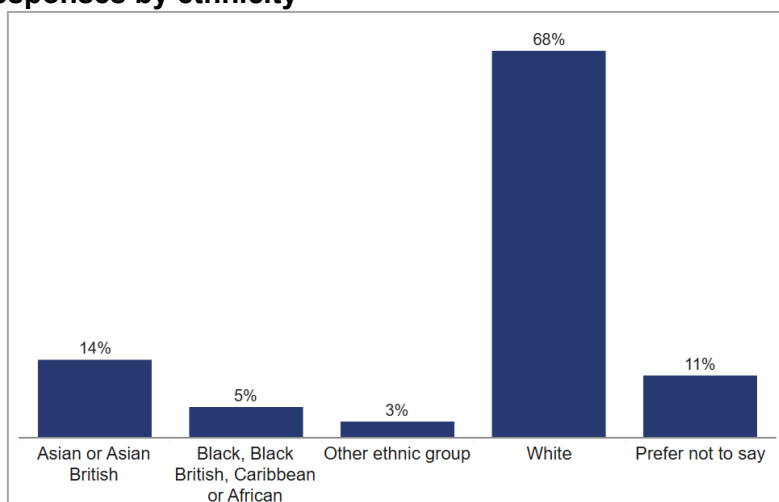
6.19 Those aged under 65 were more likely to use a pharmacy a few times a month (57%), were more likely to choose their pharmacy because it is close to their home or work (90%) and were more likely to use their pharmacy primarily for their children (29%).

6.20 Those aged over 65 were more likely to have no preference for visiting their pharmacy on either a weekday or weekend (71%).

## Ethnicity

- 6.21 Over two thirds (68%; n=25) respondents were from White ethnic groups, 14% (n=5) from Asian or Asian British ethnic groups, 11% (n=4) preferred not to say, 5% (n=2) were from Black, Black British, Caribbean or African ethnic groups and 3% (n=1) were from Other ethnic group (Figure 6.10).

**Figure 6.10: Responses by ethnicity**



- 6.22 There were no differences between ethnic groups in access to or use of pharmacies.

## Gender

- 6.23 Respondents were asked what sex they were born with. The majority (81%; n=30) were born as female, 14% (n=5) were registered as male and 5% (n=2) preferred not to say. Respondents were also asked how they would describe their gender identity, with over three quarters (78%; n=29) identifying as female, 14% (n=5) identifying as male and 8% (n=3) preferring not to say. No respondents reported that they were Trans or had a Trans history.
- 6.24 Those identifying as men were more likely to choose their pharmacy because they are happy with the overall service provided (100%) and were more likely to prefer to visit their pharmacy on a weekday (80%) and between 9am-12pm (60%).

## Pregnancy and breastfeeding

- 6.25 When asked if they were currently or recently pregnant and/or currently breastfeeding, 9% (n=3) reported that they were currently or recently pregnant and 6% (n=2) were currently breastfeeding.
- 6.26 Those who were currently or recently pregnant were less likely to choose their pharmacy because it is where their GP sends their prescriptions (33%) but were more



likely to choose their pharmacy because it is close to their GP surgery (67%) and they can park nearby (67%) and were more likely to have no set time for when they like to visit their pharmacy (67%).

- 6.27 There were no differences between those who were and were not breastfeeding in access to or use of pharmacies,

### Employment status

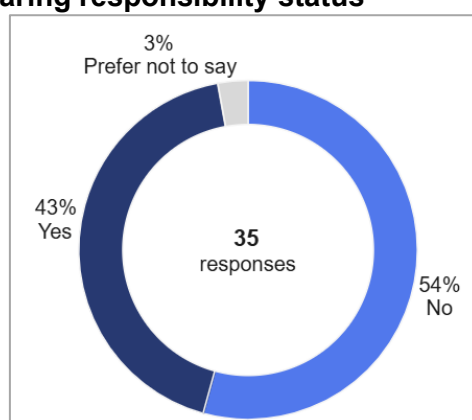
- 6.28 Employment status was grouped into those who were in employment and those who were not. Nearly half (49%; n=18) were in employment, 43% (n=16) were not in employment and 8% (n=3) preferred not to say.

- 6.29 There were no differences between employment groups in access to or use of pharmacies.

### Caring responsibilities

- 6.30 Over half (54%; n=19) did not have caring responsibilities, whilst 43% (n=15) did and 3% preferred not to say (n=1) (Figure 6.11).

**Figure 6.11: Responses caring responsibility status**



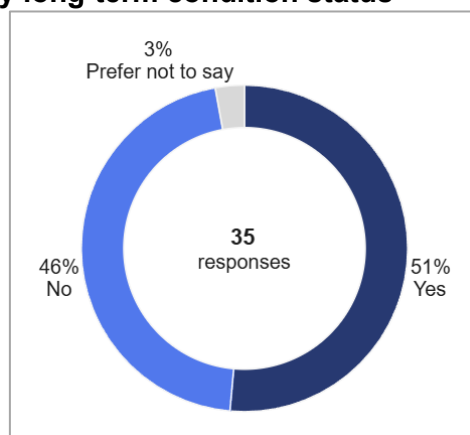
- 6.31 Those with caring responsibilities were more likely to choose their pharmacy because it is close to their home or work (87%), were less likely to primary use a pharmacy for themselves (47%) and were more likely to have no set time for when they usually visit their pharmacy (47%).

### Long-Term Conditions

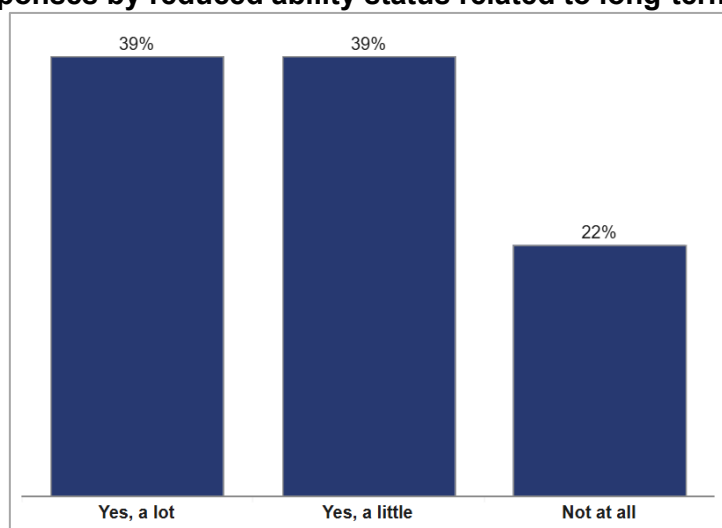
- 6.32 Over half (51%; n=18) respondents had a long-term physical or mental health condition or illness, whilst 46% (n=16) did not and 3% (n=1) preferred not to say (Figure 6.12). A large proportion (39%; n=7) of these respondents stated 'yes, a lot'

when asked if their condition or illness reduces their ability to carry out day-to-day activities, a further (39%; n=7) responded 'yes, a little' and over a fifth (22%; n=4) responded with 'not at all' (Figure 6.13).

**Figure 6.12: Responses by long-term condition status**



**Figure 6.13: Responses by reduced ability status related to long-term condition**

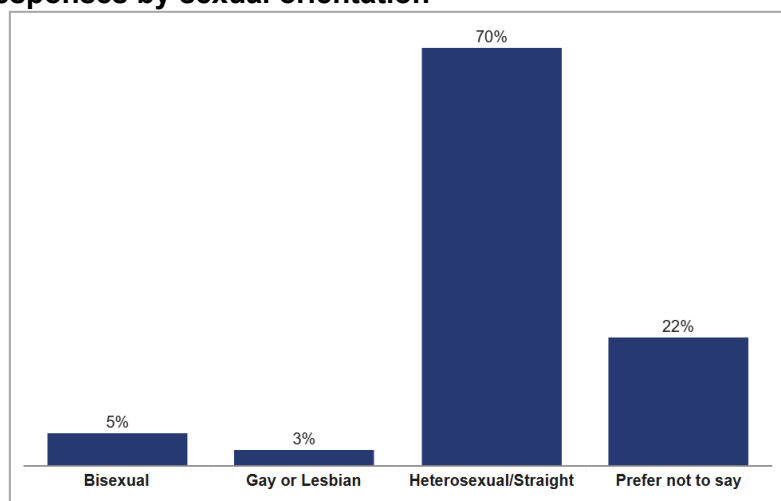


- 6.33 Those who responded 'not at all' to having a reduced ability related to a long-term condition were less likely to visit their pharmacy a few times a month (25%), were less likely to choose their pharmacy because it is close to home or work (25%) but were more likely to choose their pharmacy because it is open when they need to go (75%).

### **Sexual orientation**

- 6.34 The majority of respondents (70%; n=26) identified as heterosexual/straight, with 22% (n=8) preferring not to say, 5% (n=2) identified as bisexual and 3% (n=1) identified as gay/lesbian (Figure 6.14).

**Figure 6.14: Responses by sexual orientation**

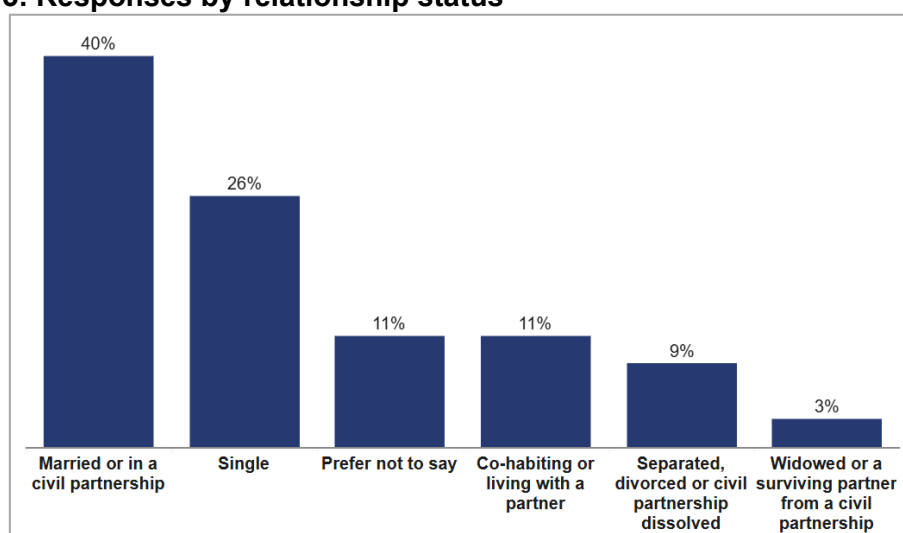


6.35 There were no differences in in access to or use of pharmacies between sexual orientation groups.

### **Relationship Status**

6.36 Many respondents (40%; n=14) were married or in a civil partnership, over a quarter (26%; n=9) reported that they were single, 11% (n=4) preferred not to say, 11% (n=4) were co-habiting or living with a partner, 9% (n=3) were separated, divorced or had their civil partnership dissolved and 3% (n=1) were widowed or a surviving partner from a civil partnership (Figure 6.15).

**Figure 6.15: Responses by relationship status**



6.37 There were no differences in in access to or use of pharmacies between relationship status groups.

## **Summary of the patient and public engagement and equality impact assessment**

To build an understanding of how pharmacies are being used in RBKC, a public and patient survey was carried out. This survey examined how pharmacies are being used by local people, as well as how and when they are being accessed. Following this, an exploration was carried out into the health needs of people with protected characteristics and vulnerable groups.

The survey received 37 responses from people who live, work and/or study in RBKC. Most respondents used their pharmacy at least once a month over the last 6 months.

All respondents had a journey of 20 minutes or less to their pharmacy, with most opting to walk there. All survey respondents found this journey easy. There was no clear preference around when respondents access their pharmacy, including the time of day or whether they access it on a weekday or weekend.

No substantial differences or identified needs were found amongst protected characteristics groups and pharmacy usage.

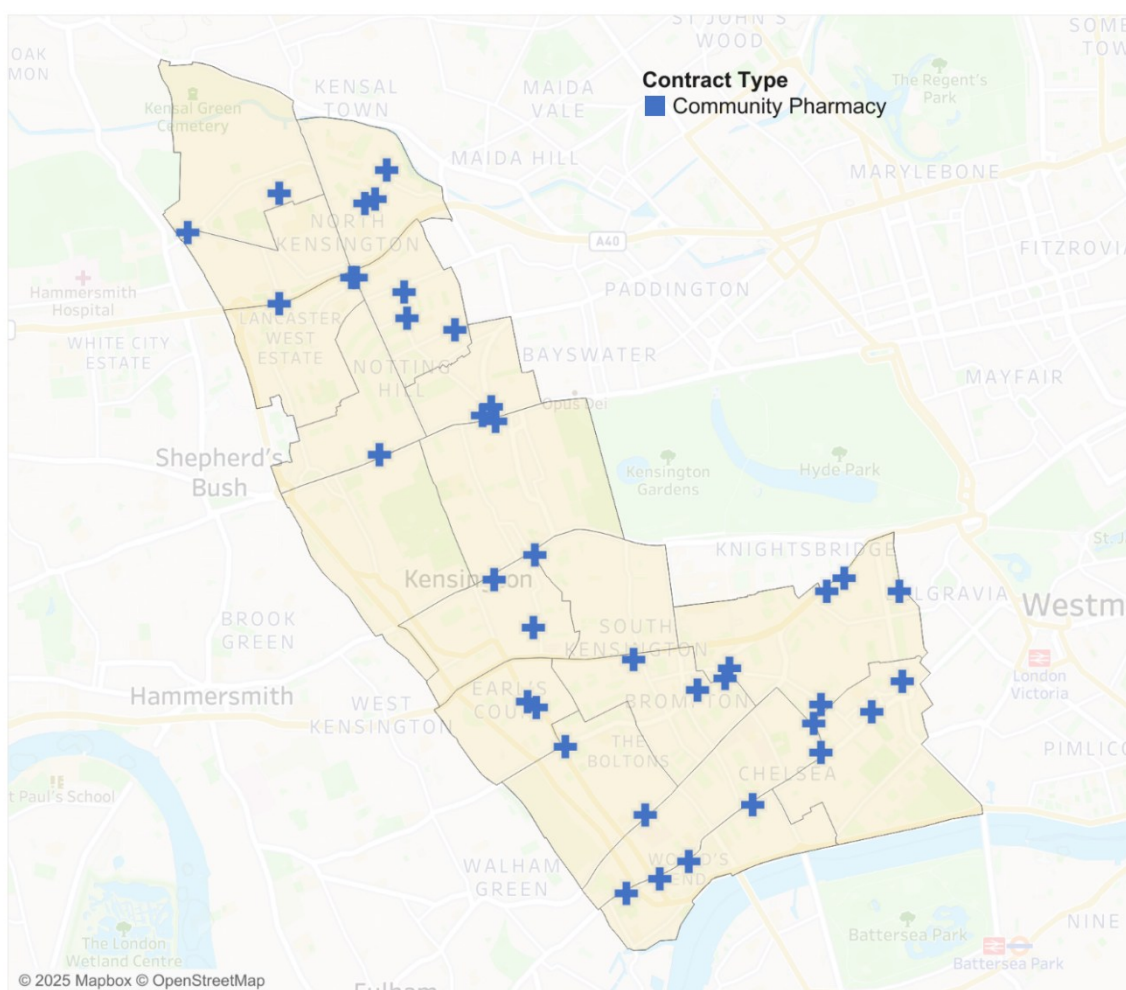
# Chapter 7 - Pharmaceutical Services Provision

- 7.1 This chapter identifies the pharmaceutical service providers available in Kensington and Chelsea, the services they provide and maps their accessibility. It also highlights the essential and advanced services that are provided in the United Kingdom.
- 7.2 It evaluates the adequacy of services by considering:
- Different types of pharmaceutical services provided
  - Geographical distribution and choice of pharmacies within and outside the borough
  - Opening hours
  - Dispensing data and capacity
  - Pharmacies that provide essential, advanced and enhanced services
- 7.3 Where appropriate, a mile radius has been included around service providers to highlight their coverage.

## Pharmaceutical Service Providers

- 7.4 As of August 2025, there are 38 pharmacies included in the pharmaceutical list for the Kensington and Chelsea HWB area, all of which are community pharmacies. The area's pharmacies are presented in the map in Figure 7.1 below as well as being listed in Appendix B.

**Figure 7.1: Map of pharmaceutical service providers in Kensington and Chelsea**



Source: NHSBSA

### Community Pharmacies

- 7.5 Kensington and Chelsea's 38 community pharmacies equate to **2.6 community pharmacies per 10,000 residents** (based on 2025 population estimate of 146,848). This ratio is considerably higher than both the London and national averages of 1.9 and 1.7 pharmacies per 10,000 residents respectively (NHBSA and 2021 Census).

### Dispensing Appliance Contractors (DACs)

- 7.6 Dispensing Appliance Contractors (DACs) are specialised service providers supply patients with prescribed appliances, primarily focusing on providing appliances such as stoma appliances, catheters, incontinence products and wound care appliances rather than medicines. There are no DACs in Kensington and Chelsea.

### **GP Dispensing Practices**

- 7.7 These are general practices that are authorised to dispense medications directly to their patients, typically in rural or remote areas where community pharmacies are not easily accessible. There are no GP Dispensing Practices in Kensington and Chelsea.

### **Distance Selling Pharmacies (DSPs)**

- 7.8 Distance Selling Pharmacies (DSPs) are pharmacies that operate mainly through remote means, such as online platforms, phone or mail rather than providing face to face services. There are no DSPs in Kensington and Chelsea.

### **Local Pharmaceutical Services (LPS)**

- 7.9 This is a type of pharmacy contract that allows commissioners to commission tailored pharmaceutical services to meet specific needs of a local population. There are no Local Pharmaceutical Service (LPS) contracts in Kensington and Chelsea and no areas in Kensington and Chelsea have been designated as LPS areas.

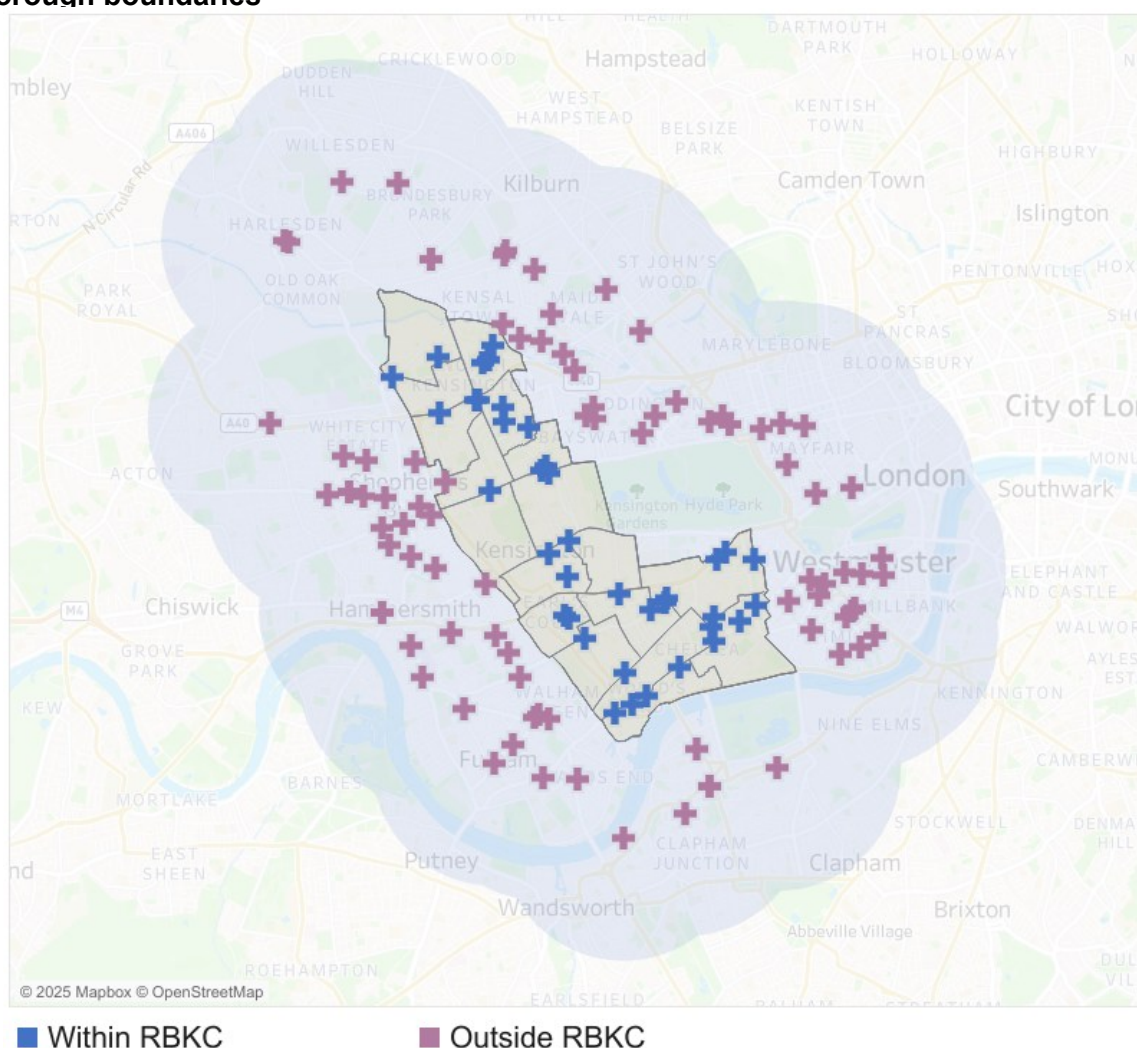
## **Accessibility**

### **Distribution and choice**

- 7.10 The PNA Steering Group established a maximum acceptable distance of one mile for resident to access pharmaceutical services. This distance equates to about 20 minutes' walk.
- 7.11 Figure 7.2 below shows the 38 community pharmacies located in Kensington and Chelsea and 88 additional pharmacies within one mile of its boundaries.



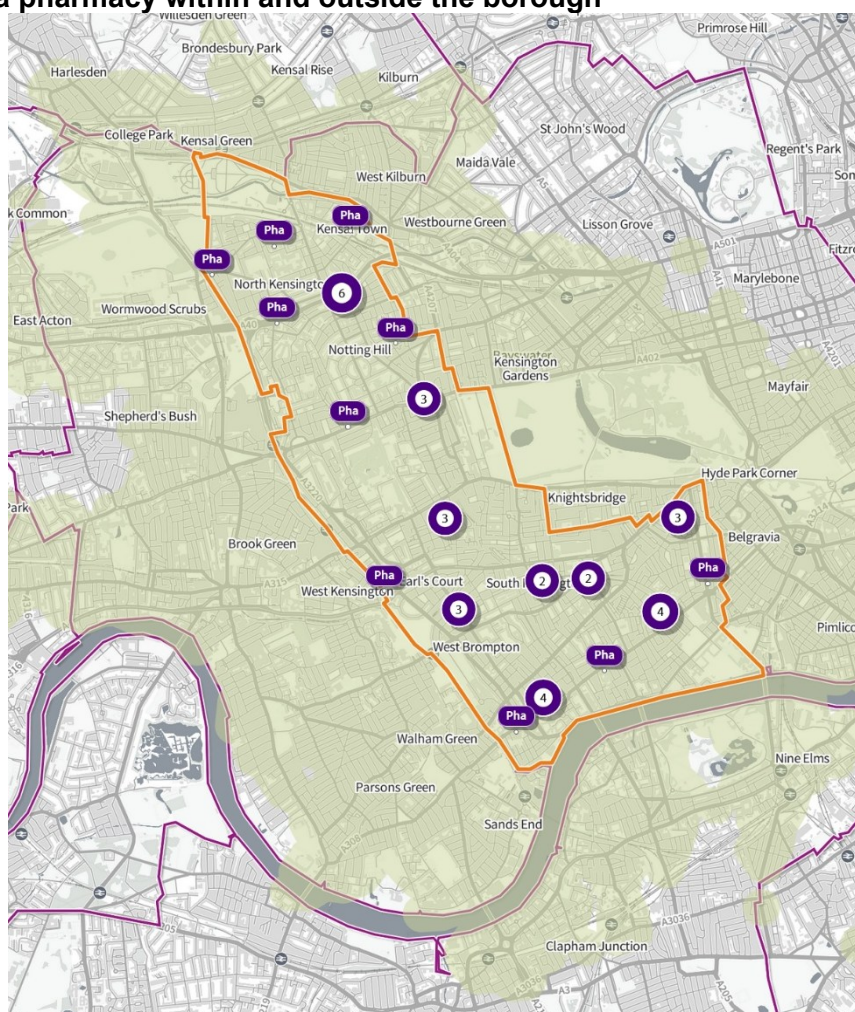
**Figure 7.2: Distribution of community pharmacies in RBKC and within 1 mile of its borough boundaries**



Source: NHSBSA

- 7.12 As seen, there is a good distribution of pharmacies in and around Kensington and Chelsea attesting to ease of access to pharmacies by its residents.
- 7.13 This is also reflected in terms of easy access to pharmacies by public transport as seen in 7.3 below. As seen, the entire borough is within reach of a pharmacy within 20 minutes by public transport.

**Figure 7.3: Areas covered by 20-minute travel time by public transport to a Kensington and Chelsea pharmacy within and outside the borough**



Source: Strategic Health Asset Planning and Evaluation Atlas Tool

7.14 The table below shows the geographical distribution of the pharmacies by electoral ward and the pharmacy to population ratio, expressed as number of community pharmacies per 10,000. As seen, all the wards except Holland have at least one pharmacy within them. Although there are no pharmacies located in the Holland ward, it is well served by pharmacies in other wards including those within neighbouring HWB areas as seen in Figure 7.2.

**Table 7.1: Distribution of community pharmacies by ward**

Ward	Number of Community Pharmacies	Population Size	Community Pharmacies per 10,000
Brompton & Hans Town	5	8,237	6.1
Colville	4	8,496	4.7
Chelsea Riverside	4	7,935	5

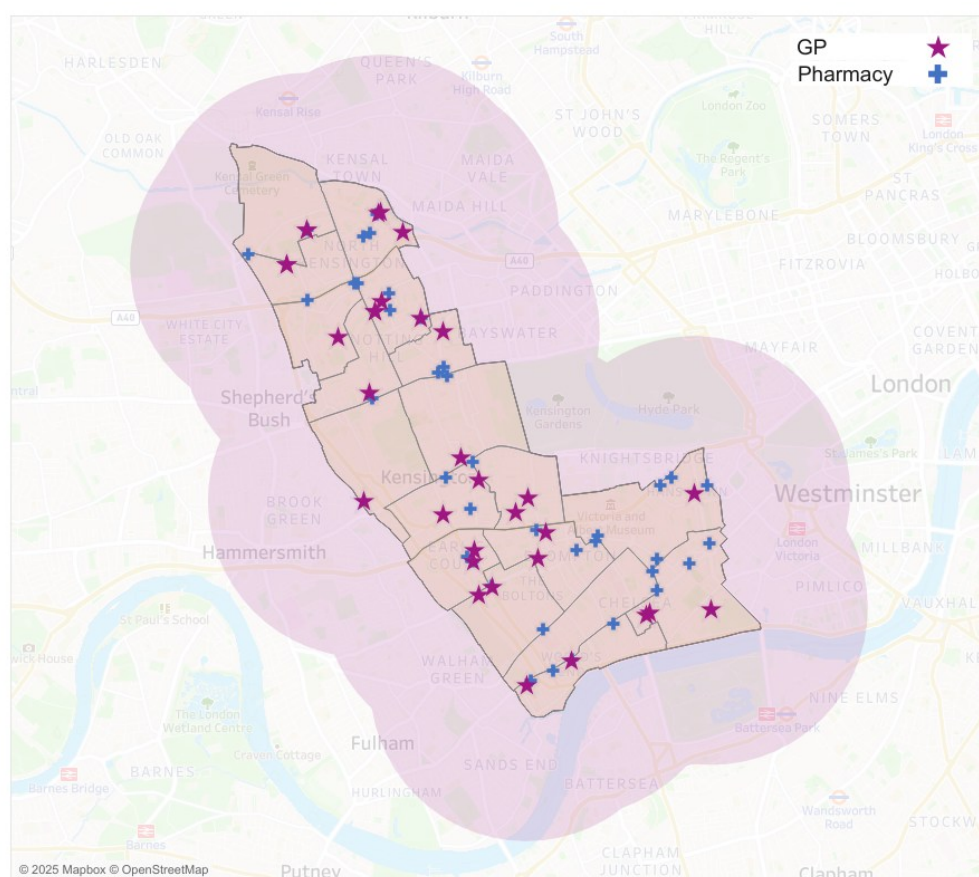




### *Pharmacy Distribution in relation to GP Surgeries*

- 7.16 In early 2019, the NHS Long Term Plan was announced that urged general practices to form Primary Care Networks (PCNs). PCNs are collaborative entities linking primary care services with hospital, social care and voluntary sector organisations and covering populations between 30,000–50,000 people. There are currently 32 general practices in Kensington and Chelsea with a combined patient list size population of 232,361. These General Practices belong to one of five PCNs (NeoHealth, West Hill Health, Inclusive Health, Brompton Health or Kensington and Chelsea South)
- 7.17 Each of the primary care networks have expanded neighbourhood teams which is made up of a range of healthcare professionals including GPs, district nurses, allied health care professionals, community geriatricians and pharmacies. It is essential that community pharmacies can engage with the PCNs to maximise services provided to patients and residents.
- 7.18 Figure 7.5 below shows that there is a pharmacy within accessible distance (1 mile) of all GPs in Kensington and Chelsea.

**Figure 7.5: General practices and their one-mile coverage in relation to community pharmacies**



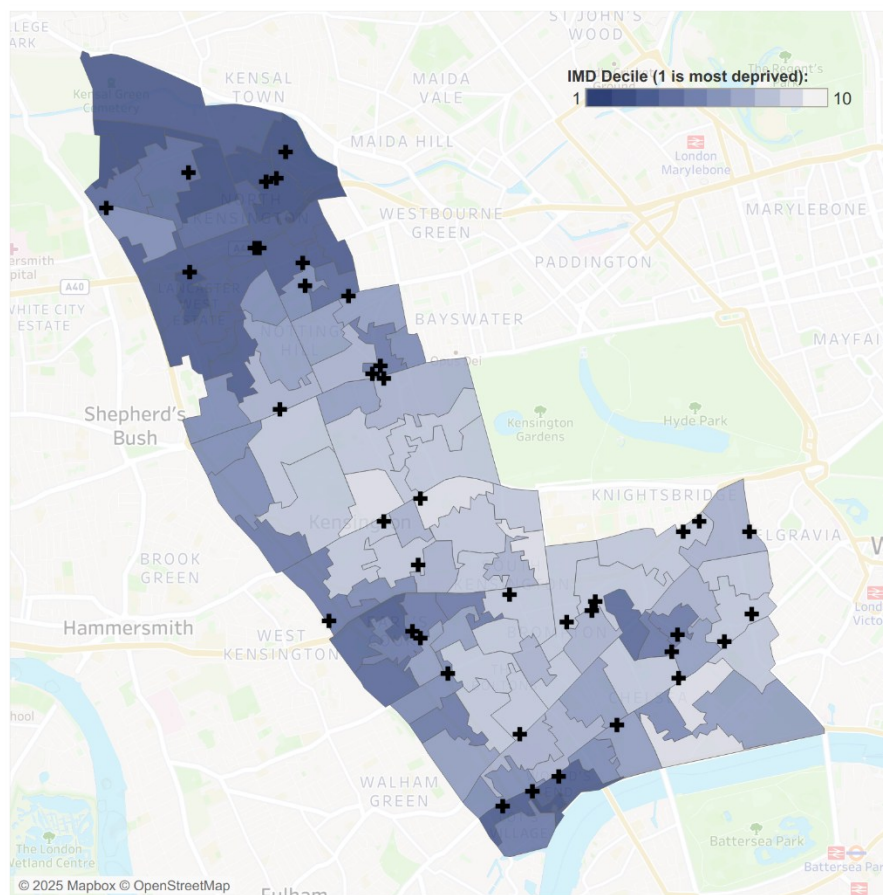
Source: NHSBSA

- 7.19 The NHSE data for 2024-2025 showed that **70.5% of items prescribed by GPs in Kensington and Chelsea were dispensed by pharmacies in Kensington and Chelsea**. The next largest borough where prescriptions written by GPs in Kensington and Chelsea were filled was Hammersmith and Fulham (12.7%).

#### *Pharmacy Distribution in Relation to Index of Multiple Deprivation*

- 7.20 Figure 7.6 below shows pharmacy locations in relation to deprivation deciles. As seen, there is a good distribution of pharmacies in both areas of high and low deprivation.

**Figure 7.6: Pharmacy locations in relation to deprivation deciles in Kensington and Chelsea**



Source: MHCLG & NHSBSA

#### **Opening times**

- 7.21 Pharmacy contracts with NHS England stipulate the core hours during which each pharmacy must remain open. Historically, pharmacies held 40-hour or 100-hour contracts. However, due to increase in pharmacy closures which was found to particularly affect 100-hour pharmacies, the NHS terms of service was amended to allow 100-hour pharmacies to reduce to no less than 72 hours without needing to

demonstrate a change in need. Under the amended regulations, pharmacies that held 100-hour contracts would have to remain open between 17:00 and 21:00 from Monday to Saturday, and between 11:00 and 16:00 on Sundays as well as leave the total core hours on Sunday unchanged so as to maintain out-of-hours pharmacy provision.

- 7.22 It is important to consider access to pharmacies both within and outside regular hours. The Steering Group defined evening opening pharmacies as pharmacies that are open after 6pm on weekdays.

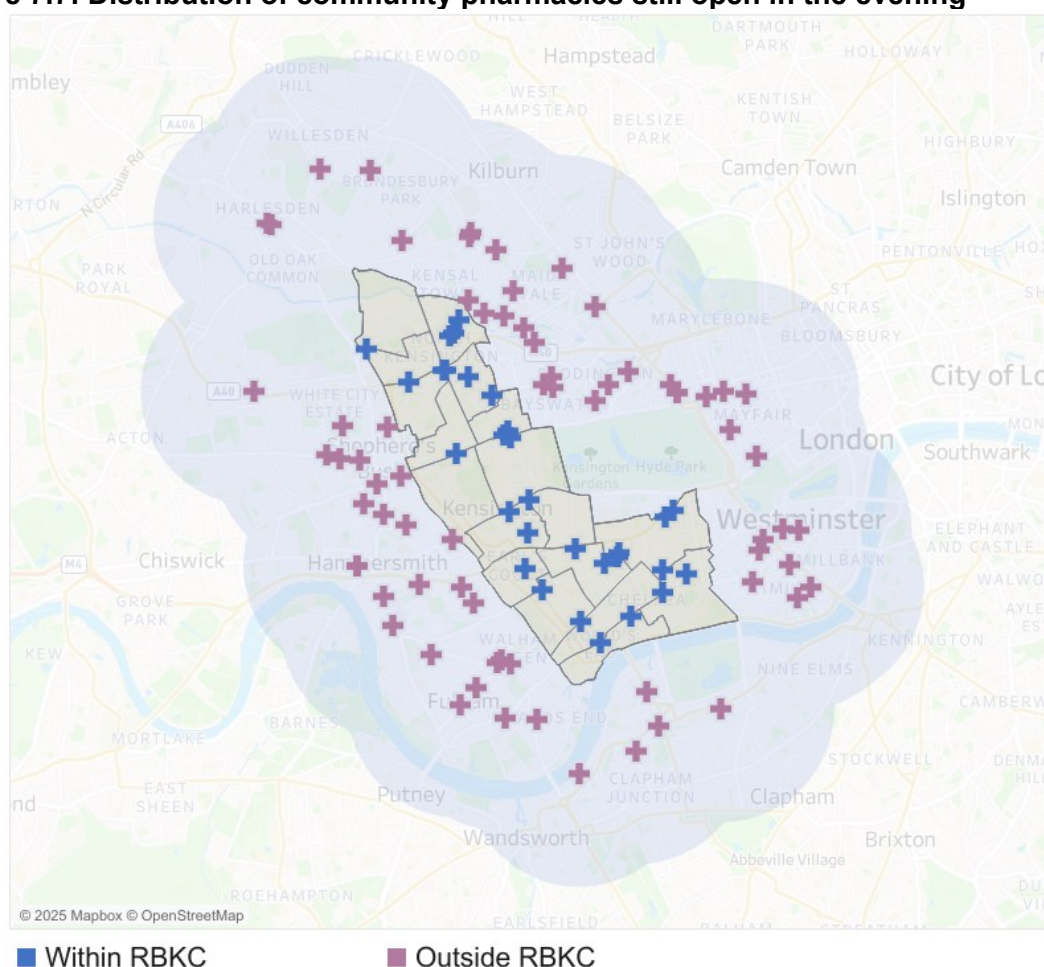
### 100-hour pharmacies

- 7.23 RBKC has one 100-hour pharmacy (Chelsea Pharmacy on Sloane Avenue).

### Evening Opening

- 7.24 30 pharmacies in Kensington and Chelsea are open after 6pm on weekdays and another 70 within one mile of the borough's border. These are shown in Figure 7.7 and Table 7.2 below.

**Figure 7.7: Distribution of community pharmacies still open in the evening**



Source: NHSBSA

**Table 7.2: Pharmacies in Kensington and Chelsea that are open in the evening by ward**

Ward	Number of pharmacies
Brompton & Hans Town	4
Golborne	3
Courtfield	3
Colville	3
Redcliffe	2
Pembridge	2
Chelsea Riverside	2
Abingdon	2
Stanley	1
St. Helen's	1
Royal Hospital	1
Queen's Gate	1
Notting Dale	1
Norland	1
Earl's Court	1
Dalgarno	1
Campden	1
<b>Total</b>	<b>30</b>

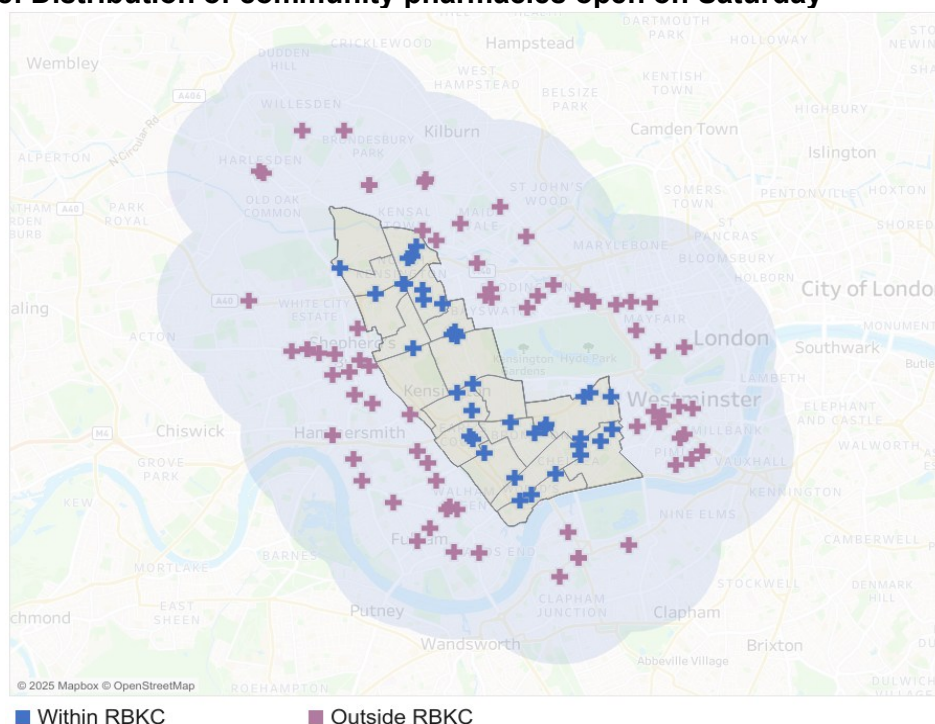
Source: NHSBSA

### *Saturday Opening*

- 7.25 Nearly all the pharmacies (36 out of 38) in Kensington and Chelsea are open on Saturdays, with an additional 75 pharmacies within one mile of its borders open on Saturdays as can be seen in Figure 7.8.



**Figure 7.8: Distribution of community pharmacies open on Saturday**

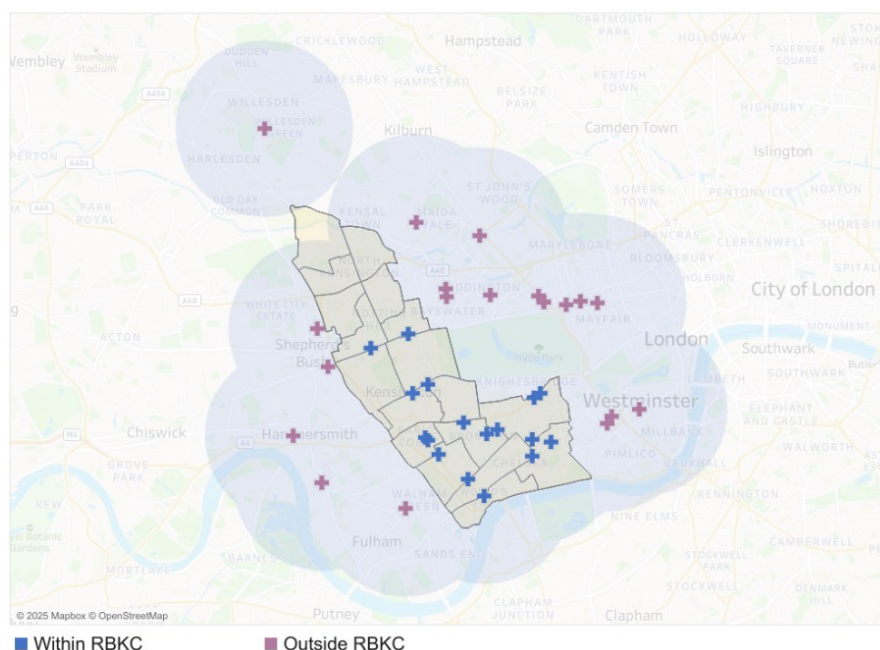


Source: NHSBSA

### *Sunday opening*

- 7.26 There are 17 pharmacies in Kensington and Chelsea and 20 others within one mile of its borders that are open on Sundays as shown in Figure 7.9 and Table 7.3 below.

**Figure 7.9: Distribution of community pharmacies that are open on Sundays**



Source: NHSBSA

**Table 7.3: Number of community pharmacies in Kensington and Chelsea that are open on Sundays by ward**

Ward	Number of pharmacies
Courtfield	3
Brompton & Hans Town	3
Redcliffe	2
Earl's Court	2
Abingdon	1
Stanley	1
Royal Hospital	1
Queen's Gate	1
Pembridge	1
Norland	1
Chelsea Riverside	1
<b>Total</b>	<b>17</b>

Source: NHSBSA

### Summary of the accessibility of pharmacies in Kensington and Chelsea

Overall, there is good distribution and accessibility of pharmacies in and around Kensington and Chelsea covering areas of both low and high population densities. There is also a good number of pharmacies that are open outside weekday core hours and at weekends.

## Essential Services

7.27 Essential services are the core services that all community pharmacies must provide under the NHS Community Pharmacy Contractual Framework (CPCF). These services form the foundation of community pharmacy practice and are aimed at ensuring accessibility, quality care and support for patients in managing their health. Below are the list and description of nine essential services provided by community pharmacies in the UK.

- Dispensing medicines
- Discharge Medicines Service
- Dispensing Appliances
- Disposal of unwanted medicines
- Healthy Living Pharmacies
- Public Health (promotion of healthy lifestyles)

- Repeat Dispensing and eRD
- Sign Posting
- Support for Self-Care

### Dispensing Medicines

7.28 This is one of the core essential services provided by the community pharmacies under the CPCF. It ensures that patients receive their prescribed medicines safely, efficiently and in accordance with regulatory and clinical standards. It includes:

- Accurate dispensing of prescribed medicines
- Checking of prescriptions for the appropriateness of the medicines, potential drug interactions, dosage accuracy and clarifying any queries or concerns with the Prescriber
- Labelling and Packaging in compliance with legal and clinical requirements
- Provision of counselling and advice to patients on how and when to take their medicines, possible side effects and actions to take if they occur, storage and disposal instructions for unused medicines
- Management of repeat prescription requests usually through the Electronic Prescription Service (EPS)
- Accurate record keeping of all dispensed items to ensure compliance to regulatory requirements and support clinical audits and continuity of care
- Having safeguards in place for minimisation of medicine wastage and ensuring that unused and damaged items are safely disposed of, preventing misuse or harm to the environment

7.29 Kensington and Chelsea pharmacies dispense an average of **4,361 items per month** (NHSBSA, 2024/25 financial year data). This is lower than London's average of 7,461 items per month and England's average of 8,689 items per month. This indicates there is a good distribution and capacity amongst Kensington and Chelsea pharmacies to meet current and anticipated need in the lifetime of this PNA.

### Discharge Medicines Service (DMS)

7.30 The Discharge Medicines Service became a new essential service under the CPCF from February 2021, at which point NHS Trusts were able to refer patients that would benefit from additional guidance around their prescribed medicines to their community pharmacy for the Discharge Medicines Service. The key objectives of this service are to reduce hospital re-admissions, reduce medicines-related harm during transfers of

care, optimise the use of medicines, whilst facilitating shared decision making, improve communication between hospitals, community pharmacies and primary care teams and to support patients through enhancing their understanding and adherence to prescribed medicines following discharge from hospital.

- 7.31 This service is intended for patients who are discharged with changes to their medication regimen as well as patients who are likely to benefit from support in understanding or managing their medications, for instance those with polypharmacy, frailty or chronic conditions.
- 7.32 DMS follows a structured three step process which includes the following:
- Referral: Hospitals identify patients at risk of medication-related problems upon discharge and subject to the patient's consenting to a referral, they will send a referral to the pharmacy via secure electronic system such as Refer to Pharmacy, PharmOutcomes or NHSmail
  - Community Pharmacy Review: The community pharmacy reconciles their medicines by comparing the discharge summary with the current medication on records to identify and resolve any discrepancies. Tailored advice is provided to the patient about their medication changes, including potential side effects and usage instructions.
  - Ongoing Support: The community pharmacist may follow up with the patient to ensure understanding and adherence and where necessary, could liaise with the GPs

### **Dispensing Appliances**

- 7.33 This service is relevant to dispensing contractors like the community pharmacies and appliance contractors, providing appliances such as stoma care items, incontinence supplies and dressings. This service ensures that these contractors supply appliances as prescribed and in a timely and accurate manner as well as provide advice on their safe and effective use. This is essential in supporting patients to have access to appliances they require for managing their conditions.

### **Disposal of Unwanted Medicines**

- 7.34 This service ensures that patients can dispose of their unwanted, unused or expired medicines safely through their local community pharmacy. This helps to prevent environmental contamination, reduce the risk of misuse and promote safe handling of hazardous substances, ultimately promoting public health and environmental

sustainability. As part of this service, pharmacies are obliged to accept back unwanted medicines from patients and if necessary, sort them into solids, liquids and aerosols and in accordance with the Hazardous waste regulations. The local NHS contract management team makes arrangements for a waste contractor to collect the medicines from pharmacies at regular intervals

### **Healthy Living Pharmacies (HLP)**

- 7.35 This is designed to improve public health by providing accessible health promotion interventions and wellbeing services and helping to reduce inequalities. It aligns with the promotion of healthy lifestyle which is a core requirement for all community pharmacies. Community pharmacies were required to become HLPs in 2020/2021 as agreed in the five-year CPCF. This requires pharmacies to comply with the HLP framework requirements through ensuring a health promotion environment which meets stipulated standards, embedding health promotion and prevention in their everyday practice and making sure their staff are well equipped to deliver high quality public health interventions. They are also required to ensure that they continue to meet the terms of service requirements by reviewing their compliance against the requirements at least every 3 years.

### **Public Health (promotion of healthy lifestyles)**

- 7.36 This is a core part of the CPCF which requires all community pharmacies to actively contribute to improving public health by providing targeted health and wellbeing advice to patients and supporting NHS public health campaigns. This aims to improve public health outcomes, promote preventative care and enhance accessibility through the convenience and important role that community pharmacies provide to patients who may not usually engage with other healthcare services.
- 7.37 The key requirements of this service include the following:
- Provision of a health promotion environment for instance through having clear displays of health advice materials in the pharmacy
  - Provision of tailored health promotion and lifestyle advice to patients who are receiving prescriptions for conditions where lifestyle can make significant difference such as hypertension and diabetes. This includes focusing on areas such as smoking cessation, healthy eating, exercise, reduction of alcohol consumption and mental health support

- Providing support for NHS campaigns through actively participating in up to six national public health campaigns per financial year (1<sup>st</sup> April to 31<sup>st</sup> March) as directed by NHS England through ways such as displaying and distributing the campaign leaflets and engaging patients in discussions related to the campaign themes.
- Signposting patients who require further support or specialised care to appropriate health, social care or voluntary services for instance referral to stop smoking cessation services and weight management programmes
- Keeping records of the health promotion interventions undertaken and any referrals made and participating in evaluations to show the impact of such interventions

### **Repeat Dispensing and eRD**

- 7.38 Repeat dispensing became an essential service within the CPCF since 2005. This service enables patients to obtain repeat supplies of their medicines and appliances prescribed on a repeat basis from their nominated pharmacy, without the need for their GP to issue a prescription each time a supply is needed. This service is suitable for patients on stable, long-term medications who understand how the service works and consent to participate. This helps to save GP and patients time, improve convenience and ensure ongoing medication adherence by allowing community pharmacies to be more actively involved in the safe supply of regular prescriptions of patients. This service was initially carried out with paper prescriptions. However, following the development of the Electronic Prescription Service (EPS), the majority of the repeat dispensing is now done through the EPS and referred to as the electronic Repeat Dispensing (eRD).
- 7.39 This service involves the community pharmacy ensuring that each repeat supply is required, confirming there is no reason why the patient should be referred back to their GP and if appropriate dispensing the repeat dispensing prescriptions issued by the GP at the agreed intervals based on the prescription batches.

### **Signposting**

- 7.40 This service involves pharmacies helping people who seek assistance by directing them to the most appropriate health, social care or support services for help when their needs fall outside the pharmacy's scope. Examples include needs related to social care, specialist medical advice or community health programmes. This ensures that



patients receive timely and appropriate care. Pharmacies are required to offer clear guidance on where the patient can access the required service. This could include providing contact details, directions or making a direct referral to such services if appropriate.

- 7.41 The lists of sources of care and support in the area can be obtained from NHS England and pharmacies should maintain an up-to-date directory of local services, including NHS and voluntary organisations to aid accurate signposting.

### **Support for Self-Care**

- 7.42 The key components of this service are provision of advice and information to patient, promotion of self-care, supply of over-the-counter medicines by community pharmacy teams to patients as well as signposting them to other services if a condition is beyond the scope of self-care. This service aims at empowering patients to manage minor ailments and common health conditions independently, with guidance from community pharmacy teams through their provision of advice and where necessary, sale of medicines. This also includes handling referrals from NHS 111.
- 7.43 Examples of minor ailments that can be addressed include cold and flu symptoms, sore throat, management of mild aches and pains, skin conditions such as eczema and insect bites, allergies and digestive issues such as constipation and diarrhoea. Provision of this service by community pharmacies help to reduce the burden on GPs and urgent care services, highlights the crucial role that community pharmacies play as the first point of contact for healthcare advice and fosters trust between the patients and the community pharmacy teams.

### **Advanced Services**

- 7.44 Advanced services are nationally set and specified optional services which community pharmacies and dispensing appliance contractors can choose to provide. These services go beyond essential pharmacy services, offering targeted support to improve patient outcomes, enhance public health, and reduce pressure on other parts of the healthcare system.
- 7.45 Pharmacies who choose to provide these services must meet the requirements set out in the Secretary of State Directions.
- 7.46 The NHS community Pharmacy Contractual Framework (CPCF) lists nine advanced services. These include the Pharmacy First service, New Medicines Service (NMS),



Flu Vaccination Service, Pharmacy Contraceptive Service (PCS), Hypertension Case-Finding Service, Smoking Cessation Service. Two of the Advanced services are appliance advanced services that pharmacies and dispensing appliance contractors can choose to provide. These are the Appliance Use Review (AUR) service and the Stoma Appliance Customisation (SAC) service. Additionally, the Lateral Flow Device Test Supply (LFD) service was commissioned as an advanced service from November 2023.

### **Pharmacy First Service**

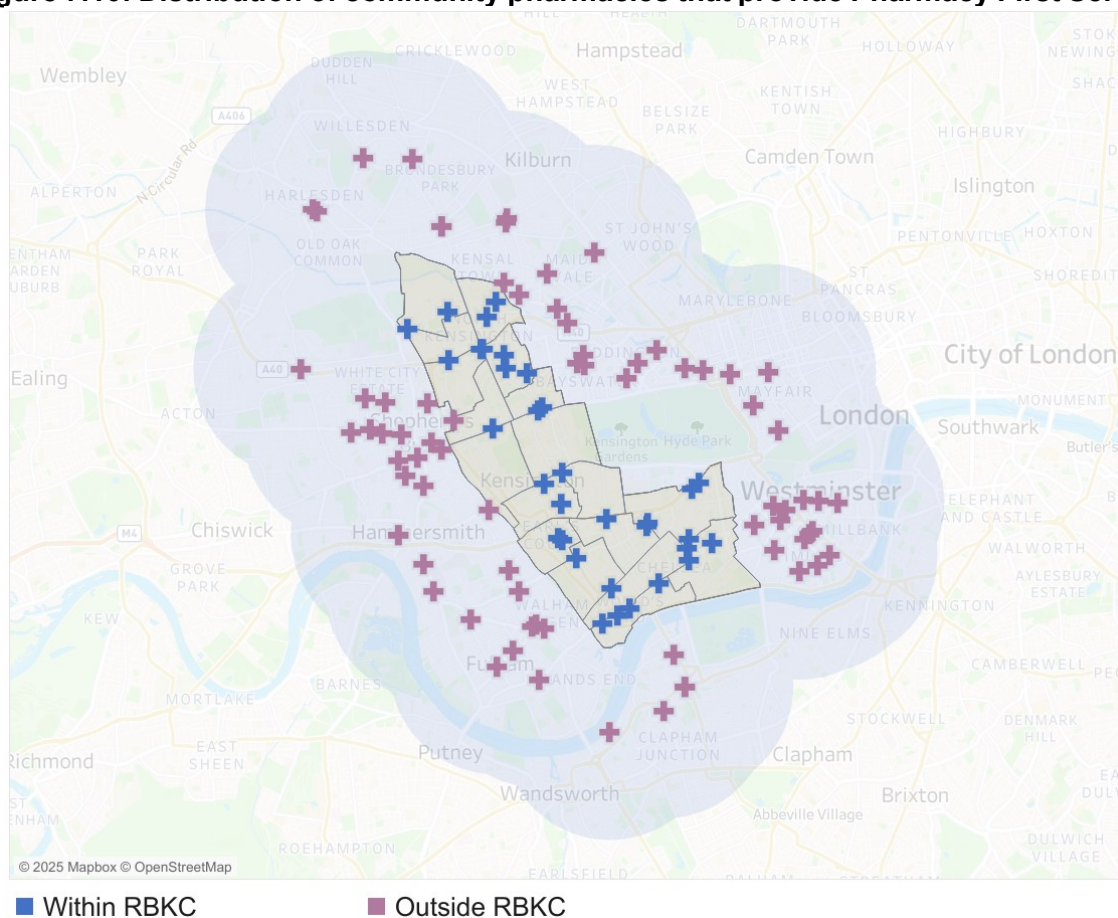
- 7.47 The Pharmacy First Service is a scheme implemented in the United Kingdom to provide easy access to healthcare advice and treatment through community pharmacies. It aims to establish community pharmacies as the first port of call for all healthcare advice, thereby reducing the pressure that General Practices and hospital emergency departments face through enabling them to handle minor ailments, provide emergency supply of medicines and NHS funded treatment via Patient Group Directions where appropriate for seven clinical conditions referred to as the clinical pathway consultations. The seven clinical pathways in the Pharmacy First service include sinusitis, sore throat, acute otitis media, infected insect bite, impetigo, shingles and uncomplicated urinary tract infection in women.
- 7.48 The Pharmacy First Service commenced on the 31st of January 2024, replacing the Community Pharmacy Consultation Service (CPCS) which ended on the 30th January 2024. Patients can access this service through referral from one of the following routes:
- NHS 111 (online and via telephone)
  - Integrated urgent care clinical assessment service
  - 999 services
  - General Practice (low acuity minor illness conditions and the seven clinical pathways only)
  - Other urgent and emergency care providers (such as Emergency departments and Urgent Care Centres)
- 7.49 In addition to the above referral routes, patients can self-refer for the clinical pathway consultations only.
- 7.50 There are three elements of the Pharmacy First service:

- Pharmacy First (clinical pathways consultations)
- Pharmacy First (urgent repeat medicine supply)
- Pharmacy First (NHS referrals for minor illness)

7.51 Pharmacy contractors can remotely deliver Pharmacy First where it is safe to do so, and with suitable safeguards to ensure face-to-face clinical assessment are provided in person or by good-quality video consultation where needed. Distance selling pharmacies (DSPs) can provide the service for six of the seven conditions (excluding the otitis media which requires in-person examination with an otoscope). DSPs are not able to provide Pharmacy First (clinical pathways) on their pharmacy premises because the first part of the consultation is an Essential service, which DSPs cannot provide. However, they can offer the service and where it is clinically appropriate to do so, minor illness consultations and urgent medicines supply consultations via telephone/audio or video consultations by a pharmacist present at the pharmacy premises. Local Pharmaceutical Services (LPS) pharmacies wanting to provide the pharmacy first service will need to contact their local commissioner to propose a contract variation that includes the Pharmacy First Service.

7.52 Majority of the pharmacies in Kensington and Chelsea (33 out of 38) offer the Pharmacy First Service, with 75 additional pharmacies within one mile of its borders that provide Pharmacy First Service as can be seen in Figure 7.10 below and Table 7.4 below.

**Figure 7.10: Distribution of community pharmacies that provide Pharmacy First Service**



Source: NHSBSA

**Table 7.4: Number of pharmacies in Kensington and Chelsea by ward that provide the Pharmacy First Service**

Ward	Number of pharmacies
Colville	4
Chelsea Riverside	4
Brompton & Hans Town	4
Royal Hospital	2
Redcliffe	2
Pembridge	2
Golborne	2
Earl's Court	2
Dalgarno	2
Courtfield	2
Abingdon	2
Stanley	1
St. Helen's	1

Queen's Gate	1
Notting Dale	1
Norland	1
<b>Total</b>	<b>33</b>

Source: NHSBSA

### New Medicines Service

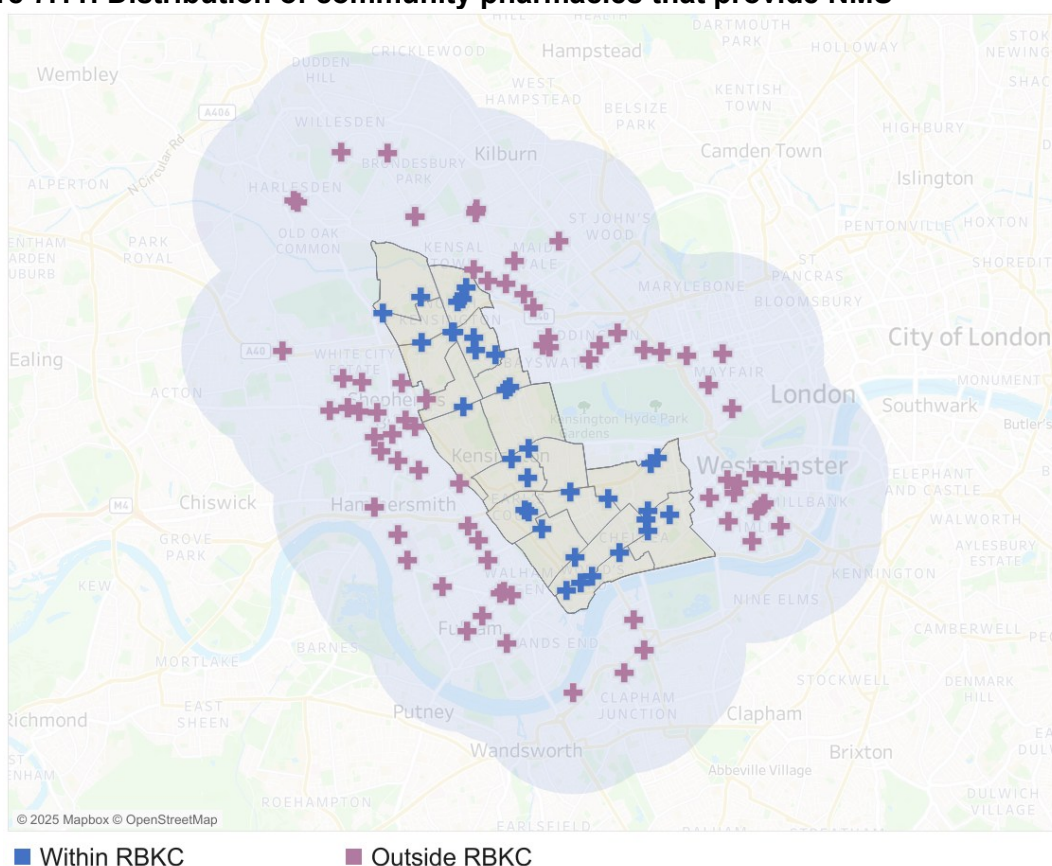
- 7.53 The New Medicines Service (NMS) is a structured, pharmacy-led service which commenced on the 1st of October 2011. It is provided under the NHS Community Pharmacy Contractual Framework to support patients and their carers in managing their medications effectively especially for long term conditions, by improving adherence and resolving medication-related issues.
- 7.54 The 2025–2026 CPCF focuses on embedding and extending services already being provided by community pharmacies. One of the key developments include the expansion of NMS to include support for patients with depression from October 2025. All pharmacists must complete Centre for Pharmacy Postgraduate Education (CPPE) Consulting with People with mental health problems online training to be able to support patients with dementia under the NMS.
- 7.55 The following conditions are covered by the service:
- Asthma and COPD
  - Diabetes (Type 2)
  - Hypertension
  - Hypercholesterolaemia
  - Osteoporosis
  - Gout
  - Glaucoma
  - Epilepsy
  - Parkinson's disease
  - Urinary incontinence/retention
  - Heart failure
  - Acute coronary syndromes
  - Atrial fibrillation

- Long term risks of venous thromboembolism/embolism
- Stroke / transient ischemic attack; and
- Coronary heart disease

7.56 NMS consultations should usually take place in-person in the pharmacy's consultation room. However, they can also take place remotely via telephone or video consultation when clinically appropriate and with the patient's prior consent. Irrespective of whether the consultation is undertaken in-person or remotely, the environment must be such that the conversation cannot be overheard by others (except by someone the patient wants to hear the conversation such as a Carer). Where appropriate safe-guarding arrangements are in place, NMS can also be provided in patients' homes.

7.57 33 pharmacies in Kensington and Chelsea offer NMS and an additional 77 pharmacies within one mile of its borders also offering NMS. This is shown in figure 7.11 and Table 7.5 below.

**Figure 7.11: Distribution of community pharmacies that provide NMS**



Source: NHSBSA

**Table 7.5: Number of NMS providers in Kensington and Chelsea by ward**

Ward	Number of pharmacies
Colville	4
Chelsea Riverside	4
Golborne	3
Brompton & Hans Town	3
Royal Hospital	2
Redcliffe	2
Pembridge	2
Earl's Court	2
Dalgarno	2
Courtfield	2
Abingdon	2
Stanley	1
St. Helen's	1
Queen's Gate	1
Notting Dale	1
Norland	1
<b>Total</b>	<b>33</b>

Source: NHSBSA

### Flu Vaccination Service

- 7.58 The Community pharmacy began providing flu vaccinations under a nationally commissioned service from September 2015.
- 7.59 This service aims to sustain and maximise uptake of seasonal influenza vaccine in those who are most at risk of serious illness or death should they develop seasonal influenza through vaccination against the most prevalent strains of influenza virus. This is especially important as the impact of Covid-19 on the NHS continues to be felt and the possibility of potential co-circulation of influenza, Covid-19 and other respiratory viruses adding significant pressures in the NHS. The accessibility of pharmacies, their extended opening hours and the option they provide for patients to walk in without prior appointment make them an attractive alternative to general practice for patients seeking eligible for flu vaccination. This eligible groups covered in this service includes the following:

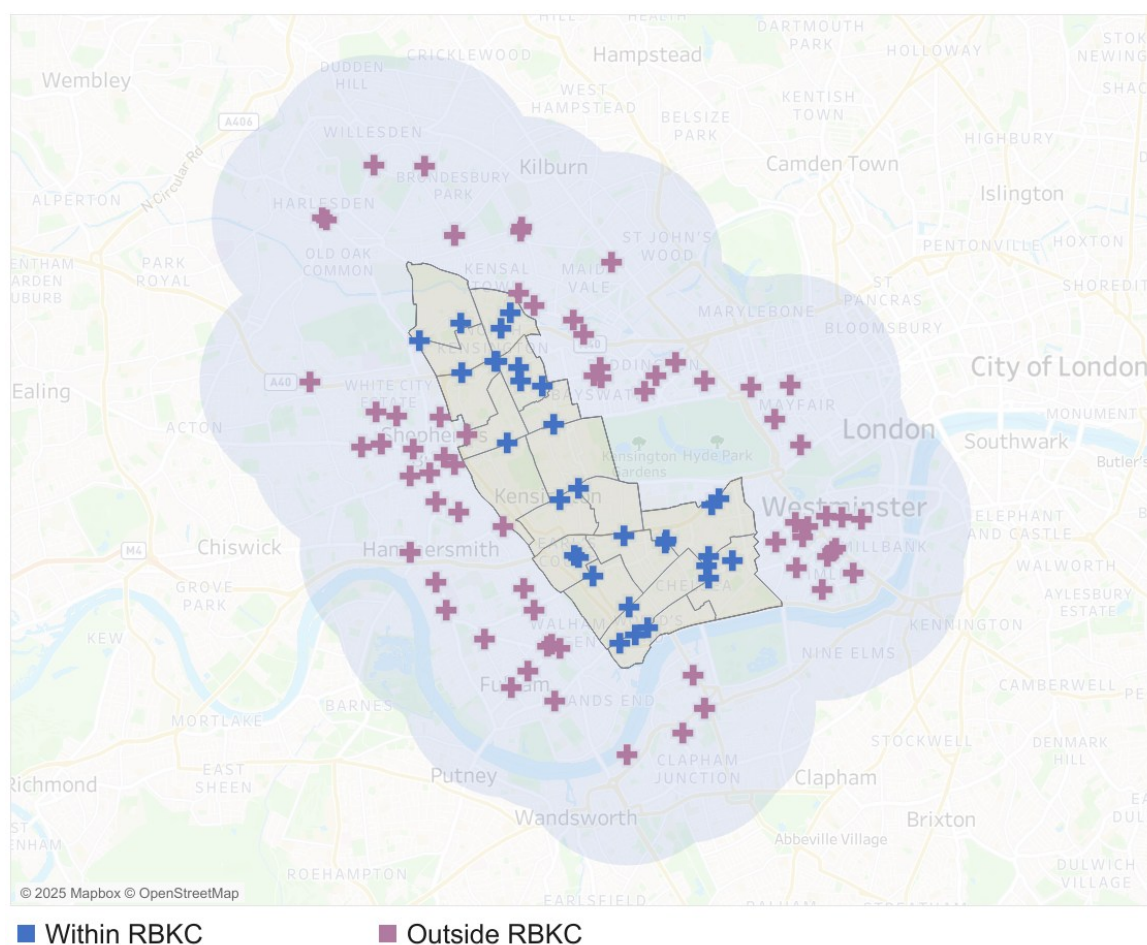
- All people aged 65 or over



- People aged 18 to 64 in specified clinical risk groups including diabetes, chronic heart disease, chronic kidney disease, chronic liver disease, pregnant women
- People aged 18 or over and living in long-stay residential care homes or other long-stay care facilities (not including prisons, young offender's institutions, or university halls of residence)
- People aged 18 or over in receipt of a carer's allowance or those who are the primary carer of an elderly or disabled person.
- People aged 18 or over and close contacts of immunocompromised people.
- All frontline social care staff without an employer-led occupational scheme, including those employed by:
  - A registered residential care or nursing home.
  - A registered domiciliary care provider.
  - A voluntary managed hospice provider and
  - Frontline workers employed through direct Payment (personal budgets) and/or Personal Health Budgets to deliver domiciliary care to patients and service users, such as personal assistants

7.60 30 pharmacies in Kensington and Chelsea provide flu vaccination advanced service, with 71 additional pharmacies within one mile of its borders that provide the service as can be seen in Figure 7.12 below and Table 7.6 below

**Figure 7.12: Distribution of community pharmacies providing flu vaccination service**



Source: NHBSA

**Table 7.6: Number of pharmacies in Kensington and Chelsea by ward that provide the flu vaccination service**

Ward	Number of pharmacies
Colville	4
Brompton & Hans Town	4
Chelsea Riverside	3
Royal Hospital	2
Redcliffe	2
Golborne	2
Earl's Court	2
Dalgarno	2
Courtfield	2
Stanley	1
St. Helen's	1
Queen's Gate	1
Pembridge	1



Notting Dale	1
Norland	1
Abingdon	1
<b>Total</b>	<b>30</b>

Source: NHBSA

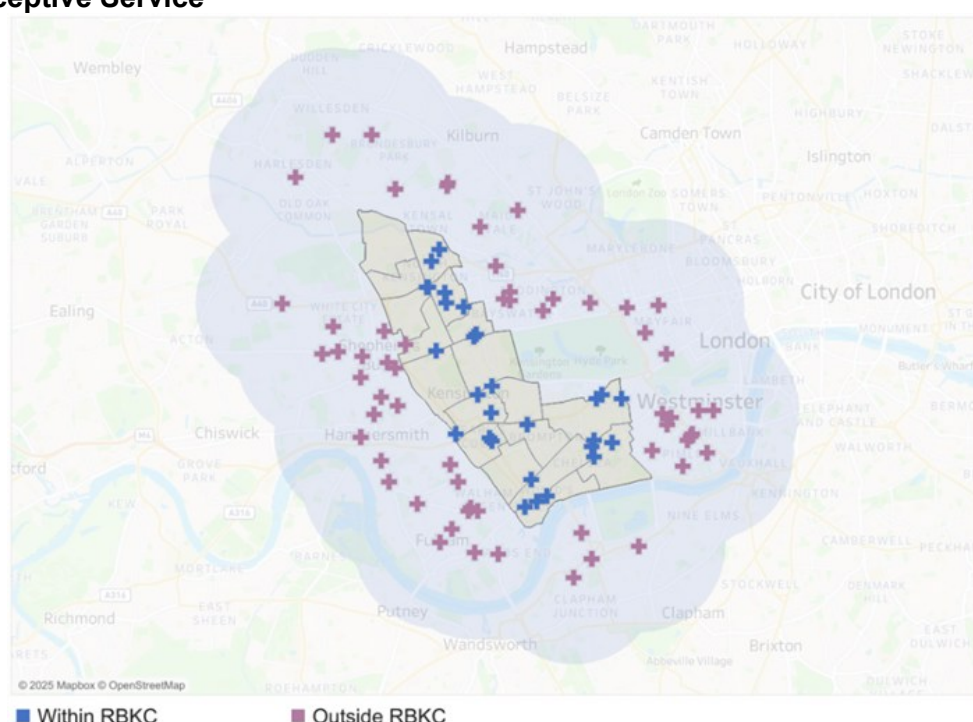
### Pharmacy Contraceptive Service (PCS)

- 7.61 The Pharmacy Contraceptive Service began in April 2023 to allow for continued supply of oral contraception from community pharmacies and from 1st December 2023 included both initiation and on-going supply of oral contraceptives. The aim of this service is to offer greater choice and access to those considering starting or continuing their current form of oral contraception. This forms part of the Community Pharmacy Contractual framework (CPCF) and seeks to reduce the pressure on GPs and sexual health clinics. The service allows for self-referral as well as referral by general practice, sexual health clinics and other NHS service providers such as NHS 111 to a participating pharmacy.
- 7.62 The service involves trained community pharmacists either initiating oral contraceptives or providing on-going supply under the patient group directions.
- Initiation: This includes commencement of oral contraception for the first time in patients who wish to start oral contraceptives, needs to restart oral contraceptives following a pill free break or when a person is being switched to an alternative pill following consultation
  - Ongoing supply: This focuses on ongoing management and supply of oral contraceptives for patients previously initiated by another provider for instance a General Practitioner or sexual health clinic
- 7.63 Pharmacies are required to respond to anyone requesting the Pharmacy Contraceptive service as soon as is reasonably possible. However, in the case where the pharmacy is unable to offer a consultation service within the time needed to meet the person's contraception needs, they should be signposted to an alternative pharmacy or other service for a consultation.
- 7.64 As part of the agreement within the 2025/2026 CPCF, the PCS will be expanded to include emergency hormonal contraception (EHC) from October 2025. This service expansion will allow all community pharmacies across England the opportunity to provide equitable access to EHC for patients. This expansion will move away from the regional variation seen to date. Contractors will have the opportunity to maximise the service's benefits by initiating a patient on oral contraception as part of

an EHC consultation. Additionally, better use of skill mix for the PCS has been agreed through enabling the delivery of parts of these services by registered and non-registered pharmacy staff. This includes enabling the delivery of patient group directions (PGDs) by pharmacy.

7.65 28 out of the 39 pharmacies in Kensington and Chelsea provide the pharmacy contraceptive service. An additional 63 pharmacies within one mile of Kensington and Chelsea's borders provide the pharmacy contraceptive service. This is shown in figure 7.13 and table 7.7 below

**Figure 7.13: Distribution of community pharmacies that provide Pharmacy Contraceptive Service**



Source: NHSBSA

**Table 7.7: Number of pharmacies by ward in Kensington and Chelsea that provide the Pharmacy Contraceptive Service**

Ward	Number of pharmacies
Colville	4
Brompton & Hans Town	4
Chelsea Riverside	3
Abingdon	3
Royal Hospital	2
Pembridge	2
Golborne	2
Earl's Court	2

Stanley	1
Redcliffe	1
Queen's Gate	1
Notting Dale	1
Norland	1
Courtfield	1
<b>Total</b>	<b>28</b>

Source: NHSBSA

### Hypertension Case-Finding Service

- 7.66 This is commonly referred to as the NHS Blood Pressure Check Service in public-facing communications. This was commissioned as an advanced service from 1st October 2021 with only registered pharmacy professionals (pharmacists and pharmacy technicians) being allowed to provide the service. However, this was extended from the 1<sup>st</sup> December 2023 to allow other suitably trained and competent staff to provide the service.
- 7.67 This service provides an opportunity to promote healthy behaviours to patients and is aimed at early detection of hypertension and reduction of the risks of associated medical conditions such as stroke and heart diseases through early intervention.
- 7.68 This service is part of the NHS long term plan that emphasises preventive healthcare strategies and demonstrates the NHS commitment to reducing morbidity and mortality due to cardiovascular diseases.
- 7.69 The service operates in two stages:

#### *Stage 1: Blood pressure screening*

This involves identifying people aged 40 years or older, or at the discretion of the Pharmacy staff, people under the age of 40, with high blood pressure (who do not have a current diagnosis of hypertension) and to refer them to general practice to confirm diagnosis and for appropriate management

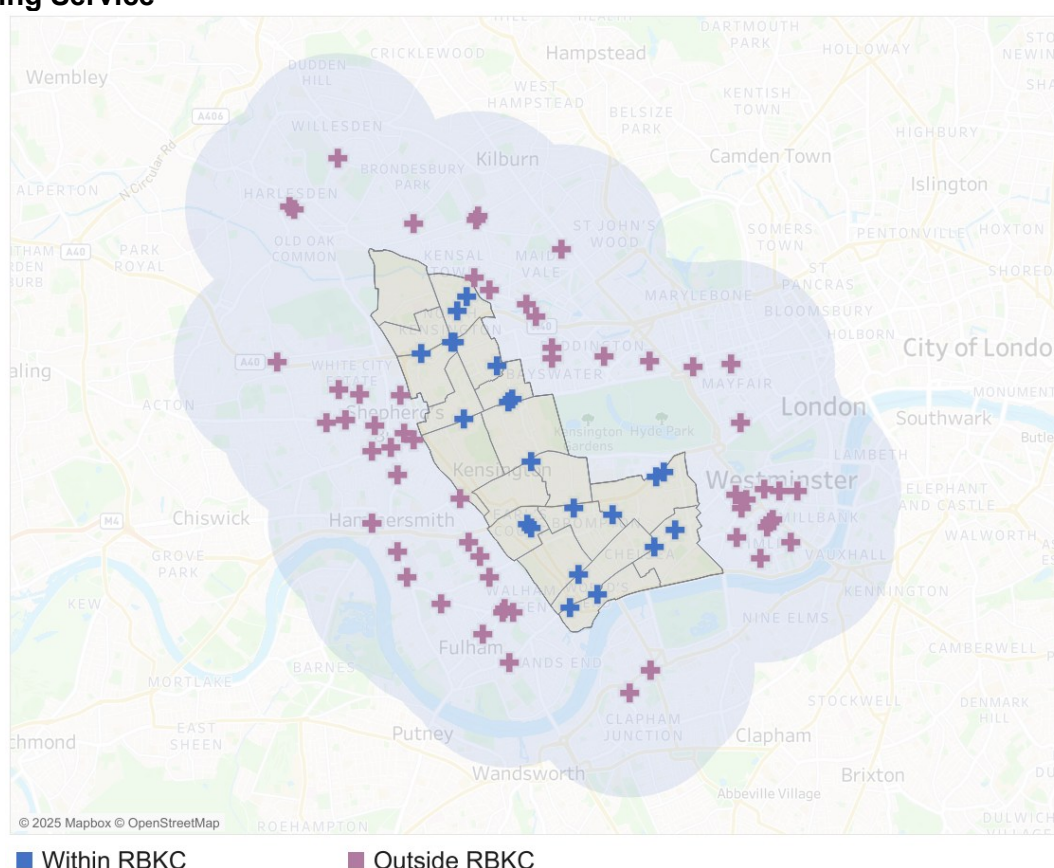
#### *Stage 2: Ambulatory Blood Pressure Monitoring (ABPM)*

Patients with an initial high reading undergo 24-hour ABPM to confirm diagnosis as this provides comprehensive assessment by measuring blood pressure at intervals over the day and night. The results are shared with GPs to ensure seamless patient care

As part of the NHS Hypertension Case-Finding Service, GPs can request community pharmacies to undertake ad hoc clinic and ambulatory blood pressure measurements for people with or without a diagnosis of hypertension where this has been agreed locally.

- 7.70 As part of the agreements made in the 2025/2026 CPCF which was finalised in March 2025, updates to the Hypertension Case Finding Service specification will be made to further align the service to National Institute for Health and Care Excellence (NICE) guidelines, which will place explicit restrictions on the number of funded clinic check consultations a patient can have within a specified time period. Changes will also be made to clarify when it is appropriate for general practices to refer patients to the service for a clinic check consultation. NHS England has also committed to re-look at home blood pressure monitoring to further support the diagnosis of hypertension.
- 7.71 21 out of 38 pharmacies in Kensington and Chelsea provide the Hypertension Case-Finding Service together with 60 other pharmacies within one mile of Kensington and Chelsea's borders as can be seen in figure 7.14 and table 7.8 below.

**Figure 7.14: Distribution of community pharmacies that provide the Hypertension Case Finding Service**



Source: NHSBSA

**Table 7.8: Number of pharmacies by ward in Kensington and Chelsea that provide the Hypertension Case-Finding Service**

Locality	Number of pharmacies
Pembridge	2
Golborne	2
Earl's Court	2
Courtfield	2
Colville	2
Chelsea Riverside	2
Brompton & Hans Town	2
Stanley	1
St. Helen's	1
Royal Hospital	1
Redcliffe	1
Queen's Gate	1
Notting Dale	1
Norland	1
<b>Total</b>	<b>21</b>

Source: NHSBSA

### Smoking Cessation Service (SCS)

- 7.72 The Smoking Cessation Service was commissioned as an advanced service from 10th March 2022. It is an initiative designed to support individuals who want to quit smoking by offering accessible, evidence-based help through community pharmacies. It forms part of the NHS long term plan of making England a smoke-free society by supporting people in contact with NHS services to quit based on an established smoking cessation model, consequently reducing smoking rates, tackling smoking-related illnesses, reducing morbidity and mortality from smoking and reducing inequalities associated with higher rates of smoking. This service is open to adults referred from hospital settings under the NHS tobacco Dependency Treatment Programme as well as patients identified during routine pharmacy consultations.
- 7.73 Currently, only pharmacists and pharmacy technicians can provide this service.
- 7.74 To provide the service pharmacists and pharmacy technicians must have:
- Read and understood the operational processes to provide the SCS as described in the service specification.

- Successfully completed the following National Centre for Smoking Cessation and Training (NCSCT) courses and satisfactorily passed the assessments (where applicable):
- Stop Smoking Practitioner training and certification.
- Mental health and smoking cessation course.
- Pregnancy and smoking cessation course; and
- E-cigarettes: a guide for healthcare professionals course.
- Have read the NCSCT Standard Treatment Programme (STP), which will be used to support consultations.

7.75 Pharmacists and pharmacy technicians are also required to be aware of the availability of locally commissioned services that they can sign post patients to where applicable as well as support helplines or groups that they can inform patients about.

7.76 As part of the service requirements for this service, pharmacies are required to have a consultation room with IT equipment accessible within the room to allow for contemporaneous documentation of the consultations provided as part of this service. This means that pharmacies that have agreement with NHS England that their pharmacy is too small for a consultation room and pharmacies (including distance selling pharmacies) that do not have a consultation room are not able to provide this service solely on a remote basis.

7.77 Sixteen Kensington and Chelsea community pharmacies provide the Smoking Cessation Service.

**Table 7.9: Community pharmacies that provide the Smoking Cessation Service**

Pharmacy	Address	Locality
Blenheim Pharmacy	202 Portobello Road, London	Colville
Spivack Chemist	173 Ladbroke Grove, London	Notting Dale
Kensington Pharmacy	4 Stratford Road, London	Abingdon
Medicine Chest	413-415 Kings Road, London	Chelsea Riverside
Golborne Pharmacy	106 Golborne Road, London	Golborne
Chana Chemist	114 Ladbroke Grove, London	Colville
Zafash Pharmacy	233-235 Old Brompton Road, London	Redcliffe
Earls Court Chemist	206 Earls Court Road, London	Earl's Court
Boots	228-232 Fulham Road, London	Redcliffe
Dillons Pharmacy	24 Golborne Road, London	Golborne
Stickland Chemist	4-6 The Arcade, S.Kensington Underground, London	Brompton & Hans Town



Dr Care Pharmacy	73 Golborne Road, London	Golborne
Jhoots Pharmacy	513 Kings Road, London	Chelsea Riverside
Bramley Pharmacy	132 Bramley Road, London	St. Helen's
I.T. Lloyd	255 Kings Road, Chelsea, London	Chelsea Riverside
Notting Hill Pharmacy	12 Pembridge Road, London	Pembridge

Source: Community Pharmacy KCW

### Appliance Use Reviews (AUR) Service

7.78 The Appliance Use Review (AUR) service was the second Advanced Service introduced into the NHS Community Pharmacy Contractual Framework. It is offered by community pharmacies and Dispensing Appliance Contractors (DACs) who meet NHS requirements, including appropriate training and resources. It is designed to support patients using certain prescribed medical appliances by improving their understanding and use of the appliances, improving health outcomes and reducing waste. This is achieved through the following:

- establishing the way the patient uses the appliance and the patient's experience of such use
- identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient
- advising the patient on the safe and appropriate storage of the appliance; and
- advising the patient on the safe and proper disposal of the appliances that are used or unwanted

7.79 AURs can be conducted by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. Where it is clinically appropriate and with the consent of the patient, this can be provided by telephone or video consultation. However, such consultations must be done in a way that maintains patient's confidentiality by ensuring is not overheard by others (except by someone whom the patient wants to hear the conversation such as a carer).

7.80 Patients using prescribed medical appliances such as stoma appliances (such as colostomy or ileostomy bags), incontinence appliances (such as catheters and urine drainage bags) and wound care products can access this service. These patients are often identified during regular prescription dispensing or referred by healthcare professionals. AUR is appropriate for new appliance users as it helps to provide initial education on the appliance, when a patient reports issues such as discomfort or

difficulty in using the appliance and as part of routine review to ensure continued appropriate use.

- 7.81 No pharmacies within Kensington and Chelsea indicated providing the service. However, AURs can also be provided by prescribing health, social care providers and DACs within and outside the borough. Pharmacies have indicated through the LPC that they are willing to provide this service if commissioned.

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

- 7.82 The Stoma Appliance Customisation Service was introduced in April 2010. It is an advanced service offered by community pharmacies and DACs to ensure proper use and comfortable fitting of stoma appliances and to improve their duration of usage, thereby reducing waste. It is provided by suitably trained and qualified persons and involves customisation of multiple stoma appliances based on the patient's measurements or a template. Eligible appliances are listed in the Part IXC of the Drug Tariff and include stoma pouches, bags and associated accessories such as closures, covers and adhesive discs among others.
- 7.83 If on the presentation of a prescription, the community pharmacy is unable to provide the service because the provision of the appliance or its customisation is not within the pharmacists' normal course of business, the prescription must be referred to another pharmacy or appliance provider with the consent of the patient. In the case, the patient refuses to consent, the contact details of at least two pharmacies or suppliers of appliances who can provide the stoma appliance customisation service must be provided to the patient if contact details are known to the pharmacist. If the contact details are unknown to the pharmacist, the local NHS England team may provide this information, or it can be established by the pharmacist.
- 7.84 The service should usually be provided in an area within the pharmacy that meets the following criteria specified by the NHS:
- an area within the pharmacy that is distinct from the public area
  - clearly designated as a private area whilst the service is being provided
  - suitable and designated for the retention of the appropriate equipment for customisation
  - suitable and designated for modification of the appliances and
  - suitable for the volume of customisation being undertaken at any given time.



- 7.85 Where the pharmacy carries out customisation at other premises outside the pharmacy, such premises must comply with the above specified criteria and the pharmacy must have procedures that ensure co-operation with inspection and review of the premises where the service is provided by the local NHS England team.
- 7.86 Except in exceptional circumstances such as illness, a three-months' notice is required to be given to NHS England and NHSBSA should a pharmacy want to cease providing the service.
- 7.87 No pharmacies in Kensington and Chelsea provided this service but it is available from non-pharmacy providers within the borough (e.g. community health services) or from dispensing appliance contractors outside the borough.

### **Lateral Flow Device Tests Supply Service**

- 7.88 This was commissioned as an advanced service from 6th November 2023. This service involves distribution and availability of rapid antigen tests used to detect COVID-19 and allow eligible patients or their representatives to walk into any participating community pharmacy to collect one box of 5 LFD tests. The full list of the patient groups eligible for this service is contained in the NICE Guidance and include adults with risk factors for progression to severe COVID-19 as defined by the Independent advisory group commissioned by the Department of Health and Social Care.
- 7.89 Following an update to the National Institute for Health and Care Excellence (NICE) guidance on antiviral treatment for COVID-19, from 1<sup>st</sup> May 2025, eligibility criteria for the service were updated to exclude the following:
- People aged 85 years and over
  - People with end-stage heart failure who have a long-term ventricular assistance device
  - People on the organ transplant waiting list
  - People resident in a care home who are aged 70 years and over
  - People resident in a care home who have a BMI of 35 kg/m<sup>2</sup> or more
  - People resident in a care home who have diabetes
  - People resident in a care home who have heart failure
  - People currently in a hospital who are aged 70 years and over
  - People currently in a hospital who have a BMI of 35 kg/m<sup>2</sup> or more

- People currently in a hospital who have diabetes
- People currently in a hospital who have heart failure

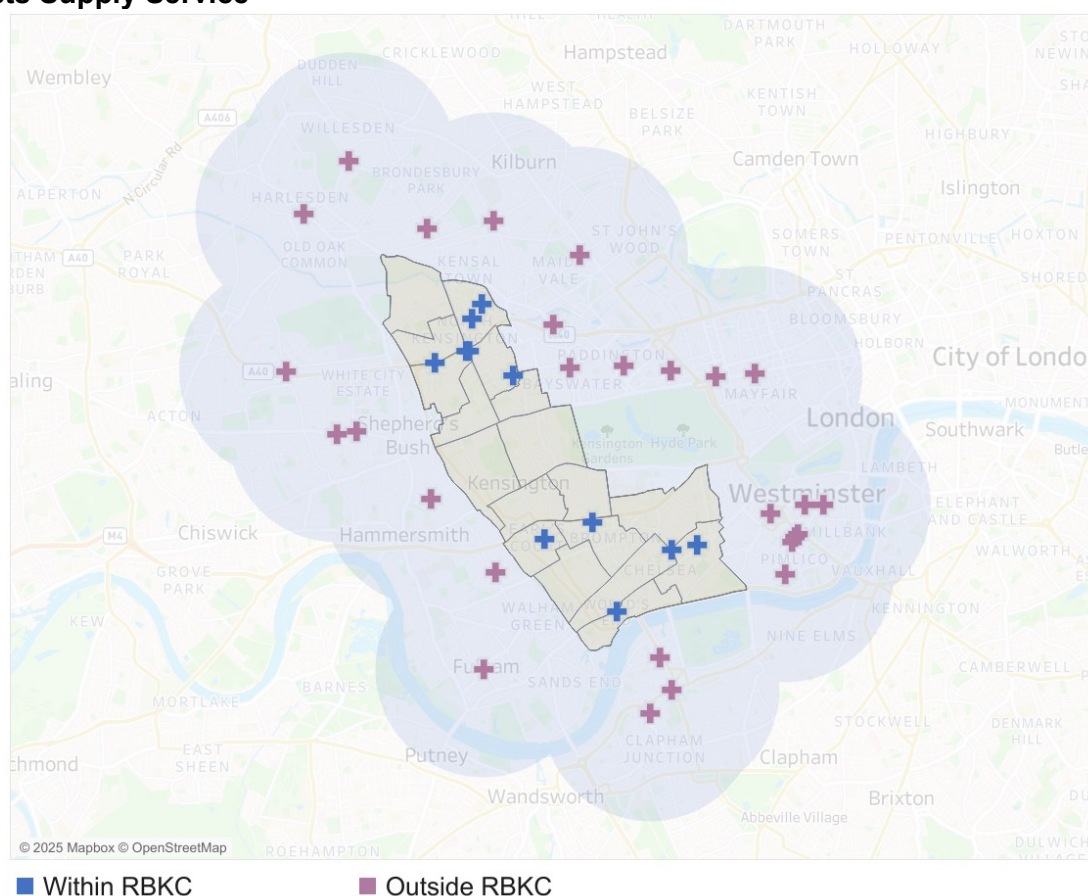
7.90 Before providing the service to patients, the pharmacist must confirm eligibility for supply of LFD tests through either of the following ways:

- Seeing the patient's NHS letter which confirms eligibility. However, not all patients will have been sent a letter
- Establishing that the patient qualifies under any of the pre-specified conditions or by age through having a discussion with the patient or their representative about the patient and their medical history, reviewing of the PMR or the National Care Records Service (NCRS) and then using their clinical judgement
- Referring to the pharmacy's clinical records for the service, where the pharmacy has previously seen and made a record of having seen a copy of the patient's NHS letter confirming eligibility or has previously had a discussion with the patient or their representative which confirmed their eligibility, and this was documented.

7.91 The NHS website has a service finder through which the public and other health care professionals can find pharmacies that provide this service. If a pharmacy wishes to withdraw from providing this service, they must notify the NHS England about their decision to cease providing the service via the Manage Your Service (MYS) portal, giving at least 30-days' notice.

7.92 11 out of the 39 pharmacies in Kensington and Chelsea provide the Lateral Flow Device Tests Supply Service. This is in addition to 27 other pharmacies within one mile of its borders that provide the Lateral Flow Device Tests Supply Service as can be seen in Figure 7.15 and table 7.10 below.

**Figure 7.15: Distribution of community pharmacies provide the Lateral Flow Device Tests Supply Service**



Source: NHSBSA

**Table 7.10: Number of pharmacies in Kensington and Chelsea that provide the Lateral Flow Device Tests Supply Service by ward**

Locality	Number of pharmacies
Royal Hospital	2
Golborne	2
Colville	2
St. Helen's	1
Notting Dale	1
Earl's Court	1
Courtfield	1
Chelsea Riverside	1
Total	11

Source: NHSBSA

## Enhanced Pharmacy Services

- 7.93 The enhanced services are commissioned by the NHS England London region, the ICB or the ICB through the DOP commissioning hub.

### London flu and COVID-19 vaccination service

- 7.94 This enhanced service enables eligible community pharmacies across London that sign up to participate to deliver both seasonal influenza and COVID-19 vaccinations, including co-administration, where both vaccines are offered in the same appointment, where clinically appropriate.
- 7.95 The aims of the service are to:
- Sustain and maximise uptake of flu vaccine (and COVID-19 vaccine) in at-risk groups by continuing to build the capacity of community pharmacies as an alternative to general practice attendance
  - To provide more opportunities and improve convenience for eligible patients to access flu vaccinations
  - Include provision of flu vaccinations to a wider patient group, including carers, asylum seekers, the homeless and children from 2 to 18 years
- 7.96 Three RBKC pharmacies currently provide the London flu and Covid vaccination service. These are Medicine Chest located at Kings Road, Golborne Pharmacy located at Golborne Road and Hillcrest Pharmacy located at Holland Park Avenue.

### Bank Holiday Rota

- 7.97 This service is commissioned by the ICB through the DOP commissioning hub
- 7.98 During bank holidays in London, pharmacies operate a rota system to ensure continuous service. For instance, over Christmas and New Year holidays, specific pharmacies in London are scheduled to be open on designated days and times. Two pharmacies in Kensington and Chelsea (Medicine Chest pharmacy located at Kings Road and Golborne pharmacy located at Golborne Road) are on the Bank holiday rota for 2024/2025. Pharmacies indicated in the contractor survey that they would be willing to provide this if commissioned.

### MMR Vaccination Service

- 7.99 The MMR vaccination service by community pharmacy contractors was commissioned by the NHS England London region in response to UK Health Security Agency

declaring a national incident over rising cases of measles. Pharmacy contractors who wish to provide the service must meet the service specifications and comply with all guidance published by the Commissioner relating to delivery of local vaccination services in community settings. The Contractor shall provide the service from the commencement date (1<sup>st</sup> July 2024) to the end date (30<sup>th</sup> June 2025), unless specified requirements for an earlier termination date are met and agreed. The MMR patient group direction details the inclusion and exclusion criteria.

7.100 The aims of this service include:

- To administer MMR vaccines as recommended by the Joint Committee on Vaccination and Immunisation (JCVI) in the Green book and MMR PGD
- Increase opportunities for patients to receive MMR vaccinations in a range of settings
- Maximise uptake of MMR vaccine by patients by providing vaccination services from pharmacy contractors where a need is identified by the commissioner

7.101 The following group of people are eligible for the MMR vaccination service:

- Those who are resident and/or registered with a GP practice in the London region, those who are resident in the London region and not registered with a GP practice and
- Individuals who are aged 5 years to 19yrs+364 days and having made reasonable attempts to check immunisation status via the London CHIS and/or the patient's SCR (Immunisations tab), in the reasonable opinion of the Pharmacy Contractor the Patient would not otherwise receive a vaccination

7.102 The Pharmacy Contractor must:

- Ensure that the delivery of the vaccination services is accessible, appropriate and sensitive to the needs of all patients
- Ensure every effort is made to access the Patients vaccination record via the London CHIS and/or the Summary Care Record (Immunisation tab) to establish eligibility for any outstanding MMR1 and or MMR 2 vaccines.
- Ensure that vaccinations are provided in line with the PGD and the Green Book;
- Have a process in place to check any updates to the Green Book; and
- Only administer MMR vaccine to patients under the provisions of this Enhanced Service
- Unless there is a documented or reliable verbal vaccine history, individuals should be assumed to be unimmunised and a full course of immunisations planned.

- Where a patient meets the eligibility requirement and is vaccinated, the contractor must notify the patient's GP and the London CHIS via the SONAR POC system that the patient has received vaccination.
- In line with the age cohorts and service specifications, on commissioner request and dependent on changes to current regulations, there may be a requirement to support a response to outbreaks

7.103 Though no pharmacies in Kensington and Chelsea provide the service, there is a pharmacy in the neighbouring borough of Westminster that delivers it (Hodgetts Chemist located at Abbey Road).

### **COVID-19 Oral Medicine Supply Service**

7.104 This service is commissioned by the ICB with the aim of prompt dispensing of prescriptions, patient counselling and delivery (if required) of the antiviral medication nirmatrelvir with ritonavir (Paxlovid®) for the treatment of COVID-19 for patients aged 18 and over by a selected number of community pharmacies across Northwest London that are signed up to provide the service.

7.105 Pharmacists and dispensary staff involved in the provision of the service are required to have relevant knowledge and training necessary to provide the service. This includes being aware of any updates to the national guidance regarding the treatment of COVID-19.

7.106 The pharmacy has a duty to offer support and advice to patients and their carers on the medication supplied to treat COVID-19 and to act as a point of contact for patients during their course of treatment and liaise with the prescriber e.g. GP/ Primary Care Pharmacist as deemed appropriate.

7.107 The pharmacy is only authorised to supply the antiviral medication in the original pack on the provision of a prescription sent from the selected Northwest London CMDU provider via EPS or paper FP10 (exceptional cases on a private prescription from the primary care CMDU provider if the patient has been triaged by this service).

7.108 As part of the supply process, the patient will be asked by the primary care provider (COVID Medicines Delivery Unit) their preferred pharmacy from those signed up to the service, and patients are encouraged to send a representative to collect the medication from the pharmacy. The EPS prescription will be sent to the pharmacy chosen by the patient or their representative. The patient's registered GP practice will also be notified of the prescription.

7.109 Though no pharmacies in Kensington and Chelsea provide the service, pharmacies can dispense against a prescription. Furthermore, there is a pharmacy in the neighbouring borough of Westminster that offers it (Remedy's Pharmacy located on Maida Vale).



# Chapter 8 - Other NHS services

- 8.1 This chapter looks at services that are part of the health service, that though not considered pharmaceutical services under the 2013 regulations, are considered to affect the need for pharmaceutical services.

## Locally commissioned services

- 8.2 These are services commissioned by the Royal Borough of Kensington and Chelsea and Northwest ICB to fulfil a local population health and wellbeing need. These services reduce the need for pharmaceutical services.

- 8.3 These services are listed below:

- Local authority commissioned services:
  - Needle exchange service
  - Supervised consumption service
  - Stop smoking Service
- NHS Northwest ICB commissioned services:
  - In-hours Palliative Medicine Supply Service
  - Out-of-Hours Palliative Medicine Supply Service

## Needle exchange service

- 8.4 The needle exchange service in Kensington and Chelsea supplies needles, syringes and other equipment used to prepare and take illicit drugs. The service is centred around the promotion of better health protection for intravenous drug users and to reduce the transmission of blood-borne viruses such as hepatitis B and C, and other infections caused by sharing injecting equipment.
- 8.5 Needle exchange services also aim to reduce the harm caused by injecting drugs through providing information and advice and acting as a gateway to other services, including drug treatment centres.
- 8.6 Needle exchange is not just for people who intravenous drug users but also for those who use steroids or other performance or image enhancing drugs (PIEDs), Psychoactive compounds, chemicals, plants and methamphetamine, ketamine or other drugs.

- 8.7 The requirements for the service are set out in the Turning Point Specification for Needle and Syringe Program and the community pharmacy agreement
- 8.8 Turning Point undertakes an annual audit to review quality of the service provision works closely with pharmacies and the local LPC over the lifetime of the agreement to review and agree any changes and provide a minimum of 28 days' notice to terminate where it is identified that quality standards are not met or if the demand is not there.
- 8.9 Four pharmacies in Kensington and Chelsea offer needle exchange service.

**Table 8.1: Community pharmacies offering needle exchange services**

Pharmacy	Address	Locality
Spivack Chemist	173 Ladbroke Grove, London	Notting Dale
Golborne Pharmacy	106 Golborne Road, London	Golborne
Baywood Dispensing Chemist	239 Westbourne Grove, London	Colville
Boots	254 Earls Court Road, London	Earl's Court

Source: Turning Point & Community Pharmacy KCW

### Supervised consumption

- 8.10 RBKC also commissions community pharmacies to provide supervised consumption as part of treatment services for opioid dependency.
- 8.11 Supervised consumption of opioid substitution treatment forms a critical element of safe and effective treatment in the community. It reduces risk of overdose and non-compliance with treatment, minimises diversion and enables people being treated for opioid dependency to utilise the benefits of pharmacy intervention around health choices. It is typically used for people who are new to treatment and/or have complex needs.
- 8.12 This service involves the client consuming methadone or buprenorphine under the direct supervision of a pharmacist in a community pharmacy.
- 8.13 It is a medicines adherence service which aims to reduce the risk of harm to the client by over- or under-usage of drug treatment, reduce the risk of harm to the local community by the inappropriate use of prescribed medicines via the illicit drug market or accidental exposure to prescribed medicines.
- 8.14 Pharmacies that provide this service:
- ensure each supervised dose is correctly administered to the service user for whom it was intended

- liaise with the prescriber, named key worker and others directly involved in the care of the service user
- monitor service users' response to the prescribed treatment
- help service users access treatment by offering referral to specialist drug and alcohol treatment centres and health and social care professionals where appropriate

8.15 Ten of RBKC's community pharmacies provide the Supervised Consumption Service

**Table 8.2: Community pharmacies offering supervised consumption services**

Pharmacy	Address	Locality
Blenheim Pharmacy	202 Portobello Road, London	Colville
Spivack Chemist	173 Ladbroke Grove, London	Notting Dale
Medicine Chest	413-415 Kings Road, London	Chelsea Riverside
Golborne Pharmacy	106 Golborne Road, London	Golborne
Worlds End Pharmacy	469 Kings Road, London	Chelsea Riverside
Boots	228-232 Fulham Road, London	Redcliffe
Baywood Dispensing Chemist	239 Westbourne Grove, London	Colville
Boots	254 Earls Court Road, London	Earl's Court
Dr Care Pharmacy	73 Golborne Road, London	Golborne
Boots	60 Kings Road, Chelsea, London	Royal Hospital

Source: Turning Point & Community Pharmacy KCW

## Stop smoking service

- 8.16 This service will enable pharmacies to support residents who smoke to quit smoking by providing evidence-based face-to-face treatment and behavioural support to those smokers making quit attempts. Nicotine replacement therapy is offered to support residents in their quit attempts. The pharmacy will deliver the service in-line with government strategy and the most recent best practice recommendations for stop smoking services issued by the National Institute for Health and Care Excellence (NICE) and the National Centre for Smoking Cessation and Training (NCSCT).
- 8.17 This service will be provided on the pharmacy's premises and delivered within existing operating hours of the Pharmacy's premises, including weekend and evening provision to meet the needs of Residents.
- 8.18 The pharmacy will offer each patient weekly counselling sessions for a total of 6 sessions comprising pre-quit, quit date and 4 follow-up sessions as highlighted below

8.19 The pharmacy can deliver sessions face to face, remotely or as a combination of both. Carbon monoxide (CO) monitoring will be used to verify the 4-week quit and will be carried out at every session where possible.

- Session 1 Initial Appointment (60mins)

Aim - Introduce the programme, understand past quit experiences, agree on a quit date, and determine the appropriate stop smoking aid(s) to be used.

- Session 2 Quit Date (30mins)

Aim. To confirm readiness to quit, discuss planning for high-risk situations, and recap the importance of the “not a puff” rule.

- Support Sessions x 4 including 4-week Quit.

These sessions give support and guidance on how to maintain and sustain quitting using behavioural strategies.

8.20 At the time of drafting this PNA, no RBKC pharmacy had enrolled to deliver the service.

#### **In-hours Palliative care medicines supply service**

8.21 Palliative care drugs are specialist medicines that may not be all routinely stocked in all community pharmacies. The purpose of this service is for community pharmacies to stock and supply an agreed list of specialist medicines for use in palliative care during usual opening hours to allow for an increase in patient care in the community. This allows rapid access to the supply of these medicines commonly prescribed in palliative (or End of Life) care, to enable a greater percentage of patients to die in their own home, if they wish to.

8.22 Kensington and Chelsea is part of NHS Northwest London, which along with other boroughs operate a rota to supply this service.

8.23 If the participating pharmacy is not able to dispense the required medication within a reasonable timeframe, or at least on the same day, the pharmacy must make arrangements on behalf of the patient or carer for another pharmacy locally to dispense the required medication (e.g. telephone another local pharmacy on the list of pharmacies providing in hours palliative drugs service or wholesalers to check they have the required medications and help to get the prescription sourced).

- 8.24 On the very occasional incidences where medicines are not available in any pharmacy (e.g. manufacturing problems) the participating pharmacy will liaise directly with the prescriber to identify a suitable course of action.
- 8.25 Five pharmacies in Kensington and Chelsea are on the rota to provide the In-hours palliative care medicines supply service. These pharmacies hold the specified list of medicines and will dispense them in response to an NHS prescription.

### **Out-of-hours Palliative care medicines supply service**

- 8.26 This service requires pharmacists to supply a medicine on the approved palliative care medicines list only via a prescription when no pharmacy in the locality is open. The pharmacist shall make the supply when contacted by the out of hours provider.
- 8.27 GPs, hospices, health care professionals, care homes, and community health trusts can access the community pharmacies commissioned to provide this service
- 8.28 Three pharmacies in Kensington and Chelsea are on the rota to provide the out-of-hours palliative care medicines supply service.

### **Other prescribing centres**

- 8.29 These are considered in the PNA as they have the potential to increase demand for pharmaceutical services

### **Walk-in Centres**

- 8.30 These centres provide urgent medical care for non-life-threatening conditions. Below are the walk-in centres in Kensington and Chelsea
- St Charles Centre for Health and Wellbeing located at Exmoor Street
  - Chelsea and Westminster Hospital Urgent Care Centre located at Fulham Road

### **GP extended access hubs**

- 8.31 Enhanced Access Services are established to provide patients with improved access to GP appointments outside of standard working hours. These services are coordinated through various Enhanced Access Hubs across the area. Appointments are available during weekday evenings and weekends, aiming to accommodate patients who may have difficulty attending during regular hours.
- 8.32 The extended access hubs are strategically located to serve different areas in Kensington and Chelsea.
- 8.33 GP extended access hubs in RBKC include:

- Violet Melchett Health Centre located in Flood Walk
- St Charles Centre for Health & Wellbeing on Exmoor Street

### **End of life services**

8.34 A range of services are available in Kensington and Chelsea to support individuals requiring end-of-life care, including inpatient facilities, community-based services, and support organizations. These services aim to provide compassionate care tailored to individual's needs, ensuring comfort and dignity during end-of-life stages.

8.35 End of life services is available to Kensington and Chelsea residents from the following locations:

- Pembridge Hospice and Palliative Care located at St Charles Centre for Health and Wellbeing on Exmoor Street
- Chelsea and Westminster Hospital at Fulham Road
- The Royal Marsden Hospital located at Fulham Road

### **Mental Health Services**

8.36 A variety of mental health services are available in Kensington and Chelsea to support individuals with their mental health. These services include community-based teams, specialized programs, and support organizations, all working collaboratively to provide comprehensive care:

- Kensington and Chelsea Children and Adolescent Mental Health Services (CAMHS) located at Ladbroke Grove
- Chelsea and Westminster Hospital - Mental Health Services located at Fulham Road

# Chapter 9 - Conclusions and Statements

- 9.1 This PNA has considered the current provision of pharmaceutical services across Kensington and Chelsea's HWB area and assessed whether it meets the needs of the population and whether there are any gaps in the provision of pharmaceutical services either now or within the lifetime of this document,
- 9.2 This chapter will summarise the conclusions of the provision of these services in Kensington and Chelsea with consideration of surrounding HWB areas.

## Current Provision

- 9.3 The Kensington and Chelsea PNA steering group has identified the following services as necessary to meet the need for pharmaceutical services:
- Essential services provided at all premises, including those though outside the Kensington and Chelsea HWB area, but which nevertheless contribute towards meeting the need for pharmaceutical services in the area.
- 9.4 Other Relevant Services are services provided which are not necessary to meet the need for pharmaceutical services in the area, but which nonetheless have secured improvements or better access to pharmaceutical services. The Kensington and Chelsea PNA Group has identified the following as Other Relevant Services:
- Adequate provision of advanced, enhanced, and locally commissioned services to meet the need of the local population, including premises which although outside the Kensington and Chelsea HWB area, but which nevertheless have secured improvements, or better access to pharmaceutical services in its area.
- 9.5 Preceding chapters of this document have set out the provisions of these services with reference to the localities, as well as identifying service by contractors outside the HWB area, as contributing towards meeting the need for pharmaceutical services in Kensington and Chelsea.

## Current provision of necessary services

- 9.6 Essential services are deemed as necessary services as described above. In assessing the provision of essential services against the needs of the population, the PNA steering group considered access as the most important factor in determining the extent to which the current provision of essential services meets the needs of the



population. To determine the level of access within the borough to pharmaceutical services, the following criteria were considered:

- Distance and travel time to pharmacies
- Opening hours of pharmacies
- Proximity of pharmacies to GP practices
- Demographics of the population
- Health needs of the population and patient groups with specific pharmaceutical service needs

9.7 The above criteria were used to measure access in each of the 18 localities within Kensington and Chelsea's HWB.

9.8 There are 2.5 community pharmacies per 10,000 residents in Kensington and Chelsea. This ratio is far greater than the London average of 1.9 as well as the national average of 1.7 pharmacies per 10,000 residents.

9.9 The entire borough's population is within 1 mile of a pharmacy. Additionally, all residents are within a 20-minute commute of a pharmacy via public transport. All GP practices are also within 1 mile of a pharmacy.

9.10 Factoring in all of this, the residents of Kensington and Chelsea are well served in terms of the number and location of pharmacies.

#### *Current provision of necessary services during normal working hours*

9.11 All pharmacies are open for at least 40 hours each week. There are 38 community pharmacies in HWB area, and a further 88 within a mile of the border of Kensington and Chelsea, providing good access as shown in Chapter 7.

Based on the information available at the time of developing the PNA, no gaps were identified in the current provision of necessary services inside normal working hours in any of the 17 localities in Kensington and Chelsea.

#### *Current provision of necessary services outside normal working hours*

9.12 On weekdays, 30 pharmacies in Kensington and Chelsea are open after 6pm. These are mapped out in Chapter 7 and show good coverage of services available on weekdays outside normal working hours.

9.13 Thirty-six of the borough's thirty-eight community pharmacies are open on Saturday while seventeen are open on Sunday. Considering these pharmacies and those in

neighbouring boroughs, as shown in the maps in Chapter 7, there is adequate accessibility of pharmacies to residents on weekends.

Based on the information available at the time of developing the PNA, no gaps were identified in the current provision of necessary services outside normal working hours in any of the 17 localities.

## **Current provision of other relevant services**

### ***Current provision of advanced pharmacy services***

- 9.14 The following advanced services are currently available for provision by community pharmacies: Pharmacy First Service, New Medicine Service, Flu Vaccination Service, Pharmacy Contraception Service, Hypertension Case-finding service, Smoking Cessation Service, Appliance Use Reviews, Stoma Appliance Customisation and Lateral Flow Device tests supply service.
- 9.15 The Pharmacy First Service is provided by majority (33 out of 38) of the pharmacies in the borough.
- 9.16 NMS is widely available with 33 pharmacies in the borough providing it.
- 9.17 Flu vaccinations are also widely provided, with 30 pharmacies in the borough offering them.
- 9.18 Twenty-one pharmacies provide the Hypertension Case-finding Service.
- 9.19 Twenty-eight pharmacies in Kensington and Chelsea offer the Pharmacy Contraception Service.
- 9.20 Sixteen pharmacies in Kensington and Chelsea provide the Smoking Cessation Service.
- 9.21 Though the available NHSBSA data does not show any Kensington and Chelsea pharmacies delivering the AURs or SACs, pharmacies indicated via they contractor survey that they do. These services are also widely available from other health providers such as district nurses and dispensing appliance contractors.
- 9.22 The Lateral Flow Device test supply service is provided by 11 pharmacies in Kensington and Chelsea.
- 9.23 It is therefore concluded that there is sufficient provision of advanced services to meet the needs of the residents of Kensington and Chelsea.

### *Current access to enhanced pharmacy services*

- 9.24 There are currently four enhanced services commissioned by the NHSE London region, the ICB or the ICB through the DOP commissioning hub. These are the London flu and COVID-19 vaccination service (offered at three pharmacies), the Bank Holiday Rota Service (provided by two pharmacies), MMR vaccination Service and COVID-19 oral medicine supply service.
- 9.25 Though no RBKC pharmacies currently deliver the MMR vaccination and COVID-19 oral medicine supply services, pharmacies have indicated they are willing to provide them in response to a need arising.

### *Current access to locally commissioned services*

- 9.26 These services are commissioned by RBKC and Northwest London ICB. Pharmacies are commissioned to deliver these services to fulfil the specific health and wellbeing of the borough's population. These services include Needle exchange services, Supervised Consumption, a local Stop Smoking Service, In-Hours Palliative Medicine Supply Service and Out of Hours Palliative Medicine Supply Service
- 9.27 Four pharmacies in Kensington and Chelsea offer the needle exchange service
- 9.28 Ten community pharmacies in Kensington and Chelsea provide the Supervised Consumption Service.
- 9.29 At the time of writing, no RBKC pharmacies had enrolled to deliver the local Stop Smoking Service, but as it is new service, it is anticipated that pharmacies will enrol in due course.
- 9.30 Five pharmacies are on the rota to provide the In-hours palliative care medicines supply service.
- 9.31 Three pharmacies in Kensington and Chelsea are on the rota to provide the out-of-hours palliative care medicines supply service
- 9.32 Overall, there is very good availability of locally commissioned services in the borough.

Based on the information available at the time of developing the PNA, no gaps were identified in services that if provided would secure improvements and better access to pharmaceutical services in general, or pharmaceutical services of a specific type in any of the 18 localities.

## **Future Provision**

- 9.33 The Health and Wellbeing Board has considered the following future developments:

- Forecasted population growth
- Housing Development information
- Regeneration projects
- Changes in the provision of health and social care services
- Other changes to the demand for services

## **Future provision of necessary services**

### ***Future provision of necessary services during normal working hours***

- 9.34 The Department of Health and Social Care (DHSC) laid out new regulations in June 2025 affecting distance selling pharmacies (DSPs). This includes that from 23<sup>rd</sup> June 2025, no new applications for DSPs can be accepted/are permitted under the Pharmaceutical and Local Pharmaceutical Services (PLPS) regulations. It is also expected that from 1<sup>st</sup> October 2025 (with exception of COVID-19 and influenza vaccination services), DSPs will no longer be permitted to deliver directed services (Advanced and Enhanced services) in person to a patient. They may continue to deliver the COVID-19 and influenza vaccination services onsite, face-to-face, at their premises, until 31<sup>st</sup> March 2026.
- 9.35 The analysis has considered expected population increase particularly in the Dalgarno ward. Kensington and Chelsea pharmacies have low dispensing numbers compared to the rest of the nation (4,361 items per month compared to 8,689 for the national average). This indicates that the pharmacies have ample capacity to cater for the additional pharmaceutical provision demands created by the forecasted population increase.
- 9.36 It is therefore concluded that pharmacy provision within Kensington and Chelsea is well placed to support changes anticipated during the lifetime of the PNA.

Based on the information available at the time of developing this PNA, no gaps were identified in the future provision of necessary services during normal working hours in the lifetime of this PNA in any of the 18 localities.

### ***Future provision of necessary services outside normal working hours***

- 9.37 The Health and Wellbeing Board is not aware of any notifications to change the supplementary opening hours for pharmacies at the time of publication.

Based on the information available at the time of developing this PNA, no gaps were identified in the future provision of necessary services outside of normal working hours in the lifetime of this PNA in any of the 18 localities.

### **Future provision of other relevant services**

- 9.38 Through the contractor survey, local pharmacies have indicated that they have capacity to meet future increases in demand for advanced, enhanced and locally commissioned services.
- 9.39 The PNA analysis is satisfied that there is sufficient capacity to meet any increased demand of services.

Based on the information available at the time of developing this PNA, no future needs were identified for improvement and better access in any of the localities.

# Appendix A: Westminster City Council and Royal Borough of Kensington and Chelsea PNA Group Terms of Reference

## Background

NHS pharmaceutical services operate within a regulated market, requiring any pharmacist who wishes to provide these services to apply for inclusion on the Pharmaceutical List. The framework for this process is established by the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (SI 2013 No. 349) and subsequent amendments.

Under these regulations, Health and Wellbeing Boards are responsible for publishing a Pharmaceutical Needs Assessment (PNA) every three years. A PNA assesses the need for pharmaceutical services within a given area, detailing the services currently provided and their accessibility for the population. NHS England uses the PNA as a basis for evaluating applications and for shaping local commissioning strategies.

The Westminster and Kensington and Chelsea Health and Wellbeing Boards have now commenced the update of their PNAs, targeted for completion by 1st October 2025.

## Role

The primary role of the PNA group is to advise and develop structures and processes to support the preparation of the PNA. Ensuring that is comprehensive, well researched, well considered and robust. In addition, the group is responsible for:

- Responding to formal PNA consultations from neighbouring HWBs on behalf of the Health and Wellbeing boards.
- Establishing arrangements to ensure the appropriate maintenance of the PNA, following publication, in accordance with the Regulations.

## Objectives

- Ensure the new PNA meets the requirements of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and its amendments. This includes current and future needs of pharmaceutical access.
- Develop the PNA so that it documents all locally commissioned services, including public health services commissioned; and services commissioned by NHS North West

London ICB and other NHS organisations as applicable; and provides the evidence base for future local commissioning.

- Agree a project plan and ensure representation of the full range of stakeholders.
- Ensure an engagement plan is developed to inform pre-consultation engagement and to ensure that the formal consultation meets the requirements of the Regulations.
- Ensure that the PNA, integrates, and aligns with the joint strategic needs assessment, the health and wellbeing strategy and other key regional and national strategies.
- Ensure that the requirements for the development and content of PNAs are followed, and that the appropriate assessments are undertaken, in accordance with the Regulations. This includes documenting current and future needs for, or improvements and better access to, pharmaceutical services as will be required by the local population.
- Approve the framework for the PNA document, including determining the maps which will be included.
- Ensure that the PNA contains sufficient information to inform commissioning of enhanced services, by NHS England; and commissioning of locally commissioned services by NHS North West London ICB and other local health and social care organisations.
- Ensure a robust, and timely consultation is undertaken in accordance with the regulations; including formally considering and acting upon consultation responses and overseeing the development of the consultation report for inclusion in the final PNA.
- Consider and document the processes by which the HWB will discharge its responsibilities for maintaining the PNA.
- Where appropriate, comment, on behalf of the Health and Wellbeing Board, on formal PNA consultations undertaken by neighbouring HWBs
- Advise the HWB, if required, when consulted by NHS England in relation to consolidated applications.
- Document and manage potential and actual conflicts of interest.

### **Accountability and reporting**

The Westminster and Kensington and Chelsea Health and Wellbeing Boards have delegated responsibility for the development and maintenance of the PNA; and for formally responding to consultations from neighbouring HWBs to the PNA Group.

The PNA Group will be accountable to the Health and Wellbeing Board and will report on progress as required by the Health and Wellbeing Board.

The pre-consultation draft and the final draft PNA will be presented to the Health and Wellbeing Board for approval.



## Membership

**Chair:** Ashlee Mulimba, Healthy Dialogues

Name	Organisation
Blessing Ogunoshun	Healthwatch
Anne-Marie McCooey	NHS North West London ICB
Hitesh Patel	Community Pharmacy KCW
Colin Brodie	Westminster City Council and the Royal Borough of Kensington and Chelsea
Joel Mulimba	Healthy Dialogues
Ashlee Mulimba	Healthy Dialogues

An agreed deputy may be used where the named member of the group is unable to attend. Other staff members / stakeholders may be invited to attend meetings for the purpose of providing advice and/or clarification to the group.

## Quorum

A meeting of the group shall be regarded as quorate where there is one representative from each of the following organisations / professions:

- Chair (or nominated deputy)
- Representative from Public Health for Westminster City Council and the Royal Borough of Kensington and Chelsea
- NHS North West London ICB
- Community Pharmacy KCW
- Healthy Dialogues

## Declaration of Interests

It is important that potential, and actual, conflicts of interest are managed:

- Declaration of interests will be a standing item on each PNA Group agenda.
- A register of interests will be maintained and will be kept under review by the HWB.
- Where a member has a potential or actual conflict of interest for any given agenda item, they will be entitled to participate in the discussion but will not be permitted to be involved in final decision making.

## Frequency of meetings

The group will meet on a monthly basis or as required for the lifetime of this project.

Following publication of the final PNA, the PNA Group will be convened on an 'as required' basis to:

- Fulfil its role in timely maintenance of the PNA

Advise the HWB, when consulted by NHS England, in relation to consolidated applications.

## Appendix B: List of pharmaceutical service providers in Kensington and Chelsea HWB area (correct as of August 2025)

Pharmacy	ODS Code	Address	Post Code	Open in evenings	Open on Saturday	Open on Sunday	AUR	Flu vaccination	Hypertension Case-Finding	LFD	NMS	PCS	Pharmacy First	SCS	SAC	Supervised consumption	Needle exchange
A Moore & Co	FTH32	25e Lowndes Street, London	SW1X 9JF	N	Y	N	N	N	N	N	N	Y	N	N	N	N	N
Andrews Pharmacy	FP803	149b Sloane Street, London	SW1X 9BZ	N	Y	N	N	N	N	N	N	N	N	N	N	N	N
Baywood Dispensing Chemist	FMD23	239 Westbourne Grove, London	W11 2SE	Y	Y	N	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y
Blenheim Pharmacy	FAV27	202 Portobello Road, London	W11 1LA	Y	N	N	N	Y	N	Y	Y	Y	Y	Y	N	Y	N
Boots	FEF09	147-149 Brompton Road, Knightsbridge, London	SW3 1QP	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	N	N	N	N
Boots	FF592	96-98 Notting Hill Gate, London	W11 3QA	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	N	N	N	N
Boots	FG051	148-150 Kings Road, Chelsea, London	SW3 4UT	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	N	N	N	N
Boots	FLF10	Units 30-31, Gloucester Arcade, 128 Gloucester Road, London	SW7 4SF	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	N	N	N	N
Boots	FLR83	228-232 Fulham Road, London	SW10 9NB	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	N	Y	N

Pharmacy	ODS Code	Address	Post Code	Open in evenings	Open on Saturday	Open on Sunday	AUR	Flu vaccination	Hypertension Case-Finding	LFD	NMS	PCS	Pharmacy First	SCS	SAC	Supervised consumption	Needle exchange
Boots	FM115	127a Kensington High St, London	W8 5SF	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	N	N	N	N
Boots	FMH12	254 Earls Court Road, London	SW5 9AD	N	Y	Y	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y
Boots	FRP77	60 Kings Road, Chelsea, London	SW3 4UD	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	N	N	Y	N
Bramley Pharmacy	FRJ68	132 Bramley Road, London	W10 6TJ	Y	Y	N	N	Y	Y	Y	Y	N	Y	Y	N	N	N
Calder Pharmacy Of Notting Hill	FX265	55/57 Notting Hill Gate, London	W11 3JS	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
Chana Chemist	FHR66	114 Ladbroke Grove, London	W10 5NE	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	N	N	N
Chelsea Green (Astell) Pharmacy	FMD22	6 Elystan Street, London	SW3 3NS	N	Y	N	N	Y	N	Y	Y	Y	Y	N	N	N	N
Chelsea Pharmacy	FRM07	61-63 Sloane Avenue, London	SW3 3DH	Y	Y	Y	N	Y	N	Y	Y	Y	Y	N	N	N	N
Dajani Pharmacy	FJA08	92 Old Brompton Road, London	SW7 3LQ	Y	Y	Y	N	N	N	N	Y	N	N	N	N	N	N
Day Lewis Pharmacy	FTC71	Lower Ground Floor, 87-135 Brompton Road, Knightsbridge, London	SW1X 7XL	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	N	N	N	N
Dillons Pharmacy	FLV31	24 Golborne Road, London	W10 5PF	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	N	N	N
Dr Care Pharmacy	FNC99	73 Golborne Road, London	W10 5NP	Y	Y	N	N	N	N	N	Y	N	N	Y	N	Y	N

Pharmacy	ODS Code	Address	Post Code	Open in evenings	Open on Saturday	Open on Sunday	AUR	Flu vaccination	Hypertension Case-Finding	LFD	NMS	PCS	Pharmacy First	SCS	SAC	Supervised consumption	Needle exchange
Dr Evans Pharmacy	FF202	15 Elgin Cresent, Kensington, London	W11 2JA	N	Y	N	N	Y	N	Y	Y	Y	Y	N	N	N	N
Earls Court Chemist	FKG79	206 Earls Court Road, London	SW5 9QB	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	N	N	N
Golborne Pharmacy	FH396	106 Golborne Road, London	W10 5PS	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	N	Y	Y
Harley's Pharmacy	FLA67	35-37 Old Brompton Road, London	SW7 3HZ	Y	Y	Y	N	Y	Y	Y	Y	N	Y	N	N	N	N
Hillcrest Pharmacy	FNY66	104-106 Holland Park Ave, London	W11 4UA	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	N	N	N	N
I.T. Lloyd	FTV78	255 Kings Road, Chelsea, London	SW3 5EL	Y	Y	N	N	N	N	Y	Y	N	Y	Y	N	N	N
Jhoots Pharmacy	FQH86	513 Kings Road, London	SW10 0TX	N	N	N	N	N	Y	Y	Y	Y	Y	Y	N	N	N
Kensington Pharmacy	FCK97	4 Stratford Road, London	W8 6QD	Y	Y	N	N	N	N	Y	Y	Y	Y	Y	N	N	N
Medicine Chest	FE207	413-415 Kings Road, London	SW10 0LR	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	N	Y	N
Notting Hill Pharmacy	FX258	12 Pembridge Road, London	W11 3HL	Y	Y	N	N	N	N	Y	Y	Y	Y	Y	N	N	N
Pestle & Mortar	FY364	213 Kensington High St, London	W8 6BD	Y	Y	Y	N	Y	N	Y	Y	Y	Y	N	N	N	N
Shelly's	FK764	10 North Pole Road, North Kensington, London	W10 6QL	Y	Y	N	N	N	N	Y	Y	N	Y	N	N	N	N
Speedwell Pharmacy	FNL97	The Gatehouse, St Charles Ctr, Exmoor St, London	W10 6DZ	Y	N	N	N	N	Y	Y	Y	N	Y	N	N	N	N
Spivack Chemist	FC727	173 Ladbroke Grove, London	W10 6HJ	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	N	Y	Y

Pharmacy	ODS Code	Address	Post Code	Open in evenings	Open on Saturday	Open on Sunday	AUR	Flu vaccination	Hypertension Case-Finding	LFD	NMS	PCS	Pharmacy First	SCS	SAC	Supervised consumption	Needle exchange
Stickland Chemist	FN445	4-6 The Arcade, S. Kensington Underground, London	SW7 2NA	Y	Y	N	N	Y	N	Y	N	N	Y	Y	N	N	N
Worlds End Pharmacy	FL862	469 Kings Road, London	SW10 0LU	N	Y	N	N	N	Y	Y	Y	Y	Y	N	N	Y	N
Zafash Pharmacy	FJ365	233-235 Old Brompton Road, London	SW5 0EA	Y	Y	Y	N	Y	N	Y	Y	N	Y	Y	N	N	N

# Appendix C: Consultation report

This report presents the findings of the consultation for the Kensington and Chelsea PNA for 2025 to 2028.

For the consultation, the draft PNA was sent to a list of statutory consultees outlined in Chapter 1, paragraph 1.13. In total 6 people responded to the consultation via email or via our consultation survey, they represented:

- Two members of the public (via survey)
- Three community pharmacies (Victoria pharmacy, Boots pharmacy, Baywood chemist (via survey)
- NHS England via email

The PNA steering group constituted the majority of the stakeholders we must consult with for this consultation who fed into this PNA before it was presented for the 60-day consultation.

The responses to the survey regarding the PNA were positive. They are presented in the table below. Additional comments received via are presented in the table that follows.

Consultation survey Question	Yes	No	Unsure or not applicable
Has the purpose of the pharmaceutical needs assessment been explained?	4	1	
Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?	2	1	2
Are there any gaps in service provision i.e. when, where and which services are available that have not been identified in the pharmaceutical needs assessment?	1	2	2
Does the draft pharmaceutical needs assessment reflect the needs of your area's population?	2		3
Has the pharmaceutical needs assessment provided information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises?	2		3
Has the pharmaceutical needs assessment provided information to inform how pharmaceutical services may be commissioned in the future?	2	2	1
Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?	1	2	2
Do you agree with the conclusions of the pharmaceutical needs assessment?	2		3
Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted?	2	1	2

The table below presents the comments received during the statutory 60-day consultation period and the response to those comments from the steering group.

Comment received during consultation	PNA Steering Group response
<p><b>NHS England:</b> The “100” hour pharmacy at Tesco West Cromwell Road is due to close on 16 Aug 25. This needs to be taken into account within the PNA and an assessment made to see if this contributes to any change in the statements made regarding access etc.</p>	<p>The closure was discussed in Chapter 9 of the draft document. In this final version of the document, this pharmacy has now been excluded and no geographic gaps in service provision has resulted.</p>
<p><b>NHS England:</b> FAV27 – Blenheim Pharmacy does not open on Sundays. FNL97 – Speedwell pharmacy does not open on Saturdays as from April 2025 FL862 – World’s End Pharmacy does not open after 6pm on weekdays FJ365 – Zafash Pharmacy does open late on weekdays as they close at midnight.</p>	<p>Thank you for your response and for providing an update of pharmacy services. The list of pharmacies listed in the draft for consultation was gleaned from NHBSA data as of December 2024. The pharmacy list and times have been updated and changes made to the document as appropriate.</p>
<p><b>NHS England:</b> The reduction in hours for “100” hour pharmacies was optional and not a given, one of the pharmacies in Kensington and Chelsea as yet has not reduced their hours but still has that option if they determine that they wish to reduce hours. The narrative on the PNA appears to suggest that all of the “100” hour pharmacies have reduced hours to 72 hours, and this is not the case.</p>	<p>The wording in the PNA states that terms of service were amended such that 100-hour pharmacies are allowed to reduce their hours to no less than 72 hours without needing to demonstrate a change in need. This does not indicate that all 100-hour pharmacies must reduce their hours of operation.</p>
<p>As community pharmacy services have been delegated to ICBs, it is the ICB that is commissioning enhanced services although in some instances it could be through the DOP Commissioning Hub. There are also National enhanced pharmacy services commissioned by NHS England. The London flu, Covid and MMR are commissioned by NHS England, London Region. The Bank Holiday Rota is commissioned by the ICB through the DOP Commissioning Hub Covid-19 Oral Medicine Supply Service would be commissioned by the ICB if there were a service in this borough. Locally Commissioned services commissioned by the ICB will need to become enhanced services at the time that these are renewed.</p>	<p>The commissioning bodies for the services have been updated as appropriate.</p>
<p><b>Victoria Pharmacy:</b></p>	<p>Victoria Pharmacy was not listed within this PNA. There is, however, a</p>



<p>“Victoria Pharmacy is located in Millbank area not vincent square, also we are open in the evening until 6pm and we also provide the hypertension case finding service”</p>	<p>pharmacy in Westminster (ODS code FA467) located on Page Street and has been included in the Westminster PNA. That pharmacy is located in Vincent Square ward.</p>
<p><b>Member of the public:</b></p> <p>“The List of Medication that The N.H.S. Expects Pensioners To Pay For and The Reason Why Especially Allergic Medication Which Are Potentially Life-Saving, Allergies Do Kill.”</p> <p>“Anyone who Takes On the Responsibility of Prescribing Medication to People in the Community, Should be Properly Trained and have A Certificate to Show their Proficiency in Doing so. The Patients History of taking Other Medications is Important in Prescribing to patients Both in Primary or Secondary care Because of Drug Interactions. Also No Pensioners Should be Paying for Anti-Allergic Medication as These are Life Saving Medicines and In this High Cost of Living Life Saving Medications should be given Free at point of Need, to Avoid Long Waiting in Accident and Emergency Departments by the Most Vulnerable.”</p>	<p>While these issues were outside the scope of the Pharmaceutical Needs Assessment (PNA), the comments regarding Pensioners paying for some medicines which are potentially lifesaving, proficiency of Prescribers in the community and long wait times at Accident and Emergency departments have been shared with the LPC and the ICB for discussion.</p>