



DRAFT Pharmaceutical Needs Assessment 2025

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

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

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

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Abbreviations

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

LCS – Locally Commissioned Service
LFD – Lateral Flow Device
LPS – Local Pharmaceutical Service
LSOA – Lower Super Output Area
LTC – Long Term Condition
LTP – Long Term Plan
MECC – Making Every Contact Count
MMR – Measles, Mumps and Rubella
NES – National Enhanced Service
NHS – National Health Service
NHSE – NHS England
NMS – New Medicine Service
NPA – National Pharmacy Association
OHID – Office for Health Improvement and Disparities
ONS – Office for National Statistics
PhAS – Pharmacy Access Scheme
PNA – Pharmaceutical Needs Assessment
PCN – Primary Care Network
PCS – Pharmacy Contraception Service
PCT – Primary Care Trust
PGD – Patient Group Direction
PoCT – Point-of-Care Testing
PQS – Pharmacy Quality Scheme
PWID – People Who Inject Drugs
QOF – Quality and Outcomes Framework
RBK – Royal Borough of Kingston Upon Thames
SAC – Stoma Appliance Customisation
SCS – Smoking Cessation Service
SHLAA – Strategic Housing Land Availability Assessment
SMR – Standardised Mortality Ratio
STI – Sexually Transmitted Infection
SWL – South West London
TA – Temporary Accommodation

Executive summary

Introduction

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

Aim, objectives and methodology

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

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

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

The process consisted of:

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

National Health Service (NHS) pharmaceutical services in England

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

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

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

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

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

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

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

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

About Kingston

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

- The population

Kingston has a population of 171,170 (2024) of which 68% are classified White and 32% are non-white. Over the last few years, the population diversity has increased. The 2021 Census reports that 82.7% of Kingston residents (aged three and over) speak English as their first language at home, which is a very similar proportion to the previous census (83.6%). After English, the three most common languages spoken in the borough as a first language are Tamil, Korean and Arabic. Since the previous census in 2011, Arabic has overtaken Polish as third most commonly used language. In 2024, 23% of the population were children and young people and 15% of the population were aged 65 and over. The borough population is projected to grow to 177,050 by 2028, the end point of this PNA period, which would be a 3.4% rise, with most growth in the population aged over 65 years.

- Health inequalities

Kingston has relatively low levels of deprivation. Of the 317 local authorities in England, ranked from 1 (least deprived) to 317 (most deprived) in 2019, Kingston ranks 48th overall, or second out of all of the London boroughs.

Kingston is generally a healthy borough with lower levels of deprivation compared to other London boroughs. These overall figures mask differences between local areas. Lower levels of good health are found in the more deprived areas of the borough. There are also other differences in some health patterns, related to ethnicity and sex and age. Diabetes levels, while lower than London and England rates, have been rising in the borough over the last few years.

Community Pharmacy access

There are 28 community pharmacies in Kingston (including Distance Selling Pharmacies (DSPs)). This is a decrease from 31 in the last PNA in 2022. The England average is 18.1 community pharmacies per 100,000 population, which has decreased from 2021, when the average number was 20.6. The Kingston average has decreased from 17.5 per 100,000 to 16.4 pharmacies per 100,000 and is lower than the national average. By 2028, as the population is rising, if the number of pharmacies stays the same there will be 15.8 pharmacies per 100,000 residents.

Community pharmacies are well distributed across the four neighbourhoods (localities). See [section 1.6](#) for a table of how the localities are configured. The majority of the residents being able to travel to a pharmacy within 20 minutes by walking (97.5%) or within five minutes by car (100%).

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

- Community Pharmacy market

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

Feedback on pharmaceutical services

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

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

Adequacy of pharmaceutical services in Kingston

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

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

Conclusions

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

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

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

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

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

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

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

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

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

Section 1: Introduction

1.1 Background and context

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

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

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

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

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

Table 1: Timeline for PNAs

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

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

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

This PNA for Kingston HWB fulfils this regulatory requirement.

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

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

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

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

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

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

- **Pharmacy First Service⁶** – The Pharmacy First service commenced on 31 January 2024 and builds upon the Community Pharmacist Consultation Service (CPCS). The service incorporates elements of the CPCS, i.e. minor illness consultations with a pharmacist and the supply of urgent medicines. Consultations are available to patients under a clinical pathway for seven clinical conditions which they can access either by referral from General Practice, NHS 11 and urgent and emergency care settings or by attending or contacting the pharmacy directly without referral .
- **Hypertension Case-Finding Service⁷** requirements were updated from 1 December 2023 and means the service can be provided by suitably trained and competent pharmacy staff; previously, only pharmacists and pharmacy technicians could provide the service.
- **Pharmacy Quality Scheme (PQS):** The PQS is a voluntary scheme that forms part of the Community Pharmacy Contractual Framework (CPCF).⁸ It supports the delivery of the NHS Long Term Plan (LTP) and rewards community pharmacy contractors that deliver quality criteria in three quality dimensions: clinical effectiveness, patient safety and patient experience. The PQS has been developed to incentivise quality improvement in specific areas yearly. Due to the 2024 elections, negotiations were paused and at the time of writing no details had been released. There is currently no PQS for the financial year 2024/25.
- **The 10 Year Health Plan:** NHS Change consultation: this plans to develop an inclusive plan to meet the needs of the people as part of the NHS long term plan. The emphasis is around shifting care from secondary providers to community, analogue to digital transition and sickness to prevention. This is expected to be published in summer 2025.

1.3 Purpose of the PNA

The ICB, through their delegated responsibility from NHSE, is required to publish and maintain pharmaceutical lists for each HWB area. Any person wishing to provide NHS pharmaceutical services is required to be included on the pharmaceutical list. The ICB must consider any applications for entry to the pharmaceutical list. The Pharmaceutical Regulations 2013 require the ICB to consider applications to fulfil unmet needs determined within the PNA of that area or applications for benefits unforeseen within the PNA. Such applications could be for the provision of NHS pharmaceutical services from new premises or to extend the range or duration of current NHS pharmaceutical services offered from existing premises.

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

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

⁸ NHSE. Pharmacy Quality Scheme: Guidance 2023/24. September 2024. [Accessed December 2024] <https://www.england.nhs.uk/publication/pharmacy-quality-scheme-guidance/>

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

The PNA should be read alongside other Joint Strategic Need Assessment (JSNA) products. Information and JSNA products will be updated on the Royal Borough of Kingston Upon Thames (RBK) 'Kingston Data' website⁹, which are kept live and inform their Health and Wellbeing Strategies (HWS), which take into account the findings of their JSNA products.

The PNA will identify where pharmaceutical services address local health needs identified in the JSNA as a current or future need. Through decisions made by the local authority and the ICB, these documents jointly aim to improve the health and wellbeing of the local population and reduce inequalities.

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

1.4 Scope of the PNA

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

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

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

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

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

⁹ Kingston data. [Accessed December 2024] <https://data.kingston.gov.uk/>

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

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

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

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

- Pharmacy contractors
 - Community Pharmacies (CPs)
 - Local Pharmaceutical Service (LPS) providers
 - Distance-Selling Pharmacies (DSPs)
- Dispensing Appliance Contractors (DACs)
- Dispensing GP practices

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

1.4.1 Pharmacy contractors

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

There are 10,451 community pharmacies in England in December 2024 (this includes DSPs).¹⁰ This number has decreased from 11,636 community pharmacies since the previous PNA was published in 2022.

1.4.1.1 Community Pharmacies (CPs)

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

¹⁰ National Health Service Business Services Authority (NHS BSA). Pharmacy Openings and Closures. November 2024. [Accessed December 2024] <https://opendata.nhsbsa.net/dataset/pharmacy-openings-and-closures>

NHSE is responsible for administering opening hours for pharmacies, which is handled locally by ICBs through the delegated responsibility. A pharmacy normally has 40 core contractual hours or 72+ for those that opened under the former exemption from the control of entry test. These hours cannot be amended without the consent of the ICB. All applications are required to be considered and outcomes determined within 60 days, and if approved, may be implemented 30 days after approval¹¹.

1.4.1.2 Distance-Selling Pharmacies (DSPs)

A Distance-Selling Pharmacy (DSP) is a pharmacy contractor that works exclusively at a distance from patients. This includes mail order and internet pharmacies that remotely manage medicine logistics and distribution. The Pharmaceutical Regulations 2013 state that DSPs must not provide Essential Services face to face, but they may provide Advanced and Enhanced Services on the premises, as long as any Essential Service that forms part of the Advanced or Enhanced Service is not provided in person on the premises.

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

Figures for 2023-24 show that in England there were 409 DSPs¹², accounting for 3.4% of the total number of pharmacies. This has increased slightly from 2020-21, when there were 372 DSPs, accounting for 3.2% of all pharmacy contractors.

1.4.1.3 Local Pharmaceutical Service (LPS) providers

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

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

1.4.1.4 Pharmaceutical services

The CPCF (Community Pharmacy Contractual Framework), last agreed in 2019,¹³ is made up of three types of services:

- Essential Services
- Advanced Services
- Enhanced Services

¹¹ Community Pharmacy England. Changing Core Opening Hours. June 2024. [Accessed December 2024] <https://cpe.org.uk/changing-core-opening-hours/>

¹² NHS Business Services Authority. General Pharmaceutical Services in England 2015-16 – 2023-24. October 2024. [Accessed December 2024] [NHS BSA General Pharmaceutical Services in England 2015-16 - 2023-24](#)

¹³ DHSC. Community Pharmacy Contractual Framework: 2019 to 2024. May 2023. [Accessed December 2024] www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024

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

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

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

1.4.1.4.1 Essential Services (ESs)¹⁴

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

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

- **ES1: Dispensing medicines** – The supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records.
- **ES2: Repeat dispensing/electronic repeat dispensing (eRD)** – The management and dispensing of repeatable NHS prescriptions for medicines and appliances, in partnership with the patient and the prescriber.
- **ES3: Disposal of unwanted medicines** – Acceptance, by community pharmacies, of unwanted medicines from households and individuals which require safe disposal.
- **ES4: Public Health (promotion of healthy lifestyles)** – Each financial year (1 April to 31 March), pharmacies are required to participate in up to six health campaigns at the request of NHS England. This generally involves the display and distribution of leaflets provided by NHSE. In addition, pharmacies are required to undertake prescription-linked interventions on major areas of Public Health concern, such as encouraging smoking cessation.
- **ES5: Signposting** – The provision of information to people visiting the pharmacy who require further support, advice or treatment that cannot be provided by the pharmacy, on other health and social care providers or support organisations who may be able to assist them. Where appropriate, this may take the form of a referral.
- **ES6: Support for self-care** – The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.

¹⁴ Community Pharmacy England. Essential Services. April 2024. [Accessed December 2024] <https://cpe.org.uk/national-pharmacy-services/essential-services/>

- **ES7: Discharge Medicines Service (DMS)** – From 15 February 2021, NHS trusts are able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHSE’s Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.
- **ES8: Healthy Living Pharmacy (HLP)** – From 1 January 2021, being a HLP is an essential requirement for all community pharmacy contractors in England. The HLP framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local needs, improving the health and wellbeing of the local population and helping to reduce health inequalities.
- **ES9: Dispensing appliances** – Pharmacists may regularly dispense appliances in the course of their business, or they may dispense such prescriptions infrequently, or they may have taken a decision not to dispense them at all. Whilst the Terms of Service requires a pharmacist to dispense any (non-Part XVIII A listed) medicine ‘with reasonable promptness’, for appliances the obligation to dispense arises only if the pharmacist supplies such products ‘in the normal course of business’.

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

1.4.1.4.2 Advanced Services (ASs)¹⁵

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

There are nine Advanced Services within the Community Pharmacy Contractual Framework. Advanced Services are not mandatory for providers to provide and therefore community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions. The Advanced Services are listed below and the number of pharmacy participants for each service in Kingston can be seen in [Section 3.2.3](#) and in [Section 6.2](#) by locality.

- **AS1: Pharmacy First service** – The Pharmacy First service commenced on 31 January 2024 and builds upon the Community Pharmacist Consultation Service (CPCS). The service incorporates elements of the CPCS, i.e. minor illness consultations with a pharmacist and the supply of urgent medicines. Consultations are available to patients under a clinical pathway for seven clinical conditions which they can access either by referral from general practice, NHS 11 and urgent and emergency care settings or by attending or contacting the pharmacy directly without referral.

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

- **AS2: Flu Vaccination service** – A service to sustain and maximise uptake of flu vaccine in at-risk groups by providing more opportunities for access and improve convenience for eligible patients to access flu vaccinations. This service is commissioned nationally.
- **AS3: Pharmacy Contraception Service (PCS)** – The PCS started on 24 April 2023, allowing the on-going supply of oral contraception from community pharmacies. From 1 December 2023, the service included both initiation and on-going supply of oral contraception. The supplies are authorised via a PGD, with appropriate checks, such as the measurement of the patient’s blood pressure and body mass index, being undertaken, where necessary.
- **AS4: Hypertension case-finding service** – This service was introduced in October 2021. The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a ‘clinic check’). The second stage, where clinically indicated, is offering ambulatory blood pressure monitoring. The blood pressure and ABPM results will then be shared with the GP practice where the patient is registered.
- **AS5: New Medicine Service (NMS)** – The service provides support to people who are prescribed a new medicine to manage a Long-Term Condition (LTC), which will generally help them to appropriately improve their medication adherence and enhance self-management of the LTC. Specific conditions/medicines are covered by the service.
- **AS6: Smoking Cessation Service (SCS)** – This service is commissioned as an Advanced service from 10 March 2022. It enables NHS trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway, including providing medication and behavioural support as required, in line with the NHS LTP care model for tobacco addiction.
- **AS7: Appliance Use Review (AUR)** – To improve the patient’s knowledge and use of any ‘specified appliance’ by:
 - Establishing the way the patient uses the appliance and the patient’s experience of such use
 - Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient
 - Advising the patient on the safe and appropriate storage of the appliance
 - Advising the patient on the safe and proper disposal of appliances that are used or unwanted.
- **AS8: Stoma Appliance Customisation (SAC)** – This service involves the customisation of a quantity of more than one stoma appliance, based on the patient’s measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

- **AS9: Lateral Flow Device (LFD) service** – The lateral flow device (LFD) tests supply service for patients potentially eligible for COVID-19 treatments (LFD service) is commissioned as an Advanced service from 6 November 2023. The objective of this service is to offer eligible at-risk patients access to LFD tests to enable testing at home for COVID-19, following symptoms of infection. A positive LFD test result will be used to inform a clinical assessment to determine whether the patient is suitable for and will benefit from NICE recommended COVID-19 treatments.

1.4.1.4.3 National Enhanced Services (NESs)

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

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

There is currently one National Enhanced Service commissioned in Kingston.

- **NES1: COVID-19 vaccination service** – This service is provided from selected community pharmacies who have undergone an Expression of Interest Process and commissioned by NHSE. Pharmacy owners must also provide the Flu Vaccination Service and is provided for a selected cohort of patients.

1.4.1.5 Pharmacy Access Scheme (PhAS) providers¹⁶

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

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

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

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

1.4.1.6 Other services

As stated in [Section 1.4](#), for the purpose of this PNA ‘pharmaceutical services’ have been defined as those which are or may be commissioned under the provider’s contract with NHSE.

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

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

1.4.2 Dispensing Appliance Contractors (DACs)

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

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

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

1.4.3 Dispensing GP practices

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

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

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

1.4.4 Other providers of pharmaceutical services in neighbouring areas

There are five other HWBs that border Kingston:

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

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

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

1.5 Process for developing the PNA

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

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

- **Step 1:** Kingston Partnership Board requested that a Kingston PNA Steering Group prepare the Kingston PNA 2025 on behalf of the Board. Soar Beyond was commissioned by RBK to support the PNA production. .
- **Step 2: Steering Group** – On 3 September 2024, Kingston PNA Steering Group was established. The terms of reference and membership of the group can be found in Appendix C.
- **Step 3: Project management** – At this first meeting, the Steering Group agreed the project plan for the PNA production and ongoing maintenance of the Kingston PNA. Appendix B shows an approved timeline for the project.
- **Step 4: Review of existing PNA and JSNA** – The PNA Steering Group reviewed the existing PNA and JSNA.
- **Step 5a: Public questionnaire on pharmacy provision** – A public questionnaire to establish views about pharmacy services was agreed by the Steering Group and circulated to residents via various channels. A total of 284 responses were received. A copy of the public questionnaire can be found in Appendix D with detailed responses.
- **Step 5b: Pharmacy contractor questionnaire** – The Steering Group agreed a questionnaire to be distributed to the local community pharmacies to collate information for the PNA. A total of 17 responses were received. A copy of the pharmacy questionnaire can be found Appendix E with detailed responses.
- **Step 6: Mapping of services** – Details of services and service providers were collated and triangulated to ensure the information that the assessment was based on was the most robust and accurate. The Pharmacy Contracting function within the ICB, as the commissioner of service providers and services classed as necessary and relevant, was predominantly used as a base for information due to its contractual obligation to hold and maintain pharmaceutical lists on behalf of NHSE. Information was collated, ratified and shared with the Steering Group before the assessment was commenced. The pharmaceutical list dated October 2024 was used for this assessment.

- **Step 7: Preparing the draft PNA for consultation** – The Steering Group reviewed and revised the content and detail of the draft PNA. The process took into account the demography, health needs of residents in the local area, JSNA and other relevant strategies in order to ensure the priorities were identified correctly. As the PNA is an assessment taken at defined moment in time, the Steering Group agreed to monitor any changes and, if necessary, to update the PNA before finalising or publish with accompanying supplementary statements as per the regulations, unless the changes had a significant impact on the conclusions. In the case of the latter, the group were fully aware of the need to reassess.

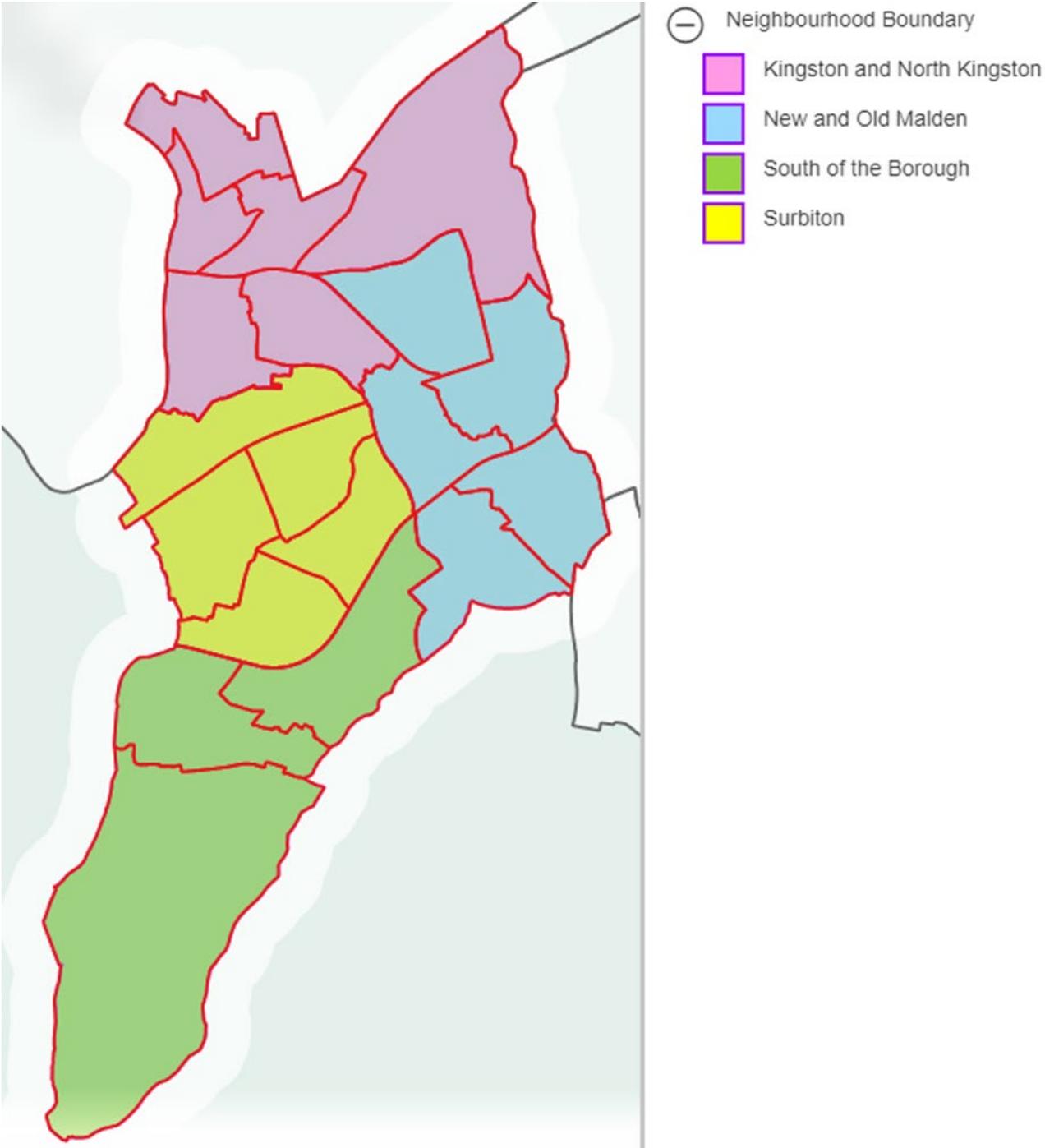
1.6 Localities for the purpose of the PNA

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

The localities used for the PNA for Kingston are:

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

Figure 1: Location of Kingston's localities



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

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

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

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

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

Section 2: Context for the PNA

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

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

NHS Long Term Plan (LTP)

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

Priority clinical areas in the LTP include:

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

Better care for major health conditions

- Cancer
- Cardiovascular Disease (CVD)
- Stroke care
- Diabetes
- Respiratory disease
- Adult mental health services

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

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

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

Section 1.10 refers to the creation of ‘fully integrated community-based healthcare. This will be supported through the ongoing training and development of multidisciplinary teams in primary and community hubs. From 2019, NHS 111 started to directly book into GP practices across the country, as well as referring on to **community pharmacies** who support urgent care and promote patient self-care and self-management’.

Section 1.12 identifies ‘pharmacist review’ of medication as a method to reduce avoidable A&E attendances, admissions and delayed discharge, streamlining patient pathways to reduce avoidable outpatient visits and over-medication.

Section 3.68 identifies **community pharmacists** as part of the process of improving the effectiveness of approaches such as the NHS Health Check, ‘rapidly treating those identified with high-risk conditions’, including high blood pressure.

Section 3.86 states: ‘We will do more to support those with respiratory disease to receive and use the right medication.’ Of NHS spend on asthma, 90% goes on medicines, ‘but incorrect use of medication can also contribute to poorer health outcomes and increased risk of exacerbations or even admission’.

Section 6.17 identifies ten priority areas. Section 6.17(v) identifies pharmacists as key in delivering value for the £16 billion spent on medicines annually. It states: ‘Research shows as many as 50% of patients do not take their medicines as intended and pharmacists will support patients to take their medicines to get the best from them, reduce waste and promote self-care.’

The LTP has implications for the current CPCF Essential Services ([1.4.1.4.1](#)) and Advanced Services ([1.4.1.4.2](#)), by providing benefits to the ICS to maximise these services into care pathways. Services such as the Hypertension case-finding service, Pharmacy First, PCS and NMS can help meet the needs of the LTP.

Core20PLUS5

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

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

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

2.1 Joint Strategic Needs Assessment (JSNA)²⁰

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

The latest Kingston JSNA was published in the summer of 2023, and focuses on the ‘top 5s’ in the borough, i.e. the top 5 reasons for ill-health and death in Kingston for a variety of age groups, the top 5 risk factors for both (where applicable), top 5 long term conditions and top 5 reasons for in-patient hospitalisation. It then looks at inequalities within the top 5s, whether it be by location of residence or deprivation, ethnicity, primary care network (PCN - a group of GP practices), and the wider determinants of good health.

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

- Alcohol
- COVID-19
- Geography
- Immunisation and Education Basics for Good Health
- Mental Health
- Obesity, Healthy Weight and Physical Activity
- Smoking and Respiratory Health

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

JSNAs are a cyclical process of strategic assessment to inform the planning and commissioning of local services, that will provide the greatest benefits to improve the health of Kingston’s residents and reduce inequalities. The JSNA itself, and the focus chapters, generated a number of outputs in the form of evidence, analysis of need and priority recommendations. These will help Kingston Council, NHS Kingston, the local NHS providers and other partners to determine what actions should be taken to meet health and social care needs and address the wider determinants of health and wellbeing. This PNA should be read in conjunction with the Kingston JSNA and data updates on the Kingston health and wellbeing situation outlined in the Kingston Health and Care Plan.

²⁰ Kingston 2023 JSNA. [Accessed December 2024] <https://data.kingston.gov.uk/needs-assessments/>

2.2 Kingston Health and Care Plan²¹ and Kingston Joint Local Health and Wellbeing Strategy

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

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

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

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

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

²¹ SWL ICS Kingston Health and Care Plan 2022 to 2024. [Accessed December 2024] <https://www.southwestlondonics.org.uk/publications/kingston-health-and-care-plan-2022-to-2024/>

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

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

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

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

A new JLHWS for Kingston, to cover 2025-28, is currently in production and due for release in the spring of 2025. It will again consider a life course approach to promoting good physical and mental health and wellbeing, and reducing inequalities, and will be based on the data and findings outlined in the 2023 JSNA. The new strategy also aligns with other borough and council ambitions, such as becoming an 'Age Friendly' borough²².

²² Age Friendly Kingston. [Accessed December 2024]. <https://www.kingston.gov.uk/neighbourhood-community-safety/age-friendly-kingston>

2.3 NHS South West London Joint Forward Plan 2023-2028

The NHS South West London ICB Joint Forward Plan (JFP)²³, published in June 2023, describes how the local NHS and partner trusts will work together to arrange and provide NHS services to meet the needs of everyone in South West London over the next five years (2023-2028), aiming to improve local services for local people.

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

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

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

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

2.4 Population characteristics

2.4.1 Introduction

The Royal Borough of Kingston Upon Thames is located in South West London and shares borders with the London Boroughs of Wandsworth, Richmond, Sutton, Merton and the county of Surrey. It has the third smallest population of any borough in London²⁴ (after the City of London and Kensington and Chelsea), is the seventh smallest borough in terms of geographical area and has the eighth lowest population density.

²³ SWL Joint Forward Plan 2023-2028 [Accessed December 2024].

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

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

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

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

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

The borough is divided into 19 electoral wards, which are combined into four localities, called Neighbourhoods (see [Section 1.6](#)).

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

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

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

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

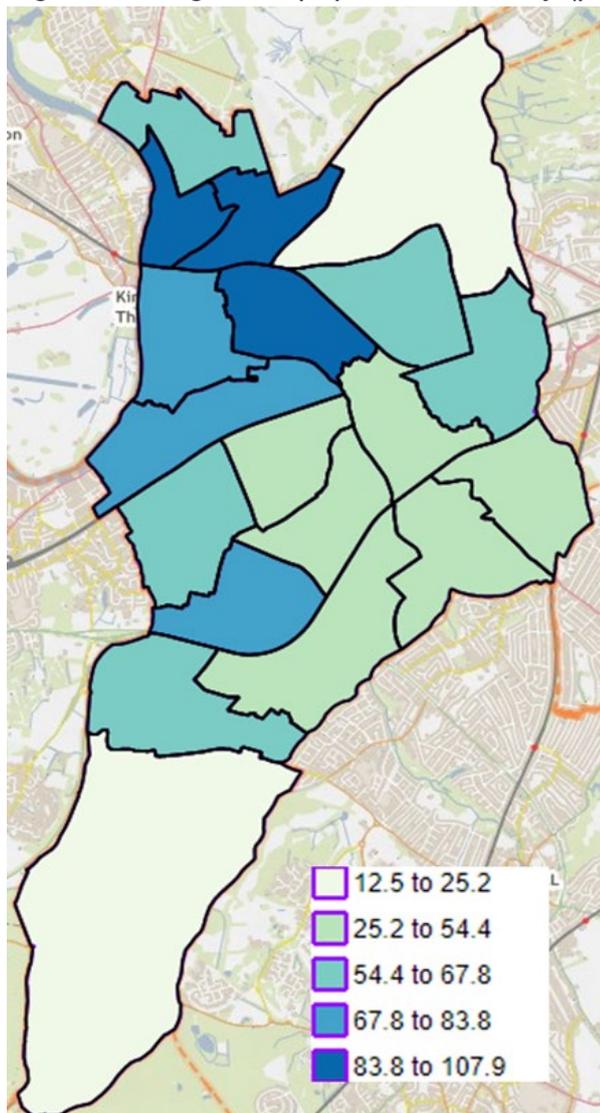
²⁶ NHS England, 'Patients Registered at a GP Practice, October 2024' [Accessed December 2024]. <https://digital.nhs.uk/data-and-information/publications/statistical/patients-registered-at-a-gp-practice/october-2024>

Table 3: Kingston Ward and Neighbourhood populations, 2024²⁷

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

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

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

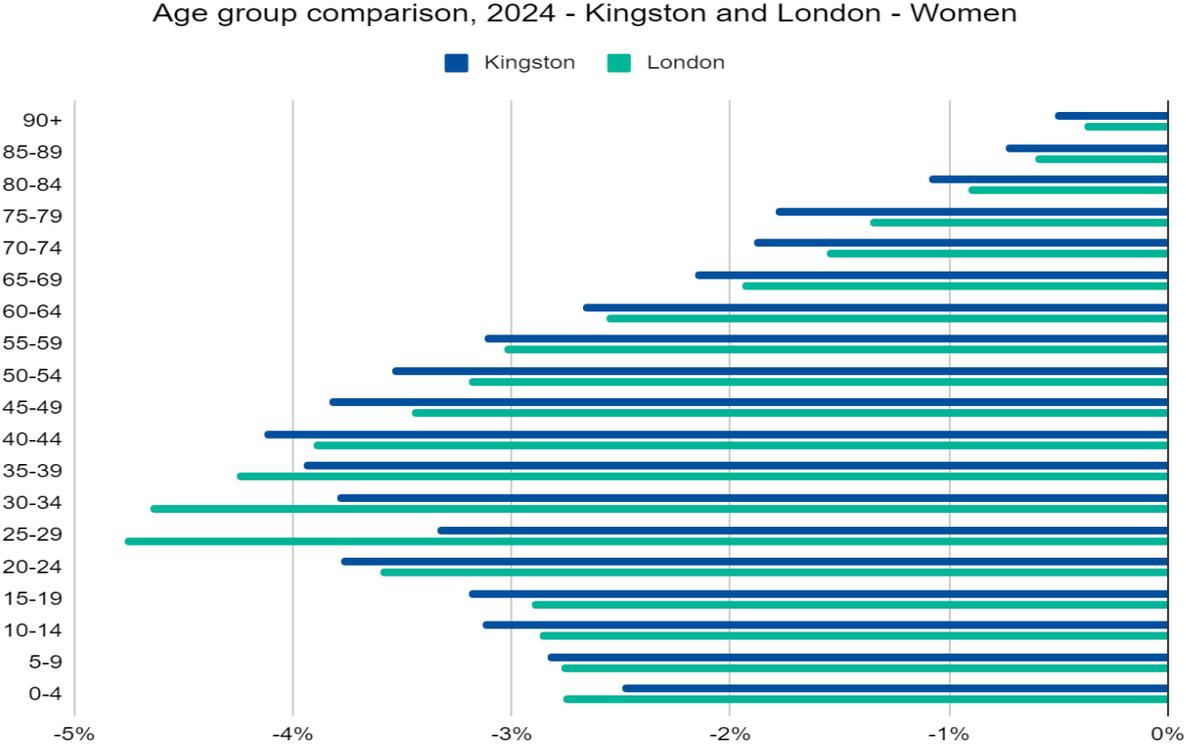


2.4.2 Age distribution

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

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

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



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

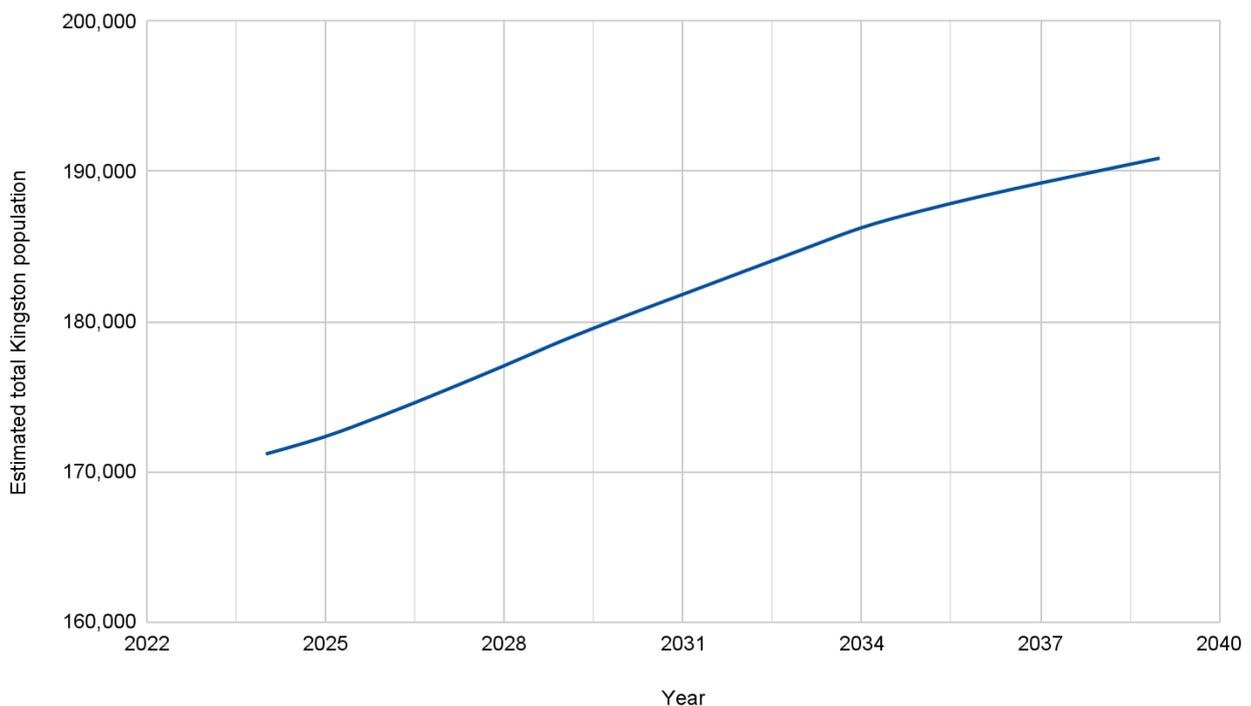
2.4.3 Population growth

The population of Kingston is projected²⁸ to rise steadily in the coming years (see Figure 4), increasing to around:

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

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

Figure 4: Projected Kingston population, 2024 - 2039

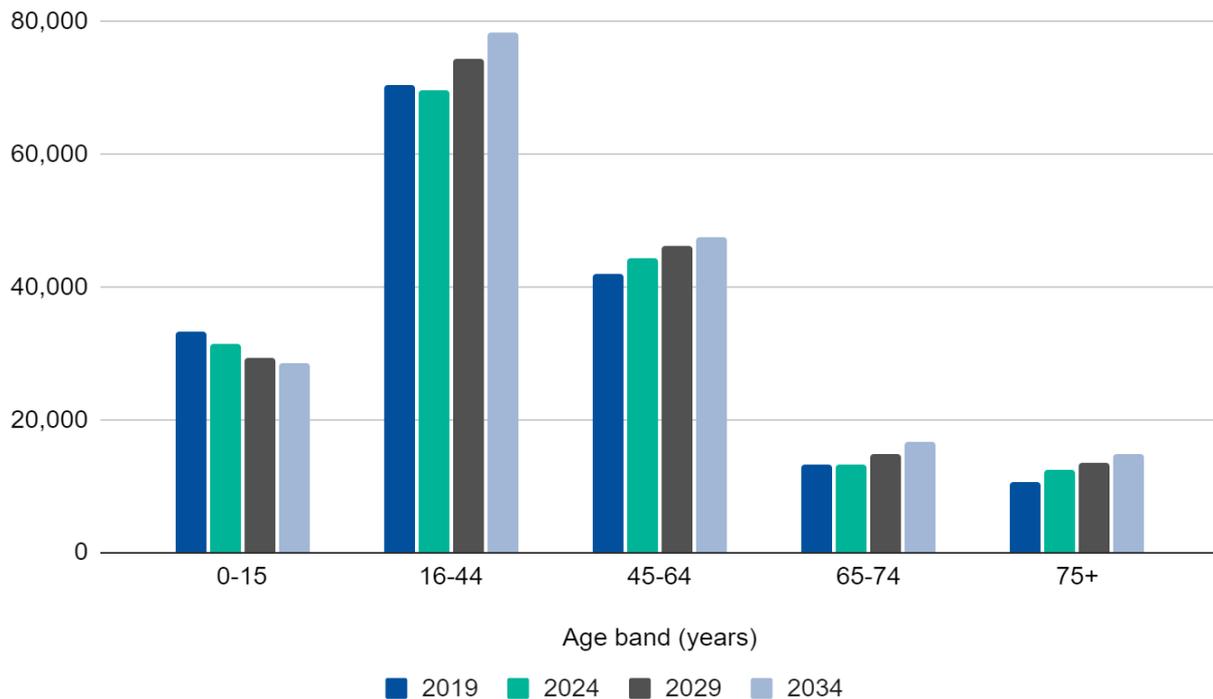


These projections have been revised downwards over the past few years since the previous PNA 2022 was formulated. The 2021 Census revealed a lower population in the borough than had previously been estimated, and future population growth is likely to be slowed by a shortage of housing stock, and a falling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

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

²⁸ GLA housing-led population projections, 2022 base. [Accessed December 2024] <https://data.london.gov.uk/dataset/housing-led-population-projections>

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



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

2.4.4 Housing development

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

²⁹ The London Strategic Housing Land Availability Assessment 2017. [Accessed December 2024] https://www.london.gov.uk/sites/default/files/2017_london_strategic_housing_land_availability_assessment.pdf

³⁰ LAND4LDN Programme. [Accessed December 2024] <https://www.london.gov.uk/programmes-strategies/planning/digital-planning/land4ldn-programme>

Kingston's Housing Pipeline³¹, for sites with planning permission in the borough, shows 2,800 units with around 5,000 beds due to be completed in the next five years. Future building plans are unevenly distributed around the borough, with the vast majority in and around the Kingston Town and Norbiton areas (see Table 4), with 81% of the future units for the borough to be found in the Kingston and North Kingston locality.

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

Locality	Wards within the locality	Planned new units	Planned new units (Total)
Kingston and North Kingston	Canbury Gardens	1	2,269
	Kingston Gate	57	
	Kingston Town	826	
	Norbiton	1,137	
	Tudor	1	
	Coombe Hill	247	
New and Old Malden	Coombe Vale	9	186
	Green Lane & St James	40	
	Motspur Park & Old Malden East	9	
	New Malden Village	120	
	Old Malden	8	
South of the Borough	Chessington South & Malden Rushett	6	26
	Hook & Chessington North	15	
	King George's & Sunray	5	
Surbiton	Alexandra	15	304
	Berrylands	45	
	St Mark's & Seething Wells	101	
	Surbiton Hill	79	
	Tolworth	64	

³¹ Royal Borough of Kingston, unpublished. [Accessed December 2024]. Further details on planned development can be found at <https://www.kingston.gov.uk/applications>

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

2.4.5 Care homes – existing and in development

Care homes are an important consideration when looking at current and future pharmacy use. There are currently (February 2025) 38 care homes in the borough, across all localities, with a total of 1,235 beds. As well as this, two new care home developments within the borough that currently have planning permission are due for completion in 2026-27, a 120-bed home in the Kingston and North Kingston locality (Norbiton ward) and an 86-bed location in Surbiton neighbourhood (Surbiton Hill ward). Care homes are fairly evenly split across three of the four localities (see Table 5), although very rare in the South of the Borough.

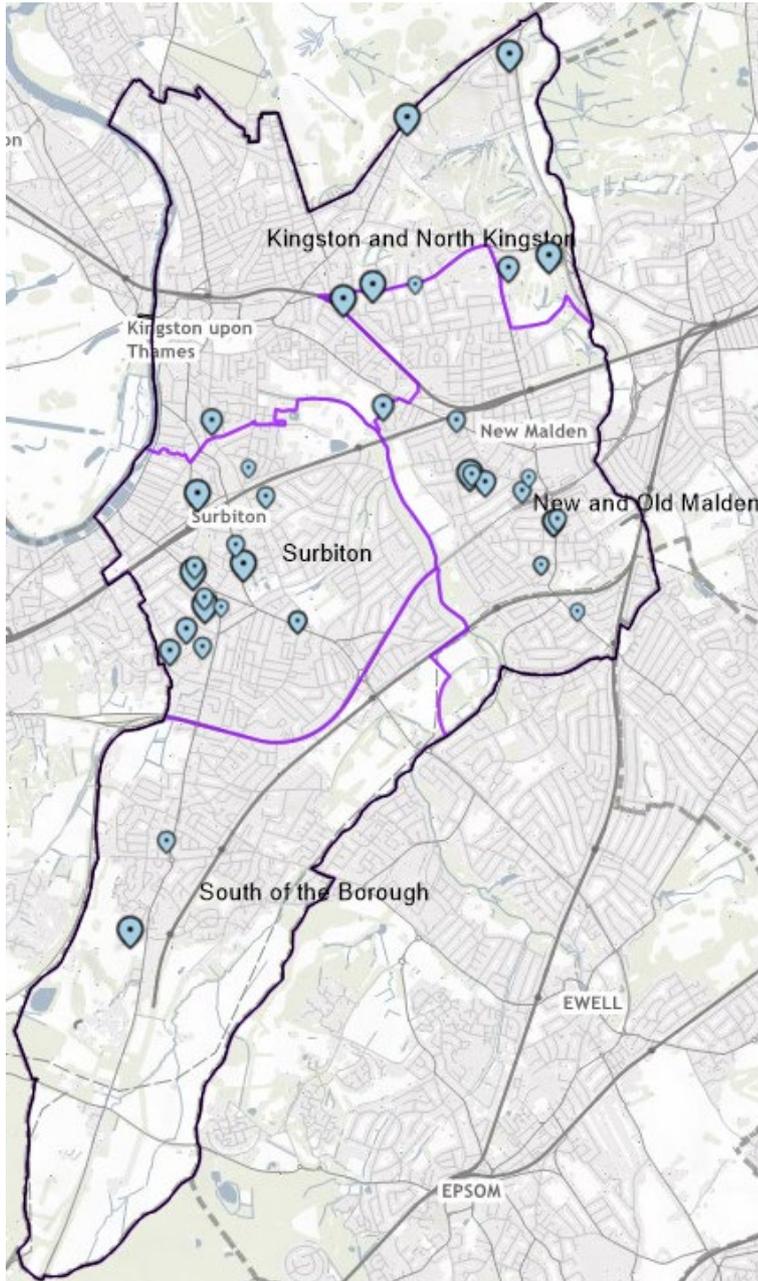
Table 5: Existing and future planned care home beds per locality

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

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

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

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



2.4.6 Increasing population and need for pharmaceutical services

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

2.4.7 GP-registered population

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

Over 20% of the GP-registered population live outside the borough and the number of registered patients with local general practices is greater than the number of resident people in almost all age groups. A comparison of the local GP-registered population and Kingston residents can be seen in Table 6.

Table 6: Age band comparison of Kingston GP registrations and borough residents, 2024

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

Source: NHS England 'Patients Registered at a GP Practice, October 2024', GLA housing-led population projections 2022 base

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

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

2.4.8 International migration

International migration has been a significant factor in the change in population of Kingston over recent years. In 2023-24, over 3,400 overseas nationals registered for National Insurance numbers in Kingston³², with the most popular countries of origin for migrants this year being India, China and Pakistan.

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

2.4.9 Life expectancy

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

Life expectancy has increased over the last two decades across the country and within the borough, although in the past few years life expectancy has remained largely flat in Kingston³³, and decreased across London and nationally, mostly due to increased mortality from the COVID-19 pandemic period. Over the period 2020-22, life expectancy at birth in Kingston was 84.7 years for women and 81.1 years for men, in both cases significantly above the average for London (83.6 for women, 79.1 for men) and for England (82.8 for women, 78.9 for men)³⁴. Since 2001-03, life expectancy in the borough for both sexes has risen by about three and a half years, which is slightly above the equivalent figures for London and England.

³² National Insurance Number Registrations of Overseas Nationals. [Accessed December 2024]. <https://stat-xplore.dwp.gov.uk/webapi/jsf/tableView/tableView.xhtml>

³³ OHID fingertips, life expectancy profiles. [Accessed December 2024]. <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/4/gid/1000049/pat/6/par/E12000007/ati/301/are/E09000021/iid/90366/age/1/sex/1/cat/-1/ctp/-1/yr/3/cid/4/tbm/1/page-options/car-do-0>

³⁴ ONS, Life expectancy at birth and at age 65 years by local areas (via OHID Fingertips). [Accessed December 2024]. <https://fingertips.phe.org.uk/search/life%20expectancy>

Life expectancy and deprivation: Life expectancy is longer among the more affluent areas of Kingston. For the three-year period 2018-20, people living in more affluent areas could expect to live almost 10% longer than those in the most deprived parts of the borough³⁵, equating to almost seven extra years of life for men, and six extra years for women in Kingston. This gap in lifespan between high and low deprivation areas is slowly closing, however there is a long way still to go.

2.4.9.1 Healthy Life Expectancy (HLE)

Healthy life expectancy (HLE) represents the average number of years that a person can expect to live in full or fairly good health, after taking into account the local health profile of their area of residence. For the period 2021-23, the HLE at birth for both males (68.8 years) and females (69.4 years) living in Kingston was the fourth highest local authority nationally, significantly above the averages for London (63.9 years men, 64.0 years women) and England (61.5 years men, 61.9 years women)³⁶. Trends in HLE over the past decade are generally positive for men and women in Kingston. For HLE at birth, the value for men has risen by three years, from 65.7 years in 2011-13 to 68.8 in 2021-23, however most of this rise occurred in the early 2010's. HLE at birth for women in Kingston shows a similar pattern (65.7 years in 2011-13 up to 69.4 in 2021-23), rising strongly in the early 2010's but with more of a plateau since.

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

After this age, a typical person will be living with some form of illness, poor self-rated health or disability³⁷. Additional health needs may give rise to increased health service utilisation, including local pharmacies.

As with life expectancy, variation in HLE can be found across the borough. Around a decade of extra healthy life is found for residents in wards with lower deprivation than those in more deprived areas³⁸.

³⁵ OHID fingertips, public health outcomes framework (PHOF). [Accessed December 2024].

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

³⁶ OHID fingertips, life expectancy profiles. [Accessed December 2024].

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

³⁷ OHID, healthy life expectancy definition. [Accessed December 2024].

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

³⁸ ONS data visualisation. [Accessed December 2024].

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

2.4.10 Specific populations

2.4.10.1 Ethnicity

The ethnic composition of Kingston was last fully captured in the Census of 2021. The population makeup of Kingston is becoming more ethnically diverse, with ethnic minority groups increasing and the White population decreasing since the previous Census in 2011. The White proportion of the borough decreased from 84.5% in 2001 to 74.5% in 2011 and 68.3% in 2021³⁹.

In 2021, 32% of the Kingston population came from an ethnic minority, compared with 46% for London and 19% in England overall.⁴⁰

The full Kingston ethnicity breakdown of the 2021 Census, and comparison to the previous census, can be seen in Table 7.

³⁹ 2001/2011/2021 Census. [Accessed December 2024]. ONS, via <https://www.nomisweb.co.uk/census/>

⁴⁰ 2021 Census. [Accessed December 2024]. ONS, via <https://www.nomisweb.co.uk/census/>

Table 7: Kingston ethnicity changes, 2011-2021

Ethnic group	Number in 2021 Census	% in 2021 Census	Number in 2011 Census	% change 2011 - 2021
White: English/Welsh/Scottish/Northern Irish/British	90,280	53.7%	101,015	-11%
White: Irish	2,647	1.6%	2,718	-3%
White: Gypsy or Irish Traveller	57	0.0%	95	-40%
White: Other White (includes Roma)	21,860	13.0%	15,391	42%
Mixed/multiple ethnic groups: White and Black Caribbean	1,547	0.9%	1,238	25%
Mixed/multiple ethnic groups: White and Black African	1,086	0.6%	700	55%
Mixed/multiple ethnic groups: White and Asian	3,553	2.1%	2,500	42%
Mixed/multiple ethnic groups: Other Mixed	2,792	1.7%	1,831	52%
Asian/Asian British: Indian	7,722	4.6%	6,325	22%
Asian/Asian British: Pakistani	4,361	2.6%	3,009	45%
Asian/Asian British: Bangladeshi	941	0.6%	892	5%
Asian/Asian British: Chinese	4,116	2.5%	2,883	43%
Asian/Asian British: Other Asian	12,737	7.6%	13,043	-2%
Black/African/Caribbean/Black British: African	3,117	1.9%	2,616	19%
Black/African/Caribbean/Black British: Caribbean	1,089	0.6%	1,027	6%
Black/African/Caribbean/Black British: Other Black	545	0.3%	378	44%
Other: Arab	3,564	2.1%	2,439	46%
Other: Any other ethnic group	5,967	3.6%	1,960	204%
Total	168,050	100	160,060	5%

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

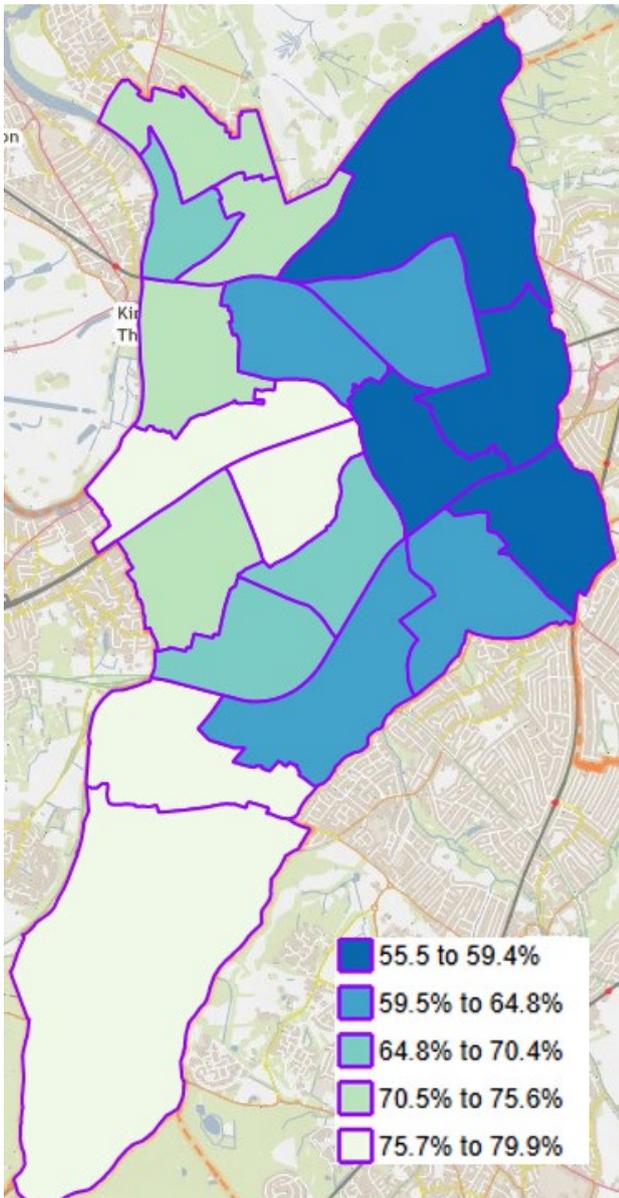
At a ward and neighbourhood locality level (see Figure 7 and Table 8), the wards in New and Old Malden are the most diverse part of the borough overall, with 59% White residents, 26% Asian being the next highest major group. The South of the Borough's wards are the least diverse, being 76% White.

Table 8: Percentage of Kingston residents as ethnic minority groups per locality, JSNA 2023⁴¹

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

⁴¹ Kingston JSNA 2023. [Accessed December 2024]. <https://data.kingston.gov.uk/wp-content/uploads/2023/10/Online-Published-MASTER-FINAL-JSNA-2023.pdf>

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



2.4.10.2 Languages

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

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

2.4.10.3 Religion

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

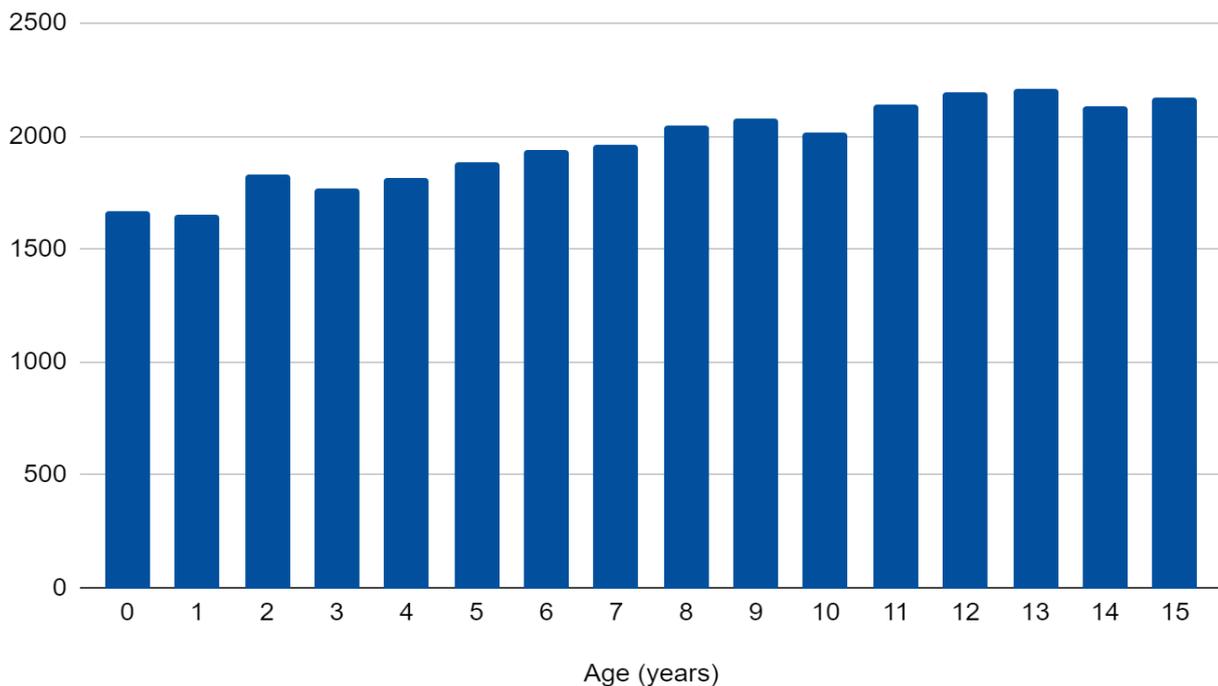
At ward level, Christianity varies from 39% of people in Kingston Town to 53% in Hook and Chessington North. Islam and Hinduism are the next most common religions in the borough, 9% and 5% overall respectively, with 18% of people in Coombe Hill ward being Muslim, and 9% in King George's and Sunray being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

2.4.10.4 Children

2.4.10.4.1 Demography

There are around 40,000 children and young people aged under 20 currently living in Kingston. Children and young people make up 23% of the population in 2024⁴². The estimated number of children of each single year of age can be seen in Figure 8.

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

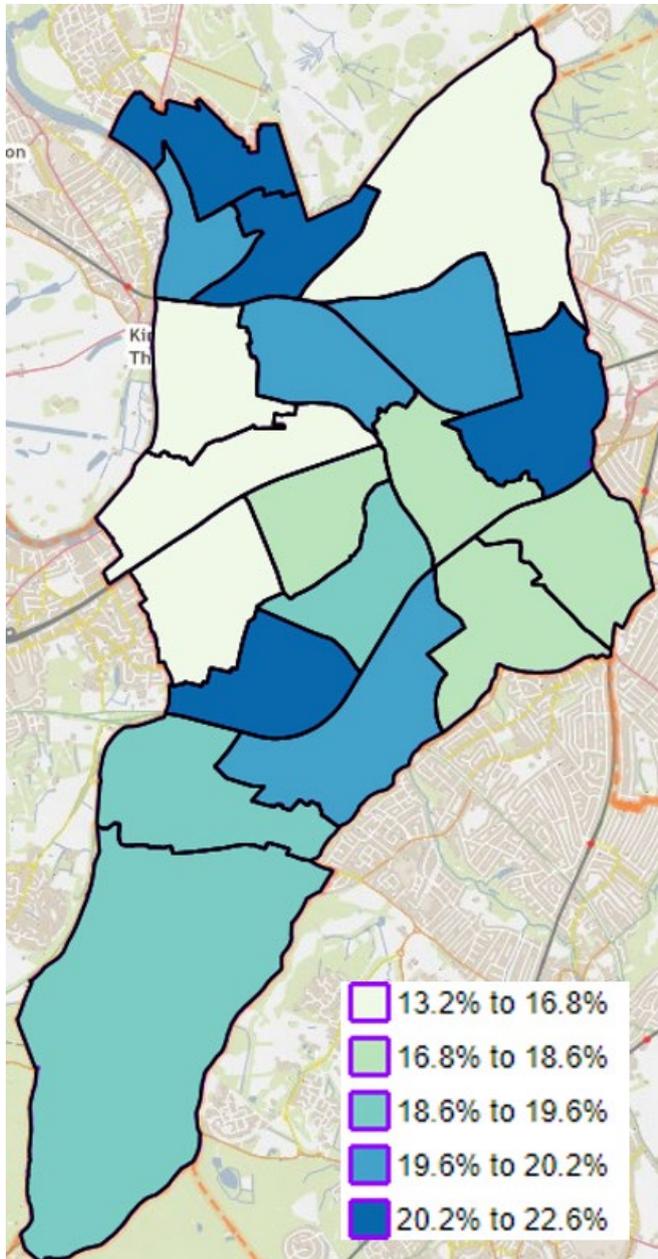


The number of children rises through the year groups, with slightly more in the older ages. The birth rate in the borough has been falling and is down by around 25% in the past decade. Kingston's total under 16 years population is expected to fall by around 10% (2,800 individuals) in the next decade,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

⁴² GLA housing-led population projections, 2022 base. [Accessed December 2024]. <https://data.london.gov.uk/dataset/housing-led-population-projections>

At ward level, the areas of Kingston with the lowest proportion of child residents (aged under 16 years) are mostly concentrated in the west of the borough (see Figure 9), with the range at ward level running from 13.2% of residents in St Mark's & Seething Wells, to 22.6% of those in Tudor.

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



According to the 2021 Census, two fifths (40%) of Kingston's child (under 16 years) population is from a minority ethnic group⁴³, a significant increase compared to one third (33%) in 2011. At ward level, Berrylands has the lowest proportion of children from a minority ethnic group, at 27%, Coombe Hill has the highest (55%).

⁴³ Census table c2021rm032. [Accessed December 2024]. ONS via www.nomisweb.co.uk

2.4.10.4.2 Health and wellbeing of children and young people

Children and young people living in Kingston have a mixed picture regarding their health and wellbeing, when compared to London and England averages⁴⁴. The number of children living in absolute low-income families is small, and falling, at 6.5% (around 2,100 children) in 2022-23, compared with the London average of over 12%. Overall, educational attainment is better in Kingston than most other London boroughs (in 2022-23), both when measured at Reception and Key Stage 4 (age 15-16). However, educational attainment varies by income group, with early educational attainment for children in Kingston in receipt of free school meals being below the London average (2022-23), with only 56% achieving a good level of development at the end of Reception year, and 67% with a satisfactory phonics test score in Year 1⁴⁵. At Key Stage 4 (in 2019-20, latest data available), the average attainment score for looked-after children in Kingston was amongst the lowest in London⁴⁶.

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

However, there are differences within the borough picture for some child health measures. For example, A&E attendance is around 40% higher for under fives living in more deprived wards than less deprived areas, and more deprived parts also have the highest emergency admission rates for under fives in Kingston (2016-17 to 2020-21), about 20% higher than the national average⁴⁷.

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

⁴⁴ All references in this section taken from OHID fingertips, child health profile. [Accessed December 2024].

<https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1>

⁴⁵ OHID fingertips, education profile. [Accessed December 2024].

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

⁴⁶ OHID fingertips. [Accessed December 2024]. <https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/4/gid/1938133259/pat/6/par/E12000007/ati/402/are/E09000021/iid/93381/age/175/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

⁴⁷ OHID local health tool. [Accessed December 2024].

https://www.localhealth.org.uk/#bbox=508003,172512,20737,12032&c=indicator&i=t2.inj_v&selcodgeo=E05000409&view=map8

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

Further information on the health of Kingston’s children and young people can be found in the Children and Young People’s Plan⁴⁸ and the Children and Young People’s Needs Assessment.⁴⁹

Figure 10: A summary of Kingston’s child health indicators, from Office for Health Improvement and Disparities (OHID) Fingertips⁵⁰

Indicator	Period	Kingston uT		London England			England		Best/Highest
		Recent Trend	Count	Value	Value	Value	Worst/Lowest	Range	
Infant mortality rate	2020 - 22	–	17	3.1*	3.5	3.9	7.6		1.4
Child mortality rate (1-17 years)	2020 - 22	–	5	*	9.3	10.4	21.9		4.8
Population vaccination coverage: MMR for one dose (2 years old)	2022/23	→	1,777	87.6%	82.4%	89.3%	68.1%		97.3%
Population vaccination coverage: Dtap IPV Hib HepB (2 years old)	2022/23	→	1,851	91.3%	87.4%	92.6%	70.8%		98.5%
Children in care immunisations	2023	→	45	71.0%	74.3%	82.0%	25.0%		100%
School readiness: percentage of children achieving a good level of development at the end of Reception	2022/23	–	1,315	72.1%	69.1%	67.2%	58.5%		75.6%
Average Attainment 8 score	2022/23	–	-	56.2	50.7	46.2	36.1		58.4
Average Attainment 8 score of children in care	2021/22	–	-	*	22.0	20.3	9.8		31.8
16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known	2022/23	→	67	1.9%	3.4%	5.2%	15.2%		0.9%
First time entrants to the youth justice system	2023	→	19	114.4	143.3	143.4	340.0		42.0
Children in absolute low income families (under 16s)	2022/23	↓	2,097	6.5%	12.3%	15.6%	35.7%		4.2%
Children in relative low income families (under 16s)	2022/23	↓	2,705	8.3%	15.8%	19.8%	42.2%		5.2%
Homelessness - households with dependent children owed a duty under the Homelessness Reduction Act	2022/23	–	-	-	-	-	-		-
Children in care	2022/23	→	111	30	51	71	191		26
Children killed and seriously injured (KSI) on England's roads	2020 - 22	–	10	10.2	11.3	16.5	64.1		0.0
Low birth weight of term babies	2022	→	37	2.4%	3.4%	2.9%	5.0%		1.8%
Reception prevalence of obesity (including severe obesity) (4-5 yrs)	2022/23	↑	120	7.7%	9.3%	9.2%	14.1%		4.9%
Year 6 prevalence of obesity (including severe obesity) (10-11 yrs)	2022/23	→	305	16.9%	24.8%	22.7%	31.7%		12.0%
Percentage of 5 year olds with experience of visually obvious dental decay	2021/22	–	-	16.3%	25.8%	23.7%	46.0%		9.7%
Hospital admissions for dental caries (0 to 5 years)	2020/21 - 22/23	–	100	285.6	247.9	178.8	0.0		900.9
Under 18s conception rate / 1,000	2021	→	8	2.7	9.5	13.1	31.5		1.1
Teenage mothers	2022/23	→	-	*	0.3%	0.6%*	1.9%		0.0%
Admission episodes for alcohol-specific conditions - Under 18s	2020/21 - 22/23	–	15	13.7	14.9	26.0	75.5		3.8
Hospital admissions due to substance misuse (15 to 24 years)	2020/21 - 22/23	–	30	51.1	49.9	58.3	184.5		16.7
Smoking status at time of delivery	2022/23	↑	70	5.2%	4.6%	8.8%	19.4%		3.4%
Baby's first feed breastmilk	2020/21	–	75	83.3%	87.7%	71.7%	1.3%		98.6%
Breastfeeding prevalence at 6 to 8 weeks - current method	2022/23	–	1,172	*	*	49.2%*	-	Insufficient number of values for a spine chart	-
A&E attendances (0 to 4 years)	2022/23	–	7,940	851.8	855.3	797.3	1,928.9		414.7
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 14 years)	2022/23	↓	180	59.1	60.1	75.3	153.5		35.7
Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15 to 24 years)	2022/23	→	155	74.7	68.1	94.1	266.9		40.3
Hospital admissions for asthma (under 19 years)	2022/23	↓	40	104.0	135.3	122.2	350.7		51.9
Hospital admissions for mental health conditions (<18 yrs)	2022/23	→	20	54.9	61.7	60.8	308.5		22.3
Hospital admissions as a result of self-harm (10-24 years)	2022/23	→	85	278.3	159.9	319.0	1,058.4		89.0

⁴⁸ Children and Young People’s Plan 2024-2027 [Accessed December 2024].

<https://www.kingston.gov.uk/coordinating-childrens-services/children-young-peoples-plan>

⁴⁹ Children's and Young People's Needs Assessment 2024 (CYPNA) [Accessed December 2024].

<https://data.kingston.gov.uk/needs-assessments/>

⁵⁰ OHID Fingertips. Child and Maternal Health. [Accessed December 2024].

<https://fingertips.phe.org.uk/profile/child-health-profiles/data>

2.4.10.5 Child immunisations

Immunisation levels in Kingston are below the 95% herd immunity target level deemed necessary to protect the whole population and have been for many years. However, this is the case for the vast majority of local authorities throughout England⁵¹, and particularly in London, which has traditionally always had lower uptake than other parts of the country. Kingston's immunisation levels are above the London average in all categories.

Table 9 shows the range of uptake across the childhood immunisations for Kingston in 2023-24. Pertussis is the lowest, with only three quarters of eligible five year olds immunised that year, up to the highest being DTaP/IPV/Hib/HepB, with 91.4% of infants vaccinated at age one. Overall, immunisation levels have continued to decrease across London and nationally over the past few years, although Measles, Mumps, and Rubella (MMR) dose 1 levels in Kingston, at 88%, are one of the highest in London. The after-effects of the COVID-19 pandemic continue to have a negative impact on child vaccinations into the current year, with general vaccine hesitancy perhaps playing a part in falling levels.

Table 9: Childhood immunisation levels in 2023-24, from NHS England

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

⁵¹ NHS England. Childhood Vaccination Coverage Statistics, England, 2023-24. [Accessed December 2024]. <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-immunisation-statistics/england-2023-24>

2.4.10.6 Children in care (Looked-after children)

In 2023, 111 children in Kingston were in the care of Kingston Council⁵², which is about 1 in every 330 children in the borough, and 10% lower than in 2020. This proportion has fallen significantly in 2023 after remaining largely stable over the previous few years, it is the joint-second lowest in London and far below the national rate.

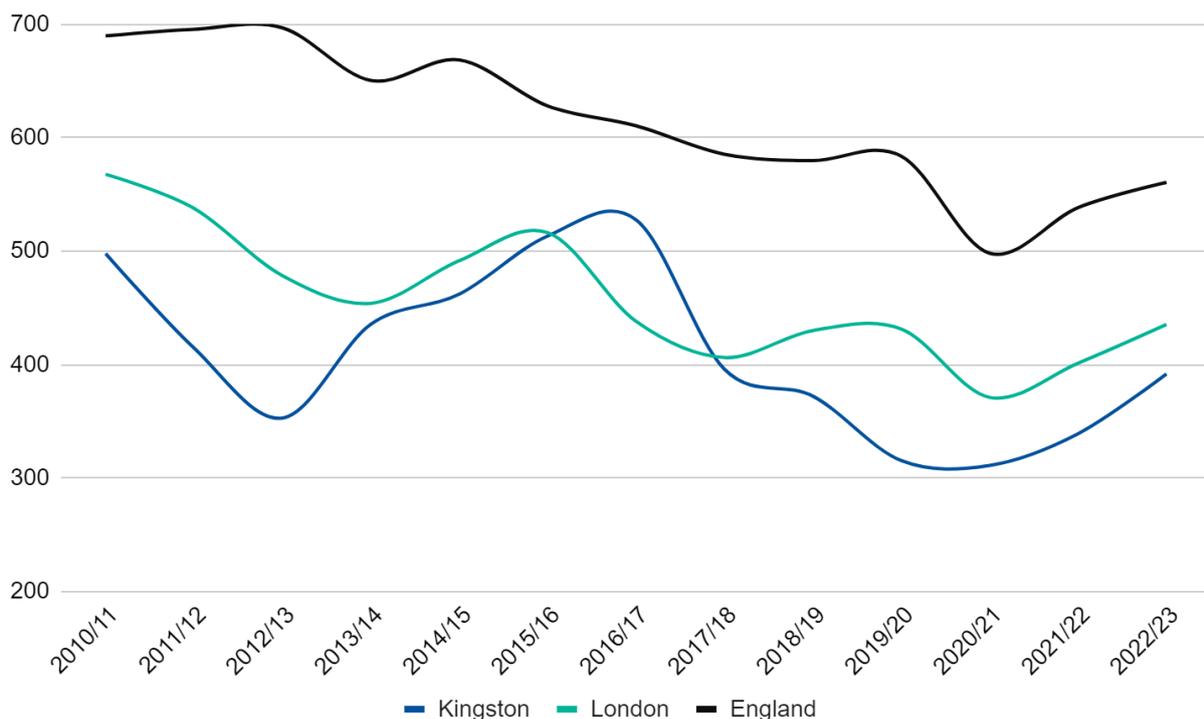
Table 10: Children in care in 2023, rate per 10,000, from the Department for Education

Kingston	London	England
30	51	71

2.4.10.7 Adults in residential and nursing care

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

Figure 11: Admissions to care homes (rate per 100,000 people) for ages 65 +, 2010-11 to 2022-23, NHS England⁵³



⁵² Department for Education, statistics: looked-after children. [Accessed December 2024]. <https://explore-education-statistics.service.gov.uk/data-tables/children-looked-after-in-england-including-adoptions>

⁵³ NHSE, Measures from the Adult Social Care Outcomes Framework. [Accessed December 2024]. <https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-outcomes-framework-ascf>

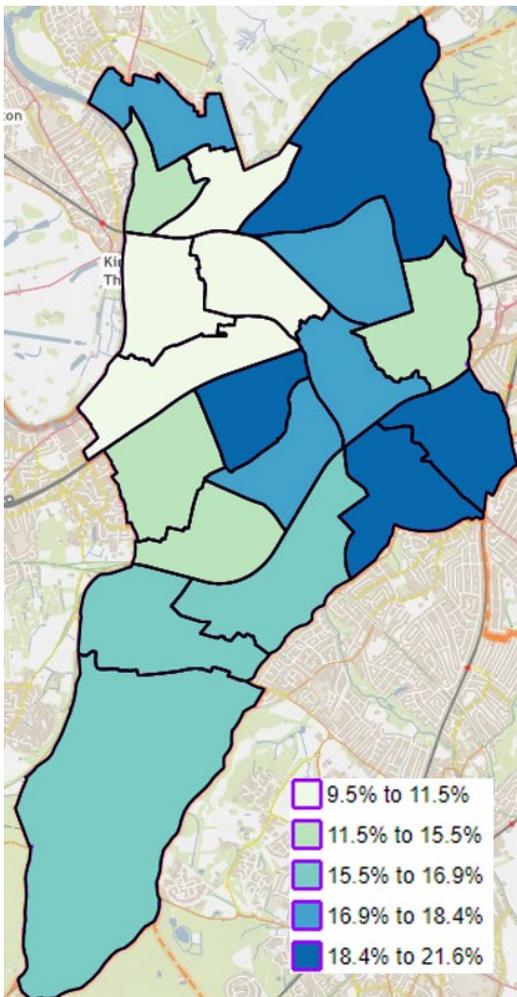
The number of people accessing long term support for more than 12 months at the end of the last year (31 March 2023) is 1,040 - very similar to previous years.⁵⁴

2.4.10.8 Older people

Around 25,700 people aged 65 and over live in Kingston⁵⁵, which is 15% of the total population. This is higher than the overall London figure of 12.3% and is predicted to rise to almost 16% over the lifespan of this PNA. This would mean an extra 2,000 residents aged 65 and over by 2028. Kingston has around 3,450 residents aged 85 years and over. This is set to rise by 4% to a total of almost 3,600 by 2028.

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

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

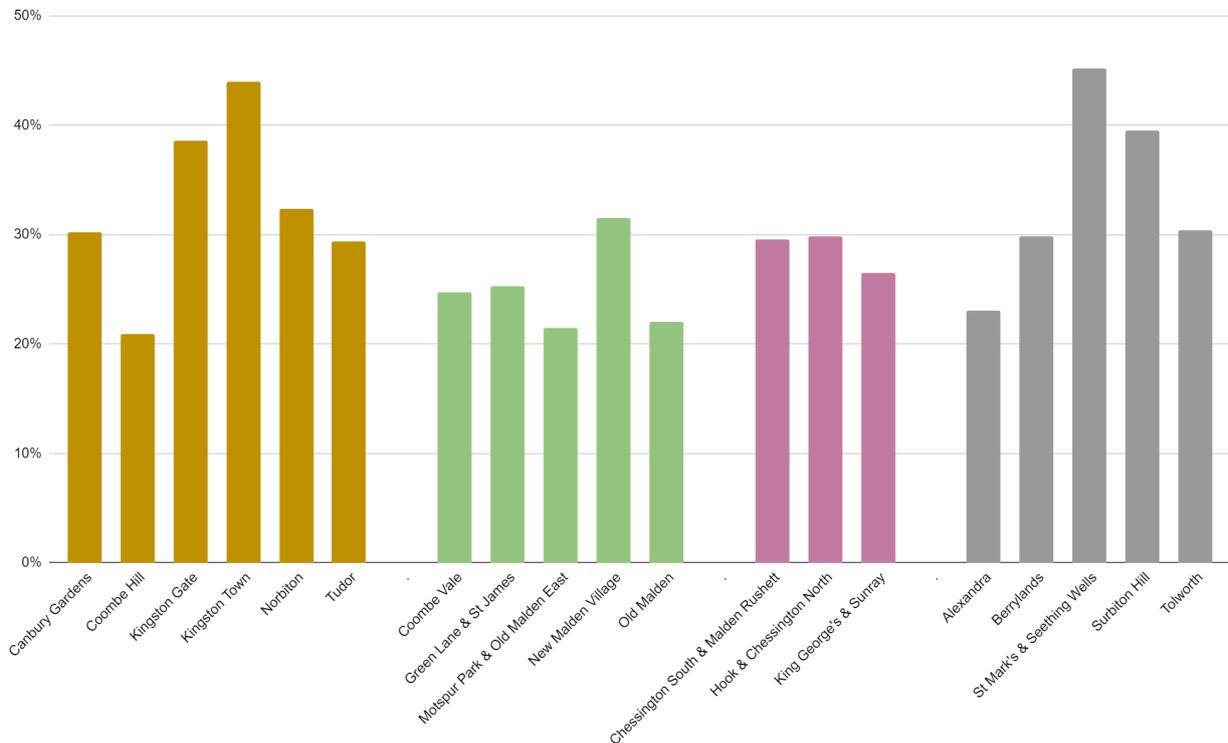


⁵⁴ NHS England, Short and Long term care report (SALT) 2019-20, via ASCOF. [Accessed December 2024]. <https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report>

⁵⁵ GLA housing-led population projections, 2022 base. [Accessed December 2024]. <https://data.london.gov.uk/dataset/housing-led-population-projections>

The 2021 Census reported almost 6,900 older residents living alone in Kingston⁵⁶, which is slightly lower than the previous census in 2011. Factoring in the population at that time, 30% of older residents (66 years +) in the borough live alone, rising to almost half of older residents in some wards (see Figure 13)

Figure 13: Percentage of older (66+) residents living alone in Kingston (2021), by ward / locality⁵⁷



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

Care services

The proportion of older people accessing long-term support (in 2022-23) across London boroughs ranges from 4 - 12% of the 65 and over population⁵⁸. Kingston's figure is 5.1%, at the lower end of the scale, but up from 4.7% three years previously. The level of support needed in the younger adult population (age 18-64) is much less, with only 0.6% (one in 160) younger residents receiving support.

Table 11 shows the type of support needed by people 65 and over. Personal care support is by far the most common need, accounting for two thirds of all care needs.

⁵⁶ Census 2021 table c2021ts054. [Accessed December 2024]. ONS, via <https://nomisweb.co.uk>

⁵⁷ Census 2021. [Accessed December 2024]. ONS, via <https://nomisweb.co.uk>

⁵⁸ NHS Digital, Short and Long term care report (SALT) 2022-23. [Accessed December 2024]. Via ASCOF <https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report>

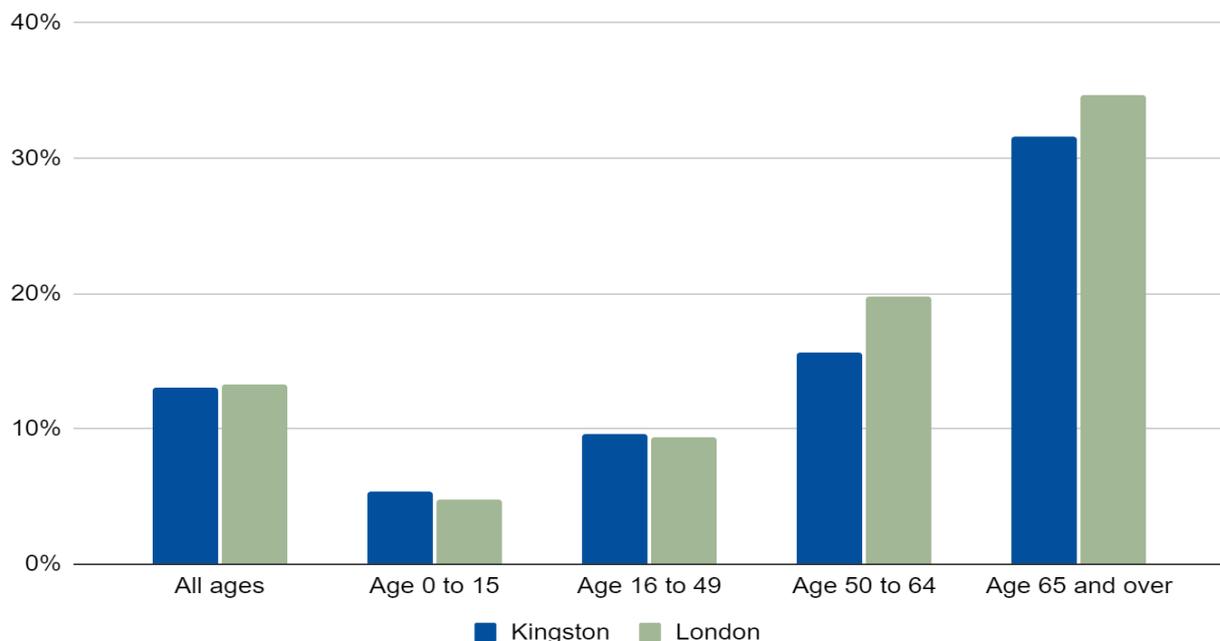
Table 11: Number of clients aged 65 and over in Kingston accessing long term support at the end of 2022-23, by primary support reason, NHS England

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

2.4.10.9 Less able populations

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

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



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

The number of known, or estimated, people in Kingston with various types and levels of disability at certain age groups can be seen in Table 12.

Table 12: Number of Kingston residents with disabilities, by age group

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

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

2.4.10.10 Maternity

In 2023, Kingston residents gave birth to 1,607 babies⁵⁹, which is a General Fertility Rate (GFR) of 42.5 live births - so around one in 23 women aged 15-44 gave birth that year. Kingston's GFR is below the London average, another 230 births would be needed to come up to London overall. Birth rates across the capital have been falling in recent years, with Kingston seeing a 20% decrease in GFR in the past decade, similar to London's drop overall. 46% of Kingston's births were to mothers who were born outside of the UK⁶⁰, which is lower than the London average (59%).

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

2.4.10.11 Homelessness

Homelessness can often be a significant contributory factor to poor health (and possibly, health may be a related factor in homelessness). Homeless people are much more likely to have comorbid conditions than the rest of the population, and the average age at death of a homeless person in England is just 47, and for homeless women it is 43⁶¹.

In the most recent year (as of the end of 2023-24), 251 new households were assessed as being statutorily homeless in Kingston, which is lower than in recent years, and gives a rate of less than 5 households / 1,000 in the borough, about one third of the equivalent rate across London and nationally⁶². 78% of main applicants were of White ethnicity, which is higher than the proportion of White adults in the borough overall. Most of these households will be initially placed in Temporary Accommodation (TA).

⁵⁹ Nomis, birth rates. [Accessed December 2024]. <https://www.nomisweb.co.uk/datasets/lebirthrates>

⁶⁰ ONS, parents' country of birth. [Accessed December 2024].

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

⁶¹ The Local Government Association, Health and Homelessness. [Accessed December 2024]

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

⁶² MHCLG, statutory homelessness provision. [Accessed December 2024].

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

Regarding the overall level of temporary accommodation in Kingston, the current (as of 11 September 2024) totals show over 1,000 families in TA⁶³ in the borough, most of whom are in leased accommodation from private landlords, or nightly paid self-contained annexes. The overall figures are low for London, but increasing, especially for nightly paid placements.

Rough sleeping in the borough is estimated using a single night's snapshot count. For 2023, this figure was 27 people⁶⁴, which is slightly higher than previous years. However, the true number of people sleeping rough is likely to vary considerably. Over the past few years, Kingston's rough sleepers have been almost exclusively male, and most are from EU countries.

2.4.10.12 Daytime population

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

In terms of workday commuting, the 2021 Census reported that more than 21,000 people leave the borough to go to work⁶⁵, and a similar number arrive, giving a neutral total of people in the borough during working hours. However, it should be noted that a large number of people were working from home when the Census data was collected in the spring of 2021 due to the COVID-19 pandemic, indeed the work travel figures are only around 50-60% of what was noted in the 2011 census.

2.4.10.13 Gypsy, Roma and Traveller community

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

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

⁶³ Kingston Health Overview Panel. [Accessed December 2024].

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

⁶⁴ MHCLG, rough sleeping snapshot, autumn 2023. [Accessed December 2024]. <https://www.gov.uk/government/statistics/rough-sleeping-snapshot-in-england-autumn-2023/rough-sleeping-snapshot-in-england-autumn-2023>

⁶⁵ ONS, Census 2021 data visualiser. [Accessed December 2024]. <https://www.ons.gov.uk/visualisations/censusorigindestination/>

Housebound population

There can be many reasons why people are unable to leave their home, from physical or mental disability to phobias or practical reasons. It is difficult to precisely estimate the number of housebound Kingston residents, although there are thought to be almost 11,000 people in Kingston (in 2023) with mobility impairments.⁶⁶

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

One study⁶⁷ gives the proportion of housebound people nationally as 3.5% of over 65s (including 20% of over 85s) using a narrow definition of house boundness. Applying these figures to Kingston would give a reasonable minimum estimate of 900 housebound people in the borough. Kingston's GP practice system has the number of housebound residents flagged as 1,060 - this is similar to the level in 2021 at the time of the previous PNA 2022.

2.4.11 Deprivation

Deprivation is measured and quantified using the Index of Multiple Deprivation (IMD)⁶⁸, which scores each small area⁶⁹ in England on seven domains that cover economic and social factors, which are weighted and combined to provide an overall index and ranking. The measures and weightings (for the latest IMD figures from 2019) are:

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

⁶⁶ Poppi / Pansi. [Accessed December 2024].

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

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

⁶⁷ Lindsay, J and Thompson C - Housebound elderly people: Definition, prevalence and characteristics. [Accessed December 2024]. <https://onlinelibrary.wiley.com/doi/abs/10.1002/gps.930080306>

⁶⁸ MHCLG, indices of deprivation 2019. [Accessed December 2024]. <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

⁶⁹ Lower Super Output Area (LSOA) - a small geographical area defined by the ONS, usually with 1,500 - 2,000 residents. Kingston has 99 LSOAs (although there were 98 when the IMD was produced), and 32,844 in England.

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

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

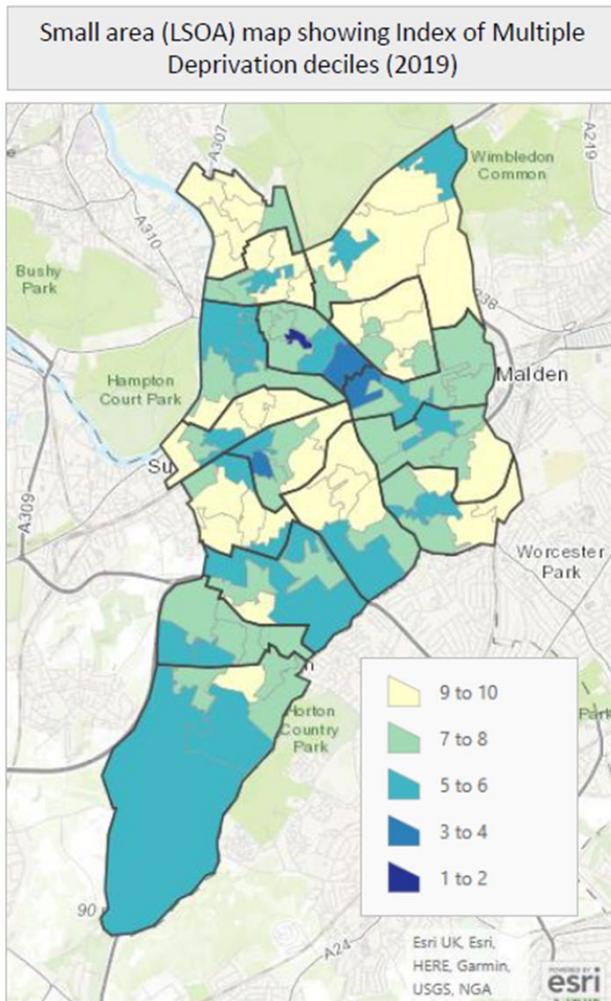
The 32,844 small areas (Lower Super Output Areas - LSOAs) in England are split into ten equally sized deciles, with the most deprived 10% of areas grouped into Decile 1, up to the least deprived 10% in Decile 10. The number of LSOAs in Kingston in each decile in the overall IMD rankings for 2019 can be seen in Table 13.

Table 13: IMD 2019 summary for Kingston's LSOAs

IMD Decile 2019	Number of LSOAs in Kingston in this decile	% of Kingston's population living in this decile	Cumulative % of the population living in this decile or below	Estimated population in this decile
1	0	0%	0%	0
2	1	1%	1%	1,901
3	2	2%	3%	3,867
4	1	1%	4%	1,553
5	7	7%	11%	12,733
6	14	16%	27%	27,948
7	19	20%	47%	35,161
8	16	16%	63%	27,952
9	25	24%	87%	43,388
10	13	13%	100%	23,004

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

Figure 15: IMD 2019 map for Kingston's LSOAs



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

2.5 Health profiles

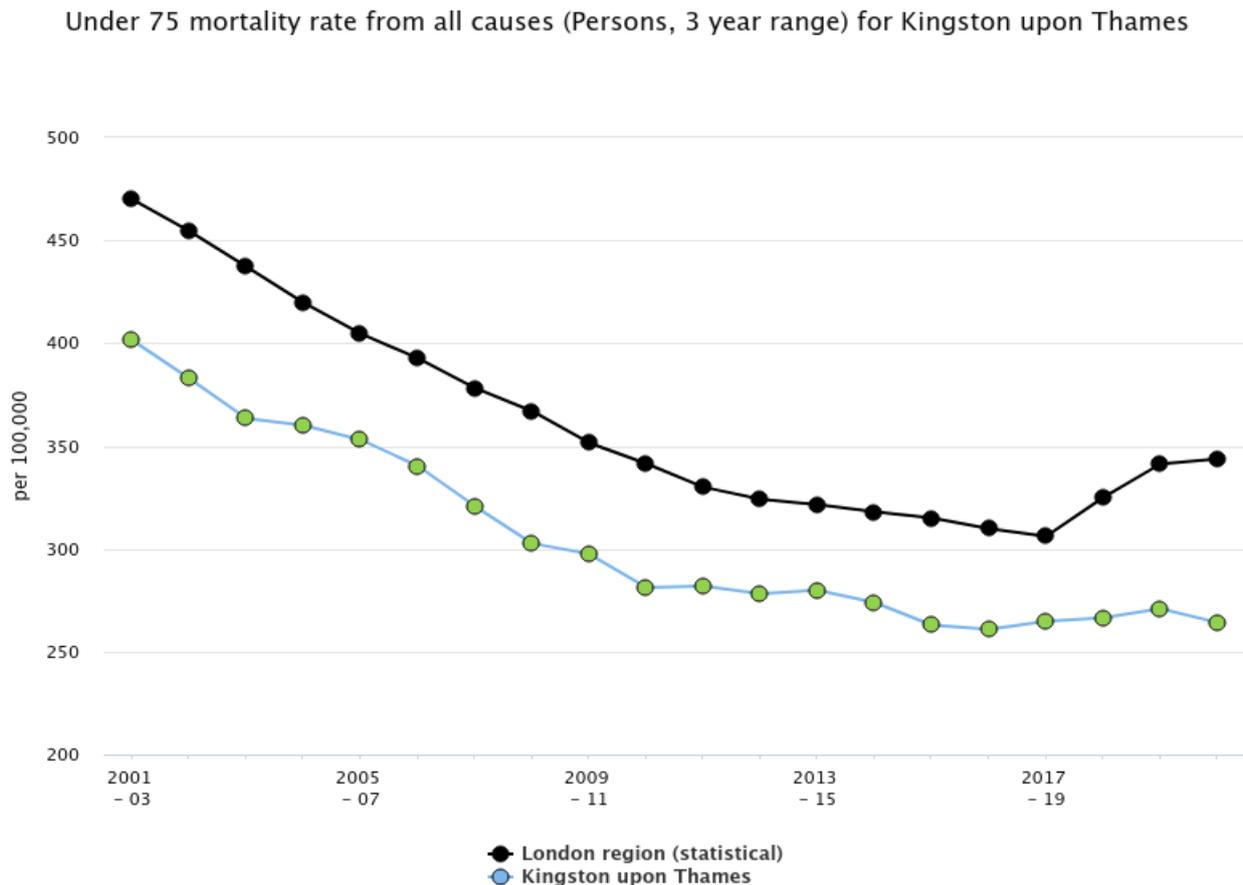
2.5.1 Causes of ill health

Deaths among those aged under 75 years, known as 'premature deaths', are an important public health indicator, with many of these premature deaths being preventable. From 2020-23, almost half of residents in the most deprived areas of Kingston who died were aged under 75, compared to just over a quarter of residents in the least deprived parts.⁷⁰

⁷⁰ NHS Digital, Primary Care Mortality Database, unpublished.

Rates of premature death in Kingston are below the London average⁷¹. Figure 16 shows the recent trend, down one third in the borough in the past 20 years (2020-22 compared to 2001-03). Rates across London and England have increased since 2017-19, however Kingston is more flat, primarily due to its being less affected by COVID-19 mortality than most other parts of the country.

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



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

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

- Cancer (35%)
- Diseases of the circulatory system (27%)
- Diseases of the digestive system (11%)⁷²

⁷¹ ONS mortality data, via OHID fingertips. [Accessed December 2024]

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

⁷² ONS, mortality statistics. [Accessed December 2024]. <https://www.nomisweb.co.uk/datasets/mortsa>

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

Kingston's overall figure (for 2016-20) is 76⁷³. However, wide differences can be seen across the borough, with people living in more deprived wards around double as likely than those in less deprived areas to die before 75.

2.5.1.1 Cardiovascular disease (CVD)

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

At a borough level across the same timeframe, Kingston's SMR for CVD was 75.8, hence around 25% lower than the national average overall and decreasing (getting better compared to England). However, there are again within-borough differences linked to deprivation, with more deprived areas having rates twice as high as less deprived parts⁷⁴.

2.5.1.2 Coronary Heart Disease (CHD)

Coronary Heart Disease (CHD) prevalence among GP-registered patients in Kingston is 2.0% in 2023-24⁷⁵, with almost 4,400 people so diagnosed. The prevalence has declined from 2.3% in 2012-13 and has been consistently lower than the national average (3.0% in 2023-24), but slightly higher than the London level (1.9%) over the past few years.

Rates of CHD tend to be higher in those patients whose GP practices are in the New Malden and Worcester Park, or Surbiton Health Centre PCN, situated in New and Old Malden and Surbiton respectively, with the lowest frequency in Kingston and North Kingston (which also has a younger age profile). Although disease prevalence data is not available by ward of residence, most people's GP practice is close to their home address so a practice's location can be used as a proxy for their ward of residence⁷⁶.

⁷³ OHID local health tool. [Accessed December 2024].

https://www.localhealth.org.uk/#bbox=508316,173503,22690,14004&c=indicator&i=t4.under75_allcause&view=map8

⁷⁴ OHID local health tool. [Accessed December 2024].

https://www.localhealth.org.uk/#bbox=506179,173899,26668,15540&c=indicator&i=t3.em_adm_chd&view=map12

⁷⁵ NHS England, via OHID fingertips, Quarterly Outcomes Framework (QOF). [Accessed December 2024].

<https://fingertips.phe.org.uk/search/qof#page/3/gid/1/pat/6/par/E12000007/ati/301/are/E09000021/iid/273/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁷⁶ To note, as the percentage prevalence rates are usually based on 'all patients' or 'all adult patients' as the denominator, GP practices with a higher proportion of older patients would be expected to have higher rates.

2.5.1.3 Stroke / Transient Ischaemic Attack

The prevalence of a history of stroke among adult patients registered with a GP in Kingston was 1.2% (2,500 people) in 2023-24⁷⁷, which has increased from 1% in 2017-18, is slightly higher than the London average of 1.1%, but considerably lower than the national prevalence of 1.9%. Figures vary somewhat by locality, with the highest prevalence in patients of the Surbiton Health Centre PCN, at 1.6%, and the lowest in Kingston PCN at 0.8%.

2.5.1.4 Hypertension

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

2.5.1.5 Cancers

Cancer was the second leading cause of death for all Kingston residents in 2023 and was recorded as the underlying cause of death in 22% of people who died that year, rising to 35% of those who died under 75 years old⁷⁸.

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

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

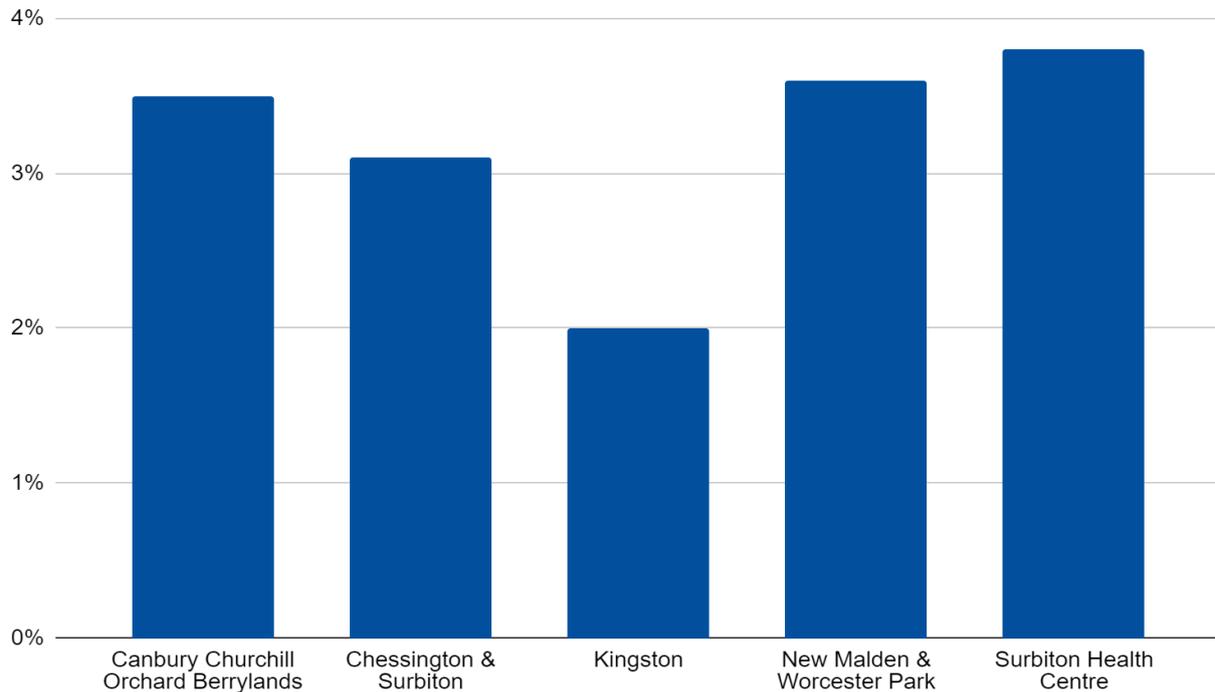
From GP records, the prevalence of all cancers is 3.1% in Kingston, higher than London (2.5%) but lower than England (3.6%) in 2023-24. Rates have been rising in all areas, with Kingston up from 2.7% three years ago. Kingston's population is older than the London average, which partly explains the relatively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

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

⁷⁷ NHS England, via OHID fingertips, Quarterly Outcomes Framework (QOF). [Accessed December 2024]. <https://fingertips.phe.org.uk/search/QOF#page/3/gid/1/pat/6/par/E12000007/ati/402/are/E09000021/iid/212/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

⁷⁸ ONS mortality statistics, via Nomis. [Accessed December 2024]. <https://www.nomisweb.co.uk/datasets/mortsa>

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



2.5.1.6 Diabetes

Diabetes is one of the commonest long term health conditions in England, with rates increasing year on year, up around 30% between 2012-13 and 2023-24⁷⁹. According to GP practice lists, diabetes prevalence in Kingston has been significantly lower than London and England averages for the past decade⁸⁰ (see Figure 18). However, Kingston has seen an increasing prevalence of diabetes, rising from 4.8% in 2012-13 to 5.8% in 2023-24.

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

⁷⁹ OHID fingertips. [Accessed December 2024].

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

⁸⁰ OHID Fingertips. [Accessed December 2024]

https://fingertips.phe.org.uk/search/QOF#page/4/gid/1/pat/6/par/E12000007/ati/102/are/E09000021/iid/241/age/187/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0_tre-ao-0

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

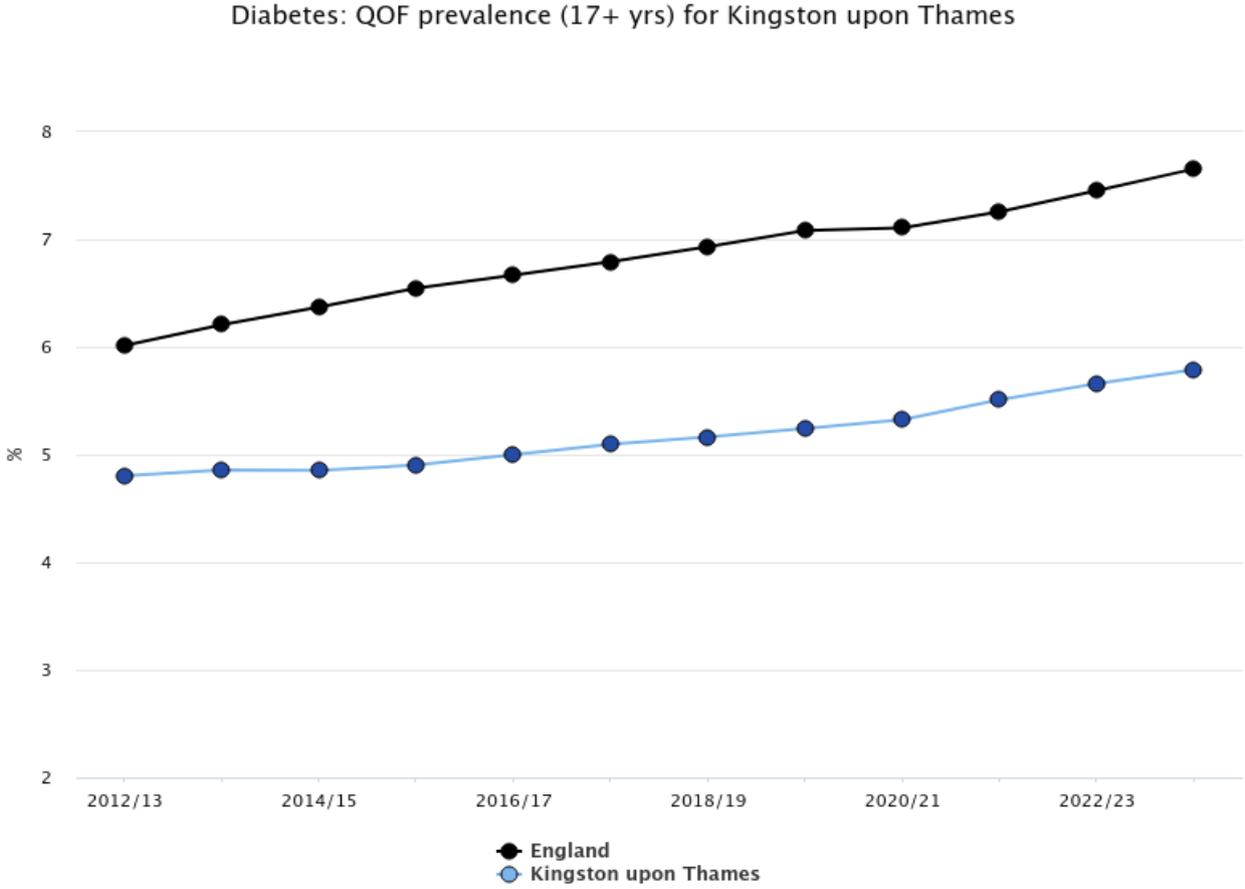


Figure 18 above shows the prevalence of diabetes as recorded by GPs, which does not include undiagnosed cases. Around 20% of diabetes cases are estimated to be undiagnosed; if we applied this to today’s figures it would mean that as well as the 10,100 people diagnosed with diabetes in the borough, another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

2.5.1.7 Respiratory diseases

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

Chronic Obstructive Pulmonary Disorder (COPD)

COPD is a long-term, serious lung condition which commonly results from regular smoking, and can take many years to develop. GP-recorded prevalence in Kingston in 2023-24 is 1% (2,200 people)⁸¹, slightly lower than in previous years. Kingston's level is the same as the overall London rate, but far lower than England (1.9%). At neighbourhood level, patients of GP surgeries in the South of the Borough, and Surbiton localities have the highest incidence, at around 1.3%, with other areas having 1% or lower.

Asthma

Over 10,000 people registered with Kingston GPs are recorded as having asthma (in 2023-24), which is 5% of patients aged six years or over, slightly higher than the London average (4.7%) but significantly lower than England (6.5%)⁸². Locality levels of asthma diagnosis range from 4.3% in Kingston and North Kingston to 5.8% for patients of the GP practices in Surbiton.

2.5.1.8 Depression and mental health

Depression is the second most commonly diagnosed condition among adults registered with Kingston GPs, with 9.5% of patients in 2022-23 (latest data available)⁸³. This is the same as the London average but considerably lower than England (13.2%). Rates of depression in Kingston continue to rise year on year, doubling in the past eight years (see Figure 19), with over 16,000 people now diagnosed.

⁸¹ OHID fingertips. [Accessed December 2024].

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

⁸² OHID Fingertips. [Accessed December 2024].

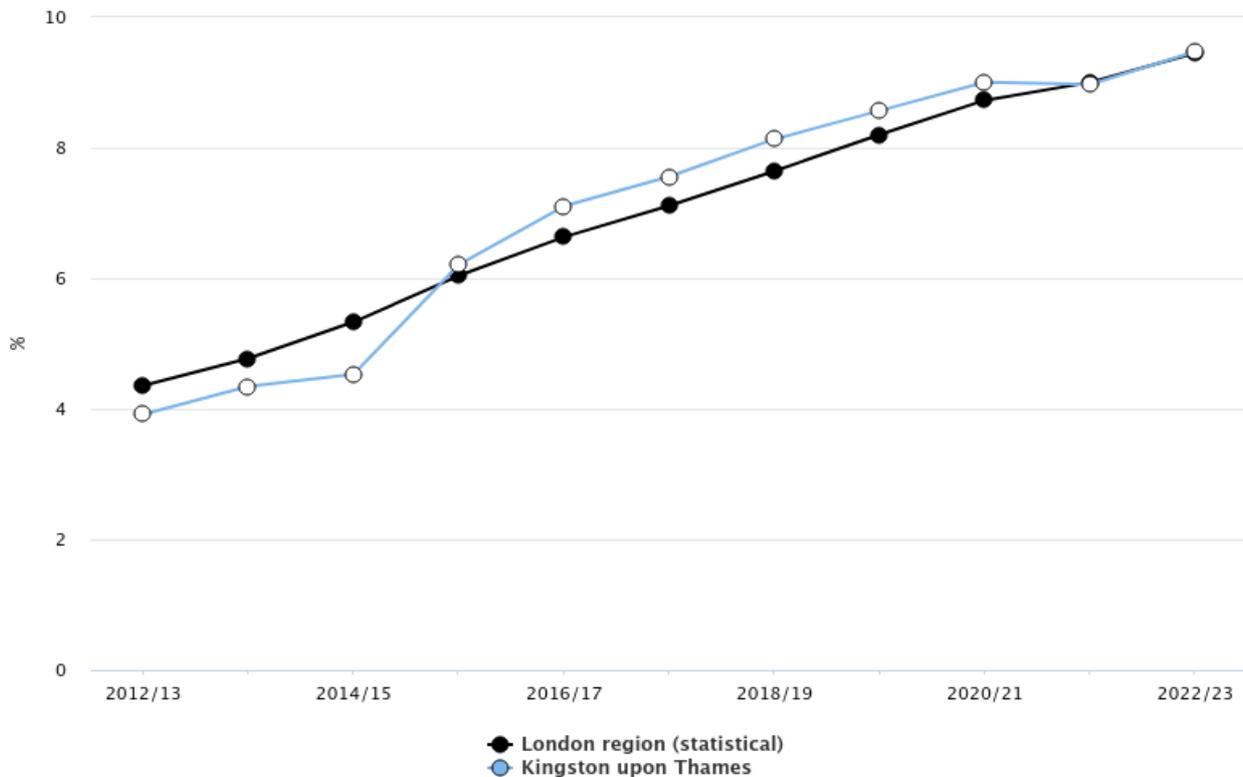
<https://fingertips.phe.org.uk/search/QOF#page/1/gid/1/pat/6/par/E12000007/ati/502/are/E09000021/iid/212/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

⁸³ OHID Fingertips. [Accessed December 2024].

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

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

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



Mental health concerns, especially in younger people, are also rising. A 2023 secondary school survey⁸⁴ in the borough showed that only half of 11-16 year olds surveyed were happy with their emotional health, including only 40% of girls. Hospital admissions for mental health conditions in people under 18 years were above the London average for several years, although the most recent data (for 2022-23) shows Kingston back below the average⁸⁵.

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

⁸⁴ School Health Education Unit (SHEU) survey 2023, unpublished.

⁸⁵ OHID fingertips. [Accessed December 2024].

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

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

2.5.1.9 Dementia

1,300 people aged 18 or over were recorded on GP registers as having dementia in Kingston in 2023-24, which is 0.6% of the Kingston population, above London overall (0.5%), but lower than England (0.75%). In residents aged 65 and over, the recorded prevalence is 3.85%⁸⁶, amongst the lowest in London.

The estimated dementia diagnosis rate⁸⁷ in people aged 65 years and over gives a measure of how many people may be living with undiagnosed dementia. A prompt diagnosis can help people living with dementia, their family and medical staff to work together to improve health and care outcomes. Kingston's rate (in 2024) is 65.8%, so for every two people with diagnosed dementia, another person may not have been diagnosed, which would add another 650 or so people to the total if the estimated rate was applied.

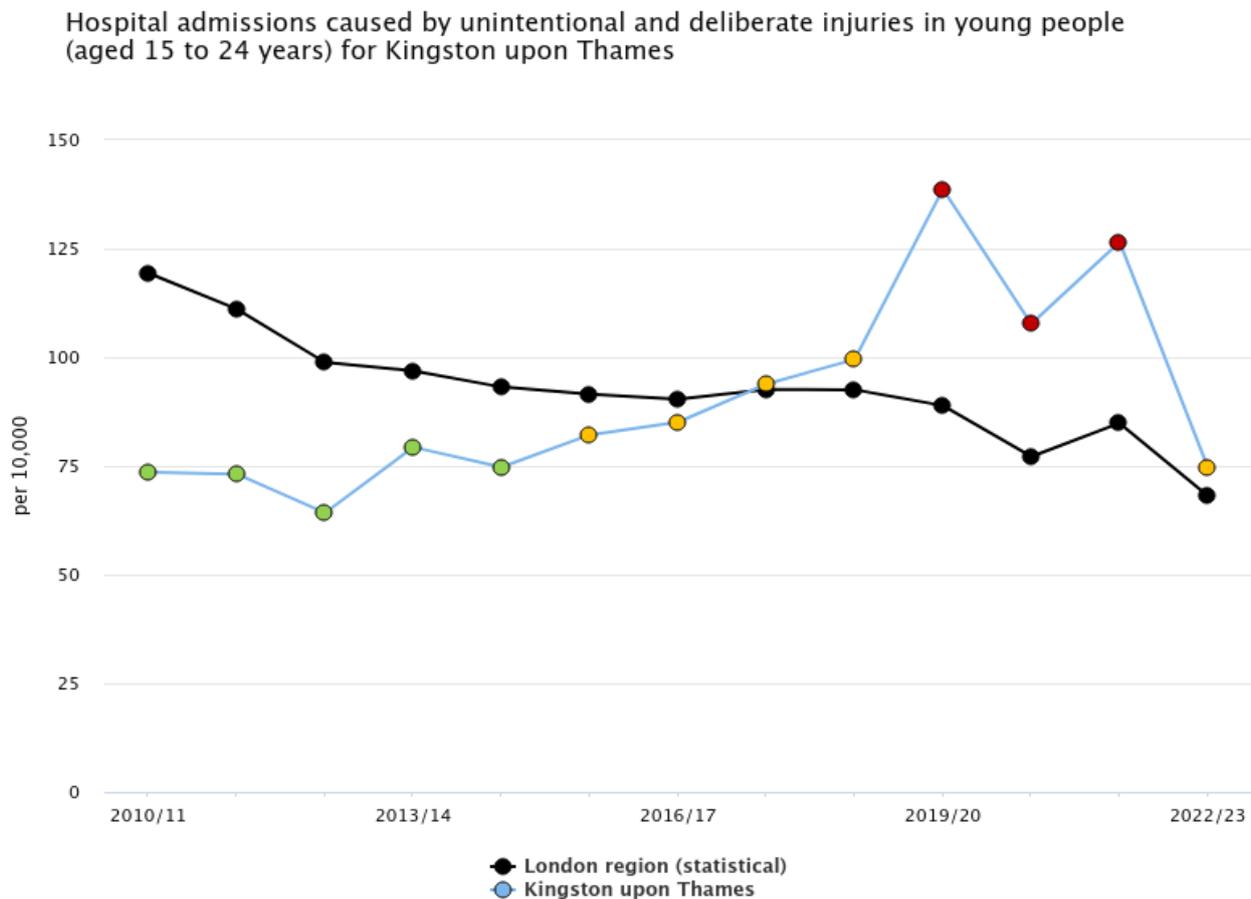
2.5.1.10 Accidental injuries and falls

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

⁸⁶ OHID fingertips. [Accessed December 2024]. <https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/data#page/1/gid/1938133052/pat/6/ati/402/are/E09000021/iid/91891/age/27/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1>

⁸⁷ OHID fingertips. [Accessed December 2024]. <https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/data#page/3/gid/1938132811/pat/6/par/E12000007/ati/402/are/E09000021/iid/92949/age/27/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0>

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



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

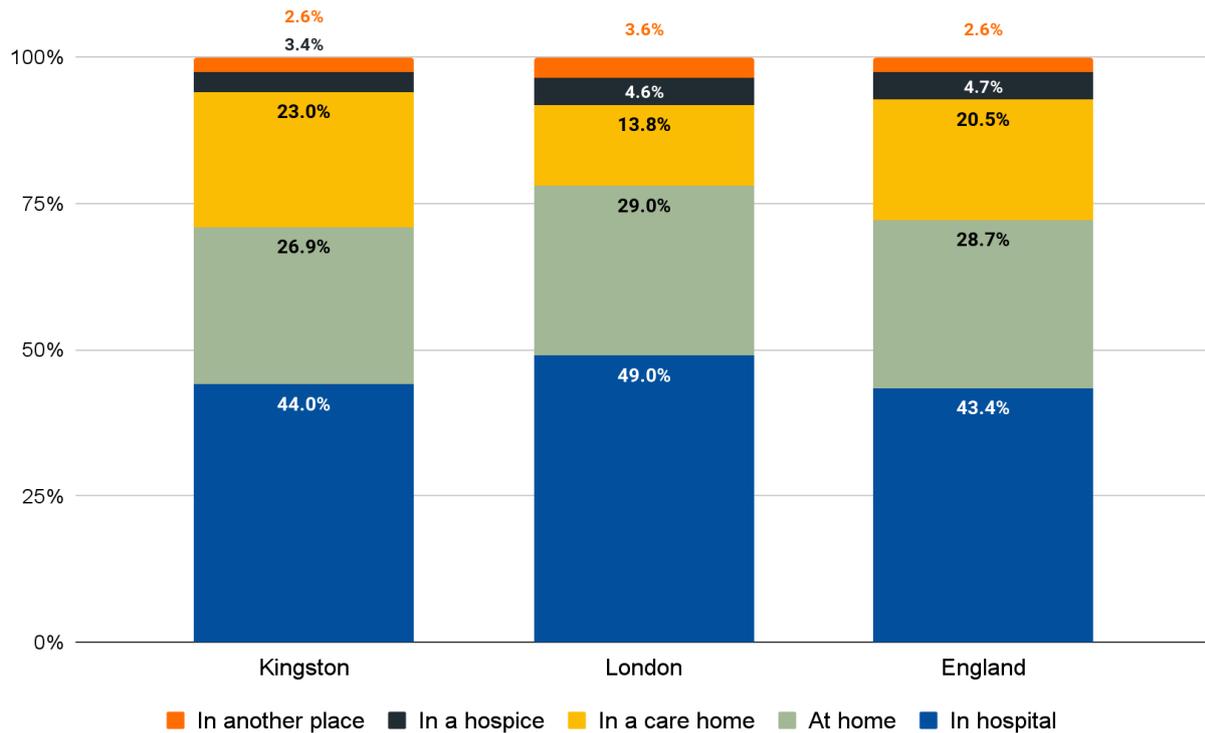
2.5.1.11 Palliative care

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

In terms of the place of death of Kingston residents, in 2022, 3.4% of deaths in Kingston occurred in hospices⁸⁸, which is lower than London (4.6%) and England (4.7%). With regards to other death locations, Kingston has the highest level in London for deaths in a care home, and one of the lowest for deaths in hospital.

⁸⁸ OHID fingertips. [Accessed December 2024]. <https://fingertips.phe.org.uk/profile/end-of-life/data#page/1/gid/1938132883/pat/6/par/E12000007/ati/302/are/E09000021/iid/93478/age/161/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

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



2.5.1.12 Immunisation

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

For childhood programmes, in 2023-24 Kingston had a higher rate of vaccination than London, but lower than England.⁸⁹ Despite this, Kingston is not meeting uptake targets. National figures are also below the 95% herd immunity target. Regarding MMR, 88% of five year olds in Kingston had had their first MMR jab, compared to 87% for London and 93% in England.

The annual influenza immunisation programme aims to help people stay well and to lessen winter pressures on health services. In Kingston, flu vaccination uptake rates are higher than the London average but lower than England. Over 21,000 people aged 65 and over had a flu jab in Kingston in 2023-24⁹⁰, which is 74% of this population, the fourth highest in London. A further 11,000 ‘at risk’ individuals also received the vaccine that year, the highest proportion in London.

⁸⁹ NHS England, childhood vaccination coverage. [Accessed December 2024]. <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-immunisation-statistics/england-2023-24>

⁹⁰ OHID fingertips. [Accessed December 2024]. <https://fingertips.phe.org.uk/search/influenze#page/1/gid/1/pat/6/par/E12000007/ati/502/are/E09000021/iid/30303/age/30/sex/4/cat/-1/ctp/-1/yr/1/cid/1/tbm/1>

2.5.1.13 COVID-19

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

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

2.6 Health behaviours

2.6.1 Drug misuse

The latest estimate on the number of people using opiates and / or crack cocaine in Kingston is from 2019-20⁹¹. At that time, one in 190 residents aged 15-64 were thought to use these drugs, about half the London rate. Applying those figures to today’s estimated population would mean 630 such users currently in the borough, broadly similar to the estimated amount from previous years.

Figures for 2022 show 340 people in drug treatment in Kingston, with 75 successful completions⁹². Almost half (49%) of the non-opiate users successfully completed the programme (i.e. they didn’t re-present to treatment within six months), along with one in 12 opiate users. The success proportion for non-opiate users has risen significantly in Kingston, well above the long-term average of around 33% success, and in 2022 is the second highest success rate nationally. The opiate success rate is also well above the London average and increasing.

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

⁹¹ OHID, opiate and crack cocaine use. [Accessed December 2024].

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

⁹² OHID fingertips. [Accessed December 2024].

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

2.6.2 Alcohol use and related diseases

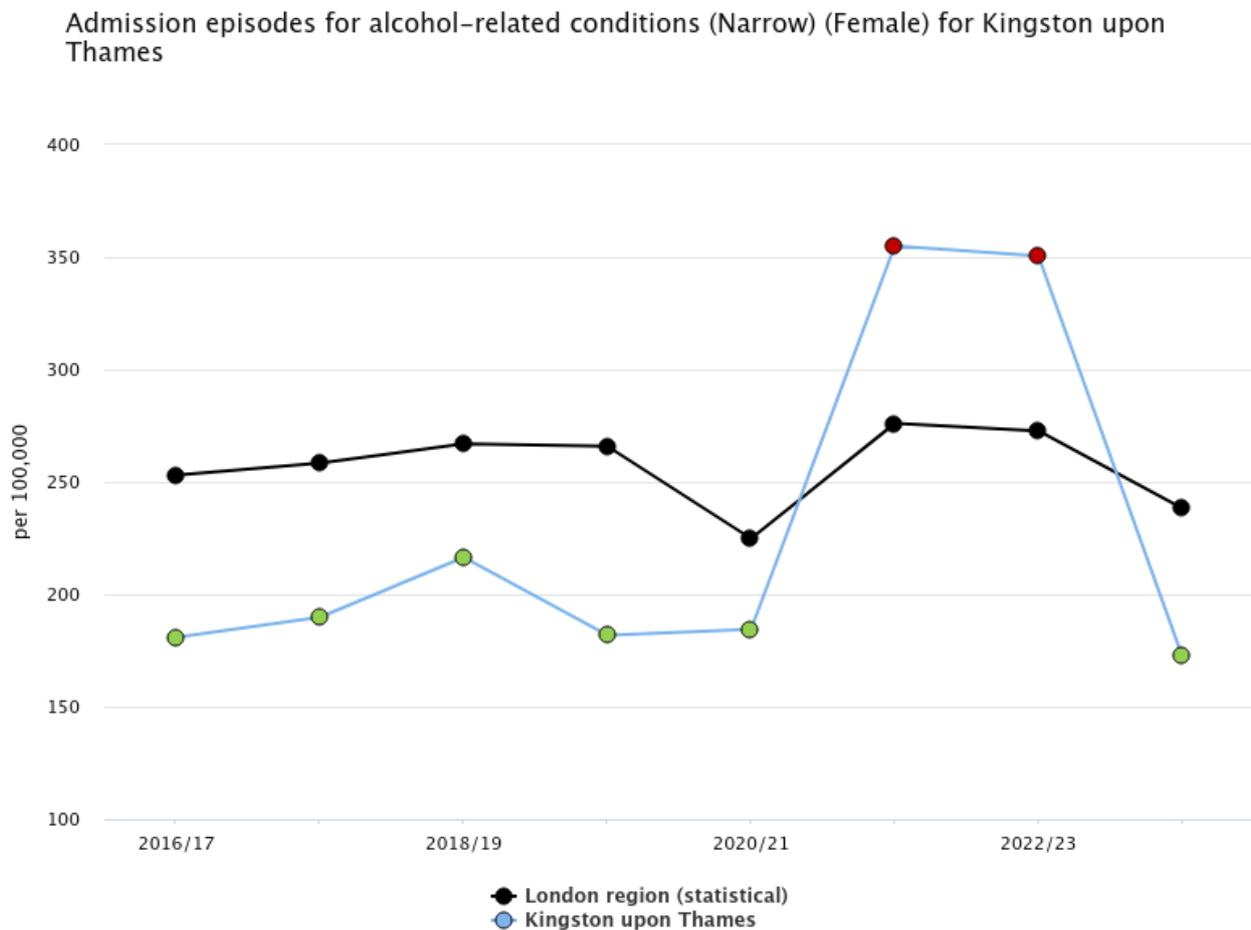
Alcohol use is the second-biggest risk factor for death, ill-health and disability among 15–49-year-olds in the UK and is a causal factor in more than 60 medical conditions, including several cancers, high blood pressure, cirrhosis of the liver, and depression⁹³. Levels of binge drinking and exceeding the recommended number of units per week are lower in Kingston than London overall. Nevertheless, Kingston is above the London average for several metrics related to alcohol.

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

The rate for narrow admissions increased significantly in the borough in 2021-22 and stayed high in 2022-23.

⁹³ OHID local alcohol profiles. [Accessed December 2024]. <https://fingertips.phe.org.uk/profile/local-alcohol-profiles>

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



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

2.6.3 Sexual health and teenage conception

2.6.3.1 Sexually Transmitted Infections (STIs)

Sexual health services in Kingston diagnosed almost 1,100 new cases of STIs in 2023⁹⁴ (excluding chlamydia cases in under 25s), although some of these cases will be re-infections for the same person within the year. Kingston's rate is around half of the London average, however numbers have gone up every year since 2020 and are now close to pre-pandemic levels.

⁹⁴ OHID fingertips. [Accessed December 2024].

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

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

2.6.3.2 Human Immunodeficiency Virus (HIV)

The prevalence of HIV in Kingston has remained mostly flat in recent years and stood at around one in 500 people aged 15-5996 (in 2023), which is the second lowest in London. However, the published data on more recent new diagnoses in Kingston is incorrect and will be updated shortly.

2.6.3.3 Teenage conception

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

2.6.4 Smoking

Smoking is the single greatest behavioural risk factor for both morbidity and mortality in the country⁹⁵, and is associated with an increased risk of developing many conditions including several cancers, circulatory conditions and COPD.

Smoking prevalence in Kingston has been estimated from the 2023 Annual Population Survey and stands at 7.5% of adults⁹⁶ (age 18+), one of the lowest levels in London and equivalent to about 10,000 residents. Overall, rates are coming down. The 2023 figure was, however, slightly higher than the year before. Adjusting for occupation type has the highest proportion of smokers in people with routine and manual jobs, with double the likelihood of these workers smoking, compared to people who don't have these kinds of occupations⁹⁷.

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

⁹⁵ PHE, Health profile for England 2021. [Accessed December 2024]. https://fingertips.phe.org.uk/static-reports/health-profile-for-england/hpfe_report.html#detailed-analysis-and-charts-4

⁹⁶ OHID fingertips. [Accessed December 2024].

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

⁹⁷ OHID fingertips. [Accessed December 2024].

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

2.6.5 Obesity

Excess weight in childhood increases the probability of becoming an overweight or obese adult, which is recognised as a major determinant of premature mortality and avoidable ill health. Tackling obesity in children is one of the key themes of the 'Start Well' section of Kingston's Health and Care Plan and a new Kingston Healthy Weight Strategy 2024-2027 was launched in 2024⁹⁸.

2.6.5.1 Overweight in children

The annual National Child Measurement Programme weighs children in Reception (age four-five) and Year 6 (age 10-11). The most recent results (from 2022-23) showed 290 (19%) overweight children entering school in Kingston, well below the London average but significantly higher than the 17% measured the previous year and the highest Kingston value for many years⁹⁹.

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

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

2.6.5.2 Overweight in adults

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

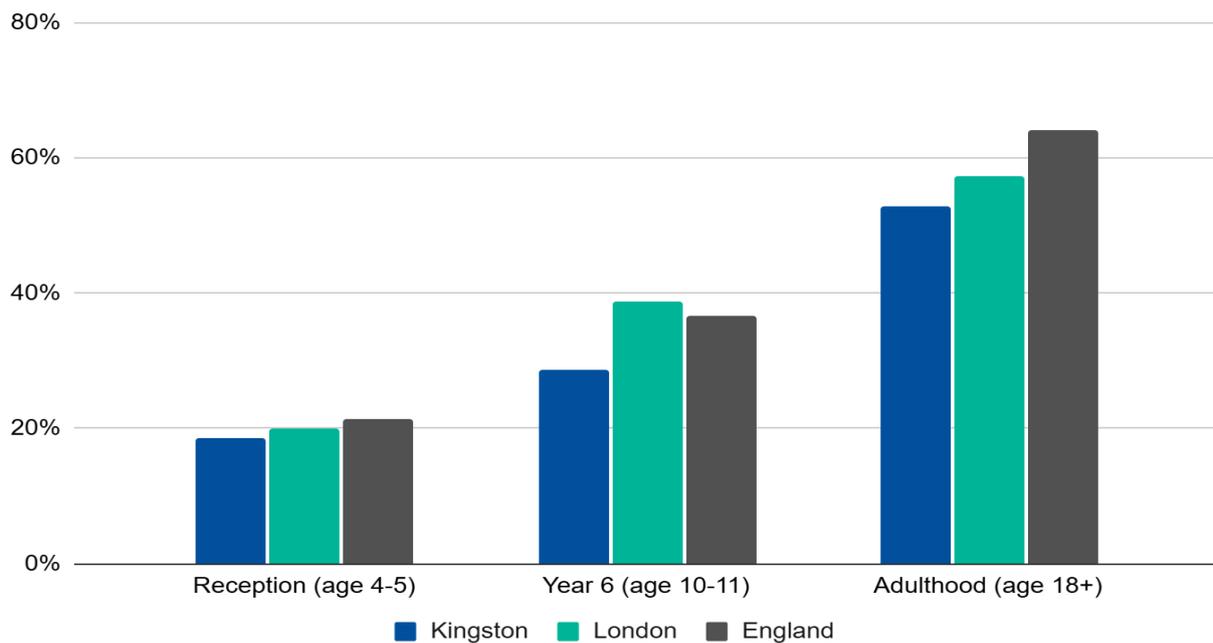
⁹⁸ Public Health Kingston, Healthy Weight Strategy. [Accessed December 2024].

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

⁹⁹ OHID fingertips. [Accessed December 2024].

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

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



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

2.6.6 Oral health

Levels of tooth decay in young children are an important marker towards future health outcomes. In Kingston in 2022, 16% of children aged five had visually obvious dental decay¹⁰⁰ (at least one tooth decayed, missing or filled). This is the fourth-lowest level in London, with regional and national figures being around 25%.

Dental-related procedures are the most common reason for hospital admission in young children. Over the three years from 2020-21 to 2022-23, 100 children under six years old were admitted to hospital due to dental caries¹⁰¹, which is a higher rate than the London average but a decrease on previous Kingston data.

¹⁰⁰ OHID. [Accessed December 2024]. <https://www.gov.uk/government/statistics/oral-health-survey-of-5-year-old-children-2022>

¹⁰¹ OHID fingertips. [Accessed December 2024]. <https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/3/gid/1938133228/pat/6/par/E12000007/ati/302/are/E09000021/iid/93479/age/247/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1>

Section 3: NHS pharmaceutical services provision, currently commissioned

3.1 Overview

There is a total of 29 contractors in Kingston.

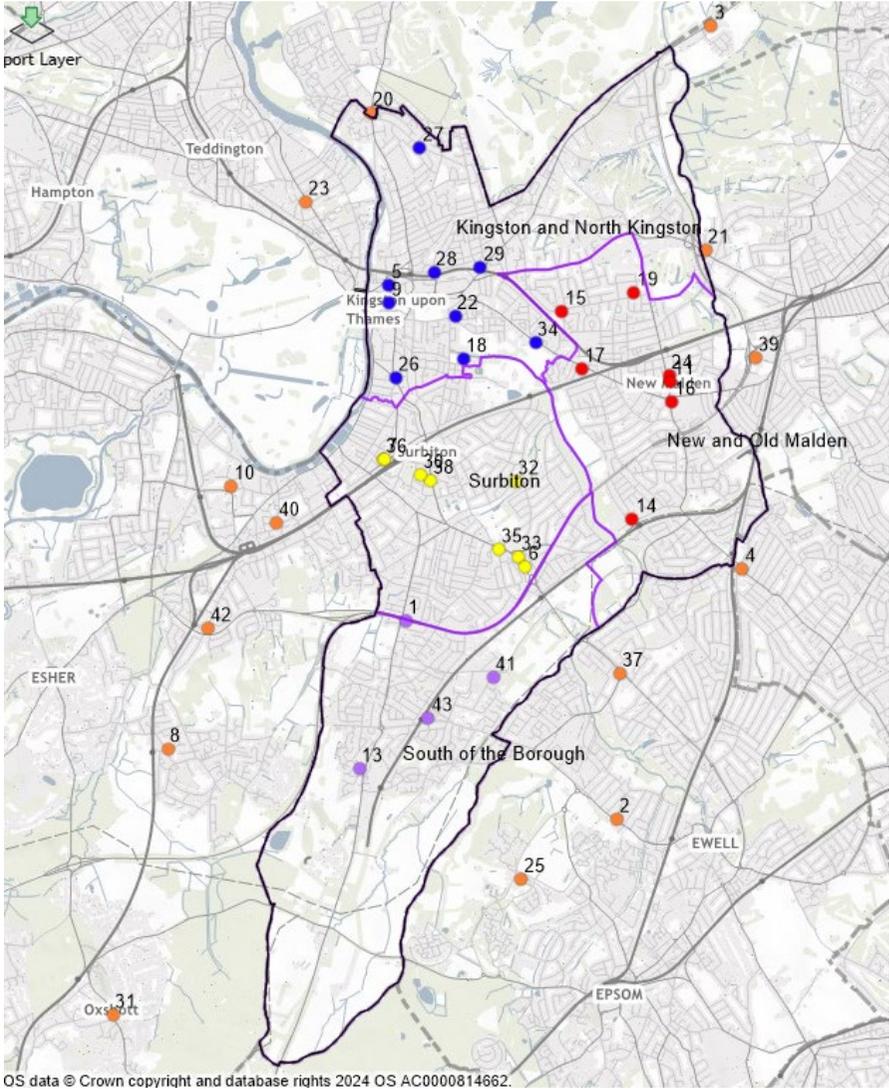
Table 14: Contractor type and number in Kingston

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

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

Figure 24: Map of pharmacies in Kingston and across borders

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



3.2 Community pharmacies

Table 15: Number of community pharmacies in Kingston (as of October 2024)

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

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

Table 16 shows the change in the numbers of pharmacies over recent years compared with national averages.

Table 16: Number of community pharmacies per 100,000 population

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

Source: ONS 2020 and 2023 mid-year population estimates and NHS BSA for number of pharmacies

[Section 1.4.1.4](#) lists the Essential Services of the pharmacy contract. It is assumed that provision of all these services is available from all contractors. Further analysis of the pharmaceutical service provision and health needs for each locality is explored in [Section 6](#). The number and rate of community pharmacies vary by locality. Table 17 provides a breakdown, by locality, of the average number of community pharmacies per 100,000 population.

Table 17: Average number of community pharmacies in 100,000 population by locality

Locality	Number of community pharmacies	Total population	Average number of community pharmacies per 100,000 population
Kingston and North Kingston	8	56,616	14.1
New and Old Malden	8	40,925	19.5
South of the Borough	4	26,367	15.2
Surbiton	8	47,261	16.9
Kingston	28	171,170	16.4
England¹⁰²	10,451	57,690,323	18.1

¹⁰² NHS. Open Data Portal. Pharmacy Opening and Closures. November 2024. [Accessed December 2024] <https://opendata.nhsbsa.net/dataset/pharmacy-openings-and-closures>. ONS Estimates of the population for England and Wales. Mid-2023. [Accessed December 2024]. <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/dataset/estimatesofthepopulationforenglandandwales>

3.2.1 Weekend and evening provision

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

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

3.2.2 Access to community pharmacies

A previously published article¹⁰³ suggests:

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

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

3.2.2.1 Routine daytime access to community pharmacies

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

Table 18: Time to pharmacy with various methods of transportation across Kingston

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

Summary:

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

¹⁰³ Todd A, Copeland A, Husband A. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. *BMJ Open* 2014, Vol. 4, Issue 8. [Accessed December 2024]. <http://bmjopen.bmj.com/content/4/8/e005764.full.pdf%20html>

Figure 25: Average walk time to community pharmacies in Kingston

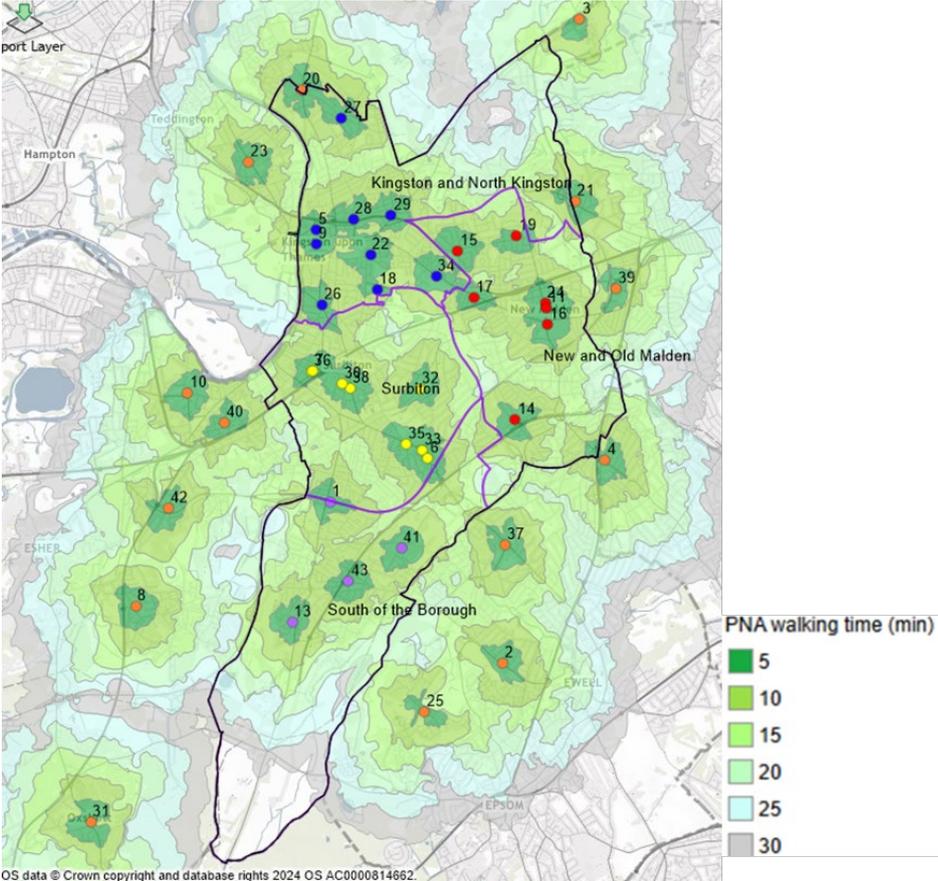
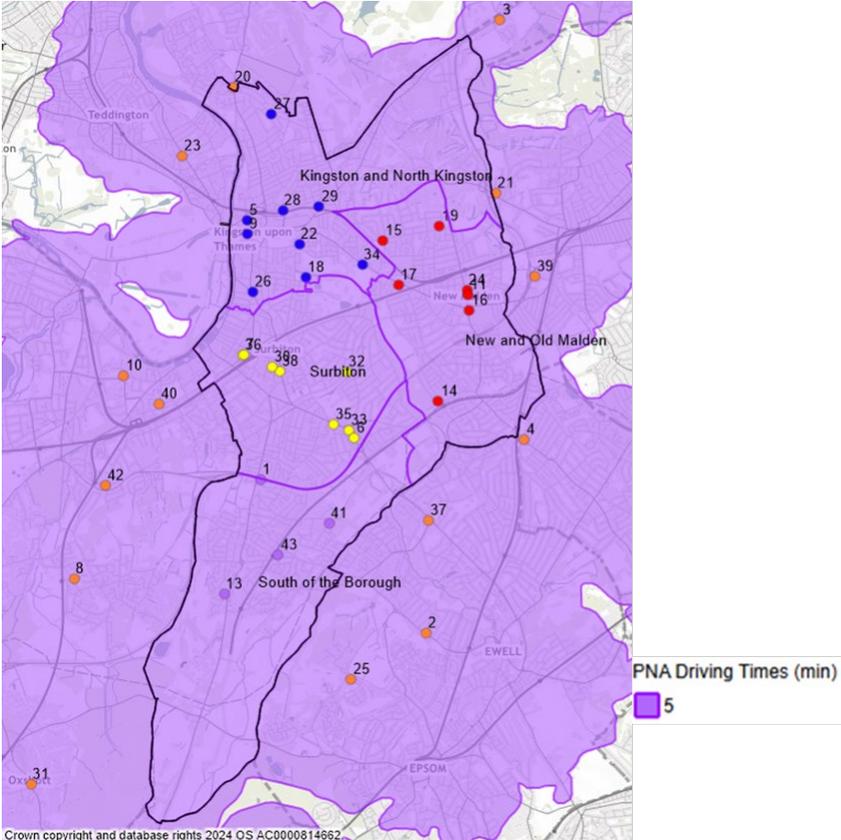


Figure 26: Average drive time by car to the nearest pharmacy in Kingston



3.2.2.2 Routine weekday evening access to community pharmacies

The number, location and opening hours of community pharmacy providers open beyond 6 pm, Monday to Friday (excluding bank holidays), vary within each locality; they are listed in Table 19 below. Full details of all pharmacies' opening hours can be found in Appendix A. 'Average' access is difficult, given the variety of opening hours and locations. Access is therefore considered at locality level and can be found in Table 19, which shows that 57% of pharmacies are open beyond 6 pm across Kingston.

Table 19: Number and percentage of community pharmacy providers (including DSPs) open Monday to Friday (excluding bank holidays) beyond 6 pm, and on Saturday and Sunday

Locality	Number (%) of pharmacies open beyond 6 pm	Number (%) of pharmacies open on Saturday	Number (%) of pharmacies open on a Sunday
Kingston and North Kingston	5 (63%)	7 (88%)	2 (25%)
New and Old Malden	6 (75%)	7 (88%)	2 (25%)
South of the Borough	1 (25%)	2 (50%)	0
Surbiton	4 (50%)	8 (100%)	3 (38%)
Kingston	16 (57%)	24 (86%)	7 (25%)

3.2.2.3 Routine Saturday daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on Saturdays vary within each locality. Of the pharmacies in Kingston, 24 (86%) are open on Saturdays, the majority of which are open into the late afternoon. 'Average' access is difficult given the variety of opening hours and locations. Access is therefore considered at locality level. Full details of all pharmacies open on a Saturday can be found in Appendix A.

3.2.2.4 Routine Sunday daytime access to community pharmacies

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

3.2.2.5 Routine bank holiday access to community pharmacies

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

The ICB has commissioned an enhanced service to provide coverage over Bank Holidays, Easter Sunday, and Christmas Day, to ensure that there are pharmacies open on these days so patients can access medication if required.

3.2.3 Advanced Service provision from community pharmacies

[Section 1.4.1.4.2](#) lists all Advanced Services that may be provided under the pharmacy contract. As these services are discretionary, not all providers will provide them all of the time.

Data supplied from NHS BSA dispensing data has been used in Table 20 to demonstrate how many community pharmacies per locality have provided the Advanced and Enhanced services, based on pharmacies claiming payment for the service. Details of individual pharmacy providers can be seen in Appendix A.

Table 20: Percentage of providers for Advanced Services and Enhanced Services in Kingston

	Kingston and North Kingston	New and Old Malden	South of the Borough	Surbiton	Kingston
Pharmacy First	8 (100%)	7 (88%)	3 (75%)	8 (100%)	26 (93%)
Flu Vaccination Service	8 (100%)	5 (63%)	3 (75%)	7 (88%)	23 (82%)
Pharmacy Contraception Service	3 (38%)	3 (38%)	2 (50%)	5 (63%)	13 (46%)
Hypertension Case Finding Service	6 (75%)	5 (63%)	3 (75%)	7 (88%)	21 (75%)
New Medicine Service	7 (88%)	7 (88%)	3 (75%)	8 (100%)	25 (89%)
Smoking Cessation Service (SCS)*	3 (38%)	1 (13%)	2 (50%)	3 (38%)	9 (32%)
Appliance Use Review (AUR)	1 (13%)	0	0	0	1 (4%)
Stoma Appliance Customisation (SAC)	1 (13%)	0	0	0	1 (4%)
Lateral Flow Device Service	2 (25%)	5 (50%)	1 (25%)	4 (50%)	11 (39%)
COVID-19 Vaccination Service*	2 (25%)	3 (38%)	2 (50%)	3 (38%)	10 (36%)

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

* Source: List of signed up pharmacy providers

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

Newer advanced services are increasing in activity based on comparison with the activity recorded in the 2022 PNA. The Hypertension case finding service previously had low uptake across all localities as reported in the 2022 PNA however this has now shifted, as shown in Table 17, which suggests good uptake for the majority of contractors in all localities.

The Smoking Cessation Service currently has no uptake locally however this is similar to national numbers. Locally pharmacies have signed up to the service as shown in Table 20 however referral process is still being established. More details on local and national trends can be found in the Community Pharmacy England Dashboards.¹⁰⁴

3.2.4 Enhanced Service provision from community pharmacy

There is currently one National Enhanced Service commissioned through community pharmacies from NHSE in Kingston. This is the COVID-19 vaccination service.

As shown in Table 20, there is a spread across all localities of community pharmacies providing this service.

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

3.3 Dispensing Appliance Contractors

There is one DAC in Kingston based in Kingston and North Kingston locality.

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

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

There are 111 DACs in England¹⁰⁵.

3.4 Dispensing GP practices

There are no dispensing GP practices in Kingston.

3.5 PhAS pharmacies

There are no PhAS providers in Kingston.

¹⁰⁴ Community Pharmacy England. Clinical Services Statistics. October 2024. [Accessed December 2024] <https://cpe.org.uk/funding-and-reimbursement/nhs-statistics/clinical-services-statistics/>

¹⁰⁵ NHSBSA. General Pharmaceutical Services in England 2015-16 – 2023-24. October 2024. [Accessed December 2024] <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-2015-16-2023-24>

3.6 Pharmaceutical service provision provided from outside Kingston

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

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

Analysis of dispensing data has highlighted out approximately 211,993 prescription items dispensed each month (between May-July 2024), accounting for an average of 7,310 items per community pharmacy in Kingston.¹⁰⁶ This is higher than the England average of 7,109 items per pharmacy monthly and the London average of 6,997 in 2023-24.¹⁰⁷

¹⁰⁶ NHSBSA. Dispensing Contractors' Data May-July 2024. [Accessed December 2024] <https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data>

¹⁰⁷ NHSBSA. General Pharmaceutical Services in England 2015-16 – 2023-24. October 2024. [Accessed December 2024] <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-2015-16-2023-24>

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

Community pharmacies and GP practices provide a range of other services. These are not considered 'pharmaceutical services' under the Pharmaceutical Regulations 2013 and may be either free of charge, privately funded or commissioned by the local authority or the ICB. These services are listed for information only and would not be considered as part of a Market Entry determination.

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

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

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

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

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

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

These services are listed for information only and would not be considered and used as part of a Market Entry determination.

Table 21: Number and percentage of providers for RBK commissioned services in Kingston

Service	Kingston and North Kingston	New and Old Malden	South of the Borough	Surbiton	Kingston
Sexual health	3 (38%)	0	1 (25%)	5 (63%)	9 (32%)
NHS health checks	2 (25%)	0	1 (25%)	3 (38%)	6 (21%)
Substance misuse naloxone	3 (38%)	1 (13%)	0	1 (13%)	5 (18%)
Needle and syringe programme	3 (38%)	2 (25%)	1 (25%)	5 (63%)	11 (39%)

Service	Kingston and North Kingston	New and Old Malden	South of the Borough	Surbiton	Kingston
Supervised consumption	4 (50%)	1 (13%)	2 (50%)	5 (63%)	12 (43%)
Alcohol misuse	2 (25%)	0	1 (25%)	5 (63%)	8 (29%)
Smoking cessation	2 (25%)	2 (25%)	2 (50%)	4 (50%)	10 (36%)

4.2 ICB-commissioned services

SWL ICB commissions two ICB-commissioned Services (ICBSs) across Kingston:

- ICBS1: End of Life Care (EoLC) Medicines: in hours
- ICBS2: Bank Holiday

Table 22: Percentage of providers for SWL ICB commissioned services in Kingston

Service	Kingston and North Kingston	New and Old Malden	South of the Borough	Surbiton	Kingston
EoLC Medicine (in hours)*	-	-	1 (25%)	-	1 (4%)
Bank Holiday**	-	-	-	2 (25%)	2 (7%)

*This service will be decommissioned 01 April 2025 and replaced with an ICB wide service.

**This will be reviewed in May 2025.

4.3 Other services provided from community pharmacies

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

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

4.4 Collection and delivery services

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

This service would not be considered as part of a determination for Market Entry.

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

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

4.5 Services for less-abled people

Under the Equality Act 2010,¹⁰⁸ community pharmacies are required to make 'reasonable adjustments' to their services to ensure they are accessible by all groups, including less-abled persons.

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

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

4.6 Language services

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

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

4.7 Other providers

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

Some of the providers are outside the borough of Kingston.

4.7.1 NHS hospitals

Pharmaceutical service provision is provided to patients by the hospital:

- Kingston Hospital, Galsworthy Road, Kingston KT2 7QB

4.7.2 Personal administration of items by GP practices

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

4.7.3 Prison pharmacies

There are currently no prison pharmacies in Kingston.

4.7.4 Substance misuse services

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

- Kingston Wellbeing Service - Community Drug and Alcohol Treatment Service, Surbiton Health Centre, Ewell Road, Surbiton, KT6 6EZ

¹⁰⁸ Legislation. Equality Act 2010. October 2024. [Accessed December 2024] www.legislation.gov.uk/ukpga/2010/15/contents

- Young People's Substance Misuse Service¹⁰⁹

4.7.5 Flu vaccination service by GP Practices

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

The following services may increase the demand for pharmaceutical service provision:

4.7.6 Urgent care centres

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

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

4.7.7 Minor injury units

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

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

4.7.8 Extended hours provided by Primary Care Networks (PCNs)

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

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

4.7.9 Community nursing prescribing

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

4.7.10 Dental services

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

4.7.11 End of life services

SWL ICB commissions a service which provides EoLC medicine access during normal pharmacy opening hours. This is currently provided by one pharmacy in Kingston.

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

¹⁰⁹ Kingston and Richmond young people's substance misuse service [Accessed December 2024]. <https://kr.afcinfo.org.uk/pages/young-people/information-and-advice/health-well-being-hub/young-people-s-substance-misuse-service>

4.7.12 Walk-in centres

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

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

4.7.13 Sexual health centres

There are two sexual health centres in Kingston:

- The Wolverton - Sexual Health Service, Galsworthy Road, Kingston upon Thames, Surrey KT2 7QB
- Your Healthcare Contraception and Sexual Health Service, Hollyfield House, Surbiton, KT5 9AL

4.7.14 Other

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

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

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

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

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

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

Section 5: Findings from the public questionnaire

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

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

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

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

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

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

5.1 Demographic analysis

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

5.2 Visiting a pharmacy

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

5.3 Reason for visiting a pharmacy

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

5.4 Choosing a pharmacy

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

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

5.5 Access to a pharmacy

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

Section 6: Analysis of health needs and pharmaceutical service provision

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

6.1 Pharmaceutical services and health needs

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

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

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

6.2 PNA localities

There are 29 contractors in Kingston, of which 28 are community pharmacies (including 2 DSPs). Table 14 in [Section 3.1](#) provides a breakdown by contractor type and Table 19 in [Section 3.2.3.2](#) provides a breakdown of the number and percentage of community pharmacies open beyond 6 pm and weekends. Individual community pharmacy opening times are listed in Appendix A.

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

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

All **advanced and enhanced services are 'other relevant services'**. Locally commissioned pharmaceutical services are considered those that secure improvements or better access or that have contributed towards meeting the need for pharmaceutical services in the HWB area.

The breakdown of Advanced, Enhanced and Locally Commissioned Service provision by locality can be found in [Section 3.2.3](#), [Section 3.2.4](#) and [Section 4](#) respectively. When discussing Advanced Service provision the AUR and SAC are excluded from narrative as mentioned in Section 3.2.3 DACs typically provides these services.

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

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

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

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

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

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

6.2.1 Kingston and North Kingston

Kingston and North Kingston locality has a population of 56,616, of which according to the 2023 Kingston JSNA 34.1% is from an ethnic minority and 63.9% would be white. The highest proportion of white ethnicity can be found in the northern part of this locality. The borough is relatively affluent with pockets of deprivation in parts of Norbiton. Population density is higher in the western half of the locality, while the western half of the locality has very low population density. The average number of households in Kingston and North Kingston that own at least one car or van is 70.3% which is below the Kingston level (74.3%)¹¹⁰.

The health of the population of Kingston and North Kingston was not available at a locality level, although details about health and health inequalities in parts of this area with the highest deprivation levels are covered in the Kingston JSNA 2023. There are 375 care home beds in this locality anticipated to increase to 495 beds by 2028.

6.2.1.1 Necessary Services: current provision

There are eight community pharmacies in Kingston and North Kingston. The estimated average number of community pharmacies per 100,000 population is 14.1, which is lower than the England average of 18.1 and lower than the Kingston average of 16.4 ([Section 3.2](#)). All community pharmacies hold a standard 40-core hour contract. There is also one DAC in Kingston and North Kingston locality.

Of the eight community pharmacies:

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

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

6.2.1.2 Necessary Services: gaps in provision

There is good pharmaceutical service provision across the whole locality to ensure continuity of provision to the new developments. The planned the number of housing units in the locality will increase to 2,269 by 2028/2029 as discussed in [Section 2.3](#). This can be easily absorbed by the existing community pharmacy network. The small projected population growth should not impact access to pharmaceutical services.

¹¹⁰ ONS 2021 Census (TS045) Car or van availability [Accessed December 2024] https://www.nomisweb.co.uk/sources/census_2021/report

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

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

6.2.1.3 Other relevant services: current provision

Table 20 show the pharmacies providing Advanced and Enhanced services in Kingston and North Kingston locality. Regarding access to **Advanced** services, based on the pharmacies signed or on the activity data for the months July-November 2024:

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

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

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

- COVID-19 vaccination service – two pharmacies (25%) offer this service.

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

6.2.1.4 Improvements and better access: gaps in provision

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

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

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

- Sexual health – three pharmacies (38%) offer this service
- NHS health checks – two pharmacies (25%) offer this service
- Substance misuse naloxone – three pharmacies (38%) offer this service

- Needle and syringe programme – three pharmacies (38%) offer this service
- Supervised consumption – four pharmacies (50%) offer this service
- Alcohol misuse – two pharmacies (25%) offer this service
- Smoking cessation – two pharmacies (25%) offer this service

There is good provision of nearly locally commissioned services across Kingston and North Kingston. The ICB needs to review public holiday rota cover as part of forward planning.

The ICB needs to review commissioning of the public holiday rota as part of forward planning.

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

6.2.2 New and Old Malden

New and Old Malden locality has a population of 40,925, of which according to the 2023 Kingston JSNA 41% is from an ethnic minority and 59% is white ethnicity. This locality has a mixture of affluence and moderate areas of deprivation, with a pocket of relative deprivation in Green Lane & St James. The population density is moderate relative to the borough. The average number of households in New and Old Malden that own at least one car or van is 79.7% which is above the Kingston level (74.3%)¹¹¹.

The health of the population of New and Old Malden shows rates of CHD was higher in those patients whose GP practices are in the locality. The locality had the highest proportion of elderly in several wards compared to the other three localities. The locality also had one of the highest proportion of patients receiving palliative care. There are 355 care home beds in this locality with currently no further increase in beds by 2028.

6.2.2.1 Necessary Services: current provision

There are eight community pharmacies including one DSP in New and Old Malden. The estimated average number of community pharmacies per 100,000 population is 19.5, which is higher than the England average of 18.1 and the Kingston average of 16.4 ([Section 3.2](#)). Seven community pharmacies hold a standard 40-core hour contract and the other one is a DSP.

Of the eight community pharmacies:

- Six pharmacies (75%) are open after 6 pm on weekdays
- Seven pharmacies (88%) are open on Saturdays
- Two pharmacies (25%) are open on Sundays

¹¹¹ ONS 2021 Census (TS045) Car or van availability [Accessed December 2024] https://www.nomisweb.co.uk/sources/census_2021/report

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

6.2.2.2 Necessary Services: gaps in provision

There is very good pharmaceutical service provision across the whole locality to ensure continuity of provision to the new developments. The planned the number of housing units in the locality will increase to 186 by 2028/2029 as discussed in [Section 2.3](#). This can be easily absorbed by the existing community pharmacy network. The small projected population growth should not impact access to pharmaceutical services.

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

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

6.2.2.3 Other relevant services: current provision

Table 20 show the pharmacies providing Advanced and Enhanced services in New and Old Malden locality. Regarding access to **Advanced** services, based on the pharmacies signed or on the activity data for the months July-November 2024:

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

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

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

- COVID-19 vaccination service – one pharmacy (13%) offers this service

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

6.2.2.4 Improvements and better access: gaps in provision

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

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

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

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

There is good provision of locally commissioned services across New and Old Malden. The ICB needs to review commissioning of the public holiday rota as part of forward planning.

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

6.2.3 South of the Borough

South of the Borough locality has a population of 26,367, of which according to the 2023 Kingston JSNA 23.8% is from an ethnic minority and 76.2% is white. This locality has more relative deprivation compared to the other localities. The locality has the lowest population density compared to the other three localities. The average number of households in South of the Borough that own at least one car or van is 84% which is above the Kingston level (74.3%)¹¹².

According to the QOF data and JSNA the locality had the highest levels of obesity. There was a higher incidence of recorded COPD compared to the other localities in the borough. There are 53 care home beds in this locality and no further new beds anticipated by 2028.

¹¹² ONS 2021 Census (TS045) Car or van availability [Accessed December 2024] https://www.nomisweb.co.uk/sources/census_2021/report

6.2.3.1 Necessary Services: current provision

There are four community pharmacies (including one DSP) in South of the Borough. The estimated average number of community pharmacies per 100,000 population is 15.2, which is lower than the England average of 18.1 and the Kingston average of 16.4 ([Section 3.2](#)). Three community pharmacies hold a standard 40-core hour contract and the other one is a DSP.

Of the four community pharmacies:

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

There are also a number of accessible providers open in the neighbouring localities of Surbiton and, New and Old Malden; and the Surrey HWB. There are 53 care home beds in this locality.

6.2.3.2 Necessary Services: gaps in provision

There is good pharmaceutical service provision across the whole locality to ensure continuity of provision to the new developments. The planned the number of housing units in the locality will increase to 26 by 2028/2029 as discussed in [Section 2.3](#). This can be easily absorbed by the existing community pharmacy network. The very small projected population growth should not impact access to pharmaceutical services.

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

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

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

6.2.3.3 Other relevant services: current provision

Table 20 show the pharmacies providing Advanced and Enhanced services in South of the Borough locality. Regarding access to **Advanced** services, based on the pharmacies signed or on the activity data for the months July-November 2024:

- Pharmacy First – three pharmacies (75%) provide this service
- Seasonal influenza vaccination – three pharmacies (75%) provide this service
- Pharmacy Contraception – two pharmacies (50%) provides this service

- Hypertension case-finding – three pharmacies (75%) provide this service
- New Medicine Service – three pharmacies (75%) provide this service
- Smoking Cessation – two pharmacies (50%) provide this service
- Lateral Flow Device Tests – one pharmacy (25%) provides this service

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

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

- COVID-19 vaccination service – two pharmacies (50%) offer this service.

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

6.2.3.4 Improvements and better access: gaps in provision

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

- EoLC Medicine - (in hours) – one pharmacy (25%) offers this service
- Bank Holiday – no pharmacy offers this service

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

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

There is good provision of locally commissioned services across South of the Borough. The ICB needs to review commissioning of the public holiday rota as part of forward planning.

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

6.2.4 Surbiton

Surbiton locality has a population of 47,261, of which according to the 2023 Kingston JSNA 26.9% is from an ethnic minority and 73.1% is white. This locality is relatively affluent and has the highest population density compared to the other three localities. The average number of households in Surbiton that own at least one car or van is 74% which is similar to the Kingston level (74.3%)¹¹³.

According to the details of health from QOF and JSNA the locality had the higher levels of cardiovascular disease prevalence. Surbiton PCN recorded higher levels of stroke than London levels. Hypertension levels in the locality was higher compared to the three other localities. COPD incidence recorded in GP registers was relatively higher. Cancer was also recorded as relatively higher in the locality. There are 452 care home beds in this locality, due to increase to 538 beds by 2028.

6.2.4.1 Necessary Services: current provision

There are eight community pharmacies in Surbiton, all of them holding a standard 40-core hour contract. The estimated average number of community pharmacies per 100,000 population is 16.9, which is lower than the England average of 18.1 and higher than the Kingston average of 16.4 ([Section 3.2](#)).

Of the eight community pharmacies:

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

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

6.2.4.2 Necessary Services: gaps in provision

There is pharmaceutical service provision across the whole locality to ensure continuity of provision to the new developments. The planned the number of housing units in the locality will increase to 304 by 2028/29 as discussed in [Section 2.3](#). This can be easily absorbed by the existing community pharmacy network. The very small projected population growth should not impact access to pharmaceutical services.

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

¹¹³ ONS 2021 Census (TS045) Car or van availability [Accessed December 2024]
https://www.nomisweb.co.uk/sources/census_2021/report

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

6.2.4.3 Other relevant services: current provision

Table 20 show the pharmacies providing Advanced and Enhanced services in Surbiton locality. Regarding access to **Advanced** services, based on the pharmacies signed or on the activity data for the months July-November 2024:

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

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

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

- COVID-19 vaccination service – two pharmacies (25%) offer this service

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

6.2.4.4 Improvements and better access: gaps in provision

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

- EoLC Medicine - (in hours) – no pharmacy offers this service
- Bank Holiday – two pharmacies (25%) offer this service

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

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

There is good provision of locally commissioned services across Surbiton.

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

6.3 Kingston pharmaceutical services and health needs

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

The 2021 Census report highlighted 82.7% of Kingston residents (aged three and over) speak English as their first language at home. After English, the three most common languages spoken as a first language are Tamil, Korean and Arabic, also similar to 2011 except that Arabic has overtaken Polish as third most common. At ward level, the parts of Kingston with fewest English speakers at home are mostly in the north and east of the borough, with almost a quarter of residents in Norbiton and New Malden Village having a different primary language. The south of the borough around Chessington has the fewest such residents, with almost 90% of residents speaking English at home. Residents may use apps, such as Google Translate, or a member of pharmacy staff to translate, however a commissioned translation and interpretation service would be beneficial for current pharmacy contractors. There is no evidence to suggest there is a gap in service that would equate to the need for additional access to Necessary Services inside or outside normal hours anywhere in Kingston. There is an opportunity for the ICB and HWB to improve understanding of community pharmacy services with minority groups to maximise the access from existing community pharmacy network.

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

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

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

Travel analysis across Kingston showed:

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

The number of households in Kingston that own at least one car or van is 74.3% which is significantly above the London level (57.9%) but slightly below the England level (76.5%)¹¹⁴.

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

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

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

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

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

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

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

General health trends:

- The premature death rate from CVD in Kingston's men is considerably higher than that of women. Almost three quarters of early deaths from CVD in Kingston were in men, compared to two thirds for London. More deprived areas in Kingston had higher CVD rates than less deprived parts.
- Overall CHD levels were lower in Kingston compared to London and England, but it was noted that specific wards had higher levels situated in Old and new Malden and Surbiton localities.
- Stroke prevalence in Kingston was slightly higher than London levels, and lower than national levels.
- While hypertension levels are lower than England and national levels, there are 23,000 people in Kingston who are affected.
- The prevalence of all cancers in Kingston was higher than London but lower than England in 2023-24. However, cancer rates have been rising in all areas. Kingston's population is older than the London average, which partly explains the relatively high rate.
- Diabetes prevalence in Kingston has been significantly lower than London and England averages for the past decade. However, Kingston has seen an increasing prevalence of diabetes, rising from 4.8% in 2012-13 to 5.8% in 2023-24.
- GP-recorded COPD prevalence in Kingston in 2023-24 is slightly lower than in previous years. Kingston's level is the same as the overall London rate.
- Over 10,000 people registered with Kingston GPs in 2023-24 are recorded as having asthma.
- For injuries in younger residents needing hospital admission (in 2022-23), Kingston's rate is similar to the London average overall.
- For drug misuse the successful treatment completion proportion for non-opiate users has risen significantly in Kingston, well above the long-term average and in 2022 was the second highest success rate nationally. The opiate success rate is also well above the London average and increasing.

- For alcohol related hospital admissions Kingston is at or below the London average rate in men, but well above the London average for women.
- Sexually transmitted infection rates in Kingston have gone up every year since 2020 and are now close to pre-pandemic levels.

6.3.1 Necessary Services: current provision across Kingston

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

Kingston has many pharmacies open on weekday evenings and weekends. The majority of community pharmacies (86%) are open on Saturdays and 57% of community pharmacies open after 6 pm on weekdays. There are also 7 pharmacies (25%) open on Sundays in Kingston.

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

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

6.3.2 Necessary Services: gaps in provision across Kingston

There is good pharmaceutical service provision across the whole area to ensure continuity of provision to the new developments. The borough population growth is expected to increase to 178,800 by 2029 over the next four years to 2029 and the number of unit homes are anticipated to increase to 2,785 by 2028/9. This represents a small increase that can be easily absorbed by the existing community pharmacy network. The small projected population growth should not impact access to pharmaceutical services.

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

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

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

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

6.3.3 Other relevant services: current provision

Table 20 show the pharmacies providing Advanced and Enhanced services in Kingston HWB area. Regarding access to **Advanced** services, it can be seen that there is very good availability of Pharmacy First (89%), NMS (82%) and the hypertension case-finding service (75%). The provision of the pharmacy contraception service is lower (36%). There is currently no activity registered for the smoking cessation as Kingston Hospital is not referring into the service. There is currently no activity registered for the flu vaccination service as dispensing data available at the time of writing was for May-July 2024, previous to the start of the vaccination campaign.

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

Regarding access to **Enhanced** Services, seven pharmacies (25%) offer the COVID-19 vaccination service.

One of the Distance Selling Pharmacies in Kingston provides Pharmacy First, NMS service and Influenza vaccination. The DSPs do not provide any Enhanced or Locally Commissioned Services and cannot provide Essential Services face-to-face.

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

6.4 Improvements and better access: gaps in provision across Kingston

Regarding access to services **commissioned by SWL ICB**, one pharmacy (4%) provides the EoLC Medicine – (in hours), and two pharmacies (7%) provide the bank holiday service.

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

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

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

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

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

Section 7: Conclusions

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

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

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

7.1 Statements of the PNA

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

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

Other Advanced, Enhanced and Locally Commissioned Services (LCS) are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

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

7.1.1 Current provision of Necessary Services

Necessary Services – gaps in provision

Essential services are Necessary Services, which are described in [Section 1.4.1.4.1](#). Access to Necessary Service provision in Kingston is provided in [Sections 6.2](#) and [6.3](#).

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

Necessary Services – normal working hours

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

Necessary Services – outside normal working hours

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

7.1.2 Future provision of Necessary Services

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

7.1.3 Other relevant services – gaps in provision

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

7.1.3.1 Current and future access to Advanced Services

Details of the Advanced Services are outlined in [Section 1.4.1.4.2](#) and the provision in Kingston discussed in [Section 3.2.3](#) and by locality in [Sections 6.2](#) and [6.3](#).

[Section 6.4](#) discusses improvements and better access to services in relation to the health needs of Kingston.

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

[Section 7.1.5](#) discusses the opportunities that may be available for expansion of existing services or delivery of new services from community pharmacies that may benefit the population of Kingston.

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

7.1.3.2 Current and future access to Enhanced Services

Details of the Enhanced Services are outlined in [Section 1.4.1.4.3](#) and the provision in Kingston discussed in [Section 3.2.4](#) and by locality in [Sections 6.2](#) and [6.3](#).

[Section 6.4](#) discusses improvements and better access to services in relation to the health needs of Kingston.

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

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

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

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

[Section 6.4](#) discusses improvements and better access to LCS in relation to the health needs of Kingston.

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

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

[Section 7.1.5](#) discusses the opportunities that may be available for expansion of existing services or delivery of new services from community pharmacies that may have benefit to the population of Kingston.

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

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

7.1.4 Improvements and better access – gaps in provision

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

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

7.2 Future opportunities for possible community pharmacy services in Kingston

7.2.1 Introduction

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

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

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

National and Kingston health needs priorities have been considered when outlining opportunities for further community pharmacy provision below. The highest risk factors for causing death and disease for the Kingston population are listed in [Section 2.4](#) and [2.5](#) and are considered when looking at opportunities for further community pharmacy provision.

7.2.2 Opportunities for pharmaceutical service provision

Health needs and highest risk factors for causing death and disease for the Kingston population are stated in [Section 2](#) and [Section 6](#). Should these be priority target areas for commissioners, they may want to consider the current and future service provision from community pharmacies, in particular the screening services they are able to offer.

Based on these priorities and health needs community pharmacy can be commissioned to provide services that can help and support the reduction of the variances seen in health outcomes across Kingston.

7.2.3 Existing services

7.2.3.1 Essential Services

- Signposting for issues such weight management and health checks
- Promote a self-referral route to the National Diabetes Prevention Programme
- Developing healthy living pharmacies and self-care to support the Kingston prevention agenda.
- Electronic repeat dispensing can reduce unnecessary patient trips to the GP practice to collect repeat medication and could help reduce waste medicines.

7.2.3.2 Advanced Services

Some of the existing Advanced Services could be targeted in a way that improves patient access, reduces pressures in general practice, and supports the primary care, urgent care, prevention and medicines safety agendas.

There are several new or recently introduced Advanced Services being implemented that could be beneficial to the population of Kingston based on the identified health needs, including:

- **Pharmacy First**

Pharmacy first can provide benefits to patients and the ICB, and support the borough health needs as follows:

- Convenient access to healthcare where patients can access prescription-only treatment for seven common conditions without needing to see a GP.
- Pharmacy First provides an alternative route to accessing medicine for these conditions.
- The service includes elements from the CPCS, such as minor illness consultations with a pharmacist, or the supply of urgent medicines and appliances.

Pharmacy First provides the ICB an opportunity to maximise additional primary care capacity and capability.

- **Hypertension case-finding service**

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

In 2023-24, 10.3% of Kingston's population was diagnosed with hypertension which equates to 23,000 affected people. While the Kingston hypertension rate is lower than the London and England figures, the rates has risen in the borough over the past three years since the previous PNA 2022. This service would provide the borough additional capacity to help identify and manage the condition.

- **Pharmacy Contraception service**

The NHS PCS is a tiered pharmacy contraception service. This service is designed to offer people greater choice where they can access contraception services (oral contraception) and creates extra capacity in primary care and sexual health clinics (or equivalent) to support meeting the demand for more complex assessments.

The two tiers of the service are:

- Initiation: where a person wishes to start oral contraception for the first time or needs to restart oral contraception following a pill-free break. A person who is being switched to an alternative pill following consultation can also be considered as an initiation
- Ongoing supply: where a person has been supplied with oral contraception by a primary care provider or a sexual health clinic (or equivalent) and a subsequent equivalent supply is needed. Their current supply of oral contraception should still be in use.

The supplies will be authorised via a PGD, with appropriate checks, such as the measurement of the patient's blood pressure and body mass index being undertaken, where necessary.

- **New Medicines Service**

The NMS has many benefits that can support ICB medicines management objectives and patient medicines compliance by the following:

- Improved patient adherence: Research shows that the NMS increases the proportion of patients who adhere to their new medicine.
- Reduced hospital admissions: The NMS can help identify adverse drug reactions early, which can reduce hospital admissions
- Reduced medicine waste: The NMS can help reduce the amount of wasted medicine.
- Improved health outcomes: The NMS can help improve health outcomes for patients.
- Lifestyle advice: The NMS can provide healthy living advice that's appropriate for the individual.
- Cost-effective: The NMS is more effective and less costly than normal practice.

- **Smoking cessation advanced service**

The LTP states all patients admitted to hospital who smoke are to be offered NHS-funded tobacco treatment services by 2023-24. The Smoking Cessation service (SCS) is a referral service from hospital for patients who have been initiated on smoking cessation to continue their journey in community pharmacy.

Smoking is the highest cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, COPD and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix. Kingston has a lower smoking prevalence and a higher smoking cessation success rate than England. The SCS service is well placed to support Kingston smoking cessation priorities and an additional pathway. Kingston hospital has not started SCS referrals and the ICB needs to start implementing this to seek the benefits of this care pathway.

7.2.3.3 ICB Commissioned Services

- Pharmacy Rota Services

The ICB should review the holiday pharmacy rota service to ensure there is suitable pharmacy coverage over religious and public holidays.

- **Elective care ear health services**

In the NHS England reforming elective plan in January 2025 Community pharmacy can play its part through appropriately funded pharmacy services being commissioned. One good example is ear health, which includes ear wax removal and increased access to otoscopy. SWL ICB had commissioned a successful pilot community pharmacy ear wax removal service which had very good outcomes. This was cited as a community pharmacy case study on the NHS England website.¹¹⁵ The ICB should explore recommissioning this service to support local elective plans.

7.2.3.4 Local authority commissioned services

- **Sexual health services**

The chlamydia detection rate in Kingston of those aged 15-24 is below the figures for England and London. This provides an opportunity for the local authority to maximise locally commissioned sexual health services with the community pharmacy network.

The local authority and ICB could explore the interdependencies between the LCS sexual health service and the CPCF Advanced PCS services to provide a more comprehensive service offering.

- **Smoking cessation services**

As mentioned earlier in this section, smoking cessation is a priority area for Kingston Public Health. Smoking prevalence in Kingston is lower than the smoking prevalence in London and also has higher smoking cessation success rates.

The Local authority and ICB could explore the interdependencies between the LCS smoking cessation service and the CPCF Advanced SCS services to provide a more comprehensive service offering and maximise several patient pathways to support Kingston smoking cessation targets.

¹¹⁵ NHS England. Reforming elective care for patients [Accessed December 2024]. <https://www.england.nhs.uk/long-read/reforming-elective-care-for-patients/#:~:text=Case%20study%3A%20South%20West%20London%20offers%20hearing%20assessments%20in%20the%20community>

- **NHS health checks**

This is a national programme for people aged 40-74 that assesses a person's risk of developing diabetes, heart disease, kidney disease and stroke. It then provides the person with tailored support to help prevent the condition, advising on lifestyle changes to reduce their risk. Nationally, there are over 15 million people in this age group who should be offered an NHS Health Check once every five years, and local authorities are responsible for commissioning NHS Health Checks. Health Checks are available from other providers in Kingston, e.g. GP practices.

Diabetes prevalence in Kingston is lower than the England figure. The JSNA noted that Kingston has seen an increasing prevalence of diabetes. Black and Asian populations have a higher prevalence of diabetes, and Kingston's population diversity has been increasing over the last 10 years. The service could be aligned with the hypertension case finding service to improve and increase uptake i.e. increased provision of ambulatory blood pressure monitoring.

- **Local authority service harmonisation**

Kingston Council is co-terminus within SWL ICB where there are five other local authorities. There is an opportunity to work with the ICB and SWL LPC to explore service harmonisation and accreditation. This would improve efficiencies and support a mobile pharmacy workforce and contractors who work across the SWL Health economy.

7.2.4 Considerations

The PNA recognises the evolving role of community pharmacy in delivering preventive care, reducing health inequalities, and integrating with primary care networks. While no gaps have been identified in the current or future (three-year) provision of pharmaceutical services in Kingston HWB, there are opportunities to strengthen pharmacy services in alignment with the proposed NHS 10-Year Health Plan and Change NHS initiative. These opportunities focus on prevention, long-term conditions, primary care access, medicines management, health inequalities and integrated care.

The most appropriate commissioning route would be through the ICS as Enhanced Pharmaceutical services or through the local authority and locally commissioned services, which would not be defined as necessary services for this PNA.

Community Pharmacy England commissioned leading health think tanks Nuffield Trust and The King's Fund to develop a vision for community pharmacy to see a transformation of this sector over the next decade. These themes are reflected below.

1) Strengthening the role of community pharmacy in prevention, preventing ill health and supporting wellbeing.

- Community pharmacies should be fully integrated into preventive healthcare, supporting early detection, health promotion, and self-care initiatives.
- Services such as the Hypertension case-finding service, Smoking Cessation Advanced Service, and NHS Health Checks should be prioritised to reduce the incidence of long-term conditions.

- The Healthy Living Pharmacy framework should be expanded. Local Authorities and ICBs should work collaboratively to embed community pharmacy into prevention strategies.

2) Reducing health inequalities through targeted pharmacy services

- Commissioners should focus on increasing the uptake of Essential, Advanced, and LCS in areas of deprivation, ensuring equitable access to services such as sexual health, smoking cessation, cardiovascular risk screening, and weight management.
- Public awareness campaigns should be enhanced to improve access to pharmacy services, particularly for non-English-speaking communities and those facing healthcare access barriers.
- Incentives should be considered for pharmacies in under-served areas to expand their service offering and address local health disparities particularly, where there is under provision of LCSs.

3) Embedding pharmacy into integrated NHS neighbourhood health services providing clinical care for patients

- Community pharmacy should be positioned as a core provider within primary care, ensuring seamless referrals and collaboration between ICSs, Local Authorities, and PCNs.
- Medicines Optimisation services, including repeat dispensing, the New Medicine Service and the Discharge Medicines Service, should be embedded within primary care pathways to enhance patient safety and medication adherence.
- Interdependencies between ICB and LCS services, such as smoking cessation and sexual health services, should be leveraged to provide more holistic and accessible care. This will require close ICB, local authority and LPC collaboration.

4) Supporting workforce development and expanding pharmacy services

- Sustainable funding should be prioritised to ensure the long-term stability and growth of community pharmacy services.
- The ICB should explore commissioning a pharmacy workforce development programme, ensuring pharmacists and their teams are equipped to deliver expanded clinical services under the CPCF.
- The introduction of independent prescribing for pharmacists from 2026 presents a significant opportunity for community pharmacies to manage long-term conditions and improve primary care access.
- The pharmacy team's role should be expanded, with pharmacy technicians supporting service delivery under Patient Group Directions (PGDs) and pharmacy staff providing Making Every Contact Count (MECC) interventions.
- Making use of the 'Connected Kingston' offer, which brings details of local community support offers and stay well services together in one website (<https://connectedkingston.uk/>)

5) Enhancing public awareness and digital transformation

- Public education campaigns should be developed to raise awareness of pharmacy services, using diverse communication methods tailored to local communities.
- Digital innovation should be prioritised, ensuring pharmacies have access to modern clinical decision-support tools and NHS-integrated patient records.
- The adoption of Point-of-Care Testing (POCT) services in community pharmacies should be explored to improve early diagnosis and management of conditions such as diabetes, hypertension, and respiratory diseases.

6) Monitoring future demand and improving public engagement

- The provision of pharmaceutical services should be regularly monitored and reviewed, particularly in light of demographic changes and population health needs.

7) Community based medicines management- Living well with medicines

- Community pharmacy provides patient access to a local expert to support advice and safe access to medicines.
- The growth of independent prescribing in community pharmacy offers greater opportunities to take pressure of general practice and shared responsibilities managing prescribing budgets and delivering structured medication reviews.
- These services could be offered as part of domiciliary services to housebound patients and care homes.

By aligning with national health priorities, these considerations / recommendations ensure that community pharmacy plays a central role being part of an integrated neighbourhood in delivering preventive care, tackling health inequalities, and supporting long-term condition management—ultimately improving the health and wellbeing of Kingston residents

Appendix A: List of pharmaceutical services providers in Kingston

Key for services:

AS1	Pharmacy First
AS2	Flu Vaccination service
AS3	Pharmacy Contraception Service
AS4	Hypertension case-finding service
AS5	New Medicine Service
AS6	Smoking Cessation Service
AS7	Appliance Use Review
AS8	Stoma Appliance Customisation
AS9	Lateral Flow Device Service
NES1	COVID-19 Vaccination Service
ICBS1	EoLC Medicine - (in hours)
ICBS2	Bank Holiday
LAS1	Sexual health
LAS2	NHS health checks
LAS3	Substance misuse naloxone
LAS4	Needle and syringe programme
LAS5	Supervised consumption
LAS6	Alcohol misuse
LAS7	Smoking cessation

Kingston and North Kingston locality

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	ICBS1	ICBS2	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	
Boots	FG680	CP	Unit G34, Bentalls Shopping Centre, Kingston	KT1 1TR	09:00-17:30 (Thu 09:00-18:30)	09:00-17:30	11:00-17:00	-	-	Y	Y	-	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	
Boots	FYH83	CP	42 Union St, Kingston	KT1 1RP	08:00-18:30 (Thu 08:00-20:00)	08:00-18:30	11:00-17:00	-	-	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Fittleworth Medical Limited	FV224	DAC	16 Kingsmill Business Park, Chapel Mill Road, Kingston	KT1 3GZ	09:00-17:00	Closed	Closed	-	-	-	-	-	-	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	
Ham Parade Pharmacy	FA683	CP	305 Richmond Road, Kingston	KT2 5QU	09:00-18:00	09:00-16:00	Closed	-	-	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	
Hawks Pharmacy	FNK00	CP	Regent House, Hawks Road, Kingston	KT1 3DG	08:30-18:30	09:00-13:00	Closed	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	Y	-	Y	Y	Y	-	-	
Laurel Pharmacy	FV188	CP	112A Canbury Park Road, Kingston	KT2 6JZ	09:00-13:00, 14:15-18:30	09:00-13:00	Closed	-	-	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-	Y	-	-	Y	Y	-	
Lindsay Chemist	FCK24	CP	Clifton Road, Kingston	KT2 6PF	08:40-19:00	09:00-13:00	Closed	-	-	Y	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	Y	
The Kingston Pharmacy	FW593	CP	The Pharmacy, 53 Surbiton Road, Kingston	KT1 2HG	09:15-17:15	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	-	-	Y	Y	-	-	Y	-	Y	Y	Y	Y	Y	-
Tudor Drive Pharmacy	FCW46	CP	170 Tudor Drive, Kingston	KT2 5QG	09:00-13:00, 14:15-18:30 (Wed 09:00-13:00, 14:15-18:00)	09:00-13:00	Closed	-	-	Y	Y	Y	-	Y	-	-	-	-	Y	-	-	Y	Y	Y	Y	Y	-	Y	

New and Old Malden locality

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	ICBS1	ICBS2	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	
Boots	FEG11	CP	116-118 High Street, New Malden	KT3 4EU	09:00-18:30	09:00-18:00	10:00-16:00	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-
Concept Chemist	FXL91	CP	127 Manor Drive North, New Malden	KT3 5PD	09:00-19:00	09:00-17:00	Closed	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	
Coombe Hill Pharmacy	FN954	CP	3 The Triangle, Kingston	KT1 3RU	09:00-18:00	09:00-17:00	Closed	-	-	Y	Y	-	Y	Y	Y	-	-	Y	Y	-	-	-	-	Y	Y	Y	-	Y	
Day Lewis Pharmacy	FDH40	CP	128 Malden Road, New Malden	KT3 6DD	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	
Drugsmith Pharmacy	FW821	DSP	Unit 215 Kingspark Business Centre, 152-178 Kingston Road, New Malden	KT3 3ST	09:00-21:00 (Mon, Wed Closed)	Closed	16:30-20:30	-	-	Y	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Groves Pharmacy	FLW51	CP	The Groves Medical Centre, 171 Clarence Avenue, New Malden	KT3 3TX	08:30-13:00, 14:00-19:00	09:00-13:00	Closed	-	-	Y	-	-	-	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	
Herman's Pharmacy	FLF17	CP	84 High Street, New Malden	KT3 4ET	09:00-19:00	09:00-18:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	Y	-	-	-	
Plough Green Pharmacy	FTX78	CP	364 Malden Road, Worcester Park	KT4 7NW	09:00-19:00	09:00-17:30	Closed	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

South of the Borough locality

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	ICBS1	ICBS2	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7
Ace Pharmacy	FAM93	CP	1-3 Ace Parade, Hook Road, Chessington	KT9 1DR	09:00-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	Y	Y	-	Y	Y	Y	Y
Boots	FPC86	CP	11 North Parade, Chessington	KT9 1QL	09:00-13:00, 14:00-17:30 (Fri 09:00-13:00, 14:00-18:00)	09:00-16:00	Closed	-	-	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cohens Chemist	FL578	CP	The Merritt Medical Centre, Merritt Gardens, Chessington	KT9 2GY	08:30-13:00, 13:30-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	-	-	Y	Y	-	-	-	-	-	-	Y	-	Y
Timothy Whites Pharmacy	FFV08	DSP	1 Roebuck Place, 110 Roebuck Road, Chessington	KT9 1EU	09:00-17:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Surbiton locality

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	ICBS1	ICBS2	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7
Boots	FD501	CP	19-20 Victoria Road, Surbiton	KT6 4JZ	09:00-19:00	09:00-19:00	10:00-16:00	-	-	Y	Y	-	Y	Y	-	-	-	-	-	-	Y	-	-	-	-	-	-	-
Boots	FR299	CP	59-63 Tolworth Broadway, Tolworth, Surbiton	KT6 7DW	09:00-20:00	08:30-19:00	10:00-16:00	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Paydens Pharmacy	FKF73	CP	Surbiton Health Centre, Ewell Road, Surbiton	KT6 6EZ	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	Y	Y	Y	Y	Y
Pearcare Pharmacy	FPF11	CP	86 Alexandra Drive, Surbiton	KT5 9AG	09:00-13:00, 14:00-18:00	09:00-17:00	Closed	-	-	Y	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	Y
Pearl Chemist	FD616	CP	11-13 The Broadway, Tolworth, Surbiton	KT6 7DJ	09:00-23:00	09:00-23:00	09:00-23:00	-	-	Y	Y	Y	Y	Y	Y	-	-	Y	Y	-	-	Y	Y	-	Y	Y	Y	Y
PSM Pharmacy	FH455	CP	388 Ewell Road, Tolworth, Surbiton	KT6 7BB	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	-	-	Y	Y	-	Y	Y	Y	-	Y	Y	Y	-
Ritechem Pharmacy	FM456	CP	22 Victoria Road, Surbiton	KT6 4JZ	09:00-18:00	09:00-15:00	Closed	-	-	Y	Y	-	Y	Y	-	-	-	-	-	-	-	Y	-	-	Y	Y	Y	-
Shan Pharmacy	FYY52	CP	106 Ewell Road, Surbiton	KT6 6HA	09:00-18:00	09:00-14:00	Closed	-	-	Y	Y	Y	Y	Y	Y	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	Y

Appendix B: PNA project plan

	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025
Stage 1: Project planning and governance Stakeholders identified and PNA Steering Group terms of reference agreed Project plan, PNA localities, communications plan and data to collect agreed at first Steering Group meeting Prepare questionnaires for initial engagement														
Stage 2: Research and analysis Collation of data from Public Health, LPC, ICB and other providers of services Listing and mapping of services and facilities Collation of data for housing and new care home developments Equalities Impact Assessment Analysis of questionnaire responses Review all data at second Steering Group meeting														
Stage 3: PNA development Review and analyse data and information collated to identify gaps in services based on current and future population needs Develop consultation plan Draft PNA Sign off draft PNA at third Steering Group meeting														
Stage 4: Consultation and final draft production Coordination and management of consultation Analysis of consultation responses and production of report Draft final PNA for approval Sign off final PNA at fourth Steering Group meeting Edit final PNA 2025 ready for publication and provide update for HWB														

Appendix C: PNA Steering Group terms of reference

Objective / Purpose

To support the production of the Pharmaceutical Needs Assessment on behalf of the Royal Borough of Kingston Upon Thames Health and Wellbeing Board, to ensure that it satisfies the relevant regulations including consultation requirements.

Delegated responsibility

Kingston Public Health confirmed they have received delegated authority for the PNA from the Health and Wellbeing Board.

Accountability

The Steering Group is to report to the Director in Public Health.

Responsibilities

- Provide a clear and concise PNA process
- Review and validate information and data on population, demographics, pharmaceutical provision, and health needs
- To consult with the bodies stated in Regulation 8 of The NHS Regulations 2013:
 - Any Local Pharmaceutical Committee for its area
 - Any persons on the pharmaceutical lists and any dispensing doctors list for its area
 - Any LPS Chemist in its area
 - Any Local Healthwatch organisation for its area
 - Any NHS Trust or NHS Foundation Trust in its area
 - ICBs
 - Any neighbouring HWB
- Ensure that due process is followed
- Report to Health and Wellbeing Board on both the draft and final PNA
- Publish the final PNA by 1 October 2025
- Discuss and ensure a process is in place to maintain the PNA post publication

Membership

Core members:

- Director / Consultant in Public Health / Nominated Public Health Lead
- Local Pharmaceutical Committee representative
- Integrated Care Board representative
- Healthwatch representative (lay member)

Soar Beyond are not to be a core member however will chair the meetings. Each core member has one vote. The Public Health representative will have the casting vote, if required. Core members may provide a deputy to meetings in their absence. The Steering Group shall be quorate with three core members in attendance which will include the ICB, Public Health and LPC representative. Non-attending members are unable to cast a vote – that vote may otherwise sway the casting decision.

Additional members (if required):

- ICB Commissioning Managers
- NHS Trust Chief Pharmacists

In attendance at meetings will be representatives of Soar Beyond Ltd who have been commissioned by RBK to support the development of the PNA. Other additional members may be co-opted if required.

Frequency of meetings

Meetings will be arranged at key stages of the project plan. The Steering Group will meet in summer 2025 to sign off the PNA for submission to the Health and Wellbeing Board.

Appendix D: Public questionnaire

Total responses received: 284

The questionnaire was open for responses between 18 September and 15 November 2024.

When reporting the details of the responses, please note:

- Due to small numbers, responses are not broken down by locality
- Some numbers may be higher than the number of answers due to multiple choice
- Some figures may not add up to 100% due to rounded numbers
- The option with the higher number of responses shows in bold to facilitate analysis
- The number of comments may be different to the number of responses due to some users adding different themes and other comments being “N/A” or “No comment”.

1) Why do you usually visit a pharmacy? (Please tick all that apply) (Answered: 281, Skipped: 3)

Options	%	Number
To buy over-the-counter medicines	58%	162
To collect prescriptions for myself	83%	234
To collect prescriptions for somebody else	49%	137
To get advice from a pharmacist	43%	120
Other (please specify)	12%	35

Other comments (themes)	Number
Vaccinations (Flu and COVID-19)	14
Purchasing items (toiletries)	8
Appointments, health checks and pharmacist advice	3

2) How often have you visited or contacted a pharmacy in the last six months? (Answered: 281, Skipped: 3)

Options	%	Number
Once a week or more	9%	26
A few times a month	40%	113
Once a month	24%	67
Once every few months	22%	61
Once in six months	3%	8
I have not visited/contacted a pharmacy in the last six months	2%	6

3) What time is most convenient for you to use a pharmacy? (Answered: 281, Skipped: 3)

Options	%	Number
Before 9am	2%	5
9am-1pm	26%	72
1pm-5pm	26%	72
5pm-7pm	8%	22
After 7pm	2%	5
It varies	37%	105

4) Which days of the week are most convenient for you to visit a local? (Answered: 282, Skipped: 32)

Options	%	Number
Monday	29%	81
Tuesday	26%	74
Wednesday	27%	76
Thursday	28%	78
Friday	28%	78
Saturday	30%	84
Sunday	15%	41
It varies	64%	180

5) Do you have a regular or preferred local community pharmacy? (Answered: 280, Skipped: 4)

Options	%	Number
Yes	91%	256
No	7%	20
I prefer to use an internet/online pharmacy (An internet pharmacy is one which operates partially or completely online where prescriptions are sent electronically, and dispensed medication is sent via a courier to your home)	1%	2
I use a combination of traditional and internet pharmacy	1%	2

6) Is there a more convenient and/or closer pharmacy that you don't use and why is that? (Answered: 277, Skipped: 7)

Options	%	Number
No	76%	210
Yes, but I do not use it because:	24%	67

Other comments (themes)	Number
Convenience and accessibility (Parking, opening hours, location)	21
Service quality (friendliness of staff, efficiency and reliability)	16
Stock and prescription management (availability of medications)	8
Personal history or preference	6
Chain vs independent pharmacies	4

7) What influences your choice of pharmacy? (Please tick one box for each factor)
(Answered: 277, Skipped: 7)

Factors	Extremely important		Very Important		Moderately Important		Fairly important		Not at all important	
	%	Number	%	Number	%	Number	%	Number	%	Number
Quality of service (expertise)	63%	174	28%	78	6%	16	2%	6	1%	2
Customer service	52%	139	36%	97	8%	21	3%	8	0%	1
Location of pharmacy	54%	148	30%	83	14%	37	2%	5	0%	0
Opening times	40%	107	35%	95	20%	54	3%	9	1%	3
Parking	29%	77	13%	34	15%	38	7%	19	36%	94
Public transport	13%	32	13%	32	14%	33	10%	23	50%	120
Accessibility (wheelchair / buggy access)	14%	35	9%	23	12%	29	6%	15	58%	142
Communication (languages / interpreting service)	16%	40	15%	38	9%	21	4%	9	56%	139
Space to have a private consultation	23%	58	20%	52	26%	67	12%	30	19%	50
Availability of medication	74%	197	23%	60	2%	5	1%	3	0%	1
Services provided	44%	111	32%	81	16%	39	6%	14	2%	6

Other comments (themes)	Number
Need for home delivery or hybrid services	8
Organisation, speed and efficiency	7
Privacy and comfort for consultations	6
Services offered (vaccinations or walk in appointments)	3
Independent vs chain pharmacies	3
Connections to GPs	2
Long term relationships with pharmacies	2

8) How do you usually travel to the pharmacy? (Answered: 283, Skipped: 1)

Options	%	Number
Walk	57%	160
Public transport (e.g. bus or train)	6%	18
Bicycle	3%	8
Car	28%	79
Taxi	1%	2
Electric Scooter	0%	0
Wheelchair / Mobility Scooter	0%	1
I don't, someone else goes for me	1%	4
I don't, I utilise a delivery service	2%	5
I don't, I use an online pharmacy	0%	0
Other (please specify)	2%	6

Other comments (themes)	Number
Need somebody else to take them	2

9) How long does it usually take you to travel to your pharmacy? (Answered: 279, Skipped: 5)

Options	%	Number
Less than 20 minutes	83%	232
20-30 minutes	13%	37
30-40 minutes	1%	2
More than 40 minutes	0%	1
Not applicable - I don't travel to the pharmacy	3%	7

10) Do you have any other comments that you would like to add regarding pharmaceutical services in Kingston? (Answered: 140, Skipped: 144)

Other comments (themes)	Number
Increasing access needed (longer opening hours and more parking)	32
Acknowledging staff and praising care	21
Concerns about closures	20
Issues with stock	15
Independent vs chain pharmacies	15
Increasing services (vaccinations and delivery services)	10
Role in community and reducing pressure on the NHS	9
Need to improve technology	6

About you

11) What is your age? (Answered: 276, Skipped: 8)

Options	%	Number
Under 16	0%	0
16-24	1%	3
25-34	6%	17
35-44	6%	17
45-54	13%	35
55-64	20%	56
65-74	28%	78
75-84	21%	58
85+	4%	11
Prefer not to say	0%	1

12) What is your ethnic group? (Answered: 275, Skipped: 9)

Options	%	Number
White - English, Welsh, Scottish, Northern Irish, British	76%	209
White - Irish	1%	3
White - Gypsy or Irish Traveller	5%	13
White - Any other White Background (please specify below)	3%	8
Mixed or Multiple ethnic groups - White and Black Caribbean	1%	2
Mixed or Multiple ethnic groups - White and Black African	0%	1
Mixed or Multiple ethnic groups - White and Asian	1%	2

Options	%	Number
Mixed or Multiple ethnic groups - any other Mixed or Multiple ethnic background (please specify below)	0%	1
Asian or Asian British - Indian	3%	9
Asian or Asian British - Pakistani	0%	1
Asian or Asian British - Bangladeshi	0%	0
Asian or Asian British - Chinese	2%	5
Asian or Asian British - Sri Lankan	1%	3
Asian or Asian British - Korean	0%	0
Asian or Asian British - any other Asian background (please specify below)	0%	0
Black, African, Caribbean, Black British - Caribbean	0%	0
Black, African, Caribbean, Black British - African	0%	0
Black, African, Caribbean, Black British - any other background (please specify below)	0%	0
Other ethnic group - Arab	0%	1
Any other ethnic group	0%	0
Prefer not to say	4%	10
If you have selected 'other' in any of the categories above, please describe	3%	7

Other comments (themes)	Number
European	3
Persian	1
Jewish	1
Singaporean	1
Latino	1

13) Do you have any physical, mental health conditions or illnesses lasting or expected to last 12 months or more? (Answered: 276, Skipped: 8)

Options	%	Number
Yes	50%	139
No	47%	129
Prefer not to say	3%	8

14) Please select all of the following conditions that apply to you. (Answered: 272, Skipped: 9)

Options	%	Number
Blind or have a visual impairment uncorrected by glasses	3%	8
Deaf or have a hearing impairment	4%	11
Neurodiversity such as Autism, ADHD, ADD, dyslexia, dyscalculia and dyspraxia	5%	15
Long term illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy	20%	54
Mental health condition, challenge or disorder, such as depression, schizophrenia or anxiety	4%	11
Physical impairment (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying)	5%	15
Social / communication conditions such as a speech and language impairment or an autistic spectrum condition	0%	0
Prefer not to say	6%	17
None	41%	113
Other (please specify, if you wish)	11%	31

Other comments (themes)	Number
Osteoporosis	12
Respiratory (asthma or persistent cough)	8
Blood pressure issues	6
Long term medication	4
Arthritis	4
Old age	2
Auto immune disorder	1
Coeliac disease	1
Thyroid issues	1
Migraines	1
Gynaecological condition	1
Cancer	1

15) What is your sex? (Answered: 273, Skipped: 8)

Options	%	Number
Female	71%	195
Male	28%	78
Prefer not to say	1%	3

16) Is the gender you identify with the same as your sex registered at birth?
(Answered: 273, Skipped: 11)

Options	%	Number
Yes	97%	264
No	1%	3
Prefer not to say	1%	4
Other (please specify, if you wish)	1%	2

Other comments (themes)	Number
Do not believe in gender	2

17) How would you describe your gender identity? (Answered: 269, Skipped: 15)

Options	%	Number
Man	28%	77
Woman	69%	187
Non-binary	0%	1
Prefer not to say	1%	4

Other comments (themes)	Number
Do not understand the question or disagree with the principle	3

18) Which of the following options best describes your sexual orientation?
(Answered: 272, Skipped: 12)

Options	%	Number
Straight / Heterosexual	86%	235
Gay or Lesbian	1%	3
Bisexual	0%	0
Prefer not to say	12%	32
Other (please specify, if you wish)	1%	2

19) What is your legal marital or registered civil partnership status? (Answered: 265, Skipped: 19)

Options	%	Number
Civil Partnership	2%	5
Married	59%	156
Single	21%	56
Prefer not to say	6%	15
Other (please specify, if you wish)	12%	33

Other comments (themes)	Number
Widow	21
Divorced or separated	9
A 24-hour carer	1

20) What is your religion or belief? (Answered: 272, Skipped: 12)

Options	%	Number
Buddhist	1%	3
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	52%	142
Hindu	3%	7
Humanism	1%	4
Jewish	2%	5
Muslim	0%	1
Sikh	0%	0
No religion	27%	74
Prefer not to say	11%	31
Other (please specify, if you wish)	2%	5

Other comments (themes)	Number
Atheist	1
Spiritualist	1
Panpsychist	1
Vivraanvraak	1

21) Are you care experienced? This includes anyone who, at any stage in their life, for any length of time (no matter for how short): has been in care; or is currently in care; or is from a looked-after background, including adopted children who were previously looked-after. (Answered: 268, Skipped: 16)

Options	%	Number
Yes	9%	24
No	88%	235
Prefer not to say	3%	9

22) Do you have a connection to the Armed Forces? (Answered: 258, Skipped: 26)

Options	%	Number
No	90%	233
Current member of HM Armed Forces - Regular or Reserve	0%	1
Former member of HM Armed Forces - Regular or Reserve	2%	4
Spouse or partner of serving or former members of HM Armed Forces	2%	5
Widow(er) of member of HM Armed Forces	0%	1
Recently divorced or separated spouses or partners of serving or former members of HM Armed Forces	0%	1
Prefer not to say	2%	6
Other (please specify, if you wish)	3%	7

23) Are you an unpaid carer for an adult relative/partner, disabled child, or friend/neighbour? This includes unpaid care for a friend or family member due to illness, disability, a mental health problem or an addiction. (Answered: 269, Skipped: 15)

Options	%	Number
Yes	20%	55
No	78%	210
Prefer not to say	1%	4

Other comments (themes)	Number
Family in the military	3
Air instructor	1

24) Are you a British/ United Kingdom citizen? (Answered: 270, Skipped: 14)

Options	%	Number
Yes	93%	252
No	6%	16
Prefer not to say	1%	2

25) If you are a national of another country, are you...? (Answered: 166, Skipped: 118)

Options	%	Number
An EU National	9%	15
Refugee	0%	0
Asylum Seeker	1%	1
A Student	2%	3
Not applicable	85%	141
Prefer not to say	2%	4
Other e.g. on a working holiday visa (please specify, if you wish)	1%	2

Other comments (themes)	Number
Indefinite leave to remain	3

Appendix E: Pharmacy contractor questionnaire

Total responses received: 17

The questionnaire was open for responses between 18 September and 25 November 2024.

When reporting the details of the responses, please note:

- Due to small numbers, responses are not broken down by locality
- Some numbers may be higher than the number of answered due to multiple choice
- Some figures may not add up to 100% due to rounded numbers
- The option with the higher number of responses shows in bold to facilitate analysis

1) Premises and contact details (Answered: 17, Skipped: 0)

Options	%	Number
Contractor code (ODS Code)	100%	17
Name of contractor (i.e. name of individual, partnership or company owning the pharmacy business)	100%	17
Trading name	94%	16
Pharmacy	100%	17
Pharmacy telephone number	100%	17

2) Contact details of the person completing this form on behalf of the contractor (Answered: 17, Skipped: 0)

Options	%	Number
Name	100%	17
Role	94%	16
Telephone number	94%	16

3) Is this pharmacy a 100-hour pharmacy that has applied to reduce hours to not less than 72hrs? (Answered: 17, Skipped: 0)

Options	%	Number
Yes	0%	0
No	100%	17
Other, please specify	0%	0

4) Does this pharmacy hold a Local Pharmaceutical Services (LPS) contract? (i.e. it is not the 'standard' Pharmaceutical Services contract) (Answered: 17, Skipped: 0)

Options	%	Number
Yes	24%	4
No	76%	13

5) Is this pharmacy a Distance Selling Pharmacy (i.e. it cannot provide Essential Services to persons present at or in the vicinity of the pharmacy)? (Answered: 17, Skipped: 0)

Options	%	Number
Yes	0%	0
No	100%	17

6) May the LPC update its records with information returned by this survey? (Answered: 17, Skipped: 0)

Options	%	Number
Yes	100%	17
No	0%	0

7) Languages spoken in this pharmacy (in addition to English) (Answered: 17, Skipped: 3)

Other comments (themes)	Number
Hindi	9
Arabic	2
Polish	3
Punjabi	2
Tamil	5
Gujrati	6
Urdu	4
Malayalam	2
Korean	3
Romanian, Bulgarian, Portuguese, Ghanaian, Albanian, Chinese, Farsi, Slovakian, Italian, Spanish Mandarin and Swahili.	1

8) Is your pharmacy actively deploying strategies to contribute to a more sustainable and greener approach to pharmacy services? (Answered: 17, Skipped: 0)

Options	%	Number
Yes, please provide details if you wish	65%	11
No	35%	6

Other comments (themes)	Number
Recycling	3
Environmentally friendly inhalers	1
Reducing materials e.g. paper and plastic use	3

9) Is there is a consultation room, that is clearly designated as a room for confidential conversations; distinct from the general public areas of the pharmacy premises; and is a room where both the person receiving the service and the person providing it can be seated together and communicate confidentially? (Answered: 17, Skipped: 0)

Options	%	Number
Yes- including wheelchair access	88%	15
Yes- without wheelchair access	12%	2
No- distance selling pharmacy	0%	0
No- have submitted a request to the NHS England regional team that the premises are too small for a consultation room	0%	0
No- the NHS England regional team has approved the request that the premises are too small for a consultation room	0%	0
Other, please specify	0%	0

10) Is there more than one consultation room available on the premises? (Answered: 17, Skipped: 0)

Options	%	Number
Yes, please specify how many	76%	13
No	24%	4

Other comments (themes)	Number
Two	4

11) Where there is a consultation room, is it a closed room? (Answered: 17, Skipped: 0)

Options	%	Number
Yes	94%	16
No	6%	1

12) During consultations, are there hand-washing facilities? (Answered: 17, Skipped: 0)

Options	%	Number
Yes, in the consultation area	88%	15
Yes, close to the consultation area	12%	2
None	0%	0

13) Do the patients attending consultations have access to toilet facilities? (Answered: 17, Skipped: 0)

Options	%	Number
Yes	6%	1
No	94%	16

14) Does the pharmacy dispense appliances (in addition to normal prescriptions)? (Answered: 17, Skipped: 0)

Options	%	Number
Yes – All types	13	76%
Yes, excluding stoma appliances	1	6%
Yes, excluding incontinence appliances	0	0%
Yes, excluding stoma and incontinence appliances	0	0%
Yes, just dressings	3	18%
None	0	0%
Other, please specify	0	0%

15) Does the pharmacy provide the following Advanced services? (Answered: 17, Skipped: 0)

Options	Yes		Intending to begin within next 12 months		No - not intending to provide	
	%	#	%	#	%	#
Pharmacy First	94%	16	0%	0	6%	1
Community pharmacy blood pressure check service	82%	14	12%	2	6%	1
Pharmacy contraception service	71%	12	18%	3	12%	2
Community pharmacy smoking cessation service	24%	4	35%	6	41%	7
New medicine service	100%	17	0%	0	0%	0

Options	Yes		Intending to begin within next 12 months		No - not intending to provide	
	%	#	%	#	%	#
Flue vaccination service	94%	16	6%	1	0%	0
Appliance use review	18%	3	6%	1	76%	13
Stoma appliance customisation	12%	2	12%	2	76%	13
Other, please specify	25%	2	0%	0	75%	6

Other comments (themes)	Number
Chlamydia Testing, Lateral Flow Testing, Emergency Contraception under 25s Free, Chlamydia Treatment, C-card Scheme, Needle Exchange and Supervised Consumption	1

16) Have you delivered the pharmacy first service in the last three months?
(Answered: 17, Skipped: 0)

Options	%	Number
Yes- often	82%	14
Yes- occasionally	18%	3
Yes- rarely	0%	0
No	0%	0

17) The Discharge Medicines Service (DMS) is an essential service when requested electronically by a hospital. Have you ever provided a DMS? (Answered: 17, Skipped: 0)

Options	%	Number
Yes- often	71%	12
Yes- occasionally	6%	1
Yes- rarely	18%	3
No	6%	1

18) Which of the following other services does the pharmacy provide, or would be willing to provide? (These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the NHS England regional team. The NHS England regional team, the ICB or Local Authority may commission them, but when identified in the PNA they will be described as 'Other locally commissioned services' or 'Other NHS services') (Answered: 17, Skipped: 0)

Service	Current contract with NHSE		Current contract with ICB		Current contract with LA		Willing to provide if commissioned		Not able or willing to provide		Willing to provide privately	
	%	#	%	#	%	#	%	#	%	#	%	#
Anticoagulant Monitoring Service	13%	2	0%	0	0%	0	69%	11	19%	3	0%	0
Anti-viral Distribution Service	0%	0	0%	0	0%	0	69%	11	25%	4	6%	1
Chlamydia Testing Service	0%	0	0%	0	31%	5	31%	5	38%	6	0%	0
Chlamydia Treatment Service	0%	0	0%	0	33%	5	33%	5	33%	5	0%	0
Emergency Contraception Service	31%	5	0%	0	31%	5	38%	6	0%	0	0%	0
Gluten Free Food Supply Service (i.e. not via FP10)	6%	1	0%	0	0%	0	75%	12	19%	3	0%	0
Home Delivery Service (not appliances)	13%	2	0%	0	0%	0	56%	9	6%	1	25%	4
Language Access Service	6%	1	0%	0	0%	0	50%	8	44%	7	0%	0
Medication Review Service	24%	4	0%	0	0%	0	53%	9	18%	3	6%	1
Medicines Assessment and Compliance Support Service	0%	0	0%	0	0%	0	63%	10	31%	5	6%	1
Medicines Optimisation Service	0%	0	0%	0	0%	0	69%	11	31%	5	0%	0
Minor Ailment Scheme	12%	2	0%	0	0%	0	71%	12	12%	2	6%	1

Service	Current contract with NHSE		Current contract with ICB		Current contract with LA		Willing to provide if commissioned		Not able or willing to provide		Willing to provide privately	
	%	#	%	#	%	#	%	#	%	#	%	#
Supervised Administration Service	18%	3	0%	0	24%	4	18%	3	41%	7	0%	0
Needle and Syringe Exchange Service	6%	1	0%	0	25%	4	13%	2	56%	9	0%	0
Not Dispensed Scheme	6%	1	0%	0	0%	0	44%	7	50%	8	0%	0
Obesity management (adult and children)	0%	0	0%	0	0%	0	47%	8	29%	5	24%	4
On demand availability of Specialist Drug Service	0%	0	0%	0	0%	0	40%	6	53%	8	7%	1
Out of Hours Services	0%	0	0%	0	6%	1	25%	4	63%	10	6%	1
Patient Group Direction Service	13%	2	0%	0	0%	0	27%	4	27%	4	33%	5
Phlebotomy Service	7%	1	0%	0	0%	0	33%	5	40%	6	20%	3
Schools Service	0%	0	0%	0	0%	0	36%	5	50%	7	14%	2
Seasonal Influenza Vaccination Service	69%	11	0%	0	6%	1	19%	3	6%	1	0%	0
Stop Smoking Service	7%	1	0%	0	7%	1	40%	6	47%	7	0%	0
Vascular Risk Assessment Service (NHS Health Check)	7%	1	0%	0	13%	2	33%	5	33%	5	13%	2
Disease Specific Medicines Management Service: Allergies	0%	0	0%	0	0%	0	63%	10	25%	4	13%	2

Service	Current contract with NHSE		Current contract with ICB		Current contract with LA		Willing to provide if commissioned		Not able or willing to provide		Willing to provide privately	
	%	#	%	#	%	#	%	#	%	#	%	#
Disease Specific Medicines Management Service: Alzheimer's/ dementia	0%	0	0%	0	0%	0	63%	10	25%	4	13%	2
Disease Specific Medicines Management Service: Asthma	0%	0	0%	0	0%	0	75%	12	19%	3	6%	1
Disease Specific Medicines Management Service: CHD	0%	0	0%	0	0%	0	69%	11	31%	5	0%	0
Disease Specific Medicines Management Service: COPD	0%	0	0%	0	0%	0	69%	11	31%	5	0%	0
Disease Specific Medicines Management Service: Depression	0%	0	0%	0	0%	0	63%	10	38%	6	0%	0
Disease Specific Medicines Management Service: Diabetes Type I	0%	0	0%	0	0%	0	69%	11	31%	5	0%	0
Disease Specific Medicines Management Service: Diabetes Type II	0%	0	0%	0	0%	0	69%	11	31%	5	0%	0
Disease Specific Medicines Management Service: Epilepsy	0%	0	0%	0	0%	0	63%	10	38%	6	0%	0
Disease Specific Medicines Management Service: Heart Failure	0%	0	0%	0	0%	0	63%	10	38%	6	0%	0

Service	Current contract with NHSE		Current contract with ICB		Current contract with LA		Willing to provide if commissioned		Not able or willing to provide		Willing to provide privately	
	%	#	%	#	%	#	%	#	%	#	%	#
Disease Specific Medicines Management Service: Hypertension	6%	1	0%	0	0%	0	75%	12	19%	3	0%	0
Disease Specific Medicines Management Service: Parkinson's Disease	0%	0	0%	0	0%	0	69%	11	31%	5	0%	0
Disease Specific Medicines Management Service: Other	0%	0	0%	0	0%	0	63%	10	38%	6	0%	0
Screening Service: Alcohol	0%	0	0%	0	0%	0	50%	8	50%	8	0%	0
Screening Service: Cholesterol	0%	0	0%	0	6%	1	63%	10	25%	4	6%	1
Screening Service: Diabetes	0%	0	0%	0	6%	1	63%	10	25%	4	6%	1
Screening Service: Gonorrhoea	0%	0	0%	0	0%	0	40%	6	53%	8	7%	1
Screening Service: H. pylori	0%	0	0%	0	0%	0	63%	10	31%	5	6%	1
Screening Service: HbA1C	0%	0	0%	0	0%	0	63%	10	31%	5	6%	1
Screening Service: Hepatitis	0%	0	0%	0	0%	0	44%	7	50%	8	6%	1
Screening Service: HIV	0%	0	0%	0	0%	0	35%	6	53%	9	12%	2
Screening Service: Other	0%	0	0%	0	0%	0	40%	6	53%	8	7%	1
Other Vaccinations: Childhood vaccinations	6%	1	0%	0	0%	0	47%	8	41%	7	6%	1

Service	Current contract with NHSE		Current contract with ICB		Current contract with LA		Willing to provide if commissioned		Not able or willing to provide		Willing to provide privately	
	%	#	%	#	%	#	%	#	%	#	%	#
Other Vaccinations: COVID-19 vaccinations	12%	2	0%	0	6%	1	47%	8	24%	4	12%	2
Other Vaccinations: Hepatitis (at risk workers or patients) vaccinations	6%	1	0%	0	0%	0	47%	8	24%	4	24%	4
Other Vaccinations: HPV vaccinations	6%	1	0%	0	0%	0	47%	8	24%	4	24%	4
Other Vaccinations: Meningococcal vaccinations	0%	0	0%	0	0%	0	59%	10	24%	4	18%	3
Other Vaccinations: Pneumococcal vaccinations	6%	1	0%	0	0%	0	53%	9	24%	4	18%	3
Other Vaccinations: Travel vaccinations	6%	1	0%	0	0%	0	38%	6	25%	4	31%	5
Other Vaccinations: Other	0%	0	0%	0	0%	0	36%	5	43%	6	21%	3

19) Does the pharmacy provide any of the following non-commissioned services?

(Answered: 17, Skipped: 0)

Options	Yes		Intending to begin within next 12 months		No - not intending to provide	
	%	#	%	#	%	#
Collection of prescriptions from GP practices	53%	9	6%	1	41%	7
Delivery of dispensed medicines – Selected patient groups (Please list criteria below)	76%	13	6%	1	18%	3
Delivery of dispensed medicines – Selected areas (Please list areas below)	71%	12	6%	1	24%	4
Delivery of dispensed medicines – Free of charge on request	63%	10	6%	1	31%	5
Delivery of dispensed medicines – With charge	44%	7	25%	4	31%	5
Monitored Dosage Systems – Free of charge on request	82%	14	0%	0	18%	3
Monitored Dosage Systems – With charge	6%	1	31%	5	63%	10

Other comments (themes)	Number
Elderly patients	2
Housebound patients	2
Within a certain radius	3
5 or more regular monthly prescriptions	1

20) Are there any services you would like to provide that are not currently commissioned in your area? (Answered: 17, Skipped: 0)

Options	%	Number
No	71%	12
Yes, please specify the service requirement and why	29%	5

Other comments (themes)	Number
Ear wax removal	3
More sexual health screening	1
Anticoagulant services	1
Prescribing clinic	1