

# Pharmaceutical HEALTH NEEDS ASSESSMENT FOR WEST KENT

December 2010

## The 'Patient Offer' for the People in West Kent:

You can expect your pharmacy to provide you with a wide range of over the counter and NHS services. These include accurate and timely dispensing of prescriptions including repeatable NHS prescriptions, disposal of unwanted medicines, support and advice for self care and healthy lifestyles, and signposting where appropriate to other health and social care providers. Most pharmacies also have a dedicated consultation room to provide you with a confidential consultation to help you get the best out of the medicines you are taking.

“You can expect your pharmacy to meet the following standards:

- To be open at least 40 hours a week (most pharmacies in NHS West Kent are open longer)
- To clearly show their opening hours and, when closed to clearly show the location and times of the nearest open pharmacies
- To have information available in an easily accessible form on the services provided in the form of a practice leaflet and
- At least once a year, to ask you what you think about their services through a patient questionnaire.”



**Fig. 1 Community Pharmacies (+) and Dispensing GP Practices (●) in West Kent**

A list of Pharmacies is attached at Appendix 1: and a list of Dispensing GPs at Appendix 4.

	<u>Contents</u>	Page
1	Executive Summary	4
2	Introduction and Context	8
3	Methodology	12
4	Overview of Health Needs in NHS West Kent	14
5	Local Health Needs in West Kent	28
6	Current Service Provision in West Kent	43
7	Outcomes of the PNA Consultation Process	52
8	Conclusion and Recommendations	53
9	Glossary	56
10	<b>Appendices (in separate documents)</b>	
	1) List of pharmacies in West Kent and services provided	
	2) Opening hours in pharmacies	
	3) Summary narrative of advanced, enhanced services and other pharmaceutical services provided by pharmacies	
	4) List of dispensing practices	
	5) Maps showing pharmaceutical provision by location	
	6) Summary of local data for deprivation (LLSOAs and IDACI)	
	7) Local data for chronic disease in West Kent	
	8) Local data and priorities for public health in West Kent	
	9) Patient Involvement summary feedback	
	10) PNA Consultation Summary Report	

**Authors:**

Linda Prickett, Public Health Specialist, West Kent PCT  
Claire Johnson, Head of Medicines Management SW Locality, West Kent PCT  
Dr Grace Howarth, Specialist Registrar in Public Health, West Kent PCT  
Jessica Mookherjee, Consultant in Public Health, West Kent PCT

**With thanks to:**

Natasha Roberts, Head of Health Intelligence, Kent & Medway Public Health Observatory  
Balraj Minhas, Prescribing Adviser / Lead for Community Pharmacy, West Kent PCT  
Michelle Jee, Community Pharmacy Contracts Manager  
Emma Cain, Community Involvement Manager & Vicky Dyer, Head of User Research, WKPCCT  
Michael Keen, Chief Executive Officer, Kent Local Pharmaceutical Committee  
Susan Sparrow, Personal Assistant, Public Health, West Kent PCT

**All data within this document and associated appendices was as up to date as possible at the time of writing (December 2010), and may be subject to change thereafter. To access updated figures, contact the Customer Services Team on 0800 0 850 850**

## 1 Executive Summary

All Primary Care Trusts (PCTs) in England must publish a Pharmaceutical Needs Assessment (PNA) by 1 February 2011. This PNA covers NHS Pharmaceutical services provided by Community Pharmacy contractors, Appliance contractors and Dispensing Doctors. It will be used to determine gaps in service and whether applications to provide access to new pharmaceutical and dispensing services will be approved; for example, by opening a new pharmacy or moving to new premises. In considering ease of access to pharmacies, opening times, travelling distances and physical access to premises must be addressed, while holding in mind the profile of the community served. This PNA includes links to the pharmacy white paper, market entry and Joint Strategic Needs Assessments (JSNAs).

The geographical area of the PCT has been divided into the six localities of the second tier councils (Boroughs and Districts of Dartford, Gravesham, Sevenoaks, Maidstone, Tonbridge & Malling and Tunbridge Wells in order to review service provision, to tie in with data presented in the Joint Strategic Needs Assessment. In future iterations of the PNA data will be made more compatible with new commissioning boundaries, which at this time are still in a state of flux.

The West Kent PNA has been developed in partnership with the Local Pharmaceutical Committee, Local Medical Committee, individual GPs, individual pharmacies, local patient and public stakeholders (through completion of a questionnaire) and Kent County Council. Consultation with these parties has informed the final version of this document.

The population of West Kent is ageing. There are significant health inequalities both between and within localities in West Kent. There is a mix of urban and rural communities. Some areas in West Kent have not yet been determined as urban or rural, it is a priority to complete these determinations as soon as possible.

The proportion of ethnic minority population varies widely between localities, and there have been changes in the representation of different ethnic groups within the BME population. Increases in population and changes in age and demographics will be kept under review in order to ensure that pharmaceutical services are accessible for all residents. Some issues were raised in consultation regarding equity, equality, confidentiality and disability. Consultation also showed that people want more detailed information about what pharmaceutical services are available to them, where and when, to inform their choice.

Dispensing services are provided by 113 pharmacies and 32 dispensing practices in West Kent. Physical access to pharmacy premises is good, with all households within 20 minutes' drive of a pharmacy, and most pharmacies located in the most deprived areas within 20 minutes' walking distance. There are six '100 hours' pharmacies in West Kent, situated relatively evenly across the six localities. These provide essential additional access to pharmaceutical services on evenings and weekends for people who find it difficult to access pharmacies in core hours. Consultation showed that this level of access to extended hours is the minimum needed; any reduction in the opening hours of those pharmacies would create a gap in service provision.

West Kent pharmacies are efficient, with high rates of prescriptions dispensed. Although the population is increasing there is no evidence that more 'standard hours' pharmacies are required at present. The projected growth and development in housing for Dartford may require a review of the situation in future years.

In West Kent the number of community pharmacies is less than the national average of 20 per 100,000 population. However, the GP dispensing practices complement this with good dispensing provision, especially in countryside communities. Many pharmacies provide a prescription collection and delivery service for the housebound, but details of equity of coverage across West Kent is not known. Further explanation and analysis of equity of provision of timely access to this service for vulnerable patients is required.

There is a gap in provision of some non-dispensing pharmaceutical services (for example, domiciliary MURs) in some areas outside the towns. While provision of services on pharmacy premises is good, there is room to improve access to the increasing range of services pharmacies will be expected to provide (especially those where pharmacies are the sole providers) for people who are housebound. Medicines Use Review (MUR) is available in most pharmacies; current commissioners would like to see provision in all pharmacies. There is a gap in providing domiciliary MUR to care homes and housebound patients as an integral part of the patient care pathway for long term conditions (e.g. at annual reviews).

West Kent pharmacies offer a good range of locally commissioned advanced, enhanced and other services, to improve public health and management of long-term conditions. Some services are most appropriately provided by Pharmacies, rather than by any other community providers. These include Medicines Use Review, Emergency Hormonal Contraception, the Minor Ailments Service, Needle and Syringe Exchange and Supervised Consumption. Most of this provision is spread evenly *across*: but can be better focussed *within* localities, according to need as detailed in the profiles detailed on pages 25-37. In areas where there is a lack of provision appropriate to specific needs, commissioners will require pharmacies (either existing or when being proposed) to provide these services, for example Emergency Hormonal Contraception for teenagers and Chlamydia screening in wards of high teenage pregnancy, and needle exchange in wards where data shows that drug use is prevalent.

Minor ailments service provision from Community Pharmacies is not evenly distributed across localities, and this provision should be reviewed to ensure the service is provided in a targeted manner to those areas that need it most. Provision of End of Life and palliative care drugs in West Kent has been reviewed during the preparation of this needs assessment and an enhanced service has been approved by the enhanced services commissioning group to fund the stocking of an agreed range of palliative care drugs, by a number of extended hours pharmacies across the PCT. This will ensure, with the out of hours on call pharmacy service, the rapid availability of palliative care drugs 24hr, seven days a week. At the time of writing this PNA, this enhanced service had yet to be approved by the Primary Care Development Committee. The service will commence as soon as possible after approval has been gained.

West Kent pharmacies also offer (or may wish to offer) locally commissioned advanced, enhanced and other services, to improve public health *alongside* other community providers. These include smoking cessation support: Chlamydia screening: Identification and Brief Advice (IBA) for Alcohol misuse: and Healthy Lifestyles Advice. Pharmacy and public health teams already work well together on targeted public health campaigns, and this should be maintained and developed. Commissioners will look to give choice to patients by providing services that are best placed for the patient, health need and location, while also recognising that pharmacy will be one of a number of providers, who should work collaboratively with each other to avoid duplication. For pharmacies, this will mean striking a balance of services between screening and signposting, and being the sole provider delivering a defined part of the patient care pathway.

## Summary of Recommendations

The following recommendations to commissioners are therefore made from the findings of this Needs Assessment:

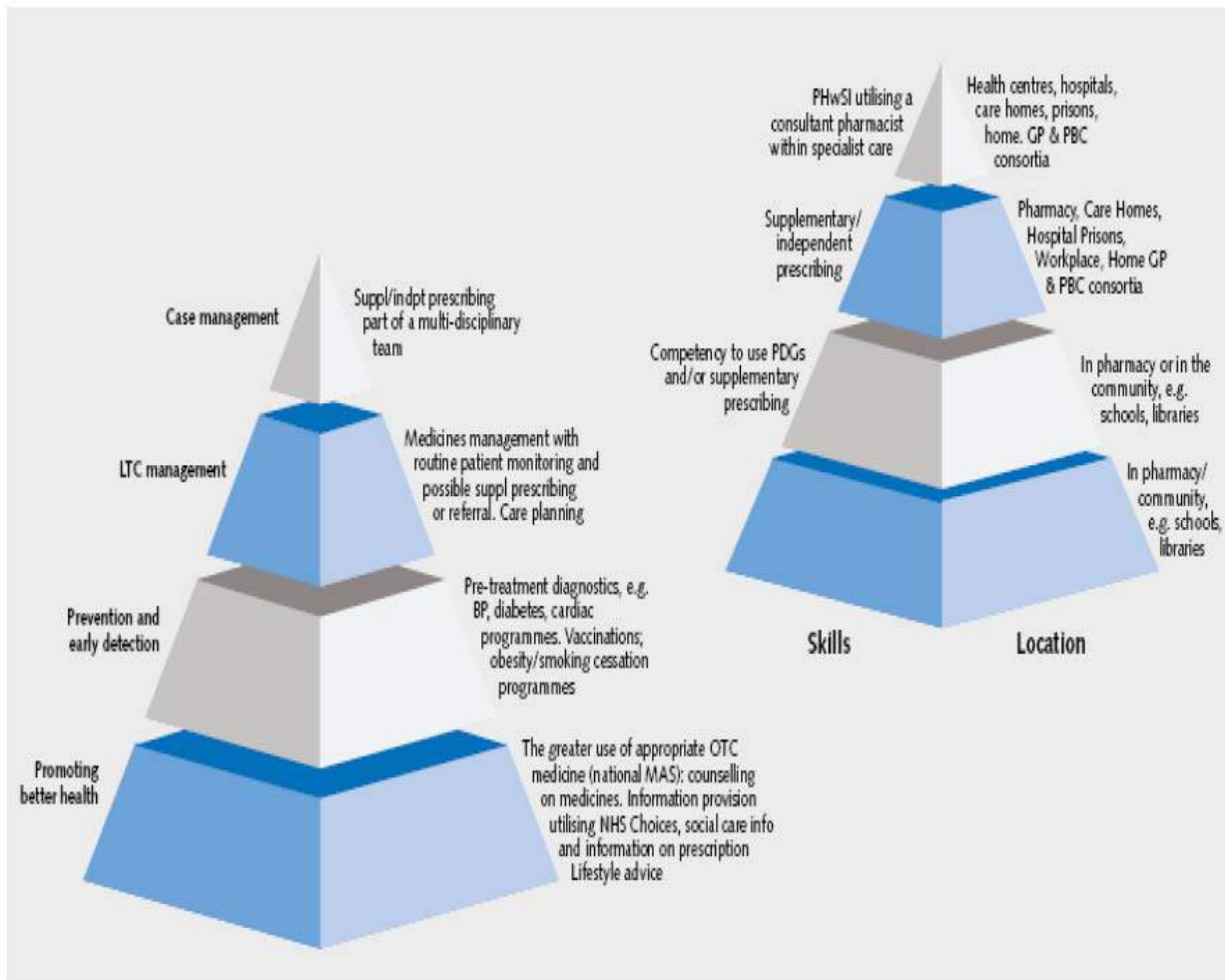
- Review the PNA regularly in the light of refreshed Joint Strategic Needs Assessment, and publication of other relevant data
- Review accessibility of appropriate pharmaceutical services for gypsies and traveller when census 2011 data is published
- Monitor and review provision of pharmaceutical services in Ebbsfleet, as plans for new housing develop
- Prioritise completion of determination of those areas in West Kent which have not yet been determined as controlled localities, but where some practices have historic dispensing rights.
- Ensure that Pharmacists are able to demonstrate that they and their staff are trained in Equity, Equality, Confidentiality and Disability Awareness
- Maintain and look to extend access to '100 hours' pharmacies
- Ensure that Pharmacists advertise their services more widely using a range of media, for example the NHS Choices website
- Commissioners, with providers, to ensure that patients are aware of the services offered and that services are being appropriately used (e.g. through customer satisfaction surveys)
- Explore coverage of prescription collection and delivery services for housebound and vulnerable patients
- Explore closer working between GP's and community pharmacies to encourage Medicines Use Reviews (MURs) are targeted for those patients with greatest need such as housebound and vulnerable patients or patients recently discharged from hospital.
- Commission pharmaceutical services from existing or proposed providers in a targeted manner and according to need in order to promote equity of access, for example, a Minor Ailments service in areas such as Sherwood and East Malling, Emergency Hormonal Contraception in Park Wood, Stone, Joyce Green and Greenhithe and increasing smoking cessation provision generally in Dartford and Gravesham. However, most important is to commission services where those people experiencing higher incidence and higher need want to access them, which may not be where they live
- With commissioners of public health services, take a holistic view of commissioning from multiple providers including pharmacies in a targeted manner and according to need, maintaining a balance to give patient choice: avoid duplication and over-provision: and make best use of resources, for example consider provision of Alcohol Misuse Identification and Brief Advice combined with EHC dispensing
- Public Health to continue to support and work with pharmacies, promoting the training of pharmacists and their staff in preventive health, for example cancer prevention awareness: and in awareness of particular health issues in the communities where they are situated.

This in order to work towards the development of pharmacies delivering 'Healthy Living Centre' functions in conjunction with other providers.

## 2 Introduction and Context

### Vision for the Future of Pharmaceutical Services

The Pharmacy White Paper (Pharmacy in England –Building on Strengths, Delivering the Future, 2008<sup>1</sup>) sets out a vision for improved quality and effectiveness of pharmaceutical services. It details changes in the structure and commissioning of pharmaceutical services, but also identifies specific initiatives to develop their public health function.



**Fig. 2. Pharmacy: Potential Contributions to Patient Care**

The Pharmaceutical Needs Assessment (PNA) has been prepared at a time of significant change in the NHS. The recent White Paper, *Liberating the NHS, Equity and Excellence (2010)* has set in motion a significant programme of change which will have an impact on how we plan and use pharmaceutical services. It indicates that pharmacy, dental and optometric primary care contracted services will be overseen contractually by an autonomous NHS Commissioning Board

<sup>1</sup> <http://www.officialdocuments.gov.uk/document/cm73/7341/7341.asp>



but it is not yet clear how pharmaceutical services commissioning will fit with the proposed local commissioning consortia.

Concurrently the NHS is being tasked to reduce costs and find savings, after a period of sustained growth in funding. As a result all areas of NHS spending, including pharmaceutical services will be scrutinised to ensure that money is spent to deliver the outcomes expected by patients and the public.

The PNA has also been produced to fulfil the requirements of The Health Act 2009. This requires that all PCTs produce a PNA by February 2011, with an expectation that it will then be reviewed within 3 years<sup>2</sup>.

As with the Joint Strategic Needs Assessment<sup>3</sup> (JSNA), the PNA's contents and manner of preparation are set out in regulations. There is also a regulatory intention that in time the PNA will provide the basis to determine market entry for new contractors alongside intelligent use by commissioners of other relevant needs assessments.

The PNA has a dual purpose – supporting the control of entry and pharmacy application process and guiding service commissioning from pharmacy.

- **Control of entry and pharmacy application process:**

The PNA provides clarity and direction about which services should be commissioned from pharmacy applications granted under the exempt categories. The PNA is also used to inform the decision making process of the PCT Pharmaceutical Regulations Committee. This group reviews pharmacy applications received by the PCT and decides whether to approve or decline applications on behalf of the PCT.

- **Effective commissioning from pharmacy:**

The PNA is a tool which can be used to support, inform and drive service commissioning from pharmacy. The recent Pharmacy White Paper highlights the need for PCTs to have effective PNAs in place in light of the focus on excellence in commissioning.

**Innovative commissioning will enable:**

- Development of the concept of community pharmacies as healthy living centres
- Commissioning of pharmacies based on the range and quality of services offered.

**Pharmacies are expected to do this by:**

- Using technology to expand choice and improve care
- Promoting self-care and provide treatment on the NHS for minor ailments
- Being involved in the care plans of patients commencing long-term treatments, and to provide support and advice, particularly during the early stages of treatment.

---

<sup>2</sup> NHS (Pharmaceutical Services and Local Pharmaceutical Services) (Amendment) Regulations 2010.  
[http://www.opsi.gov.uk/si/si2010/pdf/uksi\\_20100914\\_en.pdf](http://www.opsi.gov.uk/si/si2010/pdf/uksi_20100914_en.pdf)

<sup>3</sup> Joint Strategic Needs Assessment for Kent (2009)  
<http://www.kmpho.nhs.uk/EasySiteWeb/GatewayLink.aspx?allId=77900>

- Providing regular monitoring and check-up facilities for patients with chronic conditions such as high blood pressure, diabetes, and asthma.
- Offering screening for people at risk of vascular disease, particularly in areas where this contributes to reduced life expectancy.

To achieve this dual purpose Commissioners need to be clear about what services are currently provided by pharmacy and where. Mapping this with the health needs of the population identifies any gaps in current service provision and outlines areas where a pharmacy service could be commissioned to meet health need.

This process should address three basic questions:

1. Do existing pharmacies (and dispensing practices) provide an adequate level of services as commissioned by the PCT?
2. Is there a need for new pharmacies within the PCT?
3. Is there a need for the PCT to commission more services from community pharmacies?

It will also serve a useful purpose as a single point of reference for information about pharmaceutical services in West Kent.

## 2.1 Control of Entry

The NHS Act 2006 describes the duty of PCTs, in accordance with regulations, to arrange for provision of pharmaceutical services for its population. The NHS (Pharmaceutical) Regulations 2005 outline the process PCTs must comply with in dealing with applications for new pharmacies under the regulatory system known as 'control of entry'. The regulations allow four automatic exemptions to the regulatory test of 'necessary or desirable'. These exemptions are:

- Pharmacies in shopping centres with over 15,000 square metres gross floor space, but only those based in approved out-of-town retail developments.
- Pharmacies that intend to open for more than 100 hours per week.
- Applications from members of a consortia wishing to establish new One Stop Primary Care Centres (minimum list size of 18,000 patients)
- Wholly mail-order or internet based pharmacy services

Within the regulatory framework, any of these applications must be granted by the PCT / Commissioners. However this is on the condition that all exempted community pharmacies must provide the full range of essential services under the new community pharmacy contractual framework. Primary Care Trusts may also specify additional directed services for the first three categories of exemption.

It is therefore essential that PCTs / Commissioners are keenly aware of pharmacy services needed in the community, together with any gaps or opportunities in service provision so that these can be commissioned from the 'exempt' categories and thus contribute to more effective patient care.

## 2.2 The Pharmacy Contractual Framework

The new Contractual Framework for Community Pharmacy Services was implemented nationally on 1st April 2005 and amended April 2010. The framework focuses on improving the range and quality of services provided by community pharmacies. Payment by the NHS is no longer almost entirely based on volume of prescriptions dispensed but incorporates three levels of service:

- **Essential Services**

These services are part of the national contractual framework and must be provided by all Pharmacy contractors (see section 6.2). Set specifications for each Essential Service must be met.

- **Advanced Services**

These services are part of the national contractual framework but pharmacists will need to be accredited to provide them and pharmacy premises will need to meet specified national standards. The specification and payment for Advanced Services is agreed nationally. PCTs currently have limited opportunities to monitor/appraise or direct these services to local need.

- **Enhanced services**

These services are commissioned locally by PCTs. The NHS Information Centre (NHS IC) has a table setting out the provision of enhanced services defined in regulation<sup>4</sup> delivered by community pharmacy contractors. Of the three levels of service, Enhanced Services offer the most flexibility in terms of developing local pharmaceutical services to satisfy the health needs of local communities. They often provide a valuable contribution towards local public health initiatives, and aim to utilise the community pharmacy as a convenient resource for delivering opportunistic health interventions and advice. Commissioners are considering the ways in which the quality of enhanced services is monitored, in order to ensure value for money.

A full list of the requirements of the contractual framework and further explanation of Advanced, Enhanced and other services is provided in Appendix 3

Whilst GPs also provide Enhanced Services, the provision of such enhanced services is not considered in regulation to be part of this pharmaceutical needs assessment. However, for patient information, the location of both Community Pharmacies and GP Practices providing Smoking Cessation, Chlamydia testing and other such services are shown in maps in Appendix 5.

---

<sup>4</sup> For current list refer to current edition of Drug Tariff Part VIC

### 3 Methodology

**3.1** The PNA is not a stand-alone document, and should be viewed in conjunction with other strategic and planning documents. In particular, in the future it is anticipated that PNAs will be developed alongside Joint Strategic Needs Assessments (JSNAs). The PNA should also focus in on how pharmacies can support the priorities of the PCT, as outlined in the Strategic Commissioning Plan (SCP). This PNA will frequently make reference to the JSNA and SCP, and both documents provide further relevant background and data for many of the areas covered by the PNA. They are available at:

JSNA: <http://www.kmpho.nhs.uk/EasySiteWeb/GatewayLink.aspx?allid=77900>

SCP: <http://www.westkentpct.nhs.uk/download.php?id=2854>

**3.2** The following steps were taken to produce the PNA in West Kent

- A single strategic steering group was set up for East and West Kent which provided a unified forum for the gathering of information and development of ideas utilising many stake holders.
- A User Survey was carried out across Kent in Autumn 2009 and results analysed.
- A West Kent Steering Group was set up to guide the local West Kent PNA
- A Local patient survey was conducted via telephone and focus groups for more detailed local information
- Pharmacy contractors were surveyed
- The Draft West Kent document was finalised for public consultation
- Comments came back, a response to the consultation was prepared and an executive summary produced (attached as Appendix 10)
- Final version of PNA to be presented to the PCT
- Final PNA to be published

**3.3** There is a lack of data to support a complete pharmaceutical needs assessment encompassing the effectiveness and by default the cost effectiveness of pharmacy intervention. Therefore within the current context a PNA can only be based on the assessment and prevalence of disease and a baseline of the services currently provided by community pharmacy.

Under regulation, NHS West Kent has a responsibility to offer the PNA out to consultation for all interested parties for a minimum of 60 days. The consultation on the draft document ran between the 5<sup>th</sup> October 2010 and 5<sup>th</sup> December 2010. A report is included at Appendix 10 detailing the responses received and subsequent implications are taken into this document. Department of Health guidance states the groups to include as part of the consultation. The table of participants shown in table 1 was developed using this guidance as well as discussion with the West Kent Pharmacy Core Group.

In keeping with the PCT's commitment to waste reduction and reducing the carbon footprint, the consultation was undertaken electronically as far as possible, whilst providing paper copies on request. During the consultation the Directorate of Strategy and Communications provided progress updates to the Pharmacy Core Group. The Strategy and Communications team offered the option to all target audiences listed above to organise and run a focus group to discuss the PNA in more detail.

**Table 1.**

<b>Audience</b>	<b>Method of Communication</b>
<b>Professionals</b>	
Local Pharmaceutical Committee	Electronic copies
Local Medical Committee	Electronic copies
Pharmaceutical lists & dispensing doctors (includes appliance contractors & internet pharmacies)	Prime Time Practice Pages Electronic copies
LPS chemist	Electronic copies
Any other person with whom the PCT has made arrangement for the provision of dispensing services (South East Health	Electronic copies
Local Authorities	Electronic to CEO & Leader of Council Electronic copy to portfolio holder
HOSC	Electronic copy
NHS Trusts & Foundation Trusts	Electronic to CEO & Medical Director
Neighbouring PCTs	Electronic to CEO & Chairman Electronic to PNA & Engagement Leads
PBC Leads	Electronic
<b>Non-Professionals</b>	
Kent LINK	Electronic
+800 members	Kent LINK monthly bulletin
Health Network	Monthly newsletter
+800 members	PCT website, electronic & Hard copy
Voluntary groups involved in initial service user feedback	Electronic copies

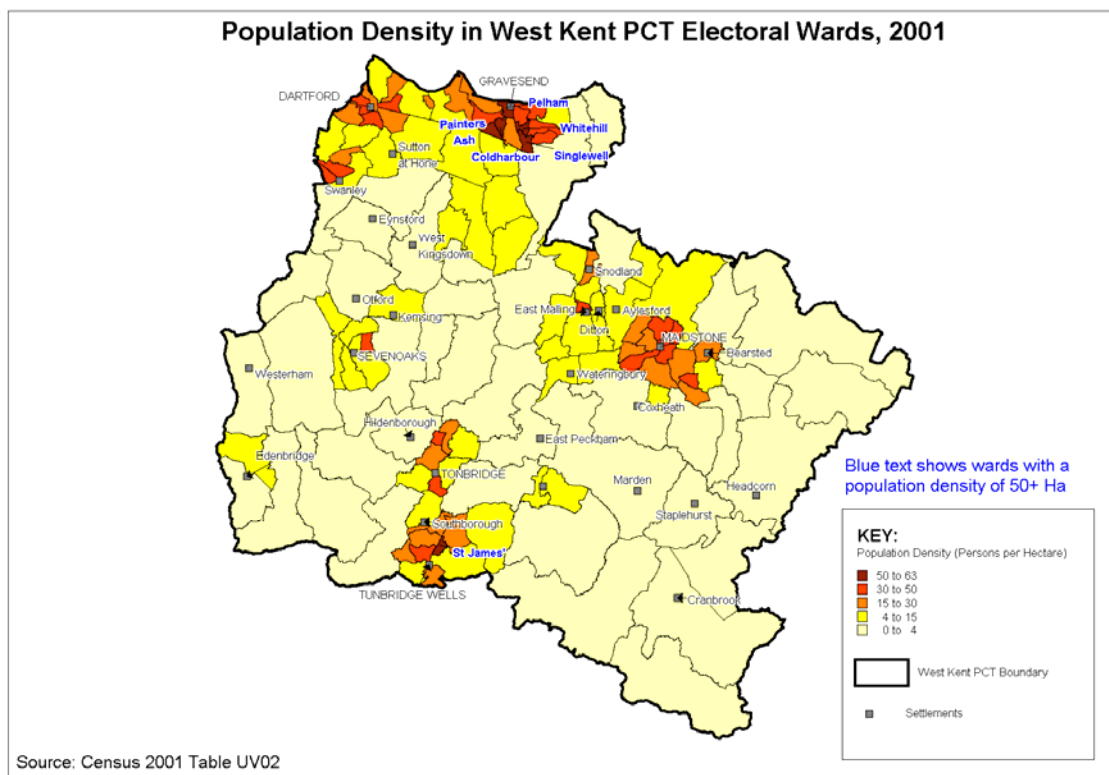
## 4 Overview of Health Needs in NHS West Kent

This PNA covers the part of Kent served by NHS West Kent and Kent County Council

### Total Population

- NHS West Kent (formerly West Kent PCT) is co-terminus with the following district authorities: Dartford, Gravesham, Sevenoaks, Tonbridge & Malling, Maidstone and Tunbridge Wells.
- The total resident population is estimated to be 662,435.
- The resident population is 51% female and 49% male.
- The majority of the resident population is aged between 35 and 59, but the proportion of residents aged 0-14 is also larger than the average for England.

### Population Density



**Fig. 3. Population density in West Kent PCT electoral wards, 2001**

- The population is concentrated in the major towns, their corridors and immediate hinterland with large areas of lower density across the rest of the area.
- The Kent County Council Strategic plans recognise population growth along the Thames corridor. Within this region there are large areas protected by Green Belt legislation, and the more rural areas are not expected to be developed in the life of this PNA. These areas are popular with commuters working in London.

## Demographics and Epidemiology

### 4.1. Population Change

- The population of West Kent PCT, all ages, is predicted to increase by 50,300 in the next 15 years (2007–2022)
- The growth rate is lower (7.61%) than the percentage for Kent County (10.56%) and for England (7.62%)
- The population growth rate for over 65s across Kent and Medway is 32.15%.
- The population aged 0-64 in West Kent is projected to increase by 17,100 people (3.09%).

#### Implications for Pharmaceutical Services:

- **Monitoring need for additional pharmacies**

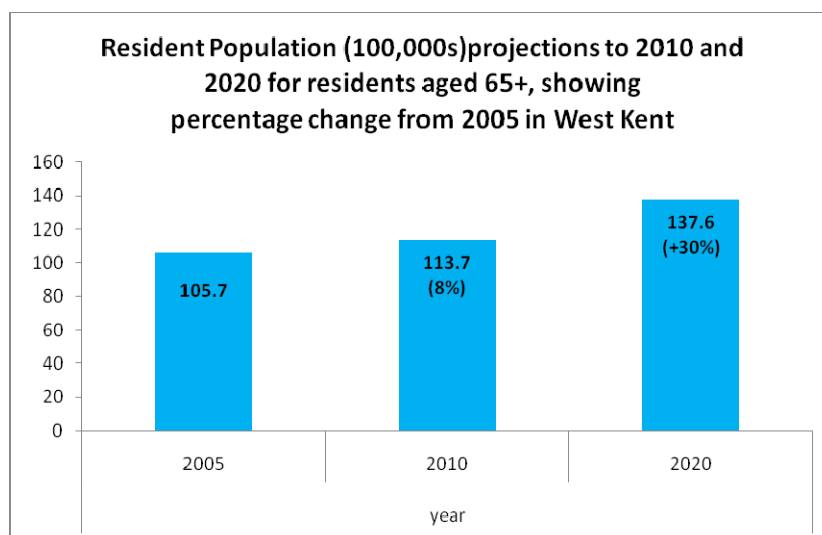
Population expansion is occurring across the patch but with particular emphasis on planned growth in the Thames Corridor. Since the pace of development is dependent on the financial climate, it is difficult to predict when and if there will be a need for new pharmacies. Increases in population and changes in age and demographics will be kept under review and it is possible that additional pharmacies may be needed.

- **Access for rural residents**

Although most people living in the countryside are likely to have access to a car or van, consultation showed that access to a pharmacy is difficult for some of our rural residents. This is most likely to be an issue where isolation and deprivation coincide. Dispensing practices can provide a variety of services. Where there is no pharmacy or dispensing practice in place, the PCT looks to providers to improve access to pharmaceutical services through innovative working practice.

#### 4.1.1. The Ageing Population

Fig. 4. Resident population projections



For further information regarding older people in West Kent please see pages 17 and 18 in the 2009 Adult JSNA core data set:

<http://www.kmpho.nhs.uk/EasySiteWeb/GatewayLink.aspx?allid=77902>

#### **Implications for Pharmaceutical Services:**

- **An increasing number of heavy users of Pharmaceutical Services**

- As people live longer with more chronic diseases it is likely they will need more care and support from all health services, including pharmacy. This places a considerable challenge on local services to provide high quality care for an informed population with high expectations.

- The average user of pharmaceutical services is not typical of the population at large. They tend to be older and more likely to describe themselves as disabled; they express real concerns over possible loss of services if provision is altered in any way.<sup>5</sup>

- The older age group make heavy and increasing use of pharmaceutical services. In 2007 people aged 60 and over received 42.4 prescription items per head, as compared with an average of 15.6 per head for the population overall. This figure has increased significantly from 22.3 items in 1997.<sup>6</sup> Based on the predicted population growth for NHS West Kent, an additional 1 million prescriptions will be dispensed in 2022 compared to 2007.

- **Ensuring access to Pharmaceutical Services**

The ageing population brings with it a need to make adjustments for disability and to make obvious what services are available. Consultation showed that people want more detailed information about what pharmaceutical services are available to them.

- Nearly half of all households without cars are pensioner households, and it is important to consider whether this group with significant pharmaceutical needs are able to access pharmaceutical services.
- Pharmacies can deliver medications to households, but it is also important to consider access to the increasing range of services pharmacies will be expected to provide. The NHS provides funds to enable dispensers to ensure equal access to drugs for all patients, including the elderly and disabled. This could involve additional support around access to medications, or making an adjustment in the mode of dispensing, such as the use of different packaging.
- From consultation it appears that this is not to be widely known. Local data on advertisement of this service and take up rates should form part of user surveys carried out in the future.

#### **4.1.2. Young People**

There are approximately 131,376 women of child bearing age (15-44) resident in the area. In 2006 there were a total of 8075 live births, and the general fertility rate is higher in West Kent than across the rest of Kent or England as a whole. Figure 4 illustrates the point that while younger people are expected to make up a lower proportion of the total population, their actual numbers will remain fairly static.

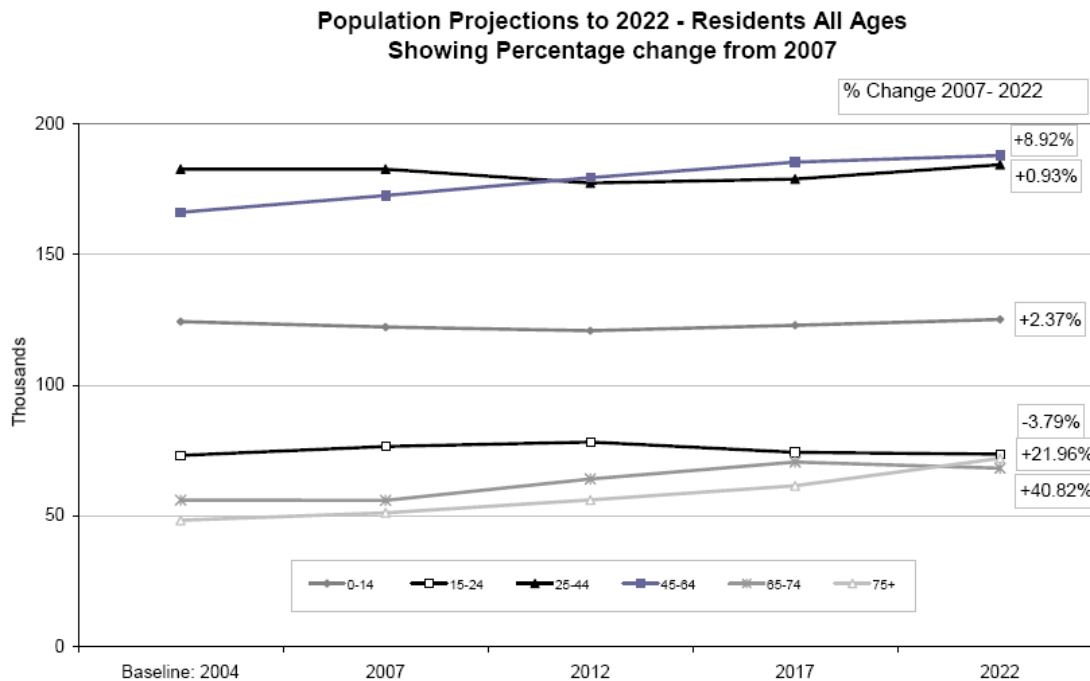
---

<sup>5</sup> Office of Fair Trading Report 2003

<sup>6</sup> NHS Information Centre 2008



Whilst this pattern of decline is broadly common to all district council areas, the notable exception in West Kent is Dartford where the proportion of children in the population is expected to increase. These increases can be attributed to planned housing developments associated with the Thames Corridor developments and the Ashford Growth Area.



Source: ONS Sub-National Population Projections (2004) Base)

**Fig. 5. Population projections to 2022, showing percentage change from 2007**

**Implications for Pharmaceutical Services:**

- **Importance of remembering the younger population:** The focus on the ageing population should not mean that other segments of the population are forgotten. The fact that a greater proportion of these users are affected by deprivation means they are at greater risk of developing health problems in the future, and may experience more barriers to accessing pharmaceutical services.
- **Public Health interventions for young people:** Public health interventions generally achieve the greatest benefits if they are successful in changing behaviour at a young age. Current estimates indicate that 16 to 24 year olds visit community pharmacies seven times a year on average<sup>7</sup>. Over the past year some of the public health campaigns that pharmacies have been involved with include Stop Smoking, Immunisations and Vaccinations, Drinking and Driving, Chlamydia and Active Kent. These all have particular relevance for young people. Community pharmacies, with their high street locations, are in a unique position to work with Public Health departments to reach out to young people who might not otherwise engage with health services.

<sup>7</sup> [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4107496.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4107496.pdf)

## 4.2. Ethnicity

The population of Kent was 94% white British in 2001 at the time of the last census. The Office of National Statistics estimates that in 2006 the population was 90.5% white British, with a relatively even growth across the other ethnic groups, including whites of non-British/non-Irish background.

Data from the Department of Work and Pensions in new national insurance registrations indicate that there were 5,490 working age adults from overseas in 2008. Migration into Kent increased during the first decade of the 21<sup>st</sup> century, but now shows signs of tailing off.

Black and minority ethnic (BME) groups form a greater proportion of the population in the northern locality of Dartford through to Gravesend, where most wards have at least 3% BME populations and some greater than 10%. Sevenoaks, Tonbridge & Malling, Tunbridge Wells and Maidstone also all have wards with at least 3% BME populations, which may translate into higher slightly higher prevalence of diabetes in those areas, depending on which ethnic groups are represented. Practices in Dartford and Gravesend are among those with the highest proportion of patients with diabetes. Gravesham has a significant population of British Asians of Indian origin, which made up 7.2% and 7.3% of the Gravesham community in 2001 and 2006 respectively.

### 4.2.2. Gypsies and Travellers

Significant health inequalities exist between the Gypsy and Traveller population in England and their non-Gypsy counterparts, even when compared with other socially deprived or excluded groups, and with other ethnic minorities.<sup>8</sup> Gypsies and Travellers are likely to report poorer health status and are more likely to have a long-term illness, health problem or disability, which limits daily activities or work and have more problems with mobility, self-care, anxiety or depression.

Estimates of the Gypsy and Traveller population in Kent vary from 86,000 to 300,000. Colleagues at KCC Gypsy & Traveller Unit advise that statistically, the majority of Gypsy and Irish Travellers in Kent & Medway live in settled housing, with significant numbers in West Kent living in Gravesend, Swanley Housing Estates (Sevenoaks), Park Wood and Mangravet (Maidstone), and in social housing in Tonbridge. There are no Gypsy and Traveller Transit sites in Kent, but there are 17 council-run residential sites for Gypsies and Travellers across Kent & Medway, and a further 250 (approx) small privately run sites across Kent & Medway where travellers will stay for long periods at a time (most of the year). Of the council-run sites in West Kent, most are estimated to be within one mile of a pharmacy. More data will become available about location and numbers of Gypsies and Travellers when results come from the 2011 census where they will be listed as a separate ethnic group.

#### Implications for Pharmaceutical Services:

- **Targeted Screening Programmes:** Population screening programmes for diabetes and cardiovascular risks can be targeted to areas where the ethnic profile of the population means there is likely to be a higher prevalence of these diseases. Pharmacies can be used as possible access points, and can also help in delivering public health messages targeted at these minority groups.

---

<sup>8</sup> Parry G., Van Cleemput P., Peters J., Walters S., Thomas K. and Cooper C. (2007) Health status of Gypsies and Travellers in England: Research report. *Epidemiol Community Health* 2007;61:198-204 doi:10.1136/jech.2006.045997 accessed 23.12.2010 at <http://jech.bmj.com/content/61/3/198.abstract>

- **Ensuring accessibility and support for Ethnic Minorities:** It is important that migration and changes in the ethnic make-up of areas continues to be monitored in order that pharmacies can ensure their services are accessible for all residents. Issues that may need to be addressed include availability of translating services, confidentiality if using a family member as a translator, and working with an awareness of possible cultural barriers. These may impact upon to accessing health care and also on completing courses of treatment.
- **Ensuring accessibility and support for Gypsy and Traveller communities:** It is important that provision is in place for people living in residential gypsy and traveller sites (especially the smaller ones) that may not be close to towns. When census data is published, the situation should be reviewed to ensure that appropriate pharmaceutical services are accessible for these communities.

### 4.3. Deprivation and Child Poverty in West Kent

NHSWK is more affluent than England as a whole, with just 4% of the population living in the most deprived quintile, as identified by the Index of Multiple Deprivation (IMD).

West Kent has the following wards in the top 20% most deprived in Kent and Medway, with none in Tunbridge Wells and Malling (these follow in order within each district, most deprived first):

- **Gravesham** (6): Singlewell, Riverside, Northfleet North, Westcourt, Coldharbour, Pelham
- **Dartford** (5): Joyce Green, Littlebrook, Swanscombe, Princes, Town
- **Maidstone** (3): High Street, Park Wood, Shepway South
- **Sevenoaks** (1): Swanley St Mary's

Relatively deprived localities like Dartford and Gravesham have areas of affluence and localities that are richer have small areas of significant deprivation. These sub-ward areas can be identified in the Lower Level Super Output Areas (LLSOAs) data set, which uses indicators from a number of different domains to describe relative deprivation by smaller geographical area.

In West Kent PCT 114 LLSOAs (27%) are ranked within the most advantaged 20% (quintile 5) of all the Lower Level Super Output Areas in England for this deprivation index. However, there are 17 LLSOAs in West Kent which rank amongst the 20% most deprived (quintile 1) areas in England, although there are only 15 that rank in the 20% most deprived (quintile 1) areas in Kent & Medway. This indicates that although West Kent is not particularly socially and economically deprived, pockets of economic deprivation exist.

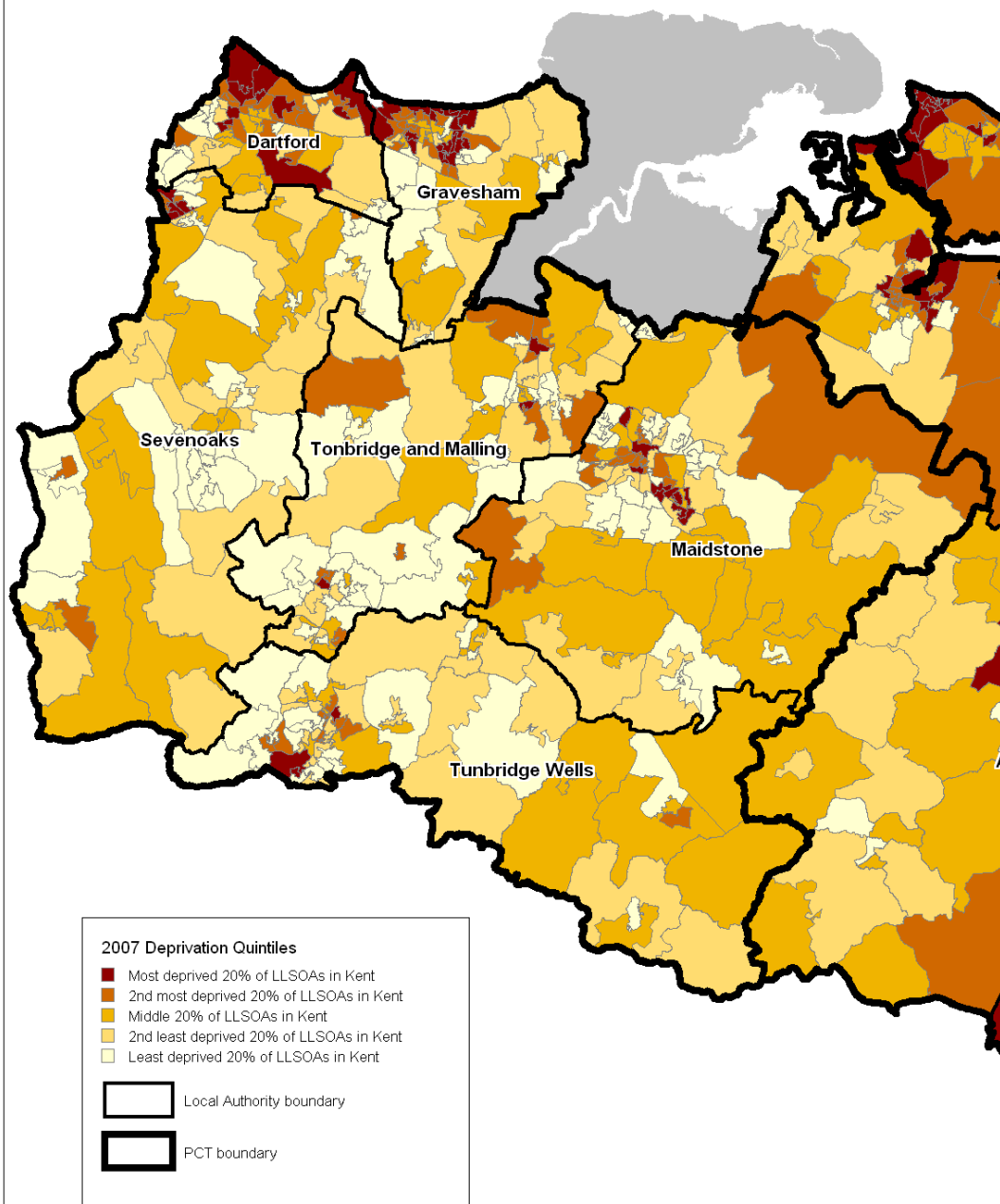
#### Child Poverty

Those West Kent LLSOAs which are listed in the most deprived 20% in Kent & Medway are found in all the major towns and principally in deprived wards. Northfleet South and Central (Gravesham) and East Malling (Tonbridge & Malling) each have a Lower-level Super Output area in the most deprived quintile nationally, although the wards themselves are not noted as deprived.

The Income Deprivation Affecting Children Index (IDACI) is a sub-indicator derived from the Index of Multiple Deprivation and indicates child poverty. In West Kent, those Lower-level Super Output Areas (LSOAs) with IDACI scores in the most deprived 20% in Kent & Medway are shown in Appendix 6 and figure 6.

**Fig. 6. Rank of 2007 Index of Multiple deprivation Scores for LLSOAs in West Kent PCT**

### Rank of 2007 Index of Multiple Deprivation Scores for LLSOAs in West Kent PCT



Source: DCLG Indices of Deprivation 2007

Child poverty can therefore be seen to be a significant, but largely invisible issue in these highlighted LLSOAs, especially as they are not in a ward which is not in the 20% most deprived, or even in a recognised deprived LLSOA. This is the case for LLSOAs in Stone (Dartford), Shepway North (Maidstone), Swanley White Oak and Hartley & Hodsoll Street (Sevenoaks), Sherwood and Broadwater (Tunbridge Wells).

For more information on Children's in West Kent, please see the specific Children's JSNA: <http://www.kmpho.nhs.uk/population-groups/children/?p=2> where there is also information on maternity and sexual health.

Deprivation is strongly linked to poor health. The national drive to decrease inequalities in life expectancy has seen improvements in life expectancy across all the population but the gap in life expectancy between the most deprived areas and the average has widened.

Appendix 6 details this in West Kent: and the distribution is shown in Figure 6

#### **Implications for Pharmaceutical Services:**

- **Supporting Interventions to Reduce Inequality**

In addition to dispensing, pharmaceutical services can advise about medicines and counsel about lifestyle.

One of the key cost effective interventions in the Department of Health Inequalities Intervention Tool (2007) is increasing capacity in smoking cessation teams, and this will affect outcomes in 3 of the PCT's strategic priority programmes. A Smoking cessation service is commissioned in some community pharmacies, as well as through other providers. The use of inequalities data in commissioning could be used to target services such as this to those communities with the highest need.

- **Accessibility by Public Transport and Opening Hours**

People who live in deprived areas are less likely to own cars; therefore consideration should be given to public transport accessibility and walking distances to pharmacies. It is also important to offer access to pharmaceutical services outside standard working hours, as people from deprived areas are less likely to have flexible working conditions which would enable them to access services during the working day. A map of West Kent pharmacies and deprivation appears in Appendix 5.

#### **4.4. Disability**

- **Physical Disability.** All pharmacies are required to comply with Disability Discrimination Act (DDA) legislation in terms of access to services; this would include making all necessary adjustments to enable physical access e.g. to buildings and also by dispensing aids for medication consumption, such as easy open containers or Braille labelled 'boxes'.
- **Impaired cognitive function.** Cognitive function may be impaired by learning disability, early stages of dementia, or periods of mental ill-health. Pharmacy staff are expected to recognise the needs of these patient groups and respond sensitively as appropriate to meet

their needs and within the DDA requirements in a fully inclusive manner. This will require training for new staff and regular refresher training.

#### 4.5. Disease Prevalence

The overview for NHS West Kent published Sept 2008<sup>9</sup> and Joint Strategic Needs Assessment for Adults in Kent (JSNA) provide an overview from which the key points are:

- Life expectancy is greater for both men and women in West Kent than for Kent County and England as a whole. The main causes of death are circulatory diseases (35%) cancers (29%) and respiratory diseases (13%)<sup>10</sup>. Performance towards “Our Healthier Nation” mortality targets shows the PCT to be ahead on improvements in circulatory disease, but behind target on cancers, accidents and suicides.
- Hospital admission rates across Kent are generally higher in areas of deprivation. There are however exceptions to this association; this is apparent in Tonbridge & Malling and Tunbridge Wells which have higher admission rates than all other Local Authority areas except Thanet. Hospital admission rates are not always an indication of disease prevalence – it is more accurate to describe these figures as ‘demand’ or ‘activity’. This is because hospital admissions can reflect artefacts in the Health Economy, such as referral patterns.
- The main causes of death in all six Local Authorities (tier 2) in West Kent are (largest first)
  - Coronary heart disease
  - Chronic obstructive pulmonary/airway diseases
  - Lung cancer
  - Strokes
- In the JSNA the recommendation was made that better targeted and equitable health promotion and prevention is needed. Every care pathway should end in prevention and promotion programmes. The JSNA highlighted in particular the need for improvements in preventative pathways for COPD, musculoskeletal problems and coronary heart disease for Dartford local authority area.

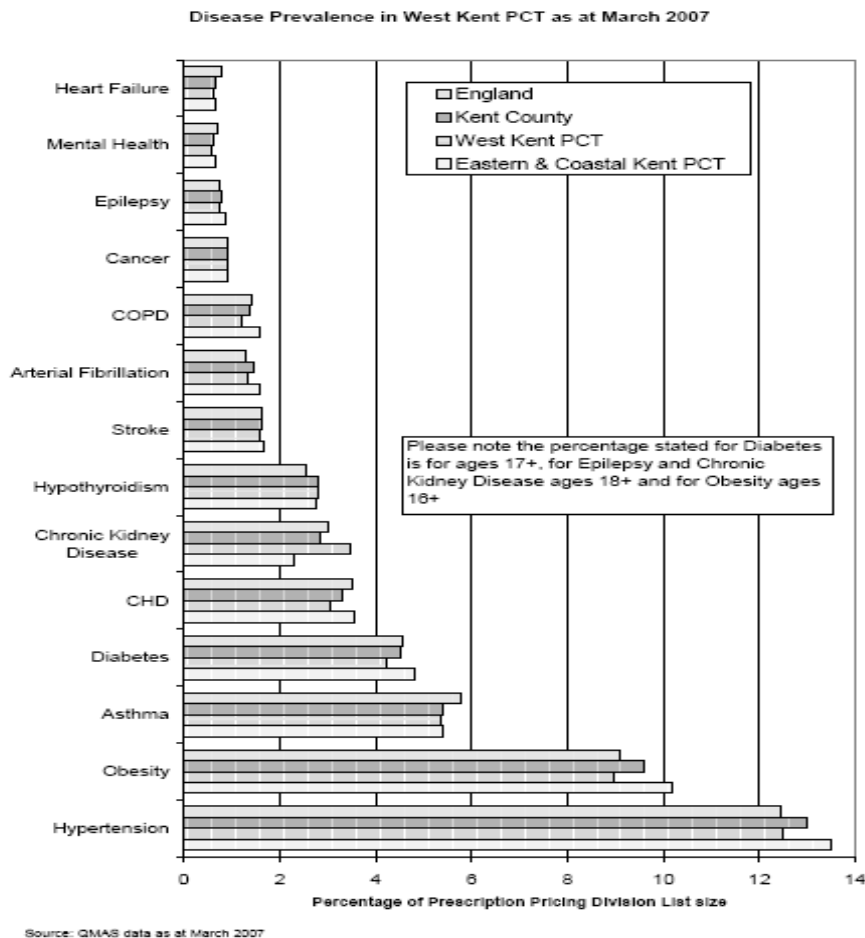
Community pharmacy with its open high street face has a significant role to play in delivering these intentions. Workforce development should include comprehensive co-ordinated training around risk factors for circulatory disease, respiratory disease and cancers.

##### 4.5.1. Chronic Diseases

The prevalence in West Kent of the majority of chronic conditions in West is lower than or similar to that across Kent County and England. The exceptions are Hypothyroidism and Chronic Kidney Disease which are higher. See figure 7 below.

<sup>9</sup> <http://www.kmpho.nhs.uk/EasySiteWeb/getresource.axd?AssetID=14429&type=full&servicetype=Attachment>

<sup>10</sup> 2006 data from West Kent Health profile *ibid*



**Fig. 7. Chronic Disease Prevalence (based on QoF data)**

There are opportunities for Community Pharmacies to support the effective management of chronic disease, as shown in Appendix 8, for example:

- **Chronic Obstructive Pulmonary Disease (COPD)**
  - Support by providing advice on the best use of inhalers and medications prescribed
  - Support by encouraging patients to access smoking cessation services, and/or by providing smoking cessation services.
  
- **Circulatory Disease and Diabetes**
  - Supporting the prevention agenda, in terms of promoting active lifestyles, healthy eating and smoking cessation. The Pharmacy White Paper highlighted how pharmacies will be expected to play an increasing role in public health programmes, and the projected increase in coronary heart disease prevalence highlights the importance of such work.
  - Support the vascular risk screening programme, by providing alternative points of contact with the public, in a targeted manner.

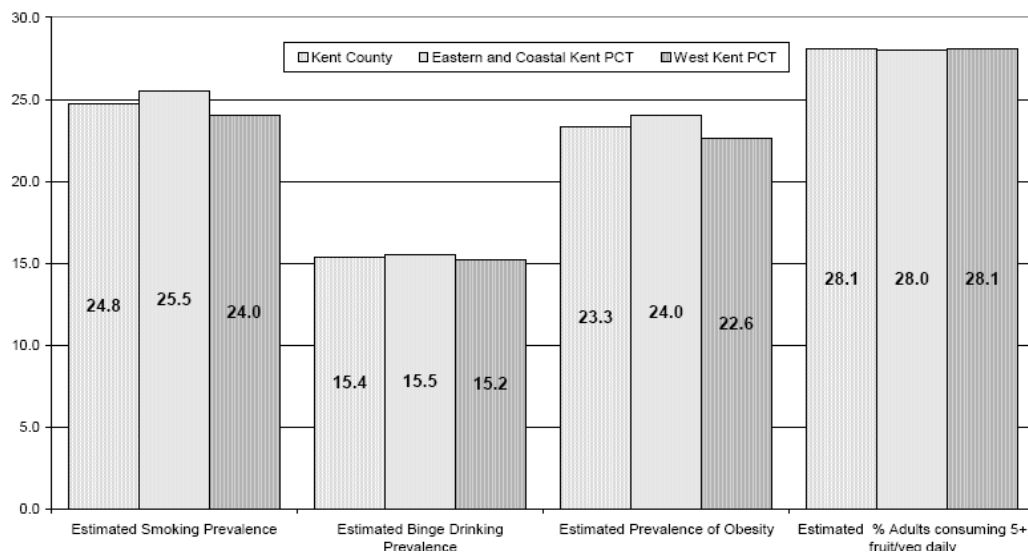
- **Cancers**

- Again, supporting the prevention agenda. As with COPD and coronary heart disease, many cancers can be prevented by lifestyle changes to reduce risk.
- Supporting End of Life Care. While this is an important issue for all chronic diseases, cancer patients often have particularly complex needs. Pharmaceutical support across West Kent should meet the requirement set out in *End of Life Care Strategy Promoting High Quality Care for All Adults at the End of Life* (DH 2007) that 24/7 services should be available to support all patients and their carers in the community. Provision of End of Life and palliative care drugs in West Kent has been reviewed during the preparation of this needs assessment and an enhanced service has been approved by the enhanced services commissioning group to fund the stocking of an agreed range of palliative care drugs, by a number of extended hours pharmacies across the PCT. This will ensure, with the out of hours on call pharmacy service, the rapid availability of palliative care drugs 24hr, seven days a week. At the time of writing this PNA, this enhanced service had yet to be approved by the Primary Care Development Committee. The service will commence as soon as possible after approval has been gained.

#### 4.6. Risks and Lifestyle Factors

The DOH document “Choosing Health through Pharmacy: A Programme for Pharmaceutical Public Health 2005-2015”<sup>11</sup> identified the key role pharmacy can play in improving public health. In particular it highlighted the unique contributions pharmacy can make to promoting healthy lifestyles in the population. An assessment of public health priorities for Pharmacy and potential population impact is shown in Appendix 8. As shown in figure 8, West Kent residents generally have healthier lifestyles than their counterparts across the rest of Kent and England. Smoking, binge drinking and obesity all have a lower prevalence than across Kent as a whole, but there is still scope for improvement. Pharmacies have a key role to play in working towards the prevention agenda, alongside other providers.

**Fig. 8. Estimated prevalence of various lifestyle indicators in Kent (source ONS Statistics)**



<sup>11</sup> [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4107496.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4107496.pdf)



For further information on NHS West Kent's prevention agenda, please see:  
<http://www.kmpho.nhs.uk/geographical-areas/primary-care-trusts/west-kent-pct/?assetescid1877284=87773>

#### **Implications for Pharmaceutical Services:**

- **Using pharmacies in tackling the obesity problem**

As health professionals, community pharmacists can support programmes for tackling obesity, including healthy lifestyle advice and, where appropriate, regular weight checks.

- **Using pharmacies as providers of smoking cessation services to increase choice**

There is a strong evidence base for the effectiveness of pharmacy-led stop-smoking programmes. In West Kent, intelligent commissioning should ensure a range of alternative points of access to NHS stop-smoking services. This would include community pharmacy providers alongside other community providers, ensuring that the sum of coverage is particularly targeted at pockets of high smoking prevalence.

- **Using pharmacies to improve access to sexual health services for young people**

It is important that services with particular relevance to young people, such as Chlamydia testing and treatment and Emergency Hormonal Contraception are readily accessible. In West Kent, intelligent commissioning should ensure a range of alternative points of access, and pharmacies may be an appropriate location, alongside other providers, to significantly increase young people's access to confidential professional advice and screening. For example, emergency hormonal contraception (EHC) can be purchased from pharmacies but the price can be a barrier and only those over 16 years old are eligible. To address this, West Kent have an enhanced service available to all teenagers from pharmacies to supply EHC free of charge, as it would be if they went to their GP and were issued a prescription. Those under 16 years old have to be assessed and be deemed competent to consent for treatment under the Fraser Guidelines. Such commissioning can lead to higher rates of detection of sexually transmitted infections and improved self-care and treatment. The important thing is to provide services where these young people in groups experiencing higher incidence and need want them, which may not be where they live.

- **Geographical distribution of emergency hormonal contraception service**

To ensure equality of access, any newly commissioned pharmacies would be expected to contribute to completion of appropriate geographical coverage for EHC provision. Pharmacies then need to ensure that their workforce have the skills and facilities to deliver a quality service. Offering use of confidential rooms for consultation and signposting that the service is available are particularly important as showed in our user consultation.

- **Review of a possible Pharmacy role in Alcohol Services**

The DOH envisions all health professionals, including pharmacists, having the skills to identify and support people with alcohol use problems. This may require workforce development or pilots of pharmacy-based interventions for people with alcohol problems.

## **Patients' Views of Pharmaceutical Service Provision in West Kent**

The response to Patient Involvement exercises in the drafting of this document included the following views of patients:

- On choice and accessibility of pharmaceutical services
  - "Convenient location" was cited by 68% of respondents as the main reason for choice of pharmacy followed by "efficient service" (17%)
- On accessibility of opening hours:
  - 22 percent of respondents would prefer to use a pharmacy between 5pm and 8pm and currently 17% do so. This is most strongly expressed by those aged 18-54 years.
  - Overall 13% of respondents have had problems finding a pharmacy that is open to get medicine, advice or other services. Of these, 38% indicate that the problem was the pharmacy was "not open late enough/after work", 33% indicate "not open when needed e.g. Sunday".
- On dignity and respect issues:
  - Comments highlighted the need for friendlier staff and more privacy.
  - Only half of those seeking EHC as part of this process had the consultation in a private room, although the survey did not identify if they were offered a private room
  - 51% of pharmacy consultations were interrupted

For further detail of responses see Appendix 9.

## **The Vision for NHS West Kent**

NHS West Kent has a Strategic Commissioning Plan<sup>12</sup> (2010 -2015) built upon the JSNA which seeks to deliver the PCT's vision for better health care.

The strategic goals of the PCT are to:

- Eliminate waste to maximise reinvestment and build a sustainable future
- Improve health, quality of life, and patient experience
- Eradicate the gap in life expectancy
- Deliver national, regional and county commitments and targets

In order to deliver these outcomes, the Strategic Plan has outlined various priority programmes and tools to enable delivery of results across these areas. The same priorities and tools will guide the commissioning of services to be delivered by contractors such as pharmacies.

### **NHS West Kent Strategic Priority Programmes:**

- Cancers & Tumours
- Circulatory
- Dental
- Endocrine (Diabetes)
- Genito-Urinary System (Sexual Health)
- Infectious Diseases (MMR)

---

<sup>12</sup>[www.westkent.pct.nhs.uk](http://www.westkent.pct.nhs.uk)

- Maternal Health
- Mental Health
- Musculo-Skeletal (Falls)\*
- Neurological System
- Respiratory (COPD & Asthma)
- Trauma & Injuries (Urgent Care Model)

**Cross-Cutting Themes:**

- Older People's Model of Care (\*inc. MSK Falls)
- Increasing Independence (self-care & carers' support)
- Primary Prevention

**Commissioning Innovation:**

- Market models/whole pathway procurement
- Primary Care Variation – referral and prescribing
- Utilisation criteria & controlling growth
- Strategic estates management
- Primary care contracting

**Tactical commissioning tools to help realise these ambitions:**

Optimising the opportunities of more focused market management and development through:

- Applying new market models and whole pathway procurement to Programmes with the greatest potential – for example in Mental Health, Neurology and Circulatory Disease
- Introducing shared and common utilisation and exclusions criteria across the health care system
- Building risk sharing in as standard to contract negotiations
- Applying new contracting levers to control and manage growth across all settings of care
- Publishing robust Commissioning Intentions early to prepare providers

## 5. Local Health Needs in West Kent

Part 1A (Regulation 3G[1e]) of the Regulations requires us to consider how to assess the differing needs of different localities in the area. The concept of neighbourhoods will not continue under the new legislative provisions. Therefore, the current arrangements for determining market entry will in future no longer apply.

The function of this needs assessment is to consider the pharmaceutical needs of the population of West Kent, rather than a population defined as served by any particular commissioning organisation, present or proposed. As future NHS commissioning arrangements are still developing, the various options for dividing the population into distinct localities were considered based on the geographic, demographic and social characteristics of West Kent and the approach taken in the Joint Strategic Needs Assessment (JSNA) agreed between the Kent PCTs and Kent County Council<sup>13</sup>. The aim of the Joint Strategic Needs Assessment is to identify current and future health and well being needs and to inform future service planning and delivery, such as are envisaged in the *Vision for Kent*<sup>14</sup>.

The Map of geographical location of Pharmacies and Dispensing Practices in West Kent at Appendix 5 shows these for each Borough and District, and a circle around each pharmacy of 1.6km distance, which for the purposes of this document is considered to be a reasonable walking distance. The next section shows a summary of health need in each of the localities covered by the current West Kent Commissioning arrangements.

### 5.1. Dartford: residential population 93,600 (estimate from ONS in mid-2009)

Deprivation	<p>West Kent has 15 wards in the top 20 per cent most deprived in Kent and Medway, and five of these are in Dartford: Joyce Green, Littlebrook, Swanscombe, Princes and Town.</p> <p>Child poverty is a significant, but largely invisible issue in one LSOA in Stone ward, which is not itself recognised as deprived, nor is the LSOA recognised as deprived in the IMD.</p> <p>Black and minority ethnic (BME) groups form a greater proportion of the population in Dartford and Gravesham, where most wards have at least 3% BME populations and some greater than 10%.</p> <p>The health of people in Dartford is mixed. Levels of deprivation and the percentage of children living in poverty are better than the England average. In contrast, levels of violent crime and homelessness are worse than the England average. There are health inequalities in Dartford. Life expectancy for men living in the most deprived areas is nearly seven years lower than for men living in the least deprived areas. For women the gap is over 4 years.</p> <p>The relative gap for circulatory disease mortality between the least and most affluent 20% of residents is increasing in Dartford.</p>
Population Projection	<p>The population of Dartford, all ages, is predicted to increase by 15,300 by 2022. The growth rate is significantly higher (16.03%) than the percentage for Kent County (10.56%) and for England (7.62%).</p> <p>The population of Dartford aged over 65 is predicted to increase by 3,700</p>

<sup>13</sup> As Kent is a two tier council, much JSNA data is available at Borough and District level as well as at Kent Level, and this facilitates local planning and delivery mechanisms.

<sup>14</sup> <http://www.kentpartnership.org.uk/reports-and-files/VISION-FOR-KENT-WORKING-DRAFT-11.11.10.doc>

	<p>(26.61%).</p> <p>The proportion of children in the population in Dartford is also expected to increase due to planned housing developments associated with Thames Corridor development. The population of Dartford aged 19 or under is predicted to increase by 3,400 (14.41%). This is significantly higher than the growth rate 5.68% across Kent and Medway. This expectation of growth is exceptional in West Kent.</p>
Life Expectancy	<p>Life expectancy is greater for men in Dartford (78.9) than for England (77.9): but for women (81.4) it is worse than England (82.0). The average life expectancy for all people in Dartford is less than the Kent County average, and in thirteen of the seventeen wards it is below the Kent average.</p>
COPD, Diabetes & CHD	<p>Dartford has the highest male and female mortality rates in West Kent from COPD, but the 2<sup>nd</sup> lowest Direct Age Standardised Rate (DASR) of mortality for all cancers.</p> <p>Dartford has the 2<sup>nd</sup> lowest prevalence of diabetes in West Kent, although practices in Dartford and Gravesend are among those with the highest proportion of patients with diabetes.</p> <p>The Kent JSNA highlighted in particular the need for improvements in preventative pathways for COPD, musculoskeletal problems and coronary heart disease for Dartford local authority area.</p> <p>In Dartford the adult obesity rate is 24.8% which is higher than the England average of 23.6%. Childhood obesity is also an issue as Childhood obesity rates in Dartford, at Reception year are 11.6% compared to 9.4% for Kent as a whole. Fewer people eat healthily in Dartford with 21.8% of the population eating a healthy diet compared to the England average of 26.3%. Levels of physical exercise are also lower with 8.9% of adults in Dartford being active compared to 11.6% nationally.</p>
Smoking prevalence	<p>There is a higher prevalence of smoking in Dartford than in the rest of England, and the prevalence of smoking in the Borough is higher in the more deprived wards. Eight out of the 17 wards in Dartford have a smoking prevalence of over 30%. In Swanscombe smoking prevalence is 40% against an England average of 22.2% and a Borough average of 28.5%.</p>
Alcohol-related hospital admissions	<p>Dartford has the second lowest number of alcohol attributable hospital admissions in the NHS West Kent area (1,032.8 per 100,000 population). However, the drinking habits of men in Dartford are more of concern than those of women. Figures for alcohol-specific hospital admissions and alcohol-attributable admissions are 243 and 984 per 100,000 population respectively, the third highest in the NHS West Kent area. This compares with NHS West Kent averages of 315 and 1,151. Dartford is showing a slight decrease in all these figures since 2004/2005.</p>
Under-18 Conceptions	<p>The Dartford conception rate for 2006 was 43.9 per year per 1000 girls under the age of 18. This is higher than the UK rate of 40.9 per 1000 and the South East England average of 33.1.</p> <p>There is a considerable variation in teenage conceptions by electoral ward. Stone has a rate of more than 100 per 1000 girls aged 15-17, which is one of the highest rates in the country. Joyce Green and Greenhithe wards have</p>

	rates between 50 and 75 per 1000.	
Essential Services: Current Provision	No of Pharmacies	19 Adequate provision is available between 8am and 8pm on Monday to Friday: 1 pharmacy open 100 hours a week plus Boots at Bluewater open 6 days a week until midnight (this includes supplementary hours) There are some pharmacies with core hours on Saturday and on Sunday there are 2 with core hours and others with supplementary hours. (See Appendix 2 for core opening hours).
	GP Surgeries:	16 of which 4 are dispensing practices in rural areas
Essential Services: gaps in provision	The PCT does not consider that there are any gaps in the provision of pharmaceutical services in Dartford.	
Other relevant NHS funded services: advanced, enhanced and other: current provision	17 pharmacies (89.4%) provide Medicine Use Reviews (MURs). 6 pharmacies (31.5%) provide Emergency Hormonal contraception (for teenagers) and Chlamydia testing and treatment. 8 pharmacies (42.1%) provide 1 pharmacy (5.3%) provides Needle & Syringe exchange. 6 pharmacies (31.6%) provide a supervised consumption service. 9 pharmacies (47.3%) provide a Minor Ailments service.  Complementary information about total provision of Smoking Cessation, Chlamydia testing and other relevant services <i>by other providers</i> is shown in the maps in Appendix 5.	
Other relevant services: advanced, enhanced and other: gaps in provision	One pharmacy does not have a PCT approved consulting area, and cannot therefore provide MURs. Dartford has high teenage pregnancy rates but a particularly low proportion of pharmacies engaged in offering EHC service. However, there is at least one pharmacy offering EHC in all wards with under 18 conception rates of 85 per 1,000 or more. Dartford has the highest smoking prevalence in West Kent, but a very low proportion of pharmacies offering smoking cessation services. Swanscombe, with particularly high smoking prevalence, has no community pharmacy offering smoking cessation, despite the availability of consulting rooms for MUR.	

## 5.2. Gravesham (residential population estimate from ONS in mid-2009 is 98,800)

Deprivation	West Kent has 15 wards in the top 20 per cent most deprived in Kent and Medway, and six of these are in Gravesham: Singlewell, Riverside, Northfleet North, Westcourt, Coldharbour and Pelham. Northfleet South and Central wards have a Lower-level Super Output area in
-------------	--

	<p>the most deprived quintile of LSOAs nationally, but the wards themselves are not noted as deprived.</p> <p>Life expectancy for men living in the most deprived areas is over 7 years lower than for men living in the least deprived areas. The difference for women is 4 years.</p> <p>Black and minority ethnic (BME) groups form a greater proportion of the population in Dartford and Gravesham, where most wards have at least 3% BME populations and some greater than 10%.</p> <p>The relative gap for circulatory disease mortality between the least and most affluent 20% of residents is decreasing in Gravesham.</p>
Population Projection	<p>The population of Gravesham, all ages, is predicted to increase by 10,600 by 2022. The growth rate is similar to the percentage for Kent County (10.56%) and higher than for England (7.62%)</p> <p>The population of Gravesham aged over 65 is predicted to increase by 3,800 (22.90%).</p>
Life Expectancy	<p>Average life expectancy for men in Gravesham is 78.7, higher than the England figure of 77.9. For women life expectancy is 82.1, marginally higher than England 82.0.</p>
COPD, Diabetes & CHD	<p>Gravesham has lower than national mortality rates from COPD for both male and female. The DASR for all cancers is higher than the West Kent figure, but lower than the national, for men and for women.</p> <p>Practices in Dartford and Gravesend are among those with the highest proportion of patients with diabetes, and Gravesham Borough has the highest prevalence for Diabetes in West Kent.</p> <p>In Gravesham the adult obesity rate is 30.2% which is significantly higher than the England rate of 24.2%. Childhood obesity is also an issue as Childhood obesity rates in Gravesend are 10.6% compared to the national 9.6%. Fewer people eat healthily in Gravesham with 24.1% of the adult population eating a healthy diet compared to the England average of 28.7%. Levels of physical exercise are also lower with 10.9% of adults in Gravesham being active compared to 11.2% nationally.</p>
Smoking prevalence	<p>There is a higher prevalence of smoking in Gravesham than the England average, and prevalence of smoking in the Borough is higher in the more deprived wards.</p> <p>In 2008, wards with highest prevalence of smoking were Coldharbour, Riverside, Westcourt, Northfleet North and Singlewell</p>
Alcohol-related hospital admissions	<p>Gravesham has the third lowest number of NI39 alcohol-attributable hospital admissions in the NHS West Kent area (1,131.3 per 100,000 population). Alcohol-specific and alcohol-attributable mortality for men in Gravesham stand at 13.7 and 40.6 per 100,000 population respectively, by far the highest in West Kent, which averages 7.1 and 28.5 respectively. These figures continue to rise and should be a priority for action. Alcohol-specific and alcohol-attributable admissions to hospital of men in Gravesham stand at 319.2 and 1085.1 per 100,000 population respectively, showing a slight decrease, but still by far the highest in West Kent, which averages 242.6 and 1025.5 respectively. Most recent figures for females are 3.7 per 100,000 population</p>

	for alcohol-specific mortality and 5.5 for alcohol-attributable mortality which is the lowest in NHS West Kent and below the GOSE average. Alcohol-specific mortality and alcohol-attributable mortality in women are falling.	
Under-18 Conceptions	The Gravesham conception rate for 2006 was 38.7 per year per 1000 girls under the age of 18. This is higher than the UK rate of 40.9 per 1000 and the South East England average of 33.1. The highest prevalence (100-190 in 2002-2004) was in Northfleet North	
Essential Services: Current Provision	No of Pharmacies	22 Adequate provision is available between 8am and 8pm Monday to Friday. One pharmacy open 100 hours a week There are some pharmacies with core hours on Saturday and others with supplementary hours, on Sunday there is one pharmacy with core hours and one other with supplementary. (See Appendix 2 for core opening hours).
	GP Surgeries:	16 of which 2 are dispensing practices in rural areas
Essential Services: gaps in provision	The PCT does not consider that there are any gaps in the provision of pharmaceutical services in Gravesham.	
Other relevant NHS funded services: advanced, enhanced and other: current provision	15 pharmacies (68.2%) provide Medicine Use Reviews (MURs). 6 pharmacies (27.3%) provide Emergency Hormonal contraception (for teenagers), but only 3 (13.6%) pharmacies of these provide Chlamydia testing and treatment. 11 pharmacies (50%) provide a Smoking Cessation service 2 pharmacies (9.1%) provide Needle & Syringe exchange. 5 pharmacies (22.7%) provide a supervised consumption service. 13 pharmacies (59%) provide a Minor Ailments service.  Complementary information about total provision of Smoking Cessation, Chlamydia testing and other relevant services <i>by other providers</i> is shown in the maps in Appendix 5.	
Other relevant services: advanced, enhanced and other: gaps in provision	Two pharmacies do not have a PCT approved consulting area, and cannot therefore provide MURs. Gravesham has high teenage pregnancy rates but a particularly low proportion of pharmacies engaged in offering Chlamydia testing and treatment services. There is no pharmacy offering EHC in South Gravesend, although the under-18 conception rate is 85 per 1,000 or more. However, there are other pharmacies offering the service in nearby locations. Gravesham, with Dartford, has the highest smoking prevalence in West Kent, but a relatively low proportion of pharmacies offer smoking cessation services. In view of obesity levels in Gravesham, consistent signposting by all providers to locally available weight management services is needed	



### 5.3. Maidstone (residential population estimate from ONS in mid-2009 is 148,200)

Deprivation	<p>West Kent has 15 wards in the top 20 per cent most deprived in Kent and Medway, and three of these are in Maidstone: High Street, Park Wood, Shepway South.</p> <p>Child poverty is a significant, but largely invisible issue in one LSOA in Shepway North ward, which is not itself recognised as deprived, nor is the LSOA recognised as deprived in the IMD.</p> <p>The gap between electoral wards with the highest and lowest life expectancies is 8.9 years and is amongst the highest in Kent.</p> <p>Boxley, North, East, High Street, Bridge, Fant and North Downs wards have at least 3% BME population, however, in Maidstone District the larger ethnic minority groups are Eastern European, Hispanic and Italian as well as Hindu and Muslim<sup>15</sup>, so this is unlikely to translate into much higher prevalence of diabetes in these areas. The relative gap for circulatory disease mortality between the least and most affluent 20% of residents is increasing in Maidstone.</p>
Population Projection	<p>The population of Maidstone, all ages, is predicted to increase by 16,000 (10.72%) by 2022. The growth rate is similar to the percentage for Kent County (10.56%) and higher than for England (7.62%)</p> <p>The population of Maidstone aged over 65 is predicted to increase by 9,200 (35.52%).</p>
Life Expectancy	<p>Average life expectancy for men in Maidstone is 78.8, higher than the England figure of 77.9. For women life expectancy is 82.4, also higher than England 82.0. Life expectancy at birth of men and women combined is slightly lower in Maidstone (79.7 years) than the Kent average (79.8 years). People living in Downswood and Otham on average live 8.9 years longer than people who live in Heath. The five wards with the lowest life expectancy are Fant, Park Wood, High Street, Sutton Valence and Langley and Heath.</p>
COPD, Diabetes & CHD	<p>Maidstone has the 2<sup>nd</sup> highest male mortality rates in West Kent from COPD, and the 2<sup>nd</sup> highest male DASR for all cancers. Numbers of new cases of malignant melanoma skin cancer are worse in Maidstone than the average for England.</p> <p>Maidstone Borough has the 3<sup>rd</sup> highest prevalence for diabetes in West Kent. In the West Kent Diabetes Needs Assessment of 2008, Barming and Shepway South were the wards with the highest rates for outpatient attendance at Maidstone &amp; Tunbridge Wells NHS Trust Hospitals.</p> <p>The proportion of adults who are obese in Maidstone (26.5%) is slightly higher than the England average (24.2%) and the proportion that is physically active (11.7%) is slightly higher than the England average (11.2%). 10.3% of children in Maidstone local authority are obese which is comparable with the England average of 9.6%. However, only 38.3% of children in Maidstone are physically active compared to the England average of 49.6%.</p>
Smoking prevalence	<p>Across Maidstone borough, the average proportion of people who smoke is about 23% against an England average of 22.2%, but this ranges widely</p>

<sup>15</sup> <https://shareweb.kent.gov.uk/Documents/facts-and-figures/Population-and-Census/ma-origins-district-profile-6.2.pdf>

	<p>between wards and is an important contributor to inequalities in health. The prevalence of smoking varies between approximately 15% in Detling and Thurnham to over 35% in Park Wood.</p>	
Alcohol-related hospital admissions	<p>Maidstone has the third highest number of alcohol-attributable hospital admissions in the NHS West Kent area (1,144.5 per 100,000 populations), and the drinking habits of women in Maidstone remain even more of concern than those of men. Female alcohol-specific mortality is 7.2 per 100,000 population, the highest in NHS West Kent (average 3.6), and exceeds that of men in Maidstone (6.4). Female alcohol-attributable mortality (14.6 per 100,000 population) is again the highest in NHS West Kent (average 11.3). Alcohol-specific hospital admissions for men and women are the lowest in West Kent, having fallen significantly to 178 and 106.5 per 100,000 population respectively; however, this is still the 3<sup>rd</sup> highest percentage increase in Kent since 2004-2005.</p>	
Under-18 Conceptions	<p>In 2006 the teenage conception rate in Maidstone was 39.8 per 1000 women aged 15-17 years, lower than the UK average (40.6/1000), but higher than the Kent average. Major inequalities exist in the rates across different wards in the borough. Park Wood has the highest rate (100-190 per 1000 women aged 15-17), followed by Shepway South (75-100/1000). The following wards have conception rates ranging between 25 and 75 per 1000 women aged 15-17: North, Bridge, High Street, Heath, Fant, South, Shepway North, Boughton Monchelsea &amp; Chart Sutton, Marden &amp; Yalding, Staplehurst and Headcorn.</p>	
Essential Services: Current Provision	No of Pharmacies	<p>21 Provision is available between 8am and 8pm on Monday to Friday. One pharmacy providing 100 hours There are some pharmacies with core hours on Saturday and others with supplementary hours, on Sunday there are no pharmacies with core hours but some with supplementary hours. (See Appendix 2 for core opening hours).</p>
	GP Surgeries:	<p>24 of which 8 are dispensing practices in rural areas</p>
Essential Services: gaps in provision	<p>The PCT does not consider that there are any gaps in the provision of pharmaceutical services in Maidstone.</p>	
Other relevant NHS funded services: advanced, enhanced and other: current provision	<p>20 pharmacies (95.2%) provide Medicine Use Reviews (MURs). 9 pharmacies (42.8%) provide Emergency Hormonal contraception (for teenagers) of which 6 pharmacies provide Chlamydia testing and treatment. 12 pharmacies (57.1%) provide a Smoking Cessation service 3 pharmacies (14.3%) provide Needle &amp; Syringe exchange. 11 pharmacies (52.4%) provide Supervised Administration of controlled drugs. The minor aliment service is not available in Maidstone.</p> <p>In Lenham there is currently a paid rota service for the pharmacy to provide pharmaceutical services for 3 hours on a Saturday morning.</p>	

	Complementary information about total provision of Smoking Cessation, Chlamydia testing and other relevant services <i>by other providers</i> is shown in the maps in Appendix 5.
Other relevant services: advanced, enhanced and other: gaps in provision	All pharmacies have a PCT approved consulting area, and can therefore provide MURs. Maidstone has high teenage pregnancy rates but a particularly low proportion of pharmacies engaged in offering EHC service. However, there is at least one pharmacy offering EHC in all wards with under 18 conception rates of 85 per 1,000 or more. Provision of Alcohol Misuse Identification and Brief Advice is needed in as many settings as possible, and could usefully combine with EHC dispensing. Cancer prevention education is needed in Maidstone There is no minor ailments service, and this would be valuable targeted to deprived areas of Maidstone.

#### 5.4. Sevenoaks (residential population estimate from ONS in mid-2009 is 113,200)

Deprivation	West Kent has 15 wards in the top 20 per cent most deprived in Kent and Medway, and one of these, Swanley St.Mary's, is in Sevenoaks. Child poverty is a significant, but largely invisible issue in two LSOAs in Swanley White Oak and Hartley & Hodsoll Street wards, which are not themselves recognised as deprived, nor are the LSOA recognised as deprived in the IMD. Kippington and Swanley Christchurch & Swanley Village wards have at least 3% BME population, however, in Sevenoaks District the larger ethnic minority groups are Eastern European and Italian rather than Asian <sup>16</sup> , so this is unlikely to translate into higher prevalence of diabetes in these areas. (These are two of the more affluent wards in Sevenoaks.) The relative gap for circulatory disease mortality between the least and most affluent 20% of residents is increasing in Sevenoaks.
Population Projection	The population of Sevenoaks, all ages, is predicted to increase by 11,700 (10.25%) by 2022. The growth rate is similar to the percentage for Kent County (10.56%) and higher than for England (7.62%) The population of Sevenoaks aged over 65 is predicted to increase by 5,700 (26.64%)
Life Expectancy	Average life expectancy at birth for males (80.9) and females (83.7) is higher in Sevenoaks than the national average (77.9 and 82.0 respectively). Life expectancy is greater for both men and women in West Kent than for Kent County and England as a whole. The life expectancy gap between the most deprived areas and the least deprived areas is over three years for men and over two years for women. This is one of the lowest gaps in Kent.

<sup>16</sup> <https://shareweb.kent.gov.uk/Documents/facts-and-figures/Population-and-Census/se-origins-district-profile-6.2.pdf>

<p>COPD, Diabetes &amp; CHD</p>	<p>The prevalence in West Kent of the majority of chronic conditions in West is lower than or similar to that across Kent County and England. The exceptions are Hypothyroidism and Chronic Kidney Disease which are higher. CHD prevalence in West Kent is below the England rate, but is expected to increase in future.</p> <p>Sevenoaks has the 2<sup>nd</sup> lowest mortality rates from COPD in West Kent for men and women, and the lowest male and female DASR for all cancers. However, the relative gap for circulatory disease mortality between the most and least affluent is increasing.</p> <p>Sevenoaks District has the 2<sup>nd</sup> highest prevalence of Diabetes in West Kent. The proportion of adults who are obese in Sevenoaks (24.0%) is slightly lower than the England average (24.2%) and the proportion that is physically active (11.5%) is slightly higher than the England average (11.2%). 8.4% of children in Sevenoaks local authority are obese which is better than the England average of 9.6%. 67.8% of children in Sevenoaks are physically active compared to the England average of 49.6%.</p>	
<p>Smoking prevalence</p>	<p>Across Sevenoaks District, the average proportion of people who smoke is about 16.1% against an England average of 22.2%, but this ranges widely between wards and is an important contributor to inequalities in health. The wards with highest smoking prevalence are Swanley, St.Mary's: Swanley, White Oak: Edenbridge South &amp; West: Edenbridge North &amp; East and Sevenoaks Northern.</p>	
<p>Alcohol-related hospital admissions</p>	<p>Sevenoaks has the lowest number of alcohol attributable hospital admissions in the NHS West Kent area (1031.1 per 100,000 population); alcohol-specific mortality and alcohol-attributable mortality of men is the lowest in West Kent. However, alcohol-specific mortality continues to rise in both men and women, as do numbers of alcohol-specific admissions to hospital. The number of alcohol-specific admissions of men to hospital (214.5 per 100,000) in 2008-09 was almost double that of women (116.5).</p>	
<p>Under-18 Conceptions</p>	<p>Sevenoaks District had one of the lowest rates of teenage pregnancy in Kent and Medway at 26.6/1000 population in 2006/08, but has also seen one of the smallest decreases in TP rates, and shows a small rise since 2004/05. Edenbridge South &amp; West, Swanley St Mary's, Crockenhill &amp; Well Hill, and Edenbridge North &amp; East had the highest rates and mostly the highest numbers of teenage pregnancy in Sevenoaks District for the period 2005-2007 (range 59-92/1000 conceptions per girls under 18 years), higher than the Kent county average, but due to the small numbers, these rates should be treated with caution.</p>	
<p>Essential Services: Current Provision</p>	<p>No of Pharmacies</p>	<p>17 Adequate provision is available between 8am and 8pm on Monday to Friday. One pharmacy providing a 100 hour service There are some pharmacies with core hours on Saturday and others with supplementary hours, on Sunday there is one pharmacy with core hours and one other with supplementary. (See Appendix 2 for core opening hours).</p>

	GP Surgeries:	14 of which 4 are dispensing practices in rural areas
Essential Services: gaps in provision	The PCT does not consider that there are any gaps in the provision of pharmaceutical services in Sevenoaks.	
Other relevant NHS funded services: advanced, enhanced and other: current provision	<p>14 pharmacies (82.3%) provide Medicine Use Reviews (MURs). 6 pharmacies (35.3%) provide Emergency Hormonal contraception (for teenagers) of which 3 pharmacies provide Chlamydia screening and treatment services (17.6%). 6 pharmacies (35.3%) provide a Smoking Cessation service 1 pharmacy (5.9%) provides Needle &amp; Syringe exchange. 4 pharmacies (23.5%) provide a supervised consumption service</p> <p>In Edenbridge there is currently a paid rota service for a pharmacy to provide pharmaceutical services for 1 hour between 5.30-6.30pm and also for 1 hour every Sunday. In Swanley there is currently a paid rota service for a pharmacy to provide pharmaceutical services for 1 hour on a Sunday.</p> <p>Complementary information about total provision of Smoking Cessation, Chlamydia testing and other relevant services <i>by other providers</i> is shown in the maps in Appendix 5.</p>	
Other relevant services: advanced, enhanced and other: gaps in provision	<p>2 Sevenoaks pharmacies do not have a PCT approved consulting area, and cannot therefore provide MURs. Central Swanley, with high smoking prevalence, has no community pharmacies offering smoking cessation, despite the availability of consulting rooms for MUR. There is no minor ailments service, and this would be valuable targeted to deprived areas of Sevenoaks.</p>	

### 5.5. Tonbridge and Malling (residential population estimate from ONS in mid-2009 is 117,400)

Deprivation	<p>West Kent has 15 wards in the top 20 per cent most deprived in Kent and Medway, but none of these are in Tonbridge and Malling. Of a population of 117,100, only 1,400 people live in the most deprived quintile. East Malling has a Lower-level Super Output area in the most deprived quintile nationally, but the ward itself is not noted as deprived. Bluebell Hill &amp; Walderslade ward has at least 3% BME population; however, in Tonbridge &amp; Malling Borough the larger ethnic minority groups are Eastern European, Italian and Hispanic as well as Hindu, so this is unlikely to translate into higher prevalence of diabetes in these areas. The relative gap for circulatory disease mortality between the least and most affluent 20% of residents is decreasing in Tonbridge and Malling.</p>
-------------	---

Population Projection	The population of Tonbridge and Malling, all ages, is predicted to increase by 14,000 by 2022. The growth rate is higher than for Kent County (10.56%) and also higher than for England (7.62%) The population of Tonbridge and Malling aged over 65 is predicted to increase by 7,000 (35.5%).
Life Expectancy	Life expectancy for males at birth is higher in Tonbridge and Malling (79.9 years) than the UK average (77.9 years). It is also higher for females (83.8 years) than the UK average (82.0 years). The gap in Life Expectancy between the wards with the highest (Ightam) and lowest (Burham, Eccles and Wouldham) Life Expectancy is 8.7 years which is one of the widest gaps in Kent.
COPD, Diabetes & CHD	Tonbridge and Malling has lower than national mortality rates from COPD for both men and women. The DASR for all cancers is higher than the west Kent figure, but lower than the national, for men and for women. Tonbridge & Malling District has the lowest prevalence of Diabetes in West Kent, and in Kent & Medway. The proportion of adults who are obese in Tonbridge and Malling (26.9%) is slightly higher than the England average (24.2%) and the proportion that is physically active (11.4%) is slightly higher than the England average (11.2%). 8.4% of children in Tonbridge and Malling local authority are obese, which is less than the England average of 9.6%: and 53.6% of children in Tonbridge and Malling are physically active compared to the England average of 49.6%.
Smoking prevalence	Across Tonbridge and Malling, the average proportion of people who smoke is about 23% against an England average of 22.2%, but this ranges widely between wards and is an important contributor to inequalities in health. Smoking is strongly associated with deprivation with higher estimated prevalence in the more deprived wards of Snodland East, Trench and East Malling.
Alcohol-related hospital admissions	Tonbridge & Malling now has the second highest number of alcohol-attributable hospital admissions in the NHS West Kent area (1,175.2 per 100,000 population), an increase from 1,000 per 100,000 population the previous year. However, this is still one of the lower rates in Kent & Medway at present. There is more problem drinking in men than in women, matching the national profile, but women's alcohol consumption is of increasing concern. In addition, the incidence of under 18s' admissions to hospital from Tonbridge & Malling for alcohol-related harm (60.9 per 100,000 population) remains the highest in West Kent (average 43.9), although it has reduced slightly since the previous year); this still exceeds the GOSE average (58.3), and goes against the national trend of decrease.
Under-18 Conceptions	Tonbridge and Malling has one of the lowest rates of teenage pregnancy (TP) in Kent and Medway at 27/1000 population in 2006/08, but has also seen one of the smallest decreases in TP rates. Although the absolute number of teenage conceptions has risen slightly from 159 in 1998/00 to 186 in 2006/08, the rate has decreased by 6.2% during that 10 year period. However the target reduction for Kent is 50% from the 1998 baseline. Just over half of all conceptions in 15-17 year olds lead to abortion.

	<p>Medway, Snodland East and Larkfield South had the highest number and the highest rates of teenage pregnancy in Tonbridge and Malling for the period 2005-2007 (range 50-74/1000 conceptions per girls under 18 years), higher than the Kent county average (although due to the small numbers rates should be treated with caution).</p>	
<p>Essential Services: Current Provision</p>	<p>No of Pharmacies</p>	<p>18 Adequate provision is available between 8am and 8pm on Monday to Friday. One pharmacy providing a 100 hours service. There are some pharmacies with core hours on Saturday and others with supplementary hours, on Sunday there is one pharmacy with core hours and others with supplementary. (See Appendix 2 for core opening hours).</p>
	<p>GP Surgeries:</p>	<p>11 of which 6 are dispensing practices in rural areas</p>
<p>Essential Services: gaps in provision</p>	<p>The PCT does not consider that there are any gaps in the provision of pharmaceutical services in Tonbridge and Malling.</p>	
<p>Other relevant NHS funded services: advanced, enhanced and other: current provision</p>	<p>17 pharmacies (94.4%) provide Medicine Use Reviews (MURs). 7 pharmacies (38.9%) provide Emergency Hormonal contraception (for teenagers) of which 6 pharmacies provide Chlamydia testing and treatment (33.3%). 8 pharmacies (44.4%) provide a Smoking Cessation service 3 pharmacies (16.7%) provide Needle &amp; Syringe exchange. 7 pharmacies (38.8%) provide a supervised consumption service. There is no Minor Ailments service in this area</p> <p>Complementary information about total provision of Smoking Cessation, Chlamydia testing and other relevant services <i>by other providers</i> is shown in the maps in Appendix 5.</p>	
<p>Other relevant services: advanced, enhanced and other: gaps in provision</p>	<p>All pharmacies have a PCT approved consulting area, and can therefore provide MURs. Central Tonbridge, with particularly high smoking prevalence, has no community pharmacy offering smoking cessation, despite the availability of consulting rooms for MUR. There is no minor ailments service, and this would be valuable targeted to deprived areas of Tonbridge &amp; Malling. Provision of Alcohol Misuse Identification and Brief Advice is needed in as many settings as possible, and could usefully combine with EHC dispensing.</p>	

### 5.6. Tunbridge Wells (residential population estimate from ONS in mid-2009 is 107,600)

Deprivation	<p>The health of the people in Tunbridge Wells is better than the England average, with low levels of deprivation and higher life expectancy than England. West Kent has 15 wards in the top 20 per cent most deprived in Kent and Medway, but none of these are in Tunbridge Wells.</p> <p>Child poverty is a significant, but largely invisible issue in one LSOA in Sherwood and Broadwater wards, which is not themselves recognised as deprived, nor are the LSOAs recognised as deprived in the IMD.</p> <p>In Tunbridge Wells, St.John's: Park: Broadwater and Benenden &amp; Cranbrook wards all have at least 3% BME population, however, in Tunbridge Wells Borough the larger ethnic minority groups are Eastern European and Hispanic and Italian rather than Asian<sup>17</sup>, so this is unlikely to translate into higher prevalence of diabetes in these areas.</p> <p>The relative gap for circulatory disease mortality between the least and most affluent 20% of residents is reducing in Tunbridge Wells.</p>
Population Projection	<p>The population of Tunbridge Wells, all ages, is predicted to increase by 9,300 (8.62%) by 2022. The growth rate is lower than for Kent County (10.56%) but greater than for England (7.62%).</p> <p>The population of Tunbridge Wells aged over 65 is predicted to increase by 5,700 (30.16%).</p>
Life Expectancy	<p>Life expectancy for males at birth is higher in Tunbridge Wells (79.5years) than the UK average (77.9 years). It is also higher for females (83.2 years) than the UK average (82.0 years). Tunbridge Wells has one of the wider gaps in life expectancy in Kent between the richest and poorest wards at 6.8 years.</p>
COPD, Diabetes & CHD	<p>Tunbridge Wells has lower mortality rates from COPD for both men and women than national and NHS West Kent rates. The DASR for all cancers is lower than the West Kent and national figure for men, but higher than both West Kent and national rates for women.</p> <p>Tunbridge Wells has the 3<sup>rd</sup> lowest prevalence of diabetes in West Kent and all of Kent, but it is estimated that rates will continue to increase over the next 15 years.</p> <p>The proportion of adults who are obese in Tunbridge Wells (23.2%) is slightly lower than the England average (24.2%) but the proportion that is physically active (10.3%) is slightly lower than the England average (11.2%). 10.3% of children in Tunbridge Wells local authority are obese which is more than the England average of 9.6%: yet 60.7% of children in Tunbridge Wells are physically active compared to the England average of 49.6%.</p>
Smoking prevalence	<p>Across Tunbridge Wells, the average proportion of people who smoke is about 17.5% against an England average of 22.2%, but this ranges widely between wards and is an important contributor to inequalities in health. Smoking is strongly associated with deprivation with higher estimated prevalence in the more deprived wards of Southborough and High Brooms, Sherwood, St. James' and Rusthall.</p>

<sup>17</sup> <https://shareweb.kent.gov.uk/Documents/facts-and-figures/Population-and-Census/tw-origins-district-profile-6.2.pdf>



Alcohol-related hospital admissions	Tunbridge Wells has the highest rate of alcohol attributable hospital admissions (NI39) in the NHS West Kent area (1,205 per 100,000 population): and the drinking habits of women in Tunbridge Wells are now equally of concern as those of men. Tunbridge Wells women have the highest rate of admission per 100,000 population in NHS West Kent for alcohol-specific conditions (179.1) and the highest for alcohol-attributable conditions (654.2), exceeding the GOSE average and far exceeding the west Kent average in both these categories.	
Under-18 Conceptions	Tunbridge Wells has one of the lowest rates of teenage pregnancy in Kent and Medway at 23.2/1000 population in 2006/08, but has also seen one of the smallest decreases in TP rates. Although the absolute number of teenage conceptions has risen slightly from 157 in 1998/00 to 189 in 2006/08, the rate has decreased by 4.1% during that 10 year period. Just over half of all conceptions in 15-17 year olds in Tunbridge Wells lead to abortion. Broadwater, Rusthall and Sherwood had the highest number and the highest rates of teenage pregnancy in Tunbridge Wells for the period 2005-2007 (range 49-58 /1000 conceptions per girls under 18 years), higher than the Kent county average (although due to the small numbers rates should be treated with caution).	
Essential Services: Current Provision	No of Pharmacies	16 Adequate provision is available between 8am and 8pm on Monday to Friday' One pharmacy providing a 100 hour service There are some pharmacies with core hours on Saturday and others with supplementary hours, on Sunday there is one pharmacy with core hours and one other with supplementary. (See Appendix 2 for core opening hours).
	GP Surgeries:	21 of which 8 are dispensing practices in rural areas
Essential Services: gaps in provision	The PCT does not consider that there are any gaps in the provision of pharmaceutical services in Tunbridge Wells.	
Other relevant NHS funded services: advanced, enhanced and other: current provision	12 pharmacies (75%) provide Medicine Use Reviews (MURs). 5 pharmacies (31.2%) provide Emergency Hormonal contraception (for teenagers) of which 3 pharmacies provide Chlamydia testing and treatment (18.7%). 6 pharmacies (37.5%) provide a Smoking Cessation service 1 pharmacy (6.3%) provides Needle & Syringe exchange. 7 pharmacies (43.8%) provide a supervised consumption service. Minor Ailments service not available in this area  Complementary information about total provision of Smoking Cessation, Chlamydia testing and other relevant services <i>by other providers</i> is shown in the maps in Appendix 5.	
Other relevant services: advanced,	One pharmacy does not have a PCT approved consulting area, and cannot therefore provide MURs. Provision of Alcohol Misuse Identification and Brief Advice is needed in as	

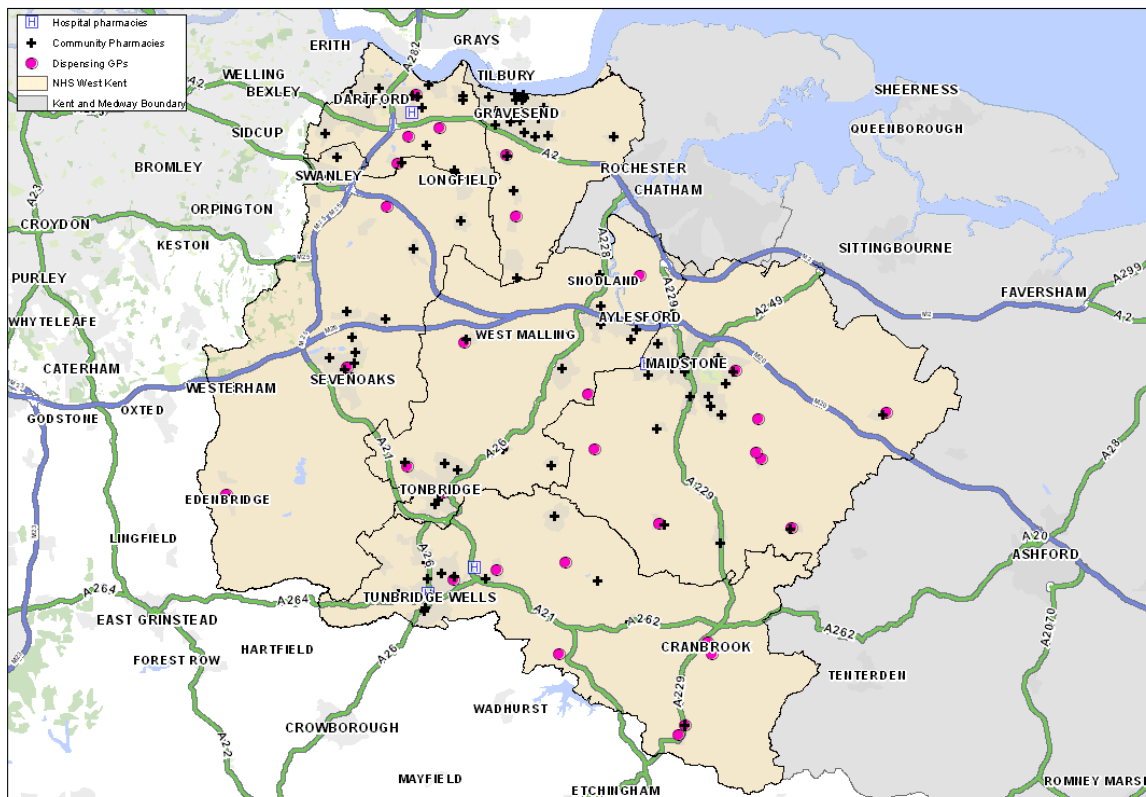
enhanced and other: gaps in provision

many settings as possible, and could usefully combine with EHC dispensing. There is no minor ailments service, and this would be valuable targeted to deprived areas of Tunbridge Wells.

## 6 Current Service Provision in West Kent

### Community Pharmacies

There are 113 community pharmacies as of December 2010. They are the mainstay of pharmaceutical provision in West Kent, and are the focus of the evaluation of provision levels and user satisfaction throughout the rest of the PNA.



**Fig. 9 Community Pharmacies (+) and Dispensing GP Practices (●) in West Kent**

A list of Pharmacies is attached at Appendix 1: and a list of Dispensing GPs at Appendix 4.

A new pharmacy has been agreed at the White Horse Walk in Centre site (Gravesham) however there is no date for the opening but maximum period allowed is 15 months before application has to be re-submitted. We have 3 applications for 100 hour contracts under consideration in Swanley (Sevenoaks), Paddock Wood and Tonbridge

### Essential Small Pharmacy (ESP)

The Essential Small Pharmacy scheme exists to support the existence of pharmacies in areas where they are deemed to provide an essential service to the local community, but would not be economically viable without this support.

The PCT has 2 essential small pharmacies and they work to a nationally determined Local Pharmaceutical Scheme contract (ESPLPS ) which ends in March 2013.

**Table 2. ESPLPS Pharmacies in NHS West Kent**

Trading Name			
Chadwicks	16 Lawrence Square	Northfleet	DA11 7HW
Spires Pharmacy	4 The Spires	Maidstone	ME15 8XW

### Dispensing Practices

Dispensing Practices are medical facilities that combine prescribing and dispensing functions. They are traditionally more common in rural areas where a pharmacy would not be economically viable. There are 32 Dispensing Practices in West Kent PCT.

Those that sign up for the Dispensary Services Quality Scheme are inspected by the PCT. To inform this Needs Assessment, a survey of Dispensing Practices was conducted. 22 self-completed questionnaires on hours and facilities were returned.

Key points arising included:

- 5 dispensaries self-declared that the premises are not DDA compliant.
- 2 are sure they do not provide any aids to support those with disabilities when dispensing and 1 was unsure.
- 15 did not have a consulting room for the dispensary staff to discuss matters with patients but the survey did not pick up other possible options that might be offered for private consultations.

### Controlled & Non-Controlled Localities (aka “Rural” & “Urban”)

The areas that PCTs are responsible for are designated for the purposes of NHS (Pharmaceutical Services) Regulations 2005 (as amended) as being either Controlled or Non-Controlled Localities.

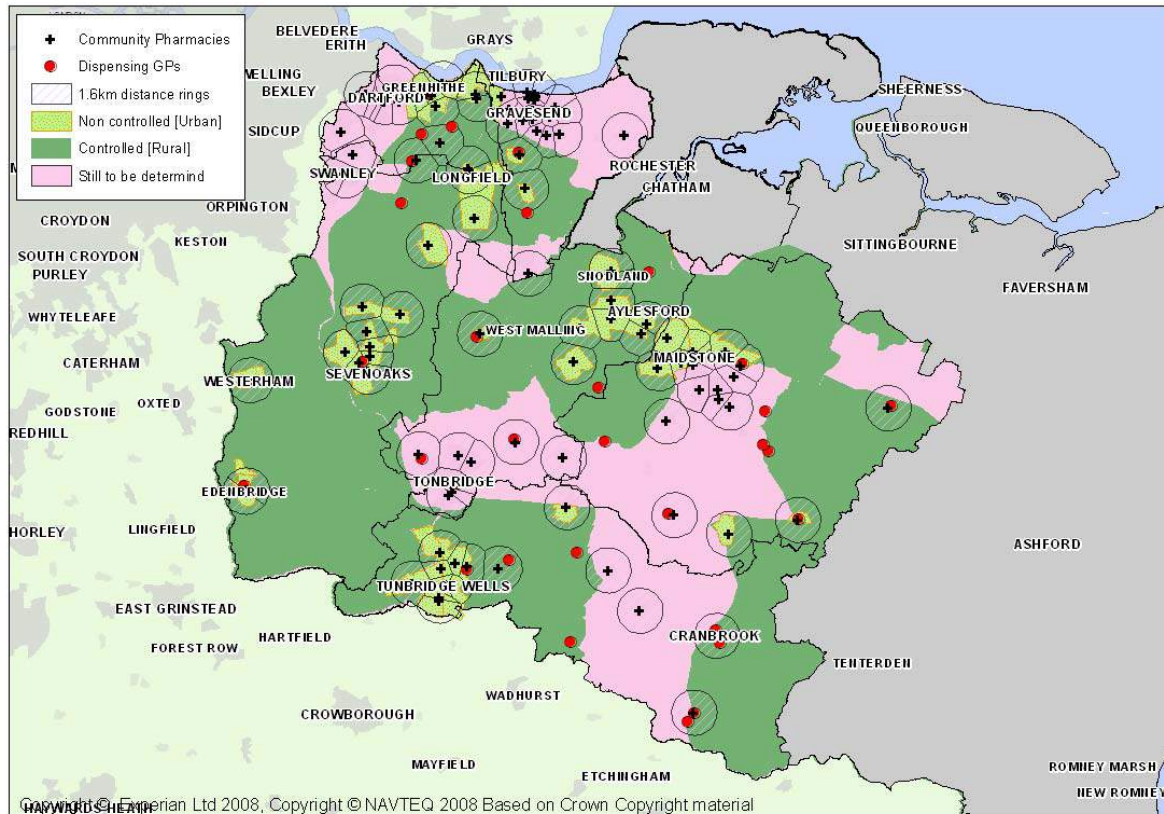
In Controlled Localities, as an exception to the general rule, it is possible for NHS patients to have their medicines both Prescribed and Dispensed by their GP practice.

In Non-Controlled Localities all NHS GP prescribing, with a few limited exceptions such as “Serious Difficulty” cases, has to be dispensed by Pharmacies.

GP practices serving patients resident in a Controlled Locality are required to either have been dispensing to their patients prior to 1982 (“Historic Rights”) or to obtain the consent of their PCT to dispense to their patients (“Outline Consent”).

Pharmacies that wish to open and obtain a NHS contract to dispense prescribed medicines have to satisfy the “Control of Entry” rules within these Regulations and these rules differ between Controlled and Non-Controlled Localities.

A map of Controlled & Non-Controlled Localities (aka “Rural” & “Urban”) in West Kent is shown at Figure 10. A more complete explanation of controlled and non-controlled localities may be found at the end of Appendix 3, a Summary of Advanced, Enhanced and other Pharmacy services in West Kent



**Fig. 10 Controlled & Non-Controlled Localities (aka “Rural” & “Urban”) in West Kent**

There are number of areas in West Kent which have not yet been determined as controlled localities (in pink on the map), but where some practices have historic dispensing rights. These determinations are a priority and the Pharmaceutical Regulations Committee has undertaken to complete these as soon as possible.

### Appliance Contractors

Appliance contractors supply items such as stoma products, continence products, hosiery and trusses which are not medicines but can be prescribed on the NHS. A full list of qualifying products can be found in Drug Tariff<sup>18</sup> Contractors may specialise in one class of product. They typically serve populations across a wide, even national, catchment area. They operate delivery direct to the patient’s door for bulky items. In addition to the basic dispensing service appliance contractors now have to meet additional requirements in line with those required from community pharmacy contractors.<sup>19 20</sup>

<sup>18</sup> Access on line at [nhsbsa.nhs.uk/prescriptions](http://nhsbsa.nhs.uk/prescriptions). Drug Tariff is updated every month

<sup>19</sup> [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_110485.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_110485.pdf)

<sup>20</sup> [http://www.psn.org.uk/pages/summary\\_of\\_the\\_new\\_services\\_linked\\_to\\_stoma\\_and\\_incontinence\\_products.html](http://www.psn.org.uk/pages/summary_of_the_new_services_linked_to_stoma_and_incontinence_products.html)

The PCT has one appliance contractor located in Greenhithe .They supply a wide range of products and mainly serve a population across South East London and Kent. Examination of dispensing locations from e-PACT shows that patients are using several appliance contractors including those not located in the area

### **Wholly Internet or Mail Order Pharmacies**

Wholly Internet or Mail Order Pharmacies can be accessed by any one with an internet connection or postal service. They have particular advantages for those who have a problem accessing traditional services and need the delivery service which automatically accompanies the transactions<sup>21</sup>. A full list can be found on NHS Choices web site.

An unknown proportion of the population use internet pharmacies. This is a viable option for repeat medicines but the timescales for delivery make it unsuitable for new acute medicines.

There is one pharmacy located in Gravesend which operates solely as an internet / mail order pharmacy. It offers services to any patient wishing to use the service regardless of place of residence. The terms of opening mean that the pharmacy does not operate a walk-in service for the public, so the location is not important in evaluating the geographical provision of pharmaceutical services.

### **Hospitals**

Hospitals may dispense their own prescriptions for patients to use in the community or they may commission specialist companies to provide a service direct to patients' homes for complex regimes. Pilots are currently in hand to use the clinical skills of the hospital pharmacy workforce to work in an outreach manner providing specialist support into care homes.

### **Mental Health Trusts**

Kent and Medway NHS and Social Care Partnership Trust has a small Medicines Management Team providing clinical advice to doctors and nurses in inpatient units and community teams across Kent and Medway. The team also has a role within clinical governance and ensuring medicines are used safely, and provides education and training to all clinical staff, as well as providing information to service users and carers.

KMPT has a contract with Lloyds Pharmacy Ltd for the supply of medicines used in inpatient units and community clinics.

### **West Kent Community Health**

West Kent Community Health has a small Medicines Management Team providing pharmaceutical advice to healthcare professionals in inpatient units and community teams across West Kent. The team also has a role within clinical governance, developing policies and ensuring medicines are used safely within the organisation. In addition the team provides education and training to clinical staff.

Nurse-led Sexual Health and Minor Injury Units issue medicines to patients under Patient Group Directives (PGDs).

---

<sup>21</sup> **Internet Pharmacies: Global threat requires a global approach to regulation**  
[http://www.herts.ac.uk/fms/documents/schools/law/HLJ\\_V411\\_George.pdf](http://www.herts.ac.uk/fms/documents/schools/law/HLJ_V411_George.pdf)

### **Prisons**

A discrete Prison Pharmacy Service is provided pan-Kent & Medway; the service is currently being offered out to tender. The intention is to provide pharmaceutical services which are equivalent to those provided in the community, within the confines of the secure environment. The Prison and Forensic Secure Units Primary Care Service Providers adhere to PCT prescribing guidelines, including the Kent-wide prison formulary and the KMPT mental health formulary. They will also undertake supervision of non-medical Prescribers undertaking supplementary or independent prescribing courses, act as mentor to staff on appropriate training courses and support continuous professional development, working in partnership with the Prison Pharmacy provider and KMPT pharmacy staff.

### **Out-of-Hours Providers**

Out-of-Hours Providers and Minor Injuries Services commonly provide complete courses of medication for the new urgent conditions they treat.

### **Pharmaceutical Prescribers**

The Pharmacy White Paper held out a vision of clinical expertise being available in the community to support improved medicine taking and specifically outlined plans to increase the numbers of pharmacists able to prescribe as well as dispense. NHS West Kent has not developed anyone in the community pharmacy workforce to become a prescriber. A prescribers' training programme requires personal investment and a supportive local mentor. In addition there needs to be a plan to use the skill once developed. NHS West Kent has not as yet commissioned a service which could benefit from a specifically pharmaceutical prescriber workforce. This may be a self-perpetuating problem, since without an existing pharmaceutical prescriber workforce they are unlikely to be built in to a service.

### **Pharmaceutical Services beyond West Kent Boundaries**

NHS WK patients may also avail themselves of any other pharmacy or appliance contractor in the UK including internet pharmacies. A map is provided in Appendix 5 to show these.

### **Community Pharmacy Provision and Activity Levels**

Data on community pharmaceutical provision is routinely collated by the NHS Information Centre and shows that NHS West Kent has:

- The fewest pharmacies per 100,000 population in the SHA.
- The highest dispensing rate per pharmacy in the SHA dispensing at 21% more prescriptions than the SHA average
- The highest proportion in the SHA of independent contractors.

There are supporting documents to illustrate this in *A summary of Prescribing Indicators for Community Pharmacies in the South East Coast Strategic Health Authority area*.

It is difficult to draw meaningful conclusions on the provision of pharmaceutical services as our neighbour PCTs may have fewer dispensing practices, and thus similar overall provision.

The business of a pharmacy is neither a measure of its quality nor lack of competition. Busier pharmacies, provided they are staffed in such a way as to release pharmacists' time even at peak periods, can offer more professionally intensive services such as the advanced and enhanced services with great benefit to patients. In NHS West Kent some of the busiest pharmacies are situated close to other pharmacies so high activity levels do not necessarily reflect a lack of competition.

Thus it can be seen that the issues involved in considering the need for better access to pharmaceutical services are complex and need to be taken on a case-by-case basis. Decisions about whether new services need to be commissioned need to include evaluation of whether there is active provision of additional and enhanced services, and whether these are delivered to a high standard.

A map of the geographical distribution of pharmaceutical services is included in Appendix 5

## 6.1. Pharmacy Opening Hours

### Community Pharmacy Contractors

The national contract requires that pharmacies have 40 hours as “Core Hours” and at those times the pharmacy must be open and these times may not be varied without the PCT’s consent. Contractors may also open for additional hours, known as ‘supplementary hours’, over and above their core hours. These may be changed by providing at least three months notice to the PCT.

- 62 pharmacies provide core hours on Saturdays
- 7 pharmacies provide core hours on Sundays

### “100 Hour Pharmacies”

Pharmacies which opened under the exemption to provide 100 hours a week of opening times must be open at the declared times. Currently NHS West Kent does not specify particular times but does specify additional facilities and services which must be provided from pharmacies opening under these exemptions.

There are currently six ‘100 hours’ pharmacies in West Kent, situated relatively evenly across the six localities. These provide essential additional access to services for people who find it difficult to attend pharmacies in core hours. Consultation showed that this level of extended hours access is the minimum needed; any reduction in the opening hours of those pharmacies would create a gap in service provision, and consideration could be given to increasing this. We have 3 applications for 100 hour contracts under consideration in Swanley, Paddock Wood and Tonbridge.

### Dispensing Practices

Dispensing practices do not have to open for a minimum period nor at specific times.

2 of the 22 which sent responses to our request for information offer Saturday opening times. The inclusion of dispensing practice hours is based on current patterns and is subject to change.

### Extended hours

Extended hours assessments were made by noting the locations of the “100 Hour Pharmacies”, relative to the population. Other pharmacies currently providing extended hours were not included in the assessment as hours which are not core hours can be changed on application with 90 days notice. They do however provide an important alternative provision and choice for patients. This applied to assessment for Saturday and Sunday opening as only core hours were taken into account for the same reason.

## 6.2. Provision of Essential Pharmaceutical Services from Community pharmacies

### Dispensing

This is the main service offered by all NHS pharmacies. This refers to the supply of medicines (and appliances in most cases) ordered on NHS prescriptions for patients on demand with reasonable



promptness, together with information and advice, to enable safe and effective use by patients and carers.

### **Repeat Dispensing**

This is the management and dispensing of repeatable (“batch”) NHS prescriptions for medicines (and appliances), in partnership with the patient and the prescriber.

Pharmacies dispense repeat prescriptions and store the documentation as required by the patient. They ensure that each repeat supply is required and should check that there is no reason why the patient should be referred back to their General Practitioner

This service has not been taken up as widely as originally intended. Informal contact with GPs has highlighted possible reasons for this:

- The need to have explicit written patient consent
- Confusion about the nature of the service in the minds of both the public and health professionals. Some of this confusion is due to the co-existence of a contractor-led “repeat collection” service which operates differently to the NHS essential service.

The NHS service was intended to reduce the repeat prescription workload for GP and their staff by moving the process of repeat medicines not requiring immediate clinical review from GPs to community pharmacies (cycle phase 6 – 12 months).

Benefits to the patient include:

- The convenience of collecting prescription and drug from the same location.
- Minimising of supply problems as patients themselves warn the pharmacy of their intention to collect.

The contractors “repeat collection” schemes require patients to obtain a GP signature every cycle (usually every 1-2 months). The patient also has to make 2 visits, the first to provide the contractor with the repeat slip to request prescriptions on their behalf, and a second visit to collect the dispensed items.

### **Disposal of Unwanted Medicines**

This involves taking in unwanted medicines and arranging safe disposal.

The current contracting arrangements do not gather data either on waste in the dispensing process, or on return of waste drugs to pharmacies.

### **Promotion of Healthy Lifestyles (Improving Public Health)**

Contractors are required to offer opportunistic advice on lifestyle and public health issues and undertake up to 6 PCT-led public health campaigns each year. These can include prescription-linked interventions on major areas of public health concern, such as encouraging smoking cessation. This is in keeping with the JSNA recommendation that all care pathways end in health promotion and prevention. NHS West Kent has been very active in engaging contractors in delivering this service. During 2009/2010 the following public health campaigns were delivered in pharmacies across NHS West Kent:

- March/April – Stop Smoking

- May/June – FAST (Stroke symptom awareness)
- July/August – Optimising uptake of immunisations & vaccinations
- August/September – Heatwave Advice
- Oct/Nov – Seasonal Flu Advice
- Dec/Jan – Drinking & Driving Prevention
- Feb/Mar – Chlamydia Awareness: Testing and Treatment
- May/July – Active Kent – active lifestyles health promotion

### Signposting

Pharmacy Contractors are supplied with local information on sources of care and support by the PCT. They should use this to signpost patients who ask for assistance. This links with the public's expressed wish for better signposting. That the "Active Lives" survey respondents did not highlight pharmacies as a source of information suggests that there is insufficient awareness of this essential service. The local information is provided to community pharmacy contractors by the Medicines Management team.

### Support for Self-Care

Pharmacies should help manage minor ailments and common conditions by providing advice, and where appropriate selling medicines. They should also take referrals from NHS Direct (and its future replacement service). This is intended to reduce the number of unnecessary visits to GPs and Emergency Departments with minor ailments. Records are kept where the pharmacist considers it relevant to the care of the patient

Registered pharmacies are able to sell a range of medicines for self-care which cannot be sold by unregistered bodies or dispensing practices. These include products such as travel sickness tablets, higher strength pain killers, hydrocortisone cream, emergency contraception and vaginal thrush treatments. They are known as **P** medicines (**P**harmacy only). When selling such a medicine the pharmacist must be satisfied that the medicine is appropriate for the condition and safe for the particular individual for whom it is intended.

In rural areas people must travel to the nearest community pharmacy to purchase **P** medicines or request a supply on NHS prescription if they cannot readily make that journey. The PNA is not permitted to comment on the availability of community pharmacies for the provision of **P** medicines for self-care as a commissioning tool.

Consultations for minor ailments can involve the exchange of confidential information, and in some cases may involve a superficial examination, e.g. removing clothing to reveal a rash. It is important that examinations, or conversations about sensitive issues, can take place in a setting that preserves privacy and dignity. NHS West Kent strongly promotes the use of the consultation areas originally created to provide a space for the Medicine Use Reviews (MUR) for all sensitive consultations.

### Clinical Governance

The contractor is required to meet a set of standards, to continually improve the quality of their services, including but not limited to:

- Use of standard operating procedures

- Participation in audit
- Demonstration of learning from complaints
- Customer satisfaction surveys
- Duty of confidentiality and staff training
- Giving consideration to a chaperone policy
- Annual Report of Complaints
- Information Governance Assurance

The full list is on the PSNC web site

NHSWK assures itself that contractors adhere to clinical governance standards by regular contract monitoring visits using PCT staff. Contractors are also required to complete an annual submission form and provide evidence.

### **Disability Discrimination Act (DDA) Adjustments**

Although not an essential service in itself, in terms of the community pharmacy contractual framework, pharmacies, in line with the DDA, are legally obliged to make reasonable adjustment to ensure that disabled users can access their services.

A survey sent out to all community pharmacies, and returned by 113, revealed that:

- 107 declare themselves to comply with Disability Act requirements.
- Of the 5 who do not declare compliance, 2 specifically comment on problem of access for wheelchair users, but provide reasonable adjustment.
- 110 / 113 provide seating for patients to wait while items were dispensed.

### **6.3. Advanced, Enhanced and other Pharmacy services in West Kent**

A summary of all Advanced, Enhanced and other Pharmacy services provided in West Kent is provided at Appendix 3, where advanced and enhanced services and other services are detailed. This information is disaggregated by District in sections 5.1 to 5.6 above. Maps showing provision across the West Kent area appear in Appendix 5, including information about provision of similar or same services by other providers, as requested in the patient feedback during the PNA consultation.

## 7 Outcomes of the public consultation process on the draft PNA

There were 31 responses to the public consultation via the consultation form. A further six responses were received to the consultation by letter and email. The following provides a summary of all the feedback received pulling together key points.

- Responses indicate that there are concerns about a lack of awareness of pharmacy locations, opening hours and services provided. Comments suggest the PNA should include this level of detail. One comment highlights the possibility for joint PCT and pharmacy advertising of services.
- Access to pharmacy services is mentioned by a minority especially for rural areas. South East Health highlight the lack of extended or out of hour pharmacy provision in Cranbrook (Sundays) and parts of Tonbridge and Tunbridge Wells, which is possibly leading to inappropriate use of Out of Hours services and Minor Injuries Units and A&E.
- Amongst the dispensing practices that provided feedback on the draft PNA, there is a strong view that Primary Care/GPs are best placed to provide many of the enhanced or local enhanced services and state that they already do in their capacity as a GP. However the pharmaceutical services are not provided as part of the dispensing service and as the Local Pharmaceutical Committee point out, this is not a service they can provide as a dispensing doctor. Specific mentions by dispensing GPs are made of:
  - Chronic conditions such as COPD and CHD
  - Screening and monitoring
  - End of Life Care
  - Mental health
  - Smoking cessation
  - Obesity
- Feedback from the Health Network identifies a frequently occurring problem whereby pharmacies have insufficient stock for repeat prescriptions. This causes a number of issues for patients especially where access is a problem.
- Feedback also highlighted information that the PNA should include:
  - More detail regarding specific diseases and related services
  - Information on the C Card scheme
  - Controlled area maps and information (rural)
  - Reference to prison services and travelling community
  - Clarification regarding number of dispensing practices for improved comparison with other PCTs

Following receipt of response to the consultation, this PNA has been reviewed to include the data requested and re-structured in order to make detail of locality provision clearer.

## 8 Conclusion and Recommendations

From this needs assessment NHS West Kent looks to support the contract review process and inform service commissioning from pharmacies by providing answers to the following questions:

1. Do existing Community Pharmacies (and Dispensing Practices) provide an adequate level of services as commissioned by the PCT?
2. Is there a need for new pharmacies within the PCT?
3. Is there a need for the PCT to commission more services from community pharmacies?

There are 113 pharmacies and 32 dispensing practices in West Kent. An adequate level of services is commissioned in the community pharmacies, and performance overall is good. There is a mix of urban and rural communities, (defined in pharmaceutical terms as non-controlled and controlled localities). Some areas in West Kent have not yet been determined as urban or rural; it is a priority to complete these determinations as soon as possible.

The population of West Kent is ageing, and there are significant health inequalities both between borough and district localities and within them. The proportion of ethnic minority population varies widely between borough and district localities, and there have been changes in the representation of different ethnic groups within the BME population. The population is increasing, but there is no evidence that more 'standard hours' pharmacies are required at present.

Although the number of community pharmacies is less than the national average of 20 per 100,000 population: the GP dispensing practices complement this with good dispensing provision, especially in countryside communities. However, there is a gap in provision of some non-dispensing pharmaceutical services (for example, domiciliary MURs) in some areas outside the towns. There is room to improve access to the increasing range of services that pharmacies will be expected to provide (especially those where pharmacies are the sole providers) for people who are housebound.

West Kent pharmacies offer a wide range of locally commissioned advanced, enhanced and other services, but some pharmacy-specific services are not equitably provided according to need across West Kent, in particular, the Minor Ailments Service, Medicines Use Review and Emergency Hormonal Contraception. Provision of End of Life and palliative care drugs in West Kent has been reviewed during the preparation of this needs assessment and an enhanced service has been approved by the enhanced services commissioning group to fund the stocking of an agreed range of palliative care drugs, by a number of extended hours pharmacies across the PCT. This will ensure, with the out of hours on call pharmacy service, the rapid availability of palliative care drugs 24hr, seven days a week. At the time of writing this PNA, this enhanced service had yet to be approved by the Primary Care Development Committee. The service will commence as soon as possible after approval has been gained.

West Kent pharmacies also offer locally commissioned advanced, enhanced and other services, to improve public health alongside other community providers, although these are not offered targeted according to need. Examples include smoking cessation support: Chlamydia screening: Identification and Brief Advice (IBA) for Alcohol misuse: and Healthy Lifestyles Advice (IBA is needed in as many settings as possible, and could usefully combine with EHC dispensing). Pharmacy and public health teams work well together on targeted public health campaigns.

There is no immediate need to commission more services, but rather to target the commissioning of current services more appropriately according to need. In the future, data gaps will be addressed, and boundaries for commissioning will change. Within this process, further analysis and more in-depth commitment is needed to ensure access to appropriate pharmaceutical services in the right place and at the right time for people from vulnerable groups.

## Summary of Recommendations

The following recommendations to commissioners are therefore made from the findings of this Needs Assessment:

- Review the PNA regularly in the light of refreshed Joint Strategic Needs Assessment, and publication of other relevant data
- Review accessibility of appropriate pharmaceutical services for gypsies and traveller when census 2011 data is published
- Monitor and review provision of pharmaceutical services in Ebbsfleet, as plans for new housing develop
- Prioritise completion of determination of those areas in West Kent which have not yet been determined as controlled localities, but where some practices have historic dispensing rights.
- Ensure that Pharmacists are able to demonstrate that they and their staff are trained in Equity, Equality, Confidentiality and Disability Awareness
- Maintain and look to extend access to '100 hours' pharmacies
- Ensure that Pharmacists advertise their services more widely using a range of media, for example the NHS Choices website
- Commissioners, with providers, to ensure that patients are aware of the services offered and that services are being appropriately used (e.g. through customer satisfaction surveys)
- Explore coverage of prescription collection and delivery services for housebound and vulnerable patients
- Explore closer working between GP's and community pharmacies to encourage Medicines Use Reviews (MURs) are targeted for those patients with greatest need such as housebound and vulnerable patients or patients recently discharged from hospital.
- Commission pharmaceutical services from existing or proposed providers in a targeted manner and according to need in order to promote equity of access, for example, a Minor Ailments service in areas such as Sherwood and East Malling, Emergency Hormonal contraception in Park Wood, Stone, Joyce Green and Greenhithe and increasing smoking cessation provision generally in Dartford and Gravesham. However, most important is to commission services where those people experiencing higher incidence and higher need want to access them, which may not be where they live
- With commissioners of public health services, take a holistic view of commissioning from multiple providers including pharmacies in a targeted manner and according to need, maintaining a balance to give patient choice: avoid duplication and over-provision: and

make best use of resources, for example consider provision of Alcohol Misuse Identification and Brief Advice combined with EHC dispensing

- Public Health to continue to support and work with pharmacies, promoting the training of pharmacists and their staff in preventive health, for example cancer prevention awareness: and in awareness of particular health issues in the communities where they are situated. This to work towards the development of pharmacies delivering 'Healthy Living Centre' functions in conjunction with other providers.

## 9 Glossary (used by kind permission of Devon PCT)

<b>100 Hours Pharmacy</b>	A pharmacy that has been granted an NHS contract under a control of entry exemption requiring it to open for at least 100 hours per week.
<b>Any Willing Provider</b>	A procurement model that PCTs can use to develop a register of providers accredited to deliver a range of specified services within a community setting.
<b>Appliance Use Review</b>	An Advanced Service provided either by a pharmacist or dispensing appliance contractor health professional to improve the patient's knowledge and use of specified appliances.
<b>Supervised consumption service</b>	An enhanced service where individuals on a Buprenorphine/methadone programme take their medication under supervision in a private room within the pharmacy.
<b>Commissioning</b>	A continuous cycle of activities that underpins and delivers on the overall strategic plan for healthcare provision and health improvement of the population. These activities include stakeholders agreeing and specifying services to be delivered over the long term through partnership working, as well as contract negotiation, target setting, providing incentives and monitoring.
<b>Community pharmacy contractors</b>	A pharmacy that holds an NHS contract with the PCT ( see Community Pharmacy Contractual Framework)
<b>Community pharmacy contractual framework</b>	The nationally agreed NHS pharmacy contract that community pharmacies operate under when providing NHS services
<b>Controlled locality</b>	An area which has been determined to be 'rural in character'.
<b>Diagnostics</b>	Procedures used to distinguish one disease from another e.g. laboratory tests, x-rays, endoscopies
<b>Dispensing appliance contractors</b>	Appliance suppliers are a specific sub-set of NHS pharmacy contractors but, as the title suggests, they specialise in the supply (on prescription) of appliances, notably stoma and incontinence appliances. Appliance suppliers are subject to different remuneration arrangements to community pharmacists, but they must follow the same procedures to become an NHS contractor by applying for entry to an NHS Board's pharmaceutical list, and thereby are subject to same terms of service as detailed in regulations.
<b>Dispensing doctor</b>	A GP who may dispense NHS prescriptions for their own patients who live in a controlled locality and live more that 1.6 km (1 mile) (as the crow flies) from a pharmacy.
<b>ePACT</b>	Electronic Prescribing Analysis and Cost. A service which provides analysis of prescribing data held on the NHS Prescriptions Services prescribing database.
<b>GP Access Centre</b>	The purpose of a GP Access Centre is to improve access to GP services. They are generally open from 8am – 8pm, 7 days a week every day of the year. They offer bookable GP appointments and also walk in services so that they can provides services to registered and non registered patients.
<b>JSNA (Joint Strategic Needs Assessment)</b>	Joint Strategic Needs Assessment describes a process that identifies current and future health and wellbeing needs in light of



	existing services, and informs future service planning taking into account evidence of effectiveness.
<b>LINks (Local Involvement Networks)</b>	LINks are made up of individual members and voluntary sector representatives. They cover all publicly funded health and social care services in an area, no matter who provides them. They make it easier for people who commission and manage health and care services to talk to communities and find out what they want. LINks are part of the local accountability and scrutiny arrangements and have powers requiring health and social care managers to respond to them.
<b>LMC (Local Medical Committee)</b>	Local Medical Committees are the local representative organisations for General Practitioners (GPs) in a local health economy area, e.g. within a PCT. They represent all GPs in their geographical area on clinical and professional matters.
<b>Long term condition</b>	Those conditions (e.g. diabetes, asthma and arthritis) that cannot, at present, be cured but whose progress can be managed and influenced by medication and other therapies.
<b>LPC (Local Pharmacy Committee)</b>	Local Pharmacy Committees are the local representative organisation for Pharmacists in a local health economy area, e.g. within a PCT. They represent all Pharmacists in their geographical area on clinical and professional matters.
<b>LPS</b>	Local Pharmaceutical Services. A pharmacy contract commissioned locally for NHS pharmaceutical services, tailored to meet specific requirements.
<b>Market entry</b>	The route by which new NHS pharmacy contracts are considered and granted.
<b>Medicines Use Review and Prescription Intervention Service</b>	The Medicines Use Review (MUR) service is a structured review that is undertaken by an accredited pharmacist, in premises that have been accredited, to help patients to manage their medicines more effectively and provide patients with appropriate information and advice about their medicines. The purpose of carrying out a MUR is to improve the person's knowledge, understanding and use of the medicines that they have been prescribed.
<b>Methadone</b>	Methadone hydrochloride is a medicine which is used as a substitute for an opioid drug (e.g. heroin). Methadone can be used in two ways: withdrawal therapy, where the doses of medication are gradually reduced over time before the treatment is withdrawn, and maintenance therapy, where you receive regular doses of medication on a long term basis. It can also used to relieve moderate to severe pain.
<b>Minor ailments scheme</b>	Scheme that enables pharmacists to advise people with illnesses that can be treated at home, e.g. colds, stomach upsets etc, avoiding the need to see a GP
<b>Minor Injuries Unit</b>	Examples of minor injuries are cuts, bruises, scalds and suspected closed limb fractures. The role of a minor injury unit or service would be to provide treatment for such minor injuries.
<b>Out of hours service</b>	Healthcare cover provided outside the normal working hours of community health care professionals, usually from 6pm-8am Monday – Friday and 24 hours during weekends and Bank Holidays.

<b>Palliative care</b>	Supportive Service for those who are living with disease that is not curable e.g. cancer or multiple sclerosis.
<b>Patient group direction</b>	Patient Group Directions (PGDs) are NHS documents permitting the supply of prescription only medicines (POMs) to groups of patients, without individual prescriptions.
<b>Prescription</b>	An order provided by a medical professional e.g. doctor advising of the type and dose of medication for the treatment of illness that is available only with written instructions from a medical professional.
<b>Prescription Intervention service</b>	See Medicines Use Review
<b>Primary care</b>	Services provided by family doctors, dentists, pharmacists, optometrists and ophthalmic practitioners together with district nurses and health visitors, with administrative support.
<b>PSNC</b>	Pharmaceutical Services Negotiating Committee. The body recognised by the Secretary of State for Health as the representative of community pharmacy on NHS matters.
<b>Reserved location</b>	A reserved location is designated, in a controlled locality, where the total patient population within 1.6km (1 mile) of the proposed location of a new pharmacy is less than 2,750 at the time an application is received.
<b>Screening service</b>	A service that, through a simple test can diagnose potential illness at various stages of development. Screening can be carried out for various conditions, e.g. Chlamydia and other sexually transmitted diseases.
<b>Sexual health service</b>	A service that provides advice on sexual health and family planning, medical treatment and the promotion of sexual health and wellbeing to men, women and adolescents.
<b>SHA (Strategic Health Authority)</b>	Strategic health authorities (SHA) are part of the structure of the current. Each SHA is responsible for enacting the directives and implementing financial policy as dictated by the Department of Health at a regional level. Each SHA area contains various NHS Trusts which take responsibility for running or commissioning local NHS services. The SHA is responsible for strategic supervision of these services.
<b>Stop smoking/ smoking cessation service</b>	NHS services provided to people who want to stop smoking. Services include the use of medication, group support and counselling.
<b>Substance misuse</b>	The use of addictive substances such as drugs and alcohol.

### Direct Age Standardised Rate (DASR)

The DASR for an area is the number of deaths, usually expressed per 100,000, that would occur in that area if it had the same age structure as the standard population and the local age-specific rates of the area applied. This allows rates of mortality, admission and other factors to be directly compared across areas with very different population structures.

The DASR is calculated by dividing the number of deaths by the actual local population in a particular age group multiplied by the standard population for that particular age group and summing across the relevant age groups. The rate is usually expressed per 100,000.

95% confidence intervals are usually calculated for DASRs to give an indication of the level of uncertainty of the calculation. Where rates in an area are based on small counts, greater fluctuations over time are likely, and these intervals are added to highlight the extent to which we would expect these rates to vary under normal conditions. This allows us to establish if differences from other areas are significant or not.

### **Alcohol-Related Admissions**

Alcohol-related admissions relate to admissions to hospital where alcohol is suspected to be the cause. This covers acute admissions where alcohol is likely to be the immediate cause or a contributory factor (poisonings, accidents), chronic long-term conditions where alcohol is the cause of admission or is likely to be a contributory factor (liver cirrhosis, hypertension, pancreatitis etc.), and mental disorders due to alcohol use. For conditions where alcohol is likely to be a contributory factor, a certain percentage of total admissions for that condition are estimated to be alcohol-related. This proportion varies by age and sex, for example 69% of pedestrian traffic accident affecting males between 16 and 24 are thought to be alcohol-related. Admissions for all these conditions and age groups are combined to produce estimated numbers and rates of admissions for local areas.

### **Prevalence Ratios**

A prevalence ratio is a measure of the difference between observed and expected prevalence (General Practice Quality of Outcomes Framework (QOF) measures) providing an estimate of unmet need. The reported QOF prevalence for CHD and Diabetes are consistently lower than the prevalence estimate derived from national models across all West Kent areas. The ratio can suggest that in some areas of West Kent, a substantial proportion of people with both Diabetes and CHD are not currently recorded as having the condition by their GP practices and thus not necessarily receiving all the appropriate preventative care.

# Appendices

- 1) List of pharmacies in West Kent and services provided
- 2) Opening hours in pharmacies
- 3) Summary narrative of advanced, enhanced services and other pharmaceutical services provided by pharmacies
- 4) List of dispensing practices
- 5) Maps showing pharmaceutical provision by location
- 6) Summary of local data for deprivation (LLSOAs and IDACI)
- 7) Local data for chronic disease in West Kent
- 8) Local data and priorities for public health in West Kent
- 9) Patient Involvement summary feedback
- 10) PNA Consultation Summary Report
- 11) Equality Impact Assessment

SERVICES PROVIDED BY NHS WEST KENT PHARMACIES

Appendix 1.

APPLIANCE CONTRACTOR	100 HOUR PHARMACY
ESPLPS	INTERNET PHARMACY

Y=Yes providing

N = not providing

W = accredited but low activity in

District Code	OCS Code	TRADING NAME	ADDRESS	MUR	EHC (under PGD)	SUPERVISED ADMINISTRATION SCHEMES	NEEDLE AND SYRINGE EXCHANGE	SMOKING CESSATION	CHLAMYDIA SCREENING	CHLAMYDIA TREATMENT	OUT OF HOURS (Access to Medicines)	UNCOLLECTED PRESCRIPTIONS	MINOR ALIMENTS	HAYFEVER SERVICE	ANTI VIRAL COLLECTION POINT
Dartford	FA519	Hodgson Pharmacy	59 Station Road Longfield DA3 7QA	Y	Y	Y	N	Y	Y	Y	N	Y	Y	Y	Y
Dartford	FCJ14	Lloyds Pharmacy	68-70 West Hill Dartford DA1 2AU	Y	W	N	N	W	N	N	N	N	N	N	Y
Dartford	FDF72	Boots	Unit MSU02 Bluewater Lower Thames Walk, Greenhithe DA9 9SJ	Y	Y	N	N	Y	Y	Y	Y	Y	N	N	N
Dartford	FEL35	Asda Pharmacy	Asda Superstore Station Road, Greenhithe DA9 9BT	Y	Y	N	N	Y	Y	Y	N	Y	Y	Y	Y
Dartford	FFV03	Daysol Pharmacy	25 Temple Hill Square Dartford DA1 5HY	N	W	Y	N	N	W	W	N	N	W	W	Y
Dartford	FG447	Lloydspharmacy	18 - 20 Station Road Longfield DA3 7QD	Y	N	N	N	Y	N	N	N	N	W	W	N
Dartford	FH411	Ackers Chemists	94 Church Road Swanscombe DA10 0HF	Y	W	Y	N	W	Y	Y	N	N	Y	Y	Y
Dartford	FH692	Swan Valley Pharmacy	Swanscombe Health Centre Southfleet Road Swanscombe DA10 0BF	Y	Y	N	N	W	Y	Y	N	N	Y	Y	N
Dartford	FM185	The Co-Operative Pharmacy	Horseman's Place Surgery Instone Road Dartford DA1 2JP	Y	N	N	N	N	N	N	N	N	N	N	N
Dartford	FM371	M. D. Moore Pharmacy	141 Dartford Road Dartford DA1 3EN	Y	N	N	N	N	N	N	N	N	Y	Y	Y
Dartford	FN266	The Brent Pharmacy	15 The Brent Dartford DA1 1YD	Y	Y	Y	Y	Y	Y	Y	N	N	Y	Y	N
Dartford	FN522	Boots	46-52 High Street Dartford DA1 1DE	Y	Y	Y	N	Y	Y	Y	N	Y	Y	Y	N
Dartford	FP204	Sainsburys Pharmacy	Priory Centre Instore Road Dartford DA1 2HS	Y	N	N	N	Y	N	N	Y	Y	Y	Y	N
Dartford	FPQ66	Joydens Wood Pharmacy	2 Birchwood Parade Wilmington DA2 7NJ	N	N	N	N	N	N	N	N	N	N	Y	N
Dartford	FV757	S & S Chopra	Darent Valley Hospital Darent Wood Road Darent Hill Dartford DA2 8DR	Y	N	N	N	W	Y	Y	N	N	N	N	Y
Dartford	FWL74	West Hill Pharmacy	Cliffside Court West Hill Dartford	Y	N	N	N	W	Y	Y	N	N	Y	Y	Y
Dartford	FWR04	Hobbs Pharmacy	Holmesdale Road South Darent Hill Dartford DA4 9AF	Y	N	N	N	N	Y	Y	N	N	W	W	Y
Dartford	FX082	Paydens	63 Lowfield Street Dartford DA1 1HP	Y	W	Y	N	N	N	N	N	N	W	W	N
Dartford	FXN29	Homestyle Positive	The Coach House 1 Hedge Place Road Horns Cross DA9 9JZ	N	N	N	N	N	N	N	N	N	N	N	N
Dartford	FY992	Stone Pharmacy	229 London Road Stone Greenhithe DA9 9DF	Y	N	N	N	Y	N	N	N	Y	W	W	N

Gravesham	FA066	<b>Singlewell Pharmacy</b>	133 Singlewell Road Gravesend DA11 7QA	Y	Y	N	N	Y	W	W	N	N	Y	Y	N
Gravesham	FC312	<b>Williams Chemists</b>	120 Vale Road Northfleet DA11 8BS	Y	Y	N	N	Y	Y	Y	N	N	Y	Y	Y
Gravesham	FDT87	<b>N B Pharmacy Ltd</b>	44 Old Road West Gravesend DA11 0LJ	N	W	N	N	W	Y	W	N	Y	Y	Y	Y
Gravesham	FEH10	<b>Istead Rise Pharmacy</b>	54 Istead Rise Gravesend DA13 9JF	Y	W	N	N	Y	Y	Y	N	N	W	W	N
Gravesham	FHA64	<b>Lion Pharmacy</b>	202 Rochester Road Chalk Gravesend DA12 4TY	Y	Y	Y	N	Y	Y	Y	N	Y	Y	Y	N
Gravesham	FHT34	<b>Darnley Pharmacy</b>	17 Pelham Road Gravesend DA11 0HN	Y	Y	Y	N	N	N	N	N	N	Y	Y	N
Gravesham	FHV64	<b>Hill Pharmacy</b>	7 The Hill London Road Northfleet DA11 9EU	Y	W	N	N	Y	W	W	N	Y	Y	Y	N
Gravesham	FHY96	<b>Boots</b>	9 Kempthorne Gravesend DA11 0TA	Y	N	Y	N	W	N	N	N	N	Y	Y	N
Gravesham	FK412	<b>Lloydspharmacy</b>	10 The Alma Leandar Drive Riverview Park Gravesend DA12 4NG	Y	N	N	N	W	W	W	N	N	N	Y	Y
Gravesham	FLJ66	<b>Gravesend Medical Centre Pharmacy</b>	Gravesend Medical Centre 1 New Swan Yard Gravesend DA12 2EN	W	N	N	N	Y	N	N	N	Y	Y	Y	N
Gravesham	FMP78	<b>Pharmacy 1st Ltd</b>	109 Rochester Road Gravesend DA12 2HU	N	N	N	N	N	N	N	N	N	N	N	N
Gravesham	FN439	<b>Pender Pharmacy</b>	2 Milton Road Gravesend DA12 2RE	Y	W	Y	N	N	Y	Y	Y	Y	Y	Y	N
Gravesham	FPC66	<b>Pender Chemist</b>	29 Dene Holm Road Painters Ash Estate Northfleet DA11 8LG	Y	Y	N	N	N	N	N	N	N	Y	Y	Y
Gravesham	FPW21	<b>Vigo Pharmacy</b>	7 The Bay Vigo Village Meopham DA13 0TD	W	N	N	N	N	N	N	N	N	N	N	N
Gravesham	FQ897	<b>Echo Pharmacy</b>	Oakfield Health Centre Off Windsor Road, Gravesend DA12 5BW	Y	W	Y	Y	Y	Y	N	N	Y	Y	Y	N
Gravesham	FQY90	<b>Chadwicks Chemist</b>	16 Lawrence Square Northfleet DA11 7HW	N	W	N	N	N	N	N	N	N	N	N	Y
Gravesham	FRK37	<b>Regent Pharmacy</b>	19 - 20 Windmill Street Gravesend DA12 1AS	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y
Gravesham	FRY03	<b>Nicholson &amp; Keep</b>	1 The Parade Valley Drive Gravesend DA12 5RT	N	N	N	Y	N	N	N	N	N	N	N	N
Gravesham	FW564	<b>Meopham Pharmacy</b>	Meopham Road Meopham Gravesend DA13 0HP	Y	W	N	N	W	W	W	N	N	N	N	Y
Gravesham	FWC25	<b>Higham Pharmacy</b>	4 School Lane Higham Rochester ME3 7AT	Y	N	N	N	Y	N	N	N	N	N	N	N
Gravesham	FWW55	<b>Asda Pharmacy</b>	Asda Superstore Thames Way Gravesend DA11 0DQ	Y	W	N	N	Y	N	N	N	N	N	N	Y
Gravesham	FY771	<b>R S Bains</b>	2 Livingstone Road Valley Drive Gravesend DA12 5DZ	W	N	N	N	Y	N	N	N	N	Y	Y	N
Maidstone	FA015	<b>Ferris Chemist</b>	37 High Street Headcorn TN27 9NL	Y	W	W	N	Y	Y	Y	N	Y	N	N	Y

Maidstone	FAR64	<b>Boots</b>	18 Fremlin Walk Maidstone ME14 1QP	Y	Y	Y	N	Y	Y	Y	N	Y	N	Y	Y
Maidstone	FH139	<b>Boots</b>	56-62 King Street Maidstone ME14 1BW	Y	Y	Y	N	Y	Y	Y	N	Y	N	N	N
Maidstone	FHF29	<b>Paydens Ltd</b>	126-128 Ashford Road Bearsted Maidstone ME14 4LX	Y	Y	N	N	W	N	N	N	N	N	N	N
Maidstone	FJE86	<b>Lloydspharmacy</b>	58 - 60 Tonbridge Road Maidstone ME16 8SE	Y	N	Y	Y	N	N	N	N	Y	N	N	N
Maidstone	FJH19	<b>Lloydspharmacy</b>	3 & 4 Minor Centre Grove Green Maidstone ME14 5TQ	Y	W	Y	N	W	N	N	N	Y	N	N	Y
Maidstone	FK397	<b>Lloydspharmacy</b>	Mid Kent Shopping Centre Castle Road Allington Maidstone ME16 0PU	Y	N	N	N	N	N	N	N	N	N	N	Y
Maidstone	FKH43	<b>Saxon Warrior Pharmacy</b>	The Square Lenham ME17 2PG	Y	N	Y	N	N	N	N	N	Y	N	N	Y
Maidstone	FL233	<b>Lloydspharmacy</b>	97 Heath Road Coxheath Maidstone ME17 4EH	Y	N	Y	N	Y	N	N	Y	Y	N	Y	Y
Maidstone	FLK94	<b>Lloydspharmacy</b>	449 Tonbridge Road Maidstone ME16 9LH	Y	N	N	N	Y	N	N	N	Y	N	Y	Y
Maidstone	FMW71	<b>Link Pharmacy</b>	88A King Street Maidstone ME14 1BH	N	Y	Y	N	Y	Y	Y	N	Y	N	Y	Y
Maidstone	FN614	<b>Morrisons Pharmacy</b>	Sutton Road Maidstone ME15 9NN	Y	Y	N	N	Y	Y	Y	N	Y	N	N	N
Maidstone	FNC20	<b>Spires Pharmacy</b>	Deringwood Drive Maidstone ME15 8XW	Y	N	N	N	Y	Y	Y	N	Y	N	N	N
Maidstone	FNH47	<b>Marden Pharmacy</b>	2 High Street Marden Tonbridge TN12 9DP	Y	Y	Y	N	Y	W	W	N	Y	N	N	Y
Maidstone	FPH74	<b>your local Boots pharmacy</b>	50-52 College Road Maidstone ME15 6SB	Y	N	Y	Y	Y	N	N	N	Y	N	N	N
Maidstone	FQH13	<b>Lloydspharmacy</b>	11 Parkwood Parade Parkwood Maidstone ME14 5TQ	Y	Y	Y	Y	Y	W	W	N	N	N	N	N
Maidstone	FRN11	<b>Central Pharmacy</b>	98 High Street Maidstone ME14 5SN	Y	Y	Y	N	Y	Y	Y	N	Y	N	N	N
Maidstone	FRY69	<b>Lloydspharmacy</b>	12 Northumberland Court Shepway Maidstone ME15 7LW	Y	N	N	N	N	N	N	N	N	N	N	N
Maidstone	FV068	<b>Paydens Ltd</b>	6 Boughton Parade Loose Road Maidstone ME15 9QD	Y	W	N	N	N	N	N	N	N	N	N	Y
Maidstone	FVE01	<b>Lloydspharmacy</b>	High Street Staplehurst TN12 0AA	Y	N	N	N	N	W	W	N	N	N	W	N
Maidstone	FYX54	<b>Paydens Ltd</b>	100 Week Street Maidstone ME14 1RH	Y	Y	N	N	N	Y	Y	N	N	N	N	N
Sevenoaks	FAV48	<b>Lloydspharmacy</b>	36 Hever Road West Kingsdown TN15 6HD	Y	N	N	N	Y	N	N	N	N	N	N	Y
Sevenoaks	FCP91	<b>N L Wade Ltd</b>	7 Market Square Westerham TN16 1AN	Y	N	N	N	N	W	W	N	N	N	N	N
Sevenoaks	FEJ82	<b>Sainsbury's Pharmacy</b>	Otford Road Sevenoaks TN14 5EG	Y	Y	N	N	Y	Y	Y	N	Y	N	Y	Y
Sevenoaks	FF547	<b>Swanley Pharmacy</b>	47 Swanley Centre Swanley BR8 7TQ	N	N	N	N	N	N	N	N	Y	N	N	N

Sevenoaks	FJ098	<b>Day Lewis Chemist</b>	Riverhead Sevenoaks TN13 3TQ	Y	W	N	N	W	N	N	N	N	N	N	Y
Sevenoaks	FJK28	<b>Bat &amp; Ball Pharmacy</b>	133 St Johns Hill Sevenoaks TN13 3PE	N	Y	Y	N	Y	N	N	N	Y	N	W	Y
Sevenoaks	FKD21	<b>Village Pharmacy</b>	15 Main Road Hextable BR8 7RB	Y	W	N	N	W	Y	Y	Y	Y	N	W	N
Sevenoaks	FKV58	<b>Boots</b>	32 Swanley Centre	Y	N	Y	N	N	N	N	N	Y	Y	Y	N
Sevenoaks	FL061	<b>Boots</b>	27 High Street Edenbridge TN8 5AD	Y	Y	Y	N	W	N	Y	Y	Y	N	N	N
Sevenoaks	FL923	<b>The Co-Operative Pharmacy</b>	25 Swanley Centre Swanley BR8 7TG	Y	Y	Y	N	N	N	N	N	N	Y	Y	Y
Sevenoaks	FMG20	<b>Paydens Ltd</b>	36 High Street Edenbridge TN8 5AJ	Y	N	N	N	N	N	N	N	N	N	N	Y
Sevenoaks	FPX45	<b>Boots</b>	120 High Street Sevenoaks TN13 1XA	Y	Y	W	N	Y	W	W	N	N	N	N	N
Sevenoaks	FRQ32	<b>Paydens Ltd</b>	21-25 London Road Sevenoaks TN13 1AR	Y	N	N	N	N	N	N	N	Y	N	N	Y
Sevenoaks	FRV95	<b>Day Lewis Pharmacy</b>	42 Dartford Road Sevenoaks TN13 3TQ	Y	Y	N	Y	Y	Y	Y	N	Y	N	N	N
Sevenoaks	FTH93	<b>your local Boots pharmacy</b>	10 Tubs Hill Parade London Road Sevenoaks TN13 1DH	Y	N	N	N	N	N	N	N	N	N	N	N
Sevenoaks	FTL24	<b>Oxford Pharmacy</b>	4 High Street Otford Sevenoaks TN14 5PQ	N	N	N	N	N	N	N	N	N	N	N	N
Sevenoaks	FX677	<b>Village Pharmacy</b>	2 The Row New Ash Green Dartford DA3 8JB	Y	W	N	N	Y	Y	Y	N	Y	W	W	N
Tonbridge & Malling	FA286	<b>Clarke &amp; Coleman</b>	140 High Street Tonbridge TN9 1BB	Y	N	W	N	N	N	N	Y	Y	N	W	N
Tonbridge & Malling	FA876	<b>your local Boots pharmacy</b>	85-87 High Street West Malling ME19 6NA	Y	N	N	N	W	W	W	N	N	N	W	N
Tonbridge & Malling	FAN75	<b>Field Pharmacy</b>	11 Old Road East Peckham Tonbridge TN10 3NP	W	W	N	N	Y	N	N	N	N	N	N	Y
Tonbridge & Malling	FD300	<b>Hadlow Pharmacy</b>	The Square Hadlow, Tonbridge, TN11 0DA	Y	Y	Y	N	Y	Y	Y	N	Y	N	Y	Y
Tonbridge & Malling	FED96	<b>Paydens Ltd</b>	24-26 High Street Snodland ME6 5DF	Y	W	Y	N	W	N	N	N	Y	N	Y	Y
Tonbridge & Malling	FER21	<b>Heath Pharmacy</b>	Maidstone Road Horsmonden Tonbridge TN12 8JJ	Y	N	Y	N	W	W	W	N	Y	N	W	N
Tonbridge & Malling	FF221	<b>G Currie Chemists</b>	4 York Parade Shipbourne Road Tonbridge TN10 3NP	Y	Y	N	N	Y	W	W	N	Y	N	Y	Y
Tonbridge & Malling	FH460	<b>Kings Hill Pharmacy</b>	6 Liberty Square Kings Hill West Malling ME19 4AU	Y	N	N	N	W	N	Y	N	Y	N	Y	N
Tonbridge & Malling	FJC85	<b>Hobbs Pharmacy</b>	25 Quarry Hill Road Tonbridge TN9 2RN	Y	Y	Y	Y	N	Y	Y	N	Y	N	N	N
Tonbridge & Malling	FM756	<b>Sainsburys Pharmacy</b>	Mills Road Aylesford Maidstone ME20 7NA	Y	W	N	N	W	W	W	N	N	N	N	N
Tonbridge & Malling	FNH39	<b>Catts Pharmacy</b>	Snodland Medical Practice Catts Alley Snodland ME6 5SN	Y	N	N	N	N	N	N	N	Y	N	N	N
Tonbridge & Malling	FRG18	<b>Paydens Ltd</b>	12 - 16 Martin Square Larkfield Maidstone ME20 6QJ	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	N



Tonbridge & Malling	FRL66	<b>Tesco Pharmacy</b>	Lunsford Park Larkfield Maidstone ME20 6RJ	Y	N	N	N	Y	N	N	Y	Y	N	N	N
Tonbridge & Malling	FV022	<b>Boots</b>	9 High Street Tonbridge TN9 1SG	Y	Y	Y	N	N	Y	Y	N	N	N	N	N
Tonbridge & Malling	FVR62	<b>Gosrani Pharmacy</b>	11 Martin Hardie Way Tonbridge TN10 4AE	Y	Y	N	N	Y	Y	N	Y	Y	N	Y	Y
Tonbridge & Malling	FX524	<b>Thompsons Chemist</b>	1a Riding Lane Hildenborough TN11 9HX	Y	Y	N	N	Y	Y	Y	Y	Y	N	N	N
Tonbridge & Malling	FXQ41	<b>Oaks Pharmacy</b>	Admiral Moore Drive British Legion Village Aylesford ME20 7SE	Y	N	N	N	Y	N	Y	N	Y	N	N	Y
Tonbridge & Malling	FYC62	<b>Lloydspharmacy</b>	42 High Street Borough Green TN15 8BJ	Y	N	Y	Y	N	Y	W	N	Y	N	N	Y
Tunbridge Wells	FH199	<b>Hawkhurst Pharmacy</b>	1 The Colonnade Hawkhurst TN18 4ES	Y	Y	Y	N	Y	W	W	Y	Y	N	N	Y
Tunbridge Wells	FE414	<b>Rusthall Pharmacy</b>	2 High Street Rusthall Tunbridge Wells TN4 8RN	Y	N	N	N	N	N	N	N	Y	N	N	N
Tunbridge Wells	FE444	<b>Carrs Corner Chemists</b>	94 Calverley Road	Y	N	Y	N	N	N	N	N	N	N	N	N
Tunbridge Wells	FJ243	<b>Hollis Pharmacy</b>	285 Upper Grosvenor Road Tunbridge Wells TN4 9EX	Y	N	N	N	N	N	N	N	N	N	N	N
Tunbridge Wells	FJ632	<b>Greens Pharmacy</b>	140 London Road, Southborough, TN4 0PJ	Y	W	N	N	W	N	N	N	Y	N	N	Y
Tunbridge Wells	FJE33	<b>Imperial Pharmacy</b>	4 The Pantiles Tunbridge Wells TN2 5TN	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	Y
Tunbridge Wells	FJN98	<b>Greggswood Pharmacy</b>	106 Greggswood Road Tunbridge Wells TN2 3JG	N	N	Y	N	N	W	W	N	N	N	N	N
Tunbridge Wells	FLF40	<b>Matrix Primary Healthcare Ltd</b>	Unit 25, West End Kemsing , TN15 6PX	W	W	N	N	W	N	N	N	N	N	N	N
Tunbridge Wells	FLL94	<b>Sainsbury's Pharmacy</b>	Sainsbury's Store Linden Park Road Tunbridge Wells TN2 5QL	Y	W	N	N	N	W	W	N	Y	N	N	N
Tunbridge Wells	FPC83	<b>The Pharmacy</b>	High Street Goudhurst TN17 1AG	Y	W	N	N	W	N	N	N	Y	N	N	N
Tunbridge Wells	FPL19	<b>Paddock Wood Pharmacy</b>	12 Commercial Road Paddock Wood TN12 6EL	N	W	Y	N	N	N	N	N	Y	N	N	Y
Tunbridge Wells	FQL85	<b>Paydens</b>	Abbeycourt Medical Centre St John's Road, Tunbridge Wells, TN4 9TJ	W	W	N	N	N	N	N	N	Y	N	N	Y
Tunbridge Wells	FT200	<b>A E Hobbs Ltd</b>	72 Mount Pleasant Tunbridge Wells TN1 1RJ	Y	Y	N	N	Y	N	N	N	Y	N	N	Y
Tunbridge Wells	FV493	<b>Boots</b>	Tunbridge Wells TN1 2TE	Y	Y	Y	N	Y	Y	Y	N	Y	N	N	Y
Tunbridge Wells	FV631	<b>Lloydspharmacy</b>	White Lion House High Street Cranbrook TN17 3DF	Y	N	N	N	Y	N	N	N	Y	N	Y	Y
Tunbridge Wells	FVQ77	<b>Pembury Pharmacy</b>	5 High Street Pembury TN2 4PH	Y	Y	Y	N	Y	N	Y	N	Y	N	N	Y

Gravesham  
**Ackers**  
 Whitehorse Walk in  
 Centre, Vale Road,  
 Gravesend  
 Granted 10 December 2010 NOT YET OPENED

**Core Opening Hours of Pharmacies in WKPCT as at December 2010**

**Appendix 2. PNA**

LOCALITY	PHARMACY CODE	PHARMACY NAME	POSTCODE	TRADING NAME	TELEPHONE NUMBER 1	CORE MON START AM	CORE MON END AM	CORE MON START PM	CORE MON END PM	CORE TUES START AM	CORE TUES END AM	CORE TUES START PM	CORE TUES END PM	CORE WEDS START AM	CORE WEDS END AM	CORE WEDS START PM	CORE WEDS END PM	CORE THURS START AM	CORE THURS END AM	CORE THURS START PM	CORE THURS END PM	CORE FRI START AM	CORE FRI END AM	CORE FRI START PM	CORE FRI END PM	CORE SAT START AM	CORE SAT END AM	CORE SAT START PM	CORE SAT END PM	CORE SUN START AM	CORE SUN END AM	CORE SUN START PM	CORE SUN END PM
Aylesford	FM756	Sainsburys Supermarkets Ltd	ME20 7NA	Sainsburys Pharmacy	01622 790223	07:00	22:00			06:00	22:00			06:00	22:00			06:00	22:00			06:00	22:00			07:00	22:00			11:00	17:00		
Aylesford	FXQ41	Delmergate Ltd	ME20 7SE	Oaks Pharmacy	01622 882386	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00								
Bearsted	FHF29	Paydens Ltd	ME14 4LX	Paydens Ltd	01622 737713	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00								
Borough Green	FYC62	Lloyds Pharmacy Ltd	TN15 8BJ	Lloydspharmacy	01732 884218	08:30	12:00	16:00	19:00	08:30	12:00	16:00	19:00	08:30	12:00	16:00	19:00	08:30	12:00	16:00	19:00	08:30	12:00	16:00	19:00	10:00	17:30						
Coxheath	FL233	Lloyds Pharmacy Ltd	ME17 4EH	Lloydspharmacy	01622 745567	09:00	12:00	15:00	18:30	09:00	12:00	15:00	18:30	09:00	12:00	15:00	18:30	09:00	12:00	15:00	18:30	09:00	12:00	15:00	18:30	09:00	12:00	15:00	18:30	09:00	16:30		
Cranbrook	FV631	Lloyds Pharmacy Ltd	TN17 3DF	Lloydspharmacy	01580 713292	09:00	12:00	15:00	18:30	09:00	12:00	15:00	18:30	09:00	12:00	15:00	18:30	09:00	12:00	15:00	18:30	09:00	12:00	15:00	18:30	09:00	12:00	15:00	18:30	09:00	17:00		
Darenth	FV757	S & S Chopra	DA2 8DA	S & S Chopra	01322 227240	09:00	13:00	14:00	17:30	09:00	13:00	14:00	17:30	09:00	13:00	14:00	17:00	09:00	13:00	14:00	17:00	09:00	13:00	14:00	17:30	09:00	12:00						
Dartford	FCJ14	Lloyds Pharmacy Ltd	DA1 2EU	Lloyds Pharmacy	01322 311753	07:00	22:00			07:00	22:00			07:00	22:00			07:00	22:00			07:00	22:00			09:00	22:00			10:00	22:00		
Dartford	FM185	National Co-Operative Chemists	DA1 2JP	The Co-Operative Pharmacy	01322 227930	08:30	12:30	14:15	18:15	08:30	12:30	14:15	18:15	08:30	12:30	14:15	18:15	08:30	12:30	14:15	18:15	08:30	12:30	14:15	18:15								
Dartford	FP204	Sainsburys Supermarket Ltd	DA1 2HS	Sainsburys Pharmacy	01322 223379	09:00	12:00	13:00	17:00	09:00	12:00	13:00	17:00	09:00	12:00	13:00	17:00	09:00	12:00	13:00	17:00	09:00	12:00	13:00	17:00	09:00	12:00	13:00	15:00				
Dartford	FX082	Paydens (Steyning) Ltd	DA1 1HP	Paydens	01322 220779	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	13:30	17:30	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00								
Dartford	FFV03	Mr & Mrs A A Alagbe	DA1 5HY	Daysol Pharmacy	01322 224141	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00								
Dartford	FM371	Dartford Pharmacy Ltd	DA1 3EN	M. D. Moore Pharmacy	01322 220863	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00								
Dartford	FN266	Springgate & Harrison Ltd	DA1 1YD	The Brent Pharmacy	01322 223376	09:00	17:00			09:00	17:00			09:00	17:00			09:00	17:00			09:00	17:00										
Dartford	FWL74	S G Court Ltd	DA1 2EF	West Hill Pharmacy	01322 276661	09:00	17:00			09:00	17:00			09:00	17:00			09:00	17:00			09:00	17:00										
Dartford	FN522	Boots UK Ltd	DA1 1DE	Boots	01322 223664	09:30	14:00	15:00	17:30	09:30	14:00	15:00	17:30	09:30	14:00	15:00	17:30	09:30	14:00	15:00	17:30	09:30	14:00	15:00	17:30	09:30	14:00	15:00	17:30	09:30	14:00	15:00	17:30
Dartford	FD772	Boots UK Limited	DA9 9SJ	Boots	01322 624780	10:00	14:00	15:00	17:00	10:00	14:00	15:00	17:00	10:00	14:00	15:00	17:00	10:00	14:00	15:00	17:00	10:00	14:00	15:00	17:00	10:00	14:00	15:00	17:00	12:00	16:00		
East Peckham	FAN75	M E F (RX) Ltd	TN12 5AS	Field Pharmacy	01622 871409	09:00	13:00	14:00	17:30	09:00	13:00	14:00	17:30	09:00	13:00	14:00	17:30	09:00	13:00	14:00	17:30	09:00	13:00	14:00	17:30	09:00	13:00						
Edenbridge	FMG20	Paydens Ltd	TN8 5AJ	Paydens Ltd	01732 863211	09:00	13:00	13:30	17:30	09:00	13:00	13:30	17:30	09:00	13:00	13:30	17:30	09:00	13:00	13:30	17:30	09:00	13:00	13:30	17:30								
Edenbridge	FL061	Boots UK Limited	TN8 5AD	Boots	01732 863215	09:30	12:30	13:30	17:30	09:30	12:30	13:30	17:30	09:30	12:30	13:30	17:30	09:30	12:30	13:30	17:30	09:30	12:30	13:30	17:30	09:30	12:30	13:30	15:30				
Goudhurst	FPC83	Shaan Ltd	TN17 1AG	The Pharmacy	01580 211245	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00			09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00						
Gravesend	FWW55	Asda Stores Ltd	DA11 0DQ	Asda Pharmacy	01474 543410	08:00	23:00			07:00	23:00			07:00	23:00			07:00	23:00			07:00	23:00			07:00	22:00			10:00	16:00		
Gravesend	FK412	Lloyds Pharmacy Ltd	DA12 4NG	Lloydspharmacy	01474 567948	09:00	12:15	16:00	19:15	09:00	12:15	16:00	19:15	09:00	12:15	16:00	19:15	09:00	12:15	16:00	19:15	09:00	12:15	16:00	19:15	10:00	17:30						
Gravesend	FA066	Singlewell Pharmacy Ltd	DA11 7QA	Singlewell Pharmacy	01474 533674	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00			09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00						
Gravesend	FQ897	K K Leung	DA12 5BW	Echo Pharmacy	01474 533754	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00								
Gravesend	FDT87	N B Pharmacy Ltd	DA11 0LJ	N B Pharmacy Ltd	01474 352609	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00								
Gravesend	FRY03	J N Shah	DA12 5RT	Nicholson & Keep	01474 533047	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00								
Gravesend	FHT34	S G Court Ltd	DA11 0HN	Darnley Pharmacy	01474 533528	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00								
Gravesend	FLJ66	Pender Pharmacy Ltd	DA12 2EN	Gravesend Medical Centre Pharmacy	01474 335646	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00								
Gravesend	FN439	Pender Pharmacy Ltd	DA12 2RE	Pender Pharmacy	01474 323828	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00								
Gravesend	FY771	R S Bains Ltd	DA12 5DZ	R S Bains	01474 365140	09:00	13:00	14:15	18:15	09:00	13:00	14:15	18:15	09:00	13:00	14:15	18:15	09:00	13:00	14:15	18:15	09:00	13:00	14:15	18:15								
Gravesend	FHA64	Harshraj Ltd	DA12 4TY	Lion Pharmacy	01474 365168	09:00	17:00			09:00	17:00			09:00	17:00			09:00	17:00			09:00	17:00										
Gravesend	FMP78	Pharmacy 1st Ltd	DA12 2HU	Pharmacy 1st Ltd	01474 360240	09:00	17:00			09:00	17:00			09:00	17:00			09:00	17:00			09:00	17:00										
Gravesend	FRK37	Regent Pharmacies Ltd	DA12 1AS	Regent Pharmacy	01474 534394	09:00	17:00			09:00	17:00			09:00	17:00			09:00	17:00			09:00	17:00										
Gravesend	FHY96	Boots UK Limited	DA11 0TA	Boots	01474 352740	09:30	14:00	15:00	17:30	09:30	14:00	15:00	17:30	09:30	14:00	15:00	17:30	09:30	14:00	15:00	17:30	09:30	14:00	15:00	17:30	09:30	14:00	15:00	17:30	09:30	14:00	15:00	17:30
Greenhithe	FEL35	Asda Stores Ltd	DA9 9BT	Asda Pharmacy	01322 374110	09:00	12:30	14:30	17:00	09:00	12:30	14:30	17:00	09:00	12:30	14:30	17:00	09:00	12:30	14:30	17:00	09:00	12:30										

LOCALITY	PHARMACY CODE	PHARMACY NAME	POSTCODE	TRADING NAME	TELEPHONE NUMBER 1	CORE MON START AM	CORE MON END AM	CORE MON START PM	CORE MON END PM	CORE TUES START AM	CORE TUES END AM	CORE TUES START PM	CORE TUES END PM	CORE WEDS START AM	CORE WEDS END AM	CORE WEDS START PM	CORE WEDS END PM	CORE THURS START AM	CORE THURS END AM	CORE THURS START PM	CORE THURS END PM	CORE FRI START AM	CORE FRI END AM	CORE FRI START PM	CORE FRI END PM	CORE SAT START AM	CORE SAT END AM	CORE SAT START PM	CORE SAT END PM	CORE SUN START AM	CORE SUN END AM	CORE SUN START PM	CORE SUN END PM			
New Ash Green	FX677	Paydens (Steyning) Ltd	DA3 8JB	Village Pharmacy	01474 873811	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00											
Northfleet	FPC66	Badiani & Co Ltd	DA11 8LG	Pender Chemist	01474 567942	09:00	13:00	14:00	17:30	09:00	13:00	14:00	17:30	09:00	13:00	14:00	17:30	09:00	13:00	14:00	17:30	09:00	13:00	14:00	17:30	09:00	11:30									
Northfleet	FHV64	Ran Pharma Ltd	DA11 9EU	Hill Pharmacy	01474 564615	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:30	18:00											
Northfleet	FQY90	Badiani & Co Ltd	DA11 7HW	Chadwicks Chemist	01474 566560	09:00	13:00	14:15	17:30	09:00	13:00	14:15	17:30	09:00	13:00	14:15	17:30	09:00	13:00	14:15	17:30	09:00	13:00	14:15	17:30											
Northfleet	FC312	Badiani & Co Ltd	DA11 8BS	Williams Chemists	01474 533079	09:00	13:00	14:15	18:15	09:00	13:00	14:15	18:15	09:00	13:00	14:15	18:15	09:00	13:00	14:15	18:15	09:00	13:00	14:15	18:15											
Paddock Wood	FPL19	Canterbury Pharmacies Ltd	TN12 6EL	Paddock Wood Pharmacy	01892 833203	09:00	17:00			09:00	17:00			09:00	17:00			09:00	17:00			09:00	17:00													
Pembury	FVQ77	A & S Shillam Ltd	TN2 4PH	Pembury Pharmacy	01892 822896	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00											
Riverhead	FJ098	Day Lewis Ltd	TN13 2AA	Day Lewis Chemist	01732 452452	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00											
Rusthall	FE414	Paydens Ltd	TN4 8RN	Rusthall Pharmacy	01892 521255	09:00	13:15	13:45	17:30	09:00	13:15	13:45	17:30	09:00	13:00			09:00	13:15	13:45	17:30	09:00	13:15	13:45	17:30	09:00	13:00									
Sevenoaks	FEJ82	Sainsbury's Supermarkets Ltd	TN14 5EG	Sainsbury's Pharmacy	01732 469198	06:30	22:30			06:30	22:30			06:30	22:30			06:30	22:30			06:30	22:30			06:30	21:30			10:00	16:00					
Sevenoaks	FRQ32	Paydens Ltd	TN13 1AR	Paydens Ltd	01732 454997	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00											
Sevenoaks	FTH93	Boots UK Ltd	TN13 1DH	your local Boots pharmacy	01732 456570	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00											
Sevenoaks	FRV95	Day Lewis Ltd	TN13 3TQ	Day Lewis Pharmacy	01732 453634	09:00	13:00	14:15	17:30	09:00	13:00	14:15	17:30	09:00	13:00	14:15	17:30	09:00	13:00	14:15	17:30	09:00	13:00	14:15	17:30	09:00	12:30									
Sevenoaks	FJK28	R J Hodgson	TN13 3PE	Bat & Ball Pharmacy	01732 453094	09:00	13:00	14:15	17:30	09:00	13:00	14:15	17:30	09:00	13:00	14:15	17:30	09:00	13:00	14:15	17:30	09:00	13:00	14:15	17:30	09:00	12:45									
Sevenoaks	FTL24	Startspot Ltd	TN14 5PQ	Oxford Pharmacy	01959 522072	09:00	13:00	14:15	17:30	09:00	13:00	14:15	17:30	09:00	13:00	14:15	17:30	09:00	13:00	14:15	17:30	09:00	13:00	14:15	17:30	09:00	12:45									
Sevenoaks	FPX45	Boots UK Limited	TN13 1XA	Boots	01732 454276	09:30	14:00	15:00	17:30	09:30	14:00	15:00	17:30	09:30	14:00	15:00	17:30	09:30	14:00	15:00	17:30	09:30	14:00	15:00	17:30	09:30	14:00	15:00	15:30							
Snodland	FNH39	A & S Shillam Ltd	ME6 5SN	Catts Pharmacy	01634 242077	09:00	13:00	13:30	17:30	09:00	13:00	13:30	17:30	09:00	13:00	13:30	17:30	09:00	13:00	13:30	17:30	09:00	13:00	13:30	17:30											
Snodland	FED96	Paydens Ltd	ME6 5DF	Paydens Ltd	01634 240539	09:00	13:00	14:00	17:30	09:00	13:00	14:00	17:30	09:00	13:00	14:00	17:30	09:00	13:00	14:00	17:30	09:00	13:00	14:00	17:30	09:00	12:00									
South Darenth	FWR04	Butt & Hobbs Ltd	DA4 9AF	Hobbs Pharmacy	01322 860019	09:00	17:00			09:00	17:00			09:00	17:00			09:00	17:00			09:00	17:00													
Southborough	FJ632	Day Lewis Ltd	TN4 0PJ	Greens Chemist	01892 529315	09:00	13:00	14:00	18:00	09:00	13:00	14:00	17:00	09:00	13:00	14:00	17:00	09:00	13:00	14:00	17:00	09:00	13:00	14:00	17:00	09:00	13:00									
Staplehurst	FVE01	Lloyds Pharmacy Ltd	TN12 0AA	Lloydspharmacy	01580 891528	09:00	12:00	15:00	19:00	09:00	12:00	15:00	19:00	09:00	12:00	15:00	19:00	09:00	12:00	15:00	19:00	09:00	12:00	15:00	19:00	09:00	13:00									
Swanley	FL923	National Co-Operative Chemists	BR8 7TG	The Co-operative Pharmacy	01322 663209	08:30	12:30	15:00	19:00	08:30	12:30	15:00	19:00	08:30	12:30	15:00	19:00	08:30	12:30	15:00	19:00	08:30	12:30	15:00	19:00											
Swanley	FF547	Wellbrooke Products Ltd	BR8 7TQ	Swanley Pharmacy	01322 662259	09:00	13:00	14:00	17:00	09:00	13:00	14:00	17:00	09:00	13:00	14:00	17:00	09:00	13:00	14:00	17:00	09:00	13:00	14:00	17:00	09:00	13:00									
Swanley	FKV58	Boots UK Limited	BR8 7TL	Boots	01322 663668	09:30	13:00	14:00	17:30	09:30	13:00	14:00	17:30	09:30	13:00	14:00	17:30	09:30	13:00	14:00	17:30	09:30	13:00	14:00	17:30	09:30	13:00	14:00	15:30							
Swanscombe	FH692	Ackers Chemists Ltd	DA10 0BF	Swan Valley Pharmacy	01322 313640	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00											
Swanscombe	FH411	Ackers Chemists Ltd	DA10 0HF	Ackers Chemists	01322 382300	09:00	17:00			09:00	17:00			09:00	17:00			09:00	17:00			09:00	17:00													
Tonbridge	FJC85	Butt & Hobbs Ltd	TN9 2RN	Hobbs Pharmacy	01732 353950	09:00	13:00	14:00	17:30	09:00	13:00	14:00	17:30	09:00	13:00	14:00	17:30	09:00	13:00	14:00	17:30	09:00	13:00	14:00	17:30	09:00	11:30									
Tonbridge	FF221	Paydens Ltd	TN10 3NP	G Currie Chemists	01732 355550	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00											
Tonbridge	FA286	Paydens Ltd	TN9 1BB	Clarke & Coleman	01732 353743	09:00	14:00	15:00	18:00	09:00	14:00	15:00	18:00	09:00	14:00	15:00	18:00	09:00	14:00	15:00	18:00	09:00	14:00	15:00	18:00											
Tonbridge	FVR62	M Gosrani	TN10 4AE	Gosrani Pharmacy	01732 355956	09:00	17:30			09:00	17:30			09:00	17:30			09:00	17:30			09:00	17:30			09:00	12:30									
Tonbridge	FV022	Boots UK Limited	TN9 1SG	Boots	01732 353586	09:30	13:30	14:30	17:30	09:30	13:30	14:30	17:30	09:30	13:30	14:30	17:30	09:30	13:30	14:30	17:30	09:30	13:30	14:30	17:30	09:30	13:30	14:30	15:30							
Tunbridge Wells	FLL94	Sainsbury's Supermarkets Ltd	TN2 5QL	Sainsbury's Pharmacy	01892 532569	07:00	23:00			07:00	23:00			07:00	23:00			07:00	23:00			07:00	23:00			07:00	22:00			10:00	16:00					
Tunbridge Wells	FE444	Baba Medical Ltd	TN1 2UN	Carrs Corner Chemists	01892 542275	09:00	13:00	14:00	17:30	09:00	13:00	14:00	17:30	09:00	13:00	14:00	17:30	09:00	13:00	14:00	17:30	09:00	13:00	14:00	17:30	09:00	13:00	14:00	17:30							
Tunbridge Wells	FQL85	Canterbury Pharmacies Ltd	TN4 9TJ	Paydens	01892 516090	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00											
Tunbridge Wells	FJN98	Medimpo Ltd	TN2 3JG	Greggswood Pharmacy	01892 540398	09:00	13:00	14:15	18:00	09:00	13:00	14:15	18:00	09:00	13:00	14:15	18:00	09:00	13:00	14:15	18:00	09:00	13:00	14:15	18:00	09:00	10:15									
Tunbridge Wells	FJ243	D Patel	TN4 9EX	Hollis Pharmacy	01892 520823	09:00	13:00	14:15</																												

## Summary of Advanced, Enhanced and other Pharmacy services in West Kent

### Provision of Advanced Services

#### Medicine Use Review (MUR)

In an MUR a patient and a pharmacist sit down and talk through issues around the patient's medicines, and if necessary recommend changes to the patient's GP

In order to provide an MUR, a contractor must have an approved and signposted consultation area, and the pharmacist carrying out the MUR must have successfully completed an accredited MUR course.

Only 10 of the 113 community pharmacies in West Kent do not yet have a PCT approved consultation area

The vision from the Pharmacy White Paper points to a more clinical and patient-focused attitude being required of all contractors. New contractors will be expected to provide and routinely use a consulting room for a higher proportion of discussions with users. Current contractors without consulting rooms, and those who do not regularly use them should actively consider improvements; the lack of such facilities is likely to be taken into account when evaluating whether the public is being adequately served.

#### Level of Provision of Medicine Use Reviews (MURs)

	Providing	All Pharmacies	Percentage providing
Dartford	17	19	89.4%
Gravesham	15	22	68.2%
Maidstone	19	21	90.5%
Sevenoaks	14	17	82.3%
Tonbridge and Malling	17	18	94.4%
Tunbridge Wells	12	16	75.0%
<b>NHS West Kent</b>	<b>94</b>	<b>113</b>	<b>83.2%</b>

**Figure 1.**

#### Dispensing Reviews of the Use of Medicines: (DRUM)

The Dispensing Review of Use of Medicines (DRUM), from dispensing GP practices, was made an integral requirement of the original Dispensing Services Quality Scheme (DSQS) in 2006 in England.

It was introduced to minimise patients' misuse and overuse of prescribed medication, by encouraging dispensing practices to check patients' understanding of their medicines on a regular basis. They can bring to light problems with patients' compliance and concordance.

The requirement is for 10% of the practice's dispensing patients, or their carers, to receive a face-to-face review at least once every year. The reviews can be carried out by trained dispensing staff, or 'a registered health professional with appropriate competencies in review of medicines', with results entered into the patient's medical record.

The PNA may not consider the provision of DRUM in meeting the pharmaceutical needs of the population. We note 28 of 33 dispensing practices in NHS West Kent provide this service.

### **Stoma Customisation and Appliance Use Reviews: (AUR)**

These were introduced in April 2010 to provide review opportunities for users of appliances. These may be carried out by appliance contractors or community pharmacy contractors. We do not yet have information on provision in NHS West Kent.

## **Provision of Enhanced Services**

### **Overview of Enhanced Services**

Local Enhanced Services are commissioned to provide services over and above the essential pharmaceutical services required by the population. Whenever possible the services commissioned are on the same terms and benchmarked to the same standards as those from other providers. Depending on the service they may be commissioned from some, or offered to all, community pharmacies.

Enhanced services should be available at all times when a pharmacy is open.

Service managers have identified that among providers there is high variability in activity and outcome measures. Some contractors are registered and advertised as providing a service, but have not yet demonstrated significant activity. There are also issues around outcomes relative to local and national benchmark standards. There is concern that these contractors are probably not retaining competence nor delivering the commissioning intention. Each service is reviewing all providers on activity and outcomes to ensure the NHS continues to commission from those who provide the service to the standard required.

### **Accreditation**

Pharmacies within NHS West Kent are invited to provide a number of enhanced services. In order to provide assurance to the PCT that commissioned contractors are able to fulfil the service most of the services require completion of a locally accredited training programme.

The requirement for a named pharmacist from each contractor to attend a locally accredited programme is currently being operated locally. There are plans to move to national accreditation but in the meantime NHS West Kent is participating in the Harmonisation of Accreditation Group (HAG) in which all participating PCTs agree common standards for training.

Until such a time as a national accreditation programme is in place NHS West Kent must be committed to supporting commissioners in ensuring that adequate training opportunities for each enhanced service are available. This should ensure that service provision is not compromised by the lack of opportunity for a pharmacist newly working in the area to become accredited locally.

NHS West Kent commissions eight of the nationally defined services including all those most commonly commissioned.

The provision of care home support and palliative care “in hours” supply are two services which are commissioned by at least 60 other PCTs but not currently in West Kent, although the supply of palliative care medications was under review at the time the PNA was being undertaken with a view to addressing this.

## Emergency Hormonal Contraception

Teenage pregnancy is a national concern. Pharmacies have a particular role to play in supporting post-coital Emergency Hormonal Contraception (EHC). These therapies work more effectively the sooner they are taken after unprotected sex (maximum time from intercourse 72 hours). To maximise effectiveness community provision needs to be available in every area, during extended hours, on most days of the week. The most common time to seek a consultation is during the weekend; Sunday provision is particularly useful. There is a wide variation in the teenage pregnancy rate across the area and coverage should be targeted to those areas with higher rates and provided in pharmacies with longer hours of opening, particularly at the weekend.

There is an enhanced service available from community pharmacies providing EHC, free of charge, to the under 20's in NHS West Kent. EHC can also be obtained for all age groups from the Minor Injuries Units (MIU's) and Contraception and Sexual Health (CASH) clinics.

For women aged 16 years and over EHC can be purchased from pharmacies, or obtained on prescription via a doctor's prescription.

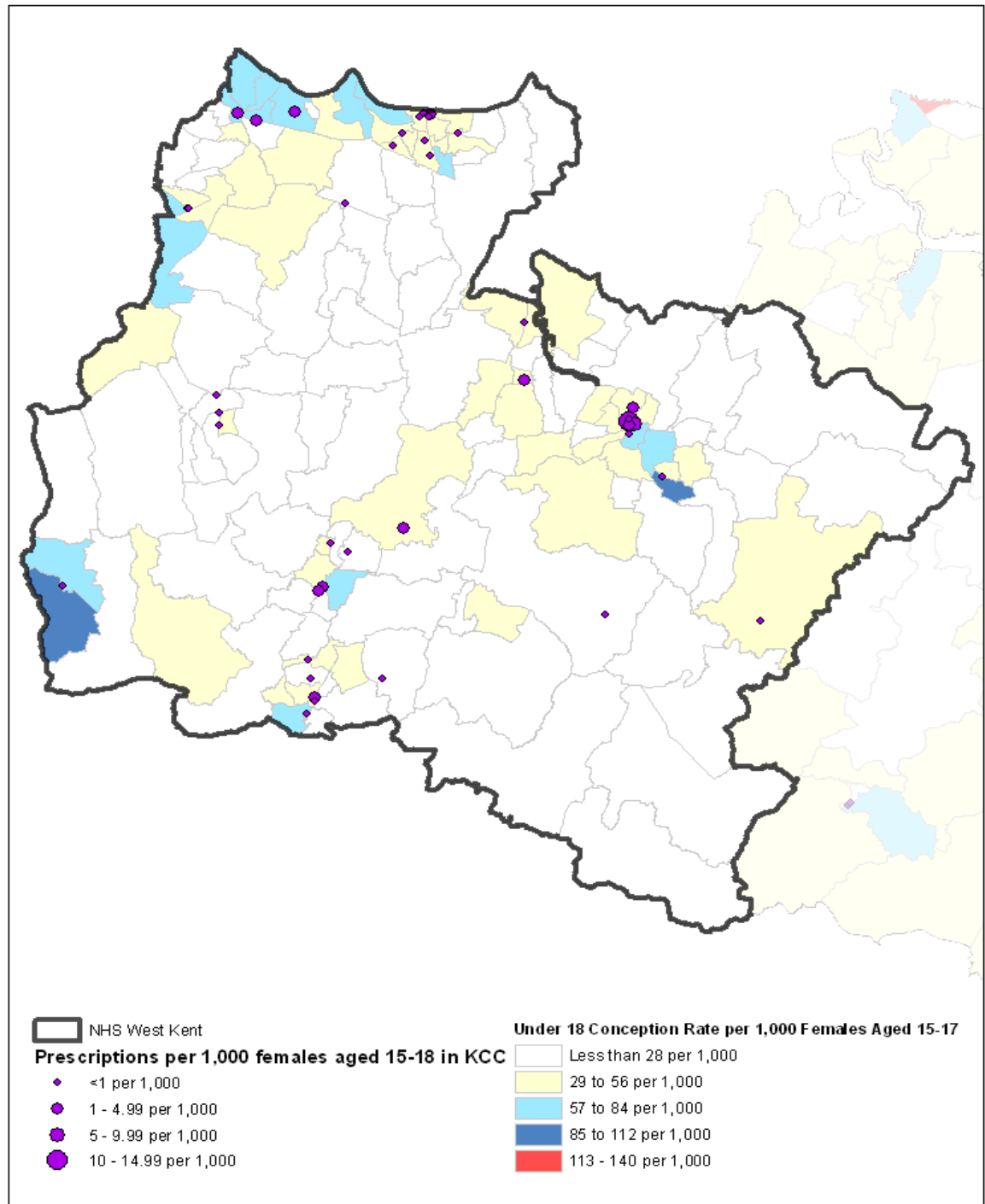
The EHC service is provided by named pharmacists who have undertaken locally accredited training to give them enhanced skills including how to best conduct sensitive clinical interviews with young people and safeguarding training to a level appropriate to the contact and intervention the pharmacists will be having. Advice on this can be sought from the Safeguarding lead from the PCT. CRB checks have not been a requirement in the past, but all pharmacists undertaking EHC refresher training in January 2011 will be CRB checked as part of this process.

	Providing	All Pharmacies	Percentage providing	WKCH FP clinics	Teenage Conception Rate 2005/07	% of Teenage Conceptions Leading to Abortion
<b>Dartford</b>	6	19	31.5%	3	40.7	47
<b>Gravesham</b>	6	22	27.3%	3	35.8	45
<b>Maidstone</b>	10	21	47.6%	2	36.8	55
<b>Sevenoaks</b>	6	17	35.3%	3	26.4	62
<b>Tonbridge and Malling</b>	7	18	38.9%	2	28.4	57
<b>Tunbridge Wells</b>	5	16	31.2%	2	23.1	57
<b>NHS West Kent</b>	<b>40</b>	<b>113</b>	<b>34.8%</b>	<b>15</b>	<b>31.4</b>	<b>53.8</b>

**Figure 2. Locations Providing EHC**

Dartford and Maidstone have a low proportion of pharmacies engaged in offering EHC service but have high teenage pregnancy rates.

All areas shown on the map in Figure 3 below, where the under-18 conception rate is in the highest 2 conception rate categories have at least 1 pharmacy offering EHC. The exception to this is in South Gravesend, although there are other pharmacies offering the service in nearby locations.



Copyright (c) Experian Ltd 2008, Copyright (c) NAVTEQ 2008. Based on Crown Copyright material.

**Figure 3. Under 18 Conception Rate and Number of EHC Prescriptions Per 1,000 Females Aged 15-18 in Kent County.**

### Chlamydia Testing and Treatment

The National Chlamydia Screening Programme (NCSP) in England aims to prevent the spread, control the prevalence and reduce the impact of Chlamydia through early

detection, reduction of onward transmission to sexual partners and prevention of long-term consequences of untreated infection. The programme targets those in the highest risk group: sexually active young people aged under 25.

The ONS mid-year population estimate for 2008 indicates that there are approximately 78,890 people age between 15 and 24 in NHS West Kent. This represents 12% of the total population.

The NCSP employs an opportunistic approach to Chlamydia screening. Nationally the NCSP aimed to screen 17% of sexually active young people under 25 years during 2008/09, increasing to 25% in 2009/10 and 35% in 2010/11. NHS West Kent, in common with the majority of PCTs, has not been able to meet these targets. The PCT does however have the highest rate of screening in the region.

Chlamydia testing takes place in a number of different settings across Kent. Pharmacies have a key role in increasing the uptake of Chlamydia testing. West Kent are providing a Chlamydia screening service in 33 of the 112 pharmacies. Most of the pharmacies delivering this service are located in urban areas.

#### Pharmacies Providing Chlamydia Testing by Local Authority Area

	Providing	All Pharmacies	Percentage providing	Population 15 to 24	% of Population 15 to 24	% of WK pop 15 to 24
Dartford	6	19	31.5%	11,869	12.9%	15.0%
Gravesham	3	22	13.6%	12,764	13.0%	16.2%
Maidstone	9	21	42.9%	17,136	11.8%	21.7%
Sevenoaks	3	17	17.6%	12,178	10.6%	15.4%
Tonbridge and Malling	6	18	33.3%	13,520	11.5%	17.1%
Tunbridge Wells	3	16	18.7%	11,423	10.6%	14.5%
<b>NHS West Kent</b>	<b>30</b>	<b>113</b>	<b>26.5%</b>	<b>78,890</b>	<b>11.7%</b>	<b>100%</b>

**Table 9.0**

#### Pharmacies providing Chlamydia Treatment by Local Authority Area

	Providing	All Pharmacies	Percentage providing
Dartford	6	19	31.5%
Gravesham	3	22	13.6%
Maidstone	9	21	42.9%
Sevenoaks	3	17	17.6%
Tonbridge and Malling	6	18	33.3%
Tunbridge Wells	3	16	18.7%
<b>NHS West Kent</b>	<b>30</b>	<b>113</b>	<b>26.5%</b>

**Table 10.0**

Currently only pharmacies also offering EHC are commissioned to test and treat Chlamydia. This is to utilise the additional training in counselling skills in dealing with teenagers that come with training for EHC under the PCT Enhanced Scheme. The population seeking EHC and their partners are also the individuals at greatest risk of Chlamydia.

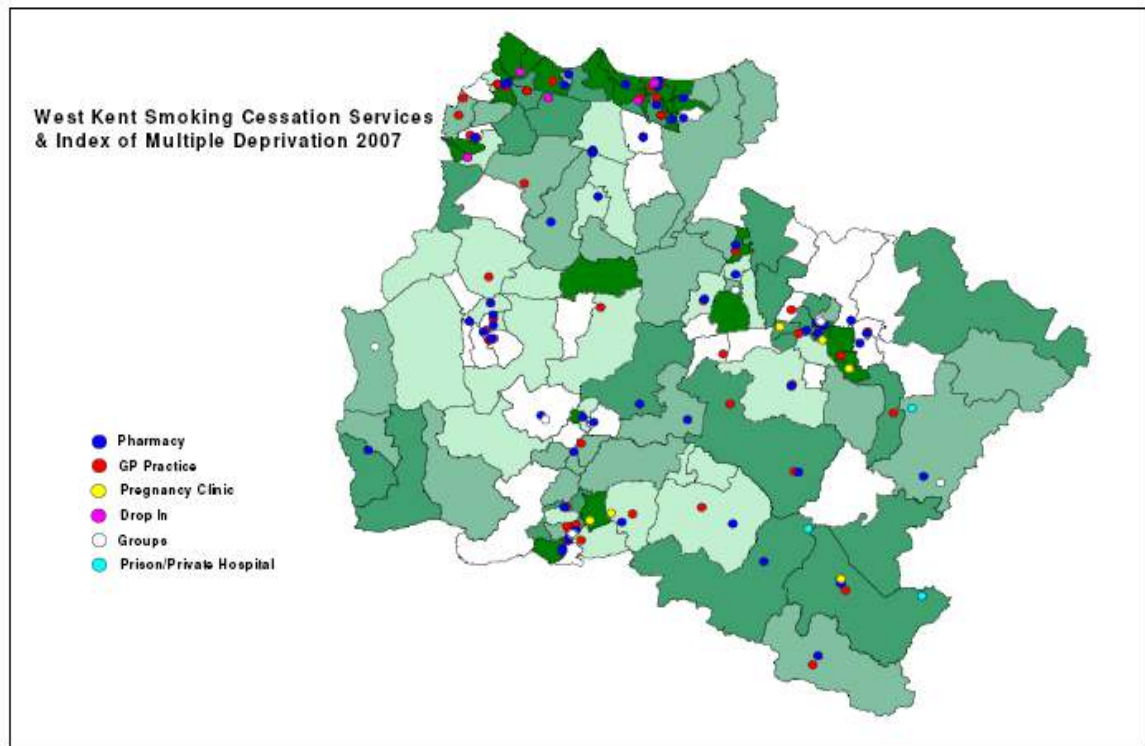


## Pregnancy Testing

One Pharmacy has been commissioned since 2004 to provide pregnancy testing to young women in a particular community where there was a locally high unwanted conception rate and local sexual health services were limited. This is unlikely to be commissioned from other contractors unless there is an exceptional need and it forms part of a package of measures to address health needs in a locality.

## Smoking Cessation

There are many services to help residents of NHS West Kent quit smoking. These are delivered by a number of primary care services including GPs and pharmacies. Group sessions are run via the PCTs Stop Smoking team.



**Figure 4.**

The smoking cessation service carried out a Smoking Cessation Health Equity Audit (2007/08 data) which identified that:

- All sectors of the population accessed the service but a lower than local average from the ethnically identified groups did so than those who classified themselves as “British”.
- More users and quitters came from areas with a high prevalence of smokers and high levels of deprivation.
- The quit rate per patient was about the same across all areas regardless of the level of deprivation.
- Community pharmacy contributed 418 quitters to the 3276 total in 2007/8. This constitutes 12.7%.

- At 42%, the rate of converting users with an intention to quit into successful quitters was lowest in community pharmacies. This compared with a 55% rate in GP surgeries, and 53% via Stop Smoking services.
- Community pharmacy quitters currently only have NRT to support the quit attempt (49% success rate) whereas GPs and the Stop Smoking service have access to other agents (Bupropion with 61% success rate and Varenicline with 63% success rate according to data from the local service).

### Pharmacies Providing Smoking Cessation

	Providing	All Pharmacies	% Providing	% of Population 15+	Estimated Smoking Prevalence	Estimated number of smokers
Dartford	8	19	42.1%	81.3%	28.5	21314
Gravesham	11	22	50.0%	81.5%	27.8	22192
Maidstone	14	21	66.7%	82.3%	23.4	28000
Sevenoaks	6	17	35.3%	81.7%	19.8	18552
Tonbridge and Malling	8	18	44.4%	80.8%	23.4	22153
Tunbridge Wells	6	16	37.5%	80.5%	23.7	20494
<b>NHS West Kent</b>	<b>53</b>	<b>113</b>	<b>46.9%</b>	<b>81.4%</b>	<b>24.0</b>	<b>131787</b>

**Figure 5.**

- Pharmacies offering smoking cessation are not evenly distributed geographically, nor are they necessarily located in areas with high prevalence of smoking.
- Central Swanley, Greggswood in Tunbridge Wells, Central Tonbridge, Greenhithe and Swanscombe, although having populations with the highest 2 categories of smoking prevalence have no community pharmacies offering smoking cessation. This is despite the availability of consultation rooms for MURs.
- Dartford also has a very low proportion of pharmacies offering the service yet the highest smoking prevalence. Dartford is recognised in the JSNS as a priority area for improvements to the preventative pathways for COPD, and CHD. These would be better supported if more contractors actively engaged in this programme. This is a real opportunity for contractors to provide a very valuable service.
- It is not necessarily the large pharmacies which are the most successful in terms of helping smokers to quit. With a quit rate of 48% and 7 participants a month, one of the smallest pharmacies in the PCT performs impressively in its remit to support the population in its area to improve their health.
- The smoking cessation service internal data shows that of the pharmacies offering smoking cessation, 20% of contractors had not listed any patients as having set a quit date.

### Needle and Syringe Exchange / Supervised Administration Scheme

These important access services are provided from a number of community pharmacies and commissioned through Kent Drug and Alcohol Action Team (KDAAT). The service needs to provide facilities across the patch but there are particular needs to provide greater capacity in locations in Kent with more users. There are no reported capacity issues in West Kent.

	Providing	All Pharmacies	Percentage providing
Dartford	1	19	5.3%
Ed to Gravesham	2	22	9.1%
Maidstone	3	21	14.3%
Sevenoaks	1	17	5.9%
Tonbridge and Malling	3	18	16.7%
Tunbridge Wells	1	16	6.3%
<b>NHS West Kent</b>	<b>11</b>	<b>113</b>	<b>9.7%</b>

**Figure 6. Pharmacies Providing Needle and Syringe Exchange**

	Providing	All Pharmacies	Percentage providing
Dartford	6	19	31.6%
Gravesham	5	22	22.7%
Maidstone	11	21	52.4%
Sevenoaks	4	17	23.5%
Tonbridge and Malling	7	18	38.8%
Tunbridge Wells	7	16	43.8%
<b>NHS West Kent</b>	<b>44</b>	<b>113</b>	<b>39.3%</b>

**Figure 7. Pharmacies Providing Supervised Administration Scheme**

### **Hay Fever Service**

Hay fever for most people is a stable condition managed seasonally by medications to minimise symptoms. The hay fever service is intended to reduce the workload for GPs. People diagnosed by GPs are directed to participating pharmacies to obtain their hay fever medications. Once patients identified as suitable for the service have taken up the option of using a pharmacy they may continue to do so in each successive year without returning to the GP. A map showing pharmacies providing Hay fever services is included in Appendix 5.

64 pharmacies are available to practices who wish to provide this option for patients. Uptake by GP practices has so far been limited.

### **Minor Ailments Service**

Minor Ailments Services have been adopted by PCTs across the country to provide basic medications for people who would otherwise visit GPs or Emergency Departments.

This service is provided at 31 pharmacies. A map showing pharmacies providing Minor Ailment services is included in Appendix 5.

There is inequity in provision as all the contractors are in the Dartford and Gravesham area. Provision is also not correlated with deprivation, whereas evidence suggests the greatest benefit in terms of reduced use of NHS resources occurs in deprived areas.

The provision of this service is under review.

### **Out of Hours Service**

An Out-of-Hours service is provided by South East Health who carry an agreed list of medicines to make a full course of medication available to patients at the time and place of the consultation for new urgent conditions.

The Minor Injuries Units run by West Kent Community Health provide assessment, and where appropriate supply of medicines, 7 days a week with extended evening opening hours. The Acute Trusts have A&E departments for more serious conditions and will also supply medicines as appropriate.

NHS West Kent has a service to provide for the dispensing of urgent items out-of-hours. The Out-of-Hours service directly contact pharmacists to arrange for the medicine to be dispensed. The participating pharmacies are required to carry a core supply of palliative care drugs. Fifteen pharmacies offer this service.

### **End of Life Care**

The pharmaceutical support should meet the requirement set out in *End of Life Care Strategy Promoting high quality care for all adults at the end of life* (DH 2007) that 24/7 services should be available to support patients and their carers in the community.

The Out-of-Hours service from community pharmacies described above requires the participating pharmacies to hold the full list of palliative care drugs. The Out-of-Hours service South East Health also holds an agreed list of basic palliative care drugs. For practical reasons the list is limited to commonly used agents and strengths. This does limit provision for those with more individual needs.

Access to palliative care medication was under review at the time the PNA was being undertaken. As well as the limited out-of-hours service, there needs to be an extended list of drugs available at well-advertised locations for in-hours use.

### **Anti-Viral Collection Points (2009/ 10)**

This service was provided to support the NHS response to the swine flu pandemic. The 49 pharmacies, Minor Injury Units (MIU) and Out of Hours (OOH) services involved, between them, provided easily identified, locally accessible supply of antiviral agents 24/ 7. The service has now been stood down.

The community pharmacies responded rapidly, flexibly and energetically to the needs of the pandemic. Some were asked to open on Sundays to provide additional capacity and they did so with very little warning. This responsible professional support allowed NHS West Kent to meet the needs of the population at a time of great uncertainty. While this pandemic had central advance planning including collaboration with the Local Pharmaceutical Committee, it might be desirable in future to consider an additional service for a number of contractors to be held in readiness to call on exceptional dispensing services to meet a nationally declared emergency

### **Uncollected Prescription**

This scheme is intended to minimise waste and improve liaison between community pharmacies, dispensaries and GP practices by having pharmacies/dispensaries return prescriptions which have not been collected by patients. GPs are then alerted to possible breakdowns in repeat prescribing processes and patients who had not chosen to, or had been unable to collect prescribed medication.

This scheme was under review during the writing of this PNA.

## **Filling Aids**

Community pharmacies are required to meet the terms of the Disability Discrimination Act when dispensing by making a reasonable adjustment at the point of dispensing to support an individual's access to medicines. A person who is assessed by a pharmacist may receive support with simple interventions such as using large font for labels, provision of a specific device e.g. Haleraid or a longer term more extensive intervention such as the pharmacy dispensing the drugs into an aid. To support the additional work involved and the supply of aids, a fixed sum (April 2010: 6.6p) per dispensed item is added to every prescription dispensed and goes to all contractors irrespective of any adjustments made. Community pharmacists are not required to make the adjustment without themselves assessing the patient and discussing the available options.

NHS West Kent, unlike NHS Eastern and Coastal Kent and 12 other PCTs, does not commission the supply of support aids such as MAR charts to reduce risk of medication errors for teams of carers, or aid filling for individuals in their own homes. Clearly this is an area available for development and co-operation between GPs and pharmacists.

## **Sevenoaks town, Otford, Edenbridge, Westerham and Borough Green**

General Practice surgeries and community pharmacies are well distributed across the area. The population is also supported by dispensing practices. The area has one "100 hour" pharmacy located between Sevenoaks and Otford. This is very convenient for patients using the base clinic for the GP-led Out-of-Hours service at Sevenoaks Hospital and commuters returning later in the day. There are nurse led Minor Injuries Services at both Sevenoaks and Edenbridge Hospital. Edenbridge has a Sunday rota to provide a service for 1 hour.

## **Tonbridge Town, Hadlow, Hildenborough, Southborough and Surrounding Countryside.**

The town and hinterland are served by a network of GP services with many branch surgeries. Several of the practices provide dispensing services. Tonbridge town has 3 pharmacies distributed along the high street and Quarry Hill. The more densely populated areas to the north and east also have pharmacies. Tonbridge Cottage Hospital is a clinic site used by the Out-of-Hours GP-led service. It is located to the south of the town and is not readily accessible on foot. To get prescriptions dispensed in the evening patients have to travel to Sevenoaks or Tunbridge Wells.

An application has been granted for "100 hour" pharmacy close to the High Street. This will be an asset and fulfils a need for longer hours of dispensing in this area.

## **Rurality**

The following text is drawn from the NHS (Pharmaceutical Services) Regulations 2005 (as amended), and explains the determination and implications of controlled and non-controlled localities (aka 'rural' and 'urban').

## Controlled & Non-Controlled Localities (aka “Rural” & “Urban”) Their Determination and Implications<sup>1</sup>

### **Introduction**

The areas that PCTs are responsible for are designated for the purposes of these Regulations as being either Controlled or Non-Controlled Localities. In Controlled Localities, as an exception to the general rule, it is possible for NHS patients to have their medicines both Prescribed and Dispensed by their GP practice. In Non-Controlled Localities all NHS GP prescribing, with a few limited exceptions such as “Serious Difficulty” cases, has to be dispensed by Pharmacies.

GP practices serving patients resident in a Controlled Locality are required to either have been dispensing to their patients prior to 1982 (“Historic Rights”) or to obtain the consent of their PCT to dispense to their patients (“Outline Consent”).

Pharmacies that wish to open and obtain a NHS contract to dispense prescribed medicines have to satisfy the “Control of Entry” rules within these Regulations and these rules differ between Controlled and Non-Controlled Localities.

### **Definition of a Controlled Locality**

The Regulations define a Controlled Locality as an area, or part of an area, which is “**rural in character**” Each PCT is required to determine which parts of the area it is responsible for are “rural in character”, delineate precisely the boundaries of such areas and publish a map of such areas. They are also required to determine or re-determine any area for which they are responsible if requested to do so by either the Local Medical Committee (LMC), or the Local Pharmaceutical Committee (LPC), the local representative bodies of their respective professions. Such determination processes are often referred to as Rurality Reviews.

These Regulations first came into force in April 1983 and wherever an existing medical practice already dispensed to its patients within the area served by the practice (i.e. its Practice Area) then that practice area was deemed to be a Controlled Locality and the practice continued (unless and until the area was re determined as a Non-Controlled Locality) to be able to dispense to those of its patients who resided within the practice area more than one mile (now 1.6 km) from a pharmacy. Such Dispensing Medical practices are referred to as having “Historic Rights” to dispense. Medical practices that wished to commence dispensing to their patients after the 1<sup>st</sup> April 1983, or existing “Historic Rights” practices who added additional areas to their Practice Areas after 1<sup>st</sup> April 1983, have had to obtain permission to dispense to their patients (i.e. Obtain “Outline Consent” for the areas they wished to provide dispensing services to). Where necessary an application for “Outline Consent” will have been, and will often continue to be, preceded by a “Rurality Review”

However once an area has been determined by a Rurality Review no part of this area can be the subject of a further Rurality Review for 5 years unless the PCT is satisfied that there has been a substantial change in the circumstances of the area since the previous Rurality Review was determined.

The definition “rural in character” is augmented in the Guidance to PCTs issued by the Department of Health. The relevant sections of this guidance read as follows:-

---

<sup>1</sup> This document does not purport to give a full and authoritative account of the Regulations and of all their possible implications and effects.

It is intended solely as a summary document to assist those interested parties (such as Parish Councils) who are requested by PCTs to make representations on applications and rurality issues under the consultation procedures laid down

## ” What makes an area rural?

5.12 The factors that might be considered include, for example:

- environmental – the balance between different types of land use;
- employment patterns (bearing in mind that those who live in rural areas may not work there);
- the size of the community and distance between settlements;
- the overall population density;
- transportation – the availability or otherwise of public transport and the frequency of such provision including access to services such as shopping facilities;
- the provision of other facilities, such as recreational and entertainment facilities. A rural area is normally characterised by a limited range of local services.

5.13 None of the above will automatically determine the matter. For example, the expansion of housing provision may also be an indication that the status of the area should be reconsidered, but of itself will not necessarily change that status. That will remain a question of judgement.

5.14 Therefore, rurality is not something which can be subject to rules such as density or distribution of population or the number of trees – it is essentially a matter of common sense. However, experience has shown that photographs and documents are an unreliable basis for determining rural questions. Judgement will need to depend on local knowledge of the area. A rural area need not have a high level of agricultural employment; many residents may commute to jobs in local towns.

5.15 Primary Care Trusts should be aware of misconceptions about rurality. The fact that an area is not classified as controlled, or that a decision is taken to remove such a classification, does not necessarily mean that it is urban. “

## Implications of a Determination of Rurality

### A. An area is determined to be insufficiently “rural” in character and therefore a Non-Controlled Locality

No NHS patients resident within this area may be dispensed for by their GP unless the patient has applied for and satisfied their PCT that they “would have serious difficulty in obtaining any necessary drugs or appliances from a pharmacy by reason of distance or inadequacy of communication”. (*Reg.60*)

Where an area had previously been designated as a Controlled Locality but has now been re-determined following a Rurality Review as Non-Controlled any existing patients being dispensed for by their GP will have (other than those with approved serious difficulty status) to be transferred to their GP’s “prescribing list”. They will then be issued with FP 10 prescription forms in future by their GP, and they will need

to present these prescriptions for dispensing to a pharmacy of their choice. This change will normally be phased in over a number of months (occasionally years), a practice known as “Gradualisation”. This gradualisation period is determined by the PCT.

**B. An area is determined to be sufficiently “rural” in character and therefore a Controlled Locality**

NHS patients resident within this area and registered with a GP Practice that has the necessary approvals (i.e. Outline Consent or Historic Rights) to dispense to its patients will have the choice of being dispensed for by their GP or requesting and obtaining FP 10 prescription forms from their GP for presentation to a pharmacy of their choice.

The major exception to this is that no patient resident within 1.6 kilometres (as the “crow flies”) of a pharmacy may be dispensed for by their GP, unless the patient has obtained serious difficulty status or the Pharmacy is located in a “Reserved Location”. In areas within a Controlled Locality determined by the PCT as being Reserved Locations there can be both a dispensing Medical practice and a pharmacy serving patients within this location. In such cases each patient can choose each time they are prescribed medication by their dispensing doctor whether to have the prescription dispensed by the doctor’s dispensing service or by the pharmacy, even if the patient resides within the 1.6 km of the pharmacy. Reserved Locations can only exist within Controlled Localities and are defined by the Regulations as locations where there are fewer than 2750 registered NHS patients residing within 1.6 km of the pharmacy’s site.



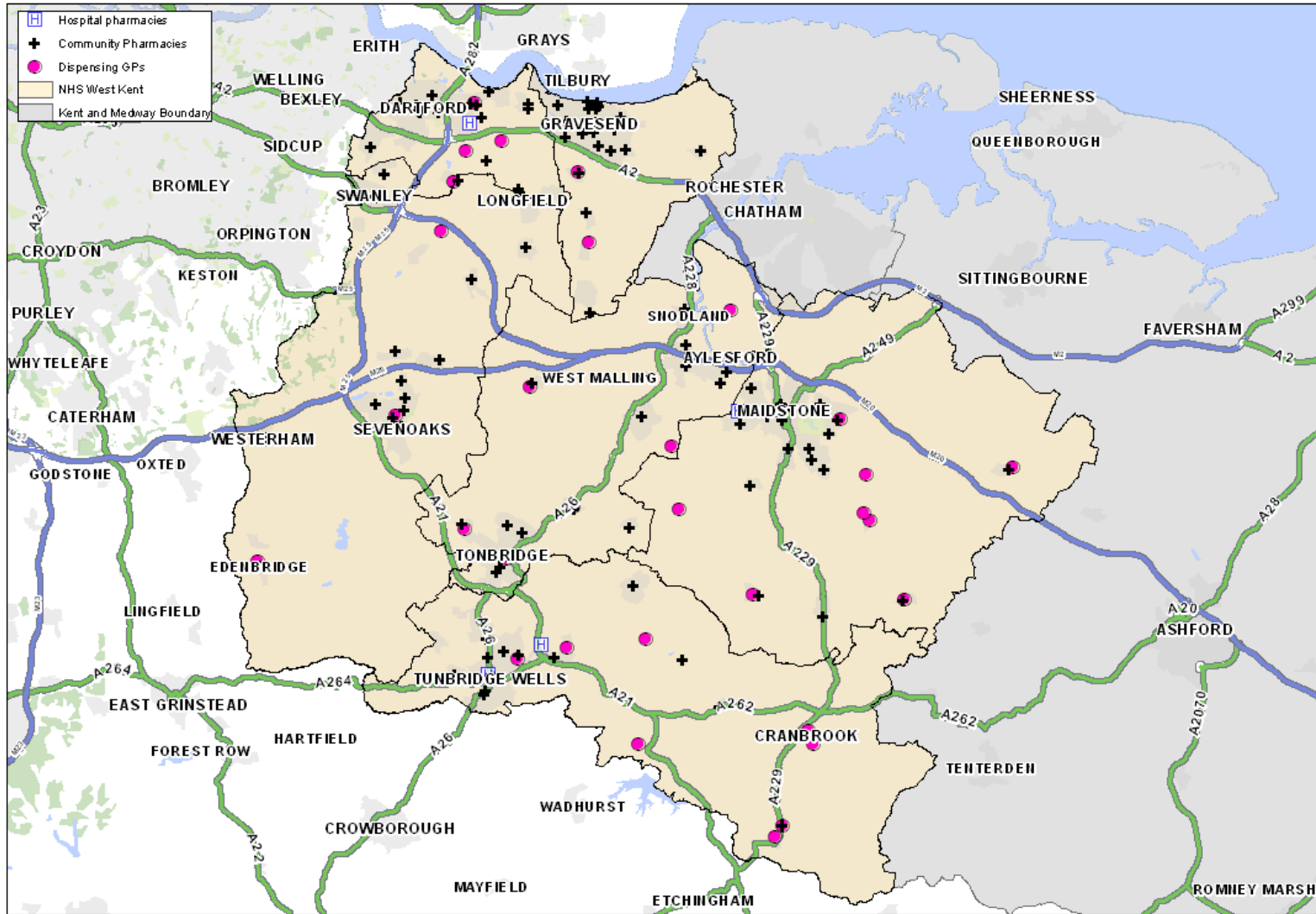
**Dispensing GP Practices at December 2010**

**Appendix 4. PNA**

PRACTICE CODE	PRACTICE NAME	Senior Doctor	ADDRESS	POSTCODE	PRACTICE PROVIDES SMOKING CESSATION SUPPORT	PRACTICE PROVIDES ALCOHOL IBA	LA
G82088	Devon Road Surgery	Dr Nicolson J A & Partners	32 Devon Road, South Darent	DA4 9AB	Yes	?	Dartford
G82221	Elmdene	Dr Langley S H & Partner	Elmdene, 273 London Road, Horns Cross	DA9 9DB	Yes	?	Dartford
G82710	The Surgery	Dr Mohan A	The Surgery, Bennett Way, Darent	DA2 7JT	Yes	Yes	Dartford
G82714	Bean Village Surgery	Dr Somasegaram S T S & Partners	Bean Village Surgery, High Street, Bean	DA2 8BS		?	Dartford
G82073	Meopham Medical Centre	Dr Mounty J P & Partners	Meopham Medical Centre, Wrotham Road	DA130AH	Yes	?	Gravesham
G82809	Downs Medical Practice	Dr Patel J R A & Partners	Downs Medical Practice, Downs Road Surgery, Istead Rise	DA13 9LB	Yes	Yes	Gravesham
G82074	Bearsted Medical Practice	Dr Moss M L & Partners	The Surgery, Yeoman Lane, Bearsted	ME14 4DS	Yes		Maidstone
G82093	Len Valley Practice	Dr Hagan G C & Partners	Len Valley Practice, Groom Way, Lenham	ME172QF	Yes	Yes	Maidstone
G82112	Headcorn Surgery	Dr Winch T & Partners	Headcorn Surgery, 2 Clerks Field, Headcorn	TN27 9QL			Maidstone
G82141	Yalding Surgery	Dr Fincham A C & Partners	Yalding Surgery, Burgess Bank, Benover Street	ME186ES	Yes	Yes	Maidstone
G82215	Marden Medical Centre	Dr Streeter G S & Partners	Marden Medical Centre, Marden	TN12 9HP	Yes	Yes	Maidstone
G82229	Sutton Valence Surgery	Dr Hobday P J	Sutton Valence Surgery, South Lane, Sutton Valence	ME173BD	Yes	Yes	Maidstone
G82691	The Orchard Surgery	Dr Czaykowski A A P & Partner	The Orchard Surgery, Horsehoes Lane, Langley	ME173JY	Yes	Yes	Maidstone
G82777	Cobtree Medical Centre	Dr Heber M J	South Ways, Sutton Valence	ME17 3HT	Yes	?	Maidstone
G82013	Amherst Medical Centre	Dr Arnott N D & Partners	Amherst Medical Centre, 21 St Botolphs Road	TN13 3AQ	Yes	Yes	Sevenoaks
G82019	Edenbridge Medical Practice	Dr Bayley T R L & Partners	Edenbridge Medical Practice, Station Road,	TN8 5ND	Yes		Sevenoaks
G82092	Winterton Surgery	Dr Skinner A J & Partners	Winterton Surgery, Westerham	TN16 1RB			Sevenoaks
G82218	Braeside Surgery	Dr Fraser J A & Partners	The Surgery, Braeside, Gorse Hill, Farningham	DA4 0JU	Yes	Yes	Sevenoaks
G82037	Hildenborough Medical Centre	Dr Goozee P R & Partners	Hildenborough Medical Centre, Westwood, Tonbridge Road	TN119HL	Yes	Yes	Tonbridge and Malling
G82059	Warders Medical Practice	Dr Howitt A J & Partners	Warders Medical Practice, East Street, Tonbridge	TN9 1LA	Yes	Yes	Tonbridge and Malling
G82120	Borough Green Medical Practice	Dr Dibble A M & Partners	Borough Green Medical Practice,	TN15 8RQ	Yes		Tonbridge and Malling
G82200	Wateringbury Surgery	Dr Forsythe D T & Partner	14 Pelican Court, Wateringbury	ME18 5SS	Yes	Yes	Tonbridge and Malling
G82234	Phoenix Medical Centre	Dr Pile N R & Partner	Phoenix Medical Centre, Bell Lane, Burham	ME1 3SX	Yes		Tonbridge and Malling
G82754	Hadlow Medical Centre	Dr Lloyd-Davies S H & Partner	Hadlow Medical Centre, School Lane, Hadlow	TN11 0ET	Yes	Yes	Tonbridge and Malling
G82022	The Old Bakery	Dr Hedley K R & Partners	The Old Bakery, Penshurst Road, Speldhurst	TN2 3JL	Yes	Yes	Tunbridge Wells
G82055	North Ridge Medical Practice	Dr Player P V & Partners	North Ridge Medical Practice, Rye Road, Hawkhurst	TN184EX	Yes	Yes	Tunbridge Wells
G82155	Waterfield House	Dr Cameron A J & Partners	Waterfield House, 186 Henwood Green Road, Pembury	TN2 4LR	Yes	Yes	Tunbridge Wells
G82158	Howell Surgery	Dr Ironmonger M R & Partner	High Street, Brenchley, Kent	TN127NQ	Yes	Yes	Tunbridge Wells
G82170	Lamberhurst Surgery	Dr Ellwood N H	The Surgery, Lamberhurst	TN3 8EX	Yes		Tunbridge Wells
G82235	Old School Surgery	Dr Digby R J & Partner	Old School Surgery, Rectory Fields, Cranbrook	TN17 3JB	Yes	?	Tunbridge Wells
G82732	Wish Valley Surgery	Dr Dewing C R & Partner	Wish Valley, Talbot Road,	TN18 4NB	Yes		Tunbridge Wells
G82733	Orchard End Surgery	Dr Charlesworth J P & Partner	Orchard End Surgery, Dorothy Avenue, Cranbrook	TN173AY	Yes		Tunbridge Wells

## Appendix 5: Maps of pharmaceutical provision in West Kent

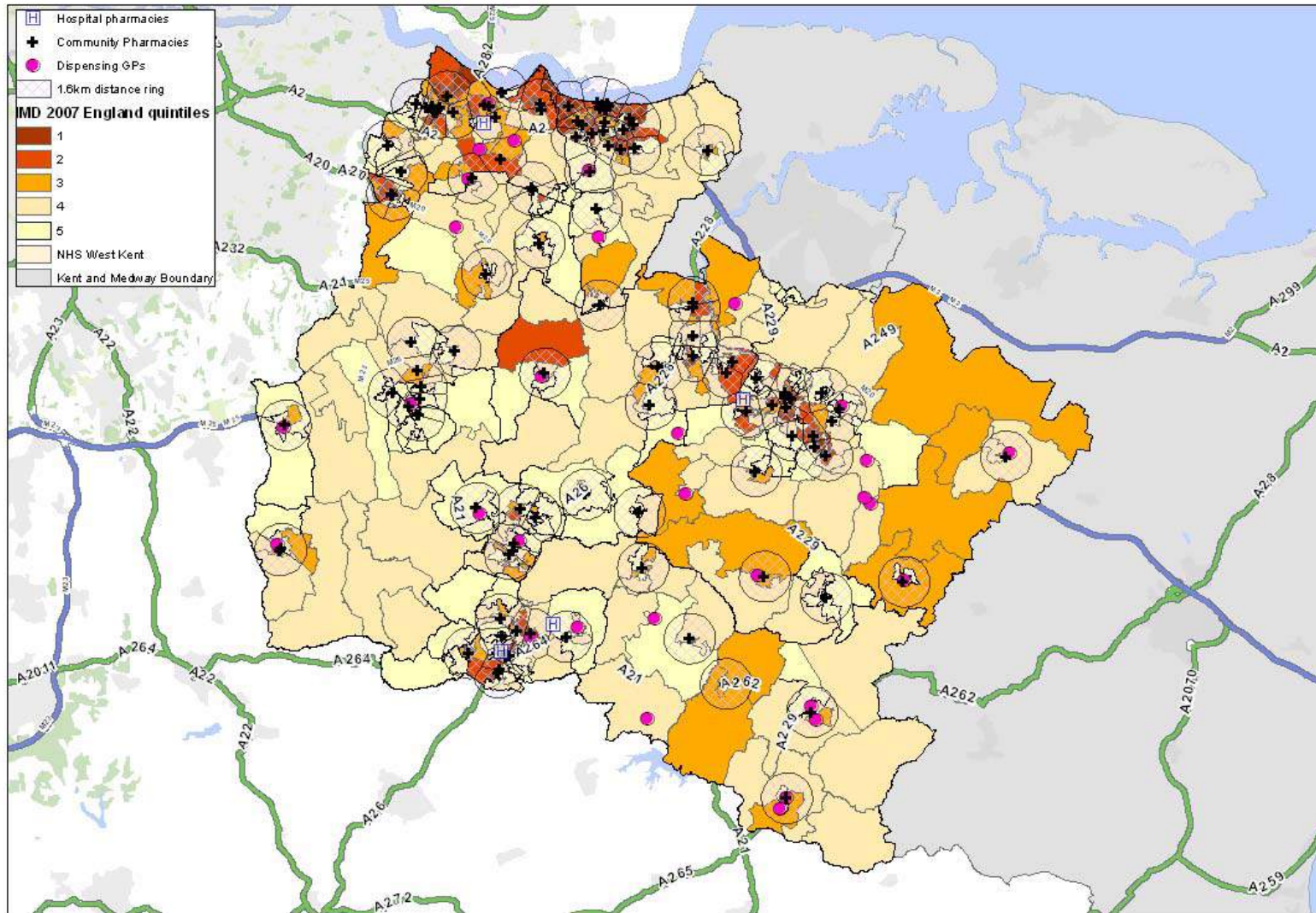
Fig. 1 Community Pharmacies (+) and Dispensing GP Practices (●) in West Kent



## Appendix 5: Maps of pharmaceutical provision in West Kent

**Fig. 2 Community Pharmacies (+) and Dispensing GP Practices (●) in West Kent, superimposed on areas of deprivation**

This map demonstrates that most West Kent households in the most deprived 20% nationally (by Lower Level Super Output Area) are within 20 minutes walking distance of a community pharmacy.



## Appendix 5:

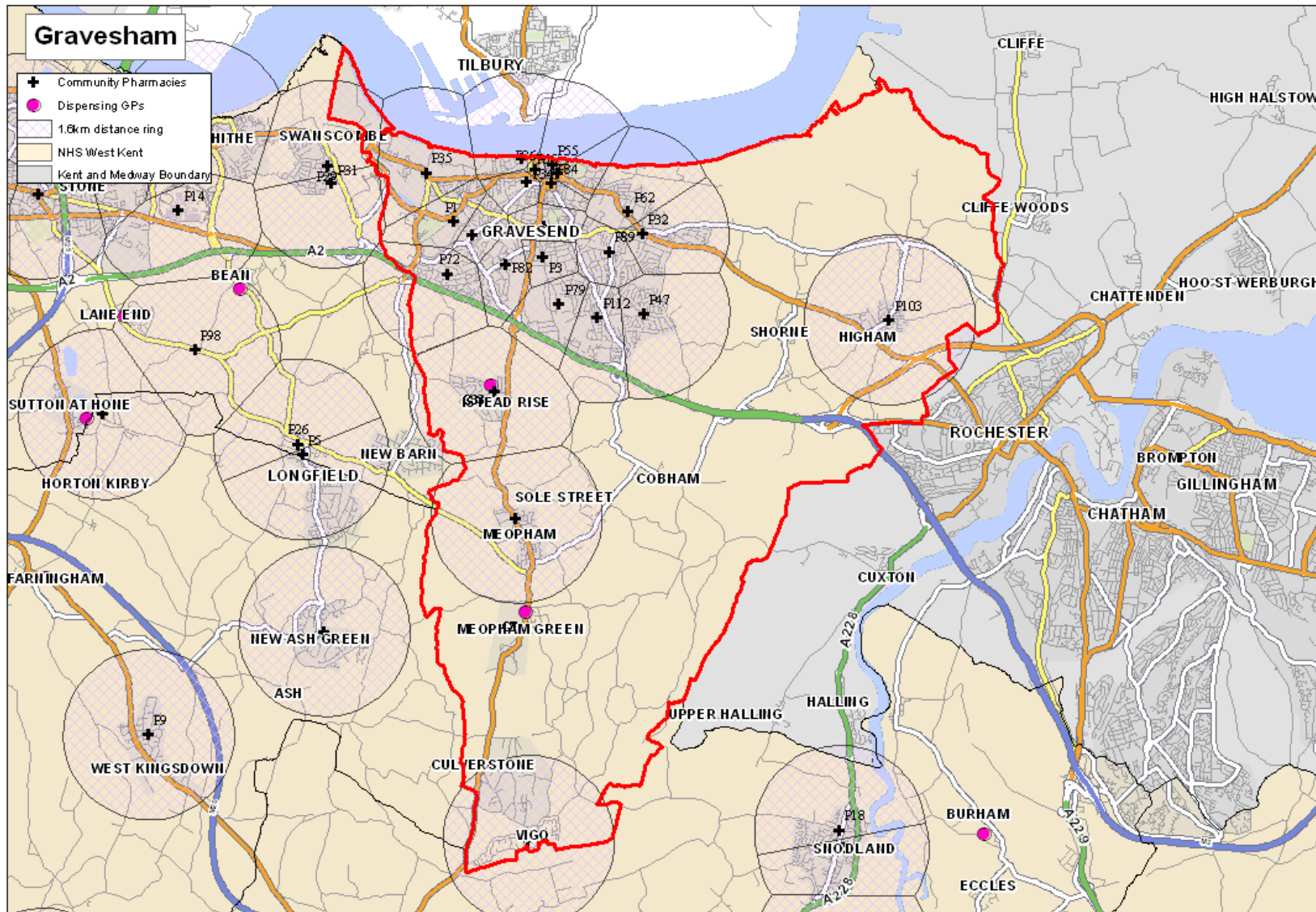
## Maps of pharmaceutical provision in West Kent

Fig. 3 Community Pharmacies (+) and Dispensing GP Practices (●) in Dartford



## Appendix 5: Maps of pharmaceutical provision in West Kent

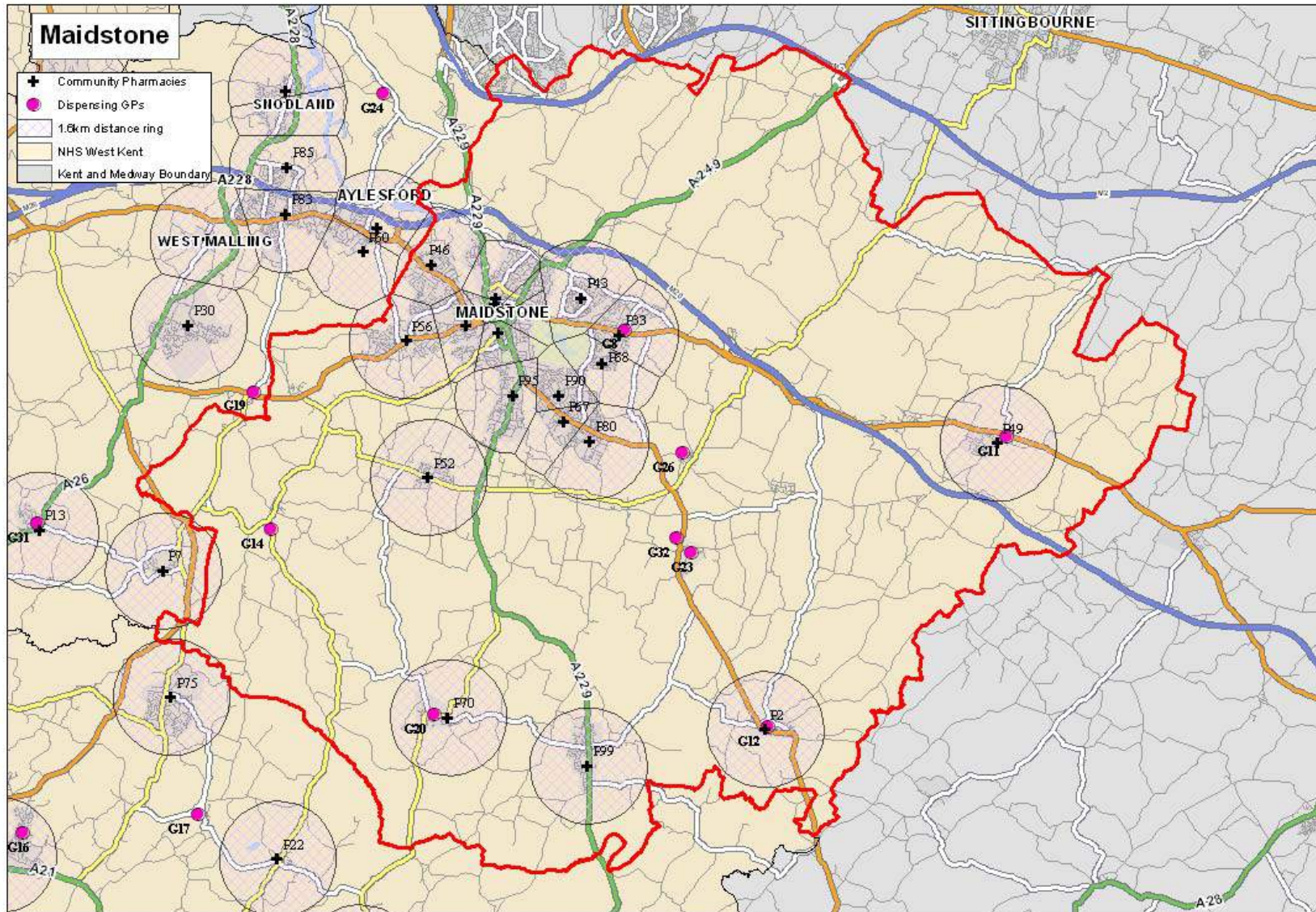
Fig. 4 Community Pharmacies (+) and Dispensing GP Practices (●) in Gravesham



## Appendix 5:

## Maps of pharmaceutical provision in West Kent

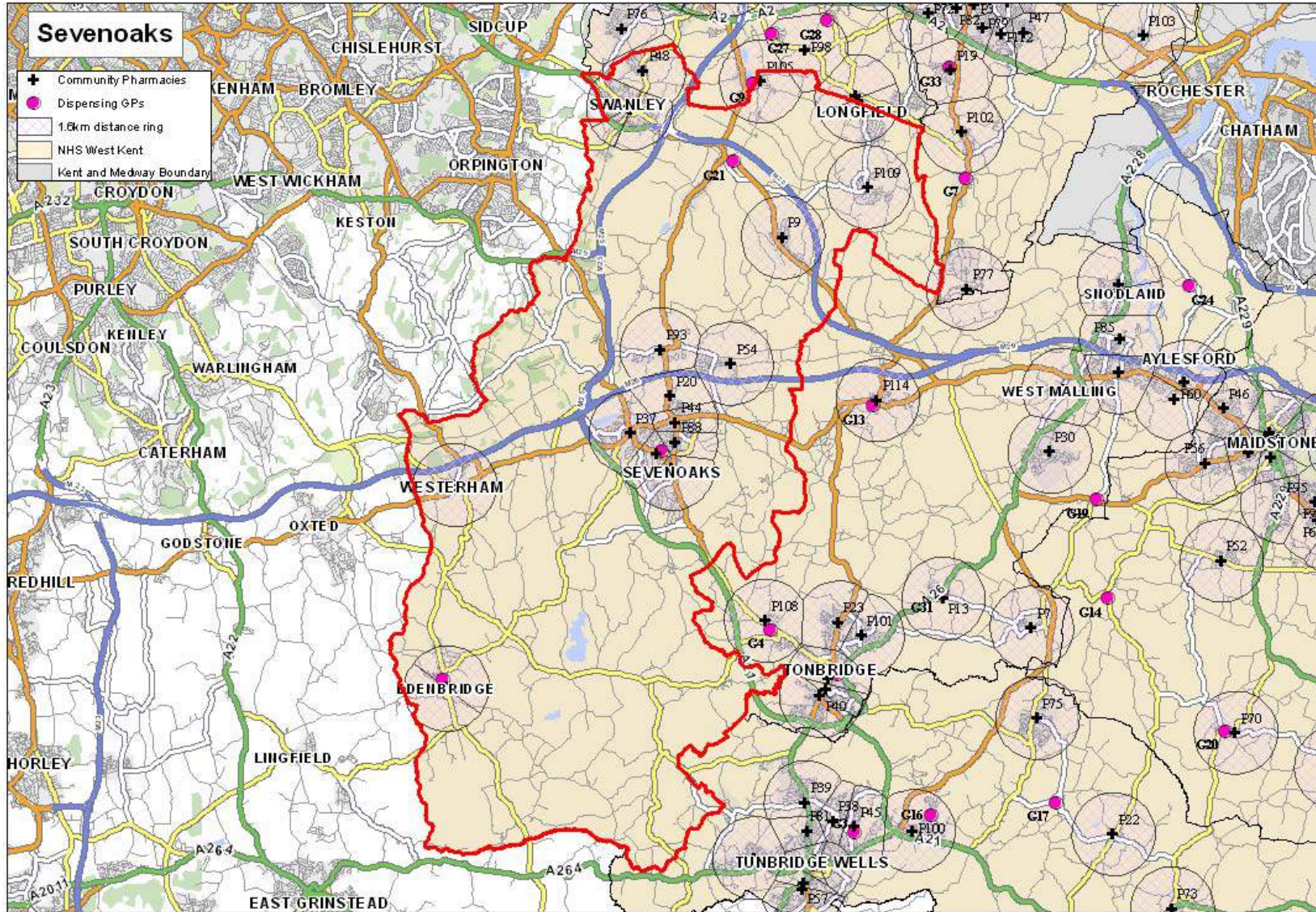
Fig. 5 Community Pharmacies (+) and Dispensing GP Practices (●) in Maidstone



Appendix 5:

Maps of pharmaceutical provision in West Kent

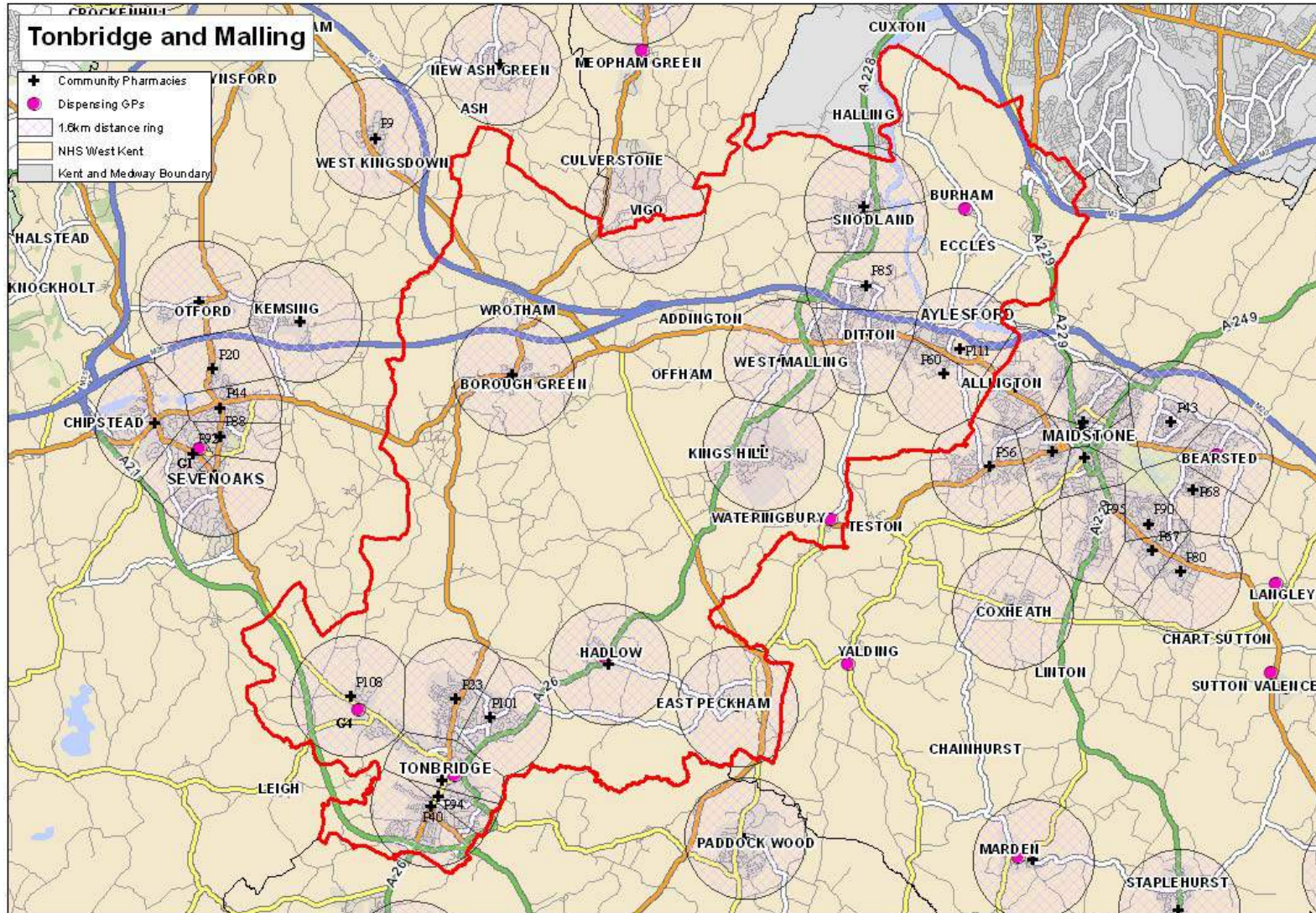
Fig. 6 Community Pharmacies (+) and Dispensing GP Practices (●) in Sevenoaks



## Appendix 5:

## Maps of pharmaceutical provision in West Kent

Fig. 7 Community Pharmacies (+) and Dispensing GP Practices (●) in Tonbridge & Malling



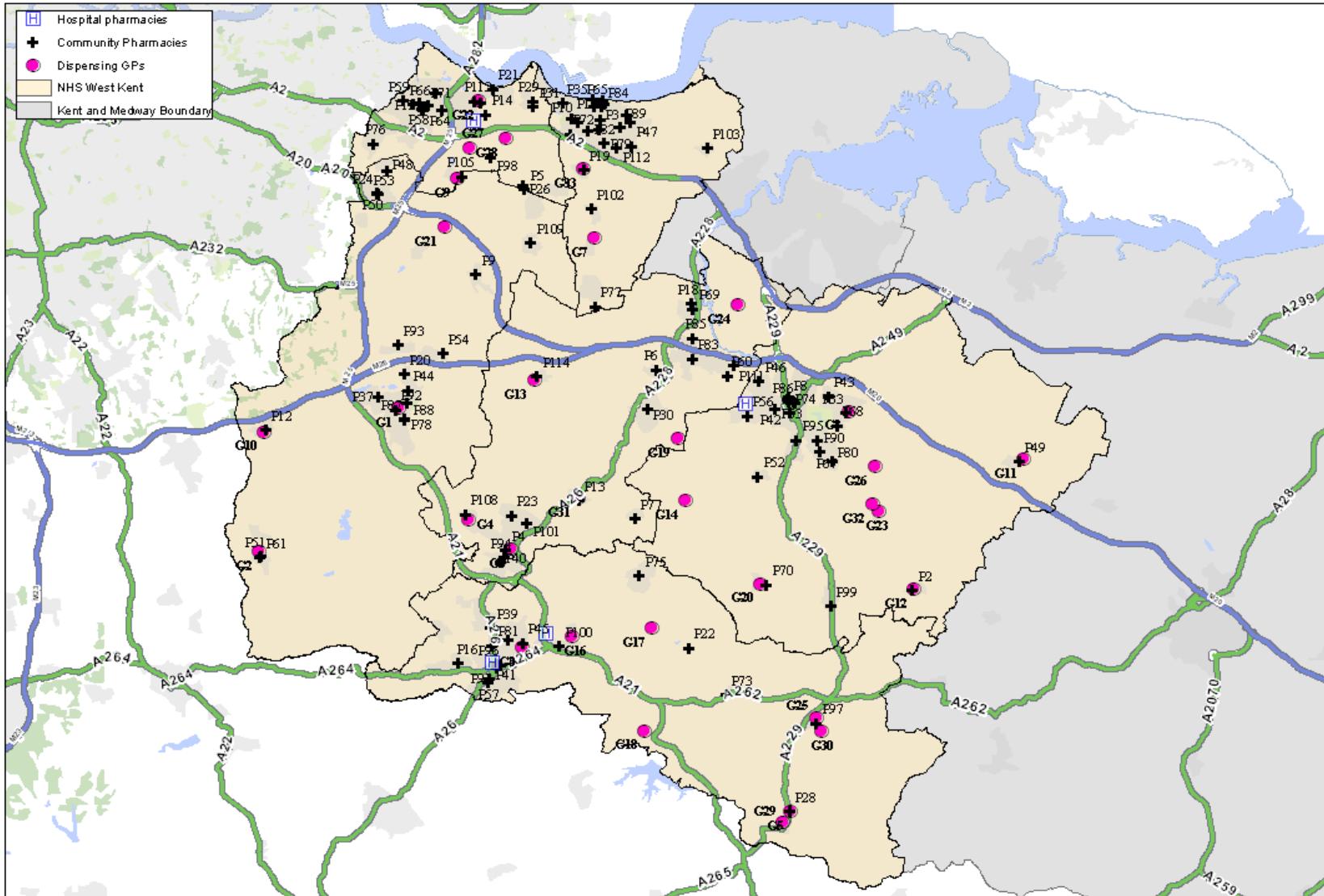




## Appendix 5:

## Maps of pharmaceutical provision in West Kent

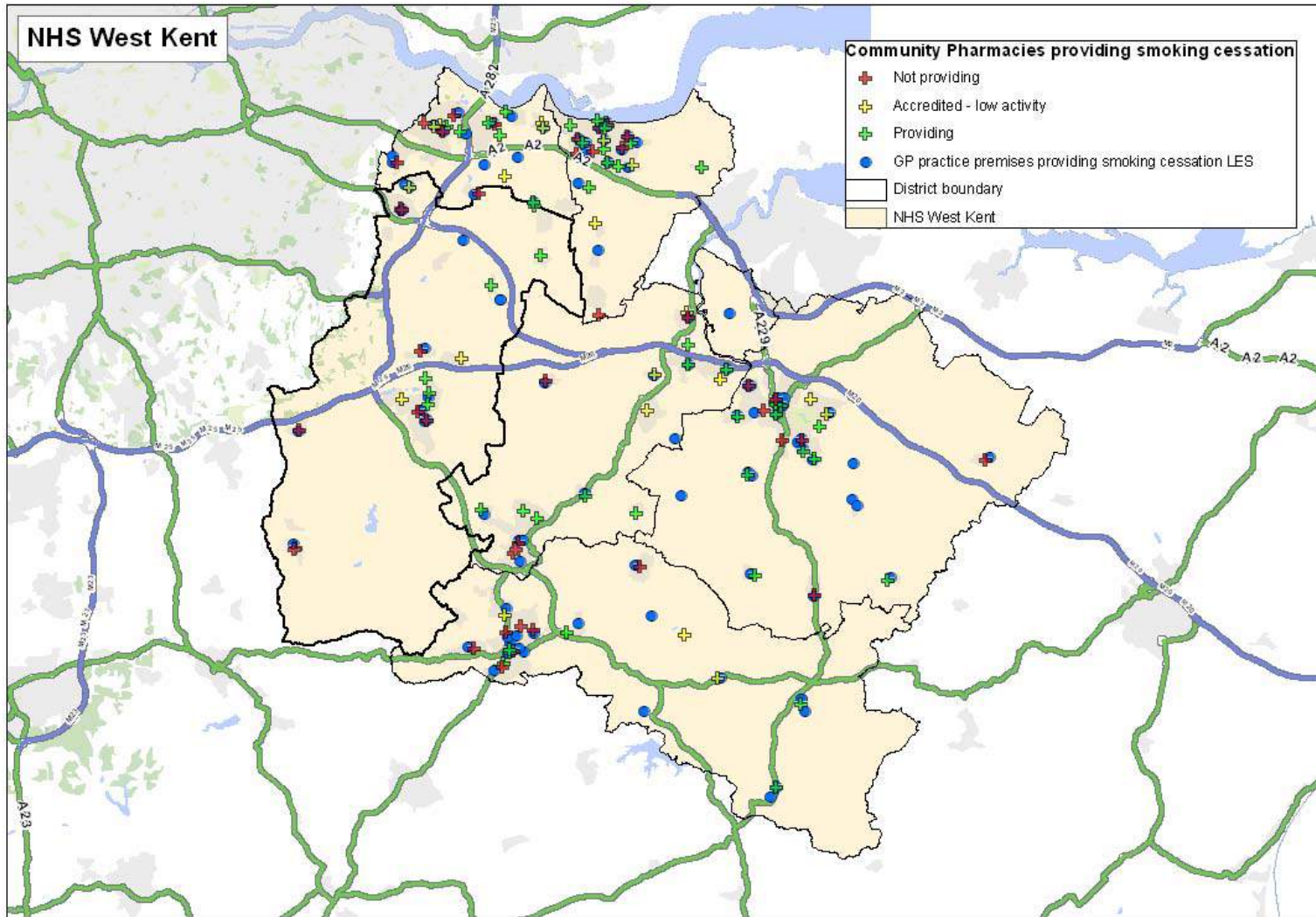
Fig. 9 Community Pharmacies (+), Dispensing GP Practices (●), and dispensing hospitals in West Kent and numbers linking to the list at the end of this Appendix



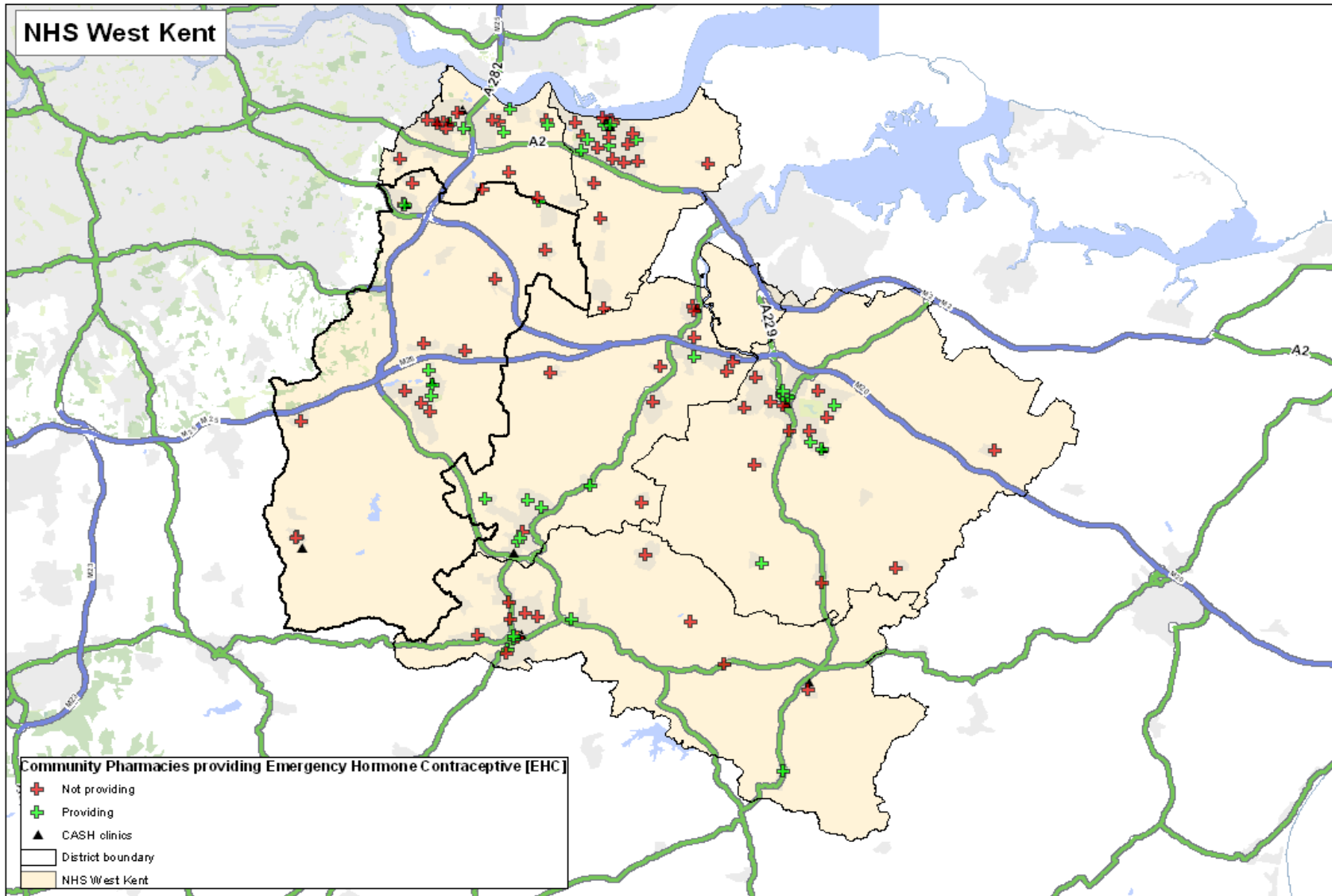
**Appendix 5:**

**Maps of pharmaceutical provision in West Kent**

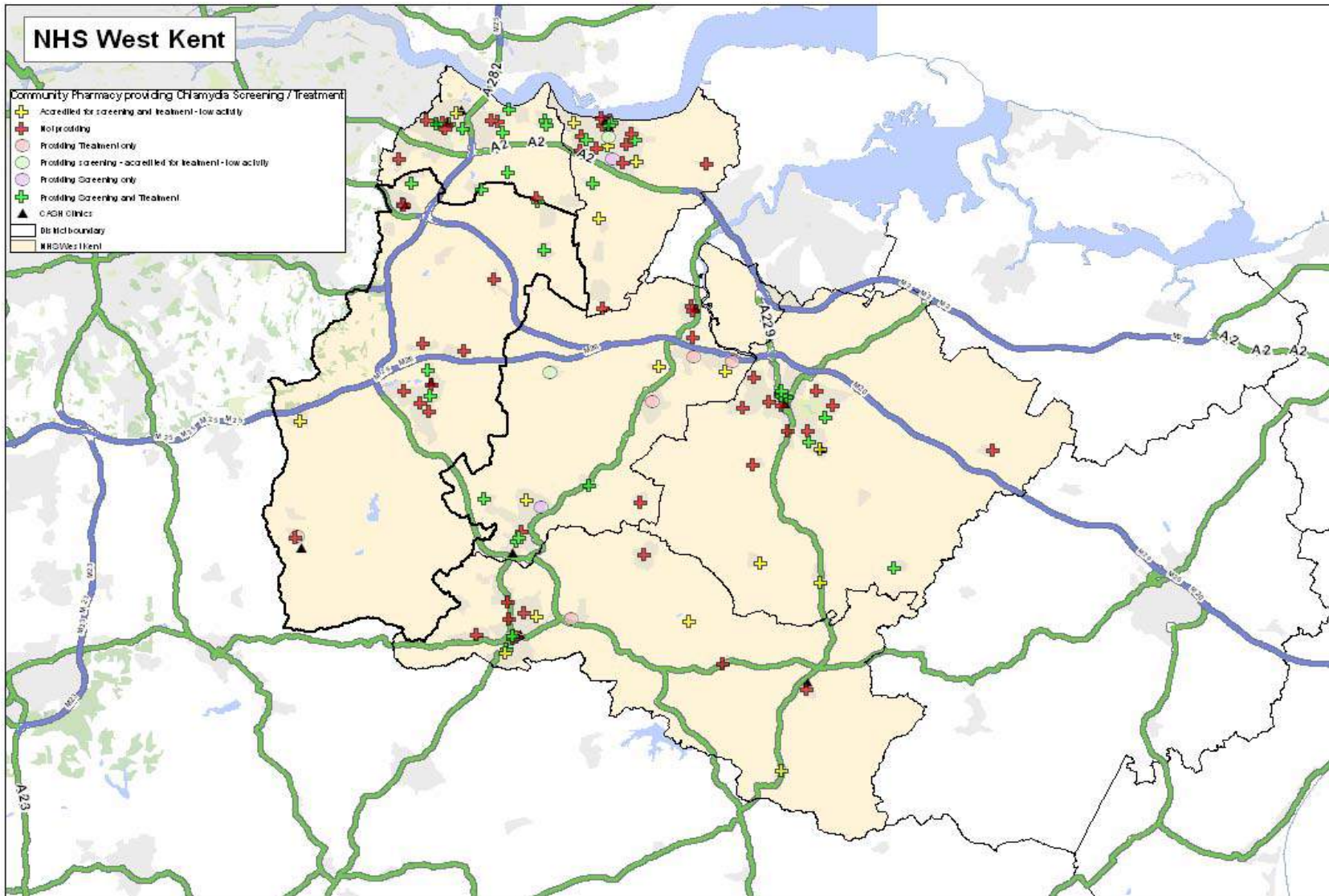
**Fig. 10 Community Pharmacies and GP Practices providing Smoking Cessation as an enhanced service**



**Appendix 5: Maps of pharmaceutical provision in West Kent**  
**Fig. 10 Community Pharmacies and CASH clinics providing Emergency Hormonal Contraception**



**Appendix 5: Maps of pharmaceutical provision in West Kent**  
**Fig. 11 Community Pharmacies and CASH clinics providing Chlamydia Screening and Treatment**



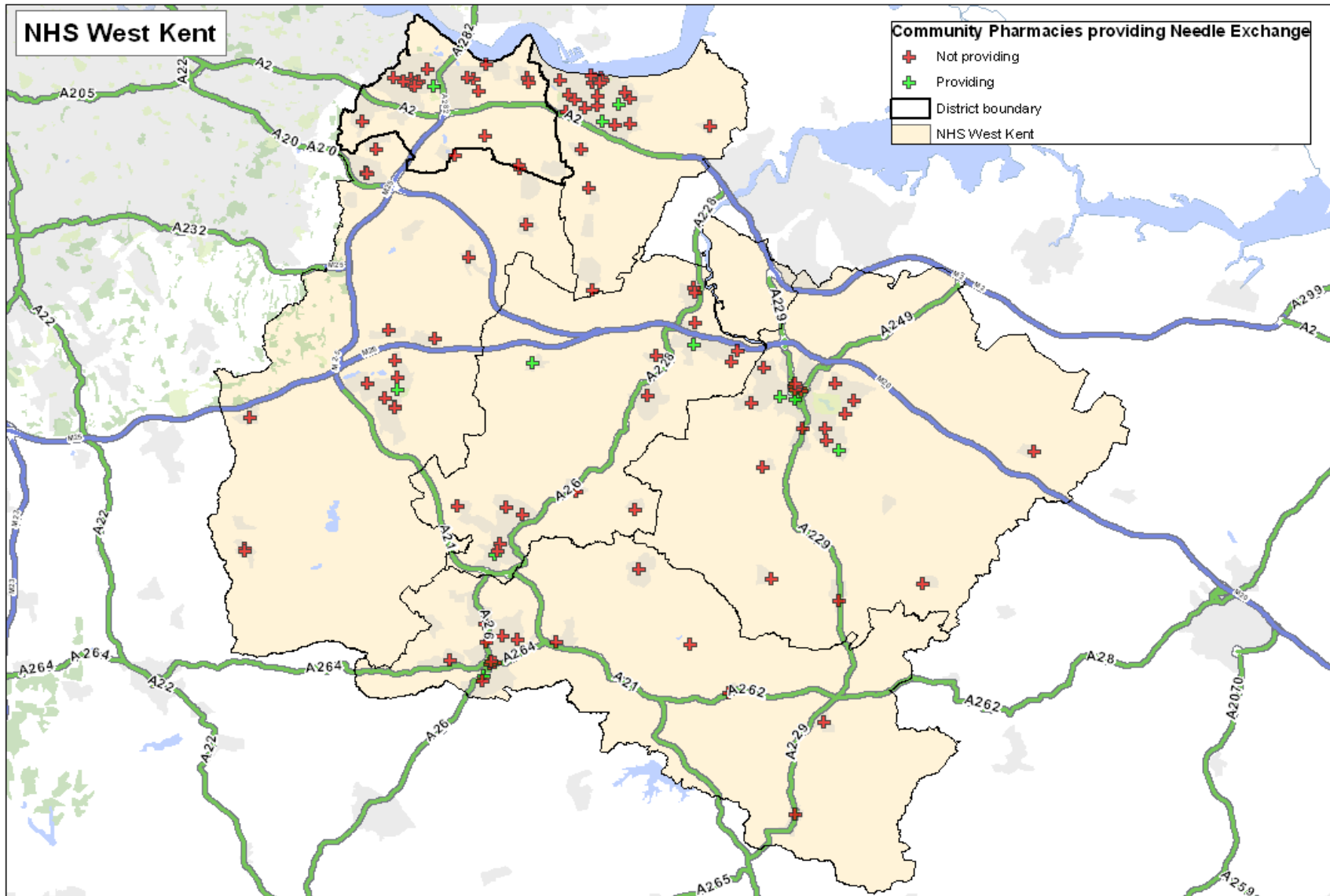
**Appendix 5: Maps of pharmaceutical provision in West Kent**  
**Fig. 12 Community Pharmacies providing a Minor Ailments service**



**Appendix 5: Maps of pharmaceutical provision in West Kent**  
**Fig. 13 Community Pharmacies providing Medicines Use Review**



**Appendix 5: Maps of pharmaceutical provision in West Kent**  
**Fig. 14 Community Pharmacies providing a Needle Exchange service**





**Appendix 5:  
in West Kent**

**Maps of pharmaceutical provision**

MapID	OCSCode	TRADINGNAME	Postcode	Other
P1		Ackers	DA11 8BZ	Not yet open
P2	FA015	Ferris Chemist	TN27 9NL	
P3	FA066	Singlewell Pharmacy	DA11 7QA	
P4	FA286	Clarke & Coleman	TN9 1BB	
P5	FA519	Hodgson Pharmacy	DA3 7QA	
P6	FA876	your local Boots pharmacy	ME19 6NA	
P7	FAN75	Field Pharmacy	TN12 5AS	
P8	FAR64	Boots	ME14 1QP	
P9	FAV48	Lloydspharmacy	TN15 6HD	
P10	FC312	Williams Chemists	DA11 8BS	
P11	FCJ14	Lloyds Pharmacy	DA1 2AU	100
P12	FCP91	N L Wade Ltd	TN16 1AN	
P13	FD300	Hadlow Pharmacy	TN11 0DA	
P14	FDF72	Boots	DA9 9SJ	
P15	FDT87	N B Pharmacy Ltd	DA11 0LJ	
P16	FE414	Rusthall Pharmacy	TN4 8RN	
P17	FE444	Carrs Corner Chemists	TN1 2UN	
P18	FED96	Paydens Ltd	ME6 5DF	
P19	FEH10	Istead Rise Pharmacy	DA13 9JF	
P20	FEJ82	Sainsbury's Pharmacy	TN14 5EG	100
P21	FEL35	Asda Pharmacy	DA9 9BT	
P22	FER21	Heath Pharmacy	TN12 8JJ	
P23	FF221	G Currie Chemists	TN10 3NP	
P24	FF547	Swanley Pharmacy	BR8 7TQ	
P25	FFV03	Daysol Pharmacy	DA1 5HY	
P26	FG447	Lloydspharmacy	DA3 7QD	
P27	FH139	Boots	ME14 1BW	
P28	FH199	Hawkhurst Pharmacy	TN18 4ES	
P29	FH411	Ackers Chemists	DA10 0HF	
P30	FH460	Kings Hill Pharmacy	ME19 4AU	
P31	FH692	Swan Valley Pharmacy	DA10 0BF	
P32	FHA64	Lion Pharmacy	DA12 4TY	
P33	FHF29	Paydens Ltd	ME14 4LX	
P34	FHT34	Darnley Pharmacy	DA11 0HN	
P35	FHV64	Hill Pharmacy	DA11 9EU	
P36	FHY96	Boots	DA11 0TA	
P37	FJ098	Day Lewis Chemist	TN13 2AA	
P38	FJ243	Hollis Pharmacy	TN4 9EX	
P39	FJ632	Greens Pharmacy	TN4 0PJ	
P40	FJC85	Hobbs Pharmacy	TN9 2RN	
P41	FJE33	Imperial Pharmacy	TN2 5TN	
P42	FJE86	Lloydspharmacy	ME16 8SE	
P43	FJH19	Lloydspharmacy	ME14 5TQ	
P44	FJK28	Bat & Ball Pharmacy	TN13 3PE	
P45	FJN98	Greggswood Pharmacy	TN2 3JG	
P46	FK397	Lloydspharmacy	ME16 0PU	
P47	FK412	Lloydspharmacy	DA12 4NG	
P48	FKD21	Village Pharmacy	BR8 7RB	
P49	FKH43	Saxon Warrior Pharmacy	ME17 2PG	
P50	FKV58	Boots	BR8 7TL	
P51	FL061	Boots	TN8 5AD	
P52	FL233	Lloydspharmacy	ME17 4EH	
P53	FL923	The Co-Operative Pharmacy	BR8 7TG	

**Appendix 5:  
in West Kent**

**Maps of pharmaceutical provision**

P54	FLF40	Matrix Primary Healthcare Ltd	TN15 6PX	
P55	FLJ66	Gravesend Medical Centre Pharmacy	DA12 2EN	
P56	FLK94	Lloydspharmacy	ME16 9LH	
P57	FLL94	Sainsbury's Pharmacy	TN2 5QL	100
P58	FM185	The Co-Operative Pharmacy	DA1 2JP	
P59	FM371	M. D. Moore Pharmacy	DA1 3EN	
P60	FM756	Sainsburys Pharmacy	ME20 7NA	100
P61	FMG20	Paydens Ltd	TN8 5AJ	
P62	FMP78	Pharmacy 1st Ltd	DA12 2HU	Internet
P63	FMW71	Link Pharmacy	ME14 1BH	100
P64	FN266	The Brent Pharmacy	DA1 1YD	
P65	FN439	Pender Pharmacy	DA12 2RE	
P66	FN522	Boots	DA1 1DE	
P67	FN614	Morrisons Pharmacy	ME15 9NN	
P68	FNC20	Spires Pharmacy	ME15 8XW	ESPLPS
P69	FNH39	Catts Pharmacy	ME6 5SN	
P70	FNH47	Marden Pharmacy	TN12 9DP	
P71	FP204	Sainsburys Pharmacy	DA1 2HS	
P72	FPC66	Pender Chemist	DA11 8LG	
P73	FPC83	The Pharmacy	TN17 1AG	
P74	FPH74	your local Boots pharmacy	ME15 6SB	
P75	FPL19	Paddock Wood Pharmacy	TN12 6EL	
P76	FPQ66	Joydens Wood Pharmacy	DA2 7NJ	
P77	FPW21	Vigo Pharmacy	DA13 0TD	
P78	FPX45	Boots	TN13 1XA	
P79	FQ897	Echo Pharmacy	DA12 5BW	
P80	FQH13	Lloydspharmacy	ME15 9HL	
P81	FQL85	Paydens	TN4 9PH	
P82	FQY90	Chadwicks Chemist	DA11 7HW	ESPLPS
P83	FRG18	Paydens Ltd	ME20 6QJ	
P84	FRK37	Regent Pharmacy	DA12 1AS	
P85	FRL66	Tesco Pharmacy	ME20 6RJ	
P86	FRN11	Central Pharmacy	ME14 1SA	
P87	FRQ32	Paydens Ltd	TN13 1AR	
P88	FRV95	Day Lewis Pharmacy	TN13 3TQ	
P89	FRY03	Nicholson & Keep	DA12 5RT	
P90	FRY69	Lloydspharmacy	ME15 7LW	
P91	FT200	A E Hobbs Ltd	TN1 1RJ	
P92	FTH93	your local Boots pharmacy	TN13 1DH	
P93	FTL24	Oxford Pharmacy	TN14 5PQ	
P94	FV022	Boots	TN9 1SG	
P95	FV068	Paydens Ltd	ME15 9QD	
P96	FV493	Boots	TN1 2TE	
P97	FV631	Lloydspharmacy	TN17 3DF	
P98	FV757	S & S Chopra	DA2 8DR	
P99	FVE01	Lloydspharmacy	TN12 0AA	
P100	FVQ77	Pembury Pharmacy	TN2 4PH	
P101	FVR62	Gosrani Pharmacy	TN10 4AE	
P102	FW564	Meopham Pharmacy	DA13 0HP	
P103	FWC25	Higham Pharmacy	ME3 7AT	
P104	FWL74	West Hill Pharmacy	DA1 2EF	
P105	FWR04	Hobbs Pharmacy	DA4 9AF	
P106	FWW55	Asda Pharmacy	DA11 0DQ	100
P107	FX082	Paydens	DA1 1HP	

**Appendix 5:**  
**in West Kent**

**Maps of pharmaceutical provision**

P108	FX524	Thompsons Chemist	TN11 9HX	
P109	FX677	Village Pharmacy	DA3 8JB	
P110	FXN29	Homestyle Positive	DA9 9JZ	Appliance
P111	FXQ41	Oaks Pharmacy	ME20 7SE	
P112	FY771	R S Bains	DA12 5DZ	
P113	FY992	Stone Pharmacy	DA9 9DF	
P114	FYC62	Lloydspharmacy	TN15 8BJ	
P115	FYX54	Paydens Ltd	ME14 1RH	

## Deprivation detail: Lower-level Super Output Areas (LLSOA) and Income Deprivation Affecting Children Index (IDACI) in West Kent

### Deprivation detail

The Index of Multiple Deprivation 2007 (IMD) uses indicators from a number of different domains to describe relative deprivation by geographical area. West Kent has the following wards in the 20 per cent most deprived in Kent and Medway, with none in Tunbridge Wells and none in Tonbridge & Malling (in order within each district, most deprived first):

- **Gravesham** (6): Singlewell, Riverside, Northfleet North, Westcourt, Coldharbour, Pelham
- **Dartford** (5): Joyce Green, Littlebrook, Swanscombe, Princes, Town
- **Maidstone** (3): High Street, Park Wood, Shepway South
- **Sevenoaks** (1): Swanley St Mary's

Relatively deprived localities like Dartford and Gravesham have small areas of affluence and areas that are richer have small areas of considerable deprivation. Within wards, smaller units are identified, called Lower-level Super Output Areas (LSOAs), and these can be ranked by deprivation quintile.

The following table shows the Lower-level Super Output Areas in West Kent which fall in the most deprived 20% nationally: and the Local Authorities and wards in which they are found. Northfleet South, Central (Gravesham) and East Malling (Tonbridge & Malling) all have a Lower-level Super Output area in the most deprived quintile nationally, but the wards themselves are not noted as deprived.

LSOA	Ward code	Ward name	LA	IMD_rank national	National quintile	Kent quintile	IMD_Score National
E01024148	29UDGF	Joyce Green	Dartford	4722	1	1	39.8
E01024155	29UDGH	Littlebrook	Dartford	5484	1	1	37.2
E01024165	29UDGL	Princes	Dartford	5916	1	1	36.0
<b>E01024257</b>	<b>29UGFW</b>	<b>Central</b>	<b>Gravesham</b>	<b>3862</b>	<b>1</b>	<b>1</b>	<b>43.0</b>
E01024277	29UGGD	Northfleet North	Gravesham	5203	1	1	38.2
E01024278	29UGGD	Northfleet North	Gravesham	2671	1	1	48.0
<b>E01024280</b>	<b>29UGGE</b>	<b>Northfleet South</b>	<b>Gravesham</b>	<b>5899</b>	<b>1</b>	<b>1</b>	<b>36.0</b>
E01024294	29UGGH	Riverside	Gravesham	5020	1	1	38.8
E01024295	29UGGH	Riverside	Gravesham	5792	1	1	36.4
E01024305	29UGGL	Singlewell	Gravesham	2897	1	1	46.9
E01024306	29UGGL	Singlewell	Gravesham	1875	1	1	52.4
E01024308	29UGGM	Westcourt	Gravesham	3590	1	1	44.0
E01024370	29UHWG	High Street	Maidstone	6388	1	1	34.8
E01024374	29UHWG	High Street	Maidstone	3982	1	1	42.6
E01024389	29UHHH	Park Wood	Maidstone	2117	1	1	51.0
E01024397	29UHHE	Shepway South	Maidstone	5490	1	1	37.2
<b>E01024741</b>	<b>29UPHS</b>	<b>East Malling</b>	<b>Tonbridge and Malling</b>	<b>6175</b>	<b>1</b>	<b>1</b>	<b>35.3</b>

### Income Deprivation Affecting Children Index (IDACI)

The Index of Multiple Deprivation 2007 (IMD) uses indicators from a number of different domains to describe relative deprivation by geographical area. The Income Deprivation

Affecting Children Index (IDACI) is a sub-indicator derived from the IMD. 114 West Kent PCT Lower Level Super Output Layers (LLSOAs) (27%) are ranked within the least deprived 20% (quintile 5) of all the LLSOAs in England for this deprivation index. However the number of LLSOAs in the PCT which rank amongst the most deprived in England is higher for this index than for the IMD. There are 25 LLSOAs (6%) in the PCT which rank amongst the 20% most deprived (quintile 1) areas in England for this index compared to 17 for the IMD.

The following table shows 25 Lower-level Super Output Areas in West Kent with an IDACI score in the most deprived quintile nationally (indicating Child Poverty), and the Local Authorities and wards in which they are found.

Those LSOAs with IDACI score in the most deprived quintile nationally which do not sit in a LSOA itself identified in the most deprived 20% are highlighted yellow.

#### Most Deprived Quintile

LSOA	LA NAME	Electoral Ward Code	Electoral Ward Name	IDACI score	Rank of IDACI	IDACI Deciles (Eng)	IDACI Quintiles (Eng)
E01024148	Dartford	29UDGF	Joyce Green	0.51	2616	1	1
E01024306	Gravesham	29UGGL	Singlewell	0.58	1454	1	1
E01024305	Gravesham	29UGGL	Singlewell	0.53	2263	1	1
E01024278	Gravesham	29UGGD	Northfleet North	0.50	2771	1	1
E01024374	Maidstone	29UHGW	High Street	0.70	385	1	1
E01024389	Maidstone	29UHHC	Park Wood	0.53	2145	1	1
E01024476	Sevenoaks	29UKHK	Swanley St Mary's	0.48	3135	1	1
E01024155	Dartford	29UDGH	Littlebrook	0.41	4858	2	1
E01024177	Dartford	29UDGP	Swanscombe	0.37	6005	2	1
E01024170	Dartford	29UDGM	Stone	0.36	6443	2	1
E01024294	Gravesham	29UGGH	Riverside	0.47	3416	2	1
E01024308	Gravesham	29UGGM	Westcourt	0.47	3428	2	1
E01024309	Gravesham	29UGGM	Westcourt	0.38	5613	2	1
E01024277	Gravesham	29UGGD	Northfleet North	0.36	6241	2	1
E01024390	Maidstone	29UHHC	Park Wood	0.44	4094	2	1
E01024391	Maidstone	29UHHD	Shepway North	0.43	4459	2	1
E01024370	Maidstone	29UHGW	High Street	0.42	4762	2	1
E01024398	Maidstone	29UHHE	Shepway South	0.39	5344	2	1
E01024397	Maidstone	29UHHE	Shepway South	0.37	6159	2	1
E01024477	Sevenoaks	29UKHK	Swanley St Mary's	0.43	4343	2	1
E01024480	Sevenoaks	29UKHL	Swanley White Oak Hartley and Hodsoll Street	0.39	5464	2	1
E01024444	Sevenoaks	29UKGX	Street	0.37	6059	2	1
E01024741	Malling Tonbridge and Tunbridge	29UPHS	East Malling	0.46	3573	2	1
E01024840	Wells Tunbridge	29UQGT	Sherwood	0.46	3661	2	1
E01024795	Wells	29UQGD	Broadwater	0.41	4975	2	1

Child poverty can therefore be seen to be a significant, but largely invisible issue in these highlighted LSOAs, especially where they are not in a ward which is recognised as deprived, or even in a recognised deprived LSOA. This is the case for the LSOAs in Stone (Dartford), Shepway North (Maidstone), Swanley White Oak and Hartley & Hodsoll Street (Sevenoaks), Sherwood and Broadwater (Tunbridge Wells).

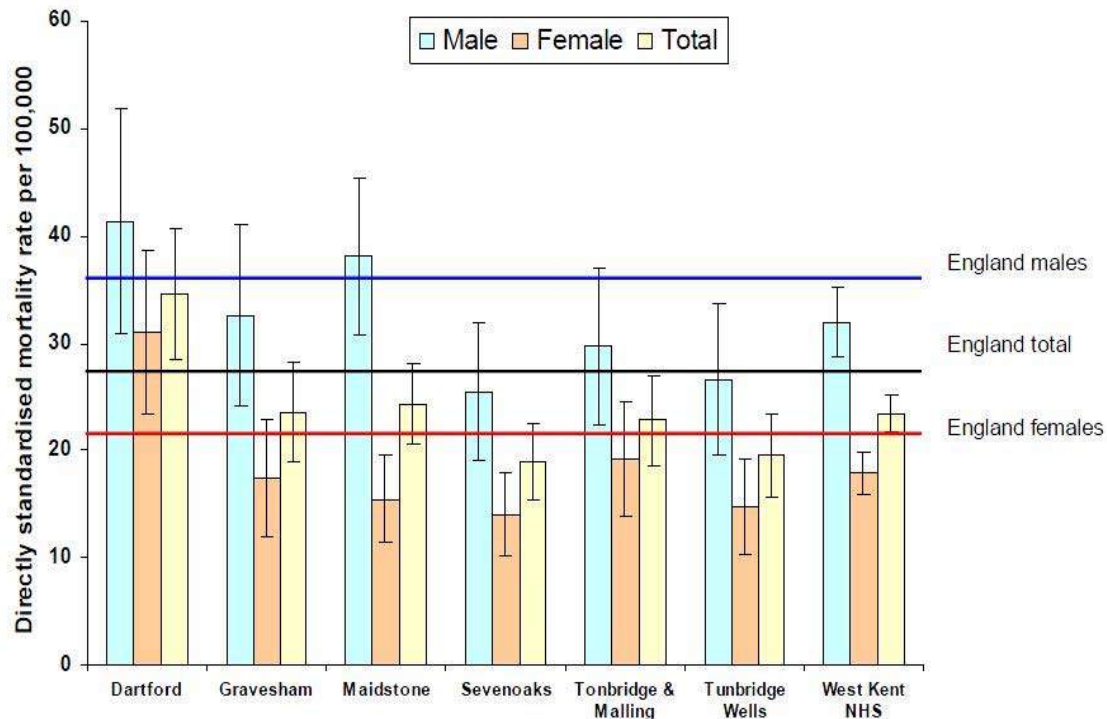
## Chronic Disease in West Kent

### Chronic Obstructive Pulmonary Disease (COPD)

Data for 2007/07 indicate that the highest male mortality rates for COPD were in Dartford and Maidstone, with the lowest rates being in Sevenoaks and Tunbridge Wells. For females mortality rates were higher than the national average in Dartford, yet broadly similar in other West Kent NHS local areas. It is of concern that there is a higher burden of disease in some areas of West Kent attributed to COPD than is the case nationally. Dartford, Gravesham and Maidstone contain the most wards with the highest levels deprivation. Dartford and Gravesham are also above the national average for smoking prevalence.

Recent work by the public health department in West Kent has shown that 43% and 30% of deaths from all respiratory diseases are attributable to smoking for men and women respectively. Further analysis showed that in West Kent, 80% of deaths in men with COPD and 78% of deaths in women with COPD are attributable to smoking<sup>1</sup>.

**Fig 7.0 Mortality Rates of People in West Kent from COPD**



Source: NCHOD

For further information on this area, please see the West Kent Needs Assessment on COPD:

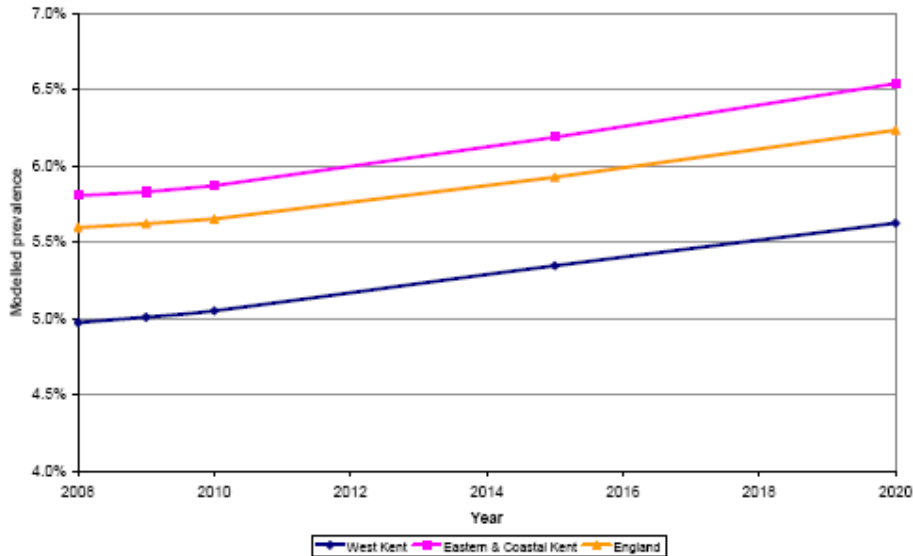
<http://www.kmpho.nhs.uk/geographical-areas/primary-care-trusts/west-kent-pct/?assetdetesctl1877284=99200>

<sup>1</sup> <http://www.kmpho.nhs.uk/geographical-areas/primary-care-trusts/west-kent-pct/?assetdetesctl1877284=99200>

## Circulatory Disease

- Throughout 2007 in Kent, Ischaemic Heart disease (IHD) and other forms of heart disease, including heart failure, constituted 22% of all deaths in males over 16 and 17.6% of all deaths in females over 16.
- The age-standardised mortality rate is 64.37 deaths per 100,000 population which is lower than the rate for Kent County (69.70) and England (79.0). This rate is currently below the OHN target for West Kent PCT which is 72.55. Although rates have fluctuated over the last 5 years there has been a general reduction in mortality year on year

Figure 41: Modelled projections of CHD prevalence in people aged 16+, Kent districts



Source: ERPHO

## Fig 8.0 Modelled projections of CHD prevalence in Kent Districts

- In the above graph, future coronary heart disease (CHD) prevalence has been modelled for English PCTs, with the latest tool incorporating multiple variables such as smoking, ethnicity and deprivation. Prevalence in NHS West Kent is below the England rate. CHD prevalence in Kent is expected to increase in future, in line with England trends
- The relative gap for circulatory disease mortality between the most and the least affluent is reducing in Gravesham, Tonbridge and Malling, and Tunbridge Wells borough councils areas, but increasing in Dartford, Maidstone and Sevenoaks.

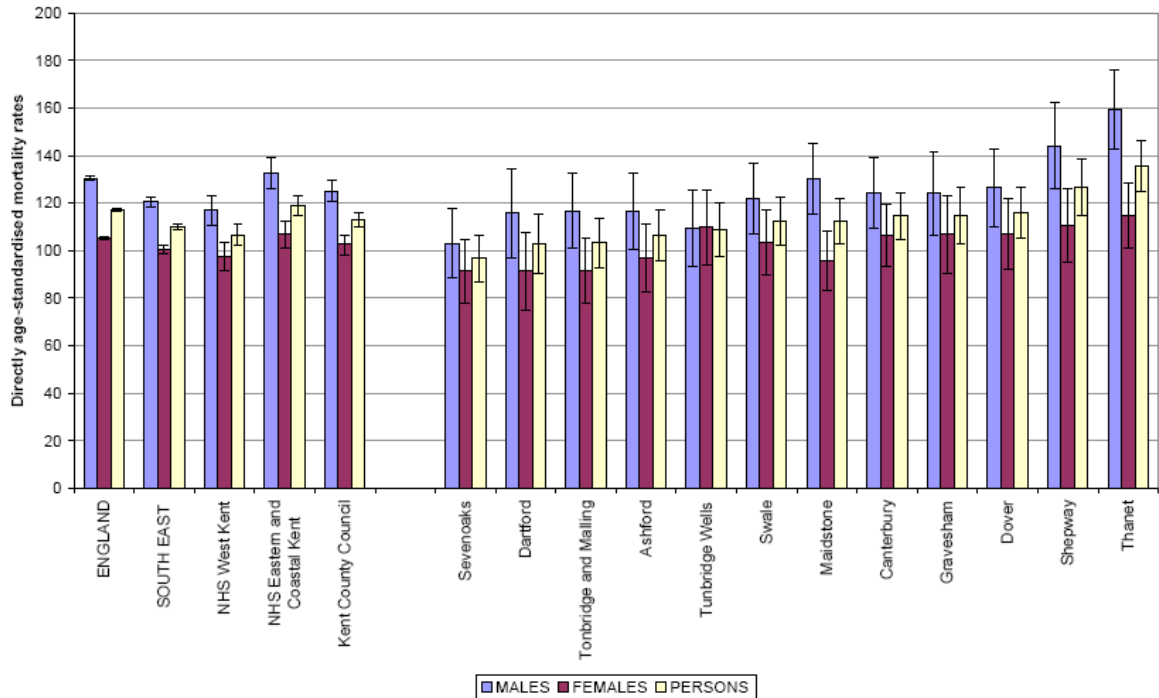
A needs assessment for cardiovascular disease in West Kent has recently been completed, and should be available on [www.kmpho.nhs.uk](http://www.kmpho.nhs.uk) in due course.

## Cancers

- West Kent performs better on most indicators for cancer than England and neighbouring Trusts. Over the past 5yrs, incidence has been decreasing in both men and women in West Kent like in other parts of the Country, however, cancer still accounts for 27% of deaths in all ages and 42% of deaths in <75yrs
- The age-standardised mortality rate is 101.40 deaths per 100,000 population which is lower than the rate for Kent County (110.54) and England (115.54).

- The incidence of many cancers like bladder, stomach, lung (men) and cervix are falling, but there is notable rise in prostate cancer and lung cancer in women.
- Malignant melanoma is on the increase and the incidence has doubled over the 9 years between 1996 to 2005. Worryingly national evidence shows it is more marked in areas of higher deprivation.
- Of the common risk factors for cancer, smoking rates are dropping but obesity rates are on the increase in some West Kent wards and this correlates positively with deprivation.

**Fig 9.0 Directly Age Standardised All Cancer Mortality Rate, Under 75s, Kent Districts, 2004 – 2006**



Source: NCHOD, 2007

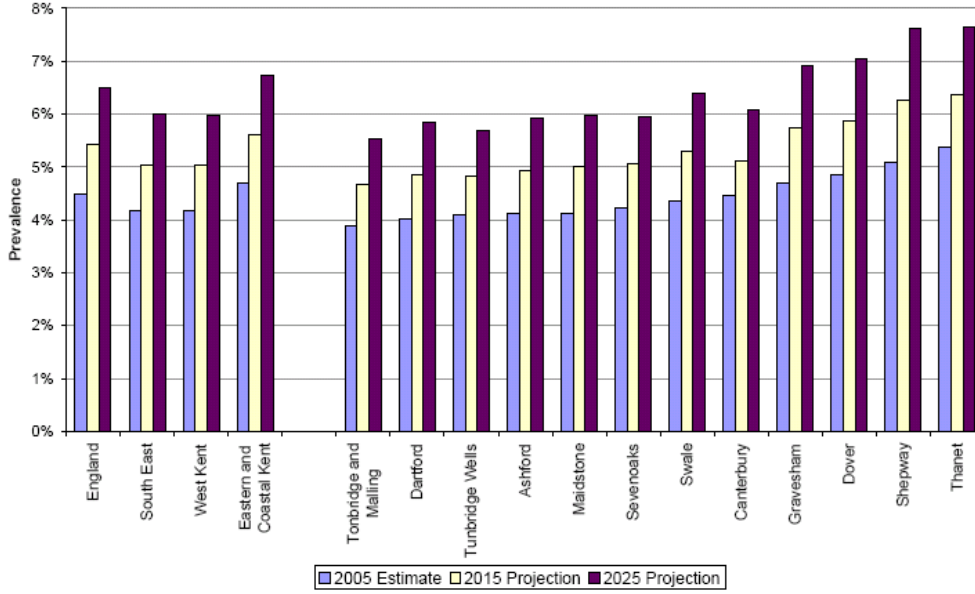
The above graph shows under 75 cancer mortality rates for all Kent districts, ranked from lowest on the left (Sevenoaks) to highest on the right (Thanet). NHS West Kent has a lower mortality rate than Eastern and Coastal Kent.

## Diabetes

Type 2 diabetes is related to obesity. In West Kent 10.7% of deaths in 20 – 79 year olds are estimated to be attributable to diabetes. It is a condition whereby the body cannot control blood sugar levels. Over time this may result in heart disease, blindness and kidney damage. It is estimated that rates of diabetes will continue to increase over the next 15 years. Reducing levels of unhealthy weight by improving diet and exercise habits particularly in the most deprived populations may reduce rates of diabetes and the risk of complications in those with the condition.



**Figure 14. Diabetes prevalence predictions Kent districts 2005-2025**



Source: York and Humber Public Health Observatory (YHPHO), 2008

## Local data and priorities for public health issues in West Kent

National PSA targets are set out below, taken from Choosing Health for Pharmacy 2005-2015:

### Some Public Health Priorities for Pharmacy

Overall Priority	National PSA target	Pharmacy contribution	Population health impact
<b>1 REDUCING SMOKING</b>	Reduce adult smoking rates to 21% or less by 2010, & to 26% in 'routine' & 'manual' groups	Opportunistic brief advice No-smoking campaigns Specialist NHS Stop Smoking Service, including nicotine replacement therapy (NRT) etc.	****
<b>2 HEART DISEASE, STROKES AND CANCER</b>	Reduce mortality rates by 2010 from heart disease and stroke by at least 40% in people under 75, with a 40% reduction in the inequalities gap Reduce mortality rates by 2010 from cancer by at least 20% in people under 75, with a 6% reduction in the inequalities gap	Information & advice on healthy lifestyle (smoking, diet, physical activity, etc.) Campaigns – national or local Secondary prevention/risk factor monitoring and advice, etc.	***
	Skin cancer prevention	Information and advice	**
<b>3 UNDER-18 CONCEPTION RATE</b>	Reduce the under-18 conception rate by 50% by 2010, as part of a broader strategy to improve sexual health	Emergency hormonal contraception under Patient Group Directions (PGD) Supply of condoms Signposting to other sources of advice and support Sexual health advice and screening as part of integrated system	***
<b>4 OBESITY AMONG CHILDREN</b>	Halt the year-on year rise in obesity among children under 11 by 2010, in the context of a broader strategy to tackle obesity in the population as a whole	Targeted information & advice on diet and physical activity Weight reduction programmes including supply of anti-obesity medicines	**
<b>5 REDUCE HEALTH INEQUALITIES</b>	Reduce health inequalities by 10% by 2010 as measured by infant mortality & life expectancy at birth (& see priority 2 above)	Signposting to services to: improve housing, improve income among the poorest, support to families with young children, health literacy Target services to reduce smoking, improve diet, coronary heart disease (CHD) risk, etc., on disadvantaged groups PCT investment in pharmacies in areas with the worst health indicators Community action & advocacy; provide floor space for community groups, etc.	**

Overall Priority	National PSA target	Pharmacy contribution	Population health impact
<b>6 LONG-TERM CONDITIONS</b>			
	Improve health outcomes for people with long-term conditions by offering a personalised care plan for vulnerable people most at risk; and improve care in primary care and community settings	Providing support to patients & other professionals in the effective use of medicines. Promotion of healthy lifestyles Support for self care Disease-specific care management Work with case managers	**
<b>7 SUICIDE AND UNDETERMINED INJURY</b>			
	Reduce mortality rates from suicide and undetermined injury by 20% by 2010	Provide information & advice Signpost or refer to appropriate local services	*
<b>8 OTHER INTERVENTIONS TO IMPROVE HEALTH AND REDUCE HEALTH INEQUALITIES</b>			
	Safe and effective use of medicines	Opportunistic advice Medicines – use reviews and prescription intervention service. Reporting of adverse drug reactions Helping to reduce medication errors	***
	Services for substance misusers	Supervised consumption of methadone and other medicines Needle and syringe exchange schemes, plus information & advice	***
	Immunisation services	Identifying and referring clients Offering floor space to other professionals Administering the immunisation	***
	Management of asthma	Opportunistic advice Involvement/lead in asthma care pathway	**
	Children & young people	Effective use of medicines Signposting Child Health Promotion Programme, Healthy Start, Extended Schools	**
	Men's health	Information & advice	**
	Reduction of harm from alcohol	Opportunistic advice Brief interventions Offering floor space to other professionals	* *

We estimated the potential population health impact of pharmacy interventions from the importance of the identified health problem and the strength of the available evidence for the intervention.

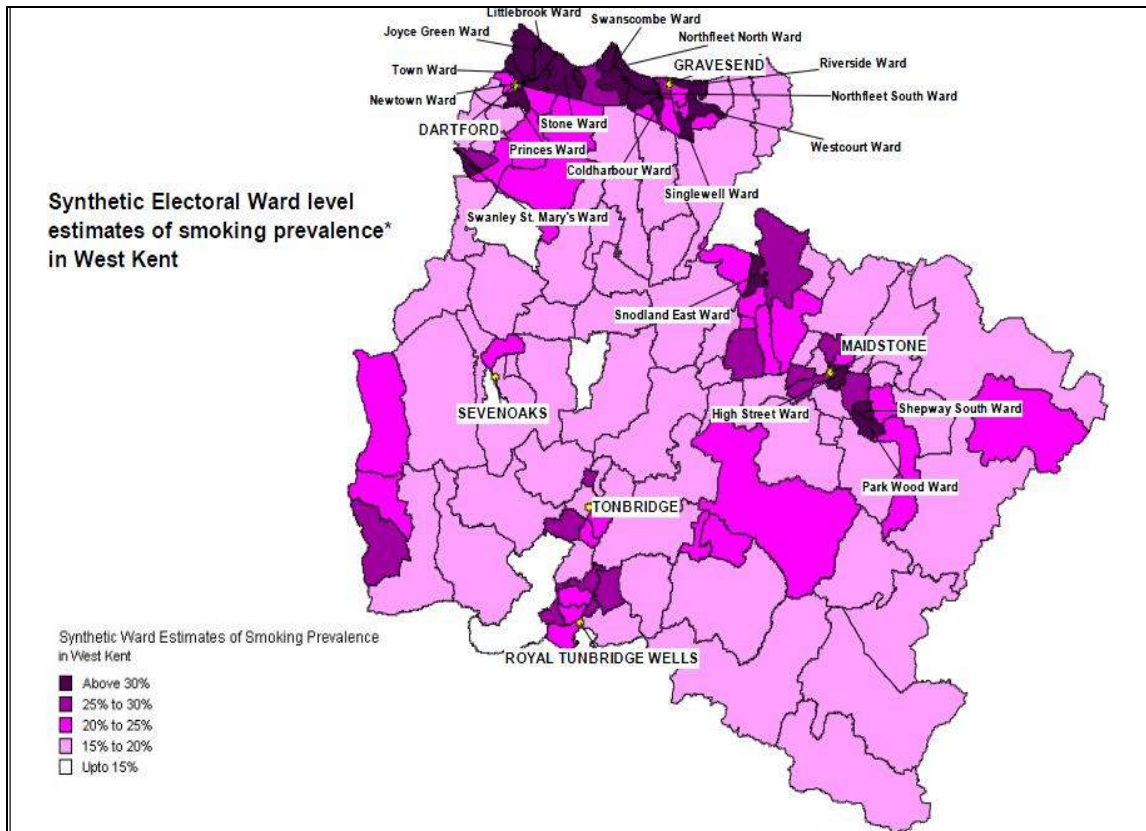
- \* = some impact
- \*\* = moderate impact
- \*\*\* = considerable impact
- \*\*\*\* = major impact

## Smoking

Smoking prevalence in West Kent is now 24%, giving an estimated number of 127,800 adult smokers. The national average smoking prevalence is now just 21%

However, as the map below reveals, there are several pockets of extremely high prevalence, with smoking prevalence in parts of Gravesend estimated to be as high as 39% (Swanscombe ward). There remains a direct relationship between smoking and health inequalities. Our highest smoking rates are seen in our least affluent wards across West Kent.

For further information please see Smokefree West Kent: Assessment of Need and Equity of Service Provision 2010: <http://www.kmpho.nhs.uk/geographical-areas/primary-care-trusts/west-kent-pct/?assetescf1877284=99311>



**Fig 13.0**  
Source: ONS Statistics

### Obesity

- In adults, obesity is commonly defined by a Body Mass Index (BMI) of 30 or more. For children in the UK, the new WHO growth charts (2009)<sup>3</sup> are used to define weight status. The most common method of measuring obesity is the Body Mass Index (BMI). BMI is calculated by dividing body weight (kilograms) by height (metres) squared. An adult BMI of between 25 and 29.9 is classified as overweight and a BMI of 30 or over is classified as obese. Severely obese individuals are likely to die on average 11 years earlier (13 years for a severely obese man between 20 and 30 years of age), than those with a healthy weight. This risk is comparable to, and in some cases worse than, the reduction in life expectancy from smoking (Healthy Weight, Healthy Lives, 2008). Elevated BMI was estimated to cost the country £15.8 billion per year in 2007, of which £4.2 billion is the cost to the NHS (Foresight, 2007).
- There has been a rapid increase in the prevalence of overweight and obesity in recent years, with the proportion of adults in England with a healthy BMI (18.5-24.9) decreasing between 1993 and 2007 from 41% to 34% among men and 50% to 42% among women.
- By 2050 obesity is predicted to affect 60% of adult men, 50% of adult women and 25% of children (Foresight 2007)
- There are an estimated 23,083 obese children in West Kent (11,676 obese boys and 11,407 obese girls) and an estimated 130,000 obese adults in Kent and Medway (62,000 men and 68,000 women).

For a more detailed report please see the Overweight/Obesity Needs Assessment for NHS West Kent:

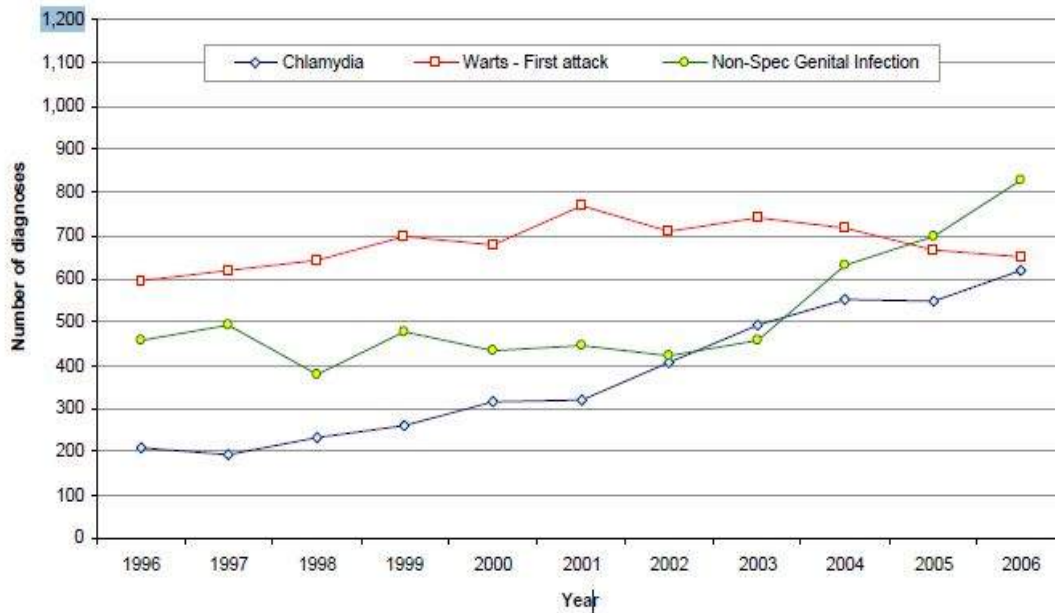
<http://www.kmpho.nhs.uk/geographical-areas/primary-care-trusts/west-kent-pct/?assetesctl1877284=99112>

## Sexual Health and Teenage Conceptions

### Sexual Health

Sexually transmitted infections constitute a highly preventable and treatable source of morbidity, particular in those aged 25 and under. Despite a significant focus on Chlamydia, it is proving very difficult to bring infection rates under control.

**Fig 14.0 Diagnoses of Higher Incidence Sexually Transmitted Infections seen at Genito-Urinary Medicine Clinics within NHS West Kent**



Source: KC60 return, 1996 – 2006

The above chart shows new diagnoses of sexually transmitted infections (STIs) made at genito-urinary medicine clinics in West Kent. It should be noted that this is not the same as new diagnoses made in Kent residents – patients have the right to use services in other regions, and may be more likely to do so for matters related to sexual health, where distance provides greater assurance of anonymity.

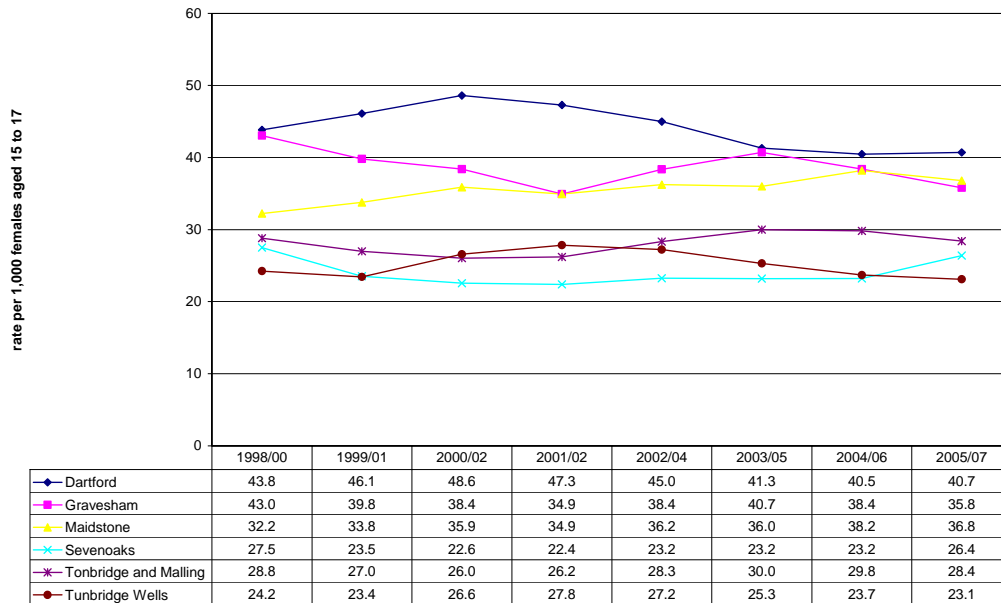
The numbers of Chlamydia new diagnoses have increased in West Kent since 2001. This is likely to be due to:

- increased public awareness resulting in increased testing
- improved, more accurate testing introduced in 2004
- Chlamydia screening programme introduced in 2004 – 2005

### Teenage and Unwanted Conceptions

Reducing teenage and unwanted conceptions remains a priority area, and whilst less of a problem in West Kent than many areas, there are challenging targets to ensure rates continue to fall.

**Fig 15.0 Trend in Under 18 Conception Rate per 1,000 Female Population Aged 15 to 17, Districts in NHS West Kent 1998/01 to 2005/07**



Source: Teenage Pregnancy Unit

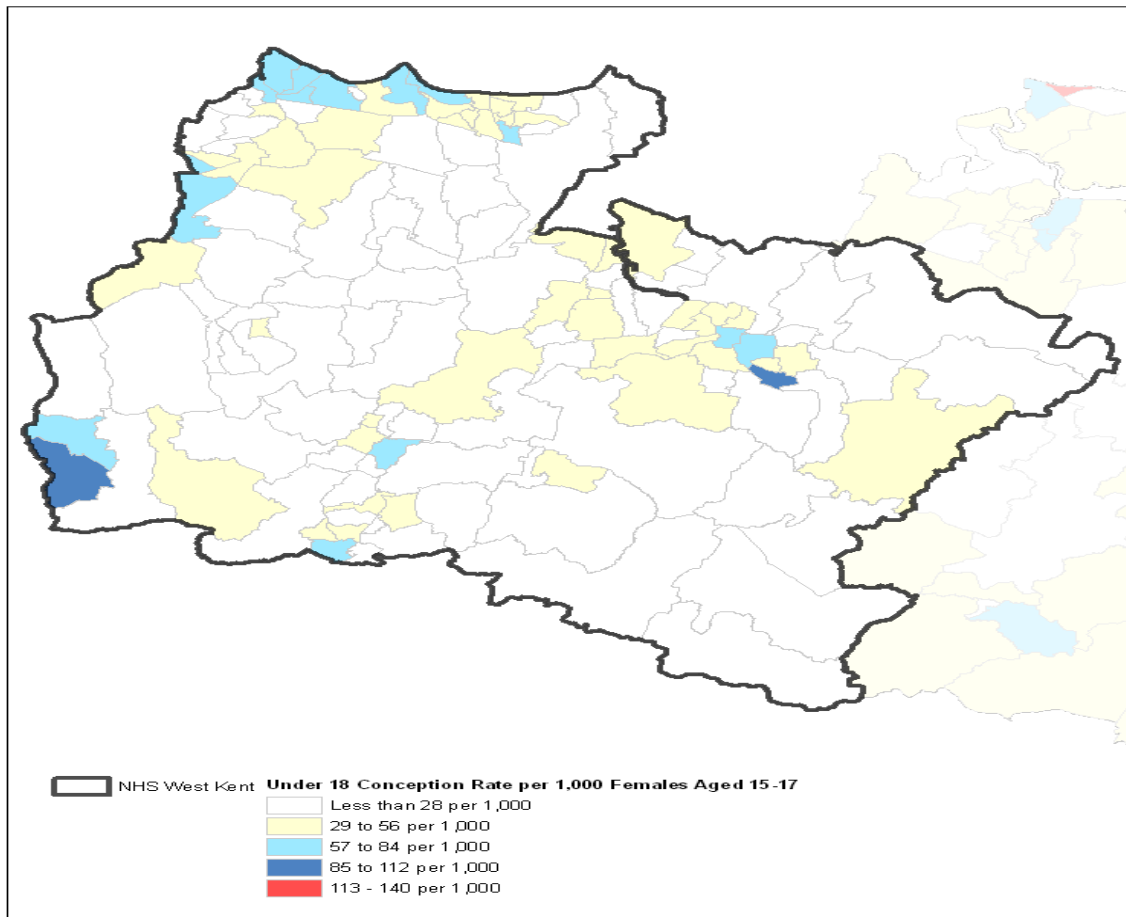
For further information, please see Teenage Conceptions and Teenage Sexual Health Service in NHS West Kent 2010:

<http://www.kmpho.nhs.uk/geographical-areas/primary-care-trusts/west-kent-pct/?assetesctl1877284=112645>

There is also a Health Equity Audit of Sexual Health Services in NHS West Kent 2008:

<http://www.kmpho.nhs.uk/geographical-areas/primary-care-trusts/west-kent-pct/?assetesctl1877284=67674>

**Fig 16.0 Under 18 Conception Rate Per Ward Across NHS West Kent**



Copyright (c) Experian Ltd 2008, Copyright (c) NAVTEQ 2008. Based on Crown Copyright material.

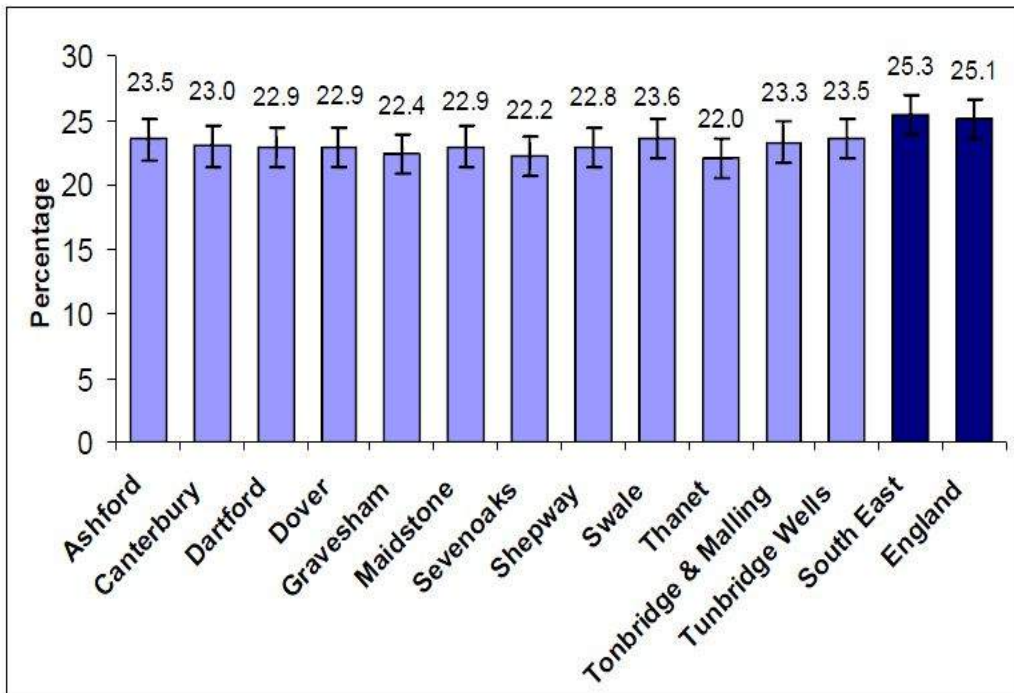
Source: ONS Data

## Alcohol

In 2005, researchers from Centre for Health Services Studies at the University of Kent (CHSS) carried out a postal survey of every one in 50 adults registered with a doctor in Kent. It had a response rate of 27% and gives an indication of local lifestyle and showed that 10.5% of males and 6.2% of females in Kent (fig. 5) exceed the weekly 'sensible' limits.

For further information please see Kent Alcohol Strategy 2010-2015:  
<https://shareweb.kent.gov.uk/Documents/KDAAT/2010-06-20%20Kent%20Alcohol%20Strategyfinal.pdf>

**Fig 17.0 Synthetic Estimate of the Percentage of the Population of Kent aged 16 years and over who Report Engaging in Harmful/Hazardous Drinking, by Local Authority, 2005**





## **Patients' Feedback on Pharmaceutical Provision services in West Kent**

### **1. Background**

Patient engagement is central to local development and forms a core role in this needs assessment. There is a legislative requirement that the production of the PNA includes a process of engagement with users regarding their views on pharmaceutical service provision.

### **Overview of Sources of Information.**

#### **User feedback was obtained to inform the PNA including:**

- “Active Lives” Survey conducted for Kent County Council
- Online Survey – Autumn 2009 - 131 respondents and only 8 used doctor dispensaries this self selected sample may not be truly representative of the population at large
- Telephone Survey of 300 people chosen to be representative of the West Kent population – carried out in view of the low number of respondents to the online survey. Changes were made to the questionnaire in order to create a shorter and more focused survey and to include feedback on access to services and consultations with a pharmacist (for questionnaire, see end of this document).
- Focus groups were held with communities who were likely to have used or be expected to use compliance aids and/or medicine handling aids

While the “Active Lives” survey did not ask specific questions about pharmaceutical services, it serves as a useful source indicating residents’ overall priorities with regard to health services.

#### **Kent Residents views highlighted: in JSNA work Undertaken for Kent County Council (KCC) “Active Lives” initiatives**

- Treat people with dignity and respect
- Support independent living
- Providing health care close to people’s homes
- Choice and control over the support they receive
- Particular priority to health promotion and opportunities or increase healthy living
- Activities to promote good mental health
- Location of services and the need for good public transport to services
- GPs and other primary care services should be excellent at sign-posting people to where they could get further information about and support for their condition. The need to provide this information in different ways and from different sources
- The public put great emphasis on quality “do the job properly”.

## Views on Choice and Accessibility of Pharmaceutical Services

- “Convenient location” was cited by 68% of respondents as the main reason for choice of pharmacy followed by “efficient service” (17%)
- This is supported by respondents identifying the following description of the pharmacy they use most frequently:
  - Close to home (62%)
  - Near my GP (34%)
  - Near where I shop (25%)
- These findings echo the Active Lives and OFT reports and will be found again in the July 2010 telephone consultation

### Reasons for Choosing a Pharmacy

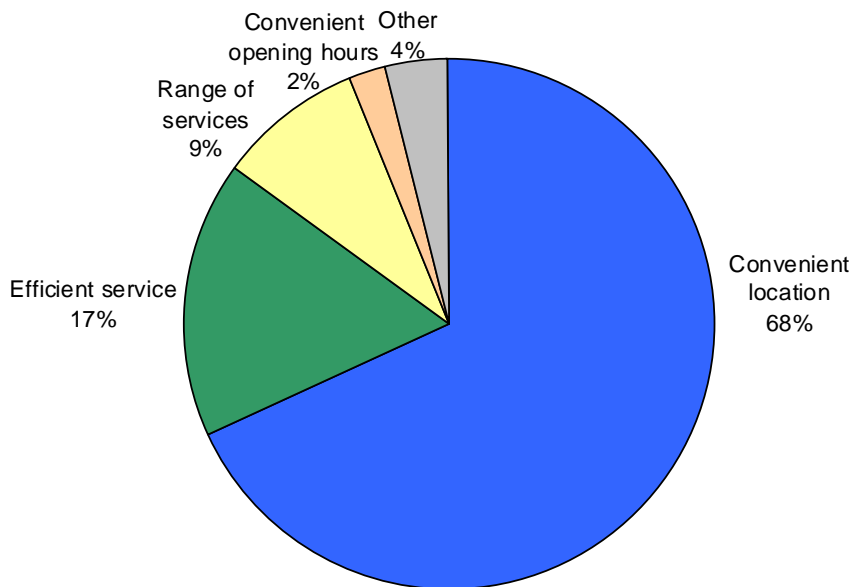


Fig 1

Source: Q5a Which of these best describes the reason why you use that pharmacy most often?

## 2. Accessibility

### Geographical Accessibility:

- 27% of respondents reported that it was “not very easy” or “not easy at all” to reach their local pharmacy on foot and 34% responded in the same way when asked about reaching the pharmacy by public transport.
- Younger people (less than 54 years old) are more likely to say their pharmacy is easy to access across all methods than those aged 55 and over, but older people are more likely than younger people to have used the pharmacy in the last week.

### Pharmacies found to be easiest to access by car

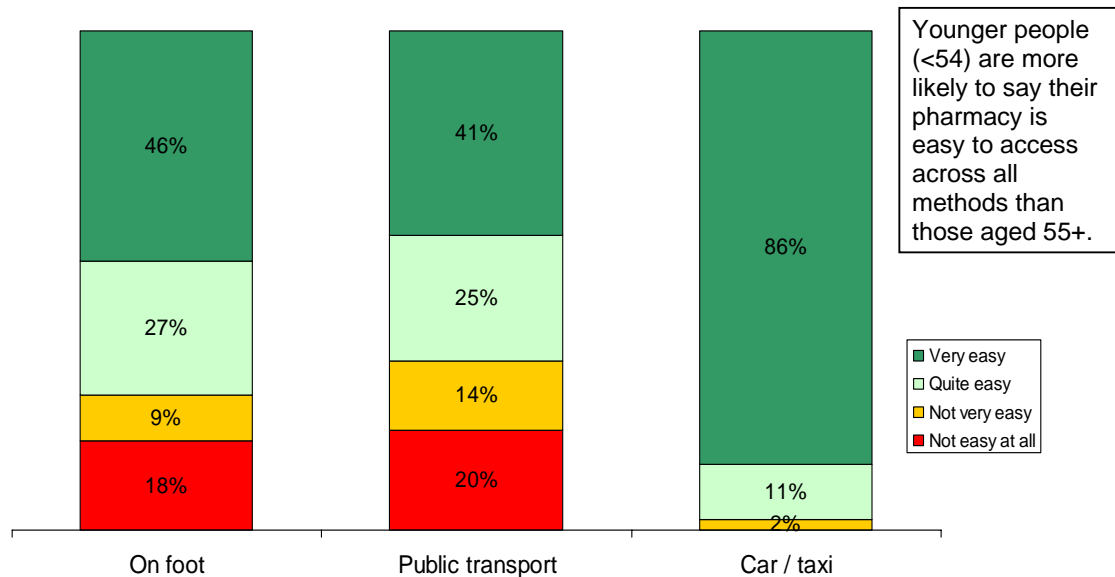


Fig 2.

Source: Q5: How easy is it to get to the pharmacy by...?

#### Accessibility of Opening Hours:

- 22 percent of respondents would prefer to use a pharmacy between 5pm and 8pm and currently 17% do so, and this is most strongly expressed by those aged 18-54 years.
- Overall 13% of respondents have had problems finding a pharmacy that is open to get medicine, advice or other services. Of these, 38% indicate that the problem was the pharmacy was “not open late enough/after work”, 33% indicate “not open when needed e.g. Sunday”.
- Just over a fifth (22%) of respondents have experienced problems with their usual/local pharmacy being closed and of these, 31% indicate it was after 6pm
- These responses would seem to expose a need for improved access to pharmaceutical services beyond the usual working day and at weekends and also the need for better information regarding pharmacy opening hours.

### 3. Views on range of services provided by pharmacies

	Strongly agree		Strongly agree		Strongly agree
Prescription Collection	50%	Stop Smoking service	31%	Immunisations / Vaccinations	23%
Minor conditions advice	45%	Specialist drugs for use at home	30%	Monitoring services for blood thinners	21%
Prescription delivery	43%	Chlamydia screening & support	28%	Gluten free food supply	18%
Contraceptive advice	38%	Health Checks	26%	Healthy eating & living advice	18%
Medicines support	32%	Medicine Use checks	25%	Alcohol misuse advice / intervention	16%
LTC advice and support	31%	Substance misuse	24%		

**Fig. 3. Opinion about potential services provided in pharmacies**

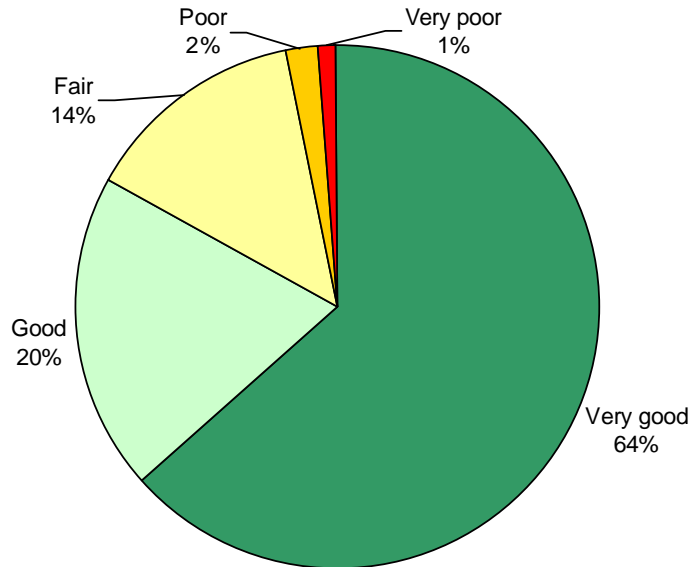
Source: Q9: Please indicate to what extent you agree or disagree that these services should be provided by your usual pharmacy

There is wide variation in opinion about potential services provided in pharmacies

### 4. Views on quality of pharmaceutical services

#### Overall Service:

- Overall the service received at pharmacies was rated by 84% of respondents as good or very good and the main positive aspect of service was identified as knowledgeable and helpful staff.
- The most frequently mentioned negative comments related to delays in getting items dispensed (14 mentions) and lack of stock (10 mentions).
- When asked what changes they wanted to see respondents picked up on the themes above but also added “more polite” and “longer opening hours”.



**Fig 4. What is the user’s experience of the service provided by the pharmacy they use most often?** Source: July 2010 Telephone Survey for West Kent

**Consultations:**

A fifth of respondents recall having a consultation with a pharmacist. Of these around half were offered a private consultation. In terms of the level of privacy in the consultation, 67% rated it as “good” or “excellent” and a further 20% “fair”. However, 13% described it as “poor” or “very poor”.

At least 9 in 10 respondents indicate that the consultation provided each of the following:

- Enough time with pharmacist.
- Confidence and trust
- Treated with dignity and respect
- Useful advice and information
- Answered questions

**4. Seeking the Views of Specific User Groups**

**Background**

There was awareness that as well as obtaining population-wide feedback on pharmaceutical services, it was important to try and ascertain the views of particular groups who might not usually have a voice when it came to influencing the pharmaceutical services they used.

Two groups were identified for more in-depth consultation. These were:

- 1) Users requiring adapted services  
Reasonable adjustments at the time of dispensing is a requirement under the DDA. This can include provision of aids. There was little local or national data available on this area.
- 2) Users of emergency hormonal contraception (EHC) service

This is an important and widespread Enhanced Service used by residents who might not usually access a pharmacy. We were able to make use of the feedback from a programme of evaluation for sexual health services that was already in place and included EHC provision in pharmacies.

### Users requiring adjusted dispensing

Medicine handling aids can be provided to those who have difficulty using normal containers. In addition, many individuals (local estimates suggest between 2,000 and 4,000) have medicines dispensed into aids commonly referred to as “boxes” or compliance aids and we identified a need to assess the value of this service to individuals and their carers.

Focus groups were held with communities of people whose members were likely to have used or might be expected to need one or other of the above services. Four groups were held:

Venue	Number interviewed
<b>Guru Nanak Day Centre, Gravesend;</b> <ul style="list-style-type: none"> <li>• Invicta Advocacy Network for BMEs with mental health issues</li> <li>• Approximately 25% men and 75% women</li> <li>• Predominantly over 50 years of age</li> <li>• Relatively few could converse in English so questions and the responses were translated by the group leader</li> </ul>	27
<b>Christchurch Hall, Wallis Ave, Maidstone</b> <ul style="list-style-type: none"> <li>• Stroke Network</li> <li>• Attendees have generally had serious strokes resulting in some form of rehabilitation and are still in the main struggling with mobility, speech and memory loss</li> </ul>	9 individual interviews
<b>Tunbridge Wells Town Hall;</b> <ul style="list-style-type: none"> <li>• Disability Access Group, including physically and mentally disabled</li> <li>• Mixture of men and women</li> <li>• Is a campaigning group so attendees are engaged and interested in all issues that affect them</li> </ul>	11
<b>43 Spital Street, Dartford:</b> <ul style="list-style-type: none"> <li>• DGS MIND</li> </ul>	25

Figure 5.

## **5. Current Use of Pharmacies and Pharmaceutical Services**

If users could access their pharmacy themselves they did so, otherwise they were supported by family or other carers collecting medicines or by pharmacies delivering. Almost all, in common with the wider population, used pharmacies to collect medicines only. Proximity to home, carer's home or the surgery were important, as was the offer of collection and delivery services.

The users were generally positive about their experiences of using community pharmacies, citing friendly services, offers of advice and explaining medication. In one group when asked about MURS, 1 person in the group of 11 was aware of them although when explained, the group thought it was an extremely attractive idea.

On the negative side, lack of chairs when waiting, refusal to help by popping out pills and concerns about privacy were all raised.

### **DDA Adjustments**

When asked about problems handling medicines, getting at the pills in sealed strips was most often mentioned. Child resistant containers, cutting up tablets, reading labels and remembering when to take medicines were also mentioned.

### **Compliance Aid Filling**

The most frequently mentioned problem was the ease (or rather difficulty) in gaining access to "foil sealed pop out pills". From those who used a box aid it was felt to provide a real benefit to them or their carer.

Pharmacy filled aids were described as most useful to those with long term chronic or mental health problems.

### **Accessibility and Communication For Users from Ethnic Minorities**

The focus group in Gravesend welcomed and supported pharmacies staffed by those from the same ethnic and cultural background as the user. Users spoke of forming an ethnically and culturally based "village" These users were often not fluent English speakers.

## **6. Users of Emergency Hormonal Contraception Services**

### **Users Experiences**

The Teenage Sexual Health Mystery Shopper programme has been carried out twice Summer 2008 and Spring /Summer 2009. 56 visits were made by young people to clinics and pharmacies across the West Kent area. Each visit was made with a particular scenario, enacted by the young person, and a series of questions completed in order to fully evaluate their experience.

Overall, the picture is still generally a positive one for the services provided in West Kent, but there are concerns about whether the service in pharmacies matches that provided by clinics. Only 1 in 10 clinic visits were rated as poor overall, but this rises to 4 in 10 for pharmacies. Pharmacies did however outperform clinics in terms of waiting times, with 49% being seen in less than 5 minutes.

The major points to emerge were around dignity and respect issues.

- Comments highlighted the need for friendlier staff and more privacy.

- Only half of those seeking EHC as part of this process had the consultation in a private room, although the survey did not identify if they were offered a private room
- No pharmacy spontaneously gave explanation of confidentiality
- 51% of pharmacy consultations were interrupted which was a substantial shift from only 15% in the year before.

A number of detailed recommendations such as improved signage and staff training were made and these were sent to pharmacies in the scheme.

**A copy of the questionnaire follows below.**



# NHS Eastern and Coastal & NHS West Kent - Pharmacy

Good Morning/Afternoon/Evening, my name is xxxx and I am calling from Lake Market Research on behalf of the NHS Eastern & Coastal / NHS West Kent. We are conducting a survey about your views on local pharmacy (Chemist) services. The study will look at why people use their pharmacy, how easy pharmacies are to access and to assist in planning more effectively what services could be provided in the future.

All the information you give us in this survey will remain anonymous and will not be used in any way other than to look at pharmacy service provision.

The survey should take no more than 15 minutes to complete, would it be convenient to go through the survey now?

**1.** Firstly can I just check that you have been to a pharmacy for a health related purpose, for example to collect medicine or to get health advice?

Yes  1

No - Thank & Close  2

**Gen** GENDER - DO NOT ASK

Male - Quota  1

Female - Quota  2

To ensure we speak to a wide cross section on the public can I please ask:

**Age** Which of the following age bands do you fall into?

18-24 - Quota 1 = 18-34  1

25-34 - Quota 1 = 18-34  2

35-44 - Quota 2 = 35-54  3

45-54 - Quota 2 = 35-54  4

55-64 - Quota 3 = 55+  5

65-74 - Quota 3 = 55+  6

75+ - Quota 3 = 55+  7

Refused - Thank & Close  8

**Soc** Can I please ask the occupation of the chief income earner in your household?

AB - Minimum quota  1

C1 - Minimum quota  2

- C2 - Minimum quota  3
- D - Minimum quota  4
- E - Minimum quota  5
- Refused – Thank & Close  6

**1.a How often do you use a pharmacy?**  
**PROBE TO PRE-CODES - SINGLE CODE**

- two or three times a week*  1
- Once a week*  2
- Once a month*  3
- Every 3-4 months*  4
- Once a year*  5
- Hardly Ever*  6
- (Other – Specify)*  7
- (Don't know)*  8

**1.b When did you last visit a pharmacy for a health related purpose, for example to get a medicine or to get health advice?**  
**READ OUT - SINGLE CODE**

- In the last week*  1
- In the last month*  2
- In the last six months*  3
- Longer ago*  4
- (Don't know)*  5

**2. What was your main reason for going to the pharmacy that day?**  
**SINGLE CODE - PROBE FOR MAIN REASON**

- To collect a prescription*  1
- To buy medicine(s) over the counter / without a prescription*  2
- To get advice*  3
- Other - Specify*  4

**3. Overall how would you rate your last experience of using a pharmacy? Would you say it was.....?**  
**READ OUT - SINGLE CODE**

- Excellent*  1
- Good*  2
- Fair*  3
- Poor*  4
- Very Poor*  5
- (Don't know)*  6

**4. Which of the following statements most closely describes your use of pharmacies?**  
**READ OUT - SINGLE CODE**

- I use the same pharmacy all of the time*  1
- I use different pharmacies but visit one more than others*  2
- I use different pharmacies and none more frequently than any other*  3
- I have my medication delivered by the pharmacy*  4
- I use an Internet Pharmacy*  5
- I only have medication dispensed by my GP*  6
- (Don't know)*  7

## The next few questions are about the pharmacy you use most often

5.b

How easy is it to get to the pharmacy by Public transport?

**READ OUT - SINGLE CODE**

- Very easy  1
- Quite easy  2
- Not very easy  3
- Not easy at all  4
- (Don't know)  5

5.a

How easy is it to walk to the pharmacy?

**READ OUT - SINGLE CODE**

- Very easy  1
- Quite easy  2
- Not very easy  3
- Not easy at all  4
- (Don't know)  5

5.c

And how about by car / Taxi?

**READ OUT - SINGLE CODE**

- Very easy  1
- Quite easy  2
- Not very easy  3
- Not easy at all  4
- (Don't know)  5

6.

Thinking about the location of the pharmacy, which of the following is the MOST important reason for using it?

**READ OUT LIST IN FULL - THEN PROBE FOR MAIN REASON - SINGLE CODE**

- It is close to my doctor's surgery*  1
- It is close to my home*  2
- It is close to the shops I use*  3
- It is close to my work*  4
- It is close to my children's school / nursery*  5
- It is easy to park nearby*  6
- It is near to the bus stop / train station*  7
- (Other - SPECIFY)*  8

7.

Thinking about the services that the pharmacy provides, which of the following is MOST important to you?

**READ OUT LIST IN FULL - THEN PROBE FOR MAIN REASON - SINGLE CODE**

- The service is quick*  1
- There is some privacy when I want to speak to the pharmacist*  2
- The pharmacist or staff know about me and my medicines*  3
- The pharmacy usually has my medicines in stock*  4
- The pharmacy is open late or at weekends*  5
- The pharmacy offers a prescription collection and delivery service*  6
- (Other - SPECIFY)*  7

## I am now going to ask some questions about the services offered in Pharmacies

### 8. Thinking about each of the following services please indicate if you have used any of them in the last year?

#### READ OUT - MULTICODE - RANDOMISE LIST

Stop Smoking Service	<input type="checkbox"/>	1
Chlamydia Screening & Support Services	<input type="checkbox"/>	2
Healthy Eating and Healthy Living - Advice	<input type="checkbox"/>	3
Substance Misuse e.g. needle exchange or Methadone supply	<input type="checkbox"/>	4
Contraceptive Advice - including emergency contraception	<input type="checkbox"/>	5
Minor Conditions Advice e.g. sore throat, hay fever, Thrush, Cystitis	<input type="checkbox"/>	6
Gluten free food supply service	<input type="checkbox"/>	7
Immunisations/Vaccination Jabs e.g. seasonal Flu	<input type="checkbox"/>	8
Advice on Alcohol Misuse or intervention services	<input type="checkbox"/>	9
Long Term Conditions Advice and Support e.g. Diabetes, Asthma, High Blood Pressure	<input type="checkbox"/>	10
Monitoring services for those using blood thinners e.g. Warfarin or attending an Anticoagulation clinic	<input type="checkbox"/>	11
Medicines support service e.g. pharmacist assisting with difficulties over using medication, large print labels, or filling compliance aids	<input type="checkbox"/>	12
Health Checks e.g. Blood Sugar, Cholesterol, Blood Pressure	<input type="checkbox"/>	13
Medicine Use Checks - pharmacist assessing your medication and offering advice on taking them	<input type="checkbox"/>	14
Prescription Collection Service	<input type="checkbox"/>	15
Prescription Delivery Service	<input type="checkbox"/>	16
Specialist drugs for use at home such as chemotherapy or dialysis	<input type="checkbox"/>	17
(None)	<input type="checkbox"/>	18
(Dont know)	<input type="checkbox"/>	19

### 9. Please indicate to what extent you agree or disagree that these services should be provided by your usual pharmacy

		Strongly Agree	Agree	Neither Agree/nor disagree	Disagree	Strongly Disagree	Don't know
A	Stop Smoking Service	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
B	Chlamydia Screening & Support Services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
C	Healthy Eating and Healthy Living - Advice	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
D	Substance Misuse e.g. needle exchange or Methadone supply	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
E	Contraceptive Advice - including emergency contraception	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
F	Minor Conditions Advice e.g. sore throat, hay fever, Thrush, Cystitis	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
G	Gluten free food supply service	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
H	Immunisations/Vaccination Jabs e.g. seasonal Flu	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
I	Advice on Alcohol Misuse or intervention services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
J	Long Term Conditions Advice and Support e.g. Diabetes, Asthma, High Blood Pressure	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
K	Monitoring services for those using blood thinners e.g. Warfarin or attending an Anticoagulation clinic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

L	Medicines support service e.g.pharmacist assisting with difficulties over using medication, large print labels, or filling compliance aids	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
M	Health Checks e.g. Blood Sugar, Cholesterol, Blood Pressure	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
N	Medicine Use Checks - pharmacist assessing your medication and offering advice on taking them	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
O	Prescription Collection Service	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
P	Prescription Delivery Service	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Q	Specialist drugs for use at home such as chemotherapy or dialysis	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

## IF MEDICATION ONLY DISPENSED BY GP, SKIP TO Q27

The next few questions are about times when you have had a consultation with the pharmacist. A consultation is when you and the pharmacist have a discussion about your medication or where you have asked the pharmacist for advice or information. This could either be face-to-face or over the telephone.

- 10.** Have you ever had a consultation with the pharmacist to check how you are getting on with your medicines?  
Yes  1  
No - GO TO Q20  2
- 11.** Why did you have the consultation?  
**PROBE TO PRE-CODES - MULTICODE**  
I wanted to ask the pharmacist for some help or advice  1  
The pharmacist wanted to give me some help or advice  2  
Other - (Specify)  3
- 12.** Were you offered the choice of having the discussion somewhere where you could speak privately in the pharmacy?  
Yes  1  
No  2  
(Can't remember)  3
- 13.** Where did you have your consultation with the pharmacist?  
**PROBE TO PRECODES**  
At the pharmacy counter  1  
In the area where the medicines are kept  2  
In a quiet part of the pharmacy shop  3  
In a separate room  4  
Over the telephone  5  
Other - (SPECIFY)  6

- 14.** How would you rate the level of privacy that you had in the consultation with the pharmacist?  
**READ OUT**  
 Excellent  1  
 Good  2  
 Fair  3  
 Poor  4  
 Very poor  5  
 (Don't know)  6
- 15.** Were you given enough time with the pharmacist?  
 Yes  1  
 No  2  
 (Don't know)  3
- 16.** Did you have confidence and trust in the pharmacist?  
 Yes  1  
 No  2  
 (Don't know)  3
- 17.** Did the pharmacist treat you with dignity and respect?  
 Yes  1  
 No  2  
 (Don't know)  3
- 18.** Was the advice or information that the pharmacist gave you useful?  
 Yes  1  
 No  2  
 (Don't know)  3
- 19.** Did the pharmacist answer the questions you asked?  
 Yes, all of my questions  1  
 Yes, some of my questions  2  
 No, none of my questions  3  
 I did not ask any questions  4  
 (Don't know)  5

**IF Q2= 1 (TO COLLECT A PRESCRIPTION)**

I am now going to ask some questions about your prescription and medication. You mentioned earlier that you visited a pharmacy [INSERT ANSWER FROM Q1] to collect a prescription...

- 20.** Have you been taking any prescribed medicine(s) for 3 months or longer?  
 Yes  1  
 No  2  
 (Refused)  3

- 21.** Have you ever had any problems with your medicines
- Yes  1
- No  2
- (Refused)  3
- 21.a** **IF Q21 =1**  
**What problems have you had with your medicines?**  
**PROBE TO PRE-CODES**
- Getting my medicine out of the package  1
- Reading the label or instructions  2
- Taking my medicines the way my doctor wants me to  3
- Selecting the correct medication to take  4
- Using any devices designed to help with taking medication  5
- Other problems (specify)  6
- 21.b** **IF Q21 =1**  
**Did you tell your GP or pharmacist about these problems?**
- Yes  1
- No  2
- (Can't Remember)  3
- 21.c** **IF Q21b=1**  
**Was any advice offered or changes made to your medication as a result of this?**
- Yes  1
- No  2
- (Can't Remember)  3
- 22.a** **Do you ever forget to take your medication or forget that you have taken your medication?**
- Yes  1
- No  2
- 22.b** **If you feel better or worse when you take the medicine, do you sometimes stop taking it**
- Yes  1
- No  2
- N/A Don't feel better/worst  3
- (Don't know / Depends)  4
- 22.c** **If Q22b =1**  
**Did you tell your GP or pharmacist that you stopped taking your medication?**
- Yes  1
- No  2
- 22.d** **If Q22c =1**  
**And was any advice offered or changes made to your medication as a result of this?**
- Yes  1
- No  2
- (Can't Remember)  3

The next few questions are about any new medicines that you have been prescribed.

- 23.** In the past year, have you sought or been given any advice or information about medicine(s) prescribed to you?  
**PROBE TO PRECODES**  
Yes – GP – GO TO Q27  1  
Yes - Pharmacist  2  
No - GO TO Q27  2

- 24.a** Did the pharmacist adequately explain what the medication was for?  
Yes  1  
No  2  
(Can't Remember)  3

- 24.b** And the medication's possible side effects?  
Yes  1  
No  2  
(Can't Remember)  3

- 24.c** How and when to use the medication?  
Yes  1  
No  2  
(Can't Remember)  3

- 24.d** What other medicines, foods and drinks should be avoided whilst taking this medication?  
Yes  1  
No  2  
(Can't Remember)  3

- 25.** Did you feel able to ask as many questions as you wanted about your new medicine?  
Yes  1  
No  2  
(Can't Remember)  3

- 26.** Did the pharmacist answer the questions you asked about this new medicine?  
Yes all of my questions  1  
Yes, some of my questions  2  
No, none of my questions  3  
I did not ask any questions  4  
(Can't Remember)  5

**The next few questions are about you getting access to pharmacy services**

- 27.** Have you ever had any problems finding a pharmacy that is open to get your medicine, to get advice or to get other services?  
Yes  1  
No  2  
(Can't Remember)  3



**27.a** **ASK Q27=1**  
Please could you tell me the problems you have experienced?

---

---

---

**28.** **When do you most commonly use pharmacy services?**

**READ OUT**

- Before 9am  1
- Between 9am-5pm  2
- Between 5-8pm  3
- Late night 8pm-midnight  4
- Saturday  5
- Sunday  6
- (Don't know)  7

**29.** **And when would you most prefer to use pharmacy services?**

- Before 9am  1
- Between 9am-5pm  2
- Between 5-8pm  3
- Late night 8pm-midnight  4
- Saturday  5
- Sunday  6
- (Don't know)  7

**30.** **Do all your local pharmacies prominently display their opening hours and where to go when they are closed?**

- Yes  1
- No  2
- (Don't know)  3

**31.** **In the past year how many times have you found your usual/local pharmacy closed when you wanted to use it?**

- Never - **GO TO Q37**  1
- Once or twice  2
- More than twice  3

**The next set of questions is about the last time you wanted to use a pharmacy but it was closed.**

**32.** **What day of the week was it?**

**PROBE TO PRE-CODES**

- A normal weekday (Monday to Friday)  1
- Saturday  2
- Sunday  3
- Bank Holiday  4
- (Don't know / Cant remember)  5

- 33. What time of the day was it?**  
**PROBE TO PRE-CODES**  
*Midnight - 8am (overnight)*  1  
*8am - 1pm*  2  
*1pm - 6pm*  3  
*6pm - Midnight (evening)*  4  
*(Don't know / Cant remember)*  5

- 34. Were you visiting the pharmacy for yourself, a family member or someone else?**  
**MULTI-CODE**  
*Yourself*  1  
*Your family*  2  
*Other*  3  
*(Refused)*  4

- 35. And as a result of the pharmacy being closed what did you do?**  
*Went to another pharmacy*  1  
*Returned when the pharmacy was open*  2  
*Went to my GP*  3  
*Went to local hospital/Walk In Centre/A&E*  4  
*Called NHS Direct*  5  
*Other - SPECIFY*  6

- 36. IF Q35=1**  
**How did you find an open pharmacy?**  
*I knew which pharmacy would be open*  1  
*I called NHS Direct*  2  
*Internet search*  3  
*Friend or family*  4  
*Telephoning or driving around*  5  
*Other - Specify*  6

- 37. ASK ALL**  
**Having discussed your use of pharmacy services is there anything else you would like to add regarding your experience?**

---

---

---

**Finally there are a few questions about you to help us categorise the answers we receive.**

- 40. Overall how would you rate your health in the past 4 weeks?**  
**READ OUT**  
*Excellent*  1  
*Good*  2  
*Fair*  3  
*Poor*  4  
*Very poor*  5  
*(Don't know)*  6

- 41. Do you have to pay prescription charges?**  
*Yes*  1

No  2  
Don't know  3

**42. Do you have any children under the age of 16?**

Yes  1  
No  2  
(Refused)  3

**42.a Do you look after anyone who is sick, disabled or elderly which is not part of your job?**

Yes  1  
No  2  
(Refused)  3

**43. Q42a = 1  
Does this person live with you or somewhere else?**

In your household  1  
Somewhere else  2  
(Refused)  3

**44. Q42a = 2  
And does anyone look after, or give special help to, you because of sickness, disability or old age, which is not part of their job?**

**PROBE TO PRECODES**  
Yes, a person in my household  1  
Yes, a person in another household  2  
No  3

**45. To which of these ethnic groups would you say you belong?**

White - British  1  
White - Irish  2  
White - other white background  3  
Mixed - White & Black Caribbean  4  
Mixed - White and Black African  5  
Mixed - White and Asian  6  
Mixed - Other mixed background  7  
Asian - Indian  8  
Asian - Pakistani  9  
Asian - Bangladeshi  10  
Asian - Other Asian Background  11  
Black or Black British - Caribbean  12  
Black or Black British - African  13  
Black or Black British - Other black background  14  
Chinese  15  
Other (please write in)  16  
(Refused)  17

**46. Please indicate your sexual orientation?**

Heterosexual  1  
Lesbian  2  
Gay  3

*Bisexual*  
*Refused*

4  
 5

**47. Please indicate your faith / religion?**

*Atheism*  
*Buddhism*  
*Christianity*  
*Hinduism*  
*Islam*  
*Jainism*  
*Judaism*  
*Sikhism*  
*Other (write in)*  
*(Refused)*

1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10

**48. Finally please could you tell me your postcode?**

---

---

---

**That completes the survey, thank you for your time and help. I would just like to confirm with you that my name is xxxx and i have been calling you from Lake Market Research on behalf of NHS Eastern & Coastal / NHS West Kent. If you would like to verify that we are a genuine Market research agency you can do so at no charge to yourself by dialing 0500 39 69 99**

# Pharmaceutical Needs Assessment Public Consultation Report

5 October - 5 December 2010

(Appendix 10)

*Emma Cain, Community Involvement Manager*

*Vicky Dyer, Head of User Research*

## Contents

Introduction and Background .....	2
Context.....	2
Methodology .....	2
Summary of Feedback .....	3
Detailed Responses.....	4
Appendix A: Responses to Pharmaceutical Needs Assessment.....	7

## Introduction and Background

Primary Care Trusts are required to assess the pharmaceutical needs for its area and to publish a statement of its assessment by 1 February 2011 as established in the NHS Act 2006 (Section 128A). The Health Act 2009 states that the pharmaceutical needs assessment (PNA) will become the basis for determining market entry to NHS pharmaceutical services provision in the future and will be reviewed every 3 years.

## Context

The draft PNA was developed by the NHS West Kent Public Health Directorate in collaboration with the Kent and Medway Public Health Observatory. The following outlines the process used to develop the draft document:

- A single strategic steering group was established for Kent which provided a unified forum for the gathering of information, developing ideas and using insight of many stakeholders
- A service user questionnaire was carried out across Kent in November – December 2009, results analysed and fed in to draft PNA
- A West Kent PNA development group was established
- A West Kent representative population questionnaire was conducted by telephone interviews
- West Kent focus groups were conducted to explore identified local issues and concerns
- A pharmacy contractor questionnaire was conducted

A consultation plan was developed and shared with the West Kent PNA development group.

## Methodology

The Department of Health guidance stipulated the key stakeholders that PCTs were required to include as part of their consultation.

In keeping with NHS West Kent's commitment to waste reduction and reducing the carbon footprint, the consultation was undertaken electronically as far as possible, whilst providing paper copies of the draft PNA, addendum to the PNA and consultation feedback form on request.

The following outlines the process used to promote the consultation:

- A press release was distributed to local newspapers with information about the consultation
- The PNA was uploaded to PCT website with a link to the consultation feedback form, and an uploaded form for consultees to download and return by post/email
- Phone calls to a random sample of consultee contacts to ensure email has been received
- Hard copies of draft PNA available on request

The table below outlines the consultees and method used to distribute the draft pharmaceutical needs assessment and questionnaire during the consultation period.

<b>Audience</b>	<b>Proposed method</b>
<b>Professionals</b>	
Local Pharmaceutical Committee	Electronic copies
Local Medical Committee	Electronic copies
Pharmaceutical lists & dispensing doctors (includes appliance contractors & internet pharmacies)	Prime Time Practice Pages Electronic copies
LPS chemist	Electronic copies
Any other person with whom the PCT has made arrangement for the provision of dispensing services (South East Health)	Electronic copies
Local Authorities	Electronic to CEO & Leader of Council Electronic copy to portfolio holder
HOSC	Electronic copy
NHS Trusts & Foundation Trusts	Electronic to CEO & Medical Director
Neighbouring PCTs	Electronic to CEO & Chairman Electronic to PNA & Engagement Leads
PBC Leads	Electronic
<b>Non-Professionals</b>	
Kent LINK +800 members	Electronic Kent LINK monthly bulletin
Health Network +800 members	Monthly newsletter PCT website Electronic & Hard copy
Voluntary groups involved in initial service user feedback	Electronic copies

## Summary of Feedback

There were 31 responses to the consultation via the consultation form. A further six responses were received to the consultation by letter and email. The following provides a summary of all the feedback received pulling together key points.

- Responses indicate that there are concerns about a lack of awareness of pharmacy locations, opening hours and services provided. Comments suggest the PNA should include this level of detail. One comment highlights the possibility for joint PCT and pharmacy advertising of services.
- Access to pharmacy services is mentioned by a minority especially for rural areas. South East Health highlight the lack of extended or out of hour pharmacy provision in Cranbrook (Sundays) and parts of Tonbridge and Tunbridge Wells, which is possibly leading to inappropriate use of Out of Hours services and Minor Injuries Units and A&E.
- Amongst the dispensing practices that provided feedback on the draft PNA, there is a strong view that Primary Care/GPs are best placed to provide many of the enhanced or local enhanced services and state that they already do in their capacity as a GP. However the pharmaceutical services are not provided as part of the dispensing service and as the Local Pharmaceutical Committee point out, this is not a service they can provide as a dispensing doctor. Specific mentions by dispensing GPs are made of:

- Chronic conditions such as COPD and CHD
- Screening and monitoring
- End of Life Care
- Mental health
- Smoking cessation
- Obesity
- Feedback from the Health Network identifies a frequently occurring problem whereby pharmacies have insufficient stock for repeat prescriptions. This causes a number of issues for patients especially where access is a problem.
- Feedback also highlighted information that the PNA should include:
  - More detail regarding specific diseases and related services
  - Information on the C Card scheme
  - Controlled area maps and information (rural)
  - Reference to prison services and travelling community
  - Clarification regarding number of dispensing practices for improved comparison with other PCTs

## Detailed Responses

### *Responses to consultation questions*

There were 31 responses to the consultation via the consultation form. A further six responses were received to the consultation by letter and email.

30 people out of 31 stated they understood the purpose of the pharmaceutical needs assessment fully (12) or to some extent (18).

29 people out of 31 said they thought the needs of their area were adequately reflected fully (8) or to some extent (21). When asked why, the responses were:

- 3 people stated that access is a problem to pharmacies in terms of travel, particularly for rural areas
- 2 people stated that they receive an excellent service from their pharmacy
- 1 person said it must take into account the needs of housebound patients
- 1 person said there was a lack of information about the services provided by pharmacies
- 1 person said alternative medicines should be funded
- 1 person said that waiting times for prescriptions were too long was due to inefficiency
- 1 person stated that there is a lack of response from pharmacies when a complaint is made
- 1 person stated that staff were unhelpful at point of customer delivery
- 1 person stated the Health Profile covers all the major issues although the detail behind how some of these diseases and lifestyle issues are to be addressed needs to be firmed up.

24 out of the 26 who responded, said they thought the pharmaceutical needs assessment adequately reflects (6 fully, 18 to some extent) the current pharmacy provision in their area. When asked why, the responses were:

- 2 people stated that their local area is well provided for
- 1 person said there are access problems to pharmacy services
- 1 person said that the pharmaceutical needs assessment does not include the smaller aspects of the service provided e.g. advice on a range of ailments



- 1 person said that their pharmacy gives little consideration for the needs of the customer at point of delivery
- 1 person said that the pharmaceutical needs assessment doesn't reflect some facts about pharmaceutical services e.g. opening hours
- 1 person said their pharmacy provides an excellent service
- 1 person said it would have been helpful to have a full list of contractor names along with the opening hours and services provided rather than just a basic map showing locations without reference to which pharmacy was which.

27 people out of 28 who responded, said they thought there was reasonable access (14 fully, 13 to some extent) to pharmaceutical services in their area. When asked why, the responses were:

- 6 people said access to services can be a problem in terms of public transport, opening times and parking
- 2 people said that dispensing medical centres do not have a pharmacist
- 2 people said that access to services was good in terms of travel e.g. good parking facilities, public transport
- 1 person said services are well distributed
- 1 person said the C Card scheme is not reflected in the needs assessment
- 1 person said there are no maps showing pharmacy access in respect to walk, public transport or drive times. These then need to be linked to opening hours and services provided to see if access is reasonable or not. The PCT has a very low number of pharmacies per 100,000 population so the PNA needs to do more to verify the quality of access.

25 people out 29 who responded, said that they are aware (8 fully, 17 somewhat) of the services provided by pharmacies.

The four service areas were ranked in order of importance as follows:

	<b>Mean (Ranked by importance high - low)</b>	<b>First Most Important</b>	<b>%</b>	<b>Second Most Important</b>	<b>%</b>	<b>Third Most Important</b>	<b>%</b>	<b>Fourth Most Important</b>	<b>%</b>
Medication review	2.95	11	41%	9	33%	2	7%	5	18%
Management & self care	2.67	8	30%	6	22%	9	33%	4	15%
Screening service	2.23	5	18%	6	22%	7	26%	9	33%
Health & lifestyle	2.09	3	11%	6	22%	9	33%	9	33%

Additional comments received in response to the consultation overall were:

- 1 person said they needed access to a pharmacist not a technician
- 1 person said that pharmacies needed to have extended hours
- 1 person said that privacy is an issue
- 1 person said that they are unaware of the range of service provided by pharmacies
- 1 person said as a celiac they wanted to deal directly with their pharmacist to order gluten free foods
- 1 person said that walk in health centres should be established for Chlamydia screenings etc

1 person said that management of conditions, screenings, health and lifestyle advice and medication reviews should be provided by a GP

1 person said that pharmacies should concentrate on dispensing

1 person said that rural areas should be included in the pharmaceutical needs assessment

Boots South East office said that the benefits of Medicine Use Reviews should be promoted to patients and GPs. They also provide free medisure boxes to help patients manage their medication. They have made efforts to improve waiting times, seating areas and have consultation rooms. They are keen to support GPs and work with the PCT in the areas highlighted in the pharmacy needs assessment.

Cooperative Pharmacy South East said there is no mention of prison services or those provided to the travelling community. They would like to see more detail on how improvements can be made to patients suffering from the more common ailments - obesity, Diabetes, COPD, CHD and the services to be commissioned to deal with these. They suggest that patients need to be made more aware of the services that pharmacies provide as a joint effort between the PCT and pharmacy contractors. They endeavour to work with the PCT to provide the enhanced services that best serve the need of the patients within the borough as well as improving the awareness to the patient of the services available. They have noticed that their branches do not currently provide all of the Local Enhanced Services that the PCT commission and would be happy to provide these.

### **Respondent Profile**

The majority of responses came from patients or members of the public (15). Responses were also received from pharmacists or pharmacy staff (6), GPs or practice staff (3) and voluntary organisations (1). Five respondents did not identify themselves.

Age		Gender		Ethnicity		Location	
16-24 years	2	Female	20	White	22	Tonbridge/Tunbridge Wells	12
25-44 years	6	Male	7	Non-white	4	Maidstone	10
45-64 years	10	No answer	3	No answer	4	Dartford, Gravesham & Swanley	5
65+	9					No answer	3
No answer	3						

Disability		Religion	
No	21	Christian	18
Yes	6	Atheist	4
No answer	3	Hindu	2
		Other	1
		No answer	5

## Appendix A: Responses to Pharmaceutical Needs Assessment

### Marden Medical Centre

- Dispensing services have been offered at Marden Medical Centre since 1948
- Marden Medical Centre should be defined as a 'Controlled Locality', this should be fed in to the final map in the PNA
- The area shown through the maps in the PNA has not changed significantly

### Sutton Valence Surgery

- The surgery is a long standing dispensing general practice, running a full primary care team and providing full essential services (p 7)
- The surgery provides advanced services; medicine use reviews (MURs), prescription intervention service and appliance use reviews (AURs), and all enhanced services outlined in the PNA (p8)
- Innovative commissioning is incorporated into the services provided by the surgery (p9)
- The surgery works in all fields listed as NHS West Kent priorities, with the exception of Dentistry (p11)
- The surgery has a delivery service to address the issue of access for rural residents and the aging population (p13 & 15)
- The surgery has the capacity to cope with the increasing number of 'heavy users' (p15)
- Chlamydia screening, emergency hormone contraceptive services have been provided by the surgery for many years. Smoking, immunisation and health advice is often given (p16)
- Primary care is best placed to provide services managing people's blood pressure, cholesterol and smoking habits. The surgery regards this as being a more comprehensive and safer service than that provided by chemists. The surgery provides targeted screening programmes for diabetics and cardio vascular disease (p18)
- Primary care is best placed to provide services for chronic conditions. The surgery provides continuity of care which avoids mistakes and a more costly service. All the QOF categories are dealt with, namely heart failure, mental health, epilepsy, cancer, atrial fibrillation, strokes, coronary heart disease, diabetes, asthma, COPD, obesity and hypertension (p19)
- There is a high prevalence of chronic kidney disease and hypothyroidism in Sutton Valence. The surgery has scored maximum QOF points caring for these patients. The surgery provides a full and comprehensive service for COPD patients. The surgery feels that pharmacy support to these patients is unnecessary; the use of inhalers etc is already checked on review (p19)
- Screening and monitoring of circulatory disease should be in general practice; lifestyle, eating and smoking habits are frequently addressed in primary care. Screening for vascular disease would be better coordinated in general practice and avoid duplication (p22)
- There is a commercial advantage to pharmacists selling sunblock and the risks must be proportionate (p24)
- End of life care is already provided fully in general practice (p24)
- Mental health and dementia care needs a multi disciplinary approach not just pharmacy input. Compliance aids are already provided by the surgery and they are able to identify patients where it is appropriate (p25)
- Primary care teams are best placed to deal with obesity and have provided this service with medication for decades (p27)
- Smoking cessation clinics are run successfully via health care assistants, at a financial loss to the surgery (p29)

- Proper investment is needed in secondary care for alcohol, but a lot is done in general practice (p33)
- The 3 points of criticism arising from the survey do not apply to the surgery, namely the surgery is DDA complaint, disability friendly and have consulting rooms to discuss issues (p34)
- Pharmaceutical prescribers are regarded by the surgery as unnecessary and duplicating costs (p35)
- The surgery have active provision of additional and enhanced services which are provided to a high standard, it is not regarded that there are any gaps in provision (p38)
- The surgery provides extended hours (p38)
- The surgery dispute the statement “choice is clearly limited” in the Weald, Cranbrook through to Lenham (p41)
- The repeat dispensing scheme taken on by chemists is not needed in Sutton Valence as it would be a duplication (p41)
- The surgery is well placed to provide public health campaigns, there is strong evidence that the patient listens to the GP and their advice is more effective (p42)
- Chemists do not need to provide MUR in Sutton Valence – it would be duplication and be of little value. The surgery is part of the dispensing services quality scheme and undertake the DRUMS (dispensing review of use of medicines) (p44)
- The surgery provides anti coagulant monitoring, care home service, disease specific medicine management service, gluten free food supply, home delivery service, medication review service, medicines assessment and compliance aid support service, minor ailments service. On demand availability of specialist drugs, patient group direction service, practice support, screening, smoking cessation programmes. The surgery is not involved in the school service, needle and syringe exchange or language access service (p46)
- Pregnancy testing has been withdrawn by the local laboratory (p49)
- Smoking Cessation - there is a higher rate of success in GP surgeries than in community pharmacies – the surgery would claim it is higher than 55% (p50)
- General ailments such as hay fever and minor ailments are dealt with in general practice (p52)
- Anti Viral Collection Point could be provided in general practice (p53)
- The draft PNA only provides the percentage of ‘strongly agree’. The surgery notes that all were less than 50% (except prescription collection at 50%). Few seem to want basic core GP services provided by a pharmacy. However with no information about the other answers, these statistics are difficult to interpret (p57)
- Dispensing practices have continually and repeatedly been shown to be cost efficient and safe. We find that there are no gaps in the provision of services to be provided, which would be simply duplication and therefore a waste of precious resources.

### **Bearsted Medical Practice**

- The Bearsted Practice provides a dispensing service for patients living in the allocated area of the practice area. Part of the area covered is mentioned in the draft pharmacy needs assessment as follows:  
*“The main need identified in terms of geographical distribution of pharmacies is in the north of this area. Between A229 and A249 and to the northern housing limit, there is an area of high population density but no GP surgery and no Community Pharmacy”.*
- Many of the existing residents in the area are registered with the practice and the majority have their medicines dispensed by the practice. We carry out a delivery service to any dispensing patient that requests it. Some patients living in a rural area collect their medications from the

surgery and expect historically to travel for work and services (hence the desire to live in a rural area)

- The practice will continue to accept any additional patients living within our practice boundary.
- With regard to the services provided by the practice for both dispensing and non dispensing patients I can confirm the following:

Dispensary:

- A record kept of all medicines dispensed
- We provide advice on the safe use of a dispensed medicine or appliance and information as required on side effects and other broader issues
- Records are kept of any significant interventions
- We adhere to the disability discrimination act
- We provide a repeat dispensing service
- Disposal of unwanted medicines are carried out as per the regulations
- We promote healthy lifestyles etc
- We support healthcare
- We adhere to clinical governance
- We carry out DRUMS
- We deliver medicines to housebound patients
- Our dispensing staff are fully trained and updated
- Our dispensary and interview room are “fit for purpose”
- We provide NOMAD trays
- The following enhanced services are available for all our patients:
  - Smoking cessation advice
  - Chlamydia screening
  - Emergency hormonal contraception
  - Support our COPD patients and provide emergency antibiotics to keep at home
  - Review CHD patients
  - Keep syringe driver drugs in packs in the dispensary for use as needed
  - Regularly review our patients with mental health/dementia
  - Provide lifestyle advice re obese patients
  - Gather information re alcohol intake or patients and review/advise those whose weekly consumption is high
  - Carers of patients are called for annual reviews
  - We provide anticoagulation monitoring for patients of Warfarin
  - We advise re minor ailments
  - We adhere to patient group directives
  - We carry out annual medication reviews for patients
  - We have pregnancy test kits available
  - We provide a hay fever service
  - We participate in the uncollected prescription service
  - Our surgery/dispensary is open 8.30am – 6.30pm weekdays plus extended hours from 6.20am to 8pm Monday, Tuesday and Thursday
- Having considered your Draft Pharmaceutical Health Needs Assessment Document the partners are of the opinion that the GMS Dispensing and Pharmaceutical Services provided for our patients and the residents within our practice are of a high standard with adequate choice of

provider. The practice has leeway to expand their service as and when the resident's numbers increase.

#### **Kent Local Pharmaceutical Committee**

- The map of controlled locations appears incorrect.
  - The regulations (Pharmaceutical Services) do not define an urban area; an area is either a controlled locality and rural in character or it is not rural in character and not a controlled location.
  - Further the map appears not to take account of some of the original decisions made when urban and rural district councils disappeared in 1984 and when areas were designated as rural or non-rural in character.
  - Subsequent to that there have been a number of more recent determinations made (at least 46) that need to be mapped.
  - Finally, I see no reference to community pharmacies that have a one mile zone around them where residents are on the dispensing doctors prescribing list and the pharmacy dispenses their prescriptions.
- Within the text above please note that dispensing doctors are not able to provide pharmaceutical services. The pharmaceutical service they are able to provide is dispensing and not other pharmaceutical services.
- With regard to dispensing doctors' "rights" to dispense, this may in some cases hinge on historic rights and in others on more recent determinations that appear not to have been included in your map.
- You state that a patient can establish that they have serious difficulty "assessing" a pharmacy. I believe you are referring to the situation where a dispensing doctor is alerted by a patient that they believe they have a serious difficulty accessing the dispensing services provided by a community pharmacy and the doctor can provide a form and apply to the PCT to have a patient classed as having serious difficulty. In Kent that decision is made by the Pharmaceutical Services Committee. I also believe you mean "accessing" and not "assessing."
- You correctly state that areas not yet determined should so be done as soon as possible and we would here add that without the above information you will not be able to accurately target areas still to be determined.

#### **South East Health**

*An Out-of-Hours service is provide by South East Health who carry an agreed list of medicines to make a full course of medication available to patients at the time and place of the consultation for new urgent conditions.*

South East Health would point out that we are only required to provide medicines from the OOH formulary to patients if there is no access to local community pharmacy services.

We would also like to raise the issue of access to pharmaceutical services on Sundays after 4pm which are nonexistent, leaving around 16 hours without services, no access at all on Sundays in Cranbrook, and the relatively poor access in Tonbridge and Tunbridge Wells, probably leading to inappropriate use of OOH/MIU and A&E services.

#### **Health Network member**

- Talked to several people in my locality on this subject

- The main problem most patients have appears to be with collecting repeat prescription drugs. It is not infrequent that they are told that part of their prescription can not be dispensed as the chemist does not have the particular drug and the patient is required to return maybe the next day to pick it up. On enquiring of the chemist in Quarry Parade, Tonbridge, I was informed when this issue arises, that the drug company could only allow chemists a certain quantity which I find difficult to understand when they maybe commonly prescribed drugs such as Diltiazem. It is even more strange when patients use the same chemist for their regular prescriptions that that chemist does not have enough stock.
- I know that certain chemists offer to deliver these items to the patients home when this occurs but the they will then have to wait in to receive them which is an inconvenience that they have not caused.
- My suggestion, if this were possible, would be for patients to decide which pharmacy they would find most convenient to pick up their regular prescription drugs so that the Pharmacist can ensure that their drugs would be available for them when required. I know that this is available at some Chemists but I think the patient should be able to go to the one of their choice. However the patient would take on the responsibility for going to the Chemist that they have chosen.
- My other suggestion and one that would be less complicated would be for GPs to have a Pharmacy Dept in each surgery. They must know all the patients regular prescriptions and also this would be more helpful to patients. This may only be possible in larger surgeries or rural ones.

### **Wateringbury Surgery**

As a dispensing practice we need to draw your attention to the fact that there is a requirement to supply maps showing all areas that are designated as 'controlled' or rural areas. The maps also need to identify areas that are 'not determined'. I understand that this has been agreed after a recent meeting at the Department of Health between PSNC, GPC, DDA and NHS Employers. We need these maps as a matter of urgency.

It is disappointing that there is a lack of data regarding effectiveness and cost-effectiveness of pharmacy provision. It would be difficult to justify increasing provision of more services or more pharmacies without knowing this.

Also, due to a lack of data, the PNA has excluded dispensing practices when outlining pharmacy provision and activity. Stating that NHS West Kent has the fewest pharmacies per 100,000 in the SHA is therefore unhelpful if dispensing practices are not included. A large proportion of the PNA concerns itself with the assessment and prevalence of disease and how pharmacies could provide services to manage Chronic Disease (COPD, Circulatory Disorders, Cancer, Mental Health and Dementia) and Risk/Lifestyle factors (Obesity, Smoking, Sexual health, alcohol use). We recognise that pharmacies can help in some of these areas, but it is important not to duplicate services and waste scarce resources. Virtually all the Enhanced and Local Enhanced services are provided to a very high standard already in General Practice. We are uniquely placed to provide these services. We know our patients well and provide continuity of care. Wateringbury Practice has a consistently high QOF achievement in all areas.

The PNA shows that patients want a pharmacy conveniently located (68%) with an efficient service (17%) far more than they want health advice or range of other services (9%) – which are usually already provided by their own surgery and Primary Care Teams.

Wateringbury Surgery is conveniently located with excellent car parking. Like many surgeries we offer extended hours during which medication can be collected or dispensed. We are DDA compliant and have consulting rooms for privacy when required. In urgent cases we will deliver medication. We monitor use of medication and regard Medicine Use Reviews by pharmacies as an unnecessary and costly duplication. We are part of the Dispensing Services Quality Scheme.

Special mention is made of Cancer Services, End of Life Care, Mental Health and Dementia. It is hard to see how pharmacies can play a large role in these conditions. These conditions require a multidisciplinary approach involving Social Services, Hospital Services, Admiral Nurses, McMillan Nurses and District Nurses, which are usually coordinated through General Practice Primary Care Teams. Investment is needed in these areas rather than in pharmacy services.

Special mention is also made regarding services for young people highlighting Chlamydia Screening and Emergency Hormone Contraception. These services are provided by nearly all general practice, but clearly more investment is required in Sexual health Services but should be directed towards increased provision of Family Planning Centres and Genito-Urinary Clinics rather than pharmacy, particularly in deprived areas where they are most needed.

We note that in our particular area of Maidstone, Aylesford, West Malling and Snodland there is one area of identified need for Pharmacy and GP provision – to the north and between the A229 and A249. The rest of the region is presumably adequately provided for, but without the relevant maps showing location of dispensing practices, controlled area and those areas 'not determined', it is difficult to comment further. We did not receive any of the Appendices from Section 10 of the PNA.



# Equality Impact Assessment Template

## What is an Equality Impact Assessment (EIA)?

An EIA is a systematic appraisal of the (actual or potential) effects of a function or policy on different groups of people. It is conducted to ensure compliance with public duties on equality issues (which in some areas go beyond a requirement to eliminate discrimination and encompass a duty to promote equality), but more importantly to ensure effective policy making that meets the needs of all groups.

Like all other public bodies, NHS West Kent and its statutory partners, are required by law to conduct impact assessments of all functions and policies that is considered relevant to the public duties and to publish the results.

**An Equality Impact Assessment must be completed when developing a new function, policy or practice, or when revising an existing one.**

*In this context a **function** is any activity of the NHS West Kent, a **policy** is any prescription about how such a function is carried out, for instance a strategy, guidelines or manual, and a **practice** is the way in which something is done, including key decisions and common practice in areas not covered by formal policy.*

## Support

It is important that all policies are informed by the knowledge of the impact of equalities issues accumulated across the organisation. Early in the policy development process, and before commencing the EIA, please contact the relevant Equality and Human Rights Lead to discuss the issues arising in your policy area.

## The EIA process

The EIA has been constructed as a two-stage process in order to reduce the amount of work involved where a policy proves not to be relevant to any of the equalities issues.

The initial screening tool should be completed in all cases, but duplication of material between it and the full EIA should be avoided. For instance, where relevance to an equalities issue is self-evident or quickly identified this can be briefly noted on the initial screening and detailed consideration of that issue reserved for the full EIA.

Further guidance on this will be given by the relevant Equality and Human Rights Lead.

## Stage 1 – initial screening

The first stage of conducting an EIA is to screen the policy to determine its relevance to the various equalities issues. This will indicate whether or not a full impact assessment is required and which issues should be considered in it. The equalities issues that you should consider in completing this screening are:

- Race
- Gender
- Gender identity
- Disability
- Religion or Belief
- Sexual orientation
- Age (including younger and older patients)
- Human Rights
- Socio-economic

---

## Aims

### **What are the aims of the policy?**

All Primary Care Trusts (PCTs) in England must publish a Pharmaceutical Needs Assessment (PNA) by 1 February 2011.

This PNA will be used to determine gaps in service and whether applications to provide access to new pharmaceutical and dispensing services should be approved; for example, by opening a new pharmacy or moving to new premises. In considering ease of access to pharmacies, opening times, travelling distances and physical access to premises must be addressed, while holding in mind the profile of the community served.

---

## Effects

### **What effects will the policy have on staff, patients or other stakeholders?**

*Are there any barriers (communication, physical access, location, sensitivity etc.) which could inhibit access to the benefits of the policy?*

In considering ease of access to pharmacies, opening times, travelling distances and physical access to premises must be addressed, while holding in mind the profile of the community served. In considering improved support for self-care and preventive health initiatives in the community, this PNA will enable services to be targeted to the needs of specific groups.

All providers of Pharmaceutical Services are required, under the terms of their contract agreements, to address any barriers as required, to ensure equal access to the service according to need; guidance being given as detailed in the PNA and assessment below.

---

## Evidence

### **Is there any existing evidence of this policy area being relevant to any equalities issue?**

*Identify existing sources of information about the operation and outcomes of the policy, such as operational feedback (including monitoring and impact assessments)/Inspectorate and other relevant reports/complaints and litigation/relevant research publications etc. Does any of this evidence point towards relevance to any of the equalities issues?*

Research and statistics as detailed in the PNA show that:

- There are significant health inequalities both between and within localities in West Kent.
- The proportion of ethnic minority population varies widely between localities, and there have been changes in the representation of different ethnic groups within the BME population. There is a gap in data about size and location of gypsy and traveller communities
- The population of West Kent is ageing. Older people make heavy and increasing use of pharmaceutical services, and there will be a need to make adjustments for age-related disability
- High street locations may be best placed to work with young people who do not otherwise engage with preventive health services (16 to 24 year olds visit community pharmacies seven times a year on average).
- There is a mix of urban and rural communities. There is a gap in provision of non-dispensing pharmaceutical services in some areas outside the towns and to some client groups. While provision of services on pharmacy premises is good, there is room to improve access to the increasing range of services pharmacies will be expected to provide (especially those where pharmacies are the sole providers) for people who are housebound, or elderly residents of care homes.

---

## Stakeholders and feedback

### **Describe the target group for the policy and list any other interested parties. What contact have you had with these groups?**

Commissioners of Pharmaceutical Services in NHS West Kent PCT and successor commissioning bodies are the target group for this PNA.

The West Kent PNA has been developed in partnership with the Local Pharmaceutical Committee, Local Medical Committee, individual GPs, individual pharmacies, local patient and public stakeholders (through completion of a questionnaire) and Kent County Council.

### **Do you have any feedback from stakeholders, particularly from groups representative of the various issues, that this policy is relevant to them?**

Consultation with these parties has informed the final version of this document. Detailed consultation feedback may be found in the PNA and Appendix 10.

---

## Impact

### **Could the policy have a differential impact on staff, patients, or other stakeholders on the basis of any of the equalities issues?**

Provision of Pharmaceutical Services is for the whole population: this Needs Assessment details those groups whose needs may not be met at present, with particular emphasis on

- Older people, notably those who are housebound or in residential care
  - Young People
  - Ethnic Minorities, notably Gypsies and Travellers
  - People living in deprived areas
-

## Summary of relevance to equalities issues

Equality Strand	Negative Impact Yes/No	Positive Impact Yes/No	Rationale
<b>Race</b>	No	Yes	Pharmaceutical Services will be provided to the whole community, regardless of race, however, this PNA recommends that some provision should be targeted to ensure statistically appropriate levels of delivery to reflect evidence-based need of different ethnic groups
<b>Gender</b>	No	No	Pharmaceutical Services will be provided to both men and women.
<b>Gender identity</b>	No	No	Pharmaceutical Services will be provided to the whole community, regardless of gender identity.
<b>Disability</b>	No	Yes	Pharmaceutical Services will be provided in venues accessible to local communities and people with disabilities. All venues will be accessible to wheelchair users, or reasonable adjustments will be made. This PNA recommends consideration of Pharmaceutical provision to housebound patients, for example outreach services for Medicines Use Review
<b>Religion or Belief</b>	No	No	Pharmaceutical Services will be provided to the whole community, according to need, regardless of any religious or spiritual belief.
<b>Sexual orientation</b>	No	No	Pharmaceutical Services will be provided to the whole community, regardless of sexual orientation.
<b>Age (younger patients)</b>	No	Yes	Pharmaceutical Services will be provided to the whole community, regardless of age, however, this PNA recommends that some provision is targeted to ensure statistically appropriate levels of delivery to reflect evidence-based need of young people, for example Emergency Hormonal Contraception and Chlamydia screening in areas of high teenage pregnancy.
<b>Age (older patients)</b>	No	Yes	Pharmaceutical Services will be provided to the whole community, regardless of age, however, this PNA recommends that some provision is targeted to ensure statistically appropriate levels of delivery to reflect evidence-based need of older people, for example consideration of Pharmaceutical provision to people in residential homes through Medicines Use Review outreach services

<b>Human Rights</b>	No	No	Pharmaceutical Services will be provided to the whole community and will not impact negatively on the human rights of individuals. This PNA recommends that services are targeted to ensure statistically appropriate levels of delivery to reflect evidence-based need
<b>Socio-economic status</b>	No	Yes	Pharmaceutical Services will be provided to the whole community, regardless of socio-economic status, however, this PNA recommends that provision should be targeted to ensure statistically appropriate levels of delivery to reflect evidence-based need in areas of socio-economic deprivation.

**If you have answered “Yes” to negative impact for any of the equality strands and the impact is either high or medium, a full impact assessment must be completed, unless it can be justified that it is not significant (low) or that to do a full EIA is not a proportionate response. The justification for not completing a full EIA must be provided to the EIA Sub Group. Please proceed to STAGE 2 of the document.**

**If a full EIA is not necessary, what is your justification for this? Any mitigation actions that have been taken, please record here.**

This PNA shows that there are significant health inequalities both between and within localities in West Kent. The proportion of ethnic minority population varies widely between localities, and there have been changes in the representation of different ethnic groups within the BME population. Some issues were raised in consultation regarding equity, equality, confidentiality and disability. This PNA identifies these issues and recommends ways in which Commissioners may act to address them.

Although Pharmaceutical Services are provided to the whole population, this PNA recommends that plans are targeted to ensure statistically appropriate levels of delivery to reflect evidence-based need in the population.

### Monitoring and review arrangements

**Describe the systems that you are putting in place to manage the policy and to monitor its operation and outcomes in terms of the various equalities issues.**

This PNA recommends that Commissioners use feedback from Customer Service surveys, feedback, comments and complaints annually as part of the Pharmacy Contract management process to ensure that appropriate services are offered and people access them according to need. This data will be disaggregated as far as is possible for all relevant equality groups and will cover for example: levels of service take-up by different groups.

**State when a review will take place and how it will be conducted.**

The PNA will be refreshed at least every three years and increases in population and changes in age and demographics will be kept under review through JSNA refresh in order to ensure that pharmaceutical services are accessible for all residents. (In particular, data on Gypsies and traveller populations will be collected in the 2011 census.)

	<b>Name (in CAPS) and signature</b>	<b>Date</b>
<b>Policy lead</b>	LINDA PRICKETT	04/01/11
<b>Director</b>	DR. DECLAN O'NEILL	