

Isle of Wight Council

PHARMACEUTICAL NEEDS ASSESSMENT (PNA) 2015 - 2018

1 Document Information

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1	08/01/2015	Initial draft for steering group
1.1	29/01/2015	Draft for statutory consultation

Supplementary statements will be added as additional appendices when there are material changes to pharmaceutical services (i.e. when pharmacies open close or relocate).

Public Health Isle of Wight is best placed for keeping the PNA and supplementary statements up to date on behalf of the Health and Wellbeing board. The work may be delegated as appropriate.

Supplementary Statements	Date

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3 EXECUTIVE SUMMARY

The Pharmaceutical Needs Assessment (PNA) for the Isle of Wight was produced in accordance with statutory requirements set out in the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013¹.

The PNA is a statement of the needs of the Island's population in relation to pharmaceutical services and since April 2013 Health and Wellbeing Boards (HWBs) have been responsible for publishing and updating their local PNA.

The PNA takes account of the strategic context of the Joint Strategic Needs Assessment (JSNA). This is an assessment of the population's health and wellbeing needs based on demographic, health and care data as well as current service provision.

The JSNA also provides the basis for the Joint Health and Wellbeing Strategy (JHWS) which in 2013 set out the Island's HWB key priorities as;

- Children and young people have the best possible start in life.
- People are helped and supported to prepare for old age and to manage long-term physical and mental health conditions and disabilities.
- People make healthy choices for healthy lifestyles.
- Sustainable economic growth for the Island supports improved employment opportunities.
- The Isle of Wight is a better place to live and visit.

The PNA is a key tool for identifying what is needed at a local level to support commissioning decisions for pharmaceutical services. It will enable NHS England to undertake a number of commissioning and regulatory functions, to ensure high quality pharmaceutical services for the Island's population. It can also support other commissioners in developing their vision around services within community pharmacies.

The Island is largely rural with a population of just over 138,000. The area has a relatively large proportion of older people compared to England and Wales. There are 31 community pharmacies and 1 dispensing medical practice operating from 3 surgeries, there are no Dispensing Appliance Contractors (DAC).

In order to conduct the needs assessment the Island has been considered as a whole this is due to the relatively small geographical area covered.

Conclusion

The PNA concludes that the number and distribution of community pharmacies and dispensing doctors on the Island, is adequate to provide pharmaceutical services for the local population. There is the potential for maximising service provision of advanced (and enhanced) community pharmacy services which are commissioned by NHS England (Wessex). Also the transition to locally commissioned services by Public Health Isle of Wight provides scope for optimising provision. In some areas increased pharmacy opening hours would be an improvement for the population, for example only 4 pharmacies across the Island are open on a Sunday. Pharmacy opening times are detailed in Appendix D.

With regard to planning of new residences there are 53 large scale (more than 10 additional units) permissions scheduled to be completed over the next 5 years. As a result the population on the Island is estimated to increase by 2698 people. The largest developments are located in Newport accounting for 898 dwellings, and Cowes and East Cowes accounting for 722 dwellings.

The Office for National Statistics (ONS) 2012-based projections suggest that the population of the Island will raise by an estimated 1.2% between 2015 and 2018 (from 139957 to 141652)². There is no robust evidence to suggest a specific population level that each pharmacy can cater for, particularly in light of changes in pharmaceutical supply models. Therefore although this increase may require pharmacies to work more efficiently it does not mean that additional pharmacies are required.

Work has started to refresh the Island's JHWS and there will be a shift towards a more integrated health and social system for the Isle of Wight. This will include the involvement of community pharmacies to shift the focus of health and social care moving it into the community and thus reducing acute crisis and avoidable hospital admissions.

The PNA recommends that there are no current pharmaceutical needs that cannot be met by existing contractors, and that improvements and better access should also be addressed through working with existing contractors. However, the development at Pan Meadows (Bluebell Meadows) has the potential to create further demand with an estimated increase in population of 502 people, accounting for 19% of the estimated population increase from housing developments across the Isle of Wight. While the existing pharmacy provision could meet this additional demand, an additional pharmacy in this location would provide greater choice and access, particularly for those with limited mobility. With regard to the housing development in East Cowes there remains the potential for the pharmacy located in Wootton to open over the lunch period.

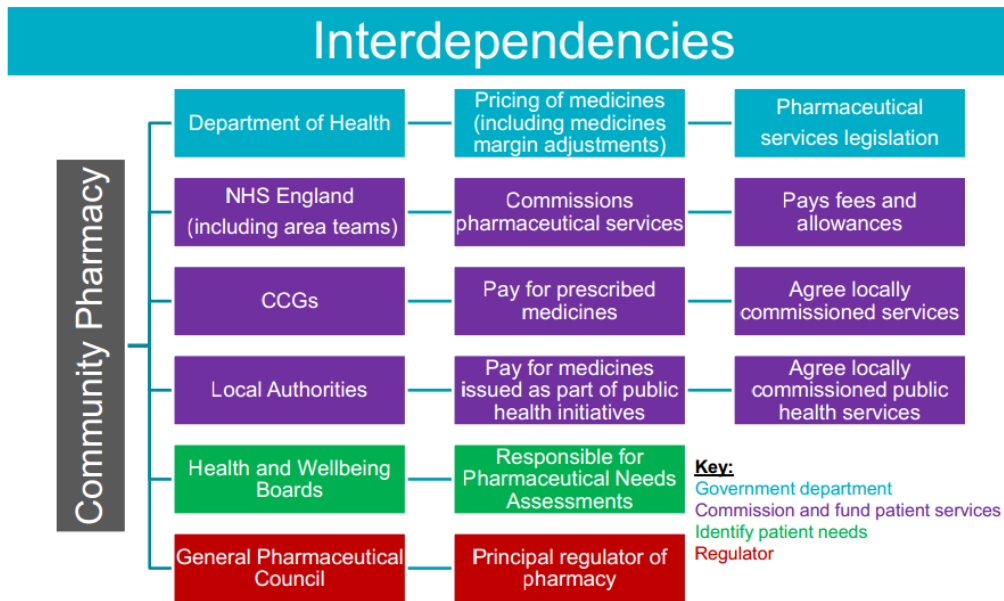
4 Introduction

- 4.1 A pharmaceutical needs assessment (PNA) is a statement of the pharmaceutical needs of the population within the local area. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (“the 2013 Regulations”) sets out the requirement for each Health and Wellbeing Board to publish a PNA¹.
- 4.2 Under the 2013 Regulations NHS, a person who wishes to provide NHS pharmaceutical services must generally apply to NHS England (NHSE) to be included on a relevant list by proving they are able to meet a pharmaceutical need as set out in the relevant PNA. There are exceptions to this, such as applications for needs not foreseen in the PNA or to provide pharmaceutical services on a distance-selling (internet or mail order only) basis. The first PNAs were published by NHS primary care trusts (PCTs) and were required to be published by 1 February 2011.
- 4.3 As well as identifying if there is a need for additional premises, the PNA will also identify whether there is a need for an additional service or services, or whether improvements or better access to existing services are required. Identified needs, improvements or better access could either be current or will arise within the lifetime of the PNA.

Whilst the PNA is primarily a document for NHS England to use to make commissioning decisions, it may also be used by local authorities and clinical commissioning groups (CCGs). A robust PNA will ensure those who commission services from pharmacies and dispensing appliance contractors (DACs) are able to ensure services are targeted to areas of health need, and reduce the risk of overprovision in areas of less need. NB there are no DACs on the Isle of Wight and appliances that may typically be supplied by a DAC elsewhere are all supplied by the existing pharmacies. As such DAC’s do not form part of this needs assessment.

- 4.4 Since April 2013, Health and Well-being Boards (HWBs) have had the duty to develop and publish PNAs for the first time. In summary the HWB must:
- Produce its first PNA which complies with the regulatory requirements;
 - Publish its first PNA by 1 April 2015;
 - Publish subsequent PNAs on a three yearly basis;
 - Publish a subsequent PNA sooner when it identifies changes to the need for pharmaceutical services which are of a significant extent, unless to do so would be a disproportionate response to those changes; and
 - Produce supplementary statements in certain circumstances.
- 4.5 The PNA will be used to form the basis for decisions to;
- Grant applications for new pharmacies.
 - Grant applications to change the premises from which a listed pharmacy business is allowed to provide pharmaceutical services.
 - Change the pharmaceutical services that a listed pharmacy business provides.

4.6 Furthermore the PNA may be referred to by a range of agencies concerned with pharmacy services on the Island, as summarised below.



4.7 The PNA has been developed in accordance with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) (Amendment) Regulations 2013.

Pharmaceutical services may be provided by:

- A pharmacy contractor who is included in the pharmaceutical list for the area of the HWB;
- A pharmacy contractor who is included in the local pharmaceutical services (LPS) list for the area of the HWB;
- A DAC who is included in the pharmaceutical list held for the area of the HWB; and
- A doctor who is included in a dispensing doctor list held for the area of the HWB.

NHS England is responsible for preparing, maintaining and publishing these lists.

5 Pharmaceutical services.

Pharmacy contractors provide three types of service that fall within the definition of 'pharmaceutical services'. These are essential services, advanced services and enhanced services.

5.1 Essential services

All pharmacies must provide these services;

- Dispensing of prescriptions (both electronic and non-electronic), including urgent supply of a drug or appliance without a prescription
- Dispensing of repeatable prescriptions
- Disposal of unwanted drugs
- Promotion of healthy lifestyles
- Signposting
- Support for self-care

5.2 Advanced services

Pharmacies may choose whether to provide these services or not. If they choose to provide one or more of the advanced services they must meet certain requirements and must be fully compliant with the essential services and clinical governance requirements.

- Medicine use review and prescription intervention services (more commonly referred to as the medicine use review or MUR service)
- New medicine service (NMS), this service currently runs until 31 March 2015. The continued commissioning of the service was confirmed in September 2014 after publication of a service evaluation by the Department of Health.
- Stoma appliance customisation
- Appliance use review

5.3 Enhanced services

Service specifications for this type of service can be developed by NHS England and then commissioned to meet specific health needs, they include the following:

- Anticoagulation monitoring
- Care home service
- Disease specific medicines management service
- Gluten free food supply service
- Independent prescribing service
- Home delivery service
- Language access service
- Medication review service
- Medicines assessment and compliance support service
- Minor ailment scheme
- Needle and syringe exchange
- On demand availability of specialist drugs service
- Out of hours service
- Patient group direction service
- Prescriber support service
- Schools service
- Screening service
- Stop smoking service
- Supervised administration service
- Supplementary prescribing service

Services commissioned by NHS England as enhanced services:

A flu vaccination service has been commissioned from community pharmacies on the Isle of Wight by NHSE on behalf of Public Health England with commissioning decisions being made on an annual basis. There is no current commitment to future commissioning although this is under review at a national level. The service is needs-led to target high risk populations where the uptake of seasonal influenza vaccination is low.

The following services are commissioned by the Isle of Wight CCG:

- Minor Ailments Service
- Returned to Stock
- Not Dispensed
- Trimethoprim
- Pharmacy First
- Platinum points
- Gluten free scheme
- Just in case box.

The following services are commissioned by Isle of Wight Council:

- NHS Health Checks
- Smoking Cessation

5.4 **Locally commissioned services**

Isle of Wight council and Isle of Wight CCG may also commission services from pharmacies, however these services fall outside the definition of pharmaceutical services. For the purposes of this document they are referred to as locally commissioned services and include the following:

- Chlamydia screening/treatment
- Emergency hormonal contraception (the 'morning after pill')
- Condom Distribution
- Needle exchange
- Collection of sharps (including diabetic sharps)
- Supervised consumption of methadone and buprenorphine
- Dry blood spot testing
- Hepatitis B vaccine

Locally commissioned services are included within this assessment where they affect the need for pharmaceutical services, or where the further provision of these services would secure improvements or better access to pharmaceutical services.

A full list of enhanced and locally commissioned services and their providers can be found in Appendix A.

5.5 **Pharmaceutical services provided by doctors**

The 2013 regulations allow doctors to dispense to eligible patients in certain circumstances. On the Isle of Wight there is one dispensing GP operating from three premises (see section 8.1 for further details).

5.6 **Local pharmaceutical services**

Local pharmaceutical services (LPS) contracts allow NHS England to commission services, from a pharmacy, which are tailored to specific local requirements. LPS complements the national contractual arrangements but is an important local commissioning tool in its own right. LPS provides flexibility to include within a contract a broader or narrower range of services

(including services not traditionally associated with pharmacy) than is possible under national contractual arrangements. For the purposes of the PNA the definition of pharmaceutical services includes LPS. There are, however, no LPS contracts within the Isle of Wight and NHS England does not have any current plans to commission such contracts within the lifetime of this PNA.

6 Accountability, locality and consultation

6.1 The PNA has been developed, with input from a steering group according to the regulations. The steering group included:

- Contracts Manager – Pharmacy Isle of Wight CCG
- Contracts Manager - Pharmacy from NHS England (Wessex)
- Local Pharmaceutical Committee representative
- Public Health Lead, Isle of Wight
- Public Health Analyst Isle of Wight

This board agreed the development of the draft for consultation and will agree the final draft following consultation prior to submission to the HWB.

The Health and Wellbeing Board will agree the PNA prior to publication.

6.2 Due to the relatively small population size and the fact that health needs data is held at an Island wide level we have not divided the Island into localities.

6.3 The regulations stipulate that a consultation on a draft PNA should be undertaken at least once during its development and lists the persons that must be consulted with (see Appendix B for details), namely professionals and agencies with an interest in pharmaceutical services. Whilst not intended specifically for public consultation, their views are welcomed and will be taken into consideration if received. To this end the draft PNA will be available on the council's website for the duration of the 60 day consultation.

6.4 The consultation is for a statutory minimum period of 60 days.

6.5 Other sources of Information

- Services provided to residents of the Isle of Wight
- Changes to current service provision
- Future commissioning intentions
- Known housing developments which may affect the needs for pharmaceutical services
- Any another developments which may affect the need for pharmaceutical services

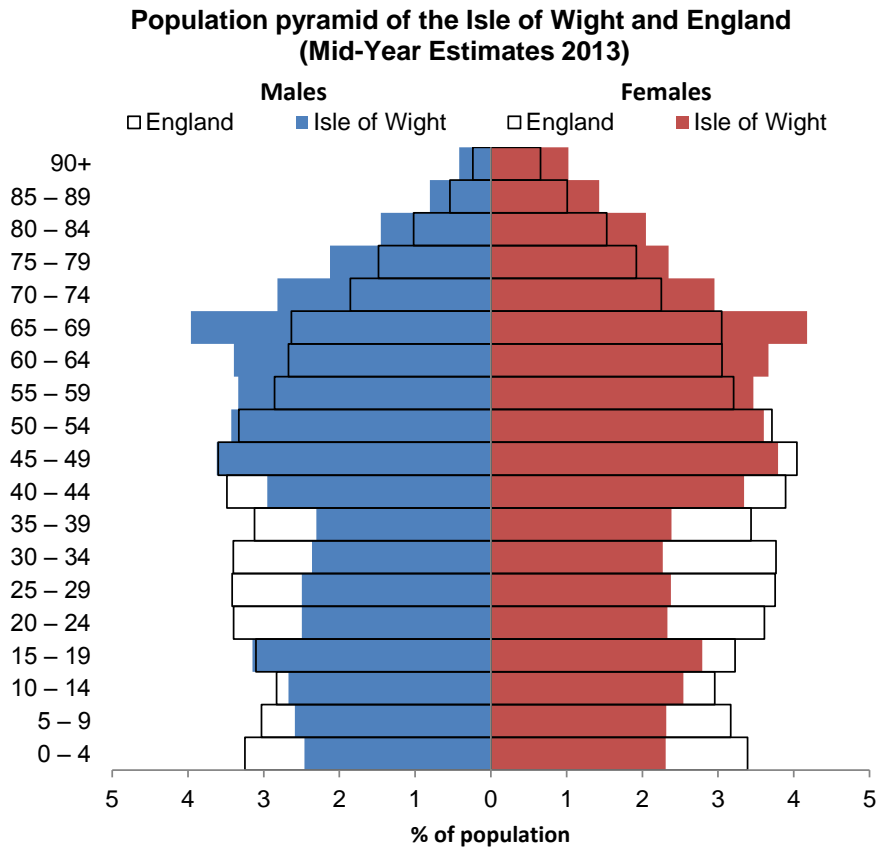
The JSNA provided background information on the health needs of the population; this is a comprehensive online resource which aims to identify the 'big picture' for health and wellbeing through analysis of a wide range of data sets and through stakeholder and public engagement.

7 Background and Criteria for the Assessment of Need

- 7.1 The Department of Health pharmaceutical needs assessment information³ sets out criteria for the needs assessment. Each assessment must have regard, in so far as it is practicable to do so, to the following matters:
- a) The demography of its area.
 - b) Whether in its area there is sufficient choice with regard to obtaining pharmaceutical services.
 - c) Any different needs of different localities within its area.
 - d) The pharmaceutical services provided in the area of any neighbouring HWB which affects the area.
 - e) Any other NHS services provided in or outside its area which affect;
 - a. the need for pharmaceutical services in its area, or
 - b. whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.
- 7.2 When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must take account of likely future needs having regard to likely changes to the:
- a) Number of people in its area who require pharmaceutical services.
 - b) Demography of its area.
 - c) Risks to the health or well-being of people.
- 7.3 This information is taken from the Islands Joint Strategic needs assessment (JSNA). The Island covers approximately 148 square miles, with one unitary authority and one clinical commissioning group (CCG). Based on the mid-2013 ONS calculations the resident population estimate is 138,393 people².
- 7.4 Some people will have more use of pharmacy services than others; these will include those on long term medicines, older people and families with young children. However the main consideration of need is service location and availability.
- 7.5 **Age of the Population**
Figure 1 shows the Island has a greater proportion of older residents (aged 65 plus) and fewer younger people (those aged 0- 14 years) than the England average. As people live longer the age structure will have a higher proportion of older people leading to an increasing demand on services. According to the latest ONS midyear population estimates (2013) 25% of the Isle of Wight population is aged 65 and over compared to 17.2% regionally and 16.3% nationally. An estimated 28% of the population of Isle of Wight will be aged 65 or older in 2021, higher than regional (25.8%) and national averages (24.3%)⁴. Population projections (figure 2) indicate that the majority of the population growth is projected to be in the 65 years and older age groups over this time period. The 85 years and over population group is likely to be where the largest proportionate change will be seen.

Figure 1

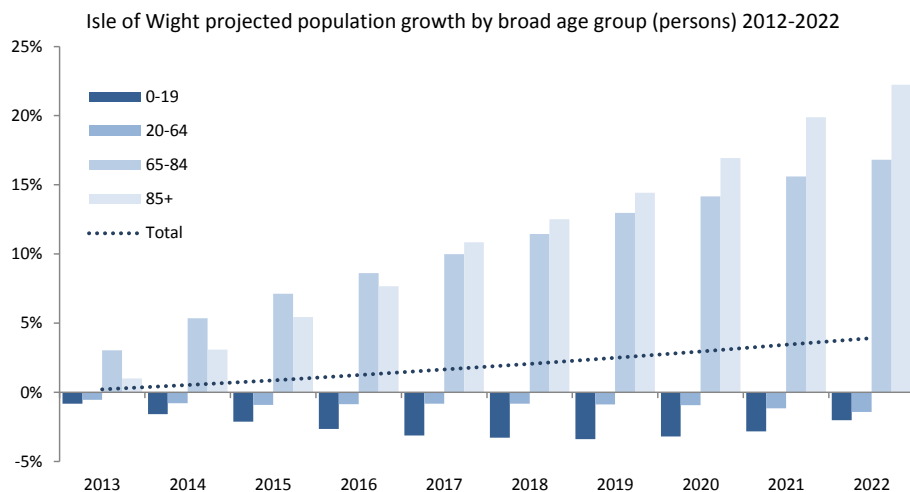
Population Pyramid of the Isle of Wight and England (2013)



7.6 **Population projections**

It is forecast that between 2013 and 2022 the population on the Island will grow by 3.9% as shown in figure 2.

Figure 2



Source: Office for National Statistics (ONS) – Interim 2012-based population projections

7.7 Migration

Migration can have an impact on population change and even relatively small numbers can impact on the need for public services in an area. Migration is difficult to measure accurately since there are no routinely collected data for measuring the movement of people. ONS census 2011 data² estimates show that 5376 moved to the Isle of Wight and 3470 moved away leaving a net migration of 1906. In the 65 plus age group 602 moved here and 406 moved away leaving a net migration of 196, this indicates that on average the results of migration accounts for an increase of 200 more adults aged 65 and over, these estimates are based on the answer to the census 2011 question 'One year ago what was your usual address?'. With regard to international migration estimates show that 13% moved to the Isle of Wight from overseas.

7.8 Seasonality

The Isle of Wight is a popular holiday destination and as such experiences fluctuations in population levels, especially during school holidays. It is estimated, based on the average over the last five years that there are just over 901000 domestic holiday visitors to the Isle of Wight; however existing pharmacy provision is able to support these population fluctuations.

ONS 2011 census identified 97.3% of the population as of a white ethnic group (94.8% of which were categorised as 'White British') – a higher proportion than regionally (90.7% of which 85.2% were 'White British) or nationally (85.4% of whom 79.8% were 'White British')². However, this proportion has dropped since the 2001 census when the 'white' ethnic group stood at 98.7% of the population of the Isle of Wight. Asian ethnic groups make up the largest non-white categories across Isle of Wight, the South East and across England. The diversity of the population does not have any significant impact on the provision of pharmaceutical services, but may impact on the need for linguistic services (both translational and educational). The Island's non-white groups tend to live in the urban areas of Cowes, Newport, Ryde and Ventnor. The highest percentage is in Parkhurst ward due to the prison population reflecting national trend and not following the local picture.

7.9 Deprivation

Deprivation is lower than the England average and we have no areas categorised in the top 10% most deprived in England. However, five areas of the Island fell within 20% of the most deprived of England. As at 31 August 2011 there were 4,655 children under 16 living in poverty on the Isle of Wight (or 21.1% of this age group). This is a similar proportion to England (20.6%), but higher than the South East region (15.1%)⁴. A map of the indices of deprivation can be seen in Appendix B.

7.10 Urban/rural split

The urban/rural split of the Isle of Wight is an important consideration for assessing pharmaceutical needs. ONS identifies built up areas as those with populations between 10,000 and 30,000 people. ONS census 2011 data shows that 29.3% (40,665) of people live in rural areas and 70.7% (98,083) live in urban areas on the Isle of Wight. In the 65 plus age group 37% (12220) live in rural areas and 63% (20734)² live in urban areas. A map showing the rural /urban split can be found in Appendix C.

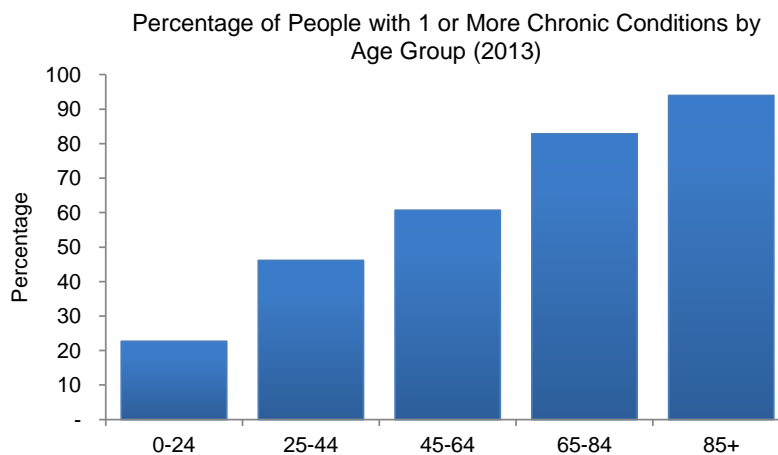
7.11 General health and life expectancy

The health of the people on the Isle of Wight is generally better than the England average. Life expectancy on the Island is also better; a male on the Island on average lives to 79.1 years (78.5 for England) whilst female life expectancy is 83.6 years (82.6 for England). Smoking rates are similar to the England average and it is estimated 115 Island deaths every year are related to smoking. Binge drinking is statistically significantly lower than the England average and levels of healthy eating similar to the average. The levels of obesity are not statistically significantly different to the England average. Census 2011 data shows that the Isle of Wight has a statistically significantly higher percentage (23%) of people who consider their long term

condition or disability limits their daily activities (this data includes problems that are related to old age). For England the average is 18% and the South East region average is 16%. It is predicted that by 2020 the prevalence of dementia on the Isle of Wight will increase by 21% (to 3137), figures for 2011/12 show the Island has the highest recorded dementia rates in the UK; this is in part due to the higher than average population aged 65 plus and due to work undertaken to improve levels of diagnoses.

GP practice data on the Isle of Wight has been analysed to investigate how the percentage of those suffering from one or more chronic conditions increases with age. As figure 3 shows 83% (25391) of people aged between 65 and 84 have at least one chronic condition with that figure increasing in the 85 and over age group to 94% (4995). Figures for people with more than four chronic conditions are 25% (7585) and 41% (2195) in those age groups respectively.

Figure 3

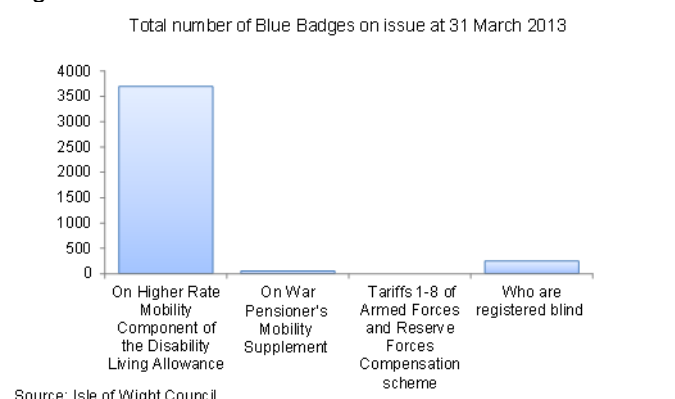


Source: ACG toolkit

7.12 Disability

Figure 4 shows the number of Blue Badges held on the Isle of Wight as at March 2013. The majority of Blue Badges are issued to those on the higher rate of Disability Living Allowance (DLA) which includes a care component for those who need supervision or help looking after themselves and a mobility component for those who find it very hard to walk.

Figure 4



Source: Isle of Wight Council

7.13 Sexual orientation

In October 2013 the ONS published experimental estimates based on an 'Integrated Household Survey' which indicated that: 1.5% of the UK adult population (aged over 16)

identify themselves as lesbian gay or bisexual (LGB). Applying this estimate to the 2013 estimated local population would suggest an LGB population on the Isle of Wight of approximately 1,743 people.

7.14 **Gender reassignment**

There are no official statistics nationally or regionally regarding transgender populations, however, the Gender Identity Research and Education Society (GIRES) estimated that, in 2007, the prevalence of people who had sought medical care for gender variance was 20 per 100,000. This equates to an estimated 28 people on the Isle of Wight.

7.15 **Religion**

At the 2011 Census, a total of 138,265 people gave an indication of their 'religious faith'. 83,871 people (60.5%) indicated that they were Christians (a reduction of 13.2% since the 2001 Census). This proportion is broadly in-line with the South East and the rest of England. A further 54,594 people (39.5%) responded that they either: held no religious belief; did not disclose their religious faith or they practiced other religious faiths.

7.16 **Household composition**

The average household size has dropped slightly from around 2.1 people (2001 Census) to current levels of around 2.0. These figures are based on the population usually resident in households (128,647 in 2001; 133,713 in 2011) divided by the number of household spaces (61,609 in 2001; 67,676 in 2011). The England average is 2.3 people for both 2001 and 2011. This could be linked to the number of second homes on the Island compared to the rest of the country.

7.17 **Homelessness**

The number of homeless applications received fell from 451 in 2004/05 to 166 in 2012/13. From 1 July 2013, all approaches to the council had to be recorded (even those who were deemed 'not priority' at first approach), rather than just applications, as at 30 September 2013 stands at 215 for 2012/13. On average, since 2004/05 around 55% of applications were accepted.

7.18 **Housing**

The Island has significantly high levels of home ownership, with 70% of households being owned, either outright (41%) or with a mortgage or loan (29%). By comparison in the South East 68% of homes were owned (33% outright) and in England this was 63% (31% outright). The high number of houses owned outright is due to the Island having a large number of older retired people, many of whom will have already paid off their mortgage.

Although we still have higher levels of home ownership than the South East or England, since the 2001 Census, levels have dropped by around 6% in all three areas. The difference has been made up in all areas by similar increases in private renting.

The Island has a rate of 47 per 1000 of people with a second address in the area that are usually resident in another area compared to 34 per 1000 in the South East and 28 per 1000 in England. The main reason for a second address on the Island was 'Holiday' (23 per 1,000 residents), closely followed by 'Other' (22 per 1,000 residents), with 'Working' the least common reason (2 per 1,000 residents).

The Island has a rate of 30 residents per 1,000 usual residents with a second home elsewhere, compared to 91 per 1,000 in the South East and 44 per 1,000 in England.

7.19 **Offenders**

Her Majesties Prison Isle of Wight is located just outside Newport which provides both primary and in-patient care within a secure environment. These services are commissioned and performance managed by NHS England, therefore they have not been included within this needs assessment.

8 Current Provision

- 8.1 Pharmacies are required to open for 40 hours per week; these are referred to as core opening hours. Many choose to open for longer and these hours are referred to as supplementary opening hours. In England between April 2005 and August 2012, some contractors successfully applied to open new premises on the basis of being open for 100 core opening hours per week (referred to as 100 hour pharmacies). This means they are required to be open for 100 hours per week, all year (with the exception of weeks which contain a bank or public holiday, or Easter Sunday). In addition these pharmacies may open for longer hours. On the Isle of Wight One pharmacy (Sainsbury's) provides a 100 hour service, in Newport.

The proposed opening hours for each pharmacy are set out in the initial application, and if the application is granted and the pharmacy subsequently opens then these form the pharmacy's contracted opening hours. The contractor can subsequently apply to change their core opening hours. NHS England will assess the application against the needs of the population of the HWB area as set out in the PNA to determine whether to agree to the change in core hours or not. If a contractor wishes to change their supplementary opening hours they simply notify NHS England of the change, giving at least three months' notice.

The Isle of Wight has 31 pharmacies 2 of which provide late evening opening hours (18:30 hrs). Details of all opening times can be found in Appendix D.

28 pharmacies are open on Saturday and four are open on a Sunday. One pharmacy (Wootton) closes at lunchtime.

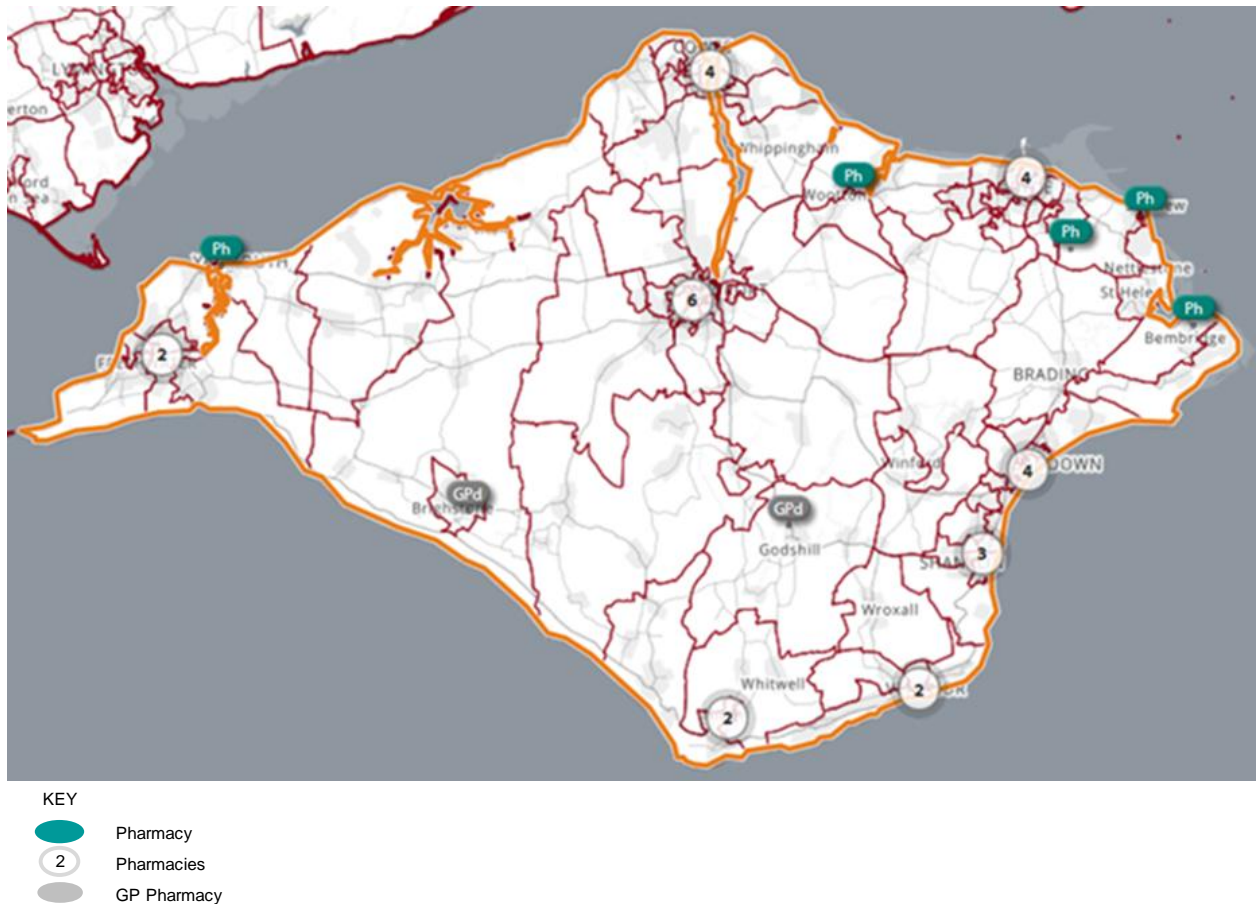
There is one dispensing GP practice, South Wight Medical Practice, which is based in three different locations Brighstone, Niton and Godshill. These are open until 18:00hrs alternating the weekday opening time between them, but do not open on Saturday or Sunday. See Appendix E for a table showing the services provided by GPs.

A hospital pharmacy is operated from St. Mary's Hospital and provides a prescription collection service for patients and an over the counter medicine service for the general public. It does not provide any other services and does not form part of this needs assessment.

- 8.2 Figure 5 shows a map of the Island highlighting current pharmacy provision and will be considered 'the map' for the pharmaceutical needs assessment. There are 23 pharmacies/GP dispensing practice per 100,000 population. For detailed maps of each area see Appendix J.

Figure 5

The map of the Isle of Wight showing current pharmacy provision



8.3 Access to Services

The travel map (Appendix F) highlights those areas which are 1.6km (1 mile) from a pharmacy. 99% of Isle of Wight residents are within 20 minutes drive of a pharmacy and 96% are within 20 minutes by walking or using public transport. The areas with higher population density and highest deprivation are close to pharmacy provision.

8.4 Medicines Use Review (MUR)

This is a review in which the pharmacist assesses a patient’s use of medicines and attempts to identify and address any problems they may be experiencing. Where necessary, a referral is made to the patient’s GP.

The aim is to increase the patient’s knowledge of their medication and improve their adherence to the regimen. The MUR can be conducted on a regular basis, e.g. every 12 months, or on an ad hoc basis, when a significant problem with a patient’s medication is highlighted during the dispensing process.

Currently, at least 50% of all MURs undertaken by each pharmacy in each year should be on patients within the national target groups. From 1st April 2015 community pharmacies must carry out at least 70% of their MURs within any given financial year on patients in one or more of the agreed target groups;

- patients with respiratory disease (e.g. asthma and chronic obstructive pulmonary disease (COPD)),
- patients recently discharged from hospital,
- patients taking a 'high risk' medicine (non-steroidal anti-inflammatory drugs (NSAIDs), anticoagulants, antiplatelet drugs and diuretics).
- patients at risk of or diagnosed with cardiovascular disease and regularly being prescribed at least four medicines.

In the 12 months up to July 2014 a total of 5476 MURs were provided by 30 pharmacies with 23 exceeding 75% of the maximum provisions.

8.5 **New Medicine Service (NMS)**

This service is designed to improve patients' understanding of newly prescribed medicine for specified long term conditions and help them get the most from the medicine. This service can be accessed by patients who are prescribed an anticoagulant (a blood thinning medicine) or a medicine to treat asthma, COPD, type 2 diabetes or high blood pressure for the first time.

Research has shown that after 10 days, two thirds of patients prescribed a new medicine reported problems including side effects, difficulties taking the medicine and a need for further information⁵. The NMS has been designed to fill this identified gap in patient need.

On the Isle of Wight between July 2013 and July 2014 NMS interventions were provided by 29 pharmacies with 18 exceeding 75% of the maximum provisions.

Unlike for MURs there is no nationally set maximum number of NMS interventions that may be provided in a year. However as the service is limited to a specific range of drugs and can only be provided in certain circumstances this therefore limits the total numbers of eligible patients.

8.6 **Sexual health services**

Community pharmacies are playing an increasing role in the delivery of sexual health services building on the success of pharmacy-based emergency hormonal contraception (EHC) programmes.

On the Isle of Wight community pharmacists provide EHC, commonly known as the 'morning after pill', which is effective up to 72 hours after unprotected sex. The EHC service is free at the point of delivery, to women over the age of 13 through a patient group direction (PGD) which has been in place on the Isle of Wight since 1998. In the financial year 2013-14 this service was used 933 times. With extended opening hours in evenings and weekends, community pharmacies offer service users' timely access to EHC which meets their needs and deflects the demand away from general practice, out of hour centres and walk-in centres. The EHC service also offers an opportunity to provide a supply of condoms to clients, chlamydia screening to 15 to 24 year olds, promote the local sexual health website www.wish-net.co.uk and onward referral to the Young People's Sexual Health Nurse, integrated sexual health clinic and the Island's four under-25 drop-in clinics.

8.7 **NHS Health Check Service**

The NHS Health Check programme (which is in its third year) aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74, who have not already been diagnosed with one of these conditions or have certain risk factors, will be invited (once every five years) to have a check to assess their risk of these conditions. They will be given support and advice to help them reduce or manage any risks. On the Isle of Wight the health check service is provided by GP practices, it is expected that this service will lead to the early detection and treatment of the conditions

named above. The service has the potential to increase the impact on pharmaceutical services through increased prescriptions and MUR. However the impact at this stage is not thought to be significant, therefore current pharmacy provision is sufficient. In other localities this service is also provided by community pharmacies in order to improve the screening rate. There is therefore potential for this service to be introduced into community pharmacy (particularly when an increase in opportunistic testing is achievable) but to do so would not lead to a need for more pharmacies.

8.8 **Public Holiday provision**

The need for pharmacy services on public and bank holidays when pharmacies are not required to open is assessed on an annual basis in accordance with the intentions of pharmacies that choose to open. Where there are gaps arrangements are made with pharmacy contractors to open for one or two hours. Generally the need only arises on Christmas Day and Easter Sunday. The arrangements are either to direct a pharmacy to open or put in place an enhanced service agreement. On the Isle of Wight opening hours for Christmas, Easter and bank holidays are commissioned by NHSE (Wessex) sub-region by way of an Enhanced Service or directions. Opening times of pharmacies are advertised in the local paper and on the internet.

8.9 **Healthy Living Pharmacy**

Healthy Living Pharmacy (HLP) is a national initiative enabling pharmacies to help reduce health inequalities in local communities by delivering high quality health and wellbeing services, promoting health and providing proactive health advice. An HLP will deliver these support services reliably and consistently via an informed pharmacy team who are not only aware of all services offered by their pharmacy but of other support services offered in their locality and wider geography. HLP teams offer advice and support patients with signposting and referrals as appropriate. The team deliver important health messages and advice as part of their normal day to day activity. The focus is on the interests of the person is at the centre of all that is offered at the pharmacy. HLP display a badge of excellence that gives members of the public this assurance.

Key elements of the HLP service include:

- Tailoring HLP services to your local community
- A team that proactively promote health and wellbeing and offer advice on a range of health issues
- Has a Healthy Living Champion – Qualified to Royal Society of Public Health (RSPH) level 2 – Understanding Health Improvement.

We currently have four pharmacies on the Island accredited to HLP status.

8.10 **NHS Electronic Prescription Service**

The NHS Electronic Prescription Service is part of the NHS National Programme for IT. It enables the electronic transfer of medical prescriptions from doctors (or other prescribers) to pharmacies and other dispensers and electronic notification to the reimbursement agency, NHS Prescription Services.

The project is to be delivered in two releases:

- Release 1 retains the paper prescription and adds a barcode to it allowing pharmacy to access a centrally held copy of the prescription.
- In Release 2 an electronic prescription can be used where the patient nominates a pharmacy. This could be sent electronically although a paper token may be printed off also (FP10DT) unlike a standard FP10, this is not actually a legal document and no drugs can be legally dispensed without the electronic message downloaded from the NHS system. This phase is fully deployed across the Isle of Wight.

9 Gaps in Provision

Necessary services, for the purposes of this PNA, are defined as:

- Those services provided by pharmacies and GP dispensing surgeries in line with their terms of service as set out in the National Health Service (Pharmaceutical and Local Pharmaceutical Services Regulations 2013 No.349, and
- advanced services

The HWB consider 'necessary services' as those provided in the standard pharmacy open for 40 'core' hours. There are 31 such pharmacies and 1 dispensing GP covering 3 locations that should be regarded as necessary. The opening times, including the core hours are provided in a table accompanying the mapped locations see Appendix D

The HWB are mindful of the national picture as expressed in the '2008 White Paper Pharmacy in England: Building on strengths – delivering the future' which states that it is strength of the current system that community pharmacies are easily accessible. The HWB consider that the population of the Isle of Wight currently benefit from easily accessible pharmacy services.

In particular, the HWB considered the following:

- The map showing the 1.6km buffers around pharmacies indicate that the majority of Isle of Wight population is within 1.6km of a pharmacy (see appendix F).
- The population density per square kilometre by Census 2011 Output Area and the relative location of pharmacy premises (see appendix H).
- The Index of Multiple Deprivation and deprivation ranges compared to the relative location of pharmacy premises (see appendix B).
- The black & minority ethnic levels by electoral ward compared to the relative location of pharmacy premises.
- The walking times to pharmacies indicate 96% of Isle of Wight residents are within 20 minutes walking time of a pharmacy.
- The average drive times to pharmacies (private vehicle) indicate that 99% of Isle of Wight residents are within 20 minutes average drive time of a pharmacy.
- Using public transport, 96% of Isle of Wight residents are within 20 minutes of a pharmacy and within 2 minutes walk of a bus stop near a pharmacy.

9.1 Future need

If completed and populated the proposed housing growth in Newport will place additional demand on pharmacy services although current provision would be adequate in terms of both opening hours and distance to travel.

10 Consultation

The following parties must be consulted as part of this process;

- The Local Pharmaceutical Committee (Hampshire and IOW Wight LPC)
- Local Medical Committee for its area
- Any persons on the pharmaceutical lists and any dispensing doctors list for its area.
- Any Local Pharmaceutical Service chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services.
- Any Local Healthwatch organisation (Healthwatch IOW)
- Any NHS trust or NHS foundation trust in the area (St. Mary's Hospital and CCG Isle of Wight)
- NHS England (Wessex Area Team)
- Neighbouring Health and Wellbeing Boards

The consultation process will also involve the opportunity for members of the public to comment and will run for the statutory 60 day period during February and March 2015. The results of the consultation will help to inform this PNA and will be summarised in this section.

11 Related Documents

HWBS	http://www.iwight.com/documentlibrary/view/health-wellbeing-strategy-2013-16
Corporate Plan	http://www.iwight.com/Meetings/committees/mod-council/19-3-14/Paper%20D.pdf
Children's Plan	http://www.iwight.com/azservices/documents/2757-IW-CT-Action-Plan-2014-15-Version-4-16-06-14.pdf
Transport plan	http://www.iwight.com/azservices/documents/1190-itp-strategy-v1.pdf

12 GLOSSARY

CAMHS	Community Adolescent Mental Health Service
CCG	Isle of Wight Clinical Commissioning Group
CHD	Coronary Heart Disease
CVD	Cardio-vascular disease
CMHT	Community Mental Health Team
DAAT	Drug and Alcohol Action Team
DAC	Dispensing Appliance Contractor
HWB	Health and Wellbeing Board
IMD	Index of multiple deprivation
IWC	Isle of Wight Council
JSNA	Joint Strategic Needs Assessment
JHWS	Joint Health and Wellbeing Strategy
LPS	Local pharmaceutical services
MUR	Medicine use review
NHSE	NHS England
NMS	New medicines service
ONS	Office for national statistics
PNA	Pharmaceutical needs assessment
LPC	Local Pharmaceutical Committee
PSNC	Pharmaceutical Services Committee

13 References

1. National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 <http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations/> accessed on 1 October 2014.
2. Office for National Statistics 2014 <http://www.ons.gov.uk/ons/datasets-and-tables/index.html> accessed on various dates throughout 2014
3. Pharmaceutical Needs Assessment: Information Pack for Health and Wellbeing Boards. 2014. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/197634/Pharmaceutical_Needs_Assessment_Information_Pack.pdf accessed on 2 September 2014.
4. Isle of Wight Joint Strategic Needs Assessment. Isle of Wight Council. 2014. <https://www.iwight.com/council/OtherServices/Isle-of-Wight-Facts-and-Figures/Information-Factsheets-and-Figuresheets> accessed on various dates throughout 2014.
5. Pharmaceutical Services Negotiating Committee PSCC. 2013. <http://psnc.org.uk/wp-content/uploads/2013/08/CPCF-summary-July-2013.pdf> accessed on January 6 2015.

Appendix A

Tables of non-essential services provided by each pharmacy

Pharmacy services commissioned by Isle of Wight Council

Pharmacy	Emergency Hormonal Contraception	Chlamydia Screening	Azithromycin for Chlamydia Treatment	Condom Distribution	Needle & Syringe Exchange	Diabetic Sharps Disposal CCG	Supervised Consumption	Hepatitis B Vaccine	Dry Blood Spot Testing inc. BBV
Boots Ltd (Ventnor)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Boots UK Limited (Newport)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Boots UK Limited (Ryde)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Boots UK Limited (Sandown)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Boots UK Limited (Shanklin)	✓			✓		✓	✓		
Day Lewis Carisbrooke		✓	✓	✓		✓	✓	✓	✓
Day Lewis Lake		✓	✓	✓		✓	✓	✓	✓
Day Lewis Niton		✓	✓		✓	✓	✓	✓	✓
Day Lewis Pharmacy (Cowes)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Day Lewis Pharmacy (Newport)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Day Lewis Shanklin		✓	✓			✓	✓	✓	✓
Day Lewis Wootton		✓		✓		✓	✓		
Gibbs & Gurnell	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kemkay Chemist		✓	✓			✓	✓		
Lloyds Pharmacy (East Cowes)	✓	✓	✓	✓	✓	✓	✓		
Lloyds Pharmacy (Carisbrooke R	✓	✓	✓		✓	✓	✓	✓	✓
Lloyds Pharmacy (Sandown)	✓	✓	✓		✓	✓	✓		
Lloyds Pharmacy (Ventnor)	✓	✓	✓	✓	✓	✓	✓		
LloydsPharmacy (Pyle St)	✓			✓	✓			✓	✓
LloydsPharmacy (Ryde)	✓	✓	✓	✓	✓	✓	✓		
Regent Pharmacy (East Cowes)	✓	✓	✓	✓	✓		✓	✓	✓
Regent Pharmacy (Shanklin)	✓	✓	✓	✓	✓		✓	✓	✓
Sainsbury's Pharmacy	✓	✓	✓	✓	✓	✓	✓		
Seaview Pharmacy	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tesco (in Store) Pharmacy	✓	✓	✓	✓	✓	✓	✓		
Yarmouth Pharmacy		✓	✓	✓		✓			✓
Your Local Boots (Sandown)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Your Local Boots Pharmacy (Bembridge)	✓	✓			✓				✓
Your Local Boots Pharmacy (Cowes)	✓	✓	✓				✓	✓	✓
Your Local Boots Pharmacy (Freshwater)	✓	✓		✓	✓	✓	✓		✓
Your Local Boots Pharmacy (Ryde)	✓	✓	✓	✓	✓	✓	✓	✓	✓

Pharmacy services commissioned by Isle of Wight CCG

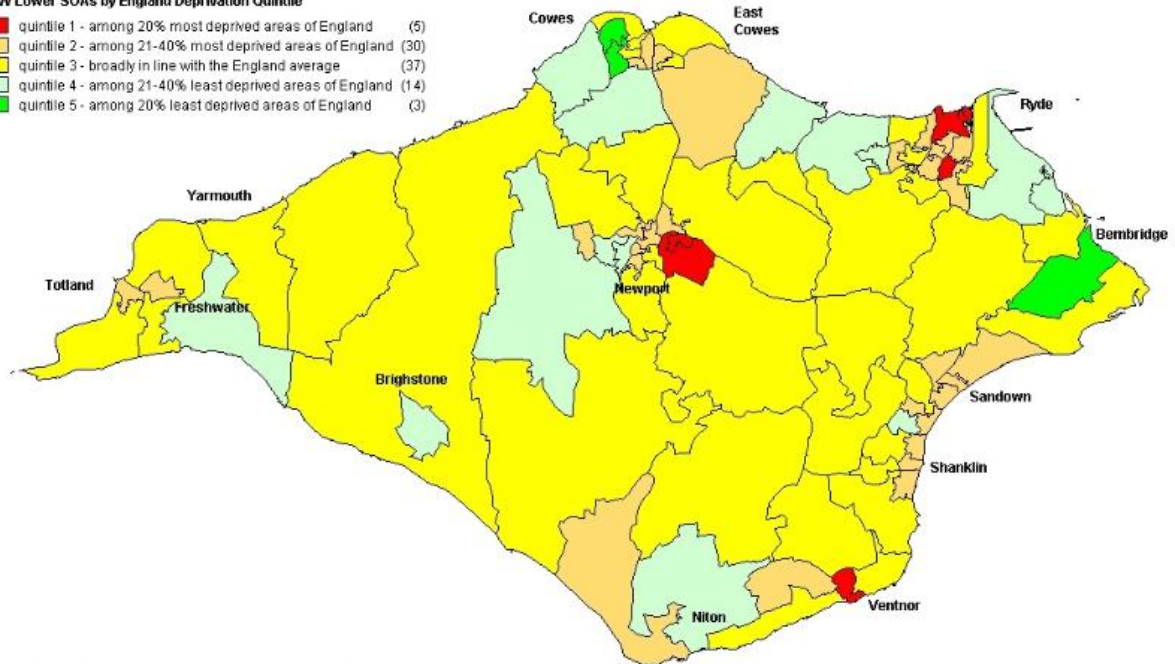
Code	Pharmacy	Trimethoprim	Platinum Points	Return to Stock	Not Dispensed	Minor Ailments	Pharmacy First	Specialist Palliative Care Drugs	Gluten free scheme	Palliative care service (just in case box)
FK266	Boots Ltd (Ventnor)	✓					✓			
FG781	Boots UK Limited (Newport)	✓					✓			
FLE22	Boots UK Limited (Ryde)	✓		✓	✓			✓	✓	
FMJ77	Boots UK Limited (Sandown)	✓		✓	✓		✓	✓		
FYX55	Boots UK Limited (Shanklin)			✓	✓					
FA116	Day Lewis Carisbrooke	✓	✓	✓	✓	✓	✓	✓	✓	
FA781	Day Lewis Lake		✓	✓	✓	✓	✓		✓	
FA040	Day Lewis Niton		✓	✓	✓	✓	✓		✓	✓
FWK53	Day Lewis Pharmacy (Cowes)		✓	✓	✓	✓	✓		✓	
FGT82	Day Lewis Pharmacy (Newport)			✓	✓	✓	✓		✓	
FQA82	Day Lewis Shanklin	✓	✓	✓	✓	✓	✓		✓	✓
FFF06	Day Lewis Wootton	✓	✓	✓	✓	✓	✓	✓	✓	✓
FGQ63	Gibbs & Gurnell	✓		✓						
FWD47	Kemkey Chemist	✓	✓			✓				✓
FLH42										
	Lloyds Pharmacy (East Cowes)	✓	✓	✓	✓	✓	✓		✓	✓
FNG55	Lloyds Pharmacy (Carisbrooke R	✓					✓			
FN155	Lloyds Pharmacy (Sandown)	✓	✓	✓		✓	✓	✓		
FQ375	Lloyds Pharmacy (Ventnor)	✓					✓			
FPQ58	Lloyds Pharmacy (Pyle St)									
FDY89	Lloyds Pharmacy (Ryde)	✓	✓	✓	✓		✓	✓		
FJN73										
	Regent Pharmacy (East Cowes)			✓	✓	✓				✓
FKL95	Regent Pharmacy (Shanklin)			✓	✓	✓				✓
FM302	Sainsbury's Pharmacy	✓		✓	✓	✓	✓	✓	✓	✓
FC408	Seaview Pharmacy	✓	✓	✓	✓	✓	✓	✓	✓	✓
FAA43	Tesco (in Store) Pharmacy	✓		✓	✓	✓	✓	✓	✓	✓
FTM73	Yarmouth Pharmacy	✓	✓	✓	✓	✓	✓	✓	✓	✓
FFC65	Your Local Boots (Sandown)	✓	✓	✓	✓	✓	✓	✓		
FHV72	Your Local Boots Pharmacy (Bembridge)					✓				
FNQ80	Your Local Boots Pharmacy (Cowes)			✓	✓	✓			✓	
FN103	Your Local Boots Pharmacy (Freshwater)									
FJV26	Your Local Boots Pharmacy (Ryde)	✓		✓	✓			✓		

Appendix B

Overall Deprivation compared to England

Isle of Wight - Overall Deprivation compared with England
IW Lower SOAs by England Deprivation Quintile

- quintile 1 - among 20% most deprived areas of England (5)
- quintile 2 - among 21-40% most deprived areas of England (30)
- quintile 3 - broadly in line with the England average (37)
- quintile 4 - among 21-40% least deprived areas of England (14)
- quintile 5 - among 20% least deprived areas of England (3)

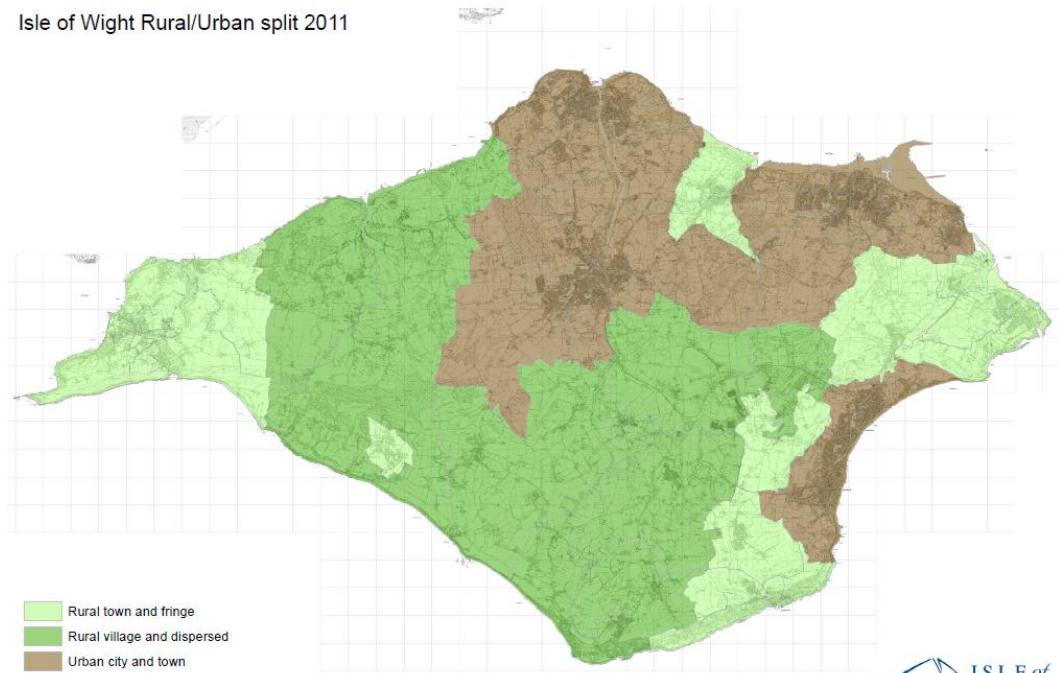


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Appendix C

Rural/Urban Split

Isle of Wight Rural/Urban split 2011



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Appendix D

Pharmacy Opening Times

Pharmacy	Location	Weekday	Saturday	Sunday	
Your Local Boots Pharmacy	Bembridge	9-5.30	9-5	closed	
Day Lewis Pharmacy	Cowes	9-5.30	9-5.30	closed	
Your Local Boots Pharmacy	Cowes	8.45-6.30	9-1	closed	
LloydsPharmacy	East Cowes	8.30-6.30	9-5	closed	
Regent Pharmacy	East Cowes	8.30-6	9-5.30	closed	Monday 8.30-20.00
Kemkay Chemist	Freshwater	9-6	9-5	closed	
Your Local Boots Pharmacy	Freshwater	9-6	9-1	closed	
Day Lewis Plc	Lake	9-6	closed	closed	
Boots UK Limited	Newport	8-6	8-6	10-4	
Day Lewis Pharmacy	Newport	9-5.30	9-5	closed	
Day Lewis Pharmacy	Newport	9-6	closed	closed	
LloydsPharmacy	Newport	9-5.30	9-1	closed	
LloydsPharmacy	Newport	8.45-5.30	8.45-5.30	closed	
Sainsbury's Pharmacy	Newport	7-11	7-11	10-4	
Boots UK Limited	Ryde	9-6	9-5.30	closed	
Gibbs & Gurnell	Ryde	9-5.30	9-5.30	closed	
LloydsPharmacy	Ryde	9-6.30	9-12	closed	
Tesco (in Store) Pharmacy	Ryde	8-7.45	8-7.30	10-4	
Your Local Boots Pharmacy	Ryde	8.30-6.00	closed	closed	
Boots UK Limited	Sandown	9-5.30	9-5.30	closed	
LloydsPharmacy	Sandown	9-5.30	9-1	closed	
Your Local Boots	Sandown	9-5.30	9-5.30	closed	
Seaview Pharmacy	Seaview	9-5.30	9-1	closed	
Boots UK Limited	Shanklin	9-5.30	9-5	closed	
Day Lewis Pharmacy	Shanklin	8.30-6	9-5.30	closed	
Regent Pharmacy	Shanklin	8.30-6	9-5.30	closed	
Boots UK Limited	Ventnor	9-6.30	9-5.30	closed	
LloydsPharmacy	Ventnor	9-5.30	9-1	closed	
Day Lewis Niton	Niton	9-5.30	9-12	closed	
Day Lewis Pharmacy	Wootton	9-5.30	9-1	closed	closed 1 hour for lunch 1-2
Yarmouth Pharmacy	Yarmouth	8.30-6.30	8.30-6	9.30-4	

Appendix E

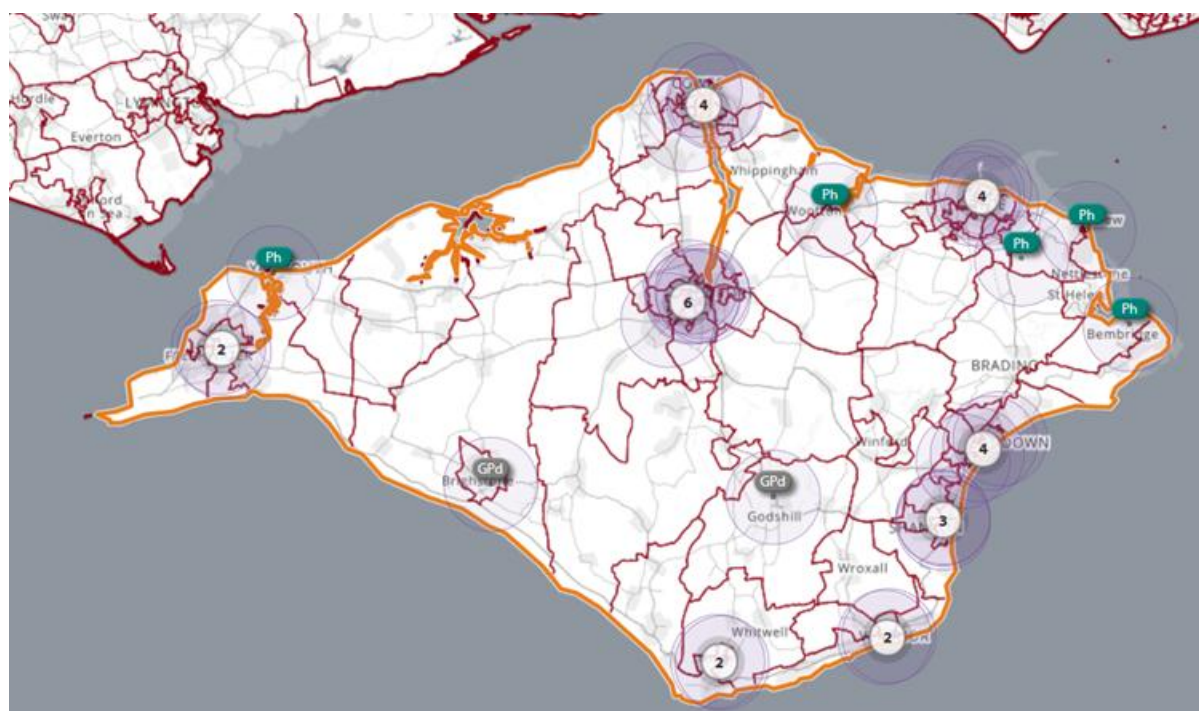
Table showing pharmaceutical services provided by the dispensing GP practices

Pharmacy Services	Niton	Godshill	Brighstone
Emergency Hormonal Contraception	y	y	y
Trimethoprim for Uncomplicated UTI	y	y	y
Out of Hours	n	n	n
Chlamydia Screening	y	y	y
Azithromycin for Chlamydia Treatment	y	y	y
Condom Distribution	y	y	y
Needle & Syringe Programme	Sharps bins replaced		
Supervised Consumption	N/A- has not been required as yet		
Hepatitis B Vaccine	y	y	y
Dry Blood Spot Testing	No but Blood Tests provided at all sites daily		
Seasonal Flu Vaccination	y	y	y
Seasonal Flu Antiviral Medication	y	y	y
Paediatric H1N1 Flu Vaccine	y	y	y
Stop Smoking	y	y	y
COPD Check	y	y	y
Osteoporosis Referral	y	y	y
Pandemic Antiviral Collection Point	y	y	y
Anaphylaxis	y	y	y
Diabetic Sharps Disposal	y	y	y
Platinum Points	y	y	y
Specialist Palliative Care Drugs	y	y	y
MUR Accreditation Completed	In house DRUMS programme (Dispensing Review of Use of Medicine)		
MUR Targeted at Synchronisation	In house DRUMS programme		
MUR Targeted at Asthma	Inhaler technique provided		
MUR Targeted at Glucometer	New machines provided and technique checked		
Provision of MAR	GP conduct annual Med review and quarterly for certain patient groups		
Provision of MDS	y	y	y
Prescription Collection	y	y	y
Minor Ailments	y	y	y
Medicine Use Review	y	y	y
Re-ablement	y	y	y
Wightbren coeliac Scheme	y	y	y
Palliative care service	y	y	y

Appendix F

Information from the 2011 census shows that 22% of the 61085 households on the Isle of Wight do not own a car, 46% own one car, 23% own two and 8% own three plus cars, car ownership is higher than the national average. For members of the public using public transport there is a bus stop within 2 minutes walk of a pharmacy in nearly every area of the Island.

Map showing 1.6 km (1 mile) traveling distance to pharmacies



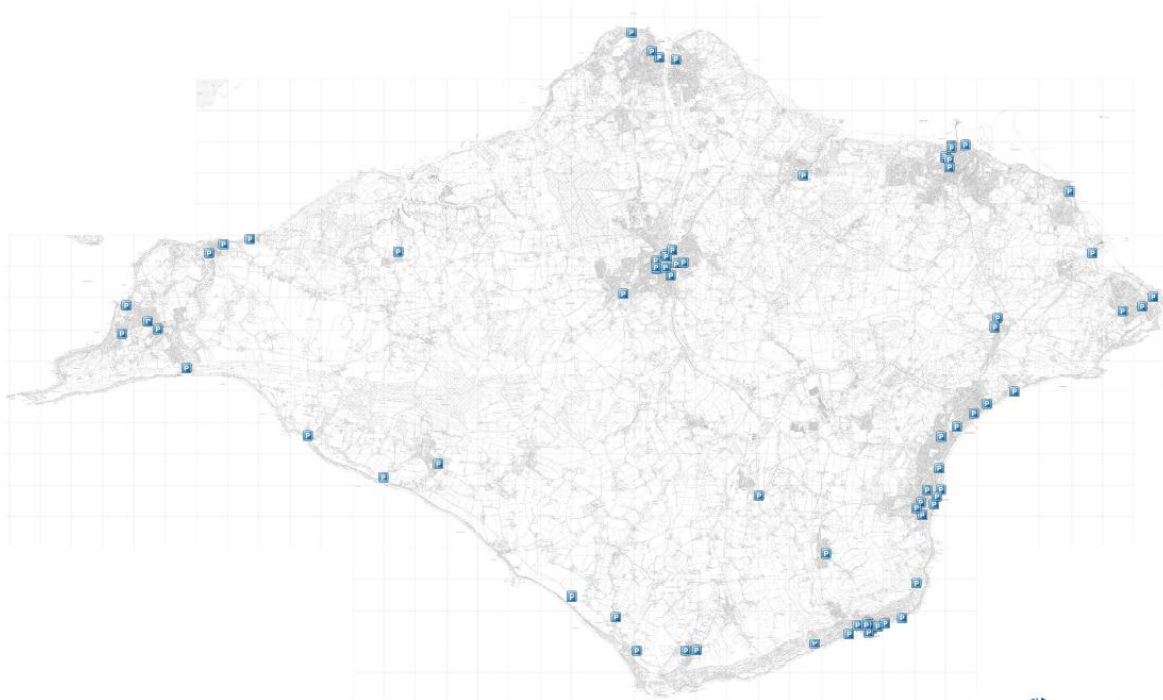
- KEY
- Pharmacy
 - 2 Pharmacies
 - GP Pharmacy
 - Radius 1.6km (1 mile)

Appendix G

The map below shows the location of council run car parks and demonstrates that there is adequate parking to meet the needs of people accessing pharmacies and GP practices. However, there is limited parking at Brighstone GP dispensing surgery and parking becomes most difficult at school pick up times.

The majority of pharmacies have provision for disabled parking within 10m and have good disability access to the pharmacy and consulting areas.

Map showing the location of council run car parks on the Isle of Wight



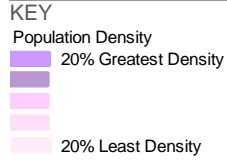
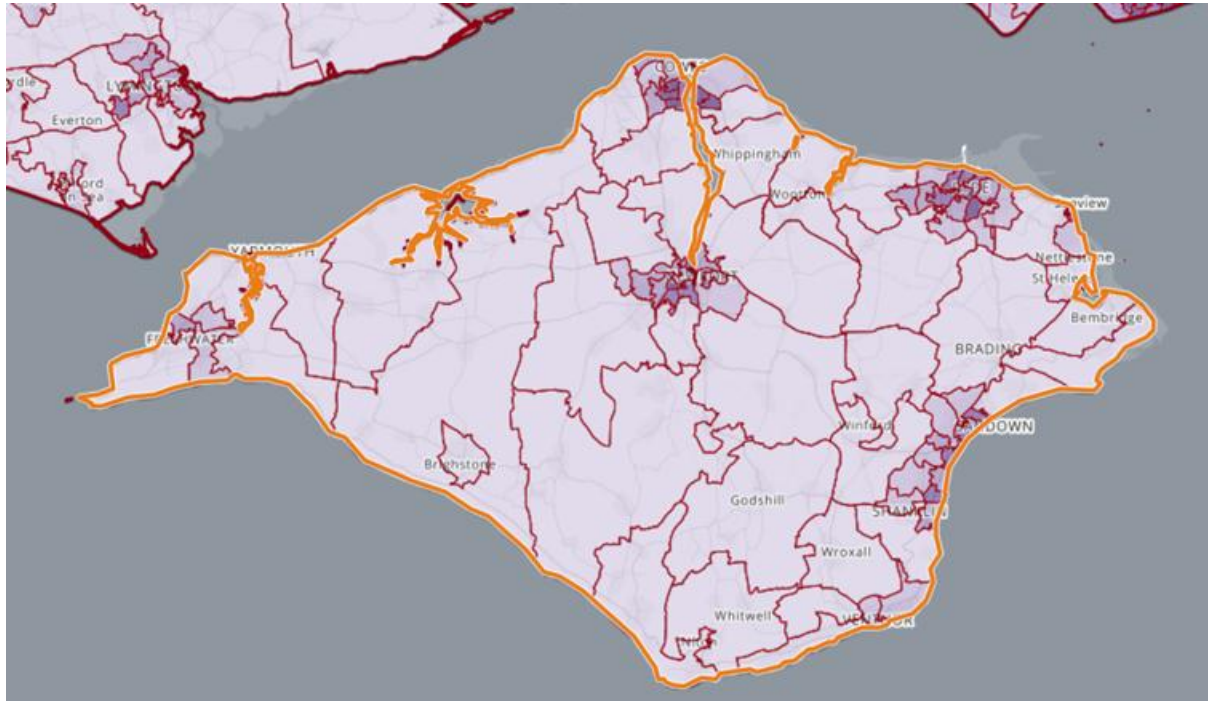
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Appendix H

The population density map shows that approximately 80% of the population are within 1.6 km (1 mile) of a pharmacy.

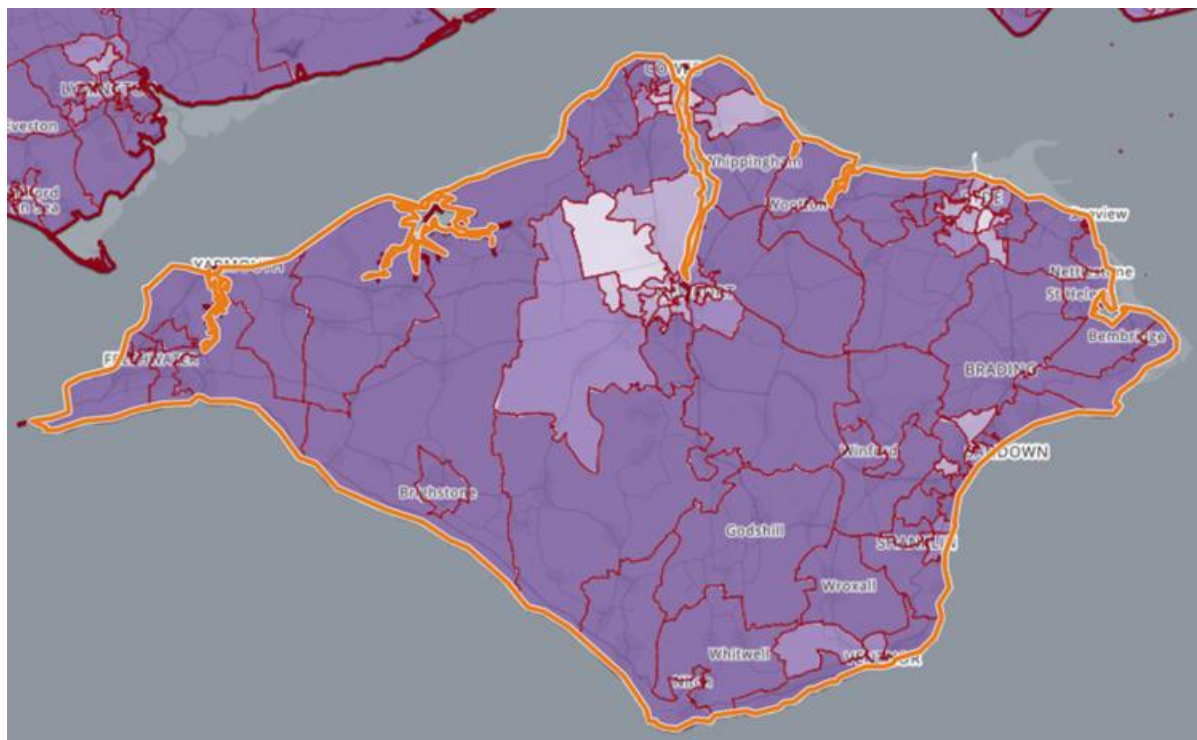
Map showing population density



Appendix I

The darker purple quintile indicates a greater percentage of the population is aged 65 plus; the rural parts are mostly in the upper quintile, therefore the greatest percentage of those aged 65 plus live in rural areas.

Map showing population density aged 65 plus



KEY

Population Density aged 65 and Over

20% Greatest Density



20% Least Density

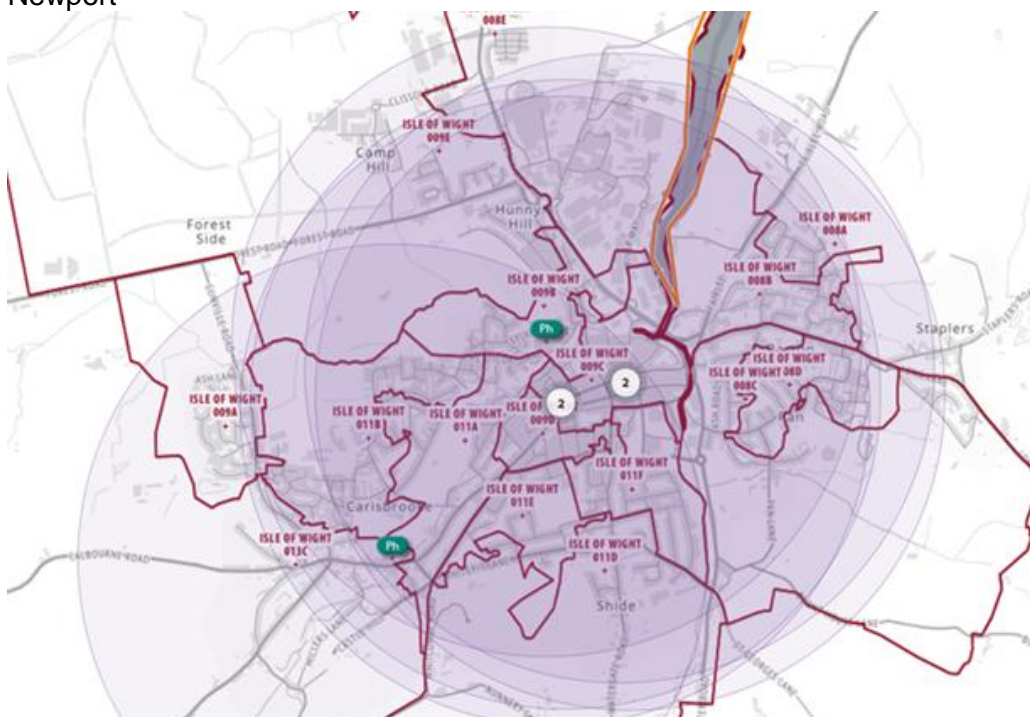
Appendix J

Detailed pharmacy provision maps showing a 1.6K (1 mile) radius

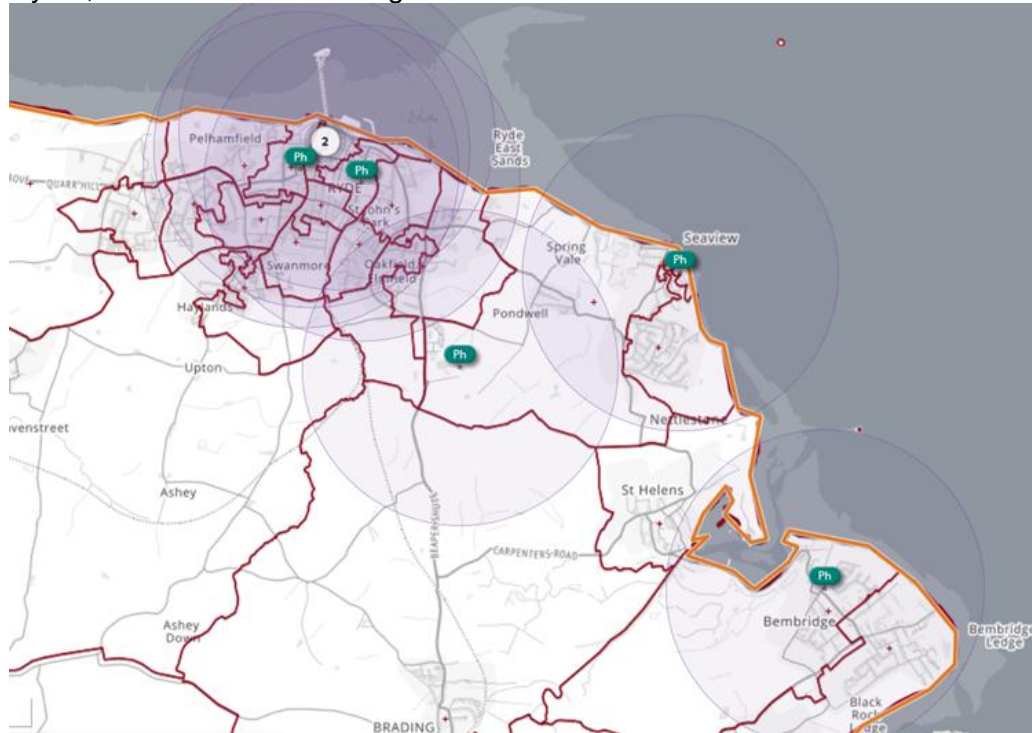
Cowes, East Cowes and Wootton



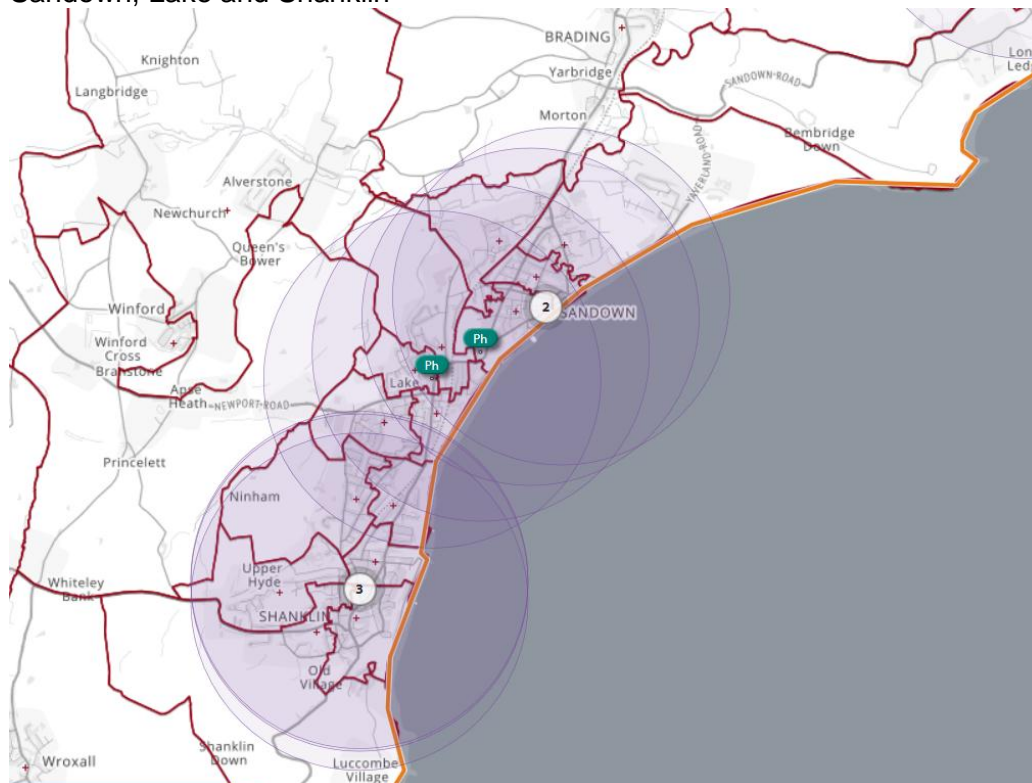
Newport



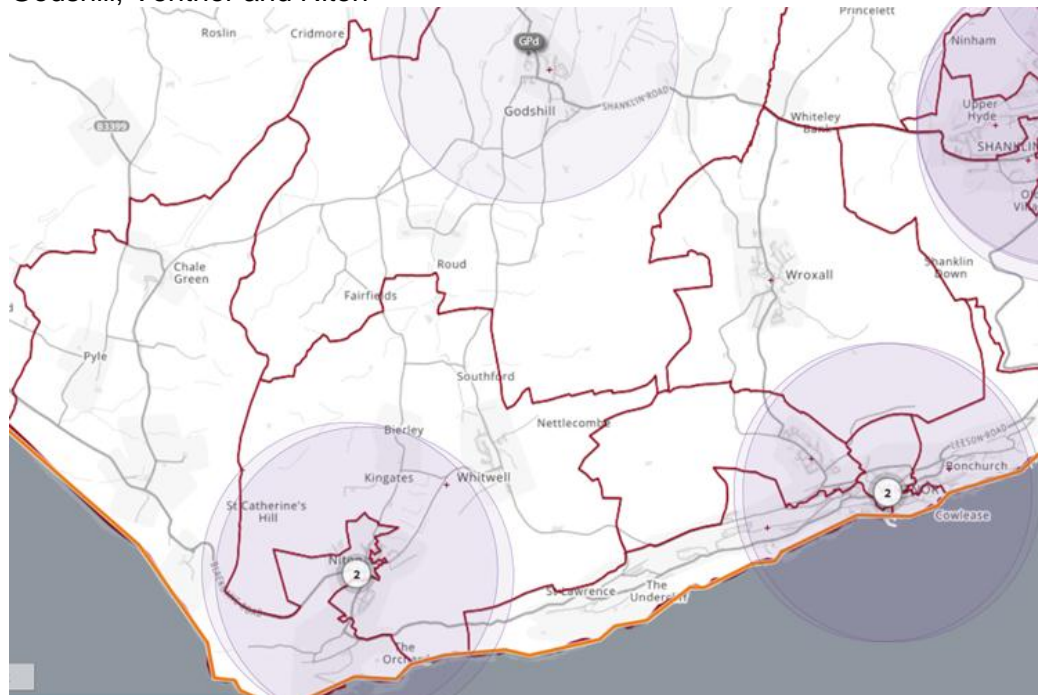
Ryde , Seaview and Bembridge



Sandown, Lake and Shanklin



Godshill, Ventnor and Niton



Freshwater, Yarmouth and Brighstone

