

# **Hampshire Pharmaceutical Needs Assessment**

**2014 - 2018**

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## **Introduction**

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 sets out the requirement for each Health and Wellbeing Board to publish a PNA <sup>1</sup>.

Hampshire's Joint Health and Wellbeing Strategy has been developed by Hampshire's Health and Wellbeing Board (HWB) to address the issues identified in the Joint Strategic Needs Assessment (JSNA) and improve health across the county. This includes ensuring that the right services are delivered where and when they are needed the most, this includes pharmaceutical provision. The PNA assesses the need for pharmaceutical services and how the provision meets current and future needs.

This PNA replaces the assessment undertaken by NHS Hampshire in 2011.

## **Components of the Pharmaceutical Needs Assessment**

The PNA contains information on needs and on provision.

The information on needs is taken from the JSNA . The Hampshire JSNA identifies current and future health and well being needs of the residents in the area covered by Hampshire County Council.

In the context of the PNA the definition of “pharmaceutical services” are those services contained within the NHS Community Pharmacy Contractual Framework (contract) consists of three levels of services as stated above. These are:

- Essential services
- Advanced services
- Enhanced services

The PNA uses the information from the JSNA to identify the need for pharmaceutical services.

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<sup>1</sup> Section 128A of the 2006 Act

## **Accountability**

This PNA has been developed, overseen by a steering group according to the regulations. The steering group included:

- Public Health Consultant lead, Hampshire County Council
- Principal Public Health Intelligence Specialist, Hampshire County Council
- Contracts Manager - Pharmacy from NHS England (Wessex)
- Local Pharmaceutical Committee representative.

This board agreed the process, consultation and development of the document.

The Health and Wellbeing Board will be asked to agree this PNA for publication by April 2015.

## **Definition of localities**

The PNA guidance states that sub localities of the HWB may be considered to give a more detailed assessment. Given the geography and population of Hampshire, the PNA has used localities that match the district local authority areas. These are at a suitable size to give a meaningful assessment whilst also being small enough to relate to population and communities within Hampshire.

## **Engagement and Consultation**

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 A 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.

The consultation is for a minimum period of 60 days.

## **The Needs**

### **Criteria for the assessment of need**

The Department of Health pharmaceutical needs assessment information<sup>2</sup> sets out criteria for the needs assessment. These are as follows; 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.

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.

This information is taken from the JSNA. Hampshire is in the top ten of the largest counties by land area, covering approximately 1,400 square miles which includes 11 district local authorities. These are Basingstoke and Deane, East Hampshire, Eastleigh, Fareham, Gosport, Hart, Havant, New Forest, Rushmoor, Test Valley, and Winchester City.

### **Defining need in relation to pharmaceutical services**

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.

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<sup>2</sup> <https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack>

## Demography of the area

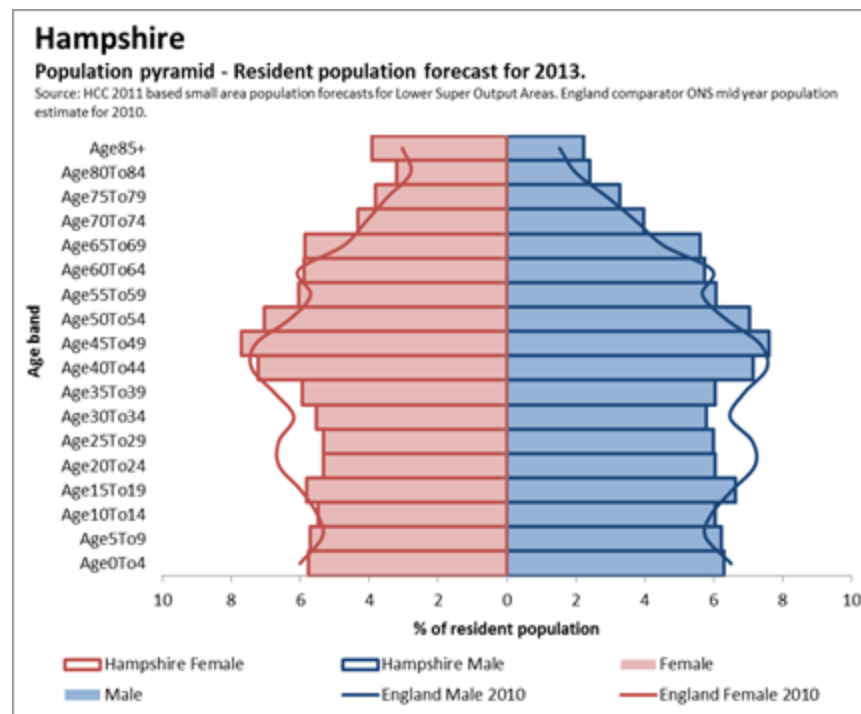
The population of Hampshire is estimated to be 1.32 million people in about 545,000 households, making it the third most populous county in England after Kent and Essex.

The population is continuing to grow, although slower than the England rate with a significant decrease in the proportion of teenagers and younger working age adults compared to England. The proportion of the population aged 20-39 is projected to decline slightly from 23% in 2011 to 21.7% in 2021.

As people live longer, despite a rising birth rate, the age structure has an increasing proportion of older people. 18.5% of the Hampshire population is aged 65 and over compared to 17.2% regionally and 16.3% nationally. An estimated 28.8% of the population of Hampshire will be aged 65 or older in 2021, higher than regional (25.8%) and national averages (24.3%).

Nearly one quarter (23.5%) of Hampshire's population is under the age of 20 and this proportion is projected to remain broadly the same between now and 2021.

**Figure 1:**



## Differences in the population

There is variation in Age profile between districts. New Forest district has an older population with an average age of 47 years, whilst the average age for the Borough of Rushmoor is 11 years younger at 36 years. Rushmoor and Basingstoke and Deane have the highest proportions of their population of working age (aged 18 to 64 years), whilst New Forest has the highest proportion of retirement aged people (aged 65 and over). Basingstoke and Deane, Hart and Rushmoor have the largest proportions of their population consisting of children and young people (aged less than 20 years).

There are inequalities between areas within Hampshire. Havant has the highest percentage of residents living in one of the 20% most deprived areas of England. Hart appears as the least deprived area. This is illustrated by the variation in life expectancy between and within the districts.

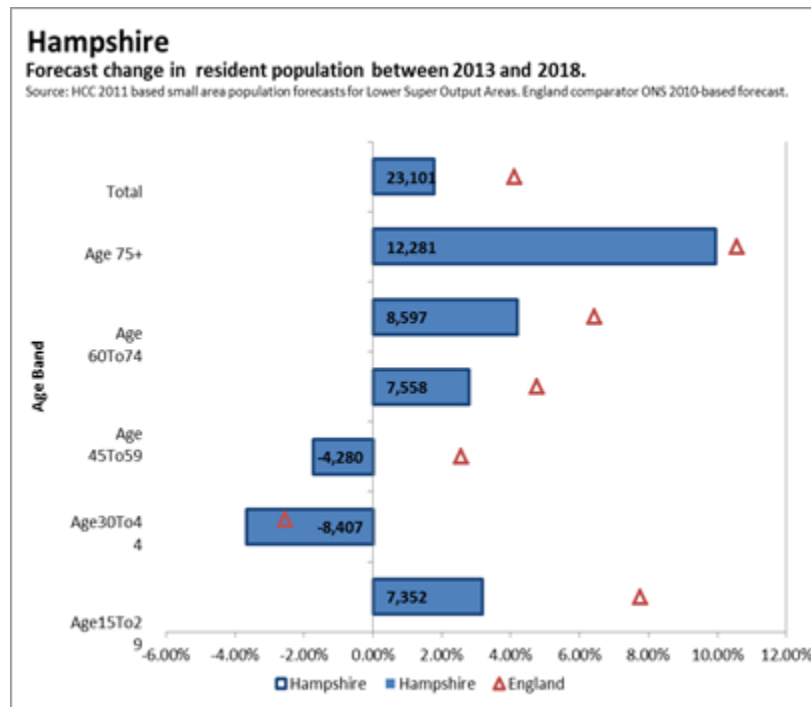
Estimates show that people living in Hampshire have generally better health outcomes than the England average. Smoking, and binge drinking rates are below the England average and the levels of healthy eating higher than average (these estimates are survey based and may differ from the district rates modelled), however, although the death rate from smoking is low, it is estimated that smoking accounts for nearly 1700 deaths in Hampshire every year. However the level of adult obesity is about average when compared to England.

There is increasing diversity across the county. The 2011 census identified 95% of the population as of a white ethnic group (91.8% 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'). However, this proportion has dropped since the 2001 Census when the 'white' ethnic group stood at 97.8% of the population of Hampshire. Asian ethnic groups make up the largest non-white categories across Hampshire, 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).

At district level the projections 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. However, all districts are projected to see numerical increases in their child and young people populations (aged 0-19 years).



**Figure 2:**



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. Different data sources use different definitions of migration, so estimates of current levels as well as trends are hard to predict and plan for.

Migration can be considered in two categories: internal (migration within a country); and international (between countries). Figures suggest that most migration into and out of Hampshire is internal. Office for National Statistics 2010 estimates showed that of the 54,800 people who migrated into Hampshire, only 8.4% were from overseas. Similarly, of the 50,000 who left Hampshire, just 8.2% were estimated to have moved overseas.

## Urban/rural

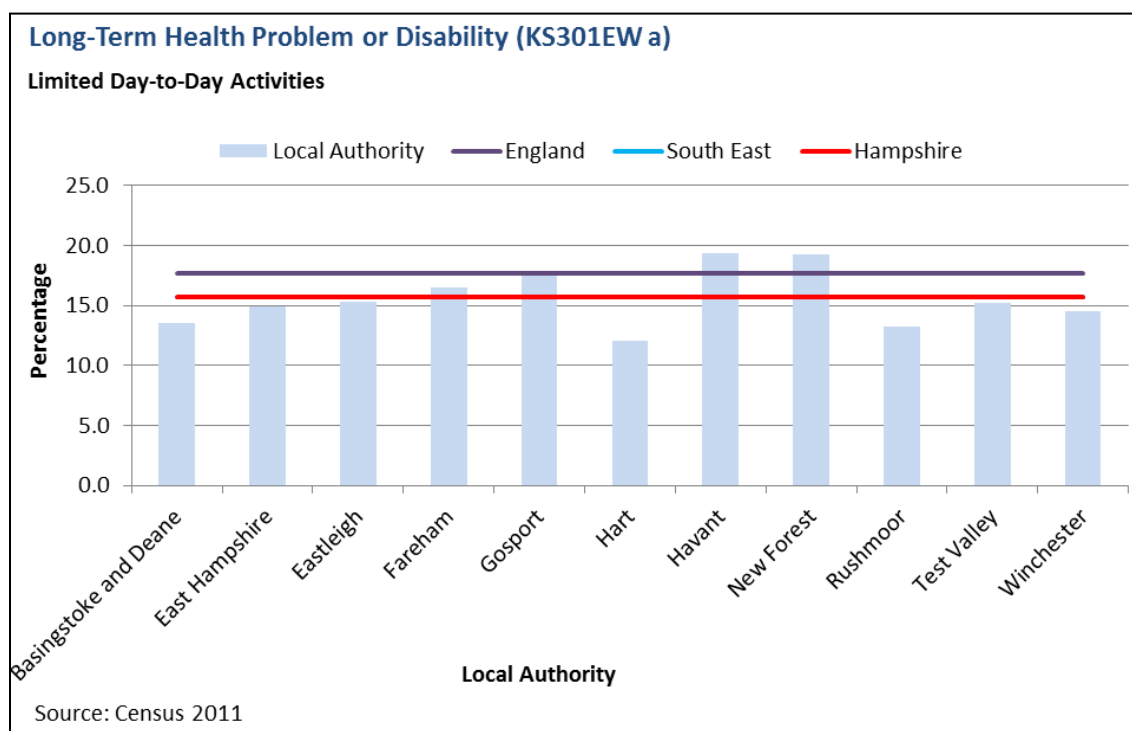
This is a key variation that needs consideration for assessing pharmaceutical need. The majority of Hampshire's land is classified as rural (85%), but only 23% of Hampshire's population live in rural areas. 77% live in the 15% of Hampshire that is categorised as urban<sup>3</sup>.

<sup>3</sup> Source: Hampshire County Council's 2012 based Small Area Population Forecasts

Hampshire has a lower population density than the national average with 3.6 people per hectare compared to 4.5 people per hectare for the South East of England and 4.1 nationally<sup>4</sup>. Gosport, Rushmoor and Havant remain the most densely populated districts within Hampshire and have population densities much higher than the regional and national averages. There are 24.0 people per hectare living in Rushmoor, 32.6 people per hectare in Gosport, and 21.8 people per hectare in Havant<sup>5</sup>.

The health of the population varies by district and within district. When looking at census data for *limited day to day activities* Hart has the healthiest population and Havant and New Forest have the greater percent of people who state they have *limited day to day activities*.

**Figure 3:**



## Military

There area number of military bases within Hampshire with plans to ‘rebase’ staff as part of a wider forces review. The pharmaceutical needs of the military are in

<sup>4</sup> Nationally refers to England

<sup>5</sup> (Census, 2011).

the main met by the military service. However the health needs of families and dependents moving to the area will be the responsibility of the CCGs and therefore relevant for the pharmaceutical needs assessment.

## Offenders

The pharmaceutical needs of prisoners and those in the Immigration Removal Centre in Hampshire are met by the services within the walls of those establishments.

## Pharmaceutical services outside of Hampshire

Hampshire is surrounded by a number of other local authorities including counties and cities. These may increase access and choice of pharmaceutical services to those populations living on the edge of Hampshire. The cities to the South of the County provide increased coverage to those people living near Southampton or Portsmouth. These centres also provide out of hours primary care facilities for Hampshire residents. This means that prescriptions written out of hours can be dispensed in these areas. Figure 4 on page 16 maps all pharmacies on the edge of Hampshire.<sup>6</sup>

## NHS services provided in or outside its area which affect need

NHS services that affect need are those that lead to a prescription being dispensed. For Hampshire these are the GP practices and the Out of Hours primary care services. These are based in the urban centres of Hampshire and its borders.

**Table 1:**

<b>Out of Hours Centres</b>	
Andover War Memorial Hospital, Andover	Basingstoke and North Hants Hospital, Basingstoke
Royal South Hampshire County Hospital, Southampton	Frimley Park Hospital, Frimley, Surrey
New Forest Hospital, Lymington	Chase Community Hospital, Bordon
Totton, Primary Care Centre (Health Centre), Totton	Gosport War Memorial Hospital, Gosport
Royal Hampshire County Hospital, Winchester	Queen Alexandra Hospital, Cosham, Portsmouth
Ringwood Medical Centre, Ringwood	

<sup>6</sup> Based on information from NHS England accessed in June 2014

## Dispensing and pharmaceutical services choice

For the purposes of the PNA pharmaceutical services include:

- *essential services*- which every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service – the dispensing of medicines, disposing of unwanted medicines, promotion of healthy lifestyles, sign posting and support for self-care.
- *advanced services*- services community pharmacy contractors can provide subject to accreditation as necessary – these are Medicines Use Reviews and the New Medicines Service for community pharmacists and Appliance Use Reviews and the Stoma Customisation Service for dispensing appliance contractors; dispensing appliance contractors can only provide the latter 2 services.
- *enhanced services* commissioned by NHS England.
- *other relevant services* - dispensing doctors.

Whilst not a pharmaceutical service as defined for the purposes of a PNA<sup>7</sup>, a community pharmacy may also provide a range of health services (as part of community provision). This information is not part of the PNA but will be referenced in other needs assessments and documents.

Pharmacy owners (contractors) must provide Essential services, but they can choose whether they wish to provide Advanced and Enhanced services. This is subject to meeting the delivery requirements.

In Hampshire there are no enhanced services currently commissioned by NHS England on a long term basis. A flu vaccination service has been commissioned with commissioning decisions being made on an annual basis with no current commitment to future commissioning. The impact of this on uptake and disease prevalence will need further evaluation.

## Current provision of Essential services

Services which every community pharmacy providing NHS pharmaceutical services must provide is set out in their terms of service – the dispensing of

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<sup>7</sup> the dispensing of medicines, promotion of healthy lifestyles and support for self-care;

medicines, repeat dispensing, disposal of waste medicines, promotion of healthy lifestyles through promotional material, signposting

## Pharmacy contractors

In 2013 across England, 1.0 billion prescription items<sup>8</sup> were dispensed in the community This is approximately 22 million across Hampshire. This has increased by 3% from 2012. The most commonly prescribed items are Lipid-regulating drugs; Aspirin; Thyroid and anti-thyroid drugs; Anti-secretory Drugs & Mucosal Protectants; Hypertension and Heart Failure Drugs.

As of March 2014 NHS England (Wessex) has 239 pharmacy contractors on its list in Hampshire. Of these 3 are Distance Selling Pharmacies not specifically serving the local population but available to anyone within England.

The remaining 23 are pharmacy contractors operating as 100 hour contracts, standard 40 hour contractors or Essential Small Pharmacy Local Pharmacy Services (EPS LPS) contracts.

Since 2010 the number of pharmacy contracts has grown by over 6%. The breakdown of contractor types and the changes since 2005 are shown below.

**Table 2:**

Pharmacy Contract Type	Description	2005	2010	2014
Standard 40 hours contract	Open for a minimum 40 hours per week. Applications for standard 40 hour pharmacies have to meet the market entry test defined in the regulations	184	201	206
100 hour opening	Open for 100 hours. Formerly an exemption to the control of entry test. Exemption for new contracts no longer applies but existing 100 hour pharmacies must comply with the requirement to open for 100 hours per week.	1	16	27
Essential Small Pharmacy LPS	A pharmacy contracted in a location where a 40 hour pharmacy would not be commercially viable <sup>9</sup>	9	6	3

<sup>8</sup> These are medicines prescribed by a doctor on a script and dispensed by a pharmacist

<sup>9</sup> ESP LPS Contracts are a type of local pharmaceutical services (LPS) contract that replaced the former essential small pharmacy scheme (ESPS) which was set up in order that pharmacies located in areas that could not otherwise support a

Distance Selling	These services cannot provide the services face to face on the premises. They must comply with the same terms of service as other pharmacies providing NHS services, but applications are excepted from the market entry test.	0	4	3
Dispensing Appliance Contractor	Dispensing appliance contractors, supply various appliances such as incontinence and stoma products. They are not able to supply medicines. These are often serving a national population.	0	0	0
<b>Total</b>		194	227	240

Patient access to pharmacies within Hampshire is good. Across England there are on average 20 pharmacies per 100,000 population. Hampshire has similar provision. Nearly 87% of pharmacies open on a Saturday and there is good 'out of hours' availability across all areas. There are 28 pharmacies across Hampshire which provide 100 hour pharmacy service and 52 pharmacy services open on a Sunday (22%). (Refer to locality sections for further details)

The table highlights the number of pharmacies per population. In some of the rural areas there are also GP practices with consent to dispense. Dispensing doctor practices dispense prescriptions but do not provide the full range of essential services and any other additional benefits a community pharmacy may bring to patients and the public.

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pharmacy operating under the national terms of service would be provided with a minimum guaranteed income for the provision of essential services to ensure that they were financially viable. The arrangements for ESP LPS contracts will terminate on 31 March 2015. The pharmacies have an automatic right of return to the pharmaceutical list.

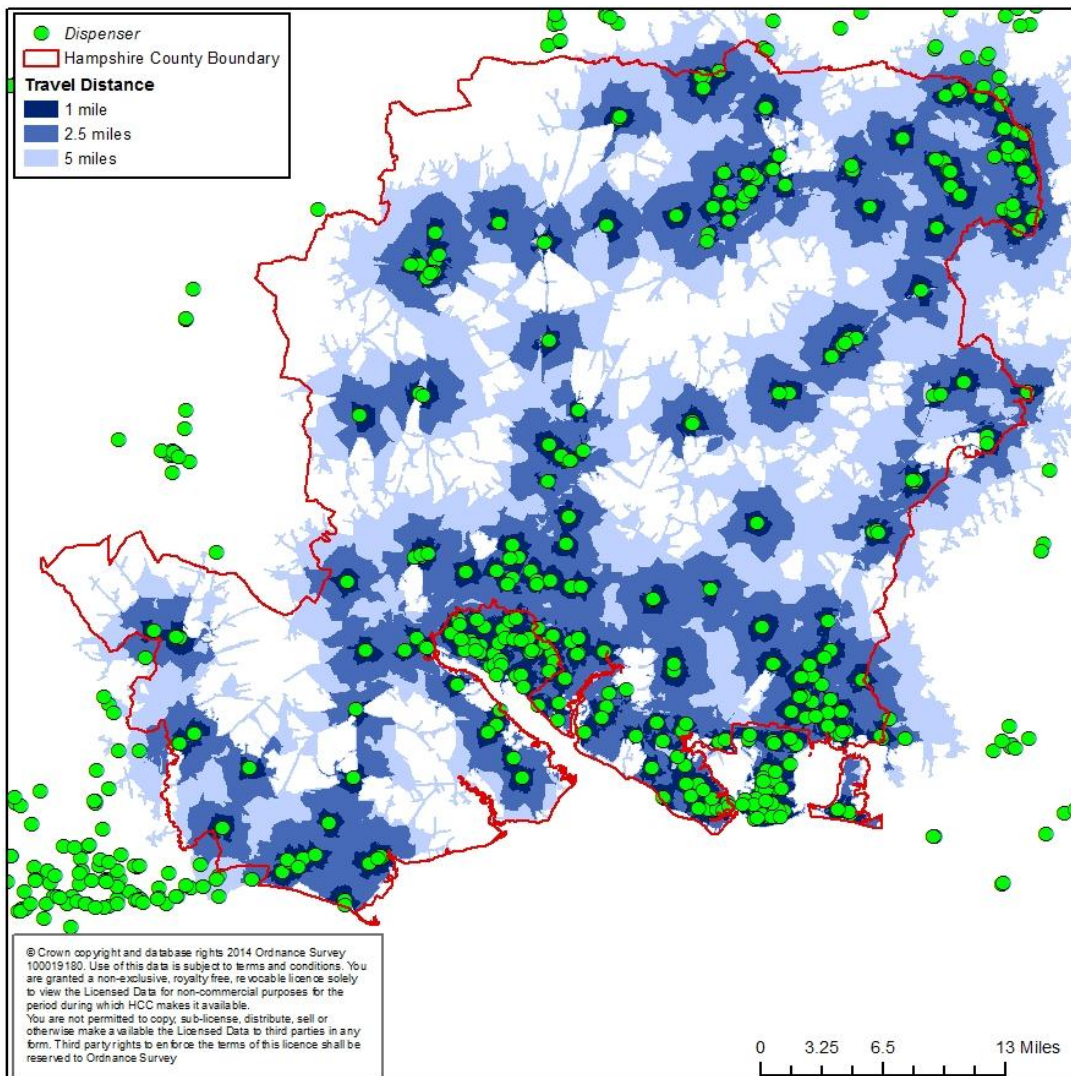
**Table 3:**

Local Authority Area	Number of pharmacies per area	2014					
		Total Population			Population aged 65+		
		Estimated Resident Population	Population per pharmacy	Pharmacies per 100k population	Estimated Resident Population	Population per pharmacy	Pharmacies per 100k population
<b>Hampshire</b>	<b>241</b>	<b>1309292</b>	<b>5433</b>	<b>18.4</b>	<b>258584</b>	<b>1073</b>	<b>93.2</b>
Basingstoke and Deane	27	168263	6232	16.0	28118	1041	96.0
East Hampshire	20	114639	5732	17.4	22043	1102	90.7
Eastleigh	23	123898	5387	18.6	21917	953	104.9
Fareham	17	111368	6551	15.3	23954	1409	71.0
Gosport	15	79814	5321	18.8	15291	1019	98.1
Hart	17	89831	5284	18.9	15897	935	106.9
Havant	31	116892	3771	26.5	26294	848	117.9
New Forest	37	173699	4695	21.3	46331	1252	79.9
Rushmoor	21	96906	4615	21.7	13332	635	157.5
Test Valley	18	115556	6420	15.6	21790	1211	82.6
Winchester	16	118426	7402	13.5	23617	1476	67.7

### Travel distance

The travel maps highlight those areas which are 1, 2.5 and 5 mile road travel from a pharmacy. 73% of the Hampshire area is within 5 road miles of a pharmacy. Those outside are very rural areas without roads often used for recreation. The areas with higher population density have nearer provision of pharmacy.

**Figure 4:**



Many pharmacies provide a home delivery service as part of their business operating model. This may increase access to prescribed medicines by enabling people to receive prescriptions directly to their own home. Delivery services are provided by contractors but not as part of their contractual framework and these can be changed or withdrawn at any time.

### **Appliance contractors**

Currently there are no dispensing appliance contractors registered within Hampshire. People requiring such services tend to use specialist non face-to-face services provided by appliance contractors at a distance from their homes due to the specialist nature of the equipment. However if people want to obtain appliances locally these can be provided by local pharmacies.



## **Distance selling pharmacy**

Distance-selling pharmacies are pharmacies at which essential services are to be provided from registered premises but the means of providing those services are such that all persons receiving them do so otherwise than at those premises.

It is a condition of their inclusion on a pharmaceutical list that they do not offer to provide essential services face-to-face to persons who are present at their premises. Services are delivered for example via the internet, by telephone, by post and courier.

There are 3 distant selling pharmacies based in Hampshire. These will serve people from anywhere in the whole of Hampshire and the rest of England. Likewise distance selling pharmacies in other parts of the country will be available for serving the Hampshire population.

## **Dispensing Doctors**

Dispensing doctors are general practitioners (GPs) who provide primary healthcare to People registered as patients with their practices who live in very rural areas. Nationally nearly 3.8 million of these patients live remotely from a community pharmacy. The dispensing doctors are allowed to dispense the medicines they prescribe for these patients. The provision for doctors to provide pharmaceutical services in certain circumstances has been made in various NHS Acts and Regulations. These circumstances are in summary:

- a patient satisfies the organisation that they would have serious difficulty in obtaining any necessary drugs or appliances from an NHS pharmacist by reason of distance or inadequacy of means of communication (often known as the “serious difficulty” test which can apply anywhere in the country); or
- a patient is resident in an area which is rural in character, known as a controlled locality, at a distance of more than one mile (1.6km) from pharmacy premises (excluding any distance selling premises). The pharmacy premises do not have to be in a controlled locality.

There are currently 26 dispensing doctor practices providing services at 33 premises Hampshire serving the rural communities increasing access to dispensing services where there may be limited access to community pharmacy services. These are shown on the map below.

Figure 5:

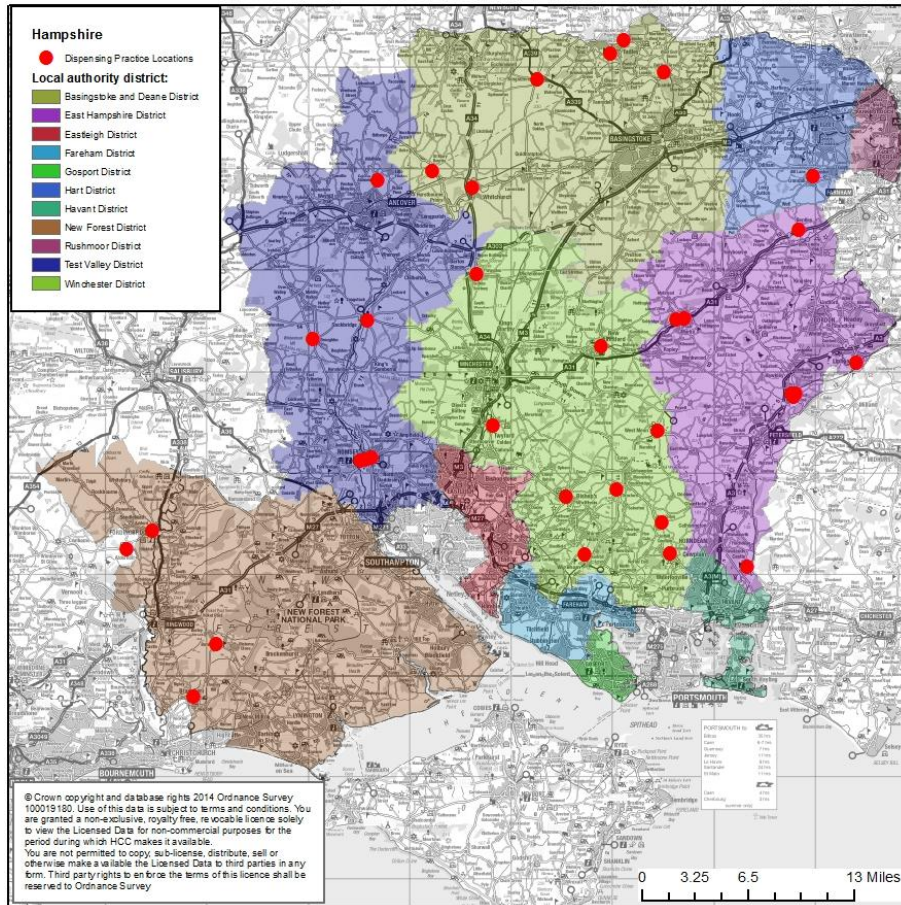


Table 4:

Local Authority District	Number of dispensing practice locations
Basingstoke and Deane	6
East Dorset(served by a main practice in Hampshire)	1
East Hampshire	8
Hart District	1
New Forest	3
Test Valley	6
Winchester	9
<b>Total</b>	<b>34</b>

Most of these are in rural areas with some in small towns. 64% (21 premises) of the dispensing doctors are within 1 mile (1.6km) of a pharmacy and of those 48% (16 premises) are within ¼ mile. The pharmaceutical needs for those in urban areas could now be met by the pharmacy provision located nearby. Some of

these services are based on historic provision with no ability to review in the regulations.

## Essential Small Pharmacies

The number of Essential Small Pharmacies has reduced year on year in Hampshire. This is in line with standard provision increasing. The 1 ESP is within 1 mile of another pharmacist and 3 are further afield. Essential Small Pharmacy LPS comes to an end when the contract terminates on 31/3/15. These pharmacies may continue as standard pharmacies or may choose to close.

ESPLPS		Distance (Miles)
Pharmacy Direct, SO51 6BT	Lloydspharmacy, SO51 8BZ	4.8
Forest Pharmacy, SO40 2NA	A R Pharmacy, SO40 8WU	2.5
Buckskin Pharmacy, RG22 5AZ	Nearest Pharmacy	1.8
Rowlands Pharmacy, PO9 4JX	Rowlands Pharmacy, PO9 4AB	0.9

The Buckskin and Rowlands pharmacy service areas of deprivation and it would maintain improvements and better access. The Pharmacy Direct pharmacy provides a services for people in Wellow and if this were to close then there would be a gap in provision.

## **Advanced services**

These are additional services that community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation as necessary – these are Medicines Use Reviews; New Medicines Service, Appliance Use Reviews and the Stoma Customisation Service. The latter two for dispensing appliance contractors

### **Medicines Use Review (MUR)**

In this aspect of the service the pharmacist conducts an adherence focussed medicines review with the patient. The review assesses the patient's use of their 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 service aims 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.

From April 2015 community pharmacies must carry out at least 70% of their MURs within any given year on patients in one or more of the agreed target groups. At least half of the MURs provided each year must be for patients who fall within one of the national target groups:

- patients with respiratory disease (e.g. asthma and COPD),
- patients recently discharged from hospital,
- patient taking a 'high risk' medicine (NSAIDs, anticoagulants, antiplatelets and diuretics).
- patients at risk of or diagnosed with cardiovascular disease and regularly being prescribed at least four medicines.

In Hampshire all except 17 pharmacies provide the MUR service, providing good coverage across the whole population.

### **New Medicine Service (NMS)**

This service is designed to improve patients' understanding of a newly prescribed medicine for a long term condition, and help them get the most from the medicine. If a patient is prescribed an anticoagulant (a blood thinning medicine) or a medicine to treat asthma or chronic obstructive pulmonary disease (COPD),

type 2 diabetes or high blood pressure for the first time, the NMS is available to provide advice about the medicine.

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 information. The NMS has been designed to fill this identified gap in patient need.

The pharmacist will provide the patient with information on their new medicine and how to use it when it is first dispensed. The pharmacist and patient will then agree to meet or speak by telephone in around a fortnight.

At this second stage of the service the pharmacist will discuss with the patient how they are getting on with their new medicine. Further information and advice on the use of the medicine will be provided and where the patient is experiencing a problem the pharmacist shall seek to agree a solution with the patient.

A final consultation (typically 21-28 days after starting the medicine) will be held to discuss the medicine and whether any issues or concerns identified during the previous consultation have been resolved. If the patient is having a significant problem with their new medicine the pharmacist may need to refer the patient to their GP.

In Hampshire all except 17 pharmacies provide the NMS and/or MUR service, providing good coverage across the whole population. However when looking at data for one month this highlights that approximately 40% have not made a claim in the month of February<sup>10</sup> highlighting the low uptake of this service.

**Table 5:**

Local Authority	Number of MUR/NMS (February 2014)	Number of pharmacies with no record of MUR / NMS claim
Basingstoke and Deane	523	2
East Hampshire	478	3
Eastleigh	316	1
Fareham	246	0
Gosport	424	0
Hart	376	1
Havant	647	2
New Forest	1168	2
Rushmoor	351	3

<sup>10</sup> Latest data available at time of writing report.

Test Valley	362	2
Winchester	299	1
Hampshire	5190	17

### **Recommendation**

A review of the uptake and quality of the MUR and NMS service locally should be undertaken to ensure best use of this service by patients with Long Term Conditions

## **Appliance Use Review Service**

This service is similar to the MUR service, but it aims to help patients better understand and use their prescribed appliances (e.g. stoma appliances) rather than their medicines by:

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

The service is conducted in a private consultation area or in the patient's home.

There have not been any appliance use reviews undertaken in pharmacies. This corresponds to the majority of appliances being supplied through specialist national providers.

## **Stoma Customisation Service**

The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

The data available does not give a clear picture of activity in pharmacies as payment is made for every eligible prescription where a contractor has declared that they are providing the service. Not all eligible items will require customisation. There are 54 pharmacies in Hampshire that have received payment in the last financial year for stoma customisation.

## **Enhanced Services**

The following enhanced services which may be commissioned by NHS England from 1 April 2013 in line with identified needs are:

- 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
- Minor ailment service
- Needle and syringe exchange service
- On demand availability of specialist drugs
- Out of hours service
- Patient group direction service
- Prescriber support service
- Schools service
- Screening service
- Stop smoking service
- Supervised administration service
- Supplementary prescribing service
- Emergency supply service

In Hampshire there are no enhanced services currently commissioned by NHS England on a long term basis. A flu vaccination service has been commissioned with commissioning decisions being made on an annual basis with no current commitment to future commissioning.

The needs for these services will be identified in the Joint Strategic Needs Assessment for Hampshire. If a need is identified, the services to meet these needs may be provided from many providers which could include pharmacies. To date a need has not been identified that required NHS England to commission a service from a community pharmacy. This may be due to lack of need or provision being met elsewhere e.g. GP practice, hospital services.

Hampshire County Council and CCGs in Hampshire commission services from community pharmacies in line with the Joint Strategic Needs Assessment. The following services are commissioned from community pharmacies in Hampshire outside the community pharmacy contractual framework:

Hampshire County Council:

- Needle and syringe exchange service
- Chlamydia screening
- Stop smoking service
- Supervised methadone service
- Patient group direction service (emergency contraception)

CCGs

- On demand availability of specialist drugs

## **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.

## **Other Services**

### **Translation services**

There is no formal translation service for people whose first language is not English within community pharmacy services in Hampshire. However it is a duty of the pharmacy under the equality act to ensure no one is disadvantaged. This is particularly important for the 3.2% of the population of the population who do not have English as a firstly language or the 0.5% cannot speak English well or at all<sup>11</sup>.

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<sup>11</sup> ONS Crown Copyright Reserved [from Nomis on 22 December 2014]



## Healthy Living Pharmacy (HLP)

HLP is a nationally recognised programme enabling pharmacies to deliver health and well-being services, promoting health and providing proactive health advice.

Key elements of the HLP framework 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.
- A Healthy Living Champion worker.

This concept is rolling out in Hampshire with a number of pharmacies working towards accreditation. Whilst this is a potentially important service for the health of the people of Hampshire this does not form part of the PNA.

### **Recommendation**

This service will need clear on going specification and regular evaluation of outcomes to ensure effectiveness of services.

## Locally commissioned services

Community pharmacies are well placed as a community health care provider with high footfall. Nationally 99% of the population live within 20 minutes travel time of a community pharmacy with 96% walking or by public transport, and nationally 1.6 million patients visit a pharmacy each day in England.<sup>12</sup> Hampshire community pharmacies are commissioned by Hampshire County Council and local Clinical Commissioning Groups to provide a range of services for their community including a number of lifestyle and public health services. The provision of these services within pharmacy may or may not fully or partially meet a need. This is beyond the scope of the PNA which is required to look at pharmaceutical services.

However locally commissioned services are not defined as pharmaceutical services and therefore do not form part of the national Community Pharmacy Contractual Framework or play any part in market entry.

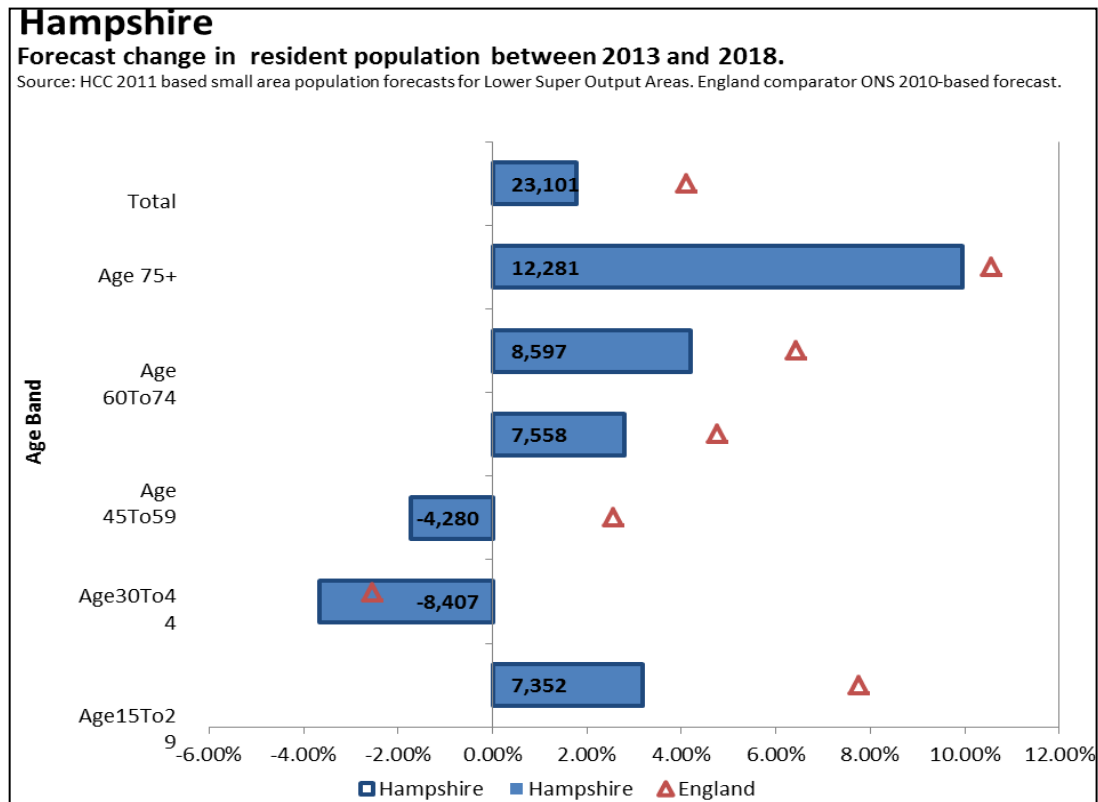
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<sup>12</sup> Pharmacy in England: building on strengths – delivering the future  
[www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/228858/7341.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/228858/7341.pdf)

## Future need

The need for services that will be informed by the population of Hampshire is set to grow by about 2% (23,000 people). This is alongside 11,398 planned new dwellings across the county.

**Figure 6:**



With no additional premises there would be a marginal decrease in the number of pharmacies per 100k people from 18.4 to 18.1. The predominance of population or housing growth is in areas within 5 miles from existing pharmaceutical provision. Further details are given in the locality sections.

**Table 6:**

Local Authority Area	Number of pharmacies per area	2019					
		Total Population			Population aged 65+		
		Estimated Resident Population	Population per pharmacy	Pharmacies per 100k population	Estimated Resident Population	Population per pharmacy	Pharmacies per 100k population
<b>Hampshire</b>	<b>241</b>	<b>1332745</b>	<b>5530</b>	<b>18.1</b>	<b>279179</b>	<b>1158</b>	<b>86.3</b>

## Locality Needs

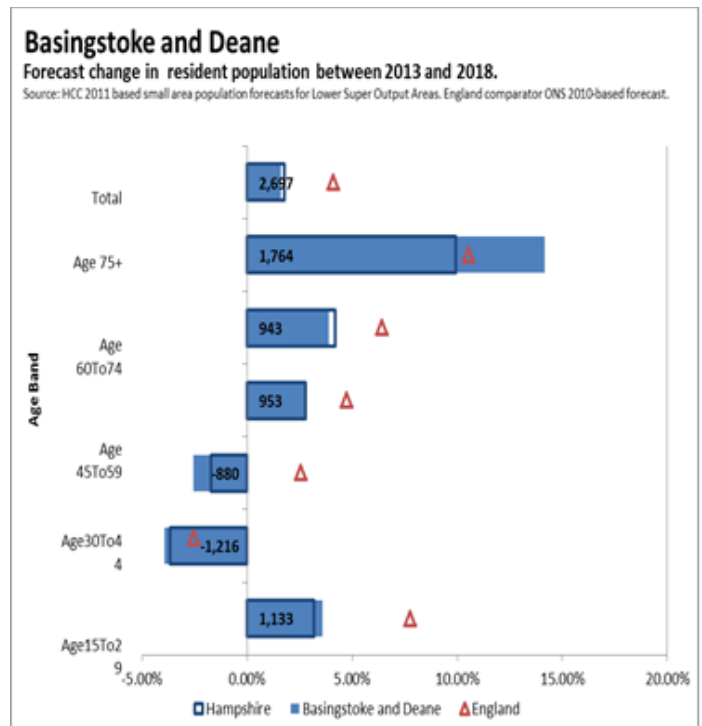
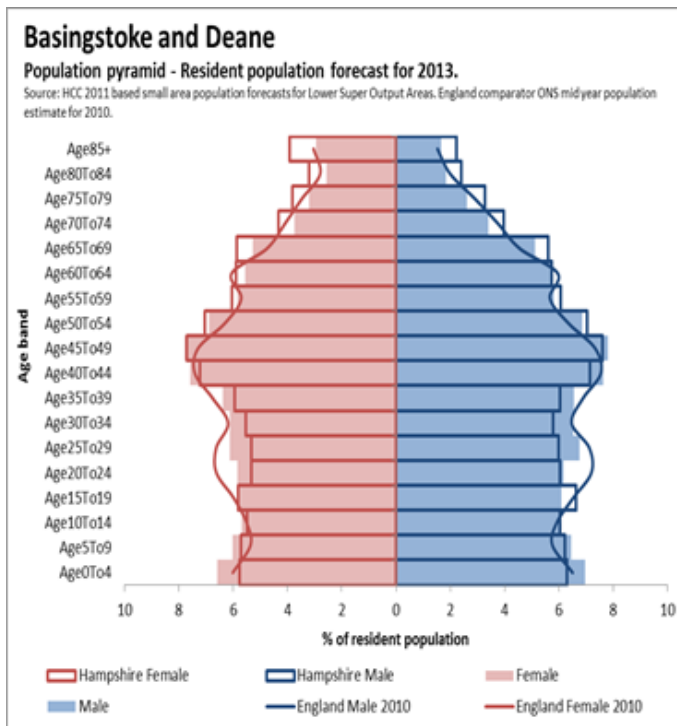
Detailed locality information is considered under necessary services. A summary for each locality is given below.

## Basingstoke and Deane

Within Basingstoke and Deane the population is slightly younger than the Hampshire population. There is a population of 168,000 people living in both urban and rural areas. Deprivation is lower than average, however about 4,200 children live in poverty. Life expectancy for men is higher than the England average. Pockets of deprivation exist in South Ham, Popley East and Chineham wards in Basingstoke affecting a substantial number of people who are consequently likely to have poorer health. 88.2% of Basingstoke and Deane's resident population are estimated to be of ethnic group 'White British', those in other ethnic groups increased from 6.5% to 11.8% over the period between 2001 and 2011 census.

Over the next 3 years there is an expected growth of over 2,500 people with over 50% being in the over 75s. There is a growth of nearly 200 new dwellings planned by 2018. The majority of these are in the town of Basingstoke.

**Figure 7 and 8:**



## Pharmacy provision

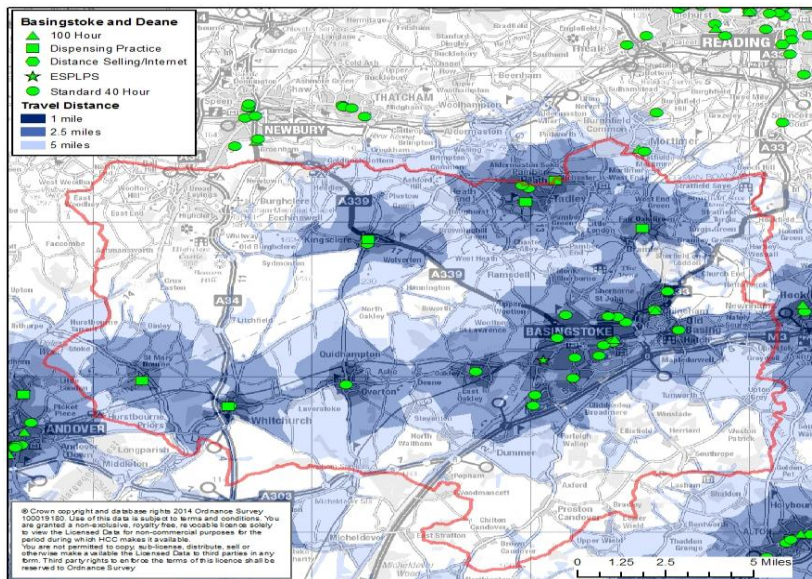
There are 27 community pharmacies throughout this area. This includes a 100 hour pharmacy and an essential small pharmacy. Throughout Monday to Friday there is good out of hours provision available. 15 pharmacies are open after 5pm and a further 3 opening later into the evening with the latest being 23.00. Additionally 2 sites open before 8am.

Weekend coverage is comprised of 12 pharmacies with open times covered from 06:30 to 22:00 on a Saturday and 6 pharmacies open through the day with one opening into the evening. These are distributed throughout the locality. On Sunday there are 7 pharmacies with opening times into the evening up to 21:00. The Essential Small pharmacy in this area serves a deprived area and gives a service needed for this population. The next nearest pharmacy would be 1.8 miles.

The out of Hours GP provision is based at the Hampshire Hospitals NHS FT Basingstoke site which is on the edge of Basingstoke Town. If prescriptions are needed access to pharmacy is via the local services within the town as described above.

Travel time to pharmacy is good with 68% of the area within 5 miles road travel of a pharmacy.<sup>13</sup> The areas not covered are areas of very high rurality and low population density and low road coverage (see map below).

Figure 9:



<sup>13</sup> This excludes pharmacy outside the district

## Future growth

Over the next 3 years there is an expected growth of over 2,500 people with over 50% being in the over 75s. There is a growth of nearly 2551 new dwellings planned by 2018. The majority of these are in the town of Basingstoke and to the north of the town with good pharmacy cover. With good communication routes these areas of growth are well serviced within 5 miles of a pharmacy.

Figure 10:

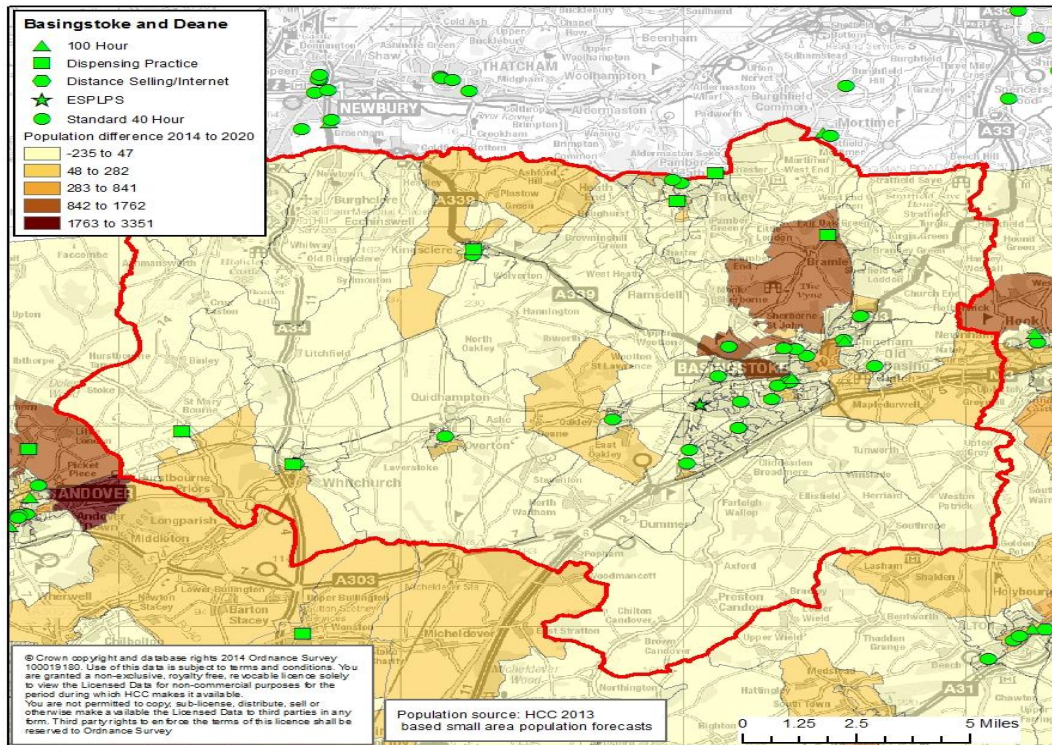
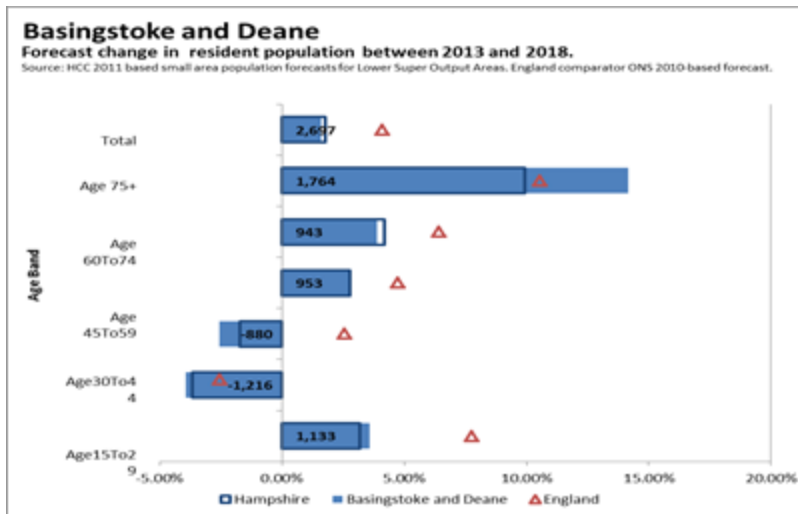


Figure 11:



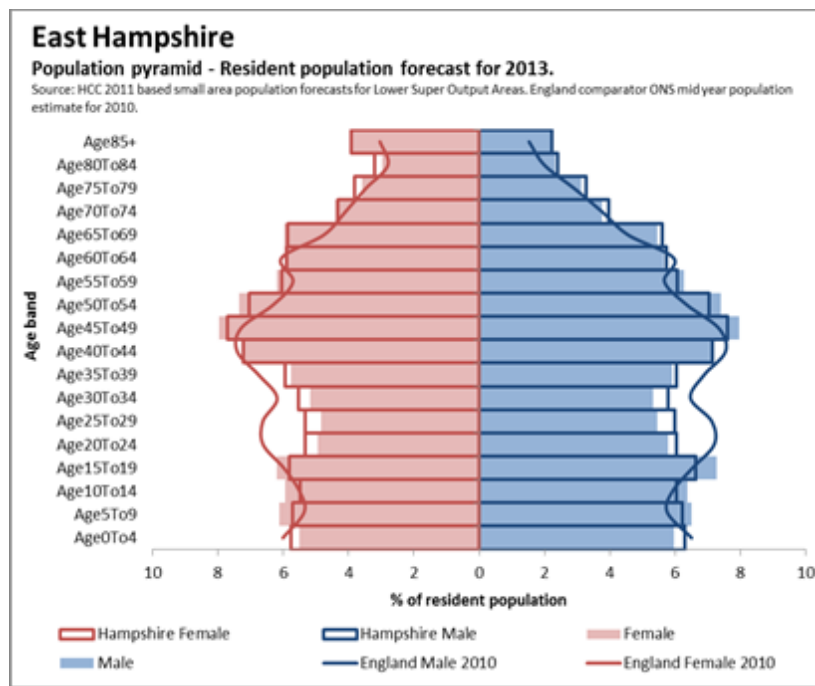
## Conclusion

There is good provision of pharmacy cover in Basingstoke and Deane matching current and future planned population growth. The Essential Small Pharmacy provides improvements better access for a population from and area of deprivation.

## East Hampshire

The population of East Hampshire is 117,000. The health of people in East Hampshire is generally better than the England average. Deprivation is lower than average, with some pockets of deprivation in a relatively rural area. East Hampshire has relatively high proportion of residents in their 40s and 50s and a relatively low proportion of young adults aged 20-39.

Figure 12:



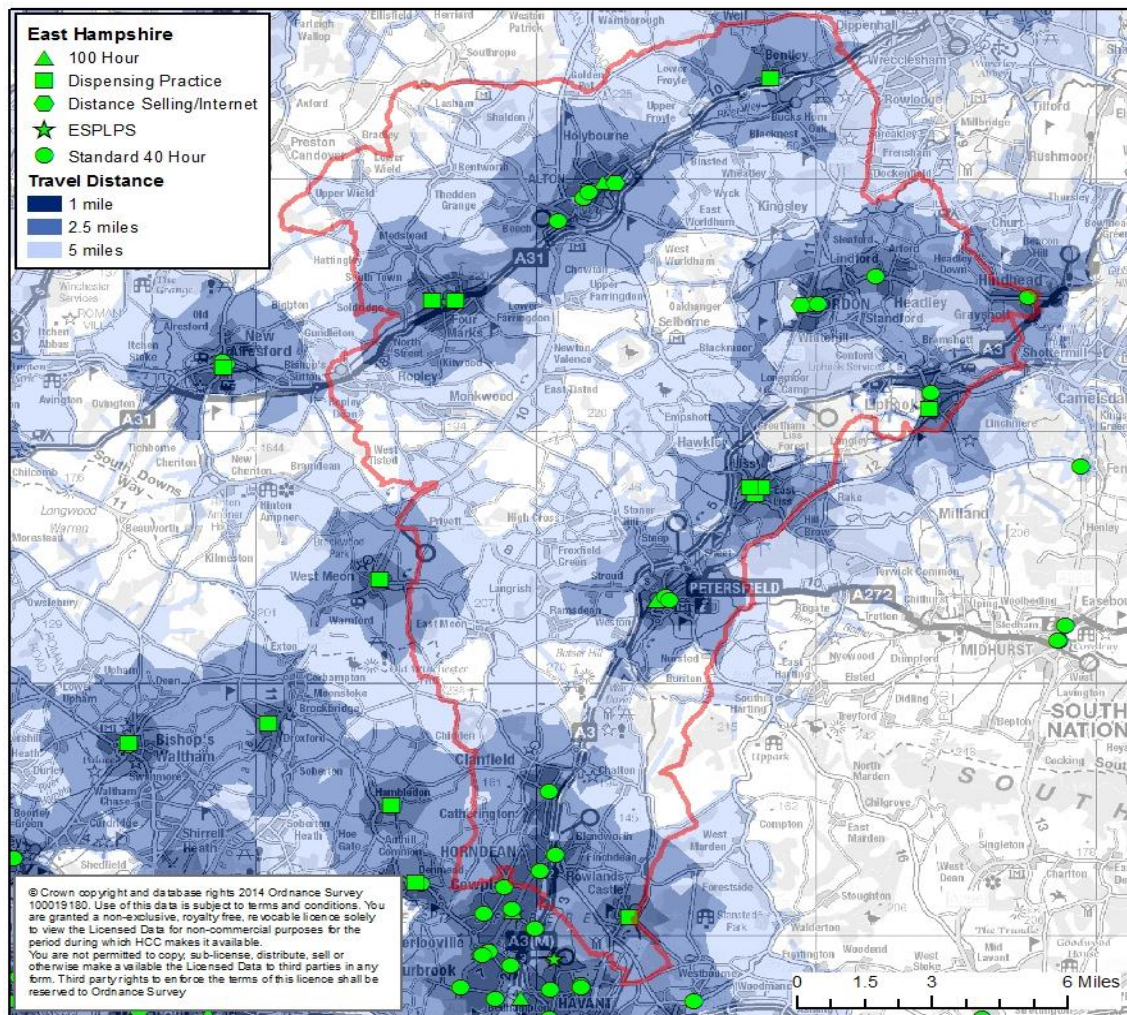
## Pharmacy provision

There are 19 Community Pharmacies in East Hampshire. Weekday opening hours are good with all except one opening after 17:00 and 2 open after 22:00 (one in Alton and one in Petersfield). The South of the area is serviced well out of hours by pharmacies in Havant locality. There is early morning provision provided by 2 pharmacies.

Weekend coverage in the area with 17 pharmacies open on Saturday with out of hours provision within the locality and close by in neighbouring localities. There are 4 pharmacies open on a Sunday with provision into the early evening. Within the area there are a number of dispensing practices and pharmacies in Petersfield and to the south at Havant. The nearest pharmacy out of hours Sunday provision to the primary care service in Borden is in Liphook and Petersfield which rely on people's own transport for easy access..

85% of the area is within 5 road miles of a pharmacy. Areas further than 5 miles are area of low population density. The West of the area is serviced by pharmacies in Winchester and the South is served by Horndean (within East Hampshire) and Havant (outside East Hampshire).

**Figure 13:**



**Future growth**

Over the next 3 years there is an expected growth of around 2,400 people with approximately 50% being in the over 75s. There is a growth of nearly 1700 new dwellings planned by 2018. The majority of these are in the towns in the district. With good communication routes these areas of growth are well serviced within 5 miles of a pharmacy.

Figure 14:

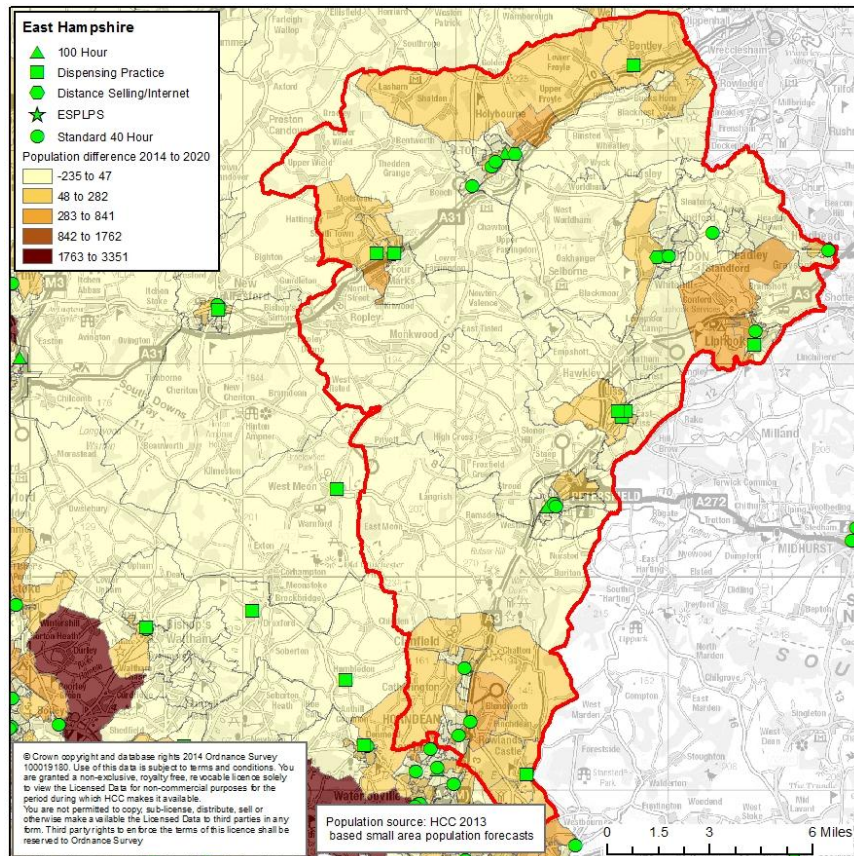
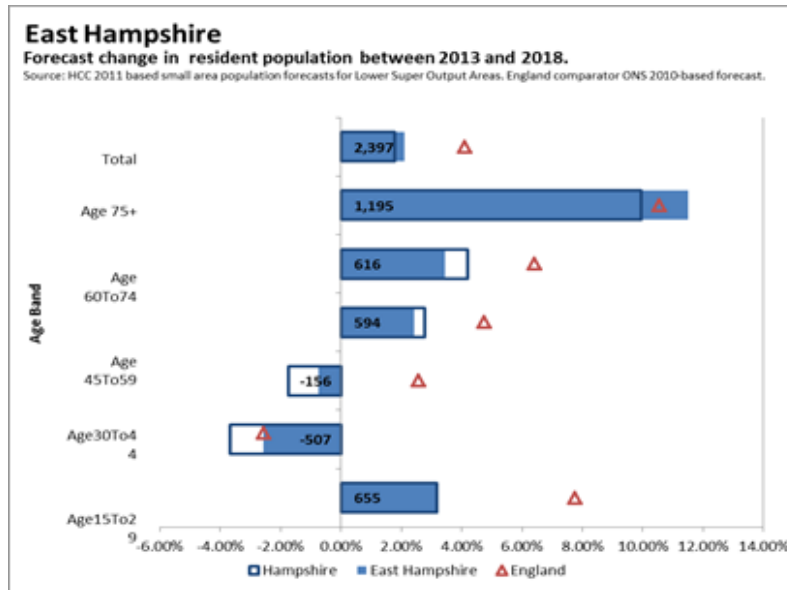


Figure 15:





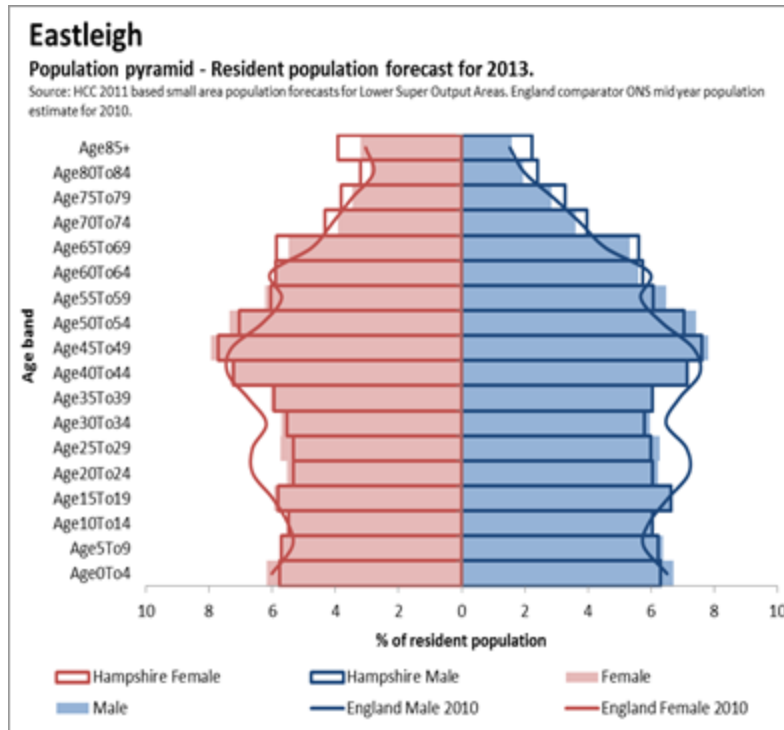
## Conclusion

There is good provision of pharmacy cover in East Hampshire matching current and future planned population growth. Increased provision on a Sunday would bring improvements and better access for the area

## Eastleigh

The population of Eastleigh is about 122,000. The health of people in Eastleigh is generally better than the England average. Deprivation is lower than average, with some pockets of need, however about 2,600 children live in poverty. Life expectancy for both men and women is higher than the England average.

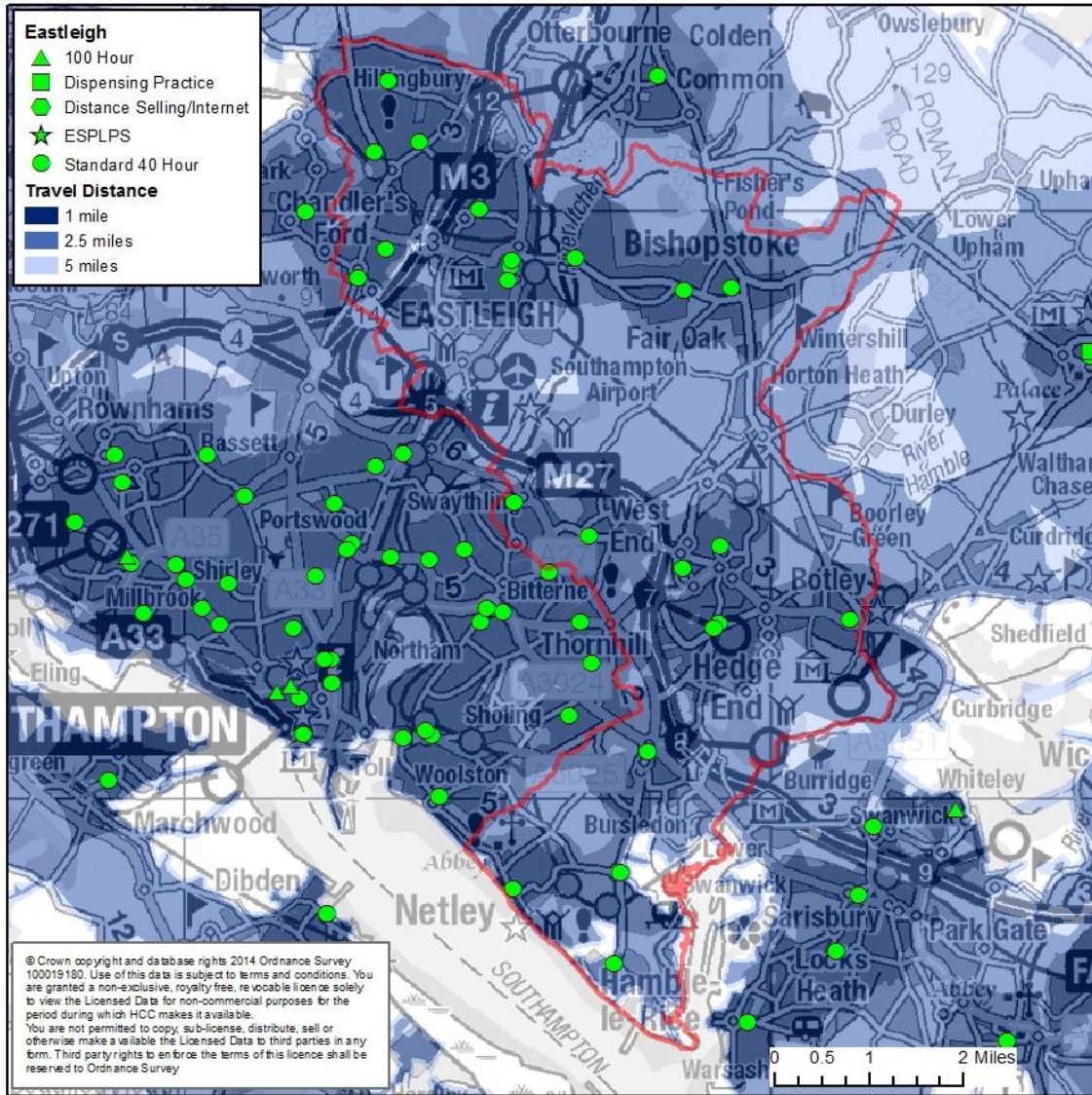
**Figure 16:**



## Pharmacy provision

There are 23 pharmacies serving Eastleigh with provision from 08:00 to 21:00 through the week from a variety of sites across the district. 21 pharmacies open on a Saturday with 2 opening into the evening. 5 sites are open on a Sunday during the day with weekend out of hours provision from Southampton which is the location of the nearest out of hours GP service. 98% of the area is within 5 road miles of a pharmacy.

**Figure 17:**



### Future growth

Future population growth for Eastleigh is dominated by growth in older people with a loss of people aged 15-29. There are 700 new homes being built in the next 3 years across the area.

Figure 18:

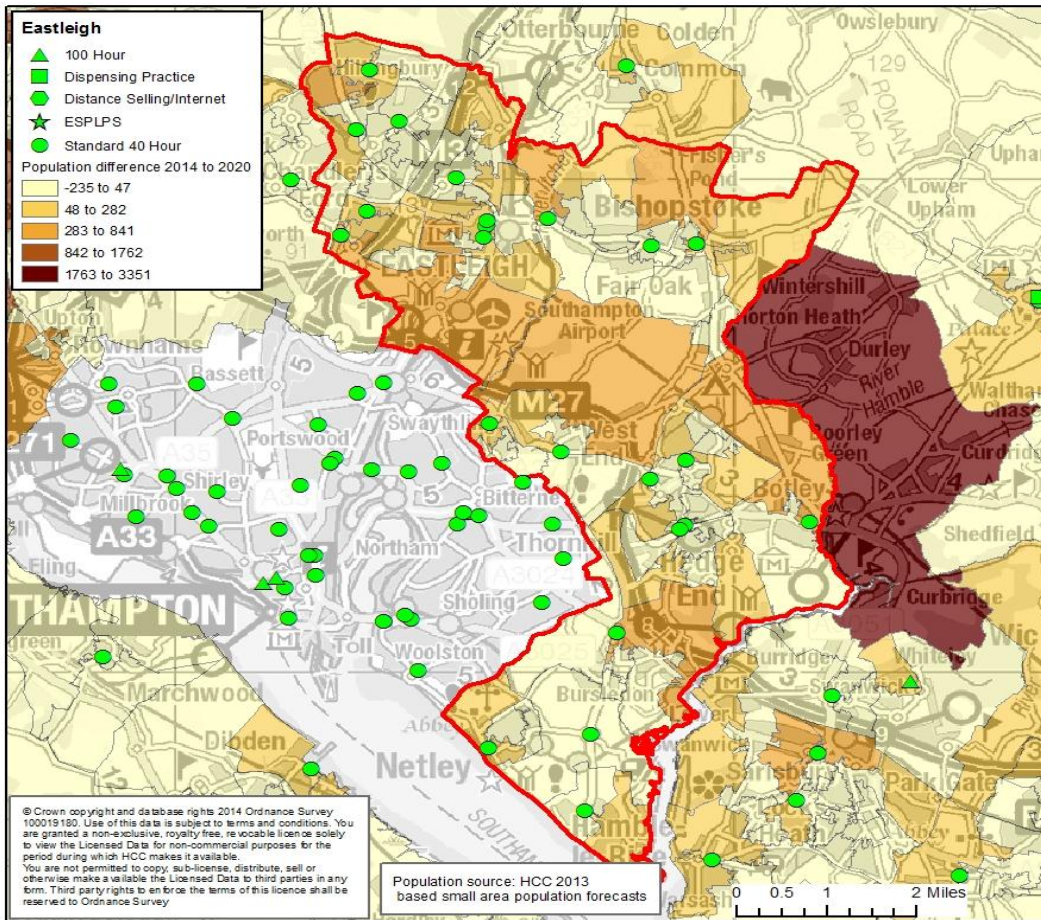
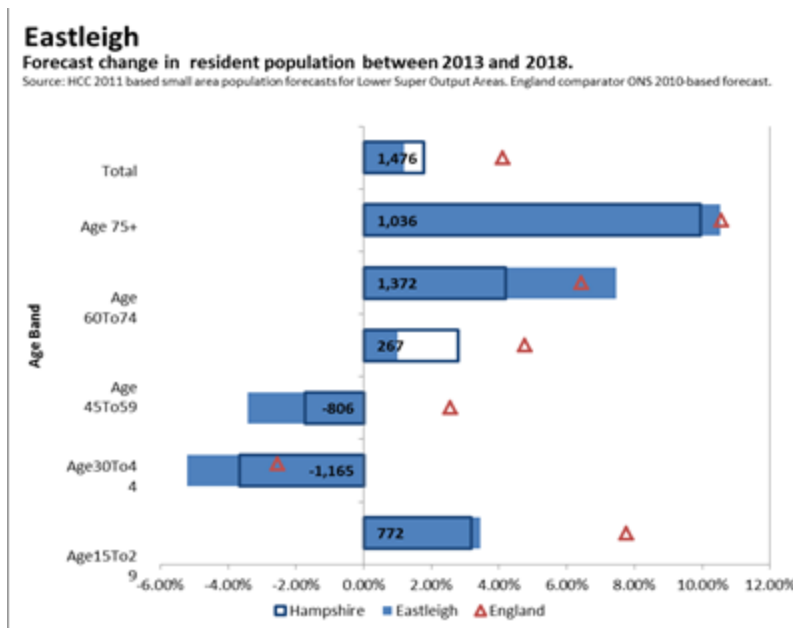


Figure 19:



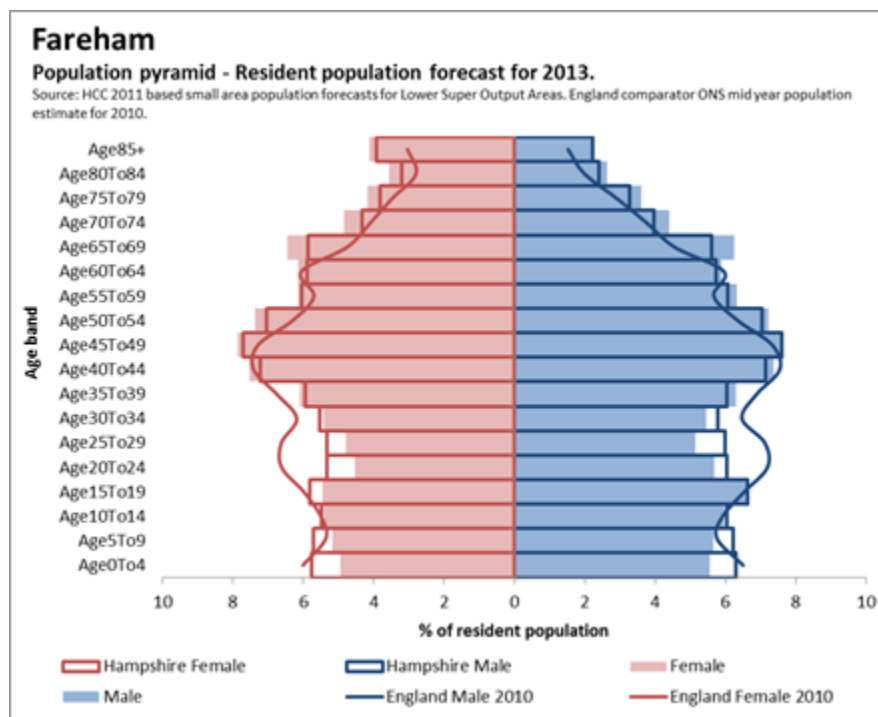
## Conclusion

There is good provision of pharmacy cover in Eastleigh matching current and future planned population growth.

## Fareham

Fareham is an area in the South of Hampshire with a population of 115,000 people. It is generally older than the Hampshire population as a whole.

Figure 20:

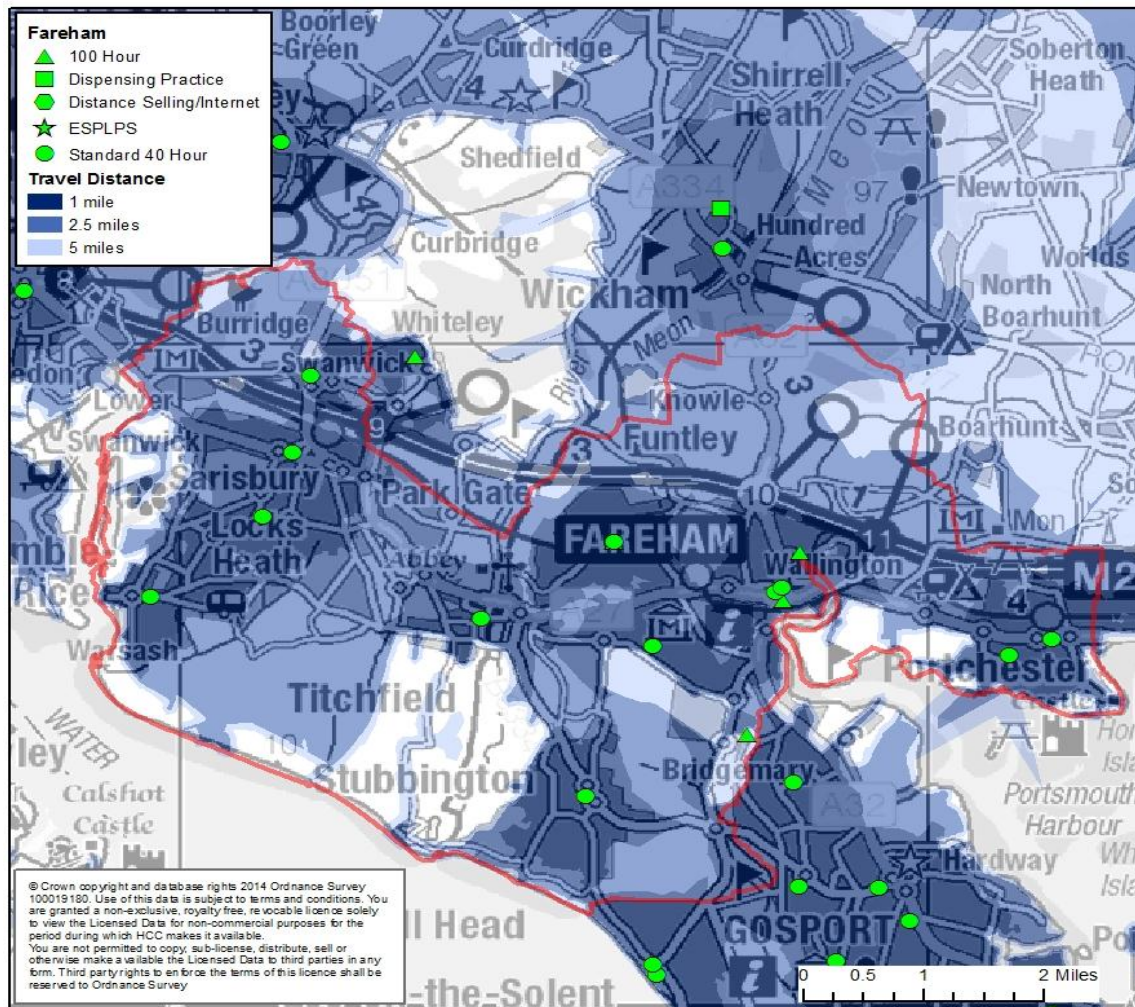


## Pharmacy provision

Fareham is served by 17 pharmacies with good weekday provision all opening after 17:00 and with provision into the early and later evening serving the locality. Early morning provision is served by 2 pharmacies. This provision includes two 100 hour pharmacies.

For the weekend all except one pharmacy is open on a Saturday with 4 open late into the evening. 7 pharmacies open on a Sunday with early evening provision. 89% of the area is within 5 miles road travel of a pharmacy.

Figure 21:



### Future growth

Population growth in Fareham is one of the smallest in Hampshire at 3% by 2018 and 593 new homes. The growth is in areas well served by pharmacies.

Figure 22:

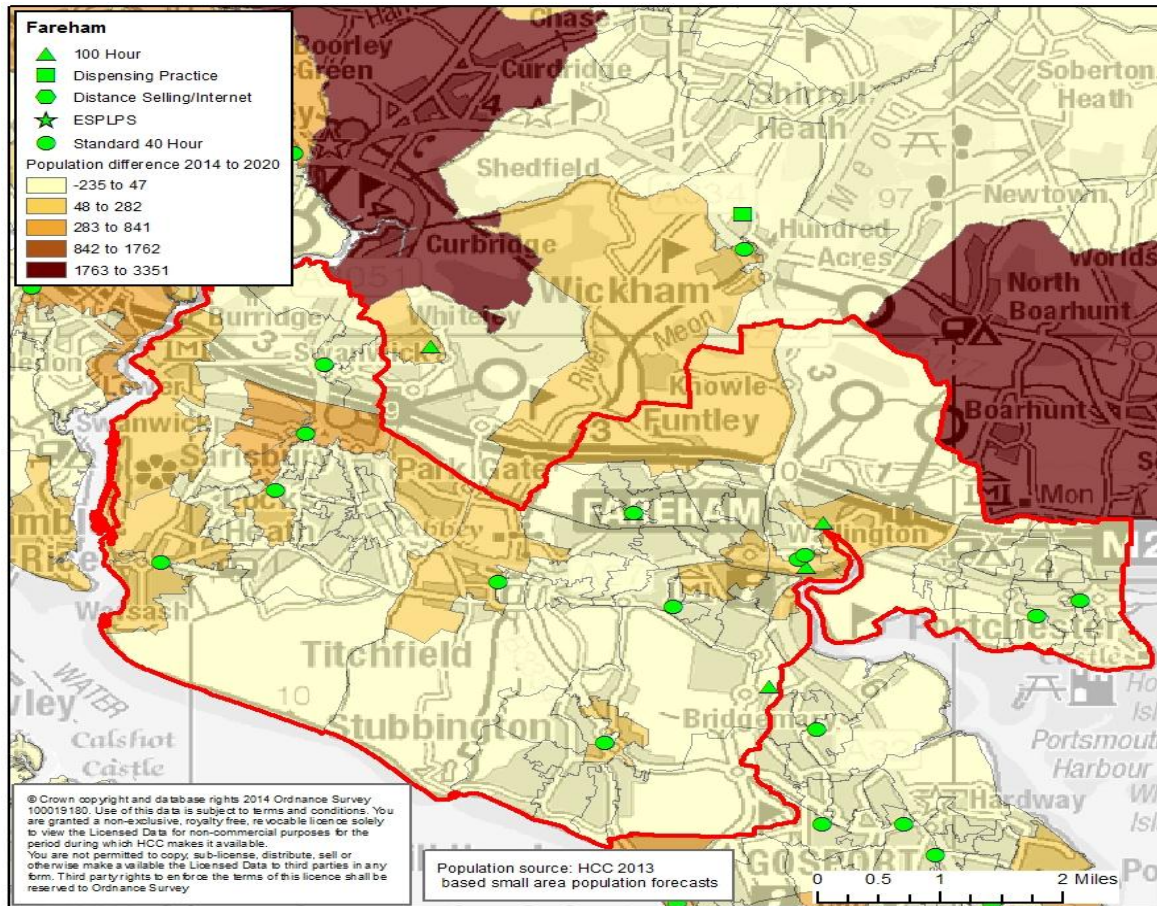
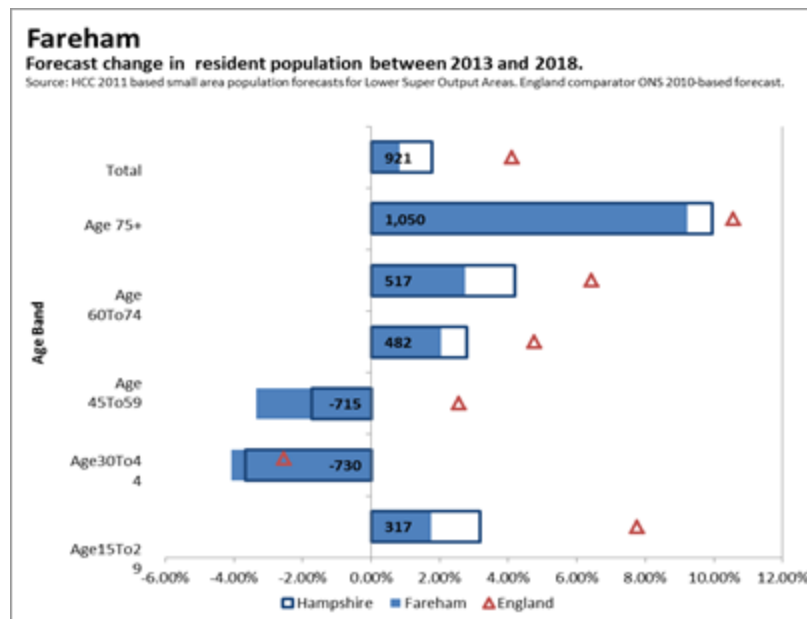


Figure 23:



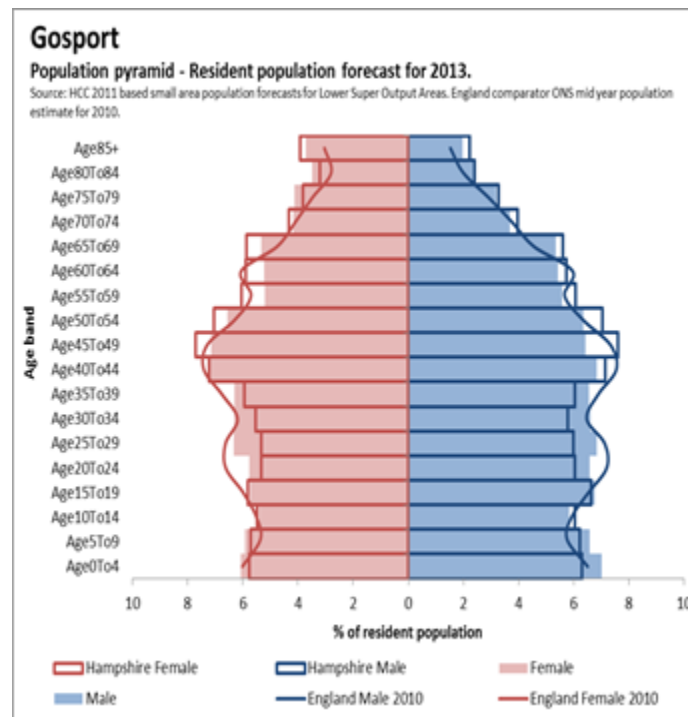
## Conclusion

There is good provision of pharmacy cover in Fareham matching current and future planned population growth.

## Gosport

Gosport's population of 80,000 people is slightly younger than the Hampshire population. Gosport is an area of Hampshire in the south of the county with a long history of Naval Maritime association. The health of people in Gosport is varied compared with the England average. Deprivation is lower than average, however about 19.0% (2,900) children live in poverty. Life expectancy for women is lower than the England average.

**Figure 24:**



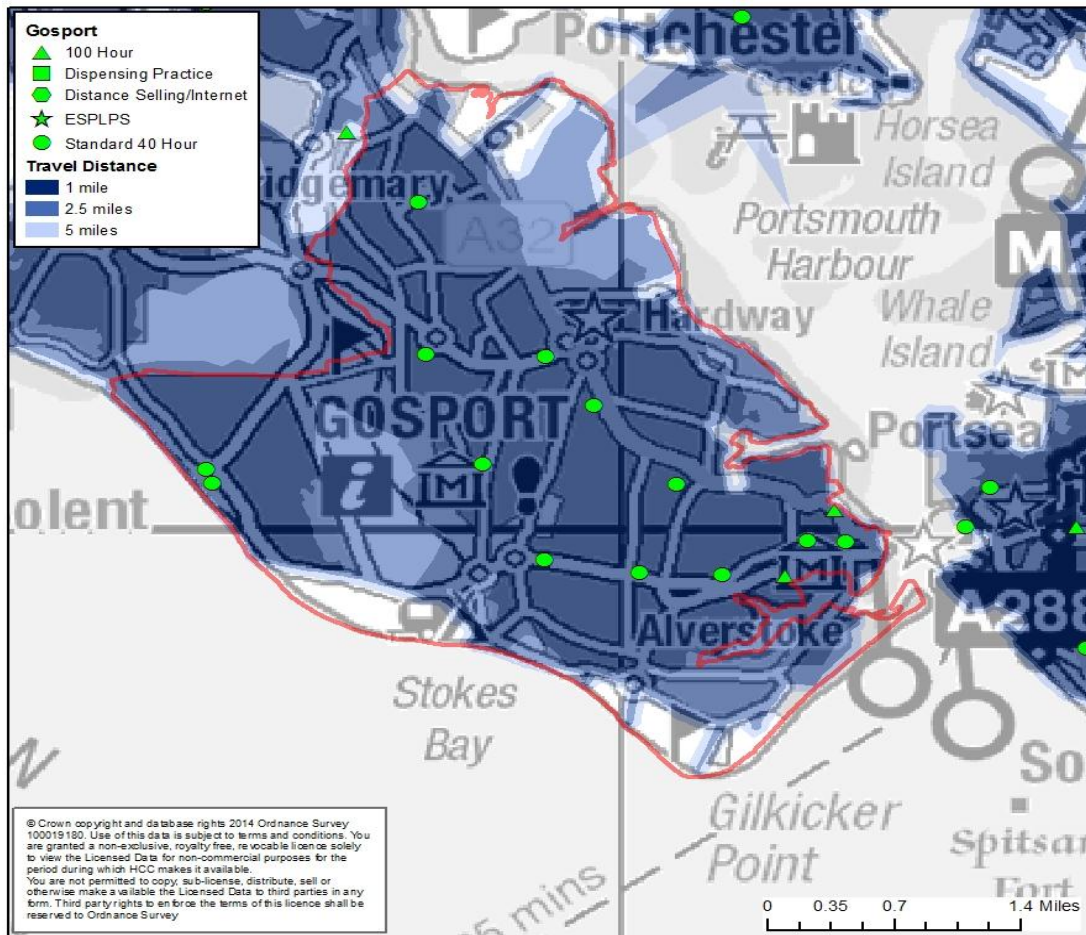
## Pharmacy provision

15 pharmacies serve the Gosport area, all opening after 17:00 and good late evening provision in Gosport and nearby Fareham. There is early morning provision in the area. There are two 100 hour pharmacies. 14 of the 15 open on a Saturday with evening provision up to 22:00. 3 pharmacies provide provision within the locality on a Sunday including early evening provision. 93% of the borough is within 5 road miles of a service.



Out of hours GP services are located at Gosport War Memorial hospital for this area with closely aligned pharmacy provision.

**Figure 25:**



### Future growth

Population growth in Gosport is very small with the number of older people growing at the same rate as younger people leaving. The areas of housing growth are all within 5 miles of a pharmacy service.

Figure 26:

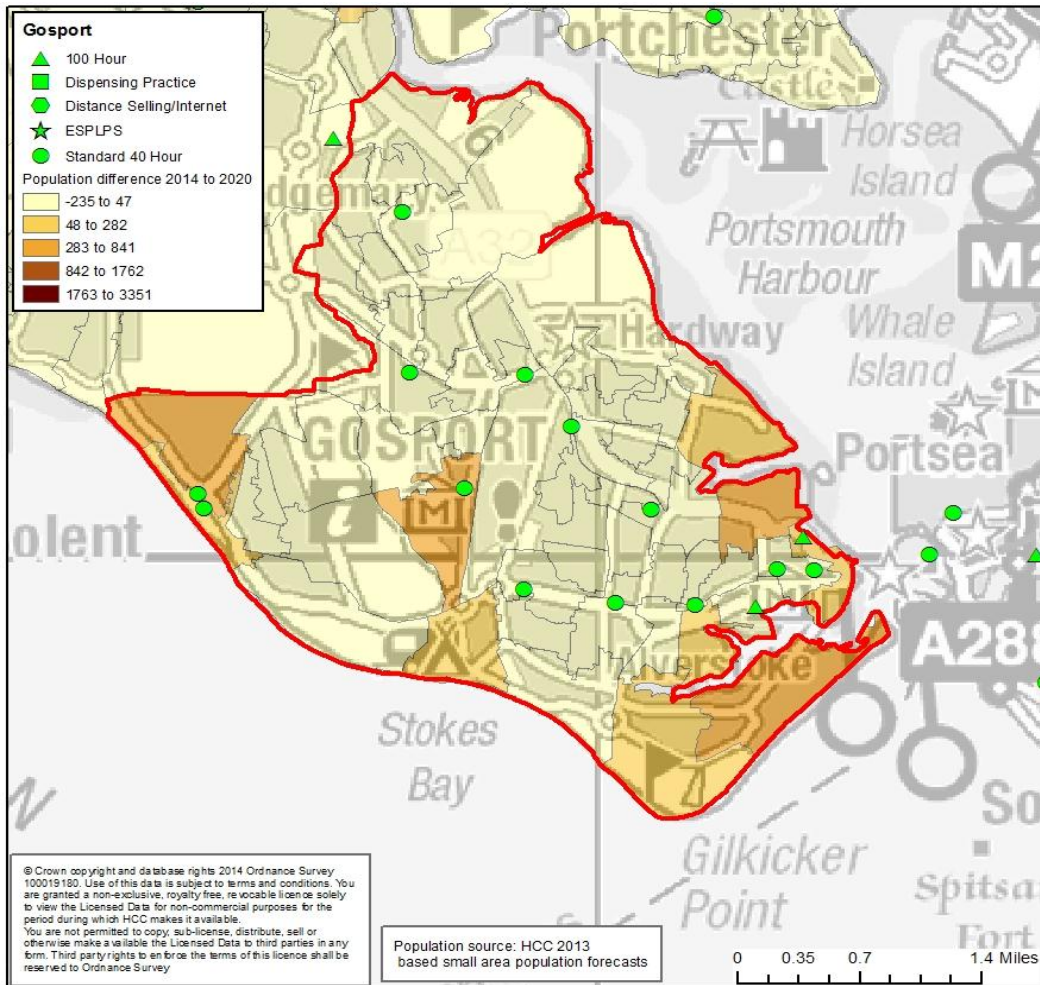
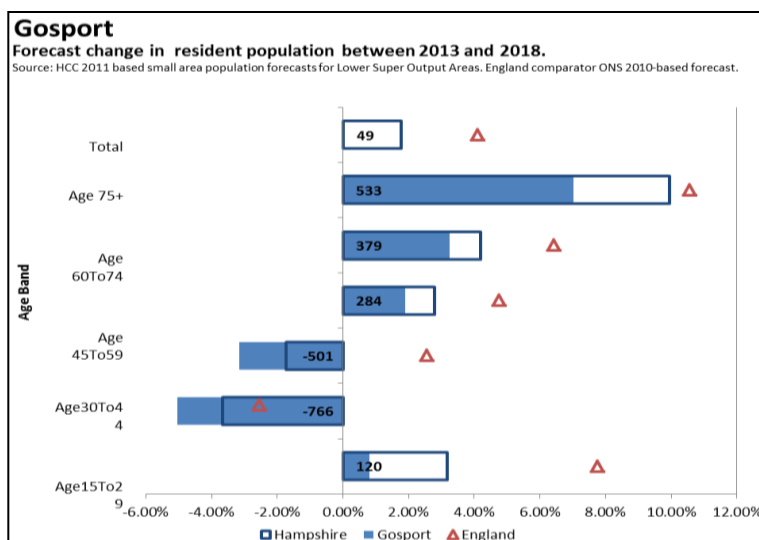


Figure 27:



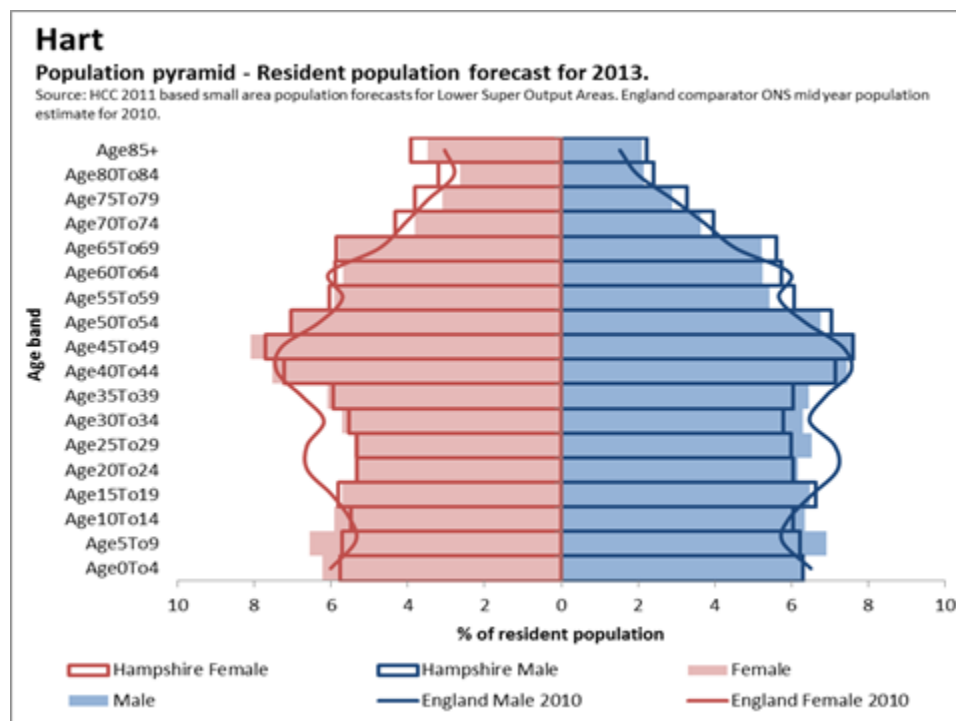
## Conclusion

There is good provision of pharmacy cover in Gosport matching current and future planned population growth.

## Hart

The population of Hart in the North of the County is 90,000. The health of people in Hart is generally better than the England average. Deprivation is lower than average, however about 1,200 children live in poverty. Life expectancy for both men and women is higher than the England average.

Figure 28:

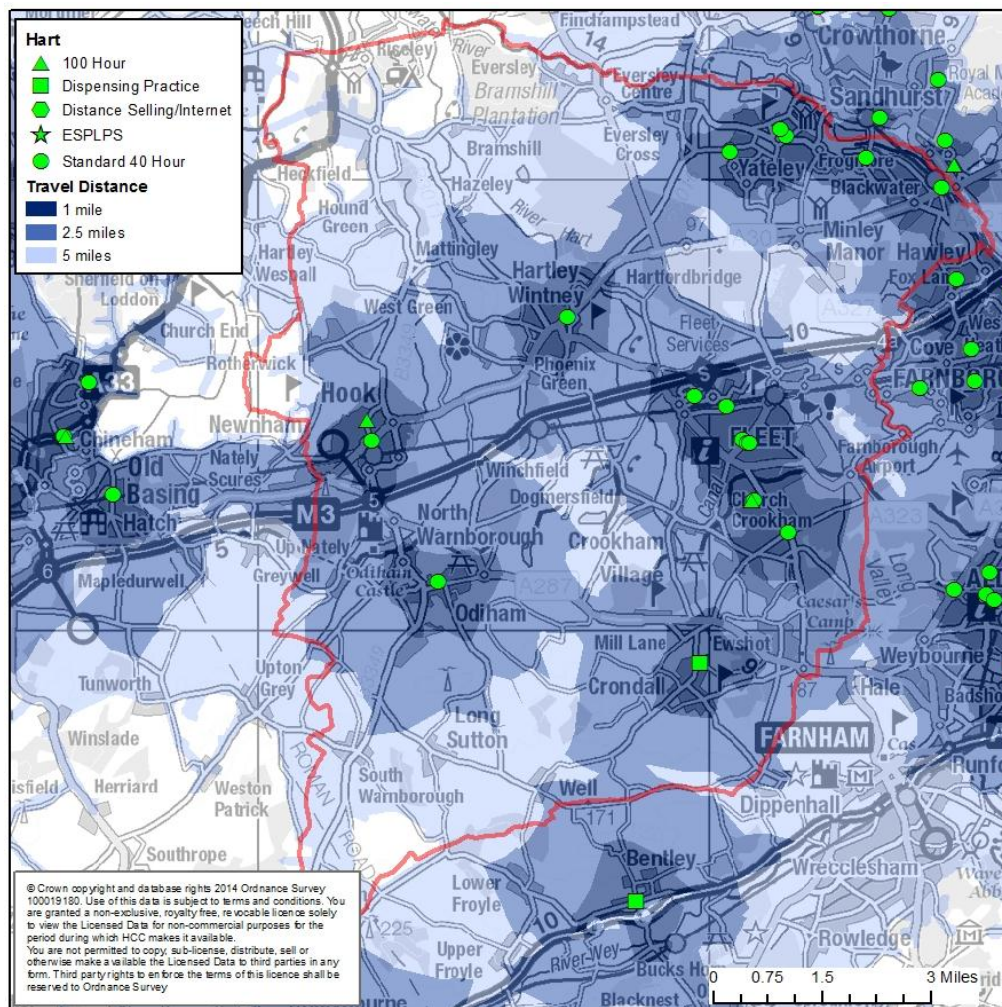


## Pharmacy provision

Hart has 17 pharmacies all open after 17:00 in the week. Two 100 hour pharmacies provide good coverage to the main towns into the late evening, with additional provision in the neighbouring localities. There is early morning provision before 8am.

At the weekends provision is covered by all pharmacies on a Saturday and evening provision is available up to 21.30 on two sites, with one opening up to 22.30. Four pharmacies open on a Sunday with provision into the evening. 93% of the area is within 5 road miles of a pharmacy.

**Figure: 29:**



Frimley Park Hospital and Hampshire hospital in Basingstoke are the bases for out of hours general practice access for this area There is pharmacy provision near the out of hours services and within Hart for prescribed medicines. There is a 100 hour pharmacy in Hook and a dispensing practice.

**Future growth**

Population growth in Hart is predicted to be about 3000 people and about 725 homes mainly in Hook and South of Fleet. These are mainly within the area of 2.5 miles from a pharmacy and all within 5 miles.

Figure 30:

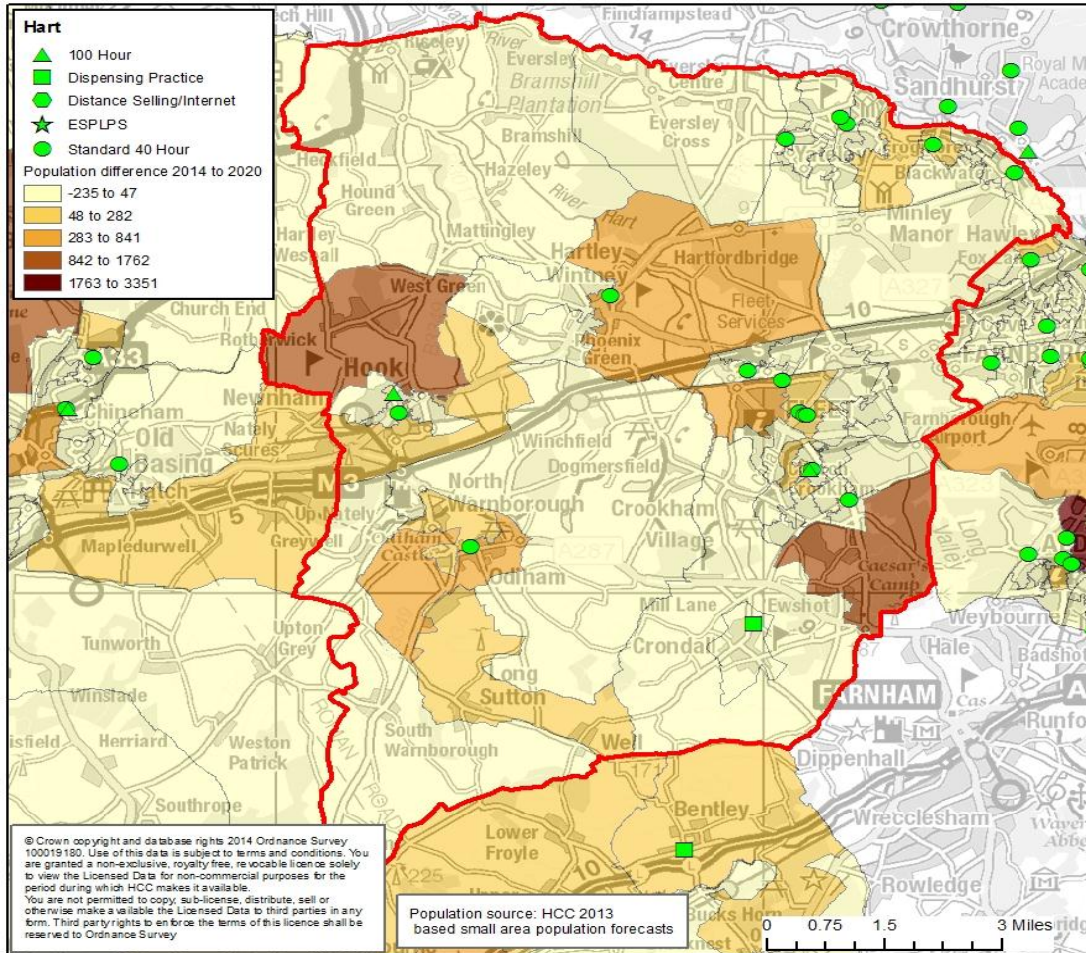
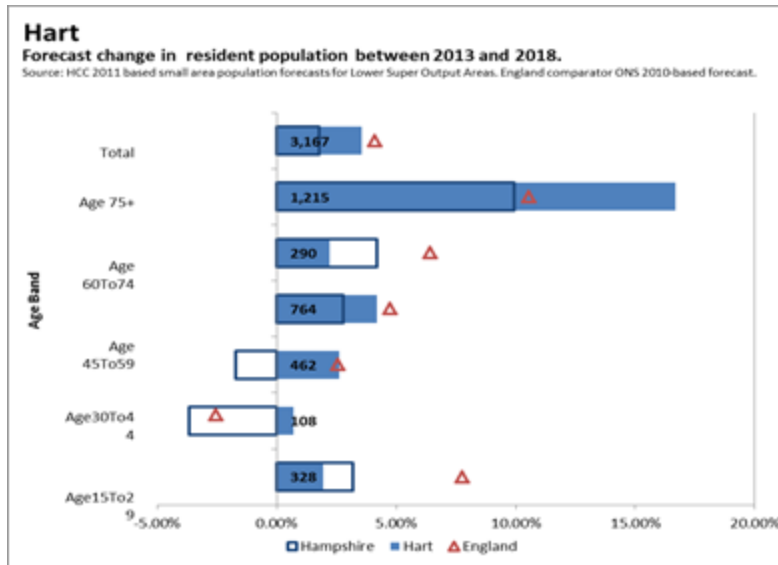


Figure 31:



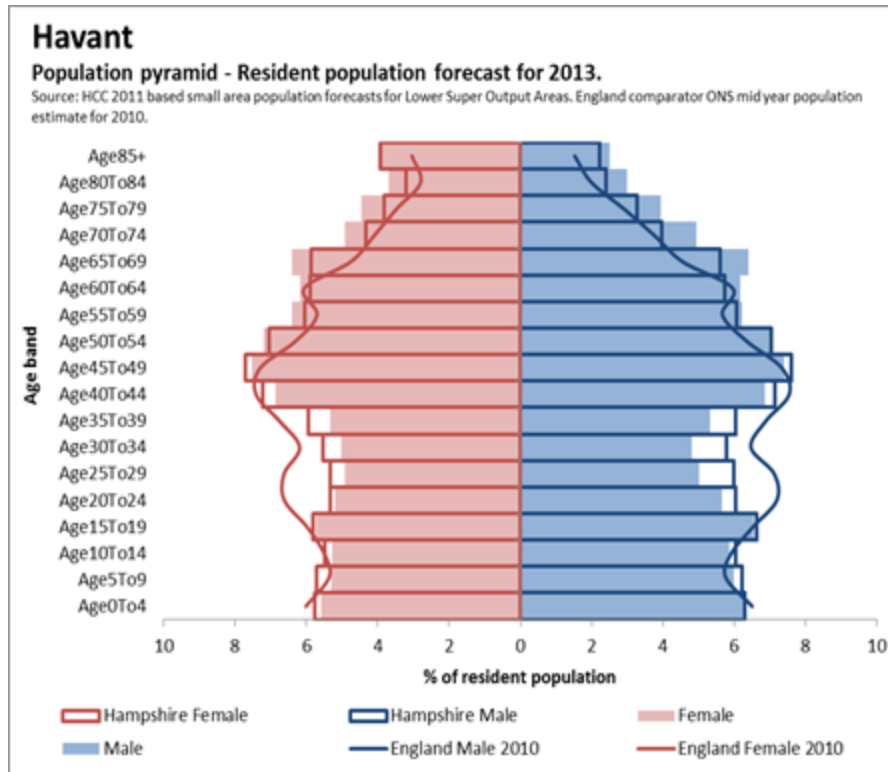
## Conclusion

There is good provision of pharmacy cover in Hart matching current and future planned population growth.

## Havant

The health of people in Havant is varied compared with the England average. Deprivation is higher than average and about 4,800 children live in poverty. Life expectancy for both men and women is similar to the England average. The population is about 120,000 people.

**Figure 32:**



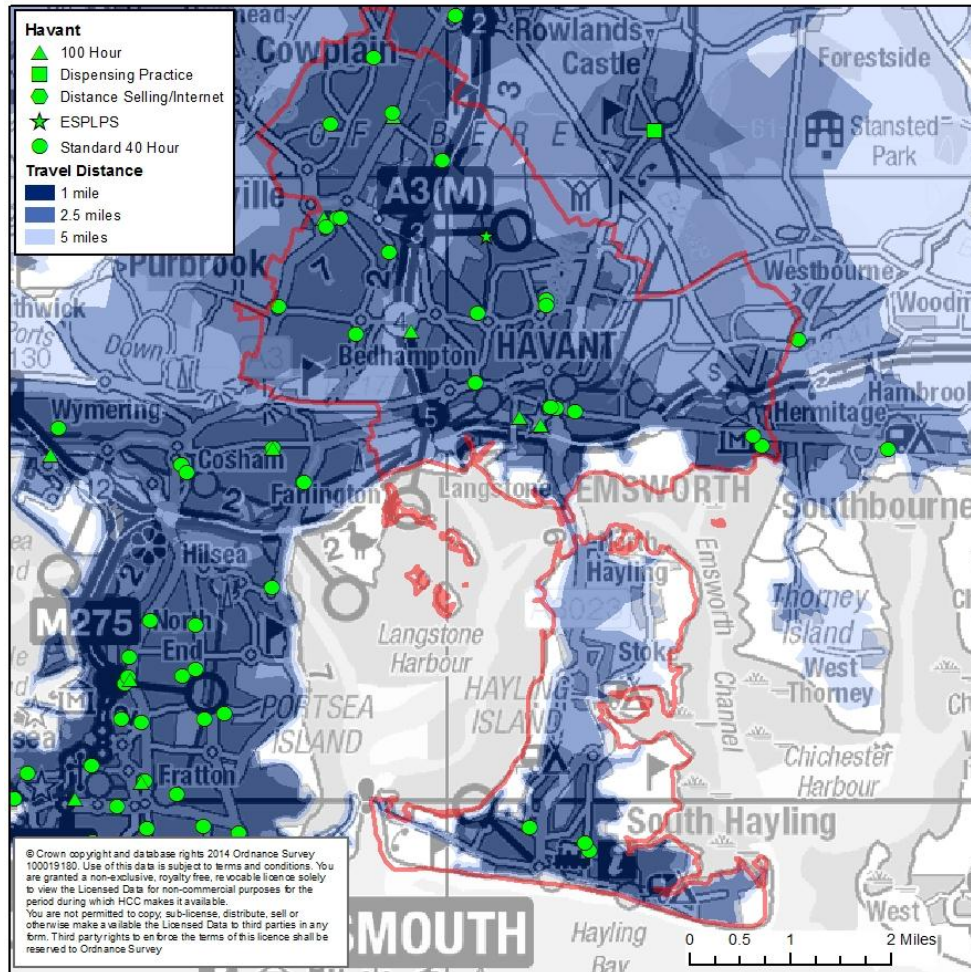
### Pharmacy provision

The area of Havant is served by 31 pharmacies in the week with 5 open into the later evening and one 100 hour pharmacy with extensive opening hours. There are four 100 hour pharmacies and an essential small pharmacy. These are all well distributed throughout the area.

27 open on a Saturday with 3 open into the late evening. Coverage on Sunday is provided by 5 pharmacies open during the day. Further pharmacies are in Portsmouth. The Essential Small Pharmacy in this area is less than one mile from the next nearest pharmacy. However this is serving a deprived area of Hampshire where good access is essential.

93% of the area is within 5 miles of a pharmacy with a small amount of very rural areas further distance than this. Out of hours GP provision is based in Portsmouth with good out of hours pharmacy coverage provided nearby.

**Figure 33:**



## Future growth

Further growth in Havant consists of 1,100 homes and slight decrease in the number of people with larger growth in older people based mainly in the town.

**Figure 34:**



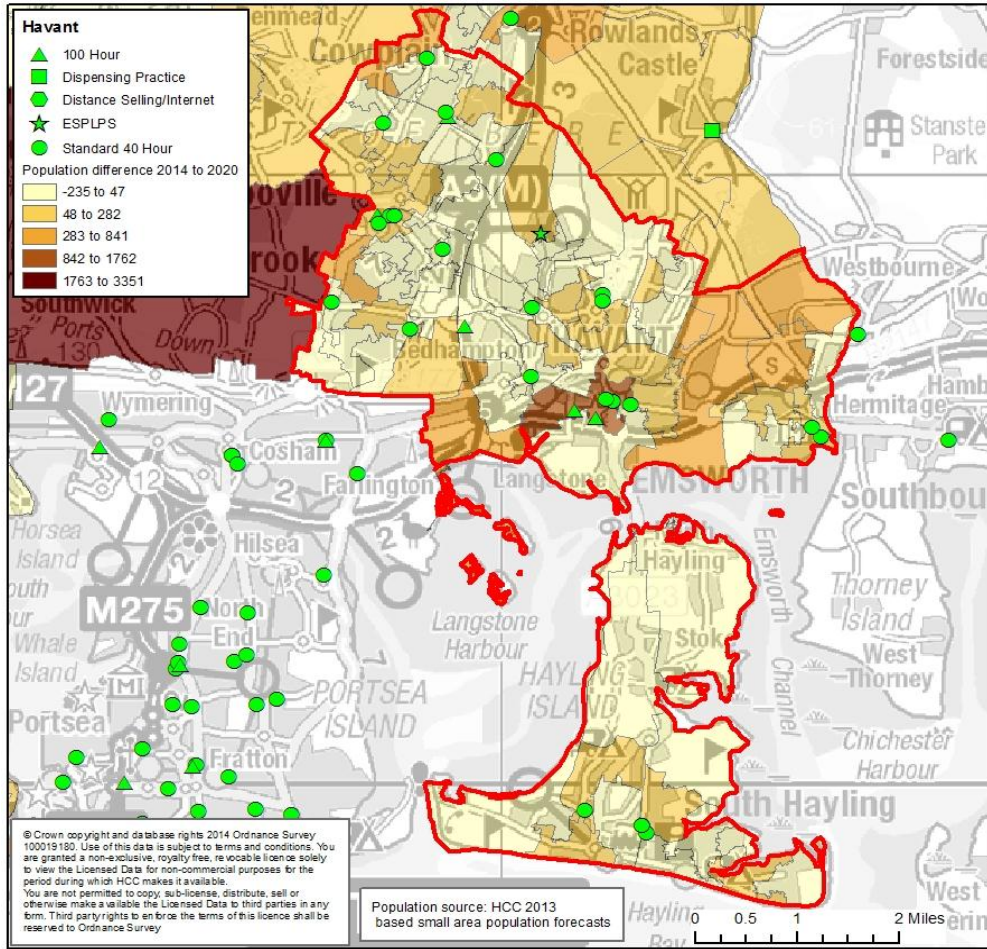
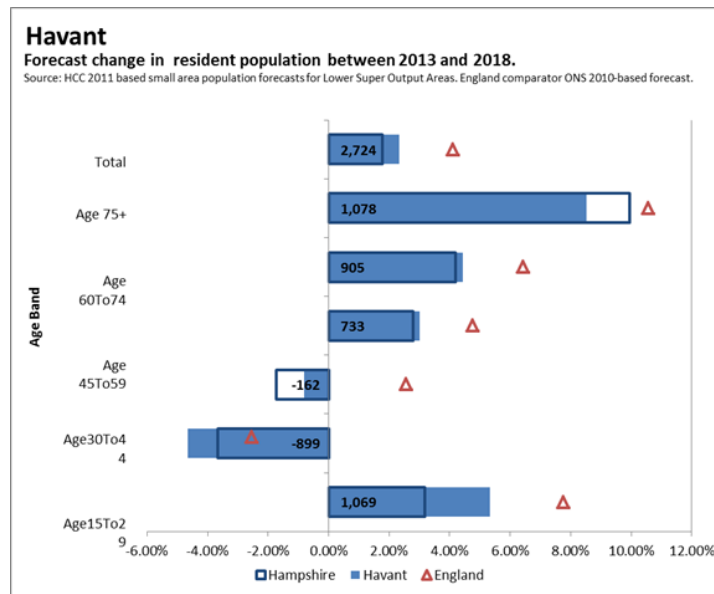


Figure 35:



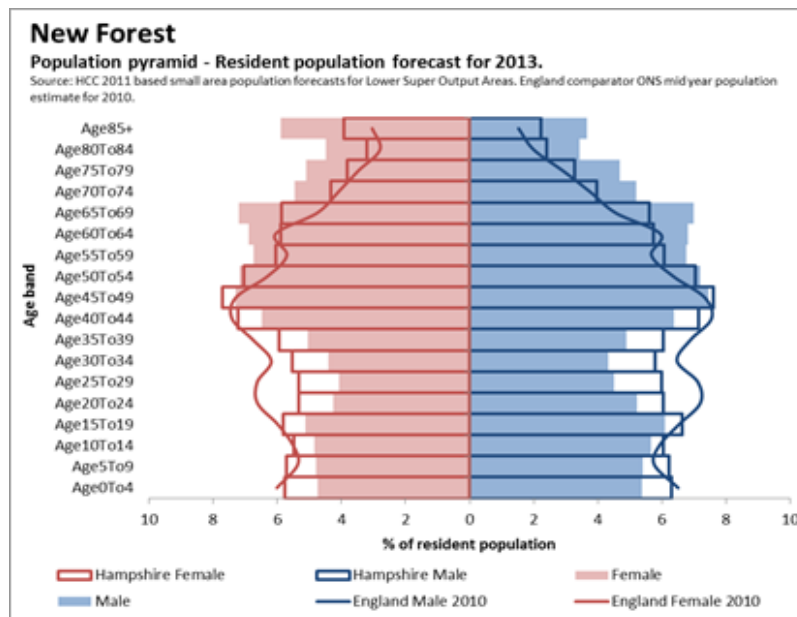
Conclusion

There is good provision of pharmacy cover in Havant matching current and future planned population growth.

## New Forest

The New Forest in the South West of the county has an older population than Hampshire. It has the largest population for a district of Hampshire with 180,000 people. The health of people in New Forest is generally better than the England average. Deprivation is lower than average, however about 3,800 children live in poverty. Life expectancy for both men and women is higher than the England average.

**Figure 36:**



## Pharmacy provision

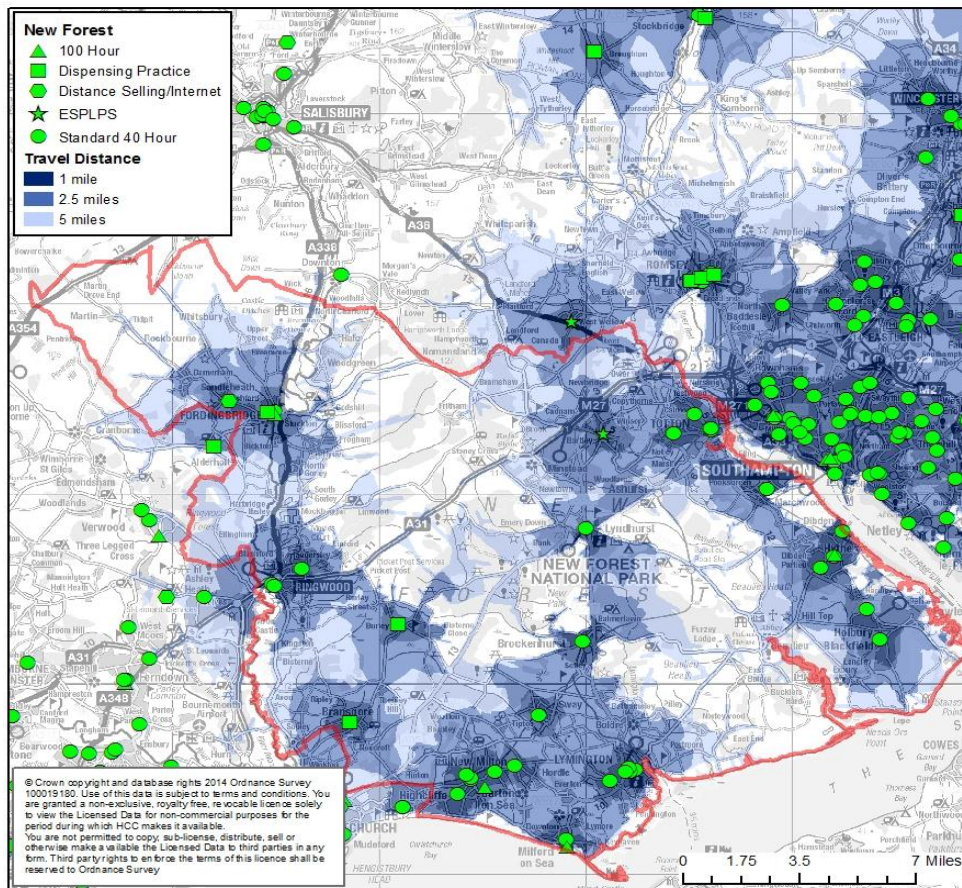
The rural areas of the New Forest have 37 pharmacies with early evening provision through out the locality. The 100 hour pharmacies provide late evening provision in the south west and far west, with the east and north being serviced by other locality and neighbouring authority provision.

30 pharmacies are open on a Saturday with evening provision up to 22:00 or 23:00. 6 pharmacies provide the Sunday provision with one early evening opening service. This provision is available in the main towns of the Forest with the far west being served out of the locality in Dorset and Wiltshire, and Southampton.

The out of hours services primary care services are based in Totton and Lymington. There is pharmacy provision in this area for out of hours prescription dispensing.

64% of the area is within 5 miles road travel of a pharmacy with very rural areas being further distances.

**Figure 37:**



### Future growth

There is little growth in terms of housing with 394 new dwellings planned. Overall the population is due to decrease slightly but with the number of older people will increase.

**Figure 38:**

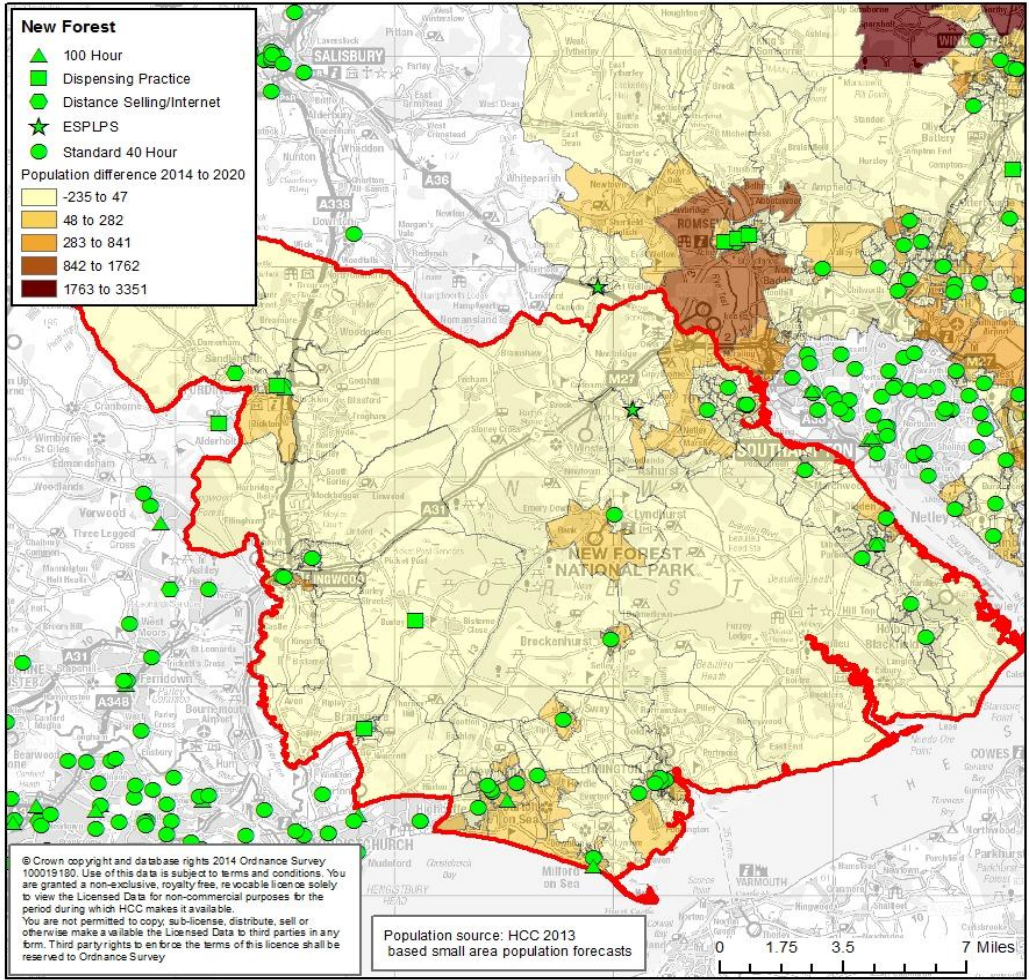
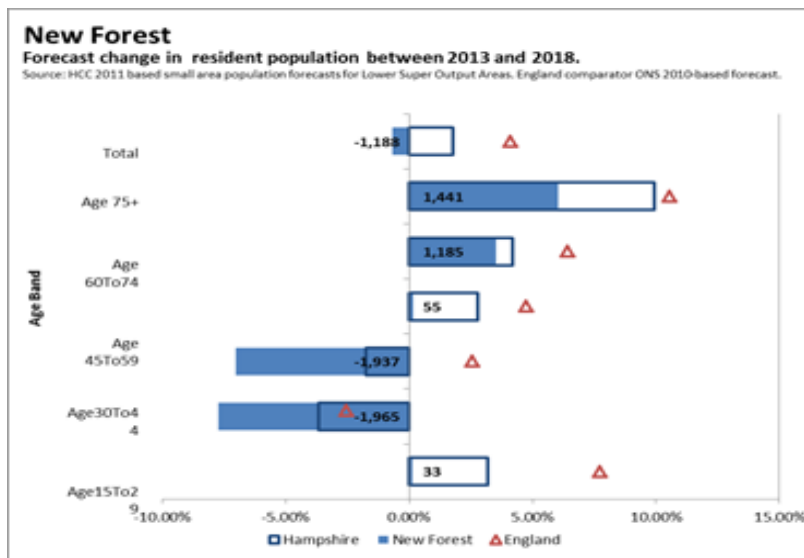


Figure 39:



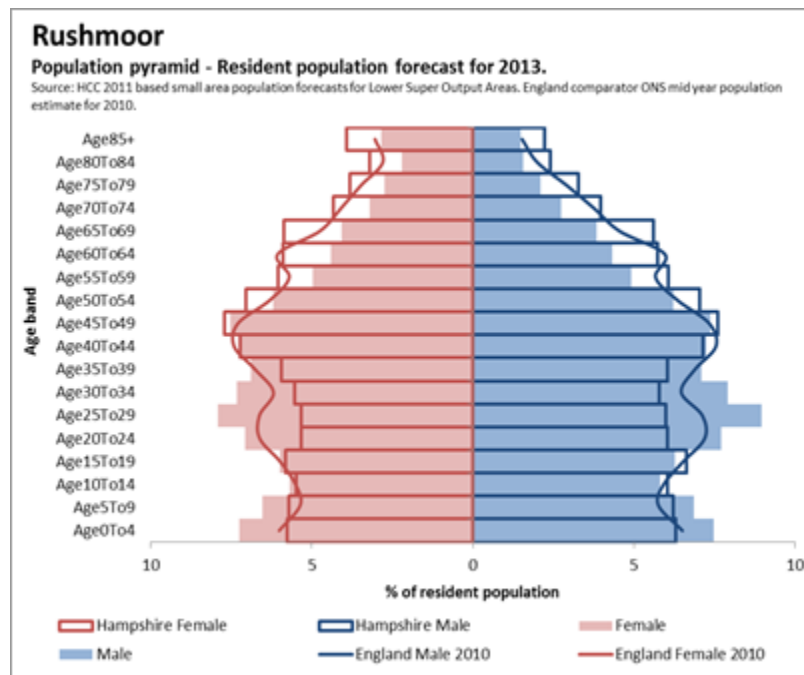
**Conclusion**

There is good provision of pharmacy cover in the New Forest matching current and future planned population growth. Much of the provision is provided outside of Hampshire.

## Rushmoor

Rushmoor in the north of the county has over 90,000 people including a large Army base in Aldershot. The population is younger than the Hampshire average. The health of people in Rushmoor is varied compared with the England average. Deprivation is lower than average, however about 2,600 children live in poverty. Life expectancy for both men and women is similar to the England average.

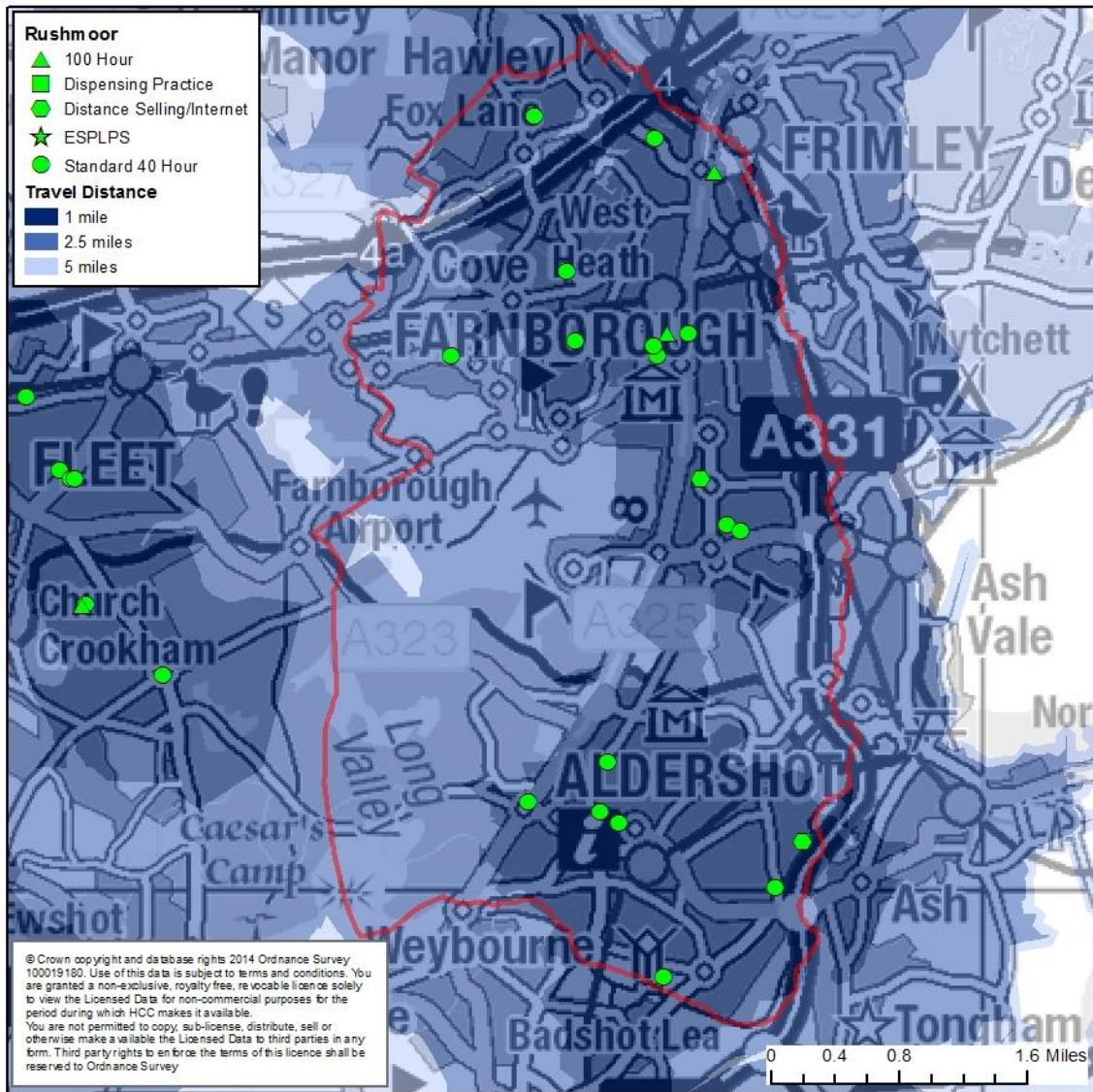
**Figure 40:**



## Pharmacy provision

The area has 19 pharmacies with good early evening provision throughout the locality and late evening provision in the week. 2 pharmacies open after 22:00 and before 08:00. Weekend provision is provided by 17 pharmacies on a Saturday and 7 on a Sunday. There is access into the late evening on a Saturday and daytime on a Sunday. 100% of people live within 5 miles of a pharmacy premises. There is one 100 hour pharmacy in the area near the the local out of hours GP services for the area.

**Figure 41:**



## Future growth

The population is set to grow by about 2000 people with large growth in the older age group. The growth in dwellings is in the South of the locality which is well serviced by pharmacies. There are 1000 new homes planned in this area. There are also changes in the Army through rebasing of regiments. This will bring additional personnel and their families to the area.

**Figure 42:**

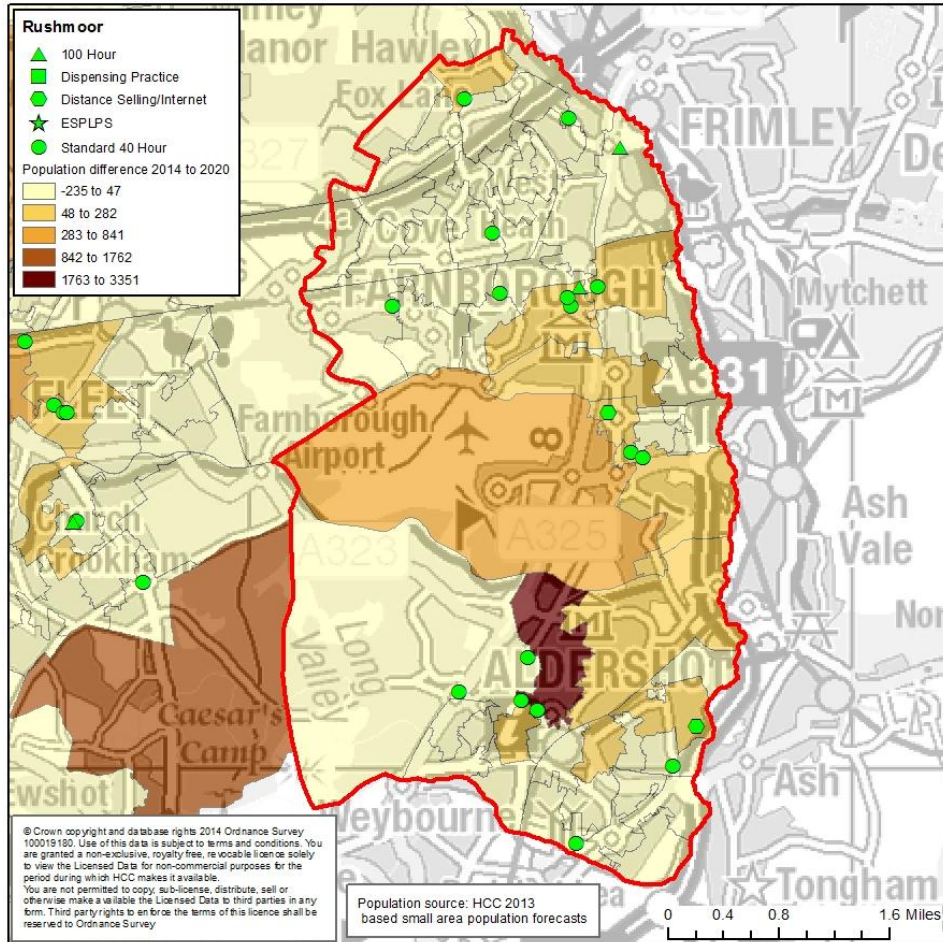
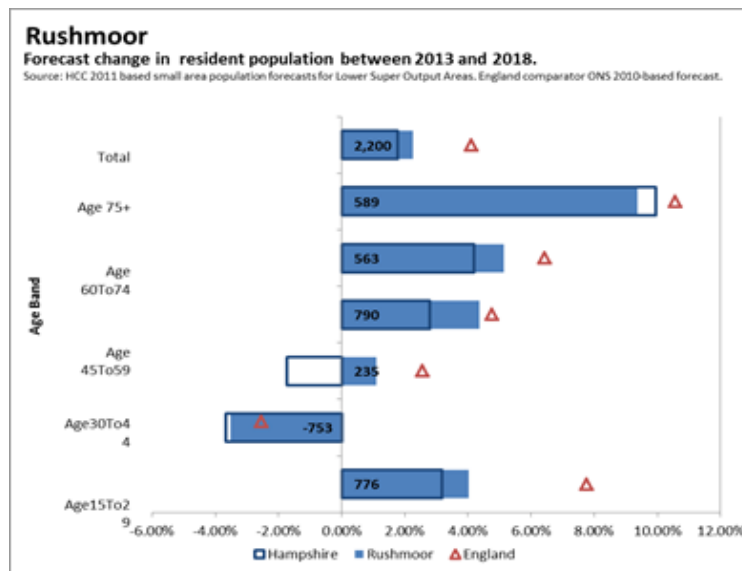


Figure 43:



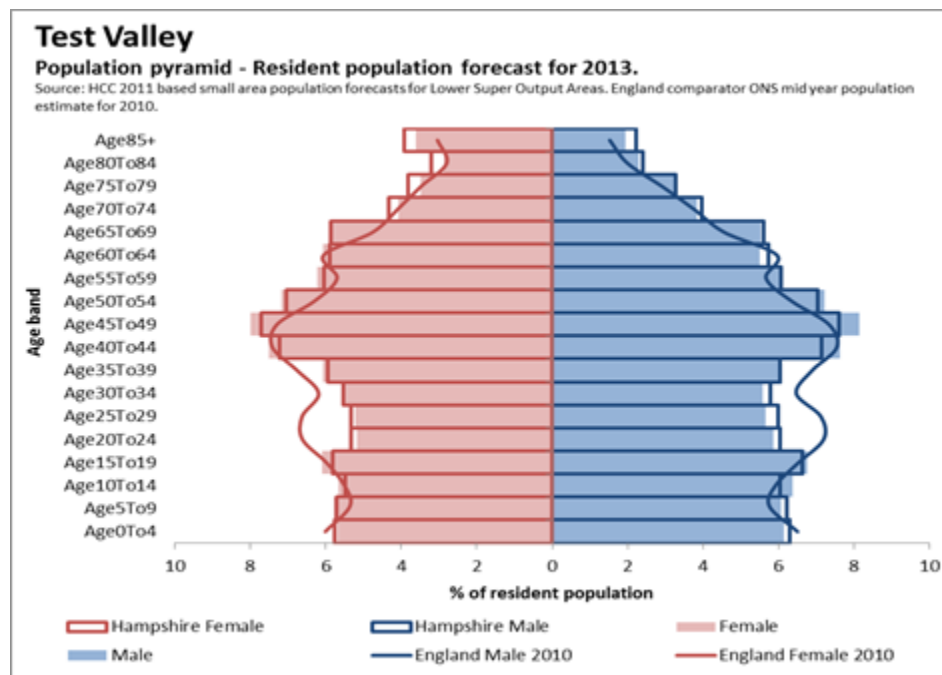
Conclusion

There is good provision of pharmacy cover in Rushmoor matching current and future planned population growth. This includes the growth in military families.

## Test Valley

Test Valley's population structure is similar to that of Hampshire. There are just under 120,000 people living in the district. The health of people in Test Valley is generally better than the England average. Deprivation is lower than average, however about 2,300 children live in poverty. Life expectancy for both men and women is higher than the England average.

**Figure 44:**



## Pharmacy provision

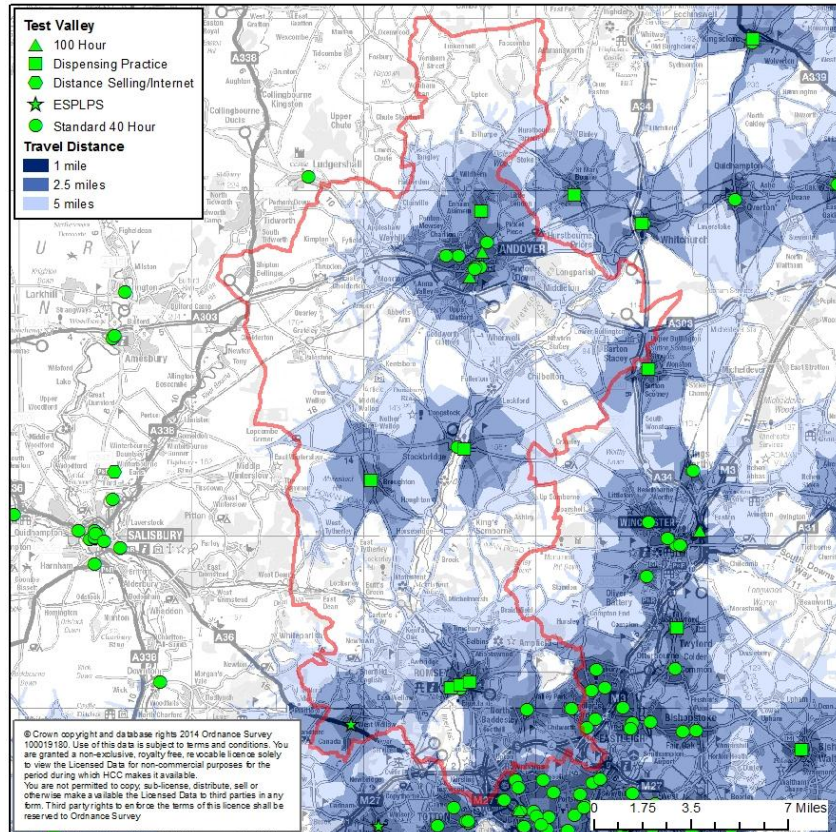
18 pharmacies cover Test Valley through the locality with early evening provision across the patch and late evening provision in the North of Test Valley. The south is serviced by Southampton a short journey from the area.

16 pharmacies are open on a Saturday with late evening provision proved by a 100 hour pharmacy in the North of the area. 4 pharmacies are open in the daytime on a Sunday in both the North and South of the locality.



This area also has a large number of dispensing doctors due to the rural nature of the area. This includes 3 in the town of Romsey. Wellow has an Essential Small Pharmacy. Only 62% of the area is within 5 miles of a pharmacy however the rural nature of the area means that the areas further from premises are low in population density.

**Figure 45:**



### Future growth

Further growth of this area includes new dwellings in the north and south close to current provision. This growth will include Army families relocating from Germany. There is overall growth of 4,000 people.

**Figure 46:**

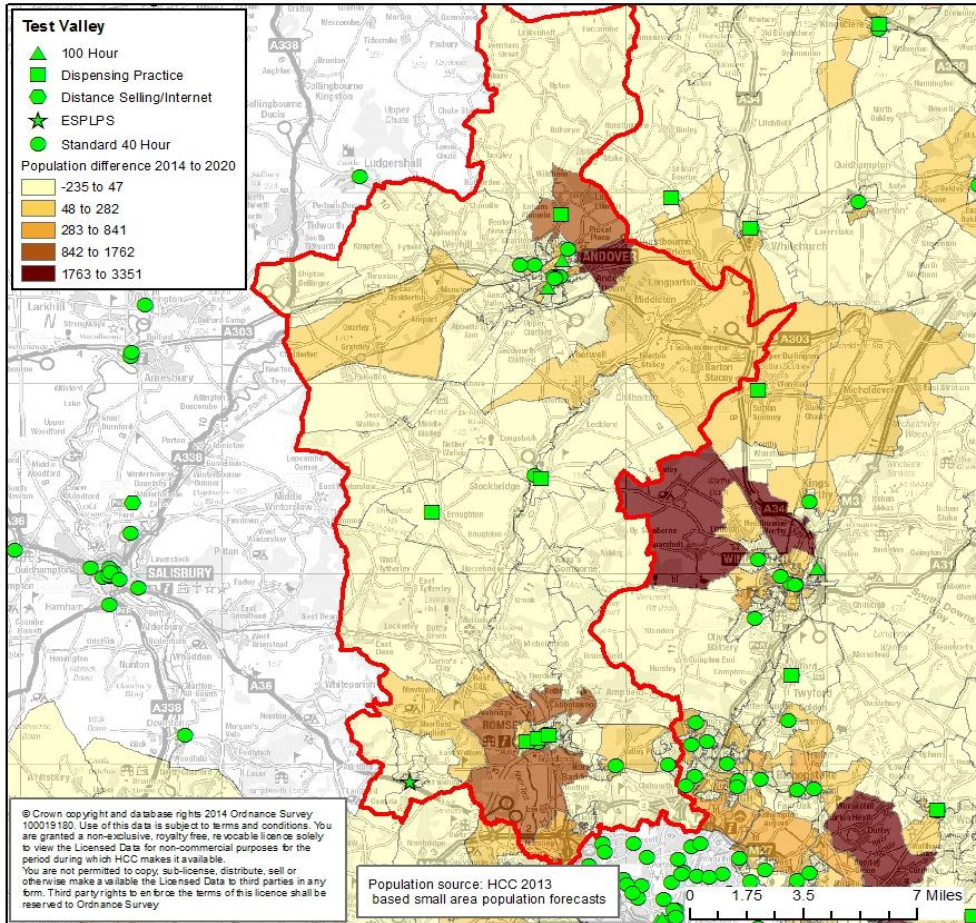
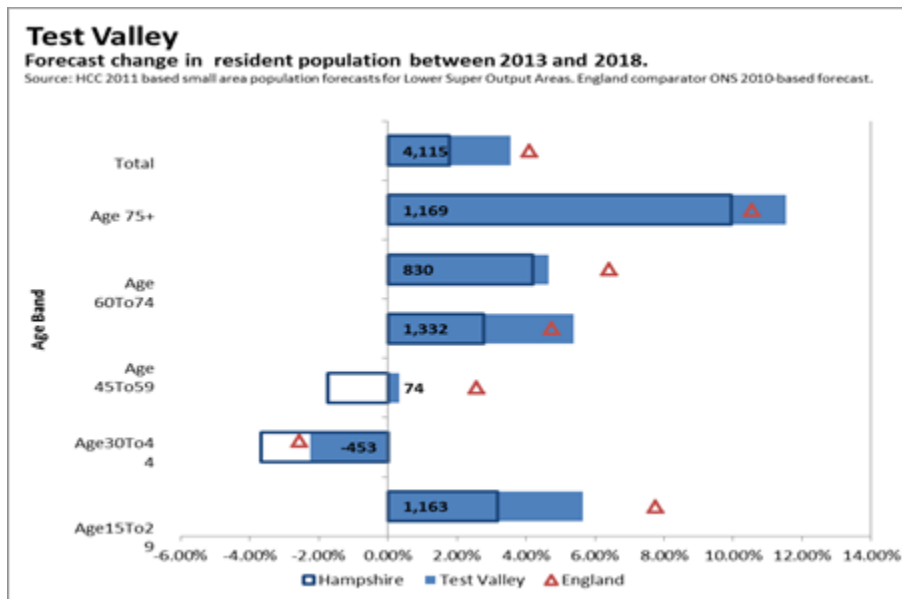


Figure 47:



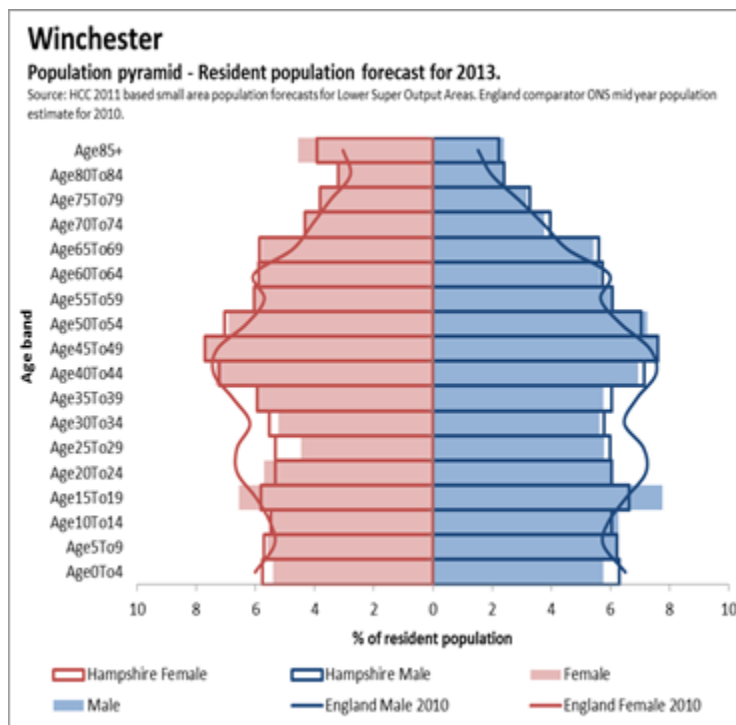
**Conclusion**

There is good provision of pharmacy services in Test Valley matching current and future planned population growth. This includes the proposed changes to the military rebasing of personnel and dependents.

## Winchester

Winchester is a rural area with a large urban area covering a population of 120,000 people with a similar age structure to the Hampshire average. The health of people in Winchester is generally better than the England average. Deprivation is lower than average, however about 1,800 children live in poverty. Life expectancy for both men and women is higher than the England average.

**Figure 48:**



## Pharmacy provision

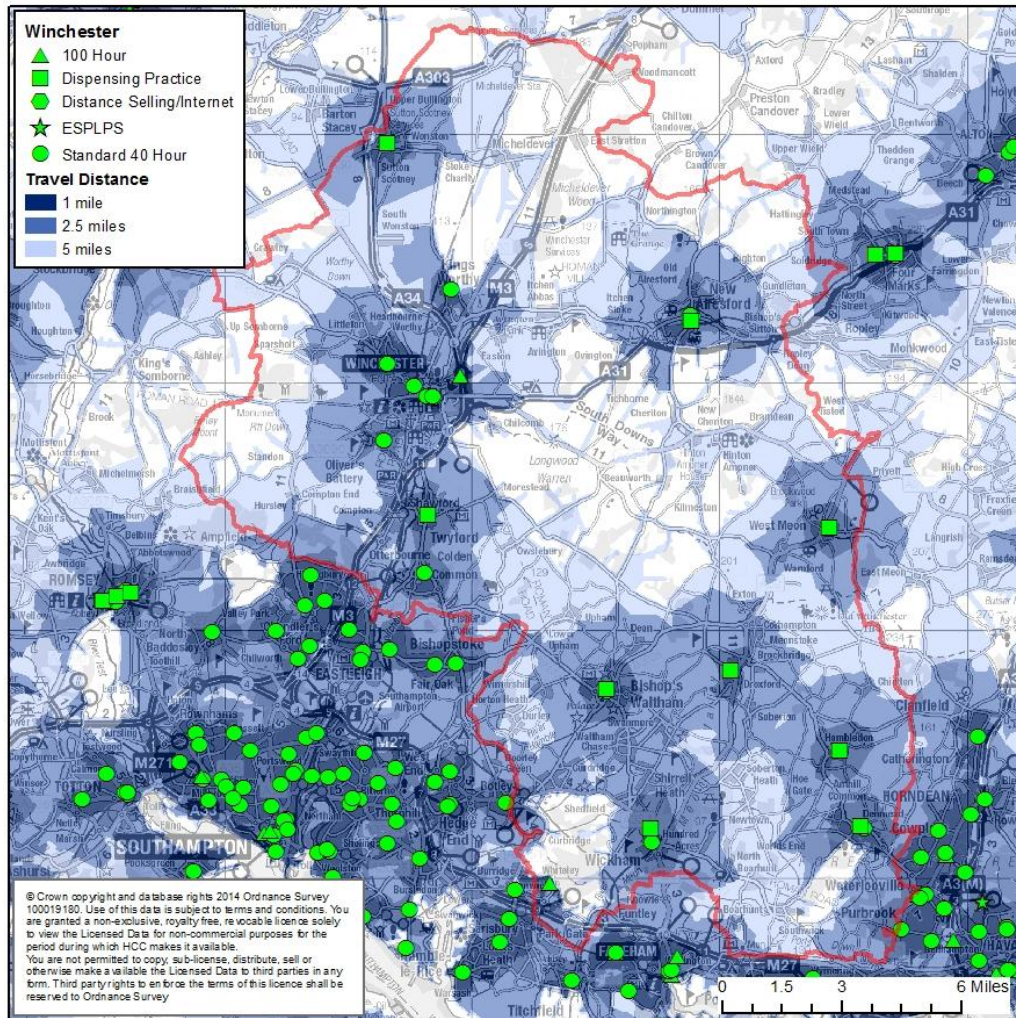
Winchester has 16 pharmacies with weekday early and late evening provision in the main town of Winchester. The area is serviced by good pharmacy provision in neighbouring localities. This is by pharmacies in Havant and Eastleigh in the South and Basingstoke in the North.

All except one open on Saturday with evening availability up to 22:00. 3 pharmacies open in the day on a Sunday based in Winchester. 76% of the area

is within 5 road miles of a pharmacy with the rural population having much further to travel. There are 7 dispensing doctors and two 100 hour pharmacies.

Out of hours provision is based in Winchester hospital with a local 100 hour pharmacy.

**Figure 49:**



### Future growth

1,700 homes are planned for Winchester over the next 3 years mainly in the urban areas of Winchester, Eastleigh and Havant. This incorporates a growth of 4,500 people. These areas of growth are within 5 miles from current provision and therefore have provision of pharmaceutical services.

**Figure 50:**

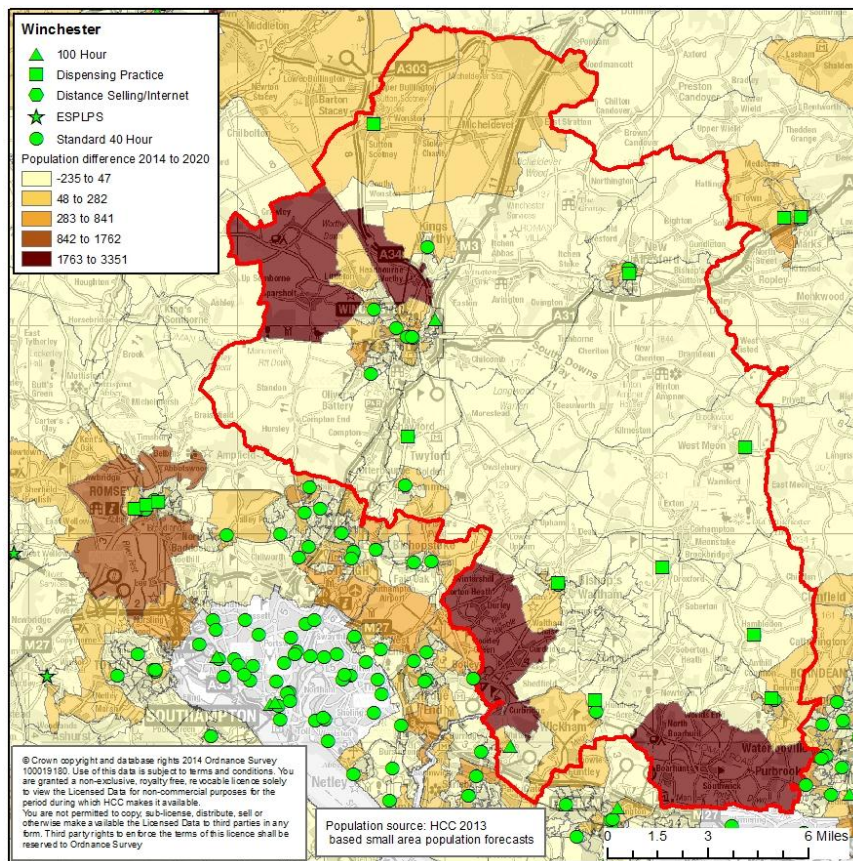
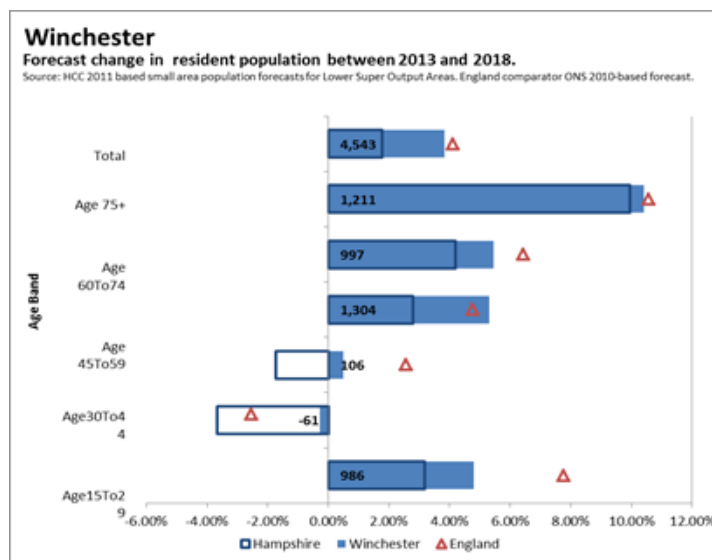


Figure 51:



## Conclusion

There is good provision of pharmacy cover in Winchester matching current need. If completed and populated the proposed housing growth the north of Winchester

City will require a pharmacy to bring improvements in better access due to the distance needed to travel to current provision. However the provision would be adequate.

## **Overall Conclusion**

Pharmacy provision throughout the county is good with no gaps identified for current or future populations. There is one instance within the localities where increased provision would bring improvements in better access. This is in East Hampshire with regard to access out of hours provision

Due to the commercial aspect of community pharmacy service, provision will be where the population density is greatest. In total 73% of the county area is within 5 road miles of a pharmacy. Those areas further from provision are very rural areas, many without roads e.g. recreational space. With the addition of the delivery service the population of Hampshire is well served by community pharmacy provision.

The Medicine Use Review (MUR) and New Medicine Services (NMS), which help to optimise use of medicine, are available throughout the localities from the majority of pharmacies giving good access to the people of Hampshire. However the number of people who may benefit from using these services does not represent the full extent of need as identified by the number of people with long term conditions on multiple medications. Further work is required by NHS England to understand the quality of the service and how to increase the uptake so that all patients on relevant medication or with Long Term conditions may benefit from these services. We need to see the increased use of MUR and NMS as the population grows and the population becomes older.

To ensure good access by all of the population, delivery services which increase access should be reviewed to ensure quality due to the lack of robust mechanisms in place at present to oversee these services.

Other services such as Health Living Pharmacy and locally commissioned services (by CCGs and HCC) need further development to ensure that pharmacy services are used to benefit of patients. This includes quality and access to these services.

## Appendix A

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
  - Wessex LMC
- 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 Hampshire
- any NHS trust or NHS foundation trust in the area
  - West Hampshire CCG
  - North East Hampshire and Farnham CCG
  - North Hampshire CCG
  - South East Hampshire CCG
  - Fareham & Gosport CCG
  - Portsmouth Hospitals NHS Trust
  - University Southampton Hospitals NHS Foundation Trust
  - Hampshire Hospitals NHS Foundation Trust
  - Solent NHS Trust
  - Southern Health NHS Foundation Trust
  - South Central Ambulance Service NHS Foundation Trust
- NHS England
  - Wessex Area Team
- Neighbouring Health and Wellbeing Boards
  - Southampton
  - Portsmouth
  - Dorset
  - Poole and Bournemouth
  - Wiltshire
  - Reading
  - Bracknell and Ascot Heath
  - Surrey
  - West Sussex
  - West Berkshire
  - Wokingham

# Appendix B

Map of pharmacies in Hampshire.

