

Hampshire Pharmaceutical Needs Assessment 2022-2025

1. Executive Summary

Since April 2013 every Health and Wellbeing Board in England has a legal responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, referred to as a pharmaceutical needs assessment (PNA). The PNA looks at existing provision of community pharmacy services across Hampshire, whether this meets the current and future needs of the population and identifies any gaps in current or future provision.

This document outlines the purpose of the PNA and the processes undertaken in its production. It details the demography and health needs of the population of Hampshire within the main document. These are examined in more detail in supplementary document one, including consideration of sections of the population who may have specific needs for pharmaceutical services.

The PNA defines the different types of pharmacies and pharmaceutical services available across the county. The provision of pharmaceutical services across Hampshire is considered, both in terms of geographical accessibility and opening hours, within the main document. Current and future provision are assessed in more detail, at district level, in supplementary document two.

This information is then used to conduct a gap analysis which examines current provision and future growth, based on anticipated development over the coming years. This includes cross border provision in other health and wellbeing board areas.

The conclusion of this assessment is that the number, distribution, and choice of pharmaceutical services meets the current needs of Hampshire's population and future needs within the lifetime of this PNA. There are no identified needs for additional pharmaceutical services or improvements to current arrangements across the county.

This is based on the following

- There is a good geographical spread of community pharmacies across the county (Section 7)
- A pharmacy in Hampshire is accessible to the majority of the resident population (98%) within a 5-mile drive of a pharmacy located within the county. The more urban population are able to access a pharmacy within a 2.5-mile drive. The vast majority of the population outside of the 5-mile drive zone are resident in areas classified as rural village and dispersed (section 7.2)

- Housing development is examined at district level in supplementary document two. Examination of provision for areas of expected growth suggests that the needs of the associated increases in population can be managed by existing providers.
- There are 16 pharmacies per 100,000 population in Hampshire, broadly in line with the national average (section 7.3)
- The number of items dispensed per pharmacy across Hampshire annually is similar to the national average (section 7.4)
- There are 27 100-hour pharmacies in the county. These pharmacies provide 100 core hours per week of pharmaceutical services, extending opening hours both in the morning and late into the evening and weekends. Ten of Hampshire's eleven districts have at least two 100-hour pharmacies operating within its borders. The only district without provision is Eastleigh but there are four 100-hour pharmacies operating over the Hampshire border in the city of Southampton (section 6.2)
- All 224 community pharmacies provide the full range of face-to-face essential pharmacy services (section 5.7)
- There is good provision of advanced services across the county, with provision in each of its constituent eleven districts (section 5.8)
- There are a range of locally commissioned and enhanced services delivered across Hampshire (section 5.9 and 5.10)
- Of those community pharmacies that responded to the questionnaire, the majority provide collection of prescriptions from GP practices and a delivery service to patients as well as services in a variety of languages (section 5.10.6 and 5.10.7)

2. Introduction

2.1 Definition and purpose of the Pharmaceutical Needs Assessment

A pharmaceutical needs assessment (PNA) is a statement of the pharmaceutical needs of the population within the local area. Its aim is to understand if pharmacy services are currently being offered in the right places to meet the needs of the local communities they serve and if they will continue to do so in the future.

The NHS Act 2006, amended by the Health and Social Act 2012, sets out the requirements for health and wellbeing boards (HWBs) to develop and update pharmaceutical needs assessments. This assessment should determine whether there are any gaps in provision or if these are likely to occur in the future. The HWB should then publish a statement of its findings including recommendations as to how any gaps identified should be filled¹.

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 set out the minimum information that must be contained within a PNA and outlines the process that must be followed in its development².

The purpose of the pharmaceutical needs assessment is primarily to be used by NHS England to make market entry decisions. It will be used when applications are received to enter or amend the pharmaceutical list within the Hampshire HWB area. It may also be used by local authorities and Clinical Commissioning Groups when commissioning services from pharmacies and dispensing appliance contractors, ensuring that services are targeted to areas of need.

Hampshire's Joint Health and Wellbeing Strategy has been developed by Hampshire's Health and Wellbeing Board to improve health across the county. One of the purposes of this document is to ensure that the right services are delivered where and when they are needed the most, this includes pharmaceutical provision.

This PNA replaces the assessment undertaken by Hampshire County Council Public Health in 2018.

2.2 Health and Wellbeing Board duties in respect of the PNA

Since April 2013, Health and Wellbeing Boards (HWBs) have had the duty to develop and publish PNAs. The Health and Social Care Act 2012 brought about major reforms to the NHS, abolishing Primary Care Trusts (PCTs), and transferring the responsibility for developing,

¹ [National Health Service Act 2006 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2006/43/section/125)

² [The National Health Service \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013 \(legislation.gov.uk\)](https://www.legislation.gov.uk/uksi/2013/1211/section/2)

updating, and publishing local PNAs from PCTs to HWBs. At the same time responsibility for using the PNAs as the basis for determining market entry to a pharmaceutical list also transferred from PCTs to NHS England³.

The HWB must publish revised statements on a three yearly basis. It should also publish a subsequent PNA sooner when it identifies changes to the need for pharmaceutical services which are of a significant extent. This could be due to changes in population size, demography or risks to the health and wellbeing of the population.

The HWB should also produce supplementary statements which explain changes to the availability of pharmaceutical services in certain circumstances.

2.3 Structure of the PNA

The first section of this document is an overview of the process of developing the PNA. This includes the establishment of a steering group and the governance of the document, data collection and analysis, collation of pharmaceutical services information and engagement with both contractors and the general public.

The PNA then defines the different types of pharmaceutical services and the provision of these across the county. Access is then considered in terms of opening hours and geographical access.

The need for pharmaceutical services across Hampshire is then assessed using a range of data from the Joint Strategic Needs Assessment (JSNA) and other sources. This covers demographic, economic and health data including known housing development or regeneration projects that are current or will occur within the lifespan of the PNA.

A summary of this information is included in the main document, but the more detailed analysis is contained within two separate supplementary documents. One contains an analysis of health needs of the county including population groups with protected characteristics and Inclusion Groups, the other contains a detailed analysis of current and future need for pharmacy services in the eleven constituent districts of the county.

Finally, all the information gathered in the pharmaceutical needs assessment contributes to a 'gap analysis' which covers current provision of pharmaceutical services and how this is likely to change in the future based on anticipated levels of housing development and associated population growth.

2.4 Maps within the PNA

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³ [Health and Social Care Act 2012 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

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3. Development of the PNA

3.1 Local development of the PNA

The PNA has been undertaken in line with the requirements of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations and the latest guidance published in the information pack for local authority health and wellbeing boards in October 2021⁴.

The Hampshire PNA has been in development since September 2021. The document has been written with assistance from partners in neighbouring local authorities, NHS England and Community Pharmacy South Central (Local Pharmaceutical Committee) which is gratefully acknowledged.

3.2 Governance

As recommended in the PNA information pack, a steering group was established to support the PNA process in Hampshire and to oversee the production of the document in accordance with the regulations. The group has representation from key stakeholders including Community Pharmacy South Central and NHS England.

3.3 Gathering of health and demographic data including locality definition

The JSNA for Hampshire has been used to produce an overview of the demography and health needs of the county. Other sources of information including data related to new housing developments and related population growth have been supplied by other departments within the council.

PNA guidance states that sub localities of the health and wellbeing board may be considered to give a more detailed assessment. Given the relatively large geography and population of Hampshire, the PNA has used localities that match district council boundaries, namely:

- Basingstoke and Deane
- East Hampshire
- Eastleigh
- Fareham
- Gosport
- Hart
- Havant
- New Forest
- Rushmoor

⁴ [Pharmaceutical needs assessments: Information pack for local authority health and \(publishing.service.gov.uk\)](#)

- Test Valley
- Winchester

The required information can be sourced on this geographical basis. These localities are at a suitable size to give a meaningful assessment whilst also being small enough to relate to population communities within Hampshire.

3.4 Public and contractor engagement

All community pharmacies in Hampshire (224) were invited to complete a brief questionnaire about their services to inform the development of the PNA. This survey was open from 13 December 2021 until 17 January 2022. Response was initially low due to seasonal winter pressures and additional pressures placed on pharmacies by the accelerated COVID-19 booster roll-out and lateral flow test distribution. As a result, the deadline was extended but response was still relatively low, resulting in 38 responses (a response rate of 16.5%).

3.5 Pharmaceutical service information

NHS England provided data on pharmaceutical provision locally including opening hours, addresses and the delivery of advanced services. Further national information was sourced from the NHS Business Services Authority website and local services commissioned by public health were sourced from within the county council.

Advice and expertise have also been provided by NHS England, Community Pharmacy South Central and from Hampshire County Council's Public Health and Spatial Policy, Strategy and Research departments.

3.6 Analysis and drafting

Health, demographic, pharmaceutical service provision and all other information were collated to examine how the health needs of the population can be met by current provision of pharmaceutical services. Those who share a protected characteristic as defined in the Equality Act⁵ as well as any other groups with specific needs that exist within the area such as university students and offenders, were identified in the PNA.

National and local statistics have been used to determine levels of activity in delivering current services and to examine any gaps in the future provision of pharmaceutical services. The Steering Group agreed that living within 1.6km travel distance would be a key criterion for the gap analysis; this distance was deemed appropriate as it is used to decide whether a GP can dispense prescriptions. Given the rural nature of large parts of Hampshire, it was decided to use two further travel distances of 2.5 miles and 5 miles travel distance. Opening hours and services provided were also included in the gap analysis.

Following the analysis, a draft consultation document was completed in line with national guidance.

⁵ [Equality Act 2010 \(legislation.gov.uk\)](https://legislation.gov.uk)

3.7 Review and sign-off

The document was then reviewed by the Director of Public Health and the Public Health Senior Management Team.

3.8 Consultation

The health and wellbeing board consulted with relevant organisations about the contents of the pharmaceutical needs assessment in line with statutory requirements. The consultation ran for a period of 60 days from 4 April closing at 11.59pm on June 3 2022.

Following public consultation, the conclusion of the assessment is that the number, distribution, and choice of pharmaceutical services meets the current needs of Hampshire's population and future needs within the lifetime of this PNA. There are no identified needs for additional pharmaceutical services or improvements to current arrangements across the county. Headline findings and a summary are available on the Council [PNA web pages](#).

4. Hampshire context

4.1 Population

Hampshire is a county in the South East of England, bordered by Berkshire to the north, Dorset and Wiltshire to the West, Surrey and West Sussex to the East and extending to the coast in the south. The population of Hampshire in 2022 is estimated to be 1.43 million people and just under 621,900 households, according to Small Area Population Forecasts produced by Hampshire County Council⁶. This makes Hampshire the third most populous county in England after Kent and Essex.

Hampshire has an older population structure than the national average, with a greater proportion of the population aged 50 years and over and a lower proportion of younger working age, 20 to 44 years.

The population of the county is expected to increase by 4.6% from 2022 to 2027, this equates to an increase of just over 66,400 people. The population of Hampshire is ageing with increases predicted mainly amongst the older population, aged 75 years and over. This ageing population will have an increasing impact on the demand for health and social care services in the area.

Hampshire's population density is lower than that of England, 378 people per square kilometre compared to 434 per square kilometre in England. Population density varies greatly across the county, with higher population density generally correlated to the urban rural classification of the area.

Hampshire is amongst the least deprived authorities in England according to the Index of Multiple Deprivation (IMD) 2019, although there are pockets within Hampshire that fall within the most deprived areas in the country.

The population of Hampshire is less diverse than that of England as a whole, with 95% of resident describing themselves as belonging to White ethnic groups compared to the national average of 86%. The diversity of the area's population is increasing, 5% of the population described themselves as belonging to an ethnic minority group in 2011, up from 2.2% in the previous census.

Overall, the White population of Hampshire has higher proportions of people in the older age groups. The demographic of the population who are from an ethnic minority group tends to be younger.

⁶ [Population estimates and forecasts | Hampshire County Council \(hants.gov.uk\)](https://www.hants.gov.uk/population-estimates-and-forecasts)

4.2 Population health

Hampshire's population health is better than England. The latest life expectancy figures published for Hampshire based on 2018 to 2020 are longer than the national average, 81.4 years for men (two years longer) and 84.6 years for women (one and a half years longer). Life expectancy across Hampshire has been increasing over time, however improvements have slowed, and this has been particularly noticeable for women and in the most deprived areas of the county.

Life expectancy varies with deprivation across the county, the most recent figures show a difference of 7.5 years between males living in the least deprived areas of Hampshire and those living in the most deprived and a difference of 5.3 years amongst these two groups for females.

The proportion of residents with a limiting long-term illness or disability is comparable to England. However, the size of the Hampshire population means that the absolute numbers of people experiencing ill health or disability are large. Approximately 6.7% of the population said that they had a long-term health problem or disability which limited their day to day activities a lot, this represents nearly 88,000 people. Four percent of the population reported their health to be bad or very bad, this equates to a little over 53,000 individuals across the county.

Certain lifestyle behaviours are known risk factors for chronic diseases and premature mortality. While Hampshire compares well to national and regional averages for participation in physical activity, obesity, alcohol-related health and social harm and smoking, these lifestyle behaviours still equate to high numbers of people across the county. A quarter of Hampshire's adult population are thought to be physically inactive, nearly 146,000 people are estimated to smoke, over 705,000 residents are overweight and 283,300 people drink above the recommended safe levels for alcohol every week⁷. These lifestyle behaviours may be influenced by wider determinants of health such as deprivation and poor living circumstances.

Much of the data used to inform the PNA is from the JSNA published by Hampshire County Council and is included in supplementary document one. Some of the data in this PNA is presented at a county-wide level. However, given the large geography covered by the county of Hampshire as well as the size of its resident population, the majority of the PNA has been conducted at district level. The required information can be sourced on this geographical basis. These localities are at a suitable size to give a meaningful assessment whilst also being small enough to relate to population communities within Hampshire and the results of the district analysis are presented in supplementary document two.

⁷ [Living well 2016 to 2019 | Health and social care | Hampshire County Council \(hants.gov.uk\)](https://www.hants.gov.uk/living-well-2016-to-2019)

4.3 Local health services

Other NHS services can affect the need for pharmaceutical services, including hospital and community services.

Hampshire has two main hospital sites, located within the county. Resident may also access many hospitals across its borders including Royal Surrey County Hospital and Frimley Park Hospital in Surrey, Salisbury District Hospital in Wiltshire, St Leonards Community Hospital, Christchurch Hospital, Poole Hospital and Royal Bournemouth Hospital in Dorset, Southampton General Hospital and Royal South Hants Hospital in Southampton and Queen Alexandra Hospital and St Mary's Community Health Campus in Portsmouth.

Basingstoke and North Hampshire Hospital is located in the town of Basingstoke, to the north of the county. The hospital has around 450 beds and provides a full range of planned and emergency services. These includes specialist services for rare or complex illness for patients across the UK, including liver cancer, colorectal cancer and pseudomyxoma peritonei (a rare lower abdominal cancer).

Royal Hampshire County Hospital is located in the city of Winchester, central to the county of Hampshire. The hospital provides a full range of general hospital services including accident and emergency, general and specialist surgery, general medicine, intensive care, rehabilitation, chemotherapy, diagnostic services, out-patient clinics, and paediatric care.

In addition, the Trust operates a small site, **Andover War Memorial Hospital** located in the town of Andover in Test Valley. The hospital provides in-patient rehabilitation, maternity services, a day surgery unit and a minor injuries clinic.

The pharmacy departments at Hampshire Hospitals Foundation Trust provide several services: a clinical pharmacy service, dispensing of medications, medicines information, technical services, and clinical trials. There is a pharmacy in Winchester at the Royal Hampshire County Hospital and in Basingstoke at the Basingstoke and North Hampshire Hospital. There is also a pharmacy office at Andover War Memorial Hospital⁸.

Southern Health NHS Foundation Trust provides health services at a number of sites across the county including Alton Community Hospital, Andover War Memorial Hospital, Fareham Community Hospital, Fordingbridge Hospital, Gosport War Memorial Hospital, Hythe Hospital, Lymington New Forest Hospital, Parklands Hospital (located in Basingstoke), Petersfield Hospital and Romsey Hospital.

Lymington New Forest Hospital is the largest site and is located in the New Forest in the southwest of Hampshire. The hospital has four inpatient wards including a stroke rehabilitation unit and medical admissions unit. The hospital has an onsite pharmacy⁹.

⁸ [Home :: Hampshire Hospitals](#)

⁹ [Lymington New Forest Hospital :: Southern Health NHS Foundation Trust](#)

NHS Hampshire, Southampton and Isle of Wight CCG had 96 GP practices located within the county boundaries as of November 2021. As of January 2022, there were 232 NHS dental practices in Hampshire¹⁰.

5. Current pharmaceutical services

5.1 Definition of pharmaceutical services and overview of Hampshire provision

Section 126 of the 2006 Act places an obligation on NHS England and NHS Improvement to put arrangements in place so that drugs, medicines, and listed appliances ordered via NHS prescriptions can be supplied to persons. The Community Pharmacy Contractual Framework (CPCF) for 2019/20 to 2023/24 was agreed by the Department of Health and Social Care (DHSC), NHS England and the Pharmaceutical Services Negotiating Committee (PSNC) and describes a joint vision for how community pharmacy will support delivery of the NHS Long Term Plan¹¹.

Pharmaceutical services is a collective term of a range of services commissioned by NHS England. In relation to PNAs it includes:

- Essential services
- Advanced services
- Enhanced services
- Local pharmaceutical services (LPS) contracts that are the equivalent of essential, advanced, and enhanced services,

NHS England is responsible for preparing, maintaining, and publishing a list of pharmacies on the HWB Pharmaceutical List. As of February 2022, there are 231 pharmacies (including 7 distance selling pharmacies) and 2 dispensing appliance contractors in Hampshire. The residents of Hampshire can also access pharmacy services across the border in Portsmouth, Southampton, Sussex, Surrey, Berkshire, Wiltshire, and Dorset as well as distance selling pharmacies across the country.

There is a separate list for dispensing doctors. As at March 2022, there are 22 dispensing practices in Hampshire.

A description of the different types of pharmacies, the pharmaceutical services provided and details of the current provision of these across Hampshire follows.

¹⁰ Data supplied by NHSEI

¹¹ [Community Pharmacy Contractual Framework : PSNC Main site](#)

5.2 Pharmacy Contractors

Nationally there were 11,600 active community pharmacies and 112 active appliance contractors in England during 2020/21. 236 new pharmacies opened over the course of the year, while 451 closed. This is the lowest number of active contractors since 2015/16.

1.03 billion prescription items¹² were dispensed by community pharmacies and appliance contractors in England in 2020/21. This is a decrease of 1.79% from the number of items dispensed in 2019/20 but still a 2.35% increase in items dispensed since 2015/16.

As of February 2022, NHS England South East Region has 231 pharmacy contractors on its list in Hampshire. Of these, 7 are Distance Selling Pharmacies not specifically serving the local population but available to anyone within England.

The remaining 224 are pharmacy contractors operating on 100-hour contracts or standard 40-hour contractors.

Since 2017 the number of pharmacy contracts has fallen slightly, there are 12 fewer contracts in 2022, a fall of 1.6%. The breakdown of contractor types and the changes since 2010 are shown in table 1.

Table 1 - Change in pharmacy provision across Hampshire by contractor type

Pharmacy contract type	Description	2010	2015	2017	2022
Standard 40 hour contract	Pharmacies open for 40 core contractual hours which cannot be amended without the consent of NHS England, together with supplementary hours which may be amended by giving three months notice.	201	205	208	197
100 hour opening	Pharmacies open for 100 core contractual hours and have opened under the former exemption from the control of entry test.	16	27	27	27
Essential Small Pharmacy LPS	A pharmacy contracted in a location where a 40 hour pharmacy would not be commercially viable. These contracts were terminated in March 2015.	6	4	0	0
LPS	Services provided under a local pharmaceutical services (LPS) contract and must include dispensing as a minimum.			1	0
Distance selling	Pharmacies receiving prescriptions either via the electronic prescription service or through the post, which are then dispensed and then delivered to the patient. The 2013 regulations do not allow these pharmacies to provide essential services to people on a face-to-face basis.	4	5	7	7
Total		227	241	243	231
Dispensing practices	GP practices which dispense prescriptions to patients living in controlled localities, more than 1.6km from a pharmacy and where the practice has approval for their premises and the appropriate consent for the area the patient lives in.			28	22

¹² <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-201516-202021>

Across England there are 11,600 community pharmacies which equates to 17.3 pharmacies per 100,000 population (2020/21). Hampshire's provision is slightly lower at 16.14 pharmacies per 100,000 population. This varies between 20.29 pharmacies per 100,000 population in Havant to 11.38 pharmacies per 100,000 population in Winchester. The number of pharmacies per head of resident population in Hampshire and its constituent districts is discussed further in section 7 of this document.

Nearly 90% of pharmacies in Hampshire open on a Saturday and there is good 'out of hours' availability across all areas. There are 27 pharmacies across Hampshire providing a 100-hour pharmacy service and 56 services (24%) are open on a Sunday. The distribution of community pharmacy by number of contracted hours is discussed further in section 6 of this document.

5.3 Distance selling pharmacies

Whilst distance selling premises (internet pharmacies) are pharmacies, the 2013 regulations do not permit them to provide essential services face-to-face. Distance selling premises are required to dispense prescriptions for patients anywhere in England. Distance selling premises receive prescriptions either via the electronic prescription service or through the post. These are then dispensed at the pharmacy for delivery to the patient.

As of February 2022, there were 7 distance selling pharmacies located within Hampshire, 2 in the New Forest, 2 in Rushmoor and 1 in each of the districts of East Hampshire, Eastleigh and Gosport. In 2020/21, these 7 distance selling pharmacies dispensed a total of just over 456,700 items. The Pharmaceutical Journal estimates that the number of items dispensed by distance selling pharmacies in England increased by 45% between 2019 and 2020. Hampshire based distance selling premises have, in line with many other internet-based services, seen an increase of activity during the COVID-19 pandemic. Distance selling premises dispensed 12.5% more in 20/21 compared to 2019/20, an increase of a little over 50,000 items. In 2020/21, approximately 75% of items dispensed by Hampshire based distance selling pharmacies were to Hampshire residents.

In addition, Hampshire residents may choose to have their prescriptions dispensed from a distance selling pharmacy anywhere in the country. Distance selling pharmacies dispensed a total of just under 1.5 million items to Hampshire residents in 2020/21. Approximately a quarter of these were dispensed by pharmacies located within the county.

5.4 Dispensing doctors

Dispensing doctors are general practitioners (GPs) who provide primary healthcare to patients who live in controlled localities. These are areas that have been determined to be 'rural in character' by NHS England and NHS Improvement. A range of factors will be considered when determining whether an area is controlled locality including population density, the presence or absence of facilities, employment patterns, and the availability of public transport.

For the purposes of the PNA only the dispensing services they provide are included. The dispensing doctors are allowed to dispense the medicines they prescribe for these patients. The provision for doctors to provide dispensing services in certain circumstances has been made in various NHS Acts and Regulations. The eligibility criteria are in summary:

- a patient is on the GP register of a practice that is a dispensing practice.

- a patient is resident in an area which is rural in character, known as a controlled locality, and at a distance of more than one mile (1.6 km) from pharmacy premises (excluding any distance selling premises). The pharmacy premises do not have to be in a controlled locality.
- the practice has approval for the premises at which they will dispense to the patient and the practice has appropriate consent for the area the patient lives in.
- a patient can apply to be a dispensing patient if they live nearer to a pharmacy but meet the conditions of the regulations i.e., that they would have 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).

As at March 2022, there were 22 dispensing doctor practices in Hampshire. Many serve rural communities where there is limited access to pharmacy, see table 2 below. These will enhance the pharmaceutical dispensing provision by community pharmacies, see map 1 below.

Map 1 - Map showing locations of dispensing GP practices in Hampshire as at March 2022

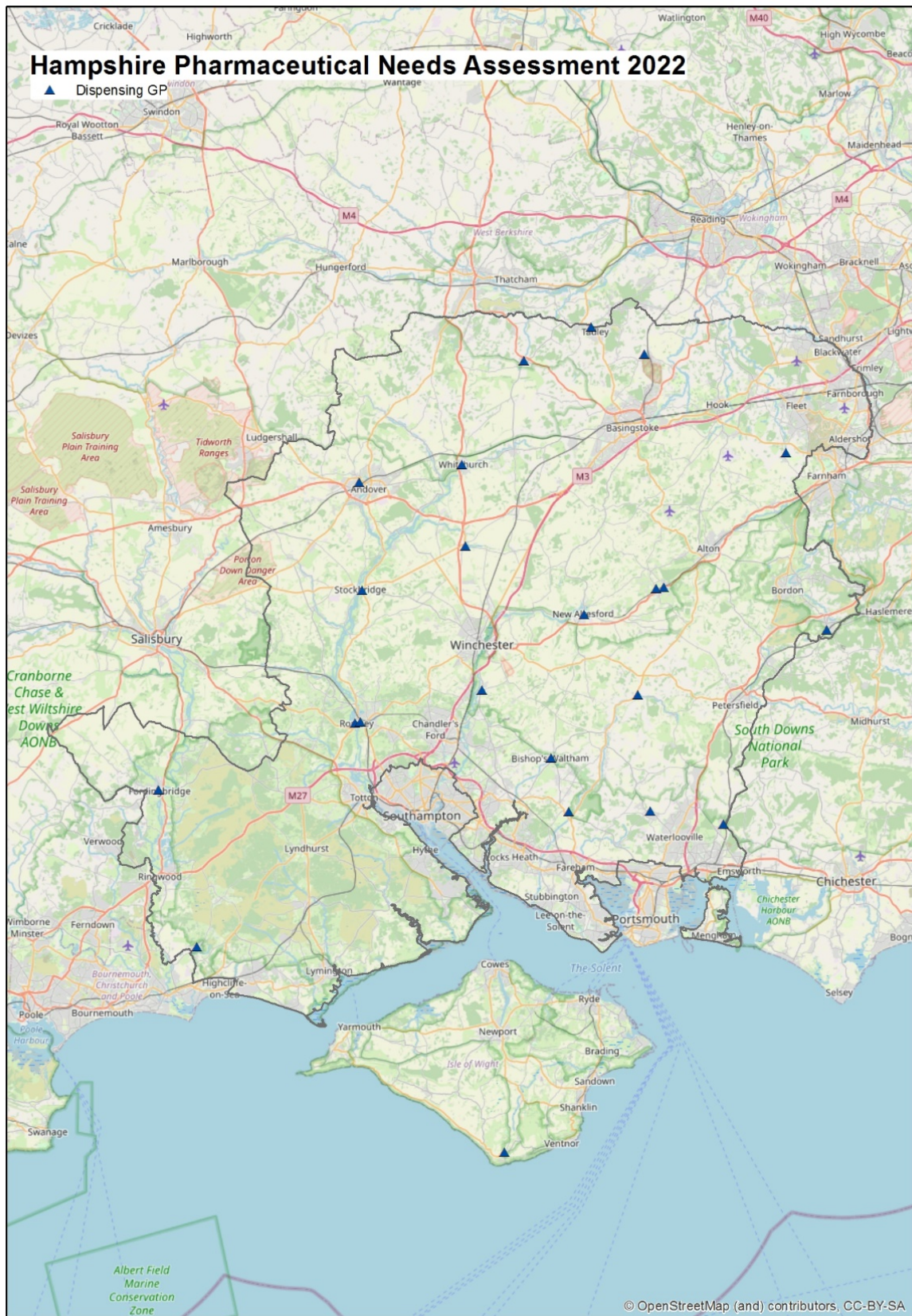


Table 2 – Number of dispensing GP practices by Hampshire district as of March 2022

Local authority area	Number of dispensing GP practices
Hampshire	22
Basingstoke and Deane	4
East Hampshire	4
Eastleigh	0
Fareham	0
Gosport	0
Hart	1
Havant	0
New Forest	2
Rushmoor	0
Test Valley	4
Winchester	7

5.5 Local Pharmaceutical Services

A local pharmaceutical services contract allows NHS England and NHS Improvement to commission services that are tailored to meet specific local requirements. It provides flexibility to include within a locally negotiated contract a broader or narrower range of services than is possible under national pharmacy arrangements set out in the 2013 regulations. The contract must include an element of dispensing as a minimum.

As of February 2022, there are currently no LPS in Hampshire.

5.6 Dispensing Appliance Contractors

Dispensing appliance contractors (DACs) can only dispense prescriptions for appliances and not for drugs. They are not required to have a pharmacist and their premises do not have to be registered with the General Pharmaceutical Council.

These contractors tend to operate remotely, receiving prescriptions via the electronic prescription service or through the post. There are two dispensing appliance contractors located in Hampshire as of February 2022, one in Basingstoke & Deane and one in Winchester.

Hampshire residents may choose to have their appliances dispensed from a dispensing appliance contractor anywhere in the country. A large proportion of patients who are regular users of appliances will have them delivered.

5.7 Essential services

All pharmacies, including distance selling premises, with NHS contracts are required to provide essential services. As of October 2021, there are seven essential services. These include the dispensing of prescriptions, dispensing of repeat prescriptions, disposal of unwanted medicines returned to the pharmacy, promotion of healthy lifestyles, signposting to other health or social care services, support for self-care and provision of a discharge medicines service.

Dispensing appliance contractors have a narrower range of services that they must provide. These include dispensing of prescriptions, dispensing of repeat prescriptions, signposting to alternative providers when necessary and for certain appliances they should provide delivery, a supply of wipes and bags, and provide access to expert clinical advice.

5.7.1 Dispensing medicines and repeat dispensing

In 2020/21 there were approximately 23.6 million items prescribed by Hampshire GPs dispensed across England at 1,880 sites. 98.7% of these items were dispensed by 200 contractors.

85.5% of these were dispensed by community pharmacy, 83% of items by pharmacies with Hampshire contracts. The majority of the remainder of items dispensed to Hampshire residents by community pharmacies were from contractors in surrounding areas including Southampton, Dorset, Portsmouth, Surrey and Bournemouth, Christchurch & Poole.

Of the remainder, 7.6% of items were dispensed by dispensing doctors, 6% by distance selling premises and 0.8% by dispensing appliance contractors.

NHS Digital reports that two-thirds of prescriptions issued in primary care are repeat prescriptions¹³

5.7.2 Disposal of unwanted medicine

All pharmacies have to provide a service for the disposal of unwanted medicine returned to the pharmacy by someone living at home, in a children's home, or in a residential care home.

5.7.3 Public Health promotion of healthy lifestyles

All pharmacies provide the essential service of the promotion of healthy lifestyles, which includes providing advice to people who appear to have diabetes, be at risk of coronary heart disease (especially those with high blood pressure), smoke, or are overweight, and all will participate in six health campaigns when requested to do by NHS England.

5.7.4 Signposting customers to appropriate services

All pharmacies should provide a sign-posting service for people who require advice, support, or treatment that the pharmacy cannot provide and direct to another provider of health or social care, where the pharmacy has that information.

¹³ [Electronic repeat dispensing for prescribers - NHS Digital](#)

5.7.5 Support for self-care

All pharmacies should provide support for self-care which may include advising on over the counter medicine or lifestyle changes.

5.7.6. Discharge Medicines Service

This service was introduced in 2021, becoming part of the Community Pharmacy Contractual Framework (CPCS). Under this service, a pharmacist will review a person's medicines when they are discharged from hospital and ensure that any changes are actioned accordingly. It aims to reduce the risk of medication problems on discharge, ensuring patient safety, improved outcomes, and readmission reduction¹⁴.

5.8 Advanced services

Advanced services are those services that pharmacy and dispensing appliance contracts may choose to provide if they meet the required standards. As of October 2021, the following services may be provided by pharmacies, new medicine service, community pharmacy seasonal influenza vaccination, community pharmacist consultation service, community pharmacy hepatitis C antibody testing service and hypertension case-finding service.

The Smoking Cessation Advanced Service (SCAS) was launched on 10 March 2022 for patients who started their stop-smoking journey in hospital.

There are two further advanced services that pharmacies and dispensing appliance contracts may choose to provide, appliance use reviews and stoma appliance customisation.

Advanced services commissioned nationally but available in Hampshire are;

5.8.1 New Medicine Service (NMS)

The service provides support for people, with long-term conditions and who have been newly prescribed a medicine. The aim of the services is to help improve medicines adherence and enhance self-management. From September 2021, the following conditions are covered by the service: asthma and Chronic Obstructive Pulmonary Disease (COPD), diabetes (Type 2), hypertension, hypercholesterolaemia osteoporosis, gout, glaucoma, epilepsy, Parkinson's disease, urinary incontinence/retention, heart failure, acute coronary syndromes, atrial fibrillation, long term risk of venous thromboembolism/embolism, stroke/transient ischaemic attack; and coronary heart disease.

Non-adherence to appropriately prescribed medicine is a health problem of major relevance to the NHS. It has been suggested that increasing the effectiveness of adherence interventions may have a far greater impact on the health of the population than any improvement in specific medical treatments.

Research has shown that pharmacists can successfully intervene when a medicine is newly prescribed, with repeated follow up in the short term, to increase effective medicine taking for the treatment of a long-term condition.

The service consists of three stages, which are: patient engagement, intervention and follow up. Engagement takes places following the prescribing of a new medicine for the management

¹⁴ [B0366-discharge-medicines-toolkit.pdf \(england.nhs.uk\)](#)

of a long-term condition when the patient will be offered the opportunity to use the NMS. If the patient is in agreement, the pharmacist and patient will have a discussion and the pharmacist will assess the patient's adherence to the medicine(s), identify problems and determine the patient's need for further information and support. The pharmacist will then agree a time for the follow up after the intervention.

All stages of the service provide an opportunity for healthy living advice to be provided, as appropriate to the individual.

As of February 2022, there were 216 pharmacies in Hampshire providing an NMS service, providing good coverage across the whole population. The data presented in table 3 covers the financial year 2021/22 and suggests there is good uptake of the NMS service across the county.

Table 3 - Number of pharmacies providing NMS and NMS activity in 2020/21 by Hampshire district

Local authority area	Numbers of pharmacies providing NMS	Number of NMS (2020/21)
Hampshire	216	24,915
Basingstoke and Deane	26	2,701
East Hampshire	18	2,037
Eastleigh	23	2,953
Fareham	15	1,927
Gosport	14	1,483
Hart	16	708
Havant	24	1,752
New Forest	33	6,447
Rushmoor	19	2,236
Test Valley	14	1,311
Winchester	14	1,360

5.8.2 Community Pharmacy Seasonal Influenza Vaccination

Community pharmacy has been providing flu vaccinations under a nationally commissioned service since September 2015. Each year from September to March, the NHS runs a seasonal flu vaccination campaign. It aims to vaccinate all patients who are at risk of developing more serious complications from the virus.

From September 2020 to March 2021, NHS England data show that 201 of the 224 pharmacies (excluding distance selling premises) in Hampshire delivered flu vaccinations. A total of just over 80,500 vaccinations were delivered across the county over the flu vaccination period, an average of 400 per pharmacy.

5.8.3 Community Pharmacist Consultation Service (CPCS)

This service was launched across England in October 2019 and is available all the hours a pharmacy is open. Normal prescription charges apply unless the patient is exempt in accordance with the NHS Charges for Drugs and Appliances Regulation. The CPCS manages a referral from NHS 111 and 111 online to a community pharmacy where a patient has contacted NHS 111 for low acuity conditions / minor illness or for urgent medicine supply. The service enables appropriate access to medicines or appliances via community pharmacy, relieving pressure on urgent and emergency care services by shifting demand from GP Out of

Hours (OOH) providers to community pharmacy. CPCS has been expanded to enable GPs to refer patients to pharmacies.

As of February 2022, 219 of the 224 pharmacies (excluding distance selling pharmacies) in Hampshire provided Community Pharmacist Consultation Services (CPCS), providing good coverage across the population, see table 4.

Table 4 – Number of pharmacies providing CPCS and CPCS activity for 20/21 across Hampshire districts

Local authority area	Numbers of pharmacies providing CPCS	CPCS Activity (2020/21)
Hampshire	219	7,039
Basingstoke and Deane	24	1,090
East Hampshire	18	520
Eastleigh	23	687
Fareham	16	882
Gosport	15	734
Hart	16	353
Havant	25	661
New Forest	34	610
Rushmoor	18	510
Test Valley	15	494
Winchester	15	498

5.8.4 Community Pharmacy Hepatitis C Antibody Testing Service

This new Advanced Service was introduced in September 2020, instead of its planned introduction in April because of the COVID-19 pandemic. The service is focused on provision of point of care testing (POCT) for Hepatitis C antibodies to people who inject with drugs but who have not yet moved to the point of accepting treatment for their substance use.

5.8.5 Hypertension Case-Finding Service

The Hypertension Case-Finding Service was commissioned as an Advanced service from 1st October 2021. The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement. The second stage, where clinically indicated, is offering 24-hour ambulatory blood pressure monitoring (ABPM). The blood pressure test results will then be shared with the patient’s GP to inform a potential diagnosis of hypertension.

The service received a soft launch and uptake has been relatively slow due to pressures related to the COVID-19 pandemic. It is anticipated that more local pharmacies will sign up to provide this advanced service over the lifetime of this pharmaceutical needs assessment.

5.8.6 Smoking Cessation Advanced Service

The Smoking Cessation Advanced Service (SCAS) is for patients who started their stop-smoking journey in hospital. This service will allow NHS trusts to refer patients to a pharmacy of their choice so they can continue receiving treatment, advice, and support with their attempt to quit smoking when they are discharged. It is expected that this service will continue to develop over the lifetime of this pharmaceutical needs assessment.

5.8.7 Stoma Appliance Customisation

The Stoma Appliance Customisation Service involves the customisation of stoma appliances, 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. This service is provided predominantly by dispensing appliance contractors in Hampshire and over 98% of this activity was provided by DACs in Hampshire. Three other community pharmacy recorded small amounts of stoma appliance customisation activity in 20/21.

5.8.8 Appliance Use Reviews

The aim of Appliance Use Reviews is to improve the patient's knowledge and use of any specified appliance. This service is also provided predominantly by dispensing appliance contractors in Hampshire.

5.9 Enhanced services

Only NHS England can commission enhanced services. The following enhanced services which may be commissioned by NHS England from 1 April 2013 in line with identified health 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
- On demand availability of specialist drugs
- Out of hours service
- Patient group direction service (not related to public health services)
- Prescriber support
- Schools service
- Screening
- Stop smoking
- Supervised administration
- Supplementary prescribing service

5.9.1 Wessex Pharmacy Urgent Repeat Medicines (PURM) Service

There is one enhanced service which is locally commissioned in Hampshire, Wessex Pharmacy Urgent Repeat Medicines (PURM) Service. This service allows participating pharmacies to make emergency supplies (which are usually private transactions) at NHS expense out of hours, at weekends and bank holidays. Normal prescription charges apply unless the patient is exempt in accordance with the NHS Charges for Drugs and Appliances Regulations. The pharmacist will only make a supply where they deem that the patient has immediate need for the medicine and that it is impractical to obtain a prescription without undue delay. This service is currently under review as it has been superseded by the

Community Pharmacist Consultation Service with the exception of walk-in provision. The number of pharmacies offering this service continues to decrease as a result.

5.10 Locally commissioned and other non-NHS services

Locally commissioned community pharmacy services can be contracted via a number of different routes and by different commissioners, including local authorities, Clinical Commissioning Groups (CCGs) and local NHS England teams. In Hampshire, the CCG commissions services including on demand availability of drugs for palliative care primary care service and a community dressing primary care service. Some other relevant non-NHS services are also described below as, although they are not defined as pharmaceutical services, they do add context to the overall provision across the county.

Services commissioned by Public Health Hampshire are detailed below.

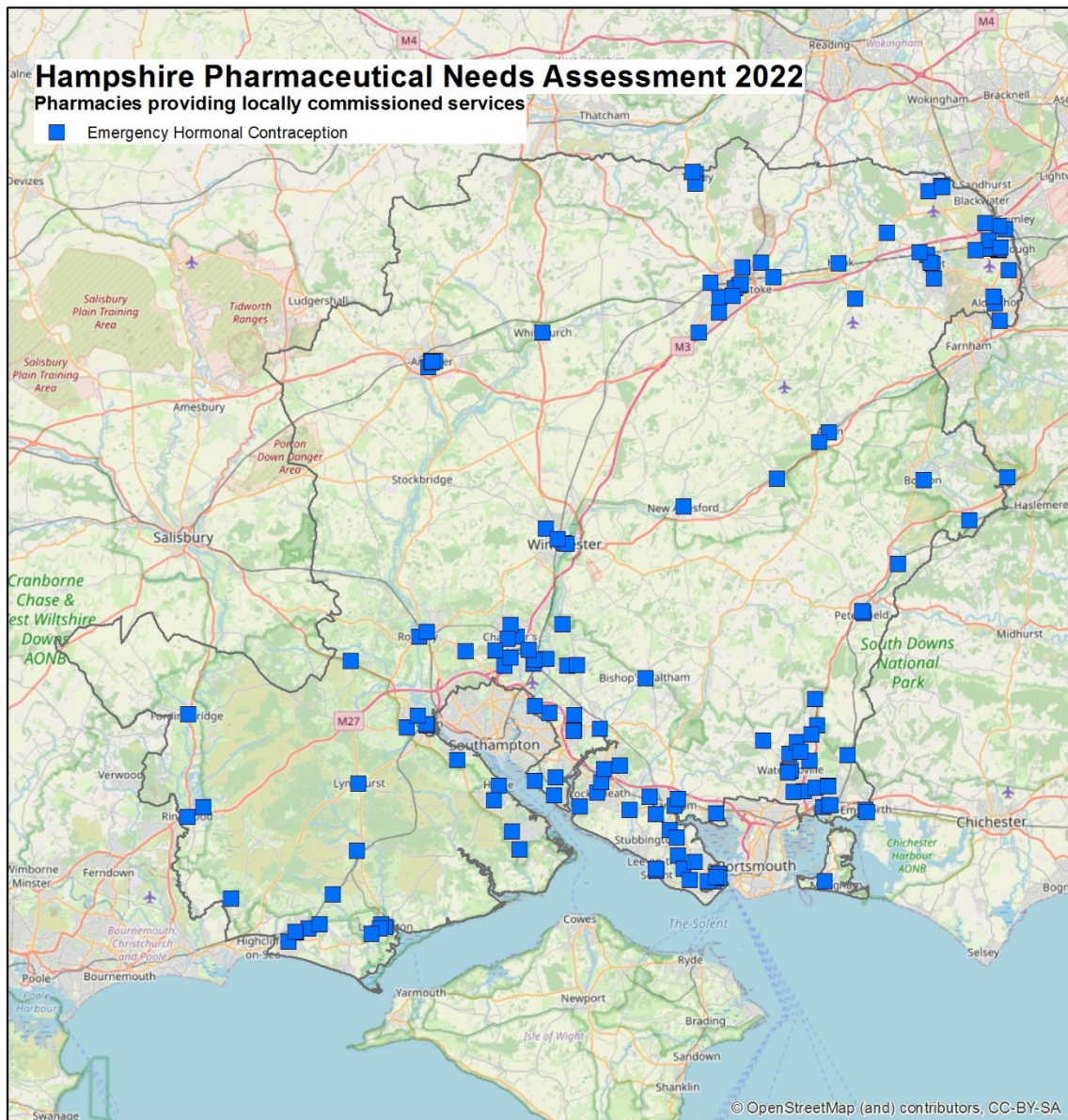
5.10.1 Emergency Hormonal Contraception

Local authorities are mandated to provide or secure the provision of open access sexual health services which includes access to contraception over and above contraceptive services provided as an “additional service” under the GP contract. The emergency hormonal contraceptive service works to improve sexual health by:

- Providing good local access to emergency contraception and sexual health advice for women who have had unprotected sex in order to reduce unintended pregnancy.
- Increasing knowledge, especially among young people, of the availability and effectiveness of emergency contraception.
- Referring clients, especially those from groups with poorer sexual health outcomes, into mainstream contraceptive services for regular contraception advice and services.
- Increasing the knowledge of risks associated with sexually transmitted infections (STIs) and signposting young people under the age of 25 to local sexual health services, including the availability of STI home-sampling services and free condoms.
- Strengthening the local network of contraceptive and sexual health services in order to provide improved access to local services.

As of October 2021, 164 pharmacies are signed up to provided emergency hormonal contraception, see map 2. There are fluctuations in the number that provide, due to availability to trained pharmacists due to leave or changes in staff.

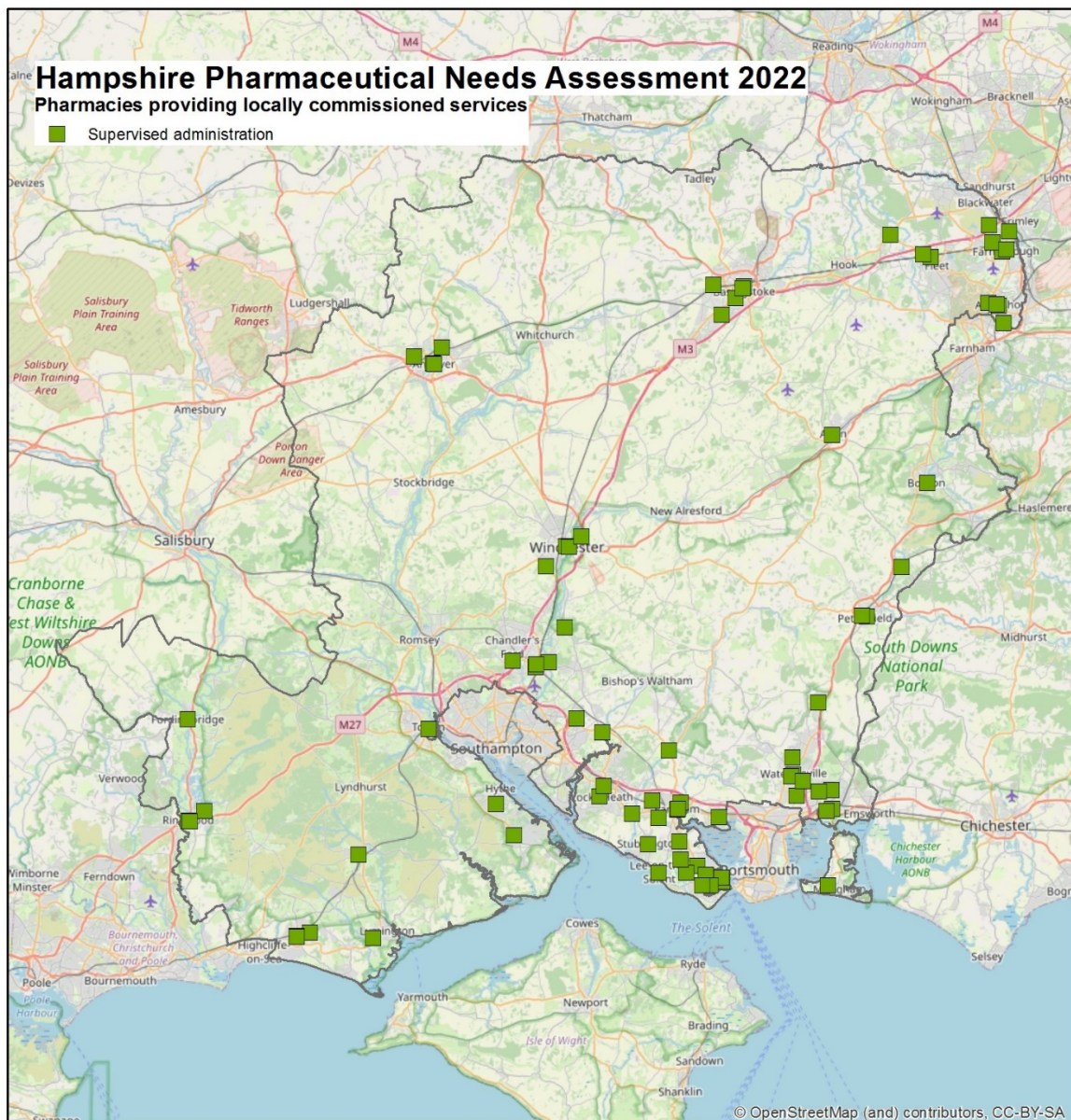
Map 2 - Map showing locations of pharmacies providing EHC in Hampshire as at October 2021



5.10.2 Supervised Administration Programme (SAP)

The SAP programme is currently delivered through community pharmacies. This requires the pharmacist to supervise the consumption of oral methadone, buprenorphine and other drugs that may be used in the management of drug dependency / misuse; ensuring that the dose has been administered to the patient where the prescriber has indicated that supervised consumption is appropriate. Pharmacists will also provide support to service users collecting their dispensed prescriptions for methadone and other drugs used in the management of drug misuse / dependency where supervised consumption is not indicated. As at January 2022, 82 pharmacies delivered the SAP programme, see map 3.

Map 3 - Map showing locations of pharmacies providing the supervised administration programme

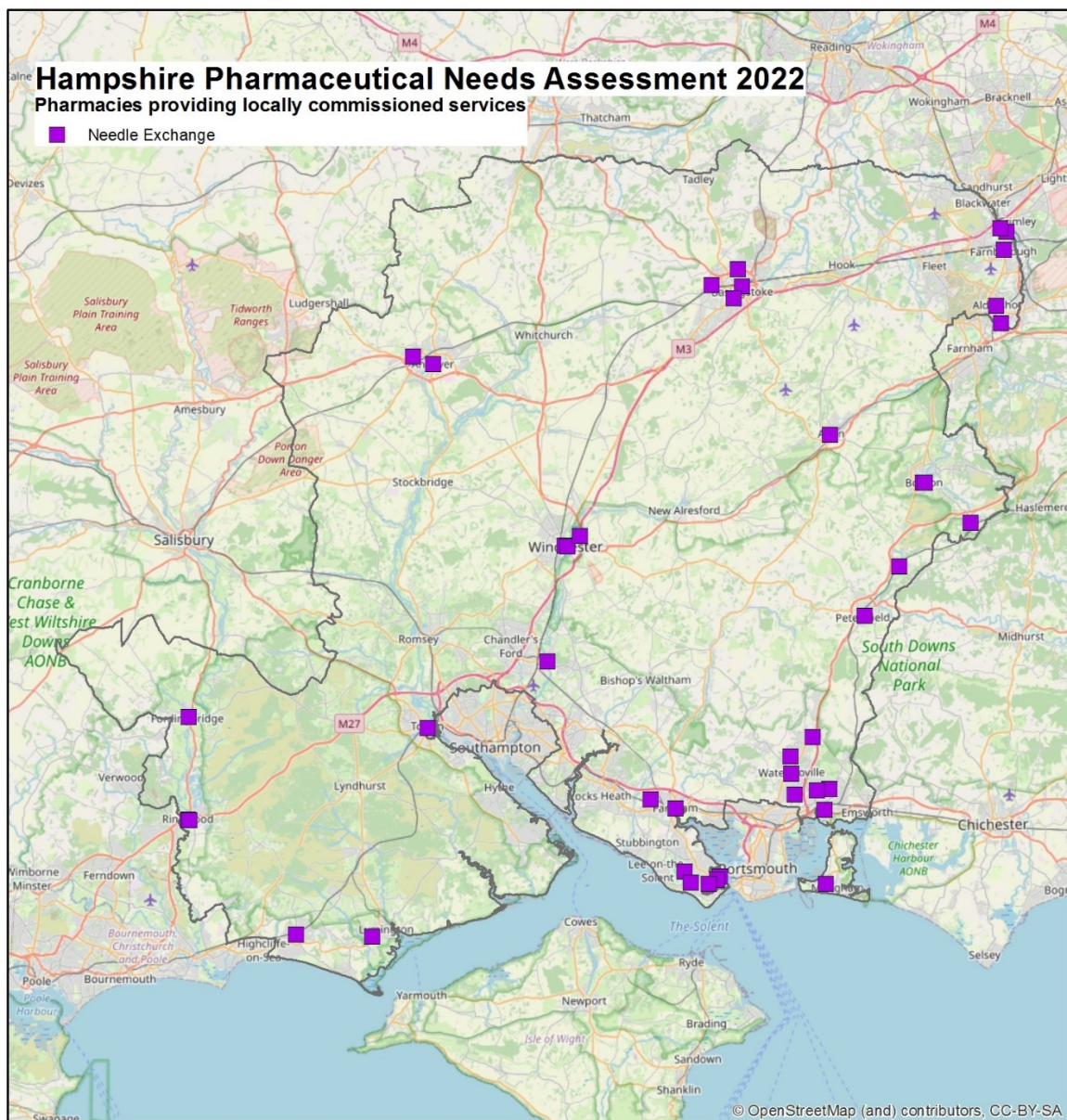


5.10.3 Needle Exchange

Community pharmacies offer a needle exchange service for injecting drug users. A targeted approach to harm minimisation is taken, with a small number of pharmacies (14 across Hampshire in areas of high need) offering in addition take-home Naloxone, referrals to community substance misuse services, Blood Borne Virus testing and mini-health-checks. Pharmacies currently offer 'pick and mix' (bespoke) injecting equipment plus health promotion advice.

As at January 2022, 42 pharmacies offered a needle exchange service, see map 4.

Map 4 - Map showing locations of pharmacies offering a needle exchange service

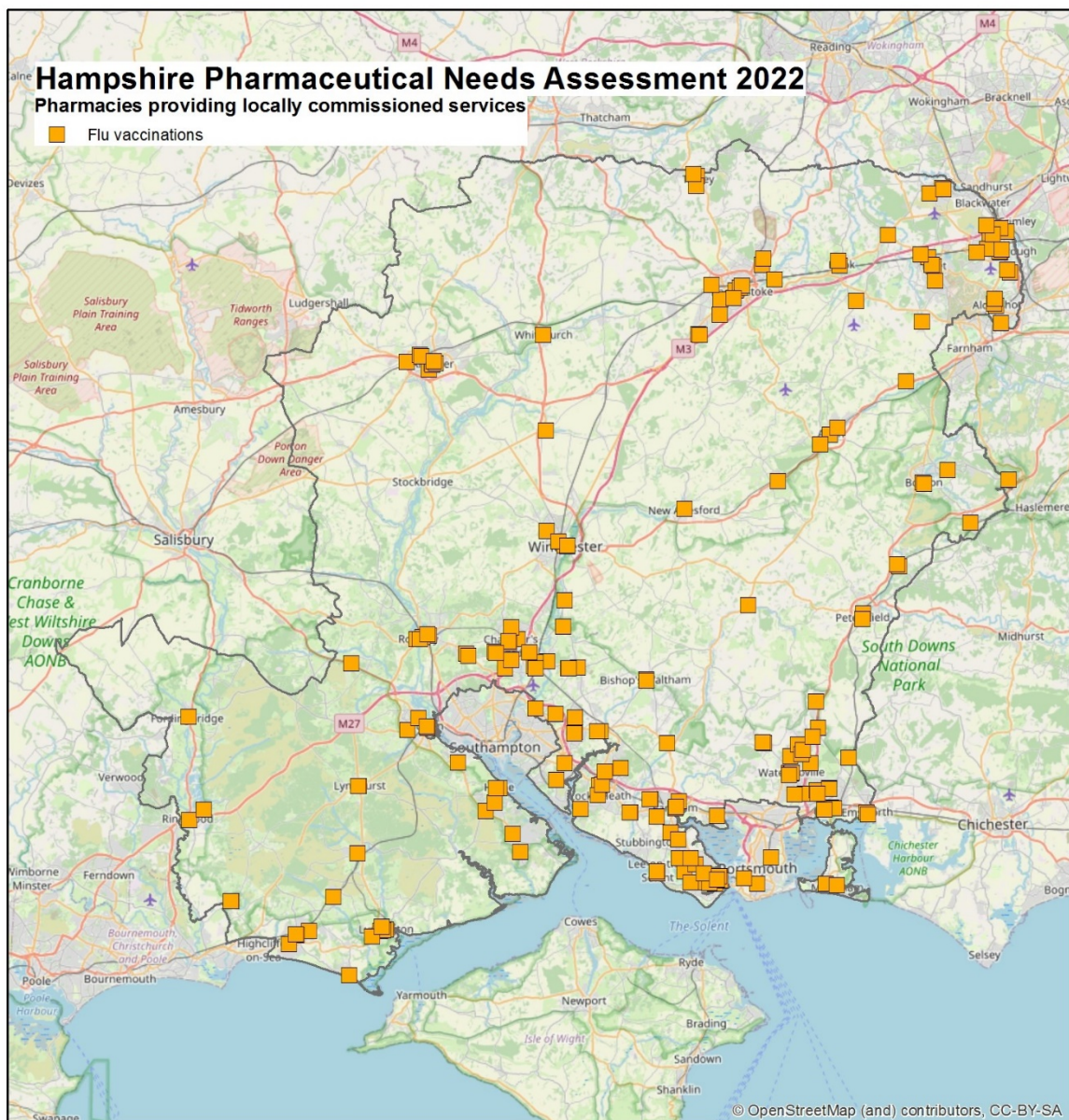


5.10.4 Flu vaccinations for eligible Hampshire County Council staff

Public Health commission flu vaccinations for eligible staff. This service aims to increase uptake of the influenza vaccine in eligible Hampshire County Council staff, especially amongst those working with vulnerable and at risk clients.

As of October 2021, 152 pharmacies across the county offered flu vaccinations, see map 5. At the beginning of each flu season pharmacies have to sign up again to offer the flu vaccinations and therefore the number of pharmacies offering this service may change year on year.

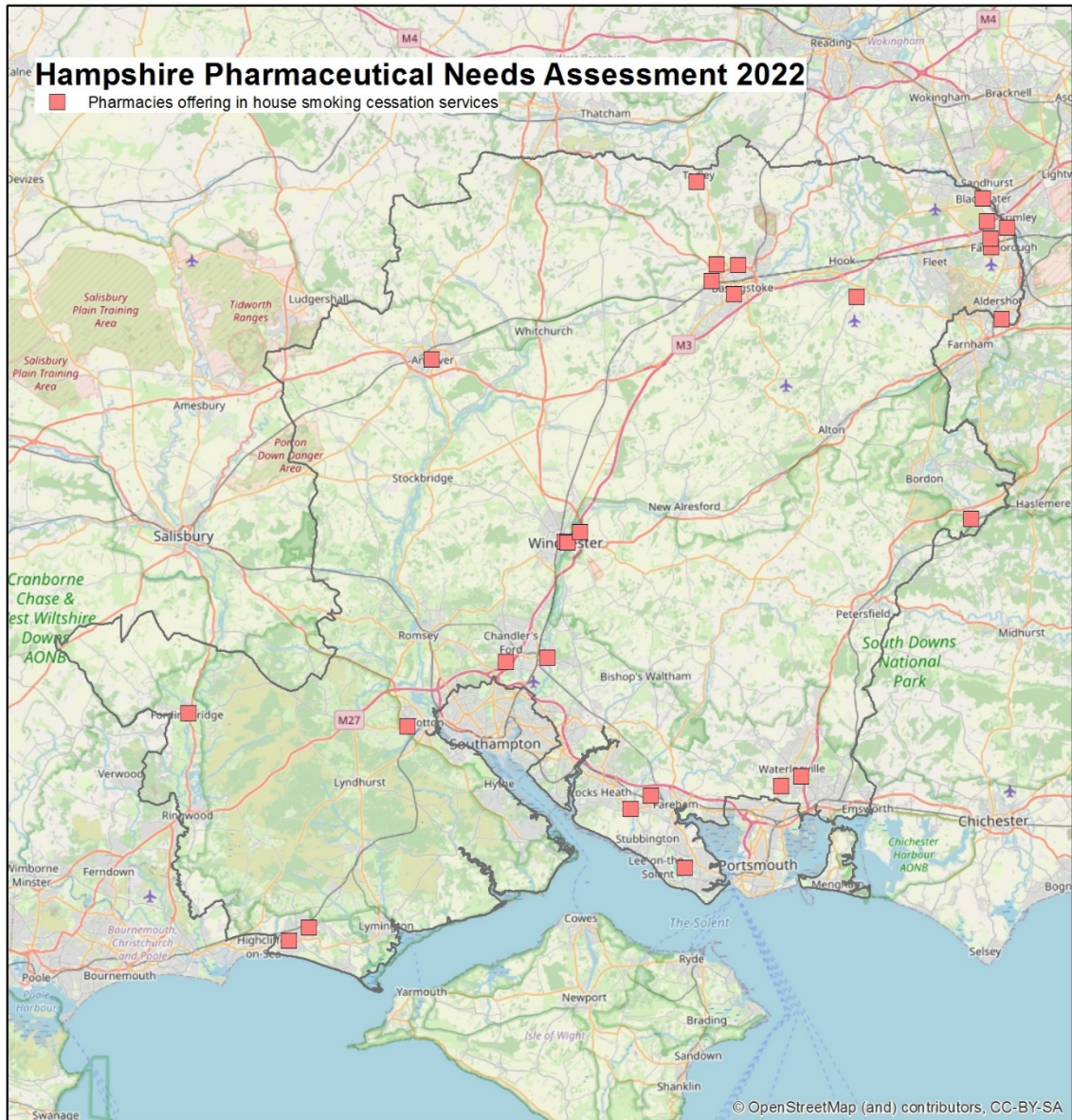
Map 5 - Map showing locations of pharmacies providing flu vaccinations for HCC staff



5.10.5 Smoking cessation service

Smoking cessation services helping people who want to stop smoking (not just those who start their stop smoking journey in hospital) are offered in house, stop smoking services with nicotine replacement therapy (NRT) are available at 28 pharmacies across the county, see map 6.

Map 6 - Map showing locations of pharmacies offering an in-house smoking cessation service with NRT



5.10.6 Delivery services

Many pharmacies provide a delivery service. This may be provided for free or charged for. As these are private services, there is no data available to ascertain the level of provision. Results from the contractor questionnaire showed:

- (92.1%) 35 out of 38 community pharmacies who responded collected prescriptions from GP practices
- (63.9%) 23 out of 36 community pharmacies who responded deliver dispensed medicines – free of charge on request
- (54.8%) 17 out of 31 community pharmacies who responded deliver dispensed medicines – for a charge
- (48.5%) 16 out of 33 community pharmacies who responded deliver dispensed medicines to selected patient groups (for example those receiving end of life care, in a care home, housebound, or those who require support with compliance)
- (46.9%) 15 out of 32 community pharmacies who responded deliver dispensed medicines to selected geographical areas (for example within a five-mile radius or within postcode sector)

5.10.7 Access languages

A range of nationalities and cultural backgrounds are represented amongst the pharmacy workforce across Hampshire. It is not unusual for residents who are from other countries and cultures to seek out services from a pharmacy that speaks their native language.

The 21 languages identified across the 38 community pharmacies that responded to the contractor survey were:

- | | | |
|-------------|------------|-------------|
| • Arabic | • Italian | • Turkish |
| • Bengali | • Nigerian | • Urdu |
| • Cantonese | • Polish | • Estonian |
| • Filipino | • Punjabi | • Greek |
| • French | • Romanian | • Nepalese |
| • Gujarati | • Russian | • Norwegian |
| • Hindi | • Spanish | • Malay |

5.11 COVID-19 services

Since the beginning of the COVID-19 pandemic, pharmacies have played a key role in the provision of COVID-19 related services including vaccination, the distribution of COVID-19 Lateral Flow Devices and supervised testing.

5.11.1 COVID-19 vaccinations

As of December 2021, around 1,500 pharmacies across England were providing a vaccination site under the terms of an Enhanced service. NHS Digital data shows that seven pharmacies across the county provided COVID-19 vaccinations, administering nearly 69,000 vaccines in 2020/21.

6. Temporal access to pharmaceutical services

6.1 Opening hours

Please note that more detailed geographical access analysis at locality level is provided in supplementary document two.

Pharmacies and dispensing appliance contractors have two different types of opening hours-core and supplementary.

In general, pharmacies will have either 40 or 100 opening hours per week. Many pharmacies that provide '40 core hours' of NHS pharmaceutical services extend these and provide supplementary opening hours, opening into the evening or over the weekend.

6.2 100 hours pharmacies

There are 27 100-hour pharmacies in the county which opened using the 'necessary or expedient' test under the 2005 exemptions to the market entry system. These pharmacies provide 100 core hours per week of pharmaceutical services, extending opening hours both in the morning and late into the evening and weekends.

Ten of Hampshire's eleven districts have at least two 100-hour pharmacies operating within its borders, see map 7 and table 5. The only district without provision is Eastleigh but there are four 100-hour pharmacies operating over the Hampshire border in the city of Southampton.

Map 7 – Map showing locations of 100hour pharmacies across Hampshire as at February 2022

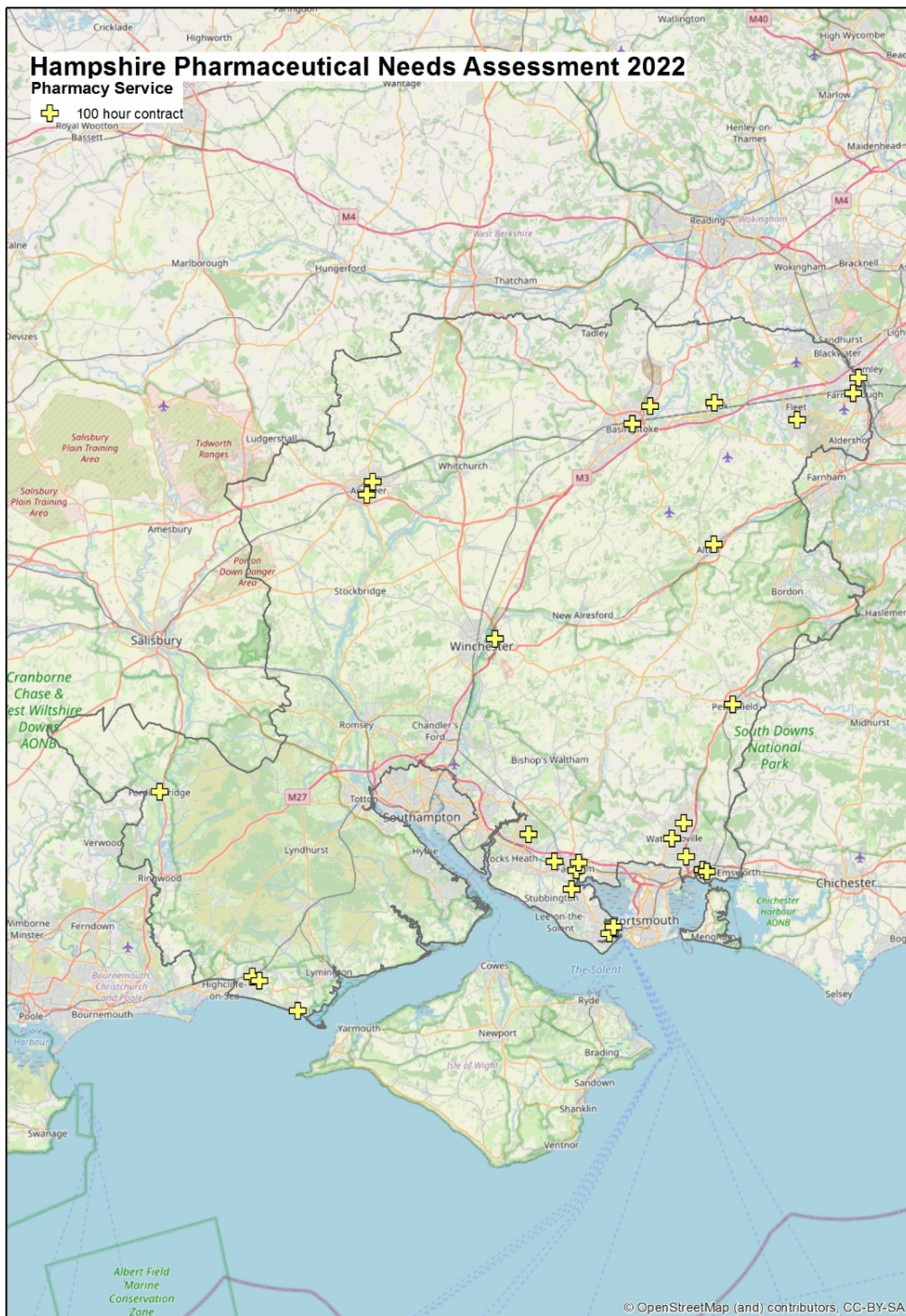


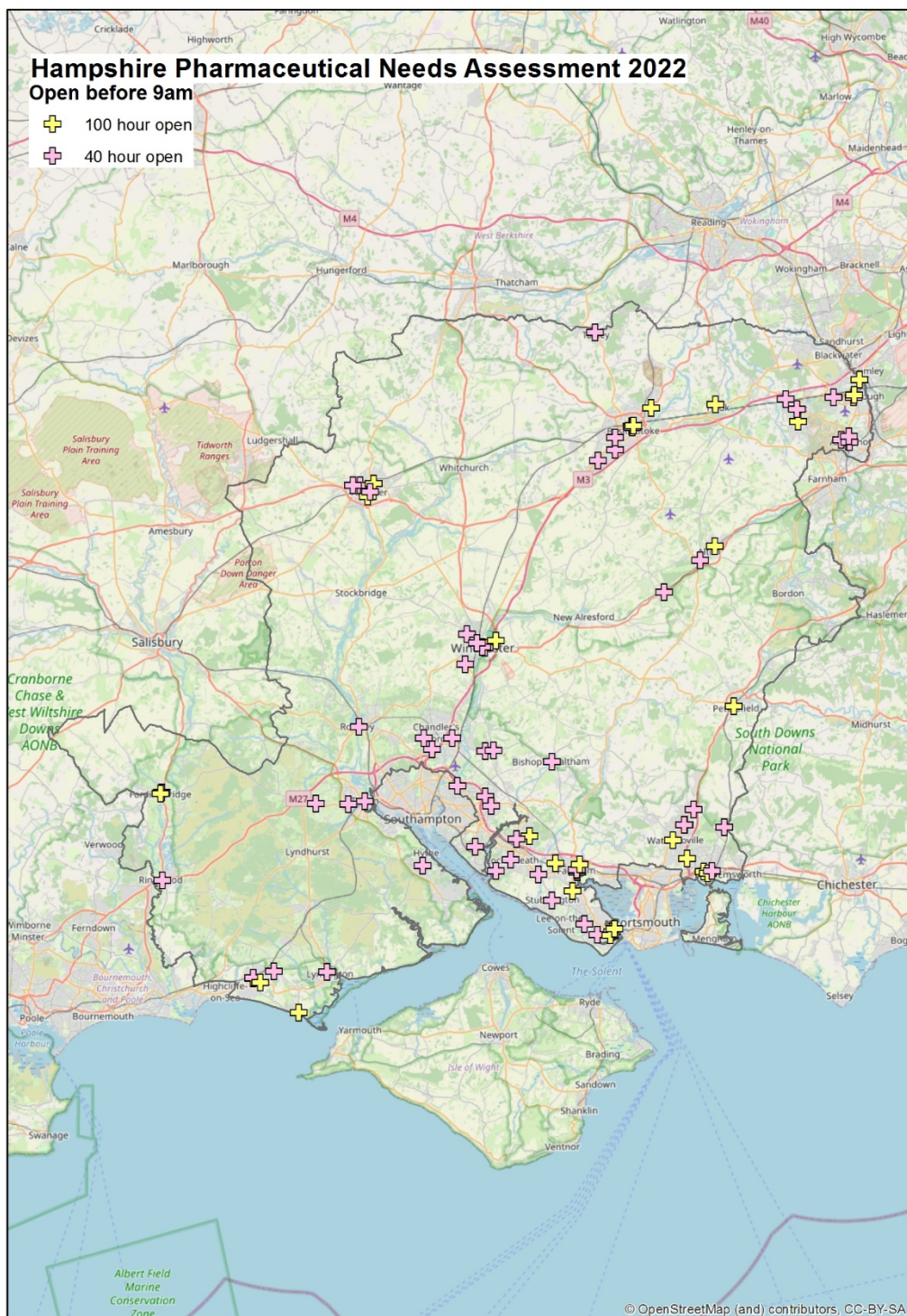
Table 5 – Table showing contract type of pharmacy by district as of February 2022

Local authority area	100 hour contract	40 hour contract	Distance selling	Total
Hampshire	27	197	7	231
Basingstoke and Deane	2	24	0	26
East Hampshire	2	16	1	19
Eastleigh	0	23	1	24
Fareham	4	12	0	16
Gosport	2	13	1	16
Hart	2	15	0	17
Havant	5	21	0	26
New Forest	4	30	2	36
Rushmoor	2	16	2	20
Test Valley	2	14	0	16
Winchester	2	13	0	15

6.3 Early morning opening hours – weekdays

As at February 2022, 89 pharmacies across Hampshire are open before 9am on weekdays. There is fair geographical spread across the county, with each of the eleven Hampshire districts having 5 or more pharmacies opening before 9am on a weekday morning. The majority of pharmacies opening before 9am on weekdays are located in urban areas with higher population densities, see map 8.

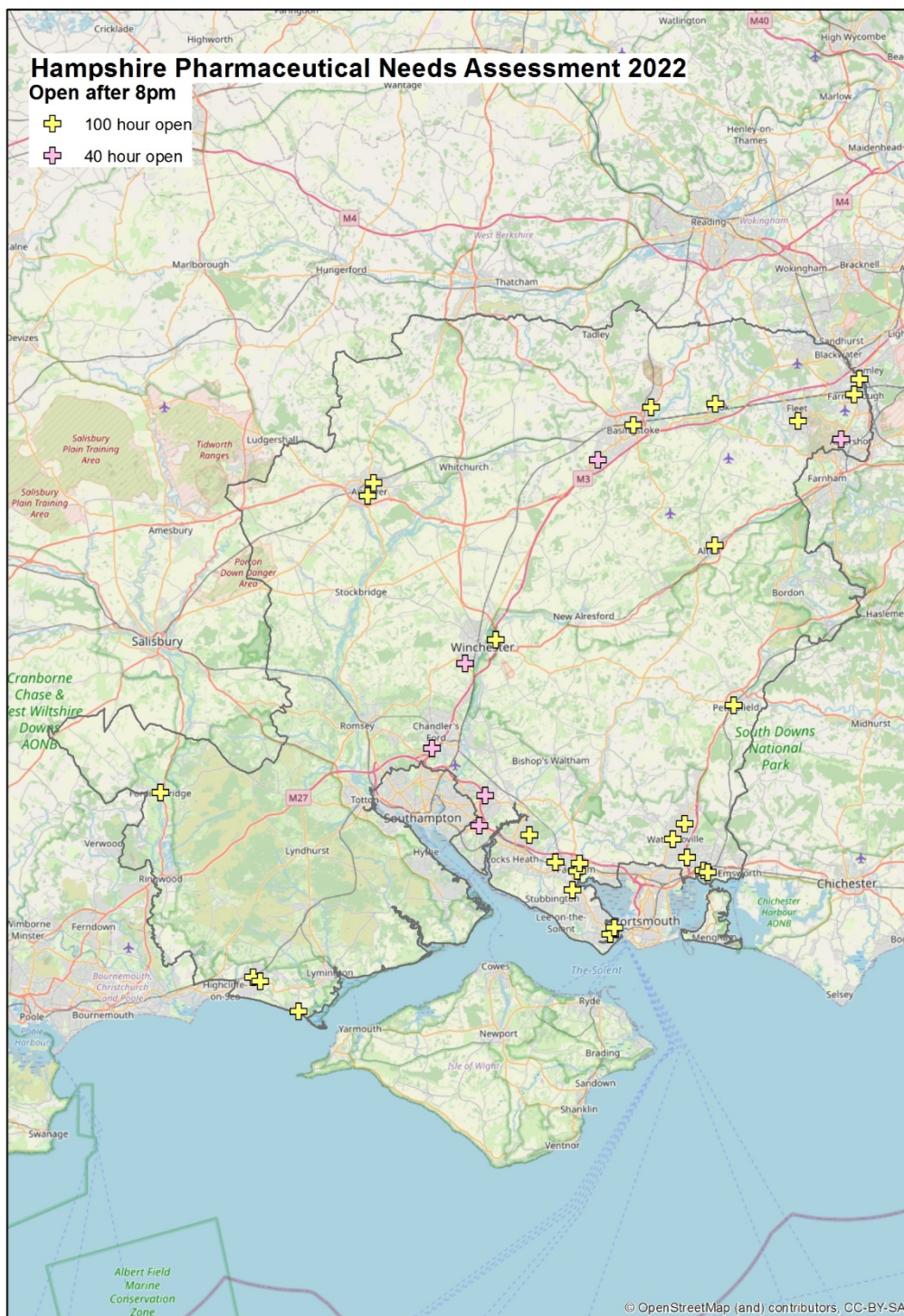
Map 8 - Map showing geographical location of pharmacies opening before 9:00 am as at February 2022



6.4 Late evening opening hours - weekdays

As at February 2022, 33 pharmacies across Hampshire are open after 8pm on weekdays. There is fair geographical spread across the county, with each of the eleven Hampshire districts having 2 or more pharmacies opening after 8pm on a weekday evening. The majority of pharmacies opening after 8pm on weekdays are located in urban areas with higher population densities, see map 9.

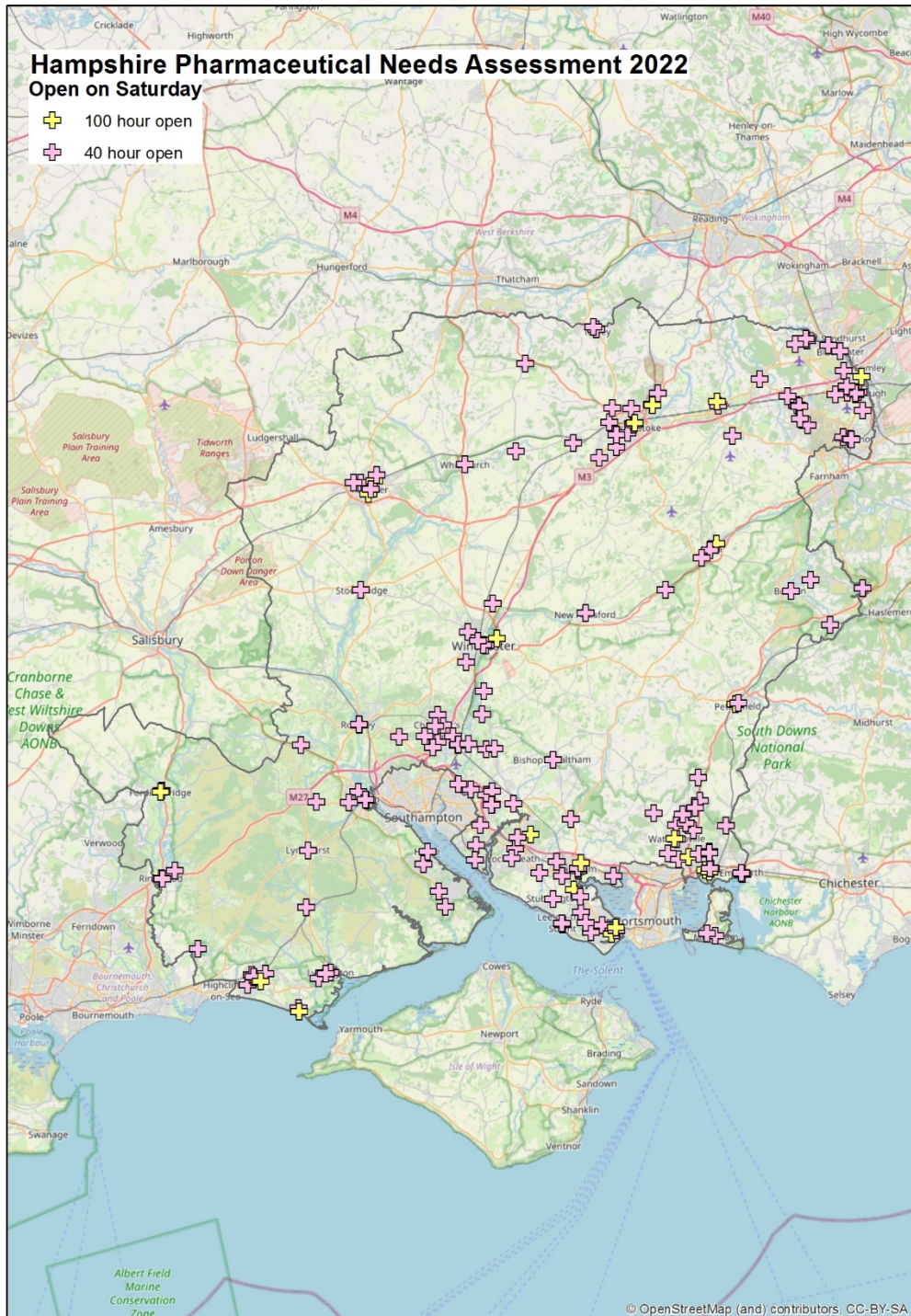
Map 9 – Map showing location of pharmacies opening after 8pm during the week as at February 2022



6.5 Saturday opening

As of February 2022, 200 pharmacies across Hampshire are open for at least part of Saturday. This represents the vast majority of the county's 231 pharmacies. There is fair geographical spread across the county, with each of the eleven Hampshire districts having at least 12 pharmacies open for some hours on a Saturday, see map 10.

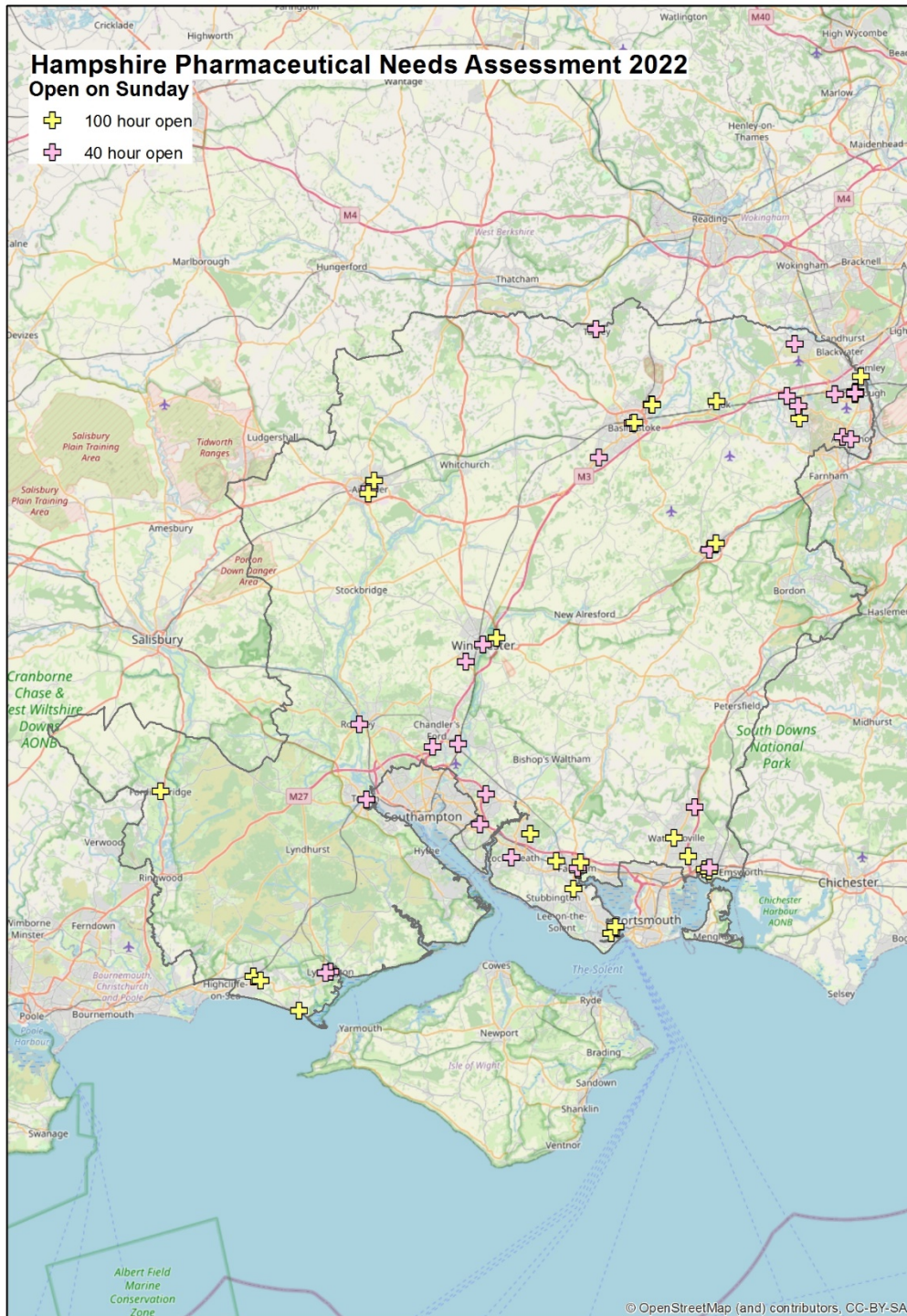
Map 10 - Map of pharmacy locations opening for at least part of Saturday as at February 2022



6.6 Sunday opening

As at February 2022, 55 pharmacies across Hampshire are open for at least part of Sunday. There is fair geographical spread across the county, with each of the eleven Hampshire districts having at least two pharmacies open for some hours on a Sunday, see map 11.

Map 11 - Map showing the location of pharmacies opening on Sundays as at February 2022



6.7 Bank holiday opening

Community pharmacies are not required to open on bank holidays unless directed to open by NHS England. A pharmacy will be treated as having been open for its usual hours on that day for the purpose of counting core contractual hours. Therefore, the pharmacy can be closed on bank holidays without giving notice or applying to change their core hours.

NHS England can commission an out of hours Enhanced service to cover public holidays. For most pharmacies, participation in such arrangements is voluntary.

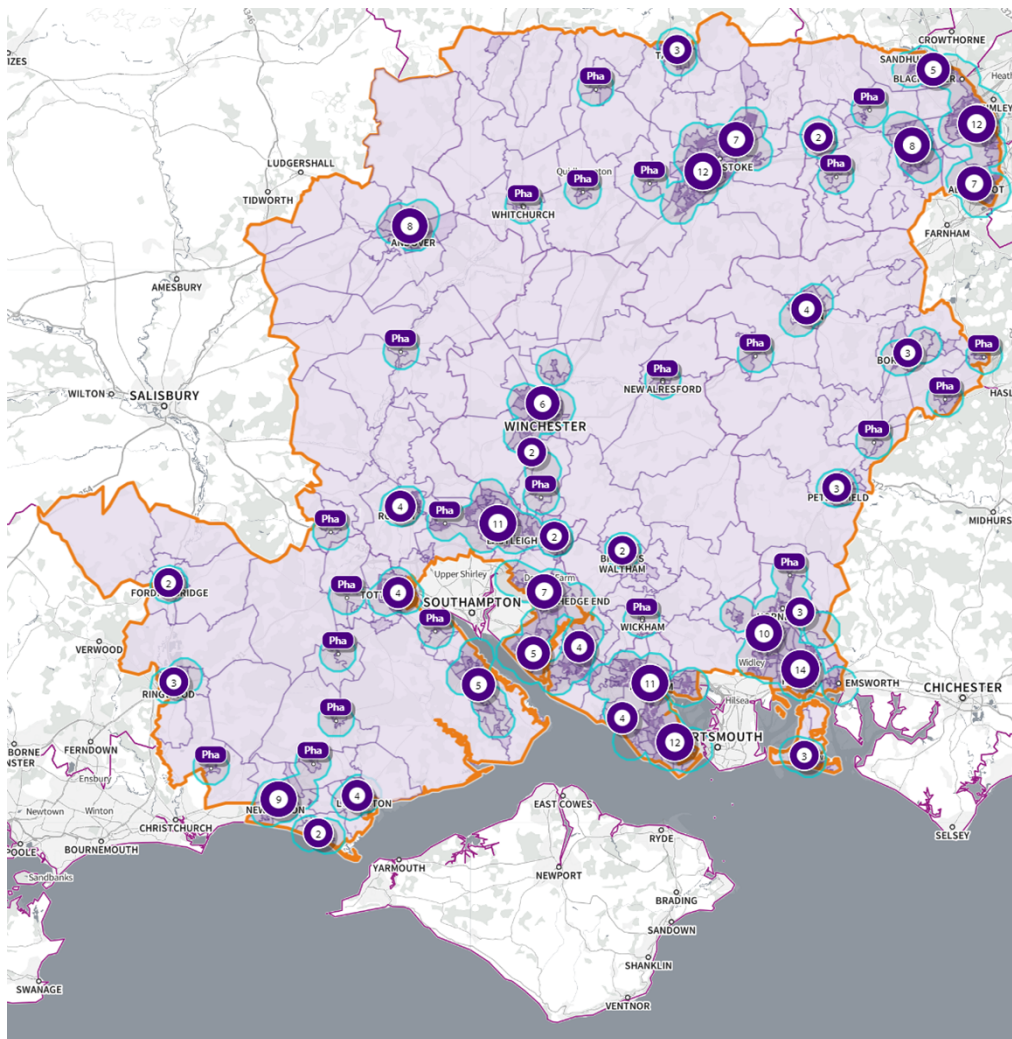
7. Geographical access to pharmaceutical services

7.1 Pharmacies within a buffer zone of 1.6km

Please note that more detailed geographical access analysis at locality level is provided in supplementary document two.

Map 12 shows all pharmacy locations in Hampshire with a buffer zone of 1.6km straight line distance. This distance was selected as it is part of the decision making process that determines whether a GP can dispense prescriptions. This demonstrates that there are large geographical areas of Hampshire that are not within 1.6km of a pharmacy. However, when population density is added to the map, it can be observed that these are largely sparsely populated, rural parts of the county.

Map 12 - Map of 1.6km buffer zone around community pharmacies (excluding distance selling) with population density

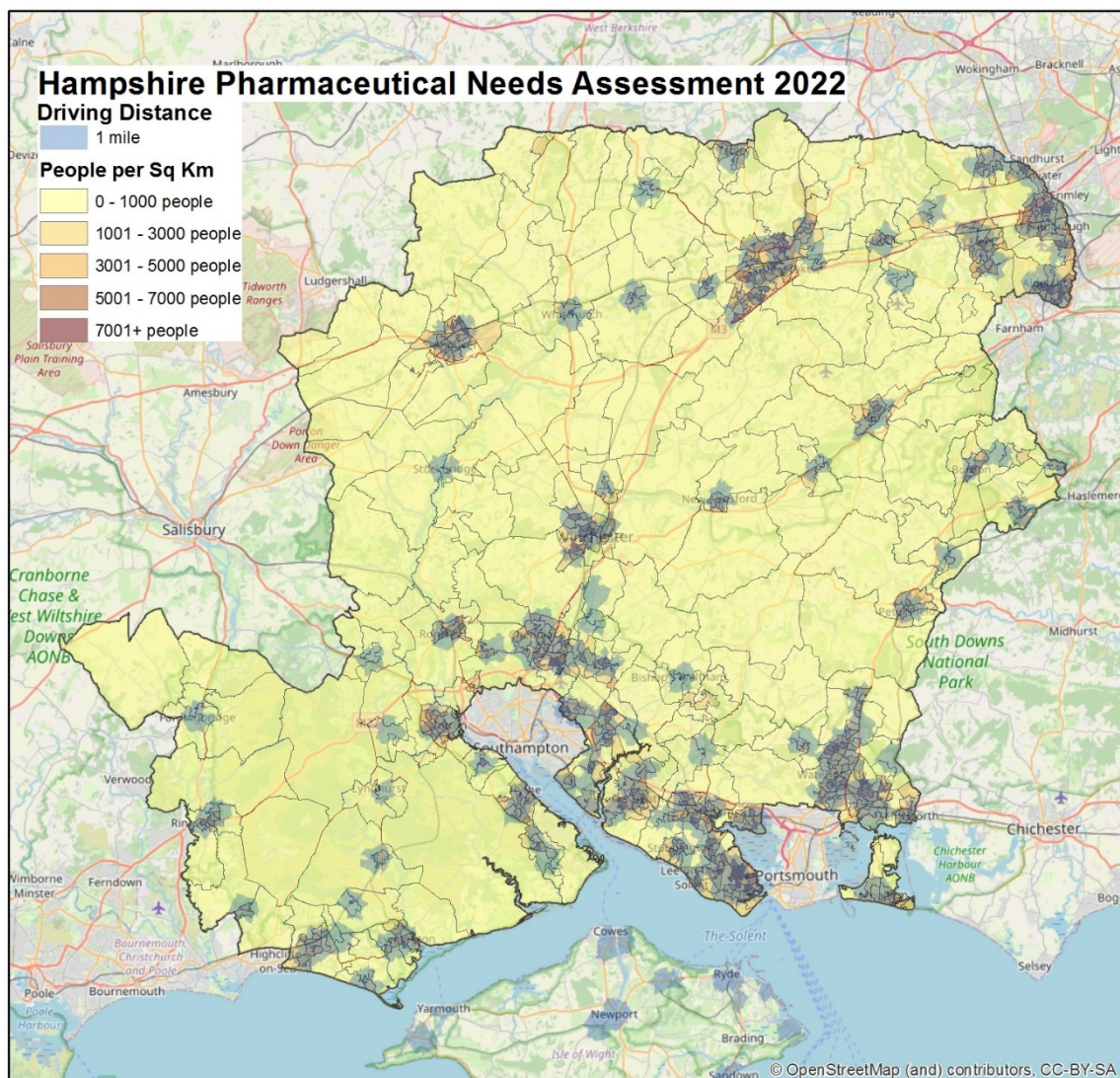


7.2 Driving

When driving by car, the majority of more densely populated, urban areas of Hampshire are located within a 1-mile driving distance, see map 13. A pharmacy in Hampshire is accessible to the majority of the resident population, with 98% of the population living within a 5-mile drive of a pharmacy located within the county, see figure 1. The more urban population are able to access a pharmacy within 2.5 miles. The vast majority of the population outside of the 5-mile drive zone are resident in areas classified as rural village and dispersed, see map 14 and figure 1.

There is substantial cross border provision to the south of the county in the cities of Southampton and Portsmouth. More rural areas on the outskirts of the county benefit from provision in the adjoining local authorities of West Berkshire and Wokingham to the north, Wiltshire, Dorset and Bournemouth, Christchurch & Poole to the west and Chichester, Waverley, and Guildford to the east, see map 15.

Map 13 - Map of 1 mile driving distance around Hampshire pharmacies (excluding distance selling) as at February 2022



Map 14 - Map of driving distance around Hampshire pharmacies (excluding distance selling) as at February 2022

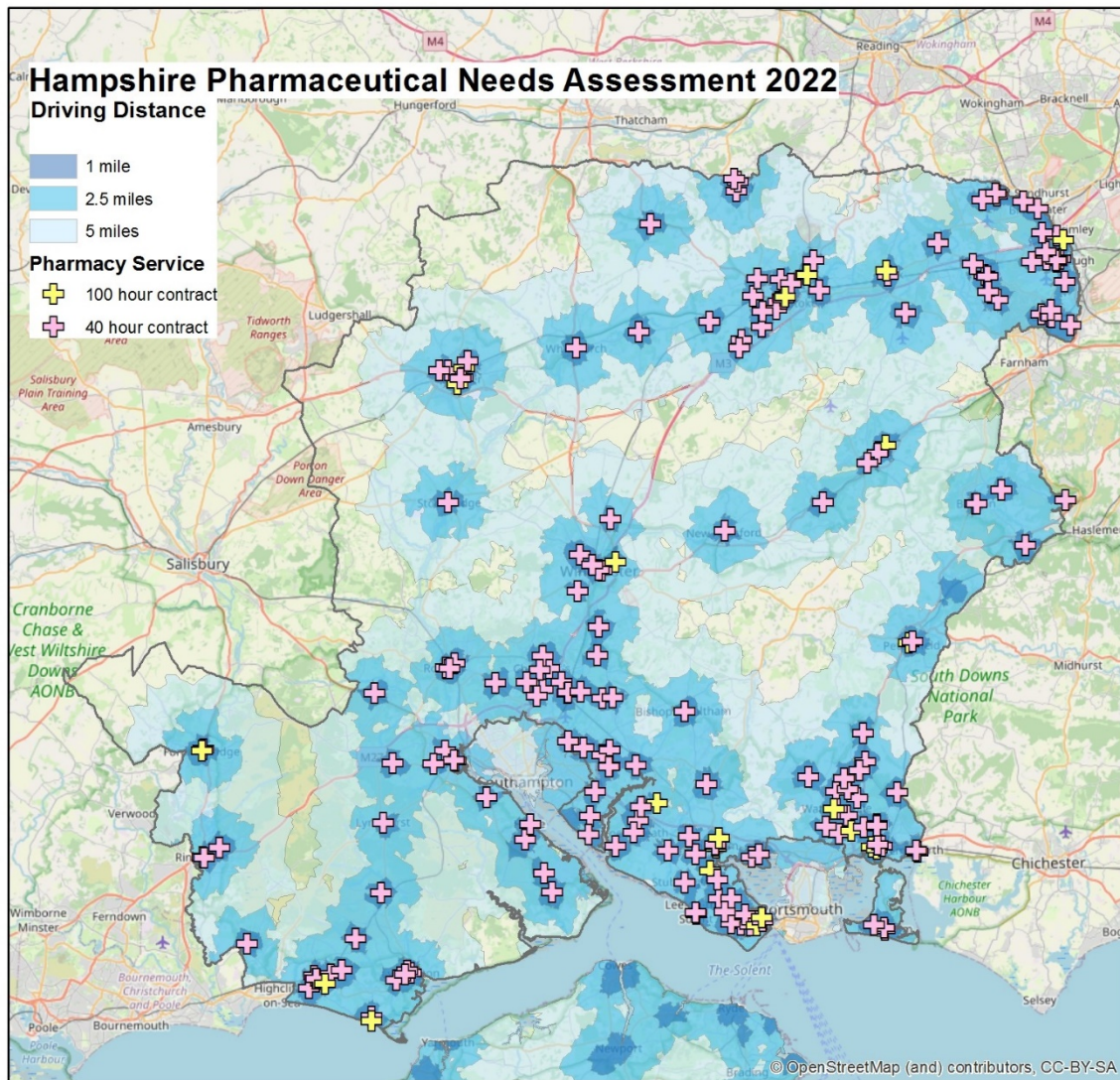
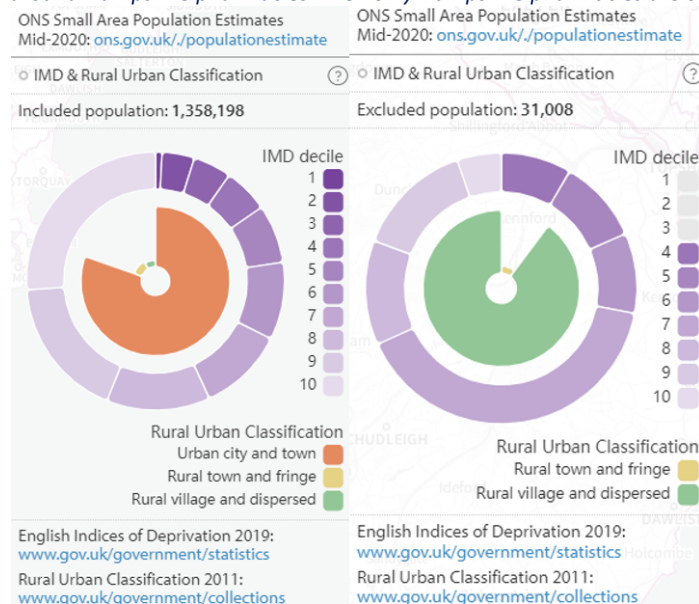


Figure 1 - Charts illustrating the characteristics of the population included in and excluded from the 5-mile drive time zone around Hampshire pharmacies when only Hampshire pharmacies are considered



7.3 Density of pharmacies by district

Patient access to pharmacies within Hampshire is good. Across England there are 10,715 community pharmacies which equates to 18.9 pharmacies per 100,000 population (2020/21) or around one pharmacy per 5,300 people. Hampshire's provision is slightly lower at 16.14 pharmacies per 100,000 population or one pharmacy per 6,200 people. This is similar to provision across Hampshire, Portsmouth, Isle of Wight and Southampton at 16.6 pharmacies per 100,000 population. Table seven presents the number of pharmacies per population by county and constituent districts. This varies between a high of 20.29 pharmacies per 100,000 population in Havant to the lowest density of 11.38 pharmacies per 100,000 population in Winchester.

When pharmacy density is examined by the resident population aged 65 years and over – who are more likely to require pharmaceutical services – Rushmoor has the highest level of pharmacy provision with one pharmacy for every 824 older residents, equivalent to rate of 121.43 per 100,000 population aged 65 years and over. This reflects the younger demographic of Rushmoor district. Test Valley has the lowest rate of pharmacies per 100,000 population aged over 65 at 49.81, followed by Winchester at 52.34. There is one pharmacy for every 2,000 and 1,900 residents aged 65 years and over in the two districts respectively, see table 8.

Table 2 – Number of pharmacies per 100,000 resident population across Hampshire districts as at February 2022

Local authority area	Number of pharmacies per area	2022					
		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
Hampshire	231	1,431,293	6,196	16.14	323,860	15,725	71.33
Basingstoke and Deane	26	186,422	7,170	13.95	34,442	1,325	75.49
East Hampshire	19	127,831	6,728	14.86	31,216	1,643	60.87
Eastleigh	24	139,184	5,799	17.24	28,381	1,183	84.56
Fareham	16	115,805	7,238	13.82	28,361	1,773	56.42
Gosport	16	84,114	5,257	19.02	17,663	1,104	90.58
Hart	17	103,529	6,090	16.42	21,263	1,251	79.95
Havant	26	128,116	4,928	20.29	31,480	1,211	82.59
New Forest	36	179,427	4,984	20.06	53,797	1,494	66.92
Rushmoor	20	100,332	5,017	19.93	16,471	824	121.43
Test Valley	16	134,775	8,423	11.87	32,125	2,008	49.81
Winchester	15	131,758	8,784	11.38	28,661	1,911	52.34

7.4 Items prescribed per pharmacy

The average number of items dispensed each year per pharmacy in Hampshire was slightly higher than the national average (90,875 per year compared to 88,247). This varied across the districts of the county, lowest in Hart district at 72,790 items per pharmacy and highest in East Hampshire at 105,397 items per pharmacy, see table 9.

Table 9 – Number of items dispensed per pharmacy across Hampshire districts 2020/21

Local authority area	Number of pharmacies per area	2020/21		
		Total items dispensed	Average number of dispensed items	
			per pharmacy	per pharmacy per month
Hampshire	231	20,992,093	90,875	7,572.91
Basingstoke and Deane	26	2,605,610	100,216	8,351.31
East Hampshire	19	2,002,552	105,397	8,783.12
Eastleigh	24	1,824,769	76,032	6,336.00
Fareham	16	1,632,666	102,042	8,503.47
Gosport	16	1,524,928	95,308	7,942.33
Hart	17	1,237,434	72,790	6,065.85
Havant	26	2,220,265	85,395	7,116.23
New Forest	36	3,512,169	97,560	8,130.02
Rushmoor	20	1,655,128	82,756	6,896.37
Test Valley	16	1,420,344	88,772	7,397.63
Winchester	15	1,356,228	90,415	7,534.60

8. Population and health

A brief outline of the health needs of the population of the county is outlined below. Supplementary document one of the PNA brings together data from the Joint Strategic Needs Assessment, Hampshire County Council's Small Area Population Forecasts, and other sources to provide a description of the population across the county. Supplementary document two breaks down the health needs of the population as well as temporal and geographical access to pharmaceutical services at district level.

8.1 Demography and socio-economic factors

8.1.1 Population

In 2022, the population of Hampshire was estimated to be 1.43 million people, making it the third most populous county in England after Kent and Essex. The county has fewer young working age people (aged 20-39) compared to England as a whole; 22% in Hampshire compared to 26% in England. Young people (aged 0-19 years) make up 22.5% of the population compared to 23.5% nationally with Hampshire's older residents (aged 75 years and over) accounting for 11% of the population, compared to 9% nationally.

The composition of the population varies across the eleven districts of the council, and this is examined in more detail in supplementary document two.

8.1.2 Forecast changes in number of dwellings and resident population

It is important to assess future changes in the number of dwellings and resident population in order to ensure that the location, number and choice of pharmaceutical services meet the current and future needs of the county over the lifetime of this document.

Hampshire County Council population forecasts predict an increase of a little over 5,200 dwellings in the county over the next five years¹⁵. This represents an increase of 9.4%. The resident population is estimated to increase by 66,400 individuals by 2027, a rise of 4.6%. This varies across the eleven districts of the county, ranging from an increase of just 1.1% in Gosport district to an increase of 7.9% in Winchester.

The majority of this growth is estimated to be in the population aged 75 years and older, in absolute and relative terms. The population is predicted to increase by 25,940 individuals by 2027, an increase of 16% from 2022 across Hampshire.

8.1.3 Ethnicity

The population is less diverse than England as a whole, with 95% of residents describing themselves as belonging to White ethnic groups compared to the national average of 86%.

Basingstoke and Deane and Rushmoor, both in the north of the county, are more diverse when compared to Hampshire overall. Urban areas in particular across the county tend to have higher ethnic group diversity. Over 10% of the Rushmoor population are from an ethnic minority group, with over 6,130 people identifying themselves as Nepalese in the 2011 Census.

¹⁵ [Population estimates and forecasts | Hampshire County Council \(hants.gov.uk\)](https://www.hants.gov.uk/population-estimates-and-forecasts)

Overall, the White population of Hampshire has higher proportions of people in the older age groups.

8.1.4 Deprivation

Hampshire is a relatively affluent area overall, with lower levels of deprivation than the national average. Deprivation varies substantially across the county. Across Hampshire, there are 37 Lower Layer Super Output Areas (LSOAS) in the most 20% deprived in the country. Twenty-three of these are in Havant district, eight in Gosport, three in both the New Forest and Rushmoor, and one each in Basingstoke and Deane, Eastleigh and Test Valley.

This is a strong association between deprivation and poor outcomes, such as poor health and higher crime levels.

8.2 General health needs

Life expectancy in Hampshire is 81.4 years for men and 84.6 for women compared to the England average of 80.6 and 84.1 respectively (2018-2020). Both are significantly higher than the national average. There are inequalities across the county, the difference in male life expectancy at birth between the areas in the most and least deprived decile of Hampshire is 7.5 years. The difference for females is 5.3 years.

The Global Burden of Disease is a global study which analyses causes of deaths, diseases, injuries, and risk factors in 204 countries. It presents the top causes and risk factors that drive the most death and disability in Hampshire. The major causes of death in Hampshire are cancers followed by ischaemic heart disease (13.8%), stroke (8.5%), lower respiratory infections and (6.8%), chronic obstructive pulmonary disease (6.4%). People with circulatory and respiratory disease will be more likely be prescribed medication by a GP to help manage their conditions.

The top risk factors that drive disability in Hampshire are high body-mass index (8.8%), high fasting plasma glucose (8.2%), tobacco (7.0%), dietary risks (3.4%) and alcohol use (2.9%).

Certain lifestyle behaviours are known risk factors for chronic disease and premature mortality. Smoking remains a major cause of preventable ill health and early death. Whilst smoking rates have declined nationally, rates remain stubbornly high in certain population sub-groups, including people employed in routine and manual occupations and people with mental health problems.

Obesity is recognised as one of the major public health challenges of the 21st century. It is estimated that two-thirds of the Hampshire population have excess weight with almost a quarter of the adult population being clinically obese.

Whilst Hampshire compares well to national and regional averages on indicators of alcohol-related health and social harm, yet an estimated 26.5% of Hampshire residents drink above the safe recommended levels for alcohol each week. Similarly, whilst fewer Hampshire adults are inactive than the England average, this still equates to a quarter of the adult population.

One in four adults experience mental ill health at any old time and people with mental ill health are twice as likely as the general population to have serious physical illnesses. The cohort of people with serious mental health problems tends to have reduced life expectancy when compared with the general population.

Pharmaceutical services are needed for long term conditions as well as acute injuries. The proportion of people in Hampshire diagnosed with long term conditions such as diabetes, dementia and COPD is increasing. Musculoskeletal diseases are an important cause of ill-health and disability in Hampshire.

8.3 Specific needs for key population groups

8.3.1 Age

Health needs tend to be greatest amongst the very young and the very old. As people get older, their use of medicines tends to increase. The Health Survey for England reported that 19% of young adults aged 16 to 24 had taken one or more medicines in the past week, and this increased to more than 90% of those aged 75 and over. This increase was steeper for men than it was for women¹⁶.

Hampshire has an older population than average, and the population aged 75 years and over is forecast to increase more than any other age band over the next five years.

8.3.2 Rural areas

Health outcomes are generally better in rural areas than in urban ones. This often masks small pockets of rural deprivation and associated poor health outcomes.

Rural communities are increasingly older and financial poverty in rural areas tends to be concentrated in the older population. This is compounded by issues around accessibility of health and care services, transport issues, digital access or exclusion, and lack of community support in some areas¹⁷.

Hampshire is a predominantly rural county and 22% of the county's population live in rural areas.

8.3.3 Coastal areas

Coastal areas have low life expectancy and higher rates of many diseases, compared with non-coastal areas. Many Hampshire districts are home to coastal communities.

8.3.4 Carers

The 2011 Census reported that just over 132,900 people provided some form of unpaid care, including nearly 26,500 residents providing 50 hours or more unpaid care a week in Hampshire. Unpaid carers are more than twice as likely to suffer from poor health compared to people without caring responsibilities¹⁸. A national survey of carers found that many stated caring had a negative impact on their physical health (83%) and mental health (87%) and 39% had put off medical treatment as a result of their caring responsibilities¹⁹.

8.3.5 People with a learning disability

In 2020, there were an estimated 19,300 adult residents with a learning disability across the county.²⁰ People with learning disabilities often have different and complex health care needs

¹⁶ [HSE2016-pres-med.pdf \(hscic.gov.uk\)](#)

¹⁷ [Health and wellbeing in rural areas | Local Government Association](#)

¹⁸ [NHS commissioning » Carer Facts – why investing in carers matters \(england.nhs.uk\)](#)

¹⁹ [In Sickness and in Health - Carers UK](#)

²⁰ [Projecting Adult Needs and Service Information System \(pansi.org.uk\)](#)

leading to increased prescribing and polypharmacy. People with learning disabilities have a higher prevalence of depression, asthma, diabetes, and epilepsy²¹.

8.3.6 Lesbian, Gay, Bisexual and Transgender (LGBT) community

Public Health England has reported that minority sexual orientation groups can experience a high prevalence of poor mental health and low wellbeing. NHS England reports that the LGBT population have disproportionately worse health outcomes and experiences of healthcare²². It is estimated that 2.5% of adults identify themselves as gay, lesbian, bisexual or 'other.' In Hampshire, this would equate to a population of a little under 30,000 people. The research conducted by Public Health England found that the proportion of self-identified LGB is higher in men than in women, younger age groups and mixed/multiple or other ethnic groups²³.

There is no reliable information regarding the size of the population of the trans population in Hampshire. The health of transgender people is a major health equity issue, with trans people experiencing poorer health outcomes than cisgender people²⁴.

8.3.7 Ethnicity, Migration, Language and Religion

Cultural difference can affect health and wellbeing in many ways including

- Ethnic differences in health are most marked in the areas of mental wellbeing, cancer, heart disease, HIV, TB, and diabetes
- Migrants may have limited health literacy to spoken and written information that is not in their first language.

The needs of migrants, refugees and asylum seekers are considered further in supplementary document one.

8.3.7 Gender

Male life expectancy in Hampshire is 81.4 years, significantly better than the national average. Healthy life expectancy is 65.7 years, also significantly better than the figure for England. Inequalities in health are greater for men across the county: life expectancy at birth is 7.5 years less for men in the most deprived decile of Hampshire compared to those in the least deprived decile.

Female life expectancy and healthy life expectancy are both higher at 84.6 and 66.1 years respectively. Both are significantly better than the national average. Inequalities between the most and least deprived deciles in Hampshire are smaller for women, a difference of 5.3 years.

8.3.8 Veterans

Robust data about number, location and demographics of veterans is limited at both the national and local level. Estimates suggest that that there are likely to be around 60,000 veterans in Hampshire,

²¹ [Welcome to CPPE learning communities \(rpharms.com\)](http://www.rpharms.com)

²² [NHS England » LGBT health](https://www.nhs.uk)

²³ [Producing modelled estimates of the size of the LGB population of England \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk)

²⁴ [Improving the health of trans people: the need for good data - The Lancet Public Health](https://www.thelancet.com)

The population of veterans in Hampshire is mostly elderly and likely to be experiencing the same health problems that the general elderly population experience, including isolation, difficulty with mobility and self-care.

8.3.9 Travellers

Counts of traveller caravans published by the Department for Levelling Up, Housing and Communities for July 2021 recorded a total of 434 traveller caravans across Hampshire.

Gypsies and Travellers are significantly more likely to have a long-term illness, health problem or disability and experience higher levels of anxiety and depression than the general population. This community is also more likely to experience chest pain, arthritis, and respiratory problems.

8.3.10 Homeless population

Ministry of Housing, Communities and Local Government figures show the New Forest to have 5.2 households in temporary accommodation per 1,000: worse than England's average and the highest in Hampshire²⁵. Rushmoor has the highest number of households (per 1,000) owed a duty under the Homelessness Reduction Act (HRA) at 16.5. This makes Rushmoor worse than England's and Hampshire's averages (12.3 and 8.6 respectively)

Many people who are homeless experience poor mental health, domestic abuse and are likely to have substance use or addiction²⁶.

²⁵ [Public Health Outcomes Framework - Data - PHE](#)

²⁶ [Trinity-Annual-Review-2021.pdf \(trinitywinchester.org.uk\)](#)

9. Gap Analysis

The information collected and analysed for this needs assessment has been used to conduct a 'gap analysis' to determine whether the pharmaceutical services in Hampshire meet current and future needs. The Steering Group agreed that driving distances by car would be the most appropriate measure given the size of the county and its number of constituent districts. Three different distances have been used to assess geographical accessibility across the county. 1.6km (straight-line distance) from a pharmacy has been compared with population density across the county; this distance was deemed appropriate as it is used to decide whether a GP can dispense prescriptions. A drive distance of 2.5 miles was used to assess accessibility in districts that are predominantly urban in character with a slightly longer drive distance of 5 miles applied in more rural districts.

9.1 Do existing pharmaceutical services meet current needs?

- There is good geographical spread of community pharmacies across the county (see section 7)
- There are large geographical areas of Hampshire that are not within 1.6km of a pharmacy. However, when population density is added to the map, these are largely sparsely populated, rural parts of the county. The county has 22 dispensing practices to serve these communities. There is also substantial cross border provision to the south of the county in the cities of Southampton and Portsmouth.
- A pharmacy in Hampshire is accessible to the majority of the resident population (98%) within a 5-mile drive of a pharmacy located within the county. The more urban population able to access a pharmacy within 2.5 miles. The vast majority of the population outside of the 5-mile drive zone are resident in areas classified as rural village and dispersed.
- There are 16 community pharmacies per 100,000 in Hampshire, which is broadly in line with the national average and very similar to provision in the wider area Hampshire, Portsmouth, Isle of Wight, and Southampton at 16.6 pharmacies per 100,000 population.
- With 27 100-hour pharmacies across the county as well as supplementary hours in other pharmacies and cross border pharmacy provision in neighbouring health and wellbeing board areas, there are sufficient access times across the county. Ten of Hampshire's eleven districts have at least two 100-hour pharmacies operating within its borders. The only district without provision is Eastleigh but there are four 100-hour pharmacies operating over the Hampshire border in the city of Southampton.
- All pharmacies provide the full range of essential pharmaceutical services.
- There is good provision of advanced services across Hampshire and distribution of services such as NMS and CPCS are appropriately distributed across the eleven districts of Hampshire.
- There are a range of enhanced and locally commissioned services delivered across the county.

It is considered that the number, distribution, and service provision across the county meets the current needs of the population.

9.2 Do existing pharmaceutical services meet future needs?

Areas of significant new development have been identified in each of Hampshire's eleven districts in supplementary document two. Current provision has been deemed sufficient in terms of geographical accessibility and opening hours given the expected increases in population in these areas. Many are within urban areas where current pharmacy provision is extensive. It is anticipated that future demand over the lifecycle of this document will be met by existing providers.

10. Conclusion

The conclusion of this PNA is that the number, geographical distribution, opening hours and choice of pharmaceutical services currently meet the needs of Hampshire's population and will meet future needs within the lifetime of this document.