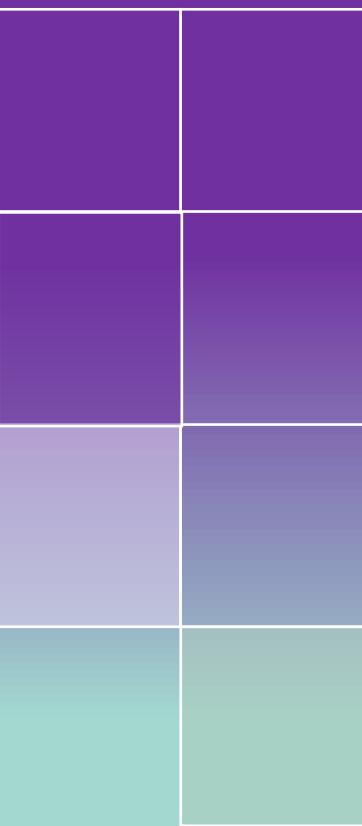


2018



West Sussex Pharmaceutical Needs Assessment (PNA)



Health and Wellbeing Board

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West Sussex Health and Wellbeing Board would also like to acknowledge the contribution of several individuals from the following organisations and departments in the development of the PNA:

- WSCC Public Health Commissioners
- WSCC Strategic Development Department
- WSCC Communications Team
- WSCC Public Health and Social Research Unit
- NHS England
- Members of the public and pharmaceutical service providers who took part in the surveys and consultation
- West Sussex Wellbeing Hubs

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Glossary

A&E	Accident and Emergency
AUR	Appliance Use Review
BAME	Black Asian and Minority Ethnic
CVD	Cardiovascular Disease
CCG	Clinical Commissioning Group
CPCF	Community Pharmacy Contractual Framework
DAC	Dispensing Appliance Contractor
DoH	Department of Health
DRUM	Dispensing Review of the Use of Medicines
EHC	Emergency Hormonal Contraception
GP	General Practitioner
HLP	Healthy Living Pharmacy
HWB	Health and Wellbeing Board
IMD	Index of Multiple Deprivation
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LPS	Local Pharmaceutical Services
LPC	Local Pharmaceutical Committee
LMC	Local Medical Committee
LTC	Long Term Condition
LSOA	Lower Super Output Area
MAR	Medicines Administration Record
MUR	Medicines Use Review
MYE	Mid-Year (population) Estimate
NICE	National Institute of Health Care Excellence
NHS	National Health Service
NMS	New Medicines Service
NUMSAS	New Urgent Medicines Supply Advanced Service
NRT	Nicotine Replacement Therapy
NSP	Needle and Syringe Programme
ONS	Office for National Statistics
OOH	Out of Hours
OST	Opiate Substitution Treatment
PCT	Primary Care Trust
PGD	Patient Group Direction
PHE	Public Health England
PNA	Pharmaceutical Needs Assessment
PSNC	Pharmaceutical Services Negotiating Committee
SAC	Stoma Appliance Customisation
SHAPE	Strategic Health Assessment Planning & Evaluation
STP	Sustainable Transformation Partnerships
WSCC	West Sussex County Council

1. Executive summary

Following the restructuring of the National Health Service (NHS) in April 2013, the responsibility of producing and keeping up to date a Pharmaceutical Needs Assessment (PNA) was transferred to Health and Wellbeing Boards (HWB). The West Sussex HWB produced its first PNA in February 2015 and this PNA is a review of, and replaces the 2015 PNA.

The PNA is a statement of needs for pharmaceutical service provision within the HWB area. It is used by NHS England in its determination as to whether to approve applications to join the pharmaceutical lists or dispensing doctor list under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as well as applications to change existing services. It is also used by NHS England, Local Authorities (LA) and Clinical Commissioning Groups (CCGs) to inform their commissioning of services from community pharmacies.

1.1 The PNA process

The West Sussex PNA was undertaken in accordance with the requirements set out in regulations 3-9 and Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

In undertaking this assessment, a PNA Steering Group was formed to oversee the PNA development process and ensure that the PNA meets the statutory requirements. Membership of the group included a wide range of stakeholders: officers from West Sussex County Council (WSCC), and representatives from Local Pharmaceutical Committee (LPC), Local Medical Committee (LMC), West Sussex CCGs, Healthwatch and NHS England.

Surveys were conducted with the public and with pharmaceutical service providers to obtain views on current provision and future need of pharmaceutical services. Although the survey sample was not representative, and no statistical inference was made, it provided a snapshot of views and service provision across West Sussex as reported by respondents. The findings from the surveys were used, in conjunction with other data sources, to inform the PNA. In addition, the consultation, which ran from 1st September until 5th November, was undertaken to obtain feedback on the draft PNA. This was also used to inform the final PNA.

This PNA has drawn on several sources of information to give an overview of the health and pharmaceutical profile and needs of the local population. In particular, the West Sussex PNA draws on the Joint Strategic Needs Assessment (JSNA).

1.2 Localities

For the purpose of the PNA, localities have been defined as the local authority district and borough localities. In some cases, these are broken down to ward level. This was the same approach taken in the previous PNA, in 2015.

1.3 Key findings

1.3.1 Population demographics and health profile

- The average life expectancy at birth in West Sussex is 80.5 years for males and 83.8 years for females.
- Worthing has the lowest average life expectancy for both males and females (78.8 and 82.9 respectively) while Mid Sussex and Chichester have the highest male and female life expectancies respectively (81.9 and 84.6).
- There was an estimated 0.9% (7,510 people) increase in the population of West Sussex in 2016 compared to the previous year.
- West Sussex is less ethnically diverse, with only 6.2% of the population belonging to BAME groups, compared with 20.2% in England. Crawley is the most ethnically diverse locality with 27.9% of the population belonging to BAME groups.
- West Sussex remains one of the least deprived areas in the country, ranking 131st of 152 upper tier authorities (1 being most deprived, 152 being least deprived).
- Of the West Sussex districts and boroughs, Adur remained the most deprived, followed by Crawley, Arun and Worthing.
- An increasing number of people in West Sussex are living longer with disabilities, learning difficulties and limiting long term illness.

1.3.2 Current NHS pharmaceutical service provision and access

- There are 160 community pharmacies in West Sussex; 12 dispensing doctors; 5 appliance contractors and 3 distance selling pharmacies.
- Since the last PNA in 2015, there has been a reduction of 2 community pharmacies and one dispensing doctor. There have been no changes in the number of dispensing appliance contractors and an increase of 2 distance selling pharmacies.
- The number of community pharmacies and dispensing doctors in West Sussex localities ranges from 19 to 22 per 100,000 population, with a West Sussex average of 20 dispensing sites per 100,000 population.
- Nearly half of the community pharmacies in West Sussex open before 9am and 36 open in the evenings after 6.30pm, 17 of which are open beyond 8pm.
- Community pharmacies are spread across the county, with the larger towns in each district having at least one community pharmacy open after 6.30pm.
- Majority of community pharmacies in West Sussex (93%) are open during the day on Saturdays.
- The majority of community pharmacies in larger towns in West Sussex are open on Sundays; however, in most of the smaller towns and villages they are closed.
- Only one pharmacy at Gatwick is open after 5pm on Sundays, due to Sunday trading laws.
- West Sussex has a good coverage of essential services.
- On average, West Sussex has a higher number of pharmacies and appliance contractors providing advanced services, when compared to the Kent, Surrey and Sussex area, the South Region and England.

- There is a good provision of Medicine Use Reviews (MURs), New Medicine Services (NMS) and Seasonal Influenza (flu) vaccination service in West Sussex (95.1%, 85.9% and 65%) by pharmacies.
- The coverage of Stoma Appliance Customisation (SAC) service and Appliance Use Review (AUR) is less extensive (22.0% and 3.0%) respectively, although this is higher than Kent, Surrey and Sussex area, the South Region and England.
- There is a wide range of locally commissioned services provided by community pharmacies and other public health providers that are spread across the County giving patient's choice and accessibility.

1.3.3 Survey responses regarding access to services

- Eighty percent of survey respondents strongly agreed or agreed that they could usually find an open pharmacy when needed.
- The majority of respondents (90%) strongly agreed or agreed that they found it easy to find a pharmacy near where they wanted.
- The majority of people in West Sussex are within 20 minutes travelling time to a pharmacy.
- Ninety-five percent of respondents reported that they travel less than 6 miles to their nearest pharmacy.

1.3.4 Addressing health and wellbeing needs through community pharmacies

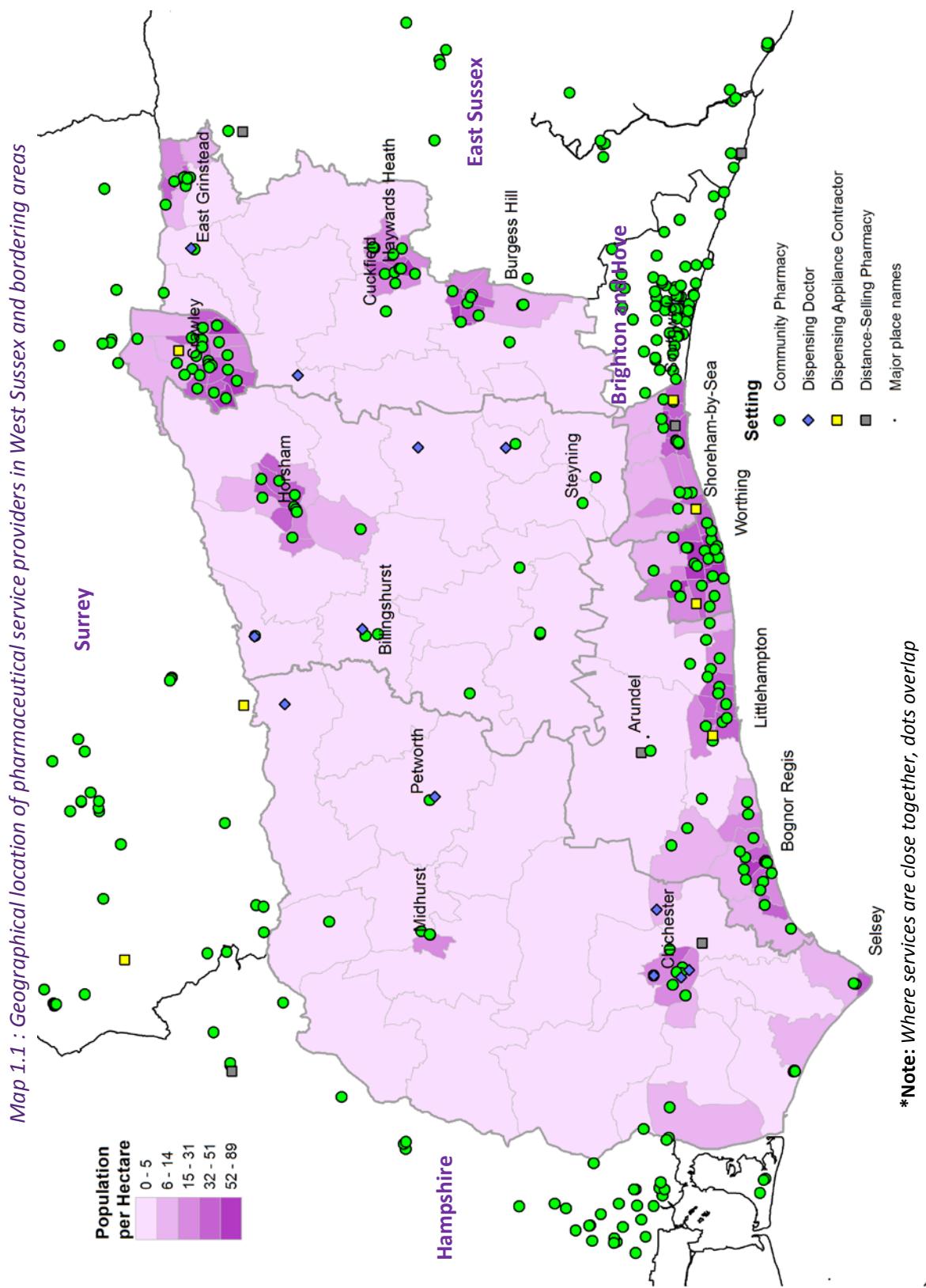
- Community pharmacies are a key public health resource.
- There is need for local commissioning organisations to consider and engage with community pharmacies as potential providers of local public health services, particularly when considering unmet health and wellbeing needs of the local population.
- Through their provision of essential, advanced and enhanced services as well as other commissioned and non-commissioned services, community pharmacies contribute towards meeting local priorities.
- The accessibility of community pharmacies provides them with an opportunity to reach a wide range of people and contribute towards reducing health inequalities.
- There is a need to integrate community pharmacy in local strategic commissioning plans. This can be achieved through addressing barriers to service provision and service uptake, and taking into consideration new models of care.
- Healthy Living Pharmacy model is one of the key models for delivering public health services in community pharmacies.

1.4 Overall conclusion

- The PNA has not identified any gaps in service provision of necessary services within the West Sussex HWB area. The current coverage is adequate to provide the necessary services such as essential/dispensing services and advanced services.

1.5 Recommendations

- Overall, the provision of advanced services across the West Sussex localities is good; however, there is some scope for improvement within the current network of providers to maximise patient choice and access.
- In order to maximise the opportunities in the new community pharmacy contract, all community pharmacies should be supported and encouraged to participate in the Quality Payment scheme and the NHS Urgent Medication Supply Advanced Service (NUMSAS).
- Where service uptake or engagement for public health commissioned services is lower in community pharmacies e.g. Health Checks and Smoking Cessation, joint working with commissioners is recommended to identify barriers and potential solutions.
- Ongoing monitoring of the risks of non-funded community pharmacy services such as the medicines delivery service, in response to the reduction in funding associated with the CPCF 2016-18, is required.
- Ongoing monitoring of the risks of closure of community pharmacy contractors across West Sussex is required as a consequence of the reduction in funding associated with the CPCF 2016-18.
- Overall, the current opening hours are good; however, to enhance patient access and choice, some areas may benefit from Sunday opening hours. This is within the scope of existing network of pharmacies and contractual framework.
- There is strong evidence indicating that community pharmacies contribute towards addressing local health and wellbeing priorities. Commissioners need to ensure that community pharmacies are part of local strategic plans, such as STPs. A review of existing commissioning arrangements may be required to support this.
- Minor ailments service is currently not commissioned in West Sussex, therefore commissioners, both local and national, should work with pharmacy teams to consider commissioning this service and include it in local care pathways where possible.
- To support the local priorities, all community pharmacies should be encouraged to implement Level 1 Healthy Living Pharmacy, provide Level 2 Safeguarding training and have staff trained as ‘Dementia Friends’ as part of the Quality Assessment scheme.
- Taking into account the housing projections, the current population demographics, and the distribution of pharmaceutical service providers across West Sussex, it is anticipated that the current pharmaceutical providers will be sufficient to meet the local needs. However, where housing developments are completed and occupied within the PNA lifetime further consideration may be required, especially in the Rusper and Colgate ward in Horsham.
- It is acknowledged that some Districts and Boroughs are currently, as of January 2018, updating their Local Plans. This means that the number of housing developments and projections may change. To ensure that up-to-date information is available to inform decisions on pharmaceutical services, it is recommended that data relating to housing developments are refreshed annually and published on the West Sussex JSNA website.



2 Introduction

2.1 Definition of PNA

A Pharmaceutical Needs Assessment (PNA) is a statement of the assessment that each Health and Wellbeing Board (HWB) must make of the needs in its area, for pharmaceutical services provided as part of the National Health Service (NHS)¹.

2.1.1 Information to be included in the PNA

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, Schedule 1 states that the PNA must include a statement of the following:

- **Necessary services (current provision)** - pharmaceutical services which have been identified as necessary to meet the needs in the HWB area;
- **Necessary services (gaps in provision)** - pharmaceutical services that are not provided in the area but have been identified by the HWB as necessary to meet pharmaceutical need;
- **Other relevant services (current provision)** - services which are not necessary to meet pharmaceutical needs but have secured improvements, or better access, to pharmaceutical services. This includes services within the HWB area and outside the area;
- **Improvements and better access (gaps in provision)** - pharmaceutical services that the HWB has identified as not being provided, but which, if they were to be provided, would secure current and/or future improvements or better access to pharmaceutical services in the area;
- **Other NHS services** - NHS services provided by a Local Authority, NHS England, a Clinical Commissioning Group (CCG) or an NHS Trust, which affect the needs for pharmaceutical services;
- **An explanation how the assessment was carried out;**
- **Map of provision** - showing the premises where pharmaceutical services are provided.

2.2 Purpose of the PNA

The PNA is a key commissioning tool in the process of aligning pharmaceutical services provision with local needs in order to ensure improved patient choice, accessibility and better quality of services. It is used by different organisations to inform their commissioning of pharmaceutical services as follows:

- **NHS England** – to make decisions on applications to open new pharmacies, dispensing appliance contractor premises and dispensing doctors, as well as changes to existing NHS pharmaceutical services. This is also known as market entry. It is also used to inform the commissioning of enhanced services from pharmacies.
- **Clinical Commissioning Groups (CCG) and Local Authorities (LA)** – to inform their commissioning of local services from pharmacies.

¹ National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 Available at: <http://www.legislation.gov.uk/uksi/2013/349/made>

2.3 Legislative background

The Health and Social Care Act 2012 made amendments to the NHS Act 2006, and established HWBs. The 2012 Act also placed a statutory duty on the HWBs to publish and keep up to date a statement of the need for pharmaceutical services for the population in its area, which is the PNA. The requirements on how to develop and update PNAs are set out in Regulations 3-9 Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013, which came into force on the 1st April 2013².

The HWB must also issue a revised assessment within 3 years of its previous PNA publication or as soon as reasonably practicable where significant changes to the need for pharmaceutical services are identified. Where changes to the need for pharmaceutical services are not deemed significant and revising the PNA is considered a disproportionate response, the HWB is responsible for publishing a supplementary statement explaining changes to the availability of pharmaceutical services since the publication of its last PNA.

Since 2013, several amendments have been made to the 2013 Regulations. For the purpose of this PNA, the 2013 Regulations have been referenced throughout as the principle regulations.

West Sussex HWB published its first PNA in February 2015, and this PNA replaces it.

2.3.1 Market entry decisions

NHS England is required to make arrangements for the provision of proper and sufficient drugs, medicines and listed appliances ordered for individuals through NHS prescriptions. If a person (a pharmacist, a dispensing appliance contractor, or dispensing doctor) wants to provide NHS pharmaceutical services, they are required to apply to the NHS to be included on a pharmaceutical list or dispensing doctor list. This is commonly known as the NHS “market entry” system. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 gives NHS England responsibility for dealing with market entry applications to open new pharmacies, dispensing appliance contractor premises and dispensing doctors, as well as changes to existing NHS pharmaceutical services.

2.4 Definition of pharmaceutical services and providers

The 2013 Regulations also clarifies what is regarded as pharmaceutical services and how they relate to the PNA as follows:

The pharmaceutical services to which each pharmaceutical needs assessment must relate are all the pharmaceutical services that may be provided under arrangements made by the NHS Commissioning Board (NHSCB) (now NHS England) for—

- *the provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list;*
- *the provision of local pharmaceutical services under a Local Pharmaceutical Services (LPS) scheme; or*

² The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013: <http://www.legislation.gov.uk/uksi/2013/349/contents/made> accessed March 2017

- *the dispensing of drugs and appliances by a person on a dispensing doctors list (but not other NHS services that may be provided under arrangements made by the NHSCB (NHS England) with a dispensing doctor³).*

NHS England has a statutory responsibility to prepare, maintain and publish these lists of contractors from premises within the HWB area⁴.

2.4.1 Pharmaceutical lists

The following are on the pharmaceutical lists:

- **Pharmacies/Chemists:** These are often referred to as ‘community pharmacies’ or ‘chemists’. They are often located on the high street in town centres, supermarkets or within a local parade of shops. They can also be found in GP practices or health centres in towns or urban areas. As well as providing the contracted services (Table 2.1), they sell over the counter medicines.
- **Dispensing appliance contractors:** NHS pharmaceutical contractors who supply, on prescription, appliances such as stoma and incontinence aids, dressings etc. They cannot supply medicines.
- **Distance selling contractors:** These are internet and mail order based contractors who provide their services across England to anyone who requests it. They may be pharmacy or dispensing appliance contractors; however, under the 2013 Regulations, only pharmacy contractors may now apply to be distance selling premises. They must provide patients with a full range of essential services but not face to face at the premises.

2.4.2 Local Pharmaceutical Services

Local Pharmaceutical Services (LPS) contractors: provide a level of pharmaceutical services in some HWB areas. A LPS contract allows NHS England to commission community pharmaceutical services tailored to specific local requirements.

2.4.3 Dispensing doctors list

The dispensing doctor list is a system under which a type of GP practice, known as a dispensing doctor, can provide pharmaceutical services i.e. the dispensing of drugs and appliances, for their patients under certain conditions:

- The medical practice premises are based in rural areas, known as “controlled localities”.
- They can only dispense NHS prescriptions for their own patients who live more than 1 mile (1.6km as the crow flies) from a pharmacy.

2.4.4 Controlled and Reserved Localities

From 1 April 2013, NHS England took over the responsibility for determining controlled localities, areas designated as rural in nature and for publishing maps showing the controlled localities. Any areas determined to be controlled localities (or not controlled localities) cannot be considered again for a period of five years.

³ The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013

⁴ The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013:
<http://www.legislation.gov.uk/uksi/2013/349/contents/made> accessed March 2017

NHS England is also responsible for designating reserved locations. A reserved location is an area within a controlled locality where the total of all patient lists for the area, within a radius of 1.6km (1 mile) of the pharmacy or proposed new pharmacy location, is fewer than 2750. Patients in a controlled locality, both within one mile of the pharmacy and beyond, have the right to choose whether to have their medicines dispensed at a pharmacy or GP surgery.

2.5 Overview of pharmaceutical contractual arrangements

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 sets out the services to be provided by pharmaceutical service contractors. These contain the provisions for pharmaceutical lists, dispensing doctor lists and their terms of service.

Dispensing doctor practices: Schedule 6 of the Regulations sets out the requirement for dispensing doctor contractors to provide a dispensing service.

Dispensing appliance contractors: Schedule 5 of the Regulations sets out the requirement for all dispensing appliance contractors to provide the appliance dispensing services.

Pharmacy contractors: The Community Pharmacy Contractual Framework (CPCF) was introduced in April 2005. It is a regulatory framework based on the Terms of Service set out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013. The CPCF makes clear the role of community pharmacy and its contribution to the achievement of health targets in order to improve the health of the population, widen access, increase patient choice and help people with long-term conditions.

NHS England is the only organisation that can commission NHS Pharmaceutical Services. They are therefore responsible for managing and performance monitoring the CPCF⁵. The CPCF is made up of 3 different service elements:

- **Essential services:** all pharmacy contractors are required to provide essential services as set out in Schedule 4 of the Regulations.
- **Advanced services:** the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 sets out the provision for pharmacy contractors and dispensing appliance contractors to offer one or more advanced services, if they have met the accreditation requirements.
- **Enhanced services:** the 2013 Directions also sets out the enhanced services which may be commissioned directly by NHS England from pharmacy contractors (Table 2.1).

⁵ NHS England. <http://www.england.nhs.uk/wp-content/uploads/2014/04/pharm-services-qa-230414.pdf>

West Sussex Pharmaceutical Needs Assessment 2018

Table 2.1-Types of pharmaceutical services in West Sussex and their commissioners and providers

Contract element	Provider	Pharmaceutical Services	Commissioners		
			NHS England	Local Authority	CCG
Essential	CP, DD	Dispensing drugs	C		
	CP, DAC	Dispensing appliances	C		
	CP	Disposal of unwanted drugs	C		
	CP, DAC	Repeat dispensing	C		
	CP	Promotion of healthy lifestyles	C		
	CP	Prescription linked intervention	C		
	CP	Public health campaigns	C		
	CP, DAC	Signposting	C		
	CP, DAC	Support for self-care	C		
	CP, DAC	Clinical governance	C		
Advanced	CP, DAC	Appliance Use Reviews	C		
	CP, DAC	Stoma Customisation Service	C		
	CP	New Medicines Service	C		
	CP	Medicines Use Reviews	C		
	CP	Seasonal Flu vaccination	C		
Enhanced	CP	Anticoagulant monitoring	NC		
	CP	Care Home	NC		
	CP	Disease Specific Medicines Management	NC		
	CP	Gluten Free Food scheme	NC		
	CP	Independent prescribing	NC		
	CP	Home delivery	NC		
	CP	Language access	NC		
	CP	Medication review	NC		
	CP	Medicines assessment & compliance support	NC		
	CP	Minor ailments	NC		
	CP	Needle and Syringe Exchange Programme	NC		
	CP	On-Demand availability of specialist drugs	NC		
	CP	Out of Hours	C		
	CP	Patient Group Direction (PDG)	NC		
	CP	Prescriber support	NC		
	CP	Schools	NC		
	CP	Screening	NC		
	CP	Stop smoking	NC		
	CP	Supervised administration	NC		
	CP	Supplementary prescribing	NC		
Locally Commissioned Services	CP	Emergency Hormonal Contraception	C		
	CP	NHS Health Checks	C		
	CP	Smoking cessation	C		
	CP	Supervised administration	C		
	CP	Needle and Syringe Exchange programme	C		
	CP	Hepatitis B Vaccinations	C		
	CP	Emergency palliative care		C	
	CP	Medicine Administration Records charts		C	
	CP	Gluten Free Food scheme		C	
	CP	H-Pylori testing		C	
	CP	First dressing		C	

Key:

C - Current commissioner of service

DAC - Dispensing Appliance Contractor

NC - Not currently commissioning service

DD - Dispensing Doctor

CP - Community Pharmacy

Locally commissioned services

CCGs and LAs can also commission services from community pharmacy contractors according to identified local needs and in line with their strategic planning. These are then termed locally commissioned services and are not part of NHS pharmaceutical services but require Local Authority and NHS contracts with their own monitoring and governance arrangements. NHS England can commission some of these services on behalf of the LA and/or CCG. Where asked to do so, these are then treated as enhanced services and fall within the definition of NHS pharmaceutical services.

CCGs are responsible for commissioning the majority of NHS services for their populations, apart from those services commissioned by NHS England or LA i.e. primary care, specialised services and public health. LAs have a responsibility to commission public health services.

2.6 Changes to the pharmacy contract

The Government has implemented a package of reforms for community pharmacy in 2016/17 and beyond, aimed at delivering efficiencies and to integrate community pharmacy with health and social care. The changes include:

- The establishment of a Pharmacy Integration Fund to help pharmacies integrate into the NHS;
- The introduction of a Pharmacy Access Scheme to provide more NHS funds to certain pharmacies;
- The introduction of the Quality Payments scheme;
- Urgent medicines supply pilot scheme;
- Changes to market entry to facilitate the consolidation of pharmacies.

These changes came into effect on 1st December 2016. The impact of these changes to pharmaceutical services nationally is still unclear as there is no reliable way of estimating whether, or, the number of pharmacies that may close as a result of this policy⁶. However, the Department of Health (DoH) impact report highlights that potentially travel time could increase for patients who may have to travel further if their nearest pharmacy closes⁷.

Pharmacy Access Scheme (PhAS)

The PhAS was introduced to protect access in areas where there are fewer pharmacies and the local population has higher health needs, so that no area need be left without access to NHS community pharmaceutical services. It is an additional monthly payment made to all small and medium sized pharmacies that are a mile or more from another pharmacy. Eligibility is based on meeting the following three criteria:

- The pharmacy is more than a mile away from its nearest pharmacy (measured by road distance);
- The pharmacy is on the pharmaceutical list as at 1 September 2016; and
- The pharmacy is not in the top 25% largest pharmacies by dispensing volume.

⁶ DoH. Community pharmacy in 2016/17 and beyond. Impact assessment

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/561496/Community_pharmacy_impact_assessment_A.pdf accessed May 2017

⁷ As above

Changes to market entry to facilitate the consolidation of pharmacies

The changes to the market entry regulations to facilitate the consolidation of pharmacies requires the opinion of the Health & Wellbeing Board (HWB) on whether or not a gap in pharmaceutical service provision would be created by the proposed application for consolidation. If the application is granted and pharmacy premises are removed from the relevant pharmaceutical list, and the HWB does not consider that a gap in service provision is created as a consequence, it must publish a supplementary statement alongside its PNA recording its view.

Quality payment scheme

The Quality Payments Scheme rewards community pharmacies for delivering quality criteria in all three of the quality dimensions:

- Clinical Effectiveness;
- Patient Safety; and
- Patient Experience.

The quality criteria include a safety report, safeguarding training, publishing patient satisfaction survey results, gaining Healthy Living Pharmacy level 1 status, increasing access to the Summary Care Record, ensuring the information NHS 111 have about the pharmacy is accurate, identifying “at risk” asthma patients and referring them for an asthma review and patient facing staff becoming Dementia Friends⁸. In addition, before receiving any quality payments, contractors are required to pass the following four gateway criteria:

- Providing a specified advanced service;
- Providing the Electronic Prescription Service;
- Using NHSmile; and
- Having an up-to-date NHS Choices profile.

2.7 Scope of the assessment

The PNA statutory requirements and directions governing NHS pharmaceutical services dictate the scope of this assessment. Whether a service falls within the scope of the PNA depends on the type of pharmaceutical service provider as well as the service provided. For the purposes of this PNA the following scope has been adopted:

Dispensing doctor practices: the scope of the service to be assessed in the PNA is the dispensing service provided. All other services provided by the GP practice, including Dispensing Review of the Use of Medicines (DRUM), fall within their general medical terms of service.

Dispensing appliance contractors: the scope of the service to be assessed in the PNA is the dispensing of appliances and the provision of advanced services e.g. Appliance Use Review (AUR) service and Stoma Appliance Customisation service (SAC).

Community pharmacy contractors: the scope of the services to be assessed in the PNA is broad and comprehensive and includes all elements of the CPCF such as essential, advanced, enhanced and locally commissioned services.

⁸ Dementia Friends is an initiative that aims to give people a better understanding of dementia and how they can support those with dementia. Further information can be found at www.dementiafriends.org.uk

Other pharmaceutical services are outside the scope of this assessment, such as those provided in hospitals. However, where such a service has a potential to influence future service developments, an overview has been provided in chapter 6 of the PNA for completeness.

3 PNA process

This PNA was undertaken in accordance with the requirements set out in regulations 3-9 and Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

Throughout the PNA development process, consideration was given to the Equality Act 2010. An Equality Impact Assessment was undertaken to ensure a non-discriminatory and equal access to pharmaceutical services for all the residents of West Sussex (see appendix A4).

The following guidance documents were used to develop the PNA:

- The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and amendments;
- Pharmaceutical Needs Assessment, Information Pack for Local Authority Health and Wellbeing Boards. Department of Health (May 2013);
- A Pharmaceutical Assessment - a practical guide. NHS Employers (2009);
- The West Sussex County Council Pharmaceutical Needs Assessment 2015 was used as a template and reference for the development of the 2018 PNA.

3.1 PNA methodology

The development of the West Sussex PNA report was carried out over five stages as stated below:

3.1.1 Stage 1 - PNA Steering Group and PNA Project Group

A PNA Steering Group was formed to oversee the PNA process and ensure that the PNA meets the statutory requirements on behalf of the HWB. Membership of the group included a range of stakeholders: West Sussex County Council (WSCC), Local Pharmaceutical Committee (LPC), Local Medical Committee (LMC), West Sussex CCGs, Healthwatch West Sussex and NHS England. The West Sussex HWB was kept informed on the progress of the PNA through update reports from the PNA Steering Group.

A PNA Project Group was established to carry out the day to day development of the PNA and consisted of representatives from WSCC.

3.1.2 Stage 2 - Surveys

Public views about the current and potential future pharmaceutical services in West Sussex were collected using a survey. The questionnaire was approved by the Steering Group and distributed throughout West Sussex using pharmacies, GP surgeries, dispensing doctors, libraries and Wellbeing Hubs. The survey was also made available online.

In order to obtain a picture of the current and potential future provision of pharmaceutical services in West Sussex, information and views from pharmaceutical service providers were collected. This was done in the form of an online questionnaire sent to pharmacy contractors, dispensing appliance contractors and dispensing doctors.

Responses from all surveys were analysed and a report drafted (see appendix A1).

3.1.3 Stage 3 - Data collection and analysis

In undertaking the PNA, several sources of information have been drawn upon to give a picture of the health and pharmaceutical needs of the population of West Sussex. These sources include:

- **Pharmaceutical service surveys**

The public survey and pharmaceutical service provider surveys were undertaken to provide a snapshot view of the current picture of pharmaceutical services in West Sussex.

- **West Sussex Joint Strategic Needs Assessment (JSNA)**

The JSNA is a statutory requirement in which the HWB describes the current and future health and well-being needs of the local population. LAs and CCGs have equal and joint duties to prepare the JSNA, through the HWB. The purpose of the JSNA is to improve the health and wellbeing of the local community and reduce health inequalities.

- **Public Health England (PHE)**

Public Health England produces information, data and intelligence on the Public Health Outcomes framework for practitioners, commissioners, policy makers and the wider community.

- **NHS Digital**

NHS Digital (formerly Health and Social Care Information Centre (HSCIC)) produces health and social care data and reports such as prescriptions dispensed in the community, based on statistics derived from the NHS Business Services Authority's (NHSBSA) Prescription Cost Analysis system (PCA).

- **NHS England (NHSE)**

NHS England holds relevant pharmacy contract information as well as information on the number and types of pharmaceutical service providers on the pharmaceutical and dispensing doctor lists.

- **Office for National Statistics (ONS)**

ONS produces and publishes a wide range of statistics relating to the population, economy and society at national, regional and local level. It also produces Census data and boundaries for mapping.

- **WSCC**

WSCC produces local data on public health commissioning, strategic planning (housing developments), demographic and health data.

Using these sources, data on current service provision, demographics, health profiles, future housing needs and commissioning plans were collected. Maps and graphs were drawn up to give a comprehensive picture of the population of West Sussex. National and local strategies and commissioning intentions (CCGs, WSCC) were also collected as part of the PNA development process.

3.1.4 Stage 4 - Consultation

All the data and information collected was used to inform the development of the draft PNA. The draft PNA was approved by the Steering Group, prior to a statutory minimum 60-day consultation.

The consultation process was guided by the regulations and the following people were consulted: LPC, LMC, Healthwatch, neighbouring HWBs i.e. East Sussex HWB, Hampshire HWB, Surrey HWB and Brighton and Hove HWB, NHS Trusts and Foundation Trusts in West Sussex, West Sussex pharmaceutical service providers and various patient and resident groups in West Sussex. The draft consultation PNA document and response form were made available on the WSCC website and in libraries for access by all the stakeholders including members of the public.

At the close of the consultation, the responses were analysed by members of the Steering Group and the necessary changes made to the PNA document. A consultation report was also developed and included in the appendices (Appendix A2).

In addition, responses to neighbouring HWBs PNAs were also provided in line with the regulations.

3.1.5 Stage 5 - Sign Off & Publication

The final PNA report was presented to the HWB for sign off in January 2018 and published prior to the 28th February 2018.

3.2 Defining the PNA localities

According to the Regulations (2013), the PNA should have regard to the different needs of the different localities, as well as within localities, for the HWB area. In West Sussex the HWB covers the whole of the county, and can be further divided into localities as outlined below.

District and borough areas

Map 3.1 District and borough local authority boundaries



Source: WSCC

West Sussex County is administered under a two-tier system of local government made up of West Sussex County Council and the following seven district and borough areas (Map 3.1):

- Adur
- Arun
- Chichester
- Crawley
- Horsham
- Mid Sussex
- Worthing

West Sussex CCGs

Within West Sussex there are three CCGs (Map 3.3) whose boundaries differ to those of the district and borough areas except for Crawley CCG:

- **NHS Coastal West Sussex CCG:** covers the six cluster areas of Adur, Arun, Chanctonbury, Chichester, Regis and Worthing. It is made up of 48 GP practices⁹. The GP registered population for NHS Coastal West Sussex CCG in July 2016 was 507,500¹⁰.
- **NHS Crawley CCG:** is co-terminus with the Crawley Borough Council local authority area. It is made up of 12 GP practices¹¹. The GP registered population for Crawley CCG in July 2016 was 130,600⁹.
- **NHS Horsham and Mid Sussex CCG:** covers Burgess Hill, East Grinstead, Haywards Health, Horsham and surrounding villages. It is made up of 23 GP practices¹². The GP registered population for Horsham and Mid Sussex CCG in July 2016 is 236,600⁹.

3.2.1 The PNA localities

For the purpose of the PNA, localities have been defined as the LA district and borough localities, as JSNA and local data are readily available at this geography. These localities were broken down to electoral ward level where possible (Map 3.2). Electoral wards are well recognised as key building blocks of the UK administrative geography and therefore, well used boundaries. Lower Super Output Areas (LSOA) level data were also used in some cases where ward level data was not available. This was the same approach taken for the 2015 PNA.

In addition, for reference, all maps have been duplicated using CCG boundaries, which are available in Appendix A6. It is also worth noting that the West Sussex ward boundaries were updated in 2015; however, some data are only available for pre-2015 wards.

⁹ NHS Coastal West Sussex CCG <https://www.coastalwestsussexccg.nhs.uk>

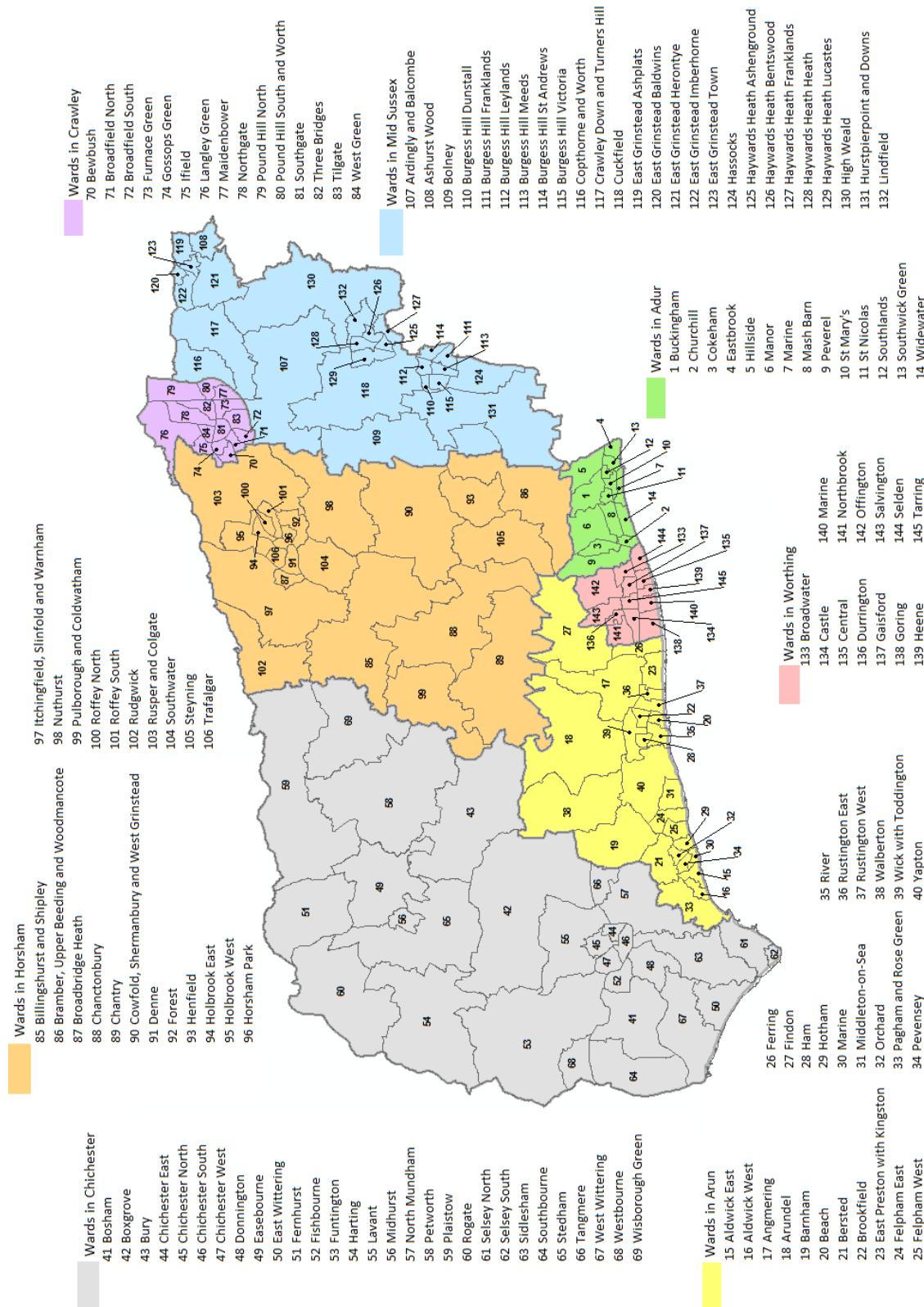
¹⁰ West Sussex JSNA - West Sussex CCG area profiles. <http://jsna.westsussex.gov.uk>

¹¹ NHS Crawley CCG - <http://www.crawleyccg.nhs.uk>

¹² NHS Horsham and Mid Sussex CCG - <http://www.horshamandmidsussexccg.nhs.uk>

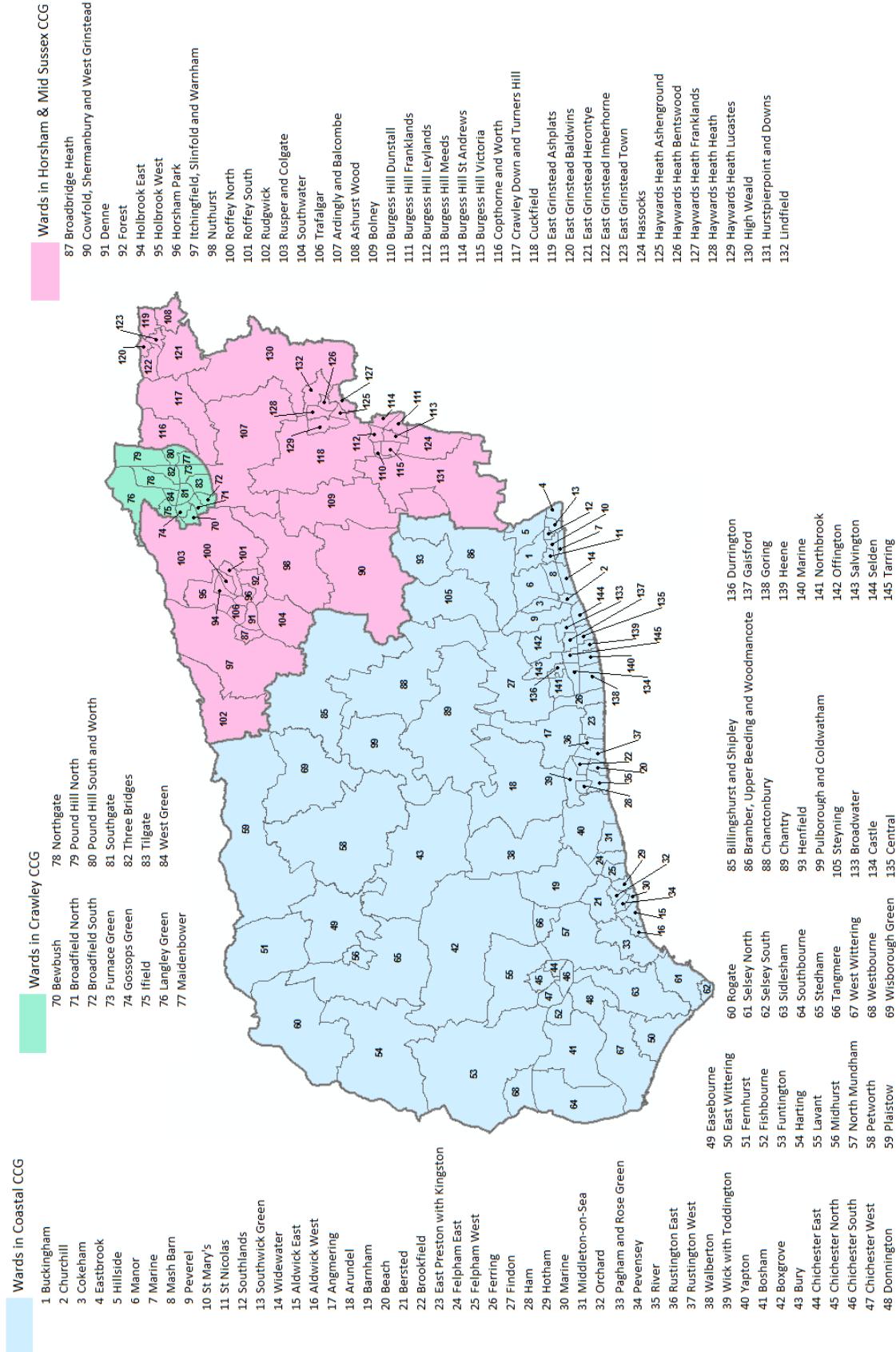
West Sussex Pharmaceutical Needs Assessment 2018

Map 3.2: West Sussex wards to Local Authority and ward boundaries (pre 2015 ward boundaries)



West Sussex Pharmaceutical Needs Assessment 2018

Map 3.3: West Sussex wards to Clinical Commissioning Group (CCG) boundaries (pre 2015 ward boundaries used)



4. Population demographics and health profiles

Key summary

- The average life expectancy at birth in West Sussex is 80.5 years for males and 83.8 years for females.
- Worthing has the lowest average life expectancy for both males and females (78.8 and 82.9 respectively) while Mid Sussex and Chichester have the highest male and female life expectancies respectively (81.9 and 84.6).
- There was an estimated 0.9% (7,510 people) increase in the population of West Sussex in 2016 compared with the previous year.
- West Sussex is less ethnically diverse compared with England overall, with only 6.2% of the population belonging to BAME groups, 20.2% in England. Crawley is the most ethnically diverse locality with 27.9% of the population belonging to BAME groups.
- West Sussex remains one of the least deprived areas in the country, ranking 131st of 152 upper tier authorities (1 being most deprived, 152 being least deprived).
- Of the West Sussex districts and boroughs, Adur remained the most deprived, followed by Crawley, Arun and Worthing.
- An increasing number of people in West Sussex are living longer with disabilities, learning difficulties and limiting long term illness.
- According to the 2011 Census, West Sussex has a higher proportion of unpaid carers compared with England, in part due to its relatively older population.
- 20.5% of people aged between 50-64 years, 13.8% of people aged 65 and over, 9.8% of people aged 25-49 and around 2.2% of people aged 24 and under, provide unpaid care.
- The rates of excess weight in adults are lower than the England average; however, around two-thirds of adults in West Sussex are classed as having excess weight (overweight or obese), while 1 in 5 are obese.
- In 2016, 15.4% of adults in West Sussex smoked tobacco compared with 15.5% of adults.

4.1 West Sussex population overview

Overall people in West Sussex have a long life expectancy and enjoy good health, but this masks the considerable differences within the County. There is a great deal of inequality in the County, from income to health factors. There are increasing numbers of people in West Sussex living longer with disabilities, learning difficulties and limiting long term illness. The aging population has resulted in a high dependency ratio and an increasing number of carers.

4.2 Demographics

4.2.1 Population change

In 2016, the population of West Sussex was estimated at 843,765 people, an increase of approximately 7,510 people (0.9%) from the previous year. Adur had the smallest percentage increase (0.1%) and Horsham had the largest percentage increase (1.6%), Horsham also had the largest nominal increase of 2,150 people (Table 4.1).

West Sussex Pharmaceutical Needs Assessment 2018

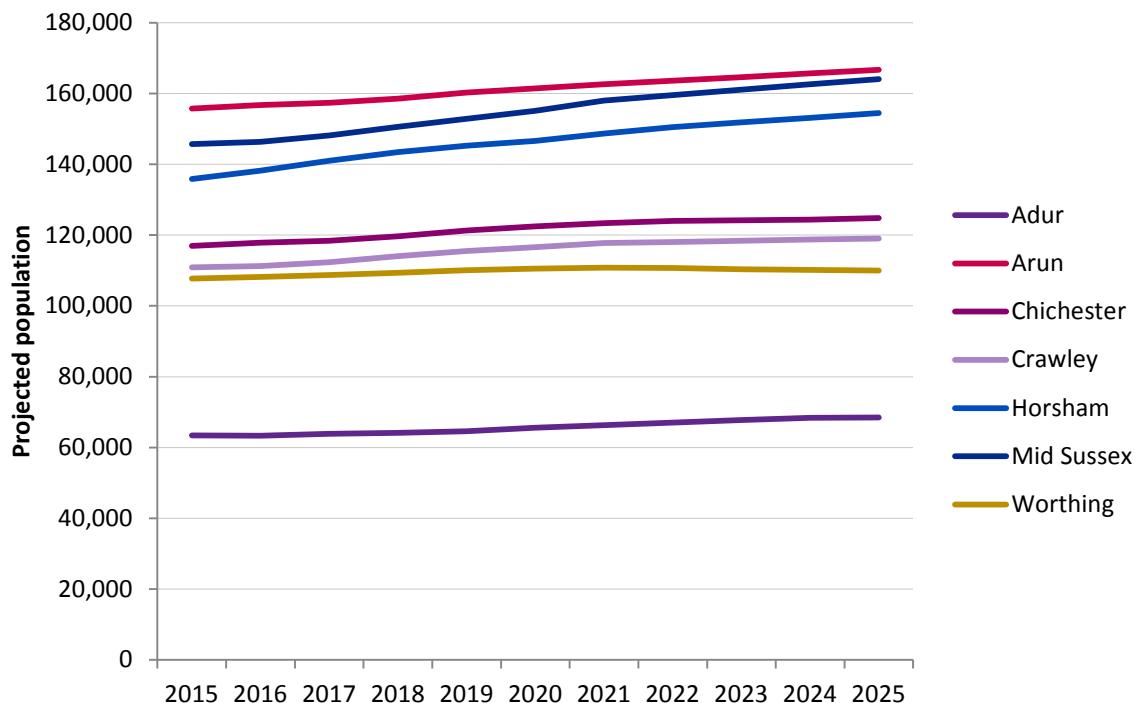
Table 4.1: Population change in West Sussex 2015-16

Local Authority	Mid-year 2015 Population	Births	Deaths	Internal Migration Net	International Migration Net	Other	Mid-year 2016 Population	% of Estimated Population 2016
Adur	63,429	684	715	13	95	0	63,506	0.12%
Arun	155,732	1,573	2,197	1,505	397	-13	156,997	0.81%
Chichester	116,976	998	1,402	1,245	306	52	118,175	1.02%
Crawley	110,864	1,612	731	-1,246	872	4	111,375	0.46%
Horsham	135,868	1,322	1,256	1,780	287	17	138,018	1.58%
Mid Sussex	145,651	1,620	1,299	810	308	-1	147,089	0.99%
Worthing	107,736	1,144	1,315	861	170	9	108,605	0.81%
West Sussex	836,256	8,953	8,915	4,968	2,435	68	843,765	0.90%

Source: Office of National Statistics (ONS) 2016 Mid-Year Population Estimates (MYE) components of change

In West Sussex as a whole, the majority (66.2%) of the population change can be attributed to net internal migration (migration to and from areas of the UK). Only the three northern districts (Crawley, Horsham, and Mid Sussex) saw natural population growth (more births than deaths) between 2015 and 2016.

Figure 4.1: Population projections up to 2025



Source: WSCC population projections 2016 (ONS MYE 2015 base)

Overall, the population in West Sussex is projected to increase by 9.9% from 2015 to 2025, with Horsham and Mid Sussex expected to experience the highest increases (13.7% and 12.7% respectively) and Worthing the lowest (2.1%).

Table 4.2: West Sussex population change in age groups

Age	Population change West Sussex			
	2015	2025	Number	%
Under 16	156,255	166,481	10,226	6.5%
16-29	120,314	121,378	1,064	0.9%
30-44	152,485	156,842	4,357	2.9%
45-64	235,281	249,800	14,519	6.2%
65 and over	186,901	229,882	42,981	23.0%
85 and over	28,975	40,002	11,027	38.1%
All	836,256	907,416	82,930	9.9%

Source: WSCC population projections 2016

West Sussex is projected to have large growth (23.0%) in the 65 and over age group over the 10 year period 2015-25, and an even larger percentage increase in those living beyond 85 in the same period (38.1%) (Table 4.2). The under 16s age group is projected to increase by 6.5%, approximately 10,226 people, whilst the 16-29 age group is expected to have stagnated growth of 0.9%.

4.2.2 Age and gender breakdown

As can be seen in Figure 4.2 below, the age-gender profile differs from that of England. As a proportion, there are considerably less males and females between the ages of 15 to 39 in West Sussex compared to England. In turn, the overall West Sussex profile is older than the national picture; while 16.9% of the population in England are aged 65 and above, 21.4% of the population of West Sussex are at retirement age. This disparity is seen again at the 85+ age band, 3.5% are aged 85 and over in West Sussex compared to 2.4% nationally.

Figure 4.2: West Sussex population age-group breakdown 2016

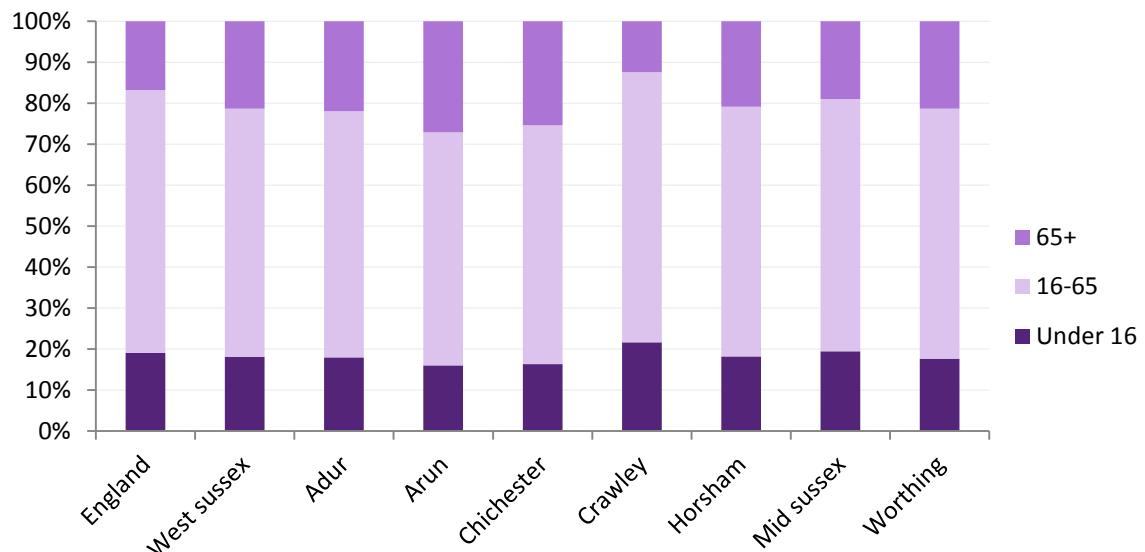


Source: ONS Mid-Year Population Estimates 2016

West Sussex has a high age dependency ratio (the proportion of children under 16 and people above retirement age, per 100 working age). In 2016 the ratio in West Sussex was 65.3 compared to 56.0 in the rest of England.

The high age dependency ratio in West Sussex is largely due to a higher than average proportion of the population being above retirement age and a lower than average proportion in their twenties and thirties (Figure 4.3).

Figure 4.3: Local Authority age group breakdown



Source: ONS Mid-Year Population Estimates 2016

The dependency ratio is highest in Arun (75.9 per 100) which, although has the smallest percentage of under 16s, has the greatest proportion of residents over retirement. Crawley is the opposite and has the lowest ratio (51.8) despite having the highest proportion of children.

4.2.3 Life expectancy

The average life expectancy at birth in West Sussex is 80.5 years for males and 83.8 years for females (Table 4.3).

Table 4.3: Life expectancy at birth and at aged 65, by gender and district

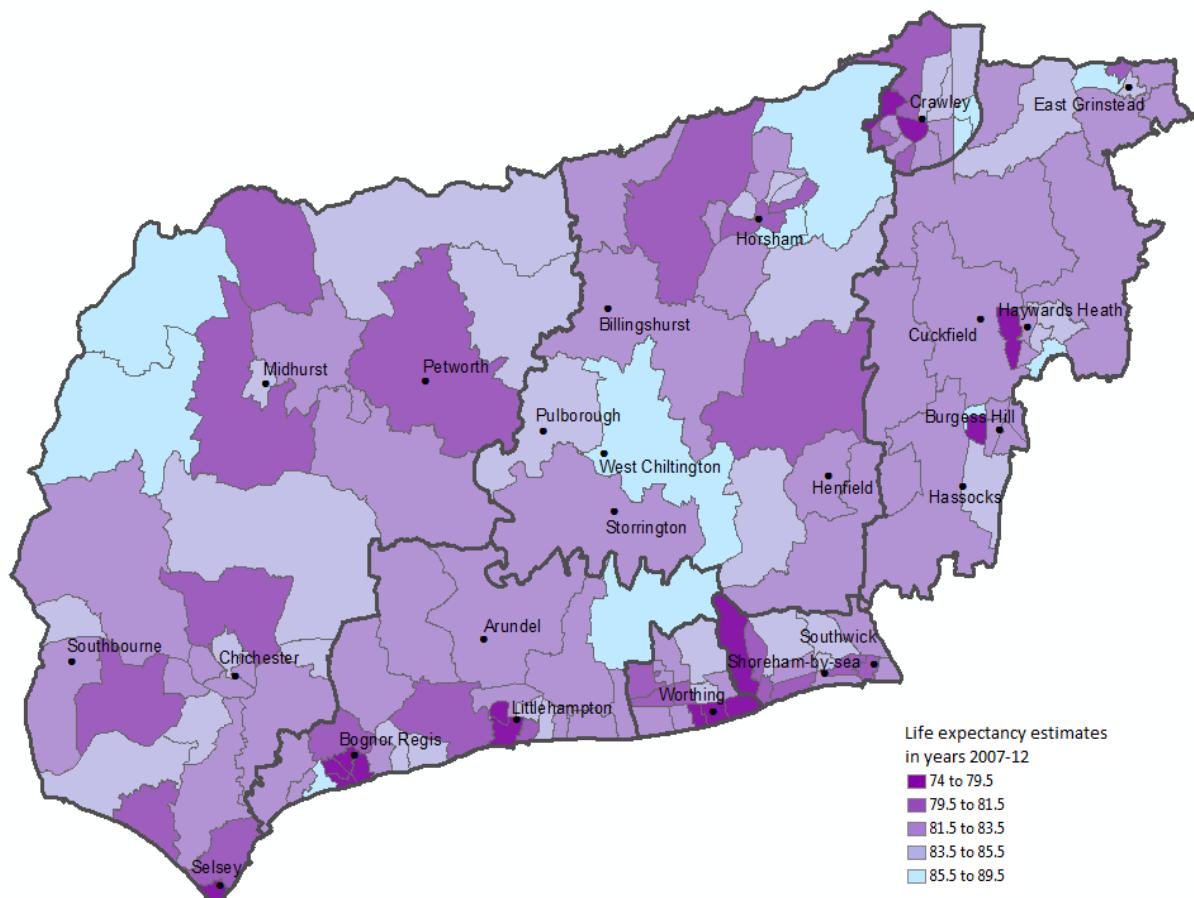
District/Borough	At Birth		At 65	
	Male	Female	Male	Female
Adur	80.3	83.3	19.4	21.0
Arun	79.7	83.5	19.1	21.6
Chichester	81.0	84.6	19.7	22.4
Crawley	79.4	83.6	18.7	21.8
Horsham	81.5	84.4	19.9	22.3
Mid Sussex	81.9	84.2	19.8	21.6
Worthing	78.8	82.9	18.3	21.1
West Sussex	80.5	83.8	19.3	21.7

Source: ONS (2010-12)

Worthing has the lowest average life expectancy for both males and females (78.8 and 82.9 years respectively). Mid Sussex has the highest life expectancy at birth for males (81.9 years) and Chichester has the highest female life expectancies (84.6 years). When considering life expectancy at age 65, Chichester has the highest life expectancy for females (22.4 years) and Horsham has the highest life expectancy for males (19.7 years).

There are health inequalities in West Sussex, with the average life expectancy at birth of people living in the most deprived wards around 10 years lower than those in the least deprived wards (Map 4.1). Arun has a particularly wide gap between the life expectancy per ward (13.2 years gap). It should be noted life expectancy at small area level such as wards can be misleading due to higher densities of settings such as care homes especially along the coast, which can skew estimates.

Map 4.1: West Sussex ward level life expectancy at birth 2007-2012



Source: WSCC Estimate (pre-2015 ward boundaries)

4.2.4 Housing growth and development plans

West Sussex district and borough local plans identify their housing needs and indicate the scale of housing development across the County. WSCC monitors residential land availability in the County, on behalf of the district and borough councils. This is done through an annual survey, to determine how much housing has been built and the amount of land available for future house-building. Table 4.4 below shows the gross number of identified housing units to be built on large sites (6 units or more) over the lifetime of the PNA until 2021 (see appendix A5 for further details).

Table 4.4: Gross number of housing units to be built on large sites 2017 – 2021 in West Sussex LAs

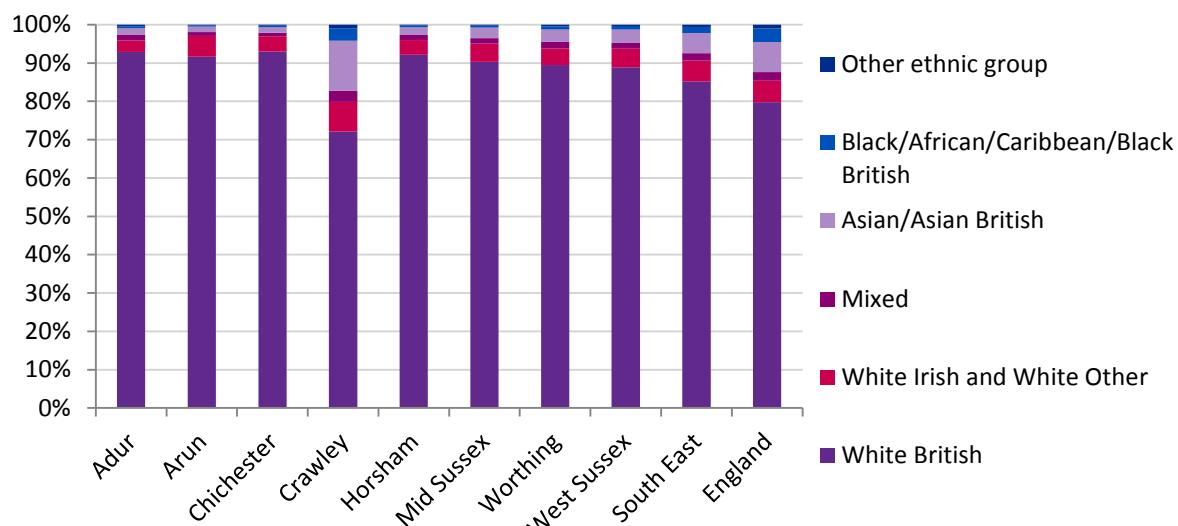
District/Borough	Number of units per year					
	2017	2018	2019	2020	2021	Total
Adur	93	108	40	0	0	241
Arun	457	667	463	264	180	2031
Chichester	507	673	586	477	421	2664
Crawley	374	456	656	315	361	2162
Horsham	1528	1081	827	626	556	4618
Mid Sussex	449	752	454	389	286	2330
Worthing	197	224	201	0	0	622
SDNP*	250	240	92	45	21	648
Total	3855	4201	3319	2116	1825	15316

*South Downs National Park planning authority

4.2.5 Diversity

At the time of the 2011 Census, the largest Black Asian and Minority Ethnic (BAME) group in West Sussex was Indian (1.2%). Crawley is the most ethnically diverse locality with 27.9% of the population belonging to BAME groups, compared to 6.2% and 20.2% of the West Sussex and England population respectively (Figure 4.4).

Figure 4.4: Percentage of population by ethnic group



Source: ONS 2011 Census

4.2.6 Deprivation

The Index of Multiple Deprivation (IMD) brings together over 30 different indicators covering ‘domains’: income, employment, health and disability, education, skills and training, barriers to housing and services, living environment and crime. Indicators are weighted and combined to create an overall deprivation score. The IMD is published by the DCLG and is used to inform Government funding; it is reviewed approximately every 5 years.

West Sussex ranked 131st of 152 upper tier authorities (1 being most deprived, 152 being least deprived). The County is one of the least deprived areas in the country. In relation to neighbouring

authorities, West Sussex is relatively less deprived than East Sussex (ranked 99th) and Brighton and Hove (ranked 73rd); more deprived than Hampshire (ranked 141st) and Surrey (ranked 150th).

Of the West Sussex districts and boroughs, Adur remains the most deprived in West Sussex, followed by Crawley, Arun and Worthing. Mid Sussex and Horsham remain the least deprived areas in West Sussex. All West Sussex LAs had higher IMD rankings in 2015 than in 2010 apart from Horsham, which decreased by 5 places (Table 4.5).

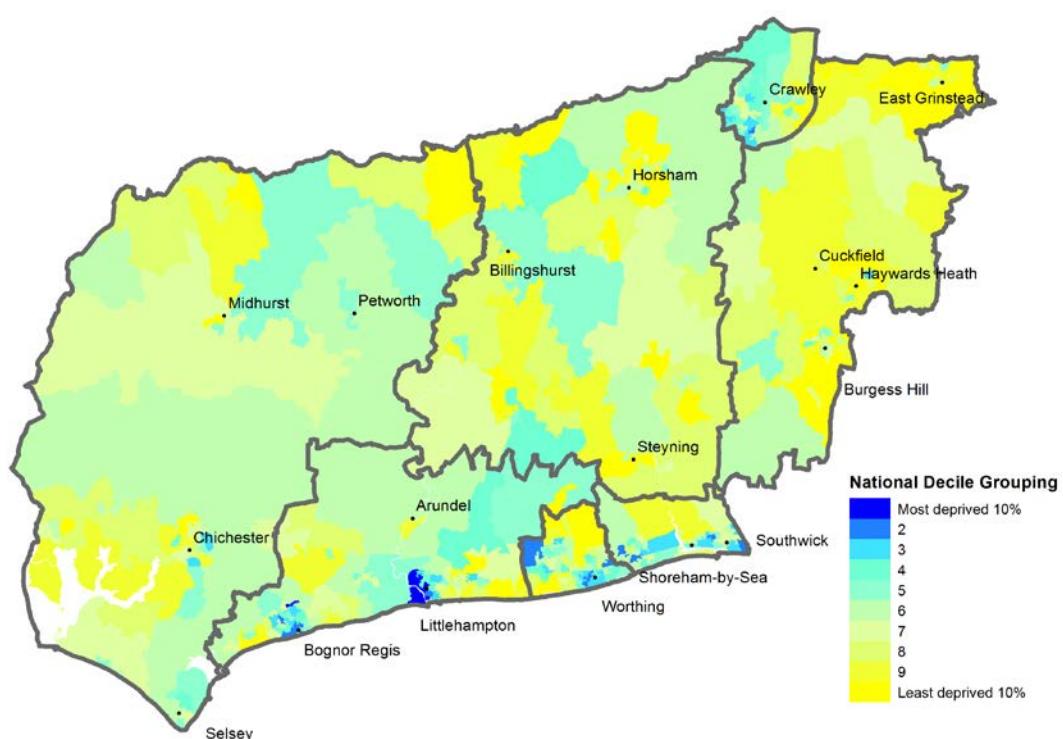
Table 4.5: Index of Multiple Deprivation 2010 and 2015 positions of Local Authorities

Area	2010 Rank	2015 Rank
Adur	145	159
Arun	154	173
Chichester	222	242
Crawley	170	171
Horsham	304	299
Mid Sussex	315	321
Worthing	160	174

(LAs with a higher ranking are less deprived, ranked out of 326)

Source: Department for Communities and Local Government

Map 4.2: LSOA level Index of Multiple Deprivation Deciles 2015

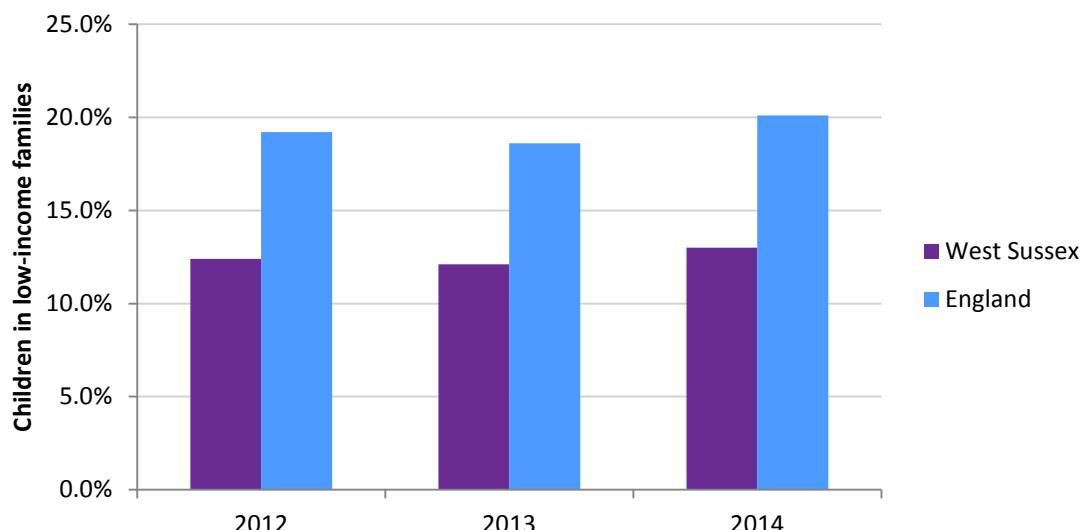


Map 4.2 shows the England 2015 IMD deciles into which the 505 Lower Super Output Areas (LSOA) in West Sussex fall. It shows that although overall West Sussex is a relatively less deprived area, it includes some very deprived LSOAs; four LSOAs within the wards Courtwick and Toddington, River, and Bersted lie within the 10% most deprived LSOAs in England. In contrast, West Sussex has 88 LSOAs amongst the 10% least deprived LSOAs in England, two-thirds of which are found within Horsham, and Mid Sussex.

4.2.7 Children in low income households

In 2014, 15.9% of children in West Sussex under 16 years old were living in relative poverty, lower than the national rate (20.1%). The percentage of children living in relative poverty increased between 2013 and 2014. Child poverty varied across the County; child poverty in Horsham and Mid Sussex was the lowest at 8.8% and 8.1% respectively, while rates were above 15% in Adur, Arun and Crawley.

Figure 4.5: Percentage of children in low-income families



4.2.8 Unemployment

Compared to England and the South East, West Sussex, as a whole, has a lower level of unemployment. Within West Sussex, Adur, Arun and Worthing have the highest rates and Mid Sussex the lowest rate of unemployment.

Table 4.6: Unemployment rate January 2016 - December 2016

Area	Number unemployed	% of population aged 16-64 unemployed
Adur	1,500	4.4
Arun	3,300	4.4
Chichester	2,000	3.6
Crawley	2,700	4.3
Horsham	2,200	3.0
Mid Sussex	2,000	2.7
Worthing	2,200	4.0
West Sussex	11,500	2.7
South East	188,400	4.0
England	1,351,800	4.8

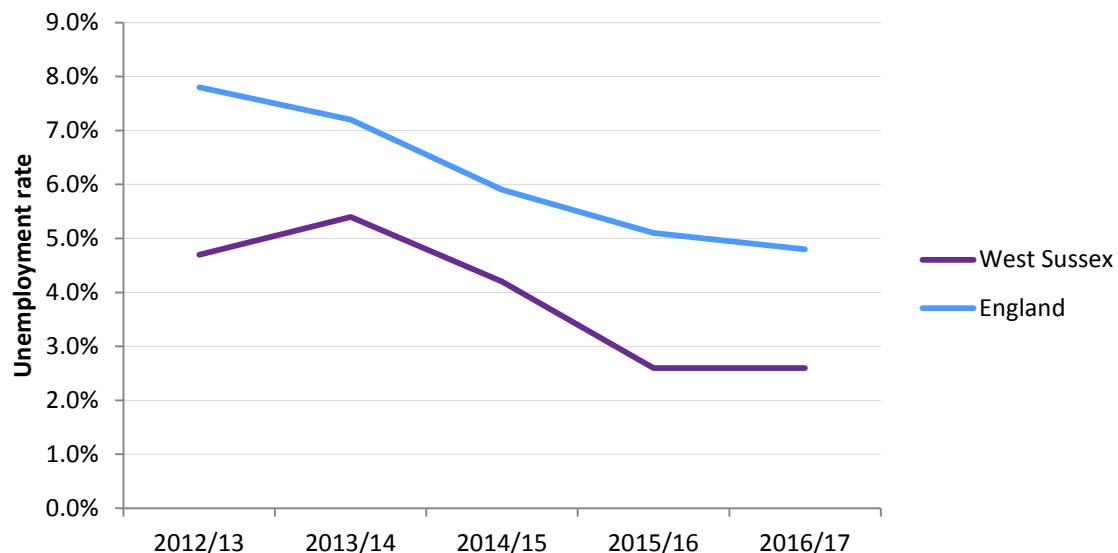
Source: ONS Annual Population Survey

Unemployment estimates for districts and boroughs are model-based. Estimates for other geography types (West Sussex, South East and England) are not actual counts and are taken

directly from the Annual Population Survey dataset. Therefore we cannot compare district level estimates with larger geographies.

Over the past 5 years unemployment rates have continued to fall both locally and nationally. In West Sussex unemployment rates have dropped 2.1 percentage points since 2012/13.

Figure 4.6: Time series of unemployment rates, April to March



Source: Annual Population Survey (ONS)

4.2.9 Carers

According to the 2011 Census, approximately 10.5% of the West Sussex population provided weekly unpaid care. The largest increase in total number of carers was in the highest unpaid care category, 50 or more hours per week. There was an increase of over 4,000 carers in this category, which reflects a 32.5% rise since 2001. (It should be noted that there was also an overall population increase over this period). West Sussex has a higher proportion of carers compared to England due to its relatively older population.

Table 4.7: Population providing unpaid care

Area	Total Carers	% of population who are carers	% of carers providing 20 or more hours unpaid care a week	% of carers providing 50 or more hours unpaid care a week
Adur	6,950	12.4	35.6	23.6
Arun	16,555	12.1	34.9	23.0
Chichester	12,490	12.0	28.5	19.0
Crawley	9,900	9.3	35.6	21.3
Horsham	13,640	10.4	25.7	16.7
Mid Sussex	13,980	10.0	25.8	16.5
Worthing	10,880	10.4	33.2	21.1
West Sussex	84,395	10.5	30.9	19.9
South East	847,355	9.8	31.9	20.5
England	5,430,015	10.2	36.4	23.1

Source: 2011 Census ONS (rounded to the nearest 5)

Approximately 20.5% of people aged between 50-64 years, 13.8% of people aged 65 and over, 9.8% of people aged 25-49 and around 2.2% of people aged 24 and under, provide unpaid care. People aged between 50-64 years were more likely to be a carer than any other age group, which is similar to the pattern seen nationally¹³. The 2011 Census recorded approximately 3,800 young carers aged 24 and under in West Sussex, an increase of nearly one third (32%) since 2001. Just under two thirds of all carers in West Sussex are female (58%)¹⁴. These figures will likely underestimate to full extent of unpaid care, especially unpaid care provided for infants.

4.2.10 Military population

West Sussex has an army base on Thorney Island, which borders with Hampshire. The population of the Island is made up of soldiers from the 12 Regiment Royal Artillery (RA) and the 16 Regiment RA, and their families. Serving personnel on the island may be subject to re-basing after a period of time, and this brings about changes in the population as they move with their families. For the serving personnel, there are medical and dental facilities provided by the Ministry of Defence. For their families and children, these services are available off-base through the NHS and private services¹⁵.

4.3 Health profiles

4.3.1 Obesity and physical activity

Estimated levels of physical activity and healthy eating in adults in West Sussex are above the England average.

Estimates suggest the proportion of adults eating the recommended 5-a-day on a ‘usual day’ was higher in West Sussex than England (57.4% vs. 52.3%). Of the seven districts and boroughs, only Crawley and Worthing had lower rates than England, although these were not significant.

The estimated level of adults achieving the recommended level of weekly physical activity was higher than England in 2015 (60.2% vs 57.0%) and has been higher for three of the previous four years of measurement. There was little variation between districts, with the exception of Mid Sussex with a high rate of 65.5%. There has been no significant change both locally and nationally in physical activity over the past four years.

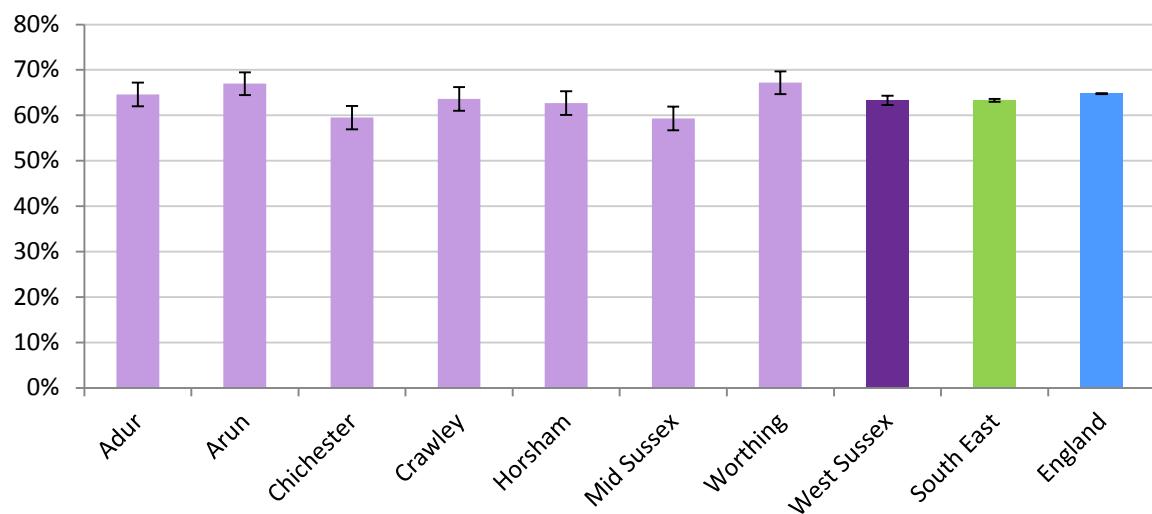
In West Sussex, the rates of excess weight are lower than the England average (Figure 4.7), with around two-thirds of adults in West Sussex classed as having excess weight (overweight or obese) while 1 in 5 are obese.

¹³ Looking Out for Carers in West Sussex July 2013, Public Health Directorate WSCC
<http://jsna.westsussex.gov.uk/jsna-Comprehensive-Needs-Assessments>

¹⁴ Office of National Statistics. The gender gap in unpaid care provision: is there an impact on health and economic position. Part of 2011 Census, Detailed Characteristics for Local Authorities in England and Wales Release. Office of National Statistics, May 2013

¹⁵ MoD HIVE information http://www.army.mod.uk/documents/general/LO-Thorney_Island-Aug14.pdf

Figure 4.7: Percentage of population aged 16+ with excess weight 2013-15



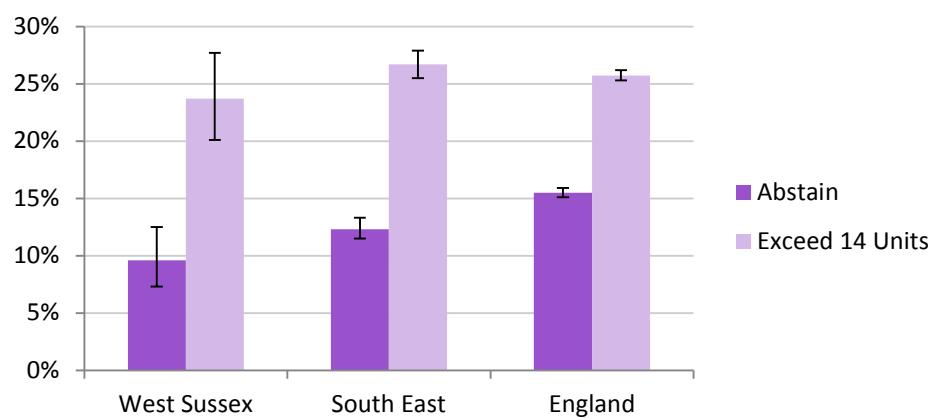
Source: Public Health Outcomes Framework (PHOF)

The proportion of children in Reception year (4 to 5 years) who are classified as having excess weight is significantly lower than the England average for nine out of the ten years since 2006/07. Excess weight in children aged 10 to 11 has remained significantly lower than England in all ten years¹⁶. There has been no discernible change in childhood obesity locally over the previous 10 years.

4.3.2 Alcohol

The rate of alcohol related hospital admissions episodes in West Sussex is lower than the England average, and has been for the last 8 years. The percentage of adults who abstain from drinking alcohol; however, was significantly lower than England.

Figure 4.8: Drinking habits of the population aged 18 and over (2011-14)



Source: Health Survey for England

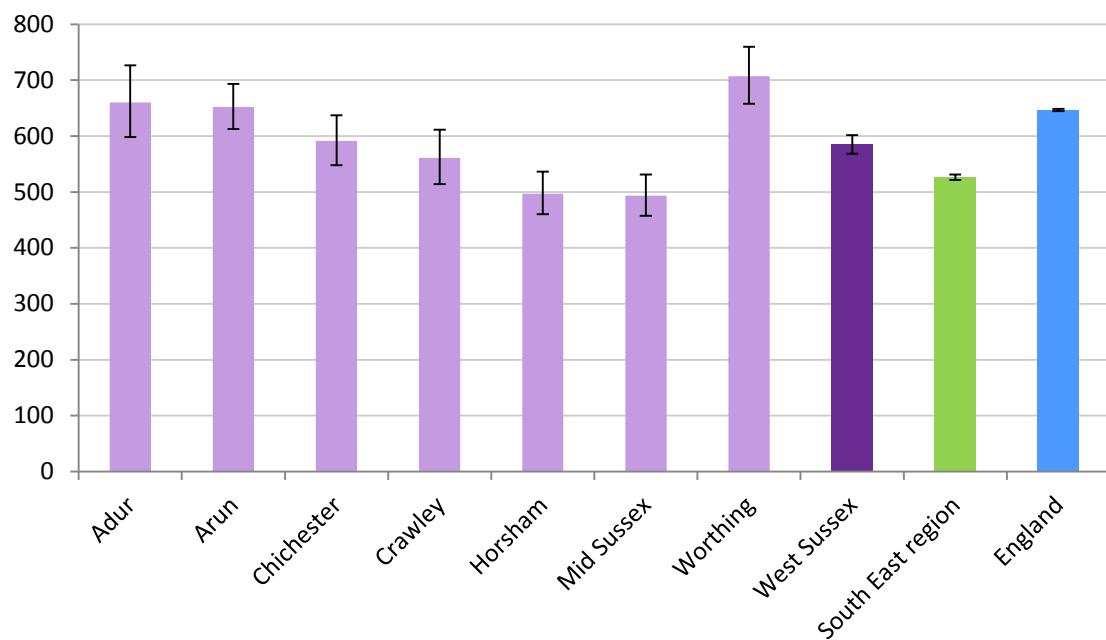
Public Health England, with the use of limited survey data, estimates some of the drinking habits of the adult population. Data pooled between 2011-14 indicate that around 1 in 10 adults (10%) in West Sussex never drank alcohol; lower than the 15.5% nationally. On the contrary, estimated

¹⁶ National Child measurement Programme 2016-17, Health and Social Care Information Centre

levels of adults *usually* exceeding the recommended weekly allowance was lower (better) than England and the South East. Estimates of binge drinking¹⁷ in West Sussex were also lower than regional and national figures.

In relation to hospital admissions for alcohol related conditions, West Sussex has a significantly higher rate compared with the South East region¹⁸ (Figure 4.9). Worthing has a significantly higher rate of admissions compared with West Sussex, South East region and England.

Figure 4.9: Admissions for alcohol-related conditions per 100,000 population 2015/16



Source: Local Alcohol Profiles for England

4.3.3 Smoking

Using the latest survey-based estimates (2016), 15.4% of adults in West Sussex smoked compared with 15.5% of adults nationally. Within West Sussex, Horsham has the lowest smoking rates, while Arun has changed from significantly better to significantly worse than England between 2015 and 2016. Local estimates are calculated using small sample sizes and therefore they are prone to fluctuate year on year.

There remains a considerable difference between smoking rates between socio-economic groups. Calculations of these rates are produced using small sample sizes and are subject to year on year variation. The smoking rate for routine and manual workers within West Sussex was 33.7%; significantly higher than the national rate of 26.5%.

4.3.4 Teenage pregnancy and sexual health

The teenage pregnancy rate in West Sussex is lower than in England at 16.2 conceptions per 1000 females under 18, compared to 20.8 nationally¹⁹ (Figure 4.10). Rates within West Sussex have

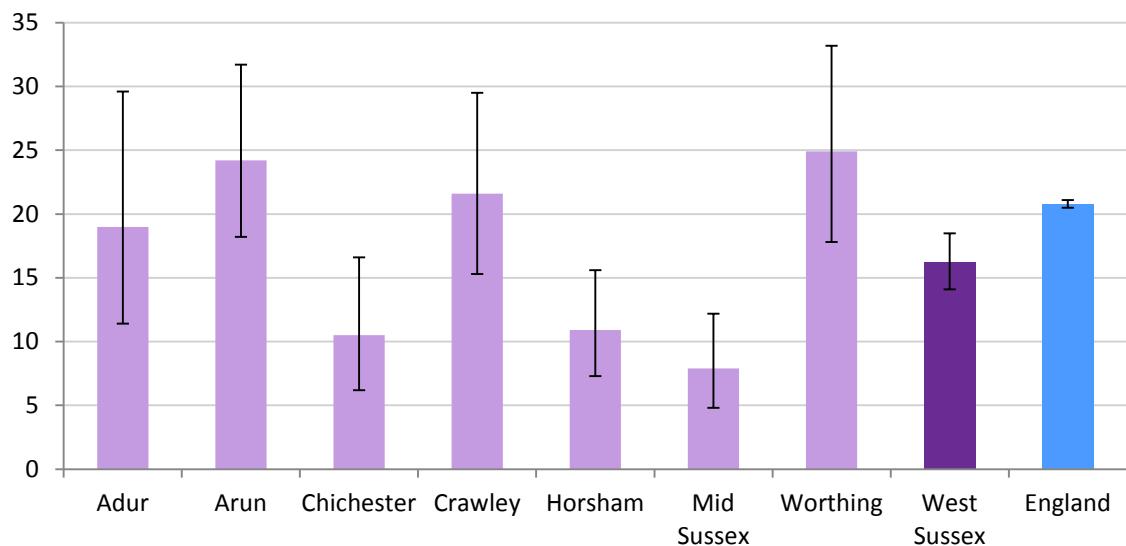
¹⁷ Binge drinking defined as drinking more than 6 units for women or 8 for men in one drinking session

¹⁸ Alcohol related conditions as 'narrow definition, primary diagnosis or any secondary diagnosis'

¹⁹ ONS 2015

halved since 2008 and have been significantly lower than the national levels since the late 90's. Rates of teenage pregnancy vary around the County and are highest in areas of urban deprivation, with Arun, Crawley and Worthing having the highest levels.

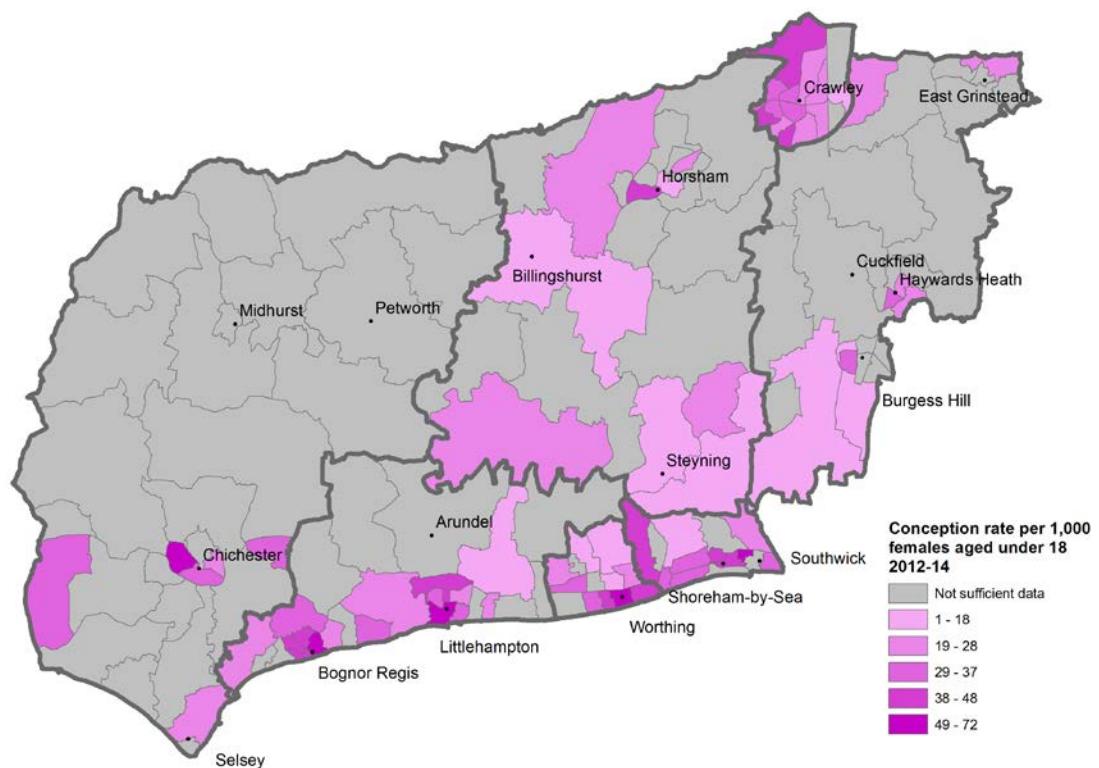
Figure 4.10: Conceptions per 1,000 females aged under 18, 2015



Source: ONS

Map 4.3 shows 'hotspot' wards for teenage pregnancy in West Sussex. Rates of teenage pregnancy vary around the County with the highest observed rates in urban areas, especially those experiencing higher deprivation such as Bognor, Littlehampton, Crawley and Worthing.

Map 4.3: Under 18 teenage conception rate per 1,000, 2012-14



Public Health England also produces data relating to Chlamydia screening and detection²⁰. In 2016, West Sussex screened 20.6% of 15-24 year olds for Chlamydia, a figure similar to England. In the last five years screening coverage has increased in West Sussex, while England has seen a downward trend over the same period. Last year, 2016, West Sussex did not reach the national Chlamydia detection rate benchmark of 1,900 detections per 100,000 aged 15-24 or above. This benchmark had been achieved in both 2015 and 2014, although these did not meet the national goal of 2,300 detections or over. This said, over the last five years West Sussex has seen an increasing detection rate.

4.3.5 Long-term conditions, cardiovascular disease and cancer

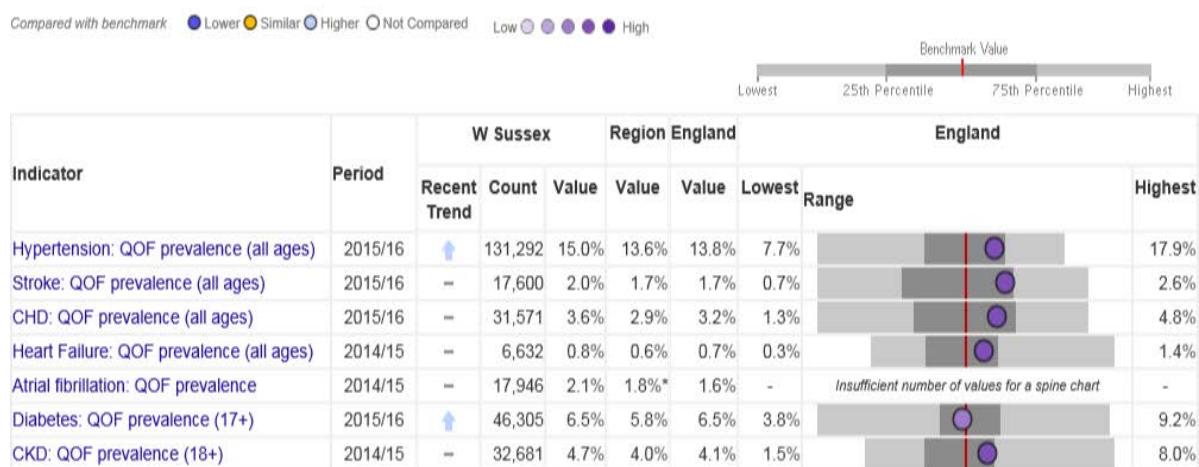
Obesity, sedentary lifestyles, alcohol consumption and smoking are driving increased incidence in a wide range of conditions including diabetes, osteoarthritis, heart disease, kidney disease, chronic obstructive pulmonary disease (COPD) and cancers.

West Sussex rates of early death from cancer (131.3) and all cardiovascular diseases (62.9) per standardised 100,000 are below England rates. Mortality rates of cancers and respiratory diseases deemed preventable were also significantly below the national levels, and have been since 2001.

With treatments for acute conditions such as stroke, heart disease and cancer improving, the disease profile is changing. People are living longer on average, therefore, age related and chronic diseases, such as diabetes, respiratory illness, renal disease and arthritis are becoming much more significant in terms of the overall burden of disease.

Using GP register data in Figure 4.11, we can see that recorded prevalence of a number of heart related conditions are higher than both national and regional rates, and that prevalence of hypertension and diabetes has seen a significant increase in the past 5 years.

Figure 4.11: Area profile for long-term conditions as defined by Public Health England



²⁰ The chlamydia detection rate amongst under 25 year olds is a measure of chlamydia control activity, aimed at reducing the incidence of reproductive sequelae of chlamydia infection and interrupting transmission onto others. An increased detection rate is indicative of increased control activity.

People with long-term conditions make the most intensive use of health and social care resources. In West Sussex, 39% of 65-84 year olds and 65.3% of the over 85 age group have a limiting long term illness²¹.

4.3.6 Mental health and dementia

The changing demographic profile is likely to result in increased incidence of dementia and other mental health disorders affecting the older population. In terms of the working-age population, mental health problems are the most stated reason for being on sickness benefits in the County, representing 39.8% of all long term sickness.

As detailed in the 2015/16 QOF, the recorded prevalence of depression at GP level is significantly higher in West Sussex when compared with the South East and England. Recorded local prevalence has significantly increased since 2013/14 from 6.9% to 8.6%; however, this is a trend seen nationally and may, in part reflect greater awareness and diagnosis.

There are an estimated 437,000 people living with a recorded dementia diagnosis in England²². In particular, the number of people (aged 65 years or over) who have dementia is projected to increase by over 3,000 people between 2011 and 2021²³. There are 9,000 residents with a recorded dementia diagnosis, with the greatest prevalence along the coastal strip due to the older age profile of residents in that part of the County. However, many people with dementia are not formally diagnosed. Research from Alzheimer's Research UK estimate that only 69% of those with dementia had a recorded diagnosis in 2015/16 across England. This would put the estimated figure for West Sussex at approximately 13,000.

²¹ 2011 Census Nomis (Self-reported)

<http://www.nomisweb.co.uk/query/construct/summary.asp?mode=construct&version=0&dataset=1092>

²² NHS Digital: QOF 2015/16

²³ Institute of public care POPPI model based on 2010 figures

5 National and local health and wellbeing priorities

Key summary

- The three key priorities for the West Sussex Joint HWB strategy are Early Years; Wellbeing and Resilience; and Workforce.
- The Sussex and East Surrey STP footprint's place based priorities identified are Urgent and Emergency Care; Frailty and Primary care.

The PNA links to national and local priorities, particularly on issues where pharmaceutical services could improve access and capacity to health and wellbeing services and reduce health inequalities²⁴. This chapter focusses on the main health priorities that have been identified nationally and locally to improve health and wellbeing. These priorities are driven by the changes in population demographics and lifestyles, which have resulted in an increase in long term conditions and in the demand for healthcare services, including medicines.

5.1 National priorities and outcomes frameworks

5.1.1 Public Health Outcomes Framework

The Public Health Outcomes Framework (PHOF)²⁵ sets out a high-level overview of public health outcomes, at national and local level. The framework has two overarching outcomes which are:

- Increased healthy life expectancy
- Reduced differences in life expectancy and health life expectancy between communities

The corresponding indicators are grouped into four domains:

- Improving the wider determinants of health
- Health improvement
- Health protection
- Healthcare public health and preventing premature mortality

5.1.2 NHS Outcomes Framework

Similar to the PHOF, the NHS Outcomes Framework²⁶ (NHSOF) sets out high-level national outcome goals that the NHS should be aiming to improve. The framework indicators are used to hold NHS England to account for the outcomes it delivers through commissioning health services. The NHSOF are grouped around five domains, which focus on improving health and reducing health inequalities, as follows:

- Preventing people from dying prematurely
- Enhancing quality of life for people with long-term conditions
- Helping people to recover from episodes of ill health or following injury
- Ensuring that people have a positive experience of care
- Treating and caring for people in a safe environment and protecting them from avoidable harm

²⁴ NHS Employers. Developing pharmaceutical needs assessments: a practical guide. July 2009

²⁵ PHE Public Health Outcomes Framework <http://www.phoutcomes.info>

²⁶ NHS Digital. NHS Outcomes framework <http://content.digital.nhs.uk/nhsfof>

5.2 Regional (Surrey and Sussex) priorities

5.2.1 Sustainability Transformation Partnerships (STP)

STPs were developed to bring together the NHS and local authorities to support the delivery of improved and integrated health and social care services to meet the local needs of populations over the next five years. They aim to deliver the Five Year Forward View vision of better health, better patient care and improved NHS efficiency.

Sussex and East Surrey is one of 44 geographical STP footprints in England. The Sussex and East Surrey STP covers a large and diverse region, with 23 organisations serving 1.7m people (Table 5.1). It includes the whole of West Sussex, as well as other areas in the South East²⁷. Sussex and East Surrey STP is comprised of the following three ‘places’:

- Coastal care
- Central Sussex and East Surrey Alliance (CSESA)
- East Sussex Better Together (ESBT)

These places are responsible for locally driven community and integrated care, with the aim of improving health outcomes, reducing avoidable illness and health and care expenditure. Each place will oversee radical clinical transformation of LTCs, frailty, mental health, community, social care, general practice and urgent services to transform outcomes and quality. The initial 3 STP-wide place-based priorities identified are:

- Urgent and emergency care
- Frailty
- Primary care

Table 5.1: STP footprints and priorities applicable to West Sussex

STP place	Organisations	Initial priorities
Coastal care	Coastal West Sussex CCG, Sussex Community NHS Foundation Trust (SCFT), Sussex Partnership NHS Foundation Trust (SPFT), West Sussex County Council, Western Sussex Hospitals NHS Foundation Trust (WSHFT), South East Coast Ambulance Service (SECAmb), GP Providers, IC24.	<ul style="list-style-type: none"> • Develop Local Clinical Networks • Tackle the challenge of the ageing population • Redesign urgent care services • Implement new pathways for planned care • Carry out targeted service improvements for children to enhance physical and mental wellbeing
Central Sussex and East Surrey Alliance (CSESA)	East Surrey CCG, Crawley CCG, Horsham & Mid Sussex CCG, Brighton & Hove CCG, High Weald Lewes Havens CCG, Queen Victoria Hospital NHS Foundation Trust (QVH), Surrey & Sussex Healthcare NHS Trust (SaSH), Surrey & Borders Partnership NHS	<ul style="list-style-type: none"> • Improve prevention and self-care • Better access to urgent care • Continuity of care for patients with LTCs • Coordinated care for frail and complex patients • System-wide higher quality and

²⁷ Sussex and East Surrey Sustainability and Transformation Plan (Work in progress). Dated 22nd Nov 2016

	Foundation Trust (SaBP), Brighton & Sussex University Hospitals NHS Trust (BSUH), Sussex Community NHS Foundation Trust, Sussex Partnership NHS Foundation Trust, Brighton & Hove City Council, West Sussex County Council, East Sussex County Council, Surrey County Council, First Community Health & Care, SECAmb, GP Providers, IC24.	performance
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5.3 West Sussex priorities

5.3.1 West Sussex Joint Health and Wellbeing Board strategy 2015 – 2018

This strategy sets out the three key priorities for the West Sussex Health and Wellbeing Board (HWB), which all organisations across West Sussex should ultimately support and embed in planning and commissioning of services to ensure an explicit link between evidence of need and service planning.

Table 5.2 - West Sussex Health and Wellbeing Priorities

Priority	Outcomes
Early years (0-2 olds)	To optimise life opportunities for 0-2 year olds by supporting families
Wellbeing and Resilience	A comprehensive system to support wellbeing and resilience for the whole of the West Sussex population, that is locally based and better integrated with treatment services
Workforce	A vibrant and motivated workforce with the right training and the right values to support a high quality health and care system

5.3.2 West Sussex County Council priorities (2017 – 2020)

Table 5.3. West Sussex County Council priorities

The five core priorities for West Sussex County Council are:

- Best Start in Life
- A Prosperous Place
- A Strong, Safe and Sustainable Place
- Independence for Later Life
- A Council that works for the Community

5.3.3 District and borough local priorities

Table 5.4: West Sussex localities priorities

District/borough	Locality priorities
Adur	<p>Priorities include</p> <ul style="list-style-type: none"> • Promoting healthy lifestyles • Raising awareness of the risk factors for addictive behaviours • Increasing awareness of mental health • Encouraging healthy relationships • Reducing loneliness across all ages
Arun	<p>Priorities include</p> <ul style="list-style-type: none"> • Tackling health inequalities through the promotion of healthy lifestyles and behaviour change • Supporting families • Reducing fuel poverty
Chichester	<p>Priorities include</p> <ul style="list-style-type: none"> • Promoting healthy lifestyles • Support for older people particularly falls prevention and Dementia • Promoting positive mental health
Crawley	<p>Priorities include</p> <ul style="list-style-type: none"> • Dementia • Tackling health inequalities and premature mortality • Emotional wellbeing • Reducing social isolation • Alcohol • Promoting healthy lifestyles
Horsham	<p>Priorities include</p> <ul style="list-style-type: none"> • Obesity and excess weight in adults • Social isolation & loneliness • Building wellbeing & resilience • Reducing prevalence of those killed and seriously injured on roads • Excess winter deaths
Mid Sussex	<p>Priorities include</p> <ul style="list-style-type: none"> • Falls prevention (those at risk of falling) • Adult weight management (tier 2) • Prevention of type 2 diabetes (pre diabetes interventions)
Worthing	<p>Priorities include</p> <ul style="list-style-type: none"> • Promoting healthy lifestyles • Raising awareness of the risk factors for addictive behaviours • Increasing awareness of mental health • Encouraging healthy relationships • Reducing loneliness across all ages

5.3.4 West Sussex NHS Clinical Commissioning Groups' (CCG) priorities

The three West Sussex CCGs have identified their key priorities as indicated below (Table 5.4 and Table 5.5 below).

5.3.4.1 NHS Coastal West Sussex CCG

Table 5.5 - Coastal CCG commissioning priorities

- **Proactive care** – Health and social care teams identifying and working with people with complex health needs and those at risk to proactively plan their care and improve their health and wellbeing
- **Urgent care** – Strengthening local NHS services to avoid unnecessary hospital admissions
- **Mental health and learning disabilities** – Ensuring that people living with mental health needs or learning disabilities have access to joined up health and social care that supports every aspect of their physical and mental health
- **Planned care** – Delivering high quality, personalised care which enables patients to see the right person in the right place at the right time
- **Children and young people** – Supporting children and their families to ensure that every child's health needs are met
- **Medicines management** – medicines optimisation and efficient and effective management of prescribing in primary care to reduce the amount of medicine wastage.

5.3.4.2 NHS Crawley CCG and NHS Horsham and Mid Sussex CCG

Crawley CCG and Horsham and Mid Sussex share similar commissioning priorities; however, some priorities differ (where indicated).²⁸

Table 5.6 - Crawley CCG and Horsham and Mid Sussex CCG priorities

- Tackle the leading causes of early deaths (cancer, stroke, CHD and poor mental health) and reduce unjustified variation in avoidable deaths
- Improve the wellbeing of residents by helping people to live healthier lives and prevent ill health e.g. obesity and diabetes
- Commission new models of integrated community based care which better support the frail elderly and people with Long Term Conditions to enable them to manage their conditions better, and avoid unnecessary hospital admissions
- Commission fully integrated urgent and responsive services
- Improve the physical health of people with mental health issues, learning disabilities and autism
- Support the design of integrated, community focussed pathways of care and accelerate the pace of delivery by adopting proven enablers such as agile programme management, cloud based technology, telehealth at scale and workforce redesign
- Ensure that CCG plans adequately recognise the specific cultural and health needs of BAME communities, and appropriately target recognised areas of deprivation
(Crawley CCG)

²⁸ Crawley CCG and Horsham and Mid Sussex CCG. (22nd April 2016). 2016/17 Operating plan final version. Accessed 16.05.17 at <http://www.horshamandmidsussexccg.nhs.uk/about-us/publications/?assetdet8717055=435979&categoryesct19945642=11950>

6 Current NHS pharmaceutical service provision

Key Summary

- There are 160 community pharmacies in West Sussex; 12 dispensing doctors; 5 appliance contractors and 3 distance selling pharmacies.
- Since the last PNA in 2015, there has been a reduction of 2 community pharmacies and one dispensing doctor.
- There have been no changes in the number of appliance contractors and an increase of 2 distance selling pharmacies.
- The number of community pharmacies in West Sussex district and boroughs ranged from 14 to 22 per 100,000 population, with a West Sussex average of 19 community pharmacies per 100,000 population.
- The number of community pharmacies and dispensing doctors in West Sussex localities ranges from 19 to 22 per 100,000 population, with a West Sussex average of 20 dispensing sites per 100,000 population.
- West Sussex residents also have access to pharmaceutical services from neighbouring HWB areas i.e. Brighton and Hove; East Sussex; Hampshire and Surrey.
- Approximately 23,364 West Sussex residents are registered with GPs in neighbouring areas, and therefore likely to use services in those areas.

There are a number of different types of pharmaceuticals service providers within West Sussex, as shown on Table 6.1.

Table 6.1: Pharmaceutical service providers in West Sussex

Locality	Community pharmacies	Appliance contractors	Dispensing doctors	Distance selling pharmacies
Adur	13	2	0	1
Arun	33	1	0	1
Chichester	19	0	4	1
Crawley	22	1	0	0
Horsham	20	0	6	0
Mid Sussex	29	0	2	0
Worthing	24	1	0	0
West Sussex	160	5	12	3

Source: NHS England Pharmaceutical list 7th August 2017

6.1.1 Community pharmacies

There are 160 community pharmacies in West Sussex, registered to provide NHS pharmaceutical services under the NHS Community Pharmacy Contractual Framework (CPCF). This is a reduction in the number of pharmacies since the 2015 PNA, due to the closure of two pharmacies in the Chichester and Arun districts.

West Sussex has both “multiple” contractors or pharmacy chains (with six or more community pharmacies) and “independent” contractors (with 5 or less community pharmacies). They provide a

range of contractual services and also sell Over The Counter (OTC) medicines (see Table 2.1 and Chapter 7 for further service details).

6.1.2 Dispensing doctors

There are 12 dispensing doctor practices in West Sussex registered on the NHS dispensing doctor list. Their spread within and across the county is shown in Map 6.1. One practice in the Horsham district has ceased to operate as a dispensing doctor since the 2015 PNA. Until further determination, only one dispensing doctor practice (Rudgwick Medical Centre), is currently classified as within a reserved location. See section 2.4.4 for further details.

6.1.3 Dispensing Appliance Contractors (DACs)

There are 5 DACs in West Sussex, registered on the NHS pharmaceutical list. These differ from pharmacies and dispensing doctors (who can also supply appliances) in that they do not supply medicines. Since the last PNA in 2015, there have been no changes in the total number of DACs in West Sussex; however, one DAC relocated from Horsham district to Worthing district.

6.1.4 Distance selling contractors

There are 3 distance selling contractors in West Sussex registered to provide NHS pharmaceutical services. These are also called mail order or internet pharmacies. Orders for medicines are received and sent to patients across England remotely through mail or courier services. Since the last PNA in 2015, 2 new distance selling pharmacies opened in Arun district and Chichester district.

6.1.5 Local Pharmaceutical Services (LPS) Scheme

There are currently no pharmacies in West Sussex working under an LPS contract.

6.2 Provision of pharmaceutical services

Provision of pharmaceutical services varies across West Sussex, with the more urban areas such as Worthing having a higher number of community pharmacies in relation to their populations (Table 6.2 and Map 6.1). When considering the number of community pharmacies per population on the NHS England pharmaceutical list (7th August 2017), the localities ranged from 14 to 22 per 100,000 population, with a West Sussex average of 19 community pharmacies per 100,000. In some of the rural areas with lower population densities, dispensing doctor practices provide a dispensing service for patients registered with their practice. When taking into account dispensing doctors as well as community pharmacies, the range narrows (19 to 22 per 100,000 population), with the West Sussex average increasing to 20 dispensing sites per 100,000 population.

Table 6.2: Pharmacy and dispensing doctors (2017) per 100,000 population

Locality	Population estimates mid-2016	Community Pharmacies	Community Pharmacies and Distance Selling Pharmacies*	Community Pharmacies and Dispensing Doctors	Community Pharmacies, Distance Selling Pharmacies and Dispensing Doctors
Adur	63,506	20	22	20	22
Arun	156,997	21	22	21	22
Chichester	118,175	16	17	19	20

Crawley	111,375	20	20	20	20
Horsham	138,018	14	14	19	19
Mid Sussex	147,089	20	20	21	21
Worthing	108,605	22	22	22	22
West Sussex	843,765	19	19	20	21

Source: NHS England Pharmaceutical list (August 2017); Population estimates - Office of National Statistics

* Distance selling pharmacies also provide services outside the county

6.3 Dispensing activity overview

The vast majority of prescriptions in West Sussex are written by GPs. However, non-medical prescribers, such as nurses, dentists and pharmacists, and hospital doctors may also write prescriptions to be dispensed in the community.

Several factors may influence the number of items prescribed and the growth in prescribing²⁹:

- The size of the population
- The age structure of the population, notably the proportion of the elderly, who generally receive more prescriptions than the young
- Improvements in diagnosis, leading to earlier recognition of conditions and earlier treatment with medicines
- Development of new medicines for conditions with limited treatment options
- Development of more medicines to treat common conditions
- Increased prevalence of some long term conditions, for example, diabetes
- Shifts in prescribing practice in response to national policy, and new guidance and evidence, for example, in cardiovascular disease
- Increased prescribing for prevention or reducing risk of serious events, e.g. use of lipid-lowering drugs to reduce risk of stroke or heart attack

These factors and the growth in prescribing have an influence on the need for pharmaceutical services. It is worth noting that not all prescriptions written in West Sussex will be dispensed. In addition, as patients have a choice of where their prescriptions can be dispensed (in line with the Regulations), a portion of those prescriptions written in West Sussex will be dispensed outside of the area.

6.3.1 Dispensing activity

Table 6.3: Pharmacies on the pharmaceutical list, prescription items dispensed per month and population by NHS England Region, 2015/16

	Number of pharmacies*	Prescription items dispensed per month (000s)	Average monthly items per pharmacy	ONS Population (000s) mid 2014	Pharmacies per 100,000 population
North of England	3,723	28,542	7,666	15,259	24
Midlands & East	3,446	24,642	7,151	16,487	21
London	1,853	10,455	5,642	8,539	22
South	2,666	19,301	7,240	14,032	19
England	11,688	82,940	7,096	54,317	22

²⁹ HSCIC. Prescriptions dispensed in the Community: England 2002-2012 (July 2013).

Sources: NHS Prescription Services, Population estimates - Office for National Statistics, NHS Digital
 *Number of community pharmacies and distance selling pharmacies as at 31st March 2016

Table 6.3 above shows the number of pharmacies and dispensing activity by NHS England Regions. Table 6.4 below shows the same information for West Sussex CCGs, West Sussex and Kent, Surrey and Sussex to allow comparison. The average monthly items per pharmacy by NHS England Region ranged from 5,642 items (London) to 7,666 items (North of England). When considering the number of pharmacies per 100,000 population, the South Region had the lowest number at 19 (range 19 – 24), which is the same as the Kent, Surrey and Sussex area. West Sussex has 20 pharmacies per 100,000 population and has a higher average monthly items dispensed per pharmacy. Within West Sussex, Horsham and Mid Sussex CCG have the lowest average monthly items dispensed per pharmacy and number of pharmacies per 100,000 population at 18. However, this does not take into consideration the dispensing doctor practices.

Table 6.4: Pharmacies on the pharmaceutical list, prescription items dispensed per month and population by West Sussex CCGs, West Sussex and Kent, Surrey and Sussex 2015/16

	Number of pharmacies*	Prescription items dispensed per month (000s)	Average monthly items per pharmacy	ONS Population (000s) mid 2014	Pharmacies per 100,000 population
Coastal West Sussex CCG	101	9,308,920	7,680	483,515	21
Crawley CCG	22	2,060,683	7,805	109,883	20
Horsham and Mid Sussex CCG	40	2,931,056	6,106	228,027	18
West Sussex	163	14,300,659	7,311	821,425	20
Kent, Surrey and Sussex	882	75,526,573	7,135	4,539,969	19

Sources: NHS Prescription Services, Population estimates - NHS England, Office for National Statistics

*Number of community pharmacies and distance selling pharmacies as at 31st March 2016

6.4 Providers in neighbouring HWB areas

In addition to pharmaceutical contractors who provide services in West Sussex, some West Sussex residents access pharmaceutical services in neighbouring HWB areas such as Hampshire, Brighton and Hove, Surrey and East Sussex. West Sussex residents living in the West Sussex border areas in Chichester district may prefer to access services in Hampshire; those living north of West Sussex, in Crawley and Horsham districts may find it more convenient to use one of the community pharmacies in Surrey; and those in Adur and Mid Sussex may find it easier to travel to Brighton and Hove. Patients in Mid Sussex can also travel to services in East Sussex.

Approximately 23,364 West Sussex residents are registered with GPs in neighbouring areas, and therefore likely to use services in those areas (Table 6.5).

Table 6.5: Number of West Sussex residents registered with a GP in neighbouring HWB areas

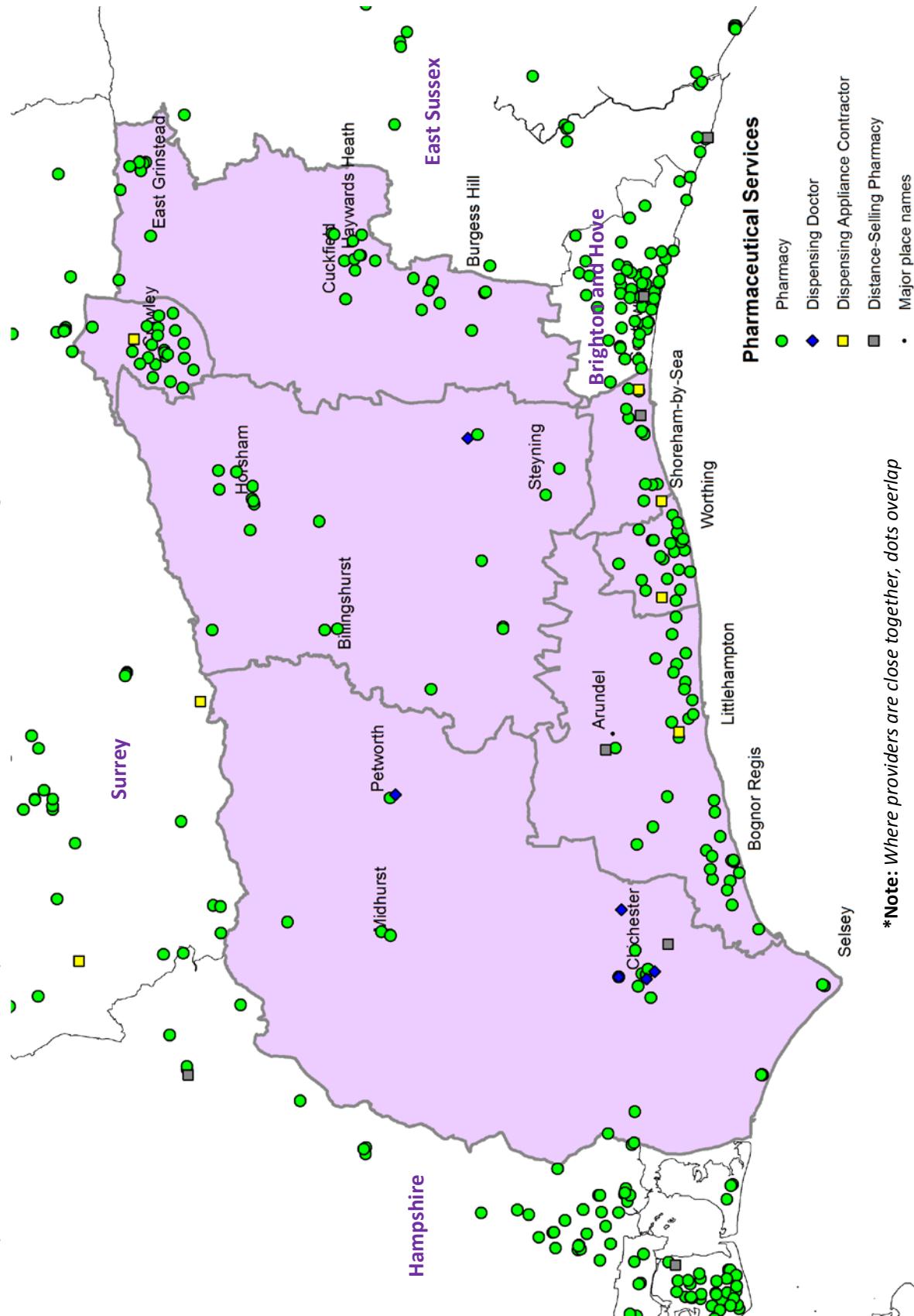
Neighbouring county	Number of West Sussex residents registered with GP practices in neighbouring counties
Surrey	9239
Hampshire	8816

Brighton and Hove	3519
East Sussex	1790
Total	23,364

Source: NHS Digital – Numbers of patients registered at a GP practice – April 2017

Similarly, some residents in neighbouring areas are registered with a GP in West Sussex and therefore likely to use pharmaceutical services in West Sussex. Map 6.1 highlights the pharmaceutical contractors in neighbouring areas, within 6 miles of a West Sussex border, who also have the potential to provide services to West Sussex residents.

Map 6.1: Pharmaceutical service providers in and around West Sussex and bordering areas



6.5 Other NHS services

6.5.1 GP practices

West Sussex has 83 GP practices that provide NHS medical services to their registered populations as part of their general medical terms of service. The majority of prescriptions in West Sussex are written by GPs.

Under the WSCC public health service agreement, GPs can also offer NHS Health Checks and Smoking Cessation services.

6.5.2 NHS Trusts

The population of West Sussex is served by the following types of NHS Trusts:

- NHS Hospital Trust
- NHS Mental Health Trust
- Community Health NHS Trust

6.5.2.1 NHS Hospital Trust

West Sussex has four NHS hospital trusts serving its population, with Western Sussex Hospitals NHS Foundation Trust and Queen Victoria NHS Foundation Trust being based solely in West Sussex. Both hospitals have also attained NHS Foundation Trust status, allowing for greater directional freedom with service development. The four NHS hospital trusts are:

6.5.2.1.1 Western Sussex Hospitals NHS Foundation Trust

Western Sussex Hospitals NHS Foundation Trust consists of three hospital sites:

- **St Richard's Hospital** - is based in Chichester. It provides a full range of general acute services including maternity, outpatients, day surgery, intensive care and A&E to the surrounding area, including a significant number of patients from East Hampshire.
- **Southlands Hospital** - is based in Shoreham-by-Sea. It is currently being developed as a center for hospital services that do not require an overnight stay. It hosts a new, purpose-built ophthalmology centre and specialises in outpatient services; diagnostics; day surgery and ambulatory care.
- **Worthing Hospital** - is based in central Worthing. It provides a full range of general acute services including maternity, outpatient's, A&E, day surgery and intensive care to people living in the surrounding area. It also offers specialist services including the West Sussex Breast Screening service to a wider catchment area.

6.5.2.1.2 Queen Victoria NHS Foundation Trust

Queen Victoria Hospital in East Grinstead is a specialist NHS hospital providing reconstructive surgery, burns care and rehabilitation services for people across the South of England. It also provides services to treat common conditions of the hands, eyes, skin and teeth for the people of East Grinstead and the surrounding area. In addition, it provides a minor injuries unit, expert therapies and a sleep service.

6.5.2.1.3 Brighton and Sussex University Hospitals NHS Trust

Brighton and Sussex University Hospitals NHS Trust is an acute teaching hospital working across two sites:

- **The Royal Sussex County Hospital** - is the main hospital site and is based in Brighton. It provides generalist services to the local population, including Mid Sussex. It also provides more specialist and tertiary services for patients across Sussex and the South East, including neurosciences, arterial vascular services, cancer, cardiac, renal, infectious diseases and HIV medicine. It is also the major trauma centre for Sussex and the South East. It provides neonatal and paediatrics services at the onsite Royal Alexandra Children's Hospital and ophthalmology services at the Sussex Eye Hospital.
- **Princess Royal Hospital** - is based in Haywards Heath, Mid Sussex and provides a full range of general acute services as well as orthopaedics, intensive care, rehabilitation, A&E and a Maternity Unit. It is the main centre for general elective surgery.

6.5.2.1.4 Surrey and Sussex Healthcare NHS Trust

Surrey and Sussex Healthcare NHS Trust provides emergency and non-emergency services to the residents of north-east West Sussex, including the major towns of Crawley and Horsham, and to east Surrey and south Croydon. It provides services from three main hospital sites:

- **East Surrey Hospital** - is the main hospital site and is based in Redhill. It provides a full range of acute and complex services including, A&E, Acute Medical Service, Intensive Care and Maternity Services.
- **Crawley Hospital** – is based in Crawley and is managed by Sussex Community NHS Trust. Surrey and Sussex Healthcare NHS Trust provide a range of clinical, outpatient and day surgery services at Crawley Hospital.
- **Horsham Hospital** – is based in Horsham and is managed by the Sussex Community NHS Trust. Surrey and Sussex Healthcare NHS Trust provides a more limited clinical service as well as an outpatient service at the hospital.

All four hospital Trusts offer an in-house pharmacy dispensing service, ward stock top up service, clinical service and a technician led patient own drug service. Inpatients at the hospitals have their medicines dispensed at the pharmacy dispensary; however, many of the medicines prescribed or recommended at outpatient clinics or A&E will require prescribing and dispensing in the community.

6.5.2.2 Sussex Community NHS Trust

Sussex Community NHS Trust is the main provider of NHS community health services across West Sussex, Brighton and Hove and High Weald Lewes and Havens area of East Sussex. They provide a wide range of medical, nursing and therapeutic care to help people to plan, manage and adapt to changes in their health, to prevent avoidable hospital admissions and to minimise hospital stay. The Trust runs a number of clinics and services throughout West Sussex notably the following inpatient and walk-in facilities:

- Arundel & District Hospital
- Bognor Regis War Memorial Hospital
- Crawley Hospital
- Horsham Hospital

- The Kleinwort Centre (Haywards Heath)
- Midhurst Community Hospital
- Minor Injuries Unit (Horsham)
- Salvinton Lodge (Worthing)
- St Richard's Hospital (Chichester)
- Urgent Treatment Centre (Crawley)
- Clinical Assessment Unit (Crawley)
- Zachary Merton Hospital (Littlehampton)

Provision of pharmaceutical services to these hospitals and clinics is through a mixture of in-house and contracted Acute Trust pharmacy services.

In the West Sussex Coastal area, Sussex Community Trust provides a clinical pharmacy service which optimises medicines for patients with complex needs, primarily housebound elderly frail. This clinical pharmacy service is a core element of the multidisciplinary Proactive Care service and requires the proactive care pharmacists to liaise with community pharmacies for individual patient care.

6.5.3 Sussex Partnership NHS Foundation Trust

Sussex Partnership NHS Foundation Trust provides mental health care and learning disability care, support and treatment across Sussex. In West Sussex, the Trust provides a wide range of adult mental health services including community mental health services, inpatient services, dementia and later life care and specialist mental health services. It provides learning disability services including an adult national assessment and treatment facility at the Selden Centre in Worthing. The Trust also provides children and young people's mental health services and has an inpatient centre at Chalkhill in Haywards Heath. In addition, it provides prison healthcare services to HMP Ford and secure and forensic services including criminal justice liaison teams and access to inpatient services to the Chichester Centre.

The Trust has its own pharmaceutical arrangements that do not come under the NHS Pharmaceutical services as per 2013 regulations. Nearly all prescribing done in the community by the Trust's prescribers will; however, be done on hospital FP10 prescriptions and be dispensed by community pharmacies.

6.5.4 Prisons

HM Prison Ford (informally known as Ford Open prison) is the only prison in West Sussex. The prison is a men's only Category D prison, located at Ford. Healthcare services to the prison are provided by Sussex Partnership NHS Foundation Trust. Medicines are supplied under a contract with a local community pharmacy.

6.5.5 Immigration Removal Centres (IRC)

There are two Immigration Removal Centres (IRCs) in West Sussex, Tinsley House and Brook House. NHS England is responsible for commissioning health and wellbeing services in these centres³⁰.

³⁰ NHS England: Health and Wellbeing Health Needs Assessment Programme: Immigration Removal Centres and Residential Short Term Holding Facilities. National Summary Report May 2015

Pharmaceutical service provision in IRCs is not part of the NHS pharmaceutical services and these are provided under separate contractual arrangements.

6.5.6 Hospices

Hospices in West Sussex provide palliative care services which are partly NHS funded. Their medicines services are provided under different contractual arrangements, which may include NHS dispensing and private arrangements with community pharmacies. CQC registered hospices in West Sussex are as follows:

- **St Catherine's Hospice:** Based in Crawley and provides hospice care to people living in Crawley, Horsham, Mid Sussex and South-East Surrey.
- **St Wilfrid's Hospice:** Based in Chichester and provides care to adults with all life-limiting illnesses, including cancer.
- **St Barnabas Hospices:** St Barnabas operates two Sussex hospices:
 - **St Barnabas House** provides palliative care to people in the Worthing area.
 - **Chestnut Tree House Children's Hospice** is a children's charity providing hospice care services and community support for children and young people with progressive life-shortening conditions throughout East and West Sussex, Brighton and Hove and South East Hampshire³¹. It is based in Arundel.

6.5.7 Care homes

As at July 6 2017, there are 365 residential and nursing care homes registered with the Care Quality Commission (CQC) in West Sussex. The dispensing of medicines in care homes falls under the CPCF contract. Other additional services are provided by community pharmacies under private arrangements and are therefore, not NHS funded. However, the provision of support and advice relating to medicines related issues to care homes is part of enhanced services that can be commissioned by NHS England.

³¹ <http://www.chestnut-tree-house.org.uk/about/>

7 Pharmaceutical services provided in West Sussex

Key summary

- Under the Community Pharmacy Contractual Framework, community pharmacies provide three tiers of pharmaceutical services which are: Essential services; Advanced services and Enhanced services.
- West Sussex has a good coverage of essential services, adequate to meet the needs of the local population.
- On average, West Sussex has a higher number of pharmacies and appliance contractors providing advanced services, when compared to the Kent, Surrey and Sussex area, the South Region and England.
- There is a good provision of Medicine Use Reviews (MURs), New Medicine Services (NMS) and Seasonal Influenza (flu) vaccination service in West Sussex (95.1%, 85.9% and 65%) by pharmacies.
- The coverage of Stoma Appliance Customisation (SAC) service and Appliance Use Review (AUR) is less extensive (22.0% and 3.0%) respectively, although this is higher than Kent, Surrey and Sussex area, the South Region and England.
- Community pharmacies also provide locally commissioned services which are commissioned by CCGs and/or Local Authorities.
- There is a wide range of locally commissioned services provided by community pharmacies and other public health providers that are spread across the County giving patients choice and accessibility.

The NHS (Pharmaceutical and Local Pharmaceutical services) Regulations 2013 provides the primary legislation that governs the services that pharmaceutical service providers can provide. Although dispensing doctors' practices provide a wide range of services for their patients, for the purpose of the PNA, only the prescription dispensing services are considered within the regulations. This section therefore describes pharmaceutical services as defined in the CPCF. Under the CPCF, community pharmacies provide three tiers of Pharmaceutical Services:

- Essential Services – services all pharmacies are required to provide
- Advanced Services – services pharmacies can opt to provide if they are accredited
- Enhanced Services – services that can be commissioned locally by NHS England

7.1 Essential services

These are services which providers of NHS pharmaceutical services must provide and are specified by the national CPCF for community pharmacies. These services are:

- Dispensing medicines and/or appliances
- Disposal of unwanted medicines
- Repeat dispensing
- Promotion of healthy lifestyles and public health campaigns
- Signposting
- Support for self-care
- Clinical governance

Distance selling pharmacy contractors also provide essential services; however, they are not permitted to provide these services face to face at their premises. In addition, appliance contractors provide a limited number of essential services; see Table 2.1 for further details. Map 6.1 shows all the pharmaceutical contractors in West Sussex who provide essential services.

7.1.1 Dispensing medicines and appliances

Pharmacies are required to dispense medicines and/or appliances ordered on NHS prescriptions, together with information and advice to enable safe and effective use by patients, carers and maintenance of appropriate records. Dispensing appliance contractors do not dispense drugs but are required to dispense appliances ordered on NHS prescriptions.

7.1.2 Disposal of unwanted medicines

Pharmacies are required to accept, for disposal, unwanted drugs presented to them for safe destruction by households and individuals.

7.1.3 Repeat dispensing

Under the repeat dispensing service, pharmacies are required to work in partnership with patients and GP prescribers to:

- Dispense repeat dispensing prescriptions issued by a GP
- Ensure that each repeat supply is required
- Communicate any clinically significant issues to the prescriber/GP

The majority of repeat dispensing is now carried out via electronic Repeat Dispensing (eRD).

7.1.4 Promotion of healthy lifestyles and public health campaigns

Pharmacies are required to provide opportunistic healthy lifestyle advice and public health advice to patients receiving prescriptions who appear to:

- Have diabetes; or
- Be at risk of coronary heart disease, especially those with high blood pressure; or
- Who smoke; or
- Are overweight.

Proactive participation in national/local campaigns, to promote public health messages to general pharmacy visitors during specific targeted campaign periods, is also a requirement. Pharmacists must promote up to six public health messages each year to members of the public as requested by NHS England.

7.1.5 Signposting

Community pharmacies are required to provide information to people visiting the pharmacy who require further support, advice or treatment, which cannot be provided by the pharmacy. They are also required to signpost such people to other health and social care providers or support organisations that may be able to assist the person, including making referrals where appropriate.

7.1.6 Support for self-care

In order to derive maximum benefit for people caring for themselves or their families, community pharmacies are required to provide them with advice and support. This includes giving advice on managing medical conditions and lifestyle choices.

7.1.7 Clinical governance

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 also stipulates the need for community pharmacies to adhere with the clinical governance requirements as required by NHS England. This includes publicising the essential services or any directed services available at or from the pharmacy and undertaking annual patient satisfaction surveys.

7.2 Advanced services

Community pharmacy contractors can opt to provide the advanced services listed below:

- Medicines Use Reviews (MURs)
- New Medicines Services (NMS)
- Appliance Use Reviews (AURs)
- Stoma Appliance Customisation (SAC)
- Seasonal Influenza (flu) vaccination service
- NHS Urgent Medicines Supply Advanced Services (NUMSAS) Pilot

These are subject to accreditation, including the requirement to have a private consultation area which meets the appropriate standards. Distance selling pharmacy contractors can also provide advanced services on the premises, as long as any essential service which forms part of the advanced service is not provided to persons present at the premises. Dispensing appliance contractors can only offer the AUR and SAC services.

7.2.1 Medicines Use Review (MUR) service

The underlying purpose of MUR services is to improve the patient's knowledge and use of drugs by:

- Establishing the patient's actual use, understanding and experience of taking drugs
- Identifying, discussing and assisting in the resolution of poor or ineffective use of drugs by the patient
- Identifying side effects and drug interactions that may affect the patient's compliance with instructions given to them by a health care professional for the taking of drugs
- Improving clinical and cost effectiveness of drugs prescribed to patients, thereby reducing the wastage of such drugs

The maximum number of MUR services that a pharmacy may provide within any financial year is 400, with an exception during the first financial year that the pharmacy contractor starts to provide the service. Contractors must provide a certain percentage of MURs to patients within MUR target groups, which are agreed annually.

West Sussex Pharmaceutical Needs Assessment 2018

Pharmacies in West Sussex provided 51,507 MURs in 2015-16 with an average of 332 MURs per pharmacy³² (Table 7.1), which is higher than Kent, Surrey and Sussex, the South, and England. The percentage of pharmacies providing MURs in West Sussex is similar to that of Kent, Surrey and Sussex and the South and higher than England.

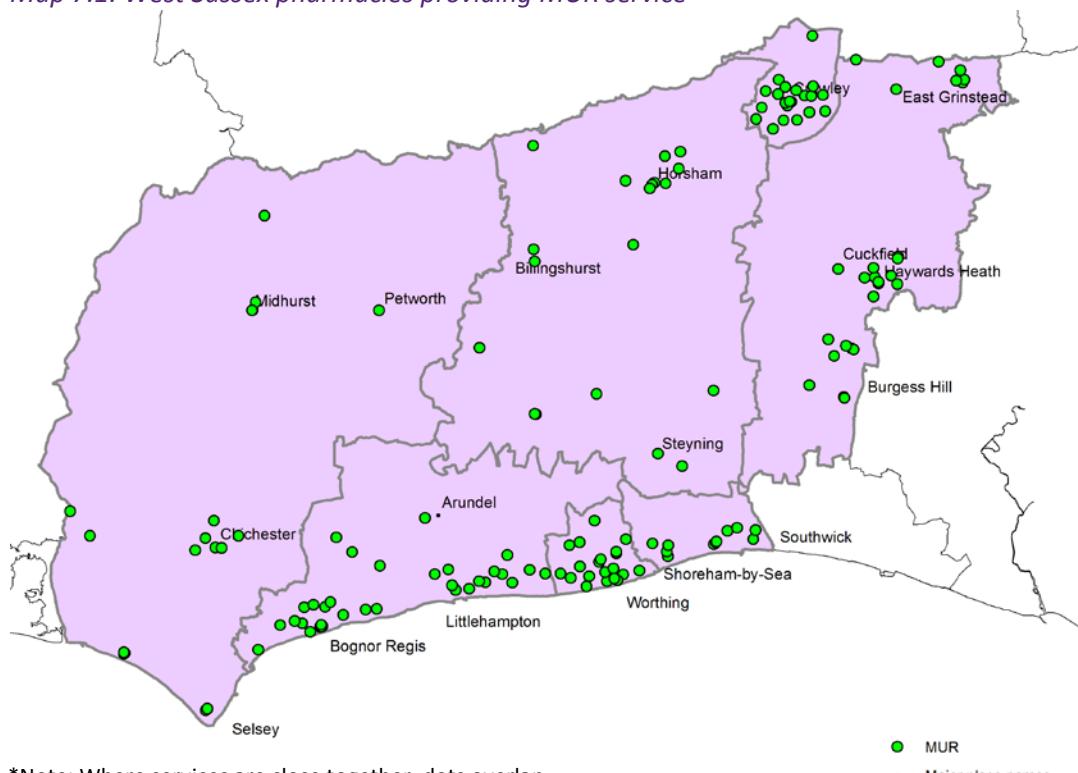
Table 7.1: Pharmacies providing MUR services 2015-16⁽¹⁾⁽³⁷⁾

	Number of pharmacies	Number of pharmacies providing MURs	Percentage of pharmacies providing MURs	Number of MURs	Average MURs per pharmacy
Coastal West Sussex CCG	101	97	96.0%	32,650	336
Crawley CCG	22	21	95.5%	7,358	350
Horsham and Mid Sussex CCG	40	37	92.5%	11,499	310
West Sussex	163	155	95.1%	51,507	332
Kent, Surrey and Sussex	882	840	95.2%	272,004	323
South	2,666	2,540	95.3%	801,207	315
England	11,688	11,029	94.4%	3,313,309	300

Sources: NHS Prescription Services, NHS Digital and NHS England

Note 1: Includes community pharmacies and distance selling pharmacies who provided MURs during the year but who were not in contract as at 31 March 2016

Map 7.1: West Sussex pharmacies providing MUR service



*Note: Where services are close together, dots overlap

Based on NHSBSA 2016/17 data in relation to claims made

³² NHS Digital. General pharmaceutical Services in England 2006/07 to 2015/16 PCT Appendix 1. <https://digital.nhs.uk/catalogue/PUB22317> accessed July 2017.

7.2.2 Appliance Use Review (AUR) service

The underlying purpose of an AUR service is to improve the patient's knowledge and use of any specified appliance by³³:

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

AUR service may be provided either when a pharmacist or specialist nurse visits a patient at home or when a patient visits the pharmacy. In 2015-2016, the percentage of pharmacies and appliance contractors providing AUR services in West Sussex was 3.0%, with all AURs being provided by 5 contractors in Coastal West Sussex CCG. Although the percentage of contractors providing the AUR service is low, it is greater than Kent, Surrey and Sussex; South Region and England, as shown in Table 7.2.

Table 7.2: Pharmacies and Appliance Contractors providing AUR services 2015-16 ⁽¹⁾

	Number of pharmacies and appliance contractors	Number of pharmacies providing AURs	Percentage of pharmacies providing AURs	Number of AURs	Average AURs per pharmacy
Coastal West Sussex CCG	105	5	4.8%	4,967	993
Crawley CCG	23	0	0.0%	0	0
Horsham and Mid Sussex CCG	40	0	0.0%	0	0
West Sussex	168	5	3.0%	4,967	993
Kent, Surrey and Sussex	890	10	1.1%	5,352	535
South	2,694	49	1.8%	16,672	340
England	11,798	140	1.2%	37,807	270

Sources: NHS Prescription Services, NHS Digital and NHS England

Note 1: Includes community pharmacies, distance selling pharmacies and appliance contractors who provided AURs during the year but who were not in contract as at 31 March 2016

³³ NHS The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 <http://www.legislation.gov.uk/uksi/2013/349/made>

Map 7.2: West Sussex Pharmacies and Appliance Contractors providing AUR service



*Note: Where services are close together, dots overlap

NHSBSA 2016/17³⁴

7.2.3 New Medicine Service (NMS)

The service provides support for people with long-term conditions, who are newly prescribed a medicine, to help improve medicines adherence. It focuses on four conditions or therapy areas:

- Asthma and COPD
- Type 2 diabetes
- Antiplatelet/anticoagulant therapy
- Hypertension

The underlying purpose of a NMS is to promote the health and wellbeing of patients prescribed with new medicines for long term conditions, in order to help:

- Reduce symptoms and long term complications
- Identification of problems with management of the condition and the need for further information or support
- Patients make informed choices about their care, self-manage their long term conditions, adhere to agreed treatment programmes, and make appropriate lifestyle changes

The number of NMS carried out in West Sussex in 2015-16 was 14,511 with 85.9% of pharmacies providing the service, higher than Kent, Surrey and Sussex and England and similar to the South. The average number of NMS carried out per community pharmacy in West Sussex is higher than Kent, Surrey and Sussex; the South Region and England (see Table 7.3).

³⁴ Based on claims made, therefore it is possible that some providers may have provided the service but not claimed payment at the time the data was collected.

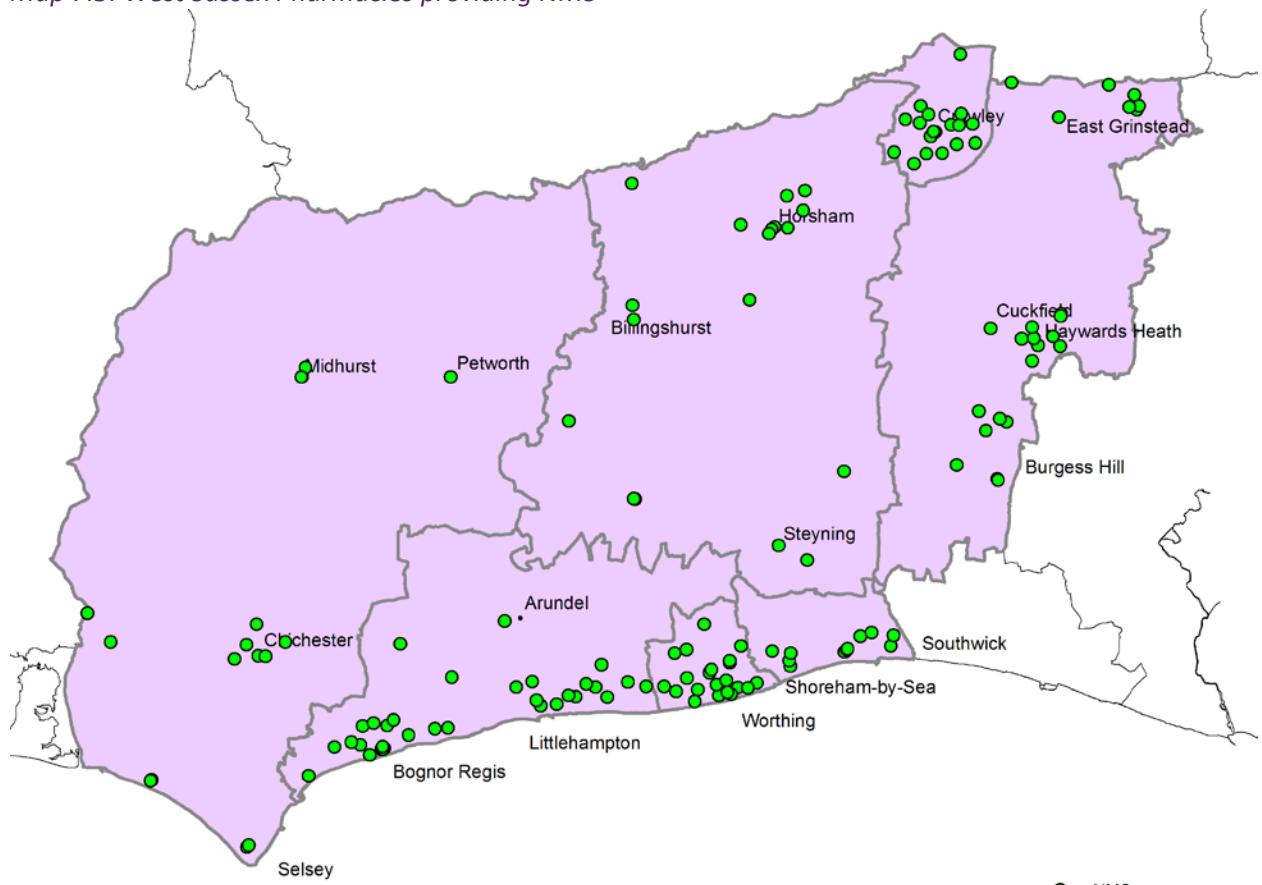
Table 7.3: Pharmacies providing NMS, 2015-16⁽¹⁾

	Number of pharmacies	Number of pharmacies providing NMS	Percentage of pharmacies providing NMS	Number of NMS	Average NMS per pharmacy
Coastal West Sussex CCG	101	89	88.1%	9,517	106
Crawley CCG	22	18	81.8%	1,869	103
Horsham and Mid Sussex CCG	40	33	82.5%	3,125	94
West Sussex	163	140	85.9%	14,511	103
Kent, Surrey and Sussex	882	748	84.8%	69,172	92
South	2,666	2,293	86.0%	200,247	87
England	11,688	9,439	80.8%	821,893	87

Sources: NHS Prescription Services, NHS Digital and NHS England

Note 1: Includes community pharmacies and distance selling pharmacies who provided NMS during the year but who were not in contract as at 31 March 2016

Map 7.3: West Sussex Pharmacies providing NMS



*Note: Where services are close together, dots overlap

● NMS
• Major place names

Based on NHS BSA 2016/17 data in relation to claims made

7.2.4 Stoma Appliance Customisation (SAC) service

The service involves the customisation of more than one stoma appliance, based on the appliance user's measurements or a template. The underlying purpose of a stoma appliance customisation service is to:

- Ensure the proper use and comfortable fitting of the stoma appliance by a patient
- Improve the duration of usage of the appliance, thereby reducing wastage of such appliances

If a pharmacy is not able to provide the service (either because they do not provide the stoma appliance or the customisation service), they must refer the customer to another pharmacy or appliance contractor.

In 2015-16, 22.0% of West Sussex pharmacies and dispensing appliance contractors provided a SAC service, higher than Kent, Surrey and Sussex; South Region and England. West Sussex also had a higher average number of SACs per community pharmacy and dispensing appliance contractor (Table 7.4).

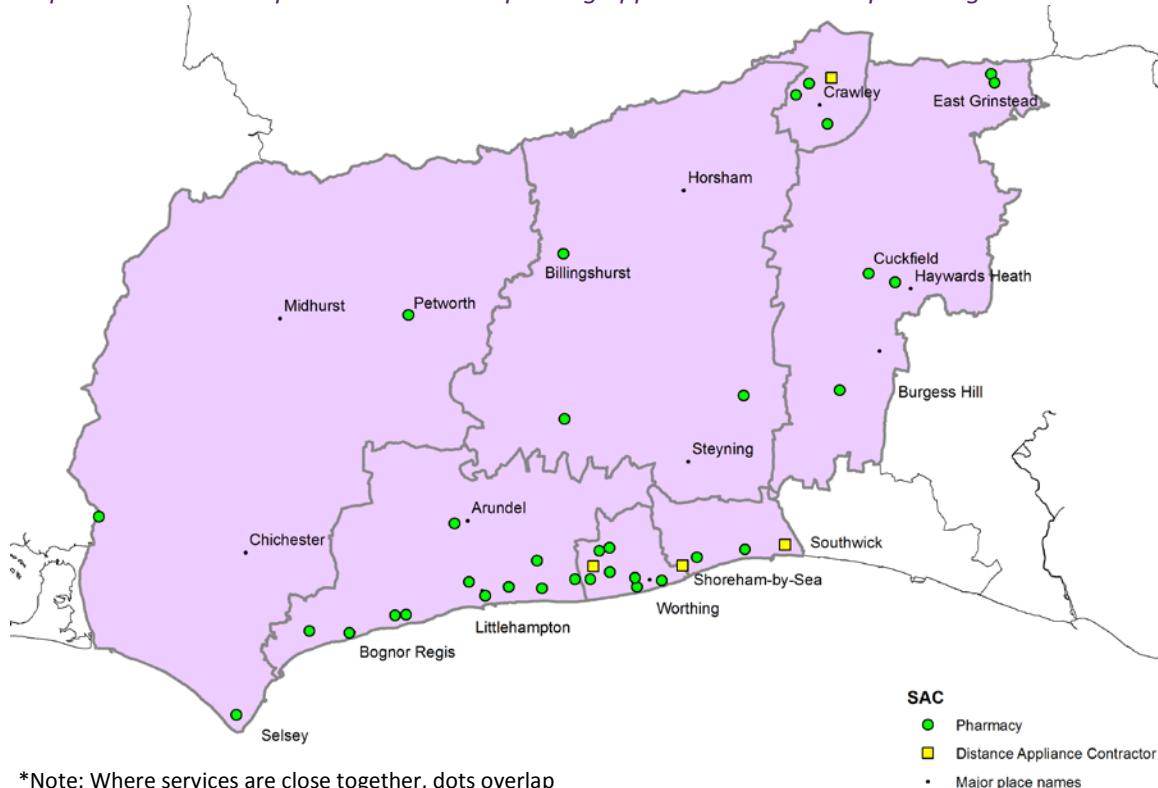
Table 7.4: Pharmacies and Appliance contractors providing SAC services ⁽¹⁾

	Number of pharmacies and appliance contractors	Number of pharmacies providing SACs	Percentage of pharmacies providing SACs	Number of SACs	Average SACs per pharmacy
Coastal West Sussex CCG	105	28	26.7%	33,169	1,184
Crawley CCG	23	4	17.4%	4,037	1,009
Horsham and Mid Sussex CCG	40	5	12.5%	60	12
West Sussex	168	37	22.0%	37,266	1,007
Kent, Surrey and Sussex	890	121	13.6%	86,117	711
South	2,694	506	18.8%	292,289	578
England	11,798	1,732	14.7%	1,237,651	715

Sources: NHS Prescription Services, NHS Digital and NHS England

Note 1: Includes community pharmacies, distance selling pharmacies and appliance contractors who provided SACs during the year but who were not in contract as at 31 March 2016

Map 7.4: West Sussex pharmacies and dispensing appliance contractors providing SAC



*Note: Where services are close together, dots overlap

Based on NHS BSA 2016/17 data in relation to claims made

7.2.5 Seasonal Influenza (Flu) Vaccination service

The community pharmacy seasonal flu vaccination service was implemented on 1 September 2015. The service requires a trained pharmacist to administer the flu vaccine, under the NHS England PGD, to:

- All people aged 65 years and over
- Eligible persons in clinical at-risk groups(between the age of 18 and under 65)
- Those aged 18 years and over who are carers, people living in long term care facilities, household contacts of immunocompromised individuals and pregnant women

The service aims to³⁵:

- Sustain and maximise uptake of flu vaccine in at risk groups by building the capacity of community pharmacies as an alternative to general practice
- Provide more opportunities and improve convenience for eligible patients to access flu vaccinations
- Provide a national framework to help reduce variation and provide consistent levels of population coverage of community pharmacy flu vaccination across England

For 2015-16, West Sussex had a higher percentage of pharmacies providing the flu vaccination services than Kent, Surrey and Sussex and England but less than the South Region. Overall, it has a higher average flu vaccination per pharmacy.

³⁵ NHS England <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/08/spec-seasnl-flu-16-17-v1.pdf>

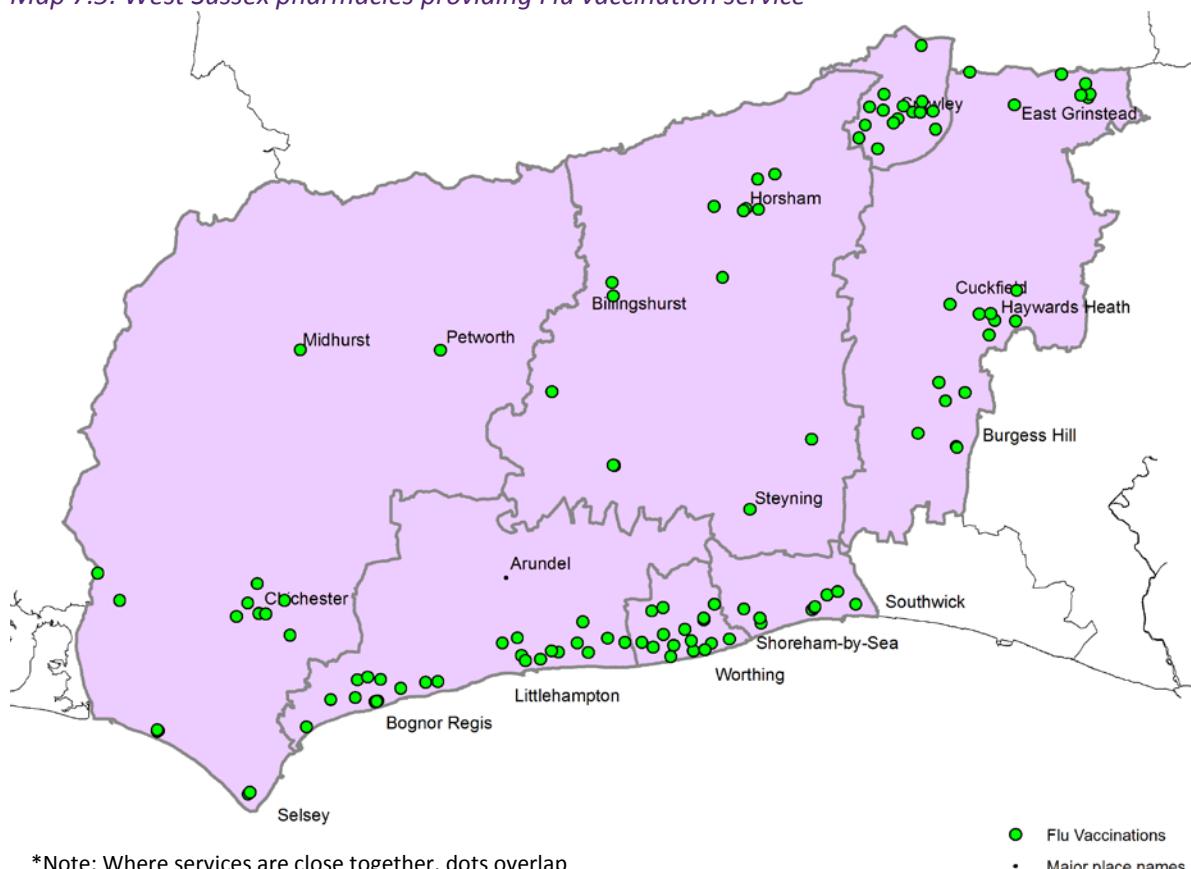
Table 7.5: Pharmacies providing Flu vaccination service 2015-16

	Number of pharmacies	Number of pharmacies providing Flu Vac	Percentage of pharmacies providing Flu Vac	Number of Flu Vac	Average Flu Vac per pharmacy
Coastal West Sussex CCG	101	64	63.4%	6,883	107
Crawley CCG	22	17	77.3%	1,677	98
Horsham and Mid Sussex CCG	40	25	62.5%	2,123	84
West Sussex	163	106	65.0%	10,683	100
Kent, Surrey and Sussex	882	552	62.6%	45,652	82
South	2,666	1,765	66.2%	139,379	79
England	11,688	7,195	61.6%	595,467	83

Sources: NHS Prescription Services, NHS Digital and NHS England

Note 1: Includes community pharmacies and distance selling pharmacies who provided Flu Vac during the year but who were not in contract as at 31 March 2016

Map 7.5: West Sussex pharmacies providing Flu vaccination service



7.2.6 NHS Urgent Medicines Supply Advanced Service (NUMSAS) pilot scheme

The NHS Urgent Medicines Supply Advanced Service is a pilot scheme, commissioned by NHS England, as part of the CPCF contractual changes for 2016-18. The pilot commenced on 1

December 2016 and will run until 31 March 2018. An evaluation of the service will be undertaken as part of the pilot.

Under this service, patients contacting NHS 111 to request access to urgently needed medicines or appliances will be referred to a pharmacy that is providing this service for assessment. If the Prescription Only Medicine (POM) has previously been prescribed for that patient on a NHS prescription, the pharmacist may supply if satisfied that the patient has immediate need for the medicine or appliance and that it is impractical to obtain a prescription without undue delay. The service aims to³⁶:

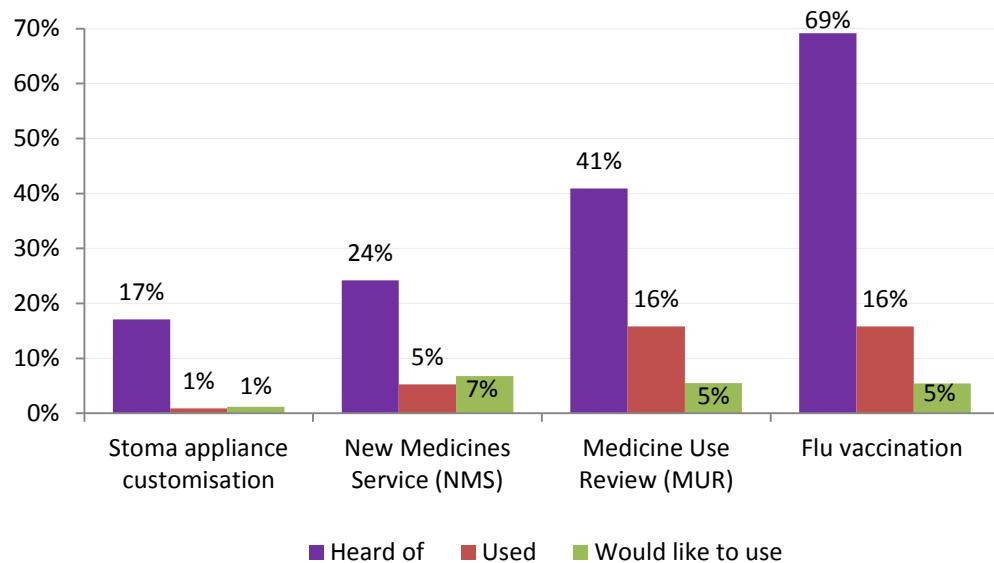
- Appropriately manage NHS 111 requests for urgent supply of medicines and appliances
- Reduce demand on the rest of the urgent care system, particularly GP Out-of- Hours (OOHs) providers
- Identify problems that lead to individual patients running out of their regular medicines or appliances and to recommend potential solutions that could prevent this happening in the future
- Increase patients' awareness of the electronic Repeat Dispensing (eRD) Service
- Ensure equity of access to the emergency supply provision irrespective of the patient's ability to pay for the cost of the medicines or appliances supplied

7.3 Survey responses relating to advanced services

7.3.1 Public survey responses

Public survey respondents were asked which advanced services they had 'Heard of', 'Used' or 'Would like to use' from a pharmacy and responses are as shown below (Figure 7.1). The most frequently 'Heard of' advanced service was Flu vaccinations (69%) and the most frequently 'Used' services were MUR and Flu Vaccination (16%).

Figure 7.1: Public awareness and use of services



³⁶ NHS England NHS Urgent Medicine Supply Advanced Service Pilot. Community pharmacy service specifications. Nov 2016

7.3.2 Pharmaceutical service contractor responses

The majority of contractor survey respondents indicated that their consultation rooms met the criteria highlighted (Table 7.6).

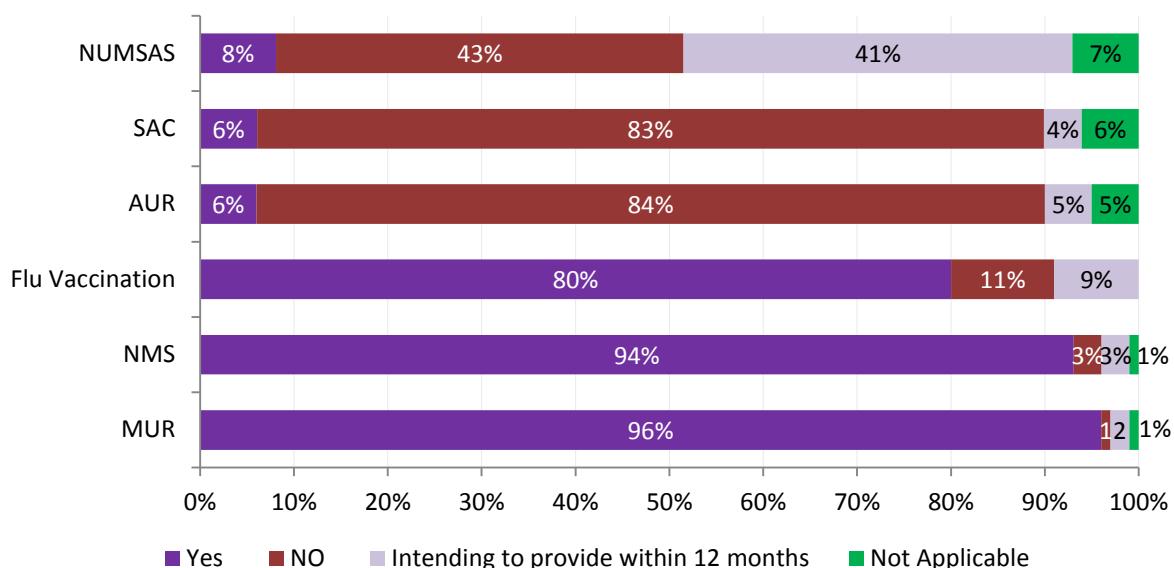
Table 7.6: Consultation area standards and facilities

Question	Yes	No	Not applicable
Consultation area clearly signposted as private consultation area?	92%	4%	4%
Consultation area has enclosed (walls, doors and ceiling)	94%	1%	5%
Can conversations be held at normal speaking volumes without being overhead by staff or customers?	83%	13%	4%
Is there access to toilet facilities for customers on the premises	36%	60%	3%
Is it possible to access the PMR from the computer within the area/room?	82%	11%	6%
Is there a handwashing station accessible from the consultation area?	78%	16%	5%

Base: 112 respondents

Contractors were also asked if they currently provide any of the advanced services below (Figure 7.2). The majority indicated that they provided MURs (96%) and New Medicines Services (NMS) (96%).

Figure 7.2: Advanced services provision



Base: 109 responses (MUR); 108 responses (NMS and Flu vac) excluding DACs as they are not commissioned to provide these service; 111 responses (AUR; SAC and NUMSAS)

For the question “*What prevents you from carrying out or doing more advanced services?*” contractors responding to the survey were given a list of potential barriers to choose from. ‘Pharmacist not accredited’ was the most frequently mentioned barrier for the provision of AUR, Flu Vac and NUMSAS services (Table 7.7). ‘Premises not accredited’ was the most frequently mentioned barrier to the provision of AUR, SAC and NUMSAS services.

Table 7.7: Barriers to advanced services provision

Barriers to service provision	MUR	AUR	SAC	NMS	Flu Vac	NUMSAS
Premises not accredited	3%	29%	33%	3%	5%	36%
Pharmacist not accredited	2%	47%		1%	13%	36%
Other pressures of work e.g. dispensing	9%	21%	20%	6%	9%	10%
Difficult to identify patients		7%	11%	2%	-	5%
Patients refusing invitation	14%	4%	3%	16%	8%	2%
Patients do not turn up for appointments	6%	2%	2%	8%	5%	2%
Don't see eligible patients because of collection and delivery	13%	11%	10%	11%	4%	5%
Paperwork takes too long	1%	4%	4%	2%	4%	4%
No feedback from GPs	5%	7%	8%	4%	2%	7%
Lack of confidence/experience of undertaking	1%	13%	11%	0%	1%	7%
Lack of confidence in approaching patients	2%	3%	3%	1%	0	2%
Lack of knowledge or skills to provide service	0	23%	22%	0	2%	13%

Base: 112 respondents (all)

Note: Top 2 barriers for each service are highlighted in yellow

7.4 Enhanced services

7.4.1 Out of hours service

NHS England commissions an out of hours service to ensure that at least some community pharmacies are open for a restricted time (usually up to 4 hours) during Christmas and Easter Sunday bank holidays throughout the County. This allows for the prescriptions written by the GP out-of-hours service to be dispensed and allows for access to over the counter medicines, if required.

7.5 Locally Commissioned Services

Locally Commissioned Services are in line with identified local needs, and these are currently commissioned by WSCC Public Health and CCGs in West Sussex. The following section highlights the locally commissioned services from community pharmacies.

Table 7.8: Locally Commissioned Services and their commissioners

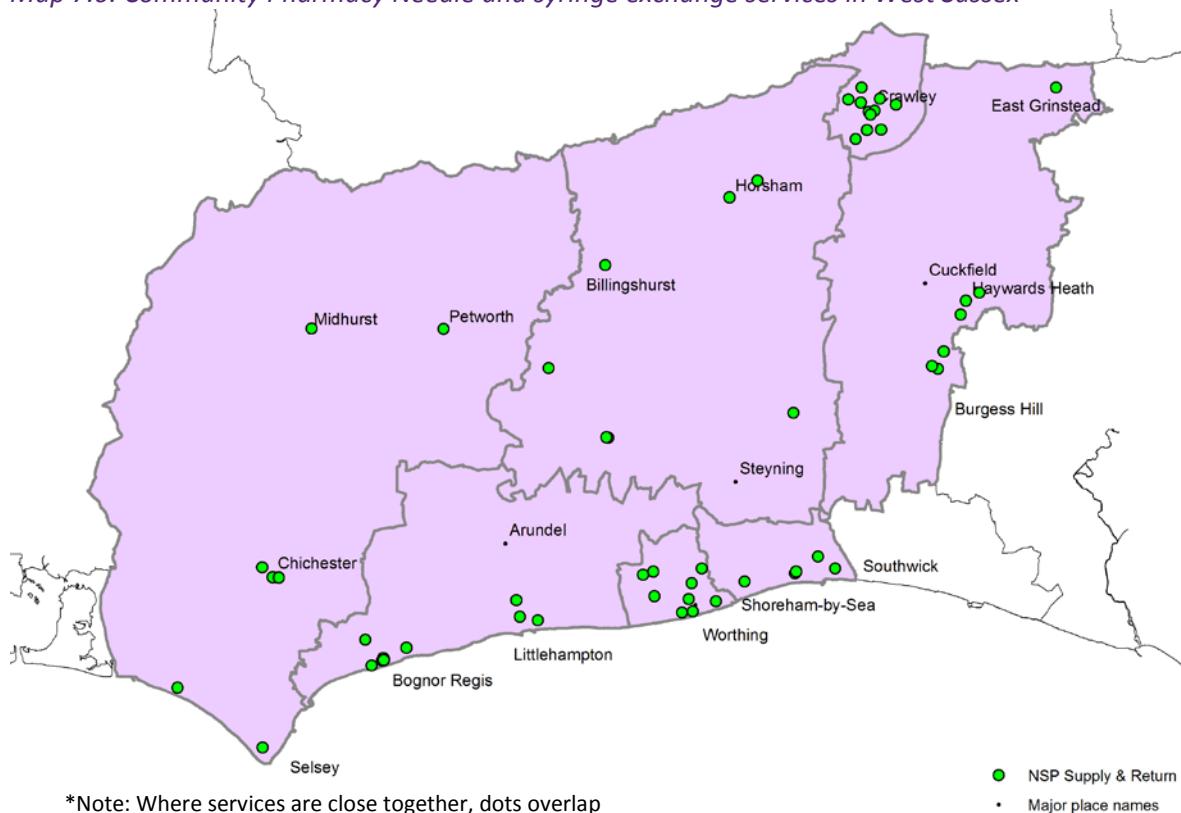
Commissioned Service	Commissioner
Substance Misuse Services - Needle and Syringe Exchange Programme	WSCC
Substance Misuse Services – Opiate Substitution Treatment service	WSCC
Blood Borne Virus Screening and Vaccination	WSCC
Emergency Hormonal Contraception	WSCC
Stop Smoking Service	WSCC

NHS Health checks	WSSC
Emergency Palliative Care	Coastal WS CCG, Crawley CCG, and Horsham & Mid Sussex CCG
Gluten Free Food Scheme	Horsham & Mid Sussex CCG
MAR Charts	Coastal WS CCG, Crawley CCG, and Horsham & Mid Sussex CCG
First Dressings	Crawley CCG
H-Pylori Testing	Crawley CCG
Urgent On-Demand Access to Medicines: Low molecular weight heparin and vitamin K	Coastal WS CCG

7.5.1 Substance misuse services - Needle and Syringe exchange Programme (NSP)

Drug users who inject can be at risk of bacterial and viral infections. NSPs provide access to sterile needles and syringes, and sharps containers for the return of used equipment. The provision of NSPs is supported by National Institute for Health and Care Excellence (NICE) guidance as being an effective (and cost effective) means to reduce the incidence of blood-borne viruses and associated burden on the health economy. Public Health England recommends that NSPs, including those provided by community pharmacies, should be part of the wider drug and alcohol service provision.

Map 7.6: Community Pharmacy Needle and syringe exchange services in West Sussex



In West Sussex, the NSP is part of the Drug and Alcohol Wellbeing Network (DAWN) service and has the aim of reducing drug-related deaths, including sudden onset deaths and those due to blood borne viruses, as well as reducing the prevalence of drug use.

In addition to NSP services provided by other drug and alcohol services providers, there are currently 58 community pharmacies in West Sussex that provide NSP (Map 7.6 above). West Sussex is a large geographical area and the provision of NSPs in community pharmacies is particularly distributed to meet the needs of the local population and to allow easy access.

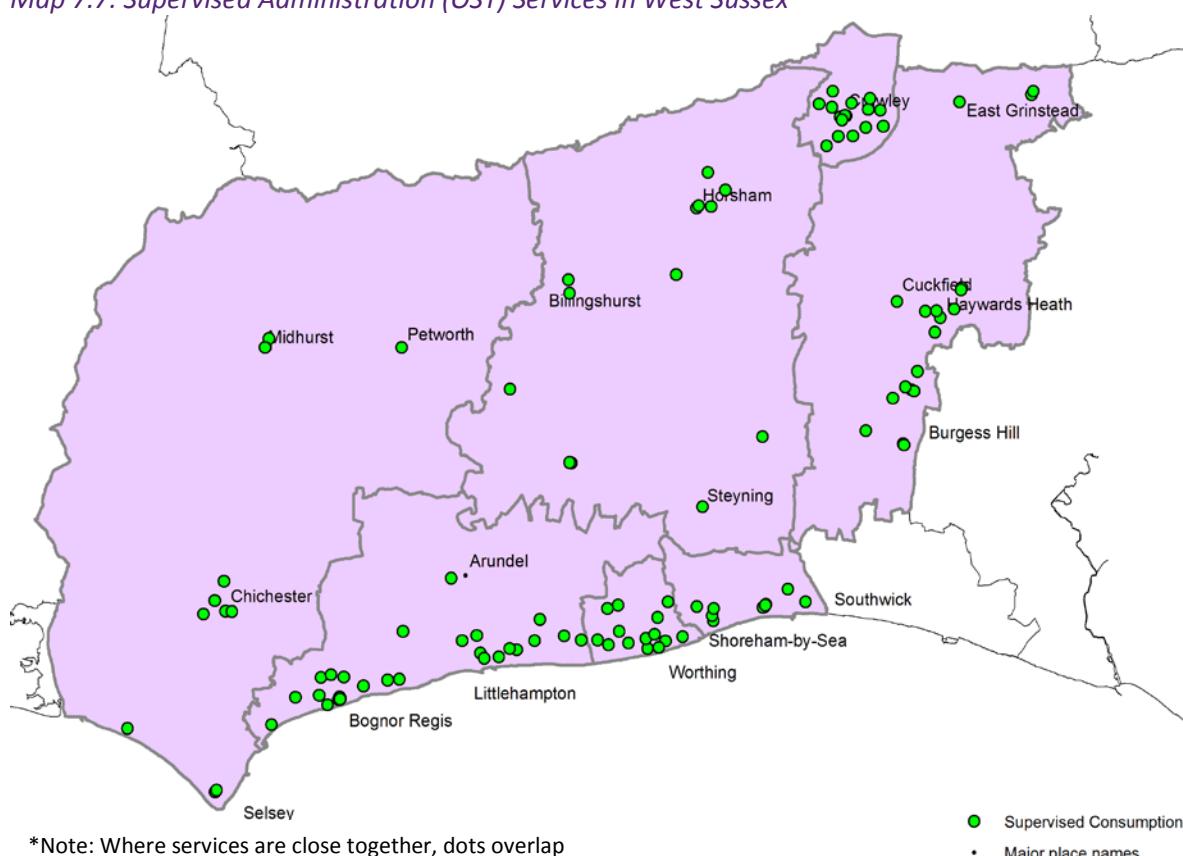
7.5.2 Substance misuse services - Supervised Administration of Opiate Substitution Treatment (OST) Service

Supervised administration of OST requires the community pharmacist to supervise consumption of medicines prescribed for substance misuse at the point of dispensing in the pharmacy, ensuring that the dose has been administered to the patient. As part of the service, the pharmacist also provides harm reduction advice, information and support for the service users.

Change, Grow, Live (CGL) is commissioned by WSCC to provide the local drug and alcohol service, called the West Sussex Drug and Alcohol Wellbeing Network (DAWN). The service works closely with Lloyds' pharmacy which manages the sub-contracted arrangements for delivery of NSP and supervised administration services in community pharmacies across West Sussex.

Service reports show that from April 2016 to March 2017, there were 1059 West Sussex residents in receipt of Opiate Substitution Treatment (OST) through the West Sussex DAWN, all of whom had their medicines dispensed in community pharmacies. A total of 118 community pharmacies in West Sussex currently provide this service.

Map 7.7: Supervised Administration (OST) Services in West Sussex



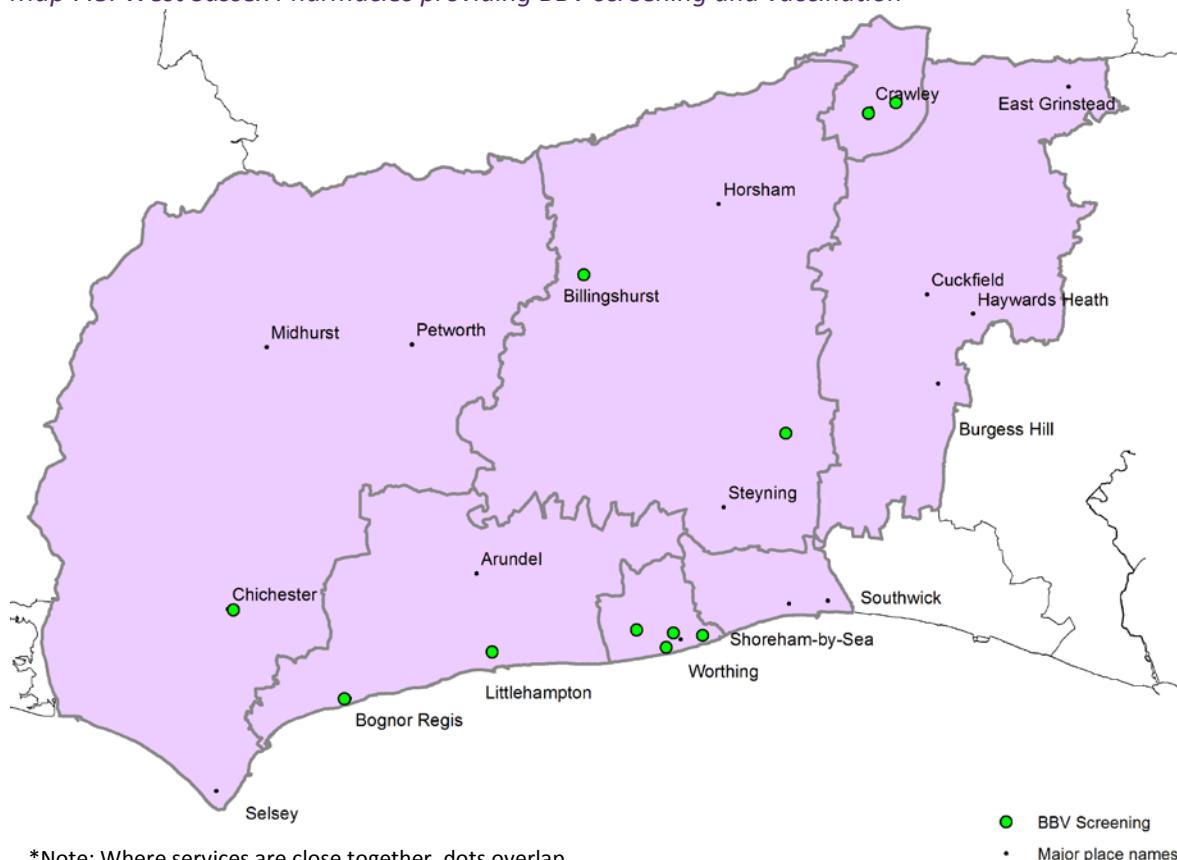
7.5.3 Blood Borne Viruses (BBV) screening and vaccination

Controlling the spread of Blood Borne Viruses (BBV) is a key public health issue. Hepatitis B is a blood-borne infection that can exacerbate hepatitis C infection, cause serious liver damage and potentially result in death. The route of infection is via unprotected sex and poor injecting practices. Hepatitis B infection is preventable with a course of up to 4 vaccinations.

The CGL Drug and Alcohol Wellbeing Network provide BBV screening and immunisation for service users in treatment who require this intervention. The service is also provided by community pharmacies commissioned to provide it. The service is tasked with increasing uptake of testing and vaccinations which, historically in West Sussex, have been at levels lower than the national average. For the latest reporting period (Quarter 4, 2016/7), 79.5% (937/1178) of all clients in treatment and eligible to be offered a course of Hepatitis B Virus (HBV) vaccinations had no record of completing a course of vaccination. This compares to a national average of 71.4%.

For the same reporting period, 15.9% (125/787) of all clients in treatment and eligible to be offered a test for Hepatitis C Virus (HCV) had no record of a HCV test. This compares to a national average of 17.3%. Currently, three pharmacies in West Sussex provide Hep B vaccinations and 11 pharmacies provide BBV screening and treatment.

Map 7.8: West Sussex Pharmacies providing BBV screening and vaccination



7.5.4 Emergency Hormonal Contraception (EHC) services

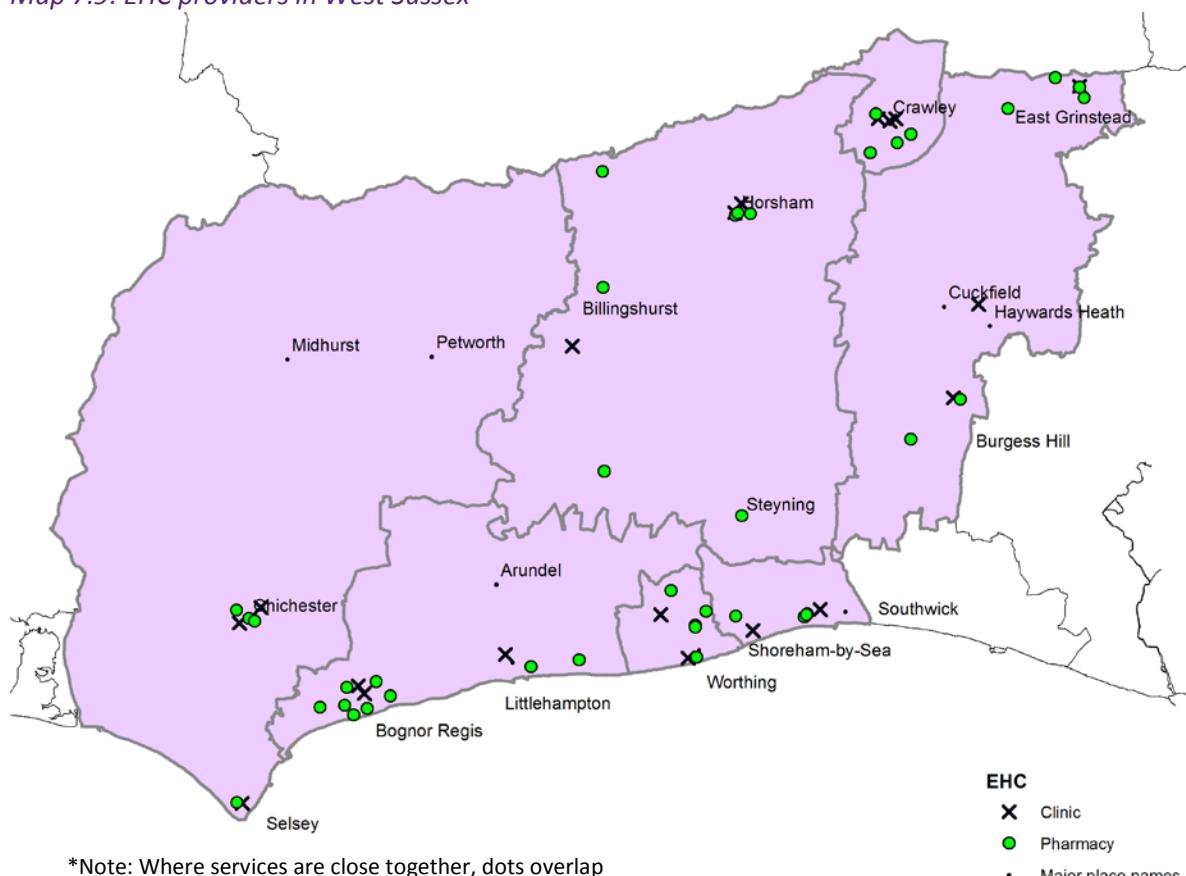
EHC is part of the strategy aimed at reducing teenage pregnancy rates. It is supplied to young women in-line with the requirements of the locally agreed Patient Group Direction (PGD). The PGD specifies that EHC is provided to young women under 22 years of age, including Fraser competent

women under the age of 16 years, ideally within 12 hours but no later than 96 hours of unprotected sexual intercourse or contraceptive failure. Clients are also offered information regarding access to sexual health services available locally; to address on-going contraceptive need and the risk of sexually transmitted infections.

In order to provide the service, pharmacists must attend training and sign the PGD. Training for the scheme is done in conjunction with the Centre for Pharmacy Postgraduate Education (CPPE). Pharmacists must complete CPPE modules in EHC, contraception and safeguarding and attend a half-day training session.

In total, 38 community pharmacies in West Sussex currently participate in the EHC scheme and these are spread throughout West Sussex. Community pharmacies participating in the scheme include: 7 pharmacies in Crawley, which contains 3 “teenage pregnancy hotspot” wards; 7 pharmacies in Bognor, which also contains 3 “teenage pregnancy hotspot” wards; 5 pharmacies in Worthing, which contains 2 “teenage pregnancy hotspot” wards.

Map 7.9: EHC providers in West Sussex



7.5.5 Smoking Cessation

From April 2017, Smoking Cessation services are provided throughout West Sussex by GPs and community pharmacies. The service aims to:

- Increase the number of smokers making a successful quit attempt
- Focus on reducing smoking in the high risk groups
- Prevent the uptake of new smokers
- Reduce the harm resulting from tobacco use

Community pharmacy smoking cessation services are available for any resident of West Sussex on a walk in basis. Approximately 83 GP surgeries and 96 community pharmacies have signed up to deliver stop smoking services; however, only about half of these reported any activity in 2015/2016 (Table 7.9).

Table 7.9: Community pharmacy Smoking Cessation activities

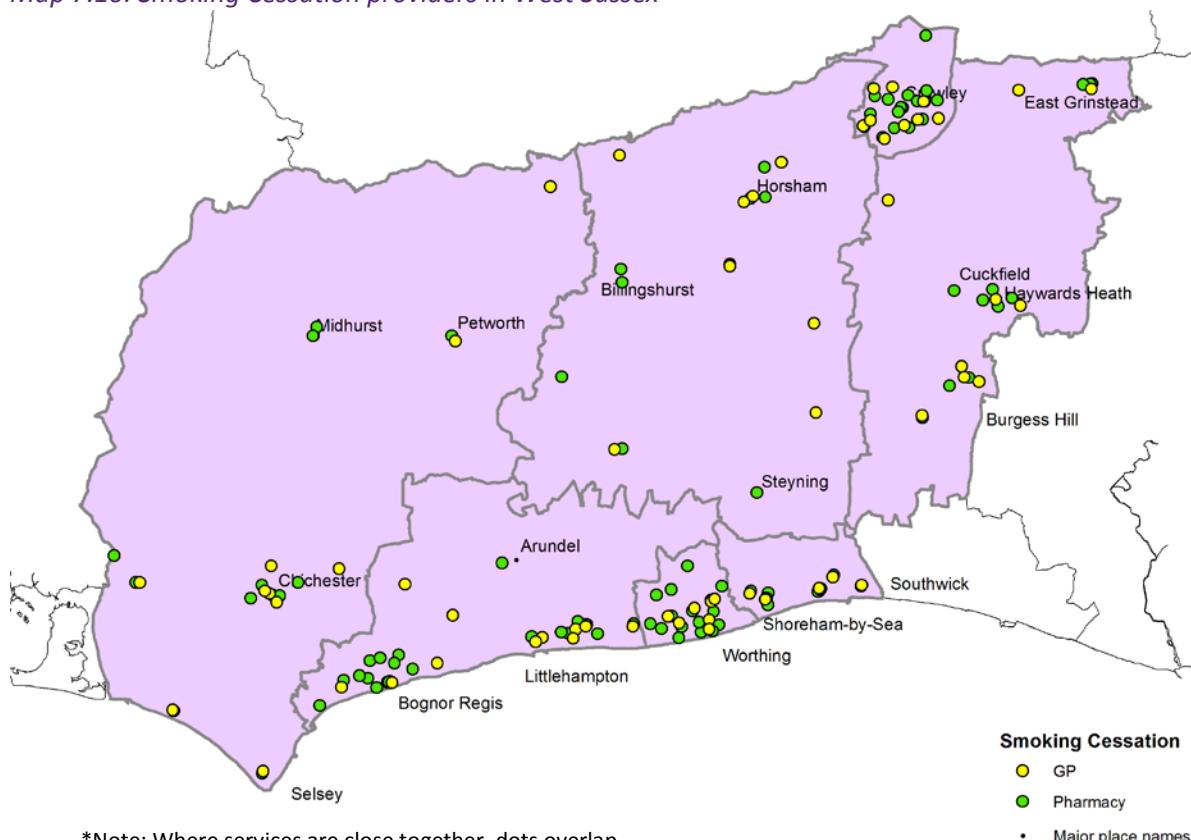
	2016/17
Set a quit date	458
Quit	158
Not Quit	83
Lost to Follow up	47

Source: WSCC Public Health

Currently in 2017/18, just over 100 community pharmacies spread across West Sussex have signed up to deliver Smoking Cessation services and are commissioned to provide one to one support and advice for people who want to give up smoking.

Community pharmacies provide direct supply of Nicotine Replacement Therapy (NRT) such as patches, gum, lozenges, and inhalators. They operate a prescription request scheme to enable the clients they see to access Varenicline, which is only available on prescription from the GP. The client will continue to be seen within the pharmacy setting for regular behavioural change support.

Map 7.10: Smoking Cessation providers in West Sussex



*Note: Where services are close together, dots overlap

7.5.6 NHS Health Checks

The National Health Service (NHS) Health Check service is offered to individuals aged 40-74 without existing cardiovascular disease (CVD), every five years. The NHS Health Check itself consists of three components: risk assessment, communication of risk and risk management. Risk tools are used to establish the individual's risk of developing CVD and diabetes. That assessment is then used to raise awareness of relevant risk factors and inform discussion about the lifestyle and medical approaches best suited to managing the individual's health risk³⁷.

In West Sussex, community pharmacies, GPs and Prevention Assessment Teams (PAT) provide the NHS Health Check programme, which is commissioned by WSCC Public Health. The provision of NHS Health Checks by community pharmacies has declined in the last year, failing to meet the planned delivery target. Furthermore, there is low uptake of NHS Health Checks offered to those who are eligible. Table 7.10 below shows the number of NHS Health Checks delivered in 2016/17 versus the number planned to be delivered by year end.

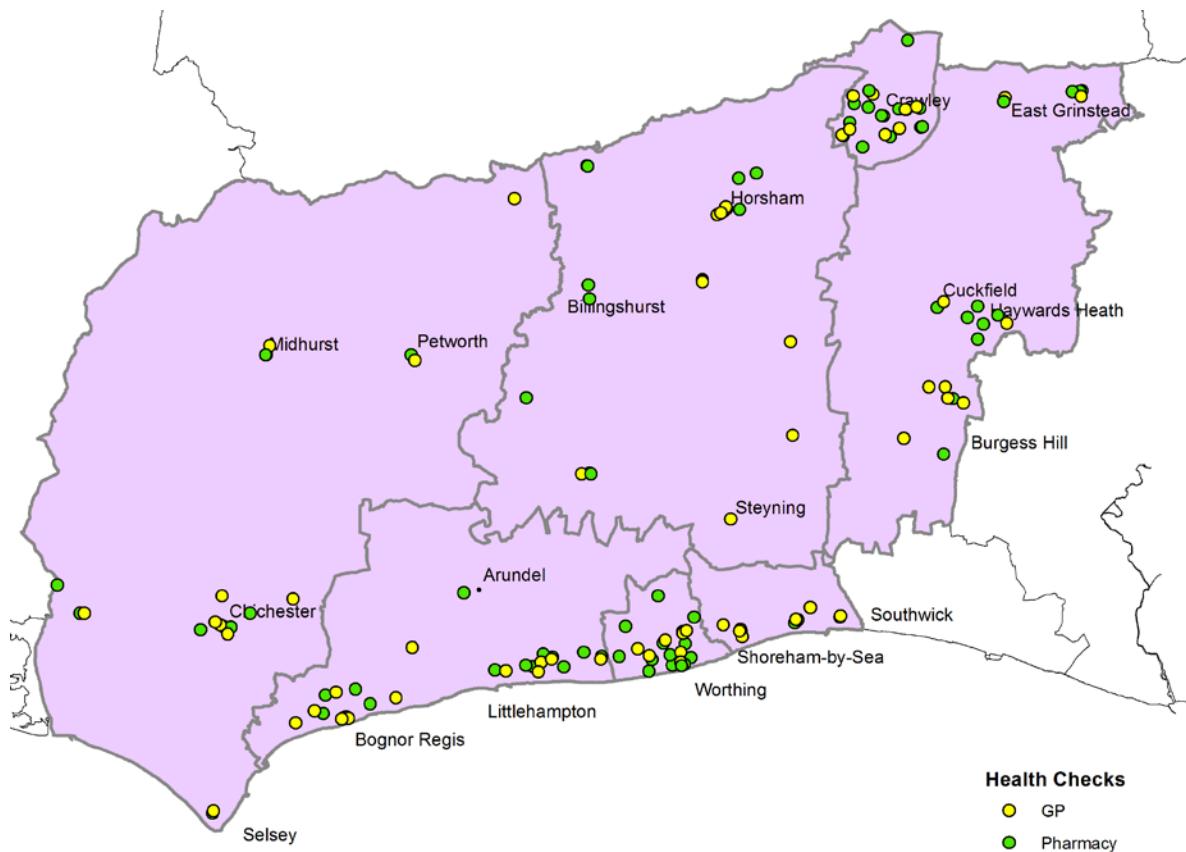
Table 7.10: Health Check Delivery - Performance Vs Forecast Performance up to Year End

Type of Provider	Planned number of NHS Health Checks to be delivered in 2016-2017				12 Month Total
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	
GP	2,660	2,870	2,423	2,760	10,713
Community Pharmacy	800	840	600	975	3,215
PAT	62	120	150	240	572
Total planned health checks for all providers	3,522	3,830	3,173	3,975	14,500
Actual number of Health Checks delivered in 2016 – 2017					
Type of Provider	Quarter				12 Month Total
	1	2	3	4	
GP	2,509	2,259	2,233	2,411	9,412
Community Pharmacy	237	187	212	219	855
PAT	80	24	115	150	369
Total	2,826	2,470	2,560	2,780	10,636
Variance of actual delivery against planned delivery	-696	-1,360	-613	-1,195	-3,864

*Source –WSCC Public Health

³⁷ Usher-Smith. J, Martin. A, et al. NHS Health Check programme rapid evidence synthesis. Online: 2017. www.healthcheck.nhs.uk/document.php?o=1251

Map 7.11: Providers of NHS Health Checks in West Sussex



*Note: Where services are close together, dots overlap

7.6 CCG commissioned services

The three West Sussex CCGs also commission some Locally Commissioned Services from community pharmacies (Table 7.8). The following section highlights the LCS commissioned by the CCGs.

7.6.1 Emergency palliative care

This service aims to improve access for patients to emergency palliative care drugs when they are required by ensuring prompt access and continuity of supply during the pharmacy opening hours. It also aims to support people, carers and clinicians by providing them with up to date information and advice, making referrals where appropriate. Under the scheme, selected community pharmacies keep a supply of palliative care drugs, the demand for which may be urgent and/or unpredictable.

7.6.2 Gluten free food scheme

This service involves the direct provision of gluten free foods from commissioned community pharmacies, i.e. for those diagnosed with gluten sensitivity, causing coeliac disease, or dermatitis herpetiformis³⁸. As part of the scheme, a trained pharmacist will contact the surgery to arrange a referral from the GP. Once registered into the service, the patient has an initial consultation with the pharmacist and the first monthly order, tailored to the patient's individual requirements is

³⁸ PSNC. <http://psnc.org.uk/?our-services=gluten-free-food-service>

arranged. The pharmacist also provides the patient with advice on healthy eating, an ordering guide and forms for future requests. In West Sussex this service is currently commissioned by Horsham and Mid Sussex CCG only. The DoH has recently undertaken a consultation on whether any changes should be made to prescribing legislation on gluten free foods. Proposals include ending the prescribing of gluten free foods, which, if agreed, will have an impact on this as a commissioned service. The DoH consultation closed in June 2017 and at the time of the PNA consultation results had not been published.

7.6.3 Medication Administration Record (MAR) Chart scheme

The MAR chart service is for clients receiving a package of care in their own home from WSCC Adult Services and who also require support with their medicines. A structured assessment is carried out to ascertain what level of support is appropriate for the individual receiving care. This may require the clients' usual pharmacy to prepare a MAR chart. The MAR chart scheme was set up to enable people, who may otherwise require residential care, to receive support with their medicines at home. Each locality has a slightly different scheme but they are all based on the same principles. All three West Sussex CCGs currently commission this service.

7.6.4 First dressing scheme

This service was established in the Crawley area by the Tissue Viability Nurses in early 2006, as a new way of supplying the initial dressings needed by a patient in the community without having a prescription issued. The aim is to reduce waste by allowing clinical bases to hold a limited range of dressings, thus allowing nurses to select a single dressing when they first visit a patient rather than a full box having to be dispensed. Once a suitable dressing has been found, all subsequent dressings for that patient should be issued via a prescription. The scheme operates by the clinical bases placing orders with participating community pharmacies for collection the following day. The service is only commissioned by Crawley CCG.

7.6.5 H-pylori testing

The H-pylori breath testing scheme was originally established in response to the 2004 NICE guidance: dyspepsia - management of dyspepsia in primary care. The test detects the presence of Helicobacter pylori (H-pylori), the bacteria associated with peptic ulcers and gastric cancer, through a 13C-urea Breath Test. As the test is not invasive as opposed to blood or faecal testing, it is more suited to being undertaken in a primary care setting such as community pharmacies. This is currently commissioned from community pharmacies in Crawley only.

7.7 Neighbouring areas services

Similar to West Sussex pharmacies, the majority of pharmacies in neighbouring HWB areas provide essential, advanced and enhanced services, as well as some locally commissioned services. Some of the locally commissioned services provided in neighbouring HWB areas are currently not commissioned in West Sussex. For example, sexual health services such as chlamydia screening and treatment and the Condom Card scheme are provided in Brighton and Hove, Hampshire, East Sussex and Surrey. Those living in the bordering areas or registered with GPs in neighbouring areas, therefore, may be able to access these services. Further details can be found in the respective HWB's PNAs and on [NHS Choices](#).

7.8 Other non-funded services provided by community pharmacies

Community pharmacies offer a range of other health and wellbeing services that are not funded or commissioned, and are therefore optional services. The following list includes some of the non-funded services provided in West Sussex; however, the list is not exhaustive:

- Delivery services
- Travel vaccinations
- Childhood vaccinations
- Allergy testing
- Health tests (BP checks, Cholesterol etc.)
- Weight management
- Anticoagulant services

7.9 Survey responses relating to locally commissioned services

7.9.1 Public survey responses

Respondents were given a list of pharmacy services to indicate if they had ‘Heard of’, ‘Used’ or ‘Would like to use’ them. The top 5 most commonly mentioned services are shown below.

Figure 7.3: Top 5 services that respondents have ‘Heard of’, ‘Used’ or ‘Would like to use’ at a pharmacy

Heard of	Used	Would like to use
Stop smoking advice (72%)	Minor conditions advice (27%)	Blood tests (14%)
Minor conditions advice (71%)	Flu vaccination (16%)	Health tests e.g. blood sugar, cholesterol (13%)
Flu vaccination (69%)	Medicine Use Review (MUR) (16%)	Allergy tests (10%)
Health tests e.g. blood sugar, cholesterol (66%)	Health tests e.g. blood sugar, cholesterol (9%)	Travel vaccinations (9%)
Healthy weight advice (55%)	Long-term/chronic conditions advice (7%)	Healthy weight advice (7%)

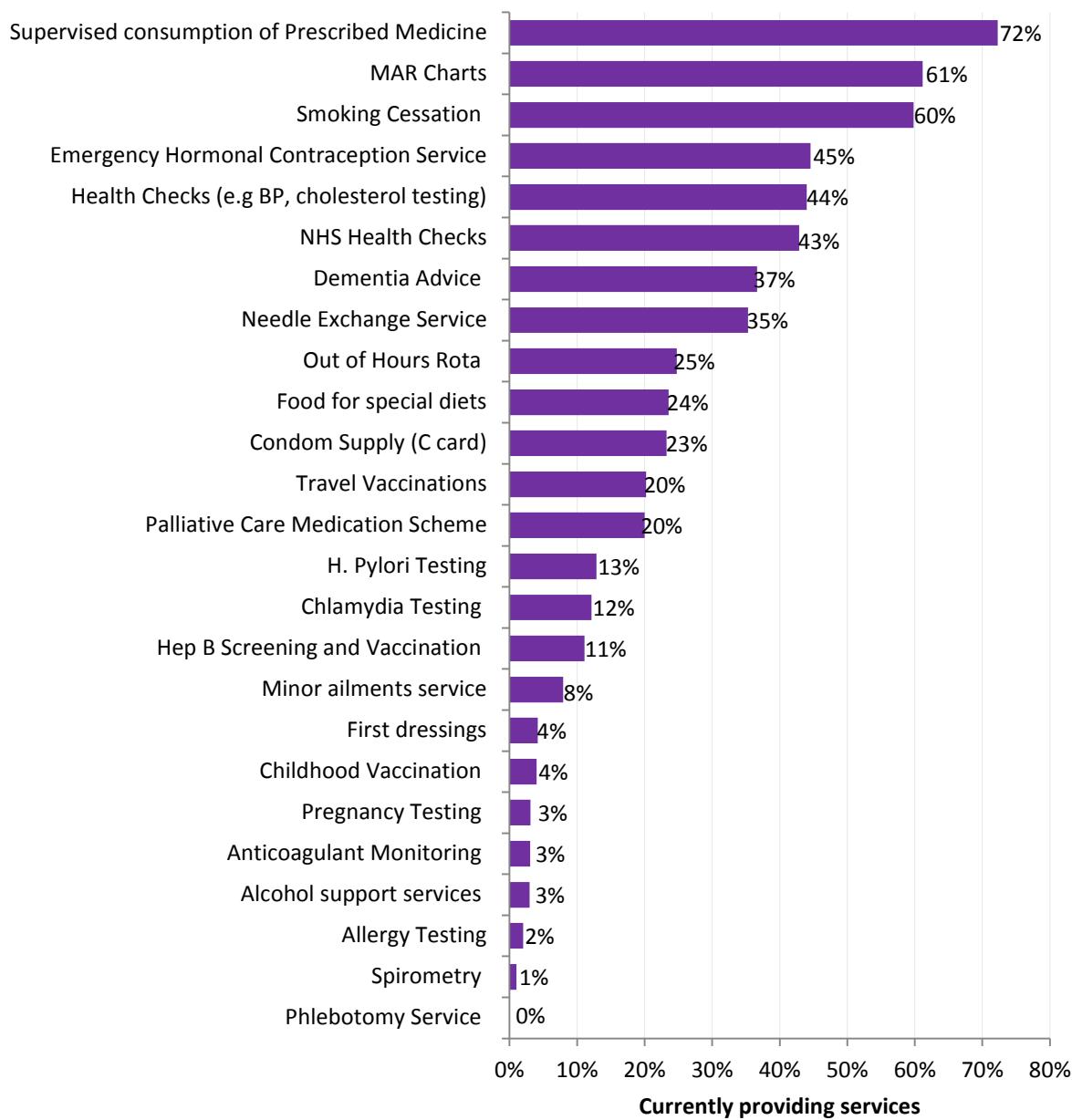
Base: 1829 respondents

The majority of respondents indicated that they had heard of the services highlighted (Figure 7.3). Although awareness for some targeted services such as stop smoking advice is high, the number of those who have used the service or would like to use the service is low. This may be due to some of the responders being non-smokers but still having an awareness of the service.

7.9.2 Pharmaceutical contractor surveys

Out of the given list of services, the most commonly provided services reported by the community pharmacy contractors were: supervised consumption of prescribed medicine (72%), MAR charts (61%) and Smoking cessation (60%). Least provided services were phlebotomy (0%), spirometry (1%), and allergy testing (2%).

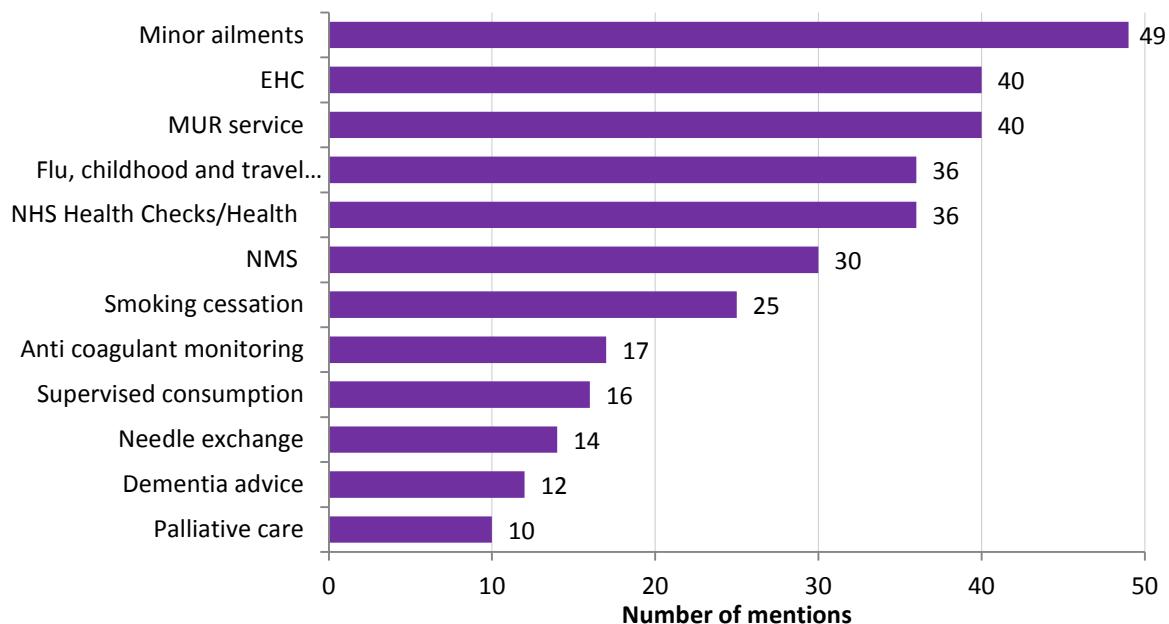
Figure 7.4: Services currently provided by pharmacies



*Percentage based on total number of responses for yes; no; and would like to provide; options for each service

Community pharmacy contractors were asked to give an opinion on the services that they considered should be provided as a matter of priority through community pharmacies (Figure 7.5). Looking at the top 3 services commonly identified as number 1 priority, minor ailments service was the most common number 1 priority (31 mentions), followed by MUR service (24 mentions) and dispensing/repeat dispensing (9 mentions).

Figure 7.5: Priority services for community pharmacy mentioned by 10 or more respondent



Base: 98 responses

8 Accessing pharmaceutical services

Key summary

- There are 160 community pharmacies in West Sussex, 13 of which are '100 hour' pharmacies mainly located inside supermarkets.
- Nearly half of the pharmacies in West Sussex open before 9am.
- Thirty-six community pharmacies in West Sussex open in the evenings after 6.30pm and 17 of these are open beyond 8pm. These are spread across the county, with the larger towns in each district having at least one community pharmacy open after 6.30pm.
- The majority of pharmacies in West Sussex (93%) are open during the day on Saturdays.
- The majority of community pharmacies in larger towns in West Sussex are open on Sundays; however, most of those in the smaller towns and villages are closed.
- Only one pharmacy at Gatwick airport is open after 5pm on Sundays, due to Sunday trading laws.
- Whilst 80% of public survey respondents *strongly agreed* or *agreed* that they could usually find an open pharmacy when needed.
- The most frequently mentioned convenient time was between 9am and 6pm weekdays.
- The majority of respondents (90%) strongly agreed or agreed that they found it easy to find a pharmacy near where they wanted.
- The majority of people in West Sussex are within 20 minutes travelling time to a pharmacy.
- Ninety-five percent of respondents reported that they travel less than 6 miles to their nearest pharmacy.
- The majority of pharmaceutical provider survey respondents reported that they are within 100m of bus service and parking.

8.1 Pharmacy opening hours

NHS England is responsible for administering opening hours for community pharmacies according to their terms of service. The majority of the 160 community pharmacies in West Sussex are contracted to open for 40 hours a week ('core hours'), which cannot be amended without the consent of NHS England. Many community pharmacies have additional opening hours beyond the core 40 hours, ('supplementary hours') which can be amended by the community pharmacy subject to giving 90 days' notice (or less if NHS England consents).

100 hour community pharmacies were introduced under the former exemption from the control of entry test in 2005. They are contracted to open for at least 100 hours each week; guaranteeing access for around 15 hours a day on weekdays and Saturdays, usually from 6-7am until 10-11pm. However, under the new NHS pharmaceutical services regulations, all pharmacy applications are now subject to market control of entry tests. There are 13 '100 hour' community pharmacies in West Sussex, most of which are located inside supermarkets. The 100 hour community pharmacies are not evenly distributed across West Sussex, with 3 in Crawley, 1 in East Grinstead, 1 in Burgess Hill, 1 in Chichester, 2 in Worthing and 5 in Arun (in Ferring, Rustington, Bognor and Littlehampton).

The opening hours used in this section are based on the total opening hours (both 'core' and 'supplementary' hours) of West Sussex community pharmacies in July 2017. Details of individual pharmacy opening times can be found on the NHS Choices website (www.nhs.uk).

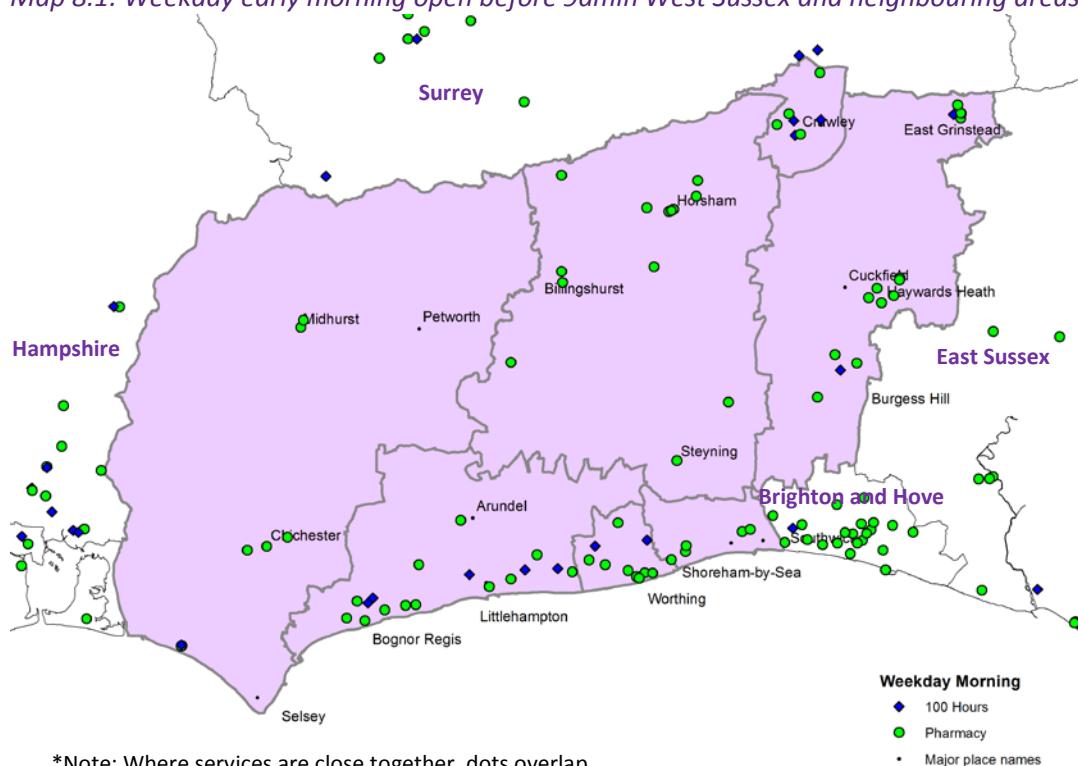
8.1.1 Weekday opening

Nearly half (73) of the community pharmacies in West Sussex open before 9am (Table 8.1 and Table 8.1). In addition, West Sussex has 36 community pharmacies open in the evenings after 6.30pm. These are spread across the County, with the larger towns in each district having at least one community pharmacy open after 6.30pm (Map 8.2). Of these 36 community pharmacies, 17 are open beyond 8pm (Map 8.3). People living near the border with East Sussex, Brighton and Hove, Hampshire and Surrey may also access extended hour pharmacies near the borders.

Table 8.1: Community pharmacy opening times on weekdays

Locality	All Community Pharmacies	100 hour Community Pharmacies	Open early (before 9:00)	Open over Lunch (12:00-14:00)	Open in the evenings (after 18:30)	Open at night (after 20:00)
Adur	13	0	5	8	2	0
Arun	33	5	16	19	6	5
Chichester	19	1	8	11	4	2
Crawley	22	3	7	17	6	3
Horsham	20	0	14	14	7	2
Mid Sussex	29	2	13	19	6	3
Worthing	24	2	10	19	5	2
West Sussex	160	13	73	107	36	17

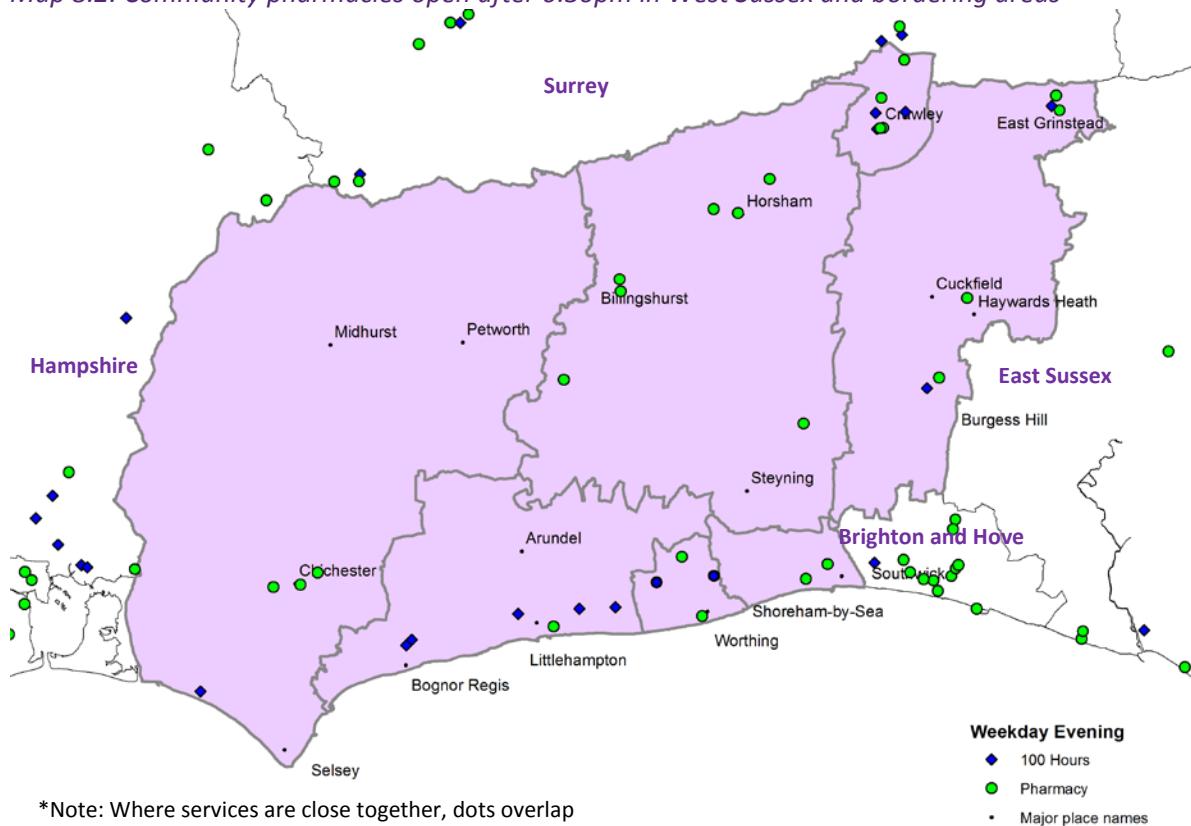
Map 8.1: Weekday early morning open before 9am in West Sussex and neighbouring areas



*Note: Where services are close together, dots overlap

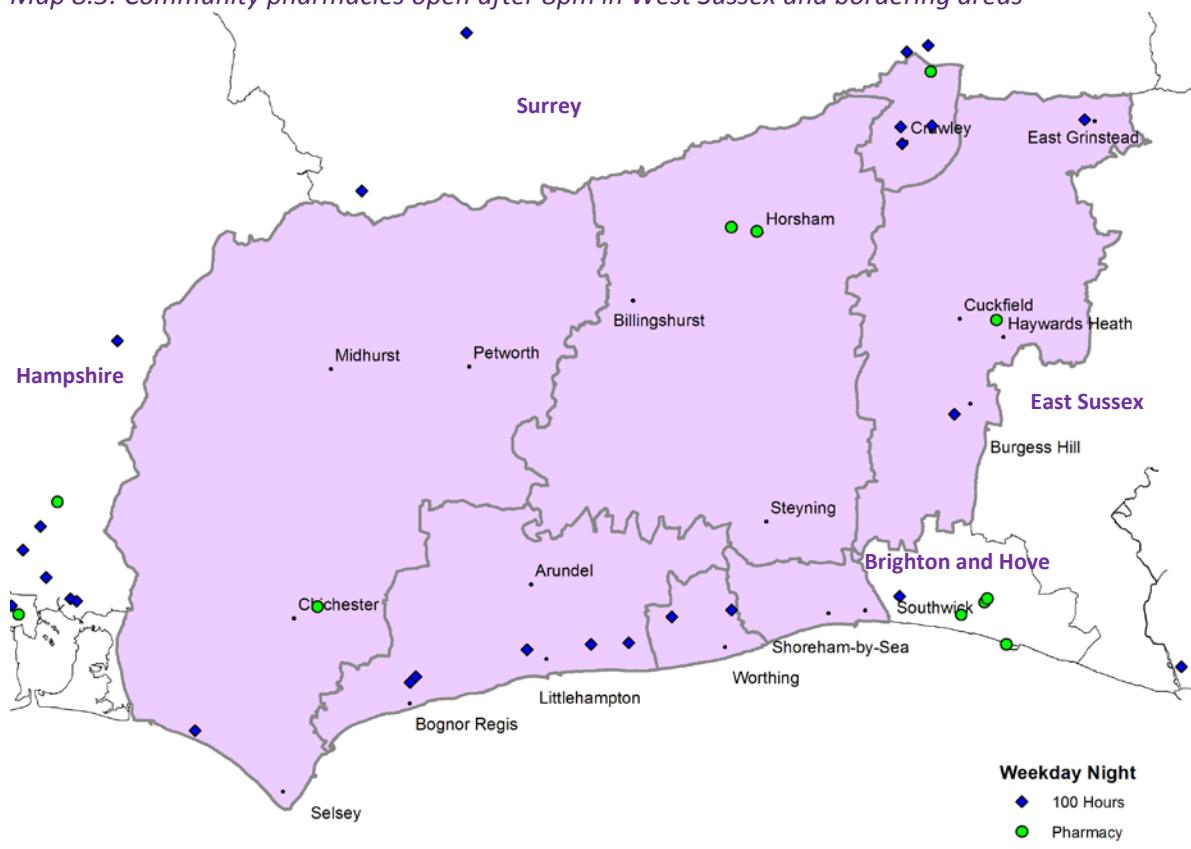
West Sussex Pharmaceutical Needs Assessment 2018

Map 8.2: Community pharmacies open after 6:30pm in West Sussex and bordering areas



*Note: Where services are close together, dots overlap

Map 8.3: Community pharmacies open after 8pm in West Sussex and bordering areas



*Note: Where services are close together, dots overlap

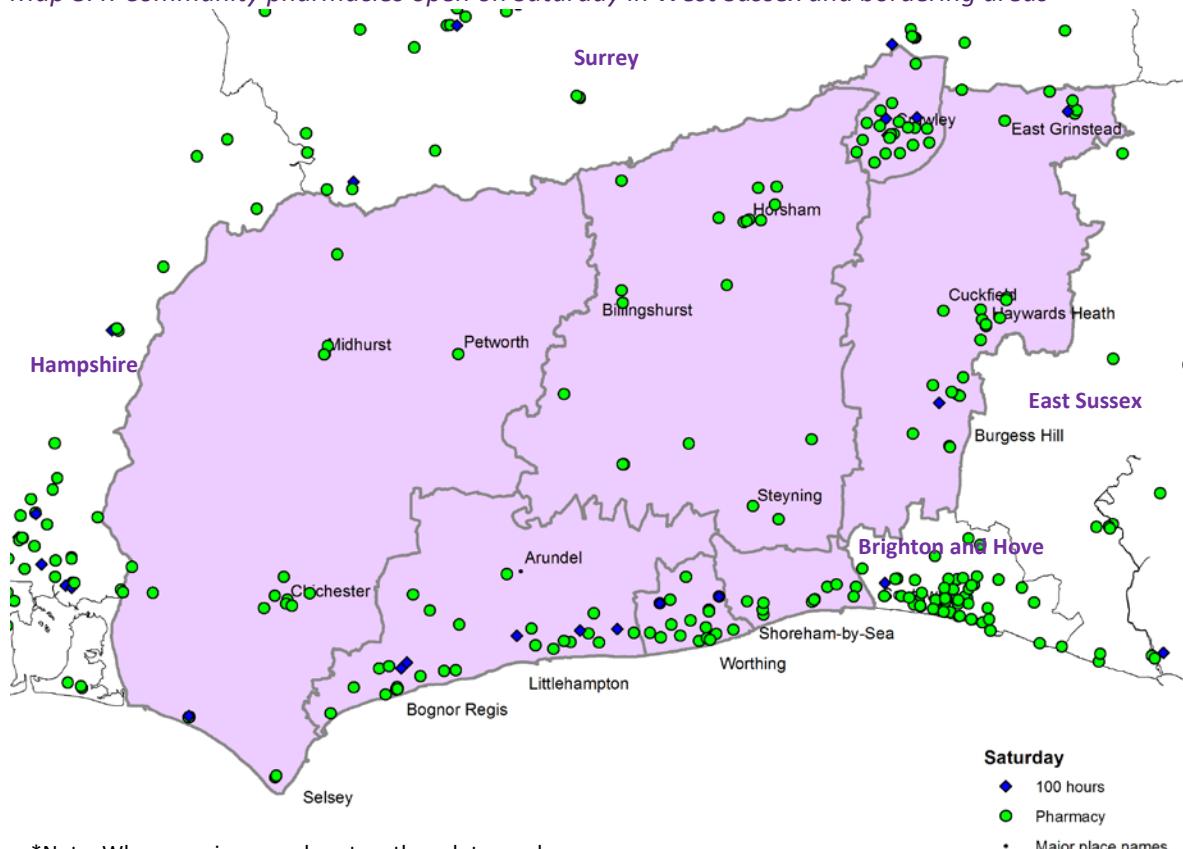
8.1.2 Saturday opening

Most of the community pharmacies in West Sussex (93%) are open during the day on Saturdays (Table 8.2 and Map 8.4), with 11 closed altogether. In total, 23 community pharmacies are open after 6.30pm.

Table 8.2: Community Pharmacy Saturday opening times

Locality	Open Saturday	Saturday evenings (after 18:30)
Adur	13	1
Arun	30	5
Chichester	19	3
Crawley	22	6
Horsham	20	2
Mid Sussex	25	3
Worthing	20	3
West Sussex	149	23

Map 8.4: Community pharmacies open on Saturday in West Sussex and bordering areas



*Note: Where services are close together, dots overlap

8.1.3 Sunday opening

The Sunday Trading Act (1994) prevents most large shops with a floor space of over 280 square metres from opening for more than 6 continuous hours between 10am and 6pm. There are some exemptions to the Act, including shops in airports. In West Sussex, community pharmacies are open on Sundays during the day in the larger towns but most of those in the smaller towns and

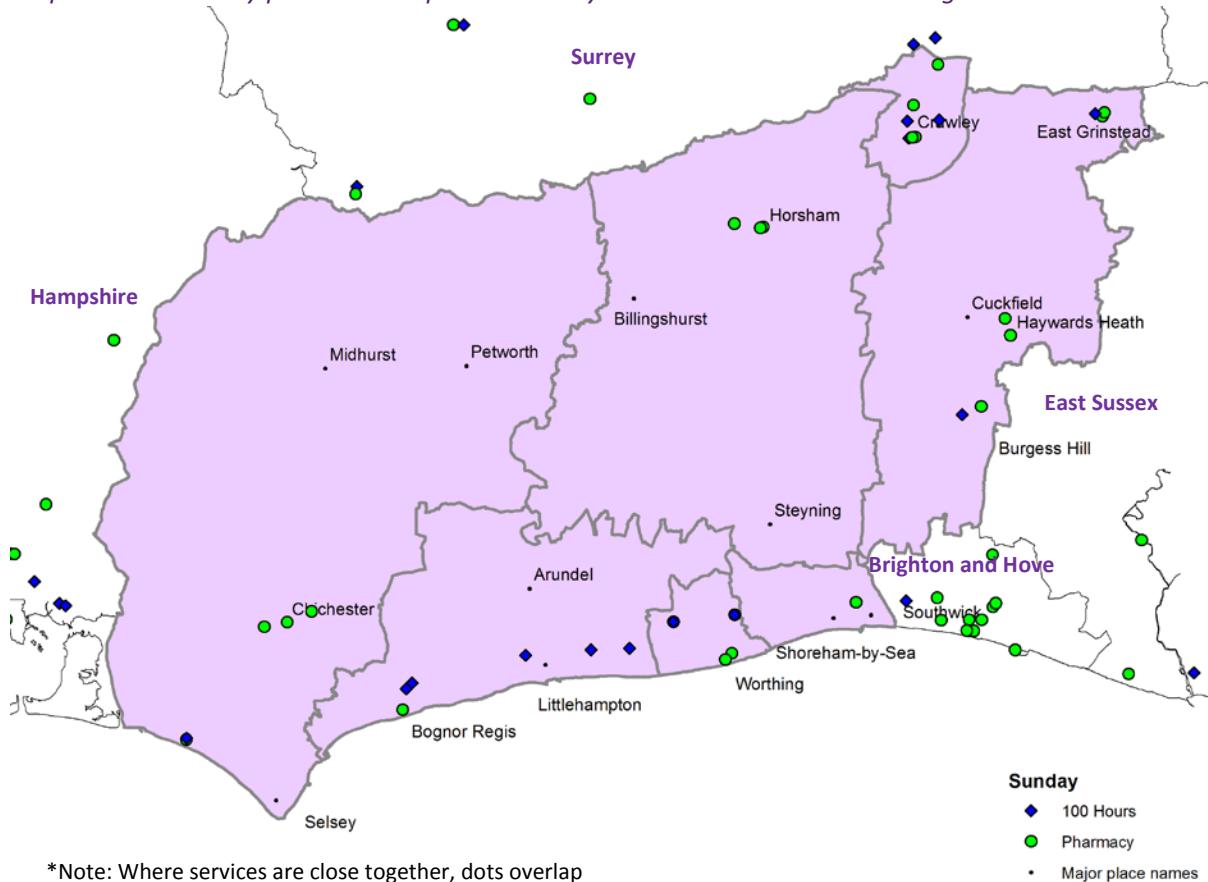
villages are closed (Table 8.3 and Map 8.5). In the evening on Sunday (after 5pm) the only community pharmacy open in West Sussex is at Gatwick Airport. However, in some areas, particularly in rural districts such as Chichester and Horsham, there is limited or no access to an open pharmacy on Sundays. Since GP surgeries close over the weekend, it is not expected that prescriptions are written on Sundays other than by out of hours GP services, who hold a supply of emergency medicines. Out-of-hours GP services can therefore provide treatment if clinically necessary during pharmacy closure times.

Again, those living near the border with Brighton and Hove may also access extended hour pharmacies in Brighton and Hove on a Sunday evening, where there is a pharmacy open until 10pm.

Table 8.3: Pharmacy Sunday opening times

Locality	Open Sunday	Sunday evenings (after 4.30pm)
Adur	1	0
Arun	6	0
Chichester	5	0
Crawley	7	3
Horsham	3	0
Mid Sussex	7	0
Worthing	6	1
West Sussex	35	4

Map 8.5: Community pharmacies open on Sunday in West Sussex and bordering areas



*Note: Where services are close together, dots overlap

8.1.4 Lunchtime opening

Some community pharmacies close over the lunch period, (usually between 1pm and 2pm). In most areas there is usually another community pharmacy nearby which provides pharmaceutical services at these times. Other community pharmacies also have more than one pharmacist on duty to cover the lunchtime opening.

8.1.5 Bank holidays

Community pharmacies are not expected to open on bank holidays under their contractual arrangements. However, as previously stated, NHS England commissions an out-of-hours service on Christmas and Easter Sunday bank holidays from some community pharmacies. Details of which community pharmacies are open over bank holiday periods can be found on the NHS Choices website (www.nhs.uk).

8.2 Dispensing doctor opening hours

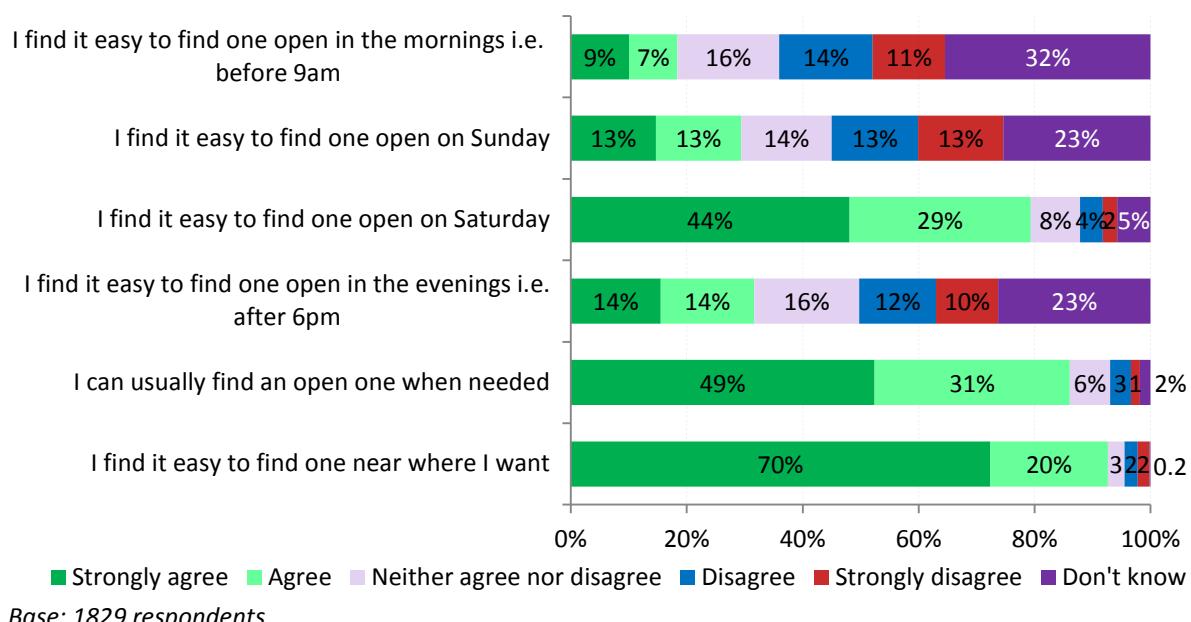
GP dispensing practices determine their opening hours according to local need and do not have contracted dispensing hours. They are generally open at the same times as the GP surgery itself. Details of individual GP dispensing practice opening times can be found on the NHS Choices website (www.nhs.uk).

8.3 Survey responses relating to access to pharmaceutical services

8.3.1 Public survey responses

The majority of respondents (80%) *strongly agreed or agreed* that they could usually find an open pharmacy when needed (Figure 8.1).

Figure 8.1: Public respondents' access to pharmacy



Ninety percent of respondents strongly agreed or agreed that they found it easy to find a pharmacy near where they want and 80% strongly agreed or agreed with the statement 'I can usually find an

open one when needed'. In regards to weekend opening hours, the majority of respondents (73%) strongly agreed or agreed that they find it easy to find an open pharmacy on a Saturday. In comparison, the most frequently mentioned response to the statement 'I find it easy to find an open pharmacy on Sunday' was 'Don't know' (23%), and the proportion of those who strongly agreed or strongly disagreed were similar (13%) (Figure 8.1).

In terms of the most convenient times to visit a pharmacy, the most frequently mentioned convenient time was *between 9am and 6pm weekdays* (84%), followed by *Saturdays* (28%). The least mentioned time was *late night 8pm to midnight on weekdays* (6%), followed by *before 9am weekdays* (7%).

In terms of location, the majority of respondents (90%) *strongly agreed or agreed* that they found it easy to find a pharmacy near where they wanted.

8.3.2 Pharmaceutical providers survey responses

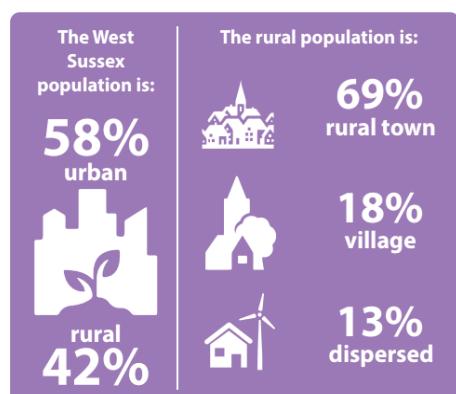
Dispensing doctor practices were asked to indicate their dispensing hours. All 12 practices responded to this question, reporting they opened during the day, between 9am and 5pm. The majority of practices (n=8) opened at 8am or 8:30am during the week, with 2 opening at 9am. Two practices reported early morning opening at 7am on Mondays. Seven practices reported their closing times as 6:30pm and the rest (n=5) closed at 6pm. None of the practices opened during the weekend.

8.4 Sparsely populated/rural areas³⁹

West Sussex covers an area of 768 square miles and is predominantly rural in character. Over half of the land area of West Sussex is designated as protected countryside. This is due to a large part of the county falling within the South Downs National Park which cuts across the area, and two other designated Areas of Outstanding Natural Beauty: Chichester Harbour and the High Weald⁴⁰.

The county's rural areas contain hundreds of small villages and hamlets, particularly in the districts of Chichester, Horsham and Mid Sussex. There are also many market towns across the area including Midhurst, Billingshurst, Storrington, Henfield and Hurstpierpoint. The main towns include Chichester, Horsham, Haywards Heath, Burgess Hill, East Grinstead, Worthing, Bognor and Crawley.

The majority of the populace live in the main towns of Worthing, Crawley, Horsham and Chichester. Three out of the seven districts are classified as 'rural', with Chichester and Mid Sussex having more than 80% of their populations living in rural settlements or large market towns, while in Horsham this is between 50% and 80%. The remaining districts and boroughs are classified as urban: Crawley,



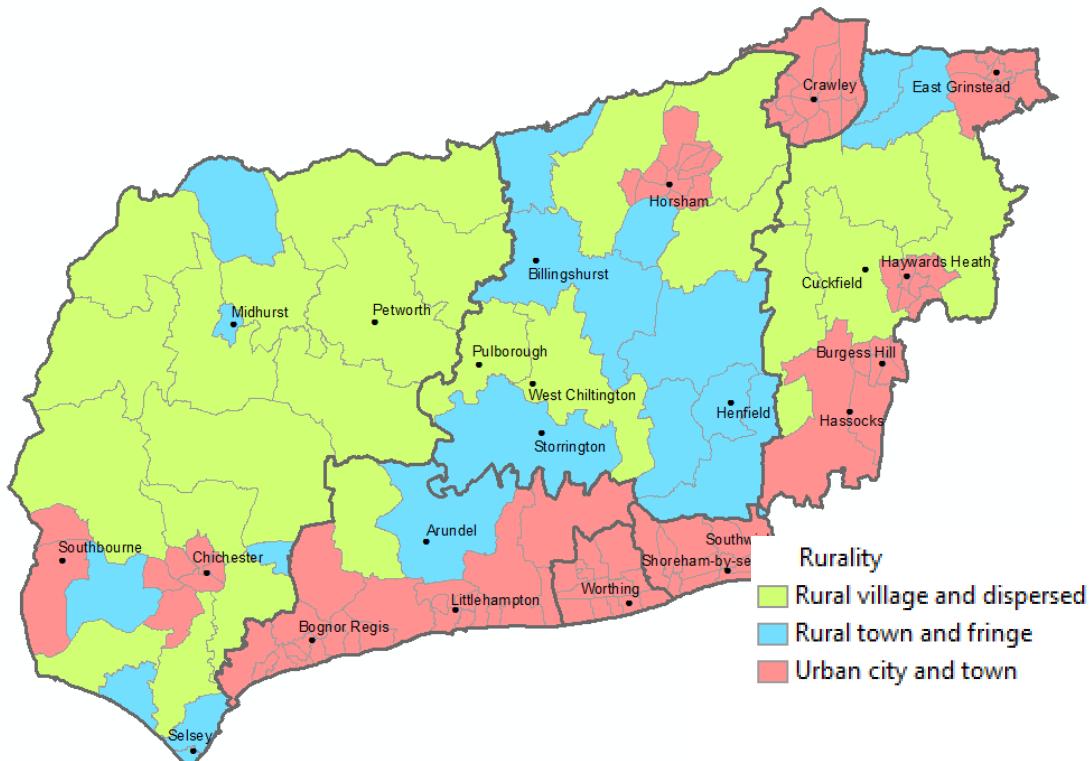
³⁹ Based on Department for Environment, Food & Rural Affairs (DEFRA) Rural and Urban Area Classification

⁴⁰ WSCC - West Sussex life 2017 -2019

Adur, Worthing and Arun. The County is bordered by Brighton and Hove and East Sussex to the east, Hampshire to the west and Surrey to the north.

While a number of wards do not contain a community pharmacy or dispensing doctor, only a small number (3) are more than a mile away from a community pharmacy or a dispensing doctor practice. These wards have very low population densities of 150 people per square mile or less.

Map 8.6: West Sussex ward level urban development/rurality



Source: ONS 2011 Census

*Old ward boundaries (pre 2015)

8.4.1 Transport links

The A23/M23 runs down the eastern side of the County, connecting London with Brighton, and providing access to Gatwick Airport. The A27/M27 runs along the coast and provides westward links to Portsmouth and Southampton and eastward links to Brighton and Lewes.

Some parts of rural West Sussex have good transport links to London, Brighton & Hove, Portsmouth, Guildford and Crawley. However, some rural areas, such as those in the South Downs, are poorly served by public transport, making it difficult for some people in these areas to access services. The A27 east-west road link can be slow and congested and public transport in rural areas is limited⁴¹. The *West Sussex Transport Plan (2011-2026)* sets out a vision to achieve an efficient, safe and less congested transport network across the County. This includes improving the A27 and rail infrastructure, as well promoting community transport initiatives and encouraging a modal shift to more sustainable forms of transport.

⁴¹ WSCC West Sussex Local Economic Assessment. Spatial Area Factsheets. Rural West Sussex. http://www2.westsussex.gov.uk/LEA/Westsussex_Spatial_Area_Factsheet.pdf (accessed on 06.06.2017)

8.5 Getting to the pharmacy

8.5.1 Car ownership

There is a relationship between car ownership and rurality; residents in districts in rural West Sussex are more likely to have access to a car than residents across West Sussex and the South East, as a whole. On average rural areas in West Sussex districts have a higher car ownership rate of 90.4% compared to 79.7% in urban areas, with the lowest ownership rates in urban areas of Worthing (75.7%). In comparison, nationally 88.2% of those in rural areas have access to at least one car or van while 71.2% have access in urban areas.

Economic activity is also related to the rate of car ownership in West Sussex, with the self-employed having the highest rate of ownership (96.3%) and the long-term sick or disabled the lowest (63.2%), with the unemployed not much higher (77.6%). With regards to age, analysis of 2011 Census data found that 12.7% of West Sussex residents aged 16 and over do not have access to a car or van in their household. Of those in the County aged 65 and over, 26.0% in urban areas and 14.4% in rural areas live in households without a car.

Overall, car ownership varies considerably across West Sussex. Horsham district has the highest percentage of households who own one or more cars (88.2%), with the highest rate of 97.7% ownership in Chanctonbury ward. Worthing district has the lowest percentage of households who own one or more cars (75.7%), with the lowest rate of 71.5% in Heene ward.

8.5.2 Distance and time travelled to pharmacy

The 2008 White Paper Pharmacy in England: *Building on strengths – delivering the future* acknowledges the accessibility of community pharmacies. It highlights that 99% of the population – even those living in the most deprived areas – can get to a community pharmacy within 20 minutes by car and 96% by walking or using public transport. Similarly in most areas of West Sussex, it is possible to drive to a community pharmacy within 20 minutes (see Map 8.7). Journey times in most urban areas are 5 minutes or less, while in the majority of rural areas journey times are 15 minutes or less. Taking into consideration dispensing doctor practices, journey times to reach a dispensing service in some rural areas may be shorter for people who are registered with the dispensing practice in the area.

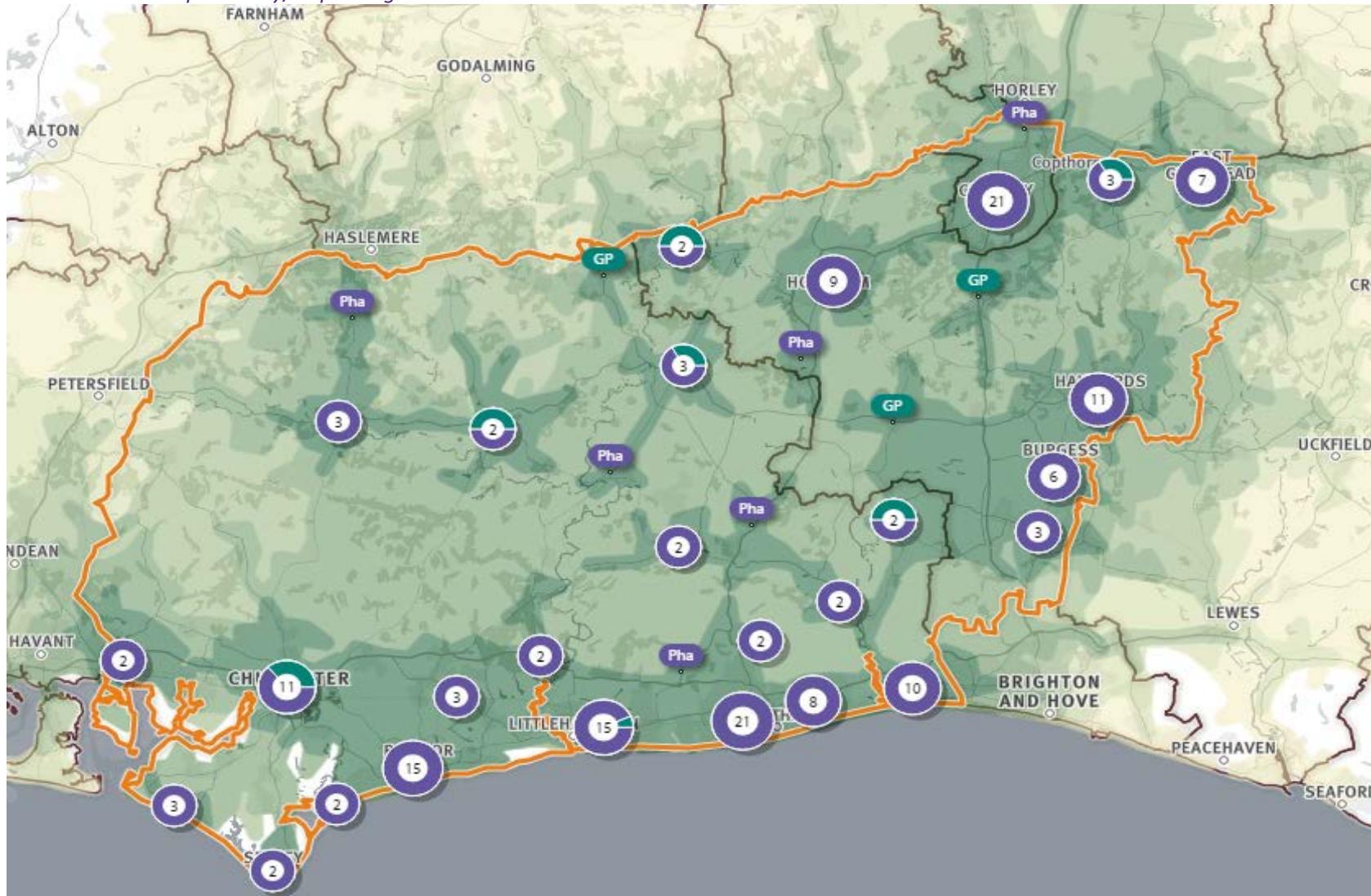
The NHS Litigation Authority ruled that a travel distance of 6 miles by car or public transport is reasonable in accessing pharmaceutical services, particularly in rural areas.⁴² Therefore, the 6 mile radius has been used as a benchmark when considering access to pharmaceutical services. Map 8.7 and Map 8.8 have been drawn up to give an indication of travel distance to community pharmacies and dispensing doctors across West Sussex using the 6 mile and 20 minute travel time marks. The maps show that West Sussex has good access to pharmaceutical services by road, at the 6 miles radius mark, especially when the neighbouring pharmaceutical services are taken into consideration. In addition, the map indicates that the majority of people can access a community pharmacy within 20 minutes. The notable gap in Chichester district is the South Down National Park.

⁴² NHS Litigation Authority [http://www.nhsla.com/fhsau/Documents/17182%20-%20Pharmaceutical%20Decisions%20\(2012\).pdf](http://www.nhsla.com/fhsau/Documents/17182%20-%20Pharmaceutical%20Decisions%20(2012).pdf)

8.5.3 Pharmacy delivery services

Delivery services help improve access for those who have difficulties getting to a community pharmacy. A number of community pharmacies in West Sussex and neighbouring HWB areas provide delivery services to their patients. However, this service is neither in the current CPCF nor part of the NHS pharmaceutical services, but is provided on a voluntary basis. The Community Pharmacy Patient Safety Group recently published a discussion paper '*Safer delivery of dispensed medication from community pharmacy*' which gives some insights of safe delivery services that could be adopted by pharmacy teams. Further details can be found at www.pharmacysafety.org. Distance selling contractors provide a delivery service as part of their services (as they cannot provide essential services face to face).

Map 8.7: Drive-time to pharmacy/dispensing doctor in West Sussex



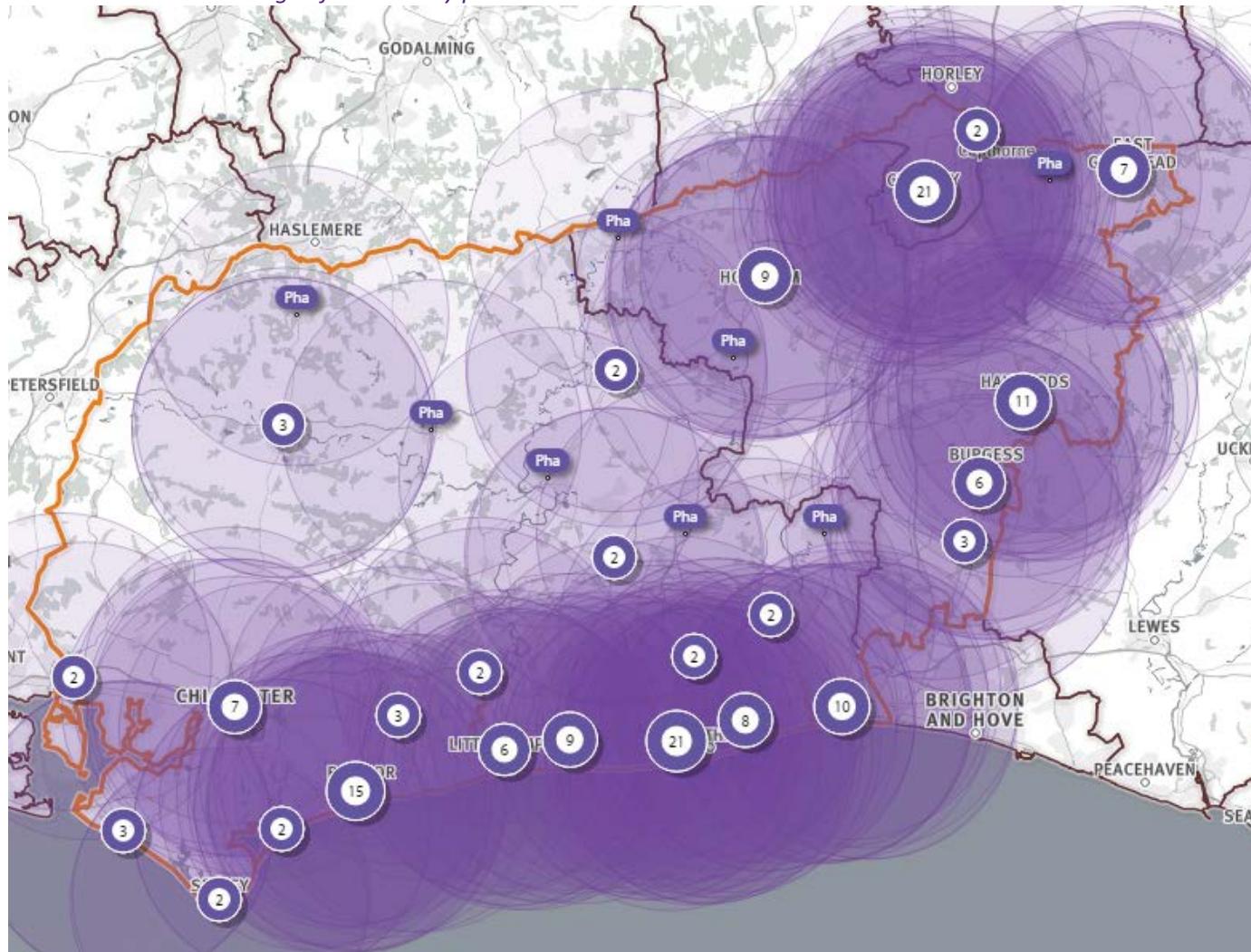
*Where pharmacies/dispensing doctors are clustered together, the number in the cluster is shown in the circle

Key

Drive-time to pharmacy/dispensing doctor

5 10 15 20 30 minutes

Map 8.8: 6 mile radius coverage of community pharmacies in West Sussex



*Where pharmacies are clustered together, the number in the cluster is shown in the circle

Source: SHAPE atlas

8.6 Survey responses relating to travelling to pharmaceutical services

8.6.1 Public survey responses

The most commonly reported frequency of using a pharmacy or dispensing doctor, for self or for someone else was *Monthly*, 48.5% and 41.9% respectively, followed by *Every 2 months*, 28.8% and 20.6%. The highest number of respondents (48%) travelled to their pharmacy or dispensing doctor by car (driver), 39% walked; 6% as a car passenger; 3% by public transport. The majority of respondents (55%) reported that they travel *less than 1 mile* to their main pharmacy or dispensing doctor, 40% travelled *1 to 3 miles*; 3% travelled *4 to 6 miles* and 1% reported travelling *more than 6 miles*. 59%, of those who travel less than a mile tend to walk to their main pharmacy or dispensing doctor and the majority of those who travel more than 1 mile tend to use a car (driving or as passenger).

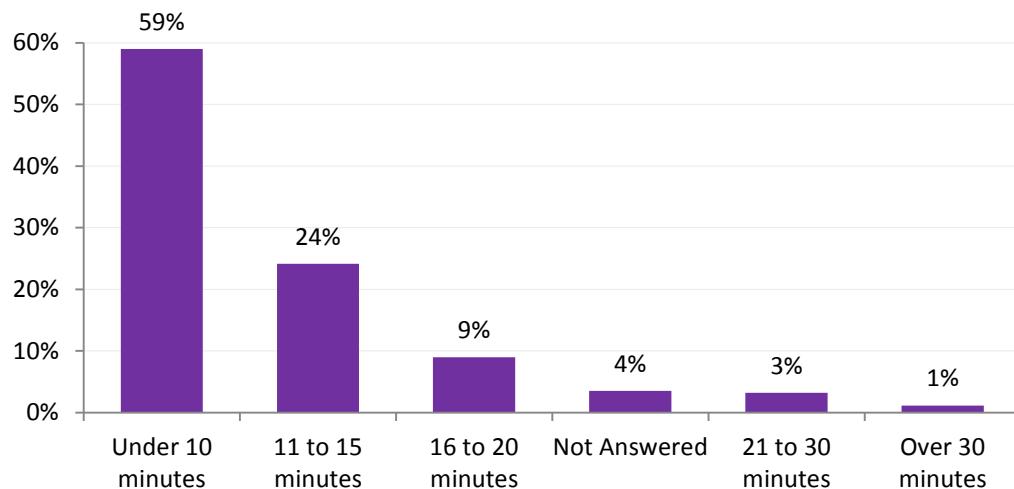
Table 8.4: Mode of travel and distance travelled

	Less than 1 mile	1 to 3 miles	4 to 6 miles	More than 6 miles
Bicycle	1.5%	0.7%	1.3%	0.0%
Car (driver)	31.4%	68.4%	80.0%	84.2%
Car (passenger)	4.2%	7.1%	9.3%	5.3%
Public transport	1.0%	4.7%	6.7%	10.5%
Taxi	0.1%	0.9%	1.3%	0.0%
Walk	59.2%	15.8%	1.3%	0.0%
Not applicable	0.4%	0.5%	0.0%	0.0%
Other	2.2%	1.9%	0.0%	0.0%

Base: 1886 responses

Over half of the respondents (59%) reported travelling to their main pharmacy or dispensing doctor in less than 10 minutes and 1% reported travelling over 30 minutes to their main pharmacy or dispensing doctor (Figure 8.2 below).

Figure 8.2: Travel time to main pharmacy/dispensing doctor



Base: 1960 responses

Of those who reported having difficulties getting to their main pharmacy or dispensing doctor (n=411), 39% reported parking difficulties, 31% reported ‘other’ reasons, 11% availability of public transport and 18% location. Other difficulties included transport problems due to congestion road closures and travelling expenses (21 mentions).

8.6.2 Pharmaceutical service provider responses

Pharmaceutical services contractors were asked about transport options available within 100 metres of the contractor’s premises and the majority of respondents (93%) indicated that they are within a 100m of bus services; 87% free parking; 75% disabled parking; and only 22% were within 100m of a train station.

Similarly dispensing doctor practices were asked about transport option within 100m of their premises. The majority of practices (n=8) are located within 100m of bus services. Eleven of the 12 practices reported having disabled parking on-site or within 100m. All 12 practices had access to car parking (paid and/or free parking) within 100m of their premises, 8 had cycle racks within 100m.

9 Addressing health and wellbeing needs through community pharmacy

Key summary

- Community pharmacies are a key public health resource.
- There is need for local commissioning organisations to consider and engage with community pharmacies as potential providers of local public health services, particularly when considering unmet health and wellbeing needs of the local population.
- Through their provision of essential, advanced and enhanced services as well as other commissioned and non-commissioned services, community pharmacies contribute towards meeting local priorities.
- The accessibility of community pharmacies provides them with an opportunity to reach a wide range of people and contribute towards reducing health inequalities.
- There is a need to integrate community pharmacy in local strategic commissioning plans. This can be achieved through addressing barriers to service provision and service uptake, and taking into consideration new models of care.
- Healthy Living Pharmacy model is one of the key models for delivering public health services in community pharmacies.

This chapter gives an overview of the national direction of community pharmacy and the current pharmacy landscape. It also explores the role of pharmacy in public health, focusing on the supporting evidence base.

9.1 National pharmacy vision

With millions of contacts with the public each day, community pharmacy teams have a potential to help improve health and wellbeing and reduce health inequalities⁴³. As set out in the NHS Five Year Forward View, community pharmacies have a key role to play in helping to close the:

- Health and wellbeing gap
- Care and quality gap
- Funding and efficiency gap

Over the years, several reports have been produced, describing the future of pharmacy and various models on how to best use the clinical expertise of pharmacy teams to reduce health inequalities and deliver care. In 2008, the Government's White Paper '*Pharmacy in England: building on strengths – delivering the future*' was published, setting out a vision for expanding the role of pharmacy to include other non-dispensing clinical activities such as treating minor ailments, and offering public health services. Although some progress has been made in relation to this vision, pharmacists and their staff remain an underutilised resource. Following from the White Paper, the Royal Pharmaceutical Society (RPS) later published their '*Now or never*' report in 2013. The report stressed the need for the NHS to use pharmacists to their full potential and the need for pharmacists and their teams to:

- Provide care that is convenient for patients
- Be integral to the management of long term conditions

⁴³ Department of Health 2012. Healthy lives, healthy people: Our strategy for public health in England.

- Help reduce pressure on urgent care by providing an alternative triage point for minor ailments

The '*Community Pharmacy Forward View*', published in 2016, also set out a vision for community pharmacy, focusing on the following three core domains for community pharmacy as:

- The facilitator of personalised care for people with long-term conditions
- The trusted, convenient first port of call for episodic healthcare advice and treatment
- The neighbourhood health and wellbeing hub.

In 2016, a review of the current services provided by community pharmacies, led by Richard Murray, was commissioned by the Chief Pharmaceutical Officer for England. Its aim was to:

- Review the current evidence base for clinical services provided by pharmacy
- Identify barriers that prevent best use of community pharmacy and their teams
- Make recommendations for commissioning models for community pharmacy.

The key recommendations from the Murray report focused on services, new care models, overcoming barriers, as the broader priority areas. Table 9.1 shows the recommendations made by the review.

Table 9.1: Recommendations from the Murray review of clinical services

Priority area	Recommendations
Services	<ul style="list-style-type: none"> • Making full use of the electronic dispensing services • Redesigning the existing MUR service to include ongoing monitoring and regular follow-up with patients as an element of care pathway • Commissioning minor ailments scheme • Consideration to include smoking cessation as part of the national contract
New models of care	<ul style="list-style-type: none"> • Consideration of new models of care, especially: <ul style="list-style-type: none"> ◦ <i>integrating community pharmacy teams into LTC management pathways which implement principles of medicines optimisation for residents of care home</i> ◦ <i>engaging community pharmacists in case finding programmes for specific conditions</i> ◦ <i>utilising existing contractual levers and developing new ways of contracting with individual or group of pharmacists</i> • Ensuring patient engagement in all new models of care that integrate pharmacy
Overcoming barriers	<ul style="list-style-type: none"> • Consideration on how to best support STPs in integrating community pharmacy into plans • Improving digital maturity and connectivity to facilitate effective and confidential communication between pharmacy teams and other members of the healthcare team • Amending current regulations in regards to PGDs to allow better use of pharmacy staff skill mix • Actively engaging community pharmacist in exploring and developing pathways that integrate

9.2 How pharmacies can contribute to local health and wellbeing priorities

Through the NHS Community Pharmacy Contractual Framework (CPCF) and the commissioned and non-commissioned services they provide, community pharmacies contribute towards addressing local health and wellbeing priorities. Given the consensus that community pharmacies are a key public health resource, local commissioning organisations are recommended to continue to consider and engage with community pharmacies as key providers or potential providers of local public health services, particularly when considering unmet health and wellbeing needs of the local population⁴⁴. Commissioners need to consider their commissioning plans for community pharmacy in the wider context of their strategic approach to commissioning public health services. This also includes ensuring that community pharmacies are part of local plans, such as STPs and embedding their services into the STPs⁴⁵.

In order to effectively commission community pharmacy services, there is also need for HWBs and commissioners to review existing commissioning arrangements to ensure that they are locally appropriate, effective and of sufficient quality⁴³. In cases where service uptake/engagement is lower in community pharmacies, community pharmacists and their teams need to work with commissioners to identify barriers and potential solutions to address those barriers. Some of the key barriers to increasing community pharmacy service provision identified include current workloads and time constraints. These barriers usually result in dispensing services being prioritised over other services and also affect the quality of services provided⁴⁶. Therefore, when working with community pharmacy teams to meet local needs, commissioners should take this into account, in-order to realise community pharmacy potential.

Integrating community pharmacy also requires pharmacy teams to work in partnership with the people they support as well as colleagues across the wider health and care system to identify and understand local assets and needs and adopt new ways of working⁴⁷. One way of working is the Healthy Living Pharmacies (HLP), one of the models advocated by NHS England and PHE in delivering public health services in community pharmacies. The HLP concept works through a structured, tiered commissioning framework aimed at meeting local public health needs, improving health and wellbeing of the local population through the provision of quality services by community pharmacies. The key principles that underpin the HLP are the provision of services that are tailored to the local health and wellbeing needs. HLP builds on existing pharmacy services (both essential and advanced) with provision of NHS locally commissioned services at three different levels of engagement:

- Level 1 - Health Promotion (this is also required as part of the Quality Payments scheme)
- Level 2 - Health Prevention
- Level 3 - Health Protection

The following table (Table 9.2) describes the current service provision and opportunities against the local priorities. It also identifies and suggests future service developments that can be provided by community pharmacies to meet the local and national priorities.

⁴⁴Local Government Association (LGA). The community pharmacy offer for improving the public's health.

⁴⁵Murray R. Community pharmacy clinical services review. 2016. Accessed online May 2017

⁴⁶PCC. 2016. Commissioning medicines optimisation services from community pharmacy. Guidance for commissioners

Table 9.1.1: West Sussex priorities and pharmacy contribution

Priority	Opportunities for community pharmacies to contribute in addressing local priorities
Dementia	<p>NICE recommends the promotion of healthy lifestyles to reduce the risk of or delay the onset of disability, and dementia⁴⁷. Community pharmacies can contribute to this priority through proactive provision of:</p> <ul style="list-style-type: none"> • Essential services: signposting, support for self-care, health promotion and campaigns, helping people understand how they can reduce their risks of developing vascular dementia through promotion of healthy lifestyles. • Advanced services: supporting medicine use, patient awareness and adherence through MURs and NMS. • Commissioned services: that support people to maintain healthy lifestyles, such as Smoking Cessation, alcohol misuse, NHS Health Checks and weight management services. • Using routine appointments and contact to identify people at risk of dementia. • Raising awareness of dementia and becoming Dementia Friends (part of the Quality Payment scheme criteria), as well as providing a pharmacy environment that is dementia friendly.
Mental health	<p>Community pharmacy teams can help people maintain their mental and physical health and wellbeing as well as promote evidence based and cost effective use of medicines for mental health patients. They have a key role to play through proactive provision of:</p> <ul style="list-style-type: none"> • Essential services: raising awareness through public health campaigns, promoting healthy lifestyles and supporting self-care by engaging in opportunistic interventions, giving advice and signposting or making referrals where needed; repeat dispensing services. • Advanced services: optimising medicine use through MURs and NMS.
Healthy lifestyles, Long Term Conditions including Cardiovascular Disease (CVD)	<p>The convenient location of community pharmacies makes them a key first port of call for advice. Community pharmacies are in a position to make a contribution towards meeting local priorities to improve healthy lifestyles through proactively providing the following evidence based services:</p> <ul style="list-style-type: none"> • Essential services: providing opportunistic healthy lifestyle advice to patients receiving prescriptions, promoting public health campaigns, signposting and making referrals where appropriate. • Commissioned services: carrying out NHS Health Checks, Smoking Cessation provision, Chlamydia screening and treatment and EHC. Weight management is currently not commissioned in West Sussex; however, there is some evidence that community pharmacies are as effective as other primary care strategies, although cost effectiveness is not clear. • Other services that are evidence based and also likely to be cost effective for pharmacies to support healthy lifestyles and

⁴⁷ NICE. NG16. Dementia, disability and frailty in later life – mid-life approaches to delay or prevent onset

	<p>reduce the risks of chronic/cardiovascular disease include case finding (screening) and chronic disease management for conditions such as diabetes, COPD, and hypertension.</p> <ul style="list-style-type: none"> As evidence shows that there are benefits from early diagnosis of key conditions such as hypertension and type-2 diabetes, community pharmacies can contribute towards this priority by providing NHS Health Checks. Healthy Living Pharmacies (HLP): The key principles that underpin the HLP model are the tiered commissioning and provision of services that are tailored to the local health and wellbeing needs. HLP level 1 is part of the NHS Quality payment scheme through which community pharmacies could contribute towards improving healthy lifestyles and reducing CVDs through HLP. There is evidence on the effectiveness of the HLP in some interventions such as smoking cessation, NHS Health Checks, and alcohol brief interventions.
Social isolation and loneliness	<p>Community pharmacies are locations where people who might otherwise be isolated can have regular social contact and interaction⁴⁸. There is a lack of evidence in regards to community pharmacy interventions specifically focusing on social isolation; however, there is some scope for pharmacies to contribute towards this priority through:</p> <ul style="list-style-type: none"> Essential/advanced/enhanced services: Through regular engagement with individuals, community pharmacy teams are familiar with individuals and their routines, making them part of an extended community support network and can signpost and make referrals for further support where necessary². Commissioned/non-commissioned services: In line with the Pharmacy Forward View vision of community pharmacy as the neighbourhood health and wellbeing hub, pharmacy teams can work in partnership with other organisations and community groups, such as the West Sussex Wellbeing Hubs. Work (commissioned and/or non-commissioned) could include hosting outreach or drop-in facilities with partner organisations and community pharmacy teams getting involved in community based health and wellbeing activities they organise.
Health inequalities	<p>Pharmacies can make a contribution through 'Making every contact count' (MECC). MECC is a concept which aims to improve lifestyles and reduce health inequalities by putting prevention at the heart of every public facing contact⁴⁹.</p> <p>There is a lack of evidence regarding the effect of pharmacy-based interventions on health inequalities. However, given that people living in the most deprived areas are more likely to smoke and suffer ill health compared to those who are better off, pharmacies make a key contribution to reducing health inequalities through:</p> <ul style="list-style-type: none"> Essential services: including proactively supporting and advising individuals, families and carers on self-care, healthy lifestyles and signposting them to relevant services of support.

⁴⁸ Community Pharmacy Forward View (2016)

⁴⁹ NHS Yorkshire and Humber. Making every contact count. <http://www.makingeverycontactcount.co.uk/>. Accessed on 18.06.2014

	<ul style="list-style-type: none"> ● Advanced services: such as MURs, AURs, NMS to ensure medicines optimisation as well as increasing patients' awareness of their medicines and conditions. ● Commissioned services: provision of Stop Smoking services, NHS Health Checks, Sexual Health services, Minor Ailments services and Substance Misuse services. <p>Commissioners could work with pharmacies to assess differential uptake of pharmaceutical services, for example, through equity audits, and work to address these differences, to reduce health inequalities.</p> <p>Pharmacies are part of their local communities and can work closely with their communities and community leaders to identify and understand local assets and needs, and collect data and support the development of interventions to meet these needs²</p>
Alcohol and substance misuse	<p>There is insufficient evidence to support the commissioning of Brief Alcohol Interventions from community pharmacies⁵⁰; however, evidence shows that community pharmacy is an appropriate place to screen patients for alcohol use⁵¹.</p> <p>There is strong evidence to support the delivery of substance misuse services, such as supervised consumption and needle exchange through community pharmacy. Community pharmacists and their teams can contribute towards this priority through:</p> <ul style="list-style-type: none"> ● Essential services: Supporting, advising people and raising awareness on lifestyle risk factors such as alcohol use. ● Commissioned services: provision of needle and syringe exchange, supervised consumption, Hep B vaccinations. <p>Pharmacies could also screen patients for alcohol use and give advice, signpost and/or make referrals where appropriate.</p>
Supporting children, young people and families	<p>Pharmacies sell a wide range of infant feeding products such as infant formula, breast pumps, pacifiers and a wide range of other products, whose purchase and use can play a significant role in the nutritional health of both the mother and the baby. These services make community pharmacies an accessible resource for mothers seeking advice and support during this life stage⁵².</p> <p>Community pharmacies have a potential to support families through provision of:</p> <ul style="list-style-type: none"> ● Essential services: giving advice and signposting families and carers to relevant services and supporting them to self-care, raising awareness through public health campaigns, and offering healthy lifestyle advice. ● Advanced services: such as Flu vaccinations, MURs and NMS will support medicines optimisation, personalised care and support planning. Provision of Flu vaccinations will also support families and carers.

⁵⁰ Wright D. September 2016. A rapid review of evidence regarding clinical services commissioned from community pharmacies.

⁵¹ Todd B. J et al. 2016. Community pharmacy interventions for public health priorities: a systematic review of community pharmacy-delivered smoking, alcohol and weight management interventions. NIHR.

⁵² J. H. Maher, R. Hughes, C. Anderson, and J. B. Lowe, 'An Exploratory Investigation Amongst Australian Mothers Regarding Pharmacies and Opportunities for Nutrition Promotion', *Health Education Research*, 28 (2013), 1040-50.

	<ul style="list-style-type: none"> • Commissioned services: Services such as smoking cessation, substance misuse services to support parents with young children or expectant parents, weight management. • According to NICE, increasing the availability of Maternal Healthy Start vitamin supplements in community pharmacies, and raising women's awareness of their affordability, would support the use of folic acid and vitamin D, as well as reduce the risk of women taking multivitamin supplements containing vitamin A (NICE PH11 guidance), and pharmacies have a key role to play to achieve this. • Community pharmacies are well placed to identify people who may be vulnerable including children. Through the Quality Payment scheme, provision is made to support the training of all pharmacy staff to Level 2 Safeguarding training.
Wellbeing and resilience	<p>The Community Pharmacy Forward View's vision is for community pharmacy as the neighbourhood health and wellbeing hub, making them a key part of the local community. As an integral part of the local community, community pharmacies are in a strong position to offer services that promote and maintain wellbeing and resilience. They can do this through:</p> <ul style="list-style-type: none"> • Essential services: signposting people to local community resources and giving advice and offering personalised support on healthy lifestyles and clinical governance (i.e. mitigating social exclusion by ensuring equal access to services for all population groups). • Advanced services: MUR, NMS, SAC, AUR, and Flu vaccinations that help people manage own conditions and medicines and reduce risk of developing other health problems. • Commissioned services: minor ailments services; smoking cessation, Chlamydia screening, and substance misuse services. • Other non-commissioned services: delivery services, vaccinations and tailored health checks.
Workforce	<ul style="list-style-type: none"> • As employers, community pharmacies have the responsibility to maintain and improve the health and wellbeing of their workforce. As part of clinical governance, community pharmacy can contribute by training their staff to ensure that they have the skills and expertise to safely deliver services. • Pharmacies can support other organisations' workforce through commissioned wellness services as part of occupational health programmes.

10 Future Developments

Key summary

- The population is projected to increase by 3.2% between 2018 and 2021.
- The housing developments identified over the lifetime of the PNA (2018-2021) are less than 1000 units in the allocated wards, except for Rusper and Colgate ward (Horsham District) where 1018 units are estimated to be built during this period.

10.1 Population projections and future growth

Population projections and future housing developments across West Sussex have been identified in chapter 4. The population is projected to increase by 3.2% between 2018 and 2021. The population growth and expected housing growth are likely to impact on the type of services required and the number of people accessing pharmaceutical services across West Sussex. However, there does not appear to be a specific population trigger point to indicate when a housing development or population increase would warrant the need for a new pharmaceutical provider. The density of pharmacies per 100,000 population varies across the regions in England, with the regional average ranging from 19 to 24⁵³. The West Sussex average is 20 per 100,000. This doesn't take into account dispensing doctors, which, if included, would increase provision (see chapter 6). In addition, there is no evidence that a change in population size is directly proportional to the number of pharmaceutical service providers required. The housing developments identified over the lifetime of the PNA (2018-2021) are less than 1,000 units in the allocated wards, except for Rusper and Colgate ward where 1,018 units are estimated to be built during this period. It's worth noting that these figures are subject to change and there may not be full occupancy in the new developments during the lifetime of this PNA. Taking into account these housing projections, the current population demographics, and the distribution of pharmaceutical service providers across West Sussex, it is anticipated that the current pharmaceutical providers will be sufficient to meet the local needs. However, further consideration may be required once the housing developments have been completed and full occupancy achieved, especially in the Rusper and Colgate ward in Horsham.

10.2 Gatwick Airport second runway proposals

Proposals were put forward for a second runway at Gatwick Airport. This would have an effect on local housing and social traffic, both of which would impact on pharmaceutical needs. However, following the Airports Commission's recommendations, the Government decided against the second runway at Gatwick Airport, in favour of Heathrow expansion⁵⁴. Therefore changes in pharmaceutical needs and service provision during the lifetime of this PNA as a result of Gatwick Airport expansion are not anticipated.

⁵³ NHS Digital and ONS -2015/16 NHS Prescription Services, Population estimates

⁵⁴ Airports Commission: Final report. July 2015

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/440316/airports-commission-final-report.pdf

10.3 Service development and commissioning plans

10.3.1 Minor ailments scheme

Minor ailments are 'common or self-limiting or uncomplicated conditions which can be diagnosed and managed without medical intervention' e.g. coughs, colds, sore throats and earache. Community pharmacy based services to treat minor ailments, were introduced across the UK to reduce the burden of minor ailments on higher cost settings such as GP and the A&E departments of hospitals. The service offers advice and support to people on the management of minor ailments, including where necessary, the supply of medicines for their treatment for those people who would have otherwise gone to their GP for a prescription. This service is currently not commissioned in West Sussex; however, there is a drive by NHS England for the minor ailments scheme to be commissioned locally.

10.3.2 Sustainable Transformation Partnerships (STP)

Work is currently underway to develop the STPs for the Sussex and Surrey STP footprint. The place based plans will set out how the three areas (Coastal Care, CSESA and ESBT) will deliver improved services to local communities. The final STP priorities and strategies may have implications for community pharmacies as potential service providers, which may impact on pharmaceutical service requirements.

10.3.3 Electronic Prescription Service (EPS)⁵⁵

The Electronic Prescription Service (EPS) enables prescribers to send prescriptions electronically to a dispenser of the patient's choice – known as their 'nominated' dispenser. Electronic repeat dispensing (eRD) is also an integral part of EPS, offering repeat dispensing and dispensing of repeat prescriptions.

In the future, EPS Phase 4 will become the default option for the prescribing, dispensing and reimbursement of prescriptions in primary care in England. Paper prescriptions will continue to be available for special circumstances, but the vast majority of prescriptions will be processed electronically.

10.4 Joint Strategic Needs Assessment (JSNA)

The West Sussex JSNA is regularly updated and is used to inform local strategies, particularly the Joint Health and Wellbeing Strategy. Significant JSNA changes that are likely to impact on pharmaceutical service provision are not expected during the lifetime of this PNA. However, any changes should be taken into consideration where a need has been identified. A high level summary of the JSNA is currently being drafted and further information can be found on the West Sussex JSNA website <http://jsna.westsussex.gov.uk/>

10.5 Joint Health and Wellbeing strategy

The current West Sussex Joint Health and Wellbeing Strategy, dated 2015-2018 is currently under review. At the time of writing this PNA, the new HWB strategy had not been developed and there is a possibility that new priorities may be set. Although the impact on pharmaceutical service provision in West Sussex is not likely to be significant, the new strategy will need to be considered where a need is identified in the future.

⁵⁵ NHS Digital. <https://digital.nhs.uk/Electronic-Prescription-Service/statistics-and-progress>

10.6 GP Out of Hours

Guidelines issued by NHS England, in response to the government's mandate to ensure easier and more convenient access to GP services, sets out that a local seven day access to GP services must be in place by 2020⁵⁶. Currently, the out-of-hours GP service provided by IC24, provides patients in West Sussex with access to GP medical help and support when their usual GP surgery is closed. The GP out-of-hours service receives referrals from NHS 111 if patients require support over the phone, a face-to-face consultation at a primary care base location, or a visit in their home when clinically appropriate. The out-of-hour provider holds a range of medicines but also has the ability to issue a prescription where required which can be dispensed in the community. With the potential for GP surgeries in West Sussex to extend their opening hours from 8am to 8pm, seven days a week, pharmacy services may be required to offer extended opening hours to match the increased demand.

⁵⁶ <https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf>

11 Conclusions and recommendations

11.1 Necessary service: current provision

11.1.1 Services in West Sussex

The 4 types of NHS pharmaceutical service providers in the West Sussex HWB area are: Community pharmacies, Dispensing doctors, Dispensing Appliance Contractors (DAC), Distance selling pharmacies. The PNA identified that there are 160 community pharmacies, 5 DACs, and 3 distance selling pharmacies on the pharmaceutical list and 12 dispensing doctors on the dispensing doctor list. These are spread across the 7 local authorities, with higher numbers in urban/populated areas.

- The number of community pharmacies in West Sussex varies across the localities, ranging from 14 to 22 per 100,000 population.
- The number of community pharmacies and dispensing doctors in West Sussex localities ranges from 19 to 22 per 100,000 population, with the West Sussex average of 20 dispensing sites per 100,000 population.
- The average number of pharmacies, including distance selling, in West Sussex is 20 pharmacies per 100,000 population. This is similar to the South of England average of 19 pharmacies per 100,000 but lower than the England average of 22 pharmacies per 100,000 population.

11.1.1.1 Essential services

The PNA includes a statement of all the essential services, which must be provided by all community pharmacies. Across West Sussex, there is reasonable coverage of essential services to meet the pharmaceutical needs of the local population. In rural areas, where pharmacy services are limited, dispensing needs are met by the available dispensing doctor practices.

11.1.1.2 Advanced services

There is a good provision of advanced services from pharmacies and appliance contractors across West Sussex, offering the population a choice of service and provider. When compared to England, the South Region and the Kent, Sussex and Surrey area. West Sussex in general has a higher number of pharmacies and appliance contractors providing advanced services as well as a higher average number of advanced services per pharmacy. This is the case for the SAC service and AUR service, where coverage is less extensive.

The PNA outlines the following advanced services:

- Medicines Use Reviews (MUR) – provided by 95% of pharmacies
- New Medicines Services (NMS) – provided by 86% of pharmacies in West Sussex
- Stoma Appliance Contractor (SAC) – provided by 22% of pharmacies
- Appliance Use Reviews (AUR) – provided by 3% of pharmacies in West Sussex
- Seasonal Flu vaccinations – provided by 65% of pharmacies
- New Urgent Medicines Supply Advanced Service (NUMSAS) pilot

11.1.2 Access

11.1.2.1 Opening hours

There is a good coverage of pharmaceutical service provision during the normal working hours (9-6pm Monday to Friday) across the 7 localities in West Sussex. In addition, 46% of pharmacies open before 9am during weekdays and 23% open after 6:30pm. These are spread across the localities.

There is also reasonable coverage of pharmaceutical service provision during the weekends. The majority of pharmacies are open on Saturdays, with each locality having at least 13 pharmacies open. On Sundays, the majority of community pharmacies in larger towns are also open. In the smaller towns and villages, most community pharmacies are closed. There is, therefore, limited access to services on Sundays in the more rural and sparsely populated districts of Chichester and Horsham. However, people living in these areas also have access to pharmacies in the neighbouring areas that open on Sundays. Adur has only one community pharmacy open on Sunday; however, access to pharmacies in neighbouring areas is still within 6 miles and 20 min drive time. Given that GP surgeries close over the weekend, it is not expected that prescriptions are written on Sundays, other than by out of hours GPs who hold a supply of emergency medicines.

Eighty percent of survey respondents strongly agreed or agreed that they could usually find an open pharmacy when needed.

11.1.2.2 Distance travelled

West Sussex consists of areas which are very rural in nature. While there are wards in the county without a community pharmacy or a dispensing doctor practice, only a small number (3) are not within 1 mile of a pharmacy or dispensing doctor, and these have very low population densities of 150 people per square mile or less. Urban areas, with higher population densities, have a greater number of community pharmacies available to them in closer proximity and travel distance. Overall, the majority of people in West Sussex are within 20 minutes travelling time of a pharmacy and within 6 mile radius of a pharmacy. This is considered reasonable travel time and distance to access services.

11.1.3 Services in neighbouring HWB areas

In addition to West Sussex pharmaceutical contractors, the PNA also outlines pharmaceutical services in neighbouring HWB areas such as Hampshire, Brighton and Hove, Surrey and East Sussex that West Sussex residents can access. Contractors in the neighbouring areas provide essential services as per CPCF, and some provide advanced and enhanced services, all of which can be accessed by people from the West Sussex HWB area and contribute towards meeting the needs of the local population.

11.2 Necessary services: Gaps in provision

The PNA has not identified any gaps in current service provision of necessary services within the West Sussex HWB area. The current coverage is adequate to provide the necessary services such as essential/dispensing services, and advanced services.

11.3 Other relevant services

11.3.1.1 Enhanced services

The only enhanced service commissioned by NHS England in West Sussex is the out-of-hours service for Christmas and Easter Sunday bank holidays. This service is provided by some pharmacies in West Sussex.

11.3.1.2 Non-commissioned services

Pharmacies provide other services that, although they are not contracted to provide and are not necessary to meet the needs of the local population, they have secured improvements and better access to pharmaceutical services. These services are provided by pharmacy contractors but not as part of their contractual framework and therefore could be changed or withdrawn at any time. Such services provided by some community pharmacies in West Sussex include:

- Delivery services
- Childhood and travel vaccinations
- Allergy testing
- Health tests (BP checks, Cholesterol etc.)
- Anticoagulant monitoring

In addition, the majority of community pharmacies in West Sussex have supplementary opening hours in which they provide pharmaceutical services beyond their core hours (usually 40 hours or 100 hours), increasing access to services for the local population.

11.4 Improvements and better access: gaps in provision

The PNA has identified the housing developments that are estimated to be completed during the lifetime of this PNA. Considering the spread of pharmaceutical providers across the county, it is not anticipated that the planned housing developments will significantly alter the need for pharmaceutical services or create a gap. However, in those wards (particularly in Horsham) where the housing developments of more than 1000 units are estimated to be built by 2021, opportunities for improvements and better access to pharmaceutical services may need to be considered.

The impact of the changes to the CPCF to pharmaceutical services across West Sussex is still unclear as there is no reliable way of estimating the number of pharmacies that may close as a result of this policy⁵⁷. However, the DoH impact report highlights that potentially travel time could increase for patients who may have to travel further if their nearest pharmacy closes.

11.5 Other NHS services

11.5.1.1 NHS Services

The PNA outlined key NHS services that may affect the need for pharmaceutical services in West Sussex as those provided by NHS Trusts, GPs, Hospices and care homes. The majority of prescriptions in West Sussex are written by GPs; however, non-medical prescribers, such as nurses, dentists and pharmacists may also write prescriptions to be dispensed in the community. Given the locations and extended opening hours of pharmacies in West Sussex and neighbouring areas, the current network of pharmacies is able to meet the needs generated from these prescriptions. The NHS Trusts have their own pharmaceutical arrangements, which do not come under the NHS Pharmaceutical Services. HM Prison Ford pharmaceutical services are provided by the NHS Trust. Hospices and care homes have their own contractual pharmaceutical arrangements that do not come under NHS Pharmaceutical services.

⁵⁷ DoH. Community pharmacy in 2016/17 and beyond. Impact assessment

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/561496/Community_pharmacy_impa ct_assessment_A.pdf

11.5.1.2 Locally Commissioned Services (LCS)

Locally commissioned services are not NHS pharmaceutical services; however, their provision may impact on the need for pharmaceutical services. The PNA outlines the LCS that are commissioned by WSCC, NHS Coastal West Sussex CCG, NHS Crawley CCG and NHS Horsham and Mid Sussex CCGs to address public health and health and wellbeing priorities. As highlighted in the PNA (Chapter 7), the current provision of local commissioned services such as Smoking Cessation and NHS Health Checks are below the desired locally set targets. There is potential for community pharmacies to increase their activity levels for these LCS services. The likely increase in pharmaceutical needs resulting from increased activity can be met by the current network of pharmacies, and as such, no gaps are anticipated.

11.6 How the assessment was carried out

11.6.1.1 Localities

The West Sussex PNA localities were defined as the LA district and borough localities to mirror the JSNA and local demographic data that is readily available at this level.

11.6.1.2 Local demographics and needs

PNA outlines the demographics, health needs and priorities of the West Sussex population and the localities.

The population in West Sussex was estimated at 843,765 people in 2016. Overall, West Sussex has an older demographic profile compared to England; 21.4% of the population of West Sussex is aged 65 and above compared with 16.9% of the English population. The population of West Sussex is projected to increase, with the largest projected increases in the older age groups (65+). As the population increases, there is also a projected increase in the housing developments to meet the needs of the growing population.

West Sussex remains one of the least deprived areas in the country, ranking 131st of 152 upper tier authorities (1 being most deprived, 152 being least deprived). However, there is a great deal of inequality across the County. Of the West Sussex Local Authorities, Adur remains the most deprived, followed by Crawley, Arun and Worthing. Mid Sussex and Horsham remain the least deprived.

There are health inequalities in West Sussex, with the average life expectancy at birth of people living in the most deprived wards around 10 years lower than those in the least deprived wards

11.6.1.3 Equality Impact Assessment

An Equality impact assessment was carried out to assess the impact of pharmaceutical service provision on West Sussex residents who share protected characteristics (appendix A4). It demonstrates that pharmaceutical services in the PNA are universally accessible for all residents of West Sussex and no negative impact on those with shared characteristics were identified.

11.7 Overall conclusion

The PNA has not identified any gaps in service provision of necessary services within the West Sussex HWB area. The current coverage is adequate to provide the necessary services such as essential/dispensing services and advanced services.

11.8 Recommendations

Overall, the provision of advanced services across the West Sussex localities is good; however, there is some scope for improvement within the current network of providers to maximise patient choice and access.

In order to maximise the opportunities in the new community pharmacy contract, all community pharmacies should be supported and encouraged to participate in the Quality Payment scheme and the NHS Urgent Medication Supply Advanced Service (NUMSAS).

Where service uptake or engagement for public health commissioned services is lower in community pharmacies e.g. Health Checks and Smoking Cessation, joint working with commissioners is recommended to identify barriers and potential solutions.

Ongoing monitoring of the risks of non-funded community pharmacy services such as the medicines delivery service, in response to the reduction in funding associated with the CPCF 2016-18, is required.

Ongoing monitoring of the risks of closure of community pharmacy contractors across West Sussex is required as a consequence of the reduction in funding associated with the CPCF 2016-18.

Overall, the current opening hours are good; however, to enhance patient access and choice, some wards may benefit from Sunday opening hours. This is within the scope of existing network of pharmacies and contractual framework.

There is strong evidence indicating that community pharmacies can contribute towards addressing local health and wellbeing priorities. Commissioners need to ensure that community pharmacies are part of local strategic plans, such as STPs. A review of existing commissioning arrangements may be required to support this.

The minor ailments service is currently not commissioned in West Sussex, therefore commissioners, both local and national, should work with pharmacy teams to consider commissioning this service and include it in local care pathways where possible.

To support the local priorities, all community pharmacies should be encouraged to implement Level 1 Healthy Living Pharmacy, provide Level 2 Safeguarding training and have staff trained as 'Dementia Friends' as part of the Quality Assessment scheme.

Taking into account the housing projections, the current population demographics, and the distribution of pharmaceutical service providers across West Sussex, it is anticipated that the current pharmaceutical providers will be sufficient to meet the local needs. However, where housing developments are completed and occupied within the PNA lifetime, further consideration may be required, especially in the Rusper and Colgate ward (Horsham district).

It is acknowledged that some Districts and Boroughs are currently, as of January 2018, updating their Local Plans. This means that the number of housing developments and projections may change. To ensure that up-to-date information is available to inform decisions on pharmaceutical services, it is recommended that data relating to housing developments are refreshed annually and published on the West Sussex JSNA website.