

Southampton

Pharmaceutical Needs Assessment

(PNA)

Part 1: Main report

Last Updated July 2022

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1. Executive summary

The statutory Pharmaceutical Needs Assessment (PNA) is a statement of current pharmaceutical services provided in the local area. The PNA is used to assess whether the pharmaceutical services provision is satisfactory for the local population and to identify any gaps in the provision. The PNA is, therefore, a market entry document and not a typical health needs assessment.

This document describes the process undertaken to produce the PNA and details the specific Southampton context which should be borne in mind when considering the provision of pharmaceutical services.

The PNA defines the different types of pharmacies and pharmaceutical services alongside the current provision of these in Southampton, which has 40 community pharmacies.

The PNA then comprehensively considers temporal access to pharmaceutical services by looking at opening hours and geographical accessibility by looking at the distribution of pharmacies and their catchments areas via various means of transport.

Assessment of the needs for pharmaceutical services in Southampton is underpinned by a wealth of demographic, economic and health data which is contained as a supporting Appendix in Part 2 but summarised in this main document. The supporting information also includes a detailed consideration of inequalities and specific population groups.

All the information collated in the PNA informs a 'gap analysis' which covers the current situation and the future, based on anticipated levels of development and associated population growth.

The conclusion of this assessment is that, in Southampton, the number, distribution, and choice of pharmaceutical services meet the needs of the population and future needs within the lifetime of this PNA. Therefore, there is no identified need for improvements or better access to pharmaceutical services in the city.

This conclusion is based on the following observations:

- There is a good geographical spread of community pharmacies across the city (Section 7)
- Almost all of Southampton's population is within a 1.6 km straight line distance of a community pharmacy (Section 7.1). There are two exceptions to this but, for

the following reasons, neither is considered to indicate a gap in pharmaceutical provision (Section 9.1):

- The first is a small area in the West which is part of the industrial dock area and has no residential development; people who work in this area are considered to be sufficiently covered by pharmaceutical provision in Totton
 - The second is four residential streets in the Bassett area which are not within 1.6 km of a pharmacy. Further analysis of this area shows that it is well served by main roads for those with access to a car, and by two bus routes for those that use public transport. Additionally, there are four pharmacies just over a 1.6 km distance away from this area. Consequently, this area is not considered to have a gap in pharmaceutical provision
- There are 16 community pharmacies per 100,000 population in Southampton, which is very similar to the average for neighbouring areas and is broadly in line with the national average (Section 7.7)
 - Over 99% of the Southampton population are within a 20-minute walk of a community pharmacy (Section 7.5)
 - With four 100-hour pharmacies in Southampton, supplementary hours in other pharmacies and provision in neighbouring Health and Wellbeing Board areas, there are sufficient access times to meet the needs of the city's residents (Section 6)
 - All pharmacies provide the full range of essential pharmaceutical services (Section 5.6)
 - There is good provision of advanced services across the city (Section 5.7)
 - There are a range of enhanced and locally commissioned services delivered in the city (Sections 5.8 and 5.9)
 - A large proportion of community pharmacies provide a delivery service to residents, including housebound patients (Section 5.9.7)
 - Housing development during the lifetime of this PNA are focused within Bargate ward in the city centre. Further analysis (Section 9.2) shows that there is already a high concentration of pharmacies in the area where most new development is planned and two of these pharmacies have 100-hour contracts. Therefore, there is no evidence of need for additional pharmacies. Smaller residential development planned for other areas of the city can also be managed by existing providers.
 - Since the COVID-19 pandemic there has been a marked increase in the use of distance selling pharmacies (Section 5.2)

- In Southampton, fewer items are dispensed per pharmacy than in neighbouring areas or nationally suggesting that demand is being met (Section 7.7)

A consultation in line with the statutory requirements was held during April and May 2022. The steering group considered the considered the consultation responses and, as the majority of respondents supported the conclusions of the PNA, the group agreed that no changes to the document should be made.

2. Introduction

2.1 Definition and purpose of the PNA

Production of a Pharmaceutical Needs Assessment (PNA) is a statutory requirement for each local Health and Wellbeing Board (HWB) every three years or more frequently.¹ Although the 2013 regulations require the next pharmaceutical needs assessment to be published by 1 April 2022, this will be amended to 1st October 2022 as a result of the ongoing response to the Covid-19 pandemic².

The PNA is how the pharmaceutical services in a HWB area are assessed to determine whether they are adequately meeting the needs of the population or whether there are any gaps in provision. If gaps are found, or are likely to occur in the future, then the PNA should recommend how they can be filled.

NHS England is responsible for using PNAs as the basis for determining 'market-entry' to the local pharmaceutical list; hence this document will be used when applications are received to enter or amend the pharmaceutical list within the Southampton HWB area.

PNAs are also a key tool to inform the commissioning of essential, enhanced and advanced pharmaceutical services from community pharmacies by NHS England and of complementary local services commissioned by the Public Health department of the local authority and by other local commissioners such as the Clinical Commissioning Group (CCG).

The content of a PNA is determined by the guidance and PNAs do not, therefore, include all the elements found in a typical 'health needs assessment'. Instead, a PNA would usually be supported by the data and information on health needs in the Joint Strategic Needs Assessment (JSNA). In Southampton updates to the JSNA have been delayed due to diversion of resources to COVID-19 work. Consequently, a great deal of supporting information needed to be pulled together for this PNA; this is presented as Part 2 of the report and will subsequently be used to update the JSNA.

¹ Department of Health, Pharmaceutical Needs Assessment, Information pack for local Health Authority Health and Wellbeing Boards, May 2013. [Pharmaceutical Needs Assessment Information Pack \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

² Department of Health and Social Care Pharmaceutical Needs Assessment, Information pack for local Health Authority Health and Wellbeing Boards, October 2021 [Pharmaceutical needs assessments: Information pack for local authority health and \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

2.2 Historical and Legal Background

The Health Act 2009³ sets out the minimum standards for PNAs and the use of PNAs as the basis for determining market entry to NHS pharmaceutical services provision. The Regulations came into force in May 2010 and required Primary Care Trusts (PCTs) to develop and publish their first PNA under these Regulations by 1 February 2011.

The Health and Social Care Act 2012⁴ brought about major reforms to the NHS. From April 2013, PCTs were abolished, and their duties transferred to other organisations. Responsibility for developing, updating and publishing a local PNA was transferred to HWBs. In addition, this Act also transferred the responsibility of using the PNA as the basis for determining market entry to a pharmaceutical list and dispensing doctor list from the PCT to NHS England.

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013⁵ set out the legislative basis for developing and updating PNAs. The National Health Service (Pharmaceutical and Local Pharmaceutical Services (Amendment and Transitional Provision) Regulations 2014⁶ have been published to amend these regulations following a report published by the Joint Committee on statutory instruments. More recently, The NHS (Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2016 were published.

The first PNA to be produced by the Southampton HWB was published on 1 April 2015 to comply with these regulations. An updated report was published by the HWB on 1 April 2018.⁷

2.3 Structure of the PNA

This PNA document firstly describes the process undertaken and details the specific Southampton context which should be borne in mind when considering the provision of pharmaceutical services.

³ National Health Service Act 2009 available at <http://www.legislation.gov.uk/ukpga/2009/21/contents>

⁴ Health and Social Care Act 2012 available at <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

⁵ The NHS (Pharmaceutical Services and Local Pharmaceutical Regulations) 2013 available at <http://www.legislation.gov.uk/uksi/2013/349/contents/made>

⁶ The National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendment and Transitional Provision) Regulations available at <http://www.legislation.gov.uk/uksi/2014/417/contents/made>

⁷ Southampton PNAs are available at [Pharmaceutical Needs Assessment \(southampton.gov.uk\)](http://southampton.gov.uk/Pharmaceutical-Needs-Assessment)

The PNA then defines the different types of pharmacies and pharmaceutical services alongside the current provision of these in Southampton. There is then a comprehensive consideration of access to pharmaceutical services both in terms of temporal access (i.e., opening hours) and geographical access (including drive-times, walk-times, cycle times and public transport).

Assessment of the needs for pharmaceutical services in Southampton is underpinned by a wealth of demographic, economic and health data which is contained in a supporting Appendix in a separate document (Part 2) but summarised in this main document. The supporting information also includes a detailed consideration of inequalities and specific population groups.

All the information collated in the PNA informs a 'gap analysis' which covers the current situation and the future based on anticipated levels of development and associated population growth. This is used to draw a conclusion on whether the number, distribution and choice of pharmaceutical services in Southampton meet the current and future needs of the population.

3. Process for producing the Pharmaceutical Needs Assessment

The PNA has been undertaken in line with the requirements of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 following the latest guidance⁸ and under the direction of the PNA steering group.

The Southampton PNA 2022 has been in development since September 2021. The document has been written with assistance from partners in neighbouring Local Authorities which is gratefully acknowledged. The process has had many steps; the key stages are outlined below.

Stage 1: Formation of a steering group

A steering group was formed to oversee the development of the Southampton PNA (see Appendix B in Part 2 for the Steering Group Terms of Reference). The group had representation from key stakeholders, including Community Pharmacy South Central and NHS England.

The group oversaw the development of the PNA and ensured that the PNA conformed to the relevant regulation and statutory requirements on behalf of the HWB.

Stage 2: Collation of information and data

The Joint Strategic Needs Assessment for Southampton has been extensively used to give an overview of major health and wellbeing needs of the local population. This information is included as Appendix A in Part 2 of the PNA.

Every existing community pharmacy in Southampton (n=40) was invited to complete a detailed questionnaire about their services to inform the development of the PNA. This survey was open from 13 December 2021 until 17 January 2022. Response was initially low because the timing of the survey coincided with pressures on pharmacies due to the accelerated COVID-19 booster roll-out, lateral flow test distribution and seasonal winter pressures. In acknowledgement of this, the deadline for the survey was extended. The survey resulted in 24 responses (a response rate of 60%).

⁸ Department of Health and Social Care Pharmaceutical Needs Assessment, Information pack for local Health Authority Health and Wellbeing Boards, October 2021 [Pharmaceutical needs assessments: Information pack for local authority health and \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1042227/Pharmaceutical_needs_assessments_-_Information_pack_for_local_authority_health_and_wellbeing_boards_-_October_2021.pdf)

Data held by NHS England was also used to inform the Southampton picture of local pharmaceutical provision, including data on delivery of advanced services. National and locally held statistics have been examined to determine levels of activity in delivering current services.

Expertise and advice have also been sought, and is gratefully acknowledged, from NHS Hampshire, Southampton and Isle of Wight CCG, NHS England, Community Pharmacy South Central and from Southampton City Council's Public Health, Planning, Economic Development, Research & Insight, Housing and Communications departments.

Stage 3: Analysis

The information collated was used to carry out a gap analysis to identify any current or future gaps of pharmaceutical provision within the city. The Steering Group agreed that living within 1.6 km (straight-line distance) from a pharmacy would be the key criterion for the gap analysis; this distance is used in the NHS Pharmaceutical Services Regulations 2013 when applications are determined under the "market entry" process⁹. Other factors, such as opening hours and services provided, also informed the gap analysis.

Following the analysis, a draft consultation document was completed in line with national guidance and approved by the steering group and Director of Public Health.

Stage 4: Draft PNA

The draft PNA (Part 1 Main Reports and Part 2 Appendices) was approved for consultation by the Southampton Health and Wellbeing Board (HWB) in March 2022.

Stage 5: Consultation

A consultation in line with the statutory requirements was held during April and May 2022.

Stage 6: Review of consultation responses

The steering group considered the considered the consultation responses and, as the majority of respondents supported the conclusions of the PNA, the group agreed that no changes to the document should be made. A report has been prepared on the information

⁹ The NHS (Pharmaceutical Services and Local Pharmaceutical Regulations) 2013 available at <http://www.legislation.gov.uk/uksi/2013/349/contents/made>

gathered in the consultation; a summary of this report and the steering group's considerations is included as Appendix C in Part 2 of the PNA.

Stage 7: Publication

The final document will be presented to the HWB in September 2022 for approval before the planned publication of the PNA by 1 October 2022.

4. Southampton Context

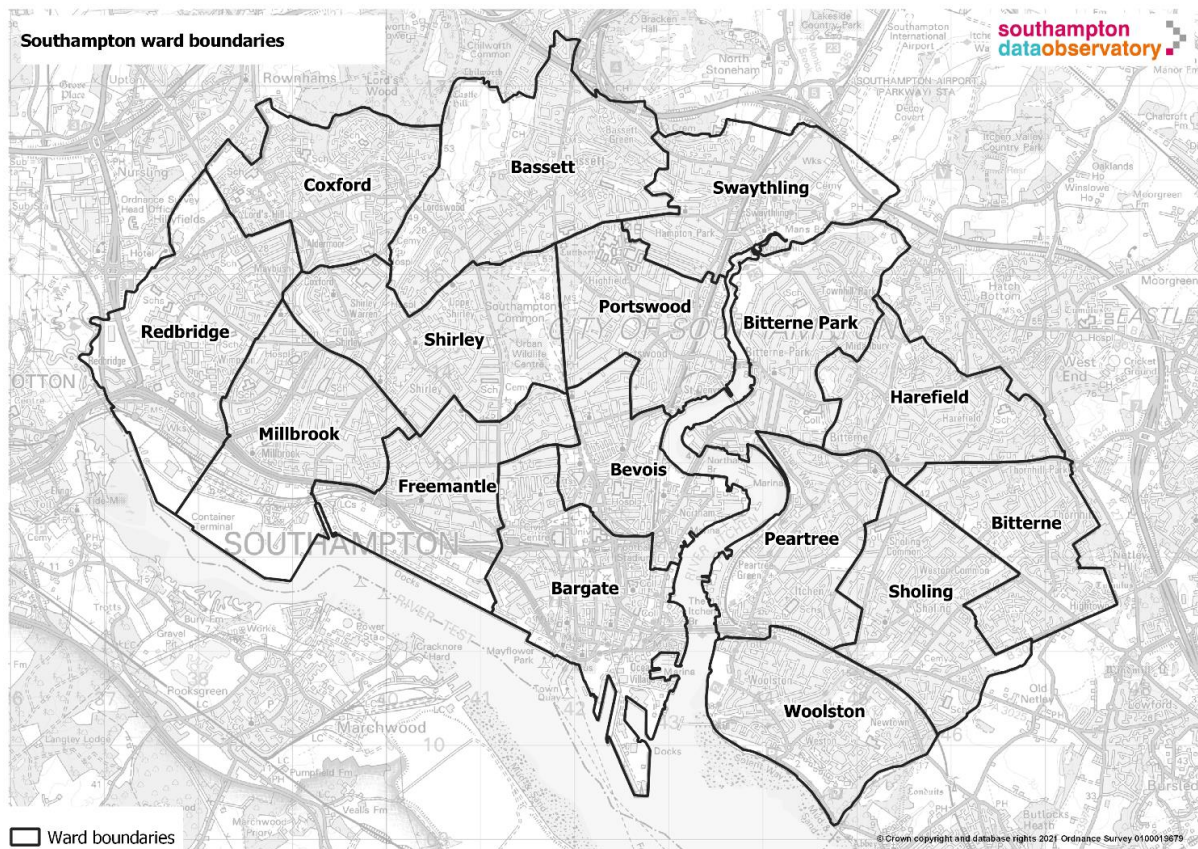
Southampton is on the south coast of England and is the largest city in Hampshire. It is a diverse city with a population of 264,658 people comprising 107,695 households, 64,232 children and young people (0-19 years), 53,000 residents who are not White British and approximately 40,000 students. Between 2022 and 2025, the lifetime of this PNA, the population of Southampton is predicted to rise by 3.1%, with the over 65s and under 15s populations projected to increase by approximately 6.9% and 0.1% respectively.

This ageing of the population will have an increasing impact on the demand for health and social care services in Southampton. Lifestyle factors also have a substantial impact on the health of the city's population, with smoking prevalence, childhood obesity (in Year 6) and alcohol-related hospital admissions, in particular, being significantly higher than the national average. This is all influenced and compounded by wider determinants of health such as poor living circumstances and deprivation, which are lowering life chances. Inequalities in health and wellbeing outcomes are clearly evident in the city and there is no evidence that this inequality gap is narrowing.

Much of the data used to inform the PNA is from the Joint Strategic Needs Assessment of the Southampton Data Observatory¹⁰ and is included as Appendix A in Part 2. Some of the data in this PNA is presented at a sub-city geography of electoral wards and the following ward map (Figure 1) is included to set this into context. However, the PNA has largely been conducted at a city-wide level because wards and localities are not a relevant geography when considering pharmaceutical services in a compact urban area such as Southampton.

¹⁰ Southampton Data Observatory <https://data.southampton.gov.uk/>

Figure 1: Southampton ward boundaries



Other NHS services can affect the need for pharmaceutical services, including hospital and community services as follows. There are four hospital sites in Southampton:

Southampton General Hospital (SGH) - part of University Hospital Southampton NHS Foundation Trust, provides a range of services including emergency and critical care is provided in the hospital's special intensive care units, operating theatres, acute medicine unit and emergency department (A&E), as well as the dedicated eye casualty.¹¹

Princess Anne Hospital (PAH) - part of University Hospital Southampton NHS Foundation Trust, provides services including maternity care, for about 5,000 women each year from around Southampton. It is also a regional centre for foetal and maternal medicine, providing specialist care for women with medical problems during pregnancy, and for those whose babies need extra care before or around birth. Other services include genetics and breast screening.¹²

¹¹ University Hospital Southampton, NHS Foundation Trust <https://www.uhs.nhs.uk/for-visitors/southampton-general-hospital>

¹² University Hospital Southampton, NHS Foundation Trust <https://www.uhs.nhs.uk/for-visitors/princess-anne-hospital>

Southampton Children’s Hospital (SCH) - part of University Hospital Southampton NHS Foundation Trust, is a major centre for specialist paediatric services in the south of England.¹³

The Royal South Hants Hospital (RSH) - provides a wide range of outpatient, day and inpatient surgical operations, diagnostic procedures, and sexual health services. Some services are provided by Solent NHS Trust, Practice Plus Group and others by University Hospital Southampton NHS Foundation Trust.¹⁴ The Southampton urgent treatment centre is also based at Royal South Hants and is run by Practice Plus Group.¹⁵ A minor injuries unit (MIU) which offers treatment, advice and information on a range of minor injuries.

Patients attending these, on either an inpatient or outpatient basis, may require prescriptions to be dispensed. There are three hospital pharmacies providing services; an inpatient pharmacy serving patients at SGH, PAH and SCH, a pharmacy for outpatients located at SGH and the third pharmacy is located at RSH. These pharmacies are operated by UHS Pharmacy Ltd.¹⁶

NHS Hampshire, Southampton and Isle of Wight CCG had 40 member GP practices within the Southampton City boundary as of October 2021. The GP out of hours service is provided by UHS Pharmaceutical Service. There are 31 NHS dental practices providing NHS dental services and 15 opticians in the Southampton HWB area.¹⁷

¹³ University Hospital Southampton, NHS Foundation Trust <https://www.uhs.nhs.uk/for-visitors/southampton-childrens-hospital>

¹⁴ University Hospital Southampton, NHS Foundation Trust <https://www.uhs.nhs.uk/for-visitors/royal-south-hants>

¹⁵ Practice Plus Group <https://www.southamptonutc.nhs.uk/>

¹⁶ University Hospital Southampton, NHS Foundation Trust <https://www.uhs.nhs.uk/departments/medicines-and-therapies/pharmacy>

¹⁷ NHS England South East Region Team; personal communication on 2 October 2017

5. Current Pharmaceutical Services

The Community Pharmacy Contractual Framework (CPCF) for 2019/20 to 2023/24 (published in July 2019) is NHS England's latest statement of what is expected of pharmacists providing NHS services. Pharmacy contractors can provide three main types of service that fall within the definition of NHS pharmaceutical services, namely essential, advanced and enhanced services, and these can be complemented by services commissioned locally by CCGs and Public Health Teams.

Defined below are the different types of pharmacies and pharmaceutical services and details of the current provision of these in Southampton.

5.1 Community pharmacies

Southampton has 40 community pharmacies providing NHS services; since the previous PNA, the following three community pharmacies have closed:

- Lloyds Pharmacy Bitterne (closed 24 November 2018)
- Boots Pharmacy West End Road Bitterne (closed 4 May 2019)
- Lloyds Pharmacy Portsmouth Road (closed 12 November 2020)

Note: on 14/02/2022 NHS England granted an application by Arun Sharma Chemists Limited for a 'No Significant Change Relocation' from 93 Gordon Avenue, Portswood, Southampton, SO14 6WB to 108 Portswood Road, Portswood, Southampton, SO17 2FW. For the purposes of this draft PNA report, this pharmacy is considered at its original address.

Pharmacies can be divided into those providing a minimum of 40 hours of NHS pharmaceutical services each week and those providing 100 hours per week. In Southampton, there are 36 pharmacies providing '40 core hours' of service and 4 pharmacies providing '100 core hours' of service. The majority of 40-hour pharmacies choose to open for longer and these additional hours are referred to as 'supplementary hours'.

5.2 Distance selling pharmacies

Distance selling pharmacies provide services solely to customers who do not attend the premises, for example internet services only. Southampton has no distance-selling pharmacies. However, Southampton residents may choose to have their prescriptions dispensed from any pharmacy across the country including distance selling pharmacies. This trend increased, in line with other internet shopping trends, during the COVID-19 pandemic.

The Pharmaceutical Journal estimates that in England the number of items dispensed by Distance Selling Pharmacies increased by 45% between 2019 and 2020. In Southampton we have seen an increase in prescriptions dispensed by Distance Selling Pharmacies from 0.65% in 2016/17 to 4.88% in 2020/21.

5.3 Dispensing doctor

Dispensing doctors are General Practitioners (GPs) who mainly provide services to patients in rural areas, where there are not any community pharmacies or where access to pharmaceutical services is difficult for reasons of distance. Southampton is a totally urban area and therefore none of the GP practices in Southampton are on the dispensing doctor list.

5.4 Local Pharmaceutical Services Scheme

Local Pharmaceutical Services pharmacies (LPS) provide a service tailored to specific local requirements. A typical example would be for very rural areas where a pharmacy would not be financially viable without this type of arrangement. Southampton, being an urban area, has no LPS.

5.5 Dispensing Appliance Contractor

A Dispensing Appliance Contractor (DAC) specialises in dispensing appliances (e.g., stoma care products) rather than medicines. Southampton does not have a DAC. The previous PNA identified one DAC (GE Bridge and Co at 226 Burgess Road) which has since changed ownership to Charles S Bullen Stoma Care Ltd and relocated to Unit 4, Clayland's Road, Bishop Waltham, which is outside the Southampton area.

5.6 Essential Services

Essential services are those which each community pharmacy must provide. All community and distance selling (internet) pharmacies with NHS contracts provide the full range of essential services which are as follows:

5.6.1 Dispensing Medicines and Repeat Dispensing

In 2020/21 there were 3,798,144 items prescribed by Southampton GPs dispensed across the country (3,301 sites). 98.4% of these prescription items are dispensed through 100 sites. Further analysis of these 100 sites shows that:

- 88.6% of these prescriptions are dispensed within Southampton community pharmacies;
- 4.0% are dispensed in the surrounding area of Hampshire such as Totton, Hedge End, Hamble, West End and Bursledon;
- 1.6% are personally administered items, which are bought in and used by the GP practice e.g. vaccinations;
- 0.7% dispensed by specialist appliance suppliers;
- 4.9% dispensed by distance selling pharmacies

At least two thirds of all prescriptions generated in primary care are for patients needing repeat supplies of regular medicines, and since 2005 repeat dispensing has been an Essential Service within the CCPF.

Although not an essential service, the Electronic Prescription Service (EPS) allows prescribers to send prescriptions electronically to a dispenser (such as a pharmacy) of the patient's choice. This makes the prescribing and dispensing process more efficient and convenient for patients and staff. All GP practices and pharmacies in Southampton are enabled to dispense in accordance with the EPS and all actively participate in the programme.

Between May and October 2021, 98.9% of all prescribed items in Southampton were electronically prescribed (compared with 90.8% nationally and 92.9% for NHS Hampshire, Southampton and Isle of Wight CCG). Over the same period, 8.9% of these electronically prescribed items were repeat dispensing in Southampton (compared with 14.9% nationally and 14.3% for NHS Hampshire, Southampton and Isle of Wight CCG).

Pharmacies dispense appliances as well as medicines. Results from the contractor questionnaire showed:

- 70.8% (17 out of 24) community pharmacies dispensed stoma appliances
- 79.2% (19 out of 24) community pharmacies dispensed incontinence appliances
- 100% (24 out of 24) community pharmacies dispensed dressings

Eleven out of 24 community pharmacies who responded dispensed 'other', 5 of these pharmacies detailed 'trusses', these are most commonly used to support people with hernias.

5.6.2 Disposal of Unwanted Medicines:

All pharmacies are obliged to accept back unwanted medicines from patients.

5.6.3 Public Health Promotion of Healthy Lifestyles:

Each financial year, pharmacies are required to participate in up to six health campaigns at the request of NHS England. This generally involves the display and distribution of leaflets provided by NHS England.

5.6.4 Signposting Customers to Appropriate Services:

Pharmacies are expected to support people who ask for assistance by directing them to the most appropriate source of help.

5.6.5 Support for Self-care:

Pharmacies are expected to provide advice and support to enable people to derive maximum benefit from caring for themselves or their families.

5.6.6 Clinical Governance:

Clinical governance is a framework through which NHS organisations are accountable for continually improving the quality of their services and safeguarding high standards of care. Pharmacies are responsible for applying clinical governance principles to the delivery of services e.g., use of standard operating procedures; recording, reporting and learning from adverse incidents; participation in continuing professional development and clinical audit.

5.6.7 Discharge Medicines Service (DMS):

The DMS became a new Essential service within the CPCF on 15th February 2021. NHS Trusts are able to refer patients to the DMS at their community pharmacy if the patient would benefit from extra guidance around new prescribed medicines. The service has been identified by NHS England's Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.

Note that in Southampton the DMS has superseded the Transfer of Care around Medicines service that was previously provided by pharmacies.

5.6.8 Healthy Living Pharmacy (HLP) Level 1 status:

Most pharmacies in England previously met the HLP requirements following local initiatives with commissioners or the Pharmacy Quality Scheme. However, the laying of new NHS

regulations in October 2020, made HLP requirements a new Terms of Service requirement for all pharmacies from 1 January 2021.

5.7 Advanced services

Pharmacies may choose whether they wish to provide these additional, advanced services as long as they meet the requirements set out in the Secretary of State Directions. The pharmacies receive remuneration from the NHS for providing advanced services.

5.7.1 New Medicine Service (NMS)

The NMS provides support for people with long-term conditions and who have newly been prescribed a medicine. The aim of the services is to help improve medicines adherence; it initially focused on a small number of conditions, but this list was increased in September 2021.

5.7.2 NHS Flu Vaccination Service

Every year, from September to March, the NHS runs a seasonal influenza vaccination programme to protect those who are most at risk of serious illness or death should they develop influenza. Community pharmacies have been providing flu vaccinations under a nationally commissioned service since September 2015 to support the national vaccination programme.

For the period September 2020 to March 2021, NHS England data show 34 of the 40 (84%) pharmacies in Southampton were accredited to deliver flu vaccinations. A total of 8,616 vaccinations were given during this time period.

5.7.3 Community Pharmacist Consultation Service (CPCS)

This service was launched across England in October 2019. The CPCS manages a referral from NHS 111 to a community pharmacy where a patient has contacted NHS 111 for low acuity conditions/minor illness or for urgent medicine supply. The service enables appropriate access to medicines or appliances out-of-hours via community pharmacy, relieving pressure on urgent and emergency care services by shifting demand from GP out-of-hours providers to community pharmacy.

Between April 2020 to March 2021, 38 of the 40 pharmacies in Southampton carried out these consultations, resulting in 1,556 consultations.

5.7.4 Hepatitis C Antibody Testing Service

The Community Pharmacy Hepatitis C Antibody Testing Service was added to the CPCF in 2020, commencing on 1 September. It is focused on provision of point of care testing for Hepatitis C antibodies for people who inject drugs.

As of January 2022, one Southampton pharmacy was providing this service as a pilot funded through the University of Southampton. This pilot is ending prior to the implementation of the national service commissioned by NHS England.

5.7.5 Stoma Appliance Customisation

Stoma customisation services aim to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. This service is usually provided by DACs. For April 2020 to March 2021, NHS England data show seven pharmacies were accredited to provide this service in the city.

5.7.6 Appliance Use Reviews

Appliance Use Reviews can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home, however, this service is generally provided through DACs.

5.7.7 Hypertension Case-Finding Service

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

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

5.7.8 Smoking Cessation Advanced Service

In early 2022, the Smoking Cessation Advanced Service will be introduced for patients who started their stop-smoking journey in hospital. This service will allow NHS trusts to refer

patients to a pharmacy of their choice so they can continue receiving treatment, advice and support with their attempt to quit smoking when they are discharged. Work is still underway to finalise the service specification and other details. It is expected that this service will continue to develop over the lifetime of this PNA.

5.8 Enhanced Services

5.8.1 Bank Holiday Opening

A Bank Holiday service is provided for Christmas Day, Boxing Day, New Year's Day and Easter Sunday, which is coordinated by NHS England.

5.8.2 Pharmacy Urgent Repeat Medicines Service

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

In 2021/22, 11 community pharmacies were accredited to provide the PURM Service in Southampton.

5.9 Locally Commissioned and other non-NHS Services

Locally commissioned services can be contracted via a number of different routes and by different commissioners, including local authorities and CCGs. Some other relevant non-NHS services are also described below as, although they are not defined as pharmaceutical services, they do add context to the overall provision in Southampton.

5.9.1 Minor Ailment Service

Minor ailments are defined as common, self-limiting, or uncomplicated conditions which can be managed without medical intervention. The management of patients with minor self-limiting conditions impacts significantly upon GP workload. The situation is most acute

where patients do not pay prescription charges and may not have the resources to seek alternatives to a prescription from their GP.

It is estimated that one in five GP consultations are for minor ailments and reducing the time spent managing these conditions would enable GPs to focus on more complex cases. The aim of the Minor Ailment Service, which is commissioned by Hampshire, Southampton and Isle of Wight CCG, is to improve access and choice for people with minor ailments.

The service is available in all areas of Southampton and now covers 26 conditions. The number of pharmacies offering the service varies from month to month due to changes within the pharmacy teams.

5.9.2 Palliative Care Drugs Service

Drugs used for palliative care reasons can be required at short notice and are not items which are routinely stocked at all community pharmacies. The Palliative Care Drugs Service is commissioned by Hampshire, Southampton and Isle of Wight CCG and aids accessibility to these drugs for individuals who are being cared for in community settings. In 2021/22, seven community pharmacies in Southampton were accredited to provide this service.

5.9.3 Pharmacy Needle and Syringe Programme

Needle Exchange services for injecting drug users are a crucial component in providing a comprehensive harm reduction programme. The aims of this service is to:

- reduce the spread of blood borne pathogens (HIV, Hepatitis B & C)
- provide information and advice to reduce the harms associated with injecting drug use
- encourage use of other drug services and facilitate referrals to other agencies where appropriate

In 2021/22 six pharmacies, geographically spread across the city, were contracted by Southampton City Council Public Health Team to provide sterile injecting equipment to people who inject drugs to reduce harm. This service is currently undergoing a review to inform new contracts due to commence in April 2022.

5.9.4 Emergency Hormonal Contraception (EHC) Service

The Southampton City Council Public Health Team commissions the EHC services which aims to reduce unwanted pregnancies and terminations by providing EHC, to support women

aged under 25 who have had unprotected sex and help contribute to a reduction in the number of unplanned pregnancies.

This is through a Patient Group Direction (PGD) which provides a legal framework to allow pharmacists to supply specified medicines to a pre-defined group of patients, without them having to see a prescriber. Clients excluded from the PGD criteria should be referred to another local service provider that will be able to assist them as soon as possible. In 2021/22 there were 31 pharmacies in Southampton contracted to provide free EHC to women aged under 25.

5.9.5 Supervised Consumption

Opiate Substitute Therapy (OST) medication (methadone and buprenorphine oral formulations) is used for maintenance therapy in the management of opioid dependence, as part of a programme of treatment and support. To reduce risk and support compliance, administration of these medications can be supervised in community pharmacies, which also provides routine and structure for the individual, and encourages engagement with other healthcare provision delivered by the pharmacies.

Southampton City Council's Public Health Team currently contracts 13 pharmacies, geographically spread across the city, to provide interventions to supervise the consumption of OST medication for a proportion of people being prescribed OST as part of their engagement in community-based Substance Use Disorder Services. The supervised consumption service is currently undergoing a review to inform new contracts due to commence in April 2022.

5.9.6 Stop Smoking Service

A smoking cessation service for clients who need support to give up smoking using one-to-one interventions is offered by 11 pharmacies in Southampton (although as at January 2022 services at three of these are currently paused). The service includes an initial assessment to ascertain how ready the client is to make a change and how they would be best supported.

NHS Digital data shows that in 2020/21 there were 277 people who set a smoking quit date through pharmacies and, of these, 92 (33%) had successfully quit at 4 weeks (self-reported). This compared with 724 across all settings of which in Southampton 283 (39%) were successful quitters.

5.9.7 Delivery Services

Many pharmacies provide a delivery service; sometimes this is provided free and sometimes they make a charge for it. As these are private services, there is no NHS data available to ascertain the level of provision in Southampton. However, results from the contractor questionnaire showed:

- (70.8%) 17 out of 24 community pharmacies who responded collected prescriptions from GP practices
- (62.5%) 15 out of 24 community pharmacies who responded deliver dispensed medicines - free of charge
- (39.1%) 9 out of 23 community pharmacies who responded deliver dispensed medicines – for a charge
- (34.8%) 8 out of 23 community pharmacies who responded deliver dispensed medicines to selected patient groups (for example those receiving end of life care, in a care home, housebound)
- (30.4%) 7 out of 23 community pharmacies who responded deliver dispensed medicines to selected geographical areas (for example within a five-mile radius or within postcode sector)

5.9.8 Access Languages

The pharmacy workforce in Southampton embraces a range of nationalities and cultural backgrounds. The contractor survey showed that, at that time, there were 20 different languages spoken amongst Southampton pharmacy staff. It is not unusual for residents who are from other countries and cultures to seek out services from a pharmacy that speaks their native language.

These were the languages identified across the 24 pharmacies that responded to the contractor survey:

Arabic	Gujarati	Mandarin	Russian
Bengali	Hindi	Nigerian	Spanish
English	Hungarian	Polish	Swahili
Farsi	Lithuanian	Panjabi	Telugu
Filipino	Malay	Romanian	Urdu

5.10 COVID-19 services

Since the onset of the COVID-19 pandemic, pharmacies have taken a leading role in providing COVID-19 related services to the public. These services are described separately because of the uncertainty in how long into the lifetime of the PNA they will be relevant for.

5.10.1 COVID-19 Vaccination Service

One pharmacy in Southampton has provided the COVID-19 vaccination service. Between April 2020 and March 2021, NHS England data shows 9,949 vaccinations were administered.

5.10.2 COVID-19 Lateral Flow Device Distribution Service

At the end of March 2021, a new Advanced service – the NHS community pharmacy COVID-19 Lateral Flow Device (LFD) distribution service (or ‘Pharmacy Collect’ as it is described in communications to the public) – was added to the CPCF.

This service, which pharmacy contractors can choose to provide as long as they meet the necessary requirements, aims to improve access to COVID-19 testing by making LFD test kits readily available at community pharmacies for asymptomatic people.

Between 29th March 2021 and 18th October 2021 47,166 LFD packs were given out across 38 pharmacies in the city.

5.10.3 COVID-19 Supervised Testing

This locally commissioned service offers supervised testing for COVID-19 of eligible, asymptomatic patients, using an LFT device. It is offered in 8 pharmacies in Southampton and between 22nd March to 27th Sept 2021 850 tests conducted were conducted with 6 people testing positive for COVID-19.

6. Temporal Access to Pharmaceutical Services

6.1 Opening Hours

A PNA should identify the necessary services that are required at specified times and the following consideration of opening hours helps set the context for this assessment.

The opening hours used in this section are based on the total opening hours (both 'core' and 'supplementary' hours) for the 40 community pharmacies in the city, as held by NHS England on 15th October 2021. The removal of three contractors from the pharmaceutical list since the previous PNA did not change these opening hours as the number of 100-hour pharmacies remained the same. Details of individual pharmacy opening times can be found on the NHS website.¹⁸

Many pharmacies that provide a minimum of '40 core hours' of NHS pharmaceutical service also extend these hours of service, opening into the evening and/or opening on Saturday afternoon and Sunday. This gives a broad range of opening hours for the pharmacies located across the city.

6.2 100-hour Core Hour of Service Pharmacies

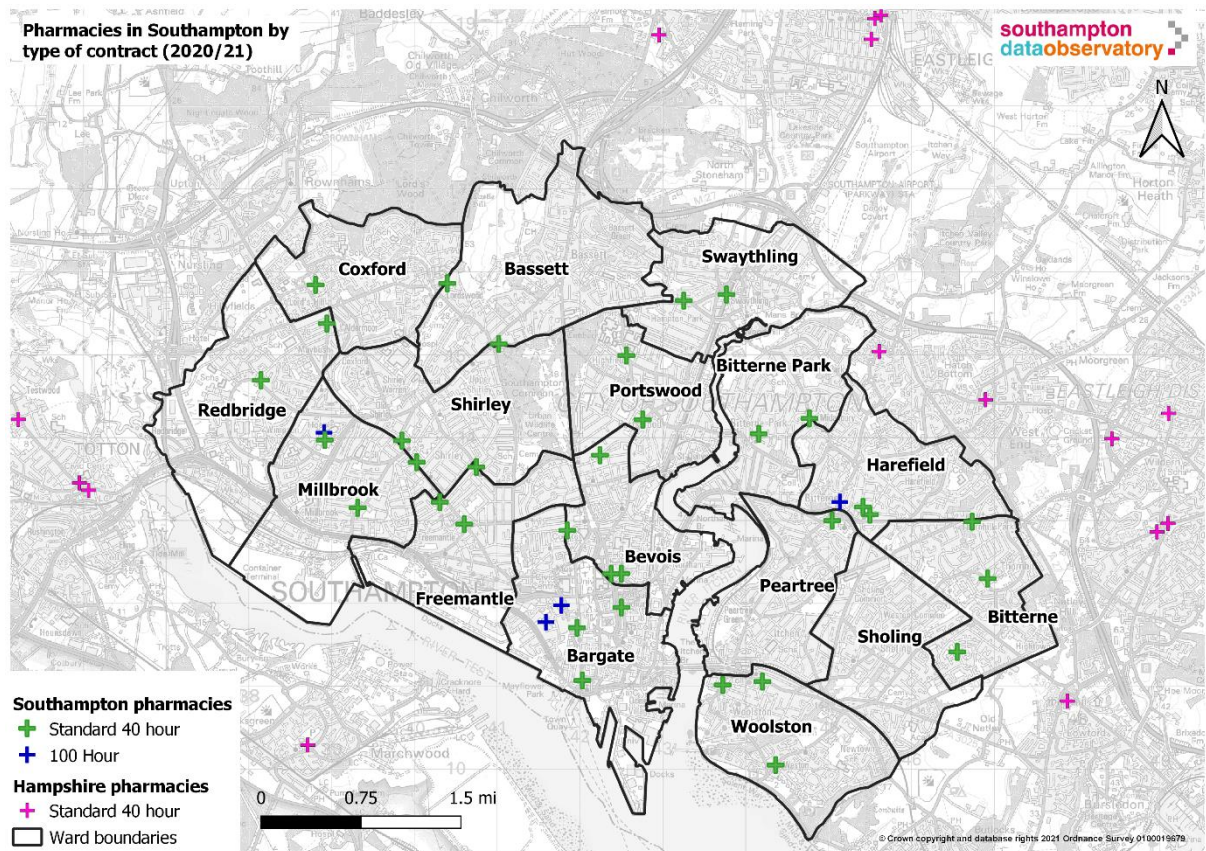
There are four '100-hour pharmacies' in the city which opened using the 'necessary or expedient' test under the 2005 exemptions to the market entry system. These pharmacies provide 100 core hours per week of pharmaceutical services. They give Southampton residents greater access to pharmaceutical services by extending opening hours both in the morning and late into the evening plus extended weekend coverage.

These pharmacies meet an identified need for pharmaceutical services for both 'out of hours' dispensing services and for the general population who wish to seek professional help for health and lifestyle advice, treating minor ailments and conditions that may be managed by self-care.

Through the following consideration of opening hours, no need for improvements or better temporal access to pharmaceutical services in the city has been identified.

¹⁸ NHS website - available at <http://www.nhs.uk/Pages/HomePage.aspx>

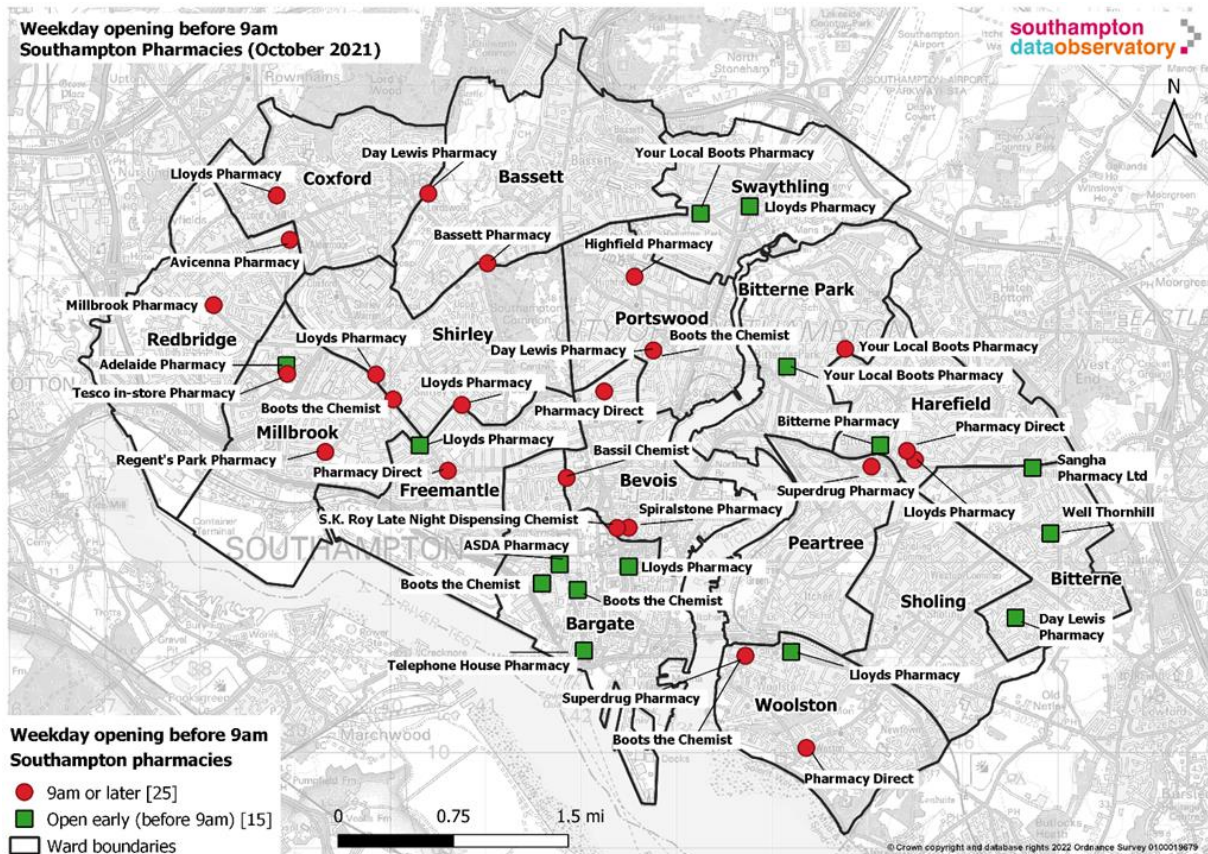
Figure 2: Pharmacies in Southampton by type of contract as of October 2021



6.3 Opening Hours Mornings

For early morning access 16 pharmacies open before 9am on weekdays. There is fair geographical spread across the city of pharmacies with early opening, although pharmacies in the northwest of the city tend to open after 9am.

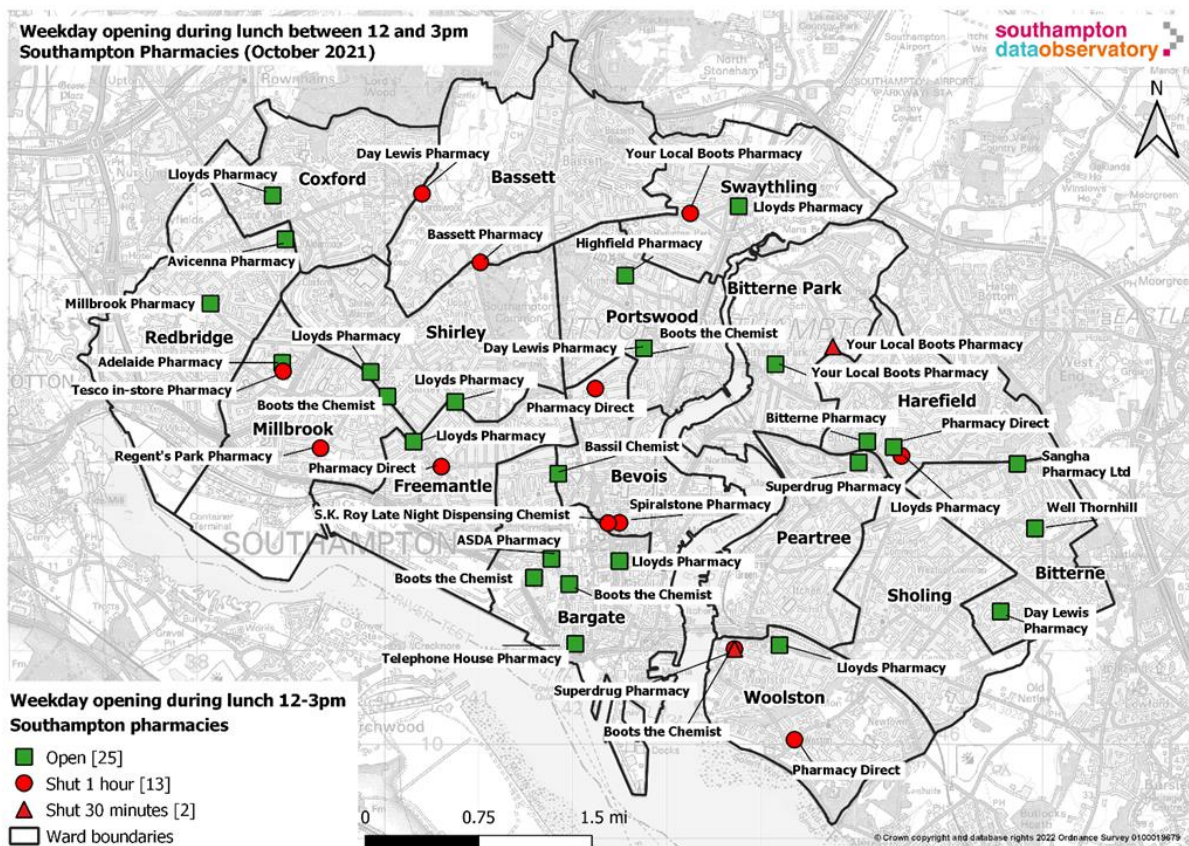
Figure 3: Map of weekday morning opening times for community pharmacies in Southampton as of October 2021



6.4 Opening Hours Lunchtime

There is access to NHS pharmaceutical services throughout the lunch period (12pm to 3pm) in twenty-five local pharmacies. Eleven pharmacies are closed for one hour during lunch. The remaining four pharmacies are closed for 30 minutes.

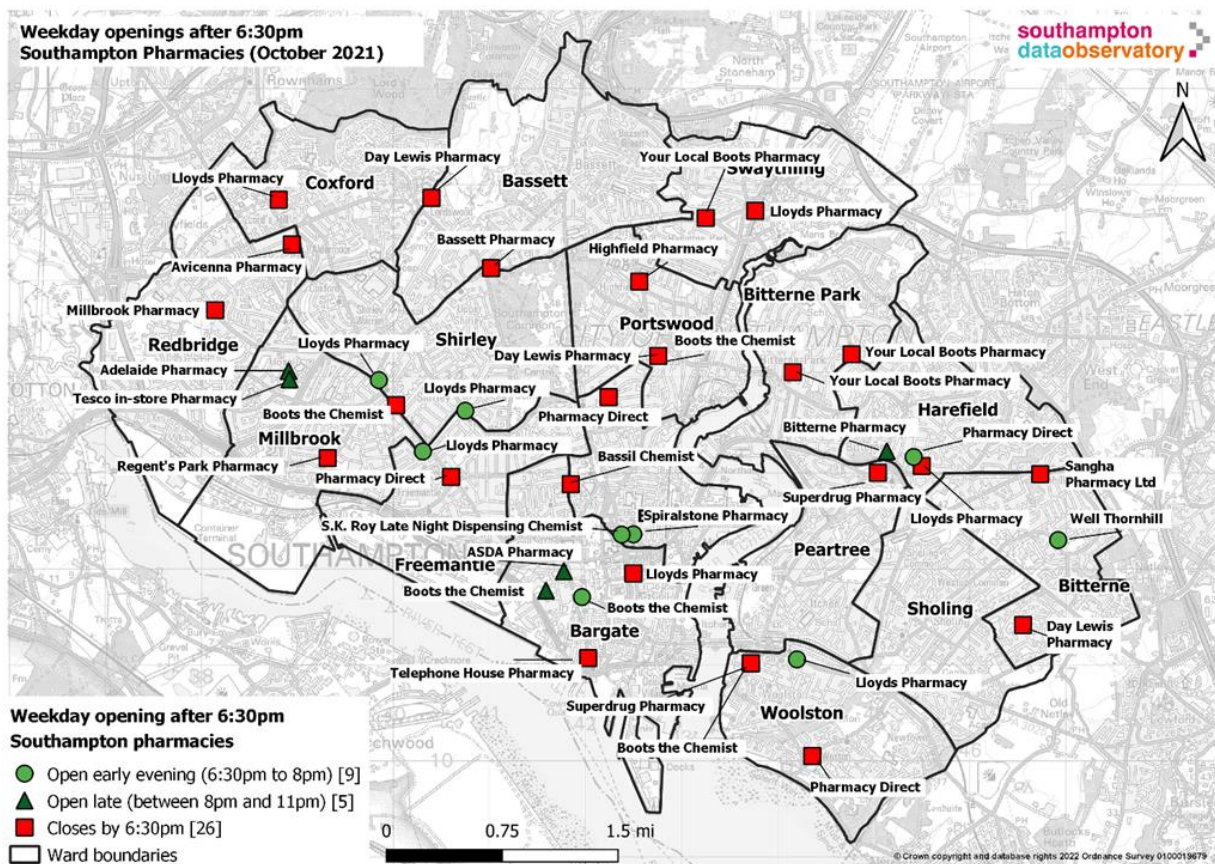
Figure 4: Map of weekday lunchtime opening times for community pharmacies in Southampton as of October 2021



6.5 Opening Hours Evenings

Five pharmacies are open late in the evening between 8pm and 11pm. Another nine pharmacies are open between 6.30pm and 8pm. The remaining twenty-six are closed by 6.30pm.

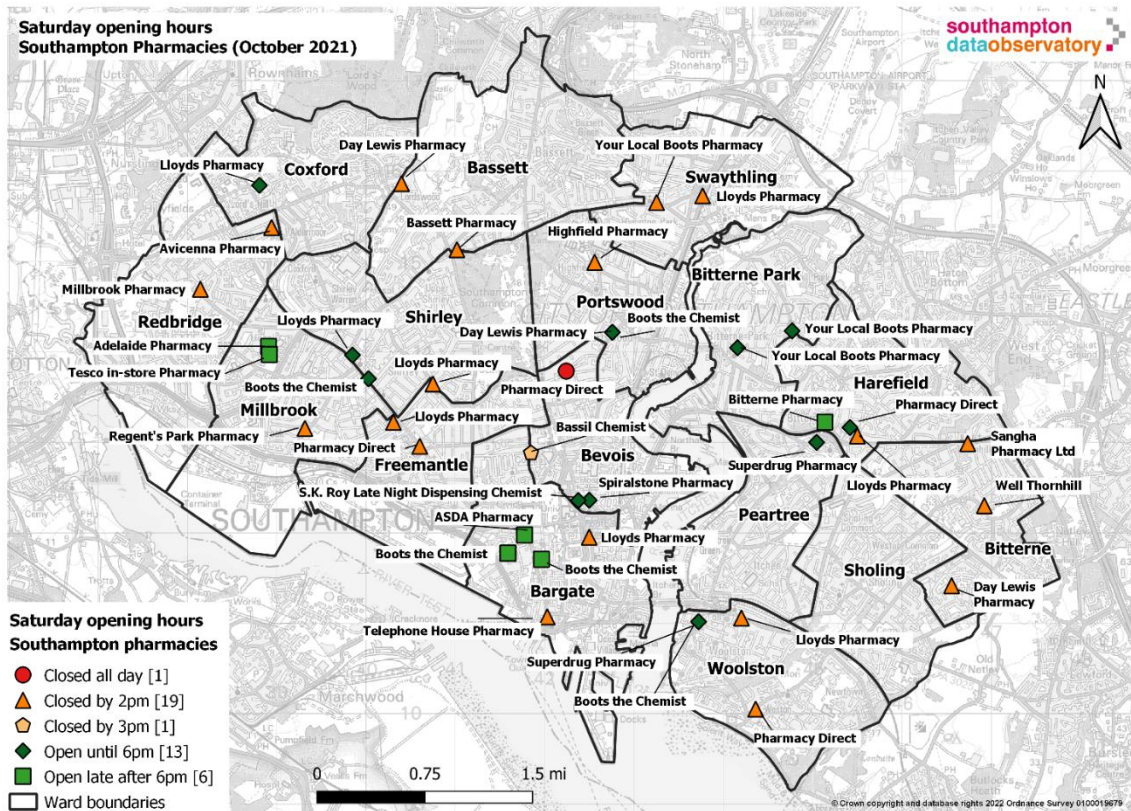
Figure 5: Map of weekday evening opening times for community pharmacies in Southampton as of October 2021



6.6 Saturday Opening

Thirty-nine community pharmacies are open for at least a part of the day on a Saturday with only one pharmacy closed all day. Nineteen pharmacies close at 2pm or before, one closes at 3pm, thirteen are open until 6.30pm and six are open after 6.30pm.

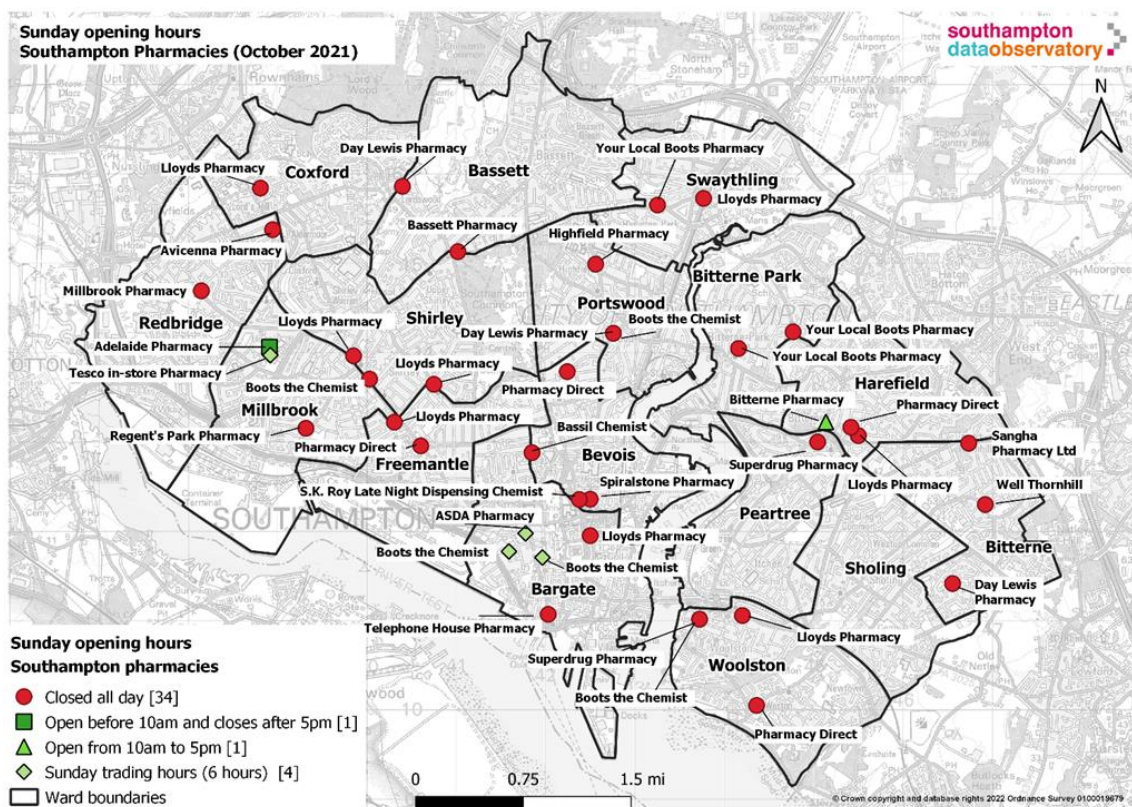
Figure 6: Map of Saturday opening times for community pharmacies in Southampton as of October 2021



6.7 Sunday Opening

Six pharmacies are open regularly on a Sunday. For four of these pharmacies the Sunday trading laws limit opening times to six hours only with typical closing times being 4pm, 4.30pm or 5pm. One pharmacy is open for 7 hours (10am to 5pm) and another pharmacy is open for 10 hours between 9am and 7pm.

Figure 7: Map of Sunday opening times for community pharmacies in Southampton, as of October 2021



6.8 Bank Holiday

Community pharmacies are not required to open on bank holidays. For major bank holidays, such as Christmas Day and Easter Sunday, voluntary opening by a small number of pharmacies has ensured sufficient pharmaceutical services for the city to enable urgent prescriptions to be dispensed and self-care remedies to be purchased. Bank Holiday opening is arranged through commissioning of an Enhanced Service that the pharmacies were invited to apply for.

Details of opening times for these holidays are published on the NHS UK website¹⁹ and are usually available on the NHS England website.²⁰ There is also a GP out of hours service provided by UHS Pharmaceutical service.

Additionally, there is a GP out of hours service provided at the Royal South Hants hospital by the Practice Plus Group Urgent Treatment Centre, which is open Monday to Friday 7:30am to 10pm and on weekends and bank holidays from 8am to 10pm.²¹

¹⁹NHS Find a pharmacy <https://www.nhs.uk/service-search/find-a-pharmacy/results/Southampton?latitude=50.9048925726334&longitude=-1.4043126425974952>

²⁰ NHS England Pharmacy opening times <https://www.england.nhs.uk/south-east/info-professional/pharm-info/pharmacy-opening-hours/>

²¹ Practice Group Urgent Treatment centre <https://www.southamptonutc.nhs.uk/>

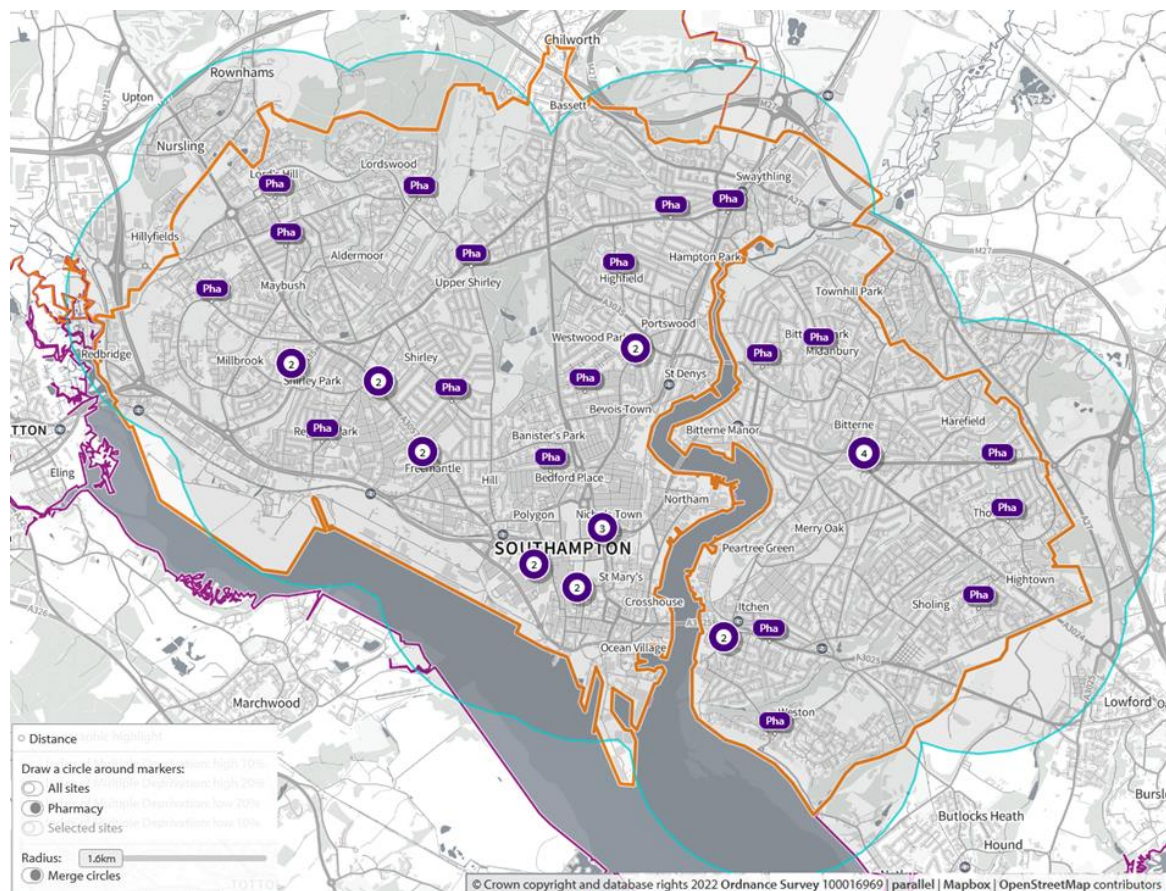
7. Geographical Access to Pharmaceutical Services

7.1 Pharmacies with Buffer Zone of 1.6km

Figure 8 shows all pharmacy locations in Southampton with a buffer zone of 1.6km (approximately 1 mile) Euclidean distance (straight line). This demonstrates that the majority of Southampton’s population are within 1.6km of a pharmacy. There is a small area in the west, which is part of the industrial dock area and has no residential development, that is outside the merged buffer zone. However, people who work in this area are sufficiently covered by pharmaceutical provision in Totton.

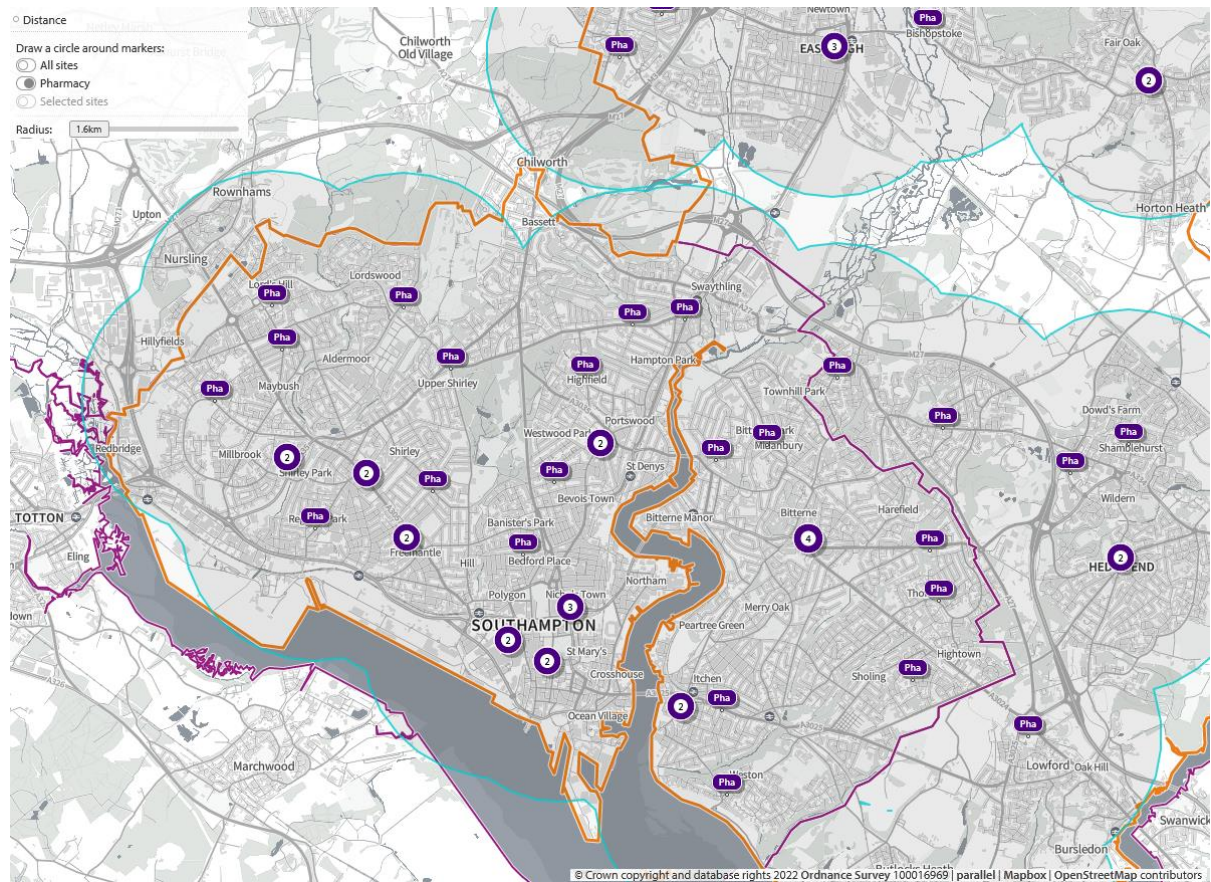
Another area outside the 1.6km buffer zone is on the northern edge of the city (part of Bassett, south of Chilworth). This is also slightly further than 1.6km from the nearest pharmacy in Hampshire (ASDA in Chandler’s Ford) as shown in Figure 9. This is a very small area in one of the least deprived areas of the city which has good access to pharmacies by car; this area is given special consideration in the gap analysis in Section 9.

Figure 8: Map showing distance zone of 1.6km from a pharmacy inside Southampton



Source: SHAPE place, Public Health England

Figure 9: Distance 1.6km from a pharmacy including those in Hampshire that are close to the Southampton boundary

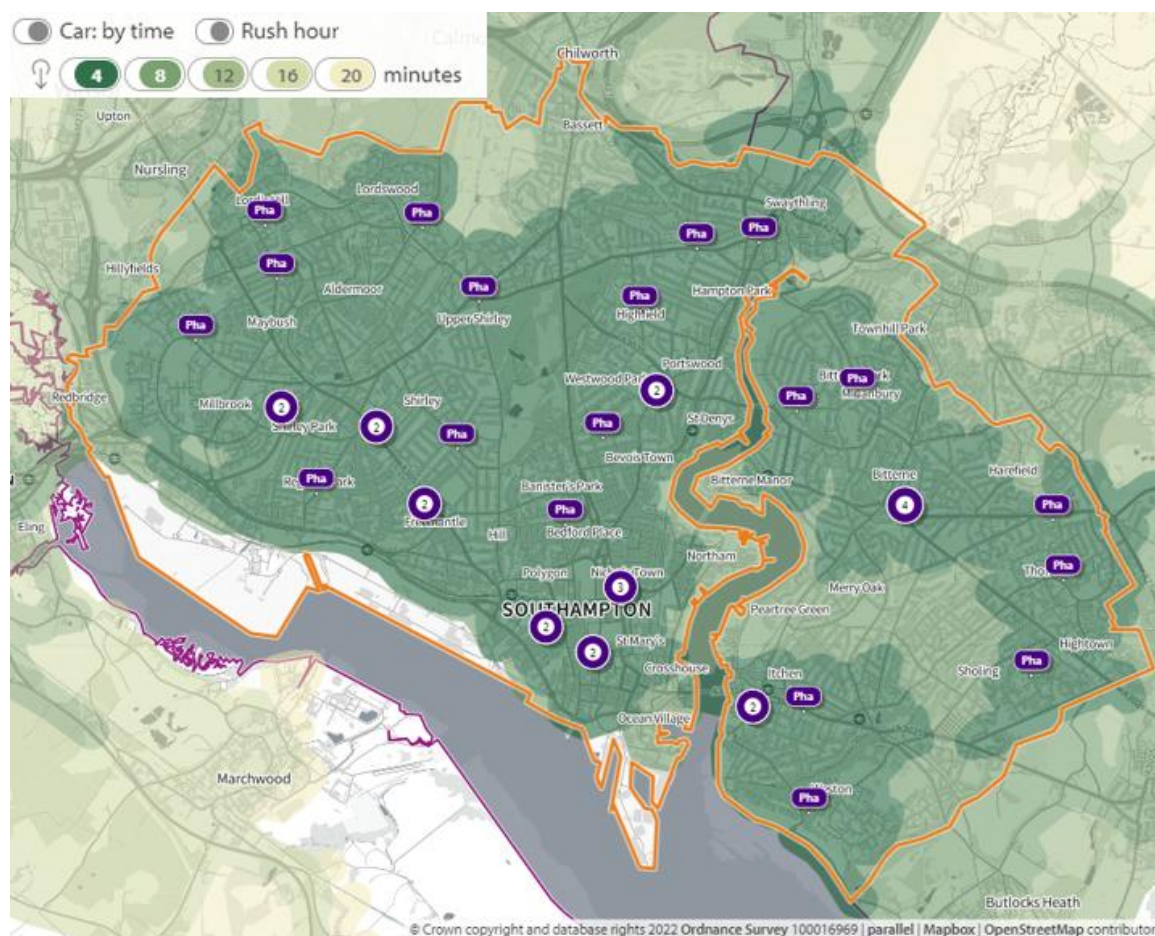


Source: SHAPE place, Public Health England

7.2 Driving

During 'rush hour' (normal speed limits but taking into account junctions, crossings and traffic lights with the additional congestion data and road density analysis), a pharmacy in Southampton should still be accessible within a four-minute drive for most parts of the city, with only a few small areas with low residential density being an eight-minute drive or more from a pharmacy (figure 10).

Figure 10: Map of drive times in rush hour from pharmacies (excluding distance selling) in Southampton and outside of the local authority boundary

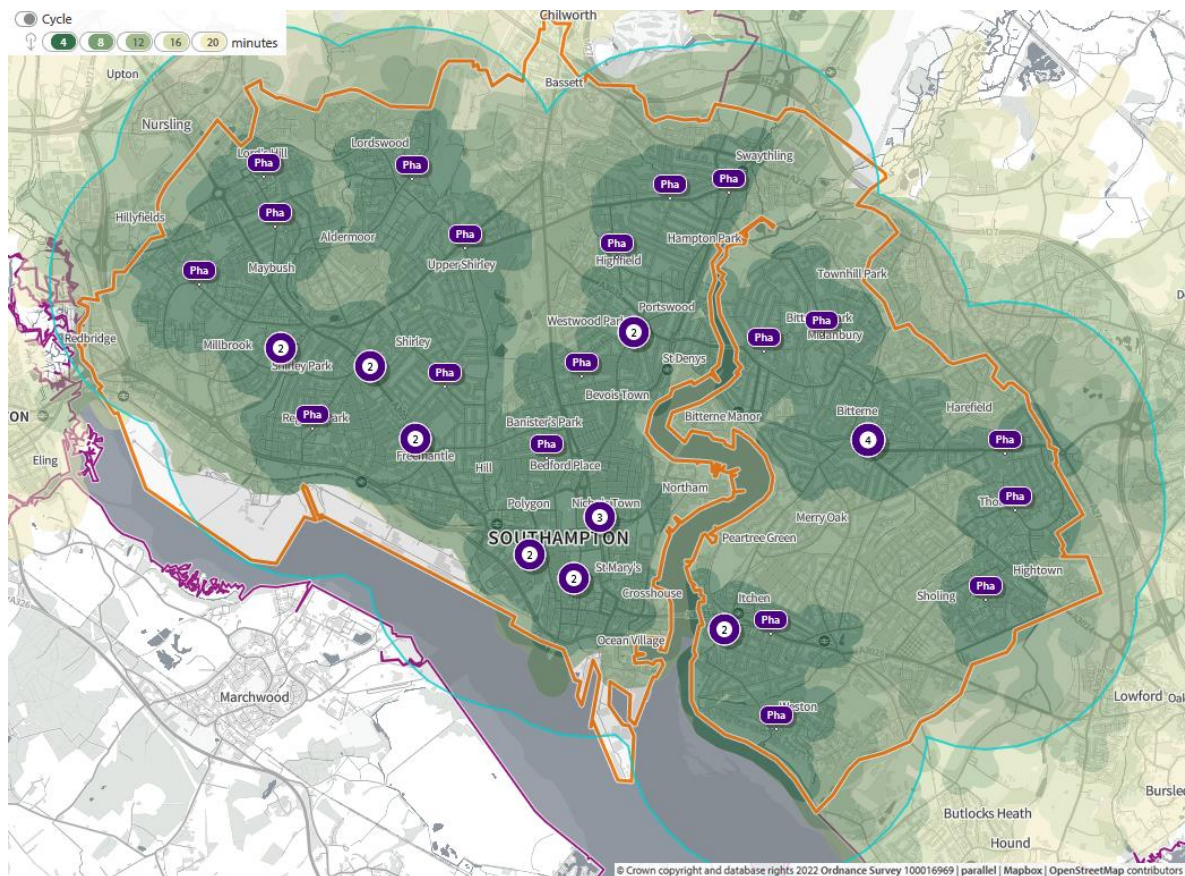


Source: SHAPE place, Public Health England

7.3 Cycling

Seventy-nine percent of the Southampton population are within a four-minute cycle ride of a pharmacy; and 100% of the population are within an eight-minute cycle ride, this assumes a cycle speed of 15km per hour (kph) or 9.3 miles per hour (mph).

Figure 11: Cycling time to pharmacies (4 to 20 minutes)

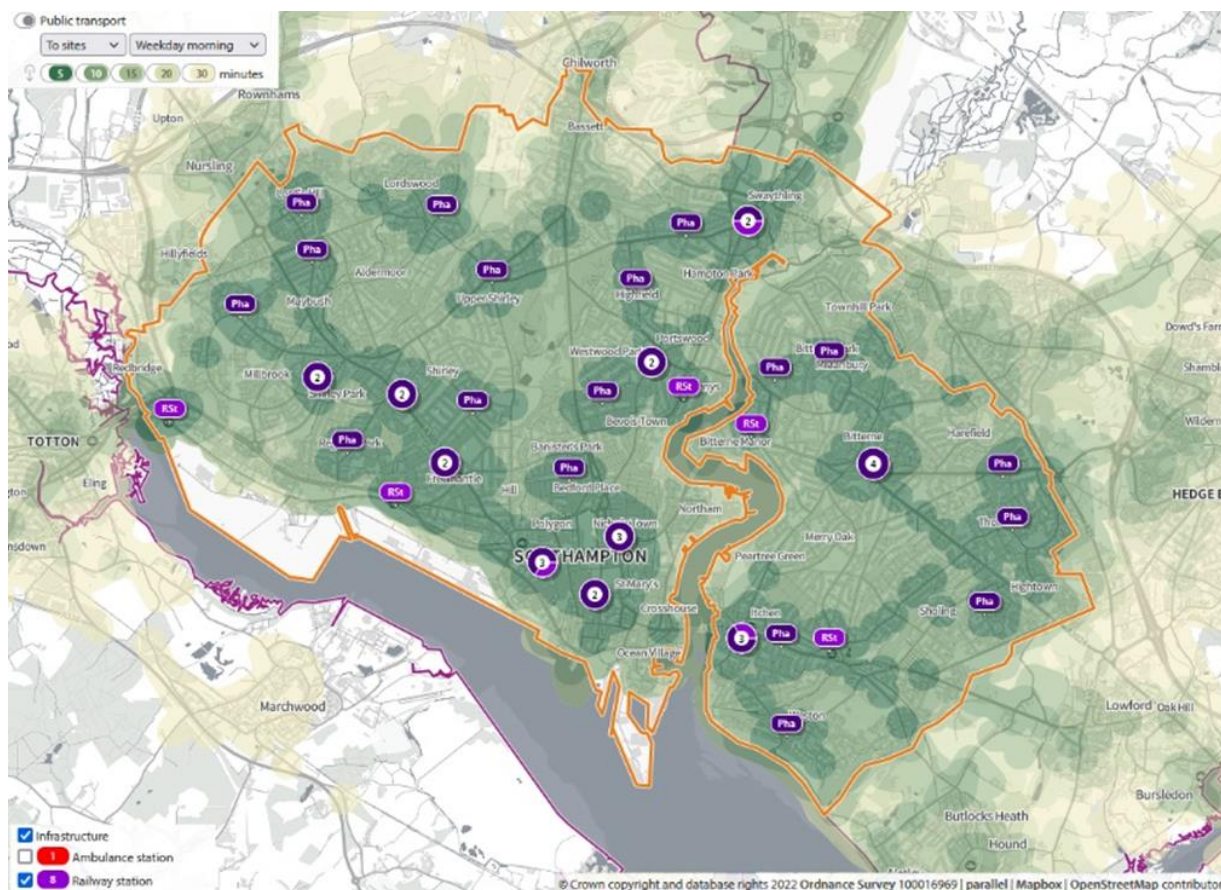


Source: SHAPE place, Public Health England

7.4 Public Transport

Residential areas of Southampton are well covered by bus stops and bus routes, therefore, access to pharmacies in Southampton are well served by public transport. Figure 12 below shows the number of pharmacies and train stations in Southampton and travel times to those sites.

Figure 12: Using public transport to visit sites including pharmacies and train stations

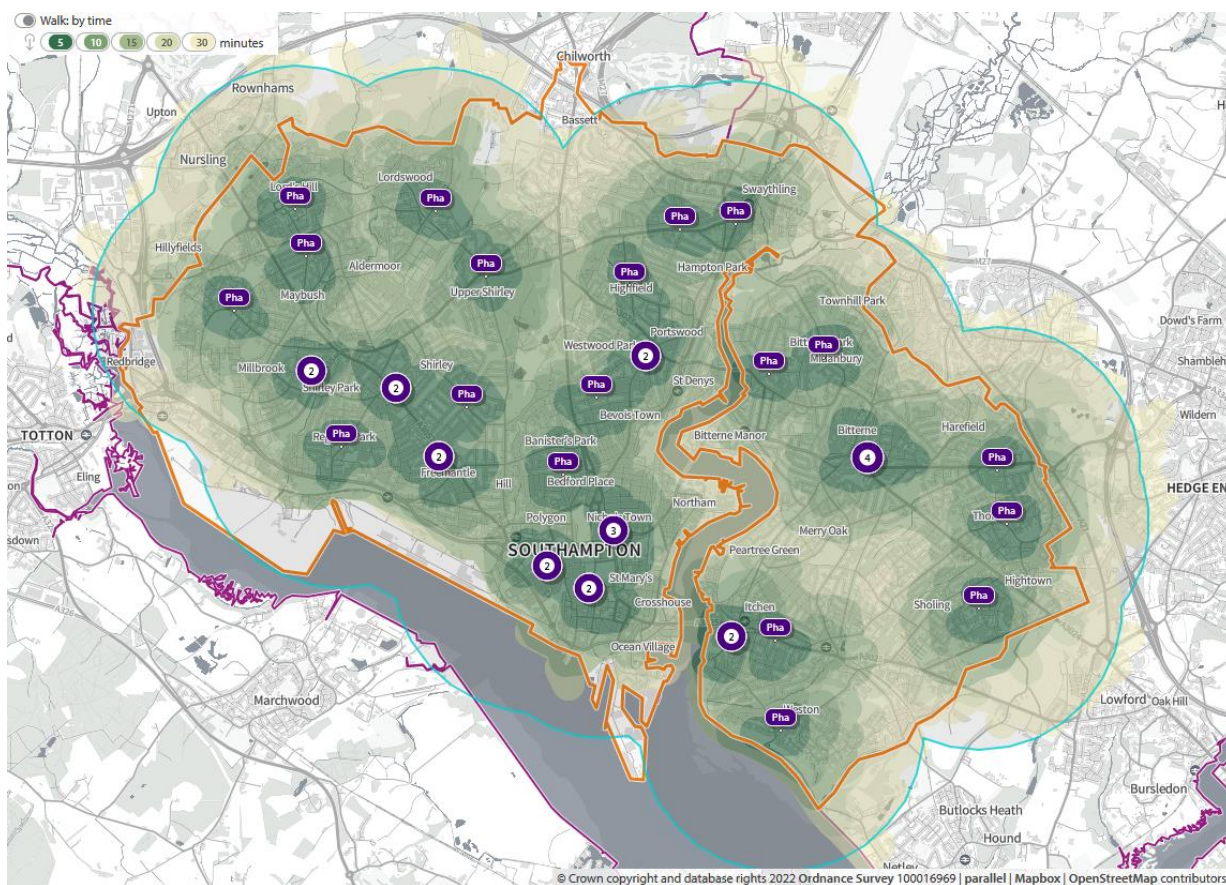


Source: SHAPE place, Public Health England

7.5 Walking

Over 99% of the population can reach a pharmacy in Southampton within a 20-minute walk (assuming the average walking speed is 3.1 mph). Nearly 50% of the Southampton population is within a five-minute walk of a pharmacy. The entire Southampton population is within a 30-minute walk of a pharmacy (Figure 13).

Figure 13: Map of walking times (5-30 minutes) from pharmacies in Southampton (excluding distance selling) and outside of the local authority boundary

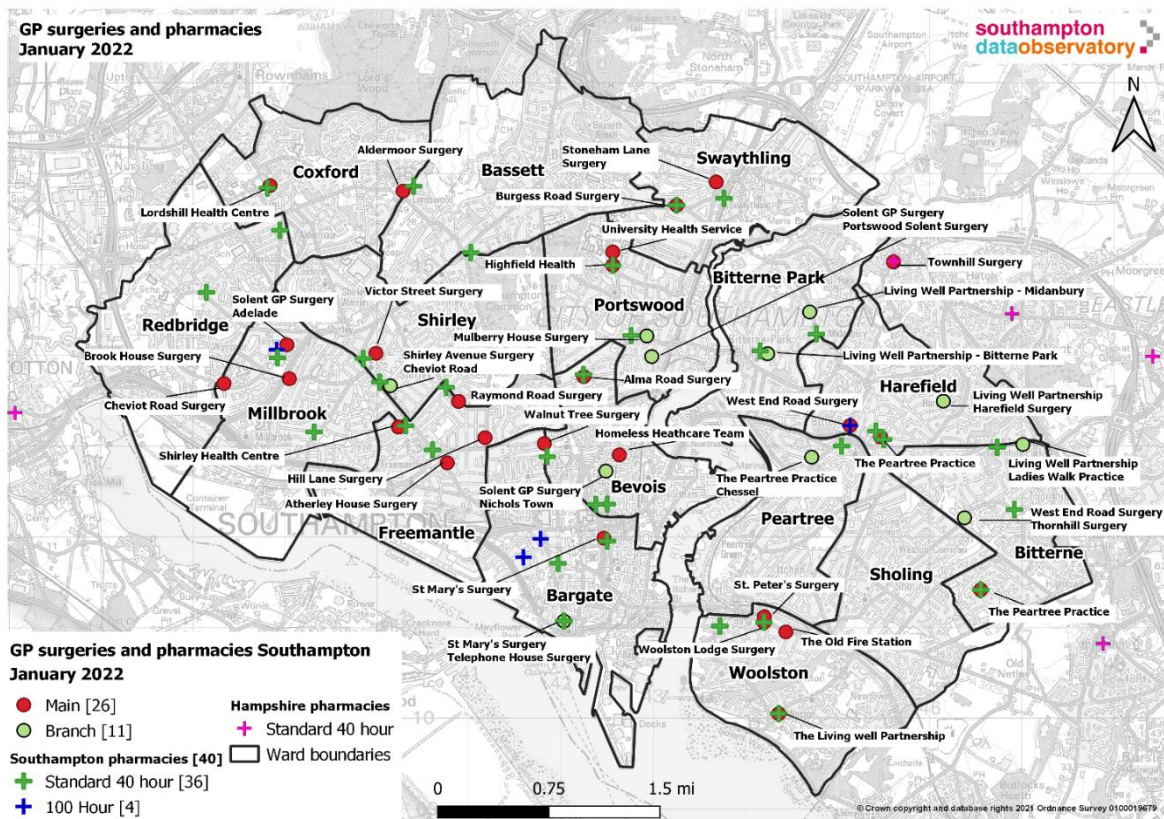


Source: SHAPE place, Public Health England

7.6 Proximity to GP Practices

Figure 14 shows that Southampton’s all GP surgeries are in relatively close proximity to a pharmacy.

Figure 14: Map of GP surgeries proximity to pharmacies in Southampton (October 2021)



7.7 Density of Pharmacies

Based on the number of community pharmacies on the pharmaceutical list as at 31st March 2021, Figure 15 shows that Southampton had 15.8 pharmacies per 100,000 population which is similar to 16.6 per 100,000 for the Hampshire, Isle of Wight, Portsmouth and Southampton (HIPS) region and lower than the England average (18.9 per 100,000 population).

The average number of prescription item dispensed each year per pharmacy was slightly lower than the HIPS and England averages. The data illustrate that there are less pharmacies in the city per population compared to the HIPS area and nationally. However, less items are dispensed per month locally per pharmacy, despite the availability of less pharmacies per 100,000 population.

Figure 15: Pharmacy density

2020-21	Number of community pharmacies	Prescription items dispensed	Population mid-year estimate 2020	Pharmacies per 100,000 population	Average number of dispensed items	
					per pharmacy	per pharmacy per month
England	10,715	945,569,340	56,550,138	18.9	88,247	7,354
Hampshire, Portsmouth, Isle of Wight, and Southampton	332	29,689,245	1,999,066	16.6	89,425	7,452
Southampton	40	3,487,020	252,872	15.8	87,176	7,265

Source: PNA- pharmacy dispensary data (2020-21) and ONS mid-year population estimate 2020

8. Population and health

To assess the need for pharmaceutical services in Southampton, it is necessary to understand the city's population and their socio-economic characteristics and health needs. Appendix A, in Part 2 of the PNA, uses data from the Joint Strategic Needs Assessment (JSNA) on the Southampton Data Observatory²² to provide a very comprehensive picture of Southampton's population which is briefly summarised below.

8.1 Demography and socio-economic factors

8.1.1 Population

In 2022, the resident population of Southampton is estimated to be to be 264,658²³ with 307,119 people registered with GP practices in January 2022.²⁴ Southampton has a much younger profile than the national average, largely because of the number of students in the city. However, the older population is projected to grow proportionally more than any other group over the next few years; for instance, the over 65 population is set to increase by 6.9% between 2022 and 2025, and over 85 by 6.5%.

8.1.2 Future dwellings and population changes

In order to assess whether the location, number, and choice of pharmaceutical services meet current and future needs in Southampton we need to first consider the anticipated growth in dwellings and population in the city within the lifetime of this PNA.

The Strategic Housing Land Availability Assessment (SHLAA)²⁵ for Southampton indicates likely housing developments. The housing requirement for the city is 16,300 dwellings in the period 2006 – 2026. A total of 5,179 dwellings were constructed up to March/April 2012. The outstanding number of dwellings required 2012 - 2026 is therefore 11,121 dwellings, an average of 795 dwellings per year covering the lifetime of the PNA.

These housing requirements are taken into account by the Hampshire County Council population forecasts which predict an increase in dwellings of 3,594 (3.3%) between 2022

²² Southampton Data Observatory <https://data.southampton.gov.uk/>

²³ Hampshire County Council <https://www.hants.gov.uk/landplanningandenvironment/facts-figures/population/estimates-forecasts>

²⁴ NHS Digital <https://digital.nhs.uk/data-and-information/publications/statistical/patients-registered-at-a-gp-practice>

²⁵ Strategic Housing Land Availability Assessment, Southampton City Council, accessed via <http://www.southampton.gov.uk/planning/planning-policy/research-evidence-base/shlaa.aspx>

and 2025. The increase in dwellings across Southampton translates to a population increase of 8,198 (3.1%).

The largest growth in dwellings over the 2022-25 period is predicted to be in Bargate (1,588 dwellings; 14.3%) – over four times the city average, followed by Woolston (466 dwellings; 6.2%) and Redbridge (248 dwellings; 3.4%). Therefore, it follows that the largest growth in population is predicted to be in Bargate (3,301 people; 12.5%) followed by Woolston (1,158; 6.7%). Bitterne is predicted to see a small fall in population (-27 people;-0.2%) over the same period.

8.1.3 Ethnicity

In the 2011 Census 22.3% of residents recorded their ethnicity as a group other than White British and there is wide variation in diversity within the city; in Bevois ward, over half of residents (55.4%) are from a non-White British ethnic group compared to 7.6% in Sholing. The school census in Southampton in 2020/2021 revealed that 39.4% of pupils were from an ethnic group other than White British.

8.1.4 Deprivation

Southampton is relatively deprived, ranking 55th (where 1 is the most deprived) out of 317 local authorities, and significant inequalities exist within the city. There is a strong association between deprivation and poor outcomes, such as health and crime; for instance, the overall crime rate is 3.1 times higher in most deprived neighbourhoods of the city, compared to the least deprived.

8.2 General health needs of the city

Life expectancy in Southampton is 78.3 years for males and 82.5 years for females compared to the England averages of 80.6 and 84.1 respectively (2018-20). Of the 2,000 deaths of Southampton residents in 2020, cancer was the most common (518 deaths), followed by circulatory diseases (453 deaths) and respiratory diseases (235 deaths). People with circulatory and respiratory disease will more likely be prescribed medication by GPs to help manage their conditions.

Mental health is also an important issue in relation to needs for pharmaceutical services. In 2021, the GP patient survey estimated Southampton had a prevalence of long-term mental health problems among the GP population of 12.2%, this was significantly higher than the national prevalence (11.0%).

Health behaviours are also relevant to needs for pharmaceutical services. Appendix A includes information on smoking, excess weight, sexually transmitted infections and alcohol and drug use. For instance, in 2017-19, more people died from smoking attributable deaths in Southampton than the national average (260.6 per 100,000 population, compared to 202.2 per 100,000 in England) and more people are admitted to hospitals with smoking related illnesses.

Pharmaceutical services are needed for long term conditions as well as acute injuries, ailments and infections. This has been particularly evident during the COVID-19 pandemic. For more information on COVID-19 please see section 11.6.3 in Appendix A and the COVID-19 Impact Assessment on the Southampton Data Observatory.²⁶

8.3 Specific Needs for Key Population Groups

The following groups have been identified as living in the city and their specific needs are summarised below and described in full in Appendix A.

8.3.1 University Students

The most common health issues associated with students are:

- Mumps
- Chlamydia testing
- Meningitis
- Contraception, including EHC provision
- Mental health and wellbeing

8.3.2 Carers

The 2011 Census revealed that, in Southampton, 8.6% (or 1 in 12) of the population provided some form of unpaid care, ranging from 1 hour per week to over 50 hours per week. This represents 20,263 people in the city.

Local data from Carers in Southampton (n=2,539) on the distribution of carers known to them revealed hotspots of carers in the city.

²⁶ COVID-19 updates - <https://data.southampton.gov.uk/health/disease-disability/covid-19/covid-19-updates/> resources section. COVID-19 Impact Assessment

8.3.3 Disability - People with a Learning Disability

There are an estimated 5,100 residents aged 15+ with a learning disability in the city.²⁷ People with learning disabilities have differing and often complex health care needs leading to increased prescribing and risk of polypharmacy. People with learning disabilities have a higher prevalence of ²⁸:

- Depression
- Asthma
- Diabetes
- Epilepsy

8.3.4 Disability - Adults with Autistic Spectrum Conditions

In 2020, it is estimated that in Southampton there are 1,200 males (1.1% of male population) and 210 females (0.2% of the female population) aged 16 years and over who would screen positive for autism spectrum conditions.²⁹

8.3.5 Lesbian, Gay, Bisexual, and Transgender Community

In 2017, research carried out by Public Health England estimated 2.5% of adults surveyed identified themselves as gay, lesbian bisexual or 'other'; in Southampton this would equate to 5,260 adults. The research found a larger proportion of men stating they were gay compared to women. The largest percentage among any age group is in the 25 to 34 age.³⁰

There is no reliable information regarding the size of the trans population in the UK. Recent estimates suggest that 0.6% to 1% of adults may experience some degree of gender variance (around 1,510 to 2,520 Southampton residents) and at some stage, about 0.2% (around 500 Southampton residents) may undergo transition.

²⁷ Southampton Data Observatory <https://data.southampton.gov.uk/health/disease-disability/learning-disabilities/>

²⁸ Royal Pharmaceutical Society, Learning disabilities; Medicines Optimisation.

<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Policy/learning-disability-moarticle-160324.pdf>

²⁹ NHS Digital. NatCen Social research Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014 <http://content.digital.nhs.uk/catalogue/PUB21748> applied to the Hampshire County Council 2016-based Small Area Population Forecast

³⁰ Producing modelled estimates of the size of the LGB population of England https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/585349/PHE_Final_report_FINAL_DRAFT_14.12.2016NB230117v2.pdf

Specific issues for this population group include being targets for hate crime and mental illness, such as depression and anxiety. The prevalence of smoking, alcohol and drug use is also higher in the LGBT community.

8.3.6 Age

Mental health needs by age are explored in Appendix A Section 11.3 and the health needs of Southampton's children are highlighted in Section 11.5.

- Health issues tend to be greater amongst the very young and the very old
- The number of chronic conditions increases with age: data from GP practices in 2021 in Southampton was analysed showing that by age 40-44 over half have at least 1 long term condition (LTC), by age 60-64 over a third (38%) have at least 3 LTCs and by age 80-84 over a third (34%) have at least 6 LTCs
- A higher rate of older people in Southampton access long-term support through adult social services than is the case nationally³¹

8.3.7 Ethnicity, Migration, Language and Religion

Cultural difference can affect health and wellbeing in many ways including:

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

8.3.8 Gender

Male healthy life expectancy in Southampton is 60.7 years which is significantly lower than the national average of 63.2 years. Inequalities in health are also greater for men in the city: life expectancy at birth is 8.7 years lower for men in the most deprived 20% of the city compared to the least deprived 20% (the equivalent difference is 4.1 years for women, 2018-20).

³¹ NHS Digital Adult Social Care Analytical Hub <https://digital.nhs.uk/data-and-information/publications/statistical/personal-social-services-adult-social-care-survey/england-2019-20>

8.3.9 Port Workers and Visitors

Southampton is a port city and, therefore, there is potential for communicable diseases related to the large-scale movements of goods and people through the port.

8.3.10 Veterans

There are an estimated 10,750 veterans living in the city. Most veterans are estimated to be in the older age groups, with 29% aged 55-74 years old, and 31% aged 75-84 years.^{32,33} The common health and wellbeing difficulties experienced by veterans include (More information is provided in Appendix A section 11.7.11):

- Socially isolation
- Depression
- Problems with legs and feet
- Heart problems
- Diabetes
- Difficulty hearing
- Difficulty seeing

8.3.11 Travellers

In July 2021, there were 21 traveller caravans in Southampton's authorised site (Kanes Hill). The site has seen a decreasing trend since January 2018 where 36 caravans were recorded. Key barriers to health in these communities include lower health literacy and cultural distrust of systems.

8.3.12 Homelessness

In 2019/20, Southampton's rate of households in temporary accommodation (1.8 per 1,000 households) was significantly lower than the national average (3.8 per 1,000 households). The city's rate of households owed a duty under the Homelessness Reduction Act (10.9 per 1,000 households) was also significantly lower than the national average (12.3 per 1,000

³² [Annual population survey: UK armed forces veterans residing in Great Britain 2017 - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

³³ Fear N, Wood D, Wessely S for the Department of Health. Health and social outcomes and health services experiences of UK military veterans - a summary of the evidence. London: November 2009. Available at: http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_di_gitalassets/@dh/@en/@ps/documents/digitalasset/dh_113749.pdf

households), however the rate of households with dependent children owed a duty under the Homelessness Reduction Act (19.8 per 1,000 households) was significantly higher than the national average of (14.9 per 1,000 households).

The average life expectancy for women experiencing homelessness is 43 years and for men is 47 years. Deaths relative to drug and alcohol use are prevalent amongst this population, accounting for just over a third of all deaths, and people experiencing homelessness are nine times more likely to commit suicide than the general population.³⁴

³⁴ *'Homelessness Kills'* report by Crisis available here: [crisis_homelessness_kills_es2012.pdf](https://www.crisisuk.org/media/2012/08/crisis-homelessness-kills-es2012.pdf)

9. Gap Analysis

The information collected and analysed for this PNA has been used to carry out a ‘gap analysis’ to establish whether the pharmaceutical services in Southampton meet current and future needs. The Steering Group agreed that living within 1.6km (straight-line distance) from a pharmacy would be the key criterion for the gap analysis; this distance is used in the NHS Pharmaceutical Services Regulations 2013 when applications are determined under the “market entry” process³⁵. Other factors, such as opening hours and services provided, also informed the gap analysis.

9.1 Do existing pharmaceutical services meet current needs?

In terms of current needs, the PNA has ascertained the following:

- There is a good geographical spread of community pharmacies across the city (Section 7)
- Almost all of Southampton’s population is within a 1.6km straight line distance of a community pharmacy (Section 7.1). There are two exceptions to this but, for the following reasons, neither is considered to indicate a gap in pharmaceutical provision:
 - The first is a small area in the west which is part of the industrial dock area and has no residential development; people who work in this area are considered to be sufficiently covered by pharmaceutical provision in Totton
 - The second is four residential streets have been identified with no pharmacy provision within a 1.6km radius. These are all gathered in an area of the Bassett Ward at the north of the city, which abuts the M27 and the A27 and is centred on the SO16 7HT postcode. Although there are no pharmacies within a 1.6km radius of these four streets, the area is well served by main roads for those with access to a car, and by two bus routes for those that use public transport.³⁶ These bus routes connect Bassett to the city centre and Portswood, with one route additionally providing access to the large ASDA, Bournemouth Road in Chandler's Ford, Eastleigh which has its own pharmacy. Additionally, there are four pharmacies just over a 1.6km distance away from this area, at least two of which note on their websites that they

³⁵ The NHS (Pharmaceutical Services and Local Pharmaceutical Regulations) 2013 available at <http://www.legislation.gov.uk/ukxi/2013/349/contents/made>

³⁶ Bus map: [Southampton Public Transport Map \(myjourneysouthampton.com\)](https://www.myjourneysouthampton.com)

provide delivery options to the Bassett area.^{37,38} There are two pharmacies further away (one in Portswood, one in Bitterne Village) that offer deliveries within a 5-mile radius,³⁹ an area which includes the streets in question

- There are 16 community pharmacies per 100,000 population in Southampton, which is very similar to the average for neighbouring areas and is broadly in line with the national average (Section 7.7)
- Over 99% of the Southampton population are within a 20 minute walk of a community pharmacy (Section 7.5)
- With four 100-hour pharmacies in Southampton, supplementary hours in other pharmacies and provision in neighbouring HWB areas, there are sufficient access times to meet the needs of the city's residents (Section 6)
- All pharmacies provide the full range of essential pharmaceutical services (Section 5.6)
- There is good provision of advanced services across the city (Section 5.7)
- There are a range of enhanced and locally commissioned services delivered in the city (Sections 5.8 and 5.9)
- A large proportion of community pharmacies provide a delivery service to residents, including housebound patients (Section 5.9.7)
- Since the COVID pandemic there has been a marked increase in the use of distance selling pharmacies (Section 5.2)
- In Southampton, fewer items are dispensed per pharmacy than in neighbouring areas or nationally suggesting that demand is being met (Section 7.7)

Therefore, it is considered that the number, distribution and choice of pharmaceutical services meet the current needs of the population.

9.2 Do existing pharmaceutical services meet future needs?

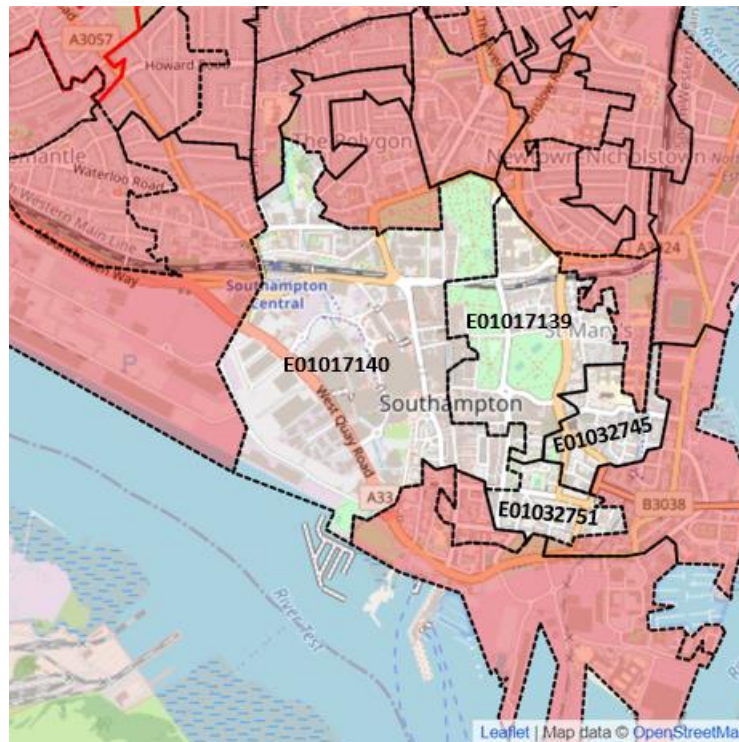
Assessment forecast population growth in the city identified Bargate ward as the area with significant new development within the lifetime of the PNA. In particular, there are 4 Lower Super Output Areas (LSOAs) in Bargate ward which are forecast to have a 17.2% increase in population between 2022-25; these are shown in Figure 16.

³⁷ Boot's delivery service <https://www.boots.com/prescription-support/prescription-delivery-service>

³⁸ LloydsDirect <https://www.lloydsdirect.co.uk/delivery-and-collection>

³⁹ Sangha Pharmacy (Thornhill Park Road), and Day Lewis (Portswood Road)

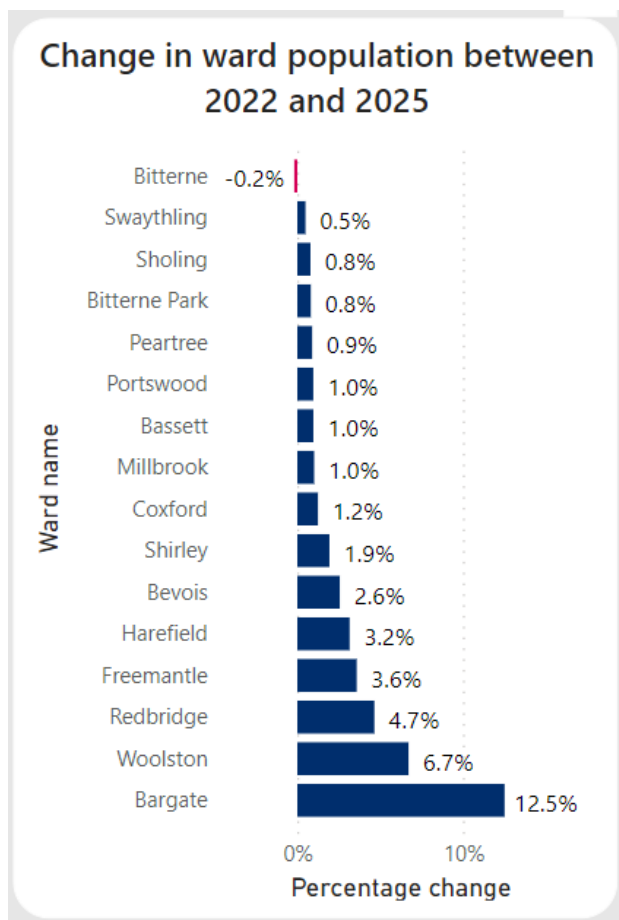
Figure 166: LSOA in central Southampton



Source: OpenStreetMap

This area of Bargate ward is served by four pharmacies; three are located within LSOA E010140 (two of which are part of the 100 hour service; ASDA Pharmacy and Boots the Chemist in West Quay shopping centre and the third is Boots the Chemist Above Bar). A fourth pharmacy is Lloyd’s Pharmacy in St Mary’s Street, which is in LSOA E01017139.

Figure 17: Forecast population change for Southampton wards 2022-25



Source: Hampshire County Council’s 2020-based Small Area Population Forecasts

Population growth across the rest of the city is not forecast to be significant within the lifetime of the PNA, as the chart in Figure 17 shows. Therefore, it is anticipated that the future demand for pharmaceutical services from residential development in Southampton can be met by existing providers.

10. Conclusion

The conclusion of this PNA is that the number, distribution and choice of pharmaceutical services meet the needs of the population and will meet future needs within the lifetime of this PNA. Therefore, there is no identified need for improvements or better access to pharmaceutical services in the city.

This conclusion was supported by the majority of respondents to the statutory consultation.