



West Sussex Pharmaceutical Needs Assessment 2022

Draft for Consultation

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NOTE: An Equalities Assessment (APPENDIX H) is available as a separate document.

Glossary

A&E	Accident and Emergency
AUR	Appliance Use Review
CVD	Cardiovascular Disease
CCG	Clinical Commissioning Group
CPCF	Community Pharmacy Contractual Framework
DAC	Dispensing Appliance Contractor
DRUM	Dispensing Review of the Use of Medicines
EHC	Emergency Hormonal Contraception
GP	General Practitioner
HWB	Health and Wellbeing Board
ICB	Integrated Care Board
ICS	Integrated Care System
IMD	Index of Multiple Deprivation (sometimes referred to as ID – Index of 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
LTLA	Lower Tier Local Authority
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
NHSE&I	National Health Services England and Improvement
NMS	New Medicines Service
NUMSAS	New Urgent Medicines Supply Advanced Service
NRT	Nicotine Replacement Therapy
NSP	Needle and Syringe Programme
OHID	Office for Health Improvement and Disparities
ONS	Office for National Statistics
OOH	Out of Hours
OST	Opiate Substitution Treatment
PCO	Primary Care Organisation
PCN	Primary Care Network
PGD	Patient Group Direction
PHE	Public Health England
PNA	Pharmaceutical Needs Assessment
PSNC	Pharmaceutical Services Negotiating Committee
SAC	Stoma Appliance Customisation
SMI	Severe Mental Illness
WSCC	West Sussex County Council

1 Executive summary

A Pharmaceutical Needs Assessment is a statement of needs for pharmaceutical service provision within a local area.

Following the restructuring of the National Health Service (NHS) in April 2013, the statutory responsibility of producing and keeping up to date a Pharmaceutical Needs Assessment (PNA) was transferred to Health and Wellbeing Boards (HWB).

The PNA 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 amended, as well as applications to change existing services.

It is also used by NHS England, NHS Improvement, Local Authorities (LA) and Clinical Commissioning Groups (CCGs) to inform their commissioning of services from community pharmacies.

The PNA is updated every three years. The last West Sussex PNA was published in January 2018, with a revision due in January 2021. However due to the COVID-19 pandemic and resultant pressures on local health, care and public health systems, the deadline for publishing a PNA was extended to October 2022¹.

1.1 Impact of the COVID-19 Pandemic

This PNA covers the period October 2022 to October 2025. It has been drafted after COVID-19 restrictions have been lifted. We have not used this PNA to reflect on the pandemic experiences of residents or providers. However, it is important to acknowledge that while restrictions have been lifted and health services are recovering, the pandemic has had a considerable impact on services and residents. The longer-term impact of the pandemic is yet to be fully realised or understood, including on the health and wellbeing of the local population, working practices and the economic effects on providers.

1.2 The 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, including amendments.

The following guidance documents were used to develop the PNA:

- The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and amendments.

¹ UK Statutory Instruments 2021 No. 1346 PART 2 Regulation 3. The National Health Service (Charges, Primary Medical Services and Pharmaceutical and Local Pharmaceutical Services) (Coronavirus) (Further Amendments) Regulations 2021

- Pharmaceutical Needs Assessment, Information Pack for Local Authority Health and Wellbeing Boards. Department of Health (October 2021).
- PSNC Briefing 050/21: Regulatory amendments in late 2021/early 2022.
- The West Sussex County Council Pharmaceutical Needs Assessment 2018 was used as a template and reference for the development of this PNA.

In addition to the above, consideration was given to the Equality Act 2010 throughout the PNA development process and the importance of taking into account different needs of specific groups within the population.

1.3 Governance

A report was made to the West Sussex Health and Wellbeing Board in January 2022, outlining the process, timescale, and steering group. This report requested delegated authority for the steering group to sign off the PNA to meet the October 2022 deadline.

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), NHS West Sussex CCG, Healthwatch West Sussex, and NHS England.

The steering group was advised of the key dates for the actions required to produce the PNA and the decisions required at each meeting.

1.4 Engagement

Pre-consultation. To inform the draft PNA several surveys were undertaken; a telephone survey of over 2,000 residents; a survey of care homes; and surveys of pharmacy contractors and dispensing GPs.

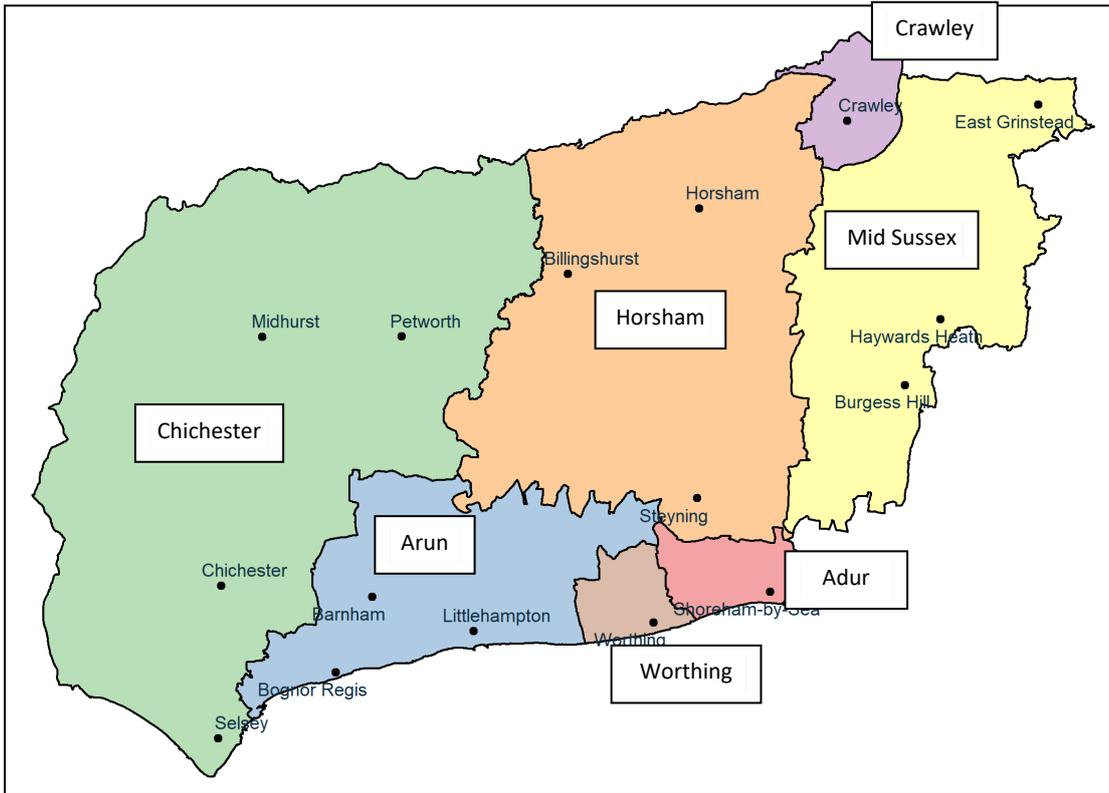
Consultation. A public consultation of the PNA is running from 20th June to 28th August 2022. The consultation process has been guided by the regulations and the following groups will be consulted; LPC, LMC, Healthwatch, neighbouring HWBs i.e., East Sussex HWB, Hampshire HWB, Surrey HWB and Brighton 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 will be available on the WSCC website. At the close of the consultation, the responses will be analysed by members of the Steering Group and the necessary changes made to the PNA document.

1.5 Localities

The lower tier local authority areas within West Sussex have been adopted as the localities for the PNA; these are Adur; Arun; Chichester; Crawley; Horsham; Mid Sussex; and Worthing. This was agreed by the steering group and is in line with the approach taken in 2018.

Figure 1 West Sussex PNA Localities



1.6 Key findings

1.6.1 Population demographics

- Over 867,000 people live in West Sussex. Population increase has been driven by inward migration (national and international) and not natural change (i.e., more births than deaths). Crawley is the only locality where there were more births than deaths between mid-2019 and mid-2020.
- Between 2022 and 2025 the population is projected to increase by 2%, to 900,000.
- In West Sussex, 23% of the population is aged 65 years or over, compared with 19% nationally. Crawley stands out within the county as having a younger population age structure compared with the county and England overall, with 22% of the Crawley population aged under 16 years.
- The average life expectancy at birth in West Sussex is 80.3 years for males and 83.9 years for females, both better than the England average. As a result of the COVID-19 pandemic life expectancy fell in 2020, both locally and nationally.
- West Sussex is less ethnically diverse compared with England, with 6% of the population belonging to an ethnic minority group, compared with 20% in England. Crawley is the most ethnically diverse locality with 28% of the population belonging to an ethnic minority group.
- West Sussex remains one of the least deprived areas in the country but has neighbourhoods in the most 10% deprived of small areas within England. Over 25,000 children in West Sussex live in low-income households. This is likely to increase as the cost of living rises in the UK.

- The impact of the COVID-19 pandemic caused a large increase in unemployment in the county and some areas, notably Crawley, were disproportionately impacted by the downturn. The longer-term effects are still to be understood (as of May 2022).

1.6.2 Health and wellbeing

- The major causes of death in West Sussex are cardiovascular disease, cancer, and neurological disorders (such as dementia). In relation to the causes of ill health, musculoskeletal problems, such as lower back pain and arthritis, migraine, and mental health place a considerable burden on the population's health.
- In terms of the risks for poorer health, the leading risks are smoking, poor diet, high systolic blood pressure, high fasting plasma glucose and a high body mass index.
- Overall West Sussex has a lower smoking rate compared with England, but this still means that 1 in 10 adults are smokers, with higher rates in Crawley and amongst routine and manual workers.
 - in 5 adults are physically inactive and over 60% of adults are overweight.
- Over the last ten years, hospital admissions related to alcohol have increased.
- It is estimated that 1,200-3,200 West Sussex residents use opiates and/or crack cocaine.
- There has been a long-term downward trend in teenage pregnancy, locally and nationally. The rate in West Sussex is 11.1 conceptions per 1,000 females under 18 (148 conceptions in 2020).
- In relation to long term conditions, using information from GP disease registers, there are over 140,000 people with high blood pressure, over 54,000 people with diabetes, over 8,000 with dementia, 19,000 recorded as having had a stroke, and over 32,000 with heart disease.
- In relation to mental health, there are over 8,300 people on the Severe Mental Illness (SMI) GP register and over 92,000 recorded as having depression.
- Given the time lag in data, the impact of the COVID-19 pandemic is yet to be fully understood, however there is evidence, at a national level, that some risks factors for poorer health, such as alcohol consumption and obesity, have worsened in the last 2 years.

1.6.3 Current NHS pharmaceutical service provision

- There are 153 community pharmacies in West Sussex; 12 dispensing doctors; 5 appliance contractors and 3 distance selling pharmacies.
- Since the last PNA in 2018, there has been a reduction of 7 community pharmacies, whilst the number of dispensing GPs, distance selling pharmacies and appliance contractors has remained the same.
- There are 18 community pharmacies per 100,000 population in West Sussex. This is lower than the England rate (21 per 100,000) but higher than the South East rate (17 per 100,000).
- West Sussex residents also have access to pharmaceutical services from neighbouring HWB areas i.e., in Brighton and Hove; East Sussex; Hampshire and Surrey. Approximately 25,000 West Sussex residents are registered with GPs in neighbouring areas, and are therefore likely to use services in those areas.

1.6.4 Current Access to Services

Opening Hours

- Of the 153 community pharmacies in West Sussex, 13 are '100 hour' pharmacies (open for at least 100 hours per week). These are mainly located inside supermarkets.
- Over one third of pharmacies in West Sussex are open before 9am.
- Sixty-three community pharmacies in West Sussex are open in the evenings after 6.00pm 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 6.00pm. Adur is the only locality without a pharmacy open beyond 8pm.
- Most pharmacies in West Sussex (91%) are open during the day on Saturdays.
- Most community pharmacies in larger towns in West Sussex are open on Sundays; however, most in the smaller towns and villages are closed.
- Three pharmacies are open after 4.30pm on Sundays (including one in Gatwick airport).

Location

- West Sussex is a large county, with has many urban areas and large towns, and also rural areas with smaller villages. Unsurprisingly there is a greater density of pharmacies in urban areas.
- All residents are within 20 minutes travelling time of a pharmacy (by car) and the vast majority within a 6-mile radius. This is considered a reasonable travel time and distance to access pharmaceutical services.
- For some people in West Sussex pharmacies outside of the county are their nearest provider. This is notable for people living in rural areas to the north of Chichester where towns such as Petersfield and Liphook in Hampshire and Haselmere in Surrey are important locations.
- Public transport, except in some towns, and some services along the coast, does not facilitate travel to a pharmacy within 20 minutes. There is a considerable reliance on cars and/or taxis.
- In relation to public transport and, the most deprived areas within the county, in areas ranked within the most deprived 20% of neighbourhoods in England such as Littlehampton, Bognor, and areas in Durrington and southwest Crawley, residents are within 20 minutes of a pharmacy by public transport. But it is noted that these are urban areas and there are deprived residents living in all areas of the county, including rural areas.
- One in four people interviewed for the telephone survey said their prescription medicines were delivered. Providers are not funded to provide a delivery service.

1.6.5 Current services provided

- 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, and this coverage is adequate to meet the needs of the local population.

Advanced Services

- There is good provision of advanced services from pharmacies and appliance contractors across West Sussex. When compared to England, West Sussex, in general, has a higher number of pharmacies and appliance contractors providing advanced services.

In relation to advanced services:

- All community pharmacies and distance selling pharmacies based in West Sussex are commissioned to deliver the New Medicine Service.
- 150 community pharmacies and one distance selling pharmacy in West Sussex provide a Community Pharmacist Consultation Service, representing 94% of pharmacies.
- 90% of community pharmacies provided a Flu Vaccination Service in 2020/21.
- Nationally and locally, Appliance Users Review (AURs) and Stoma Appliance Customisation (SACs) are more likely to be provided by appliance contractors.
- In West Sussex there are three appliance contractors offering Appliance Use Reviews. At 1.8% of contractors this was higher than the England level of provision (0.6%).
- There are 17 contractors (12 community pharmacies and 5 appliance contractors) providing Stoma Appliance Customisations. All areas have at least one provider of SACs except Chichester. This level of SAC provision is similar to England overall.
- In relation to the new advanced services, such as hypertension case finding and smoking cessation service (supporting the continuation of cessation started as an inpatient), it is too early to assess the sign up at a local level.
- In West Sussex four community pharmacists are commissioned to provide Hepatitis C testing. This service was due to end in March 2022 but has been extended to 2023.

In relation to Enhanced Services, six pharmacies provided COVID-19 vaccinations in 2021/22.

Locally Commissioned Services

- In addition to services covered under the Community Pharmacy Contractual Framework, other services are locally commissioned. There are a good range of services.
- NHS West Sussex CCG locally commission four services; the Medication Administration Record (MAR) Chart scheme (in the area covered by the previous CCG, NHS Coastal West Sussex), Emergency Palliative Care (pan-West Sussex), H-Pylori Testing (Crawley only) and a Gluten Free Food Scheme (Horsham and Mid Sussex area only).
- West Sussex County Council Public Health commission NHS Health Checks, Smoking Cessation, an Alcohol Identification and Brief Advice Service and Emergency Hormonal Contraception. These are provided across the county and there is a good geographical spread of these services.
- Change Grow Live (CGL), the local provider of substance misuse treatment services, contract a range of services including needle exchange, supervised consumption, and take-home

naloxone. These services are provided across the county and there is a good geographical spread of this provision.

1.6.6 Survey Responses - Telephone Survey of Residents

Key Points

- 2,108 residents were surveyed (via telephone) across the county.
- 62% of respondents said they visited pharmacies or dispensing GPs for health reasons every month, and 23% visit every couple of months.
- Almost nine out of ten respondents used pharmacies for over-the-counter or off-the-shelf medicines, 65% for prescription medicines or appliances, and 28% visited for health advice.
- Approximately a quarter of respondents had their prescription medication delivered 10% said they paid for delivery and 13% said delivery was free.
- The preferred opening time stated was weekdays between 9am and 6pm (54%), with the next most popular time being at weekends (14%), 13% of respondents expressed no preference.
- Almost 30% of full-time workers stated weekdays after 6pm was their preferred opening time.
- Over the last 12 months, the need for pharmacy services outside of typical weekdays was highest on Saturdays (59%), ahead of evenings/night times (42%).
- People were asked whether they could find a pharmacy open when they needed to. 98% of respondents said they were 'always' able to find open pharmacy services when they needed them during the day. This fell to 64% for Saturdays, 41% for Sundays, and 36% on weekday evenings. In terms of 'never' being able to find a pharmacy; 4% of people said they never could find one open on a weekday evening and 10% on Sundays or Bank Holidays.
- More than half of respondents (52%) drive themselves to their pharmacy or dispensing GP, whilst 29% said they walked.
- Around half of respondents (49%) said it took less than 10 minutes to get to a pharmacy, and 26% said it took 10-15 minutes. Just 1% of respondents reported a journey time of over 30 minutes.

In relation to comments made:

- There were many positive comments about the support and advice given by pharmacists.
- In terms of general access, by far the largest number of comments made related to problems in parking. In response to a lack of parking, some people reported switching to taxis, changing to delivery, or using online pharmacies.
- In relation to home delivery a small number of people raised issues about getting advice alongside delivery.
- There were many comments relating to queueing inside the pharmacy, including waiting for a long time and an absence of seating for frailer/disabled customers.
- The lack of privacy and being overheard was raised as a concern by several people.

- There were numerous comments about pharmacy staff; including the turnover of staff, pressures staff were under and overall staffing capacity and some comments relating to staff attitude.
- When asked for suggestions for additional services, the most frequently mentioned by residents were:
 - Prescriptions, including prescriptions for minor illness/ailments and repeat prescriptions
 - Support for mental health issues including how to identify problems, general awareness, signposting and assessments/checks
 - Well Woman and Well Man clinics
 - Sexual health services
 - Vaccinations – including child vaccinations
 - Screening and tests – including blood pressures, cancer checks and blood tests
 - Support for people with dementia and their carers.

Surveys of care homes

- A survey of care home staff highlighted the importance of timely access to medicines in this sector and reliable deliveries. All reported requiring services out of normal weekday working hours and 18 of the 34 care homes who responded said they had used NHS 111 or GP out of hours services when pharmacies were not available.
- In terms of how services could be improved, the top three issues raised were:
- The need for earlier/more timely deliveries and ensuring urgent prescriptions arrived quickly.
- Communication between pharmacies and the care homes (sometimes the GPs as well) to advise on items out of stock, delays in delivery, etc. and being able to get through to pharmacies on the telephone or by email.
- Opening times including longer hours and weekends.

Contractor Surveys

- Of the responses to the online contractor survey issues were raised relating to current work force pressures and potential changes/innovation in working practices (such as auto-dispensing machines and pharmacists as independent prescribers post 2025). There was considerable overlap with the resident survey suggestions on additional services that could be provided, including screening and tests, dealing with minor ailments but also some specific services such as ear suction.

1.7 Addressing health and wellbeing needs and tackling inequalities

- Community pharmacies are a key public health resource. Their role in the pandemic highlighted their reach into communities across West Sussex and their importance in addressing the needs of specific patient groups.

- 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.
- 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 and tackling inequalities.

1.8 Overall Conclusion

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

After reviewing the location and scale of proposed housing development it is anticipated that the current pharmaceutical providers will be sufficient to meet the local needs for the lifetime of this PNA (October 2022 to October 2025).

1.9 Recommendations

- Although access, in terms of distance and time travelled remains reasonable (within 6 miles and within 20 minutes travel time), for large areas of West Sussex public transport is poor and people, particularly those in rural parts, are dependent on personal transport, or taxis. The increasing cost of fuel may become a barrier to accessing services; commissioners should monitor this as an on-going risk.
- There is generally good access in terms of opening hours. Residents who provided information in a telephone survey reported few problems with current opening hours and said they were able to find a pharmacy open when they needed one. Care homes did report concerns about accessing pharmacies in the evening and at weekends. Commissioners should keep this under review following any extension of GP opening hours.
- Overall, the provision of advanced services across the West Sussex localities is good and coverage compares well with England. At the time of drafting this PNA, it was too early to assess the coverage of the new advanced services of smoking cessation (supporting people after being discharged from hospital) and hypertension case finding. It is important that good coverage is also secured for these services in West Sussex.
- The PNA process found some discrepancies between contractual data provided by NHSE&I (for example on opening hours) and publicly available data (for example information on the NHS website). Discrepancies were also noted by some respondents to the contractor survey. These differences may have developed during the pandemic and should be resolved.
- Services and activity levels, including those of NHS and locally commissioned services, have been impacted by the COVID-19 pandemic. The recovery of activity should be monitored by service commissioners, including locally commissioned services.
- Residents surveyed as part of this PNA identified a range of services they would like to see available at their local pharmacy. Many of these identified related to prevention, health

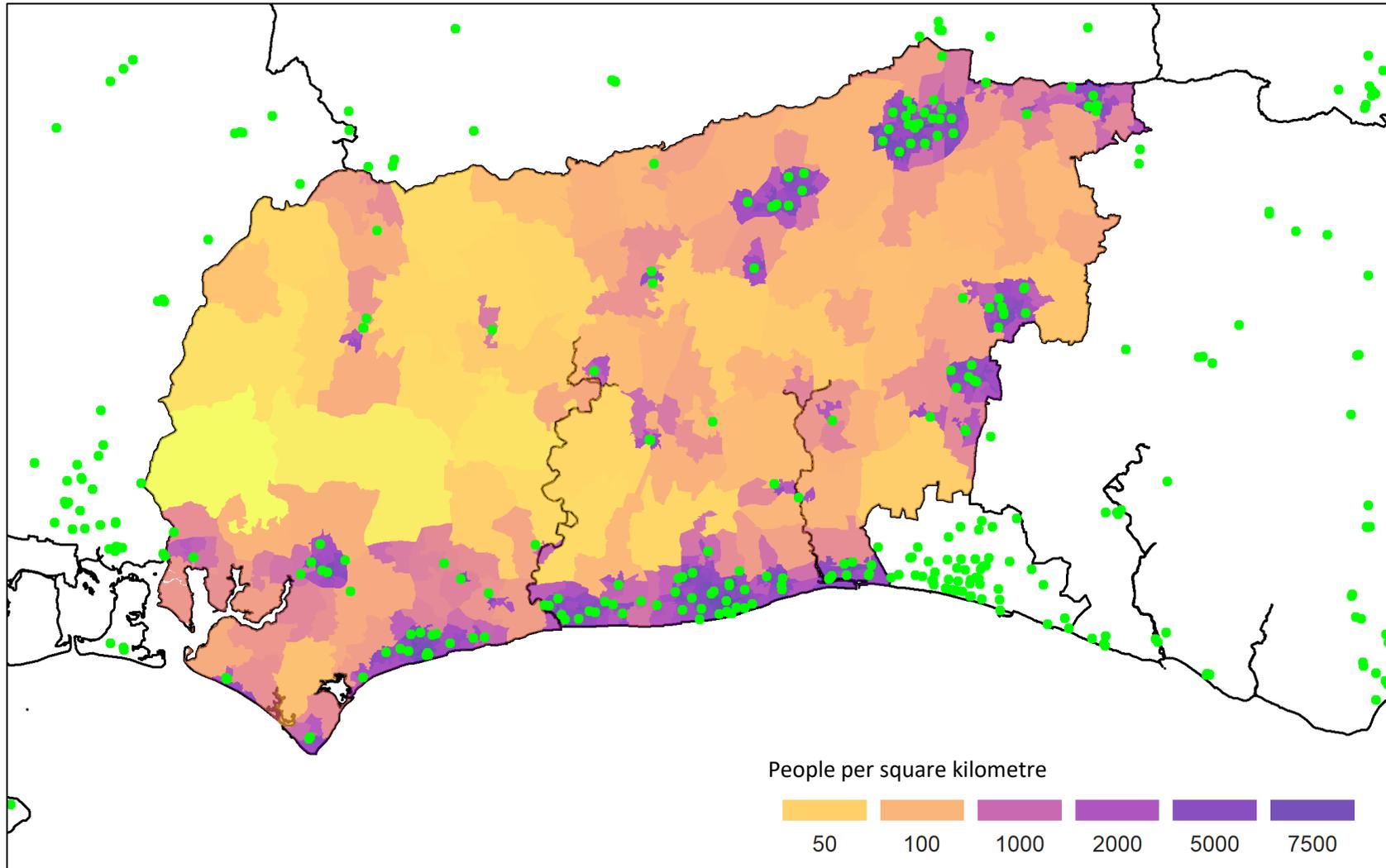
advice and screening/tests, and overlapped with suggestions made by some contractors. Some services mentioned are already commissioned. Information from the survey should be discussed with local commissioners to explore any further opportunities and/or the need for wider promotion of existing services commissioned.

- Further housing development in the Ruspur area of Horsham District should be monitored, the scale of development may have a future need, but it is not anticipated in the lifetime of this PNA.
- Community pharmacies can contribute towards addressing local health and wellbeing priorities and work to tackle health inequalities. Providers should always be included in local discussions in drafting strategic plans and policies.

1.10 Recommendations relating to the PNA Process

- This PNA had a very low response rate to contractor surveys. Methods to improve responses should be explored locally for the next PNA. We recognise the considerable pressures that frontline staff in pharmacies and GP surgeries are under.
- The use of a resident telephone survey provided a good response across localities and acted to reduce pressures on frontline services to promote a survey. Maintaining the same methodology should enable comparison over time. This method of engagement is recommended for the next PNA.

Figure 2 Location of Pharmaceutical Service Providers in and around West Sussex by Population Density



Source: NHSE&I (Provider data), ONS (population data)

2 Introduction and Legislative Background

2.1 Definition of a Pharmaceutical Needs Assessment

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.

2.1.1 Links to the Joint Strategic Needs Assessment

At a county level, the HWB is also required to assess the general health of the local population and produce a Joint Strategic Needs Assessment (JSNA). The PNA examines how health needs can be addressed by pharmaceutical services commissioned by NHS England and NHS Improvement.

2.1.2 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 of 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 to ensure improved patient choice, accessibility, and better quality of services.

The PNA is used by different organisations to inform their commissioning of pharmaceutical services, as follows:

- **NHS England and NHS Improvement (NHSE & I)** – 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 advanced and enhanced services from pharmacies.

- **Clinical Commissioning Groups (CCG) and Local Authorities (LA)** – to inform their commissioning of local services from pharmacies.

If a person, or contractor, wishes to provide pharmaceutical services, they must apply to NHS England. If successful in their application, they are then added to the pharmaceutical list for the local area. In general,² applications will address needs identified in the local PNA.

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 and Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services (PLPS)) Regulations 2013.

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.

2.3.1 Changes to Regulations since the last PNA

Following the publication of the West Sussex PNA in 2018, the West Sussex HWB was due to publish a revised PNA in 2021. However, due to pressures in response to the COVID-19 pandemic, the Department of Health and Social Care (DHSC) suspended the requirement to publish renewed Pharmaceutical Need Assessments until October 2022. This has been amended in the NHS (Charges, Primary Medicinal Services and Pharmaceutical and Local Pharmaceutical Services Coronavirus) (Further Amendments) Regulations 2021. These amendment Regulations also made changes relating to considerations to be made by NHSE&I on PNA-based routine applications for new premises offering additional or different opening hours (regulation 21A of the PLPS Regulations). In such applications, NHSE&I must have regard to whether granting the application would result in an undesirable increase in the availability of essential services in the area of the relevant HWB. If the NHSE&I is satisfied that granting the application would result in the undesirable increase in availability mentioned in paragraph (2), it must refuse the application.

² There can be some exceptions where an application is offering benefits that were not foreseen when the PNA was published, these are referred to as 'unforeseen benefits applications'.

2.3.2 Market entry decisions

NHS England is required to make arrangements for the provision of proper and sufficient 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 PNA provides information to help inform market entry decisions by NHSE&I. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 gives NHS England responsibility for determining market entry to the pharmaceutical list.

2.4 Definition of pharmaceutical services

The 2013 Regulations clarify 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 E&I 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*
- *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 doctor).*

2.4.1 Pharmaceutical lists

NHSE&I has a statutory responsibility to prepare, maintain and publish pharmaceutical lists of contractors who provide pharmaceutical services from premises within the HWB area.

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, they sell over the counter medicines. (As of March 2022) West Sussex has 153 community pharmacists.
- **Dispensing appliance contractors:** NHS pharmaceutical contractors who supply, on prescription, appliances such as stoma and incontinence aids, dressings etc. They cannot supply medicines. In addition to dispensing appliances, they offer expert advice regarding appliances, signpost and can also choose to provide advanced services. Subject to meeting certain requirements, the two advanced services that contractors can choose to provide are stoma appliance customisation and appliance use reviews. (As of March 2022) West Sussex has five appliance contractors.

- **Distance selling contractors:** These are internet and mail order-based contractors who provide their services across England to anyone who requests it. They must provide patients with a full range of essential services but not face-to-face at the premises. (As of March 2022) there are three distance selling contractors based in West Sussex.

2.4.2 Local Pharmaceutical Services

A Local Pharmaceutical Service contract allows NHSE&I England to commission community pharmaceutical services tailored to specific local requirements. It provides flexibility to include within a locally negotiated contract a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under national pharmacy arrangements set out in the 2013 regulations.

DHSC state that as of 30 June 2021, there were 23 local pharmaceutical services contracts in 21 health and wellbeing boards. DHSC also caution that care should be taken when using the term local pharmaceutical services as it has a specific meaning in the 2013 regulations. There are no such services in West Sussex.

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 NHS 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.
- The practice must have approval for the premises at which they will dispense to them.
- The practice must have the appropriate consent for the area the patient lives in.

NHSE&I is required to maintain and publish a dispensing doctor list for the area of each Health and Wellbeing Board. (As of March 2022) there are 12 dispensing GP practices in West Sussex.

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.

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 2,750. 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

NHSE&I does not hold contracts with the vast majority of community pharmacies. Pharmacies provide services under a Community Pharmacy Contractual Framework (CPCF), which is made up of three different types of services that fall within the definition of pharmaceutical services. These services are essential, advanced, and enhanced services.

It is important to be clear that term pharmaceutical services in the PNA refers to those services set out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013:

- **Essential services** - set out in Part 2, Schedule 4 of the Regulations, services all pharmacies are required to provide.
- **Advanced services** - set out in the Directions, services that pharmacies can opt to provide if they are accredited.
- **Enhanced services** - set out in the Directions, services that can be commissioned locally by NHS England.

A new type of Enhanced service was introduced as the result of a change in regulations in December 2021. This is called the national Enhanced Service (NES) and covers services where NHSE&I commission an Enhanced service with a service specification that sets standard conditions *nationally*. For these services the Pharmaceutical Services Negotiating Committee (PSNC) is the body consulted with and not Local Pharmaceutical Committees (LPCs). Although pre-dating the change in regulations, the coronavirus vaccination service is an example of the type of service this will cover.

In addition to essential, enhanced, and advanced services, services can be locally commissioned by the Clinical Commissioning Groups (CCG) and Local Authority Public Health teams.

A detailed description of essential and advanced services is provided in Appendix B, they are outlined below.

2.5.1 Essential Services

All pharmacies, including distance selling pharmacies, are required to provide the essential Services. These are (as of October 2021):

- i. dispensing of prescriptions of medicines and appliances,
- ii. dispensing of repeat prescriptions,
- iii. disposal of unwanted medicines returned to the pharmacy,
- iv. promotion of healthy lifestyles, such as providing advice to people who appear to have diabetes, be at risk of coronary heart disease, or smoke, or are overweight,
- v. signposting people who require advice, treatment, or support that the pharmacy cannot provide to another provider of health or social care services, where the pharmacy has that information,

- vi. support for self-care which may include advising on over the counter medicines or changes to the person's lifestyle,
- vii. discharge medicines service (introduced in October 2021) where a pharmacist reviews medicines on hospital discharge to ensure that any changes are actioned accordingly.

In recognition of the importance of the role of pharmacies in public health and prevention, it is now (from 2020/21) a requirement of pharmacies to meet Level 1 of the Healthy Living Pharmacies scheme.

2.5.2 Advanced services

Advanced services are those which pharmacies may choose whether to provide. If they do provide an advanced service, providers must meet certain requirements and must be fully compliant with the essential services and clinical governance and promotion of healthy living requirements. As of February 2022, advanced services were:

- i. Appliance Use Review.
- ii. Community Pharmacist Consultation Service (CPCS).
- iii. C19 Lateral Flow Device Distribution.
The Government has announced (February 2022) that free COVID-19 mass testing will end from 1st April 2022.
- iv. Flu Vaccination Service.
- v. Hepatitis C Testing.
- vi. Hypertension Case Finding Service.
- vii. New Medicine Service (NMS).
- viii. Pandemic delivery service.

The Government has announced (February 2022) the end of COVID-19 domestic restrictions including the requirement to self-isolate as a positive case or close contact. No deliveries will be made (as part of the Pandemic Delivery Service) after March 5th 2022.

- ix. Stoma Appliance Customisation (SAC).
- x. Smoking Cessation Service.

2.5.3 Enhanced Services

NHS England and NHS Improvement develop specifications and commission enhanced services; not all will be commissioned in all areas.

- i. COVID-19 vaccination has been added into the Enhanced Services provided from community pharmacies and pharmacies continue to play an important role in sustaining the national programme.
- ii. Bank Holiday and Public Holiday Opening - NHSE&I SE monitor the availability of services to ensure an adequate service provision and put in place a safety net service where gaps are identified. This can involve a Service Level Agreement (SLA) for a set period (current arrangements will end Easter 2023) or where there are no willing pharmacies for the SLA a formal direction will be issued as provided for in the pharmacy regulations.

Across all services, pharmacies are required to participate in a system of clinical governance and the promotion of healthy living.

2.5.4 Locally Commissioned Services

Services which are locally commissioned, by organisations such as West Sussex County Council or the CCG, are outside of the NHS Pharmaceutical Services as defined by the Regulations and are referred to as “locally commissioned services.”. These require Local Authority and CCG contracts with their own monitoring and governance arrangements.

2.5.5 Opening Hours

Pharmacies and dispensing appliance contractors have two different types of opening hours – core and supplementary. Core opening hours can only be amended with consent from NHSE&I, and as with all applications, they may be granted or refused. Any opening hours that are over and above the core opening hours are called supplementary opening hours and can be amended by the pharmacy by giving NHSE&I at least three months’ notice.

- **Pharmacies** Generally, pharmacies have 40 or 100 core opening hours per week, although some may have between this or less than 40 hours. They may also choose to have additional opening hours (supplementary hours). Community pharmacy contractors can choose to close their pharmacies on Bank Holidays, including Christmas Day, Good Friday and Easter Sunday, unless they are directed to open by NHSE&I.
- **Appliance contractors** are required to open for a minimum of 30 core hours a week, and may choose to open for longer (as supplementary opening hours).

2.6 Scope of the assessment

As with previous PNAs undertaken in West Sussex, 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 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.

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 the PNA for completeness.

2.7 Establishment of Integrated Care Boards (ICBs)

From July 2022, Clinical Commissioning Groups will be replaced by the local integrated care boards (ICBs). As part of the development of ICBs, ICBs will take on delegated responsibility for dental (primary, secondary and community), general ophthalmic services and pharmaceutical services (including dispensing doctors and dispensing appliance contractors). This will involve the alignment of the NHS England and NHS Improvement with ICBs in July 2022. It is noted that this change does not alter the nature, content, or role, of the PNA as a document to inform market entry.

3 PNA process

3.1 PNA methodology

The DHSC information pack for local health and wellbeing boards sets out key stages for producing a PNA, which we have followed, as set out below.

3.1.1 Governance

A report was made to the West Sussex Health and Wellbeing Board in January 2022, outlining the process, timescale and steering group. The steering group was advised of the key dates for the actions required to produce the PNA and the decisions required at each steering group.

This report requested delegated authority for the steering group to sign off the PNA to meet the October 2022 deadline.

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

3.1.2 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.

3.1.3 Stage 2 – 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:

- 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.
- Office for Health Improvement and Disparities
Information and intelligence on the Public Health Outcomes Framework for practitioners, commissioners, policy makers and the wider community.
- NHSE&I SE provided pharmacy contract information as well as information on the number and types of pharmaceutical service providers on the pharmaceutical and dispensing doctor lists.
- NHS Business Services Authority's (NHSBSA) provided information on prescription activity.

- 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.
- NHS West Sussex CCG, Change Grow Live (local substance misuses treatment provider) provided information on locally commissioned services.
- West Sussex County Council (WSCC)
WSCC produces local data on public health commissioning, strategic planning (housing developments), and demographic and health data.

3.1.4 Stage 3 - Surveys

Public views about the current and potential future pharmaceutical services in West Sussex were collected using a telephone survey. Questions were approved by the Steering Group. The survey was conducted in March and April 2022. All contractors were asked for their views. This was done in the form of an online questionnaire.

3.1.5 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 has been 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 will be available on the WSCC website. At the close of the consultation, the responses will be analysed by members of the Steering Group and the necessary changes made to the PNA document. In addition, responses to neighbouring HWBs PNAs were also provided in line with the regulations.

3.1.6 Stage 5 – Sign Off & Publication

The final PNA report will be presented to the HWB for sign off and publication, prior to the 1st October 2022.

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. For the purpose of this PNA, to best align with available data, localities have been defined as the lower tier local authority areas of West Sussex (Figure 1 page 8).

4 Population Demographics and Housing Development

Key summary

- Over 867,000 people live in West Sussex.
- Population change has been driven by inward migration (national and international) and not natural change (i.e., more births than deaths). Crawley is the only locality where there were more births than deaths between mid-2019 and mid-2020.
- Between 2022 and 2025 the population is projected to increase by 2% to 900,000. Higher growth is projected in Arun and Horsham, at 2.4% and 2.8% respectively. Adur and Crawley are projected to have lower growth in this period (1%).
- In West Sussex, 23% of the population is aged 65 years or over, compared with 19% nationally. Crawley stands out within the county as having a younger population age structure compared with the county and England overall, with 22% of the Crawley population aged under 16 years.
- The average life expectancy at birth in West Sussex is 80.3 years for males and 83.9 years for females. As a result of the COVID-19 pandemic, life expectancy fell in 2020, locally and nationally.
- West Sussex is less ethnically diverse compared with England overall, with 6% of the population belonging to an ethnic minority group compared with 20% in England. Crawley is the most ethnically diverse locality, with 28% of the population belonging to ethnic minority group. There is a sizeable population of Gypsy, Roma and Traveller people in West Sussex.
- West Sussex remains one of the least deprived areas in the country but has neighbourhoods in the most 10% deprived of areas within England. Over 25,000 children in West Sussex live in low-income households. This is likely to increase as the cost of living rises in the UK.
- The impact of the COVID-19 pandemic caused a large increase in unemployment in the county and some areas, notably Crawley, were disproportionately impacted by the downturn. Longer-term effects are still to be understood (as of March 2022).

4.1 West Sussex population overview

Compared with England, people in West Sussex have a longer life expectancy and enjoy good health. There remain considerable differences within the county and there are areas in West Sussex which are ranked within the most deprived neighbourhoods in England.

4.2 Demographics

4.2.1 Population change

In 2020, the population of West Sussex was estimated at approximately 867,600 people, an increase of approximately 3,655 people (0.4%) from the previous year (Table 1). Adur was estimated to have had a small decrease in population (-0.2%), with the largest increase in in Horsham (+1.2%). In the main, change is driven by net migration (more people moving in than moving out). Only Crawley had more births than deaths.

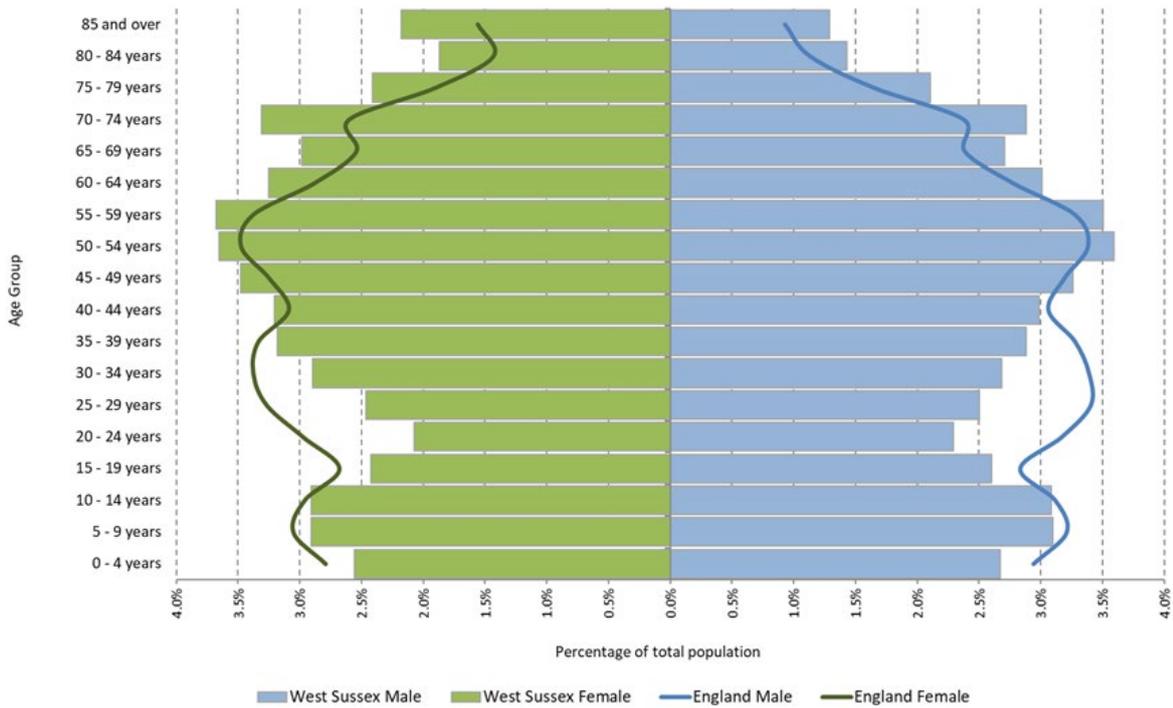
Table 1 Population and Components of Population Change

Local authority	Mid-year 2019 population	Births	Deaths	Internal migration net	International migration net	Other	Mid-year 2020 population	% Change
Adur	64,301	575	764	9	61	5	64,187	-0.2
Arun	160,758	1,365	2,277	1,063	200	14	161,123	0.2
Chichester	121,129	973	1,637	968	54	21	121,508	0.3
Crawley	112,409	830	660	-583	-23	11	112,474	0.1
Horsham	143,791	1,308	1,521	1,696	176	24	145,474	1.2
Mid Sussex	151,022	1,486	1,527	1,017	108	36	152,142	0.7
Worthing	110,570	1,030	1,455	652	-79	9	110,727	0.1
West Sussex	863,980	8,227	10,011	4,822	497	120	867,635	0.4

4.2.2 Age and gender breakdown

Compared with England, West Sussex has an older population age structure, and given the longer life expectancy experienced by women, there are more women in the population, notably in the older age groups. West Sussex has a smaller percentage of the population in younger working age groups, i.e., early 20s to mid 30s.

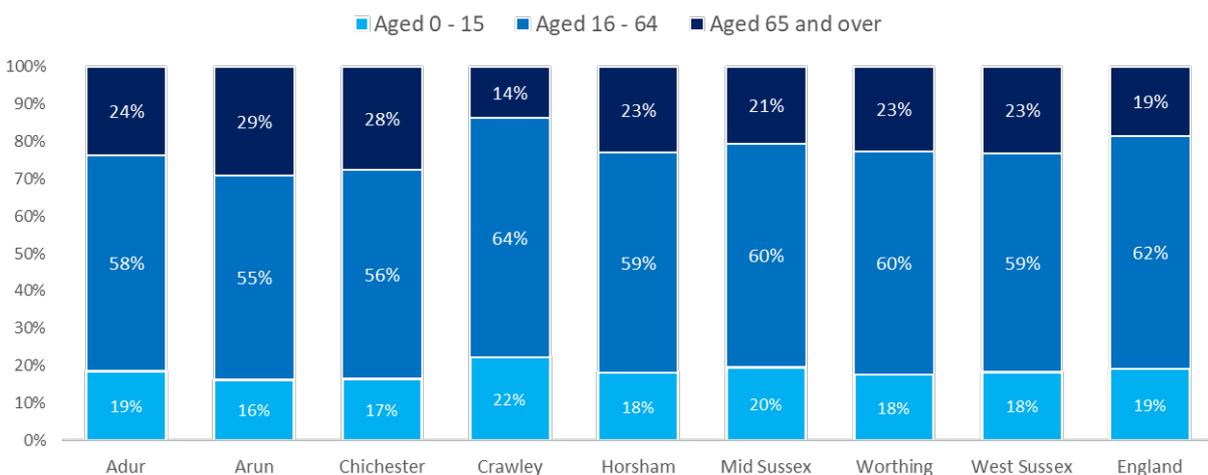
Figure 3 Age Sex Structure of the West Sussex Population Compared with England



Source: ONS Mid-Year Estimates 2020

In West Sussex, 23% of the population is aged 65 years or over, compared with 19% nationally. This varies across the PNA locality areas, with 29% in Arun aged 65 years or over, down to 14% in Crawley. Crawley stands out within the areas as having a younger population age structure compared with the county and England overall, with 22% of the local population aged under 16 years.

Figure 4 Broad Age Structure of Locality Populations

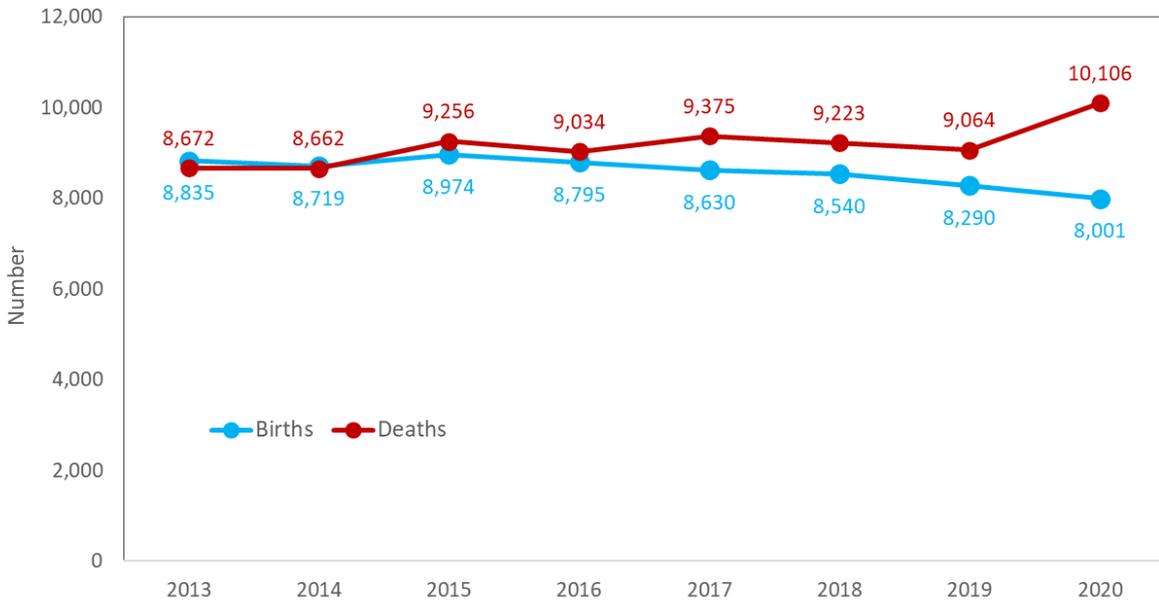


Source: ONS Mid-Year Estimates 2020

4.2.3 Births and Deaths

In the early 2010s, West Sussex had a similar number of deaths and births. From 2016 onward, the number of deaths has exceeded births. In 2020 there were over 2,000 more deaths than births (Figure 5).

Figure 5 Births and Deaths - West Sussex 2013 to 2020



Source: ONS

4.2.4 Life expectancy

Figure 3 and Figure 4 show the life expectancy for single year periods for males and females from 2001 to 2020. For all years, West Sussex has enjoyed a higher life expectancy than observed at a national level. In 2020 reflecting the impact of the COVID-19 pandemic, locally and nationally, there was a fall in life expectancy.

Figure 6 Life expectancy at birth (Male)

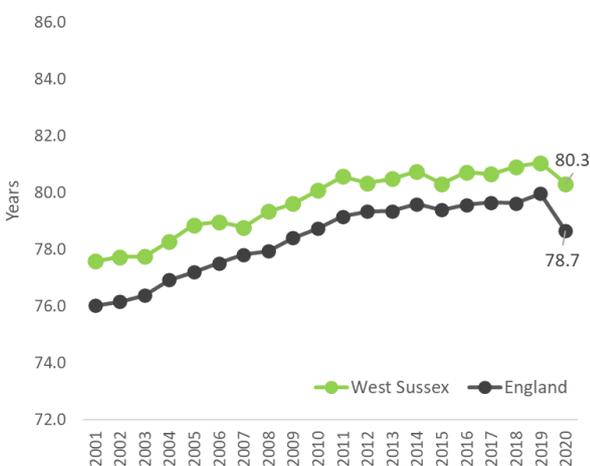
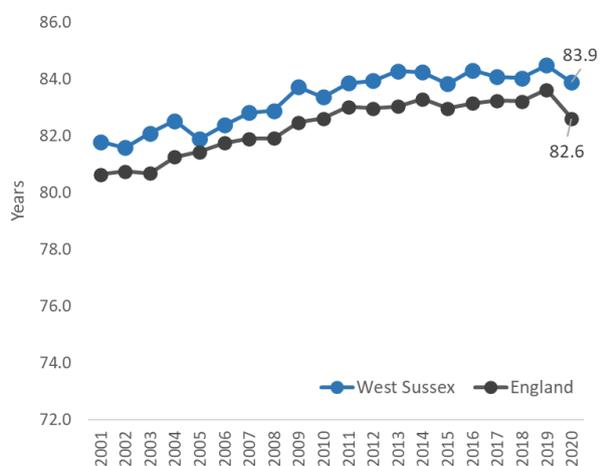


Figure 7 Life expectancy at birth (Female)



Source: ONS

Data at lower tier authority level, due to smaller numbers can be volatile, so data on Table 2 are for 3-year pooled periods. For the latest 3-year pooled period (2018-2020) the average life expectancy at birth in West Sussex is 80.8 years for males and 84.1 years for females. Horsham has the highest expectancy for men (82.2 years), and Arun and Worthing the lowest (79.6 years). Horsham also has the highest life expectancy for women (85.1 years) and Worthing the lowest (83.0 years). Looking at life expectancy of people who have reached the age of 65 years, this is highest in Horsham at 22.7 years and lowest in Worthing at 21.0 years.

Table 2 Life expectancy at birth and at aged 65, by sex and district

(3-year pooled data 2018-2020)

Area	Life expectancy at Birth (years)	Life expectancy at Birth (years)	Life expectancy at age 65 (years)	Life expectancy at age 65 (years)
	MALES	FEMALES	MALES	FEMALES
Adur	81.3	83.7	19.0	21.8
Arun	79.6	83.7	19.4	21.8
Chichester	80.6	84.5	19.5	22.3
Crawley	79.9	83.8	18.9	22.2
Horsham	82.2	85.1	20.3	22.7
Mid Sussex	81.7	84.8	20.0	22.1
Worthing	79.6	83.0	18.9	21.0
West Sussex	80.8	84.1	19.5	22.0
England	79.4	83.1	18.7	21.1

Source: ONS (2018-2020) obtained from Office for Health Improvement and Disparities Fingertips Tool.

4.3 Housing Growth and Development Plans

The Department for Levelling Up, Housing and Communities (DLUHC) publish figures on the housing supply at local authority level. To calculate net additional dwellings, data are collated on new builds, change of use and conversions, with losses taken off, for example as the result of demolition.

The number of net dwellings each year fluctuates, increasing from 2,210 in 2012/13 to over 4,600 in 2015/16, and falling back below 4,000 in 2019/20 and 2020/21 (Table 3).

Table 3 Net Additional Dwellings 2012/13 to 2020/21

Area	2012 /13	2013 /14	2014 /15	2015 /16	2016 /17	2017 /18	2018 /19	2019 /20	2020 /21
West Sussex	2,210	2,563	3,212	4,647	3,985	4,114	4,218	3,918	3,974
Adur	151	92	97	31	64	114	113	13	209
Arun	482	367	612	905	618	713	609	512	691
Chichester	298	229	461	580	564	690	635	542	530
Crawley	79	167	215	556	596	369	512	452	568
Horsham	484	826	854	1,212	796	1,132	1,392	955	771
Mid Sussex	544	637	622	885	1,000	614	665	1,048	1,098
Worthing	172	245	351	478	347	482	292	396	107

Source: DLUHC

Estimating Future Growth - West Sussex District and Borough Local Plans identify their housing needs and indicate the scale of housing development across the County. West Sussex County Council monitors residential land availability, 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 housebuilding. Using information collated from the annual survey, Table 4 below shows the gross number of identified housing units to be built on large sites³ (6 units or more) over the lifetime of the PNA (to October 2025).

Table 4 West Sussex – Estimated Housing Units 2021/22 to 2025/26 (Source: WSCC)

Area	2021/22	2022/23	2023/24	2024/25	2025/26
OVERALL	3,250	4,276	6,864	4,349	4,318
Adur	189	77	245	276	297
Arun	463	1,448	1,569	1,446	1,545
Chichester	379	698	1,202	608	493
Crawley	315	272	522	103	140
Horsham	649	563	785	659	672
Mid Sussex	957	1,004	1,274	791	841
Worthing	192	151	560	302	284
South Downs National Park	106	63	707	164	46

³ Large sites are those capable of accommodating 5 or more units, and includes any site identified within a local or neighbourhood plan regardless of potential size. Small sites are those capable of accommodating 1-4 units not identified within a local or neighbourhood plan. All figures are for financial years. SDNP forecast data includes only forecast within West Sussex and is treated as an independent Planning Authority

This shows that in 2021/22 and 2022/23 growth is expected to be in line with the change in the last 5 years, with higher growth expected in 2023/24, before falling back in 2024 to 2026. In 2023/24 a larger number of units are expected to be built in Arun, Chichester and Mid Sussex.

Detailed sub locality data information has been provided in Appendix D.

4.4 Population Projections

Using the latest available population projections⁴, the population of West Sussex is projected to increase to over 900,000 people by 2025. This would be an increase of approximately 3.3% from 2020. The largest projection increases are in the older age groups, with a 9.4% projected in the overall 65 years or over group. Given lower birth numbers in recent years (Figure 5) no growth is projected in the 0-15 years group. Population growth is projected to be higher in Horsham and Arun, with a growth of 4.9% and 4.3% respectively between 2020 and 2025 (Table 5).

Table 5 Population Projections - West Sussex

Age Group	2020	2021	2022	2023	2024	2025	2026
All Ages	871,700	877,900	883,900	889,700	895,200	900,400	905,500
Aged 0 to 15	159,000	159,800	159,900	159,800	159,100	158,300	157,200
Aged 16 to 24	72,000	71,500	71,400	71,800	72,800	74,100	75,800
Aged 25 to 49	258,300	257,900	257,800	258,100	258,200	258,400	258,700
Aged 50 to 64	180,200	183,300	185,900	187,200	188,100	188,500	187,900
Aged 65+	202,200	205,400	208,800	212,800	217,000	221,100	225,900
Aged 85+	30,500	30,800	31,200	31,900	32,400	33,000	33,100

Table 6 Population Estimates (to 2020) and Population Projections (to 2026) – LTLAs

Year	Adur	Arun	Chichester	Crawley	Horsham	Mid Sussex	Worthing
2015 (MYE)	63,500	155,800	117,800	110,900	136,300	146,000	108,300
2016 (MYE)	63,600	157,300	119,100	111,500	138,500	147,500	109,200
2017 (MYE)	63,700	158,700	120,200	111,700	140,100	148,300	109,600
2018 (MYE)	63,900	159,800	120,800	112,400	142,200	149,700	110,000
2019 (MYE)	64,300	160,800	121,100	112,400	143,800	151,000	110,600
2020 (MYE)	64,200	161,100	121,500	112,500	145,500	152,100	110,700
2021 (PROJ)	64,500	164,400	123,500	114,000	146,800	152,800	111,900
2022 (PROJ)	64,800	165,800	124,300	114,400	148,300	153,800	112,500
2023 (PROJ)	65,000	167,200	125,100	114,800	149,800	154,800	113,100
2024 (PROJ)	65,200	168,500	125,900	115,100	151,100	155,600	113,700
2025 (PROJ)	65,400	169,800	126,700	115,400	152,400	156,500	114,200
2026 (PROJ)	65,600	171,100	127,500	115,600	153,700	157,200	114,800

Source: ONS Mid-Year Estimates to 2020, ONS Subnational Projections (2018 Based) to 2026.

⁴ ONS Sub National Projections released in 2020 based on 2018 Mid-Year Estimates

4.5 Population Group - Protected Characteristics

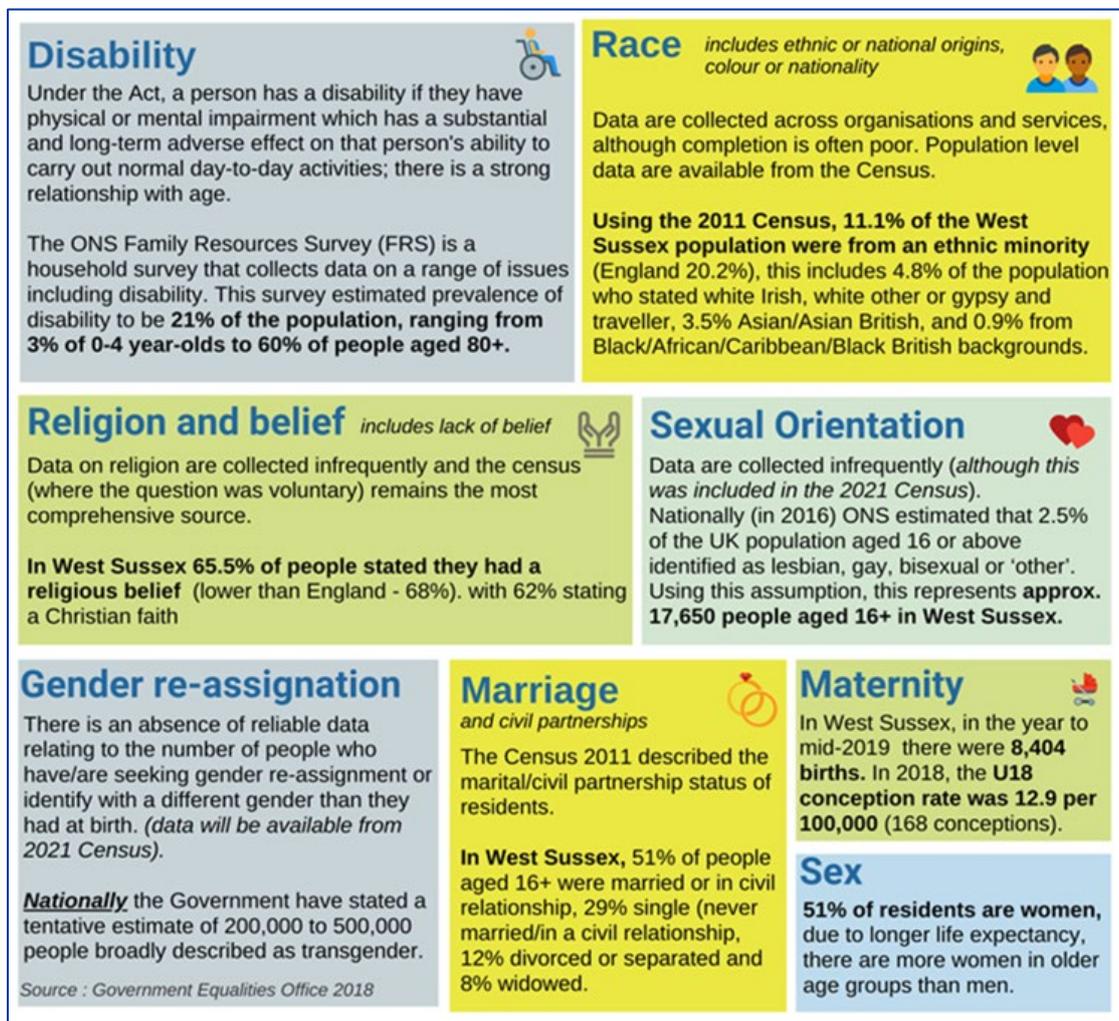
The Equality Act 2010 consolidated and replaced previous legislation in a Single Act. Public bodies must have due regard to:

- eliminate discrimination.
- advance equality of opportunity.
- foster good relations between different people when carrying out their activities.

There are nine protected characteristics; it is against the law to discriminate against someone because of a protected characteristic.

A broad summary describing the West Sussex population by the nine protected characteristics is outlined in Figure 8.

Figure 8 Summary of Protected Characteristics in West Sussex



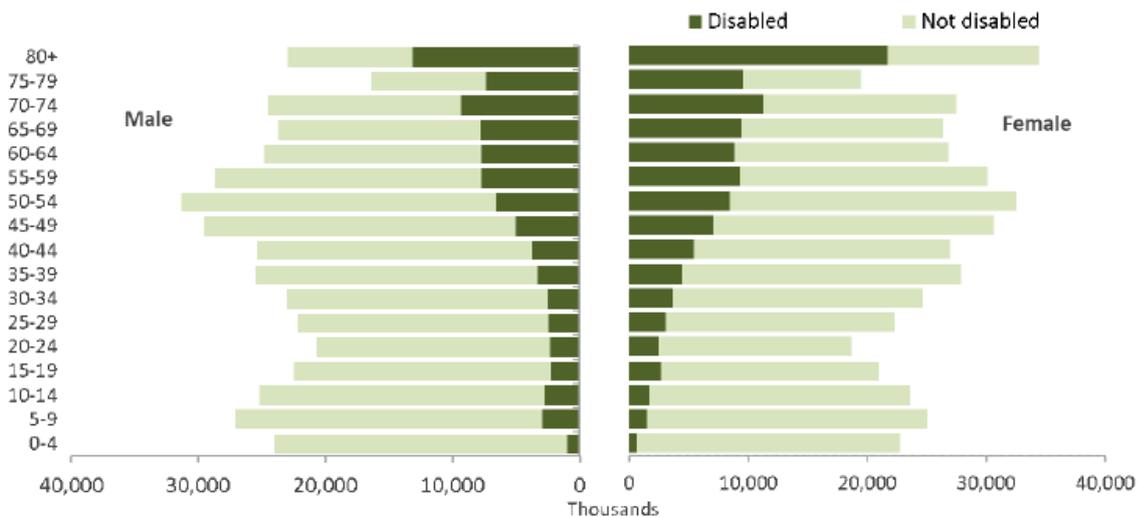
4.5.1 Disability

The term “disability” is frequently used but often poorly defined and estimating the prevalence and type of disability within a population is complex. The purpose of a definition (for example, for deciding educational support, assessing eligibility for welfare benefits), as opposed to a “formal diagnosis” can mean that different sources can provide very different pictures of the local population. The Family Resources Survey (FRS) is a national, continuous household survey that collects data on a wide range of information including disability⁵, caring, tenure and income. One of the main functions of the survey is to inform the Department of Work and Pensions (DWP) of the living conditions and economic circumstances of different households.

Small sample sizes means that data are not published below regional level but using the results from the latest national survey and applying the prevalence to the local population provides an estimate of disability by age groups in West Sussex.

Given that West Sussex overall has a relatively healthy and wealthy population, these estimates may be higher than expected and should be treated as high estimates.

Figure 9 Disability by Age and Sex



Source: West Sussex JSNA 2019/20

Type of Impairment - Of people who described themselves as being disabled, data were also collected on the nature of their impairment. As people are able to state multiple impairments, figures do not sum 100.

⁵ The definition of “disability” in the Family Resource Survey is used to describe people who identify themselves or have been identified as having any physical or mental health condition or illness that lasts or is expected to last 12 months or more and acts to limit the ability to carry out day-to-day activities. While this will capture most people under the definition used in the Equality Act 2010, it should be noted that there will be some people under the 2010 Act who are classified as disabled (and having rights under the Act) who have a long-standing illness or disability which is not currently affecting their day-to-day activities e.g., some people who have a diagnosis of cancer will not be included.

Nationally it is noted that FRS respondents who reported a mental health impairment has been rising in recent years, from 22% in 2015/16 to 25% in 2017/18.

Table 7 Type of Impairment (Percentage of those who described themselves as disabled)

Impairment Type	All	Children	Working age	State Pension
Mobility	49	19	41	67
Stamina/ breathing/fatigue	37	24	32	46
Dexterity	26	11	23	34
Mental health	25	23	38	9
Memory	16	11	16	17
Hearing	14	8	8	23
Vision	12	9	9	18
Learning	13	36	14	8
Social / behavioural	9	43	10	2
Other	17	18	18	15

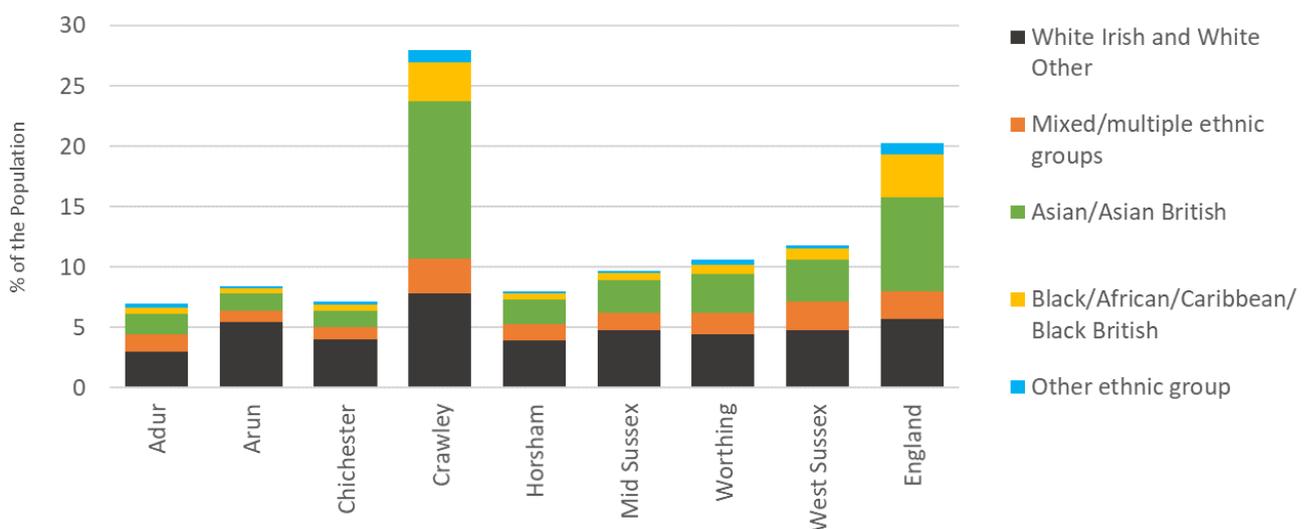
Figures may not add given multiple types of impairment, Source: West Sussex JSNA 2019/20

4.5.2 Ethnic Diversity

Comprehensive, robust and up-to-date information on population ethnic diversity is scarce outside of the census. Data from the 2021 census is due later this year (2022). At the time of the last census (2011), the largest ethnic minority group in West Sussex was Indian (1.2%).

Figure 10 shows the percentage of the population from ethnic minority groups. Crawley is the most ethnically diverse locality with 27.9% of the population belonging to ethnic minority groups, compared with 6.2% and 20.2% of the West Sussex and England population, respectively.

Figure 10 Ethnic Minority Groups (by Percentage of Total Population) 2011



Source: Census 2011

In terms of self-reported health, the 2011 census found that, in Sussex and in line with the national picture, people from ethnic minorities were more likely to describe their health as bad or very bad. Differences increased with age. In the over 65 age group, 18% of people from Asian backgrounds said they had poor health compared with 12% overall in this age group.

4.5.3 Gypsy, Roma and Traveller (GRT)

There are nine permanent Gypsy, Roma and Traveller sites in West Sussex, owned and managed by the council:

- Adversane – Billingshurst.
- Cousins Copse – Five Oaks near Horsham.
- Easthampnett – near Tangmere.
- Fairplace Hill – Burgess Hill.
- Horsgate – Cuckfield.
- Ryebank – Yapton.
- Walstead – Haywards Heath.
- Westbourne.
- Withy Patch – near Lancing.

It is not easy, at any one time, to estimate the overall number of people within the GRT community. A needs assessment in 2010 estimated a population of between 3,000 to 3,500, including those in settled accommodation; however it is likely that this community represents one of the largest ethnic minority groups within the West Sussex population.

4.5.4 Religion

Data from the Census 2011 showed that over approximately 66% of people stated that they had a religious affiliation, ranging from 68% in Chichester to 61% in Adur.

Table 8 Religious Affiliation (% of the population)

Religion (%)	Adur	Arun	Chichester	Crawley	Horsham	Mid Sussex	Worthing	West Sussex	England
Has religion	61.1	67.0	67.8	67.6	65.2	65.5	61.5	65.5	68.1
Christian	58.6	65.3	66.1	54.2	63.5	62.7	58.1	61.8	59.4
Buddhist	0.3	0.3	0.4	0.4	0.3	0.4	0.6	0.4	0.5
Hindu	0.2	0.2	0.2	4.6	0.3	0.6	0.5	0.9	1.5
Jewish	0.4	0.2	0.1	0.1	0.2	0.2	0.2	0.2	0.5
Muslim	1.0	0.5	0.4	7.2	0.5	0.8	1.3	1.6	5.0
Sikh	0.0	0.0	0.0	0.7	0.1	0.1	0.1	0.1	0.8
Other religion	0.6	0.5	0.5	0.4	0.4	0.7	0.6	0.5	0.4
No religion	31.3	25.3	24.6	26.0	26.9	26.6	30.2	26.9	24.7
Not stated	7.6	7.7	7.6	6.4	7.9	7.9	8.3	7.7	7.2

Source: Census 2011. Note this is a voluntary census question.

4.6 Other groups at risk of poorer health outcomes

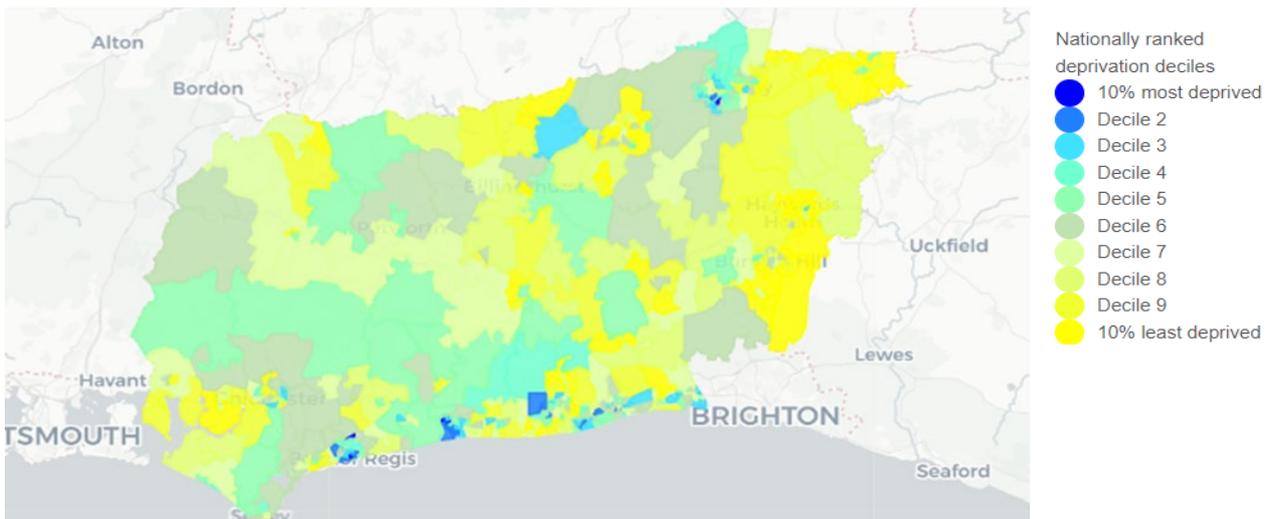
4.6.1 Deprivation

The Index of Deprivation 2019 (ID2019) was published by the then Government Department of Communities and Local Government. ID2019 measures relative deprivation, i.e., how deprived one area is compared with another; it doesn't measure absolute deprivation, i.e., how deprived an area is compared with how deprived it was a year ago.

The overarching methodology for the index remains unchanged, with the seven domains of deprivation: income, employment, education, health, crime, barriers to housing and services, and living environment.

Overall, the county is one of the least deprived areas in the country, but some neighbourhoods in Arun and Crawley now rank amongst the poorest 10% of all areas in England. The map below shades areas of the county according to their relative position on the ID2019. Areas shaded dark blue are within the most deprived 10% of all neighbourhoods in the country and, areas shaded dark yellow are within the least deprived.

Figure 11 Deprivation in West Sussex 2019



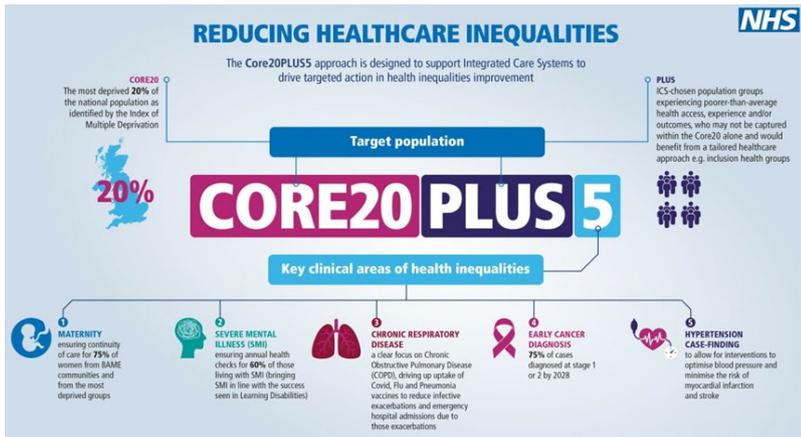
Source: DCLG 2019

4.6.2 Most Deprived Areas defined in NHS Core20Plus5 Approach

In 2021 the NHS introduced the Core20PLUS5 approach (Figure 12) to support the reduction of health inequalities.

- The “Core 20” – refers to the most deprived 20% of the national population as identified by the national Index of Multiple Deprivation (IMD).
- The “Plus” refers to locally identified experiencing poorer than average health access, experience and/or outcomes, but not captured in the ‘Core20’ alone.
- The “5” refers to five clinical areas of focus (Maternity, Severe mental illness (SMI), Chronic respiratory disease, Early cancer diagnosis, Hypertension case-finding), each having specific indicators.

Figure 12 Core20PLUS5



Source: NHS England

For this NHS approach there are areas in the south west of Crawley and within Littlehampton, Bognor and Durrington and Worthing that fall into the “Core20”. These are shown on the maps below.

Figure 13 Coastal Areas Within the 20% Most Deprived areas in England

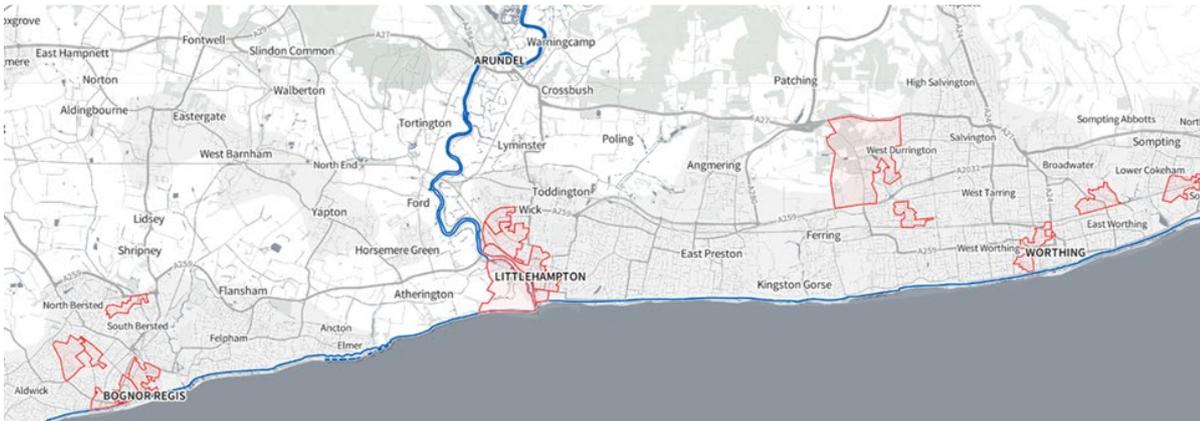
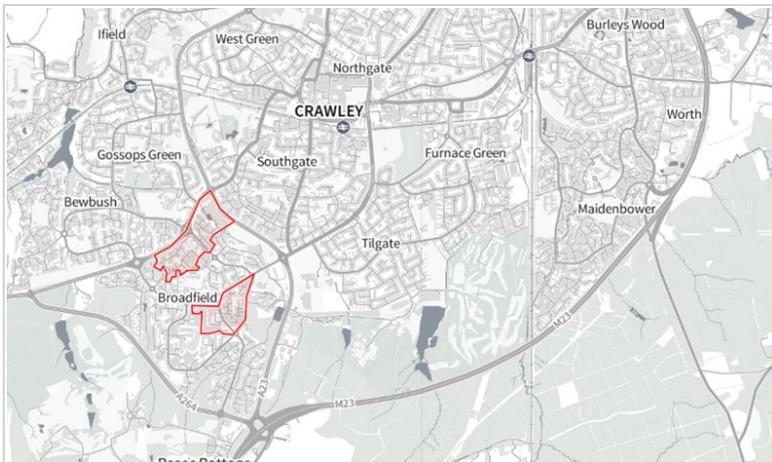


Figure 14 Area in Crawley within the 20% Most Deprived areas of England

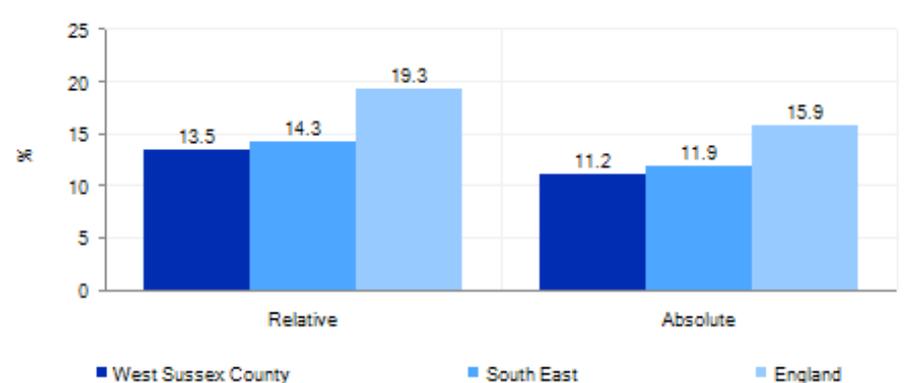


4.6.3 Child Poverty

The rate of child poverty, at county level, is lower compared with the Southeast and England. In West Sussex using DWP data relating to 2019, there were:

- 25,892 children in relative⁶ low-income families.
- 21,446 children in absolute⁷ low-income families.
- 10,215 children in relative low-income lone parent families.
- 4,820 children in absolute low-income lone parent families.

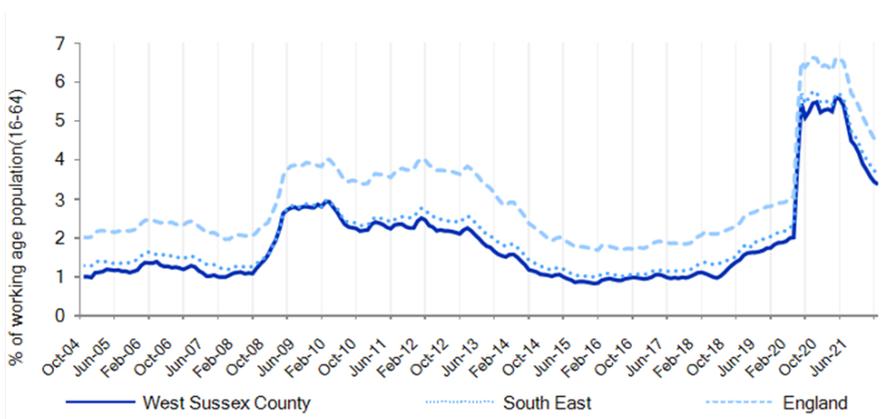
Figure 15 Children living in low-income families



4.6.4 Unemployment

West Sussex has enjoyed high employment rates compared with England, and overall, the unemployment rate has tracked below that of England and been broadly in line with the South East rate. The impact of the COVID-19 pandemic can be clearly seen in Figure 16, with a dramatic rise in claimants from March 2020 onwards, rising to almost 6% of the working age population before falling in 2021.

Figure 16 Unemployment benefit (Jobseekers Allowance/Universal Credit) claimants



⁶ Relative low income is defined as a family in low income Before Housing Costs (BHC) in the reference year.

⁷ Absolute low income is a family in low income Before Housing Costs (BHC) in the reference year in comparison with incomes in 2010/11. A family must have claimed one or more of Universal Credit, Tax Credits or Housing Benefit at any point in the year to be classed as low income in these statistics. Children are dependent individuals aged under 16; or aged 16 to 19 in full-time non-advanced education.

The pandemic had a disproportionate effect on some economic sectors and work settings. Of note in West Sussex, Crawley had the highest percentage of furlough in the country. At the height of the pandemic 1 in 5 of the workforce in Crawley were on the Government Retention Scheme (furloughed), reflecting the importance of Gatwick airport as a local employer.

4.6.5 Carers

At the time of the last census (2011), approximately 10.5% of the West Sussex population provided weekly unpaid care. The largest increase from the previous census was in total number of carers providing 50 or more hours per week of unpaid care. There was an increase of over 4,000 carers in this category, which reflected a 32.5% rise since 2001. West Sussex has a higher proportion of carers compared to England due to its relatively older population.

Table 9 Percentage of Population (18+) Providing Unpaid Care

Area	% 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	12.4	35.6	23.6
Arun	12.1	34.9	23.0
Chichester	12.0	28.5	19.0
Crawley	9.3	35.6	21.3
Horsham	10.4	25.7	16.7
Mid Sussex	10.0	25.8	16.5
Worthing	10.4	33.2	21.1
West Sussex	10.5	30.9	19.9
England	10.2	36.4	23.1

Source: Census 2011.

From the Census 2011, we know that carers, and notably carers who care for long hours per week, have poorer health outcomes than their peers. Data from the 2021 census is due later this year (2022). Data from the GP Patient Survey (2019) found that significantly more carers report having a long-term condition (LTC), disability or illness in West Sussex, at 62.5% of carers compared to around 50% of non-carers.

4.6.6 People Who are Homeless

Rough Sleeper counts - The Government figures on rough sleeping estimate of the number of people sleeping rough on a single night in autumn and as such are a crude snapshot of rough sleeping, and do not cover all homeless people such as those who may be “sofa surfing”. In 2021 53 people were counted as sleeping rough in West Sussex.

Households owed a duty under the Homelessness Reduction Act⁸ - In 2020/21 there were 2,678 households owed a duty under the Act, with a rate of 8.3 per 1,000 households. The rate was far higher in Crawley with a rate of 15.3 per 1,000 households. No data were published in relation to Chichester.

Figure 17 Households (per 1,000) Owed a Duty under the Homelessness Reduction Act 2018

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	268,560	11.3	11.3	11.4
West Sussex	–	2,678	8.3*	8.0	8.6
Crawley	–	719	15.8	14.7	17.0
Worthing	–	470	9.3	8.5	10.2
Arun	–	578	7.9	7.3	8.6
Mid Sussex	–	430	6.8	6.2	7.5
Horsham	–	342	5.5	4.9	6.1
Adur	–	139	4.9	4.1	5.8
Chichester	–	-	-	-	-

Source: OHID Fingertips Tool <https://fingertips.phe.org.uk/> Accessed 1 March 2022

4.7 Other Population Groups

4.7.1 Military Personnel and their Families

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 services.

4.7.2 People Living in Care Homes (Aged 65 years or over)

In 2011, over 7,500 people aged 65 years or over lived in a communal establishment (in the main residential and nursing homes), representing approximately 4.5% of the 65+ population.

⁸ Note from OHID Fingertips “The Homelessness Reduction Act (HRA) introduced new homelessness duties which meant significantly more households are being provided with a statutory service by local housing authorities than before the Act came into force in April 2018. The HRA introduced new prevention and relief duties, that are owed to all eligible households who are homeless or threatened with becoming homeless, including those single adult households who do not have ‘priority need’ under the legislation” Prevention duties include any activities aimed at preventing a household threatened with homelessness within 56 days from becoming homeless

Table 10 People 65 years or over living in a communal establishment

Area	Age 65 and over and lives in a communal establishment	As a % of 65+ Population
Adur	440	3.3%
Arun	1,930	4.9%
Chichester	1,230	4.4%
Crawley	380	2.8%
Horsham	990	3.9%
Mid Sussex	1,190	4.7%
Worthing	1,390	6.4%
West Sussex	7,530	4.5%

4.7.3 Children Living in Communal Establishments and Students

In West Sussex, using data from the 2011 Census there were over 2,500 children (aged 4 to 17 years) living in communal establishments, notably boarding schools including residential special schools. Almost half of these children were living in the Horsham district area.

While some students in Higher Education will live in University Halls of Residence, many will live at home or in private rented accommodation. In 2011, 14,500 residents aged 18 to 24 years were students, with the highest number, due to the location of the University of Chichester, living in Chichester district (3,500).

4.7.4 Day Population and Visitors

As part of the decennial Census, information on daytime population is provided (that includes people who live outside the area but work/study in West Sussex and excludes those who live in West Sussex but work/study elsewhere).

In 2011 the day population was broadly similar to the resident population (approx. 790,000 compared with a resident population of 806,000). However, there are differences across West Sussex, notably in relation to the working age population. In Crawley there are over 24,000 more people in Crawley during the workday than are resident (i.e., more people travel into Crawley for work or study than travel out), whereas there were over 15,000 fewer working age people in Arun during the day than resident (i.e., more people travel out of Arun for work or study than travel in).

As a popular holiday destination West Sussex also attracts day and overnighting visitors, with Butlin’s Holiday Resort in Bognor Regis being a large coastal attraction. In Crawley prior to the pandemic, 46.6 million passengers used Gatwick airport. This has dropped to 6.3m passengers in 2021 but would be expected to recover numbers considerably as travel restrictions are lifted.

4.7.5 Languages Spoken

The range of main language spoken in West Sussex is extensive. At the time of the last census (2011). Twenty-one languages were recorded as spoken by at least 500 people across the county. A further 19 languages are spoken by at least 100 people. In Crawley, 13% of residents do not use English as their main language. Polish is the most widely spoken main language in West Sussex, with nearly as many as the next four languages combined.

Table 11 Main languages spoken in West Sussex by at least 500 people

Main Language	West Sussex	Adur	Arun	Chichester	Crawley	Horsham	Mid Sussex	Worthing
All residents aged 3+ years	779,010	59,050	145,040	110,445	101,600	127,080	134,945	100,850
English (English Percentage)	742,040 95.25%	57,620 97.58%	138,320 95.37%	107,370 97.22%	88,305 86.91%	123,650 97.30%	130,305 96.56%	96,470 95.66%
Polish	6,300	135	2,545	650	1,670	325	450	525
Portuguese	1,955	35	450	150	960	75	135	145
Gujarati	1,650	25	50	40	1,355	35	85	65
Tagalog/Filipino	1,500	20	195	135	165	260	380	345
Urdu	1,440	10	35	15	1,230	40	55	55
French	1,435	75	145	155	420	220	265	150
Lithuanian	1,320	-	525	85	415	35	35	220
Tamil	1,310	5	50	25	1,035	25	90	80
Bengali	1,225	140	185	75	270	80	160	315
Spanish	1,185	60	125	140	300	180	240	145
German	1,045	60	155	195	120	145	260	115
Italian	1,005	45	65	70	255	155	180	235
Hungarian	920	35	135	45	340	160	150	55
Russian	895	40	360	75	175	60	85	105
Malayalam	750	10	90	80	70	140	285	75
Arabic	700	160	55	40	250	50	50	95
Panjabi	650	10	5	-	580	20	15	20
Latvian	630	15	320	40	160	20	35	40
Romanian	620	15	105	50	165	125	120	40
Slovak	580	15	70	45	195	95	85	75
Turkish	540	35	75	40	130	35	105	115

*In the UK national census, ‘main language’ is not tightly defined, but respondents are asked “What is your main language?” and are supplied with a free-text response box to enter their answer.

Source: West Sussex PHSRU, using ONS, 2011 Census.

4.7.6 Refugees and Asylum Seekers

Note on definition Asylum is protection given by a country to someone fleeing from persecution in their own country. An asylum seeker is someone who has applied for asylum and is awaiting a decision on whether they will be granted refugee status. An asylum applicant who does not qualify for refugee status may still be granted leave to remain in the UK for humanitarian or other reasons. An asylum seeker whose application is refused at initial decision may appeal the decision through an appeal process and, if successful, may be granted leave to remain.

(Taken from Asylum Statistics, Research Briefing House of Commons Library March 2022)

Data at a local authority level relating to people seeking or granted refugee status is published by the Home Office. The impact of the situations in Syria, Afghanistan and latterly Ukraine mean numbers are volatile.

Two sets of data on local authorities are published. Information on specific schemes (Table 12) and also information on people in receipt of Section 95 support (Table 13). Section 95 support is means

tested support provided to people without the ability to support themselves. Most of the people in receipt of Section 95 are provided with accommodation, this is referred to as dispersed accommodation, in line with the Home Office’s policy to disperse asylum seekers around the country. In West Sussex Crawley has a higher number (and rate per 10,000) of people in specific schemes and also people in dispersal accommodation.

Table 12 Resettled Refugees - Cumulative Total Jan 2014 to June 2021

Area	Total persons resettled	Vulnerable Children Resettlement Scheme	Vulnerable Persons Resettlement Scheme	UK Resettlement Scheme	Community Sponsorship Scheme	Resettled persons per 10,000 population
UK	23,428	1,838	20,319	1,125	144	3.5
South East	2,193	84	2,000	86	23	2.4
West Sussex	215	0	207	8	0	2.5
Adur	15	0	15	0	0	2.3
Arun	11	0	11	0	0	0.7
Chichester	38	0	34	4	0	3.1
Crawley	48	0	48	0	0	4.3
Horsham	40	0	36	4	0	2.7
Mid Sussex	37	0	37	0	0	2.4
Worthing	26	0	26	0	0	2.3

Source: Home Office Immigration statistics quarterly: Resettlement by local authority Res_D01

Table 13 Asylum Seekers receiving Section 95 support (December 2021)

	Total	Dispersed Accommodation	Subsistence Only	Population in 2020	Dispersed asylum seekers per 10,000
UK	60,282	55,562	4,720	67,081,234	9.0
South East	2,259	1,969	290	9,217,265	2.5
West Sussex	311	303	8	867,635	3.6
Adur	1	0	1	64,187	0.2
Arun	2	0	2	161,123	0.1
Chichester	10	10	0	121,508	0.8
Crawley	145	142	3	112,474	12.9
Horsham	1	1	0	145,474	0.1
Mid Sussex	151	150	1	152,142	9.9
Worthing	1	0	1	110,727	0.1

Source: Home Office Immigration statistics quarterly December 2021, table Asy_D11

5 Health and Wellbeing in West Sussex

Key Points

- Using the Global Burden of Disease Study 2019, the major causes of death in West Sussex are cardiovascular disease, cancer and neurological disorders (such as dementia). In terms of causes of ill health, musculoskeletal problems, such as lower back pain and arthritis, migraines and mental health, place a considerable burden on the population health.
- In terms of the risks for poorer health the leading risks are smoking, poor diet, high systolic blood pressure, high fasting plasma glucose and a high body mass index.
- Overall, West Sussex has a lower smoking rate compared with England, but still 1 in 10 adults are smokers, with higher rates in Crawley and amongst routine and manual workers.
- 1 in 5 adults are physically inactive and over 60% of adults are overweight, including obese.
- Over the last ten years there has been an increasing rate of alcohol specific admissions to hospital. It is estimated that 1,200-3,200 West Sussex residents use opiates and/or crack cocaine
- There has been a long-term downward trend in relation to teenage pregnancy, locally and nationally. The rate in West Sussex is lower than in England, at 11.1 conceptions per 1,000 females under 18 (148 conceptions in 2020).
- In relation to long term conditions, using recorded prevalence of people on specific GP disease registers, there are over 140,000 people with hypertension, over 54,000 people with diabetes, over 8,000 with dementia, 19,000 recorded as having a stroke, and over 32,000 with heart disease.
- In relation to mental health, there are over 8,300 people on the Severe Mental Illness (SMI) GP register and over 92,000 recorded as having depression.
- Given the time lag in data, the impact of the COVID-19 pandemic has yet to be fully understood; however, there is evidence, at a national level, that many risks factors for poorer health, such as alcohol consumption and obesity, have worsened in the last two years.

This section outlines risk factors for poorer health, current health of the population and health inequalities. Data from the Global Burden of Disease (GBD) study⁹ for West Sussex sets out what the major causes of death and illness are. Data from the 2019 study shows that cardiovascular

⁹ The Global Burden of Disease (GBD) looks at the causes of disability and mortality worldwide. First developed in the 1990s – commissioned by the World Bank first reported in mid 1990s in relation to burdens in 1990. The key objectives of the study are to estimate of the burden of diseases, injuries and risk factors. Data have been provided down to upper tier local authority level.

disease, cancer and neurological disorders (which includes dementia) are the major causes of death.

In terms of ill health, causes such as musculoskeletal disorders (such as lower back pain and arthritis), mental health and sensory impairment place a considerable burden on the population.

Table 14 Causes of Mortality and Morbidity - West Sussex (2019)

Mortality

Causes - Death	Total	Years of Life Lost (YLL)	Total
Neoplasms	2,938	Neoplasms	48,961
Cardiovascular diseases	2,894	Cardiovascular diseases	35,984
Neurological disorders	817	Neurological disorders	9,408
Chronic respiratory diseases	697	Chronic respiratory diseases	9,179
Respiratory infections and tuberculosis	685	Digestive diseases	7,377
Digestive diseases	467	Respiratory infections and tuberculosis	7,033
Diabetes and kidney diseases	194	Other non-communicable diseases	3,357
Other non-communicable diseases	186	Self-harm and interpersonal violence	2,859
Unintentional injuries	160	Unintentional injuries	2,388
Self-harm and interpersonal violence	72	Diabetes and kidney diseases	2,345

Morbidity

Years Lived with a Disability	Total	Disability-Adjusted Life Years (DALYs)	Totals
Musculoskeletal disorders	27,820	Neoplasms	51,955
Mental disorders	17,900	Cardiovascular diseases	40,749
Other non-communicable diseases	12,339	Musculoskeletal disorders	28,678
Neurological disorders	9,727	Neurological disorders	19,135
Diabetes and kidney diseases	8,779	Mental disorders	17,908
Unintentional injuries	8,406	Chronic respiratory diseases	16,998
Sense organ diseases	7,847	Other non-communicable diseases	15,695
Chronic respiratory diseases	7,819	Digestive diseases	11,745
Skin and subcutaneous diseases	5,326	Diabetes and kidney diseases	11,123
Substance misuse disorders	4,978	Unintentional injuries	10,795

Source: Institute for Health Metrics and Evaluation, University of Washington

Behind the causes are risk factors. A risk factor is defined as an attribute, behaviour or exposure, causally associated with an increased (or decreased) probability of a disease or injury. Some risk factors are modifiable at the level of the individual (e.g., smoking, dietary intake), whilst others are modifiable at wider environmental levels (e.g., air pollution).

For West Sussex the top five risk factors for death and for ill health are:

- Tobacco.
- Dietary Risks.
- High systolic blood pressure.
- High fasting plasma glucose.
- High body mass index.

Much of the data in this section relates to information collected before the COVID-19 pandemic; we have indicated where there is evidence to suggest that things may have changed.

5.1 Smoking

Smoking remains one of the biggest causes of death and ill health in the UK and as smoking is more prevalent in lower income groups it is also a driver of health inequality. People from low-income groups are more likely to smoke, suffer from smoking-related diseases and die prematurely. There is also an intergenerational link with children of smokers more likely to become smokers themselves in adult life.

Using the latest survey-based estimates (2019), 10% of adults in West Sussex smoked compared with 14% of adults nationally. Within West Sussex, Crawley had the highest smoking rate at over 15%, although estimates that are calculated using small sample sizes should be treated with some caution as they are prone to fluctuate year on year.

In 2020/21, 8.5% of mothers in West Sussex were smokers at the time of delivery (as a percentage of all maternities with known smoking status).

5.2 Physical activity

Estimated levels of physical activity in adults in West Sussex are above the England average (at least 150 moderate intensity equivalent (MIE) minutes physical activity per week in bouts of 10 minutes or more), with over 68% of adults doing at least 150 moderate intensity equivalent (MIE) minutes physical activity per week in bouts of 10 minutes or more. A lower percentage of adults were found to be inactive in West Sussex compared with England (21% compared with 23%).

Figure 18 Percentage of Physically **Active** Adults (2019/20) (Source: Sport England)

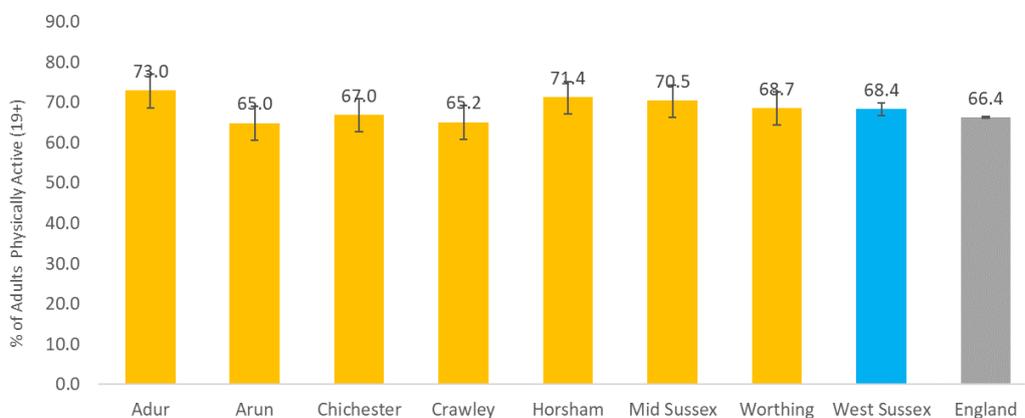
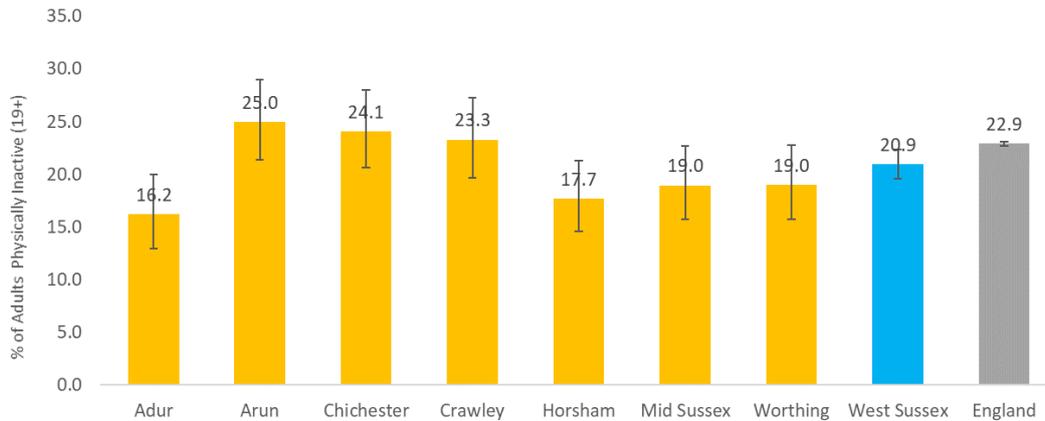


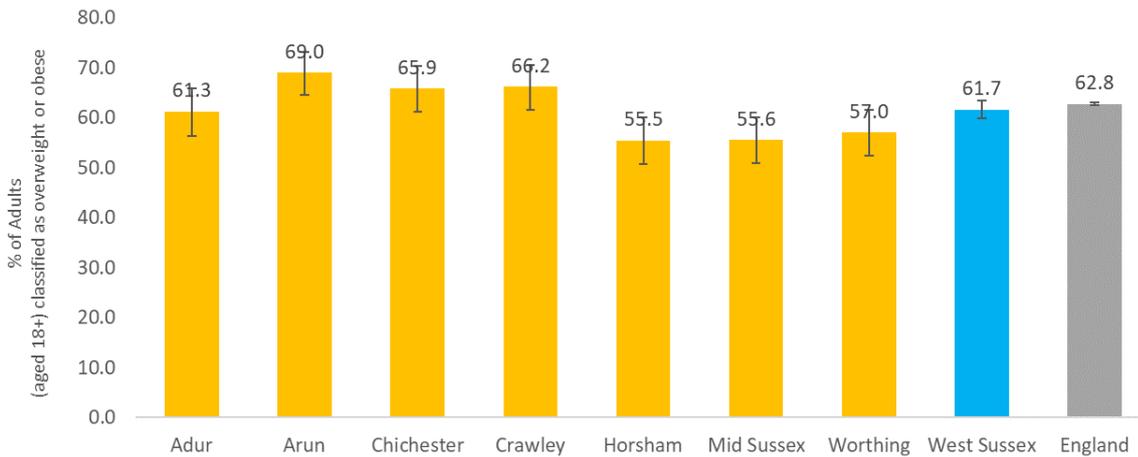
Figure 19 Percentage of Physically Inactive Adults (2019/20) (Source: Sport England)



5.3 Obesity

In 2019/20 data collected as part of the Active Lives survey¹⁰ found that over 60% of adults in West Sussex were overweight, including those who were obese (Figure 20).

Figure 20 Percentage of adults (aged 18+) classified as overweight or obese



Source: Sport England

This data collection precedes the COVID-19 pandemic, but there is evidence from the measurement of children in 2021 that the prevalence of obesity in the overall population is likely to have increased. At an England level in Year 6 children (children aged 10/11 years), obesity prevalence has increased from 21.0% in 2019/20 to 25.5% in 2020/21.

5.4 Substance Misuse

Alcohol - There is evidence¹¹ that alcohol consumption increased during the COVID-19 pandemic; the total duty paid on alcohol increased by 1.2% from 2019 to 2020. There was also a shift in types

¹⁰ Undertaken by Sport England

¹¹ PHE Monitoring alcohol consumption and harm during the COVID-19 pandemic July 2021

of alcohol consumed, with large increases in duty-paid wine and spirits with decreases in cider and beer, reflecting the closure of pubs during lockdown. There is no recent local data on levels of consumption and patterns of drinking. From 2018 estimates, there are between 5,500-9,500 residents in West Sussex in need of treatment for alcohol dependence (point estimate of roughly 7,000).¹²

Over the last ten years, nationally and locally, there has been an increase in the number of alcohol related hospital admissions¹³ (Figure 21). At a locality level in 2020/21 admissions were highest in Arun, 674 per 100,000; this is significantly higher than the England rate of 586 per 100,000.

Figure 21 Admission episodes for alcohol-specific conditions (Persons) per 100,000

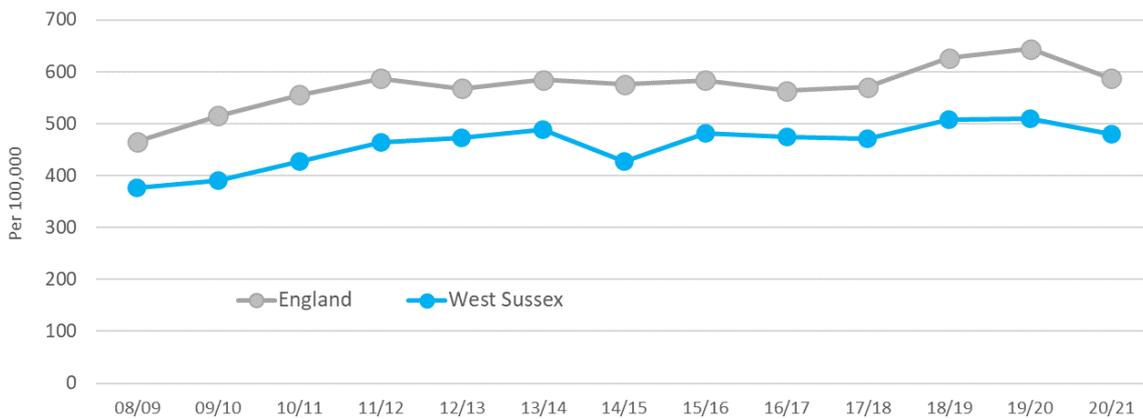
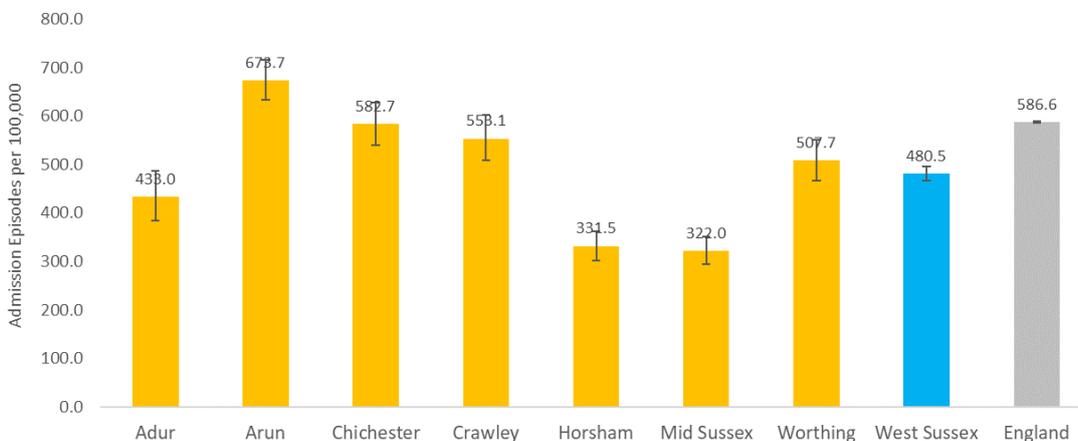


Figure 22 Alcohol Related Admissions per 100,000 (2020/21)



Source: Calculated by OHID: using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) Mid Year Population Estimates.

¹² West Sussex Substance Misuse Health Needs Assessment 2021 <https://jsna.westsussex.gov.uk/assets/living-well/west-sussex-substance-misuse-needs-assessment-2021-executive-summary.pdf>

¹³ Admissions to hospital where the primary diagnosis or any of the secondary diagnoses are an alcohol-specific (wholly attributable) condition code only.

Drugs - From 2018 estimates, there are between 1,200-3,200 residents using opiates and/or crack cocaine in West Sussex. The number of opiate users seeking treatment in West Sussex has remained relatively flat (around 1,150) each year. The number seeking treatment for non-opiates has doubled in recent years, from roughly 150 to 300 each year. Alcohol service use has also increased notably, nearly doubling from roughly 650 to 1,100 per year.

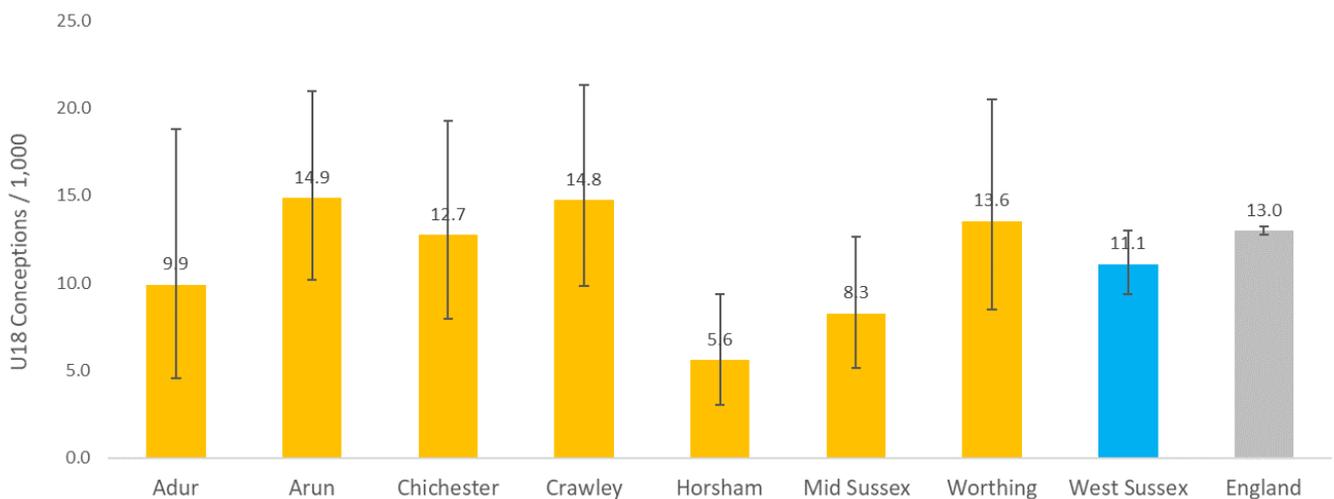
Substance Misuse and Mental Health - The occurrence of mental health conditions among people with substance misuse problems is very common and this two-way relationship is complex.

- Of new presentations to alcohol treatment in West Sussex in 2019/20, 54% were identified as having a mental health need. Of those, roughly 23% of males and 16% of females were not receiving any professional support for assessed mental health problems.
- Of the adults who entered drug treatment in 2019/20, 60% were assessed as having a mental health treatment need. Of these, roughly 32% of males and 21% of females were not receiving any professional support for assessed mental health problems.

5.5 Teenage pregnancy and sexual health

The teenage pregnancy rate in West Sussex is lower than in England, at 11.1 conceptions per 1000 females under 18 (148 conceptions), compared to 13.0 per 100,000 nationally (Figure 23). Rates within West Sussex have halved since 2008 and have been significantly lower than the national levels since the late 90s. 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 23 Under 18s conception rate / 1,000 (2020)

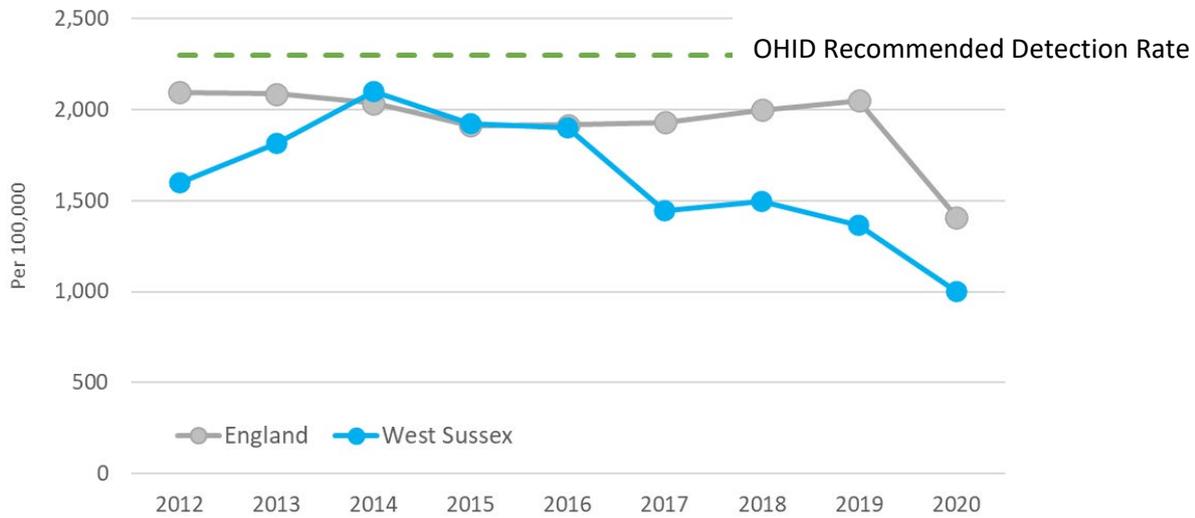


Source: OHID

Chlamydia screening - The Office for Health Improvement and Disparities (OHID) publishes data relating to chlamydia screening and detection. Nationally and locally the percentage of 15–24-year-olds screened has fallen over the last ten years, and the impact of COVID-19 has steepened the decline. In 2020, 11.6% of 15–24-year-olds in West Sussex were screened, compared with 14.3% nationally. In 2016 almost 21% were screened in West Sussex.

Lower screening is impacting detection. OHID recommends that local authorities should be working towards achieving a detection rate of at least 2,300 per 100,000 population aged 15 to 24. Detection rates nationally and locally are well below this level (Figure 24)

Figure 24 Chlamydia detection rate per 100,000 population aged 15 to 24



5.6 Long-term conditions

The information from the Global Burden of Disease study provides us with information on the major risk factors for long term conditions and poorer health. At a population level, some of these risk factors have improved over time. Fewer people smoke and there has been considerable progress on the management of hypertension. Others risk factors, such as diet, obesity levels and physical activity rates, have worsened over time and may have been further exacerbated by the COVID-19 pandemic.

With treatments for acute conditions such as stroke, heart disease and cancer improving, the disease profile of the population 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 registers, we can see that recorded prevalence (patients recorded on practice disease registers) on a range of long-term conditions is higher in West Sussex than the national rate.

Figure 25 Recorded Prevalence of long-term conditions as defined by OHID

Indicator	Period	West Sussex			England			
		Recent Trend	Count	Value	Value	Lowest	Range	Highest
Hypertension: QOF prevalence (all ages) (Persons, All ages)	2020/21	↑	141,585	15.5%	13.9%	9.6%		
Stroke: QOF prevalence (all ages) (Persons, All ages)	2019/20	↑	19,348	2.1%	1.8%	1.0%		
CHD: QOF prevalence (all ages) (Persons, All ages)	2020/21	→	32,328	3.5%	3.0%	1.8%		
Heart Failure: QOF prevalence (all ages) (Persons, All ages)	2020/21	↑	8,523	0.9%	0.9%	0.5%		
Atrial fibrillation: QOF prevalence (Persons, All ages)	2020/21	↑	24,743	2.7%	2.0%	0.9%		
Diabetes: QOF prevalence (17+) (Persons, 17+ yrs)	2020/21	↑	54,890	7.4%	7.1%	4.3%		
CKD: QOF prevalence (18+) (Persons, 18+ yrs)	2020/21	→	33,314	4.5%	4.0%	2.0%		
Dementia: QOF prevalence (all ages) (Persons, All ages)	2020/21	→	8,368	0.9%	0.7%	0.4%		

5.7 Mental health and dementia

- In 2020/21 there were over 92,000 people with depression recorded on the GP practice register. This is approximately 13% of the total registered population and in line with the national rate. The number of people recorded as having depression has increased markedly over the five years, from approximately 67,000 in 2016/17.
- There are over 8,300 people on the Severe Mental Illness (SMI) GP register. This includes patients with a diagnosis of schizophrenia, bipolar, psychotic illness and those being monitored on lithium for whatever reason.
- An ageing population in West Sussex means that the number of people living with dementia will increase. In 2020/21, there were over 8,300 residents identified as having dementia and recorded on GP registers.

6 National and local health and wellbeing priorities

6.1 National Priorities - Community Pharmacy and the NHS Long Term Plan

The NHS Long Term Plan was published in January 2019.

Community pharmacies are well positioned in places where people live, work, shop and carry out other leisure activities. This makes them easily accessible and a valuable resource for improving health and wellbeing.

The NHS Long Term Plan highlights the essential role that pharmacies have to play in improving health and wellbeing. The Plan sets out the key priorities aimed at prevention, improving services and population health, and reducing health inequalities. The model of delivery includes the establishment of GP led primary care networks (PCNs) and the development of a 'fully integrated community-based health care', made up of multidisciplinary teams including GPs, pharmacists, district nurses, allied healthcare professionals, joined by social care and the voluntary sector.

The contribution of pharmacies to the NHS Long-term plan includes:

- Supporting urgent care promoting patient self-care and self-management.
- Supporting care home residents and carrying out clinical pharmacist-led medicine reviews where needed.
- Providing a locally accessible and convenient alternative to A&E for patients who do not need to attend hospital.
- Providing support and opportunities for the public to check on their health, through tests for high blood pressure and other high-risk conditions.
- Working as part of the PCNs to case find and treat people with high-risk conditions
- Undertaking medicine reviews.
- Working with GPs to help manage GP workload and supporting care home.

The NHS approach to tackling inequalities, via the Core20PLUS5 approach to support the reduction of health inequalities has been set out earlier in this document (Figure 12, Page 39).

6.2 West Sussex Health Wellbeing Strategy 2019-2024

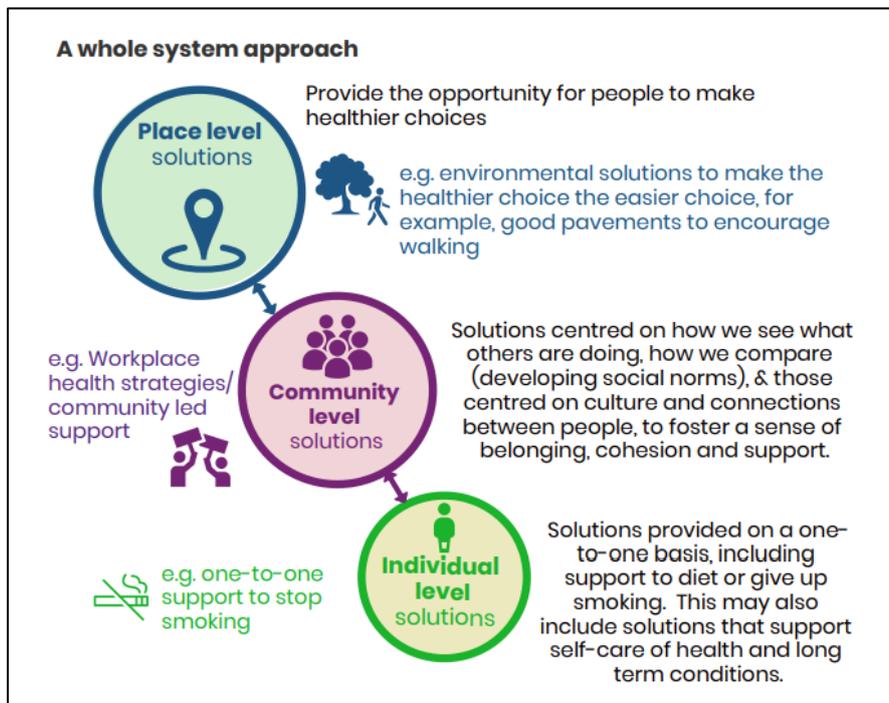
The West Sussex Health and Wellbeing Strategy (Start Well, Live Well, Age Well) was published in 2019 and sets out the priorities across the population life course (Table 15).

Table 15 West Sussex Health and Wellbeing Strategy Priorities

Starting Well	Living and Working Well	Ageing Well
Improved mother and baby health and wellbeing, especially for those in most need.	Individuals, families, friends and communities are connected.	Fewer older people feel lonely or socially isolated.
Children growing in a safe & healthy home environment with supporting and nurturing parents and carers.	People have access to good quality homes providing a secure place to thrive and promote good health, wellbeing and independent living.	There is a reduction in the number of older people having falls.
Good mental health for all Children.	People are able to look after their own health.	Older adults stay healthier, happier and independent for longer.
Children and young people leaving care are healthy and independent.	People live, work & play in environments that promote health and wellbeing.	People receive good quality end of life care and have a good death.

The strategy promotes a whole system approach to health. Pharmacies have an important role at all levels: supporting individuals with advice; working with other organisations in the local community, including clinical commissioning groups and local authorities; and working at a system level, for example in the introduction and design of new interventions/services provided.

Figure 26 West Sussex HWB Strategy - Whole System Approach



6.3 West Sussex NHS Clinical Commissioning Group (CCG) priorities

NHS West Sussex CCG was formed in April 2020 by the merger of the previous three CCGs (Crawley, Coastal West Sussex and Horsham and Mid Sussex CCGs). It is comprised of 82 GP practices. At the same time, the CCGs across East Sussex also merged to become NHS East Sussex CCG and alongside NHS Brighton and Hove CCG, the three CCGs in Sussex now work closely together as Sussex NHS Commissioners.

The West Sussex CCG priorities are:

- **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** – Ensure that patients get the right care, in the right place, whenever they need it. Urgent care services will ensure that we provide a modern, responsive service fit for the future.
- **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 optimisation** – Improving health through the promotion of high quality, cost-effective use of medicines. This will be achieved by three main streams of work: governance, quality improvement and Primary Care Network (PCN) engagement.
- **Equality, diversity and inclusion** - Eliminating unlawful discrimination, promoting equality of opportunity in respect to the way we commission healthcare services, developing a diverse and well supported workforce which reflects the population we serve.

7 Current NHS pharmaceutical service provision in West Sussex

Key Points

- As of March 2022, there are 153 community pharmacies in West Sussex; 12 dispensing doctors; 5 appliance contractors and 3 distance selling pharmacies.
- Since the last PNA in 2018, there has been a reduction of 7 community pharmacies, whilst the number of dispensing GPs, distance selling pharmacies and appliance contractors has remained the same.
- The number of community pharmacies in West Sussex district and boroughs ranged from 14 to 20 per 100,000 population, with a West Sussex average of 18 community pharmacies per 100,000 population.
- The number of community pharmacies and dispensing doctors in West Sussex localities ranges from 16 to 20 per 100,000 population, with a West Sussex average of 19 dispensing sites per 100,000 population. The West Sussex average is below the national level (21 per 100,000) but above the South East (17 per 100,000).
- West Sussex residents also have access to pharmaceutical services from neighbouring HWB areas i.e., Brighton and Hove; East Sussex; Hampshire, and Surrey.
- Approximately 25,000 West Sussex residents are registered with GPs in neighbouring areas, and are therefore likely to use services in those areas.

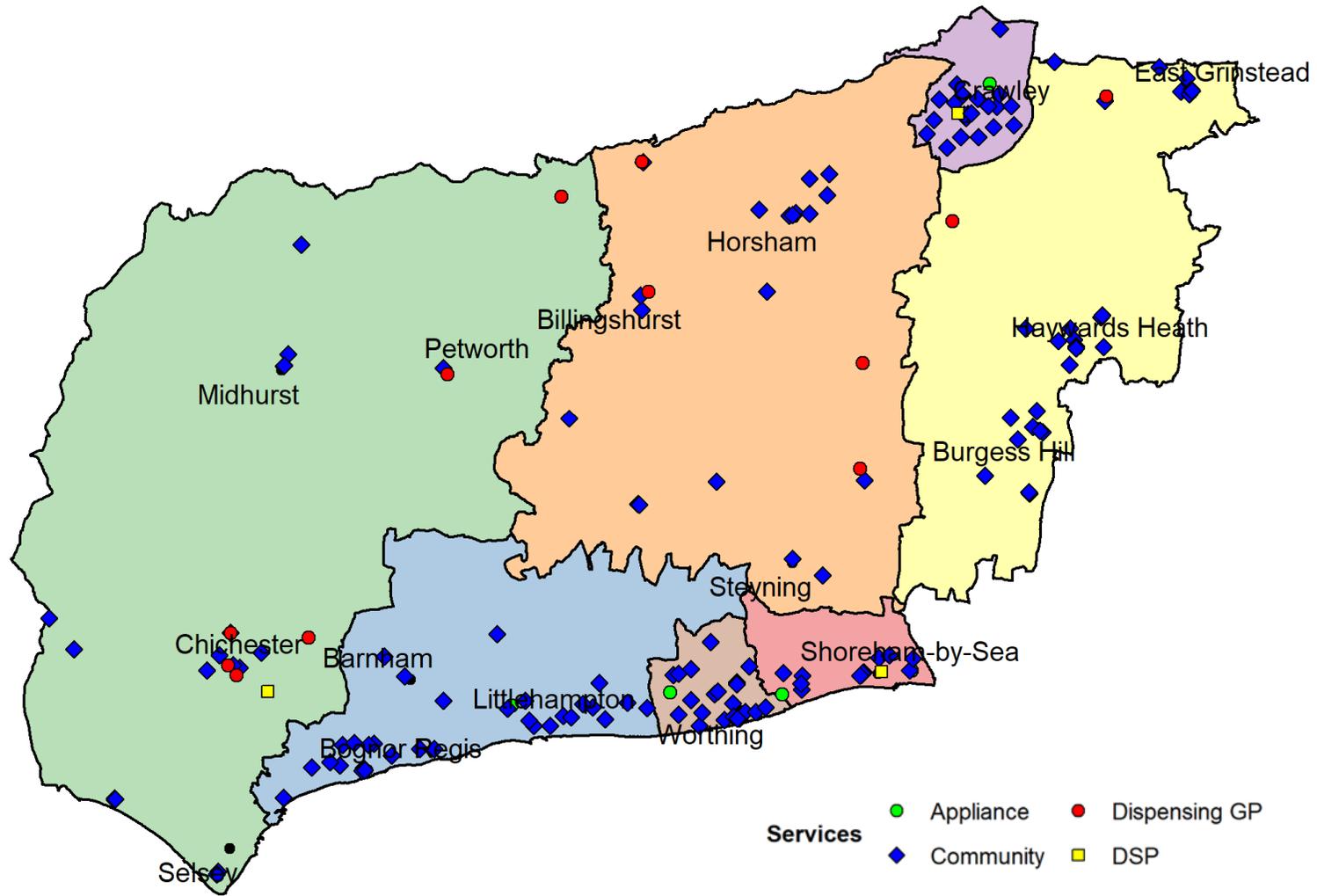
7.1 Overall Contractor Numbers by Type

Table 16 Number of Contractors and Dispensing GPs (as of March 2022)

Locality	Community Pharmacy	Number in 2018	Appliance	Dispensing GP	Distance Selling Pharmacy
Adur	13	13	2		1
Arun	33	33	1		
Chichester	18	19		6	1
Crawley	21	22	1		1
Horsham	20	20		4	
Mid Sussex	27	29		2	
Worthing	21	24	1		
West Sussex	153	160	5	12	3

Source: NHSE&I

Figure 27 Community Pharmacies, Appliance Contractors and Distance Selling Pharmacies – West Sussex



7.1.1 Community Pharmacies

There are 153 community pharmacies in West Sussex, registered to provide NHS pharmaceutical services under the NHS Community Pharmacy Contractual Framework (CPCF). This has been a reduction in the number of pharmacies since the 2018 PNA, when there was a total of 160 community pharmacies. Compared with 2018, there is one less pharmacy in Chichester, one fewer in Crawley, two fewer in Mid Sussex and three fewer in Worthing. In Adur, Arun and Horsham the number has remained the same.

The most recent closure was a Boots in Crawley (Unit 2C County Oak Retail Park, London Road, Crawley), which closed in January 2022.

West Sussex has a mix of both “multiple” contractors or pharmacy chains (with six or more community pharmacies) and “independent” contractors (with five or fewer community pharmacies).

7.1.2 Dispensing doctors

Since the last PNA in 2018 there has been no change in the number, or location, of dispensing GPs. There are 12 dispensing GP practices, with six in Chichester, four in Horsham and two in Mid Sussex.

As of January 2022, the GP practices had a total of 45,273 people registered as dispensing patients, this was approximately 35% of the total list size of these GPs.

Note: these are people who are registered as dispensing patient, but they may not have needed a prescription over a number of years.

7.1.3 Dispensing Appliance Contractors (DACs)

Overall, there remain five 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 2018, there have been no changes in the total number of DACs in West Sussex; although there is one fewer in Adur and an additional DAC based in Worthing.

7.1.4 Distance selling contractors

There remain three 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. These are based in Adur, Chichester and Crawley.

7.1.5 Local Pharmaceutical Services (LPS) Scheme

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

7.2 Provision of pharmaceutical services per 100,000 Population

Across England (as of 31 March 2021) there were 11,636 community pharmacies. The number of pharmacies has declined over the last five years. Overall, there are approximately 21 community pharmacies per 100,000 population in England (Table 17). At regional level the North West and North East and Yorkshire have the highest rate (24 per 100,000) and the South East region the lowest at 17 per 100,000.

Table 18 Community Pharmacies per 100,000 Population

Region	Population (2020 MYE)	Community Pharmacies (as of 31 March 2021)	Community Pharmacies per 100,000 Population
London	9,002,500	1,863	21
South West	5,659,100	1,053	19
South East	9,217,300	1,589	17
Midlands	10,827,500	2,224	21
East of England	6,269,200	1,216	19
North West	7,367,500	1,751	24
North East and Yorkshire	8,207,200	1,940	24
England	56,550,300	11,636	21

Source: General Pharmaceutical Services in England 2015/16 - 2020/21 NHSBSA Statistics

In West Sussex the number of community pharmacies per 100,000 population is 18 per 100,000 (Table 19). This is below the England rate but higher than the South East region rate.

There is variation within the county, from 14 per 100,000 in Horsham to 20 per 100,000 in Adur and Arun. 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 rate per 100,00 narrows. The rate in Horsham increases from 14 to 16 per 100,000.

Note: In examining the number of pharmacies by population it is important to understand that this is a crude measure. There is not an agreed benchmark, and each pharmacy can differ by size and working practices, such as in the number of pharmacists employed, use of automotive and robotic technology, opening hours etc.

Table 20 Provision per 100,000 population – West Sussex Localities

Locality	Population estimates mid-2020(ONS)	Community Pharmacies (per 100,000)	Community Pharmacies and Distance Selling Pharmacies*(per 100,00)	Community Pharmacies and Dispensing Doctors (per 100,000)	Community Pharmacies, Distance Selling Pharmacies and Dispensing Doctors (per 100,000)
Adur	64,187	20	22	20	22
Arun	161,123	20	20	20	20
Chichester	121,508	15	16	20	21
Crawley	112,474	19	20	19	20
Horsham	145,474	14	14	16	16
Mid Sussex	152,142	18	18	19	19
Worthing	110,727	19	19	19	19
West Sussex	867,635	18	18	19	19

* Distance selling pharmacies also provide services outside the county

7.3 Dispensing activity overview

Most prescriptions in West Sussex are written by GPs. However, non-medical prescribers, such as nurses, dentists, pharmacists, and hospital doctors may also write prescriptions to be dispensed in the community. It should be noted that not all prescriptions will be dispensed.

Several factors may influence the number of items prescribed and the growth in prescribing¹⁴:

- 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.

¹⁴ HSCIC. Prescriptions dispensed in the Community: England 2002-2012 (July 2013).

These factors and the growth in prescribing have an influence on the need for pharmaceutical services. 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. Similarly, prescriptions written elsewhere could be dispensed in West Sussex.

Using data from NHS Business Services Authority¹⁵ an estimated 97.7% of prescriptions originating in West Sussex are dispensed within the county, with a further 1.7% dispensed in neighbouring authorities and Kent.

Note: Given the impact of COVID-19 on the delivery of service, data for the last three financial years are shown.

7.3.1 Dispensing activity

Between 2018/19 and 2019/20 there was a growth in the number of items dispensed in community pharmacies and dispensing GP practices. This was followed by a fall between 2019/20 to 2020/21. Community pharmacies account for 94% of within county dispensing.

Table 21 Items Dispensed by Pharmacies and Dispensing Doctors 2018/19 to 2020/21

Financial Year	2018/19	2019/20	2020/21
Items Dispensed by Dispensing GPs based in West Sussex	925,470	927,850	888,792
Chichester	482,690	477,599	455,355
Horsham	288,470	298,156	287,377
Mid Sussex	154,310	152,095	146,060
Items Dispensed by Pharmacies based in West Sussex	14,236,568	14,651,385	14,176,192
Adur	1,096,082	1,139,908	1,101,383
Arun	3,104,840	3,173,388	3,100,860
Chichester	1,842,196	1,942,325	1,881,118
Crawley	2,017,811	2,060,114	1,955,468
Horsham	2,008,165	2,044,413	1,974,896
Mid Sussex	1,866,136	1,906,622	1,834,978
Worthing	2,301,338	2,384,615	2,327,489

7.4 Providers in neighbouring HWB areas

Approximately 25,000 West Sussex residents are registered with GPs in neighbouring areas and are therefore likely to use services in those areas.

Neighbouring local authority areas have the highest number of West Sussex residents registered with a non-West Sussex based GP. These are shown on the table below (rounded to the nearest

¹⁵ Estimate based on information provided by NHSBSA and relates to 7-month period of April 2021 to October 2021.

50). A large number of patients in the north of Chichester district are registered with GP practices to the north in Surrey.

Table 22 West Sussex residents registered with a GP in neighbouring local authorities

Neighbouring area	Number of West Sussex residents registered with GP practices in neighbouring counties (Rounded to nearest 50)
Waverley (Surrey)	7,000
Havant (Hampshire)	4,750
East Hampshire	4,250
Brighton and Hove	3,750
Mole Valley (Surrey)	2,100
Wealden (East Sussex)	1,700

Source: NHS Digital – Numbers of patients registered at a GP practice – Feb 2022

Similarly, some residents in neighbouring areas are registered with a GP in West Sussex and therefore likely to use pharmaceutical services in West Sussex. Neighbouring pharmaceutical contractors may also be more convenient to access for patients living in West Sussex border areas for example patients in Chichester district may prefer to access services in Hampshire. Similarly, those living in the north of West Sussex, in the Crawley and Horsham districts may find it more convenient to use one of the community pharmacies in Surrey. 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.

It should be noted that, while we have data on where prescriptions are issued and where they are dispensed, there is not information on the provision of advanced services provided by pharmacies based outside of West Sussex to West Sussex residents, as contractors claim for activity of each service irrespective of home location.

7.5 Other NHS services

7.5.1 GP practices and Primary Care Networks

There are 82 GP practices in West Sussex that provide NHS medical services to their registered populations as part of their general medical terms of service. Most prescriptions in West Sussex are written by GPs.

The practices are grouped into 20 Primary Care Networks (PCNs) which work with the local community and organisations (including community, mental health, social care, pharmacy, hospital, and voluntary services) to address the local health needs.

It should be noted that GP practices do not have geographical boundaries and more than one GP practice can operate in the same local area. Establishing a geographic, resident-based footprint

centred on PCNs is therefore complex, and a reason that these were not selected as localities for this West Sussex PNA.

7.5.2 University Hospitals Sussex NHS Foundation Trust.

Western Sussex Hospitals NHS Foundation Trust (WSHFT) and Brighton and Sussex University Hospitals Trust (BSUH) merged in April 2021 to create a single trust, called University Hospitals Sussex NHS Foundation Trust.

Hospitals of this Trust within West Sussex are:

- **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 centre 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, outpatients, 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.
- **Princess Royal Hospital** - is based in Haywards Heath 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.

Outside of West Sussex:

- **The Royal Sussex County Hospital** - is a key 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.

7.5.3 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 provides specialist head and neck services including a surgical centre for head and neck cancer. It also has a Sleep Disorder Centre.

In addition to these specialist services, it also provides outpatient clinics for local people, such as cardiology, respiratory, rheumatology, paediatric, community ear, nose and throat clinics and a clinic centred on care for the elderly.

7.5.4 Sussex Community NHS Trust

Sussex Community NHS Trust is the main provider of NHS community health services across West 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 Community Hospital.
- Bognor Regis War Memorial Hospital.
- Crawley Hospital.
- Horsham Hospital.
- The Kleinwort Centre (Haywards Heath).
- Midhurst Community Hospital.
- Minor Injuries Unit (Horsham).
- St Richard's Hospital (Chichester).
- Urgent Treatment Centre (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.

7.5.5 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 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, treating children and young people experiencing emotional difficulties, mental health problems and eating disorders.

In addition, it provides a community forensic outreach team supporting people with complex mental health problems involved in the criminal justice system and health care services to HMP Prison Ford.

The Trust has its own pharmaceutical arrangements that do not come under the NHS Pharmaceutical services as per 2013 regulations.

7.6 Key Non-NHS Services

7.6.1 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.

7.6.2 Immigration Removal Centres (IRCs)

There are two Immigration Removal Centres (IRCs) in West Sussex, Tinsley House, and Brook House. NHS England Health and Justice is responsible for commissioning health and wellbeing services in these centres. Pharmaceutical service provision in IRCs is not part of the NHS pharmaceutical services and these are provided under separate contractual arrangements.

7.6.3 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 Hospice:** St Barnabas operates two Sussex hospices. St Barnabas House provides palliative care to people in the Worthing area.
- **Chestnut Tree House Children's Hospice:** Chestnut Tree House 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 Southeast Hampshire. It is based in Arundel.

7.7 Care homes

There are 356 CQC registered care homes in West Sussex. Two hundred and forty (240) of these are considered older peoples' care homes, and 116 of these are considered specialist (Learning Disability Mental Health/Physical Disability services).

8 Pharmaceutical services provided in West Sussex

Key Points

- 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, and this coverage is adequate to meet the needs of the local population.
- Advanced Services - Overall West Sussex has a similar or better coverage of established advanced services when compared with England. The coverage of newly introduced services, such as hypertension case finding and the smoking cessation service supporting patient discharge, will need to be monitored.

In relation to the advanced services:

- All community pharmacies and distance selling pharmacies based in West Sussex are commissioned to deliver the New Medicine Service.
- 150 community pharmacies and one distance selling pharmacy in West Sussex provide a Community Pharmacist Consultation Service, representing 94% of pharmacies.
- 90% (137) community pharmacies provided a Flu Vaccination Service in 2020/21.
- Nationally and locally, Appliance Users Review (AURs) and Stoma Appliance Customisation (SACs) are more likely to be provided by appliance contractors.
 - In West Sussex there are three contractors (appliance contractors) offering Appliance Use Reviews. At 1.8% of contractors this was higher than the England level of provision (0.6% of contractors).
 - There are 17 contractors (twelve community pharmacies and five appliance contractors) providing Stoma Appliance Customisations. All areas have at least one provider of SACs except Chichester.
- In relation to the new advanced services, such as hypertension case finding and smoking cessation service (supporting the continuation of cessation started as an inpatient), it is too early (as of March 2022) to assess the sign-up at a local level.
- In West Sussex, four community pharmacists are commissioned to provide Hepatitis C testing. This service was due to end in March 2022 but has been extended to 2023.

Key Points Continued

In addition to services covered under the Community Pharmacy Contractual Framework, other services are locally commissioned. There are a good range of services commissioned locally:

- NHS West Sussex CCG locally commission four services: the Medication Administration Record (MAR) Chart scheme (previous area covered by NHS Coastal West Sussex), Emergency Palliative Care (pan West Sussex), H-Pylori Testing (Crawley only) and a Gluten Free Food Scheme (Horsham and Mid Sussex area only).
- West Sussex County Council Public Health commission NHS Health Checks, Smoking Cessation, Alcohol Identification and Brief Advice Service and Emergency Hormonal Contraception for young women. These are provided across the county and there is a good geographical spread of these services.
- Change Grow Live (CGL), the local provider of substance misuse treatment services, contract a range of services including needle exchange, supervised consumption, and take-home naloxone. These services are provided across the county and there is a good geographical spread of this provision.

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.

8.1 Essential services

Refer to Appendix B for a detailed description of services, aims and outcomes

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.

8.2 Advanced services

Refer to Appendix C for a detailed description of services, aims and outcomes

8.2.1 Appliance Use Review (AUR) service

Appliance use reviews help patients use appliances more effectively. Nationally AURs are in the main provided by appliance contractors and this is the case in West Sussex. There are three contractors (appliance contractors) currently offering this service within West Sussex. In total in 2020/21 there were 2,356 AURs, with an average of 785 per contractor.

With 1.8% of contractors providing this service in the county, this compares favourably to the overall England coverage of 0.6% of contractors (Table 23).

Table 23 Pharmacies and Appliance Contractors Providing AURs (2020/21)

Area	Number of pharmacies and appliance contractors	Number of providing AURs*	Percentage of contractors providing AURs	Number of AURs	Average AURs per contractor
West Sussex	161	3	1.8%	2,356	785
England	11,679	64	0.6%	48,076	751

Source: Data provided by NHS Business Services Authority and relate to 2020/21

*This relates to contractors recording any activity in 2020/21

8.2.2 Community Pharmacist Consultation Service (CPCS)

This service acts to connect patients who have a minor illness or need an urgent supply of a medicine with a community pharmacy. In addition to referrals from general practices for minor illnesses, the service takes referrals to community pharmacy from NHS 111 (and NHS 111 online for requests for urgent supply), Integrated Urgent Care Clinical Assessment Services and in some cases, patients can be referred via the 999 service.

The service replaced previous pilot schemes, the NHS Urgent Medicine Supply Advanced Service (NUMSAS) and the Digital Minor Illness Referral Service (DMIRS).

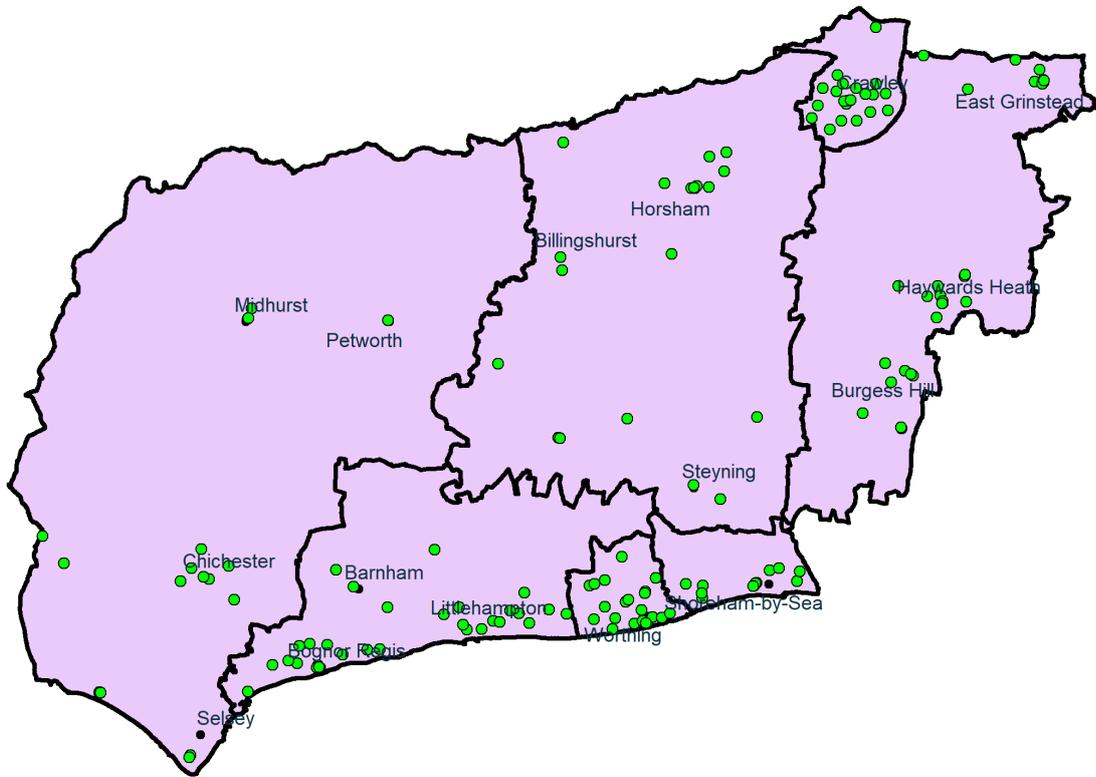
- As of March 2022, 150 community pharmacies and one distance selling pharmacy in West Sussex provide a CPCS service, representing 94% of pharmacies.
- In 2020/21 there were over 5,100 consultations held in West Sussex as part of this service. This was the first year the service operated (as GP CPCS from October 2020, it had been with NHS 111 since October 2019), and this was during the COVID-19 pandemic.

Table 24 Provision of a Community Pharmacist Consultation Service and Activity in 2020/21

Locality	Number providing a CPCS (as of March 2022)	As a percentage of all pharmacies (community and distance selling) (As of March 2022)	CPCS Consultations in Financial Year 2020/21
Adur	13	81%	334
Arun	32	94%	995
Chichester	18	95%	768
Crawley	21	91%	922
Horsham	20	100%	586
Mid Sussex	26	96%	771
Worthing	21	95%	769
West Sussex	151	94%	5,145

There is good provision of this service across West Sussex (Figure 28).

Figure 28 Pharmacies providing the Community Pharmacist Consultation Service (CPCS)



8.2.3 Flu Vaccination Service

From September through to March the NHS runs a seasonal flu vaccination campaign. This aims to vaccinate all patients who are at risk of developing more serious complications from the virus. Pharmacy staff identify people eligible for flu vaccination and encourage them to be vaccinated. This service covers eligible patients aged 18 years and older who are within nationally identified risk groups. To examine the provision of flu vaccination activity data from 2020/21 have been used¹⁶. In the period September 2020 to March 2021 90% of pharmacies claimed for the flu jabs. This was higher than the England overall percentage of 84%. Mid Sussex is the only area where the percentage was lower than the England rate. There was a considerable range in the number provided per pharmacy from fewer than 10 jabs to over 500.

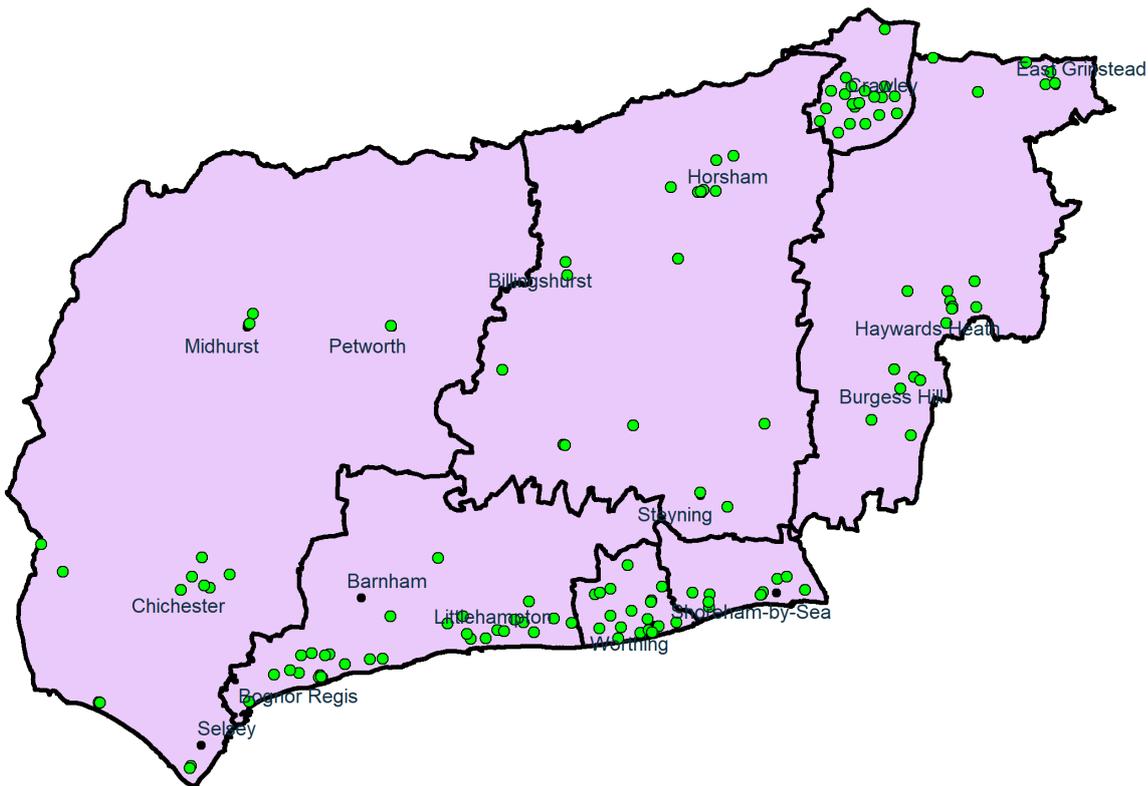
¹⁶ 2020/21 data were used to reflect how many pharmacies in total claimed for the providing flu jabs, as pharmacies do not “sign up” at the beginning of the year for the service, using claims data provides a truer picture of the availability of this service across the county.

Table 25 Community Pharmacies Providing a Flu Vaccination Service (as of March 2022)

Locality	Provided Flu Jab Service in 2020/21	% Of Community Pharmacies
Adur	11	85%
Arun	31	94%
Chichester	17	94%
Crawley	21	100%
Horsham	18	90%
Mid Sussex	20	74%
Worthing	19	90%
West Sussex	137	90%

There is good provision across the county.

Figure 29 Pharmacies Providing Flu Jabs in 2020/21



8.2.4 Hepatitis C Testing

The Community Pharmacy Hepatitis C Antibody Testing Service was added to the Community Pharmacy Contractual Framework (CPCF) in 2020 and was commissioned from September 2020.

In West Sussex there are currently four community pharmacists commissioned to provide this service, three of these are based in Crawley, one in Midhurst.

Note that this service is part of the national Hepatitis C Programme was due to end on 31st March 2022 but this has been extended to 31 March 2023.

8.2.5 Hypertension Case Finding Service

The hypertension case-finding service started to be commissioned as an Advanced service from 1st October 2021.

At present (March 2022), 17 community pharmacies have signed up, with at least one community pharmacy providing the service in each locality

Locality	Number of Pharmacies Commissioned for Hypertension Case Funding (as of March 2022)
Adur	1
Arun	2
Chichester	2
Crawley	3
Horsham	3
Mid Sussex	5
Worthing	1
West Sussex	17

8.2.6 New Medicine Service (NMS)

The service provides support for people with certain long-term conditions newly prescribed a medicine to help improve medicines adherence.

The service is split into three stages. First patient engagement, where patients are recruited to the service; then intervention, where the pharmacist will have a discussion with the patient about one or two weeks later; and then, after two to three weeks, a follow up.

- All community pharmacies and distance selling pharmacies based in West Sussex are commissioned to deliver this service.
- In 2020/21, in part due to the COVID-19 pandemic, there were fewer NMS (15,888) completed in West Sussex compared with 2019/20 (19,144). Data for 2021/22 show the activity has now risen to over 19,073 (Table 26).

In 2021/22 there was an average of 124 NMS per pharmacy, however the range was considerable, from 5 to over 500.

Table 26 New Medicine Services undertaken by Community Pharmacists

Year	Overall number
2018/19	16,889
2019/20	19,144
2020/21	15,888
2021/22	19,073

8.2.7 Stoma Appliance Customisation (SAC)

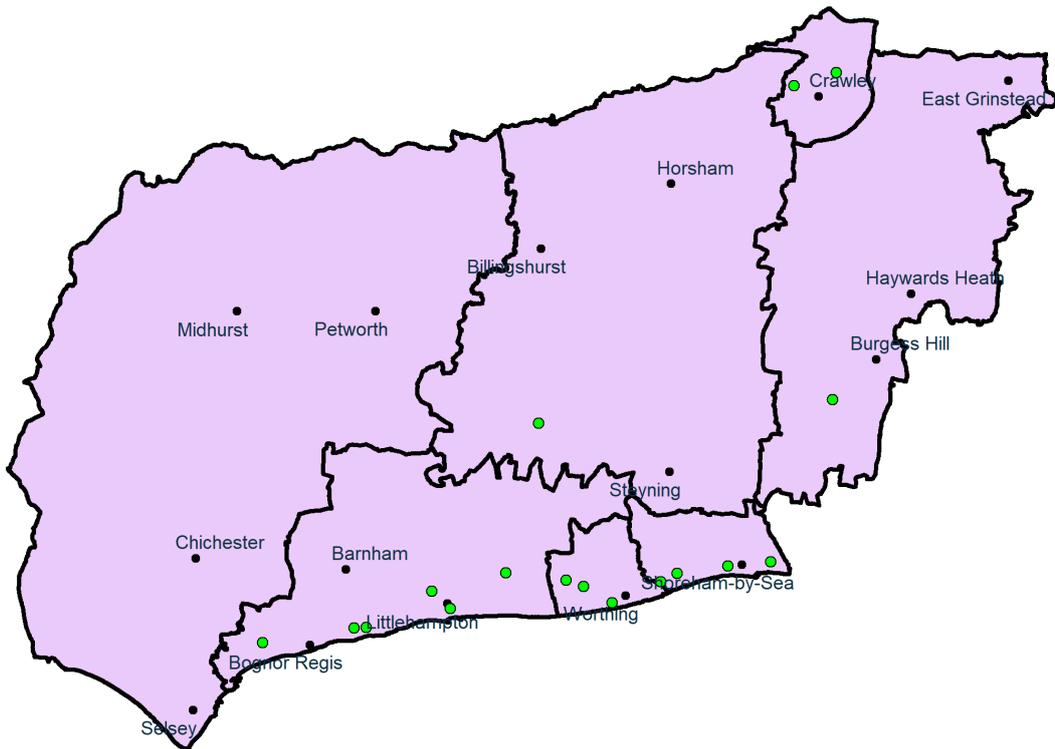
As with Appliance Use Reviews (AURs), at a national level this service is more likely to be provided by appliance contractors. There has been locally and nationally a decrease in the number of community pharmacies providing this service, but overall, the number of SACs has increased as appliance contractors have increased their activity.

In West Sussex (as of March 2022) all five appliance contractors and 12 community pharmacies are providing this service. Combining appliance contractors and community pharmacies a total of 11% provide this service which is the same as the overall England level. All localities, except for Chichester, have at least one provider.

Table 27 Contractors Providing a Stoma Appliance Customisation (2020/21)

Locality	Appliance Contractor	Community Pharmacy	Total
Adur	2	2	4
Arun	1	5	6
Chichester			
Crawley	1	1	2
Horsham		1	1
Mid Sussex		1	1
Worthing	1	2	3
West Sussex	5	12	17

Figure 30 Contractors providing Stoma Appliance Customisation



8.2.8 Smoking Cessation Service

This service is due to be commissioned from March 2022.

This service is to enable people who have started smoking cessation as an inpatient and enable NHS trusts to transfer care on patient discharge, referring patients, subject to their consent to a community pharmacy of their choice to continue their smoking cessation treatment.

Locally commissioned smoking cessation services (outside of the inpatient pathway) are detailed under local authority commissioned services.

8.3 Enhanced services

8.3.1 COVID-19 Vaccination

COVID-19 vaccination has been added as an Enhanced Services provided from community pharmacies and pharmacies continue to play an important role in sustaining the national programme. In 2021/22 six pharmacies provided this service (three in Chichester District and one each in Crawley, Horsham and Mid Sussex).

8.3.2 Bank Holiday and Public Holiday Opening

NHSE&I are responsible for ensuring provision of services in relation to Bank Holiday and Public Holidays. NHS England and Improvement South East is responsible for pharmacy provision across the whole of the South East, ranging from Hampshire and the Isle of Wight (inclusive of

Southampton & Portsmouth) up through Berkshire, Oxfordshire & Buckinghamshire and across Frimley, Surrey, Sussex and Kent & Medway.

NHSE&I SE monitor the availability of services to ensure an adequate service provision and put in place a safety net service where gaps are identified. This can involve a Service Level Agreement (SLA) for a set period (current arrangements will end Easter 2023) or where there are no willing pharmacies for the SLA a formal direction will be issued as provided for in the pharmacy regulations.

Pharmacies opening under either an SLA or under Direction receive reimbursement, and this is in addition to the normal fees that can be claimed for the work carried out, i.e., dispensing fees etc.

- The cycle of making the arrangements has to take into account the time needed to issue directions for pharmacies to open where this is necessary. Directions are the last resort but effectively require three months to put in place so the details of any pharmacies who choose to open on bank holidays or who are willing to open under an enhanced service (referred to below as SLA) are established in advance of that.
- Over the last 6 to 12 months (2021/22), a change in the approach has been observed, and some pharmacies are taking to not opening on bank holidays. In the past many have opened without any incentive because it was commercially beneficial. Any commissioning or direction arrangements are only made to fill the gaps. Because of workforce and other pressures, pharmacies are making the decision to not open on bank holidays, and therefore this has required NHSE&I SE to assess the gaps and ensure reasonable access to community pharmacy services. However, this would not be to match normal opening hours.
- The Out of Hours Supply of Medicines Directions set out an expectation that out of hours services will provide necessary drugs, medicines and appliances where it is not reasonable for the patient to wait until core hours, taking into account available pharmaceutical services. Whilst NHSE&I SE endeavour to ensure reasonable access to pharmaceutical services on bank holidays, the aim is not to match the opening times of out of hours services or as mentioned above to cover full opening hours.
- There is nothing to stop a pharmacy participating with the enhanced service for the period of time and funding that is on offer, but also deciding to stay open for longer. This is not uncommon.
- The enhanced service arrangements are agreed and negotiated with the LPCs, with a consistent approach and process across the region to make reasonable provision on bank holidays where there are gaps.

8.4 CCG commissioned services

West Sussex CCG also commission some Locally Commissioned Services from community pharmacies. This section highlights the LCS commissioned by the CCG.

Locally Commissioned Services	Coverage
Medication Administration Record (MAR) Charts	Historic Coastal West Sussex CCG area
Emergency Palliative Care	Pan Sussex
H-Pylori Testing	Historic Crawley CCG area
Gluten Free Food Scheme	Historic Horsham and Mid Sussex CCG area

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.

This service is provided in the historic area of Coastal West Sussex CCG.

8.4.1 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.

This service is pan-Sussex.

8.4.2 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 herpetiformis. 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 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 in the historic Horsham and Mid Sussex CCG area only.

8.4.3 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.

8.5 Services Commissioned by West Sussex County Council Public Health

Four services are commissioned directly by the local authority public health team: NHS Health Checks, smoking cessation (community), alcohol identification and brief advice, and emergency hormonal contraception. Change Grow Live, the local drug and alcohol treatment provider, contract services for needle exchange, supervised consumption, and take-home naloxone.

8.5.1 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. In 2021/22, 64 pharmacies spread across West Sussex have signed up to deliver NHS Health Checks.

Table 28 Providers of NHS Health Checks

Locality	Pharmacies signed up for NHS Health Checks
Adur	4
Arun	17
Chichester	6
Crawley	12
Horsham	7
Mid Sussex	9
Worthing	9
West Sussex	64

8.5.2 Smoking Cessation

Smoking Cessation services are provided throughout West Sussex. 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. Community pharmacies provide direct supply of Nicotine Replacement Therapy (NRT) such as patches, gum, lozenges, and inhalators.

In 2021/22, 80 pharmacies spread across West Sussex have signed up to deliver Smoking Cessation services.

Table 29 Providers of Smoking Cessation (LA Commissioned)

Locality	Pharmacies Providing Smoking Cessation (LA commissioned)
Adur	5
Arun	21
Chichester	7
Crawley	15
Horsham	10
Mid Sussex	11
Worthing	11
West Sussex	80

8.5.3 Alcohol Identification and Brief Advice Service

A range of evidence-based alcohol early intervention services have been implemented countywide to meet the needs of adults who are drinking at levels putting them at increasing-risk or higher-risk of harm. This is to meet an identified need to provide services that intervene earlier to support people to make changes to their drinking habits which are necessary for health and wellbeing but may be relatively small.

Intervening earlier will prevent or reduce alcohol-related harm (including a range of cancers, heart disease, mental ill health and domestic abuse). It will help to divert some people away from needing specialist support in the future and will help to ensure that those who do need treatment are less advanced when they present to specialist services.

These services include the Community Pharmacy Alcohol Identification and Brief Advice Service, which is commissioned to opportunistically screen adults, using community pharmacy services, for risky drinking and providing feedback (brief advice) and signposting.

Currently 56 pharmacies provide the services across the county.

Table 30 Alcohol Identification and Brief Advice Service

Locality	Providers - Community Pharmacy Alcohol Identification and Brief Advice Service
Adur	7
Arun	11
Chichester	6
Crawley	11
Horsham	5
Mid Sussex	7
Worthing	9
West Sussex	56

8.5.4 Emergency Hormonal Contraception Services (EHC)

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 years¹⁷.

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 complete specified training and sign the PGD. Training for the scheme is done in conjunction with the Centre for Pharmacy Postgraduate Education (CPPE).

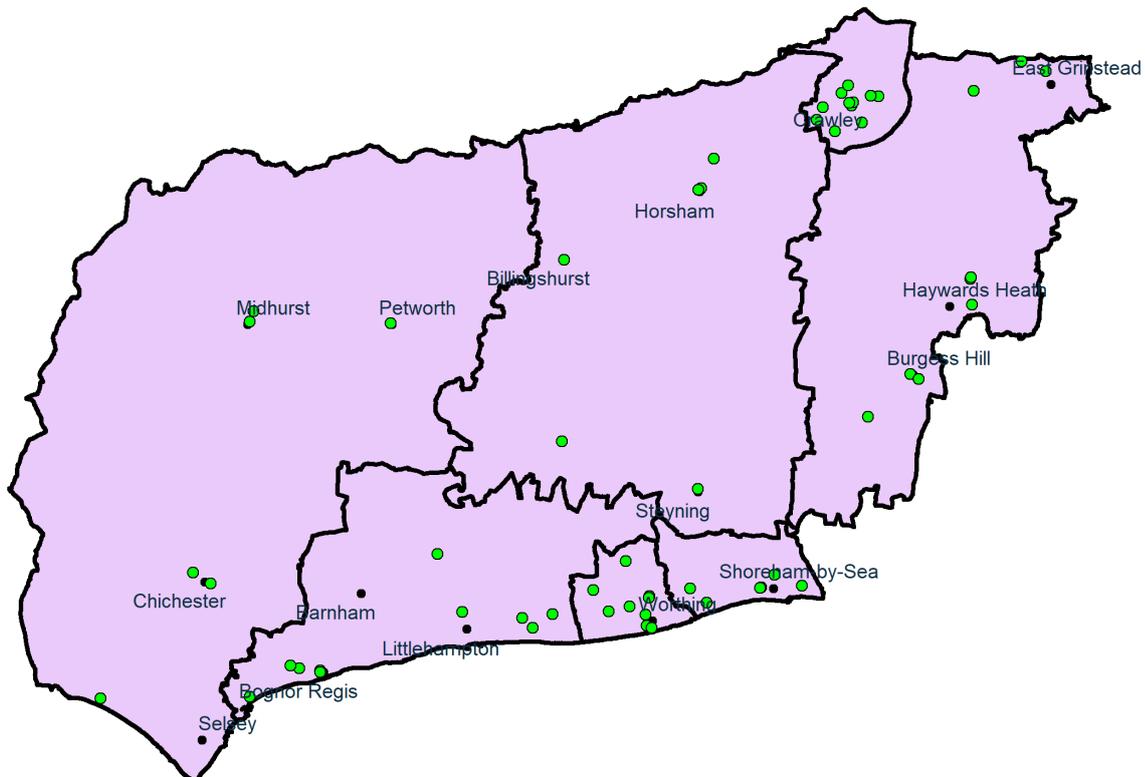
Across the county, 57 pharmacies provide this service.

¹⁷ Depending on the specific medication (Ulipristal Acetate 30mg Tablets). Any individual aged 13 up to the age of 22 years of age presenting for emergency contraception (EC) within 120hrs of unprotected sexual intercourse (UPSI) / Levonorgestrel 1.5mg Tablets. Any individual 13 to 21 years of age presenting for emergency contraception (EC) within 96 hours (off label use between 72-96hrs) of unprotected sexual intercourse (UPSI).

Table 31 Emergency Hormonal Contraception Services (EHC) Providers by Locality

Locality	Emergency Hormonal Contraception Services (EHC)
Adur	6
Arun	10
Chichester	6
Crawley	11
Horsham	6
Mid Sussex	9
Worthing	9
West Sussex	57

Figure 31 Pharmacies Providing Emergency Hormonal Contraception



8.6 Services Commissioned by Change Grow Live

The following services are contracted by the local substance misuse treatment provider Change Grow Live (CGL). CGL have provided information on services provided by pharmacies, detailing which pharmacies have recorded activity.

8.6.1 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 of 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. The Office for Health Improvement and Disparities recommends that NSPs, including those provided by community pharmacies, should be part of the wider drug and alcohol service provision.

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 50 community pharmacies in West Sussex that provide NSP. 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.

Table 32 Pharmacies Providing Needle and Syringe Exchange Programme

Locality	Number of Pharmacies
Adur	4
Arun	9
Chichester	7
Crawley	11
Horsham	6
Mid Sussex	4
Worthing	9
Total	50

8.6.2 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 directly with community pharmacies for delivery of NSP and supervised administration services across the whole of the county.

Service reports show that from April 2021 to March 2022, there were 1159 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 112 community pharmacies in West Sussex currently provide this service (Table 33).

Table 33 Supervised Administration of Opiate Substitution Treatment (OST) Service

Locality	Number of Pharmacies
Adur	11
Arun	26
Chichester	12
Crawley	15
Horsham	13
Mid Sussex	20
Worthing	15
West Sussex	112

8.6.3 Take Home Naloxone

Drug overdose remains the main cause of death amongst drug users. A take home naloxone service is available for suitable users of the NSP programme and SAP service users. Service users in contact with opioids, along with friends, family or appropriate representatives are offered training in recognising the symptoms of opioid overdose, how to respond appropriately and how to administer naloxone. Training is delivered by any member of the pharmacy team once completed, a take-home naloxone kit may be issued to the service user.

Currently nine pharmacies across the county offer this service.

9 Accessing pharmaceutical services – Opening Hours and Location

Key Points

Opening Hours

- There are 153 community pharmacies in West Sussex, 13 of which are '100 hour' pharmacies (i.e., open at least 100 hours a week). These are mainly located inside supermarkets.
- Over one third (62) of the 153 pharmacies are open before 9am.
- Sixty-three community pharmacies in West Sussex are open in the evenings after 6.00pm 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 6.00pm. Adur is the one locality without a pharmacy open beyond 8pm.
- Most pharmacies in West Sussex (91%) are open during the day on Saturdays.
- Most community pharmacies in larger towns in West Sussex are open on Sundays; however, most of those in the smaller towns and villages are closed.
- Three pharmacies are open after 4.30pm on Sundays (including one Gatwick airport in Crawley).

Location

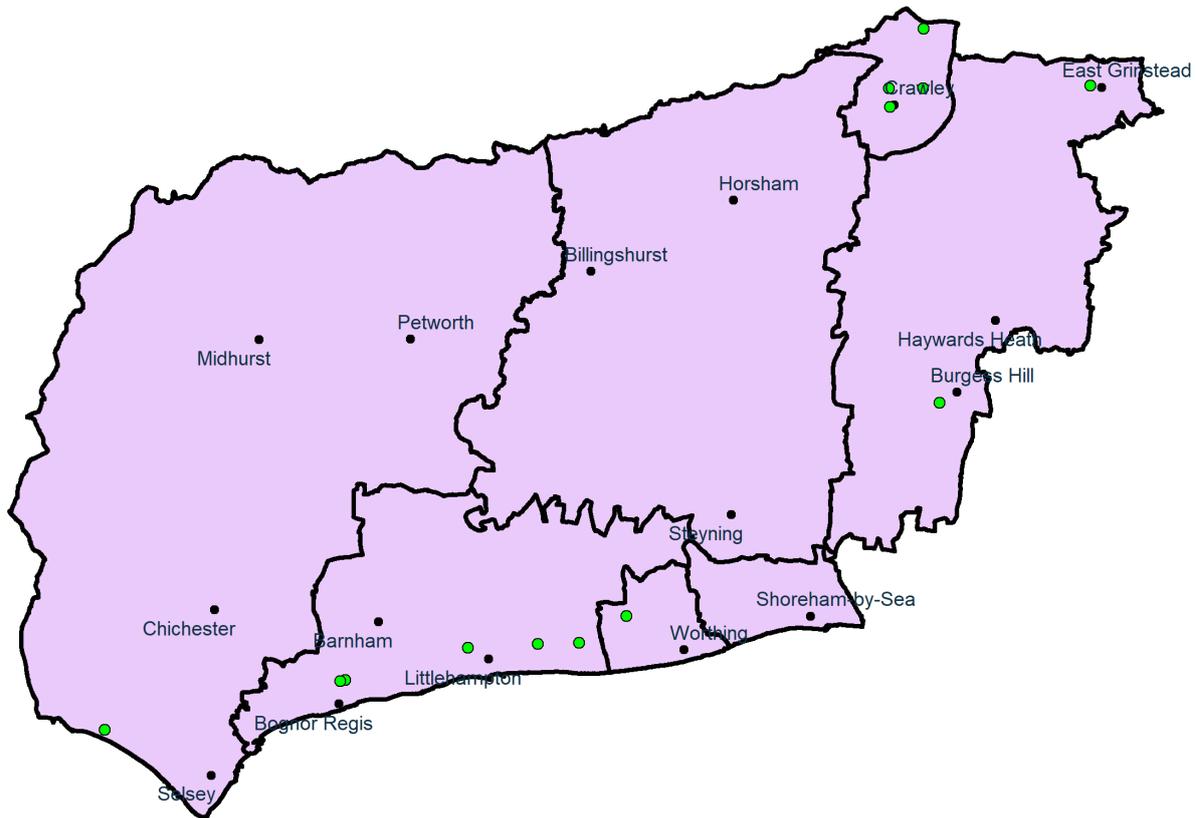
- All areas in West Sussex are within 20 minutes (by car) of a West Sussex community pharmacy, during and outside of rush hours, and most within a 6-mile radius of a pharmacy. The one exception is a rural area bordering East Hampshire, including the village of South Harting. However, pharmacies in East Hampshire (Petersfield) are within the 20 minutes by car and within a 6-mile radius.
- Only urban areas or those living on key transport routes fall within a 20-minute distance to a pharmacy by public transport. Many of the rural areas, and notably in the Chichester locality have poor access to services by public transport.
- In relation to public transport and the most deprived areas within the county, areas ranked within the most deprived 20% of neighbourhoods in England such as Littlehampton, Bognor, and areas in Durrington and southwest Crawley, residents are within 20 minutes of a pharmacy by public transport. But it is noted that these are urban areas and there are deprived residents living in all areas of the county, including rural areas.

9.1 Pharmacy opening hours

NHS England is responsible for administering opening hours for community pharmacies according to their terms of service. The majority of the 153 community pharmacies in West Sussex are contracted to open for 40 hours a week. There are 13 100-hour pharmacies in West Sussex. This number has remained the same since the last PNA in 2018.

The 100-hour community pharmacies are not evenly distributed across West Sussex (Figure 32), with 4 in Crawley (including one based in Gatwick Airport), one in East Grinstead, one in Burgess Hill, one in Chichester locality, one in Worthing and five in Arun (in Ferring, Rustington, Bognor and Littlehampton). Adur and Horsham have no 100-hour pharmacies, although both have pharmacies open for over 80 hours (8am to 8pm+ and open on Sundays).

Figure 32 Pharmacies Open 100 Hours a Week



The opening hours used in the following sections section are based on the total opening hours (both 'core' and 'supplementary' hours) of West Sussex community pharmacies in March 2022.

Up to date details of individual pharmacy opening times can be found on the NHS Choices website (www.nhs.uk).

9.1.1 Weekday opening

62 of the community pharmacies in West Sussex open before 9am. In addition, West Sussex has 61 community pharmacies open in the evenings after 6.00pm. These are spread across the County, with the larger towns in each district having at least one community pharmacy open after 6.00pm.

Of these 61 community pharmacies, 17 are open beyond 8pm. Adur is the one locality that does not have a provider open beyond 8pm. People living near the border with East Sussex, Brighton and Hove, Hampshire and Surrey may also access extended hour pharmacies near the borders.

Table 34 Weekday Opening Hours by Locality

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 18:00)**	Open at night (after 20:00)
Adur	13	0	6	9	5	0
Arun	33	5	15	25	14	5
Chichester	18	1	6	15	8	2
Crawley	21	4	7	18	7	4
Horsham	20	0	11	15	12	2
Mid Sussex	27	2	10	21	10	3
Worthing	21	1	7	19	7	1
West Sussex	153	13	62	122	63	17

* Refers to pharmacies open for the whole period of noon to 2pm

** Refers to pharmacies which are open at least one day per week after 6pm. The majority of pharmacies have the same opening times each weekday, but five (one in Arun, three in Horsham and one in Mid Sussex have) offer one to three nights per week open after 6pm.

Source: NHSE&I data as of March 2022

Figure 33 Pharmacies Open Before 9am

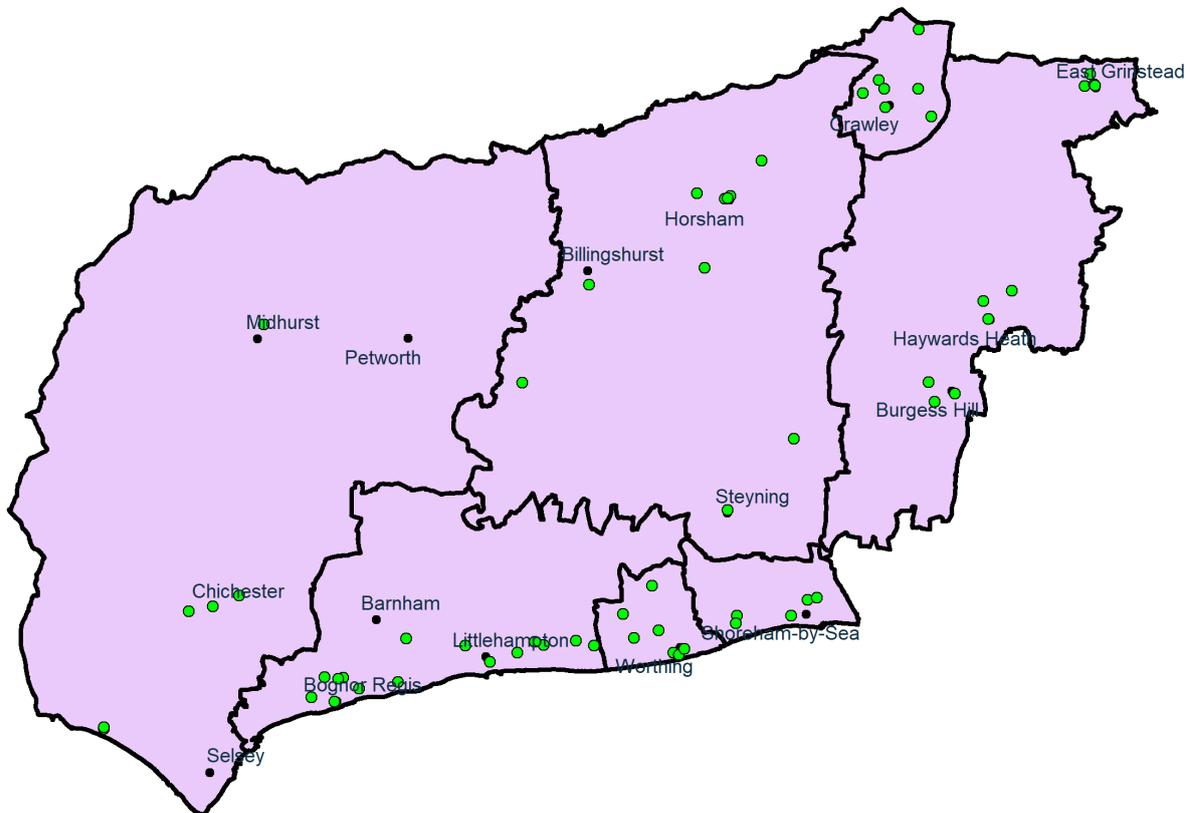


Figure 34 Pharmacies Open After 6pm

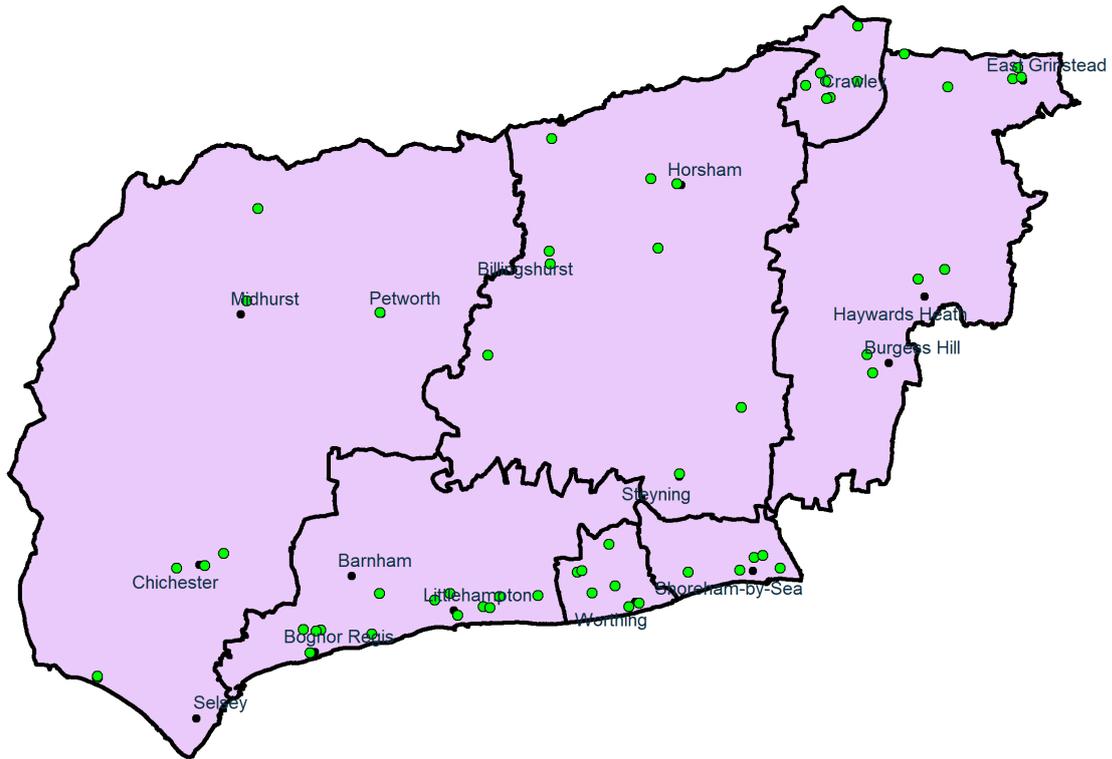
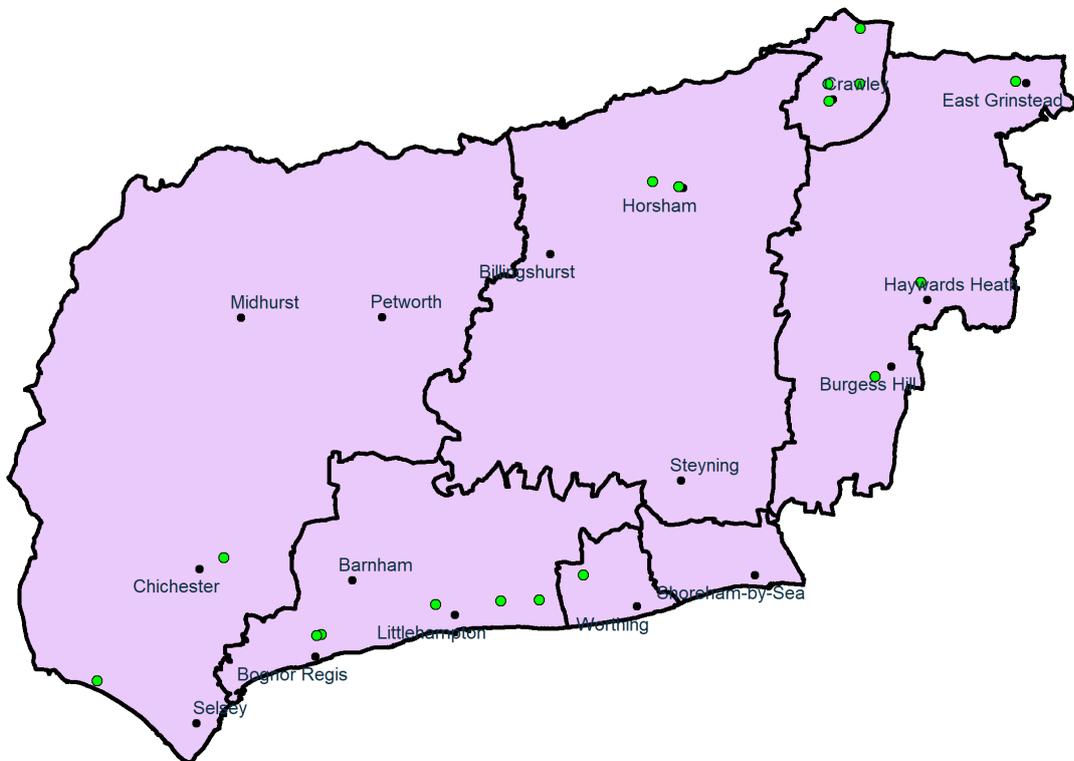


Figure 35 Pharmacies Open After 8pm



In terms of rural areas in the north of the city of Chichester, there are 100-hour pharmacies in Petersfield (Hampshire) and in Hazelmere (Surrey).

9.1.2 Saturday opening

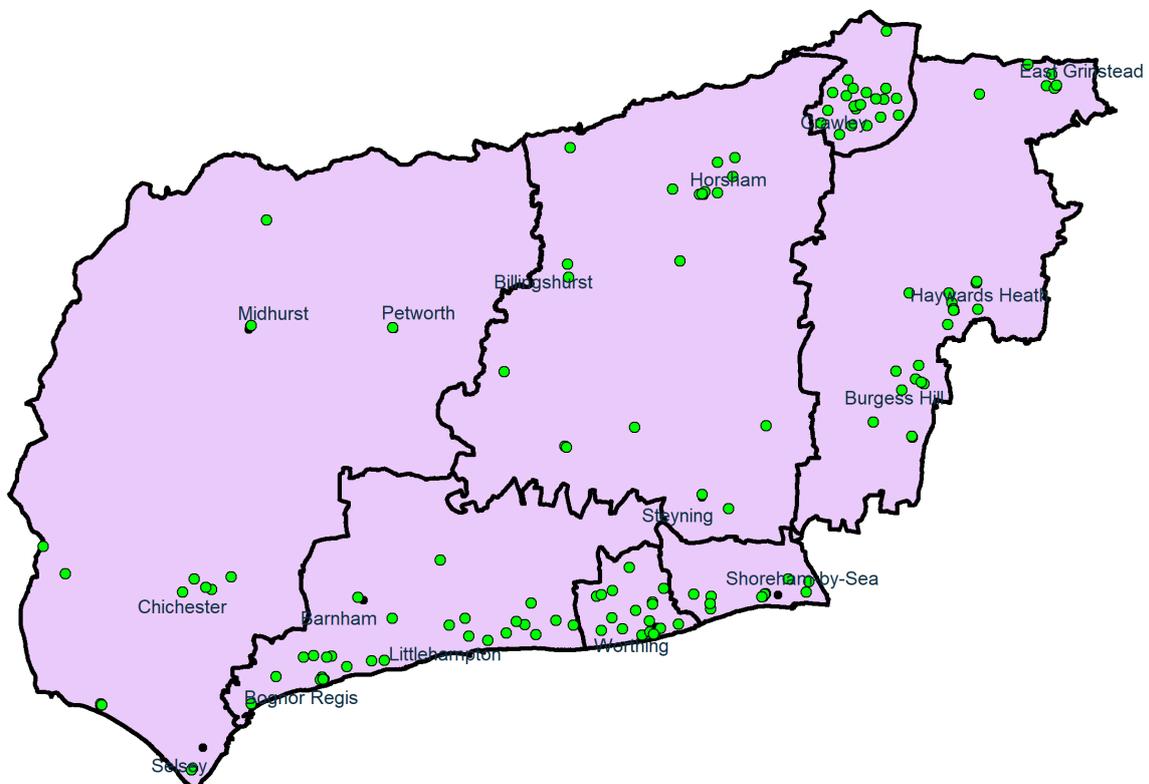
Most of the community pharmacies in West Sussex (91%) are open during the day on Saturdays with 11 closed altogether. In total, 20 community pharmacies are open after 6.00pm.

Table 35 Saturday Opening

Locality	Open Saturday	Open Saturday evenings (After 6pm)
Adur	12	1
Arun	28	5
Chichester	16	3
Crawley	21	4
Horsham	20	2
Mid Sussex	24	3
Worthing	18	2
West Sussex	139	20

Source: NHSE&I data as of March 2022

Figure 36 Pharmacies Open on a Saturday



9.1.3 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 on a Sunday. 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.

In the evening on Sunday (after 8pm) the only community pharmacy open in West Sussex is based in Gatwick Airport.

However, in some areas, particularly in rural areas within Chichester District and Horsham District, 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.

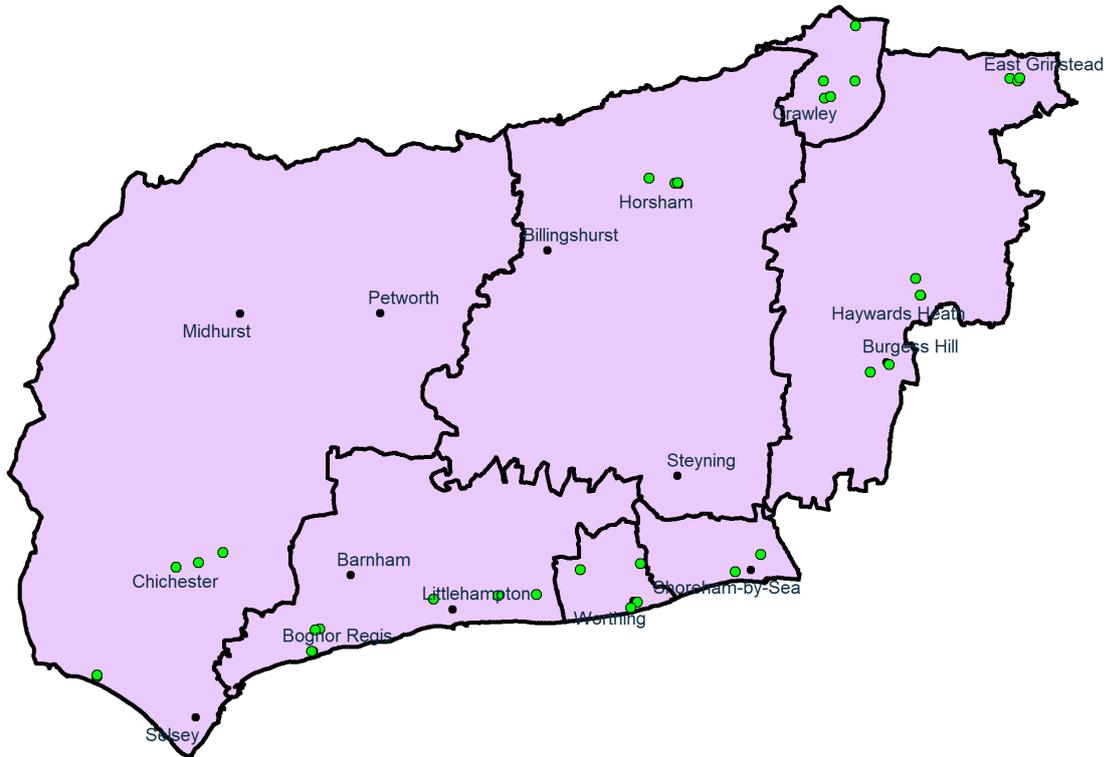
Thirty-two pharmacies in West Sussex are open during the day on Sunday, with three open after 4.30pm.

Table 36 Sunday Opening Hours

Locality	Open Sunday	Open Sunday afternoon (After 4.30pm)
Adur	2	0
Arun	6	0
Chichester	5	1 (Open to 8pm in East Wittering)
Crawley	5	1 (Open to 10pm at Gatwick)
Horsham	3	0
Mid Sussex	7	0
Worthing	4	1 (Open to 5pm in West Durrington)
West Sussex	32	3

Source: NHS E & I data as of March 2022

Figure 37 Pharmacies Open on a Sunday



9.1.4 Bank holidays

Community pharmacies are not expected to open on bank holidays under their contractual arrangements. Details of which community pharmacies are open over bank holiday periods can be found on the NHS Choices website (www.nhs.uk).

9.2 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).

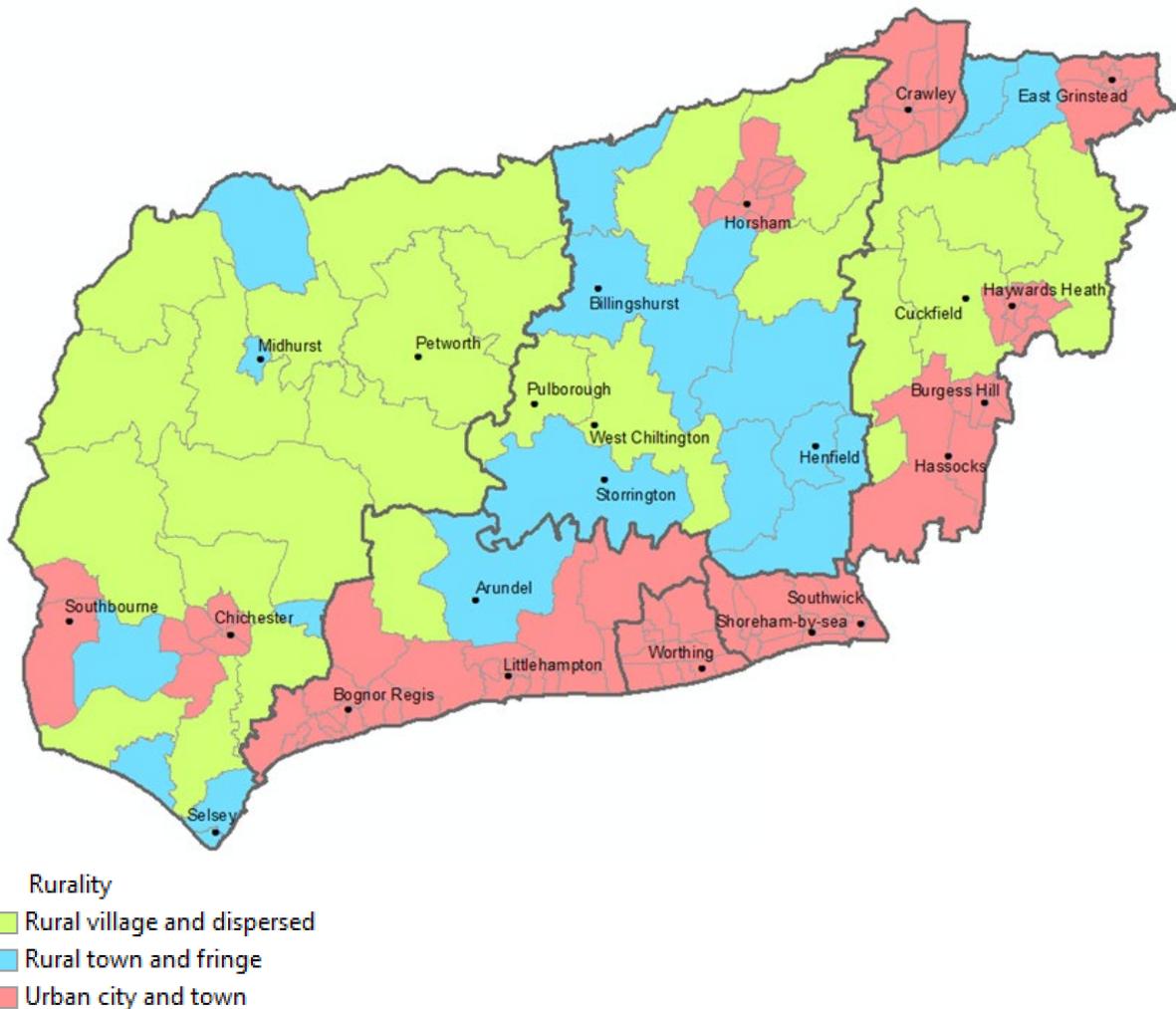
9.3 Sparsely populated/rural areas

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 Weald.

The county's rural areas contain many 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 people 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, 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.

Figure 38 Urban / Rural Classification – West Sussex



9.3.1 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. The A27 east-west road link can be slow and congested and public transport in rural areas is limited.

The draft West Sussex Transport Plan (2022 to 2026) sets out the challenges of people accessing services, particularly in rural areas, if they do not have access to private transport and amid concerns about the financial viability of rural bus services.

9.4 Distance and time travelled to pharmacy

There are two access benchmarks being used in this PNA. The rationale for these is as follows:

- In 2008, a Department of Health report¹⁸ stated that 99% of the population could get to a pharmacy within 20 minutes by car and 96% by walking or using public transport. In terms of reasonable travel time a benchmark of 20 minutes by car will be used.
- In addition to this, a 2012 ruling from the NHS Litigation Authority¹⁹ (now NHS Resolution) deemed being able to access a pharmacy within six miles by car or public transport as being reasonable.

These are the same access benchmarks used in the 2018 West Sussex PNA.

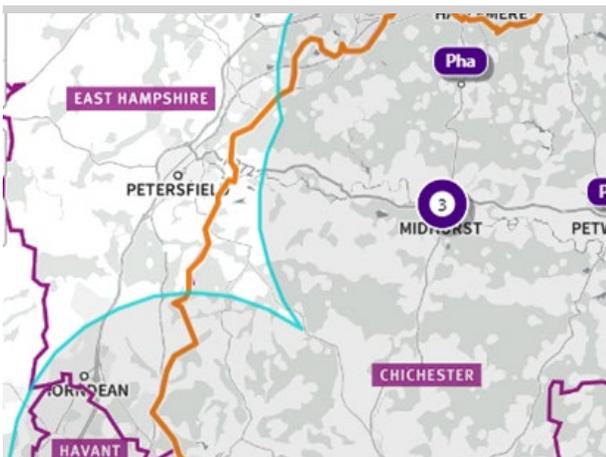
In West Sussex, it is possible to drive to a community pharmacy within 20 minutes, this is true whether looking at rush hour or times outside of the rush hour (Figure 39 and Figure 40). Journey times in most urban areas are 5 minutes or less, while in the majority of rural areas journey times are 15 minutes or less. Locality maps are provided in Appendix E.

Taking into consideration dispensing doctor practices, journey times to reach a dispensing service in some rural areas (for example in the north of Chichester district and in Horsham) may be shorter for people who are registered with the dispensing practice in the area.

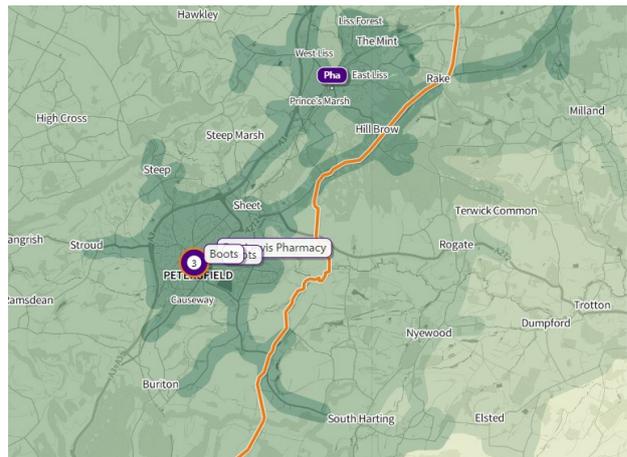
In relation to public transport, most rural areas in the county are outside of a 20-minute journey to a pharmacy (Figure 41). Most parts of the county are within a 6-mile radius of a community pharmacy (Figure 42).

The only area within West Sussex not within a 6-mile radius of a West Sussex community pharmacy is the area to the southwest of Midhurst bordering East Hampshire extending to the village of South Harting.

Area outside of 6 mile radius



Drive time to Petersfield Provision



¹⁸ Pharmacy in England Building on strengths – delivering the future Department of Health (2008).

¹⁹ NHS Litigation Authority: Ref SHA/17182; Paragraph 7.34.

However, pharmacy provision in Petersfield is within 15 minutes' drive time (outside of rush hour) and 15-20 minutes' drive time within rush of this area, illustrated on the thumbnail maps below. Of the three pharmacies in Petersfield, one is a 100-hour pharmacy open after 8pm on weekdays and Saturdays and one is open on a Sunday.

9.5 Getting to the pharmacy

9.5.1 Car ownership

Note data relating to car ownership at a localised level is relatively scarce. The information used in this section has been taken from the 2011 Census; data from the 2021 Census is due for release from summer 2022 onwards.

Using 2011 Census data it is evident that 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% compared to 80% in urban areas, with the lowest ownership rates in urban areas of Worthing (76%). In comparison, nationally 88% of those in rural areas have access to at least one car or van while 71% have access in urban areas.

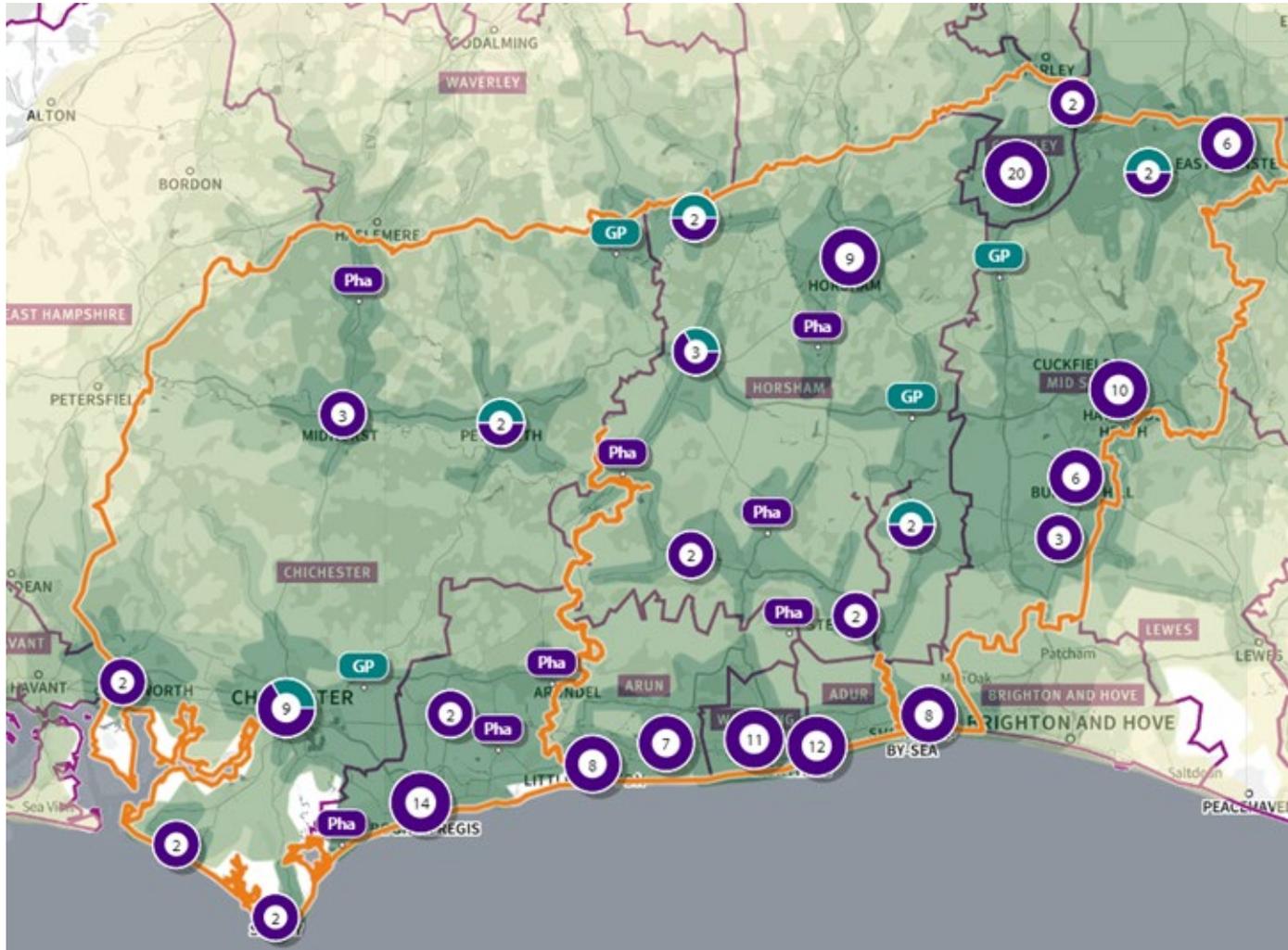
Economic activity is also related to the rate of car ownership in West Sussex, with the self-employed having the highest rate of ownership (96%) and the long-term sick or disabled the lowest (63%), with the unemployed not much higher (78%).

With regards to age, analysis of 2011 Census data found that 13% 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% in urban areas and 14% 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%), with the highest rate of 98% ownership in Chanctonbury ward. Worthing district has the lowest percentage of households who own one or more cars (76%), with the lowest rate of 72% in Heene ward (central Worthing).

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Figure 39 Access to Pharmacies and Dispensing GPs in West Sussex (outside of rush hour)



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

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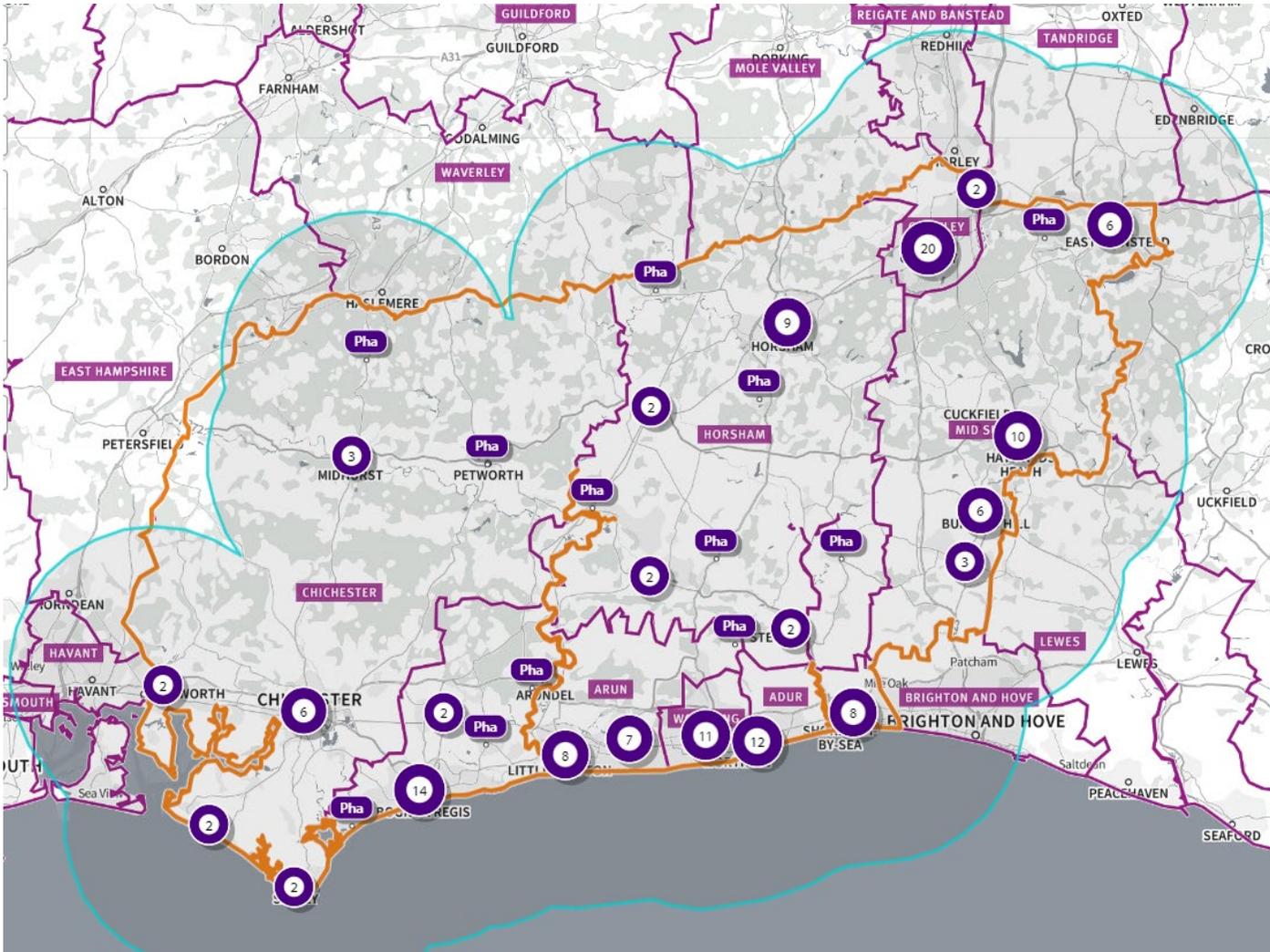
Figure 41 Access to Pharmacies and Dispensing GPs in West Sussex by Public Transport (weekday assumption)



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

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Figure 42 6-mile radius coverage of community pharmacies in West Sussex



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

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9.5.2 Access to Services – Public Transport

This PNA considers access by distance (measured in both travelling time and miles) to a pharmacy. It does so in line with benchmarks established by the Department of Health and NHS Litigation (see paragraph 9.4).

How somebody travels to a pharmacy is dependent on personal resources and social networks (such as owning a car, ability to pay for a taxi etc.) and/or access to public transport. The use of public transport is largely dependent on location and, for people with mobility problems, transport being accessible.

Each individual circumstance will be different, it is therefore difficult to generalise access.

While this report considers pharmaceutical services, it is important to recognise that where someone has limited transport options, whether personal or public transport, this impacts access to a whole range of services and opportunities, including health care, shopping, educational, employment and leisure opportunities.

Research shows²⁰ that people who have access to a car are twice as likely to be able to access services, and people who rate their local public transport as good are almost three times as likely to access services.

The COVID-19 pandemic saw a move away from public transport. The importance of recovering public transport usage is detailed in the National Bus Strategy²¹, with three key objective: to support people who rely on it to access services, employment and education, to improve air quality and to support the transition to net zero carbon emissions.

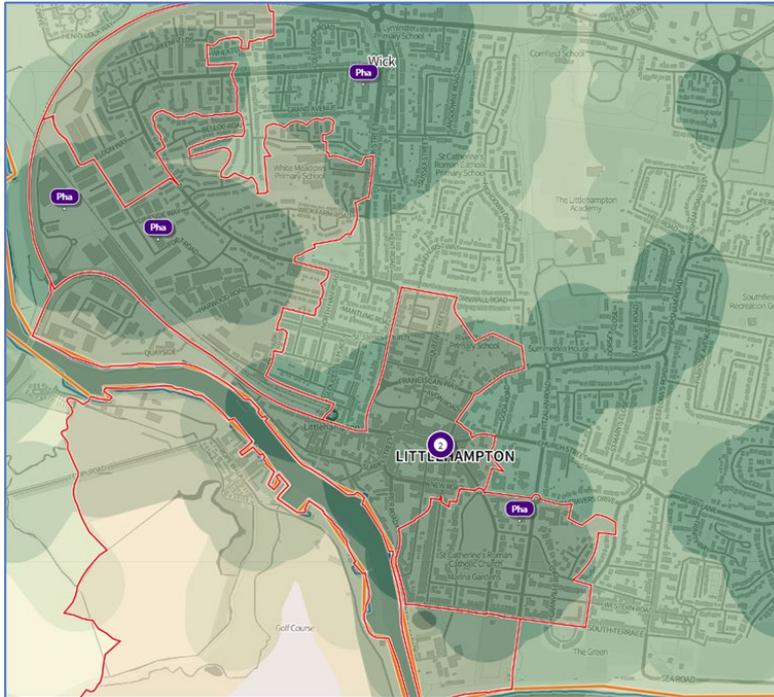
West Sussex, overall, is a relatively affluent county. However, there are areas of considerable deprivation, within the most 20% of deprived neighbourhoods in England. For these areas, a specific assessment of access to pharmacies by public transport has been undertaken and is shown in maps in the following pages (Figure 43 to Figure 48).

All of the most deprived areas in West Sussex have public transport which enables people to get to a pharmacy within 20 minutes.

²⁰ Chatterjee, K., Clark, B. Nguyen, A., Wishart, R., Gallop, K., Smith, N., Tipping, S. (2019) Access to Transport and Life Opportunities, Department for Transport

²¹ Bus Back Better, Department of Transport 2021.

Figure 43 Littlehampton – Public Transport Access to Nearest Pharmacy

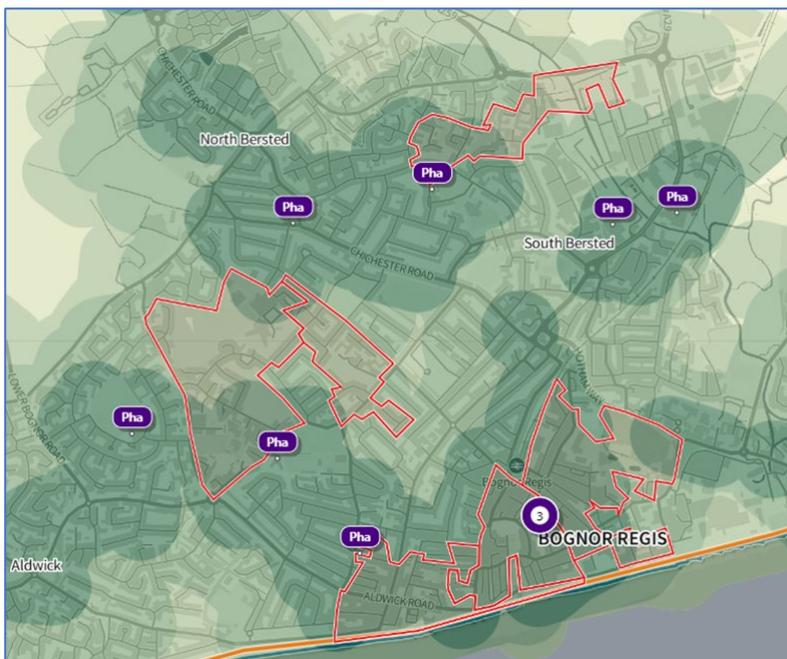


Areas outlined in red are within the most deprived 20% of areas in England

Travel Time by Public Transport to nearest pharmacy (Weekday morning)



Figure 44 Bognor Regis – Public Transport Access to Nearest Pharmacy

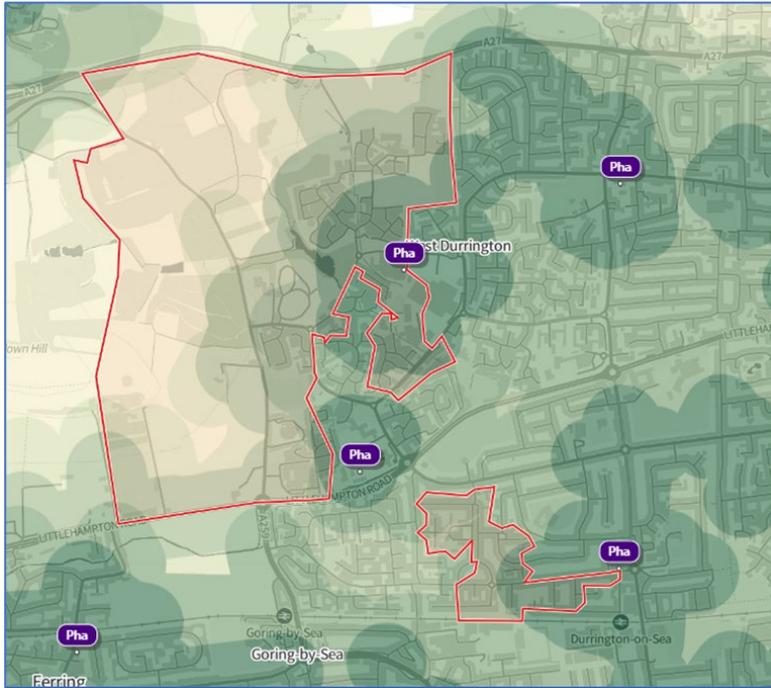


Areas outlined in red are within the most deprived 20% of areas in England

Travel Time by Public Transport to nearest pharmacy (Weekday morning)



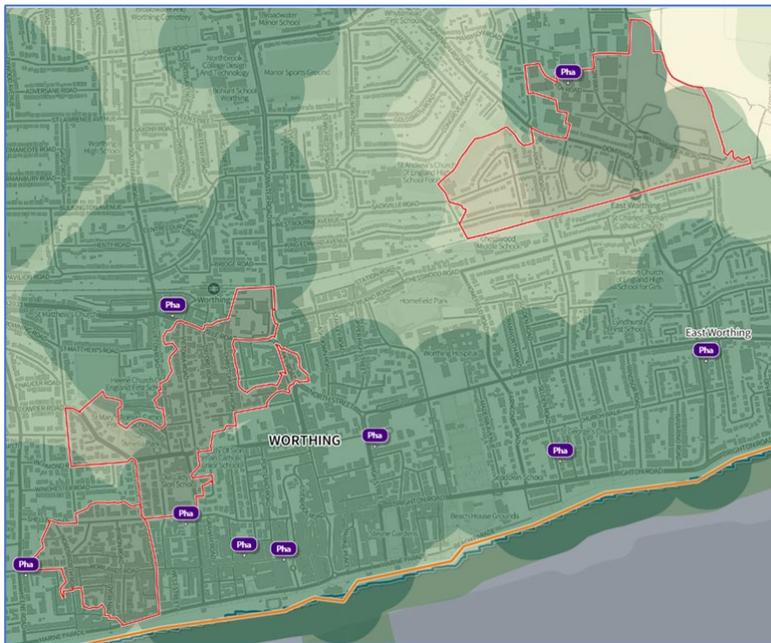
Figure 45 Durrington (Worthing) – Public Transport Access to Nearest Pharmacy



Areas outlined in red are within the most deprived 20% of areas in England
Travel Time by Public Transport to nearest pharmacy (Weekday morning)



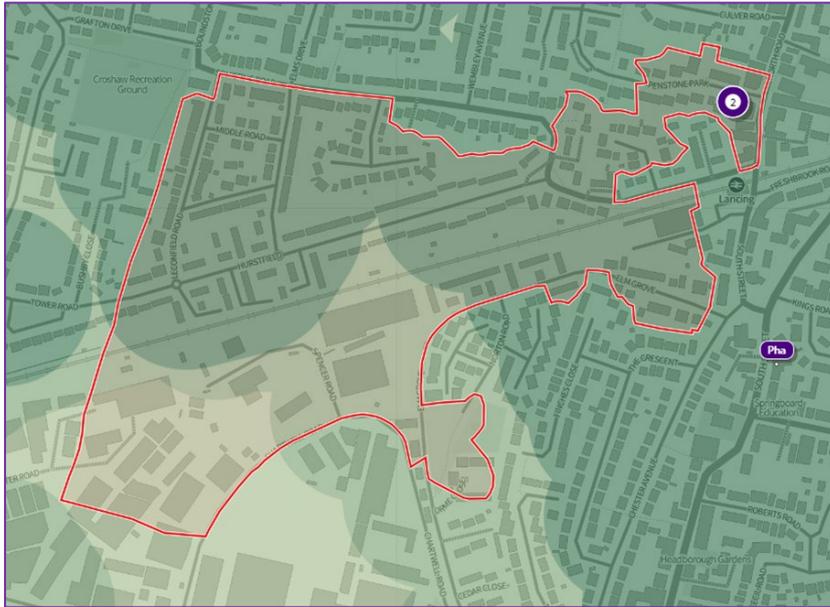
Figure 46 Worthing – Public Transport Access to Nearest Pharmacy



Areas outlined in red are within the most deprived 20% of areas in England
Travel Time by Public Transport to nearest pharmacy (Weekday morning)



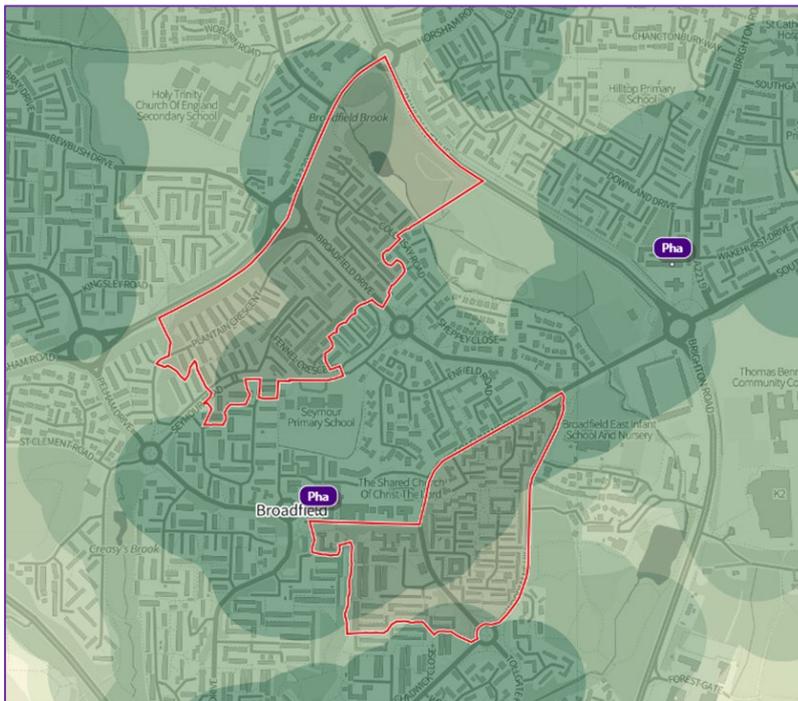
Figure 47 Lancing – Public Transport Access to Nearest Pharmacy



Areas outlined in red are within the most deprived 20% of areas in England
Travel Time by Public Transport to nearest pharmacy (Weekday morning)



Figure 48 Crawley – Public Transport Access to Nearest Pharmacy



Areas outlined in red are within the most deprived 20% of areas in England
Travel Time by Public Transport to nearest pharmacy (Weekday morning)



9.6 Pharmacy delivery services

Delivery services can help improve the access for those who have difficulties getting to a community pharmacy, including people in rural areas. Many community pharmacies in West Sussex and neighbouring areas provide delivery services to their patients.

However, it should be noted that delivery is neither in the current CPCF nor part of the NHS pharmaceutical services, and it is provided on a voluntary unfunded basis.

Distance selling contractors provide a delivery service as part of their services. They cannot provide essential services on a face-to-face basis.

10 Public Survey – Information from the Telephone Survey

Key Points

- 62% of respondents visit pharmacies or dispensing GPs for health reasons every month, and 23% visit every couple of months. Almost nine out of ten respondents (89%) used pharmacies for over the counter or off the shelf medicines, with 65% doing so for prescription medicines or appliances. 28% visit for health advice.
- Approximately a quarter of respondents had their prescription medication delivered 10% said they paid for delivery and 13% said delivery for them was free.
- The preferred opening time is weekdays between 9am and 6pm (54%), the next most popular time being at weekends (14%), but 13% expressed no preference.
- Almost 30% of full-time workers stated weekday post 6pm as their preferred opening time.
- Over the last 12 months the need for pharmacy services outside of typical weekdays was highest on Saturdays (59%), ahead of evenings/night times (42%).
- 98% of respondents were 'always' able to find open pharmacy services when they needed them during the day. This fell to 64% for Saturdays, 41% for Sundays, and was 36% for evenings.
- More than half of respondents (52%) drive themselves to their pharmacy or dispensing GP, with 29% walking. Average travel times to reach their usual pharmacy are less than 10 minutes for around half of respondents (49%), and 10 to 15 minutes for approximately one quarter (26%). Just 1% have a journey time of over 30 minutes.

In relation to comments made:

- There were many positive comments made about support and advice given.
- In terms of general access, by far the largest number of comments made related to problems in parking. In response to a lack of parking, some people reported switching to taxis or changing to delivery or using online pharmacies.
- In relation to home delivery a small number of people raised issues with getting advice alongside delivery.
- There were many comments relating to queueing inside the pharmacy, this included waiting for a long time and an absence of seating for frailer/disabled customers.
- The lack of privacy and being overheard was raised as a concern by several people. It is also noted from the contractor survey that hearing loops are not available in all pharmacies to assist people with a hearing impairment.
- Other comments made about accessing services within the pharmacy relating to staff turnover, staff capacity and staff attitude.

Comments continued

- When asked for suggestions for how their local pharmacy could improve the way they met their health needs, the most frequently mentioned comments by residents were:
- Prescriptions including prescriptions for minor illness and repeat prescriptions.
- Support for mental health issues including how to identify problems, general awareness, signposting and assessments/checks.
- Well Woman and Well Man clinics.
- Sexual health.
- Vaccinations – including child vaccinations.
- Screening and tests – including blood pressures, cancer checks and blood tests.
- Support for people with dementia and their carers.

To gain views from the wider public a telephone survey (Appendix F) was undertaken in March and April 2022. A total of 2,108 telephone interviews²² were held based on a sampling frame agreed by the West Sussex PNA Steering Group. The survey was conducted at the end of COVID-19 pandemic restrictions. As the PNA is examining current needs, and needs anticipated over the next 3 years, for brevity and relevance, it was decided not to ask respondents to reflect on their specific experiences during the pandemic but clearly some of their recent experiences of accessing services during the pandemic will have been reflected in some answers given.

10.1 Sampling Frame

The sampling frame was agreed based on location, age, sex and working status. Overall, the sample size was set at approximately 2,100 people aged 16 years or over. Within the overall sample minimum quotas were then set in relation to several background characteristics:

- **Location.** To ensure responses from all localities – minimum samples were based on overall population size, sets overall sample expected for each locality.
- **Age.** Three groups were used: younger adults (16-24 years), working group (25 to 64 years) and older people (65 years or over).
- **Sex.** Male and female broad split based on population split, using a 48%/52% male/female split.
- **Working Status,** split by people working full time or not working/or working part time.

10.2 Survey Responses - Who Provided Their Views?

In analysing results, from some questions, data will be broken down by locality and by background characteristics across West Sussex. Sub dividing by both geography and some background characteristics for example sexual orientation by locality, produces small sample sizes.

²² A total of 2,108 telephone interviews were conducted with West Sussex residents between 23rd March and 28th April 2022.

10.2.1 Respondents by Locality

The response by locality (Table 37) reflects the split of the total West Sussex population (aged 16+)

Table 37 Response by Locality

Locality	Number of Respondents	% Overall
Adur	158	7.5%
Arun	401	19.0%
Chichester	302	14.3%
Crawley	260	12.3%
Horsham	355	16.8%
Mid Sussex	360	17.1%
Worthing	272	12.9%
Total respondents	2,108	100.0%

10.2.2 Respondents by Equality Act Protected Characteristics

As part of the survey data were collected in respect of the protected characteristics outlined in the Equality Act 2010.

Table 38 Respondents by Protected Characteristics

Figures have been rounded so may not total 100.

Age	9% of respondents were aged 16-24 years, 62% aged between 24 to 64 years and 29% 65 years or over.
Ethnic Background	93% of respondents stated an ethnic background of White British, 7% were from ethnic minority backgrounds, with Asian and Asian British being the highest single group at 2.7%. Where English was not their first language respondents were asked if they had any communication needs. This applied to 2% of all respondents.
Disability	23% of respondents stated that had they had a physical or mental health condition that had lasted or was expected to last for 12 months. Of these 51% said that this affected their ability to undertake day to day tasks.

<i>Equality Act characteristics continued</i>	
Gender reassignment	Less than 1% of respondents stated that their gender identity was different to the sex they were designated at birth.
Marital Status	65% stated they were married or in a civil partnership, 19% separated or divorced (or a dissolved civil partnership) 5% widowed/surviving partner of civil partnership and 11% had never been married or in a civil partnership.
Pregnancy and Maternity	Amongst female respondents aged 16-54 years, 14% were, or had been pregnant in the last year.
Religion	43% of respondents said that they did not have a particular religion or belief. 47% said they were of a Christian faith, 3.7% said they were Muslim, 2% Hindu.
Sex	51% of respondents were female, 49% male.
Sexual Orientation	90% of respondents stated they were heterosexual/straight, 7% stated gay or lesbian, the remainder stated other, bisexual or preferred not to say.

10.2.3 Working Status, Carer Status and General Health

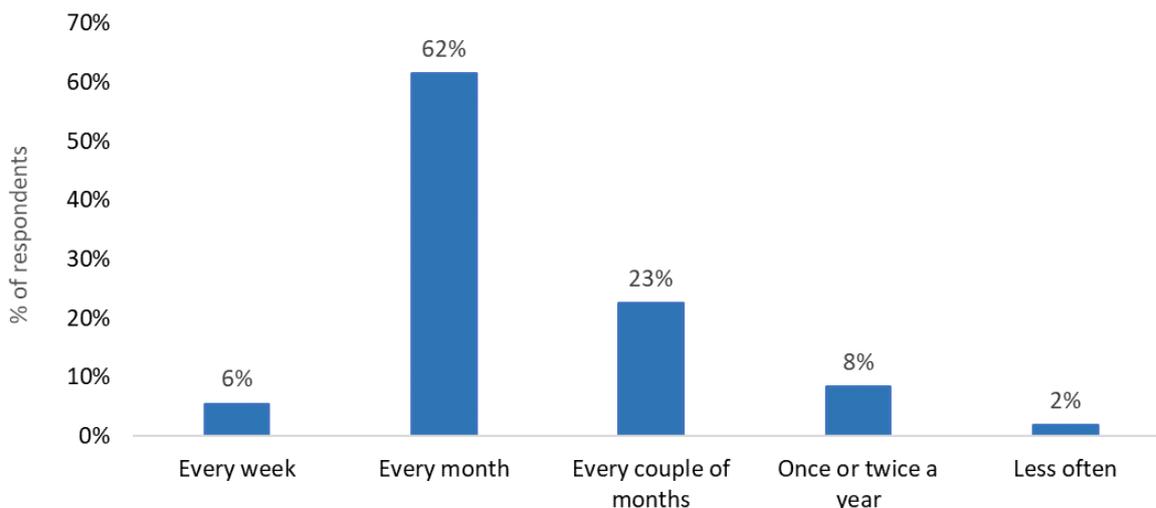
In addition to protected characteristics information was collected on working and carer status and general health,

- 70% of respondents worked full time (39%) or part time (31%).
- 13% of respondents said that they were carers, that is, they were looking after or giving help or support to someone due to any sort of long-term physical or mental health condition or illnesses, or a problem related to old age. Of the 13% of respondents who were carers one-third (35%) were providing support for up to 20 hours per week, a similar proportion were caring between 20 hours and 49 hours per week, and 30% were giving their support for more than 50 hours a week.
- Asked about their health in general, 38% said it was 'very good' and a similar proportion (39%) stated their health was 'good'. 12% described their health as 'fair', 8% said it was 'bad', and just 3% stated it was 'very bad'.

10.3 Results - Use of Pharmaceutical Services

Frequency - In response to the question "How often have you used a pharmacy, or a dispensing GP or an appliance contractor, for a health reason in the last twelve months?", 10% of respondents were infrequent users, 68% used services at least monthly (Figure 49).

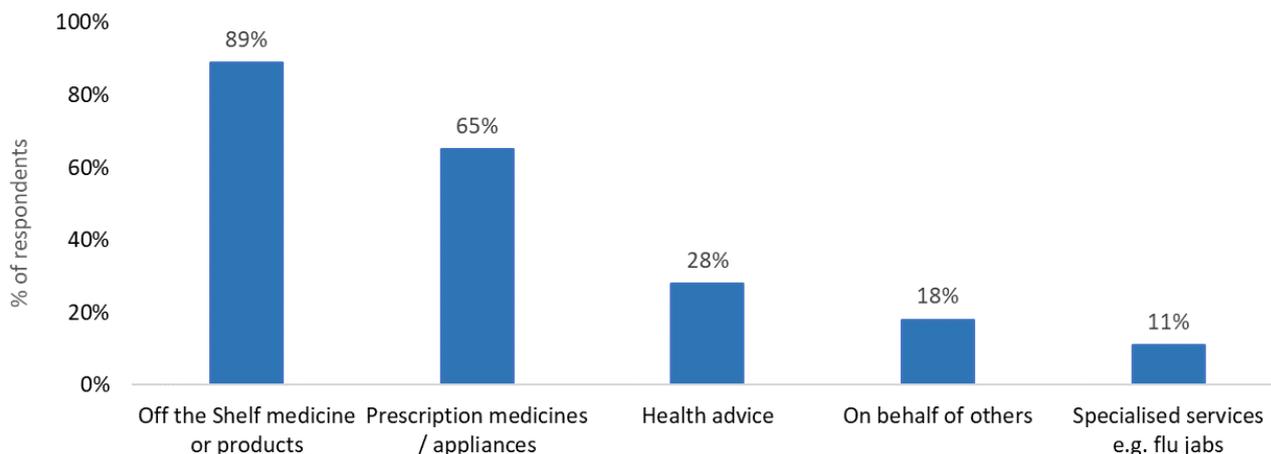
Figure 49 Frequency of visiting pharmacies/dispensing GP/appliance contractor for health reasons



Not unexpectedly the frequency of use was related to age, with 40% of 16–24-year-olds going every week or monthly rising to over 80% of 55+ year olds. Amongst people who did not work 81% used a pharmacy weekly or monthly compared with 54% of people working full time.

Purpose – When asked the reason for using pharmaceutical services the most popular reason given by far was for ‘over-the-counter medicines or off the shelf medicines and products’ (89%), approximately two-thirds (65%) had visited for ‘prescription medicines’, whilst a little over one-in-four (28%) had visited for ‘health advice’. 18% had actually made a visit on behalf of others, and around one-in-ten (11%) for ‘specialised services’(Figure 50).

Figure 50 Reason for Use

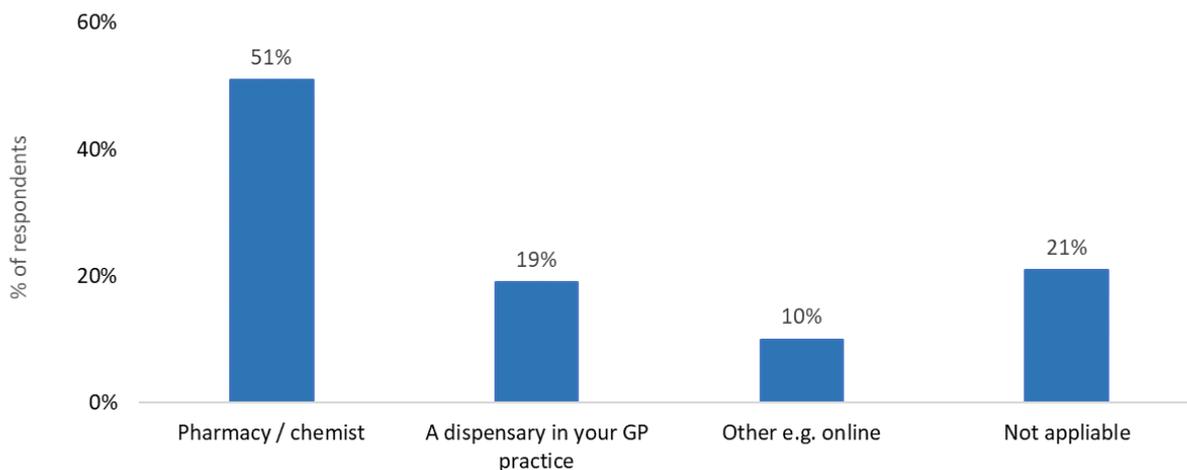


Although there were age differences in relation to using pharmacies for prescription medications, a similar proportion of people from 24 years onwards said they sought health advice from their pharmacist, approximately 1 in 3 people seeking health advice.

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Prescription medicines - Asked about prescription medicines, and where they were most likely to get them from, approximately half of respondents stated they would get them from a 'pharmacy or chemist' (51%), around one-fifth (19%) would use the 'dispensary in their GP practice', whilst 10% would get them 'online'. As many as 21% said this question was 'not applicable' to them, which may indicate that they have not accessed prescription medicines recently (Figure 51).

Figure 51 Where Prescriptions Medicines Obtained

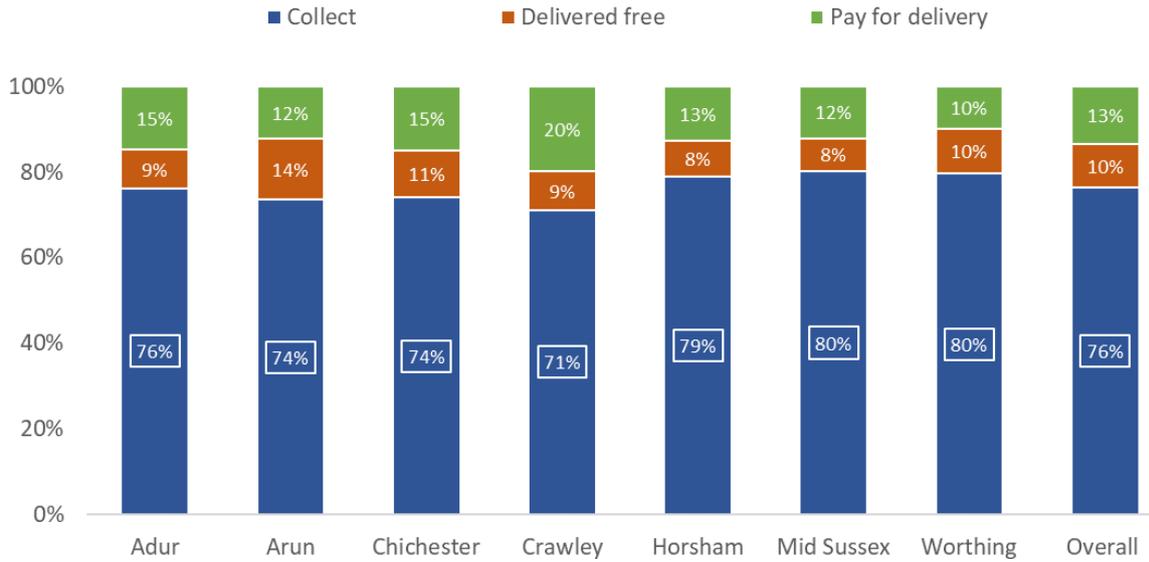


There was little difference in term of age or working status as to where people obtained their prescription medicines from, slightly fewer people (6%) aged 65 years+ used online services.

In terms of localities lower percentages of people in Mid Sussex and Worthing said they got their prescriptions medicines online (both 8%) and higher percentage (12%) in Chichester and Crawley.

Collection / delivery – Taking out the “not applicable” responses it (Figure 52). 1 in 4 people had their medicines delivered, 10% had free delivery, 13% said they paid for delivery, rising to 20% in Crawley.

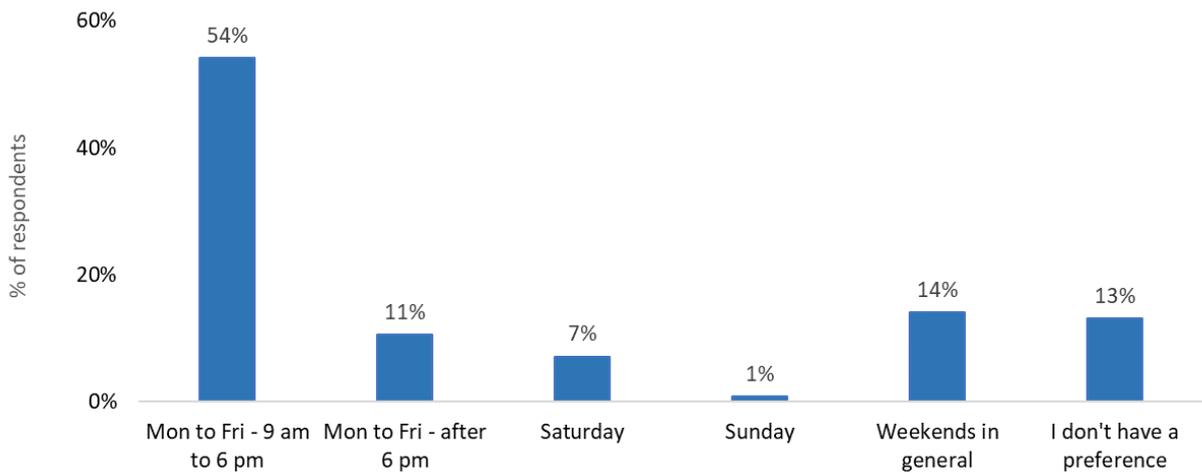
Figure 52 How prescription medicines are received



10.4 Accessing Services – Opening Hours

Preferred times - Asked about their preferences for accessing pharmacy services, the most popular response was weekday daytimes, or more specifically ‘Mondays to Fridays between 9am and 6pm’. This was chosen by 54% of respondents. The next most popular time was at ‘Weekends’ (14%), ahead of the 11% choosing ‘Weekdays after 6pm’. 7% selected ‘Saturdays’ and just 1% chose ‘Sundays’. As many as 13% had no particular preference.

Figure 53 Preferred times to access pharmacy services



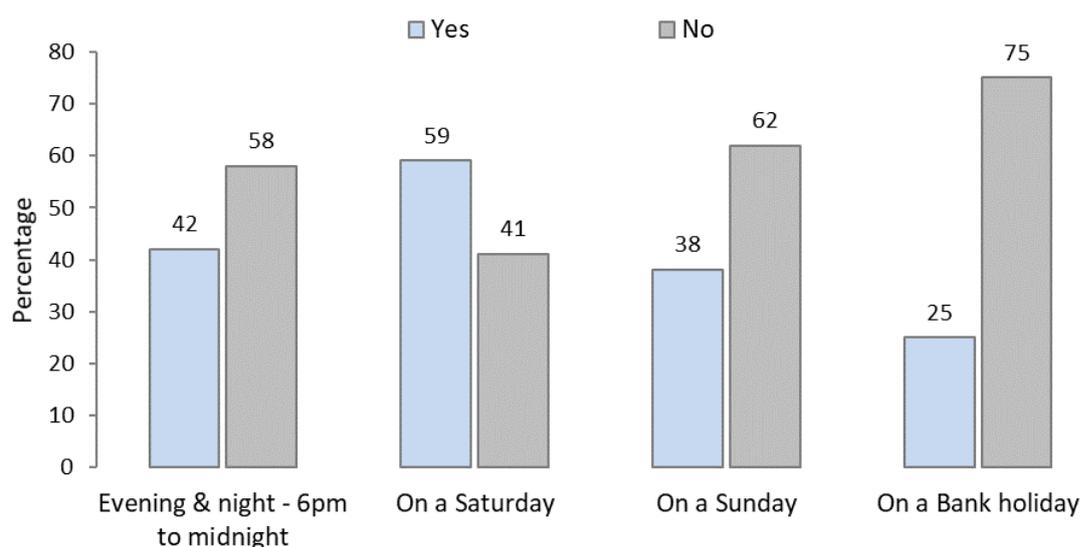
There was little difference between areas or ages in terms of preferred times. In terms of working status, people working full time also said weekdays were their preferred collection times, although a far higher proportion favoured opening times after 6pm (Table 39).

Table 39 Preferred Opening Times by Working Status

Working Status	M-F	M-F	Saturday	Sunday	Weekends in general	No pref.
	9-6pm	After 6pm				
Not working	69%	2%	6%	0%	10%	12%
Working full time	47%	19%	7%	1%	14%	12%
Working part time	48%	9%	8%	1%	19%	15%
Overall	54%	11%	7%	1%	14%	13%

Times services have been needed in the last 12 months – People were asked about their actual need for pharmacy services in the last 12 months at four specific times. This showed that 42% had used them during an evening or night-time, that is from 6pm to midnight. More than half (59%) had used them on a Saturday, whilst 38% had done so on a Sunday. Just a quarter had done so on a Bank Holiday (Figure 54).

Figure 54 When a Pharmacy has been needed in last 12 months

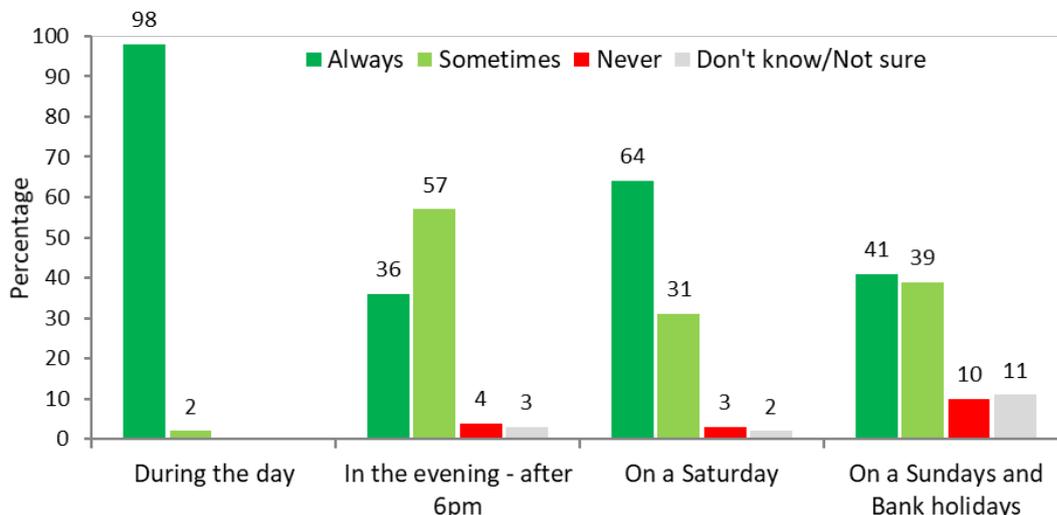


A supplementary question was asked on whether respondents could find a pharmacy when needed, at different times, with the option to say “always” “sometimes” “never” or “not sure/don’t know”

- Almost all (98%) were ‘always’ able to find an open pharmacy during the day, with the remaining 2% saying they could do so ‘sometimes’.
- Around two-thirds (64%) said they could ‘always’ find somewhere open on a Saturday, and around one-third (31%) said they could ‘sometimes’ do so.
- For Sundays and Bank holidays fewer (41%) said they ‘always’ could and 39% said it was only ‘sometimes’, and 10% of respondents said in their experience it was ‘never’.

- Over a third (36%) felt they could ‘always’ find an open pharmacy in the evening after 6pm, whilst more than half (57%) said this was the case only ‘sometimes’.

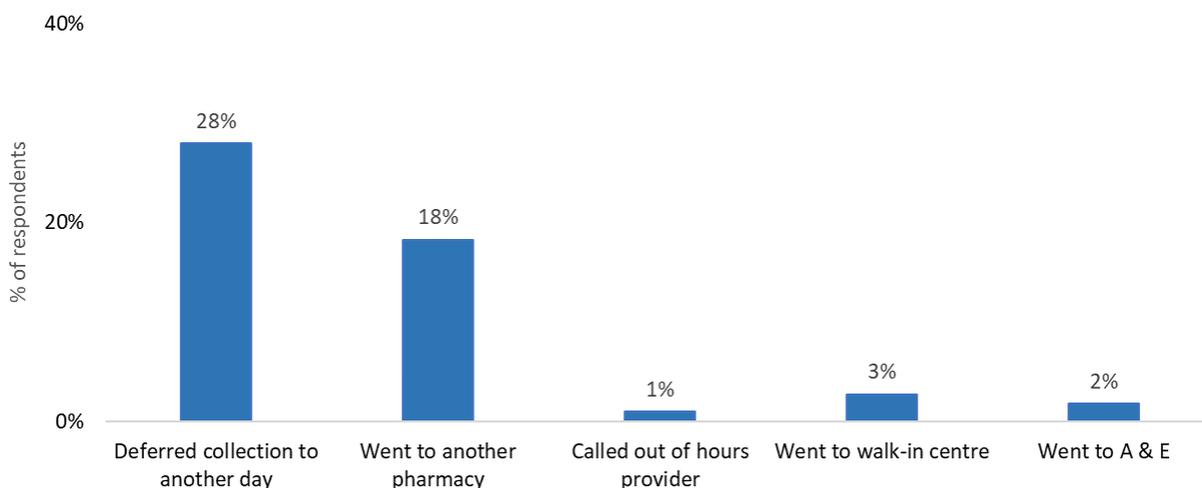
Figure 55 Ability to find pharmacy services open when needed by time/day (n=all respondents)



Action taken when services not open - People were asked what they did if they could not find a pharmacy open when they needed it. The majority either waited until it opened or went elsewhere. Very few went to walk-in centres, A&E or called the out of hours provider

Figure 56 Action taken when pharmacy services were not accessible

(n=those who could not find an open pharmacy or dispensing doctor in the last 12 months).

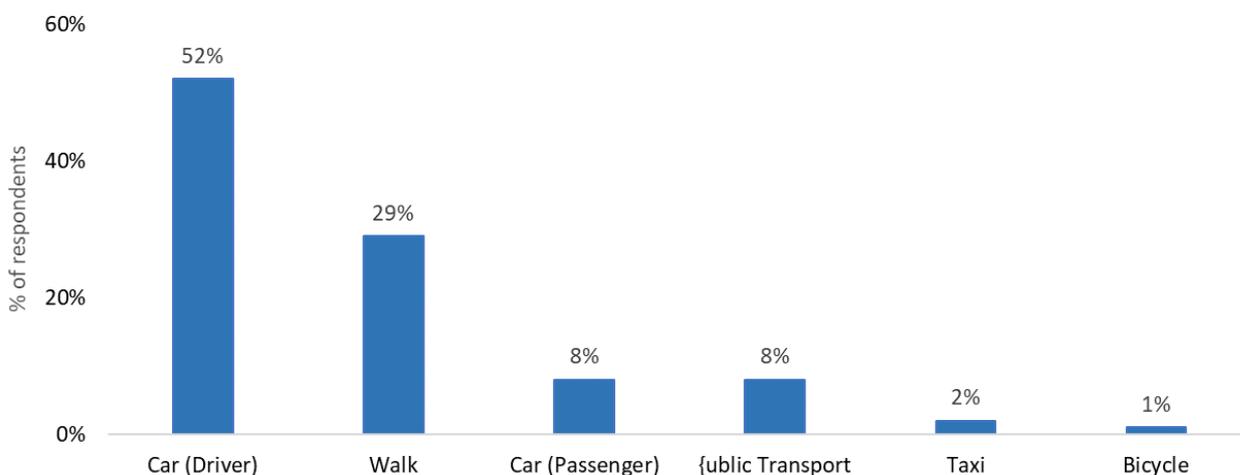


10.5 Location of Services and Travel

People surveyed were asked a series of travel questions, starting with how people usually got to their pharmacy service provider (Figure 57). The most common means of transport, for around half of all respondents (52%) was to drive themselves, whilst another 8% also used the car, but this was as a passenger.

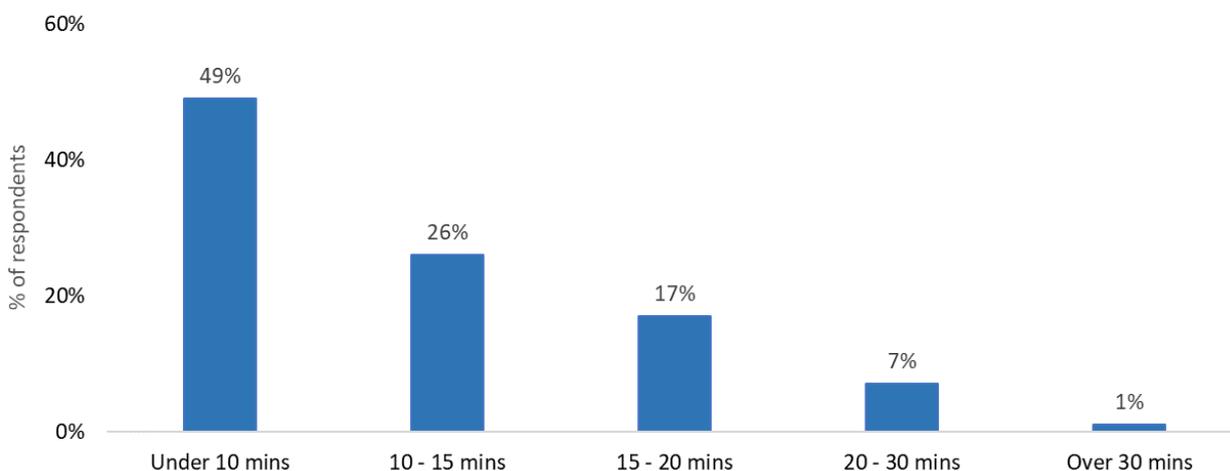
A little less than one-third (29%) walked, and public transport was used by just under one-in-ten (8%).

Figure 57 Mode of travel used to reach pharmacy or dispensing GP



Travel time - In terms of the average travel time to reach their usual pharmacy provider, this was under 10 minutes for almost half of all respondents (49%). For one-in-four, travel time averaged between 10 and 15 minutes. 17% travelled for up to 20 minutes, and 7% for up to half an hour. For a small number (1%) average journey time was over 30 minutes.

Figure 58 Travel Time to a Usual Pharmacy Provider



10.6 Pharmacy Service Statements

People surveyed were asked to respond to a series of statement on services.

- The highest agreement was with the statement *“Overall, my pharmacist provides a good service”* (75% agreed, 3% disagreed).
- Almost two thirds of people (65%) agreed that *“My pharmacist gives me clear advice on my medicines and how they should be taken”*, and again just 3% disagreed with this statement, although this was not applicable for 17% of respondents.

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- A little under half (48%) agreed that *“If I want to, I can speak to my pharmacist without being overheard”*, with 10% disagreeing, and being 10% neutral. But as many as one-third said this statement again was not applicable to them.
- A little more than one-third (36%) agreed that *“I prefer to see my regular pharmacist rather than someone I don’t know”* but again, as many as 30% said this was not applicable to them.

Table 40 Pharmacy statements (n=all respondents)

Statements	Agree %	Neither agree nor disagree %	Disagree %	Not applicable %
I prefer to see my regular pharmacist rather than someone I don’t know	36	24	10	30
If I want to, I can speak to my pharmacist without being overheard	48	10	10	32
My pharmacist gives me clear advice on my medicines and how they should be taken	65	14	3	17
Overall, my pharmacist provides a good service	75	14	3	8

The results below remove the “not applicable” responses. This doesn’t change the ranked order of agreement with each statement but does make it easier to compare. A net agreement score has also been added, being the % agreeing minus the % disagreeing.

Table 41 Pharmacy statements – Net Scores (n=excluding not applicable)

Statements	Agree %	Neither agree nor disagree %	Disagree %	Net agreement score (Agree – Disagree)
I prefer to see my regular pharmacist rather than someone I don’t know	51	35	14	+37
If I want to, I can speak to my pharmacist without being overheard	70	15	15	+55
My pharmacist gives me clear advice on my medicines and how they should be taken	79	17	4	+75
Overall, my pharmacist provides a good service	81	16	3	+78

10.7 Comments on Services and Suggestions for Improvements

Open text comments were collected on a number of issues: problems of accessing services due to a disability; problems arising from communication problems, such as language difficulties or hearing impairment; and comments relating to support for end-of-life care at home. People were also asked to provide suggestions for improvements. The results have been reviewed in terms of:

- General access to services – in terms of location, travel and opening times.
- Access to services for people with specific needs – such as communication needs.
- Availability of services on offer – types of services available.
- Suggestions for change.
- Other comments – including the many positive comments made about the contribution to health and wellbeing of local residents.

10.7.1 Comments - General Access to Services

In terms of general access, by far the largest number of comments made related to **parking** as opposed to lack of pharmacies or opening times. Parking comments related to the lack of parking generally,

It's only that there's no parking - otherwise they're great.

It's the parking more than anything, I've resorted to cycling there but even then, there isn't a safe place to leave my bike.

It's always parking, isn't it? That and the queues.

They provide a great service but parking is a nightmare.

In response to a lack of parking, some people reported switching to taxis, or being dropped off, or changing to delivery or using online pharmacies.

It's the parking that I find difficult, I could just never find anywhere so now I go on the bus but that isn't ideal either. I don't have a disabled sticker or anything like that so I can't use disabled spaces.

The car parking is virtually non-existent. I go by taxi because he can wait for me, although sometimes it's quite a long wait because the queue is so long.

I gave up trying to drive there myself but you can never park so I get dropped off right at the door now. They do need to do something to help older people park closer.

I use online pharmacies now for my main medication because it was impossible to park anywhere near the actual pharmacy.

Opening times were mentioned by a few people (5 comments), in the main in relation to support for end-of-life care (see specific section below).

I had a couple of occasions when I needed something urgently late at night and had to go searching for a pharmacy open.

Home delivery was commented on, and a small number of people raised issues with getting advice alongside delivery,

The delivery is brilliant, but they don't offer advice which can be difficult.

Because I have my medication delivered there isn't anyone I can talk to about it.

I have my medicines delivered but the explanations aren't very well given. It's all in small writing and if you ask the delivery person for help, they just shrug and say it's nothing to do with them.

Comments - Access to services for people with specific needs

There were a large number of comments (20+) relating to **queueing** inside the pharmacy, this included waiting for a long time no seating for frailer/disabled customers.

The queues are always so long and if you have mental issues, I mean if you get upset or worry too much about things, it's quite distressing.

I don't go very often if I can help it because you have to queue forever to get served.

I gave up going to pharmacies because the queues were always so long.

It's the queues really - there's no priority for disabled or struggling people. They should have two queues.

Nowhere to sit down when the queues are long.

There isn't enough seating when I'm waiting for a prescription - I have to stand in the queue and I can't stand for any length of time, that's why I started to order everything online.

The **lack of privacy and being overheard** was raised as a concern by a number of people (20+)

There's no real privacy there, you know, to talk about any issues. If you just want advice you have to do it in the queue. I think they only use their consulting room if somebody has to undress or something like that.

It is impossible to talk privately to the pharmacist. Everything is always done within earshot of everybody in the queue. It can be quite embarrassing.

I don't understand why it's impossible to get to speak in private about my problems. They have this little room but they never use it.

You can't speak privately, and not only that they all speak in a very loud voice so nothing is private.

Physical issues such as **signage** and **layout**/getting around the pharmacy were raised by a small number of people

I can never find what I want in there. The signage is quite small and they move things so vitamins for instance, which I know are in a certain place, have suddenly been moved somewhere else and there is no-one to ask where they are now.

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My eyesight is not good and I need good sized signs to be able to get around by myself but they are all quite small. Even my friend with 20/20 vision says they're small.

There's not enough space to move around easily in a wheelchair, and it's not friendly for people on crutches either.

The staff are great but the place is not well laid out for people in a wheelchair or needing assistance moving around.

Other comments made about accessing services within the pharmacy relating to staff turnover, staff capacity and staff attitude.

Because my needs are so specialised, I like to have the same pharmacist or even customer assistant when I go in, but they change staff around so much that you can't establish any kind of rapport with them.

Staff changes so frequently mean that you never see the same person or pharmacist twice, and they're not willing to give advice on medication.

I don't know where to start really. You can't get to talk in private anywhere, they are reluctant to spend any time talking to you, they are not at all friendly - maybe that's my age because I'm obviously a bit slower these days. But it's a chore to go there.

I don't like to ask about anything I don't understand because they seem so busy.

I like to establish a relationship with the pharmacist just like you do with the doctor so that you don't have to go through everything from the beginning every time you go in, but they do change the pharmacists a lot these days.

I think the main problem is lack of personal contact. I order online because it's easier than having to go to the chemist to get my medicine, but you lose any personal advice and touch by doing that. However good they are it can't be the same as seeing someone face-to-face.

Some people whose first language is not English did report problems being understood and this can be difficult if needing specific advice/information

There is nobody who speaks my language. I can get by all right unless I want to ask anything tricky then I have to take somebody with me to translate.

I'm quite well educated you know but I don't have the English words always for medical conditions, and there's nobody speaking Bengali.

It would be nice to have somebody speaking my language - after all there are many Pakistanis around.

It's difficult to explain your symptoms when English isn't your first language.

10.7.2 Comments on Support for End-of-Life Care

People were asked if in the last 12 months they had looked after a relative or friend living in West Sussex, who is or was terminally ill, and hence may have required specialist medicines.

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This was the case with 7% of respondents. People were asked to comment on their experience. Generally, comments made were positive but there were some comments made on stock issues / shortage of some medicines and comments on language problems.

A bit of a lack of foresight on their part or a bit of foresight, on their part might have made life easier by ordering the medicine they knew we'd need in good time for it to be there when we needed it. On one occasion we had to go without, which was really not at all helpful although they did try to get it from another pharmacy.

A general shortage of one particular medicine made it more stressful than it would otherwise have been but the staff managed to sort it all out.

They just didn't seem to think ahead. They knew the situation and the prescription would be regular, but nobody seemed to remember to order enough of it.

They kept forgetting to order the medication in time which proved really difficult, on one occasion when we'd totally run out and I had to go around all the other pharmacies I could find, including A& E to try to get it.

Although they order the requisite medicine well in advance, it didn't always arrive in time which cause a bit of panic, ringing round on a couple of times, to try and get it from another pharmacy. But they were really great, and we felt we were all in it together.

Other comments highlighted the value of delivery:

Delivery is far and away the best way of getting medication in situations like that because you don't have to worry about it - you know it will arrive on time.

Having the medicines delivered was the best decision I made - in fact the pharmacy offered - it was one less thing to worry about.

I don't think you should have to queue for medicines for a dying partner. You only feel you can leave the house for a few minutes, so it is quite daunting when you see a long, not moving very fast, queue. It all adds to an already very stressful situation.

It wasn't really helpful having been able to pop out for ten minutes to have to join the long queue. Some kind of special window for people with terminally ill patients might be a good idea.

There were many positive comments on the support provided.

They've been great in this situation. They've been really kind.

We couldn't always get the medication we needed, but they always sourced it for us from another supplier or pharmacy.

They were great - if they saw me in the queue, they would call me forward so I didn't have to wait.

Well, this may be hard to imagine, but a couple of times I arrived after they'd closed and the pharmacist knowing this might happen had given me her home number so that I could pick up from there.

10.7.3 Suggestions for the improvement of services

Finally, we asked for any suggestions for how their local pharmacy could improve the way they met their health needs, and how they were supported. Some of the most common mentions were for the following topics:

- Prescriptions (56) including prescriptions for minor illness and repeats
- Well Woman – such as clinics or check-ups (46),
- Mental health issues (45 mentions) – including how to identify problems, general awareness, signposting and assessments/checks,
- Sexual/sexual health/STI (24), Pregnancy (12),
- Vaccinations – including child vaccinations (24),
- Any cancer mention (22) – in the main this relates to screening across a range of cancers / Prostate or PSA checks (17),
- Blood pressure testing (17)
- Support for people with dementia and their carers (16),
- Breast/breast cancer screening (15),
- Blood testing (12 mentions),
- and Covid (10 mentions).

There were many positive comments about pharmacy services.

Great service, great people.

They were absolutely great, and really helpful.

They always had the medicine in-stock whenever we needed it, and they provided a willing ear as well.

11 Survey of Nursing and Residential Care Homes

As residents of care homes were out of scope for the telephone survey, it was decided to separately survey care homes. All nursing and residential care homes in West Sussex were sent a questionnaire to ask about their experiences of using pharmaceutical services in the county.

11.1 Responses

A total of 34 homes completed surveys and returned them (Table 42).

On average these homes were providing care for 30 residents. A total of 925 residents were at the homes surveyed. Two homes did not provide a number for their residents as they provided domiciliary care and short-term care respectively. The majority of responses came from the coastal area of the county, no responses were recorded from Crawley although two surveys did not include a location (Table 43).

Table 42 Response by Type of Home

Residential care	18
Nursing care	11
Nursing and residential care	3
Other	1
Not stated	1
Total	34

Table 43 Response by Location of Home

Adur	2
Arun	8
Chichester	2
Crawley	0
Horsham	5
Mid Sussex	4
Worthing	11
Not stated	2
Total	34

11.1.1 Frequency of pharmacy usage

Twelve care homes made daily use of pharmacy services. However, the majority of care homes stated that they used services on a weekly basis (20). Meanwhile, two homes used the services on a monthly basis.

11.1.2 What care homes used pharmacies for

All 34 homes said they used pharmacies for prescription medicines/appliances. Of these, ten said they purchased off the shelf/over the counter medicines as well. Six used pharmacies for health advice and two used them for specialised services. A further one said they used them for another (non-specified) reason.

11.1.3 Prescription medicines and where homes get them

The vast majority of care homes reported that they were most likely to use a pharmacy (30) for prescription medicines. One home used a dispensing GP and three others said somewhere else (not specified).

Nearly all of the homes (33 of the 34) had their prescriptions delivered (32 free of charge and one paid delivery). Four of these reported that they also collected prescriptions themselves as well having them delivered and a further one said they collected all their prescriptions themselves.

11.1.4 When care homes prefer to use pharmacy services

Twelve of the care homes reported having no preference of when they might use a pharmacy. All of the remaining 22 stated they would prefer to use pharmacy services on Monday to Friday between 9.00am and 6.00pm. Some of these 22 also noted that they would like to use pharmacies after 6.00pm (4) or on Saturdays (7) or Sundays (6).

11.1.5 Use pharmacy services outside normal opening times

Care homes were asked if they had needed to use a pharmacy outside of Monday to Friday 9.00am to 6.00pm in the past 12 months. All homes reported needing to use pharmacies on a Saturday (Table 44), while 26 reported the same for a Sunday.

Table 44 Times / Days Needed a Pharmacy

Evenings 6.00pm-12.00am	21
Saturdays	34
Sundays	26
Bank holidays	23

11.1.6 Whether care homes can find a pharmacy open when needed

When asked whether or not they are able to find a pharmacy open during the day when needed, nearly all homes said this was 'always' the case; one other said 'sometimes'.

Homes were then asked what they had done if they were unable to access a pharmacy when they needed to. As can be seen from the table below (Table 45), most (19) went to another pharmacy instead.

Table 45 Actions Taken If Unable to Access Usual Pharmacy

Went to an alternative pharmacy	19
Called NHS 111	11
Waited until the pharmacy opened	10
Called the out-of-hours provider	7
Deferred collection to another day	5
N/A	5

11.1.7 Getting to a pharmacy

By far the largest number of homes reported getting to their pharmacy by car (27 as the driver and 2 as the passenger). Seven were within walking distance and one cycling distance. Six noted that they did not need to go to the pharmacy as they had all their medicines delivered. No one reported using public transport or taxis.

When it came to the length of time it took to get to the pharmacy, most said this was under 20 minutes (29).

Table 46 Time Taken to get to a Pharmacy

Under 10 minutes	11
10-15 minutes	14
15-20 minutes	4
20-30 minutes	3
Over 30 minutes	2
Total	34

11.1.8 Using pharmacy services

Care homes were given a selection of statements relating to their use of the services provided by pharmacies and asked the extent to which they agreed or disagreed with them.

Most (30) agreed that they preferred to use their regular pharmacist rather than someone else.

Table 47 Statements on Using Services

Statement	Agree	Neither agree nor disagree	Disagree	N/A
We prefer to use a regular pharmacist rather than someone we don't know.	30	3	1	-
If needed, we can speak to the pharmacist without being overheard.	17	10	2	5
The pharmacist provides clear advice on medicines and how they should be taken.	24	7	1	2
Overall, the pharmacy provides a good service.	19	11	4	-

11.1.9 Suggestions for how the local pharmacy could improve the way it meets the needs of, and supports, care homes

Care homes were asked for their suggestions for where improvements might be made in the services provided. The top three areas where improvements were identified were, firstly, the need for earlier/more timely deliveries (7) and ensuring urgent prescriptions arrived quickly (4).

The second area was that of communication between pharmacies and the homes (6) (and sometimes the GPs as well) to advise on items out of stock, delays in delivery, etc. and also being able to get through to pharmacies on the telephone or by email.

The third main area related to opening times including longer hours and weekends (7).

All comments:

Earlier deliveries of monthly medication orders.

Medication is delayed a lot; always chasing or can't get through or delay answering emails. They need to deliver at weekends as staff shortages in care homes and better opening hours or signpost to where is open. Also, many medications appear out of stock. Service has deteriorated, it has been noted. Better support/advice around medication queries.

Difficulty in getting through on the phone ringing but no one picks up. This is becoming more of an issue in the last month.

Open longer hours and weekends.

We could do with more out of hours support in the area, we have to rely on pharmacy at Supermarkets eg Tesco's.

If a medication is urgent please provide it.

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Also pharmacist to have a face to face meeting with clinical lead of nursing home twice a year, to see if there are areas for improvement in our relationship and the service they provide for our residents.

Decrease waiting times, potentially by having more staff in order to deal with requests more promptly.

*Since the pandemic the service we receive from our designated pharmacy has plummeted
To work longer hours on a weekend and open bank holidays.*

Firstly- having the medications we need.

Reviewing of MAR charts as advised by the home, as the same things are present every time despite being informed of the changes.

Keeping the home up to date with products they cannot issue.

Informing the home when they are struggling with delivery as we would collect ourselves.

Not to leave important medications (antibiotics etc) for days before we receive them.

Pharmacy to offer advice when required and not keep pawning us off to the GP, as they are struggling.

Pharmacy to employ more staff as staff shortages seem to be more of an issue than ever.

Pharmacy to contact GP if there is a discrepancy in medication script.

To work with the care home to ensure that the best outcome is achieved for the residents.

To mentor/teach the Nurses how the pharmacy department works & allows them insight into their issues/concerns, example to take a lead nurse from each home & show them what a day in pharmacy is like.

To start back face to face teaching, rather than E learning.

These are some of the issues that occur for us here, we know that the pharmacies do work hard but these are issues that can be dealt with quickly & promptly.

The Pharmacy we use is totally reliable and will put themselves out if we require extra help, they also do a yearly audit for us.

Get more staff.

Being open longer hours especially on delivering items, having audits from the pharmacist, more support with MARs and ordering.

Pharmacy could improve their communication with care home; if there is an issue with a script such as unclear wording they often fail to tell us and just withhold the script.

We don't usually get informed when a medication is out of stock until we telephone the pharmacy chasing it up.

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Our monthly medications are delivered in carrier bags meaning boxes are often squashed and they say they cannot deliver in plastic boxes as previously due to "covid and infection control.

If the pharmacy does not have a driver to deliver the medications this is often communicated with us with little notice, meaning we don't always get medications promptly.

Fuller training for all dispensing staff in how to deal with care homes. The staff member allocated to our care home only works part time at that pharmacy, so if we telephone on Thursday/Friday we are often told that it cannot be dealt with until Monday.

To be open after 6 and Sundays.

Poor communication between surgery/pharmacy/home.

It would be helpful if they did not close for lunch. Also, pill pouches are not being well received by our service users, blister packs are much easier to use.

We have been using the chemist in our village for the last 19 years and it is an excellent service. It is 10 minutes from our nursing home.

We feel we are supported by our pharmacy.

To be able to provide medication in a timely way, such as interim medications.

They only do one delivery a day now, which means if we get an emergency prescription we have to send staff out to find a chemist. Leaving less people to work in the home.

They should have 2 deliveries a day.

Unfortunately, in more recent times our pharmacy has been struggling with staffing issues which has then put added pressure on ourselves to make sure our residents receive medication change overs on time.

They could deliver monthlies a week before use as sometimes don't have the time to get drugs missing have stated this, also local pharmacy is not very nice to us since we had to move away from them because of errors with our monthlies, so now if we get antibiotics they will send them straight to our supplier of meds instead of doing them even when doctor has clearly stated that we are picking up from them as we need them straight away.

12 Surveys of Pharmacy Contractors and Dispensing GPs

Questions used in the contractor surveys are attached in Appendix H.

12.1 Pharmacy Contractors - Response

A survey was sent to all pharmacy contractors (161 total) in West Sussex. A reminder and an extension to the return deadline were given to maximise the response. A total of 34 completed and returned their surveys (15 of these were completed by the management of one pharmacy chain; the rest were completed by individual contractors). The 34 completed surveys represented a response rate of around 21%. This was a disappointing response, but we recognise the considerable work pressures frontline providers are experiencing.

All locality areas of the county were represented in the responses:

- Adur 3.
- Arun 8.
- Chichester 2.
- Crawley 10.
- Horsham 1.
- Mid Sussex 4.
- Worthing 6.

All respondents were community pharmacies, there were no responses from appliance contractors or distance selling pharmacies.

12.1.1 Opening Hours and Advanced Services

NHS England and NHS Improvement (NHSE&I South East) provided details of core and total hours for pharmacies and dispensing appliance contractors in West Sussex. The contractors were asked to check these details and confirm that they were correct. As can be seen, most core and opening hours were correct, however, around two-thirds reported that the advanced services they provided were not as described in the information held by NHSE&I South East.

Table 48 Verification of Details Held by NHSE&I

Details Held	Yes	No
Core and total opening hours	29	5
Advanced services	12	22

12.1.2 Equality Act 2010 - Premises Compliance

Most said that they complied with the Equality Act (31 of 34) and nearly all said their premises had wheelchair access (33).

Table 49 Equality Act 2010 - Premises Compliance

Premises compliance	Yes	No	Planned	Not sure
Is access sufficiently flat and wide to allow full wheelchair use of the premises.	33	1	-	-
Is there a hearing loop installed for hearing aid users.	12	20	2	-
Do the premises comply with the 2010 Equality Act.	31	-	-	3

12.1.2.1 Support mechanisms

Pharmacy contractors were asked whether they were currently providing, or able to provide, various medicine-use support mechanisms. Nearly all responding pharmacies reported providing nearly all the listed mechanisms to support patients.

Table 50 Support Mechanisms

Support mechanisms	Yes	No
Labelling of medicines in a legible way for people with impaired vision.	34	0
Removing solid dosage forms from blister strips.	34	0
Reminder charts/medicines administration records (MAR Charts).	34	0
Support medication supplied in a multi compartment compliance aid.	32	2

12.1.3 Services

12.1.3.1 Dispensing appliances

The majority of pharmacy contractors said they dispensed appliances of some sort (33 of 34). Most of these said that they dispensed all types of appliances (28 of 34).

Table 51 Appliances Dispensed

Yes, all types.	28
Yes, excluding stoma appliances.	1
Yes, excluding incontinence appliances.	-
Yes, excluding stoma and incontinence appliances.	1
Yes, just dressings.	2
No.	1
Other.	1

12.1.3.2 Provision of non-commissioned services

Nearly all pharmacies (33 of 34) reported providing the collection of prescriptions from GP practices. Meanwhile, nearly nine out of ten (30) said they would deliver dispensed medicines to customers.

Table 52 Collections from GPs and Delivery

Collection of prescriptions from GP practices.	33
Delivery of dispensed medicines – free of charge on request.	30
Delivery of dispensed medicines – with charge.	6

Pharmacies were asked for further details about their delivery services (28 commented). Although most noted that this service was free of charge, only six said this was available to all patients. Four noted that this service was aimed at those who are housebound or infirm. A further four noted that their delivery service incurred a subscription or one-off payment. However, one of these said that they had an 'exempt list' from charges.

Twenty-one stated that one of their main conditions was that the delivery was local to the area.

12.1.3.3 Services individual pharmacies would like to provide that are not currently commissioned in the area

Twenty-five of the 34 pharmacy contractors indicated that there were services that they would like to provide themselves. The services they referenced are listed below.

- Minor ailments/pharmacy first scheme (13).
- EHC (2).
- Covid vaccination (2).
- Blood pressure checks (2).
- Smoking cessation (2).
- Emergency contraceptives/morning after pill on NHS (2).
- Pneumococcal and other vaccination service (2).
- Ear suction (2).
- Needle exchange (1).
- More PGDs (1).
- Weight management (1).
- Diabetes testing (1).
- C-card (1).
- NHS phlebotomy (1).
- NHS podiatry (1).
- NHS bone density (1).
- NHS led menopause clinics (1).

12.1.4 Need for pharmaceutical services the local area in the coming three years

Pharmacy contractors were asked an open-ended question concerning the current need for, and/or provision of, pharmaceutical services in their local area. The majority reported that local provision was good in their area. The following comments were made:

Pharmaceutical Services are well covered in Lancing and Sompting.

If we don't find some locum pharmacists to cover Bognor Regis soon there may be some serious issues with actually opening pharmacies to provide any services.

We would like to be able to take on more patients who require dosette compliance aids but this is strictly limited due to no funding from the NHS for this service and the time heavy nature of this task. In some cases MAR sheets would be sufficient but we also cannot provide these without funding from the NHS due to the additional checks being required. Currently we can only claim if local social services are providing care to the patient and agree that they will fund the service.

I think Burgess Hill has a balance of contractors which will cover any need of the general public who live and work in Burgess Hill.

Yes, I believe there will be changes to the current pharmaceutical services offered as newly qualified pharmacists graduating in 2025 will also be qualified independent prescribers, hence the potential to offer prescribing services, which inevitably will reduce burden on GPs.

There is a real need for flexibility to support our patients with their health and lifestyle choices and this will only increase as time goes on with people turning to pharmacies as the first point of call rather than the doctors.

Need to look at sporadic closure of pharmacies (especially with multiples close to our site).

The current provision is good.

There is good provision of pharmaceutical services in Haywards Heath.

There is good provision of pharmaceutical services in and around Crawley.

Good provision of pharmaceutical services within the County.

There is good pharmaceutical provision in the area.

Good provision throughout Crawley - this pharmacy has applied to close on Saturday afternoons as Tesco, Boots, Lloyds in Sainsbury and Asda Pharmacy in the town are all open then.

Good provision in Crawley. There is good provision.

Good provision in Bognor.

Good provision of pharmacies in Littlehampton.

12.2 Survey of Dispensing GPs

A total of four dispensing GP practices completed and returned surveys.

12.2.1 Equality Act 2010 Premises Compliance

Of the four dispensing GP practices, all reported that their premises had full wheelchair access and met the requirements of the Equality Act. Even so, only two had a hearing loop installed.

Table 53 Premises Compliance with Equality Act 2010

Premises compliance	Yes	No	Planned	Not sure
Is access sufficiently flat and wide to allow full wheelchair use of the premises.	4	-	-	-
Is there a hearing loop installed for hearing aid users.	2	-	-	-
Do the premises comply with the 2010 Equality Act.	4	-	-	-

12.2.1.1 Support mechanisms

Practices were asked whether they were currently providing, or able to provide, various medicine-use support mechanisms. Three out of four reported being able to label medicines for those with impaired vision as well as being able to supply medicines in a multi compartment compliance aid.

There was a mixed response for removing tablets from blister strips and providing MAR charts with half (2) saying they were able to provide this service.

Table 54 Support Mechanisms

Support mechanisms	Yes	No
Labelling of medicines in a legible way for people with impaired vision.	3	1
Removing solid dosage forms from blister strips.	2	2
Reminder charts/medicines administration records (MAR Charts).	2	2
Support medication supplied in a multi compartment compliance aid.	3	1

12.2.2 Services

12.2.2.1 Dispensing appliances

Three of the four practices reported being able to dispense appliances. All three said they supplied dressings, whilst two supplied stoma and incontinence appliances.

Table 55 Appliances Dispensed

Stoma appliances	2
Incontinence appliances	2
Dressings	3
Other	1

12.2.2.2 Delivery of prescribed medicines

Only one of the four dispensing GP practices reported delivering prescribed medicines, but this was only on an arranged basis – not on demand. Even so this service was provided free of charge. A second practice noted that they would arrange delivery from the practice or through volunteers, but only where necessary, such as through the pandemic.

12.2.3 Need for pharmaceutical services the local area in the coming three years

Dispensing GP practices were asked an open-ended question regarding the need for pharmacy service over the coming three-year period. Three commented as follows:

The lack of ability to provide Electronic Prescription services with a dedicated pharmacy code to benefit both the patient choice and practice drive of providing a paperless more efficient process.

We are looking at installing an auto dispensing machine to therefore provide safe and effective collection of medication 24 hours a day.

The demand for local services is returning from the online pharmacies.

13 Conclusions and recommendations

This document has examined the current provision of pharmaceutical services in West Sussex and within the seven District and Borough local authority areas.

It has detailed the local demography, background characteristics and health status of the population and considered whether current pharmaceutical provision meets current needs or whether there are existing gaps. The specific health needs of different groups in the population who are more likely to suffer poorer health have been described.

It has set out what is known about population growth and housing development, and whether there are any potential gaps in pharmaceutical provision in the lifetime of the document (to October 2025). This is provided at West Sussex level and for each locality (Appendix E).

13.1 Necessary service: current provision

13.1.1 Services in West Sussex

The four types of 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 153 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 areas. The number of community pharmacies in West Sussex varies across the localities, ranging from 14 to 20 per 100,000 population. The overall West Sussex rate of 18 per 100,000 population is lower than the England rate (21 per 100,000) but higher than the South East (17 per 100,000).

13.1.2 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 some rural areas, dispensing needs are also met by the dispensing doctor practices.

13.1.3 Advanced Services

There is a good provision of advanced services from pharmacies and appliance contractors across West Sussex. When compared to England, West Sussex, in general, has a higher number of pharmacies and appliance contractors providing advanced services.

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The PNA outlines the following advanced services:

- New Medicines Services (NMS) provided by all pharmacies in West Sussex (England 82%).
- Community Pharmacist Consultation Service is provided by 94% of pharmacies (England 80%).
- Seasonal Flu vaccinations are provided by 90% of pharmacies (England 84%).
- Stoma Appliance Customisation (SAC) is provided by 11% of pharmacies and appliance contractors (England 11%).
- Appliance Use Reviews (AUR) are provided by 2% of pharmacies and appliance contractors (England < 1%).

The coverage of new services, such as smoking cessation support for people who initiated cessation in hospital and the hypertension case finding services will need to be monitored.

Four pharmacies provide Hepatitis C Testing, this service was due to end in March 2022, but has been extended to April 2023.

13.1.4 Enhanced Services

In 2021/22 six pharmacies provided COVID-19 vaccinations, 3 based in Chichester District, 1 each in Crawley, Horsham and Mid Sussex.

13.1.5 Access

13.1.5.1 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.

- 41% of pharmacies are open before 9am during weekdays
- 41% are open after 6.00pm.
- 11% are open after 8pm during weekdays (none in Adur).

At weekends 91% of pharmacies are open on Saturdays, 21% for some hours on a Sunday. While all localities have at least one pharmacy open on a Sunday these tend to be in larger towns. Given that GP surgeries currently 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. Any extension of GP opening hours means it will be important to review access on week day evenings and over the weekend.

In a telephone survey undertaken for the PNA, residents were asked whether they could find a pharmacy open when they needed one, in relation to Sundays and Bank Holidays 89% of residents said they could always or sometimes find one, 11% said they could never find one.

13.1.5.2 Distance and Time Travelled

West Sussex is a large county, it has many urban areas and large towns, and also rural areas with smaller villages. Unsurprisingly there is a greater density of pharmacies in urban areas.

All residents are within 20 minutes travelling time of a pharmacy and the vast majority within a 6-mile radius. This is considered a reasonable travel time and distance to access pharmaceutical services.

For some people in West Sussex pharmacies outside of the county are their nearest provider, notably for people living in rural areas to the north of Chichester where towns such as Petersfield and Liphook in Hampshire and Haslemere in Surrey are important locations.

Public transport, outside of some towns and some services along the coast, does not facilitate travel to a pharmacy within 20 minutes. There is a considerable reliance on cars and/or taxis.

In relation to public transport, for the most deprived areas within the county, areas ranked within the most deprived 20% of neighbourhoods in England such as Littlehampton, Bognor, areas in Durrington and southwest Crawley, residents are within 20 minutes of a pharmacy by public transport. But it is noted that these are urban areas and there are deprived residents living in all areas of the county, including rural areas.

One in four people interviewed for the telephone survey said they got their prescription medicines delivered. Pharmacies are not funded to provide a delivery service.

13.2 Necessary services: Gaps in provision

This PNA has not identified any gaps in current service provision of necessary services within the West Sussex HWB area.

The current coverage is assessed as being adequate to provide the necessary services such as essential/dispensing services, and advanced services.

13.3 Other relevant services

13.3.1 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
- Health tests (BP checks, Cholesterol etc.)
- Anticoagulant monitoring

In addition, many 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.

13.4 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 (to October 2025). This has been examined at locality level.

With the information available it is not anticipated that the planned housing developments will significantly alter the need for pharmaceutical services or create a gap. Developments are, in the main, in areas with existing pharmacies and not of a scale that would significantly alter the need for pharmaceutical services.

In relation to the area between Horsham and Crawley, notably development in areas such as Rusper, continued monitoring is recommended but it is not anticipated that additional services would be required within the lifetime of this PNA.

It is recognised that many people in West Sussex are dependent on private cars or taxis to access services, this is particularly the case in rural areas. The cost of transport is increasing, and pharmacy delivery services are not commissioned or funded. This may act as an access barrier.

13.5 Locally Commissioned Services

The PNA outlines services commissioned by NHS West Sussex CCG, West Sussex County Council and Change Grow Live, the local substance misuse treatment provider.

These services include Smoking Cessation and NHS Health Checks, needle exchange, supervised consumptions and support for end-of-life care. Some of the CCG services are not pan Sussex, as they are legacy services from the previous three West Sussex CCGs.

Overall, there is a good coverage of current services, however it is recognised that some services and activity levels may have been impacted by the COVID-19 pandemic, so it is important that services are monitored and assessed over the next year to review and support recovery.

13.6 How the assessment was undertaken

13.6.1 Localities

The West Sussex PNA localities were defined as the LA district and borough council areas, this was to align with available data.

13.6.2 Population Characteristics, Change and Health Needs

Over 867,000 people live in West Sussex. Population change has been driven by inward migration (national and international) and not natural change (i.e., more births than deaths). Crawley is the only locality where there were more births than deaths between mid-2019 and mid-2020.

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Between 2022 and 2025 the population is projected to increase by 2% when the population is projected to be 900,000. Higher growth is projected in Arun and Horsham, at 2.4% and 2.8% respectively. Adur and Crawley are projected to have lower growth in this period (1%).

In West Sussex 23% of the population is aged 65 years or over, compared with 19% nationally. Crawley stands out within the county as having a younger population age structure compared with the county and England overall, 22% of the Crawley population aged under 16 years.

The average life expectancy at birth in West Sussex is 80.3 years for males and 83.9 years for females. As a result of the COVID-19 pandemic life expectancy fell in 2020, locally and nationally.

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.

The major causes of death in West Sussex are cardiovascular disease, cancer and neurological disorders (such as dementia). In terms of causes of ill health, musculoskeletal problems, such as lower back pain and arthritis, migraines and mental health place a considerable burden on the population health. In terms of the risks for poorer health the leading risks are smoking, poor diet, high systolic blood pressure, high fasting plasma glucose and a high body mass index.

13.6.3 Health Inequalities – Protected Characteristics

The PNA details groups in the population where there is evidence of poorer health outcomes. It outlines specific issues of those patient groups, including those which may increase the need for pharmaceutical services and/or affect the access and take up of services available. The PNA focusses on the Protected Characteristics in the Equality Act 2010 but additional groups are also examined.

The information was also used to inform undertaking the PNA, engagement and consultation planning. Data relating to all Protected Characteristics were collected as part of the resident survey, an additional survey was undertaken with care homes, who were not within the scope of telephone survey.

13.7 Overall Conclusion

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

For the lifetime of this PNA (October 2022 to October 2025) after reviewing the location and scale of proposed housing development it is anticipated that the current pharmaceutical providers will be sufficient to meet the local needs.

13.8 Recommendations

- Although access, in terms of distance and time travelled remains reasonable (within 6 miles and within 20 minutes travel time), for large areas of West Sussex public transport is poor and people, particularly those in rural parts, are dependent on personal transport, or taxis. The increasing cost of fuel may become a barrier to accessing services, commissioners should monitor this as an on-going risk.
- There is generally good access in terms of opening hours. Residents who provided information in a telephone survey reported few problems with current opening hours and said they were able to find a pharmacy open when they needed one. Care homes did report concerns about accessing pharmacies in the evening and at weekend. Commissioners should keep this under review following any extension of GP opening hours.
- Overall, the provision of advanced services across the West Sussex localities is good and coverage compares well with England. At the time of drafting this PNA, it was too early to assess the coverage of the new advanced services of smoking cessation (supporting people after being discharged from hospital) and hypertension case finding. It is important that good coverage is also secured for these services in West Sussex.
- The PNA process found some discrepancies between contractual data provided by NHSE&I (for example on opening hours) and publicly available data (for example information on the NHS website). Discrepancies were also noted by some respondents to the contractor survey. These differences may have developed during the pandemic, they should be resolved.
- Services and activity levels, including those of NHS and locally commissioned services, have been impacted by the COVID-19 pandemic. The recovery of activity should be monitored by service commissioners, including locally commissioned services.
- Residents surveyed as part of this PNA identified a range of services they would like to see available at their local pharmacy. Many of the services identified related to prevention, health advice and screening/tests, and overlapped with suggestions made by some contractors. Some services mentioned are already commissioned. Information from the survey should be discussed with local commissioners to explore any further opportunities and/or the need for wider promotion of existing services commissioned.
- The further development in the Rusper area of Horsham District should be monitored, the scale of development may have a future need, but it is not anticipated in the lifetime of this PNA.
- Community pharmacies can contribute towards addressing local health and wellbeing priorities and work to tackle health inequalities. Providers should always be included in local discussions in drafting strategic plans and policies.

13.9 Recommendations relating to the PNA Process

- This PNA had a very low response rate to contractor surveys, methods to improve responses should be explored locally for the next PNA. We recognise the considerable pressures that frontline staff in pharmacies and GP surgeries are under.
- The use of a resident telephone survey provided a good response across localities and acted to reduce pressures on frontline services to promote a survey. Maintaining the same methodology should enable comparison over time. This method of engagement is recommended for the next PNA.

APPENDIX A Pharmaceutical Providers in West Sussex

Locality	Trading Name	Post Code	Contractor Type
Adur	Bakhai Pharmacy	BN43 5ZE	Community Pharmacy
Adur	Boots the Chemists	BN43 5DA	Community Pharmacy
Adur	Boots the Chemists	BN15 9AH	Community Pharmacy
Adur	Cokeham Pharmacy	BN15 0AN	Community Pharmacy
Adur	Day Lewis Shoreham	BN43 5WB	Community Pharmacy
Adur	Gill Pharmacy	BN15 8AN	Community Pharmacy
Adur	Greens Pharmacy	BN43 5ZA	Community Pharmacy
Adur	Harrison Pharmacy	BN42 4QB	Community Pharmacy
Adur	Healthlink	BN42 4TE	Dispensing Appliance Contractor
Adur	Kamsons Pharmacy	BN42 4FB	Community Pharmacy
Adur	Park Pharmacy	BN43 6BT	Community Pharmacy
Adur	Pharmacy2Door	BN43 6QB	Distance Selling Pharmacy
Adur	Rowlands Pharmacy	BN15 9AH	Community Pharmacy
Adur	Script Easy	BN15 8TA	Dispensing Appliance Contractor
Adur	Tesco Pharmacy	BN43 6TD	Community Pharmacy
Adur	Wilmshurst Chemist	BN15 9PJ	Community Pharmacy
Locality	Trading Name	Post Code	Contractor Type
Arun	Asda Pharmacy	BN12 6PN	Community Pharmacy
Arun	Boots the Chemists	PO21 1PQ	Community Pharmacy
Arun	Boots the Chemists	BN16 3DJ	Community Pharmacy
Arun	Boots the Chemists	BN17 5DX	Community Pharmacy
Arun	Day Lewis Pharmacy	PO21 2UW	Community Pharmacy
Arun	Dexter's Pharmacy	PO21 1PN	Community Pharmacy
Arun	Fittleworth	BN17 7GA	Dispensing Appliance Contractor
Arun	Five Villages Pharmacy	PO22 0ER	Community Pharmacy

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Locality	Trading Name	Post Code	Contractor Type
Arun	Glyn Norris Pharmacy	BN17 7JQ	Community Pharmacy
Arun	Jordans Pharmacy	PO21 4TW	Community Pharmacy
Arun	Kamsons Pharmacy	BN16 3NX	Community Pharmacy
Arun	Kamsons Pharmacy	BN16 3AE	Community Pharmacy
Arun	Kamsons Pharmacy	PO21 5AJ	Community Pharmacy
Arun	Kamsons Pharmacy	PO22 9TD	Community Pharmacy
Arun	Kamsons Pharmacy	BN17 5DX	Community Pharmacy
Arun	LloydsPharmacy	PO21 3EU	Community Pharmacy
Arun	LloydsPharmacy	BN16 4HL	Community Pharmacy
Arun	LloydsPharmacy	PO21 1QN	Community Pharmacy
Arun	LloydsPharmacy	BN18 9HG	Community Pharmacy
Arun	LloydsPharmacy	BN16 1JN	Community Pharmacy
Arun	LloydsPharmacy	BN17 5JR	Community Pharmacy
Arun	LloydsPharmacy	PO22 6DZ	Community Pharmacy
Arun	Lloydspharmacy (in Sainsbury)	PO22 9FB	Community Pharmacy
Arun	Lloydspharmacy (in Sainsbury)	BN16 3RT	Community Pharmacy
Arun	Rowlands Pharmacy	BN12 5JP	Community Pharmacy
Arun	Rowlands Pharmacy	PO22 6DH	Community Pharmacy
Arun	Superdrug Pharmacy	PO21 1PY	Community Pharmacy
Arun	Tesco Pharmacy	PO22 9ND	Community Pharmacy
Arun	Tesco Pharmacy	BN17 5RA	Community Pharmacy
Arun	The Croft Pharmacy	PO20 3RP	Community Pharmacy
Arun	West Meads Pharmacy	PO21 5SB	Community Pharmacy
Arun	Yapton Pharmacy	BN18 0EY	Community Pharmacy
Arun	Your Local Boots Pharmacy	BN17 6RA	Community Pharmacy
Arun	Your Local Boots Pharmacy	PO22 7PP	Community Pharmacy

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Locality	Trading Name	Post Code	Contractor Type
Chichester	Boots the Chemists	GU29 9DJ	Community Pharmacy
Chichester	Boots the Chemists	PO20 0QB	Community Pharmacy
Chichester	Boots the Chemists	PO19 1LE	Community Pharmacy
Chichester	Cathedral Medical Group	PO19 1XT	Dispensing GP
Chichester	Doctors Direct Pharmacy Ltd	PO20 6QH	Distance Selling Pharmacy
Chichester	Fernhurst Pharmacy	GU27 3JL	Community Pharmacy
Chichester	Kamsons Pharmacy	PO19 1JL	Community Pharmacy
Chichester	Langley House Surgery	PO19 1RW	Dispensing GP
Chichester	Lavant Road Surgery	PO19 5RH	Dispensing GP
Chichester	LloydsPharmacy	PO20 0QL	Community Pharmacy
Chichester	LloydsPharmacy	GU28 0AH	Community Pharmacy
Chichester	Lloydspharmacy (in Sainsbury)	PO19 7YR	Community Pharmacy
Chichester	Loxwood Surgery	RH14 0SU	Dispensing GP
Chichester	M H Pharmacy	GU29 9AW	Community Pharmacy
Chichester	Midhurst Pharmacy	GU29 9DH	Community Pharmacy
Chichester	Pharmacy Link	PO20 8EA	Community Pharmacy
Chichester	Rowlands Pharmacy	PO10 8UJ	Community Pharmacy
Chichester	Stephens Pharmacy	PO19 3LA	Community Pharmacy
Chichester	Summersdale Pharmacy	PO19 5RH	Community Pharmacy
Chichester	Tangmere Medical Centre	PO20 2HS	Dispensing GP
Chichester	Tesco Pharmacy	PO19 3JT	Community Pharmacy
Chichester	The Petworth Surgery	GU28 0LP	Dispensing GP
Chichester	Witterings Pharmacy	PO20 8BH	Community Pharmacy
Chichester	Your Local Boots Pharmacy	PO10 8JG	Community Pharmacy
Chichester	Your Local Boots Pharmacy	PO20 8BJ	Community Pharmacy

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Locality	Trading Name	Post Code	Contractor Type
Crawley	Asda Pharmacy	RH11 7AH	Community Pharmacy
Crawley	Boots the Chemists	RH6 0NN	Community Pharmacy
Crawley	Boots the Chemists	RH10 1FX	Community Pharmacy
Crawley	Crawley Chemist	RH10 1HS	Community Pharmacy
Crawley	Day Lewis Pharmacy	RH11 7HE	Community Pharmacy
Crawley	Geddes Chemist	RH10 1LG	Community Pharmacy
Crawley	Gossops Green Pharmacy	RH11 8HH	Community Pharmacy
Crawley	Jades Chemist	RH10 8DT	Community Pharmacy
Crawley	Kamsons Pharmacy	RH10 6AA	Community Pharmacy
Crawley	Kamsons Pharmacy	RH10 7EA	Community Pharmacy
Crawley	Kamsons Pharmacy	RH10 6TE	Community Pharmacy
Crawley	Kamsons Pharmacy	RH11 9BA	Community Pharmacy
Crawley	Kamsons Pharmacy	RH10 6NX	Community Pharmacy
Crawley	Kamsons Pharmacy	RH10 5EQ	Community Pharmacy
Crawley	Kassam Pharmacy	RH10 1QA	Community Pharmacy
Crawley	Lloyds Pharmacy (in Sainsbury)	RH10 8NF	Community Pharmacy
Crawley	Lloyds Pharmacy	RH11 0BF	Community Pharmacy
Crawley	Lloyds Pharmacy	RH11 7RS	Community Pharmacy
Crawley	Manning Pharmacy	RH11 8XW	Community Pharmacy
Crawley	Rapidcare	RH10 9RA	Dispensing Appliance Contractor
Crawley	Tesco Pharmacy	RH10 1GY	Community Pharmacy
Crawley	Wellhealth Pharmacy	RH11 7AY	Distance Selling Pharmacy
Crawley	Your Local Boots Pharmacy	RH10 7RA	Community Pharmacy

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Locality	Trading Name	Post Code	Contractor Type
Horsham	Arun Valley Pharmacy	RH14 9SE	Community Pharmacy
Horsham	Ashington Pharmacy	RH20 3DD	Community Pharmacy
Horsham	Billingshurst Surgery	RH14 9QZ	Dispensing GP
Horsham	Boots the Chemists	RH12 1HQ	Community Pharmacy
Horsham	Corden Pharmacy	RH20 1FG	Community Pharmacy
Horsham	Cowfold Surgery	RH13 8DN	Dispensing GP
Horsham	Day Lewis Carfax Pharmacy	RH12 1BG	Community Pharmacy
Horsham	Day Lewis Denne Pharmacy	RH12 5PJ	Community Pharmacy
Horsham	Henfield Medical Centre	BN5 9JQ	Dispensing GP
Horsham	LloydsPharmacy	RH20 4DH	Community Pharmacy
Horsham	LloydsPharmacy	RH14 9NY	Community Pharmacy
Horsham	LloydsPharmacy	BN5 9DB	Community Pharmacy
Horsham	Lloydspharmacy (in Sainsbury)	RH12 1SQ	Community Pharmacy
Horsham	Nories Pharmacy	RH13 5SD	Community Pharmacy
Horsham	Paydens Pharmacy	BN44 3RJ	Community Pharmacy
Horsham	Roffey Chemist	RH13 6AA	Community Pharmacy
Horsham	Rudgwick Medical Centre	RH12 3HB	Dispensing GP
Horsham	Rudgwick Pharmacy	RH12 3GF	Community Pharmacy
Horsham	Superdrug Pharmacy	RH12 1HQ	Community Pharmacy
Horsham	Tesco Pharmacy	RH12 3YU	Community Pharmacy
Horsham	Upper Beeding Pharmacy	BN44 3HZ	Community Pharmacy
Horsham	Your Local Boots Pharmacy	RH13 9LA	Community Pharmacy
Horsham	Your Local Boots Pharmacy	RH20 4DR	Community Pharmacy
Horsham	Your Local Boots Pharmacy	RH12 5JL	Community Pharmacy

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Locality	Trading Name	Post Code	Contractor Type
Mid Sussex	Abbott's Pharmacy	RH16 2HN	Community Pharmacy
Mid Sussex	Boots the Chemists	RH19 4YZ	Community Pharmacy
Mid Sussex	Boots the Chemists	RH16 4LQ	Community Pharmacy
Mid Sussex	Boots the Chemists	RH19 1AB	Community Pharmacy
Mid Sussex	Boots the Chemists	RH15 9NP	Community Pharmacy
Mid Sussex	Copthorne Pharmacy	RH10 3RE	Community Pharmacy
Mid Sussex	Crawley Down Pharmacy	RH10 4TX	Community Pharmacy
Mid Sussex	Day Lewis Pharmacy	BN6 8QA	Community Pharmacy
Mid Sussex	Day Lewis Pharmacy	RH15 9XB	Community Pharmacy
Mid Sussex	Day Lewis Pharmacy	RH19 1QL	Community Pharmacy
Mid Sussex	Hopkins Pharmacy	RH15 9DE	Community Pharmacy
Mid Sussex	Jessica's Chemist	RH15 8UA	Community Pharmacy
Mid Sussex	Judges Close	RH19 3AE	Community Pharmacy
Mid Sussex	Kamsons Pharmacy	RH16 3TY	Community Pharmacy
Mid Sussex	Kamsons Pharmacy	RH16 4SY	Community Pharmacy
Mid Sussex	Kamsons Pharmacy	RH16 3BB	Community Pharmacy
Mid Sussex	LloydsPharmacy	BN6 9PX	Community Pharmacy
Mid Sussex	LloydsPharmacy	RH17 5JU	Community Pharmacy
Mid Sussex	LloydsPharmacy	RH19 3GW	Community Pharmacy
Mid Sussex	Lloydspharmacy (in Sainsbury)	RH19 1DD	Community Pharmacy
Mid Sussex	Lloydspharmacy (in Sainsbury)	RH16 1DG	Community Pharmacy
Mid Sussex	Modality Mid Sussex	RH10 4HY	Dispensing GP
Mid Sussex	Orchards Pharmacy	RH16 3TH	Community Pharmacy
Mid Sussex	Ouse Valley Practice	RH17 6HB	Dispensing GP
Mid Sussex	Rowlands Pharmacy	RH16 4BN	Community Pharmacy
Mid Sussex	S C Williams Pharmacy	RH15 9AA	Community Pharmacy
Mid Sussex	Selbys Pharmacy	RH16 2HJ	Community Pharmacy
Mid Sussex	Tesco Pharmacy	RH15 9QT	Community Pharmacy
Mid Sussex	Your Local Boots Pharmacy	BN6 8AG	Community Pharmacy

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Locality	Trading Name	Post Code	Contractor Type
Worthing	Boots the Chemists	BN12 4AP	Community Pharmacy
Worthing	Boots the Chemists	BN11 1LL	Community Pharmacy
Worthing	Boots the Chemists	BN14 9LA	Community Pharmacy
Worthing	Boots the Chemists	BN11 3HE	Community Pharmacy
Worthing	Broadwater Pharmacy	BN14 8JE	Community Pharmacy
Worthing	East Worthing Pharmacy	BN11 2QY	Community Pharmacy
Worthing	Fittleworth Medical Ltd	BN13 3QZ	Dispensing Appliance Contractor
Worthing	Hobbs Pharmacy	BN11 2LL	Community Pharmacy
Worthing	Kamsons Pharmacy	BN14 9DA	Community Pharmacy
Worthing	Kamsons Pharmacy	BN13 3FG	Community Pharmacy
Worthing	Kamsons Pharmacy	BN12 4PE	Community Pharmacy
Worthing	Lime Tree Pharmacy	BN14 0DL	Community Pharmacy
Worthing	LloydsPharmacy	BN11 3LA	Community Pharmacy
Worthing	LloydsPharmacy	BN13 2JP	Community Pharmacy
Worthing	LloydsPharmacy	BN12 6DJ	Community Pharmacy
Worthing	McCormick Chemist	BN14 7PA	Community Pharmacy
Worthing	Rowlands Pharmacy	BN12 4FD	Community Pharmacy
Worthing	Shelley Community Pharmacy	BN11 4BS	Community Pharmacy
Worthing	Superdrug Pharmacy	BN11 3HB	Community Pharmacy
Worthing	Tarring Community Pharmacy	BN14 7JL	Community Pharmacy
Worthing	Tesco Pharmacy	BN13 3PB	Community Pharmacy
Worthing	Teville Gate Pharmacy	BN11 1UY	Community Pharmacy

The following is a summary of descriptions provided by the Pharmaceutical Services Negotiating Committee.

(i) Dispensing of Prescriptions

The supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records.

Aims and intended outcomes

To ensure patients receive ordered medicines and appliances safely and appropriately by the pharmacy:

- Performing appropriate legal, clinical and accuracy checks.
- Having safe systems of operation, in line with clinical governance requirements.
- Having systems in place to guarantee the integrity of products supplied.
- Maintaining a record of all medicines and appliances supplied which can be used to assist future patient care.
- Maintaining a record of advice given, and interventions and referrals made, where the pharmacist judges it to be clinically appropriate.

To ensure patients are able to use their medicines and appliances effectively by:

- Pharmacy staff providing information and advice to the patient or carer on the safe use of their medicine or appliance
- Pharmacy staff providing when appropriate broader advice to the patient on the medicine, for example its possible side effects and significant interactions with other substances

(ii) Dispensing of Repeat Prescriptions

The management and dispensing of repeatable NHS prescriptions for medicines and appliances in partnership with the patient and the prescriber. The service specification covers the requirements additional to those for dispensing, such that the pharmacist ascertains the patient's need for a repeat supply and communicates any clinically significant issues to the prescriber.

Aims and intended outcomes

- To increase patient choice and convenience, by allowing them to obtain their regular prescribed medicines and appliances directly from a community pharmacy for a period agreed by the prescriber
- To minimise wastage by reducing the number of medicines and appliances dispensed which are not required by the patient
- To reduce the workload of General Medical Practices, by lowering the burden of managing repeat prescriptions.

(iii) Disposal of Unwanted Medicines Returned to the Pharmacy.

Acceptance, by community pharmacies, of unwanted medicines from households and individuals which require safe disposal. Primary Care Organisations (PCOs) will need to have in place suitable arrangements for the collection and disposal of waste medicines from pharmacies.

Aims and intended service outcomes:

- To ensure the public has an easy method of safely disposing of unwanted medicines.
- To reduce the volume of stored unwanted medicines in people's homes, by providing a route for disposal, thus reducing the risk of accidental poisonings in the home and diversion of medicines to other people not authorised to possess them.
- To reduce the risk of exposing the public to unwanted medicines which have been disposed of by non-secure methods.
- To reduce the environmental damage caused by the use of inappropriate disposal methods for unwanted medicines.

(iv) Promotion of Healthy Lifestyles

The provision of opportunistic healthy lifestyle 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.

and pro-active participation in national/local campaigns, to promote public health messages to general pharmacy visitors during specific targeted campaign periods

Aims and intended outcomes:

- To increase patient and public knowledge and understanding of key healthy lifestyle and public health messages so they are empowered to take actions which will improve their health.
- To target the 'hard to reach' sectors of the population who are not frequently exposed to health promotion activities in other parts of the health or social care sector.

(v) Signposting

The provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy, on other health and social care providers or support organisations who may be able to assist the person. Where appropriate, this may take the form of a referral.

Aims and intended outcomes:

- To inform or advise people who require assistance, which cannot be provided by the pharmacy, of other appropriate health and social care providers or support organisations.
- To enable people to contact and/or access further care and support appropriate to their needs.
- To minimise inappropriate use of health and social care services.

(vi) Support for Self-Care

The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.

Aims and intended service outcomes:

- To enhance access and choice for people who wish to care for themselves or their families.
- People, including carers, are provided with appropriate advice to help them self-manage a self-limiting or long-term condition, including advice on the selection and use of any appropriate medicines.
- People, including carers, are opportunistically provided with health promotion advice when appropriate, in line with the advice provided in essential service 4 (Promotion of healthy lifestyles service).
- People, including carers, are better able to care for themselves or manage a condition both immediately and in the future, by being more knowledgeable about the treatment options they have, including nonpharmacological ones.
- To minimise inappropriate use of health and social care services.

(vii) Discharge Medicines Service (introduced in October 2021)

Pharmacies review medication that patients discharged from hospital are taking and compared to those they were taking prior to admission. This is to ensure that all changes are identified, and patient records are amended accordingly. In addition, patients offered a confidential discussion with the pharmacist to check their understanding of their medication regime, when to take it and any other relevant advice to support the patient to get the maximum benefit from their medication.

Aims and intended service outcomes:

- Optimise the use of medicines, whilst facilitating shared decision making.
- Reduce harm from medicines at transfers of care.
- Improve patients' understanding of their medicines and how to take them following discharge from hospital.
- Reduce hospital readmissions; and,
- Support the development of effective team-working across hospital, community and primary care networks (PCNs) pharmacy teams and general practice teams and provide clarity about respective roles.

APPENDIX C Advanced and Enhanced Services

The following is a summary of descriptions provided by the Pharmaceutical Services Negotiating Committee and from individual NHS Service Specifications for advanced services.

Appliance Use Review

Appliance use reviews help patients use appliances more effectively.

Aims and intended service outcomes:

- establishing the way appliances are being used and the patient experience of using an appliance.
- identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance.
- advising patients on safe and appropriate storage of the appliance.
- advising patients on safe and appropriate disposal of used or unwanted appliances.

Community Pharmacist Consultation Service (CPCS)

This service acts to connect patients who have a minor illness or need an urgent supply of a medicine with a community pharmacy. In addition to referrals from general practices, the service takes referrals to community pharmacy from NHS 111 (and NHS 111 online for requests for urgent supply), Integrated Urgent Care Clinical Assessment Services and in some cases patients can be referred via the 999 service. The service replaced previous pilot schemes, the NHS Urgent Medicine Supply Advanced Service (NUMSAS) and the Digital Minor Illness Referral Service (DMIRS).

Aims and intended service outcomes

- Provides the opportunity for community pharmacy to play a bigger within the urgent care system. To support the integration of community pharmacy into the urgent care system, and to support patients with lower acuity conditions or who require urgent prescriptions, releasing capacity in other areas of the urgent care system.
- To offer patients who contact NHS 111 the opportunity to access appropriate urgent care services in a convenient and easily accessible community pharmacy setting on referral from an NHS 111 call advisor and via the NHS 111 Online service.
- Relieve pressure on the wider NHS including urgent treatment centres, Emergency Departments, walk in centres, other primary care urgent care services and GP Out of Hours (OOH) services, and free up capacity for the treatment of patients with higher acuity conditions within these settings.
- To appropriately manage patient requests for urgent supply of medicines and appliances.
- To enable convenient and easy access for patients to community pharmacist advice for the management of minor illness.

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- To reduce the use of primary medical services for the referral of low acuity conditions from NHS 111 and the need to generate urgent prescriptions.
- To free up further capacity in general practice by allowing referral from general practice and diverting appropriate minor illness consultations to trained community pharmacists.
- To identify ways that individual patients can self-manage their health more effectively with the support of community pharmacists and to recommend solutions that could prevent use of Urgent and Emergency Care services
- To ensure equity of access to the emergency supply provision, regardless of the patient's ability to pay for the cost of the medicine or appliance requested.
- To increase patient awareness of the role of community pharmacy as the 'first port of call' for low acuity conditions and for medicines access and advice.
- To be cost effective for the NHS when supporting patients with low acuity conditions

C19 Lateral Flow Device Distribution

The Government has announced (February 2022) that free COVID-19 mass testing will end from 1st April 2022.

Flu Vaccination Service

From September through to March the NHS runs a seasonal flu vaccination campaign. This aims to vaccinate all patients who are at risk of developing more serious complications from the virus. Pharmacy staff identify people eligible for flu vaccination and encourage them to be vaccinated. This service covers eligible patients aged 18 years and older who are within nationally identified risk groups.

Aims and intended service outcomes:

- to sustain and maximise uptake of flu vaccine in at risk groups by continuing to build the capacity of community pharmacies as an alternative to general practice attendance.
- to provide more opportunities and improve convenience for eligible patients to access flu vaccinations.

Hepatitis C Testing

People who inject drugs who are not engaged in community drug and alcohol treatment services, will be offered the opportunity to receive Hepatitis C test from a community pharmacy of their choice (subject to the pharmacy being registered to provide the service).

Where the test produces a positive result, the person will be referred for appropriate further testing and treatment via the relevant Operational delivery Network.

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Aims and intended service outcomes:

- to increase levels of testing for HCV amongst people who inject drugs who are not engaged in community drug and alcohol treatment services.
- to increase the number of diagnoses of HCV infection.
- to permit effective interventions to lessen the burden of illness to the individual.
- to decrease long-term costs of treatment.
- to decrease onward transmission of HCV.

Hypertension Case Finding Service

The NHS Long Term Plan states that community pharmacy, in collaboration with other providers, will provide opportunities for the public to check on their health through tests for high blood pressure and other high-risk conditions. There are two stages to the service. The first is identifying people at risk of hypertension and offering them blood pressure measurement (a 'clinic check'). The second, where clinically indicated, is offering 24-hour ambulatory blood pressure monitoring (ABPM). The blood pressure test results will then be shared with the patient's GP to inform a potential diagnosis of hypertension.

Aims and intended service outcomes:

- Identify people aged 40 years or older, or at the discretion of the pharmacist people under the age of 40, with high blood pressure (who have previously not had a confirmed diagnosis of hypertension), and to refer them to general practice to confirm diagnosis and for appropriate management.
- At the request of a general practice, undertake ad hoc clinic and ambulatory blood pressure measurements.
- Promote healthy behaviours to patients.

New Medicine Service (NMS)

This service provides support to people who are newly prescribed a medicine to manage certain long-term conditions (LTC). The service is split into three stages. First patient engagement, where patients are recruited to the service; then intervention, where the pharmacist will have a discussion with the patient about one or two weeks later; and then, after two to three weeks, a follow up.

Aims and intended service outcomes for the patient:

- help patients and carers manage newly prescribed medicines for a long-term condition, supporting patients to make shared decisions about their LTC.
- increase patient adherence to treatment and consequently reduce medicines wastage.
- supplement and reinforce information provided by the prescriber, Primary Care Network (PCN) clinical pharmacist and GP practice staff to help patients make informed choices about their care.
- enable the early identification of issues with newly prescribed medicines (e.g. adverse drug).

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- reactions or medicines usage problems) and support patients to resolve them or highlight them to the prescriber.
- link the use of newly prescribed medicines to lifestyle changes or other non-pharmacological interventions to promote well-being and promote health in people with LTCs.
- promote and support self-management of LTCs, and increase access to advice, improving medicines adherence and knowledge of potential side-effects.
- support increased adherence to treatment and reduce avoidable medicines-related hospital admissions.

Pandemic delivery service

The Government has announced (February 2022) the end of COVID-19 domestic restrictions including the requirement to self-isolate as a positive case or close contact. No deliveries will be made (as part of the Pandemic Delivery Service) after March 5th 2022.

Stoma Appliance Customisation (SAC)

Stoma appliance customisation is customisation of more than one stoma appliance where the stoma appliance to be customised is listed in Part IXC of the Drug Tariff. 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.

Aims and intended service outcomes

- to ensure proper use and comfortable fitting of the stoma appliance
- to improve the duration of usage, thereby reducing waste.

Smoking Cessation Service

This service is for patients who have been referred during their discharge from an acute NHS trust.

The Smoking Cessation Service offers patients ongoing consultations that will include the provision of behavioural support, as well as the supply of Nicotine Replacement Therapy (NRT). This service must be provided by an appropriately trained pharmacist.

Aims and intended service outcomes:

- address the gap in the handover between secondary care and primary care transferring the care and creating additional smoking cessation capacity in primary care.

ENHANCED SERVICES

COVID-19 Vaccination

COVID-19 vaccination has been added into the Enhanced Services provided from community pharmacies and pharmacies continue to play an important role in sustaining the national programme.

The aims of this service are:

- To maximise the uptake of COVID-19 vaccine by patients in identified at-risk groups by providing vaccination services from Pharmacy Contractors alongside other sites where a need is identified by the Commissioner (NHSE).
- To administer vaccines as recommended by the JCVI as part of an initial course of vaccination, or any additional subsequent doses or revaccination boosters that may be recommended.
- To increase opportunities for specified cohorts of patients to access COVID-19 vaccinations and/or improve Patient convenience and choice.
- To ensure that vaccination services can be provided from a variety of settings and effectively utilising available staff from across primary care.

APPENDIX D Planned Housing Developments – Within Localities

The estimated number of housing developments to be completed during the lifespan of this PNA and those in 2022/23 and 2025/26, broken down below locality level. Some small sites have not been included as they also include private household extensions and builds. For some areas the South Downs National Park are the planning authority, so are included in this table.

	2021/22	2022/23	2023/24	2024/25	2025/26
OVERALL	3,250	4,276	6,864	4,349	4,318
Adur Overall	189	77	245	276	297
Lancing	71	47	69	47	23
Mash Barn Ward	64	47	63	47	23
Widewater Ward	7	0	6	0	0
Shoreham-by-Sea	63	0	92	163	224
Southwick Green Ward (part)	0	0	92	163	0
St Mary's Ward	14	0	0	0	224
St Nicholas Ward	49	0	0	0	0
Sompting	0	30	78	66	50
Peveler Ward	0	30	78	66	50
Southwick	55	0	6	0	0
Southwick Green Ward (part)	55	0	0	0	0
Arun Overall	463	1,448	1,569	1,446	1,545
Aldwick	0	0	0	8	0
Aldwick West Ward	0	0	0	8	0
Bognor Regis	25	151	96	39	0
Hotham Ward	0	106	75	39	0
Marine Ward	25	33	7	0	0
Orchard Ward	0	0	14	0	0
Pevensey Ward	0	12	0	0	0
Felpham	6	0	0	0	0
Felpham West Ward	6	0	0	0	0
Littlehampton	75	33	116	144	231
Central Ward	75	21	21	137	223
Ham Ward	0	0	9	0	0
River Ward	0	8	56	7	8
Wick	0	4	30	0	0
Other	357	1,264	1,357	1,255	1,314
Aldingbourne	40	92	82	0	0
Angmering	46	177	211	134	127
Arundel	0	0	43	0	0

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<i>Arun continued</i>	2021/22	2022/23	2023/24	2024/25	2025/26
Barnham	56	75	0	0	0
Bersted	21	66	195	228	295
Climping	6	25	109	100	25
East Preston	6	0	0	0	0
Eastergate	0	200	222	290	277
Ferring	0	8	16	0	0
Ford	0	5	0	75	125
Middleton on Sea	0	0	13	0	0
Pagham	35	155	238	250	285
Rustington	0	20	20	0	0
Walberton	40	99	58	58	80
Yapton	107	342	150	120	100
Chichester Overall	379	698	1,202	608	493
Chichester	157	189	459	257	193
East Ward	41	0	36	19	0
North Ward	32	127	42	50	50
South Ward	8	0	0	0	0
West Ward	76	62	381	188	143
Other	222	509	743	351	300
Bosham	0	35	15	0	0
Boxgrove	3	3	2	0	0
East Wittering	24	58	7	0	0
Fishbourne	0	0	11	0	0
Hunston	3	3	0	0	0
Kirdford	9	50	14	0	0
Loxwood	0	0	89	0	17
North Mundham	0	0	6	0	0
Oving	66	194	219	6	9
Plaistow	0	0	0	0	10
Selsey	1	0	67	96	22
Southbourne	39	55	134	59	40
Tangmere	0	0	179	140	152
Westhampnett	50	97	0	50	50
Wisborough Green	27	14	0	0	0

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	2021/22	2022/23	2023/24	2024/25	2025/26
Crawley Overall	315	272	522	103	140
Bewbush Ward	0	0	0	85	24
Broadfield Ward	0	6	0	0	0
Furnace Green Ward	0	0	15	0	0
Northgate Ward	123	34	152	0	100
Pound Hill North Ward	111	195	33	18	0
Southgate Ward	53	14	253	0	0
Three Bridges Ward	0	20	69	0	0
Tilgate Ward	2	3	0	0	0
West Green Ward	26	0	0	0	16
Horsham Overall	649	563	785	659	672
Horsham	254	114	80	71	65
Denne Ward	149	100	70	65	65
Riverside Ward	105	14	10	6	0
Other	395	449	705	588	607
Ashington	0	0	57	50	50
Billingshurst	85	58	25	26	0
Broadbridge Heath	2	0	0	0	0
Colgate	152	152	152	152	150
Henfield	0	0	7	0	0
North Horsham	34	150	200	200	275
Nuthurst	0	6	12	0	0
Pulborough	10	10	19	0	0
Rusper	5	0	0	0	0
Shipley	2	0	0	0	0
Slinfold	3	4	18	0	0
Southwater	57	57	140	132	132
Steyning	0	0	10	0	0
Storrington	0	4	15	0	0
Thakeham	36	6	30	20	0
Washington	0	0	8	8	0
West Chiltington	9	2	0	0	0
West Grinstead	0	0	12	0	0

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	2021/22	2022/23	2023/24	2024/25	2025/26
Mid Sussex Overall	957	1,004	1,274	791	841
Burgess Hill	258	124	59	70	165
Chanctonbury Ward	0	0	0	0	0
Franklands Ward	14	21	5	0	0
St Andrews Ward	233	64	48	70	165
Town Ward	0	24	0	0	0
West Ward	11	15	6	0	0
Cuckfield Rural	95	169	236	251	289
Cuckfield Rural South	95	169	236	251	289
East Grinstead	85	269	320	52	64
North Ward	84	159	115	0	0
South Ward	1	72	68	45	52
West Ward	0	38	137	7	12
Hassocks	59	42	34	100	141
Hassocks Keymer North	0	0	0	50	75
Hassocks Stonepound	59	42	34	50	66
Haywards Heath	222	64	181	82	105
Franklands Ward	63	0	21	62	50
Harlands Ward	82	30	76	20	55
Heath Ward	77	34	84	0	0
Hurstpierpt & Sayers Common	16	6	55	53	20
Hurstpierpoint	16	0	0	0	0
Sayers Common	0	6	55	53	20
Other	222	330	389	183	57
Albourne	0	0	86	0	0
Ardingly	5	0	0	0	0
Ashurst Wood	0	7	0	6	25
Balcombe	11	5	0	14	0
Bolney	8	27	0	0	0
Cuckfield	0	0	16	0	0
Horsted Keynes	24	0	0	0	0
Lindfield Rural	47	36	38	0	0
Slaugham	76	77	151	117	20
West Hoathly	0	4	10	0	0
Worth	51	174	88	46	12

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	2021/22	2022/23	2023/24	2024/25	2025/26
Worthing Overall	192	151	560	302	284
Castle Ward	0	0	48	0	0
Central Ward	115	67	114	180	180
Durrington Ward	6	7	250	72	50
Gaisford Ward	0	0	7	0	0
Goring Ward	50	50	50	50	54
Heene Ward	16	27	15	0	0
Marine Ward	0	0	35	0	0
Offington Ward	5	0	10	0	0
Salvington Ward	0	0	4	0	0
Selden Ward	0	0	27	0	0
South Downs National Park	106	63	707	164	46
Amberley	4	2	9	0	0
Arundel	3	3	3	3	3
Barlavington	5	0	0	0	0
Bury	0	0	8	0	0
Clapham	6	6	6	6	6
Coldwaltham	0	0	30	0	0
Easebourne	60	30	131	4	0
Fernhurst	2	2	135	74	7
Findon	0	0	33	2	0
Fittleworth	0	0	18	0	0
Funtington	1	0	17	0	0
Graffham	0	0	11	0	0
Harting	0	0	23	0	0
Lavant	0	18	5	0	20
Midhurst	25	2	88	75	10
Petworth	0	0	174	0	0
Stedham with Iping	0	0	16	0	0
Grand Total	3,250	4,276	6,864	4,349	4,318

Data: West Sussex County Council Planning (as of March 2022).

APPENDIX E Locality Maps and Summaries

For each of the seven localities in the West Sussex PNA, maps have been drafted using the Strategic Health Asset Planning and Evaluation application (SHAPE) tool developed by the Public Health England.

In summarising access to pharmaceutical services, this excludes information relating to locally commissioned services (i.e., those commissioned by the CCG or the council) as these services sit outside of services defined as part of the Community Pharmacy Contractual Framework (CPCF).

An assessment has been made in terms of:

Context of the local area, in terms of population size, age, population growth, deprivation and health status.

Location and services: whether people live within 20 minutes' driving time or within a 6 miles radius of at least one provider. The providers can include a dispensing GP and in bordering areas, providers outside of the county are included. A review of the services provided is also included.

Future Needs: Detailed information on projected new build have been collated. Areas within localities where at least 200 new housing units (to October 2025) are noted.

Maps are provided for each locality. Map 1 shows the travel time to locality based pharmacies outside of rush hour, Map 2 within rush hour. These maps have been produced using the Strategic Health Asset Planning and Evaluation (SHAPE) tool. This is a tool developed by Public Health England (now Office for Health Improvement and Disparities) for use in the planning of health services.

13.10 Adur Locality Summary

13.10.1 Context

Adur has a population of 64,000. It has a relatively high population density (1460 people per km²). 24% of the population are aged 65 years or over (compared with 19% in England).

The population is concentrated south of the A27, along the coast. Adur borders Brighton and Hove and residents may travel there to access pharmaceutical services. There are good public transport links to Brighton.

One LSOA in Adur is within the most deprived 20% areas in England.

Life expectancy is good compared with England, 81.3 years for men and 83.7 years for women (3-year pooled data 2018-2020).

13.10.2 Pharmaceutical provision

There are 13 community pharmacies in Adur, 1 distance-selling (internet) pharmacy and 2 appliance contractors. The number of pharmacies has remained the same since the last PNA in 2018.

All residential areas are within 20 minutes (by car) of a community pharmacy (during and outside of rush hour), most are within 15 minutes and all within a 6 miles radius (as shown on maps overleaf).

Adur has relatively good public transport along the coast.

13.10.3 Opening Hours

There are no “100 hour” pharmacies in Adur.

- Weekday – 7 pharmacies are open before 9am and 7 after 6pm, 1 is open after 8pm on a weekday.
- Weekend - 14 of the 13 community pharmacies are open on a Saturday, 6 after 6pm. 3 pharmacies are open on a Sunday.

13.10.4 Services

There is a good coverage of advanced services within Adur:

- All community pharmacies provide the New Medicines Service.
- All community pharmacies provide the Community Pharmacist Consultation Service
- 11 of the 13 community pharmacies provided flu jabs in 2020/21.
- 4 contractors (2 community pharmacies and 2 appliance contractors) provide Stoma Appliance Customisation (SAC), 1 provides the Appliance User Review (AUR) service.

In terms of new services, at the time of drafting the PNA it is too early to assess take up, as of March 2022 one community pharmacy had signed up to the new hypertension finding service

13.10.5 Locally commissioned services

In relation to services commissioned by the West Sussex County Council, NHS West Sussex CCG and Change Grow Live:

- 4 pharmacies provide NHS Health Checks (this is a lower percentage than other areas), 5 smoking cessation (community), 7 provide the Alcohol Identification and Brief Advice Service and 6 provide an Emergency Hormonal Contraception Service.
- 4 pharmacies provide needle exchange and 11 supervised consumption services.

The following CCG services are provided within the area:

- Medication Administration Record (MAR) Chart scheme
- Emergency palliative care

13.10.6 Summary of current provision

Overall, the access is good and the range of services is good.

In terms of locally commissioned services the percentage of pharmacies providing NHS Health Checks is lower than other areas.

13.10.7 Population Growth

In recent years the population has remained stable and was estimated to have fallen slightly between 2019 and 2020. By mid-2025 ONS project a population of 65,400. This represents an increase of 1.9% from mid-2020. It is the smallest projected increase in the county.

In the period of this PNA the area of highest housing growth is projected to be:

Southwick Green Ward < 300 units (estimate)

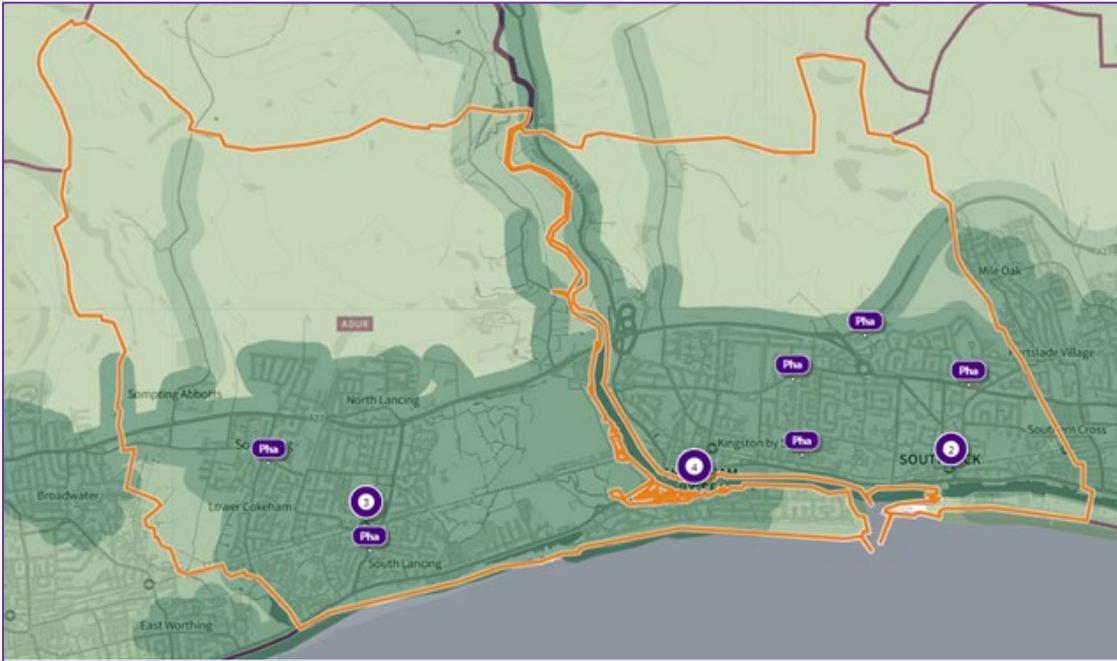
It is anticipated that the current pharmaceutical providers will be sufficient to meet the local needs.

13.10.8 Results from Telephone Survey

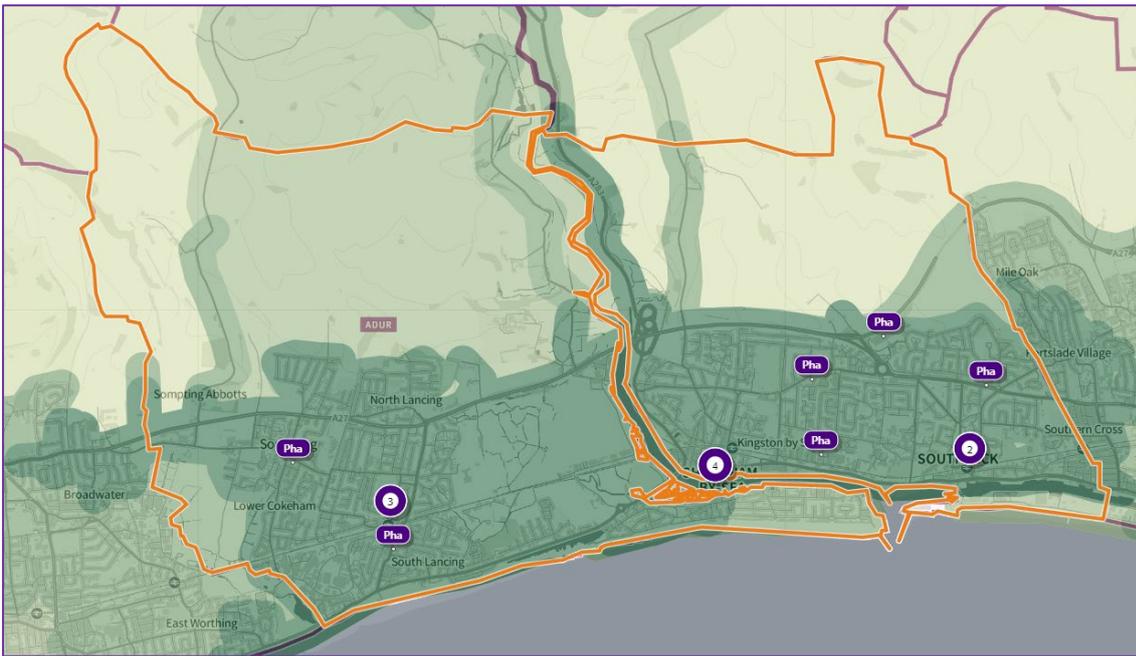
88% of people said it took them less than 20 minutes to travel to their pharmacy. From the public telephone survey Adur had the highest percentage of people who travelled to their pharmacy by public transport (11%).

60% of respondents said they preferred weekday opening times (15% said they preferred opening times after 6pm in the week). Adur had the highest percentage (15%) of respondents of any locality who said they could not find a pharmacy open on a Sunday.

Map 1 Access to Pharmacies in **Adur** (outside of rush hour)



Map 2 Access to Pharmacies in **Adur** (rush hour)



13.11 Arun Locality Summary

13.11.1 Context

Arun has a population of 161,000, the largest of any of the localities. It has a relatively high population density (680 people per km²). The population is concentrated south of the A27, along the coast. Arun borders Worthing, Horsham and Chichester.

Arun has a relatively old age structure, with 29% of the population aged 65 years or over (compared with 19% in England). Life expectancy is good compared with England, 79.6 years for men and 83.7 years for women (3-year pooled data 2018-2020). Ten LSOAs of Arun is within the most deprived 20% areas in England in Littlehampton and Bognor.

13.11.2 Pharmaceutical provision

There are 33 community pharmacies in Arun, there are no distance-selling (internet) pharmacies, and 1 appliance contractor. The number of pharmacies has reduced by one since the last PNA in 2018.

All residential areas are within 20 minutes (by car) of a community pharmacy (during and outside of rush hour), most are within 15 minutes and all within a 6 miles radius (see maps).

13.11.3 Opening Hours

There are 5 “100 hour” pharmacies in Arun.

- Weekday – 15 pharmacies are open before 9am and 13 after 6pm, 5 are open after 8pm on a weekday.
- Weekend - 28 of the 33 community pharmacies are open on a Saturday, 11 after 6pm. 6 pharmacies are open on a Sunday.

13.11.4 Services

There is a good coverage of advanced services within Arun:

- All community pharmacies provide the New Medicines Service.
- 32 of the 33 community pharmacies provide the Community Pharmacist Consultation Service
- 31 of the 33 community pharmacies provided flu jabs in 2020/21,
- 6 contractors provide Stoma Appliance Customisation (SAC), none provide the Appliance User Review (AUR) service.
- In terms of new services, at the time of drafting the PNA it is too early to assess take up, as of March 2022 2 community pharmacies had signed up to the new hypertension finding service.

13.11.5 Locally commissioned services

In relation to services commissioned by the West Sussex County Council, NHS West Sussex CCG and Change Grow Live:

- 17 pharmacies provide NHS Health Checks, 21 smoking cessation (community), 11 an Alcohol Identification and Brief Advice Service and 10 provide an Emergency Hormonal Contraception Service.
- 9 pharmacies provide needle exchange and 26 supervised consumption services.

The following CCG services are provided within the area:

- Medication Administration Record (MAR) Chart scheme.
- Emergency palliative care.

13.11.6 Summary of current provision

Overall, the access and the range of services is good.

13.11.7 Population Growth

By mid-2025 ONS project a population of 169,800. This represents an increase of 5.4% from mid-2020.

In the period of this PNA the areas of highest housing growth are projected to be:

Eastergate – 750 units (estimate).

Pagham – 700 units (estimate).

Bersted (Bognor Regis) – 600 units (estimate).

It is anticipated that the current pharmaceutical providers will be sufficient to meet the local needs. There are existing pharmacies in Eastergate, Pagham and Bersted.

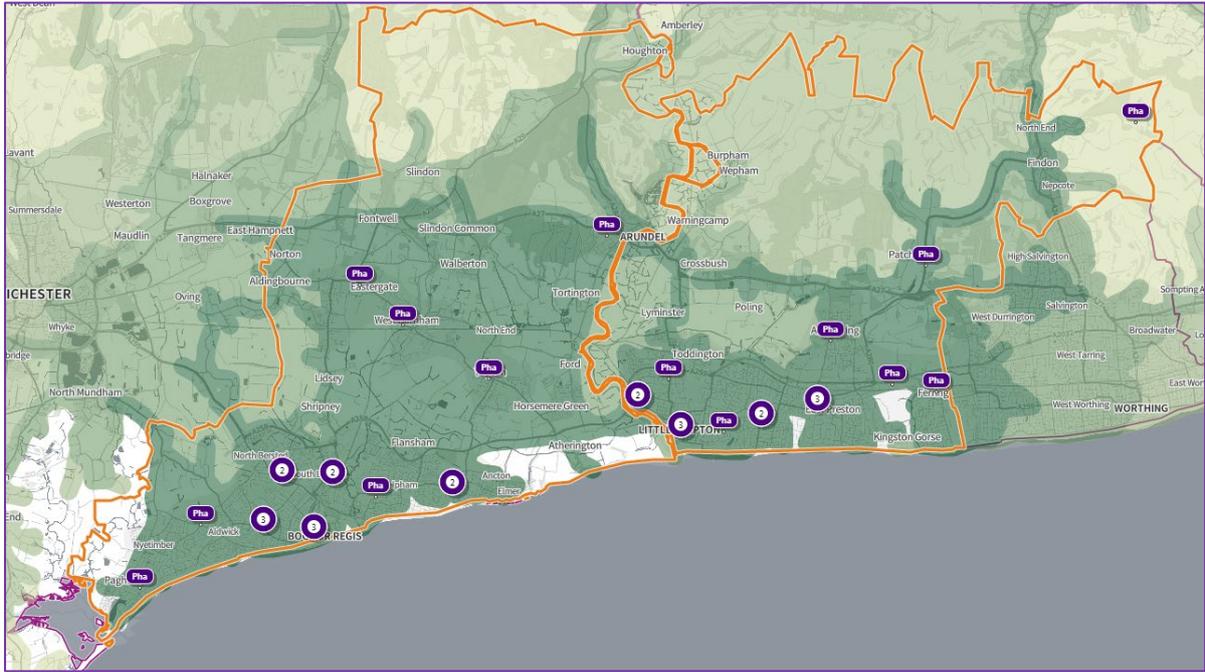
13.11.8 Results from Telephone Survey

74% of respondents said it took them less than 20 minutes to travel to their pharmacy. Arun had the highest percentage of people travelling to the pharmacy by car (67%).

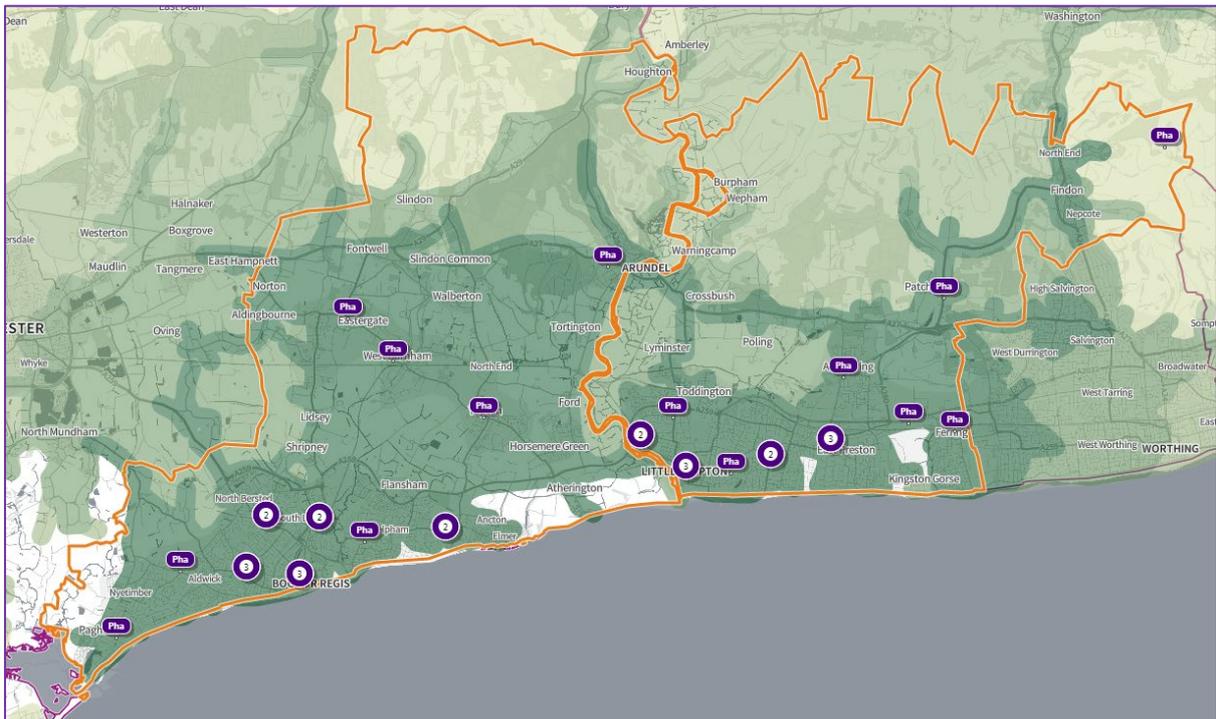
67% of respondents said they preferred weekday opening times.

Arun had the lowest percentage of respondents who said they had problems finding a pharmacy open after 6pm on weekdays (only 2% saying they could never find a pharmacy after 6pm on a weekday) or on Sundays (8% saying they could never find a pharmacy open on Sunday).

Map 1 Access to Pharmacies in Arun (outside of rush hour)



Map 2 Access to Pharmacies in Arun (rush hour)



13.12 Chichester Locality Summary

13.12.1 Context

Chichester District has a population of 121,500. It has areas of high density (in Chichester and bordering Emsworth) and a large rural hinterland to the north of the city. Unlike the rest of West Sussex the coastal area of this locality is relatively sparsely populated.

Chichester borders Arun and Horsham, Hampshire to the west and Surrey to the north.

Chichester has a relatively old population structure, 28% of the population are aged 65 years or over (compared with 19% in England). No LSOAs of Chichester are within the most deprived 20% areas in England. Life expectancy is good compared with England, 80.6 years for men and 84.5 years for women (3-year pooled data 2018-2020).

13.12.2 Pharmaceutical provision

There are 18 community pharmacies in Chichester, 1 distance-selling (internet) pharmacy and no appliance contractors. The number of pharmacies has reduced by one since the last PNA in 2018. There are 6 dispensing GP practices, serving some of the most rural areas of the locality.

All areas are within 20 minutes (by car) of a community pharmacy (during and outside of rush hour), most are within 15 minutes. A small area bordering Hampshire (including the village of South Harting) is outside of a 6 miles radius to pharmacies *within* the county, however it is within 6 miles of 3 pharmacies in Petersfield (Hampshire). Rural areas in the north of Chichester district are also served by pharmacies in Haselmere (Surrey) and Liphook (Hampshire).

13.12.3 Opening Hours

There is 1 “100 hour” pharmacy in Chichester locality (based in East Wittering).

- Weekday – 6 pharmacies are open before 9am and 8 are open after 6pm, 2 are open after 8pm on a weekday.
- Weekend - 16 of the 18 community pharmacies are open on a Saturday, 7 after 6pm. 5 pharmacies are open on a Sunday.

13.12.4 Services

Overall, there is a good coverage of advanced services within Chichester locality:

- All community pharmacies provide the New Medicines Service.
- All provide the Community Pharmacist Consultation Service.
- 17 of the 18 community pharmacies provided flu jabs in 2020/21.
- No contractors based in the locality provide Stoma Appliance Customisation (SAC). no contractors provide the Appliance User Review (AUR).
- In terms of new services, at the time of drafting the PNA it is too early to assess take up, as of March 2022 2 community pharmacies had signed up to the new hypertension finding service.

13.12.5 Locally commissioned services

In relation to services commissioned by the West Sussex County Council, NHS West Sussex CCG and Change Grow Live:

- 6 pharmacies provide NHS Health Checks, 7 smoking cessation (community), 6 an Alcohol Identification and Brief Advice Service and 6 provide an Emergency Hormonal Contraception Service.
- 7 pharmacies provide needle exchange and 12 supervised consumption services.

The following CCG services are provided within the area:

- Medication Administration Record (MAR) Chart scheme.
- Emergency palliative care.

13.12.6 Summary of current provision

Overall, the access and the range of services is good.

Although no contractors based in the locality provide Stoma Appliance Customisation (SAC) and no contractors provide the Appliance User Review (AUR) within the locality, both are services at a local and national level that are more likely to be provided by appliance contractors.

13.12.7 Population Growth

By mid-2025 ONS project a population of 126,700. This represents an increase of 4.2% from mid-2020.

In the period of this PNA the areas of highest housing growth are projected to be:

Chichester city (West Ward) – 670 units (estimate).

Tangmere – 400 units (estimate).

It is anticipated that the current pharmaceutical providers will be sufficient to meet the local needs. There are existing pharmacies in Chichester. Tangmere has a dispensing GP practice, this practice is able to dispense to patients who live more than 1 mile (1.6km) from a pharmacy.

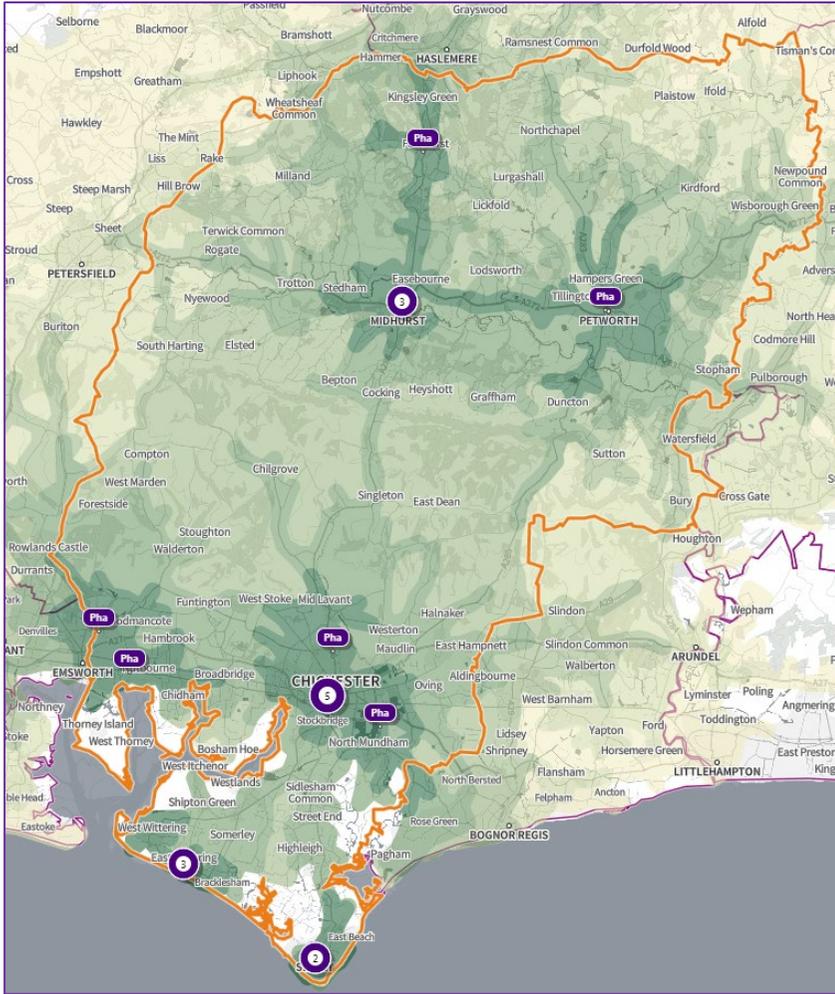
13.12.8 Results from Telephone Survey

75% of people said it took them less than 20 minutes to travel to their pharmacy. 60% of people travelled by car

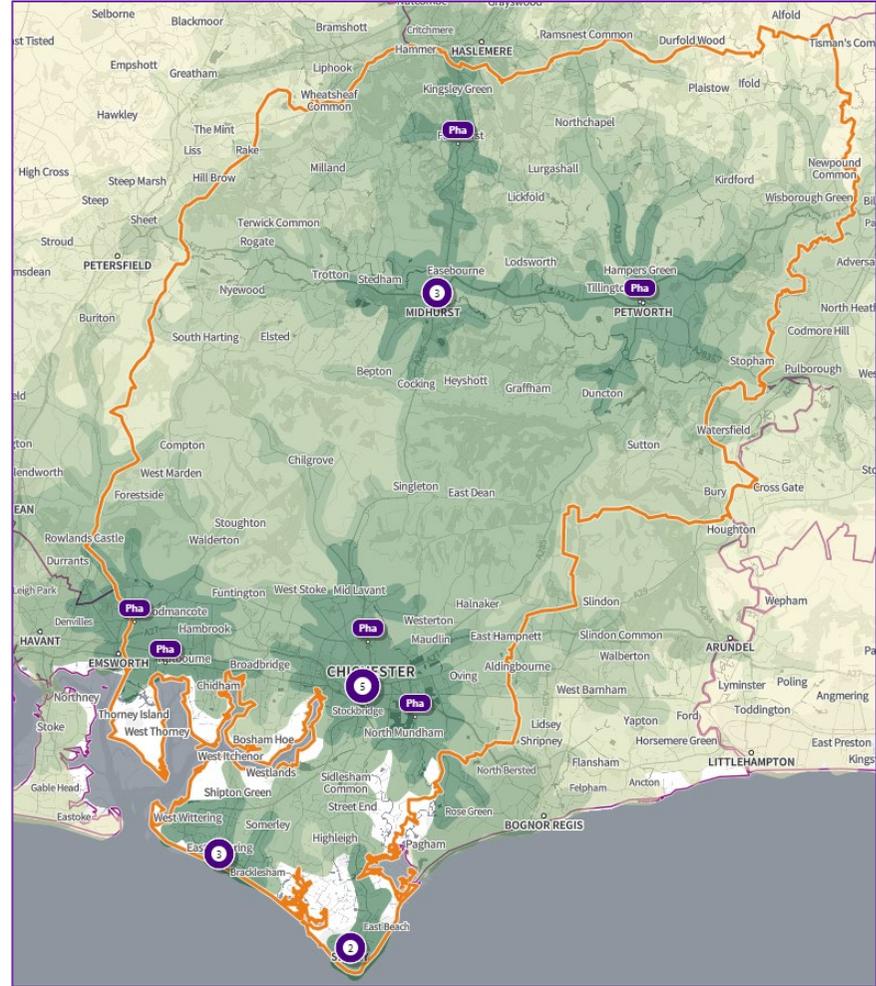
65% of respondents said they preferred weekday opening times

Chichester has the highest percentage of people who said they had problems finding a pharmacy open after 6pm on weekdays (7% saying they could never find a pharmacy after 6pm on a weekday) or on Sundays (14% saying they could never find a pharmacy open on Sunday).

Map 1 Access to Pharmacies in Chichester (outside of rush hour)



Map 2 Access to Pharmacies in Chichester (rush hour)



13.13 Crawley Locality Summary

13.13.1 Context

Crawley has a population of 121,000. It has a high population density (2370 people per km²). The population is concentrated fairly evenly throughout as Crawley is only 44km².

Crawley borders Mid Sussex and Horsham and Surrey to the north

It has a relatively young population, 14% of the population are aged 65 years or over (compared with 19% in England). A relatively high percentage of the local population are from minority ethnic backgrounds, 28% of the population belonging to ethnic minority groups, compared with 6% and 20% in West Sussex and England respectively

Two LSOAs in Crawley are within the most deprived 20% areas in England. Life expectancy is good compared with England, 79.9 years for men and 83.8 years for women (3-year pooled data 2018-2020).

13.13.2 Pharmaceutical provision

There are 21 community pharmacies in Crawley, 1 distance-selling (internet) pharmacy and 1 appliance contractor. The number of pharmacies has reduced by one since the last PNA in 2018.

All residential areas are within 20 minutes (by car) of a community pharmacy (during and outside of rush hour), most are within 15 minutes and all within a 6 miles radius.

13.13.3 Opening Hours

There are 4 “100 hour” pharmacies in Crawley including one based in Gatwick airport.

- Weekday – 7 pharmacies are open before 9am and 7 after 6pm, 4 are open after 8pm on a weekday.
- Weekend - 21 of the 21 community pharmacies are open on a Saturday, 7 after 6pm. 5 pharmacies are open on a Sunday

13.13.4 Services

There is a good coverage of advanced services within Crawley:

- All community pharmacies provide the New Medicines Service.
- All provide the Community Pharmacist Consultation Service.
- All provided flu jabs in 2020/21.
- 2 contractors provide Stoma Appliance Customisation (SAC), 1 provides the Appliance User Review (AUR) service.
- In terms of new services, at the time of drafting the PNA it is too early to assess take up, as of March 2022 3 community pharmacies had signed up to the new hypertension finding service.

13.13.5 Locally commissioned services

In relation to services commissioned by the West Sussex County Council, NHS West Sussex CCG and Change Grow Live:

- 12 pharmacies provide NHS Health Checks, 15 smoking cessation (community), 11 an Alcohol Identification and Brief Advice Service and 11 provide an Emergency Hormonal Contraception Service.
- 11 pharmacies provide needle exchange and 15 supervised consumption services.

The following CCG services are provided within the area:

- Emergency palliative care.
- H-pylori breath testing.

13.13.6 Summary of current provision

Overall, the access and the range of services is good.

13.13.7 Population Growth

By mid-2025 ONS project a population of 115,400. This represents an increase of 2.5% from mid-2020.

In the period of this PNA the areas of highest housing growth are projected to be:

Southgate – 260 units (estimate).

Northgate – 220 units (estimate).

It is anticipated that the current pharmaceutical providers will be sufficient to meet the local needs. There are existing pharmacies in Crawley and these areas are close to the town centre.

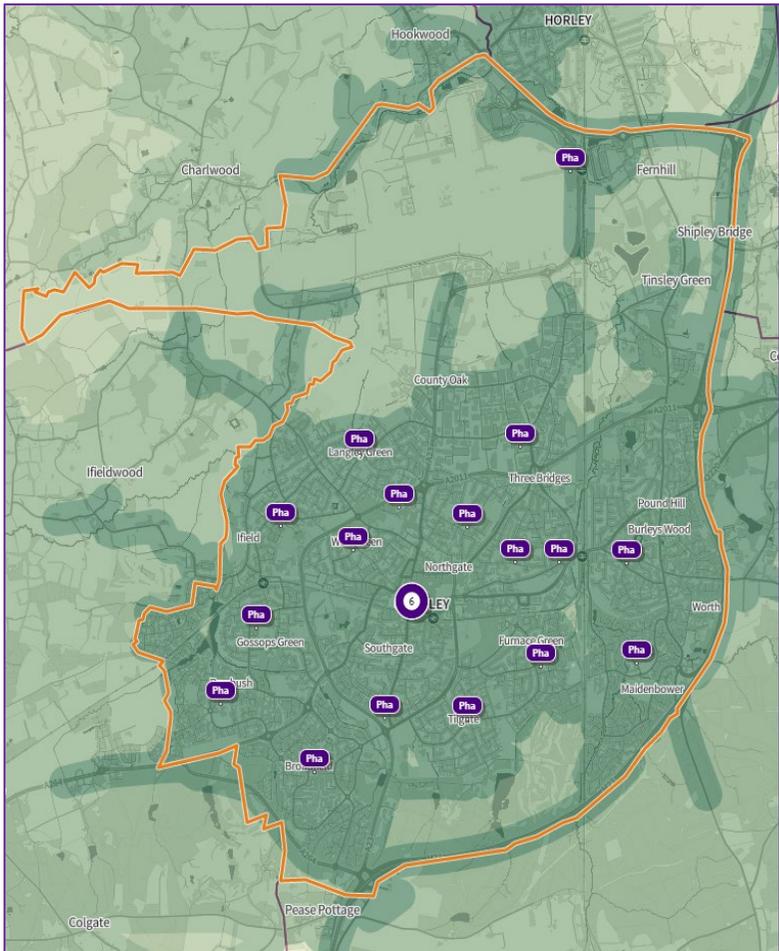
13.13.8 Results from Telephone Survey

Crawley has the second highest (after Horsham) of people who said they walked to pharmacist (31%). 74% of respondents said that it took less than 20 minutes to travel to their pharmacy.

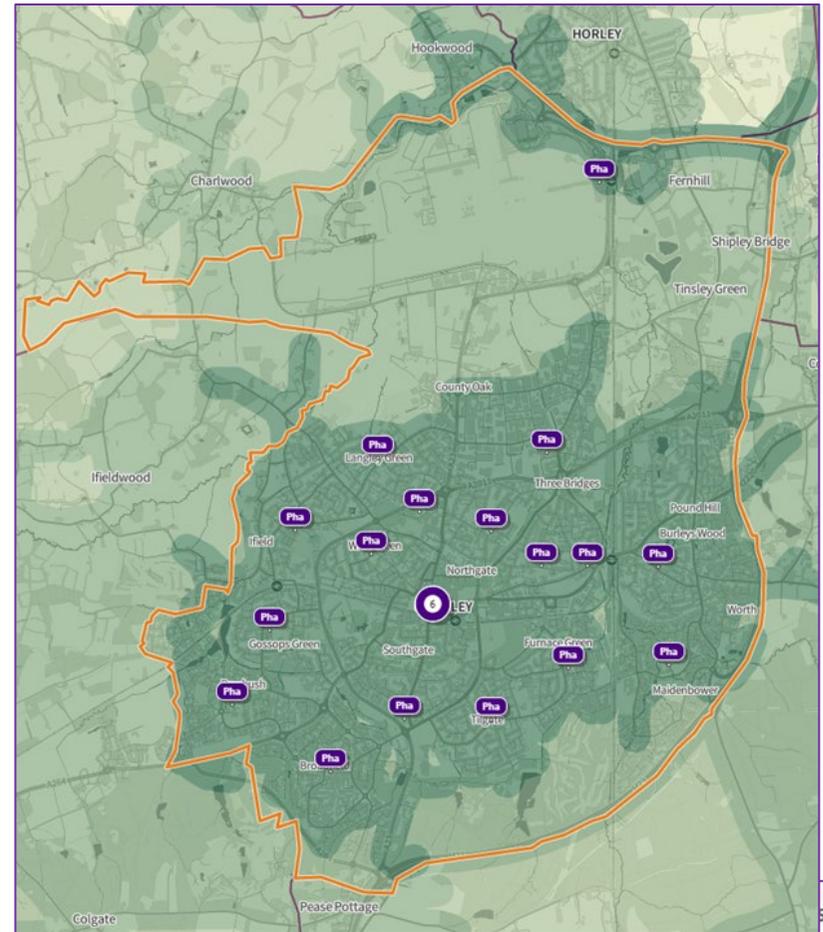
64% of respondents said they preferred weekday opening times.

Crawley had the highest percentage of respondents who said they obtained their prescription medication by delivery (29%).

Map 1 Access to Pharmacies in **Crawley** (outside of rush hour)



Map 2 Access to Pharmacies in **Crawley** (rush hour)



13.14 Horsham Locality Summary

13.14.1 Context

Horsham has a population of 145,000. It has a relatively low population density (250 people per km²). The population is concentrated around the town of Horsham and sizeable towns in Billingshurst, Storrington and Steyning.

Horsham borders almost all the other Local Authorities in West Sussex.

23% of the population are aged 65 years or over (compared with 19% in England).

No LSOAs of Horsham are within the most deprived 20% areas in England. Life expectancy is good compared with England, 82.2 years for men and 85.1 years for women (3-year pooled data 2018-2020).

13.14.2 Pharmaceutical provision

There are 20 community pharmacies in Horsham, no distance-selling (internet) pharmacies and no appliance contractors. The number of pharmacies has remained the same since the last PNA in 2018. There are 4 dispensing GP practices, serving some of the rural areas of the locality.

All residential areas are within 20 minutes (by car) of a community pharmacy (during and outside of rush hour), most are within 15 minutes and all within a 6 miles radius.

13.14.3 Opening Hours

There are no “100 hour” pharmacies in Horsham.

Weekday – 11 pharmacies are open before 9am and 9 after 6pm, 2 are open after 8pm on a weekday.

Weekend - all community pharmacies are open on a Saturday, 9 after 6pm. 3 pharmacies are open on a Sunday.

13.14.4 Services

Overall, there is a good coverage of advanced services within Horsham locality:

- All community pharmacies provide the New Medicines Service.
- All community pharmacies provide the Community Pharmacist Consultation Service
- 18 of the 20 community pharmacies provided flu jabs in 2020/21,
- contractor provides Stoma Appliance Customisation (SAC), none provide the Appliance User Review (AUR) service.
- In terms of new services, at the time of drafting the PNA it is too early to assess take up, as of March 2022 3 community pharmacies had signed up to the new hypertension finding service.

13.14.5 Locally commissioned services

In relation to services commissioned by the West Sussex County Council, NHS West Sussex CCG and Change Grow Live:

- 7 pharmacies provide NHS Health Checks, 10 smoking cessation (community), 5 an Alcohol Identification and Brief Advice Service and 6 provide an Emergency Hormonal Contraception Service.
- 6 pharmacies provide needle exchange and 13 supervised consumption services.

The following CCG services are provided within the area:

- Emergency palliative care.
- Gluten free food scheme.

13.14.6 Summary of current provision

Overall, the access and the range of services is good.

The percentage of pharmacies providing emergency hormonal contraception is the joint lowest of all localities (30%), but the provision is well spread across the locality.

13.14.7 Population Growth

By mid-2025 ONS project a population of 153,700. This represents an increase of 5.6% from mid-2020. It is the largest projected increase in the county.

In the period of this PNA the areas of highest housing growth are projected to be:

- North Horsham (Rusper area) – 612 units (estimate).
- Southwater – 455 units (estimate).
- Colgate – 455 units (estimate).

It is anticipated that the current pharmaceutical providers will be sufficient to meet the local needs in the lifetime of this PNA. Southwater has an existing pharmacy. Developments to the north and east of Horsham (Rusper and Colgate) are between Horsham and Crawley and well within 20 minutes and 6 miles of existing providers. These areas should be monitored for future needs.

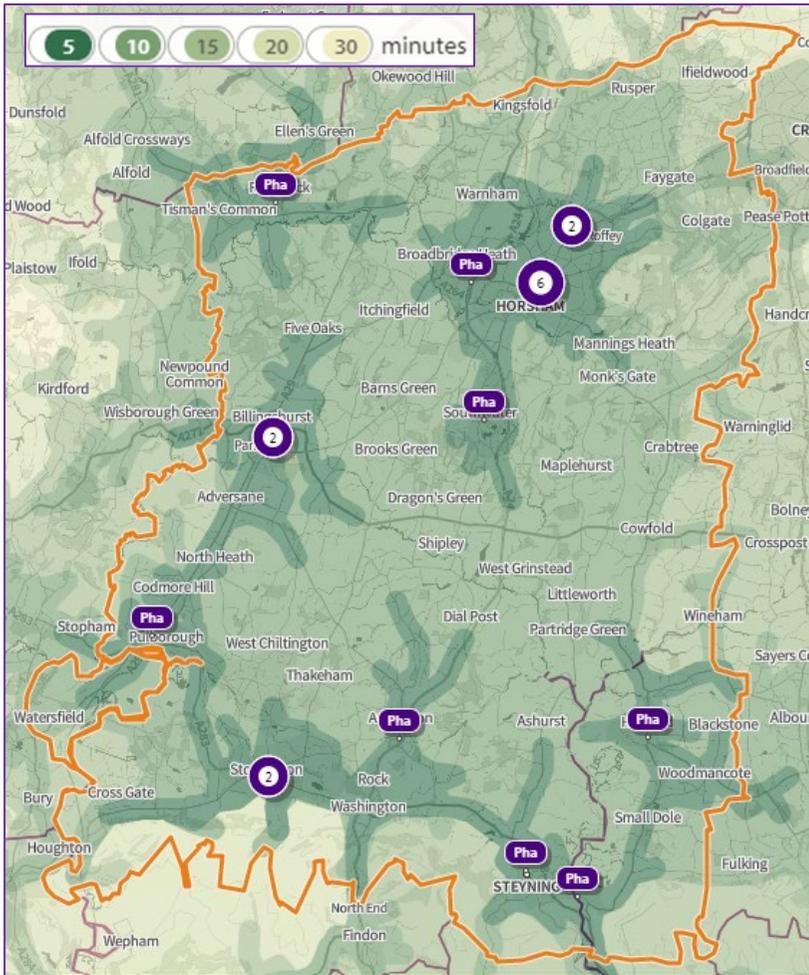
13.14.8 Results from Telephone Survey

78% of people said it took them less than 20 minutes to travel to their pharmacy.

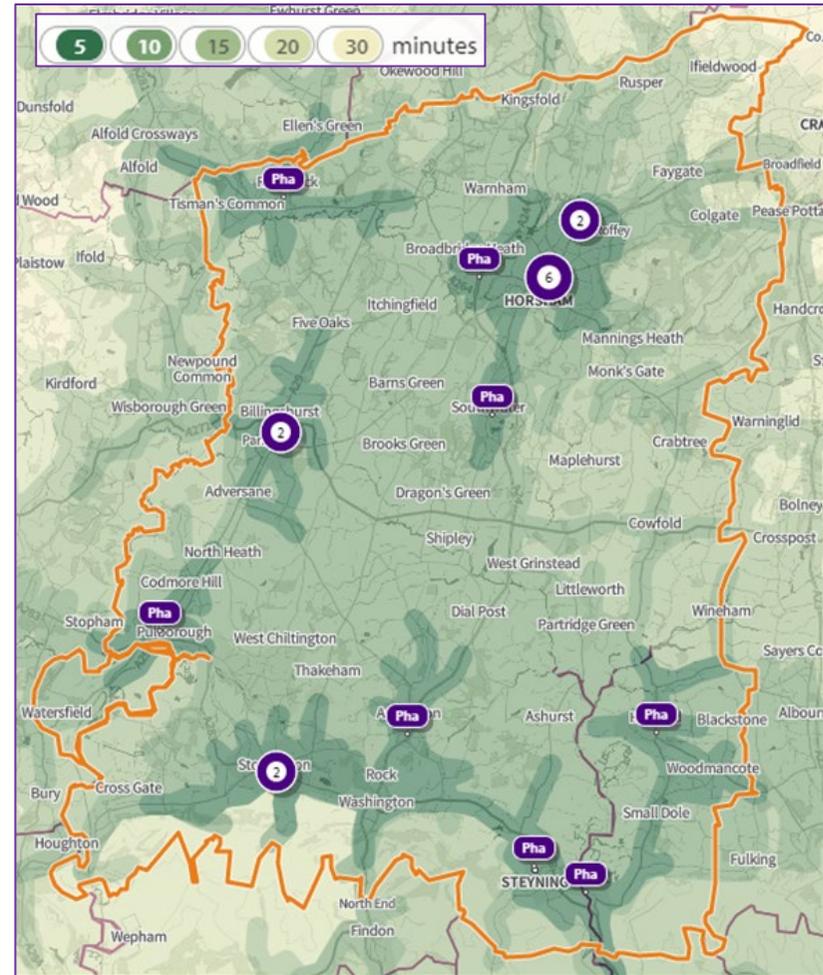
Respondents in Horsham were the most likely to walk to their pharmacy (35%) and least likely to use a car (52%)

66% of respondents said they preferred weekday opening times.

Map 1 Access to Pharmacies in **Horsham** (outside of rush hour)



Map 2 Access to Pharmacies in **Horsham** (rush hour)



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13.15 Mid Sussex Locality Summary

13.15.1 Context

Mid Sussex has a population of 152,000. It has a relatively low population density (420 people per km²). The population is concentrated amongst commuter towns with routes into London (Haywards Heath and Burgess Hill and East Grinstead). Mid Sussex borders Horsham and Crawley, Surrey to the north, Brighton and Hove to the south, East Sussex to the east.

21% of the population are aged 65 years or over (compared with 19% in England).

No LSOAs of Mid Sussex are within the most deprived 20% areas in England. Life expectancy is good compared with England, 81.7 years for men and 84.8 years for women (3-year pooled data 2018-2020).

13.15.2 Pharmaceutical provision

There are 27 community pharmacies in Mid Sussex, no distance-selling (internet) pharmacies and no appliance contractors. The number of pharmacies has reduced by two since the last PNA in 2018. There are two dispensing GP practices.

All residential areas are within 20 minutes (by car) of a community pharmacy (during and outside of rush hour), most are within 15 minutes and all within a 6 miles radius.

13.15.3 Opening Hours

There are 2 “100 hour” pharmacies in Mid Sussex.

- Weekday – 10 pharmacies are open before 9am and 9 after 6pm, 3 are open after 8pm on a weekday.
- Weekend - 24 of the 27 community pharmacies are open on a Saturday, 7 after 6pm. 7 pharmacies are open on a Sunday.

13.15.4 Services

Overall, there is a good coverage of advanced services within Mid Sussex locality:

- All community pharmacies provide the New Medicines Service.
- 26 of the 27 community pharmacies provide the Community Pharmacist Consultation Service.
- 20 of the 27 community pharmacies provided flu jabs in 2020/21,
- 1 contractor provides Stoma Appliance Customisation (SAC), none provide the Appliance User Review (AUR) service.

In terms of new services, at the time of drafting the PNA it is too early to assess take up, as of March 2022 5 community pharmacies had signed up to the new hypertension finding service.

13.15.5 Locally commissioned services

In relation to services commissioned by the West Sussex County Council, NHS West Sussex CCG and Change Grow Live:

- 9 pharmacies provide NHS Health Checks, 11 smoking cessation (community), 7 an Alcohol Identification and Brief Advice Service and 9 provide an Emergency Hormonal Contraception Service.
- 4 pharmacies provide needle exchange and 20 supervised consumption services.

The following CCG services are provided within the area:

- Emergency palliative care
- Gluten free food scheme.

13.15.6 Summary of current provision

Overall, the access and the range of services is good.

Although a comparatively low percentage of pharmacies in Mid Sussex provide a needle exchange scheme (15% of providers in Mid Sussex compared with 33% across West Sussex overall) services are well spread across the major towns in the locality.

13.15.7 Population Growth

By mid-2025 ONS project a population of 157,200. This represents an increase of 3.4% from mid-2020.

In the period of this PNA the areas of highest housing growth are projected to be:

Cuckfield Rural South – 716 units (estimated scale).

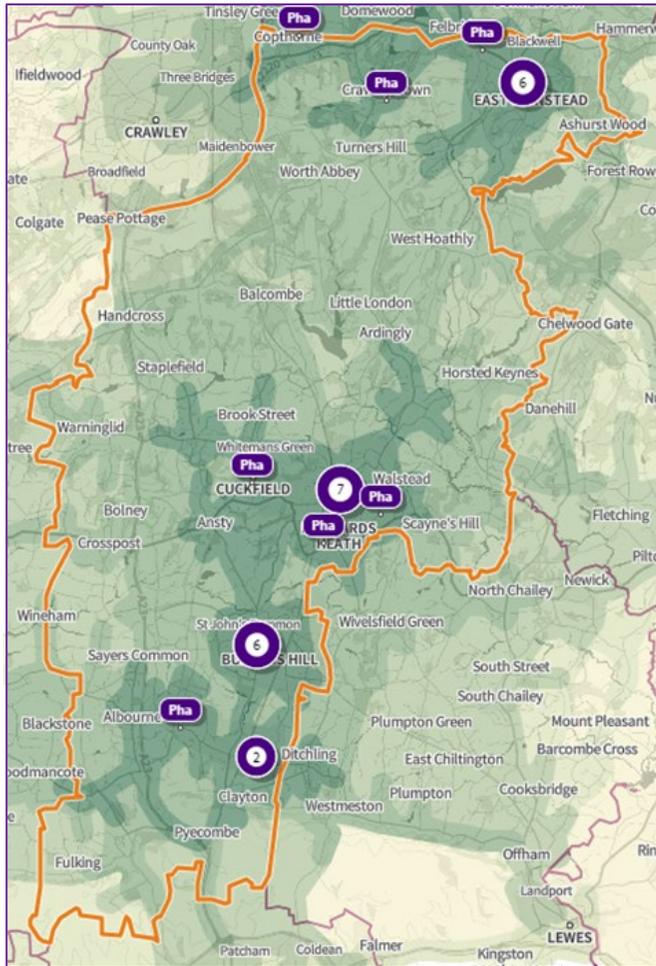
It is anticipated that the current pharmaceutical providers will be sufficient to meet the local needs in the lifetime of this PNA. There is an existing pharmacy in Cuckfield.

13.15.8 Results from Telephone Survey

79% of people said it took them less than 20 minutes to travel to their pharmacy, this was the second highest in West Sussex.

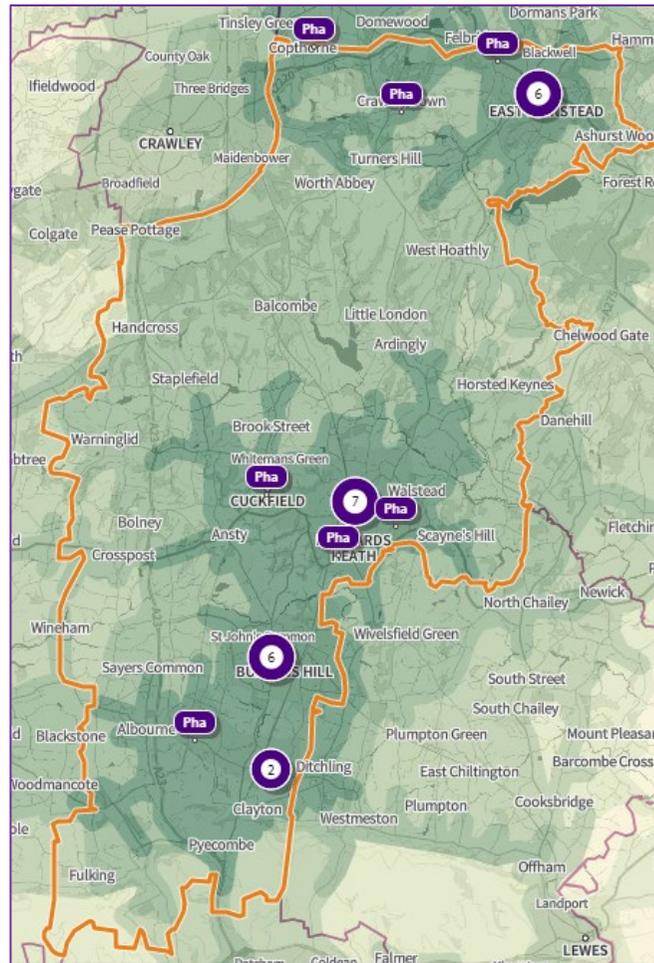
63% of respondents said they preferred weekday opening times. 1 in 10 preferred Saturdays (highest of the localities). Mid Sussex respondents reported the best access to pharmacies in terms of opening hours, with low percentage of people having a problem finding pharmacies after 6pm on weekdays or on Sundays.

Map 1 Access to Pharmacies in Mid Sussex (outside of rush hour)



5 10 15 20 30 minutes

Map 2 Access to Pharmacies in Mid Sussex (rush hour)



5 10 15 20 30 minutes

13.16 Worthing Locality Summary

13.16.1 Context

Worthing has a population of 110,700. It has a high population density (3220 people per km²). The population is concentrated in the town of Worthing and along the coast. Worthing borders Adur and Arun.

23% of the population are aged 65 years or over (compared with 19% in England).

Five LSOAs of Worthing are within the most deprived 20% areas in England. Life expectancy is good compared with England, 79.6 years for men and 83.0 years for women (3-year pooled data 2018-2020).

13.16.2 Pharmaceutical provision

There are 21 community pharmacies in Worthing, no distance-selling (internet) pharmacy and 1 appliance contractor.

All residential areas are within 20 minutes (by car) of a community pharmacy (during and outside of rush hour), most are within 15 minutes and all within a 6 miles radius.

13.16.3 Opening Hours

There is 1 “100 hour” pharmacy in Worthing.

- Weekday – 7 pharmacies are open before 9am and 7 after 6pm, 1 is open after 8pm on a weekday.
- Weekend - 18 of the 21 community pharmacies are open on a Saturday, 7 after 6pm. 4 pharmacies are open on a Sunday.

13.16.4 Services

Overall, there is a good coverage of advanced services within Worthing locality:

- All community pharmacies provide the New Medicines Service.
- All community pharmacies provide the Community Pharmacist Consultation Service
- 19 of the 21 community pharmacies provided flu jabs in 2020/21.
- 3 contractors provide Stoma Appliance Customisation (SAC), none provide the Appliance User Review (AUR) service.
- In terms of new services, at the time of drafting the PNA it is too early to assess take up, as of March 2022 1 community pharmacy had signed up to the new hypertension finding service.

13.16.5 Locally commissioned services

In relation to services commissioned by the West Sussex County Council, NHS West Sussex CCG and Change Grow Live:

- 9 pharmacies provide NHS Health Checks, 11 smoking cessation (community), 9 an Alcohol Identification and Brief Advice Service and 9 provide an Emergency Hormonal Contraception Service.
- 9 pharmacies provide needle exchange and 15 supervised consumption services.

The following CCG services are provided within the area:

- Medication Administration Record (MAR) Chart scheme.
- Emergency palliative care.

13.16.6 Summary of current provision

Overall, the access and the range of services is good.

13.16.7 Population Growth

By mid-2025 ONS project a population of 114,200. This represents an increase of 3.2% from mid-2020

In the period of this PNA the areas of highest housing growth are projected to be:

Central ward (Worthing) – 417 units (estimate).

It is anticipated that the current pharmaceutical providers will be sufficient to meet the local needs in the lifetime of this PNA. There are existing pharmacies in Worthing.

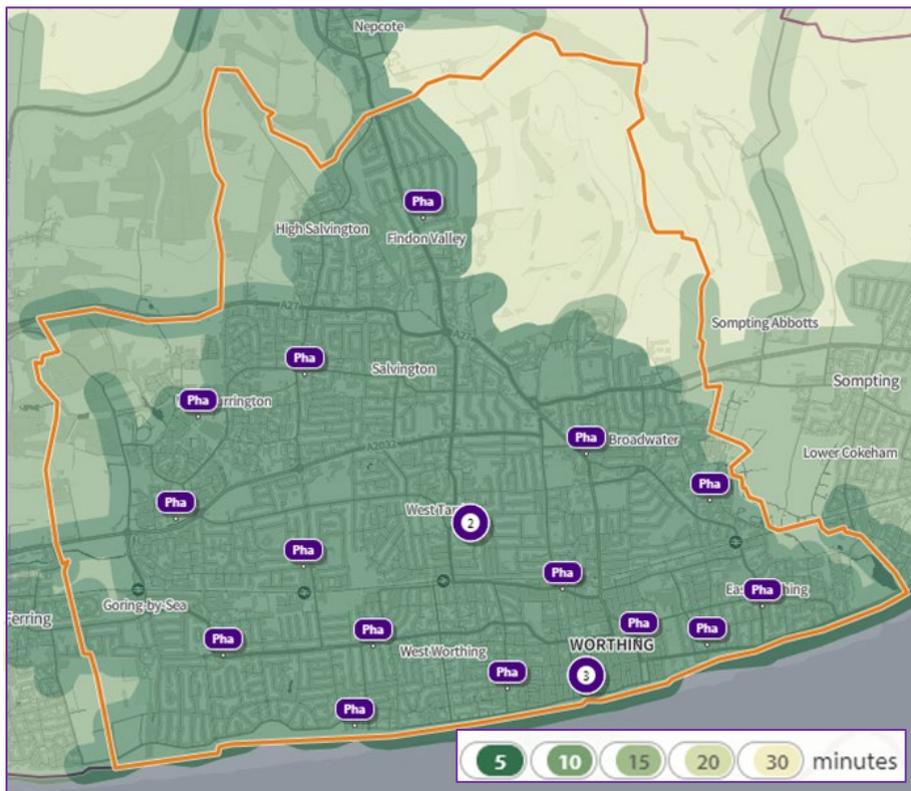
13.16.8 Results from Telephone Survey

71% of people said it took them less than 20 minutes to travel to their pharmacy, this was the lowest in West Sussex.

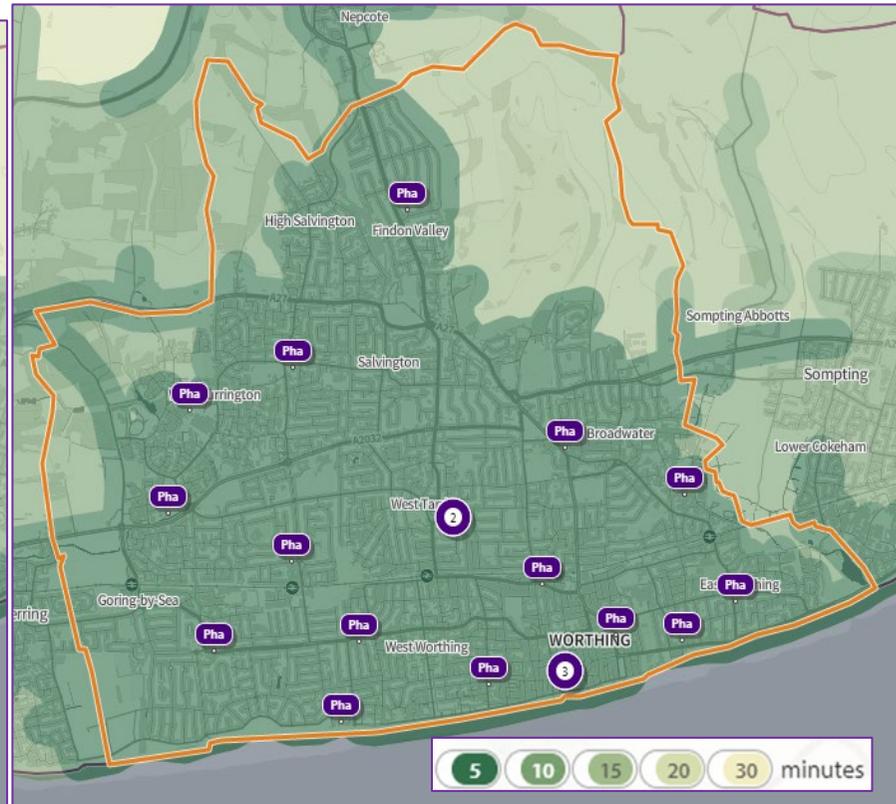
64% of respondents said they preferred weekday opening times. 18% said they preferred weekend access, this was the highest in West Sussex, a relatively small percentage of people reported a problem accessing services at the weekend.

DRAFT FOR CONSULTATION

Map 1 Access to Pharmacies in **Worthing** (outside of rush hour)



Map 2 Access to Pharmacies in **Worthing** (rush hour)



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APPENDIX F Public Engagement Telephone Survey Questions

This appendix details the questions asked in a telephone survey of residents.

The sampling criteria used were age, sex, locality and working status.

The following questions were then asked

- Q1. How often have you used a pharmacy, or a dispensing GP or an appliance contractor, for a health reason in the last twelve months?
- Q2. What have you used them for?
- Q3. Just thinking of prescription medicines, are you most likely to get your prescription medicine from
- Q4. How do you receive your prescription medicines?
- Q5. Just a few questions now on accessing pharmacy services at different times. At which of the following times do you PREFER to use pharmacy services?
- Q6. In the last 12 months have you needed to use pharmacy services at any of the following times? (list of days of the week and times listed)
- Q7. Overall, thinking of times that services are open, can you find a pharmacy open when you need it?
- Q8. If you could not access a pharmacy or dispensing doctor in the last year, what did you do?
- Q9. If you go to a pharmacy or dispensing GP, how do you usually travel there?
- Q10. On average how long does it take to get there?
- Q11. Do you agree or disagree with the following statements
- I prefer to see my regular pharmacist rather than someone I don't know
 - If I want to, I can speak to my pharmacist without being overheard (e.g., there is a private consultation area or room)
 - My pharmacist gives me clear advice on my medicines and how they should be taken
 - Overall, my pharmacist provides a good service

We know that different people may need different services or may need additional support to access pharmaceutical services, the following questions were then asked.

- Q12. How is your health in general?
- Q13. Do you have any physical or mental health conditions lasting, or expected to last, 12 months or more?
- Q14. (If yes to 13) Does your condition or illness or do any of your conditions or illnesses reduce your ability to carry out day to day activities?

- Q15 If you have additional needs because of your disability or condition, such as requiring wheelchair access or large print, does your pharmacy meet these needs?
- Q16 Carer Status - Do you look after, or give any help or support, to anyone because they have any long-term physical or mental health conditions or illnesses, or problems related to old age?
- Q17 If English is not your first language, do you have any needs relating to communication?
(If yes to Q17) Does your pharmacy meet those needs?
- Q18 In the last twelve months have you looked after a relative or friend living in West Sussex, who is, or was, terminally ill and required specialist medicines?
(if yes) Would you be able to tell us about your experience of accessing specialist medicines to help manage their illness?
- Q19 Final question to all - do you have any suggestions for how your local pharmacy could improve the way they meet your health needs and support you?

Further Characteristics were collected on

Ethnic Background

Gender identity

Marital Status

Maternity

Religion

Sexual Orientation

APPENDIX G Contractor and Dispensing GP Surveys

Contractor Questionnaire.

The following questions were asked of pharmacy contractors:

- Contractor code (ODS Code).
- Name of contractor (i.e., name of individual, partnership or company owning the pharmacy business).
- Trading name.
- Address of contractor pharmacy you are completing the questionnaire on behalf of.
- Opening Hours and Advanced Services - NHS England and NHS Improvement (NHS E & I South East) provided the details of core and total hours for pharmacies and dispensing appliance contractors in West Sussex. Contractors were provided with the information and asked to verify if they were correct and if not detail the differences.

The following questions were asked about the premises:

- Is the access to the premises sufficiently flat and wide to allow full wheelchair use of the premises and consultation area, or has an adjustment in place (such as a moveable ramp)?
- Is there a hearing loop installed for hearing aid users?
- Do the premises comply with the 2010 Equality Act?

The following questions were asked about support mechanisms:

- Are you currently providing, or able to provide, the following medicines use support mechanisms?
- Labelling of medicines in a legible way for people with impaired vision e.g., large print, Braille etc.
- Removing solid dosage forms from blister strips (subject to stability of the product) and repackaging in a tablet container.
- Reminder charts/ Medicines administration records (MAR Charts).
- Support medication supplied in a multi compartment compliance aid ("dosette box").

A few final questions were asked:

- Does the pharmacy dispense appliances?
- Is there a particular need for a locally commissioned service in your area? If so, what is the service requirement and why?
- Are there any services you would like to provide that are not currently commissioned in your area?

Finally, the report on pharmaceutical needs for West Sussex is covering a 3-year period (from 2022 to 2025). Are there any comments you wish to make about the current need for and/or provision of pharmaceutical services in your area, and whether you see this changing over the coming three years?

Dispensing GP Practice Questionnaire

Dispensing GPs were asked the following questions:

- The dispensing practice code.
- Practice Name.
- Address.
- Name of person completing the survey.
- Position / Job Title.
- Contact email.
- Opening Hours - Dispensing hours.

Equality – there were a few questions aligned to the Equality Act 2010:

- Is the access to the premises sufficiently flat and wide to allow full wheelchair use of the premises and consultation area, or has an adjustment in place (such as a moveable ramp)?
- Is there a hearing loop installed for hearing aid users?
- Does the premises comply with the 2010 Equality Act?

There were a few questions on support mechanisms:

- Are you currently providing, or able to provide, the following medicines use support mechanisms?
- Labelling of medicines in a legible way for people with impaired vision e.g., large print, Braille etc.
- Removing solid dosage forms from blister strips (subject to stability of the product) and repackaging in a tablet container.
- Reminder charts/ Medicines administration records (MAR Charts).
- Support medication supplied in a multi compartment compliance aid (“dosette box”).

And then some final questions:

- Does the pharmacy dispense appliances?
- Non-commissioned services - Does the practice provide any of the following?
- Delivery of dispensed medicines – Free of charge on request.
- Delivery of dispensed medicines – With charge.
- Finally, the report on pharmaceutical needs for West Sussex is covering a 3-year period (2022 to 2025). Are there any comments you wish to make about the current need for and/or provision of pharmaceutical services in your area, and whether you see this changing over the coming three years?

This appendix outlines national evidence and research into the health needs and issues of specific groups, focussing on those with Equality Act 2010 Protected Characteristics. In addition to outlining differences in health needs, any specific research on the impact for pharmaceutical services have been noted. This has been used to inform the PNA process.

Protected Characteristics

1 Age

1.1 Life expectancy

Adults aged 65 years and older currently represent 23% of the West Sussex population, a proportion which is projected to rise by 12.4% by 2026. While life expectancy at age 65 is 21.7 years for women and 19.1 years for men, healthy life expectancy at this age is only 11.6 years for women and 10.8 years for men, suggesting a significant period of ill-health or disability may be experienced later in life.

Note: Causes of mortality by age are discussed under the Sex heading.

1.2 Long-term health conditions, multimorbidity and palliative care

- Ageing populations and longer life expectancy have resulted in an increase in long-term health conditions, with ageing known to be amongst the most important, and unmodifiable, risk factors for most chronic diseases, including arthritis, heart disease, cancer, diabetes, COPD, asthma, and dementia.
- The prevalence of multimorbidity increases with age; a 2012 study of multi-morbidity in Scotland found at least one morbidity in half the population by age 50, rising to around 80% of the population by age 65 and around 55% with two morbidities. However, this same study found a greater absolute number of people aged under 65 years with multimorbidity, signalling the existing burden on healthcare that is only set to increase as these people age.
- The likelihood of falls increases with age and may lead to physical injury, loss of confidence and independence and social isolation. Around a third of people aged 65 years and over will experience at least one fall a year, increasing to 50% of those aged 80 years and over.
- As the prevalence of chronic (and multiple) illness increases with the ageing population, the need for palliative care is likely to increase; based on 2014 estimates of existing palliative care need, one study projected between a 25% and 42% rise in the number of people needing palliative care by 2040.

1.3 Dementia

The risk of dementia rises significantly with age, although some people will develop early onset dementia, before age 65. In West Sussex, 16,650 people were estimated to have dementia in 2020 (500 of whom were under 65) and this figure is expected to rise to more than 22,000 people by 2030. Nearly half of these people are expected to experience 'moderate' or 'severe' dementia and may require more support and long-term care.

Around 70% of people with dementia are also expected to have a comorbidity, such as high blood pressure, heart disease, diabetes and depression; the ability to manage these other conditions may be affected by the severity of their dementia, which may itself lead to poorer health outcomes, such as emergency admissions to hospital and accelerated disease progression.

1.4 Mental health

In West Sussex, the prevalence of common mental health disorders is generally lower in people aged 65 and over (9.3%) compared to the overall population (14.4%); indeed, the increasing prevalence of poor mental health in young people is a nationally recognised problem and discussed elsewhere in this chapter.

In older people, however, depression (the most common mental health disorder in older people) and other mental health conditions may be underdiagnosed and undertreated. This may be due to barriers to older people accessing support, including:

- lack of recognition/awareness of symptoms of mental health problems,
- perceptions of poor mental health as an inevitable part of ageing,
- concerns around being a 'burden', and test,
- perceptions of stigma around mental health.

The prevalence of mental health problems is not uniform across the older adult population; 40% of care home residents are affected by depression, 30% of older carers may have depression, and the likelihood of depression is four times higher in older people who have been bereaved than those who have not.

1.5 Social isolation and loneliness

Social isolation and loneliness are risk factors for poorer mental and physical health, with older people being particularly vulnerable to these (nearly half of all people over 75 years live alone). Loneliness, anxiety and stress may result from social isolation, whilst social engagement may protect against cognitive decline and dementia and can promote other healthy behaviours, including physical activity and healthy eating.

1.6 Digital inclusion

The increasing digitisation of services may adversely affect the ability of older people to access services, owing to not having access to digital devices and poor digital literacy. Non-English language speakers may also struggle with information or applications on digital platforms not being made available in other languages.

1.7 Older people (aged 65+) living in residential care

Currently within West Sussex, an estimated 8,000 older people live in a care home. It is anticipated that this will increase to around 12,500 over the next 20 years.

Many people living in care homes will have complex needs, including severe frailty, higher fall rates than in older people living in their own homes and dementia (around 70% of people living in care home have dementia). Some services provided by pharmacies are targeted to improve the health outcomes of specific age groups.

These include:

- influenza vaccinations for younger and older age groups (children aged 2-3 years, school-aged children from Reception up to Year 11, and those who are aged 50 years old,) and more vulnerable groups (such as those with certain health conditions, who live with an immunocompromised person, are in long-stay residential care, receive a carer's allowance/are the main carer for an older or disabled person, are a frontline health or social care worker, or are pregnant).
- NHS Health Checks, for people aged 40-74 years old.

2 Disability

Disability is defined in the Equality Act 2010 as a physical or mental impairment that has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities. 'Substantial' is defined as the impairment being more than minor or trivial (e.g., if daily tasks like getting dressed take much longer than usual) and 'long-term' refers to a period lasting 12 months or more.

The range of impairments that may come under this definition is broad; NHS recording codes list eleven categories of impairment type:

- Behaviour and Emotional.
- Hearing.
- Sight.
- Manual Dexterity.
- Memory or ability to concentrate, learn or understand (Learning Disability).
- Mobility and Gross Motor.
- Perception of Physical Danger.
- Personal, Self-Care and Continence.
- Progressive Conditions and Physical Health (such as HIV, cancer, multiple sclerosis, fits).
- Speech.
- Other.

Although information relating to the health outcomes of people with learning disabilities is often addressed separately, data for people with other disabilities is usually aggregated. That this generalised data may hide a more nuanced picture of health for people with different types and severities of disability should be borne in mind.

2.1 Prevalence

According to the national Family Resources Survey, an estimated 20% of people in the UK have a disability, with most age bands having a higher proportion of females reporting disabilities than males. By age, the most commonly reported disabilities were:

- Children – social or behavioural (37%), mental health (21%), ‘Other’ (21%) and learning (20%).
- Working age adults – mental health (42%) and mobility (42%).
- Adults over state pension age – mobility (63%) and stamina/breathing/fatigue (38%).

At the time of 2011 census, the prevalence of disability in West Sussex was similar to England (both at 17%), although, with increasing levels of disability associated with age and an ageing population in West Sussex, some areas in the county may have a higher proportion of the population with a disability. The recent West Sussex Visual Impairment Needs Assessment, for example, noted that the prevalence of sight loss is age-related and that the current estimate of 34,000 people living with sight loss (and an estimated 4,700 who are blind) will increase in line with the rising proportion of the population aged over 65 years, including those with dual sight and hearing loss.

2.2 Overall health and wellbeing

People with physical or mental impairments may experience poorer health outcomes than the general population and may face greater exposure to risk factors that drive inequalities in health, such as unemployment (around 50% of disabled people are in employment in the UK, compared to over 80% of non-disabled people), deprivation, isolation and loneliness, and reduced access to services, including health services.

- *Wellbeing* – working age disabled adults (aged 16-64 years) report lower scores on wellbeing measures of life satisfaction, happiness and anxiety than non-disabled people, with particularly poor scores for anxiety.
- *Loneliness* – self-reported loneliness is more than four times higher in disabled people than non-disabled people; this figure has risen in recent years.
- *Mental health* – disabled children and adults both report poorer mental health than their non-disabled peers.

2.3 Comorbidities

People with disabilities may experience more than one long-term condition, particularly as they age. Sight loss, for example, has significant overlaps with other conditions such as diabetes, stroke and dementia.

Disabilities themselves may also represent risk factors for other health issues. For example, disabled children and adults are more likely to be overweight or obese compared to their non-disabled peers, with greater levels of overweight/obesity reported in those with hearing, stamina/breathing/fatigue and mobility impairments.

Note: comorbidities are discussed further under the Age heading.

2.4 Access to services

Access to services may vary depending on the type of disability, but common barriers may include inaccessible physical environments, including low space, lack of ramps and support equipment/fittings etc. Physical disability has been shown to be associated with greater ‘unmet

healthcare need', due to difficulties getting to GP surgeries and getting inside GP surgeries, with this being an increasing problem in older patients aged 65-84 years.

Transport, long waiting lists and costs have also been identified as key barriers to accessing healthcare for disabled people, with female disabled people reporting worse outcomes than male disabled people. Unmet need for mental health care due to cost, for example, has been found to be more than four times higher in people with a severe disability, whilst unmet need due to the cost of prescribed medicine has been found to be more than three times higher in people with a mild disability.

Other barriers to access include:

- limited knowledge and understanding in healthcare providers of the health (and access) needs of disabled people;
- complicated or 'jargon'-filled health information; and
- limited communication tools, including availability of interpreters and written materials (e.g., in Braille or large print).

2.5 People with learning disabilities – health outcomes

In West Sussex in 2019/20, there were 4882 people with learning disabilities recorded on GP registers, representing 0.5% of all people registered with GPs in the county.

People with learning disabilities are at particular risk of poor health outcomes and have shorter life expectancies than the general population. In 2018/19, male life expectancy in those with learning disabilities, at 66 years, was 14 years lower than the average male, whilst female life expectancy in those with learning disabilities, at 67 years, was 17 years below the average female.

An analysis comparing healthcare records of adults with learning disabilities to the general population found differences in disease burden. Adults with learning disabilities had:

- Higher recorded levels of comorbidities, with levels of epilepsy and severe mental illness particularly high, alongside increased levels of dementia, dysphagia and vision and hearing impairments (amongst others). Levels of cancer and CHD were lower in adults with learning disabilities, although this is likely related to the lower life expectancy in these people.
- Higher mortality rates, particularly in adults with Downs syndrome, with rates of deaths classed as being amenable to healthcare intervention almost six times greater than the general population (an inquiry into premature deaths of people with learning disabilities found 42% of deaths between 2010 and 2012 were premature, with the most frequent reasons being delays or problems with diagnosis/treatment and issues with identifying needs and providing appropriate care).
- More emergency hospital admissions, with more than a third of these deemed preventable (compared to 17% in the general population). Epilepsy, lower respiratory tract infections and urinary tract infections were the most common preventable reasons for admission.

- A greater likelihood of being prescribed a psychotropic drug (three times more than controls) and receiving repeat medication (nearly twice as likely as controls).

2.6 People with learning disabilities – access to healthcare

The above discussed analysis of healthcare records of adults with learning disabilities also found concerning differences in use and access to care; adults with learning disabilities made greater use of primary care consultation than the general population but were more likely to have shorter appointments (less than 10 minutes) with low continuity of care with the same doctor. The inquiry into premature deaths of people with learning disabilities between 2010 and 2012 similarly identified lack of coordinated care across services and disease pathways for these people.

Annual health checks are available for all people with learning disabilities aged 14 or over on their GP's learning disability registers but not every eligible adult receives one; in 2018-19, only 56% of patients with a learning disability received a health check, which is far below the NHS Long Term Plan's target of 75% (although the proportion has been increasing).

People with learning disabilities may also be limited in accessing healthcare or health information due to:

- communication difficulties, including difficulties in asking for help, explaining health problems, asking questions, extra time needed to process information, needing information to be presented in different formats and retaining verbal information, coupled with lack of reasonable adjustments by health services for this;
- reliance on others (e.g., family carers or support workers) and consequently not being well informed themselves, which may be a greater issue if there is a high turnover of support staff, or inadequate information given to carers (studies have found high numbers of people with learning disabilities not fully understanding why they were taking medicines or they and their carers not receiving adequate/any information from the pharmacy);
- low expectations;
- poor understanding of mental capacity; and
- not identifying connections between new/worsening symptoms (e.g., gaining weight) and medications that they are taking.

3 Race

Several recent reviews show that there are marked differences in health issues and behaviours across ethnic groups.

In terms of overall health, people from some ethnic minority groups are more likely to report being in poorer health, including having limiting long-term illnesses, and poorer experiences of using health services compared to the white population. Racial discrimination may play a part in this, with a recent review finding poorer mental and physical health in adults of minority ethnicities who perceive racial discrimination than in those who do not.

However, minority ethnic groups do not uniformly fare worse in health outcomes; as shown in the selected following examples, risk factors and disease prevalence vary across ethnic groups, with different groups experiencing a greater burden of different diseases.

3.1 Life expectancy and causes of death

- Analyses from ONS show a lower life expectancy and higher all-cause mortality rate in the White ethnic group compared to any other ethnic group, except the Mixed ethnicity group.
- In contrast, disability-free life expectancy is estimated to be lower among several minority ethnic groups than the White population.
- Mortality rates from individual causes of death vary across ethnic groups, although mortality rates for many of the leading causes of death, including various cancers and dementia and Alzheimer's disease, are higher in the White ethnic group than most other ethnic groups:
 - *Diabetes*: Compared to White groups, South Asians have up to a sixfold greater risk of developing diabetes and Black groups a threefold higher prevalence. Diabetes develops at the younger age in these ethnic groups.
 - *Cardiovascular disease (CVD)*: heart disease is one of the most common causes of death for all ethnic groups, although South Asian groups experience some of the highest rates and mortality from circulatory diseases, including stroke and heart disease (and the latter has been found to develop at a younger age than other groups). In contrast, Black groups have a lower risk of heart disease compared to most other groups yet experience high rates and mortality from hypertension and stroke, with the latter happening at a younger age.
 - *Suicide*: Mortality rates for suicide in males are highest in White and Mixed ethnicity groups and in the Mixed ethnicity group in females.

3.2 Infant and maternal mortality

- Maternal mortality has been found to be four times higher in Black ethnic groups, three times higher in mixed ethnicity groups and twice as high in Asian ethnic groups compared in White groups (in 2017-19).
- Although stillbirth and infant mortality rates have overall decreased for all ethnic groups in recent years, there are ethnic differences, with the highest rates in Black ethnicity babies, followed by Asian ethnicity babies.

3.3 Mental health

There are significant inequalities in access, experience and outcomes between different ethnic groups, with a greater number of people of Black African and Caribbean ethnicities coming into contact with mental health services via the criminal justice system, rather than via their GP or referral to talking therapies, than people of white ethnicities.

Black Caribbean people are also more likely to be referred to specialist mental health services by their GP, rather than be treated in primary care, and are more likely to be detained under the Mental Health Act.

3.4 Risk factors and the wider determinants of health

- *Protective and risk factors for health:* these vary amongst ethnic groups, with groups often exhibiting a mix of behaviours. White groups, for example, tend to have a higher prevalence of smoking and harmful alcohol use than most minority ethnic groups, whilst also having a higher proportion of people eating the recommended portions of fruit or vegetables per day. Obesity is more prevalent in Black ethnic groups compared with White groups (and lower in other minority ethnic groups), and Black and Asian children experience higher rates of childhood obesity. Along with Asian groups, Black groups are also more likely to report being physically inactive.
- Some differences in health by ethnicity may be attributable in part to different cultural practices; as cultures assimilate, this health gap may lessen. Cancer rates in South Asian groups, for example, may be becoming more alike to those of White ethnicities.
- *Deprivation:* Risk factors for poorer health tend to cluster in more deprived communities, in which ethnic minority groups are over-represented (minority ethnic groups comprise 22% of people in deprived areas yet only 15% of the total population).

4 Religion or belief

Religious views and beliefs may influence health, such as in:

- attitudes towards contraception, unwanted pregnancies and abortion, reproductive medicine and neonatal care;
- the types of treatments, medicines and vaccines able to be used (e.g., ingredients in some medicines and vaccines may be forbidden in some religions);
- the effect of fasting on those with long-term conditions or those breastfeeding;
- spiritual interpretations of diseases and possible stigma attached to health problems, such as mental health conditions; and
- the impact on mental health of religious prohibitions of some sexual orientations and gender reassignment.

5 Sex

Sex plays a significant role in health and disease outcomes, with differences observed in life expectancy, causes of mortality and prevalence of lifestyle risk factors.

Some differences are attributable to biological and genetic factors, such as the prevalence, clinical presentation and response to treatment (including differing pharmacokinetics and pharmacodynamics) of various diseases. Other differences may be the result of gender and the social environment, such as behavioural/lifestyle differences affecting risk exposure.

Importantly, a significant female health gap has been identified in the UK, with research showing that women tend to experience poorer care and health outcomes than men. In addition to biological sex differences that affect health and response to treatments, a recent national survey collecting women's views identified barriers to good health, including:

- not feeling listened to by healthcare professionals, including experiences of problems not being taken seriously, having to self-advocate to receive a diagnosis (often over long periods of time), limited opportunities to ask questions about treatment after a diagnosis and treatment preferences being ignored;
- poor access to information on women's health topics, such as menstrual wellbeing, gynaecological cancers and conditions, and the menopause; and
- inconvenient locations and timings for access to services.

5.1 Attitudes to health and perceptions of services

Attitudes towards health and illness also play a part in differential use of services, with men being less likely than women to visit a pharmacy or GP and at risk of delaying seeking healthcare (although women have also been found to often underestimate their risk of cardiovascular disease and seek treatment for heart attacks later than men). Discomfort in the pharmacy environment may play a part in avoiding behaviour in men, which may be due to perceptions that pharmacies are for older people or are feminine environments, and that they lack privacy.

Embarrassment or discomfort may also be a barrier to access in women in some cases; a recent review of young women's views and experiences of emergency hormonal contraception (EHC) provided by community pharmacies, for example, found concerns around not wanting to be overheard, being embarrassed at having to 'confess' needing EHC and perceptions of possible judgemental attitudes from pharmacists.

5.2 Life expectancy and disability-free life expectancy

Women can expect to live longer than men on average, although women will tend to spend more of their lives living with disability or in poorer health than men. In West Sussex, female life expectancy is 3.6 years longer than males (83.9 years in females compared to 80.3 years in males) but disability-free life expectancy in females is only 61.5 years, compared to 65 years in males.

5.3 Causes of mortality

Data on the top ten causes of death by sex are available from the Global Burden of Disease (GBD) study (most recently updated in 2019) and reported at local West Sussex level:

- Men and women share the same top two causes of death, which are cancers and cardiovascular diseases, although ONS analyses of causes of death show different burdens of these diseases by sex at different ages. In 2015, cancers killed more women aged 35-49 than men and more men in those aged 50-79. Heart disease and strokes killed nearly double the number of men than women aged 50-79.
- Men and women differ in the third top cause of death in the GBD study, with chronic respiratory diseases (such as COPD and other lung conditions) for men and neurological disorders (such as dementia, epilepsy, motor neurone disease, and multiple sclerosis) for women. The greater burden of neurological diseases in women likely reflects the longer life expectancy of women compared to men, although there is evidence that women have a greater risk of dementia and Alzheimers Disease than men, even when age-corrected.

- The tenth biggest cause of death for each sex in the GBD was not included in the other sex's top ten; self-harm and interpersonal violence was the tenth most common cause of death in men (three-quarters of all self-harm and interpersonal violence deaths were in males), whilst musculoskeletal disorders was the tenth most common cause in women (three-quarters of all deaths from musculoskeletal disorders were in women).

In people aged 5-49 years, ONS analyses also show that external causes, including accidents and suicides, are the leading cause of death and more common in men than women. In 2015, male deaths from external causes were more than three times as common than female deaths from external causes, with 80% of the deaths that were recorded as suicides being in males.

5.4 Lifestyle factors

Population surveys generally find a greater number of men self-reporting risky health behaviours compared to women, although women tend to have lower physical activity levels than men (particularly pronounced in Black, Asian and Other ethnicities).

- *Smoking* – the last pre-pandemic Annual Population Survey (2019) found that more men smoked than women (15.9% vs. 12.5%) and slightly more men vaped than women (6.1% vs. 5.4%).
- *Alcohol* – the 2019 Health Survey for England found that women were more likely to report not drinking in the last week or drinking at a lower risk level for alcohol-related harm (14 or fewer units a week) compared to men. Drinking at increasing or higher risk was more common in men.
- *Obesity/diet* – although obesity levels are high in both sexes, the 2019 Health Survey for England found being overweight or obese to be more common in men (68% vs. 60%).

5.5 Mental health

Women and girls are more likely than men to experience common mental health disorders and eating disorders and prevalence of these is increasing. This is a particular issue in younger women and is apparent before adulthood; at age 17, 22% of females in the Millennium Cohort Study had high levels of psychological distress, including symptoms of depression and anxiety (as did 10% of males). This study also found greater proportions of females reporting self-harming (28% of 17 year olds) and increasing numbers of males self-harming (increasing from 9% at age 14 to 20% at age 17).

6 Pregnancy and Maternity

There are several common conditions that may occur in pregnancy, for which pharmaceutical and non-pharmaceutical (e.g., lifestyle and dietary changes) interventions may be recommended. These include nausea and vomiting, heartburn, pelvic pain, symptomatic vaginal discharge and vaginal bleeding. Some pregnant people may also be at risk of venous thromboembolism, gestational diabetes, pre-eclampsia and hypertension.

Mental and physical health issues may also emerge in the post-natal period, the former including depression and anxiety disorders, severe mental illness and sleeping problems, and the latter

including post-natal bleeding, and bladder and bowel function. Other health issues depend on the type of birth, such as wound healing and infection risk in caesarean births.

Some commissioned services specifically address the needs of pregnant women, such as smoking cessation programmes aimed at reducing the number of women who smoke during pregnancy.

7 Sexual Orientation and Gender Re-assignment

The following section summarises issues relating to these protected characteristics. We have grouped these together as a number of key evidence sources are the same, for example surveys conducted in relation to LGBT young people. Wherever possible we present the findings in relation to the specific protected characteristic.

For clarification definitions in the Equality Act 2010 are as follows:

- Sexual Orientation means a person's sexual orientation towards (a) persons of the same sex, (b) persons of the opposite sex, or (c) persons of either sex.
- Gender re-assignment - A person has the protected characteristic of gender reassignment if the person is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex.

Lesbian, gay, bisexual and transgender (LGBT) people report being less satisfied with their life than the overall population.

Studies have found that the prevalence of mental health problems is significantly higher in LGBT people than the general UK population, although evidence is lacking around the physical health outcomes of LGBT people. This is compounded by poor experiences and discrimination, experienced and anticipated, in health services.

7.1 Mental health

A YouGov survey of around 5,300 LGBT people, undertaken on behalf of the Stonewall charity, found high levels of depression, anxiety, self-harm, suicide, addiction and eating disorders in these groups. These appear to be compounded by the intersection of other characteristics, with LGBT people who are also of black or minority ethnicities, disabled or living in lower income households often reporting worse outcomes, in addition to younger LGBT and non-binary people:

- *Depression and anxiety* – Half of all LGBT respondents experienced depression in the last year and three-fifths experienced anxiety. The self-reported prevalence of these was highest in trans people, and younger (aged 18-24 years), black or minority ethnicity, and lower income LGBT people.
- *Self-harm* – LGBT groups reporting the highest levels of self-harm were 18–24-year-olds (48%), non-binary people (41%), trans people (35%) and disabled people (28%).
- *Suicide* – Around half of non-binary, trans and LGBT people aged 18-24 years reported that they thought about suicide in the last year (compared to 31% of non-trans LGB people).

- *Addiction* – one in ten LGBT reported experiencing some form of addiction in last year, rising to 19% in LGBT people who are disabled.
- *Eating disorders* – 12% of respondents experienced an eating disorder in last year. This was higher in non-binary, black or minority ethnicity and trans LGBT people (ranging from around a fifth to a quarter in these groups).

In relation to trans people, one study reported some evidence of a ‘pathologisation’ of mental health, whereby mental health problems are attributed to the person’s gender identity.

7.2 Health behaviours

Use of alcohol, drugs and smoking varies with age, with younger LGBT people reporting greater use of drugs and smoke, whilst older LGBT people report more alcohol consumption. According to a YouGov/Stonewall survey:

- 15% LGBT respondents smoked almost every day, with a higher prevalence in LGBT people in lower income households than those in higher income households (21% vs. 12%, respectively).
- 16% of LGBT respondents drank alcohol almost every day, with a higher prevalence in GBT men compared to LGBT women (20% vs. 13% respectively).
- 13% of younger LGBT respondents (aged 18-24 years) took drugs at least once a month.

7.3 Access to and experience of health services

There is evidence that LGBT people are more dissatisfied with health services compared to the heterosexual population. As identified by the 2018 National LGBT Survey and a 2016 review of inequalities of LGBT groups in the UK:

- Long waiting lists for mental health and gender identity services
- Specific LGBT health needs not being taken into account or adequately understood by healthcare professionals – e.g., the need for timely access to post-exposure prophylaxes (PEP) for HIV prevention. (This lack of understanding and support, including lacking knowledge in GPs of the available services and routes to access, was found by the Stonewall survey to be a particular problem for trans people).
- Experiences or fear of discrimination, with the result that many LGBT people avoid healthcare services (18% of respondents to the National LGBT Survey said that they avoided treatment due to discrimination concerns).
- The above may result in LGBT people preferring and engaging more with specialist LGBT services over mainstream services.
- The Stonewall report also found concerns around discrimination and invasive questioning meaning that some LGBT aren’t open with healthcare providers about their sexuality or gender identity.

7.4 Safety and discrimination

In addition to discrimination, experienced or anticipated, in healthcare, LGBT reported a greater risk from hate crime in everyday life. Two-fifths of respondents to the National LGBT Survey

reported experiencing an incident due to their sexuality or gender orientation in the last 12 months (such as verbal and physical attack); the review of LGBT inequalities identified gay men, younger LGBT people and those from black and ethnic minority groups to be at particular risk of hate crime.

7.5 Homelessness and access to housing provision

Although some may perceive LGBT people as being more at risk of homelessness, the review of LGBT inequalities found only weak evidence. Homo-, bi- and trans-phobic abuse, however, was found to be a significant reason for homelessness, with young people who were 'coming out' identified as an at-risk group.

8 Marriage and civil partnership

No specific health needs were identified in relation to marital status.

Health Issues of Additional Groups (Non-Protected Characteristics)

9 Gypsy, Traveller and Roma communities

A recent government inquiry into the inequalities faced by Gypsy, Roma and Traveller communities found that these groups, although poorly represented in data collection, have the poorest health outcomes of all ethnic groups, in addition to the poorest education, employment and criminal justice outcomes.

Evidence collected in this inquiry described poor access to healthcare, including GP services, immunisation services, maternity care and mental health provision. Reasons for this poor access included discrimination, difficulties navigating the NHS, language and literacy barriers, lack of trust, and a reluctance to seek medical attention until health problems had become serious.

Data from the 2011 census showed that twice as many Gypsy and Traveller people described their health as "bad" or "very bad" compared to the British group, whilst more recent data found Gypsy and Traveller people were less likely to be satisfied with access to a GP and the service received compared to White British groups.

The age profile of Gypsies and Travellers is younger than the national average, with (at the time of the 2011 census), nearly 40% aged under 20 years and only 6% aged 65 and above. In older Gypsy and Traveller people, health-related quality of life scores are lower than the average score.

10 Refugees and Asylum seekers

The adverse and traumatic experiences of refugees and asylum seekers can have significant impacts on the health of these groups. This includes:

- physical issues and disabilities, such as bodily and head injuries and epilepsy;
- mental health problems, such as depression and post-traumatic stress disorder (PTSD);
- malnutrition and anaemia;
- untreated noncommunicable diseases; and
- communicable diseases.

The high burden of disease in these groups is often compounded by poor access, delays and exclusion from healthcare in the receiving country. In the UK, refugees and asylum seekers with an

active application or appeal are entitled to free primary and secondary care on the NHS, whilst refused asylum seekers are not necessarily entitled to free secondary NHS care.

However, practical issues, such as language barriers, access to interpreters, poor awareness about the services available, difficulties in accessing transport (including those relating to language), real or anticipated discrimination, and culturally insensitive communication and care can act as barriers to access. Moreover, the care provided may not be adequate for the health challenges faced by refugees and asylum seekers, particularly with regards to traumatic experiences and higher rates of poor mental health.

There are also particularly vulnerable people within refugee and asylum-seeking groups, such as children and older people, those with disabilities, and those who are pregnant.

11 Those living in more deprived areas (including children living in poverty)

11.1 Overall effect of deprivation

As discussed in the 2010 *Fair Society, Healthy Lives: The Marmot Review* of health inequalities, there is a clear social gradient in health, whereby those who face greater deprivation in their lives experience poorer health outcomes. This is apparent right at the start of life, with infant mortality rates being significantly higher in the 10% most deprived areas compared with the 10% least deprived, and through the life-course, with inequalities in life expectancy, healthy life expectancy and disability-free life expectancy between the most and least deprived. Indeed, those from the more deprived groups are more likely to experience long-term health conditions, have more than one long-term health condition and develop these earlier in life, and are more likely to die from an avoidable cause (such as cancers, CVD etc.) than their least deprived peers.

11.2 Behaviours and wider determinants

The prevalence of risky health behaviours is often greater in more deprived groups, with the exception of alcohol use:

- *Alcohol use* – drinking alcohol at increasing and higher risk levels has been found to be more common in the least deprived groups.
- *Obesity* – adults living in the most deprived areas are most likely to be obese. This is a particular issue in women, with obesity in 39% of those living in the most deprived areas, compared to 22% in those living in the least deprived areas.
- *Smoking* – nearly three times more prevalent in the most deprived 20% of the population, compared to the least deprived 20% and smoking before or during pregnancy is more likely in mothers from routine and manual occupations. Child health is further affected by lower levels of health protective behaviours; mothers from routine and manual occupations are also less likely to breast-feed than their wealthier peers.

Risky health behaviours tend to cluster in more deprived areas, and are influenced by the poorer social, economic and environmental conditions that more deprived communities experience (the wider determinants of health). These conditions include less access to green space, higher concentrations of fast-food outlets, more limited availability of affordable healthy food, overcrowding, fuel poverty, air pollution and many others. The long-term impacts of this are

apparent in children in deprived areas being twice as likely to be obese as their less-deprived peers, for example.

11.3 Causes of mortality

More deaths in those living in the deprived areas are due to heart disease, lung cancer and respiratory diseases, compared to those living in less deprived areas. Risk factors, such as smoking, are higher amongst deprived groups.

11.4 Access to and experience of health services

- Some groups in the population face systematic differences in the quality of healthcare received and barriers to accessing it; these groups often overlap with those who may be more likely to live in more deprived communities, such as people of minority ethnicities, asylum seekers and refugees, and Gypsy, Roma and Traveller communities.
- More deprived areas in England have been found to have fewer GPs per head (and people from these communities have a lower likelihood of reporting good experiences of GP visits) and may not receive enough planned care compared to those living in less deprived areas, indicated by the greater likelihood of emergency hospital admissions compared to elective care.

11.5 Mental health

Rates of mental ill health are greater in those who are more deprived and may be compounded by poorer conditions in their living environment (e.g., safety) and by unstable and low pay jobs.

Children from more deprived families also exhibit greater risk of mental health issues, with those in the lowest fifth of income distribution groups more than four times as likely to experience severe mental health problems compared to those in the highest fifth.

Attempted suicides in young people from more deprived backgrounds have been found to be double those of less deprived backgrounds, although there appears to be no difference in prevalence of self-harming linked to deprivation.

12 Unemployment

Compared to those in work, long-term unemployment is associated with lower life expectancy and poorer physical and mental health. Lack of employment, education or training in young people (NEET) is also associated with poorer health and the risk of low income later in life.

13 Carers

Estimates of the numbers of unpaid or informal carers in the population vary (e.g., extrapolating from the 2011 census, an estimated 93,000 people are unpaid carers in West Sussex, representing 10.8% of the population, whilst the GP Patient Survey puts this figure at 18% of the population). All measures identify a greater proportion of carers being women, however, with more carers in the middle-aged groups (45-64 years).

Approximately a fifth of carers do 50 or more hours of unpaid care a week, with greater numbers of women and carers aged over 65 doing these longer hours. According to the 2011 census, Gypsy

and Irish Travellers are amongst those providing the greatest level of unpaid care, with the proportion of this ethnic group providing 50 hours or more of unpaid care greater than any other ethnic group.

As the population ages, the number of older people who are informal carers is growing, particularly in those aged 85 and over. This group may not recognise themselves as carers, however, and may be at increased risk of isolation, loneliness and mental health issues.

13.1 Health and long-term conditions

The self-reported health of people providing unpaid care becomes worse with increasing hours of care given.

Long-term conditions are more prevalent in carers than non-carers (in West Sussex in 2019, 62.5% of carers reported a long-term condition, compared to 50% of non-carers) and carers are at risk of poorer mental and physical health. Analysis of the 2021 GP Patient Survey by the Carers UK charity found:

- *Physical health* – carers were more likely to report musculoskeletal issues (arthritis or ongoing back or joint problems) and high blood pressure than non-carers and a greater proportion of carers reported problems with their physical mobility
- *Mental health* – a greater proportion of carers reported a long-term mental health condition than non-carers

Additional research conducted by Carers UK identified the significant negative impacts on mental health due to caring, with around 70% of carers experiencing mental health issues, such as stress or depression, due to caring and around 80% of carers reporting feeling lonely or socially isolated due to their caring role.

13.2 Access to healthcare

In West Sussex, according to the 2019 GP Patients' Survey:

- Fewer carers report an overall good experience of making a GP appointment compared to non-carers and lower satisfaction with the type of appointment offered.
- More carers than non-carers attempt to access an NHS service when their GP practice was closed, either for themselves or someone else.
- More carers than non-carers have a preferred GP, although fewer carers report seeing their preferred GP always or almost always.

14 Students

West Sussex is home to the University of Chichester, with other universities just over the county border in Brighton and Hove. Students are often a transient population but may spend more time living at their university address during the academic year, so are encouraged to register with a local GP (including at the student health centre attached to their university) to enable swift access to healthcare, if needed. This is particularly pertinent for students who have an ongoing health

condition that may need management or medicine, such as those with diabetes, epilepsy or asthma. Particular health issues for students include:

14.1 Mental health

The recorded prevalence of mental health issues in students has increased significantly in recent years, with females more likely to report mental health conditions than males. Whilst some of this increase may be attributable to a rise in reporting, as awareness of mental health issues increases and stigma decreases, there is evidence that these rises still do not show the full picture of poor mental health in student populations; although the number of UK university applicants sharing a mental health condition with the Universities and Colleges Admissions Service (UCAS) increased by 450% in the last decade, a UCAS survey of first year students found nearly half of respondents had a mental health condition but had not disclosed this to their university. Aside from concerns around disclosure negatively affecting their application, reasons for this reluctance to share included concerns around stigma, not having a formal diagnosis and feeling that their condition was not serious enough to disclose.

Surveys of student health show large proportions of respondents reporting depression, anxiety disorders, loneliness and being worried often or all the time, as well as concerning behaviours such as thinking about self-harm and using alcohol or recreational drugs to cope with problems.

14.2 Sexual and contraceptive health

Younger people, particularly university students, tend to exhibit higher rates of risky sexual health behaviours, which puts them at greater risk of poor sexual health outcomes, including increased risk of contracting sexually transmitted infections (STIs), and, for females, at greater risk of unwanted pregnancies.

Rates of STIs are higher amongst young people; the rate of chlamydia, for example, is significantly higher in young adults than other age groups (in 2017, over 60% of chlamydia diagnoses in England were in 15-24 year olds). Young people may not screen regularly for STIs, however, which may increase the risk of onward infection transmission and further complications such as pelvic inflammatory disease, ectopic pregnancy and infertility.

Despite their increased risk of sexual health issues and access to on-campus sexual health services, many students may delay or avoid accessing services. Key barriers to accessing sexual health services include lack of awareness of available services, misconceptions of who services are for (e.g., age requirements and gender), inconvenient locations or opening times and personal perceptions. The latter is perhaps the most significant, and covers concerns about confidentiality/privacy, embarrassment at 'being seen', perceived stigma, and concerns that providers may not take them seriously and understand or respect their needs.

There is some evidence that LGBT students may be less likely to access on-campus sexual health services compared to non-LGBT students, which may relate to uncertainty in when and for which illnesses to access sexual health services in the students and lack of knowledge in LGBT health issues in the providers.

14.3 Vaccination

Inflows of people from different areas of the country at the beginning of the academic year increase the risk of some infectious diseases being transmitted within the student population, so vaccines are offered before young people begin their further studies to protect against meningitis, mumps and flu:

- MenACWY vaccination – 17- and 18-years olds in Year 13 and first-time university students up to age 25 are eligible.
- MMR vaccination – although most young people will have received the two doses of the MMR vaccine as part of the NHS childhood immunisation schedule, universities and colleges encourage students who are unsure of their vaccination status to ask a GP for a catch-up vaccine.
- Flu vaccination – those with serious long-term conditions and who have asthma and take inhaled steroids are advised to get a flu vaccination.

15 Homelessness and Rough Sleepers

People who sleep rough or experience homeless have significantly poorer health outcomes compared to the general population, with these groups often having multiple co-occurring health conditions and dying younger on average.

As outlined in the LGA's guide on the impact of homelessness for local authorities, some groups are at particular risk of poor outcomes:

- Groups already experiencing inequalities and difficult conditions are more at risk of homelessness, including young people leaving care, offenders, and people at risk of domestic violence.
- Children experiencing homelessness are at particular risk of long-lasting harm, with an increasing risk to health and wellbeing the longer a person is homeless.
- Young people are particularly vulnerable to harm and poor health, with increased risk of numerous issues, including mental health issues, self-harm, drug and alcohol use, sexually transmitted infections, and unwanted pregnancies. This group may face exploitation, abuse and other harms.

15.1 Physical health

The prevalence of most causes of long-term poor physical health is greater in homeless people, with the Homeless Link charity's 2014 Health Needs Audit finding that around 40% of homeless people report one or more long-term physical health problem.

Compared to the general population, the prevalence of infectious diseases (such as TB, HIV and hepatitis C) is greater in rough sleepers, as is the risk of certain conditions, such as musculoskeletal disorders, skin and foot problems, dental problems and respiratory illnesses.

Older adults who are homeless may have existing health conditions made worse by homelessness and are more likely to experience depression and dementia.

Risky health behaviours, such as smoking and alcohol use, are also more likely in homeless people. Homeless Link's 2014 audit found that:

- over three-quarters of homeless people smoke,
- two-thirds drink alcohol at a higher risk level each time they drink, and
- just over a third do not eat at least two meals a day.

15.2 Mental health and substance misuse

The prevalence of mental health issues is significantly higher in homeless people (nearly double that of the general population) and may often be part of a 'dual diagnosis' with substance misuse problems. Homelessness and rough sleeping combined with substance misuse may increase the risk of additional poor health outcomes and comorbidities, including greater risk of blood-borne viruses.

15.3 Causes of death

Causes of death in homeless people differ from those of the general population. In 2020, nearly 40% of deaths were related to drug poisoning, around 12% to alcohol-specific causes (a figure which has been rising over the last decade) and nearly 11% to suicide

A 2019 analysis of deaths of homeless people in England found nearly a third of deaths were due to conditions that amenable to timely healthcare, such as TB and gastric ulcers. This study also showed significant morbidity from cardiovascular disease, cancer and digestive diseases, and double the likelihood of death from a stroke, compared to people living in the most deprived areas who had a home.

15.4 Access to services

Homeless people are reported to visit accident and emergency departments and be admitted to hospital at significantly higher rates than the general population (particularly for those who are homeless and dependent on alcohol), whilst access to primary care is significantly lower in homeless people.

A third of rough sleepers are not registered with a GP and many ascribe this to not having a fixed address; Homeless Link's audit also found not having identification or proof of address, having missed a previous appointment and behaviour as reasons for which homeless people had reported being refused access. Those with mental health issues and co-occurring substance misuse problems may also face additional barriers in accessing substance misuse treatment services.