HEALTH & WELLBEING BOARD

BACKGROUND PAPERS FOR ITEM 68 AND ITEM 69

BACKGROUND PAPERS

Brighton & Hove Preventing premature mortality audit (PPMA) - Briefing February 2015

Background

Brighton & Hove has significantly poorer (higher) mortality rates for causes considered preventable than England and the South East, and in particular under 75 mortality from respiratory disease – though it is average compared with comparator areas.

Around one third of all deaths in the city are in those aged 18-74 years and for many people under 75 years, deaths related to three key diseases (cardio-vascular disease (CVD), chronic obstructive pulmonary disease (COPD) or diabetes) can be prevented or averted.

This study aimed to determine potentially preventable risk factors for premature death from these conditions including:

- identification of disease
- quality of care
- lifestyles
- links between secondary and primary care

In order to look at what could be done in the future to prevent further 'premature' deaths.

Deaths from cancer were specifically not looked at within this audit (unless the patient had COPD or diabetes) as there had been a recent audit of cancer deaths in the city.

All GP practices across the city signed up to be part of the audit, a first for this type of work across the country which meant we could provide a comprehensive analysis across the city. It has been requested by Public Health England that the work be highlighted at regional workshops around England on Primary Care and Health Inequalities.

What we did

Data were linked from death registration records, primary care registers and lifestyles data, and secondary care admissions/attendance in the two years prior to death of 651 patients who died prematurely (aged 18-74 years) from or with the three conditions. These deaths accounted for 32% of deaths of those aged 18-74, or 10% of all deaths in the city over the three year period from October 2010 to September 2013, totalling 6,546 years of life lost under the age of 75 and so focusing on preventing/averting these deaths could have a significant impact on premature death rates and inequalities across the city.

There are two phases of the work: analysis of the data extracted and an in-practice audit being undertaken by a clinical facilitator who is further reviewing notes held in-practice. Phase one is complete and phase two is currently in progress (some emerging themes are given here but they should be treated with caution at this stage).

Key early findings (these are expanded in pages 4-6):

- **Age, gender and deprivation:** The majority of deaths were in patients aged 55-74 years and males and there is a relationship with deprivation but it is not the whole story. The rate in the east locality is almost double that in the central locality, and is significantly higher than the overall premature mortality rate for the city. Rates were significantly higher in Queen's Park, East Brighton, Hollingdean and Stanmer, and Moulsecoomb and Bevendean wards.
- **Lifestyles:** Rates of smoking, alcohol consumption above recommended levels and overweight/obesity were much higher than in the general adult population aged 18-74 years and those who were still smoking and drinking above recommended levels died significantly younger than ex or non-smokers and those drinking below recommended limits. There was little recording of advice or referral for lifestyles issues.
- **Practice disease registers:** Practices organise care for specific patients by maintaining disease registers of both those patients with established disease and those with risk factors and by providing systematic care to reduce risks, for example by managing blood pressure and cholesterol levels and by supporting patients to give up smoking. Around a third of patients dying from CVD were not on a related disease register in primary care and whilst most patients dying with COPD or Diabetes were, around a third were excepted from registers and may have been missing out on preventive care (patients can be excepted from registers for a number of reasons including patients not attending a review after three invitations, patients with terminal illness, newly registered patients, patients on maximum doses of medication or unable to take medication). The care of those who were on disease registers and not excepted was generally good. A high percentage of patients on relevant disease registers were also on a depression register.
- **Secondary care:** Contact with secondary care services was high with the majority of patients having had at least one hospital inpatient admission in the two years prior to their death (60%), this was much higher for patients who died with COPD (81%) or diabetes (80%). This emphasizes the importance of this audit not just in terms of preventing death, but also time spent in ill health. Though small in number, there were patients not on disease registers in primary care who had had hospital admissions coded for the disease and so should have potentially been investigated further in primary care and placed on registers – the in-practice audit is looking at the details of these cases further. A sizeable percentage of admissions were alcohol related, tying in with the findings from the primary care records and emphasising the need to support people with chronic conditions and alcohol issues better in the city.
- **Other emerging themes from the in-practice audit include:** Isolated patients; Alcohol; Complex medical problems; Obesity; Missed treatment; Sudden deaths; Multi-morbidity; End stage disease; Cancer and specifically lung cancer; Mental wellbeing and Housing

Resulting action:

On the basis of the findings from the first stage of the analysis, the Public Health team and Clinical Commissioning Group have each committed to funding three extra FTE Health Trainers (a total of 6 - taking the team from 4 to 10 FTEs) to work with GP practices to be able to provide more coordinated support for individuals with chronic conditions to improve their health behaviours.

The health trainer programme is a cost effective and well evidenced approach to reducing health inequalities and improving health outcomes. It works with individuals to take action across multiple health behaviours.

Next steps:

- The clinical facilitator is continuing to conduct the next phase of the audit and will work with practices to use the audit to look for missed opportunities to reduce preventable premature mortality within the services that had contact with these patients.
- Some of this will be done at practice level, but the information is also being used in meetings with clusters of practices to share learning and to draw together suggestions for practice across the city.
- At the city level the steering group will look for gaps in services and make recommendations for new or different services. It will also look at how effective the services were in delivering care and whether additional support or re-organisation would be recommended.

More detailed early findings:

Age, gender and deprivation

- The majority of deaths were of people aged 55-74 years (85%) and two thirds were of males.
- Across the city's practices, the premature mortality rate from causes included in the audit was 10.9 per 100,000 patients aged 18-74 years.
- There is significant variation across the city and a link with deprivation: the rate in the east locality is almost double that in the central locality, and is significantly higher than the overall premature mortality rate for the city. Rates were significantly higher in Queen's Park, East Brighton, Hollingdean and Stanmer, and Moulsecoomb and Bevendean wards.
- Deprivation might be an explanation for some of the differences in premature mortality rates across the city; but it is not the whole story. The audit looked at other factors which might help explain the level of variation in premature mortality across the city.

Lifestyles:

- Most patients did have recording of key lifestyles factors in their primary care records, with the exception of physical activity levels. Key contributory lifestyle factors in the premature deaths identified within the audit included:
- The general smoking prevalence in the city is 24% but for those who died prematurely from the conditions considered in the audit it was 46%, and for patients dying prematurely with COPD 56%.
- Whilst 42% of residents self-report a BMI classified as overweight/obese, 61% of those who died prematurely were overweight or obese, and 75% of those who died prematurely with diabetes.
- For all 18-74 year olds in the city 18% report drinking at increasing or high risk levels (>14 units per week for females and >21 units for males) compared with 29% of those dying prematurely of the conditions considered in the audit. Those dying with COPD (31%) and of CVD (28%) had the highest recorded rates of increasing/high risk drinking.
- Whilst all patients within the audit died under the age of 75 years, the median age at death is statistically significantly younger for patients with a coding for alcohol dependence at 58 years and for those drinking at increasing or higher risk levels (61 years) compared with 67 for those whose last recorded alcohol consumption was lower risk and 66 for non-drinkers.
- There was no association between alcohol consumption and deprivation.
- The median age at death is also statistically significantly younger for patients who are current smokers at 63.5 years than for ex-smokers (68 years) and those who have never smoked (66 years)
- Smoking rates were significantly higher in patients resident in the most deprived areas of the city.
- Those drinking at increasing or high risk levels were significantly more likely to smoke (68% were current smokers) than those drinking at lower risk (40%) or non-drinkers (37%).
- There was low recording of advice/referral for these lifestyles issues – this is being looked at further in the in-practice audit

Practice disease registers

- Disease registers in primary care were formalised as part of the new GP contract in 2004. Once patients with particular conditions have been identified, registers enable them to be monitored and

their condition and treatment reviewed more easily. Practices organise care for specific patients by maintaining disease registers of both those patients with established disease and those with risk factors and by providing systematic care to reduce risks, for example by managing blood pressure and cholesterol levels and by supporting patients to give up smoking.

- Around one in three people dying from CVD were not on a related disease register. This raises the question whether some CVD deaths could have been prevented or postponed had the patients been on a disease register and that some may have been missing out on preventive care. This is being explored further in the in-practice audit.
- For those dying from CVD or Stroke the median age of death was younger for those not on a related register than those who were.
- Identification was much higher for COPD and diabetes. However, around a third of patients with COPD and diabetes were excepted from registers and therefore potentially not being reviewed/monitored regularly – the high rates of patients being excepted is of concern and is being looked at as a key area in the in-practice audit.
- One possible reason for exceptions was that patients were on a palliative care register near the end of life and so excepted from other registers. Whilst this is still relevant for the audit it could explain high exceptions rates. However for most conditions few patients were on a palliative care register.
- We used a tool called attrition triangles to look at the care received within general practice for those on related registers and not excepted – focussing on key QOF indicators. With the exception of FeV1 for COPD and foot checks for diabetes most patients on registers, and not excepted, were receiving relevant checks and good quality care.
- A high percentage of patients on relevant disease registers were also on a depression register. Across the city 6% of adult patients are on a depression register but for those dying prematurely included in the audit, the figures were between a quarter and a third of patients (higher for those with diabetes and COPD than CVD)

Secondary care

- Contact with secondary care services was high which emphasizes the importance of this audit not just in terms of preventing death, but also time spent in ill health:
    - The majority of patients had at least one hospital inpatient admission in the two years prior to their death (60%), this was much higher for patients who died with COPD (81%) or Diabetes (80%)
    - 52% (338) had at least one emergency inpatient admission (range 0-26 admissions)
    - 34% (224) had at least one elective admission (range 0-49 admissions)
    - 69% (449) had at least one A&E attendance (range 0-44 attendances)
    - 69% (452) has at least one outpatients appointment (range 0-130 appointments)
- In total, the 651 patients included in the audit had 1,752 inpatient admissions (1,141 emergency and 611 elective), 1,761 A&E attendances and 5,610 outpatients appointments in the two years prior to their deaths

- These admissions equate to the following total number of bed days for each condition (please note patients could be included in more than one group so the total number of bed days for all patients is not the sum of these figures):
    - CVD – 6,417 bed days
    - Stroke – 1,641 bed days
    - COPD – 3,941 bed days
    - Diabetes – 5,693 bed days
- There was a large percentage of admissions which were alcohol related, tying in with the findings from the primary care records and emphasising the need to support people with chronic conditions and alcohol issues better in the city.
- There were cases where people were not on disease registers in primary care but had had an admission to hospital in the two years prior to their death with the disease coded – this is a key area being considered in the in-practice audit as potentially some of these patients should have been placed on disease registers although this is not necessarily the case and requires the in-practice audit work before more can be garnered from this.

Other emerging themes from the in-practice audit:

Four surgeries have been reviewed to date totalling 58 patients. Each death, the causes and circumstances leading up to this point have been reviewed. Each retrospective review has explored the patient's surgery notes and by examining the narrative seen in consultations and letter communications it is possible to follow the care patients received prior to their death.

A small number of patients had very little clinical data and it is likely that these patients might have only recently registered with a surgery. There is also missing contemporaneous data from post mortem's which might have shed light on the events leading up to death. Taking these issues away still leaves a large collection of data and clinical information which has allowed us to summarise the care and treatment patients received prior to their premature death. Key themes emerging so far are:

- Isolated patients
- Alcohol related death
- Complex medical problems
- Obesity
- Missed treatment
- Sudden deaths
- Multi-morbidity
- End stage disease
- Cancer / lung cancer
- Mental wellbeing
- Housing

Brighton and Hove
Clinical Commissioning Group

Brighton & Hove
City Council

Pharmaceutical Needs Assessment Report
March 2015

Executive summary

This report sets out the draft Pharmaceutical Needs Assessment (PNA) for Brighton and Hove. The PNA is a comprehensive statement of the need for pharmaceutical services of the population in its area. The PNA aims to identify the pharmaceutical needs of the local population by mapping current pharmaceutical services, identifying gaps and exploring possible future needs. It aims to support efforts to reduce health inequalities and improve health and wellbeing of local people. The PNA will be used by NHS England to decide upon applications to open new pharmacies and it will inform all commissioners regarding the commissioning of pharmaceutical services.

Every Health and Wellbeing Board has the responsibility to carry out and publish a PNA by 1st April 2015. The development of this PNA included the analysis of health needs, local information, intelligence, plans and strategies; surveys with the public, pharmacies and GPs; interviews with key stakeholders and a focus group with pharmacists. A formal public consultation lasting 70 days took place between November 2014 and January 2015.

Local population

There are a number of demographic factors that affect the need for pharmacy services within the city. It is estimated that there are 272,952 people living in Brighton and Hove and this number is expected to increase by 4.5% by 2018. The city has a relatively younger adult population than the rest of England with higher proportions of people aged 16-64 years and lower proportions of children and older people aged 65-74. The proportion of the population aged 85 years or over is similar to the rest of the country.

Pharmacy services

Our population has better access than most to pharmacy services with more pharmacies per head of population than neighbouring areas. There are currently 60 community pharmacies within the city. This translates to 22 pharmacies per 100,000 residents which compares favourably with Kent, Surrey and Sussex overall where there are 19 pharmacies per 100,000.The PNA concludes that the current number of pharmacies is sufficient to meet future pharmaceutical needs of residents.

There is good coverage across the city of advanced and public health commissioned locally commissioned services such as smoking cessation in pharmacies. The PNA has not identified any significant gaps in the current pharmaceutical provision.

Residents on the whole are satisfied or very satisfied with pharmacy services however opportunities remain to maximise the role of pharmacies to support reducing health inequalities and improving health and wellbeing.

Respondents to the public survey were largely (83%) satisfied that existing pharmacy opening hours met their needs. However some respondents to the survey found it difficult to access a pharmacy between 9.00am and 5.00pm on a weekday. This report recommends that information about pharmacies opening after 6pm and during the weekends should be made more readily available to residents in different ways to ensure local people are aware of where and when services are available.

The survey with residents and GPs showed that there is a lack of knowledge and understanding about the services delivered by community pharmacies. This report recommends that information on all pharmacy services should be made more readily available locally to different audiences, including GPs and residents.

In conclusion

There are significant opportunities for maximising the role of pharmacies within primary care and public health as part of and in addition to the Better Care and enhancing primary care work in the city. The findings and recommendations within this report should support commissioners to design services to address local health and wellbeing needs and reduce health inequalities.

Table of contents

1 Introduction

1.1 What is a PNA?

The Pharmaceutical Needs Assessment (PNA) is a comprehensive statement of the need for pharmaceutical services of the population in its area. The National Health Service (NHS) (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 ("the Regulations") set out the legislative basis and requirements of the Health and Wellbeing Board (HWB) for developing and updating the PNA as well as the responsibility of NHS England (NHSE) in relation to "market entry".

If a person (a pharmacist, a dispenser of appliances, or in some circumstances and normally in rural areas, GPs) wants to provide NHS pharmaceutical services, they are required to apply to the NHS to be included on a pharmaceutical list. Pharmaceutical lists are compiled and held by NHSE. This is commonly known as the NHS "market entry" system.

From the 1st of April 2013, every HWB has the responsibility to carry out and publish a PNA for its population. The first PNA must be published by the 1st April 2015 and then at least every 3 years, thereafter. HWBs are required to publish a revised assessment as soon as is reasonably practical after identifying significant changes to the availability of pharmaceutical services since the publication of its PNA; unless it is satisfied that making a revised assessment would be a disproportionate response to those changes. The HWB is also required to maintain an up to date map of provision of NHS Pharmaceutical Services.

1.2 Purpose of the PNA

The PNA aims to identify the pharmaceutical needs of the local population by mapping current pharmaceutical services, identifying gaps and exploring possible future needs. It aims to support efforts to reduce health inequalities and improve health and wellbeing of local people.

The PNA is used for commissioning services, to align pharmaceutical services provision with local needs.

It will be used by different organisations to inform their commissioning of pharmaceutical services as follows:

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

1.3 Brighton and Hove PNA Background

The last full PNA for Brighton and Hove was published in 2011, fulfilling the previous regulatory and commissioning requirements in relation to pharmacy services for the Primary Care Trust (PCT). It built on the previous PNAs published in 2005 and updated in 2008.

The previous PNA found that Brighton and Hove population had better access than most to pharmacy services with more pharmacies per head of population than peers and most pharmacies were well placed to deliver additional services. Over 85% of pharmacies had a private consultation room where they could deliver healthcare services to patients in privacy. There was a network of 60 community pharmacies.

1.4 PNA process

The process of developing the PNA must take into account the requirement to involve and consult people about changes to health services. The specific legislative requirements in relation to development of PNAs must be considered.[1] The following guidance was used to develop this report:

- The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013
- The National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendment and Transitional Provision) Regulations 2014
- Pharmaceutical Needs Assessment, Information Pack for Local Authority Health and Wellbeing Boards. Department of Health (May 2013)
- PNA Briefing. Primary Care Commissioning 2013
- A Pharmaceutical Assessment - a practical guide. NHS Employers. 2009.

Equality Impact Assessment requirements were incorporated within the PNA process. Protected characteristics and vulnerable groups were considered throughout. The PNA was conducted so that it supports efforts to reduce health inequalities and compliments public health and CCG integrated care and long-term conditions work. The PNA considers innovations happening within community pharmacy within the city, with a focus on sustainability and reducing waste.

Following approval by the Health and Wellbeing Board February 2014 a PNA steering group was formed to oversee the PNA process and ensure the PNA meets the statutory requirements on behalf of the HWB. Membership of the group included representatives from Brighton and Hove City Council public health department, the Local Pharmaceutical Committee (LPC), the Local Medical Committee (LMC), CCG, Healthwatch Brighton and Hove and NHS England.

The development of the Brighton and Hove PNA report involved the following key stages:

1. Review and analysis of: health needs, Joint Strategic Needs Assessment (JSNA), Brighton and Hove City Tracker survey[i], Healthwatch Urgent Care report October 2013, relevant local data and information, strategies and plans in relation to pharmaceutical service provision
2. Collation and summary of routine pharmacy contracting and activity data benchmarked against national and local data.
3. Engaging stakeholders: conducting a targeted public survey[ii] and surveying all GPs and non-medical prescribers, carrying out a focus group with pharmacists and semi-structured interviews with interested volunteers and semi-structured interviews with other providers of NHS pharmaceutical services.

The City Tracker survey data and Healthwatch Urgent Care report informed our approach to developing a targeted public survey. As the survey and report both showed very high satisfaction levels for pharmacy services, a targeted survey was devised to gain more in-depth feedback regarding pharmacy services from a range of different population groups.

The survey was published on the City Council, CCG and Brighton and Hove Connected website and was distributed to patients and residents in the following ways:

- CCG and Council website and tweets
- Hard copies sent to individuals and organisations that requested copies
- Hard copies sent to General Practitioner (GP) surgeries - all surgeries were sent copies to share with patients
- GP surgery Patient Participation Groups (PPG) - all PPGs were sent information about the survey and members of PPGs were encourage to volunteer to support residents complete the survey
- Healthwatch and Community list serve emails, websites and tweets
- Older People's Council – the survey was discussed and shared with members of the Council
- Voluntary sector organisations, Council and NHS leads were approached directly to share the survey hard copy and by email with others
- Through volunteers that approached residents to complete the survey

4. Analysis of surveys, questionnaires and focus groups, collating feedback from stakeholders. Synthesis of current and potential future population health needs, priorities and mapping against service provision.

[i] The City Tracker is a phone based survey of Brighton & Hove residents. It has been conducted 3 times a year starting from April / May 2012. A random sample of a 1,000 residents have been asked for their view of local public services, levels of engagement and involvement and their perception of the city and where they live.

[ii] Analysis from across all the 6 waves of the city tracker survey provided data on local people's views and satisfaction of pharmacy services. Therefore a targeted public survey was conducted, aimed at getting in depth feedback from a range of different population groups

5. Formal consultation with: the public, the LPC, the LMC, pharmaceutical service providers, Health watch and other patient, consumer and community groups, NHS trusts and Foundation trusts in Brighton and Hove, NHSE and neighbouring HWBs – East Sussex and West Sussex.
6. The final stage following the consultation involves analysis of the responses and necessary changes made to the report. The final report will be presented to the HWB for sign off and publication prior to 1st April 2015 as set out in the Regulations (2013).1

1.5 NHS pharmaceutical Services

"Pharmaceutical services" in relation to PNAs include:

- ***"essential services"*** which every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service– the dispensing of medicines, promotion of healthy lifestyles and support for self-care;
- ***"advanced services"***- services community pharmacy contractors and dispensing appliance contractors (DAC) can provide subject to accreditation as necessary – these are Medicines Use Reviews (MUR) and the New Medicines Service (NMS) for community pharmacists and Appliance Use Reviews (AUR) and the Stoma Customisation Service (SAC) for DACs; and
- ***"locally commissioned services"*** - known as enhanced services if commissioned by NHSE

The PNA should include all of the above pharmaceutical services under arrangements made by NHSE. Some of the above services are also defined as ***directed services***. These are those services set out in Secretary of State Directions to NHSE; for example, medicines use reviews and NHSE commissioned enhanced pharmaceutical services, such as services to care homes, language access and patient group directions.

The PNA will also include and consider "locally commissioned services" commissioned by Brighton and Hove CCG and City Council. The City Council commissions the following LCSs from community pharmacies:

- Smoking cessation
- Emergency Hormonal Contraception (EHC)
- Supervised consumption of methadone
- Needle exchange

The CCG commissions one locally commissioned service from two pharmacies to provide intravenous medications within the community. The service aims to improve

access to intravenous medication to patients when they are required by ensuring prompt access and continuity of supply.

The report will cover the role of Healthy Living Pharmacies (HLP) and the potential for optimising community pharmacy in order to improve local people's health and wellbeing and to reduce health inequalities.

The pharmaceutical list

The following are included in a pharmaceutical list:

- ***pharmacy contractors*** (healthcare professionals working for themselves or as employees who practice in pharmacy, the field of health sciences focusing on safe and effective medicines use).

The below are also included in the pharmaceutical list although there are none within Brighton and Hove:

- ***dispensing appliance contractors (DAC)*** (appliance suppliers are a specific sub-set of NHS pharmaceutical contractors who supply, on prescription, appliances such as stoma and incontinence aids, dressings, bandages etc.). They cannot supply medicines. Although there are no DACs within the city, patients may use an appliance contractor outside of the city. Prescriptions will be sent to most suitable one.
- **d*ispensing doctors*** - are medical practitioners authorised to provide drugs and appliances in designated rural areas known as "controlled localities".
- ***local pharmaceutical services (LPS) contractors*** who provide a level of pharmaceutical services in some HWB areas. An LPS contract allows NHSE to commission community pharmaceutical services tailored to specific local requirements. It provides flexibility to include within a single 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. All LPS contracts must, however, include an element of dispensing.

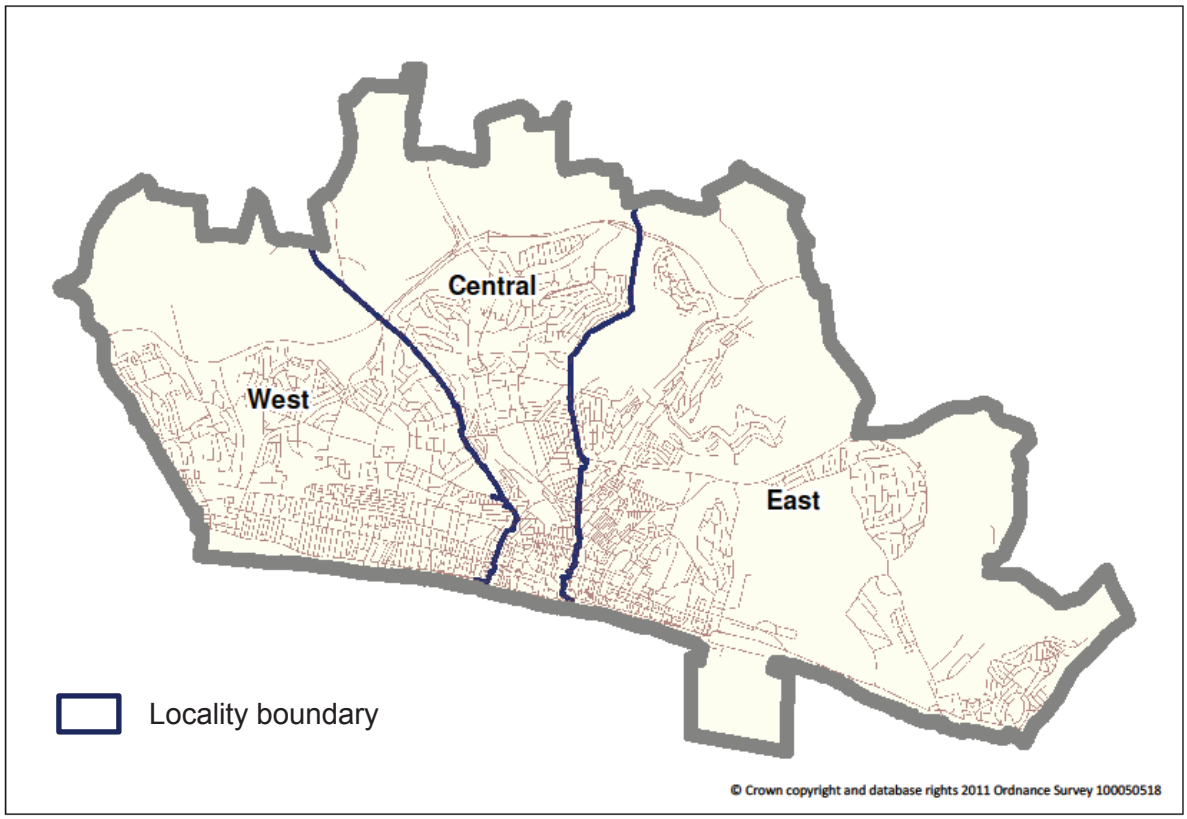
2 Demographic profile

This section describes the demography of the Brighton and Hove City Council and CCG including its localities (central, east and west), which is the geography of focus for the current PNA. It includes population profiles, general fertility rates and projections for the Brighton and Hove CCG and localities. The majority of the data in this chapter was sourced from the Office for National Statistics (ONS) and the JSNA. For more information regarding information sourced from the JSNA, a summary document is hosted on the Local Intelligence page of the council's "Connected City" website, found at www.bhconnected.org.uk.

2.1 Localities, Definitions & Descriptions

The Brighton and Hove CCG consists of three localities (central, east, and west) as shown in Map 1.

Map 1. Brighton and Hove CCG localities



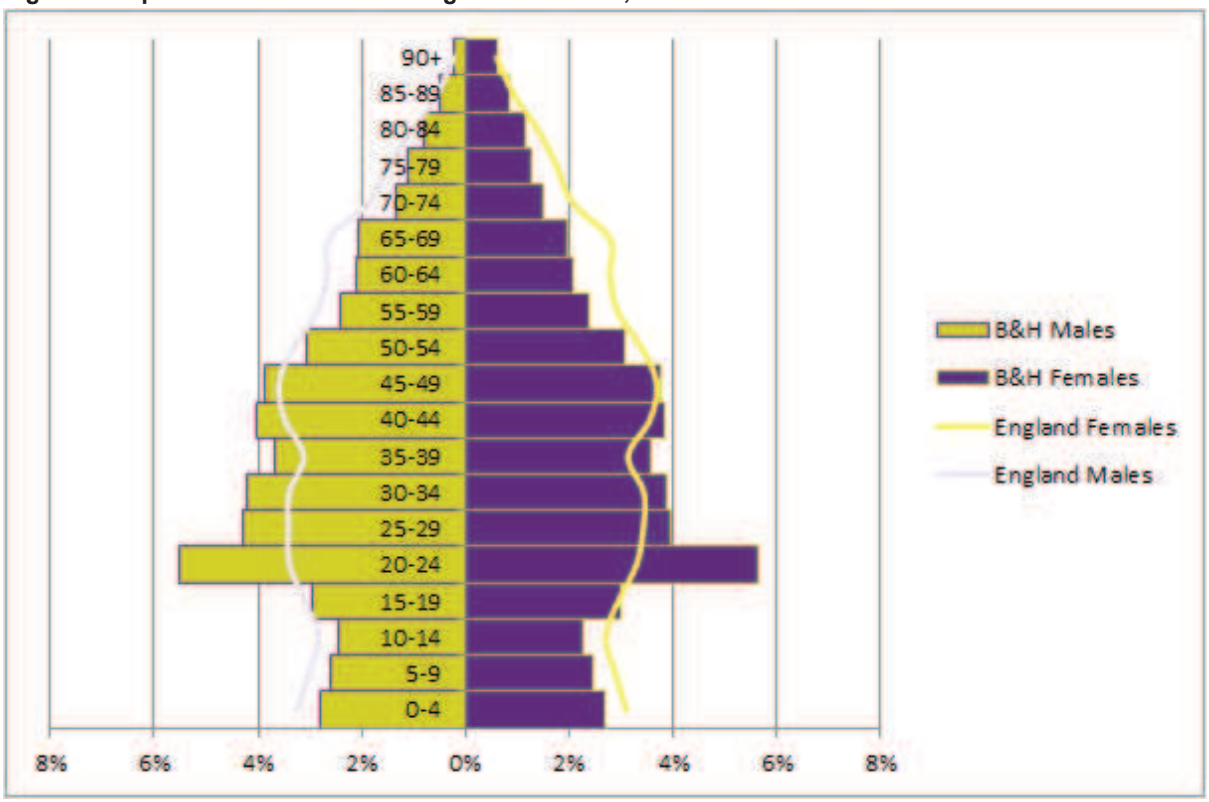
2.2 Population

2.2.1 Age

The population pyramid for Brighton and Hove shows that, when compared to the population of England, there are proportionally more males and females aged 20 - 49 and fewer residents of both genders aged 50 years or above and aged under 15

(Figure 1). Between the 2001 and 2011 Censuses the total population of the city increased by 25,135. The total population size in 2013 was estimated to be 278,112.

Figure 1. Population distribution of Brighton and Hove, 2013



Source: ONS mid-year population estimates, 2013

2.2.2 Population by gender and locality

The population of Brighton and Hove consists of approximately 50.1% males and 49.9% females (Table 1). Females account for 50.7% of the population in England and 50.8% of the population in the South East. The east and west localities contain the majority of the population, with 76.5% of residents residing in these two areas.

Table 1. Population of Brighton and Hove by locality, 2013

Locality	Males		Females		Persons	
	Number	%	Number	%	Number	%
Central	33,100	50.6%	32,300	49.4%	65,400	23.5%
East	54,600	49.9%	54,800	50.1%	109,400	39.3%
West	51,100	49.4%	52,300	50.6%	103,400	37.2%
	138,800	49.9%	139,400	50.1%	278,200	

Source: ONS mid-year population estimates, 2013

Note: The figures presented here have been rounded as they are estimates taken from the ONS 2013 Mid-year Population Estimates and distributed by locality according to the distribution of registered residents on local GP registers

Fifteen percent of the Brighton and Hove population is made up of children and young people aged 0-14 years (Table 2). In England and in the South East these percentages are 17.8% and 17.9%, respectively. There is some variation in the

distribution of young people by locality, with a slightly higher proportion of females (8.2%) in the west locality than east and central (7.3% and 6.9%, respectively).

Table 2. Percentages of children and young people (0-14 years) by locality, 2013

Locality	Total persons	% Persons 0-14	% Males 0-14	% Females 0-14
Central	65,400	15.0%	7.6%	7.3%
East	109,400	14.2%	7.2%	6.9%
West	103,400	16.5%	8.3%	8.2%
Total	278,200	15.2%	7.7%	7.5%

Source: ONS mid-year population estimates, 2013

Note: The figures presented here have been rounded as they are estimates taken from the ONS 2013 Mid-year Population Estimates and distributed by locality according to the distribution of registered residents on local GP registers

Over 70% of the population of Brighton and Hove is aged 15-64 years (Table 3). In England this percentage is 65% and in the South East 64%. The central and east localities consist of a higher proportion of residents (72.6% and 73.3%, respectively) in this age group than west (68.3%).

Table 3. Percentages of residents aged 15-64 by locality, 2013

Locality	Total persons	% Persons 0-14	% Males 0-14	% Females 0-14
Central	65,400	72.6%	37.5%	35.2%
East	109,400	73.3%	37.0%	36.3%
West	103,400	68.6%	34.7%	33.8%
Total	278,200	71.4%	36.3%	35.1%

Source: ONS mid-year population estimates, 2013

Note: The figures presented here have been rounded as they are estimates taken from the ONS 2013 Mid-year Population Estimates and distributed by locality according to the distribution of registered residents on local GP registers

Residents aged 65 or above comprise 13% of the total city population (Table 4). In England this percentage is 17% and in the South East 18%. The west locality is made up of a higher proportion of residents in this age group (15%) than central (12%) and east (13%).

Table 4. Percentages of residents age 65 or over by locality, 2012

Locality	Total persons	% Persons 65+	% Males 65+	% Females 65+
Central	65,400	12.4%	5.5%	6.9%
East	109,400	12.5%	5.7%	6.9%
West	103,400	14.9%	6.4%	8.5%
Total	278,200	13.4%	5.9%	7.5%

Source: ONS mid-year population estimates, 2012

Note: The figures presented here have been rounded as they are estimates taken from the ONS 2012 Mid-year Population Estimates and distributed by locality according to the distribution of registered residents on local GP registers

2.2.3 Armed forces personnel

Brighton and Hove is not home to any military installations and therefore does not house a substantial community of armed forces personnel. At the time of the 2011

Census there were 147 residents employed by the armed forces in the city, less than 0.1% of the total population. It is estimated that there were 17,400 veterans resident in the city in 2010.[7]

2.2.4 Marital status

Among residents aged 16 or above at the time of the 2011 Census, 50% reported they are single and have never married or registered a same-sex civil partnership, 38% stated that they are married, with 1% registered in a same-sex civil partnership. Among the remainder of the residents, 2% are separated (but still legally married or still legally in a same-sex civil partnership), 9% are divorced or formerly in a same-sex civil partnership which is now legally dissolved and 5% widowed or the surviving partner from a same-sex civil partnership.

2.2.5 Transgender

In the Brighton and Hove City Tracker survey 1.6% of respondents (31 out of 2,000) indicated that they did not identify as the gender they were assigned at birth.[2] National research reveals significant inequalities in health and wellbeing faced by transgender people including an increased risk of mental ill health[3;4;5]. The Count Me In Too survey[iii]found that the majority of the transgender respondents were White British (93%) and identified as female (67%).[3] Transgender respondents were significantly more likely to be over 45 years old than the LGB respondents, with only 9% under 26 years. Over a third of transgender people surveyed (35%) reported a disability or long-term health impairment. This is significantly higher than the proportion of disabled working age women and men in the city (19% and 20% respectively for 2010/11). As well as being more likely to report long-term health impairments, only 44% of transgender people reported that they were in 'good/very good' health, compared with 76% of all people in the city.[6]

2.2.6 LGB

The city is known for its lesbian, gay and bisexual (LGB) community, estimated in 2011 to consist of approximately 40,000 people in the city (15%).[7] Sections of the LGB communities are at increased risk of mental illness and sexually transmitted infections, including HIV, and are more likely to be smokers and to drink above the recommended "safe levels" of alcohol.

2.2.7 Students

With two Universities situated in the city, the proportion of the population comprised of students is high. In 2012/13 there were approximately 35,000 students in the city, many of whom stay on after university.[8] This is reflected in the age distribution of city residents with students making up approximately 53% of the population aged 15-24 years. The University of Sussex has plans to accommodate 5,000 additional

[iii]Count Me In Too is an award-winning research project where lesbian, gay, bisexual and trans (LGBT) people shared their views and experiences, and worked with service providers and others to gather and present evidence that would promote positive changes for LGBT people.

students over the next 5 years, further increasing the number of students resident in the city.[9]

2.2.8 Religion

At the time of the 2011 Census, 42% of the population of Brighton and Hove reported that they have no religion, with 9% not responding to this question. The remaining 49% stated that they do have a religion, with 43% of the population of the city reporting that they are Christian. Islam, Judaism and Buddhism are the only other religions which comprise over 1% of the population of the city (2%, 1% and 1%, respectively).[17]

2.2.9 Language

The majority of residents reported English as their main language in the 2011 Census (92%). French, Portuguese and Spanish are spoken by 0.5%, 0.3% and 0.6% of the population, respectively. Other European Languages account for 3% of the population, the most common being Italian (0.4%), German (0.4%) and Polish (0.8%). No other language is spoken by more than 0.5% of the population with the exception of Other (non-Mandarin or Cantonese) Chinese (0.5%) and Arabic (0.8%).[17]

2.2.10 Ethnic groups

Over the last decade the city has witnessed an increasing proportion of residents of non-White British ethnicity. In the 2011 Census the proportion of residents who are White British stood at 81% out of a total population of 273,369 (Table 5).[17] The ethnic distribution of the residents of Brighton and Hove can be seen in Table 5.

Table 5: Distribution of ethnic groups, Brighton and Hove, South East, England, 2011

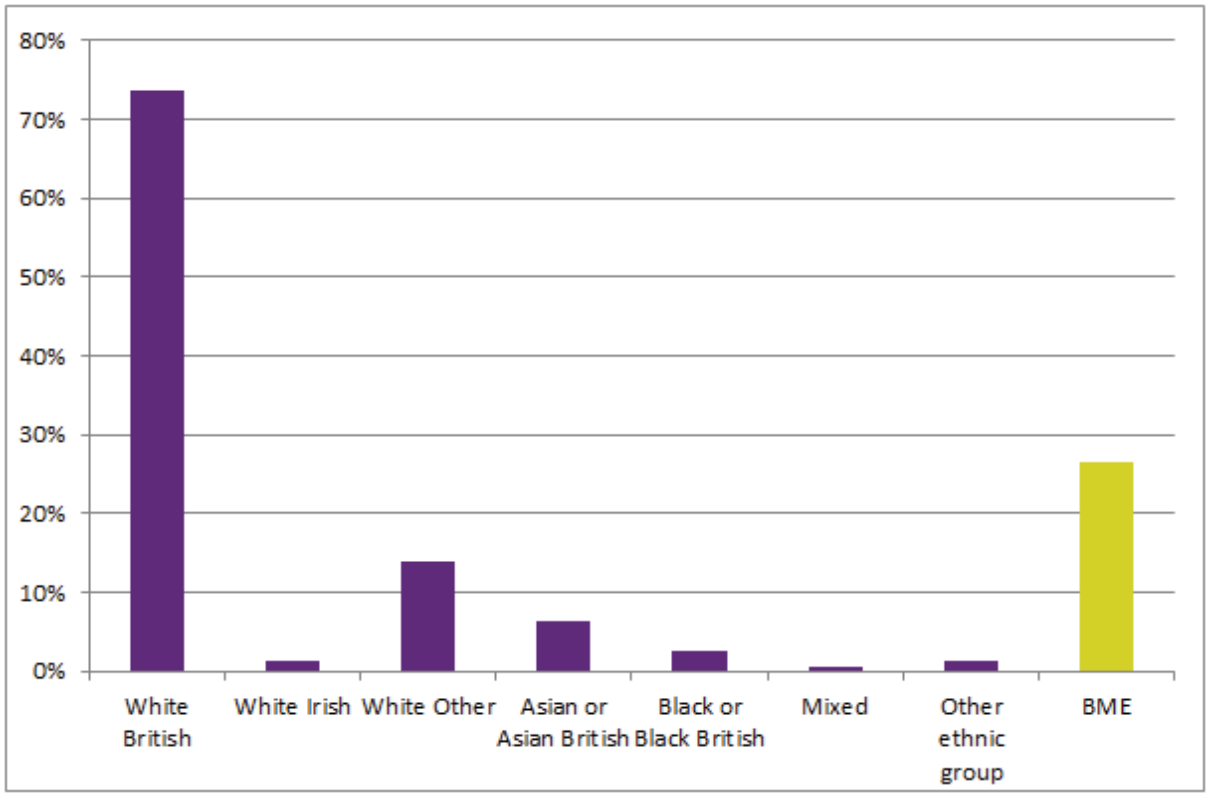
Ethnic group	Brighton and Hove		South East	England
	Number	%	%	%
White British	220,018	81.5%	85.2%	79.8%
White Irish	3,772	1.4%	0.9%	1.0%
White Other	19,722	7.2%	4.6%	4.7%
Asian or Asian British	11,278	4.1%	5.2%	7.8%
Black or Black British	4,188	1.5%	1.6%	3.5%
Mixed	10,408	3.8%	1.9%	2.3%
Other	3,983	1.5%	0.6%	1.0%
Total BME population	53,351	19.5%	14.8%	20.3%
Total population	273,369			

Source: ONS, Census 2011

The overall age structure of the Black and Minority Ethnic (BME) population is comparably younger than the White British population; 175% of the BME population is aged 0-14 years compared to 15% of the White British population. Seventy eight percent of the BME population are between 15 and 64 years compared with 70% among the White British population. A higher proportion of the White British population (15%) is aged 65 or above in comparison to the BME population (6%).

Of new births in the city in 2012/13 which had the ethnicity of the mother recorded, 74% were to White British mothers and 26% were to BME mothers.[10] The distribution of ethnic groups amongst mothers of recorded births can be seen in Figure 2.

Figure 2. Births by mother's ethnic group, Brighton and Hove, 2012/13



Source: Birth notification information, Sussex maternity units, 2012/13

2.2.1 Carers

A carer provides unpaid support to family or friends who are ill, frail, disabled or have mental health or substance misuse problems. At the time of the 2011 Census, almost 24,000 people of all ages in Brighton and Hove provided some informal care; 53% of these were people aged 50 years or over. Among all residents who were providing care, 68% provided 1-19 hours of care, 12% provided 20-49 hours and 20% provided at least 50 hours. The distribution of care providers by locality can be seen in Table 6.[iv,17]

[iv] The distribution of carers by locality was approximated using Lower Layer Super Output Areas (LSOA) from the ONS 2011 Census data and apportioning residents to localities based on the geographical distribution of the LSOAs within the city.

Table 6. Unpaid care provision in Brighton and Hove by locality, 2011

Locality	Total population	Population providing 1-19 hours of unpaid care		Population providing 20-49 hours of unpaid care		Population providing 50+ hours of unpaid care		Total	
	Number	Number	%	Number	%	Number	%	Number	%
Central	63,810	3,994	6.3%	555	0.9%	776	1.2%	5,325	8.3%
East	106,814	6,085	5.7%	1,244	1.2%	2,174	2.0%	9,504	8.9%
West	102,745	6,321	6.2%	1,051	1.0%	1,766	1.7%	9,139	8.9%
Total	273,369	16,401	6.0%	2,850	1.0%	4,716	1.7%	23,967	8.8%

Source: ONS, Census 2011

2.3 Projected population changes

The population of Brighton and Hove is projected to increase by 7% from 2011 to 2021. This is lower than the projected increase in England (9%) and the South East (9%). Within this increase there is, however, variation by age (Table 7 & Figure 3). In Brighton and Hove, the 45-64 years age group is projected to increase by 16%, equating to 9,970 more residents. The second largest increment will be among those aged 65 and over (14%), which is considerably less than the projected growth in this age group nationally (24%). No age group in Brighton and Hove is projected to decline, although the 30-44 years group will remain almost unchanged.

Table 7. Population projections for Brighton and Hove, England and the South East, 2011 & 2021

Age group	Population change in Brighton and Hove				Population change England %
	2011	2021	Number	% change	
0-15	44,451	47,305	2,854	6.4%	12.6%
16-29	65,671	67,457	1,786	2.7%	-0.8%
30-44	65,401	65,697	296	0.5%	4.8%
45-64	61,580	71,550	9,970	16.2%	6.0%
65 and over	35,849	40,982	5,133	14.3%	23.6%
All ages	272,952	292,990	20,038	7.3%	8.6%

Source: ONS 2012-based Subnational Population Projections for England

Figure 3. Population percentages by age for Brighton and Hove& England, 2011 & 2021

Source: ONS 2012-based Subnational Population Projections for England

Between 2012 and 2018 the population of Brighton and Hove is projected to grow by 4.5%. By applying the proportions of residents registered with GP practices as living in each locality in 2012 to the projected population in 2018 (Table 8), it is estimated that the west locality will see the largest growth in total population (5%).[v]

Table 8. Projected population changes by locality, 2012 -2018

Locality	2012	2018	Number	% change
Central	64,900	67,500	2,600	4.0%
East	108,500	113,100	4,600	4.2%
West	102,400	107,500	5,100	5.0%
Total	275,800	288,100	12,300	4.5%

Source: ONS 2012-based Subnational Population Projections for England

Note: The figures presented here have been rounded as they are estimates taken from the ONS 2012 Mid-year Population Estimates and distributed by locality according to the distribution of registered residents on local GP registers in 2012

In the age group 0-14 years (Table 9), the total population is projected to grow by 5%. Less growth is expected in the central locality (4.1%) than east (5.2%) and west (4.7%).

[v] These are approximate estimates that assume the proportional distribution of residents will be the same in 2018 as in 2012. Whilst this is unlikely, it does give an approximation of the future population of each locality.

Table 9. Projected population changes among young people (0-14 years) by locality, 2012-2021

Locality	2012	2018	Number	% change
Central	9,800	10,200	400	4.1%
East	15,400	16,200	800	5.2%
West	16,900	17,700	800	4.7%
Total	42,100	44,100	2,000	4.8%

Source: ONS 2012-based Subnational Population Projections for England

Note: The figures presented here have been rounded as they are estimates taken from the ONS 2012 Mid-year Population Estimates and distributed by locality according to the distribution of registered residents on local GP registers

In the age group 15-64, the total population is projected to grow by 4% (Table 10).Less growth is projected in the east locality (3.3%) than central (3.6%) and west (4.3%).

Table 10. Projected population changes among residents aged 15-64 years by locality, 2012-2018

Locality	2012	2018	Number	% change
Central	47,300	49,000	1,700	3.6%
East	79,600	82,200	2,600	3.3%
West	70,400	73,400	3,000	4.3%
Total	197,300	204,600	7,300	3.7%

Source: ONS 2012-based Subnational Population Projections for England

Note: The figures presented here have been rounded as they are estimates taken from the ONS 2012 Mid-year Population Estimates and distributed by locality according to the distribution of registered residents on local GP registers

Among residents aged 65 or over, the total population is projected to grow by 8% (Table 11). The greatest growth is expected in the east (8.9%) and west (8.6%) localities, with less growth expected in central (6.4%).

Table 11. Projected population changes among residents aged 65 or above by locality, 2012-2018

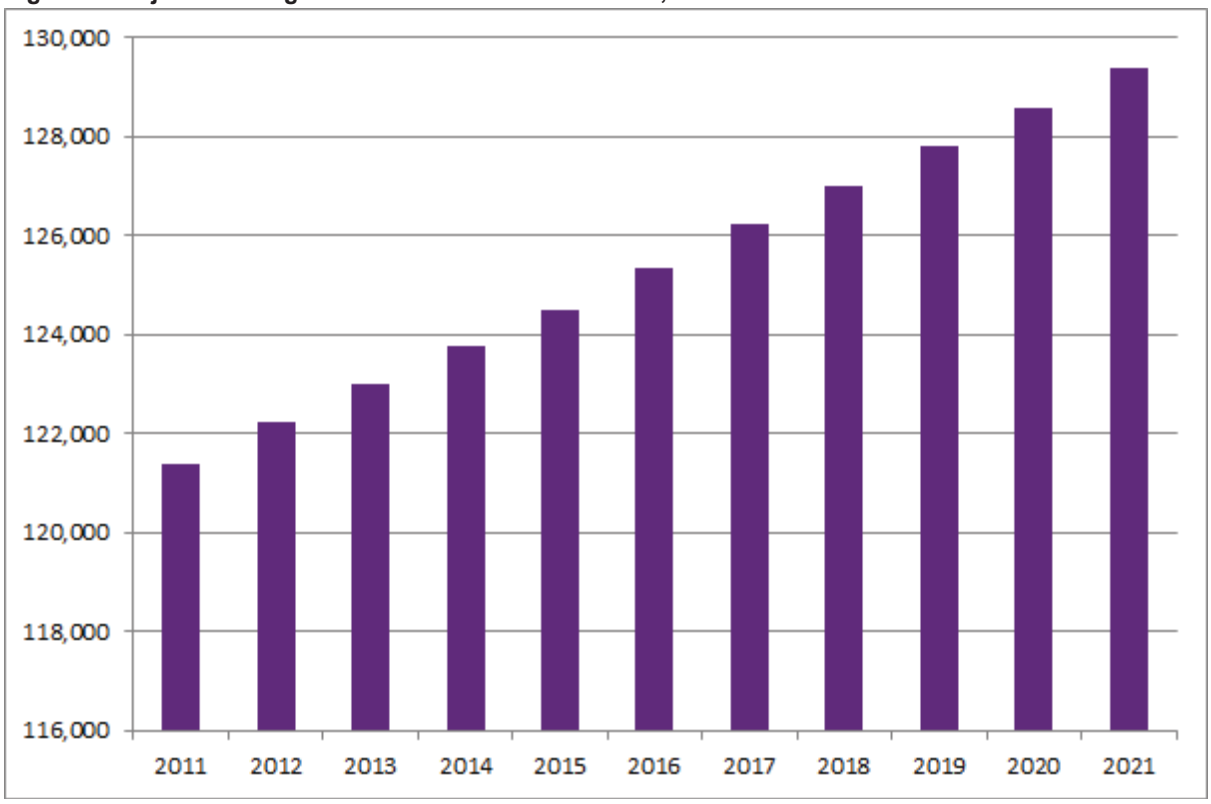
Locality	2012	2018	Number	% change
Central	7,800	8,300	500	6.4%
East	13,500	14,700	1,200	8.9%
West	15,100	16,400	1,300	8.6%
Total	36,400	39,400	3,000	8.2%

Source: ONS 2012-based Subnational Population Projections for England

Note: The figures presented here have been rounded as they are estimates taken from the ONS 2012 Mid-year Population Estimates and distributed by locality according to the distribution of registered residents on local GP registers

2.4 Households and commercial developments

Figure 4. Projected changes in the number of households, 2011-2021



Source: Department for Communities and Local Government, Household Interim Projections in England, 2011 to 2021

The number of households in Brighton and Hove is projected to increase by 7% between 2011 and 2021 (Figure 4). This equates to approximately 8,000 additional households. At the time of the 2011 Census, nearly 30% of households in Brighton and Hove were rented privately (Table12), significantly higher than England (17%) and the South East (16%). This high percentage of rented housing, in combination with the large student population, means that Brighton and Hove is subject to a greater degree of population "churn" than the surrounding areas.

Table12. Housing tenure, Brighton and Hove, South East, England, 2011

Housing tenure	Brighton and Hove	England	South East
Owned	53.3%	63.3%	67.6%
Shared ownership (part owned and part rented)	0.9%	0.8%	1.1%
Social rented	15.0%	17.7%	13.7%
Private rented	29.6%	16.8%	16.3%
Living rent free	1.3%	1.3%	1.3%

Source: ONS, Census 2011

Table 13 shows the housing development plans for the local council, aimed at meeting the continuing demand for new housing in the city. The city has plans to build 11,350 new dwellings by 2030, the distribution of which can also be seen in

Table 13. In addition, 20,000m^2 of new retail floor space is planned for development in and around the City Centre and Churchill Square. Already a very busy area these new developments are expected to further increase foot traffic in the city centre. An expected 5,000m^2 of new retail floor space is planned for Brighton Marina, which is again expected to increase visitor numbers. These areas already represent busy clusters within the city which see substantially greater numbers of people than the rest of the city. Consequently it is not expected that these developments will greatly alter the flow of residents and visitors within the city.

Table 13. New dwellings in Brighton and Hove, 2012-2021

Site	New homes	New employment floor space (sq. m)	New retail floor space (sq. m)
Brighton Centre and Churchill Square	20		20,000
Brighton Marina	1,940	2,000	5,000
Lewes Road	810	15,600	
New England Quarter and London Road	1,185	20,000	
Eastern Road and Edward Street	470	18,200-22,200	
Hove Station	630	1,000	
Toad's Hole Valley	700	25,000	
Shoreham Harbour	400	7,500	
Rest of the City	3,945	11,257	
Small Site Development	1,250		
Total	11,350	100,500 - 105,500	25,000

Source: Brighton and Hove City Plan Submission[vi], Part One

2.5 Fertility

There are currently an estimated 66,214 females of child-bearing age (15-44) in the city, comprising 24% of the total population and 48% of females. This is higher than the proportions in England (20% of the total population) and the South East (19%). This figure is projected to decrease to 64,418 in 2021, at which point females aged 15-44 are estimated to comprise 22% of the total population. However, this proportion is projected to remain higher than England (19%) and the South East (18%). In 2011, the General Fertility Rate in Brighton and Hove was 50 live births per 1,000 females aged 15-44, lower than the England (64) and South East (64) figures.

2.6 Visitors

As a popular tourist destination, Brighton and Hove sees large numbers of visitors each year with 8,580,000 day visits recorded in 2012. With the ongoing development of the sea front, for example the construction of the i360, this number is expected to continue to grow.

[vi] The City Plan is currently awaiting approval from the Secretary of State

2.7 Brighton and Hove Population Summary

At the time of the 2011 Census there were 272,952 people resident in Brighton and Hove. The population profile of the city shows a significantly higher percentage of working age adults (20-64), fewer children / young people (0-19) and fewer older people (65+) as compared to the England population age structure. The majority of the population is White British (81%), although this percentage fell considerably from the 2001 Census (88%).

Among the three localities (central, east, west), east has a significantly larger population (108,500) than west (102,400) and central (64,900). West has the highest proportion of female residents (51%), although this is not significantly higher than east (50%). Central has a significantly lower proportion of female residents (49%) than either of the other localities. The east and west localities have a similar proportion of residents aged 0-19 years; central has a significantly lower proportion in this age group. Central has a significantly higher proportion of residents in the 20-64 years age group than east, which has a significantly higher proportion than west. The locality with the highest proportion of residents aged 65 or above is west, with no significant difference observed between central and east.

The population of the city is projected to increase by 6% between 2011 and 2021 with the greatest increase seen in the 45-64 years age group. The student population will continue to contribute a significant proportion of residents and the city is expected to show greater ethnic diversity.

3 Local health needs

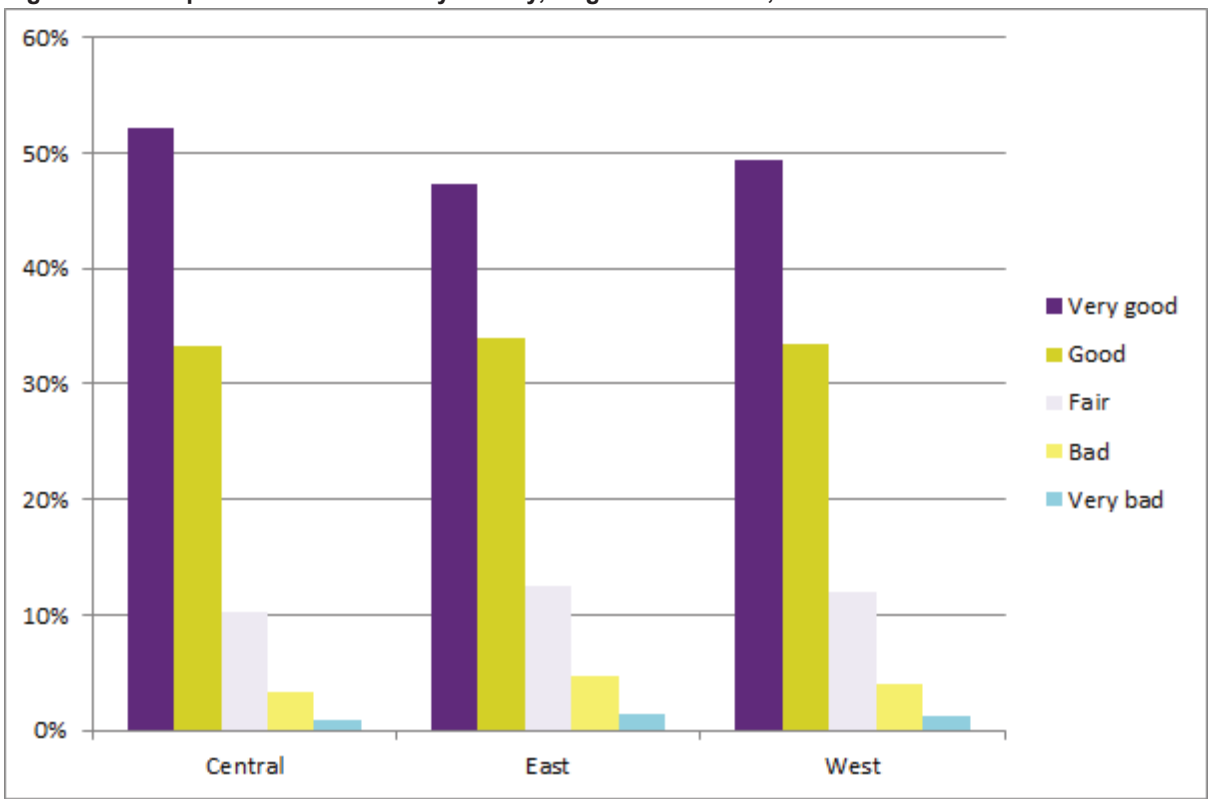
This section focuses on local health needs by examining the variation in morbidity, mortality and health service utilisation across the population in Brighton and Hove. It also discusses their implications on pharmaceutical service provision. The main sources of information and data were the 2014health profiles produced by Public Health England (PHE) and the Brighton and Hove JSNA. Presentation of the data is mostly at city level, with ONS and Quality and Outcomes Framework (QOF)[vii] data shown at locality level.

3.1 General health

3.1.1 Limiting long-term illness

At the time of the 2011 Census 17% of residents described their health status as less than good. Differences were observed between the three localities (Figure 5), with 86% of central residents describing their health as either “Good” or “Very good”, significantly higher than west (83%), in turn significantly higher than east (81%). This is likely to be partly explained by the variation in age structure between the three localities.[viii]

Figure 5. Self-reported health status by locality, Brighton and Hove, 2011

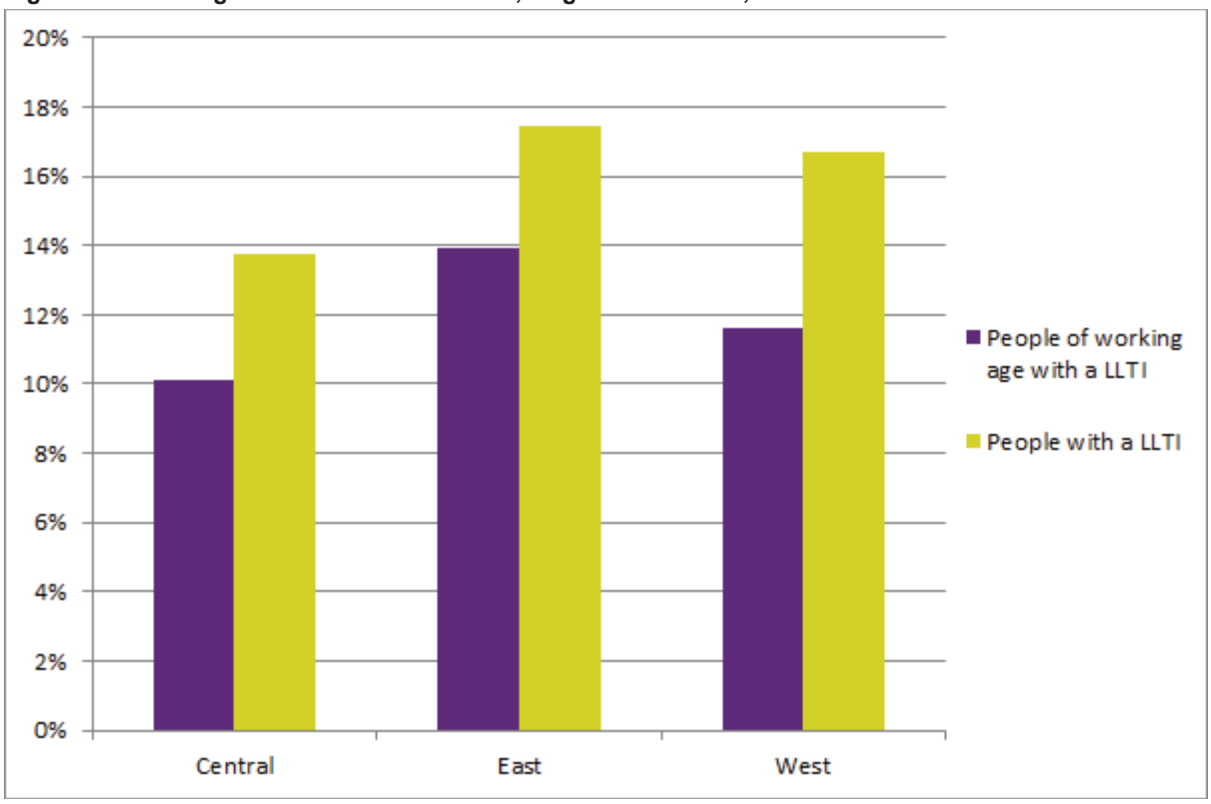


Source: ONS, Census 2011

[vii] QOF is a voluntary incentive scheme for GP practices in the UK, rewarding them for how well they care for patients. The QOF contains groups of indicators, against which practices score points according to their level of achievement. The QOF gives an indication of the overall achievement of a practice through a points system.
[viii] Age-standardisation of this data was not possible due to the Census 2011 results not being released at a sufficiently detailed level (Lower-layer Super Output Area) by age.

In the east locality a significantly higher proportion of residents (18%) reported having a limiting long-term illness (LLTI)[ix] than in west (17%). Both of these localities have significantly higher proportions of residents with LLTIs (Figure 6) than central (14%). The same pattern was observed among residents of working age (15-64)[x] although there is no significant difference between east and west in this age group.

Figure 6. Percentage of residents with a LLTI, Brighton and Hove, 2011



Source: ONS, Census 2011

3.1.2 Life expectancy

In 2010 – 2012, the life expectancy at birth for Brighton and Hove among females was 83.0 years and 78.7 among males.[7] Females in the city can expect to live on average around nine months longer than the average female in England (82.2 years), life expectancy for males is approximately six months lower (78.2 years). Life expectancies for both genders were lower than the South East, by 10 months for females (83.8 years) and two years for males (80.3 years).[7]

Life expectancy at age 65 among females in Brighton and Hove was 21.3 years for females and 18.3 years for males. In comparison, these figures were 20.6 and 18.0, respectively, at the national level and 21.6 and 19.2, respectively, in the South East.[7]

[ix] This Censes question is a self-assessment of whether a person has a health problem or disability which limits their daily activities and which has lasted, or is expected to last, at least 12 months. This includes problems that are due to old age.

[x] The ONS Census 2011 release is presented in 5-year age groups, hence it is not possible to present a figure for working age residents defined using the standard age bracket (16-64 years)

The slope index of inequality in life expectancy gives a measure of the hypothetical difference in life expectancy between the most deprived and least deprived individuals. It is a more sensitive measure than the difference in mortality between the most deprived and least deprived quintiles of population as it looks at differences in life expectancy across the whole population. In 2006-2010 the slope index was 10.6 years for males and 6.6 years for females in Brighton and Hove. For males this gap was almost two years wider than nationally. As has been seen nationally, whilst mortality rates in the city are falling in all groups (and therefore life expectancy rising), they are falling at a faster rate in the least deprived quintile and so inequalities are widening.[7]

There was a nine year difference in life expectancy between Queen's Park and Brunswick & Adelaide in 2006-2010 (Table 14).

Table 14. Life expectancy by ward, Brighton and Hove, 2006-2010

Locality	Ward	Life expectancy (2006-2010)
East	Queen's Park	76.7
West	Westbourne	76.8
East	East Brighton	77.4
East	Hollingbury and Stanmer	77.7
West	South Portslade	77.7
East	Moulsecoomb and Bevendean	77.7
East	Goldsmid	78.3
Central	Regency	78.4
Central	St. Peter's and North Laine	78.7
West	Wish	79.3
West	Central Hove	80.4
East	Hanover and Elm Grove	80.7
Central	Preston Park	80.8
West	Hangleton and Knoll	81.0
East	Rottingdean Coastal	81.3
West	North Portslade	81.4
Central	Patcham	81.8
East	Woodingdean	82.4
West	Stanford	83.1
Central	Withdean	84.2
West	Brunswick and Adelaide	85.8

Note: The ward and locality boundaries do not match precisely. The localities have been included here for reference; the life expectancy was calculated using ward-level data.

3.1.3 Teenage conceptions

The 2011 under-18 conception rate for Brighton and Hove was 29 per 1,000 females aged 15-17 years, compared with the national rate of 31 per 1,000 and 26 in the

South East.[7] Between 1998 and 2011 the under-18 conception rate in the city fell from 48 to 29 per 1,000, a statistically significant 39% reduction which compares with a national reduction of 44% across this period. Further analysis at ward level shows the highest teenage conception rates were in East Brighton, Hanover and Elm Grove, Queen's Park and Central Hove in 2008-2010.[7]

In 2011 the under-18 termination rate was 17 per 1,000 women aged 15-17 years with 59% of conceptions leading to abortion. In England & Wales this figure was 15 per 1,000 with 49% leading to abortion. The repeat termination rate in 2011 was 2%, down from 12% in 2010.[7]

Under-18 conception rates have fallen in recent years, however it appears that those women who do conceive are increasingly likely to have an abortion indicating that more work may be required to support these women.

3.1.4 HIV

In 2011 Brighton and Hove had the ninth highest human immunodeficiency virus (HIV) prevalence[xi] in England at 8 per 1,000 people aged 15-59 years, compared with 2 per 1,000 in England, and the highest prevalence outside of London. In 2011, 1,528 residents of the city accessed NHS HIV treatment services. The total figure for both sexes has been increasing rapidly; in 2005 it was 942 people; in 2002 it was 717 people.[7]From 2003 to 2007, there were between 130 and 260 new diagnoses in Brighton and Hove residents each year.[7]

3.1.5 Mental health

In 2012/13, Brighton and Hove had a higher recorded QOF prevalence of depression among those aged 18 or over (7%, 17,837 cases) than England (6%).[11] Incidence[xii] of depression was also greater, at 1.4% (3,292 cases), than nationally (1.0%).QOF prevalence of mental health problems in Brighton and Hove was 1.2%, higher than 0.8% at England level.[7]

Nearly three quarters of secondary school pupils aged 14-16 in the city took part in the annual Safe and Well at School Survey in 2013. Among young people responding to the survey, 91% reported that they feel happy often or sometimes, with 56% reporting that the feel anxious / worried often or sometimes. Feeling very sad / depressed often or sometimes was reported by 34% of pupils. When asked whether these feelings affect how they live their life, 35% reported that they do.[12]

3.1.6 Visitors

It is likely that visitors to the city utilize healthcare services in different ways to local residents. Over the period April 2014 – August 2014, out of hours primary care

[xi] Prevalence is the percentage of a population which has a given condition at a given point in time.
[xii] Incidence is the occurrence of new cases of a given condition in a population and can be expressed as a percentage or a rate

services, run by Integrated Care 24 (IC24)[xiii], were used by 11,633 people, 832 of whom were not registered on local GP registers. This corresponds to 7% of the users of this service over this period; therefore this should be considered by commissioners of pharmacy services as a proportion of those accessing services will be from outside of the city.[13]

3.2 Health profiles 2014

Health profiles are produced for each Local Authority by PHE.[14]The profile consists of 32 indicators grouped under five main domains:

- Our communities
- Children and young people's health
- Adults' health and lifestyles
- Disease and poor health
- Life expectancy and causes of death

The purpose of health profiles is to help local authorities, health services and commissioners identify problems in their areas and develop strategies to address them. Performance for local authorities in England is benchmarked against the England average for the 32 specified indicators. Table 15 shows indicators for Brighton and Hove where performance is significantly worse than the England average (See Appendix 1: Brighton and Hove Health Profile 2014for a full profile). These areas are then considered further in this section.

Table 15.2014 Health Profile indicators where Brighton and Hove's performance is significantly worse than the England average

Domain	Indicator
Our communities	Deprivation
	Statutory homelessness
	Violent crime
Children's and young people's health	Alcohol-specific hospital stays (under 18)
Adults' health and lifestyle	Adults smoking
Disease and poor health	Incidence of malignant melanoma
	Hospital stays for self-harm
	Drug misuse
	Acute sexually transmitted infections
Life expectancy and causes of death	Male life expectancy at birth
	Smoking related deaths
	Killed and seriously injured on roads

Source: Public Health England, 2014 Health Profiles

3.2.1 Deprivation

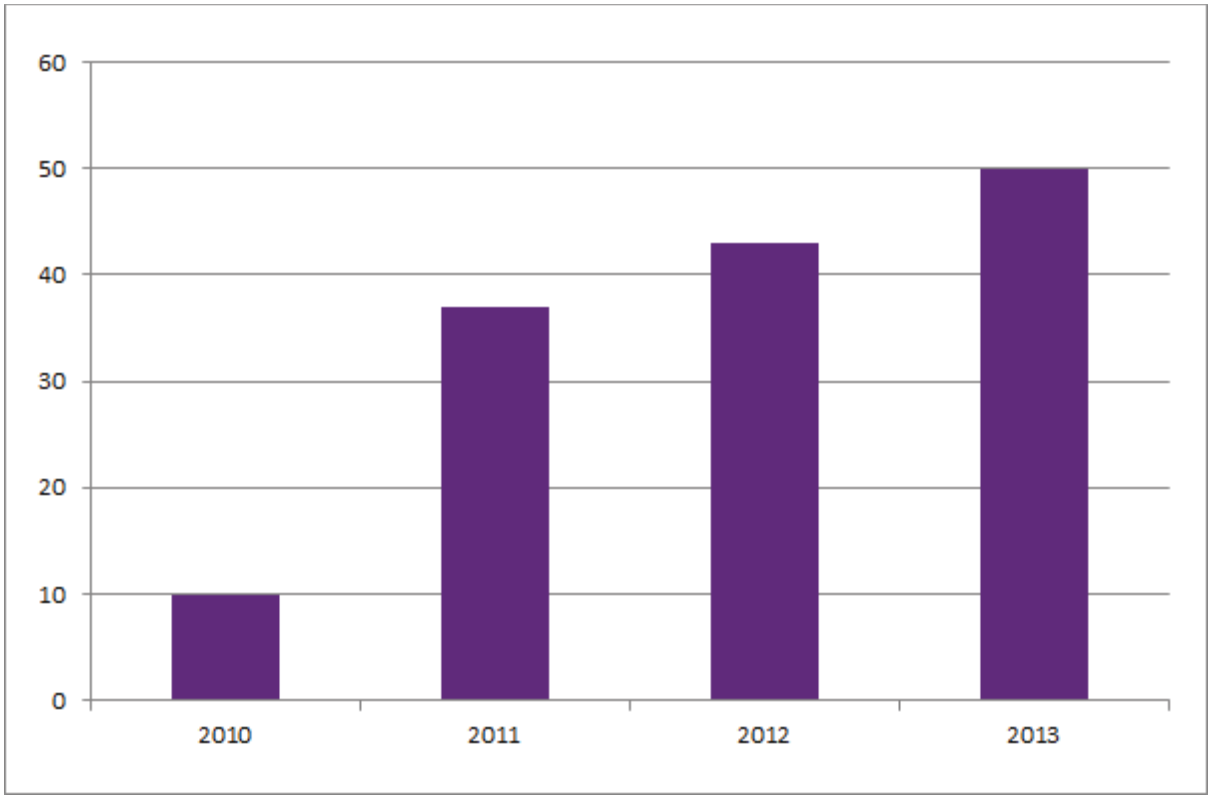
According to the 2014health profile 22% of the population of Brighton and Hove live in the most deprived (20%) areas in England, with 33% in the second most deprived quintile. These figures are significantly higher than the England values (both 20%).

[xiii] IC24 is a Social Enterprise company providing a range of primary care services

3.2.2 Homelessness

The number of recorded rough sleepers[xiv] has increased rapidly over the last five years, with an official rough sleeper street count of 50 in 2013 (Figure 7).[15] The City Council, in collaboration with a group of partner agencies, estimated the number of people sleeping rough on a "typical" night to be 90 in March 2013.7 A crude rate of statutory homeless of 4.3 statutory homeless households per 1,000 households was estimated for Brighton in 2012/13.[14]

Figure 7. Total rough sleepers found on the annual street count, Brighton and Hove, 2010-2013



Source: Department for Communities and Local Government, Rough sleeping statistics England

3.2.3 Educational attainment

There is a strong correlation between educational attainment and health. Populations with low educational attainment tend to have poorer health outcomes. This is linked in part to economic earning capacity but is also due to poor health literacy. Community pharmacies have been identified as access points to information which will support these populations to make healthy lifestyle choices.[16]

In 2012/13, 62% of pupils at the end of Key Stage 4, in schools maintained by the City Council, achieved at least five GCSEs (including English and Maths) at grades A*-C or equivalent.[14] This was equivalent to the England average of 61%.

xiv Defined by the Department for Communities and Local Government as "People sleeping, about to bed down (sitting on/in or standing next to their bedding) or actually bedded down in the open air (such as on the streets, in tents, doorways, parks, bus shelters or encampments). People in buildings or other places not designed for habitation (such as stairwells, barns, sheds, car parks, cars, derelict boats, stations, or "bashes")."

At the time of the 2011 Census, 10% of the working age (16-64) population of Brighton and Hove had no qualifications, lower than England (15%) and similar to the South East (12%).[17]By locality, a higher proportion of the working age population in the east have no qualifications (12%) than central or west (Table 16).[xv]

Table 16. Proportion of residents aged 16-64 years with no qualifications in Brighton and Hove by locality, 2011

Locality	Total population	Population with no qualifications	
	Number	Number	%
Central	43,258	2,817	6.5%
East	76,674	9,202	12.0%
West	70,490	6,636	9.4%
Total	190,422	18,656	9.8%

Source: ONS, Census 2011

3.2.4 Violent crime

In 2012/13 4,150 incidents of violent crime against a person were recorded in Brighton and Hove. While this figure is lower than the preceding years (3% lower than 2011/12, 14% lower than 2010/11) these crimes can have a significant impact on physical health and mental wellbeing. Between 2009/10 and 2011/12, 577 hospital admissions for violence were recorded. This corresponds to a directly standardised rate of 67 per 100,000 people which is very similar to the England rate of 68 per 100,000.7

3.2.5 Substance misuse

In Brighton and Hove in 2012 it was reported that each week there were:

- 66 ambulance call-outs due to alcohol
- 46 attendances at Brighton Accident and Emergency (A&E) departments related to alcohol
- 11 people under the age of 25 years seen by Safe Space[xvi]
- 97 alcohol-related inpatient hospital admissions for adult residents of Brighton and Hove
- Two deaths associated with the impact of alcohol (almost one death a week wholly related to alcohol)

In 2010/11, a directly age and sex standardised rate of hospital stays for alcohol-related harm of 1,987 per 100,000 (European Standard Population) was estimated

[xv] The distribution of educational attainment data by locality was approximated using Lower Layer Super Output Areas (LSOA) from the ONS 2011 Census data and apportioning residents to localities based on the geographical distribution of the LSOAs within the city.

[xvi] The Safe Space project runs every Friday and Saturday night in central Brighton and Hove. The project helps those who have become distressed, either through being intoxicated, injured, have lost their friends or are unable to get home.

for Brighton and Hove.[14] This was significantly higher than the England average for the same period which was 1,895 per 100,000 (European Standard Population).

In the 2013 Safe and Well at School Survey49% of pupils aged 11-16 years reported that they have tried alcohol with53% of these pupils stating that they have been drunk.[12]In comparison, at the national level 43% of children aged 11-15 years reported that they have tried alcohol.[18] In 2012/13 there were 176 referrals from A&E to the young people's alcohol worker: 47% were male and 53% were female. There was a 19% reduction in referrals compared to the previous year (2011/12) when there were 216.7

Brighton and Hove had the seventh highest rate of drug related deaths in 2011 according to the National Programme on Substance Abuse Deaths (np-SAD).[19] There were 20 drug-related deaths in residents aged 16 years or over, or 9 per 100,000 population, falling from a peak of 33 per 100,000 in the year 2000.

The Brighton and Hove Drug Treatment Needs Assessment 2013-14 indicates that there were 1,582 clients in drug treatment in 2012. During the same year there was an average of 13 attendances at the Royal Sussex County Hospital A&E department each month related to "drugaddiction".[19]Among respondents of the 2012 Health Counts Survey, 60% had never taken drugs not prescribed to them or available at a chemist, 10% had taken drugs in the last four weeks and an additional 7% in the last year (but longer ago than four weeks).[20] The 2014health profile reported a crude prevalence of opiate and/or crack cocaine users of 12 per 1,000 persons aged 15-64 in the city in 2010/11, significantly higher than the England average of 9 per 1,000.[14]

In the 2013 Safe and Well at School Survey, 79% of secondary school respondents aged 14-16 years had not tried drugs that were not prescribed for them.[12] This compares to a figure of 83% of children aged 11-15 years reported across England in 2012 in the Smoking, Drinking and Drug Use Survey Among Young People in England - 2012.[18] Among the local survey respondents who have tried drugs, 85% reported that they have tried cannabis, with a median age of first use of 14 years. Regarding other drugs use, 39% reported that they have tried drugs other than cannabis.[12]

3.2.6 Smoking

The prevalence of smoking amongst adults in the city was estimated to be 23% in 2011/12 in the Integrated Household Survey of all areas in England. This was significantly higher than the England average for the same period of 20%.[14]The 2014 health profile estimated smoking prevalence of 24% in 2012, significantly higher than 20% across England. Between 2008 and 2010 there were on average 381 deaths per year related to smoking in the city. This corresponds to an age standardised rate of 226 deaths per 100,000 people, compared with the England average of 211 deaths per 100,000 people.[14]

3.2.7 Cancer

The directly age-standardised mortality rate for all cancers for persons under 75 years in Brighton and Hove in 2009-2011 was 118 per 100,000 (European Standard Population).[14]This was significantly higher than the England average for the same period which was 108 per 100,000 (European Standard Population). In 2011, there were 631 deaths attributable to cancers among residents of the city, constituting 30% of all deaths in that year.[7]

In Brighton and Hove in 2009-2011 the directly age-standardised rate of registrations for malignant melanoma[xvii] among persons under 75 years was 18 per 100,000 (European Standard Population). This was significantly higher than the England average of 15 per 100,000 (European Standard Population).[14] In 2011, nine deaths due to malignant melanoma were recorded among the residents of the city.[7]

Screening coverage for breast (73%) and cervical (72%) cancer in Brighton and Hove is significantly worse than the national standard (80%) and the city ranks 18/20 for breast screening uptake within the Kent, Surrey and Sussex region, 20/20 for cervical screening and 17/20 for bowel screening uptake[21].

3.2.8 Self-harm

In 2012/13, the directly age and sex standardised rate of hospital admissions for self-harm among all city residents was366 per 100,000 persons, significantly higher than the England average of 188 per 100,000.[14]

3.2.9 Sexual health

Brighton and Hove has high rates of the commonest sexually transmitted infections (STI) such as chlamydia, gonorrhoea, syphilis, herpes and warts when compared to national rates and to rates in the South East (

[xvii]Melanoma is a rare and serious type of cancer that begins in the skin and can spread to other organs in the body

Table 17). Attendances at the main genitourinary medicine (GUM) clinic in Brighton and Hove are very high, at approximately 24,000 in 2012/13, and are increasing year on year.[7]In 2012, 1,837 acute STIs per 100,000 residents were recorded by GUM clinics and the Chlamydia Testing Activity Dataset, significantly higher than the England average of 804 per 1,000.[14]The 2012 Brighton and Hove Health Counts survey asked people about their sexual health and if they had ever been diagnosed with an STI: approximately double the percentage of respondents reported being diagnosed with any of the STIs listed[xviii] than respondents to the national 2010 Health Survey for England.[7,22]

[xviii]Genital warts, Chlamydia, Non-specific urethritis (NSU) / Non gonococcal urethritis (NGU), Herpes, Gonorrhoea, Syphilis

Table 17. Rates of selected Sexually transmitted infection (STI) and acute STI diagnoses per 100,000 population (all ages), 2012

	Brighton and Hove		South East	England
	Number of cases	Rate	Rate	Rate
Syphilis	55	20.2	2.9	5.4
Gonorrhoea	351	128.6	25.1	45.9
Chlamydia (aged 15-24)	1,493	3,286	1,627	1,979
First episode of genital warts	665	243.6	129.7	134.6

Among pupils aged 14-16 years responding to the Safe and Well at School Survey, over 80% reported that they have not had sex.[12] The majority of pupils (77%) either know about chlamydia (36%) or know about it and where to get tested (41%); 53% of pupils reported that they know where to get free condoms. School lessons were stated as useful regarding sex and relationships by 64% of pupils.

3.2.10 Road injuries and deaths

In Brighton and Hove in 2010-2012 a crude rate of 57 deaths or serious injuries per 100,000 resident population was recorded by the police and published by the Department for Transport. This was significantly higher than the England average of 41 per 100,000.[14] In 2012 there were 819 people slightly injured in road accidents in the city.7

3.3 Disease prevalence from QOF data 2012/13

Table 18 gives England, Brighton and Hove and locality prevalence of various health conditions, along with modelled prevalence for some of these conditions. This section explores QOF disease registers prevalence data for the city, compares this with modelled prevalence data and explores the potential impact of these on pharmaceutical services. QOF registers are records from GP practices which give an indication of the overall achievement of a practice through a points system. They contain information on the prevalence of a range of indicators among the registered population of that practice. Comparisons between QOF prevalence and modelled prevalence estimates for England allow us to assess how much of the population may have a given condition but may be undiagnosed or unidentified.

The paragraphs below outline key health conditions and issues relevant to pharmacy services.

3.3.1 Asthma

Asthma patients require support to understand self-management of their disease and maintain competency with inhaler devices.

3.3.2 Atrial Fibrillation

Patients with Atrial Fibrillation are prescribed anticoagulant and antiplatelet medication which needs to be carefully managed. There is evidence that community

pharmacist led anticoagulation clinics achieve good therapeutic control and are welcomed by patients.[16]

3.3.3 Cardiovascular Disease

The role of pharmacists in the management of chronic diseases has been shown to be important.[23] As with other chronic conditions, Cardiovascular Disease (CVD) patients may require support to manage their medication regimes. Comparison between recorded QOF prevalence in 2012/13 and modelled prevalence in 2011 shows a 9% lower recorded prevalence than would be expected, suggesting that CVD may be underreported or under identified in Brighton and Hove (and England).

3.3.4 Chronic Obstructive Pulmonary Disease

Chronic Obstructive Pulmonary Disease (COPD) patients with moderate or severe disease may require support to manage their medication regimes. If they have not yet given up smoking community pharmacists can offer opportunities to access smoking cessation services. Brighton and Hove (and England) has lower prevalence of COPD recorded through QOF than modelled estimates suggest, which may mean there is underreporting or under identification of the condition.

3.3.5 Coronary Heart Disease

Patients with Coronary Heart Disease (CHD) are prescribed multiple medications and require support to ensure compliance and adherence to regimens. Similarly with CVD and COPD Brighton and Hove (and England) has lower prevalence of CHD recorded through QOF than modelled estimates suggest, which may mean there is underreporting or under identification of the condition.

3.3.6 Dementia

Patients with dementia frequently have other co-morbid conditions for which they have medication prescribed. As the disease progresses significant support is required to maintain independence. Supply of compliance aids by community pharmacies directly to patients or to their carers can provide assistance in maintaining control of other medical conditions and preventing hospital admissions. There are currently no modelled estimates of dementia prevalence available.

3.3.7 Diabetes

Community pharmacies could provide screening services to direct patients to GP surgeries for further diagnosis. Early detection of diabetes contributes to improved clinical outcomes. Brighton and Hove has lower modelled estimates of diabetes prevalence among those aged over 17 years (6%) than England (7%).

3.3.8 Heart failure

Patients with heart failure may be prescribed multiple medications and require support to ensure compliance and adherence to regimens, as with other chronic conditions. There are currently no modelled estimates of heart failure prevalence available.

3.3.9 Hypertension

Community pharmacies can provide screening services to direct patients to GP surgeries for further diagnosis. Early detection of hypertension contributes to improved clinical outcomes. There is a lower recorded prevalence of hypertension recorded through QOF in Brighton and Hove (and England) which may mean there is underreporting or under identification of the condition. There is a lower recorded prevalence in Brighton and Hove when compared to the rest of England.

3.3.10 Hypothyroidism

Patients with hypothyroidism may be prescribed multiple medications and require support to ensure compliance and adherence to regimens. There are currently no modelled estimates of hypothyroidism prevalence available.

3.3.11 Mental health

Brighton and Hove has a high prevalence of mental illness and depression. All patients including those with mental illness can benefit from receiving information about the five ways to wellbeing and other mental health and wellbeing services. Mental health patients on medication would also benefit from support with medication regimes to ensure compliance. There are currently no modelled estimates of mental illness prevalence available.

3.3.12 Obesity

Obesity is an important health issue for the UK as it can lead to diseases such as type 2 diabetes, CVD and joint pain. Future impact on health services if obesity levels are not controlled will be substantial – the prevalence of obesity nationally is growing consistently. Obesity prevalence from QOF for Brighton and Hove (6%) aged 16 years or over is much lower than national estimates for England (2012) at 25% of adults aged 16 years or over. There are currently no modelled estimates of obesity prevalence available.

3.3.13 Palliative care

Patients in palliative care may be prescribed multiple medications and require support to ensure compliance and adherence to regimens. Additionally, the community pharmacist may be a source of psychological and social support.

3.3.14 Peripheral Arterial Disease

Patients with peripheral arterial disease may be prescribed multiple medications and require support to ensure compliance and adherence to regimens. There are currently no modelled estimates of peripheral arterial disease prevalence available.

3.3.15 Smoking in chronic disease

Smoking has a major impact on health, particularly for patients with chronic disease. There are now a range of interventions to support patients wishing to quit and community pharmacies services have experience of delivering these services in the city and elsewhere.

3.3.16 Stroke / Transient Ischaemic Attack

Brighton and Hove (and England) has lower prevalence of stroke/transient ischaemic attack (TIA) recorded through QOF than modelled estimates.

Table 18. Disease prevalence from QOF by locality, Brighton and Hove and England (2012/13) and modelled prevalence for Brighton and Hove and England

Condition	QOF disease registers (prevalence %) 2012/13					Modelled estimates (%) - 2011		Age for modelled estimates if differ from QOF	Model
	Central	East	West	Brighton and Hove	England	Brighton and Hove	England		
Asthma	5.4%	6.1%	5.7%	5.7%	6.0%	-	-		
Atrial fibrillation	1.0%	1.3%	1.4%	1.2%	1.5%	-	-		
Cancer	1.4%	1.8%	1.7%	1.6%	1.9%	-	-		
Cardiovascular disease	1.4%	1.6%	2.0%	1.7%	2.2%	10.7%	11.8%	16+	ERPHO, December 2011
Chronic obstructive pulmonary disease	1.0%	1.6%	1.3%	1.2%	1.7%	4.5%	3.6%	16+	ERPHO, December 2011
Coronary heart disease	1.8%	2.7%	2.5%	2.3%	3.3%	5.3%	5.8%	16+	ERPHO, December 2011
Dementia	0.3%	0.4%	0.6%	0.4%	0.6%	-	-		
Diabetes (17+)	-	-	-	-	6.0%	6.2%	7.3%	16+	APHO, December 2012
Heart failure	0.4%	0.6%	0.6%	0.5%	0.7%	-	-		
Hypertension	8.4%	11.0 %	10.9 %	10.0%	13.7%	27.5%	30.6%	16+	ERPHO, December 2011
Hypothyroidism	2.7%	3.6%	3.5%	3.3%	3.2%	-	-		
Mental health	1.0%	1.3%	1.2%	1.1%	0.8%	-	-		
Obesity (16+)	5.0%	5.9%	6.3%	5.8%	10.7%	-	-		
Palliative care	0.1%	0.3%	0.2%	0.2%	0.2%	-	-		
Peripheral arterial disease	0.4%	0.6%	0.6%	0.5%	0.7%	-	-		
Stroke / TIA	1.0%	1.4%	1.4%	1.3%	1.7%	2.3%	2.6%	16+	ERPHO, December 2011

Source: Modelled estimates taken from: http://www.apho.org.uk/DISEASEPREVALENCEMODELS

Note: Looking only at the numbers of patients currently being treated for a disease does not show its real prevalence and impact on the population's health. At any given time there are many people who have a disease but are not aware of it because it has not yet been diagnosed.

Abbreviations: QOF: Quality and Outcomes Framework; ERPHO: Eastern Region Public Health Observatory; NEPHO: North East Public Health Observatory

3.4 Future Health Needs

Future health needs will continue to change as the population lives longer. Obesity is the biggest public health challenge that the city faces. Although there has been year on year improvements in healthy weight figures for children and young people, obesity rates in adults are still on the rise.

Nationally the prevalence of dementia is increasing as people live longer, and as a consequence of increasing obesity. This is also the case for Brighton and Hove, although historically dementia has been underdiagnosed in the city, with only 43% of expected cases diagnosed. Prevalence is expected to increase in the future as a result of case finding by the Memory Assessment Service. The Better Care Plan for the city has set a diagnosis target rate of 56% for 2014 and 67% by 2015. The NHS Dementia Prevalence Calculator estimates that by 2020, there could be 3,211 over 65s with dementia in the city compared to 2,972 in 2014.[1]

An increase in prevalence of diagnosed dementia will have implications for pharmacy services as more people will be prescribed medications to slow down the progression of mild to moderate dementia, in line with NICE guidance. Pharmacies will also have a role to play as part of Dementia Friendly Communities providing supportive environments for patients with symptoms of dementia and signposting people to local dementia services[24].

Every year the number of people diagnosed with diabetes increases. In March 2013, 10,309 people (aged 17 years or over) in Brighton & Hove were recorded as having diabetes by their GP, compared with 9,936 in 2012. This is a prevalence of 4.2% compared with 3.3% in 2012. Modelled estimates predict an increase of prevalence to 17,842 people with diabetes by 2030.[2] As diabetes prevalence increases pharmacies will have an important role to play in increasing awareness of the potential risk factors. This could involve opportunistic use of the NICE supported Diabetes UK risk assessment tool and running pharmacy-based diabetes prevention health promotion campaigns.

Other future health needs include cancer; rates have also continued to rise in part due to the ageing of the population however melanoma rates are increasing substantially in young people. Although smoking use continues to fall, the effects of previous and current smokers will still significantly impact on health care services for some time and inequalities in tobacco use are wider than they ever were.

Although, alcohol-related hospital admissions continues to fall; alcohol use remains significant and particularly harmful consumption among young people and adults. Substance misuse has been an issue for the city for many years however while use has consistently been higher than across most of England, the pattern of substance misuse is changing with the advent of novel psychoactive substances. Treatment

services are adapting and will need to continue to adapt to the different profile of drug use.

Regarding sexual health, although teenage pregnancy rates are falling abortion rates remain high. While the incidence of some sexually transmitted infections are reducing, behaviour change for target groups is required to reduce the spread of new infections.

3.5 Brighton and Hove Joint Health and Wellbeing strategy and Health and Wellbeing Board plans for Better Care

The Brighton and Hove Joint Health and Wellbeing Strategy (published 2013) is based on the JSNA and focuses on the below five priority areas. These are areas that the HWB considered they could make the biggest impact:

- Smoking
- Emotional health and wellbeing (including mental health)
- Healthy weight and good nutrition
- Cancer and access to cancer screening
- Dementia

In addition to the above five, the strategy also highlights actions planned in the following five additional areas of work:

- Alcohol
- Substance misuse
- Sexual health
- Teenage pregnancy
- Healthy ageing

Tacking health inequalities is an integral part of the Joint Health and Wellbeing Strategy and tackling inequality is one of the three priorities in the council's corporate plan for 2011-2015, and is also a duty of the CCG. The two other priorities in the council's corporate plan; engaging people who live and work in the city and creating a more sustainable city; are also important to addressing inequalities.

In 2014/15 the HWB took over overseeing the development of the Better Care Plan for Brighton and Hove. This work will transform how local health and social care services for some of the most vulnerable residents are delivered so that people are provided with better integrated care and support. The plan will concentrate on delivering an integrated model of care for people who are 'frail', including both older people who are frail, other people who have complex needs (e.g. people with mental health needs) and homeless.

4 Current pharmaceutical provision

This section describes in detail the current pharmaceutical service provision in Brighton and Hove which includes services provided by community pharmacies, other NHS and non-NHS institutions. There are currently no dispensing GP practices or internet /distance selling pharmacies in the city. Information on level of access to pharmaceutical services including opening hours, distance and travel times is presented, along with maps to show service coverage. Pharmaceutical service performance levels are compared with regional and national averages where applicable. This section also includes a summary and recommendations.

4.1 Community pharmacies

There are currently 60 community pharmacies in Brighton and Hove, the same as at the time of the previous PNA (2010). A full list of pharmacies can be found in Appendix 2: List of Pharmacies in Brighton & Hove.

The distribution of pharmacies by CCG locality is presented in Table 19. Map 2illustrates the distribution across the city.

Table 19.Number of pharmacies by locality, Brighton and Hove, 2013

Locality	Total pharmacies	Population**	Number of pharmacies per 100,000 population
Central	16	64,900	25
East	24	108,500	22
West	20	102,400	20
Brighton and Hove*	**60**	**275,800**	**22**
Kent, Surrey & Sussex*	**857**		**19**
England*	**11,495**		**22**

Source: Brighton and Hove CCG

*Community pharmacies on a CCG pharmaceutical list at 21 April 2014

** Population data derived from the ONS 2012 Mid-year Population Estimates

There are 22 pharmacies per 100,000 residents in Brighton and Hove, ranging from 20 per 100,000 residents in the west locality to 25 per 100,000 residents in central. This compares to the 2012/13 Kent, Surrey and Sussex combined average of 19 per 100,000 residents (minimum 17; maximum 22) and the England average of 22 per 100,000 residents (minimum 14; maximum 43).[25]

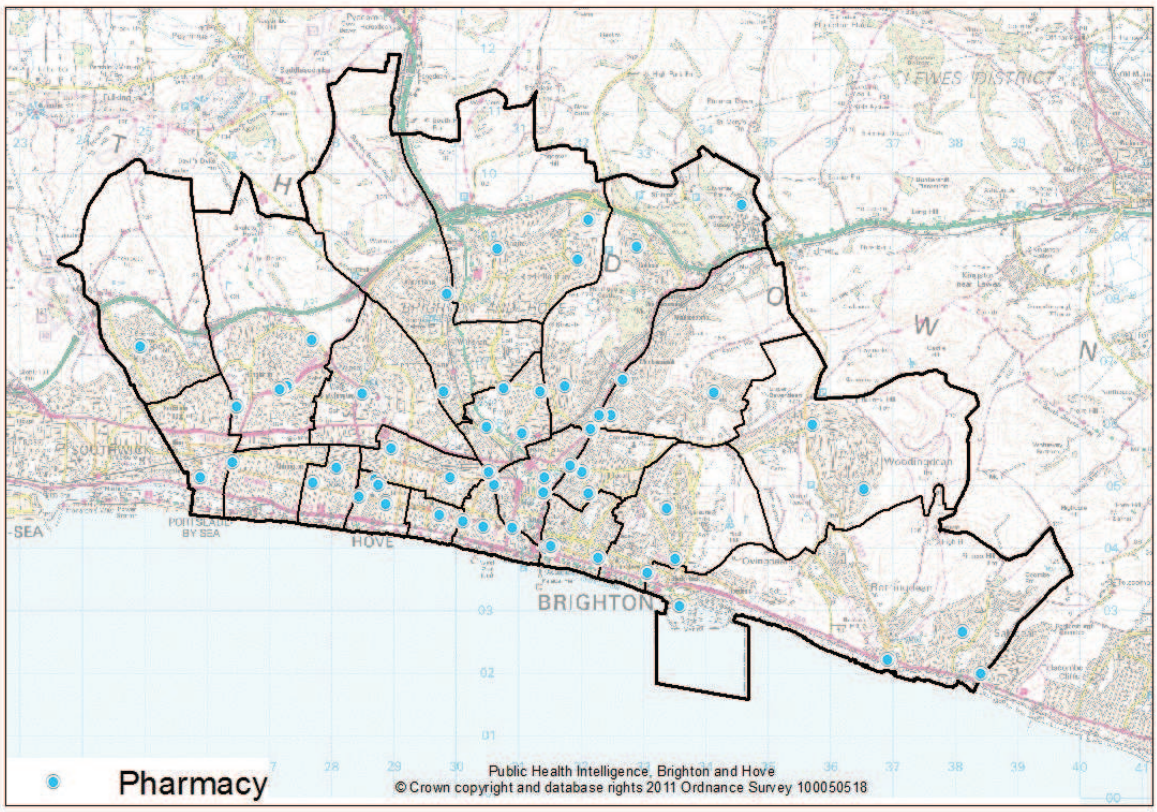
Considering the projected population of Brighton and Hove in 2018 and assuming no change in the number or location of pharmacies within the city, the number of pharmacies per 100,000 residents is expected to fall, with the lowest figure remaining in the west locality (Table 20). Overall, assuming no change in the number of community pharmacies this will result in a citywide figure of 21 pharmacies per 100,000 residents.

Table 20. Total number of pharmacies and number per 100,000 projected population by locality, Brighton and Hove, 2018

Locality	Total pharmacies	Population**	Number of pharmacies per 100,000 population
Central	16	67,500	24
East	24	113,100	21
West	20	107,500	19
Brighton and Hove*	**60**	**288,100**	**21**

*Community pharmacies on a CCG pharmaceutical list at 4 September 2014
** Population data derived from the ONS 2012-based Subnational Population Projections

Map 2. Distribution of community pharmacies, Brighton and Hove, September 2014



4.1.1 Internet/ distance selling pharmacies

Online pharmacies, internet pharmacies, or mail order pharmacies are pharmacies that operate over the internet and send orders to customers through the mail or shipping companies. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 detail a number of conditions for distance selling pharmacies: 1

- must provide the full range of *essential services* during opening hours to all persons in England presenting prescriptions;
- cannot provide *essential services* face to face;

- must have a responsible pharmacist in charge of the business at the premises throughout core and supplementary opening hours; and
- must be registered with the General Pharmaceutical Council.[1]

Patients have the right to access pharmaceutical services from any community pharmacy including mail order/wholly internet pharmacy of their choice and therefore can access any of the many internet pharmacies available nationwide. Currently there are no Internet Pharmacies based in Brighton and Hove, although residents of the city may use internet / distance selling pharmacies located elsewhere.

4.2 Dispensing Appliance Contractors

Dispensing Appliance Contractors (DACs) hold an NHS contract to dispense dressings and appliances as defined in the Drug Tariff at the request of a patient (or their representative).

There are currently no DACs within Brighton and Hove. Patients residing within Brighton and Hove may wish to exercise their right to have an appropriate prescription dispensed by a DAC from outside this area under patient choice.

4.3 Dispensing GP practices

Provision for doctors to deliver pharmaceutical services[xix] in certain circumstances has been made in various NHS Acts and Regulations since at least the 1920s.1 These circumstances are in summary:

- A patient satisfies the CCG or a predecessor organisation that they would have serious difficulty in obtaining any necessary drugs or appliances from a chemist by reason of distance or inadequacy of means of communication(colloquially known as the serious difficulty test which can apply anywhere in the country), or

- A patient is resident in an area which is *rural* in character, known as a *controlled locality*, at a distance of more than one mile (1.6km) from a pharmacy's premises (but excluding any distance selling chemist premises). The pharmacy's premises do not have to be in a controlled locality.

At the time of writing, there are no GP practices that have permission to dispense medicines in Brighton and Hove.

[xix]The term *pharmaceutical services,* used in the context of the provision of services by a medical practitioner, means the dispensing of drugs and appliances, but not the other pharmaceutical services that contractors on a pharmaceutical list could provide.

4.4 Other Pharmaceutical Services

4.4.1 Other NHS Services

Brighton and Sussex University Hospitals Trust

The local acute hospital trust is Brighton and Sussex University Hospitals Trust (BSUH). Pharmacy services are provided in-house in the form of a ward top-up system, individual patient dispensing and to-take-outs (TTO) for inpatients on discharge.

BSUH's Royal Sussex County Hospital has recently opened an in-house pharmacy (pharm@sea) for dispensing of prescriptions to out-patients. This pharmacy was opened in order to improve work flow for in and out patients. It carries out some home delivery and dispenses for patients with certain conditions. The pharmacy is not licensed to dispense FP10 prescriptions used within community pharmacies. BSUH is looking to extend the services provided by pharm@sea with the aim of reducing A&E admissions.

Patients attending outpatient appointments may receive a prescription for dispensing by the in-house hospital pharmacy (pharm@sea) or by a community pharmacy, or a treatment recommendation may be sent to the patient's GP for consideration.

Most outpatient appointments result in a recommendation being sent to the patient's GP for prescribing that are subsequently dispensed in a community pharmacy. The exceptions to this are immediate need for treatment and unusual or hospital only medicines.

Sussex Community NHS Trust

Sussex Community NHS Trust (SCT) is the main provider of community health services in the city. Provision of pharmaceutical services for in-patients is either directly provided by staff or through a contract with the acute trust. The Clinical medications review pharmacist in the city liaises with community pharmacies regarding clinical reviews and medications for house bound patients. An SCT pharmacist has also recently joined a multi-disciplinary team, to provide intensive medicines management support to patients with the aim of avoiding admission to hospital.

Sussex Partnership Foundation Trust

Sussex Partnership Foundation Trust (SPFT) provides mental health care, support and treatment in Brighton and Hove as well as for East and West Sussex, Kent and Medway and in parts of Hampshire with specific services also provided in Crawley and Lewisham. The services provided include; child and adolescent mental health, older people's mental health, learning disability services, adult mental health, substance misuse services and secure and forensic mental health. The SPFT

Medicines Management team commission services to provide medication for in-patients and to take out. Some specialist medications such as services such as dementia drugs and clozapine are prescribed on hospital prescriptions and dispensed through community pharmacies. The trust works with GPs through a developing shared care scheme for patients. A SPFT pharmacist also supports the early intervention team within in the community in Brighton and Hove to improve medicines management across multi-disciplinary teams.

4.5 Cross border NHS services

Brighton and Hove is bounded to the north and west by West Sussex and to the north and east by East Sussex (Map 3). Patients who live toward the borders of the city may choose to access pharmaceutical services from pharmacies located in the towns close to these boarders, namely Shoreham-by-Sea, Southwick, Lancing, Steyning, Henfield, Hassocks, Hurstpierpoint, Burgess Hill, Peacehaven and Newhaven, all of which are found within five miles of the Brighton and Hove border.

Map 3. Brighton and Hove with 5 mile boundary radius

Source: NHS England SHAPE Atlas (www.shapeatlas.net/PNA)

4.6 Non-NHS Services

4.6.1 Private hospitals

There are two private hospitals within the city; The Nuffield Health and Montefiore

hospitals. Both have in-house pharmacy services and choose and book services.

4.6.2 Residential and nursing care homes and hospices

There are approximately 2000 beds within nursing and care homes in Brighton and Hove. At the time of writing the CCG commissions an external agency to provide medications review services for all nursing and care homes in the city.

4.7 Community pharmacy opening hours

Opening hours include a pharmacy's core and supplementary hours. Although supplementary hours may be varied by giving three months' notice, core hours are not variable. One hundred hour pharmacies are obliged to fulfil this minimum requirement per week unless prevented from doing so by legislation. Public holiday opening hours are largely serviced by voluntary opening arrangements covered by supplementary hours. High Bank Holidays (Christmas Day, Boxing Day and Easter Sunday) are covered by an Enhanced Service directed rota from NHSE, for which an additional payment is made to the contractor/pharmacy.

Core hours: The hours for which a pharmacy is formally contracted to provide NHS pharmaceutical services.

Supplementary hours: Additional hours a pharmacy opens beyond their core hours. These can be modified with 90 days' notice.

Of the 60 pharmacies in Brighton and Hove, one (2%) has core hours of 100 hours with the remaining 59 having standard 40 hour contracts (Map 4). This does not preclude pharmacies with 40 hour contracts opening for longer under supplementary hours.

Table 21 provides the numbers and percentage of pharmacies with 40 and 100 hour contracts by locality.

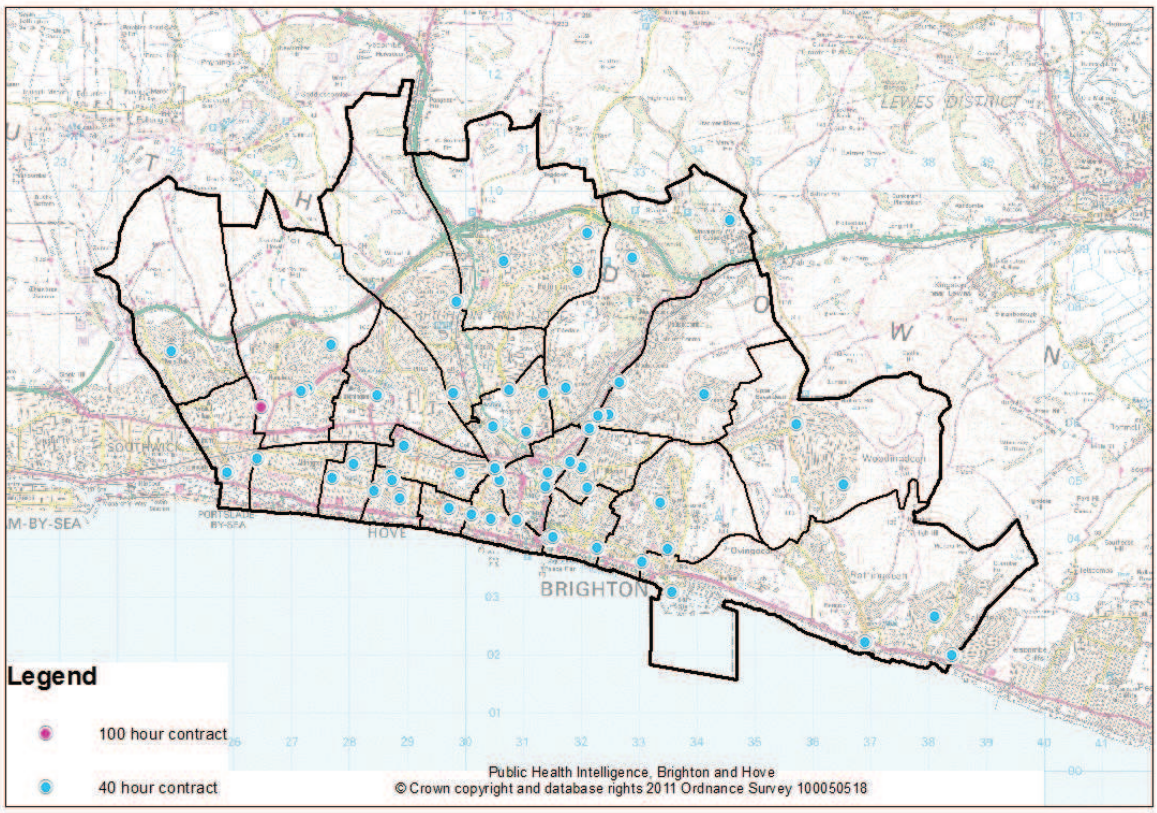
It is noted that there is one pharmacy in the City based at the University of Sussex which is an essential small pharmacy (ESP) and has a local pharmaceutical contract. The contractor has been notified that they may be returned to the general pharmaceutical list unless the NHS England Surrey and Sussex Area Team makes a determination otherwise. Essential small pharmacies receive a monthly allowance based on the number of prescriptions they dispense; the volume of prescriptions is considerably lower than the norm. Therefore, if the allowance is no longer available some ESPs may be non-viable and close. NHS England has agreed to financially support the pharmacy for the next year, starting April 2015, and will over that time seek views from service users and interested parties to assess the need for ongoing support. At this stage, it is unclear whether the funding will be sufficient to keep this pharmacy open long term.

Table 21. Number of pharmacies in by core hour contract type, Brighton and Hove, 2013

Locality	40 hour core contract		100 hour core contract	
	Number	%	Number	%
Central	16	100.0%		
East	24	100.0%		
West	19	95.0%	1	5.0%
Brighton and Hove	**59**	**98.3%**	**1**	**1.7%**

Source: Brighton and Hove CCG

Map 4. Pharmacies by core contract hours, Brighton and Hove, September 2014



4.7.1 Out of Hours Services

These are generally perceived as those not routinely covered by GP practices (i.e. those between 1830 and 0800 hours Monday to Friday, and all day on Saturdays, Sundays and Public Holidays). During these times general medical services are largely channelled through the Out of Hours provider, IC24, which provides general medical services to all patients in need of immediate medical treatment. When no pharmacy is open, the Out of Hours providers have access to medicines under the *National Out of Hours Formulary*. Only if they do not have appropriate stock is there a need to issue a patient with a prescription.

Much of general practice out of hours is covered by community pharmacy with48% of pharmacies open on weekday evenings, 88% open on Saturday mornings, 48% open on Saturday afternoons, and 18% open on Sundays (Table 22).

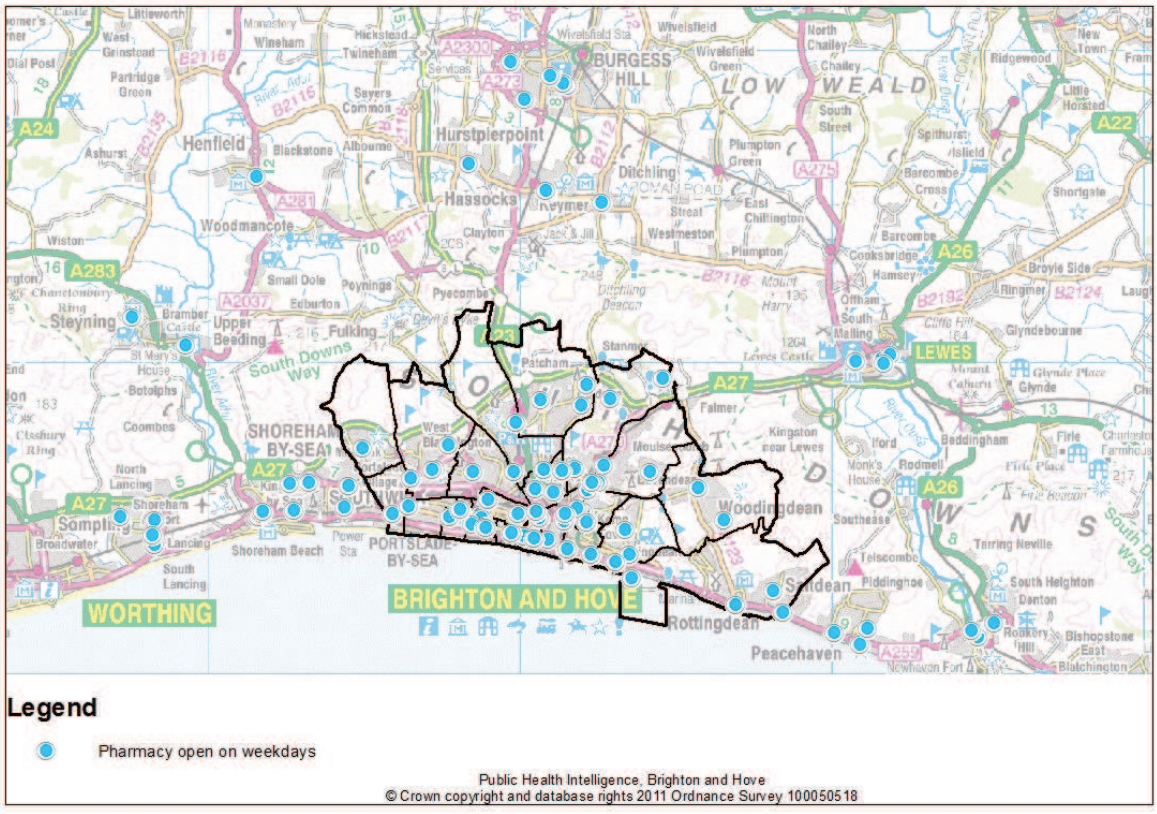
Table 22. "Out of Hours" pharmacy opening patterns by contract type in Brighton and Hove

Core hours contract	Number	Evening opening (after 1800)	Saturday morning opening	Saturday afternoon opening	Sunday opening
40 hours	59	28	52	28	10
100 hours	1	1	1	1	1
All pharmacy (%)	60	48%	88%	48%	18%

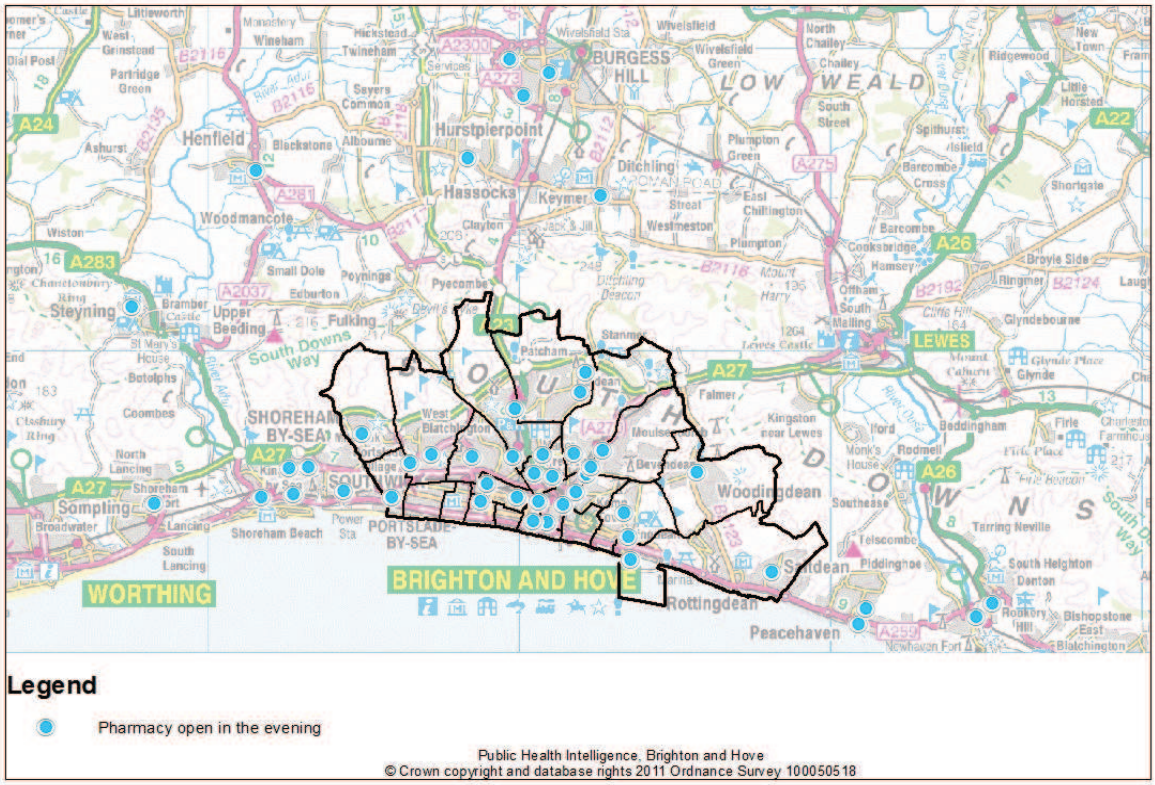
Source: Brighton and Hove CCG

Map 5, Map 6,Map 7 and Map 8 show the locations of pharmacies open on weekdays, in the evening (after 1800) or on Saturdays or Sundays.

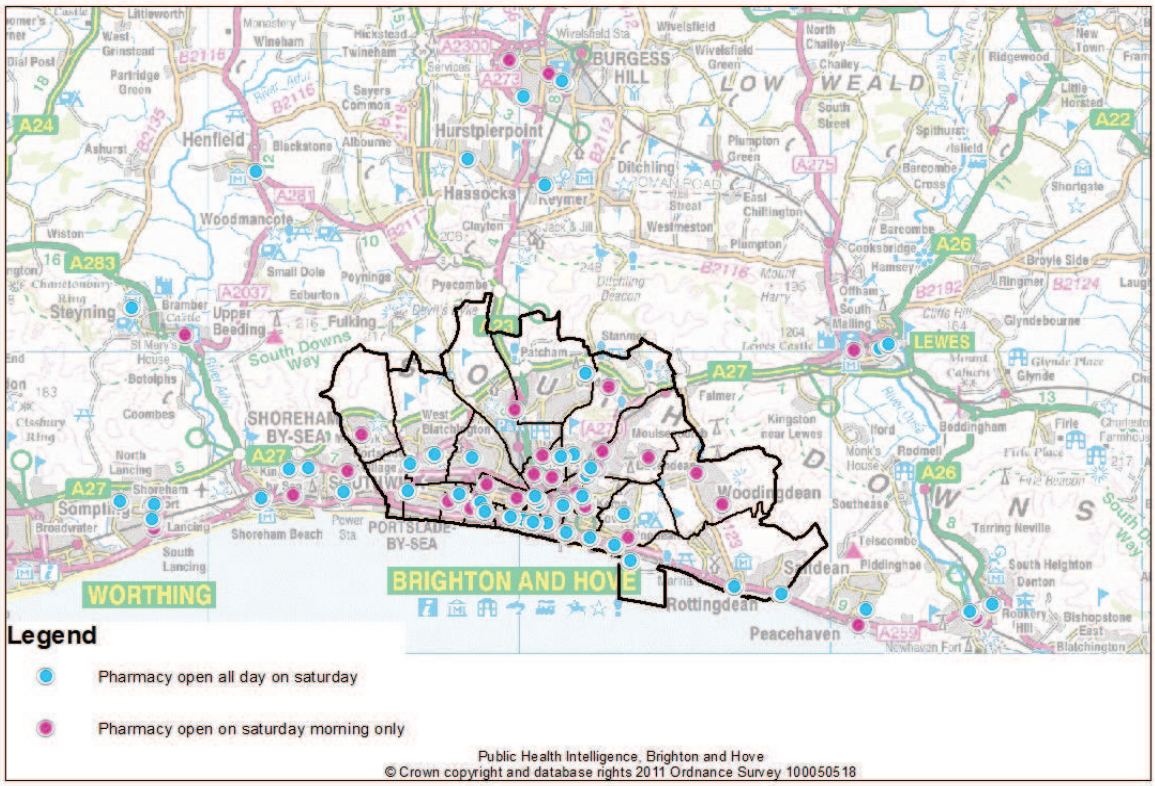
Map 5. Pharmacies open on weekdays, Brighton and Hove and within 5 miles of the city border, September 2014



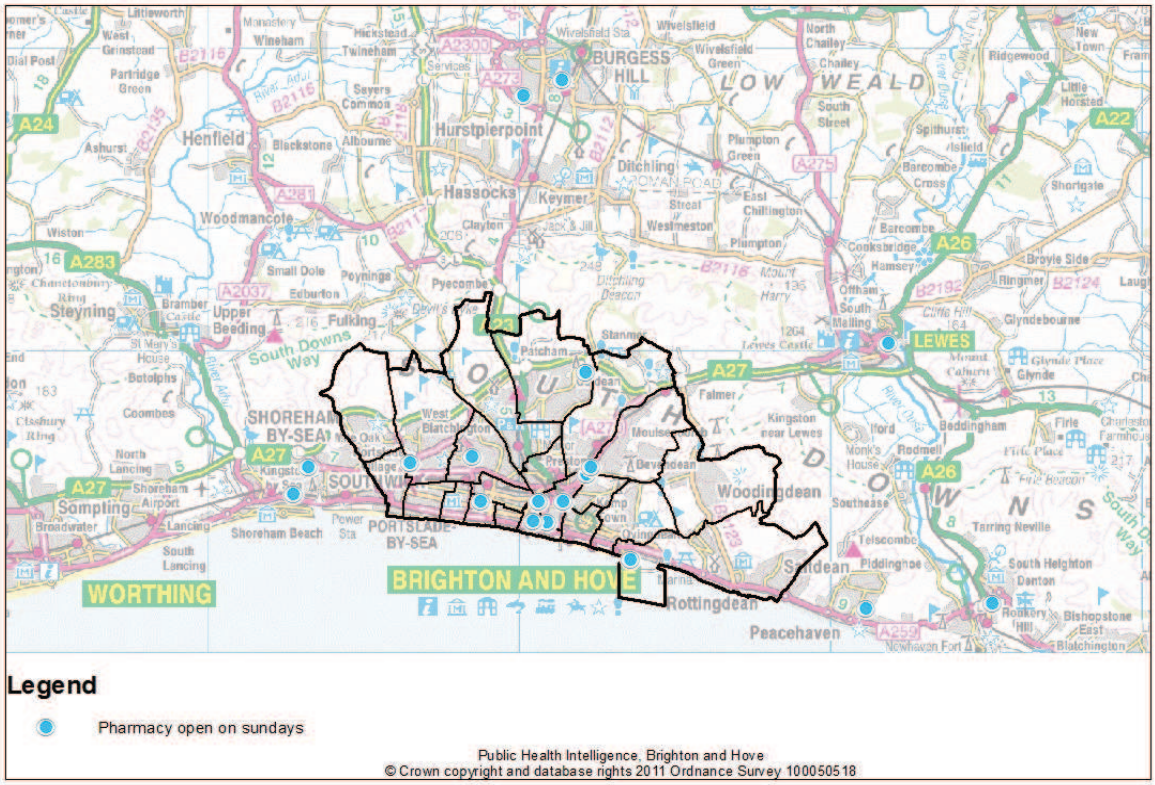
Map 6. Pharmacies open on weekday evenings (after 1800), Brighton and Hove and within 5 miles of the city border, September 2014



Map 7. Pharmacies open on Saturdays, Brighton and Hove and within 5 miles of the city border, September 2014



Map 8. Pharmacies open on Sundays, Brighton and Hove and within 5 miles of the city border, September 2014



4.8 Distance and travel times

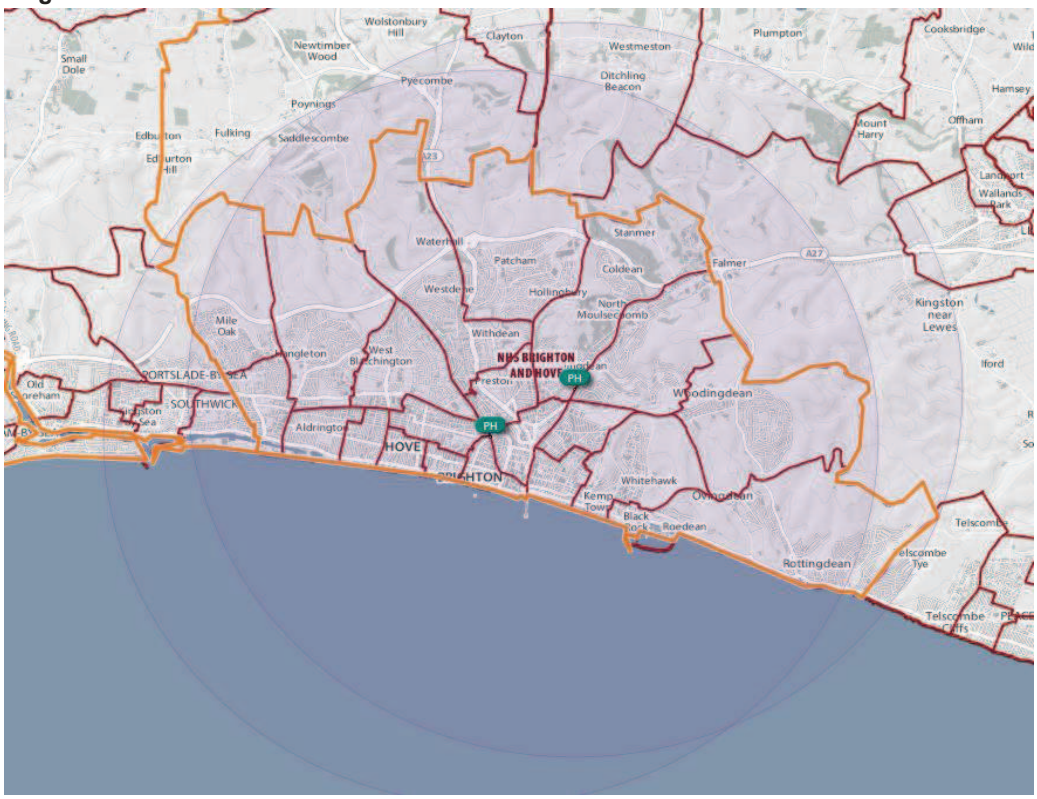
> The Committee noted the applicant's assertion that there is no choice of pharmacy … and the Committee agreed with this. However, the Committee noted that it should have regard to there being a reasonable choice with regard to obtaining pharmaceutical services in the area ... the nearest … **approximately six miles away**. The Committee noted that there is an hourly bus service to surrounding areas, and taking into account the rural nature … relatively high car ownership the Committee considered that there is a reasonable choice with regard to obtaining pharmaceutical services.
>
> NHS Litigation Authority 17182
> http://www.nhsla.com/Pages/Publications.aspx?library=fhsau%7cdecisions%7cpharmaceutical2012%7c2013/2014

The 2008 White Paper *Pharmacy in England: Building on strengths – delivering the future* states that it is a strength of the current system that community pharmacies are easily accessible, and that 99% of the population – even those living in the most deprived areas – can get to a pharmacy within 20 minutes by car and 96% by walking or using public transport.[26] In a NHS Litigation Authority ruling (Box), access and choice of pharmaceutical services within a travel distance of six miles by car or public transport was considered reasonable in rural areas.

Using simple "as the crow flies" buffers of one and five miles to represent walking and motorised travel we have mapped the areas of Brighton and Hove we consider to have "access" to a community pharmacy at a given time. The following maps were drawn up to give an indication of travel distance to community pharmacies and

dispensing doctors in Brighton and Hove, using the available PHE application called SHAPE (Strategic Health Asset Planning and Evaluation). Pharmacies are represented by the PH symbol, with the 1 or 5 mile area around a pharmacy (radius) shown by the purple circle. Map 9 shows that during weekdays, evenings, Saturdays and Sundays, the whole city is within five miles of a pharmacy open for at least part of that day. Only two community pharmacies are shown in the map – both of these are open for at least a part of the listed times, with the whole city within 5 miles of at least one of these pharmacies. Evening opening for the purpose of this needs assessment is classified as any pharmacy open after 1800. Forty-eight percent of the pharmacies in Brighton and Hove are open for some period after this time, with closing times ranging from 1815 to 2300.

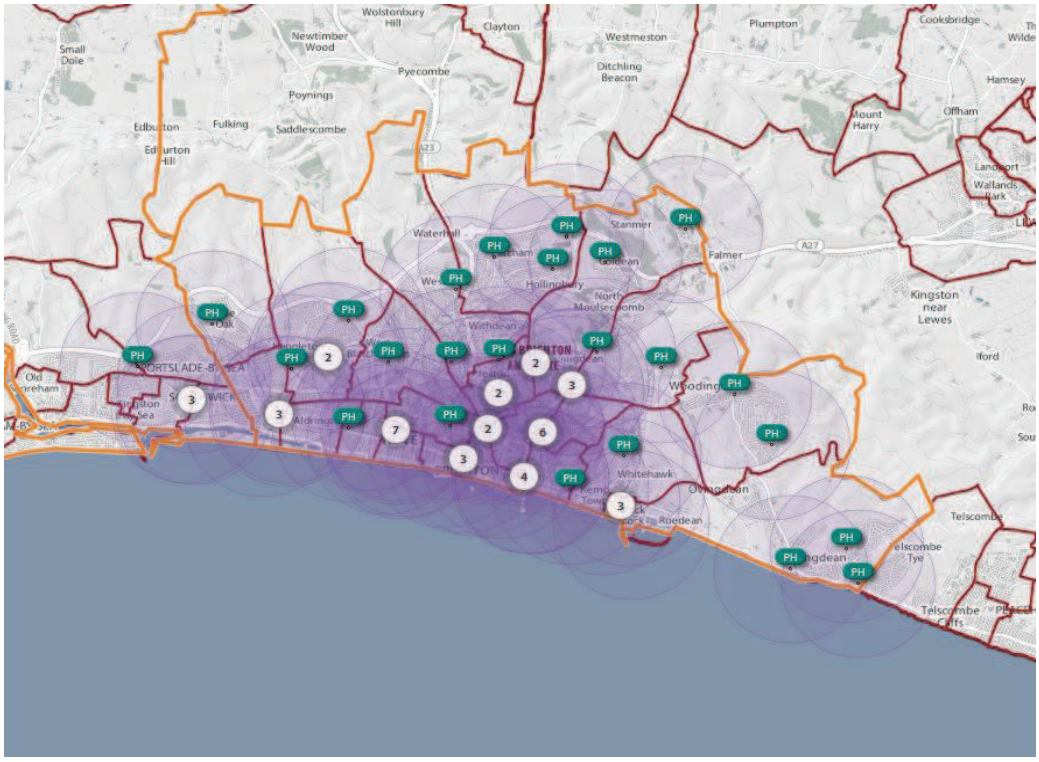
Map 9. Areas within 5 miles of two pharmacies open on weekdays, evening, Saturdays and Sundays, Brighton and Hove



Source: NHS England SHAPE Atlas (www.shapeatlas.net/PNA)

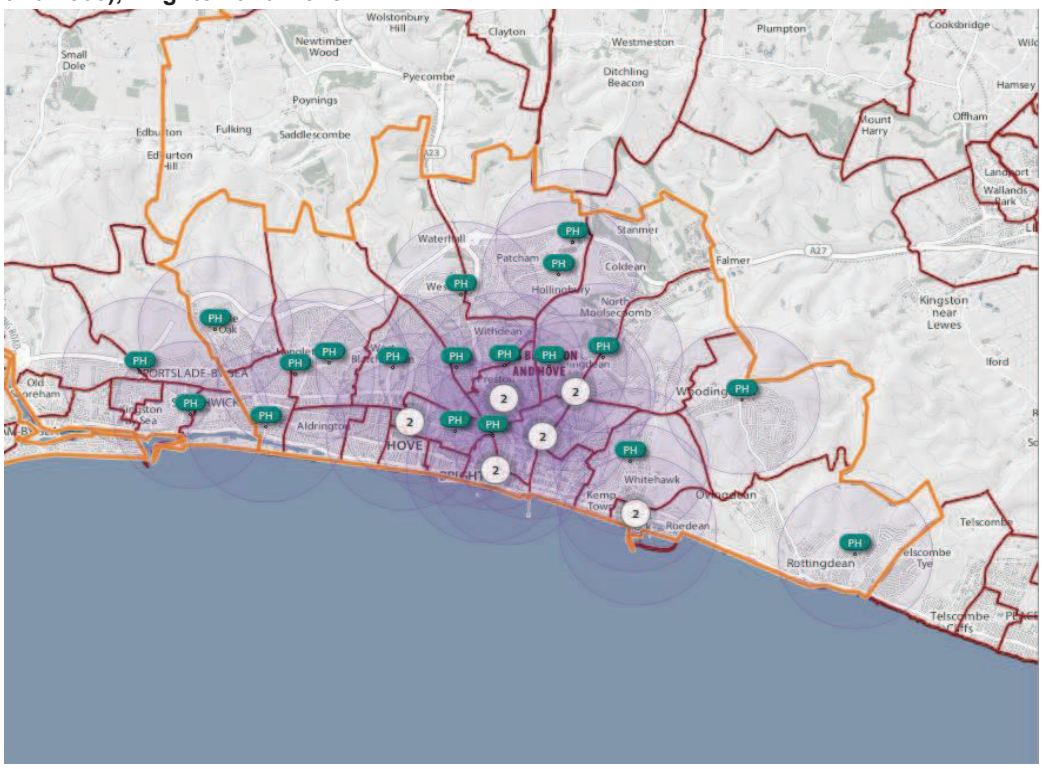
Map 10, Map 11, Map 12, Map 13 and Map 14show the areas of the city that are within one mile of a pharmacy on weekdays, weekday evenings, Saturday mornings, Saturday afternoons and Sundays, respectively. On weekdays, weekday evenings and Saturday mornings the majority of the city is within one mile of an open pharmacy, with areas of the South Downs to the North and East the only areas not covered. On Saturday afternoons this extends to some parts of Woodingdean, Falmer and Westdene. On Sundays these areas are also not within one mile of an open pharmacy, with Rottingdean, Ovingdean and some areas of Mile Oak also not covered. All of these areas do remain within 5 miles of an open pharmacy throughout the week, however.

Map 10. Areas within 1 mile of a pharmacy open on weekdays, Brighton and Hove



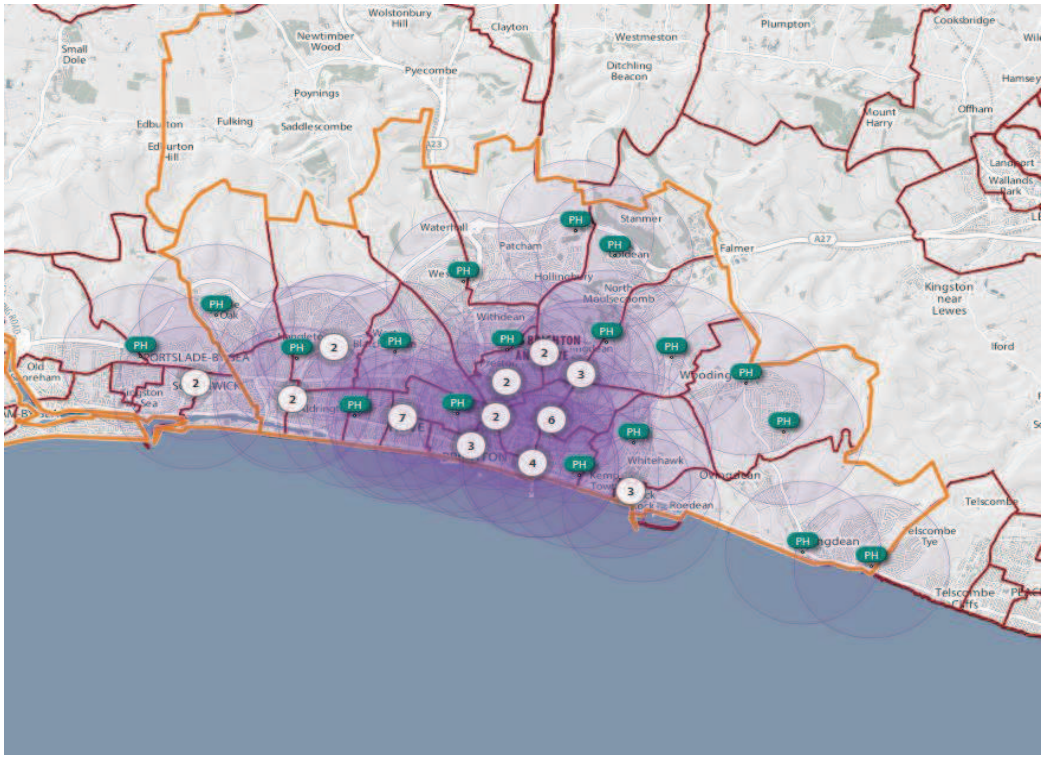
Source: NHS England SHAPE Atlas (www.shapeatlas.net/PNA)
Note: The white circle containing numbers represents the number of pharmacies within a confined area – these pharmacies are too close together to show individually using this tool.

Map 11. Areas within 1 mile of a pharmacy open on weekday evenings (at least some time between 1800 and 2300), Brighton and Hove



Source: NHS England SHAPE Atlas (www.shapeatlas.net/PNA)
Note: The white circle containing numbers represents the number of pharmacies within a confined area – these pharmacies are too close together to show individually using this tool.

Map 12. Areas within 1 mile of a pharmacy open on Saturday mornings (until 1300), Brighton and Hove



Source: NHS England SHAPE Atlas (www.shapeatlas.net/PNA)

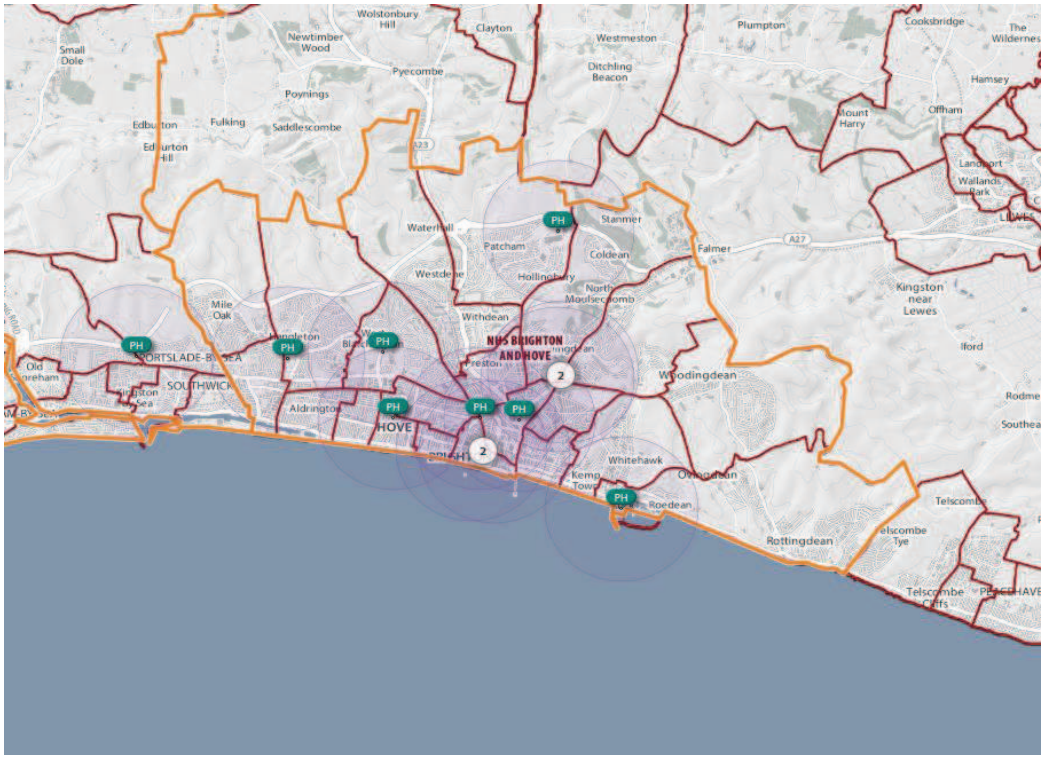
Note: The white circle containing numbers represents the number of pharmacies within a confined area – these pharmacies are too close together to show individually using this tool.

Map 13. Areas within 1 mile of a pharmacy open on Saturday afternoons (after 1300, until 2300), Brighton and Hove

Source: NHS England SHAPE Atlas (www.shapeatlas.net/PNA)

Note: The white circle containing numbers represents the number of pharmacies within a confined area – these pharmacies are too close together to show individually using this tool.

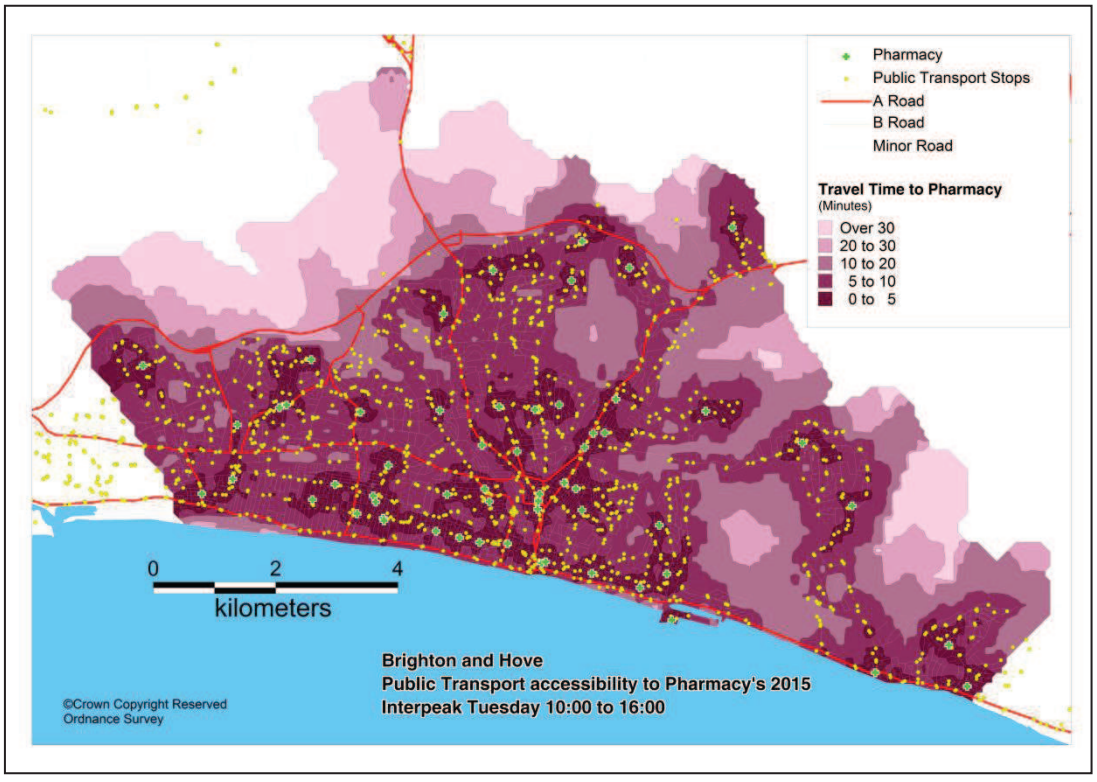
Map 14. Areas within 1 mile of a pharmacy open on Sundays (at any time), Brighton and Hove



Source: NHS England SHAPE Atlas (www.shapeatlas.net/PNA)
Note: The white circle containing numbers represents the number of pharmacies within a confined area – these pharmacies are too close together to show individually using this tool.

Map 15shows that the vast majority of the city is within 20 minutes travel time, using public transport, of a pharmacy, with the majority of the city within 10 minutes.

Map 15. Public transport travel times to local pharmacies, Brighton and Hove, 2015



According to the 2011 Census the proportion of households with no access to at least one car is significantly higher in Brighton and Hove (38%) than the national average (26%) and the South East (19%). The lowest proportions of households with no access to at least one car are found in the central locality (35%). Being an urban area, with good transport links, it would be expected that a lower percentage of residents have access to a car than many other areas of England. As shown in the preceding maps, the majority of the city is within one mile of a pharmacy most of the time.

4.9 NHS Pharmaceutical Service Provision

This section expands upon the details provided elsewhere in the document on the provision of NHS Pharmaceutical Services as defined in the Community Pharmacy Contractual Framework. Whilst it is recognised that dispensing doctors' practices provide valuable services to their registered dispensing patients, these are limited by statute to the dispensing of prescriptions. A number of related services are provided as part of their General Medical Services on Personal Medical Services contract and will not be described in any further detail.

Community Pharmacies provide three tiers of Pharmaceutical Services, defined in the Regulations.1

- Essential Services – services all pharmacies are required to provide.
- Advanced Services – services to support patients with safe use of medicines.
- Enhanced Services – services commissioned locally by NHS England.

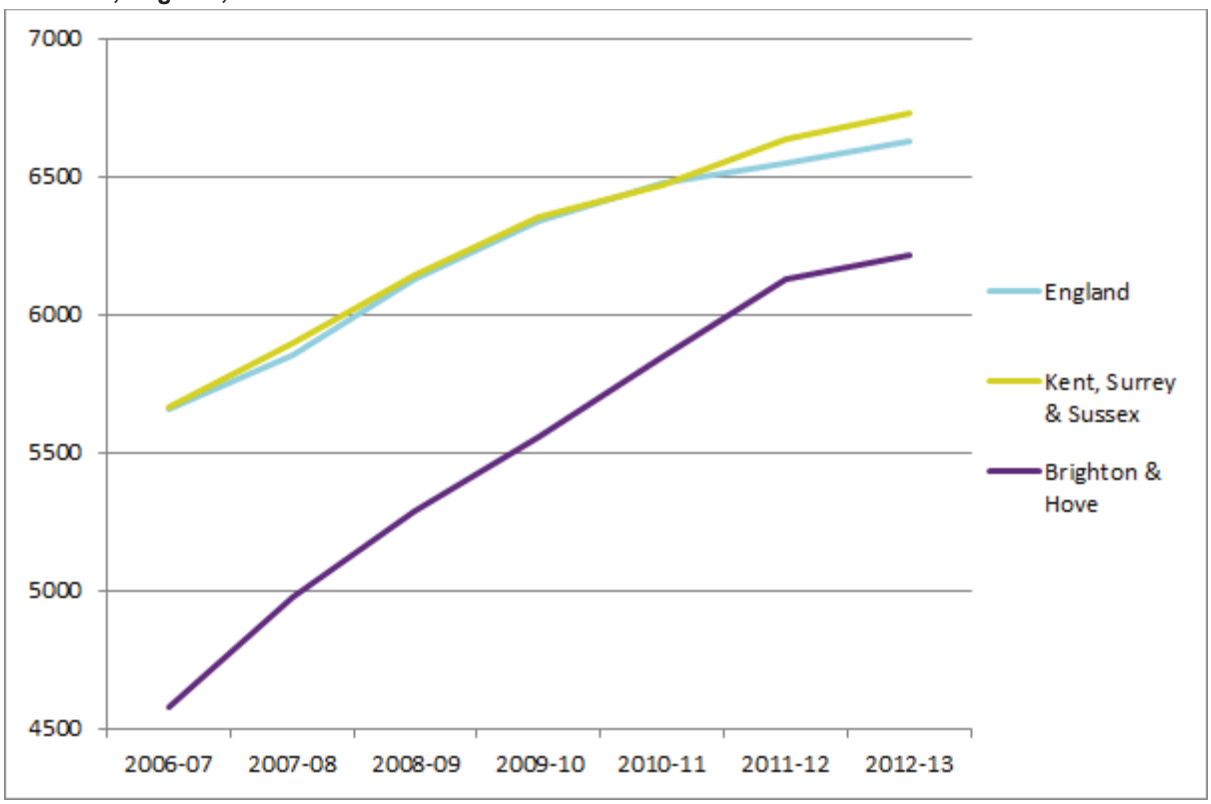
4.9.1 Essential Service Provision

Essential services are specified by a national contractual framework and all community pharmacies are required to provide all the essential services. NHSE is responsible for ensuring that all pharmacies deliver essential services as specified.

4.9.2 Dispensing of Medicines

Pharmacies are required to maintain a record of all medicines dispensed, and also keep records of any interventions made which they judge to be significant. During 2012-13pharmacies in Brighton and Hove dispensed an average of 366,634 items per month.[27] Pharmacies in Brighton and Hove dispensed, on average, less than the England and Kent, Surrey and Sussex averages between 2006-07 and 2012-13 (Figure 8).

Figure 8. Average number of items dispensed per month per pharmacy, Brighton and Hove, Kent, Surrey & Sussex, England, 2007/07 - 2012/13



Source: Health and Social Care Information Centre. General Pharmaceutical Services in England, 2003-04 to 2012-13.

Table 23 shows the number of community pharmacies in Brighton and Hove, Kent, Surrey, Sussex and England and compares their dispensing activity. The average number of items dispensed per month per pharmacy in Brighton and Hove was lower (6,214 items) than the Kent, Surrey and Sussex (6,729 items) and England (6,628 items) averages. The average number of items dispensed per person per month ranged from 1.3 to 1.4, with the Brighton and Hove average equivalent to the regional (1.3) and England (1.4) averages. At this time, Brighton and Hove had 22 pharmacies per 100,000 population, more than Kent, Surrey & Sussex (19) and equivalent to England (22).

Table 23. Items dispensed per month and population, Brighton and Hove, Kent Surrey & Sussex, England, 2012-13

	Number of community pharmacies	Prescription items dispensed per month	Population	Prescription items dispensed per month per person	Pharmacies per 100,000 population	Prescription items dispensed per month per pharmacy
	2012-13	2012-13	2011	2012-13	2012-13	2012-13
Brighton and Hove	59	366,634	272,952	1.3	22	6,214
Kent, Surrey & Sussex	857	5,766,630	4,475,798	1.3	19	6,729
England	11,495	76,190,707	53,107,169	1.4	22	6,628

Source: Health and Social Care Information Centre. General Pharmaceutical Services in England, 2003-04 to 2012-13.

4.9.3 Dispensing of appliances

Pharmacists must dispense appliances only if the pharmacy supplies such products *in the normal course of the business.*

4.9.4 Repeat Dispensing

Pharmacies dispense repeat prescriptions and store the documentation if required by the patient. They ensure each repeat supply is required and act to ascertain that there is no reason why the patient should be referred back to their GP.

4.9.5 Clinical Governance

Schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 set out the 'Terms of Service' of NHS pharmacists in four parts. Part 4 set out the other terms of service, which includes Clinical Governance. Adherence with clinical governance requirements is therefore a part of the terms of service.1

4.9.6 Public health (promotion of healthy lifestyle)

As part of the national contract each year pharmacies are required participate in up to six campaigns. This involves the display and distribution of leaflets. At the time of writing two of these campaigns are to be determined by NHSE and four by the local public health team. In addition, if required by NHSE pharmacies may undertake prescription-linked interventions on major areas of public health concern, such as encouraging smoking cessation.

4.9.7 Disposal of unwanted medicines

Pharmacies are obliged to accept back and safely dispose of unwanted medicines from patients.

4.9.8 Signposting

NHSE provides pharmacies with up to date and relevant lists of sources of care and support in the appropriate locality. Pharmacies are expected to help people who ask for assistance by directing them to the most appropriate source of help.

4.9.9 Supporting self-care

Pharmacies help manage minor ailments and common conditions, by the provision of advice and where appropriate the sale of medicines, including dealing with referrals from out of hours providers and NHS 111.

Pharmacies are monitored by NHSE to ensure proper provision of these services (either in person or by submission of a self-assessment questionnaire). This includes the requirement to submit summaries of patient surveys, details of complaints received and a clinical audit. In addition, they are all obliged to participate in a multi-disciplinary audit.

4.10 Advanced Service Provision

There are four Advanced Services within the NHS community pharmacy contract (2005):[28]

- Medicine Use Reviews (MURs)
- New Medicines Service (NMS)
- Appliance Use Reviews (AURs)
- Stoma Appliance Customisation (SAC)

Community pharmacies can opt to provide any of the above services as long as they meet the requirements set out in the Secretary of State Directions.

Pharmacies are required to seek approval from NHSE before providing the services, are required to have an appropriate consultation area and have a pharmacist who has been accredited by a Higher Education Institution to provide the service.

4.10.1 Medicines Use Reviews and Prescription Intervention Service

The MUR and Prescription Intervention Service consists of accredited pharmacists undertaking structured adherence-centred reviews with patients on multiple medicines, particularly those receiving medicines for long term conditions.
National target groups have been agreed in order to guide the selection of patients to whom the service will be offered. The MUR process attempts to establish a picture of the patient's use of their medicines – both prescribed and non-prescribed. The review helps patients understand their therapy and identifies any problems and possible solutions.[29] Each pharmacy is subject to a cap of 400 MURs per year as the maximum that they can provide.

The proportion of pharmacies providing MURs in Brighton and Hove was higher than the national average during the three financial years 2010-11 to 2012-13 (Table 24). The average number of MURs per provider was also higher than the England averages over this period.

Table 24. Community pharmacies providing Medicine Use Reviews 2010-11 to 2012-13

	Percentage of community pharmacies providing MUR services			Average MURs per community pharmacies		
	2010-11	2011-12	2012-13	2010-11	2011-12	2012-13
Brighton and Hove	100	95	98	242	269	273
South East Coast	92	94	94	234	264	293
England	88	91	92	219	239	267

Source: Health and Social Care Information Centre. General Pharmaceutical Services in England, 2003-04 to 2012-13.

4.10.2 New Medicines Service

The NMS was added to the NHS community pharmacy contract in 2011. The service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is initially focused on particular patient groups and conditions.

The NMS was implemented as a time-limited service commissioned until March 2013. However, this has repeatedly been extended and the service will now run until at least the end of March 2015.

During the year March 2013 – February 2014 the proportion of Brighton and Hove pharmacies providing NMS (85%) was lower than the Kent, Surrey & Sussex (2012-13 FY) average (87%) but higher than the England average (83%). This pattern was replicated in the average number of NMS per community pharmacy (Table 25).

Table 25. Community pharmacies providing New Medicines Services, Brighton and Hove, South East Coast, England, 2012-13*

Area	Percentage of community pharmacies providing NMS	Average NMS per community pharmacy
Brighton and Hove	85%	68
South East Coast	87%	73
England	82%	68

Source: Health and Social Care Information Centre. General Pharmaceutical Services in England, 2003-04 to 2012-13.
Notes: * First full year available.

4.10.3 Appliance Use Reviews (AURs)

AURs aim to improve the patient's knowledge and use of a 'specified appliance' by:

- Establishing the way the patient uses the appliance and the patient's experience of such use;
- Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient;
- Advising the patient on the safe and appropriate storage of the appliance; and

- Advising the patient on the safe and proper disposal of the appliances that are used or unwanted.

The service can be provided by pharmacies that normally provide the specified appliances in the normal course of their business as long as they meet the conditions of service.[30]

In 2012-13 no pharmacies within Brighton and Hove provided AURs. In England the three year national average was 168 reviews per provider (1% all pharmacies).[27]

4.10.4 Stoma Appliance Customisation Service

The SAC service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. The stoma appliances that can be customised are listed in Part IXC of the Drug Tariff.

The service can be provided by pharmacies that normally provide the specified appliances in the normal course of their business as long as they meet the conditions of service.[31]

In 2012-13 the proportion of community pharmacies providing SACs in Brighton and Hove (7%) was lower than both the Kent, Surrey & Sussex average (14%) and the England average (15%) (Table 26). The average number of SACs carried out by local providers has remained similar year on year; the values are substantially lower than the average level of activity across Kent, Surrey and Sussex and England.

Table 26. Community pharmacy and appliance contractors providing Stoma Appliance Customisation, Brighton and Hove, South East Coast, England, 2012-13

Area	Percentage of community pharmacy and appliance contractors providing SAC			Average SAC per community pharmacy and appliance contractor		
	2010-11	2011-12	2012-13	2010-11	2011-12	2012-13
Brighton and Hove	6.8	6.9	6.8	11.5	12.8	22.0
South East Coast	15.4	14.5	14.3	778.4	792.9	558.8
England	15.6	15.7	15.2	596.8	606.1	634.9

Source: Health and Social Care Information Centre. General Pharmaceutical Services in England, 2003-04 to 2012-13.

4.11 Enhanced Service Provision

Pharmaceutical service providers are an important part of primary care. As well as dispensing prescriptions they provide information about medicines, self-care, general health care and other sources of advice. They complement services provided by general practice. The third tier of Pharmaceutical Services that can be provided by pharmacies are the Enhanced Services. These are services that can be commissioned from pharmacies by NHSE (Box shows the range of enhanced services that could be commissioned).

Available enhanced services

- *Anticoagulation monitoring*
- *Care home service*
- *Disease specific medicines management service*
- *Gluten free food supply service*
- *Independent prescribing service*
- *Home delivery service*
- *Language access service*
- *Medication review service*
- *Medicines assessment and compliance support*
- *Minor ailment service*
- *On demand availability of specialist drugs*
- *Out of hours service*
- *Patient group direction service (not related to public health services)*
- *Prescriber support service*
- *Schools service*
- *Supplementary prescribing*

In September 2014 NHSE introduced a pilot community pharmacy enhanced service for suitably experienced and trained pharmacists to administer flu vaccine to eligible persons in clinical at-risk groups (between the age of 18 and under 65) and pregnant women for this years' flu season.

4.12 Locally Commissioned Services

"Locally Commissioned Services" are commissioned by Brighton and Hove CCG, City Council and NHSE to address identified local needs.

4.12.1 Services commissioned by the CCG

At time of writing Brighton and Hove CCG was commissioning one locally commissioned service from two pharmacies in order to provide intravenous medications within the community. The service aimed to improve access to intravenous medication to patients when they are required by ensuring prompt access and continuity of supply. The pharmacies delivering the service:

- Hold the specified list of medicines required to deliver this service and will dispense these in response to NHS prescriptions presented.
- Arrange delivery of IV antibiotics only, to patients via a local taxi service. All other medication is collected either by the patient, their representative or a relevant health care professional.
- Ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service.
- Maintain appropriate records to ensure effective ongoing service delivery and audit.

Service arrangements are also made to reimburse pharmacies that provide a supervised consumption service for the treatment for infectious diseases such as tuberculosis (TB). However CCG interaction with community pharmacy is limited as the majority of pharmacy services are commissioned by NHSE or Brighton and Hove City Council.

4.12.2 Public health services commissioned by Brighton and Hove City Council

The Brighton and Hove City Council Public Health team commission pharmacies to provide: Stop Smoking, EHC and consequently C Card and Chlamydia screening services, needle and syringe exchange and supervised consumption of prescribed medicines for substance users.

4.12.3 Stop Smoking Service

Currently there are 34 pharmacies commissioned to provide stop smoking services in Brighton and Hove. Pharmacies are seen as key providers of stop smoking services due to their opening hours, accessibility and ability to give advice and supply nicotine replacement therapy (NRT). Map 16shows the location of pharmacies commissioned to provide stop smoking service in Brighton and Hove.

Smoking prevalence among adults in Brighton and Hove is currently estimated to be 23%.[14]Table 27 shows that since 2010 the number of people who have accessed and quit smoking using the stop smoking pharmacy service has increased substantially with the exception of 2013/14 when there was a national reduction of people accessing stop smoking services. This could be due to the increase of people using e-cigarettes.

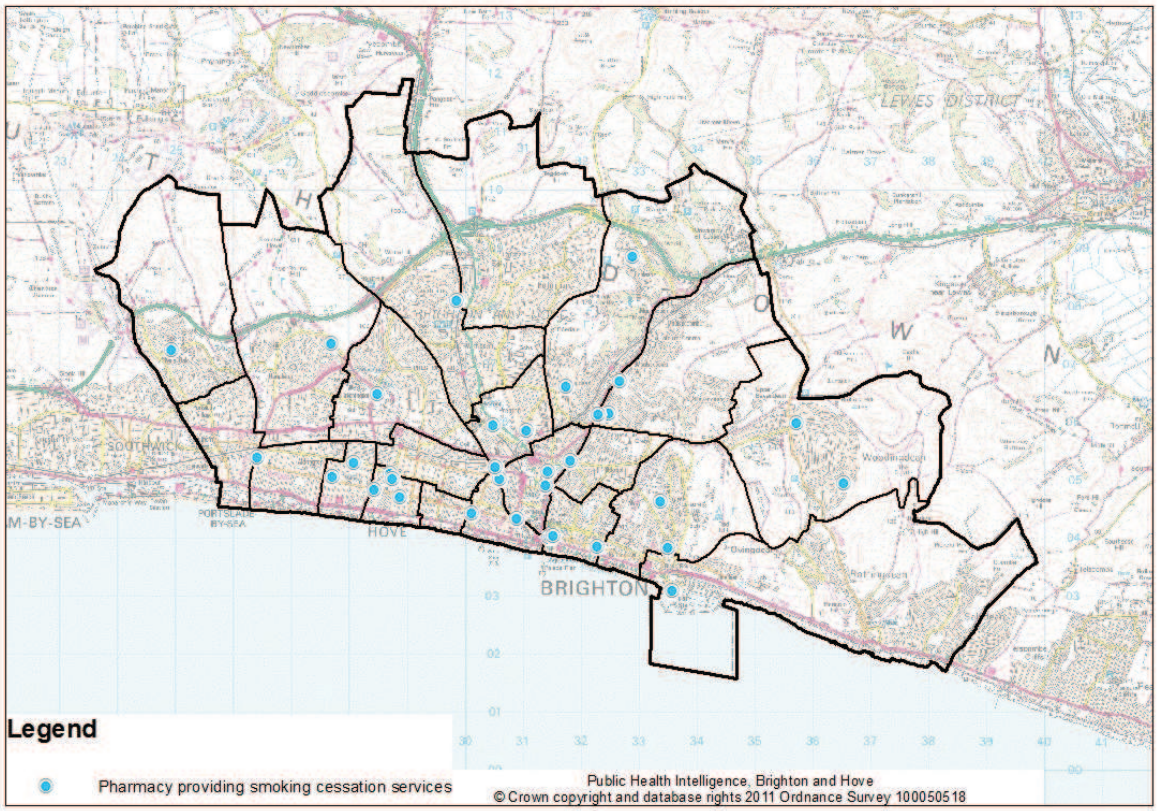
Pharmacy performance is good in terms of success rate (proportion of people who set a quit date who are converted to four week quits) against the national success rate of 50%.

Table 27. Number of people of have accessed and quit smoking using the stop smoking pharmacy service, 2010/11 - 2013/14

Year	2010/11	2011/12	2012/13	2013/14
Number of people setting a quit date	487	890	972	831
Number of people quit smoking at 4 week	250	541	565	426

Although there are currently 34 pharmacies delivering stop smoking services in the city it is important to encourage more pharmacies to deliver this service as they are seen as key providers of stop smoking services in the community due to their opening hours, accessibility and ability to give advice and supply nicotine replacement therapy (NRT). HLPs need to be more active in promoting this service by offering free carbon monoxide readings as an incentive and motivational tool to quit smoking.

Map 16. Pharmacies in Brighton and Hove commissioned to provide stop smoking services, September 2014



4.12.4 Sexual Health Services

This section shows the number of pharmacies that have been commissioned to provide specified sexual health services in Brighton and Hove. The EHC service through pharmacies provides important access to free EHC for women aged 25 years or younger in the city. Without this service access would only be available via a GP appointment or sexual health clinics which would delay or limit access.

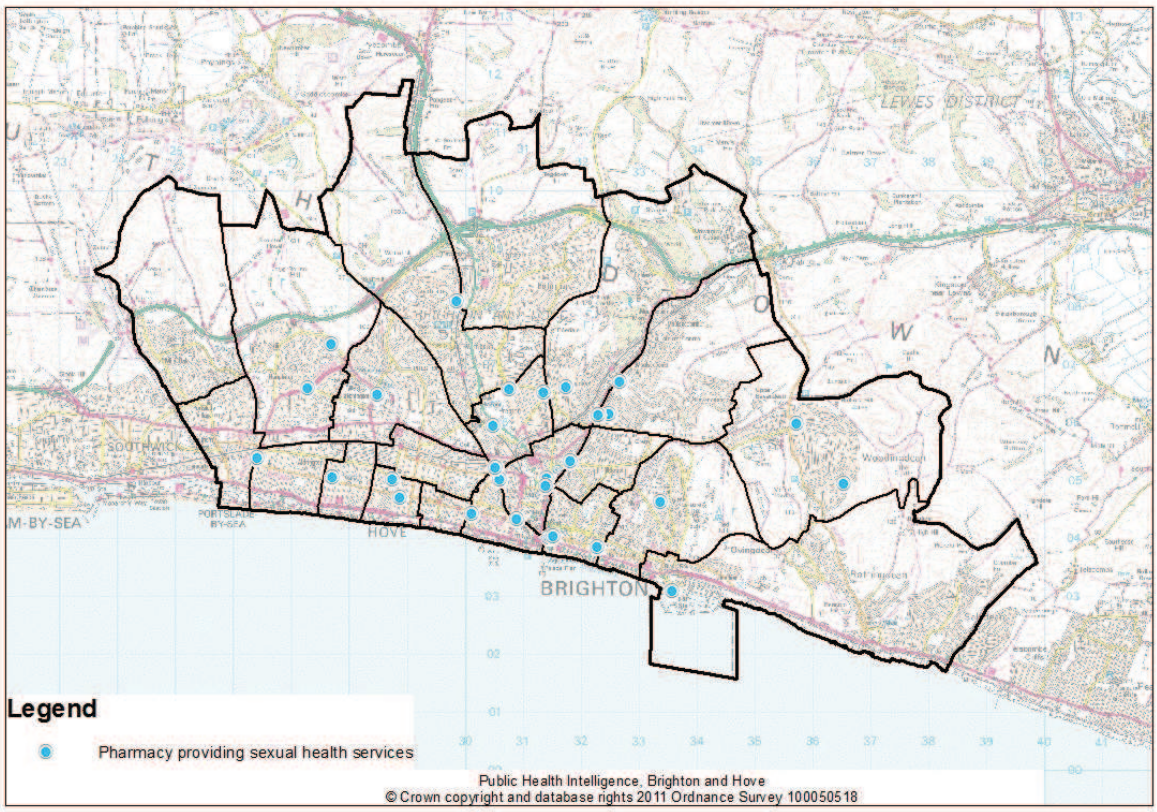
Pharmacies which provide the EHC service are expected to also provide the C-Card and Chlamydia screening services which are included in the same service specification. The C Card promotes the effective use of, and provides, free condoms. The main aim of the service is to reduce rates of STIs and teenage pregnancy. At their first visit young people are provided with appropriate training regarding sexual health matters and then issued with a C Card. The C Card can then be presented to any of the service providers who will then issue a supply of free condoms. Without this service access would only be available via a limited number of service providers including Sexual Health Service Clinics, some GP surgeries and youth clubs, limiting access to free condoms and advice.

The Chlamydia screening programme in the city targets young people aged below 25, who are at the highest risk of Chlamydia infection. Young people who present in various settings, including pharmacies, are encouraged to take a test which involves providing a self-taken sample. Anyone requiring emergency contraception following

unprotected intercourse will also require screening for Chlamydia infection. Treatment of positive cases and partner notification is co-ordinated by the Chlamydia screening programme.

Map 17 shows that half (30) of the pharmacies in Brighton and Hove have been commissioned to provide the EHC service, including C-Card and Chlamydia screening. Although coverage by providers across the City appears to be good there are some concerns regarding the hours that the service is available from individual pharmacies. Commissioners are currently reviewing the specification for this service to ensure pharmacies commit to this service provision being available during all opening hours.

Map 17. Pharmacies in Brighton and Hove commissioned to provide sexual health services, September 2014



4.12.5 Substance Misuse Service

The needle and syringe exchange programme and supervised consumption of prescribed medicines for substance misusers are the two substance misuse services that pharmacies are commissioned to provide in Brighton and Hove. The local authority Drugs and Alcohol Team coordinates the local strategy.

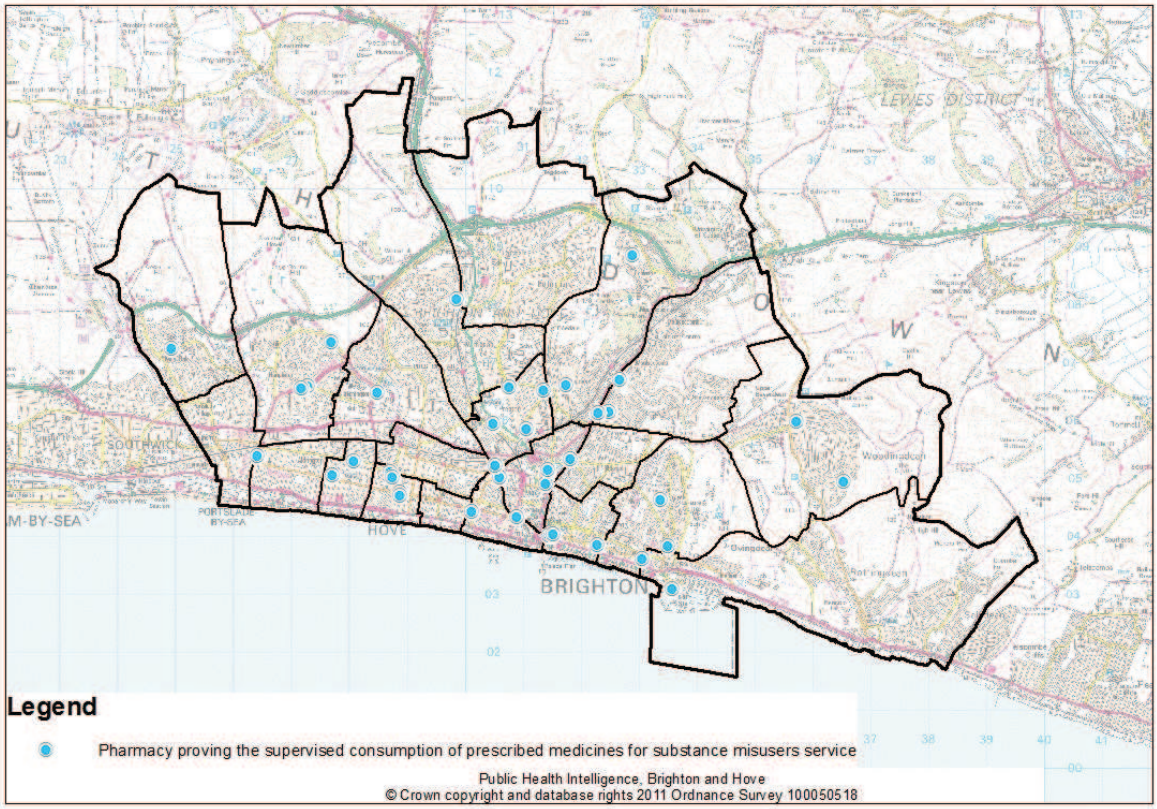
There are currently 42 pharmacies providing at least one of these services in Brighton and Hove, with 23 providing the Needle and Syringe exchange service and 41 providing Supervised Consumption services.

Supervised Consumption of Prescribed Medicines for Substance Misusers

The main purpose of this service is to reduce mortality and morbidity risks among high-risk drug users by ensuring adherence to prescribed medicine regimes. Beneficiaries are usually people who have been prescribed a controlled drug for treatment of a drug use disorder, and require the consumption of their medication to be supervised.

Pharmacies that have been commissioned to provide the service provide support and advice to the customer, including referral to primary care or specialist services when appropriate. They also report missed doses or other behavioural concerns to the prescriber. The locations of these pharmacies can be seen in Map 18.

Map 18. Pharmacies in Brighton and Hove commissioned to provide supervised consumption services, September 2014



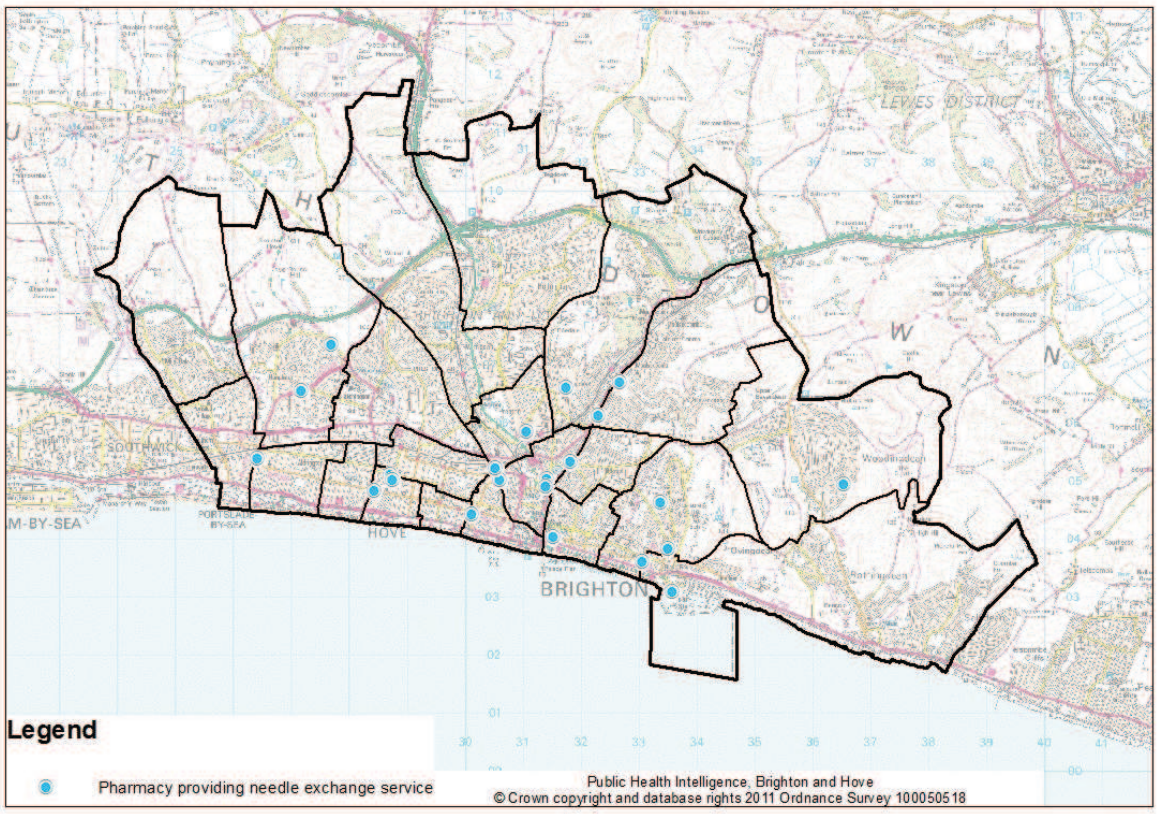
Needle and Syringe exchange programme

The main purpose of this service is to reduce the transmission of blood-borne infections by providing free, sterile injecting equipment and advice in line with NICE public health guideline PH18.[32] The main beneficiaries are people who inject illicit drugs, including performance and image enhancing drugs.

The local specialist substance misuse service provider coordinates the needle and syringe programme. Commissioned pharmacies supply pre-packed bags containing sterile syringes, needles and other items to adult customers on request. Customers

may leave used items, suitably contained in a sharps bin, with the pharmacy for disposal as sharps waste. The locations of these pharmacies can be seen in Map 19.

Map 19. Pharmacies in Brighton and Hove commissioned to provide the needle and syringe exchange programme, September 2014



A new contract for the two pharmacy substance misuse services will begin in April 2015. Responsibility for overseeing the on-going management of the pharmacy based needle exchange and supervised consumption services will pass to the new provider. Details of how these services will run from April 2015 are under development. There should be no impact on the service experienced by people using the two services.

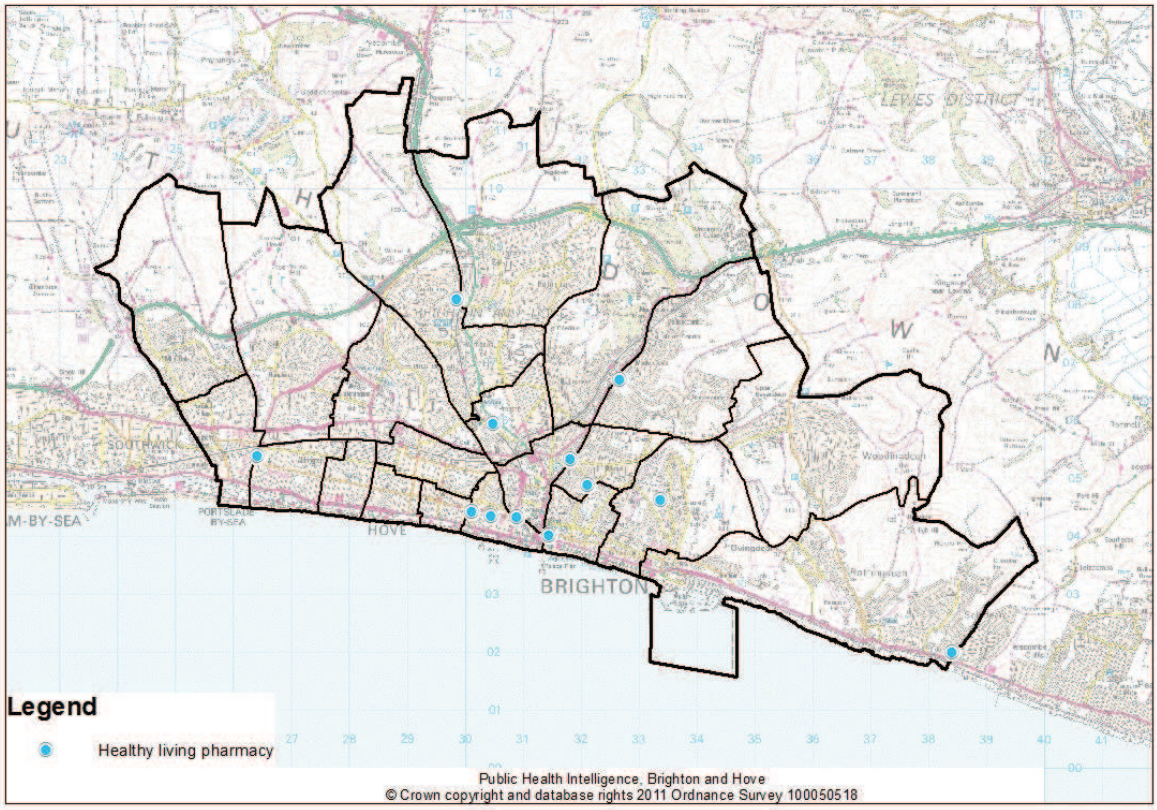
4.12.6 Healthy Living Pharmacies

The Healthy Living Pharmacy (HLP) model, which was developed in Portsmouth, is the best known but by no means the only model for the integrated delivery of public health and prevention in a pharmacy setting.[33] The provision of public health services through community pharmacies is relatively new and therefore there is a lack of strong evidence to support some public health interventions in community pharmacies. The published evaluation of the HLP Pathfinder[34] work programme suggests that the model can be replicated in other parts of the country, although data on outcomes are sparse and more robust evidence will be needed to confirm this before its application. Some of the key themes of pharmacy's involvement in public

health in the HLP model are stop smoking services, EHC, minor ailments services, targeted MUR and NMS, drug and alcohol misuse services, chronic disease management and prevention, and infection control and prevention. As new evidence is emerging about the effectiveness of HLP, there is potential to add other services to the HLP program. However, as the evidence is not robust at present, commissioners need to evaluate the effectiveness of HLP and applicability to local context before implementation.

There are currently 12 HLPs in Brighton and Hove, the location of which can be seen in Map 20. There is a recognition that the role of HLPs is not currently being maximised within the city and the public health team in the council plan to work more closely with the existing 12 HLPs and to recruit more pharmacies to become a HLP. The feedback from the pharmacy questionnaire as part of this PNA shows significant interest in the HLP model, from pharmacies not yet accredited. The recommendations in this report will guide future developments in this area.

Map 20. Health living pharmacies in Brighton and Hove, September 2014



4.13 Innovation within community pharmacy

4.13.1 Electronic Prescription Service

The Electronic Prescription Service (EPS) enables prescribers - such as GPs and practice nurses - to send prescriptions electronically to a pharmacy of the patient's choice. This makes the prescribing and dispensing process more efficient and convenient for patients and staff.

In Brighton and Hove the roll out for the EPS has started in three surgeries and there is a plan for EPS to cover all practices by March 2016. The CCG is providing significant support to both practices and pharmacies to ensure smooth roll out of the service. There remain a few issues to maximize the opportunities that EPS brings to patients, GPs and pharmacies.

4.13.2 Extended Primary Integrated Care

Extended Primary Integrated Care (EPIC) is a pilot project which is part of the Prime Minister's Challenge fund to improve access to primary care services within the city. The project works on changing five service areas:

- GP Triage – whereby GPs triage patients through a phone consultation;
- Extended hours and skill mix - to provide primary care services 800am – 2000pm weekdays and during the weekends and to maximize the role of pharmacists and practice nurses;
- Pharmacy – patients have a choice of pharmacies and medical records are shared between pharmacies and GPs to improve care and enable the pharmacist to take more of a role in supporting patients. Pharmacists support general practice to manage routine, non-urgent cases and people who struggle to access primary care in working hours. Pharmacists offer an enhanced service underpinned by access to the patient's medical record, patient group directions (PGD), training and a robust clinical governance framework.
- Community navigators – volunteers to help patients by supporting onward referral to community activities and personal support.
- Redirection of workflow - looks at how administration work which routinely crosses a GPs desk can be safely redirected to administrative staff in order to free up GP and increase availability of their time for appropriate clinical work.

Sixteen surgeries and 17 pharmacies are involved in the pilot, which is being implemented in phases. The first phase of the pilot started September 2014.

In addition to the EPIC project, the CCG is providing funding for 2 pharmacists to provide direct support to GP practices to deliver ProActive Care in relation to

Medicines Management. The pharmacist will provide leadership within the Cluster to achieve safe, rational and cost-effective prescribing.

4.13.3 Improving environmental sustainability

The CCG is currently developing various prescribing initiatives with the aim of: reducing the NHS carbon footprint; improving the environmental sustainability of healthcare provision and improving the quality and safety of care. These initiatives include the green bag campaign and the inhaler recycling detailed below.

The Green Bag campaign supports patients who are at risk of or planning to be admitted to hospital to take all their medications with them in a green bag. This bag, provided by pharmacies, gives patients an easily recognisable bag for their medicines and helps keep all their medicines together when they move along the care pathway. The CCG innovation fund has funded the pilot of this scheme until March 2015 when it will be audited and evaluated. All those patients identified as frail and within the 2% of patients designated by practices for the Admission Avoidance CCG Locally Commissioned Service and care plan are to be targeted. This is approximately 6,000 patients in total across the city. When GPs write a prescription for the patient, this will include a prompt for the pharmacist to provide the patient with a green bag when they collect their medications. The bags will be labelled to show which pharmacy provided them and the audit for use of the green bags will be carried out in hospital. Pharmacists, ambulance staff and community nurses will be trained to support roll out of the initiative. The project will reduce medicines wastage and will also ensure accurate reconciliation of medicines on admission to and discharge from hospital, as well as ensuring patients maintain familiarity with their own medicines - thus not only helping the CCG to achieve sustainability commitments, but also to improve quality, safety and cost efficiency.

The inhaler recycling scheme involves community pharmacies and practices collecting patients' used inhalers in designated boxes. The inhalers are collected by an external agency, analysed (to determine how they have been used) and recycled safely for reuse. The project plans to start November 2014. The scheme will be linked with work to improve asthma/COPD reviews and inhaler technique training. Pharmacists dispensing the inhalers will provide training on inhaler technique as well as conducting medication use reviews - including on those hard-to-reach patients who frequently do not attend GP appointments. A similar scheme on the Isle of Wight demonstrated more appropriate prescribing, improved adherence to inhaled medicines among patients - as well as reduced spend on both B-agonist and steroid inhalers. In addition to saving considerable amounts of carbon, the scheme improves patient care and also has the potential to reduce asthma related hospital admissions.

4.13.4 Non-medical prescriber (pharmacist) within a surgery

In September 2014 Mile Oak surgery was awarded part funding from the CCG innovation fund to employ a community pharmacist prescriber within the practice to carry out medication reviews and manage repeat prescribing. This project is seen as a pilot for the city for such a model. Mile Oak is also a member of the EPIC and therefore the joint learning from their experience of EPIC and this project will be helpful in determining future programmes in this area.

A different but similar arrangement has also been made with the Whitehawk practice. A pharmacist from a pharmacy close to the Whitehawk practice will spend time working within the surgery to maximise opportunities regarding repeat dispensing and improving patient care.

4.13.5 Dermatology service

The CCG is commissioning a new Integrated Dermatology Service. Eleven pharmacies will be part of this service to assist in the safe application of topical treatments and creams for long term conditions. Pharmacies will also offer appointments, within 48 hours, to patients with eczema and psoriasis as part of their self-care flare up plans. Learning from this programme will inform similar initiatives to expanding access to primary care services through pharmacies as part of the Better Care work.

4.13.6 Carer friendly pharmacy pilot

The Carer-friendly Pharmacy Pilot started November 2014. It is part of a programme of work taking place in 9 areas of England, funded by the Department of Health and forms part of the 'Supporting Carers in General Practice Programme'. The programme aims to increase the identification and support of unpaid carers within primary care and community settings so that carers receive support before they reach crisis point. Brighton and Hove Carers are working with six pharmacies in the city. Pharmacies use the PharmOutcomes tool to refer carers to their GP, to alert the GP they are a carer and are receiving adequate support. Carers receive an information pack and phone call from Brighton and Hove Carers Centre. The pilot ends 28th February and will be evaluated.

4.13.7 Care Act 2014 Duty on information and advice on services

As part of the new duty on local authorities, Brighton and Hove City Council are developing a new online portal for residents, carers and families to access information and advice on health and care services in the city. This resource will include information and advice on care and support for adults and support for carers.

4.14 Pharmaceutical Service Provision Summary

4.14.1 Pharmaceutical Service providers

There are currently 60 pharmacies in Brighton and Hove which is equivalent to 22 pharmacies per 100,000 population. The regional average is 19 per 100,000 and the national average is 22 per 100,000. There are no dispensing GP practices, no internet/distance selling pharmacies and no DACs in Brighton and Hove.

Other NHS pharmaceutical service providers include Royal Count Sussex Hospital as part of BSUH, Sussex Partnership Foundation Trust, Sussex Community NHS Trust and medications reviews services in care and nursing homes commissioned by the CCG.

4.14.2 Opening hours

One out of 60 community pharmacies have 100 hours core hours contracts whereas the rest have the standard 40 hours per week contract. The majority of pharmacies (88%) across the county are open on Saturday, 48% in the evening and 18% on Sundays. During weekdays, Saturdays and Sundays, the whole of Brighton and Hove is within five miles radius of an open pharmacy for at least part of the day.

4.14.3 Performance

During the period 2012/13 pharmacies in Brighton and Hove dispensed an average of 366,634 items per month. The average number of MURs per provider in Brighton and Hove was lower than the South East Coast region but higher than the national average in 2012/13. The percentage of community pharmacies providing MUR services was higher than South East Coast and England. In 2012/13 no pharmacy provided AUR services.

Following publication of the previous PNA in 2010, there has been a significant increase overall in the number of pharmacies delivering public health locally commissioned services (previously named Locally Enhanced services). In 2011 on average 21 pharmacies delivered any one of the above named LCSs in comparison to 33 currently delivering these services. This demonstrates an improvement and overall good coverage of services.

5 Patient / public survey

5.1 City Tracker

The City Tracker survey is a city-wide survey conducted with residents aged 16 and over. The survey aims to find out what residents think of Brighton and Hove as a place to live and to track key performance indicators including satisfaction with key services. The survey includes a sample of 1,000 residents and is conducted three times per year, with six waves currently completed. The combined data for all waves of the survey currently includes around 6,000 residents, corresponding to 2% of the total population of the city.

Within the survey are two questions related to pharmaceutical services. The first question, “Have you used your local chemist?” was included in the survey for the last two waves, corresponding to 1,991 local residents. Among these residents, 85% reported that they have used their local chemist.

The second question, “Taking everything into account, how satisfied or dissatisfied are you with the following organisations in your local area? – Your local pharmacy”, was included in all waves of the survey. Satisfaction with pharmaceutical services appears very high (96%, 5,369 / 5,608 are very or fairly satisfied).

The survey collects a range of demographic characteristics: gender, age, transgender, tenureship of home, number of children, ethnic group, disability status, sexual orientation and religion. Detailed analysis, comparing the demographic groups that responded to the survey with the total survey sample, showed very little variation in satisfaction with services. The only statistically significant differences between groups were as follows:

- Asian residents reported higher levels of satisfaction with their local chemist than any other ethnic group (99.5% [183 / 184] very or fairly satisfied vs. 96% [5,258 / 5,488] among the rest of the sample)
- Residents who reported their sexual orientation as “Other” (83% [19 / 23] vs. 96% [5,362 / 5,601] among the rest of the sample), although this result should be treated with caution due to the small sample in this group
- Residents who reported their religion as Atheist (91% [125 / 138] vs. 96% [1,812 / 1,896] among the rest of the sample)[xx]

5.2 The Community Survey

A targeted survey was conducted to better understand the views of local patients, target groups relevant to Equalities legislation and health inequalities, and residents regarding pharmacy services. Given the consistently high satisfaction with pharmacy

[xx] City Tracker waves 5 and 6 only

services reported in the local City Tracker[xxi] survey, it was decided that a targeted survey would be carried out to seek relatively in-depth views of existing services and to identify how pharmacy services can better support target groups within the local community. After the survey responses were cleaned (the removal of blank or spoiled responses) a total sample of 421 respondents was analysed.

As part of the community survey an offer was provided for respondents to participate in a focus group. Due to a small number of respondents showing interest, targeted interviews were conducted with four members of the community. For the purpose of anonymity, the findings from these interviews are not presented directly in this chapter but have been considered in the recommendations made at the end of this document.

5.2.1 Key findings

- Most respondents reported that they access pharmaceutical services near their homes, between 0900 and 1700
- Most respondents visit pharmacies monthly or every 2-3 months for a health reason
- Twenty five percent of respondents never visit a pharmacy for any other reason (such as purchasing shampoo) than health.
- Over half use pharmacies to collect their prescriptions made by their GP
- Less than a fifth of respondents use pharmacies to deliver their medicines to their home
- Forty two percent of respondents take their unwanted / unused medicines to a pharmacy for disposal, however this was more common for those: aged over 45, with a limiting long-term illness and disability, or of White British ethnicity.
- Most respondents are happy for their medicines record to be available to their GP and pharmacist
- Largely respondents are satisfied with current access to and use of pharmacy services across all localities
- Minor conditions advice was the most accessed service in the last year across the city. Most respondents would like pharmacies to provide minor conditions advice, urgent medicines out of hours, medicines use checks and NHS Health Checks in the future
- Most respondents either feel it's important or don't mind whether pharmacy staff know them. The most respondents have no preference whether or not they see a regular pharmacist on duty.
- Over 30% of the respondents were unsure about being able to talk to a pharmacist without being overheard

[xxi] http://www.bhconnected.org.uk/content/surveys

5.3 Results

5.3.1 Demography

The highest percentage of respondents either did not supply a postcode (34%) or live in the east locality (29%) (Table 28). There is no significant difference between the percentages of the total population in each locality who responded to the survey. The majority of respondents were female (64%), of working age (16-64 years, 70%) and White British (82%) (Table 29). Comparing the survey respondents to the population of Brighton and Hove shows the following:

- The percentage of female respondents is higher in the survey (64%) than Brighton and Hove (50%)
- The percentage of heterosexual respondents is lower in the survey (80%) than Brighton and Hove (87%)
- The percentage of lesbian / gay woman and bisexual respondents is higher in the survey (3% and 2%, respectively) than Brighton and Hove (both 1%)
- The percentage of transgender respondents is higher in the survey (3%) than Brighton and Hove (3.2% vs. 1.6%)
- The survey sample is older (63% aged 45 years or older) than Brighton and Hove (36%)
- There is no significant difference between the percentage of the survey sample from BME groups (16%) and the population of Brighton and Hove (20%)

Table 28.Number and percentage of respondents by locality.

Locality	Total population	Number of respondents	% of respondents	% of locality population
Central	64,900	63	15%	0.1%
East	108,500	121	29%	0.1%
West	102,400	77	18%	0.1%
Outside Brighton	-	14	3%	-
No postcode supplied	-	143	34%	-
Total	275,800	421		0.2%

Table 29. Gender, age and ethnicity of respondents, community survey and Brighton and Hove

Demographic characteristic	Survey		Brighton and Hove	Survey population compared with Brighton and Hove
	Number	%	%	
Gender				
Male	142	35%	50%*	Lower
Female	262	64%	50%*	Higher
Other	5	1%	-	-
Prefer not to say	2	0%	-	-
Total	411			
Not answered	10			

Demographic characteristic	Survey		Brighton and Hove	Survey population compared with Brighton and Hove
	Number	%	%	
Grand total	421			
Sexual orientation				
Heterosexual/ Straight	10	80%	87%**	Lower
Lesbian/ Gay woman	322	3%	1%**	Higher
Gay man	12	5%	3%**	No difference
Bisexual	21	4%	1%**	Higher
Other	18	2%	0%**	Higher
Prefer not to say	18	4%	8%**	Lower
Total	401			
Not answered	20			
Grand total	421			
Do / do not identify with the gender assigned at birth				
Identify with gender assigned at birth	380	94.5%	97.7%**	Lower
Do not identify with gender assigned at birth	13	3.2%	1.6%**	Higher
Prefer not to say	9	2%	-	-
Total	402			
Not answered	19			
Grand total	421			
Age group				
Under 25	47	11%	32%*	Lower
25-44	101	25%	31%*	Lower
45-64	142	34%	23%*	Higher
65 or over	117	28%	13%*	Higher
Prefer not to say	5	1%	-	-
Total	412			
Not answered	9			
Grand total	421			
Ethnic group				
White British	333	82%	81%ϕ	No difference
BME	67	16%	20%ϕ	No difference
Prefer not to say	8	2%	-	
Total	408			
Not answered	13			
Grand total	421			

Brighton and Hove data sources:

* ONS mid-year population estimates, 2013

** Brighton and Hove City Council City Tracker Survey

ϕONS, Census 2011

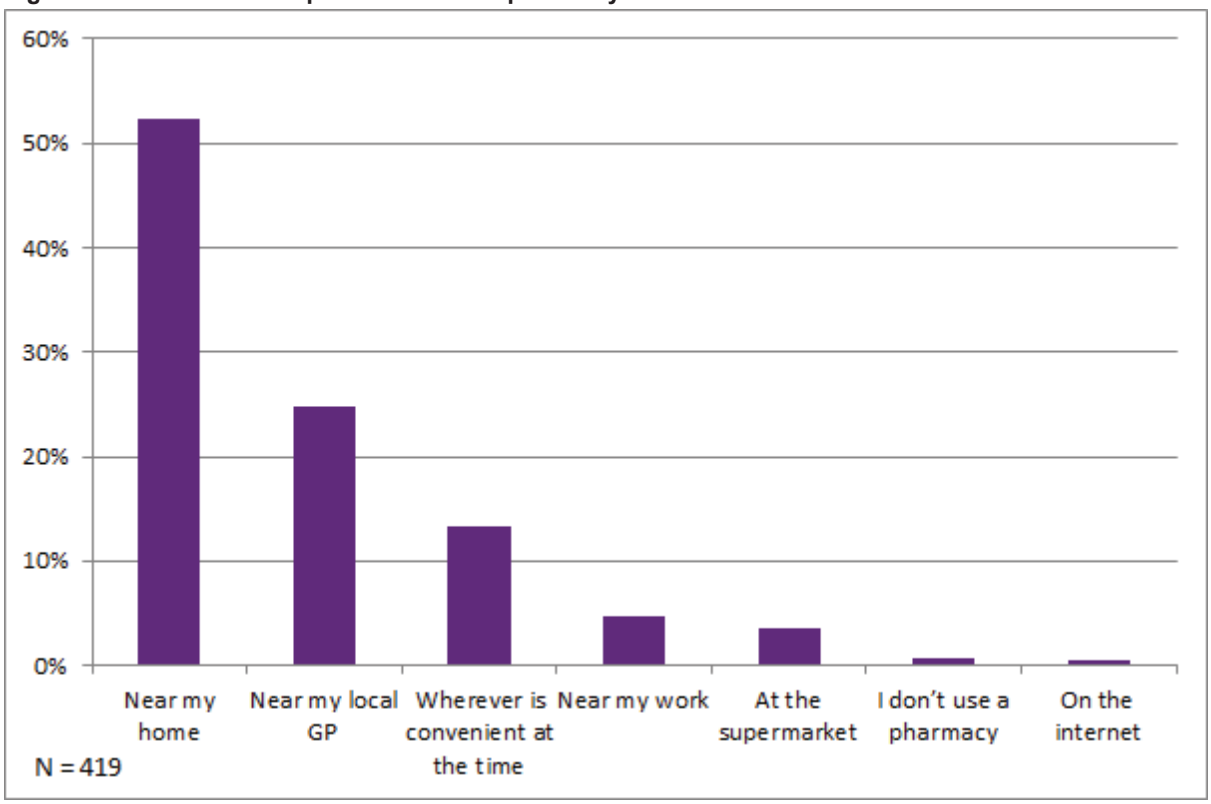
5.3.2 Use of Pharmaceutical Services

5.3.2.1 Where do you access pharmacy services?

The majority of respondents (over 50%) access pharmacy services near their homes (Figure 9). The second most popular option was near the local GP surgery (25%).

Internet services are the least accessed, unsurprising given that there is no internet pharmacy in Brighton and Hove. There is some variation across localities, with services near the local GP the most popular response (40%) in the central locality. In the east and west localities the most popular response was near the home (50% and 64%, respectively) with a significantly higher percentage selecting this option in the west locality when compared with central. There are no significant differences between demographic groups in the location of access.

Figure 9. Places where respondents access pharmacy services



5.3.3 Opening hours

Eighty-three percent of respondents agree that pharmacy opening hours meet their needs.

Some demographic groups are more likely to agree:

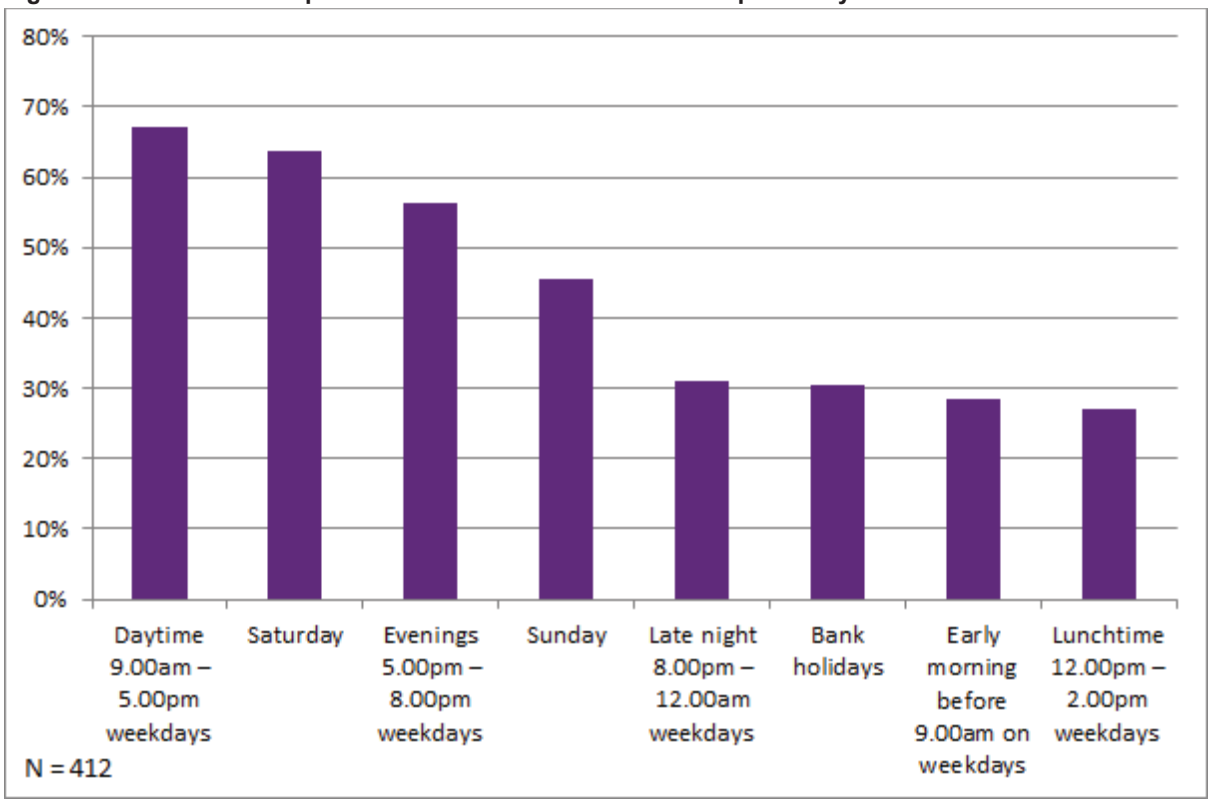
- Older respondents (65 years or above) (92%) compared with respondents aged 25-44 years (76%)
- Those who do not provide unpaid care (86% vs. 72% among those who do provide unpaid care)

Among those who reported that opening hours do not meet their needs (14%, N=59), the most common reason for this is that pharmacies close at the end of business hours, around 17:00 (59% reported this) and so are not easily accessible for those in full-time employment. Other reasons are weekend closures (28%), closing after

lunch on Saturdays (13%), closing over lunchtimes or pharmacists lunch-breaks (13%) and opening too late in the morning (7%).

When asked when they would like to be able to use pharmacy services, the most common responses were weekday daytimes (67%), Saturdays (64%), evenings (56%) and Sundays (45%)(Figure 10).

Figure 10. Times when respondents would like to be able to use pharmacy services

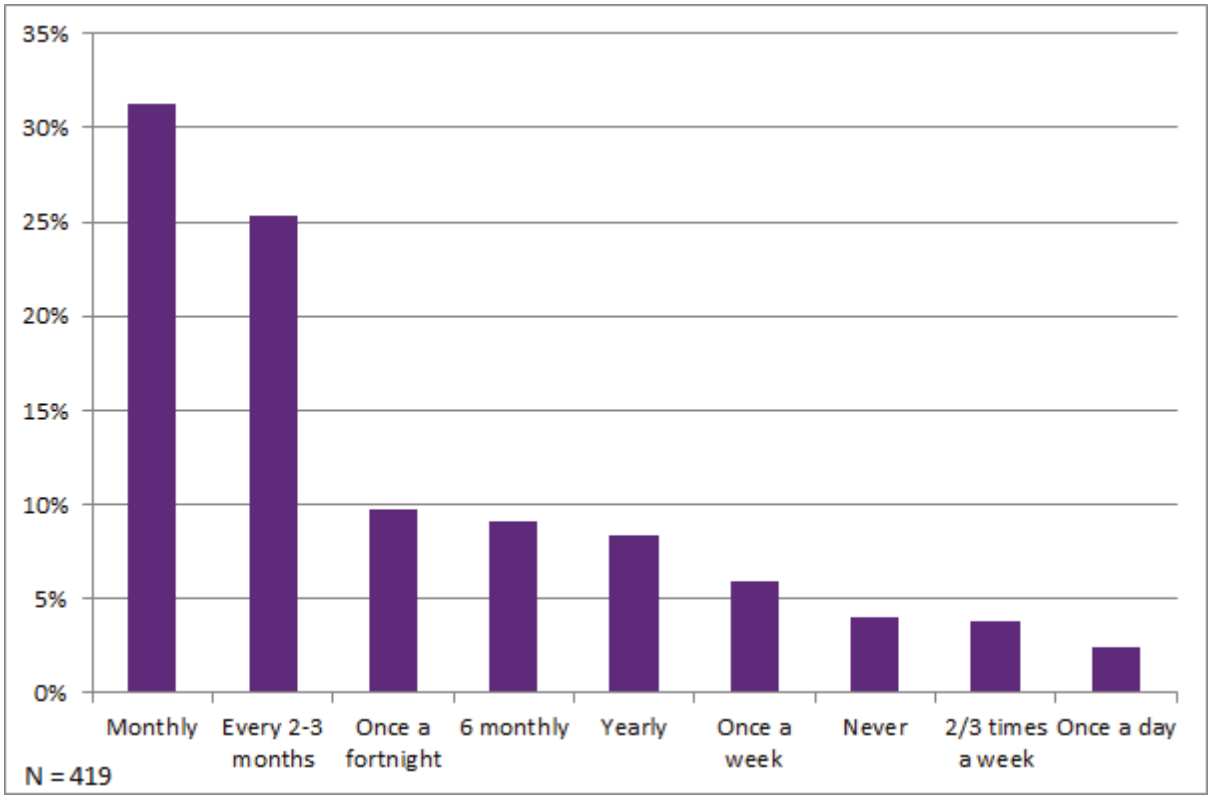


5.3.4 How often do you visit a pharmacy for health reasons?

Approximately a third of respondents visit a pharmacy monthly for a health reason (31%) (Figure 11), with the second most common frequency of visit reported as every two to three months (25%). There is no difference between localities in the responses to this question. Some demographic groups are more likely to visit a pharmacy for a health reason:

- Males are more likely to visit a pharmacy weekly or more frequently (19%) than females (9%)
- Older respondents (65 years or above) are more likely to visit in the range fortnightly to every 2-3 months (83%) than any younger age group. There is no difference between ages for any other frequency of visit.
- Those with a limiting long-term illness or disability are more likely to visit weekly or more frequently (18%) than those without an illness or disability (6%) and less likely to visit in the range 6 months to a year (8% vs. 25%)

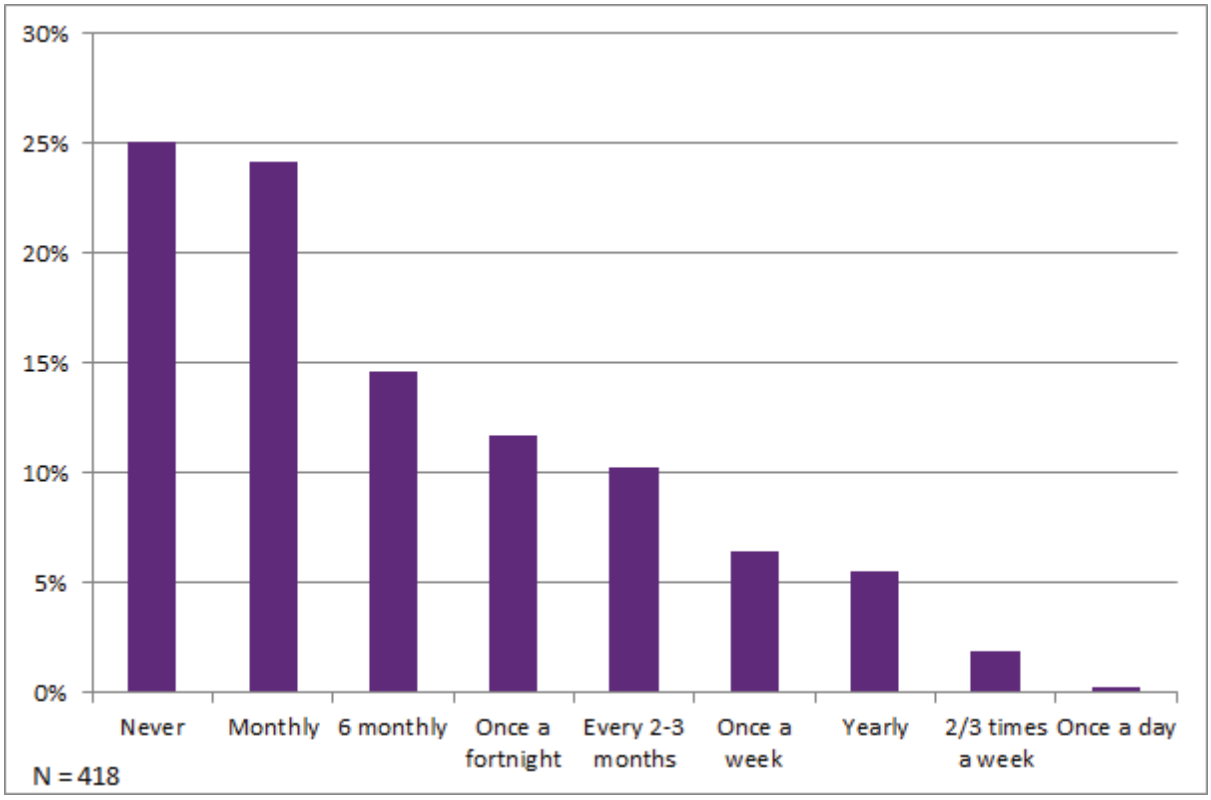
Figure 11. Frequency of pharmacy visits for a health reason



5.3.5 How often do you visit a pharmacy for any other reason?

Approximately a quarter of respondents never visit a pharmacy for a reason unrelated to health (25%) (Figure 12), with monthly visits the second most common choice (24%). There is no difference between localities in the responses to this question. Older residents (65 years or above) are more likely to visit a pharmacy for any other reason (79%) than those aged 25-44 years (68%). There is no difference in the frequency of visits between any age group.

Figure 12. Frequency of pharmacy visits for any other reason



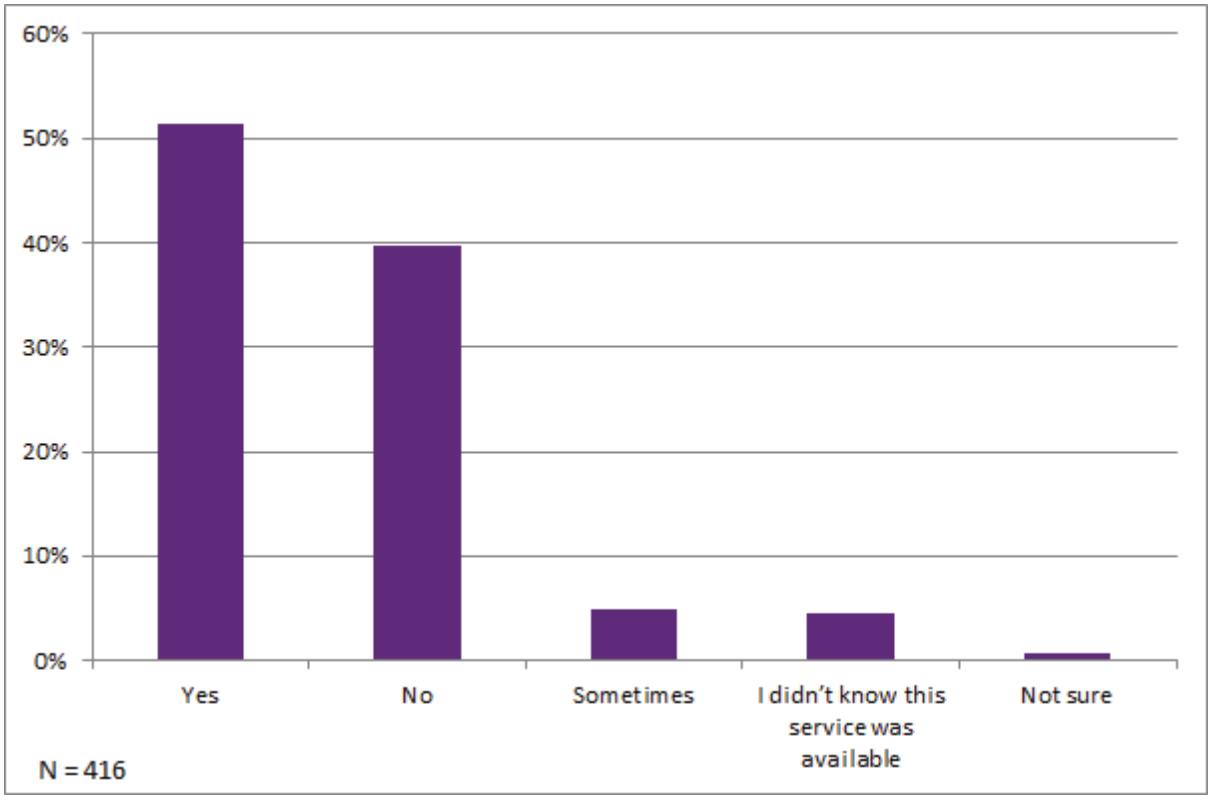
5.3.6 Do you use a pharmacy to pick up your prescriptions?

Fifty-one percent of respondents reported that they use a pharmacy to pick up their prescriptions from their GP (Figure 13). There is no difference between localities in the percentages that have used this service. Some demographic groups are more likely to use this service:

- Older respondents (65 years or above) (68%) compared with those aged 25-44 years (37%) or under 25 years (26%)
- White British respondents (55%) compared with BME respondents (35%)
- Those who have a limiting long-term illness or disability (67%) compared with those who do not (39%)
- Those who provide unpaid care (73%) compared with those who do not (47%)

Three percent of respondents would be interested in hearing more about this service.

Figure 13. Use of pharmacies for prescription collection



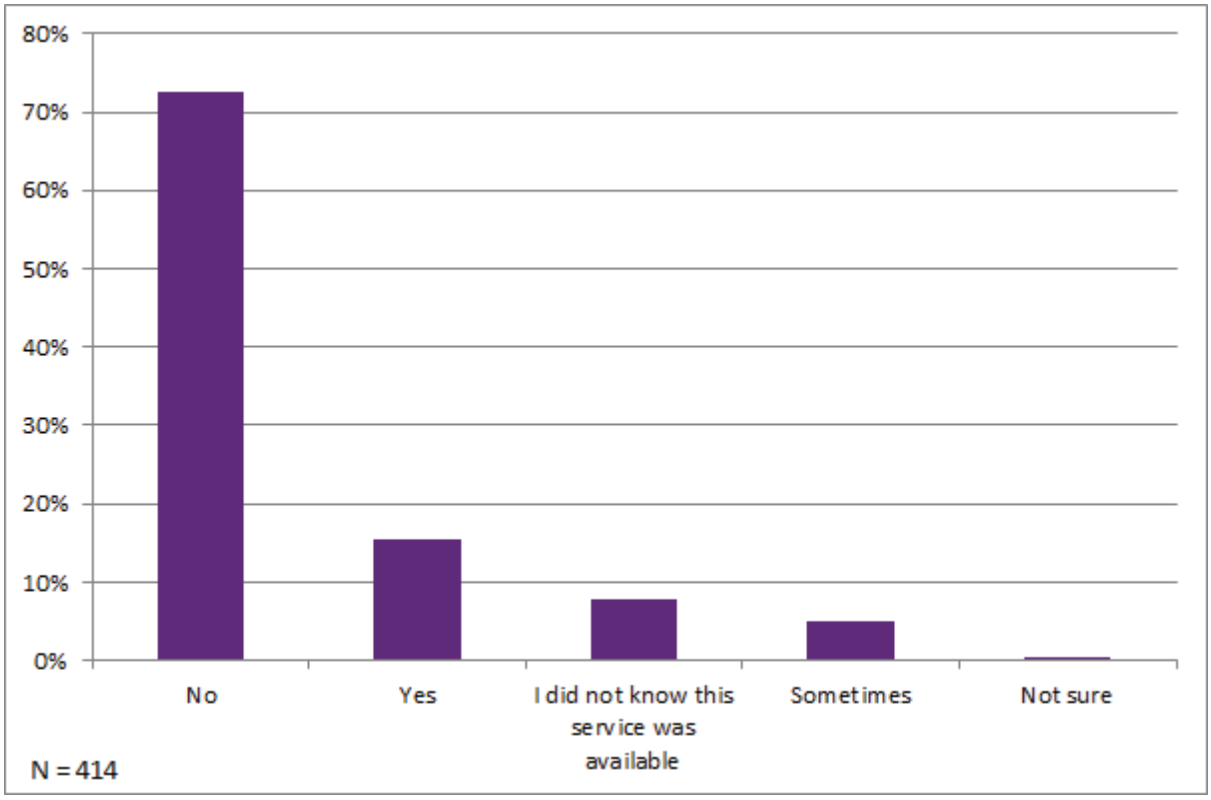
5.3.7 Do you have your prescribed medicines delivered to your home by a pharmacy?

Fifteen percent of respondents have their medicines delivered to their home by a pharmacy (Figure 14). There is no difference between localities in the percentages that have used this service. Some demographic groups are significantly more likely to use this service:

- Older respondents (65 years or above) and those aged 45 – 64 years (24% & 20%, respectively) compared with those aged 25 - 44 years (6%) and under 25 years (2%)
- Those who have a limiting long-term illness or disability (25%) compared with those who do not (8%)

Three percent of respondents would be interested in hearing more about this service.

Figure 14. Use of pharmacies for prescription delivery



5.3.8 Disposal of medicines

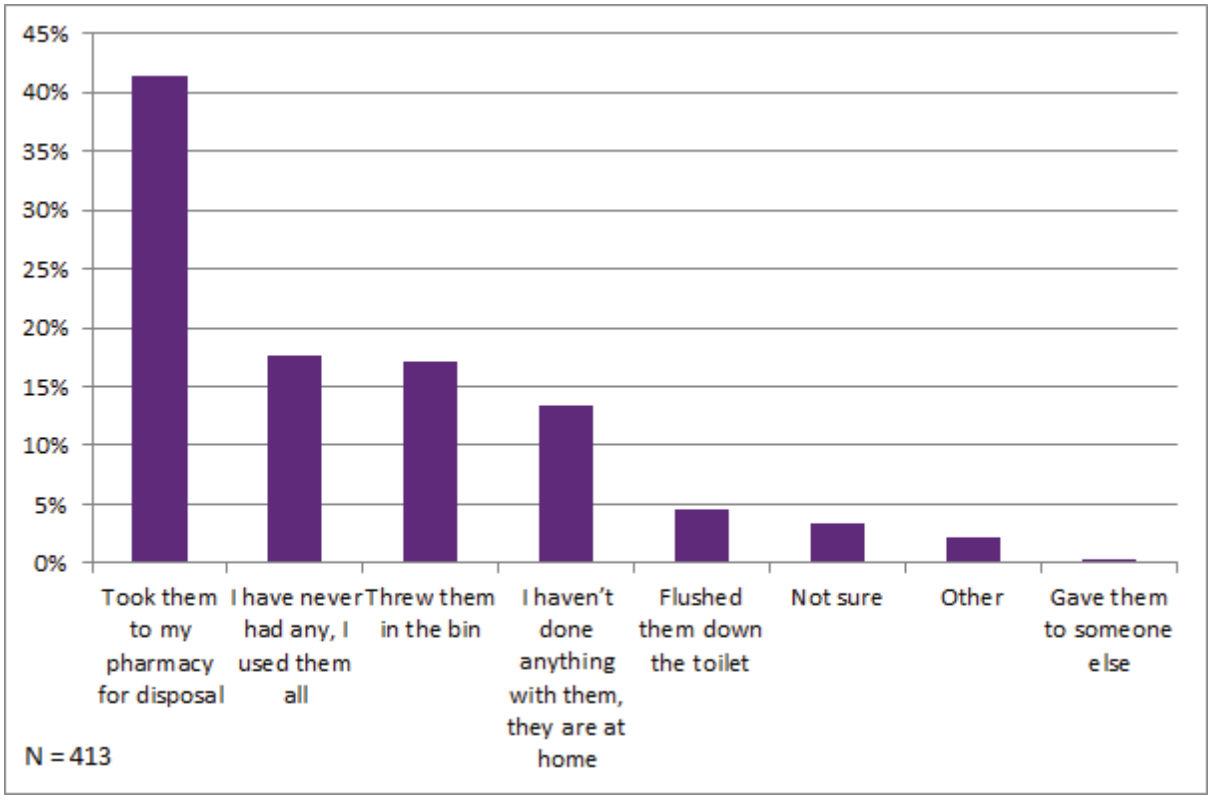
Fifty percent of respondents have taken unwanted / unused medicines to their pharmacy for disposal at some point, with 42% not having done this. Seven percent did not know this service was available, with less than one percent unsure. There is no difference between localities in the percentages that have used this service. Some demographic groups are significantly more likely to have taken their old medicines to a pharmacy for disposal:

- Older respondents (65 years or above) and those aged 45 – 64 years (68% & 59%, respectively) compared with those aged under 45 years (28%)
- White British respondents (55%) compared with BME respondents (35%)
- Those who have a limiting long-term illness or disability (63%) compared with those who do not (43%)
- Those who have served in the UK Armed Forces (77%) compared with 48% among those who have not

When asked to specifically consider their last lot of unwanted medicines, forty-two percent of respondents reported that they took them to a pharmacy for disposal with 13% still having their medicines at home (Figure 15).

Among respondents who specified other options for the disposal of unwanted / unused medicines, two said they take them to their GP, two still have them and the rest either had not had any lately or had disposed of them in other ways.

Figure 15. Disposal methods for the last lot of unwanted / unused medicine



5.3.9 Sharing of medication records with GPs

When asked if they would be happy for information about their medications to be shared between their GP and pharmacy, 63% responded that they are happy with 23% under the impression that this was already the case. Ten percent are not sure and six percent are not happy for this to take place. The most common theme among those who would not be happy for this to happen was confidentiality (68% of responses). Other themes reported by more than one individual were a lack of trust in the pharmacist's knowledge regarding medicines and their conditions and the potential use of this information for marketing and sales purposes.

5.3.10 Access to pharmacy services

Eighty-eight percent of respondents strongly agree or agree with the statement "I can get into and out of and move around my pharmacy easily" with five percent disagreeing or strongly disagreeing (Figure 16). There are no differences between localities in the responses to this question.

Eighty-six percent strongly agree or agree that they travel a short distance to use their pharmacy with seven percent disagreeing or strongly disagreeing with this. There are no differences between localities in the responses to this question.

Seventy-eight percent strongly agree or agree that they can usually find an open pharmacy when they need one, with nine percent disagreeing or strongly disagreeing. There are no differences between localities in the responses to this question.

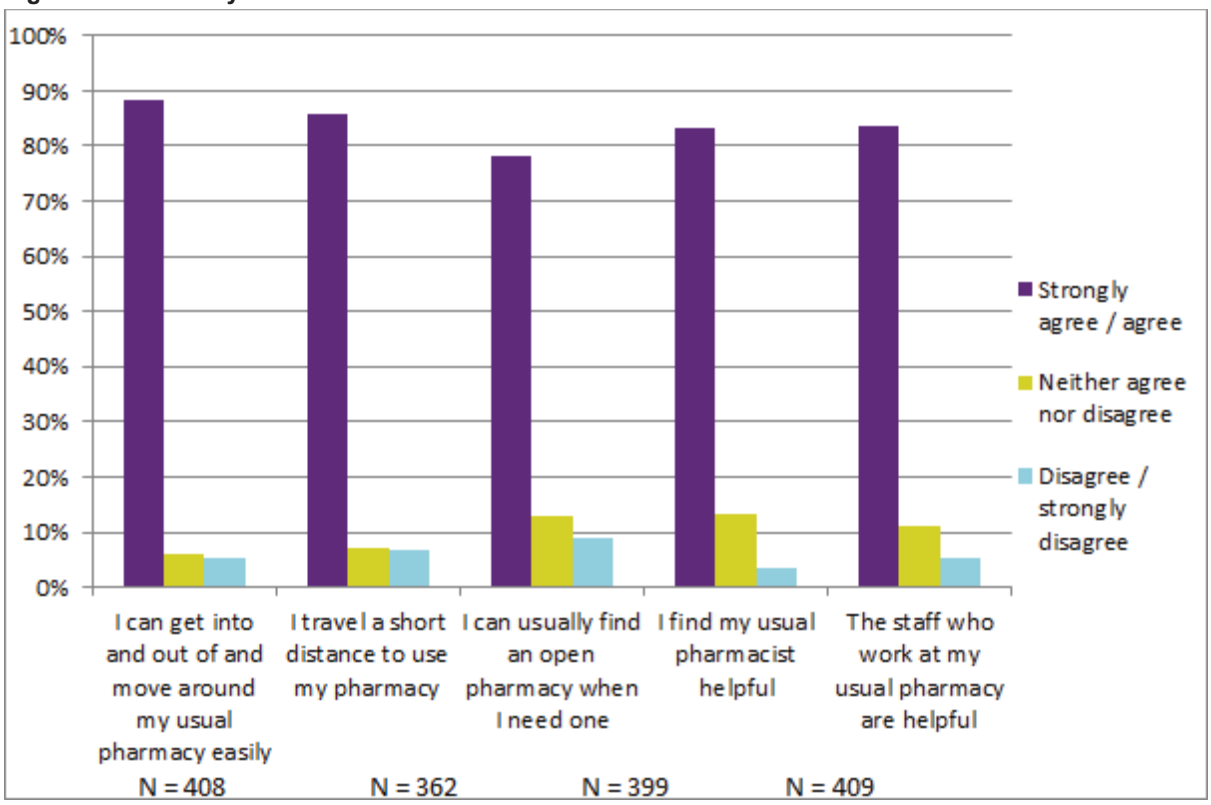
Eighty-three percent strongly agree or agree that their usual pharmacist is helpful, with four percent disagreeing or strongly disagreeing. There are no differences between localities in the responses to this question. Significant differences are observed in the responses to this question between some demographic groups:

- Older residents are more likely to find their usual pharmacist helpful (90%) than those aged under 25 years (70%)

Eighty-four percent strongly agree or agree that the staff who work at their usual pharmacy are helpful, with five percent disagreeing or strongly disagreeing. There are no differences between localities in the responses to this question. Significant differences are observed in the responses to this question between some demographic groups:

- Older residents are more likely to find the staff at their usual pharmacy helpful (95%) than those aged under 25 years (68%) or those aged 25 – 44 years (79%)

Figure 16. Pharmacy access



5.3.11 Travel to a pharmacy

The majority of respondents either walk (62%) or drive (24%) to a pharmacy with 10% travelling on public transport. Less than 2% reported cycling, with free-text

responses to this question predominantly consisting of combinations of the above. There are no differences between localities in the responses to this question.

Sixty-nine percent reported that they use their nearest pharmacy with nine percent sometimes using it. Twenty percent do not use their nearest pharmacy and two percent do not know. There are no differences between localities in the responses to this question. Significant differences are observed in the responses to this question between some demographic groups:

- Respondents aged 45-64 years are less likely to use their nearest pharmacy (59%) than the rest of the survey respondents (75%)

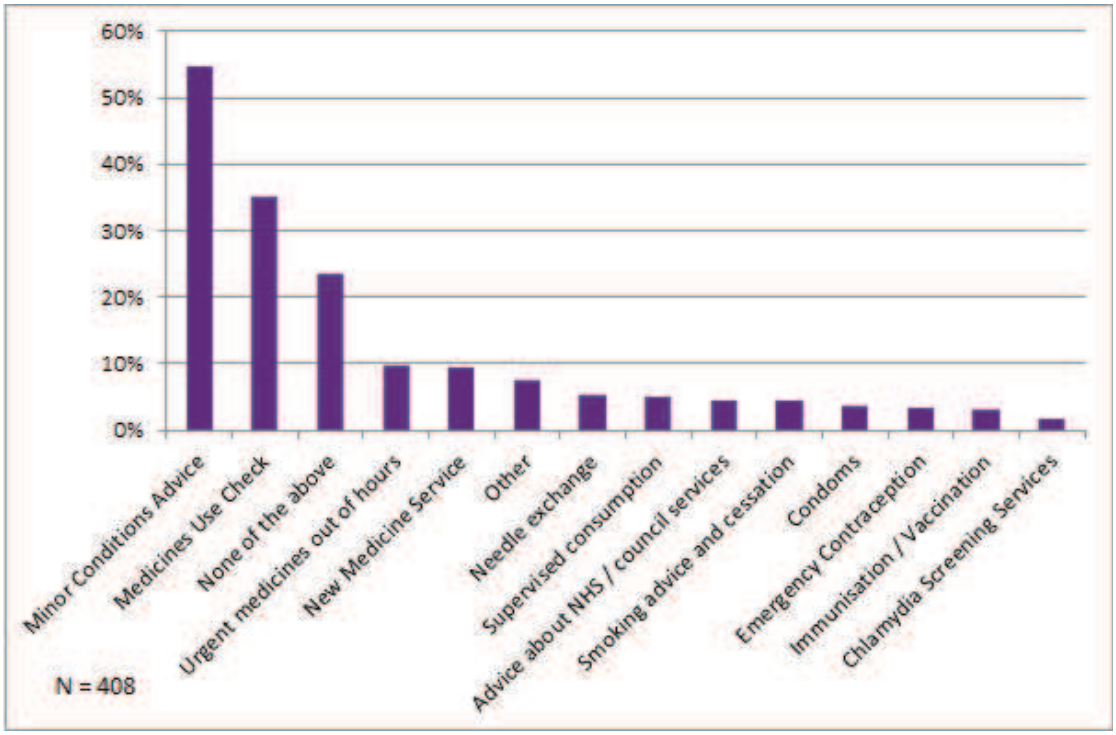
The most common reason given for respondents not using their nearest pharmacy (N=83) is that they prefer to use a pharmacy located near to their GP surgery (35% of responses). Other common themes were that it is not convenient for them to use their nearest pharmacy (25%) and that their nearest pharmacy provides a poor service (23%)

5.3.12 Pharmacy service use

Minor conditions advice is the most commonly used service with 55% of respondents using this service in the year prior to the survey (Figure 17). Medicines use checks were used by 35% of respondents with “none of the above” the third most common choice (24%). Prescriptions and general advice were the main services not listed on the survey for which respondents use pharmacies (57% & 30%, respectively, of those who provided additional responses).

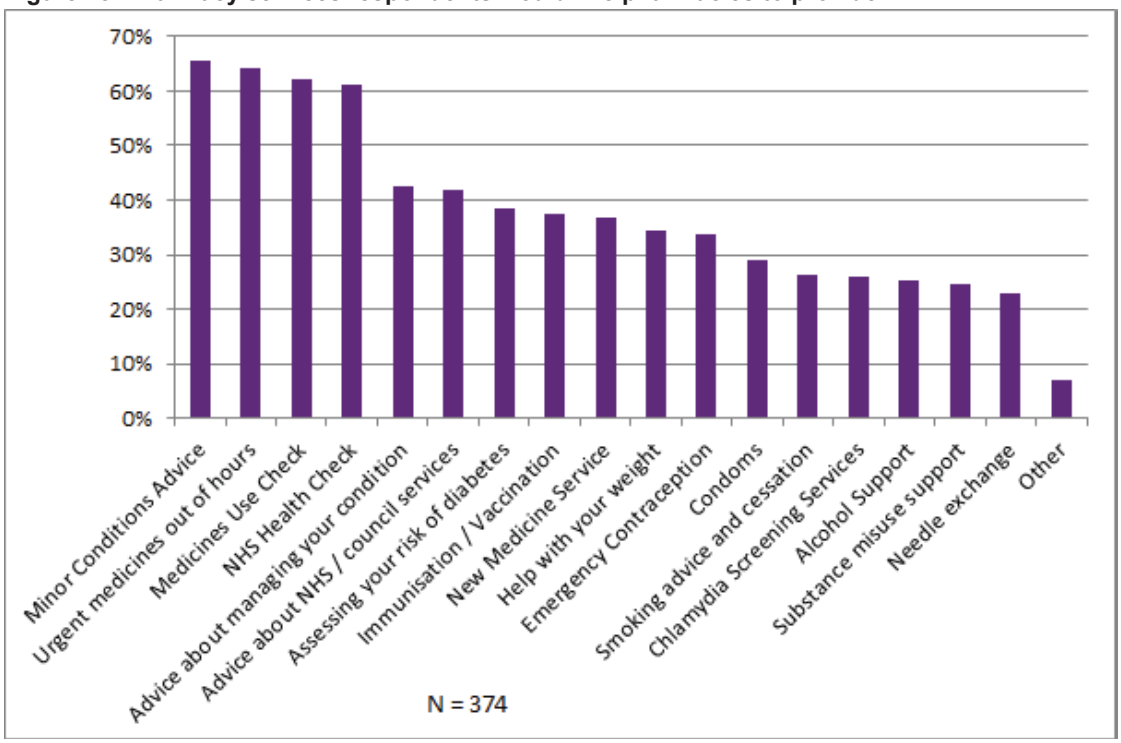
Seventy-six percent of respondents stated that they would use the relevant service again in the future, with 12% saying they would probably use it. Nine percent did not know and four percent would not use the service again. There are no differences between localities in the responses to this question. The reasons given by those who would not use these services again (N=13) included that they are not services that are needed by the respondents and that the services themselves did not help resolve the situation they are designed to target.

Figure 17. Pharmacy services used in the year prior to the survey



Four services were listed by over 60% of respondents as services they would like pharmacies to provide (Figure 18). These were minor conditions advice (66%), urgent medicines out of hours (64%), medicines use checks (62%) and NHS Health Checks (61%). Twenty-three percent reported that their pharmacist already provides the services they need or that there is no need for further services.

Figure 18. Pharmacy services respondents would like pharmacies to provide



5.3.13 Languages

Among respondents whose first language is not English (N=32, 8% of all respondents), 44% reported that their pharmacist makes arrangements to communicate in their own language with 41% not knowing if this is the case. A very small number reported that this is not the case (N<5). It is not possible to conduct further demographic analysis of the responses to this question due to small the number of respondents whose first language is not English.

5.3.14 Rating of pharmacy services

Forty-five percent of respondents strongly agree or agree that it is important that pharmacy staff know them, with 36% neither agreeing nor disagreeing (Figure 19). There are no differences between localities in the responses to this question. Some demographic groups are significantly more likely to strongly agree or agree that this is important:

- Older respondents (65 years or above) (63%) compared with those aged 25-44 years (37%) and those aged under 25 years (19%)
- Christian respondents (57%) compared with those of no particular religion / belief (39%)
- Those with a limiting long-term illness or disability (60%) compared with those with no illness / disability (32%)
- Those who have served in the UK Armed Forces (70%) compared with those who have not (43%)

Forty-one percent neither agree nor disagree that they prefer to see the same pharmacist each time, with 38% strongly agreeing or agreeing. There are no differences between localities in the responses to this question. Some demographic groups are significantly likely to strongly agree or agree that this is important:

- Those with a limiting long-term illness or disability (52%) compared with those with no illness / disability (25%)
- Christian residents (49%) compared with those of no particular religion / belief (31%)

Eighty-five percent strongly agree or agree that they expect their pharmacist to give advice on their prescriptions, with 11% neither agreeing nor disagreeing. There are no differences between localities in the responses to this question.

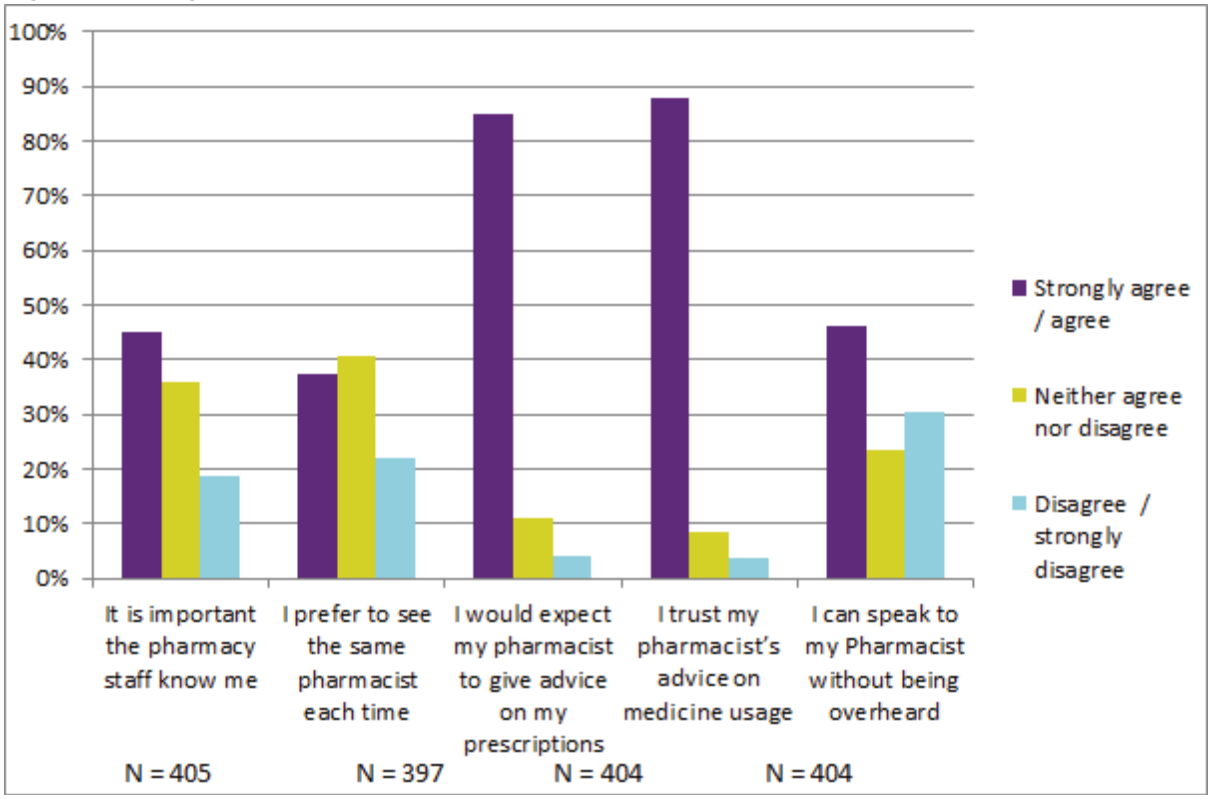
Eight-eight percent strongly agree or agree that they trust their pharmacist's advice on medicine usage, with 8% neither agreeing nor disagreeing. There are no differences between localities in the responses to this question.

Forty-six percent strongly agree or agree that they can speak to their pharmacist without being overheard, with thirty percent disagreeing or strongly disagreeing. Twenty-four percent neither agreed nor disagreed. There are no differences between

localities in the responses to this question. Some demographic groups are significantly likely to strongly agree or agree that this is important:

- Older residents (65 years or above) (64%) compared with all other respondents (40%)
- Those who have served in the UK Armed Forces (74%) compared with those who have not (44%)

Figure 19. Ratings of respondents local or usual pharmacist



5.3.15 Further information about local pharmacies

Sixty-six respondents (17%) provided further information about their local pharmacy. The most common theme was positive with 47% complimenting their usual pharmacy for either good services or friendly and helpful staff. The other theme of note was the provision of a poor service with 31% not happy with the service provided at their local pharmacy. Slow filling of prescriptions and unfriendly / unhelpful staff were common themes within this.

Ninety-six respondents provided feedback on how their local pharmacy could be improved. The most common theme was that pharmacies are already providing a good service and that there is nothing that could be done to improve it (18%). Those that reported that the service pharmacies provide could be improved (12%) reported that the medicines they need are not always available and that it can take some time for their prescriptions to be filled. Eleven percent reported that they want longer opening hours in the mornings, evenings and / or weekends.

6 Community pharmacy survey

All community pharmacies in Brighton and Hove (N = 60) were invited to participate in this survey which mainly included questions on service provision, pharmacy premises, information technology, staff, working with GPs and practices and opportunities for maximising the role of pharmacy to improve health and reduce health inequalities. Pharmacy managers had up to eight weeks to respond to the questionnaire which was mainly administered via email.

6.1 Key findings

- Thirty-nine pharmacy employees returned completed questionnaires, representing 36 individual community pharmacies
- All responding pharmacies have a consultation room on the premises that complies with the service specification for provision of advanced services
- Only 28% have toilet facilities for patients and less than half (32%) have disabled car parking facilities
- Most pharmacies (97%) have at least one computer or terminal in the pharmacy with full access to patient medication records and with full access to the internet (97%) during store opening hours
- Almost all of the pharmacies that responded (97%) have at least one full time pharmacist with 66% employing at least one regular locum and 31% employing at least one part-time pharmacist
- All of the pharmacies have pharmacists accredited to deliver MURs, 97% have pharmacists accredited to deliver the NMS and 71% have pharmacists accredited to provide smoking cessation services
- Over 91% of pharmacies have health care assistants trained to provide smoking cessation services with around 50% having health care assistants trained to provide EHC (48%), chlamydia tests (45%), supervised consumption (51%) and needle exchange services (45%)
- Nearly two thirds of pharmacies have staff capable of speaking a language other than English
- Seventy-seven percent of pharmacies have at least weekly contact with GPs in their area with 75% describing the quality of professional contact they have with GPs either good or very good
- MURs are the most common advanced NHS funded service (provided by 92% of pharmacies) while collection and delivery of prescriptions is the most common non-NHS funded service (provided by 91% of pharmacies)
- Some of the other services pharmacies are interested in and willing to provide include: NHS Health Checks, emergency supply of medications, travel clinics and medicines advice for care homes

6.2 Results

In total there were 39 responses to the community pharmacy survey. There were 3 instances of two responses coming from the same pharmacy and one case where the respondent did not provide pharmacy details. In total, 36 (60%) pharmacies in the city were represented. The central locality had the highest response rate (63%) (Table 30).

Table 30. Number of respondents by locality

Locality	Total no. of pharmacies	No. of pharmacies responding	%
Central	16	10	63%
East	24	14	58%
West	20	11	55%
Not stated	-	1	-
Brighton and Hove	**60**	36	60%

6.2.1 Pharmacy premises

All responding pharmacies have a consultation room on the premises that complies with the service specification for provision of advanced services. Most pharmacy premises (90%) are compliant with the 2010 Equality Act,[xxii,35] however only 27% have toilet facilities for patients; 68% have hand washing facilities.

Table 31. Pharmacy premises

Facilities	No.	%
There is a separate consultation room on the premises that complies with the service specification for provision of advanced services	36	100%
There is a separate consultation area on the premises that does not comply with the service specification for provision of advanced services	4	11%
There is an offsite consultation area that complies with the service specification for the provision of advanced services and that has been agreed with the NHS England Area Team	4	11%
The pharmacy is willing to undertake domiciliary consultations for advanced services	24	67%
There is a computer in the consultation area with access to patient medical records	31	86%
The premises complies with the 2010 Equality Act	32	89%
There is easy access for disabled customers at the premises (including wheelchairs)	31	86%
The consultation area has hand washing facilities	25	69%
Patients have access to toilet facilities	10	28%
There is a display area for health promotion materials	34	94%

[xxii] Published in 2010, The Equality Act brings together over 116 separate pieces of legislation into one single Act. Combined, they make up a new Act that provides a legal framework to protect the rights of individuals and advance equality of opportunity for all.

Just under half of pharmacies have limited room for expansion (Table 32). Forty percent have car parking facilities, with just under a third providing disabled parking facilities.

Table 32. Development constraints

Premises subject to constraints:	No.	%
Listed building (N = 36)	3	8%
Conservation area (N = 34)	0	0%
Limited room for expansion (N = 33)	16	48%
Has car parking facilities (N = 34)	14	41%
Has disabled car parking facilities (N = 34)	11	32%

6.2.2 Information technology

Most pharmacies have at least one computer or terminal in the pharmacy with full access to patient medication records (97%), with full access to the internet during store opening hours (97%) and that is 'electronic prescription service release 2' (EPSr2) enabled (97%)(Table 33). All pharmacies have at least one pharmacist who has a Smart Card. Most pharmacies have MS Word (94%), Excel (91%) and Adobe Acrobat (94%) software on their computers.

Table 33. Information technology

Total responses N = 34	Number	%
Pharmacies with at least one computer or terminal in the pharmacy with full access to patient medication records	33	97%
Pharmacies with at least one printer used within the pharmacy for labelling / endorsing	32	94%
Pharmacies with at least one printer used within the pharmacy for patient services	31	91%
Pharmacies with at least one computer with access to email	33	97%
Pharmacies with at least one computer with access to the internet during store opening hours	33	97%
Pharmacies with at least one computer that is EPSr2 Enabled	33	97%
Pharmacies with at least one Pharmacist who has a Smart Card	34	100%
Pharmacies with at least one Pharmacy technician who has a Smart Card	20	59%
Pharmacies with specified software / operating systems (N = 32)		
Word	30	94%
Excel	29	91%
Access	9	28%
Adobe Acrobat	30	94%
Win XP	20	63%
Vista	3	9%
Windows 7	12	38%
Windows 8	6	19%

6.2.3 Pharmacy staff

The majority of pharmacies have one full time pharmacist (81%). Sixty-six percent have at least one regular locum (Table 34).

Twenty-eight percent of pharmacies have full time staff with no current Disclosure and Barring Service (DBS)[xxiii] check (Table 35). Half of the responding pharmacies do not have more than two pharmacists available at any point during the week, with 17% of pharmacies having more than two pharmacists available for at least 9 hours (Table 36).

All responding pharmacies have at least 1 pharmacist accredited to deliver MURs and NMS (Table 37). At least two thirds of pharmacies have pharmacists accredited to deliver all the listed services, with chlamydia tests and needle exchange the least common (34% of pharmacies with no pharmacists accredited to deliver these services).

Table 34. Number of pharmacists, per pharmacy

(N = 36)	Number			%		
Number of pharmacists	**1**	**2**	**3 or more**	**1**	**2**	**3 or more**
Full time	29	5	1	81%	14%	3%
Part time	6	2	3	17%	6%	8%
Regular locums	8	9	7	22%	25%	19%

Table 35. Number of pharmacists with DBS checks, per pharmacy

(N = 36)	Number			%		
Number of pharmacists with DBS	**0**	**1**	**2 or more**	**0**	**1**	**2 or more**
Full time	10	16	6	28%	44%	17%
Part time	5	4	1	14%	11%	3%
Regular locums	6	3	6	17%	8%	17%

Table 36. Number of hours per week that more than two pharmacists are available, per pharmacy

(N = 36)	No. of hours			%		
Number of hours	**0**	**1-8**	**9-16**	**0**	**1-8**	**9-16**
Full time	18	6	6	50%	17%	17%
Part time	7	0	2	19%	0%	6%
Regular locums	6	2	1	17%	6%	3%

[xxiii] Following the merger of the Criminal Records Bureau (CRB) and the Independent Safeguarding Authority (ISA) into the Disclosure and Barring Service (DBS), CRB checks are now called DBS checks. A DBS check is usually required for people working in healthcare services including pharmacy.

Table 37. Number of pharmacists accredited to deliver services, per pharmacy

N = 35	No.			%		
Service	0	1-2	3 or more	0	1-2	3 or more
MURs	0	20	15	0%	57%	43%
NMS	0	19	15	0%	54%	43%
Smoking cessation	6	16	9	17%	46%	26%
EHC	7	19	5	20%	54%	14%
Chlamydia test	12	10	3	34%	29%	9%
Supervised consumption	1	21	13	3%	60%	37%
Needle exchange	12	13	6	34%	37%	17%
Immunisation / vaccination	9	16	7	26%	46%	20%

Forty-eight percent (16 / 33) of responding pharmacies are registered as pre-registration training sites with 81% (13) of these pharmacies having a pre-registration tutor based at the pharmacy. Twelve (75%) of these pharmacies currently have a student in training.

Ninety-two percent of pharmacies have at least one dispensing assistant qualified to NVQ level 2 or equivalent, with over half of pharmacies having staff working towards this qualification (Table 38). Thirty-seven percent of pharmacies have NVQ level 3 qualified dispensing technicians, with 31% of pharmacies having staff working towards this. Forty-two percent of pharmacies have at least one accredited checking technician (ACT) accredited checking technician.

Table 38. Numbers of dispensing staff and levels of training

N = 36	Number			%		
Qualifications	1-2	More than 2	Working towards	1-2	More than 2	Working towards
Dispensing assistant NVQ level 2 or equivalent	27	6	19	75%	17%	53%
Dispensing technician NVQ level 3 or equivalent	11	2	11	31%	6%	31%
Accredited checking technician	13	2	9	36%	6%	25%

Ninety-one percent of pharmacies have at least one healthcare assistant qualified to deliver smoking cessation services (Table 39). Around half of pharmacies have at least one healthcare assistant qualified to deliver EHC, chlamydia testing services, supervised consumption and needle exchange services.

Table 39. Number of healthcare assistants and services they are trained to deliver

N = 33	Number			%		
Services	**1-2**	**2 or more**	**Working towards**	**1-2**	**2 or more**	**Working towards**
Smoking cessation	26	4	19	79%	12%	58%
EHC	15	1	14	45%	3%	42%
Chlamydia tests	13	2	13	39%	6%	39%
Supervised consumption	11	6	11	33%	18%	33%
Needle exchange	8	7	10	24%	21%	30%
Immunisation / vaccination	12	0	9	36%	0%	27%

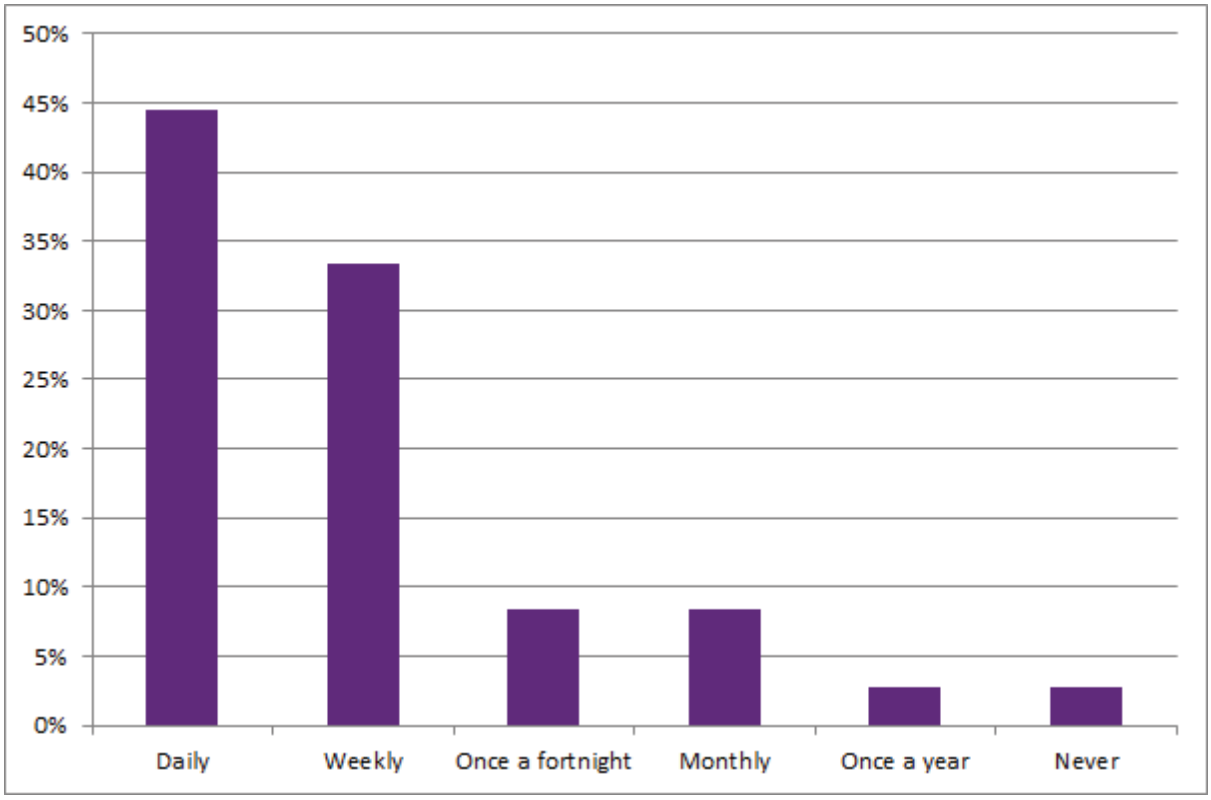
6.2.4 Languages

Sixty-four percent of pharmacies have staff capable of speaking languages other than English. Arabic and French are the most common, spoken at 19% and 14% of pharmacies, respectively. Fifty percent of pharmacies are aware of the NHS Interpreting Service; however none of these pharmacies have actually used the service.

6.2.5 Contact with GPs

Seventy-seven percent of pharmacies have at least weekly contact with GPs in their area, with 44% having daily contact (Figure 20). 75% describe the quality of professional contact they have with GPs in their area as either good or very good, with 9% describing this content as poor or very poor. 81% describe the contact they have with GP staff (other than the GP) in their area as good or very good, with 6% describing this as poor or very poor.

Figure 20. Pharmacies frequency of professional contact with GPs in their area



Seventy-four percent of pharmacies work regularly with their GP to consider how to best address their patient's needs. When asked to expand on this the general theme was that this does happen but not consistently, a theme reported by four out of the nine respondents who provided further information. One respondent reported consulting with their local GP regarding MURs, and having further contact if it is initiated by the GP. Two respondents reported regular contact with their GP, either to discuss patient needs or to share relevant information. One respondent stated that they would happily work closely with GPs:

"All that is needed is the political will, access to GP records and funding to allow us to have time to meet with and advise local GPs."

6.2.6 Services

The most common service is MUR (provided by 92% of pharmacies), supervised consumption of prescribed medication (89%), NMS (86%), smoking cessation (69%) and services to patients in their own homes (64%) (Table 40).

The survey asked pharmacies what services they would be willing to provide in the future. Most pharmacies would be willing to provide NHS Health Checks (100%), long-term conditions management (94%), palliative care (86%), anti-viral collection services (86%), hepatitis testing (83%) and mental health and wellbeing advice and information (81%).

Table 40. Services provided by pharmacies

	Number providing this service	%	Number willing to provide	%	Number not interested	%	Number undecided / blank	%
Medicines use reviews	33	92%	1	3%	0	0%	0	0%
Supervised consumption of prescribed medicines	32	89%	1	3%	0	0%	0	0%
New medicines service	31	86%	1	3%	0	0%	1	3%
Smoking cessation	25	69%	8	22%	1	3%	1	3%
Services to patients in their own homes - delivery of medicines (n.b. not commissioned)	23	64%	6	17%	2	6%	2	6%
Emergency hormonal contraception	19	53%	13	36%	0	0%	0	0%
Immunisation / Vaccination e.g. Flu	18	50%	14	39%	1	3%	1	3%
Condom supply	17	47%	17	47%	0	0%	0	0%
Needle exchange	14	39%	16	44%	4	11%	1	3%
Long term conditions advice	14	39%	19	53%	0	0%	1	3%
Minor conditions advice	13	36%	25	69%	0	0%	0	0%
Chlamydia screening	12	33%	22	61%	0	0%	1	3%
Help with weight – health eating and physical activity	11	31%	24	67%	0	0%	0	0%
Alcohol support – advice and information	9	25%	24	67%	1	3%	0	0%
Care homes, medicines management advice and support	8	22%	21	58%	2	6%	3	8%
Patient's own homes - medicines management advice and support	5	14%	26	72%	3	8%	1	3%
Mental health and wellbeing advice and information	5	14%	29	81%	0	0%	1	3%
Long term	3	8%	34	94%	1	3%	0	0%

	Number providing this service	%	Number willing to provide	%	Number not interested	%	Number undecided / blank	%
conditions management (including prescribing)								
Palliative care - access to medication & Just in case scheme	2	6%	31	86%	1	3%	2	6%
Customisation of stoma appliances	2	6%	25	69%	4	11%	5	14%
Urgent Medicines out of hours – overnight or weekends	1	3%	20	56%	6	17%	6	17%
Appliance use reviews	1	3%	28	78%	1	3%	4	11%
Anti-viral collection point	0	0%	31	86%	1	3%	3	8%
Hepatitis testing and case detection	0	0%	30	83%	2	6%	5	14%
NHS Health check	0	0%	36	100%	1	3%	1	3%

Table 41. Other services pharmacies are willing to provide

Medicines advice for care homes
Chlamydia testing
Emergency hormonal contraception
Sexual health treatments
H Pylori testing services
Inhaler technique / support
Coagulation services
Minor ailments scheme
Domiciliary medicines use reviews
Out of hours service provision
Long-term conditions support
Repeat prescription management
Blood pressure checks
Travel clinic
NHS health checks
Immunisation / vaccination
HIV testing
Expanded blister pack services
Emergency supply of medications

6.2.7 Health Living Pharmacies

Ninety-four percent of pharmacies are aware of the Healthy Living Pharmacy (HLP) scheme. Twenty-seven percent (N = 9) of the pharmacies that responded to this survey are already HLPs with 58% interested in becoming HLPs. Nine percent are not interest in becoming HLPs and 6% would like more information.

6.2.8 Non-NHS funded services

The most common non-NHS funded services provided by pharmacies are: collection and delivery of prescriptions (91%), inhaler technique / asthma checks (74%), flu vaccinations (71%), blood pressure measurements (66%) and malarone (66%). The least common are various patient group directions, online non-prescription ordering services for dressings, allergy testing, food intolerance and mole testing (all 1%) (Figure 21). Seventy-two percent of pharmacies dispense all types of appliances (

Figure 21. Pharmacies providing non-NHS funded services

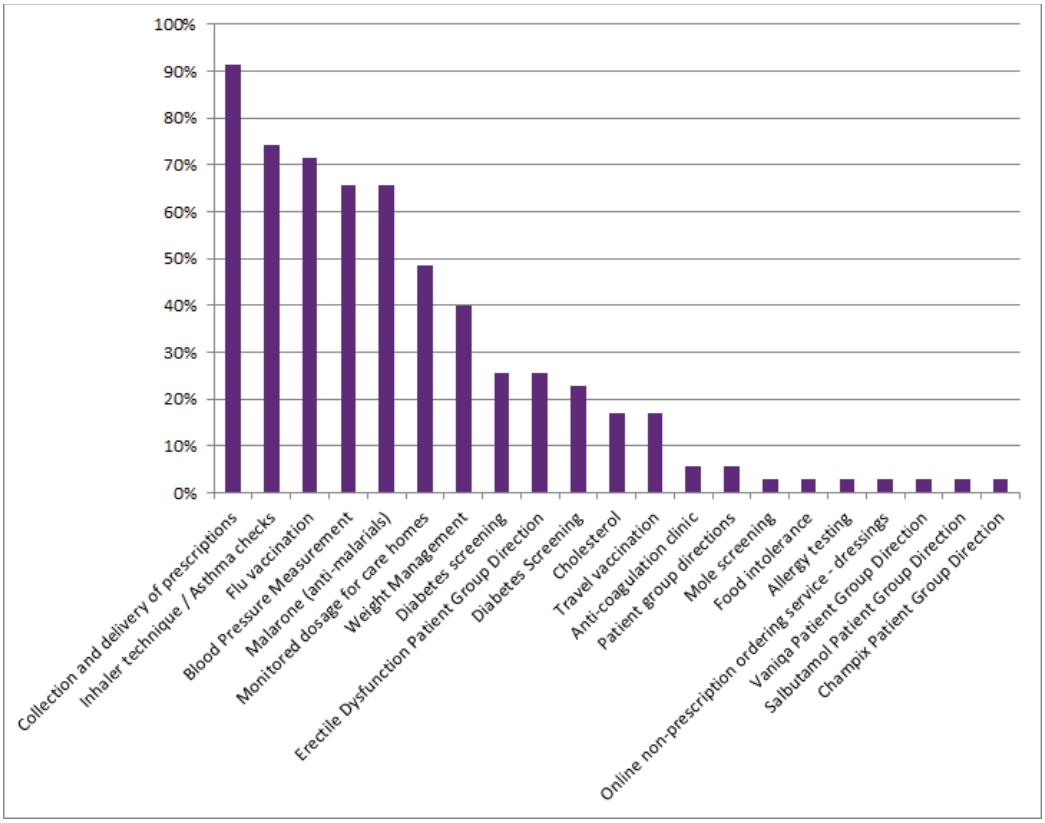


Table 42.Pharmacies dispensing appliances.

Appliance types	Number	%
All types	26	72%
Excluding stoma appliances	1	3%
Just dressings	4	11%
Just hosiery	3	8%
None	1	3%
Other, of which:	2	6%
Limited dressings, hosiery & incontinence appliances	1	3%
Trusses - male pharmacist only	1	3%

6.3 Pharmacy focus group

All members of the East Sussex LPC with pharmacies operating within Brighton were invited to attend a focus group to discuss the findings from the patient / public, GP and non-medical prescribers and community pharmacy surveys in order to develop recommendations to inform future service commissioning. Five members attended the focus group. This section covers the key themes from the focus group. Details of the recommendations are in the recommendations section of the report.

6.3.1 Maximising opportunities for pharmacies to reduce health inequalities

Participants considered the following actions for community pharmacy would support reducing health inequalities:

- Providing advice for minor aliment and promoting self-care
- Delivering targeted health improvement interventions in deprived communities and to vulnerable groups such as homeless, substance user and older people. This was also linked to developing the role of HLPs and health care assistants within pharmacies to deliver interventions.

6.3.2 Opportunities for improving existing provision of pharmacy services

In order to improve existing service provision participants thought there were opportunities regarding:

- Repeat dispensing – for pharmacies to take more responsibility for this in order to reduce workload of GP surgeries.
- Pharmacies launching their own campaigns regarding information about services such as the Electronic Prescription Service.
- The Electronic Prescription System – as it provides many opportunities to improve services to patients, however pharmacies are still getting to grips with the new system and it will take time or the benefits to be maximised.

6.3.3 Working with GP practices

The focus group feedback chimed with findings from both the pharmacy and GP and non-medical prescribers survey whereby working with practices was generally ok. However they also agreed that one of the biggest challenges to better working was the lack of opportunity to meet and discuss shared concerns. In order to improve working and increase respect between GPs and pharmacists it was considered that pharmacies should be given the opportunity to deliver a

broader range of services, learning from the INR project whereby pharmacists conducted blood tests and managed medication doses for patients on warfarin.

Respondents also reported that the current scheme for trainee GPs and pharmacists to swop placements to work in each other's settings is helping professionals to understand perspectives from different parts of the primary care system in order to improve joint working.

7 GP and non-medical prescriber survey

All GPs and medical prescribers in all 47 practices in Brighton and Hove were invited to respond to the PNA GP and non-medical prescribers survey which included questions on their experience of community pharmacy services and opportunities for maximising the role of pharmacy to improve health and reduce health inequalities. Participants were given up to eight weeks to respond to the questionnaire which was mainly administered by email.

7.1 Key findings

- The 29 GPs and non-medical prescribers that responded to the survey came from 18 out of the 46 practices in the city and 57% of the responses came from the central locality.
- The main finding from the survey shows that the respondents either generally considered pharmacy services to be fair, good or very good or weren't sure about the quality and range of services pharmacies provide.
- The majority (65%) of respondents had weekly contact with pharmacies and most of this contact was considered of good or very good quality.
- Overall respondents were positive about new services being delivered by pharmacies. The top four services that survey respondents would like to see pharmacies delivered in the future were: Help with weight – healthy eating and physical activity; Alcohol support – advice and information; Long term conditions advice and Immunisation and vaccinations e.g. flu

7.2 Results

Twenty nine GPs and non-medical prescribers responded to the survey. Eighteen (39%) of 46 practices in the city were represented, however two respondents did not provide practice details. The central locality had the highest response rate to the survey (57%) (Table 43).

Table 43. Number of practices responding to the survey

Total number of practices	Total number of practices	Number of practices responding	%
Central	14	8	57%
East	17	5	29%
West	15	5	33%
Total	46	18	39%

7.2.1 Essential pharmacy services

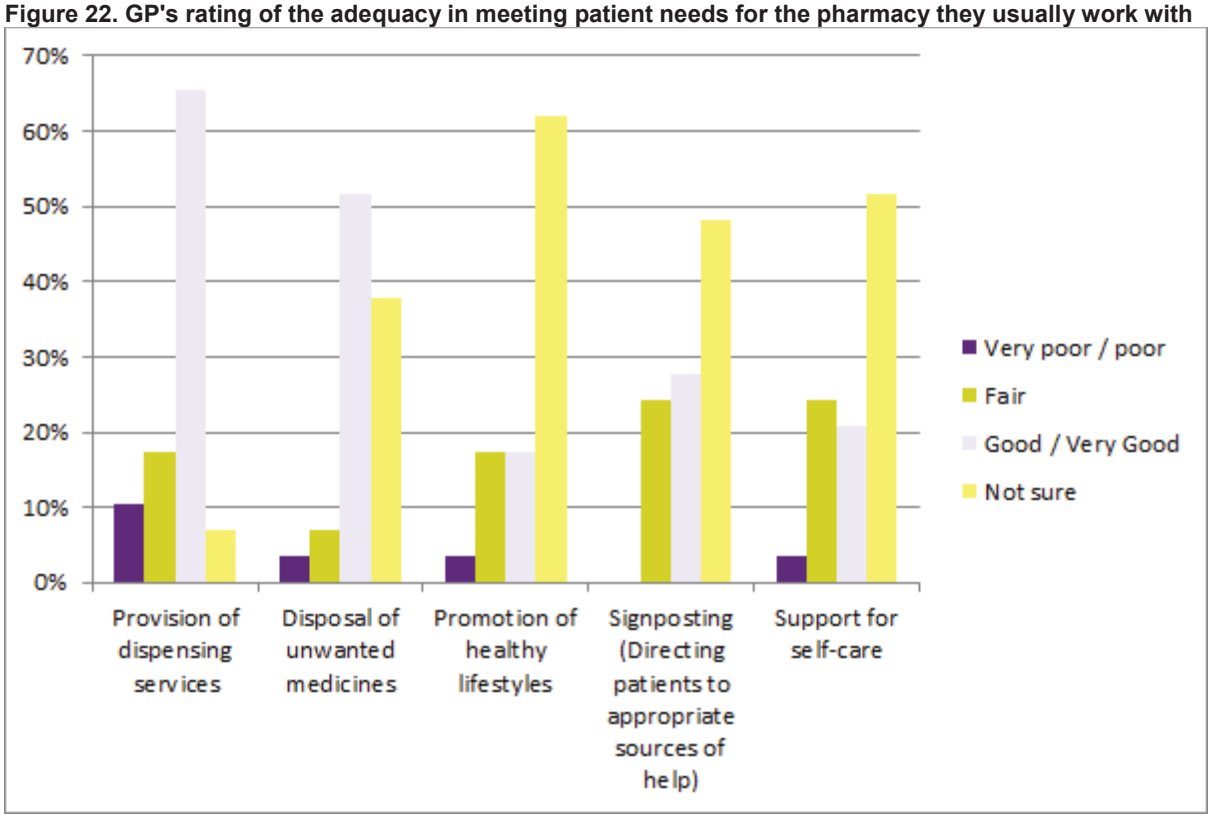
The majority of respondents to the GP survey either weren't sure or considered pharmacy services to be fair, good and very good. This is reflected inTable 44 and Figure 22.

Significantly, 66% of GPs and non-medical prescribers thought dispensing services were either good or very good and a minority of 10% considered theses services to be poor or very poor. A majority of 62% of respondents were unsure about the adequacy of pharmacies promoting healthy lifestyles. Further information regarding disposal of unwanted medicines, signposting and self-care are detailed in Table 44.

Table 44. GP's rating of the adequacy in meeting patient needs for the pharmacy they usually work with

Patient need	Very poor / poor	Fair	Good / Very Good	Not sure	Total
Provision of dispensing services	10%	17%	66%	7%	100%
Disposal of unwanted medicines	3%	7%	52%	38%	100%
Promotion of healthy lifestyles	3%	17%	17%	62%	100%
Signposting (Directing patients to appropriate sources of help)	0%	24%	28%	48%	100%
Support for self-care	3%	24%	21%	52%	100%

Figure 22. GP's rating of the adequacy in meeting patient needs for the pharmacy they usually work with



The free text comments that GP and non-medical prescriber respondents provided within this section of the survey highlighted the variation in satisfaction between different pharmacies and certain pharmacy services in the city. There was a significant theme of GPs wanting to see pharmacies taking more a lead in some areas of care as demonstrated by the below quote.

"I would however like to see much more initiative- it seems most pharmacies are increasingly averse to suggesting solutions rather than sending enquiries to us

direct, the best examples are when a manufacturing problem occurs and a med is no longer available rather than suggest a suitable alternative a request for us to do this is sent through, I think pharmacists are best placed to make these suggestions and it improves their professional standing."

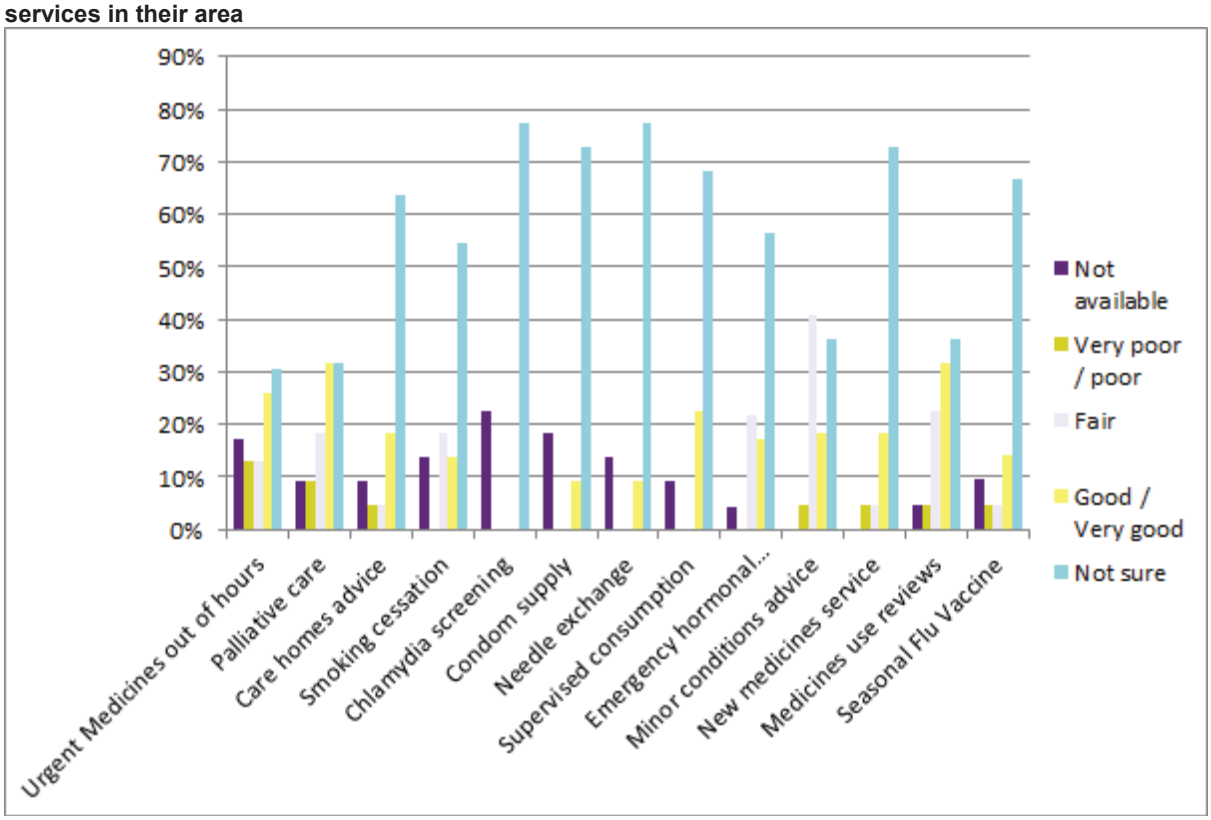
7.2.2 Essential, advanced and locally commissioned services

An overwhelming majority of the GPs and non-medical prescribers that responded to the survey are not sure about the quality of essential, advanced and locally commissioned services (Table 45 and Figure 23). More than 70% of respondents were unsure about the adequacy of: chlamydia screening, condom supply, needle exchange and the NMS. Feedback in the comments also showed a particular lack of awareness regarding the NMS. The services which were considered good or very good by the highest proportion of respondents (32%) were the palliative care and MUR services.

Table 45. GP's rating of the adequacy of essential, advanced and locally commissioned pharmacy services in their area

Service	Not available	Very poor / poor	Fair	Good / Very good	Not sure
Urgent Medicines out of hours – overnight or weekends	17%	13%	13%	26%	30%
Care homes, medicines management advice and support	9%	5%	5%	18%	64%
Smoking cessation	14%	0%	18%	14%	55%
Chlamydia screening	23%	0%	0%	0%	77%
Condom supply	18%	0%	0%	9%	73%
Needle exchange	14%	0%	0%	9%	77%
Supervised consumption of methadone or buprenorphine	9%	0%	0%	23%	68%
Emergency hormonal contraception	4%	0%	22%	17%	57%
Minor conditions advice	0%	5%	41%	18%	36%
New medicines service	0%	5%	5%	18%	73%
Medicines use reviews	5%	5%	23%	32%	36%
Seasonal Flu Vaccine	10%	5%	5%	14%	67%

Figure 23. GP's rating of the adequacy of essential, advanced and locally commissioned pharmacy services in their area



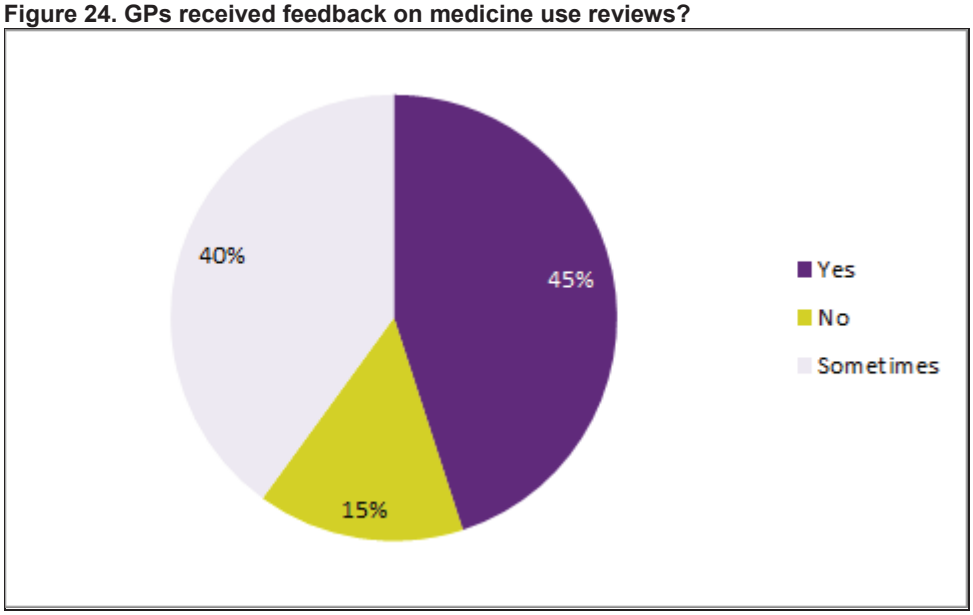
7.2.3 Feedback from medicine use reviews

Eighty five per cent of respondents either received or sometimes received feedback following MURs (Table 46 & Figure 24). Mixed feedback was given in free text comments, which both highlighted and queried the usefulness of the feedback.

Table 46. GPs received feedback on medicine use reviews?

Received feedback?	% (N=20)
Yes	45%
No	15%
Sometimes	40%

Figure 24. GPs received feedback on medicine use reviews?



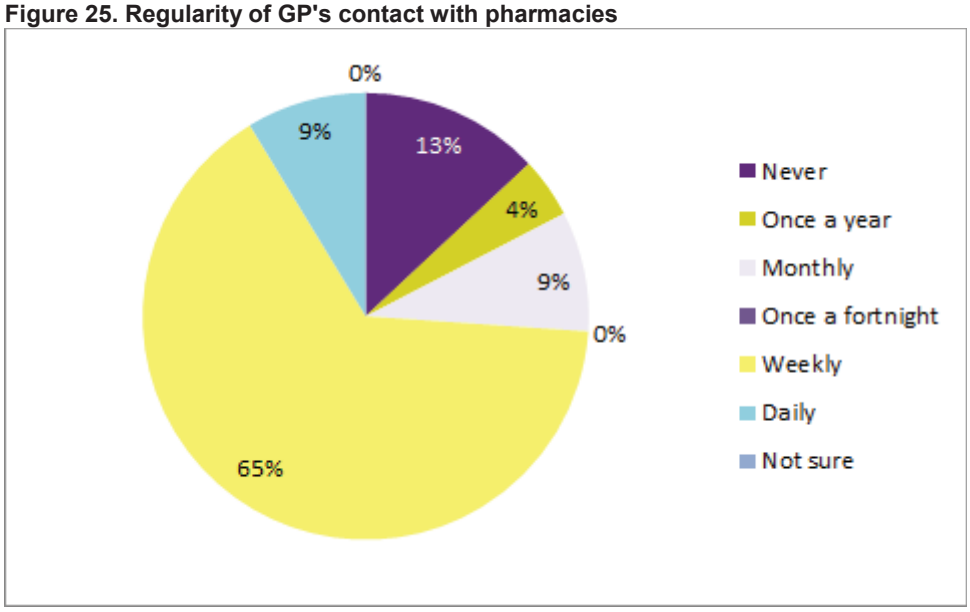
7.2.4 Professional contact

The majority (65%) of respondents have weekly contact with pharmacies (Table 47&Figure 25).

Table 47.Regularity of GP's contact with pharmacies

Response	%(N=23)
Never	13%
Once a year	4%
Monthly	9%
Once a fortnight	0%
Weekly	65%
Daily	9%
Not sure	0%

Figure 25. Regularity of GP's contact with pharmacies

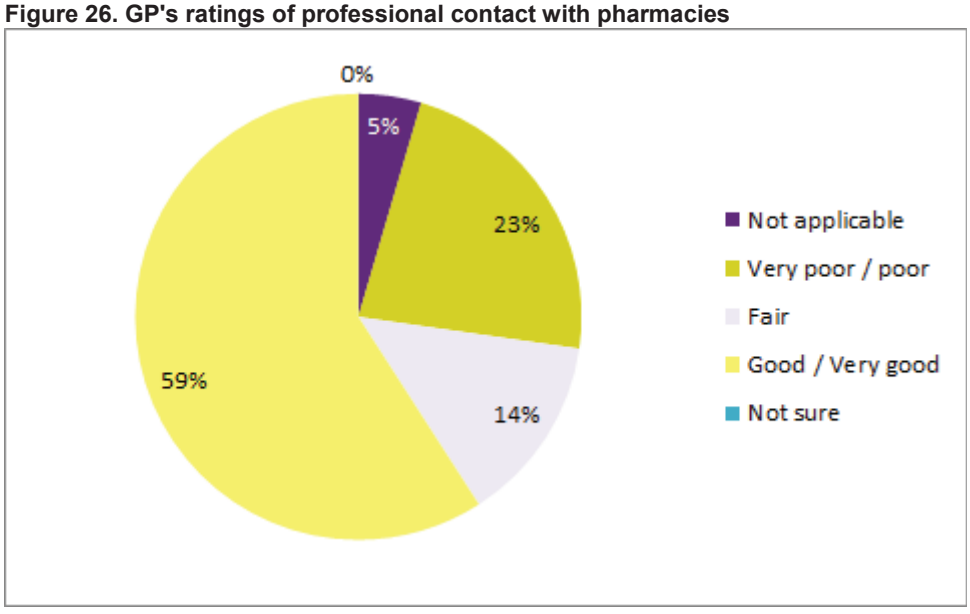


Fifty-nine percent considered professional contact to be of good or very good quality (Table 48&Figure 26).

Table 48. GP's ratings of professional contact with pharmacies

Response	%
Not applicable	5%
Very poor / poor	23%
Fair	14%
Good / Very good	59%
Not sure	0%

Figure 26. GP's ratings of professional contact with pharmacies



Seventy per cent of respondents did not have any difficulties working with the pharmacies that they worked with most. A range of issues were raised for those that did have difficulties, however there wasn't a key issue common to the majority of responses.

7.2.5 Improving working with pharmacies

We asked an open question about how working with pharmacies could be improved. From the 14 responses, the strongest theme focused on the need for GPs to know and understand more about pharmacy services. A number of responses wanted to see more communication and joined up working. There were a few specific responses. These focused on a concern regarding the commercial element of pharmacies in relation to strengthening their role around self-care and GPs wanting greater reassurance of pharmacy intentions; pharmacies proactively finding patients who don't use their medications to reduce wastage and the development of more targeted services for the population served by different pharmacies.

7.2.6 New services to be delivered in pharmacies

Overall respondents were positive about new services being delivered in pharmacies (

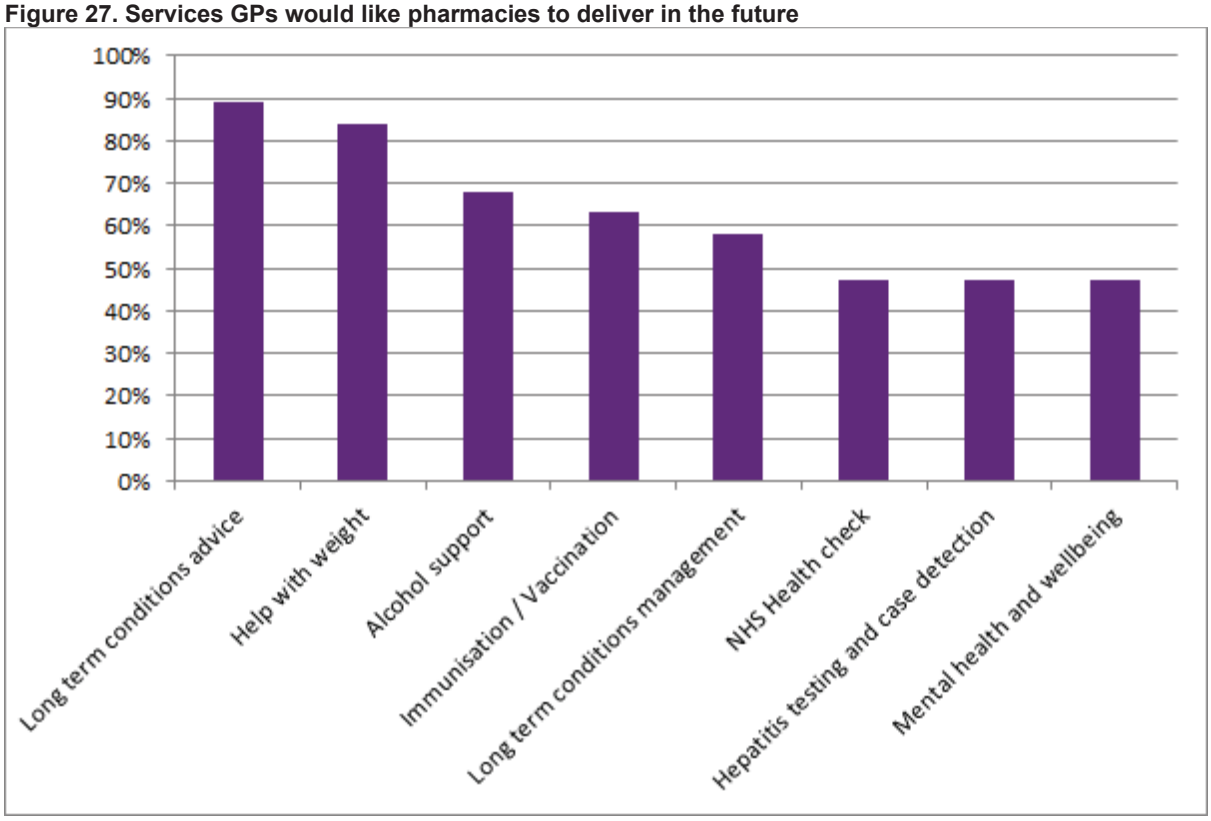
Table 49&Figure 27). Eighty nine thought pharmacies could provide advice on long-term conditions and 84% considered that they could provide help with weight services.

Seventeen out of 23 respondents thought there is value in development of joint health promotion campaigns in pharmacies, 6 were unsure. More information on the responses is listed in the table below.

Table 49. Services GPs would like pharmacies to deliver in the future

Response	%
Long term conditions advice	89%
Help with weight – health eating and physical activity	84%
Alcohol support – advice and information	68%
Immunisation / Vaccination e.g. Flu	63%
Long term conditions management (including prescribing)	58%
NHS Health Check	47%
Hepatitis testing and case detection	47%
Mental health and wellbeing advice and information	47%

Figure 27. Services GPs would like pharmacies to deliver in the future



8 Formal consultation feedback

The statutory consultation period for the PNA report took place 1st November 2014 – 9th January 2015. There were nine responses to the consultation. Analysis of the responses was carried out and discussed with the PNA steering group. Significant themes were identified from the responses and the report was amended and updated in line with recommendations made. Respondents were from: members of the public (1), health and social care professionals (4), business /sole trader (2) and two were made on behalf of an organisation.

All responses considered the information contained in the PNA to be clearly explained and accurate and 86% of respondents agreed that the report reflected the current pharmaceutical service provision within the city.

Significant themes drawn from the comments focused on signposting, care and support for older people and carers. To address this feedback additional information has been added to the report on a pilot with pharmacies to support carers, the Care Act (2014) duty on local authorities to provide information and advice on care and support in the city and additional recommendations have been added regarding signposting and sharing of information. One detailed comment gave feedback on substance misuse service and this information has been passed to the relevant commissioner of the service.

The responses from the two neighbouring Health and Wellbeing Boards did not raise issues that resulted in a change to this report. Both were satisfied that the report had considered pharmaceutical services within their areas that have an impact on the population of Brighton and Hove and agreed that the information in the report was accurate.

9 Conclusions and recommendations

9.1 Key summary

- Compared to the rest of England, there are proportionally more men and women aged 20-59 and fewer residents over 55 years and below 15 years.
- Between 2012 and 2018 the population is expected to grow by 4.5%.
- There are currently 60 community pharmacies in the city. This equates to 22 pharmacies per 100,000 residents. These figures compare favourably to the Kent, Surrey and Sussex combined average of 19 per 100,000 residents and the England average of 22 per 100,000 residents. Currently and in line with future population projections of the number of pharmacies per head of population are considered to be sufficient to meet the pharmaceutical service needs of residents.
- There is good coverage across the city of advanced and public health commissioned locally commissioned services. The PNA has not identified any significant gaps in the current pharmaceutical provision.
- Residents on the whole are satisfied or very satisfied with pharmacy services however opportunities remain to maximise the role of pharmacies to support reducing health inequalities and improving health and wellbeing.
- Respondents to the public survey were largely (83%) satisfied that existing pharmacy opening hours met their needs. There are significant numbers of pharmacies open weekday evenings and on weekends. Twenty nine pharmacies are open after 6pm on a week day, 53 pharmacies open Saturday mornings, 29 open Saturday afternoons and 11 open Sundays. We recommend that information about pharmacies opening after 6pm and during the weekends is made more readily available through different channels and in different places to ensure residents are aware of where and when services are delivered.
- Findings from both the public and GP and non-medical prescribers survey showed a lack of knowledge and understanding about the services delivered by community pharmacies. This report recommends that information on pharmacy services should be made more readily available locally to different audiences.
- There are significant opportunities for maximising the role of pharmacies within primary care and public health. Recommendations within this report support this.

9.2 Brighton and Hove population profile

Brighton and Hove has an estimated population of 278,112 (2013). Compared to the rest of England, there are proportionally more men and women aged 20-59 and fewer older residents and young people under the aged of 15 years. Between 2012

and 2018 the population is expected to grow by 5% and it is expected that the west locality will see the largest growth in total population. However currently and in line with these projections the number of pharmacies per head of population will remain sufficient to meet the pharmaceutical service needs of increasing numbers of residents.

Over the last decade the city has seen increased ethnic diversity. In 2001 white British residents made up 94% of the city in comparison to 81% in 2011. The overall age structure of Black and Minority Ethnic residents is comparably younger than the white population; 17% of BME residents are 0-14 years old compared to 15% of the White British population and 78% of BME residents are between 15 and 64 years compared with 70% amongst White British residents.

The average life expectancy in Brighton and Hove is 83.0 years for females and 78.7 for males. Life expectancies for both genders were lower than the South East, by 10 months for females (83.8 years) and two years for males (80.3 years).

There is a nine year difference in life expectancy between the most deprived ward and the least deprived wards in the city. As has been seen nationally, whilst mortality rates in the city are falling in all groups (and therefore life expectancy rising), they are falling at a faster rate in the least deprived areas of the city and inequalities are widening.[36]

As well as a lower life expectancy, people living in more deprived areas have poorer outcomes on a range of health and wellbeing indicators such as teenage pregnancy, smoking, alcohol and heart disease.

In order to maximise the role of community pharmacy in supporting efforts to reduce health inequalities the following recommendations in this report have been informed by the findings of the public, GP and pharmacy surveys, the pharmacy focus group and interviews with residents and other NHS providers.

9.3 Pharmaceutical dispensing activity and trends

There is a growing trend in the number of prescriptions dispensed both nationally and in Brighton and Hove. However pharmacies in Brighton and Hove have dispensed on average, significantly less than the England and Kent, Surrey and Sussex averages between 2006-07 and 2012-13.

9.4 Current pharmaceutical service provision

There are currently 60 community pharmacies in the city, one more pharmacy than was recorded in the previous PNA published in 2011. This equates to 22 pharmacies per 100,000 residents, ranging from 20 per 100,000 residents in the west locality to

25 per 100,000 residents in central. These figures compare favourably to the Kent, Surrey and Sussex combined average of 19 per 100,000 residents and the England average of 22 per 100,000 residents. Considering the projected population of Brighton and Hove in 2018, assuming no change in the number of community pharmacies, there will be 21 pharmacies per 100,000 residents (19 per 100,000 in west locality, 21 per 100,000 in the east and 24 per 100,000 in central).

When compared with other areas within a peer group the provision in Brighton and Hove appears to be better in terms of the number of pharmacies per head of population and if the local population grows in line with 2018 projections, the current number of pharmacies still provides sufficient coverage for the city.

It is noted in the report that there is one pharmacy in the City based at the University of Sussex which is different from others, called an essential small pharmacy (ESP) and it has a local pharmaceutical contract. NHS England has agreed to financially support the pharmacy for the next year, starting April 2015, and will over that time seek views from service users and interested parties to assess the need for ongoing support. At this stage, it is unclear whether the funding will be sufficient to keep this pharmacy open long term.

Recommendation

a) Should the status of the current pharmacy at the University of Sussex change, BHCC, CCG and NHS England with the local professional representative/s to work together to look at primary care provision at the University of Sussex, both the GP practice and the pharmacy, to ensure sufficient primary care provision is available.

9.5 Range of pharmaceutical services provided in Brighton and Hove

9.5.1 Advanced services

Pharmacies in Brighton and Hove provide Medicine Use Reviews (MURs), New Medicines Service and the Stoma Appliance Customisation (SAC) Service.

The proportion of pharmacies providing MURs in Brighton and Hove was higher than the national average in the years 2010-11 to 2012-13. The average number of MURs per provider was also higher than the England averages over this period. During the year March 2013 – February 2014 the proportion of Brighton and Hove providing the New Medicines Service (85%) was lower than the Kent, Surrey, Sussex 2012-13 year average (87%) but higher than the England average (82%). For Stoma Appliance Customisation, in 2012-13 7% of pharmacies in Brighton and Hove provided this service, which was significantly lower than both the Kent, Surrey and

Sussex average (14%) and the England average (15%). The average number of SACs carried out by local providers has remained similar year on year.

In summary overall there is good access to advanced services within the city.

9.5.2 Locally Commissioned services

There is a variation in the number of community pharmacies who provide locally commissioned services (LCS) across the city. Community pharmacies provide most of these services in addition to other service providers.

Intravenous medications within the community

The one CCG commissioned LCS provides Intravenous medications within the community. There are 2 pharmacies providing this service in different parts of the city and as this is a low use service that is also reliant on paying for transport for patients or carers this is considered to be good coverage.

The following services are commissioned by Brighton and Hove City Council public health directorate.

Stop smoking service

There is good coverage of community pharmacies offering the smoking cessation service with 34 (57%) pharmacies offering these services across the city.

Sexual health service – Emergency Hormone Contraception service including condoms and Chlamydia screening

Just over half (31) of pharmacies in the city provide the EHC service, which includes C-Card (information and condoms) and Chlamydia screening. Although coverage by providers across the city is good, there are some issues regarding the hours that the service is available from individual pharmacies. From April 2015 pharmacies will be required to provide the services throughout all opening hours.

Supervised consumption of prescribed medications for substance misusers

Forty two community pharmacies provide supervised consumption services ensuring good coverage across the city.

Needle exchange and syringe exchange programme (NSP)

There are 24 community pharmacies providing (NSP) distributed across the city ensuring good coverage of the service.

A new contract for Substance Misuse services will begin in April 2015. Responsibility for overseeing the ongoing management of the pharmacy based needle exchange and supervised consumption services will pass to the provider. Details of how these

services will run from April are under development however there should be no impact on the service experienced by people using the above two services.

Following publication of the previous PNA in 2011, there has been a significant increase overall in the number of pharmacies delivering public health locally commissioned services (previously named Locally Enhanced services). In 2011 on average 21 pharmacies delivered any one of the above named LCSs in comparison to 33 currently delivering these services. This demonstrates an improvement and overall good coverage of services.

9.6 Findings from public survey

We know from previous waves of the City tracker survey and the Healthwatch Urgent Care report (2013) that residents in the city are largely satisfied or very satisfied with pharmacy services. The City Tracker city-wide survey is conducted with residents aged 16 and over to find out what they think of Brighton and Hove as a place to live and to track key performance indicators including satisfaction with key services. Analysis carried out across all 6 waves of the survey showed that satisfaction for pharmacy services was high across different demographic groups. A review of the detailed reports compiled to inform the Health Watch Urgent care report (2013) did highlight slight differences between certain groups regarding the use of pharmacies.

The public survey carried out as part of the PNA was completed by 421 individuals. It should be noted it may be more likely that people who use pharmacy services completed the survey than those that do not.

Over 50% of respondents to the survey access a pharmacy close to their home on a weekday between 9.00am and 5.00pm. Eighty six percent of respondents were satisfied that they travelled a short distance to use their pharmacy, just over half use a pharmacy to collect their prescription and 15% had medications delivered to their home by their pharmacy. A few respondents requested for more information regarding home delivery service of medications.

Although during the PNA process we received feedback from various stakeholders regarding the lack of a 24 hour pharmacy within Brighton and Hove, survey respondents were largely (83%) satisfied that existing pharmacy opening hours met their needs. The minority (14%) within the survey who were not happy with current opening hours reported the main issue being that their pharmacy closed at 17.00 and they found it difficult to go to a pharmacy during daytime business hours. The Healthwatch urgent care report 2013 highlighted keeping more pharmacies open at the weekend could allow smaller medical issues to be resolved without requiring GP out of hours services and that people would like more information about the late night pharmacies. The maps 6, 7, 8, 9 in this report show there is a good distribution of pharmacies across the city that are open after 6pm on a weekday and at

weekends. Twenty nine pharmacies are open after 6pm on a week day, 53 pharmacies open Saturday mornings, 29 open Saturday afternoons and 11 are open Sundays. To support residents to access urgent care appropriately, the CCG is developing a website to share information about the range of services including pharmacies available at different times outside of and within business hours. The EPIC project also extends services in pharmacies ensuring access to services 8.00am – 8.00pm in 17 pharmacies.

Although quite a large proportion, (42%) of survey respondents take their unwanted / unused medicines to a pharmacy for disposal discussions with key stakeholders revealed there is a need to highlight issue of safe disposal of medicines to patients.

Respondents are largely satisfied with current access to and use of pharmacy services across all localities. However, older residents are more likely to find their pharmacist, and the staff in the pharmacy, helpful than those aged under 25 years.

We asked residents about the services they used within pharmacies aside from collecting their prescriptions and what services they would like to see delivered in this setting. The top four services that residents used were:

- Minor conditions advice
- Medicines use check
- Urgent medications out of hours
- New medicines service

The top six services that respondents would like to see pharmacies deliver in the future were:

- Minor conditions advice
- Urgent medications out of hours
- Medicines use check
- NHS Health Check
- Advice about managing your condition
- Advice about NHS / council services

The services that survey respondents would like to see provided in the future chime with the plans to increase the role of pharmacy with the EPIC pilot project. The EPIC pilot project aims to increase the role of pharmacies in the delivery of primary care services. Within this project pharmacies are accredited to deliver increasing numbers of patient group directions in order to manage care for patients and to take pressure off general practice for particular groups. The findings from the pilot project and this PNA should inform future services to be commissioned within pharmacies.

Among survey respondents whose first language is not English, 44% reported that their pharmacist made arrangements to communicate with them in their first language. The CCG commissions the Sussex Interpreting Service to provide interpreting services where necessary.

Additional information and feedback provided by survey respondents reflected how satisfied the vast majority of patients are satisfied with pharmacy services. This correlates with the data from the responses to the other survey questions and other sources. The recommendations below are made to help improve existing high quality services rather than a call to significantly change what and how services are delivered within pharmacies.

Recommendations

b) To improve the public's knowledge and understanding of the services delivered by community pharmacies. This could be achieved through a national campaign lead by NHS England to improve understanding of pharmacy services across the country. Brighton and Hove City Council and CCG should ensure information is available locally in a number of different ways to different audiences to ensure residents are aware of and have easy access to up to date information about what, when and where services are provided by pharmacies. Pharmacies should also actively promote the services they provide.
c) For there to be no significant reduction to existing opening hours for pharmacies across the city. Where there are pharmacies open in the evenings, late at night and throughout the weekend, more information should be made available to patients / residents using different avenues (web and non-web based). When a pharmacy is closed a clear notice should be put on the door to state where the closest pharmacy is open.
d) To develop and deliver new initiatives including a local campaign regarding safe disposal of medications tailored to target groups as identified by the survey findings.
e) For NHS England to note that patients would like to know more about the home delivery of medications service that some pharmacies provide.
f) Pharmacies to train staff to communicate well with younger age groups as well as older residents.
g) NHS England, Brighton and Hove City Council and CCG and pharmacies to work together to communicate clearly with patients regarding pharmacy services that are already available such as minor conditions advice.
h) NHS and public health commissioners to consider commissioning new services within pharmacies in response to a given need and to learn from good practice from elsewhere e.g. NHS Health Checks and advice regarding managing long term conditions
i) Brighton and Hove CCG to share information regarding Sussex Interpreting Service and for this to be shared widely with both pharmacies and residents to

ensure arrangements are made for patients to communicate with pharmacies in their chosen language.

9.7 Findings from the GP and non-medical prescriber survey

All GPs and non-medical prescribers were invited to participate in the survey. The 29 GPs and non-medical prescribers that responded to the survey came from 18 out of the 46 practices in the city and 57% of the responses came from the central locality. It is to be expected that those who responded to the survey are professionals who themselves may more engaged and interested in pharmacies and as the numbers of respondents for this survey are low, the results should be considered within this context. However an overwhelming finding from the survey is that the respondents either generally considered pharmacy services to be fair, good or very good or weren't sure about the quality of service. A significant theme within the free text comments provided within survey responses focused on requests for pharmacies to take more of a lead in specific areas of care, similar as to those services that are being piloted within the EPIC project.

Across a number of questions, respondents repeatedly reported that they thought the services that they knew about within pharmacies were generally good but that they didn't know about the range of services provided.

The majority of respondents to the survey were not sure about the quality of the range of different pharmacy services (essential, advance and locally commissioned services). There were mixed responses in terms of feedback following medicines use reviews, 45% of respondents received feedback and 40% stated this sometimes happened.

The majority (65%) of respondents had weekly contact with pharmacies and most of this contact was considered of good or very good quality. In response to a question about how to improve working between pharmacy and general practice, aside from GPs needing to understand more about pharmacy services, there were recommendations for more communication between pharmacies and practices and more joined up working.

Overall respondents were positive about new services being delivered by pharmacies. The top four services that survey respondents would like to see pharmacies delivered in the future were:

- Help with weight – healthy eating and physical activity
- Alcohol support – advice and information
- Long term conditions advice
- Immunisation and vaccinations e.g. flu

Further recommendations (in addition to those directly below), regarding working between general practice and pharmacy, are found in the below section following the findings from the community pharmacy survey and the focus group with pharmacists.

Recommendations

j) To improve the GPs' and non-medical prescribers' knowledge and understanding of the services delivered by community pharmacies. Brighton and Hove City Council and CCG should also develop training and a local information campaign to ensure GPs and non-medical prescribers are aware of, understand and have easy access to up to date information about what, when and where services are provided by pharmacies.

k) To review and evaluate the impact of the roles pharmacies played within the EPIC project alongside the findings from this PNA to inform future commissioning of services.

9.8 Community pharmacy survey and focus group

All 60 community pharmacies in the city were invited to participate in the survey and we held a focus group with pharmacists delivering services within Brighton and Hove who were also members of the East Sussex Local Pharmaceutical Committee. The findings within this section are derived from the 39 survey responses (from 36 pharmacies) and themes that emerged from the focus group. As 60% of pharmacies responded to the survey the findings from this survey should be considered in light of this.

Regarding pharmacy premises; 100% of pharmacies that responded have a separate consultation room, 25 (69%) have hand washing facilities and 10 (28%) have access to toilet facilities. Just under half of pharmacies that responded have limited room for expansion and 40% have car parking facilities, with just under a third providing disabled parking facilities. This summary of the current situation of pharmacy premises demonstrates that although services within pharmacies are considered to be of good quality, they could yet be further improved by addressing the issues relating to the Equality Act requirements, access to hand washing and toilet facilities. In order for pharmacies to deliver a wider range of services to meet local patients' needs, issues relating to equality of access to facilities and premises will need to be addressed.

With very few exceptions, pharmacies have computer and printing facilities, internet access and computers that are enabled to deliver the electronic prescription service. Most pharmacies have one full time pharmacist and 66% have at least one regular locum.

Almost all pharmacies have at least one accredited pharmacist to deliver MURs and NMS and health care assistants to deliver stop smoking interventions. The findings

relating to contact with GPs chime with the responses to the GP survey. A significant proportion of respondents reported having weekly 'good quality' professional contact with GPs. Pharmacies are by and large interested in providing a whole range of new services in the future that are not currently commissioned.

Regarding the Health Living Pharmacy (HLP) initiative whereby pharmacies are accredited to deliver health improvement campaigns and interventions, 94% of respondents were aware of the scheme - 27% of whom are already a HLP and 58% are interested in becoming a HLP. Ninety four per cent of respondents have a display area for health promotion materials. There are significant opportunities to maximise the public health role of pharmacies and the knowledge and interest shown in the Healthy Living Pharmacy scheme provides insight into how the work with the HLP scheme should develop. Following the appointment of a Pharmacy Advisor within the Public Health Directorate November 2014 a plan for developing the HLP initiative in Brighton and Hove has been agreed.

The focus group discussed how to improve existing provision of services within community pharmacy and working with practices. The key themes that came out of discussions focused on: repeat dispensing responsibilities, maximising the opportunity of the Electronic Prescription Service and improving channels of communication with GPs.

The recommendations below regarding improving working with general practice are about joining up different parts of the primary care system so that pharmacies are seen as part of the same 'team' as general practice and wider integrated team working being developed under the Better Care initiative and the enhancing primary care work.

Recommendations

l) All pharmacies should have an understanding of the 2010 Equality Act requirements for their premises.

m) BHCC Public Health Directorate to further develop the Healthy Living Pharmacy scheme working with pharmacies to focus on efforts on reducing inequalities and addressing needs of vulnerable groups. This will include pharmacies actively promoting public health campaigns and information on access to local authority, voluntary sector and other primary care services including GPs and dentists and appropriate use of NHS services.

n) For pharmacies to have more of a lead role regarding repeat dispensing. Pharmacists would inform GPs which patients could go onto repeat dispensing and receive prescriptions and medications directly from the pharmacy without having to go to the GP practice.

o) NHS England, Brighton and Hove CCG and City Council, pharmacies and patients to work together to reduce waste of medicines.

p) To share practice and pharmacy email addresses between practices and pharmacies. Pharmacists should use an nhs.net[xxiv] email account for communication.
q) To improve more integrated ways of working linked with the Better Care and enhancing primary care work, joint meetings between GPs and pharmacists within local areas should take place. Exchanges and joint meetings should also happen between practice and pharmacy staff to help share understanding of different roles and issues pharmacies and practices both face.

9.9 Feedback following the formal consultation period

All nine responses to the consultation considered the information contained in the PNA to be clearly explained and accurate and 86% of respondents agreed that the report reflected the current pharmaceutical service provision within the city. Significant themes drawn from the comments focused on signposting, care and support for older people and carers.

Recommendation

r) Pharmacies use the new online portal being developed by the Council as part its Care Act (2014) duties to provide up to date information to patients and carers in the city. Pharmacies to also use the council website for signposting information, for a wide range of services, such as addressing social isolation and weight management. The links for these key websites to be provided by Brighton and Hove City Council (BHCC) Public Health Directorate. BHCC Public Health Directorate to share web links for information on signposting, emailed to pharmacies with all GP practices.

9.10 In conclusion

There are significant opportunities for maximising the role of pharmacies within primary care and public health as part of and in addition to the Better Care and enhancing primary care work in Brighton and Hove. The findings and recommendations within this report should support commissioners to design services to address local health and wellbeing needs and reduce health inequalities.

[xxiv] September 2014 NHS England invited all pharmacies, that didn't already have an nhs.net email account to make a request for one in order to facilitate sharing of information between professionals securely.

10 Table of abbreviations

Acronym	Description
A&E	Accident and Emergency
ACT	Accredited Checking Technician
AUR	Appliance Use Review
BME	Black and Minority Ethnic
BSUH	Brighton and Sussex University Hospitals Trust
CCG	Clinical Commissioning Group
CHD	Coronary Heart Disease
COPD	Chronic Obstructive Pulmonary Disease
CVD	Cardiovascular Disease
DAAT	Drugs and Alcohol Team
DAC	Dispensing Appliance Contractor
DBS	Disclosure and Barring Service
EHC	Emergency Hormonal Contraception
EPIC	Extended Primary Integrated Care
EPS	Electronic Prescription Service
EPSr2	Electronic prescription service release 2’
GP	General Practitioner
GUM	Genitourinary Medicine
HIV	Human immunodeficiency virus
HLP	Healthy Living Pharmacy
HWB	Health and Wellbeing Board
INR	International normalized ratio
JSNA	Joint Strategic Needs Assessment
LCS	Locally commissioned service
LGB	Lesbian / Gay / Bisexual
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Service
MUR	Medicines Use Review
NHS	National Health Service
NHSE	National Health Service England
NMS	New Medicine Service
NRT	Nicotine replacement therapy
ONS	Office for National Statistics
PCT	Primary Care Trust
PGD	Patient Group Direction
PHE	Public Health England
PNA	Pharmaceutical Needs Assessment
PPG	Patient Participation Group
QOF	Quality and Outcomes Framework

SAC	Stoma Appliance Customisation
SCT	Sussex Community Trust
SHAPE	Strategic Health Asset Planning and Evaluation
SPFT	Sussex Partnership Foundation Trust
STI	Sexually Transmitted Infection
TB	Tuberculosis
TIA	Transient Ischaemic Attack
TTO	Medicines to be taken home

Appendix 1: Brighton and Hove Health Profile 2014

Domain	Indicator	Brighton and Hove	England Average	Measure	Period	Notes
Our Communities	1 Deprivation	22	20.4	%	2010	1
	2 Children in poverty	19.7	20.6	%	2011	2
	3 Statutory homelessness	4.3	2.4	CR1	2012/13	
	4 GCSE achieved (5A*-C including English & Maths)	62.2	60.8	%	2012/13	3
	5 Violent crime (violent offences)	12.8	10.6	CR2	2012/13	
	6 Long term unemployment	6.7	9.9	CR3	2013	
Children's & Young People's Health	7 Smoking status at time of delivery	6.7	12.7	%	2012/13	4
	8 Breast feeding initiation	86.7	73.9	%	2012/13	5
	9 Obese Children (Year 6)	13.6	18.9	%	2012/13	6
	10 Alcohol-specific hospital stays (under 18)	66.9	44.9	CR4	2010/11-2012/13	
	11 Under 18 conceptions	29.1	27.7	CR5	2012	
Adults Health & Lifestyle	12 Smoking prevalence	23.7	19.5	%	2012	7
	13 Percentage of physically active adults	63.4	56	%	2012	8
	14 Obese adults	12.8	23	%	2012	9
	15 Excess weight in adults	49.2	63.8	%	2012	10
Disease and Poor Health	16 Incidence of malignant melanoma	18.2	14.8	DSR1	2009-2011	
	17 Hospital stays for self-harm	366.2	188	DSR2	2012/13	
	18 Hospital stays for alcohol related harm	664	637	DSR3	2012/13	
	19 Drug misuse	11.9	8.6	CR6	2010/11	
	20 Recorded diabetes	4.2	6	%	2012/13	11
	21 Incidence of tuberculosis	9.5	15.1	CR7	2010-2012	

Domain	Indicator	Brighton and Hove	England Average	Measure	Period	Notes
	22 Acute sexually transmitted infections	1837	804	CR8	2012	
	23 Hip fracture in 65s and over	563	568	DSR4	2012/13	
Life Expectancy and Causes of Death	24 Excess winter deaths	15	16.5	Ratio	1/08/09-31/07/12	12
	25 Life expectancy (at birth) - male	78.7	79.2	Years	2010-2012	
	26 Life expectancy (at birth) - female	83	83	Years	2010-2012	
	27 Infant mortality	4.3	4.1	CR9	2010-2012	
	28 Smoking related deaths	324	292	DSR5	2010-2012	
	29 Suicide rate	11.3	8.5	DSR6	2010-2012	
	30 Under 75 mortality rate: cardiovascular	79.5	81.1	DSR7	2010-2012	
	31 Under 75 mortality rate: cancer	155	146	DSR8	2010-2012	
	32 Killed and seriously injured on roads	57.2	40.5	CR10	2010-2012	

Key:

Significantly worse than England average

Not significantly different from England average

Significantly better than England average

CR1	Crude rate per 1,000 households
CR2	Crude rate per 1,000 population
CR3	Crude rate per 1,000 population aged 16-64
CR4	Crude rate per 100,000 population
CR5	Crude rate per 1,000 females aged 15-17
CR6	Crude rate per 1,000 population
CR7	Crude rate per 100,000 population

CR8	Crude rate per 100,000 population
CR9	Crude rate per 1,000 live births
CR10	Crude rate per 100,000 population
DSR1	Directly age standardised rate per 100,000 population aged under 75
DSR2	Directly age sex standardised rate per 100,000 population
DSR3	Directly age standardised rate per 100,000 population
DSR4	Directly age and sex standardised rate per 100,000 population aged 65 and over
DSR5	Directly age standardised rate per 100,000 population aged 35 and over
DSR6	Directly age standardised rate per 100,000 population
DSR7	Directly age standardised rate per 100,000 population aged under 75
DSR8	Directly age standardised rate per 100,000 population aged under 75

Notes

1: % people in this area living in 20% most deprived areas in England, 2010
2: % children (under 16) in families receiving means-tested benefits & low income, 2011
3: % key stage 4, 2012/13
4: % of women who smoke at time of delivery, 2012/13
5: % of all mothers who breastfeed their babies in the first 48hrs after delivery, 2012/13
6: % school children in Year 6 (age 10-11), 2012/13
7: % adults aged 18 and over, 2012
8: % adults achieving at least 150 mins physical activity per week, 2012
9: % adults classified as obese, Active People Survey 2012
10: % adults classified as overweight or obese, Active People Survey 2012
11: % people on GP registers with a recorded diagnosis of diabetes 2012/13
12: Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 1.08.09-31.07.12

Source: Public Health England: 2014 Health Profiles.[14]

Appendix 2: List of Pharmacies in Brighton & Hove

PHARMACY CODE	PPA CODE	PHARMACY NAME	TRADING NAME	POSTCODE	LOCALITY
217	FA088	Asda Stores Ltd	Asda Store Pharmacy	BN1 8AS	Central
217B	FA342	Asda Stores Ltd	Asda Store Pharmacy	BN2 5UT	East
260	FRA14	Paydens Ltd	Ashtons Late Night Pharmacy	BN1 3JD	Central
259A	FLJ30	Pharma Supply Ltd	Blake's Pharmacy	BN3 3YG	West
11B	FE408	Boots UK Ltd	Boots the Chemist	BN1 4JH	Central
11C	FTM51	Boots UK Ltd	Boots the Chemist	BN1 2BE	Central
11D	FTJ19	Boots UK Ltd	Boots the Chemist	BN2 1RF	East
11L	FAA02	Boots UK Ltd	Boots the Chemist	BN3 5TD	West
11M	FR198	Boots UK Ltd	Boots the Chemist	BN3 3YD	West
246A	FWK92	Canterbury Pharmacies Ltd	Bridgman Pharmacy	BN2 6TD	East
FHP05	FHP05	Burwash Pharmacy	Burwash Pharmacy	BN3 8GP	West
214A	FHM77	Ackers Chemists Ltd	Charter Pharmacy	BN3 1RF	West
259C	FG739	Pharma Supply Ltd	Church Road Pharmacy	BN3 2AB	West
157	FN922	Suchak M	Coldean Pharmacy	BN1 9ED	East
196	FNT46	Gardiner C G	Elm Grove Pharmacy	BN2 3DD	East
229	FRN06	Fields Pharmacy Ltd	Fields Pharmacy	BN1 5EG	Central
259	FJD58	Pharma Supply Ltd	Gunn's Pharmacy	BN1 2AA	West
FM259	FM259	Aum Health Services Ltd	Harper's Pharmacy	BN1 7GE	East
249	FN182	Glenhazel Ltd	Healthy-U Pharmacy	BN2 8FA	East
192B	FJL77	National Co-operative Chemists Ltd	Hove Pharmacy	BN3 7PZ	West
228	FG804	Waremoss Ltd	Kamsons Pharmacy	BN2 3HP	East
228A	FN225	Waremoss Ltd	Kamsons Pharmacy	BN1 6LB	Central
228B	FJD49	Waremoss Ltd	Kamsons Pharmacy	BN3 5RB	West
242	FW676	M & W (Brighton) Ltd	Kamsons Pharmacy	BN1 6AG	Central
96E	FCQ88	Waremoss Ltd	Kamsons Pharmacy	BN2 4GB	East
96S	FHG58	Waremoss Ltd	Kamsons Pharmacy	BN1 6DD	Central
96T	FKE94	Waremoss Ltd	Kamsons Pharmacy	BN2 1TH	East

PHARMACY CODE	PPA CODE	PHARMACY NAME	TRADING NAME	POSTCODE	LOCALITY
FMN73	FMN73	Waremoss Ltd	Kamsons Pharmacy	BN2 5FB	East
214B	FW387	Ackers Chemists Ltd	Lane and Stedman	BN3 1GA	West
FHG68	FHG68	Ihsan Ltd	Leybourne Pharmacy	BN2 4LW	East
137D	FC453	Lloyds Pharmacy Ltd	Lloyds pharmacy	BN2 7HP	East
137E	FNP21	Lloyds Pharmacy Ltd	Lloyds pharmacy	BN1 8DD	Central
201C	FMY59	Lloyds Pharmacy Ltd	Lloyds pharmacy	BN2 8LG	East
FTJ61	FTJ61	Lloyds Pharmacy Ltd	Lloyds pharmacy	BN2 5FL	East
262	FCJ16	Matlock Pharmacy Ltd	Matlock Pharmacy	BN1 5BF	Central
155A	FQX55	Mrs K S Essaji	O'Flinn Pharmacy	BN2 9SL	East
FNC37	FNC37	Parris and Greening Pharmacy Ltd	Parris and Greening Pharmacy	BN3 2AF	West
104	FNA40	Ticehurst Pharmacy Ltd	Patcham Pharmacy	BN1 8TA	Central
247B	FVN19	Paydens Ltd	Paydens Pharmacy	BN2 1RF	East
259D	FQP94	Pharma Supply Ltd	Portland Pharmacy	BN3 5DP	West
246	FL613	Canterbury Pharmacies Ltd	Ross Pharmacy	BN1 4GU	Central
236C	FPE37	Sainsbury's Supermarkets Ltd	Sainsbury's In store Pharmacy	BN3 7GD	West
200	FGA02	Sainsbury's Supermarkets Ltd	Sainsbury's Pharmacy	BN2 3QA	East
248	FT435	Sharps Healthcare Ltd	Sharps Pharmacy	BN2 4EA	East
205	FAR24	Superdrug Stores plc	Superdrug Pharmacy	BN1 2HA	Central
FHK15	FHK15	National Co-operative Chemists Ltd	The Co-operative Pharmacy	BN41 1LA	West
192	FVP55	National Co-operative Chemists Ltd	The Co-operative Pharmacy	BN2 6PH	East
192A	FLP47	National Co-operative Chemists Ltd	The Co-operative Pharmacy	BN1 4LA	Central
192E	FDF27	National Co-operative Chemists Ltd	The Co-operative Pharmacy	BN41 2WF	West
249A	FK278	Glenhazel Ltd	Traherne Pharmacy	BN3 6HP	West

PHARMACY CODE	PPA CODE	PHARMACY NAME	TRADING NAME	POSTCODE	LOCALITY
241	FFE73	Miss Michelle Warner	University Pharmacy	BN1 9RW	East
238	FXA38	Canterbury Pharmacies Ltd	Watts & Co Chemists	BN1 3TE	Central
247	FTE26	Paydens Ltd	Westons Pharmacy	BN2 4AD	East
150C	FNM61	Boots UK Ltd	Your Local Boots Pharmacy	BN2 1EA	East
150D	FR950	Boots UK Ltd	Your Local Boots Pharmacy	BN3 2EB	West
150E	FH862	Boots UK Ltd	Your Local Boots Pharmacy	BN3 5TD	West
150J	FNL81	Boots UK Ltd	Your Local Boots Pharmacy	BN1 6FJ	Central
150K	FKQ90	Boots UK Ltd	Your Local Boots Pharmacy	BN3 8JG	West
150L	FYA88	Boots UK Ltd	Your Local Boots Pharmacy	BN3 7LU	West
150R	FN195	Boots UK Ltd	Your Local Boots Pharmacy	BN2 1NF	East

References

[1] NHS. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. London: NHS; 2013.
[2] Brighton and Hove City Council. City Tracker Survey. Brighton: Brighton and Hove City Council; 2014.
[3] Browne K, Lim J. Count Me In Too. Trans People. Additional Findings Report. Brighton: University of Brighton and Spectrum; 2008.
[4] Williams et al. The Lesbian, Gay, Bisexual and Trans Public Health Outcomes Framework Companion Document; 2013.
[5] MacNeil et al. Trans Mental Health Study 2012.The Scottish Transgender Alliance; 2012.
[6] Brighton and Hove City Council. The Place Survey; 2008 [accessed 06 Aug 2013]. Available from URL: http://consult.brightonhove.gov.uk/portal/lsp/place/place08.
[7] Brighton and Hove City Council. Joint Strategic Needs Assessment. Brighton: Brighton and Hove City Council; 2013.
[8] Higher Education Statistics Authority.2012/13 Students by Institution [accessed 17 Jun 2014]. Cheltenham: Higher Education Statistics Authority. Available from URL: https://www.hesa.ac.uk/dox/dataTables/studentsAndQualifiers/download/Institution1213.xlsx
[9] University of Sussex. Campus Masterplan [accessed 17 Jun 2014]. Brighton: University of Sussex. Available from URL: http://www.sussex.ac.uk/aboutus/campusmasterplan
[10] Birth notification information, Sussex maternity units, 2012/13
[11]Public Health England (PHE). Community Mental Health Profiles 2014 [accessed 18 Jun 2014]. London: PHE; 2014. Available from URL: http://fingertips.phe.org.uk/profile-group/mental-health/profile/cmhp
[12] Brighton and Hove City Council. Safe and Well at School Survey 2013. Brighton: Brighton and Hove City Council; 2014.
[13] Integrated Care 24 (IC24). Out of hours service use data. IC24; 2014.
[14] Public Health England. 2014 Health Profiles [accessed 10 Sep 2014]. London: Public Health England; 2014. Available from URL: http://www.apho.org.uk/default.aspx?RID=49802
[15] Department for Communities and Local Government (DCLG).Rough sleeping in England – autumn 2013. London: DCLG; 2014.
[16] Brighton and Hove City Council. Pharmaceutical Needs Assessment 2010. Brighton: Brighton and Hove City Council; 2010.
[17] Office for National Statistics (ONS).Census 2011 Tables. Newport: ONS; 2013.
[18] Health and Social Care Information Centre (HSCIC). Smoking Drinking and Drug Use Among Young People in England [accessed 18 Jun 2014]. London: HSCIC; 2013. Available from URL: http://www.hscic.gov.uk/catalogue/PUB11334
[19] Brighton and Hove Drug and Alcohol Action Team. Substance Misuse Needs Assessment 2013-14.
[20] Brighton and Hove City Council. Health Counts Survey 2012. Brighton: Brighton and Hove City Council; 2013.
[21] Public Health outcomes framework, 2013
[22] The Health and Social Care Information Centre. Health Survey for England 2010. 2011. [Accessed 2013 April 26] Available from URL: www.ic.nhs.uk/pubs/hse10report
[23] Aquilina S, Azzopardi LM, Inglott AS. Impacting cardiovascular disease risk management. Hospital Pharmacy Europe. 2013 Jun 7;68.
[24] Brighton & Hove Commissioning Group and Brighton Hove City Council. Dementia Needs Assessment. May 2014
[25] NHS England, 2014
[26] Department of Health. Pharmacy in England: Building on strengths – delivering the future. London: Department of Health [accessed 2014 Jun 28]; 2008. Available from URL: http://www.official-documents.gov.uk/document/cm73/7341/7341.pdf
[27] Health and Social Care Information Centre (HSCIC). General Pharmaceutical Services in England, 2003-04 to 2012-13. Exeter: HSCIC; 2013.
[28] NHS. Community Pharmacy Contractual Framework. NHS; 2005.
[29] Pharmaceutical Services Negotiating Committee. MUR Service Specification August 2013 [accessed 2014 Jun 24]. Available from URL: http://psnc.org.uk/services-commissioning/advanced-services/murs/

[30] Pharmaceutical Services Negotiating Committee. Appliance Use Review [accessed 2014 Jun 24]. Available from URL: http://psnc.org.uk/services-commissioning/advanced-services/aurs/#conditions
[31] Pharmaceutical Services Negotiating Committee. Stoma Appliance Customisation [accessed 2014 Jun 24]. Available from URL:http://psnc.org.uk/services-commissioning/advanced-services/sac/
[32] National Institute for Health and Care Excellence. Needle and Syringe Programmes – NICE Guidelines PH18. 2009 [accessed 2014 Jun 24]. Available from URL: http://guidance.nice.org.uk/PH18
[33] Public Health England. Consolidating and developing the evidence base and research for community pharmacy's contribution to public health: a progress report from Task Group 3 of the Pharmacy and Public Health Forum. London: Public Health England; 2013.
[34] Pharmaceutical Services Negotiating Committee (PSNC).Evaluation of the Healthy Living Pharmacy Pathfinder work programme. 2013 [accessed 2014 Jun 25]. Available from URL: http://psnc.org.uk/wp-content/uploads/2013/08/HLP-evaluation.pdf
[35] Government Equalities Office, Department for Culture Media and Sport. Equality Act 2010; London; 2010.
[36] South East Public Health Observatory. Health Inequalities Gap Measurement Tool [accessed 2014 Jun 24]. Available from URL: http://www.sepho.nhs.uk/gap/gap_national.html