



Portsmouth
CITY COUNCIL

Pharmaceutical Needs Assessment

Consultation



Portsmouth City
2015

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2. Executive Summary

The Health and Social Care Act, 2012 transferred responsibility for producing a Pharmaceutical Needs Assessment (PNA) from Primary Care Trusts to Health and Wellbeing Boards, within local authorities.

2.1 Key findings and recommendations

- In Portsmouth there are 41 community pharmacies and one dispensing appliance contractor¹.
- The PNA has not identified any gaps in current pharmaceutical provision.
- There is good geographical distribution of pharmacies, with the majority of the resident population living within 500 metres of a community pharmacy.
- The density of pharmacies located across the city gives patients a choice of local pharmacies for pharmaceutical services.
- The opening hours of local pharmacies provide residents and visitors with a good level of access to services. Residents are able to use these services from early in the morning to late in the evening and on Saturday and Sundays. The additional opening hours provided by the '100 hour' pharmacies have provided an extension to these hours.
- All pharmacies provide the full range of Essential Pharmaceutical Services.
- All pharmacies provide at least one Advanced Pharmaceutical Service and there is access to all advanced services within the city.
- Local services are largely commissioned by Public Health within Portsmouth City Council and NHS Portsmouth Clinical Commissioning Group (CCG). These are available from many pharmacies spread across the city. The delivery of these services, particularly in areas of deprivation has widened access for target groups of the population. The award winning Healthy Living Pharmacy scheme, piloted in Portsmouth in 2010 continues to be the basis of commissioning of services from community pharmacies. The Healthy Living Pharmacy scheme has gained widespread support, has been rolled out across many areas of the country and has attracted interest from several other countries. The city is committed to continuing its support for this programme.
- There is potential for community pharmacy to further support local and national health and wellbeing priorities and contribute to the work to reduce health inequalities.

1. Dispensing Appliance contractor supplies only appliances such as stoma care and does not dispense medicines

3. Introduction

3.1 Definition and purpose of the PNA

The statutory Pharmaceutical Needs Assessment (PNA) is a statement of current pharmaceutical services provided in the local area, assesses whether or not the pharmaceutical services provision is satisfactory for the local population and identifies any perceived gaps in the provision.

It is a key commissioning tool that will be used to inform and support the future commissioning of pharmaceutical services in Portsmouth. If a person (a pharmacist, a dispenser of appliances or in some circumstances and normally in rural areas, a General Medical Practitioner (GP)) wants to provide pharmaceutical services, they are required to apply to the NHS to be included on the pharmaceutical list. The PNA will be used by NHS England, as a basis for making decisions, when applications are received to enter or amend the entry on the list of pharmaceutical service providers within the Health and Well Being Board area. This includes to:

- Determine market entry of new NHS pharmaceutical service providers.
- Determine relocation or change of business premises of existing pharmaceutical service providers.
- Determine changes of pharmaceutical services provided by any current individual pharmaceutical services provider. It may also be used by Portsmouth City Council and NHS Portsmouth Clinical Commissioning Group (CCG) to inform local commissioning decisions.

3.2 Historical and Legal Background

The Health Act 2009² sets out the minimum standards for PNAs and the use of PNAs as the basis for determining market entry to NHS pharmaceutical services provision. The Regulations came into force in May 2010 and required PCTs to develop and publish their first PNA under these Regulations by 1 February 2011.

Portsmouth City Teaching PCT developed and published its first PNA³ under the new regulations in 2011.

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

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

The first PNA to be produced by Portsmouth Health and Wellbeing Board must be published by 1st April 2015 to comply with these regulations. This document has been produced to satisfy this requirement.

2. National Health Service Act 2009 available at <http://www.legislation.gov.uk/ukpga/2009/21/contents>
3. Portsmouth Pharmaceutical Needs Assessment 2011 available at http://www.hants.gov.uk/pccjsna/API_STR_JSNA_SERV_PHARM_PharmNeedsAx2010.pdf
4. Health and Social Care Act 2012 available at <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>
5. The NHS (Pharmaceutical Services and Local Pharmaceutical Regulations) 2013 available at <http://www.legislation.gov.uk/uksi/2013/349/contents/made>
6. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendment and Transitional Provision) Regulations available at <http://www.legislation.gov.uk/uksi/2014/417/contents/made>

4. Process for producing the Pharmaceutical Needs Assessment

The PNA has been undertaken in line with the requirements of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 under the guidance of the PNA advisory group.

The advisory group has also followed guidance contained within Pharmaceutical Needs Assessment, Information Pack for Local Authorities Health and Wellbeing Boards⁷.

Representatives have also attended workshops organised by NHS England and taken advice from contributors to the previous Portsmouth PNA (2011), Healthwatch Portsmouth, the Local Pharmaceutical Committee and from other city council officers.

The Portsmouth PNA has been in development from April 2014 until its official publication on April 1st 2015. The process has had many steps; the key stages are outlined below.

Stage 1: Formation of an advisory group

The group has representation from key stakeholders and is hosted by Public Health Portsmouth, and reports to the Director of Public Health.

The group oversees the development of the PNA and ensures that the PNA conforms to the relevant regulation and statutory requirements on behalf of the Health and Wellbeing Board.

Key stakeholders have included representation from Public Health Portsmouth, NHS Portsmouth CCG, NHS England Wessex Area Team, and Chief Officer of the Local Pharmaceutical Committee. Expertise and advice has also been sort from Portsmouth City Council Planning, Transport and Communications departments and Healthwatch Portsmouth.

Stage 2: Collation of information and data

Collation and summary of current local pharmaceutical service provision:

Every existing local pharmacy has completed a detailed questionnaire about their services as of July 2014. National and locally held statistics have been examined to determine levels of activity in delivering current services.

Joint Strategic Needs Assessment for Portsmouth has been extensively used to give an overview of major healthcare and wellbeing needs of the local population.

Local policies including NHS Portsmouth CCG and Portsmouth City Council health and wellbeing related policies, the city's development plans, housing plans and transport network.

Use of national and locally held data on prescribing and the delivery of essential and advanced services.

Stage 3: Analysis

Analysis of the information collated to identify any gaps of pharmaceutical provision within the locality. Draft consultation document completed in line with national guidance and approved by the advisory group.

7. Pharmaceutical Needs Assessment, Information Pack for Local Authorities Health and Wellbeing Boards available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/197634/Pharmaceutical_Needs_Assessment_Information_Pack.pdf



Stage 4: Draft PNA

The draft PNA is shared with the Health and Wellbeing Board prior to consultation. (October 2014.)

Stage 5: Consultation

Professional stakeholder and public consultation will be held from November 2014 to January 2015. (A detailed consultation description will be published as an additional section to this draft after the consultation.)

Stage 6: Review of consultation responses

Collation of responses to consultation (February 2015) Consideration of the comments will be made by the advisory group and the PNA will be reviewed and amended at this stage in light of this consultation exercise. (This will be published as an additional section to this draft.)

Stage 7: Publication

The final document will be presented to the Health and Wellbeing Board for approval before the planned publication of the PNA by 1st April 2015.

5. Localities

The steering group has divided Portsmouth into three localities for the purpose of producing this Pharmaceutical Needs assessment:

North encompassing five electoral wards of Drayton and Farlington, Cosham, Paulsgrove, Hilsea and Copnor.

Central encompassing four electoral wards of Charles Dickens, Nelson, Baffins and Fratton wards.

South encompassing five electoral wards of St Thomas, St Jude, Central Southsea, Milton and Eastney and Craneswater.

These localities are electoral ward based and reflect the divisions used by the local authority in other departments such as children's services. Similar size populations are resident in each locality. Using an electoral ward base approach facilitates the use of statistics and other public health information held within the local authority. This method of division is familiar to Councillors and local authority staff. NHS Portsmouth CCG is also looking to commission community services on a locality basis, North, Central and South.

5.1 North Locality Profile

The North locality comprises of five wards Paulsgrove, Cosham and Drayton and Farlington, all north of Hilsea moat, and Hilsea and Copnor, the two northern-most wards on Portsea Island.

The M27 bisects this locality. All three road routes, which provide the on/off access to Portsea Island, plus the railway line, are in the North.

Population

68,100 people live in the North locality (Hampshire County Council population forecasts). The North locality has higher proportions of 45-64 year olds (32.5% of North population) and over 65 years of age (16.8%) compared to Central and South areas.

Employment

The large employers in this area include Portsmouth Hospitals NHS Trust (Queen Alexandra Hospital), Highbury College, IBM, Alenia Marconi and the businesses located at Lakeside North Harbour Business Park. There are light industrial estates and business areas at Anchorage Park, Port Solent, and O'Jays industrial parks and in Fitzherbert Road and Broad Oak areas.

Large retail outlets are at Port Solent, Ocean Park and Anchorage Park, with shopping centres in Cosham and North End and smaller centres in Paulsgrove, Hilsea and Drayton. There are two superstores in the area, Tesco and Morrison's, both of which have a pharmacy associated with the store.

NHS services

The CCG member practices in this locality are Wootton Street surgery, Northern Road Surgery, Drayton Surgery, North Harbour Medical Practice and two surgeries of the Portsdown Practice (one site in Cosham and one in Paulsgrove).

Queen Alexandra Hospital, provided by Portsmouth Hospitals NHS Trust, is located in the North of the city. This is the main acute hospital for the area supporting residents in Portsmouth City and also areas of Fareham and Gosport and South East Hampshire. This hospital hosts the local major Accident and Emergency department. The current GP out-of-hours provider operates a primary care centre at Queen Alexandra Hospital.

There are eight dental practices providing NHS dental services located in the Northern locality.

The Paulsgrove and Wymering Healthy Living centre is located in Paulsgrove and provides information about health care and local health services.

There are 14 community pharmacies in the area, including two located in major supermarkets, four in the Cosham shopping area, one in Paulsgrove and two in the Drayton shopping area. In the Portsea wards of Hilsea and Copnor there are three pharmacies in the Copnor area, one at Anchorage Park located within the supermarket, and one in the Hilsea area.

Two of these pharmacies are '100' hour pharmacies providing evening and weekend services. A further three pharmacies routinely open on Sunday.

Poverty

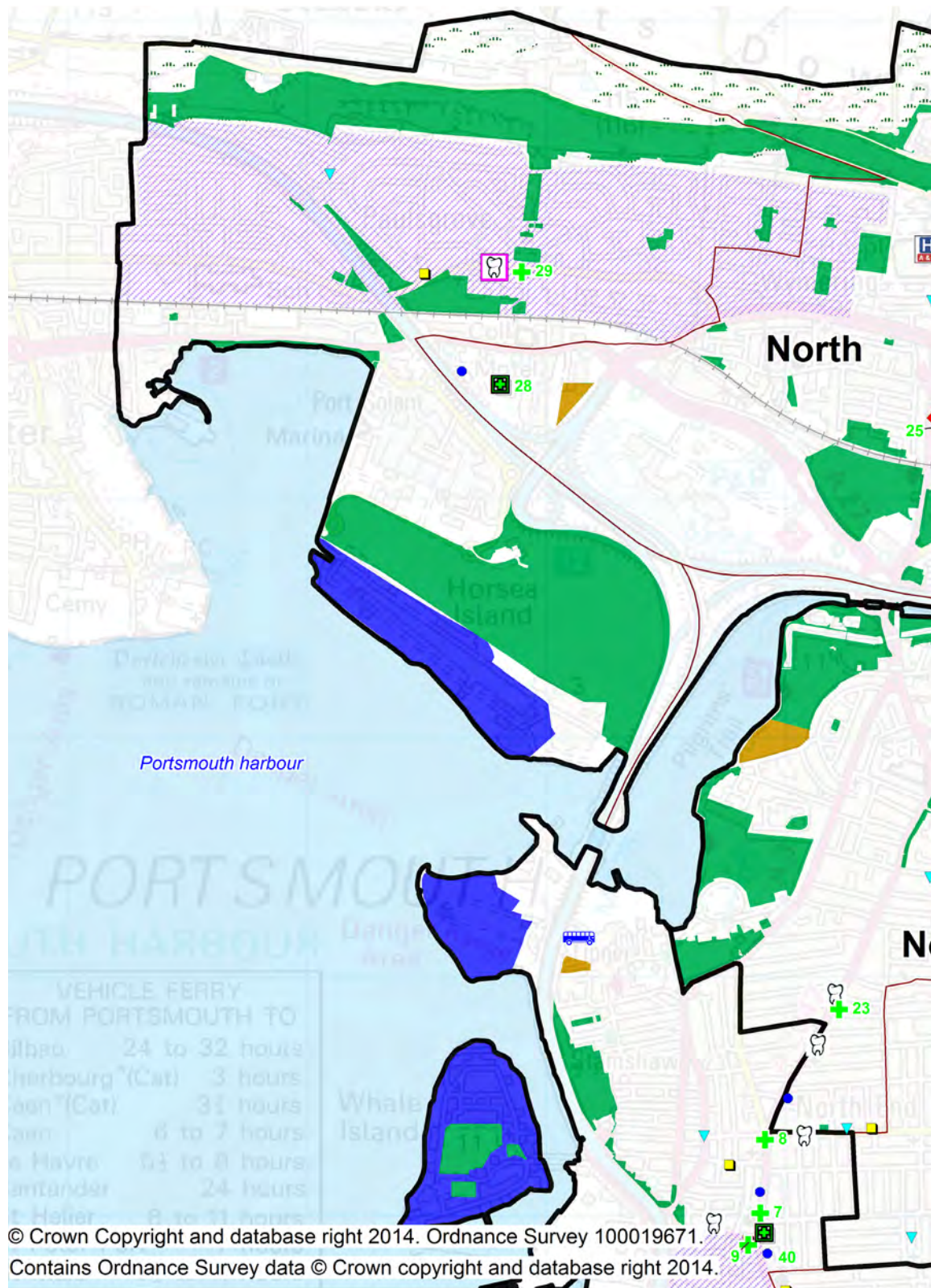
About 3,085 children live in poverty in North locality. Children in these families live in families either in receipt of out-of-work benefits or in receipt of tax credits with a reported income less than 60% of median income. At ward level this ranged from 32.2% of children in Paulsgrove to 6.2% in Drayton & Farlington.

Self-Reported quality of health

The area has a mixed profile of self-reported 'bad' or 'very bad' health. Highest levels of self-reported 'bad' or 'very bad' health are recorded in Northarbour, Central Paulsgrove and Cheltenham Road areas. Other areas have significantly lower levels of self-reported 'bad' or 'very bad' health, compared to England.

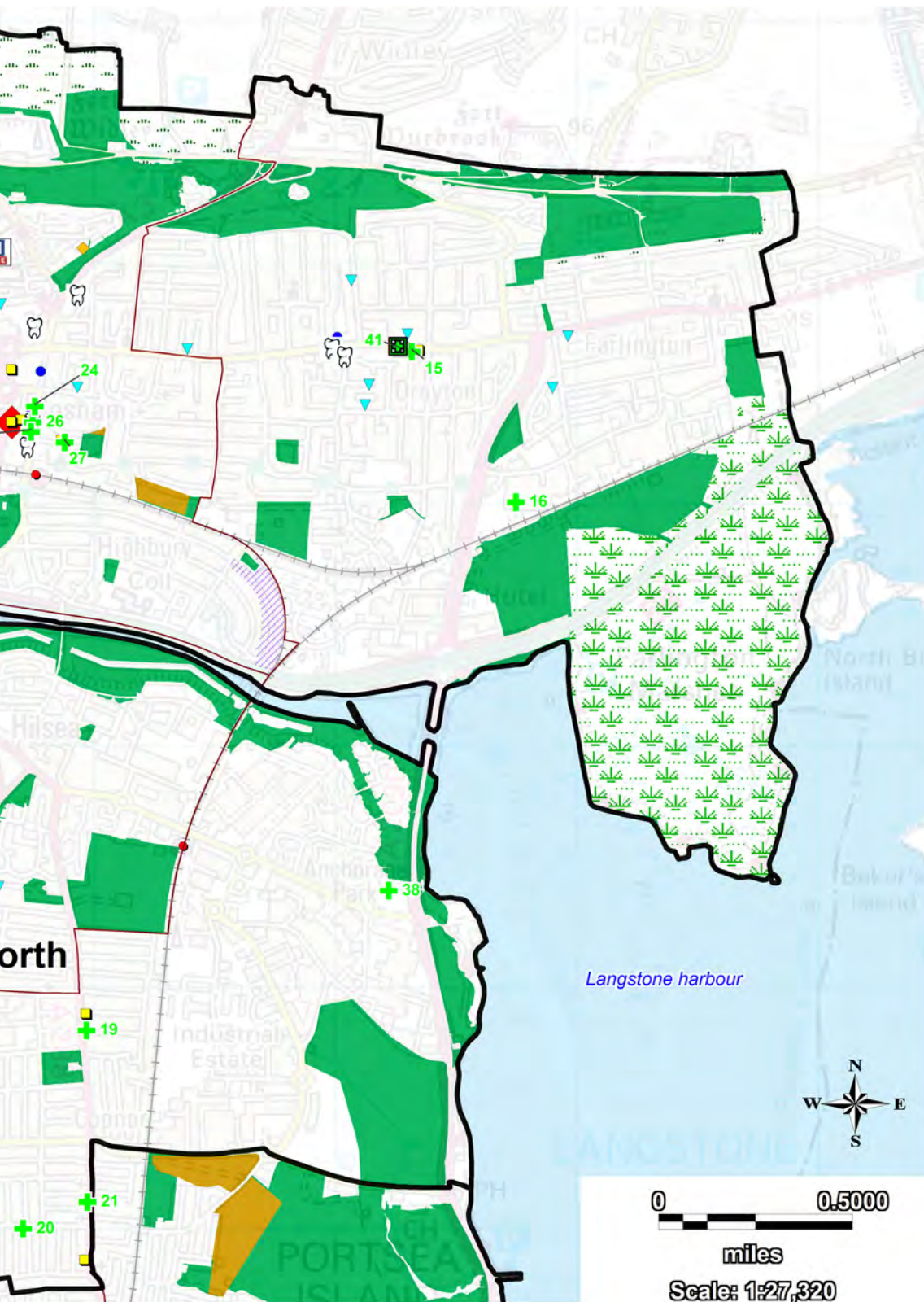
See page 12 for map of the North locality of Portsmouth showing the location of pharmacies and other key sites, as at July 2014.

Figure 1. Map of the North locality of Portsmouth showing the location of pharmacies and other key sites, as at July 2014.



Pharmacies in the North locality (sorted by left to right on the map)

- 28. Tesco Pharmacy
- 29. Rowlands Pharmacy
- 23. Rowlands Pharmacy
- 20. The Pharmacy
- 25. Everett (HJ) Chemists Ltd
- 26. Lloyds Pharmacy
- 24. Boots the Chemists Ltd
- 27. Lloyds Pharmacy
- 19. Copnor Pharmacy
- 21. Venthams Pharmacy
- 38. Morrison's Pharmacy
- 41. Drayton Community Pharmacy
- 15. Rowlands Pharmacy
- 16. Sainsbury's Pharmacy



Legend

- + Standard 40 hr pharmacy (36)
- 100 hr Pharmacy (5)
- Dispensing Appliance Contractor
- GP surgery
- ☞ Dental practice
- Optician
- Queen Alexandra Hospital
- St. Mary's Hospital and St. James' Hospital
- ▲ Minor Injuries Unit (St Mary's Treatment Centre)
- ◆ Health Centre
- Healthy Living Centre
- Walk-in centre
- ◆ Children's home
- ▼ Care Home (Nursing or Residential)
- Local authority locality boundary
- Electoral ward boundary
- Allotment
- Marshes / shrubs
- Open Space (Public and private land)
- General area of social housing
- Naval property
- Portsdown Hill
- Railway station
- Railway
- Sea (high water mark)
- Park and Ride

5.2 Central Area Locality Profile

The Central locality comprises of four electoral wards crossing the centre of Portsea Island: - Nelson, Charles Dickens, Fratton and Baffins.

Population

64,340 people live in the Central locality (Hampshire County Council population forecasts). Central has higher proportions of 0-4 year olds (7.9% of Central population) compared to Central and South areas.

Employment

The larger employers based in this area are Portsmouth City Council, University of Portsmouth, Royal Navy, the international ferry port, historic dockyards and Royal Mail, plus the major retail employers for the Commercial Road shopping area. Other shopping areas include North End, Fratton Road and the Fratton Park retail area.

There are several small business and light industrial estates e.g. Warren Avenue, Pompey Centre and Victory Business Centre.

NHS services

The CCG member practices are Sunnyside Surgery, Lake Road Practice, Hanway Group Practice, Derby Road Practice, Baffins Surgery, Queens Road Surgery, John Pounds Surgery, Somerstown Practice, Southsea Medical Centre and Kirklands.

The Guildhall Walk Healthcare and Walk in Centre is located on the south eastern boundary of this area, providing GP and minor injury services every day of the year.

There are five dental practices providing NHS dental services in the Central locality.

There are 14 community pharmacies in the area. Three of these pharmacies are '100' hour pharmacies providing evening and weekend services. A further three pharmacies routinely open on Sunday.



Poverty

About 4,605 children live in poverty in Central locality. This is 45% of all children living in poverty in the city. Children in these families live in families either in receipt of out-of-work benefits or in receipt of tax credits with a reported income less than 60% of median income. At ward level this ranged from 47.5% of children in Charles Dickens to 16.7% in Baffins.

Self-reported quality of health

Central locality has significantly higher levels of self-reported 'bad' or 'very bad' health. This includes areas such as Blackfriars, Landport, City Centre North, Bridge Centre, Sultans Road South, Church Road, Stamshaw, Whale Island South and St Mary's areas.

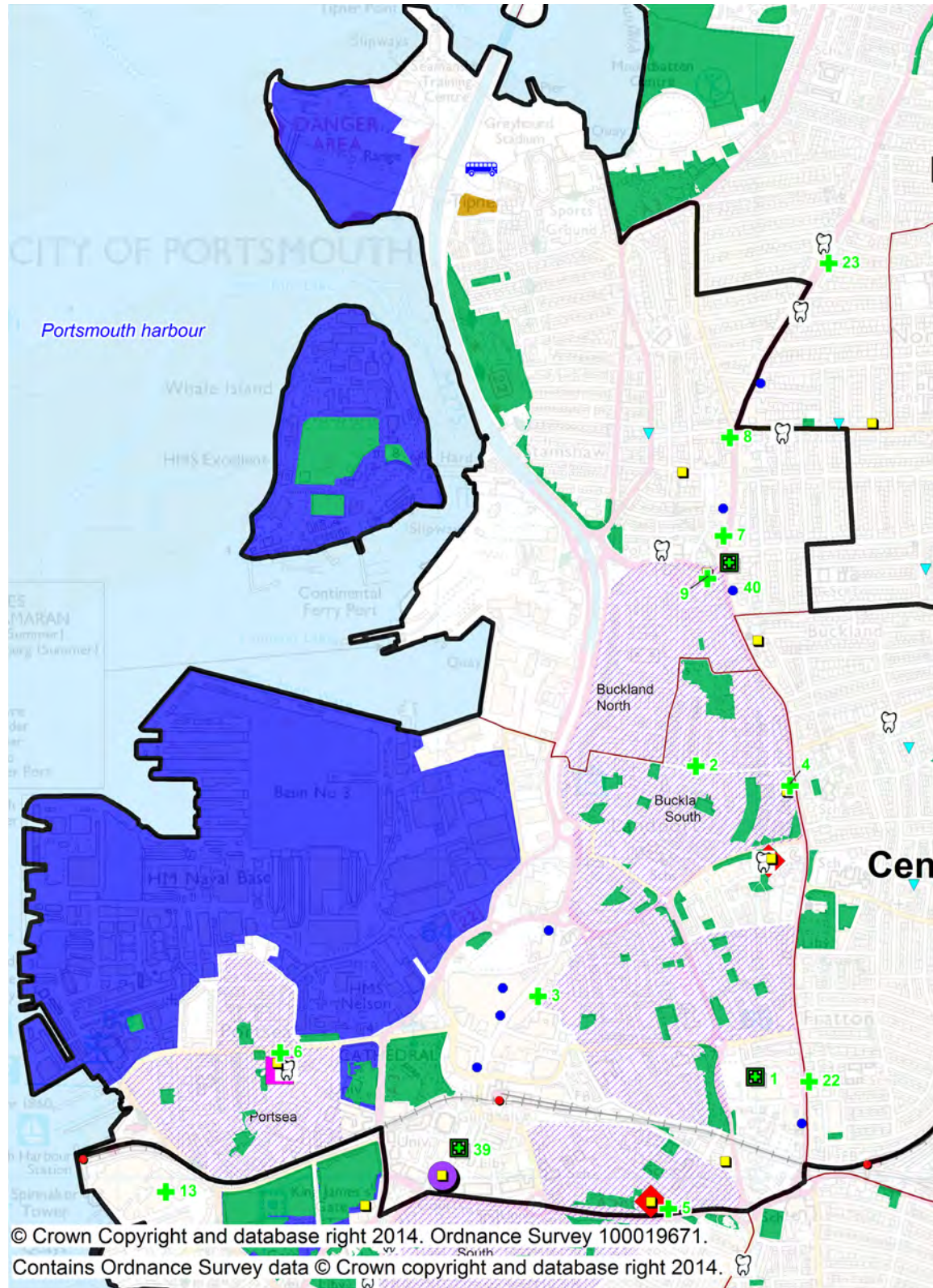
Central locality has some of the highest city rates for people reporting a long-term health problem or disability that limits day to day activities a lot.

Mortality rates in Central are significantly higher than England generally but specifically for premature mortality from cancer, circulatory disease and coronary heart disease. The lifestyle causes of many of these diseases are smoking and drinking excess alcohol.

See page 16 for map of the Central locality of Portsmouth showing the location of pharmacies and other key sites, as at July 2014.



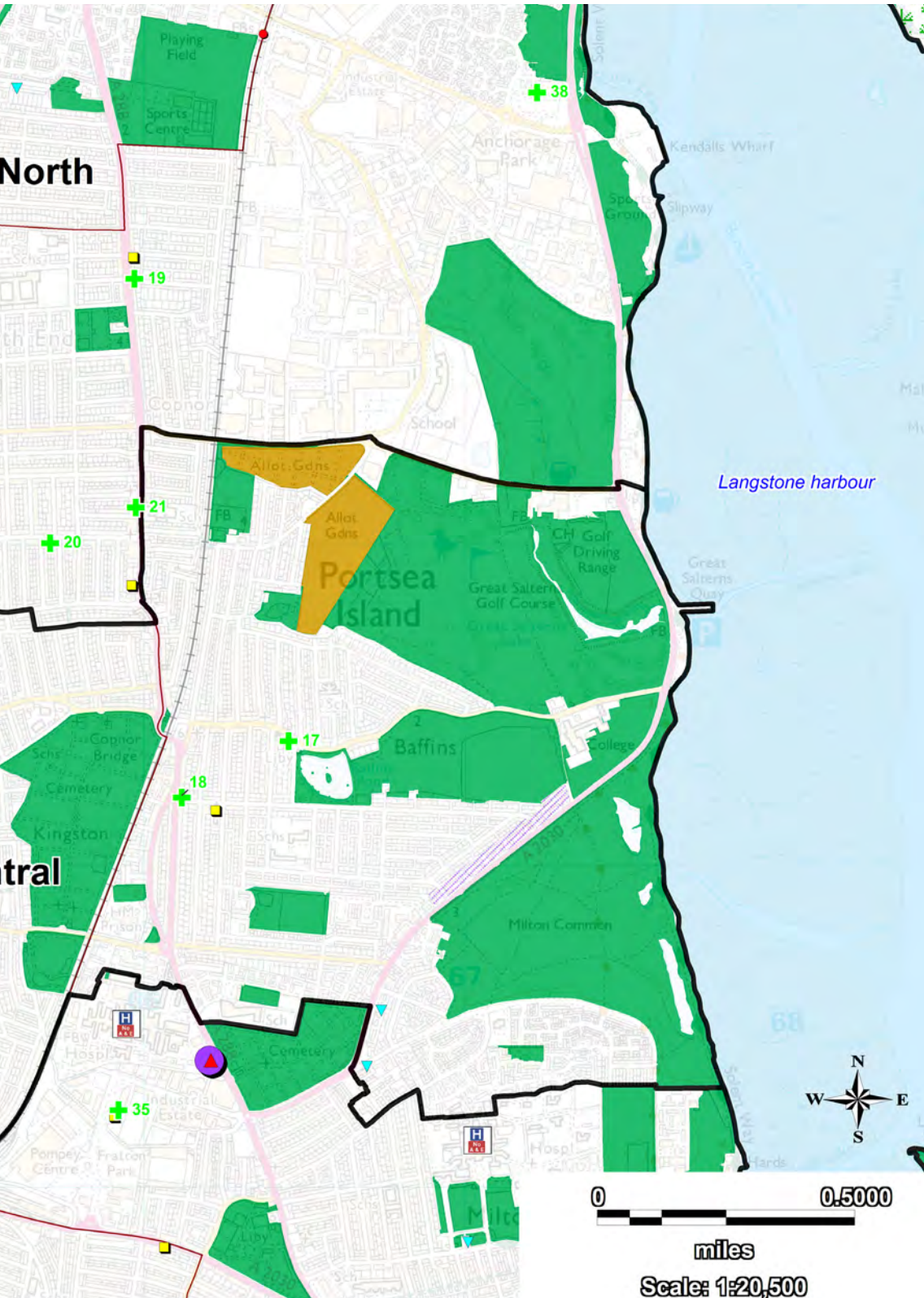
Figure 2. Map of the Central locality of Portsmouth showing the location of pharmacies and other key sites, as at July 2014.



Pharmacies in the Central locality (sorted by left to right on the map)

- 6. Merali Pharmacy
- 39. Lalys Pharmacy
- 3. Boots The Chemist Ltd
- 5. Lloyds Pharmacy
- 2. Berry (RJ) Ltd
- 9. Rowlands Pharmacy
- 7. Boots The Chemist Ltd
- 8. City Pharmacy
- 40. Lalys Pharmacy
- 1. Asda Pharmacy
- 4. Lalys Pharmacy
- 22. Rowlands Pharmacy
- 18. Lloyds Pharmacy
- 17. Bobat Pharmacy

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Legend

- + Standard 40 hr pharmacy (36)
- 100 hr Pharmacy (5)
- Dispensing Appliance Contractor
- GP surgery
- ☞ Dental practice
- Optician
- Queen Alexandra Hospital
- St. Mary's Hospital and St. James' Hospital
- ▲ Minor Injuries Unit (St Mary's Treatment Centre)
- Health Centre
- Walk-in centre
- ◆ Children's home
- ▼ Care Home (Nursing or Residential)
- Local authority locality boundary
- Electoral ward boundary
- Allotment
- Marshes / shrubs
- Open Space (Public and private land)
- General area of social housing
- Naval property
- Portsdown Hill
- Railway station
- Railway
- Sea (high water mark)
- ▶ Park and Ride

5.3 South Area Locality Profile

The South locality comprises of five electoral wards crossing the southern part of Portsea Island: St Thomas, St Jude, Central Southsea, Eastney and Craneswater and Milton.

Population

73,680 people live in the South locality (Hampshire County Council population forecasts). South has higher proportions of 20-24 year olds (17.2% of South population) compared to North and Central areas. This is largely due to the city's University and other college facilities.

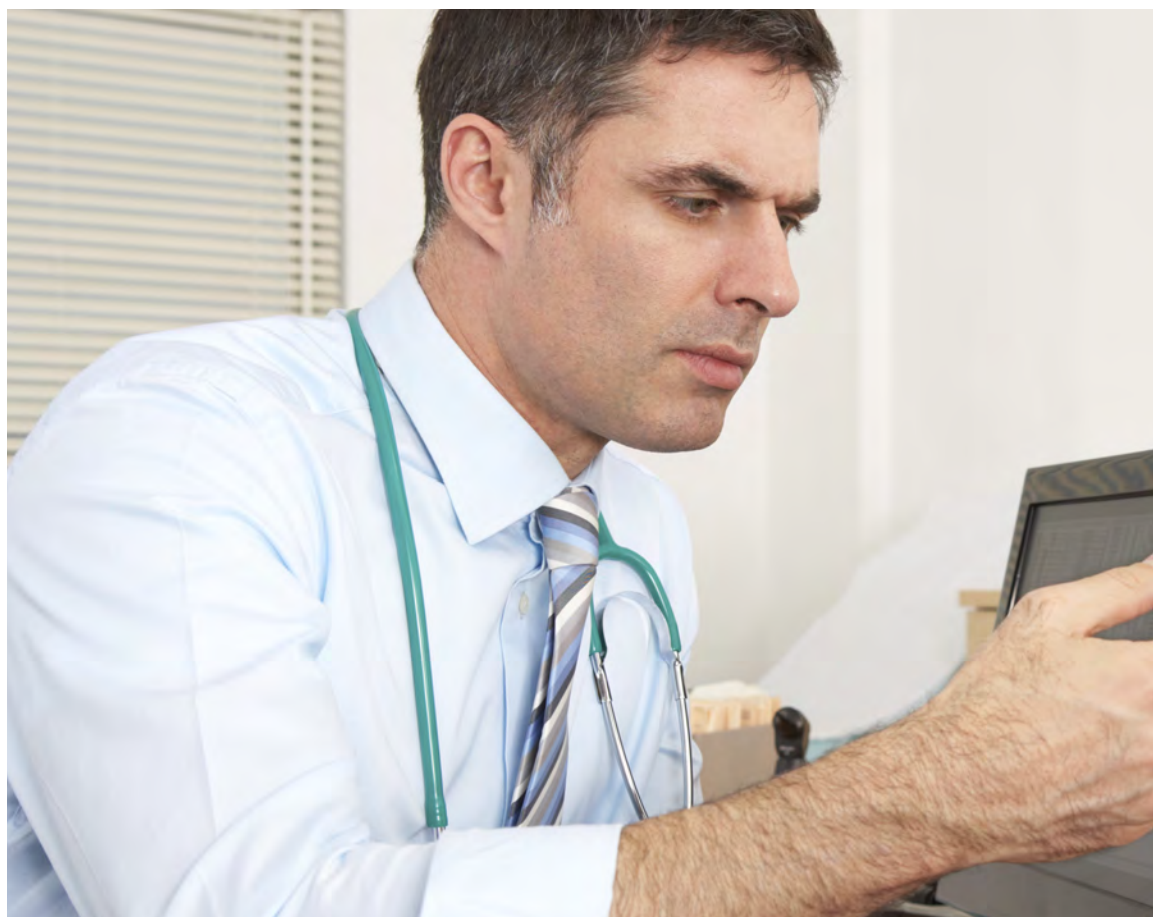
Employment

The larger employers in this area are in retail, leisure and NHS. Retail areas include Gunwharf Quays, Palmerston Road and Albert Road/Highland Road areas. The NHS has two major sites at St Marys and St James. The South has several major hotels along the seafront as well many smaller hotels and bed and breakfast establishments.

NHS services

The CCG member practices are Heyward Surgery, Osborne Practice, University Surgery, Waverley Road Surgery, Eastney Practice, Ramillies Practice, Salisbury Road Surgery, Devonshire Practice , Milton Park Practice (2 sites).

There are 12 dental practices providing NHS dental services in the Southern locality. The University of Portsmouth Dental Academy is also in the South locality and provides patient services.



The NHS St Marys Treatment Centre is located in the east of this region providing treatment for minor illness and injuries plus a range of diagnostic services. The St Marys hospital campus provides many community based services including integrated sexual health service, phlebotomy services, harm reduction services, therapy services as well as community beds.

St James hospital is also located in this area. It is home to some of the adult mental health services provided by NHS Solent trust and the NHS Portsmouth CCG headquarters.

There are 13 community pharmacies in the area. One pharmacy routinely opens on Sunday. Though there are no 100 hour pharmacies in this area, there are two located close to the southern boundary of the Central locality which are easily accessible.

Poverty

About 2,490 children live in poverty in South locality. This is 24% of the all children living in poverty in the city. Children in these families live in families either in receipt of out-of-work benefits or in receipt of tax credits with a reported income less than 60% of median income. At ward level this ranged from 36.2% of children in St Thomas to 16.1% in St Jude.

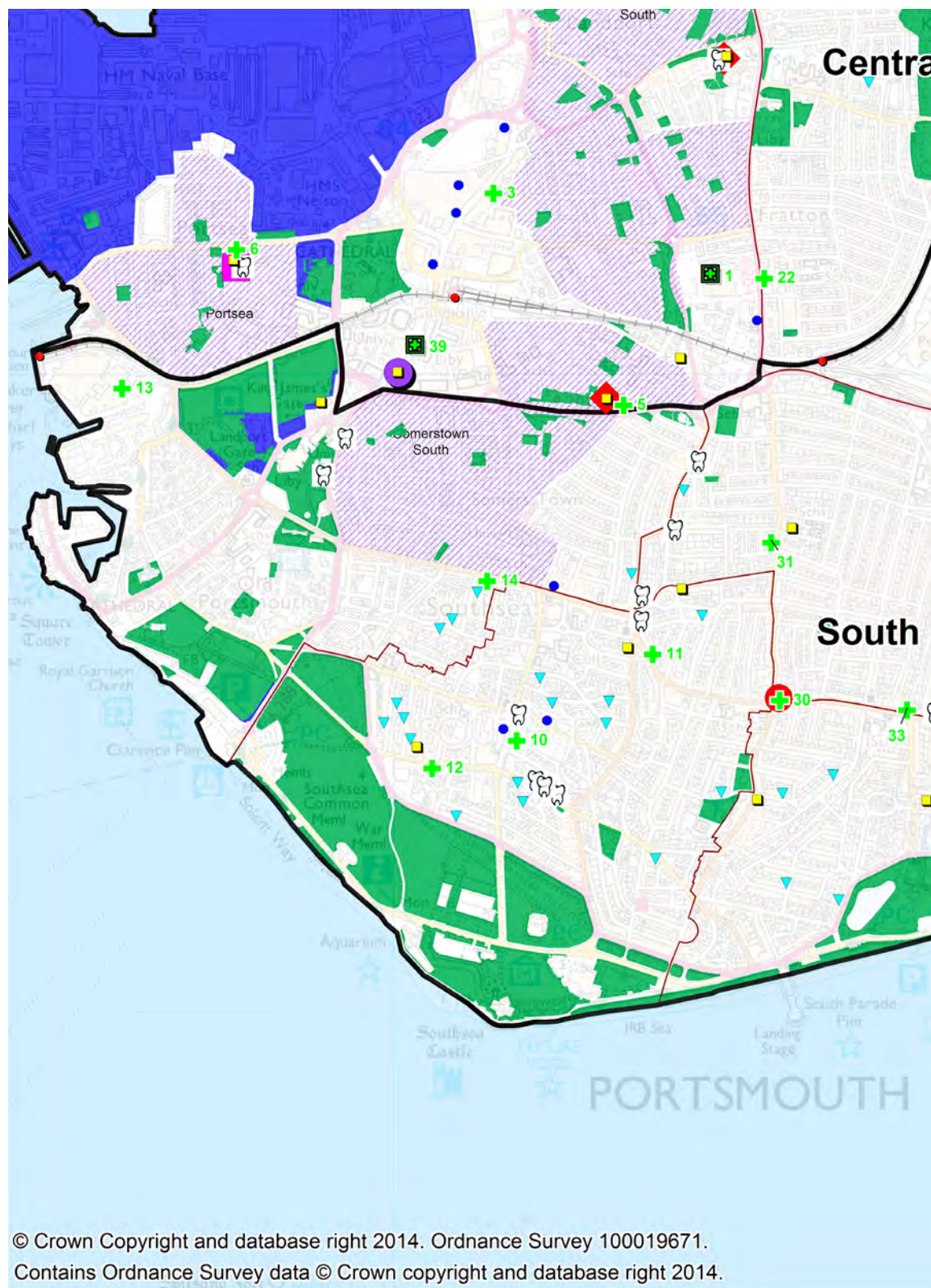
Self-reported quality of Health

South has significantly lower levels of self-reported 'bad' or 'very bad' health compared to the rest of the city, but comparatively higher rates were reported in the area of Somerstown, which is mainly located within St Thomas ward.

See page 20 for map of the South locality of Portsmouth showing the location of pharmacies and other key sites, as at July 2014.

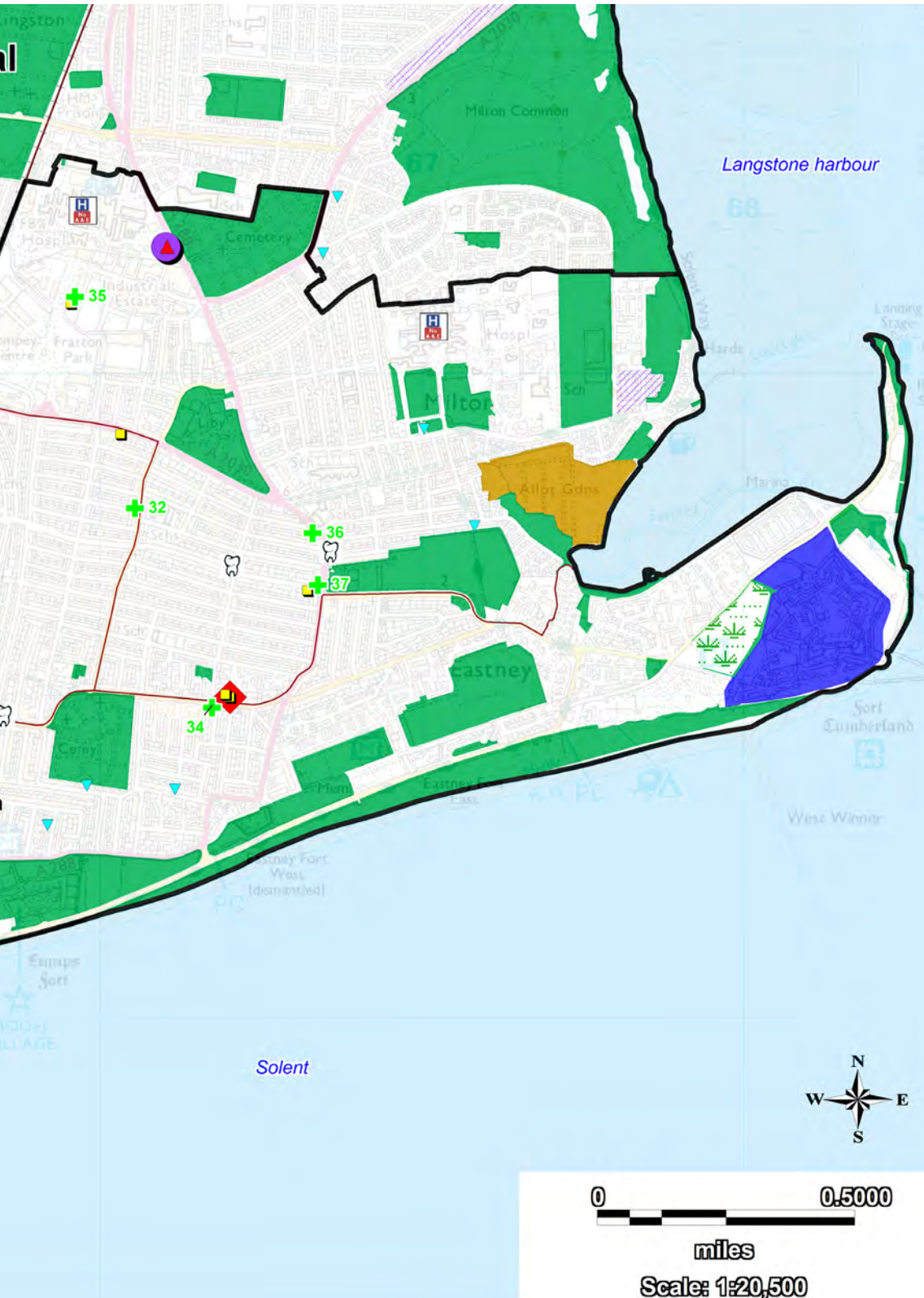


Figure 3. Map of the South locality of Portsmouth showing the location of pharmacies and other key sites, as at July 2014.



Pharmacies in the South locality (sorted by left to right on the map)

- 13. Boots The Chemist Ltd
- 12. Rowlands Pharmacy
- 14. Rowlands Pharmacy
- 10. Boots The Chemist Ltd
- 11. Rowlands Pharmacy
- 31. Lallys Pharmacy
- 30. Goldchem Pharmacy
- 33. Rowlands Pharmacy
- 35. Lloyds Pharmacy
- 32. Rowlands Pharmacy
- 34. Lloyds Pharmacy
- 36. Rowlands Pharmacy
- 37. Rowlands Pharmacy



Legend

- + Standard 40 hr pharmacy (36)
- 100 hr Pharmacy (5)
- Dispensing Appliance Contractor
- GP surgery
- ☞ Dental practice
- Optician
- Queen Alexandra Hospital
- St. Mary's Hospital and St. James' Hospital
- ▲ Minor Injuries Unit (St Mary's Treatment Centre)
- ◆ Health Centre
- Healthy Living Centre
- Walk-in centre
- ◆ Children's home
- ▼ Care Home (Nursing or Residential)
- Local authority locality boundary
- Electoral ward boundary
- Allotment
- Marshes / shrubs
- Open Space (Public and private land)
- General area of social housing
- Naval property
- Portsdown Hill
- Railway station
- Railway
- Sea (high water mark)
- Park and Ride

6. Portsmouth city demography and health needs

Portsmouth is located on the south coast of England within the county of Hampshire.

In 2015, 211,517 people are estimated to be resident in Portsmouth - an increase of about 1,500 (0.5%) compared to 2014. As at 1st April 2014, 218,374 people were registered with Portsmouth City GP Practices—although the vast majority are resident to Portsmouth, not all registered patients live in Portsmouth and the Portsdown GP practice has one of its surgeries (Crookhorn surgery) located outside of Portsmouth, which increases the registered population. The workday population at the time of the 2011 census was 217,960 (ie either in employment in Portsmouth, or not in employment but living in Portsmouth). The workplace population at the time of the 2011 census was 109,456 (residents aged 16 to 74 years in employment in Portsmouth a week before the census).

Portsmouth is a compact city covering 15.5 square miles—80% of the population lives on Portsea Island. The city continues to be the most densely populated local authority area outside London (50.7 people per hectare).

Where possible this section has also taken account of the localities North, Central and South, when describing the health needs of the city.

Figure 4. Resident population estimates and projections by gender and 5 year age bands, Portsmouth City, 2015 estimate compared to 2018 estimate.

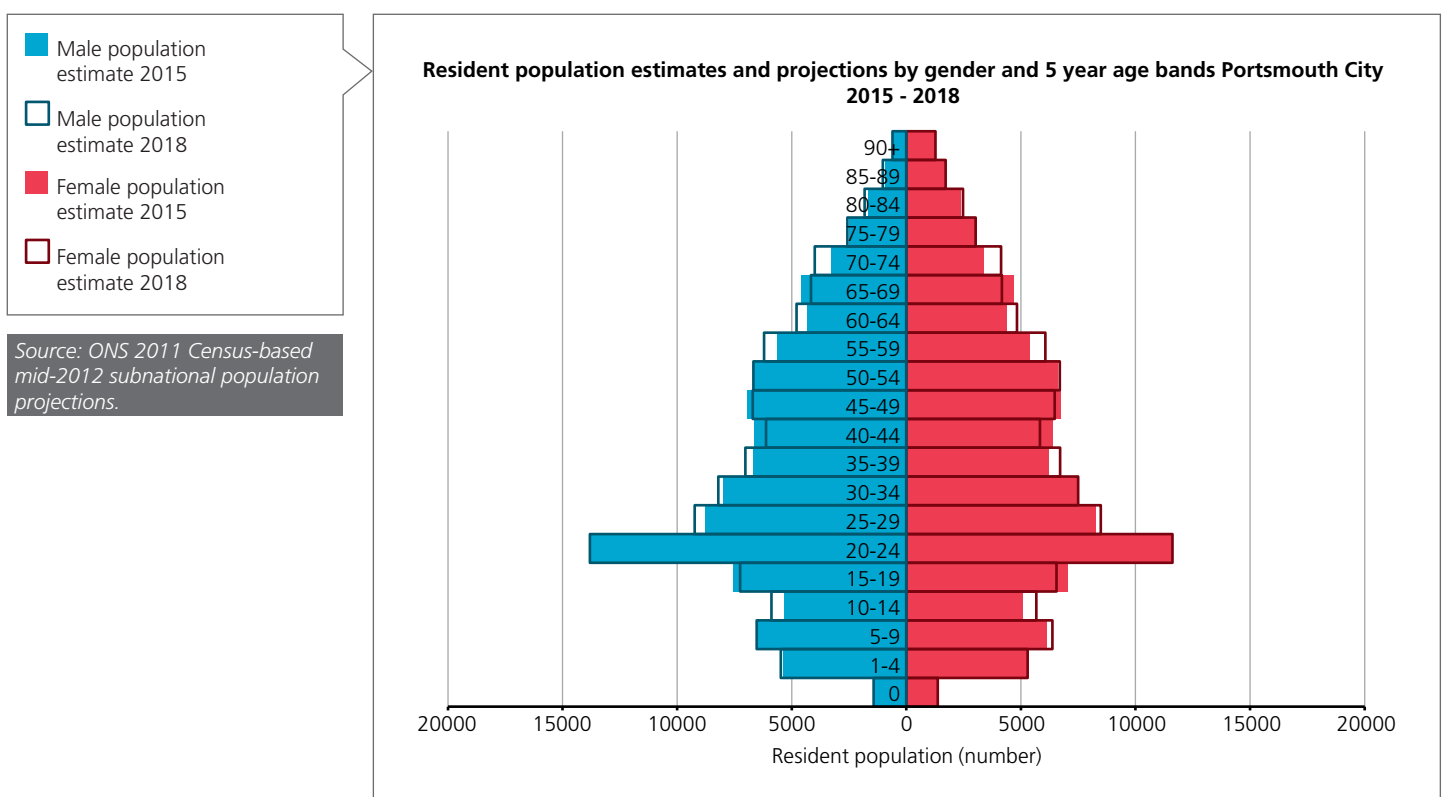
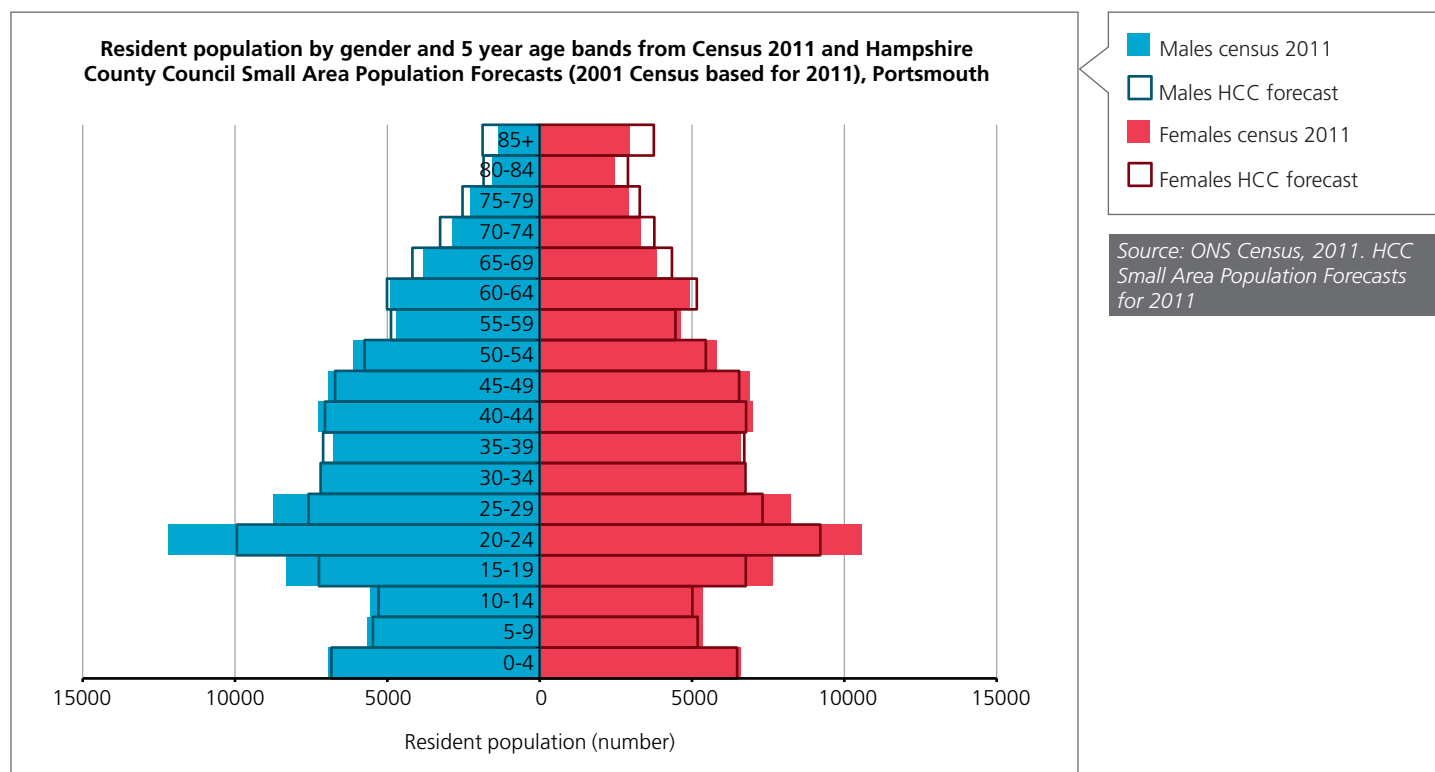


Figure 5. 2011 Census resident population by gender and 5 year age bands, Portsmouth City compared to England



Portsmouth has a comparatively high proportion of young people aged 20-24 years, compared to England, due to the city’s University and colleges (12% compared with 7% nationally). (Figure 5)

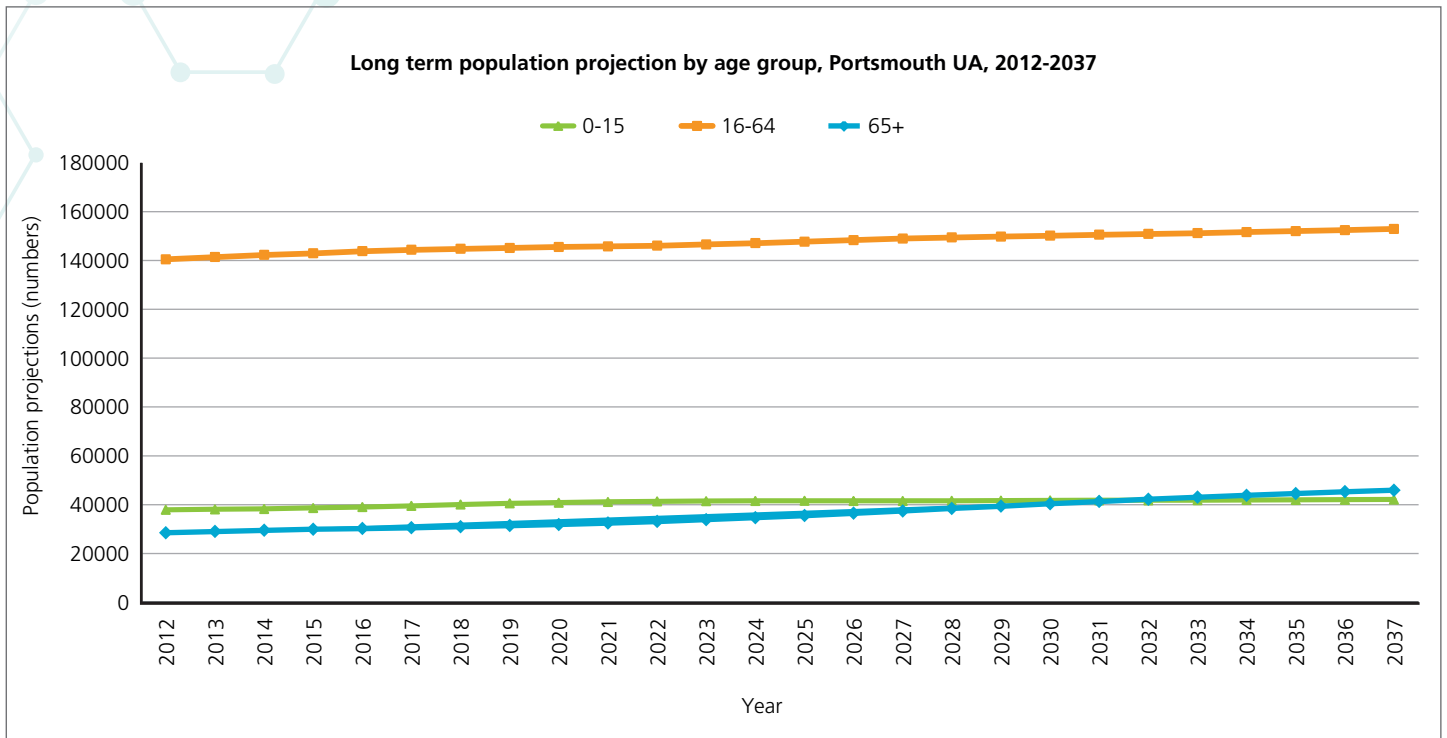
The population is predicted to increase by over 4,200 from 2015 to 2018; and increase by nearly 21,000 between 2015 to 2030. (Table 1 and Figure 6)

Table 1. Long term population projections for Portsmouth, 2012 to 2037

Age group	Year							
	2012	2015	2018	2021	2024	2027	2030	2037
0-15	37913	38677	40058	41157	41553	41572	41744	42121
16-64	140443	142919	144758	145740	147068	148987	150139	152892
65+	28480	29920	30971	32435	34667	37401	40353	45913
All ages	206836	211517	215787	219333	223288	227959	232236	240925
75+ only	13694	14010	14512	15670	17642	18714	19796	23822

Source: ONS 2011 Census-based mid-2012 subnational population projections.

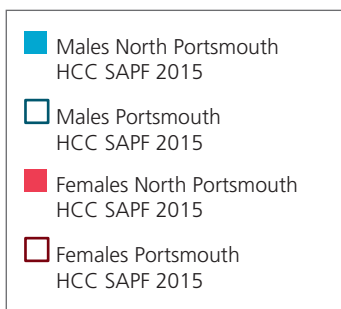
Figure 6. Long term population projection by age group, Portsmouth UA, 2012-2037.



Source: ONS 2011 Census-based mid-2012 subnational population projections.

In 2015, the North locality of the city is estimated to have a more even spread of residents across age bands than the Portsmouth average. The North is estimated to have a greater proportion than the Portsmouth average in residents aged 45 years and over, but less than average in ages 15-39 years (Figure 7). However, by 2018, the population in the North is forecast to increase the most for those aged 20-24 years, aged 55-59 years and aged 70-74 years; whilst, the population is predicted to decrease the most in ages 40-49 years (Figure 8).

Figure 7. Resident population estimates by gender and 5 year age band, North locality compared to all Portsmouth, 2015.



Source: Hampshire County Environment Department's 2011 Census, 2013-based Small Area Population Forecasts

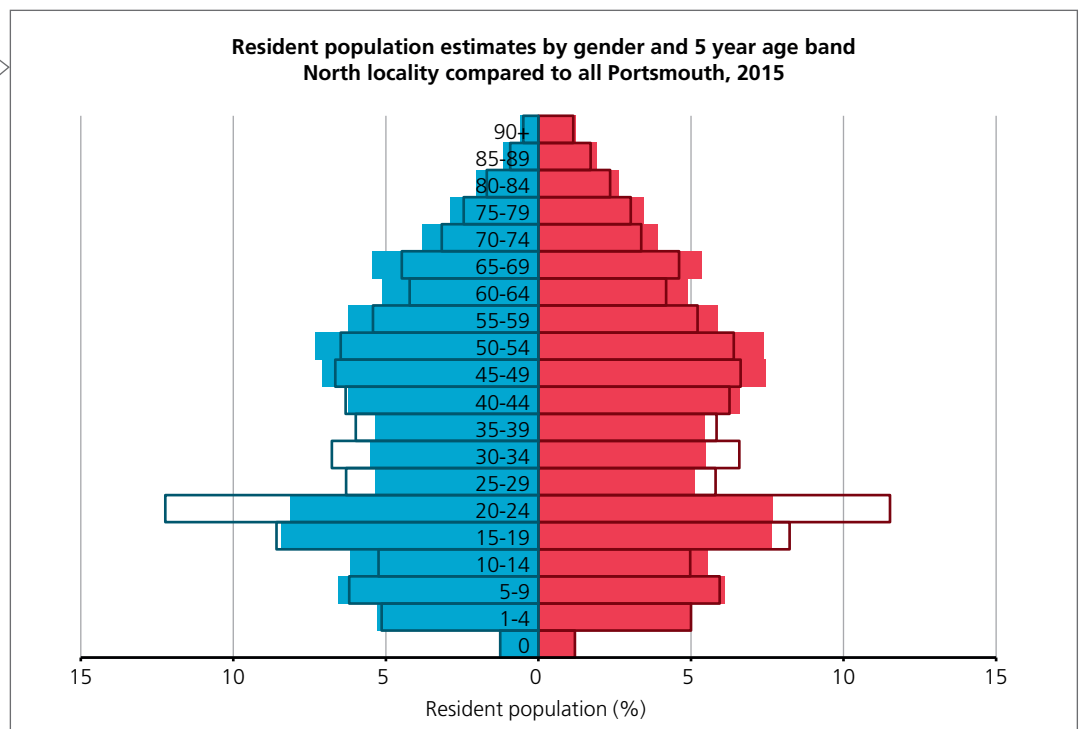
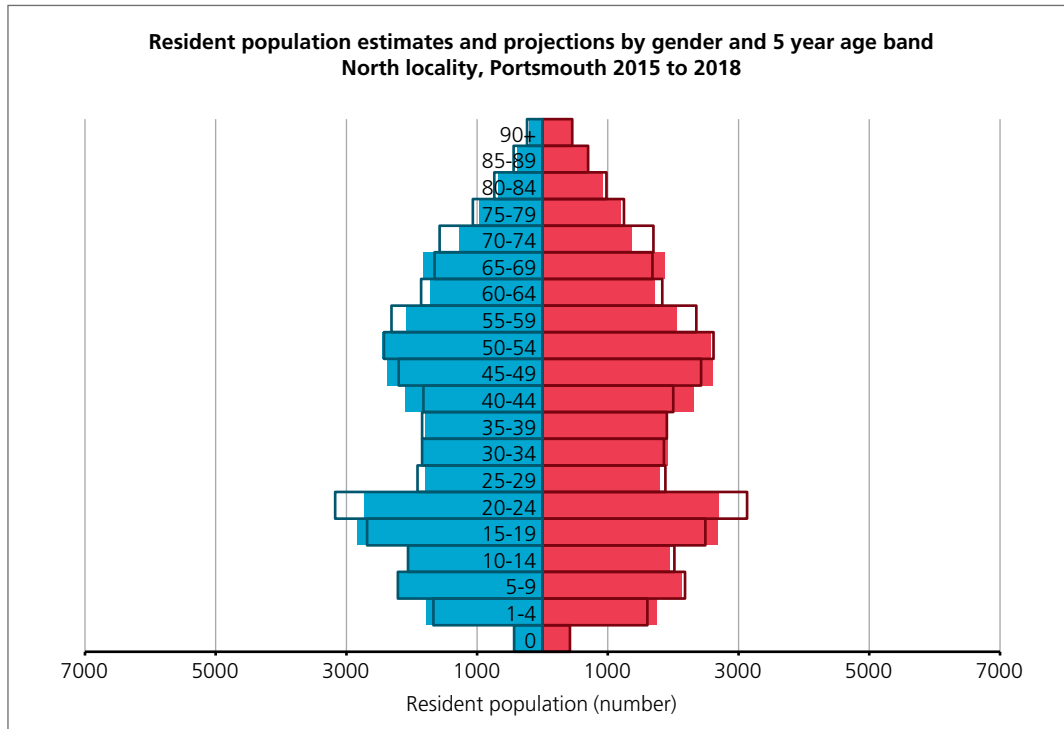


Figure 8. Resident population estimates and projections by gender and 5 year age band, North locality, 2015 compared to forecasted 2018.

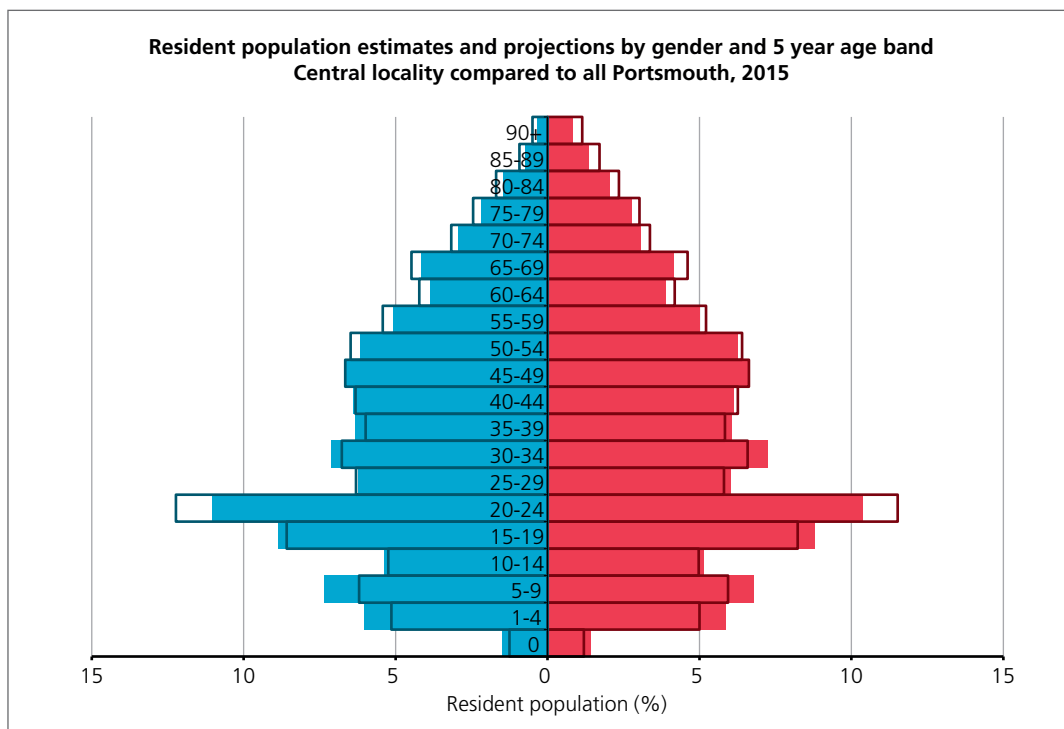


- Males population estimate 2015
- Males population estimate 2018
- Females population estimate 2015
- Females population estimate 2018

Source: Hampshire County Environment Department's 2011 Census, 2013-based Small Area Population Forecasts

In 2015, the Central locality of the city is estimated to have a similar pattern across all age groups compared to the Portsmouth average. However, the Central locality is estimated to have a greater proportion than the Portsmouth average in residents aged 0-19 years and in under 50 years in general (except the aged 20-24 years group) (Figure 9). By 2018, the population in the Central locality is forecast to increase the most for those aged 10-14 years, aged 50-64 years and aged 70-74 years; whilst, the population is predicted to decrease the most in aged 30-34 years (Figure 10).

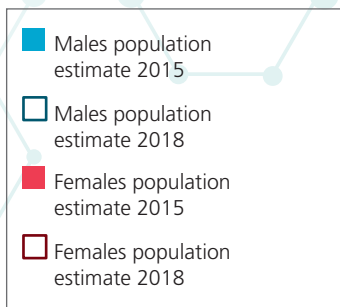
Figure 9. Resident population estimates by gender and 5 year age band, Central locality compared to all Portsmouth, 2015.



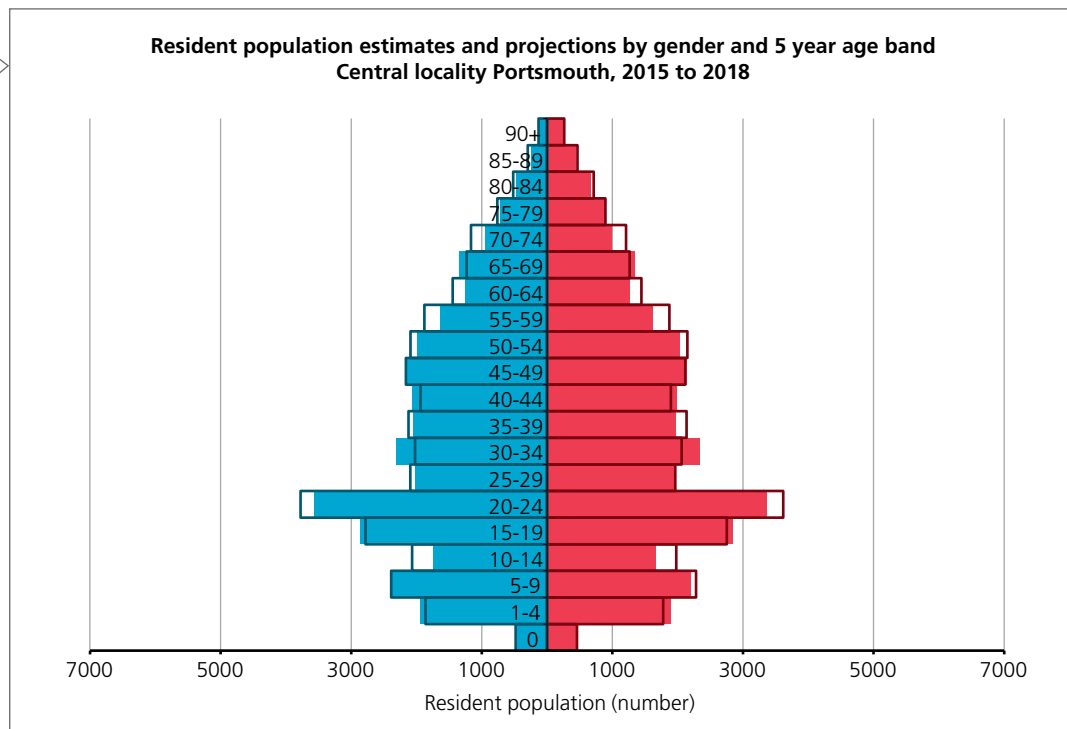
- Males Central Portsmouth HCC SAPF 2015
- Males Portsmouth HCC SAPF 2015
- Females Central Portsmouth HCC SAPF 2015
- Females Portsmouth HCC SAPF 2015

Source: Hampshire County Environment Department's 2011 Census, 2013-based Small Area Population Forecasts

Figure 10. Resident population estimates and projections by gender and 5 year age band, Central locality, 2015 compared to forecasted 2018.

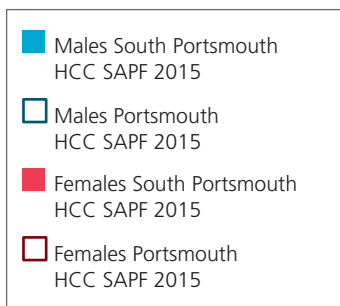


Source: Hampshire County Environment Department's 2011 Census, 2013-based Small Area Population Forecasts



In 2015, the South locality of the city is estimated to proportionally have a much larger population of young persons aged 20-39 years compared to the Portsmouth average, with the 20-24 years age group being disproportionately larger than the Portsmouth average, primarily due to the vast majority of students being located in the South. The South is also estimated to have a lower proportion of age 0-14 years and 40-79 years than the Portsmouth average (Figure 11). However, by 2018, the population in the South is forecast to increase the most for those aged 10-14 years, aged 45-64 years and aged 70-74 years; whereas, the population is predicted to decrease the most in aged 30-34 years and aged 65-69 years (Figure 12).

Figure 11. Resident population estimates by gender and 5 year age band, South locality compared to all Portsmouth, 2015.



Source: Hampshire County Environment Department's 2011 Census, 2013-based Small Area Population Forecasts

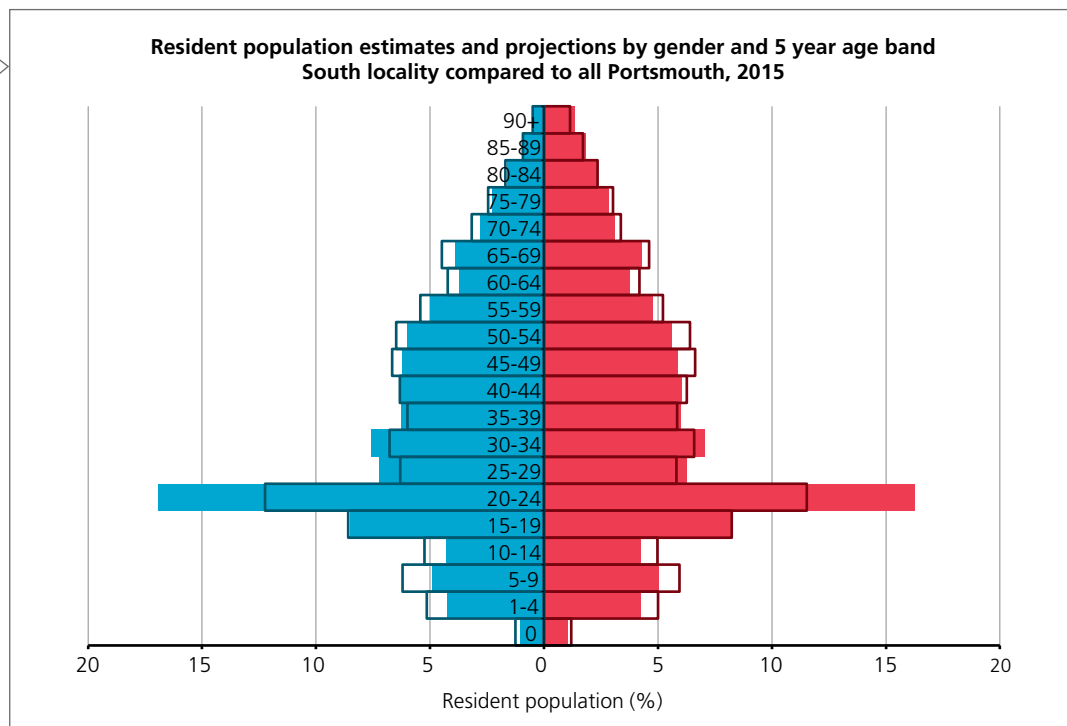
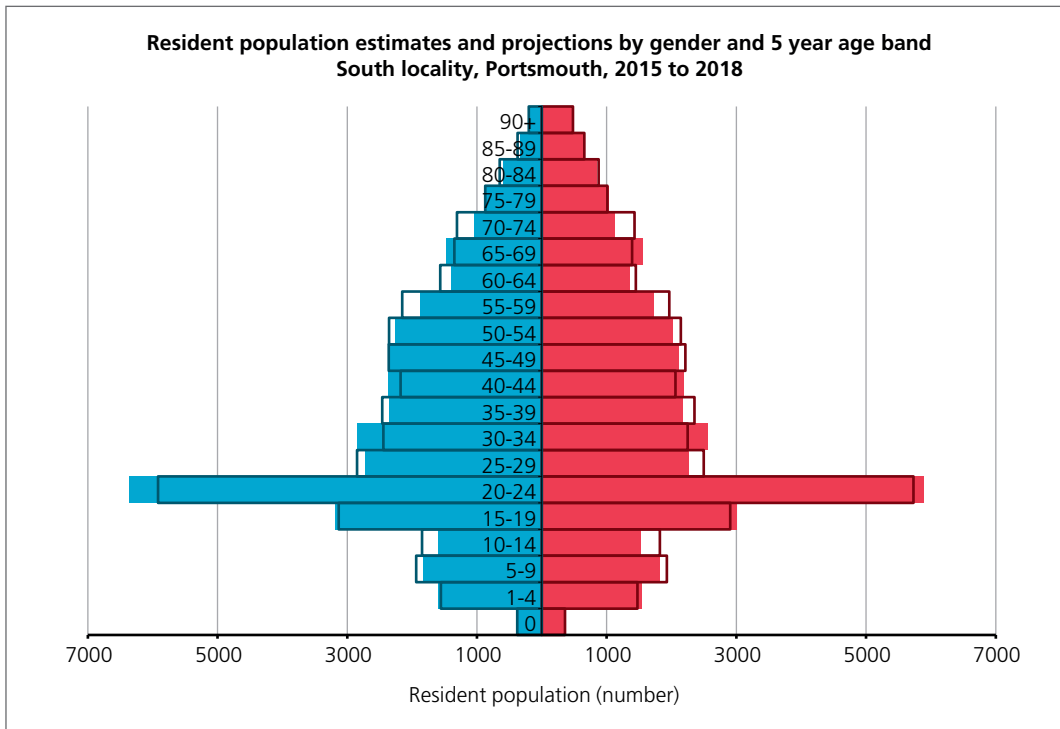


Figure 12. Resident population estimates and projections by gender and 5 year age band, South locality, 2015 compared to forecasted 2018.



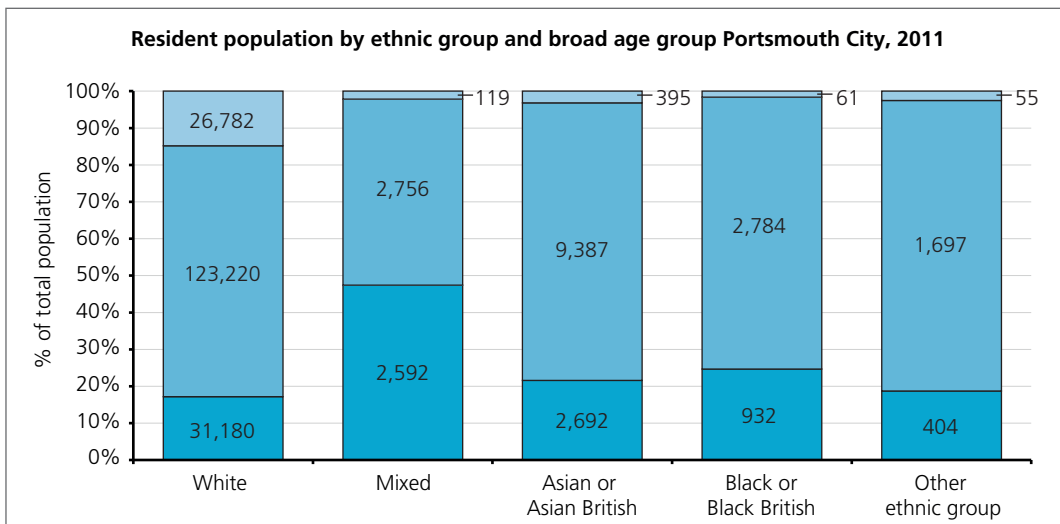
- Males population estimate 2015
- Males population estimate 2018
- Females population estimate 2015
- Females population estimate 2018

Source: Hampshire County Environment Department's 2011 Census, 2013-based Small Area Population Forecasts

Important themes are:

- An ageing society. Between 2015 and 2030 the population aged 65+ years is estimated to increase by 35% and those aged 75+ years by 41%. The working age population (16–64 years) is estimated to increase by 5%, and those aged less than 16 years are expected to increase by 8%.
- At the time of the 2011 Census, Portsmouth had a lower percentage of residents from Black and minority ethnic (BME) communities (people identifying with an ethnicity other than White English/Welsh/Scottish/Northern Irish/British) compared to in England (16% compared to 20%). However, 32,800 residents make Portsmouth a diverse multi-ethnic community. All BME groups (except Mixed) have a larger proportion of their group of working age than the White British group (Figure 13). Of the localities in Portsmouth, the South is the most ethnically diverse with 22% of the population belonging to BME groups, compared to 16% of the Portsmouth population (Figure 14).

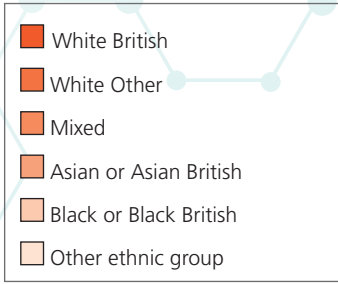
Figure 13. Proportion of population by ethnic group and broad age group, Portsmouth UA, 2011.



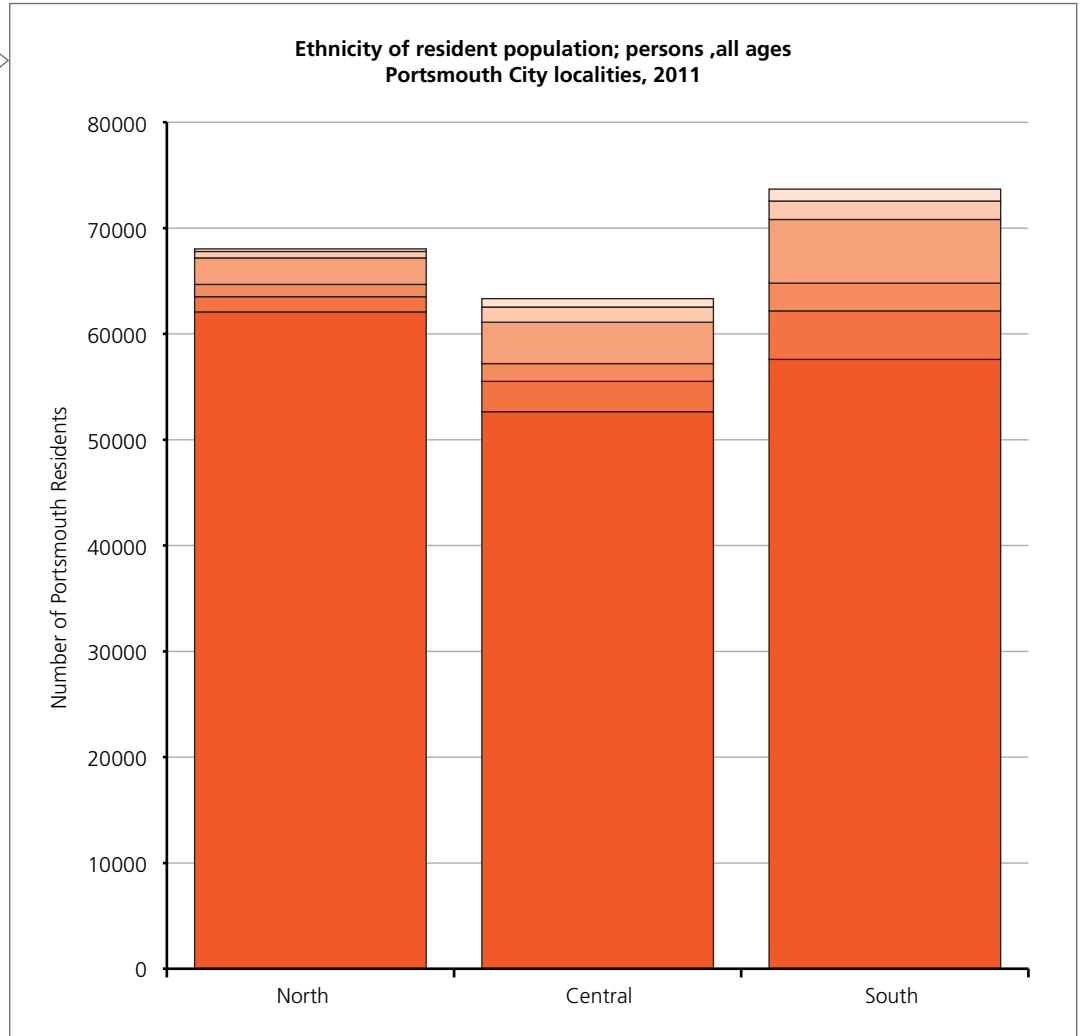
- 0-15 years old
- 16-64 years old
- 65 years and older

Source: 2011 Census Table DC2101EW

Figure 14. Number of people by ethnicity and locality, Portsmouth UA, 2011.



Source: 2011 Census ; QS211EW, Office for National Statistics



6.1 Socio-economic

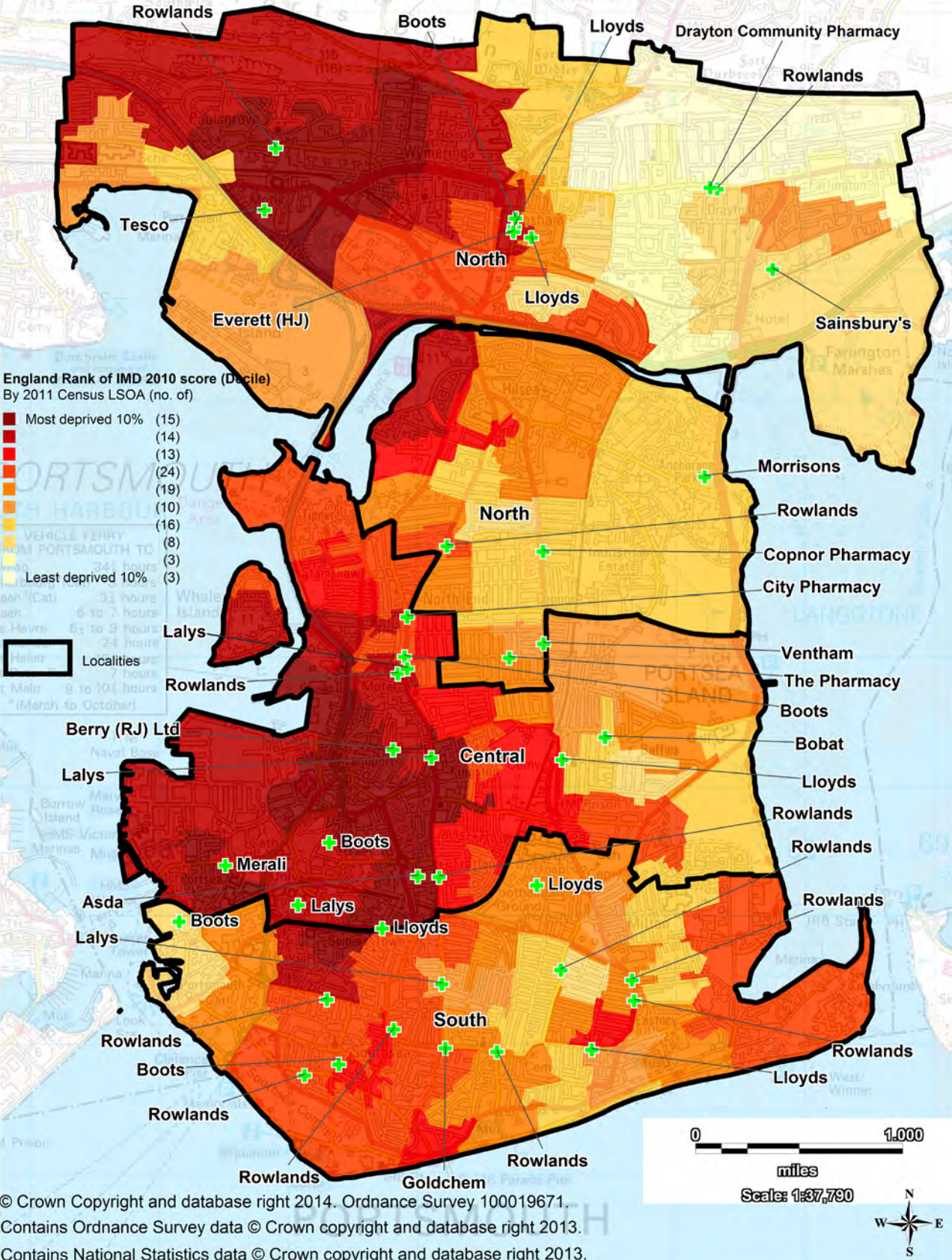
Portsmouth is ranked 84th of 324 local authorities (excluding counties; and where one is the most deprived). Deprivation can be experienced in several forms: the index of multiple deprivation (IMD) comprises seven domains: income; employment; health deprivation and disability; education, skills and training; barriers to housing and services; crime; and living environment. The IMD is assigned to Census derived small administrative areas of about 1500 people named Lower Super Output Areas (LSOAs) of which there are 125 LSOAs in Portsmouth as at 2011 Census. Twenty-nine of 125 LSOAs in Portsmouth are in the 20% most deprived in England. Of the 29 LSOAs (in the most deprived 20% in England), 11 (of 44) LSOAs are in the North locality; 15 (of 39) in Central locality; and three (of 42) are in the South. (Figure 15)

Figure 15. Map of Portsmouth with the England Rank of IMD 2010 score in deciles by 2011 Census LSOAs overlaid by localities and pharmacies.

Map of Portsmouth with the England rank of IMD 2010 score in deciles by 2011 Census Lower Super Output Areas (*LSOAs) overlaid by localities and pharmacies.

Source: Department for Communities and Local Government, Indices of Deprivation 2010.

*adjustments to align scores with 2011 LSOAs (PHE Knowledge & Intelligence Teams: London & East Midlands)



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The most commonly used threshold for income poverty is below 60% of median income. In 2013, the median income in Portsmouth is £24,564; therefore, income below £14,740 can be considered income deprived⁸. It is estimated that approximately 27,700 households (excluding student households) in Portsmouth have a net annual income below 60% of the median income (35% of households)—in the North locality of the City, it is estimated that there are about 8,400 households (30%) below the threshold; the Central locality with roughly 10,700 households (41%) below the threshold; and the South locality of the City about 8,600 households (34%) below the threshold of income poverty.

Childhood poverty is a major challenge - just over a quarter of children aged under 16 years in the city live in low-income families (25.2%, in 2011); the highest proportion of children aged under 16 years in low-income families are in Central locality (32.1%), followed by South (23.5%) and then North (19.3%). However, there are wide variations of income and children in poverty in these localities—in the North locality the LSOA with the highest proportion of children aged under 16 years in low-income families is in the Northharbour area (56%); the LSOA in Central with the highest proportion is Portsmouth City Centre (58.7%); and the LSOA in South with the highest proportion is the Sackville Street area (55.7%).

Based on data from 2008, the Income Deprivation Affecting Older People Index (IDAOPI) (a sub-domain of IMD 2010) estimated that 18% of people aged 60 years and over in the City lived in income-deprivation (15%, 24% and 17% in the North, Central and South localities respectively).

The most recent Annual Population Survey, for the period April 2013 to March 2014, shows that Portsmouth's employment rate was higher than the four previous rolling quarterly periods—71.7% compared to 71.4% the previous year (April 2012 to March 2013); however this is not statistically significantly different to any of the previous periods. Portsmouth's employment rate has fluctuated but in general remains similar since April 2011 to March 2012. As at March 2014, unemployment jobseeker allowance claimant rates were highest in three of the electoral wards in Central locality: Charles Dickens (5.1% of working age population), Nelson (3.5%), and Fratton (3.3%); and Paulsgrove (3.3%) in the North locality. The median duration of unemployment increased from 13.0 weeks at March 2011 to 21.9 weeks at March 2013; and again to 22.3 weeks at March 2014.

The percentage of Portsmouth's young people obtaining five or more GCSEs (including English and Maths) at grades C or above was 47.6% in 2012/13. There had been a year on year increase between 2006/07 (33.1%) and 2011/12 (52.4%), but a decrease in 2012/13.

The percentage achieving these grades in 2012/03 was still considerably lower than the percentages for England (60%) and the South East region (62%).

In 2012, the percentage of Portsmouth young people aged 16-18 years not in education, employment or training (NEET) was 7.8%. This is higher than England (5.7%), the South East region (5.4%) and four of Portsmouth's ONS statistical comparators. Compared to 2011, the percentage NEET decreased for England and the South East; however, the percentage NEET increased for Portsmouth.

6.2 Crime and disorder

Overall, levels of recorded crime and anti-social behaviour fell in Portsmouth during 2013/14 (8% and 11% respectively), although there were some exceptions to this trend. The following increased in Portsmouth in 2013/14: most serious violence by 8%, sexual offences by 25%, non-domestic burglary by 19%, theft of a motor vehicle by 55%, cycle theft by 15% and business robbery by 250%.

8. Annual Survey of hours and earnings, Nomis, ONS. Accessed July 2014.

Domestic abuse continues to be the largest category of violence, accounting for over 32% of assaults (including assaults by spouse/partner not flagged as domestic). 15.4% of assaults took place in the designated night time economy areas or at licenced premises.

In 2013/14, the Crime Survey for England and Wales (CSEW) found that 12% of residents nationally perceived there to be a high level of anti-social behaviour in their local area. In comparison, the 2014 Community Safety Survey found that 11% (n95) of residents strongly agreed that anti-social behaviour is a big problem in the area where they live. (NB There is methodological differences in these surveys and the questions asked so this is not directly comparable.)

6.3 Economy

Portsmouth has over 6,000 businesses within its boundaries. The city has a broad employment base with the largest sectors being engineering, manufacturing, tourism, retail and leisure, business services and public administration.

Like many urban areas, Portsmouth has a net influx of workers (estimated at 18,000 people per working day) commuting into the city. The city has a strong tourist industry linked to its seaside location, international ferry port, historic dockyard and commercial districts - notably the areas of Commercial Road, Port Solent and Gunwharf Quays.

Portsmouth is an employment hub for the wider region, attracting more commuters in, than sending out – particularly from Havant. However, Portsmouth residents still contribute a significant amount to other local economies, with Portsmouth residents holding 21% of Havant's workplace jobs. There is a similar pattern with commuting flows to Gosport. Collectively, residents from the neighbouring authorities of Havant, Fareham and Gosport constitute 24% of Portsmouth's workforce. Portsmouth is the second largest employment area for Havant, Fareham and Chichester residents, with a quarter of Havant's employed residents working in Portsmouth. In-commuters are over represented in the workplace in the mainland wards.

Portsmouth is home to just over 40% of the working age population of the South East Hampshire area but provides nearly 50% of its jobs. Portsmouth has a strong influence and inter-dependence with the surrounding area, most notably on the economies of Havant and Gosport.

Further analysis indicates that Portsmouth is importing a large proportion of its workforce for more senior occupations from outside of Portsmouth. This goes some way to explain the disparity between higher workplace wages to lower resident wages.

The sectors representing the largest proportion of employment in Portsmouth are: 'Health' (15.1%, 15,000 employees) and 'Public administration' (14.4%, 14,400 employees). Portsmouth has a specialisation in 'information and communication', although this is in line with the South East generally. Portsmouth also has a disproportionately large 'manufacturing' sector compared to comparator cities, although it is in line with the national average. Portsmouth has a small but massively over represented 'aerospace and defence' industry. The same is also true to a certain extent for the 'advanced engineering' and 'marine' sector, which are responsible for a disproportionately large amount of employment in Portsmouth compared to the national average. The voluntary and community sector is vital to the prosperity and well-being of Portsmouth, making a valuable contribution to the economic and social regeneration of the city. The creative, cultural and leisure sector provides significant direct and indirect employment and acts as a catalyst for enhancing employment prospects, urban regeneration and investment in the city. Portsmouth's cultural life is one of the key factors in drawing people to live in and visit the city.⁹



9. Executive summary - Portsmouth Local Economic Assessment (produced for Portsmouth City Council by the University of Portsmouth's CEAP), Portsmouth JSNA: http://www.hants.gov.uk/pccjsna/API_STR_JSNA_SEC_EMP_ECON_AREA_AX2012_SUMMARY.pdf Accessed 18 July 2014

6.4 Major regeneration projects

Major regeneration projects have been identified in several areas of Portsmouth, including The Hard, Somerstown, and City Centre North, Commercial Road and Edinburgh Road and the regeneration of Tipner (an area in the Central locality). However, it is not anticipated that there will be any significant housing changes before 2018 and their impact will be considered in a later PNA. Further details on regeneration can be found on the Portsmouth City Council website:

<https://www.portsmouth.gov.uk/ext/the-council/policies-and-strategies/regeneration-strategy.aspx>

6.5 Students

In the last academic year (2013/14), the University of Portsmouth had almost 21,000 registered students (89% of which were full-time) – 72% came from the UK, 6% from China and 2% from Nigeria. There are registered students from 140 other nationalities (these separately accounted for 1% or less of the total student population). However, of the 21,000 registered students (and this number excludes distance learners and franchise institutions) approximately one third live in Portsmouth.

6.6 Lifestyle and behaviour

6.6.1 Smoking

Estimated prevalence for 2012 indicates that 22.5% (+/-2.2% 95% confidence intervals) of Portsmouth adults (aged 18+ years) smoke—significantly higher than the estimated prevalence for the South East region and for England. The most recent local Health and Lifestyle survey, 2005 found that at electoral ward geography, the percentage of people aged 18 years and above who reported they smoke regularly ranged from 43% in Charles Dickens ward (or some 6,500 people in 2015) to 13% in Drayton and Farlington (some 1,400 people). (Figure 16) However, each of the localities have high and low areas of smoking—in the North it ranges from 30% in Cosham to 13% in Drayton and Farlington; in the Central locality, 43% in Charles Dickens to 29% in Baffins; and in the South, 30% in Milton and St. Thomas wards to 26% in St. Jude. Another health and lifestyle survey is planned for 2015.

There is a strong association between deprivation, socio-economic classification and smoking. In 2012, smoking prevalence amongst adults (aged 18+ years) in the 'routine and manual group' (a national statistics socio-economic classification) in Portsmouth is higher (33.8%), but not significantly, than the prevalence in this group in England (29.7%), the South East region (29.5%).

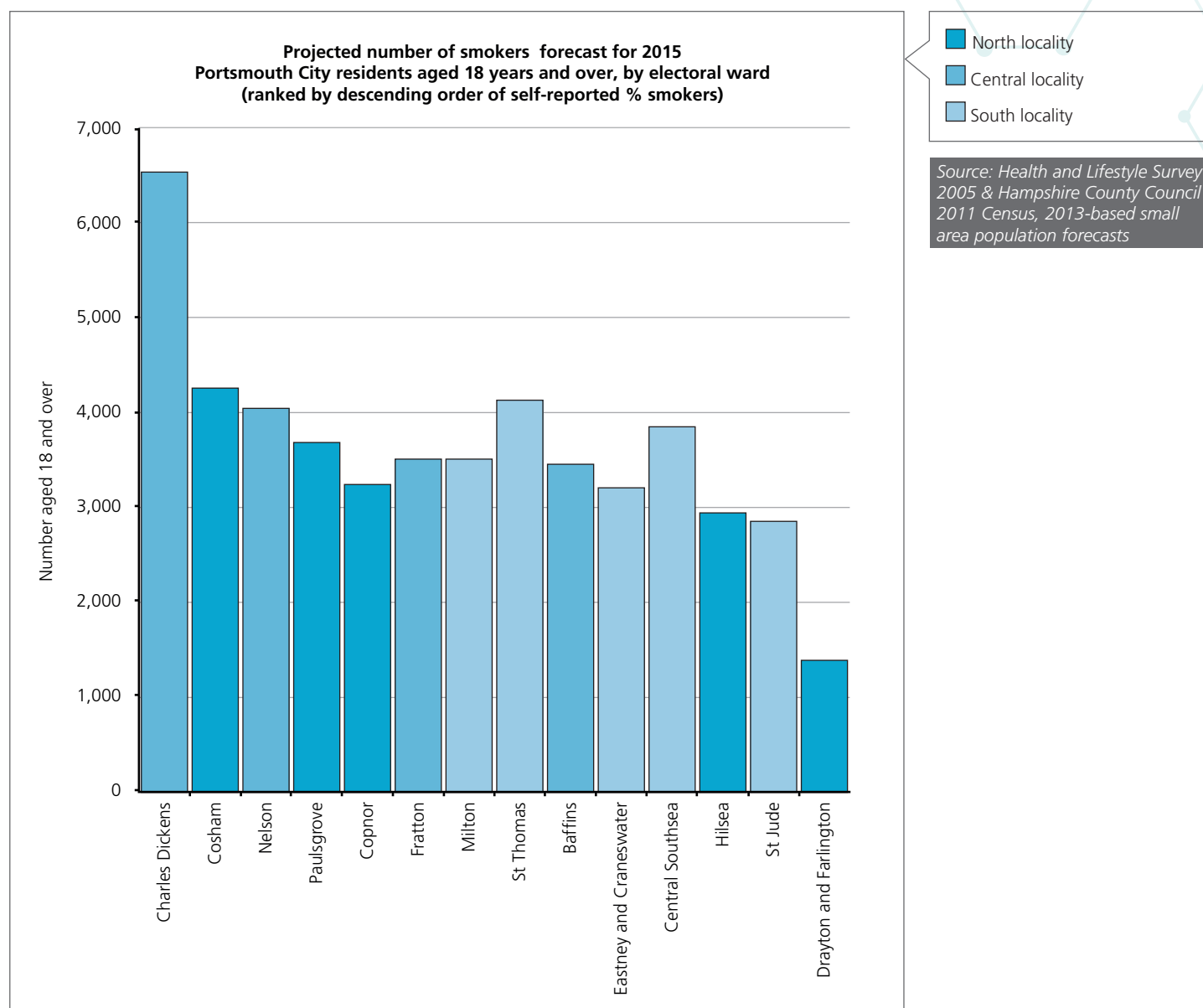
In 2013/14, 15.4% of women, registered with a Portsmouth City GP smoked at the time of delivery of their babies. This figure is lower than previous years (since 2004/05) and continues the downwards trend from 20.1% in 2009/10. However, Portsmouth still remains higher than England (12%), and the Wessex Area (regional CCGs combined).

High smoking attributable admission rates are indicative of poor population health and high smoking prevalence. In 2010/11, the rate of smoking attributable hospital admissions for Portsmouth residents (aged 35+ years) was lower than England but higher than the South East region.

In 2010/12, Portsmouth had a significantly higher rate of smoking-attributable deaths in persons aged 35+ years compared to England. Also, compared to England, Portsmouth had significantly higher rates of deaths from lung cancer (2010-12), deaths from chronic pulmonary disease (2010-12) and lung cancer registrations (2009-11).¹⁰

10. Tobacco Control Profiles, Public Health England.

Figure 16. Projected number of smokers forecast for 2015, Portsmouth City residents aged 18+ years, by electoral ward and locality.



6.6.2 Alcohol

The local Health and Lifestyle Survey (2005) found that 11% of adults aged 18+ years in Portsmouth drink every day (15% of men and 6% of women). The highest percentages of people drinking every day are St Thomas (20%), Cosham (18%) and Eastney and Craneswater (17%).

In 2008-09, Portsmouth had a higher level of modelled prevalence of adults aged 16+ years who are increasing and higher risk drinkers (24%) compared with the SE Region (23%) or England (22%).¹¹ However, this there is no statistical significance between areas and the confidence intervals around the survey data are wide.

The Health and Lifestyle Survey (2005) also found that 25% of people aged 18+ years reported that they binge-drank. The highest proportion of residents binge drinking were in the South of the city– with the highest proportion being Eastney and Craneswater (45%); Fratton and Hilsea wards had the highest proportion of binge drinkers in the Central and North localities, respectively. (Figure 17)

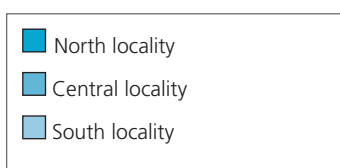
11. Health Profile for Portsmouth, 2013. Public Health England.

The gender specific alcohol-related admissions measure indicates those adversely affected by alcohol. The broad measure (better than the narrow measure for measuring the burden on community and health services) of the directly aged-standardised rate (DSR) of alcohol-related hospital admissions (in 2012/13) for both Portsmouth males and females, of all ages, was significantly higher than the rate for England.

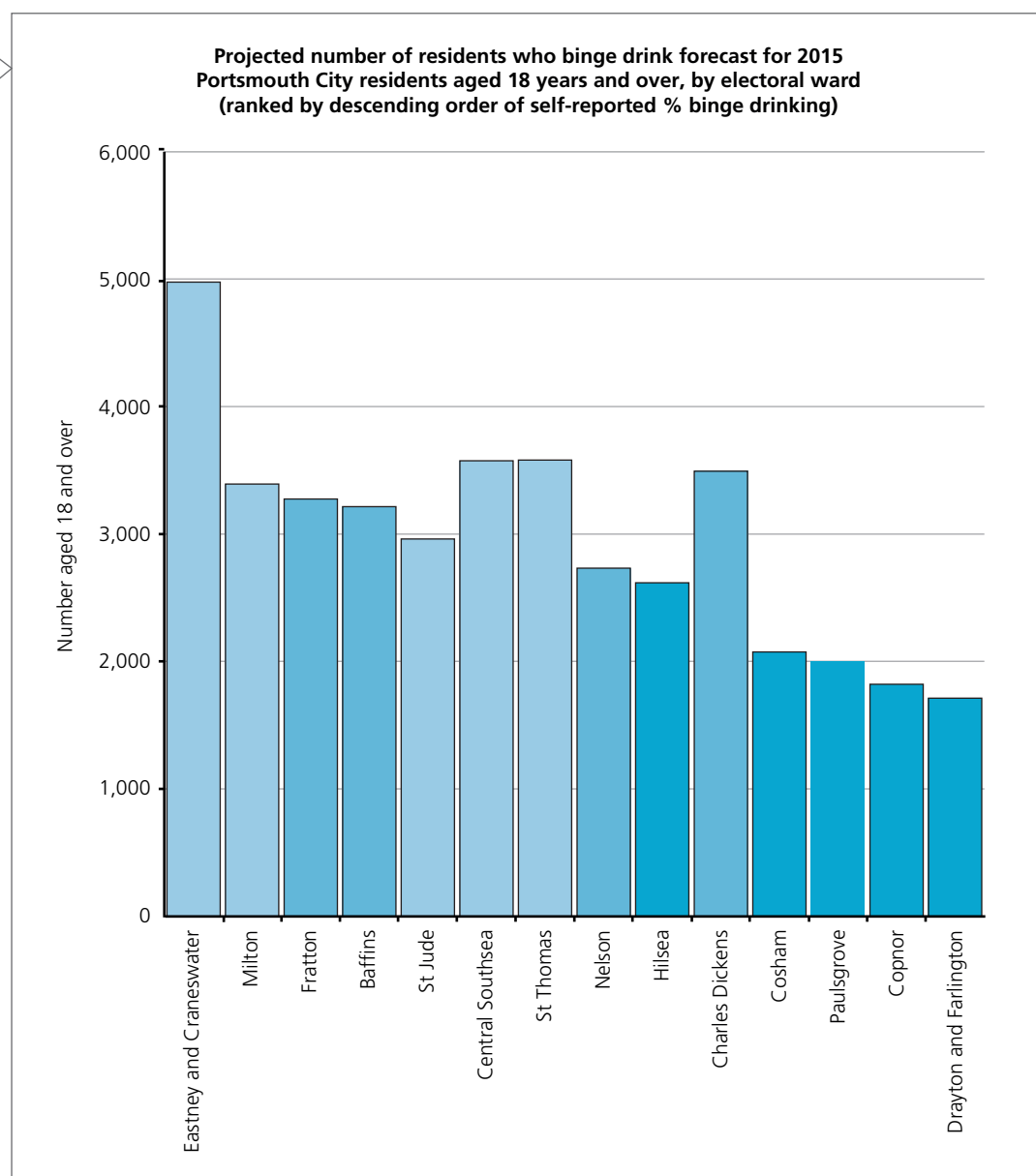
In 2010/12, Portsmouth’s alcohol-specific mortality rate for males and females was higher than the rates for England.

In 2012/13, Portsmouth had a significantly higher rate of alcohol-attributable recorded crimes (9 per 1,000 population) and violent crimes (8 per 1,000 population) compared to England and the South East region. Portsmouth also had a higher rate of alcohol-related sexual crimes (0.14 alcohol-related sexual crimes per 1,000 population) compared to England and the South East region.¹²

Figure 17. Projected number of residents who binge drink, forecast for 2015, Portsmouth City residents aged 18+ years, by electoral ward and locality.



Source: Health and Lifestyle Survey 2005 & Hampshire County Council 2011 Census, 2013-based small area population forecasts



12. Local Alcohol Profiles for England, 2014, Public Health England. www.lape.org.uk/ Accessed 21 May 2014.

6.6.3 Excess weight and physical activity

In 2012/13, 24.2% of Year R pupils (aged 4-5 years) and 35.6% of Year 6 pupils (aged 10-11 years) attending a state school in Portsmouth were overweight, including obese. However, the percentage overweight, including obese for Year R pupils attending Portsmouth schools is higher than England. The percentage overweight, including obese for Year 6 pupils attending Portsmouth schools is higher, but not significantly, than England. The percentage for overweight, including obese for both age groups attending Portsmouth schools improved (significantly for Year R pupils) in 2010/11, but in 2011/12 and 2012/13 the rate has remained similar to 2010/11.¹³

Modelled prevalence figures, from 2006-08, show that significantly fewer adults aged 16 and over in Portsmouth (25.1%) eat healthily (at least 5 portions of fruit and vegetables a day) compared to England (28.7%).¹⁴ However, the local Health and Lifestyle Survey, 2005 found that 34% of men and 46% of women consumed five or more portions of fruit and vegetables a day.¹⁵

The percentage of adults (aged 16 years and over) in Portsmouth participating in at least 30 minutes of sport at moderate intensity at least once a week decreased in 2012/13 (October to October) from 36.8% to 34.7%. However, this is not a statistically significant change. Again, although not statistically different, the proportion of Portsmouth adults participating in at least 30 minutes of sport at moderate intensity at least once a week is lower than England and the South East region.¹⁶

It is estimated that 25.1% of adults (aged 16 and over) in Portsmouth were obese in 2012—higher, but not significantly higher than the percentage obese in England. However, Portsmouth has a significantly lower ‘excess weight’ (overweight, including obese) prevalence than England.¹⁷

The local Health and Lifestyle Survey, 2005 found that the highest levels of being overweight, obese and very obese were in Charles Dickens ward (53% of adults) compared with 40% in Drayton and Farlington. There is a high correlation for adults between deprivation and obesity. The highest proportion of obese residents were in the Central locality of the city— with the highest proportion being Charles Dickens (27%); Paulsgrove and Milton wards had the highest proportion of obese adults in North and South localities, respectively. (Figure 18)

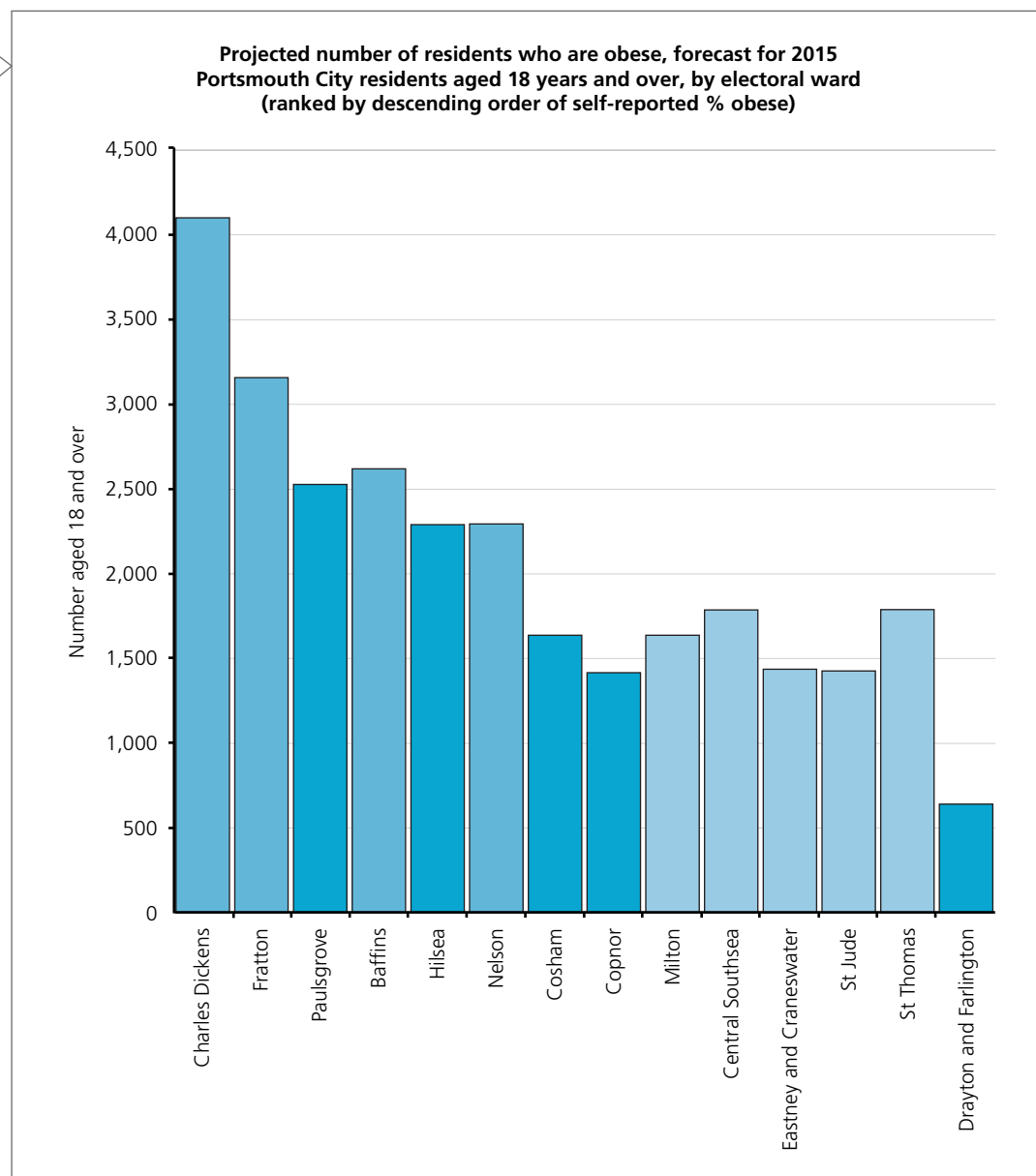


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13. National Child Measurement Programme, Health & Social Care Information Centre.
 14. National Centre for Health Profiles, 2012.
 15. Health and Lifestyle Survey, NHS Portsmouth, 2005.
 16. Active People Survey, Sport England.
 17. Active People's Survey via National Obesity Observatory, Public Health England

Figure 18. Projected number of residents who are estimated to be obese, forecast for 2015, Portsmouth City residents aged 18+ years, by electoral ward and locality.



Source: Health and Lifestyle Survey 2005 & Hampshire County Council 2011 Census, 2013-based small area population forecasts



6.6.4 Substance misuse

When comparisons were possible using the Tell Us Survey, higher percentages of young people aged 10-15 years in Portsmouth (12.8% in 2009/10) reported frequently misusing substances including alcohol, illegal drugs and volatile substances compared with England and the South East region (9.8% for both). The Tell Us Survey was discontinued; but Portsmouth City Council conducted its own survey of substance misuse amongst Year 8 and Year 10 secondary school age pupils each year from 2010 to 2014. Key findings from the 2014 survey include:

- Over 93% of pupils have never tried drugs (including solvents; but excluding alcohol).
- Cannabis is the most frequently tried drug—Year 10 pupils, in particular. 17% of pupils have been offered cannabis but only 7% of pupils have tried it at least once.
- Friends are the most common source of drugs.

Year 10 pupils were significantly more likely than Year 8 pupils to:

- have bought drugs with money given by parents;
- perceive half or most of peers take drugs;
- have been offered and used cannabis;

Year 8 pupils were significantly more likely than Year 10 pupils to:

- perceive none of peers take drugs.

The latest estimate for the number of opiate and crack cocaine users (OCUs) is 1,549 (10.90 per 1,000 members of the 15 to 64 year old population). This is a 24.9% increase on the 2010/11 rate and is in comparison to reductions in the rate both nationally (3.1%) and in the south east (1.9%). The latest estimates suggest that there are 653 individuals infected with Hepatitis C in Portsmouth; 413 who currently inject drugs and 136 who have previously injected drugs.

6.7 Sexual health

In 2013 the percentage of Portsmouth residents aged 15-24 years old screened for Chlamydia was 36.9%, higher than the rate for England (24.9%) and the regional Wessex Public Health England (PHE) Centre (25.6%).

In 2012/13, NHS Portsmouth's coverage of cervical cytology (cervical smear tests) in women aged 25-64 years was 75.1% - lower than the national and regional rate. Although a 0.4% point decrease on 2011/12, the 2012/13 Portsmouth coverage rate is higher than the rates from 2007/08 to 2010/11.¹⁸

Sexually transmitted infection (STI) levels in Portsmouth are high—in 2013, Portsmouth had a lower rate of diagnoses of Chlamydia (1,925 per 100,000 persons aged 15-24 years) than England. Other common STIs in Portsmouth are anogenital warts, herpes, gonorrhoea and syphilis—in 2013, Portsmouth had higher rates of anogenital warts and herpes in persons of all ages compared to England and the regional Wessex PHE Centre. Also, for gonorrhoea and syphilis, Portsmouth had a higher rate in persons of all ages than Wessex PHE Centre and a lower rate than England.¹⁹

The rate of people aged 15-59 years diagnosed with human immunodeficiency virus (HIV) in Portsmouth has been lower than the regional and national rates since 2005. Prevalence of HIV in Portsmouth in 2012 was 1.6 per 1,000 persons aged 15-59 years (slightly lower than England). In Portsmouth, for 2010-12, 54.4% of such viruses were diagnosed late for aged 15+ years (not statistically significantly different to England).²⁰

6.7.1 Teenage conception and abortions

In 2010/12, Portsmouth's conception rate in women aged under 16 years was 7.3 conceptions per 1,000 women aged 13-15 years—higher than England and significantly higher than the rate for the South East. However, compared to previous years, this is the lowest Portsmouth rate since 1998/00.

In 2010/12, Portsmouth's conception rate in women aged under 18 years was 37.5 conceptions per 1,000 women aged 15-17 years, again significantly higher than the rates for England and the South East region. However, the trend shows the Portsmouth rate continues to decrease since 2007/09.²¹ There are electoral wards in each locality which have significantly higher under 18 year old conception rates than England—Paulsgrove ward, in the North of the City; Charles Dickens, Nelson and Fratton wards in the Central locality; and St.Thomas ward in the South all have higher rates than England, in 2009-11. (Figure 19)



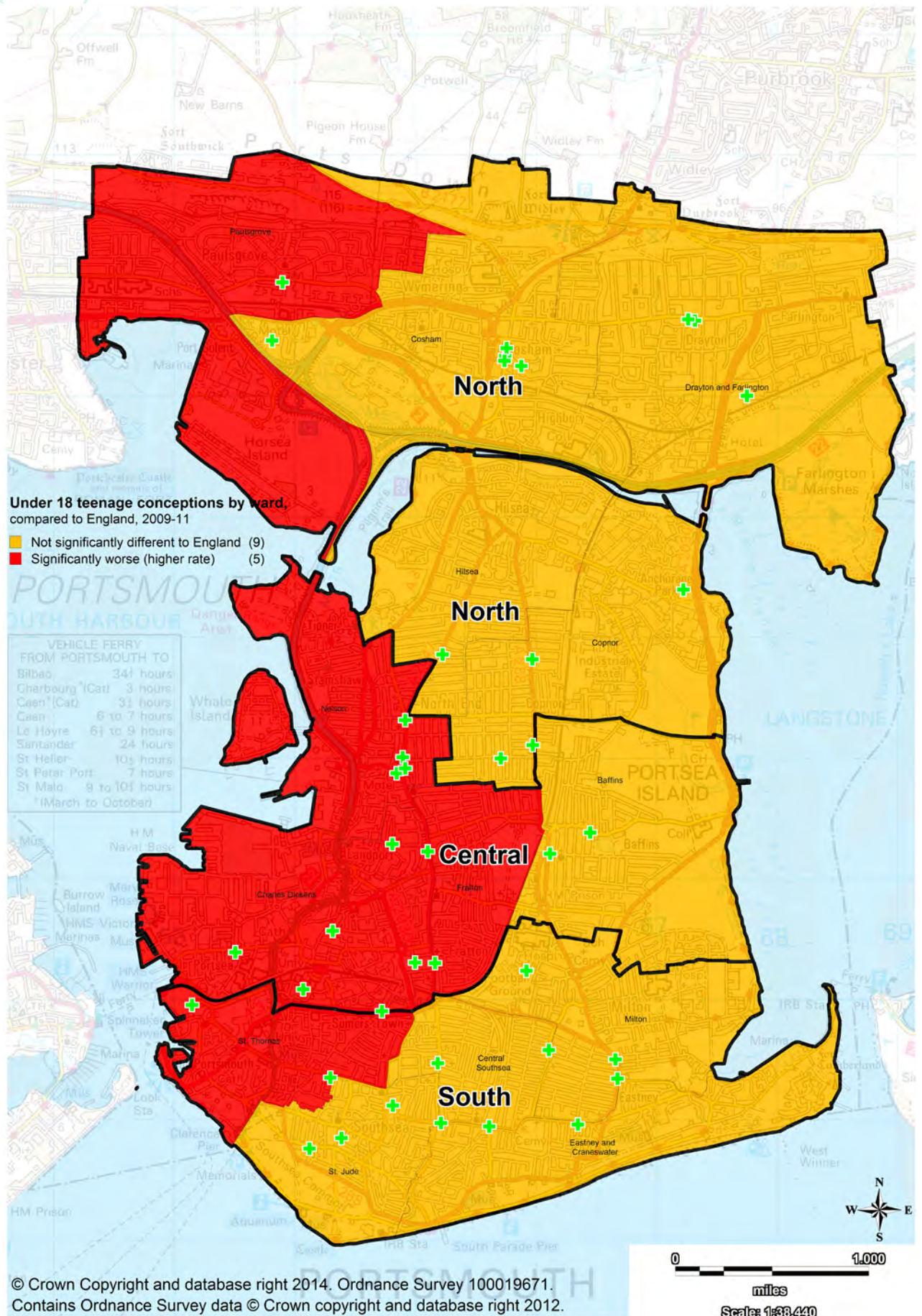
18. Information Centre for Health and Social Care - Cervical Screening Programme. <http://www.hscic.gov.uk/catalogue/PUB11889> Accessed 25 October 2013

19. Health Protection Agency, June 2014.

20. Public Health England Sexual and Reproductive Health Profiles. Accessed 27 June 2014.

21. Portsmouth JSNA <http://protohub.net/jsna/portsmouth-jsna/> via Office for National Statistics

Figure 19. Map of Portsmouth comparing the electoral ward under 18 teenage conception rate to England, 2009-11, overlaid by localities and pharmacies



In 2013, Portsmouth's abortion rate in females aged under 18 years is 11 per 1,000 females aged 15-17 years—this is higher than the South East regional rate but lower than the England rate. Portsmouth's abortion rate for all ages was 16 per 1,000 women aged 15-44 years. In 2010/12, 46% of conceptions to under 18 year olds led to abortion—a lower percentage than England and the South East region. There is a lower risk of complications when abortions are carried out in early pregnancy and since 2004, over 70% of NHS-funded abortions to women from Portsmouth have been carried out before 10 weeks (78% in 2013—a similar rate to England). In 2013, of the Portsmouth women aged under 25 years, 25% had had a previous abortion and of the Portsmouth women aged 25+ years, 44% had had a previous abortion—both are lower but not significantly different to the England rates.²²

6.8 Skin cancer

The most recent Health and Lifestyle Survey (2005) found that 89% of women aged 18 years and over and 73% of men aged 18 years and over wore sun cream when going out in the sun. The wards with the highest levels of people not using sun cream were Charles Dickens (27%) (Central locality) and Milton (23%) (South of the city).

In 2009-11, Portsmouth's incidence of malignant melanoma for persons of all ages was 23 registrations per 100,000 persons, an increase (although not significantly) from 2008-10. This is the highest rate recorded in the rolling three years from 1993/95. The Portsmouth incidence rate is significantly higher than the rate for England.²³

6.9 Screening and protection

In 2012/13, NHS Portsmouth's immunisation coverage of children aged 1 year for Pneumococcal disease (PCV) (94.2%); Diphtheria Tetanus, pertussis, polio and Haemophilus influenzae type b (DTaP/IPV/Hib) (94.1%); and Meningococcal group C (MenC) (93.6%) were all lower than the England rate. NHS Portsmouth last met the national target of 95% coverage in 2009/10.

In 2012/13, NHS Portsmouth's immunisation coverage of children aged 2 years for Pneumococcal disease (PCV) booster vaccine (92.8%) and first dose of Measles, Mumps and Rubella (MMR) vaccine (93.5%) were both higher than England; but the coverage rate for the combined Haemophilus influenza type b and meningitis C (Hib/menC) booster vaccine (92.6%) was lower than the England rate.

In 2012/13, NHS Portsmouth's immunisation coverage for children at their fifth birthday completing MMR (1st and 2nd dose) (85.2%) and receiving a forth dose of Diphtheria, Tetanus, Polio and Pertussis (DTaP/IPV) vaccine (booster) (86.1%) were both lower than the England rate.²⁴

In 2012/13, the NHS Portsmouth coverage rate for immunisation against the human papillomavirus (which causes 70% of cases of cervical cancer) was 87.4% of teenage girls (aged 12-13 years). Although a decrease on the previous year, the rate remains higher than the England and South East region rates.²⁵

In 2013/14, the NHS Portsmouth seasonal flu uptake rate for persons aged 65 and over was 75.7%. This is a small increase on the previous year and it remains higher than the England and Wessex CCG regional rates. The NHS Portsmouth seasonal flu uptake rate for persons aged six months to under 65 years clinically at-risk was 53.7%. Again, this is a small increase on the previous year and remains higher than the England and Wessex CCG regional rates.²⁶



22. Department of Health. Abortions Statistics, 2013.
23. Health and Social Care Information Centre. © Crown Copyright. Compendium of Population Health Indicators (indicator.ic.nhs.uk) and National Statistics
24. Health and Social Care Information Centre (HSCIC): NHS Immunisation Statistics, England - 2012-13. <http://www.hscic.gov.uk/pubs/immstats1213> Accessed 26th September 2013.
25. Department of Health, Annual HPV Vaccine Coverage in England Annual report
26. Public Health England, Seasonal flu vaccine uptake in GP patients 1 September 2013 to 31 January 2014. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/319558/SeasonalFluData_GPPatients_Jan2014_acc.pdf Accessed 22 September 2014.

In addition to cervical cytology screening and chlamydia screening mentioned in the Sexual health section, there are other screening programmes including a number of antenatal and new-born screenings, and other young people and adult screening programmes: diabetic retinopathy, breast cancer screening, bowel cancer screening and Abdominal Aortic Aneurysm (AAA) screening (AAA screening was implemented in April 2013, therefore no statistics are available yet). Although not strictly a screening programme, the NHS Health Checks programme is offered to people aged 40-74 years aiming to help prevent heart disease, stroke, diabetes and kidney disease for those not already diagnosed.

As at March 2013, NHS Portsmouth's coverage of breast screening for women aged 53-70 years was 74.2%. The rate continued to be lower than the England rate (76.4%) but has increased each year since 2007.²⁷

As at March 2013, NHS Portsmouth's coverage of bowel screening for persons aged 60 to 74 years was 56.8%. The rate was higher than the Southampton rate (55.9%).²⁸

In 2011/12, 83.1% of Portsmouth residents with diabetes aged 12+ years, had retinal screening (as a proportion of those offered screening)—this is significantly better than the proportion for England.²⁹

In 2012/13, the percentage of eligible population aged 40-74 years offered an NHS Health Check who received an NHS Health Check was 29.6%—this is significantly worse than the proportion for England.³⁰

6.10 Lesbian, gay, bisexual and transgender community

Official statistics on lesbian, gay, transgender (LGBT) communities have not been routinely collected nationally (e.g. Censuses) or locally; and the survey findings have been mixed. In 2012, the Office for National Statistics estimated that 1.5% of the UK population are lesbian, gay or bi-sexual³¹, which is much lower than the preceding UK government estimate that 5% to 7% of the UK population are lesbian, gay or bi-sexual. Portsmouth City Council estimates the LGBT community to be several thousand people in Portsmouth³². Applying national estimates (5-7%) gives an estimated population of between 8,600 and 12,100 people aged 16+ years.

The EU LGBT 2012 survey found that 44% of UK respondents felt discriminated against or harassed in the 12 months preceding, on the grounds of sexual orientation. Fourteen per cent of UK respondents felt discriminated against, because of being LGBT, by healthcare personnel (of these 18% of bisexual, 19% of lesbian and 26% of transgender respondents felt discriminated against). Five per cent of respondents experienced difficulty in gaining access to healthcare and 8% felt they had received unequal treatment when dealing with medical staff—significantly higher amongst transgender respondents (25% and 21% respectively).³³

6.11 Long term conditions

A the time of the 2011 Census, 11.6% of Portsmouth residents aged 16-64 years (working age) and 54.9% of Portsmouth residents aged 65 years and over declared a long-term health problem or disability that limits their day-to-day activity a lot or a little. The highest percentage for both working age (13.9%) and aged 65+ years (59%) is in the Central locality of the city (Figure 20 and Figure 21) with Charles Dickens ward having almost 1 in 5 working age adults with a limiting long term illness (LLTI). The North of the city has the second highest percentage reported LLTI for working age people (12.1%); although the South has the second highest percentage reported LLTI for aged 65+ years (54.2%).

27. KC63, Copyright © 2014, Health and Social Care Information Centre

28. Cancer Screening Programme Statistics, NHS Open Exeter.

29. Public Health Outcomes Framework, Public Health England. <http://www.phoutcomes.info> Accessed 16 April 2014.

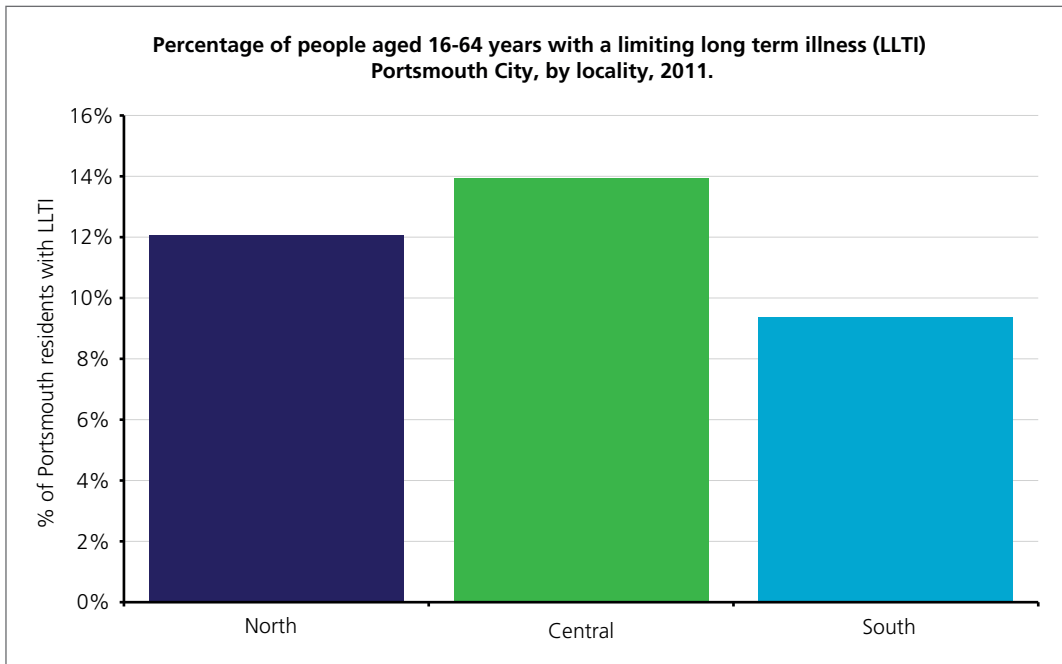
30. Public Health Outcomes Framework, Public Health England. <http://www.phoutcomes.info> Accessed 24 July 2014.

31. Office for National Statistics. Integrated Household Survey: January 2012 to December 2012 (Experimental Statistics).

32. Portsmouth City Council Equality & Diversity strategy 2014-17. <http://democracy.portsmouth.gov.uk/documents/s1749/Appendix%20B%20-%20Equality%20Diversity%20Strategy.pdf>

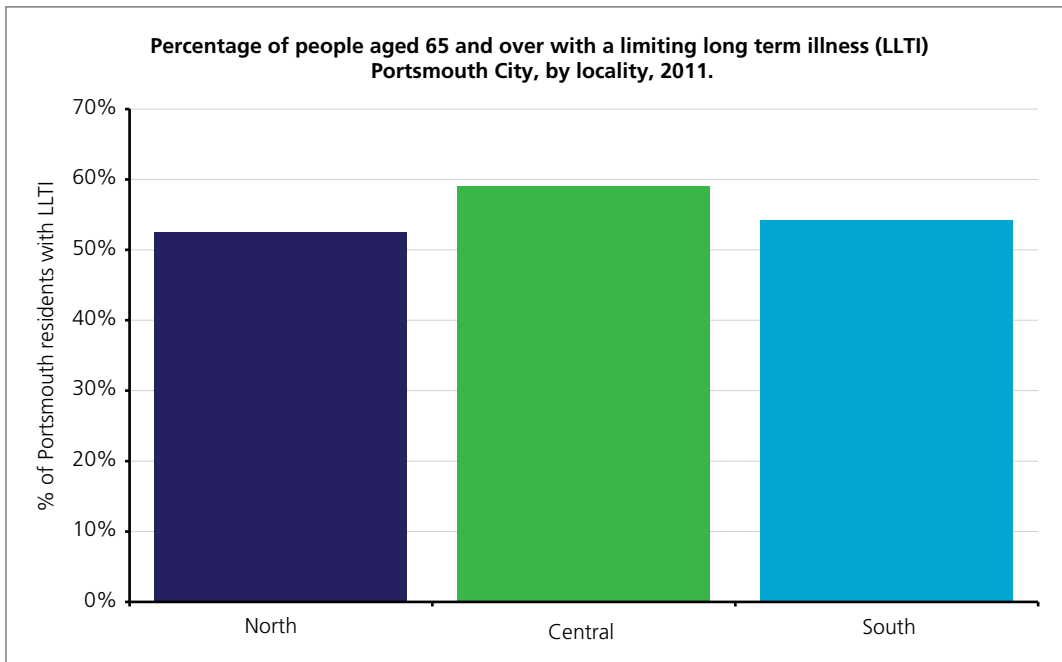
33. Accessed 25 July 2014.

Figure 20. Percentage of people aged 16-64 years with a limiting long term illness (LLTI), Portsmouth City, by locality, 2011.



Source: 2011 Census Table LC3207EW (wards aggregated)

Figure 21. Percentage of people aged 65 and over with a limiting long term illness (LLTI), Portsmouth City, by locality, 2011.



Source: 2011 Census Table LC3207EW (wards aggregated)

6.11.1 Prevalence and modelled prevalence of long term conditions

There are major differences between modelled prevalence (taking into account age, sex, ethnicity, smoking status and deprivation) and locally recorded prevalence for many long-term conditions (NB the information below does not reflect co-morbidities). See next page.

6.11.1.1 Hypertension

In 2012/13, hypertension is the most common condition on GP registers with 25,989 patients or 11.9% of registered patients on the hypertension register (lower than the England prevalence of 13.7%)³⁴; but there may be roughly 21,400 more patients who are not registered (based on modelled prevalence estimates of aged 16+ years³⁵ and therefore assuming that the vast majority of registered people recorded with hypertension will be aged 16+ years).

6.11.1.2 Diabetes

In 2012/13, 9,255 people aged 17+ years (5.3% of people aged 17+ years registered with Portsmouth City GP Practices) had either Type 1 or Type 2 diabetes. The prevalence for Portsmouth CCG was lower than England (6%)³⁶. However, modelled prevalence suggests that there may be approximately 1,500 additional people aged 16+ years with diabetes in the city in 2013 (6.1% prevalence; 95% confidence interval range of 4.1% to 9.2%). If the adult obesity rate continues to rise at the current rate (as at 2012), the prevalence of adults aged 16+ years with diabetes in Portsmouth is expected to rise to 6.5% in 2020.³⁷

6.11.1.3 Coronary heart disease

In 2012/13, there were 6,495 patients on the coronary heart disease (CHD) register (3.0% of registered patients of all ages compared with 3.3% in England)³⁸; but there may be roughly 2,500 more patients who are not registered (based on modelled prevalence estimates of aged 16+ years and therefore assuming that the vast majority of registered people recorded with CHD will be aged 16+ years).³⁹ Between 2011 and 2013, ischaemic heart disease (IHD) was the most frequent main cause of death for Portsmouth residents of all ages (610 deaths, 12% of all deaths).⁴⁰

6.11.1.4 Chronic obstructive pulmonary disease

In 2012/13, there were 3,908 patients on the chronic obstructive pulmonary disease (COPD) register (1.8% of registered patients of all ages compared with 1.7% in England)⁴¹; but there may be twice as many (roughly 3,900 more) patients who are not registered (based on modelled prevalence estimates of aged 16+ years and therefore assuming that the vast majority of registered people recorded with COPD will be aged 16+ years).⁴² In 2011/13, chronic lower respiratory disease (which includes COPD) was the third most frequent cause of death (381 deaths, 8% of all deaths) to Portsmouth residents of all ages.⁴³

6.11.1.5 Asthma

In 2012/13, there were 13,907 patients on the asthma register (6.4% of registered patients of all ages compared with 6.0% in England).⁴⁴

6.11.1.6 Stroke

In 2012/13, there were 3,234 patients on the Stroke or Transient Ischaemic Attacks register (1.5% of registered patients of all ages compared with 1.7% in England)⁴⁵; but there may be nearly 650 more patients who have had a stroke or TIA (based on modelled prevalence estimates of aged 16+ years and therefore assuming that the vast majority of registered people recorded with stroke will be aged 16+ years).⁴⁶ In 2011/13, stroke was the fourth most frequent cause of death for Portsmouth residents (343 deaths, 7% of all deaths).⁴⁷

34. Quality and Outcomes Framework, QMAS database via The Health and Social Care Information Centre, Prescribing Support Unit. All rights reserved. Copyright © 2013

35. Public Health England, Modelled estimate of prevalence of hypertension in England. <http://www.apho.org.uk/default.aspx?RID=48309> Accessed 25 July 2014.

36. Quality and Outcomes Framework. Ibid.

37. Diabetes Prevalence Model for Local Authorities from the National Cardiovascular Intelligence Network, Public Health England. http://www.yhpho.org.uk/diabetesprevalable/pdfs/E06000044_Diabetes_Prevalence_profile.pdf Accessed 21 January 2014.

38. Quality and Outcomes Framework. Ibid.

39. Public Health England, Modelled estimate of prevalence of CHD in England. <http://www.apho.org.uk/default.aspx?RID=48310> Accessed 25 July 2014.

40. Public Health Mortality Files, ONS.

41. Quality and Outcomes Framework. Ibid.

42. Public Health England, Modelled estimate of prevalence of stroke in England. <http://www.apho.org.uk/default.aspx?RID=48313> Accessed 25 July 2014.

43. Public Health Mortality Files, ONS.

44. Quality and Outcomes Framework. Ibid.

45. Quality and Outcomes Framework. Ibid.

46. Public Health England, Modelled estimate of prevalence of COPD in England. <http://www.apho.org.uk/resource/item.aspx?RID=111124> Accessed 25 July 2014.

47. Public Health Mortality Files, ONS.

6.12 Physical disability

In 2012/13, 3,637 adults aged 18 years and over with physical disabilities received a service in the community from Adult Social Care—about 2% of the total population aged 18 years and over. The highest prevalence of all adult clients receiving a service for physical disabilities in the community was in Charles Dickens ward (3.5% of adult residents)—in the Central locality.

6.13 Life expectancy

In 2010/12, male life expectancy at birth in Portsmouth (78.2 years) is improving but remains significantly worse than England (79.2 years). Female life expectancy at birth in Portsmouth (82.6 years) is now not significantly different from the England average (83.0 years).⁴⁸

Life expectancy at birth (in 2010-12) for males in Portsmouth's most deprived 10% of Lower Super Output Areas (LSOAs) is 9.4 years shorter than in the least deprived 10% of LSOAs. The gap for females in Portsmouth is 5.8 years (95% confidence interval 2.8 to 8.7 years)⁴⁹.

The number of years of healthy life expectancy and of disability-free life expectancy at age 65 years for both males and females are significantly lower in Portsmouth compared to England.

6.14 Mortality

Over the past three years, the three most frequent (broad) causes of death have been ischaemic heart diseases; dementia and Alzheimer's disease; and chronic lower respiratory diseases.

Table 2. Leading causes of death: number of deaths; persons, all ages, resident in Portsmouth, 2011-2013.

Rank by Number of Deaths	Rank by No. of Deaths compared to 2010-12	Underlying Cause of death (ICD-10)	Number of Deaths in 2011-2013	Percentage of all deaths in 2011-2013
1	↔	Ischaemic heart diseases (I20-I25)	610	12%
2	↔	Dementia and Alzheimer's disease (F01, F03, G30)	517	10%
3	↑	Chronic lower respiratory diseases (J40-J47)	381	8%
4	↓	Cerebrovascular diseases (I60-I69)	343	7%
5	↔	Malignant neoplasm of trachea, bronchus and lung (C33, C34)	315	6%
6	↔	Influenza and pneumonia (J09-J18)	190	4%
7	↑	Malignant neoplasm of colon, sigmoid, haematopoietic and related tissue (C81-C96)	128	3%
8	↑	Malignant neoplasms of lymphoid, haematopoietic and related tissue (C81-C96)	119	2%
9	↓	Accidents (V01-X59)	113	2%
10	↑	Cirrhosis and other diseases of liver (K70-K76)	108	2%
		Other causes	2149	43%
		All Deaths 2011-13	4973	100%

Sources: Public Health Mortality Files, ONS via PCMD, Health & Social Care Information Centre.

48. ONS <http://www.ons.gov.uk/ons/rel/subnational-health4/life-expectancy-at-birth-and-at-age-65-by-local-areas-in-england-and-wales/2010-12/index.html> (Accessed 25 Oct 2013)
49. PHE Knowledge and Intelligence Teams (London and East Midlands) via Public Health Outcomes framework website. Indicators 0.2i and 0.2ii - Life expectancy by deprivation decile within England and upper tier local authorities, 2002-04 - 2010-12, Male and female http://www.phoutcomes.info/documents/Life_Expectancy_Deciles_2002-04_2010-12.xls Accessed 28 July 2014

6.15 Mental health

Common mental health disorders (CMD) are mental health conditions that cause marked emotional distress and interfere with daily function – including different types of depression and anxiety, and include obsessive compulsive disorder. The Adult Psychiatric Morbidity Survey 2007 categorises CMD as mixed anxiety and depressive disorder; generalised anxiety disorder; depressive episode; all phobias; obsessive compulsive disorder; and panic disorder.

Using the overall prevalence rates identified in the Adult Psychiatric Morbidity Survey 2007, about 22,100 Portsmouth residents aged 18-64 years are predicted to be affected by common mental disorders in 2015; and assuming the prevalence rate remains the same, the number is projected to increase to about 22,500 by 2018⁵⁰. Prevalence of common mental health disorders is higher in females compared to males⁵¹.

In 2012/13, about 9,339 people aged 18+ years (5.5%) were recorded by GPs as having depression with the range at GP Practice level from 15.0% to 0.3%. This is a lower prevalence than England (5.8%).

There were estimated to have been 1,476 new cases of depression in 2012/13 (and 0.9% of all patients on the GP register) and this is significantly lower than the England rate (1.0%). In the assessment of depression, 82.7% (n=1,220) of Portsmouth adults with a new diagnosis of depression had an assessment of severity at treatment outset, which is significantly higher than the rate for England. However, of the adults newly diagnosed with depression, only 47.8% (n=705) of Portsmouth adults had a follow-up assessment within 4-12 weeks, which is significantly lower than the England average and one of the lowest in the country.⁵²

In 2012/13, compared to England, Portsmouth CCG had a significantly higher prevalence of people with schizophrenia, bipolar affective disorder and other psychoses (1,961 people–0.9% of people of all ages, compared to 0.8% in England).⁵³

In 2012/13, Portsmouth had a significantly higher rate of emergency hospital admissions for self-harm compared to England and the South East region.⁵⁴

In 2012/13, Adult Social Care provided services in the community for mental health problems to 499 clients aged 18-64 years (4.0 clients per 1,000 residents aged 18-64 years) and to 254 clients aged 65+ years (7.8 clients per 1,000 residents aged 65+ years). Over 90 people caring for someone with a mental health problem received a needs assessment, review or advice and information (the lowest number since 2008/09). Where electoral ward residence was known, the two highest rates were in Central locality: Charles Dickens (112 clients, 8.0 clients per 1,000 population) and Fratton (74 clients, 6.7 clients per 1,000 population). The ward in South locality with the highest rate was St. Thomas (68 clients, 5.4 clients per 1,000 population). Cosham had the highest rate in the North of the city (35 clients, 3.2 clients per 1,000 population).⁵⁵

In 2010/12, Portsmouth's suicide and mortality from injury undetermined directly age standardised rate (DSR) aged 15 and over (9.7 per 100,000 population) was lower, but not significantly, than England and the South East region.

50. Adult Psychiatric Morbidity Survey, 2007. and ONS sub-national populations projections Via PANSI Database: www.pansi.org.uk accessed 28 July 2014.

51. NHS Information Centre. Adult Psychiatric Morbidity Survey, 2007. www.ic.nhs.uk/webfiles/publications/mental%20health/other%20mental%20health%20publications/Adult%20psychiatric%20morbidity%2007/APMS%2007%20%28FINAL%29%20Standard.pdf Accessed 24 May 2012.

52. QOF via Public Health England. Mental Health Dementia and Neurology Profiles: Common Mental Health Disorders. Accessed 28 July 2014.

53. QOF, 2012/13. HSCIC.

54. Health Profiles for England 2014, Public Health England.

55. RAP databases, Portsmouth City Council.

6.16 Armed Forces personnel and veterans

The Ministry of Defence has a number of establishments in this area, with over 7,000 personnel registered to Portsmouth⁵⁶.

At the time of the 2011 Census, there were 2,396 members of the Armed Forces aged 16 years and over resident to Portsmouth: 80% were male; 203 (8%) persons identified themselves as BME (not White English/Welsh/Scottish/Northern Irish/British); 20% were aged 16-24 years, 36% aged 25-34 years, 38% aged 35-49 years and 5% aged 50+ years. However, there were 4,611 members of the Armed Forces aged 16+ years whose workplace was Portsmouth. There were 1,251 associated people (i.e. a spouse, same-sex civil partner, partner, child or stepchild) of a member of the Armed Forces aged 16+ years resident to Portsmouth—20% of the associated people were economically inactive.⁵⁷

The most robust estimates of the national veteran population are obtained from survey data from the Royal British Legion (RBL) and the Office for National Statistics (ONS). The RBL estimates a UK veteran population of 4.8 million (8% of the UK population)—84% of whom are male.⁵⁸ ONS estimates approximately 3.8 million veterans in England (9% of the English adult population)—87.5% of whom are male.⁵⁹ Applying these prevalence estimates to Portsmouth for 2015, gives an estimated 17,098 (RBL) to 19,282 (ONS) veterans in Portsmouth. Most veterans are estimated to be in the older age groups, with 30% (RBL) to 26% (ONS) aged 65-74 years, and 30% to 35% aged 75+ years. This age profile reflects veterans of National Service which operated from 1939 to 1960.

Local veteran data is not robust and may be an underestimate of the true number of veterans in Portsmouth. Nevertheless, one means of obtaining local data is via the primary care database used by the Practitioner and Patient Services Agency which includes a flag indicating veteran status. The responsibility lies with the veteran to notify their GP of their status. The flag on the patient record disappears if the veteran moves to another Practice as this is then counted as a patient transfer between Practices. Also, GP Practices themselves can identify veterans registered with their Practice using Read codes. The Hampshire Health Record (HHR) is a potential source of data linking primary care (subject to caveats above), prescribing and hospital activity. As at April 2014, nineteen Practices in Portsmouth are linked to the HHR (additionally, individual patients within each of these Practices may have opted out). Seven GP practices are not linked to HHR and these cover 20% of all registered patients aged 16+ years and serve some of the most deprived populations. Based on the nineteen GP practices, the HHR identified 2,167 veterans registered to these Practices (and 2,035 of these are resident to Portsmouth (94%))⁶⁰, a prevalence of just 1.5% of the population aged 16+ years.

6.17 Prison health

Since the closure of HMP Kingston in 2013, there are now no prisons in Portsmouth.

6.18 Adults with autistic spectrum conditions

A local estimate of the prevalence of autistic spectrum conditions (ASC) in children and adults in Portsmouth was produced using national prevalence estimates derived from the extended 2007 Adult Psychiatric Morbidity Survey. The extended survey found 2.0% of males and 0.3% of females are estimated to have ASC, and by applying these adult prevalence estimates to all ages, it is estimated that in 2014 about 2,400 people in Portsmouth have ASC and that by 2035 this will increase to about 2,800 people (or about 80 additional people every five years). (Table 3).

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- 56. Defence Statistics (Health)
 - 57. 2011 Census: AF001, AF003, AF004, AF005. Office for National Statistics © Crown Copyright 2014
 - 58. Royal British Legion, 2005. Profile of the ex-Service community in the UK. London. Available at: <http://www.britishlegion.org.uk/media/33529/reviseex-serviceprofile.pdf>, accessed 3 August 2011.
 - 59. Woodhead C et al, Office for National Statistics (2009) An estimate of the veteran population in England: based on data from the 2007 Adult Psychiatric Morbidity Survey. Population Trends, Winter, 2009. London. Available at <http://www.ons.gov.uk/ons/rel/population-trends-rd/population-trends/no--138--winter-2009/population-trends.pdf>, accessed 02 November 2011.
 - 60. Hampshire Health Record, NHS South Commissioning Support Unit.

Table 3. Estimated number of people with autism-spectrum conditions, Portsmouth, 2014 to 2035.

Estimated number of people with autism-spectrum conditions Portsmouth, 2014-2035						
Age band (years)	2014	2015	2020	2025	2030	2035
0-14	423	427	451	455	458	460
15-19	173	172	163	187	192	195
20-64	1531	1540	1580	1587	1614	1638
65+	313	319	345	390	445	492
Total	2439	2457	2538	2618	2709	2785

6.19 Dementia

In 2012/13, there were 1,473 patients on the dementia register (0.68% of registered patients of all ages compared with 0.57% in England)⁶¹. Provisional data for 2013/14 shows a small increase to 1,510 patients registered on the dementia register (0.69% compared to 0.61% in England)⁶². However, modelled prevalence predicts there to be approximately 2,200 people aged 65 and over with dementia in 2015⁶³. With an ageing population, by 2018 and 2025 the number of people aged 65+ years with dementia is predicted to increase by 5% and 24%, respectively.

6.20 Learning disabilities

In 2012/13, there were 752 patients aged 18 and over on the learning disabilities register (0.44% of registered patients of all ages compared with 0.47% in England)⁶⁴.

In 2012/13, Adult Social Care provided a service in the community for 441 people with a learning disability aged 18+ years (2.8 per 1,000 residents aged 18+ years). The highest number and rate of clients receiving services in the community were in Hilsea ward (6.2 clients per 1,000 resident population aged 18+ years) in the North locality (reflecting historic location of residential services), followed by Fratton and Charles Dickens in Central locality (4.1 and 3.7 clients per 1,000 resident population aged 18+ years, respectively). In the South, the highest number and rate of clients receiving services in the community were in Milton ward⁶⁵.

6.21 Carers

At the time of the 2011 Census, over 17,000 people of all ages (8.4% of total population) stated that they provided unpaid care—over 4,000 provided 50 or more hours of unpaid care per week.⁶⁶ About 1 in 10 people (n=6,644) in the North of the city are unpaid carers and over 1,600 people provide 50 hours or more of unpaid care. The Central and South localities had 8.3% and 7.1%, respectively, of residents providing unpaid care. (Figure 22).

In 2013, about 1,380 (110 more than in 2012) residents of working age claim Carer's Allowance (11 per 1,000 residents of working age). As in 2011 and 2012, the highest number and rate of claimants in 2013 were in Paulsgrove (205 claimants, 27.7 per 1,000 residents of working age), in the North locality. The rate is Paulsgrove is significantly higher than all other wards.⁶⁷

In 2012/13, 290 carers (96 in 2011/12) received a needs assessment or review and a specific carers service or advice and information from Adult Social Care in relation to learning disability.⁶⁸

Sources: (1) *Estimating the prevalence of autism spectrum conditions in adults: extending the 2007 Adult Psychiatric Morbidity Survey*. Department of Health. January 2012 <http://www.ic.nhs.uk/statistics-and-data-collections/mental-health/mental-health-surveys/estimating-the-prevalence-of-autism-spectrum-conditions-in-adults-extending-the-2007-adult-psychiatric-morbidity-survey> Accessed 22 May 2012

(2) *All age prevalence estimates for males and females extrapolated to 2012-based subnational population projections by sex and single year of age, Local Authorities in England, mid-2012 to mid-2037*. Office for National Statistics. Published May 2014.

61. Quality and Outcomes Framework. Ibid.

62. Quality and Outcomes Framework Recorded Dementia Diagnosis, provisional 2013/14 data (data source: CQRS & Exeter). Copyright © 2014, Health and Social Care Information Centre. All Rights Reserved.

63. Projecting Older People Population Information System. www.POPPI.org.uk accessed 1 August 2014

64. Quality and Outcomes Framework. Ibid.

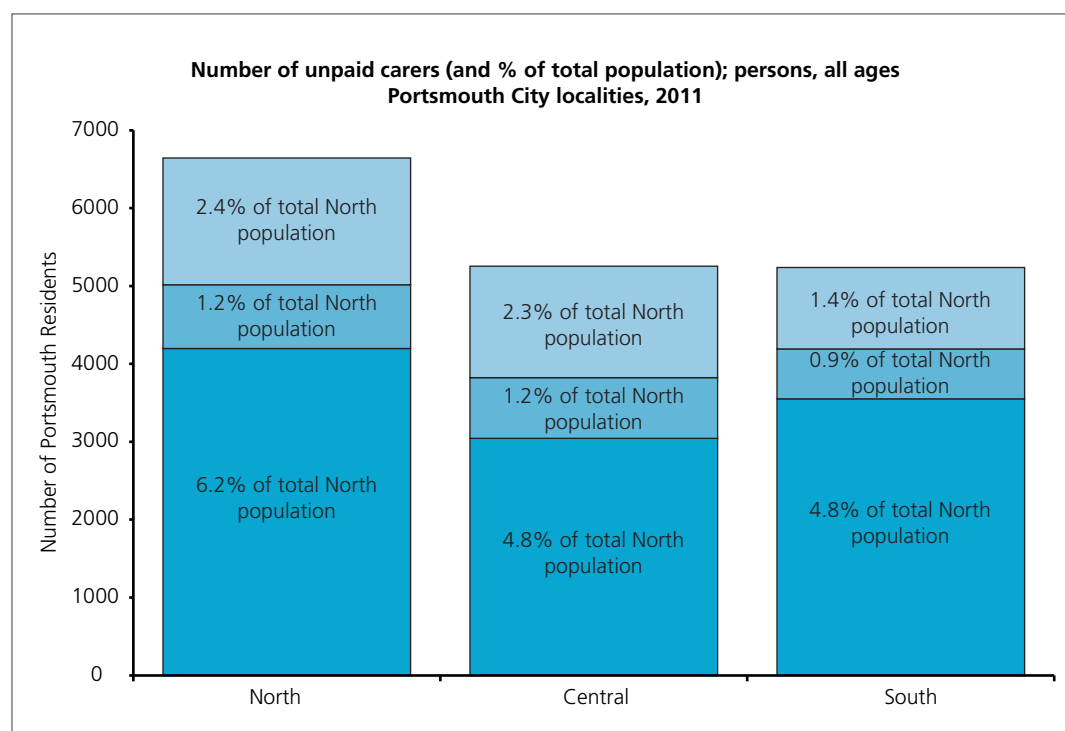
65. RAP databases, Adult Social Care, Portsmouth City Council.

66. 2011 Census: QS301EW, Office for National Statistics.

67. Department for Work and Pensions, Feb 2013 <http://tabulation-tool.dwp.gov.uk/NESS/BEN/iben.htm> Accessed 15 August 2013

68. RAP databases, Adult Social Care, Portsmouth City Council.

Figure 22. Number of unpaid carers (and percentage of total population); persons, all ages, Portsmouth City UA localities, 2011 Census.



■ Provision of unpaid care: Provides 1 to 19 hours unpaid care a week
 ■ Provision of unpaid care: Provides 20 to 49 hours unpaid care a week
 ■ Provision of unpaid care: Provides 50 or more unpaid care a week

Source: 2011 Census : QS301W, Office for National Statistics

6.22 People threatened with homelessness

In 2012/13, Portsmouth had a significantly higher rate of statutorily homeless households compared to England—that is 537 households (6.2 acceptances per 1,000 households) that are accepted as being owed a duty by their local authority under homelessness legislation as a result of being eligible for assistance, unintentionally homeless and in priority need.⁶⁹ In 2013/14, the rate of accepted homeless households had decreased to 5.3 acceptances per 1,000 households (457 households).⁷⁰

6.23 Gypsies and travellers

At the time of the 2011 Census, there were 85 people identifying themselves as White: Gypsy or Irish Traveller (less than 1% of the total population).⁷¹ Also, the latest ethnicity data from the January 2014 school pupil census, identifies 35 pupils as 'White: Gypsy/Roma' resident to Portsmouth.⁷²

Although not necessarily ethnic gypsies and travellers, in January 2014, there were nine unauthorised traveller caravans in Portsmouth, but none of these were 'Travelling Showpeople' caravans.⁷³

However, it is acknowledged that Portsmouth continues to lack useful data on gypsy and traveller communities.⁷⁴

The 2006 Hampshire Gypsy & Traveller Accommodation Assessment reported that travellers on authorised sites were less likely to be registered with a GP⁷⁵; however, since then access for unregistered people has been improved with the opening of the Guildhall Walk Healthcare Centre.

69. Health Profiles for England 2014, Public Health England.
70. Table 784: Live tables on homelessness, Department for Communities and Local Government. <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness> Accessed 05 August 2014
71. 2011 Census: QS211EW, Office for National Statistics.
72. Department for Education Statistical First Release Schools, Pupils and their Characteristics: January 2014. © Crown Copyright
73. Tables 1 and 3: Traveller caravan count, Department for Communities and Local Government. <https://www.gov.uk/government/statistics/traveller-caravan-count-january-2014> Accessed 05 August 2014
74. Portsmouth City Council Equality & Diversity strategy 2014-17. Ibid.
75. Gypsies & Travellers and Travelling Show people strategy, 2009, Portsmouth City Council. <https://www.portsmouth.gov.uk/ext/documents-external/pln-local-dev-housing-gypsy-traveller-strategy.pdf>

7. Current Pharmaceutical Services

NHS Act 2006⁷⁶ sets out the definition for pharmaceutical services.

7.1 Community Pharmacy

Portsmouth has 41 pharmacies providing NHS services. The pharmacies are distributed across the city in primary, secondary and tertiary shopping areas and are part of the makeup of varied retail areas within the city. These pharmacies existed before the change of the NHS Regulations and so can be divided into pharmacies providing a minimum of 40 hours of NHS pharmaceutical services each week and those providing 100 hours of NHS pharmaceutical services per week.

There are 36 pharmacies providing '40 core hours' of service and 5 pharmacies providing '100 core hours' of service. The majority of 40 hour pharmacies choose to open for longer and these additional hours are referred to as supplementary hours.

This is an increase of four sites since the last PNA was published in 2011. The four new pharmacies are located as follows;

- One '40 hour' pharmacy in the Anchorage Park area
- One '100 hour' pharmacy in Drayton (North locality)
- One '100 hour' pharmacy in North End (Central Locality)
- One '100 hour' pharmacy in Guildhall area (Central locality)

7.2 Distance Selling Pharmacies

Portsmouth has no distance-selling pharmacies (these pharmacies provide services solely to customers who do not attend the premises, for example internet services only). However Portsmouth residents may choose to have their prescriptions dispensed from any pharmacy across the country including distance selling pharmacies. This trend is anticipated to increase, in line with other internet shopping trends, particularly as more electronic prescriptions are produced by prescribers.

7.3 Dispensing Doctor

None of the GP practices in Portsmouth are on a dispensing doctor list. GP practices can only apply for consent to dispense in rural areas. This facility is available to patients who live at a distance of more than one mile from pharmacy premises. Portsmouth is a totally urban area and the conditions for such an application would not arise.

7.4 Local Pharmaceutical Services Scheme

Portsmouth has no Local Pharmaceutical Services pharmacies (LPS). These are pharmacies that provide a service tailored to specific local requirements. A typical example would be for very rural areas where a pharmacy opening to provide pharmaceutical services would not be financially viable without this type of arrangement. Again due to the urban nature of Portsmouth with a wide distribution of pharmacies the conditions for this type of application to the pharmaceutical list cannot be identified.

76. <http://www.legislation.gov.uk/ukpga/2006/41/contents>



7.5 Dispensing Appliance Contractor

Portsmouth has one dispensing appliance contractor. This type of contractor only supplies appliances e.g. stoma care products (rather than medicines). Many prescriptions for specialist appliances are dispensed by specialist appliance contractors, located across the country and provide delivery services. All pharmacies within the city are also able to dispense appliances.

7.6 Pharmacies close to Portsmouth boundaries

Consideration has been taken of pharmacies providing pharmaceutical services just outside the Portsmouth City boundary. Most of the city is located on an island and so the only land border is on its northern edge. There is the natural geographical feature of the South Downs running along this border and a major motorway M27 running just inside this boundary. The nearest retail areas are; - in west direction Portchester and then Fareham; east direction Bedhampton and Havant; in north direction Purbrook and Waterlooville. Examining dispensing data shows that some prescriptions prescribed by Portsmouth GPs are dispensed in these localities but they are not large in number (see section 8.2.1).

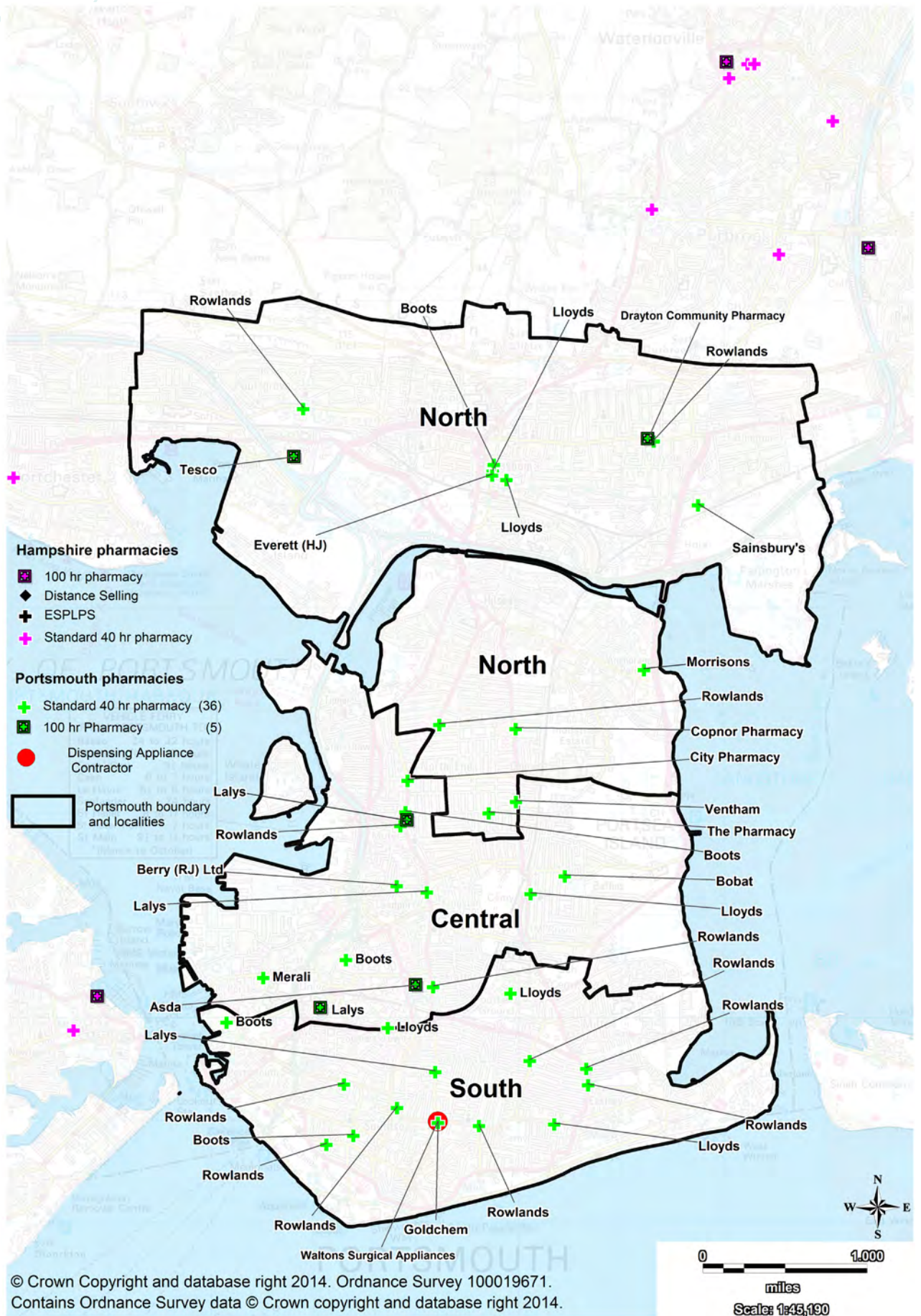
One pharmacy in Crookhorn, two miles north of the Portsmouth city boundary, dispenses a number of prescriptions, generated by a Portsmouth member practice. This is because this GP practice is located at multiple sites, mainly in Portsmouth but with one surgery in Crookhorn. The pharmaceutical needs of some patients accessing medical services at the Crookhorn surgery are likely to be being met by the pharmacy located in Crookhorn, which is within Hampshire HWB area.

Generally these pharmacies located on the boundaries are providing additional choice for people residing in Portsmouth but they do not provide additional pharmaceutical services, e.g. a greater range of opening hours or services, compared to Portsmouth located pharmacies.

7.7 Pharmaceutical Needs assessment map

The PNA requires a map that shows all current pharmaceutical service providers and will be the designated map as required by paragraph 7 of Schedule 1 of the 2013 Regulations. This map will be updated, during the lifetime of this PNA, when pharmacy premises open, close or relocate.

Figure 23. The map detailing the location of Pharmaceutical Service providers in Portsmouth; and the nearest providers outside the city



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8. NHS Pharmaceutical Services

The PNA has considered the general accessibility to all pharmaceutical services

The NHS regulations have split Pharmaceutical services into Essential Services, Advanced Services and Enhanced Services. The delivery and access to each of these services levels is considered within this PNA.

8.1 Access to Pharmaceutical Services⁷⁷

8.1.1 Opening hours

The opening hours used in this section are based on the total opening hours (both 'core' and 'supplementary' hours) declared by Portsmouth community pharmacies in July 2014. Details of individual pharmacy opening times can be found on the NHS Choices website⁷⁸.

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

8.1.2 100 hour core hour of service pharmacies

Under the previous regulations five new pharmacies in the city successfully opened using the category of application to provide 100 core hours per week of pharmaceutical services. These pharmacies have given Portsmouth residents greater access to pharmaceutical services by extending opening hours both in the morning and late into the evening plus extended weekend coverage. These pharmacies meet an identified need for pharmaceutical services for both 'out of hours' dispensing services and for the general population who wish to seek professional help for health and lifestyle advice, treating minor ailments and conditions that may be managed by self-care.

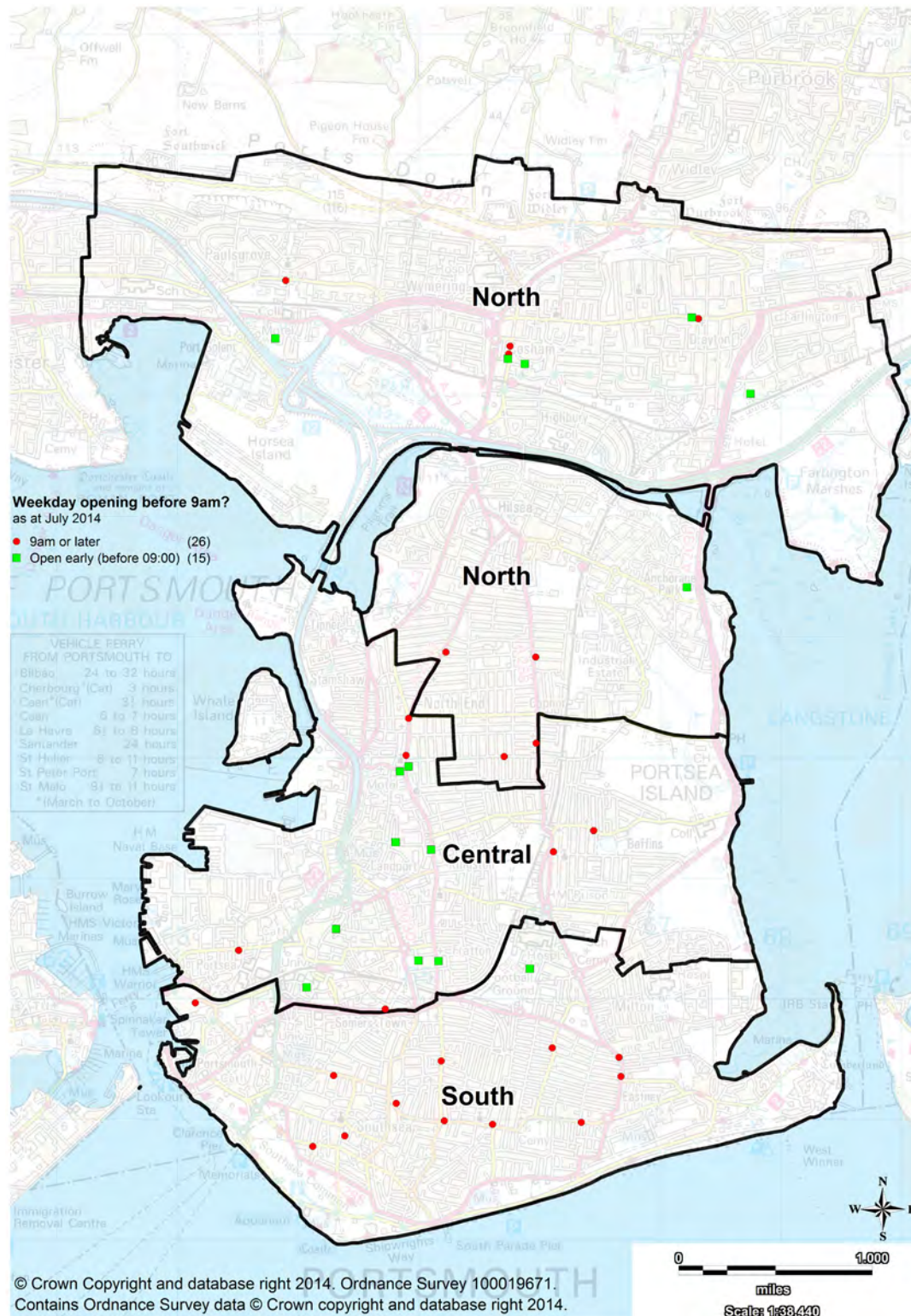


77. Public Health data held following PNA questionnaire/ data collection from Portsmouth pharmacies June 2014

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

8.1.3 Opening hours: Morning

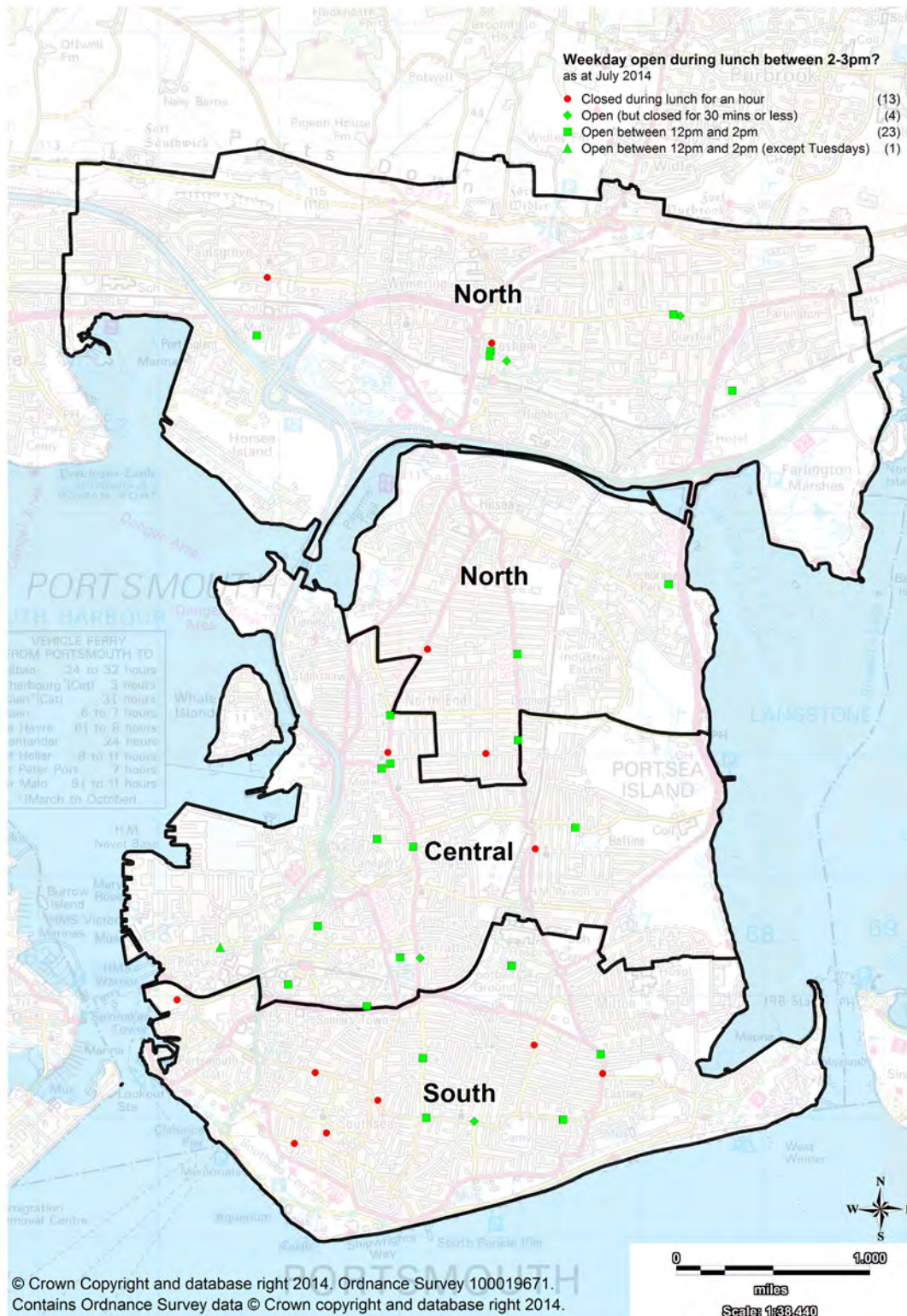
Figure 24. Map of pharmacies open before and after 9am on weekdays, Portsmouth, as at July 2014.



For early morning access one pharmacy opens at 6.30am and four pharmacies open at 7am or 7.30am, nine further pharmacies are open by 8.30am.

8.1.4 Opening Hours: Lunchtime

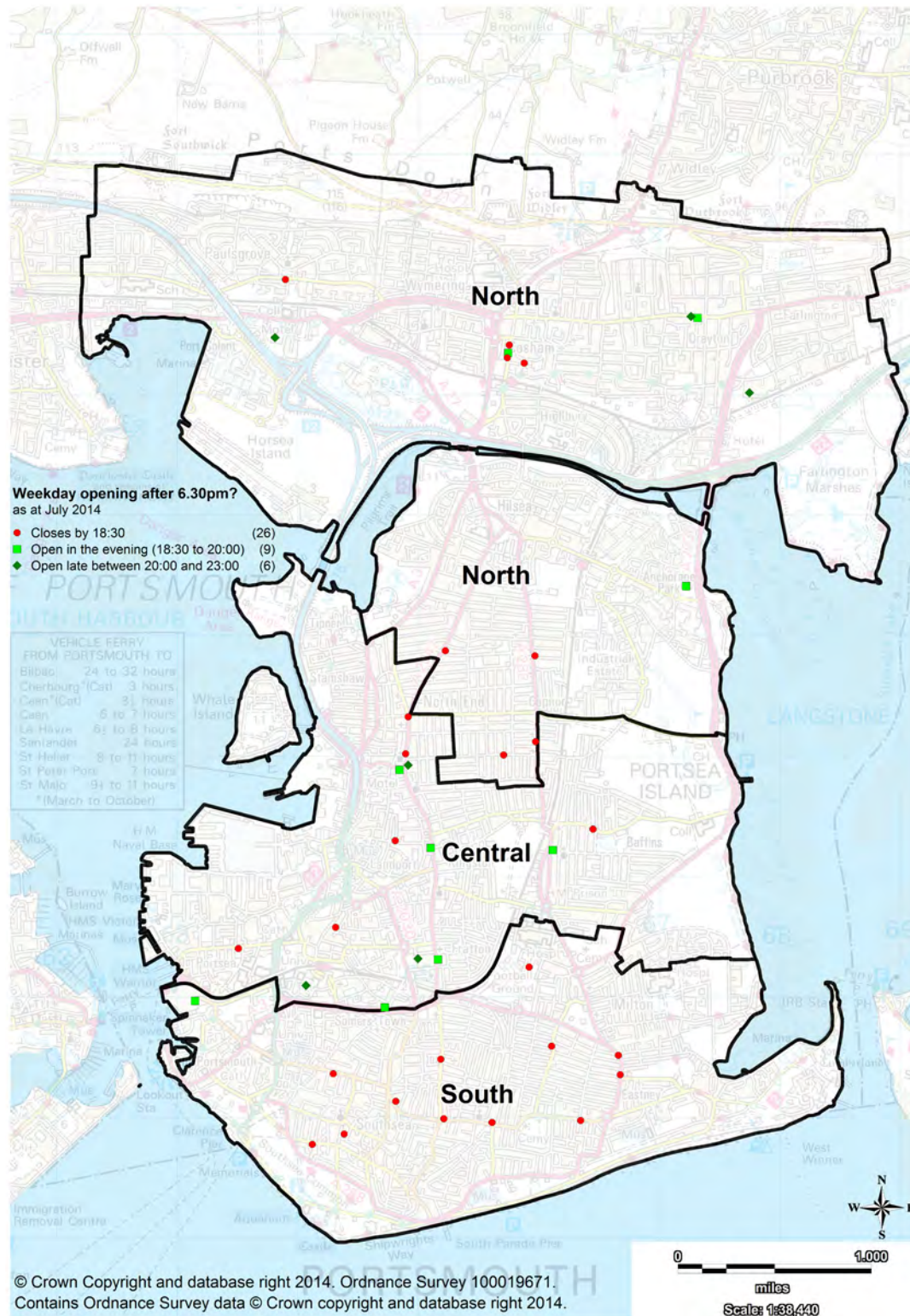
Figure 25. Map of pharmacies open for lunch between 12pm and 2pm on weekdays, Portsmouth, as at July 2014.



There is access to NHS pharmaceutical services throughout the lunch periods in 23 local pharmacies. Thirteen pharmacies, where there is single pharmacist on duty will be unable to provide NHS services such as dispensing prescriptions during their lunch hour.

8.1.5 Opening hours: Evening

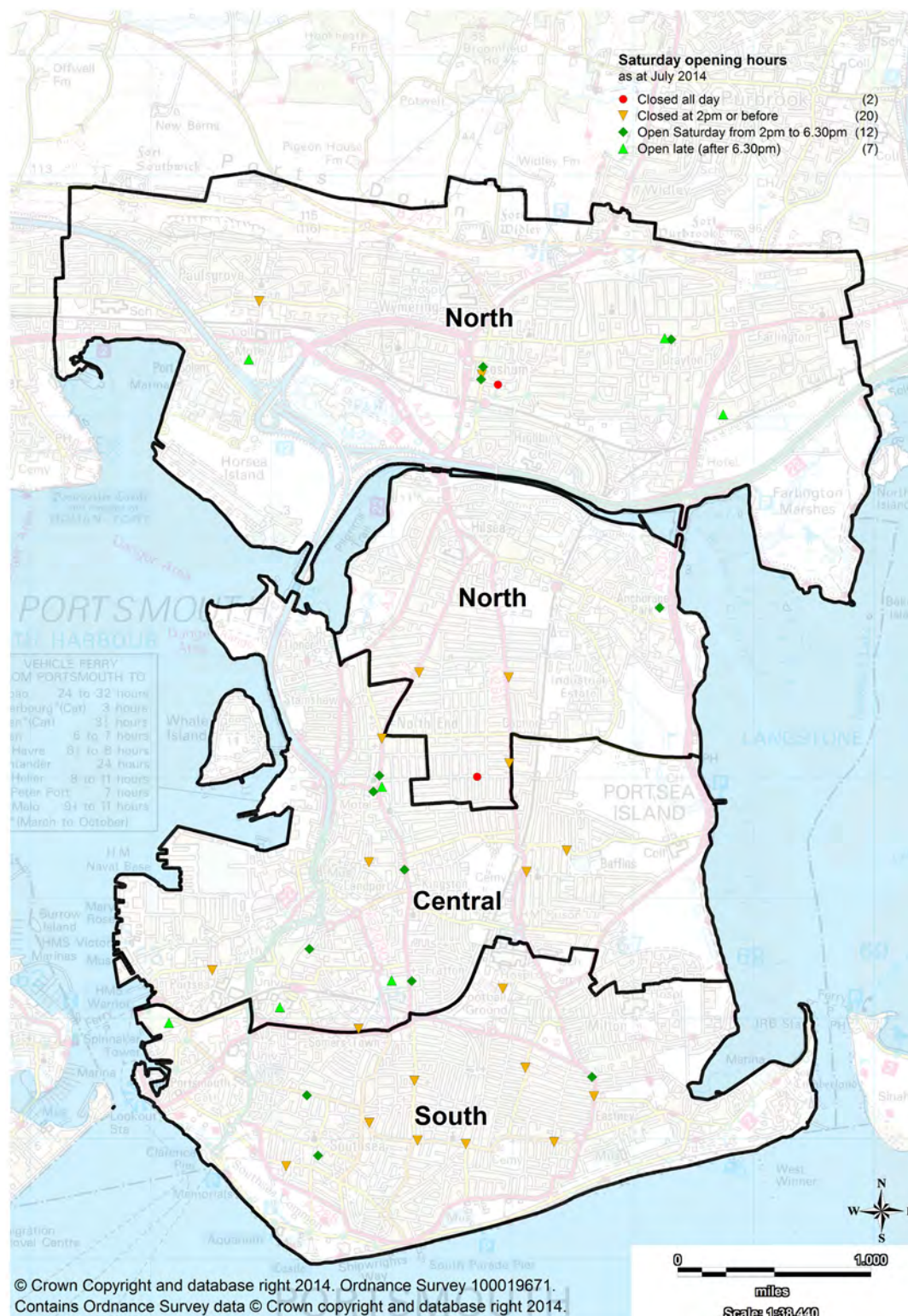
Figure 26. Map of pharmacies open and closed after 6.30pm on weekdays, Portsmouth, as at July 2014.



Six pharmacies close at 10pm or 10.30pm, a further eight pharmacies are open until 6.30pm or later.

8.1.6 Opening Hours: Saturday

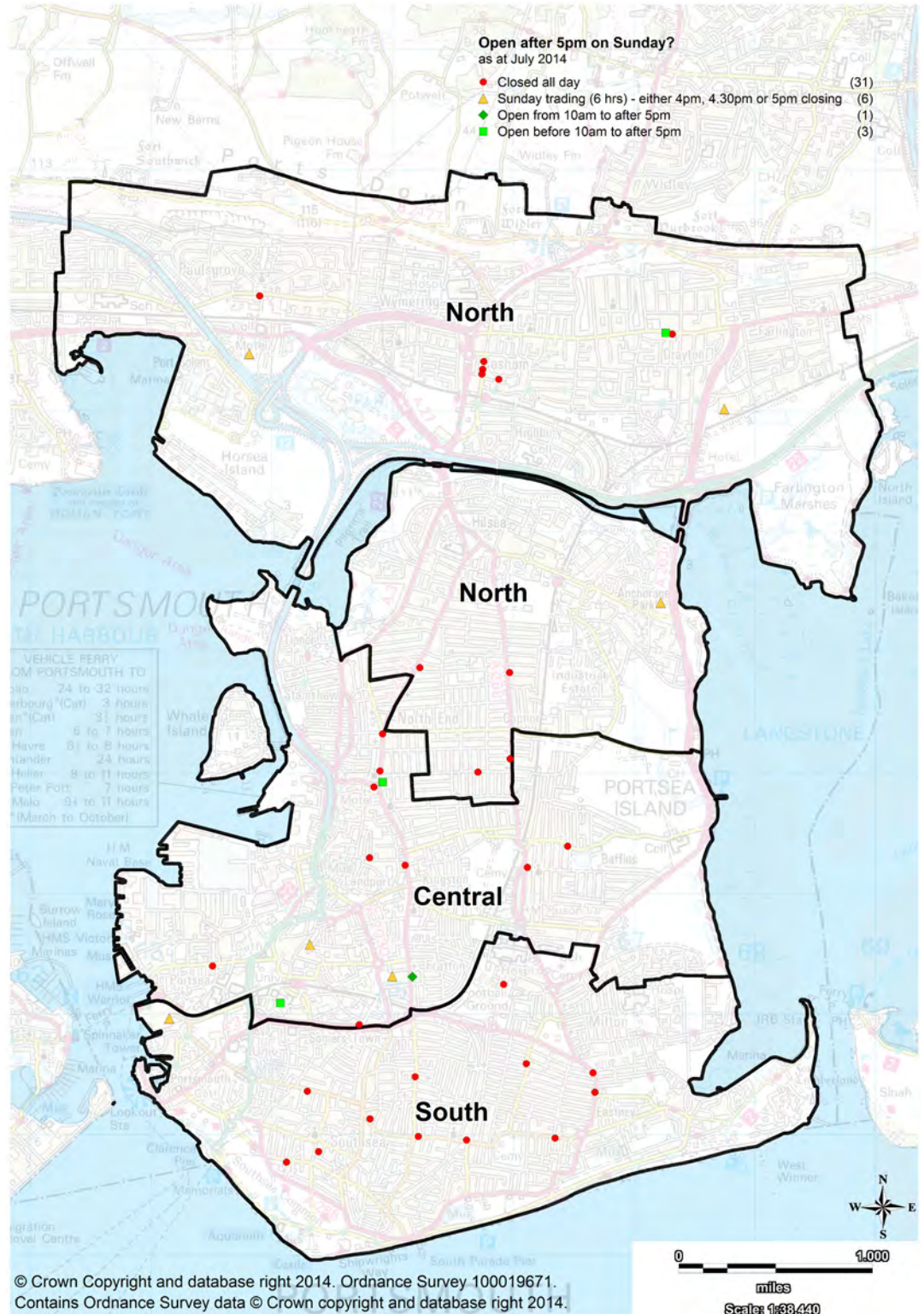
Figure 27. Map of pharmacies Saturday opening hours, Portsmouth, as at July 2014.



The majority of GP practices are not routinely open on a Saturday and so there is less dispensing activity for community pharmacy to deliver on Saturday and there are some reduced hours of access. Nineteen pharmacies are open until at least 5.30pm on Saturday. Of these pharmacies, seven pharmacies are open after 6.30pm with latest closure at 10.30pm. A further twenty pharmacies are open until lunchtime and two pharmacies do not open at all.

8.1.7 Opening hours: Sunday

Figure 28. Map of pharmacies open after 5pm on Sundays, Portsmouth, as at July 2014.



Ten pharmacies are regularly open on a Sunday. For the majority of these pharmacies the Sunday trading laws limit opening times to six hours only. Typically this will be 10am to 4pm or 11am to 5pm. Four smaller pharmacies are open until later in the evening, one closing at 6pm, one at 7pm and two at 8pm.

8.1.8 Bank Holiday

Community pharmacies are not required to open on bank holidays. However for the majority of the bank holidays about a third of pharmacies (10-14), historically, have opened on a voluntary basis.

For major bank holiday such as Christmas Day and Easter Sunday, voluntary opening by one or two pharmacies has ensured sufficient pharmaceutical services for the city to enable urgent prescriptions to be dispensed and self-care remedies to be purchased. NHS England can direct pharmacies to open on bank holidays if required and would also consider commissioning such a service as an enhanced service.

Details of opening times for these holidays are published on NHS Choices web site and are usually available on the NHS Portsmouth CCG website.

8.1.9 Access Distance

8.1.9.1 Pharmacies with buffer zone of 1.6km

All pharmacy locations within Portsmouth with a buffer zone of 1.6km Euclidean distance (straight line) demonstrates that the population of Portsmouth can access a pharmacy within 1.6km (approximately one mile) or less from all parts of Portsmouth (assuming it's possible to travel in a straight line) (Figure 29).

8.1.9.2 Driving

Portsmouth is less than 16 square miles in breadth. In 'rush hour'/'heavy' traffic in Portsmouth (assuming motorway and dual carriageway speed is reduced to an average speed of 25 miles per hour (mph); and all other roads restricted to an average speed of 12 mph), a pharmacy in Portsmouth should still be accessible within a 5 minute drive for most parts of the city, with only a few small areas with low residential density being a 10 minute drive or more from a pharmacy (Figure 30).

8.1.9.3 Walking

The vast majority of the Portsmouth pharmacies are within a 5-15 minute walk (assuming the average walking speed is 3.1 mph), and this is especially the case in the more densely populated areas of Portsmouth. Pharmacies in the South and Central localities of the city can be expected to be accessed within a 5-10 minute walk; and Portsea Island is relatively flat with few hills/inclines which might make walking a realistic alternative to public transport or car use (Figure 31).

8.1.9.4 Public Transport

Residential areas of Portsmouth are well covered by bus stops and bus routes; therefore access to pharmacies in Portsmouth are well served (Figure 32). There are also two railway stations in the North locality (Hilsea and Cosham stations) and three on the border of the Central and South localities (Fratton; Portsmouth and Southsea; and Portsmouth Harbour stations). In addition, Portsmouth is well served with 24 hour taxi services at prices not too dissimilar to bus and rail prices.



Figure 29. Map of pharmacies with a 1.6km straight line buffer zone (purple), Portsmouth.

Pharmacies with a 1.6 km buffer around each location (cut to high water mark, local authority boundary), Portsmouth, July 2014.

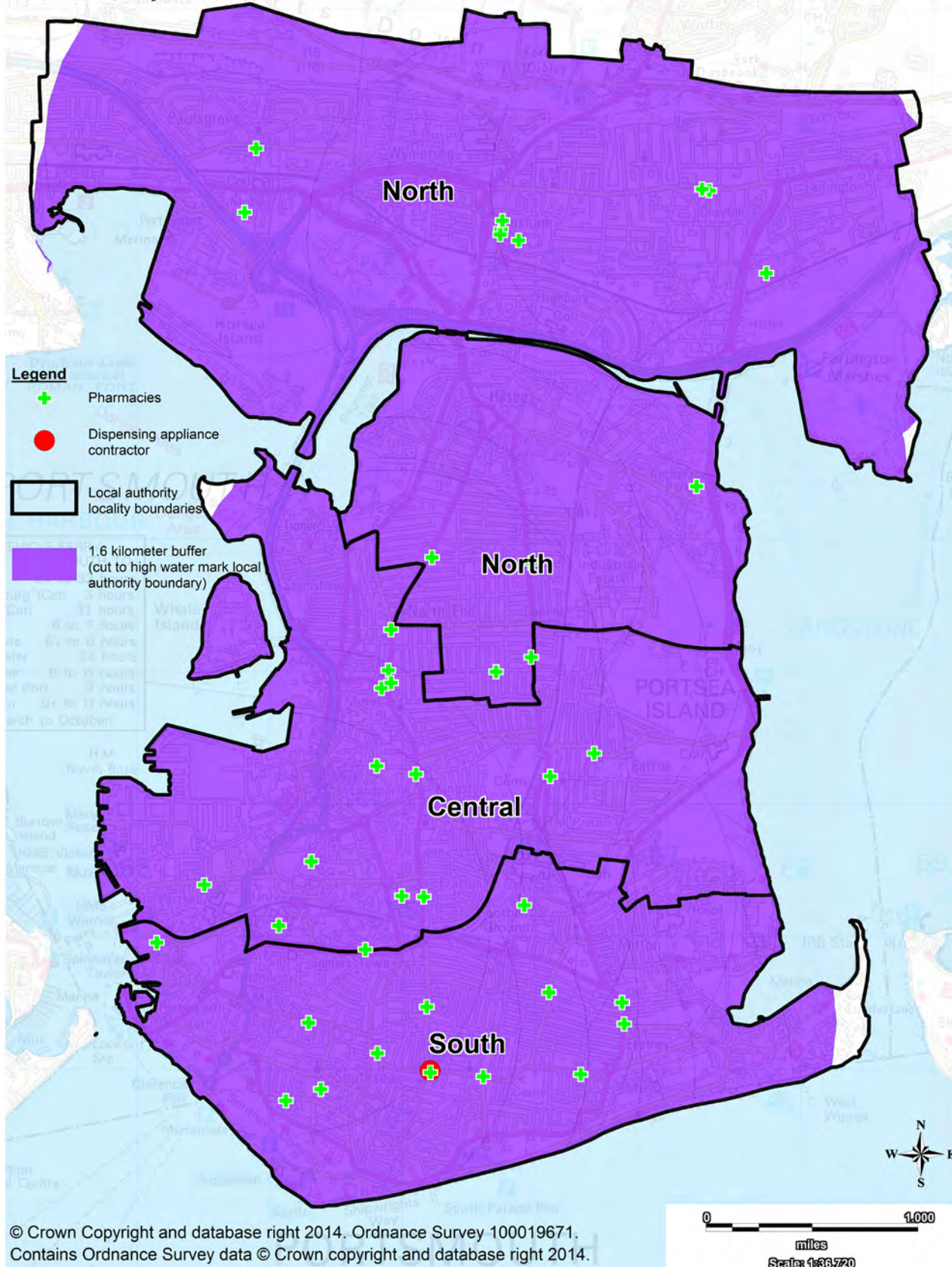


Figure 30. Map of drive times in 'heavy' traffic from pharmacies in Portsmouth and outside of the local authority boundary.

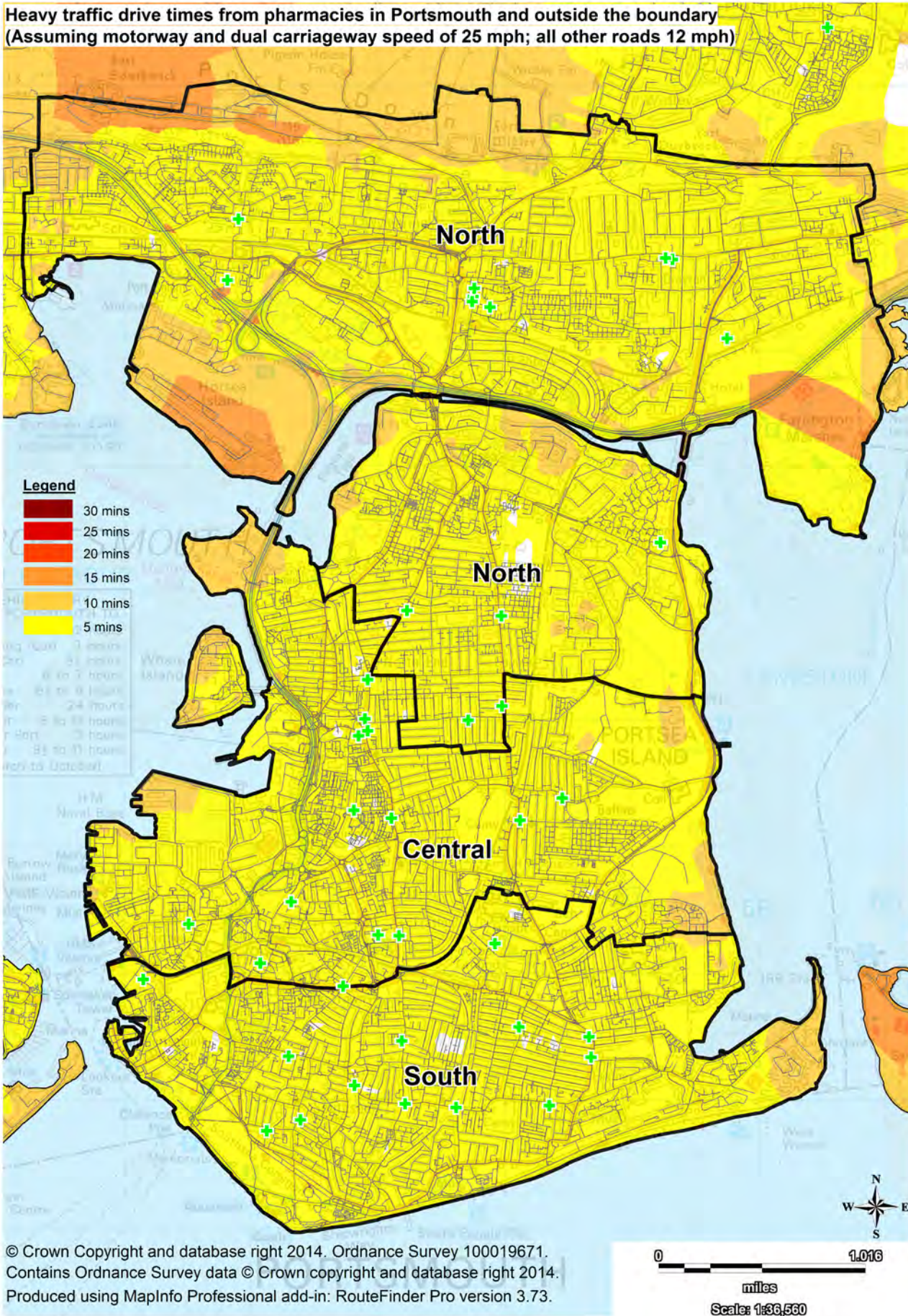


Figure 31. Map of walking times from pharmacies in Portsmouth and outside of the local authority boundary.

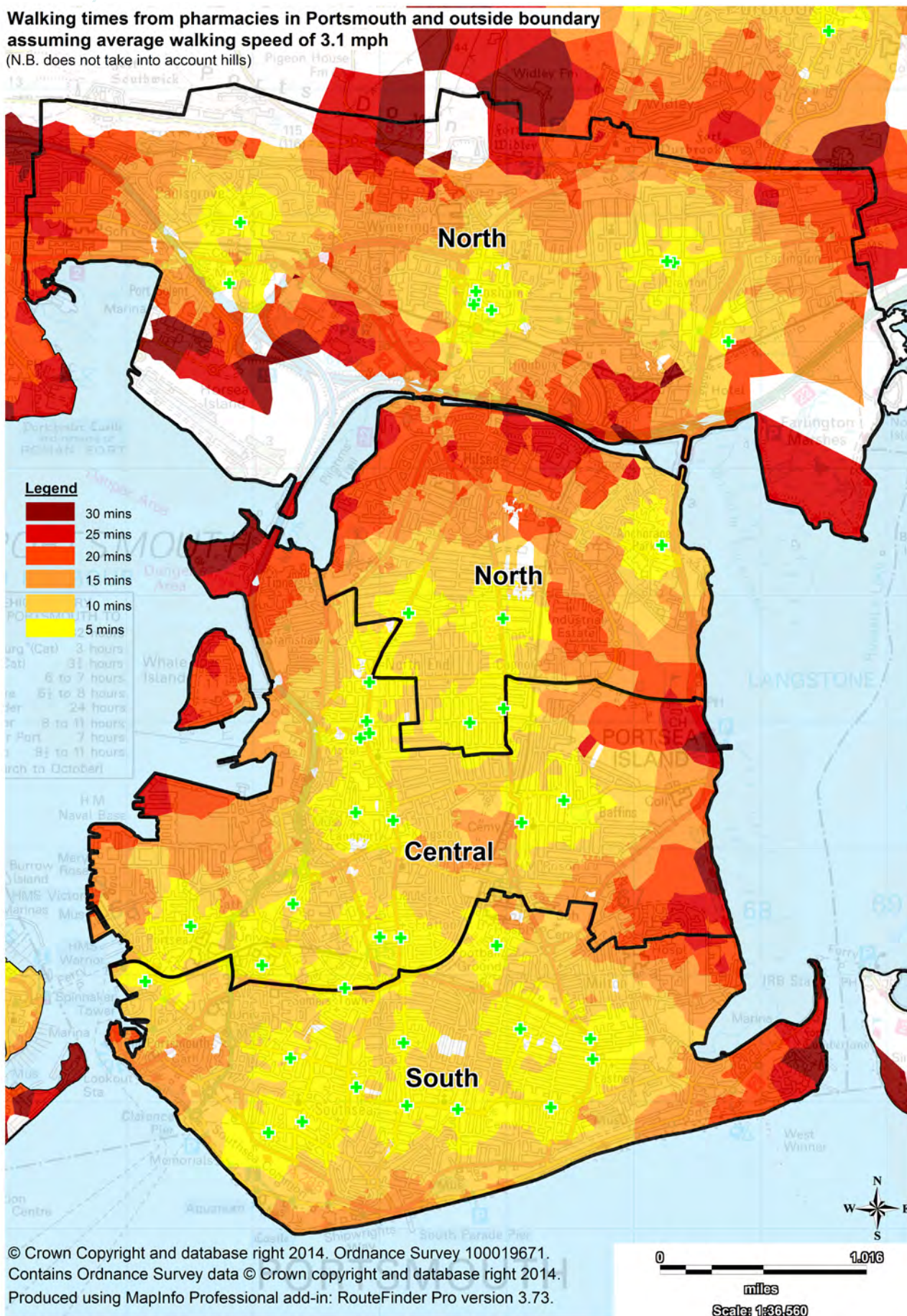


Figure 32. Map of bus routes in Portsmouth, June 2014 (1:1250 Base Map: © Crown Copyright and database right 2014. Ordnance Survey Licence number 100019671).



0 0.5 1 2 3 Kilometres
 0 0.5 1 2 Miles
 Scale: A3 1:25,000 4cm = 1km (exact scale depends on margins)
 A1 1:12,500 8cm = 1km

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8.1.10 Access for residents with additional needs

Housebound

The survey of pharmacies indicated that all pharmacies will collect prescriptions from surgeries across the city. Thirty seven pharmacies provide a regular week day delivery service to residents, including housebound patients, free of charge to both patients and the NHS.

All pharmacies can give telephone advice to housebound and other residents.

Equality Act

Businesses and health care professionals have responsibility under the Equality Act to make reasonable adjustment to their services to facilitate access by people affected by disability. For pharmacy this is part of their terms of service. Typical examples of adjustments for premises adjustments include wheelchair/ buggy ramps, doors sufficiently wide to allow wheel chairs, hearing aid loops. Typical examples of amendments to services include collection of prescriptions; home delivery of prescriptions and other goods from pharmacy; adding easy opening lids to medicine bottles; large print labels; provision of compliance charts and other aids to help use eye drops and inhalers.

Access Languages

The pharmacy workforce in Portsmouth embraces a range of nationalities and cultural backgrounds. The recent survey showed that 27 different languages were spoken from amongst Portsmouth staff. It is not unusual for residents who are from other countries and cultures to seek out services from a pharmacy that speaks their native language.

These were the languages identified from individual pharmacies:

- Bengali
- Arabic
- Bengali
- Bulgarian
- Cantonese
- Chinese
- Farsi
- French
- Greek
- Gujarati
- Hindi
- Hungarian
- Iraq
- Italian
- Kiswahili
- Kurdish
- Macedonian
- Malaysian
- Polish
- Punjab
- Spanish
- Swahili
- Telugu
- Turkeman
- Turkish
- Twi
- Urdu

8.2 Essential Services

Essential Pharmaceutical services are provided by all community pharmacies and cover those services that any member of the public would anticipate receiving from a community pharmacy on the high street. They include:

- dispensing prescription medicines and appliances;
- repeat dispensing and electronic prescribing services;
- disposal of unwanted medicines;
- providing support for self-care;
- promoting healthy lifestyles;
- signposting;
- clinical governance.

8.2.1 Dispensing NHS prescriptions

A range of nationally⁷⁹ and locally available statistics⁸⁰ has been researched to determine whether there is sufficient capacity within Portsmouth pharmacies to dispense prescriptions generated within the city

In 2013-2014 there were 3,470,266 items prescribed by Portsmouth GPs dispensed across the country. 99% of these prescription items are dispensed through less than 100 sites. Further analysis of these 100 sites shows that:

- 88% of these prescriptions are dispensed within Portsmouth community pharmacies.
- 5% are dispensed in Crookhorn, Havant and Waterlooville area (this is mainly due to the location of the Crookhorn surgery where the three nearest pharmacies account for 4.5% of this 5% total).
- 2.5% are personally administered items, which are bought in and used by the GP practice e.g. vaccinations.
- 1% dispensed by specialist appliance suppliers.
- 1% dispensed by distance selling pharmacies.
- 1% dispensed by specialist care home pharmacies.
- 0.5% dispensed by Fareham and Portchester pharmacies.
- 1% dispensed elsewhere.

In turn Portsmouth pharmacies dispense many prescriptions generated from outside the Portsmouth area. This will typically be from workers, tourists and students, who are registered with GPs outside the area, as well as some care home provision.

Density of pharmacies

The following chart shows that Portsmouth has slightly more pharmacies (per head of 100,000 populations) than the rest of the South Central region and slightly fewer than the rest of England. A similar picture emerges for average numbers of prescription item dispensed each month per pharmacy. This demonstrates that the number of pharmacies and their dispensing work load is broadly in line with national averages.

Community pharmacies on a PCT pharmaceutical list at 31 March, prescription items dispensed per month and population by PCT, England 2012-13 ⁸¹					
	Number of community pharmacies	Prescription items dispensed per month	Population Mid 2011 ⁽¹⁾	Pharmacies per 100,000 population	Average number of dispensed items per pharmacy
England	11,495	76,191,000	53,107,000	22	6,628
South Central	756	4,898,000	4,177,000	18	6,479
Portsmouth (PCT)	41	267,000	205,000	20	6,505

8.2.2 Repeat Prescribing and Electronic Prescription Service

NHS Portsmouth has actively encouraged the uptake of both repeat prescribing and electronic prescribing services by providing specialist support to GP practices and pharmacies. All pharmacies in the city are enabled to dispense in accordance with the Electronic Prescription services and all actively participate in the programme. Over the last 12 months NHS Portsmouth CCG has been supporting the roll out of electronic prescribing to all GP practices. Over half our GP practices can routinely produce



79. NHS Business services

80. Epat data held by NHS Portsmouth CCG for April 2013-March 2014

81. Sources: NHS Prescription Services part of the NHS Business Services Authority. Population data - Office of National Statistics (2011 mid-year Estimates based on 2011 census)

prescriptions in this manner, directly transferring the prescription to the patient's chosen pharmacy electronically and reducing the need to visit their surgery to collect repeat prescriptions. These services can be beneficial to patients by reducing the number of visits they make to their GP practice to collect routine prescriptions for long term conditions.

The latest statistics from NHS England demonstrate the success of these programmes

Repeat Prescribing April 2013-March 2014						
Area	Percentage of Repeat Dispensing Items compared to all prescription items			Percentage of all items prescribed as electronic repeat prescribing as a proportion of all electronic items.		
England	67,220,567	1,021,381,956	6.6%	5,136,433	39,214,354	13.1%
Wessex	2,062,063	47,397,915	4.4%	88,501	1,363,355	6.5%
Portsmouth	525,893	3,470,266	15.2%	22,498	133,067	16.9%

Recent statistics also demonstrate that NHS Portsmouth is exceeding national averages for electronic prescribing and this percentage is rapidly rising as more Portsmouth GP practices provide the electronic prescribing service.

January – March 2014 Percentage of all items prescribed as electronic prescribing as a proportion of all prescription items.	
England	5.9%
Wessex	3.9%
Portsmouth	8.9%

Other Essential Services including disposal of unwanted medicines; providing support for self-care; promotion of healthy lifestyles; signposting and Clinical Governance are provided by all pharmacies in the city. Some of these activities are described within Appendix B as they have been corner stone activities of the Healthy Living Pharmacy programme.

8.3 Advanced Services

There are four advanced services that may be provided by any community pharmacy on the pharmaceutical list;

- Medicines Use Review (MUR).
- New Medicine Service (NMS).
- Appliance Use Reviews (AUR).
- Stoma Appliance Customisation (SAC).

8.3.1 Medicine Use Reviews

Medicine Use Review (MUR) and prescription intervention service allows accredited pharmacists to undertake structured adherence review with patients on multiple medicines, particular for those receiving medicines for long term conditions. The service helps patients understand their therapy, the best time to take the medicine, discussion about side-effects and adherence with the prescribed regimen, which may identify any problems the patient is experiencing along with possible solutions. The number of medicine use reviews is capped at 400 per pharmacy.

NHS England statistics show that all 41 pharmacies in Portsmouth delivered the MUR service in April 2013- March 2014. The average for the city was 302 MURs per pharmacy at a rate of 3.6 MURs per 1000 items dispensed. This is slightly higher than the Wessex and England average of 3.3 MURs per 1000 items dispensed.

8.3.2 New Medicine Service

The service provides support for people, with long-term conditions and who have newly been prescribed a medicine. The aim of the services is to help improve medicines adherence; it is initially focused on particular patient groups and conditions; - asthma and COPD, diabetes (Type 2), antiplatelet /anticoagulant therapy and hypertension

36 of our 41 pharmacies (87%) delivered the New Medicine Service in April 2013-March 2014 for these patient groups. Forty pharmacies are accredited to provide this service. From data supplied by NHS England it is known that 38 pharmacies actively provided this service last year providing 2,500 provisions of service.

8.3.3 Appliance Use Reviews

Appliance Use Reviews can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. AURs should improve the patient's knowledge and use of any listed appliances that include stoma care products.

Seven pharmacies are accredited to provide this service. However it is recognised that this service is for a limited number of patients. Many GP practices have provided targeted information to patients, eligible to receive these services, about appliance reviews carried out by pharmacy or by specialist nurses offering appliance reviews within a patient's own home. Patients have good access to these services.

8.3.4 Stoma Customisation Services

Stoma customisation services aim to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. This service is for a very limited number of patients, many of whom may access this service from specialist appliance contractors located outside the city, who operate a mail order service. Patients have a good choice of providers for this specialised service. These patients may also access specialist nurse services.

Six pharmacies are accredited to provide this service in the city.

8.4 Enhanced Services

The local community pharmacy networks provide a wide range of local services to the residents of Portsmouth, many of them would be identified by their users as NHS services. However they are commissioned via Portsmouth City Council (Public Health) and NHS Portsmouth CCG.

Enhanced services are listed in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013⁸² and are listed in the table on the following page.



82. Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/193012/2013-03-12_-_Advanced_and_Enhanced_Directions_2013_e-sig.pdf

8. NHS Pharmaceutical Services

Service	Commissioning Status	Comment
Anticoagulant Monitoring	Not commissioned from CP	Provided by Portsmouth Hospital Trust.
Care Home service	Not commissioned from CP	Provided directly by NHS Portsmouth CCG staff.
Disease specific medicines management service	Not commissioned from CP	Training opportunities to increase knowledge about local clinical pathways is provided through a varied range of educational and information resources for all health staff within the locality.
Gluten free food supply service	Not commissioned from CP	Available via GP prescription.
Independent prescribing service	Not commissioned from CP	Not required at this time from community pharmacies. A number of nurses and employed CCG pharmacists are able to provide this service.
Home delivery service	Not commissioned from CP	The excellent and widespread voluntary service provided by local community pharmacies covers this need
Language access service	Not commissioned from CP	NHS Portsmouth CCG commissions professional language service when required. However it is recognised that a wide variety of languages are spoken within Portsmouth pharmacies and residents may choose to use a particular pharmacy for that reason.
Medication review service	Not commissioned from CP	Not required at this time. However CP has supported several projects focusing on medication review and enhancing the benefits of the MUR service. This has included conditions such as asthma, COPD, falls and Non-steroidal anti-inflammatory drugs
Medicines assessment and compliance support	Commissioned by NHS Portsmouth CCG	See Annex B
Minor ailment service	Commissioned by NHS Portsmouth CCG	See Annex B
Needle and Syringe Exchange Service	Commissioned by Public Health Portsmouth	See Annex B
On demand availability of specialist drugs	Not commissioned from CP	Palliative care drugs are usually available from major pharmacies and a limited stock is held by the OOH provider. Additional capacity is not required at this time
Out of hours service	Annually assessed by NHS England	See section on bank holidays. The need for this services is evaluated annually by NHS England and pharmacies can be commissioned or directed to provide this service
Patient group direction service (not related to public health services)	Public Health Portsmouth commission emergency contraception NHS England has commissioned flu vaccination for patients <65 years of age in at risk categories for the 2014/15 flu season. Future commissioning decisions still to be made.	There are local services that require pharmacists to work to a patient group direction. These services are described in annex B

Service	Commissioning Status	Comment
Prescriber support service	Not commissioned from CP	Provided in house by NHS Portsmouth CCG staff
Schools service	Not commissioned from CP	Not required at this time
Screening Service	Public Health Portsmouth commission an NHS Health Checks service	See Annex B
Stop Smoking Service	Public Health Portsmouth commission	See Annex B
Supplementary Prescribing Service	Not commissioned from CP	Not required at this time
Emergency supply	Not commissioned at this time	A service introduced nationally last year to enable pharmacies to legally provide emergency supplies without a prescription. The local area has supported rapid roll out of Electronic prescription service and supported patient education to reduce demand on OOH services. This will be kept under review.

The local pharmacy network has responded to all opportunities to deliver extra services. There is a wide range of services commissioned by Portsmouth City Council e.g. stop smoking service, healthy weight, NHS Health Checks and Emergency Hormonal Contraception and participation and uptake of these services is good. More information about the award winning Portsmouth Healthy Living Pharmacy initiative and the associated local services is at appendix B - 'Portsmouth Community Pharmacy Local Services - pioneers of Healthy Living Pharmacy'

Currently there is no identified need to increase this capacity to provide additional enhanced services as designated by the regulations. The current commissioning pathways are satisfactory and there is no foreseeable need for any enhanced services to be commissioned by NHS England.

9. Consultation

9.1 Consultation Requirements

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013⁸³ sets out detailed requirements for the consultation process including a specified list of bodies listed in Regulation 8 that must be consulted at least once. The consultation process involves a wide range of professional stakeholders and the public. The local advisory group followed the statutory requirements with formal consultation underway after the publication of the first draft of the PNA.

9.2 Publication of draft PNA

The draft PNA and the associated questionnaires were published on the Portsmouth City Council website. Interested parties could request paper copies of all documentation by contacting a specified person named on the website. Respondents could respond via the website through the structured questionnaire or by writing their response and submitting to the council by letter.

9.3 Consultation period

There is a minimum requirement of 60 days for consultation process. Local formal consultation started on Tuesday 10th November 2014 and closed on Thursday 22nd January 2015 - 76 days' consultation period.

9.4 Consultation Activities

9.4.1 Consultation questions

A sub group of the advisory group was formed and co-opted expertise from the communications department of Portsmouth City Council. A short set of questions were developed to obtain structured feedback from both professional and public stakeholders. For each question there was an opportunity for respondents to add free text comments to expand on their views. This questionnaire was hosted alongside the draft PNA on the Portsmouth City Council website.

9.4.2 Consultation with professional stakeholders

All listed professional stakeholders (as specified by regulation 8) were contacted by email by Tuesday 10 November 2014. 'Read' receipts of these emails have been retained.

With the co-operation of the communication team of NHS Portsmouth Clinical Commissioning Group, news items about the PNA were included in the CCG's weekly newsletter to GP member practices and the CCG's external stakeholders' newsletter. In addition Care UK, a private sector provider of NHS services, was contacted by email.

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

All contractor pharmacies within the city were contacted twice by email (November 2014 and January 2015) and also sent a letter by post (November 2014) giving details of the consultation process.

Information about the consultation was included in the November issue of the Voluntary Sectors newsletter published by Portsmouth City Council. Four organisations that represent minority groups were specifically invited to make a response to the draft PNA.

9.4.3 Consultation with the public

The November 2014 issue of the city council's Flagship magazine (a free magazine delivered to most households in the city) had a quarter page advert inviting the public to have their say on Community Pharmacy services in the city.

Two thousand postcards promoting the consultation were distributed to the public by community pharmacies and local libraries.

A table-top display of pharmacy services plus details about the consultation was hosted at city libraries on two occasions.

During the consultation period the Portsmouth City Council website frequently displayed a banner headline on its homepage inviting any visitor to the website to give their views on pharmaceutical services

The Public Health communications team also used social media such as Twitter and Facebook to promote the consultation.



10. Responses from the consultation

The HWB appreciates the time given by members of the public and professional stakeholders to complete this consultation exercise.

Sixty one responses to the consultation were made - 14 fourteen responses from professional stakeholders and 47 responses from members of the public.

The summary of the responses to each question are listed below. Information about respondents' written comments is in the next section.

1. Has the purpose of the pharmaceutical needs assessment has been explained clearly?

	Strongly Agree	Agree	Neither Agree or disagree	Disagree	Strongly Disagree	Did not respond
Public	6	21	9	1	1	9
Professional	4	1	1	0	0	8
Total number	10	22	10	1	1	17
Percentage of responses	22.7%	50.0%	22.7%	2.3%	2.3%	

Ninety-five per cent of respondents strongly agreed, agreed or were neutral that the purpose of the PNA had been clearly explained. No-one commented on this question.

2. Do you know of any relevant information that we have not included that may affect the conclusion of this document?

	Yes	No	Did not respond
Public	2	30	15
Professional	1	6	7
Total number	3	36	22
Percentage of responses	7.7%	92.3%	

Ninety-two per cent of respondents did not know of any further relevant information that should have been included that would affect the document's conclusions.

Two written comments were received from respondents that said "yes".

3. From the information in the pharmaceutical needs assessment and my personal experience, I believe the pharmaceutical needs of myself (or my patients and/or the people I represent) are being met.

	Yes	No	Don't know	Did not respond
Public	18	9	2	18
Professional	5	1	0	8
Total number	23	10	2	26
Percentage of responses	65.7%	28.6%	5.7%	

There was one written comment about this question.

4. From the information in the pharmaceutical needs assessment and my personal experience, I believe that my future pharmaceutical needs for myself (or my patients and/or the people I represent) for the next 4 years are being met.

	Strongly Agree	Agree	Neither Agree or disagree	Disagree	Strongly Disagree	Did not respond
Public	0	0	0	0	0	47
Professional	3	4	0	0	0	7
Total number	3	4	0	0	0	54
Percentage of responses	43%	67%	0%	0%	0%	

All respondents indicated that future pharmaceutical needs would be met, but fewer people responded to this question. There were five written comments to this question.

5. Do you think there is a need for additional pharmacy sites within Portsmouth?

	Strongly Agree	Agree	Neither Agree or disagree	Disagree	Strongly Disagree	Did not respond
Public	3	6	11	8	1	18
Professional	0	1	1	1	4	7
Total number	3	7	12	9	5	25
Percentage of responses	8.4%	19.4%	33.3%	25.0%	13.9%	

Twenty eight per cent of responders thought there was a need for additional pharmacy sites. There were six written comments to this question - two responses gave a named area of the city and the other four comments were general comments.

6. How often have you used a pharmacy, for any purpose, in the last 12 months? (Only asked in the public questionnaire)

At least once every week	At least once every month	Every other month (approx. 6 times per year)	More than once a month	More than once a week	Not used a pharmacy in the last 12 months
0	12	13	2	1	1

7. Do you have any further comments you would like to make about pharmaceutical services in Portsmouth? This can include good or bad experiences, any concerns, questions or just general comments you might have.

There were 15 written comments to this question.

10.1 Summary

Ninety-five per cent of respondents agreed or were neutral that the purpose of the PNA had been well explained

Ninety-two per cent of respondents could not identify any further relevant information that should have been included that would affect the document's conclusions.

Sixty-five per cent of respondents believed that their current pharmaceutical needs were being met. Twenty-eight per cent felt their current needs were not being met but did not submit any written comment.

Respondents felt their future pharmaceutical needs were being met. There was minimal response from the public but some written responses were received.

Seventy-two per cent of respondents did not think there should be additional pharmaceutical sites within the city.

10.2 Response to written comments made by stakeholders

The 29 written responses covered a variety of issues including: the Pharmaceutical Needs Assessment itself, sites and opening hours of pharmacies, quality of pharmaceutical services and training gaps.

10.2.1 Comments about the production of the PNA

There were three comments about the production of the PNA

Comment:

This PNA covers the issues relevant for the Hampshire Health and Wellbeing Board. As stated in the PNA much of the provision is within the city boundary. There is clear assessment of the boundary issues for the North of Portsmouth residents. The maps in section 8.1 would be enhanced by the inclusion of the opening hours of the pharmacies located in Hampshire.

Response:

The PNA covers Portsmouth City pharmaceutical services. The northern area of the city has good access to Sunday and late evening opening pharmacies. Opening hours may be subject to change and so have not been specified. The NHS choices web site www.nhs.uk maintains all current NHS pharmacy opening times and may be accessed by the public.

Comment:

The brochure was too large to digest the content

Response:

The brochure is large but the content has been determined by national regulation. This comment will be kept in mind when the PNA is reviewed in three years' time.

Comment:

It would be useful for the Portsmouth Practice Managers' Forum to have input to this consultation.

Response:

All GP practices within the city were aware of the consultation through several different communication routes. The advisory group can send a representative to this forum if requested and will note this for future PNA publications.

10.2.2 Sites of Pharmacies

There were two specific requests for additional pharmacies

i) Commercial Road

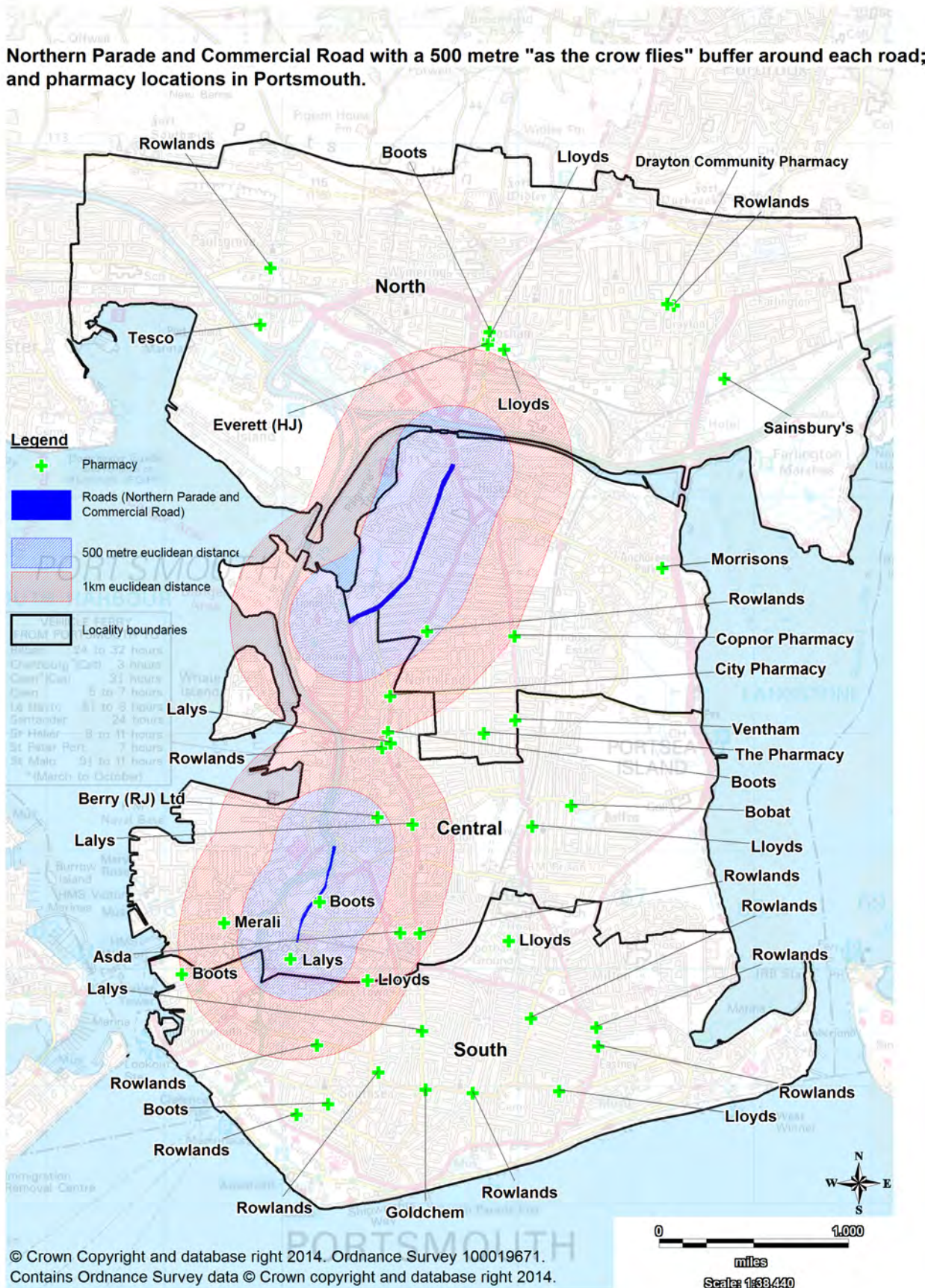
There is one pharmacy in Commercial road and a further two pharmacies within 500 metres of this site and seven further pharmacies within 1km. This provision should adequately meet the pharmaceutical needs for the population

ii) Northern Parade

There is one pharmacy within 500 metres of this location and two further pharmacies within 1km. This provision should adequately meet the pharmaceutical needs of the population.



Figure 34. Map showing pharmaceutical sites within 500m and 1km of Commercial Road and Northern Parade



10.2.3 Opening hours of pharmacies

Five responses were general comments about increasing opening hours. No specific site or time was highlighted. The PNA identified that many city pharmacies open through the lunch hour, into the mid and late evening and on Saturdays and Sundays. The access for these times is better than many other areas of the country and the pharmaceutical need is met.

10.2.4 Quality of Service

There were six responses linked to quality of service. These comments highlighted areas outside the remit of the PNA but are worth noting. The principal areas of concern were:

IT communications - The Electronic Prescription service allowing paperless transmissions was introduced to Portsmouth about 18 months ago and there have been some teething issues as pharmacies, GP practices and patients get used to a new way in working. These problems are being addressed as they are identified and the CCG continues to support this development.

Availability of medicines - About 2.8 million prescription items are dispensed within Portsmouth each year. There will be some occasions when medicines are unavailable and this has been recognised as national problem. The CCG continues to work with GP practices and pharmacies to improve communication with patients and to ensure an alternative medicine is made available when appropriate.

The eleven other comments covered training issues, locally commissioned services and specific criticism and praise for individual pharmacies.

Training issues included concerns about rashes in babies and Electronic Prescription Service. There were also comment about collection of sharp boxes and the availability of local services at all pharmacies. Ten comments identified and praised, thanked or criticised individually named pharmacies.

All the written comments raising issues outside the remit of the PNA have been forwarded to the local Pharmaceutical Adviser, responsible for professional support to community pharmacy, and will be dealt with on a case by case basis.

10.3 Recommendation

The overall level of satisfaction with the draft PNA is high and there are no recommended changes to the document before formal publication on 1 April 2015.



11. Conclusion

The conclusion of the PNA is that the pharmaceutical services provided within Portsmouth meet the needs of the population within in our area. Residents also have a choice to access pharmaceutical services outside the city, this maybe from neighbouring urban areas, towns and villages or from distance selling (internet) pharmacies. This provides additional choice of supplier for our residents but does not provide any unique benefits that could not otherwise be accessed from within the pharmacies located within the city.

The PNA has examined opening hours, access for disadvantaged groups and the range of NHS Pharmaceutical Services in the city, particular consideration has been made of those who are housebound. The Health and Wellbeing Board has not identified any specific gap in pharmaceutical services.

Considering future developments during the lifetime of the PNA (three years) there are no significant major housing developments identified within the city that would require additional pharmaceutical services for their residents.

The Health and Wellbeing Board has not identified any gaps in local services currently commissioned from pharmacy and provided by the community pharmacy network.

If the pharmaceutical need significantly changes during this period, then the PNA will be updated to reflect identified changes agreed as necessary by the HWB.

12. Recommendations

Following the national guidance provided to support the implementation of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. The HWB has considered the following and recommends:

- The current need for pharmaceutical services is met by the existing providers on the pharmaceutical list.
- There will be no significant change in population areas, nor major development planned, during the three-year lifespan of this PNA, therefore no future need for additional services has been identified. Any smaller changes would be managed by existing providers.
- Improvements and better access to pharmaceutical services have been made during the last four years by the entry of three new pharmacies providing '100 core hours' of pharmaceutical services and one new pharmacy in the Anchorage Park area of the city. These pharmacies have extended access through the evening and weekends and brought a pharmacy to an area of the city with significant volume of newer housing. These new pharmacies have provided any additional need that was identified in the previous PNA. The HWB has not identified any specific improvements or better access that could be met by an additional pharmaceutical services provider at this time.
- Future improvements or better access will be met by the current pharmaceutical service providers.



13. Appendix A

Terms of Reference

Pharmaceutical Needs Assessment Advisory Group

Terms of Reference

The Pharmaceutical Needs Assessment (PNA) is a legal duty of the Health and Wellbeing Board (HWB). The HWB will need to publish its own revised PNA for its area by 1st April 2015. The PNA is used by NHS England to make decisions on which NHS funded pharmaceutical services need to be provided in the local area. Failure to publish a robust PNA, which has been produced in line with statutory guidelines, could lead to legal challenges, particularly as the local PNA is central to making decisions about new pharmacy openings. The advisory group is preparing this document on behalf of the Director of Public Health for presentation to the HWB.

Purpose

The strategy group will:

- Set the timetable for the development of the PNA
- Agree the format and content of the PNA
- Ensure the PNA contains the statutory content and has been produced in line with statutory guidance
- Ensure the PNA fulfils its statutory duties for consultation for the PNA
- Ensure publication of the PNA within the required timescale
- Provide guidance and support to the project manager and communications sub group.
- Ensure the document complies with requirements of the Local Authority to ensure authorisation by the HWB.

Membership

The membership of the steering group is as follows:

Portsmouth City Council

Matthew Smith (Chair) – Public Health Consultant

Joanna Kerr – Head of Public Health Intelligence

James Hawkins – Specialist Public Health Intelligence Analyst

Catherine Bennett – Marketing Officer

Hannah Byrne / Ric Robinson – Joint Health Development Officer / Team Co-ordinator

Nicky Orton – Public Health Team Assistant

NHS Portsmouth Clinical Commissioning Group

Katie Hovenden – Director of Clinical and Professional Development

Janet Bowhill – Pharmaceutical Adviser - Project Lead



Hampshire and Isle of White Local Pharmaceutical Committee

Sarah Billington / Paul Bennett – Chief Officer

NHS England Wessex Local Area team

Julia Booth – Primary Care Contracts Manager (Pharmacy and Optometry)

Declarations of interest

Members must declare any pecuniary or personal interest in any business on the agenda for it to be formally recorded in the minutes of the meeting.

Meetings

All meetings will have agenda and minutes. The frequency of the meetings will be determined by the chair of the group in line with the development of the PNA.

14. Appendix B

Portsmouth Community Pharmacy Pioneers of Healthy Living Pharmacy

14.1 Pharmacy Facts⁸⁴

Pharmacies have a major role to play in helping improve the public's health, with 1.8 million people visiting a pharmacy each day. Britain's 13,000 community pharmacies are visited by members of the public 2 billion times each year, and nine in ten of us visit a pharmacy at least once a year.

Pharmacists are experts in the use of medicines to treat disease. Pharmacists work within a code of ethics that requires them to continuously develop their professional knowledge and competence relevant to their field of practice. Pharmacists are responsible for the supply of most medicines available to the public. They advise the public and other professionals on the safe and effective selection and use of medicines and other health-related matters.

Community pharmacists query almost two million prescriptions each year, resolving 43,800 incidents that could potentially result in serious harm.

Pharmacies provide a range of services in the heart of neighbourhood communities where they are within reach of the people who need them most – poorer people, older people and people with a disability or chronic condition.

The pharmacy is a good first point of contact for dealing with the vast majority of health concerns. Pharmacists are trained to know when a referral to another health care professional is advisable.

In recent years, pharmacy has expanded its role, and now supplies a wide range of NHS services such as minor ailments schemes, stop smoking counselling and help with other lifestyle issues. Portsmouth Pharmacies

In Portsmouth there are 41 pharmacies, some are part of large nationally recognised groups, some part of smaller local chains and some are single practices owned and run by their pharmacist.

It is estimated that there are about 6 million visits to Portsmouth pharmacies each year.

The public value the access that allows them to consult with a health professional without appointment, the non-judgmental manner and the anonymity that can be used when consulting with pharmacy staff.

Pharmacies are located in major shopping areas, minor community shopping parades, in some of the bigger supermarkets and close to GP surgeries.

It is estimated that the pharmacy network employs in excess of 300 staff. The skill mix of the staff employed is varied but will always include a pharmacist, who is clinically trained and has undertaken 5 years of graduate and postgraduate study of pharmacology and therapeutics training. Other staff include the pharmaceutical technician who has undertaken at least two years training at BTECH or NVQ level 3; the medicines counter assistant who is involved in the sale of over-the-counter medicine and is trained to offer advice on common ailments and must know when to refer a customer to a pharmacist.

84. NPA Pharmacy facts available at <http://www.npa.co.uk/About-the-NPA/Media-Centre/Pharmacy-facts/>



14.2 Healthy Living Pharmacy (HLP)

The Healthy Living Pharmacy concept was developed by NHS Portsmouth. It recognised the significant role community pharmacies could play in helping reduce health inequalities by delivering consistent and high quality health and wellbeing services, promoting health and providing proactive health advice and interventions.

A Healthy Living Pharmacy consistently delivers a range of health and wellbeing services to a high quality and has achieved defined quality criteria requirements and met productivity targets linked to local health needs e.g. a number of stop smoking quits at 4 weeks

The pharmacy team proactively promotes health and wellbeing and proactively offers brief advice on a range of health issues such as smoking, activity, sexual health, healthy eating and alcohol.

To become accredited as an HLP all staff has had to undertake additional training for all levels of staff, improve their consultation facilities and their health promotion areas as well as proactively deliver local services that are targeted at improving residents' healthy lifestyle. Behaviour change training has been offered to all levels of staff.

In Portsmouth we now have 22 pharmacies that have attained these standards and another 15 pharmacies are working towards accreditation. There has been in excess of 80 staff trained and passed the Royal Society of Public Health course of Understanding Health Improvement.

The programme has achieved a number of accolades, nominations for awards and citations in academic research. Following the success of HLPs in Portsmouth, the Minister for Pharmacy, Lord Howe asked whether the results in Portsmouth could be replicated in other areas with differing demography to Portsmouth. A national Pathfinder Support Group was established enabling roll out to 20 areas of the country and a comprehensive and independent academic evaluation of the scheme.

The evaluation⁸⁵ published in April 2013, which included data from Portsmouth demonstrated that;

- The HLP concept was consistent with increased service delivery and improved quality measures and outcomes;
- 21% of people surveyed wouldn't have done anything if they hadn't accessed a service or support in the HLP so would have missed out on the benefit of getting advice to improve their health and wellbeing;
- 60% of people surveyed would have otherwise gone to a GP;
- Public feedback was positive with 98% saying they would recommend the service to others and 99% were comfortable to receive the service in the pharmacy;

The HLP programme has the support of Public Health England. There are now over 508 pharmacies in the country, with more than 1000 healthy living champions.

The Healthy Living Pharmacy Programme provides the overarching framework and support for commissioning local services from pharmacy.

85. Evaluation of the Healthy Living Pharmacy work programme available at <http://psnc.org.uk/wp-content/uploads/2013/08/HLP-evaluation.pdf>

14.3 Lifestyle services

For most members of the public, interested in improving or maintaining their health, the best proactive action they can take is to adopt a healthy lifestyle. Five good habits will help people stay healthy and age well.

- Stopping Smoking.
- Alcohol Awareness.
- Achieving a healthy weight.
- Physical Activity.
- Eating fruit and vegetables very day.

Community Pharmacy is able to provide advice in line with Public Health England best practice. Four services have been commissioned to deliver support for these lifestyle issues

14.3.1 Stop Smoking

The service offers one to one support and advice, plus nicotine replacement therapy to any individual who wants to stop smoking. This service follows NICE guidance and gives support for a minimum of 4 weeks. Clients who have successfully quit at that point can continue to receive support up to 12 weeks. Community Pharmacy has consistently contributed 20-25% to the local target of successful '4 week' quitters over the last 4 years. Where clients require special support e.g. pregnancy, group support, specialist medication for addiction then pharmacy staff will refer onto the specialist service Pompey Quit.

14.3.2 Alcohol Awareness

This service is in two parts. The first is aimed at all adults and asks those to complete a simple scratch card which will highlight whether they should be concerned about their levels of alcohol consumption. This simple analysis results in either congratulation the client that their alcohol consumption is within recognised agreed national limits; or highlights a moderate problem that can be easily addressed by making a small change e.g. introducing alcohol free days to the week, reducing strength of alcoholic beverages; interspersing alcohol with soft drinks or highlights a more serious concern – this can be followed up by a more detail questions and support and/ or direct referral to the council based specialist Alcohol Intervention team. Last year (April 2013-2014) over 7500 scratch card audits were carried out and over 300 people had structured interventions.

14.3.3 Healthy Weight

This service is in two parts. The first is aimed at all adults and enables them to be weighed and measured by height and waist size to have their body mass index assessed. This will enable pharmacy staff to have discussion with the client as to whether they are of healthy weight and the actions they can take. Overweight or obese patients can choose to join the pharmacy based weight loss scheme. This scheme gives one to one support and is based on NICE recommended best practice. Clients are encouraged to keep a weekly food diary, reduce portion size and eat a healthy balanced diet with plenty of fresh fruit and vegetables and take moderate exercise by walking and moving more. Last year (April 2013-2014) twenty pharmacies delivered this service. 264 people used the service and lost a total of 1295Kg.

14.3.4 NHS Health Checks

A national programme NHS Health Checks was launched in April 2009. Vascular disease is the single largest cause of long-term ill health and disability, impairing the quality of life for many people. The burden of these conditions falls disproportionately on people living in deprived circumstances and on particular ethnic groups, such as South Asian communities. Vascular disease accounts for the largest part of health inequalities in our society.

The check is offered to residents who are aged between the ages of 40 and 74, who have not already been diagnosed with linked conditions or have certain risk factors. Residents will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk.

Thirteen pharmacies offer this service alongside most GP practices in the city. Having a pharmacy service offers residents more choice and access. Clients of the service are encouraged to adopt healthier lifestyles through accessing the range of lifestyle services provided through pharmacy, when appropriate.

14.4 Sexual Health Services

As a university city Portsmouth has a significantly higher population of young people than other areas of the country. It is estimated that 11.8% of the city's population is aged 20-24 years compared to England and Wales average of 6.8% of total population. Portsmouth University has a population of approximately 20,000 registered students, mostly in the age range of 18 years – 26 years of age.

Teenage Pregnancy - In 2010/12, Portsmouth's conception rate in women aged less than 16 years was 7.3 conceptions per 1,000 women aged 13-15 years – significantly higher than the England and Regional rates and higher but not significantly the rate in Southampton rates, however this is the lowest the local rate has been since 1998/00.

NICE recommendations include many measures to improve access to sexual health services. These include;

- ensure all young women are able to obtain free emergency hormonal contraception.
- in addition to providing emergency hormonal contraception, professionals should ensure that all young women who obtain emergency hormonal contraception are offered clear information about, and referral to, contraception and sexual health services.
- encourage all young people to use condoms in every encounter, irrespective of their other contraceptive choices, because condoms help to prevent the transmission of sexually transmitted infections.
- to provide chlamydia screens to all sexually active young people aged between 16 and 25 years of age.

Community pharmacy services target and meet these recommendations

14.4.1 Emergency Hormonal Contraception

The supply of Emergency Hormonal Contraception is available free through 38 of our local pharmacies. Our promotional material does target women 25 years of age and younger but the service is available to all women of child bearing age to lessen the demand on GP practices, A&E and out of hour services.

Last year (April 2013-March 2014) more than 4320 consultations were made across 35 pharmacies. With access on Saturday, Sundays and late evening 73% of these consultations took place within 24 hours of the unplanned sexual incident and 93% within 48 hours of the incident.

14.4.2 Chlamydia Screening

The National Chlamydia Screening Programme is a control and prevention programme targeted at sexually active men and women under the age of 25 years. Within Portsmouth Chlamydia Screening kits are available from pharmacies supplying sexual health services as well other venues including GP surgeries and dedicated clinics and outreach programmes.

14.4.3 Condom Distribution

Pharmacies have distributed condoms to sexually active young women through the Emergency Hormonal Contraception service. This year the service has been extended to distribute condoms to young people who are part of the 'Go For It' scheme on production of a condom card.

14.5 Harm Reduction Services

The rates of drug misuse and its associated morbidity and mortality in the UK are among the highest in the western world. Drug-related deaths due to overdose in the UK are among the highest in Europe.

- Drug misuse is more common in areas of social deprivation.
- Drug treatment is effective, has an evidence base and is cost-effective:
- It has an impact on levels of drug use, offending, overdose risk and spread of blood-borne viruses.
- Between a quarter and a third of those entering treatment achieve long-term sustained abstinence.
- Drug misusers may have multiple social and medical problems. Their mortality rates are higher and are particularly at risk from blood-borne infections:
- 21% of injecting drug users are thought to be infected with hepatitis B in the UK and 50% with hepatitis C.
- 1.3% of injecting drug users in England, Wales and Northern Ireland are HIV positive.
- HIV prevalence is thought to be increasing and shared injecting equipment is thought to be responsible.

Drug misuse has a serious impact on the families of the drug misusers, especially children of drug-using parents. Effective treatment of the parent can greatly improve the situation.

Acquisitive crime is linked to drug misuse and it is estimated that on average 16% to 38% of a heroin user's income is gained from property crime. Drug treatment in the community can reduce offending, and the longer offenders were in treatment, the better the outcomes.

Community pharmacy provides two services that contribute to the harm reduction programme in the city.

14.5.1 Supervised Consumption

Current guidelines, Drug Misuse and dependence; guidelines on clinical management, Department of Health and NICE guidance, TA114 Methadone and Buprenorphine for the management of opioid dependency state that methadone and buprenorphine (oral formulations), using flexible dosing regimens, are recommended as options for maintenance therapy in the management of opioid dependence and that both drugs should be administered daily, under supervision, for at least the first 3 months. Supervision should be relaxed only when the patient's compliance is assured. Both drugs should be given as part of a programme of supportive care. The rationale for this recommendation is to provide routine and structure for the client, helping to promote a move away from chaotic and risky behaviour.

Regular contact with the pharmacist and pharmacy staff can help to reduce the social isolation felt by many people with addictive illness. Pharmacists and their staff are well placed to spot the deterioration of a person's state and alert other members of the healthcare team to the person's need for further support if appropriate.

The current supervised scheme is run through 22 pharmacies and they provided this service to 580 clients during the last financial year.

14.5.2 Needle Exchange

Needle Exchange services for injecting drug users are a crucial component in providing a comprehensive harm reduction programme. These schemes prevent blood born viral infections within the illicit drug addiction community.

Needle Exchange services are available from 25 pharmacies and the services are used on average 1500 times per month.

14.6 NHS Portsmouth Clinical Commissioning Group Services

NHS Portsmouth CCG is responsible for commissioning a wide range of NHS services for people who live and work in the city of Portsmouth. The CCG covers the whole city area and the boundaries match those of Portsmouth City Council. The area has 24 GP practices, each of which is a member of the CCG.

Community Pharmacy is an important stakeholder in improving people's health and well-being. Pharmacy has several well recognised roles in supporting residents health and well-being. These includes access to self-care advice and treatment for minor, self-limiting conditions such as cough and colds, hay fever treatments, minor skin conditions that reduces demand on GP services. When a condition is more serious and needs additional support from health care professional then pharmacists can signpost customers to an appropriate health care service.

More than half of our population over 65 years of age suffer from at least one long term condition and more than 10% of the adult population of working age. The majority of long term conditions require regular medication for treatment of symptoms or prevention of further complications. Therefore pharmacy staff are regularly in contact with their patients as they collect repeat medicines and can provide advice on taking medicines, support compliance with medicines and provide advice on lifestyle interventions to help progression of the long term condition.

These services are part of the national contractual framework for all pharmacists and have been described in section 8.2 and 8.3. However two additional services have been locally commissioned to build on these services.



14.6.1 Medicine Concordance

Good compliance with medicine can prevent disease progression and hospital admission. Examples include heart attack, stroke, exacerbations of COPD, asthma and some hyperglycaemic episodes. Many studies have been cited about the related costs associated with poor compliance. Increases in both finance related to greater health treatment costs and reduction in quality of life both can be attributed to poor compliance and the associated unplanned treatment of exacerbations and critical events. (York Study 2010 -Estimating the Cost of Waste Medicines in the National Health Service Chapter 5 The Economic Impact of Poor Compliance)

In Portsmouth there are 13551 people over the age of 75 living in Portsmouth (census 2011). There are an estimated 4900 people, in this age band, on 4 medicines or more.

Latest statistics show there are 2142 Portsmouth residents will have some form of dementia. 55% (1178) will be mild, 32% (685) will be moderate, and 13% (279) will be severe. In 2008 Portsmouth PCT set up an Intermediate Care Pharmacy service to support medicine taking for the most vulnerable people. Due to organisational changes this service is now hosted by NHS Solent. Though there are no age constraints on patients referred to this service, more than 90% of referrals are for the elderly.

This pharmacy team has a spectrum of support for any individual with problems taking their medicines. This ranges from medication review, synchronizing medicines, auditing medicines taken with GP held records, compliance cards and one off aids. However regular ongoing support from local community pharmacy, (which is not within their regular NHS terms of service) has often been identified as the best option for many scenarios. This support may include Medicine Administration Record Chart or monitored dosage system with additional monitoring for individual patients.

This associated community pharmacy commissioned service has been developed to support the work of the Intermediate Care Pharmacy team to provide the best support for individual patients in taking their medication.

The service will remunerate ongoing supply of medication recording charts and monitored dosage systems from pharmacies, against 28 day prescribing period, for those patients who have been appropriately assessed as in need of this level of additional support.

In the last financial year 376 patients received this extra level of support.

14.6.2 Minor Ailments

Minor ailments are defined as common or self-limiting or uncomplicated conditions which can be managed without medical intervention. The management of patients with minor self-limiting conditions, impacts significantly upon GP workload. The situation is most acute where patients do not pay prescription charges and may not have the resources to seek alternatives to a prescription from their GP. It is estimated that one in five GP consultations are for minor ailments and by reducing the time spent managing these conditions would enable them to focus on more complex cases.

Nationally 8% of A&E department visits involve consultations for minor ailments, costing the NHS £136 million annually.

With the change in NHS systems architecture, and the prevailing economic climate, services such as Community Pharmacy based Minor Ailments scheme, which reduce costs, release GP time for the management of more complex long-term conditions and have a positive impact on urgent and emergency services are increasingly being adopted as part of system redesign.

The NHS England evidence base report on the urgent care review, published in June 2013, highlighted the role that pharmacies could play in providing accessible care and helping many patients who would otherwise visit their GP for minor ailments. It concluded that; 'Community Pharmacy services can play an important role in enabling self-care, particularly amongst patients with minor ailments and long term conditions.'

A minor ailments scheme has been in place within Portsmouth, since 2005. Currently this has been limited to two geographical areas in the city. It covers 12 conditions and is delivered through 9 pharmacies.

Last year more than 2700 consultations were made through the scheme at a cost of £15,000. It can be estimated if these cases presented at an alternative minor ailments centre e.g. St Mary's Treatment centre then costs would exceed £120000.

In 2014 the service will be expanded across the city taking advantage of the advances in IT and data capture to stream line the service. It is anticipated that most pharmacies will have joined the scheme by March 2015

14.7 Other local services and activities

As part of the Healthy Living Pharmacy programme pharmacy staff has undertaken work and projects outside of the formally commissioned service. This work is targeted at the priority objectives of the CCG and the Health and Wellbeing board and has enabled community pharmacy to engage with the wider community. Some examples are listed below:

14.7.1 Targeted Respiratory Medicine Use Reviews (MUR)

A medicine use review is a conversation with the patient about how they take/ use their medicines and focus on good compliance, minimising side-effects and maximising the benefits of the medicines. In 2010 as part of the HLP project Portsmouth pharmacists and technicians received extra training in how to teach patients to use their inhalers more effectively. Every pharmacy was asked to engage with at least 30 patients who used inhalers and ask about their current respiratory symptoms which were benchmarked scored as an Asthma Control Test or COPD test rating. The pharmacist delivered the training, education and knowledge about inhaler use within a medicine use review. Three – six months later the patient was re-assessed about their symptom control and knowledge and understanding of their inhalers. Data was collected to measure the effectiveness of this intervention, which demonstrated that symptom control had improved and patients better understood how to make the most of their medication. This project was replicated across the South Central region using similar data collection methods and has since led to Respiratory drugs being one of the categories for national targeted MURs.


14.7.2 Healthy Start Vitamins

Pharmacy staff are key assets in promoting breast feeding and healthy eating in 0-5 years. Following a training session about breast feeding the pharmacy network was asked to join the city wide network of sites that will distribute Healthy Start Vitamins. Twelve pharmacies are part of this scheme and in the last 12 months they have issued over 300 supplies of these products.

14.7.3 Dementia and Elder Friendly Pharmacy initiatives

The HWB has supporting people suffering from dementia to live well in their communities, as a priority target. Community Pharmacy has supported this initiative by developing some criteria that demonstrate that a pharmacy is 'Elder Friendly'.





Alongside this development a series of training events has been run to encourage Community Pharmacy staff to become a dementia friend. More than 110 staff has attended this training in the Portsmouth locality in 2013 and 2014. The elder friendly pharmacy criteria were launched in January 2014 and twenty four pharmacies attained this standard by March 31st this year.

14.7.4 Carers signposting service

A recent talk from the carers centre staff has inspired 7 community pharmacies to proactively seek out non paid carers from their customers. They are identified when coming to collect prescriptions on behalf of relatives, friends or neighbours. Pharmacy staff can talk about the benefits of being known to the carers centre and put them in touch with a trained advisor who can see if the eligible for extra support at home.

This initiative started in 2012 and in the first 6 months received 44 referrals from pharmacies of carers not previously known to the service.

14.7.5 Men's Health Promotion

The life expectancy of men in the city is below the England average. Improving men's health and their health lifestyles is a key objective for the local community. In 2011 a number of Healthy living pharmacies have interviewed in excess of 850+ men over a two month period. This has been repeated in 2014 .The project has promoted local NHS services to these men, engaged men in discussion about their health lifestyle and provided valuable data for determining future health promotions and demographic information.

14.7.6 Outreach work

Alongside the Healthy Living Pharmacy programme staff have been encouraged to move out from their stores and bring HLP out into the community. As a HLP network this year we have taken HLP to two community street days, a carer event, sexual health event, men's health promotion event held at a local mosque and a health promotion event at the local football ground. Individual pharmacies support events at local Sure Start centres, local schools, warden control housing sites and church community events.

14.8 Development and training of the workforce

The local community pharmacy network is actively involved in training and development. The Local Pharmaceutical Committee organises training evenings five times a year at the City Boys School on a variety of clinical and therapeutic topics. A new Community Pharmacy Wessex Academy has recently been launched as a collaborative initiative between Hampshire & IOW LPC and Dorset LPC to provide further opportunity for the pharmacy workforce to gain health and wellness skills in support of service delivery The Centre of Pharmaceutical Postgraduate Education provides a range of training opportunities for pharmacists and technicians through local and regional workshops and training sessions and a comprehensive list of distance learning courses covering all aspects of community pharmacy including public health issues, local services, clinical and therapeutic topics plus leadership and staff development training.

Portsmouth City Council is now responsible for the Healthy Living Pharmacy programme and continues to support the development of the staff involved in this programme. This includes access to courses such as the Royal Society of Public Health programmes and local courses on Behaviour Change and motivational interviewing plus a range of bespoke training linked to individual services, e.g. needle exchange, smoking cessation and healthy eating.

The Health Champion network of training (formerly Healthy Living Champion) is one of the strongest achievements of the HLP programme. Four half day events are held each year for front line counter staff and technicians, whose daily work brings them in contact with the public. They are committed to proactively promoting health and wellbeing.

14.9 Commissioning in the future for community pharmacy

The NHS and Local Authorities have been through considerable transformation and change during the last four years. These changes and developments will continue during the three year life of this PNA. During this period finances for both organisations will come under considerable pressure alongside increasing public demand for both community and primary care services. The HWB, representing both NHS Portsmouth CCG and Portsmouth City Council, has developed the following vision;

- Our vision is for everyone in Portsmouth to live healthy, fulfilling lives. When support is required, it will be tailored to the needs of the individual and delivered at the right time and in the right setting.
- We will commission cost effective services that work together as one, intervening earlier, promoting independence and reducing inequality.
- Pathways will be un-complicated; services will be accessible and convenient; people will be well-informed, in control and able to choose the support that is right for them.

New commissioning opportunities will arise during the next three years and will be explored to see if community pharmacy could be one of many possible providers for these services.

Potential examples currently under consideration include;

- screening of blood-borne viruses in our population who use injecting equipment for drug misuse.
- visiting housebound patients to give advice and support in taking their medicines effectively.

However just as new commissioning opportunities arise local organisations will be reviewing existing services to ensure that they are delivering outcomes, are cost effective and are targeted at the population most in need. Community Pharmacy needs to continue to deliver and improve their current service outcomes and have these efforts measured against other existing and potential new providers to maximise the benefit of these services for the population of Portsmouth.

The strength of the Healthy Living Pharmacy model has been recognised locally and nationally. This concept is being replicated across the country in other pharmacies. By building on these values, established within Healthy Living Pharmacy model, community pharmacy is in a strong position to contribute to the health and wellbeing vision for Portsmouth.



Equality Impact Assessment

Full assessment form v5 / 2013

www.portsmouth.gov.uk

Service:

Health, safety and licensing

Title of policy, service, function, project or strategy (new or old):

Pharmaceutical Needs Assessment for Portsmouth 2015

Type of policy, service, function, project or strategy:

New / proposed

Changed

Existing

Lead officer

Matthew Smith Public Health Consultant

People involved with completing the EIA:

Janet Bowhill Pharmaceutical Adviser
Catherine Bennett Marketing Officer

Introductory information (Optional)

Step 1 - Make sure you have clear aims and objectives

What is the aim of your policy, service, function, project or strategy?

A Pharmaceutical Needs assessment (PNA) is a statement of current pharmaceutical services provided in the local area. It also assesses whether or not the pharmaceutical services provision is satisfactory for the local population and identifies any perceived gaps in the provision.

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs. The National Health Service (Pharmaceutical and Local Pharmaceutical Services (Amendment and Transitional Provision) Regulations 2014 have been published to amend these regulations following a report published by the Joint Committee on statutory instruments.

The first PNA to be produced by Portsmouth Health and Wellbeing Board must be published by 1st April 2015 to comply with these regulations

Who is the policy, service, function, project or strategy going to benefit or have a detrimental effect on and how?

The PNA reflects the current and future needs for Pharmaceutical Services. This affects the residents of Portsmouth, people who work and study in the city and partner NHS organisations including NHS Portsmouth Clinical Commissioning Group, Portsmouth Hospital Trust, GP practices and the existing community pharmacy network.

Access to high quality pharmaceutical services is particularly relevant for those taking medicines, typically people suffering from long term conditions and disproportionately affects the sick and the elderly.

What outcomes do you want to achieve?

Effective provision of pharmaceutical services, that meet the needs of people living and working in Portsmouth. The services need to be available across the city by all people who need them.

What barriers are there to achieving these outcomes?

Community pharmacies are businesses and provision of desired pharmaceutical services have to be commercially viable. Public may express ask for more pharmacies and extended hours but this has to be balanced against financial viability for the NHS, PCC and

the local pharmacy business community.

Step 2 - Collecting your information

What existing information / data do you have? (Local or national data) If you don't have any data contact the Equalities and diversity team for some ideas

Extensive data has been collated from a number of sources including:-

- JSNA
- Nationally held data on NHS Pharmaceutical Services
- Bespoke data collated by Public Health Informatics team
- Questionnaire to inform the PCC of current services of all 41 community pharmacy contractors
- Public consultation on the draft version of the PNA
- Professional stakeholder consultation on the draft version of the PNA

Using your existing data, what does it tell you?

The conclusions determined:-

In Portsmouth there are 41 community pharmacies and one dispensing appliance contractor.

- The PNA has not identified any gaps in current pharmaceutical provision.
- There is good geographical distribution of pharmacies, with the majority of the resident population living within 500 metres of a community pharmacy.
- The density of pharmacies located across the city gives patients a choice of local pharmacies for pharmaceutical services.
- The opening hours of local pharmacies provide residents and visitors with a good level of access to services. Residents are able to use these services from early in the morning to late in the evening and on Saturday and Sundays. The additional opening hours provided by the '100 hour' pharmacies have provided an extension to these hours.
- All pharmacies provide the full range of Essential Pharmaceutical Services.
- All pharmacies provide at least one Advanced Pharmaceutical Service and there is access to all advanced services within the city.

From the consultation process 61 responses were obtained. 27 written comments were received. Some respondents expressed concerns about pharmacy locations and pharmacy opening hours. The overall satisfaction with the PNA was good.

Fuller details of those comments and the responses have been included within the PNA.

Step 3 - Now you need to consult!

Who have you consulted with?

There had been public and professional consultation .
This has followed the requirements of the national regulations.

If you haven't consulted yet please list who you are going to consult with

Please give examples of how you have or are going to consult with specific groups or communities e.g. meetings, surveys

The draft document and the consultation questionnaire has been available for 76 days on the Portsmouth City Council web site.
Professional stakeholders have been contacted directly by email.
Public consultation has included publicity on the PCC website; quarter page advert in the November flagship; 2000 postcards inviting public to respond have been distributed via pharmacies and libraries
Social media
Twitter: posts from @portsmouthtoday, @healthpompey
Facebook: PCC facebook and Healthy Pompey
The Voluntary Sector has had information about the draft PNA in the autumn newsletter produced by the council

Step 4 - What's the impact?

Is there an impact on some groups in the community? (think about race, gender, disability, age, transgender, religion or belief, sexual orientation, pregnancy and maternity and other socially excluded communities or groups)

Generic information that covers all equality strands (Optional)

There is no specific impact on any one particular group. Everyone may need to access pharmaceutical services in the city.
The PNA has made specific reference to:-
Physical disability; Life expectancy; Mortality; Mental health; Armed Forces personnel and veterans
Adults with autistic spectrum conditions; Dementia ;Learning disabilities ; Carers; People threatened with homelessness ; Gypsies and travelers and taken account of long term conditions and the needs of those people who are housebound.

Ethnicity or race

No specific impact has been identified . Questions were asked about languages other than English spoken by the pharmacy staff and the languages used within their local community.

Gender including transgender

No specific impact has been identified

Age

Medicine use increases with age and the majority of older people (65+) will be taking at least one

regular prescription medicine. All pharmacy contractors were asked about their services that would support this age group. These services include prescription collection, home delivery of medicines and other pharmaceutical requirements. Adjustments to the dispensing process including easy open containers and large print labels.

Disability

All pharmaceutical contractors were asked to describe adjustments they make in their service for disabled service users. This included wheelchair access into premises and consulting rooms, hearing loops and access by housebound patients.

Uptake of services such as medicine use review were evaluated, which help to educate and support patients in use of their medicines and improve compliance.

Specific comments from the consultation mentioned returning to pharmacies for medicines not in stock; and accessing pharmacy when finding it difficult to travel if elderly or living with a disability eg heart condition. During the data collection process it was confirmed that all pharmacies in the city offer prescription collection and home delivery service for those patients finding difficulty in getting to a pharmacy. This service is provided free of charge and additional to NHS terms of service for pharmacies.

Religion or belief

No specific impact has been identified.

Sexual orientation

No specific impact has been identified

Pregnancy and maternity

No specific impact has been identified

Other socially excluded groups or communities e.g. carers, areas of deprivation, low literacy skills

Reference to services beneficial to carers have been made within the document.

Areas of deprivation have been identified and pharmaceutical service provision has been described

within the assessment.

Health Impact

Have you referred to the Joint Needs Assessment (www.jsna.portsmouth.gov.uk) to identify any associated health and well-being needs?

Yes No

What are the health impacts, positive and / or negative? For example, is there a positive impact on enabling healthier lifestyles or promoting positive mental health? Could it prevent spread of infection or disease? Will it reduce any inequalities in health and well-being experienced by some localities, groups, ages etc? On the other hand, could it restrict opportunities for health and well-being?

The appendix of the PNA references the locally commissioned services from pharmacies and their role in promoting healthy lifestyles and well being.

The document has been developed to ensure good quality and range of pharmaceutical services may be accessed by the local population within Portsmouth. Many services have been described and identified as having beneficial impact on promoting healthier lifestyles and wellbeing.

Health inequalities are strongly associated with deprivation and income inequalities in the city. Have you referred to Portsmouth's Tackling Poverty Needs Assessment and strategy (available on the JSNA website above), which identifies those groups or geographical areas that are vulnerable to poverty? Does this have a disproportionately negative impact, on any of these groups and if so how? Are there any positive impacts?, if so what are they?

The PNA profiles and references deprivation and the associated poor health and well being in the city.

This should have positive impact as the document highlights the areas of greatest need and where services can have the most impact.

Step 5 - What are the differences?

Are any groups affected in a different way to others as a result of your policy, service, function, project or strategy?

There is no intention to affect any specific group in a different way due to this assessment. It is hoped that the document will be used as a reference to develop and improve pharmaceutical services in the city.

Does your policy, service, function, project or strategy either directly or indirectly discriminate?

Yes No

If you are either directly or indirectly discriminating, how are you going to change this or mitigate the negative impact?

Not applicable

Step 6 - Make a recommendation based on steps 2 - 5

If you are in a position to make a recommendation to change or introduce the policy, service, project or strategy clearly show how it was decided on

The recommendation is that the PNA is adopted by the Health and Well Being Board at its meeting on 25th February 2015. The final version of the PNA will be published by 1st April 2015 on the PCC website.

What changes or benefits have been highlighted as a result of your consultation?

The document will be used as reference by NHS England to:-
Determine market entry of new NHS pharmaceutical service providers
Determine relocation or change of business premises of existing pharmaceutical service providers

The document may be used by Portsmouth City Council and NHS Portsmouth Clinical Commissioning

Group to inform local commissioning decisions

If you are not in a position to go ahead what actions are you going to take?

(Please complete the fields below)

Action	Timescale	Responsible officer

How are you going to review the policy, service, project or strategy, how often and who will be responsible?

HWB are required under the regulations to publish a revised assessment within three years (April 2018).
Any changes of community pharmacy premises in numbers of practices or locations within this three year period will be published as a supplementary note to the PNA

Step 7 - Now just publish your results

This EIA has been approved by: Matthew Smith

Contact number: 02392 841779

Date: 20th February 2015.

Please email a copy of your completed EIA to the Equality and diversity team. We will contact you with any comments or queries about your full EIA.

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Email: equalities@portsmouthcc.gov.uk

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