

Pharmaceutical needs assessment

Brighton & Hove City Council
Public Health Intelligence Team



Executive Summary

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

Since April 1st 2015, every Health and Wellbeing Board (HWB) has had the responsibility to carry out and publish a PNA at least every three years. The development of this PNA includes the analysis of health needs, local information, intelligence, plans and strategies; surveys with the public, pharmacies, GPs, care and nursing homes. Formal public consultation lasting 60 days took place between October and December 2017.

Local population

There are a number of demographic factors that affect the need for pharmacy services within the city. It is estimated that there are 289,200 people living in Brighton and Hove, an increase of 4,000 people (1.4%) since 2015 when the last PNA was published. This number is expected to increase by 6.7% to 305,900 people, by 2026. The city has a relatively younger adult population than the rest of England with higher proportions of people aged 16-64 years and lower proportions of children and older people aged 65-74. The proportion of the population aged 85 years or over is similar to the rest of the country.

Pharmacy services

There are currently 56 community pharmacies within the city (including one distance selling pharmacy), four less than at the time of the 2015 PNA. This translates to 19 pharmacies per 100,000 residents compared to a range of 18 to 26 per 100,000 for CIPFA neighbours^a (where 2018 PNA data has been published) with a median of 19 per 100,000, this is the same as 19 per 100,000 for Kent, Surrey and Sussex and lower than 22 for England. The PNA Steering Group concludes that the current number of pharmacies and pharmacists is sufficient to meet pharmaceutical needs of residents. This is due the proximity of pharmacies in the city to where residents live

^a The Chartered Institute of Public Finance Accountants has developed a model to measure similarity between local authorities. The nearest neighbours with PNA data available for 2018 included: Southampton and Reading 18 per 100,000, Portsmouth, and Swindon 19 per 100,000, Southend 21.8 per 100,000, Medway, and Newcastle 22 per 100,000, and North Tyneside 25.7 per 100,000.

and travel times to reach a community pharmacy as well as and the increasing numbers of pharmacist roles (such as through the Better Care work) and the numbers of non-medical prescribers which supports increased access to pharmaceutical advice and support overall. The number of pharmacist roles in the city has increased through the recruitment of specialist pharmacists e.g. Better Care Pharmacists, Rapid Response Pharmacists, NHS England Pharmacists, Practice Pharmacists, and Care Home Pharmacists. Many of these posts are being trained as non-medical prescribers.

However, if the number of pharmacies continues to reduce, this may have an impact on the capacity of the remaining pharmacies to pick up the additional workload. This could potentially lead to longer waits for prescriptions to be dispensed for patients and may reduce the ability of pharmacies to decrease the GP workload by offering services such as minor conditions advice. One strategy being implemented to ease the burden on GPs is to move pharmacists into GP Practices, as with the Better Care Pharmacists in the city. These are not dispensing pharmacists though, so they will not offset any further loss of community pharmacies.

However, the PNA Steering Group will review capacity should another pharmacy close.

Residents on the whole (87%) are satisfied with pharmacy services however opportunities remain to maximise the role of pharmacies in reducing health inequalities and improving health and wellbeing.

76% of respondents to the PNA community survey agreed that they can find and use an open pharmacy when they need one. Only 10% said the opening times of the pharmacy they used didn't meet their needs. This report recommends that information about pharmacies opening times and the services provided, should be made more readily available to residents in different ways to ensure local people are aware of where and when services are available.

The survey with residents, GPs and non-medical prescribers showed that there is a lack of knowledge and understanding about the services delivered by community pharmacies. This report recommends that information on all pharmacy services should be made more readily available locally to different audiences, including GPs and residents. The survey with community pharmacies showed that only a third (32%) was aware of Better Care pharmacists. This report recommends that steps should be taken to increase their awareness of these.

There is good geographical coverage across the city of community pharmacies including advanced and public health commissioned locally commissioned services such as Healthy Living Pharmacies (HLPs) and smoking cessation. There are 28 HLPs a significantly improved number from 12 in 2014/15. HLPs carry out additional health improvement activities. The findings from the previous PNA drove HLP

developments and coverage across the city, particularly within deprived areas. The PNA has not identified any significant gaps in the current pharmaceutical provision.

Summary of recommendations

Access to pharmaceutical services

- The population demographics, housing projections and distribution of community pharmacies in Brighton & Hove suggest that the current level of pharmacy services will be sufficient to meet current need until the next PNA is published in 2021. However, where housing developments are planned and/or pharmacies have a change in contract which may result in their closure within the lifetime of this PNA, further consideration may be required. (Recommendation: Page 46)

Service Quality Improvements

- The Clinical Commissioning Group (CCG) and Brighton & Hove City Council (BHCC) should develop a campaign to improve GPs' and non-medical prescribers' knowledge and understanding of the services offered by community pharmacies. This should help to alleviate the pressure on GPs by directing suitable patients to access pharmacy services instead (Recommendation: Page 119)
- Pharmacists should provide information and advice on medication aids and medications, including side effects and drug interactions. In particular this advice (or training where appropriate) should be given to people with complex needs, including older people, and those with mental ill health, long term conditions and carers. (Recommendation: Page 87)

Improving outcomes: Public Health Services provided by community Pharmacies

- Develop the Healthy Living Pharmacy service to include more mental health elements and joint campaigns with neighbouring GP Practices. (Recommendation: Page 120)
- In view of the projected increase in the proportion of older people living in the city all community pharmacies should be trained in communicating with older people. (Recommendation: Page 32)
- Public Health to promote the uptake of Make Every Contact Count (MECC) training amongst community pharmacies. (Recommendation: Page 113)
- The role of pharmacies in offering stop smoking services should be strengthened through the development of action plans and training, where

appropriate. BHCC should also review its payment schedules.
(Recommendation: Page 80)

- When making commissioning decisions the CCG, NHS England and BHCC should take into consideration the role of community pharmacies in addressing the needs of patients with long term conditions.
(Recommendation: Page 41)

Medicines optimisation service: the safe and effective use of medicines to enable the best possible outcomes

- The CCG to increase the proportion of electronic prescriptions converted to electronic repeat dispensing (eRD). (Recommendation: Page 103)
- Communication systems to be improved between community pharmacies and GPs, non-medical prescribers, Better Care pharmacists, care and nursing homes, Nursing Home Medication Review Team and hospital pharmacies.
(Recommendation: Page 80 and 119)
- CCG to promote the understanding of the role of Better Care pharmacists amongst community pharmacists in each GP Practice cluster.
(Recommendation: Page 113)

Information Management Tools (IMT)

- Data sharing of patients' records by GPs with pharmacies to be improved, where appropriate.(Recommendation: Page 103)
- Improve joint working through greater use of digital communications between community pharmacies and GP Practices. (Recommendation: Page 80)

In conclusion

The PNA report considers there to be sufficient coverage of community pharmacies and related services in the city. The report supports commissioners to design services to address local health and wellbeing needs and reduce health inequalities.

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1. Introduction

1.1. What is a PNA?

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

The provision of NHS Pharmaceutical Services is a controlled market. If an applicant wants to provide NHS pharmaceutical services, they are required to apply to NHS England to be included on a pharmaceutical list. Since April 2013 pharmaceutical lists are compiled and held by NHS England. This is commonly known as the NHS “market entry” mechanism. Other types of contractor include dispensing doctors, authorised to dispense drugs and appliances in designated rural areas.

Under the Regulations, applications for inclusion in the pharmaceutical list must prove that they are able to meet a pharmaceutical need as set out in the relevant PNA. There are two exceptions, one for services provided by distance selling (e.g. internet pharmacies), and the second is an application for needs not foreseen in the PNA (known as “unforeseen benefits”).

NHS England will use the PNA when making decisions on applications. Such decisions are appealable and decisions made on appeal can be challenged through the courts.

PNAs can also be used by the Local Authority and the NHS locally in making decisions on which Local Authority and NHS funded services could be provided by local community pharmacies e.g. Chlamydia Screening, Emergency Hormonal Contraception Service etc.

Health and Wellbeing Boards (HWBs) have the responsibility to carry out and publish a PNA for its population at least every three years and publish supplementary statements stating any changes to local pharmaceutical services. These should be published as soon as is reasonably practical after identifying significant changes to the availability of pharmaceutical services since the publication of its PNA; unless it is satisfied that making a revised assessment would be a disproportionate response to those changes.

Changes have also been made to the market entry regulations to facilitate the consolidation of pharmacies. These require the HWB to comment on whether or not a gap in pharmaceutical service provision would be created by the proposal for consolidation. If the application is granted and pharmacy premises are removed from the relevant pharmaceutical list, and the HWB does not consider that a gap in

service provision is created as a consequence, it must publish a supplementary statement alongside its PNA recording its view.

The HWB is also required to maintain an up to date map of provision of NHS Pharmaceutical Services.

HWBs need to ensure that the NHS England Area Teams have access to their PNAs.

Under the Regulations each HWB was initially required to publish its own revised PNA for its area by 1st April 2015 and update this every three years. In order to obtain HWB sign-off a two month period of public consultation beforehand is required (Part 2 NHS regulation, 2013)¹

1.2. Purpose of the PNA

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

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

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

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

1.3. Context

This PNA is being written against a background of funding cuts in the wider health and social care economy and at a time of increasing demand as patients are living longer with more co-morbid conditions. To address these demands changes in the models of care are being implemented, all of which will have an impact on the work of community pharmacies by the time this PNA is refreshed in three years.

Until recently government funding for community pharmacy was £2.8 billion a year, but in 2016 this was reduced to £2.687 million for 2016/17 and £2.592 million for 2017/18. This represents a 4% reduction in 2016/17 and 3.4% in 2017/18.

Changes have also been made to the way funding is distributed.

- Establishment payments will be phased out, and a range of dispensing-related fees will be amalgamated into a single activity fee: the professional/dispensing fee, practice payment, repeat dispensing payment and monthly electronic prescription service (EPS) payment.
- A Pharmacy Access Scheme (PhAS) has been introduced to support services in isolated areas. Pharmacies will be eligible if (i) the pharmacy is more than a mile away from the nearest other pharmacy by road and (ii) the pharmacy is on the pharmaceutical list as at 1 September 2016 and (iii) the pharmacy is not in the top 25% largest pharmacies by dispensing volume. There are six pharmacies eligible for the Pharmacy Access scheme in Brighton & Hove.^b
- A £75 million Quality Payment Scheme (which includes a Quality Premium for level 1 Healthy Living Pharmacies) will reward pharmacies with funding based on how well they perform against criteria set out by the government. To be eligible pharmacies must meet the four “Gateway” criteria which are: provide at least one specified advanced service; have an up to date NHS Choices entry; have NHS mail; use the Electronic Prescription Service. Pharmacies will then receive payment if they achieve additional quality criteria.
- A Pharmacy Integration Fund will support the integration of pharmacists across the NHS/primary care work force. The fund will provide an additional £42 million to the funding set out for 2016-18.

1.4. Medication Supply

Nationally, medication supply issues are exerting pressure on community pharmacies. Supply and demand issues have arisen as a result of: quotas, branded generic supplies and wholesale availability and supply from manufacturers.

Other contributory issues are:

- Manufacturing problems
- Raw material problems
- Regulatory problems.

The priority for community pharmacies is to get medicines to patients when they need them. NHS regulations require all prescriptions to a pharmacy to be dispensed but the law **does not** oblige manufacturers and wholesalers to meet the orders in a similar way. This can cause problems for pharmacists and patients.

^b Asda in Crowhurst Road, Coldean, Leybourne, Matlock pharmacies and Well pharmacies in Chalky Road and Warren Way.

1.5. Pharmacy – A way forward for Public Health. 2017.

Public Health England published *Pharmacy – A way forward for Public Health* in September 2017. This document outlines the opportunities commissioners and local providers can use to enable community pharmacies to play a key role in delivering public health interventions. These include pharmacists in GP Practices; optimising the role of community pharmacies; commissioning pharmacies to deliver public health interventions; playing a role in Sustainability and Transformation Partnerships and through Healthy Living Pharmacies. It also highlights the key priorities community pharmacies can focus on: NHS Health Checks; Sexual health/contraception; Healthy Child Programme; Alcohol; Drugs; Falls & MSK; Smoking; Diet & obesity; Blood Pressure & Atrial Fibrillation; Mental Health; Healthy Ageing (including dementia and frailty); Maternity & Early Years; Antimicrobial Resistance; Diabetes; Health & work and Physical Activity.

1.6. Caring Together

Caring Together is a joint programme led by Brighton & Hove CCG Clinical Leadership Group and Brighton & Hove City Council (BHCC), which sets out how the city can improve and transform adult and children's health and care services, physical and mental health, social care, public health, GPs, pharmacies, community, voluntary sector and hospital services. The Caring Together plan is aligned to the Sustainability and Transformation Partnership (STP), which covers the wider area of Sussex and East Surrey. Caring Together is Brighton and Hove's local footprint of the STP.

Caring Together has six clinical programmes: Prevention and Community Care; Planned Care and Cancer; Access to Primary Care and Urgent Care; Mental Health, Learning Disability, Children and Families; Medicines Optimisation and Future Models for Acute Care

The Medicines Optimisation strand has six principal deliverable outcomes.

- Project 5A. Better Care Pharmacists (BCP)
- Project 5B: Pharmacy Support to Discharge.
- Project 5C: Non-Medical Prescribers.
- Project 5D: Support to Practice Support Staff.
- Project 5E: Paediatric Formulary.

(Projects 5A to 5C are linked under the heading of “Establishing unified medicines optimisation support to General Practice”)

The purpose of this programme is to optimise the use of medicines across the Brighton and Hove health economy to ensure that the right patient receives the right choice of medicine at the right time to improve patient outcomes.

This care programme delivers the following overall benefits to the local Health and Social Care environment:

- Establishing unified medicines management support to General Practice.

- Increasing skills in the workforce to release time from GPs and extending the role of pharmacists in primary care to include non-medical prescribing cluster clinics in Long Term Conditions (LTCs).
- Supporting and educating practice staff to manage repeat prescribing more effectively and efficiently.
- Reducing medicines wastage from inefficient processes and also from medication reviews, therefore releasing savings that can be invested elsewhere in healthcare.
- Educating and empowering patients to understand their medications better and to signpost where to go when they need medicines for minor ailments.
- Promoting better interface communication between Brighton and Sussex University Hospital NHS Trust (BSUH) and GPs with regards to paediatric medicines, enabling the use of more cost effective medicines whilst improving the patient/carer experience and reducing transfer of care issues.

It is planned to deliver the outcomes of the Medicines Optimisation strand by the end of 2018/19.

Engagement with community pharmacies is an important element of the Medicines Optimisation strand. To facilitate closer working the CCG is arranging engagement workshops between GPs and pharmacies within each local GP Practice cluster in 2018.

1.7. The Big Health and Care Conversation

Between July and December 2017 the CCG Engagement Team carried out an extensive outreach process with community groups, public meetings and street outreach, to find out what help patients and the public want with their healthcare. One theme that emerged from this process was, “How can we make better use of medicines?” Some of the comments relating to this are relevant to the PNA e.g. service information, including evening access and have been considered as part of the PNA.

Recommendation

The Caring Together Partnership Board should strengthen its links with community pharmacies.

1.8. Brighton & Hove PNA background

This is the fourth PNA published for Brighton & Hove since 2005. The last full PNA was published in March 2015. It found our population had better access to pharmacies per head of population compared to neighbouring areas. There were 60 community pharmacies in the city, with 22 pharmacies per 100,000 residents compared to 19 per 100,000 for Kent, Surrey and Sussex. No significant gaps in service were found. Residents were on the whole satisfied or very satisfied with pharmacy services but opportunities were identified for maximising the role of pharmacies within primary care and public health.

The 2015 PNA made 18 recommendations. These are set out below, together with an update on action that has taken place since publication.

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

The University of Sussex contract was due to come to an end in March 2018, but it has now been agreed by NHS England to extend the contract for a further two years. Should the University of Sussex pharmacy be recommissioned in 2020, students' views on pharmacy services will need to be considered as part of the commissioning process.

- b) ***To improve the public's knowledge and understanding of the services delivered by community pharmacies. This could be achieved through a national campaign led by NHS England to improve understanding of pharmacy services across the country. Brighton and Hove City Council and CCG should ensure information is available locally in a number of different ways to different audiences to ensure residents are aware of and have easy access to up to date information about what, when and where services are provided by pharmacies. Pharmacies should also actively promote the services they provide.***

Brighton & Hove CCG launched a public awareness campaign in January 2017 called #HelpMyNHS, part of which included helping the public understand better the services pharmacies provide. This includes the costs associated with GP prescribed medicines that are also available to buy over the counter at pharmacies without prescriptions.

<https://www.brightonandhoveccg.nhs.uk/helpmyrhs-campaign-launches-across-city>

- c) ***For there to be no significant reduction to existing opening hours for pharmacies across the city. Where there are pharmacies open in the evenings, late at night and throughout the weekend, more information should be made available to patients / residents using different avenues***

(web and non-web based). When a pharmacy is closed a clear notice should be put on the door to state where the closest pharmacy is open.

Information on opening hours is available on NHS Choices, and is displayed by pharmacies in a place that is visible to the public even when the pharmacy is shut. NHS England distributes a poster on opening hours for pharmacies to display at Christmas and Easter.

- d) ***To develop and deliver new initiatives including a local campaign regarding safe disposal of medications tailored to target groups as identified by the survey findings.***

The findings of the Community Survey undertaken for this PNA indicate that the public has increased its knowledge of the safe disposal of medications since the 2015 PNA report was published.

- e) ***For NHS England to note that patients would like to know more about the home delivery of medications service that some pharmacies provide.***

NHS England has noted that patients would like more information about home delivery of medications. However, this is a service that is provided privately outside the NHS contract. Pharmacies advertise this service if they provide it on websites, in practice leaflets and in the pharmacy itself.

- f) ***Pharmacies to train staff to communicate well with younger age groups as well as older residents***

The Sexual Health and Contraceptive Locally Commissioned Service specification requires pharmacies to provide a young people friendly service incorporating the principles of the “You’re Welcome” criteria.

All staff have undertaken Dementia Friends Training as part of the criteria for claiming quality payments. It is recommended that Healthy Living Pharmacy Training includes communication skills for working with older people.

- g) ***NHS England, Brighton and Hove City Council and CCG and pharmacies to work together to communicate clearly with patients regarding pharmacy services that are already available such as minor conditions advice.***

This is being addressed as part of the Brighton & Hove CCG #HelpMyNHS campaign.

- h) ***NHS and public health commissioners to consider commissioning new services within pharmacies in response to a given need and to learn from***

good practice from elsewhere e.g. NHS Health Checks and advice regarding managing long term conditions

The NHS NUMSAS (NHS Urgent Medicine Supply Advanced Service) Service enables NHS 111 to refer patients to pharmacies for urgent medicine supplies out of hours. The public health Healthy Living Pharmacy Locally Commissioned Service is running in 28 pharmacies and includes the requirement to run 12 annual health promotion campaigns; train staff as health champions to provide signposting to health promotion services and maintain a health promotion area and materials; as well as targeting inequalities and supporting vulnerable groups.

- i) Brighton and Hove CCG to share information regarding Sussex Interpreting Service and for this to be shared widely with both pharmacies and residents to ensure arrangements are made for patients to communicate with pharmacies in their chosen language.***

Information about interpretation services was sent twice in 2016 to pharmacies and has been cascaded widely through Black and Minority Ethnic (BME) services. However, despite these actions uptake of the interpretation services remains low.

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

This is being addressed by ongoing work, including through the work of Better Care Pharmacists to improve joint working between GPs and Community Pharmacists.

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

The pharmacy element of the EPIC project has now stopped as it was not increasing GP capacity as had been originally envisaged.

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

NHS England has taken action in relation to the Equality Act and community pharmacies and sent information to all pharmacies about this.

- m) BHCC Public Health Directorate to further develop the Healthy Living Pharmacy scheme working with pharmacies to focus on efforts on reducing***

inequalities and addressing needs of vulnerable groups. This will include pharmacies actively promoting public health campaigns and information on access to local authority, voluntary sector and other primary care services including GPs and dentists and appropriate use of NHS services.

Since March 2015, 28 Level 2 Healthy Living Pharmacies have been established. In December 2017 there were 28 pharmacies out of 56 community pharmacies (55 plus 1 distance selling pharmacy) participating in the Brighton & Hove Public Health, Healthy Living Pharmacy, Locally Commissioned Service. They all participate in two days annual training to undertake this role. In 2016 a national Public Health England Level 1 Healthy Living Pharmacy Programme was introduced. This is based on self-assessment process of clear quality criteria. Level 1 focuses on pharmacies creating a proactive health promoting culture and environment. Implementation and accreditation of levels 2 and 3 remains with local authorities. Further information on this is detailed within this report.

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

NHS England is working on this issue with NHS Digital and Brighton & Hove CCG. Part of the pharmacy contract includes recommending to patients to talk to their GPs about repeat dispensing.

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

Between 2015 and 2016, Brighton & Hove CCG and Glaxo Smith Klein ran the “Breathe Better Waste Less” campaign, to reduce the wastage caused by inhalers. Nationally 63% of inhalers end up in landfill and many are discarded when they are only partially used. The aim of the campaign was to train community pharmacists in the correct inhaler technique; the checking of patient inhaler technique at Medicine Use Reviews and the provision of inhaler recycling facilities in pharmacies. Analysis of the returned inhalers found 82% were partially full or full.

Brighton & Hove has also been running a “Green Bag” scheme via its community pharmacies, since 2015. This encourages patients to carry all their current medication in a special green bag when they are admitted to hospital or a care home, to reduce medication errors and waste

- p) To share practice and pharmacy email addresses between practices and pharmacies. Pharmacists should use an nhs.net email account for communication.***

All Brighton & Hove pharmacies now have an nhs.net email address

- q) **To improve more integrated ways of working linked with Better Care pharmacists and enhancing primary care work, joint meetings between GPs and pharmacists within local areas should take place. Exchanges and joint meetings should also happen between practice and pharmacy staff to help share understanding of different roles and issues pharmacies and practices both face.**

Each cluster of GP Practices in the city has a Better Care pharmacist. Further information on this is detailed in this report.

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

As part of their training all Level 2 Healthy Living Pharmacists receive a signposting directory with links to key websites. These are then used as part of their Making Every Contact Count role to signpost people to appropriate services within the city. They also direct people to the “Mylife” website.

<https://www.mylifebh.org.uk/>

1.9. PNA Methodology

The Brighton & Hove PNA 2017 used the following methodology.

1.9.1. PNA Steering Group

A PNA Steering Group was formed to oversee the PNA process and ensure that the PNA meets the statutory requirements on behalf of the HWB. Membership of the group included a range of stakeholders:

Brighton & Hove City Council	Nicola Rosenberg (Chair) Public Health Consultant
Brighton & Hove City Council	Barbara Hardcastle (Project lead) Public Health Specialist
Brighton & Hove City Council	David Golding Public Health Intelligence Research Officer
Brighton & Hove Clinical Commissioning Group	Katy Jackson Chief Pharmacist
Brighton & Hove Clinical Commissioning	Dr Katie Stead

Group	Clinical Lead for Primary Care and Public Health
East Sussex Local Pharmaceutical Committee	Vanessa Taylor Executive Officer
NHS England	Amanda Marshall Contracts Manager For Pharmacy and Eye Care
Healthwatch	Sylvia New

1.9.2. Surveys

Public views about the current and potential future of pharmaceutical services in Brighton & Hove were collected using surveys. The questionnaires were approved by the Steering Group; it was available online and as hard copy. Details of the survey were distributed to pharmacies, GP Practices, libraries, main public council venues, the Third Sector, Patient and Public Participation Groups and Universities.

Surveys were also undertaken with Pharmacists, GPs, non-medical prescribers and care and nursing homes, to ascertain their views of current and potential future pharmacy services.

The voluntary sector also carried out a number of engagement exercise on medicines and pharmacies for the CCG, and their survey findings have been included in this report. Healthwatch were also conducting a survey of GP Practices and included some questions about pharmacies to be used in the PNA.

All the survey results were analysed and the findings are included as part of this report.

1.9.3. Other data

Other sources of data used in the PNA include the Joint Strategic Needs Assessment 2017, the Public Health Outcomes Framework May 2017, Public Health England Health Profiles 2017, Quality and Outcomes Framework 2016/17, Annual Report of the Director of Public Health 2016/17, Brighton & Hove City Plan Part 1 2016, NHS Business Services Authority, NHS England, NHS Digital and Brighton and Hove CCG.

1.10. Consultation

All the data collected was used to inform the draft PNA. After approval by the Steering Group, the draft report was posted on the BHCC Consultation Portal for a statutory minimum 60 day consultation period between October and December 2017.

1.11. Sign Off and publication

The final PNA will be presented to the March 2018 HWB for sign off and will be published by April 1st 2018.

2. Demographic profile

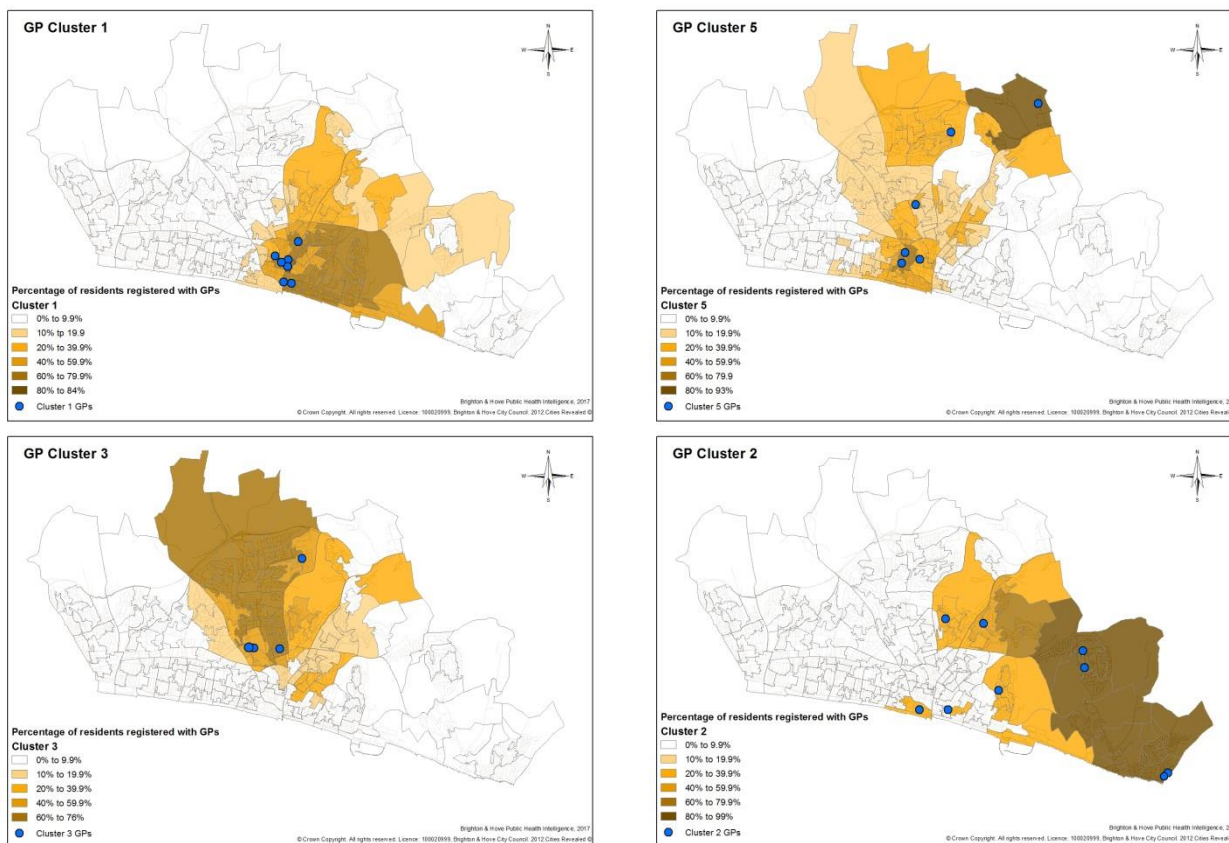
This section describes the demography of the Brighton and Hove City Council and CCG including its GP Practice Clusters, it includes population estimates and projections and resident profiles. The majority of the data in this chapter was sourced from various documents available from the Reports and Needs Assessments pages of the Local Intelligence webpage hosted by Brighton & Hove Connected at <http://www.bhconnected.org.uk/content/local-intelligence>

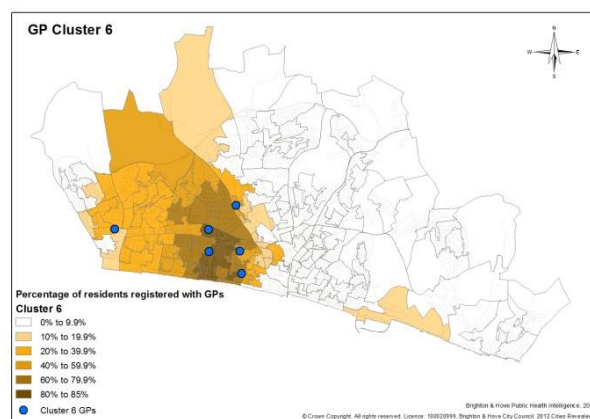
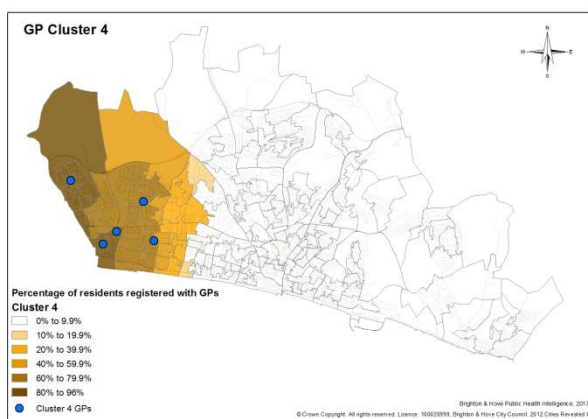
2.1. GP Practice Clusters

For the purposes of the PNA the localities used have been defined as the Brighton and Hove CCG GP Practice Clusters.

The Brighton and Hove CCG consists of six GP Practice Clusters as shown below. The population data used in this section are taken from the Office for National Statistics (ONS) Mid-Year Estimates publication therefore the population figures will not match up with the local GP Practice Cluster population figures derived from the GP registrations.

Map 1. Brighton and Hove CCG GP practice cluster maps





2.2. Population

Population size, structure and composition are crucial elements in any attempt to identify measure and understand health and wellbeing. It is important to know how many people live in an area and their demographic characteristics such as age and gender.

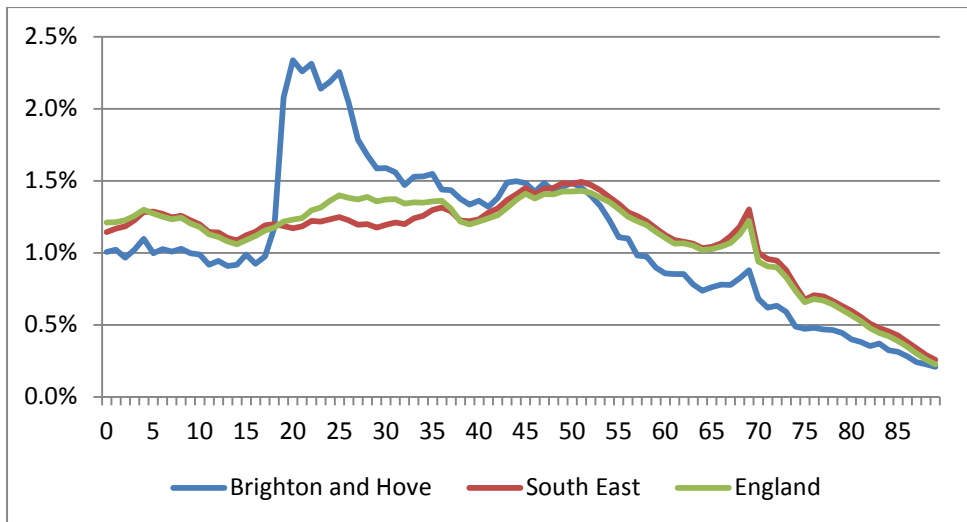
2.2.1. Age

According to the Office for National Statistics (ONS) the latest mid-year population estimate (2016) show there are 289,200 residents in Brighton & Hove. This is an increase of 4,000 people (1.4%) compared to 2015 and 33,700 people (13.2%) compared to 2006. Between 2006 and 2016 the city has seen a bigger increase in its population than the South East (9.8%) and England (8.9%).

In Brighton & Hove (2016) 16% of the population are aged 0-15 years, 71% aged 16-64 years and 13% aged 65 years or over. This compares to the South East (19%, 62% and 19%) and England (19%, 63%, and 18%). So whilst there are a lower proportion of children in the city, there are also a lower proportion of older people, giving the city a different age-structure than England and the South East (Figure 1).

There are a much higher proportion of people aged 19–44 years, with lower proportions of children aged 0 to 15 and older people aged 65 to 84. However, there are a similar proportion of people aged 85 years or older in Brighton & Hove as in South East and England.

Figure. 1: Single year of age as a proportion of the total population, Brighton & Hove, South East and England, 2016



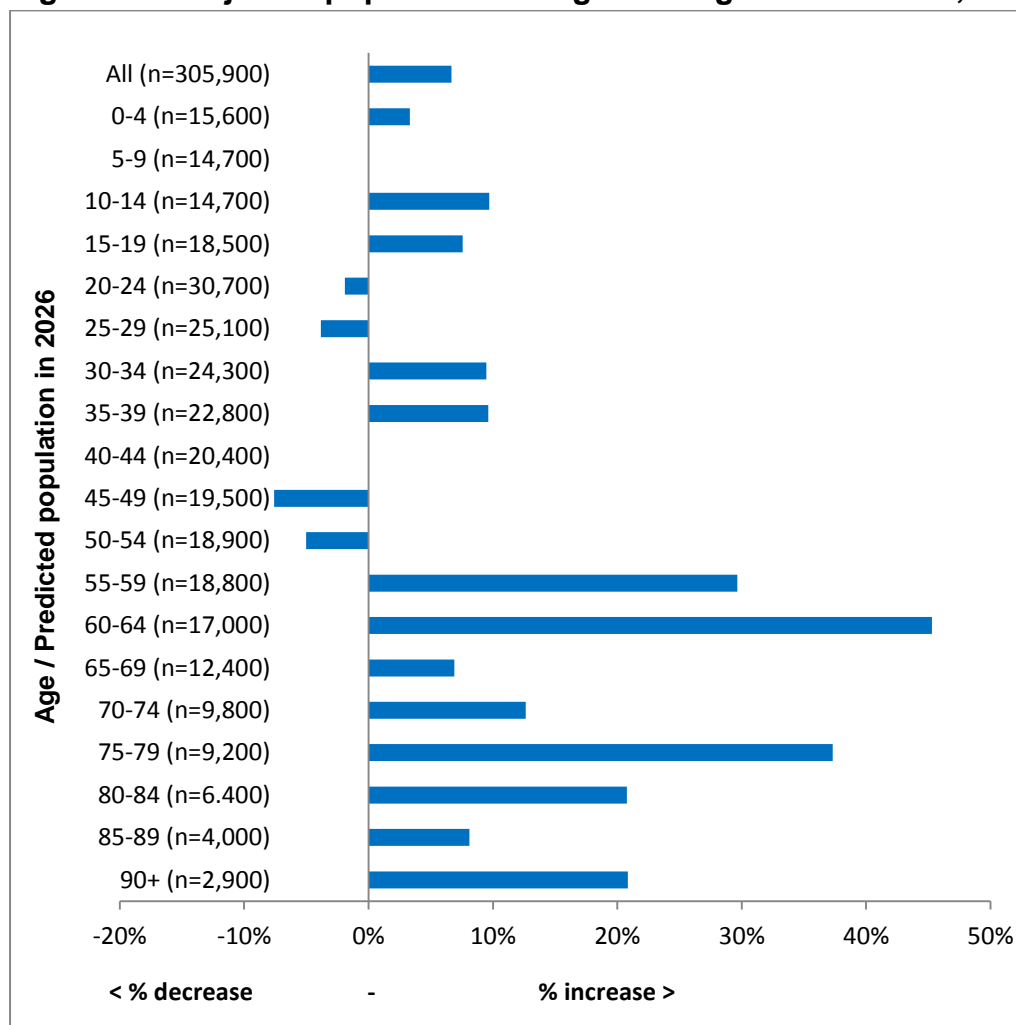
Source: 2016 ONS mid-year population estimates

2.2.2. Projected population change

According to the latest available ONS population projections, the resident population of the city is predicted to increase to 305,900 by 2026, a 6.7% increase compared to 2016 (an increase of 19,100 people). This is lower than the predicted increases for the South East (7.9%) and England (7.1%).

The city’s population is predicted to get older (Figure 2) with the greatest projected increase (37%, 9,300 extra people) will be seen in the 55-64 year age group. The proportion of people aged over 70 is also predicted to increase by 21% (5,500 people) including those aged 90 or older (500 people, 21%). People aged 45 to 54 are predicted to fall by 6% (2,600 people) and people aged 20 to 29 are predicted to fall by 3% (1,600 people).

Figure. 2. Projected population change for Brighton and Hove, 2016 to 2026.

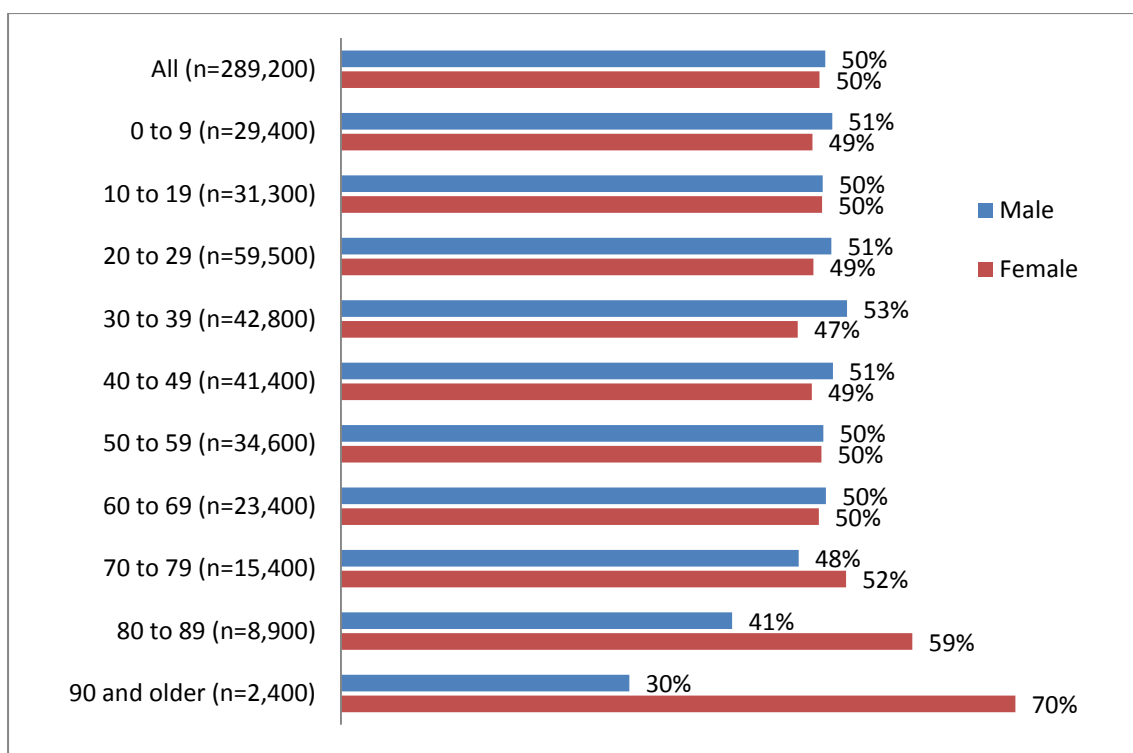


Source: ONS 2014-based Subnational Population Projections for England (rounded to the nearest hundred)

2.2.3. Gender

Brighton & Hove has an even population split by gender with 50% (145,500 people) of the population being male and 50% (143,800 people) female (Figure 3). There is a younger age structure for men in the city, which is also seen nationally, mainly due to lower life expectancy for men. The proportion of male to female residents remains at around plus or minus 5% until around the age of 80 and thereafter the gap widens until for residents aged 90 and older there are 1,700 females (70%), more than two times the number of males (700 people, 30%).

Figure. 3: Gender as a proportion of total population, Brighton & Hove 2016.



Source: 2016 ONS mid-year population estimates (rounded to the nearest hundred)

2.2.4. Population and gender by GP Practice Cluster

There are no 2016 ONS population estimates currently available at geographies below the local authority level so the figures used here are from the 2015 ONS Mid-Year Population Estimates.

At 56,500 people (20%) Cluster 6 has the largest population and Cluster 2 with 35,300 people (12%) the smallest (Table 1). All Clusters have a relatively even gender split with Cluster 4 having the widest (48% male, 52% female).

Table 1: Population of Brighton and Hove by GP Cluster, 2015

	Persons		Males		Female	
	Number	% of Population	Number	Cluster %	Number	Cluster %
Cluster 1	52,000	18%	26,700	51%	25,300	49%
Cluster 2	35,300	12%	17,400	49%	17,900	51%
Cluster 3	43,400	15%	21,600	50%	21,800	50%
Cluster 4	39,300	15%	18,900	48%	20,300	52%
Cluster 5	38,900	14%	20,000	51%	18,900	49%
Cluster 6	56,500	20%	28,600	51%	27,900	49%
Brighton & Hove	285,300		142,100	50%	143,200	50%

Source: 2015 ONS mid-year population estimates (rounded to the nearest hundred)

Looking at GP Clusters by broad age groups there are big difference in the proportion of people in different age groups (Table 2). Cluster 5 has the highest proportion of working age people (78%) and also the smallest proportion of children 12% and older people 9%. Cluster 4 has the smallest proportion of working age residents at just 63% and the highest proportion of children (20%). Cluster 2 has the highest proportion of older people (18%) twice the proportion of Cluster 5 (9%).

Table 2: Population of Brighton & Hove by broad age groups and GP Clusters

	Aged 0 to 15		Aged 16 to 64		Aged 65 and older	
	n	Cluster %	n	Cluster %	n	Cluster %
Cluster 1	7,500	14%	39,100	75%	5,400	10%
Cluster 2	5,600	16%	23,200	66%	6,400	18%
Cluster 3	7,900	18%	29,700	68%	4,800	13%
Cluster 4	7,900	20%	24,800	63%	6,500	17%
Cluster 5	4,800	12%	30,500	78%	3,600	9%
Cluster 6	8,500	15%	40,400	71%	7,600	14%
Brighton & Hove	45,700	16%	201,500	71%	38,100	13%

Source: 2015 ONS mid-year population estimates (rounded to the nearest hundred)

2.2.5. Transient population

The city population is highly transient with one in five resident (20%, 54,885 people) having moved address within the last 12 months (Table 3). However, this rises to 30% (10,710 people) in Cluster 5 and 26% (12,920 people) in Cluster 1. Only 10% of people in Cluster 4 have moved in addresses in the last 12 months.

Table 3: People who have moved addresses in the last 12 months

	Number	Cluster %
Cluster 1	12,920	26%
Cluster 2	5,520	16%
Cluster 3	7,410	18%
Cluster 4	3,885	10%
Cluster 5	10,710	30%
Cluster 6	10,780	20%
Brighton & Hove	54,885	20%

2.2.6. Trans

It is estimated that at least 2,760 trans adults live in Brighton & Hove. The true figure is probably greater than this because a significant proportion of trans people do not disclose their gender identity in surveys. In addition, as Brighton & Hove is seen as inclusive, many trans people who live elsewhere visit Brighton & Hove to socialise, study and/or work.

Data^c suggest that trans people in Brighton & Hove;

- have a younger population distribution than the overall population, although trans people are represented in all age groups
- have diverse gender identities, including non-binary identities
- are more likely to have a limiting long-term illness or disability than the overall population
- come from a diverse range of ethnic backgrounds
- have diverse sexual orientations
- live throughout the city, with no concentration in any particular area
- are more likely to live in private sector rented housing than the overall population

2.2.7. Lesbian, Gay and Bisexual (LGB)

The city is known for its LGB community. Our best estimate of the number of LGB residents is 11% to 15% of the population aged 16 years or more.^d This estimate draws on information collected via large scale surveys and audits conducted over the last ten years (including Count Me In Too²). This is similar to two recent representative surveys conducted across Brighton & Hove (Health Counts³ and City Tracker⁴), where 11% of respondents identified themselves as lesbian, gay, bisexual, unsure or other sexual orientation.

According to the 2011 UK Census, 6,425 people aged 16 and over (and living in a household) were living as part of a same sex couple (in a civil partnership or cohabiting).^e This represents 2.9% of all residents age 16 and over, three times higher than the rate for both the South East (0.9%) and England (0.9%).

2.2.8. Households

According to the 2011 UK Census there are 121,540 households in Brighton & Hove.

^c Equalities in Brighton & Hove: Data snapshot for equalities groups across the city, April 2017. Available at <http://www.bhconnected.org.uk/content/reports>

^d Brighton & Hove Joint Strategic Needs Assessment: Sexual orientation: <http://www.bhconnected.org.uk/sites/bhconnected/files/jsna/jsna-3.2.3-Sexual-orientation.pdf>

^e Office for National Statistics. Census 2011, table QS108EW – Living arrangements

- A quarter of households in Brighton & Hove are single person households aged under 65 (25%, 29,835 households) compared to only 16% in the South East and 18% in England. Single person households aged under 65 is highest in Cluster 6 (30%, 8,120 households) and Cluster 5 (30%, 4,590 people) almost twice the proportion found in Cluster 4 (16%, 2,535 people).
- More than a quarter of households (29%) with dependent children in Brighton & Hove are lone parent families compared to 25% in England. However in Cluster 1 this rises to over a third (37%, 1,750 households) and 32% (1,225 households) in Cluster 2.
- Less than a fifth of households (17%) in Brighton & Hove are pensioner households, however a high proportion of these are single pensioner households (70%). In England the comparable figures are 21% and 60% respectively. In Cluster 5 only 13% of households are pensioner households compared to 23% in Cluster 2.

Table 4: Household types by GP Cluster

	Lone parent families as a proportion of all families with children		One person households aged under 65		Pensioner households		One pensioner households	
	n	Cluster %	n	Cluster %	N	Cluster %	n	% pensioner h'holds
Cluster 1	1,750	37%	6,440	29%	3,210	14%	2,502	78%
Cluster 2	1,225	32%	2,465	17%	3,310	23%	2,101	64%
Cluster 3	1,255	25%	3,245	19%	2,960	17%	1,931	65%
Cluster 4	1,420	27%	2,535	16%	3,345	21%	2,187	65%
Cluster 5	885	29%	4,590	30%	1,960	13%	1,415	72%
Cluster 6	1,520	27%	8,120	30%	4,310	16%	3,188	74%
Brighton & Hove	8,635	29%	29,835	25%	20,670	17%	14,468	70%

Source: ONS 2011 UK Population Census

2.2.9. Deprivation

The Index of Multiple Deprivation 2015 (IMD 2015) ranks all local authorities in England in terms of their relative deprivation. Out of 326 authorities, Brighton & Hove is ranked the 102 most deprived authority in England (using the most commonly used summary measure, average score). This means we are among the third (31 per cent) most deprived authorities in England. IMD 2015 is made up of seven domains of deprivation one of which is Health Deprivation & Disability. For the Health Deprivation & Disability domain Brighton & Hove is ranked 91 most deprived,

meaning we are ranked in the second quintile (28 per cent) of most deprived authorities in England.

Table 5: Number of people living in the 20% most deprived areas in England

	IMD 2015		Health deprivation & Disability domain	
	Number	Cluster %	Number	Cluster %
Cluster 1	20,626	41%	20,410	41%
Cluster 2	11,581	34%	11,002	32%
Cluster 3	3,266	7%	2,946	7%
Cluster 4	6,650	17%	6,682	17%
Cluster 5	4,597	13%	5,021	14%
Cluster 6	4,818	9%	6,572	12%

Source: English Indices of Deprivation 2015, available via individual area reports at <http://brighton-hove.communityinsight.org/>

Clusters one and two are by some considerable distance the most deprived of the six clusters (Table 5). Two out of five people (41%) living in Cluster 1 are living in the 20% most deprived areas in England for both the overall IMD index and the Health Deprivation & Disability domain. This is twice the Brighton & Hove average and nearly 6 times the higher than found in Cluster 3.

2.2.10. Long term health problem or disability by GP Practice Cluster

For more than one in twenty Brighton & Hove residents (20,445 people, 7.5%) their day to day activities are 'limited a lot' due to a long term health problem or disability. For a further 24,124 residents (8.8%) their day to day activity is 'limited a little'. This is similar to the proportions found in the South East and England.

Nearly one in twenty five of Brighton & Hove residents (3.7%, 10,680 people) claim Disability Living Allowance (DLA) similar to that seen in England (3.7%).

Table 6: Health and disability GP Practice Cluster

	A long-term illness, health problem or disability which limits someone's daily activities or the work they can do.		Disability Living Allowance claimants	
	Number	Cluster %	Number	Cluster %
Cluster 1	8,550	17%	2,490	4.8%
Cluster 2	6,655	19%	1,660	4.7%
Cluster 3	6,020	15%	1,230	2.8%
Cluster 4	6,990	18%	1,785	4.5%
Cluster 5	4,695	13%	1,025	2.6%
Cluster 6	8,480	16%	1,765	3.1%
Brighton & Hove	44,570	16%	10,680	3.7%

Source: ONS 2011 UK Population Census and DWP February 2017

For all 6 GP Practice clusters the proportion of people with a long term health problem or disability that affects their activity is within plus or minus 3% of the Brighton & Hove average (Table 6). Cluster 2 (19%) has the highest proportion while Cluster 5 (13%) has the lowest proportion. Cluster 5 (2.6%) also has the lowest proportion of people claiming DLA almost half the proportion of people living in Cluster 1 (4.8%).

2.2.11. Provision of unpaid care

Nearly one in ten of the city's residents (23,987 people, 8.8%) provide unpaid care to a family member, friend or neighbour who has either a long term illness or disability or problems related to old age. Two thirds of those providing unpaid care (16,401 people, 68.4%) do so for 1 to 19 hours a week. However, 4,716 people, nearly 2% of the total population, provide more than 50 hours a week of unpaid care. The proportion of residents providing unpaid care (8.8%) is slightly lower compared to the South East (9.8%) and England (10.2%). For all six GP Practice clusters the proportion of people providing unpaid care is within plus or minus 2% of the Brighton & Hove average (Table 7). Cluster 2 (11%) has the highest proportion with Cluster 5 (7%) the lowest proportion.

Table 7: Provision of unpaid care by GP Practice clusters

	Number	Cluster %
Cluster 1	3,903	8%
Cluster 2	3,702	11%
Cluster 3	3,821	9%
Cluster 4	3,934	10%
Cluster 5	2,588	7%
Cluster 6	4,360	10%
Brighton & Hove	23,968	9%

Source: ONS 2011 UK Population Census

2.2.12. Ethnicity

Table 8: Ethnicity in Brighton and Hove, South East, England, 2011

	Brighton & Hove		South East	England
	Number	%	%	%
All usual residents	273,369			
White	243,512	89.1%	90.7%	85.4%
<i>English/Welsh/Scottish/Northern Irish/British</i>	220,018	80.5%	85.2%	79.8%
<i>Irish</i>	3,772	1.4%	0.9%	1.0%
<i>Gypsy or Irish Traveller</i>	198	0.1%	0.2%	0.1%
<i>Other White</i>	19,524	7.1%	4.4%	4.6%
Mixed / multiple ethnic group	10,408	3.8%	1.9%	2.3%
<i>White and Black Caribbean</i>	2,182	0.8%	0.5%	0.8%
<i>White and Black African</i>	2,019	0.7%	0.3%	0.3%
<i>White and Asian</i>	3,351	1.2%	0.7%	0.6%
<i>Other Mixed</i>	2,856	1.0%	0.5%	0.5%
Asian / Asian British	11,278	4.1%	5.2%	7.8%
<i>Indian</i>	2,996	1.1%	1.8%	2.6%
<i>Pakistani</i>	649	0.2%	1.1%	2.1%
<i>Bangladeshi</i>	1,367	0.5%	0.3%	0.8%
<i>Chinese</i>	2,999	1.1%	0.6%	0.7%
<i>Other Asian</i>	3,267	1.2%	1.4%	1.5%
Black/African/Caribbean/Black British	4,188	1.5%	1.6%	3.5%
<i>African</i>	2,893	1.1%	1.0%	1.8%
<i>Caribbean</i>	879	0.3%	0.4%	1.1%
<i>Other Black</i>	416	0.2%	0.2%	0.5%
Arab	2,184	0.8%	0.2%	0.4%
Any other ethnic group	1,799	0.7%	0.4%	0.6%
Black & Minority Ethnic (BME)	53,351	19.5%	14.8%	20.2%

Note: Black & Minority Ethnic (BME) is defined as all ethnic groups other than White English / Welsh / Scottish / Northern Irish / British.

Source: ONS, 2011 Census, table KS201EW

One out of five Brighton & Hove residents (53,351, 19.5%) are from a BME background, higher than is found in the South East (14.8%) but similar to England (20.2%).

The largest BME community is Other White with 19,524 people. This is 7.1% of the total population and more than a third (36.6%) of the BME population. It is also higher than found in the South East (4.4%) and England (4.6%).

Brighton & Hove has a higher proportion of people of mixed ethnicity (3.8%) than the England average (2.3%), with the proportion of people of mixed white and Asian (1.2%) and other mixed ethnicity (1.0%) double the value found in England. Other ethnicities that are more prevalent in Brighton & Hove than across England include white Irish (1.4%), Chinese (1.1%) and Arab (0.8%).

By contrast, the proportion of Asian people (4.1%) is below that for the South East (5.2%) and England (7.8%), with particularly low numbers of people from Pakistani ethnicity (0.2%) compared with England as a whole (2.1%). The proportion of Black people in Brighton & Hove (1.5%) is also less than half that for England (3.5%) but similar to the South East (1.6%)

The overall age structure of the Black and Minority Ethnic (BME) population is comparably younger than the White British population (Table 9). 2011 Census data shows that, whilst across the city 22% of the population are aged 19 or younger, for residents of a mixed ethnic background the proportion is 50%. For Asian, Black and Arab residents the proportion is also higher than the 22% average. People aged 65 or older make up 13% of the city's population, with 15% white UK/British and 21% White Irish. For all other high level ethnic group 6% or less are aged 65 or older.

Table 9: Age profile by high level ethnic group

Ethnic group	Age group (%)			
	0 to 19 years	20 to 44 years	45 to 64 years	65 years and older
All persons (n=273,369)	22%	43%	22%	13%
White UK/British (n=220,018)	21%	40%	24%	15%
White Irish (n=3,772)	7%	45%	28%	21%
Other White (n=19,524)	13%	66%	15%	5%
Mixed / multiple ethnic group (n=10,408)	50%	38%	9%	2%
Asian/Asian British (n=11,278)	26%	55%	15%	5%
Black/Black British (n=4,188)	24%	57%	17%	3%
Arab (n=2,184)	30%	49%	16%	5%
Other ethnic group (n=1,799)	20%	53%	22%	6%
All BME (n=53,351)	24%	55%	15%	5%

Source: ONS 2011 census, table DC210EW

Ethnicity data for GP Practice clusters is only available by high level ethnic groups (Table 10)

Table 10: Brighton & Hove ethnicity by GP Practice clusters

	White British / UK		BME (Non White British/UK)		White non British		Non White ethnicity	
	n	Cluster %	n	Cluster %	n	Cluster %	n	Cluster %
Cluster 1	38,560	78%	11,050	22%	4,945	10%	6,125	12%
Cluster 2	28,980	85%	5,295	16%	2,000	6%	3,300	10%
Cluster 3	34,830	84%	6,675	16%	2,820	7%	3,850	9%
Cluster 4	32,780	85%	5,815	15%	2,015	5%	3,800	10%
Cluster 5	27,450	77%	8,395	23%	3,815	11%	4,570	12%
Cluster 6	41,840	77%	12,550	23%	6,165	11%	6,365	11%
Brighton & Hove	220,020	81%	53,350	20%	23,495	7%	29,865	12%

Source: ONS 2011 UK Population Census

More than a third (39%, 20,549 people) of our total BME population live in the six central wards of Central Hove, Brunswick & Adelaide, Goldsmid, Regency, Queens Park and St. Peter's & North Laine. On the other hand North Portslade, Patcham & Woodingdean wards have BME populations of ten per cent or less. This is reflected in the GP Practice cluster profile where clusters that include these central areas have higher proportion of BME residents; Cluster 1 (22%), Cluster 5 (23%) and Cluster 6 (23%) compared with Cluster 2 (16%), Cluster 3 (16%) and Cluster 4 (15%).

2.2.13. Language

For one in twelve residents (8.3%, 21,833 people) aged three or over, English is not their first or preferred language. Other than English, Arabic is the most widely spoken language in the city (2,226 people, 0.8%), followed by Polish (2,043 people, 0.8%) Chinese (1,940 people, 0.7%), Spanish (1,624 people, 0.6%), and French (1,335 people, 0.5%). One in twenty residents (11,985 people, 4.5%) has a European language other than English (and others in the UK) as their main language, proportionally higher than is found in the South East (2.7%) and England (3.2%).

For one in twenty households in Brighton & Hove (5,925, 5%) no adults have English as their main language. The proportion of households increases to 7% in GP Clusters 5 and 6, twice the proportion found in GP Clusters 2, 3 and 4 (Table 11).

Table 11: No household members have English as their main language

	Number	Cluster %
Cluster 1	1,230	5%
Cluster 2	435	3%
Cluster 3	440	3%
Cluster 4	445	3%
Cluster 5	1,015	7%
Cluster 6	1,890	7%
Brighton & Hove	5,925	5%

Source: ONS 2011 UK Population Census

2.2.14. Students

Brighton & Hove has a substantial student population with two universities. According to the 2011 Census students represent 16% of the city's total population aged 16-74 years or 12% of the total population of the city (this will include students in sixth form, further education and higher education).

There had been a sustained increase in the numbers of students at the two universities in the city from around 26,000 in 1995/96 to 35,205 in 2011/12. However, 2012/13 onwards saw a decrease in total student numbers at the two universities to 34,220 in 2014/15 (a fall of 985 students between 2011/12 and 2014/15, or 3%). It should be noted that not all students at one of our two universities will live within the city boundaries.

2.2.15. Religion

More than two out of five residents (117,276 people, 42.9%) are Christian, significantly lower than can be found in England (59.4%) and the South East (59.8%). More than two out of five city residents (115,954 people, 42.4%) have no religion, significantly higher than in the South East (27.7%) and England (24.7%). The Muslim community is the largest non-Christian faith group in the city with 6,095 people, (2.2%), this is similar to the South East (2.3%) but half the proportion found in England (5.0%).

2.2.16. Armed forces personnel

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

Census there were 147 residents employed by the armed forces in the city, less than 0.1% of the total population. As at March 2015, 610 veterans were receiving a pension or compensation under the Armed Forces Pension Scheme in Brighton & Hove. This is a rate of 26.6 per 10,000 people aged 16+, much lower than the South East (93.0) or England (71.8).

2.2.17. Car ownership

More than a third of households (38.2%, 46,415) in Brighton & Hove do not own or have access to a car or van. This is significantly higher than for the South East (18.6%) and England (28.8%). There are significant differences in the household with access to a car or van by GP clusters. A half of households (50%) in Cluster 1 do not have access to a car or van falling to just over a quarter (27%) in Cluster 4 (Table 12).

Table 12: Households without access to a car or van by cluster

	n	Cluster %
Cluster 1	11,310	50%
Cluster 2	4,565	32%
Cluster 3	4,790	28%
Cluster 4	4,320	27%
Cluster 5	7,140	46%
Cluster 6	10,905	41%
Brighton & Hove	46,416	38%

Source: ONS 2011 UK Population Census

2.2.18. Visitors

As a popular tourist destination, Brighton and Hove sees large numbers of visitors each year. In 2015, 9 million people made day trips and there were nearly 5 million overnight stays.^f

Recommendation

- In view of the projected increase in the proportion of older people living in the city, it is recommended that all community pharmacies are trained in communicating with older people. This should include Dementia Friends training which all community pharmacy staff have so far received training in.

^f The Economic Impact of Tourism Brighton & Hove 2015, Tourism South East

3. Local health needs

This section focuses on local health needs by examining the variation in morbidity, mortality and health service utilisation across the population in Brighton & Hove. It also discusses their implications for pharmacy provision. The main data sources used were the Brighton and Hove JSNA and Public Health Outcomes Framework.⁹

3.1. General health

3.1.1. Life expectancy

In 2013-15, the life expectancy at birth for Brighton & Hove among females was 83.5 years and 79.3 among males.⁵ Females in the city can expect to live on average around four months longer than the average female in England (83.1 years), life expectancy for males is approximately two months lower than in England (79.5 years). Life expectancies for both genders were lower than the South East, by five months for females (84.0 years) and 12 months for men (80.5 years).⁸

Life expectancy at age 65 among females in Brighton & Hove was 21.5 years for females and 18.8 years for males. This compares to 21.1 years and 18.7 years respectively, at a national level and 21.7 years and 19.2 years in the South East.⁸

The slope index of inequality in life expectancy gives a measure of the hypothetical difference in life expectancy between the most deprived and least deprived individuals. It is a more sensitive measure than the difference in mortality between the most deprived and least deprived quintiles of population as it looks at differences in life expectancy across the whole population. In 2013-15 the slope index was 10.4 years for males and 6.0 years for females in Brighton & Hove. For males this gap is 12 months wider than nationally and for females it is 11 months narrower than nationally.⁸ Mortality rates are improving for all groups across the city but it is improving faster for more affluent groups which will widen inequalities.⁶

3.1.2. Teenage conceptions

The 2015 under-18 conception rate for Brighton & Hove was 25.2 per 1,000 females aged 15-17 years, compared with the national rate of 20.8 per 1,000 and 17.1 in the South East. Between 1998 and 2015 the under-18 conception rate in the city fell from 48 to 25.2 per 1,000.⁸ This is a 48% reduction which is the same as the reduction seen nationally over this period, and slightly higher than the reduction seen in the South East (46%).⁷

There has been a rapid decline in the under-18 termination rate since the 2005 peak of 27.2 per 1,000 15-17 year old women, to an all-time low of 16.7 in 2013. Second termination rates have also dropped from 19% in 2006 to 12% in 2014.¹⁰

⁹ Public Health England. Public Health Outcomes Framework. May 3rd 2017.

3.1.3. HIV

In 2014 Brighton & Hove had the eleventh highest HIV prevalence in England at 8.6 per 1,000 population (aged 15-59 years), compared with 2.2 in England, & the highest prevalence outside of London. In 2014 1,734 residents of the City accessed NHS HIV treatment services. The total figure for both sexes has been increasing rapidly: in 2005 it was 942 people; in 2002 it was 717 people.⁸

3.1.4. Mental Health

The percentage of people aged 18 or over on a GP register for depression was 9.3% in 2015/16 in Brighton & Hove, significantly higher than England (8.3%).⁹ The percentage of people of all ages on a GP register for Severe Mental Illness is 1.19% in Brighton & Hove, again significantly higher than the average for England, at 0.9% (2015-16). Severe mental illness includes schizophrenia, bipolar affective disorder and other psychoses.¹²

Similarly, GP surveys (2015-16) show significantly higher proportions of patients reporting depression and anxiety (15.6% Brighton & Hove, 12.7% England) and reporting a long-term mental health problem (8.8% Brighton & Hove, 5.2% England).¹²

In 2016, 9,546 secondary school students from 10 schools took part in the Safe and Well at School Survey (SAWSS) in Brighton and Hove. 92% of young people in Year 7 had often felt happy in the last few weeks and 80% of those in Year 11. Students aged 14-16 years worried more often than younger students. 85% of 14-16 year olds were worried about exams; 77% the future in work and education, while 64% worried about being healthy. 15% of 14-16 year olds said they often or sometimes had suicidal thoughts and 11% that they often or sometimes harm themselves.¹⁰

3.1.5. Visitors

It is likely that visitors to the city utilize healthcare services in different ways to local residents. Over the period of April 2017 to August 2017, out of hours primary care services, run by Integrated Care 24 (IC24)^h, were used by 10,536 patients. Of these 1,631 patients were not registered with a local GP. This corresponds to 15% of the users of this service over this period. This is an increase on the 2015 PNA when 7% of patients were non-registered users. This increase should be considered by commissioners of pharmacy services, as a proportion of those accessing services will be from outside of the city.¹¹

^h IC24 is a Social Enterprise company providing a range of primary care services

3.2. Health profiles 2017

Health profiles are produced for each Local Authority by Public Health England (PHE).¹² The profile consists of 31 indicators grouped under five main domains:

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

The purpose of health profiles is to help local authorities, health services and commissioners identify problems in their areas and develop strategies to address them. Performance for local authorities in England is benchmarked against the England average for the 31 specified indicators. Table 13 shows indicators for Brighton & Hove where performance is significantly worse than the England average (See Appendix 1: Brighton & Hove Health Profile 2017 for a full profile). These areas are then considered further in this section.

Table 13. 2017 Health Profile indicators where Brighton & Hove's performance is significantly worse than the England average

<i>Domain</i>	<i>Indicator</i>
Our communities	Violent crime
Children and young people's health	Admission episodes for alcohol-specific conditions (under 18s)
Adults' health and lifestyle	Smoking prevalence in adults
Disease and poor health	Hospital stays for self-harm
	New sexually transmitted infections
Life expectancy and causes of death	Suicide rate
	Killed and seriously injured on roads

Source: Public Health England, 2017 Health Profiles

3.2.1. Violent crime

There were 6,285 crimes of violence against the person recorded by police in 2014/15.¹³ The city has a relatively high rate of violent crime per head of resident population 22.7 per 1,000 population compared to 17.2 per 1,000 for England.¹⁴ The recorded crime rates do not take account of the high number of non-residents visiting the city.¹⁶

3.2.2. Admission episodes for alcoholic-specific conditions (under 18s)

In 2013/14 - 2015/16 the crude rate of hospital admissions for people under 18 due to alcohol was 58.2 per 100,000 compared to 37.4 per 100,000 for England.¹⁵

The 2016 Safe and Well at School Survey (SAWSS) reported an increase in the proportion of 11-14 year olds who had never tried alcohol from 59% in 2011 to 74% in 2016. There was also an increase for 14-16 year olds from 18% in 2011 to 30% in 2016. Brighton & Hove has the third joint highest rate of 15 year olds who drink regularly at least once a week, at 11% in 2016. The average rate for England and the South East is 6%.¹⁵

3.2.3. Smoking prevalence in adults

The prevalence of smoking amongst adults in the city was estimated to be 20% in the 2016 Annual Population Survey. This is a decrease from 21% in 2015 but it is still significantly higher than for England (15%).¹⁵

3.2.4. Hospital stays for self-harm

In 2015/16, the directly age and sex standardised rate for hospital admissions among all city residents was 306.2 per 100,000, this is higher than for England (196.5 per 100,000)¹¹ but is lower than the Brighton and Hove rate in 2012/13, of 366 per 100,000.⁶ 248 children and young people were admitted to hospital for self-harm in 2015/16 a rate of 448 per 100,000 10-24 year olds compared to 431 per 100,000 for England.⁸

3.2.5. New sexually transmitted infections (STI)

In 2016, the crude rate of new STIs was 1,387 per 100,000 (excluding Chlamydia under age 25) in Brighton and Hove, this is higher than England which is 795 per 100,000.¹¹

3.2.6. Killed and seriously injured on the roads

From 2013-15, there were 54.0 people per 100,000 killed or seriously injured on the roads in Brighton and Hove, which is higher than 38.5 per 100,000 for England.¹¹

3.2.7. Suicide rate

From 2013-15, the directly age standardised mortality rate from suicide and injury of undetermined intent was 15.2 per 100,000 (aged 10 and over) compared to 10.1 per 100,000 for England.¹¹

Recommendations

- In view of the higher rates of self-harm, suicide, depression and anxiety in Brighton & Hove compared to England, it is recommended mental health first aid is included initially as part of the Healthy Living Pharmacies training. HLPs should also be provided with the information to be able to signpost patients to community based mental health and wellbeing services. If this is successful extend the training to all pharmacies. Currently HLPs have the opportunity to run mental health campaigns in May and December.
- The Community Pharmacy Postgraduate Education (CPPE) to be approached by Brighton & Hove City Council to provide mental health consultation skills e-learning to registered pharmacists and technicians
- In view of the higher rates of smoking amongst adults and young people in Brighton & Hove compared to England, the 48 pharmacies offering stop smoking services to increase Making Every Contact Count, to engage more clients with the service and ultimately increasing support for people to quit through stop smoking services.

3.3. Disease prevalence from Annual Report of the Director of Public Health 2016/17 and QOF data 2016/17

The Annual Report of the Director of Public Health 2016/17 “Living well in a healthy city”¹⁶ includes data on disease prevalence and multi-morbidity. The majority of residents have no long term conditions up to the age of 49. By 50-54 years, 53% have one or more condition, with the average being one condition. By the age of 65-69 the average increases to two conditions and three by 80-84 years. By 95 years and over people have fewer conditions than 80-94 year olds. Patients with diabetes, Chronic Obstructive Pulmonary Disease (COPD), and Coronary Heart Disease (CHD) all have on average three or more other long term conditions. Resource use is related to age for long term conditions, by 70-74 years 20% of patients are high to very high users of services, increasing to 40% for 90-94 year olds. Thus an increasingly ageing population will have increasing multiple long term conditions placing greater demands on community pharmacy services.

Table 14 gives England, Brighton and Hove and CCG GP Practice cluster prevalence of various health conditions, along with modelled prevalence for some of these conditions. This section explores Quality and Outcomes Framework (QOF) disease registers prevalence data for the city, compares this with modelled prevalence data and explores the potential impact of these on pharmaceutical services. QOF registers are records from GP practices which give an indication of the overall achievement of a practice through a points system. They contain information on the prevalence of a range of indicators among the registered population of that practice. Comparisons between QOF prevalence and modelled prevalence estimates for England allow us to assess how much of the population may have a given condition but may be undiagnosed or unidentified.

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

3.3.1. Asthma

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

3.3.2. Atrial Fibrillation

Patients with Atrial Fibrillation are prescribed anticoagulant and antiplatelet medication which needs to be carefully managed. There is evidence that community pharmacist led anticoagulation clinics achieve good therapeutic control and are welcomed by patients.¹⁷

3.3.3. Cancer

The directly age-standardised mortality rate for all cancers for persons under 75 years in Brighton and Hove in 2013-15 was 146.4 per 100,000. Higher than the England average for the same period which was 138.8 per 100,000.¹¹ In 2015, there were 608 deaths attributable to cancers among residents of the city, constituting 31% of deaths in that year.¹⁸

Screening coverage for breast and cervical cancer is lower for Brighton & Hove than England, with 72.1% of women screened for breast cancer in 2016, compared to 75.5% for England. 69.5% women were screened for cervical cancer in 2016, compared to 72.2% for England. In 2016 the city ranked 17/19 for breast screening and cervical screening uptake in the South East Region and 17/19 and 16/19 for Abdominal Aortic Aneurysm Screening and Bowel Cancer Screening respectively.¹⁹

Part of the service specification for level 2 Healthy Living Pharmacies includes running an annual campaign to promote cancer screening in April and supply eligible patients who have completed Medication Use Reviews with a public health approved booklet on cancer screening.

3.3.4. Cardiovascular disease

The role of pharmacists in the management of chronic diseases has been shown to be important.²⁰ As with other chronic conditions, Cardiovascular Disease (CVD) patients may require support to manage their medication regimes. Comparison between recorded QOF prevalence in 2015/16 and modelled prevalence in 2011 shows a 8% lower recorded prevalence than would be expected, suggesting that CVD may be underreported or under identified in Brighton and Hove (and England). More specific types of CVD are also covered in this section.

3.3.5. Chronic Obstructive Pulmonary Disease

Chronic Obstructive Pulmonary Disease (COPD) patients with moderate or severe disease may require support to manage their medication regimes. If they have not yet given up smoking community pharmacists can offer opportunities to access smoking cessation services. Brighton and Hove (and England) has lower prevalence of COPD

recorded through QOF than modelled estimates suggest, which may mean there is underreporting or under identification of the condition.

3.3.6. Coronary Heart Disease

Patients with Coronary Heart Disease (CHD) are prescribed multiple medications and require support to ensure compliance and adherence to regimens. Similarly with CVD and COPD Brighton and Hove (and England) has lower prevalence of CHD recorded through QOF than modelled estimates suggest, which may mean there is under reporting or under identification of the condition. In 2015/16, 2.2% of GP registered patients in Brighton & Hove had a recorded prevalence of CHD, compared to 3.2% for England.²¹

3.3.7. Chronic Kidney Disease

Chronic kidney disease is a long term condition that can be associated with a range of other conditions, as well as with getting older and ethnicity. Medication can help to control associated problems such as high blood pressure and high cholesterol. Brighton and Hove (and England) has lower prevalence of CKD recorded through QOF than modelled estimates suggest, which may mean there is under reporting or under identification of the condition. There is also a suggestion that the modelled estimate may be an over estimate because CKD was determined by one blood test, rather than two 3 months apart as recommended by NICE.²² In 2015/16, the recorded prevalence of CKD in GP patients in Brighton & Hove was 3.3%, compared to 4.1% in England.²³

3.3.8. Dementia

Patients with dementia frequently have other co-morbid conditions for which they have medication prescribed. As the disease progresses significant support is required to maintain independence. Supply of compliance aids by community pharmacies directly to patients or to their carers can provide assistance in maintaining control of other medical conditions and preventing hospital admissions. In 2017, 64% of Brighton & Hove GP registered patients over 65 were diagnosed with dementia, compared to 68% in England.¹⁷

3.3.9. Depression

Treatment for depression may involve a combination of self-help, talking therapies and medication. People with moderate to severe depression are more likely to be prescribed anti-depressants. In 2015/16, 9.3% of Brighton & Hove GP registered patients (18+) had a recorded prevalence of depression, compared to 8.3% for England.¹⁷

3.3.10. Diabetes

Early detection of diabetes contributes to improved clinical outcomes. In 2015/16, Brighton and Hove had lower GP recorded prevalence of diabetes among those aged over 17 years (4.1%) than England (6.5%).²⁴ As part of the National Diabetes Prevention Programme being implemented locally Lloyd's pharmacies deliver the blood

testing element. Diabetes is also one of the campaign topics run by level 2 Health Living Pharmacies.

3.3.11. Heart Failure

Patients with heart failure may be prescribed multiple medications and require support to ensure compliance and adherence to regimens, as with other long term conditions. In 2015/16, recorded prevalence of Brighton & Hove GP registered patients (all ages) with heart failure was 0.5%, compared to 0.8% for England.²⁵

3.3.12. Hypertension

Community pharmacies can provide screening services to direct patients to GP surgeries for further diagnosis. Early detection of hypertension contributes to improved clinical outcomes. There is a lower recorded prevalence of hypertension recorded through QOF in Brighton and Hove (and England) which may mean there is underreporting or under identification of the condition. In 2015/16, recorded prevalence of Brighton & Hove GP registered patients (all ages) with hypertension was 9.8%, compared to 13.8% for England.

3.3.13. Hypothyroidism

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

3.3.14. Mental Health

Brighton and Hove has a high prevalence of mental illness and depression. Both QOF and GP Survey data (2015/16) for the prevalence of depression and anxiety are higher than the prevalence for England. In 2015/16, the prevalence of depression and anxiety in GP patient survey responders (18+) was 15.6% in Brighton & Hove, compared to 12.7% for England.²⁶ All patients including those with mental illness can benefit from receiving information about the Five Ways to Wellbeing and other mental health and wellbeing services. Mental health patients on medication would also benefit from support with medication regimes to ensure compliance.

3.3.15. Obesity

Obesity is an important health issue for the UK as it can lead to diseases such as type 2 diabetes, CVD and joint pain. Future impact on health services if obesity levels are not controlled will be substantial – the prevalence of obesity nationally is growing consistently. In Brighton & Hove in March 2017 26% of 10-11 year olds were overweight or obese.¹⁵ This is lower than the England average of 34%. Obesity prevalence from QOF for Brighton and Hove (5%) aged 18 years or over is lower than national QOF estimates for England (2015/16) at 9.5% of adults aged 18 years or over. The Active People Survey 2013-2016 reported that 52.6% of adults in Brighton & Hove were overweight or obese compared to 64.8% for England.¹⁷

3.3.16. Osteoporosis

Losing bone is a normal part of the ageing process, but some people lose bone density much faster than normal. The use of medication in the treatment of osteoporosis is to help strengthen bones and reduce the risk of fractures. There are currently no modelled estimates of osteoporosis prevalence.

3.3.17. Palliative care

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

3.3.18. Peripheral Arterial Disease

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

3.3.19. Rheumatoid Arthritis

Rheumatoid arthritis is a long term condition causing pain, swelling and stiffness in the joints. Treatment includes the long term use of medication to relieve the symptoms and slow the progress of the condition.

3.3.20. Stroke/Transient Ischaemic Attack

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

Recommendation

In view of the increasingly ageing population living with multiple morbidities - when making commissioning decisions the CCG, NHS England and BHCC should take into consideration the role of community pharmacies in addressing the needs of patients with long term conditions.

Table 14. Disease prevalence from QOF by GP Practice Cluster Brighton and Hove and England (2015-16) and modelled prevalence for Brighton and Hove and England

Condition	QOF disease registers (prevalence %) 2015/16 CCG GP Practice Clusters								Modelled estimates (%) – 2011		Age 16+ prevalence estimates if differ from QOF	Model
	1	2	3	4	5	6	Brighton & Hove	England	Brighton & Hove	England		
Asthma	6.2%	6.0%	5.3%	6.4%	4.0%	5.2%	5.5%	5.9%	-	-		
Atrial fibrillation	1.2%	1.6%	1.4%	1.7%	0.6%	1.3%	1.3%	1.7%	-	-		
Cancer	1.7%	2.5%	2.1%	2.4%	1.2%	1.9%	1.9%	2.4%	-	-		
Cardiovascular disease (30-74 years)	0.8%	0.9%	0.9%	0.9%	0.6%	0.7%	0.8%	1.1%	9%	9.5%	16+	ERPHO, December 2011
Chronic obstructive pulmonary disease	1.7%	1.8%	1.0%	1.7%	0.6%	1.2%	1.3%	1.9%	3.7%	2.9%	16+	ERPHO, December 2011
Coronary heart disease	0.8%	0.9%	0.9%	0.9%	0.6%	0.7%	2.2%	3.2%	4.5%	4.7%	16+	ERPHO, December 2011
Chronic Kidney Disease (2014/15)	3.1%	4.4%	4.2%	4.3%	1.2%	3.0%	3.3%	4.1%	4.9%	6.1%	16+	University of Southampton 2011
Dementia	0.4%	0.8%	0.5%	0.7%	0.3%	0.7%	0.6%	0.8%	-	-		
Depression(18+)	10.1%	9.7%	9.7%	8.4%	7.5%	10.3%	9.3%	8.3%	-	-		
Diabetes (17+)	4.4%	5.7%	3.8%	5.8%	1.8%	3.8%	4.1%	6.5%	6.2%	7.3%	16+	APHO, December 2012
Epilepsy (17+)	0.8%	0.8%	0.6%	0.8%	0.4%	0.7%	0.7%	0.8%	-	-		

Condition	QOF disease registers (prevalence %) 2015/16 CCG GP Practice Clusters								Modelled estimates (%) – 2011		Age for incidence estimates if differ from QOF	Model
	1	2	3	4	5	6	Brighton & Hove	England	Brighton & Hove	England		
Heart failure	0.6%	0.7%	0.5%	0.6%	0.2%	0.5%	0.5%	0.8%	-	-		
Hypertension	9.4%	12.4 %	10.0%	12.9%	5.0%	9.4%	9.8%	13.8%	27.5%	30.6%	16+	ERPHO, December 2011
Hypothyroidism	-	-	-	-	-	-	-	-	-	-		
Learning Disability	0.5%	0.5%	0.4%	0.4%	0.2%	0.5%	0.4%	0.5%	-	-		
Mental health	1.7%	1.1%	0.8%	1.0%	0.9%	1.4%	1.2%	0.9%	-	-		
Obesity (18+)	5.5%	5.3%	5.2%	6.5%	3.0%	5.0%	5.0%	9.5%	-	-		
Osteoporosis(50 +)	0.2%	0.1%	0.2%	0.2%	0.2%	0.2%	0.2%	0.3%	-	-		
Palliative care	0.2%	0.4%	0.2%	0.3%	0.1%	0.2%	0.2%	0.3%	-	-		
Peripheral arterial disease	0.5%	0.6%	0.4%	0.6%	0.2%	0.4%	0.4%	0.6%	-	-		
Rheumatoid arthritis (16+)	0.5%	0.7%	0.5%	0.8%	0.2%	0.4%	0.5%	0.7%	-	-		
Stroke/TIA	1.2%	1.7%	1.2%	1.6%	0.6%	1.3%	1.3%	1.7%	1.93%	2.07%	16+	ERPHO December 2011

Source: Brighton & Hove CCG June 2017.

3.4. Future Health Needs

Future health needs will continue to change as the population lives longer. The population of people aged over 70 is predicted to increase by 21% (5,500 people) by 2026.²⁷ A consequence of more people living longer includes an increased risk of dementia. In March 2016 there were 1,739 registered patients with dementia in the city (0.6%).²⁸ It is estimated that by 2035, 4,368 people aged 65 and over in the city will have a dementia diagnosis.²⁹ A higher proportion of older people in Brighton & Hove live alone 41% compared to 31% nationally, which will increase the risk of loneliness and depression.²⁵ Both dementia and depression have implications for placing increased demands on community pharmacies as more people will require prescribed medications. As providers of services to older people, pharmacies also have their part to play within the Age Friendly City and Dementia Action Alliance initiatives in Brighton & Hove.

As people live longer the proportion living with multiple long term conditions requiring medication will also increase. People aged 65-69 years have on average two long term conditions, increasing to three by age 80-84 years. Patients with diabetes, Chronic Obstructive Pulmonary Disease (COPD) and Coronary Heart Disease (CHD) all have on average 3 or more other long term conditions.²⁶

The increase in obesity nationally has also led to an increase in the number of people diagnosed with type 2 diabetes. Brighton & Hove has low recorded diabetes prevalence at 4.1% compared to 6.5% for England (2015/16).²² There are an estimated 16,600 people in the city with undiagnosed diabetes. As diabetes prevalence increases pharmacies will have an important role to play in increasing awareness of the potential risk factors. This could be through participating in the Healthy Living Pharmacy Scheme and signposting people to healthy weight and physical activity services, to help prevent the development of diabetes. As well as opportunistic use of the NICE supported Diabetes UK risk assessment tool and running pharmacy-based diabetes prevention health promotion campaigns.

Other future health needs include cancer, alcohol and substance misuse and sexual health. Cancer is one of the commonest causes of death in the city, particularly lung cancer. Community pharmacies will continue to play an important role in reducing this by offering stop smoking and domiciliary stop smoking services via the public health locally commissioned services.

Alcohol and drug misuse continue to be significant issues for the city. 41% of adults are drinking more than the recommended weekly levels. Households in more deprived areas are less likely to drink at the greater at risk levels but they are more likely to die of alcohol related conditions. Alcohol related hospital attendances in the city are 50% higher in city residents in the most deprived quintile compared to the least deprived quintile.²⁵ The city has a higher drug related deaths rate than England, as well as higher than average use of opiates and crack amongst adults. Community pharmacies have an important role in harm minimisation through the provision of needle exchanges and the supervised consumption of methadone.

In 2015, Brighton & Hove had the 17th highest rate of new Sexually Transmitted Infections (STIs) of all 326 English local authorities. The city also has a higher rate of teenage conceptions than England; at 25 per 1,000 compared to 21 per 1,000.²⁶ Community pharmacies play an important role preventing STIs and unplanned

pregnancies through the c-card scheme of free condom distribution and provision of Emergency Hormonal Contraception through the public health locally commissioned services.

3.4.1. Housing

Planned developments to increase the provision of new housing in the city by 13,200 homes by 2030 are likely to increase demand for community pharmacy services in the next 12 years. Going forward this impact will need to be considered by future PNAs.

The Brighton & Hove City Plan Part 1 plans new housing across the city as a whole and higher density development in 8 broad development areas.³⁰

Table 15. New homes planned by development areas by 2030

Development Areas	Number of new homes planned by 2030
Brighton Centre and Churchill Square	20
Brighton Marina, Gas Works and Black Rock	1940
Lewes Road	875
New England Quarter and London Road area	1130
Eastern Road and Edward Street area	515
Hove Station Area	525
Toad's Hole valley	700
Shoreham Harbour	300
Rest of the city & small site developments within built up area and urban fringe	7205
Total	13,210

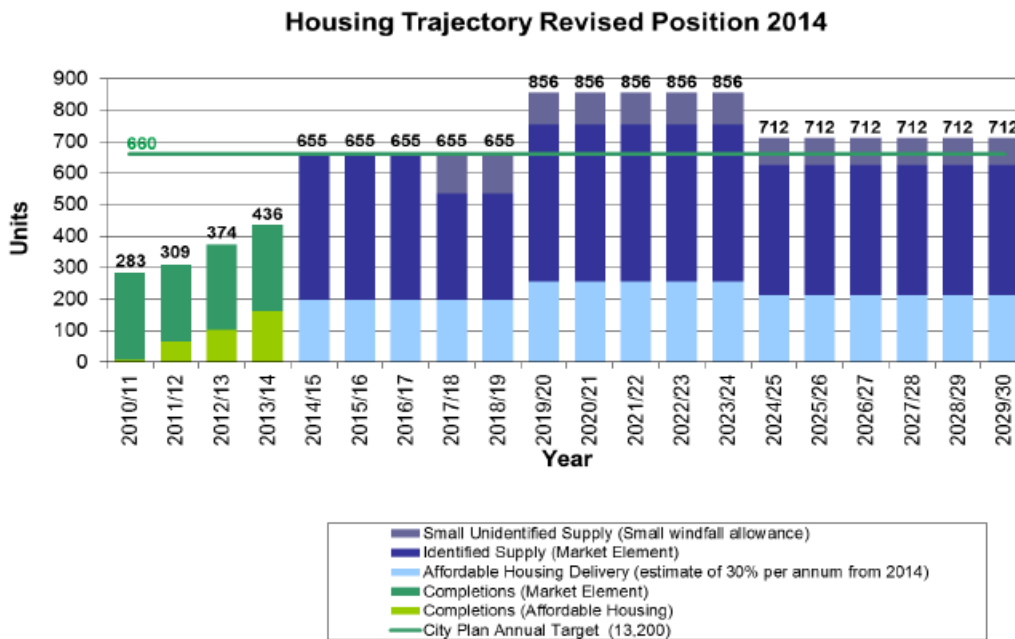
Source: Brighton & Hove City Plan Part 1 (adopted March 2016)

Development plans for Preston Barracks were approved in October 2017. The Preston Barracks site is owned by the council. It was acquired from the Ministry of Defence because of its strategic significance and potential to contribute towards many of the city's priorities. It will be used to create sustainable, employment-led, mixed-use development to help regenerate the area. The site, on the main Lewes Road, is an 'urban gateway' to the city from the 'Academic Corridor' (close to Brighton and Sussex Universities). The number of student units of accommodation across the Barracks Road site and on University of Brighton land will be approximately 1300 student beds.

The plans for Brighton Marina have identified a need for a health facility, which may have implications for the provision of community pharmacy in this area. It is estimated

that the delivery of new housing between 2014 -19 is likely to be 660 units a year and increasing thereafter to 2024.

Figure 4: Housing Trajectory 2010 – 2030 (Based on 2014 SHLAA update)



Source: Brighton & Hove City Plan. Part One. March 2016.

Recommendation

- The population demographics, housing projections and distribution of community pharmacies in Brighton & Hove suggest that the current level of pharmacy services will be sufficient to meet current need until the next PNA is published in 2021. However, where housing developments are completed within the lifetime of this PNA, further consideration may be required.

4. Current pharmaceutical provision

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

4.1 Pharmacist roles

There are currently a range of roles being undertaken by pharmacists across the city.

- **Better Care pharmacists** – There are six whole time equivalent pharmacists in the Better Care Pharmacists' team with one pharmacist working within each GP Practice Cluster in Brighton and Hove (more details in section 4.11.2).
- **CCG pharmaceutical advisor pharmacists and CCG prescribing support technicians** – These assist primary care prescribers in achieving rational prescribing that maximises clinical and cost-effectiveness, minimises risk, and reflects national and local targets. The pharmaceutical advisors lead on a number of prescribing projects, support the development of prescribing guidelines and provide advice on medication related queries from prescribers. The CCG prescribing support technicians work in GP practices to assist the Medicines Management Team in implementing CCG prescribing initiatives in line with practice & CCG prescribing policies. In addition to supporting prescribing projects and audits in individual practices, implementing changes and liaising with GPs, practice staff and patients
- **Rapid response pharmacists and pharmacy technicians** (more details in section 4.5.2)
- **Community health services pharmacists and pharmacy technicians** (more details in section 4.5.2)
- **NHS England pharmacists, Practice pharmacists and pharmacy technicians** (directly employed by practices) – There are 3 wte NHS England Pharmacists and 0.67 technicians in Cluster 1; 2 wte NHS England Pharmacists in Cluster 3; 1 wte NHS England Pharmacist in Cluster 4 and a 2.75 wte NHS England Pharmacists and 0.8 technicians in Cluster 6. These pharmacists are directly employed by GP Practices as part of an NHS England pilot project to resolve medicine issues as they arise, by directly consulting and treating patients. There are plans to recruit further practice pharmacists.
- **Consultant cardiac pharmacist** – This post is divided between primary and secondary care and leads on medicines optimisation for patients with cardiovascular conditions. Work is taking place with GPs and non-medical prescribers to improve the prescribing of anticoagulation to patients with atrial fibrillation, to reduce stroke risk and to improve management of hypertension.
- **Care Home pharmacists and pharmacy technicians** - Undertake comprehensive medication reviews for Nursing Home residents with a focus on those who would benefit most - new admissions, recent hospital discharges, Polypharmacy and those who would benefit from a face to face discussion about their medicines to enable shared decision making, reduced pill burden and better

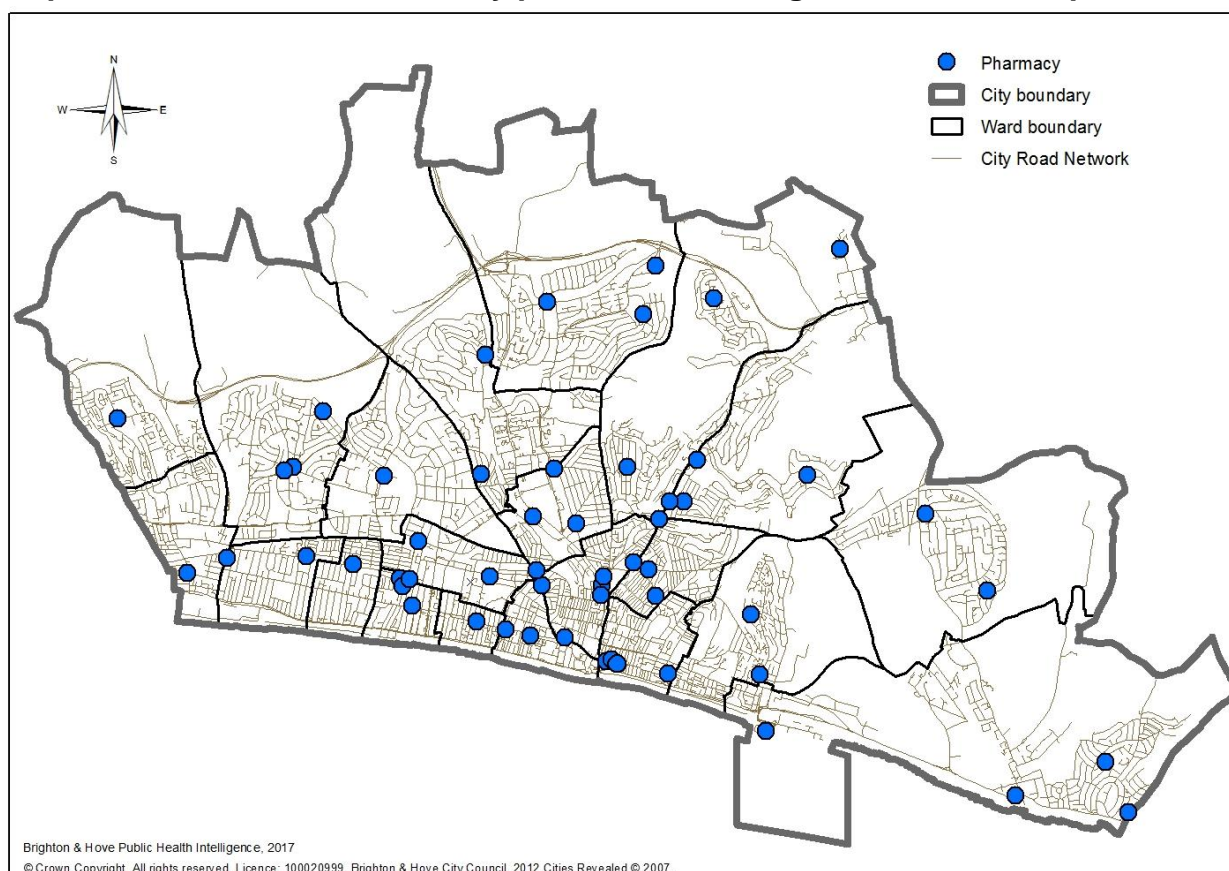
outcomes. Appropriate prescribing is an essential part of this service, working closely with residents, GPs, Care home nurses and community pharmacy with full read/ write access to patient records with patient and GP consent.

- **Specialist pharmacists and pharmacy technicians, mental health community teams (including dementia)**

4.2 Community pharmacies

There are currently 56 community pharmacies in Brighton & Hove, four less than at the time of the 2015 PNA; since when five pharmacies have closed and one distance selling pharmacy has opened. A full list of pharmacies can be found in Appendix 2: List of Pharmacies in Brighton & Hove. This translates to 19 pharmacies per 100,000 residents (excludes distance selling pharmacy) based on ONS 2016-mid-year population estimates, compared to a range of 18 to 26 per 100,000 for CIPFA neighboursⁱ (where 2018 PNA data has been published) with a median of 19 per 100,000, this is the same as 19 per 100,000 for Kent, Surrey and Sussex and lower than 22 for England. This is a decrease from 22 pharmacies per 100,000 in Brighton & Hove in 2013, the number of England and KSS pharmacies have remained the same.

Map 2. Distribution of community pharmacies in Brighton and Hove, April 2018



4.2.1. Distance selling pharmacies.

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

¹ The Chartered Institute of Public Finance Accountants has developed a model to measure similarity between local authorities. The nearest neighbours with PNA data available for 2018 included: Southampton and Reading 18 per 100,000, Portsmouth, Swindon 19 per 100,000, Southend 21.8 per 100,000, Medway, Newcastle 22 per 100,000, and North Tyneside 25.7 per 100,000.

- must provide the full range of *essential services* during opening hours to all persons in England presenting prescriptions;
- cannot provide *essential services* face to face;
- must have a responsible pharmacist in charge of the business at the premises throughout core and supplementary opening hours; and
- must be registered with the General Pharmaceutical Council.³¹

Patients have the right to access pharmaceutical services from any community pharmacy including mail order/wholly internet pharmacy of their choice and therefore can access any of the many internet pharmacies available nationwide. Their very nature means they are not constrained by geographical boundaries. The number of online pharmacies is growing in the UK.

Currently there is one distance selling pharmacy based in Brighton and Hove that opened in March 2017. During 2017, the national distance selling pharmacy “Pharmacy2u” has been running a marketing campaign in the city.

4.3. Dispensing Appliance Contractors

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

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

4.4. Dispensing GP practices

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

- A patient satisfies the CCG or a predecessor organisation that they would have serious difficulty in obtaining any necessary drugs or appliances from a chemist by reason of distance or inadequacy of means of communication (colloquially known as the serious difficulty test which can apply anywhere in the country), or
- A patient is resident in an area which is *rural* in character, known as a *controlled locality*, at a distance of more than one mile (1.6km) from a pharmacy’s premises (but excluding any distance selling chemist premises). The pharmacy’s premises do not have to be in a controlled locality.

There are currently no GP practices that have permission to dispense medicines in Brighton and Hove.

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

4.5 Other Pharmaceutical Services

4.5.1. Brighton and Sussex University Hospitals NHS Trust

The local acute hospital trust is Brighton and Sussex University Hospitals NHS Trust. The pharmacy department at Brighton and Sussex University Hospital (BSUH) provides the following services: -

- a dispensing service for inpatients and outpatients
- aseptic dispensing service for chemotherapy
- clinical pharmacy service to all wards
- medicines management service to the all wards
- procurement for all drugs and related products
- procurement of drugs through homecare
- medicines information service to the Trust
- management of the joint drug formulary
- clinical prescribing services for inpatient and outpatient work
- Training of undergraduates, pre-registration pharmacists and pre-registration technicians

The pharmacy service is split over three sites the largest of which is at Royal Sussex County Hospital Brighton which has a wholly owned subsidiary pharmacy (Pharm@Sea) for dispensing of prescriptions to outpatients and provision of homecare medicines for patients requiring specialist services. Pharm@Sea was opened to improve work flow for outpatients; but also reduces turnaround times at the main pharmacy which concentrates on inpatient work. In addition Pharm@Sea offers commissioned ancillary services such as flu vaccines and smoking cessation. This service may be extended to the Princess Royal Hospital site, Haywards Heath.

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

4.5.2. Sussex Community NHS Foundation Trust

Sussex Community NHS Foundation Trust (SCFT) is the main provider of community health services in the city. SCFT provides the following pharmaceutical services in Brighton & Hove with the aim of working with patients and their carers to optimise their use of medicines:

- A clinical pharmacy service consisting of pharmacists and pharmacy technicians to Community Short Term Services (CSTS) beds
- A full time pharmacist post and part-time pharmacy technician who are integrated within the responsive services multidisciplinary team with the aim of optimising patients medicines, preventing hospital admission and facilitating hospital discharge
- A clinical pharmacist running a weekly postural hypotension clinic alongside a falls specialist nurse

SCFT pharmacy staff liaise with patients/carers and additionally community pharmacists, acute hospital pharmacists and consultants, Better Care pharmacists, GP pharmacists and the patients' GP when required.

4.5.3. Sussex Partnership NHS Foundation Trust

Sussex Partnership NHS Foundation Trust (SPFT) provides care, support and treatment in Brighton and Hove for people with a learning disability and/or a mental health issue. The services provided include; child and adolescent mental health, older people's mental health, learning disability services, adult mental health and secure and forensic services. Outpatients are usually given FP10 prescriptions when they need to start a new medicine to take to their community pharmacy of choice. Some specialist medications, such as clozapine, are prescribed on hospital prescriptions and dispensed through a hospital pharmacy. SPFT has a number of shared care agreements with GPs, so the GP can prescribe, while the patient is still under the care of a SPFT community team. Two SPFT pharmacists support the general community mental health teams and the early intervention team in Brighton and Hove to help optimise medicines use across multi-disciplinary teams.

4.5.4. Brighton & Hove CCG

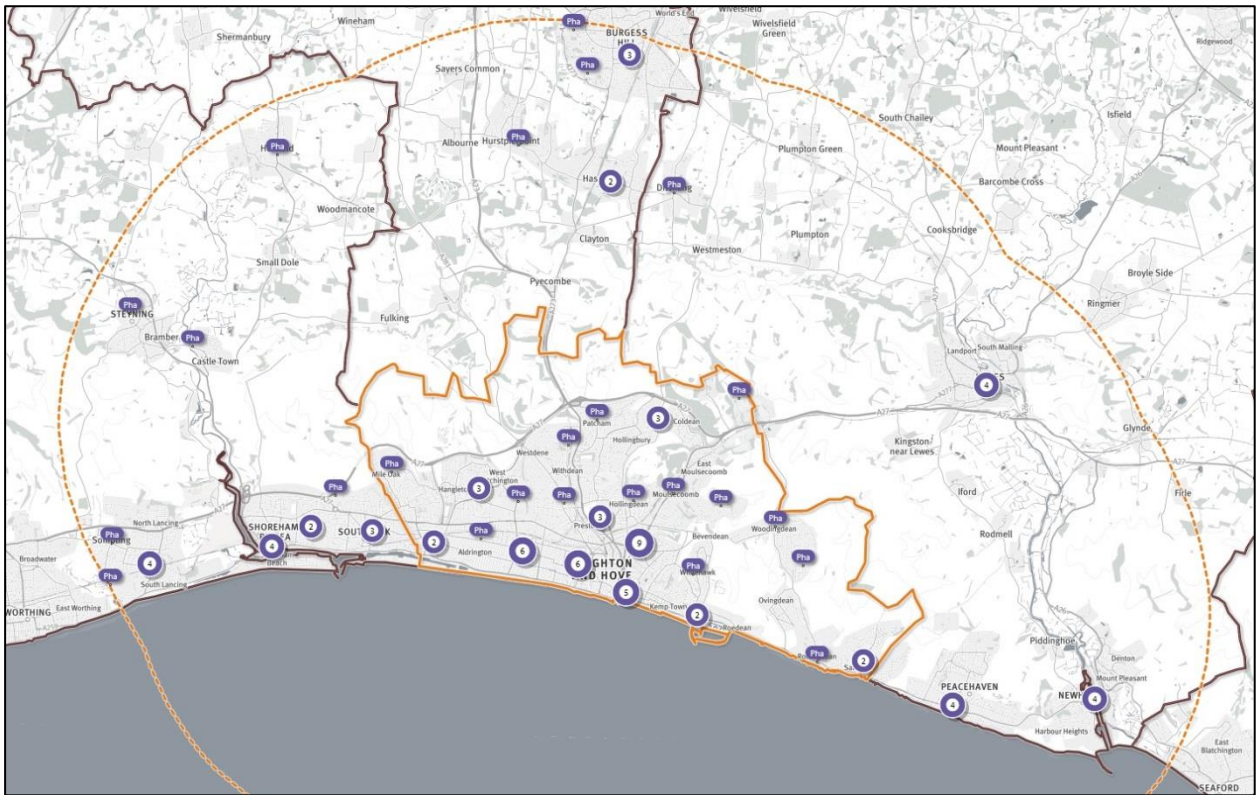
A key role of the CCG is medicines management and optimisation, to ensure safe and effective use of medicines by patients. This is achieved through providing Practice Prescribing Support; Better Care Pharmacists; Nursing Home Medication Review Team; Consultant Cardiac Pharmacist Reviews; Dietetic work and Stoma Nurse work.

4.6. Cross border NHS Services

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

found within five miles of the Brighton and Hove border. There are 39 pharmacies within 5 miles of the Brighton & Hove boarder (Map 3).

Map 3. Distribution of Community pharmacies in Brighton & Hove and within 5 miles of the city border, April 2018.



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

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

4.7. Non-NHS Services

4.7.1. Private hospitals

There are three private hospitals within the city: The Montefiore (Spire Health care), Nuffield Health and Brighton and Hove Clinic (provided by Elysium Healthcare, formerly provided by The Priory). The Montefiore and Nuffield Health provide a number of specialities including surgery, whilst the Brighton and Hove Clinic provides mental health and substance misuse services. All have in-house pharmacy services.

4.7.2. Residential and nursing care homes and hospices

Brighton & Hove City Council places residents in 58 residential nursing and care homes in the city. These provide approximately 1,900 combined beds.³²

Table 16. Type and number of places in BHCC registered nursing and care homes. 2017.

<i>Type of residential nursing or care home</i>	<i>Number of homes</i>
Older person's residential placement	16
Older person's residential EMI placement	13
Older person's nursing placement	15
Older person's EMI placement	14

Source: Brighton & Hove City Council. Adult Social Care. 2017.

Brighton & Hove City Council has created a post within the CCG Medicines Management Team specifically to train residential nursing and care home staff in issues related to medication reviews.

4.8. Community pharmacy opening hours

Opening hours of pharmacies include a pharmacy's core hours, 40 hours per week, and supplementary hours.

Supplementary hours may be varied by giving three months' notice, core hours are not variable.

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

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

One hundred hour pharmacies are obliged to fulfil this minimum requirement each week unless prevented from doing so by legislation.

Public holiday opening hours are serviced by voluntary opening arrangements covered by supplementary hours.

Following the closure of the 100 hour pharmacy in Sainsbury's at Benfield Valley in December 2017, none of the remaining 56 pharmacies in Brighton & Hove, has a core hours contract of 100 hours per week. They all (excluding 1 internet pharmacy) have standard 40 hour contracts (Map 4). This does not preclude pharmacies with 40 hour contracts opening for longer under supplementary hours. Two pharmacies in the city do have late night opening until 10pm as part of their supplementary hours - Westons pharmacy in Lewes Road and Ashtons Late Night pharmacy in Dyke Road. It is for this reason historically, that the city has not needed a late night opening rota and currently remains the case, despite the closure of the 100 hour pharmacy. There also continues to be a good spread of pharmacies open weekday evenings and at weekends.

Table 17 provides the numbers and percentage of pharmacies with 40 and 100 hour contracts locally.

It is noted that there is one pharmacy in the city based at the University of Sussex which has a local pharmaceutical contract (LPS), with a clause that allows the contractor to return to the general pharmaceutical list at any stage. This pharmacy receives a monthly allowance based on the number of prescriptions they dispense; the volume of prescriptions is considerably lower than the norm. Therefore, if the allowance is no longer available some LPSs may be non-viable and close. NHS England has agreed to financially support the pharmacy in 2017/18 and over that time will seek views from service users and interested parties to assess the need for ongoing support. In January 2018 NHS England agreed to extend the pharmacy's contract for a further two years.

Table 17. Brighton & Hove Community Pharmacies opening hours, September 2017

Core hours contract	Number	Weekday Evening (after 18:00)	Saturday am opening	Saturday pm opening	Any Sunday opening
40 hours	55	28	48	22	10
100 hours	0	0	0	0	0
All pharmacies (%)	100%	51%	87%	40%	18%

Denominator excludes internet pharmacies

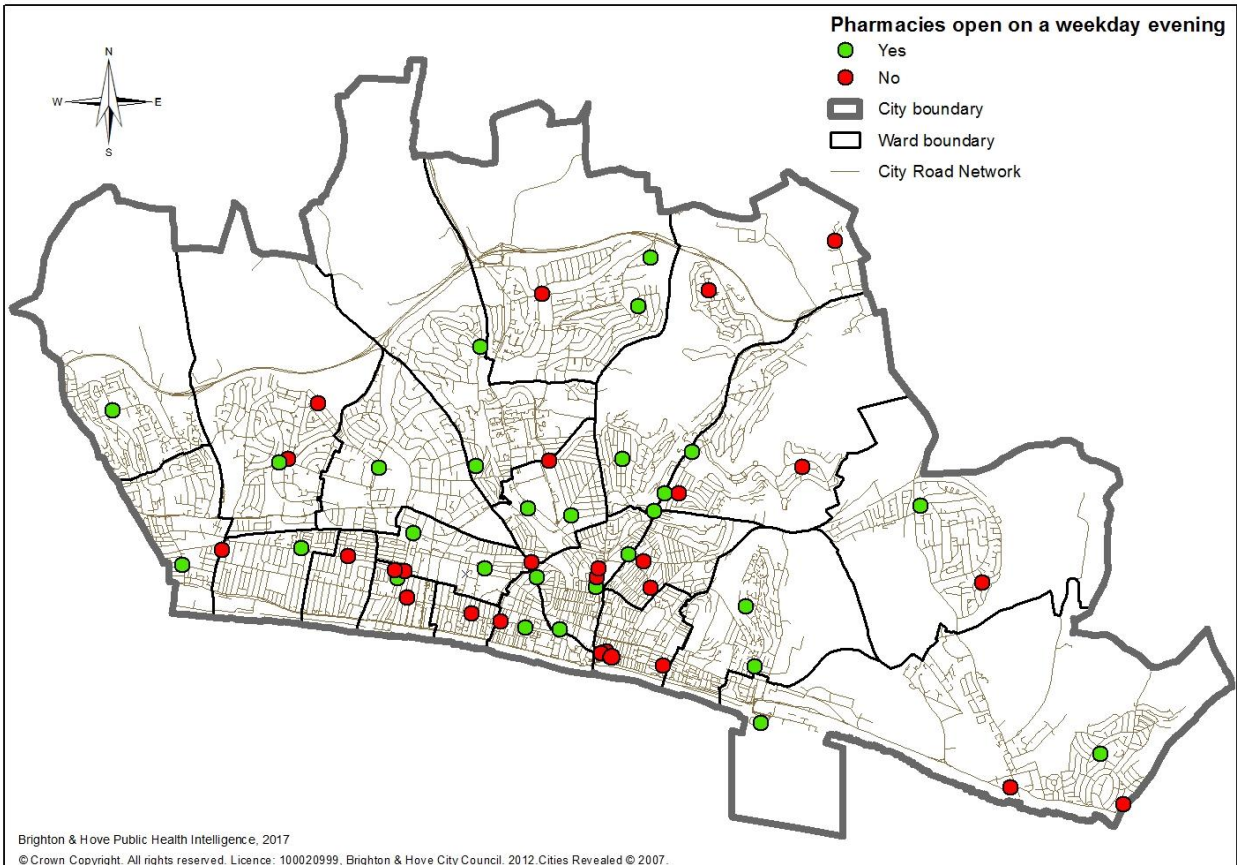
Source: NHS England Supplementary Statement April-June 2017

4.8.1. Out of hours services

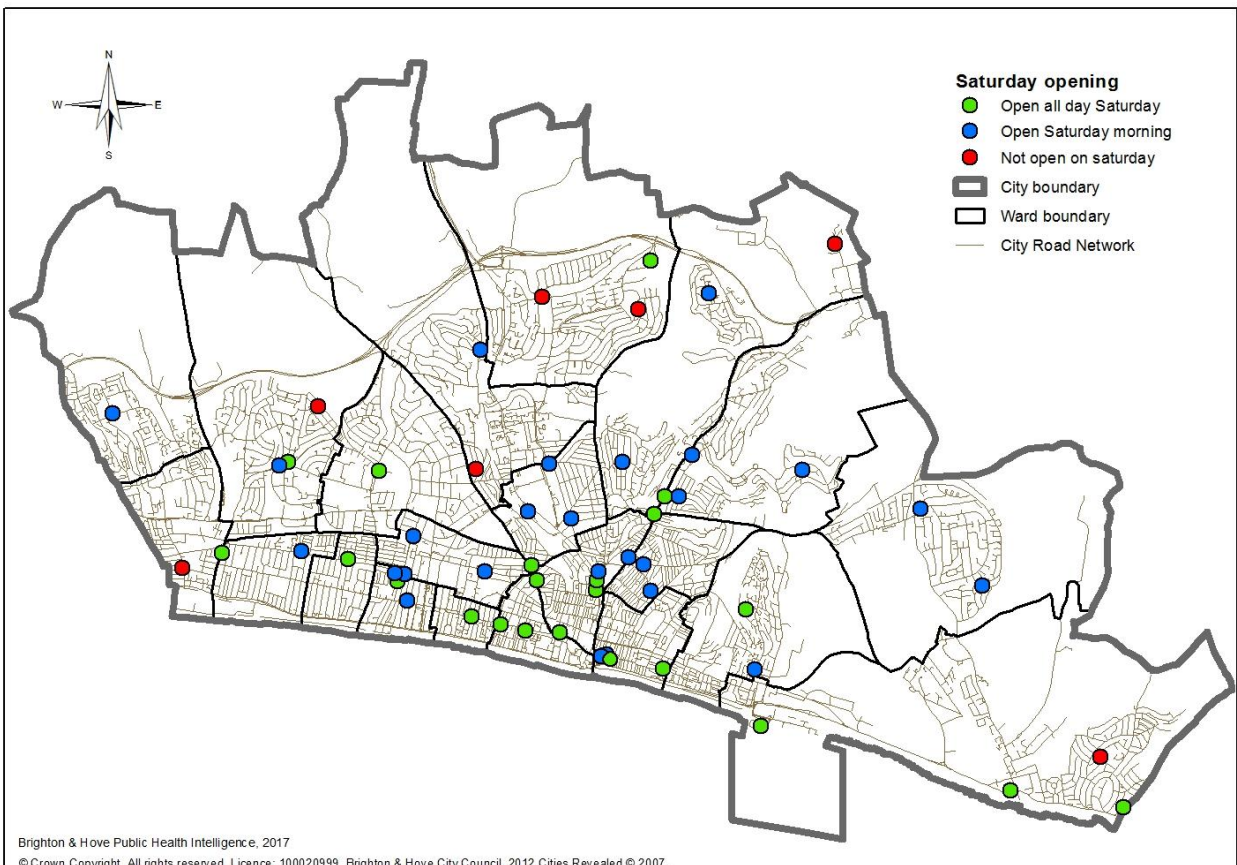
These are generally perceived as those not routinely covered by GP practices (i.e. those between 1830 and 0800 hours Monday to Friday, and all day on Saturdays, Sundays and Public Holidays). During these times general medical services are largely channelled through the Out of Hours provider, IC24, which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

Much of general practice out of hours is covered by community pharmacy with 28 pharmacies (51%) open on weekday evenings, 48 pharmacies (87%) open on Saturday mornings, 22 pharmacies (40%) open on Saturday afternoons, and 10 pharmacies (18%) open on Sundays (Table 18). Compared to 2015 there is the same number of pharmacies open weekday evenings and open on Sunday. However, there are four fewer pharmacies open on a Saturday morning and six fewer on a Saturday afternoon.

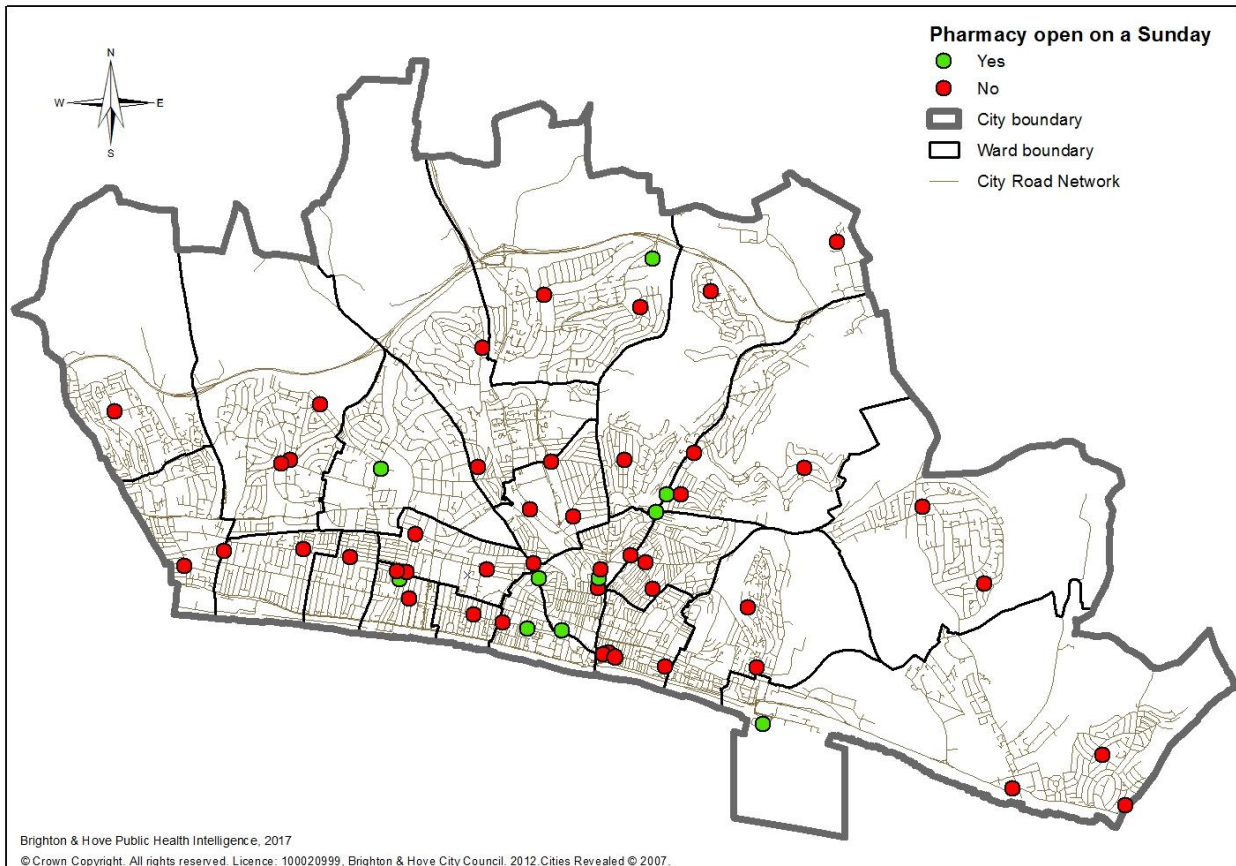
Map 4. Pharmacies open on weekday evenings (after 1800), Brighton and Hove, April 2018



Map 5. Pharmacies open on Saturdays, Brighton and Hove, April 2018



Map 6. Pharmacies open on Sunday, Brighton and Hove, April 2018



4.9. Distance and travel times

The 2008 White Paper *Pharmacy in England: Building on strengths – delivering the future* states that it is a strength of the current system that community pharmacies are easily accessible, and that 99% of the population – even

those living in the most deprived areas – can get to a pharmacy within 20 minutes by car and 96% by walking or using public transport.³³ In a NHS Litigation Authority ruling (Box), access and choice of pharmaceutical services within a travel distance of six miles by car or public transport was considered reasonable in rural areas.

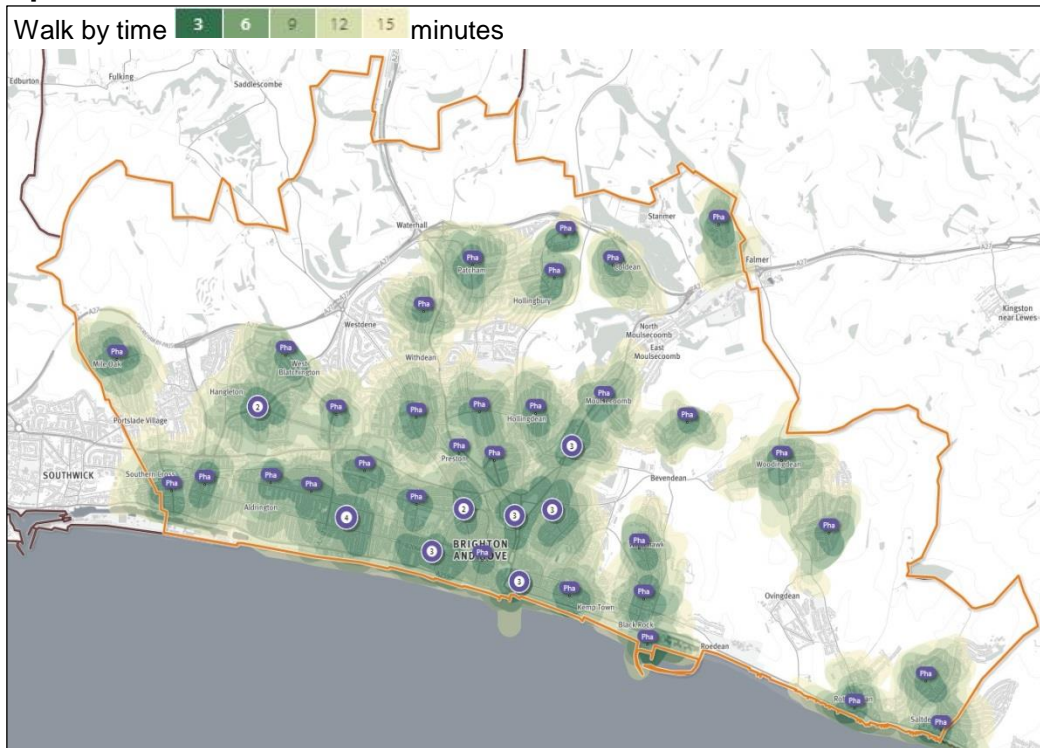
The Committee noted the applicant's assertion that there is no choice of pharmacy ... and the Committee agreed with this. However, the Committee noted that it should have regard to there being a reasonable choice with regard to obtaining pharmaceutical services in the area ... the nearest ... **approximately six miles away**. The Committee noted that there is an hourly bus service to surrounding areas, and taking into account the rural nature ... relatively high car ownership the Committee considered that there is a reasonable choice with regard to obtaining pharmaceutical services.

NHS Litigation Authority 17182

<http://www.nhsla.com/Pages/Publications.aspx?library=fhsau%7cd ecisions%7cpharmaceutical2012%7c2013/2014>

Using NHS England's SHAPE Atlas travel time and distance mapping tool shows that 98.9% of the population is within 15 minute walk of a pharmacy (Map 7) and the whole population is within a 10 minute drive of a pharmacy (Map 8).

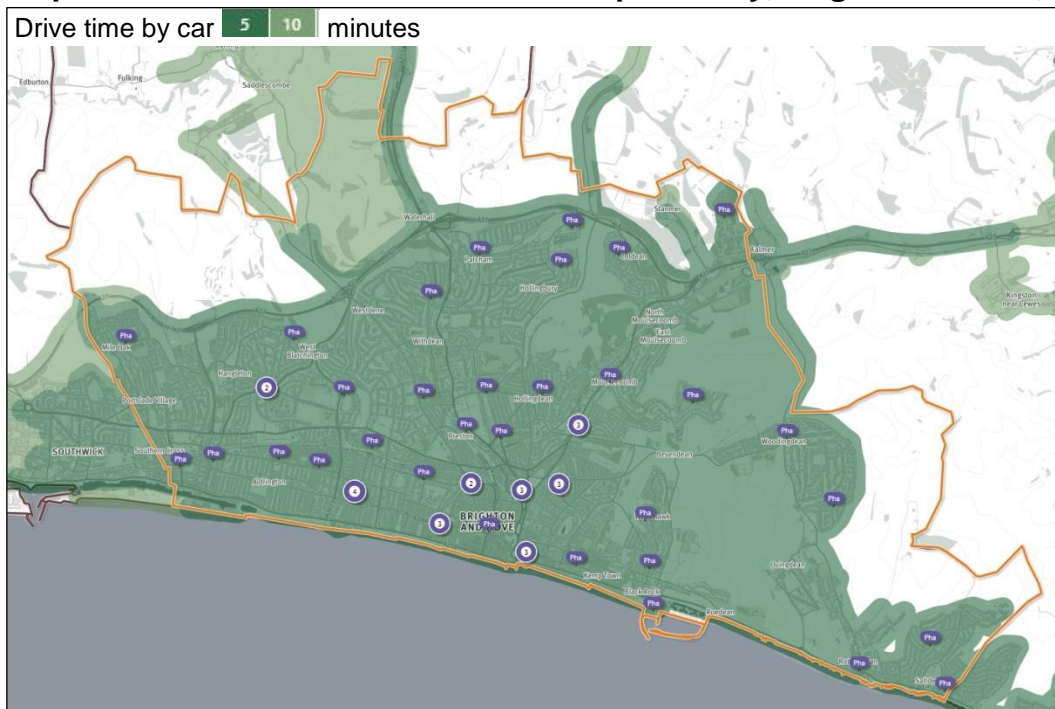
Map 7. Area within 15 minutes walking time of a pharmacy, Brighton & Hove, April 2018



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

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

Map 8. Area within 10 minute drive of a pharmacy, Brighton & Hove, April 2018

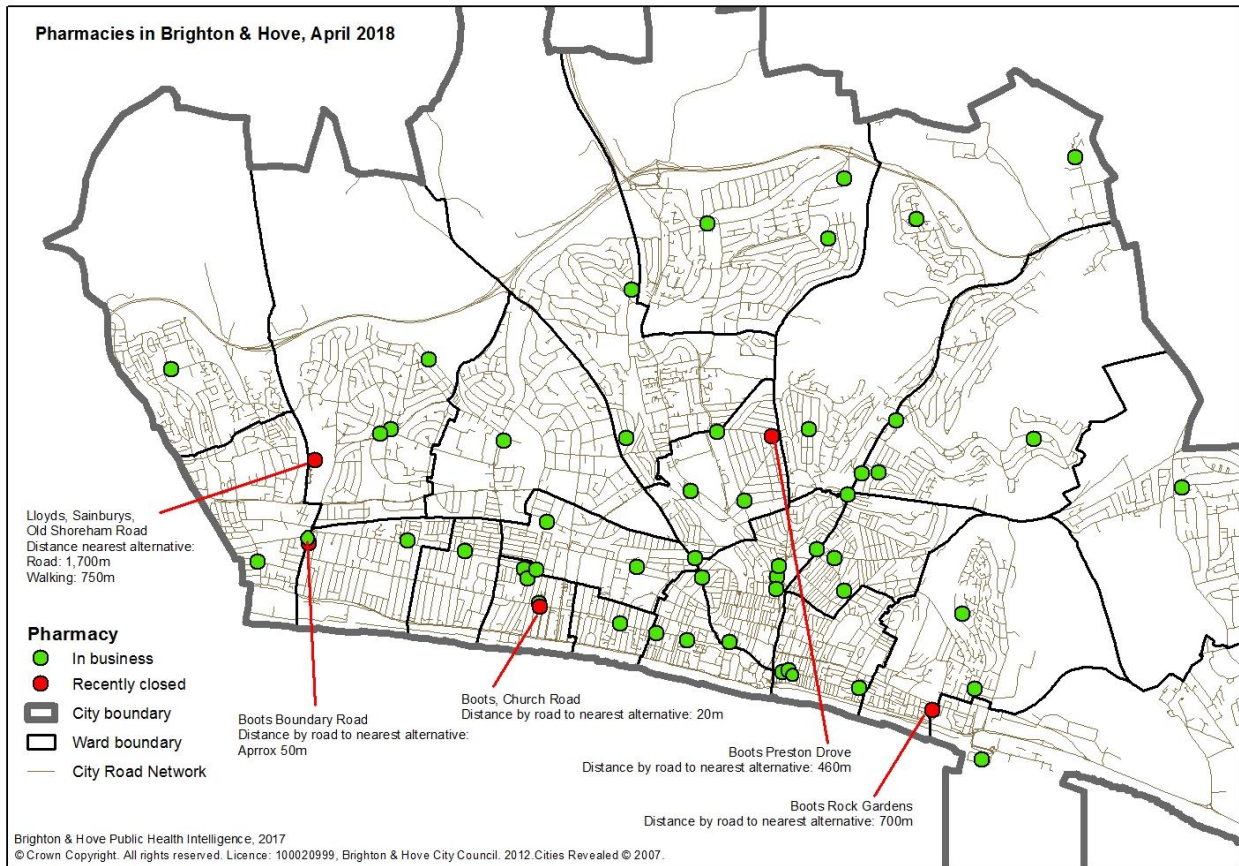


Source: NHS England SHAPE Atlas (www.shapeatlas.net/PNA)

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

Map 9 shows the location of community pharmacies that have closed since the last Pharmaceutical Needs Assessment was published in 2015. The locations of the next nearest pharmacies are all within six miles.

Map 9. Distance between closed pharmacies and the next nearest pharmacy, April 2018



4.10. NHS Pharmaceutical Services Provision

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

Community Pharmacies provide three tiers of Pharmaceutical Services, defined in the Regulations.²⁹

- **Essential Services** and clinical governance – services provided by all pharmacies and commissioned by NHS England.
- **Advanced Services** – additional services all pharmacies can provide once they have reached accreditation requirements and commissioned by NHS England.

- **Locally commissioned services** – commissioned by local authorities, CCGs and local NHS England area teams (i.e. “Enhanced Services” outlined in the Drug Tariff) in response to the needs of the local population.

4.10.1. Essential service provision

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

Dispensing medicines

Pharmacies are required to keep a record of all medicines dispensed, and also keep a record of any interventions made which they judge to be significant. In 2016-17 pharmacies in Brighton & Hove dispensed an average of 4,760,305 items an increase from 4,750,744 in 2015-16. The average number of items dispensed per month by pharmacy was 6,723 in 2016-17 compared to 6,598 in 2015-16. This was lower than Kent, Surrey and Sussex where the average per pharmacy per month was 7,222 (2016-17) and 7,135 in 2015-16.

Table 18. Prescription items dispensed by pharmacies in Brighton & Hove in 2015-2017.

	Number of community pharmacies		Number of items dispensed		Prescription items dispensed per month		Average per pharmacy per month	
	2015-16	2016-17	2015-16	2016-17	2015-16	2016-17	2015-16	2016-17
Brighton & Hove	60	59	4,750,774	4,760,305	395,000	396,000	6,598	6,723
Kent, Surrey, Sussex	882	887	75,526,573	76,877,394	6,293	6,406	7,135	7,222
England	11,688	-	995,300,000	-	82,940,000	-	7,096	-

Source: NHS Business Services Authority August 2017

Electronic prescribing data

The Electronic Prescription Service (EPS) is being implemented as part of the dispensing service.

In 2014-15 there were 334,123 electronic prescriptions dispensed in Brighton & Hove community pharmacies. This increased to 1,197,930 electronic prescriptions dispensed in 2015-16 and 2,764,600 in 2016/17.^k This rise can be accounted for by an increase in the number GP practices having the software to make EPS referrals during 2014/15 and 2015/16, as the system was rolled out.

In May 2017, 41% of Brighton & Hove patients on GP lists in the CCG had been nominated for the EPS. Business Services Authority data for April 2017 indicates that 67% of GP practices in the CCG were offering an EPS in co-ordination with community pharmacies and 15% of repeat dispensing was by the electronic Repeat Dispensing (eRD) with community pharmacies.³⁴

Dispensing of appliances

Pharmacies are required to dispense appliances ordered on NHS prescriptions only if they supply such products in the “normal course of their business”.³⁵

Repeat dispensing

Pharmacies dispense repeat dispensing prescriptions issued by GPs. They ensure each repeat supply is required and ascertain that there is no reason the patient should be referred back to their GP. The majority of repeat prescribing is now carried out by the Electronic Prescription Service and is termed electronic repeat dispensing (eRD).

Clinical governance

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

^k 2015-16 data, NHS BSA, August 2017. 2016-17 data, Brighton & Hove CCG August 2017. Information on EPS data is derived from electronic messages submitted by prescribers to dispensing contractors in the community. The data is based on what was electronically prescribed in England and will only include items dispensed in England. Please note this means that if a prescription message was sent but the patient did not collect the dispensed item(s) then it is not included in the data provided. Data included will relate to Practices registered under CCGs, no other organisations will be included within the EPS data.

Public Health campaigns (promotion of healthy lifestyles)

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

In addition, pharmacies are required to undertake prescription-linked interventions on major areas of public health concern, such as encouraging smoking cessation.

Disposal of unwanted medicines

Pharmacies are obliged to accept back unwanted medicines from patients.

Signposting

NHS England will provide pharmacies with lists of sources of care and support in the area. Pharmacies will be expected to help people who ask for assistance by directing them to the most appropriate source of help.

Support for Self-care

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

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

4.10.2. Advanced service provision

There are six Advanced Services within the NHS Community Pharmacy Contractual Framework (CPCF).

- Flu Vaccination
- Medicine Use Reviews (MURs)
- New Medicines Service (NMS)
- Appliance Use Reviews (AUR)
- Stoma Appliance Customisation (SAC)
- NHS Urgent Medicine Supply Advanced Service (NUMSAS)

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

Pharmacies are required to seek approval from NHSE before providing the services, are required to have an appropriate consultation area and have a pharmacist who has undertaken an accredited training course to provide the service.

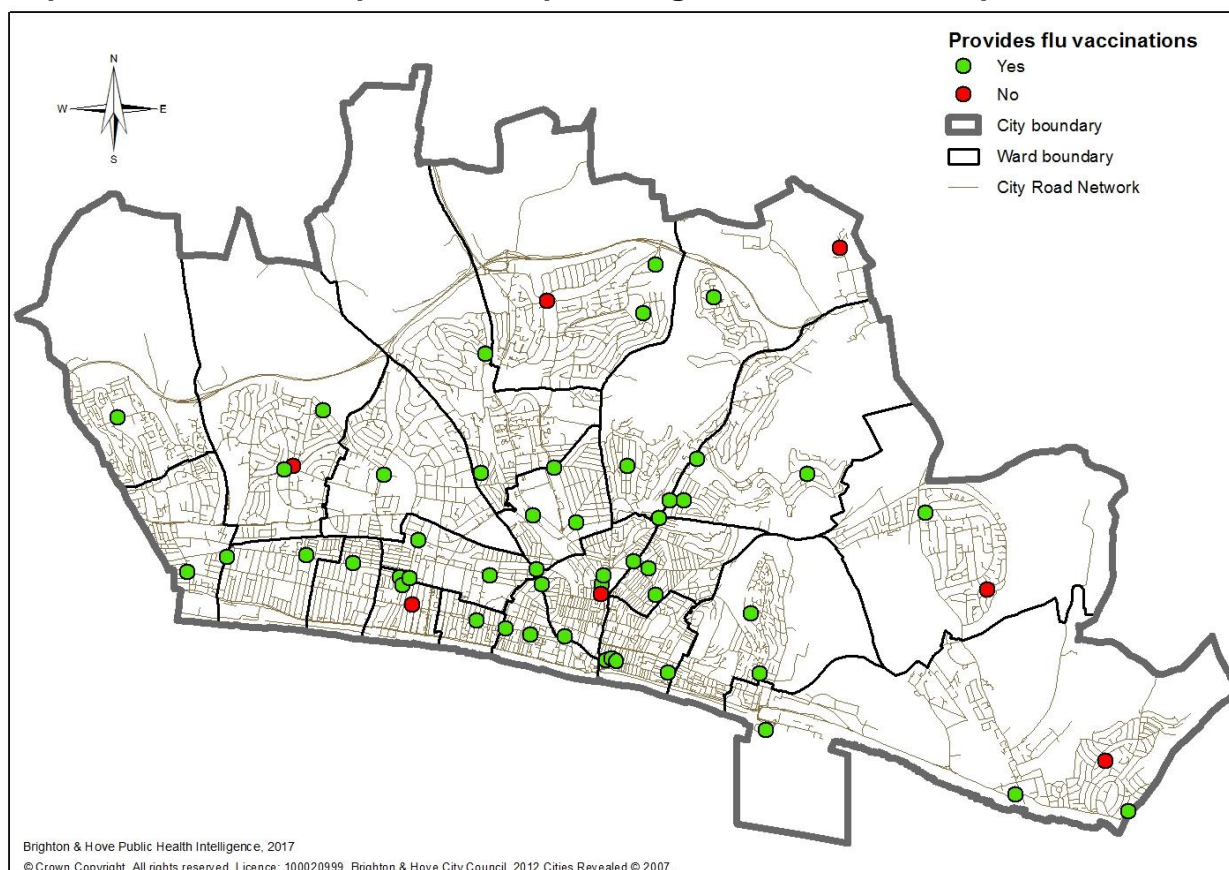
Flu Vaccination

NHS England commissions pharmacies to deliver the seasonal flu programme to those over 65 years, at risk patients and carers. The proportion of pharmacies providing this service in Brighton & Hove has increased from 77% in 2015-16 to 86% in 2016-17. This is higher than the proportion of pharmacies offering this service in East Sussex. In the 2016/17 the proportion of over 65s having a flub jab in the city was 64.3%, compared to the national target of 70%.

Table 19. Number of flu vaccinations in Brighton & Hove pharmacies 2015-17

	Number of community pharmacies		Number of flu vaccinations		Number of pharmacies providing service		Average per pharmacy per annum	
	2015-16	2016-17	2015-16	2016-17	2015-16	2016-17	2015-16	2016-17
Brighton & Hove	60	59	2,983	4,900	46(77%)	51(86%)	64	96
Kent, Surrey and Sussex	882	887	45,652	73,727	552(63%)	660(74%)	82	111
England	11,688	-	595,467	-	7,195	-	-	-

Source: NHS Business Services Authority 2017

Map 10. Distribution of pharmacies providing flu vaccinations, April 2018

Medicine Use Reviews (MURs)

The MUR and Prescription Intervention Service consists of accredited pharmacists undertaking structured adherence-centred reviews with patients on multiple medicines, particularly those receiving medicines for long term conditions.

National target groups have been agreed in order to guide the selection of patients to whom the service will be offered. Since January 2015 these target groups have included:

- Patients taking high risk medicines
- Patients recently discharged from hospital that had changes made to their medicines while in hospital. Ideally they should receive an MUR within 4 weeks of discharge but in certain circumstances the MUR can take place within 8 weeks of discharge
- Patients with respiratory disease
- Patients at risk of or diagnosed with cardiovascular disease and regularly being prescribed with four medicines

The MUR process attempts to establish a picture of the patient's use of their medicines – both prescribed and non-prescribed. The review helps patients understand their therapy and identifies any problems and possible solutions.³⁶ Each pharmacy is subject

to a cap of 400 MURs per year as the maximum that they can provide and must give MURs to at least 70% of patients in the target groups each year.

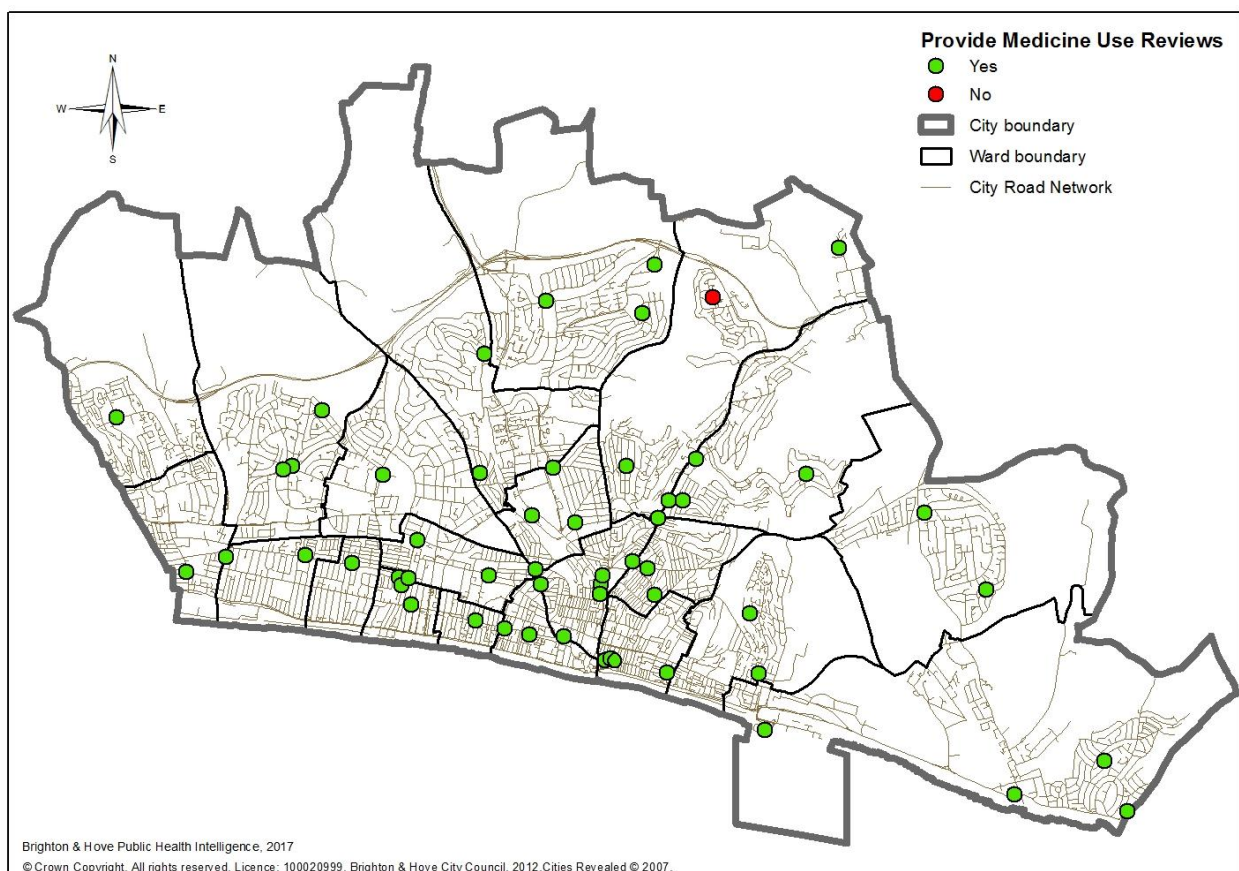
All community pharmacies in Brighton & Hove offered MURs in 2016-17 (apart from the distance selling pharmacy).

Table 20. Community pharmacies providing Medicine Use Reviews (MURs) 2015-17

	Number of community pharmacies		Number of MURs		Number of pharmacies providing service		Average per month per pharmacy	
	2015-16	2016-17	2015-16	2016-17	2015-16	2016-17	2015-16	2016-17
Brighton & Hove	60	59	19,627	18,399	58 (97%)	58(98%)	338	317
Kent, Surrey and Sussex	882	887	272,004	266,207	840(95%)	849(96%)	323	313
England	11,688	-	3,313,309	-	11,029(94%)	-	300	-

Source: NHS Business Services Authority August 2017

Map 11. Distribution of pharmacies providing Medicine Use Reviews, April 2018



New Medicines Service (NMS)

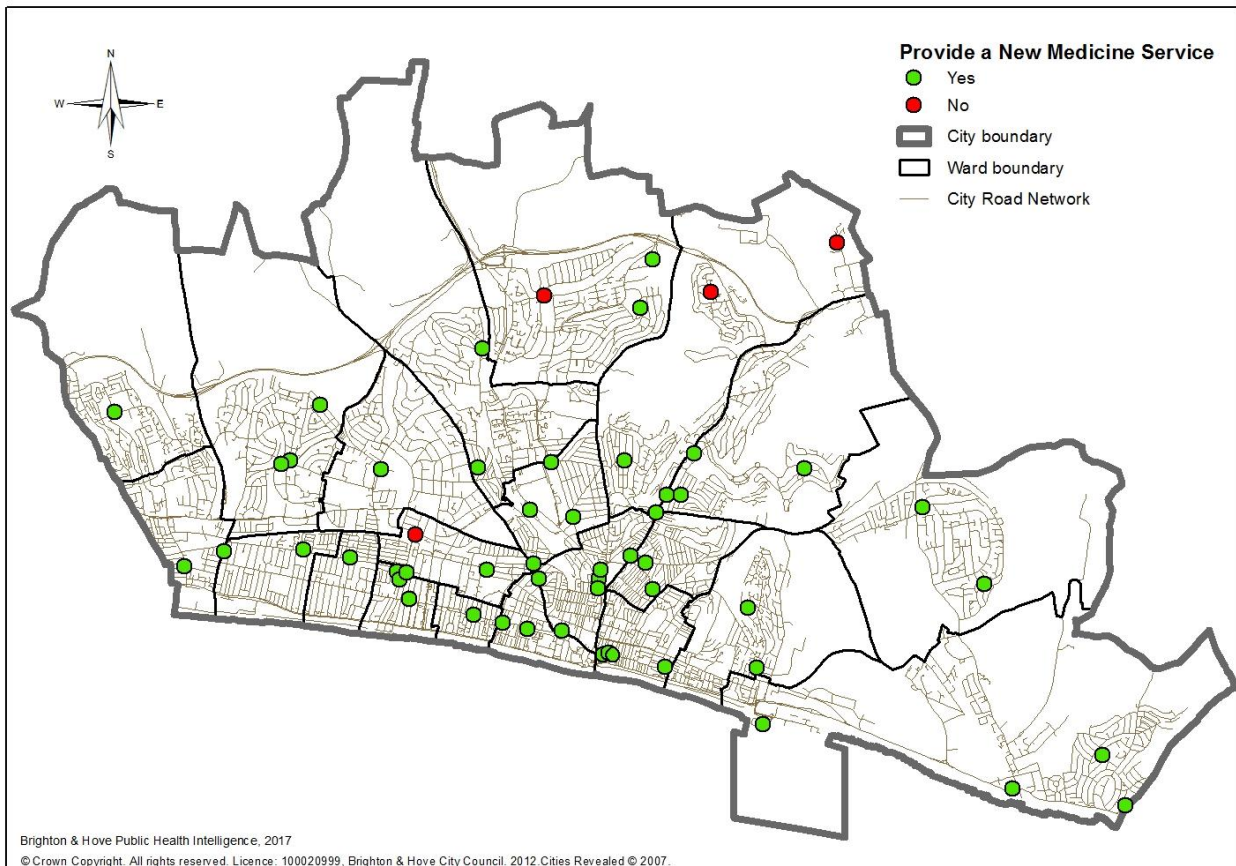
The New Medicines Service (NMS) provides support for people with long-term conditions who have been newly prescribed a medicine to help improve their understanding and use of their medicine; it is initially focused on particular patient groups and conditions. It has also been found to be a cost effective intervention in comparison to normal practice, increasing patients' adherence to their new medicine, translating into increased health gain at reduced cost.³⁷

Table 21. Community pharmacies providing New Medicine Services 2015-17

	Number of community pharmacy services		Number of NMS		Number of pharmacies providing service		Average per pharmacy per annum	
	2015-16	2016-17	2015-16	2016-17	2015-16	2016-17	2015-16	2016-17
Brighton & Hove	60	59	4,113	4,479	53(88%)	55(93%)	77	81
Kent, Surrey and Sussex	882	887	69,172	70,985	748(85%)	789(89%)	92	89
England	11,688	-	821,893	-	9,439(81%)	-	87	-

Source: NHS BSA August 2017

Map 12. Distribution of pharmacies providing New Medicine Service, April 2018



Appliance Use Reviews (AUR)

AURs aim to improve the patient's knowledge and use of a 'specified appliance' e.g. an asthma inhaler by:

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

The service can be provided by pharmacies that normally provide the specified appliances in the normal course of their business as long as they meet the conditions of service.³⁸

In 2015-17, no pharmacies within Brighton & Hove provided AURs. In England, Kent, Surrey and Sussex only 1% of providers offered AURs during this period.

Stoma Appliance Customisation (SAC)

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

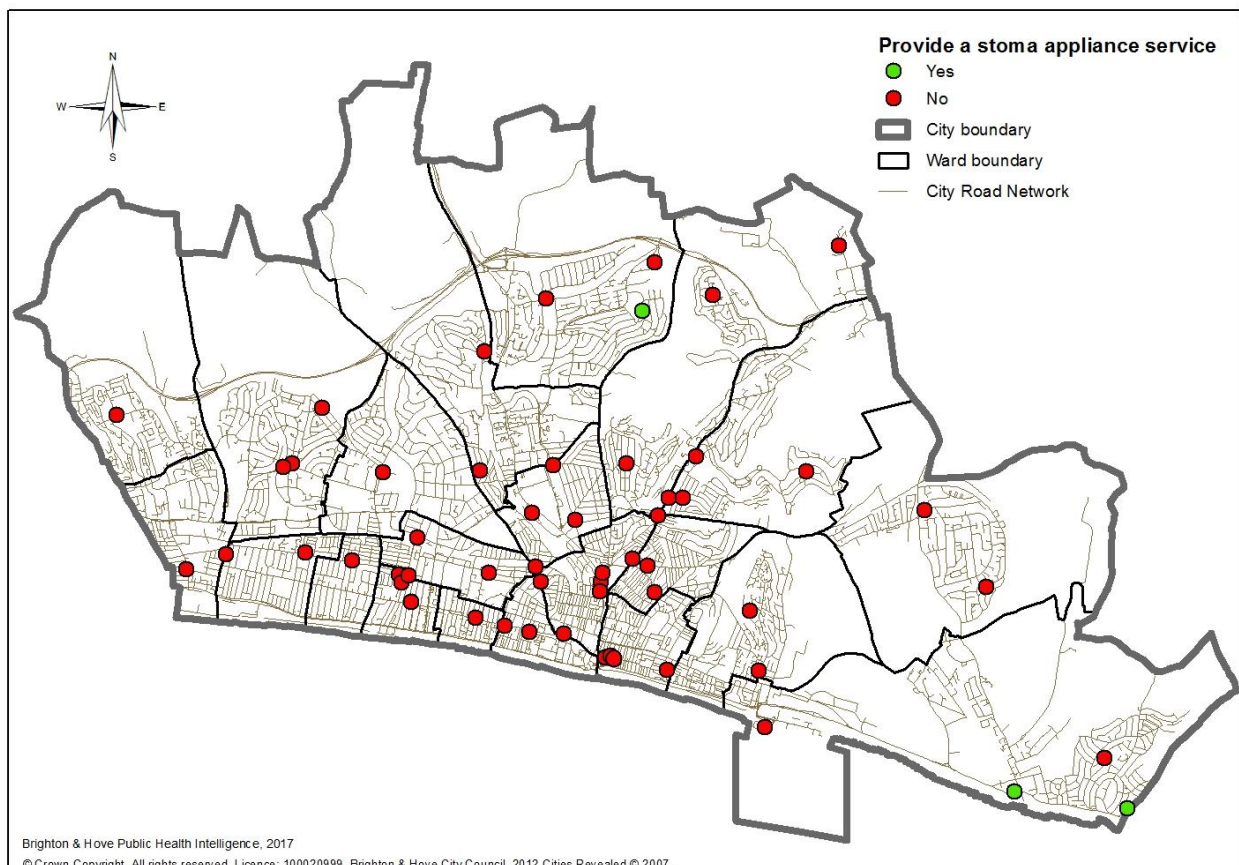
The service can be provided by pharmacies that normally provide the specified appliances in the normal course of their business as long as they meet the conditions of service.³⁹ The number of pharmacies in Brighton & Hove providing SAC has remained unchanged since 2015-16, with only three pharmacies providing this service.

Table 22. Community pharmacy and appliance contractors providing Stoma Appliance Customisation, Brighton & Hove 2015-16

	Number of pharmacies & SAC contractors		Total SAC services		Number of pharmacies & appliance contractors providing services		Average per pharmacy and appliance contractor	
	2015-16	2016-17	2015-16	2016-17	2015-16	2016-17	2015-16	2016-17
Brighton & Hove	60	59	71	67	3 (5%)	3 (5%)	23	22
Kent, Surrey and Sussex	890	896	86,117	93,967	121(14%)	123(14%)	711	763
England	11,798	-	1,237,651	-	1,732(15%)	-	715	-

Source: NHS Business Services Authority August 2017

Map 13. Distribution of pharmacies providing stoma appliance customisation, April 2018



NHS Urgent Medicine Supply Advanced Services (NUMSAS)

In October 2016 the Department of Health and NHS England announced that as part of the 2016/17 and 2017/18 community pharmacy funding settlement, money from the Pharmacy Integration Fund (PhIF) would be used to fund a national pilot of a community pharmacy Urgent Medicine Supply Service. The service is being commissioned as an Advanced service until March 2018 (unless NHS England decides to extend or make the pilot a permanent service).

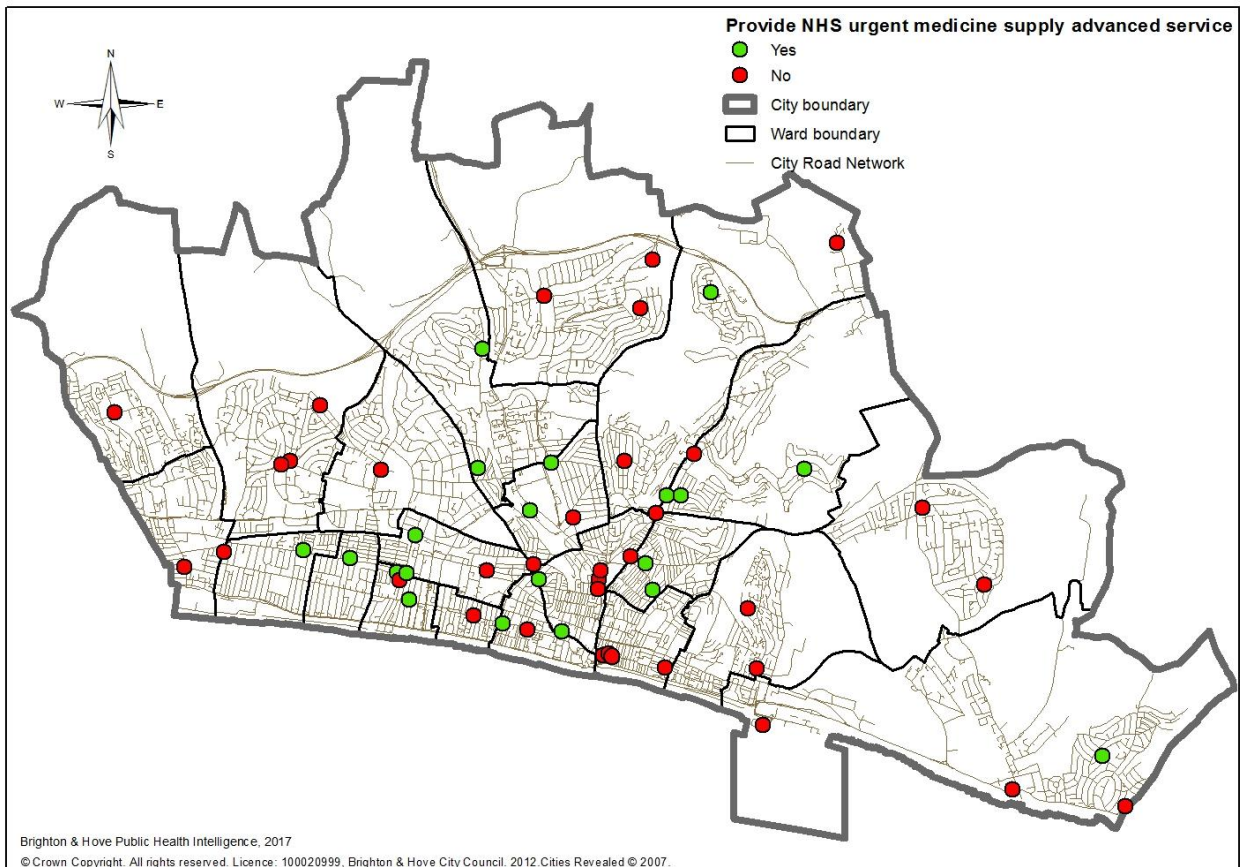
The service is available to all pharmacies that meet the eligibility criteria to offer an emergency supply of prescription only medicine. It enables the referral to a community pharmacist where a patient has run out of regular medicines or appliances both In-Hours and Out of Hours, as well as a supply of these where appropriate.

The NUMSAS service provided in Brighton & Hove offers an emergency supply of medicines out of hours between 6.30pm and 8am on weekdays, all weekends and all opening hours on bank holidays. Patients can self-present or be referred by NHS 111.

To participate in NUMSAS pharmacies need an NHS net email address. Community pharmacies have reported difficulties with the NHS 111 algorithm, which will not allow health professionals to contact the call operators directly to query prescriptions. Approximately a third of those issued by NHS 111 need referring back via the patient.

In August 2017, 20 community pharmacies in Brighton & Hove provided NUMSAS.⁴⁰

Map 14. Distribution of pharmacies providing NHS urgent medicine supply advanced service, April 2018



4.10.3. Locally Commissioned Services (LCS)

Locally commissioned community pharmacy services are contracted by different commissioners including local authorities, CCGs and NHS England local area teams. This section includes LCS commissioned by the CCG and Public Health Department. NHS England does not commission any LCS in Brighton & Hove.

Services commissioned by the CCG

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

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

- Maintains appropriate records to ensure effective ongoing service delivery and audit.

Public health services commissioned by Brighton & Hove City Council

Brighton and Hove City Council Public Health team commission pharmacies to provide: Sexual health services (Chlamydia Screening and treatment; C-Card condom distribution; Emergency Hormonal Contraception (EHC)); Domiciliary Smoking Cessation Service; Smoking Cessation Service; Healthy Living Pharmacy (HLP level 2) and flu vaccinations from frontline health and social care staff at HLP level 2 pharmacies.

4.10.3.1. Sexual health services

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

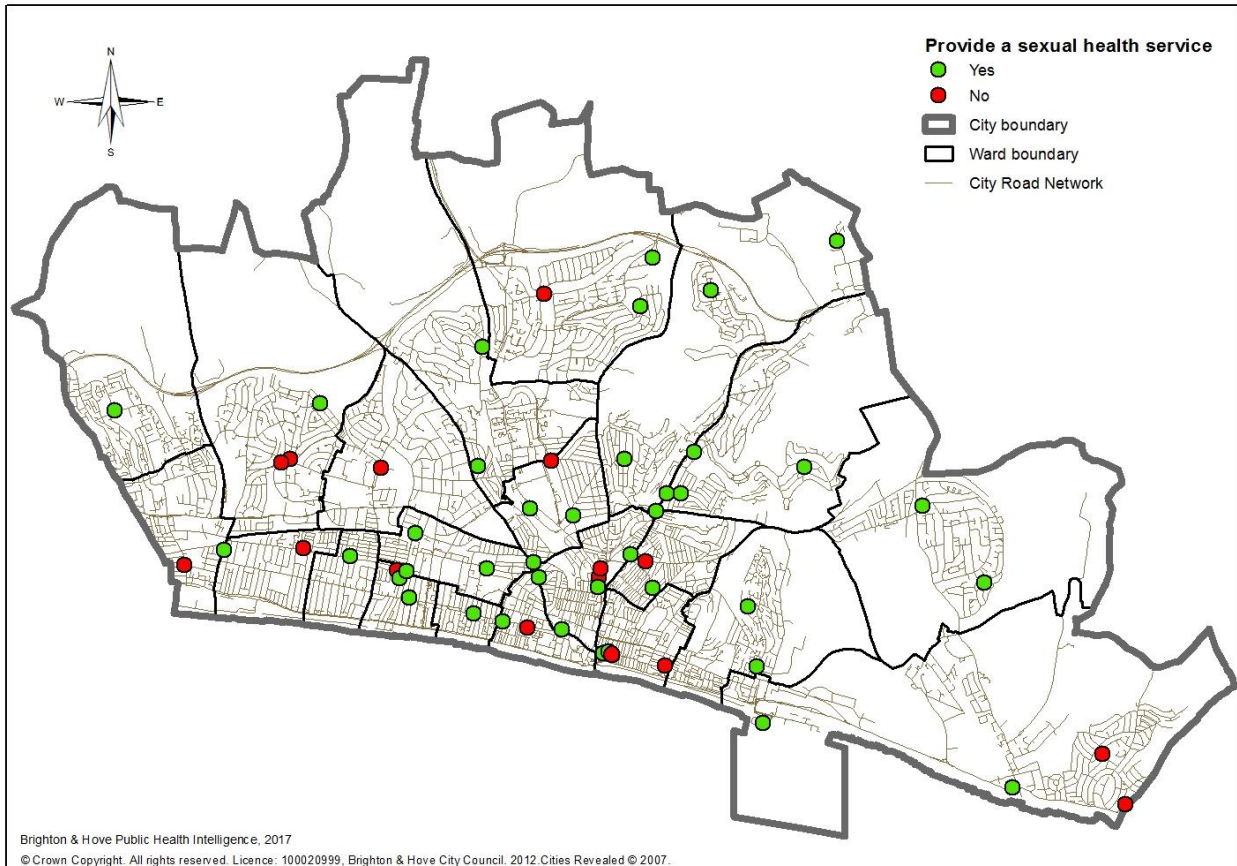
The EHC service was provided by 41 community pharmacies in July 2017.⁴¹ In 2016/17, 3,080 1500mg items of EHC (Levonelle) was dispensed in community pharmacies. Pharmacies which provide the EHC service are expected to also provide the C-Card and Chlamydia screening services which are included in the same service specification. The C Card promotes the effective use and provision of free condoms. The main aim of the service is to reduce rates of STIs and teenage pregnancy. At their first visit young people are provided with appropriate training regarding sexual health matters and then issued with a C Card. The C Card can then be presented to any of the service providers who will issue a supply of free condoms. Without this service access would only be available via a limited number of service providers including Sexual Health Service Clinics, some GP surgeries and youth clubs, limiting access to free condoms and advice.

In 2016/17, 857 free condoms were distributed by pharmacies, this is an increase on 2015/16 when 431 free condoms were distributed.

The chlamydia screening programme in the city targets young people aged below 25, who are at the highest risk of chlamydia infection. Young people who present in various settings, including pharmacies, are encouraged to take a test which involves providing a self-taken sample. Anyone requiring emergency contraception following unprotected intercourse will also require screening for chlamydia infection. Treatment of positive cases and partner notification is co-ordinated by the chlamydia screening programme.

Nineteen 15-24 year olds were treated by pharmacies for chlamydia in 2016/17.^{1,42}

¹ This is for Quarter 2- Quarter 4. Treatment of chlamydia only started to be recorded on the Pharm Outcomes system from Q2.

Map 15. Distribution of pharmacies providing sexual health services, April 2018

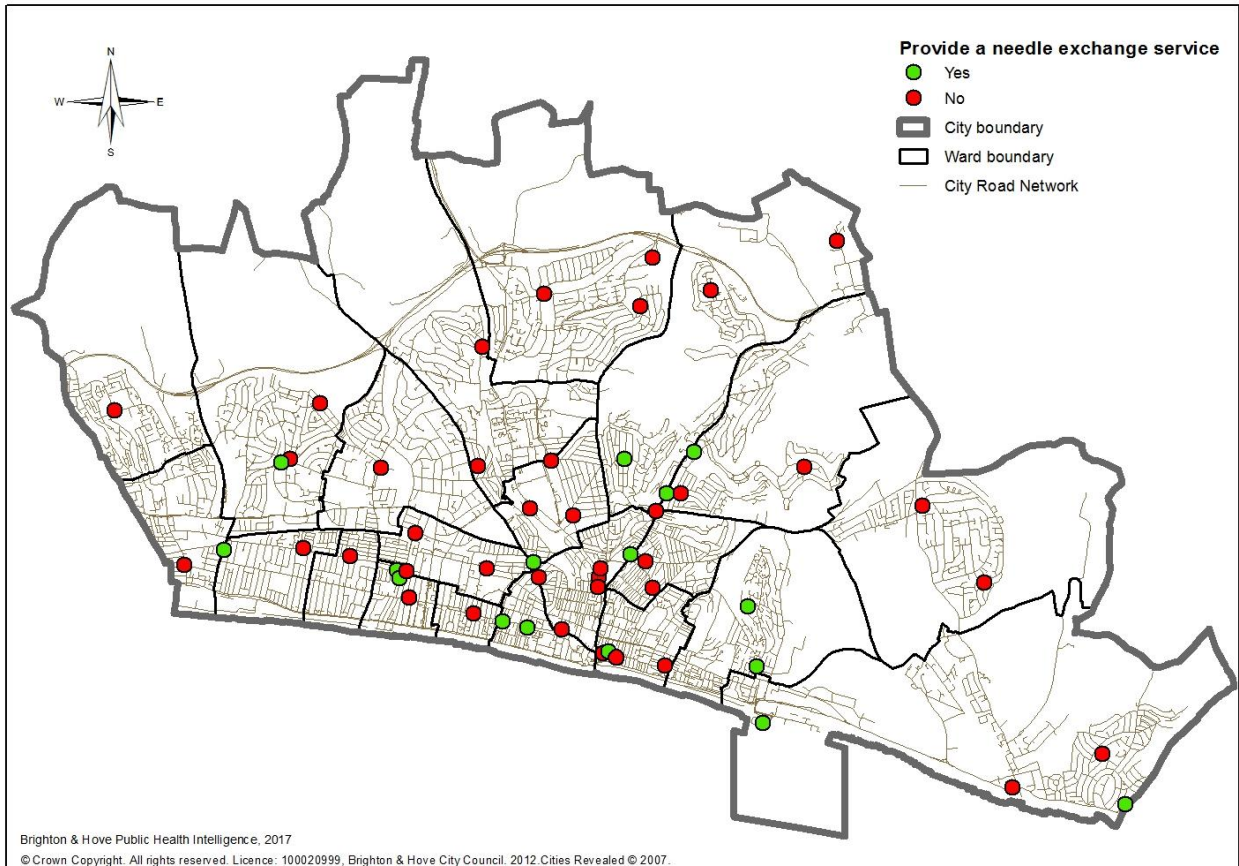
4.10.3.2. Substance Misuse Service

Needle and Syringe exchange programme

The main purpose of this service is to reduce the transmission of blood-borne infections by providing free, sterile injecting equipment and advice in line with NICE public health guideline PH18.⁴³ The main beneficiaries are people who inject illicit drugs, including performance and image enhancing drugs.

The local specialist substance misuse service provider coordinates the needle and syringe programme. Commissioned pharmacies supply pre-packed bags containing sterile syringes, needles and other items to adult customers on request. Customers may leave used items, suitably contained in a sharps bin, with the pharmacy for disposal as sharps waste. In July 2017 there were 15 pharmacies in the city providing this service (which is not an LCS) their locations can be seen on map 15.

Map 16. Distribution of pharmacies providing a needle exchange service, April 2018

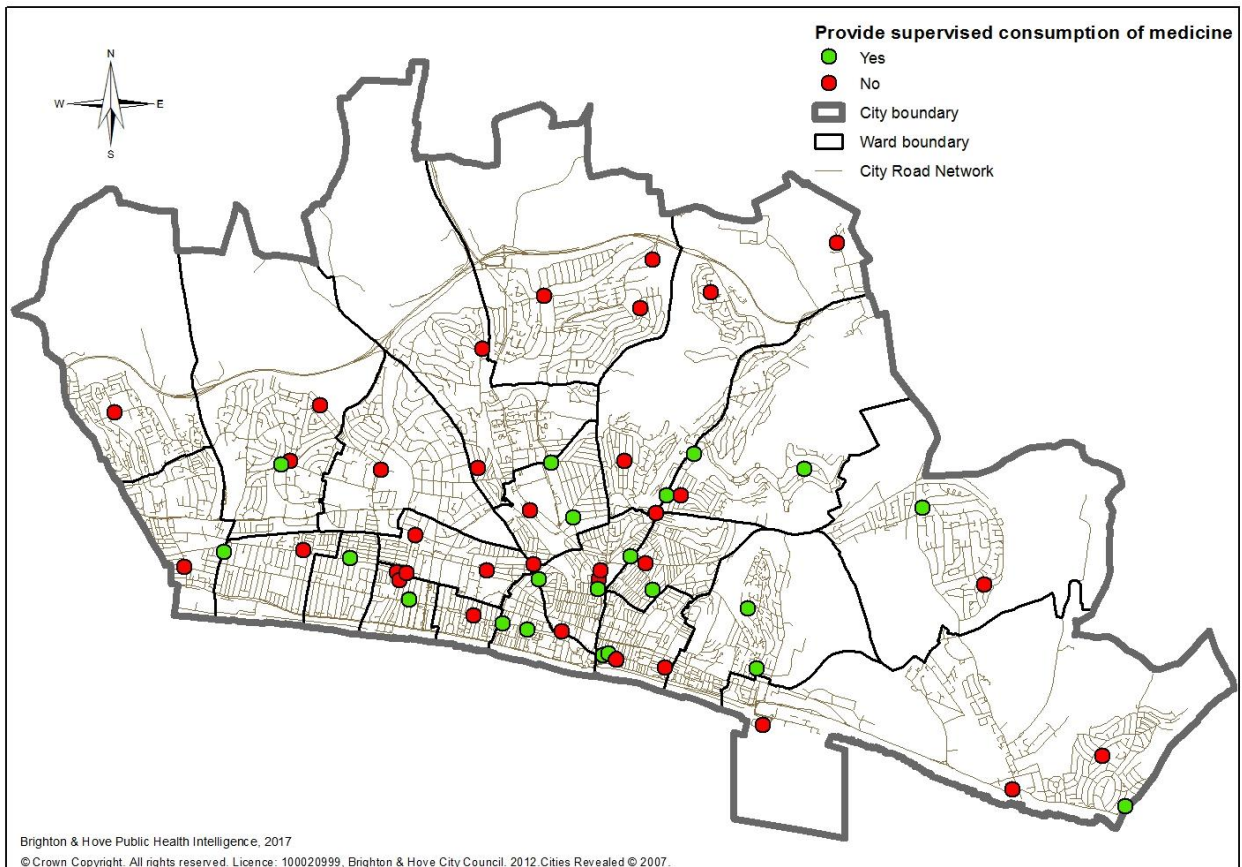


Supervised consumption

The local specialist substance misuse service provider co-ordinates a supervised consumption service in the city through a service level agreement with pharmacists that meet accreditation requirements and service standards. The service provides community detox from opiates for over 18s, by the pharmacist supervising the whole process of consumption of prescribed medicines (Methadone and Buprenorphine) at the point of dispensing in the pharmacy, ensuring that the correct dose has been administered to the service user.

In July 2017 there were 21 pharmacies providing supervised consumption of medicine, their locations can be seen on map 16.

Map 17. Distribution of pharmacies providing supervised consumption of medicine, April 2018



4.10.3.3. Seasonal flu vaccination

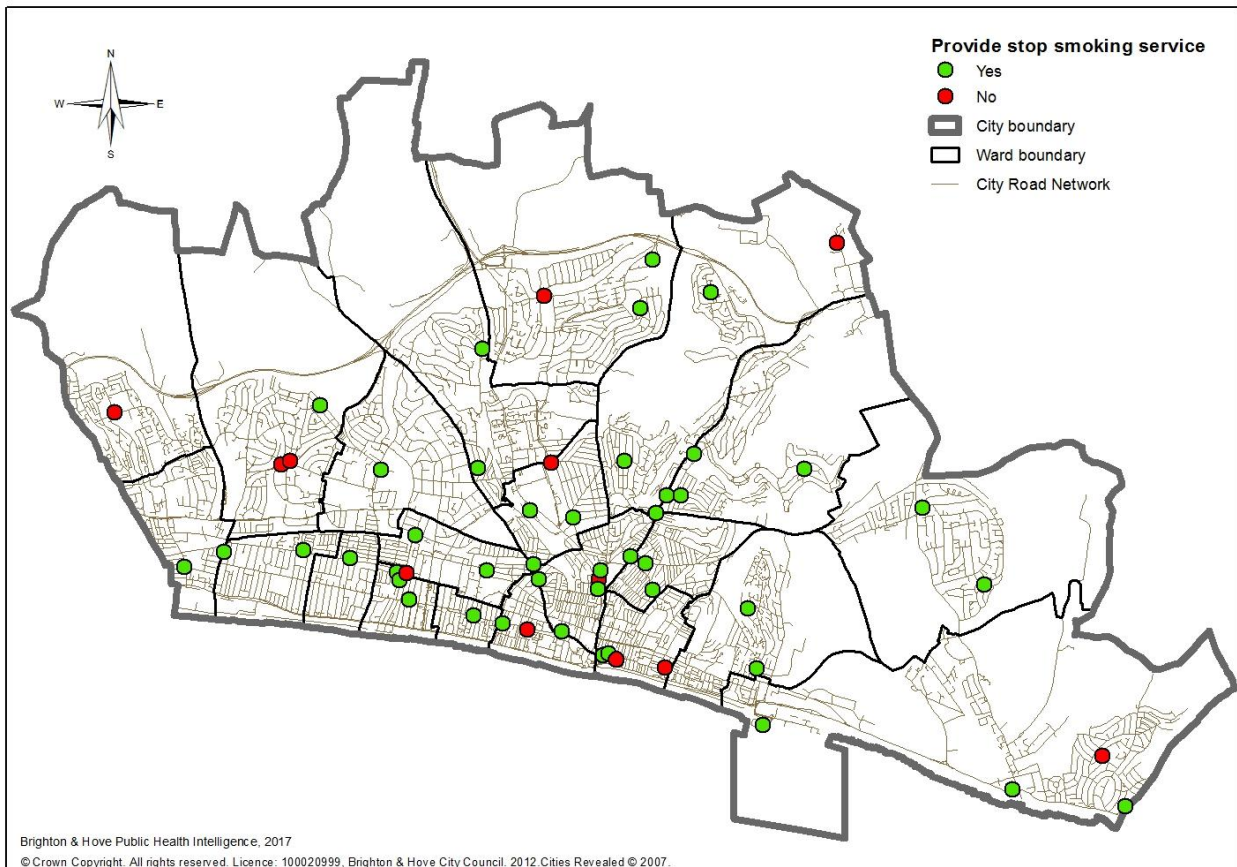
Seasonal influenza vaccinations delivered in pharmacies are commissioned by both Brighton & Hove City Council and NHS England. The former commissions the vaccination of frontline health and social care employees. In 2016, 265 vaccinations were delivered by nine HLP level 2 pharmacies in the city to employees. In 2017, 19 HLP level 2 pharmacies are delivering vaccination to council frontline staff in the city and 7 are also providing an “on site” vaccination service. There were 337 vaccinations given in pharmacies to BHCC frontline health and social care employees in 2017, an increase on 2016.

4.10.3.4. Smoking cessation service

Currently there are 48 pharmacies commissioned to provide stop smoking services in Brighton & Hove. There are also 8 pharmacies delivering domiciliary stop smoking services. 25 pharmacies also commission the young people’s service Nicotine Replacement Therapy (NRT) and 26 E-vouchers. Pharmacies are seen as key providers of stop smoking services due to their opening hours, accessibility and ability

to give advice and supply NRT. Map 17 shows the location of pharmacies commissioned to provide stop smoking service in Brighton and Hove.

Map 18. Distribution of pharmacies providing a smoking cessation service, April 2018



Smoking prevalence among adults in Brighton and Hove is currently estimated to be 20% (2016).⁴⁴ Table 23 shows that the number of people who have accessed and quit smoking using the stop smoking pharmacy service. In 2013/14 there was a national reduction of people accessing stop smoking services; this could be due to the increase of people using e-cigarettes. 2015/16 saw a higher number of people setting quit dates in pharmacy stop smoking services, and successfully quitting, however in 2016/17 quit rates for pharmacy fell by 28%, resulting in fewer quitters. Nationally the quit rate for pharmacies in 2016/17 was 45% and 50% for the South East.

Table 23. Number of people of have accessed and quit smoking using the stop smoking pharmacy service, 2013/14 – 2016/17

Year	2013/14	2014/15	2015/16	2016/17
Number of people setting a quit date	831	498	820	616

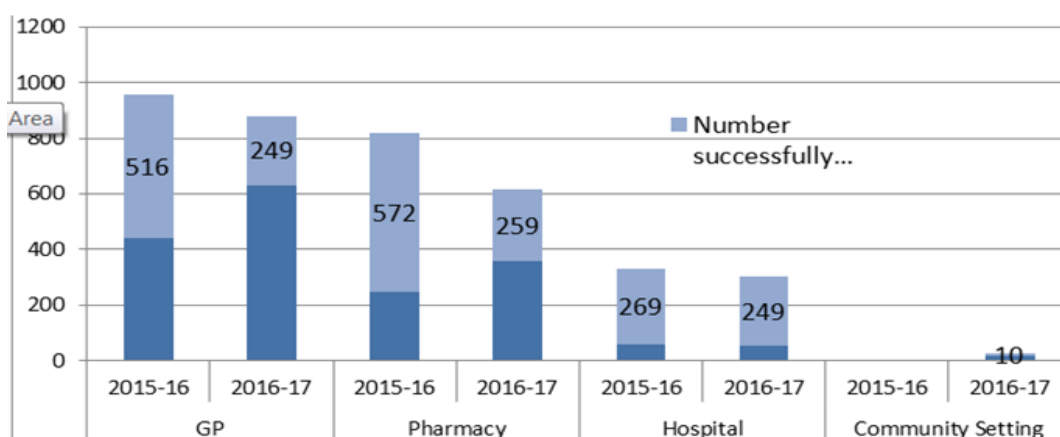
Number of people quit at 4 weeks	426	51%	408	82%	572	70%	259	42%
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Source: Brighton & Hove Stop Smoking Service July 2017.

Although there are currently 48 pharmacies (82%) delivering stop smoking services in the city it is important to encourage more pharmacies to deliver this service as they are seen as key providers of stop smoking services in the community due to their opening hours, accessibility and ability to give advice and supply nicotine replacement therapy (NRT). HLPs need to be more active in promoting this service by seeking opportunistic “teachable moments” to deliver very brief advice on smoking cessation. Being involved in local campaigns, offering free carbon monoxide readings as an incentive and motivational tool to quit smoking.

Figure 5 compares the quit rate in pharmacies with other settings, and shows that from 2015/16 – 2016/17 it has had the second highest number of quitters after GP practices.

Fig 5. Number setting a quit date and successfully quitting shown by service provider 2015-16 and 2016-17



Source: Brighton & Hove Stop Smoking Service July 2017

4.10.3.5. Healthy Living Pharmacies

In 2011 a pathfinder study⁴⁵ was supported by the Department of Health, to establish the Healthy Living Pharmacy (HLP) format. The core principles of the framework were to maximise health promotion campaigns, signpost to appropriate NHS and Local Authority services and introduce locally commissioned services (LCS) to enhance the health promotion offer and self-care advice in Community Pharmacies.

In July 2016, the HLP Task Group of the Pharmacy and Public Health Forum developed a new process for the implementation of Level 1 HLPs.

In October 2016 NHS England announced changes to the pharmacy contractual framework. This introduced quality criteria, one of which was a requirement for pharmacies to become healthy living pharmacies Level 1 using the Royal Society for Public Health (RSPH) self- assessment tool to become accredited.

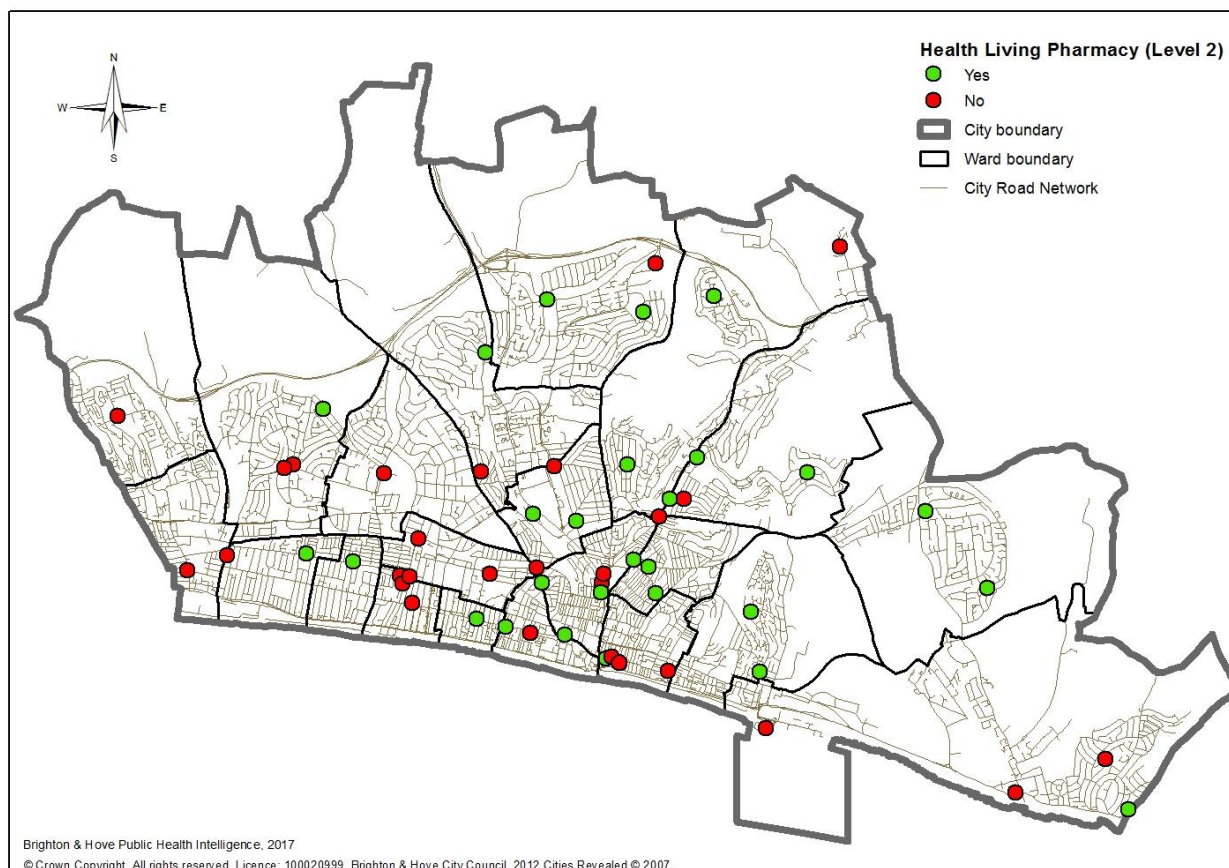
This will allow the move from a totally commissioner-led HLP accreditation system to a profession-led self-assessment process for Level 1 HLPs, based on clear quality criteria and underpinned by a proportionate quality assurance process

RSPH self-assessment guide sets out the quality criteria that pharmacies must achieve to gain HLP Level 1 status. Pharmacy teams must be able to provide evidence of their behaviours and activities as well as the physical environment and this will need to be recompleted and assessed every 2 years

This is a requirement to secure quality premium funding through NHS England as a Level 1 healthy living pharmacy.

Currently (December 2017) there are 28 community pharmacies signed up to deliver the Public Health commissioned Healthy Living Pharmacy level 2 Locally Commissioned Service (LCS). Locally commissioned services can be commissioned by either CCGs or local authority public health teams and are not part of the NHS England quality payments system. The requirements for the Healthy Living Pharmacy LCS (level 2) includes training pharmacy staff (Dispensing Technicians and Healthcare Assistants) as Health Champions (HC) and achieving a Royal Society for Public Health, Understanding Health Improvement Level 2 qualification. The HCs engage with their local communities, provide opportunistic healthcare advice and signpost to NHS and local authority services. The HCs also receive quarterly training to develop their healthcare knowledge and form links with other health and social care providers in the city. The location of the Healthy Living Pharmacies is shown in map 19.

Map 19. Distribution of pharmacies providing Healthy Living Pharmacy level 2 Locally Commissioned Service, April 2018



4.11. Innovation with community pharmacy

4.11.1. Electronic Prescription Service

The Electronic Prescription Service (EPS) enables prescriptions to be sent electronically from the GP practice to the pharmacy and then on to the Pricing Authority for payment.

It has been deployed through two key releases. Release 1 (R1) in which the barcoded paper prescriptions form remains the legal prescription.

Release 2 which support the transmission of electronic prescriptions; e-repeat dispensing (eRD); patient nomination of their selected pharmacy; GP cancellation of e-prescriptions; and the electronic submission of reimbursement claims to the Pricing Authority. Currently, prescribers can only issue an electronic NHS prescription where it is being sent electronically to a patient's nominated pharmacy.⁴⁶

4.11.2. Better Care Pharmacy Services

Better Care pharmacists originated as part of the Proactive Care pilot project and have been offering a service since 2015. The service is managed by Brighton & Hove CCG. There is one WTE pharmacist per GP Practice cluster. The six pharmacists carry out clinical medication reviews with frail patients at risk of hospital admissions. The majority of reviews are home visits but some patients are seen in their GP practices. Their role includes providing extra help to manage patients' long-term conditions, such as helping to manage a patient's high blood pressure to prevent cardiovascular disease; advice for patients on taking multiple medications; and offering better access to health checks. The aim is to deliver quicker access to clinical advice for patients and allows GPs to spend time with patients who have more complex needs. Five GP Practices piloted this national scheme in 2015: Charter Medical Centre, Brighton and Hove Wellbeing Centre, Mile Oak Surgery, Benfield Valley Hub and St Peter's Medical Centre. It is now offered to GP practices in all clusters.

Currently GP Practices engage with the service to different degrees. Better Care pharmacists work with them to agree criteria for identifying patients for pharmacist reviews e.g. those on the frailty index or with 15 or more medications. Community pharmacies are a useful resource for Better Care pharmacists because of the continuity of contact with the patient they have, and they can offer assistance if the patient is having difficulties receiving their medication.

4.11.3. Improving environmental sustainability

Between 2015 and 2016, Brighton & Hove CCG and Glaxo Smith Klein ran the "Breathe Better Waste Less" campaign, to reduce the wastage caused by inhalers. Nationally 63% of inhalers end up in landfill and many are discarded when they are only partially used. The aim of the campaign was to train community pharmacists in the correct inhaler technique; the checking of patient inhaler technique at Medicine Use Reviews and the provision of inhaler recycling facilities in pharmacies. Analysis of the returned inhalers found 82% were partially full or full.

Brighton & Hove has also been running a "Green Bag" scheme via its community pharmacies, since 2015. This encourages patients to carry all their current medication in a special green bag when they are admitted to hospital or a care home, to reduce medication errors and waste

Recommendations

- All community pharmacies that have existing NHS net emails should share these with GP Practices and the CCG should encourage GPs to use these email addresses for communicating with pharmacies
- Where pharmacies are offering the Stop Smoking LCS but are not achieving a 50% quit rate, or have a 15% lost to follow-up rate, the following steps should be taken:

- An action plan should be developed to address this with the Royal Sussex County Hospital (RSCH) Smoking Cessation lead and BHCC commissioner
- Pharmacies must attend 2 out of 3 smoking cessation update and development sessions a year
- All pharmacy stop smoking advisors must complete the National Centre for Smoking Cessation and Training (NCST) online level 2 training and assessment
- All smoking cessation advisors to be trained in pharmacy safeguarding policies and be supported to obtain an enhanced Disclosure and Barring Service (DBS) check.
- PharmOutcomes (the reporting tool used) must be updated to show when an advisor has a DBS check
- BHCC to review the payment schedule for smoking cessation to reflect the effort of advisors, needs of clients and reduce rates of lost to follow up clients.

5. Patient/public surveys and feedback

This section details the findings from:

- a city wide survey, the City Tracker, which is completed annually
- reports produced by voluntary sector groups on use of pharmacies in the city summer 2017
- a survey with patients and the public to inform this PNA

5.1. City Tracker Survey

The City Tracker survey is a city-wide telephone survey conducted with residents aged 18 and over. The survey aims to find out what residents think of Brighton and Hove as a place to live and to track key performance indicators including, satisfaction with key services. The survey includes a random sample of 1,000 residents and has been conducted annually in the autumn since 2012.

Within the survey there are two questions related to pharmacy services “Have you used your local chemist in the last 12 months? and “Taking everything into account, how satisfied or dissatisfied are you with the following organisations in your local area? – Your local pharmacy.”

Results from the most recent survey in 2016 reveal that more than nine out of ten residents (94%) are very or fairly satisfied with their local chemist. More than four out of five residents (86%) had used their local chemist in the previous 12 months, and in this group, satisfaction with their local chemist rises slightly to 96%. User satisfaction with your local chemist has been at 95% or above in four out of the last five years falling to 90% in 2014.

5.2. Amaze / Parent Carer' Council (PaCC) – Pharmacies and management of medicines survey, August 2107.

Amaze is Brighton and Hove 'one stop shop' for parent carers of children with disabilities and additional needs, providing a variety of information, advice and support. Amaze also manages the Compass Database and the Compass Card, a free leisure incentive card for 0 to 25 year olds with significant disabilities or special needs who live or go to school in Brighton & Hove. In 2015/16, there were 1,927 children and young people recorded on the register in the city.

The PaCC, hosted by Amaze, is a city-wide engagement group with over 320 members who are parent carers who have children and young people with disabilities, complex health problems or other additional needs. The consultation looked into the use of pharmacies, their role around prescription and management of medicines and how parent carers and their children could be more included in this. An online questionnaire was sent to parent carers who are on the Compass Register and 67 completed questionnaires were received.

5.2.1. Summary of findings

- Four out of five parent carers (80%) who completed the online questionnaire were happy with explanation of what medicines are for, what they do and possible side effects. However, considering that many parents and their children take multiple medicines they would like more information and also to know more about interactions between different medications.
- Parent carers are confident enough to ask their pharmacist for more information about the medicines, and 79% of parent carers reported that they can easily find and use an open pharmacy when they need one. Some parent carers suggest improving the quality of information and advice from the pharmacy and provision of some confidential and private space where to talk about the medicines.
- Most of the people who responded to the on line questionnaire are aware of the different services that a pharmacy can provide but only approximately 40% knew that the pharmacist can review and help manage their medications and/or provide health checks.
- Overall the majority of parent carers, 80% are satisfied with the pharmacy services and some rely on alternative remedies. However parent carers find the management of repeated prescriptions very challenging. Better communication between GP and

pharmacy, and co-ordination of the different agencies involved could resolve some of those issues.

5.3. Friends Families & Travellers (FFT). Medicines Report. 2017

FFT is a national charity working on behalf of Gypsies and travellers. Between May and August 2017 it undertook some engagement work with Brighton & Hove Gypsies and travellers for the CCG, concerning their knowledge of medicine, pharmacies and NHS costs. The study included 50 respondents to an online questionnaire (68% female, 32% male) and 30 qualitative interviews (60% female, 40% male).

5.3.1. Summary of findings

Responses to the online survey that were relevant to community pharmacies included:

- 30% (15) knew about pharmacist medication reviews
- 54% (27) knew about checks at pharmacies
- 54% (27) knew pharmacies can dispose of unwanted medicine

Responses to the qualitative interview relevant to the community pharmacies included:

- 33% would ask a pharmacist if they had a problem with their medication
- 31% (9) get their medication reviewed
- 40% (12) know about medication reviews
- 47% (14) don't know where to safely dispose of unwanted medicine
- 53% (16) know about checks at pharmacies e.g. diabetes

5.4. Age UK. Medicines. Older People's Experience in Brighton & Hove

As part of the CCG Health Engagement consultations in 2017, Age UK volunteers interviewed 43 people with an average age of 80 years in their own homes about their experience of medicines.

5.4.1. Summary of findings

Responses that related to community pharmacies included:

- 40% would ask a pharmacist if they had problems with their medication
- 11% would see a pharmacist if they had a bad reaction to medication
- 33% had not been offered an assessment or review when starting new medication
- 49% only went to community pharmacies to collect prescriptions.

5.5. Use of Medicines in Culturally and Ethnically Diverse Communities. TDC and Hangleton and Knoll Project August 2017.

During the summer of 2017 a consultation was carried out with 62 participants of BME groups in the city, concerning their use of medicines and pharmacies. The participants came from: the Chinese Elders group; BME 50 plus group; Moulsecocomb Bangladeshi Women's group; Hangleton & Knoll Multicultural Women's group and Bevendean BME Residents group.

5.5.1. Summary of findings

- 52 out of 62 people (84%) knew the pharmacist could review their medicines and help them manage them.
- 36 out of 62 people (58%) did not know that certain checks were available at pharmacies. One of the 62 people was aware of interpreting services at pharmacies.
- The BME 50 Plus group would ask the pharmacist if they had a problem or question about their medicine. The majority of the Hangleton & Knoll Multi-Cultural Women's group would ask their GP or pharmacist
- The BME 50 Plus group, Bevendean BME residents, Hangleton & Knoll multi-cultural women's group use the pharmacist for over the counter medicines, to collect prescriptions and for minor conditions advice.

5.6. Carers Centre Medicines Optimisation Study

During the summer of 2017 the Carers Centre consulted with 15 carers on their experience of taking medicine and how they access pharmacies. Consultation was conducted jointly with Amaze through completion of an online survey.

5.6.1. Summary of findings

Responses to the online survey that were relevant to community pharmacies were:

- 73% (11) would talk to a pharmacist if they had problems with their medication
- 86% (13) strongly agreed or agreed that they could usually find an open pharmacy if they needed one
- The three services the public would most like pharmacies to provide were NHS Health Checks (60% (9)), urgent medicine out of hours (53% (8)), Medicine Use Checks (46% (7))
- 60% (9) of people didn't know their pharmacist could carry out Medicine Use Reviews or some health checks
- 86% (13) were fairly or very satisfied with pharmacy services in Brighton & Hove

5.7. Possability People. Medicines and Community Pharmacy Report August 2017

During the summer of 2017, 73 members and non-members aged 21 to 92 years of Possability People's Get Involved Group responded to a consultation on the topic of medicines and community pharmacies. Methods used included an online survey, telephone survey, postal mail out and focus group.

5.7.1. Summary of findings

Responses relevant to community pharmacies were:

- 35 people (25%) would talk to their local pharmacy if they had a problem with their medication and 94% (48) said they would be comfortable talking to a pharmacist if they had concerns about the medication they were taking.
- 47 said they used their local pharmacy to get their medicines
- 29 said they used their local pharmacy to get advice about their medicines
- 65 (90%) people said that their local pharmacy was accessible enough to meet their needs
- 72% (51) of respondents had not had a medicines use check with a pharmacist. 63% (23) of this group would consider asking their pharmacist for a medicine use check
- The main three services used that were offered by pharmacies were: free home delivery of medication (22); disposal of unused medicines (16); flu vaccination (16).
- The three most popular responses for improving community pharmacy service for people with disabilities/additional needs were: hearing loops, more space, lower counters, ramps and electronic doors (6); more staff (5); awareness raising for staff of people with invisible disabilities (4).

5.8. LGBTQ Peoples Experiences of Medicines and Prescriptions. Research Report July 2017.

Brighton & Hove CCG and BHCC commissioned the LGBT Health and Inclusion Project and LGBT Switchboard to undertake a consultation on the use of medicines and community pharmacies by the LGBTQ community. 82 people responded to an online and paper survey.

5.8.1. Summary of findings

The responses reported were that:

- 72% (49) of people visited the pharmacist to collect a prescription/repeat prescription; 62% (42) to buy over the counter medicine; 29% (20) for advice on treatment of minor conditions and healthy living

- 56% (38) knew the pharmacist could carry out medication reviews
- 54% (37) knew they could have certain health checks at pharmacies
- 91% (62) had not experienced challenges as an LGBTQ person accessing services or advice from a pharmacy

5.9. Mental Health Engagement Project. LiVE Project and YMCA Right Here. Consultation Report on Medication. August 2017

Consultation work was carried out in the summer 2017, to which 127 people over the age of 16 years responded to two online surveys about the use of medicines and pharmacies.

5.9.1. Summary of findings

No young people were currently getting their information about medication from pharmacies. Over (9) 25% of young people would like to get this information from pharmacists. 95% of respondents used a pharmacist to collect prescriptions or non-prescribed medication. 63% were unsure of what other services they could get from a pharmacy. 50% knew about health checks available at pharmacies. People were more used to and confident in discussing general health issues with pharmacists but were less sure about discussing mental health issues and medication. Many respondents also flagged lack of privacy within pharmacies as a major factor in not using their pharmacist more often for health advice. Some people also identified a need for clarity in the role pharmacists can play in supporting people

5.10. Young People & Medicines. Consultation Summary Report. YMCA Right Here. August 2017.

Consultation work was carried out in the summer 2017, with Right Here's Young Health Champions about young people's use of medicines and prescriptions. 95 people responded to an online survey and 19 people were participants in focus groups.

5.10.1. Summary of findings

Most of the findings related to GP practices. One question asked where they got most of their medication from, many cited Boots, Kamsons or Sussex University Chemists.

5.11. Report on Medicines Optimisation and Community Pharmacy Services. Consultation with people with learning disabilities. Speak Out. 2017.

During the summer 2017, Speak Out carried out a consultation with people with learning disabilities about medicines management and community pharmacies. 40 people

participated in the consultation, which include group meetings and 27 individual interviews. Participants were aged from 16 to 80 years old.

5.11.1. Summary of findings

21 out of 40 people spoken to had used a community pharmacy. Findings relevant to community pharmacies included:

- A lack of awareness of what community pharmacies can offer people with learning disabilities.
- Many of the services on offer would be valuable to those who have little or no support.
- A safe place to discuss medication, side effects or over the counter remedies is vital.

5.12. Combined recommendations from the voluntary sector engagement surveys for the CCG

- i. Pharmacists should provide information and advice on medication aids and medications, including side effects and drug interactions. In particular this advice (or training where appropriate) should be given to people with complex needs, including older people, and those with mental ill health, long term conditions and carers.
- ii. Pharmacists should provide advice on paying for prescriptions for people on a low income or benefits.
- iii. Provision should be made available in pharmacies for private discussions with the pharmacist.
- iv. The efficiency of the repeat prescribing process should be improved.
- v. The CCG and BHCC should co-ordinate a city-wide awareness campaign around services that can be accessed at pharmacies, and how to access out-of-hours services. This should include the provision of information on services in accessible formats e.g. Easy Read for people with low literacy levels and information on how to request specialist provision such as an interpreter, BSL, braille, home visit.
- vi. Communication systems should be improved around the process of discharge from hospital pharmacies to community pharmacies and communication around the co-ordination of Medicine Use Reviews.
- vii. Where patients consent, GPs and community pharmacies should share summary care records.
- viii. Pharmacists should have the knowledge to signpost patients to alternative sources of support and advice in the community.
- ix. Pharmacies should receive training in disability awareness (including learning disability), LGBTQ awareness, and the needs of BME groups to make their services more accessible to these equalities groups.
- x. Better feedback systems about medicines and pharmacy services should be developed for people with learning disabilities, mental ill health, older people and those with complex needs, and for staff, carers and advocates.

5.13. PNA Community survey

A targeted self-selecting survey was conducted to better understand the views of local patients and residents regarding pharmacy services in Brighton & Hove. Where questions are comparable to the PNA 2014 community survey, reference will be made in the corresponding sections below.

5.13.1. Key findings

- More than four out of five respondents (87%) are satisfied with the pharmacy service in Brighton & Hove with only 3% dissatisfied.
- Similar to what was seen in 2014 (78%), three quarters of respondents (76%) agree that they can find and use an open pharmacy when they need one with only 5% disagreeing.
- Higher than seen in 2014 (83%), for nine out of ten respondents (90%) the opening times of the pharmacy they use most often meets their needs with only 10% saying they do not.
- Most respondents (64%) use a pharmacy for a health reason between once a month and every three months.
- A majority of respondents (75%) would be happy to give consent to their GP to share information about their condition and medication with a pharmacist of their choice. A sixth of respondents (16%) would not be happy to share information.
- More than four out of five respondents agree that the staff (85%) and the pharmacist (84%) at the pharmacy they use most often are helpful.
- From a list of 20 pharmacy services, for 18 of the services 67% of respondents would be very likely or fairly likely to use the service again if they needed to. For nine services the percentage is above 90%.
- Twelve percent of respondents who currently have repeat prescriptions were not aware that you can order repeat prescriptions online among this group 48% would be very of fairly likely to order prescription online.
- Respondents with a health problem or disability, those aged 65 or older and or those providing unpaid care are also most likely to agree that it is important that pharmacy staff know them well and most likely agree that they prefer to see the same pharmacist.

5.13.2. Response & respondents

In total 727 completed questionnaires were received and included in the analysis. Due to the high proportion of respondents (between 7 and 28%) who chose not to answer the individual demographic questions included in the survey, care needs to be used when determining how representative respondents are of all Brighton & Hove residents. However, the following group are likely to be over or under represented.

	Survey	Brighton & Hove age 16 and over
Over represented		
Females	64%	50%
White British / UK ethnicity	87%	81%
Aged 55 or older	62%	27%
With a long term health problem or disability	46%	19%
Providing unpaid care	23%	10%
Under represented		
Males	36%	50%
Black & Minority Ethnicity	13%	19%
Aged 16 to 54	38%	73%
Without a long term health problem or disability	54%	81%
Not providing unpaid care	76%	90%

Reflecting the age profile of respondents, only 43% of respondents are employed either full or part time, the figure for Brighton & Hove is 74%.

Nearly nine out of ten respondents (88%) have repeat prescriptions. The proportion of patients registered with a local GP that have repeat prescriptions is unknown but the figure is likely to be far lower.

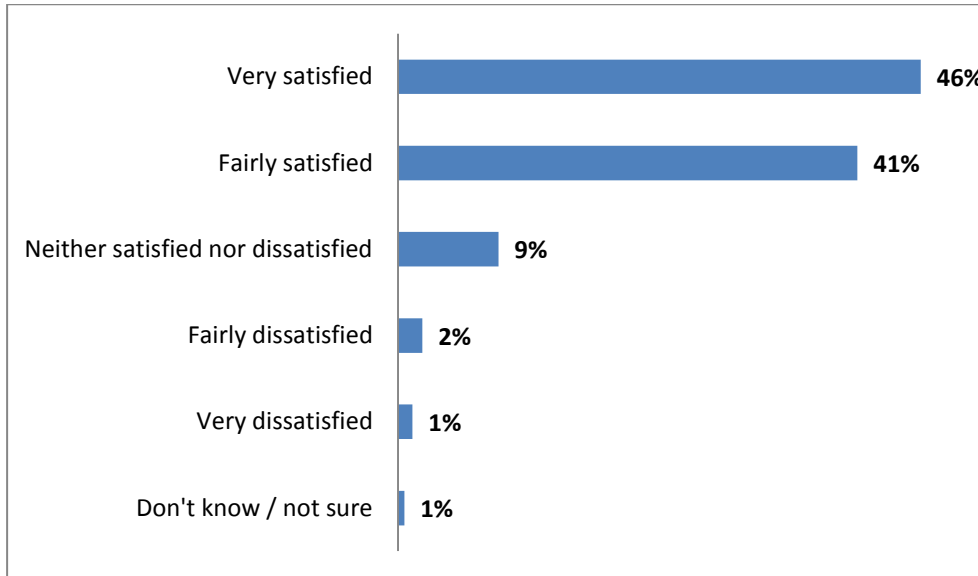
Given the number of respondents who did not respond to the demographic questions and the small number of respondents in some categories, analysis of the data by demographic groups is difficult therefore only where there is a difference (at least 10% or double the percentage and at least 10 responses) will reference be made to demographic difference in this report.

5.13.3. Overall satisfaction

Overall, more than four out of five respondents (87%) are very satisfied or satisfied with the pharmacy service in Brighton & Hove with only 3% dissatisfied or very dissatisfied (Figure 6).

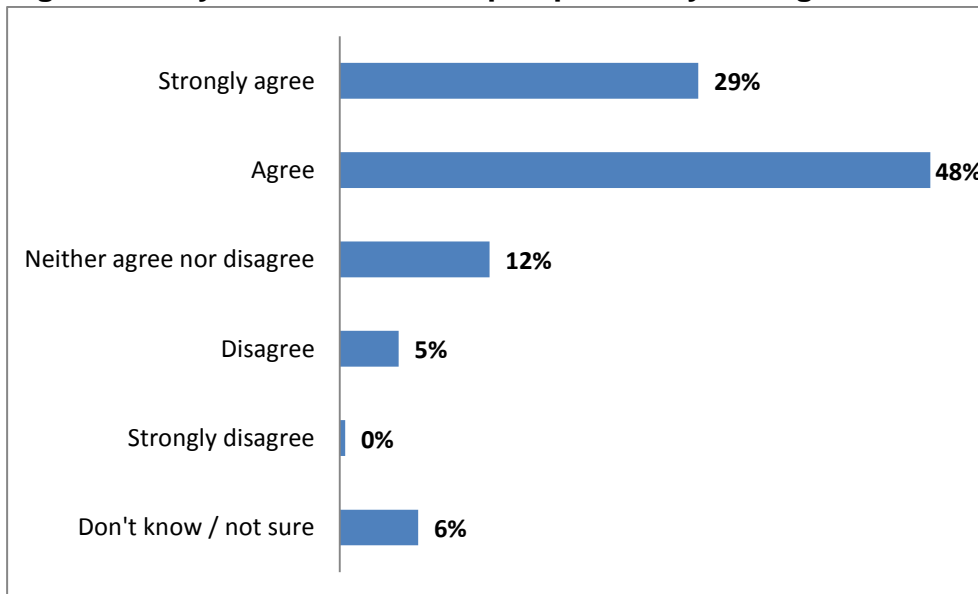
Three quarters of respondents (76%) also strongly agree or agree that they can find and use an open pharmacy when they need one with only 5% disagreeing (Figure 7). In 2014, 78% agreed and 9% disagreed.

Fig.6: Overall satisfaction with pharmacy services in Brighton & Hove



Base: All respondents who answered the question (n=695 of 727)

Fig.7: Usually find and use an open pharmacy in Brighton & Hove



Base: All respondents who answered the question (n=696 of 727)

5.13.4. Use of pharmaceutical services

For most respondents (61%) the pharmacy they use most often is the one nearest their home. Nearly a fifth (18%) uses the pharmacy nearest their GP most often with 5% each using the pharmacy nearest their work and at the supermarket. For 7% of respondents it varies and only two respondents use an internet pharmacy most often.

For nine out of ten respondents (90%) the opening times of the pharmacy they use most often meets their needs with only 10% saying they do not. In 2014, 83% of respondents agreed that the pharmacy opening hours meet their needs. Among those who commented on the opening hours not meeting their needs (62 respondents out of 68) nearly all comments related to restricted opening hours (59 respondents) particularly not open on a Saturday (28 respondents), not open week day evening (22 respondents) and not open Sundays (14 respondents). Other mentioned pharmacies closing at lunch time (8 respondents), opening hours not coinciding with GP opening hours (5 respondents) and pharmacies not opening early enough in the morning (5 respondents).

“It would be helpful if it were not shut at lunch times and open at weekends at least on a Saturday”

Some demographic groups are more likely to agree that opening hours meet their needs;

- Respondents aged 25 to 34 (100%) and residents aged 55 to 84 (95%) compared to residents aged 16 to 24 (79%), 35 to 54 (83%) and respondents aged 85 and over (86%).

Two thirds of respondents (68%) would like to be able to use a pharmacy during a weekday daytime with a half (51%) wanting to use one on a weekday evening (Table 25). Nearly three out of four would like to use a pharmacy on a Saturday (58%) and a third on a Sunday (34%). Around a quarter would also like to use a pharmacy on weekday lunchtimes (27%), early morning on a weekday (26%), on a Bank Holiday (25%) and late at night during the week (22%).

Table 24: When would you like to be able to use pharmacy services?

	Number of responses	Percentage of respondents
Early morning before 9.00am on weekdays	182	26%
Lunchtime 12.00pm – 2.00pm weekdays	193	27%
Daytime 9.00am – 5.00pm weekdays	486	68%
Evenings 5.00pm – 8.00pm weekdays	363	51%
Late night 8.00pm – 12.00am weekdays	154	22%
Saturday	411	58%
Sunday	244	34%
Bank holidays	176	25%
Base: All respondents who answered the question (n=712 of 727)		

During the last 12 months more than three out of five respondents (63%) had used a pharmacy service on a Saturday with 26% also having used one on a Sunday. A half had used a pharmacy between 8pm and midnight with nearly a fifth also having used a pharmacy on a Bank Holiday.

There are differences in the way different demographic groups have needed to use a pharmacy in the last 12 months;

- *Late night 8pm to midnight:* More than a half of respondents aged 16 to 34 (53%) had needed to use a pharmacy on between 8pm and midnight compared to 34% or 45 to 64 year olds and only 10% of those respondents aged 65 or older. A third of respondents providing unpaid care (33%) compared to only 23% of those not providing unpaid care. A third of respondents who work full or part time (35%) compared to only 18% of those not currently employed or retired.
- *On a Saturday:* Three quarter of respondents with a non White ethnicity (74%) compared to respondents with a White ethnicity (63%). Nearly three quarters of respondents (73%) with a health problem or disability that affects their activity 'a lot' compared to 62% of respondents with no health problem or disability or one that only affects their activity 'a little'.
- *On a Sunday:* A third of respondents aged 16 to 64 (34%) compared to only 13% of those aged 65 or older. More than a third of BME respondents (37%) compared to 23% of White UK/British respondents. A third of respondents working full or part time (34%) compared to only 19% of those not currently working or retired (19%).
- *On a bank holiday:* Nearly a fifth of respondents aged 16 to 65 (23%) compared to only 10% of those aged 65 or older.

Most respondents (64%) use a pharmacy for a health reason between once a month and every three months. However, more than one in ten (12%) uses a pharmacy for a health reason at least once a week (Table 25). A fifth of respondents (20%) never use a pharmacy other than for a health reason. However, nearly a half (46%) uses a pharmacy a least once a month for shopping for products such as toiletries.

Table 25: How often do you visit a pharmacy?

	Health reason (n=720)	Other reason (n=721)
Once a day	1%	0%
2/3 times a week	2%	3%
Once a week	9%	9%
Once a fortnight	14%	13%
Monthly	38%	21%
Every 2-3 months	26%	17%
6 monthly	5%	10%
Yearly	3%	7%
Never	3%	20%

Base: All respondents who answered the individual questions.

Certain demographic groups are more likely to use the pharmacy, at least once a fortnight, for health reasons;

- Two out of five respondents (43%) who provided unpaid care compared to 20% of those not providing unpaid care.
- A third of respondents (33%) with a health problem or disability compared to 19% without a health problem or disability
- A third of respondents (32%) not currently employed or retired compared to 17% of those working full or part time

5.13.5. Repeat prescriptions

Nearly nine out of ten respondents (88%) are currently provided with repeat prescriptions by their GP, with a further 4% having had repeat prescription in the past. Only 6% of respondents have not had repeat prescription at some point.

More than four out of five respondents (82%) are aware that you can order repeat prescription on-line from their GP. This rises slightly to 83% among those who currently have repeat prescriptions.

Among all respondent who have had repeat prescriptions and are aware of the online service, two out of five (44%) had ordered repeat prescriptions online. This rises slightly to 46% among those who currently have repeat prescriptions.

While of 84% of respondents aged 16 to 44 and 45 and older who currently have repeat prescriptions are aware that they can order repeat prescriptions online, only 45% of those aged 45 and older have done so compared to 62% of these aged 16 to 44.

Among all respondents, if they needed a repeat prescription, more than a half (54%) would be very or fairly likely to order it online. Among the 75 respondents who currently have repeat prescriptions but who were not aware of the online service nearly a half (48%) would be very or fairly likely to use the online prescription service.

While more than two thirds of respondents (70%) aged 16 to 44 are very or fairly likely to order prescriptions online this falls to only a half (51%) of those aged 45 or older.

5.13.6. Prescription delivery service

A fifth of all respondents (22%) have had prescribed medicines or appliances delivered to their home in the last 12 months, rising slightly to 24% among those who currently have repeat prescriptions. In 2014, 15% of respondents had their medicines delivered to their home.

Some demographic groups are more likely than others to use a delivery service;

- More than two out of five respondents (44%) with a health problem or disability that affect their activity 'a lot' compared to 24% with a health problem or disability that

affects their activity 'a little' and only 13% of respondents without a health problem or disability.

- Two out of five respondents (41%) aged 75 or older compared to only 17% of those aged 16 to 74.
- A third of respondents (37%) who provide unpaid care compared to 17% who provide no un-paid care.
- Less than one in ten (7%) of respondents who work full or part time compared to 30% of those not currently employed or retired.

Two out of five respondents (44%) who use the service do so because they are unable to leave their home, 17% do so because they are unable to get to a pharmacy during opening times. Seventy one respondents gave other reasons with 24 mentioning mobility/health or reason relating to old age, 13 mention the convenience and 13 also mentioned that when items are out of stock the pharmacy would deliver the outstanding items from a prescription. Eight respondents took advantage of the service simply because it was offered and five respondents mentioned for the delivery of large/heavy items or a large number of items with another five mentioning difficulties with parking near the pharmacy.

Just over third of respondents (36%) agree and just over a third of respondents (37%) disagree that the prescription delivery service is important enough to them that they would be willing to pay for the service. The rest (27%) neither agreed nor disagreed or did not know or were unsure.

5.13.7. Unwanted or unused medicines

Just over two thirds of respondents (68%) have taken unwanted or unused medicines to a pharmacy for safe disposal. In 2014 the figure was 50%. Thinking about their last lot of unwanted or unused medicine three out of five (60%) took them to the pharmacy for disposal, 14% threw them in the bin and 4% flushed them down the toilet. Only six respondents (1%) gave them to someone else. In 2014, less than a half (42%) took their last lot of unwanted or unused medicines to a pharmacy for disposal.

5.13.8. Sharing patient information

Three quarters of respondents (75%) would be happy to give consent to their GP to share information about their condition and medication with a pharmacist of their choice if it makes it easier for doctors and pharmacist to provide a good service. A sixth of respondents (16%) would not be happy to share information and one in ten (9%) don't know or are unsure.

Older people are most likely to be happy for information to be shared between their GP and their pharmacist. Nine out of ten respondents (91%) aged 75 or older would be happy to share information compared to only 73% of 35 to 74 year olds and 84% of 16 to 34 year olds.

One hundred and eighty respondents were unhappy or unsure about sharing information and 162 (90%) made comments about why. The most dominant theme 88 respondents (54%) related to confidentiality of information (access by staff, intrusion/privacy information. IT security/data hacking/confidentiality breach, know staff or they live locally). Sixteen respondents also mentioned that there was no need for the pharmacist to know or it was not necessary and 11 mentioned that they prefer privacy with regard to the medical condition.

“I would want to know what confidentiality and security measures were in place and be assured that only the pharmacist would have access”.

Other comments include (5 or more people);

- Unhappy to share / not sure (10)
- Management of info to keep it confidential / how info shared (9)
- Health info for GP to know (9)
- No privacy at pharmacy (8)
- Choose / control / consent what to share (7)
- Data may be used for Profit / Commercial (6)
- No trust with pharmacist (6)
- Use different pharmacies (6)
- Pharmacist doesn't have training or knowledge of GP (5)
- Relationship with GP (5)

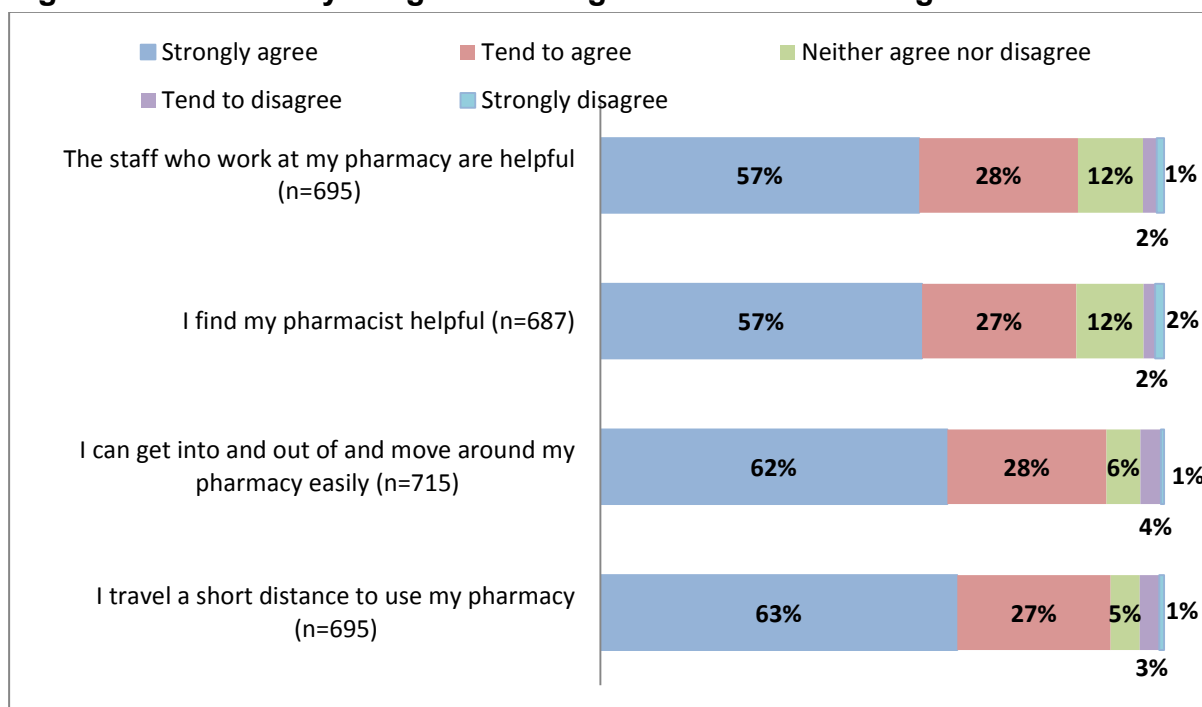
5.13.9. Pharmacy used most often

Respondents were asked how much they agreed or disagreed with four statements about the pharmacy they use most often. Figure 7 summarises their responses. More than four out of five respondents strongly agree or tend to agree that the staff (85%) and the pharmacist (84%) at the pharmacy they use most often are helpful. Less than one in twenty (4%) disagrees.

Nine out of ten respondents (90%) agree they can get in and out and move around their pharmacy. Less than one in twenty disagree.

More than three out of five respondents (63%) strongly agree and a quarter (27%), tend to agree that they travel a short distance to the pharmacy they use most often. Only one in twenty (5%) disagree.

The results for all four questions are similar to those seen in 2014.

Fig.8: How much do you agree or disagree with the following...

Base: All respondents who answered the individual questions.

More than a half of respondents (56%) walk to the pharmacy they use most often, while nearly a third (30%) travels by car. Less than one in ten (9%) use public transport and 3% use other transport including taxis, mobility scooter and wheel chairs. Most older people aged over 74 travel to the pharmacy by car (41%) with only 38% walking.

When asked for comments about the pharmacy they use most, 35% of respondent (254 people) did so. The most common theme (91 respondents, 36%) was 'good customer service skills' (helpful, friendly, efficient, approachable, listening and pleasant) of pharmacy staff. Only seven respondents mentioned poor customer service skills. A quarter of respondents (20%, 51 people) who made comments also mentioned a 'good and professional service' (good and knowledgeable advice, competent pharmacist).

"Our pharmacist is very helpful. He has a lot of knowledge and keeps up to date with things as new studies are being carried out. He is very understanding about the severity of mental illness that some people can suffer. He is not judgmental He tries to make sure that the best care is given for the best quality of life and health with the least but most effective dose of pharmaceuticals."

However, 33 respondents did express concerns with the dispensing of prescriptions (need for more efficiency, long wait/slow service, pharmacist having to chase GPs, incomplete).

Other comments include (5 or more people);

- Its convenience (10)
- Difficulties in having private conversation with the pharmacist (6)
- Good relationship with GP (6)
- Pharmacy internal environment needs improving (6)
- Repeat prescription service is excellent (5)

The same question was asked in a recent Healthwatch survey where 171 people made comments. The most common theme (61 people, 35%) was that 'no improvements were needed'. Twenty seven people (16%) also mentioned the need to promote awareness of the services available at pharmacies.

Similar to the PNA survey 22 people mentioned problems with the prescription service (reduce wait, improve repeat prescription ordering, better system).

Other comments in the Healthwatch survey include (5 or more people);

- Private consultation area (9)
- More staff (9)
- Treat and prescribe like nurse practitioners to alleviate GP workload (5)

Over a fifth of respondents (22%, 161 people) made comments about how their local pharmacy could be improved. Comments were varied with no specific themes. Most respondents (12 people) mention 'nothing to improve'. Other comments made by more than five people concern;

- Improve opening hours (7)
- Improve internal environment (6)
- Improve customer service skills (6)
- Improve disability access (5)
- More staff (5)

5.13.10. Pharmacy services used in the last 12 months

Minor conditions advice (55%) and medicine use checks (47%) are the two services respondents have used most in the last 12 months (Table 26). Fifteen percent of respondents had not used any of the services in the last 12 months. In 2014 the same two services were again the most used (minor conditions advice 55% and medicines use checks 35%).

For all services (with the exception of assessing the risk of diabetes and the c-card scheme) at least two thirds of respondents (67%) would be very likely or fairly likely to use the service again if they needed to. For nine services the percentage is above 90%.

Table 26: Pharmacy services used in the last 12 months and likelihood of using the service again

Service	Used in the last 12 months		How likely or unlikely you would be to use the service again if you needed to.			
	(n)	(%)	Very or fairly likely	Neither	Fairly or very unlikely	Don't know / not sure
Minor Conditions Advice – e.g. sore throat, hay fever	343	55%	98%	0%	2%	1%
Medicines Use Check – the Pharmacist offering advice on your medication	295	47%	93%	3%	3%	1%
Urgent medicines out of hours – overnight or weekends	91	15%	91%	3%	3%	2%
New Medicine Service e.g. new medication prescribed for asthma	85	14%	94%	1%	4%	1%
Advice about managing your condition - e.g. diabetes, asthma, high blood pressure	84	13%	96%	1%	3%	0%
Immunisation/Vaccination Jabs - e.g. Flu	79	13%	99%	0%	1%	0%
NHS Health checks - Cholesterol and blood pressure checks	50	8%	96%	0%	4%	0%
Advice about other NHS and council services	31	5%	93%	0%	7%	0%
Mental Health support – advice and information	28	4%	92%	4%	4%	0%
Smoking advice and cessation	22	4%	86%	0%	14%	0%
Help with your weight	18	3%	81%	6%	13%	0%
Emergency Contraception – sometimes known as the Morning After Pill	15	2%	79%	14%	7%	0%
Assessing risk of diabetes	11	2%	25%	19%	46%	10%
Chlamydia Screening Services	8	1%	80%	0%	20%	0%
Alcohol support – advice and information	8	1%	86%	0%	14%	0%
C-Card scheme	5	1%	50%	0%	50%	0%
Supervised consumption of methadone or buprenorphine	5	1%	80%	0%	20%	0%
Treatment for Chlamydia infection	4	1%	67%	0%	33%	0%
Substance misuse support - advice and information	4	1%	75%	0%	25%	0%
Needle exchange	3	0%	67%	0%	33%	0%

Base: All respondents who had used or not used any of the services in the last 12 months and all respondents who answered the question about using the service again if needed.

There are demographic differences in the way respondents have used pharmacies in the last 12 months;

- Nearly a fifth (18%) of females used urgent medicines out of hours compared to only 9% of males
- Nearly a fifth of respondents (18%) aged 65 to 74 had an NHS health check in a GP Practice (currently NHS Health Checks are delivered through GP Practices) compared to only 6% of all other age groups.
- Three out of five respondents (60%) aged 65 or older had a medicine use check compared to only two out of five respondents (41%) aged 16 to 64.
- A quarter of BME respondents (25%) used the New Medicine Service compared to only 12% of White British/UK respondents.
- More than three out of five respondents (62%) with a health problem or disability that affects their activity 'a lot' had used the medicine use check service compared to 47% of all other respondents.
- A fifth of respondents (19%) with a health problem or disability had advice about managing their condition compared to only 10% of those without a health problem or disability.
- A fifth of respondents (21%) who provide unpaid care used the urgent medicines out of hours service compared to 13% of those who don't provide unpaid care.

5.13.11. Pharmacy service priorities

From a list of services respondents were asked to select the three services they most wanted pharmacies to provide. Table 27 summarises their responses.

Table 27: Pharmacy services most wanted

Service	(n)	(%)
Minor Conditions Advice – e.g. sore throat, hay fever	414	63%
Medicines Use Check – the Pharmacist offering advice on your medication	317	48%
Urgent medicines out of hours – overnight or weekends	305	47%
NHS Health checks - Cholesterol and blood pressure checks	160	24%
Immunisation/Vaccination Jabs - e.g. Flu	106	16%
New Medicine Service e.g. new medication prescribed for asthma	99	15%
Advice about managing your condition - e.g. diabetes, asthma, high blood pressure	82	13%
Advice about other NHS and council services	81	12%
Mental health support – advice and information	67	10%
Emergency Contraception – sometimes known as the Morning After Pill	59	9%
Help with your weight - Advice on healthy eating and physical activity	34	5%
Assessing risk of diabetes	33	5%
Smoking advice and cessation	20	3%
Other, please give details below	19	3%
Needle exchange	10	2%
Substance misuse support - advice and information	10	2%
Supervised consumption of methadone or buprenorphine	8	1%
Chlamydia Screening Services	7	1%
Alcohol support – advice and information	5	1%

Treatment for Chlamydia infection	4	1%
C-Card scheme	3	0%

Base: All respondents who selected three or fewer services (n-654 of 727).

Minor conditions advice is the service most respondents (63%) would like pharmacies to provide. Nearly a half would also like pharmacies to provide medicines use checks (48%) and urgent medicines out of hours (47%). A quarter would like NHS Health Checks provided (24%). However, there are some differences by different demographic groups;

- A quarter of respondents (26%) aged 16 to 44 prioritised an emergency contraception service compared to 10% of those aged 45 to 64 and only 2% of those aged over 64.
- Eight respondents (28%) aged 25 to 34 prioritised mental health support compared to just 9% of all other age groups. A fifth of respondents (19%) with a health problem or disability that affects their activity 'a lot' also prioritised mental health services compared to only 8% of all other respondents.
- Only a half of respondents (50%) with a health problem or disability that affects their activity 'a lot' prioritised minor conditions advice compared to over two thirds of respondents (69%) with no health problem or disability.

In 2014 respondents were not restricted to choosing just three services. However, the same four services in the same order were the services that most respondents wanted pharmacies to provide.

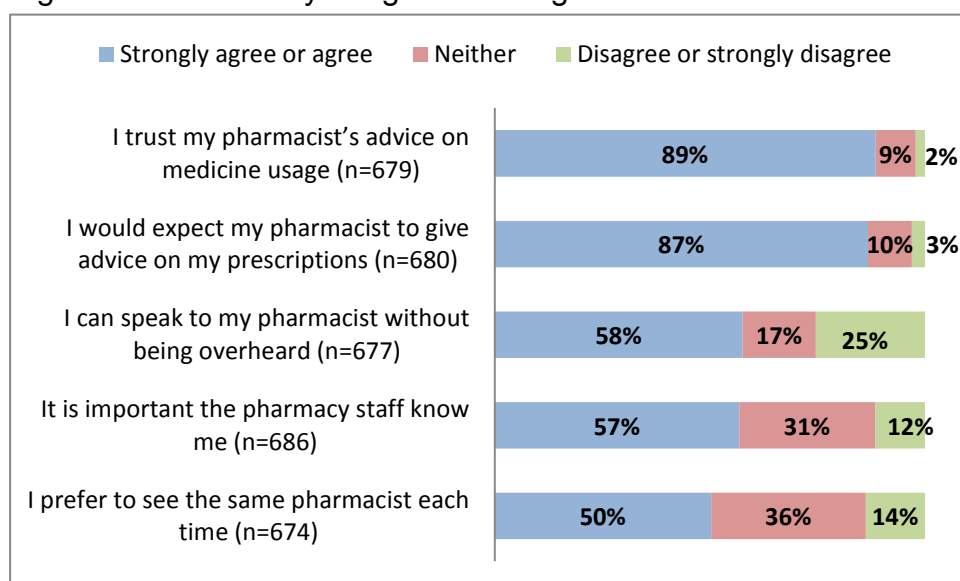
5.13.12. Interpreting services

For only nine respondents (1%) English is not their first or preferred language. Three respondents said that the pharmacy they use most often always make arrangements to communicate in their preferred language. Five respondents said that they never did and one did not respond. Six of the nine respondents for who English was not their first or preferred language thought that it would be very or fairly helpful to have an interpreter when visiting the pharmacy. Three respondents thought it would be not at all helpful. The languages spoken by those respondents who thought an interpreter would be helpful were;

- British Sign Language
- French, Polish, German
- Spanish
- Italian
- Arabic

5.13.13. Pharmacist used most often

Fig.9: How much do you agree or disagree with...



Base: All respondents who answered the individual questions

Nearly nine out of ten respondents agree that they can trust the advice of the pharmacist (89%) they use most often and would expect to be given advice on their prescriptions (87%). However, only a half (50%) agrees that they prefer to see the same pharmacist each time. While nearly three out of five respondents (58%) agree that they can speak to the pharmacist without being overheard a quarter (25%) disagree that they can (Figure 9). More than a half of respondents (57%) also agreed that it was important that pharmacy staff know them. However, some demographic groups are more likely to agree than others;

- Respondents with a health problem or disability, older respondents and those providing unpaid care are most likely to agree that it's important that pharmacy staff know them (with a health problem or disability that affects their activity 'a lot' (80%), affect their activity 'a little' (63%), no health problem or disability (46%), aged 65 or older (71%), aged under 65 (47%), provided unpaid care (70%), don't provide unpaid care (45%).
- Similarly respondents with a health problem or disability, older respondents and those providing unpaid care are also most likely to agree that they prefer to see the same pharmacist (with a health problem or disability that affects their activity 'a lot' (68%), affect their activity 'a little' (56%), no health problem or disability (40%), aged

65 or older (57%), aged under 65 (45%), provided unpaid care (67%), don't provide unpaid care (44%).

In 2014;

- A similar proportion of respondents trusted the pharmacist's advice (88%) and expects advice on their prescription (85%).
- Fewer respondents (45%) thought it was important pharmacy staff know them
- Fewer respondents (38%) preferred to see the same pharmacist.
- More respondents (30%) could not speak to the pharmacist without being overheard.

5.13.14. Final comments

At the end of the survey respondents were asked for any final comments they had about the pharmacy service in Brighton & Hove. A fifth of respondents (21%, 151 people) made comments.

The most common theme, made by a third of those who responded (51 respondents), related to them experiencing a good pharmacy or good pharmacy staff. A further 11 respondents also mentioned the service as convenient or useful. Only 12 respondents mentioned a poor service or poor staff.

"As I have become ill, I have found the pharmacy a life-line and so convenient - next door to GP"

A quarter (37 respondents) mentioned the need for late night, early morning or weekend opening with 16 respondents also mentioning the difficulties of accessing some pharmacies, particularly out of hours pharmacies, due to their location in city. While 12 respondents mention a long wait for meds or meds not being available.

Recommendations

- Brighton & Hove City Council and community pharmacies to increase awareness of the opening hours of pharmacies in areas with a high concentration of young people, by signposting them to this information on the NHS Choices website.
- To increase the public's awareness of services community pharmacies can offer, the CCG and Brighton & Hove City Council to co-ordinate a city wide awareness campaign around services that can be accessed at pharmacies.
- Data sharing of patients' records between GPs and pharmacies will be addressed as part of the Empowering Patients, Carers, and Families to use Technology Project's Domain 2 work – Share Health & Care Information. This is a multi-agency project being developed across the health network in Brighton & Hove, Horsham Mid Sussex and Crawley CCG, High Weald Lewes Havens,

BSUH and Digital Brighton & Hove. CCG, NHSE and BHCC to support communications with patients and providers to improve data sharing.

- The management of the repeat prescribing and dispensing process is being reviewed nationally and locally by CCGs, with a view to implementing more efficient practice. A 25% target for electronic prescriptions to be converted to electronic repeat dispensing (eRD) has been included in the national General Medical Services contract. Currently Brighton & Hove achieves a 21% conversion rate and will need to increase this.
- Community pharmacies to be reminded of the need to keep counter discussions discreet and to offer the use of private consultation rooms where appropriate

6. Community pharmacy survey

The 58 community pharmacies open in Brighton and Hove at the start of the PNA process were invited to participate in the survey which mainly included questions on service provision, pharmacy premises, information technology, staff working with GPs and practices and opportunities for maximising the role of pharmacy to improve health and reduce health inequalities. A similar survey was undertaken in 2014 and where appropriate comparisons will be made to these results.

6.1. Key findings

- None of the pharmacies had any plans to extend opening hours to meet increased demand following GP practices having to offer 7 day, 8am to 8pm opening.
- Only 60% of respondents were aware of the NHS interpreting service.
- Of the pharmacies providing a prescription delivery service (92%), none have plans to stop the service. One pharmacy has tentative plans to start charging for the service with the others having no plans to start charging.
- Two thirds of respondents (68%) said they or other pharmacists in their pharmacy have daily contact with GPs in their area, up from 44% in 2014.
- Nine out of ten respondents (92%) work with their GPs on considering how best to address their patient's needs, up from 74% in 2014.
- Nearly two third of pharmacies (64%) would be interested in stocking saline to be accessed by health care professionals providing community services.
- Of the 12 Healthy Living level 2 accredited pharmacies ten, (83%) strongly agree or tend to agree that the service is beneficial to patients.
- Only eight respondents (32%) were aware of Better Care Pharmacists
- Only 11 respondents (44%) were aware of the Making Every Contact Count agenda.

6.2. Results

In total there were 26 responses to the community pharmacy survey, 46% of all pharmacies in the city. It should be noted that one respondent replied on behalf of four

pharmacies (Bridgmen, Ross, Watts and Co and Westons) but for the purpose of this report they are considered as an individual respondent for each pharmacy.

The position held by respondents were:

Position	Number
Pharmacist manager	11
Pharmacy / general manager	4
Pharmacist director / owner	3
Dispenser	2
Pharmacist	1
Professional service manager	1
Counter staff	1

6.2.1. Opening hours

None of the pharmacies had any plans to extend opening hours to meet increased demand following GP practices having to offer 7 day, 8am to 8pm opening.

6.2.2. Pharmacy facilities

- All 26 pharmacies have a separate consultation room on the premises which complies with the service specification for provision of advanced services. One pharmacy also has another consultation area off site that complies and another area on the premises that does not comply.
- Twenty five pharmacies are willing to undertake domiciliary consultations for advanced services if funding is available. One pharmacy is not.
- Twenty four pharmacies have a computer in the consultation area with access to patient's medical records. Two do not, with one planning to in future years.
- Twenty five pharmacies premises comply with the 2010 Equality act. One pharmacy did not respond.
- Twenty four pharmacy premises have easy access for disabled customers including wheelchairs. Two do not.
- Twenty pharmacy premises have hand washing facilities in the consultation area. Six do not.
- Only four pharmacies (15%) have patient accessible toilet facilities. Twenty two pharmacies do not.
- Twenty five pharmacies have a display area for health promotion material with one pharmacy planning to do so by 31 July 2017.

6.2.3. Development constraints

- Sixteen pharmacy premises are not situated in a listed building. Ten pharmacies did not respond.
- One pharmacy is in a conservation area, 16 are not, with nine pharmacies not responding.
- Ten pharmacies have limited room for expansion, six pharmacies do not and ten pharmacies did not respond.

6.2.4. Car parking facilities

Eight pharmacies (30%) have car parking facilities, with six having disabled car parking. One pharmacy only has disabled parking facilities and 17 pharmacies have no parking facilities.

6.2.5. Information technology

- Two pharmacies (10% of those who responded) only have one computer that has full access to patient's medical record. Ten pharmacies have 2-3 computers, seven pharmacies have 4-5 computers one has six and one has ten.
- Three pharmacies (14% of those who responded) only have one printer for labelling/endorsing. Twelve pharmacies have 2-3, five pharmacies have 4-5 and one pharmacy has ten printers for labelling/endorsing.
- One pharmacy has no printers used for patient's services with six pharmacies only having one. Ten pharmacies have 2-3, two have 4-5 and one has ten computers for patient's services.
- Five pharmacies (20% of those that responded) only have one computer with access to email. Eight pharmacies have 2-3, six have 4-6 and one has ten computers with access to email.
- Two pharmacies (10% of those that responded) only have one computer with full access to the internet. Ten pharmacies have 2-3, eight have 4-6 and one has ten computers with access to the internet.
- Two pharmacies (8% of those who responded) only have one computer that is EPSr2 enabled. Fifteen pharmacies have 2-3, eight have 4-5 and one has more than 10.
- Seventeen pharmacies (65% of those that responded) only have one pharmacist that has a Smart Card. Six pharmacies have 2-3 and three pharmacies have four pharmacists with a Smart Card.
- Six pharmacies (26% of those that responded) have no technicians with a Smart Card. Seven pharmacies have 1-2, eight have 3-4 and one pharmacy has six technicians with a Smart Card
- The majority of pharmacies (17 out of 26) use ProScript medical record software. Other software used are Nexphase (two pharmacies) and one pharmacy each use Analyst, Cegedim Pharmacy Manager, Post Script Link and Rx Systems.

6.2.6. Pre-registration practices

Eleven pharmacies (42%) are registered as a pre-registration training site with eight of these pharmacies (73%) having a pre-registration tutor based at the practice. Six of the

pharmacies registered as training sites had one pre-registration graduate and four pharmacies had no graduates (one pharmacy did not reply).

6.2.7. NHS interpreting service

More than a quarter of respondents (28%) were not aware of the NHS interpreting service, with a further three respondents (12%) unsure. Only 60% of respondents were aware of the service.

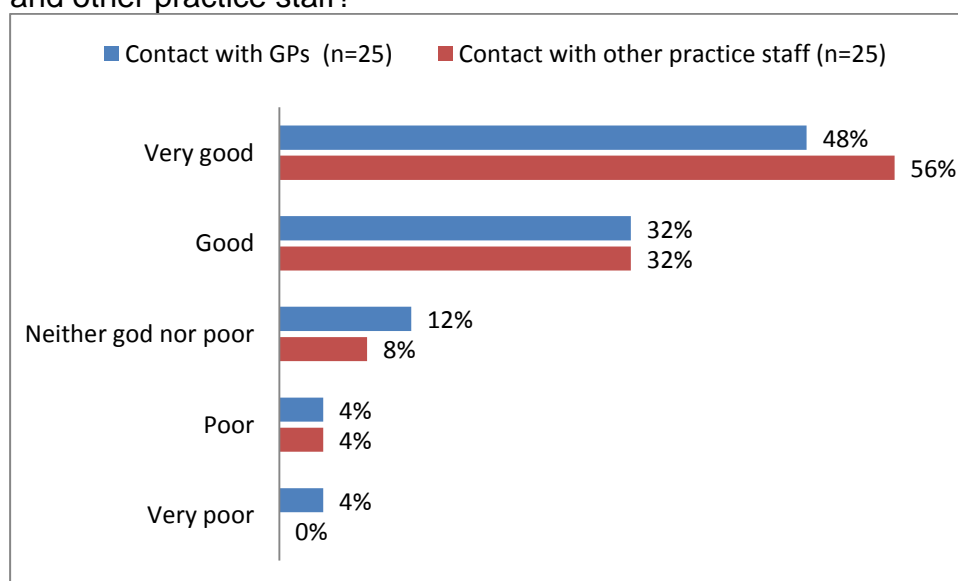
Only three of the 15 respondents who were aware of the NHS interpreting service had used the service. Their experience however was very positive with one describing it as amazing, another as brilliant with the third saying it was easy to use and that they would use it again. Only one respondent was aware of another interpreting service, this being Brighton & Hove Connect.

6.2.8. Contact with GP

Two thirds of respondents (68%) said they or other pharmacists in their pharmacy has daily contact with GPs in their area, with a further three respondents (12%) having weekly contact. In 2014 only 44% had daily contact with pharmacists with a further 33% having weekly contact.

A high proportion of respondents described the quality of contact with both GPs (85%) and other practice staff (88%) as very good or good (Figure 9). In 2014 the figures were 77% and 81% respectively.

Figure 9: How would you describe the quality of current professional contact with GPs and other practice staff?



Base: All respondents who answered the individual questions.

Nine out of ten respondents (92%) work with their GPs on considering how best to address their patient's needs, with only two respondents (8%) that do not. In 2014 only 74% worked with GPs.

Four in five respondents (80%) thought that the best way for GPs to contact them was by phone, with three respondents (12%) thinking in person was best, and with two thinking a combination of both was best.

Fifteen respondents made comments about what prevents them from working more closely with GPs. There were two themes, time constraints and access to GPs. Nine respondents mention a lack of time and time away from the pharmacy to meet with GPs. Six respondents mentioned not having access to GPs with three mentioning having to communicate via receptionist instead.

Fourteen respondents made comments on ways working with general practice could be improved. Seven mention better/easier communications with three suggesting meeting on joint interests. Three respondents mentioned backfill funding/cover to allow pharmacist to visit GP practices during the day.

Twelve respondents made comments about what prescribing support pharmacists could provide to GPs. Most comments (n=8) related to advice on availability of medicines including stock availability, alternative medications and cost effective prescribing.

Ten respondents made comments about what prevents them from making brief interventions or checking that patients are taking their medications correctly. Most respondents mentioned a lack of time/work load (n=7). Two mentioned inaccessibility of GPs and two mentioned having a delivery service means that they do not see patients face to face.

Seven respondents made comments about how the provision of community pharmacy services in care homes could work better between GP practices and pharmacies. Five respondents mentioned funding to allow pharmacists to visit care homes, attend GP practice meetings and or training. Two mentioned more/better communications.

6.2.9. Smoking cessation and flu immunisation services

Ten pharmacies (38%) work with GP practices to deliver smoking cessation and flu jabs. These ten pharmacies work with GPs by sharing information with patients about the services available and referring patients as appropriate.

6.2.10. Current and future service provision

The most common service currently provided is Medicines Use Review, provided by 92% of pharmacies (Table 28). More than four out of five pharmacies also provide a new medicine service (89%), deliver medicines to patients at home (85%), immunisation / vaccination (85%), smoking cessation (81%) and supervised consumption of prescribed medicines (81%). No pharmacies provide an anti-viral collection point, however 17 pharmacies (65%) would be willing to provide the service with further training, changes to their premises and or the appropriate equipment.

Table 28: Services provided by pharmacies

Service	Currently provide Service		Those not currently providing the service			
			Willing to provide under certain conditions *		Would not provide	Don't know / no response
			(n)	(%)	(n)	(n)
Medicines use reviews	24	92%	0	0%	0	2
New medicines service	23	89%	1	33%	0	2
Services to patients in their own homes - delivery of medicines (unfunded)	22	85%	1	25%	1	1
Immunisation / Vaccination e.g. Flu	22	85%	3	75%	0	1
Smoking cessation	21	81%	2	40%	0	3
Supervised consumption of prescribed medicines	21	81%	3	60%	1	1
Help with weight – healthy eating and physical activity	18	69%	5	63%	0	3
Long term conditions advice	17	65%	6	67%	0	3
C-card scheme	16	62%	6	60%	0	4
Emergency hormonal contraception	16	62%	8	80%	0	2
Minor conditions advice	16	62%	8	80%	0	2
Alcohol support – advice and information	16	62%	7	70%	1	2
Chlamydia screening	12	46%	11	79%	1	2
Treatment for chlamydia	12	46%	11	79%	1	2
Care homes, medicines management advice and support	11	42%	10	67%	2	2
Urgent Medicines out of hours – overnight or weekends	9	35%	10	59%	4	3
Mental health and wellbeing advice and information	9	35%	13	76%	2	2
Needle exchange	8	31%	8	44%	4	6
Patient's own homes-medicines management advice and support	5	19%	12	57%	3	4
Palliative care – access to medication	4	15%	17	77%	3	2
Long term conditions management (including prescribing)	3	12%	18	78%	0	5
Monitoring the duration of anti-microbial prescribing	2	8%	17	71%	1	6
Hepatitis testing and case detection	1	4%	17	68%	3	5
Appliance use reviews	1	4%	15	60%	2	8
Customisation of stoma appliances	1	4%	13	52%	2	10
NHS Health check	1	4%	20	80%	0	5
Monitoring antimicrobial prescribing	1	4%	18	72%	3	4
Anti-viral collection point	0	0%	17	65%	1	8
Base: All respondents to the survey inc. those who did not respond to some of the individual questions (n=26)						
* would be willing to provide the service if they had sufficient training, made changes to their premises and or had the appropriate equipment.						
Other services that pharmacist would be willing to provide;						

- Any that are required by our local population
- Funded community pharmacy visits to care homes
- Healthy living
- Minor ailment scheme (3 pharmacies)
- NHS health checks
- Sore throat and infections of throat testing and treatment
- UTI Testing and treatment

Sixteen pharmacies (64%) would be interested in stocking saline to be accessed by health care professionals providing community services. Two pharmacies would not be interested, seven are unsure and one pharmacy did not respond.

When asked if there was funding available what would be the top two priority pharmacy services, there was a mixed response (Table 29) Five respondents mentioned NHS health checks, three minor ailment services and two each mentioned smoking cessation and funding community pharmacist visits to care homes.

Table 29: Top two priority pharmacy services

Service	Number of responses
NHS health checks	5
Minor ailment service	3
Funded community pharmacist visits to care home	2
Smoking cessation	2
Anticoagulation monitoring	1
antibiotics	1
Appliance use reviews	1
Asthma review	1
Breast cancer screening/information	1
Deliveries	1
Hepatitis testing	1
Long term conditions advice	1
Managing chronic conditions	1
Mental health and wellbeing advice and information	1
Monitoring Antimicrobial	1
NUMSAS- expansion of current service with detailed staff training	1
Palliative care and Just in case box	1
Sore throat and infections of throat testing and treatment	1
UTI testing and treatment	1
Base: Number of pharmacies responding (n=15 of 26)	

6.2.11. Health Living Pharmacy Scheme

Twenty two respondents (96%) are aware of the Healthy Living Pharmacy (HLP) level 1 and 23 respondents (92%) are aware of HLP level 2.

Twelve of the 21 pharmacies who responded to the question are accredited HLP level 1 while a further 7 would like to become accredited, Twelve of the 23 pharmacies who

responded to the question are HLP level 2 accredited while a further nine would like to become accredited. One pharmacy would like more information before deciding.

Of the 12 HLP level 2 accredited pharmacies ten, (83%) strongly agree or tend to agree that the service is beneficial to patients. One neither agrees nor disagrees and one pharmacy does not know or is unsure

Fifteen respondents made comments about how healthy living services benefit patients. All comments related to making the provision/access to information/services and advice about healthy/better lifestyle choices. Two respondents made comments about why healthy living services are not a benefit to patients, these related to not being able to offer the support needed due to available resources.

Fifteen respondents made comments about how the HLP programme could be improved. Responses were varied, however four respondents mentioned adding additional services to the scheme (minor ailments, health checks, more activities at gym pools), three respondents mentioned training (can be erratic, identify mental health condition and offer psychological support, more days) and three respondents also mentioned allowing more pharmacies to become accredited.

6.2.12. Better Care Pharmacists

Only eight respondents (32%) are aware of Better Care Pharmacists. Eleven respondents are unaware and 6 don't know or are unsure. Of the eight respondents that are aware, six understand the role fairly well and two not very well.

6.2.13. Making Every Contact Count (MECC)

Two out of five respondents (44%) are aware of the MECC agenda, seven (28%) are not and seven respondents (28%) don't know or are unsure.

6.2.14. Prescription delivery service

Twenty four pharmacies (92%) provide a prescription delivery service. Only one pharmacy does not. Of the pharmacies providing a delivery service, none have plans to stop the service. One pharmacy has tentative plans to start charging for the service with the others having no plans to start charging.

6.2.15. Additional services

The non NHS funded service provided most by pharmacies (Table 30) are flu vaccinations (100%), monitoring dosage for patients at home (88%), blood pressure measurement (88%) and inhaler technique/asthma checks (88%).

Table 30: Pharmacies providing non NHS funded services

	Responses	Percent of respondents
Flu vaccination	24	100%
Monitored dosage for patients in their homes	21	88%
Blood Pressure Measurement	21	88%
Inhaler technique / Asthma checks	21	88%
Anti-malarial e.g. Malarone	13	54%
Monitored dosage for care homes	10	42%
Weight Management	9	38%
Erectile Dysfunction Patient Group Direction	8	33%
Travel vaccination	3	13%
Mole screening	2	8%
Diabetes screening	1	4%
Other	4	17%
Base: All respondent who answered at least one of individual questions (n=24 of 26)		
Other services... INR testing, Smoking cessation, Private prescribing Anticoagulation service. Carpal tunnel splint fitting and advice service ONPOS dressings service, Anticoagulation monitoring service.		

6.2.16. The dispensing of appliances

Similar to 2014, three quarter of pharmacies (76%) dispense all types of appliances (Table 31). Only one pharmacy does not dispense any type of appliance.

Table 31: Pharmacies dispensing appliances.

Appliance types	Number	%
All types	19	76%
Excluding stoma appliances	1	4%
Just dressings and hosiery	3	12%
Just hosiery	1	4%
None	1	3%
Base: All respondents who answered the question (n=25 of 26)		

Recommendations

- With the advent of 8am-8pm GP opening hours, commissioners of pharmacy services (NHSE, CCH, BHCC) should consider whether pharmacy services are

needed to match their opening hours with neighbouring GP opening hours. The PNA Steering Group will review the impact of extended GP opening hours.

- Brighton & Hove City Council and CCG to increase awareness of the interpreting service, including the BSL service for the deaf, amongst community pharmacies
- CCG to promote the understanding of the role of Better Care pharmacists amongst community pharmacists in each GP Practice cluster.
- Public Health to promote the uptake of MECC training amongst community pharmacies.

7. GP and non-medical provider survey

All GPs and medical prescribers in all 37 practices in Brighton and Hove were invited to respond to the PNA GP and non-medical prescribers' survey which included questions on their experience of community pharmacy services and opportunities for maximising the role of pharmacy to improve health. A similar survey was undertaken in 2014 and where appropriate comparisons will be made with these results.

7.1. Key finding

- Nine out of ten respondents (91%) rated the provision of dispensing services as very good or good, with no respondents rating the service as poor or very poor. In 2014, only 66% rated the service as very good or good with 10% rating it as poor or very poor.
- Similar to 2014, for the pharmacy they use most often, around a half of respondents did not know or were unsure of the adequacy of the disposal of unwanted medicines service (50%), the signposting service (45%), healthy lifestyle service (53%), minor condition advice (48%) and the support for self-care service (53%).
- A majority of GPs and non-medical prescribers are unaware of the adequacy of essential, advanced and locally commissioned services.
- When asked what other services GPs would like pharmacies to provide, more than two thirds of respondents (70%) mentioned help with weight (healthy eating and physical exercise) and alerting GPs to patient's deteriorating health and well-being.
- Levels of professional contact between GPs and pharmacists were mixed with a quarter having daily contact and four respondents (13%) having no contact or only once a year.
- More than three quarters of respondents (77%) would value the development of more joint health promotion campaigns with pharmacies.

7.2. Results

Thirty four GPs and non-medical prescribers responded to the survey. Seventeen of 37 practices (46%) in the city were represented. One respondent worked at Brighton & Hove CCG.

Unless otherwise directed respondents were asked to respond to the questions about pharmacy thinking about the pharmacy they use most. The pharmacy used most by respondent's are listed below in Table 32. It is not possible to work out what proportion of the city's pharmacies are represented as not all respondents provided enough detail to clearly identify the pharmacies concerned.

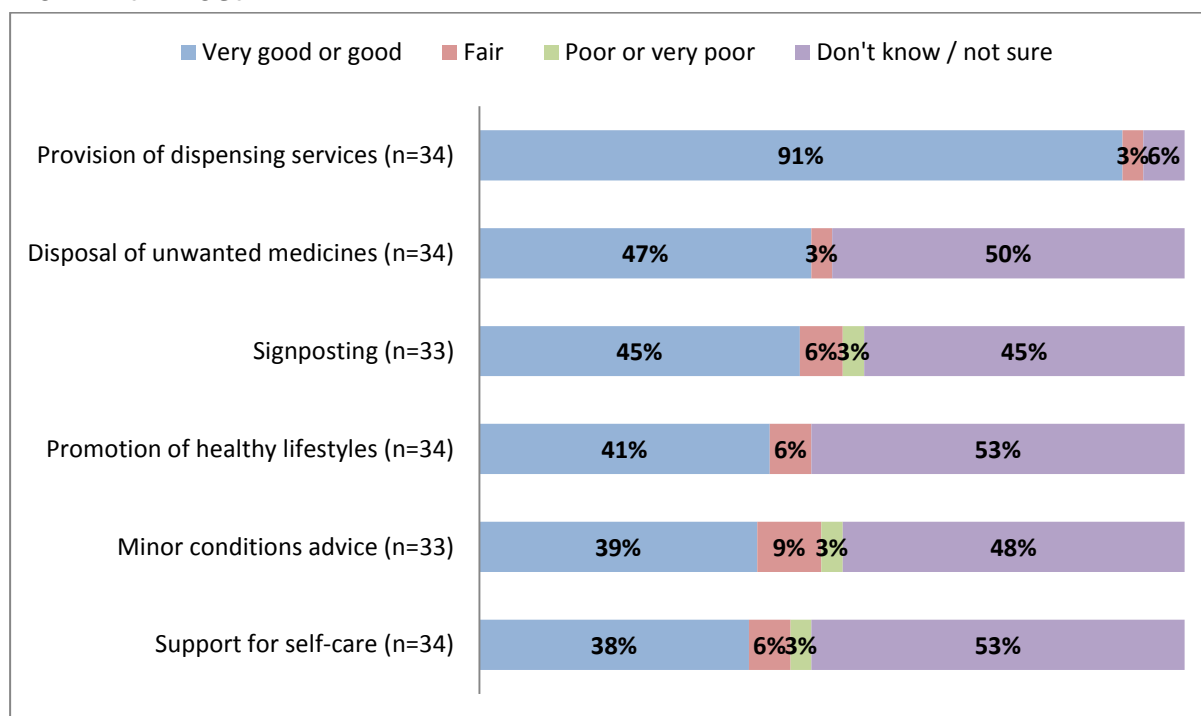
Table 32: What is the name of the pharmacy you work with most?

Pharmacy	Number of responses
Kamsons (not specified)	7
Kamsons St James' Street	4
Ross Pharmacy	3
Charter Pharmacy	2
Coldean Pharmacy	2
Trinity Pharmacy	2
Well's Pharmacy (not specified)	2
Paydens St James and Lloyds Wellsbourne	2
Across the city	1
Boots, North Street	1
Gunns	1
Kamsons Preston Road	1
Kamsons, Beaconsfield Rd	1
Lloyds & Coldean Pharmacy	1
Traherne	1
Trinity Pharmacy & Boots George Street	1
Well Pharmacy Oxford Street	1
Well Pharmacy Oxford Street, Westons and Ashtons	1
Total	34

7.2.1. Essential pharmacy services

Respondents were asked to rate the adequacy of essential services provided by the pharmacy they work with most in meeting patient's needs. Figure 10 below summarises their responses.

Figure 10: Rating the adequacy in meeting patient needs for the pharmacy they work with most.



Base: All respondents who answered the individual questions.

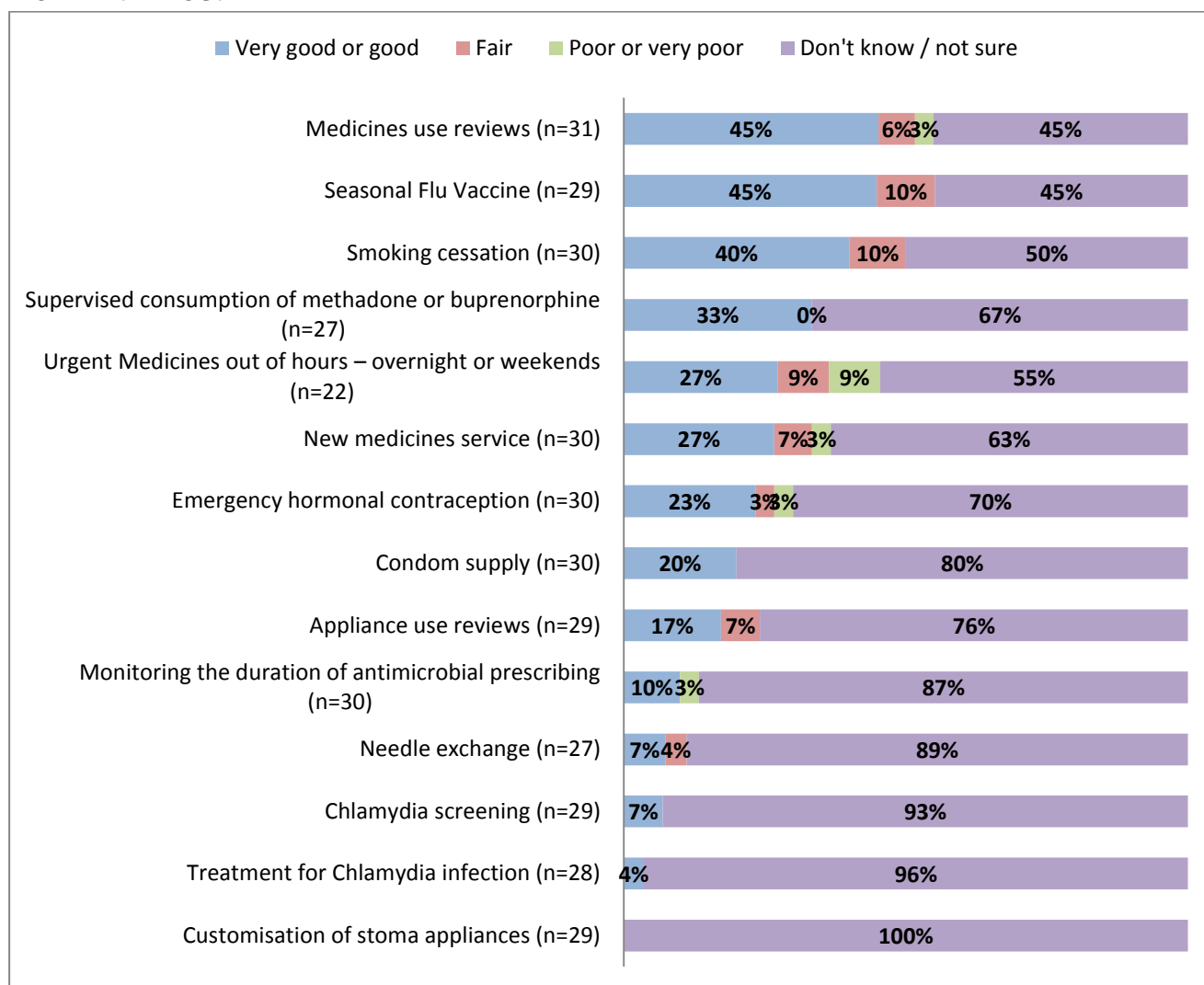
Nine out of ten respondents (91%) rated the provision of dispensing services as very good or good, with no respondents rating the service as poor or very poor. In 2014, only 66% rated the service as very good or good, with 10% rating it as poor or very poor.

Similar to what was seen in 2014, around a half of respondents did not know or were unsure of the adequacy of the disposal of unwanted medicines service (50%), the signposting service (45%), healthy lifestyle service (53%), minor conditions advice (48%) and the support for self-care service (53%). No respondents rated the disposal of unwanted medicines services and the healthy lifestyles service as poor or very poor and only one respondent rated the signposting, minor conditions advice and support for self-care services as poor or very poor.

7.2.2. Essential, advanced and locally commissioned services

Respondents were asked to rate the adequacy of essential, advanced and locally commissioned services that might be provided by the pharmacy they work with most, in meeting patient's needs. Figure 11 below summarises their responses.

Figure 11: Rating of the adequacy in meeting patient needs for the pharmacy they work with most.



Base: All respondents who answered the individual questions excluding those who stated 'not available'.

For 12 out of the 14 services mentioned, a majority of respondents did not know or were unsure of the adequacy of these services. Only two respondents rated the Urgent Medicines service as poor or very poor and only one respondent rated the new medicine, EHC and monitoring the duration of antimicrobial prescribing services as poor or very poor.

GPs and non-medical prescribers being unaware of the adequacy of essential, advanced and locally commissioned services was also observed in the 2014 survey.

7.2.3. Comments and observations about working with pharmacies

The free text comments (n=88) that GP and non-medical prescriber respondents provided within section 7.2.2, highlighted the variation in satisfaction between different pharmacies / pharmacist and certain pharmacy services in the city. Comments also highlighted that many GPs do not know what services pharmacies offer and when they do they have little idea of the standard of service provided. Problems with prescriptions are highlighted particularly repeat prescriptions with items on repeat prescriptions that are not required by the patient being a particular issue. A good / better working relationship is mentioned as being required and desired with good / better communications being an important part of this relationship.

With regards to Healthy Living Pharmacies, 13 respondents made comments with 10 not knowing what they are or not enough about them. Two thought that they were a good idea but that they need to get the basics right first, follow guidance and the need for more evidence of activity/benefit. One thought they should not sell Lucozade!

7.2.4. Medicines Use Reviews (MUR)

Similar to what was seen in 2014, only 4 respondents (13%) said no when asked if they get feedback from pharmacists following MURs. Thirteen (43%) responded yes and 13 (43%) responded sometimes. Free text comments and observations (n=13) were mostly positive;

- Useful and informative
- Identify issues and errors which we are able to act upon

However concerns were also raised;

- Duplication of the work done by GPs
- Pharmacists insisting that patients have one
- Not ideal as there is no access to patients records. Preference for changes to be actioned in patients notes.

7.2.5. Best way for pharmacist to contact GPs about patients

Views were mixed about how best pharmacists could contact GPs with five respondents mentioning by fax. By phone, email and letter were each mentioned four times and three respondents mentioning in person. Other respondents mentioned a mix of the above, it being dependent on the situation, and via patient's records.

7.2.5. Professional contact with pharmacist and pharmacies

More than three out of five respondents (63%) have weekly professional contact with a pharmacist at the pharmacy they use most, with a quarter (27%) having daily contact. A

further quarter (23%) have contact at least monthly while four respondents (13%) have no contact or contact only once a year.

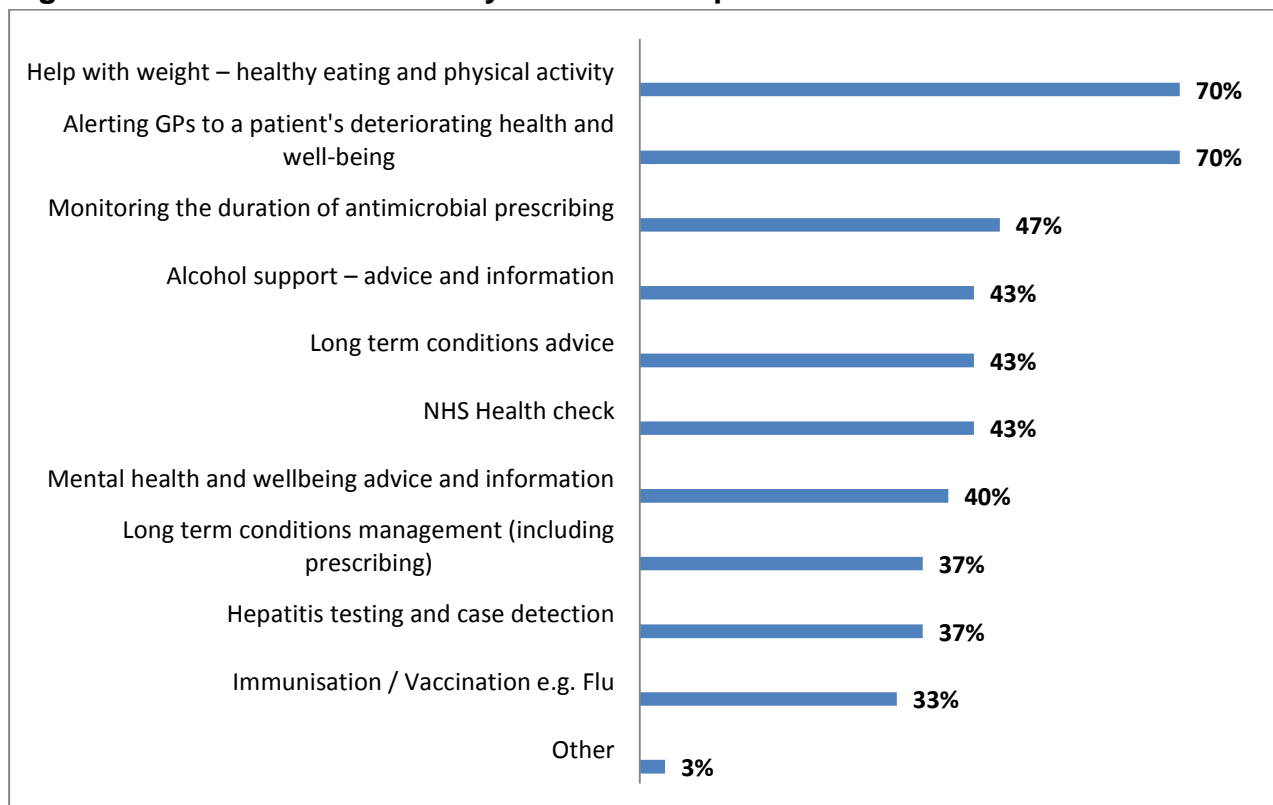
Three quarters of respondents (76%) describe the quality of their contact with the pharmacists at the pharmacy they use most often as very good or good. Only three respondents (10%) describe the contact as poor or very poor. This is an improvement compared to 2014 when only 59% described the contact as very good or good and 23% describing it as poor or very poor.

Four respondents (13%) said they had difficulties working with the pharmacy they use most. Two mentioned the difficulty in getting through to the pharmacy on the phone, one mentioned patients complaints about medications not being in stock and one mentioned difficulties in making relationships due to the high turnover of staff.

Twenty three respondents made comments about how working with pharmacies could be improved. More than a half (16 people) mentioned communication or improved relationships, including more use of e-communications and having pharmacists work in GP practices / joint working (e.g. as part of the proactive care teams, clinical teams or other multidisciplinary teams). Improvements could also be made by pharmacies offering particular services (e.g. pulse checking, blood pressure monitoring and having more contact with patients with minor ailments).

Eighteen respondents provided comment on pharmacies providing prescribing support. Most comments (n=10) highlighted pharmacists undertaking medication/medicine reviews and five mentioned the identification of alternative medications/medicines or sources of medication/medicines when what is prescribed is not available.

When asked what other services they would like pharmacies to provide, more than two thirds of respondents (70%) mentioned help with weight and alerting GPs to patient's deteriorating health and well-being (Figure 12 below). The 'other' mentioned was signposting to the third sector and community based providers and events.

Figure 12: What other services you would like pharmacies to deliver in the future?

Base: All respondents who selected at least one of the services mentioned (n=30)

7.2.6. Joint health promotion campaigns

More than three quarters of respondents (77%) would value the development of more joint health promotion campaigns with pharmacies. No respondents would not value the development of campaigns with seven respondents (23%) unsure.

Recommendations

- Review the systems of notification to ensure all GPs, non-medical prescribers and care homes are informed of the outcomes of medicine reviews and any medication changes.
- To improve GPs' and non-medical prescribers' knowledge and understanding of the services offered by community pharmacies the CCG and Brighton & Hove City Council should develop a local information campaign to ensure they are aware of, understand and have easy access to up to date information about what, when and where services are provided by pharmacies. This should help to alleviate the pressure on GPs by directing suitable patients to access pharmacy services instead.

- Public Health to investigate the possibility of Healthy Living Pharmacies giving neighbouring GP Practices the opportunity to link with them on any health promotion campaigns they are running and to roll this out to all community pharmacies if successful.

8. Care home survey

All care homes in Brighton & Hove (n=89) were invited to participate in a survey about the services and support they receive from the pharmacy that they use most often.

8.1. Key findings

- All five respondents that were dissatisfied with the pharmacy they used most worked in care homes providing nursing care.
- More than four out five of respondents thought that the pharmacy they use most was very or fairly good at providing advice on the use of medicines (85%), dispensing medicines (81%) and dispensing repeat medicines (81%).
- Two out of five respondents said that they would like their pharmacy to provide urgent medicines out of hours (44%) and new medicine advice (40%).
- Over half of respondents (56%) only occasionally or seldom get informed by pharmacists about changes to prescribed medicines following a medicine use review.

8.2. Results

More than a quarter (29%) of care homes responded to the survey. In total 26 care homes responded with two responses received from one care home. Of those care homes responding 13 provided nursing, 12 provided no nursing and one provided care both with and without nursing. Among those completing the survey 25 held a managerial position, one was head of care and one was a team leader.

8.2.1. Overall satisfaction

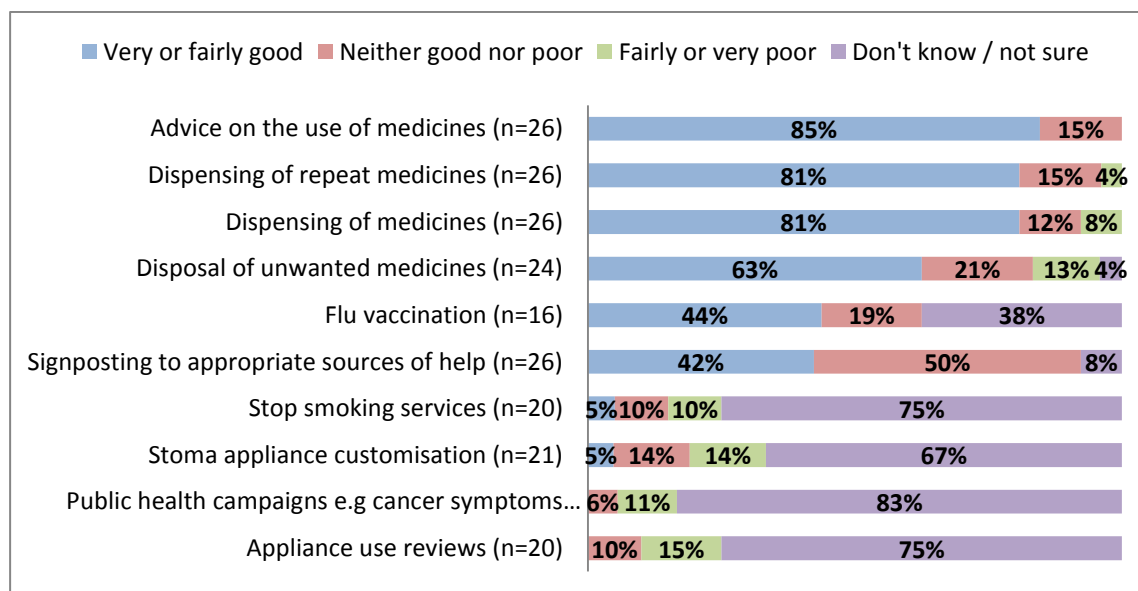
Three quarter of respondents (76%) were very or fairly satisfied with the pharmacy they use most often with one in five (20%) fairly or very dissatisfied. All five respondents that were dissatisfied with the pharmacy they used most worked in care homes provided nursing care. The data collected does not indicate a reason why care homes that provide nursing care are likely to be less satisfied with the pharmacy they use most often.

When asked how working with the pharmacy could be improved, 12 respondents made comments, with the key themes around the need for better communications / contact and issues around the slow / late delivery of routine and urgent prescriptions and meds.

8.2.2. How well pharmacy services and support meet care home needs

Respondents were asked to rate how well a list of pharmacy services meet their needs. Figure 13 below summarises their responses.

Figure 13: Thinking about the pharmacy you use most how well do the following pharmacy services meet your needs.



Base: All respondents who answered the individual options excluding those stating 'not applicable'.

More than four out of five respondents thought that the pharmacy they use most was very or fairly good at providing advice on the use of medicines (85%), dispensing medicines (81%) and repeat medicines (81%). One respondent thought that pharmacies were very poor at dispensing medicines and three thought that they were fairly poor at dispensing repeat medicines.

Where applicable, more than two thirds of respondents did not know or were unsure how well public health campaigns (83%), appliances use reviews (75%), stop smoking (75%) and stoma appliance customisation (67%) services meet their needs.

More than three out of five respondents (63%) thought that pharmacies were very or fairly good at the disposal of unwanted medicines. Only three respondents (13%) thought the service was fairly poor and no respondents thought it was very poor.

More than two out of five respondents thought the flu vaccination (44%) and signposting (42%) services provided by pharmacies were very or fairly good with no respondents saying they were fairly or very poor.

8.2.3. Required services

From a list of pharmacy services respondents were asked which services the pharmacy they use most often provide and which they would like them to provide. Table 33 below summarises their responses

Table 33: Thinking about the pharmacy your care home uses the most, which of following services does it provide and which would you like it to provide?

Service	Already provide	Would like them to provide	Don't know / not sure
Urgent medicines out of hours (n=25)	52%	44%	4%
New medicines advice (n=25)	56%	40%	4%
Medicine training for the care home (n=25)	72%	28%	0%
Minor conditions advice (n=25)	56%	24%	20%
Collection and delivery of prescriptions (n=25)	96%	4%	0%

Base: All respondents who answered the individual options

Nearly all respondents (96%) said that the pharmacy they use most provides a prescription collection and delivery service. However, two out of five respondents said that they would like their pharmacy to provide urgent medicines out of hours (44%) and new medicine advice (40%). Two pharmacies also mentioned that they would like face to face medicine training rather than online training and one pharmacy would like to see an electronic prescribing/dispensing service.

8.2.4. Changes to prescribed medicines

Only one in ten respondents (11%) said that they always get informed by pharmacists about changes to resident's prescribed medication following a medicine use review. A further third (32%) said they mostly get informed while over a half (56%) said they only occasionally (28%) or seldom (28%) get informed. No respondent never gets informed.

Recommendation

- Communication needs to be improved between Better Care pharmacists, the Nursing Home Medication Review Team, Nursing Home staff and community pharmacies concerning any changes made to medication.

9. Formal consultation feedback

This summary of the consultation feedback only includes responses to comments made about pharmaceutical services provision, rather than prescribing practises, because the latter falls outside the remit of the PNA.

The statutory consultation period for the PNA report took place between 17 October and 17 December 2017. There were 16 responses to the consultation survey and one response via email. Analysis of the responses was carried out and discussed with the PNA steering group. The report was amended and updated in line with recommendations made. Respondents to the survey were from: Brighton & Hove residents (10), health and social care professionals (4), local business (1) and unidentified (1). The email response was from the East Sussex Local Pharmaceutical Committee

Few respondents made comments to substantiate their responses with the only key theme being that the PNA was too long. The following amendments were made to the report.

- A redrafting of the executive summary, including explanations for all abbreviations
- The recommendations were bullet pointed and a reference made to the appropriate page within the report for the full recommendation.

Twelve respondents (75%) agreed that the purpose and background to the PNA had been clearly explained with 2 respondents (13%) disagreeing. Eleven respondents (69%) agreed that the information contained in the draft PNA was clearly explained and understandable and the layout was good. None of those responding thought that the information was unclear or the layout poor.

In relation to the provision of pharmacy services.

- Three respondents (20%) thought that there were unidentified gaps in service provision, however non made comments identifying where these gap were.
- Three respondents (19%) disagreed that the PNA reflects the needs of the city
- Five respondents (31%) thought that there were services that could be provided in a community pharmacy setting that had not been highlighted in the wider PNA.
- Among service gaps identified support for addictions (smoking, drink drugs), contraception, weight management and minor ailments were services already provided by pharmacies and an action relating to better advertising of the services provided by pharmacies had already been included in the PNA. Hearing tests were considered by the steering group.

The responses from the two neighbouring Health and Wellbeing Boards (East and West Sussex) raise issues that resulted in changes to the report.

- Rewriting of the explanation of the NUMSAS scheme to reflect the wording on PSNC website

- A clarification of the difference between level 1 quality payment and level 2 Locally Commissioned Service
- Draft recommendations 3 and 5 summarised as a single recommendation.
- The recommendation regarding HLP coverage in Saltdean was removed and amended to say it was identified early on as in the PNA process as an issue and 4 new HLPs have been recruited.

Both Neighbouring Health and Wellbeing boards were satisfied that the report had considered pharmaceutical services within their areas that have an impact on the population of Brighton and Hove and also agreed that the information in the report was accurate.

10. Recommendations and conclusions

These recommendations are based on the findings of the community, GP and non-medical prescribers, pharmacy, carers and third sector surveys, as well as areas for development identified in the demographic and health profiles.

10.1. Access to pharmaceutical services

- 1) Recommendation: The population demographics, housing projections and distribution of community pharmacies in Brighton & Hove suggest that the current level of pharmacy services will be sufficient to meet current need until the next PNA is published in 2021. However, where housing developments are completed and/or pharmacies have a change in contract which may result in their closure within the lifetime of this PNA, further consideration may be required.
- 2) Recommendation: Brighton & Hove City Council and community pharmacies to increase awareness of the opening hours of pharmacies in areas with a high concentration of young people, by signposting them to this information on the NHS Choices website.
- 3) Recommendation: The CCG and Brighton & Hove City Council to co-ordinate a city wide awareness campaign around services that can be accessed at pharmacies, and how to access out-of-hours services and interpreting services, including BSL for deaf people. The campaign should include the provision of information on services in accessible formats e.g. Easy Read for people with low literacy levels and information on how to request specialist provision such as an interpreter, BSL, braille, home visit.
- 4) Recommendation: With the advent of 8am-8pm GP opening hours, commissioners of pharmacy services (NHSE, CCG, BHCC) should consider whether pharmacy services are needed to match their opening hours with

neighbouring GP opening hours. The Pharmaceutical Needs Assessment Steering Group will review the impact on pharmacies of extended GP opening hours.

- 5) Recommendation: Pharmacies should receive training in disability awareness (including learning disability), LGBTQ awareness, and the needs of BME groups to make their services more accessible to these equalities groups.
- 6) Recommendation: Better feedback systems about medicines and pharmacy services should be developed for people with learning disabilities, mental ill health, older people and those with complex needs, and their staff, carers and advocates.

10.2. Service Quality Improvements

- 7) Recommendation: The Caring Together Partnership Board should strengthen its links with community pharmacies.
- 8) Recommendation: To improve GPs' and non-medical prescribers' knowledge and understanding of the services offered by community pharmacies the CCG and Brighton & Hove City Council should develop a local information campaign to ensure they are aware of, understand and have easy access to up to date information about what, when and where services are provided by pharmacies. This should help to alleviate the pressure on GPs by directing suitable patients to access pharmacy services instead
- 9) Recommendation: Pharmacists should provide information and advice on medication aids and medications, including side effects and drug interactions. In particular this advice (or training where appropriate) should be given to people with complex needs, including older people, and those with mental ill health, long term conditions and carers.
- 10) Recommendation: As part of essential service provision pharmacists should provide advice on paying for prescriptions for people on a low income or benefits

10.3. Improving outcomes: Public Health Services provided by community Pharmacies

- 11) Recommendation: In view of the higher rates of self-harm, suicide, depression and anxiety in Brighton & Hove compared to England, it is recommended mental health first aid is included initially as part of the Healthy Living Pharmacies training. HLPs should also be provided with the information to be able to signpost patients to community based mental health and wellbeing services. If this is

successful extend the training to all pharmacies. Currently HLPs have the opportunity to run mental health campaigns in May and December.

- 12) Recommendation: In view of the projected increase in the proportion of older people living in the city, it is recommended that all community pharmacies are trained in communicating with older people.

- 13) Recommendation: Public Health to investigate the possibility of Healthy Living Pharmacies giving neighbouring GP Practices the opportunity to link with them on any health promotion campaigns they are running and to roll this out to all community pharmacies if successful.

- 14) Recommendation: Public Health to promote the uptake MECC training amongst community pharmacies.

- 15) Recommendation: In view of the higher rates of smoking amongst adults and young people in Brighton & Hove compared to England, the 48 pharmacies offering stop smoking services to increase Making Every Contact Count, to engage more clients with the service and ultimately increasing support for people to quit through stop smoking services.

- 16) Recommendation: Pharmacies offering the stop smoking LCS but not achieving a 50% quit rate or 15% lost to follow up rate
 - (i) Should develop an action plan with the Royal Sussex County Hospital (RSCH) Smoking Cessation lead and BHCC commissioner to address this.
 - (ii) Must attend 2 out of 3 smoking cessation update and development sessions a year
 - (iii) Complete the National Centre for Smoking Cessation and Training (NCST) online level 2 training and assessment
 - (iv) All smoking cessation advisors to be trained in pharmacy safeguarding policies and be supported to obtain an enhanced Disclosure and Barring Service (DBS) check. PharmOutcomes (the reporting tool used) must be updated to show when an advisor has a DBS check.

- 17) Recommendation: BHCC to review the payment schedule for smoking cessation to reflect the effort of advisors, needs of clients and reduce rates of lost to follow up clients.

- 18) Recommendation: When making commissioning decisions the CCG, NHS England and BHCC should take into consideration the role of community pharmacies in addressing the needs of patients with long term conditions.

10.4. Medicines optimisation service: the safe and effective use of medicines to enable the best possible outcomes

- 19) Recommendation: Increase the conversion of electronic prescriptions to electronic repeat dispensing (eRD) - The management of the repeat prescribing and dispensing process is being reviewed nationally and locally by CCGs, with a view to implementing more efficient practice. A 25% target for electronic prescriptions to be converted to electronic repeat dispensing (eRD) has been included in the national General Medical Services contract. Currently Brighton & Hove achieves a 21% conversion rate and will need to increase this.
- 20) Recommendation: Review the systems of notification to ensure all GPs, non-medical prescribers and care homes are informed of the outcomes of medicine reviews and any medication changes.
- 21) Recommendation: CCG to promote the understanding of the role of Better Care pharmacists amongst community pharmacists in each GP Practice cluster.
- 22) Recommendation: Communication to be improved between Better Care pharmacists, the Nursing Home Medication Review Team, Nursing Home staff and community pharmacies concerning any changes made to medication.
- 23) Recommendation: Communication systems should be improved around the process of discharge from hospital pharmacies to community pharmacies and communication around the co-ordination of Medicine Use Reviews.

10.5. Information Management Tools

- 24) Recommendation: Data sharing of patients' records between GPs and pharmacies to be improved, where appropriate. This will be addressed as part of the Empowering Patients, Carers, and Families to use Technology Project's Domain 2 work – Share Health & Care Information. This is a multi-agency project being developed across the health network in Brighton & Hove, Horsham Mid Sussex and Crawley CCG, High Weald Lewes Havens, BSUH and Digital Brighton & Hove. The CCG, NHSE and BHCC to support communications with patients and providers to improve data sharing.
- 25) Recommendation: Greater use should be made of digital communications by community pharmacies and GP Practices to aid joint working between primary care providers and others. All community pharmacies that have existing NHS net emails, should share these with GP Practices and the CCG should encourage GPs to use these for communicating with pharmacies.

10.6. Other

26) Recommendation: Community pharmacies to be reminded of the need to keep counter discussions discreet and to offer the use of private consultation rooms where appropriate.

27) Recommendation: The Community Pharmacy Postgraduate Education (CPPE) to be approached by Brighton & Hove City Council to provide mental health consultation skills e-learning to registered pharmacists and technicians.

Table of Abbreviations

Acronym	Description
APHO	Association of Public Health Observatories
AUR	Appliance Use Review
BHCC	Brighton & Hove City Council
BME	Black and Minority Ethnic Group
BSA	Business Service Authority
BSUH	Brighton & Sussex University Hospitals NHS Trust
CCG	Clinical Commissioning Group
CHD	Coronary Heart Disease
CKD	Chronic Kidney Disease
COPD	Chronic Obstructive Pulmonary Disease
CPCF	Community Pharmacy Contractual Framework
CPPE	Community Pharmacy Postgraduate Education
CSTS	Community Short Term Service
CVD	Cardiovascular Disease
DAC	Dispensing Appliance Contractor
DLA	Disability Living Allowance
EHC	Emergency Hormonal Contraception
EPiC	Extended Primary integrated Care
EPS	Electronic Prescription Service
eRD	Electronic Repeat Dispensing
ERPHO	Eastern Region Public Health Observatory
FFT	Friends Families & Travellers
GP	General Practitioner
HC	Health Champion
HLP	Healthy Living Pharmacies

HIV	Human Immunodeficiency Virus
HWB	Health and Wellbeing Board
IC24	Integrated Care 24
IMD	Index of Multiple Deprivation
IMT	Information Management and Technology
INR	International Normalised Ratio
IT	Information Technology
IV	Intravenous
JSNA	Joint Strategic Needs Assessment
KSS	Kent Surrey and Sussex
LCS	Locally Commissioned Service
LGB	Lesbian Gay and Bisexual
LGBTQ	Lesbian Gay Bisexual Trans Queer
LiVE	Listening to the Voice of Experience
LPS	Local Pharmaceutical Services contract
LTC	Long Term Condition
MECC	Making Every Contact Count
MSK	Musculoskeletal
MUR	Medicine Use Review
NICE	National Institute for Health and Care Excellence
NHS	National Health Service
NMS	New Medicine Service
NRT	Nicotine Replacement Therapy
NUMSAS	NHS Medicine Supply Advanced Service
ONPOS	Online Non Prescription Ordering Service
ONS	Office for National Statistics
PaCC	Parent Carers' Council
PIS	Prescribing Incentive Scheme

PhAS	Pharmacy Access Scheme
PH	Public Health
PHE	Public Health England
PNA	Pharmaceutical Needs Assessment
QOF	Quality Outcomes Framework
RSPH	Royal Society for Public Health
SAC	Stoma Appliance Customisation
SCFT	Sussex Community NHS Foundation Trust
SAWSS	Safe and Well at School Survey
SHALAA	Strategic Housing Land Availability Assessment
SPFT	Sussex Partnership NHS Foundation Trust
STI	Sexually Transmitted Infection
STP	Sustainability and Transformation Partnership
TIA	Transient Ischaemic Attack
UK	United Kingdom
UTI	Urinary Tract Infection
WTE	Whole Time Equivalent
YMCA	Young Men's Christian Association

Appendix 1: Brighton & Hove Health Profile 2017

Domain	Indicator	Brighton & Hove	England average	Measure	Period	Notes
<i>Our Communities</i>	1 Deprivation	23.4	21.8	%	2015	1
	2 Children in low income families (under 16s)	17.9	20.1	%	2014	2
	3 Statutory homelessness	2.7	0.9	CR1	2015/16	
	4 GCSEs achieved (5A* - C including English & Maths)	60.3	57.8	%	2015/16	3
	5 Violent crime (violent offences)	22.7	17.2	CR2	2015/16	
	6 Long term unemployment	2.5	3.7	CR3	2016	
<i>Children & Young people's health</i>	7 Smoking status at time of delivery	6.3	10.6	%	2015/16	4
	8 Breastfeeding initiation	87.9	74.3	%	2014/15	5
	9 Obese Children (Year 6)	13.8	19.8	%	2015/16	6
	10 Hospital stays for alcohol-specific conditions (Under 18s)	58.2	37.4	CR4	2013/14-15/16	

Domain	Indicator	Brighton & Hove	England average	Measure	Period	Notes
	11 Under 18 conceptions	25.2	20.8	CR5	2015	
Adults' health and lifestyle	12 Smoking prevalence	19.9	15.5	%	2016	7
	13 Percentage of physically active adults	68.4	57.0	%	2015	8
	14 Excess weight in adults	52.6	64.8	%	2013-15	9
Disease and poor health	15 Cancer diagnosed at early stage	50.2	52.4	%	2015	10
	16 Hospital stays for self-harm	306.2	196.5	DSR1	2015/16	
	17 Hospital stays for alcohol-related harm	581	647	DSR2	2015/16	
	18 Recorded diabetes	4.1	6.4	%	2014/15	11
	19 Incidence of TB	7.3	12.0	CR6	2013-15	
	20 New sexually transmitted infections (STI)	1,387	795	CR7	2016	
	21 Hip fractures in people aged 65 and over	605	589	DSR3	2015/16	

Domain	Indicator	Brighton & Hove	England average	Measure	Period	Notes
	22 Estimated dementia diagnosis rate (aged 65+)	64.0	67.9	%	2017	12
Life expectancy and caused of death	23 Life expectancy at birth (male)	79.3	70.5	Average Years	2013-15	
	24 Life expectancy at birth (female)	83.5	83.1	Average Years	2013-15	
	25 Infant mortality	3.8	3.9	CR8	2013-15	
	26 Killed and seriously injured on roads	54.0	38.5	CR9	2013-15	
	27 Suicide rate	15.2	10.1	DSR4	2013-15	
	28 Smoking related deaths	312.7	283.5	DSR5	2013-15	
	29 Under 75 mortality rate: cardiovascular	67.4	74.6	DSR6	2013-15	
	30 Under 75 mortality rate: cancer	146.4	138.8	DSR7	2013-15	
	31 Excess winter deaths	16.3	19.6	Ratio	01/08/12-31/7/15	13

Key

	Worse than England average
	Similar to England average
	Better than England average
	Not compared

CR1 Crude rate per 1,000 households

CR2 Crude rate per 1,000 population

CR3 Crude rate per 1,000 population aged 16-64.

CR4 Crude rate per 100,000 population under 18

CR5 Crude rate per 1,000 females aged 15-17

CR6 Crude rate per 100,000 population

CR7 Crude rate per 100,000 population 15-64

CR8 Crude rate per 1,000 live births

CR9 Crude rate per 100,000 population

DSR1 Directly age sex standardised rate, per 100,000 population

DSR2 Directly age standardised rate per 100,000

DSR3 Directly age standardised rate per 100,000 population 65 and over

DSR4 Directly age standardised rate per 100,000

DSR5 Directly age standardised rate per 100,000 35+

DSR6 Directly age standardised rate per 100,000 under 75

DSR7 Directly age standardised rate per 100,000 under 75

Notes

1. % of people in this area living in 20% most deprived areas in England, 2015.
2. % of children in low incomes families (children living in families in receipt of out of work benefits or tax credits wherer their reported income is <60% median income) for u-16s only.
3. % key stage 4, 2015/16.
4. % of mothers known to be smoking at delivery as a percentage of all deliveries
5. % of all mothers who breastfeed their babies in the first 48 hours after delivery, 2014/15
6. % of school children in Year 6 (age 10-11), 2015/16
7. % of adults aged 18 and over
8. % of adults achieving at least 150 minutes of physical activity per week, 2015.
9. % of adults classified as overweight or obese, Active People Survey
10. % of invasive malignancies of breast, prostate, colorectal, lung, bladder, kidney, ovary and uterus, non-Hodgkin lymphomas and melanomas of skin, diagnosed at stage 1 or 2
11. % of QOF recorded cases of diabetes registered with GP Practices aged 17+
12. % of patients aged 65+ registered with a GP with a diagnosis of dementia
13. Ratio of extra deaths from all causes that occur in the winter months compared with the expected number of deaths, based on the average of the number of non-winter deaths.

Appendix 2: List of community pharmacies in Brighton & Hove

FA088	Asda Pharmacy	Crowhurst Road, Off Carden Avenue, Hollingbury, Brighton
FA342	Asda Pharmacy	The Marina, Brighton, East Sussex
FRA14	Ashtons Late Night Pharmacy	98 Dyke Road, Brighton
FLJ30	Blake's Pharmacy	91 Blatchington Road, Hove
FAA02	Boots	67-68 Boundary Road, Hove, East Sussex
FE408	Boots	119-120 London Road, Brighton
FKQ90	Boots	10 & 11 Queens Parade, Applesham Avenue, Hove
FNM61	Boots	105 St.Georges Road, Kemp Town, Brighton
FR198	Boots	57-61 George Street, Hove, East Sussex
FTJ19	Boots	17-19 St James Street, Brighton, East Sussex
FTM51	Boots	129 North Street, Brighton, East Sussex
FYA88	Boots	4 The Parade, Hangleton Rd, Hove
FWK92	Bridgman Pharmacy	116 Cowley Drive, South Woodingdean, Brighton
FHP05	Burwash Pharmacy	9 Burwash Road, Hove
FHM77	Charter Pharmacy	88 Davigdor Road, Hove, East Sussex
FG739	Church Road Pharmacy	181 Church Road, Hove
FJM92	Coldean Pharmacy	16 Beatty Avenue
FG241	Gunn's Pharmacy	108 Western Road, Brighton
FM259	Harper's Pharmacy	12 Hollingbury Place, Brighton
FN182	Healthy-U Pharmacy	59 Lustrells Vale, Saltdean, Brighton
FCQ88	Kamsons Pharmacy	50 The Highway, Moulsecomb, Brighton
FG542	Kamsons Pharmacy	74-76 Elm Grove, Brighton, East Sussex
FG804	Kamsons Pharmacy	1A Lewes Road, Brighton
FHG58	Kamsons Pharmacy	88-90 Beaconsfield Road, Brighton
FJD49	Kamsons Pharmacy	191 Portland Road, Hove, East Sussex
FKE94	Kamsons Pharmacy	128 St James Street, Brighton
FMN73	Kamsons Pharmacy	25-26 Whitehawk Road, Whitehawk, Brighton
FN225	Kamsons Pharmacy	94 Preston Drove, Brighton, East Sussex
FW676	Kamsons Pharmacy	175 Preston Road, Brighton,
FW387	Lane And Stedman	100 Western Road, Hove, East Sussex
FHG68	Leybourne Pharmacy	9 Leybourne Parade, Brighton
FC453	Lloyds Pharmacy	2-4 West Street, Rottingdean, East Sussex
FGA02	Lloyds Pharmacy	Sainsbury's Superstore, Lewes Road, Brighton
FMY59	Lloyds Pharmacy	9 Longridge Avenue, Saltdean, Brighton
FNP21	Lloyds Pharmacy	County Oak Medical Centre, Carden Hill, Brighton
FJ161	Lloyds Pharmacy	Wellsbourne Health Centre, Whitehawk Road, Brighton
FDX45	Matlock Pharmacy	12 Matlock Road, Brighton
FM158	O'Flinn Pharmacy	77-78 Islingword Road, Brighton
FNC37	Parris And Greening Pharmacy	105 Church Road, Hove
FMA84	Patcham Pharmacy	37 Ladies Mile Road, Patcham, Brighton
FVN19	Paydens Ltd	24 St James Street, Brighton

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FQP94	Portland Pharmacy	83 Portland Road, Hove
FL613	Ross Pharmacy	3 York Place, Brighton, East Sussex
FT435	Sharps Pharmacy	26 Coombe Road, Brighton, East Sussex
FAR24	Superdrug Pharmacy	78 Western Road, Brighton
FK278	Traherne Pharmacy	13 Hove Park Villas, Hove, East Sussex
FG739	Trinity Pharmacy	3 Goldstone Villas, Hove, East Sussex
FFE73	University Pharmacy	Health Centre Building, Uni of Sussex, Lewes Rd, Brighton
FXA38	Watts & Co Chemist	110 Dyke Road, Brighton
FLP47	Well Brighton	10 Oxford Street, Brighton
FJL77	Well Hove	Superstore, Neville Road, Hove
FDF27	Well Portslade	Mile Oak Clinic, Chalky Road, Portslade
FHK15	Well Portslade Health Centre	Portslade Health Centre, Church Road Portslade, Brighton
FVP55	Well Woodingdean	13 Warren Way, Woodingdean, Brighton
FTE26	Westons Pharmacy	5 6 & 7 Coombe Terrace, Lewes Road, Brighton

Appendix 3: Equality Act 2010 “Statement of Due Regard”

As a council, we have a legal duty under the Equality Act 2010 to show that we have identified and considered the impact and potential impact of our activities on all people with ‘protected characteristics’ (age, disability, gender reassignment, pregnancy and maternity, race/ethnicity, religion or belief, sex, sexual orientation, and marriage and civil partnership).

In this needs assessment and its recommendations we have paid due regard to the council’s duties, including to:

- Remove or minimise disadvantages suffered by equality groups,
- Take steps to meet the needs of equality groups,
- Encourage equality groups to participate in public life or any other activity where participation is disproportionately low and
- Consider if there is a need to treat disabled people differently, including more favourable treatment where necessary

We have also considered how we can foster good relations between people who share a protected characteristic and those who do not.

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