

Brighton & Hove

Pharmaceutical
Needs Assessment
2022

Draft for consultation

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1. Summary and recommendations

1.1. Main findings

Brighton & Hove population and its needs around pharmacy services

The Brighton & Hove population was 291,700 in 2020 and it is expected to increase to 297,800 by 2025, an increase of 2%. Older people aged 65 to 84 and 85 plus are predicted to increase most, which will correlate with an increasing number of adults with multiple long-term conditions.

The overall proportion of older people and children in the city is lower than the national average, however there is a relatively high proportion of younger adults in the city – a fifth of the city's total population is aged 19 to 28.

The health profile of Brighton & Hove residents is poorer than the national average in some areas these include smoking, sexually transmitted infections (STIs) and vaccination uptake. Community pharmacies play an important role in the provision of smoking cessation, preventing STIs and unplanned pregnancies through the C-Card scheme, free condom distribution, provision of emergency hormonal contraception and flu and Covid19 vaccination. It remains important that pharmacies are able to support needs in these areas.

Compared with England, Brighton & Hove has more single person households, including single pensioner households. It may be more difficult for these households to access community pharmacies. The city also has significantly lower car or van ownership than the South East or England.

Public access to pharmacy services

A telephone community survey of a sample of 1,000 residents, representative of the population was conducted during February and March 2022.

Community survey respondents reported that they mainly choose which pharmacy to use based on proximity to their home, their GP surgery, or their place of work. Walking (54%) is the main mode of transport used by residents to reach their most often used pharmacy, ahead of travelling by car (29%), and public transport (9%).

Nearly all city residential areas are within a 20-minute walk of a community pharmacy and all city areas, except for Stanmer Village are within 20 minutes of a pharmacy by public transport. All residential areas are within a 10 minute drive of a pharmacy.

There are fewer pharmacies open later in the evenings in the city, compared to the 2018 Pharmaceutical Needs Assessment (PNA). No pharmacies open later than 8pm on Monday, Tuesday, Wednesday and Saturday, and no pharmacies open later than 9.00pm on Thursday and Friday. None open after 6.00pm on Sundays.

There is one pharmacy that provides a late-night emergency hormonal contraception service. It is open until 8pm Monday to Wednesday and on Saturdays, and until 9pm on Thursday and Friday. As younger people responding as part of the community survey reported that they would like to use community pharmacy services on weekday evenings after 8 pm and on Sundays there is a recommendation to expand access for this and in particular for emergency hormonal contraception services.

29% of community survey respondents strongly agreed, and another 55% agreed (a total of 84%) they can find, and use, an open pharmacy in Brighton & Hove when they need one.

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Between 2022/23 and 2024/25 the Hove Station and Brighton Station/London Road areas will see the largest amount of new housing supply, potentially affecting demand for two pharmacies in the area.

Pharmacy provision and public satisfaction with services

Community pharmacies are reasonably well spread across the city, with more present in more densely populated areas. However, not all services are available in all pharmacies, and one example of this is the lack of smoking cessation services in pharmacies in Portslade.

Pharmacy provision is changing with increasing numbers of distance selling pharmacies providing medications for residents.

Since the last PNA a number of new services such as Covid-19 vaccinations and lateral flow tests (LFTs) have been commissioned and delivered by community pharmacies. Some of these including, LFT provision, have now ceased. Covid-19 vaccination provision continues in four pharmacies.

Public satisfaction with pharmacies remains high with 92% survey respondents reporting they are very or fairly satisfied with pharmacy services. This is an increase in satisfaction since the 2018 PNA, despite a reduction in the number of pharmacies in the city from 58 in 2018 to 53 (including one distance selling pharmacy) in 2022. Although there is no national guidance around how many pharmacies should be provided per 100,000 residents, there are currently 17.8 community pharmacies per 100,000 residents living in the city, compared with 17.6 in East Sussex and 18.0 in West Sussex.

Although there has been an increase in the number of prescriptions, there are reported to be enough pharmacies to fulfil the flow of prescriptions. Nearly three quarters of pharmacies responding to the survey (73%; 16/22 respondents) said they would have sufficient capacity within their existing premises and staffing levels to manage an increase in demand in their area. 18% (4/22 respondents) said they would need to make adjustments to manage an increase in demand, while 9% (2/22 respondents) said they would have difficulty doing so.

The relationship between GP practices and community pharmacies

Eight out of 11 GPs responding to the GP survey were very or fairly satisfied with the pharmacy they use most. However, two GPs were very dissatisfied.

The PNA has found from the GP survey that there is a lack of knowledge in GP practices of all of the services delivered by pharmacies including essential, advanced and public health services.

Overall there is good communication between GP practices and community pharmacies, but improvements can be made in terms of information sharing regarding services available.

1.2. Key conclusions

Although nationally and locally pharmacy numbers have seen a net decrease over the last couple of years, the assessment from the PNA Steering Group is that there is no gap in community pharmacy provision that results in the need for additional pharmacies. However, there are recommendations for developing, and in some cases extending, provision of services in current pharmacies.

The Community Pharmacy Contractual Framework in place for 2019-2024 sets out the remuneration for community pharmacy contractors. Pharmacy contractors have had

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cuts to their funding over the last few years, which together with an increase in costs still has the potential to close some pharmacies in the future.

The recommendations below take into account the need for community pharmacies to operate as functioning businesses.

1.3. Recommendations

Vaccinations

- a) The Brighton & Hove Flu and Covid-19 Programme Board to consider how community pharmacies can work more closely with GP practices and others in offering and increasing the uptake of the NHS flu vaccination for staff and residents in care settings.
- b) NHS England/Improvement (NHSE/I) and future NHS Sussex Integrated Care Board (ICB) to consider commissioning Pneumococcal Polysaccharide Vaccine (PPV) and shingles vaccinations via community pharmacy to maximise delivery alongside the flu vaccination in pharmacies to supporting increasing uptake.
- c) NHSE/I and Integrated Care Board to increase the number and geographical spread of community pharmacies delivering Covid-19 vaccinations. This is to increase access across the city and uptake of Covid-19 vaccinations as well as in response to high satisfaction of pharmacy services.

General practice awareness and knowledge

- d) The Brighton & Hove Community Pharmacy and Public Health Forum to agree how to improve GP practice knowledge of services in community pharmacy in order to increase signposting and referrals by GP practice staff to community pharmacy. This includes referrals for all essential, advanced and locally commissioned services.

Evenings and weekend pharmacy provision

- e) NHSE/I, and in the future Sussex Integrated Care Board (ICB) / Integrated Care System (ICS), to review the commissioning of a rota service, providing evening and weekend pharmacy provision across the city, and particularly Portslade. This review will need to include provision of pharmacy provision beyond 8pm.
- f) Public Health Commissioners to review opportunities for pharmacies that are open after 6pm on weekdays and at weekends to consider providing the emergency hormonal contraception service to improve accessibility for young people in Brighton & Hove.

Community pharmacy capacity

- g) NHSE/I, and in the future Sussex Integrated Care Board, to review pharmacy commissioning and capacity in areas with significant increases in future housing developments. Although currently, despite increases in housing developments there is considered to be no gap in community pharmacy provision, with population increases this is considered to be necessary.

Becoming carbon neutral

- h) NHS and BHCC commissioners and community pharmacies to consider how to encourage, incentivise or commission community pharmacies to undertake further action on becoming carbon neutral. Plans to be monitored by the Community Pharmacy and Public Health Forum.

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- i) The Community Pharmacy and Public Health Forum to work with the council's Sustainability Team to support community pharmacies and those using them to contribute further to carbon reduction.

Improving health and wellbeing

- j) Public health commissioners to review the provision of the stop smoking, Young Persons and Domiciliary Stop Smoking services; support community pharmacies to re-establish these services and encourage the uptake of stop smoking services.
- k) NHSE/I and in future Sussex Integrated Care Board and public health commissioners to ensure that stop smoking service pathways are joined up and communicated to people wishing to stop smoking. Other health/social care providers should be made aware of referral pathways into stop smoking services.
- l) NHSE/I, and in the future Sussex Integrated Care Board, to review the need for the community pharmacy Hepatitis C Antibody Testing Service in Brighton & Hove based on population health needs and commissioning of substance misuse services.
- m) Community Pharmacy and Public Health Forum to increase participation of Brighton & Hove-commissioned Healthy Living Pharmacies in local health promotion campaigns and encourage increased signposting/referrals into related services such as weight management and drug and alcohol support.
- n) For Sussex Integrated Care Board to deliver a communications and engagement campaign to increase utilisation of the newly commissioned hypertension case-finding service in community pharmacies, to increase the detection of hypertension and to strengthen cardiovascular disease prevention in the city.

Cross system working

- o) To review how the Community Pharmacy and Public Health Forum fits with the new Sussex ICB structure and the integration of the commissioning of local pharmaceutical services.
- p) NHSE/I, Integrated Care Board and the Community Pharmacy and Public Health Forum to ensure commissioned and delivered services are operating in line with NHSE/I [‘Core20plus5’](#) approach to address health inequalities.

2. Introduction

2.1. Purpose and scope of the Pharmaceutical Needs Assessment (PNA)

The purpose of the PNA is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of the Brighton & Hove Health & Wellbeing Board's area for a period of up to three years, linking closely to documents in the Joint Strategic Needs Assessment. Whilst reports in the Joint Strategic Needs Assessment will focus on the general health needs of the population of Brighton & Hove, the PNA looks at how those health needs can be met by pharmaceutical services commissioned by NHS England and NHS Improvement.

The PNA informs the submission of applications for inclusion in a pharmaceutical list, and the subsequent determination of such applications. The regulations require PNAs to include statements of the pharmaceutical services that the HWB has identified, and these are listed in Appendix A (Section 14.1).

The methodology used for carrying out this PNA is described in Appendix B in Section 14.2.

2.2. The role of the PNA in the provision of services

If a person (a pharmacy or a dispensing appliance contractor) wants to provide pharmaceutical services, they are required to apply to NHS England and NHS Improvement to be included in the pharmaceutical list for the Health & Wellbeing Board's area in which they wish to have premises. In general, their application must offer to meet a need that is set out in the Health & Wellbeing Board's PNA, or to secure improvements or better access similarly identified in the PNA. However, there are some exceptions to this, such as applications offering benefits that were not foreseen when the PNA was published ('unforeseen benefits applications').

In April 2016, NHS England published (updated in April 2019) the [Pharmacy Manual](#) which outlines the procedures to be followed which are relevant to pharmacy contractors, including market entry such as applications to join the pharmaceutical list, change of ownership and no significant change relocation

As well as identifying whether there is a need for additional premises, the PNA will also identify whether there is a need for an additional service or services, or whether improvements or better access to existing services are required. Identified needs, improvements or better access could either be current or will arise within the three year lifetime of the pharmaceutical needs assessment.

2.3. Commissioning of Community Pharmacy

Whilst the PNA is primarily a document for NHS England and NHS Improvement and in the future Integrated Care Systems (ICS) to use to make commissioning decisions, it may also be used by local authorities.

Following advent of the new [Health and Care Bill](#) 2022, from 1st July 2022 Clinical Commissioning Groups will be abolished and Integrated Care Boards (ICBs) and Integrated Care Partnerships will be established across England. Commissioning responsibilities for community pharmacies will be delegated to ICBs and Integrated Care Systems for early adopters from 1st July 2022. Sussex ICS is an early adopter along with: Surrey Heartlands, Frimley, Kent and Medway, Hampshire and Isle of Wight and Berkshire, Oxfordshire and Buckinghamshire in the South-East. It is planned a

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central hub will be hosted by Surrey Heartlands ICS for administration purposes. There will be a committee in common with membership of senior officers represented from each of the 6 systems in the South East as well as NHSE/I. The whole system and process will be reviewed by NHSE/I and the ICBs after at least 6 months of operating.

A robust PNA will ensure those who commission services from community pharmacies and dispensing appliance contractors target services to areas of health need and reduce the risk of overprovision in areas of less need.

As part of commissioning, NHSE/I has established the 'Core20PLUS 5' approach to support the reduction of health inequalities at both national and system level.^a The approach defines target population cohorts as follows:

- Core20
 - the most deprived 20% of the national population as identified by the national Index of Multiple Deprivation (IMD). The IMD has seven domains with indicators accounting for a wide range of social determinants of health
- Plus
 - Integrated Care System (ICS)-determined population groups experiencing poorer than average health access, experience and/or outcomes, but not captured in the 'Core20' alone. This should be based on ICS population health data.
 - Inclusion health groups include: ethnic minority communities, coastal communities, people with multi-morbidities, protected characteristic groups, people experiencing homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system, victims of modern slavery and other socially excluded groups.
- 5
 - The final part sets out five clinical areas of focus. Governance for these five focus areas sits with national programmes; national and regional teams coordinate local systems to achieve national aims.
 1. **Maternity**: ensuring continuity of care for 75% of women from Black, Asian and minority ethnic communities and from the most deprived groups.
 2. **Severe mental illness (SMI)**: ensuring annual health checks for 60% of those living with SMI (bringing SMI in line with the success seen in learning disabilities).
 3. **Chronic respiratory disease**: a clear focus on Chronic Obstructive Pulmonary Disease (COPD) driving up uptake of COVID-19, flu and pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations.
 4. **Early cancer diagnosis**: 75% of cases diagnosed at stage 1 or 2 by 2028.
 5. **Hypertension case-finding**: to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke.

^a [NHS England » Core20PLUS5 – An approach to reducing health inequalities](#)

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2.4. Cross system working: Brighton & Hove Community Pharmacy and Public Health Forum

The Brighton & Hove Community Pharmacy and Public Health Forum encourages and supports collaborative working between Brighton & Hove City Council (BHCC) public health team, the Brighton & Hove Clinical Commissioning Group), Sussex Health and Care Partnership, Brighton & Hove Primary Care Networks, Community Pharmacy Surrey and Sussex, Patient Participation Groups and others. The overall aim is to improve Health & Wellbeing outcomes for patients, service users, carers and local residents. The Forum strengthens efforts to improve Health & Wellbeing outcomes for people living in Brighton & Hove to reduce health inequalities, specifically covering the delivery of public health campaigns and quality, cost effective locally commissioned public health services.

2.5. Statutory requirements

Since 1st April 2013 every Health & Wellbeing Board (HWB) in England has a statutory responsibility to publish and keep up to date a statement of the need for pharmaceutical services in its area, otherwise referred to as a pharmaceutical needs assessment (PNA). PNAs should be published every three years, but due to the impact of the Covid-19 pandemic the deadline for publication of the latest version has been moved to 1st October 2022.

The NHS Pharmaceutical Services Regulations 2013 give the criteria that NHS England and Improvement (NHSE/I) must consider whilst dealing with new applications; many refer to the contents of the PNA.

2.5.1. Regulations update

Changes were made in December 2021 to the Regulations^b. The National Enhanced Service (NES) was introduced where NHS England and NHS Improvement (NHSE&I) commissions an Enhanced Service with a service specification that sets standard conditions nationally. Pharmaceutical Services Negotiating Committee becomes the body consulted on the service and its funding, rather than one or more Local Pharmaceutical Committees (LPCs).

In many ways a NES equivalent is already in place with the national coronavirus vaccination Local Enhanced Service; the regulatory changes provide a better structure for what is already happening.

LPCs will continue to be consulted on Local Enhanced Services (LESs).

Enhanced Services are agreed between NHSE&I and individual contractors/pharmacies. This means both that contractors can choose whether to deliver the service and NHSE&I can choose whether it wants a specific contractor/pharmacy to deliver the service.

The Contractors' Terms of Service have been revised to allow NHSE&I to introduce a pandemic response programme.

A Listed Prescription Item Voucher (LPIV) scheme has been introduced, as a further option for the community pharmacy supply of treatments or medicines during or in anticipation of pandemic disease. This may be used for the supply of medicines without charge to the patient.

^b NHS (Charges, Primary Medicinal Services and Pharmaceutical and Local Pharmaceutical Services (Coronavirus) (Further Amendments) Regulations 2021 (SI 2021 No. 1346) and make amendments to the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (the Regulations).

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Contractors may supply a Patient Only Medicine (POM) to a person in accordance with a Pandemic Treatment Protocol (PTP) or Pandemic Treatment Patient Group Direction (PTPGD), if and when one is issued by NHSE/I.

The publication date for PNAs of 1st October 2022 has been added to the regulations. In addition, there were changes to the Regulations to allow:

- Health & Wellbeing Boards (HWBs) created after 1st January 2022 to publish their first PNA no later than 12 months after being established; and
- Such new HWBs may issue supplementary statements, as appropriate, in relation to the former HWB's PNA for the area they inherit.

2.5.2. Health & Wellbeing Board statutory responsibility

Further information on the Health & Wellbeing Board's specific duties in relation to pharmaceutical needs assessments and the policy background to pharmaceutical needs assessments can be found in Appendix A (see Section 14.1).

Following publication of its first pharmaceutical needs assessment, the Health & Wellbeing Board must, in summary:

- publish revised statements (subsequent pharmaceutical needs assessments) on a three yearly basis, which comply with the regulatory requirements
- publish a subsequent pharmaceutical needs assessment sooner when it identifies changes to the need for pharmaceutical services which are of a significant extent, unless to do so would be a disproportionate response to those changes and
- produce supplementary statements which explain changes to the availability of pharmaceutical services in certain circumstances.

2.5.3. Pharmaceutical services and their providers

The services that a pharmaceutical needs assessment must include are defined within both the National Health Service Act 2006 and the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended.

Pharmaceutical services may be provided by:

- A pharmacy contractor who is included in the pharmaceutical list for the area of the Health & Wellbeing Board
- A pharmacy contractor who is included in the Local Pharmaceutical Services list for the area of the Health & Wellbeing Board
- A dispensing appliance contractor who is included in the pharmaceutical list held for the area of the Health & Wellbeing Board and
- A doctor or GP practice that is included in the dispensing doctor list held for the area of the Health & Wellbeing Board. NHS England and NHS Improvement is responsible for preparing, maintaining and publishing these lists.

In Brighton & Hove, as of January 2022, there were 53 pharmacies (including one distance selling pharmacy) and no dispensing practices. Pharmacy contractors may operate as either a sole trader, partnership or a body corporate and the Medicines Act 1968 governs who can be a pharmacy contractor.

2.6. Previous PNAs in Brighton & Hove

This is the third PNA to be published in Brighton & Hove. The second was published in 2018. These PNAs have been published on the dedicated local intelligence [Brighton & Hove Connected](#) website.

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Findings from previous assessments showed that:

- There was good access to pharmaceutical services for the Brighton & Hove population
- The commissioned services were well distributed across the city
- Most of the population surveyed were happy with community pharmacy services

The 2018 PNA's recommendations and the current status of progress are shown in Appendix C in Section 14.2.

Since the publication of the last PNA there have been changes in the number of community pharmacies, as reflected in the supplementary statement, published in April 2021 alongside the 2018 PNA.

2.7. National research: Workplace Pressure Survey

In a recent report^c the Pharmaceutical Services Negotiating Committee (PSNC) describes findings from a national survey of pharmacy owners and team members carried out in early 2022. The following issues were reported:

- Over nine out of 10 pharmacies were reporting that pressures on pharmacies were negatively impacting on patient care.
- There were supply chain and medicine delivery issues for two thirds of pharmacies on a daily basis, and almost all pharmacies reported additional workload and stress for these reasons. Three-quarters of pharmacies reported experiencing aggression from patients related to supply issues.
- Staff shortages (frequently linked to Covid-19) were widely reported, while at the same time there had been a significant increase in requests for information or advice from the public.
- Over eight in ten pharmacies reported that pressures were having a negative impact on staff mental health and wellbeing.
- Rising costs were leading to six in ten pharmacy owners/representatives saying they were concerned about being able to keep their pharmacies open.

^c [PSNC-Briefing-013.22-Summary-of-the-results-of-PSNCs-2022-Pharmacy-Pressures-Survey.pdf](#), April 2022.

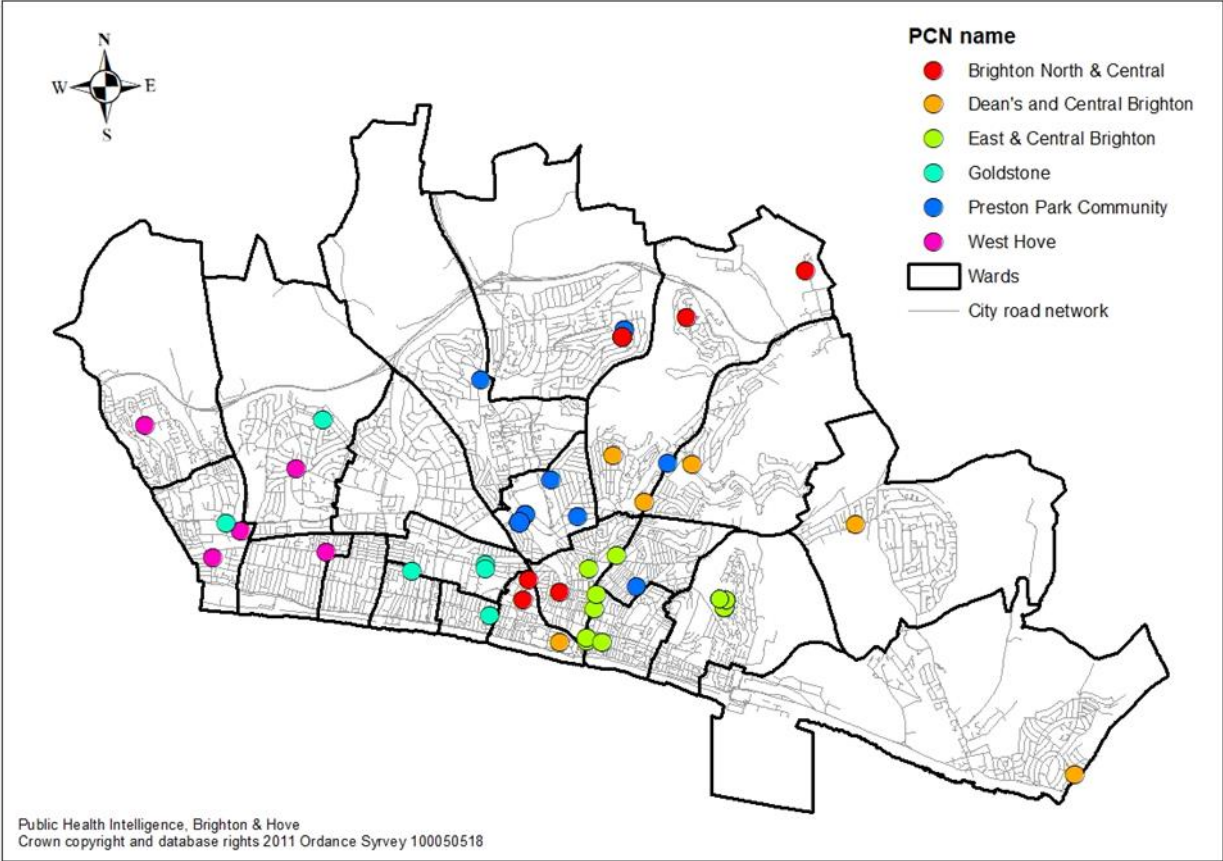
3. Primary Care Network Localities

The CCG delivers local health services in the city structured within geographical areas known as Primary Care Network (PCN) localities. NHS Brighton & Hove Clinical Commissioning Group (BHCCG) is a GP led statutory NHS body responsible for the majority of health services for local people. BHCCG commission local health services including mental health care, urgent and emergency care, elective hospital services and community care for the population of Brighton & Hove. Brighton & Hove PCNs are listed in Table 1.

Table 1. Primary Care Networks in Brighton & Hove
Deans and Central
East and Central
Goldstone
North and Central
Preston Park
West Hove

PCNs build on the core of current primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care. They are based on GP registered lists typically serving communities of around 30,000 to 50,000. Figure 1 shows which GP surgeries fall within each PCN as of June 2022.

Figure 1. Location of GP surgeries showing PCN (June 2022)



There are no controlled localities in Brighton & Hove, and no dispensing GPs.

4. The population of Brighton & Hove

This section describes the demography of people in Brighton & Hove, and 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>.

4.1. Population

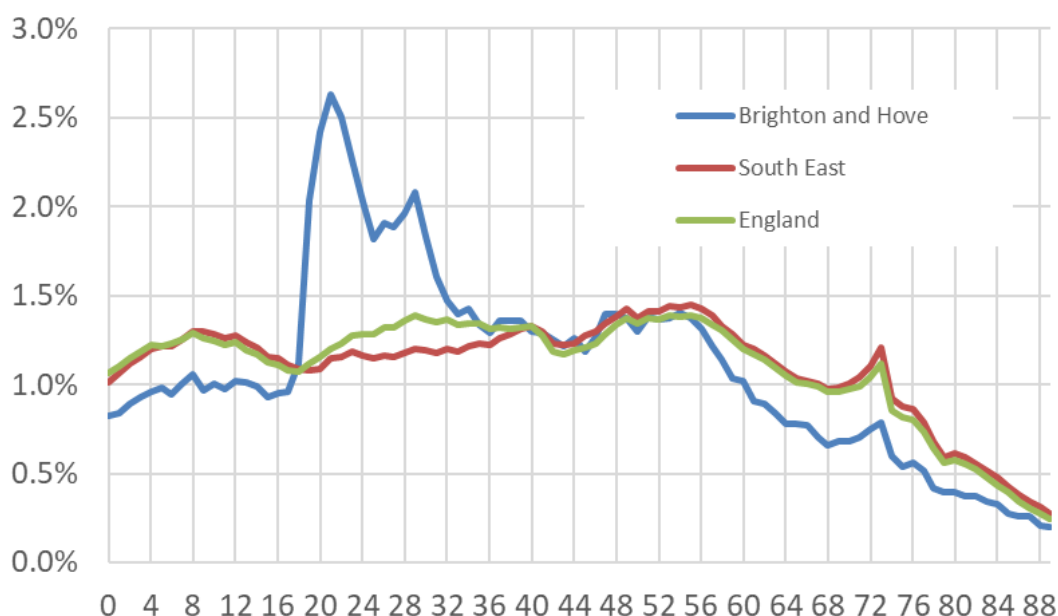
Population size, structure and composition are crucial elements in any attempt to identify measure and understand Health & Wellbeing. It is important to know how many people live in an area and their demographic characteristics such as age and gender.

4.1.1. Age and gender

According to the Office for National Statistics (ONS) the latest mid-year population estimate (2020) show there are 291,700 residents in Brighton & Hove. This is an increase of 900 people (0.3%) compared to 2019 and 7,700 people (2.7%) compared to 2015. Between 2015 and 2020 the city has seen a similar increase in its population as the South East (3.0%) and England (3.2%).

In Brighton & Hove it is estimated that 44,800 people (15%) are aged 0 to 15 years, more than two thirds (71%, 208,000 people) are age 16 to 64 years, just over one in ten (11%, 33,100 people) are aged 65 to 84 years, and 5,900 people (2%) are aged 85 years or older. This compares to the South East (19%, 61%,17% and 3% respectively) and England (20%, 62%, 16% and 2% respectively). So while 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 to England and the South East (see Figure 2).

Figure 2. Single year of age as a proportion of the total population, Brighton & Hove, South East and England, 2020.



Source: 2020 ONS mid-year population estimates

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4.1.2. Population projections – 2020 to 2025

The population of Brighton & Hove is projected to increase from 291,700 in 2020, to 297,800 by 2025, an increase of 2% (see Table 2). Older people aged 65 to 84 and 85 plus are predicted to increase most with only school aged children predicted to decrease.

Table 2. Brighton & Hove population, 2020 to 2025

Age	2020	2025	Difference 2020 to 2025	
			n	%
0 to 4	12,987	13,196	209	2%
5 to 15	31,763	30,732	-1,031	-3%
16 to 64	207,971	212,334	4,363	2%
65 to 84	33,116	35,386	2,270	7%
85 plus	5,901	6,196	295	5%
All ages	291,738	297,844	6,106	2%

4.1.3. Population groups

Migrants

The city is a destination for migrants (people living or intending to live in the city for 12 months or more) from outside the UK. The latest ONS figures (2020) estimates that 55,000 residents (19%) were born outside of the UK. This is similar to 2019 (53,000 people, 18%). ONS migration statistics at the local authority level are subject to large confidence intervals. For Brighton & Hove the figure is +/- 13,000 people, therefore the true number of migrants in the city will be between 42,000 and 68,000 people (14% - 23%)

Transient population

The city population is highly transient with one in five residents (20%, 54,885 people) having moved address within the last 12 months.

Gender

Brighton & Hove has a relatively even gender distribution until the age of 75. In 2020 there were estimated to be 147,100 male (50%) and 144,600 female (50%) residents in the city. There was a relative even distribution (+/-4 percentage points) of males and females across all ages up until the age of 75 years. Beyond the age of 75 years the proportion of female residents increases, similar to the picture across England. There were an estimated 18,300 residents aged 75 or older, of whom 57% (10,400 people) were female and 43% (7,800 people) were male. By the age of 90 or older the difference is almost two to one with 1,600 female (66%) to 800 male (34%) residents.

Trans

It is estimated that between 1,500 (0.6%) and 2,500 (1%) trans adults live in Brighton & Hove.^d 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 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

^d JSNA Executive Summary November 2021. <http://www.bhconnected.org.uk/sites/bhconnected/files/bandh-jsna-exec-summary-november-2021.pdf>

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- 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 across the city, with no concentration in any particular area
- are more likely to live in private sector rented housing than the overall population.

Lesbian, Gay and Bisexual (LGB)

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 (including Count Me In Too).

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). This represents 2.9% of all residents aged 16 and over, three times higher than the rate for both the South East (0.9%) and England (0.9%).

Households

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

- 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.
- More than a quarter of households (29%) with dependent children in Brighton & Hove are lone parent families compared to 25% in England.
- Less than a fifth of households (17%) in Brighton & Hove are pensioner households, although a high proportion of these are single pensioner households (70%). In England the comparable figures are 21% and 60% respectively.

Deprivation

Out of 317 authorities, Brighton & Hove is ranked the 131 most deprived authority in England (using the most commonly used summary measure, the Index of Multiple Deprivation (IMD) average score). This means we are just in the third quintile (41%) of most deprived authorities in England.

Of the 312 authorities where comparisons can be made, between IMD 2015 and IMD 2019, Brighton & Hove's ranking improved by 29 places, the eighth biggest improvement among all authorities and the joint best (with Exeter) outside of London.

The IMD 2019 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 114 most deprived.

Long term health problems or disability

The day to day activity of more than one in twenty Brighton & Hove residents (20,445 people, 7.5%) is '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.^e

^e Census 2011

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Provision of unpaid care

Nearly one in ten of the city's residents (23,967 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%) do so for 1 to 19 hours a week. However, 4,716 people, nearly 20% 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 than the South East (9.8%) and England (10.2%).^f

Ethnicity

Table 3. Ethnicity in Brighton & 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>White Other</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

^f Carers Rapid Needs Assessment 2015-16

<http://www.bhconnected.org.uk/sites/bhconnected/files/Carers%20Needs%20Assessment%202015-16.pdf>

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Table 3 shows that one in five Brighton & Hove residents (53,351, 19.5%) is from a BME background, higher than the South East (14.8%) but similar to England (20.2%).

The largest BME community is White Other 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 that 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 of 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 younger than the city's White British population (see Table 4). 2011 Census data shows that, while 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 groups, 6% or less are aged 65 or older.

Table 4. 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%
White Other (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

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

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language other than English (and other UK languages) 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.

Armed forces personnel

Brighton & 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 of March 2020, 532 veterans in Brighton & Hove were in receipt of a pension or compensation under the Armed Forces Pension Scheme. This is a rate of 2.2 per 1,000 people aged 18+, much lower than the South East (8.7 per 1,000) or England (6.9 per 1,000).

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 the South East (18.6%) and England (28.8%).^e

Students

For the academic year 2019/20 there were 38,380 students at the University of Sussex and University of Brighton. This was a decrease of 3.1% (1,245 students) compared to 2018/19. In England, there has been a 3.0% increase in the number of students over the same period. In Brighton & Hove in 2019/20, 58% of students were female (22,315 people) compared to 42% male (16,005 people). It should be noted that not all students at the two universities live in Brighton & Hove.

Visitors

As a popular tourist destination, Brighton & Hove sees large numbers of UK and overseas visitors each year. The latest figures (2019) show there were 10.7 million tourism day trips to Brighton & Hove, up 12% compared with 2018. There were also 5.46 million overnight stays, 10% more than in 2018.

People experiencing homelessness

There were an estimated 3,078 homeless people living in temporary accommodation arranged by the council in June 2021 (DLUHC. Statutory Homeless Statistics).

During the Street Count by the Rough Sleeper Team on 13th January 2022, 9 street homeless people were identified. During the Covid-19 pandemic many people sleeping rough have been accommodated in Care and Protect and Protect and Vaccinate housing.

Offenders

There were 1,948 offenders resident in Brighton & Hove in 2019/20 (Ministry of Justice 2020)⁹

⁹ <https://www.gov.uk/government/statistics/proven-reoffending-statistics-january-to-march-2020>

4.2. Population density and pharmacies

Figure 3. Brighton & Hove pharmacies and population density 2020

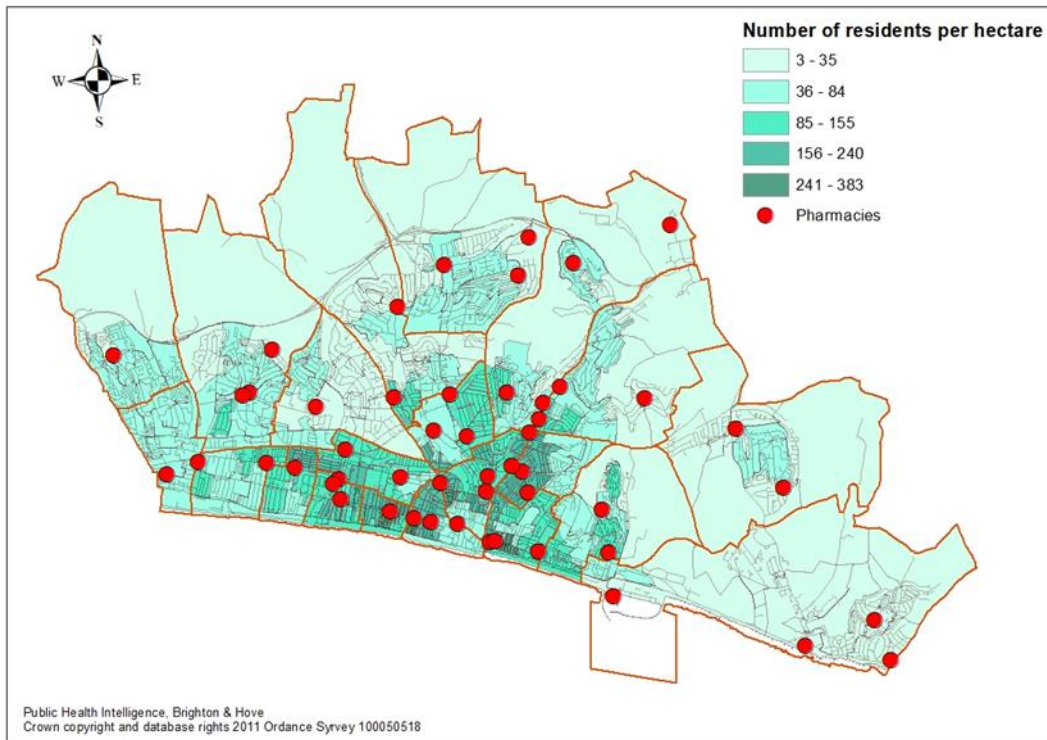
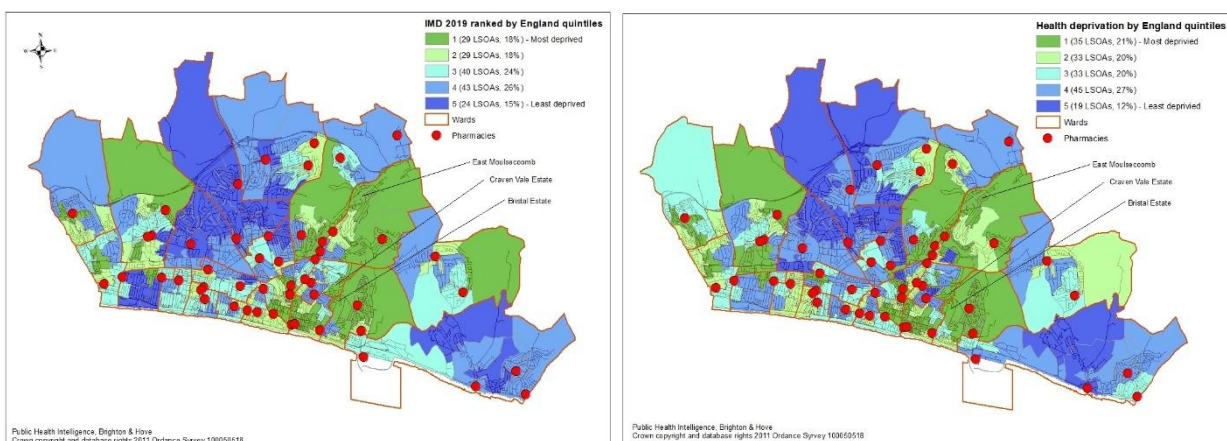


Figure 3 shows that pharmacies in Brighton & Hove are more concentrated in the more densely populated areas of the city. Central areas of the city are the most densely populated and there is a corresponding concentration of pharmacies in these areas. However, this does not mean that less densely populated areas of the city are lacking in pharmacy provision.

4.3. Areas of deprivation and pharmacy provision

Figure 4. Brighton & Hove pharmacies by the 2019 Index of Multiple Deprivation and Health deprivation.



The 2019 Indices of Deprivation provide a local picture of deprivation in England. The maps in Figure 4 shows the distribution of pharmacies mapped against the Index of Multiple Deprivation (left) and separately by health deprivation domain only (right). The areas shaded green are in the 20% most deprived areas in England. For most areas in the 20% most deprived there is a pharmacy within the locality or nearby. However, for three of the city’s most deprived neighbourhoods; East Moulsecomb, Craven Vale and the Bristol Estate there is no pharmacy in the locality.

5. Local health needs

5.1. Life expectancy

Between 2018 and 2020 the average male life expectancy in the city was 79.3 years and 83.2 years for females. Both genders have similar life expectancy to England (England: males 79.4 years, females 83.1 years).

Between 2017 and 2019 the average male healthy life expectancy was 64.4 years and 64.8 years for females. Both genders have similar healthy life expectancy to England (England: males 63.2 years, females 63.5 years).

Life expectancy and healthy life expectancy is associated with deprivation. Average life expectancy for those living in the most deprived area of the city is 9.1 years less for males and 7.7 years less for females compared to those living in the least deprived areas (2018-2020). Average healthy life expectancy is 14.0 years less for males and 12.5 years for females (2009-2013).

5.2. Teenage conceptions

The rate of under 18s conceptions in 2019 was 13 per 100,000. This is similar to England which had a rate of 16 per 100,000.

5.3. Sexually transmitted infections

Brighton & Hove had a higher STI diagnosis rate (1,081 per 100,000) in 2020 than the South East (429 per 100,000) or England (562 per 100,000).

Although new diagnoses of HIV in the city have been decreasing since 2016, the rates in 2020 (Brighton & Hove 12.4 per 100,000) were still significantly higher than the South East (4.6 per 100,000) and England (5.7 per 100,000) in 2020.

5.4. Mental health

In 2020/21, recorded prevalence of depression among adults (18+) on GP records was 12.5% for Brighton & Hove. This is similar to the South East (13.0) and England (12.3%). The percentage of adults on GP Severe Mental Illness Registers in 2020/21 was 1.29% in Brighton & Hove, 0.86% in the South East Region and 0.95% in England.

5.5. Health Profiles

Health profiles have been produced for each local authority by Public Health England (PHE). The profile consists of 32 indicators grouped under the following seven main domains:

- Life expectancy and causes of death
- Injuries and ill health
- Behavioural risk factors
- Health protection
- Child health
- Inequalities
- Wider determinants of health

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.

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Performance for local authorities in England is benchmarked against the England average for 34 specified indicators. Table 5 Shows indicators for Brighton & Hove where performance is significantly worse than the England average and further information is provided below in Table 6.

Table 5. Indicators in Local Authority Health Profiles (April 2022) where performance is significantly worse than the England average

Domain	Indicator - significantly worse than England average
Life expectancy and causes of death	U75 mortality rate from cancer (2017-19)
Injuries & ill health	Killed & seriously injured on the roads (2016-18)
	Emergency hospital admission for intentional self-harm (2019/20)
	Estimated diabetes diagnosis rate (2018)
Behavioural risk factors	U18s admission episodes for alcohol specific conditions (2017/18 - 2019/20)
	Smoking prevalence in adults (2019)
Health protection	New STI diagnoses (excluding chlamydia < 25) per 100,000 (2020)

Source: Public Health England. Health Profiles [Local Authority Health Profiles - Data - OHID \(phe.org.uk\)](https://www.phe.org.uk/local-authority-health-profiles)

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Table 6

● Better 95% ● Similar ● Worse 95% Not applicable
 Quintiles: Best ● ● ● ● ● Worst Not applicable

Recent trends: — Could not be calculated ➔ No significant change ➔ Increasing & getting worse ➔ Increasing & getting better ➔ Decreasing & getting worse ➔ Decreasing & getting better ➔ Increasing ➔ Decreasing

Benchmark Value
 Worst/Lowest 25th Percentile 75th Percentile Best/Highest

Indicator	Period	Brig & Hov			England			
		Recent Trend	Count	Value	Value	Worst/ Lowest	Range	Best/ Highest
Life expectancy and causes of death								
Life expectancy at birth (Male)	2018 - 20	—	-	79.3	79.4	74.1		
Life expectancy at birth (Female)	2018 - 20	—	-	83.2	83.1	79.0		
Under 75 mortality rate from all causes	2018 - 20	—	2,173	349.6	336.5	570.7		1.0
Under 75 mortality rate from all cardiovascular diseases	2017 - 19	—	411	68.7	70.4	121.6		3.6
Under 75 mortality rate from cancer	2017 - 19	—	854	144.4	129.2	182.4		
Suicide rate	2018 - 20	—	102	12.8	10.4	18.8		
Injuries and ill health								
Killed and seriously injured (KSI) casualties on England's roads (historic data)	2016 - 18	—	492	56.9	42.6*	97.4		17.7
Emergency Hospital Admissions for Intentional Self-Harm	2019/20	➔	905	272.8	192.6	439.3		5
Hip fractures in people aged 65 and over	2019/20	➔	250	597	572	912		
Cancer diagnosed at early stage (experimental statistics)	2017	➔	497	53.8%	52.2%	41.9%		7%
Estimated diabetes diagnosis rate	2018	—	-	60.7%	78.0%	54.3%		
Estimated dementia diagnosis rate (aged 65 and over) (significantly) < 66.7%	2021	➔	1,721	62.7%	61.6%	50.5%		
Behavioural risk factors								
Admission episodes for alcohol-specific conditions - Under 18s	2017/18 - 19/20	—	85	55.8	30.6	111.5		7.7
Admission episodes for alcohol-related conditions (Narrow): Old Method	2018/19	➔	1,316	488	664	1,127		9
Smoking Prevalence in adults (18+) - current smokers (APS)	2019	—	42,107	17.5%	13.9%	23.4%		
Percentage of physically active adults (New data)	2019/20	—	-	71.9%	66.4%	49.4%		
Percentage of adults (aged 18+) classified as overweight or obese (New data)	2019/20	—	-	49.9%	62.8%	77.7%		
Child health								
Under 18s conception rate / 1,000 (New data)	2019	➔	52	13.0	15.7	37.1		9
Smoking status at time of delivery	2020/21	➔	131	5.9%	9.6%	21.4%		
Breastfeeding initiation	2016/17	➔	2,476	88.2%	74.5%	37.9%		
Infant mortality rate	2018 - 20	—	24	3.3	3.9	6.8		
Year 6: Prevalence of obesity (including severe obesity)	2019/20	➔	345	14.8%	21.0%	30.1%		
Inequalities								
Deprivation score (IMD 2015)	2015	—	-	23.4	21.8	42.0		
Smoking Prevalence in adults in routine and manual occupations (18-64) - current smokers (APS)	2019	—	-	30.1%	24.5%	36.8%		
Inequality in life expectancy at birth (Male)	2017 - 19	—	-	10.2	9.4	14.8		
Inequality in life expectancy at birth (Female)	2017 - 19	—	-	7.5	7.6	13.3		
Wider determinants of health								
Children in low income families (under 16s)	2016	➔	6,705	15.7%	17.0%	31.8%		
Average Attainment 8 score	2019/20	—	115,282	51.9	50.2	42.9		
Percentage of people in employment	2020/21	➔	157,600	76.3%	75.1%	63.2%		
Statutory homelessness - Eligible homeless people not in priority need	2017/18	➔	110	0.8	0.8	8.1		0.1
Violent crime - hospital admissions for violence (including sexual violence)	2017/18 - 19/20	—	370	37.6	45.8*	127.7		11.3
Health protection								
Excess winter deaths index	Aug 2019 - Jul 2020	—	90	13.9%	17.4%	50.2%		7%
New STI diagnoses (exc chlamydia aged <25) / 100,000	2020	➔	2,418	1,148	619	3,547		247
TB incidence (three year average)	2018 - 20	—	42	4.8	8.0	43.1		0.6
Population vaccination coverage - PPV								
<65% 65% to 75% ≥75%	2020/21	27,169	64.2%	71.1%	70.6%	49.9%		81.0%
Population vaccination coverage - Shingles vaccination coverage (70 years old)								
<50% 50% to 60% ≥60%	2017/18	853	34.6%	46.5%	44.4%	24.4%		57.4%

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Under 75s mortality rates from cancer 2017-19

The mortality rate for under 75s from cancer in Brighton & Hove was 144.4 per 100,000 compared to 121.6 per 100,000 for the South East and 129.2 per 100,000 for England, in 2017-19.

Killed and seriously injured on the roads 2016-18

In 2016-18, the rate of being killed and seriously injured on Brighton & Hove roads was 56.9 per 100,000. This compared to 49.6 for the South East and 42.6 for England.

Emergency hospital admission for intentional self-harm (2019/20)

In 2019/20, the rate of emergency hospital admissions for intentional self-harm in Brighton & Hove was 272.8 per 100,000 compared to 212.4 per 100,000 in the South East and 192.6 per 100,000 in England.

Estimated diabetes diagnosis rate 2018

In 2018, the estimated diabetes diagnosis rate in Brighton & Hove was 60.7%, lower than the South East 75.2% and England 78.0%.

Under 18s admission episodes for alcohol specific conditions 2017/18 - 2019/20

There were 85 under 18s (55.8 per 100,000) admitted for an alcohol specific condition during this period, this was higher than the South East (31.2 per 100,000) and England 30.7 (per 100,000).

Smoking prevalence in adults 2019

Brighton & Hove had a higher proportion of 18+ smoking in 2019 (17.5%) compared to the South East 12.2% and England 13.9%.

New STI diagnoses (excluding chlamydia in under 25 year olds) per 100,000. 2020

In 2020, Brighton & Hove had a higher rate of new STI diagnoses (1,148 per 100,000) than the South East (461 per 100,000) and England (619 per 100,000).

Vaccination coverage

In 2021 Brighton & Hove had significantly lower than England uptake of Pneumococcal Polysaccharide (PPV) and the [lowest uptake in the South East](#). PPV is given to people aged 65 and over and people at high risk because they have long-term health conditions. Brighton & Hove also had significantly lower vaccination coverage for shingles vaccine.

Hepatitis C

The latest published data from 2017 shows detection rate of hepatitis C in Brighton & Hove to be 42.9 per 100,000; the percentage of eligible persons in drug misuse treatment who have receive a hepatitis C test is in 2017/18 96.4% and the under 75 mortality rate from hepatitis C related end-stage liver disease/hepatocellular carcinoma (2017-2019) was 0.86 per 100,000.

6. Future needs

6.1. Future health needs

Future health needs will continue to change as the population lives longer. Between 2020 and 2030 Brighton & Hove's population is projected to increase by 3.9%, similar to the South East (4.1%) but slower than England (4.7%). The number of 65+ year olds is projected to increase by 19% (7,400) from 39,000 to 46,400 people between 2020 and 2030. The biggest % increase is expected in 65- 69 years (36%, 3,700 more people) and 80-84 (33%, 1,800 people). There are projected to be 500 (14%) more 85-89 year olds and 300 (13%) more 90+ year olds.^h

A consequence of more people living longer includes an increased risk of dementia. In March 2020 there were 1,781 registered patients with dementia in the city (4.2% of patients aged 65 years or over).ⁱ It is estimated that by 2035, 3,723 people aged 65 and over in the city will have dementia.^j 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.^k

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.^l

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 4.3% (11,755 people) compared to 7.1% for England (2020/21). There are an estimated 16,600 people in the city with diagnosed and undiagnosed diabetes.^m 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. There continue to be significantly higher rates of smoking in the city than

^h Brighton & Hove City Council. Joint Strategic Needs Assessment Executive Summary. November 2021. Available at [NEEDS ASSESSMENTS | BH Connected](#)

ⁱ Office for Health Improvement and Disparities. Local Authority Health Profiles. Accessed 09/05/2022. Available at [Public health profiles - OHID \(phe.org.uk\)](#)

^j Oxford Brookes University and Institute of Public Care. POPPI (Projecting Older People Population Information System). Accessed 09/05/2022. Available at <https://www.poppi.org.uk/> (Registration required)

^k Office for National Statistics. Census 2011

^l Adults with Multiple Long Term Conditions in Brighton & Hove 2018 <http://www.bhconnected.org.uk/sites/bhconnected/files/B%26H%20MLTCs%20JSNA%202018%20full%20report%20FINAL.pdf>

^m Office for Health Improvement and Disparities. Local Authority Health Profiles. Accessed 09/05/2022. Available at [Public health profiles - OHID \(phe.org.uk\)](#)

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elsewhere and significant inequalities. 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.ⁿ 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 significantly higher drug related deaths rate than England, as well as higher than average use of opiates and crack amongst adults.^o Community pharmacies have an important role in harm minimisation through the provision of needle exchanges and the supervised consumption of methadone and buprenorphine.

In 2020, Brighton & Hove had the 17th highest rate of new Sexually Transmitted Infections (STIs) of all 152 English upper tier local authorities.^p 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.

ⁿ Office for Health Improvement and Disparities. Local Authority Health Profiles. Accessed 09/05/2022. Available at [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

^o Office for Health Improvement & Disparities. Public Health Profiles. Accessed 09/05/2022. [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

^p Office for Health Improvement and Disparities. Local Authority Health Profiles. Accessed 09/05/2022. Available at [Local Authority Health Profiles - Data - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

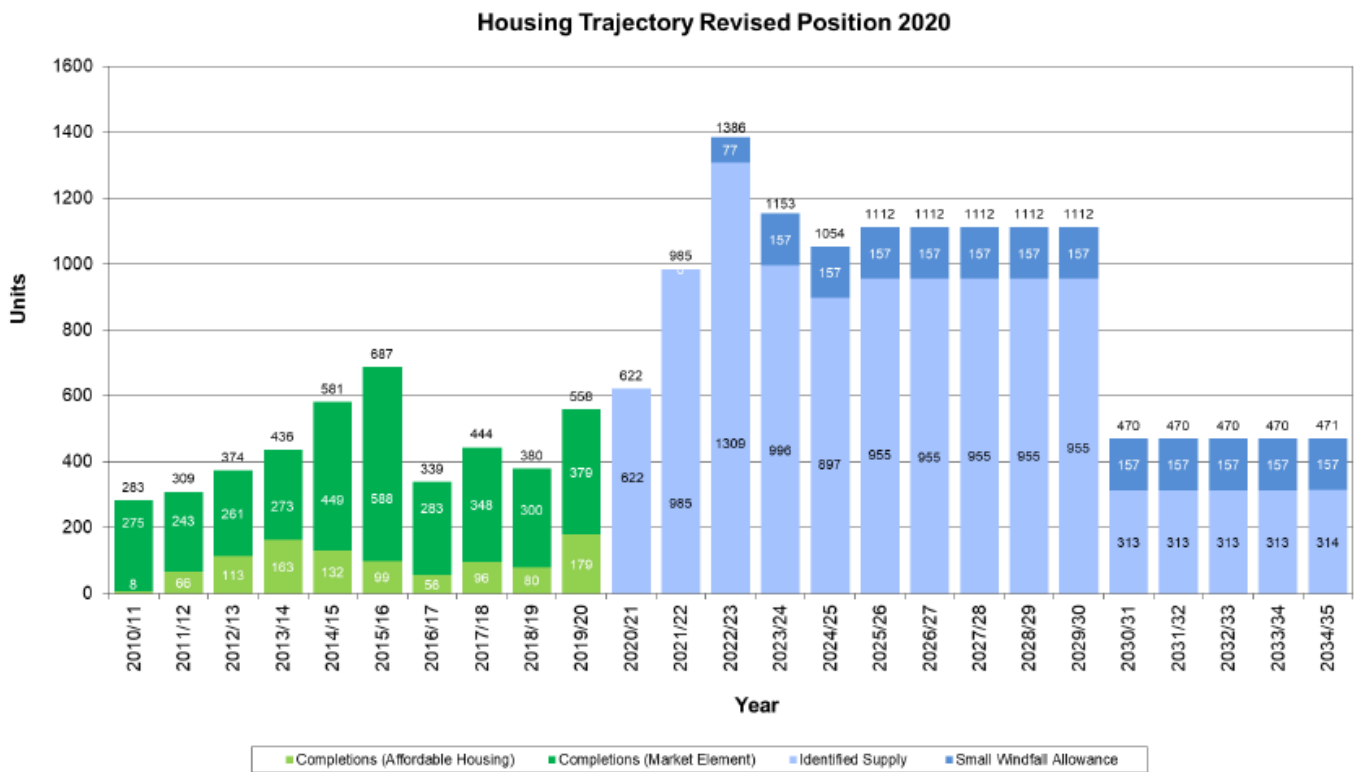
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6.2. City developments

6.2.1. Housing and regeneration plans

The Strategic Housing Land Availability Assessment (SHLAA) 2020 update shows the housing supply position for Brighton & Hove between 2022/23 and 2024/25. There are 3,593 units of housing planned to be supplied during the lifetime of this PNA.

Figure 5



There will be a supply of 1,979 (6+) units built in Development Areas in the city between 2022/23 and 2024/25. The Hove Station and Brighton Station/London Road areas will see the largest amount of new housing supply. Trinity and Traherne pharmacies are the closest pharmacies to the Hove Station development. The developments listed in Table 7 are currently not considered to be of a sufficient scale to require an additional community pharmacy.

Table 7. Identified supply of 6+ units in Development Areas between 2022/23 and 2024/25

Development Area	2022/23	2023/24	2024/25	Total
Hove Station	274	382	272	928
Brighton Station/London Road	104	172	297	573
Lewes Road	229	0	0	229
Shoreham Harbour	0	104	45	149
Toads Hole Valley	0	0	100	100
Total	607	658	714	1,979

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Although the Brighton Gas Works development will not happen within the lifespan of this PNA, this is likely to impact on service provision for three pharmacies in that area.

6.2.2. Highways and transport plans

There are no new transport projects planned between 2022/23 and 2024/25 that will negatively affect access to community pharmacies.

The draft Local Cycling and Walking Infrastructure Plan (LCWIP) looks to increase access to shops and services by walking and cycling, through improving the environment for this. There are no plans that are likely to increase the difficulty or distance it takes to travel to community pharmacies.

7. Pharmacies in Brighton & Hove

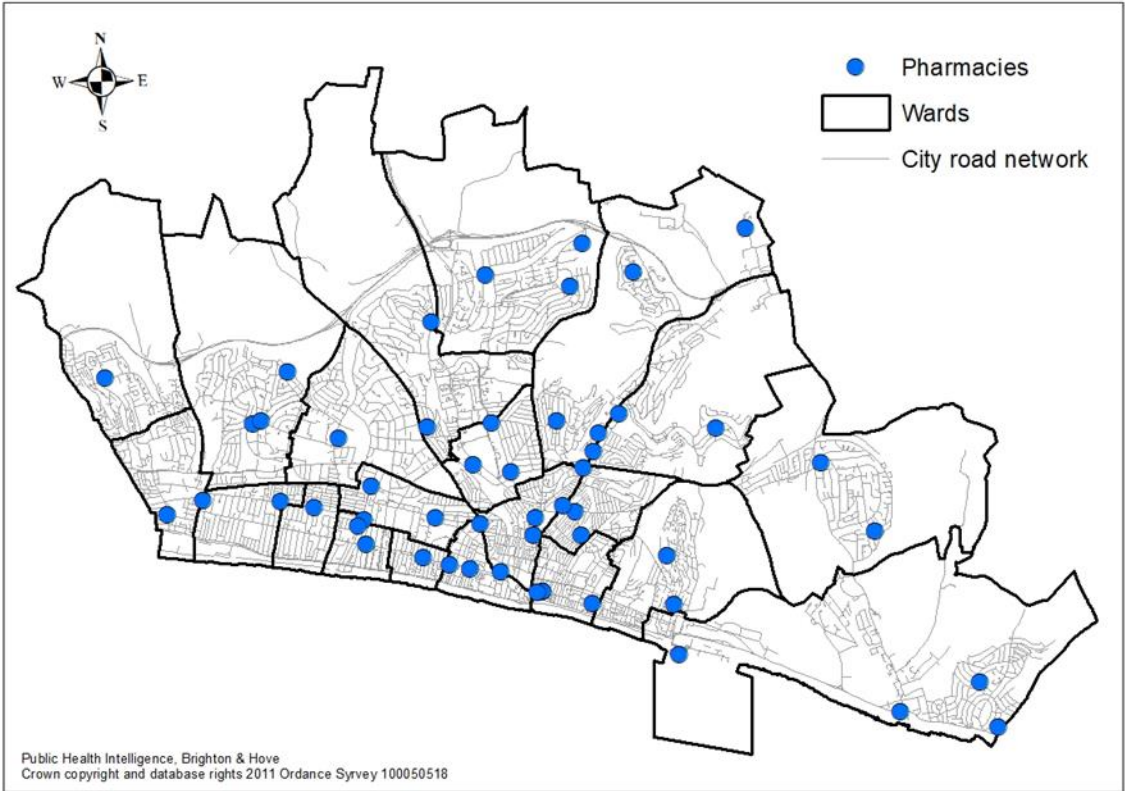
7.1. Community pharmacies

There were 52 community pharmacies in Brighton & Hove in May 2022. There has been a decrease in the number of community pharmacies in the city since the last PNA in 2018, when there were 56. At the time of the 2015 PNA there were 60 community pharmacies in the city.

The rate of community pharmacy provision was 17.8 per 100,000 resident population⁹ in May 2022. This compares to a rate of 19 per 100,000 in the 2018 PNA and 22 per 100,000 in 2015. The current rate is similar to that in West Sussex (18) and East Sussex (17.6). There is no national guidance on how many pharmacies should be provided per resident population.

Figure 6 shows the location of community pharmacies as of April 2022 and a list of pharmacies is provided at Appendix D (Section 14.4).

Figure 6. Location of community pharmacies in Brighton & Hove, April 2022



7.2. Distance Selling Pharmacies

There was one Distance Selling Pharmacy (DSP) in Brighton & Hove in May 2022 – Ashtons Hospital Pharmacy Service - registered to provide NHS pharmaceutical services. These are also called mail order or internet pharmacies. Orders for medicines are received and sent to patients across England remotely through mail or courier services. This is in addition to the 52 community pharmacies.

There has been a general increase in the use of Distance Selling Pharmacies (DSPs).

⁹ based on ONS 2020 mid year population estimates

7.3. Other services affecting the need for pharmaceutical services

The 2013 Regulations require that an assessment of other NHS services which may affect the need for pharmaceutical services within its area are laid out in the PNA.

These are as follows:

- **Hospital pharmacies.** These reduce the demand for the dispensing essential service, as prescriptions written in hospitals are dispensed by the hospital pharmacy service. See Section 0 for further information.
- **Personal administration of items by GPs,** for example flu vaccination. Similar to hospital pharmacies this also reduces the demand for the dispensing essential service. Items are sourced and personally administered by GPs and other clinicians at the practice thus saving patients having to take a prescription to a pharmacy, for example for a vaccination, in order to then return with the vaccine to the practice so that it may be administered.
- **GP out of hours service.** Whether a patient is given a full or part course of treatment after being seen by the out of hours service will depend on the nature of their condition. This service will therefore affect the need for pharmaceutical services, in particular the essential service of dispensing.
- **Public health services commissioned by Brighton & Hove City Council (drugs and alcohol services, needle exchange smoking cessation and sexual health).** These services are commissioned in community pharmacies.
- **Urgent care centre.** There is a walk-in centre within the Brighton Station Health Centre and an urgent treatment centre at the Royal Sussex County Hospital. Services provided here will affect the need for pharmaceutical services, in particular the dispensing of prescriptions.
- **Substance misuse service** generates prescriptions which affects the need for the dispensing essential service.
- **End of life service** generates prescriptions which affects the need for the dispensing essential service.
- **Hub and Spoke Dispensing^r.** At the time of writing the government is consulting on proposals to enable all community pharmacies to utilise the 'hub and spoke' dispensing model. Traditionally the dispensing processes involved in providing pharmaceutical services are completed in a single pharmacy. In hub and spoke dispensing some aspects of these processes are undertaken at different pharmacy premises. Currently legislation only enables hub and spoke dispensing within the same retail business and therefore it is mainly large pharmacy chains that use this model.

The consultation is asking for views and comments on the proposal to allow hub and spoke dispensing between pharmacies belonging to different legal entities and to enable dispensing doctors to access the hub pharmacies.

The location of pharmaceutical services will not be affected by adoption of the hub and spoke dispensing model, but it may improve access to and capacity within existing pharmaceutical services.

^r [Hub and spoke dispensing - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

7.4. Community pharmacy workforce

The Health Education England (HEE) community pharmacy workforce survey 2021 (PSNC) found there were 1,531 pharmacies in the SE Region. The Full Time Equivalent (FTE) composition of the pharmacy staff is shown in Table 8.

Table 8. SE Region Community Pharmacy FTE 2021

Role	FTEs	Percentage of workforce
Pharmacists	2,863	27%
Pre-registration pharmacist	172	2%
Pharmacy Technicians	833	8%
Accuracy checkers	178	2%
Pre-registration trainee pharmacy technician	157	1%
Trained dispensing assistant	3,213	31%
Trainee dispensing assistant	892	8%
Trained medicines counter assistant	1,114	11%
Trainee medicines counter assistant	341	3%
Delivery drivers	702	7%

Source: Health Education England 2021

Based on the HEE data it can be estimated that with an average of 1.56 FTE pharmacists per pharmacy in the South East, there are approximately 83 FTE community pharmacists working in 53 community pharmacies (including the Distance Selling Pharmacy) in Brighton & Hove.

To support PCNs, the [Additional Roles Reimbursement Scheme \(ARRS\)](#) provides funding for 26,000 additional roles in England to create bespoke multi-disciplinary teams (MDT).

Clinical pharmacists work in primary care as part of a multi-disciplinary team in a patient facing role to clinically assess and treat patients using expert knowledge of medicines for specific disease areas. They work with and alongside the general practice team, taking responsibility for patients with chronic diseases and undertaking clinical medication reviews to proactively manage people with complex medication use, especially for the elderly, people in care homes and those with multiple conditions.

Brighton & Hove PCNs and practices have employed pharmacists and pharmacy technicians either through the ARRS or using their own funding. This workforce has replaced the role of the Better Care Pharmacists previously employed by the CCG. The medicine optimisation team within the CCG/ICB will continue to support practices and PCNs to identify and address medicines optimisation priorities.

7.5. Prescribing and dispensing

This section lays out the scale of prescribing and dispensing, including cross boundary flows between where items were prescribed and dispensed outside of the city’s boundaries. In summary, the data show that there has been an increase over the last two years in the number of items dispensed, that 97% of dispensed items in the city happen in community pharmacies, and 96% of items dispensed in Brighton & Hove

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were prescribed in the city. Nearly 4% of items prescribed in Brighton & Hove are dispensed by a distant selling pharmacy located outside the city.

NB. The following data relate to 2020/21 when the Covid pandemic was at its height, so this might not reflect a typical year.

The data in the following tables has been sourced from NHSE/I.

Table 9. Items dispensed in Brighton & Hove, 2020/21

Setting	Number of items	Percentage
Community pharmacy	4,432,300	97.4%
Distant Selling Pharmacy	50,289	1.1%
Local Pharmaceutical Services	4,377	0.1%
Other medical settings	61,892	1.4%
Total	4,548,858	100.0%

In 2020/21, 4,548,858 items were dispensed in Brighton & Hove, of these 4,432,300 (97%) were dispensed by community pharmacies with 50,289 items (1.1%) dispensed by a distant selling pharmacy located in the city (see Table 9). The number of items dispensed has increased from about 4.2 million in 2018/19.

Table 10: Where items dispensed in Brighton & Hove were prescribed, 2020/21

Location	Number of items	Percentage
Brighton & Hove	4,347,552	95.6%
East Sussex	83,994	1.8%
West Sussex	24,572	0.5%
Elsewhere in England and Wales	92,566	2.0%
Unknown	174	0.0%
Total	4,548,858	100.0%

Of the 4,548,858 items dispensed in Brighton & Hove, the majority (96%) were prescribed in Brighton & Hove, with only 2% prescribed in East Sussex and 1% in West Sussex (see

Table 10).

Table 11. Items dispensed in Brighton & Hove but prescribed outside of the city, 2020/21

Setting	Number of items	Percentage
Community pharmacy	150,620	74.8%
Distant Selling Pharmacy	50,274	25.0%
Local Pharmaceutical Services	408	0.2%
Unknown	4	0.0%
Total	201,306	100.0%

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Of the 201,306 items dispensed in the city that were prescribed outside of the city, three quarters (75%) were dispensed by community pharmacies and a quarter (25%) by a distant selling pharmacy located in the city (see Table 11).

Table 12. Where Brighton & Hove prescribed items are dispensed

Location / setting		Number of items	Percentage
Brighton & Hove	Community pharmacy	4,281,680	91.4%
Brighton & Hove	Local Pharmaceutical Services	3,969	0.1%
Brighton & Hove	Distance Selling Pharmacy	15	0.0%
Brighton & Hove	Other medical setting	61,888	1.3%
Brighton & Hove	Total	4,347,552	92.8%
East Sussex		29,908	0.6%
West Sussex		154,093	3.3%
Elsewhere in England and Wales		154,355	3.3%
Unknown		253	0.0%
Total		4,686,161	100.0%

In 2020/21, 4,686,161 items were prescribed in Brighton & Hove with the majority (91%) being dispensed in the city by community pharmacies. Only 15 items, prescribed in the city are dispensed by a distant selling pharmacy located in the city. (see Table 12) However, a further 171,072 items (3.7%) prescribed in Brighton & Hove are dispensed by a distant selling pharmacy located outside the city.

8. Public access to pharmacy services

8.1. Distance and travel times to pharmacies from city residential areas

This section provides information on how long it takes people living in the city to travel to a pharmacy by foot or by car. The calculations for walking are based on someone walking at an average speed of 5 km/h. However, it should be noted that for people less physically able or mobility impaired this could be much longer, or impossible.

NHS England's SHAPE Atlas travel time and distance mapping tool shows:

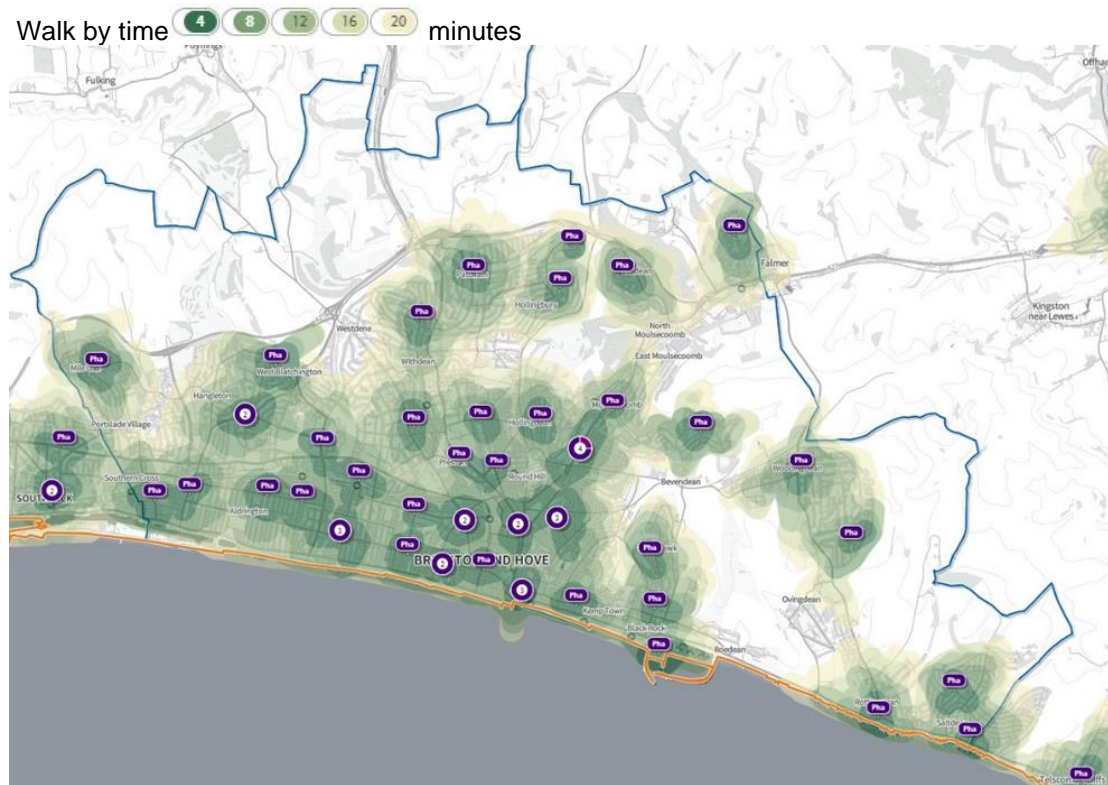
- the vast majority of the city residential areas are within a 20-minute walk of a pharmacy (see Figure 7)
- all residential areas (excluding Stanmer Village) are within 20 minutes of a pharmacy by public transport (see Figure 8).
- All residential areas are within a 10 minute drive of a pharmacy (see Figure 9)

The areas not within a 20-minute walk are:

- Some street and neighbourhoods between Portslade and Hangleton
- Streets in North Hangleton, south of the A27 bypass
- Parts of Westdene
- Streets north and south of Surrenden Road, off Ditchling Road
- Part of North Moulsecoomb, including some student accommodation at Brighton University, Falmer
- Stanmer Village
- Parts of Ovingdean
- Roedean

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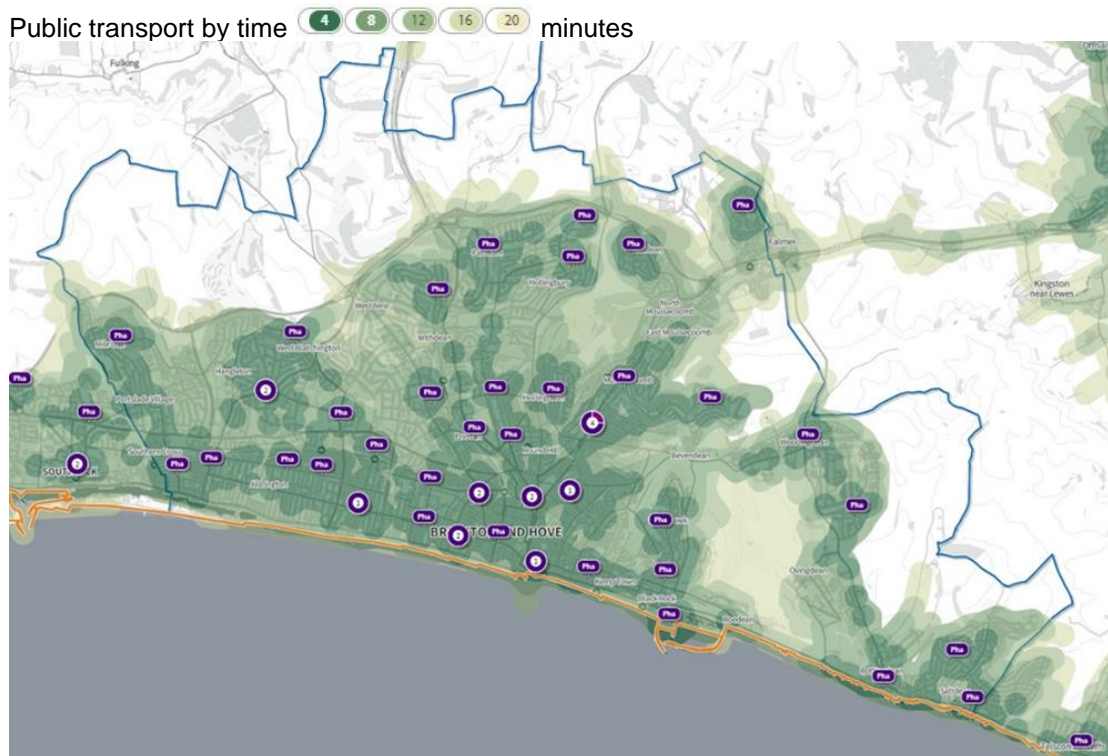
Figure 7. Areas within 20 minutes walking time of a pharmacy, Brighton & Hove, May 2020



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

Figure 8. Area within 20 minutes of a pharmacy by public transport, Brighton & Hove, May 2022

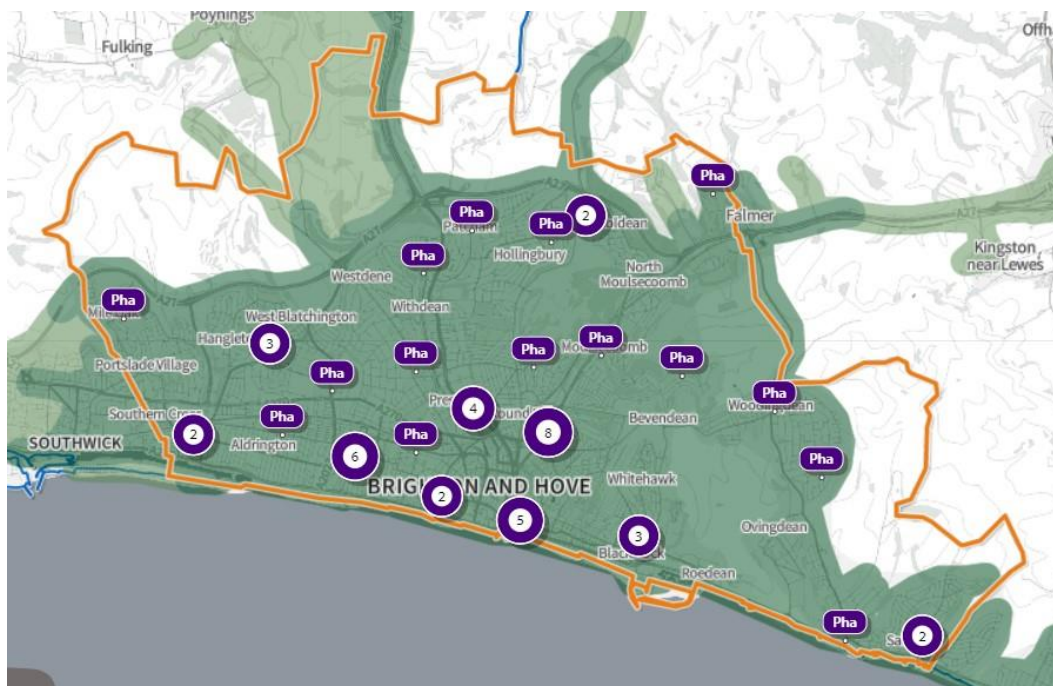


Source: NHS England SHAPE Atlas (www.shapeatlas.net/PNA)

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.

Figure 9. Area within 10 minutes of a pharmacy by car (not rush hour), Brighton & Hove, May 2022

Drive time by car 5 10 minutes



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.

8.2. Opening hours and location of pharmacies

Opening hours of pharmacies include a pharmacy's core hours and supplementary hours. Any hours above core opening hours are called supplementary opening hours. Supplementary hours may be varied by giving three months' notice to NHSE/I. Core hours can only be changed on application to NHS England/Improvement and if required as a result of patient needs, not on account of business need. Since the closure of the contracted 100 hour pharmacy in December 2017, there have been no one hundred hour pharmacies commissioned. Evening, weekend and public holiday opening hours are serviced by voluntary opening arrangements covered by supplementary hours.

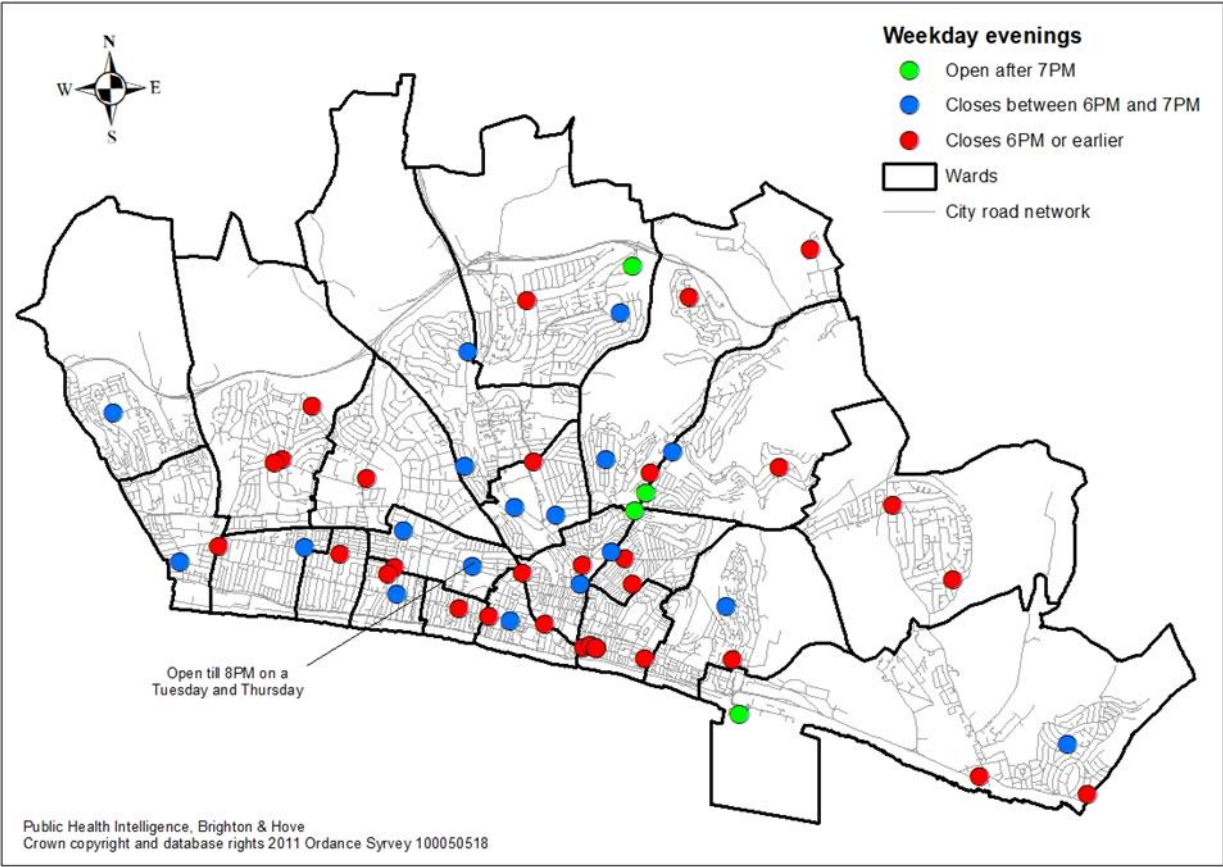
Appendix D at Section 14.4 shows the full list of pharmacy opening hours. A majority of pharmacies open at 8.30 or 9am on weekdays and Saturdays. A quarter (13 out of 52) close for a lunch break on weekdays, 4 out of the 43 pharmacies which are open on a Saturday close for lunch.

Weekdays

Just under a half of pharmacies (23 out of 52, 44%) are open after 6pm on weekdays (see). However only 4 pharmacies are open on weekdays after 7pm. Three of these (Asda Hollingbury, Asda Marina and Westons Lewes Rd) close at 8pm, and one (Sainsbury's Lewes Rd) closes at 8pm Mondays to Wednesdays and 9pm on Thursdays and Fridays. One further pharmacy (Charter, Davigdor Rd) is open until 8pm on Tuesdays and Thursdays only.)

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Figure 10. Pharmacies open on weekday evenings after 6pm, Brighton & Hove, April 2022

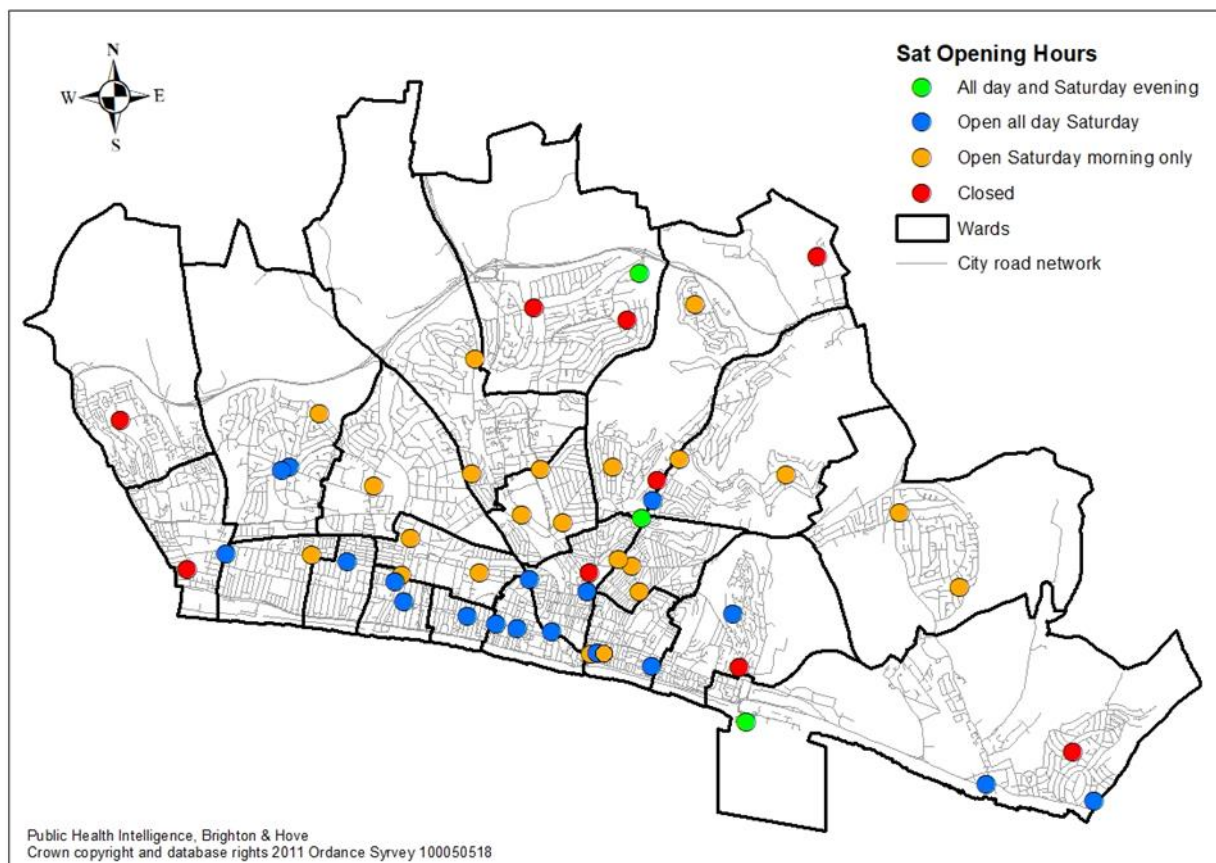


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Saturdays

Four out of five pharmacies (43 out of 52, 83%) are open on a Saturday morning. 21 pharmacies are open in the afternoon. Only 3 pharmacies open on a Saturday evening after 6pm, and these close at 8pm.

Figure 11. Pharmacies open on Saturdays, Brighton & Hove, May 2022



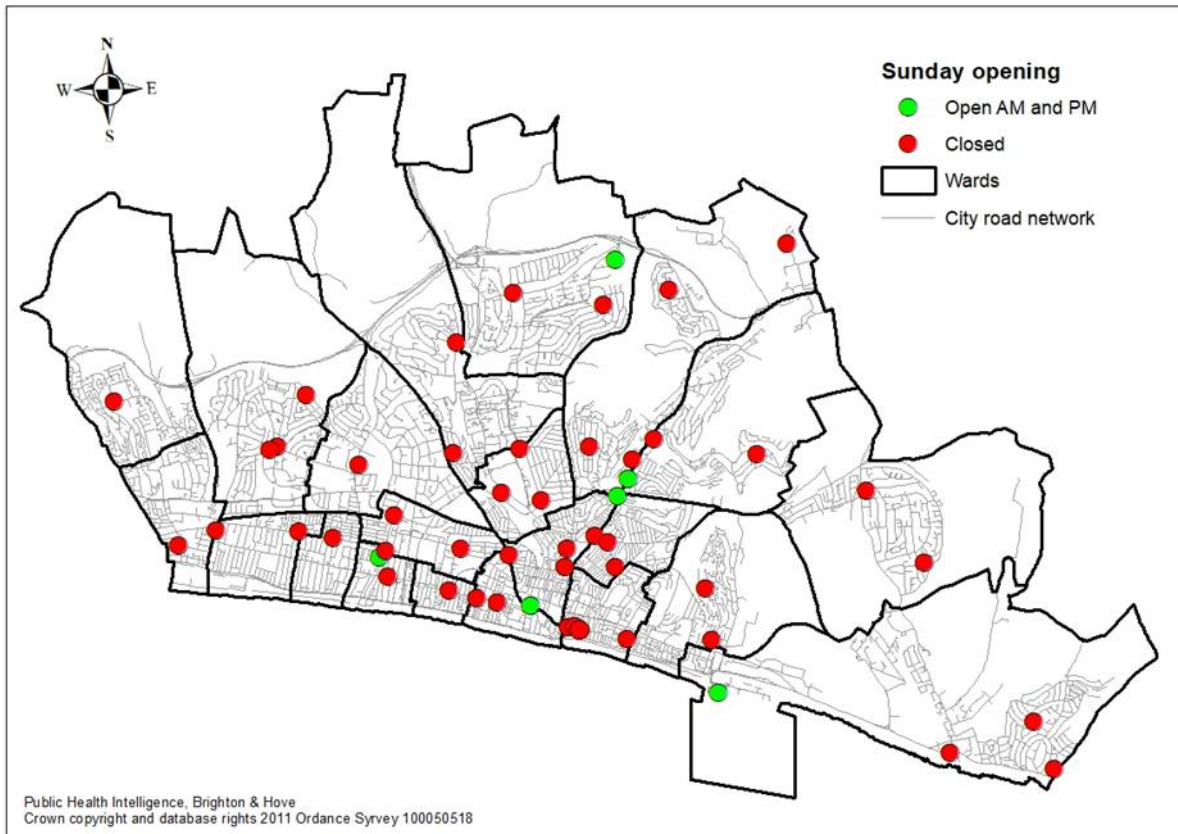
Compared to 2018 there are four fewer pharmacies open on a weekday evening (after 6pm), one fewer on a Saturday afternoon and four fewer pharmacies open on a Sunday.

In the west of the city (Portslade) there are no pharmacies open between 6:30pm on a Friday and 8:30am on a Monday.

Sundays

Only six pharmacies are open on a Sunday (see Figure 12). All six are open in the morning and afternoon (two until 4pm, three until 5pm and one until 6pm) but none are open in the evening.

Figure 12. Pharmacies open on Sunday, Brighton & Hove, April 2022



Opening hours for the provision of Emergency Hormonal Contraception (EHC)

There is one pharmacy that provides a late-night emergency hormonal contraception service. It is open until 8pm Monday to Wednesday and on Saturdays, and until 9pm on Thursday and Friday.

Opening hours: summary and conclusion

In January 2022 there were no 100 hour pharmacies in Brighton & Hove. This is because of changes to the market entry regulations by NHSE/I; applying for a new pharmacy contract under the 100 hours contract is no longer available. Therefore there is no longer a requirement to provide any 100 hour pharmacies. The local impact of this is that there are fewer pharmacies open later in the evenings in the city, compared to the 2018 PNA when there were two pharmacies (Westons Lewes Road and Ashtons late night pharmacy) open until 10pm. These pharmacies now close at 8pm and 6pm respectively. Boots in North Street has also changed its pharmacy closing time from 8pm to 6pm.

Pharmacies open after 7pm are currently as follows:

- Two Asda pharmacies in the city have late night opening until 8pm Monday – Saturday and 11am – 5pm Sunday
- Sainsbury’s Lewes Road is open Monday, Tuesday, Wednesday and Saturday until 8pm and until 9pm Thursday and Friday
- Westons Lewes Road is open weekdays until 8pm, Saturdays until 6pm, and Sundays 10am - 6pm as part of their supplementary hours.

In summary are no pharmacies open later than 8pm Monday, Tuesday, Wednesday, Saturday and no pharmacies open later than 9pm Thursday and Friday and 6pm Sundays.

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This is an issue that has been identified by a councillor, following a complaint made by a constituent about the difficulty in accessing pharmacy services in the city centre in the evenings; since Boots has started closing its pharmacy at 6pm, when the GP practice remains open until 8pm.

In the past Brighton & Hove has not had a late night opening rota due to the range of pharmacies opened after 8pm. As this situation has changed since the last PNA was published, it is recommended NHSE/I reviews the situation.

However there continues to be a spread of pharmacies open weekday early evenings and at weekends except in Portslade.

9. Provision of ‘necessary’ and other services

The Brighton & Hove Health & Wellbeing Board is responsible for producing the PNA. All the services below listed as essential, advanced and enhanced services outlined in Sections 9.1 to 9.4 below are considered as ‘necessary’.

9.1. Essential Services

All pharmacies have to provide the following essential services

- Discharge Medicines Service (DMS). As of 15th October 2021 all pharmacies are required to provide a discharge medicines service. This service is available in all pharmacies in the city but two pharmacies have not received any referrals since the start of the service. but these did not receive any referrals.
- Dispensing Medicines
- Dispensing Appliances
- Repeat dispensing/electronic Repeat Dispensing (eRD)
- Disposal of unwanted medicines
- Public Health (promotion of healthy lifestyles) - pharmacies are required to participate in up to six health campaigns per year at the request of NHS England and NHS Improvement (NHSE/I) and to undertake prescription-linked interventions on major areas of public health concern including smoking cessation, physical activity, healthy eating and alcohol reduction.
- Signposting
- Support for self-care
- Healthy Living Pharmacies – see Section 9.2

9.2. Healthy Living Pharmacies

The Healthy Living Pharmacy (HLP) framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local need, improve the Health & Wellbeing of the local population and help to reduce health inequalities.

All pharmacies must promote healthy living in line with the [Community Pharmacy Contractual Framework](#) (CPCF).

Brighton & Hove City Council (BHCC) Public Health commission (current contract is April 2021 to March 2023) a HLP programme for all community pharmacies in the city to complement the requirements of the CPCF and to support the local health and care priorities.

The B&H HLP programme is supported by the [NICE guideline, Community Pharmacies: promoting Health & Wellbeing](#). This quality standard covers how community pharmacies can support the Health & Wellbeing of the local population. It describes the overarching principles of good practice for community pharmacy teams.

The B&H HLP programme also aims to support actions defined in the recent publication of the [Joint National Plan for Inclusive Pharmacy Practice](#). The joint initiative aims to provide training and resources to develop and embed inclusive pharmacy professional practice into the ongoing care of patients and communities, to support the prevention of ill-health and address inequalities.

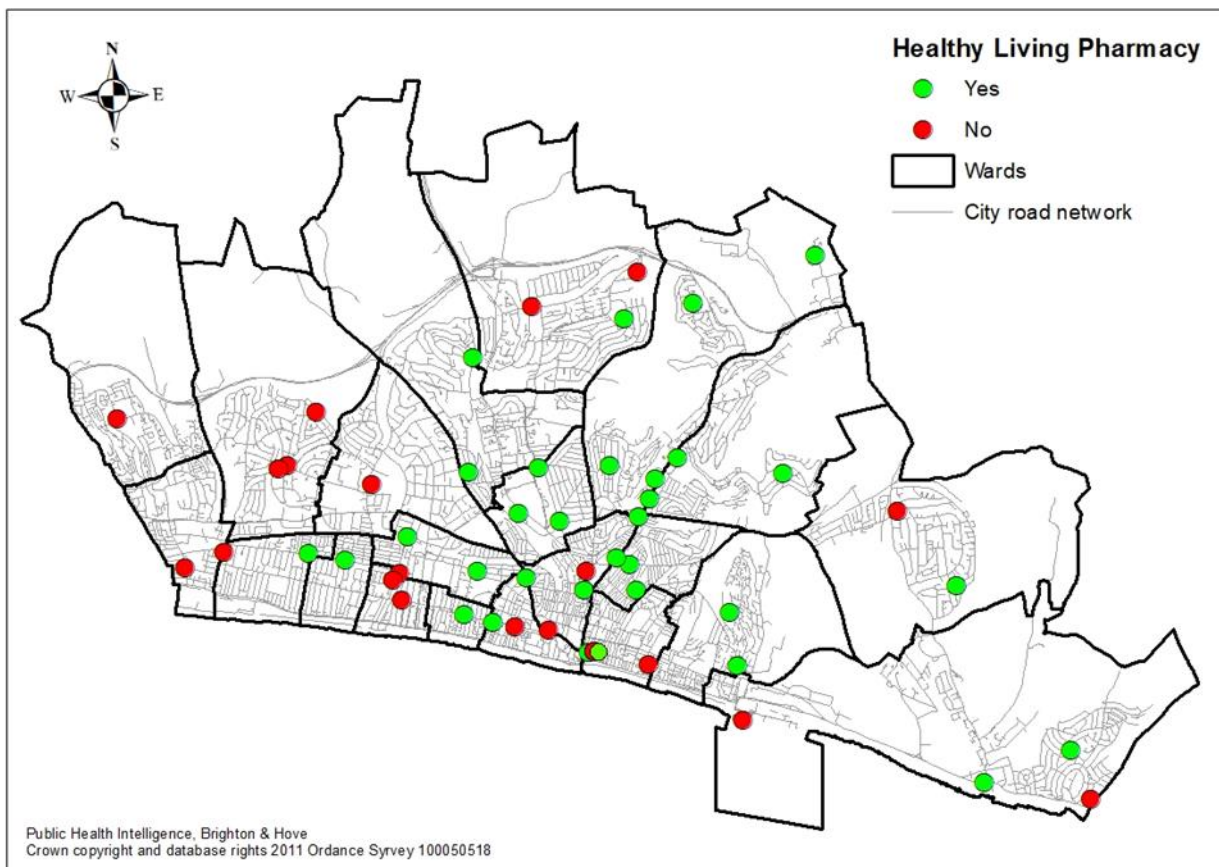
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The B&H HLP service specification encourages participation in the programme by offering remuneration for certain elements. These include:

- Proactive engagement in two local campaigns per year (Alcohol Awareness and Cardiovascular Disease Prevention are the planned campaigns for 2022/2023.)
- Attendance at online training programmes specific to the campaigns and local population needs
- Actively promoting local services and making referrals into them

By May 2022, 32 local pharmacies had signed up to BHCC healthy living pharmacies specifications. Figure 13 shows the location of HLPs delivering the BHCC HLP programme in the city, and Appendix E at Section 14.5 provides a list.

Figure 13. Location of Healthy Living Pharmacies in Brighton & Hove



9.3. Advanced Services

The following services may be or have been provided by pharmacies. It is optional for a pharmacy to deliver these services.

- New medicine service (NMS)
- Community pharmacy seasonal influenza vaccination
- Community Pharmacist Consultation Service (CPCS)
- Hypertension case-finding services
- Community pharmacy hepatitis C antibody testing service (September 2020 – March 2023)
- Stoma appliance customisation service
- Appliance Use Reviews (AUR)
- Smoking cessation service
- Covid-19 lateral flow device distribution (ended 31st March 2022)
- Pandemic Delivery Service (ended 31st March 2022)

The following subsections provides information on advanced services provided in Brighton & Hove.

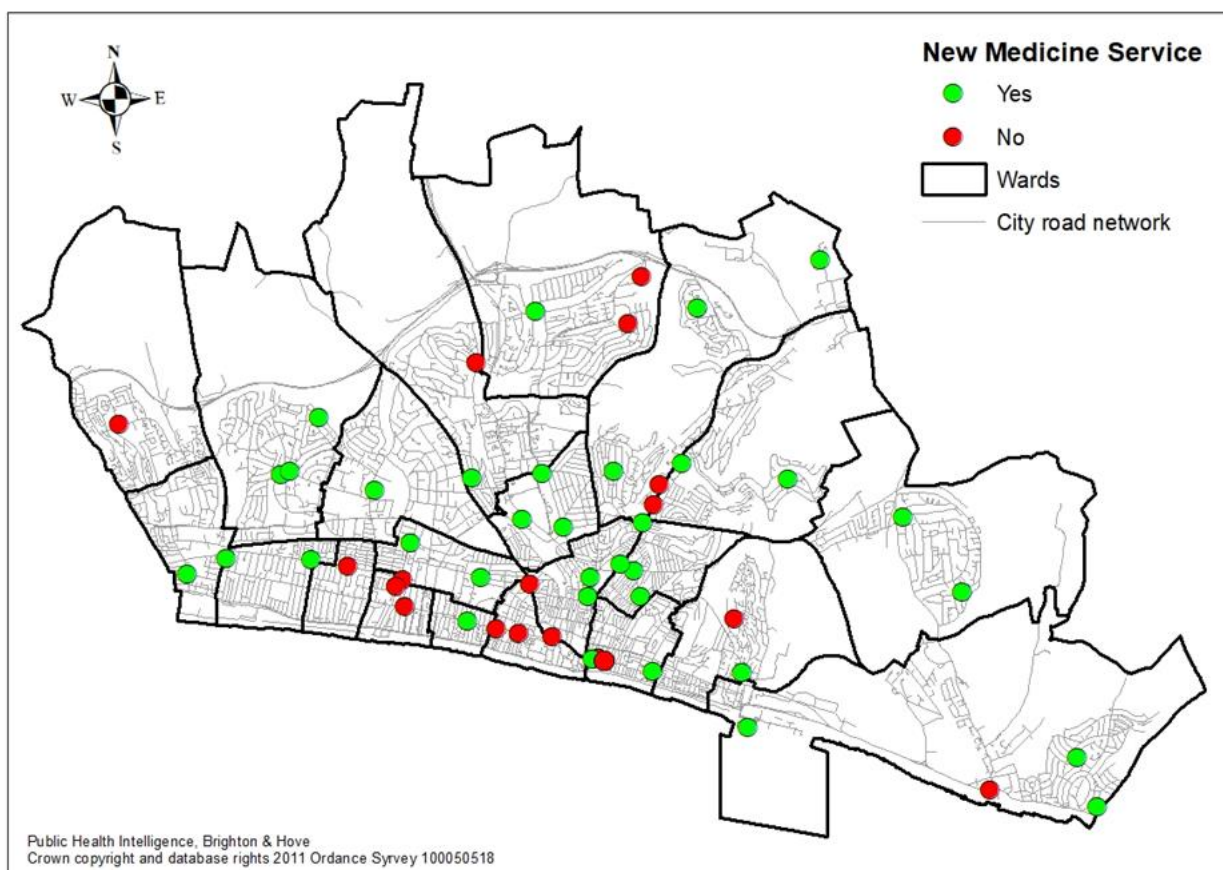
9.3.1. New Medicines Service (NMS)

- As of January 2022, and shown in Two thirds of pharmacies (35 out 52, 67%) in Brighton & Hove provide a New Medicines Service. This is a drop in provision since 2016/17 when 55 pharmacies in Brighton & Hove provided the service. NMS activity has dropped from 4,999 consultations in 2018/19, 4,655 in 2019/20 and 4,083 in 2020/21.
- Among all pharmacies in the city there is an even geographical spread of pharmacies that provide a New Medicines Service.

Figure 14:

- Two thirds of pharmacies (35 out 52, 67%) in Brighton & Hove provide a New Medicines Service. This is a drop in provision since 2016/17 when 55 pharmacies in Brighton & Hove provided the service. NMS activity has dropped from 4,999 consultations in 2018/19, 4,655 in 2019/20 and 4,083 in 2020/21.
- Among all pharmacies in the city there is an even geographical spread of pharmacies that provide a New Medicines Service.

Figure 14. Distribution of pharmacies providing New Medicine Service, January 2022



9.3.2. Stoma appliance customisation

8 stoma appliance customisations were carried out in 2018/19 and in 2019/20 and 9 in 2020/21. As of January 2022, 2 out of 52 community pharmacies were providing stoma customisation, although there may be others who could provide this service, but haven't actually done so.

9.3.3. Flu vaccination

All 52 community pharmacies in Brighton & Hove provide a flu vaccination service. Income from flu vaccination advanced services in 2020/21 was £156,338.

9.3.4. Community Pharmacist Consultation Service

The Community Pharmacist Consultation Service (CPCS) started in October 2019. Since 1st November 2020, GPs have been able to refer patients for a minor illness consultation via CPCS, once a local referral pathway has been agreed.

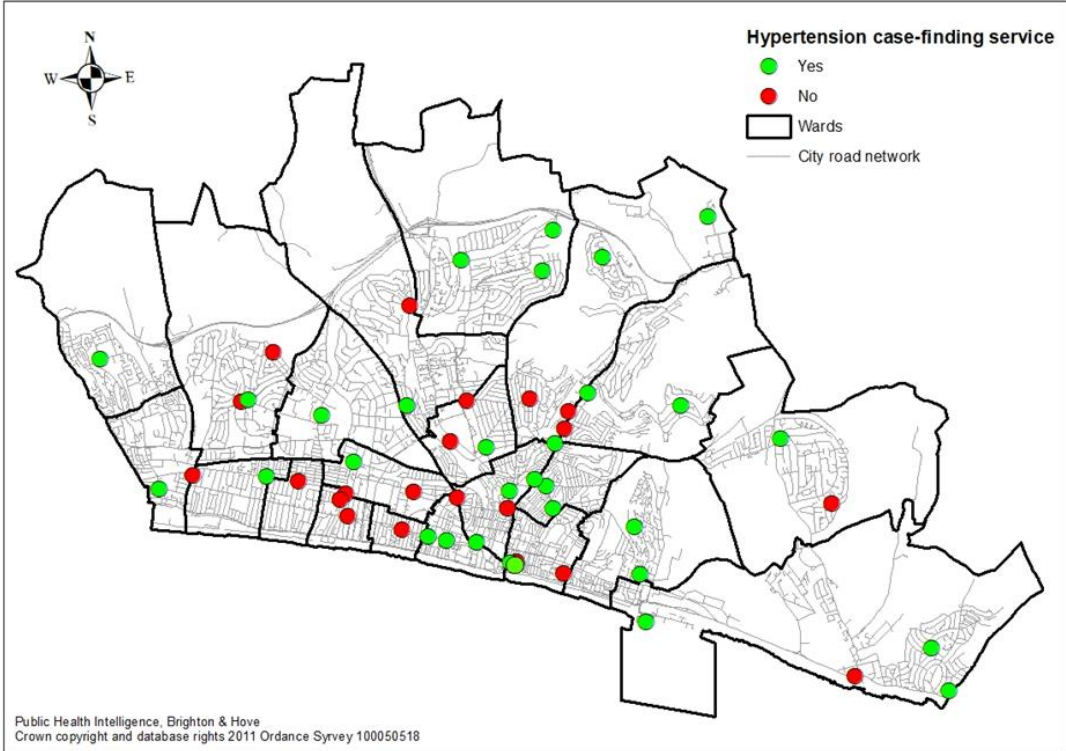
All 52 community pharmacies in Brighton & Hove provide a CPCS service. Activity levels were 920 in 2019/20 and 2,337 in 2020/21.

9.3.5. Hypertension case finding service

The new NHSE/I commissioned hypertension case-finding service aims to increase detection of those with hypertension. It started in 2022 and as of April 2022 three out of five community pharmacies (31 out of 52, 60%) in Brighton & Hove provide the service.

There is an even distribution of pharmacies providing a hypertension case finding service across the city, as shown in Figure 15.

Figure 15. Distribution of pharmacies providing hypertension case finding service, April 2022.



9.3.6. Hepatitis C testing service

As of May 2022, no hepatitis C testing service is currently being provided as an advanced service in the city by community pharmacies, however it is possible for pharmacies to deliver the commissioned with a new service specification until 31st March 2023.

9.3.7. Appliance Use Reviews (AUR)

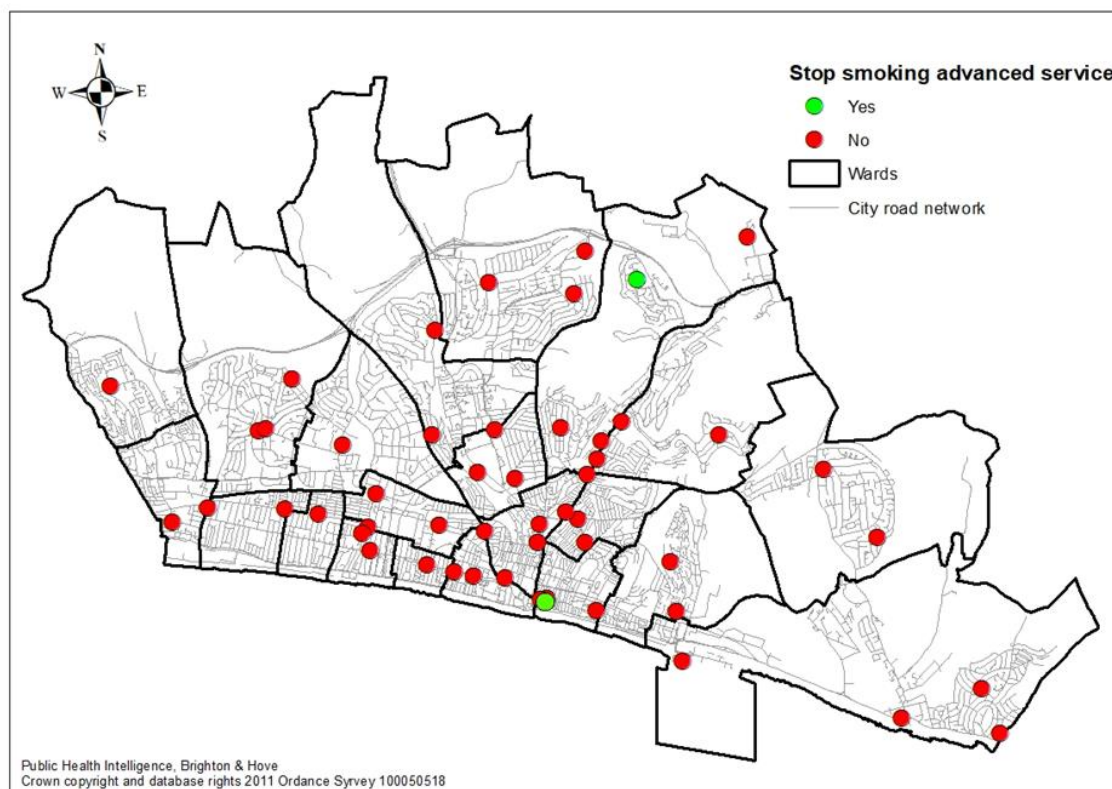
No community pharmacy in Brighton & Hove provides an AUR service. The situation remains unchanged from that reported in the 2018 PNA. These are provided by appliance contractors from outside of the local authority.

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9.3.8. Stop smoking advanced service

This service commissioned by NHS England / Improvement was launched on the 10th March 2022. The service enables hospitals to refer patients to community pharmacy to continue the stop smoking journey they started in hospital. The service supports patients who started a stop smoking programme in hospital to continue their journey in community pharmacy upon discharge and promotes healthy behaviours to service users. Two community pharmacies in Brighton & Hove have currently signed up to provide the stop smoking advanced service. Their locations are shown in Figure 16.

Figure 16. Distribution of pharmacies providing a stop smoking advanced service, May 2022



9.4. Enhanced Services

Enhanced services are the third tier of services that pharmacies may provide and they can only be commissioned by NHSE/I.

NHSE/I South East Region currently commission the provision of pharmaceutical services for Christmas Day and Easter Sunday, as well as the Covid-19 vaccination service, all of which are enhanced services.

Recent updates to Enhanced Services Regulations have been outlined in the introduction (see Section 2.5.1).

9.4.1. Covid-19 vaccination

As of May 2022 there are four pharmacies delivering Covid-19 vaccinations: Coldean Pharmacy, Kamson's Pharmacy Moulsecomb, Kamson's Pharmacy Preston Park and Osbon Pharmacy, Hove.

9.5. Working towards becoming carbon neutral

Community pharmacies may have their own sustainability plans. The actions community pharmacies have taken to support reducing carbon emissions include the following:

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- Return of unwanted and unused inhalers - During the Pharmacy Quality Scheme in 2021/22, pharmacy teams started talking with patients, when they dispensed an inhaler 'about the environmental benefits of returning all unwanted and used inhaler devices for safe and environmentally friendly disposal'.
- As patients are switched to more environmentally friendly inhalers the community pharmacy can offer a New Medicines Service to discuss the patients understanding of their change in medication and where appropriate check their inhaler technique.
- A number of individual pharmacy owners are also making appropriate changes to their business practices to become more carbon neutral for example, using electric delivery vehicles.

The Sussex Health and Care Partnership in the process of developing a plan to reduce the carbon footprint of the Integrated Care System which lays out opportunities for environmental sustainability for NHS organisations. This includes commitments to work with partners to achieve sustainable healthcare.

Brighton & Hove City Council has a target to become carbon neutral by 2030 and there are opportunities for partnership working with community pharmacies to support this objective.

10. Other NHS pharmacy services

Other NHS services are those provided as part of the health service. They include services that are provided or arranged by a local authority (for example public health services commissioned from pharmacies), NHSE/I, CCG, NHS Trust or NHS Foundation Trust.

10.1. University Hospitals Sussex NHS Trust

The local acute hospital trust is University Hospitals Sussex NHS Trust. The pharmacy department 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 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 workflow 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.

10.2. 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 (B&H) with the aim of working with patients and their carers to optimise their use of medicines:

- A clinical pharmacy service as part of the responsive services multidisciplinary team with the aim of optimising patients' medicines, preventing hospital admission and facilitating hospital discharge as well as providing input into Community Short Term Services beds

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- A clinical pharmacist is part of the weekly postural hypotension clinic alongside a falls prevention specialist nurse and consultant
- Clinical pharmacy services and medicines supply from the SCFT Crawley Hospital Pharmacy Dispensary to SCFT B&H Intermediate Care Beds.

SCFT pharmacy staff liaise with patients/carers, social services, nurses, physiotherapists, occupational therapists, community pharmacists, acute hospital pharmacists, consultants, PCN/GP pharmacists and the patients' GP when required.

10.3. Sussex Partnership NHS Foundation Trust

Sussex Partnership NHS Foundation Trust (SPFT) provides care, support and treatment in Brighton & Hove for people with a learning disability and a serious mental illness. The services provided include child and adolescent mental health, older people's mental health, learning disability services, adult mental health and secure & forensic services.

Patients prescribed medication in SPFT community services settings are usually given an FP10 prescription (written by a prescriber in SPFT) when they start a new medicine to take to their community pharmacy of choice. Prescribing is then transferred to the patient's GP once stable and provided it is approved under the Sussex Health & Care Partnership Joint Formulary or Brighton CCG Formulary. This may be within a shared care agreement between GP and SPFT, so the GP can prescribe, while the patient is still under the care of an SPFT community team for monitoring and assessment (for example). Some specialist medications, such as clozapine, are prescribed on hospital prescriptions and dispensed through a hospital pharmacy and will continue to be prescribed by community services in SPFT.

SPFT employs dedicated pharmacy staff (pharmacists and pharmacy technicians) within the general community mental health teams, learning disability, child & adolescent and early intervention teams in Brighton & Hove. These roles liaise with primary and secondary care services and help optimise the use of medicines.

11. Locally Commissioned Services

11.1. Public Health Locally Commissioned Services

There were eight Public Health Locally Commissioned Services that community pharmacies could sign up for as of May 2022. Table 13 shows the number of pharmacies signed up to each of these.

Table 13. Public Health Locally Commissioned Services, May 2022

Locally Commissioned Service	Number of pharmacies delivering LCS ^s
Sexual health and contraceptive services	39
Chlamydia screening	36
Stop Smoking Service	33
Young Persons Stop Smoking Service	21
Domiciliary Stop Smoking	10
Varenicline supply	28
Healthy Living Pharmacy (see section 9.2)	32

11.1.1. Sexual health, contraception and chlamydia screening/treatment service

Community pharmacies provide specified sexual health services in Brighton & Hove. The Emergency Hormonal Contraception (EHC) service through pharmacies provides access to free EHC for those under 25 years in the city. Without this service access would only be available via a GP appointment or sexual health clinics, which would delay or limit access. Pharmacies which provide the EHC service are expected to also provide the C-Card and chlamydia screening services which are included in the same service specification. The C-Card promotes the effective use and provision of free condoms. The main aim of the service is to reduce rates of sexually transmitted infections (STIs) and teenage pregnancy. At first visit young people are provided with training regarding sexual health and 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.

The chlamydia screening programme in the city focuses on 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 be advised to have screening for chlamydia infection. Treatment of positive cases and partner notification is co-ordinated by the chlamydia screening programme.

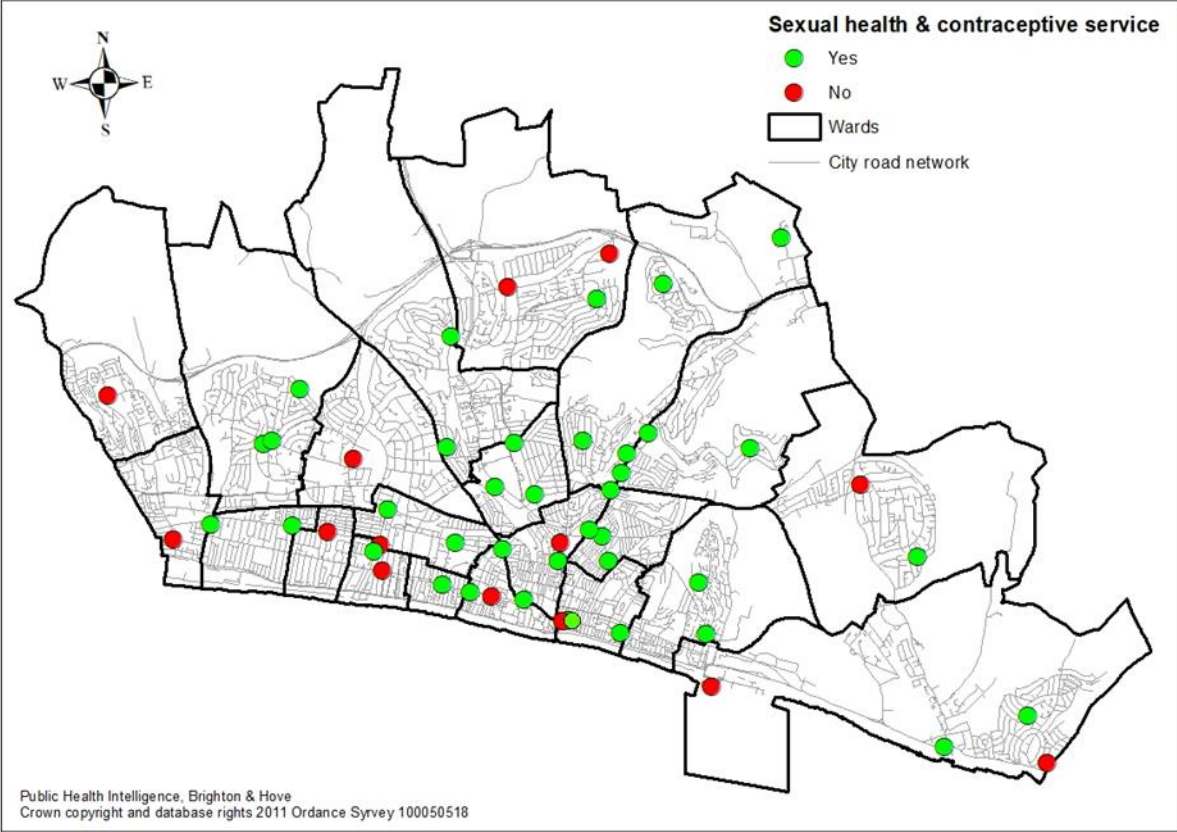
- Nearly three quarters of community pharmacies (39 out of 52, 73%) in Brighton & Hove provide a sexual health and contraception service, a similar proportion to the last PNA in 2018.

^s Includes Pharm@sea pharmacy at the Royal Sussex County Hospital

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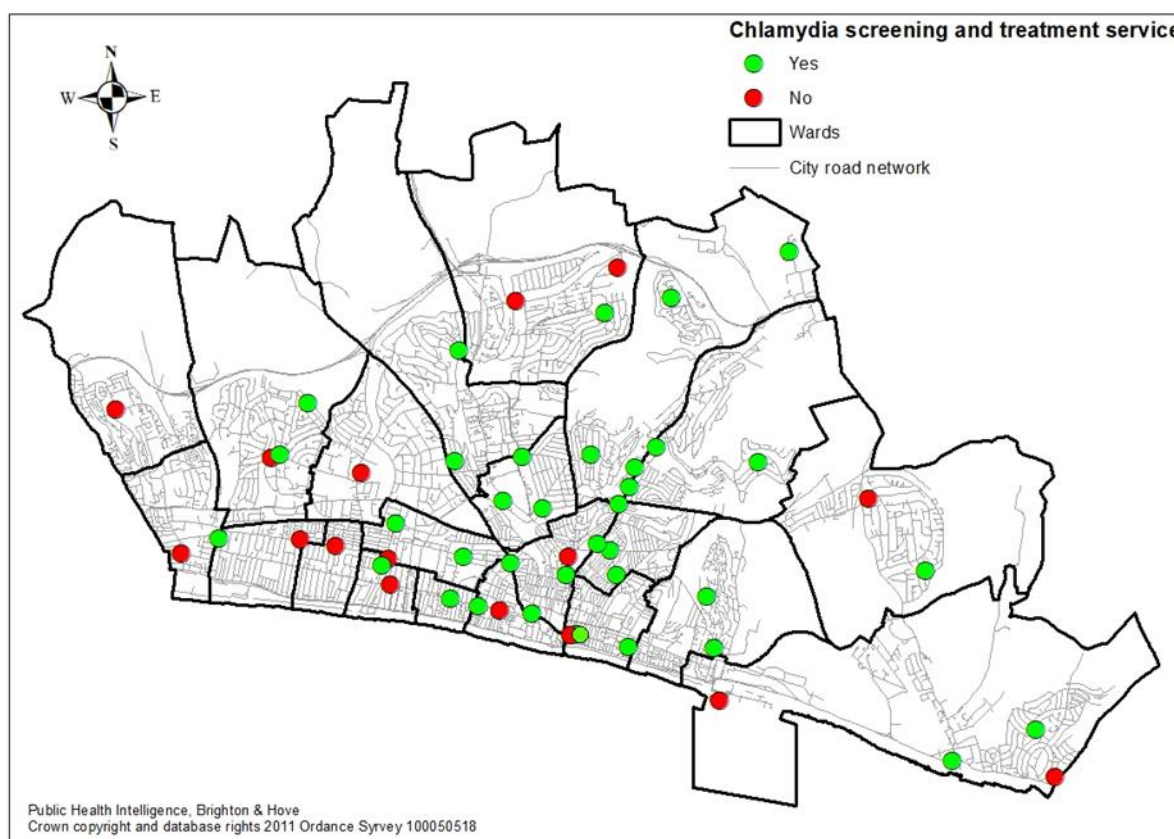
- Figure 17 provides a map of these pharmacies in the city, showing there is a relatively even distribution of pharmacies that provide a sexual health and contraception service, although there is no service in the Portslade area.
- There is one pharmacy (Lloyds Pharmacy, Sainsbury’s Superstore, Lewes Rd) that provides a late-night emergency contraception service in the city. It is open until 8pm Monday to Wednesday and on Saturdays, and until 9pm on Thursday and Friday.

Figure 17. Location of pharmacies providing sexual health & contraceptive services, May 2022.



- Over two thirds of community pharmacies (36 out of 52, 69%) in Brighton & Hove provide a chlamydia screening and treatment service, a similar proportion to the last PNA in 2018.
- Figure 18 provides a map of the location of these pharmacies in the city showing a relatively even distribution of pharmacies that provide a chlamydia screening and treatment service, although there is no service in Portslade.

Figure 18. Location of pharmacies providing chlamydia screening and treatment service, May 2022.



11.1.2. Stop smoking services - overview

There are four local commissioned services that community pharmacies can provide to help residents to stop smoking.

- Stop smoking service
- Young person's stop smoking service
- Domiciliary stop smoking service (service delivered at a patient's home)
- Varenacline service

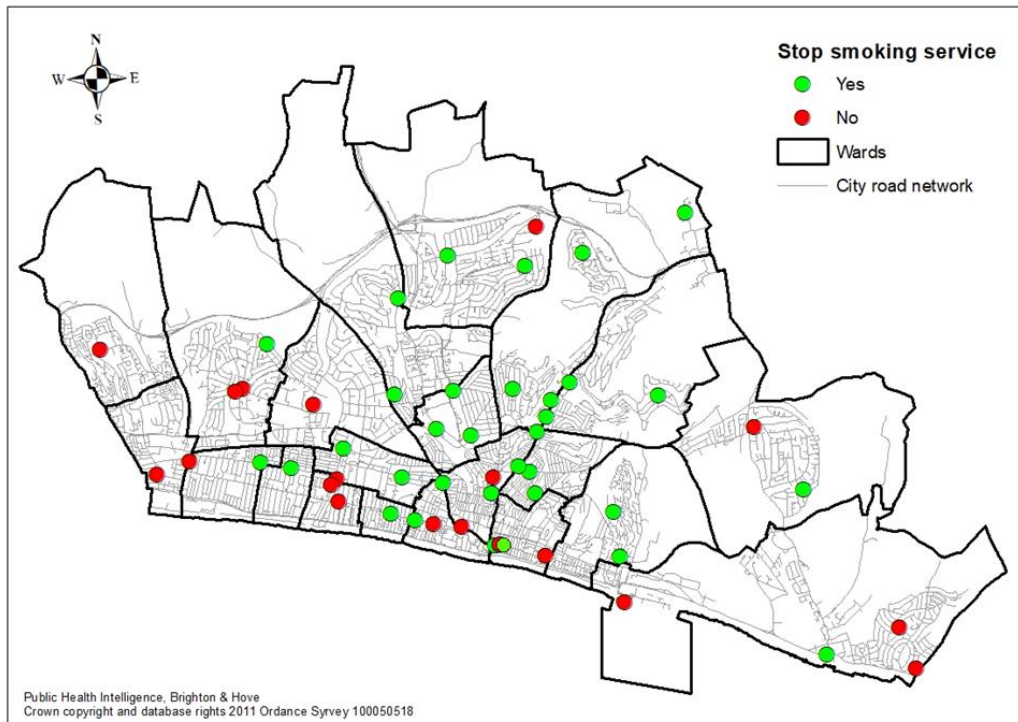
For the three services delivered in pharmacies, stop smoking services tend to be concentrated in central and northern areas of the city with fewer services in the east and particularly in the west. (See Figure 19 - Figure 21)

Stop smoking services

The stop smoking service is commissioned in 33 community pharmacies of which 21 are also commissioned to provide the Young Persons, and 10 are commissioned to provide the domiciliary stop smoking service. None of the five pharmacies furthest west in the city provide this service (see Figure 19).

Data from 2021/22 shows that no pharmacies recorded a four-week quit through either the young persons or domiciliary stop smoking services for 2021/22. Locally commissioned service provision, particularly domiciliary services have been affected by Covid-19. There are plans to support community pharmacies to re-establish service provision.

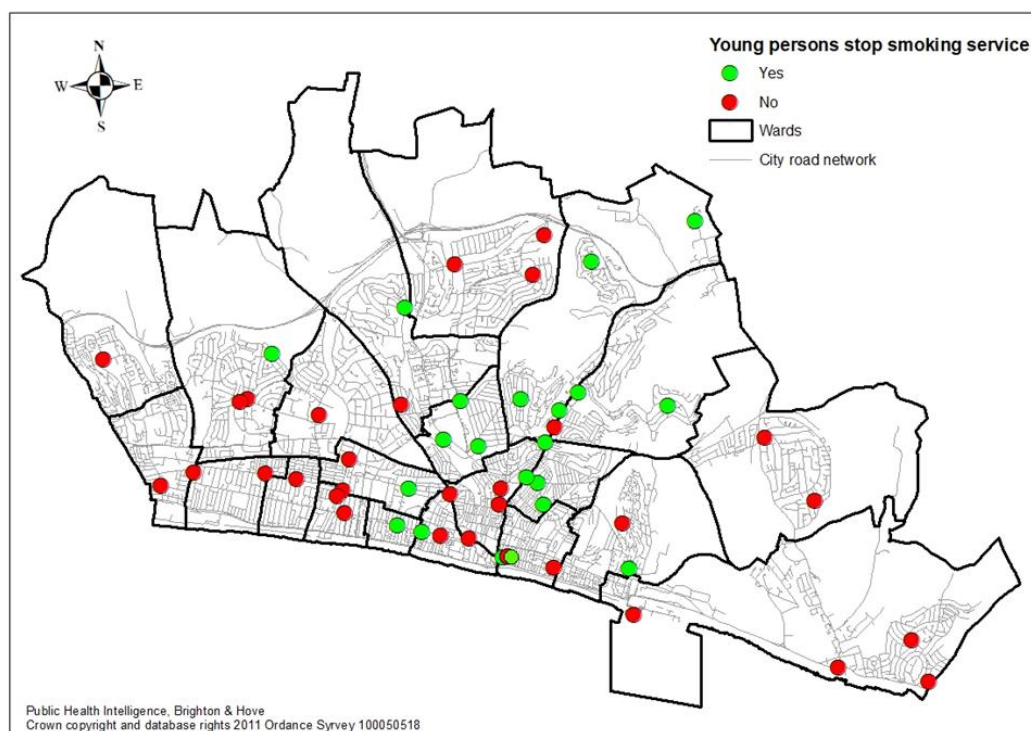
Figure 19. Locations of pharmacies providing a stop smoking service



Young persons stop smoking service

21 out of 52, 40% of community pharmacies in Brighton & Hove provide a young person's stop smoking service. However, only three pharmacies in Hove and Portslade provide this service and no pharmacies in Rottingdean, Woodingdean and Saltdean (see Figure 20).

Figure 20. Locations of pharmacies providing young persons stop smoking service

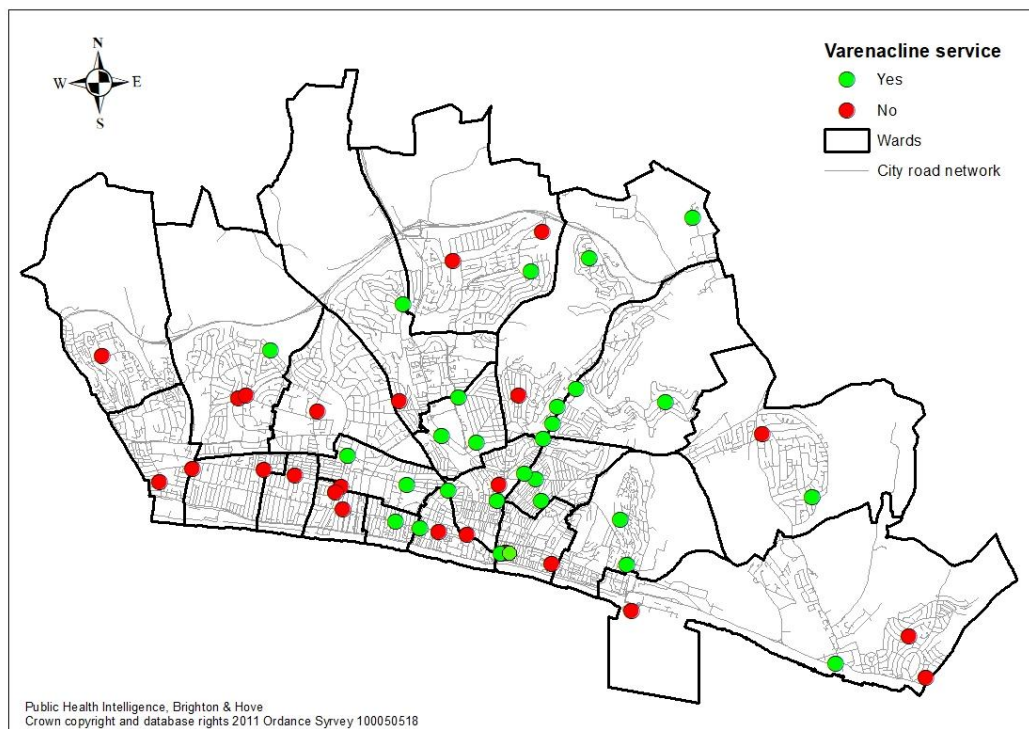


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Varenacline – a medication for supporting smoking cessation

Over a half of community pharmacies (28 out of 52, 54%) in Brighton & Hove provide a Varenacline service, although only four pharmacies in Hove and Portslade provide this service (see Figure 21). Varenicline has not been available due to supply issues since June 2021 and therefore this service has been suspended until further information is received regarding product availability.[†]

Figure 21. Location of pharmacies providing Varenacline service



11.2. CCG Locally Commissioned Services

Brighton & Hove Clinical Commissioning Group commissions the Palliative Care Locally Commissioned Service. Seven pharmacies were providing this service in 2021/2022 (see Table 14).

Table 14. Palliative Care Locally Commissioned Service

PCN	Pharmacy		
Deans and Central	Waremass Ltd	Kamsons Pharmacy	BN2 4GB
Goldstone	M & W (Brighton) Ltd	175 Preston Road	BN1 6AG
North and Central	Boots UK Ltd	129 North Street	BN1 2BE
Goldstone	Pharma Supply Ltd	3 Goldstone Villas	BN3 3AT
East and Central	Waremass Ltd	1a Lewes Road	BN2 3HP
Deans and Central	Waremass Ltd	25-26 Whitehawk Road	BN2 5FB
West Hove	Waremass Ltd	191-193 Portland Road	BN3 5JA

[†] [CAS-ViewAlert \(mhra.gov.uk\)](https://cas-viewalert.mhra.gov.uk)

12. Professional and public surveys and findings

Four surveys were undertaken between February to April 2022.

- Community survey with local residents
- GP and medical prescribers survey
- Pharmacy survey
- Care home survey

Only one response was received to the care home survey therefore no further reference will be made to the care home survey in this report.

12.1. Community survey

Key findings from the community survey

- 50% of respondents are very satisfied with pharmacy services in the city, and another 42% are fairly satisfied.
- The three biggest factors or influences on how people choose their pharmacy in Brighton & Hove are the proximity of the pharmacy to their home (88% mention this), its proximity to their local GP surgery (42%), and the proximity to their place of work (36%).
- Only 2% of respondents said there was a pharmacy that they didn't use, even though it was actually closer to them.
- 87% of respondents said that the opening hours of the pharmacy they use most often met their needs.
- The most popular opening times for pharmacies amongst residents are weekday daytimes between 9am and 5pm (67%), and on Saturdays (66%).
- 67% had actually used pharmacy services on a Saturday in the last 12 months, 41% had used late night pharmacy services, 31% had used pharmacy services on a Sunday, and 25% had done so on a bank holiday (again all these refer to the most recent 12 months).
- 40% of respondents visit a pharmacy monthly, and this is the most common frequency of pharmacy use. 23% visit every two to three months and 16% do so every fortnight.
- As many as 91% of respondents get repeat prescriptions, and of these, the largest proportion (76%) do so via the internet or from using an app.
- Nearly nine out of ten respondents (88%) strongly agree (62%) or agree (26%) they travel a short distance to use their most often used pharmacy.
- Walking (54%) is the main mode of transport used by residents to reach their most often used pharmacy, ahead of travelling by car (29%), and public transport (9%).
- 29% strongly agree, and another 55% agree they can find, and use, an open pharmacy in Brighton & Hove when they need one.

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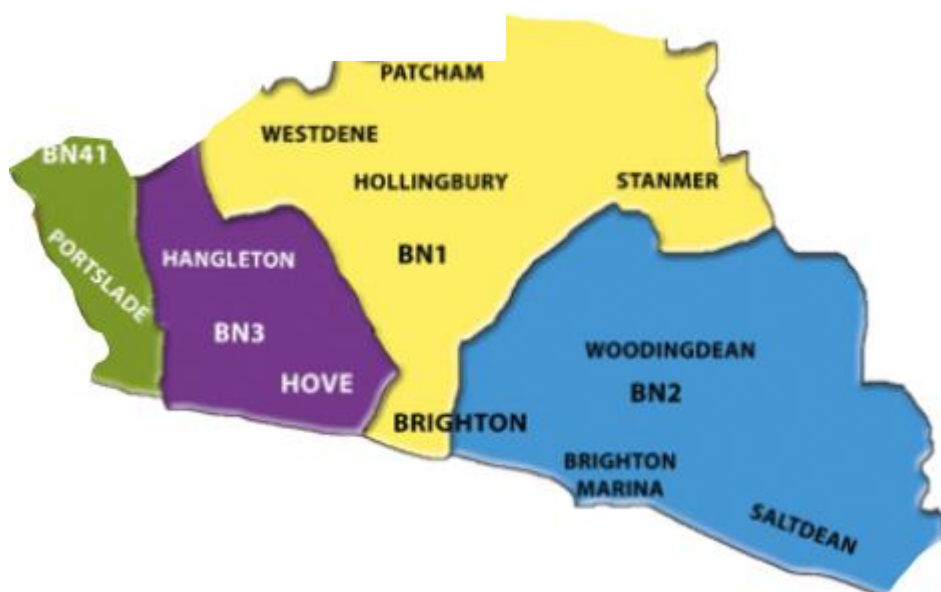
12.1.1. About the community survey

A total of 1,007 telephone interviews were conducted with Brighton & Hove residents between 4th February and 4th March 2022.

Quotas were set for age (18-34 years, 35-54 years, and 55+ years), gender, postcode district, and ethnicity (UK White British, White Other, and Black and minority ethnic), in order to generate a sample representative of the population of the city.

The postcode area reported in the following sections are shown schematically in Figure 22. For the purposes of this report, BN41 will be referred to as Portslade, BN3 as Hove, BN1 as 'Brighton central' and BN2 (roughly all areas east of the A27) as 'Brighton east'.

Figure 22. Rough indication of postal areas in Brighton & Hove



The following subsections report statistically significant findings from the community survey to help understand the use of pharmacy services by local residents.

There was no statistical difference between the answers of those respondents with or without a disability or a health problem that limits their activity in some way.

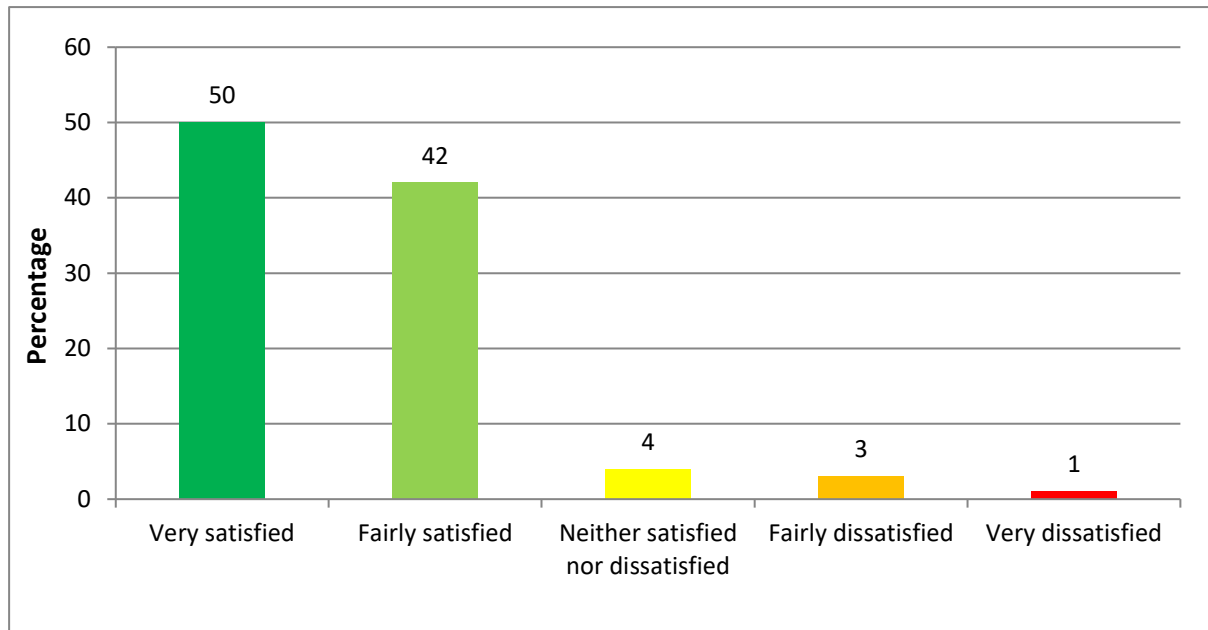
The findings below are taken from a fuller report which is available on request.^u

12.1.2. Overall satisfaction with pharmacy services in Brighton & Hove

More than nine out of ten respondents (92%) were very or fairly satisfied with pharmacy services in Brighton & Hove, including a half who were very satisfied. Only 4% were fairly or very dissatisfied. (See Figure 23)

^u email: publichealthintelligence@brighton-hove.gov.uk

Figure 23. Satisfaction with pharmacy services in Brighton & Hove



Although not directly comparable due to different survey methodologies, in the 2018 PNA community survey 87% were very or fairly satisfied and 3% fairly or very dissatisfied with pharmacy services in Brighton & Hove.

There was a high level of satisfaction across all demographic groups with no statistically significant differences observed.

12.1.3. Factors influencing pharmacy choice

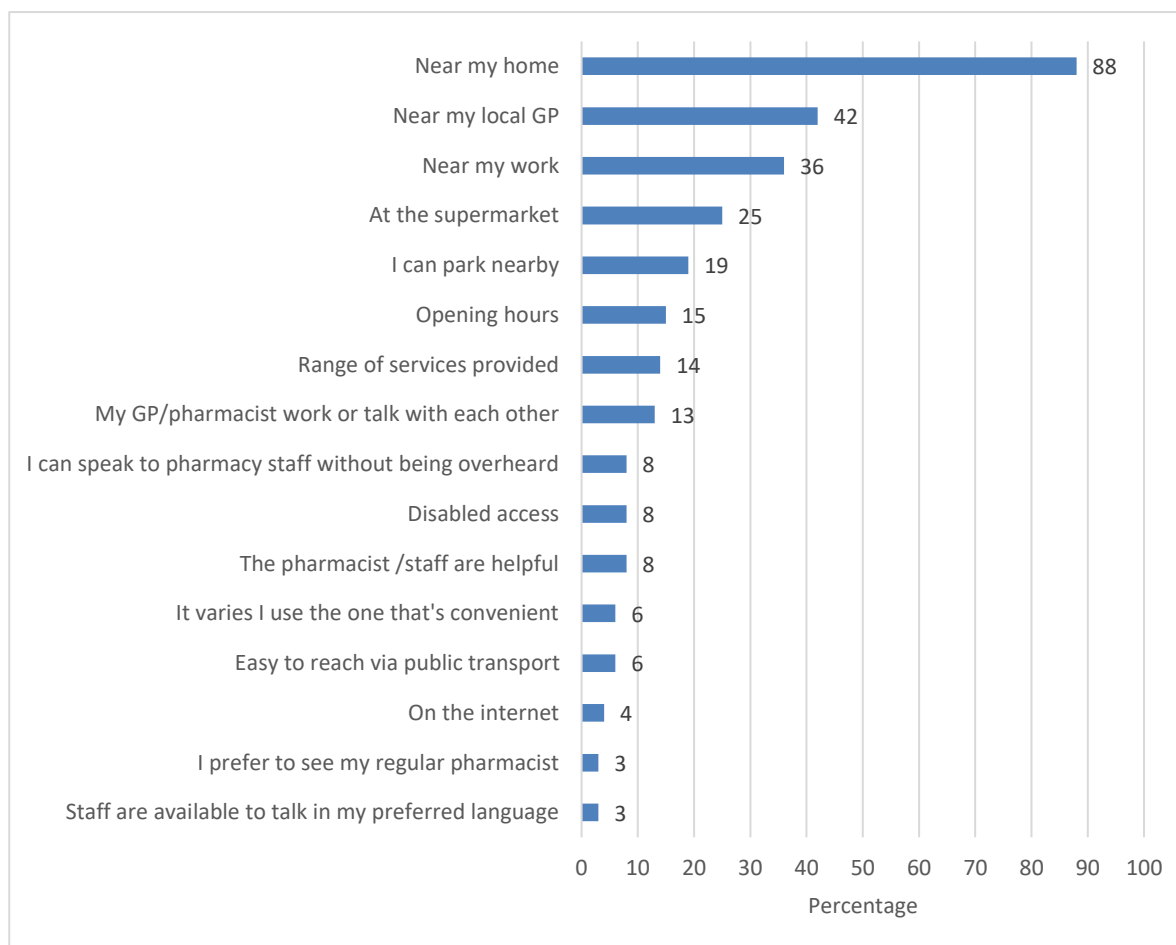
The survey began by asking which factors would be the biggest influences on the choice of pharmacy. Respondents were offered a list of options, and they were able to choose up to three of these factors.

Figure 24 shows that ‘near my home’ was the most frequently given response, this was chosen as one of their three factors by almost 9 out of 10 respondents (88%). This was by far the most common reason given and was well ahead of ‘near my local GP’ (42%) and ‘near my work’ (36%).

‘At the supermarket’ was a factor chosen by 25% of respondents. ‘I can park nearby’ was the next most often chosen factor (19%) ahead of ‘opening hours’ (15%). No other factor generated more than 14% of total responses.

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Figure 24. Factors in choosing pharmacy used (n=all respondents)



Responses to this question varied across different demographic groups.

Near my home

- This was chosen by a significantly higher proportion of the 55+ group (95%) than the other major age cohorts, 18-34s (85%) and 35-54s (88%).
- 'Near my home' was also selected by 92% of those not working, compared to 87% working full-time.

Near my local GP

- This was chosen by 60% of those in the 55+ group, significantly more than the 44% of 35–54 year olds, or 26% of 18–34 year olds.

Near my work

- Selected by more 18-34 years olds (39%) and more 35-54s (37%) than the 55+ group (29%).
- There were differences in gender: 39% males compared to 32% for females.
- Not surprisingly, this was also selected by 52% of those working full-time and 33% of those working part-time.

At the supermarket

- This was selected by more female respondents (31%) than males (19%).

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I can park nearby

- This was chosen by 24% of those aged 55+, compared to 16% of 18-34s and 17% of 35-54s.
- Those who tend to disagree (23%) they will have enough money for basic living costs or don't know (24%) are more likely to select this than those that strongly agree they will (14%).

Opening hours

- Selected by more 18-34s (18%), compared to just 11% of those aged 55+. Similar to other age groups, 68% of 18-34s would like to use a pharmacy on a Saturday. However, 40% of 18-34s would also like to use a pharmacy between 8pm and 12am during the week. This is higher than for 35-54s (29%) and 55+ (22%) (see Section 12.1.5)
- 'Opening hours' was selected by 20% of those not working, compared to 13% working full-time.

GP/practice and pharmacist and staff work or talk with each other

- This was chosen by 20% of those who don't have repeat prescriptions compared to 12% who do have repeat prescriptions.

I can speak to the staff without being overheard

- This was a factor for significantly more 18-34s (10%) than over 54s (5%).
- This option was also chosen by 17% of White Other respondents, significantly more so than the 7% of UK White British or 6% BME.

Disabled access

- Within the 180 respondents with a health problem or disability, this was chosen by 54% of those whose activities were limited 'a lot' by their condition, compared to just 17% amongst those whose activities were limited 'a little'.

Helpful pharmacy staff

- This was selected by 11% of 18-34s and compares to those 6% aged 55+ also choosing this option.

Convenience

- This was a factor for 10% of those living in BN41/Portslade and 8% of those in BN3/Hove both being significantly higher than the 4% in BN1/Brighton central who chose this as a factor.

It's easy to reach via public transport

- This was more of a factor for those in BN2/Brighton east (8%) than in BN1/Brighton central (4%).

On the internet

- This was selected by more 18-34s (8%) than either 35-54s (3%), or those aged 55+ (1%).
- More living in BN41/Portslade (11%) than in other postcode areas selected 'on the internet' compared to just 3% in BN1/Brighton central and 4% in both BN2/Brighton east and in BN3/Hove areas.
- 'On the internet' was also selected by 6% of those working full-time, compared to 1% working part-time and 2% not working.

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12.1.4. Pharmacy used most often

For all respondents the pharmacy they use most often was in Brighton & Hove.

Thinking about the pharmacies they used most often, respondents were asked if there was a pharmacy closer to them that they didn't use. For more than nine out of ten respondents (93%) there was not a pharmacy closer to them that they didn't use. Only 2% said there was a closer pharmacy.

Respondents who didn't use the closest pharmacy were asked why this was. The more common themes emerging were around opening hours or what might be termed customer service issues (such as unhelpfulness, rudeness, insufficient attention, or lack of privacy).

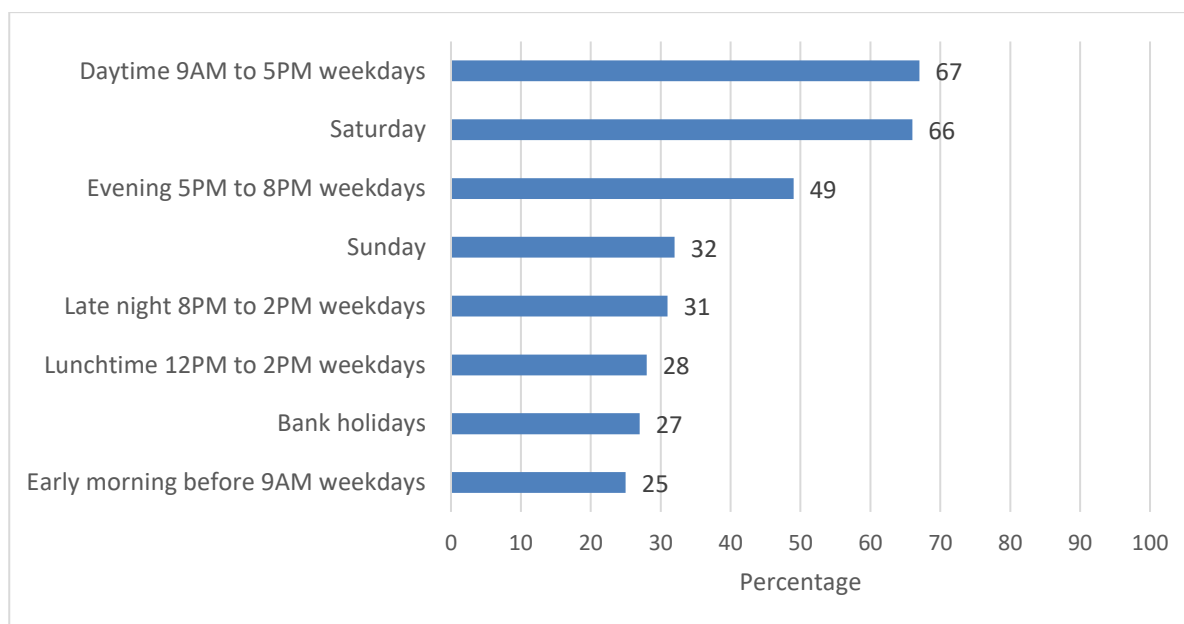
12.1.5. Opening hours

More than eight out of ten respondents (84%) agree they can usually find an open pharmacy in Brighton & Hove when they need one (29% strongly agreed). Less than one in ten (8%) disagree with just 1% strongly disagreeing.

For the pharmacies they used most often, four out of five respondents (87%) said the pharmacy's opening hours met their needs. This was the case for 92% of respondents who do not work, but was significantly lower for those working full-time (86%) and those working part-time (84%).

Figure 25 shows that the two most popular times to use a pharmacy were almost equally 'weekdays day times between 9am and 5pm' (67%) and Saturday (66%). Weekday evenings were chosen by just under half of respondents (49%).

Figure 25. Preferred pharmacy opening times (n=all respondents)



There were some differences by demographic groups:

Saturdays

- Saturdays were chosen by 69% of those who have repeat prescriptions compared to 37% for those who don't.

Evenings weekdays

- 53% of 35-54s chose this compared to 40% of the over 54s. Whilst 50% of 18-34s chose this time.

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Sundays

- Sundays were preferred by 33% of those who have repeat prescriptions vs. 17% of those who don't.

Late night weekdays

- This was chosen by 40% of 18-34s compared to 29% of 35-54s and 22% of over 54s.

Use in the evening and at weekends/bank holidays

Respondents were asked specifically about using a pharmacy in the evening, at weekend and on bank holidays in the last 12 months. The most frequent use was on a Saturday (67%) followed by late night after 8pm (41%), on a Sunday (31%) and on a bank holiday (25%).

Although 41% of all respondents used a **late-night pharmacy service**, there were some differences by demographics:

- Use rose to 58% amongst 18-34s, significantly higher than 35-54s (32%) and over 54s (30%).
- It was also higher for those who have repeat prescriptions, 44% against just 15% without.
- There were more saying they didn't need late night pharmacies in BN3/Hove (63%) than elsewhere.

While 67% of all respondents used **Saturday pharmacy services**,

- Use was higher for those with repeat prescriptions (70%) and lower for those without (32%).

While 31% of all respondents used **Sunday pharmacy services**,

- 34% of 18-34s used pharmacy services on a Sunday compared to 26% of those aged 55+.
- There is a significant difference between those with repeat prescription and those without, the difference was 33% vs. 14%.

While 25% of all respondents used **bank holiday pharmacy services**, again we could see some differences.

- 28% of 18-34s used pharmacies on a bank holiday compared to 19% of over 54s, and 26% of 35-54s.
- There was a difference for those with repeat prescriptions (25%) compared those without (16%).

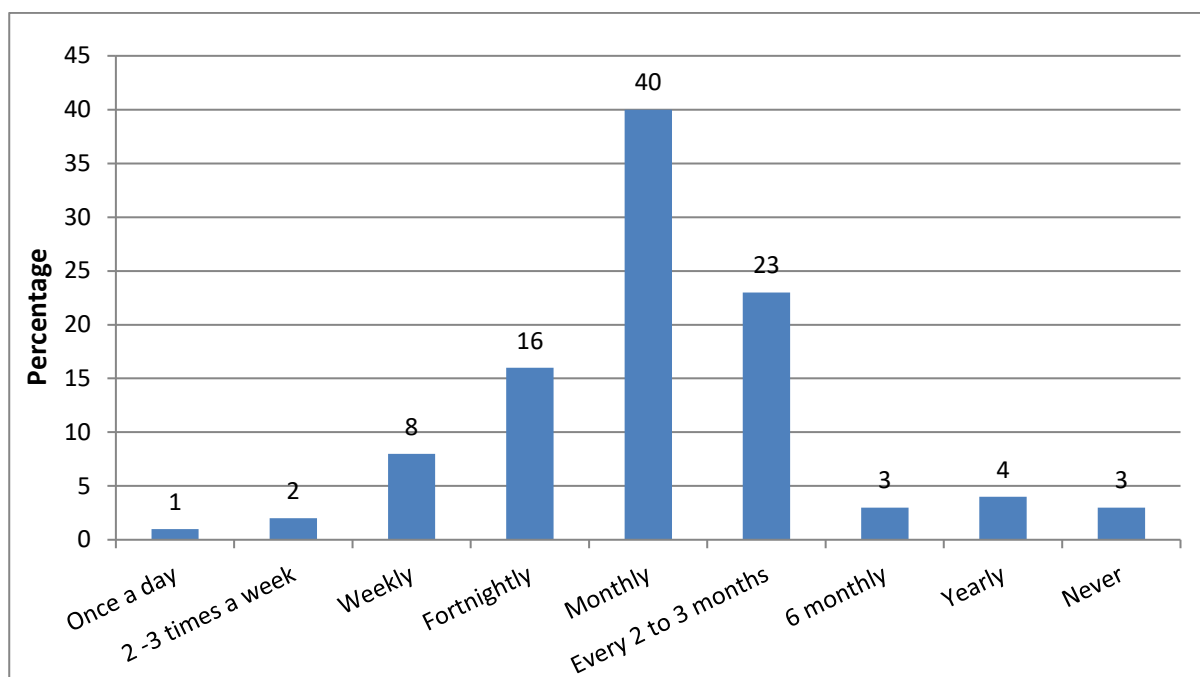
12.1.6. Frequency of pharmacy visits for health reasons

Two out of five respondents (40%) said they visited a pharmacy for health reasons on a monthly basis. This was the most popular visiting frequency. Around one in four (23%) visit a pharmacy every two to three months, and around 1 in 6 (16%) do so fortnightly.

At the two opposite ends of the scale, we can see that 3% claim to never visit a pharmacy, and 4% visit only yearly; whilst in contrast 1% visit daily, and 2% do so two to three times a week. Further information can be seen in Figure 26.

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Figure 26. Frequency of visiting pharmacies for health reasons (n=all respondents)



There are differences by demographic groups as follows:

Once a week

- Those visiting 'weekly' are found in a higher proportion amongst the over 54s (13%), compared to 5% amongst 18-34s, and 7% amongst those aged 35-54s.
- 9% of those with repeat prescriptions visit 'once a week' compared to 0% for those without repeats.

Fortnightly

- 18% of those with repeat prescriptions visit 'fortnightly' compared to 1% for those without repeats.

Monthly

- For those 40% visiting 'monthly' we have a higher proportion amongst over 54s (45%) compared to 37% amongst 18-34s.
- 44% of those with repeat prescriptions visit 'monthly' compared to 0% for those without repeats.

Every two to three months

- Those visiting 'every two to three months' (23%) make up a higher proportion amongst 18-34s (29%), and 35-54s (24%) compared to 14% amongst over 54s.
- 26% of those in BN3/Hove compared to 19% for those in BN2/Brighton east.
- 25% of those with repeat prescriptions visit 'every two to three months' compared to 3% for those without repeat prescriptions.

Never

- Less than 1% of those with repeat prescriptions never visit compared to 31% for those without repeats.

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12.1.7. Repeat prescriptions

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

Nine out of ten respondents (91%) reported they receive repeat prescriptions, this could be repeat prescriptions for themselves or if they collect repeat prescriptions for others. The proportion of patients registered with a local GP that have repeat prescriptions is not known but the figure is likely to be lower than 91%. It is considered that the 91% of respondents receiving or collecting repeat prescriptions is higher than the general population in receipt of repeat prescriptions; although the proportion of people answering the community survey in the last PNA published in 2018 was similar at 88%, the methodology was different. There were the following demographic differences in respondents:

- The proportions who get a repeat prescription rises to 95% amongst the over 54s compared to 89% of 18-34s and 90% of 35-54 years old.
- More males (93%) than females (89%) get repeat prescriptions.

For the 91% who get repeat prescriptions, we asked how they ordered their medicines. More than three-quarters (76%) stated that they order them 'over the internet or via an app', by far and away the most popular method used.

Around one in five (18%) 'posted or dropped off a paper request form', a relatively small number (5%) phoned using Prescription Ordering Direct (POD), and only 1% email the GP practice. Fewer than 1% said they phoned the GP practice.

There are differences by demographic groups:

For ordering over the internet or an app (76%)

- There are a higher proportion amongst the 18-34s (80%) and the 35-54s (79%) than 55+ (66%).

For posting or dropping off paper requests (18%)

- There is a higher proportion for those aged 55+ (24%) than the 18-34s (16%) or the 35-54s (15%).

12.1.8. Distance to the pharmacy used most often

Nearly nine out of ten respondents (88%) strongly agree (62%) or agree (26%) they 'travel a short distance to use my pharmacy'. Just 7% disagreed, and only 1% strongly disagreed.

There were some demographic differences in those who strongly agree:

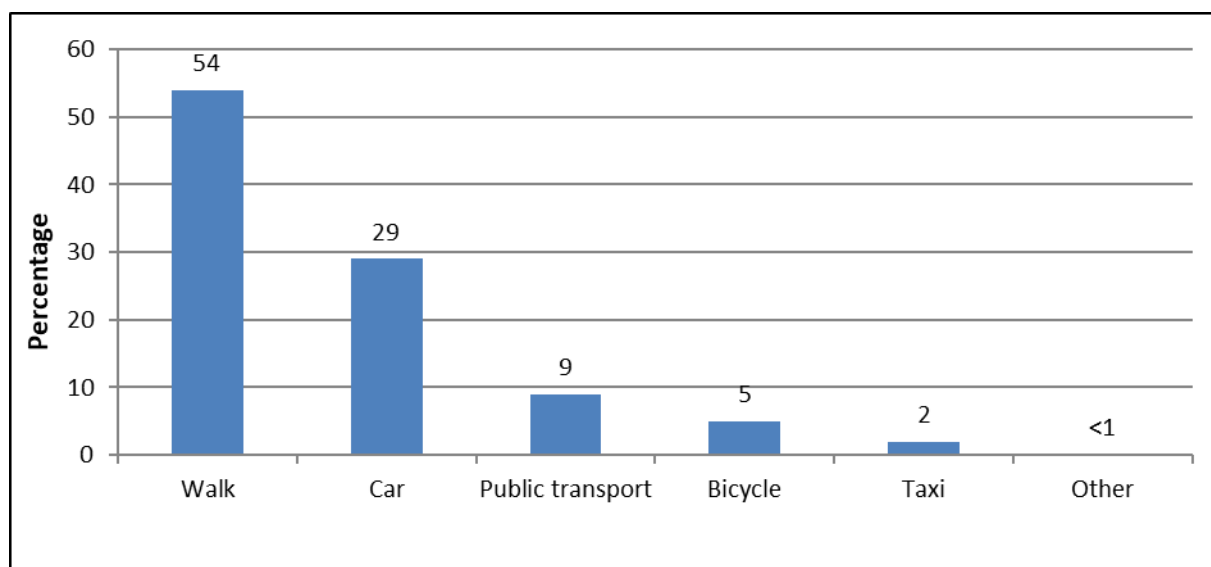
- There were more living in BN2/Brighton east (71%) and in BN1/Brighton central (67%) who strongly agreed they travelled a short distance to use their pharmacy than those living in BN3/Hove (52%) or BN41/Portslade (38%).
- 64% of full-time workers strongly agreed compared to 52% of those working part-time.

12.1.9. Travel to the pharmacy you use most often

More than half our respondents said that the main way they get to their most often used pharmacy is to walk (54%). Less than a third (29%) travel by car, and 1 in 10 (9%) use some form of public transport. Just 5% cycle and 2% use a taxi (See Figure 27).

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Figure 27. Main mode of travel used to reach most used pharmacy (n=all respondents)



12.2. Community pharmacies survey

Key findings from the community pharmacies survey

- Three quarters of pharmacies who responded (73%, 16 out of 22) would have sufficient capacity within their existing premises and staffing levels to manage an increase in demand in their area.
- Nearly all pharmacies (19 out of 22) strongly or tended to agree they are aware of the role of Community Pharmacy Primary Care Network (PCN) leads to encourage collaboration between GP practices and community pharmacies.
- Nearly three-quarters of pharmacies (16 pharmacies) had experienced no difficulties with implementing the Accessible Information Standard. Six pharmacies responded don't know/not sure.
- Nearly all pharmacies (21 out of 22) thought the opening hours of the GP practices they work with, mostly aligned with the opening hours of their pharmacy.
- Three-quarters of pharmacies (17 out of 22) were very or fairly satisfied with their contact with the GP practices they work with. No pharmacy was dissatisfied with their contact with GP practices.
- While 17 out of 22 pharmacies thought that GPs were aware of the services that they provide, only one GP out of 11 agreed that they were aware of the advanced or locally commissioned services provided by the pharmacy they use most.
- While 12 out of 22 pharmacies strongly or tend to agree that GP practices refer patients to the services their pharmacy provides only two out of 11 GPs strongly or tend to agree that they refer patients to advanced or locally commissioned services of the pharmacy they use most.

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12.2.1. About the community pharmacies survey

All 52 community pharmacies in Brighton & Hove were invited to participate in the survey February and March 2022 which included questions on service provision, staff, working with GPs practices and pharmacies’ capacity to meet increased demand.

In total there were 28 responses to the community pharmacy survey, including six pharmacies where two responses were received. In total 22 pharmacies responded, 41% of all pharmacies in the city. The pharmacies that responded were:

- ASDA - Marina
- Ashtons Dyke Road
- Boots - Boundary Road
- Boots - George Street, Hove
- Boots - Hangleton
- Boots - Kemptown
- Boots - North Street
- Bridgeman
- Charter Pharmacy
- Coldean Pharmacy
- Healthy U Pharmacy
- Kamsons - Elm Grove
- Kamsons - Portland Road
- Lane and Stedman
- Lloyds Pharmacy - Lewes Road
- Lloyds Pharmacy - Rottingdean
- Lloyds pharmacy - Saltdean
- Lloyds Pharmacy - Whitehawk
- Lloyds Pharmacy County Oak MC
- Patcham Pharmacy
- Ross Pharmacy
- Westons Pharmacy

In the 2018 PNA, 26 out of 59 community pharmacies (44%) responded to the pharmacy survey.

NB. For five of the six pharmacies that provided two responses, looking at the responses indicated that the respondent was the same person completing the survey between one and two months apart. For these five pharmacies the later response has been included in this report. For the sixth pharmacy, one respondent was the professional service manager and one the administrative manager. Where responses differed the responses of the professional services manager have been used in this report.

The positions held by respondents were:

Position	Number
Pharmacist manager	7
Professional service manager	4
Pharmacy / general manager	4
Pharmacist	2
Store Manager	1

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Regional Manager	1
Pharmacy technician/manager	1
Pharmacist director / owner	1
General Manager	1

Reporting and data in the rest of Section 12.2 refers to the responses from the 22 pharmacies who participated in the survey. The services mentioned in this section refer to the services as listed in the community pharmacy questionnaire.

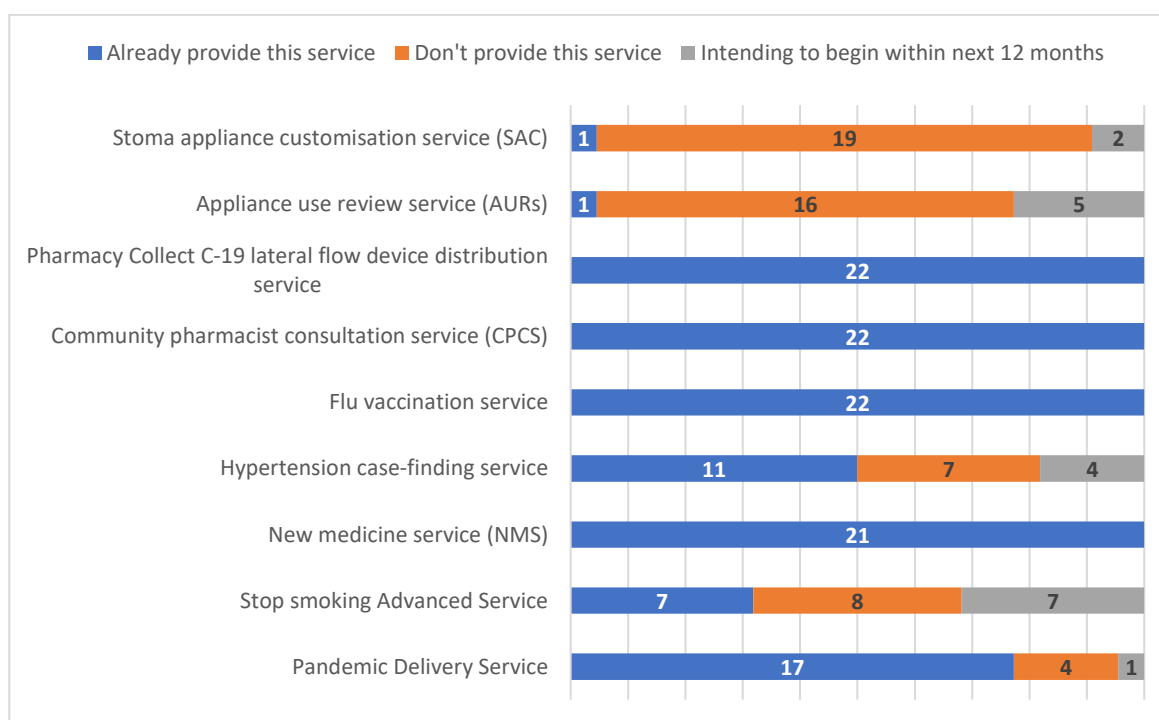
12.2.2. Services

Advanced Services

Advanced Services are commissioned within the Community Pharmacy Contractual Framework (CPCF). Community pharmacies can choose to provide any of these services provided they meet the criteria in the service specifications.

Pharmacies were asked about the Advanced Services they currently provide or intent to provide in the next 12 months. Figure 28 shows the information provided.

Figure 28. Number of pharmacies currently providing or intending to provide Advanced Services



Base: All pharmacies that responded to the survey (n=22)

- All pharmacies provide a community pharmacist consultation service, flu vaccination service and a collect Covid-19 lateral flow device distribution service (at the time of writing, May 2022 the Covid-19 lateral flow device distribution service has now ended.)
- More than two thirds of pharmacies do not provide or do not intent to provide a stoma appliance customisation service (19 pharmacies), appliance use review service (16 pharmacies). Seven pharmacies intend to begin providing a stop smoking advanced service and 5 pharmacies intend to begin an appliance use review service in the next 12 months.

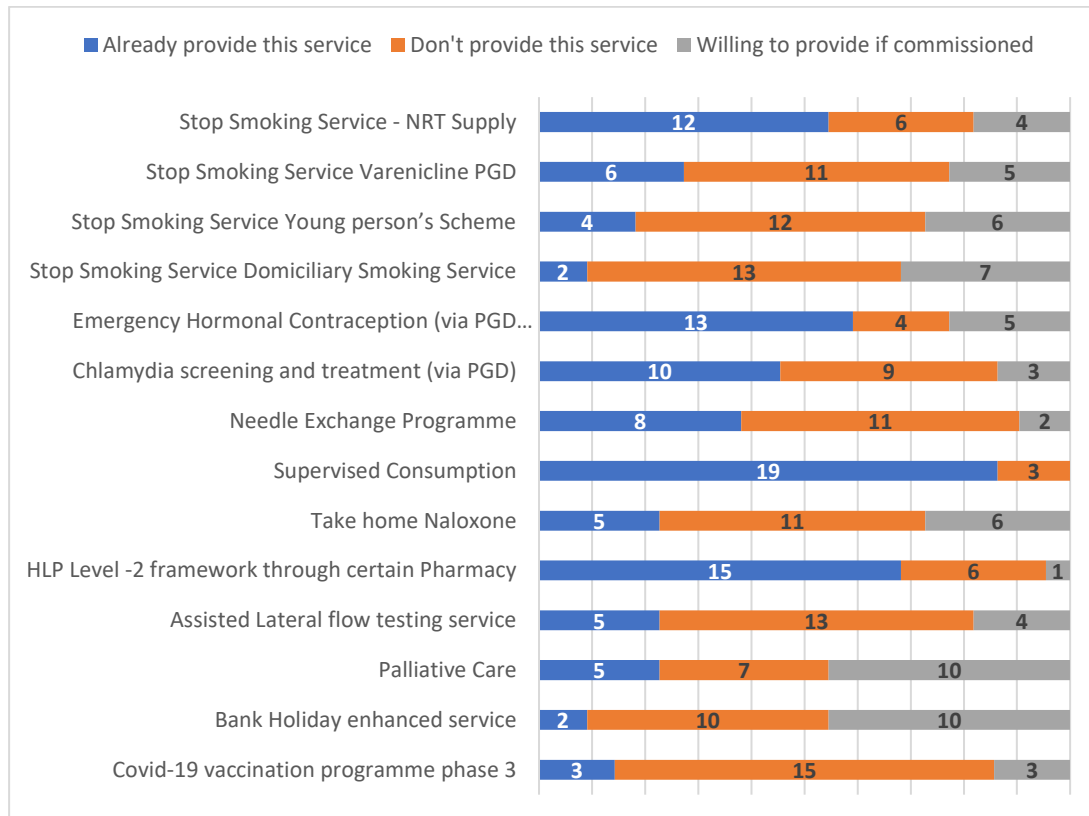
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Locally Commissioned Enhanced Services

Locally commissioned services can be contracted from a number of different commissioners, including local authorities, clinical commissioning groups and local NHSE/I teams.

Figure 29 shows the Locally Commissioned Enhanced Services pharmacies currently provide or would be willing to provide if commissioned.

Figure 29. Number of pharmacies currently providing or willing to provide, if commissioned, Locally Commissioned Enhanced Services



Base: All pharmacies that responded to the survey (n=22)

- Nineteen out of the 22 pharmacies who responded to the survey provide a supervised consumption of methadone service while 15 pharmacies provide a HLP level 2 service.
- More than a half of pharmacies do not provide a stop smoking domiciliary service (13 pharmacies), an assisted lateral flow testing service (13 pharmacies) or a stop smoking young person's scheme (12 pharmacies).
- Ten pharmacies would be willing to provide a palliative care service and 3 pharmacies intend to begin Covid-19 vaccinations in the next 12 months if commissioned, while seven pharmacies would be willing to provide a stop smoking domiciliary service.
- Three pharmacies provide the Covid-19 vaccination programme. 15 pharmacies said they do not provide or do not intend to provide the Covid-19 vaccination program in the future.

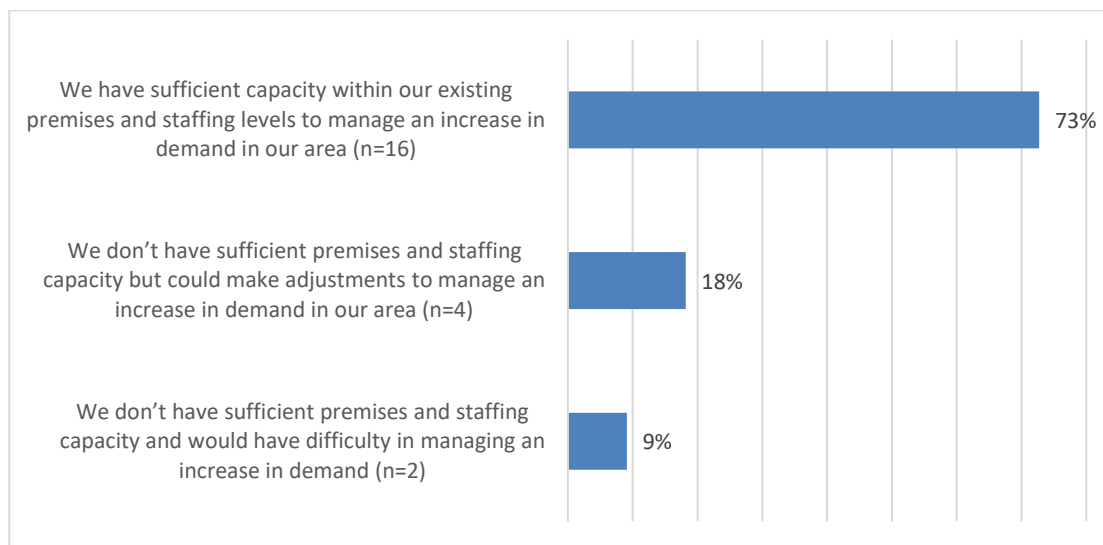
12.2.3. Demand for services

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There are currently a number of housing and other developments taking place across Brighton & Hove with more planned. The PNA needs to identify whether the additional demand from those moving into new homes can be met by the existing spread of pharmacies.

Three quarters of pharmacies (73%, 16 pharmacies) would have sufficient capacity within their existing premises and staffing levels to manage an increase in demand in their area, 18% (4 pharmacies) would need to make adjustments to manage any increase while only 2 pharmacies (9%) would have difficulty managing an increase in demand. (See Figure 30).

Figure 30. Thinking about current and future service provision, which statement best reflects your situation at the moment?



Base: All pharmacies that responded to the survey (n=22)

Section 6.2.1 provides information on the areas of the city with new housing developments planned and capacity to absorb additional demand is relevant to this.

12.2.4. Developing services

Pharmacies were asked what two new pharmacy services they would like to see commissioned in their pharmacy. Eighteen out of 22 pharmacies responded and the results are shown in Table 15.

Minor ailments (5 pharmacies), diabetes check (4 pharmacies) and stop smoking services (4 pharmacies) were the new pharmacy services most pharmacies would like to see commissioned. Minor ailments and smoking cessation were also in the top 3 selected in the previous PNA 2018.

Two pharmacies did not want to see commissioning of any new services.

Table 15. New services pharmacies would like to see commissioned.

New pharmacy service	Number
Minor ailments	5
Diabetes checks	4
Stop smoking / Domiciliary Stop Smoking Service	4
Chlamydia screening and treating / under Patient Group Direction (PDG)	2
Walk in Community Pharmacist Consultation Service (CPCS)	2

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Blood pressure	1
Cholesterol monitoring	1
COVID-19 vaccinations	1
Diabetes check (HBA1C)	1
Further vaccination services	1
Hypertension case finding	1
NHS health checks	1
Skin conditions involving PGD for Prescription Only Medicine	1
Urinary Tract Infection PGD	1
Will go on Emergency Hormone Contraception supply soon	1
None	2

It should be noted that despite the chlamydia, hypertension case finding, stop smoking, walk-in Community Pharmacist Consultation Service (CPCS), blood pressure, and Covid-19 vaccinations services being listed above, they are already being commissioned in community pharmacy.

12.2.5. Accessible information

Nearly three quarters of pharmacies (16 pharmacies) had experienced no difficulties with implementing the Accessible Information Standard and the remaining six pharmacies responded don't know/not sure-

12.2.6. Contact with GP practices

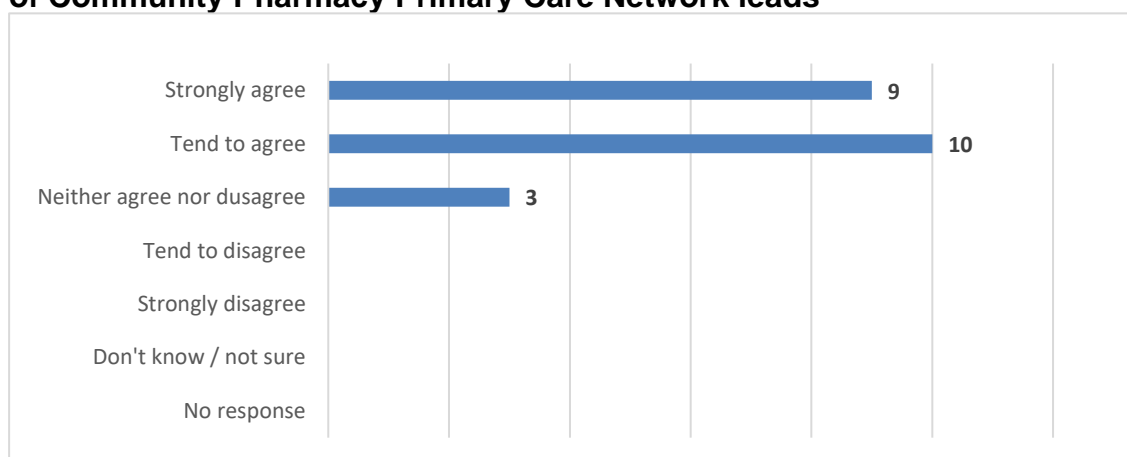
Pharmacy opening hours

Nearly all pharmacies (21 out of 22) thought the opening hours of the GP practices they work with, mostly aligned with the opening hours of their pharmacy. Only one pharmacy thought their opening hours did not. In the GP survey, nine out of eleven GPs thought opening times were aligned.

Community Pharmacy Primary Care Network (PCN) leads

Nearly all pharmacies (19 out of 22) strongly or tend to agree they are aware of the role of Community Pharmacy Primary Care Network (PCN) leads to encourage collaboration between GP practices and community pharmacies (see Figure 31).

Figure 31. Number pharmacies agreeing or disagreeing they are aware of the role of Community Pharmacy Primary Care Network leads



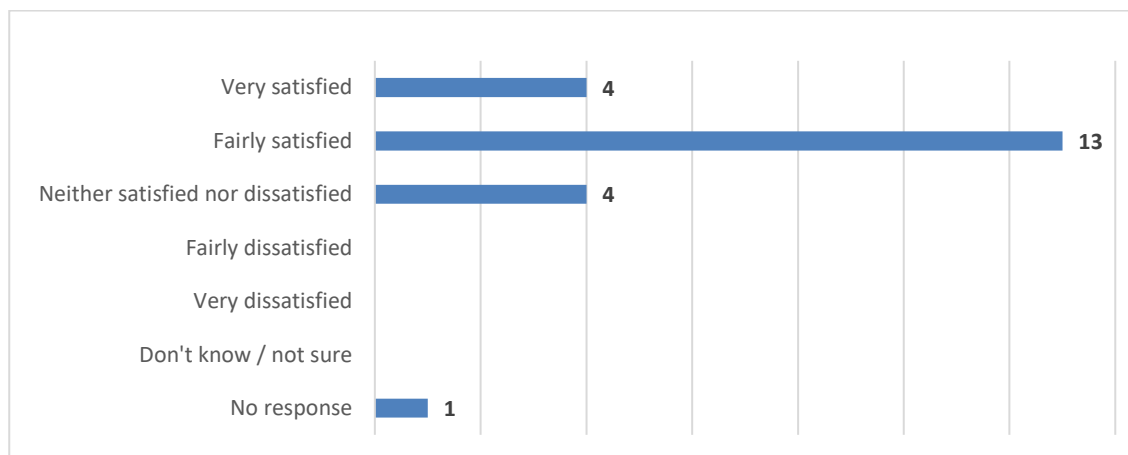
Professional contact with the GP practices

Three quarters of pharmacies (17 out of 22) are very or fairly satisfied with their contact with the GP practices they work with. No pharmacy was dissatisfied with their contact with GP practices. In the GP survey nine out of eleven GP practices were very or fairly

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satisfied with their professional contact with the pharmacies they work with most (see Figure 32).

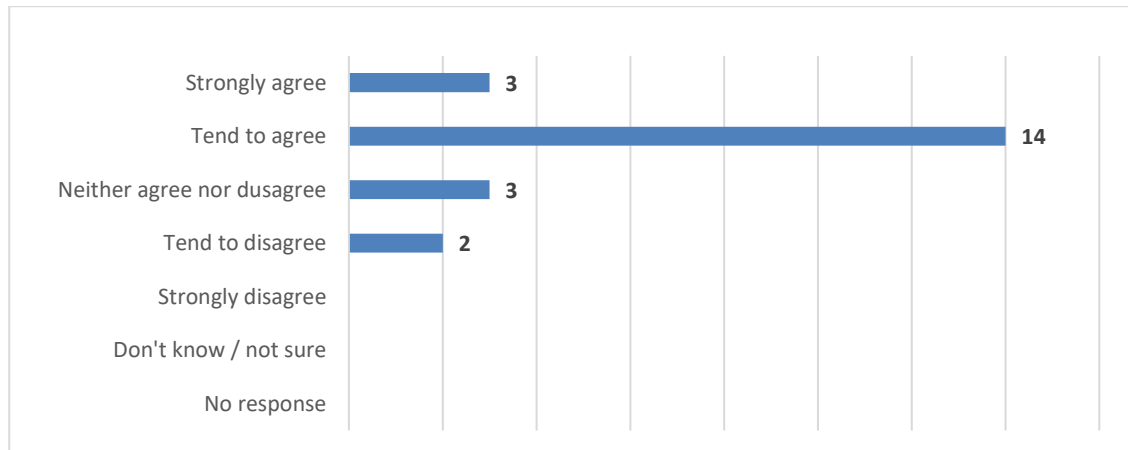
Figure 32. Number of pharmacies satisfied with their professional contact with the GP practices they work with.



Advanced and Locally Commissioned Services

Three quarters of pharmacies (17 out of 22) strongly agree or tend to agree that the GP practices they work with most are aware of the Advanced or Locally Commissioned Services they provide. Two pharmacies tend to disagree. In the GP survey only one of 11 GPs agreed and three GPs disagreed that they are aware of the services provided by pharmacies.

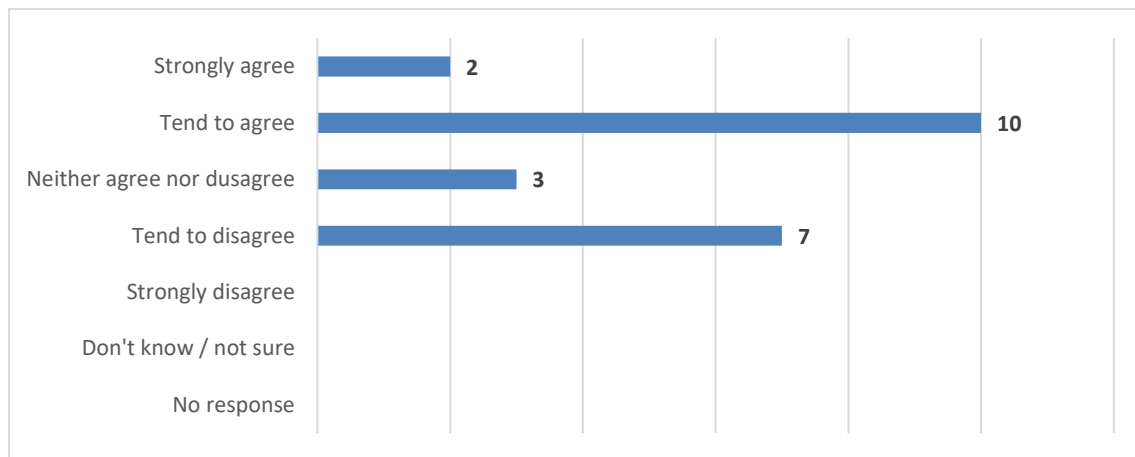
Figure 33. Numbers of pharmacies who agree or disagree that GP they work with most are aware of the advanced or locally commissioned services they provide.



Just over a half of pharmacies (12 out of 22) strongly or tend to agree that GP practices refer patients to the services their pharmacy provides. Seven pharmacies tend to disagree. In the GP survey, only two out of 11 GPs strongly or tend to agree that they refer patients to advanced or locally commissioned services of the pharmacy they use most. Three GPs strongly disagree that they do.

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Figure 34. Number of pharmacies that agree or disagree that GP practices refer patients to the services they provide.



12.2.7. General comments or feedback about the provision of GP practice services within pharmacies' local area

Two pharmacies commented regarding the opportunity for better maximising use of the GP Community Pharmacist Consultation Service (CPCS).

12.2.8. Final comments about the provision of pharmacy services in Brighton & Hove

Five pharmacies made comments:

- <redacted> pharmacy has planned for extra demand on pharmaceutical services as a result of new build at <redacted> (First house should be ready for summer 2023). Pharmacy has taken number of steps to ensure capacity is met and patients receive pharmaceutical services in a timely manner. New development will be 5 mins walk from the pharmacy and pharmacy already provides free delivery service and remote consultation service. Pharmacy has already opted for two pharmacists model ensuring continuity of services. The pharmacy has also hired extra dispensary staff and counter assistant to help manage higher demand on services. Pharmacy has updated the Business Continuity Plan and will increase supplementary hours to meet demand. Further information available upon request on additional pro-active steps taken by the pharmacy to ensure we continue providing the service and strive to improve the provision of the service to residents of Brighton & Hove.
- From my limited perspective of only working within this one pharmacy I think we're offering a really good, well-rounded service and embracing any new services made available to us.
- Need more late opening pharmacies - Westons and Ashtons now closing early and limited options in much of the city.
- We are located in <redacted>, in our area we have 3 pharmacies within 1 mile radius from our pharmacy. If we were to increase radius to 3 miles, there are 8 community pharmacies and 1 online pharmacy (online pharmacy and 3 community pharmacies fall under Lewes).
- We would like to see more age-appropriate services made available to our pharmacy. The majority of services available are focused towards sexual health or drug and alcohol services, whereas our location is a much older population to

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which most of these services are not needed, or only needed very irregularly. We would benefit much more from more vaccination programs being made pharmacy based, or services catering more to an older generation or families, such as minor ailments.

12.3. General practices survey

Key findings from the General Practices survey

- Six out of 11 GPs strongly or tend to agree they are aware of the role of Community Pharmacy Primary Care Network (PCN) leads to encourage collaboration between GP practices and community pharmacies.
- GPs and non-medical prescribers being unaware of the adequacy of Essential, Advanced and Locally Commissioned Services was also observed in the PNA surveys in 2014 and 2018.
- Eight out of 11 GPs were very or fairly satisfied with the pharmacy they use most. Two GPs were very dissatisfied.
- While only one GP out of 11 agreed that they are aware of the Advanced or Locally Commissioned Services provided by the pharmacy they use most, 17 out of 22 pharmacies though that GPs were aware of the services that they provide.
- While only two out of 11 GPs strongly or tend to agree that they refer patients to Advanced or Locally Commissioned Services of the pharmacy they use most, 12 out of 22 pharmacies strongly or tend to agree that GP practices refer patients to the services their pharmacy provides.

12.3.1. About the GPs survey

All GPs and medical prescribers in all 34 practices in Brighton & Hove were invited to respond to the PNA GP and non-medical prescribers survey. This included questions on their experience of community pharmacy services and Primary Care Network (PCN) leads.

Eleven GPs and non-medical prescribers responded to the survey. Eight of 34 practices (24%) in the city were represented:

- Arch Healthcare
- Brighton Health & Wellbeing Centre
- Mile Oak Medical Surgery
- Preston Park Surgery
- Stanford Medical Centre
- The Haven Practice
- Trinity Medical Centre
- Wellsbourne Healthcare CIC

In the 2018 PNA, 17 out of 37 GP practices (46%) were represented in the GP survey.

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 respondents are listed below:

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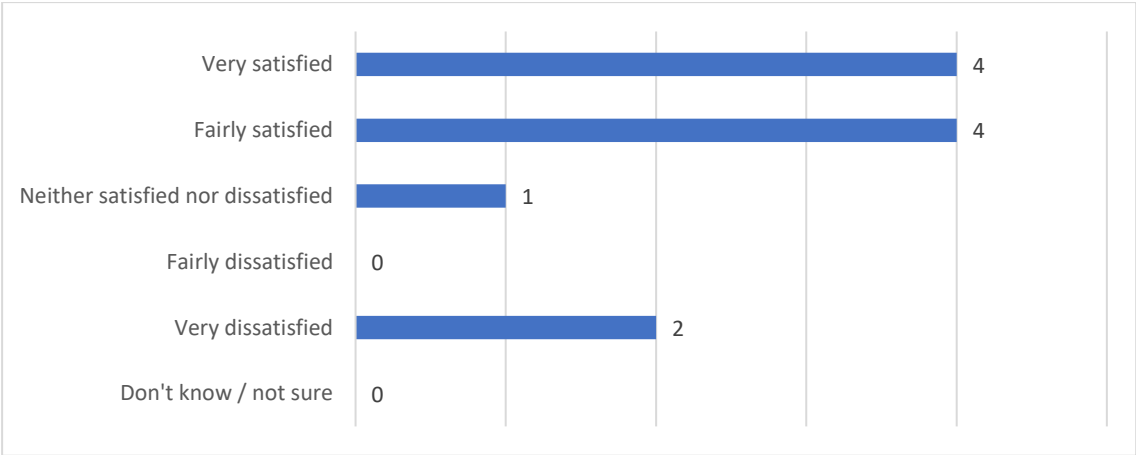
- Gunn's Pharmacy
- Kamsons Pharmacy - Beaconsfield Road
- Kamsons Pharmacy - Preston Drove
- Kamsons Pharmacy - Preston Road (x2)
- Lane and Stedman
- Lloyds Pharmacy - Whitehawk
- Ross Pharmacy
- Trinity Pharmacy (x2)
- Well Pharmacy - Mile Oak clinic

Reporting and data in the rest of Section 12.3 refers to the responses from the 11 GPs who participated in the survey.

12.3.2. Overall satisfaction with pharmacies

Eight out of 11 GPs were very or fairly satisfied with the pharmacy they use most often. Two GPs were very dissatisfied (see Figure 35).

Figure 35. Number of GPs satisfied or dissatisfied with the pharmacy they use most often.

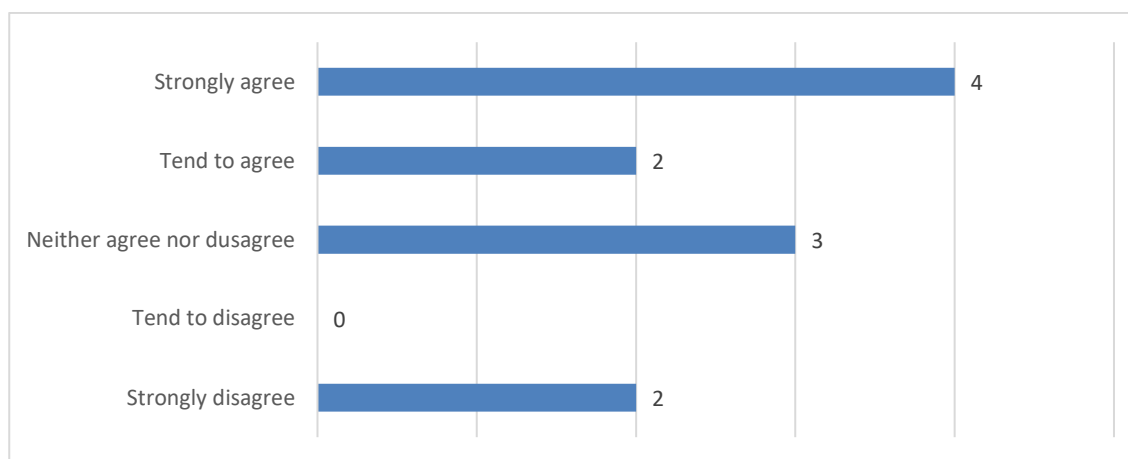


12.3.3. Primary Care Network (PCN) leads

Six out of 11 GPs strongly or tend to agree they are aware of the role of Community Pharmacy Primary Care Network (PCN) leads to encourage collaboration between GP practices and community pharmacies. In the PNA pharmacy survey 19 out of 22 pharmacies strongly or tended to agree they were aware of the role.

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Figure 36. Number of GPs agreeing or disagreeing they are aware of the role of Community Pharmacy Primary Care Network leads.

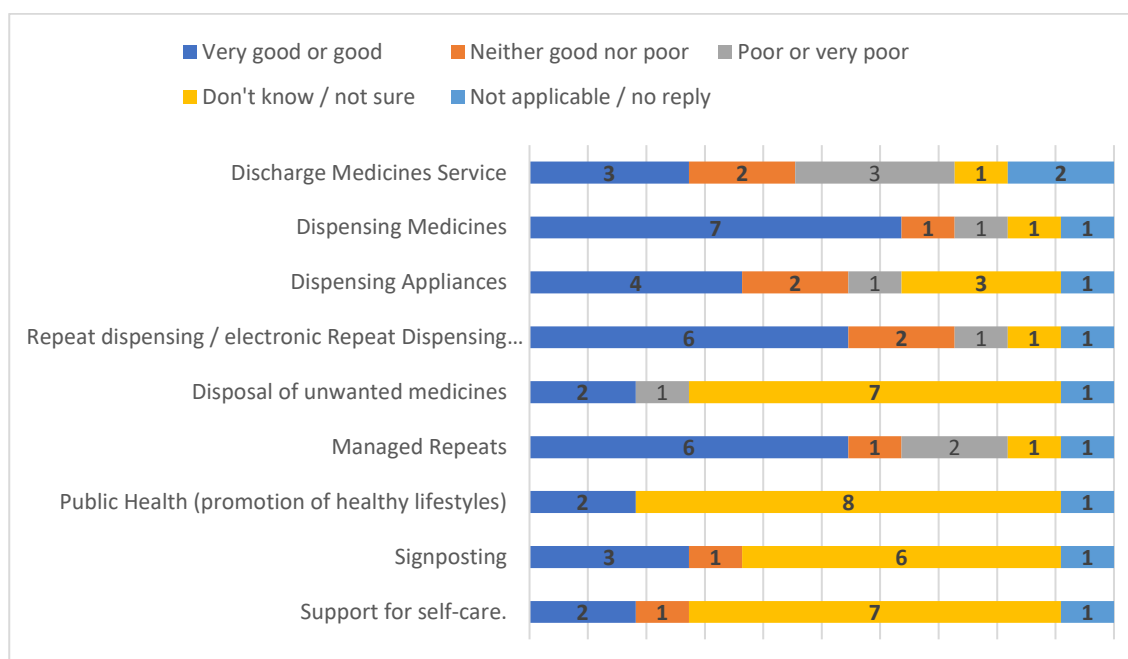


12.3.4. Pharmacy services

GPs were asked to rate the adequacy of Essential, Advanced and Locally Commissioned services provided by the pharmacy they use most in meeting patient's needs.

Essential pharmaceutical services

Figure 37. Number of GPs who feel pharmacies are good or poor at providing services that meet their patient's needs.



Base: All GPs who participated in the survey (n=11)

- For four out of the nine essential services mentioned, a majority of respondents did not know or were unsure of the adequacy of these services.
- A majority of GPs thought the dispensing medicines (7 GPs), the repeat dispensing (6 GPs) and the managed repeats (6 GPs) services were very good or good.

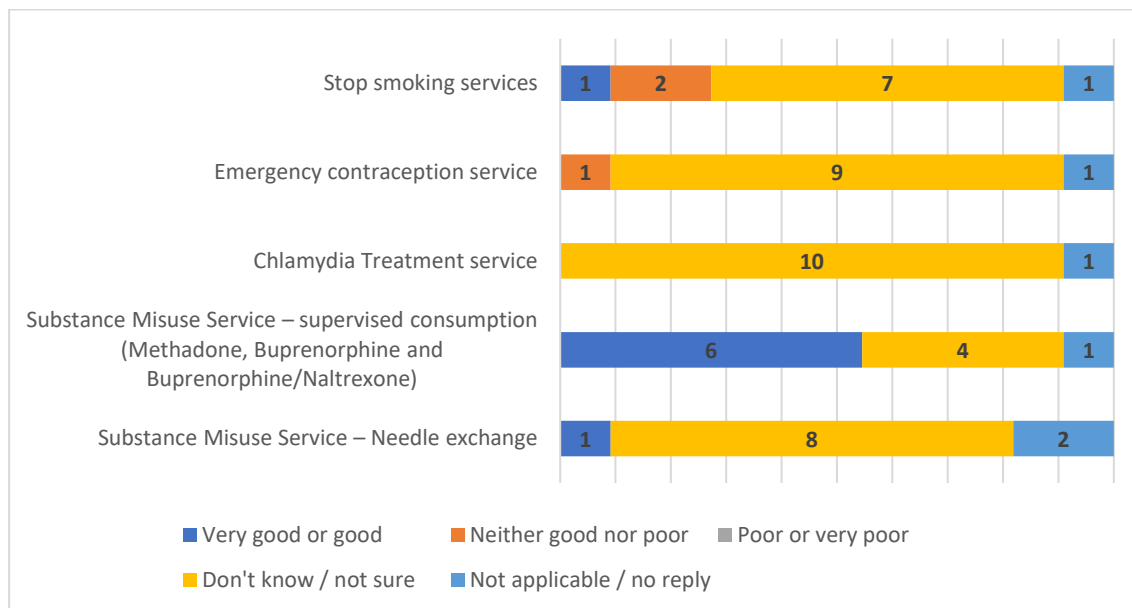
Locally Commissioned Pharmacy Services

- For four out of the five essential services mentioned, a majority of respondents did not know or were unsure of the adequacy of these services.

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- Six out of 11 GPs thought the substance misuse supervised consumption service was very good or good. No GPs thought it as poor or very poor. (See Figure 38.)

Figure 38. Number of GPs who feel pharmacies are good or poor at providing services that meet their patient's needs.

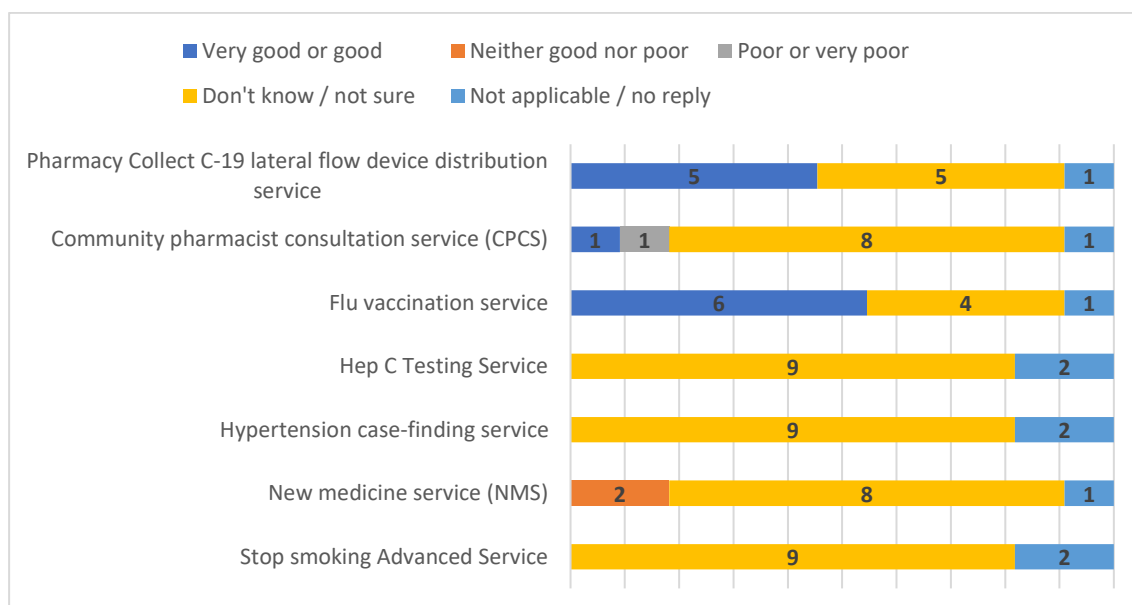


Base: All GPs who participated in the survey (n=11)

Advanced Services

- For five out of the seven advanced services mentioned, a majority of respondents did not know or were unsure of the adequacy of these services.
- Six out of 11 GPs thought the flu vaccination service was very good or good and five out of 11 thought the collect Covid-19 lateral flow device distribution service was very good or good. No GP thought either service was poor or very poor. (See Figure 39.)

Figure 39. Number of GPs who feel pharmacies are good or poor at providing services that meet their patient's needs.



Base: All GPs who participated in the survey (n=11)

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Essential, Advanced and Locally Commissioned Services

GPs and non-medical prescribers being unaware of the adequacy of essential, advanced and locally commissioned services was also observed in the PNA surveys in 2014 and 2018.

12.3.5. Working with pharmacies

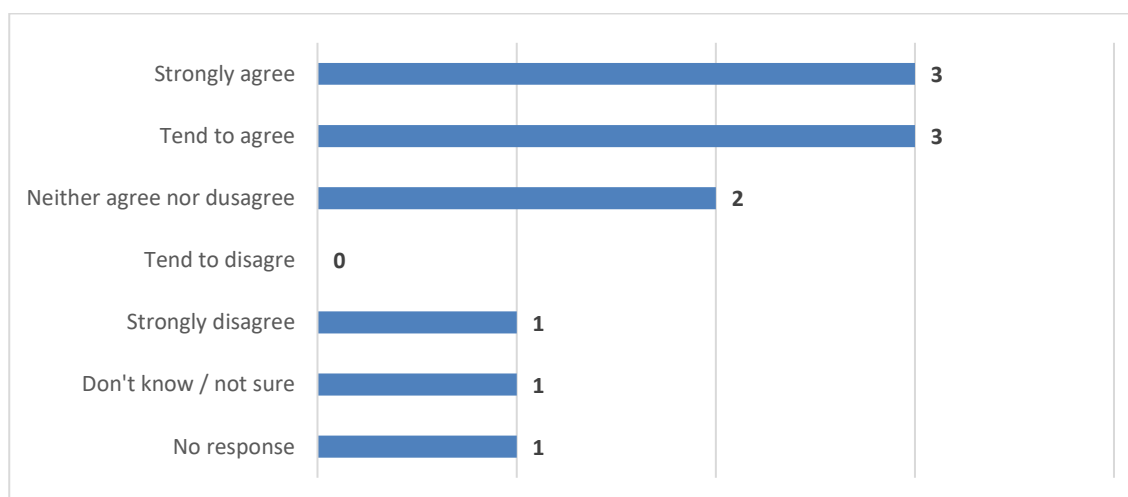
Pharmacy opening hours

Nine out of 11 GPs thought that the opening hours of the pharmacy they work with the most are aligned with the opening hours of their practice. One GP thought they were not aligned, and one GP did not know or was unsure. In the PNA pharmacy survey 21 of 22 pharmacies thought their opening hours were aligned.

Are there enough pharmacies

Six out of eleven GPs agree that there are enough pharmacies in their locality to meet the workflow of prescriptions from their practice. One GP strongly disagreed.

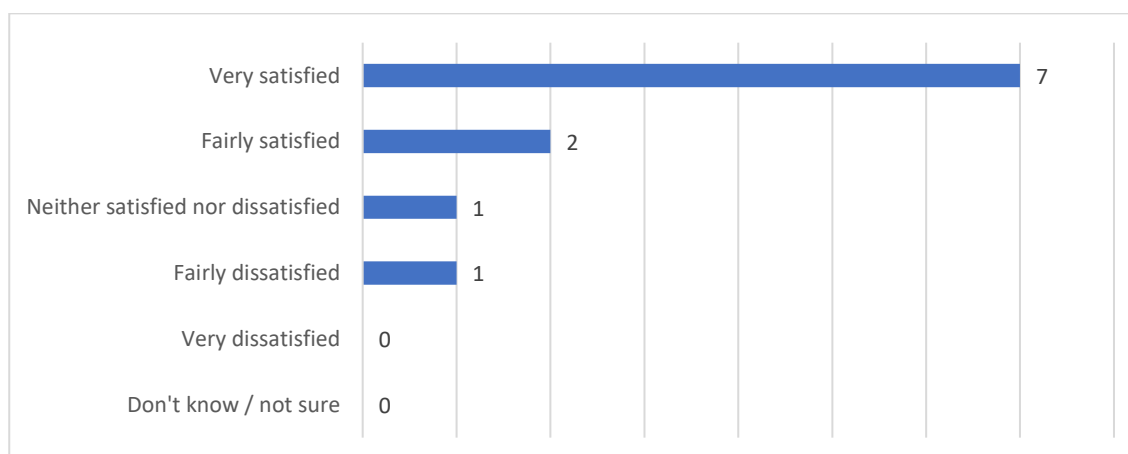
Figure 40. Number of GPs who agree or disagree that there are enough pharmacies in the locality to meet the workflow of prescriptions.



Professional contact with pharmacies

Nine out of eleven GP were very or fairly satisfied with their professional contact with the pharmacies they work with most. Only one GP was dissatisfied. In the pharmacy survey 17 out of 22 pharmacies were very or fairly satisfied with their contact with the GP practices they work with most.

Figure 41. Number of GPs satisfied or dissatisfied with their professional contact with the pharmacies they work with.



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Advanced and Locally Commissioned Services

Only one GP out of 11 agreed that they are aware of the advanced or locally commissioned services provided by the pharmacy you use most. Three GPs strongly disagreed. In the pharmacy survey 17 out of 22 pharmacies though that GPs were aware of the services that they provide.

Only two out of 11 GPs strongly or tend to agree that they refer patients to advanced or locally commissioned services of the pharmacy they use most. Three GPs strongly disagree that they do. In the pharmacy survey 12 out of 22 pharmacies strongly or tend to agree that GP practices refer patients to the services their pharmacy provides.

Figure 42. Numbers of GP who agree or disagree they aware of the Advanced or Locally Commissioned Services provided by the pharmacy they use most?

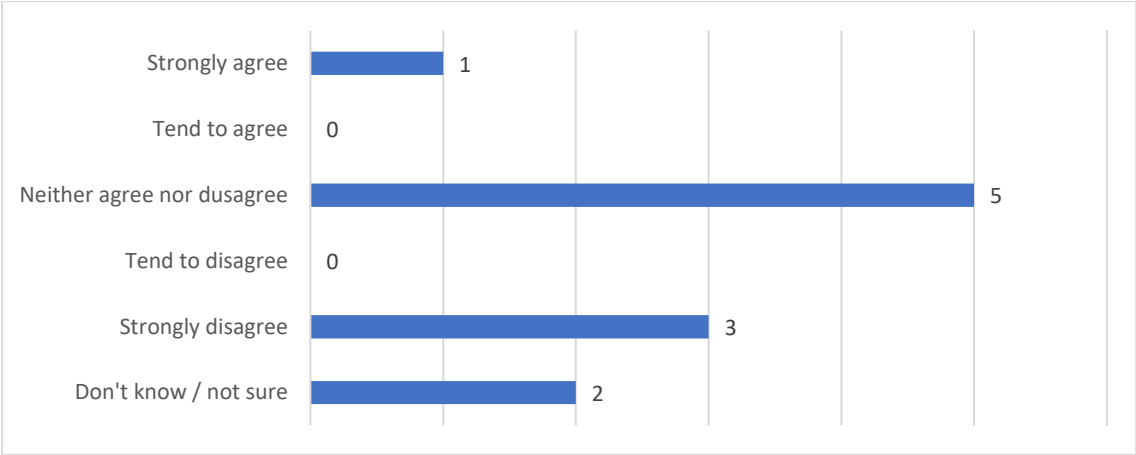
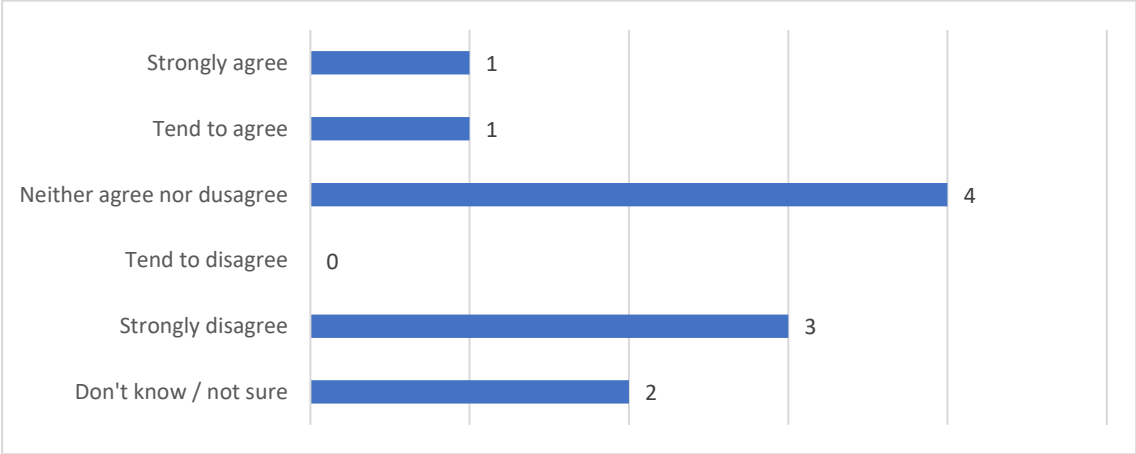


Figure 43. Number of GPs who agree or disagree that they refer patients to the locally commissioned or advanced services provided by the pharmacy they use most.



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12.3.6. Do you have any general comments or feedback about the provision of pharmaceutical services within the local area of your practice?

Three out of the 11 GPs made comments regarding the opportunity for better communication between GP and pharmacies as well as what public health Local Commissioned Services or Advanced Services pharmacies are providing; patient level issues relating to referrals; the limits to the evening and weekend opening hours and overall satisfaction with pharmacies.

A further comment was received from a GP by email regarding the opportunities to improve communication and joint working between GPs and pharmacies.

13. Consultation

The 2013 Regulations require the following organisations to be consulted on the PNA. These include:

- The Local Pharmaceutical Committee (LPC)
- The Local Medical Committee (LMC)
- Pharmacy and dispensing appliance contractors
- Dispensing doctors (if any)
- Healthwatch, patient, consumer or community groups
- NHS Trusts or NHS Foundation Trusts
- NHSE/I
- Neighbouring Health & Wellbeing Boards

14. Appendices

14.1. Appendix A. Guidance for PNA

Below is a summary of the areas that the PNA is required to cover.

Necessary services: gaps in provision

A statement of the pharmaceutical services that the HWB has identified as services that are not provided:

- (a) in the area of the HWB and which *are necessary to meet the need for* pharmaceutical services in its area; and
- (b) outside the area of the HWB but which nevertheless *contribute towards meeting the need for* pharmaceutical services in its area (if the HWB has identified such services).

Other relevant services: current provision

A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are provided in the area of the HWB but which the HWB is satisfied-

- (a) need to be provided (whether or not they are located in the area of the HWB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.
- (b) will, in specified future circumstances, need to be provided (whether or not they are located in the area of the HWB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.

Improvements and better access

A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are provided:

- (a) in the area of the HWB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access to pharmaceutical services in its area.
- (b) outside the area of the HWB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area.
- (c) in or outside the area of the HWB and, whilst not being services of the types described in sub-paragraph (a) or (b), they nevertheless affect the assessment by the HWB of the need for pharmaceutical services in its area.

Other services

A statement of any NHS services provided or arranged by the HWB, NHS England, a CCG, an NHS Trust or an NHS foundation trust to which the HWB has had regard in its assessment, which affect:

- (a) the need for pharmaceutical services, or pharmaceutical services of a specified type, in its area or
- (b) whether further provision of pharmaceutical services in its area would secure improvements, or better access to pharmaceutical services, or pharmaceutical services of a specific type in its area.

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14.2. Appendix B. Methodology

The methodology used in the 2022 PNA was guided by that used for the 2018 PNA report and the requirements of local authorities set out in the Pharmaceutical Needs Assessment information pack for Local Authority Health & Wellbeing Boards 2021.

The Brighton & Hove PNA 2022 has been overseen by a multi-agency steering group, with membership shown in Table 16.

Table 16. PNA 2022 Steering Group membership

Nicola Rosenberg (Chair)	Public Health Consultant	Brighton & Hove City Council
Barbara Hardcastle	Public Health Specialist	Brighton & Hove City Council
David Golding	Public Health Intelligence Research Officer	Brighton & Hove City Council
Ruth Condon	Public Health Intelligence Research Officer	Brighton & Hove City Council
Janet Rittman	Pharmaceutical Adviser Public Health	Brighton & Hove City Council
Ellie Katsourides	Public Health Office Manager	Brighton & Hove City Council
Andrew Close	Public Health Team Administrator	Brighton & Hove City Council
Ciara O’Kane	Lead Medicines Optimisation Pharmacist	Sussex NHS Commissioners
Julia Powell	CEO	Community Pharmacy Surrey and Sussex representing East Sussex Local Pharmaceutical Committee
Bekithemba Mhlanga	Pharmacy & Optometry Commissioner	NHSE/I, South East
Lester Coleman	Evidence & Insights Manager	Healthwatch, Brighton & Hove
Martin Yeats	Patient Representative	Patients Participation Group

The method used included a review and analysis of health needs, using the Joint Strategic Needs Assessment (JSNA), Brighton & Hove City Tracker survey, PHE Health Profiles relevant local and national data and information, strategies and plans in relation to pharmaceutical service provision.

Quantitative data was collected from the CCG, NHS England/Improvement, Public Health, the NHS Business Services Authority, NHS Trusts and Foundation Trusts.

Qualitative data was collected as part of the engagement process with pharmacy contractors, the public, GPs and care homes. The data collected included:

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- A telephone survey of a stratified sample of 1,000 residents conducted by Latimer Appleby, an external market research organisation, during February and March 2022.
- A BHCC conducted online survey of community pharmacies, during February and March 2022
- A BHCC conducted online survey of nursing and care home providers during March 2022
- A BHCC conducted online survey of GP practices during February and March 2022

Recommendations were made in consultation with the Steering Group stakeholders.

14.3. Appendix C. Update on PNA 2018 recommendations

1) 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.*

Update: Pharmacy contractors must ensure that there is a comprehensive and accurate profile for their pharmacy NHS website profile and their Directory of Services (DoS) profile. Contractors must also ensure they include their opening hours on Bank Holidays, Christmas Day, Good Friday and Easter Sunday within their DoS profiles. Requirement to update DoS and NHS Website every quarter. From 9th November 2020, under the NHS Terms of Service, contractors must ensure that the profile for their pharmacy is comprehensive and accurate. Additionally contractors must verify and, where necessary, update the information contained within the pharmacy profile at least once each quarter of the financial year

Information about where young people can access sexual health and contraception advice in pharmacies is highlighted on the SHAC website Emergency contraception (including morning after pill) | Brighton & Hove Sexual Health and Contraception Service (brightonsexualhealth.com)

2) 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, for example Easy Read for people with low literacy levels and information on how to request specialist provision such as an interpreter, BSL, braille, home visit.*

Update: The #HelpMyNHS Campaign opened a public conversation about the challenges facing the NHS. While more people than ever before are calling on its services, the NHS is facing the biggest financial challenge it has known. Health and care services are under pressure and need to change and adapt in response to the continuously increasing demand.

#HelpMyNHS campaign looked at how people use local health and social care – from GP and primary care services, hospitals, pharmacy, social care, community and mental health services. It also celebrated the tireless work of thousands of NHS and social care staff who work around the clock to treat record numbers of patients.

NHS Brighton CCG is fully committed to ensuring their communication activities are accessible to all members of the community, and proactively takes steps to ensure the core key messages created for the campaign were promoted in accessible formats, including British Sign Language and in Easy Read format on request. It also engaged with and informed organisations that provide support for those with protected characteristic and vulnerable patients.

3) 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.*

There are three pharmacies in the city which are open after 8pm in the evening, providing access for patients with prescriptions written in evening surgeries. A question

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about extended GP opening hours and pharmacies has been included again in the 2022 PNA Survey.

4) 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.*

In May of 2019, a Learning Disabilities Awareness session was delivered by the Learning Disabilities Health Facilitator

Training in disability awareness (including learning disability), LGBTQ awareness, and the needs of BME groups will be included in the training plan for 2022/23 for HLP.

As part of the PQS 2021/22 pharmacy teams are required to promote COVID-19 vaccinations, particularly in Black, Asian and minority ethnic and low uptake communities.

Pharmacists and registered technicians have also completed the CPPE Health Inequalities training

5) 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.*

A number of services have been commissioned by NHSE to address the needs of patients with long term conditions.

The New Medicine Service is designed to provide early support to people with long term conditions to maximise the benefits of their newly prescribed medication. This service was extended in September 2021.

The NHS Discharge Medicines Service is a new essential service that has been established to ensure better communication of changes to a patient's medication when they leave hospital and to reduce incidences of avoidable harm caused by medicines.

6) Recommendation: *The Caring Together Partnership Board should strengthen its links with community pharmacies.*

The Caring Together Partnership Board no longer exists and has been superseded by other bodies.

7) 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.*

A Community Pharmacy page has been set up on B&H website to host information to improve GPs' and non-medical prescribers' knowledge and understanding of the services offered by community pharmacies in the city. Promoted to primary care providers in city. About Public Health (brighton-hove.gov.uk)

8) 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.*

New Medicines Service recently expanded on September 1st 2021 to include more long-term conditions.

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PCN Pharmacists undertake structured medication reviews to help people get the best outcomes from their medicines and be advocates of medicines optimisation and safety and to support safer prescribing systems, identify high risk people and embed principles of shared decision-making. PCN pharmacists are encouraged to work collaboratively with community pharmacist colleagues to support people and carers with complex needs, severe mental health and long-term conditions.

9) Recommendation: *Pharmacists should provide advice on paying for prescriptions for people on a low income or benefits*

To help patients check their entitlement to free NHS prescriptions, NHSE issued a poster and a supply of booklets (including an easy read version of the booklet) to all pharmacies and dispensing GP practices in May 2018.

During the pandemic the requirement for patient (or their representatives) signatures on NHS prescription, dental and eye care forms was temporarily suspended.

From 1st September 2021 NHSE has produced guidance and a communications toolkit to help pharmacies understand their legislative requirements, follow the correct procedure and provide support to patients.

Not all benefits entitle people to free prescriptions. Patients can find out if they're entitled to help with NHS costs using the online eligibility checker.

10) 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 & 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.*

Pharmacy teams are encouraged to signpost to local Mental Health services.

Mental Health training information was circulated in October 2021 to encourage awareness of local services and engagement advice.

Suicide awareness training – part of Pharmacy Quality Scheme 2020. All patient-facing staff completed the *Zero Suicide Alliance (ZSA) training* and prepared or updated an action plan which includes the action to take if anyone reports to staff that they have suicidal feelings.

11) 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.*

The 2019 HLP training programme included training on the Ageing Well Service.

General good communication training courses would provide advice on how to communicate with all patients in a polite, patient and respectful manner. Communication skills training is a core element of pharmacy assistant courses. Under the Pharmacy Quality Scheme 2021 pharmacists and registered technicians undertook the CPPE remote consultation skills training

People with sensory impairments (which some older people may have), may require additional communication skills in response to their specific needs.

Patient facing Pharmacy staff are trained as dementia friends under the pharmacy quality scheme (PQS)

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Dementia Friends Information sessions are available on the Learning Gateway which would be a useful course for pharmacy teams to participate in.

12) 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.*

Session 2 of the 2021/22 HLP training programme covered linking with Primary Care in a session delivered on local insight data packs in Sept 2021.

Pharmacy Quality Scheme 2021. The contractor must have engaged with the Pharmacy Primary Care Network Lead (Pharmacy PCN Lead) to communicate that they would like to be involved in increasing the uptake of flu vaccination to patients aged 65 and over for the 2021/22 influenza

NHSE have commissioned new advanced services Community Pharmacy Consultation Service referrals from GP Practices and Hypertension Case-finding service. GPs are encouraged to refer into these services

13) Recommendation: *Public Health to promote the uptake of Making Every Contact Count (MECC) training amongst community pharmacies.*

MECC is a recommended element of the HLP level 1 Quality Criteria. Community Pharmacies were made aware of and encouraged to access free MECC training available on the BHCC learning gateway.

The e-learning has been developed to ensure learners gain the underpinning knowledge and understanding of the importance of supporting people to improve their Health & Wellbeing. These 3 modules must be completed before attending the course.

These sessions explain the background to MECC, its significance and introduces the idea that understanding however opportunistic, very brief interventions are core to MECC.

Here is a direct link for the course: www.e-lfh.org.uk/programmes/making-every-contact-count/ -. If you have any difficulties in doing this please contact the Workforce Development Team. You do not need to create an account to complete these, simply sign in as a 'guest account'.

Session 1: What is MECC and why is it important

Session 2: How to have a MECC conversation

Session 3: Signposting

Session 4 (optional): Five ways to well-being.

14) 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.*

New smoking cessation service to refer from hospitals into community pharmacy launched on the 10th March 2022.

Stop Smoking Services plan to develop a local provider training and capacity building plan by Summer 2022 and this will encompass MECC training for providers.

15) Recommendation: *Pharmacies offering the stop smoking LCS but not achieving a 50% quit rate or 15% lost to follow up rate*

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(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.

i) This action has now been superseded by the commitment to develop improved network support in 2022.

(ii) A review of training will be undertaken as part of service improvement efforts in 2022.

(iii) All pharmacy staff taking the level 2 adviser training, enabling them to provide the LCS stop smoking service, must first complete the NCST online training and assessment.

(iv) This is an essential requirement for all community pharmacy providers of the LCS stop smoking service.

16) 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.*

The Stop Smoking Service will be reviewing its incentives in 2022.

17) 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.*

A number of services have been commissioned by NHSE to address the needs of patients with long term conditions.

The New Medicine Service is designed to provide early support to people with long term conditions to maximise the benefits of their newly prescribed medication.

The NHS Discharge Medicines Service is a new essential service that has been established to ensure better communication of changes to a patient's medication when they leave hospital and to reduce incidences of avoidable harm caused by medicines.

The Community Pharmacy Hypertension Case-Finding Advanced Service was added to the NHS Community Pharmacy Contractual Framework (CPCF) in October 2021. The service aims to support the NHS Long Term Plan ambitions for prevention of cardiovascular disease.

18) 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.*

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Patients can now access repeat prescriptions through the Prescription Ordering Direct (POD) telephone system, electronic repeat dispensing (eRD) between GP Practice and chosen pharmacy or by writing or visiting their GP Practice.

The POD reduces waste by discussing the repeat medications order and alerting patients to the need for medication reviews.

19) 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.*

Care Homes. The Brighton & Hove Medicine Optimisation service in Care Homes (MOCH) service is comprised of a team of pharmacists and pharmacy technicians. The service provides structured medication reviews for care home residents and involves liaising with GPs and community pharmacies to advise regarding medicine optimisation and changes.

The NHS Discharge Medicines Service is a new essential service that has been established to ensure an integrated approach to supporting patients with medicines reconciliation and optimisation following discharge. Joint working across healthcare sectors, ensuring clear and *identifiable* links between community pharmacy, NHS trusts and PCN member practices.

20) Recommendation: *CCG to promote the understanding of the role of Better Care pharmacists amongst community pharmacists in each GP Practice cluster.*

The Better Care pharmacist role has been largely superseded by the NHSE initiative to recruit Clinical Pharmacists to work within Primary Care Networks (PCN). PCN Pharmacists undertake structured medication reviews to help people get the best outcomes from their medicines and be advocates of medicines optimisation and safety and to support safer prescribing systems, identify high risk people and embed principles of shared decision-making.

21) 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.*

Better care pharmacists – this service was brought in house and replaced by Medicines Optimisation in Care Homes (MOCH). The MOCH service actively contacts nursing home staff and they have a generic email address they can send queries and requests through to that is checked during working hours.

22) 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.*

Discharge Medicines Service is an NHSE commissioned service
<https://psnc.org.uk/services-commissioning/essential-services/discharge-medicines-service/>

University Hospitals East will be going live with this from the 22/11/21 – all other hospitals are already using this service. The MURs is no longer being commissioned from NHSE/I.

23) 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*

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

Summary Care Records are now shared, patients have to 'opt out'.

NHS Digital plans to have better facilities for communication across primary care within 2 years (including dentists, community pharmacy, etc)

24) 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.*

All community pharmacies have nhs.net email addresses, these are available to all healthcare professionals through the local service finder.

GP Community Pharmacy Consultation Service has been launched across Sussex, which should improve communications. LPC is doing the training for practice staff and linking them in with their local pharmacies.

25) 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.*

From 1st January 2021 due to the Healthy Living Pharmacy Level 1 (HLP) criteria becoming Terms of Service requirements, almost all pharmacies will need to have a consultation room*.

The requirements for the consultation room are that it is:

- clearly designated as a room for confidential conversations, for example a sign is attached to the door to the room saying Consultation Room;
- distinct from the general public areas of the pharmacy premises; and
- a room where both the person receiving the service and the person providing it can be seated together and communicate confidentially.

Contractors who have not previously installed a consultation area will need to develop and implement a plan to do so. If the pharmacy is included in a pharmaceutical list on 1st January 2021, but no Advanced services were provided at or from the pharmacy during the 12 months ending 31st December 2020, the contractor will have until 1st April 2023 to install a consultation room within their pharmacy.

*reference PSNC website Regs explainer (#14): Consultation rooms and remote consultations: PSNC Main site [PSNC Main site](#)

26) Recommendations: *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.*

CPPE offer a mental health training for pharmacist and pharmacy technicians. The objective of the course is to develop knowledge and skills to support people who are experiencing mental health problems.

The course can be accessed from the CPPE website and was recently updated in January 2021 Mental health: CPPE

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14.4. Appendix D. Community pharmacies & opening hours, Apr 2022

Trading Name	Address	Opening Hours		
		Weekdays	Saturdays	Sundays
Community Pharmacies				
Asda Pharmacy	Crowhurst Road Off Carden Avenue, Hollingbury	09:00-20:00	09:00-20:00	10:00-16:00
Asda Pharmacy	The Marina, Brighton	09:00-20:00	09:00-20:00	11:00-17:00
Ashtons Pharmacy	98 Dyke Road, Brighton	09:00-18:00	09:00-18:00	CLOSED
Boots the Chemists	67-68 Boundary Road, Hove	09:00-14:00; 15:00-17:30	09:00-14:00; 15:00-17:00	CLOSED
Boots the Chemists	59-61 George Street, Hove	09:00-18:00	09:00-17:00	10:00-16:00
Boots the Chemists	17-19 St James Street, Brighton	09:00-13:30; 14:30-18:00	09:30-12:00; 13:00-18:00	CLOSED
Boots the Chemists	129 North Street, Brighton	09:00-18:00	09:00-18:00	11:00-17:00
Bridgman Pharmacy	116 Cowley Drive, Woodingdean	09:00-13:00; 14:00-18:00	09:00-13:00	CLOSED
Brighton Community Pharmacy	24 St James Street, Brighton	09:00-18:00	09:00-13:00	CLOSED
Burwash Pharmacy	9 Burwash Road, Hove	09:00-18:00	09:00-13:00	CLOSED
Charter Pharmacy	88 Davigdor Road, Hove	08:00-18:30 (Mon,Wed,Fri); 08:00-20:00 (Tue,Thu)	09:00-12:00	CLOSED
Coldean Pharmacy	16 Beatty Avenue, Coldean	09:00-17:30	09:00-13:00	CLOSED
Fields Pharmacy	38-40 Eldred Avenue,, Westdene	08:30-13:00; 14:00-18:30	09:00-13:00	CLOSED
Gunn's Pharmacy	108 Western Road, Brighton	09:00-18:00	09:00-17:00	CLOSED
Harper's Pharmacy	12 Hollingbury Place, Brighton	08:45-13:00; 14:00-18:30	10:00-14:00	CLOSED
Healthy-U Pharmacy	59 Lustrells Vale, Saltdean	09:00-13:00; 14:00-18:30	CLOSED	CLOSED
Kamsons Pharmacy	50 The Highway, Moulsecoomb	08:30-18:30	09:00-13:00	CLOSED
Kamsons Pharmacy	74-76 Elm Grove, Brighton	09:00-18:00	09:00-13:00	CLOSED
Kamsons Pharmacy	1a Lewes Road, Brighton	08:30-18:30	09:00-13:00	CLOSED
Kamsons Pharmacy	90 Beaconsfield Road, Brighton	08:30-18:30	09:00-13:00	CLOSED
Kamsons Pharmacy	191B Portland Road, Hove	08:30-18:30	09:00-13:00	CLOSED
Kamsons Pharmacy	128 St James Street, Brighton	09:00-18:00	09:00-13:00	CLOSED
Kamsons Pharmacy	25-26 Whitehawk Road, Whitehawk	09:00-18:00	CLOSED	CLOSED
Kamsons Pharmacy	94 Preston Drove, Brighton	09:00-18:00	09:00-13:00	CLOSED
Kamsons Pharmacy	175 Preston Road, Brighton	08:30-18:30	08:30-12:30	CLOSED
Lane and Stedman	100 Western Road, Hove	09:00-18:30	09:00-18:00	CLOSED
Leybourne Pharmacy	9 Leybourne Parade, Brighton	08:30-18:00	09:00-13:00	CLOSED
Lloyds Pharmacy	2-4 West Street, Rottingdean	09:00-18:00	09:00-17:00	CLOSED
Lloyds Pharmacy	9 Longridge Avenue, Saltdean	09:00-18:00	09:00-17:00	CLOSED
Lloyds Pharmacy	County Oak Medical Centre, Carden Hill, Brighton	08:30-19:00	CLOSED	CLOSED
Lloyds Pharmacy (in Sainsbury)	Lewes Road, Brighton	08:30-20:00 (Mon-Wed); 8.30-21.00 (Thu,Fri)	08:00-20:00	11:00-17:00
LloydsPharmacy	Wellsbourne Health Centre, Whitehawk Rd, Brighton	08:30-18:30	09:00-17:00	CLOSED
Matlock Pharmacy	12 Matlock Road, Brighton	09:00-18:15	09:00-12:30	CLOSED
O'Flinn Pharmacy	77-78 Islingword Road, Brighton	09:00-18:00	09:00-13:00	CLOSED
Osbon Pharmacy	105 Church Road, Hove	09:00-18:30	09:00-17:00	CLOSED
Patcham Pharmacy	37 Ladies Mile Road, Patcham	09:00-13:00; 14:00-18:00	CLOSED	CLOSED
Portland Pharmacy	83 Portland Road, Hove	09:00-13:00; 14:00-17:30	09:00-16:30	CLOSED
Ross Pharmacy	3 York Place, Brighton	09:00-18:30	09:00-17:30	CLOSED
Sharps Pharmacy	26 Coombe Road, Brighton	08:30-18:00	CLOSED	CLOSED
Superdrug Pharmacy	78 Western Road, Brighton	09:00-14:00; 14:30-18:30	09:00-14:00; 14:30-18:00	CLOSED
Traherne Pharmacy	13 Hove Park Villas, Hove	09:00-18:30	09:00-13:00	CLOSED
Trinity Pharmacy	3 Goldstone Villas, Hove	09:00-13:00; 14:00-18:00	09:00-13:00	CLOSED
University Pharmacy	University of Sussex, Lewes Road, , Falmer	09:00-17:30	CLOSED	CLOSED
Well	Mile Oak Clinic, Chalky Road, Portslade	08:45-18:15	CLOSED	CLOSED
Well	Portslade Medical Centre, Church Rd, Portslade	08:30-18:30	CLOSED	CLOSED
Well	Superstore, Nevill Road, Hove	09:00-18:00	09:00-13:00	CLOSED
Well	10 Oxford Street, Brighton	08:30-18:00	CLOSED	CLOSED
Well	13 Warren Way, Woodingdean	09:00-18:00	09:00-13:00	CLOSED
Westons Pharmacy	6-7 Coombe Terrace, Lewes Rd, Brighton	09:00-20:00	09:00-18:00	10:00-18:00
Your Local Boots Pharmacy	10 & 11 Queens Parade, Applesham Avenue, Hove	09:00-13:30; 14:00-17:30	09:00-17:00	CLOSED
Your Local Boots Pharmacy	105 St Georges Road, Kemp Town, Brighton	09:00-12:30; 13:00-17:30	09:00-13:00; 14:00-17:00	CLOSED
Your Local Boots Pharmacy	4 The Parade, Hangleton Rd, Hove	09:00-13:30; 14:30-18:00	09:00-17:00	CLOSED

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14.5. Appendix E. Healthy Living Pharmacies, May 2022

Trading name	Address
Ashtons Dyke Road	98 Dyke Road, Brighton BN1 3JD
Bridgman Pharmacy	116 Cowley Drive, Woodingdean, BN2 6TD
Charter Pharmacy	88 Davigdor Road, Hove BN3 1RF
Coldean Pharmacy	16 Beatty Avenue, Coldean, Brighton, BN1 9ED
Fields Pharmacy	38-40 Eldred Avenue, Westdene, Brighton, BN1 5EG
Gunn's Pharmacy	108 Western Road, Brighton BN1 2AA
Harper's Pharmacy	12 Hollingbury Place, Brighton, BN1 7GE
Healthy-U	59 Lustrells Vale, Saltdean BN2 8FA
Kamsons	88-90 Beaconsfield Rd, Brighton, BN1 6DD
Kamsons	74-76 Elm Grove, Brighton, BN2 3DD
Kamsons	191B Portland Road, BN3 5JA
Kamsons	94 Preston Drove, Brighton, BN1 6LB
Kamsons	175 Preston Rd, Brighton, BN1 6AG
Kamsons	50 The Highway, Moulsecoomb, Brighton, BN2 4GB
Kamsons	1a Lewes Road, Brighton, BN2 3HP
Kamsons	128 St James St, Brighton, BN2 1TH
Kamsons	25-26 Whitehawk Rd, BN2 5FB
Lane and Steadman	100 Western Rd, Hove, BN3 1GA
Leybourne Pharmacy	9 Leybourne Parade, Brighton, Lower Bevendean BN2 4LW
Lloyds Pharmacy	Wellsbourne H C, 179 Whitehawk Rd, Brighton BN2 5FL
Lloyds Pharmacy	2-4 West Street, Rottingdean BN2 7HP
Lloyds Pharmacy	County Oak Med Centre, Carden Hill BN1 8DD
Lloyds Pharmacy	Lewes Rd, Brighton BN2 3QA
Matlock Pharmacy	12 Matlock Rd, Brighton BN1 5BF
Brighton Community Pharmacy / Medraf	24 St James St, Brighton, BN2 1RF
O'Flinn Pharmacy	78 Islingword Rd, Brighton, BN2 9SL
Portland Pharmacy	83 Portland Rd, Hove BN3 5DP
Ross Pharmacy	3 York Place, Brighton, BN1 4GU
Sharps Pharmacy	26 Coombe Rd, Brighton, BN2 4EA
Traherne Pharmacy	13 Hove Park Villas, Hove, BN3 6HP
University Pharmacy	H C Building, Uni of Sussex, Falmer, BN1 9RW
Westons	5 - 7 Coombe Terrace, Brighton, BN2 4AD

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14.6. Abbreviations

AUR	Appliance Use Review
BHCC	Brighton & Hove City Council
B&H	Brighton & Hove
BME	Black and Minority Ethnic
CCG	Clinical Commissioning Group
CPCF	Community Pharmacy Contractual Framework
CPCS	Community Pharmacist Consultation Service
CPPE	Community Pharmacy Postgraduate Education
DBS	Disclosure and Barring Service
DLUHC	Department for Levelling Up, Housing and Communities
DoS	Directory of Services
DSP	Distance Selling Pharmacy
CPCF	Community Pharmacy Contractual Framework
eRD	Electronic Repeat Dispensing
GP	General Practitioner
HEE	Health Education England
HLP	Healthy Living Pharmacies
HIV	Human Immunodeficiency Virus
HWB	Health & Wellbeing Board
ICB/ICS	Integrated Care Board/Integrated Care System
JSNA	Joint Strategic Needs Assessment
LES	Local Enhanced Service
LCS	Locally Commissioned Service
LFT	Lateral Flow Test
LGBTQ	Lesbian Gay Bisexual Trans Queer
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
MECC	Making Every Contact Count
MOCH	Medicines Optimisation in Care Homes
MUR	Medicine Use Review
NCST	National Centre for Smoking Cessation and Training
NES	National Enhanced Service
NHS	National Health Service
NHSE/I	NHS England / NHS Improvement
NMS	New Medicine Service

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ONS	Office for National Statistics
PCN	Primary Care Network
PDG	Patient Group Direction
PH	Public Health
PHE	Public Health England
PNA	Pharmaceutical Needs Assessment
POD	Prescription Ordering Direct
PPV	Pneumococcal Polysaccharide Vaccine
PQS	Pharmacy Quality Scheme
PSNC	Pharmaceutical Services Negotiating Committee
PTP	Pandemic Treatment Protocol
PTPGD	Pandemic Treatment Patient Group Directive
PQS	Pharmacy Quality Scheme
SCFT	Sussex Community NHS Foundation Trust
SHAC	Sexual Health and Contraception Service
SPFT	Sussex Partnership NHS Foundation Trust
STI	Sexually Transmitted Infection

