

2018



West Sussex Pharmaceutical Needs Assessment (PNA) Appendices



Health and Wellbeing Board

Contents

A1.	Pharmaceutical services survey results.....	5
1.1	Overview.....	5
1.2	Public survey.....	6
1.2.1	Methods	6
1.2.2	Public survey respondent demographic profile	7
1.2.3	Accessing pharmaceutical services.....	10
1.3	Pharmaceutical services contractor survey.....	23
1.3.1	Overview.....	23
1.4	Dispensing doctor survey	39
A2.	Draft Pharmaceutical Needs Assessment (PNA) consultation report	43
2.1	Consultation background	43
2.2	What we did	43
2.2.1	Draft PNA consultation questionnaire	43
2.3	Who responded and what they said	44
2.3.1	Key findings	45
2.4	Neighbouring HWB questionnaire responses	54
A3.	Pharmaceutical services providers in West Sussex.....	57
A4.	Equality Impact Assessment.....	63
A5.	Housing.....	68
A6.	CCG boundary maps.....	71
6.1	Advanced services provision maps – CCG boundaries.....	72
6.2	Accessing pharmaceutical services - Opening hours.....	78
A7.	Stakeholders consulted	80

List of Figures

Figure 1.1: Pharmaceutical service provider accessed.....	10
Figure 1.2: Who do you visit the pharmacy or dispensing doctor for?.....	11
Figure 1.3: Frequency of using pharmacy/dispensing doctor.....	11
Figure 1.4: Method of transport to pharmacy or dispensing doctor.....	12
Figure 1.5: Travel time to main pharmacy/dispensing doctor.....	13
Figure 1.6: Most convenient times to visit pharmacy or dispensing doctor.....	14
Figure 1.7: Actions taken when unable to access pharmacy or dispensing doctor.....	15
Figure 1.8: Accessing pharmacy/dispensing doctor.....	15
Figure 1.9: Factors influence choice of pharmacy.....	16
Figure 1.10: Factors influencing choice of pharmacy.....	17
Figure 1.11: Top 5 services respondents have Heard of, Used or Would like to use at a pharmacy.....	17
Figure 1.12: Awareness and use of services.....	18
Figure 1.13: Other services that respondents would like their pharmacy to provide.....	19
Figure 1.14: Frequency of visits to pharmacy for health advice and/or over the counter medicines.....	20
Figure 1.15: Satisfaction with services.....	20
Figure 1.16: Reasons given for dissatisfaction with pharmaceutical service provider.....	21
Figure 1.17: Transport options within 100m of premises.....	24
Figure 1.18: Development constraints.....	25
Figure 1.19: Medication support mechanisms offered.....	26
Figure 1.20: Contractors providing delivery/prescription collection services.....	27
Figure 1.21: Advanced service provision.....	27
Figure 1.22: Services currently provided.....	32
Figure 1.23: Currently not providing services/would like to provide service.....	33
Figure 1.24: Priority services for community pharmacy mentioned by 10 or more respondent.....	34
Figure 1.25: Reasons for having more than one pharmacist in the pharmacy at any given time.....	35
Figure 1.26: Total number of dispensing assistants employed.....	36
Figure 1.27: Number of NVQ level 2 dispensing assistants.....	36
Figure 1.28: Total number of dispensing staff.....	37
Figure 1.29: Specialty field and qualifications.....	37
Figure 1.30: Most common additional languages spoken by staff.....	38
Figure 1.31: Transport options available within 100m of practice.....	40
Figure 1.32: Provision of medicines use support mechanisms.....	41
Figure 2.1. Does the PNA reflect the current pharmaceutical service provision within West Sussex? Subgroup responses.....	46
Figure 2.2. Are there any unidentified gaps in service provision?.....	48

List of Tables

Table 1.1: Survey responses.....	5
Table 1.2: Survey respondents' age breakdown.....	7
Table 1.3: Respondents' ethnicity.....	7
Table 1.4: Breakdown of respondents' religion.....	8
Table 1.5: Disability/long term illness of respondents.....	9
Table 1.6: Respondents' sexual orientation.....	9

Table 1.7: Employment status.....	9
Table 1.8: Pharmaceutical service provider frequently used.....	10
Table 1.9: Distance travelled to main pharmacy or dispensing doctor.....	12
Table 1.10: Mode of travel and distance travelled	13
Table 1.11: Difficulties travelling to pharmacy or dispensing doctor.....	14
Table 1.12: Type of pharmaceutical provider	23
Table 1.13: Accessibility and compliance with Equality Act 2010.....	24
Table 1.14: Consultation area standards and facilities	25
Table 1.15: Number of dispensers with an NVQ 3 employed by the pharmacy	35
Table 1.16: Number of pharmacy technicians registered with the GPhC.....	35
Table 1.17: Number of ACT employed	36
Table 1.18: Other addition languages reported	38
Table 1.19: Compliance with the Equality Act 2010.....	39
Table 1.20: NVQ level 2 dispensing assistants employed	42
Table 2.1. Sub group response breakdown.....	44
Table 2.2. Has the purpose and background of the PNA been clearly explained?	45
Table 2.3. Are the localities clearly defined throughout the PNA?	46
Table 2.4. Does the PNA reflect the current pharmaceutical service provision within West Sussex? (All responses)	46
Table 2.5. Are there any unidentified gaps in service provision? All responses	48
Table 1.6. Are there any unidentified gaps in service provision? (Subgroup responses)	48
Table 2.7. Does the draft PNA reflect the pharmaceutical needs of the West Sussex population?	52
Table 3.1: West Sussex Pharmaceutical Service Providers (August 2017).....	57
Table 5.1: Projected housing completions identified on large sites (6 units or more) in West Sussex.....	68

List of Maps

Map 6.1: Locations of pharmaceutical service providers in West Sussex and bordering areas	71
Map 6.2: West Sussex pharmacies providing MUR.....	72
Map 6.3: West Sussex pharmacies providing NMS	72
Map 6.4: West Sussex pharmacies providing Flu Vaccinations.....	73
Map 6.5: West Sussex pharmacies and dispensing appliance contractors providing AUR service.....	73
Map 6.6: West Sussex pharmacies and appliance contractors providing SAC service	74
Map 6.7: Community pharmacy Needle and Syringe Exchange services in West Sussex.....	74
Map 6.8: Community pharmacies providing Supervised Administration of OST.....	75
Map 6.9: Community pharmacies providing BBV screening service.....	75
Map 6.10: Providers of EHC services in West Sussex.....	76
Map 6.11: West Sussex Smoking Cessation service providers.....	76
Map 6.12: West Sussex NHS Health Checks service providers	77
Map 6.13: Community pharmacies opening before 9am during weekdays	78
Map 6.14: Community pharmacies opening in the evenings after 8pm in West Sussex and bordering areas	78
Map 6.15: Community pharmacies open on Saturday in West Sussex and bordering areas	79
Map 6.16: Community pharmacies open on Sundays in West Sussex and bordering areas	79

A. Appendices

A1. Pharmaceutical services survey results

1.1 Overview

As part of the West Sussex Pharmaceutical Needs Assessment (PNA), surveys were conducted to capture the views and experiences of the residents and pharmaceutical service providers in West Sussex, regarding pharmaceutical service provision across West Sussex. The information gathered from the surveys was used to inform the PNA. A total of three surveys were conducted, one for each of the following groups;

- Members of the public
- NHS pharmaceutical service contractors
- Dispensing doctors

All the surveys were made available online using the West Sussex County Council Citizen Space platform, 'Have your say' consultation hub. A paper version of the public survey was also made available. The results from the surveys are discussed in the sections below. Overall, responses received are as shown in Table 1.1.

Table 1.1: Survey responses

Survey type	Number of responses
Public survey	2023 ¹
Contractor survey	112
Dispensing doctor survey	12

¹ There were a total of 2074 responses, 1041 online and 1033 paper responses for the patient/public survey but 50 responses were excluded from the analysis as they were blank or responses outside West Sussex.

1.2 Public survey

Summary of key findings

- Half of the respondents reported using the pharmacy for themselves and nearly half access services for themselves and others
- The majority of respondents accessed their pharmaceutical service provider on a monthly basis
- Most respondents (48%) drove to their pharmacy/dispensing doctor and 39% walked there
- Overall, 95% were within 3 miles of their pharmacy/dispensing doctor. Fifty-five percent of the respondents travelled less than a mile to their pharmacy/dispensing doctor, and 1% travel more than 6 miles
- Overall, 92% of respondents travel to their pharmacy/dispensing doctor in under 20minutes. Four percent travel over 20minutes
- The most convenient time to visit a pharmacy/dispensing doctor was between 9am and 6pm weekdays (84%)
- Over half (57%) disagreed with the statement “I find it easy to find a pharmacy open in the mornings before 9am”; however 90% agreed that they find it easy to find a pharmacy where they want
- The top three important factors influencing choice of pharmacy were ‘Close to home’, ‘knowledgeable staff’, and ‘Friendly and attentive staff’
- Of the services provided by community pharmacies, the majority of respondents had heard of stop smoking services (72%), minor conditions advice (71%), flu vaccinations (69%), and the most commonly used services were minor conditions (27%), flu vaccinations (16%) and MURs (16%)
- Eighty-nine percent of the respondents ‘strongly agreed’ or ‘agreed’ that they are satisfied with the services they receive from their pharmaceutical service provider, and 6% ‘strongly disagreed’ or ‘disagreed’.

1.2.1 Methods

The public survey was conducted to get feedback and comments on pharmaceutical service provision from West Sussex residents. The survey aimed to provide supplementary information, in addition to other data, and so it gives a snapshot of views and service provision as reported by respondents. The sample was self-selecting; therefore not a representative sample and no statistical significance was sought. The public survey was available as a paper and online survey. The paper surveys were distributed to all NHS pharmaceutical service providers across West Sussex and other public venues such as local Wellbeing Hubs, Libraries, GP surgeries and University campus. The online survey was conducted via the West Sussex ‘Have your say’ consultation hub. The links to the surveys were made available on the West Sussex PNA website, JSNA website, as well as other stakeholder websites such as Healthwatch and Wellbeing Hubs. For those who wished to complete the survey online, leaflets and posters with the survey details and how to access the PNA survey online were distributed across various venues. In addition, emails were sent to a range of stakeholder groups asking them to promote the

surveys to their clients/customers and networks. The survey was also sent out to the West Sussex resident e-panel.

1.2.2 Public survey respondent demographic profile

A total of 2023 surveys were included in the analysis, forming the base population used for the demographic analysis, unless otherwise stated.

It is worth noting that figures do not always add to 100% due to rounding.

Gender and age

54% (n=1093) of respondents identified themselves as female, 44% (n=885) identified themselves as male, 1 respondent self-identified as transgender and the rest did not respond or preferred not to say 2% (n=44).

The most commonly mentioned age group of respondents (35%, n=712) was the 65 to 74 age group. Only 1% (n=16) respondents reported being aged 24 and under (Table 1.2).

Table 1.2: Survey respondents' age breakdown

	Number of responses	Percentage
15 to 19	1	<1%
20 to 24	15	0.7%
25 to 34	46	2.3%
35 to 44	92	4.5%
45 to 54	235	11.6%
55 to 64	403	19.9%
65 to 74	712	35.2%
75 to 84	377	18.6%
85 plus	98	4.8%
Not Answered/ Prefer not to say	44	2.2%

Ethnicity

In terms of ethnicity, the majority of respondents (92.8%, n=1878) self-reported as ‘White English/Welsh/Scottish/Northern Irish/British’. Table 1.3 below shows the respondents’ ethnicity breakdown.

Table 1.3: Respondents' ethnicity

Ethnicity	Number	Percentage
White: English/Welsh/Scottish/Northern Irish/British	1878	92.80%
Any other White background	35	1.70%
White: Irish	14	0.70%
Asian: Indian	8	0.40%

Black: African	4	0.20%
Asian: Pakistani	3	0.15%
Mixed/ multiple ethnic groups: White and Asian	3	0.15%
Any other Asian background	3	0.15%
Black: Caribbean	2	0.10%
Any other Black/African/Caribbean background	2	0.10%
White and Asian	2	0.10%
Any other Ethnic Group	2	0.10%
Any other Mixed/multiple ethnic background	1	0.05%
Arab	1	0.05%
Asian/Asian British: Chinese	1	0.05%
White: Gypsy or Irish Traveller	1	0.05%
White and Black Caribbean	1	0.05%
Not Answered/prefer not to say	62	3.06%

Other ethnicities reported by 1 respondent each were Creole, Maltese, South American and Anglo-Celtic.

Religion

The majority of respondents (65.6% n=1327) responded that they were Christians, followed by no religion (22.0% n=446) (Table 1.4 below).

Table 1.4: Breakdown of respondents' religion

Religion	Number	Percentage
Christian	1327	65.6%
No religion	446	22.0%
Any other religion	14	0.7%
Unknown	12	0.6%
Buddhist	6	0.3%
Jewish	6	0.3%
Muslim	5	0.2%
Hindu	4	0.2%
Sikh	3	0.1%
Not answered/prefer not to say	200	9.9%

Disability

41.3% of the respondents (n=836) identified themselves as having a disability or long term condition and 52.9% (n=1071) reported they did not have a disability or long term condition. The rest did not answer or preferred not to say (n=116). Of those who gave details of their disability or long-term condition, the majority reported a long term illness (24%, n=485) (Table 1.5). Some respondents reported more than one disability/long term illness.

Table 1.5: Disability/long term illness of respondents

Type of disability/long term condition	Number	Percentage
Physical impairment	260	12.9%
Sensory impairment	56	2.8%
Mental health issue	65	3.2%
Learning disability	7	0.3%
Long-term illness	485	24.0%

Sexual orientation

The majority of respondents (87%) self-identified as heterosexual, 10% did not respond to the question or preferred not to say, and those who self-identified as bisexual, homosexual and other were approximately 1% in each category (Table 1.6 below).

Table 1.6: Respondents' sexual orientation

Sexual orientation	Number	Percentage
Bisexual	18	0.9%
Heterosexual/Straight	1761	87.0%
Homosexual/Gay/Lesbian	21	1.0%
Not Answered/Prefer not to say	207	10.2%
Other	16	0.8%

Employment status

The majority of respondents indicated that they were retired (62%, n=1255) and students made up 0.4% (n=9) of the respondents. Breakdown of employment status is shown in Table 1.7.

Table 1.7: Employment status

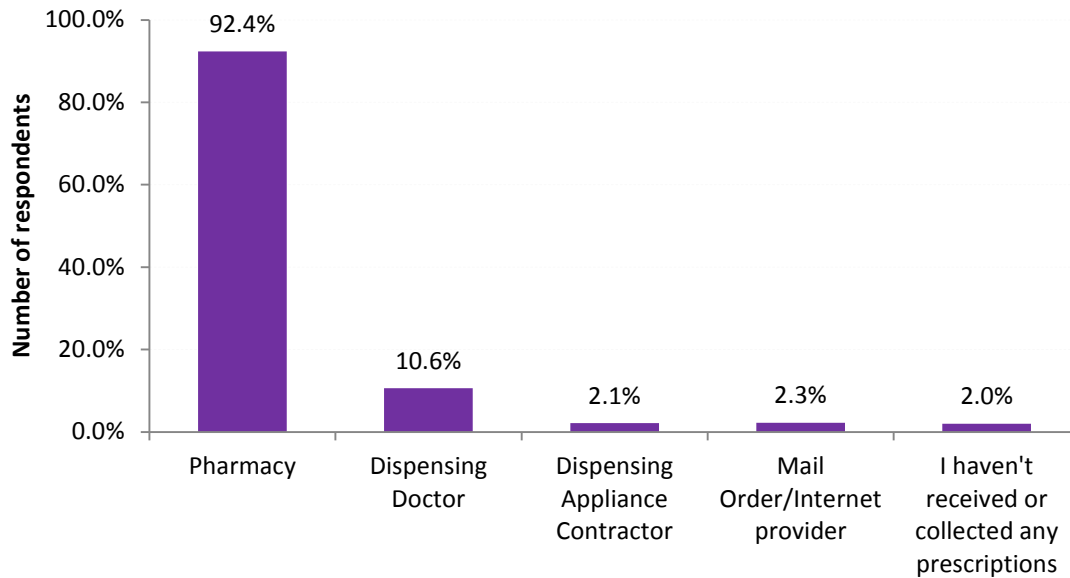
Employment status	Number	Percentage
Full-time employed	307	15.2%
Part-time employed	210	10.4%
Self-employed	92	4.5%
Looking after home	44	2.2%
Retired	1255	62.0%
Student	9	0.4%
Unemployed	30	1.5%
Unpaid carer	37	1.8%
Volunteer	52	2.6%

1.2.3 Accessing pharmaceutical services

Q1. In the last year, where did you get your prescription medicines and/or appliances from?

The majority of the respondents reported having obtained their prescriptions from a pharmacy (92%, n=1869), followed by dispensing doctor (10.6%, n=215) (Figure 1.1).

Figure 1.1: Pharmaceutical service provider accessed



Base: 2023 responses

Over half (57% n=122) of the respondents who reported using a dispensing doctor also reported using a pharmacy. Similarly, 81% (n=35) and 70% (n=32) of those who reported using Dispensing Appliance Contractors (DACs) and Mail order/internet providers, respectively, also reported using a pharmacy.

Q2. Thinking about when you have used pharmaceutical services in the past year, please select the one you use most often.

The majority (90.4% n=1829) of the respondents reported using a pharmacy most frequently, and 6.5% reported using dispensing doctor most frequently (Table 1.8).

Table 1.8: Pharmaceutical service provider frequently used

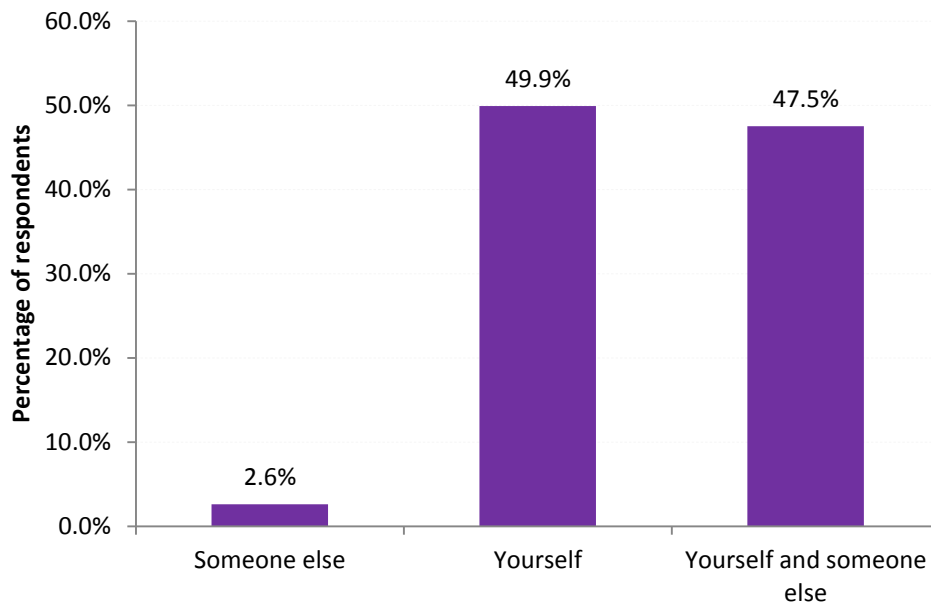
Provider type	Number of respondents	Percentage
Pharmacy	1829	90.4%
Dispensing Doctor	131	6.5%
Mail Order/Internet provider	13	0.6%
Dispensing Appliance Contractor	9	0.4%

Base: 1982 responses (excluding those who haven't received or collected any prescriptions)

Q3. Who do you visit the pharmacy or dispensing doctor for?

Half of those who responded to this question, 49.9% (n=956) reported they visit the Pharmacy or dispensing doctor only for themselves, and 47.5% (n=910) visited for themselves and someone else. Only 2.6% (n=50) visited only for someone else (Figure 1.2).

Figure 1.2: Who do you visit the pharmacy or dispensing doctor for?

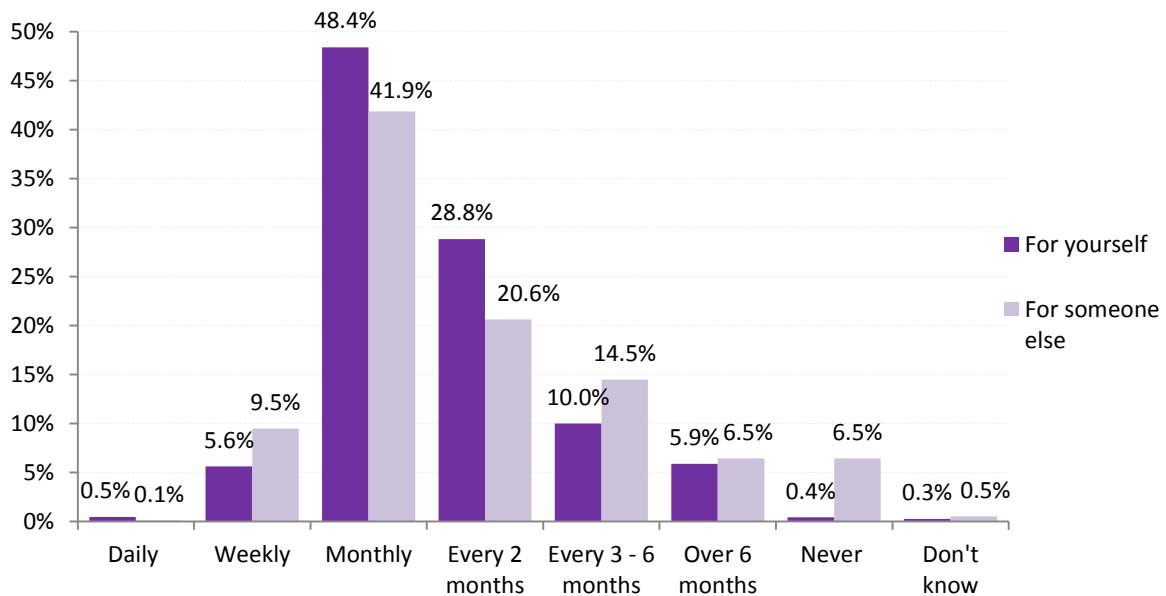


Base: 1916 responses

Q4. In the past year, how often have you used a pharmacy or dispensing doctor for your prescription?

The most commonly reported frequency of using a pharmacy or dispensing doctor, for self or for someone else was monthly, 48.4% (n=903) and 41.9% (n=402) respectively (Figure 1.3 below). Followed by every 2 months, 28.8% (n=538) and 20.6% (n=198).

Figure 1.3: Frequency of using pharmacy/dispensing doctor



Base: Those who reported using pharmacy/ dispensing doctor for self (n=1895) and for someone else (n=960)

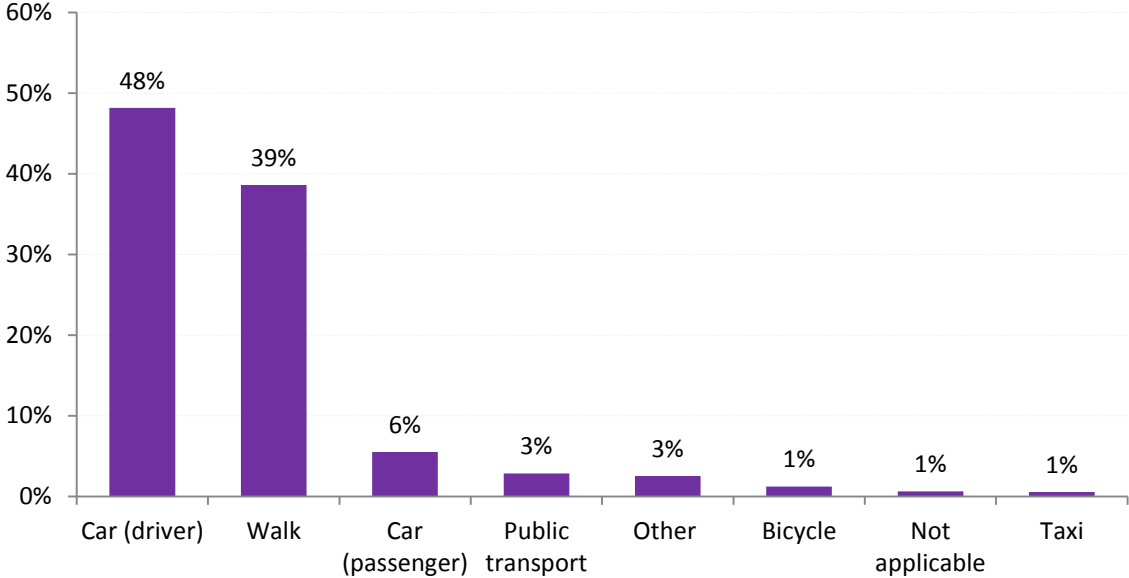
More people reported using the pharmacy for someone else weekly (9.5%) compared to those collecting for themselves (5.6%). A similar trend in responses can be observed for those who reported

using pharmacy or dispensing doctor for someone else every 3- 6 months and never (14.5% and 6.5%) compared to the proportion of those using pharmacy or dispensing doctor for self (10% and 5.9%).

Q5. How do you usually travel to the pharmacy or dispensing doctor you use most often?

The most frequently mentioned form of travel to the pharmacy or dispensing doctor was car (driver), reported by 48% (n=920) of respondents, followed by walking (39% n=737) (Figure 1.4).

Figure 1.4: Method of transport to pharmacy or dispensing doctor



Base: 1909 responses

Other methods of travel to the respondent’s pharmacy or dispensing doctor reported were mobility scooter (4 mentions), wheelchair/electric wheelchair (3 mentions). Some respondents indicated that their prescriptions are delivered to them (33 mentions).

Q6. How far do you usually travel to your main pharmacy or dispensing doctor?

Just over half (55%) of respondents reported that they travel less than 1 mile to their main pharmacy or dispensing doctor, and 1% reported travelling more than 6 miles (Table 1.9 below).

Table 1.9: Distance travelled to main pharmacy or dispensing doctor

	Number	Percentage
Less than 1 mile	1043	55%
1 to 3 miles	751	40%
4 to 6 miles	75	4%
More than 6 miles	19	1%

Base 1888 responses

Of those who responded to both question 5 and question 6 (n=1886) the majority of respondents (59% n=616) who travel less than a mile tend to walk to their main pharmacy or dispensing doctor.

Table 1.10: Mode of travel and distance travelled

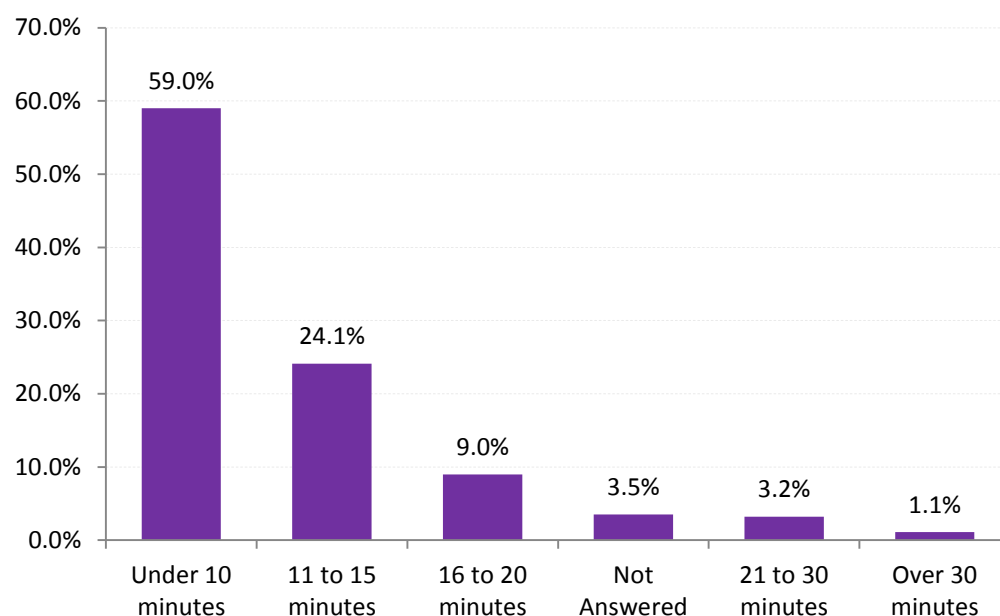
	Less than 1 mile	1 to 3 miles	4 to 6 miles	More than 6 miles
Bicycle	1.5%	0.7%	1.3%	0.0%
Car (driver)	31.4%	68.4%	80.0%	84.2%
Car (passenger)	4.2%	7.1%	9.3%	5.3%
Public transport	1.0%	4.7%	6.7%	10.5%
Taxi	0.1%	0.9%	1.3%	0.0%
Walk	59.2%	15.8%	1.3%	0.0%
Not applicable	0.4%	0.5%	0.0%	0.0%
Other	2.2%	1.9%	0.0%	0.0%

Base: 1886 responses

Q7. How long does it usually take you to travel to your main pharmacy or dispensing doctor?

Over half of the respondents, 59%, reported travelling to their main pharmacy or dispensing doctor in less than 10 minutes and 1% reported travelling over 30 minutes to their main pharmacy or dispensing doctor (Figure 1.5 below). Approximately 92% (n=1806) travel 20 minutes or less.

Figure 1.5: Travel time to main pharmacy/dispensing doctor



Base: 1960 responses

Q8 If, in the last year, you had difficulties travelling to your main pharmacy or dispensing doctor, what were the reasons?

Of those who reported having difficulties getting to their main pharmacy or dispensing doctor, 39% reported parking difficulties, 31% reported ‘other’ reasons, 11% availability of public transport and 18% location (Table 1.11).

Table 1.11: Difficulties travelling to pharmacy or dispensing doctor

Reasons for difficulties in travelling to pharmacy or dispensing doctor	Number	Percentage
Location	76	18%
Availability of public transport	47	11%
Parking difficulties	159	39%
Other	129	31%

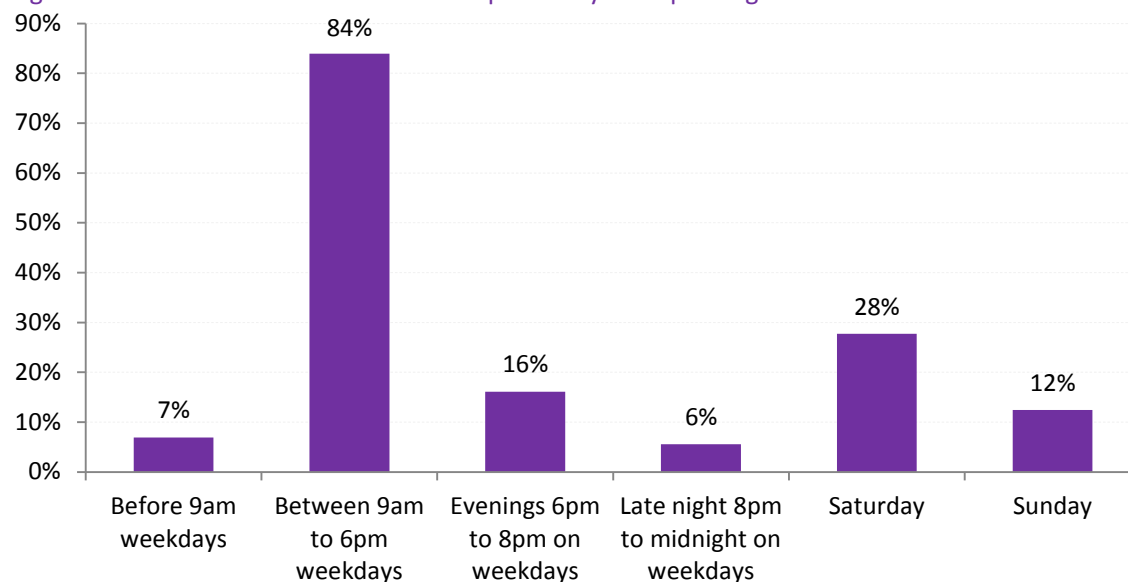
Base: 411 responses

Respondents were given a free text box to give details regarding ‘other’ difficulties in travelling to their pharmacy or dispensing doctors, and 126 respondents answered this. The main reasons reported were illness or disability (75 mentions), transport problems due to congestion, road closures and travelling expenses (21 mentions), pharmacy/dispensing doctor opening hours (13 mentions), bad weather (9 mentions) and lack of stock medicines (1 mention).

Q9 In your current situation, what are the most convenient times for you to visit your pharmacy or dispensing doctor?

Respondents were given options of the times they could access pharmacy or dispensing doctor to choose from. The most frequently mentioned convenient time to visit the pharmacy or dispensing doctor was between 9am and 6pm weekdays (84%, 1645 mentions), followed by Saturdays mentioned by 28% of the respondents (543 mentions). The least mentioned time was late night 8pm to midnight on weekdays (6%, 109 mentions) (Figure 1.6 below).

Figure 1.6: Most convenient times to visit pharmacy or dispensing doctor

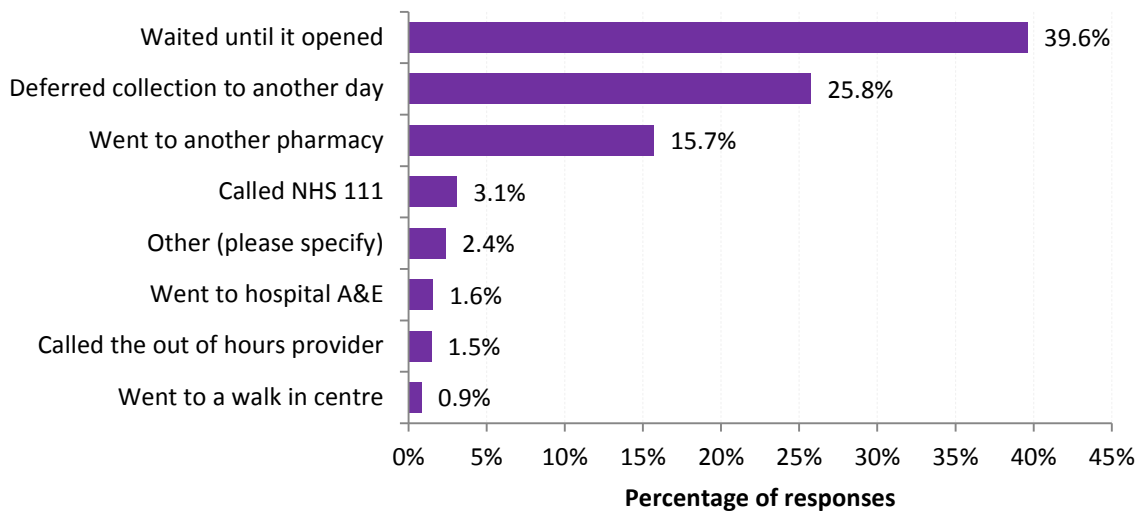


Base: 1960 responses

Q10. If, in the last year, you could not access your pharmacy or dispensing doctor what did you do?

Respondents were given a list of options to choose from and the most frequently mentioned action was ‘waited until it opened’ (39.6%, n= 777) (Figure 1.7)

Figure 1.7: Actions taken when unable to access pharmacy or dispensing doctor



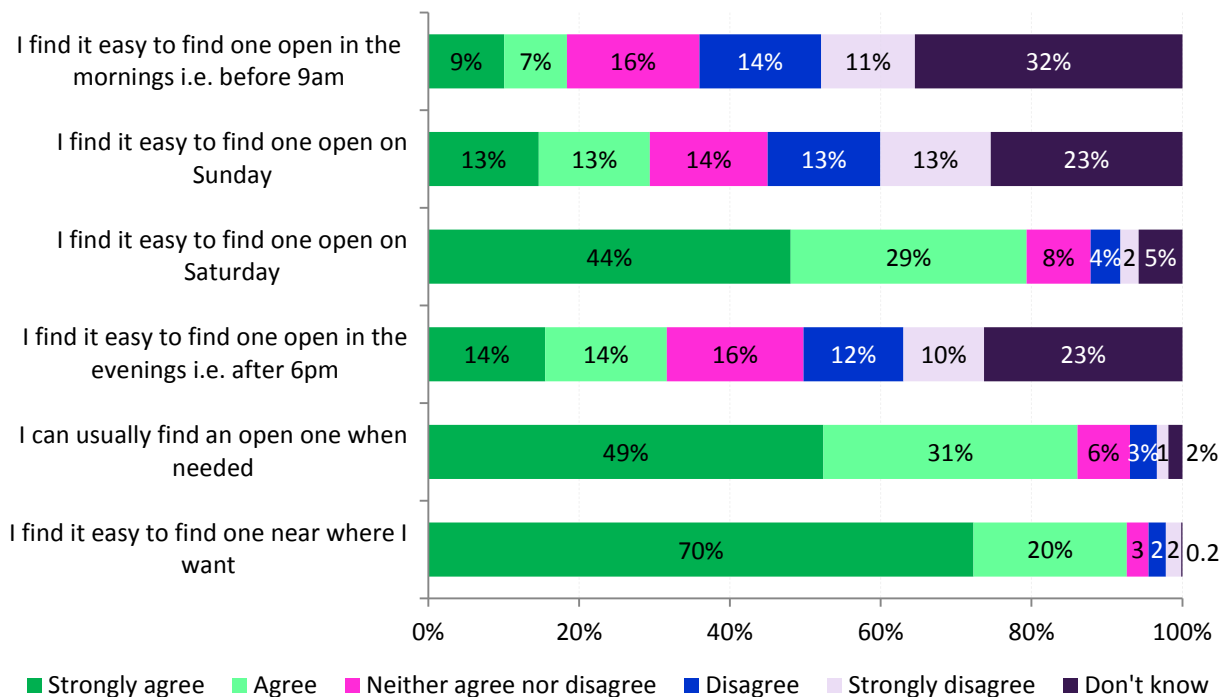
Base: 1960 responses

A total of 37 free text responses were given with details of other actions taken. The most common actions included the use of delivery services, online ordering and phone services (22 mentions) and asking another person to collect the prescription on their behalf (9 mentions).

Q11. Thinking about when you visit a pharmacy, please indicate whether you agree or disagree with the following statements.

From a list of statements, respondents were asked to indicate their level of agreement with each of the given statements. Figure 1.8 below shows the responses.

Figure 1.8: Accessing pharmacy/dispensing doctor



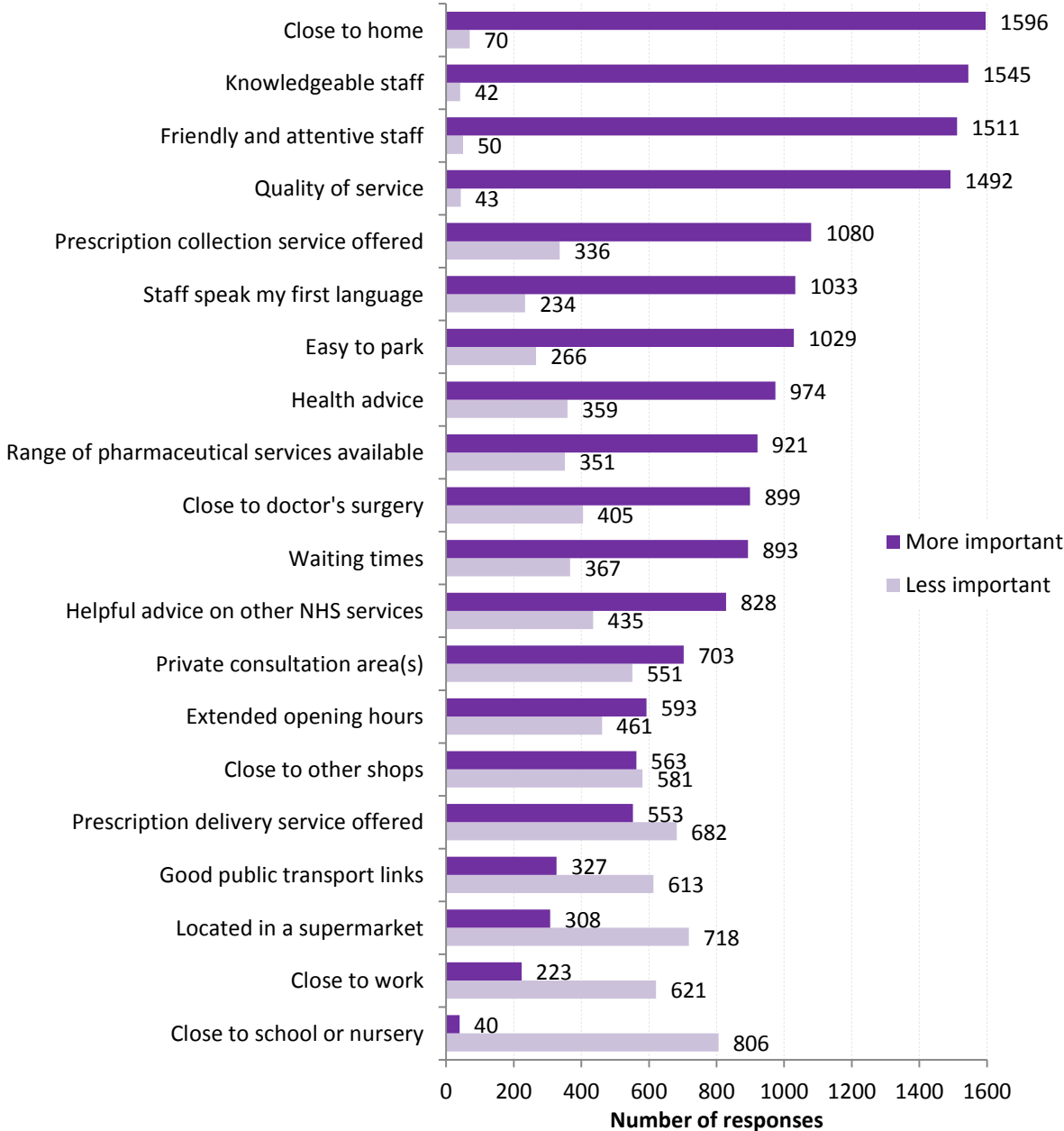
Base: 1829 responses

Ninety percent of respondents *strongly agreed* or *agreed* that they found it easy to find a pharmacy near where they want and 80% *strongly agreed* or *agreed* with the statement 'I can usually find an open one when needed'. In regards to weekend opening hours, the majority of respondents (73%) *strongly agreed* or *agreed* that they find it easy to find an open pharmacy on a Saturday. In comparison, the most frequently mentioned response to the statement 'I find it easy to find an open pharmacy on Sunday' was 'Don't know' (23%), and the proportion of those who strongly agreed or strongly disagreed were similar (13%).

Q12. Which of the following are more or less important in influencing your choice of pharmacy?

From a list of factors, respondents were asked to indicate the 'more important' and 'less important' factors influencing their choice of pharmacy. Figure 1.9 below shows the breakdown of the responses.

Figure 1.9: Factors influence choice of pharmacy



Base: 1829 responses

Being close to home was the most frequently mentioned important factor and being close to school or nursery was considered less important by most respondents.

Respondents were also given a free text option to specify any other factors that influence their choice of pharmacy and 68 responses were received. Most of the responses were already included in the list given, for example, close to home/shops, range of services offered, knowledgeable staff and opening hours. Other themes that emerged in regards to important factors that influence choice of pharmacy as reported by respondents are shown below.

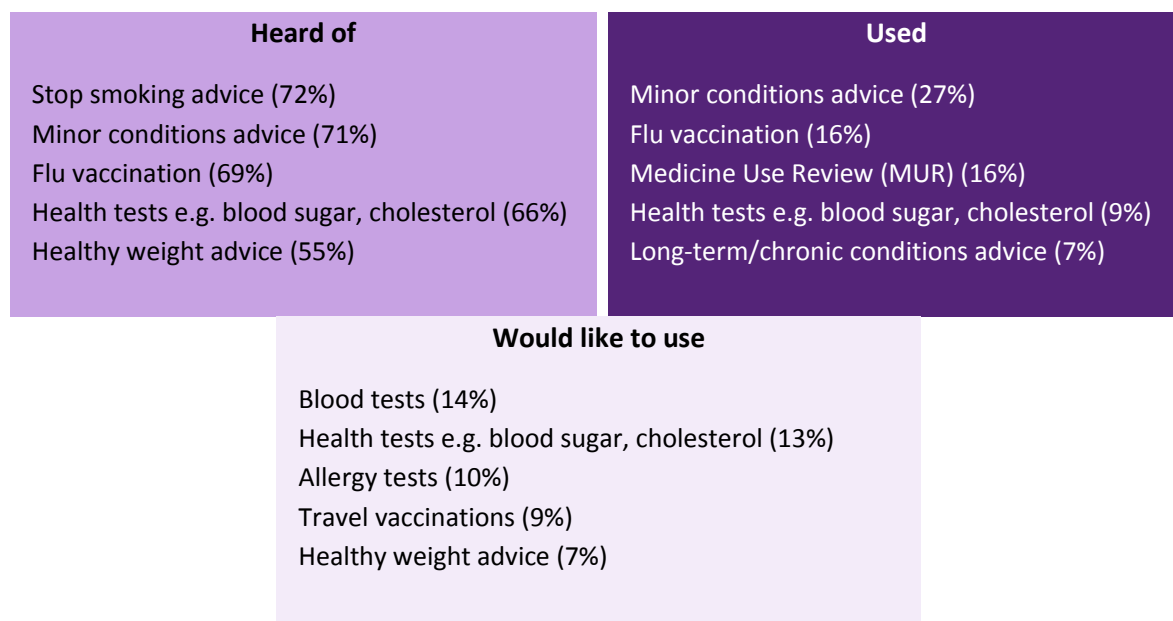
Figure 1.10: Factors influencing choice of pharmacy

- **Having adequate stock of medicines/dressings** (3 mentions)
- **Electronic link to GPs** (5 mentions) *“Electronic transfer of prescription from Doctor to Pharmacy”*
- **Having a latex free environment for those with latex allergies** (1 mention)
- **Type of pharmacy, i.e. independent pharmacies** (1 mention)
- **Prescribing pharmacists** (1 mention)
- **Continuity of service/personnel** (3 mentions)
“Knowledge of myself & family is a very important factor in using my local pharmacy - a “continuity” of care factor...and a personalised service”

Q13 Which of the following services have you heard of, used and/or would like to use from a pharmacy?

Respondents were given a list of pharmacy services to indicate if they had heard of, used or would like to use. The top 5 most commonly mentioned services are shown below (Figure 1.11).

Figure 1.11: Top 5 services respondents have Heard of, Used or Would like to use at a pharmacy

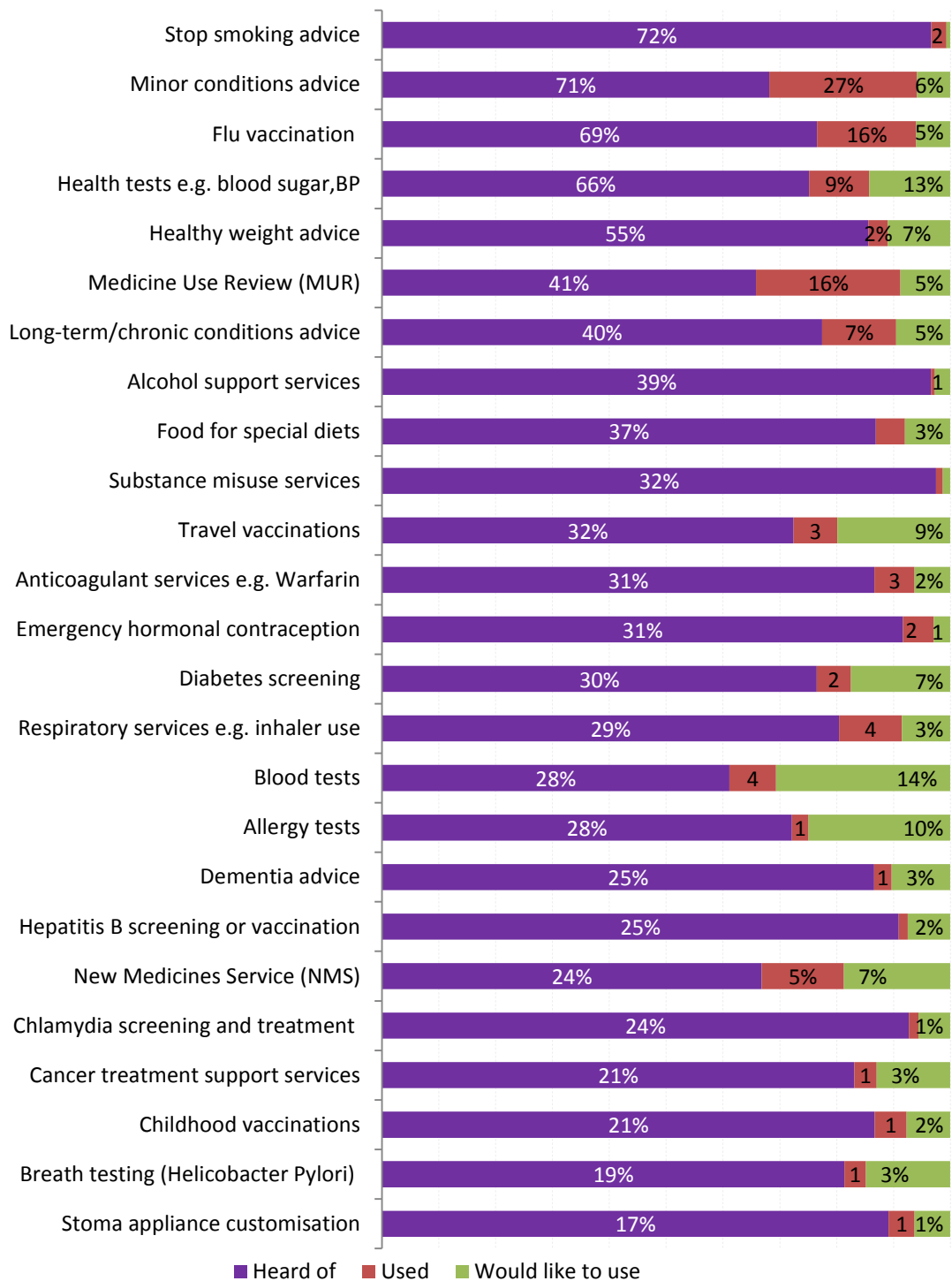


Base: 1829 responses

The majority of respondents indicated that they had heard of the services highlighted (Figure 1.11). Although awareness for some targeted services such as stop smoking advice is high, the number of

those who have used the service or would like to use the service is low. This may be due to some of the responders being non-smokers but still having an awareness of the service.

Figure 1.12: Awareness and use of services



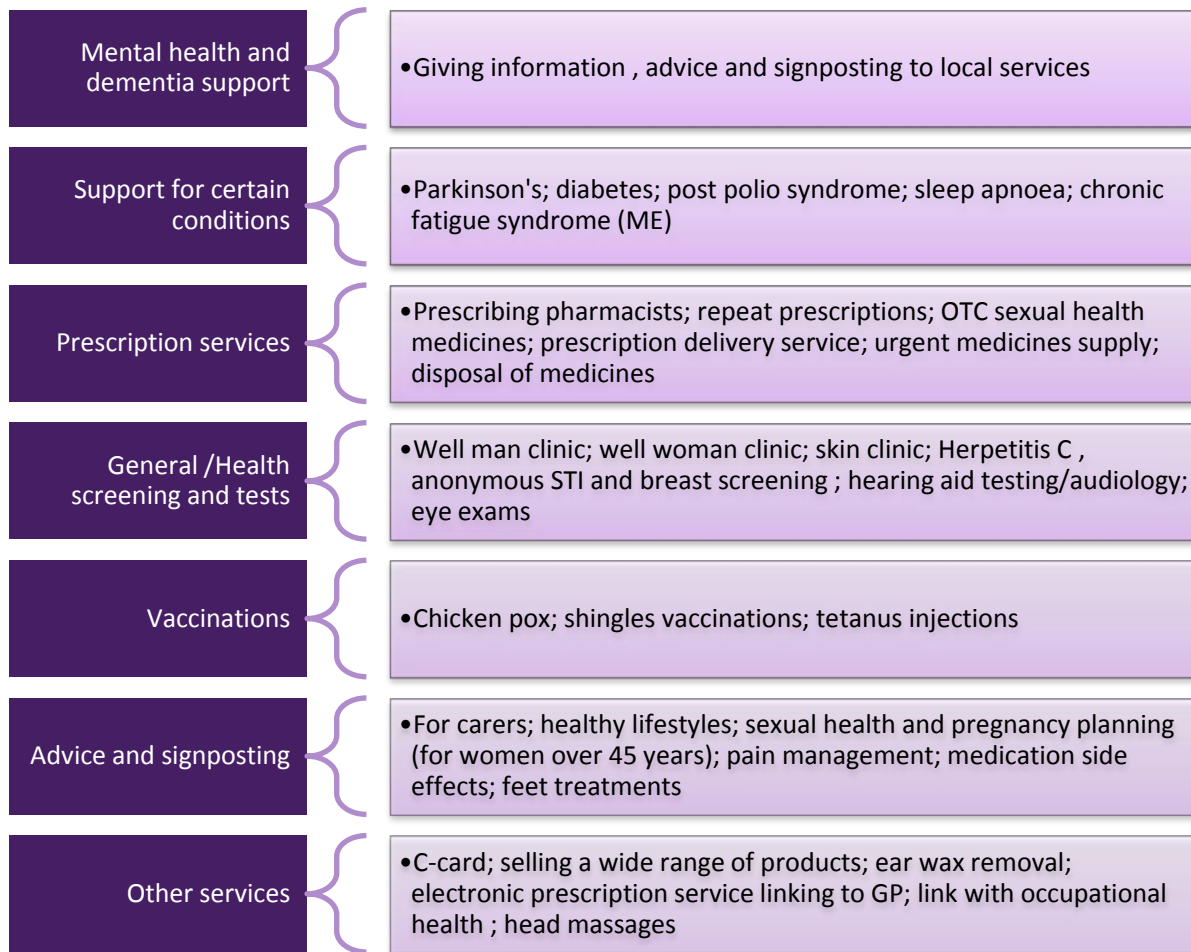
Base: 1829 responses

Q14. Are there any other health and wellbeing service you would like your pharmacy to offer?

Respondents were given 'yes' or 'no' response options to this question. The majority, 79% (n=1437), responded 'no' and 5% (n=94) said 'yes'. There were 123 free text responses giving details of the

services respondents would like their pharmacy to offer. Figure 1.13 shows the themes that emerged and the services that were suggested by the respondents.

Figure 1.13: Other services that respondents would like their pharmacy to provide



Some of the responses included the following;

“Repeat prescription instead of GP surgery”

“More help and advice for people who have had mental health difficulties”

“Information on local voluntary services providing support e.g. stroke clubs, dementia and carer support”

“Vaccinations e.g. chicken pox, shingles, when your medical surgery should but won't provide them”

“Regular screening for (skin) moles”

“Localised breast screening and/or well woman checks”

“Home delivery service for all ages should be offered”

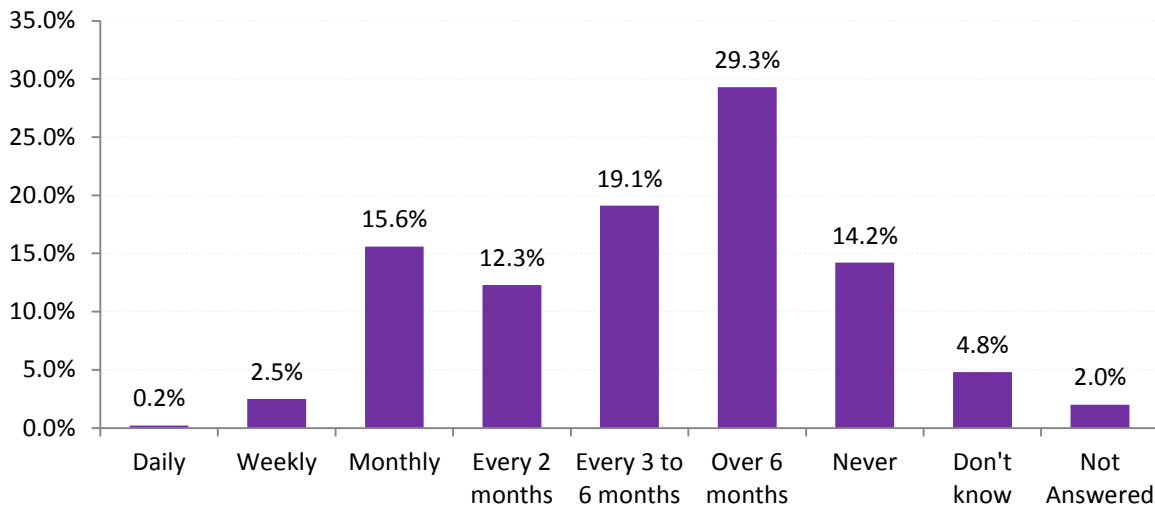
“Proactive coordination of multiple medicines for frail older people. Also to promote recognition, wellbeing and support for carers.”

“Provide an NHS prescription after consultation for minor ailments”

Q15. In the last year, how often have you visited a pharmacy for health reasons such as health advice and/or over the counter medicines?

The largest proportion of respondents reported visiting the pharmacy for health advice and/or over the counter medicines over 6 monthly (29.3% n=593), followed by every 3 to 6 months (19.1% n=386). Only 0.2% (n=4) respondents reported visiting a pharmacy for over the counter medicines or health advice daily (Figure 1.14).

Figure 1.14: Frequency of visits to pharmacy for health advice and/or over the counter medicines

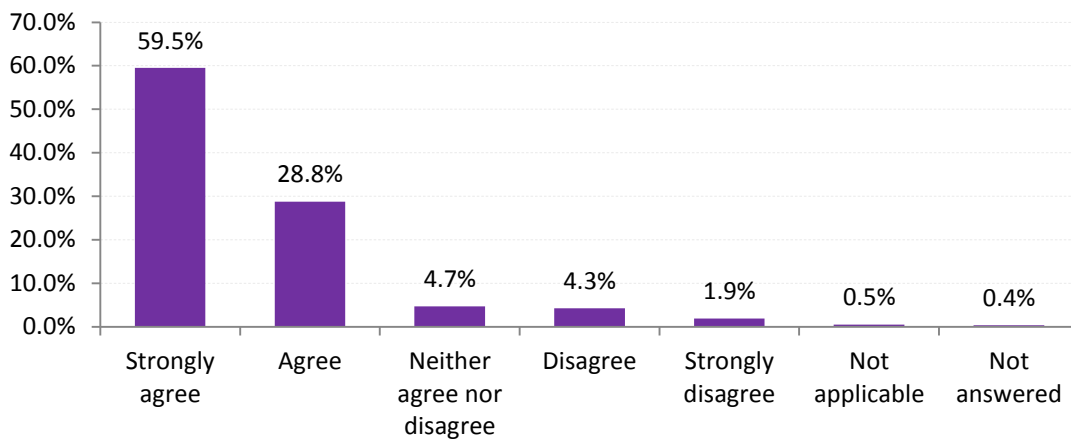


Base: 2023 respondents

Q16. To what extent do you agree with the statement below? Overall, I'm satisfied with the services I receive from the pharmaceutical service provider that I use most often.

Respondents were given the options; *strongly agree*, *agree*, *neither agree nor disagree*, *disagree*, *strongly disagree* and *not applicable*. The majority of respondents (88.2 n=1785) indicated that they *strongly agreed* or *agreed* with the statement, and 6.1% *strongly disagreed* or *disagreed* whilst 4.7% (n=95) neither agreed nor disagreed (Figure 1.15 below).

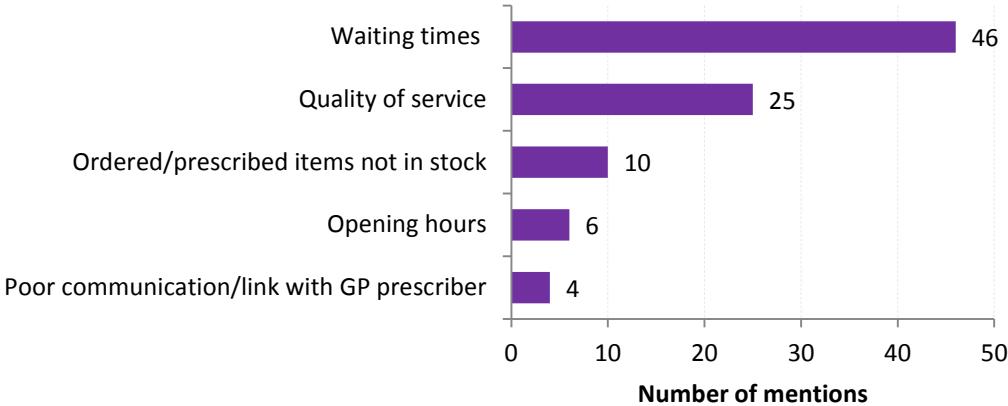
Figure 1.15: Satisfaction with services



Base: 2023 respondents

Respondents were asked to give details about their satisfaction with their pharmaceutical services. This was a free text question and 296 responses were received, of these 185 comments were made by those who strongly agreed with the statement, 111 responses from the rest of the respondents. Of those who strongly disagreed, disagreed or agreed, key themes emerged of the reasons why they disagreed with the statement or did not mark their service higher (than agreed). Figure 1.16 below shows the breakdown of responses, based on the themes that emerged. Waiting times for prescriptions to be dispensed was the most frequently mentioned reason for dissatisfaction with pharmaceutical service provider (46 mentions). Quality of service, which included staff knowledge, friendliness and the lack of a 'personal' service, was the second most common reason (25 mentions).

Figure 1.16: Reasons given for dissatisfaction with pharmaceutical service provider



Base: 111 responses

Quotes from the respondents

“Long waiting time in queue to hand in prescription, long time for prescription to be dispensed, long waiting time in queue to collect dispensed medicines...”

“The doctor sometimes sends the prescription straight to the chemist during a consultation which is a waste of time as they do not print it out until you arrive at the chemist so you still wait the same time!”

“Biggest problem often under staffed and overworked, creating extended delays”

“For most ailments/medical problems where I haven't been able to get a G.P appointment, I have tried pharmaceutical services and found them to be unsatisfactory this is due to the pharmacy staff being too young, no knowledge of the complaint I have (so they ask their supervisor/manager), and usually too busy serving other non-pharmacy related queries”

“The staff are not friendly or attentive...”

“The repeat prescription service is sometimes poor with bad communication between pharmacy & the GP”

“... (They) don't treat you as a patient but a number”

I find it immensely frustrating that there is no pharmacy in the town centre of Arundel. We used to have a proper chemist's shop in the High Street... The pharmacy was closed and moved to the doctors' surgery on the council estate a good walk from the town centre and I am obliged to use the car to get there”

Of those who strongly agreed and gave details, the key themes that emerged were in regards to quality and reliability of service, convenience and range of services offered. The majority of the comments referred to the good quality of service provided by the friendly, helpful and knowledgeable staff and the provision of a personal service (143 mentions). Convenience included location of pharmacy close to GP, home or in local area as well as extended opening hours and accessibility of pharmacist by phone (18 mentions). Other respondents reported good communication with GP.

Quotes from respondents who strongly agreed

"The staff are always very friendly, polite and give me all the advice that I require and go out of their way to make my visit a friendly one"

"Received excellent service from all staff and good advice from the pharmacist every time I had a new medicine. More convenient. Flu vaccination. Walk in. no appointment needed"

"They are local, have local knowledge of patients, GPs and services. They know what is happening in the family and can offer support"

"Excellent service. Pharmacy is attached to surgery. I often seek advice from the pharmacist - most helpful"

"Great doctors' surgery, convenient to pick up my medication after I see the doctor"

"My prescriptions are always ready for me when they should be, the staff recognise me and some even know me by name - Once, when I could not collect my medicine they delivered it to me. Because they know me well, if I forget to order my medicine and have run out, they have given me an emergency supply to get me through until my prescription was ready".

1.3 Pharmaceutical services contractor survey

Summary of key findings

- Ninety-eight percent of respondents reported their premises complied with the Equalities Act 2010.
- Ninety-three percent of contractors reported that their premises are within 100m of bus services, and 87% had free parking and 75% had disabled parking.
- The majority of respondents had consultation rooms that met the required standards.
- Eighty-four percent of the contractors reported that they labelled medicines in a legible way for people with impaired vision; 88% provided MAR charts and 92% provided multi-component compliance aids.
- Only 13% of the contractors charged for delivery and 87% provided free delivery. The majority of contractors also provided prescription collection and repeat prescription services.
- The most commonly provided advanced services were MURs (96%); NMS (94%) and Flu vaccinations (80%) advanced services. A small number provided the AUR, SAC, and NUMSAS.
- Barriers to provision of advanced services include pharmacist and/or premises not accredited, patients refusing invitation, and lack of skills or knowledge to provide services.
- Training, GP support and collaborative working, funding and reduction of paperwork involved were some of the frequently mentioned way to support contractors to enable them to deliver advanced services.
- The top three services currently being provided by contractors were; supervised consumption; MAR charts; Smoking cessation.
- The most frequently mentioned services that contractors would like to provide are minor ailments service; anticoagulant services; first dressings; and alcohol support services.
- Overall, the top three services frequently mentioned by the respondents within their top 5 priorities for community pharmacy were Minor ailments, EHC and MUR services.
- The majority of the contractors reported that they did not have more than one pharmacist in the pharmacy at any given time.
- A number of contractors indicated that they have staff that speak additional languages such as Hindi, Gujarati, Polish, and Urdu.

1.3.1 Overview

An online survey was conducted with pharmaceutical services contractors in West Sussex. Of the 168 pharmaceutical contractors in West Sussex, a total of 112 (67%) responded to the survey. Five different types of providers responded to the survey, and the most common were independent pharmacies, followed by CCA pharmacy (see Table 1.12).

Table 1.12: Type of pharmaceutical provider

Type of pharmaceutical service provider	Frequency	Percentage
No response	4	4%
AIM Pharmacy	18	16%
CCA Pharmacy	41	37%

Dispensing Appliance Contractor	3	3%
Distance selling contractor	2	2%
Independent Pharmacy	44	39%
Total	112	*

*Figures do not add up to 100% due to rounding.

Accessibility and compliance with Equality Act

When asked about the accessibility of premises, the majority of respondents (96%) reported that their premises are accessible by wheelchair and that they comply with the Equalities Act 2010. However, most did not have a hearing loop installed, although some indicated plans to install (Table 1.13 below).

Table 1.13: Accessibility and compliance with Equality Act 2010

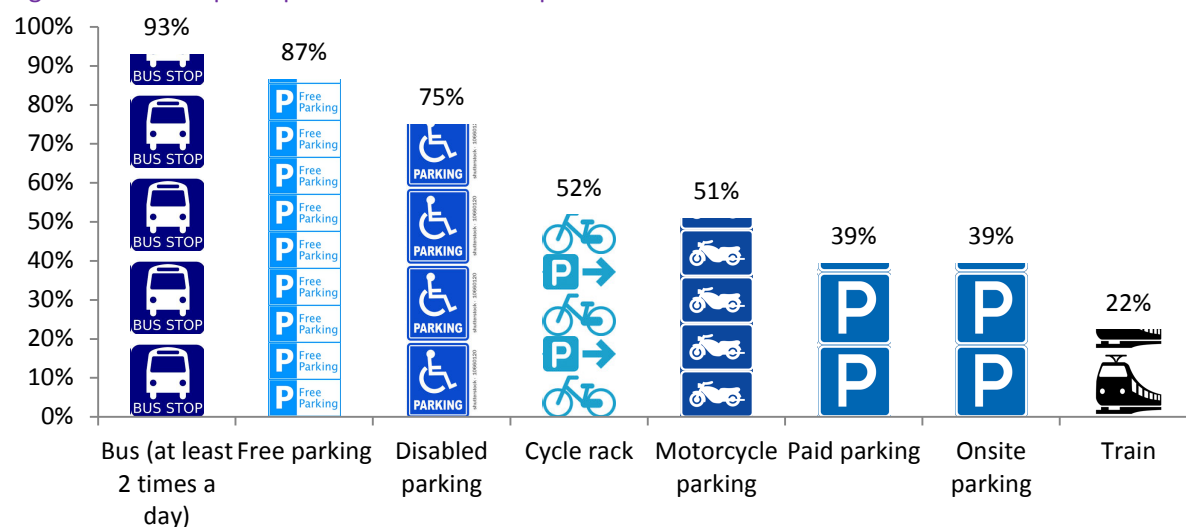
Question	Number of responses	Yes	No	Planned
Is the access to the premises sufficiently flat and wide to allow full wheelchair use of the premises and consultation area?	111	96%	3%	1%
Is there a hearing loop installed for hearing aid users?	110	44%	45%	11%
Do the premises comply with the 2010 Equality Act	109	98%	1%	1%

(Totals may not add up to 100% due to rounding)

Transport options

When asked which transport options are available within a 100 metres of the contractor’s premises, the majority of respondents (93%, n=104) indicated that they are within a 100metres of the bus option (Figure 1.17 below). Train was the least available transport option (22%, n=25).

Figure 1.17: Transport options within 100m of premises



Base: 112 respondents

Consultation area

From a list of consultation room standards and facilities, the respondents were asked if their consultation areas met these criteria (Table 1.14). The majority of the respondents indicated that their consultation areas met the standards or had the listed facilities, except for toilet facilities, which only 36% of respondents reported to have.

Table 1.14: Consultation area standards and facilities

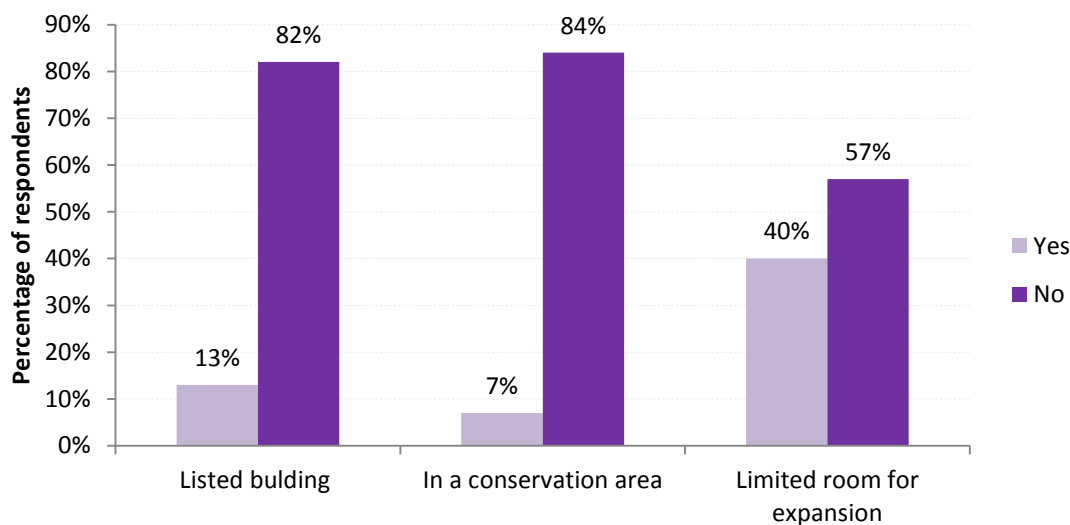
Question	Yes	No	Not applicable
Consultation area clearly signposted as private consultation area?	92%	4%	4%
Consultation area is enclosed (walls, doors and ceiling)	94%	1%	5%
Can conversations be held at normal speaking volumes without being overhead by staff or customers?	83%	13%	4%
Is there access to toilet facilities for customers on the premises	36%	60%	3%
Is it possible to access the PMR from the computer within the area/room?	82%	11%	6%
Is there a handwashing station accessible from the consultation area?	78%	16%	5%

Base: 112 respondents

Development constraints

When asked 'Is the site subject to any of the following development constraints?' the majority of respondents indicated that their sites were not subject to development constraints listed (Figure 1.18).

Figure 1.18: Development constraints



Base: 112 responses

Respondents were given a free text option to state any other development constraints and the following were highlighted: limited room for expansion due to being located in a shopping centre, a temporary porta cabin and in a GP surgery.

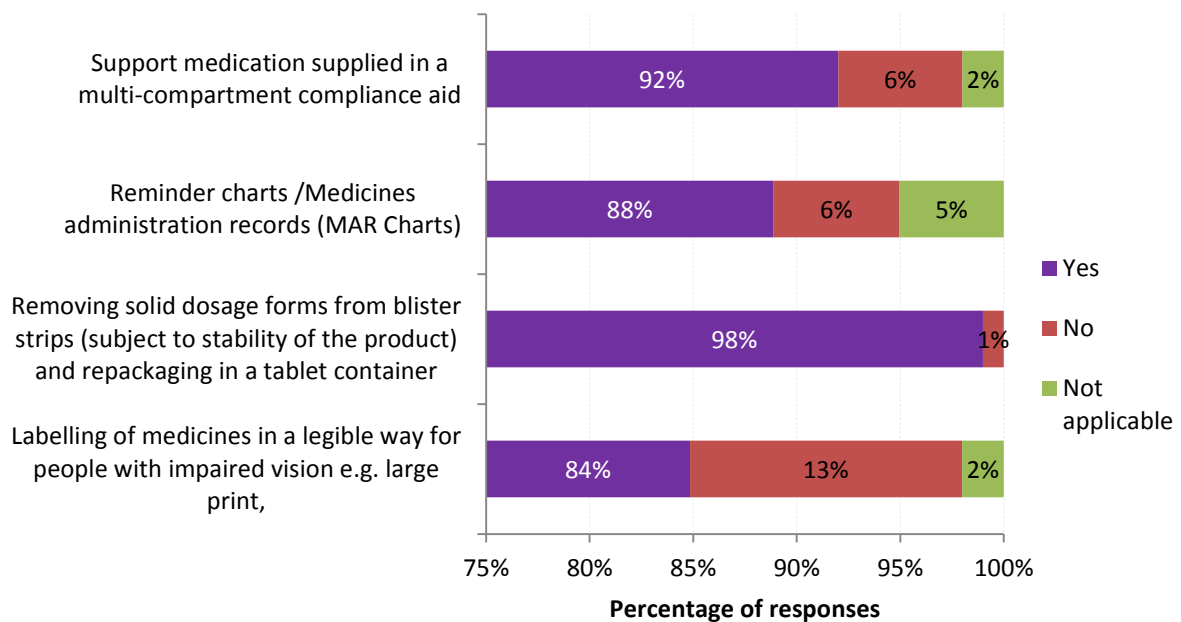
Medicines/appliance use support mechanisms

Respondents were asked if they provided any of the following medicines use support mechanisms, in line with the Equalities Act 2010;

- Labelling of medicines in a legible way for people with impaired vision e.g. large print, Braille etc.;
- Removing solid dosage forms from blister strips (subject to stability of the product) and repackaging in a tablet container
- Reminder charts/ Medicines administration records (MAR Charts)
- Support medication supplied in a multi-compartment compliance aid

The 3 DACs who responded to the survey indicated that these services are not applicable to them and therefore they were excluded from the analysis. The majority of the contractors indicated that they provide most of the listed services in line with the Equality Act 2010. The most commonly provided service was removing solid dosage forms from blister strips and repackaging, which was provided by 98% (n=107) of the respondents (Figure 1.19) .

Figure 1.19: Medication support mechanisms offered



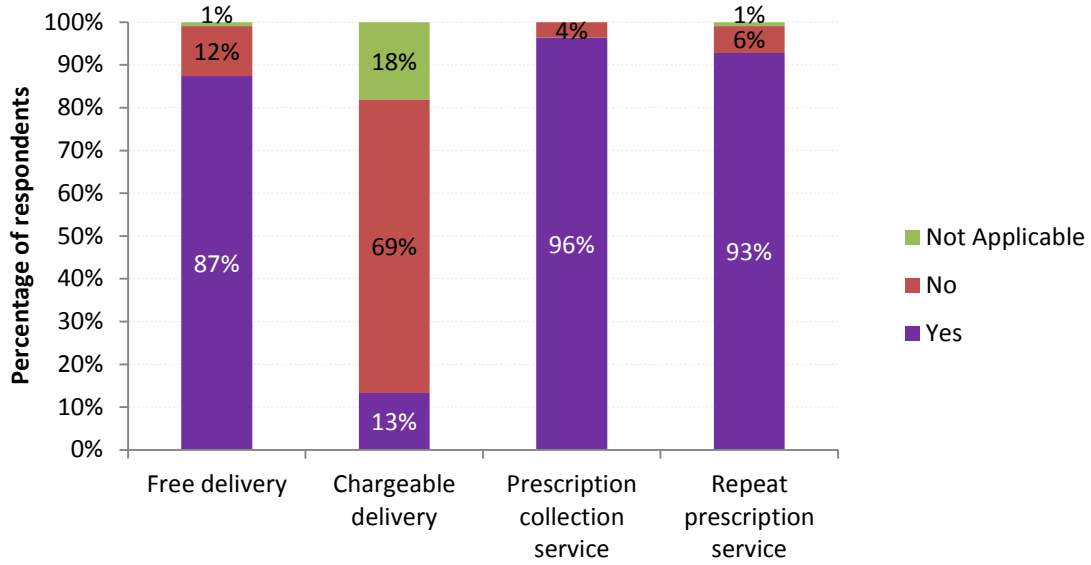
Base 109 responses (excluding 3 DAC responses)

Note: totals might not add up to 100% due to rounding

Delivery/collection services

When asked about the delivery and prescription collection services offered, prescription collection service was the most commonly provided service, with 96% of the respondents providing it. Only a small percentage of respondents (13%) charged for delivery and 87% delivering for free (Figure 1.20).

Figure 1.20: Contractors providing delivery/prescription collection services



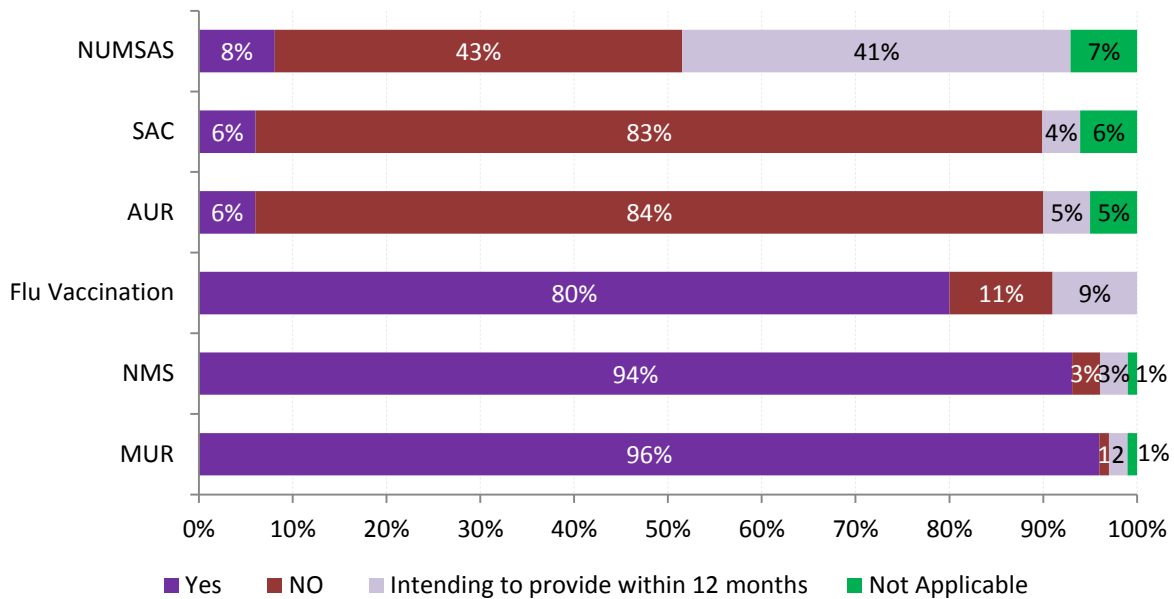
Base: 111, 105, 111, 111 respondents respectively

Advanced services

Respondents were asked if they currently provide the following advanced services:

- Medicines use reviews (MUR)
- New Medicines Service (NMS)
- Appliance Use Review (AUR) service
- Stoma Appliance Customisation (SAC) service
- NHS Urgent Medicine Supply
- Advanced Service (NUMSAS)
- Flu Vaccination service

Figure 1.21: Advanced service provision

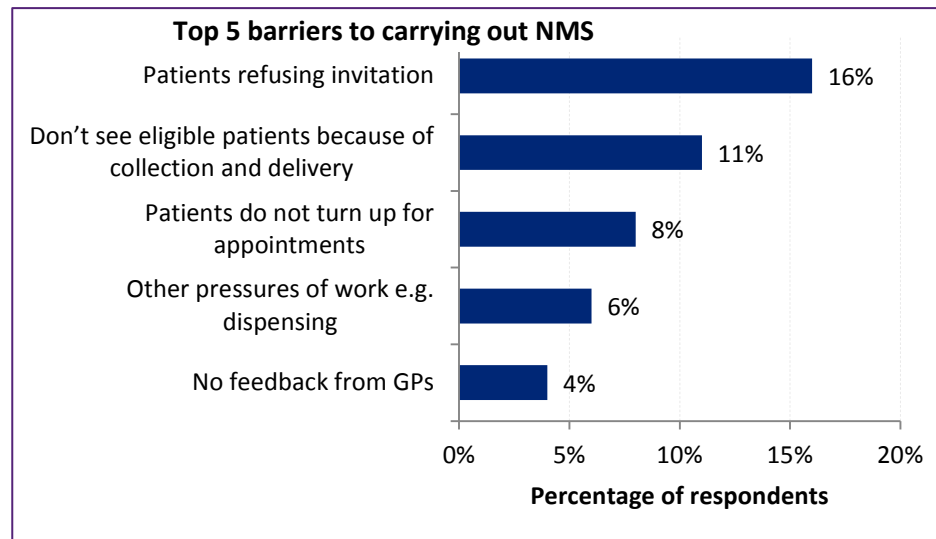
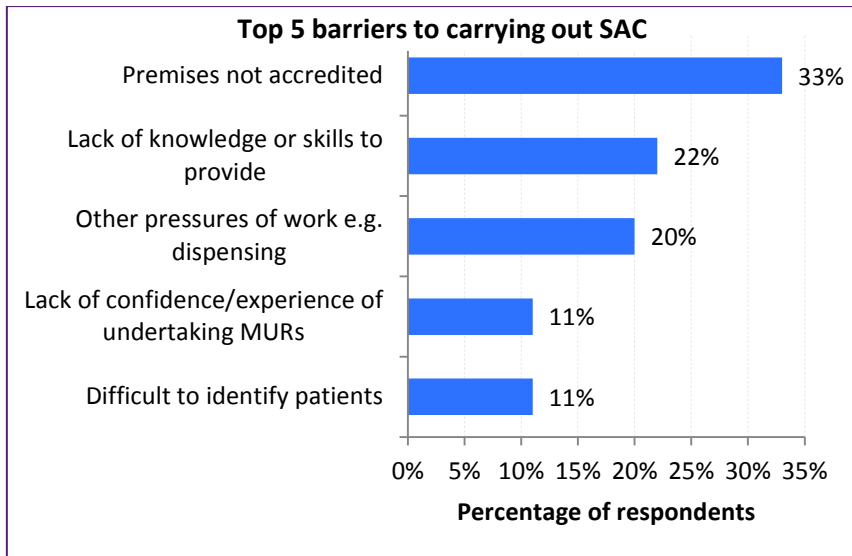
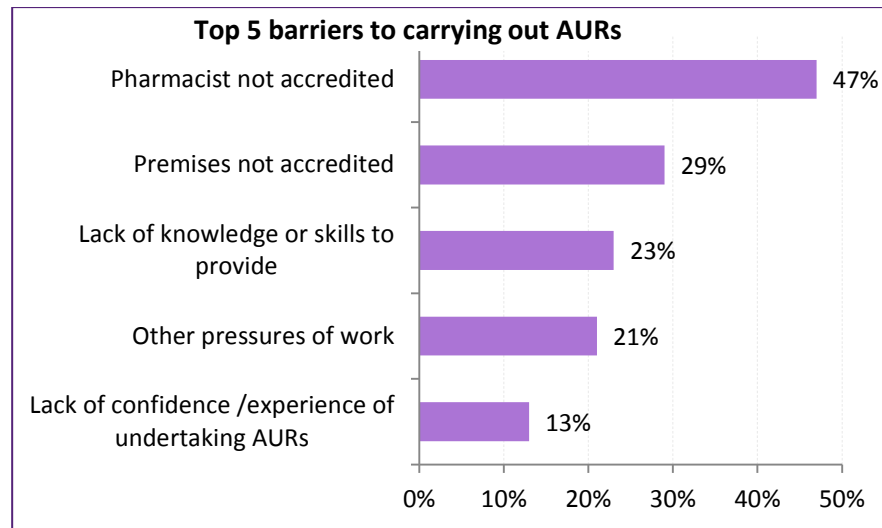
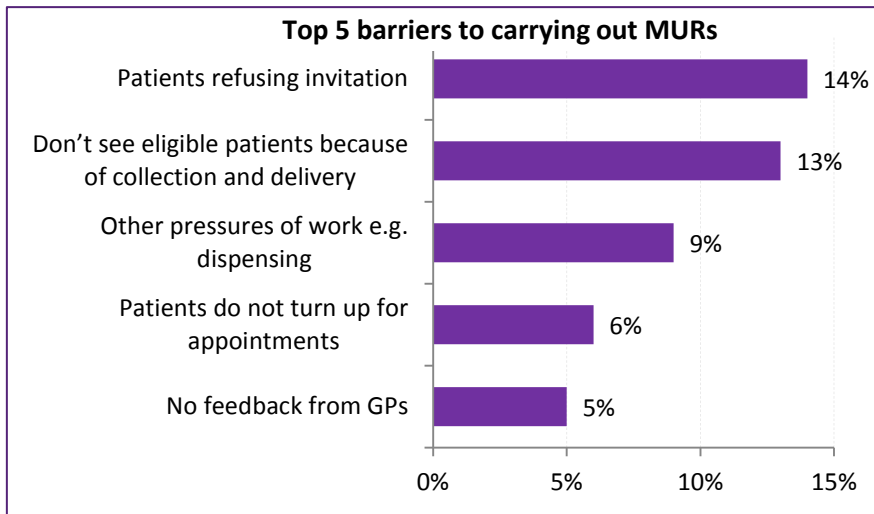


Base: 109 responses (MUR); 108 responses (NMS and Flu vac) excluding DACs as they are not commissioned to provide these service; 111 responses (AUR; SAC and NUMSAS)

The majority of respondents indicated that they provided Medicines Use Reviews (MUR) (96%) and New Medicines Services (NMS) (93%). Services such as MUR, NMS, NUMSAS and Flu vaccinations are not applicable to DACs and their responses indicate this. Appliance Use Review service and the Stoma Appliance Customisation services were provided by all the 3 DACs but were the least provided by other respondents. Only 8% of respondents currently provide NUMSAS; however, 41% responded that they intend to provide the service within the next 12 months (Figure 1.21 above).

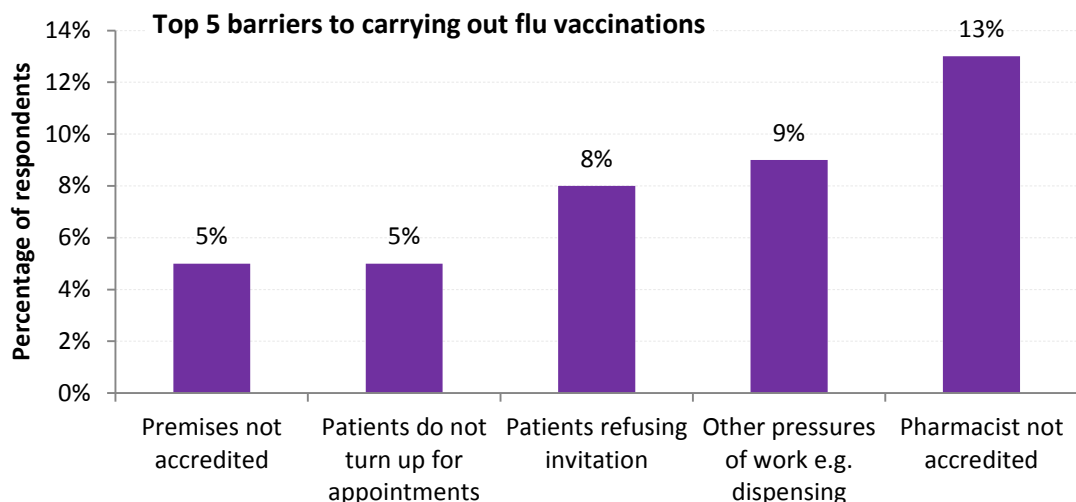
Barriers to advanced service provision

For the question “*What prevents you from carrying out or doing more advanced services?*” respondents were given a list of potential barriers to choose from. ‘Pharmacist not accredited’ was the most frequently mentioned barrier for the provision of AUR, Flu Vac and NUMSAS services (Figures below). ‘Premises not accredited’ was the most frequently mentioned barrier to the provision of SAC and NUMSAS services. The lack of knowledge or skills to provide service was the second frequently mentioned barrier for the provision of AUR and SAC services`. The main barrier to the provision of MURs and NMS services identified by the respondents was ‘patients refusing invitation’.

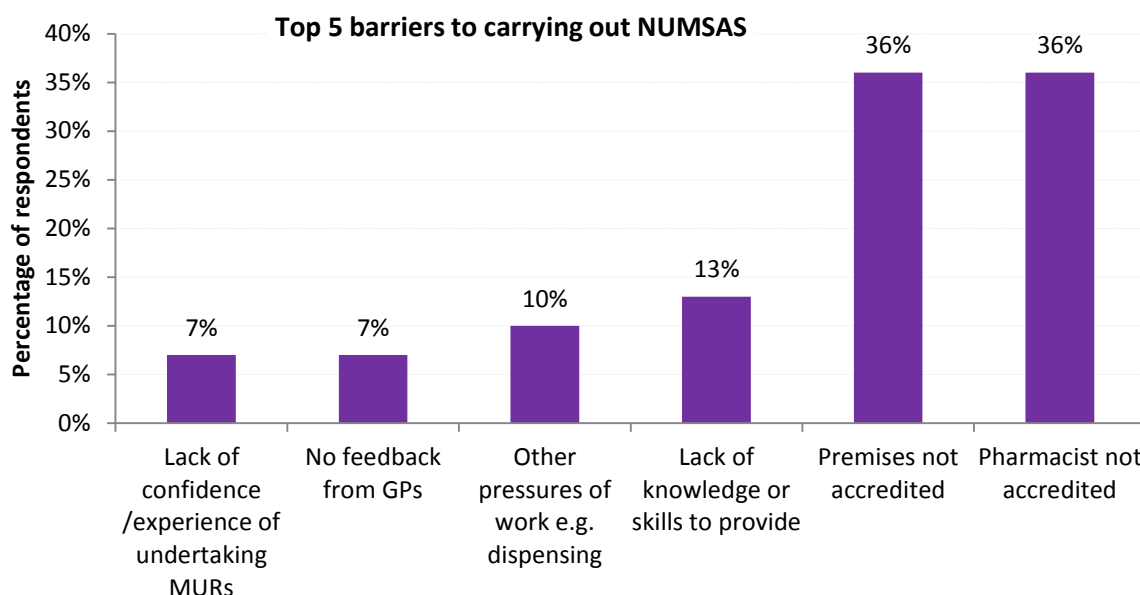


Base for all: 112 respondents

Respondents also highlighted the barriers to providing some of the newer advanced services, i.e. seasonal flu vaccinations and NUMSAS (below).



Base: 112 respondents



Base: 112 responses

Other barriers to providing services identified by the respondents included:

- Services being provided by GPs, or other providers or as part of pharmacy’s in-house services; *“Shared premises with GP surgery so they do a lot of the services such as flu vacs etc.”*
- Size of the population served *“Small population provided for thus we have to see a greater percentage of patients to meet the “targets” Doctors review patients within 2-4 weeks and so no one thinks NMS is necessary”*
- Lack of training to carry out AUR and SAC services;
- Inadequate staff (pharmacist) to do home visits for AUR and SAC;
- The current limit to carry out a maximum of 400 MURs
- The need for NHSE approval to provide services

When asked, 'What support would you require to enable you to deliver advanced services?' 50 contractors responded to this free text question, and the following key themes emerged:

Key themes

- Training
- GP support and collaborative working
- Funding
- Simplifying or reducing the paperwork that is involved in setting up or carrying out advanced services
- Linking IT systems
- Increasing staffing levels (having more than one pharmacist)

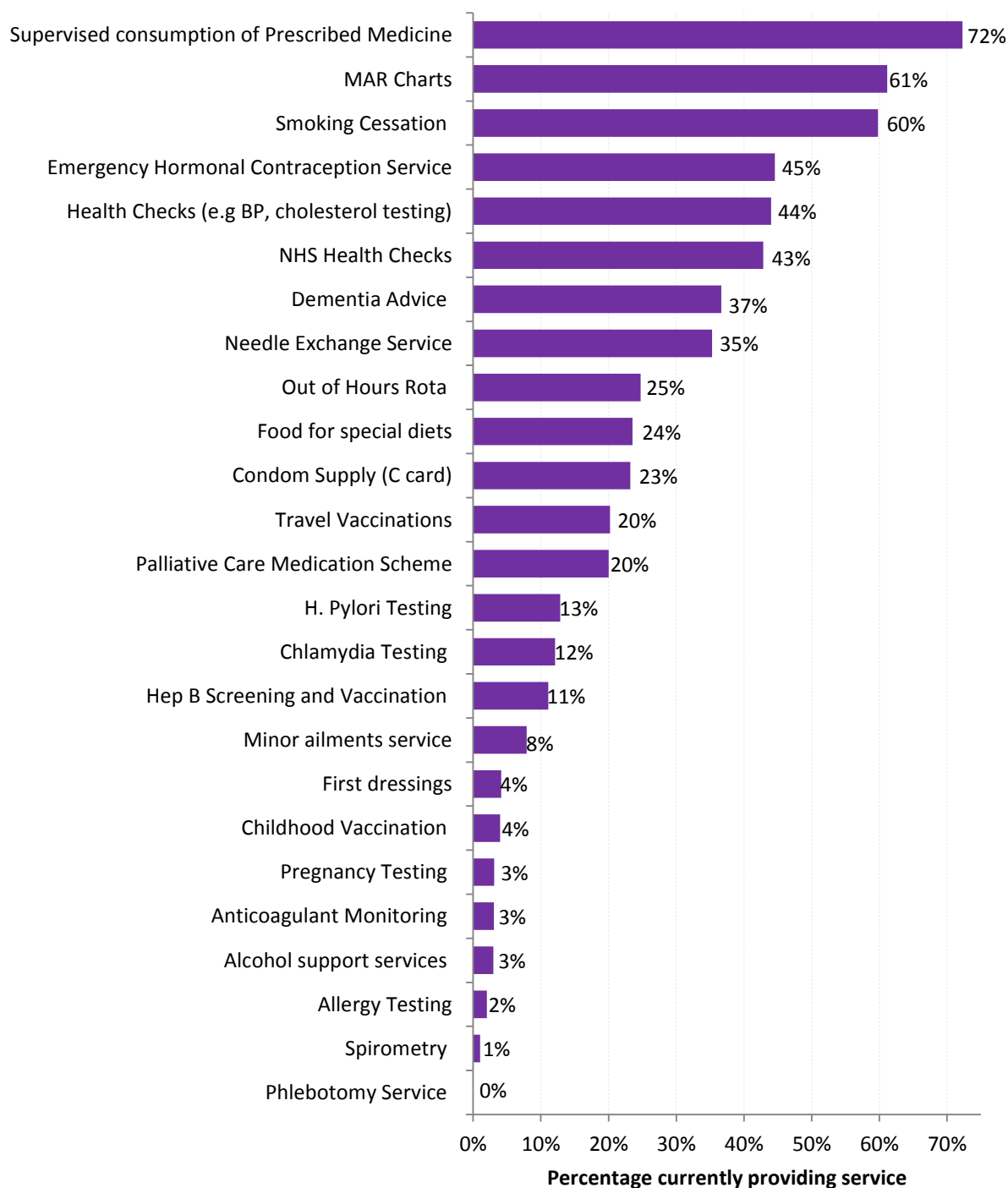
Training and information on services and accreditation was mentioned 28 times, and some respondents suggested training should be *"state provided"* or by CCGs, particularly around AUR, SACs, and NUMSAS. Some respondents also suggested providing information to patients as well to raise awareness of the services provided *"We provide numerous NHS Advanced Services, but could deliver more if service-users were impartially informed about their freedom to choose their providers"*.

GP support and collaboration through referral was mentioned by 4 respondents. Suggestions included GPs making referrals *"sadly the patients who would most benefit from an MUR are the ones who just will not try one. Again this is where GP or hospital support could help. EG On discharge - make sure you pop into your pharmacy within the month to have your MUR"*.

Range of services provided

Respondents were provided with a list of services and asked if they are currently providing any of these services. Overall, the most commonly provided services as reported by respondents were supervised consumption of prescribed medicine (72%), MAR charts (61%) and Smoking Cessation (60%). Least provided services were phlebotomy (0%), spirometry (1%), and allergy testing (2%).

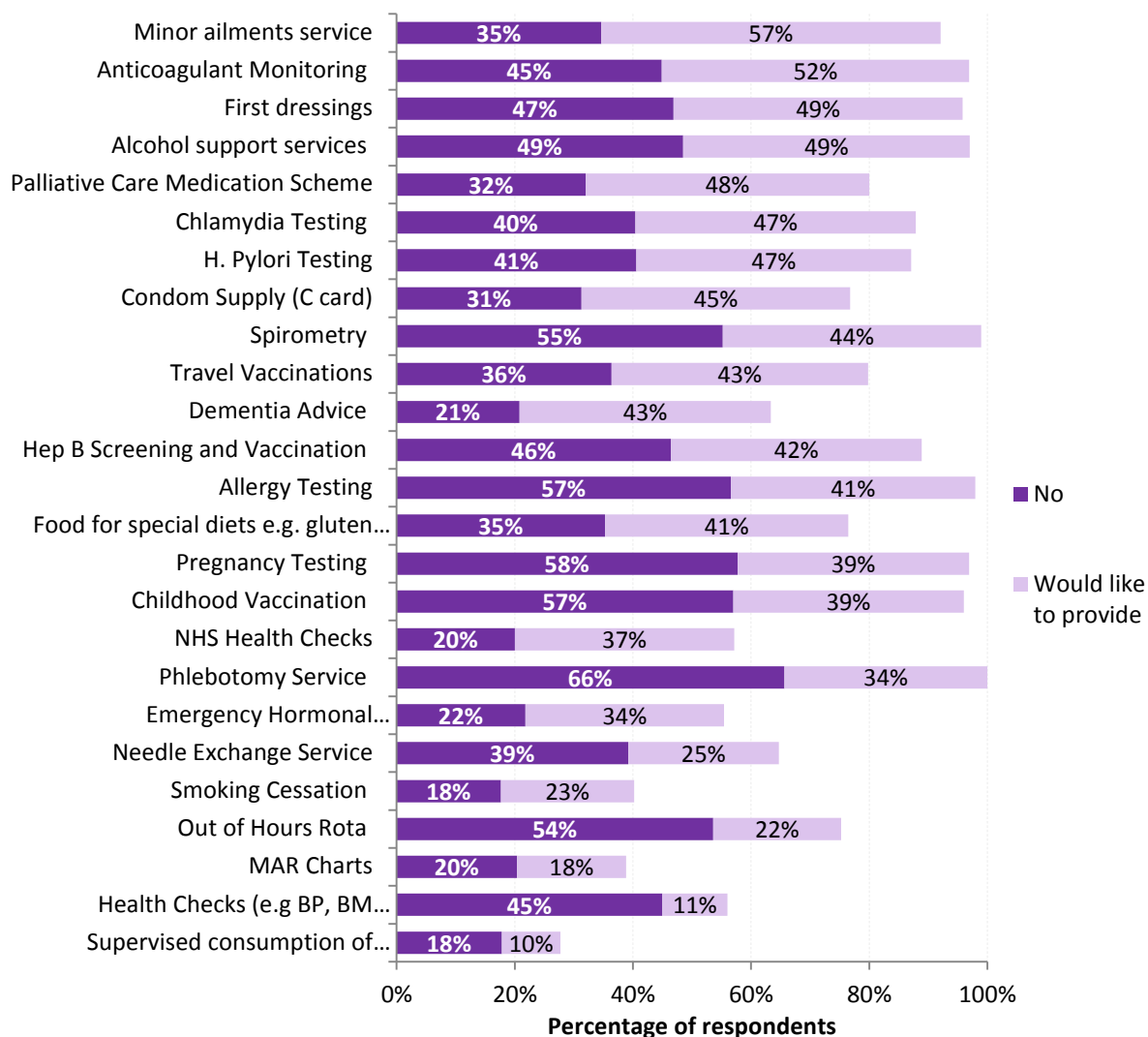
Figure 1.22: Services currently provided



Percentage based on total number of responses for yes; no; and would like to provide; options for each service

Of those not currently providing these services, the most frequently cited services that respondent would like to provide were minor ailments services, alcohol support services, anticoagulant monitoring, palliative care medication scheme.

Figure 1.23: Currently not providing services/would like to provide service



Percentage based on total number of responses for yes; no; and would like to provide; options for each service

Respondents were asked to state any other services that they currently provided or would like to provide the following were identified:

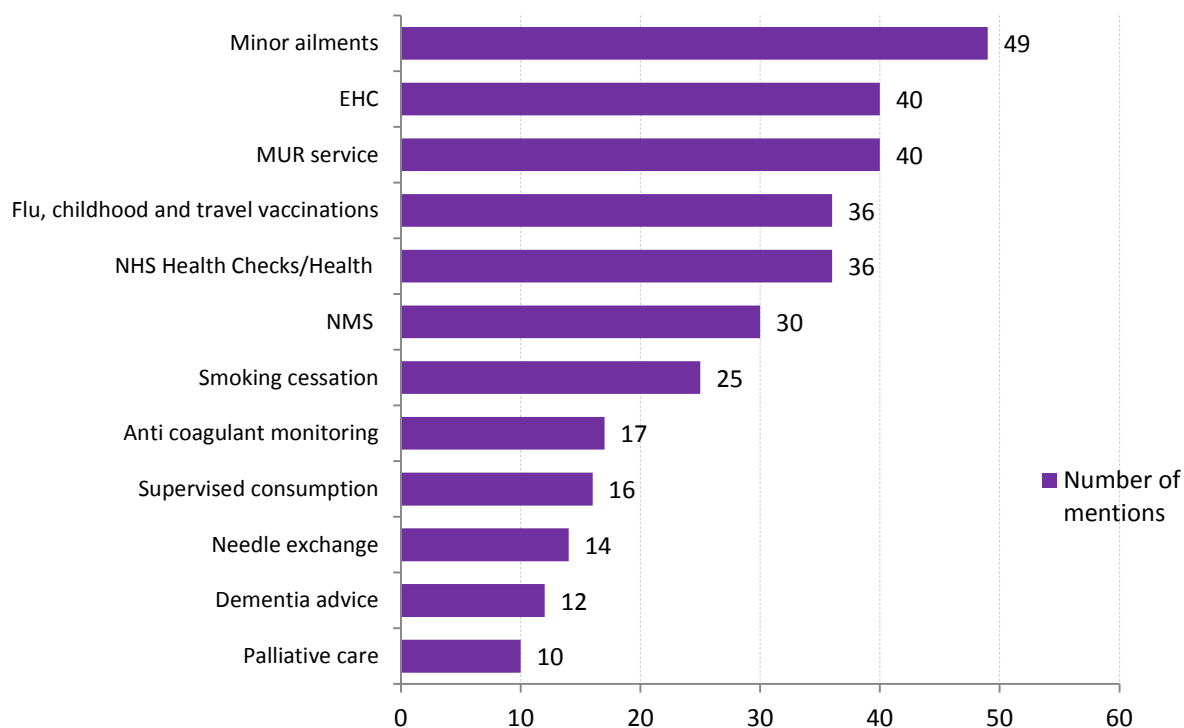
- Provision of the Abilify maintenance scheme (1 mention)
- Medicines synchronisation (1 mention)
- Hearing services (1 mention)
- Providing meningitis B vaccinations for 2-21 year olds and Finasteride via a PGD (1 mention)
- Provision of private EHC and travel health, particularly anti-malarial drugs (2 mentions).

Community pharmacy priority services

Respondents were asked to give an opinion on the services that they considered should be provided as a matter of priority through community pharmacies. This was a free text question and 98 contractors responded. Looking at the top 3 services commonly identified as number 1 priority, minor ailments service was the most common number 1 priority, with 31 mentions, followed by MUR service (24 mentions) and dispensing/repeat dispensing (9 mentions).

Overall, the top 3 services frequently mentioned by the respondents within their top 5 priorities were Minor ailments, EHC and MUR services (Figure 1.24).

Figure 1.24: Priority services for community pharmacy mentioned by 10 or more respondent



Base: 98 responses

Based on service type group priorities, Advanced services (MUR, NMS, NUMSAS and Flu vaccinations) with 97 mentions in total, followed by the Sexual health services (EHC, Chlamydia testing, Condom card supply and pregnancy testing) were the most frequently mentioned by 54 respondents. Substance misuse services (Supervised consumption, needle exchange and alcohol use support services) combined were mentioned 34 times.

Other services mentioned by less than 5 respondents as number 1 priority are shown in figure below

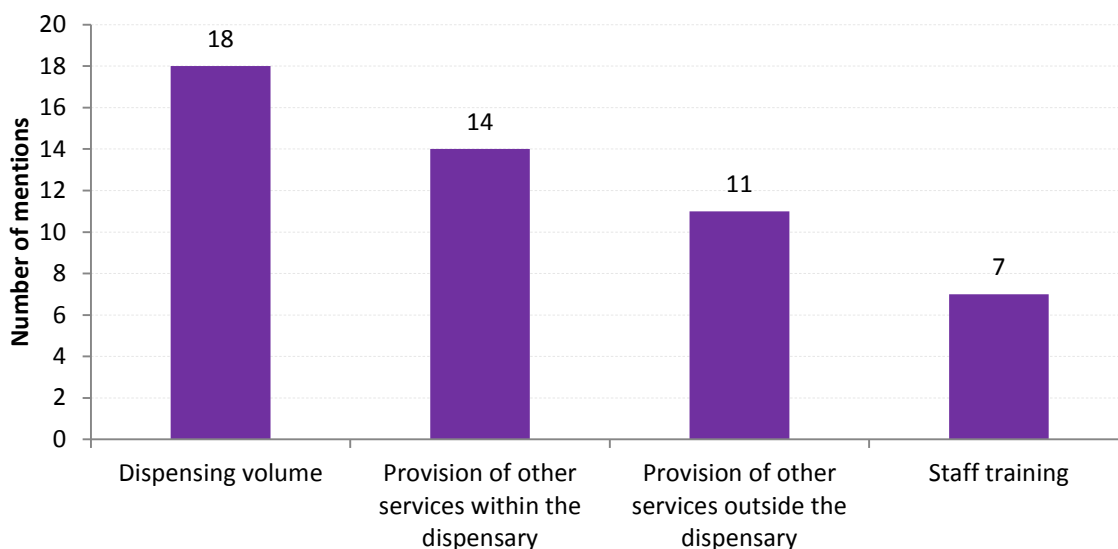
- Independent prescribing
- Delivery of medication
- Smoking cessation
- UTI testing
- Urgent medicine service
- pregnancy testing
- Out of hours rota
- Palliative care
- General health advice
- Essential services

Workforce

When asked 'Do you have more than one pharmacist?' of the 110 who responded to this question, 72% (n=79) reported not having more than one pharmacist in the pharmacy at any given time. 28% (n=31) had

more than one pharmacist at any given time. From a list of reasons for having more than one pharmacist, the most common reason reported was dispensing volume (18 mentions) (Figure 1.25).

Figure 1.25: Reasons for having more than one pharmacist in the pharmacy at any given time



Base: 31 responses

Other reasons for having more than one pharmacist reported were to cover lunch breaks, for management and administration duties.

When asked, ‘How many dispensers (NVQ level 3 or equivalent) do you employ?’, the most common number of dispensers with an NVQ level 3 or equivalent was 1, reported by 39% of the respondents, followed by 0, reported by 32% of the respondents. The highest number of dispensers reported was 6, reported by 1 respondent. Some of the respondents indicated that these were part time dispensers.

Table 1.15: Number of dispensers with an NVQ 3 employed by the pharmacy

Number of dispensers	Number of respondents	Percentage
0	34	32%
1	42	39%
2	10	9%
3	14	13%
4	5	5%
5	1	1%
6	1	1%

Base: 107 responses

When asked ‘How many pharmacy technicians registered with the GPhC?’, over half of the respondents (51%) indicated that they did not have a pharmacy technician registered with the GPhC.

Table 1.16: Number of pharmacy technicians registered with the GPhC

Number of pharmacy technicians registered with the GPhC	Number of respondents	Percentage
0	50	51%
1	35	35%

2	9	9%
3	3	3%
4	2	2%

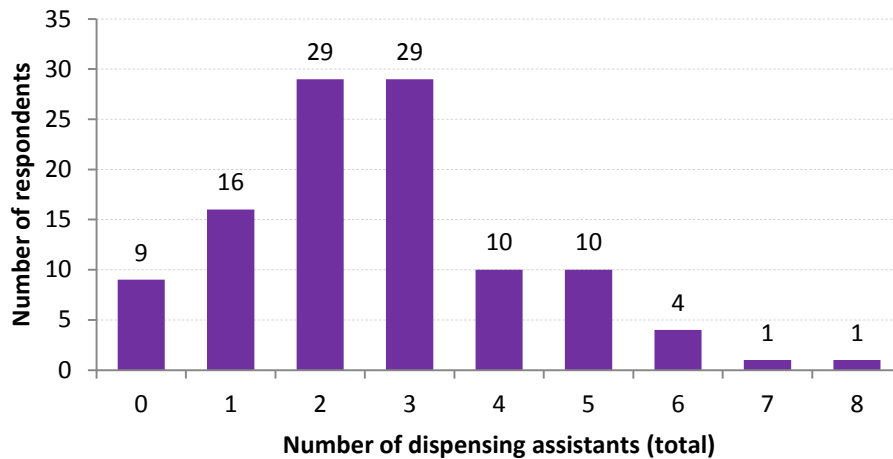
Similarly, the majority of respondents, 63%, did not have accredited/accuracy checking technicians (ACT)

Table 1.17: Number of ACT employed

Number of ACT	Number of respondents	Percentage
0	61	63%
1	25	26%
2	10	10%
3	1	1%

The total number of dispensing assistants employed varied from 0, reported by 9 respondents to 8 reported by 1. Most respondents had 2 or 3 dispensing assistants.

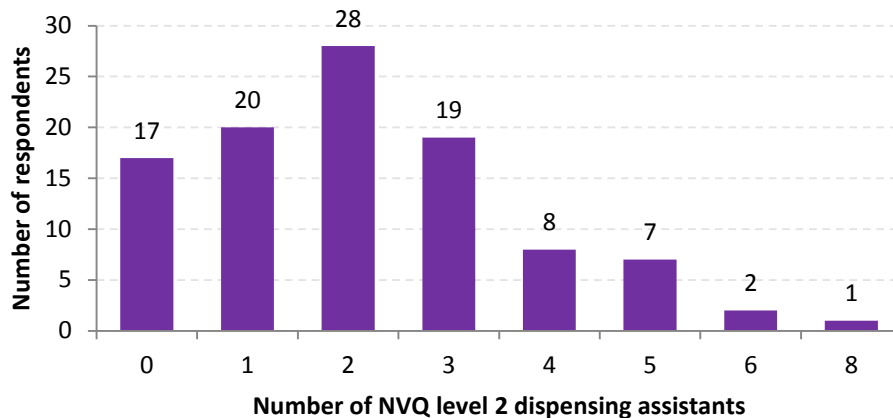
Figure 1.26: Total number of dispensing assistants employed



Base: 109 respondents

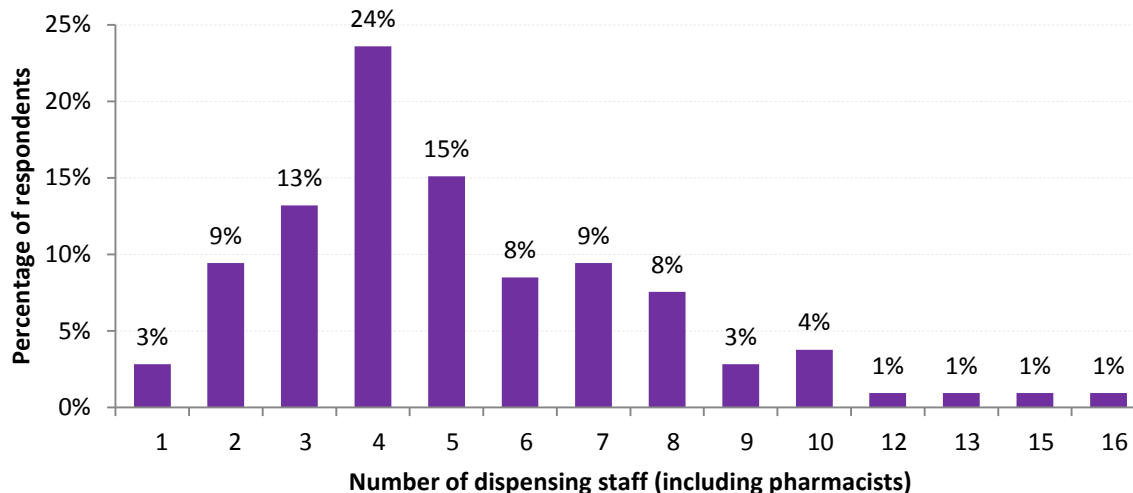
When asked 'How many (dispensing assistants) hold NVQ level 2 or equivalent?' 85 of the 102 responding to this question had at least 1 NVQ level 2 trained dispensing assistant and 2 was the most frequently reported number of dispensing assistants (Figure 1.27 below). Two of the respondents whose dispensing assistants did not have an NVQ level 2 or equivalent qualification reported that they were in training.

Figure 1.27: Number of NVQ level 2 dispensing assistants



The total number of dispensing staff, including pharmacists varied from 1 (reported by 3 respondents) to 16 (reported by 1 respondent) (Figure 1.28). Some respondents indicated that the staff were part time. The most frequently reported number of total dispensing staff was 4 (25 mentions) followed by 5 (16 mentions). One respondent indicated that there is a vacancy.

Figure 1.28: Total number of dispensing staff



Base: 106 respondents

Of the 107 respondents who answered the question ‘Do you or your staff have any additional qualifications or a specialty in a particular field/area of healthcare?’ the majority, 83 respondents, said no and 24 indicated they had additional qualifications. 20 respondents gave details about their additional qualifications or specialty in a particular field of healthcare. The specialty area/field and qualifications identified are shown below (Figure 1.29)

Figure 1.29: Specialty field and qualifications

Specialty field/areas reported

- Anticoagulation (2 mentions)
- Travel vaccinations/antimalarial services (4 mentions)
- Smoking cessation (3 mentions)
- Pharmaceutical healthcare (2 mentions)
- Independent prescribing (3 mentions)
- Palliative care (1 mention)
- Dementia (1 mention)
- Fitness and lifestyle (1 mention)
- Substance misuse (1 mention)
- Respiratory/Asthma medication (1)
- Control of medicines (1 mention)

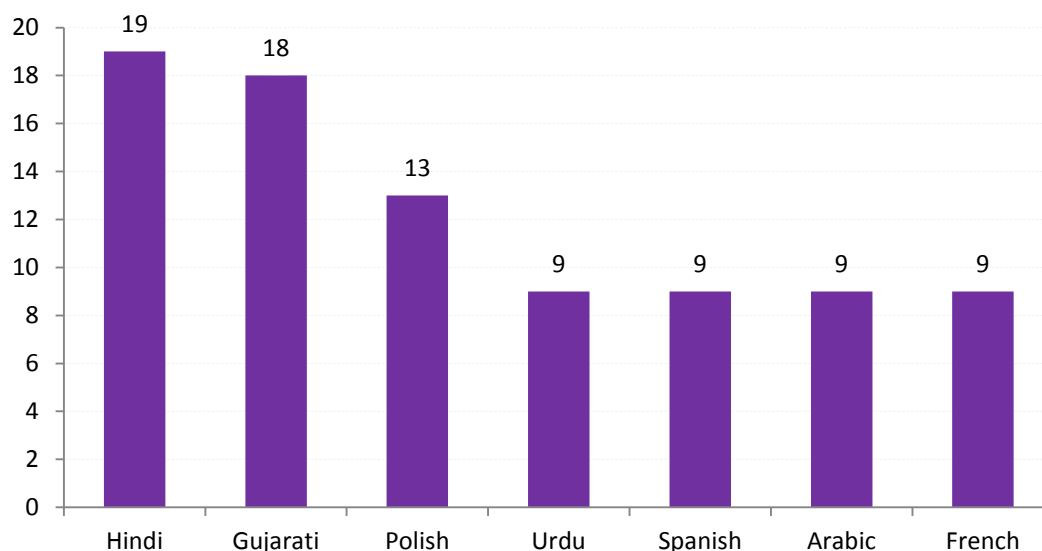
Specialty/Qualifications reported

- Post Graduate Diplomas (PGD) in Travel medicine; Pharmaceutical healthcare
- PG Clinical Diploma in Community Pharmacy; and anticoagulation
- Healthcare assistant
- Smoking Cessation level 1 and 2 NCSCT
- Masters degrees in pharmacy practice/control of medicines
- PGCERT independent/supplementary prescribing
- Dementia Friends
- Level 3 personal trainer
- Advanced Practitioner
- CPPE module and training on vaccinations

Additional languages

When asked ‘Do you or your staff speak any additional languages (other than English)?’ of the 61 contractors who responded to this question, just over half (n=37) indicated that they have staff that speak more than 2 additional languages (other than English), and 22 of these speak 3 or more additional languages. The most frequently mentioned additional language spoken was Hindi (19 mentions), followed by Gujarati (18 mentions) and Polish (13 mentions), see Figure 1.30 below.

Figure 1.30: Most common additional languages spoken by staff



Other additional languages that were mentioned by 5 respondents or less are shown below (Table 1.18).

Table 1.18: Other addition languages reported

Language	Mentions
Punjabi	5
German	4
Cantonese; Romanian; Portuguese; Italian; Bengali	3
Greek; Malay; Yoruba; Russian	2
Mandarin; Lithuanian; Japanese; Marathi; Creole; Croatian; Welsh; Swahili; Afrikaans; Serbian; Filipino; Latvian	1

1.4 Dispensing doctor survey

Summary of key findings

- All dispensing practices reported their premises are accessible by wheelchair, and 11 of the 12 currently comply with the Equality Act 2010.
- All practices are within 100m of paid and/or free parking and 11 have disabled parking facilities within 100m.
- Eight practices are within 100m of bus services and none are within same distance of a train station.
- All 12 practices open weekdays between 9am and 5pm. Eight practices reported they are open before 9am weekday; however, some only have early morning opening some days of the week.
- Closing hours for all practices are between 6pm and 6:30pm, with none open over the weekend.
- Only three practices had a member of staff who spoke an additional language, other than English.

An online survey was conducted with dispensing doctors. A total of 12 dispensing doctor practices responded, making it a 100% response rate.

Compliance with the Equalities Act 2010

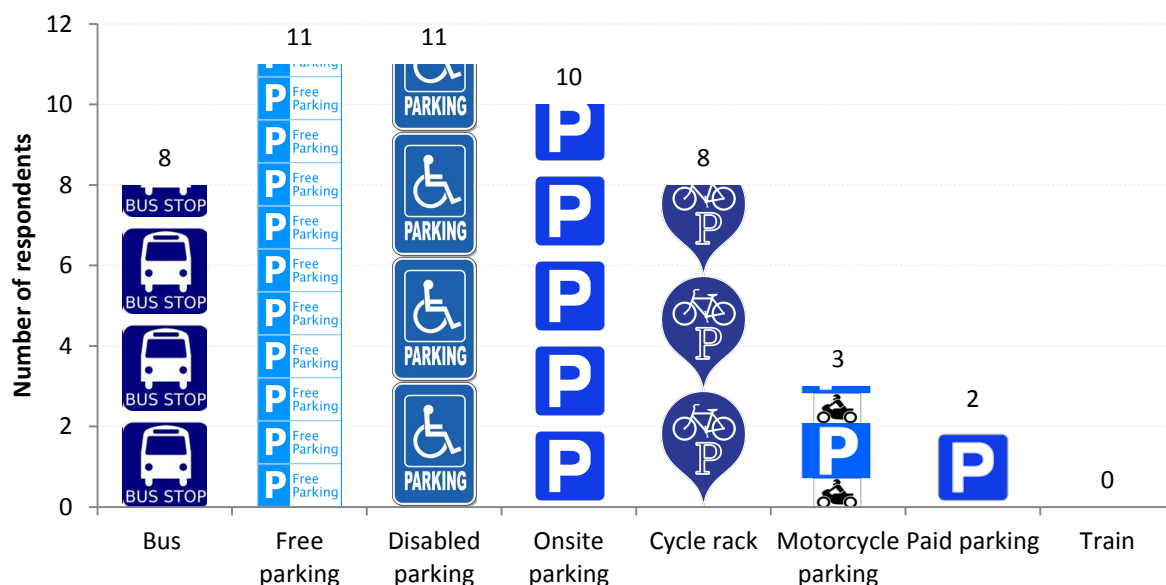
Table 1.19: Compliance with the Equality Act 2010

Question	Responses
Is the access to the premises sufficiently flat and wide to allow full wheelchair use of the premises and consultation area?	All 12 practices (100%) responded yes.
Is there a hearing loop installed for hearing aid users?	9 of the 12 practices (75%) reported that there is a hearing loop installed. Of the 3 practices (25%) that didn't have a loop, 1 reported that this is planned.
Do the premises comply with the 2010 Equality Act	11 of the 12 practices (92%) responded yes, and one practice responded that this is planned.

Transport options

Dispensing practices were asked “**which transport options are available within 100 metres of the premises?**” All 12 practices responded to this question (Figure 1.31). The majority of the dispensing practices (93%; n=11) reported that they had disabled parking close by. All the dispensing practices had access to car parking, paid and/or free and cycle racks within 100 metres of the practice. Bus (at least twice a day) was the main public transport option that was available within 100 metres of 8 of the practices, whilst none of the practices were within 100 metres of a train station.

Figure 1.31: Transport options available within 100m of practice



Site development constraints

Respondents were asked ‘Is the site subject to any of the following development constraints?’ and the majority, 8 practices, did not have any development constraints. One practice was a listed building, 2 in a conservation area and 4 had limited room for expansion. Of the 12 responses, 1 dispensing practice had all development constraints, i.e. is a listed building, in a conservation area and also has limited room for expansion.

Opening hours

The respondents were asked to indicate their dispensing hours. All 12 practices responded to this question, and the responses indicated that all dispensing practices are open during the day, between 9am and 5pm. The majority of practices (8 practices) opened at 8am or 8:30am during the week, with 1 opening at 9am. Two practices reported early morning opening at 7am on Mondays. The closing times were also similar for all practices, with 7 closing at 6:30pm and 5 closing at 6pm. All practices reported being closed during the weekend.

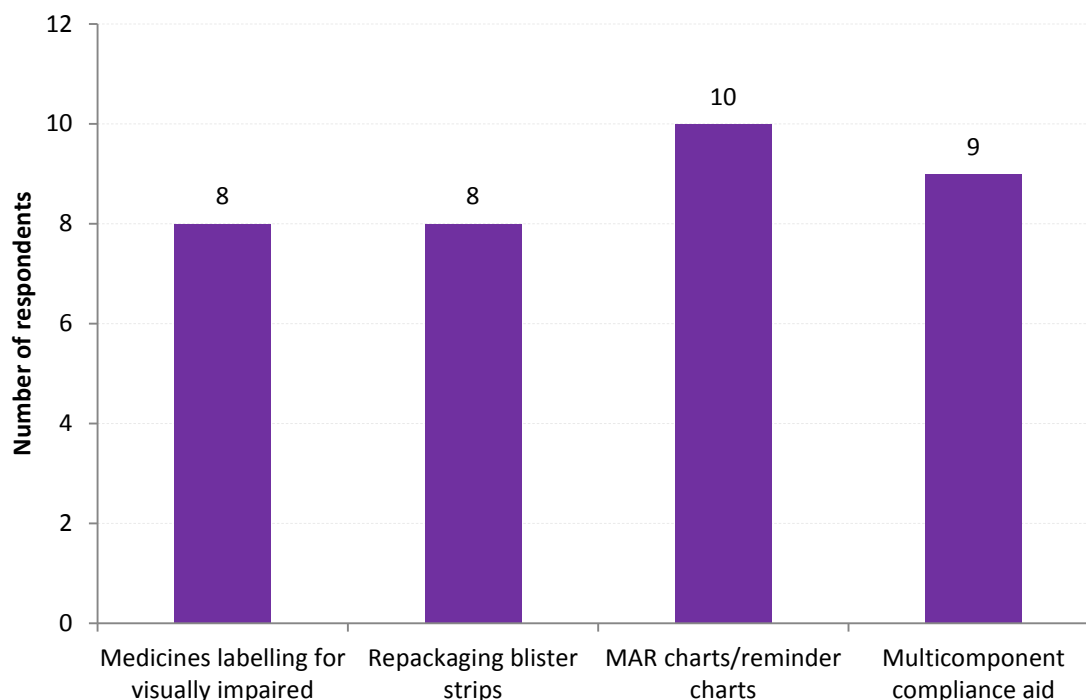
Provision of medicines use support mechanisms

Respondents were asked ‘In line with the Equalities Act 2010, are you currently providing the following medicines use support mechanisms?’ and were given the list below to choose from:

- Labelling of medicines in a legible way for people with impaired vision e.g. large print, Braille etc.
- Removing solid dosage forms from blister strips (subject to stability of the product) and repackaging in a tablet container
- Reminder charts/ Medicines administration records (MAR Charts)
- Support medication supplied in a multi-component compliance aid

The majority of the practices reported providing at least 2 of these services. 5 of the practices reported providing all these services, whilst 1 reported providing none of these services. Figure 1.32 below shows the responses.

Figure 1.32: Provision of medicines use support mechanisms



Delivery of prescriptions

Respondents were asked if they delivered dispensed medicines to their patients for free or for a charge. Of the 12 respondents, the majority of the practices (8) reported that they did not deliver either for free or for a charge. Only 4 practices reported that they delivered free. None of the practices deliver dispensed medications for a fee.

Workforce

The dispensing practices were asked “**Do you employ a pharmacist in the dispensary?**” All 12 practices responded to this question and the majority (9) reported that they did not employ a pharmacist. Three practices reported employing 1 pharmacist in the dispensary.

When asked “**How many dispensers (NVQ level 3) do you employ?**” of the 8 respondents who employed NVQ level 3 dispensers, the majority (n=5) had 1 NVQ level 3 dispenser. The other 3 practices had 5, 3 and 2 NVQ level 3 dispensers, respectively. Five was the highest number of NVQ level 3 dispensers employed by a practice. 4 practices reported that they did not employ any NVQ level 3 dispensers.

All dispensing practices, except for 1 had NVQ level 2 dispensing assistants. The average number of level 2 dispensing assistants was 3; however, there was variation across the practices. The highest number of level 2 dispensing assistants employed by a practice was 7, reported by 1 practice, followed by 6, reported by 2 practices (Table 1.20). The one practice that did not have NVQ level 2 had the highest number of NVQ level 3 dispensers.

Table 1.20: NVQ level 2 dispensing assistants employed

Number of respondents	Number of NVQ level 2 dispensing assistants
1 practice	7
2 practices	6
2 practices	4
2 practices	1
2 practices	2
1 practice	0
2 practices	3

When asked **“Do you employ pharmacy technicians registered with the General Pharmaceutical Council (GPhC)?”** Nine of the 12 dispensing practices did not have pharmacy technicians registered with the GPhC. The remaining 3 practices employed 1 in each practice, and these were also Accredited Checking Technicians (ACT).

Respondents were asked **“How many dispensing staff (including pharmacists) do you employ in total?”** The most common number of dispensing staff reported by the respondents was 4, which was reported by 6 practices, 2 practices had 6 staff, 1 practice had 7 staff. The highest number of staff reported by 1 practice was 10 and the lowest reported by 1 practice was 3.

Additional languages

When asked **“Do you or your staff speak any additional languages (other than English)?”** the majority of the respondents (n=9), reported that their staff did not speak any additional languages, other than English. The 3 practices with a member of staff who spoke an additional language reported they spoke German, Polish and French, respectively.

A2. Draft Pharmaceutical Needs Assessment (PNA) consultation report

2.1 Consultation background

The consultation on the draft PNA was carried out in accordance with the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The regulations stipulate that the Health and Wellbeing Board (HWB) must consult the following stakeholders on a draft of their PNA at least once during its development:

- Healthwatch and various local health and care groups across West Sussex HWB area
- NHS trusts or NHS foundation trusts
- Local Pharmaceutical Committee (LPC)
- Local Medical Committee (LMC)
- All NHS pharmaceutical services providers in the HWB area
- NHS England
- Neighbouring Health and Wellbeing Boards (Surrey; Brighton and Hove; East Sussex and Hampshire HWBs)

Due to the purpose and nature of the PNA, the consultation was mainly aimed at professionals, agencies, and groups; however, the views of the public were encouraged and residents were invited to participate in the consultation.

2.2 What we did

The West Sussex PNA consultation ran for 66 days, from 1 September 2017 until 5 November 2017. The draft PNA documents were published on the West Sussex County Council (WSCC) 'Have Your Say' consultation hub, the WSCC PNA website as well as the West Sussex JSNA website. Professionals, organisations and groups were notified of the consultation by email. As per regulations, *'a person is to be treated as served with a draft if that person is notified of the address of a website on which the draft is available and is to remain available throughout the period for making responses to the consultation'* (see Appendix A7 for the list of stakeholders consulted). For members of the public, the consultation was advertised on various websites, such as the West Sussex Wellbeing Hub website and Healthwatch, and through a press release in local media. Paper copies of the draft PNA were provided on request. Access to the draft PNA documents and questionnaire was also facilitated for members of the public through free online access in West Sussex libraries.

2.2.1 Draft PNA consultation questionnaire

The general consultation questionnaire asked the following questions:

- *Are you completing the PNA: as a member of the public; as a Health and social care professional; on behalf of an organisation?*
- *Has the purpose and background of the PNA been clearly explained? If 'No' please explain.*
- *Are the localities clearly defined throughout the draft PNA? If 'No' please explain.*
- *Does the draft PNA reflect the current pharmaceutical service provision within West Sussex? If 'No' please explain.*

- Are there any unidentified gaps in service provision; i.e. when, where and which services are available? If 'Yes' please explain.
- Does the draft PNA reflect the pharmaceutical needs of the West Sussex population? If 'No' please explain.

A more specific questionnaire was sent out to all neighbouring HWBs, which focused on the pharmaceutical services available or provided across the border (in the neighbouring HWB areas) that could potentially be accessed by residents of West Sussex, in order to identify whether these services had been captured in the draft PNA.

2.3 Who responded and what they said

Responders were asked 'Are you completing the survey:

A) On behalf of an organisation?

B) As a service user or member of the public?

C) As a health and/or social care professional?

The results were as follows:

- 108 responses were from service users/members of the public
- 2 responses were from health and social care professionals
- 4 responses were from organisations (3 of which were neighbouring HWBs)
- 3 responses did not answer this question
- 1 comment was received via email and the questionnaire was not completed

Of the 118 responses to the consultation received in total:

- 115 were completed using the general on line response questionnaire. This included one of the neighbouring HWB (Hampshire). Therefore, their responses were analysed together with the general online responses
- 1 comment was received via email, which was included in question 8 analysis only
- 2 were completed using the specific HWB questionnaire (East Sussex and Brighton and Hove), which were analysed separately

The structure of the consultation meant that in most cases, those who responded negatively to the questions were asked to explain their rationale in a free text box. Those who responded positively were not asked to clarify and, although some provided an explanation, most did not. Consequently, the comments may appear more negative overall. In addition, it is worth pointing out that the PNA consultation was undertaken whilst there was an ongoing campaign and petition for a second pharmacy in Arundel town centre. 'The Campaign for an in-town chemist/pharmacy in Arundel' reported having over 3,000 signatures in support of having a pharmacy in Arundel town centre. As expected, the majority of the responses received were related to this (Table 2.1) and included a number of similar negative responses to a majority of the questions. Where appropriate, subgroup breakdown of Arundel responses and other responses (non-Arundel) was undertaken.

Table 2.1. Sub group response breakdown

Group	Number	Percentage
Arundel responses	70	61%
Other responses	45	39%

Total	115	100%
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Of the 115 responses, 65 responses were clearly labelled as referring to Arundel (Arundel responses). Five responses did not specifically mention the name Arundel in their responses; however, the comments were similar to the Arundel responses and referred to having an in-town pharmacy, and so these were analysed as Arundel responses. The remaining 45 responses (other responses) were clearly not related to Arundel.

The PNA Steering Group considered all feedback given by participants in the PNA consultation. The PNA Steering Group response section in each section of the report addresses the issues highlighted in relation to the particular question. Given the similarity of issues raised in Arundel responses, the PNA Steering Group addressed all Arundel responses in one section, to avoid repetition.

2.3.1 Key findings

Q3. Has the purpose and background of the PNA been clearly explained?

The majority of those who took part in the consultation questionnaire, (92%) responded 'Yes' to this question (Table 2.2).

Table 2.2. Has the purpose and background of the PNA been clearly explained?

Response	Number of respondents	Percentage
Yes	106	92%
No	7	6%
Not Answered	2	2%
Total	115	100%

Those who responded 'No' were given an opportunity to elaborate and six provided an explanation. Most of the comments related to the length and the complexity of the PNA for members of the public, making understanding the content of the PNA difficult.

"The significance of the detail of the document is not something I can understand readily, nor the implications of its recommendations"

"The PNA is so long that I didn't even attempt to read it as an ordinary person"

One respondent felt the background was clearly explained but commented that *"this is just another waste of public money that is better spent by hospitals"*

PNA Steering Group response

It is the statutory duty of the HWB to produce and publish a PNA. The PNA contains the necessary information to meet the statutory requirements and to serve its complex multiple purposes. As a result the PNA is a lengthy document which may be difficult to understand by members of the public due to its level of detail. The Executive Summary provides a concise overview of the PNA and the PNA Steering Group agreed that this will be uploaded as a separate link on the website for easy reference.

Q4. Are the localities clearly defined throughout the PNA?

There were 111 responses to this question (97%), and all responded 'Yes' in agreement that the localities were clearly defined. The remaining 4 respondents did not answer the question Table 2.3. No comments were made.

Table 2.3. Are the localities clearly defined throughout the PNA?

Response	Number of responses	Percentage
Yes	111	97%
No	0	0%
Not Answered	4	3%
Total	115	100%

Q5. Does the PNA reflect the current pharmaceutical service provision within West Sussex?

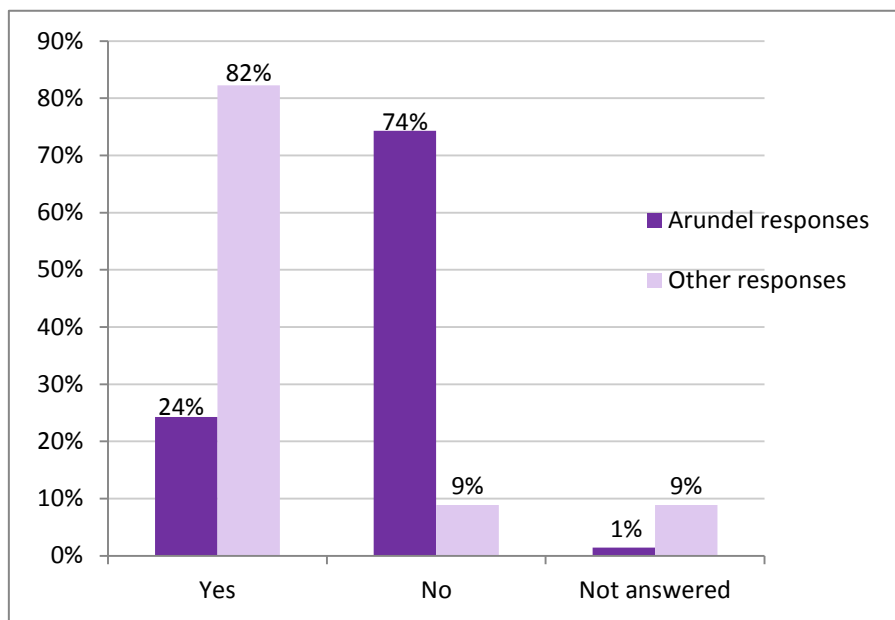
Responses to this question were almost evenly split between ‘Yes’ and ‘No’, with 49% responding ‘No’ and 47% responding ‘Yes’ (Table 2.4).

Table 2.4. Does the PNA reflect the current pharmaceutical service provision within West Sussex? (All responses)

Responses	Number of responses	Percentage
Yes	54	47%
No	56	49%
Not Answered	5	4%
Total	115	100%

The responses were split between those relating to Arundel and other responses. Of all the Arundel responses 74% (n=52) responded ‘No’ and 24% (n= 17) responded ‘Yes’. In comparison, 82% (n= 37) of other respondents (non- Arundel) responded ‘Yes’ and 1% (n=4) responded ‘No’ (Figure 2.1)

Figure 2.1. Does the PNA reflect the current pharmaceutical service provision within West Sussex? Subgroup responses



Other responses (non-Arundel)

Four of those who responded ‘No’ to the question were not Arundel related. The responses varied, with some stating that the PNA is not required and other responses questioning its accuracy and its purpose.

“There are three pharmacies in West Wittering rather than the one as stated in the PNA. If this inaccuracy applies to other areas then the PNA is totally incorrect and bordering useless.”

“Not surprisingly, there is a corporate and organizational feel to the document which does not necessarily represent the individual experience. Measuring access to pharmacies does not tell us much about the quality of provision.”

PNA Steering group response to other responses (non-Arundel)

As stated, the PNA is a key commissioning tool used to make market entry decisions and to inform the commissioning of services from pharmacies. It is a statutory duty of each HWB to produce and publish a PNA. Individual experiences were captured through the PNA survey and consultation and the respective reports. The PNA is not intended to describe the quality of services provided. This is outside the scope of the PNA.

The PNA accurately identifies the number of pharmacies on the pharmaceutical list in West Sussex, including the 3 pharmacies in West Wittering. As highlighted on the maps, where pharmacies are located close together or have the same postcode, the dots on the maps may overlap. All pharmacies have been included in the actual numbers and also in the appendix, which is to be used in conjunction with the maps. In addition, the appendix includes all the pharmaceutical service providers.

Arundel responses

As the majority of the Arundel responses (n=40) gave the same response ‘see answer to question 6 below’ their comments will be discussed in Q6 responses. Of the 13 respondents who responded ‘No’ and provided a full comment, 9 were Arundel responses. The responses were similar in content, expressing the need for an in-town pharmacy that can be accessed by local residents and tourists. Most of these respondents felt that the PNA did not reflect current pharmaceutical provision in West Sussex because of the lack of a pharmacy in Arundel town centre. The main reasons given for the need for an in town pharmacy in Arundel were:

- Convenience - location and opening hours of current pharmacy
- The number of tourists/visitors to Arundel
- Quality of service provided by current pharmacy
- Difficulties travelling to the current pharmacy

“The PNA ignores the need for pharmaceutical service provision in Arundel town centre.”

“In Arundel there is no pharmacy in the town. The only pharmacy is about a mile away from the town centre. Many of the population in this town are elderly and to get to the pharmacy for prescriptions is often a problem meaning a long walk, often not possible to the elderly or a taxi, expensive. The service at the existing pharmacy has been the subject of complaint and discussion for a long time and in spite of discussion with Lloyds Pharmacy management has not improved.”

“A town the size of Arundel should have an in town pharmacy. It is also a tourist attraction with a large number of visitors. As a resident I am asked on numerous occasions the whereabouts of the pharmacy as what is required cannot be obtained at the local Co-op”.

PNA Steering group response to Arundel responses

Nearly all Arundel responses expressed the need for a pharmacy in Arundel town centre, and these comments were repeated throughout the responses received. The PNA Steering Group provided a uniform response to all responses, covering all the issues highlighted. To avoid repetition, the Steering Group response to Arundel has been written in detail in Q6 section (Box 1).

Q6. Are there any unidentified gaps in service provision; i.e. when, where and which services are available?

Considering all the responses, Arundel and Other responses, the majority of respondents (62 %) thought there were unidentified gaps in service and 35% thought there were no unidentified gaps (Table 2.5)

Table 2.5. Are there any unidentified gaps in service provision? All responses

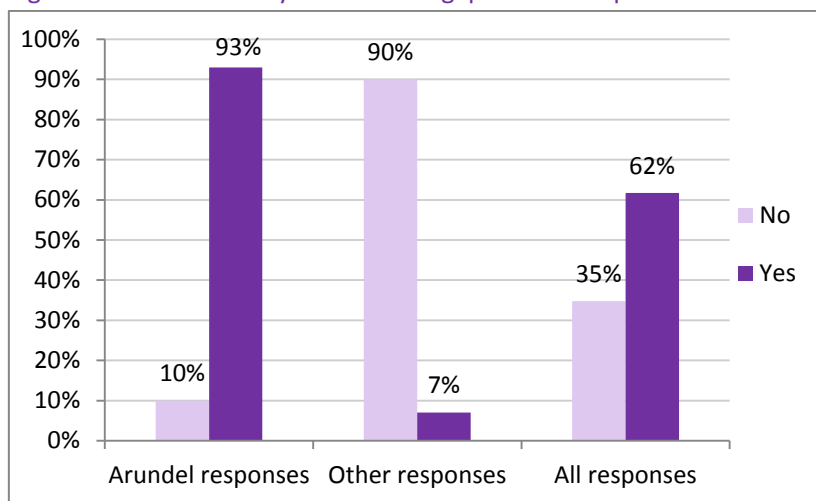
Response	Number	Percentage
No	40	35%
Yes	71	62%
Not Answered	4	3%
Total	115	100%

The responses were skewed, with the majority of 'Yes' answers being from Arundel responses (93%, n=66) and with other responses (non-Arundel) only making up a small proportion (7%, n=5) (Table 2.6 below). Similarly, the 'No' responses were also skewed with other responses (non-Arundel), making up the majority of the 'No' responses (90% n=36) and only 10% of 'No' answers coming from Arundel responses.

Table 2.6. Are there any unidentified gaps in service provision? (Subgroup responses)

Subgroup	No	Yes	Not Answered	Total
Arundel responses	4	66	0	70
Other responses	36	5	4	45
Total	40	71	4	115

Figure 2.2. Are there any unidentified gaps in service provision?



Other responses (non-Arundel)

Of the 5 other responses not related to Arundel who indicated there is an unidentified gap, 4 respondents provided comments. Issues raised in these comments varied and included

- Inability of respondents to comment due to not understanding the PNA
- The lack of domiciliary MURs and Anticoagulation services
- Dispensing of hospital prescriptions
- Quality and availability of services provided to meet the growing population.

“Just because a pharmacy exists, does not mean it meets the needs of the users. Lloyd’s pharmacy in Angmering is a classic example of a pharmacy in a rapidly expanding population, which struggles to even meet basic needs. Prescriptions are frequently wrong, or unavailable, and for many aging users, not having medicines when required is a danger to life, and many are just not able to return when convenient to the pharmacy to make the dispensing... When the local pharmacy is closed (typically weekends), and there is a need for a hospital visit resulting in a prescription, it just does not work, when hospital prescriptions can only be dispensed at the hospital pharmacy, which itself is only open a few hours on Saturdays and Sundays. It is vital that a prescription can be dispensed by any pharmacy, especially the local out of hours pharmacy”.

“A quick read for the individual is insufficient to form a coherent answer to this question. It is therefore more suitable for groups or bodies to answer.”

PNA Steering group response to other responses (non-Arundel)

The Steering Group considered the other responses that were not related to Arundel and had not been addressed previously.

Quality of services: The PNA is not intended to address the quality of the services provided. This is outside the scope of the PNA. Any complaints or issues in regards to quality issues will be forwarded to NHS England, who monitor the pharmacy contractual agreements and quality of services provided. LPC will also raise the issue with the contractor, where details of the contractor were given.

Hospital prescriptions: Hospitals have the ability to issue prescriptions to be dispensed in community pharmacies, however; it is each hospital's decision as to which type of prescription is provided or used and the opening hours of their pharmacy. Hospital pharmacies do not make part of the NHS pharmaceutical services that the PNA focuses on. Therefore, this falls outside the scope of the PNA.

Domiciliary MURs: There is an optional facility to provide DOM MURs upon application to NHSE, if a contractor wishes to provide this service.

Anti-coagulation: service is a locally commissioned service which is commissioned by CCGs. This is currently not commissioned through community pharmacies in West Sussex. The PNA survey report identified the key services that pharmacies would like to provide, including anticoagulation.

Population growth: The PNA uses current population figures to assess need and also includes future population growth projections and future housing developments as part of the PNA.

Arundel subgroup responses

Of those who responded 'Yes' and provided comments, the comments made were similar to those highlighted in question 5. Of the 4 Arundel respondents who responded 'No', 2 provided comments, and their comments were similar to those who responded 'Yes'. All comments expressed that the lack of a pharmacy in Arundel town centre is an unidentified gap in the PNA. The main issues highlighted in the comments were:

- Inadequate provision due to lack of an in town pharmacy in Arundel
- Long waiting times and poor quality of services provided by current pharmacy in Arundel
- A high number of visitors who need to access an in town pharmacy
- Current pharmacy location is not convenient and not easily accessible
- Unable to obtain some 'everyday things' such as plasters, soaps and other toiletry and sundry items

"Access to the chemist from the town either involves the use of a car, or having to cross two or three A roads, on which the traffic flow is fast. Visitors to the town are usually unable to find the chemist at all!"

"Arundel desperately needs an in town pharmacy. Arundel is really isolated and is also a tourist hot spot. So it is not just the local residents, whom would benefit from a local pharmacy."

"The existing chemist at the surgery I feel is unable to cope efficiently with the number of prescriptions that they dispense. I have my prescription sent over from the surgery and when I go to collect it, normally a week later, it has usually not been dispensed."

"We have NO chemist in ARUNDEL town! The nearest chemist is a 15 minute walk minimum or a £5 taxi ride (most of us are unwell when we need a chemist and not all of us can afford a £5 taxi at each visit). This is a disaster for everyone, young and old alike and tourists who cannot believe that this is the situation in 2017...Please make a chemist in the centre of Arundel a priority".

"My surgery is not in Arundel although I live here. So I don't use this chemist; I go to Littlehampton to buy soaps and creams etc. from Boots... Ridiculous to have to go all that way to buy basics."

PNA Steering Group responses

As the Arundel responses are similar, to avoid repetition, the Steering Group collated all the responses and issues raised and responded to these all together in Box 1 below.

Box 1. Steering Group responses to Arundel comments

The DoH report (Pharmacy in England: Building on strengths – delivering the future (2008)) and the NHS Litigation Authority (now called NHS Resolution) findings were taken into consideration when defining a reasonable travel criteria of 20 minutes (travel time) and 6 miles (travel distance) by car or public transport for the PNA. The PNA Steering group agreed that there is a need to ensure that the references to these documents are included in the PNA.

- *Travel time and distance:* The PNA identifies that the current pharmacy in Arundel meets this criteria as it is within a 15 minute drive time, 20 minute walking times and within 2 miles travel distance by car or public transport. Arundel has a bus service (number 9) that operates between the town centre and Jarvis road, which is approximately 4 minutes' walk (0.2 miles) to/from the pharmacy (using Google route planner). In addition, there are numerous pharmacies in nearby towns such as Angmering and Littlehampton that lie within the 6 mile radius. The current pharmacy in Arundel also offers a delivery service.
- *Visitor and tourist numbers:* Pharmaceutical services available in Arundel are for both visitors and residents alike and the same criteria apply.
- *Accessibility (opening hours):* The Arundel pharmacy is open weekdays from 8:30 till 6:30pm and opens on Saturdays (9am to 1am). Other pharmacies within a 6 mile radius also have extended opening hours, including Sunday opening. There are five 100hour pharmacies in Arun district.
- *Choice:* There is reasonable choice of pharmaceutical services in the Arun locality. Considering the 6 mile travel radius, there are numerous pharmacies in nearby towns such as Angmering and Littlehampton providing reasonable choice to Arundel residents. There is also a distant selling pharmacy that is located in Arundel. This provides services to people across the country.
- *Quality of services:* The scope of the PNA does not cover the quality of services provided. Any complaints in regards to the quality of service provided will be passed on to NHS England, who are responsible for contractual arrangements. In addition, the Local pharmaceutical committee (LPC) will raise this with the contractor.
- *Types of services:* Pharmaceutical services referred to in the PNA, as per regulations, are those services commissioned by NHS England from pharmacies, dispensing doctors and dispensing appliance contractors and are contained within the NHS Community Pharmacy Contractual Framework (contract). These are Essential services; Advanced Services and Enhanced services, as explained in the PNA. However, as the PNA will also be used by local commissioners, locally commissioned services have been included in the PNA. Any other products such as cosmetics and toiletries sold by pharmacies are outside the scope of the PNA and can be obtained from retail shops.

Q7. Does the draft PNA reflect the pharmaceutical needs of the West Sussex population?

Of the 115 respondents, the majority (66% n=76) responded 'No', indicating that they felt the PNA did not reflect the pharmaceutical needs of the West Sussex population. The responses to this question were split unequally between the Arundel responses and other responses, with a majority of 'No' answers coming from Arundel responses and a majority of 'Yes' answers from other responses (Table 2.7).

Table 2.7. Does the draft PNA reflect the pharmaceutical needs of the West Sussex population?

Responses	Yes	No	Not answered	Total
All responses	34 (30%)	76 (66%)	5 (4%)	115
Arundel responses	2 (3%)	67 (96%)	1 (1%)	70
Other responses	32 (71%)	9 (20%)	4 (9%)	45

Most of those who responded to this question gave a standard answer to refer to previous comments made in question 6 and all Arundel comments were similar to the responses given to previous questions.

“Our pharmacy in Arundel is next to the doctor’s surgery, which is over half a mile from the town centre. It is a small pharmacy so sometimes several trips are required to get medication if they have to order it in. Whilst there is a delivery service this is only for the aged and housebound. Several of my acquaintances are unable to drive and so for something as simple as paracetamol, creams etc. they have to wait until someone takes them... There is nowhere that now sells standard products so the considerable number of visitors to the town often cannot access medical items should they need, and many do.”

“There should be a pharmacy in the town centre, either instead of or in addition to the current location off Canada Road. This would be of particular value to elderly and less mobile residents and to visitors. Over the years, Arundel town centre has lost five outdoor equipment shops, two pharmacies, two banks, two butchers and a greengrocer, and the post office and the library may in due course be under threat. If Arundel is to survive as a viable town, we must retain what we have and attract back to the town services that we have lost, providing a reason for residents in the town and neighbouring villages, and visitors, to come to the town centre to meet their needs. To reinstate a town centre pharmacy would be an important step in this direction and should be top priority”.

Other responses (non-Arundel)

Of the 9 other respondents who responded ‘No’ and gave a rationale, their comments varied but some were similar to those highlighted in previous questions such as domiciliary MURs, unable to comment as a lay member, and PNA not required. Steering group responses to these have been noted in previous questions responses.

Two issues that have not been highlighted previously are concerns in regards to the data that was used in the PNA and also the need for more flexible opening hours in rural areas.

“The population data used in the assessment is not the same as that used by local planning authorities, so the PNA is preparing for lower numbers than the local planning authority in Arun. Therefore one has to question whether the future population needs in Arun will actually be met.”

“More flexible opening times required especially in the more rural areas.”

“The PNA is spending money that is needed by hospitals and doctors for their patients care”.

PNA Steering group responses

To avoid repetition, the Steering Group response to the Arundel comments has been explained in box 1 above (question 6).

In regards to the data used in the PNA, the PNA uses population projections produced by West Sussex County Council, based on the latest available data and identifies developments that are closer to realisation. The PNA lifetime is 3 years and each PNA review reassesses this data and updates accordingly. District and Borough planning processes and plans often cover a longer timespan (e.g. Arun local plan 2011-2031) this may result in some variation in figures compared with the PNA. The frequency of the PNA process keeps the assessment of population change and pharmaceutical needs up-to-date and where changes occur after the PNA publication, there is also provision in the regulations for contractors to apply for market entry based on unforeseen benefits, to meet needs.

Q8. If you have any further comments about the content of the PNA draft, please write them below.

This was a free text question and a total of 24 responses were received. Of the 24 responses, 14 were Arundel related responses, and 10 other responses. The main themes that emerged from the comments were in relation to:

- In-town pharmacy in Arundel
- PNA production process (survey)
- Purpose of the PNA
- Length and complexity of the PNA
- Unavailability of registered pharmacists in some areas
- Quality of services provided and the facilities available
- Services in neighbouring HWB areas
- Commissioning equipment for use in pharmacies

“In house pharmacy consultation is slightly lacking in some areas, seemingly due to the unavailability of a registered pharmacist”.

“There is absolutely no need whatsoever for ANOTHER dispensing chemist in Arundel. Lloyds Chemist is perfectly adequate. And is in a fairly well populated part of the town... Visitors? Many, nay most, come by car and could drive to Lloyds Pharmacy if their existence is advertised on the Information board, in the Castle or the Museum...”

“I am partially sighted and use Boots pharmacy in the County Mall in Crawley. I have always found the pharmacist and staff very helpful and indeed they blister pack my repeat medications for me on a four weekly basis as I find opening individual boxes and removing tablets without dropping them to be difficult”.

“It would be helpful if members of the panel or associates could do on spot checks of pharmacies from time to time for the following reasons: Are the floors of the pharmacies kept clear of boxes/deliveries and is their enough room for the staff to carry out their role efficiently and safely....?”

“A good well thought through document explaining the needs vs existing service vs future needs”.

“The PNA would be enhanced by acknowledging that that some Hampshire residents may access services in West Sussex particularly linked to St Richards and those accessing out of hours services in West Sussex.”

“You should make provision for “Special Cases” such as the unique position Arundel finds itself in and accommodate that. If there is only ONE pharmacy serving a smallish population that is considered enough, then you should also look to see if there isn't anything about that Town or area that might require more, as Arundel obviously does because it is also a Major Tourist Attraction, bringing thousands of visitors to it, many of whom on are constantly asking residents where the Chemist or Pharmacy is..”.

“The PNA/HWB should recommend the use of a USB Telescopic Stethoscope in pharmacies. This piece of equipment is used by pharmacies for people with heart and lung conditions and allows the GD/Dr to hear the patient's heart and lung sounds remotely. He suggested starting by buying these machines for a few pharmacies in West Sussex as a trial and this can then be extended to other pharmacies across the county after the trial period”.

PNA Steering group responses

Most of the issues highlighted in this section, both Arundel and non-Arundel responses, have already been addressed in preceding sections, therefore only the ones not addressed previously will be responded to in this section.

Regarding the USB Telescopic Stethoscope in pharmacies, the Steering group agreed that recommending the use or commissioning of particular equipment is outside the scope of the PNA. The PNA assesses the need for pharmaceutical services as set up in the regulations.

The PNA highlights that residents in neighbouring areas may access services in West Sussex, including Hampshire residents.

2.4 Neighbouring HWB questionnaire responses

As previously stated, neighbouring HWB were asked to complete a different questionnaire and of the 3 neighbouring HWBs that responded, 2 (East Sussex and Brighton and Hove) used this questionnaire and their responses are summarised below.

Q1. Does the PNA consider current pharmaceutical services provided in your area that have an impact on the population of West Sussex?

Both HWBs responded yes to this question.

Q2. Are there any other services provided in your area that have secured improvements, or better access, to pharmaceutical services for the residents of West Sussex?

Both HWB responded ‘Yes’ to this question. East Sussex highlighted the provision of the Chlamydia testing, pregnancy testing for under 25’s and C-Card service. *“East Sussex provides chlamydia testing in pharmacy. It would be helpful to clarify in the West Sussex PNA whether West Sussex pharmacies also provide this service”.*

Brighton and Hove commented that the 100hour pharmacy near the borders improves West Sussex residents’ access to pharmacy in the evenings and Sundays *“Brighton & Hove has a 100 hour pharmacy located at Sainsbury’s Instore (Lloyd’s) Pharmacy at Old Shoreham Road, Hove. This is accessible to Adur*

residents after 8pm and on Sundays, when there is currently no pharmacy open nearby in West Sussex after 8pm weekdays, or 4.30pm on Sundays". However, after the consultation had closed, Brighton and Hove HWB reported they had been notified that this pharmacy is closing on 28th December 2017.

PNA Steering group response

The steering group agreed no further action is required as the PNA already states that residents can access neighbouring HWB areas.

Q3. Is the information contained in the PNA accurate?

Both HWBs responded 'Yes'.

No further response/action from the Steering group.

Q4. Are there any other pharmaceutical services that impact on the population of West Sussex that have not been mentioned in the PNA?

East Sussex HWB responded 'No' and Brighton and Hove HWB responded 'Yes'. *"Brighton & Hove Public Health commissions a locally commissioned service for sexual health which includes EHC, chlamydia screening, treatment and a c-card scheme. This is available in two pharmacies in North Portslade and Wish wards near the Adur border and West Sussex residents may be benefitting from this. Although a similar EHC service is provided by two pharmacies in Adur, it is not stated if this includes chlamydia screening and a c-card scheme too".*

PNA Steering group response

As the PNA states, West Sussex residents could potentially access services in neighbouring HWB areas, including those that not currently commissioned in West Sussex. The PNA Steering Group agreed no further action/response required.

Q5. If you have any further comments or information, please write them below?

The responses to this question by both HWBs covered

- the quality of the PNA
- services provided in neighbouring areas
- service provision changes in West Sussex

"The West Sussex PNA has a very good summary section of how a community pharmacy addresses each of the clinical priority areas. The section about how the needs of children and young people specifically are being met is a good example of this in the document. There is a very good summary of the other services commissioned from pharmacies e.g. MAR charts, Hepatitis B vaccination.

It may be helpful to include in the main document as well how many residents of West Sussex were consulted. It may be helpful to give some brief explanation why the number of health checks in pharmacies has reduced".

"The PNA provides a comprehensive assessment of the needs of the population of West Sussex for pharmacy services. It includes all the important issues relating to pharmacy services, including maps of the provision of pharmacy services. Of particular interest to Brighton & Hove is the cross-boundary flow of

patients that might occur from Adur, Mid-Sussex and southern Horsham wards, which has been highlighted in the document and maps.”

PNA Steering group response

The PNA highlighted that there has been a reduction in the number of NHS Health Checks in pharmacies, and has provided, in chapter 9, ways pharmacies can contribute in improving health and wellbeing priorities.

A3. Pharmaceutical services providers in West Sussex

Table 3.1: West Sussex Pharmaceutical Service Providers (August 2017)

TRADING NAME	POSTCODE	CCG	LOCAL AUTHORITY	TYPE OF PROVIDER
Boots the Chemist	BN43 5DA	Coastal West Sussex	Adur	Community Pharmacy
Wilmshurst Chemist	BN15 9PJ	Coastal West Sussex	Adur	Community Pharmacy
Boots the Chemist	BN15 9AH	Coastal West Sussex	Adur	Community Pharmacy
Park Pharmacy	BN43 6BT	Coastal West Sussex	Adur	Community Pharmacy
Cokeham Pharmacy	BN15 0AN	Coastal West Sussex	Adur	Community Pharmacy
Greens Pharmacy	BN43 5ZA	Coastal West Sussex	Adur	Community Pharmacy
Gill Pharmacy	BN15 8AN	Coastal West Sussex	Adur	Community Pharmacy
Rowlands Pharmacy	BN15 9AH	Coastal West Sussex	Adur	Community Pharmacy
Kamsons Pharmacy	BN42 4FB	Coastal West Sussex	Adur	Community Pharmacy
Harrison Pharmacy	BN42 4QB	Coastal West Sussex	Adur	Community Pharmacy
Day Lewis Shoreham Healthlink	BN43 5WB BN42 4TE	Coastal West Sussex	Adur	Community Pharmacy Dispensing Appliance Contractor
Bakhai Pharmacy	BN43 5ZE	Coastal West Sussex	Adur	Community Pharmacy
Tesco Instore Pharmacy	BN43 6TD	Coastal West Sussex	Adur	Community Pharmacy
Pharmacy2Door	BN43 6QB	Coastal West Sussex	Adur	Distance Selling Pharmacy
Script Easy	BN15 8TA	Coastal West Sussex	Adur	Dispensing Appliance Contractor
Boots the Chemist	BN16 3DJ	Coastal West Sussex	Arun	Community Pharmacy
Dexter's Pharmacy	PO21 1PN	Coastal West Sussex	Arun	Community Pharmacy
Lloyds Pharmacy	BN16 3NX	Coastal West Sussex	Arun	Community Pharmacy
Superdrug Pharmacy	PO21 1PY	Coastal West Sussex	Arun	Community Pharmacy
Smiths Pharmacy	PO21 2NJ	Coastal West Sussex	Arun	Community Pharmacy
Glyn Norris Pharmacy	BN17 7JQ	Coastal West Sussex	Arun	Community Pharmacy
Day Lewis Pharmacy	PO21 2UW	Coastal West Sussex	Arun	Community Pharmacy
Tesco Instore Pharmacy	PO22 9ND	Coastal West Sussex	Arun	Community Pharmacy
Rowlands Pharmacy	PO22 6DH	Coastal West Sussex	Arun	Community Pharmacy
Lloyds Pharmacy	PO21 3EU	Coastal West Sussex	Arun	Community Pharmacy
Lloyds Pharmacy	BN16 4HL	Coastal West Sussex	Arun	Community Pharmacy
Timothy Whites Ltd	BN18 0AA	Coastal West Sussex	Arun	Distance Selling Pharmacy
The Croft Pharmacy	PO20 3RP	Coastal West Sussex	Arun	Community Pharmacy
Jordans Pharmacy	PO21 4TW	Coastal West Sussex	Arun	Community Pharmacy
Asda Pharmacy	BN12 6PN	Coastal West Sussex	Arun	Community Pharmacy
Tesco Instore Pharmacy	BN17 5RA	Coastal West Sussex	Arun	Community Pharmacy
Boots the Chemist	PO21 1PQ	Coastal West Sussex	Arun	Community Pharmacy
Kamsons Pharmacy	BN16 3AE	Coastal West Sussex	Arun	Community Pharmacy
Lloyds Pharmacy	PO21 1QN	Coastal West Sussex	Arun	Community Pharmacy
Lloyds Pharmacy	BN18 9HG	Coastal West Sussex	Arun	Community Pharmacy

TRADING NAME	POSTCODE	CCG	LOCAL AUTHORITY	TYPE OF PROVIDER
Rowlands Pharmacy	BN12 5JP	Coastal West Sussex	Arun	Community Pharmacy
Lloyds Pharmacy	PO22 9NH	Coastal West Sussex	Arun	Community Pharmacy
Lloyds Pharmacy	BN16 3RT	Coastal West Sussex	Arun	Community Pharmacy
Boots the Chemist	BN17 6RA	Coastal West Sussex	Arun	Community Pharmacy
Boots the Chemist	BN17 5DX	Coastal West Sussex	Arun	Community Pharmacy
Lloyds Pharmacy	BN16 1JN	Coastal West Sussex	Arun	Community Pharmacy
Lloyds Pharmacy	BN17 5JR	Coastal West Sussex	Arun	Community Pharmacy
Fittleworth Medical Ltd	BN17 7GA	Coastal West Sussex	Arun	Dispensing Appliance Contractor
Kamsons Pharmacy	PO21 5AJ	Coastal West Sussex	Arun	Community Pharmacy
Yapton Pharmacy	BN18 0DU	Coastal West Sussex	Arun	Community Pharmacy
Five Villages Pharmacy	PO22 0ER	Coastal West Sussex	Arun	Community Pharmacy
Kamsons Pharmacy	PO22 9TD	Coastal West Sussex	Arun	Community Pharmacy
Lloyds Pharmacy	PO22 6DZ	Coastal West Sussex	Arun	Community Pharmacy
Kamsons Pharmacy	BN17 5DX	Coastal West Sussex	Arun	Community Pharmacy
West Meads Pharmacy	PO21 5SB	Coastal West Sussex	Arun	Community Pharmacy
Boots the Chemist	PO22 7PP	Coastal West Sussex	Arun	Community Pharmacy
Tesco Instore Pharmacy	PO19 3JT	Coastal West Sussex	Chichester	Community Pharmacy
Witterings Pharmacy	PO20 8BH	Coastal West Sussex	Chichester	Community Pharmacy
Doctors Direct Pharmacy Ltd	PO20 6QH	Coastal West Sussex	Chichester	Distance Selling Pharmacy
Lloyds Pharmacy	PO19 7YR	Coastal West Sussex	Chichester	Community Pharmacy
M H Pharmacy	GU29 9AW	Coastal West Sussex	Chichester	Community Pharmacy
Kamsons Pharmacy	PO19 1JL	Coastal West Sussex	Chichester	Community Pharmacy
Lloyds Pharmacy	PO20 0QL	Coastal West Sussex	Chichester	Community Pharmacy
Stephens Pharmacy	PO19 3LA	Coastal West Sussex	Chichester	Community Pharmacy
Boots the Chemist	PO10 8JG	Coastal West Sussex	Chichester	Community Pharmacy
Summersdale Pharmacy	PO19 5RH	Coastal West Sussex	Chichester	Community Pharmacy
Pharmacy Link	PO20 8EA	Coastal West Sussex	Chichester	Community Pharmacy
Lloyds pharmacy	GU28 0AH	Coastal West Sussex	Chichester	Community Pharmacy
Rowlands Pharmacy	PO10 8UJ	Coastal West Sussex	Chichester	Community Pharmacy
Boots the Chemist	PO19 1NQ	Coastal West Sussex	Chichester	Community Pharmacy
Boots the Chemist	GU29 9DJ	Coastal West Sussex	Chichester	Community Pharmacy
Boots the Chemist	PO20 0QB	Coastal West Sussex	Chichester	Community Pharmacy
Boots the Chemist	PO19 1LE	Coastal West Sussex	Chichester	Community Pharmacy
Midhurst Pharmacy	GU29 9DH	Coastal West Sussex	Chichester	Community Pharmacy
Boots the Chemist	PO20 8BJ	Coastal West Sussex	Chichester	Community Pharmacy
Cathedral Medical Group	PO19 1XT	Coastal West Sussex	Chichester	Dispensing Doctor
Lavant Road Surgery	PO19 5RH	Coastal West Sussex	Chichester	Dispensing Doctor
Langley House Surgery	PO19 1RW	Coastal West Sussex	Chichester	Dispensing Doctor
Petworth Surgery	GU28 0LP	Coastal West Sussex	Chichester	Dispensing Doctor

TRADING NAME	POSTCODE	CCG	LOCAL AUTHORITY	TYPE OF PROVIDER
Tangmere Medical Centre	PO20 2HS	Coastal West Sussex	Chichester	Dispensing Doctor
Boots the Chemist	RH11 7XN	Crawley	Crawley	Community Pharmacy
Kamsons Pharmacy	RH10 6AA	Crawley	Crawley	Community Pharmacy
Lloyds Pharmacy	RH11 0BF	Crawley	Crawley	Community Pharmacy
Jades Chemist	RH10 8DT	Crawley	Crawley	Community Pharmacy
Day Lewis Pharmacy	RH11 7HE	Crawley	Crawley	Community Pharmacy
Kamsons Pharmacy	RH10 4EA	Crawley	Crawley	Community Pharmacy
Crawley Chemist	RH10 1HS	Crawley	Crawley	Community Pharmacy
Rapidcare	RH10 9SE	Crawley	Crawley	Dispensing Appliance Contractor
Boots the Chemist	RH10 7RA	Crawley	Crawley	Community Pharmacy
Asda Store Pharmacy	RH11 7AH	Crawley	Crawley	Community Pharmacy
Kamsons Pharmacy	RH10 6TE	Crawley	Crawley	Community Pharmacy
Lloyds Pharmacy	RH11 7RS	Crawley	Crawley	Community Pharmacy
Kassam Pharmacy	RH10 1QA	Crawley	Crawley	Community Pharmacy
Boots the Chemist	RH6 0NN	Horsham & Mid Sussex	Crawley	Community Pharmacy
Tesco Instore Pharmacy	RH10 1GY	Crawley	Crawley	Community Pharmacy
Gossops Green Pharmacy	RH11 8HH	Crawley	Crawley	Community Pharmacy
Kamsons Pharmacy	RH11 9BA	Crawley	Crawley	Community Pharmacy
Manning Pharmacy	RH11 8XW	Crawley	Crawley	Community Pharmacy
Geddes Chemist	RH10 1LG	Crawley	Crawley	Community Pharmacy
Kamsons Pharmacy	RH10 6NX	Crawley	Crawley	Community Pharmacy
Lloyds Pharmacy	RH10 5EH	Crawley	Crawley	Community Pharmacy
Boots the Chemist	RH10 1FX	Crawley	Crawley	Community Pharmacy
Lloyds Pharmacy	RH10 8NF	Crawley	Crawley	Community Pharmacy
Norris Pharmacy	RH13 5SD	Horsham & Mid Sussex	Horsham	Community Pharmacy
Superdrug Pharmacy	RH12 1HQ	Horsham & Mid Sussex	Horsham	Community Pharmacy
Lloyds Pharmacy	RH20 4DH	Coastal West Sussex	Horsham	Community Pharmacy
Lloyds Pharmacy	RH14 9NY	Horsham & Mid Sussex	Horsham	Community Pharmacy
Corden Pharmacy	RH20 1FG	Horsham & Mid Sussex	Horsham	Community Pharmacy
Lloyds Pharmacy	RH12 1SQ	Horsham & Mid Sussex	Horsham	Community Pharmacy
Boots the Chemist	RH13 9LA	Horsham & Mid Sussex	Horsham	Community Pharmacy
Upper Beeding Pharmacy	BN44 3HZ	Coastal West Sussex	Horsham	Community Pharmacy
Lloyds Pharmacy	BN5 9DB	Horsham & Mid Sussex	Horsham	Community Pharmacy
Boots the Chemist	RH20 4DR	Coastal West Sussex	Horsham	Community Pharmacy
Day Lewis Carfax	RH12 1BG	Horsham & Mid	Horsham	Community Pharmacy

TRADING NAME	POSTCODE	CCG	LOCAL AUTHORITY	TYPE OF PROVIDER
Pharmacy		Sussex		
Roffey Chemist	RH13 6AA	Horsham & Mid Sussex	Horsham	Community Pharmacy
Tesco Instore Pharmacy	RH12 3YU	Horsham & Mid Sussex	Horsham	Community Pharmacy
Ashington Pharmacy	RH20 3DD	Coastal West Sussex	Horsham	Community Pharmacy
Day Lewis Denne Pharmacy	RH12 4PJ	Horsham & Mid Sussex	Horsham	Community Pharmacy
Paydens Pharmacy	BN44 3RJ	Coastal West Sussex	Horsham	Community Pharmacy
Rudgwick Pharmacy	RH12 3GF	Horsham & Mid Sussex	Horsham	Community Pharmacy
Arun Valley Pharmacy	RH14 9SE	Horsham & Mid Sussex	Horsham	Community Pharmacy
Boots the Chemist	RH12 5JL	Horsham & Mid Sussex	Horsham	Community Pharmacy
Boots the Chemist	RH12 1HQ	Horsham & Mid Sussex	Horsham	Community Pharmacy
Rudgwick Medical Centre	RH12 3HB	Horsham & Mid Sussex	Horsham	Dispensing Doctor
Cowfold Surgery	RH13 8DN	Horsham & Mid Sussex	Horsham	Dispensing Doctor
Billingshurst Surgery	RH14 9QZ	Coastal West Sussex	Horsham	Dispensing Doctor
Henfield Medical Centre	BN5 9JQ	Coastal West Sussex	Horsham	Dispensing Doctor
Loxwood Medical Practice	RH14 0SU	Coastal West Sussex	Horsham	Dispensing Doctor
Boots the Chemist	RH19 4EE	Horsham & Mid Sussex	Mid Sussex	Community Pharmacy
Tesco Instore Pharmacy	RH15 9QT	Horsham & Mid Sussex	Mid Sussex	Community Pharmacy
Jessica's Chemist	RH15 8AP	Horsham & Mid Sussex	Mid Sussex	Community Pharmacy
Lloyds Pharmacy	RH19 1DD	Horsham & Mid Sussex	Mid Sussex	Community Pharmacy
Lloyds Pharmacy	RH16 1DG	Horsham & Mid Sussex	Mid Sussex	Community Pharmacy
Crawley Down Pharmacy	RH10 4TX	Horsham & Mid Sussex	Mid Sussex	Community Pharmacy
Northlands Pharmacy	RH16 3TY	Horsham & Mid Sussex	Mid Sussex	Community Pharmacy
Selbys Pharmacy	RH16 2HJ	Horsham & Mid Sussex	Mid Sussex	Community Pharmacy
Kamsons Pharmacy	RH16 4SY	Horsham & Mid Sussex	Mid Sussex	Community Pharmacy
Day Lewis Pharmacy	BN6 8QA	Horsham & Mid Sussex	Mid Sussex	Community Pharmacy
Hopkins Pharmacy	RH15 9DE	Horsham & Mid Sussex	Mid Sussex	Community Pharmacy
Lloyds Pharmacy	BN6 9PX	Horsham & Mid Sussex	Mid Sussex	Community Pharmacy

TRADING NAME	POSTCODE	CCG	LOCAL AUTHORITY	TYPE OF PROVIDER
Lloyds Pharmacy	RH19 3AE	Horsham & Mid Sussex	Mid Sussex	Community Pharmacy
Orchards Pharmacy	RH16 3TH	Horsham & Mid Sussex	Mid Sussex	Community Pharmacy
Lloyds Pharmacy	RH16 3AL	Horsham & Mid Sussex	Mid Sussex	Community Pharmacy
Lloyds Pharmacy	RH17 5JU	Horsham & Mid Sussex	Mid Sussex	Community Pharmacy
Abbott's Pharmacy	RH16 2HN	Horsham & Mid Sussex	Mid Sussex	Community Pharmacy
Lloyds Pharmacy	RH19 3GW	Horsham & Mid Sussex	Mid Sussex	Community Pharmacy
Rowlands Pharmacy	RH16 4BN	Horsham & Mid Sussex	Mid Sussex	Community Pharmacy
Boots the Chemist	RH19 4YZ	Horsham & Mid Sussex	Mid Sussex	Community Pharmacy
Boots the Chemist	RH16 4LQ	Horsham & Mid Sussex	Mid Sussex	Community Pharmacy
Copthorne Pharmacy	RH10 3RE	Horsham & Mid Sussex	Mid Sussex	Community Pharmacy
Boots the Chemist	RH19 1AB	Horsham & Mid Sussex	Mid Sussex	Community Pharmacy
Boots the Chemist	BN6 8AG	Horsham & Mid Sussex	Mid Sussex	Community Pharmacy
Day Lewis Pharmacy	RH15 9XB	Horsham & Mid Sussex	Mid Sussex	Community Pharmacy
Boots the Chemist	RH15 9NP	Horsham & Mid Sussex	Mid Sussex	Community Pharmacy
Boots the Chemist	RH16 3QB	Horsham & Mid Sussex	Mid Sussex	Community Pharmacy
Day Lewis Pharmacy	RH19 1QL	Horsham & Mid Sussex	Mid Sussex	Community Pharmacy
S C Williams Pharmacy	RH15 9AA	Horsham & Mid Sussex	Mid Sussex	Community Pharmacy
Crawley Down Health Centre	RH10 4HY	Horsham & Mid Sussex	Mid Sussex	Dispensing Doctor
Ouse Valley Practice	RH17 6HB	Horsham & Mid Sussex	Mid Sussex	Dispensing Doctor
Lloyds Pharmacy	BN11 3LA	Coastal West Sussex	Worthing	Community Pharmacy
Tarring Community Pharmacy	BN14 7JL	Coastal West Sussex	Worthing	Community Pharmacy
Lloyds Pharmacy	BN13 3PB	Coastal West Sussex	Worthing	Community Pharmacy
Rowlands Pharmacy	BN12 4FD	Coastal West Sussex	Worthing	Community Pharmacy
Boots the Chemist	BN12 4AP	Coastal West Sussex	Worthing	Community Pharmacy
Boots the Chemist	BN11 1LL	Coastal West Sussex	Worthing	Community Pharmacy
Boots the Chemist	BN14 9LA	Coastal West Sussex	Worthing	Community Pharmacy

TRADING NAME	POSTCODE	CCG	LOCAL AUTHORITY	TYPE OF PROVIDER
Tesco Instore Pharmacy	BN13 3PB	Coastal West Sussex	Worthing	Community Pharmacy
Superdrug Pharmacy	BN11 3HE	Coastal West Sussex	Worthing	Community Pharmacy
Kamsons Pharmacy	BN14 9DA	Coastal West Sussex	Worthing	Community Pharmacy
Wilkinson Dispensing Ltd	BN13 3QZ	Coastal West Sussex	Worthing	Dispensing Appliance Contractor
Boots the Chemist	BN11 3HE	Coastal West Sussex	Worthing	Community Pharmacy
Teville Gate Pharmacy	BN11 1UY	Coastal West Sussex	Worthing	Community Pharmacy
Hobbs Pharmacy	BN11 2LL	Coastal West Sussex	Worthing	Community Pharmacy
Kamsons Pharmacy	BN12 4PE	Coastal West Sussex	Worthing	Community Pharmacy
Lloyds Pharmacy	BN13 2JP	Coastal West Sussex	Worthing	Community Pharmacy
Broadwater Pharmacy	BN14 8JE	Coastal West Sussex	Worthing	Community Pharmacy
Lloyds pharmacy	BN11 4NY	Coastal West Sussex	Worthing	Community Pharmacy
Lloyds Pharmacy	BN12 6DJ	Coastal West Sussex	Worthing	Community Pharmacy
McCormick Chemist	BN14 7PA	Coastal West Sussex	Worthing	Community Pharmacy
Shelley Community Pharmacy	BN11 4BS	Coastal West Sussex	Worthing	Community Pharmacy
Lloyds Pharmacy	BN14 9LA	Coastal West Sussex	Worthing	Community Pharmacy
Rowlands Pharmacy	BN12 4UP	Coastal West Sussex	Worthing	Community Pharmacy
East Worthing Pharmacy	BN11 2QY	Coastal West Sussex	Worthing	Community Pharmacy
Lime Tree Pharmacy	BN14 0DL	Coastal West Sussex	Worthing	Community Pharmacy

A4. Equality Impact Assessment

Equality Impact Report – West Sussex Pharmaceutical Needs Assessment 2018

Title of proposal	West Sussex Pharmaceutical Needs Assessment
Date of implementation	February 2018
EIR completed by Name: Tel:	Aloisia Katsande/ Jacqueline Clay 0330 222 5602
1. Decide whether this report is needed and, if so, describe how you have assessed the impact of the proposal.	
<p>Every Health and Wellbeing Board in England has a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, referred to as a Pharmaceutical Needs Assessment (PNA). The PNA is used by NHS England for market entry purposes for pharmaceutical services (community pharmacies, dispensing doctors and appliance contractors). It will also be used by Local Authorities, CCGs and NHS England in commissioning services from community pharmacies.</p> <p>The West Sussex PNA was undertaken in accordance with the requirements set out in regulations 3-9 Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 and the amendments published thereafter. Several sources of information have been used to give an overview of the health and pharmaceutical services profile and needs of the local population. In particular, the West Sussex PNA draws on the Joint Strategic Needs Assessment (JSNA).</p> <p>Public bodies need to consciously think about their Equality Duty as part of the process of decision-making. The HWB therefore has a duty to have regard to the impact of any proposal on those people with characteristics protected by the Equality Act (2010). Furthermore, The Health and Social Care Act 2012 stipulates that NHS England has the responsibility to reduce inequalities with respect to patients' ability to access health services and to reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services. As the PNA will be used by NHS England and local commissioners for market entry and commissioning purposes, the contents of the PNA and the process of producing the PNA have been carried out to ensure a non-discriminatory and equal access to pharmaceutical services for all the residents of West Sussex.</p> <p>Documents used as evidence:</p> <ul style="list-style-type: none"> • West Sussex PNA public and contractor surveys (2017) reports • The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013: http://www.legislation.gov.uk/uksi/2013/349/contents/made and the amendments made thereafter • West Sussex JSNA. http://jsna.westsussex.gov.uk 	
2. Describe any negative impact for customers or residents.	
<p>The PNA is not anticipated to have any negative impacts on people, particularly those with protected characteristics (i.e. Age; Disability; Gender Reassignment; Race; Pregnancy/maternity; Marriage/civil</p>	

partnership; Sex; Religion or belief; Sexual orientation). It aims to identify needs in pharmaceutical service provision for the population of West Sussex.

Age: No negative impact identified or anticipated. The PNA considers the pharmaceutical needs of all age groups.

Sex: No negative impact identified or anticipated. As expected, some services are targeted at specific gender, to meet the different needs of the different sexes, for example, emergency hormonal contraception. However, this is not expected to negatively impact either sex.

Race: No negative impact identified or anticipated. The PNA assesses and identifies the needs of all West Sussex residents, irrespective of race.

Disability: No negative impact foreseen or identified. PNA assesses the availability of services to meet the needs of the disabled as well as the general population and will not negatively impact those with disabilities.

Pregnancy/maternity: No negative impact foreseen or identified. The pharmaceutical needs of pregnant women and those on maternity were considered alongside the needs of all the residents. The PNA will not negatively impact any pregnant women.

Gender reassignment: No negative impact foreseen or identified. There are no specific services identified to address any health needs arising due to a person's gender reassignment. The PNA will target the needs of the entire West Sussex population, irrespective of gender reassignment.

Marriage/ Civil partnership: No negative impact foreseen or identified. There are no specific services or health needs identified that arise from an individual's marital status. No negative impact anticipated as the assessment covers the needs of all residents, irrespective of marital status/partnership.

Religion or belief: No negative impact foreseen or identified. The PNA has not identified any particular pharmaceutical services that are provided on the basis of religion or belief.

Sexual orientation: No negative impact foreseen or identified.

3. Describe any positive effects which may offset any negative impact.

As the PNA identifies the pharmaceutical needs of the population of West Sussex, for use by NHS England and commissioners, it will help improve services and access to pharmaceutical services for all residents of West Sussex.

Age: The PNA assesses the overall pharmaceutical provision of services for all ages; however, some commissioned services identified in the PNA are targeted at improving the health outcomes of specific age groups, for example, the NHS Health Checks, which are geared towards people aged 40 – 74 year old and Chlamydia screening for under 25s. This will help improve access to services for different age groups.

Disability: Given that long term conditions and disability are some of the key drivers of pharmaceutical service usage, the PNA will benefit people with disabilities by assessing service provision and access. This will support commissioners in the development of services to meet the needs of people with disabilities, including long term limiting conditions and mobility problems.

Gender Reassignment: Transgender or transsexual people will have access to pharmaceutical services; however, there is no evidence of any specific pharmaceutical services targeted at them.

Race: The PNA assesses the pharmaceutical needs of all the different ethnic groups in West Sussex and all groups are expected to benefit from the pharmaceutical services identified in the PNA. Gaps and future needs identified in the PNA will help commissioners improve access to services for all ethnic groups. However, as highlighted in the Government white paper, *Healthy lives, Health People: Our strategy for public health in England (2010)*, there is evidence that some ethnic minorities have a higher incidence and prevalence of certain conditions, and by assessing the provision of pharmaceutical services, the PNA aims to identify gaps in pharmaceutical services which might be of particular benefit to people from ethnic minority groups where incidence of some conditions is higher.

Marriage/civil partnership: The PNA will benefit all residents, irrespective of marital/civil partnership status. The PNA aims to support commissioners in commissioning services that will meet the needs of people with different marital status/civil partnerships.

Sex: Some of the commissioned services identified in the PNA are targeted at specific gender groups, such as the emergency hormonal contraception targeted at women. The PNA aims to further support the development of gender specific services to meet the different needs of the different sexes and support commissioners in ensuring balanced access to services.

Religion or belief: There is no evidence found regarding access to pharmaceutical services in relation to a person's religion or belief. Commissioned services will benefit all people irrespective of religion or belief and the PNA will help support commissioners in developing and strengthening services that meet the needs of all groups of different religions and beliefs.

Sexual orientation: People with different sexual orientation will benefit from the pharmaceutical services as identified in the PNA.

Pregnancy/maternity: Some commissioned services are adapted to meet the needs of pregnant women, for example, some smoking cessation programmes aimed at reducing the number of women who smoke during pregnancy. The PNA identified the pharmaceutical needs of the population of West Sussex and therefore will help support commissioners in developing services that meet the needs of pregnant women and those with infants.

4. Describe whether and how the proposal helps to eliminate discrimination, harassment and victimisation.

The process followed in developing the PNA helped eliminate discrimination through encouraging the participation of different stakeholders across the county, particularly the users and providers of pharmaceutical services in West Sussex

- The PNA Steering group consisted of various stakeholders, including Healthwatch, representing patient/public views.
- The surveys were widely advertised and distributed to encourage participation, and also, the consultation of the draft PNA provided a platform for organisations, groups and residents to feedback on the draft PNA. The PNA consultation ran for 66 days, from 1 September until 5 November 2017. The draft PNA documents were published on the West Sussex County Council (WSCC) 'Have Your Say' consultation hub, the WSCC PNA website as well as the JSNA website. Professionals, organisations and groups were notified of the consultation by email as per regulations. For members of the public, the consultation was advertised on various websites, such as the Wellbeing Hub website and Healthwatch, and through a press release in local media.
- A paper copy of the draft PNA was provided on request and also online access to the PNA draft

was available for free in libraries.

As the PNA identifies needs and gaps in the current provision of pharmaceutical services and also potential future needs, it will be used to support commissioners of public health and NHS services in developing services and meeting those needs. This will help minimise health inequalities and benefit the population of West Sussex, with particular emphasis on those who are disadvantaged, for example, deprived groups, groups with difficulties accessing services and those whose needs could be addressed through the commissioning of pharmaceutical services and services offered by community pharmacies.

5. Describe whether and how the proposal helps to advance equality of opportunity between people who share a protected characteristic and those who do not.

Access to pharmaceutical services is an integral part of NHS and public health services. The PNA identifies pharmaceutical service provision and access. It also looks at ways in which community pharmacies can contribute towards meeting some of the local priorities, and reducing health inequalities across the population, including those with shared characteristics. The PNA, alongside the Equality Impact Assessment therefore helps to advance equality of opportunity to all residents of West Sussex.

Pharmaceutical services identified in the PNA are universally accessible for all residents of West Sussex. However, as previously highlighted, some services are targeted, such as NHS Flu vaccinations, NHS Health Checks, emergency contraception and Chlamydia screening. By identifying current and potential future needs as well as gaps in pharmaceutical provision for the whole population, the PNA will help support commissioners in service development to ensure that these targeted services are not widening the inequality gap.

The PNA survey and consultation were widely promoted to ensure equality of opportunity to access the draft PNA and give feedback. In addition, the use of other sources of information such as the JSNA, the PNA survey and consultation feedback have been used to inform the final PNA.

6. Describe whether and how the proposal helps to foster good relations between persons who share a protected characteristic and those who do not.

The PNA will be used for market entry purposes by NHS England, promoting equality of access to fair, personalised, safe and effective pharmaceutical services for all groups in society. It also highlights the potential to use community pharmacies more effectively to improve health and wellbeing and reduce health inequalities. By identifying the different needs of different people, the PNA will thereby help support the promotion of good relations between groups.

7. What changes were made to the proposal as a result? If none, explain why.

No negative impact anticipated or identified as a result of the content of the PNA or the process followed in conducting the PNA. The PNA will have a positive impact on the local population's access to pharmaceutical services.

8. Explain how the impact will be monitored to make sure it continues to meet the equality duty owed to customers and say who will be responsible for this.

The PNA is a statutory document that will be reviewed at least every 3 years. Supplementary statements of any changes in pharmaceutical services will be issued on an on-going basis when such need arises. The Equality Impact will therefore be updated when the PNA is revised.

To be signed by an Executive Director or Director to confirm that they have read and approved the content.

Name

Avril Wilson

Date

22.12.2017

Your position

Executive Director Children, Adults, Families, Health and Education

A5. Housing

Table 4.1 provides the estimated number of housing developments to be completed during the lifespan of this PNA, broken down to ward level. These are based on developments with planning permissions. Small sites, those considered to be less than 6 units, have not been included as they also include private household extensions and builds.

Table 5.1: Projected housing completions identified on large sites (6 units or more) in West Sussex

Local Authority	Ward	Total units committed*	2016/17	2017/18	2018/19	2019/20	2020/21	LA total 2016-21
Adur	Manor	12	0	3	0	0	0	382
	St Mary's	153	141	0	12	0	0	
	St Nicholas	120	0	40	40	40	0	
	Southlands	106	0	50	56	0	0	
Arun	Angmering	358	63	50	90	60	50	2444
	Arundel	13	13	0	0	0	0	
	Aldingbourne	347	0	0	165	109	50	
	Bersted	337	101	103	64	58	11	
	Barnham	254	17	79	103	55	0	
	Felpham East	133	33	62	38	0	0	
	Eastergate	77	6	0	49	20	2	
	Hotham	24	0	9	15	0	0	
	Ford	45	0	0	28	15	2	
	Ferring	41	41	0	0	0	0	
	Pevensey	19	19	0	0	0	0	
	Orchard	14	0	0	14	0	0	
	Aldwick East	6	0	0	0	0	0	
	Rustington	34	0	20	14	0	0	
	Walberton	6	0	0	6	0	0	
	Central	1368	102	29	14	138	139	
	Felpham West	6	6	0	0	0	0	
	Ham	8	0	8	0	0	0	
	Yapton	83	60	13	10	0	0	
	River	27	7	0	20	0	0	
Marine	37	0	10	9	8	10		
Wick	227	125	74	28	0	0		
Chichester	Birdham	72	21	9	42	0	0	3317
	Chidham	64	45	19	0	0	0	
	Easebourne	383	40	77	128	72	45	
	East Wittering	116	0	0	46	40	30	
	Fishbourne	44	32	12	0	0	0	
	Fernhurst	213	0	150	63	0	0	
	Fittleworth	9	0	0	9	0	0	
	Loxwood	17	0	0	0	0	0	

Local Authority	Ward	Total units committed*	2016/17	2017/18	2018/19	2019/20	2020/21	LA total 2016-21
	Midhurst	44	42	2	0	0	0	
	Milland	12	0	0	12	0	0	
	North Mundham	33	0	0	33	0	0	
	Oving	500	25	73	73	73	73	
	Petworth	61	0	21	20	20	0	
	Southbourne	259	25	5	95	95	37	
	Selsey	267	28	65	75	50	39	
	Tangmere	1215	56	100	59	0	75	
	Westbourne	16	0	16	0	0	0	
	Westhampnett	599	60	39	40	65	65	
	Wisborough Green	57	0	35	22	0	0	
	East Ward	131	0	0	40	91	0	
	North Ward	645	81	112	148	97	58	
	West Ward	1653	0	22	0	75	100	
Crawley	Bewbush	89	0	0	0	0	0	2366
	Ifield Ward	214	45	109	39	0	0	
	Pound Hill North	1854	55	46	3	200	200	
	Northgate	1134	292	14	152	209	115	
	Southgate	209	58	73	30	0	0	
	Three Bridges	308	13	0	90	169	0	
	Tilgate	118	0	28	72	0	0	
	West Green	508	102	104	70	78	0	
Horsham	Amberley	9	9	0	0	0	0	5092
	Ashington	6	0	6	0	0	0	
	Broadbridge Heath	451	171	75	50	50	15	
	Billingshurst	544	69	0	100	100	100	
	Cowfold	28	20	8	0	0	0	
	Rusper and Colgate	2424	114	355	300	245	210	
	Coldwaltham	8	0	0	8	0	0	
	Henfield	262	0	74	96	69	23	
	Holbrook West (North of Horsham)	2889	71	125	110	150	200	
	Pulborough	128	9	42	70	7	0	
	Rudgwick	61	25	22	14	0	0	
	Denne Ward	1092	278	285	61	50	28	
	Slinfold	23	0	23	0	0	0	
	Shipley	196	3	90	88	15	0	

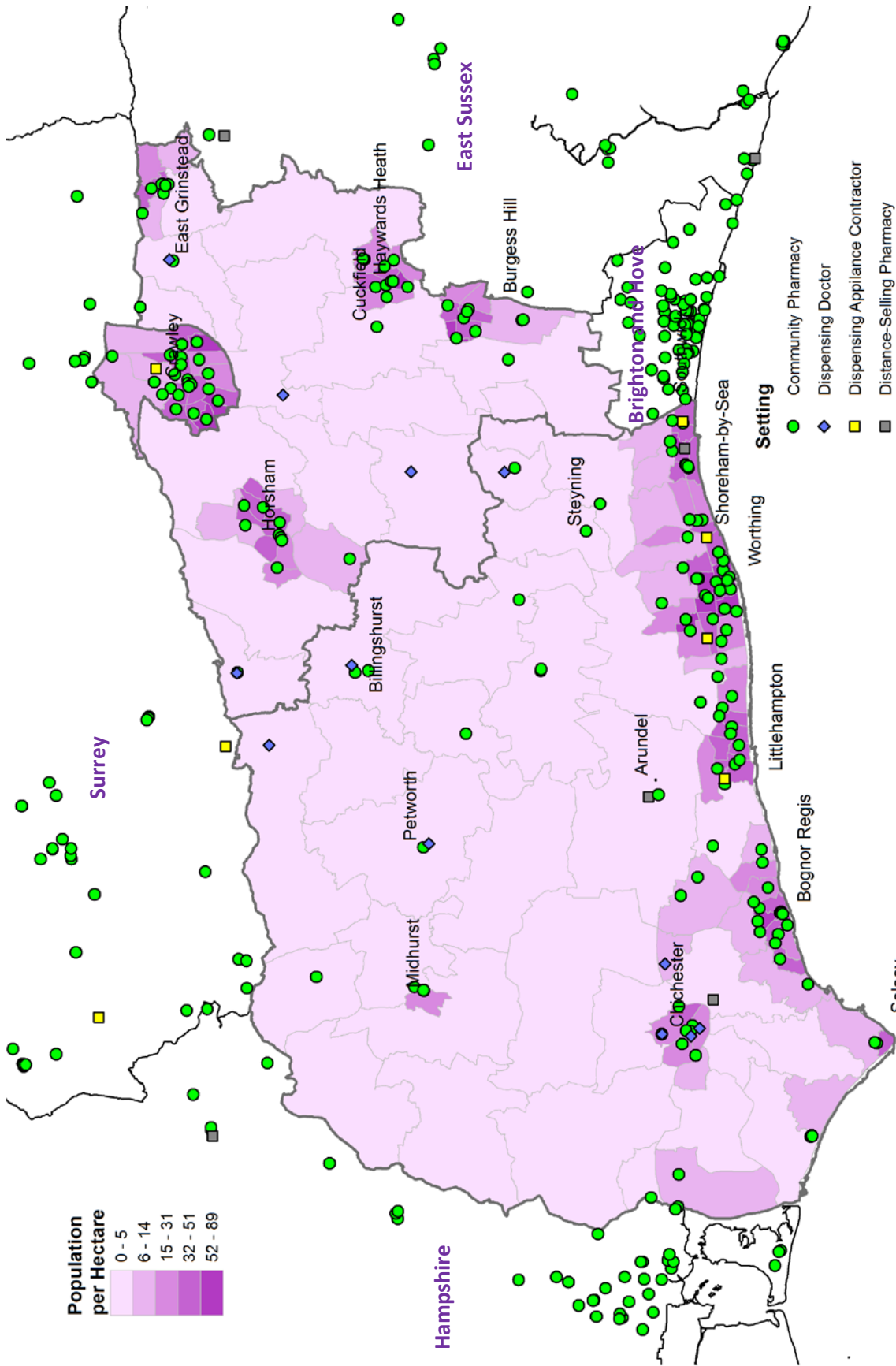
Local Authority	Ward	Total units committed*	2016/17	2017/18	2018/19	2019/20	2020/21	LA total 2016-21
	Southwater	680	30	312	150	138	50	
	Storrington	15	0	0	0	0	0	
	Forest Ward	38	6	0	0	0	0	
	Thakeham	220	126	60	31	3	0	
	Riverside	137	84	42	11	0	0	
	West Grinstead	9	0	9	0	0	0	
	Washington	7	7	0	0	0	0	
Mid Sussex	Chanctonbury	100	0	0	0	0	0	2971
	Ardingly	36	36	0	0	0	0	
	Franklands	12	0	0	0	0	0	
	Bolney	16	0	0	10	0	0	
	Cuckfield Rural South	208	48	53	62	25	20	
	St Andrews	920	92	76	0	177	145	
	Town Ward	194	27	0	142	0	0	
	West Ward	40	0	28	12	0	0	
	Hassocks Stonepound	73	3	0	10	25	25	
	Dunstall Ward	15	0	0	15	0	0	
	Hurstpierpoint	201	54	7	50	50	40	
	Franklands	50	14	0	26	8	2	
	Harlands	407	145	52	75	85	50	
	Heath	133	95	17	7	14	0	
	Lindfield Rural	186	45	60	81	0	0	
	North Ward	298	217	10	31	0	0	
	South Ward	38	0	3	35	0	0	
	Pyecombe	20	0	0	0	0	0	
	West Ward	129	14	0	75	20	20	
	Slaugham	213	72	37	13	0	37	
Turners Hill	52	0	47	5	0	0		
Leylands Ward	433	0	50	50	50	50		
Worth	127	65	9	53	0	0		
Worthing	Offington	17	9	0	8	0	0	1014
	Goring	17	17	0	0	0	0	
	Heene	61	34	18	0	0	0	
	Central Ward	30	7	7	16	0	0	
	Selden	27	0	19	0	0	0	
	Castle	184	129	55	0	0	0	
	Durrington	725	196	98	200	201	0	

Source: WSCC Strategic planning

* Total units committed are the total number of units built on completion and these includes those built beyond 2021

A6. CCG boundary maps

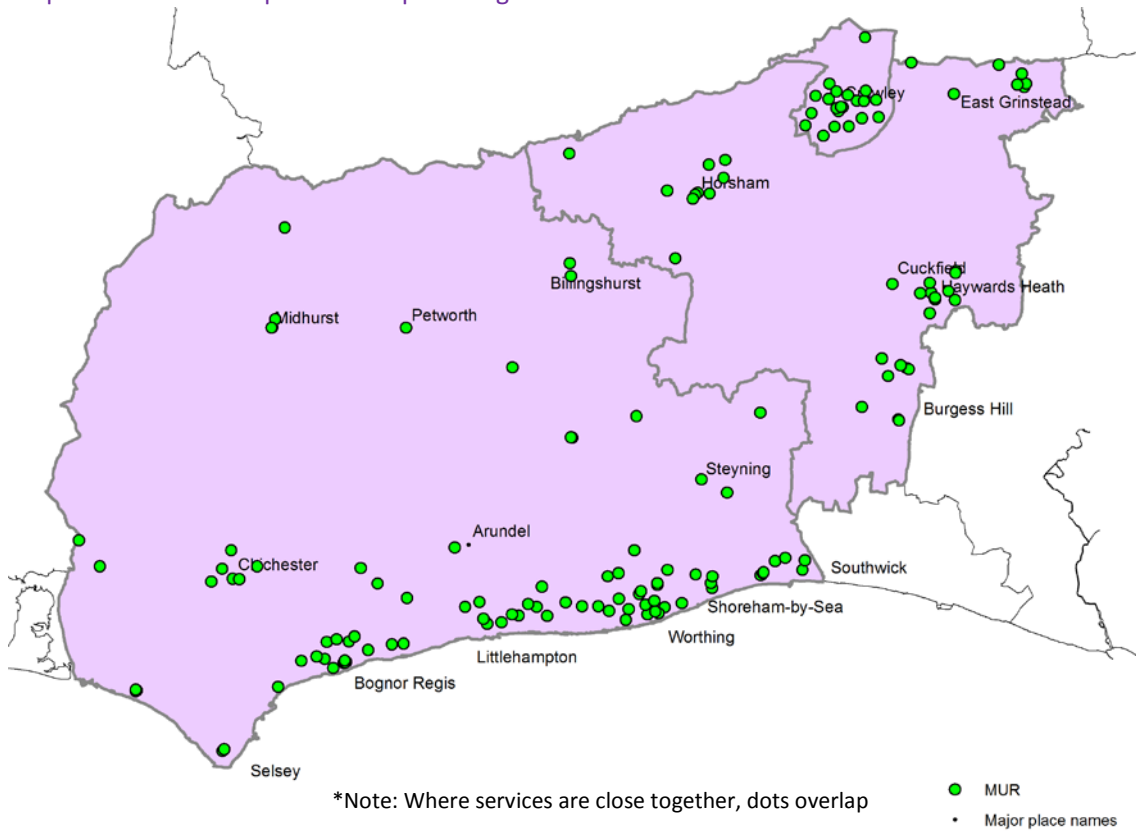
Map 6.1: Locations of pharmaceutical service providers in West Sussex and bordering areas



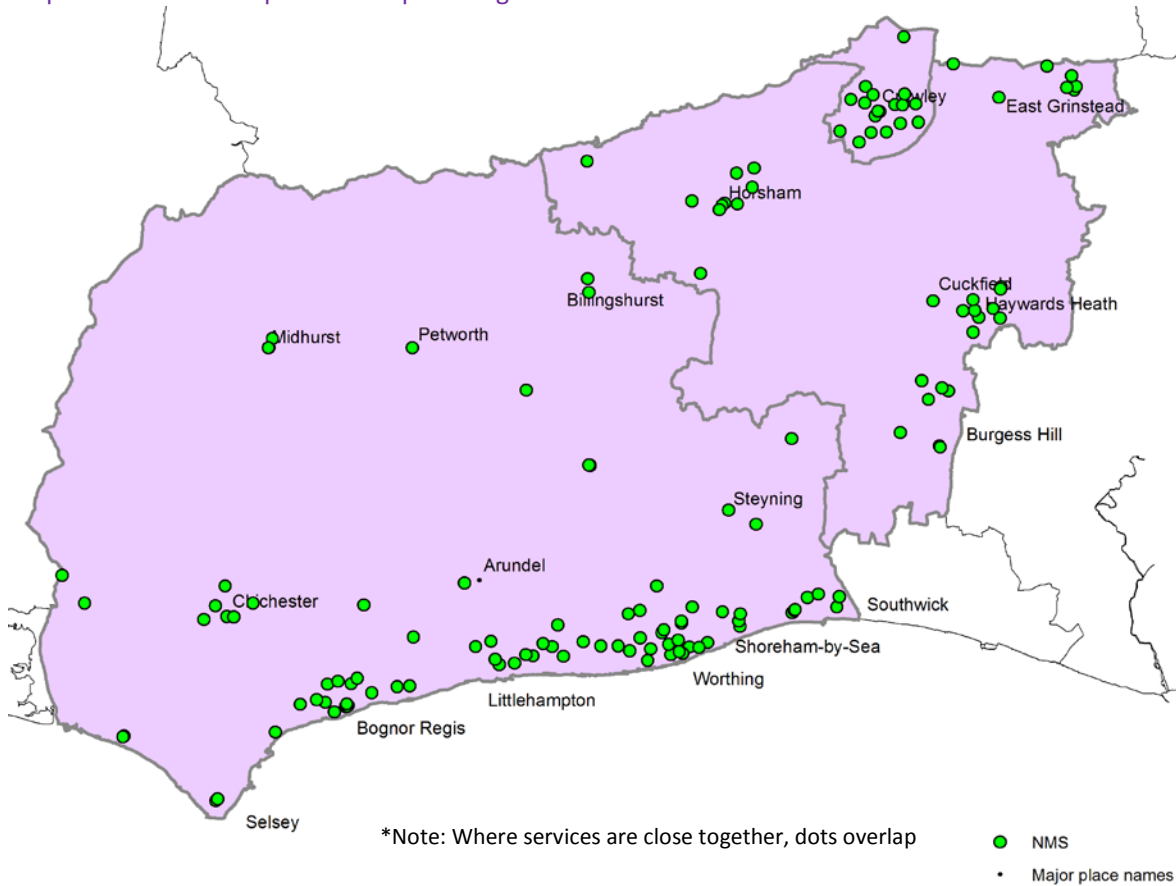
*Note: Where services are close together, dots overlap

6.1 Advanced services provision maps – CCG boundaries

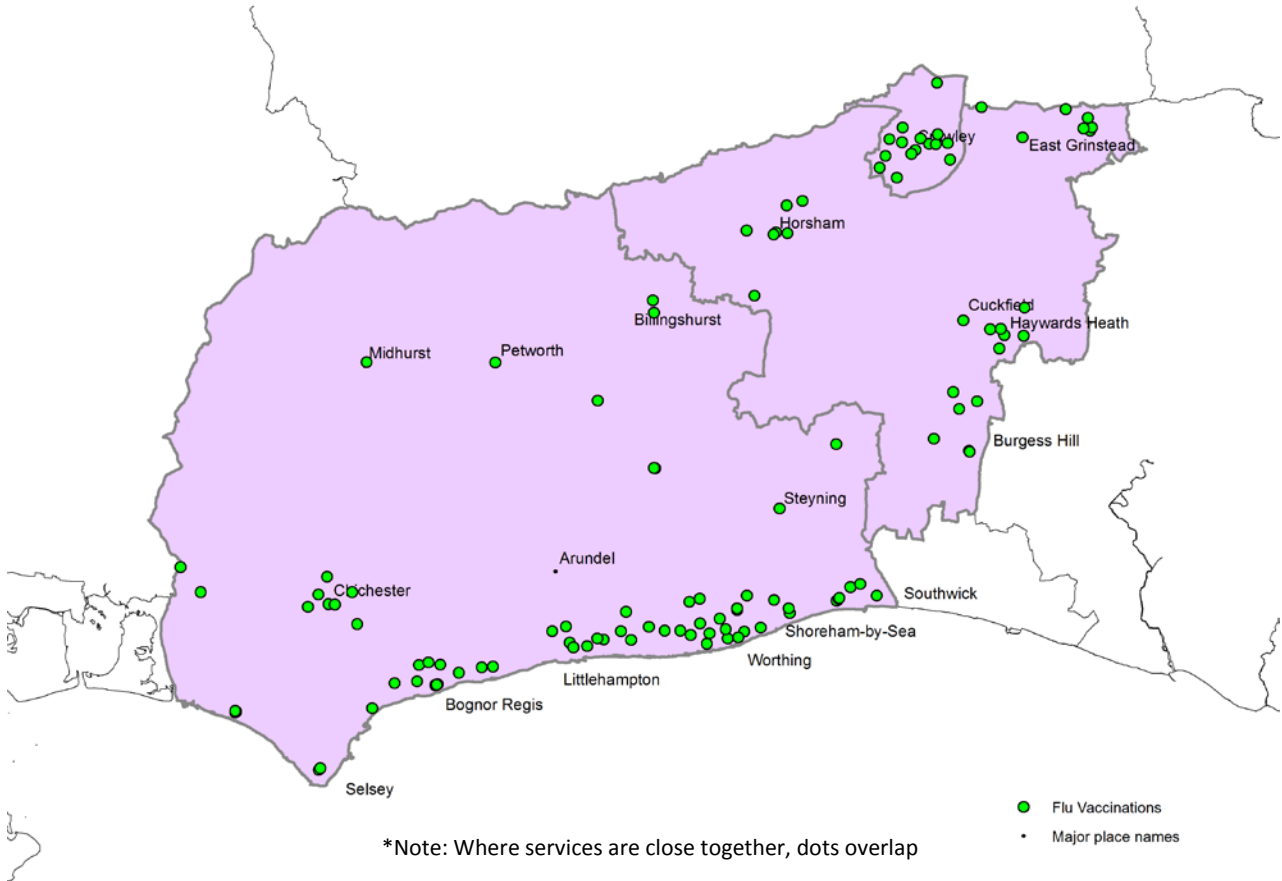
Map 6.2: West Sussex pharmacies providing MUR



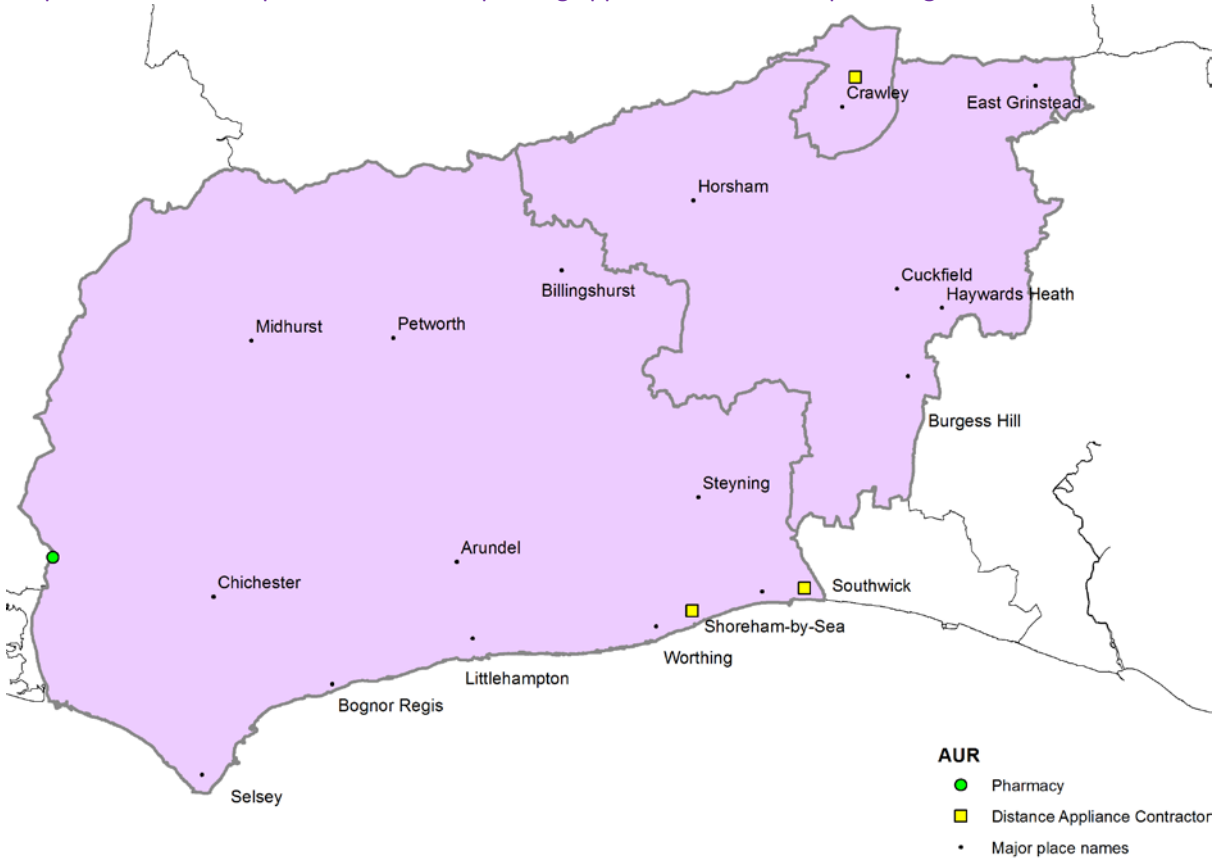
Map 6.3: West Sussex pharmacies providing NMS



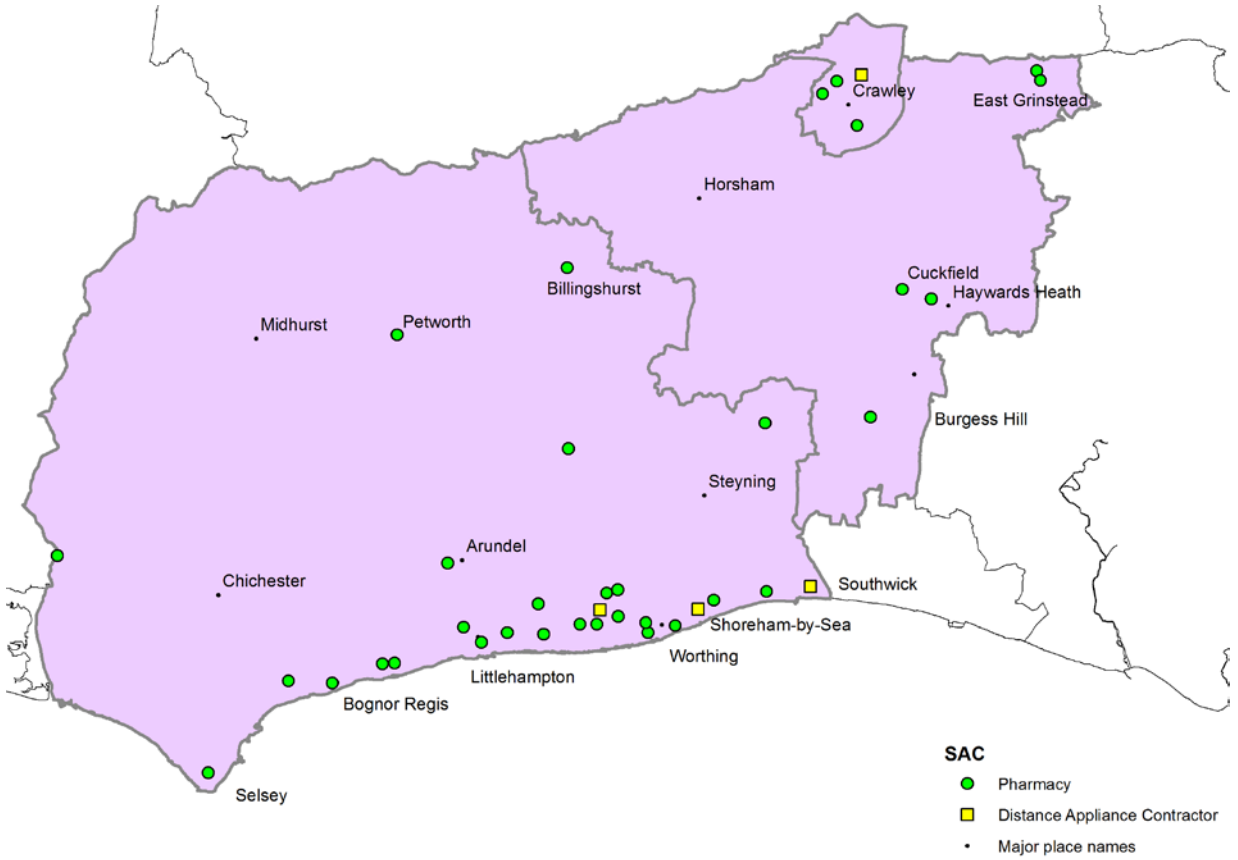
Map 6.4: West Sussex pharmacies providing Flu Vaccinations



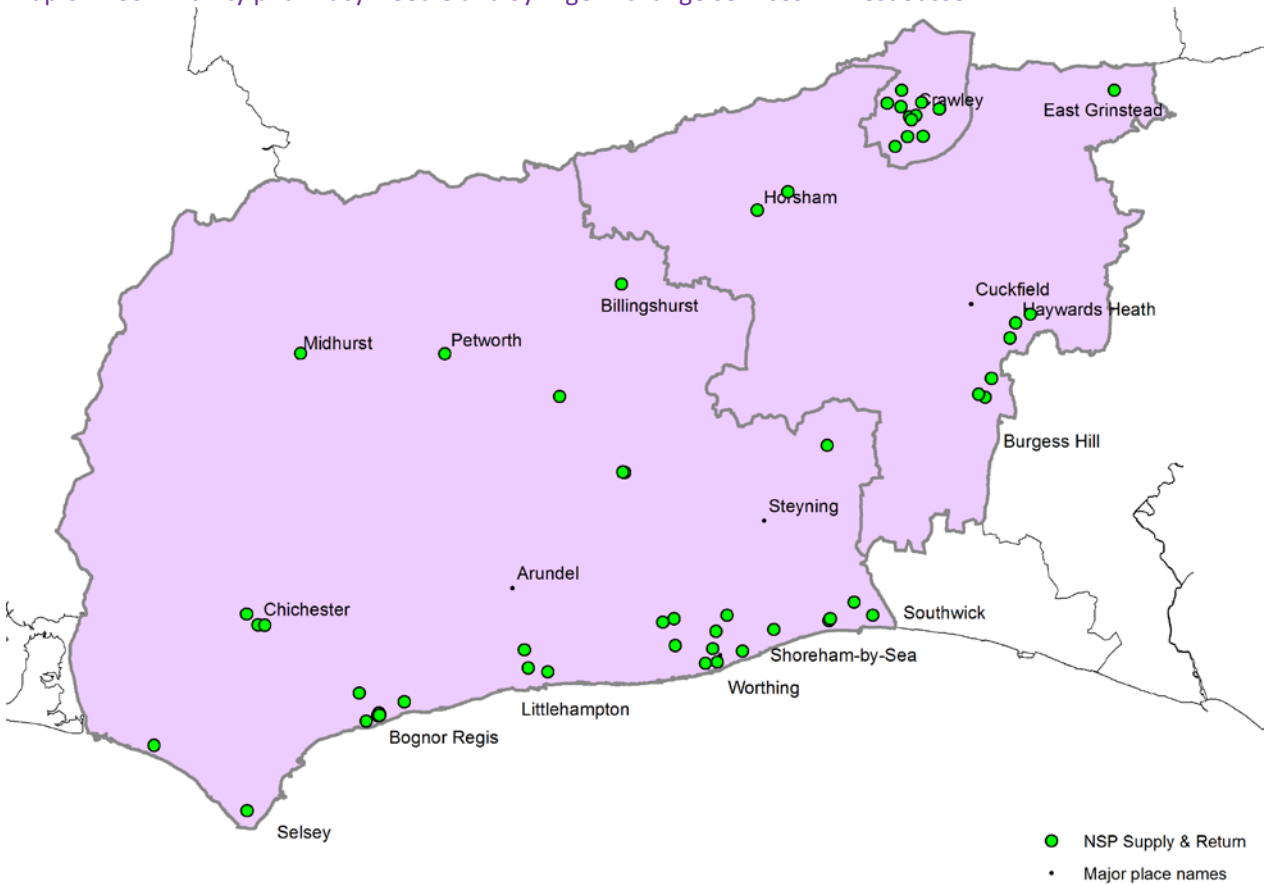
Map 6.5: West Sussex pharmacies and dispensing appliance contractors providing AUR service



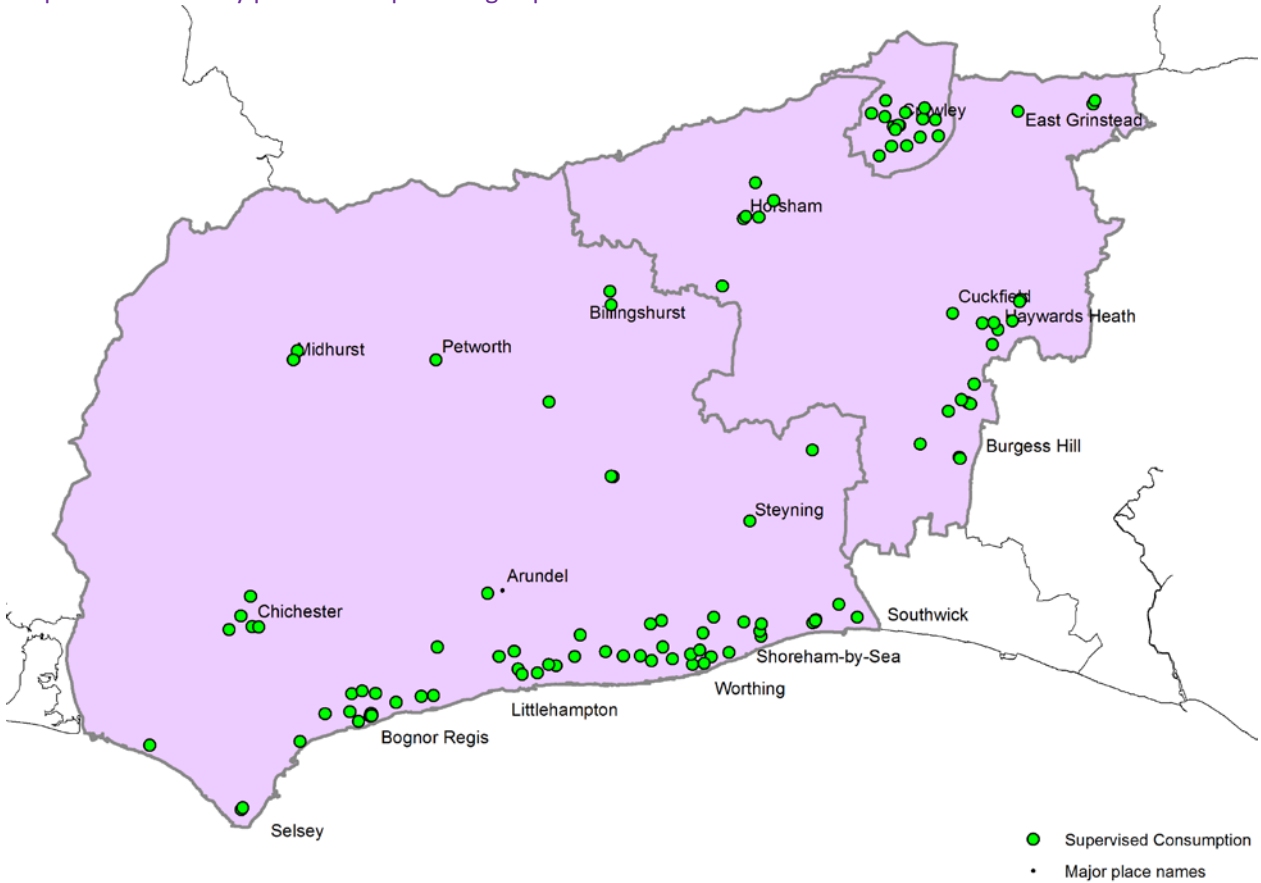
Map 6.6: West Sussex pharmacies and appliance contractors providing SAC service



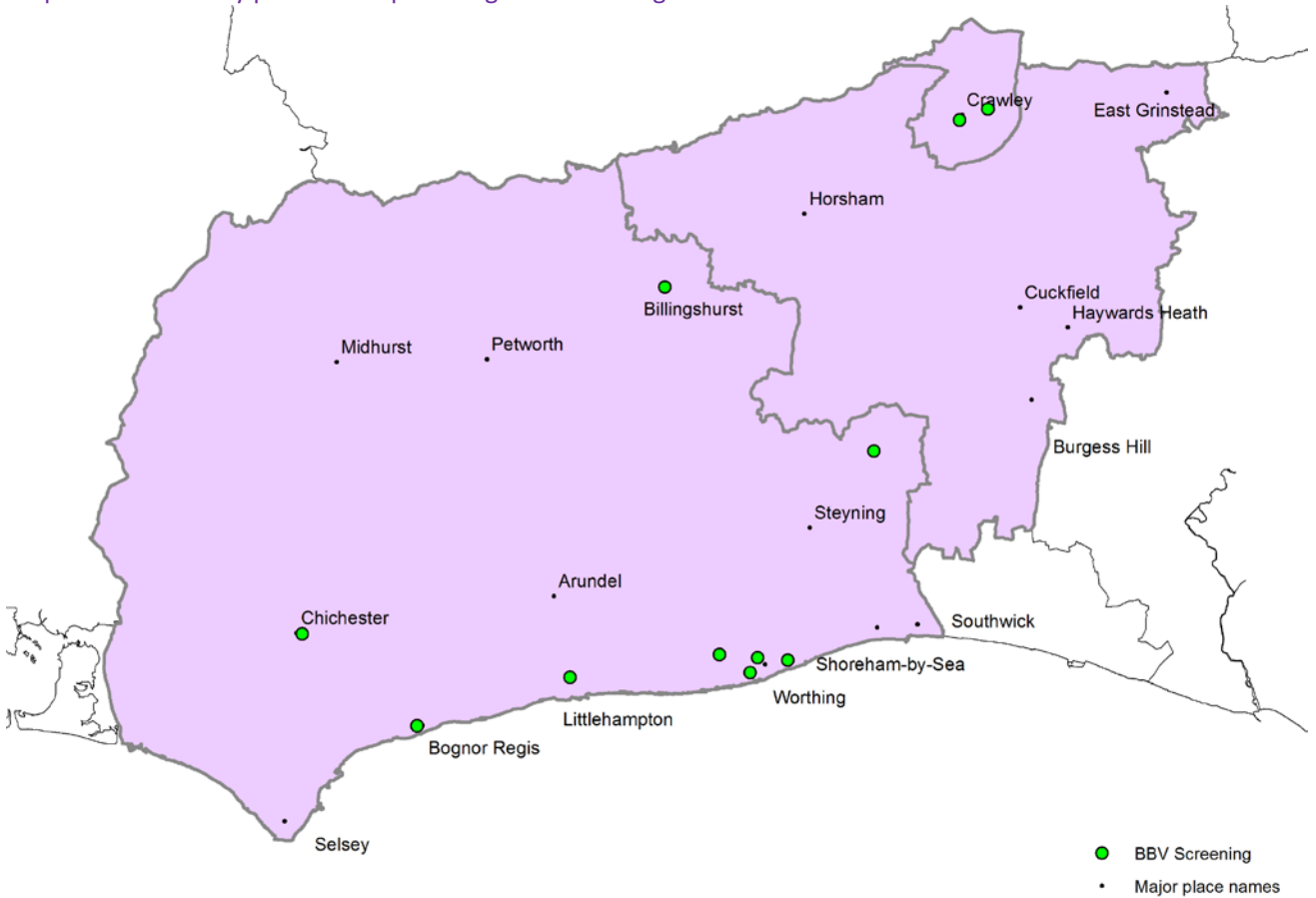
Map 6.7: Community pharmacy Needle and Syringe Exchange services in West Sussex



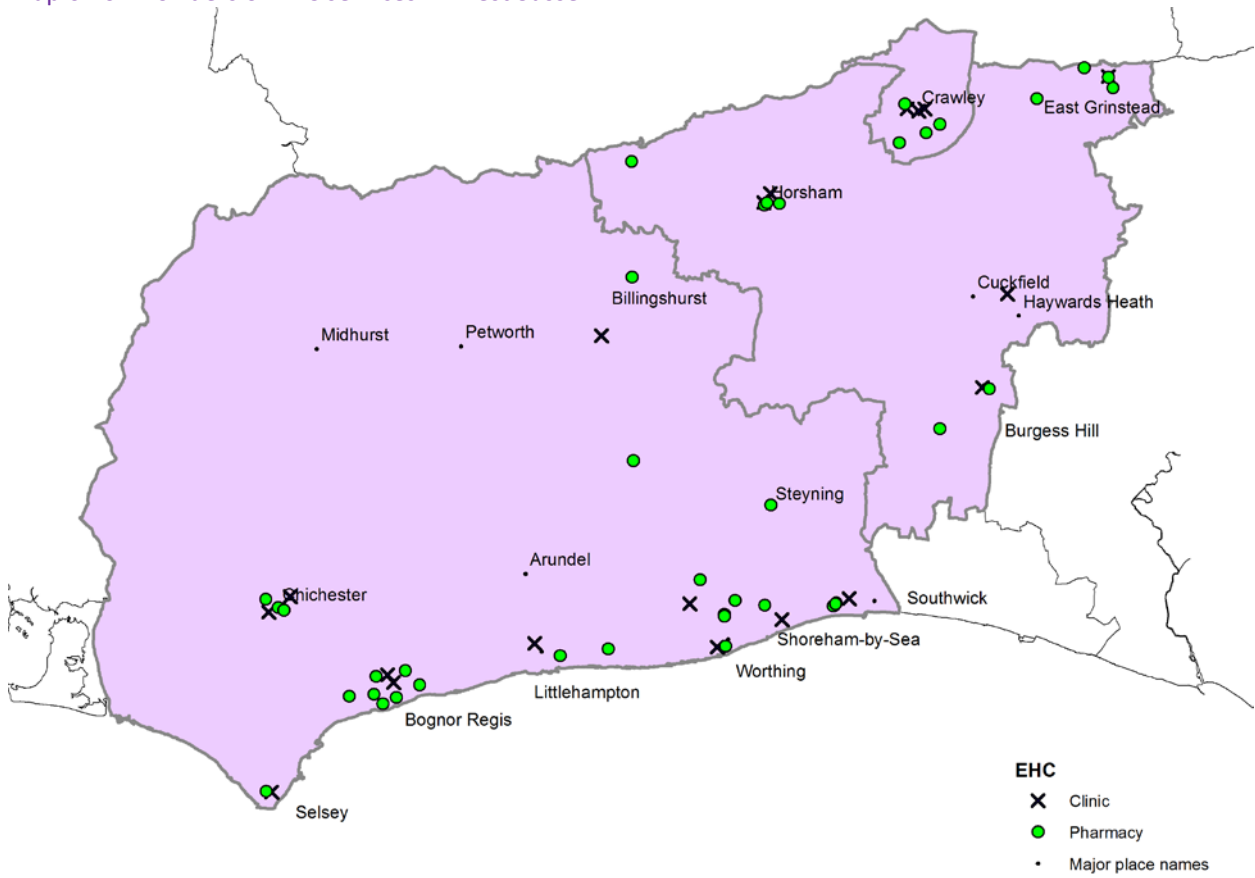
Map 6.8: Community pharmacies providing Supervised Administration of OST



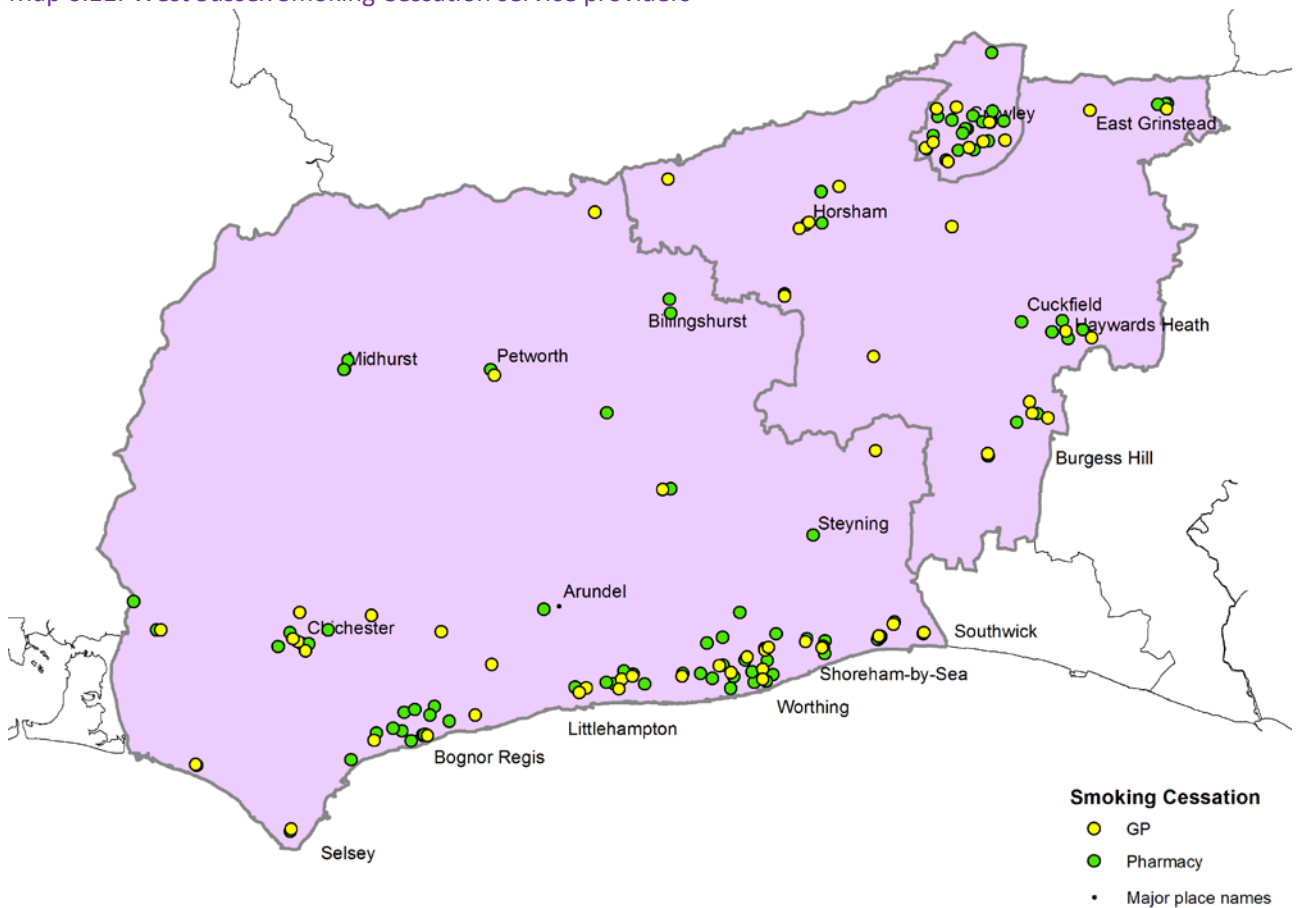
Map 6.9: Community pharmacies providing BBV screening service



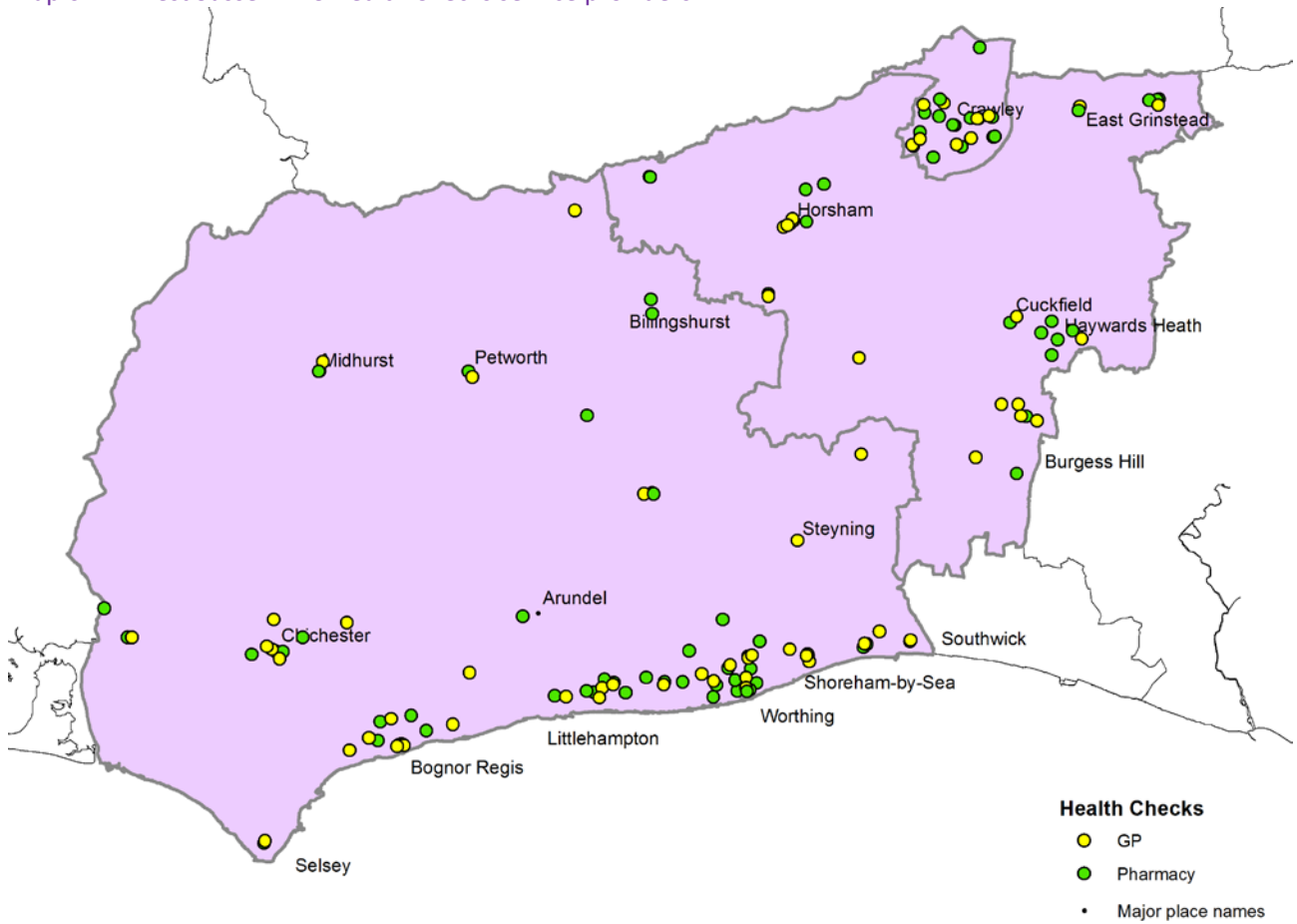
Map 6.10: Providers of EHC services in West Sussex



Map 6.11: West Sussex Smoking Cessation service providers

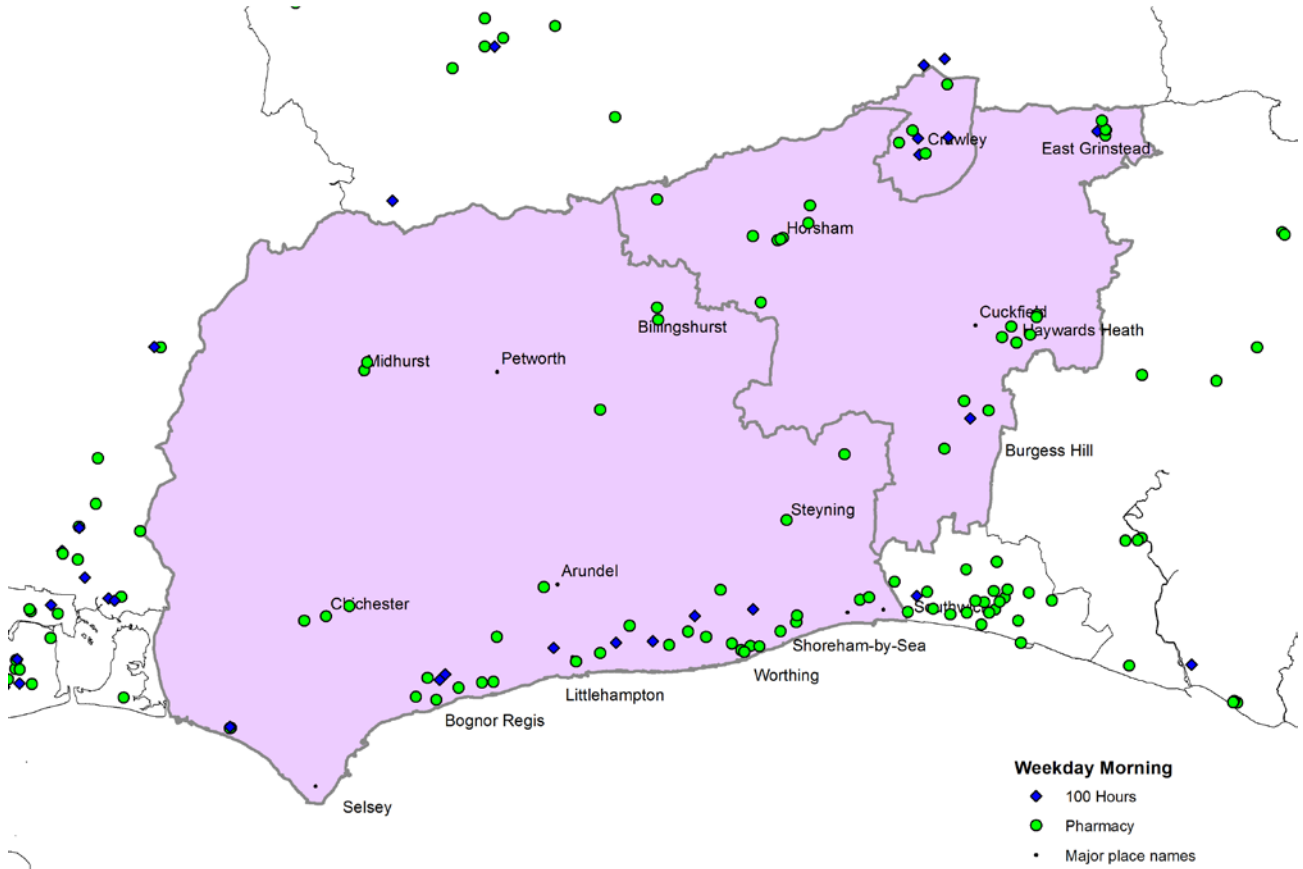


Map 6.12: West Sussex NHS Health Checks service providers

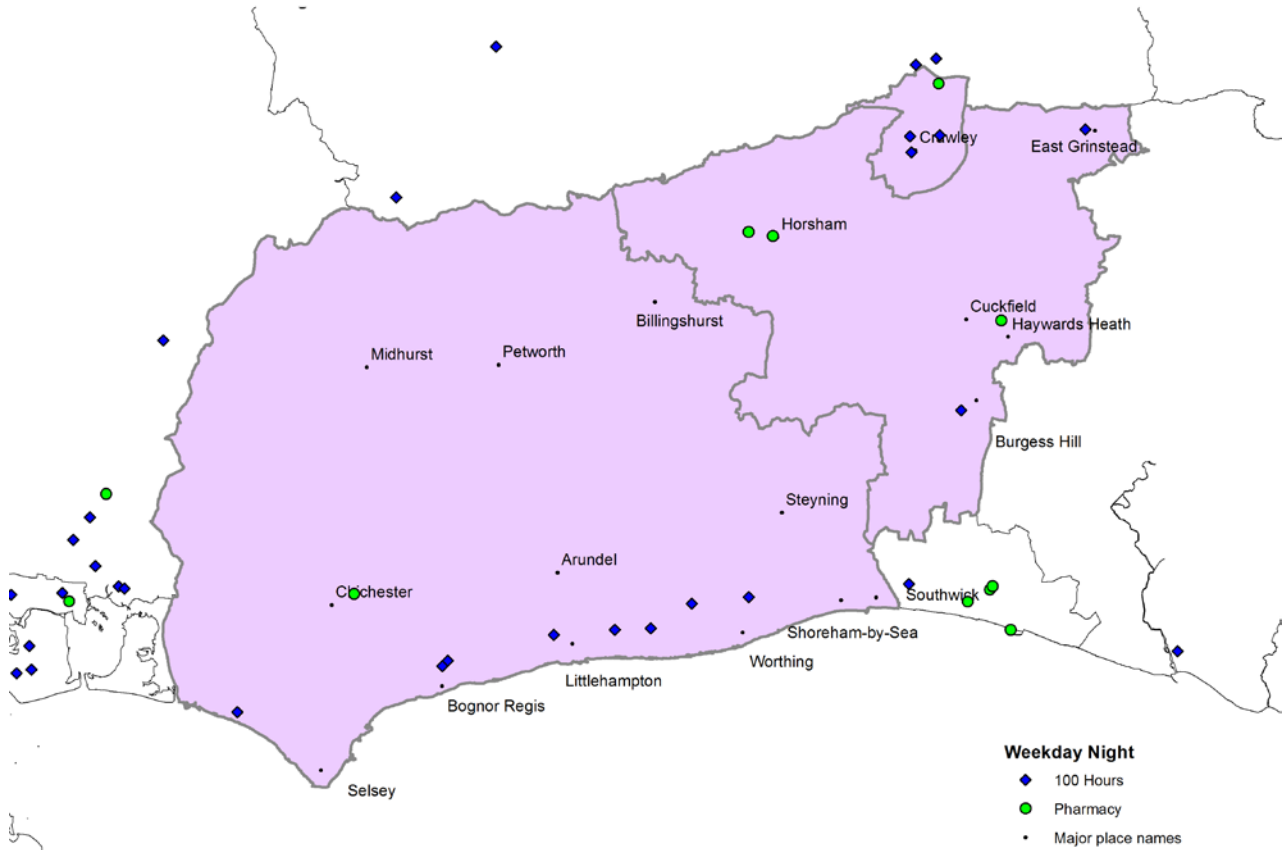


6.2 Accessing pharmaceutical services - Opening hours

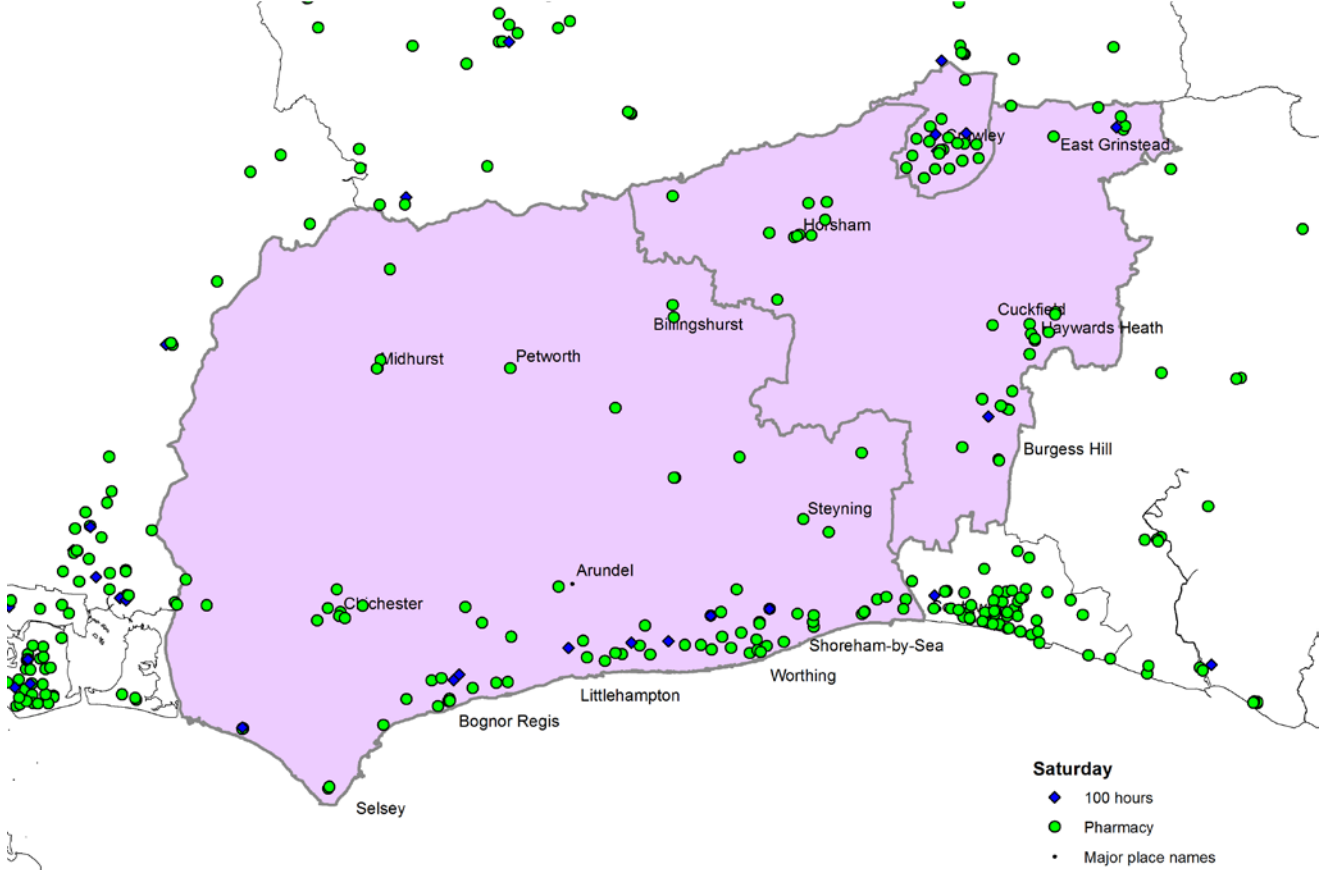
Map 6.13: Community pharmacies opening before 9am during weekdays



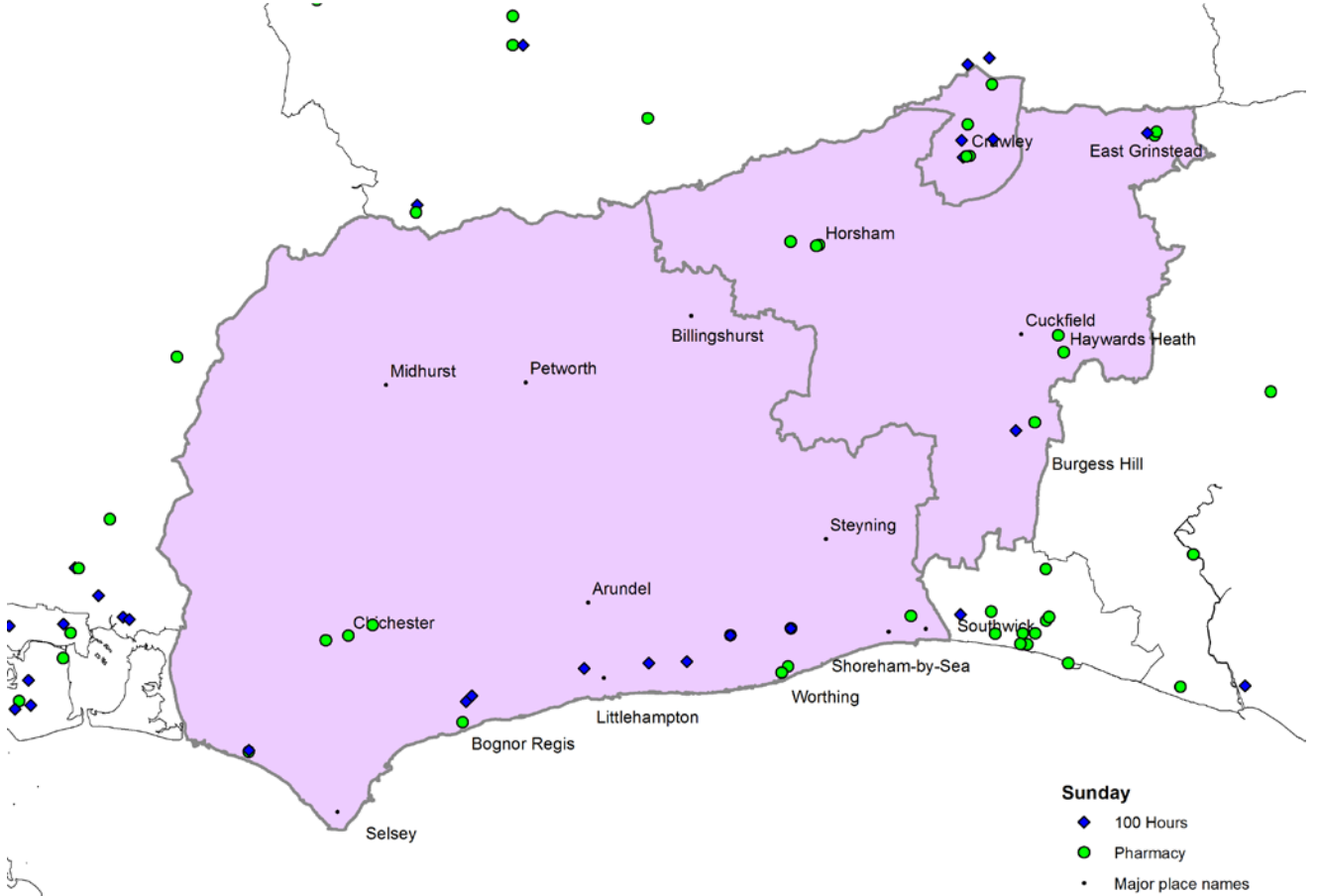
Map 6.14: Community pharmacies opening in the evenings after 8pm in West Sussex and bordering areas



Map 6.15: Community pharmacies open on Saturday in West Sussex and bordering areas



Map 6.16: Community pharmacies open on Sundays in West Sussex and bordering areas



A7. Stakeholders consulted

The following stakeholders were consulted on the draft PNA. The consultation report is included in the appendices (A2). Consultees were contacted via email and notified where the draft PNA could be accessed. In addition, stakeholders were asked to forward the email to any groups or organisations that they work or engage with that may have an interest in the PNA.

Stakeholders consulted
Providers on the West Sussex HWB area Pharmaceutical lists
West Sussex dispensing doctors
West Sussex Local Pharmaceutical Committee (LPC)
West Sussex Local Medical Committee (LMC)
West Sussex CCGs
West Sussex Coastal Clinical Commissioning Group
Crawley Clinical Commissioning Group
Horsham and Mid Sussex Clinical Commissioning Group
NHS England Surrey and Sussex area team
NHS Trusts
Brighton & Sussex University Hospitals NHS Trust
Surrey & Sussex Healthcare NHS Trust
Sussex Community NHS Trust
Queen Victoria Hospital NHS Foundation Trust
Sussex Partnership NHS Foundation Trust
Western Sussex Hospitals NHS Foundation Trust
Healthwatch West Sussex
Neighbouring HWBs
Surrey
East Sussex
Brighton & Hove
Hampshire
Local Patient/consumer/community groups
Age UK West Sussex
Marie Curie
End of life care hub (ECHO)
British Red Cross
Carers Support Service
Guildcare
West Sussex Parent Carer Forum
Independent Lives/lend a hand
Alzheimer's Society (North)
Alzheimer's Society (Worthing & District)
Alzheimer's Society (Worthing & District)
Horsham Gateway Club
Mid Sussex Mencap/Burgess Hill Gateway Club

Worthing Mencap Society
Mid Sussex Mencap
MIND West Sussex
MIND Chichester
MIND Worthing and Littlehampton
Central and South Sussex Citizens Advice Bureau
Pulborough and District Community Care Association
PACSO (People and Carers Support Organisation)
Care in Haywards Heath
Cancervive
Phoenix Stroke Club
Salvation Army
Arun Community Cohesion Group
ACCORD
Crawley Ethnic Minority Partnership (CEMP)
Crawley Kashmiri Womens Welfare Association
DCES (Diverse Community Empowerment Services)
WSCC LGBT staff group
WSCC Women in the workplace staff group
WSCC Disability staff group
WSCC BAME staff groups
Partnerships and health inequalities lead
Crawley Open House
Stonepillow
Worthing Churches Homeless Projects
Sussex Nightstop (Charity for young homeless people)
Friends, Families & Travellers
STAG (Sussex Travellers And Gypsies)
West Sussex County Council
Find It Out Service (Chichester)
Find It Out Service (Crawley)
Find It Out Service (Horsham)
Find It Out Service (Worthing)
Find It Out Service (Mid Sussex)
Youth Cabinet
Young Carers in West Sussex
West Sussex Council for Voluntary Youth Services (Horsham)
Rustington Youth Centre
Hospices
St Wilfrid's Hospice
Chestnut
St Catherine's
St Barnabas
Voluntary action

Horsham and Mid Sussex Voluntary Action
Voluntary Action Arun and Chichester
Voluntary Action Worthing
Wellbeing Hubs
Wellbeing Hub Horsham
Wellbeing Hub Arun
Wellbeing Hub Adur and Worthing
Wellbeing Hub Chichester
Wellbeing Hub Mid Sussex
Wellbeing Hub Crawley
Neighbouring CCGs
Brighton & Hove Clinical Commissioning Group
High Weald Lewes Havens Clinical Commissioning Group
South Eastern Hampshire Clinical Commissioning Group
Guildford and Waverley Clinical Commissioning Group
Care homes in West Sussex