

Hampshire Pharmaceutical Needs Assessment
Needs appendix (PNA supplement one)
2025-2028

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1. Defining need in relation to pharmaceutical services?

Certain groups of people will make more use of pharmacy services than others, including those on long-term medications, older people, and young children, due to the higher prevalence of health issues in these populations. The NHS has encouraged parents and carers of children under five to seek clinical advice from their local pharmacy for minor health concerns such as sore throats, coughs, colds, upset stomachs and teething. It is well known that the pharmaceutical care needs of older adults are different from other populations. For instance, the elderly tend to take more medications, have multiple health conditions, and more complex treatment regimens.¹ Specific segments of the populations may have different or additional needs for pharmaceutical services, which are discussed further below. However, the primary considerations for pharmaceutical needs in Hampshire are the location and availability of pharmaceutical services.

2. Demography – size and age structure of resident population

2.1 Current population

According to Small Area Population Forecasts produced by Hampshire County Council, Hampshire's population is estimated to be 1.46 million people in 2025.² This makes Hampshire the third most populous county in England, following Kent and Essex. Between 2021 and 2025, Hampshire's population was projected to grow by 4%, in absolute numbers this equates to an increase of approximately 57,000 people.

The population pyramid shown in Figure 1 displays the latest mid-year population estimates available for Hampshire in comparison to England. The chart shows Hampshire has an older demographic, with a higher proportion of the population aged 50 years and over than the national average. Mid-year population estimates for 2023 indicate that the median age across Hampshire is 44.3 years, older than the national median of 40.4 years. This varies across the county, with the highest median age in the New Forest at 52.2 years, and the lowest in Rushmoor at 38.1 years.

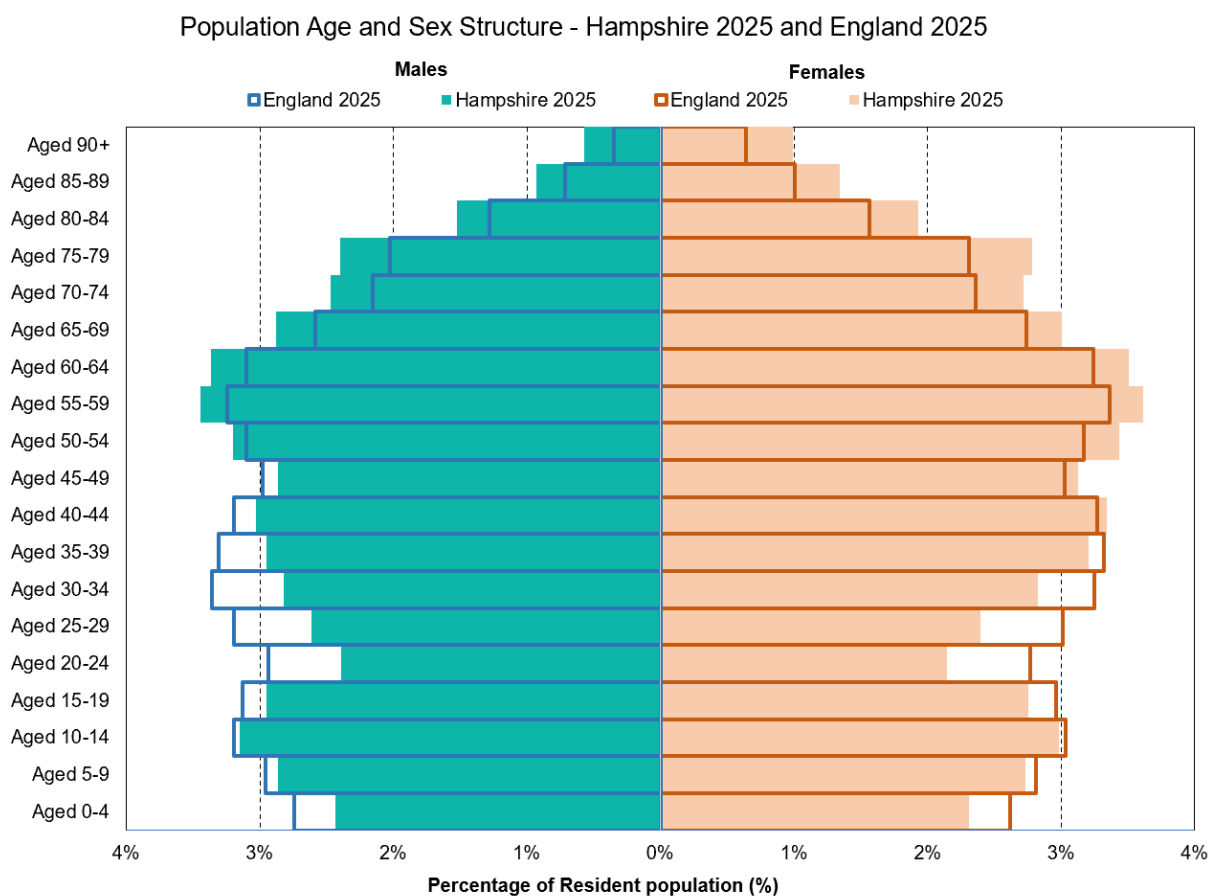
In 2025, population forecasts show that Hampshire has a smaller proportion of working aged people (aged 20-49) compared to England. Overall, this age group makes up 33.7% of Hampshire's population compared to 37.6% nationally. Young people (aged 0-19 years) make up 22% of the county's population, slightly below the national figure of 23.4%. Hampshire has an older age structure than England with older residents (aged 75 years and over) accounting for 12.5% of the population, compared to 9.8% nationally. There are estimated to be just under 22,800 people living in Hampshire who are aged 90 years and over.

¹ [Pharmaceutical care - a model for elderly patients - The Pharmaceutical Journal \(pharmaceutical-journal.com\)](https://www.pharmaceutical-journal.com)

² [Population estimates and forecasts | Hampshire County Council \(hants.gov.uk\)](https://hants.gov.uk)

The size and age structure of an area’s population will have an influence on the overall provision of pharmaceutical services, both in terms of accessibility, location and the types of services provided. Areas with younger age profiles may require more pharmaceutical services aimed at families and children. Areas with a higher proportion of older adults typically require more healthcare services, including pharmacies, due to the higher incidence of chronic illnesses in this age group. Older people may also have a greater need for services such as medication management and support for long term conditions. As a result, both the absolute number and proportion of older individuals in Hampshire will have significant implications for the planning and provision of pharmaceutical services.

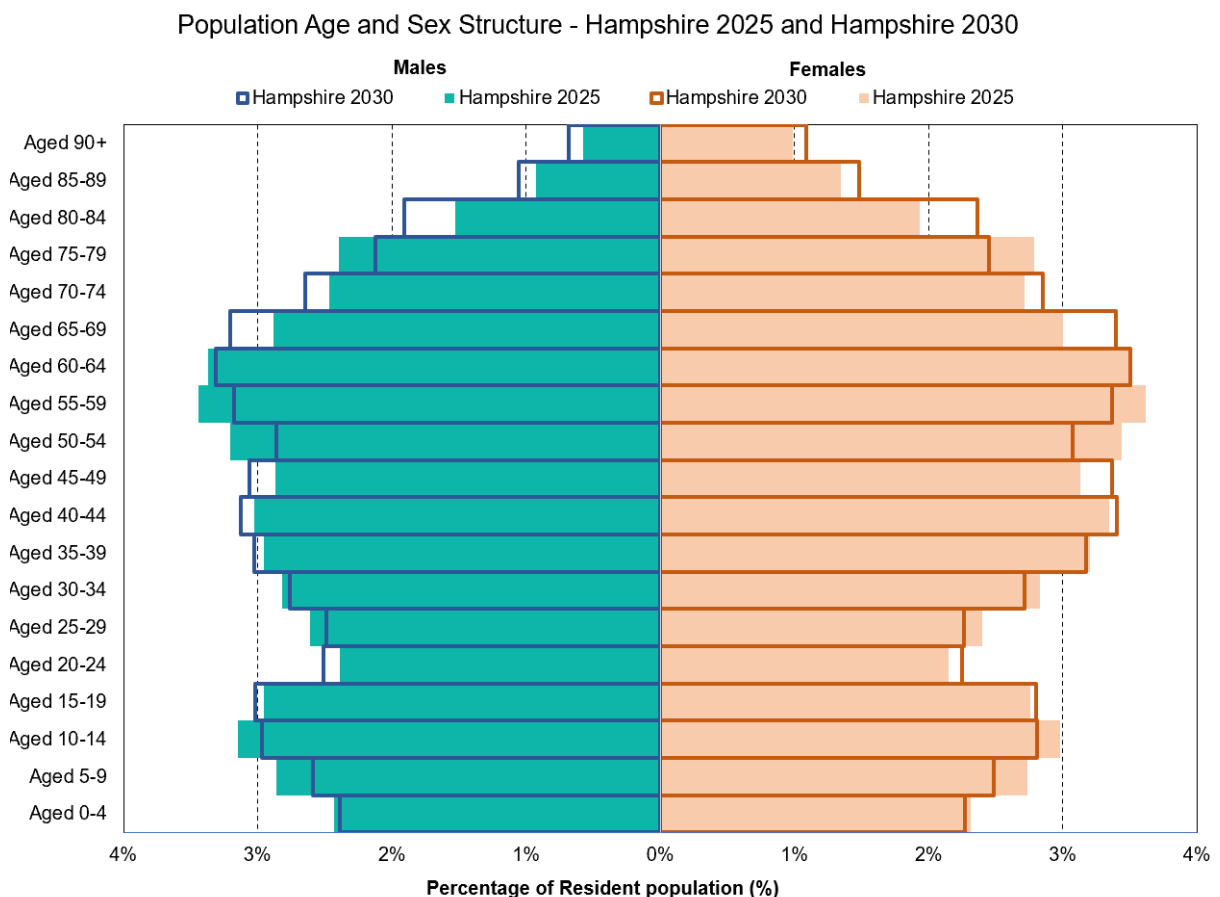
Figure 1 – Population Age and Sex Structure of Hampshire and England, 2025



2.2 Population forecasts

The population pyramid below (figure 2) presents the forecast change in the county’s population age and sex structure. Forecasts produced by Hampshire County Council’s Environment Department suggest that the population of Hampshire is expected to increase by 5.1% from 1,438,500 in 2025 to 1,511,400 by 2030.

Figure 2 – Population forecast population for Hampshire 2025 and 2030



Population forecasts suggest there is likely to be a small decrease of 2.4% in the youngest population, those aged 0 to 14 years. The population pyramid illustrates that there is a forecast increase in the older teenage population aged between 15 and 19 years (5.8%, absolute number, 4800). There is an anticipated 1% increase in the 40 to 64 age group overall, with a notable 11% increase in those aged 45 to 49 and a 7% decrease in those aged 50 to 54.

Looking ahead, Hampshire’s population is expected to continue aging. By 2030, just over 25% of Hampshire’s population will be aged 65 or older, 13.2% will be aged 75 or older and 4.3% will be aged 85 or older. The population of those aged 85 years and over is expected to increase by nearly 16.4%, from 55,900 in 2025 to just over 65,100 people by 2030.

These anticipated absolute and relative increases in the older population of Hampshire, with their likely increased requirements for healthcare services, have implications for the planning of pharmaceutical services across the county in the future.

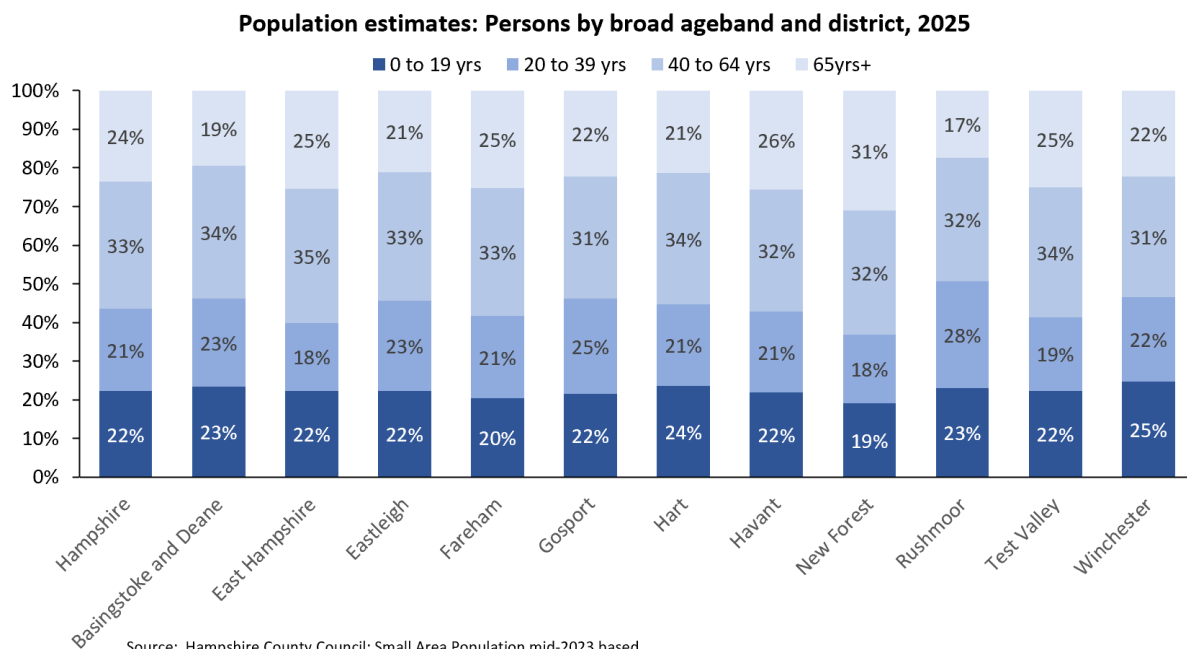
2.3 Differences in the population

There is variation in the age structure of the population across Hampshire’s districts. For example, one in four of Winchester’s population are aged 0-19 years, compared to one in five in the New Forest. Rushmoor has the youngest population structure in the county, with over a quarter (27.4%) of its population being young working age adults (20-39 yrs), see figure 3.

The rate of ageing varies significantly across Hampshire, but all districts have seen the average age of their populations increase in recent years. The New Forest has the oldest population structure in the county, with the highest number of residents aged 65 and over (55,700), equating to almost a third of the population (31%) compared to just 17.5% (17,900) of Rushmoor’s total population.

Winchester and Hart districts have experienced the largest population growth from 2021 to 2025, increasing by 8.4% and 5.8% respectively. The districts which have experienced the greatest increases in their population aged 50 years and over are Test Valley, Eastleigh and Rushmoor, increasing by 16.4%, 10.4% and 10.4% over the four-year period respectively.

Figure 3 - Population estimates by broad age band and district, mid-2025



Looking ahead, population projections suggest that the most significant growth is expected in the district of Fareham, with an anticipated increase of just over 7,000 people (a 6% rise) by 2030. Eastleigh and Winchester are forecast to see increases

of 5.4% and 5.3% respectively over the same period. The smallest increase is expected in Hart, where the population is forecast to increase by a little over 1,700 people, an increase of 1.7%.

Across all districts, the largest increases in population are predicted in those aged 65 years old and over. This age group is expected to increase by a little over 38,000 people by 2030, an 11.2% increase. This anticipated growth in population, particularly amongst older adults, will have an impact on the need for pharmaceutical services across the county in the future.

2.4 New Housing developments and impact on local population dynamics

Understanding the population of the county is imperative to developing policies and plans that will improve people’s lives. Hampshire County Council produces population forecasts using a cohort component model to estimate both the current and future population. The model uses information on the supply of dwellings as well as information about births, deaths, and migration. It should be noted that in the current economic climate forecasting future dwelling supply continues to be particularly challenging.

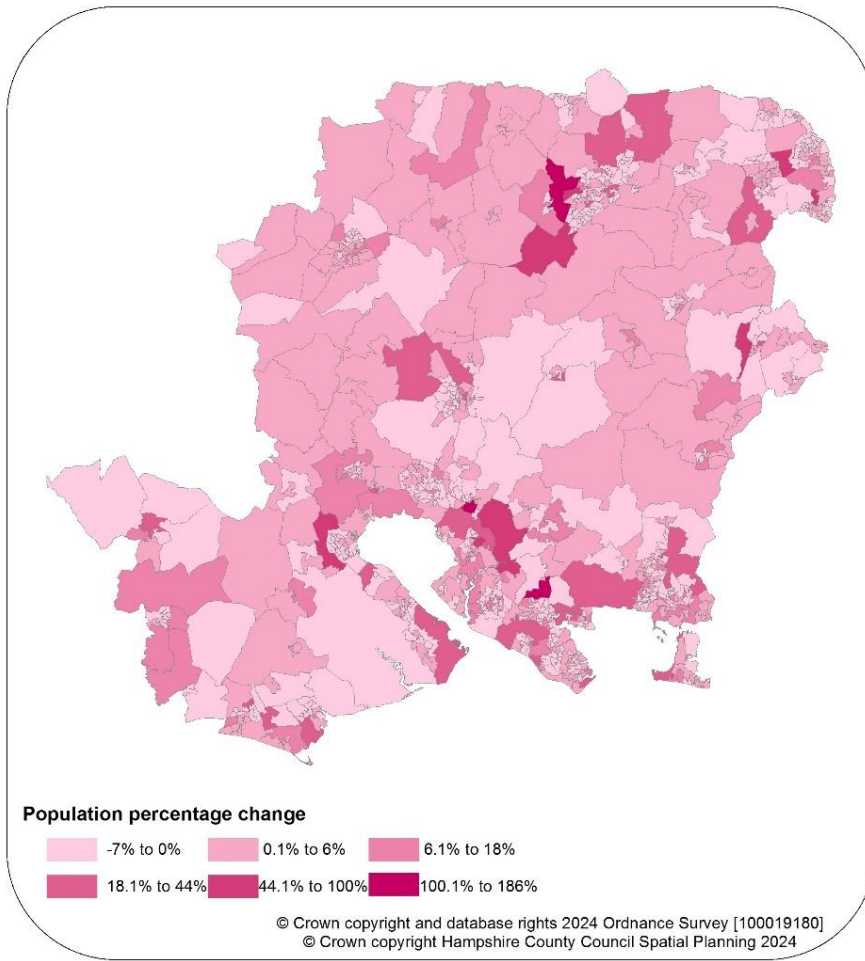
The dwelling supply information for the period from 2025 to 2030 includes all large and small sites with planning permission or allocated in local plans as of April 1st, 2023. The figures are the best projections available on a site by site basis, taking account of the current market conditions.

Over the next 5 years, the number of dwellings in Hampshire is predicted to increase by 4.9%, with associated population growth of 3.7%. Fareham is expected to see the largest relative population growth (6%) with dwelling growth of 6.9%. Fareham, Eastleigh, Winchester, and Rushmoor have the largest forecast increases in population. Winchester, Fareham, Rushmoor, and Eastleigh have the largest forecast increases in the number of dwellings, see table 1.

Table 1 – Predicted population and dwelling changes for each district and overall, 2025 to 2030

Area	Dwelling Growth (2025 to 2030)		Population Growth (2025 to 2030)	
	Number	Percentage change	Number	Percentage change
Basingstoke and Deane	4,526	5.5%	7,319	3.9%
East Hampshire	3,003	5.3%	5,215	4.0%
Eastleigh	3,811	6.1%	7,756	5.4%
Fareham	3,580	6.9%	7,026	6.0%
Gosport	1,018	2.6%	1,518	1.8%
Hart	1,101	2.5%	1,756	1.7%
Havant	2,033	3.5%	2,834	2.2%
New Forest	3,020	3.6%	3,483	1.9%
Rushmoor	2,995	7.0%	5,117	5.0%
Test Valley	1,981	3.3%	3,897	2.8%
Winchester	4,128	7.1%	7,324	5.3%
Hampshire County Council	31,196	4.9%	53,245	3.7%

Map 1 - Projected population % change by LSOA, 2025 to 2030

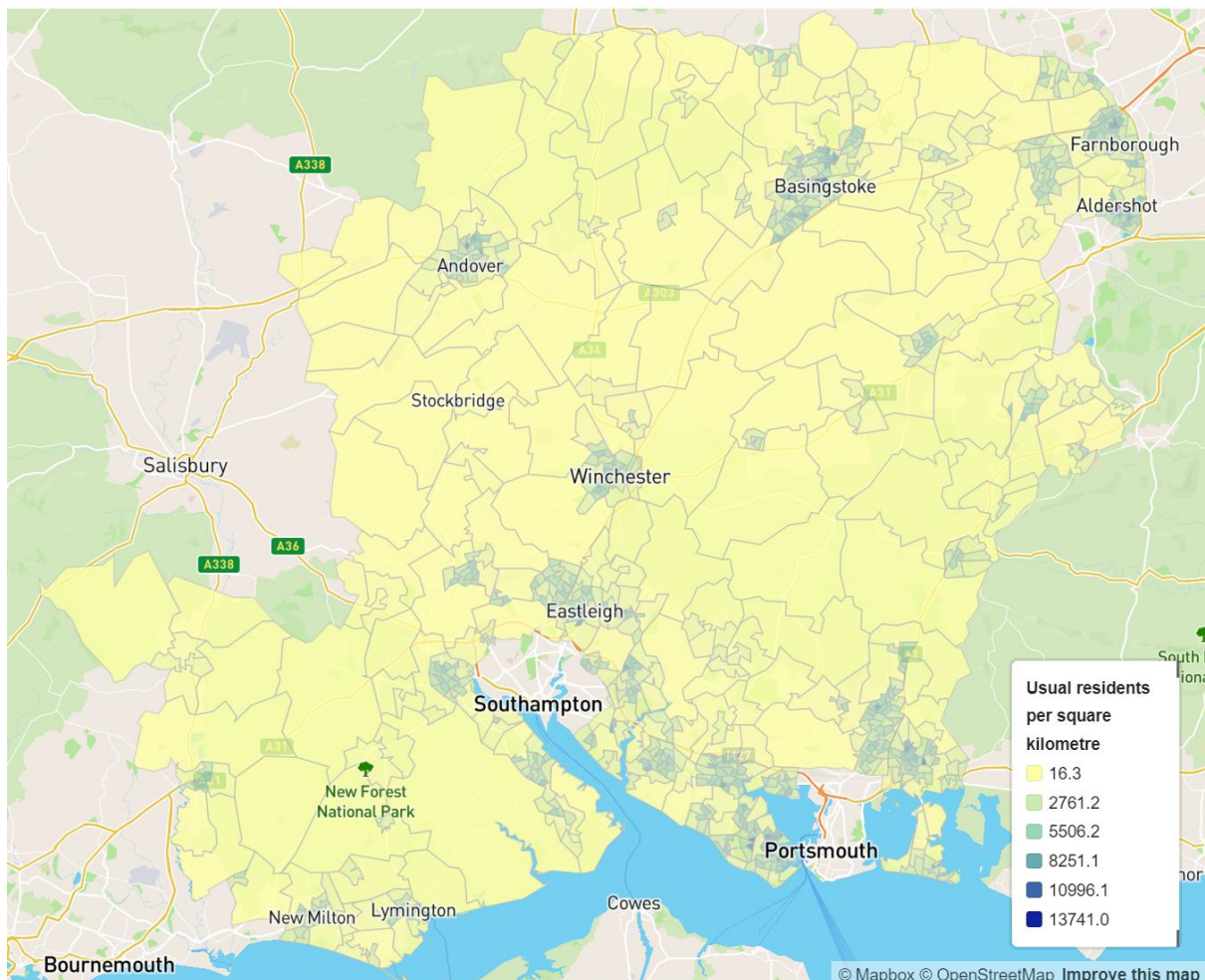


2.5 Population Density

Hampshire has a lower population density than the regional and national averages, with 381 people per square kilometre compared to 487 people per square kilometre for the South East of England and 434 across England. Gosport, Rushmoor, and Havant are the most densely populated districts within Hampshire, with population densities much higher than the regional and national averages. Havant has 2,228 people per square kilometre, Rushmoor has 2,555 and Gosport has 3,230.³

Population density has an important influence on the demand for pharmaceutical services due to the larger numbers of people requiring medications and health advice in more densely populated, urban areas of the county. There are large areas of rurality across Hampshire, shown in Map 2. These less densely populated areas may face challenges when accessing pharmaceutical services such as fewer pharmacies, longer travel distances for patients, and limited access to certain services.

Map 2 – Population density across Hampshire, 2021 Census



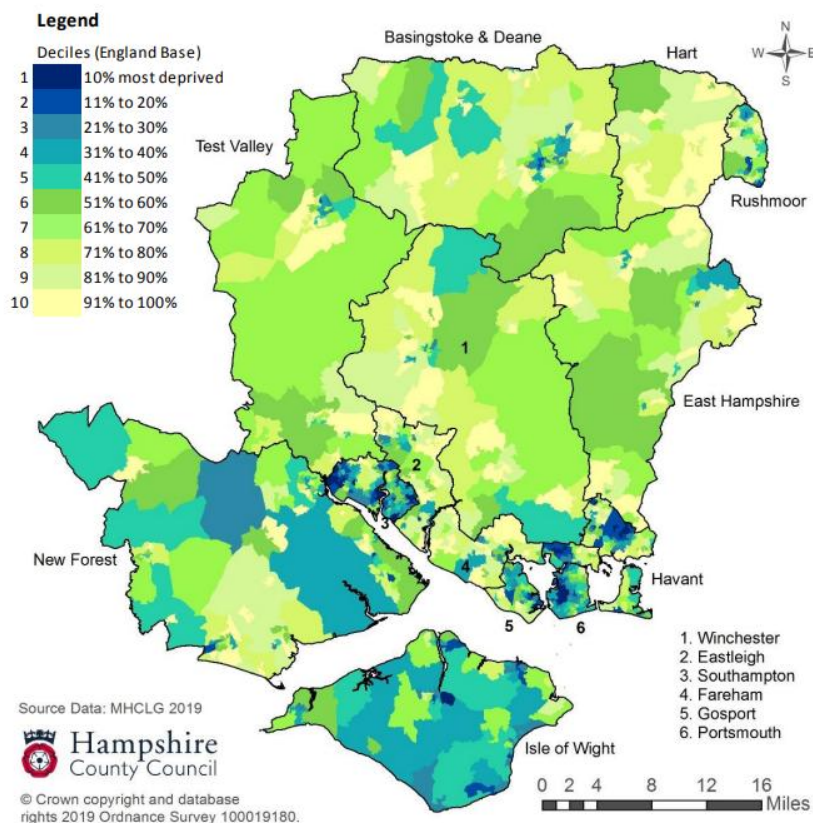
³ [2021 Census – Population Density](#)

3. Indices of deprivation

Hampshire is among the least deprived authorities in England according to the Index of Multiple Deprivation (IMD) 2019. However, there are pockets within the area that fall within the most deprived 10% of areas in the country.

Hampshire is the 16th least deprived Upper Tier Authority in England, out of 151 authorities. At a district level, Hart is the least deprived area in England. The most deprived districts in Hampshire are Rushmoor, Havant, Gosport, and Eastleigh, with some pockets of deprivation in the New Forest, see map 3.

Map 3 – Index of Multiple Deprivation 2019 across Hampshire, Portsmouth, Southampton and Isle of Wight



Comparing deprivation between the 2015 and 2019 IMD suggests an increase in place-based deprivation in Havant, notably in Leigh Park.

Two supplementary indexes are produced alongside the income deprivation domain which explore income deprivation specifically affecting children (0 to 15 years) and older people (aged 60 years and over).

The income subdomains for children and older people suggest:

- In Hampshire, 10% of children aged 0 to 15 years are living in income deprived families.

- IDACI ranks eight areas in Hampshire in the most deprived decile nationally, six of these are in Havant district.
- Of the county's residents aged 60 or over, 9% experience income deprivation.
- IDAOPi ranks 14 areas in Hampshire in the most deprived decile nationally, 12 of these are in Rushmoor district.

These data show there is marked inequality across the county with areas of significant deprivation affecting children and older people. Deprivation is linked to poorer health, disability, and increased likelihood of risky behaviours that can impact on health, leading to a greater need for healthcare services, including pharmacies.

4. General health of the population

The 2021 census asked people to rate their general health. People were asked "How is your health in general?". The response options were "very good", "good", "fair", "bad", or "very bad". Self-reported general health draws together an individual's perception of all aspects of their health and is a useful indicator of general well-being and health-related quality of life. The responses to this question have been found to reflect measures such as a history of chronic health conditions and admissions to hospital.⁴ Populations with self-reported bad or very bad health may have increased needs for pharmaceutical services.

Most of Hampshire's population (83.9%) reported having good or very good health, compared to 82.2% nationally.

Across Hampshire, 4.1% of people reported having bad or very bad health. The highest levels were reported in Havant, where 5.6% of the population stated that they had bad or very bad health, and the lowest levels were in Hart, at 2.8%.

Further detailed information about the health of the population of Hampshire is available via the [Hampshire County Council's Joint Strategic Needs Assessment](#).

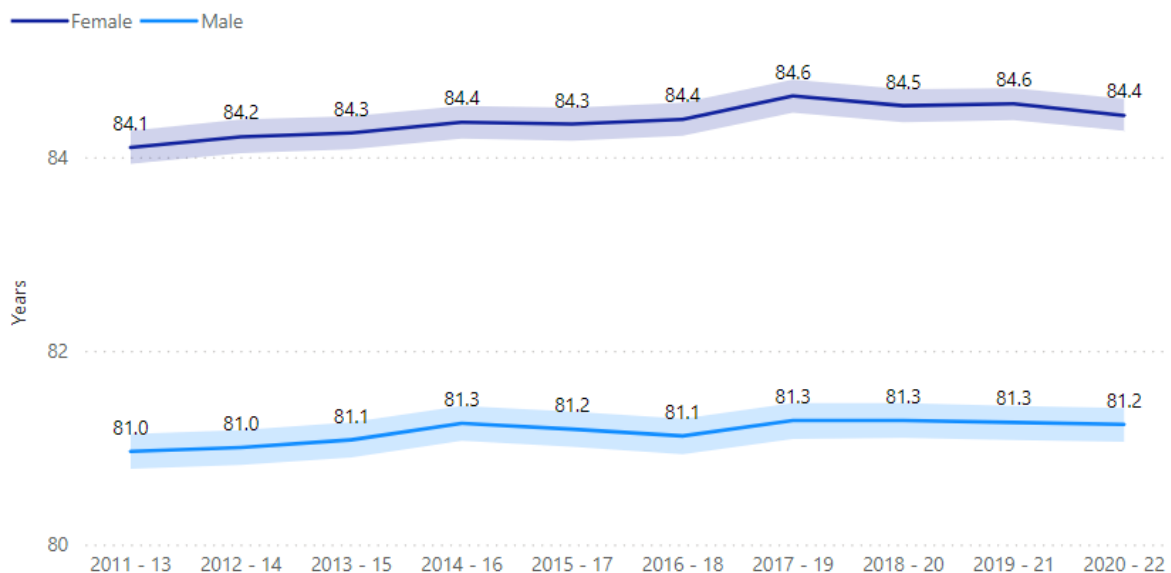
⁴ [Comparing self-reported morbidity with electronic health records, England - Office for National Statistics](#)

5. Life expectancy and healthy life expectancy

Overall, the health of Hampshire's population is better than the national average. From 2020 to 2022, life expectancy at birth in Hampshire was estimated to be 81.2 years for men, over two years longer than the England average of 78.9 years. For women, life expectancy at birth during the same period was estimated at 84.4 years, one and a half years longer than the national average of 82.8 years.

Across Hampshire life expectancy for males and females has been increasing over time, however improvements have slowed recently. This has been particularly true for females and in the deprived areas of the county, see figures 4 and 5.

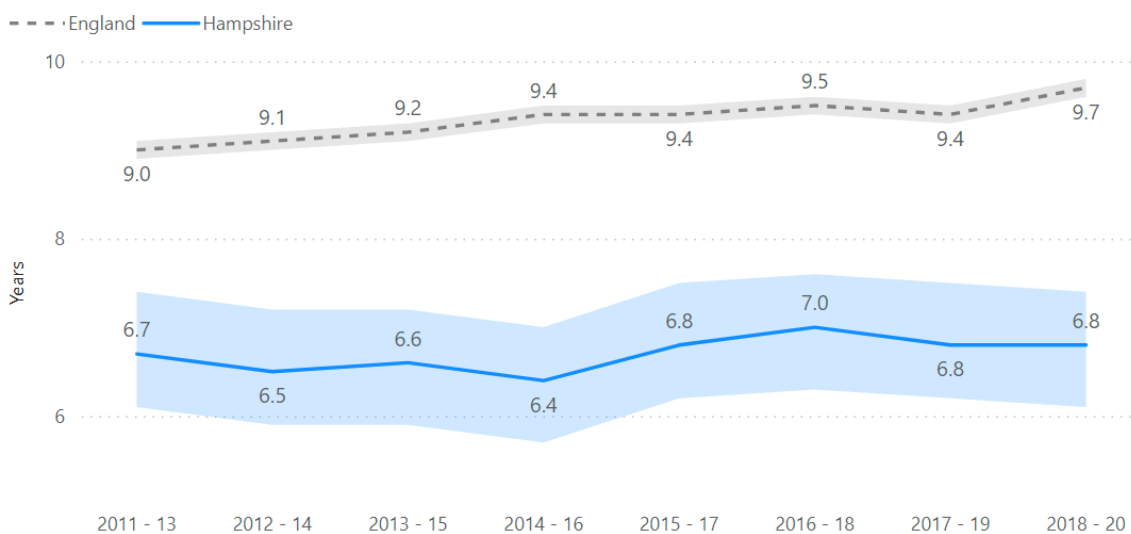
Figure 4 – Trend in life expectancy for Hampshire males and females



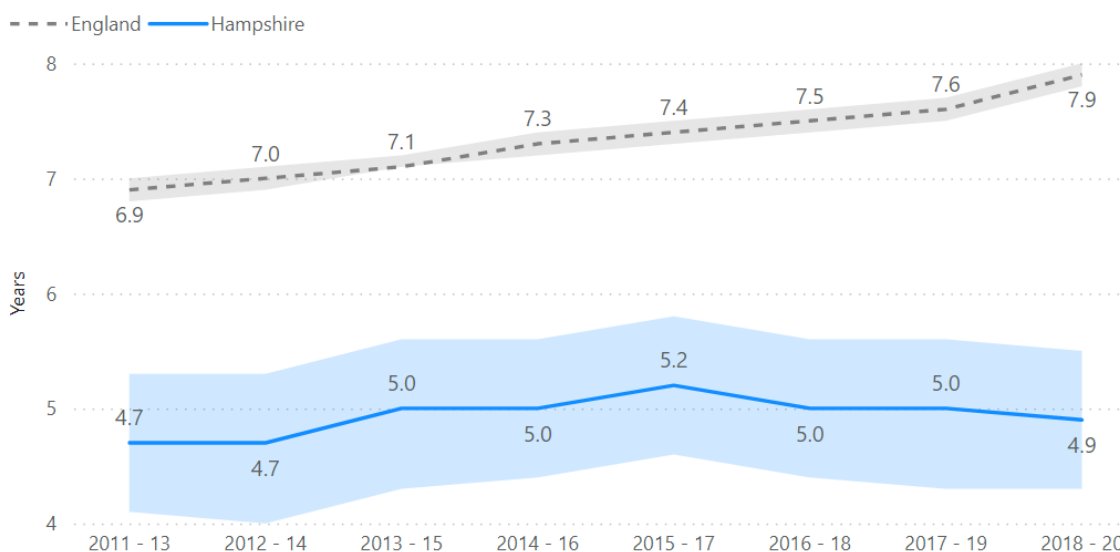
Life expectancy is a key high level inequalities outcome measure and varies with deprivation. Males born and living in the most deprived areas could expect to live 6.8 years less than those in the least deprived areas of Hampshire. Females living in the most deprived areas could expect to live 4.9 years less than those in the least deprived areas of the county.

Figure 5 – Trend in inequality in life expectancy at birth between the most and least deprived deciles of Hampshire for males and females

Inequality in life expectancy at birth for male residents (showing 95% confidence limits)



Inequality in life expectancy at birth for female residents (showing 95% confidence limits)

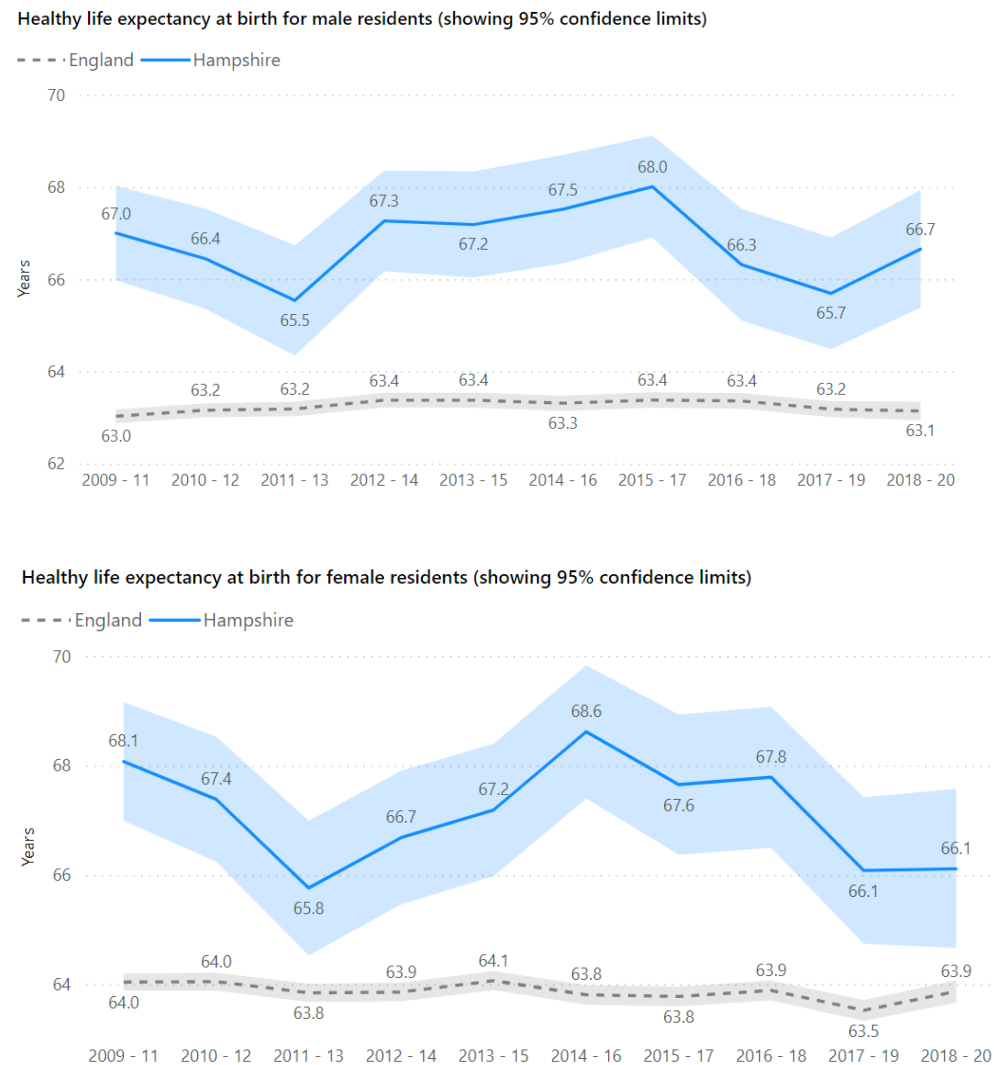


Healthy life expectancy is the number of years a person can expect to live in good health (rather than with a disability or in poor health). It is a significant measure of a person's quality of life. As healthy life expectancy values are only available up to 2018-20, the estimates of years spent in poor health will be based on both the healthy life expectancy and life expectancy figures from 2018-20.

Life expectancy estimates show that Hampshire females live longer than males but also spend more years in poor health. Male healthy life expectancy is 66.7 years, indicating an additional 14.7 years are spent in poor health. Female healthy life

expectancy is 66.1 years, indicating an additional 18.5 years are spent in poor health, see figure 6.

Figure 6- Trend in healthy life expectancy for Hampshire males and females



Since 2016-2018, healthy life expectancy for females has decreased by 1.7 years. With no significant change in overall life expectancy during this period, this suggests that women will be living longer in poor health. Over the same period, healthy life expectancy for males has increased slightly by 0.4 years.

6. Populations with protected characteristics

6.1 Ethnicity

The 2021 Census is the most robust source of information about the ethnicity of Hampshire's resident population.

The county's population is less diverse than England as a whole, with 92.6% of residents describing themselves as White, compared to the national average of 81%. The diversity of the area's population is increasing, 7.4% of the population described themselves as of an ethnic background other than White in 2011, up from 5% in the 2011 Census.

Urban areas of Hampshire tend to have higher ethnic group diversity. Basingstoke and Deane and Rushmoor, both in the north of the county, are more ethnically diverse than Hampshire as a whole. In Rushmoor, over 22.6% of the population are from an ethnic minority group, with over 8,990 people identifying as Nepalese in the 2021 Census.

Across England, there are health inequalities between ethnic minority and White groups, and between different ethnic groups. The root causes of these inequalities can be difficult to determine. A recent review by The King's Fund suggests a complex interplay of factors including deprivation, environmental, physiological, health-related behaviours and the 'healthy migrant effect' where migrants are generally healthier than the majority population in host countries. Ethnic minority groups are disproportionately affected by socio-economic deprivation and existing inequalities can be reinforced by structural racism resulting in a negative impact on health.

People from White Gypsy or Irish Traveller, Bangladeshi and Pakistani communities have the poorest health outcomes across a range of health indicators. Rates of infant and maternal mortality, cardiovascular disease and diabetes are higher among Black and South Asian groups than in the White population. These health inequalities may result in different levels of pharmaceutical need amongst different ethnic groups.⁵

6.2 Disability

To understand the level of disability in our population, responses from the Census 2021 question were analysed. The Census asked, "do you have any long-term illness, health problems or disability which limits your daily activities or work you can do?" People who assessed their day-to-day activities as limited by long-term physical or mental health conditions are considered disabled. This definition meets the standard for measuring disability and is in line with the Equality Act (2010).

Across Hampshire, 83.6% of people were not defined as disabled. This is higher than the national average of 82.7%. 16.4% of people were defined as disabled under the

⁵ [The health of people from ethnic minority groups in England | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/publications/health-ethnic-minority-groups-england)

Equality Act. This varied across the county, at its lowest at 12.9% in Hart district and highest at 20.4% of the population in Gosport.

People with a physical or learning disability may experience poorer health outcomes than the general population with a resulting increased needs for healthcare services, including pharmacy.^{6,7} There may also be issues with accessing pharmacy services, including physical barriers such as lack of ramps, depending on the type of disability.

6.3 Religion or belief

Census 2021 data reported almost two thirds of Hampshire residents (51.5%) stated they had a religion, 42.8% no religion and 5.7% did not say.

Christianity was the dominant religion with 47.8% of Hampshire residents reporting to be Christian, this is down from 62.4% in the 2011 census. 1.1% reported Hindu as their religion, 0.9% Muslim and 0.8% Buddhist.

Across the districts, religion varied the most in Rushmoor, reflecting the greater ethnic diversity in this area. While Christianity remained the dominant religion in the district, the proportion was lower than Hampshire (42.3%). 5.7% reported Hindu as their religion, 3.5% identified as Muslim, and 4.7% as Buddhist.

Religious and cultural beliefs can impact on health behaviours and practices, health outcomes, use of and access to healthcare, as well as attitudes toward medicine.

6.4 Marriage and civil partnership

Census 2021 data reported that over half of Hampshire residents (53.0%) were married, 30.7% single, 9.7% divorced, and 6.6% widowed or a surviving partner from a same sex civil partnership.

The highest proportions of single people were reported in Rushmoor (35%), Winchester (33%) and Basingstoke and Deane (33%). New Forest and Havant reported the highest proportion of people who were widowed or a surviving partner from a same-sex civil partnership (both 8%). Gosport reported the highest proportion of people divorced or formerly in a same-sex civil partnership which is now legally dissolved (12%).

⁶ [Disability Key Facts - World Health Organisation](#)

⁷ [Learning from Lives and Deaths - people with a learning disability and autistic people \(LeDeR\) | King's College London](#)

Individuals in long-term partnerships often have higher levels of engagement with healthcare services and there may be health benefits associated with long term relationships like marriage.⁸

6.5 Pregnancy and maternity

Pharmacists have an important role in advising on the safe use of medicines during conception, pregnancy and breastfeeding as well as the management of common pregnancy related symptoms such as nausea and heartburn. Free NHS prescriptions are provided for this group, reflecting their greater needs for pharmacy services during this period. There were just over 12,800 babies born in Hampshire in 2022.⁹

Smoking during pregnancy can cause serious pregnancy-related health problems. These include complications during labour and an increased risk of miscarriage, premature birth, stillbirth, low birthweight, and sudden unexpected death in infancy.

Recent data for the financial year 2022-2023 suggest that in Hampshire 8.6% of mothers (995 mothers) were known to be smokers at the time of delivery. This varies across the county, at its lowest in Rushmoor at 6.7% (54 mothers) to 8.9% in Winchester (89 mothers).¹⁰

⁸ [How Does Marriage Affect Physical and Psychological Health? A Survey of the Longitudinal Evidence - Wilson & Oswald \(2005\)](#)

⁹ [Nomis - Query Tool - Live births in England and Wales : birth rates down to local authority areas](#)

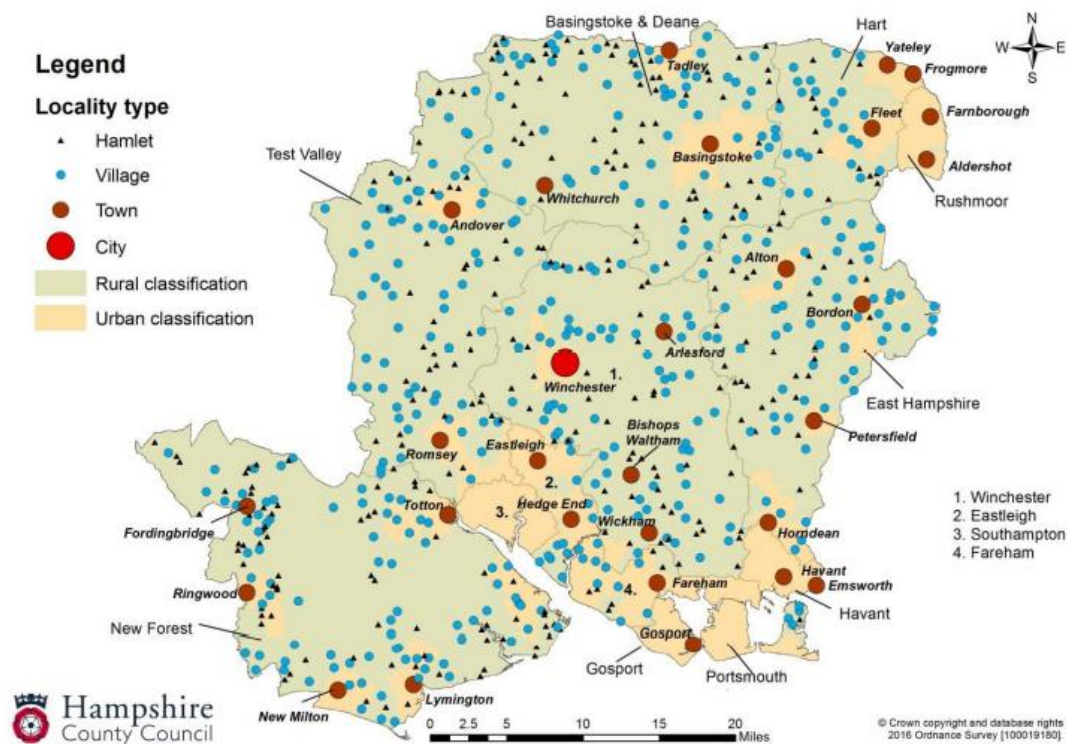
¹⁰ [Fingertips | Department of Health and Social Care](#)

7. Inclusion groups and other populations with specific needs

7.1 Rural populations

Hampshire is predominantly rural, with approximately 75% of the area defined as rural and over one third designated as National Parks or Areas of Outstanding Natural Beauty. 21.8% of the population live in the county's rural areas.¹¹ Despite being a minority of residents, this still represents nearly a significant number of people due to Hampshire's large population. Rural communities of varying sizes are spread throughout the districts, with the largest numbers residing in Winchester, Test Valley, New Forest, Basingstoke and Deane and East Hampshire, see map 4. Recent years have seen proportionately more growth in Hampshire's rural population than in its urban areas, and rural communities have a higher proportion of older people. This demographic variation should be considered when assessing pharmaceutical need.

Map 4 - Urban and rural areas in Hampshire



Source: HCC

¹¹ [Socio-economic profile of rural Hampshire | Hampshire County Council](#)

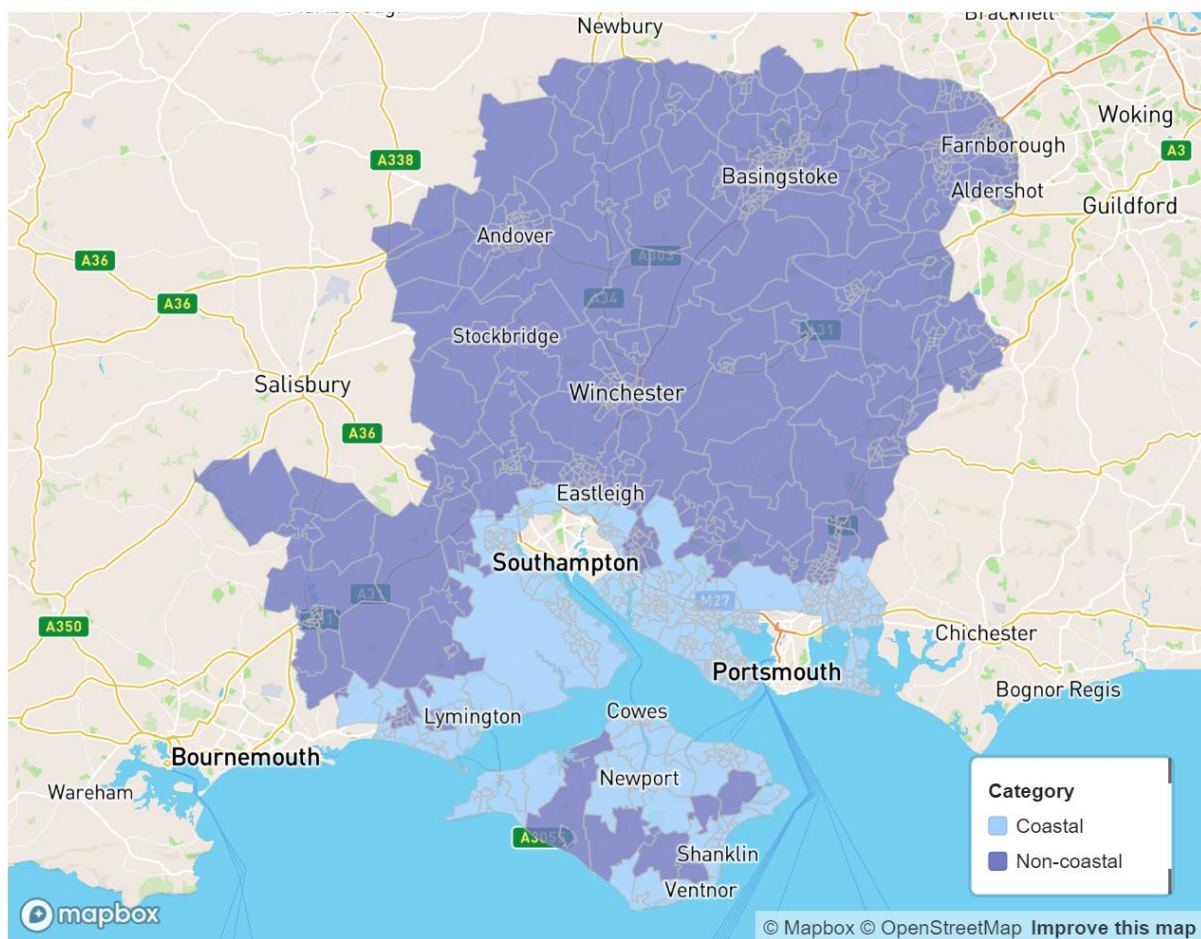
7.2 Coastal areas

The Chief Medical Officer's 2021 report focused on health inequalities in coastal areas. It outlined that these areas have lower life expectancy and higher rates of many diseases, compared with non-coastal areas. Analysis produced by the University of Plymouth has been used to identify coastal and non-coastal communities. Coastal areas are defined as those with built-up areas which lie within 500m of high tide.

Hampshire districts which contain coastal communities are Eastleigh, Fareham, Gosport, Havant, New Forest, Test Valley, and Winchester, see map 5 below.

Map 5 - Hampshire and Isle of Wight Coastal Communities

Coastal classification

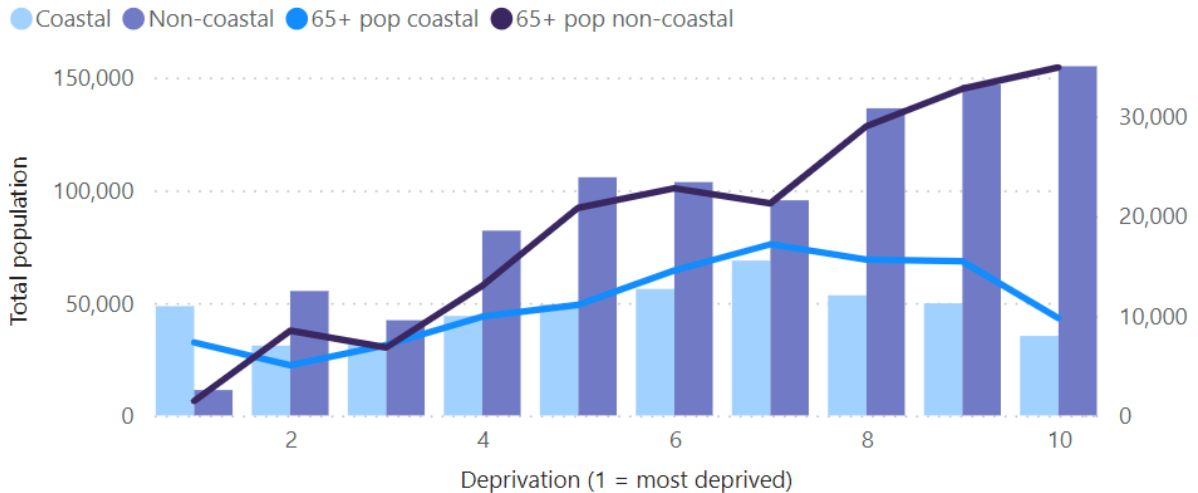


A larger proportion of the population in the most deprived areas reside in coastal regions. This pattern is especially noticeable in Havant, where 30,520 people live in the most deprived decile in the district's coastal areas, compared to 3,380 people in non-coastal areas. Figure 7 illustrates that a higher proportion of those aged 65 and over in coastal areas live in areas of greater deprivation, while fewer residents aged 65 and over in the least deprived deciles live by the coast.¹²

¹² [Hampshire and Isle of Wight JSNA Healthy Places Report](#)

Figure 7 -Deprivation and age of population split into coastal and non-coastal areas

Deprivation and age of population, Census 2021



Coastal communities experience a disproportionately high burden of ill health, particularly heart disease, diabetes, cancer, COPD, and mental health. There is also a significant disparity in hospital admissions due to ‘health-risking behaviour’ between coastal and non-coastal areas.¹³ Life expectancy in non-coastal areas in Hampshire is higher than in coastal areas, although only in females is the difference significant. Male life expectancy in coastal areas is 79.0 years (1.2 years lower than non-coastal) and female life expectancy in coastal areas is 83.0 years, 2.7 year lower than non-coastal.¹⁴

Deprivation in these areas, and the age of coastal populations are both related to this burden of ill health. The University of Plymouth Coastal Health Outcomes report concluded that there is also a substantial health service deficit in coastal communities.¹⁵

¹³ [Chief Medical Officer's Annual Report 2021 - Health in Coastal Communities](#)

¹⁴ [Hampshire JSNA - Healthy Places Report](#)

¹⁵ [Chief Medical Officer's Annual Report 2021 - Health in Coastal Communities](#)

7.3 People with long term conditions

Around one in four people have two or more long-term conditions, often known as multimorbidity, which significantly increases with advancing age.¹⁶ The proportion of patients who have two or more medical conditions is expected to increase over the next ten years.¹⁷ Females had a higher prevalence (3 in 10) of multimorbidity than males (one in five).¹⁸

Whilst multimorbidity increases with age, other circumstances can mean certain people are more vulnerable to having multiple long-term conditions. Almost a third of people with 4+ conditions are under 65 years of age.

People in disadvantaged areas are at greater risk of having multiple conditions and are likely to have multiple conditions 10 to 15 years earlier than people in affluent areas.¹⁹ Around 28% of people in the most deprived fifth of England have 4+ conditions, compared with 16% in the least-deprived fifth.²⁰

Children or young adults with serious congenital or acquired impairments often have multiple physical or mental illnesses. Certain periods of life, including pregnancy, increase the probability that multiple conditions will present simultaneously.²¹

Health Foundation analysis shows that 82% of people with cancer, 92% with cardiovascular disease, 92% with chronic obstructive pulmonary disease and 70% with a mental health condition have at least one additional condition.²² Figure 8 from this analysis shows that a person with hypertension had an average of 2.1 additional conditions and a person with depression or anxiety had 2.0 additional conditions. People with chronic kidney disease had the highest number of additional conditions, 3.3.

¹⁶ [Prevalence | Background information | Multimorbidity | CKS | NICE](#)

¹⁷ [Care and support for long term conditions | Nuffield Trust](#)

¹⁸ [Prevalence | Background information | Multimorbidity | CKS | NICE](#)

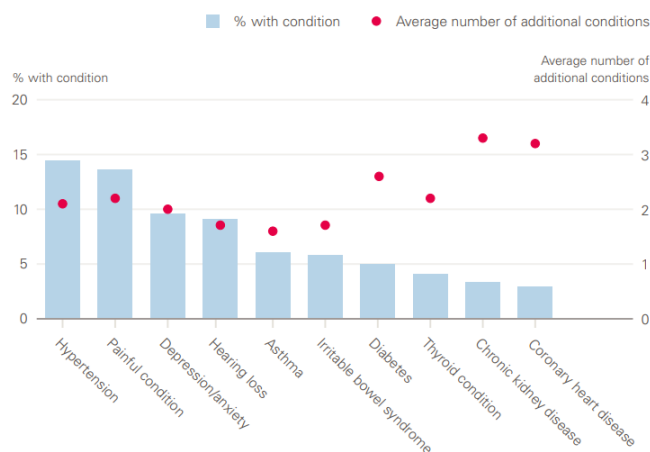
¹⁹ [Long-term conditions and multi-morbidity | The King's Fund \(kingsfund.org.uk\)](#)

²⁰ [Understanding the health care needs of people with multiple health conditions.pdf](#)

²¹ [Rising to the challenge of multimorbidity | The BMJ](#)

²² [Understanding the health care needs of people with multiple health conditions.pdf](#)

Figure 7 - Common conditions and average number of additional conditions



Data source: [Understanding the health care needs of people with multiple health conditions.pdf](#)

Pharmacists are ideally placed to improve the care and quality of life of people with multiple long-term conditions, particularly where polypharmacy is an issue. Pharmacists may also have a pivotal role to play in the prevention of worsening of multimorbidity in younger people.²³

Across Hampshire over 190,000 residents have two or more long terms conditions, this equates to almost one in seven people (13.6%). Deprivation may explain some of the variation across Hampshire. The lowest proportion of people with two or more conditions is in Hart (6.6%) and the highest proportion in Havant (17.4%), these are the least and most deprived districts respectively. Age is also a significant factor, almost one third of the population in the New Forest are aged 65 years and over, with 17.4% of the total population having two or more conditions.²⁴

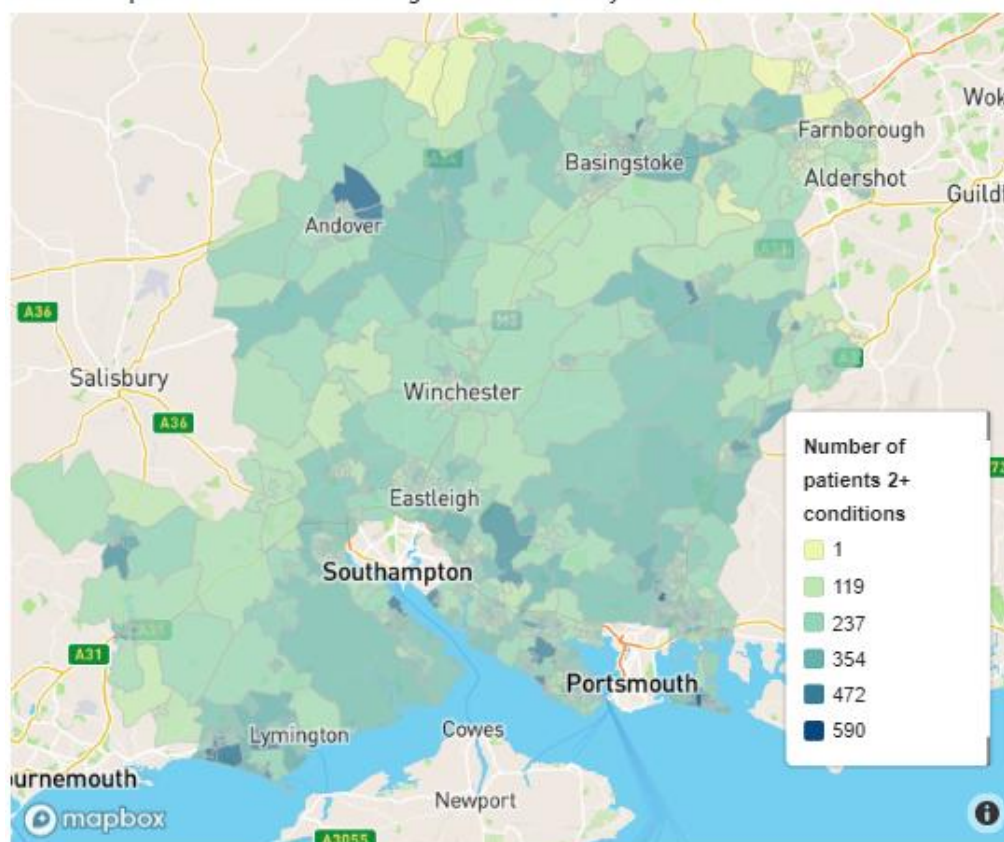
Map 6 below shows that there is further variation within districts, with the Andover area to the north of Picket Piece in Test Valley reporting the highest number of people with multimorbidity.

²³ [New approach needed to tackle rise of multimorbidity - The Pharmaceutical Journal \(pharmaceutical-journal.com\)](#)

²⁴ [Hampshire JSNA - Healthy People Report](#)

Map 6 – Number of patients with 2 or more long term conditions by LSOA

Number of patients with 2 or more long term conditions by resident LSOA



7.4 Carers

The 2021 Census reported that just over 111,700 people provided some form of unpaid care, including nearly 31,300 residents providing 50 hours or more unpaid care a week in Hampshire. Unpaid carers are more than twice as likely to suffer from poor health compared to people without caring responsibilities.²⁵ A national survey of carers found that many stated caring had a negative impact on their physical (83%) and mental (87%) health and 39% had put off medical treatment because of their caring responsibilities.²⁶

7.5 People with a learning disability

In 2025, there were an estimated 26,254 adult residents with a learning disability across the county.²⁷ People with learning disabilities often have different and complex health care needs leading to increased prescribing and polypharmacy. People with learning disabilities have a higher prevalence of depression, asthma, diabetes, and epilepsy.²⁸

²⁵ [NHS commissioning » Carer Facts – why investing in carers matters \(england.nhs.uk\)](https://www.england.nhs.uk/commissioning/carer-facts/)

²⁶ [In Sickness and in Health - Carers UK](https://www.carersuk.org/)

²⁷ [Projecting Adult Needs and Service Information System \(pansi.org.uk\)](https://www.pansi.org.uk/)

²⁸ [Welcome to CPPE learning communities \(rpharms.com\)](https://www.rpharms.com/)

7.6 Military personnel

Hampshire has a substantial military presence, including Army, Royal Navy, and RAF bases. The number of military personnel entitled to Defence Medical Service (DMS) care provides a good indication of the size of the serving population across Hampshire. In April 2022, there were a total of 12,840 UK armed forces DMS registrations in Hampshire. Around 9,500 of those registered are aged between 20 to 39. 87.7% of those registered were male.²⁹ Approximately 550 are Serving Gurkhas.³⁰

The pharmaceutical needs of the military are in the main met by the military service. However, the health needs of families and dependents moving into the area will be the responsibility of the Integrated Care Boards (ICBs) and therefore relevant to this PNA.

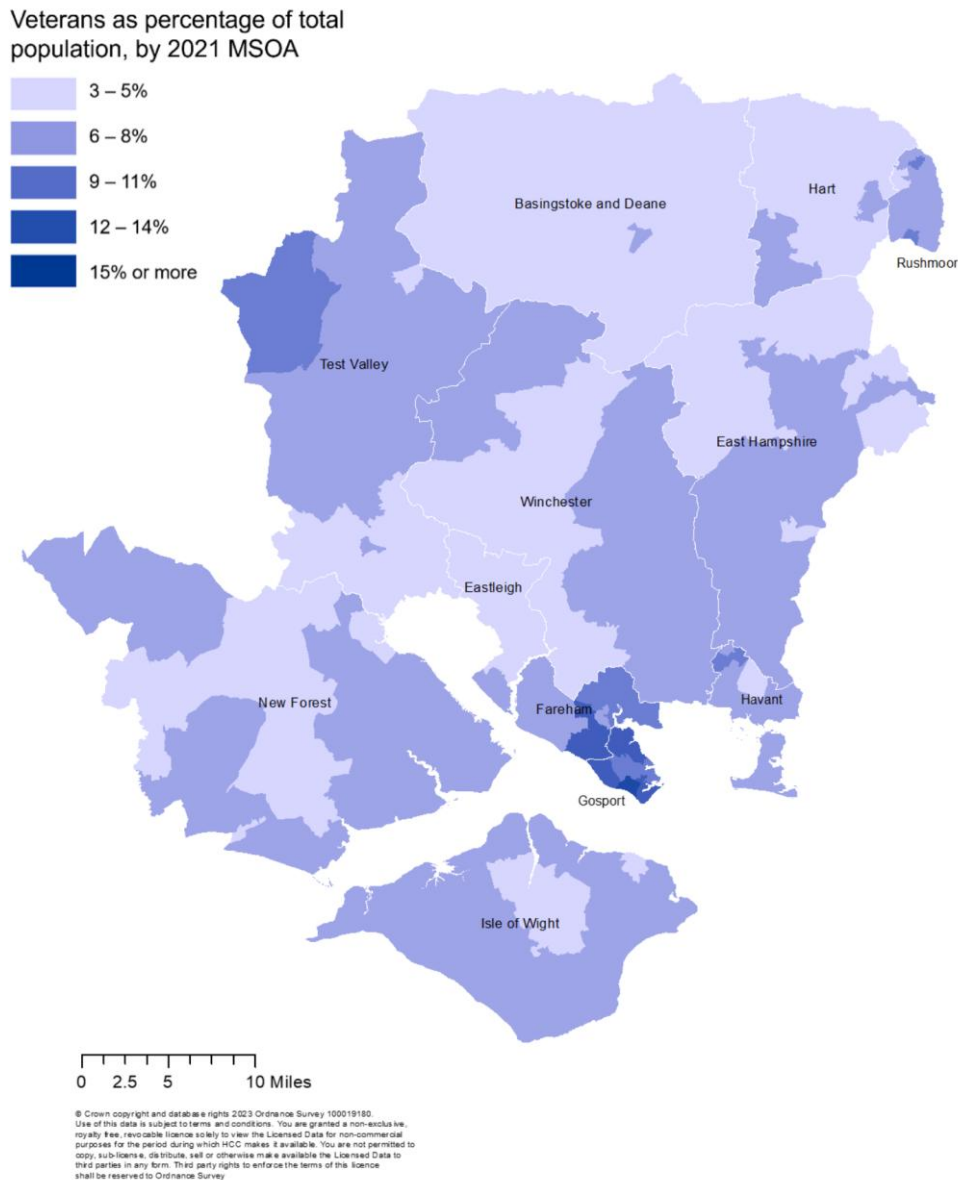
²⁹ [Defence personnel NHS commissioning bi-annual statistics: financial year 2022/23 - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

³⁰ Hampshire County Council: Veterans, Reservists and Armed Forces Families Health Needs Assessment, 2014.

7.7 Military Veterans

The 2021 Census revealed that there are 73,309 veterans resident in Hampshire, 54% of these veterans are aged 65 years and older. Gosport has the highest concentration of veterans in England and Wales, approximately 13% of the district's population had previously served in the armed forces. Fareham also has areas with large veteran populations, particularly in Stubbington, Hillhead, Fareham West and Fareham Common, see map 7.

Map 7 - Number of veterans as a percentage of the total population by MSOA, 2021



Source: 2021 Census

Working-age veterans are more likely than the general population to have long-term health problems relating to their arms, hands, legs, feet, back, or neck. Those who are aged 65 years and older are more likely to have difficulty hearing and seeing. Veterans

of all ages are more likely to smoke than non-veterans.³¹ The prevalence of anxiety, depression, and alcohol-related mental health problems in serving personnel and recent veterans is similar to that of the UK general population. However, these rates increase beyond those of the general population once individuals become ex-service personnel. There is evidence that PTSA and other mental health conditions also present years after leaving the services.^{32,33}

7.8 People living in care homes

Care home residents tend to be older and frailer than the general population. They are also particularly at risk from errors with medicines as they are more likely to have multiple health problems and are often prescribed several medicines.³⁴ As a result, they may have higher levels of need for pharmaceutical services. The proportion of the population resident in care homes varies across the county. According to the most recent Census, the highest rates of care home residents per 1,000 population aged 65 years and over were recorded in the districts of Fareham and Winchester (30) and the lowest rate was reported in Hart (16).³⁵

7.9 Looked after children and care leavers

Looked after children and care leavers are at a greater risk of not realising their full potential and having poorer outcomes in terms of physical health, emotional health, and educational attainment.³⁶ This results in a greater need for healthcare services, including pharmacies. There were 1,917 looked after children in Hampshire in 2024.³⁷

7.10 People in contact with the justice system

There is one prison in Hampshire located in the district of Winchester. It is a category B prison with an operational capacity of 678 and can take men from the age of 18 upwards. Population prison data from Ministry of Justice for December 2023 reports a population of 657, an increase of 174 from December 2021.³⁸ The pharmaceutical needs of prisoners in Hampshire are met by the services within the walls of this establishment and so are not within the scope of this PNA.

In 2023, the rate of juveniles receiving their first conviction, caution, or youth caution per 100,000 population aged 10-17 years old in Hampshire was significantly lower than the national average at 89.1 compared to 143.4 nationally.³⁹

³¹ [2019 STP JSNA \(hants.gov.uk\)](https://hants.gov.uk)

³² [GP mythbuster 93: Caring for veterans and their families - Care Quality Commission](#)

³³ [Developing mental health services for veterans in England engagement report - NEL Commissioning Support Unit \(2016\)](#)

³⁴ [Improving care in care homes - Royal Pharmaceutical Society](#)

³⁵ [Older people living in care homes in 2021 and changes since 2011 - Office for National Statistics](#)

³⁶ [A Guide to Meeting the Statutory Health Needs of Looked After Children through a Standard Approach to Commissioning and Service Delivery](#)

³⁷ [Children looked after in England including adoptions, Reporting year 2024 - Explore education statistics - GOV.UK](#)

³⁸ [Prison population figures: 2021 - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

³⁹ [Public Health Outcomes Framework - Data - PHE](#)

In Hampshire, the rate of children entering the youth justice system (aged 10 – 17 years) is 2.6 per 1,000, this equates to 337 children and is statistically similar to the national average.

Children and young people at risk of offending or within the youth justice system often have more unmet health needs than other children.^{40,41} For young people, there are overlapping risk factors associated with youth crime, such as school absence and low educational attainment.⁴²

7.11 Drug and alcohol dependents

There are conflicting data on UK alcohol consumption trends, between what people say they drink and the data on alcoholic drink sales. European research evidence indicates that people under-estimate their personal alcohol consumption by around 60%.⁴³

It is estimated that in 2019/20 11,625 people had alcohol dependency in Hampshire. Between 2015 and 2019 there was a very gradual increase in the estimated number of alcohol dependent adults in Hampshire.⁴⁴ It is estimated that 25,860 people aged 18-64 are dependent on drugs. The number of opiate users in Hampshire successfully completing drug treatment has been declining and getting worse, in line with the England trend. In 2022, 4.8% of opiate users successfully completed treatment, compared to 5.0% in England.⁴⁵

People who are in treatment for drug and alcohol dependency tend to be concentrated in urban areas, particularly in Winchester, Eastleigh, Basingstoke and Deane, Rushmoor, Fareham, and Gosport. 58% of people in treatment in 2022/23 live in areas which are in the three most deprived deciles in the country. Basingstoke and Deane, Eastleigh, New Forest, and Test Valley have higher admission episodes for alcohol-specific conditions than the England average.⁴⁶

Alcohol and drug dependence increases the risk of a range of mental and physical illnesses. Pharmacies provide several services to this section of the community from supervised administration programmes, needle exchanges and Hepatitis C testing to healthy lifestyle advice.

⁴⁰ [Public Health Outcomes Framework - Data - PHE](#)

⁴¹ [Improving outcomes and supporting transparency part 2: summary technical specifications of public health indicators \(publishing.service.gov.uk\)](#)

⁴² [Improving outcomes and supporting transparency part 2: summary technical specifications of public health indicators \(publishing.service.gov.uk\)](#)

⁴³ [Alcohol consumption higher than reported in England | UCL News - UCL – University College London](#)

⁴⁴ [Alcohol dependence prevalence in England - GOV.UK \(www.gov.uk\)](#)

⁴⁵ [Fingertips | Department of Health and Social Care \(phe.org.uk\)](#)

⁴⁶ [Alcohol Profile - Data | Fingertips | Department of Health and Social Care \(phe.org.uk\)](#)

7.12 Homeless and rough sleepers

Homelessness is the consequence of a complex interplay between a person's individual circumstances and vulnerabilities and adverse structural factors, that requires different levels of intervention. There are three main forms of homelessness: rough sleeping, statutory homelessness, and hidden homelessness, whereby people sofa surf at family and friends' houses or live in housing which is not safe to be occupied. Those who fall under the category of 'hidden homelessness' are the ones most often excluded from official data.

ONS data based on the Census 2021 identified 308 people in Hampshire who were experiencing homelessness. Basingstoke and Deane had the highest number of individuals experiencing homelessness at 120, followed by Gosport, 70. There were no individuals identified as experiencing homelessness in Hart and Havant.⁴⁷

Table 2 – Estimated number of individuals experiencing homelessness. 2021 Census (ONS)⁴⁸

District	People identified as homeless, count
Basingstoke and Deane	120
East Hampshire	3
Eastleigh	0
Fareham	24
Gosport	70
Hart	0
Havant	5
New Forest	0
Rushmoor	39
Test Valley	21
Winchester	26

Source: ONS

Ministry of Housing, Communities and Local Government figures show the New Forest to have the highest rate of households in temporary accommodation, 4.7 per 1,000. This is worse than the England average and the highest in Hampshire.⁴⁹ Rushmoor has the highest number of households per 1,000 owed a duty under the Homelessness Reduction Act (HRA) at 14.3 per 1,000 (538 households), followed by Gosport at 13.6 per 1,000 (510 households). These districts are statistically significantly higher than the national average (11.7 per 1,000).⁵⁰ Under the HRA prevention and relief duties are owed to all eligible households who are homeless or threatened with becoming homeless.⁵¹

⁴⁷ [People experiencing homelessness, England and Wales: Census 2021 – Demography tables - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/people-in-the-uk/homelessness-and-homelessness-reduction/homelessness-reduction-act-2017)

⁴⁸ [People experiencing homelessness, England and Wales: Census 2021 – Demography tables - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/people-in-the-uk/homelessness-and-homelessness-reduction/homelessness-reduction-act-2017)

⁴⁹ [Public Health Outcomes Framework - Data - PHE](https://www.phe.gov.uk/about-us/public-health-outcomes-framework)

⁵⁰ [Fingertips | Department of Health and Social Care](https://www.gov.uk/government/consultations/fingertips)

⁵¹ [Homelessness Reduction Act 2017 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2017/15)

Homeless shelter figures often exceed national estimates and are often the most reliable and up to date local figures available.⁵²

ONS figures estimate that 85% of rough sleepers in Hampshire and the Isle of Wight in 2022 were male.⁵³ 74% of Hampshire rough sleepers were of UK nationality, 18% were from the EU, 3% had non-EU nationality and 5% of rough sleepers' nationality was unknown.⁵⁴

In 2022, the ONS reported that 85% of Hampshire and Isle of Wight's homeless population were aged over 26 years old, 2% were 18-25 and none were below 18.⁵⁵

Many people who are homeless experience poor mental health, domestic abuse and are more likely to have substance use or addiction.⁵⁶ One in three people who are homeless have attempted suicide.⁵⁷ They are nine times more likely to die by suicide. Deaths due to traffic accidents are three times as likely, infections twice as likely and falls more than three times as likely for homeless people. Drug and alcohol abuse are particularly common causes of death among the homeless population, accounting for just over a third of all deaths.⁵⁸

7.13 Migration

Migration is complex and there is no legal requirement to inform a single body when someone moves. As such data on migration is less robust and comes with limitations on its use. National Insurance Numbers (NINOs) generally capture any adult overseas national looking to work or claim benefits and tax credits in the UK. NINO data does not capture all migrants, and many of those who would be classed as vulnerable migrants are likely to be missed in NINO data. Despite this, NINO data is one of the most robust sources for migration data.

Data from the Department of Work and Pensions report that in 2023/24 there were just under 7,246 national insurance number registrations to adult overseas nationals in Hampshire.⁵⁹ 56% of these registrations were to people from Asia. Across the county, Rushmoor had the highest proportion of economic migrants (26%) followed by Basingstoke and Deane (20%).

⁵² [Trinity-Annual-Review-2021.pdf \(trinitywinchester.org.uk\)](#)

⁵³ [Rough sleeping snapshot in England: autumn 2022 - GOV.UK \(www.gov.uk\)](#)

⁵⁴ [Rough sleeping snapshot in England: autumn 2022 - GOV.UK \(www.gov.uk\)](#)

⁵⁵ [Rough sleeping snapshot in England: autumn 2022 - GOV.UK \(www.gov.uk\)](#)

⁵⁶ [Trinity-Annual-Review-2021.pdf \(trinitywinchester.org.uk\)](#)

⁵⁷ [Annual Review 2021 - Winchester Churches Nightshelter \(wcns.org.uk\)](#)

⁵⁸ [2019 STP JSNA \(hants.gov.uk\)](#)

⁵⁹ [National Insurance number allocations to adult overseas nationals entering the UK - GOV.UK](#)

7.14 Refugees and asylum seekers

The most vulnerable migrants and asylum seekers in the population are a dynamic population which make frequent geographic moves. As a result, data is not sufficient to map this population, and many of the group's characteristics are protected.

In 2022, there were three bridging hotels in Hampshire, two in Basingstoke and Deane and one in Rushmoor. However, these have now closed. Historically, Hampshire has had low numbers of asylum seekers and refugees, although the numbers have risen significantly since 2016.⁶⁰

This population can have complex health needs and common health challenges includes untreated communicable diseases, poorly controlled chronic conditions, maternity care, mental health, and specialist support needs.⁶¹

Some of the children and young people seeking asylum and attending schools in Hampshire will be unaccompanied. This means that they arrived in the UK without an adult family member or guardian accompanying them. Many of these children and young people will have experienced trauma including the loss of their parents and/or siblings or will have lived in war conditions.⁶²

Vulnerable migrants experience a unique set of challenges when accessing healthcare, such as language barriers, insecure immigration status and housing, and discrimination. Their cultural, spiritual, and religious beliefs can impact on health behaviours and practices, health outcomes, use of and access to healthcare, and decision-making regarding medical treatment.^{63,64}

7.15 Afghan nationals

There are several health checks which are recommended for Afghan nationals arriving to the UK. The incidence of tuberculosis, hepatitis B and C, anaemia, vitamin A and vitamin D deficiency and smoking are high, health checks should be carried out and advice given where appropriate.⁶⁵ There is also a high likelihood of people experiencing mental disorders, including PTSD because of their experiences in Afghanistan or over the course of their journey to the UK.⁶⁶

In May 2023, interviews were conducted to understand some of the mental wellbeing experiences and priorities for Afghan refugees living in Hampshire. These experiences were found to be varied between individuals and families, dependent on circumstances, ethnicity, and culture. In addition to what has been previously covered,

⁶⁰ [Asylum seekers and refugees guide | Hampshire County Council \(hants.gov.uk\)](https://www.hants.gov.uk/asylum-seekers-and-refugees-guide)

⁶¹ [Refugee and asylum seeker health toolkit \(bma.org.uk\)](https://www.bma.org.uk/refugee-and-asylum-seeker-health-toolkit)

⁶² [Asylum seekers and refugees guide | Hampshire County Council \(hants.gov.uk\)](https://www.hants.gov.uk/asylum-seekers-and-refugees-guide)

⁶³ [ARAP Information for GPs 8-Aug.pdf](#)

⁶⁴ [Culture, spirituality and religion: migrant health guide - GOV.UK \(www.gov.uk\)](https://www.gov.uk/culture-spirituality-and-religion-migrant-health-guide)

⁶⁵ [Afghan relocation and resettlement schemes: advice for primary care \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/afghan-relocation-and-resettlement-schemes-advice-for-primary-care)

⁶⁶ [ARAP Information for GPs 8-Aug.pdf](#)

those in Hampshire may experience legacy issues from living in Afghanistan and being evacuated, including repression and denial of women's rights, violence, and threats.

Gender roles in Afghanistan may also impact health and wellbeing, men may be the decision-makers about family members' health.⁶⁷ Female Genital Mutilation (FGM) is practised in Afghanistan, and male circumcision is highly prevalent too, individuals arriving in the UK should be given information on appropriate procedures for boys and men in the UK. There is often limited access to antenatal care, so advice should be given to Afghan women on the benefits of this service.

7.16 Gypsy, Roma and Traveller communities

Historically Hampshire has been home to a large Gypsy community and there are several private sites throughout the county. All districts in Hampshire had a very small percentage of their population identifying as Gypsy, Roma or Irish Traveller in the 2021 Census. Winchester and New Forest have the highest percentage of their population identified as Gypsy, Roma, or Irish Traveller (both 0.4%), and Havant and Gosport have the lowest percentage at 0.1% each. Parts of this community are often missed by official statistics such as the census as they do not live in 'bricks and mortar' homes, and Census forms are only delivered to 'settled' accommodation.

Counts of traveller caravans published by the Department for Levelling Up, Housing and Communities for July 2023 recorded a total of 420 traveller caravans across Hampshire. These are located mainly within the districts of Winchester (87, 21%) and Hart (83, 20%).⁶⁸

Gypsies and Travellers are significantly more likely to have a long-term illness, health problem or disability and experience higher levels of anxiety and depression than the general population. This community is also more likely to experience chest pain, arthritis, and respiratory problems.

Roma are a recognised ethnic minority and a relatively new group who have migrated to the UK from across Europe. Unlike UK Gypsies, Roma do not usually seek accommodation in caravans or on sites but live in houses as in their country of origin. There are an increasing number of Roma children coming into Hampshire schools suggesting this population may be rising. Often Roma people are a hidden minority due to their reluctance to identify themselves as members of the Roma community, hence is it not possible to provide any accurate figures of the Roma population in Hampshire.

Information on the health of Roma people is difficult to obtain. The voluntary sector organisation Roma Support Group reported that 60% of those using their services had poor physical health including cancer, diabetes, epilepsy, hepatitis B, cardiovascular

⁶⁷ [ARAP Information for GPs 8-Aug.pdf](#)

⁶⁸ [Traveller caravan count: July 2023 - GOV.UK \(www.gov.uk\)](#)

and respiratory ailments, and multiple sclerosis. In addition, 43% were suffering from mental health problems including depression, personality disorders, learning disabilities, suicidal tendencies, self-harm, and dependency / misuse of drugs.⁶⁹

7.17 University Students

There are three university campuses in Hampshire, the University of Winchester, University Centre Sparsholt, whose courses are validated by the University of Portsmouth and Winchester School of Art, part of the University of Southampton. There were approximately 8,300 students attending the University of Winchester, 6,800 undergraduates and 1,400 postgraduates.⁷⁰ The university has extensive accommodation in the district including halls of residence, student villages and university managed housing.

Winchester is also home to the Winchester School of Art, part of the University of Southampton. The campus is set in the centre of Winchester, acting as a hub for over 2,000 students with Erasmus Park halls of residence located nearby.

Whilst early adulthood is usually a healthy life stage, young people of university age are at increased risk of health issues including those related to sexual health, mental health and substance misuse.⁷¹ These populations may require increased support for screening for sexually transmitted diseases, contraception including the provision of emergency hormonal contraception, and services such as smoking cessation.

7.18 Visitors to the county

Visit Britain reported that there were 28.1 million day visits to Hampshire per year between 2017 to 2019. There were 1.8 million trips per year involving an overnight stay, with the average length of stay being 2.73 nights and an average spending of £150 per visit. A little over 45% of visits to Hampshire were for the purpose of visiting friends or relatives and 40% were to take a holiday.⁷²

This population are likely to be in the county for only a brief period and as such their health needs are likely to be related to signposting to other health services, providing support for self-care, the provision of repeat medication or dispensing prescriptions in the event of an acute condition.

⁶⁹ [SS00-Health-inequalities FINAL.pdf \(gypsy-traveller.org\)](#)

⁷⁰ [Where do HE students study? | HESA](#)

⁷¹ [AYPH-Student-Health-Briefing.pdf \(youngpeopleshealth.org.uk\)](#)

⁷² [England domestic overnight trips and day visits: subnational data | VisitBritain.org](#)