



**Hampshire Pharmaceutical Needs Assessment**  
**2025-2028**

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# 1. Executive Summary

Since April 2013 every Health and Wellbeing Board (HWB) in England has a legal 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 looks at existing provision of community pharmacy services across Hampshire, whether this meets the current and future needs of the population and identifies any gaps in current or future provision.

This document outlines the purpose of the PNA, and the processes undertaken in its production. It details the demography and health needs of the population of Hampshire within the main document. These are examined in more detail in supplementary document one, including consideration of sections of the population who may have specific needs for pharmaceutical services.

The PNA defines the different types of pharmacies and pharmaceutical services available across the county. The provision of pharmaceutical services across Hampshire is considered, both in terms of geographical accessibility and opening hours, within the main document. Current and future provision are assessed in more detail, at district level, in supplementary document two.

This information is then used to conduct an analysis which examines current provision and future population growth, based on anticipated development over the coming years. This includes cross border provision in other HWB areas.

The conclusion of this assessment is that the number, distribution, and choice of pharmaceutical services meets the current and future needs of Hampshire's population, with no gaps in necessary services within the lifetime of this PNA. There are no identified gaps for additional pharmaceutical services or improvements to current arrangements across the county.

This is based on the following:

- There is a good geographical spread of community pharmacies providing necessary services in each district across the county (section 4.2)
- A pharmacy in Hampshire is accessible to the majority of the resident population of the county. Overall, 98% live within a 5-mile drive of a pharmacy located within the county. The more urban population can access a pharmacy within a 2.5-mile drive. Most of the population outside of the 5-mile drive zone are resident in sparsely populated rural areas (section 4.2.2)
- Housing development is examined at district level in supplementary document two. Examination of provision for areas of expected growth suggests that the needs of the associated increases in population can be met by existing service

provision, assuming that market conditions and health needs remain unchanged.

- Overall, there are 14.7 community pharmacies per 100,000 population in Hampshire, suggesting lower level of service provision than the national average but this needs to be contextualised against Hampshire's extensiveness and rurality, hospital pharmacy provision, dispensing GPs and distance selling, the size or staffing levels of these pharmacies, including variation at a district level. Provision is broadly in line with the average across Hampshire, Portsmouth, Southampton and Isle of Wight as a whole (section 4.5)
- There are 23 '100-hour' pharmacies in the county. These pharmacies provide extended opening hours both in the morning and late into the evening and weekends. It is important to contextualise this finding against new regulations that allow pharmacies who opened with a 100-hour contract to make reductions in the number of hours they operate. Ten of Hampshire's eleven districts have at least one 100-hour pharmacy operating within its borders. The only district without provision is Eastleigh but there are four 100-hour pharmacies operating over the Hampshire border in the city of Southampton. (section 4.2)
- All 210 community pharmacies provide the full range of face-to-face essential pharmacy services which have been defined as 'necessary services' for the purposes of the PNA (section 5.4)
- There is good provision of advanced services across the county, with provision in each of its constituent eleven districts (section 5.5)
- There is a variety of locally commissioned and enhanced services delivered across Hampshire (section 5.6 and 5.7)
- Of those community pharmacies that responded to the questionnaire (79 out of the 210 pharmacies), the majority provide collection of prescriptions from GP practices and a delivery service to patients as well as services in a variety of languages (section 4.2.2)
- There has been an increase in the number of items prescribed dispensed to Hampshire residents by distance selling providers, with 8.3% of prescriptions now being dispensed by distance selling providers compared to 5.1% in 2020 (section 4.3)

## 2. Introduction and Background

This section sets out the Hampshire context, requirements for PNAs, structure of the PNA and role of various organisations.

### 2.1 Hampshire background

Hampshire (excluding the cities of Portsmouth and Southampton) is a county in the South East of England, bordered by Berkshire to the north, Dorset and Wiltshire to the west, Surrey and West Sussex to the east and extending to the coast in the south. The population of Hampshire in 2025 is estimated to be 1.46 million people and just under 637,700 households<sup>1</sup>.

The population of the county is expected to increase by 5.1% from 2025 to 2030, this equates to an increase of just over 72,900 people. The population of Hampshire is ageing with the largest percentage increases projected to occur amongst the older population, those aged 80 and over. This ageing population will have an increasing impact on the demand for health and social care services in the area.

Hampshire has an older population structure than the national average, with a greater proportion of the population aged 65 years and over and a lower proportion of younger working age, 20 to 49 years. Older people typically require more healthcare services, including pharmacies, due to a higher prevalence of chronic diseases. As a result, both the absolute number and the proportion of older people living in Hampshire have significant implications for the planning and provision of pharmaceutical services.

The Hampshire area is covered by two Integrated Care Boards (ICBs) responsible for planning health services for their local population: NHS Frimley ICB which covers northeast Hampshire and NHS Hampshire and Isle of Wight ICB covering the rest of the county.

PNA guidance states that sub localities of the HWB area may be considered to give a more detailed assessment. Given the relatively large geography and population of Hampshire, the PNA has used localities that match district council boundaries, namely:

- Basingstoke and Deane
- East Hampshire
- Eastleigh
- Fareham
- Gosport
- Hart
- Havant
- New Forest

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<sup>1</sup> [Population estimates and forecasts | Hampshire County Council \(hants.gov.uk\)](https://www.hants.gov.uk/population-estimates-and-forecasts)

- Rushmoor
- Test Valley
- Winchester

The required information can be sourced on this geographical basis. These localities are at a suitable size to give a meaningful assessment whilst also being small enough to relate to population communities within Hampshire.

## **2.2 Definition, purpose and duties for the Pharmaceutical Needs Assessment**

A Pharmaceutical Needs Assessment (PNA) is a statement of the pharmaceutical provision needs within the local area. Its aim is to understand if pharmacy services are currently being offered in the right places to meet the pharmaceutical needs of the local communities they serve and if they will continue to do so through the period of this PNA.

The NHS Act 2006, amended by the Health and Social Act 2012, sets out the requirements for HWBs to develop and update PNAs. This assessment should determine whether there are any gaps in provision or if these are likely to occur in the future. The HWB should then publish a statement of its findings including recommendations as to how any gaps identified should be filled<sup>2</sup>.

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 set out the minimum information that must be contained within a PNA and outlines the process that must be followed in its development<sup>3</sup>.

The purpose of the PNA is primarily to be used to make market entry decisions. From July 2022, the Hampshire and Isle of Wight ICB and the Frimley ICB both became responsible for managing the Community Pharmacy Contractual Framework (CPCF) in Hampshire. The ICB will determine applications for pharmacy contracts, monitor these contracts and ensure appropriate availability and access to pharmaceutical services. These organisations now have delegated responsibility for controlling entry to the pharmaceutical list. The PNA will be used when applications are received to enter or amend the pharmaceutical list within the Hampshire HWB area. It may also be used by local authorities and ICBs when commissioning other services from pharmacies and dispensing appliance contractors, ensuring that services are targeted to areas of need.

This PNA replaces the assessment undertaken by the HWB in 2022. The document has been written in collaboration with partners in neighbouring local authorities, NHS

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<sup>2</sup> [National Health Service Act 2006 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

<sup>3</sup> [The National Health Service \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

England and Community Pharmacy Hampshire & Isle of Wight (Local Pharmaceutical Committee) which is gratefully acknowledged.

### **2.3 Health and Wellbeing Board duties in respect of the PNA**

Since April 2013, Health and Wellbeing Boards (HWBs) have had the duty to develop and publish PNAs. The HWB must publish revised statements on a three yearly basis. It can also publish a subsequent PNA sooner when it identifies changes to the need for pharmaceutical services which are of a significant extent. This could be due to changes in population size, demography or risks to the health and wellbeing of the population.

The 2013 Regulations require HWBs to define pharmaceutical services which are deemed as “necessary” to meet the need for pharmaceutical services. However, the regulations do not include a definition of “necessary”, and as a result HWBs have complete discretion as to how they go about this. Determination of “necessary” services by HWBs could be those services that are necessary to meet pharmaceutical need whether in or outside its area. Based on this rationale, “all essential” services are regarded as “necessary” services for the purpose of this PNA.

The HWB should also produce supplementary statements which explain changes to the availability of pharmaceutical services in certain circumstances after publication.

### **2.4 Structure of the PNA**

The first section of this document is an overview of the process of developing the PNA. This includes the establishment of a steering group and the governance of the document, data collection and analysis, collation of pharmaceutical services information, and engagement with both contractors and the public.

The PNA then defines the different types of pharmaceutical services and the provision of these across the county. Pharmaceutical services need across Hampshire is assessed using a range of data from the Joint Strategic Needs Assessment (JSNA) and other sources. This covers demographic, economic and health data including known housing development or regeneration projects that are current or will occur within the lifespan of the PNA.

A summary of this information is included in the main document, but the more detailed analysis is contained within two separate supplementary documents. One contains an analysis of health needs of the county including population groups with protected characteristics and Inclusion Groups, the other contains a detailed analysis of current and future need for pharmacy services in the eleven constituent districts of the county.

Finally, all the information gathered in the PNA contributes to a 'gap analysis' which covers current provision of pharmaceutical services and how this is likely to change in the future based on anticipated levels of housing development and associated population growth and change.

## **2.5 Maps within the PNA**

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## **2.6 Consultation**

The Hampshire HWB consulted with relevant organisations about the contents of the pharmaceutical needs assessment in line with statutory requirements. The consultation ran for a period of 60 days from 20 January 2025 closing at 11:59pm on 21 March 2025.

Following public consultation and review of the responses, there was no fundamental change in the contents of the assessment that would alter the PNA. The conclusion of the PNA remains the same after the consultation, which is that the number, distribution, and pharmaceutical service provision meets the current and future needs of Hampshire's population, with no gaps in necessary services within the lifetime of this PNA. There are no identified gaps for additional pharmaceutical services or improvements to current arrangements across the county. Headline findings and a summary are available on the Council PNA web pages.

### **3. Community pharmacy background and analysis**

This section sets out the role of the community pharmacy, information accessed and analysis criteria.

#### **3.1 Community pharmacy background**

Community pharmacies are part of the NHS service model and play a crucial and extensive role in the health and care system of the county. Each day about 1.6 million people visit a pharmacy in England. Community pharmacies are situated in high street locations, neighbourhood centres and supermarkets. Some are open long hours when other healthcare professionals are unavailable.

The traditional role of the community pharmacist as the healthcare professional who dispenses prescriptions written by doctors is changing. In recent years, community pharmacists have been developing clinical services in addition to the traditional dispensing role to allow better integration and team working with the rest of the NHS.

There have been major changes in policy in community pharmacy since 2022, including the change to commissioning responsibilities for pharmaceutical provision from NHS England to ICBs and the launch of Pharmacy First, a consultation service which enables patients to utilise community pharmacy for a minor illness or an urgent repeat medicine supply.

#### **3.2 Community pharmaceutical service information**

The NHS South East Pharmacy, Optometry and Dentistry Commissioning Hub hosted by NHS Frimley ICB provided data on pharmaceutical provision locally including opening hours, addresses and the delivery of advanced services. Further national information was sourced from the NHS Business Services Authority website and local services commissioned by Public Health were sourced from within the County Council.

#### **3.3 Contractor engagement**

All community pharmacies in Hampshire (210) were invited to complete a brief questionnaire about their services to inform the development of the PNA and 79 completed the questionnaire.

#### **3.4 Analysis criteria**

Health, demographic, pharmaceutical service provision and all other information were collated to examine how the health needs of the population can be met by current provision of pharmaceutical services. Other groups with specific needs for pharmaceutical services that exist within Hampshire were identified in the PNA process and discussed further in the Needs Appendix (Appendix 1).

National and local statistics have been used to determine levels of activity in delivering current services and to examine any gaps in the future provision of pharmaceutical services. Guidance from the Department of Health and Social Care suggests that there are three levels where gaps may exist<sup>4</sup>. Geographical gaps in the location of pharmacy premises, gaps in the provision of services, and gaps in the times at which, or days on which, services are provided. A steering group, which had representation from key stakeholders<sup>5</sup>, agreed that living within 1 mile (1.6km) travel distance would be a key criterion for the gap analysis for densely populated areas and 2.5 miles and 5 miles travel distance for urban and rural areas respectively. Opening hours and services provided were also included in the gap analysis.

### **3.5 Out of scope**

Evaluating service quality aspects, such as staff and staff expertise, medicine availability, and waiting times, falls outside of the scope of the PNA.

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<sup>4</sup> [Pharmaceutical needs assessments: Information pack for local authority health and](#)

<sup>5</sup> Stakeholders includes representation from NHS Hampshire and Isle of Wight Integrated Care Board, NHS Frimley and South East Pharmacy Optometry and Dentistry Commissioning Hub, and Community Pharmacy Hampshire & Isle of Wight

## 4. Current pharmaceutical provision

This section sets out the provision and type of pharmacies.

### 4.1. Overview of pharmacy service providers

As at September 2024<sup>6</sup>, there are 217 pharmacy contractors in Hampshire. Of these, 210 are pharmacy contractors operating on 100-hour contracts or standard 40-hour contractors, seven are Distance Selling Pharmacies not specifically serving the local population but available to anyone within England. There are also 26 dispensing practice locations.

Analysis for this PNA began in September 2024. The 2<sup>nd</sup> of September 2024 was used as the cut-off date for the inclusion list of pharmacies to ensure that a consistent list was used throughout the analysis.

Since 2022 the number of pharmacy contracts has fallen slightly, there are 14 fewer contracts in 2024, a fall of 6%. The breakdown of contractor types and the changes since 2010 are shown in table 1.

*Table 1 - Change in pharmacy provision across Hampshire by contractor type*

Pharmacy contract type	Description	2010	2015	2017	2022	2024
Standard 40 hour contract	Pharmacies open for 40 core contractual hours which cannot be amended without the consent of NHS England, together with supplementary hours which may be amended by giving three months notice	201	205	208	197	187
100 hour contract	Pharmacies open for 100 core contractual hours and have opened under the former exemption from the control of entry test. From 2023, these pharmacies are on amended 100-hour contracts but can apply to operate down to 72 contracted hours.	16	27	27	27	23
Essential Small Pharmacy LPS	A pharmacy contracted in a location where a 40 hour pharmacy would not be commercially viable. These contracts were terminated in March 2015	6	4	0	0	0
LPS	Services provided under a local pharmaceutical services (LPS) contract and must include dispensing as a minimum			1	0	0
Distance selling	Pharmacies receiving prescriptions either via the electronic prescription service or through the post, which are then dispensed and then delivered to the patient. The 2013 regulations do not allow these pharmacies to provide essential services to people on a face-to-face basis	4	5	7	7	7
<b>Total</b>		<b>227</b>	<b>241</b>	<b>243</b>	<b>231</b>	<b>217</b>
Dispensing practices	GP practices which dispense prescriptions to patients living in controlled localities, more than 1.6km from a pharmacy and where the practice has approval for their premises and the appropriate consent for the area the patient lives in			28	22	26

### 4.2. Core hour contracts

Pharmacies are contractually required to deliver 40-hour or 100-hour contracts. Many pharmacies that provide '40 core hours' of NHS pharmaceutical services extend these and provide supplementary opening hours, opening into the evening or over the weekend. Supplementary hours may be altered by the pharmacy business subject to giving five weeks notice to the ICB. In April 2023, the Department of Health and Social

<sup>6</sup> NHS England is responsible for preparing, maintaining, and publishing a list of pharmacies on the HWB Pharmaceutical List.

Care (DHSC) introduced regulatory changes in response to increased temporary closures of pharmacies in England and related pressures. These included a notification procedure for introducing or changing rest breaks; a requirement to have a business continuity plan dealing with temporary closures; provision for local hours plans to be agreed by the ICB with temporarily reduced opening hours for participating pharmacies; a ‘notification’ procedure for 100-hour pharmacies to reduce their total weekly hours to no less than 72 hours, subject to various requirements; and other regulatory amendments.

Pharmacies that opened under the previous exemption to the normal control of entry process based on the provision of 100 hours, will still be shown as ‘100-hour’ pharmacies. These pharmacies are on amended 100-hour contracts but can apply to operate down to 72 contracted hours under the new regulations.

There are 187 community pharmacies operating under 40-hour contracts in Hampshire. Every Hampshire district has 12 or more 40-hour pharmacies within its borders, see map 1 and table 2. New Forest has the most 40-hour pharmacies at 30.

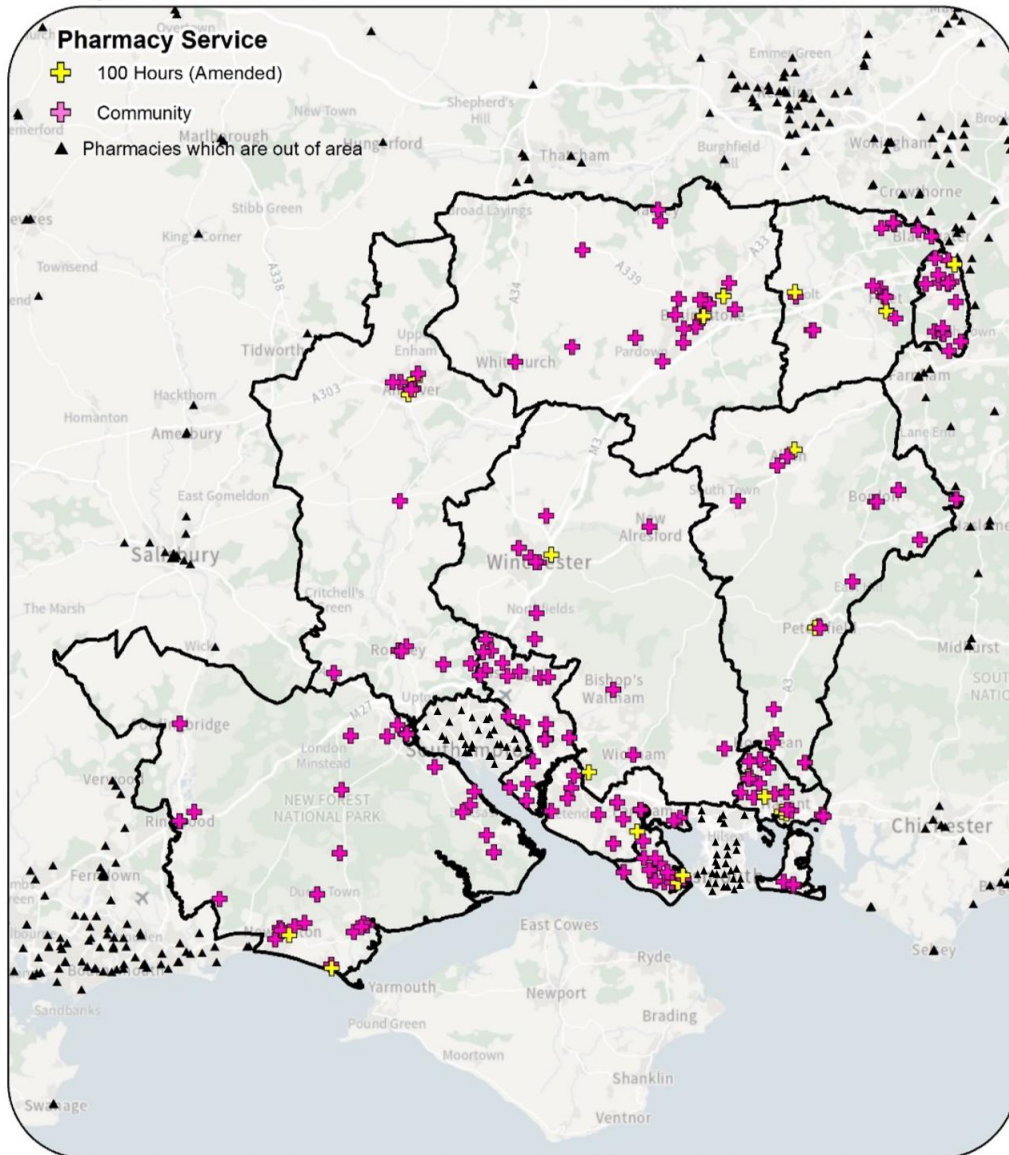
There are 23 pharmacies operating under 100-hour contracts in Hampshire. Nine of Hampshire’s eleven districts have at least two 100-hour pharmacies operating within its borders, see map 1 and table 2. The only district without this provision is Eastleigh which is served by three 100-hour pharmacies operating over the Hampshire administrative border in the City of Southampton. There is one 100-hour pharmacy within the district of Rushmoor with a further 100-hour pharmacy across the border in Camberley in Surrey.

*Table 2 - Number of community pharmacies by contract type and district*

Local authority area	100 hour contract	40 hour contract
<b>Hampshire</b>	<b>23</b>	<b>187</b>
Basingstoke and Deane	2	21
East Hampshire	2	16
Eastleigh	0	20
Fareham	2	12
Gosport	2	12
Hart	2	15
Havant	5	19
New Forest	3	30
Rushmoor	1	16
Test Valley	2	14
Winchester	2	12

Map 1 - Map showing 100 hour and 40 hour pharmacies in Hampshire and out of area pharmacies

## Hampshire Pharmaceutical Needs Assessment 2025-28



### 4.2.1 Opening hours

Table 3 presents the opening times of community pharmacies within Hampshire. Fifty-three pharmacies are open on a weekday morning before 9:00 and 49 pharmacies are open on a weekday evening after 6:30, with each district having at least two pharmacies with these opening times. Within Hampshire, 182 pharmacies are open on a Saturday and 40 are open on a Sunday with at least two pharmacies open in every district. Opening times are examined in more detail below.

*Table 3 - Breakdown of opening times by district*

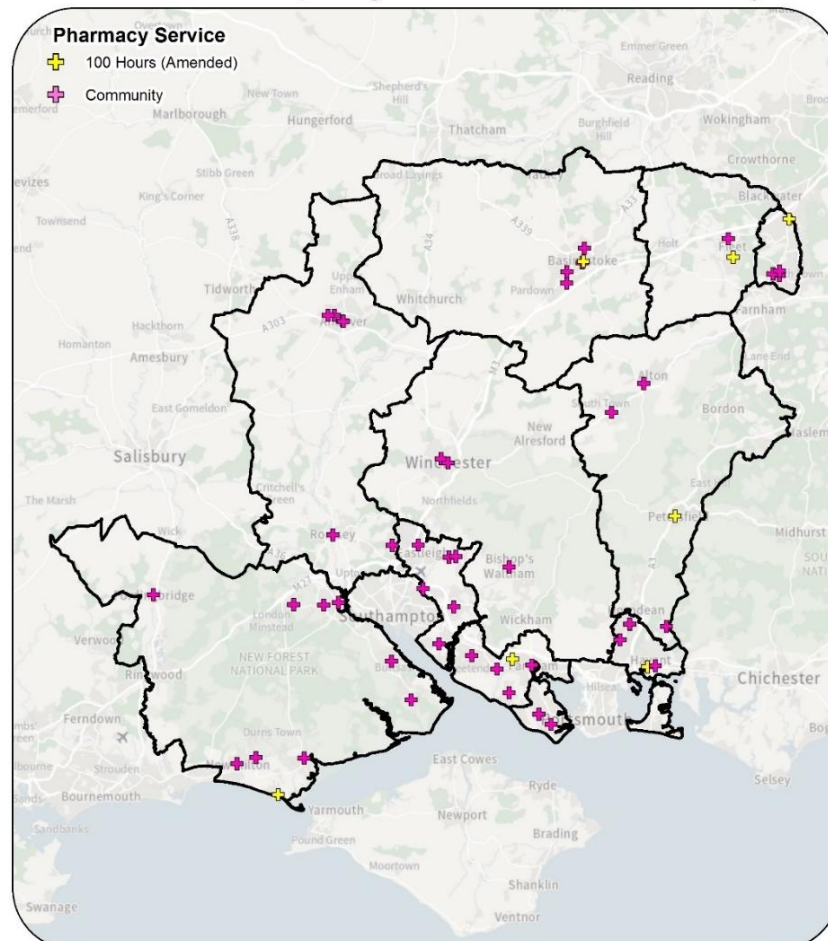
	Number of community pharmacies	Open before 9am on weekdays	Open after 6:30pm on weekdays	Open on Saturday	Open on Sunday
<b>Hampshire</b>	<b>210</b>	<b>53</b>	<b>49</b>	<b>182</b>	<b>40</b>
Basingstoke and Deane	23	5	6	18	4
East Hampshire	18	4	4	15	3
Eastleigh	20	6	5	20	3
Fareham	14	5	3	13	4
Gosport	14	2	4	11	2
Hart	17	2	4	16	4
Havant	24	5	6	21	4
New Forest	33	11	6	27	5
Rushmoor	17	4	5	14	5
Test Valley	16	6	4	13	3
Winchester	14	3	2	14	3

## Early morning opening hours – weekdays

Fifty-three pharmacies across Hampshire are open before 9am on weekdays. This has decreased from 89 pharmacies in April 2022. There is uneven geographical spread across the county but each of the eleven Hampshire districts have two or more pharmacies opening before 9:00 on a weekday morning. There are only two pharmacies opening before 9am on a weekday in Hart and Gosport compared to 11 pharmacies opening before 9am on a weekday in New Forest. Most pharmacies opening before 9am on weekdays are located in urban areas with higher population densities, see map 2.

Map 2 - Map showing geographical location of pharmacies opening before 9:00 am during the week

### Hampshire Pharmaceutical Needs Assessment 2025-28 Pharmacies with opening hours before 9am on weekdays

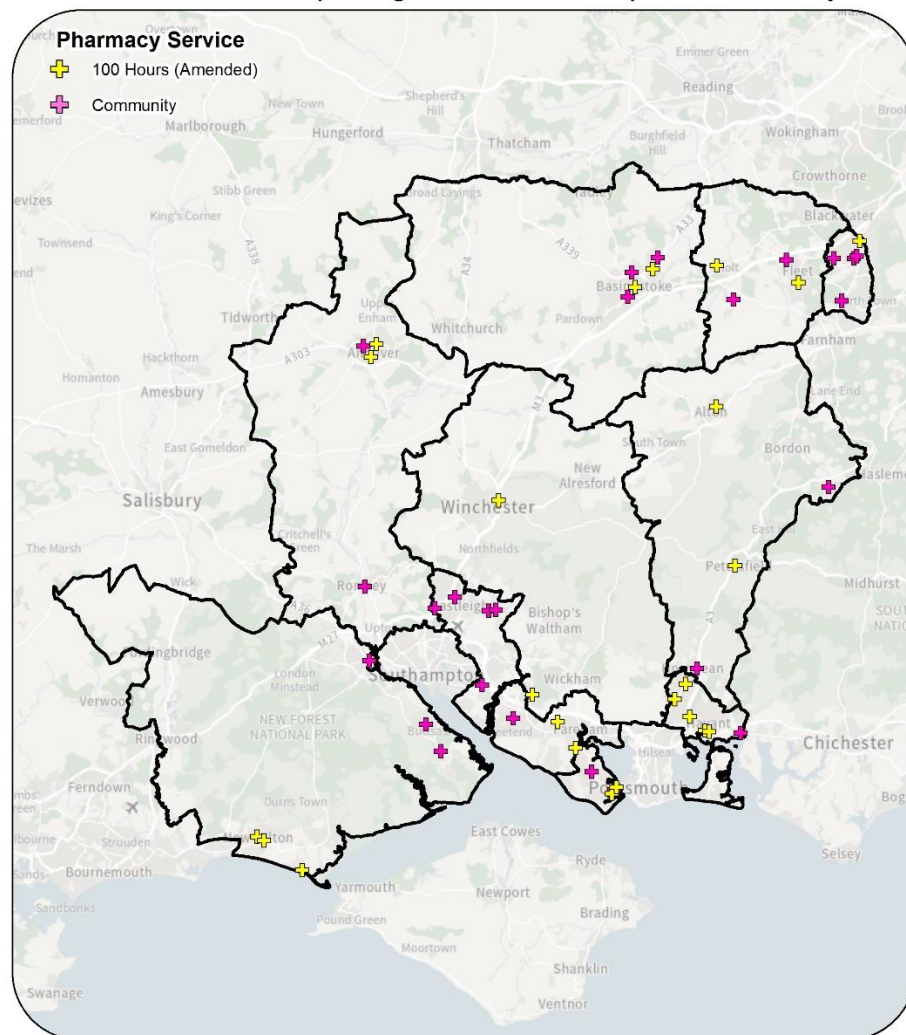


## Late evening opening hours - weekdays

Across Hampshire, 49 pharmacies are open after 6:30pm on weekdays. There is fair geographical spread across the county, with all the Hampshire districts having two or more pharmacies open after 6:30 on a weekday evening. Most pharmacies opening after 6:30pm on weekdays are located in urban areas with higher population densities, see map 3.

Map 3 – Map showing location of pharmacies opening after 6:30pm during the week

## Hampshire Pharmaceutical Needs Assessment 2025-28 Pharmacies with opening hours after 6:30pm on weekdays

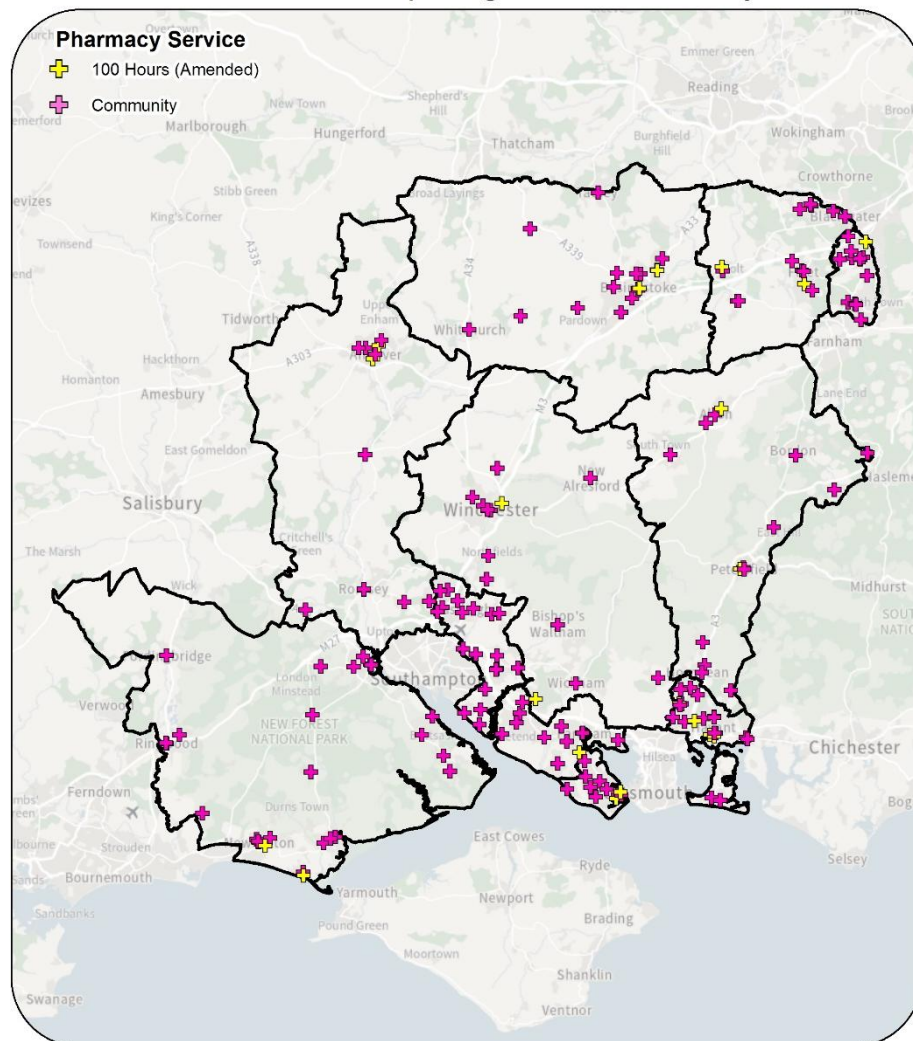


## Saturday opening

Within Hampshire, 182 pharmacies are open for at least part of Saturday. This represents the vast majority of the county's 217 pharmacies. There is fair geographical spread across the county, with each of the eleven Hampshire districts having at least 11 pharmacies open for some hours on a Saturday, see map 4.

Map 4 - Map of pharmacy locations opening for at least part of Saturday

## Hampshire Pharmaceutical Needs Assessment 2025-28 Pharmacies with opening hours on Saturdays

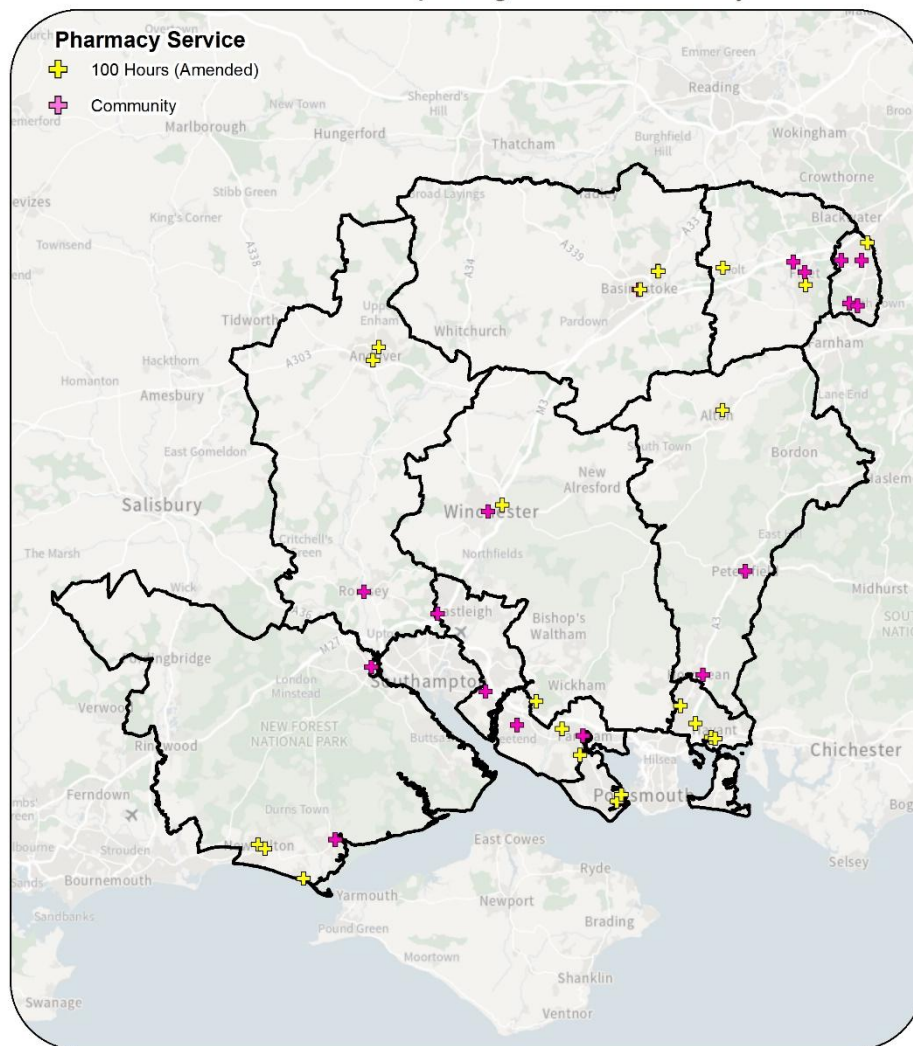


## Sunday opening

Across Hampshire, 40 pharmacies are open for at least part of Sunday. There is fair geographical spread across the county, with each of the 11 Hampshire districts having at least two pharmacies open for some hours on a Sunday, see map 5.

Map 5 - Map showing the location of pharmacies opening on Sundays

### Hampshire Pharmaceutical Needs Assessment 2025-28 Pharmacies with opening hours on Sundays



### **Bank holiday opening**

Community pharmacy contractors do not have to open on days which are specifically mentioned in the Regulations (namely Christmas Day, Good Friday, and Easter Sunday) or a day which has been specifically designated as a 'bank holiday' unless directed to open. A pharmacy will be treated as having been open for its usual hours on that day for the purpose of counting core contractual hours. Therefore, the pharmacy can be closed on bank holidays without giving notice or applying to change their core hours.

The ICBs are responsible for ensuring that there is access to pharmaceutical services on days when pharmacy contractors are not required to be open and can commission an out of hours enhanced service to cover public holidays. For most pharmacies, participation in such arrangements is voluntary.

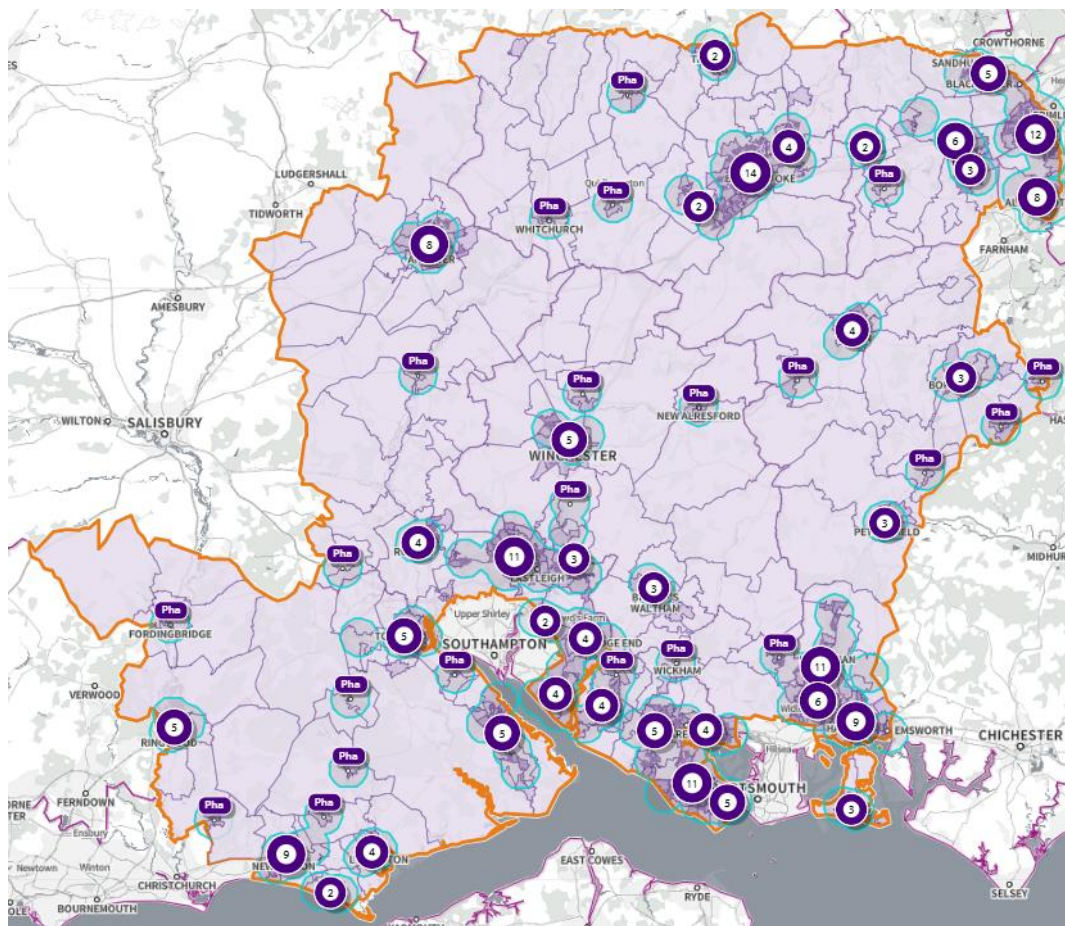
## 4.2.2. Geographical access to pharmaceutical services

### Pharmacies within a buffer zone of 1 mile

Please note that more detailed geographical access analysis at locality level is provided in supplementary document two.

Map 6 shows all pharmacy locations in Hampshire with a 1 mile straight line distance buffer zone. It demonstrates that there are large geographical areas of Hampshire that are not within 1 mile of a pharmacy. However, when population density is added to the map, it can be observed that these are largely sparsely populated, rural parts of the county.

*Map 6 - Map of 1 mile buffer zone around community pharmacies (excluding distance selling) with population density*

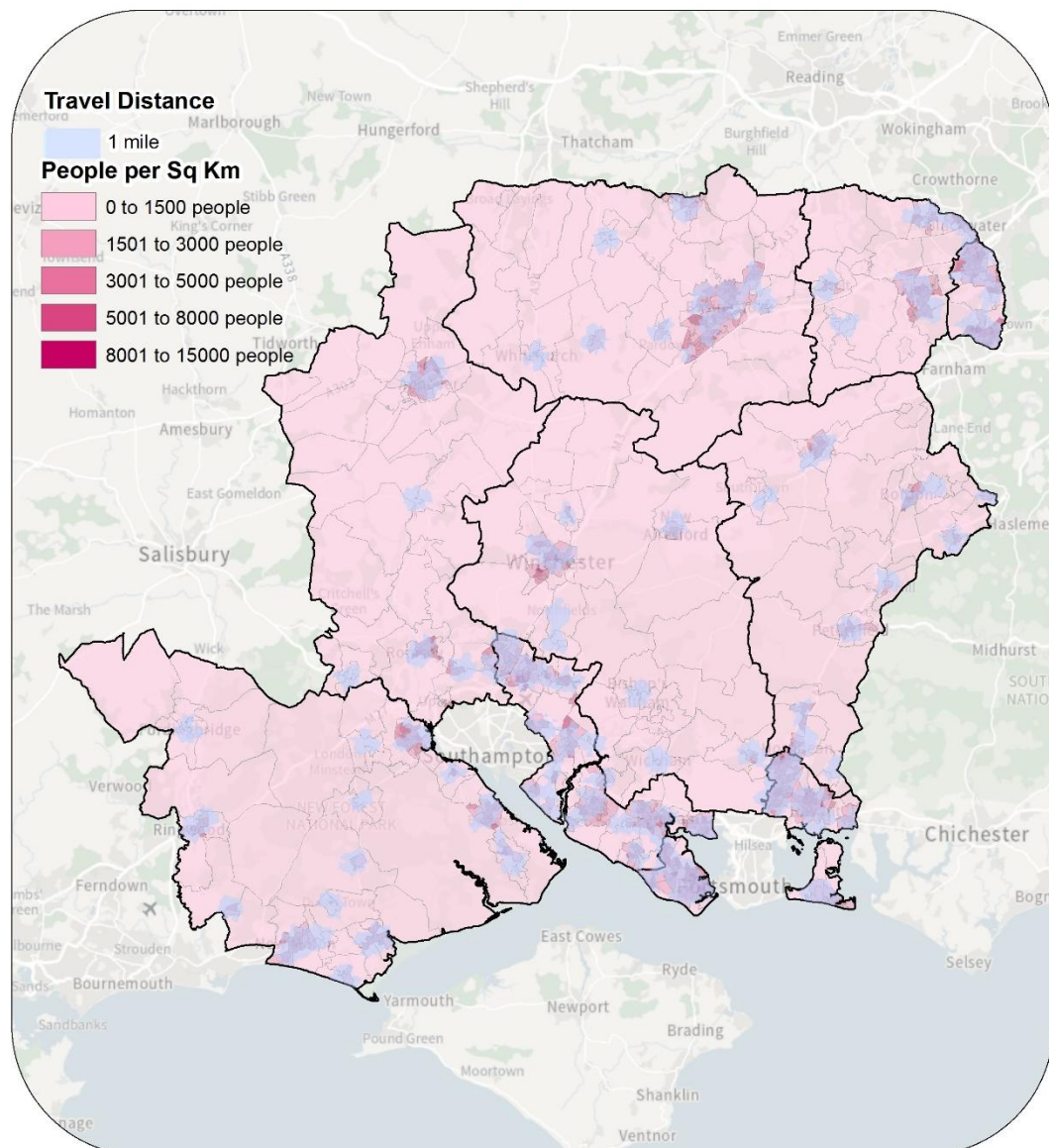


## Driving

When driving by car, the majority of more densely populated, urban areas of Hampshire are located within a 1-mile driving distance, see map 7. A pharmacy in Hampshire is accessible to most of the resident population, with 98% of the population living within a 5-mile drive of a pharmacy located within the county. The more urban population are able to access a pharmacy within 2.5 miles. Most of the population outside of the 5-mile drive zone are resident in areas classified as rural village and dispersed, see map 8.

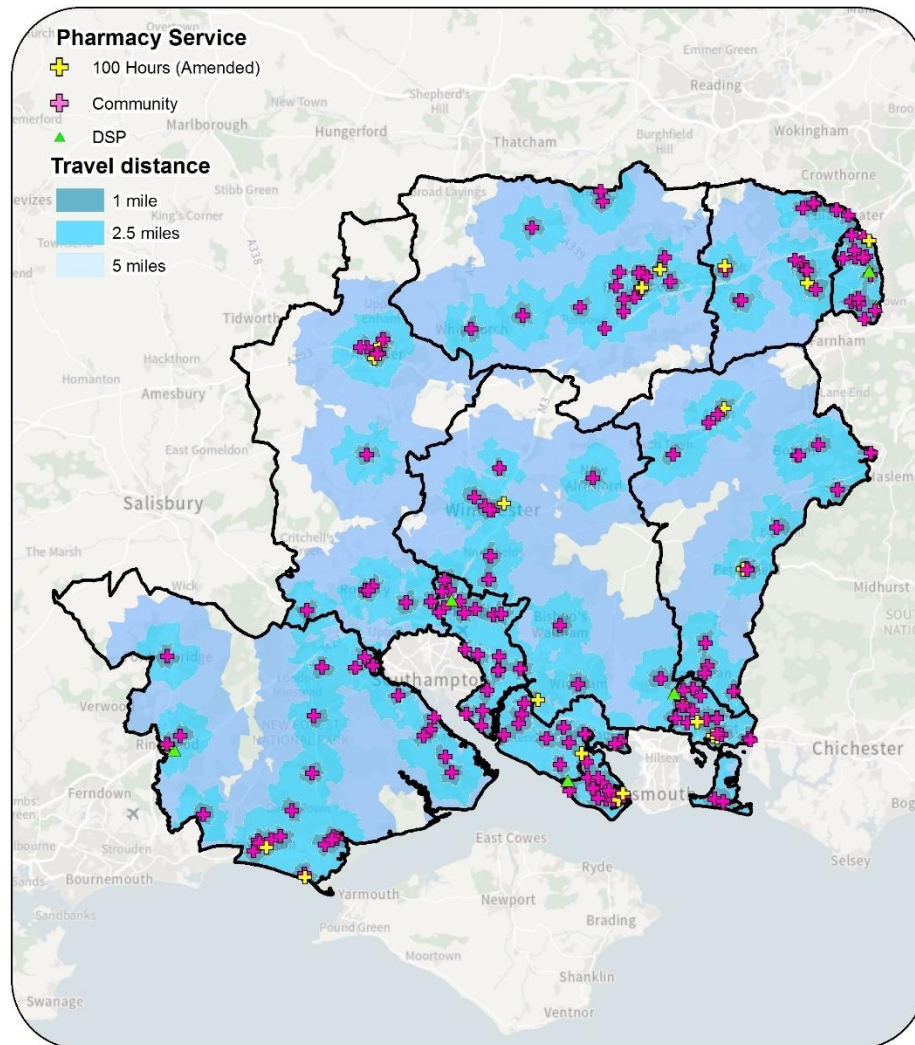
There is substantial cross border provision to the south of the county in the cities of Southampton and Portsmouth. More rural areas on the outskirts of the county benefit from provision in the adjoining local authorities of West Berkshire and Wokingham to the north, Wiltshire, Dorset and Bournemouth, Christchurch & Poole to the west and Chichester, Waverley, and Guildford to the east, see map 9.

*Map 7 - Map of 1 mile driving distance around Hampshire pharmacies (excluding distance selling)*

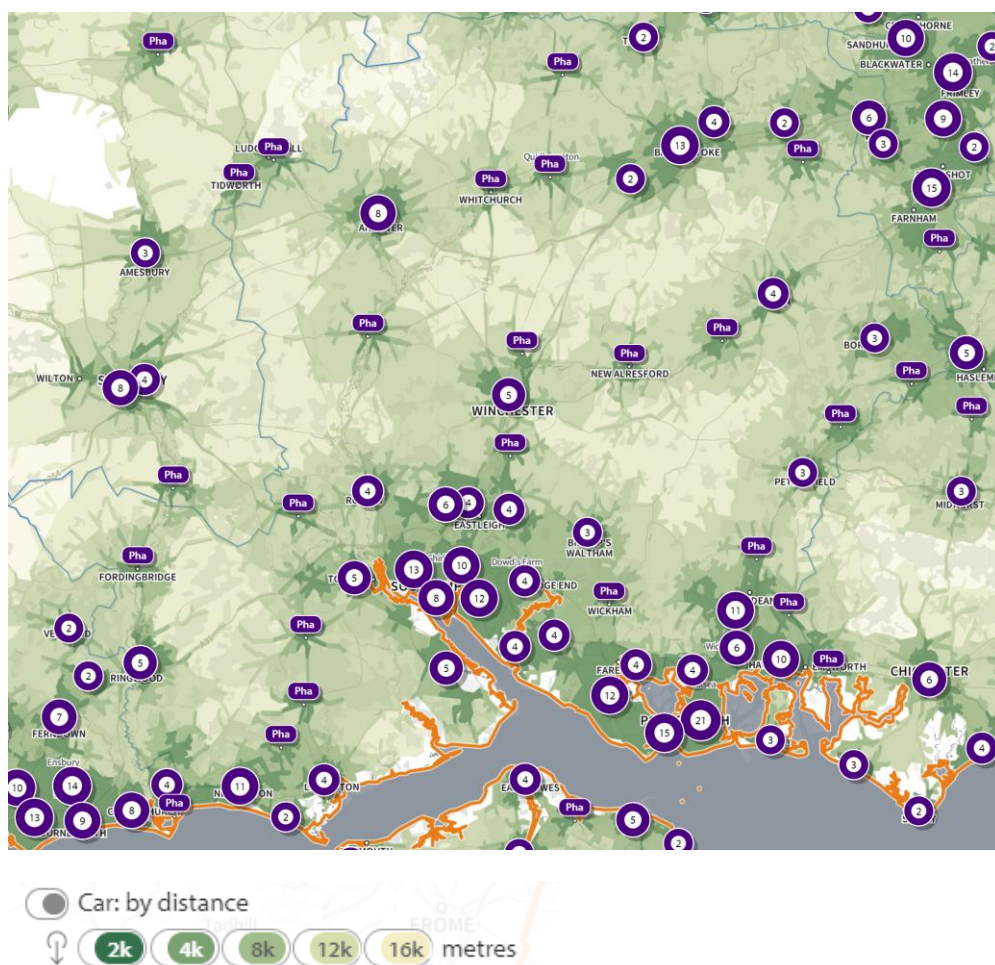


Map 8 - Map of driving distance around Hampshire pharmacies (excluding distance selling)

## Hampshire Pharmaceutical Needs Assessment 2025-28 Travel distance from pharmacies



Map 9 – Map of driving distance around pharmacies including cross border provision



### Delivery services

Many pharmacies provide a delivery service. This may be provided for free or charged for. As these are private services, there is no data available to ascertain the level of provision. Results from the contractor questionnaire (37% response) showed of those responded:

- (75.9%) 60 out of 79 community pharmacies collected prescriptions from GP practices
- (68.4%) 54 out of 79 community pharmacies deliver dispensed medicines – free of charge on request
- (50.7%) 39 out of 77 community pharmacies, who responded to this question in the survey, deliver dispensed medicines – for a charge
- (69.6%) 55 out of 79 community pharmacies had on-demand availability of drugs for palliative care

This is likely to be replicated by those pharmacies that did not respond.

## Accessibility and languages spoken

A range of nationalities and cultural backgrounds are represented amongst the pharmacy workforce across Hampshire. It is not unusual for residents who are from other countries and cultures to seek out services from a pharmacy that speaks their native language.

The 34 languages identified across the 79 community pharmacies that responded to the contractor survey were:

- Afrikaans
- Albanian
- Arabic
- Bengali
- Cantonese
- Czech
- Dutch
- Farsi
- Filipino
- French
- German
- Gujarati
- Hindi
- Italian
- Kurdish
- Lithuanian
- Mandarin
- Nepalese
- Nigerian
- Persian
- Polish
- Punjabi
- Romanian
- Russian
- Slovak
- Spanish
- Swahili
- Telugu
- Thai
- Turkish
- Twi
- Ukrainian
- Urdu
- Zambian

Of the 78 community pharmacies who responded to the question in the survey, 71 (91%) were accessible for wheelchair users.

### 4.3 Distance Selling Pharmacies

Distance selling premises are pharmacies which must provide essential services to anyone, anywhere in England, on a distance-selling (internet or mail order only) basis. However, the 2013 regulations do not permit them to provide essential services to people on a face-to-face basis. They receive prescriptions either via the electronic prescription service or through the post, dispense them at the pharmacy and then either deliver them to the patient or arrange for them to be delivered using a courier. Whilst distance selling pharmacies (DSPs) are not solely for Hampshire residents, the PNA must include them in the assessment.

As at September 2024, there were seven DSPs located within Hampshire, two in the New Forest, two in Rushmoor and one in each of the districts of Eastleigh and Gosport. In 2023, these seven DSPs dispensed a total of just over 429,400 items to patients who are registered at a GP within Hampshire. Of the items dispensed by distance selling providers to Hampshire residents, 20% were from Hampshire based DSPs.

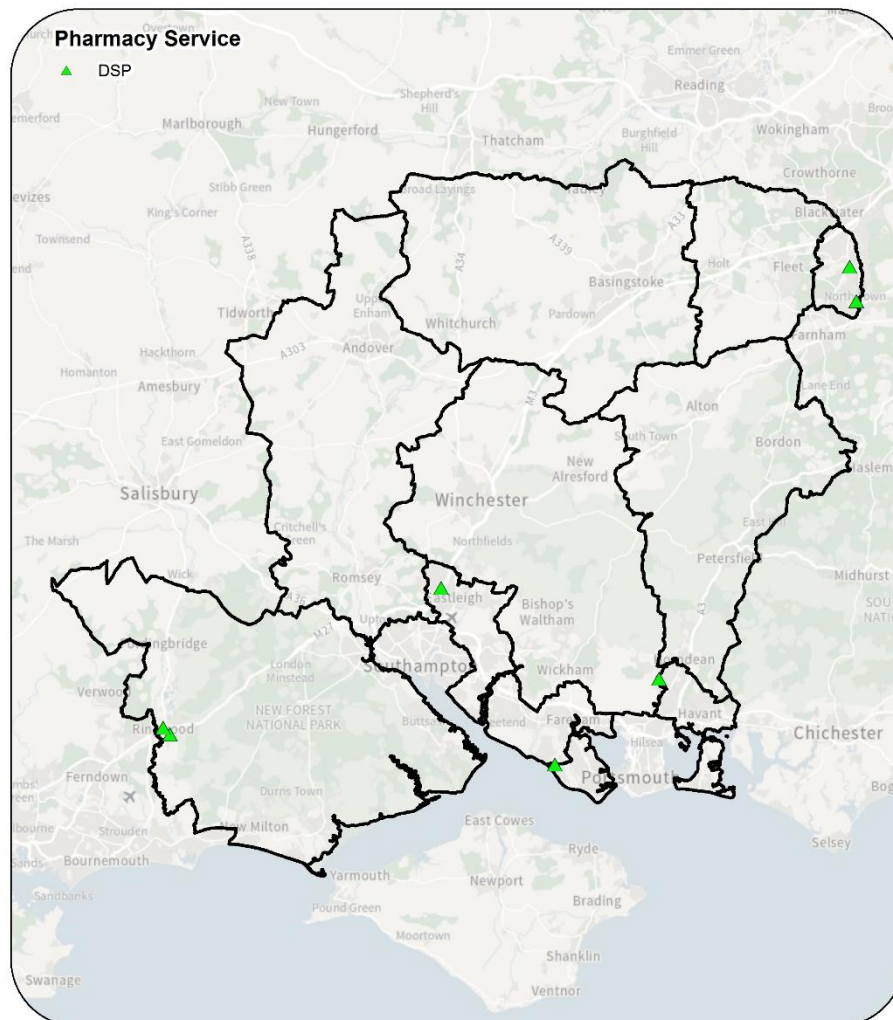
Distance selling premises dispensed activity increased in 2020 driven by the COVID-19 pandemic. This has continued to increase with 2.10 million items dispensed from distance selling premises to Hampshire residents in 2023, an increase of 77% from

2020. In 2023, 8.3% of all items dispensed to Hampshire residents came from distance selling premises.

Map 10 - Map showing geographical location of distance selling pharmacies

## Hampshire Pharmaceutical Needs Assessment 2025-28

### Distance selling pharmacies



#### 4.4 Dispensing practices

Dispensing practices are general practitioners (GPs) who provide primary healthcare to patients living in 'controlled localities', areas which NHS England has determined to be 'rural' in character. The factors considered when designating whether an area is a 'controlled locality' include population density, the presence or absence of facilities, employment patterns, community size and distance between settlements, and the availability of public transport.

If a patient meets the eligibility criteria of living in a 'controlled locality', they may request for a dispensing practice to dispense the medicine they have been prescribed. The eligibility criteria are in summary:

- a patient is on the GP register of a practice that is a dispensing practice.
- a patient is resident in an area which is rural in character, known as a controlled locality, and at a distance of more than 1 mile (1.6 km) from pharmacy premises (excluding any distance selling premises). The pharmacy premises do not have to be in a controlled locality.
- the practice has approval for the premises at which they will dispense to the patient and the practice has appropriate consent for the area the patient lives in.
- a patient can apply to be a dispensing patient if they live nearer to a pharmacy but meet the conditions of the regulations i.e., that they would have difficulty in obtaining any necessary drugs or appliances from an NHS pharmacist by reason of distance or inadequacy of means of communication (often known as the “serious difficulty” test which can apply anywhere in the country).

There were 26 dispensing practices in Hampshire. Many serve rural communities where there is limited access to pharmacy, see table 4 below. These will enhance the pharmaceutical dispensing provision by community pharmacies, see map 11 below.

*Map 11 - Map showing locations of dispensing GP practices in Hampshire as at September 2024*

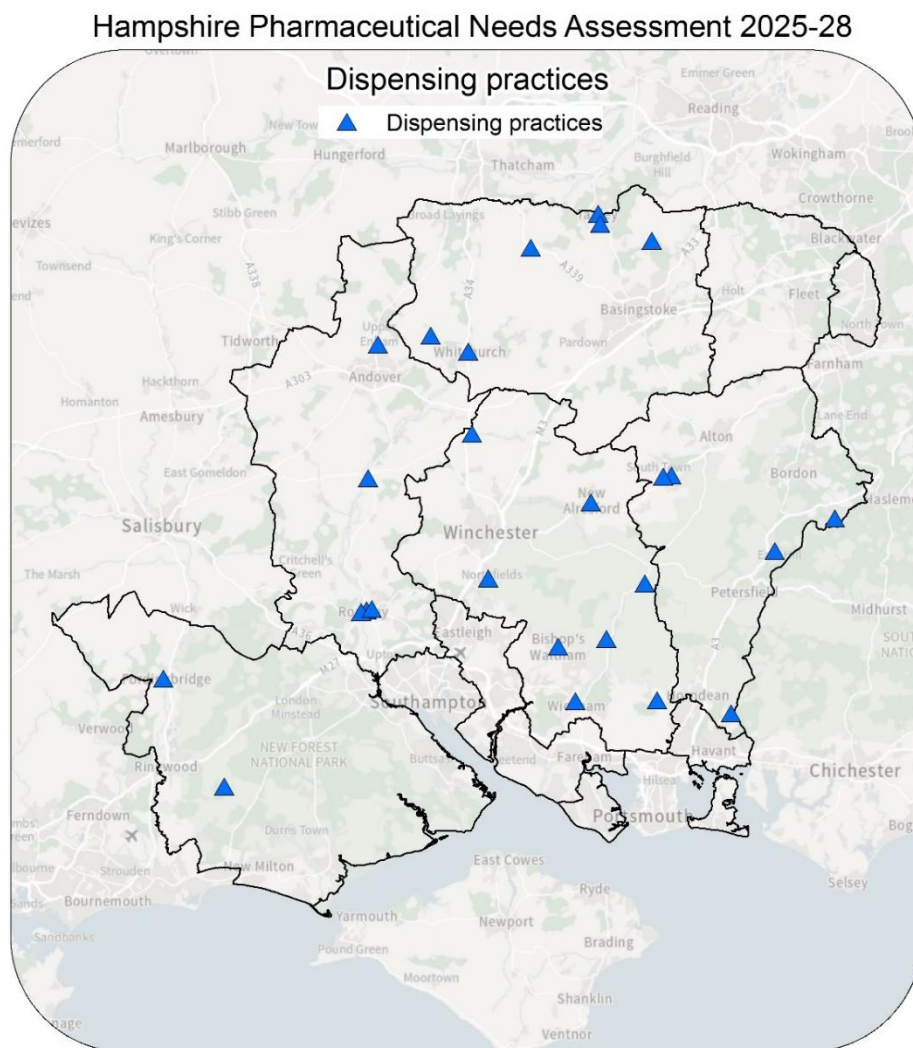


Table 4 – Number of dispensing GP practices by Hampshire district as at September 2024

Local authority area	Number of dispensing GP practices
<b>Hampshire</b>	<b>26</b>
Basingstoke and Deane	6
East Hampshire	5
Eastleigh	0
Fareham	0
Gosport	0
Hart	0
Havant	0
New Forest	2
Rushmoor	0
Test Valley	5
Winchester	8

#### 4.5 Density of pharmacy service providers

Across England there are 10,054 community pharmacies which equates to 17.8 pharmacies per 100,000 population (2023/24). Hampshire's provision is lower at 14.7 community pharmacies per 100,000 population. This is similar than the combined provision across Hampshire, Portsmouth, Isle of Wight and Southampton at 15.0 pharmacies per 100,000 population. It varies between 19.9 community pharmacies per 100,000 population in New Forest to 11.0 pharmacies per 100,000 population in Winchester. There is no national expectation on the number of pharmacies per head of population and it should be noted that these are crude ratios that do not consider the size or staffing levels of the pharmacies included within them, the population density or other services, for example, dispensing practices are not included within these calculations.

Winchester has eight dispensing practices due to the rural nature of the district. These providers serve the population that live within these rural communities who have limited access to a community pharmacy.

## **5. Current pharmaceutical services**

This section provides information on the services provided within the pharmacies.

### **5.1 Definition of pharmaceutical services and overview of Hampshire provision**

Pharmaceutical services are a collective term for a range of pharmacy services commissioned by the ICBs. In relation to PNAs it includes:

- Essential services
- Advanced services
- Enhanced services
- Local pharmaceutical services (LPS) contracts that are the equivalent of essential, advanced, and enhanced services

### **5.2 Essential services**

All pharmacies with NHS contracts are required to provide essential services, although distance selling premises must not provide these face to face. As at September 2024, there are nine essential services. These include the dispensing of prescriptions, dispensing of repeat prescriptions, disposal of unwanted medicines returned to the pharmacy, promotion of healthy lifestyles, signposting to other health or social care services, support for self-care, provision of a discharge medicines service and dispensing appliances. For the purpose of this PNA, all essential services are regarded as “necessary” services that meet the need for pharmaceutical services.

#### **5.2.1 Dispensing medicines and repeat dispensing**

In 2023 there were approximately 25.4 million items prescribed to Hampshire residents who are registered with Hampshire GPs. These were dispensed across England at 6,008 sites.

Of these, 83.8% were dispensed by community pharmacies and 72% of items by pharmacies with Hampshire contracts. Most of the remainder of items dispensed to Hampshire residents by community pharmacies were from contractors in surrounding areas including Southampton, Dorset, Portsmouth, Surrey and Bournemouth, Christchurch & Poole.

In addition, 7.8% of items were dispensed by dispensing practices, 8.3% by distance selling premises and a very small number by dispensing appliance contractors.

#### **5.2.3 Disposal of unwanted medicine**

Community pharmacy owners are obliged to accept back unwanted medicines from patients. There is no data on this service.

#### **5.2.4 Public Health (Promotion of Healthy Lifestyles)**

All pharmacies provide the essential service of the promotion of healthy lifestyles, which includes providing advice to people who appear to have diabetes, be at risk of

coronary heart disease (especially those with high blood pressure), smoke, or are overweight, and all will participate in up to six health campaigns in each financial year when requested by NHS England.

Through the Healthy Living Pharmacy (HLP) Framework, all community pharmacies in Hampshire proactively deliver a wide range of interventions to support people's health and wellbeing and are 'Healthy Living Pharmacies' in line with the change in the NHS contractual framework.

### **5.2.5 Signposting customers to appropriate services**

All pharmacies should provide a sign-posting service for people who require advice, support, or treatment that the pharmacy cannot provide, and direct to another provider of health or social care, where the pharmacy has that information.

### **5.2.6 Support for self-care**

All pharmacies should provide support for self-care which may include advising on over the counter medicine or lifestyle changes.

### **5.2.7. Discharge Medicines Service**

This service was introduced in 2021, becoming part of the Community Pharmacy Contractual Framework (CPCF) also known as the 'pharmacy contract'. Under this service, a pharmacist will review a person's medicines when they are discharged from hospital and ensure that any changes are actioned accordingly. It aims to reduce the risk of medication problems on discharge, ensuring patient safety, improved outcomes, and readmission reduction<sup>7</sup>.

### **5.2.8 Dispensing Appliance Contractors**

Dispensing appliance contractors (DACs) can only dispense prescriptions for appliances and not for drugs. They are not required to have a pharmacist, and their premises do not have to be registered with the General Pharmaceutical Council. Pharmacies dispensing appliances have a narrower range of services that they must provide. These include dispensing of prescriptions, dispensing of repeat prescriptions, minimising waste, signposting to alternative providers when necessary, home delivery of specified appliances, the provision of supplementary items such as wipes and bags, the provision of clinical advice about appliances and the emergency supply of appliances when requested.

These contractors tend to operate remotely, receiving prescriptions via the electronic prescription service or through the post. There are two dispensing appliance contractors located in Hampshire as at September 2024, one in Basingstoke and Deane, and one in Winchester.

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<sup>7</sup> [B0366-discharge-medicines-toolkit.pdf \(england.nhs.uk\)](#)

Hampshire residents may choose to have their appliances dispensed from a dispensing appliance contractor anywhere in the country. A large proportion of patients who are regular users of appliances will have them delivered.

### **5.3 Advanced services**

Advanced services are those services that pharmacy and dispensing appliance contracts may choose to provide if they meet the required standards within the CPCF. As at September 2024, the following nine advanced services may be provided by pharmacies in Hampshire:

- New Medicine Service (NMS)
- Flu Vaccination Service
- Pharmacy Contraception Service
- Pharmacy First service
- Hypertension Case-Finding
- Smoking Cessation Service
- Stoma Appliance Customisation
- Appliance Use Reviews
- Lateral Flow Device (LFD) service

#### **5.3.1 New Medicine Service (NMS)**

The new medicine service provides support for people with long-term conditions who have been newly prescribed a medicine. The aim of the service is to help improve medicines adherence and enhance self-management. Non-adherence to appropriately prescribed medicine is a health problem of major relevance to the NHS. It has been suggested that increasing the effectiveness of adherence interventions may have a far greater impact on the health of the population than any improvement in specific medical treatments. Research has shown that pharmacists can successfully intervene when a medicine is newly prescribed, with repeated follow up in the short term, to increase effective medicine taking for the treatment of a long-term condition.

The service consists of three stages, which are: patient engagement, intervention and follow up. Engagement takes place following the prescribing of a new medicine for the management of a long-term condition when the patient will be offered the opportunity to use the NMS. If the patient agrees, the pharmacist and patient will have a discussion and the pharmacist will assess the patient's adherence to the medicine(s), identify problems and determine the patient's need for further information and support. The pharmacist will then agree a time for the follow up after the intervention.

All stages of the service provide an opportunity for healthy living advice to be provided, as appropriate to the individual.

As at April 2024, there were 204 pharmacies in Hampshire providing an NMS service, ensuring good coverage across the whole population. The data presented in table 5 covers 2023/24 NMS activity and suggests there is good uptake of the NMS service across the county.

*Table 5 - Number of pharmacies providing NMS and NMS activity in 2023/24 by Hampshire district*

Local authority area	Number of pharmacies providing NMS	Number of NMS (2023/24)
<b>Hampshire</b>	<b>204</b>	<b>82,822</b>
Basingstoke and Deane	23	7,581
East Hampshire	15	5,650
Eastleigh	20	9,907
Fareham	14	6,700
Gosport	15	7,623
Hart	16	4,485
Havant	22	10,016
New Forest	35	16,328
Rushmoor	18	6,815
Test Valley	15	4,616
Winchester	11	3,101

### 5.3.2 Flu vaccination services

Community pharmacy has been providing flu vaccinations under a nationally commissioned service since September 2015. Each year from September to March, the NHS runs a seasonal flu vaccination campaign. It aims to vaccinate all patients who are at risk of developing more serious complications from the virus.

From September 2023 to March 2024, NHS England data show that 159 of the 210 pharmacies (excluding distance selling premises) in Hampshire dispensed flu vaccinations. A total of just over 103,150 vaccinations were dispensed by pharmacies within the county over the flu vaccination period.

### 5.3.3 Pharmacy Contraception Service (PCS)

This service was launched across England in April 2023 allowing the on-going supply of oral contraception by community pharmacists, which was then expanded in December 2023 to include initiation of oral contraception for first time service users. The aim of the service is to offer people greater choice and access when considering starting or continuing their current form of oral contraception.

As at November 2023, 67 of the 210 pharmacies (excluding distance selling pharmacies) in Hampshire had signed up for the NHS Pharmacy Contraception Service.

### **5.3.4 Pharmacy First service**

The NHS Pharmacy First consultation service was launched in January 2024 to give patients quick and accessible care for a minor illness or an urgent repeat medicine supply and ease pressure on GP services. Commissioned by NHS England in agreement with the DHSC and Community Pharmacy England, the service builds on but replaces the Community Pharmacy Consultation Service (CPCS). The service enables community pharmacists to complete episodes of care without the need for the patient to visit their GP, shifting demand away from general practice.<sup>8</sup>

Through the Pharmacy First service community pharmacies are enabled to manage patients for seven conditions: acute otitis media, impetigo, infected insect bites, shingles, sinusitis, sore throat and uncomplicated urinary tract infections. It is expected that this service will continue to develop over the lifetime of this PNA.

### **5.3.5 Hypertension Case-Finding Service**

Pharmacists are also increasing the number of blood pressure checks given to at-risk patients. The Hypertension Case-Finding Service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement. The second stage, where clinically indicated, is offering 24-hour ambulatory blood pressure monitoring (ABPM). The blood pressure test results will then be shared with the patient's GP to inform a potential diagnosis of hypertension.

As at April 2024, there were 179 pharmacies in Hampshire providing blood pressure checks, providing good coverage across the whole population. The data presented in table 6 covers 2023/24 and suggests there is good access to blood pressure check services across the county.

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<sup>8</sup> [NHS England » Launch of NHS Pharmacy First advanced service](#)

Table 6 - Number of pharmacies providing blood pressure check services in 2023/24 by Hampshire district

Local authority area	Number of pharmacies providing blood pressure checks	Number of blood pressure checks
<b>Hampshire</b>	<b>179</b>	<b>37547</b>
Basingstoke and Deane	20	2895
East Hampshire	13	5207
Eastleigh	14	1957
Fareham	11	1192
Gosport	13	1814
Hart	16	3055
Havant	19	9213
New Forest	34	5083
Rushmoor	16	3393
Test Valley	14	2582
Winchester	9	1156

### 5.3.6 Smoking Cessation Advanced Service

The Smoking Cessation Advanced Service (SCAS) is for patients who started their stop-smoking journey in hospital. This service will allow NHS trusts to refer patients to a pharmacy of their choice so they can continue receiving treatment, advice, and support with their attempt to quit smoking when they are discharged.

As at April 2024, there were 87 pharmacies that offered the smoking cessation advanced services. In 2023/24 there were 155 smoking cessation consultations.

### 5.3.7 Stoma Appliance Customisation

The Stoma Appliance Customisation Service involves the customisation of stoma appliances, to ensure proper use and comfortable fitting to improve the duration of usage, thereby reducing waste. This service is provided predominantly by dispensing appliance contractors in Hampshire. Only four community pharmacies recorded small amounts of stoma appliance customisation activity in 2023/24.

### 5.3.8 Appliance Use Reviews

The aim of Appliance Use Reviews is to improve the patient's knowledge and use of any specified appliance. This service is also provided predominantly by dispensing appliance contractors in Hampshire.

### 5.3.9 Lateral Flow Device (LFD) service

The Lateral Flow Device (LFD) service allows eligible patients to be provided with COVID-19 Lateral Flow Device test kits from participating community pharmacies.

The NHS offers COVID-19 treatment to people with COVID-19 who are at risk of becoming seriously ill. To access treatment, eligible patients first need to be able to test themselves if they have symptoms suggestive of COVID-19. It is important that

these patients have LFD tests at their home in advance of developing symptoms so that they can undertake a test promptly.

#### **5.4 Enhanced services**

National Enhanced Services are commissioned by NHS England. In Hampshire, there is one national enhanced service, COVID-19 vaccination as of September 2024.

Local Enhanced Services are commissioned by ICBs. The services that may be commissioned are listed in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013. The ICBs may commission a Local Enhanced Service in selected pharmacies for bank holiday opening if necessary.

#### **5.5 Local Pharmaceutical Services (LPS)**

A local pharmaceutical services contract allows ICBs to commission services that are tailored to meet specific local requirements. It provides flexibility to include within a locally negotiated contract a broader or narrower range of services than is possible under national pharmacy arrangements set out in the 2013 regulations. The contract must include an element of dispensing as a minimum.

As at September 2024, there are currently no LPS in Hampshire.

#### **5.6 Locally commissioned and other non-NHS commissioned services**

Locally commissioned community pharmacy services can be contracted via several different routes and by different commissioners, including local authorities, ICBs and local NHS England teams. In Hampshire, both ICBs commission a palliative care service. Frimley ICB has a locally commissioned service to supply medication for the urgent treatment of COVID-19 and Influenza.

Other non-NHS commissioned services are also provided by community pharmacy and although not defined as pharmaceutical services, they do add context to the overall provision of pharmaceutical services across the county. These are services that the health and wellbeing board is satisfied have secured improvements, or better access, to pharmaceutical services. Such services commissioned by Public Health Hampshire are detailed below.

##### **5.6.1 Emergency Hormonal Contraception**

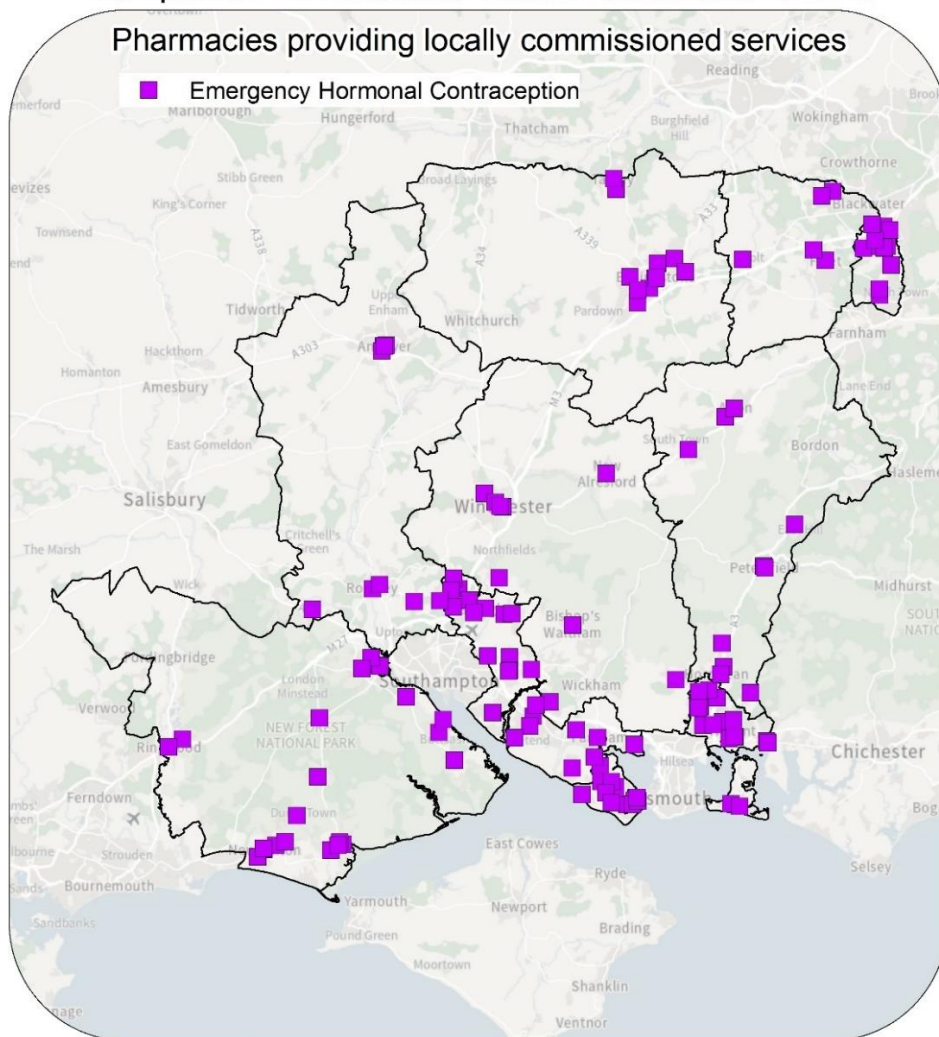
Local authorities are mandated to provide or secure the provision of open access sexual health services which includes access to contraception over and above contraceptive services provided as an “additional service” under the GP contract. The emergency hormonal contraceptive service in pharmacies works to improve sexual health by:

- Providing good local access to emergency contraception and sexual health advice for women who have had unprotected sex to reduce unintended pregnancy.

- Increasing knowledge, especially among young people, of the availability and effectiveness of emergency contraception.
- Referring clients, especially those from groups with poorer sexual health outcomes, into mainstream contraceptive services for regular contraception advice and services.
- Increasing the knowledge of risks associated with sexually transmitted infections (STIs) and signposting young people under the age of 25 to local sexual health services, including the availability of STI home-sampling services and free condoms.
- Strengthening the local network of contraceptive and sexual health services to provide improved access to local services.

As at September 2024, 134 pharmacies are signed up to provide emergency hormonal contraception, see map 12. There may be fluctuations in the number of pharmacies that provide this service due to the availability of trained pharmacists, which can be affected by leave arrangements or changes in staff.

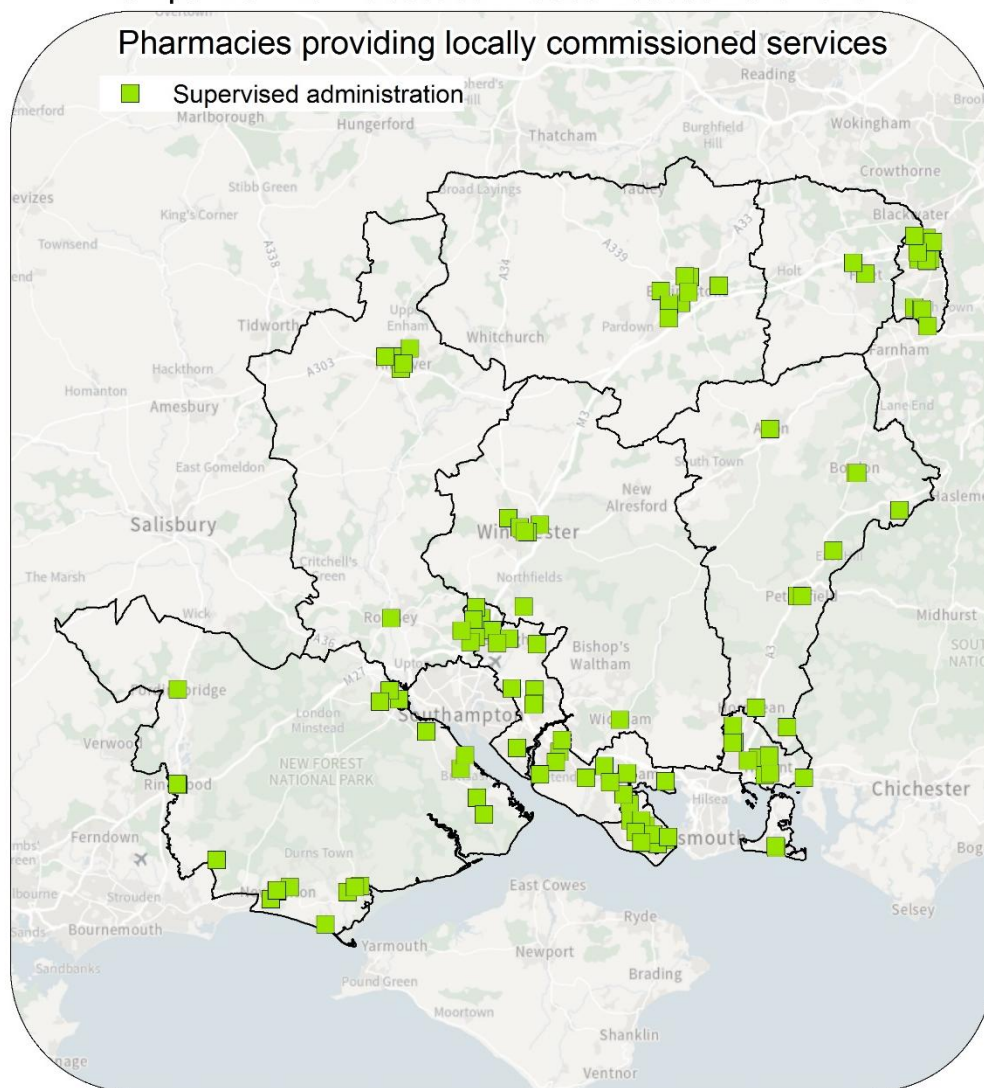
*Map 12 - Map showing locations of pharmacies providing EHC in Hampshire*  
 Hampshire Pharmaceutical Needs Assessment 2025-28



### 5.6.2 Supervised Administration Programme (SAP)

The SAP programme is currently delivered through community pharmacies which requires the pharmacist to supervise the consumption of oral methadone, buprenorphine and other drugs that may be used in the management of drug dependency / misuse; ensuring that the dose has been administered to the patient where the prescriber has indicated that supervised consumption is appropriate. Pharmacists will also provide support to service users collecting their dispensed prescriptions for methadone and other drugs used in the management of drug misuse / dependency where supervised consumption is not indicated. As at September 2024, 117 pharmacies delivered the SAP programme, see map 13.

Map 13 - Map showing locations of pharmacies providing the supervised administration programme  
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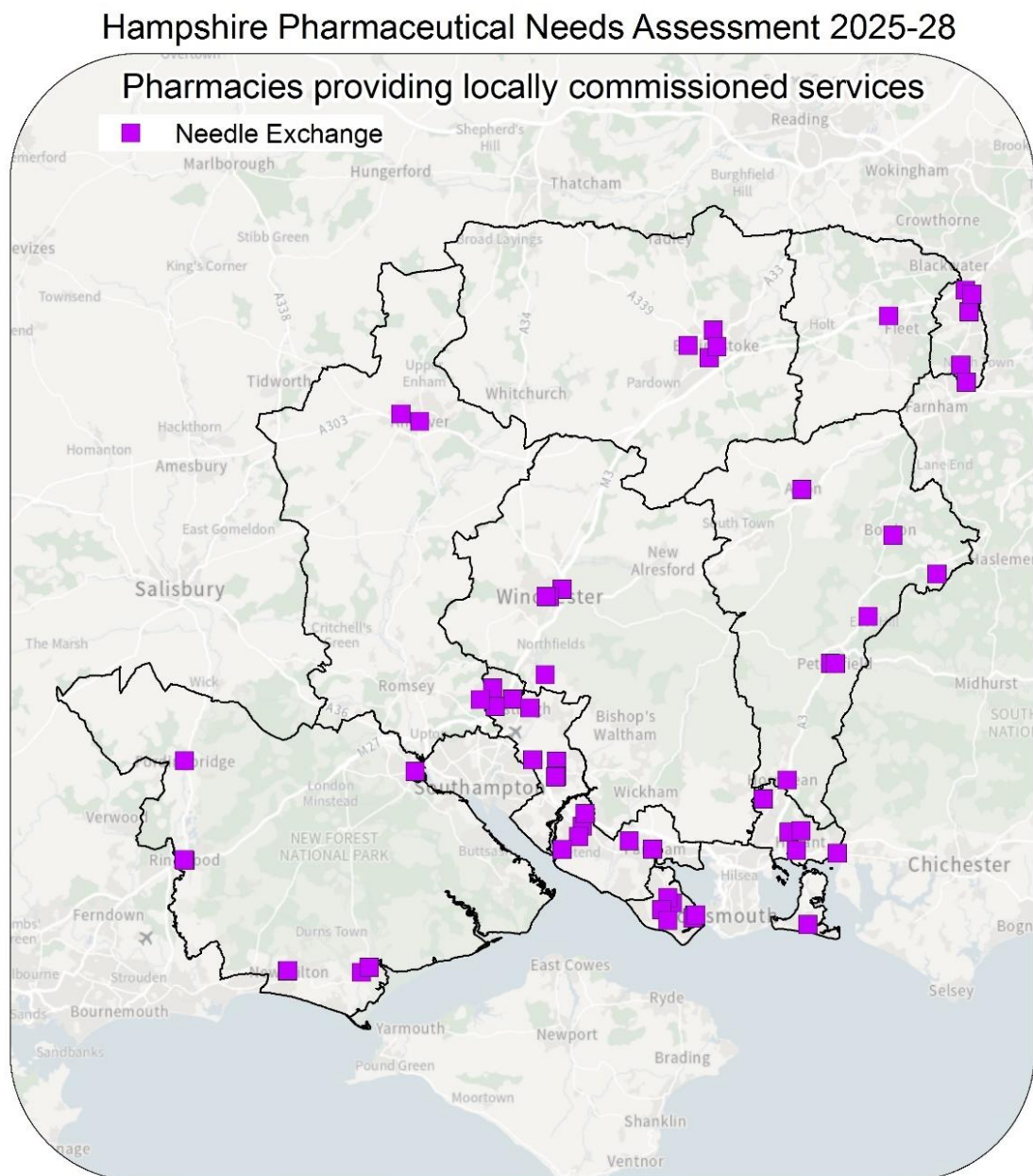


### 5.6.3 Needle Exchange

Community pharmacies offer a needle exchange service for injecting drug users. A targeted approach to harm minimisation is taken, with a small number of pharmacies also offering take-home Naloxone, referrals to community substance misuse services, Blood Borne Virus testing and mini-health-checks. Pharmacies currently offer 'pick and mix' (bespoke) injecting equipment plus health promotion advice.

As at September 2024, 59 pharmacies offered a needle exchange service, see map 14.

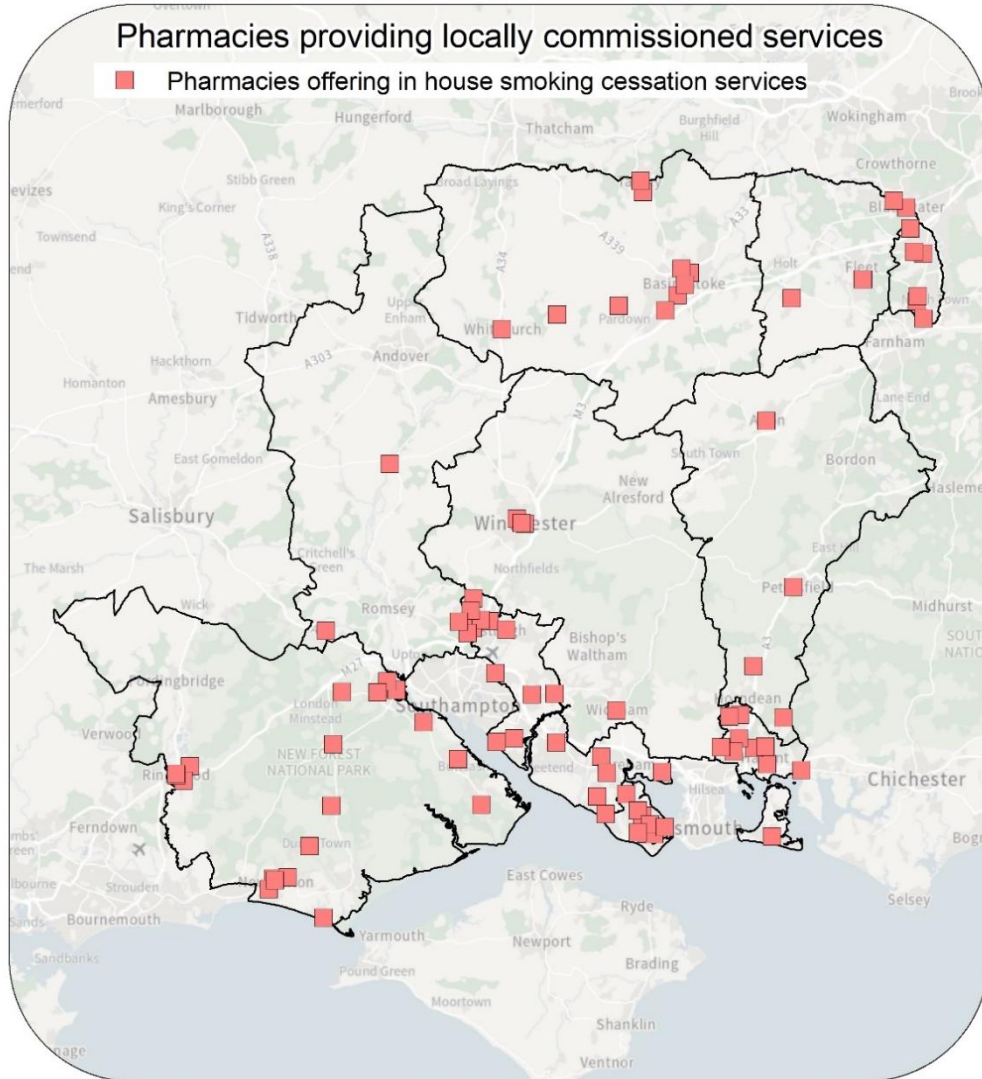
Map 14 - Map showing locations of pharmacies offering a needle exchange service



### 5.6.4 Smoking cessation service

Smoking cessation services helping people who want to stop smoking (not just those who start their stop smoking journey in hospital) are offered in community pharmacies. Stop smoking services with nicotine replacement therapy (NRT) are available at 89 pharmacies across the county, see map 15.

Map 15 - Map showing locations of pharmacies offering an in-house smoking cessation service  
Hampshire Pharmaceutical Needs Assessment 2025-28



## 5.7 Local health services

Other NHS services can affect the need for pharmaceutical services, including hospital and community services.

Hampshire Hospitals NHS Foundation Trust serves a population of approximately 600,000 people across Hampshire and parts of west Berkshire. It has three main hospital sites, Andover War Memorial Hospital, Basingstoke and North Hampshire Hospital and Royal Hampshire County Hospital.

The pharmacy departments at Hampshire Hospitals Foundation Trust provide several services: a clinical pharmacy service, dispensing of medications, medicines information, technical services, and clinical trials. There is a pharmacy in Winchester at the Royal Hampshire County Hospital, open 9am to 1pm and 2pm to 5pm Monday to Friday, and in Basingstoke at the Basingstoke and North Hampshire Hospital, open Monday to Friday 9am to 5pm. There is also a pharmacy office at Andover War Memorial Hospital<sup>9</sup>.

Residents also access hospitals across the county border including Frimley Park Hospital in Surrey, Southampton General Hospital in Southampton and Queen Alexandra Hospital in Portsmouth. In 2020, there were over 300,000 admissions of Hampshire residents into hospitals across the county border<sup>10</sup>.

Hampshire and Isle of Wight Healthcare NHS Foundation Trust provides a wide range of community, mental health and learning disability services. The Trust provides health services at several sites across the county. Surrey and Borders Partnership NHS Foundation Trust provide mental health services across north east Hampshire.

Lymington New Forest Hospital is the largest site and is located in the New Forest, in the southwest of Hampshire. The hospital has five inpatient wards including a stroke rehabilitation unit and medical admissions unit. The hospital has an onsite pharmacy<sup>11</sup>.

There were 101 GP practices located within the county boundaries as at October 2024.

As at September 2024, there were 255 NHS dental practices in Hampshire<sup>12</sup>.

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<sup>9</sup> [Home :: Hampshire Hospitals](#)

<sup>10</sup> [Microsoft Power BI](#)

<sup>11</sup> [Lymington New Forest Hospital :: Southern Health NHS Foundation Trust](#)

<sup>12</sup> [CSV downloads - NHS England Digital](#)

## **6. Population and health**

A brief outline of the health needs of the population of the county is outlined below.

Supplementary document one of the PNA brings together data from the Joint Strategic Needs Assessment, Hampshire County Council's Small Area Population Forecasts, and other sources to provide a description of the population across the county. Supplementary document two breaks down the health needs of the population as well as temporal and geographical access to pharmaceutical services at district level.

### **6.1 Demography and socio-economic factors**

#### **6.1.1 Population**

It is important to assess future changes in the number of dwellings and resident population to ensure that the location, number, and choice of pharmaceutical services meet the current and future needs of the county over the lifetime of this document.

In 2025, the population of Hampshire is estimated to be 1.46 million people, making it the third most populous county in England after Kent and Essex. The population is estimated to increase by 53,245 individuals by 2030, a rise of 3.7%. This increase varies across the eleven districts of the county, ranging from an increase of just 1.7% in Hart to an increase of 6% in Fareham. Most of this growth is estimated to be in the population aged 65 years and older, in absolute and relative terms. The population is predicted to increase by 38,353 individuals by 2030, an increase of 11.2% from 2025 across Hampshire.

The composition of the population varies across the eleven districts of the council, and this is examined in more detail in supplementary document two.

There is also expected to be an increase in the number of dwellings in the county over the next five years of around 31,200 dwellings.

### **6.2 Key population groups with specific pharmacy needs**

#### **6.2.1 Age**

Health needs tend to be greatest amongst the very young and the very old. As people get older, their use of medicines tends to increase due to a greater prevalence of chronic diseases. The Health Survey for England reported that more than 90% of those aged 75 and over had taken one or more medicines in the past week. This increase was steeper for men than it was for women<sup>13</sup>.

Hampshire has an older population than average, and the population aged 85 years and over is forecast to increase more than any other age band over the next five years. This has implications for the planning and need for pharmaceutical services.

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<sup>13</sup> [HSE2016-pres-med.pdf \(hscic.gov.uk\)](https://www.hscic.gov.uk/prescription-prescribing/HSE2016-pres-med.pdf)

### **6.2.2 Rural communities**

Hampshire is a predominantly rural county and 23% of the county's population live in rural areas.

Health outcomes are generally better in rural areas than in urban ones. This often masks small pockets of rural deprivation and associated poor health outcomes. Rural communities are also increasingly older and financial poverty in rural areas tends to be concentrated in this older population. This is compounded by issues around accessibility to health care and pharmacy services, transport issues, digital access or exclusion, and lack of community support in some areas<sup>14</sup>. Those living in rural communities who do not own a car may have limited access to pharmacy services and may be more likely to rely on distance selling providers. They are also more likely to be living in 'controlled localities' and being registered with dispensing practices.

### **6.2.3 Deprivation**

Hampshire is a relatively affluent area overall, with lower levels of deprivation than the national average. Deprivation varies substantially across the county. Across Hampshire, there are 37 Lower Layer Super Output Areas (LSOAS) in the most 20% deprived in the country. Twenty-three of these are in Havant district, eight in Gosport, three in both the New Forest and Rushmoor, and one each in Basingstoke and Deane, Eastleigh and Test Valley. There is a strong association between deprivation and poor outcomes, such as ill health and higher crime levels. Increased demand on pharmacies from those living in more deprived areas is evident with 30% of the Pharmacy First consultation in its first month of service being provided to those living in the 20% most deprived areas in England.<sup>15</sup>

## **6.3 Health of the population**

Certain lifestyle health behaviours are known risk factors for chronic diseases and premature mortality. While Hampshire compares well to national and regional averages for participation in physical activity, obesity, alcohol-related health and social harm and smoking, these lifestyle behaviours still equate to high numbers of people across the county. Of Hampshire's adult population, 19% (about 220,000 individuals) are thought to be physically inactive, around 11% (approximately 120,000 residents) are estimated to smoke, over 64% (around 750,000 people) of residents are overweight and 22% (around 250,000 individuals) of people drink above the recommended safe levels for alcohol every week. These lifestyle health behaviours may be influenced by wider determinants of health such as deprivation and poor living circumstances.

Life expectancy in Hampshire is 81.2 years for men and 84.4 for women compared to the England average of 78.8 and 82.8 respectively (2020-2022). Both are significantly

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<sup>14</sup> [Health and wellbeing in rural areas | Local Government Association](#)

<sup>15</sup> [Almost a third of Pharmacy First consultations have been carried out in most deprived areas of England - The Pharmaceutical Journal](#)

higher than the national average. However, there are inequalities across the county, the difference in male life expectancy at birth between the areas in the most and least deprived deciles of Hampshire is 6.8 years. The difference for females is 4.9 years.

The Global Burden of Disease is a global study which analyses causes of deaths, diseases, injuries, and risk factors in 204 countries. It presents the top causes and risk factors that drive the most death and disability in terms of their overall 'burden' as measured by disability adjusted life years (DALYs). The Global Burden of Disease 2021 data for Hampshire show that the leading causal factors for DALYs were neoplasms (18%), cardiovascular diseases (13%), musculoskeletal conditions (10.48%), respiratory infections (8.33%) and mental disorders (8.32%). People with these diseases are more likely to be prescribed medication by a GP to help manage their conditions. The top risk factors that drive disability in Hampshire are tobacco (7.72%), high body-mass index (6.96%), high fasting plasma glucose (6.09%), dietary risks (5.90%) and high systolic blood pressure (5.21%).

One in four adults experience mental ill health at any one time and people with mental ill health are twice as likely as the general population to have serious physical illnesses. The cohort of people with serious mental health problems tends to have reduced life expectancy when compared with the general population.

The burden of disease is changing with increasing proportions of people in Hampshire diagnosed with multiple long term conditions such as diabetes, hypertension, coronary heart disease, osteoarthritis, including dementia, and this challenge of multimorbidity will impact on prescribing practice. We know that age and deprivation are also strong predictors of multimorbidity.

Whilst pharmaceutical services are needed for long term conditions, they are also needed for acute injuries, and for behavioural risks.

## 7. Gap Analysis

The information collected and analysed for this needs assessment has been used to conduct a 'gap analysis' to determine whether the pharmaceutical services in Hampshire meet current and future needs. The Steering Group agreed that driving distances by car would be the most appropriate measure given the size of the county and its number of constituent districts. Three different distances have been used to assess geographical accessibility across the county. A 1 mile (straight-line distance) from a pharmacy has been compared with population density across the county. A travel distance of 2.5 miles was used to assess accessibility in districts that are predominantly urban in character with a slightly longer drive distance of 5 miles applied in more rural districts.

### 7.1 Do existing pharmaceutical services meet current needs?

- Hampshire's overall population health is better than the national average. It has higher average life expectancy and healthy life expectancy, although improvements have slowed in recent years. The county has higher levels of most long-term conditions. However, it has lower self-reported disability as well as higher levels of self-reported good health.
- The population of Hampshire is older than the national average. It has a greater proportion of the population aged 65 years and over, and a lower proportion of working age, 20 to 44 years. This is expected to increase in absolute and relative terms over the lifetime of this PNA.
- There are specific groups within the resident population who are more likely to experience worse health outcomes, greater difficulties accessing services and who may have a greater level of health needs and associated requirements for pharmaceutical services.
- It is acknowledged that some community pharmacies have closed, or reduced their opening hours, since the previous PNA was published. Whilst it is recognised that these reductions in opening hours will have an impact on local residents, the loss of these hours is not deemed to constitute a 'gap' in current provision. The purpose of the PNA is to systematically assess provision across the county as a whole and to ensure that gaps in necessary services are not identified inappropriately or in areas where the market cannot sustain another provider. At the same time, it needs to be recognised that future trends in community pharmacy provision suggest an increasingly clinically focused role, with less emphasis on dispensing and greater use of technology and automation to make dispensing more efficient.
- There is good geographical spread of community pharmacies providing the necessary services across the county concentrated in urban areas where population density is highest. (see section 4.2.2)
- Large geographical areas of Hampshire are not within 1 mile of a pharmacy. However, when population density is added to the map, these are largely sparsely populated, rural parts of the county. The county has 26 dispensing

practices to serve these communities. There is also substantial cross border provision to the south of the county in the cities of Southampton and Portsmouth.

- A pharmacy in Hampshire is accessible to most of the resident population. Overall, 98% of the population live within a 5-mile drive of a pharmacy located within the county. The more urban population can access a pharmacy within 2.5 miles. Nearly all the population outside of the 5-mile drive zone are resident in sparsely populated areas classified as rural village and dispersed.
- There are 14.7 community pharmacies per 100,000 in Hampshire, which is lower than the national average and similar to provision in the wider combined area of Hampshire, Portsmouth, Isle of Wight, and Southampton at 15.0 pharmacies per 100,000 population. There is no national expectation on the number of pharmacies per head of population and it should be noted that these are crude ratios that do not consider the size or staffing levels of the pharmacies included within them, nor do they adjust for other forms of pharmacy provision.
- With 23 '100-hour' pharmacies across the county as well as supplementary hours in other pharmacies and cross border pharmacy provision in neighbouring HWB areas, there are sufficient access times across the county. Ten of Hampshire's eleven districts have at least one 100-hour pharmacy operating within its borders. The only district without provision is Eastleigh but there are four 100-hour pharmacies operating over the Hampshire border in the city of Southampton.
- There is distance selling provision within the county which shows increasing dispensing activity both to Hampshire residents and across England.
- All pharmacies provide the full range of essential pharmaceutical services, which have been defined as 'necessary services' for the purposes of the PNA.
- There is good provision of advanced services across Hampshire and services such as NMS and Hypertension Case-Finding service are appropriately distributed across the eleven districts of Hampshire.
- A range of enhanced and locally commissioned services are delivered across the county. There is some variation in advanced, enhanced and locally commissioned services as their provision is not compulsory.

It is considered that the number, distribution, and service provision across the county meets the current needs of the population, with no gaps in necessary services in Hampshire. There are no identified enhancements to current service provision for improvements or better access to services.

## **7.2 Do existing pharmaceutical services meet future needs?**

Areas of significant new development have been identified in each of Hampshire's eleven districts in supplementary document two. Current provision has been deemed sufficient in terms of geographical accessibility and opening hours given the expected increases in population in these areas. This assumes that market conditions and

health needs remain the same over the life span of this document. Whilst no gaps have been identified in current or future pharmaceutical provision, the health and wellbeing board has a statutory duty to assess the impact of any future changes in provision and describe any resulting gaps if applicable. Many are within urban areas where current pharmacy provision of necessary services is extensive. Whilst it is anticipated that future demand over the lifecycle of this document will be met by existing service provision, it is likely that the prevalence and complexity of multimorbidity will grow, and coupled with an ageing demographic and deprivation, this will pose upcoming challenges in terms of optimising prescribing and will need to be considered in the next revision of the PNA.

## **8. Conclusion**

The conclusion of this PNA is that the number, geographical distribution, opening hours and choice of pharmaceutical services currently meet the needs of Hampshire's population and will meet future needs within the lifetime of this document, assuming that market conditions and health needs remain unchanged.

It should be noted that the main audience for the PNA is those wishing to enter the local pharmaceutical market. The analysis contained within this document is limited to the identification of gaps in terms of location and opening hours as defined by DHSC. It is acknowledged that there may be issues with access to pharmaceutical services for Hampshire residents that fall outside of this scope.

Comments related to the quality of the service provided by community pharmacies such as medication availability, staffing levels, and waiting times have been referred to the organisations which are responsible for these aspects of service delivery.