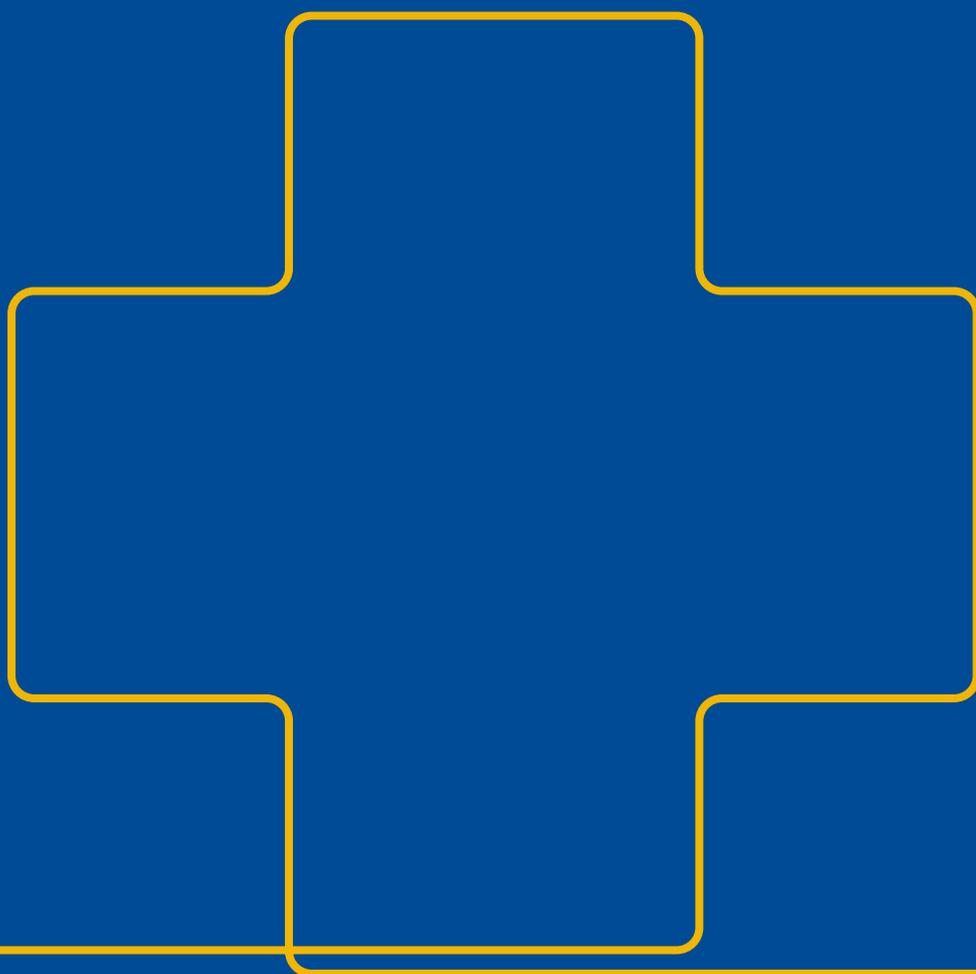


Isle of Wight Council

Pharmaceutical Needs Assessment



May 2022

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1 Executive Summary

Since April 2013 every health and wellbeing board 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 the Isle of Wight, 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 Isle of Wight 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 Island. The provision of pharmaceutical services across the Isle of Wight is considered, both in terms of geographical accessibility and opening hours, within the main document.

This information is then used to conduct a gap analysis which examines current provision and future growth, based on anticipated development over the coming years.

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

This is based on the following:

- There is a good geographical spread of community pharmacies across the Island (Section 7).
- A pharmacy on the Isle of Wight is accessible to the majority of the resident population (99 per cent) within a five mile drive of a pharmacy. The more urban population are able to access a pharmacy within 2.5 miles. The majority of the population outside of the five mile drive zone are resident in areas classified as rural town and fringe (section 7.2).
- 75 per cent of the Island's resident population is within a 20 minute walk of a community pharmacy with additional provision from a dispensing GP practice operating from three sites (section 7.3).
- Housing development is examined in section 7.5. Examination of provision for areas of expected growth suggests that the needs of the associated increases in population can be managed by existing providers.
- There are 18.9 pharmacies per 100,000 population on the Isle of Wight, slightly higher than the national average (section 7.4).
- The number of items dispensed per pharmacy across the Isle of Wight annually is also slightly higher than the national average (section 7.4).
- There is one 100-hour pharmacy on the Island. This pharmacies provide 100 core hours per week of pharmaceutical services, extending opening hours both in the morning and late into the evening and weekends (section 6).
- All 29 community pharmacies provide the full range of essential pharmacy services (section 5.7).

- There is good provision of advanced services across the Island (section 5.8).
- There are a range of locally commissioned and enhanced services delivered across the Isle of Wight (section 5.9 and 5.10).

2 Introduction

2.1 Definition and purpose of the pharmaceutical needs assessment

A pharmaceutical needs assessment (PNA) is a statement of the pharmaceutical needs of the population within the local area. Its aim is to understand if pharmacy services are currently being offered in the right places to meet the needs of the local communities they serve and if they will continue to do so in the future.

The NHS Act 2006, amended by the Health and Social Act 2012, sets out the requirements for health and wellbeing boards (HWBs) to develop and update pharmaceutical needs assessments. 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 filled¹.

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 development².

The purpose of the pharmaceutical needs assessment is primarily to be used by NHS England to make market entry decisions. It will be used when applications are received to enter or amend the pharmaceutical list within the Isle of Wight HWB area. It may also be used by local authorities and clinical commissioning groups when commissioning services from pharmacies and dispensing appliance contractors, ensuring that services are targeted to areas of need.

The Isle of Wight's joint health and wellbeing strategy has been developed by the Isle of Wight's health and wellbeing board to improve health across the Island. One of the purposes of this document is to ensure that the right services are delivered where and when they are needed the most, this includes pharmaceutical provision.

This PNA replaces the assessment undertaken by Isle of Wight Council public health team in 2018.

2.2 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 Health and Social Care Act 2012 brought about major reforms to the NHS, abolishing Primary Care Trusts (PCTs) and transferring the responsibility for developing, updating and publishing local PNAs from PCTs to HWBs. At the same time responsibility for using the PNAs as the basis for determining market entry to a pharmaceutical list also transferred from PCTs to NHS England³.

The HWB must publish revised statements on a three yearly basis. It should 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 HWB should also produce supplementary statements which explain changes to the availability of pharmaceutical services in certain circumstances.

2.3 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 general public.

The PNA then defines the different types of pharmaceutical services and the provision of these across the relevant area. Access is then considered in terms of opening hours and geographical access.

The need for pharmaceutical services across the Isle of Wight is then 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 further analysis is contained within a separate appendix, containing an analysis of health needs of the Island including population groups with protected characteristics and inclusion groups.

Finally, all the information gathered in the pharmaceutical needs assessment 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.

2.4 Maps within the PNA

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3 Development of the PNA

3.1 Local development of the PNA

The PNA has been undertaken in line with the requirements of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations and the latest guidance published in the information pack for local authority health and wellbeing boards in October 2021⁴.

The Isle of Wight PNA has been in development since September 2021. The document has been written with assistance from partners in neighbouring local authorities, NHS England and Community Pharmacy South Central (Local Pharmaceutical Committee) which is gratefully acknowledged.

3.2 Governance

As recommended in the PNA information pack, a steering group was established to support the PNA process on the Isle of Wight and to oversee the production of the document in accordance with the regulations. The group has representation from key stakeholders including Community Pharmacy South Central and NHS England.

3.3 Gathering of health and demographic data including locality definition

The JSNA for the Isle of Wight has been used to produce an overview of the demography and health needs of the Island. Other sources of information including data related to new housing developments and related population growth have been supplied by other departments within the council.

PNA guidance states that sub localities of the health and wellbeing board may be considered to give a more detailed assessment. Given the relatively small geography and population of the Isle of Wight, the area will be considered as a whole.

3.4 Public and contractor engagement

All community pharmacies on the Isle of Wight (29) were invited to complete a brief questionnaire about their services to inform the development of the PNA. This survey was open from 13 December

2021 until 17 January 2022. Response was initially low due to seasonal winter pressures and additional pressures placed on pharmacies by the accelerated COVID-19 booster roll-out and lateral flow test distribution. As a result, the deadline was extended but response was still relatively low, resulting in two responses (a response rate of 6.9 per cent).

3.5 Pharmaceutical service information

NHS England 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 Isle of Wight Council.

Advice and expertise has also been provided by NHS England, Community Pharmacy South Central and planning services and public health at the council.

3.6 Analysis and drafting

Health, demographic, pharmaceutical service and all other information were collated to examine how the health needs of the population can be met by current provision of pharmaceutical services. Those who share a protected characteristic as defined in the Equality Act⁵ as well as any other groups with specific needs that exist within the area such as university students and offenders, were identified in the PNA.

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. The Steering Group agreed that living within 1.6km travel distance would be a key criterion for the gap analysis; this distance was deemed appropriate as it is used to decide whether a GP can dispense prescriptions. Given the rural nature of some parts of the Isle of Wight, it was decided to use two further travel distances of 2.5 miles and five miles travel distance. Opening hours and services provided were also included in the gap analysis.

Following the analysis, a draft consultation document was completed in line with national guidance.

3.7 Review and sign-off

The document was then reviewed by the director of public health and the public health senior management team.

3.8 Consultation

The health and wellbeing board will consult with relevant organisations about the contents of the pharmaceutical needs assessment in line with statutory requirements. The consultation will run for a period of 60 days in May and June. Conclusions will be reflected in the final version of the PNA.

3.9 Review, sign-off and publication

The steering group will review the responses to the consultation and agree any changes to be made to the document as a result. A report on the consultation will be included in the final version of the document.

The document will then be finalised and presented for sign-off at the health and wellbeing board in July 2022 before planned publication in October 2022.

4 Isle of Wight context

4.1 Population overview

The Isle of Wight is the largest and second-most populous island of England. It is located off the south coast of England, in the English Channel. The Isle of Wight is separated from the mainland county of Hampshire by the Solent.

The population of the Island in 2020 is estimated to be just short of 142,300 people and around 70,000 households, according to the Office for National Statistics⁶. This makes the Isle of Wight the second least populous county in England after Rutland. Over the ten year period between the Censuses of 2001 and 2011, the Isle of Wight's population increased by 4.2 per cent which, in absolute numbers, equates to an increase of just over 5,500 people.

The population pyramid illustrates the structure of the latest mid-year population estimates available for the Island compared to England. The chart shows that the Island has an older population structure than the national average, with a greater proportion of the population aged 50 years and over and a lower proportion of both adults of younger working age, 20 to 49 years, and children and young people aged 0 to 19 years (figure 1). The Island's older residents (aged 75 years and over) account for 13.3 per cent of the population compared to 8.6 per cent nationally. There are just over 2,000 people living on the Island who are aged 90 years and over. Census 2011 data reported that the average age across the Island is 44 years, compared to the average age nationally of 39 years.

The Isle of Wight's population density is lower than that of England, 374 people per square kilometre compared to 434 per square kilometre in England. Population density varies greatly across the Island, with higher population density generally correlated to the rural/urban classification of the area.

The Isle of Wight is mainly rural with areas classified as urban around Cowes, Ryde, Newport, Shanklin and Sandown. These areas hold 69 per cent of the Island's population. A further 21 per cent of the population live in rural two and fringe area, whilst the remaining 10 per cent are in rural villages.

92.7 per cent of the Island's population are resident in areas defined as coastal. The Chief Medical Officer's 2021 Annual Report outlined that coastal areas have lower life expectancy and higher rates of many diseases in comparison to non-coastal areas⁷.

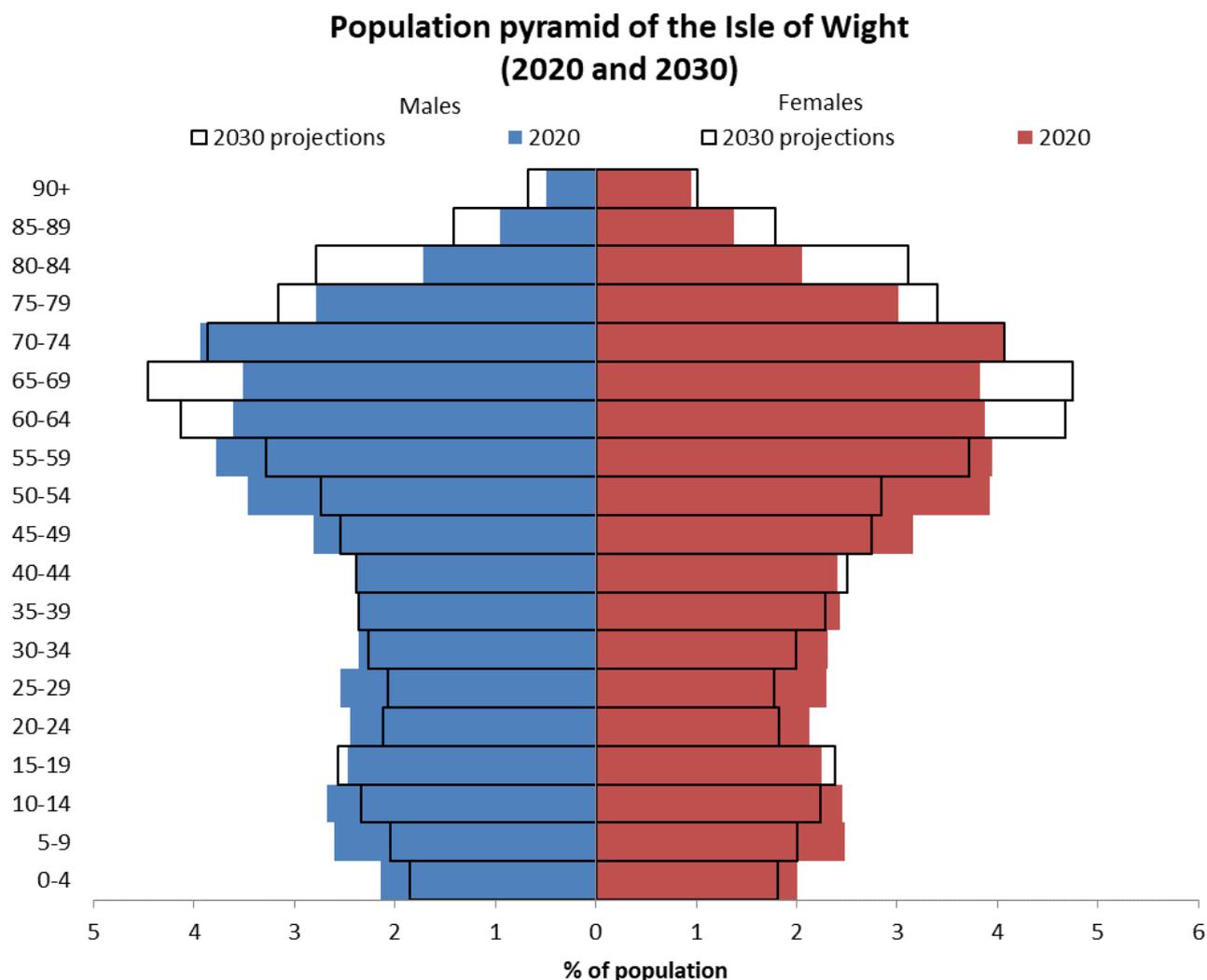
 Source: Office for National Statistics (ONS) Mid-2020 Population Estimates

The Island is the 80th most deprived authority in England (out of 317) according to the Index of Multiple Deprivation (IMD) 2019, and there are pockets within the Isle of Wight that fall within the most deprived areas in the country. 12 areas on the Island are amongst the top 20 per cent most deprived in England. The areas of higher deprivation on the Island include urban areas in Cowes, Newport, Ryde and Ventnor. Just over half the population of the Island lives in area which are in the three deciles of highest deprivation.

The population of the Island is less diverse than that of England as a whole, with 97.3 per cent of resident describing themselves as belonging to White ethnic groups compared to the national average of 86 per cent. The diversity of the area’s population is increasing, 2.7 per cent of the population described themselves as belonging to an ethnic minority group in 2011, up from 1.3 per cent in the previous census.

Overall, the White population of the Island has higher proportions of people in the older age groups. The demographic of the population who are from an ethnic minority group tends to be younger.

Figure 2 – Population forecast population for the Isle of Wight 2020 and 2030



Source: Office for National Statistics (ONS) Mid-2020 Population Estimates and 2018-based population projections

The population of the Isle of Wight is expected to increase by 5.6 per cent from 2020 to 2030, this equates to an increase of 8,000 people. The population of the Island is ageing with increases predicted mainly amongst the older population, aged 60 years and over (figure 2). The 0-29 year age group is predicted to increase by 7.1 per cent. The 30-59 year old age group a decrease of 5.4 per cent while the 60+ age group shows an increase of 26.3 per cent, from 51,520 people to 65,094. This ageing population will have an increasing impact on the demand for health and social care services in the area.

The table below shows the areas where planning applications have been approved and when the homes are expected to be delivered. The area expecting the highest levels of development over the next five years is Ryde, where nearly 2,000 homes are expected to be delivered over the next few years. Other areas expecting significant developments are Cowes, Newport and East Cowes (table 1).

Table 1 - Developments by settlement from 2021/22 to 2026/27 onwards

Settlement	Delivery trajectory						Total units
	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27 onwards	
Arreton	0	0	42	0	0	0	42
Bembridge	0	5	17	26	52	22	122
Calbourne	0	0	12	0	0	0	12
Carisbrooke	11	5	0	0	0	0	16
Cowes	37	22	68	73	92	602	894
East cowes	0	0	11	51	83	342	487
Freshwater	58	49	50	55	45	54	311
Godshill	0	0	35	35	30	0	100
Newport	96	132	156	94	142	130	750
Rookley	0	0	21	0	0	0	21
Ryde	122	88	156	146	150	1314	1976
Sandown	18	28	94	43	19	0	202
Seaview	0	0	17	15	20	15	67
Shanklin	22	3	32	31	10	0	98
Totland Bay	0	0	7	0	0	0	7
Ventnor	25	5	19	0	0	0	49
Wellow	0	0	16	0	0	0	16
Wroxall	3	2	0	0	0	0	5
Yarmouth	0	0	0	9	0	0	9

4.2 The population's health

The Isle of Wight's population health is slightly better than England. The latest life expectancy figures published for the Island (2018 to 2020) are longer than the national average, 79.6 years for men (0.2 years longer) and 83.4 years for women (0.3 years longer). Life expectancy across the Island has been starting to slowly decrease over time, and this has been particularly noticeable for women.

Life expectancy varies with deprivation across the Island, the most recent figures show a difference of 6.8 years between males living in the least deprived areas of the Island and those living in the most deprived and a difference of 3.0 years amongst these two groups for females.

The proportion of residents with a limiting long term illness or disability is slightly higher than the national average. Approximately 10.3 per cent of the population said that they had a long term health problem or disability which limited their day to day activities a lot compared to 8.3 per cent in England. 6.5 per cent of the population reported their health to be bad or very bad (5.5 per cent for England).

Certain lifestyle behaviours are known risk factors for chronic diseases and premature mortality. The Isle of Wight is comparable to, or worse than, national and regional averages for participation in physical activity, obesity, alcohol-related health and social harm and smoking. A fifth of the Isle of Wight's adult population are thought to be physically inactive, nearly 16,900 people are estimated to smoke, nearly 88,100 residents are overweight and nearly 32,600 people drink above the recommended safe levels for alcohol every week⁸. These lifestyle behaviours may be influenced by wider determinants of health such as deprivation and poor living circumstances.

Much of the data used to inform the PNA is from the JSNA published by the Isle of Wight Council Public Health and is included in supplementary document one.

4.3 Local health services

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

The Isle of Wight NHS Trust is the only integrated acute, community, mental health and ambulance care provider in England. Established in April 2012, the Trust provides a full range of health services to the Island's population.

Acute care services – Based at the heart of the Island, with 246 beds and handling 22,685 admissions each year, St Mary's Hospital in Newport, is the main base for delivering acute services. These include the emergency department (A&E), the urgent treatment centre, emergency medicine and surgery, planned surgery, intensive care, comprehensive maternity, special care baby unit (SCBU), and paediatric services.

A hospital pharmacy is operated from St Mary's Hospital and provides a prescription collection service for patients and an over the counter medicine service for the general public. It does not provide any other services and does not form part of this assessment.

Community health services – Delivered in patients' homes, in a range of primary and community settings and from St Mary's Hospital, the community health services include district nursing, health visiting, community nursing teams, a primary dental care service, and orthotics, as well as inpatient rehabilitation and community post-acute stroke wards.

Mental health services – The mental health services provide inpatient and community based mental health care, with 32 beds and community mental health teams supporting a caseload of 1,300 patients. The portfolio also includes specialist child and adolescent mental health services (CAMHS), early intervention in psychosis and memory service and intensive outreach service for residential and nursing care homes.

Ambulance service – The Island's ambulance service delivers all emergency and non-emergency ambulance transport for the Island's population. With almost 22,000 emergency calls and 25,000 emergency vehicles dispatched each year, the service operates from a single base across the Island. The service is also responsible for transporting patients to mainland hospitals when required.

NHS Hampshire, Southampton and Isle of Wight CCG has 12 GP practices located on the Island set across 20 sites. As at January 2022, there were 17 NHS dental practices on the Isle of Wight⁹.

5 Current pharmaceutical services

5.1 Definition of pharmaceutical services and overview of Isle of Wight provision

Section 126 of the 2006 act places an obligation on NHS England and NHS Improvement to put arrangements in place so that drugs, medicines and listed appliances ordered via NHS prescriptions can be supplied to persons. The Community Pharmacy Contractual Framework (CPCF) for 2019/20 to 2023/24 was agreed by the Department of Health and Social Care (DHSC), NHS England and the Pharmaceutical Services Negotiating Committee (PSNC) and describes a joint vision for how community pharmacy will support delivery of the NHS long term plan¹⁰.

Pharmaceutical services is a collective term for a range of services commissioned by NHS England. 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.

NHS England is responsible for preparing, maintaining and publishing a list of pharmacies on the HWB Pharmaceutical List. As at February 2022, there are 29 pharmacies located on the Island. Residents can also access distance selling pharmacies across the country.

There is a separate list for dispensing GPs. As at March 2022, there is one dispensing GP practice on the Isle of Wight.

A description of the different types of pharmacies, the pharmaceutical services provided and details of the current provision of these across the Island follows.

5.2 Pharmacy contractors

Nationally there were 11,600 active community pharmacies and 112 active appliance contractors in England during 2020/21. 236 new pharmacies opened over the course of the year, while 451 closed. This is the lowest number of active contractors since 2015/16.

Community pharmacies and appliance contracts dispensed 1.03 billion prescription items in England in 2020/21¹¹. This is a decrease of 1.79 per cent from the number of items dispensed in 2019/20 but still a 2.35 per cent increase in items dispensed since 2015/16.

As of February 2022, NHS England South East Region has 29 pharmacy contractors on its list on the Isle of Wight. These are all pharmacy contractors operating on 100-hour contracts or standard 40 hour contractors. There are no distance selling pharmacies located on the Island.

Since 2018 the number of pharmacy contracts has fallen slightly, there is one fewer contract in 2022, a fall of 3.3 per cent.

Across England there are 11,600 community pharmacies which equates to 17.3 pharmacies per 100,000 population (2020/21). Provision on the Isle of Wight is slightly higher at 20.38 pharmacies per 100,000 population. The number of pharmacies per head of resident population is discussed further in Section 7 of this document.

Just over 85 per cent of pharmacies on the Isle of Wight open on a Saturday. There is one pharmacy on the Island providing a 100-hour pharmacy service and four services (13.8 per cent) open on a Sunday. The distribution of community pharmacy by number of contracted hours is discussed further in Section 6 of this document.

5.3 Distance selling pharmacies

Whilst distance selling premises (internet pharmacies) are pharmacies, the 2013 regulations do not permit them to provide essential services face-to-face. Distance selling premises are required to dispense prescriptions for patients anywhere in England. Distance selling premises receive prescriptions either via the electronic prescription service or through the post. These are then dispensed at the pharmacy for delivery to the patient.

As at February 2022, there were no distance selling pharmacies located on the Isle of Wight but Island residents may choose to have their prescriptions dispensed from a distance selling pharmacy anywhere in the country. Distance selling pharmacies dispensed a total of just over 105,520 items to Isle of Wight residents in 2020/21, just under 3.3 per cent of all item dispensed overall.

5.4 Dispensing doctors

Dispensing doctors are general practitioners (GPs) who provide primary healthcare to patients who live in controlled localities. These are areas that have been determined to be 'rural in character' by NHS England and NHS Improvement. A range of factors will be considered when determining whether an area is controlled locality including population density, the presence or absence of facilities, employment patterns, and the availability of public transport.

For the purposes of the PNA only the dispensing services they provide are included. The dispensing doctors are allowed to dispense the medicines they prescribe for these patients. The provision for doctors to provide dispensing services in certain circumstances has been made in various NHS Acts and Regulations. 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 one 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).

As at March 2022, there was one dispensing doctor practice on the Isle of Wight – South Wight Medical Practice. The practice operates from three sites in Niton, Brighthstone and Godshell. Dispensing doctor practices serve rural communities where there is limited access to pharmacy and these will enhance the pharmaceutical dispensing provision by community pharmacies.

5.5 Local pharmaceutical services

A local pharmaceutical services contract allows NHS England and NHS Improvement 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 February 2022, there are currently no LPS on the Isle of Wight.

5.6 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.

These contractors tend to operate remotely, receiving prescriptions via the electronic prescription service or through the post. There are currently no dispensing appliance contractors located on the Isle of Wight as at February 2022.

Island 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.

5.7 Essential services

All pharmacies, including distance selling premises, with NHS contracts are required to provide essential services. As of October 2021, there are seven 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 and provision of a discharge medicines service.

Dispensing appliance contractors have a narrower range of services that they must provide. These include dispensing of prescriptions, dispensing of repeat prescriptions, signposting to alternative providers when necessary and for certain appliances they should provide delivery, a supply of wipes and bags, and provide access to expert clinical advice.

5.7.1 Dispensing medicines and repeat dispensing

In 2020/21 there were approximately 3.2 million items prescribed by Isle of Wight GPs dispensed across

England at 673 sites. 97.9 per cent of these items were dispensed by only 20 contractors.

Community pharmacy dispensed 89.7 per cent of these items and 88.4 per cent were dispensed by pharmacies with Isle of Wight contracts. The remainder of items dispensed to Isle of Wight residents were dispensed by the local dispensing practice (6.2 per cent), by distance selling premises on the mainland (3.3 per cent) or by dispensing appliance contractors (0.8 per cent).

NHS Digital reports that two-thirds of prescriptions issued in primary care are repeat prescriptions¹².

5.7.2 Disposal of unwanted medicine

All pharmacies have to provide a service for the disposal of unwanted medicine returned to the pharmacy by someone living at home, in a children's home, or in a residential care home.

5.7.3 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 six health campaigns when requested to do by NHS England.

5.7.4 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.

5.7.5 Support for self-care

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

5.7.6. Discharge Medicines Service

This service was introduced in 2021, becoming part of the Community Pharmacy Contractual Framework (CPCS). 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 reduction¹³.

5.8 Advanced services

Advanced services are those services that pharmacy and dispensing appliance contracts may choose to provide if they meet the required standards. As at October 2021, the following services may be provided by pharmacies, new medicine service, community pharmacy seasonal influenza vaccination, community pharmacist consultation service, community pharmacy hepatitis C antibody testing service and hypertension case-finding service.

The Smoking Cessation Advanced Service (SCAS) was launched on 10 March 2022 for patients who started their stop-smoking journey in hospital.

There are two further advanced services that pharmacies and dispensing appliance contracts may choose to provide, appliance use reviews and stoma appliance customisation.

Advanced services commissioned nationally but available on the Isle of Wight are:

5.8.1 New Medicine Service (NMS)

The service provides support for people, with long-term conditions and who have been newly prescribed a medicine. The aim of the services is to help improve medicines adherence and enhance self-management. From September 2021, the following conditions are covered by the service: asthma and Chronic Obstructive Pulmonary Disease (COPD), diabetes (Type 2), hypertension, hypercholesterolaemia osteoporosis, gout, glaucoma, epilepsy, Parkinson's disease, urinary incontinence/retention, heart failure, acute coronary syndromes, atrial fibrillation, long term risk of venous thromboembolism/embolism, stroke/transient ischaemic attack; and coronary heart disease.

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 is in agreement, 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 February 2022, there were 27 pharmacies on the Isle of Wight providing an NMS service, providing good coverage across the whole population and a total activity of just over 3,500 NMS reviews in 2020/21.

5.8.2 Community pharmacy seasonal influenza vaccination

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 2020 to March 2021, NHS England data show that 27 of the 29 pharmacies on the Isle of Wight delivered flu vaccinations. A total of just under 11,000 vaccinations were delivered across the Island over the flu vaccination period, an average of 405 per pharmacy.

5.8.3 Community Pharmacist Consultation Service (CPCS)

This service was launched across England in October 2019 and is available all the hours a pharmacy is open. Normal prescription charges apply unless the patient is exempt in accordance with the NHS Charges for Drugs and Appliances Regulation. The CPCS manages a referral from NHS 111 and 111 online to a community pharmacy where a patient has contacted NHS 111 for low acuity conditions / minor illness or for urgent medicine supply. The service enables appropriate access to medicines or appliances via community pharmacy, relieving pressure on urgent and emergency care services by shifting demand from GP Out of Hours (OOH) providers to community pharmacy. CPCS has been expanded to enable GPs to refer patients to pharmacies.

As at February 2022, 27 of the 29 pharmacies on the Isle of Wight provided Community Pharmacist Consultation Services (CPCS), providing CPCS activity of just over 910 in 2020/21 and good coverage across the population.

5.8.4 Community Pharmacy Hepatitis C Antibody Testing Service

This new Advanced Service was introduced in September 2020, instead of its planned introduction in April because of the COVID-19 pandemic. The service is focused on provision of point of care testing (POCT) for Hepatitis C antibodies to people who inject with drugs but who have not yet moved to the point of accepting treatment for their substance use.

5.8.5 Hypertension Case-Finding Service

The Hypertension Case-Finding Service was commissioned as an advanced service from 1 October 2021. The 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.

The service received a soft launch and uptake has been relatively slow due to pressures related to the COVID-19 pandemic. It is anticipated that more local pharmacies will sign up to provide this advanced service over the lifetime of this pharmaceutical needs assessment.

5.8.6 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 March 2022, four pharmacies on the Island had signed up to provide SCAS and it is expected that this service will continue to develop over the lifetime of this pharmaceutical needs assessment.

5.8.7 Stoma Appliance Customisation Service

The Stoma Appliance Customisation Service involves the customisation of stoma appliances, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. This service is provided predominantly by dispensing appliance contractors and as a result very minimal activity was recorded for Isle of Wight pharmacies.

5.8.8 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 and as a result there is no activity recorded for Isle of Wight contractors.

5.9 Enhanced services

Only NHS England can commission enhanced services. The following enhanced services which may be commissioned by NHS England from 1 April 2013 in line with identified health needs are:

- anticoagulation monitoring;
- care home service;
- disease specific medicines management service;
- gluten free food supply service;
- independent prescribing service;
- home delivery service;
- language access service;
- medication review service;
- medicines assessment and compliance support;
- minor ailment service;
- needle and syringe exchange;
- on demand availability of specialist drugs;
- out of hours service;
- patient group direction service (not related to public health services);
- prescriber support;
- schools service;
- screening;
- stop smoking;
- supervised administration;
- supplementary prescribing service.

5.9.1 Wessex Pharmacy Urgent Repeat Medicines (PURM) Service

There is one enhanced service which is locally commissioned on the Isle of Wight, Wessex Pharmacy Urgent Repeat Medicines (PURM) Service. This service allows participating pharmacies to make emergency supplies (which are usually private transactions) at NHS expense out of hours, at weekends and bank holidays. Normal prescription charges apply unless the patient is exempt in accordance with the NHS Charges for Drugs and Appliances Regulations. The pharmacist will only make a supply where they deem that the patient has immediate need for the medicine and that it is impractical to obtain a prescription without undue delay. This service is currently under review as it has been superseded by the Community Pharmacist Consultation Service with the exception of walk-in provision. The number of pharmacies offering this service continues to decrease as a result.

5.10 Locally commissioned and other non NHS services

Locally commissioned community pharmacy services can be contracted via a number of different routes and by different commissioners, including local authorities, Clinical Commissioning Groups (CCGs) and local NHS England teams. Some other relevant non-NHS services are also described below as, although they are not defined as pharmaceutical services, they do add context to the overall provision on the Island.

5.10.1 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 works to improve sexual health by:

- providing good local access to emergency contraception and sexual health advice for women who have had unprotected sex in order 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 in order to provide improved access to local services.

As at March 2022, 26 pharmacies are signed up to provided emergency hormonal contraception. There are fluctuations in the number that provide this service, according to the availability of trained pharmacists due to leave or changes in staff.

5.10.2 Supervised Administration Programme (SAP)

The SAP programme is currently delivered through community pharmacies. This 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 March 2022, 27 pharmacies delivered the SAP programme.

5.10.3 Needle exchange

Community pharmacies offer a needle exchange service for injecting drug users. A targeted approach to harm minimisation is taken.

As at January 2022, 24 pharmacies on the Island offered a needle exchange service.

5.10.4 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 showed:

- all community pharmacies who responded collected prescriptions from GP practices;
- half of community pharmacies who responded deliver dispensed medicines – free of charge on request;
- the other community pharmacy who responded deliver dispensed medicines – for a charge;
- none of the community pharmacies who responded deliver dispensed medicines to selected patient groups;
- none of the community pharmacies who responded deliver dispensed medicines to selected geographical areas (for example within a five-mile radius or within postcode sector).

5.10.5 Access languages

No access languages were identified across the two community pharmacies that responded to the contractor questionnaire.

6 Temporal access to pharmaceutical services

6.1 Opening hours

Pharmacies and dispensing appliance contractors have two different types of opening hours – core and supplementary.

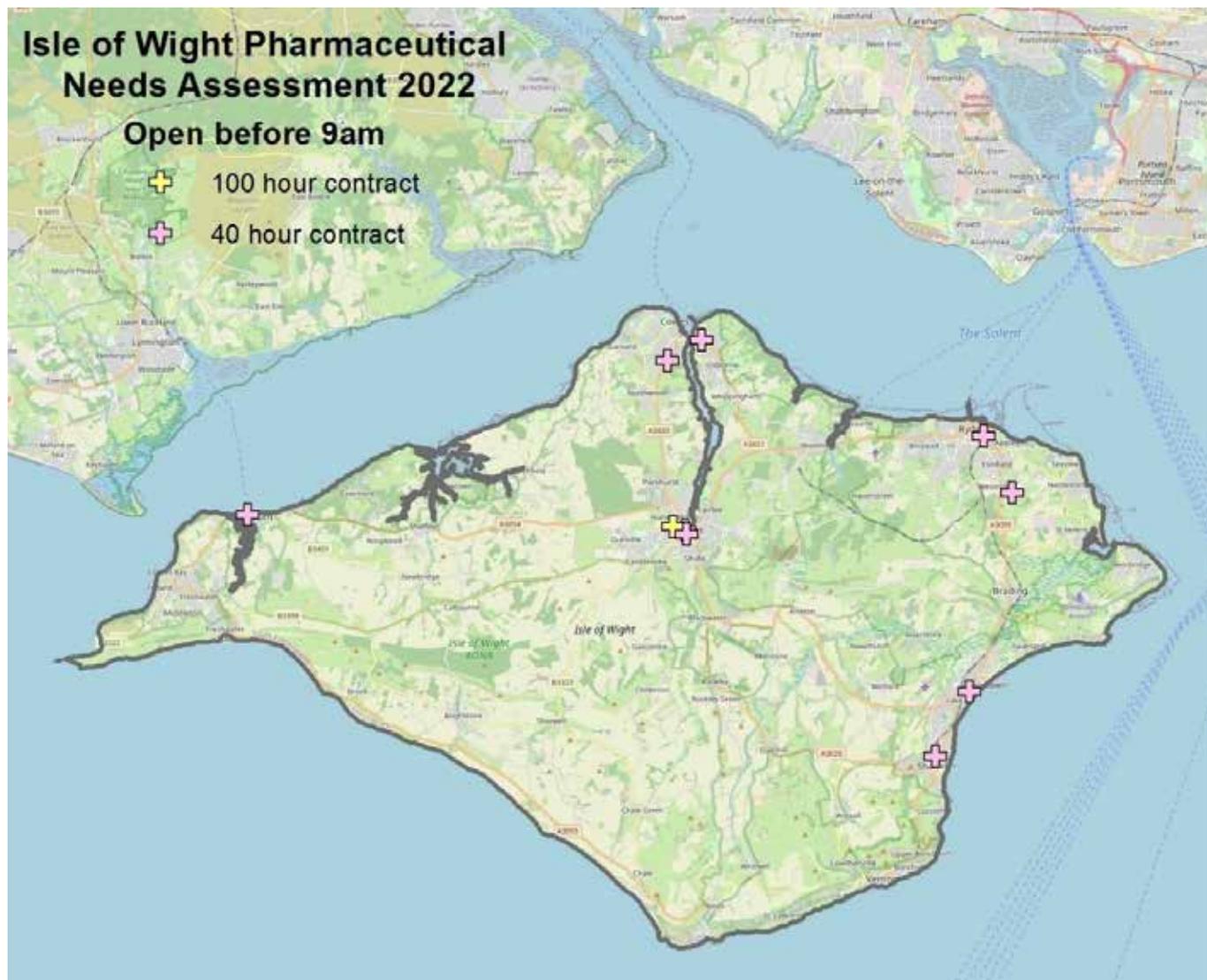
In general, pharmacies will have either 40 or 100 opening hours per week. Many pharmacies that provide '40 core hours' of NHS pharmaceutical services extend these and provide supplementary opening hours, opening into the evening or over the weekend.

The proposed opening hours for each pharmacy are set out in the initial application, and if the application is granted and pharmacy subsequently opens, then these form the pharmacy's contracted opening hours. The contractor can then subsequently apply to change their core opening hours. NHS England will assess the application against the needs of the population of the HWB area as set out in the PNA to determine whether to agree to the change in core hours or not. If a contractor wishes to change their supplementary opening hours, they simply notify NHS England of the change, giving at least three months' notice.

6.2 100-hour pharmacies

There is one 100-hour pharmacy on the Isle of Wight which opened using the 'necessary or expedient' test under the 2005 exemptions to the market entry system. This pharmacy provides 100 core hours per week of pharmaceutical services, extending opening hours both in the morning and late into the evening and weekends. The 100-hour pharmacy is located in the town of Newport, situated slightly north of the centre of the Island.

Map 1 – Map showing geographical location of pharmacies opening before 9am as at February 2022



6.3 Early morning opening hours - weekdays

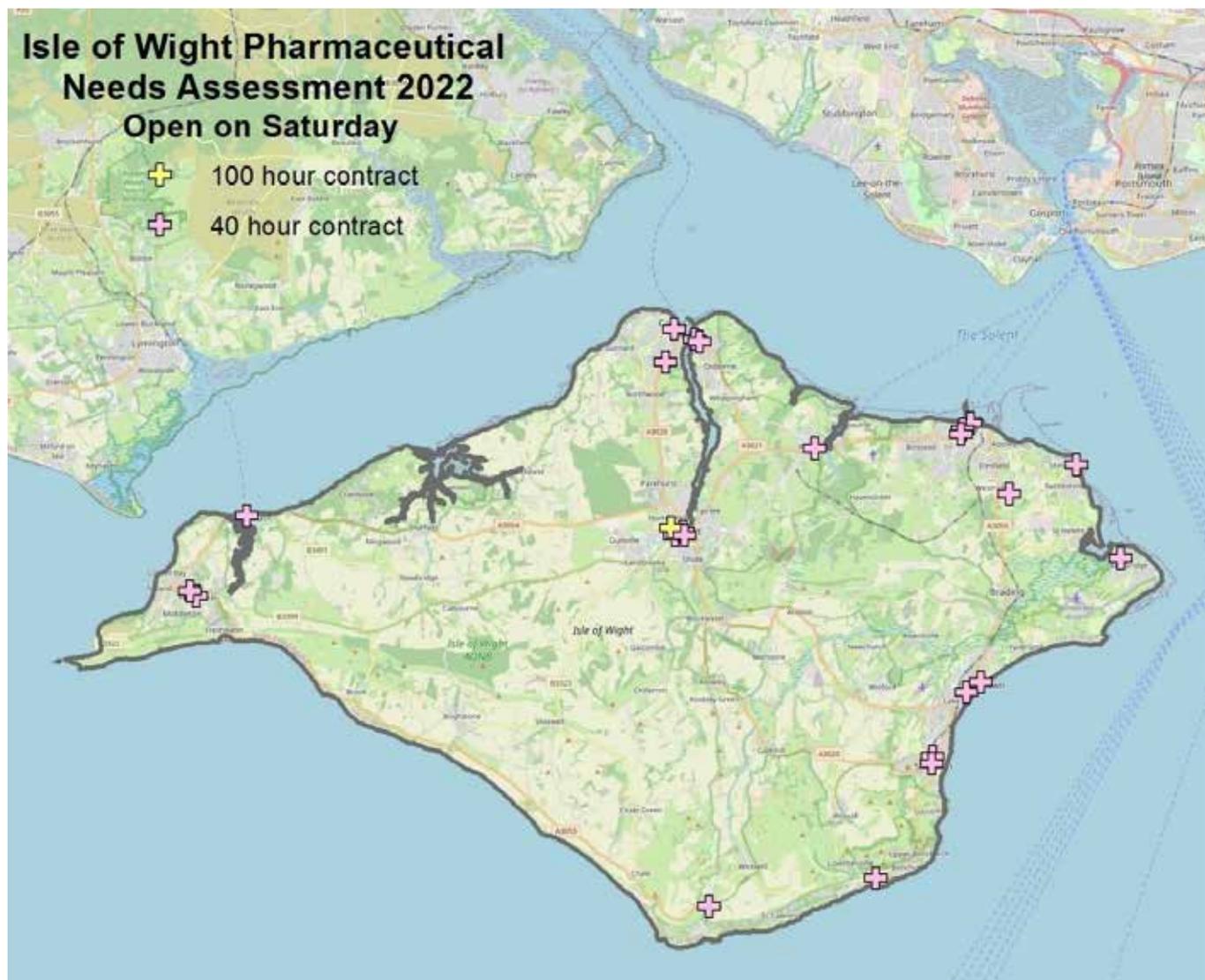
As at February 2022, ten pharmacies across the Isle of Wight are open before 9am on weekdays. There is geographical spread across the Island, opening before 9am on a weekday morning. The majority of pharmacies opening before 9am on weekdays are located in urban areas with higher population densities (Map 1). Three of these pharmacies are located in the town of Newport, two in the north in Cowes, two in Ryde to the north east, one in Shanklin and one in Sandown, both on the south east coast and one in Yarmouth to the west of the Island.

6.4 Late evening opening hours - weekdays

As at February 2022, two pharmacies across Isle of Wight are open after 6.30pm during the week. This includes the 100-hour pharmacy in Newport which is open until 11pm Monday to Friday, as well as a pharmacy in Ryde open until 8pm Monday to Thursday, and until 7.45pm on a Friday.

As at February 2022, 26 pharmacies across the Isle of Wight are open for at least part of Saturday. This represents the vast majority of the Isle of Wight's 29 pharmacies. There is fair geographical spread across the Island (Map 2).

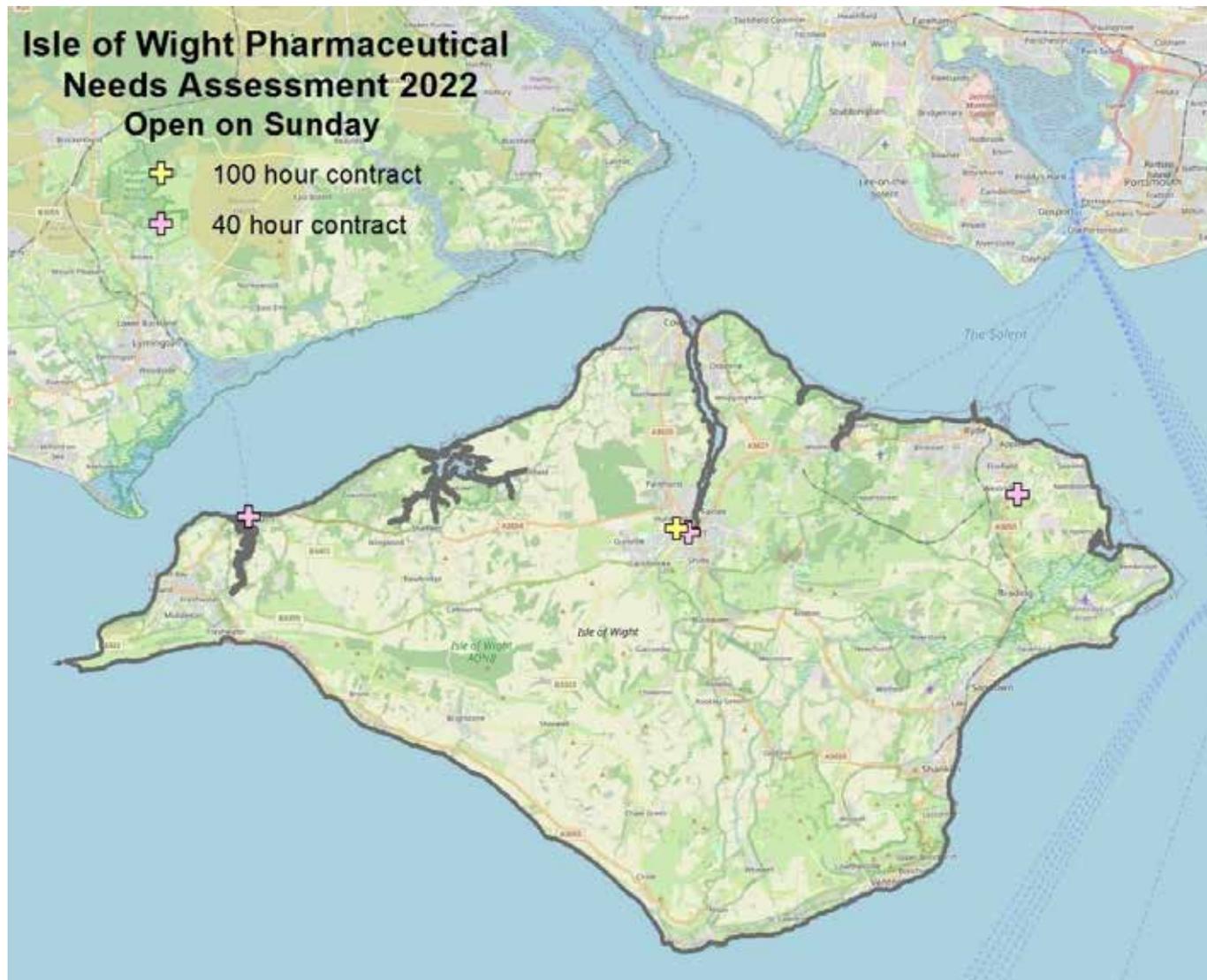
Map 2 – Map of pharmacy locations opening for at least part of Saturday as at February 2022



6.6 Sunday opening

As at February 2022, four pharmacies across the Isle of Wight are open for at least part of Sunday. There is fair geographical spread across the Island, with two pharmacies located centrally in Newport, one to the east of the Island in Ryde, and a fourth to the west in Yarmouth, see Map 3.

Map 3 – Map showing the location of pharmacies opening on Sundays as at February 2022



6.7 Bank holiday opening

Community pharmacies are not required to open on bank holidays unless directed to open by NHS England. 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.

NHS England can commission an out of hours Enhanced service to cover public holidays. For most pharmacies, participation in such arrangements is voluntary.

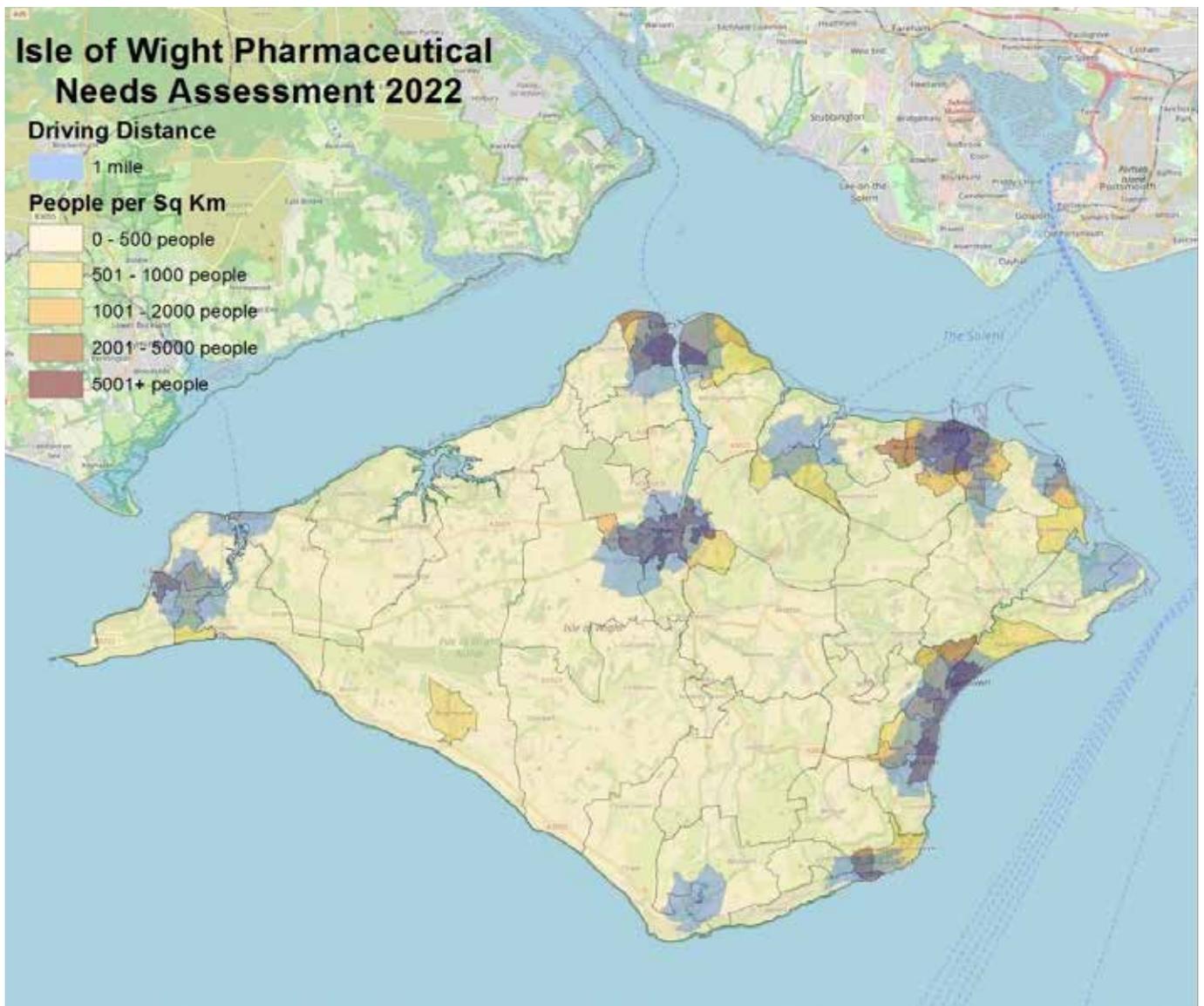
7.2 Driving distance

When driving by car, the majority of the more densely populated area of the Isle of Wight are located within a one mile driving distance (map 5). The area of slightly higher population density identified near Brighstone is served by a branch of the dispensing GP practice.

A pharmacy is accessible to the majority of the resident population of the Island, with 99.1 per cent of the population living within a five-mile drive of a pharmacy (figure 1). The more urban population are able to access a pharmacy within 2.5 miles. The population outside of the five-mile drive zone are resident in areas classified as rural town and fringe (map 6).

The area outside the drive zone to the south west is centred around Brighstone, which is served by a site of the only dispensing GP practice on the Island, South Wight Medical Practice. This practice also has a location in Godshill, extending provision to the more rural, south central areas of the Isle of Wight.

Map 5 – Map of one mile driving distance around Isle of Wight pharmacies and population density as at February 2022



Map 6 – Map of driving distance around Isle of Wight pharmacies as at February 2022

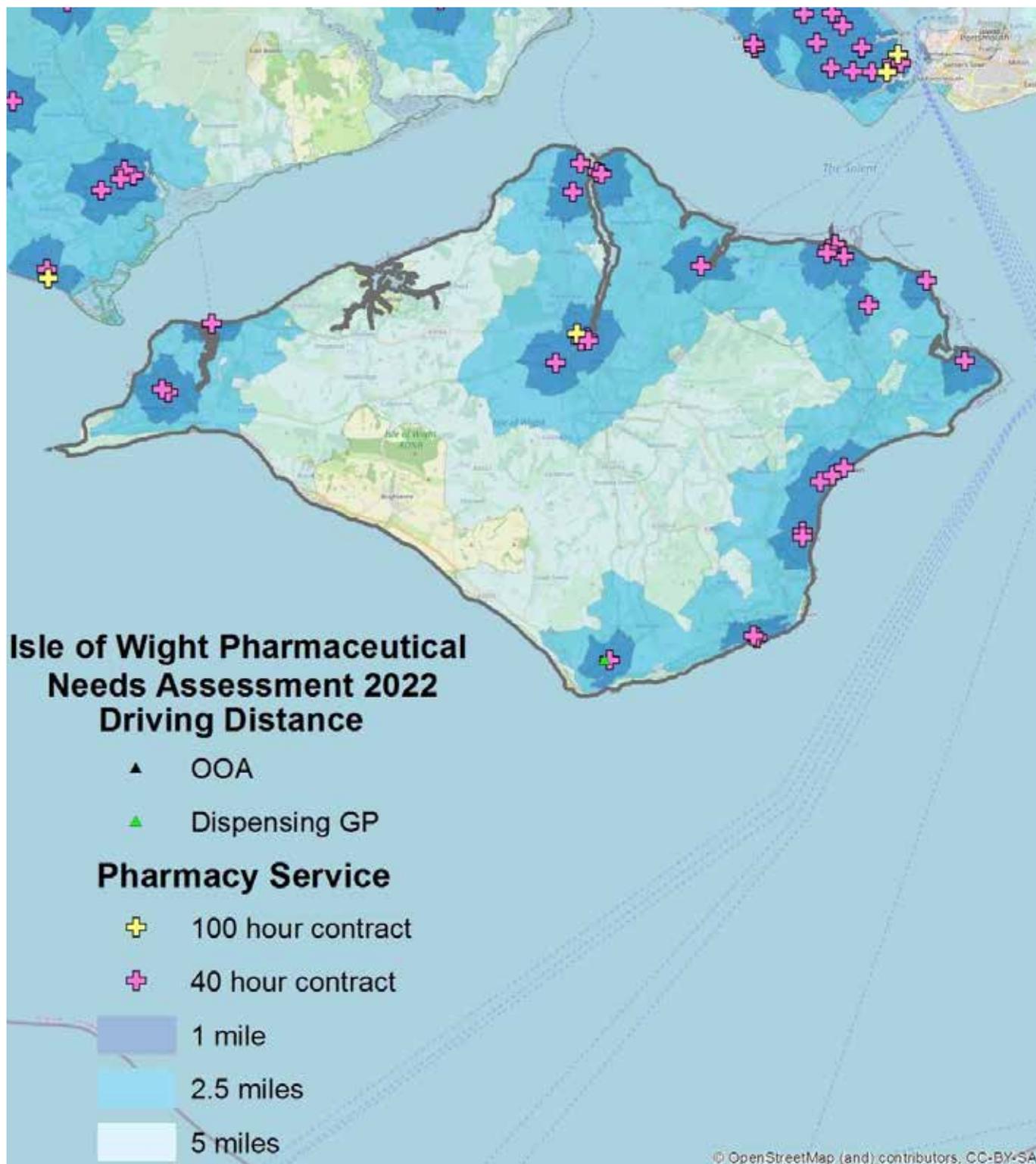
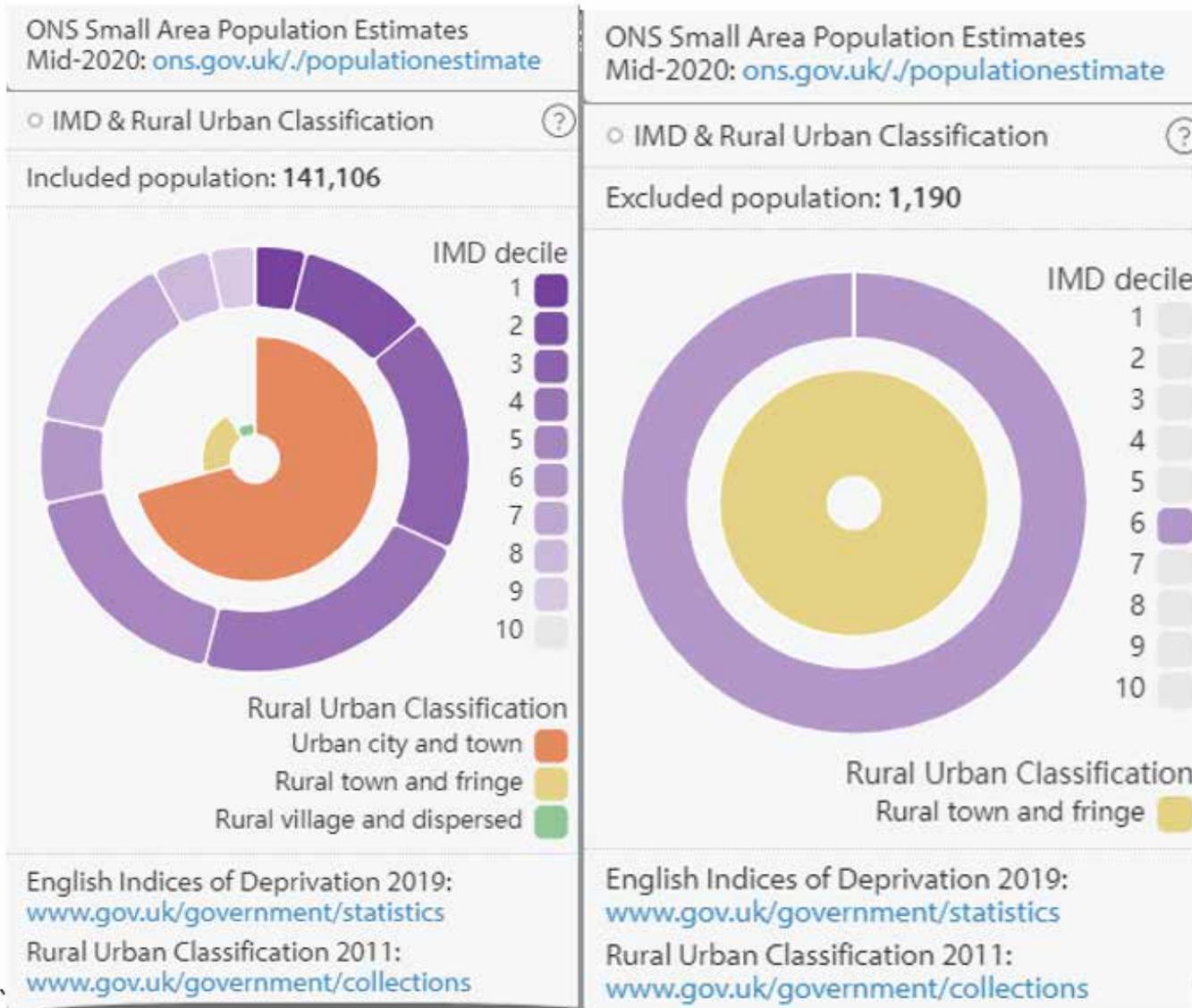


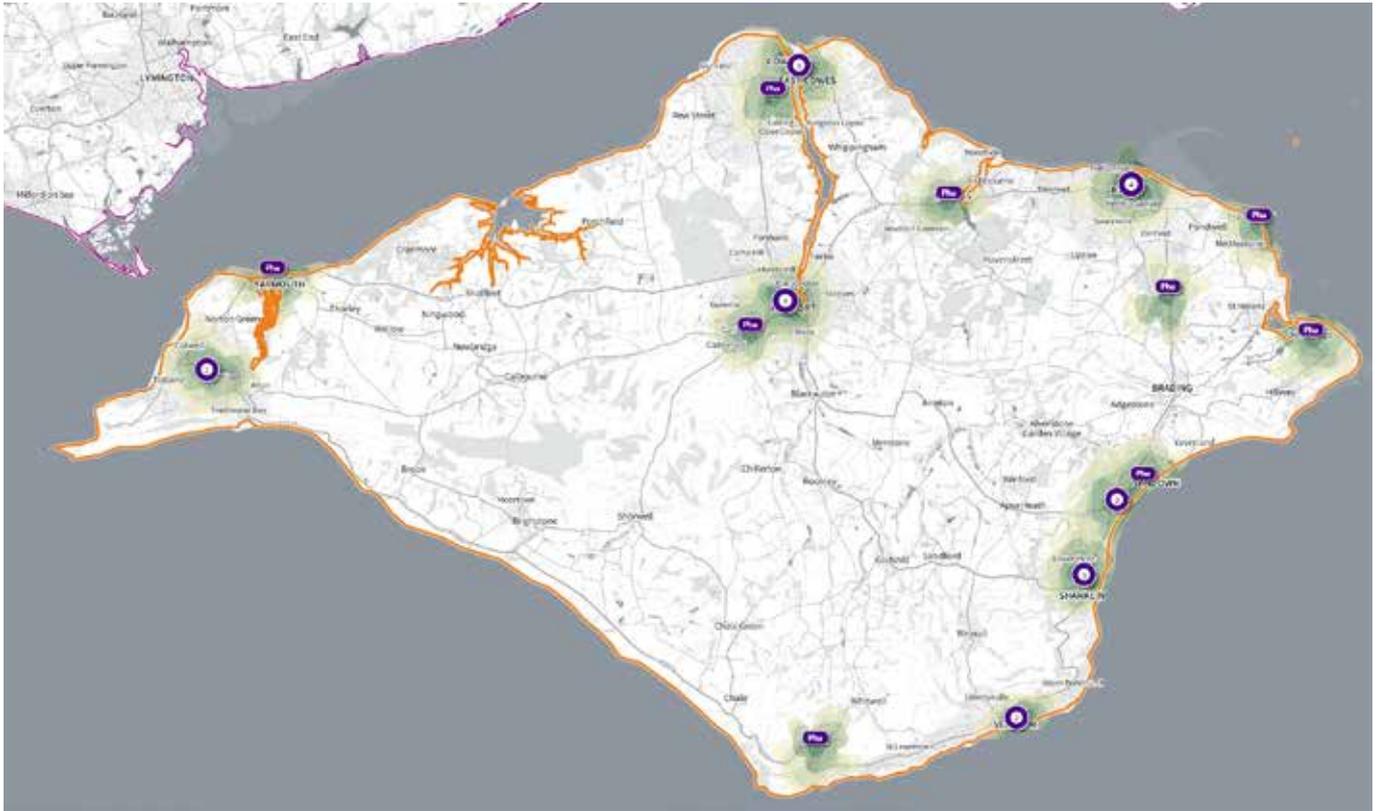
Figure 3 – Charts illustrating the characteristics of the population included in and excluded from the five mile drive time zone around Isle of Wight pharmacies



7.3 Walking time

On foot, the majority of the more densely populated area of the Isle of Wight are located within a 20 minute walk (map 7). Just under 75 per cent of the resident population of the Island live within a 20 minute walk of a pharmacy. The more rural areas of the Island are also served by a dispensing GP practice with three sites located in Niton, Brighstone and Godshell.

Map 7 – map showing 20 minute walking times from Isle of Wight pharmacies as at February 2022



7.4 Density of pharmacies by district and items dispensed per pharmacy

Patient access to pharmacies on the Isle of Wight is good. Across England there are 10,715 community pharmacies which equates to 18.9 pharmacies per 100,000 population (2020/21) or around one pharmacy per 5,300 people. Isle of Wight's provision is higher at 22 pharmacies per 100,000 population or one pharmacy per 4,500 people. This is higher than provision across both Hampshire and Southampton, at 16.1 and 16.6 pharmacies per 100,000 population respectively.

When pharmacy density is examined by the resident population aged 65 years and over – who are more likely to require pharmaceutical services – the Isle of Wight has similar levels of pharmacy provision to those seen nationally with one pharmacy for every 988 older residents, equivalent to a rate of 101.18 per 100,000 population aged 65 years and over. Across England, there are 102.40 pharmacies per 100,000 population, one pharmacy for every 977 residents.

The average number of items dispensed each year per pharmacy on the Isle of Wight was slightly higher than the national average (100,110 per pharmacy year compared to 88,247). This is equivalent to just over 8,340 items dispensed per month and varies across the Island from a high of 21,785 items per month to 1,299 items per month.

7.5 Provision for future developments

The area expecting the highest levels of development over the next five years is Ryde, where nearly 2,000 homes are expected to be built over the next few years. There are currently five pharmacies open in Ryde, four are located centrally with a further pharmacy on the outskirts of the town. One pharmacy is open later into the evening, closing at 8pm on Monday to Thursday and 6.45pm on a Friday. Four of the five pharmacies are open on a Saturday and one pharmacy is open on a Sunday, providing weekend coverage for the town.

Other areas expecting significant developments are Cowes, Newport and East Cowes (table 1). Cowes and East Cowes are currently served by two pharmacies each, between the four pharmacies opening hours from 8am until 6.30pm are covered during the week and all four pharmacies are open on Saturday.

The town of Newport is also expecting significant development, with approximately 750 homes expected to be built over the next five years. Newport currently has five pharmacies, including the only 100-hour pharmacy on the Isle of Wight. The 100 hour pharmacy is open early in the morning, from 7am, and late into the evening, closing at 11pm on weekdays and 10pm on Saturdays. Four pharmacies are open on Saturday and two on a Sunday.

8 Population and health

A brief outline of the health needs of the population of the Island is outlined below. The supplementary document brings together data from the Joint Strategic Needs Assessment, the Office for National Statistics and other sources to provide a description of the population across the Island.

8.1 Demography and socio-economic factors

8.1.1 Population

In 2020, the population of Isle of Wight was estimated to be just under 142,300 people, making it the second least populous county after Rutland. The Island has fewer young working age people (aged 20 to 39) compared to England as a whole; 19 per cent on the Isle of Wight compared to 26 per cent in England. Young people (aged 0 to 19 years) make up 19 per cent of the population compared to 23.5 per cent nationally with the Island's older residents (aged 75 years and over) accounting for 13 per cent of the population, compared to 9 per cent nationally.

8.1.2 Forecast changes in number of dwellings and resident population

It is important to assess future changes in the number of dwellings and resident population in order to ensure that the location, number and choice of pharmaceutical services meet the current and future

needs of the Island over the lifetime of this document.

The Office for National Statistics population forecasts predict an increase of 5.6 per cent from 142,296 in 2020 to 150,276 by 2030.

The majority of this growth is estimated to be in the population aged 60 years and older, in absolute and relative terms. The population is predicted to increase by a little over 13,500 individuals by 2030, an increase of 26.3 per cent from 2022 across the Isle of Wight.

8.1.3 Ethnicity

The population is less diverse than England as a whole, with 97.3 per cent of residents describing themselves as belonging to White ethnic groups – a higher proportion than regionally (90.7 per cent) or nationally (85.4 per cent). The diversity of the area's population is increasing, 2.7 per cent of the population described themselves as belong to an ethnic minority group in 2011, up from 1.3 per cent in the previous Census. Asian ethnic groups make up the largest ethnic minority groups across the Isle of Wight, the South East and England. The Isle of Wight's ethnic minority resident populations are concentrated in the urban areas of Cowes, Newport, Ryde and Ventnor. The highest percentage is recorded in Parkhurst ward due to the prison population which reflects the national picture.

8.1.4 Deprivation

The Isle of Wight is ranked 80th out of 317 local authority areas for deprivation, with one being the most deprived. Deprivation varies across the Island, three of its Lower Layer Super Output Areas (LSOAs) are in the most deprived 10 per cent nationally. These areas are Pan A, Pan B and Ryde North East B.

This is a strong association between deprivation and poor outcomes, such as poor health and higher crime levels.

8.2 General health needs

Life expectancy on the Isle of Wight is 79.6 years for men and 83.4 for women compared to the England average of 80.6 and 84.1 respectively (2018-2020). Neither are significantly different from the national average but both are significantly lower than life expectancy for the South East. There are inequalities across the Island, the difference in male life expectancy at birth between the areas in the most and least deprived decile on the Isle of Wight is 6.8 years. The difference for females is 3.0 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 on the Isle of Wight. The major causes of death on the Island are cancers followed by ischaemic heart disease (16.2 per cent), stroke (8.2 per cent), lower respiratory infections (5.9 per cent) and chronic obstructive pulmonary disease (5.8 per cent). People with circulatory and respiratory disease will be more likely be prescribed medication by a GP to help manage their conditions.

The top risk factors that drive disability on the Isle of Wight are high body mass index (8.3 per cent), high fasting plasma glucose (7.3 per cent), tobacco (6.4 per cent), alcohol use (3.4 per cent) and dietary risks (3.0 per cent).

Certain lifestyle behaviours are known risk factors for chronic disease and premature mortality. Smoking remains a major cause of preventable ill health and early death. Whilst smoking rates have declined nationally, rates remain stubbornly high in certain population sub-groups, including people employed in routine and manual occupations and people with mental health problems.

Obesity is recognised as one of the major public health challenges of the 21st century. It is estimated that a little over two-thirds of the population of the Isle of Wight are overweight or obese, not significantly different from the national average.

The Isle of Wight is either similar or worse when compared to national and regional averages on indicators of alcohol-related health and social harm, such as alcohol-related hospital admissions, an estimated 22.9 per cent of residents in the South East drink above the safe recommended levels for alcohol each week. Whilst fewer adults on the Isle of Wight are inactive than the England average, this still equates to a just over a fifth of the adult population.

One in four adults experience mental ill health at any old 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.

Pharmaceutical services are needed for long term conditions as well as acute injuries. The proportion of people in Isle of Wight diagnosed with long term conditions such as diabetes, dementia and COPD is increasing. Musculoskeletal diseases are an important cause of ill-health and disability on the Isle of Wight.

8.3 Specific needs for key population groups

8.3.1 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. The Health Survey for England reported that 19 per cent of young adults aged 16 to 24 had taken one or more medicines in the past week, and this increased to more than 90 per cent of those aged 75 and over. This increase was steeper for men than it was for women¹⁴.

The Isle of Wight has an older population than average, and the population aged 60 years and over is forecast to increase more than any other age band over the next five years.

8.3.2 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 increasingly older and financial poverty in rural areas tends to be concentrated in the older population. This is compounded by issues around accessibility of health and care services, transport issues, digital access or exclusion, and lack of community support in some areas¹⁵.

The Isle of Wight is predominantly rural and 31.5 per cent of the Island's population live in rural areas.

8.3.3 Coastal areas

Coastal areas have lower life expectancy and higher rates of many diseases, compared with non-coastal areas. 92.7 per cent of the population of the Isle of Wight live in coastal communities.

8.3.4 Carers

The 2011 Census reported that just over 16,400 people provided some form of unpaid care, including nearly 4,100 residents providing 50 hours or more unpaid care a week on the Isle of Wight. Unpaid carers are more than twice as likely to suffer from poor health compared to people without caring responsibilities¹⁶. A national survey of carers found that many stated caring had a negative impact on their physical health (83 per cent) and mental health (87 per cent) and 39 per cent had put off medical treatment as a result of their caring responsibilities¹⁷.

8.3.5 People with a learning disability

In 2020, there were an estimated 1,860 adult residents with a learning disability on the Island¹⁸. 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 epilepsy¹⁹.

8.3.6 Lesbian, Gay, Bisexual and Transgender (LGBT) community

Public Health England has reported that minority sexual orientation groups can experience a high prevalence of poor mental health and low wellbeing. NHS England reports that the LGBT population have disproportionately worse health outcomes and experiences of healthcare²⁰. It is estimated that 2.5 per cent of adults identify themselves as gay, lesbian, bisexual or 'other.' On the Island, this would equate to a population of a little over 3,550 people. The research conducted by Public Health England found that the proportion of self-identified LGB is higher in men than in women, younger age groups and mixed/multiple or other ethnic groups²¹.

There is no reliable information regarding the size of the population of the trans population on the Isle of Wight. The health of transgender people is a major health equity issue, with transgender people experiencing poorer health outcomes than cisgender people²².

8.3.7 Ethnicity, Migration, Language and Religion

Cultural difference can affect health and wellbeing in many ways including:

- ethnic differences in health are most marked in the areas of mental wellbeing, cancer, heart disease, HIV, TB and diabetes;
- migrants may have limited health literacy to spoken and written information that is not in their first language.

The needs of migrants, refugees and asylum seekers are considered further in supplementary document 1.

8.3.7 Gender

Male life expectancy on the Isle of Wight is 79.6 years, similar to the national average. Healthy life expectancy is 60.8 years, significantly worse than the figure for England. Inequalities in health are greater for men across the Island: life expectancy at birth is 6.8 years less for men in the most deprived decile on the Island compared to those in the least deprived decile.

Female life expectancy is higher at 83.4 similar to the national average. Health life expectancy is women on the Isle of Wight is lower than that for men locally, and the average for women nationally, at 59.1 years. Inequalities between the most and least deprived deciles on the Isle of Wight are smaller for women, a difference of 3.0 years.

8.3.8 Veterans

Robust data about number, location and demographics of veterans is limited at both the national and local level. Local estimates suggest that there are around 9,500 veterans resident on the Isle of Wight, likely to be concentrated in Cowes and Ryde. The Isle of Wight has an active reserve unit, and is estimated to have the highest percentage of resident veterans in the South East²³.

The population of veterans on the Isle of Wight is mostly elderly and likely to be experiencing the same health problems that the general elderly population experience, including isolation, difficulty with mobility and self-care.

8.3.9 Travellers

The number of people who identified as Gypsy or Irish Traveller in the 2011 Census was very small, just 94. There are no public permanent traveller sites owned by the Isle of Wight council. Count of traveller caravans published by the Department for Levelling Up, Housing and Communities for July 2021 recorded a total of 17 traveller caravans across the Island.

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.

8.3.10 Homeless population

Ministry of Housing, Communities and Local Government figures show the Island to have 2.9 households in temporary accommodation per 1,000; better than England's average²⁴. The Island has 10.6 households (per 1,000) owed a duty under the Homelessness Reduction Act (HRA). This is similar to both the England and South East averages (11.3 and 9.9 respectively).

Many people who are homeless experience poor mental health, domestic abuse and are likely to have substance use or addiction²⁵.

9 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 on the Isle of Wight meet current and future needs. The Steering Group agreed that driving distances by car and travelling distance of foot would be the most appropriate measure given the size of the Island and its urban-rural composition. Three different distances have been used to assess geographical accessibility across the Isle of Wight. A straight line distance of 1.6km from a pharmacy has been compared with population density across the Island; this distance was deemed appropriate as it is used to decide whether a GP can dispense prescriptions. A drive 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 five miles applied in more rural districts.

An analysis of the proportion of the population resident within a 20-minute walk by foot was also considered.

9.1 Do existing pharmaceutical services meet current needs?

- There is good geographical spread of community pharmacies across the Island (see Section 7).
- There are large geographical areas of the Isle of Wight that are not within 1.6km of a pharmacy. However when population density is added to the map, these are largely sparsely populated, rural parts of the Island. The Isle of Wight has one dispensing practice operating from three different sites to serve these communities.
- A pharmacy on the Isle of Wight is accessible to the majority of the resident population (99.1 per cent) within a five-mile drive of a pharmacy. The more urban population able to access a pharmacy within 2.5 miles. The vast majority of the population outside of the five-mile drive zone are resident in areas classified as rural town and fringe.
- Just under 75 per cent of the resident population of the Island live within a 20-minute walk of a pharmacy (see section 7.3).
- There are 18.9 community pharmacies per 100,000 on the Isle of Wight, which is broadly in line with the national average and very similar to provision in the wider area Hampshire, Portsmouth, Isle of Wight and Southampton at 16.6 pharmacies per 100,000 population.
- With a 100-hour pharmacy on the Island as well as supplementary hours in other pharmacies, there are sufficient access times across the Isle of Wight with pharmacies opening earlier in the morning, later in the evenings and over the weekend.
- All pharmacies provide the full range of essential pharmaceutical services.
- There is good provision of advanced services across the Isle of Wight and distribution of services such as NMS and CPCS are appropriately distributed.
- There are a range of enhanced and locally commissioned services delivered across the Island.

It is considered that the number, distribution and service provision across the Island meets the current needs of the population.

9.2 Do existing pharmaceutical services meet future needs?

Areas of significant new development have been identified in Section 4.1 of this document. Current provision has been deemed sufficient in terms of geographical accessibility and opening hours given the expected increases in population in these areas. Many are within urban areas where current pharmacy provision is extensive. It is anticipated that future demand over the lifecycle of this document will be met by existing providers.

10 Conclusion

The conclusion of this PNA is that the number, geographical distribution, opening hours and choice of pharmaceutical services currently meet the needs of the Isle of Wight's population and will meet future needs within the lifetime of this document.

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