

Southampton Pharmaceutical Needs Assessment (PNA) Part 1: Main report

Last updated July 2025

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Part 2 is a separate document containing:

Appendix A: Supporting Information
Appendix B: Steering Group Terms of Reference

Appendix C: Consultation Report
Appendix D: Equality and Safety Impact Assessment

1. Executive summary

The statutory Pharmaceutical Needs Assessment (PNA) is a statement of current pharmaceutical services provided in the local area. The PNA is used to assess whether the pharmaceutical services provision is satisfactory for the local population and to identify any gaps in the provision. The PNA is, therefore, a market entry document and not a typical health needs assessment.

This document describes the process undertaken to produce the PNA and details the specific Southampton context which should be borne in mind when considering the provision of pharmaceutical services.

The PNA defines the different types of pharmacies and pharmaceutical services alongside the current provision of these in Southampton, which has 38 community pharmacies as of September 2024.

The PNA then comprehensively considers temporal access to pharmaceutical services by looking at opening hours and geographical accessibility by looking at the distribution of pharmacies and their catchments areas via various means of transport.

Assessment of the needs for pharmaceutical services in Southampton is underpinned by a wealth of demographic, economic and health data which is contained as a supporting Appendix in Part 2 but summarised in this main document. The supporting information also includes a detailed consideration of inequalities and specific population groups.

All the information collated in the PNA informs a 'gap analysis' which covers the current situation and the future, based on anticipated levels of development and associated population growth.

The conclusion of this assessment is that, in Southampton, the number, distribution, and choice of pharmaceutical services meet the needs of the population and future needs within the lifetime of this PNA. Therefore, there is no identified need for improvements or better access to pharmaceutical services in the city.

This conclusion is based on the following observations:

- There is a good geographical spread of community pharmacies across the city (Section 7)
- Almost all of Southampton's population is within a 1.6 km straight line distance of a community pharmacy (Section 7.1). There are two

exceptions to this but, for the following reasons, neither is considered to indicate a gap in pharmaceutical provision (Section 9.1):

- The first is a small area in the West which is part of the industrial dock area and has no residential development; people who work in this area are considered to be sufficiently covered by pharmaceutical provision in Totton
 - The second is four residential streets in the Bassett area which are not within 1.6 km of a pharmacy. Further analysis of this area shows that it is well served by main roads for those with access to a car, and by two bus routes for those that use public transport. Additionally, there are four pharmacies just over a 1.6 km distance away from this area. Consequently, this area is not considered to have a gap in pharmaceutical provision
- There are 14.8 community pharmacies per 100,000 population in Southampton, which is very similar to the average for neighbouring areas and is broadly in line with the national average (Section 7.7)
 - Over 99% of the Southampton population are within a 20-minute walk of a community pharmacy (Section 7.5)
 - With three 100-hour pharmacies in Southampton, supplementary hours in other pharmacies and provision in neighbouring Health and Wellbeing Board areas, there are sufficient access times to meet the needs of the city's residents (Section 6)
 - All pharmacies provide the full range of essential pharmaceutical services (Section 5.6)
 - There is good provision of advanced services across the city (Section 5.7)
 - There are a range of enhanced and locally commissioned services delivered in the city (Sections 5.8 and 5.9)
 - A large proportion of community pharmacies provide a delivery service to residents, including housebound patients (Section 5.9.7)
 - Since the COVID-19 pandemic there has been a marked increase in the use of distance selling pharmacies (Section 5.2)
 - In Southampton, fewer items are dispensed per pharmacy than in neighbouring areas or nationally suggesting that demand is being met (Section 7.7)

Since the drafting of the PNA document, an agreement has been reached between the Department of Health and Social Care (DHSC), NHS England and Community Pharmacy England (CPE), on the funding arrangements for both the Community Pharmacy Contractual Framework (CPCF) for 2024 to 2025 and 2025 to 2026,

including Pharmacy First. [Community Pharmacy Contractual Framework: 2024 to 2025 and 2025 to 2026 - GOV.UK](#)

2. Introduction

2.1 Definition and purpose of the PNA

Production of a Pharmaceutical Needs Assessment (PNA) is a statutory requirement for each local Health and Wellbeing Board (HWB) every three years or more frequently.¹

The PNA is how the pharmaceutical services in a HWB area are assessed to determine whether they are adequately meeting the needs of the population or whether there are any gaps in provision. If gaps are found, or are likely to occur in the future, then the PNA should recommend how they can be filled.

NHS England is responsible for using PNAs as the basis for determining 'market-entry' to the local pharmaceutical list; hence this document will be used when applications are received to enter or amend the pharmaceutical list within the Southampton HWB area.

PNAs are also a key tool to inform the commissioning of essential, enhanced, and advanced pharmaceutical services from community pharmacies by NHS England and of complementary local services commissioned by the Public Health department of the local authority and by other local commissioners such as the Integrated Care Boards (ICB).

The content of a PNA is determined by the guidance and PNAs do not, therefore, include all the elements found in a typical 'health needs assessment'. Instead, a PNA would usually be supported by the data and information on health needs in the Joint Strategic Needs Assessment (JSNA). A great deal of supporting information needed to be pulled together for this PNA; this is presented as Part 2 of the report and will subsequently be used to update the JSNA.

¹ Department of Health, Pharmaceutical Needs Assessment, Information pack for local Health Authority Health and Wellbeing Boards, May 2013. [Pharmaceutical Needs Assessment Information Pack \(publishing.service.gov.uk\)](#) (accessed 10/10/2024)

2.2 Historical and Legal Background

The Health Act 2009² sets out the minimum standards for PNAs and the use of PNAs as the basis for determining market entry to NHS pharmaceutical services provision. The Regulations came into force in May 2010 and required Primary Care Trusts (PCTs) to develop and publish their first PNA under these Regulations by 1 February 2011.

The Health and Social Care Act 2012³ brought about major reforms to the NHS. From April 2013, PCTs were abolished, and their duties transferred to other organisations. Responsibility for developing, updating and publishing a local PNA was transferred to HWBs. In addition, this Act also transferred the responsibility of using the PNA as the basis for determining market entry to a pharmaceutical list and dispensing doctor list from the PCT to NHS England.

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013⁴ set out the legislative basis for developing and updating PNAs. The National Health Service (Pharmaceutical and Local Pharmaceutical Services (Amendment and Transitional Provision) Regulations 2014⁵ have been published to amend these regulations following a report published by the Joint Committee on statutory instruments. More recently, The NHS (Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2016 were published.

The first PNA to be produced by the Southampton HWB was published on 1 April 2015 to comply with these regulations. An updated report was published by the HWB on 19 July 2022.⁶

² National Health Service Act 2009 available at <http://www.legislation.gov.uk/ukpga/2009/21/contents> (accessed 10/10/2024)

³ Health and Social Care Act 2012 available at <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted> (accessed 10/10/2024)

⁴ The NHS (Pharmaceutical Services and Local Pharmaceutical Regulations) 2013 available at <http://www.legislation.gov.uk/uksi/2013/349/contents/made> (accessed 10/10/2024)

⁵ The National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendment and Transitional Provision) Regulations available at <http://www.legislation.gov.uk/uksi/2014/417/contents/made> (accessed 10/10/2024)

⁶ Southampton PNAs are available at <https://data.southampton.gov.uk/health/pharmaceutical-needs-assessment/> (accessed 02/10/2024)

2.3 Structure of the PNA

This PNA document firstly describes the process undertaken and details the specific Southampton context which should be borne in mind when considering the provision of pharmaceutical services.

The PNA then defines the different types of pharmacies and pharmaceutical services alongside the current provision of these in Southampton. There is then a comprehensive consideration of access to pharmaceutical services both in terms of temporal access (i.e., opening hours) and geographical access (including drive-times, walk-times, cycle times and public transport).

Assessment of the needs for pharmaceutical services in Southampton is underpinned by a wealth of demographic, economic and health data which is contained in supporting appendices in a separate document (Part 2) but summarised in this main document. The supporting information also includes a detailed consideration of inequalities and specific population groups.

All the information collated in the PNA informs a 'gap analysis' which covers the current situation and the future based on anticipated levels of development and associated population growth. This is used to draw a conclusion on whether the number, distribution and choice of pharmaceutical services in Southampton meet the current and future needs of the population.

3. Process for producing the Pharmaceutical Needs Assessment

The PNA has been undertaken in line with the requirements the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs. The National Health Service (Pharmaceutical and Local Pharmaceutical Services (Amendment and Transitional Provision) Regulations 2014 have been published to amend these regulations following a report published by the Joint Committee on statutory instruments. More recently, The NHS (Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2016 were published.⁷ And under the direction of the PNA steering group.

The Southampton PNA 2025 has been in development since September 2024. The document has been written with assistance from partners in neighbouring Local Authorities which is gratefully acknowledged. The process has had many steps; the key stages are outlined below.

Stage 1: Formation of a steering group

A steering group was formed to oversee the development of the Southampton PNA (see Appendix B in Part 2 for the Steering Group Terms of Reference). The group had representation from key stakeholders, including Community Pharmacy South Central and NHS England.

The group oversaw the development of the PNA and ensured that the PNA conformed to the relevant regulation and statutory requirements on behalf of the Health and Wellbeing Board (HWB).

⁷ Department of Health and Social Care Pharmaceutical Needs Assessment, Information pack for local Health Authority Health and Wellbeing Boards, October 2021 [Pharmaceutical needs assessments: Information pack for local authority health and wellbeing boards](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1014444/Pharmaceutical_needs_assessments:_Information_pack_for_local_authority_health_and_wellbeing_boards.pdf) (publishing.service.gov.uk)

Stage 2: Collation of information and data

The Joint Strategic Needs Assessment for Southampton has been extensively used to give an overview of major health and wellbeing needs of the local population. This information is included as Appendix A in Part 2 of the PNA.

Every existing community pharmacy in Southampton (n=38) were invited to complete a detailed questionnaire about their services to inform the development of the PNA. This survey was open from 2 October 2024 to 15 December 2024. There were nineteen responses from pharmacies in Southampton for the survey giving a 50.0% response rate from the thirty eight pharmacies in Southampton.

Data held by NHS England and NHS Business Services Authority was used to inform the Southampton picture of local pharmaceutical provision, including data on delivery of advanced services. National and locally held statistics have been examined to determine levels of activity in delivering current services.

Expertise and advice have also been sought, and is gratefully acknowledged, from NHS Hampshire and Isle of Wight ICB (integrated Care Board), NHS England, Community Pharmacy Hampshire and Isle of Wight and from Southampton City Council's Public Health, Planning, Economic Development, Data, Intelligence and Insight, Housing and Communications departments.

Stage 3: Analysis

The information collated was used to carry out a gap analysis to identify any current or future gaps of pharmaceutical provision within the city. The Steering Group agreed that living within 1.6 km (straight-line distance) from a pharmacy would be the key criterion for the gap analysis; this distance is used in the NHS Pharmaceutical Services Regulations 2013 when applications are determined under the "market entry" process.⁸ Other factors, such as opening hours and services provided, also informed the gap analysis.

Following the analysis, a draft consultation document was completed in line with national guidance and approved by the steering group and Director of Public Health.

⁸ The NHS (Pharmaceutical Services and Local Pharmaceutical Regulations) 2013 available at <http://www.legislation.gov.uk/ukxi/2013/349/contents/made>

Stage 4: Draft PNA

The draft PNA (Part 1 Main Reports and Part 2 Appendices) was examined by the Southampton Health and Wellbeing Board (HWB) in December 2024.

Stage 5: Consultation

A consultation with members of the public on the document, in line with the statutory requirements was held between 31 March and 30 May 2025.

Stage 6: Review of consultation responses

The steering group considered the consultation responses. A report has been prepared on the information gathered in the consultation and the steering group's considerations and included as Appendix C in Part 2 of the PNA.

Stage 7: Publication

The draft document was presented to the HWB in December 2024 for approval, the final draft will then go to public consultation between 31 March and 30 May before the planned publication of the PNA in October 2025.

4. Southampton Context

Southampton is on the south coast of England and is the largest city in Hampshire. It is a diverse city with a population of 264,957 people comprising 108,885 households, 64,668 children and young people (aged 0-19 years), 79,400 residents who are none white British and approximately 40,000 students.

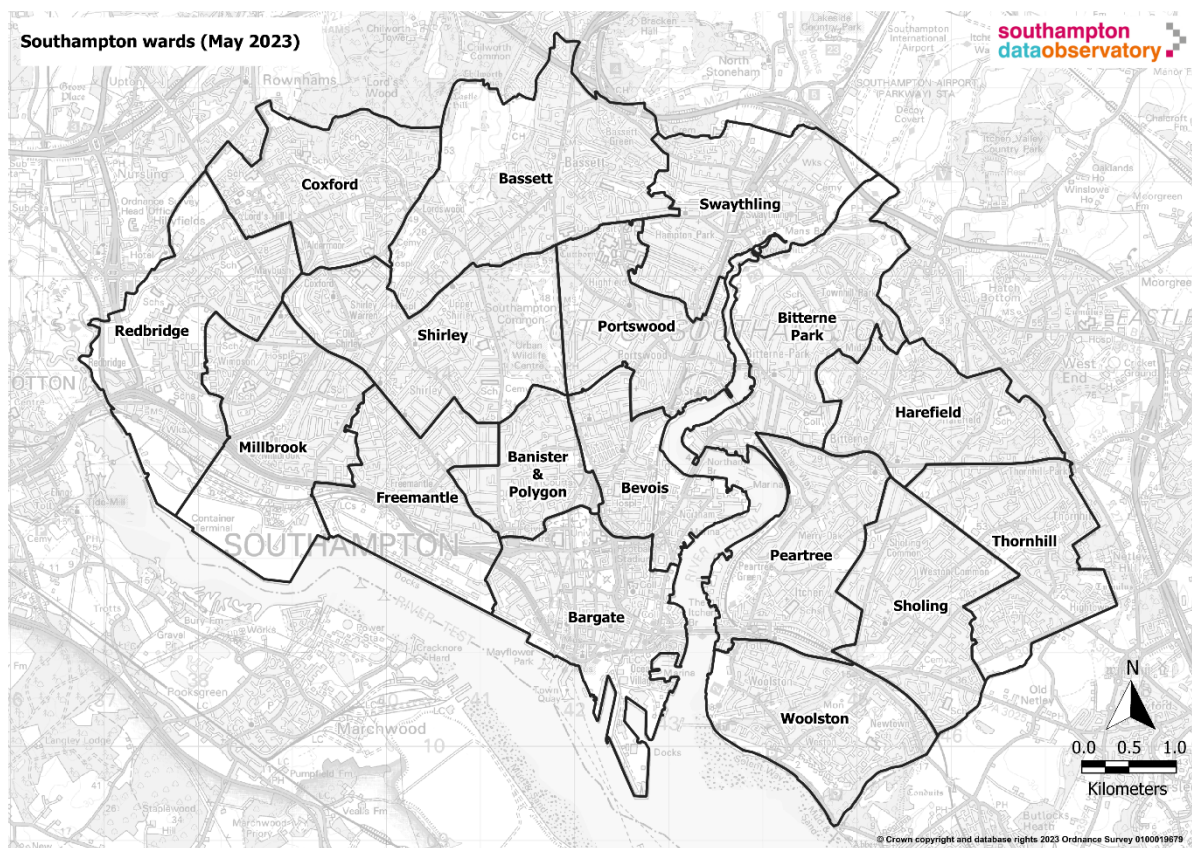
Between 2025 and 2028, the lifetime of this PNA, the population of Southampton is predicted to rise by 2.2%, with the over 65s projected to increase by approximately 7.3% and the and under 15s populations is predicted to fall by 1.9%.

This ageing of the population will have an increasing impact on the demand for health and social care services in Southampton. Health risks, alcohol, unhealthy eating and lack of physical activity have a substantial impact on the health of the city's population. In Southampton childhood obesity (in Year 6) and alcohol-related hospital admissions are significantly higher than the national average. This is all influenced and compounded by the wider determinants, or building blocks, of health such as the circumstances that we live including neighbourhood, housing, education, and employment/income. Inequalities in health and wellbeing outcomes are evident in the city and that this inequality gap is not narrowing.

Much of the data used to inform the PNA is from the Joint Strategic Needs Assessment of the [Southampton Data Observatory](https://data.southampton.gov.uk/)⁹ and is included as Appendix A in Part 2. Some of the data in this PNA is presented at a sub-city geography of electoral wards and the following ward map (Figure 1) is included to set this into context. However, the PNA has largely been conducted at a city-wide level because wards and localities are not a relevant geography when considering pharmaceutical services in a compact urban area such as Southampton.

⁹ Southampton Data Observatory <https://data.southampton.gov.uk/>

Figure 1: Southampton ward boundaries



4.1 NHS services

Other NHS services can affect the need for pharmaceutical services, including hospital and community services as follows. There are four hospital sites in Southampton:

Southampton General Hospital (SGH) - part of University Hospital Southampton NHS Foundation Trust, provides a range of services including emergency and critical care is provided in the hospital's special intensive care units, operating theatres, acute medicine unit and emergency department (A&E), as well as the dedicated eye casualty.¹⁰

Princess Anne Hospital (PAH) - part of University Hospital Southampton NHS Foundation Trust, provides services including maternity care, for about 5,000 women each year from around Southampton. It is also a regional centre for foetal and maternal medicine, providing specialist care for women with medical problems during

¹⁰ University Hospital Southampton, NHS Foundation Trust <https://www.uhs.nhs.uk/for-visitors/southampton-general-hospital> (accessed 10/10/2024)

pregnancy, and for those whose babies need extra care before or around birth. Other services include genetics and breast screening.¹¹

Southampton Children's Hospital (SCH) - part of University Hospital Southampton NHS Foundation Trust, is a major centre for specialist paediatric services in the south of England.¹²

The Royal South Hants Hospital (RSH) - provides a wide range of outpatient, day and inpatient surgical operations, diagnostic procedures, and sexual health services. Some services are provided by Solent NHS Trust, Practice Plus Group and others by University Hospital Southampton NHS Foundation Trust.¹³ The Southampton urgent treatment centre is also based at Royal South Hants and is run by Practice Plus Group.¹⁴ This is a minor injuries unit (MIU) which offers treatment, advice and information on a range of minor injuries and illness.

Patients attending these, on either an inpatient or outpatient basis, may require prescriptions to be dispensed. There are three hospital pharmacies providing services; an inpatient pharmacy serving patients at SGH, PAH and SCH, a pharmacy for outpatients located at SGH and the third pharmacy is located at RSH. These pharmacies are operated by UHS Pharmacy Ltd.¹⁵

In the NHS Hampshire and Isle of Wight ICB 26 member GP practices within the Southampton boundary as of September 2024. There are 27 NHS dental practices providing NHS dental services and 26 opticians in the Southampton HWB area.¹⁶

¹¹ University Hospital Southampton, NHS Foundation Trust <https://www.uhs.nhs.uk/for-visitors/princess-anne-hospital> (accessed 10/10/2024)

¹² University Hospital Southampton, NHS Foundation Trust <https://www.uhs.nhs.uk/for-visitors/southampton-childrens-hospital> (accessed 10/10/2024)

¹³ University Hospital Southampton, NHS Foundation Trust <https://www.uhs.nhs.uk/for-visitors/royal-south-hants> (accessed 10/10/2024)

¹⁴ Practice Plus Group Urgent Treatment Centre (UTC) <https://www.southamptonutc.nhs.uk/> (accessed 10/10/2024)

¹⁵ University Hospital Southampton, NHS Foundation Trust <https://www.uhs.nhs.uk/departments/medicines-and-therapies/pharmacy> (accessed 10/10/2024)

¹⁶ Pharmacy, Optometry and Dental Improvement, Hampshire and Isle of Wight ICB September 2024

5. Current Pharmaceutical Services

The Community Pharmacy Contractual Framework (CPCF) for 2019/20 to 2023/24 (published in July 2019) is NHS England's latest statement of what is expected of pharmacists providing NHS services. Pharmacy contractors can provide three main types of service that fall within the definition of NHS pharmaceutical services, namely essential, advanced and enhanced services, and these can be complemented by services commissioned locally by ICBs and Public Health Teams.

The start of April 2024 marked the end of the five-year Community Pharmacy Contractual Framework arrangement which was agreed in the summer of 2019. Since the drafting of the PNA document, an agreement has been reached between the Department of Health and Social Care (DHSC), NHS England and Community Pharmacy England (CPE), on the funding arrangements for both the Community Pharmacy Contractual Framework (CPCF) for 2024 to 2025 and 2025 to 2026, including Pharmacy First. [Community Pharmacy Contractual Framework: 2024 to 2025 and 2025 to 2026 - GOV.UK](#)

Defined below are the different types of pharmacies and pharmaceutical services and details of the current provision of these in Southampton.

5.1 Community pharmacies

Southampton has 38 community pharmacies providing NHS services; since the previous PNA, the following community pharmacies have closed:

- Asda pharmacy in central Southampton (closed August 2024)
- Boots the Chemist 9, Victoria Road Woolston Southampton (ceased to provide pharmaceutical services from 27 January 2024)

Pharmacies can be divided into those providing a minimum of 40 hours of NHS pharmaceutical services each week and those providing 100 hours per week. In Southampton, there are 35 pharmacies providing minimum of '40 core hours' with 32 of these providing extra hours on top of the core hours and 3 pharmacies providing '100 core hours' of service. More information on changes to pharmacies are available on the PNA web page on Southampton Data Observatory.¹⁷

¹⁷ PNA on Southampton Data Observatory - <https://data.southampton.gov.uk/health/pharmaceutical-needs-assessment/> (accessed 02/10/2024)

5.2 Distance selling pharmacies

Distance selling pharmacies provide services solely to customers who do not attend the premises, for example internet services only. Southampton has no distance-selling pharmacies. However, Southampton residents may choose to have their prescriptions dispensed from any pharmacy across the country including distance selling pharmacies. This trend increased, in line with other internet shopping trends, during the COVID-19 pandemic. The Pharmaceutical Journal estimates that in England the number of items dispensed by Distance Selling Pharmacies increased by 45% between 2019 and 2020. In Southampton there has been an increase in prescriptions dispensed by Distance Selling Pharmacies from 2.4% in 2019/20 to 7.4% in 2022/23.

5.3 Dispensing doctor

Dispensing doctors are General Practitioners (GPs) who mainly provide services to patients in rural areas, where there are not any community pharmacies or where access to pharmaceutical services is difficult for reasons of distance. Southampton is a totally urban area and therefore none of the GP practices in Southampton are on the dispensing doctor list.

5.4 Local Pharmaceutical Services Scheme

Local Pharmaceutical Services pharmacies (LPS) provide a service tailored to specific local requirements. A typical example would be for very rural areas where a pharmacy would not be financially viable without this type of arrangement. Southampton, being an urban area, has no LPS.

5.5 Dispensing Appliance Contractor

A Dispensing Appliance Contractor (DAC) specialises in dispensing appliances (e.g., stoma care products) rather than medicines. Southampton does not have a DAC. The two closest DAC are in Bishops Waltham and Southsea.

5.6 Essential Services

Essential services are those which each community pharmacy must provide. All community and distance selling (internet) pharmacies with NHS contracts provide the full range of essential services which are as follows:

5.6.1 Dispensing Medicines and Repeat Dispensing

In 2022/23 there were 4,451,438 items prescribed by Southampton GPs dispensed across the country (3,237 sites).

Looking in more detail at these prescribed items in more detail:

- 75.7% of prescribed items are dispensed within Southampton community pharmacies
- 1.7% of items are dispensed by GPs in Southampton
- 8.3% are dispensed in the Hampshire
- 16.0% are dispensed outside of Southampton or Hampshire
- 7.4% dispensed by distance selling pharmacies
- The top distance selling pharmacy is Pharmacy2U Ltd (FLM49) prescribing 36.9% of all distant selling items

Although not an essential service, the Electronic Prescription Service (EPS) allows prescribers to send prescriptions electronically to a dispenser (such as a pharmacy) of the patient's choice. This makes the prescribing and dispensing process more efficient and convenient for patients and staff. All GP practices and pharmacies in Southampton are enabled to dispense in accordance with the EPS and all actively participate in the programme. Between January and June 2024 95.1% of prescriptions were dispensed via EPS.

Pharmacies dispense appliances as well as medicines. Results from the contractor questionnaire showed:

Of the nineteen responses from Southampton pharmacies, all nineteen pharmacies dispense appliances, two of the nineteen pharmacies exclude stoma and incontinence appliances, one excludes incontinence appliances. Two dispense just dressings and two pharmacies offer stoma appliance customisation.

5.6.2 Disposal of Unwanted Medicines:

All pharmacies are obliged to accept back unwanted medicines from patients.

5.6.3 Public Health Promotion of Healthy Lifestyles:

Each financial year, pharmacies are required to participate in up to six health campaigns at the request of NHS England. This generally involves the display and distribution of leaflets provided by NHS England.

5.6.4 Signposting Customers to Appropriate Services:

Pharmacies are expected to support people who ask for assistance by directing them to the most appropriate source of help.

5.6.5 Support for Self-care:

Pharmacies are expected to provide advice and support to enable people to derive maximum benefit from caring for themselves or their families.

5.6.6 Clinical Governance:

Clinical governance is a framework through which NHS organisations are accountable for continually improving the quality of their services and safeguarding high standards of care. Pharmacies are responsible for applying clinical governance principles to the delivery of services e.g., use of standard operating procedures; recording, reporting and learning from adverse incidents; participation in continuing professional development and clinical audit.

5.6.7 Discharge Medicines Service (DMS):

The DMS became a new Essential service within the CPCF on 15th February 2021. NHS Trusts are able to refer patients to the DMS at their community pharmacy if the patient would benefit from extra guidance around new prescribed medicines. The service has been identified by NHS England's Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.

Note that in Southampton the DMS has superseded the Transfer of Care around Medicines service that was previously provided by pharmacies.

5.6.8 Healthy Living Pharmacy (HLP) Level 1 status:

Most pharmacies in England previously met the HLP requirements following local initiatives with commissioners or the Pharmacy Quality Scheme. However, the laying of new NHS regulations in October 2020, made HLP requirements a new Terms of Service requirement for all pharmacies from 1 January 2021.

5.7 Advanced services

Pharmacies may choose whether they wish to provide these additional, advanced services as long as they meet the requirements set out in the Secretary of State Directions. The pharmacies receive remuneration from the NHS for providing advanced services.

5.7.1 New Medicine Service (NMS)

The NMS provides support for people with long-term conditions and who have newly been prescribed a medicine. The aim of the services is to help improve medicines adherence; it initially focused on a small number of conditions; this list was increased in September 2021.

Through the New Medicine Service, community pharmacists provide support to patients and carers, helping them manage newly prescribed medicines for a long-term condition, and supporting patients to make shared decisions about their care. This service also provides an opportunity to promote lifestyle changes or other non-pharmacological interventions to enhance well-being in people with long term conditions.

The conditions eligible for the service are:

- asthma and 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 risks of venous thromboembolism/embolism
- stroke/transient ischemic attack
- coronary heart disease

5.7.2 Pharmacy First Service (PFS)

The Pharmacy First Service was launched by the NHS and central government on 31 January 2024. This new service includes the service previously known as the NHS Community Pharmacist Consultation Service (CPCS). The CPCS included patient referrals for urgent repeat medication or to assess acuity of minor illness symptoms and provide advice to support next steps. Referrals to community pharmacies were made by telephony services for NHS 111 or Integrated Urgent Care Clinical Assessment Services (IUC CAS) for patients who could be seen by a community pharmacist closer to their home. The service was later extended to cover referrals for low acuity minor illness from general practice settings and referrals from 999 services and 111Online for minor illness and urgent repeat medication.

The Pharmacy First advanced service incorporates the previous CPCS service (both urgent medicines supply and minor illness elements) and builds on this to enable community pharmacy to complete episodes of care for seven common conditions following specific clinical pathways, some restrictions on who can use this service also apply. The seven common conditions are:

- Sinusitis (aged 12 years and over)
- Sore throat (aged 5 years and over)
- Earache (aged 1 to 17 years)
- Infected insect bite (aged 1 year and over)
- Impetigo (aged 1 year and over)
- Shingles (aged 18 and over)
- Urinary tract infections in women (aged 16 to 64 years)

Pharmacy First is offered by all pharmacies in Southampton and between February and April 2024 there have been over 4,085 consultations.

5.7.3 NHS Flu Vaccination Service

Every year, from September to March, the NHS runs a seasonal influenza vaccination programme to protect those who are most at risk of serious illness or death should they develop influenza. Community pharmacies have been providing flu vaccinations under a nationally commissioned service since September 2015 to support the national vaccination programme.

For the period September 2022 to March 2023, NHS England data show 34 of the 38 (89.5%) pharmacies in Southampton were accredited to deliver flu vaccinations. A total of 15,763 vaccinations were given during this period.

5.7.4 Lateral Flow Device (LFD) Supply Service

Since the COVID-19 pandemic the NHS offers COVID-19 treatment to people with COVID-19 who are at risk of becoming seriously ill. The list of eligible patients includes the following, for a full list of eligible patients please see the [Nice Guidelines](#)¹⁸.

- People with Down's syndrome and other genetic disorders
- People with various type of solid cancer
- People with Immune-mediated inflammatory disorders
- People with Immune deficiencies
- People aged 85 years and over
- People with end-stage heart failure who have a long-term ventricular assistance device
- People on the organ transplant waiting list
- People resident in a care home who are aged 70 years and over
- People resident in a care home who have a BMI of 35 kg/m² or more
- People resident in a care home who have diabetes
- People resident in a care home who have heart failure
- People currently in a hospital who are aged 70 years and over
- People currently in a hospital who have a BMI of 35 kg/m² or more
- People currently in a hospital who have diabetes
- People currently in a hospital who have heart failure

It is currently estimated that around 3.9 million patients nationally are potentially eligible for free lateral flow device (LFD) tests. Although access to LFD tests may be

¹⁸ NICE 29 March 2023 - Nirmatrelvir plus ritonavir, sotrovimab and tocilizumab for treating COVID-19 <https://www.nice.org.uk/guidance/ta878/chapter/5-Supporting-information-on-risk-factors-for-progression-to-severe-COVID19>

supplemented by other pathways, (for example, through anticipatory or specialist care), community pharmacy is well placed within the local community to provide local and rapid access for patients.¹⁹

Access to COVID-19 community-based treatment will continue to be based on a confirmed COVID-19 infection, achieved with a diagnostic LFD test, in line with some of the recommended treatment's product licences. Given the short efficacy window for treatment and practical implications of point of care testing, tests need to be available for eligible patients to access in advance of developing symptoms.

This service is to offer at risk patients eligible for COVID-19 treatments, access to LFD tests to enable testing at home for COVID-19, if they develop symptoms of infection. A positive LFD test result will be used to inform a clinical assessment to determine whether the patient is suitable for and will benefit from NICE recommended COVID-19 treatments.

In Southampton, between January and March 2024, 16 pharmacies offered this service.

5.7.5 Hepatitis C Antibody Testing Service

The Community Pharmacy Hepatitis C Antibody Testing Service was decommissioned in April 2023.

5.7.6 Stoma Appliance Customisation

Stoma customisation services aim to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. This service is usually provided by DACs. In June 2024, NHS Business Service Authority data shows that there were no pharmacies offering Stoma Appliance Customisation in Southampton. In the pharmacy contractors survey open from 2 October 2024 to 15 December 2024, two pharmacies of the nineteen responses offered stoma appliance customisation.

¹⁹ NHS England - NHS lateral flow device tests supply service for patients potentially eligible for COVID-19 treatment: service specification <https://www.england.nhs.uk/publication/nhs-lateral-flow-device-tests-supply-service-for-patients-potentially-eligible-for-covid-19-treatment-service-specification/> (accessed 11/10/2024)

5.7.7 Appliance Use Reviews

Appliance Use Reviews can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home, however, this service is generally provided through DACs.

5.7.8 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 is offering 24-hour ambulatory blood pressure monitoring, where clinically indicated. The blood pressure test results will then be shared with the patient's GP to inform a potential diagnosis of hypertension.

In June 2024, 29 pharmacies (76.3%) of 38 pharmacies offered this service. Between January and June 2024, 4,676 checks for blood pressure.

5.7.9 Smoking Cessation Advanced Service

In early 2022, the Smoking Cessation Advanced Service was introduced for patients who started their stop-smoking journey in hospital. This service allows 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. University Hospital Southampton offers this service. With free NHS stop smoking support being available before the hospital stay, during the period in hospital and after discharge.

Nicotine replacement products are available to support patients during their stay in hospital as an inpatient and patients can be referred to one of the smoking cessation advisors who give advice around medication, effective behaviour change and support.

5.8 Enhanced Services

5.8.1 Bank Holiday Opening

A Bank Holiday service is provided for Christmas Day, Boxing Day, New Year's Day and Easter Sunday, which is coordinated by NHS England.

5.8.2 Pharmacy Urgent Repeat Medicines Service

There is one enhanced service which is locally commissioned in Hampshire - the Wessex Pharmacy Urgent Repeat Medicines (PURM) Service, this service has been decommissioned and become part of the Pharmacy First service, for more information see section 5.6.8.

5.8.3 COVID-19 services

NHS England has confirmed that pharmacies will be able to give COVID-19 vaccinations and the timings for the autumn/winter programme. The groups being offered in the autumn/winter 2024/25 season are:

- residents in a care home for older adults;
- all adults aged 65 years and over;
- persons aged 6 months to 64 years in a clinical risk group, as defined in tables 3 and 4 of the COVID-19 chapter of the UK Health Security Agency Green Book on immunisation against infectious disease; and
- frontline health and social care workers and staff working in care homes for older adults. Including: community pharmacy staff

The COVID-19 vaccinations will be available from 3 October 2024 to 31 January 2025. With flu vaccinations continuing until 31 March 2025.

5.9 Locally Commissioned and other non-NHS Services

Locally commissioned services can be contracted via a number of different routes and by different commissioners, including local authorities and Integrated Care Boards. 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 in Southampton.

5.9.1 Minor Ailment Service

This service has been decommissioned.

5.9.2 Palliative Care Drugs Service

Drugs used for palliative care reasons can be required at short notice and are not items which are routinely stocked at all community pharmacies. The Palliative Care Drugs Service is commissioned by Hampshire and Isle of Wight ICB and aids accessibility to these drugs for individuals who are being cared for in community settings. Ten of the nineteen respondents to the pharmacy contractors survey offer on-demand availability of drugs for palliative care.

5.9.3 Pharmacy Needle and Syringe Programme

The needle and syringe programme for people who inject drugs is a crucial component in providing a comprehensive harm reduction programme. The aim of this service is to:

- reduce the spread of blood borne pathogens (HIV, Hepatitis B & C)
- provide information and advice to reduce the harms associated with injecting drug use
- encourage use of other drug services and facilitate referrals to other agencies where appropriate

Three of the nineteen respondents to the pharmacy contractors survey offer a needle and syringe programme.

5.9.4 Emergency Hormonal Contraception (EHC) Service

The Southampton City Council Public Health Team commissions the EHC services which aims to reduce unwanted pregnancies and terminations by providing EHC, to support women who have had unprotected sex and help contribute to a reduction in the number of unplanned pregnancies.

This is through a Patient Group Direction (PGD) which provides a legal framework to allow pharmacists to supply specified medicines to a pre-defined group of patients, without them having to see a prescriber. Clients excluded from the PGD criteria should be referred to another local service provider that will be able to assist them as soon as possible.

Fifteen on the nineteen respondents to the pharmacy contractors survey offer emergency hormonal contraception.

5.9.5 Supervised Consumption

Opiate Substitute Therapy (OST) medication (methadone and buprenorphine oral formulations) is used for maintenance therapy in the management of opioid dependence, as part of a programme of treatment and support and only in conjunction with commissioned substance use services. To reduce risk and support compliance, administration of these medications can be supervised in community pharmacies, which also provides routine and structure for the individual, and encourages engagement with other healthcare provision delivered by the pharmacies.

Thirteen of the nineteen respondents to the pharmacy contractors survey offer supervised consumption, also known as supervised administration.

5.9.6 Stop Smoking Service

A smoking cessation service for clients who need support to give up smoking using one-to-one interventions is offered. In March 2024, 19 pharmacies in Southampton offered this service. The service includes an initial assessment to ascertain how ready the client is to make a change and how they would be best supported.

NHS Digital data shows that between April 2022 and March 2023, there were 298 people who set a smoking quit date through pharmacies and, of these, 123 (41.3%) had successfully quit at 4 weeks (self-reported). The same percentage when compared with all setting in Southampton 1,583 people setting a quit date and 653 (41.3%) were successful quitters.

5.9.7 Delivery Services

Many pharmacies provide a delivery service; sometimes this is provided free and sometimes they make a charge for it. As these are private services, there is no NHS data available to ascertain the level of provision in Southampton

Of the nineteen respondents to the pharmacy contractor survey, thirteen deliver dispensed medicines, free-of-charge upon request, five deliver dispensed medicines with a charge and three of the pharmacies that offer a free service also offer a paid service.

5.9.8 Access Languages

The pharmacy workforce in Southampton embraces a range of nationalities and cultural backgrounds. The contractor survey showed that, at that time, there were 10 different languages spoken amongst Southampton pharmacy staff. 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.

In the pharmacy contractor's survey respondents were asked about languages spoken by members of staff. Along with English, the following languages were reported by the nineteen respondents, along with the number of pharmacies in brackets:

- Hindi (12 pharmacies)
- Punjabi (9 pharmacies)
- Urdu – (8 pharmacies)
- Farsi – (5 pharmacies)
- Polish – (5 pharmacies)
- Gujarati – (4 pharmacies)
- Telugu – (3 pharmacies)
- Romanian – (3 pharmacies)

Other additional languages include, Arabic, Bengali, Bulgarian, Cantonese, Greek, Filipino, Italian, Latvian, Mandarin, Pashto, Russian, Slovak, Somali, Swahili and Turkish.

5.9.9 Accessibility

The pharmacy contractor's survey also asked about accessibility to the pharmacy, of the nineteen respondents eighteen have step free access and seventeen have wheelchair access and seven pharmacies have access to an induction loop.

6. Temporal Access to Pharmaceutical Services

6.1 Opening Hours

A PNA should identify the necessary services that are required at specified times and the following consideration of opening hours helps set the context for this assessment.

The opening hours used in this section are based on the total opening hours (both 'core' and 'supplementary' hours) for the 38 community pharmacies in the city, as held by NHS England on 2 September 2024. The removal of two contractors from the pharmaceutical list now means that there is one less 100 hour contact pharmacy (Asda pharmacy) in Southampton. Details of individual pharmacy opening times can be found on the NHS website.²⁰

Many pharmacies that provide a minimum of '40 core hours' of NHS pharmaceutical service also extend these hours of service, opening into the evening and/or opening on Saturday afternoon and Sunday. This gives a broad range of opening hours for the pharmacies located across the city.

6.2 100-hour Core Hour of Service Pharmacies

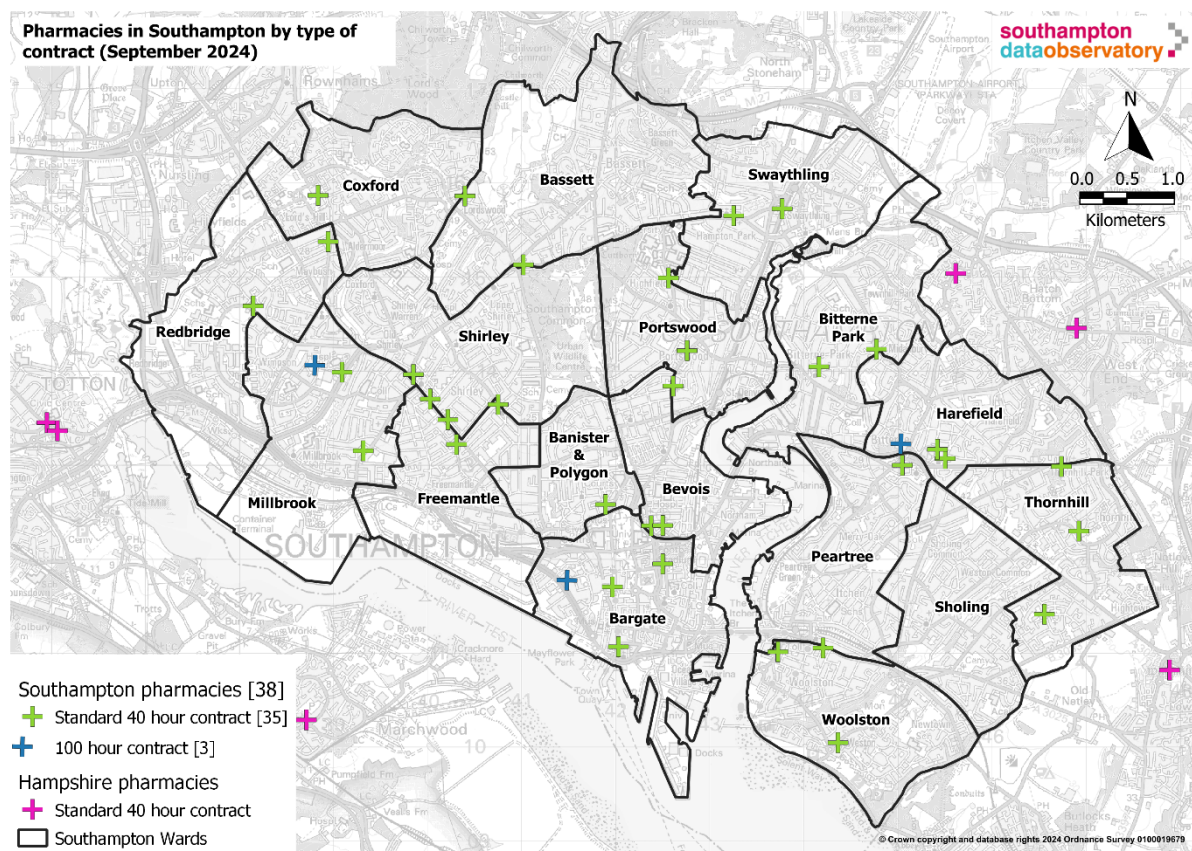
There are three '100-hour pharmacies' in the city which opened using the 'necessary or expedient' test under the 2005 exemptions to the market entry system. These pharmacies provide 100 core hours per week of pharmaceutical services. They give Southampton residents greater access to pharmaceutical services by extending opening hours both in the morning and late into the evening plus extended weekend coverage.

These pharmacies meet an identified need for pharmaceutical services for both 'out of hours' dispensing services and for the general population who wish to seek professional help for health and lifestyle advice, treating minor ailments and conditions that may be managed by self-care.

Through the following consideration of opening hours, no need for improvements or better temporal access to pharmaceutical services in the city has been identified.

²⁰ NHS website - available at <http://www.nhs.uk/Pages/HomePage.aspx>

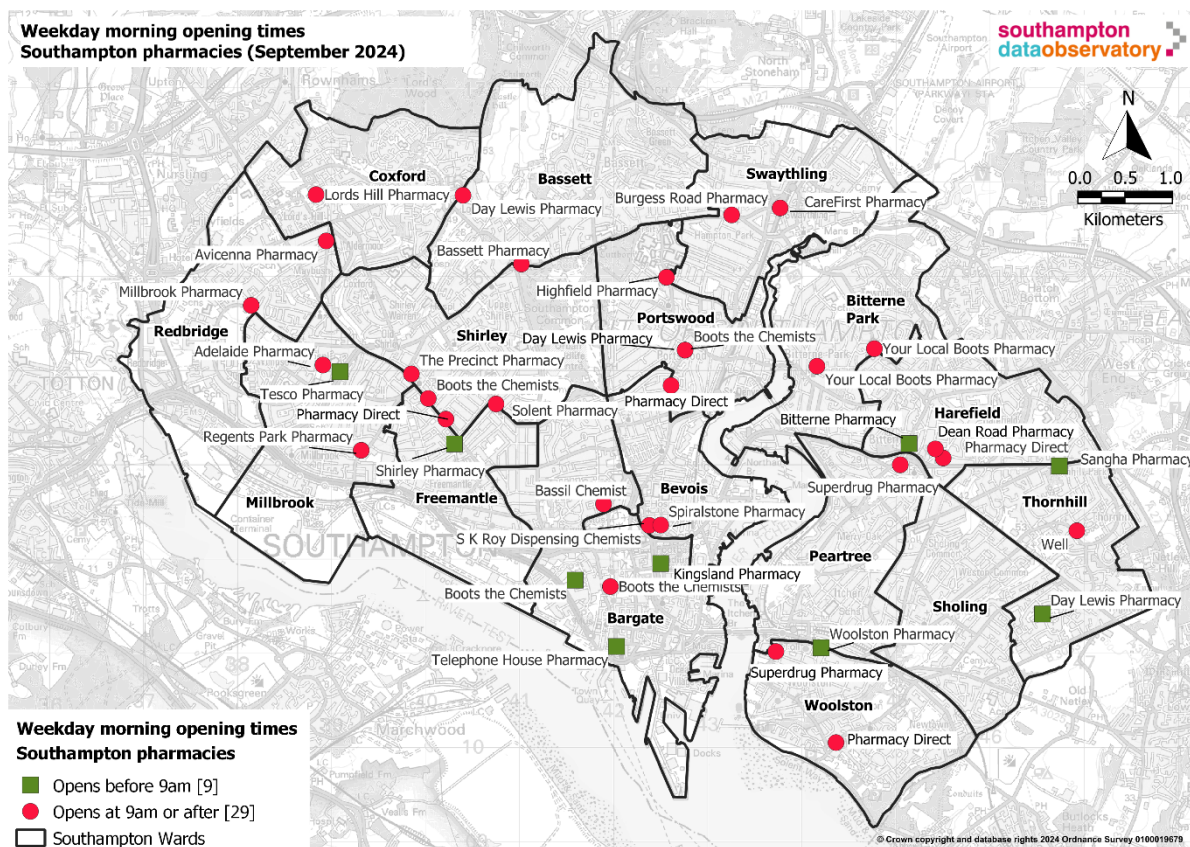
Figure 2: Pharmacies in Southampton by type of contract as of September 2024



6.3 Opening Hours Mornings

For early morning access 9 pharmacies open before 9am on weekdays. There is fair geographical spread across the city of pharmacies with early opening, although pharmacies in the northwest of the city tend to open after 9am.

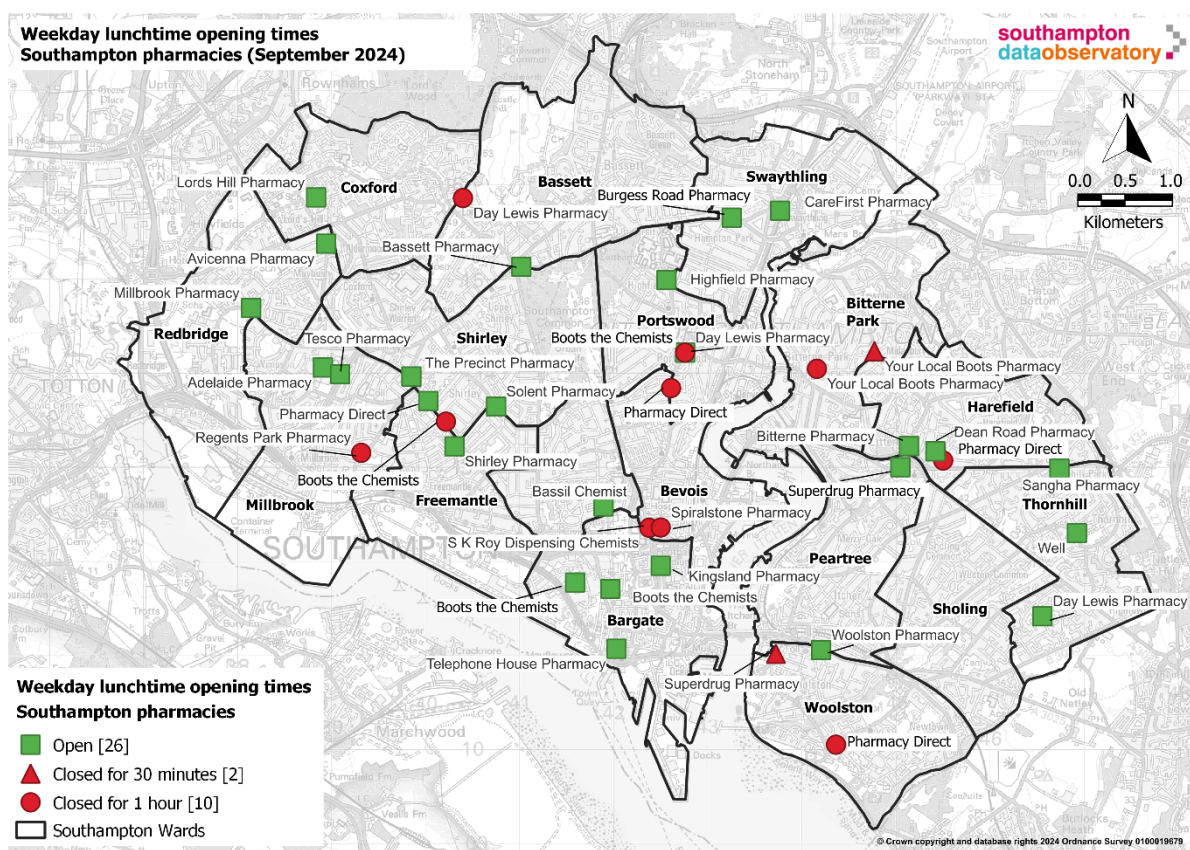
Figure 3: Map of weekday morning opening times for community pharmacies in Southampton as of September 2024



6.4 Opening Hours Lunchtime

There is access to NHS pharmaceutical services throughout the lunch period (1pm and 2pm) in 26 pharmacies. Ten pharmacies are closed for one hour 1pm and 2pm. One is closed for 30 minutes, from 1pm to 1.30pm and one is closed between 1pm and 3pm.

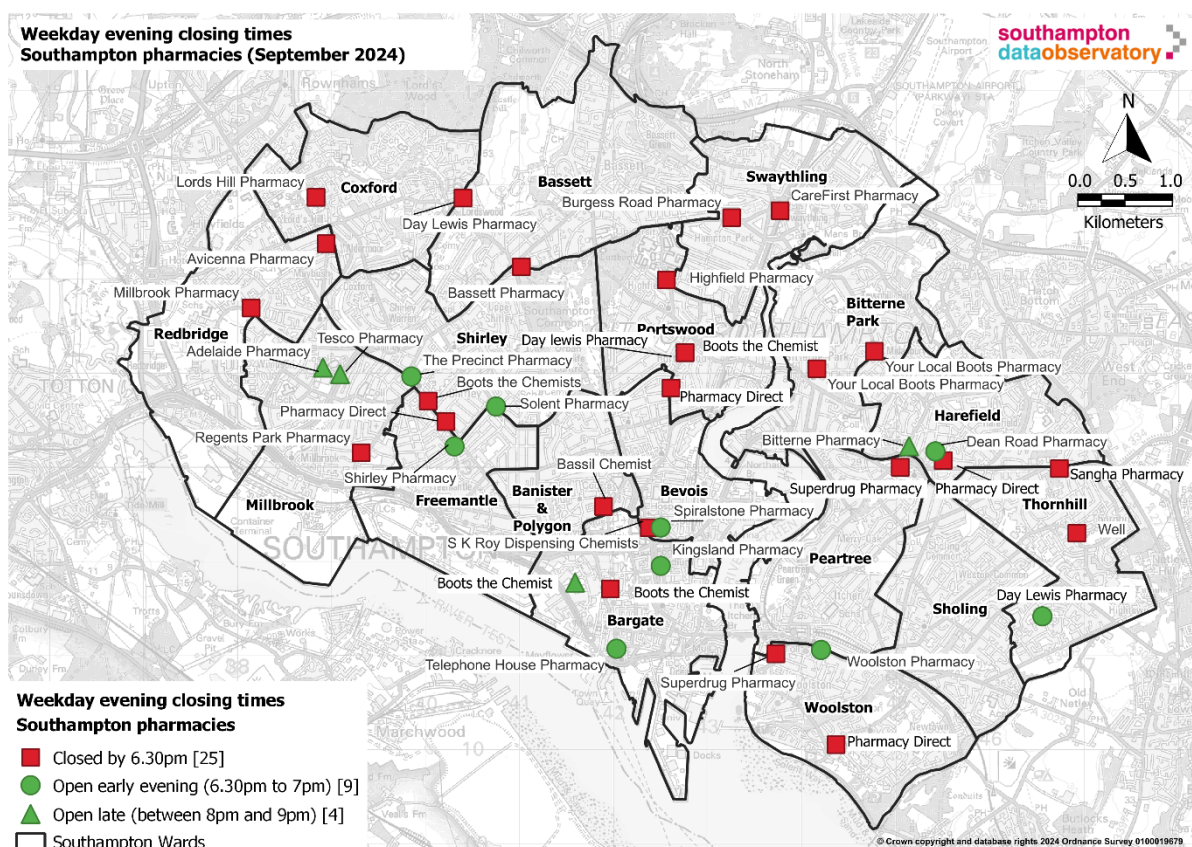
Figure 4: Map of weekday lunchtime opening times for community pharmacies in Southampton as of September 2024



6.5 Opening Hours Evenings

Four pharmacies are open later in the evening between 8pm and 9pm. Nine are open between 6.30pm and 7pm. The remaining twenty-five close by 6.30pm.

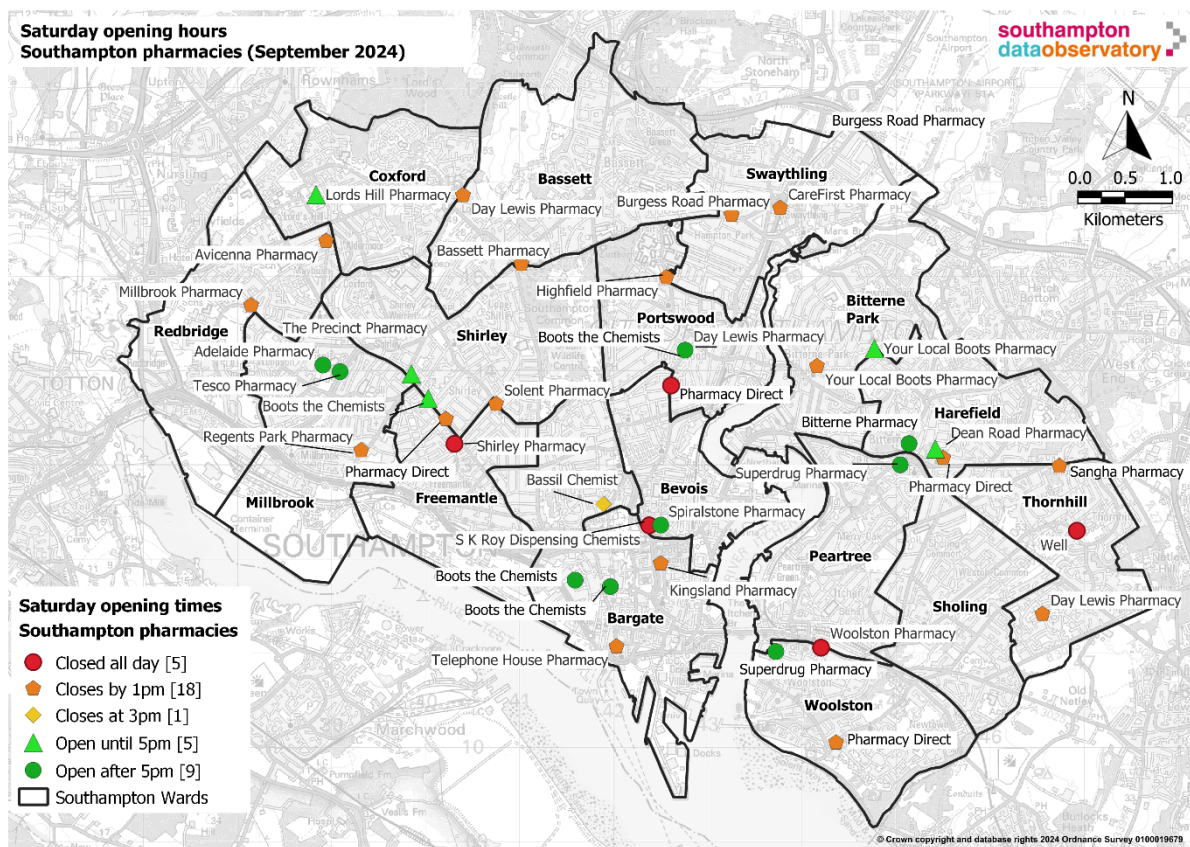
Figure 5: Map of weekday evening opening times for community pharmacies in Southampton as of September 2024



6.6 Saturday Opening

Thirty-three community pharmacies are open for at least a part of the day on a Saturday and the remaining five are closed all day. Eighteen pharmacies close by 1pm, one closes at 3pm, five are open until 5pm and nine are open after 5pm.

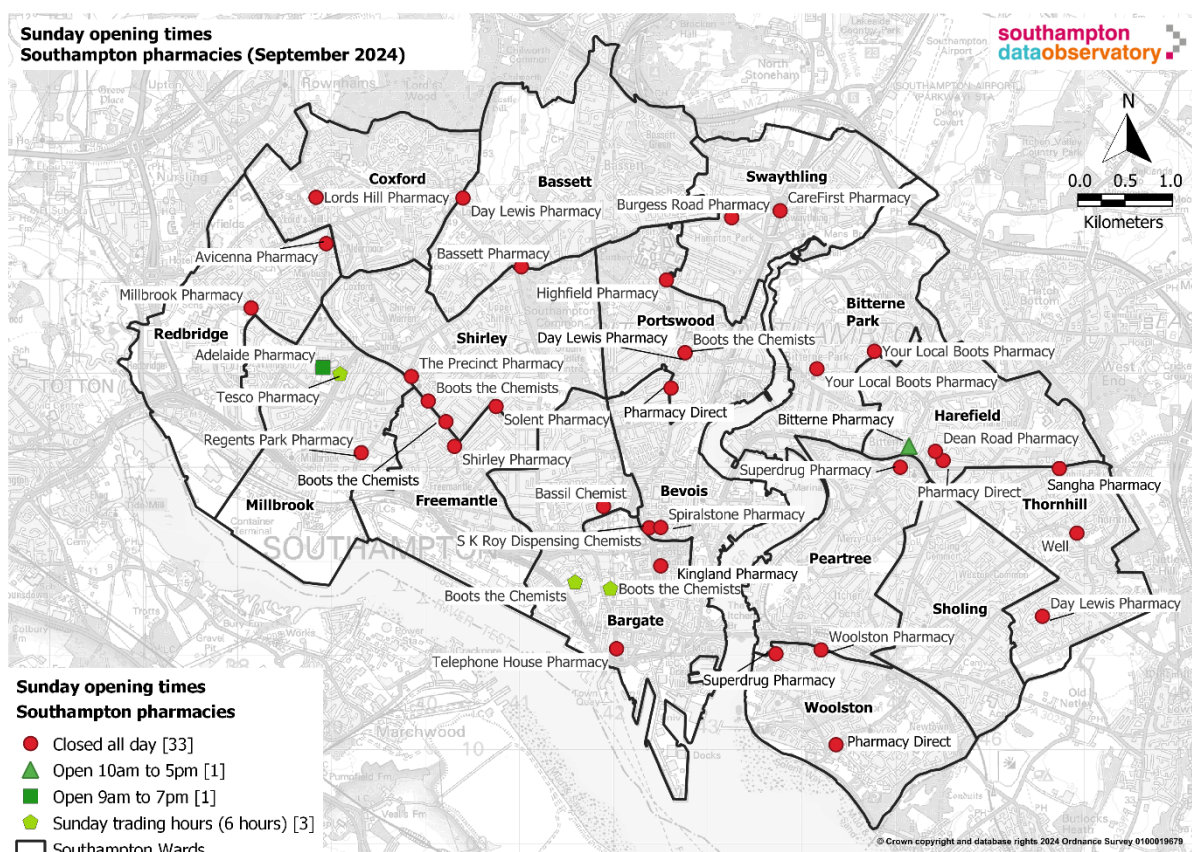
Figure 6: Map of Saturday opening times for community pharmacies in Southampton as of September 2024



6.7 Sunday Opening

Five pharmacies are open regularly on a Sunday. For three of these pharmacies the Sunday trading laws limit opening times to six hours only with typical closing times between 4pm and 5pm. One pharmacy is open for 7 hours (10am to 5pm) and another pharmacy is open for 10 hours between 9am and 7pm.

Figure 7: Map of Sunday opening times for community pharmacies in Southampton, as of September 2024



6.8 Bank Holiday

Community pharmacies are not required to open on bank holidays. For major bank holidays, such as Christmas Day and Easter Sunday, voluntary opening by a small number of pharmacies has ensured sufficient pharmaceutical services for the city to enable urgent prescriptions to be dispensed and self-care remedies to be purchased. Bank Holiday opening is arranged through commissioning of an Enhanced Service that the pharmacies were invited to apply for.

Details of opening times for these holidays are published on the NHS UK website²¹ and are usually available on the NHS England website.²²

Additionally, there is a GP out of hours service provided at the Royal South Hants hospital by the Practice Plus Group Urgent Treatment Centre, which is open Monday to Friday 7:30am to 10pm and on weekends and bank holidays from 8am to 10pm.²³

²¹NHS Find a pharmacy <https://www.nhs.uk/service-search/find-a-pharmacy/results/Southampton?latitude=50.9048925726334&longitude=-1.4043126425974952>

²² NHS England Pharmacy opening times <https://www.england.nhs.uk/south-east/info-professional/pharm-info/pharmacy-opening-hours/>

²³ Practice Group Urgent Treatment centre <https://www.southamptonutc.nhs.uk/>

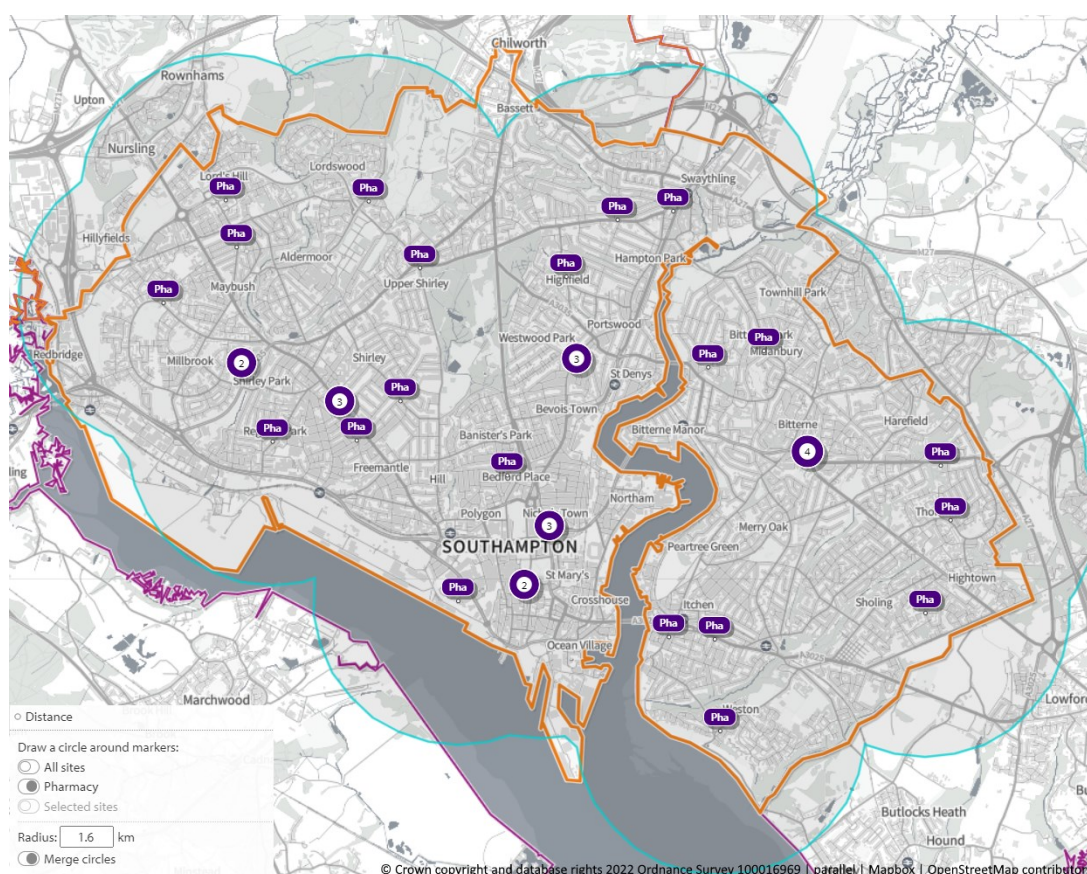
7. Geographical Access to Pharmaceutical Services

7.1 Pharmacies with Buffer Zone of 1.6km

Figure 8 shows all pharmacy locations in Southampton with a buffer zone of 1.6km (approximately 1 mile) Euclidean distance (straight line). This demonstrates that most of the Southampton's population are within 1.6km of a pharmacy. There is a small area in the west, which is part of the industrial dock area and has no residential development, that is outside the merged buffer zone. However, people who work in this area are sufficiently covered by pharmaceutical provision in Totton.

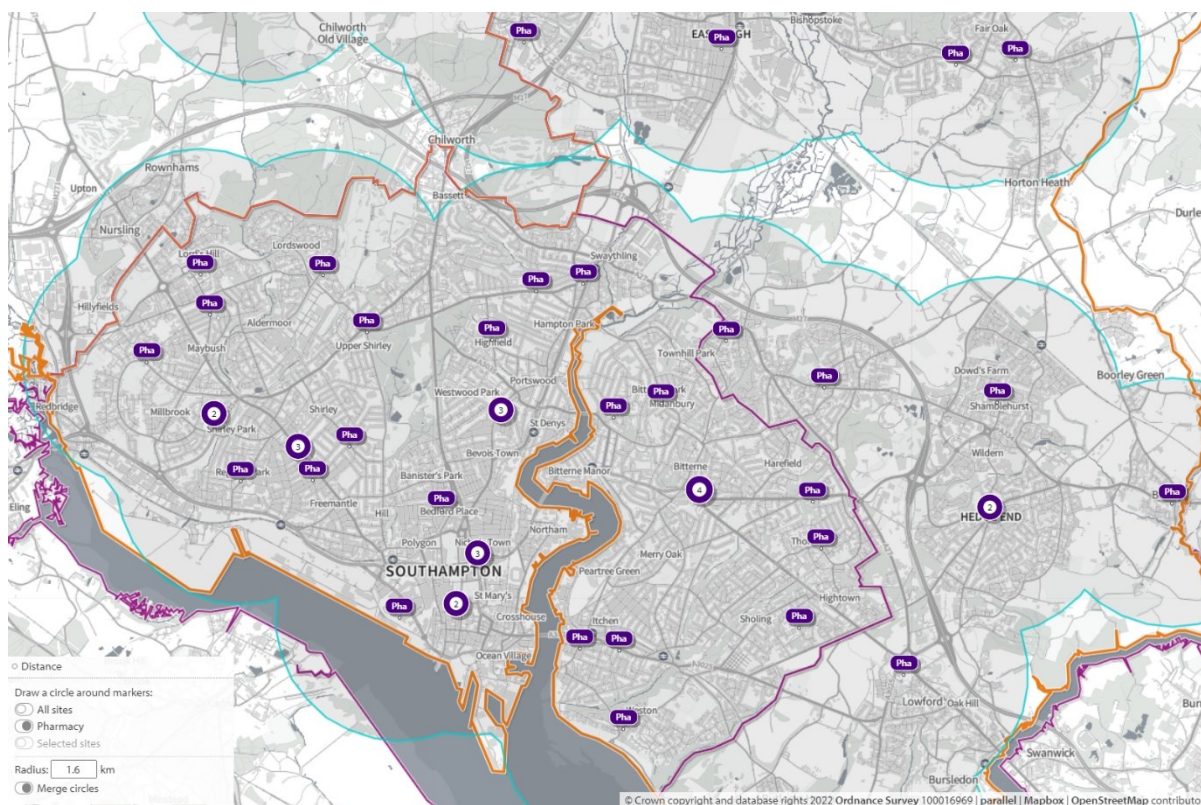
Another area outside the 1.6km buffer zone is on the northern edge of the city (part of Bassett, south of Chilworth). This is also slightly further than 1.6km from the nearest pharmacy in Hampshire (ASDA in Chandler's Ford) as shown in Figure 9. This is a very small area in one of the least deprived areas of the city which has good access to pharmacies by car; this area is given special consideration in the gap analysis in Section 9.

Figure 8: Map showing distance zone of 1.6km from a pharmacy inside Southampton (September 2024)



Source: SHAPE place, Public Health England

Figure 9: Distance 1.6km from a pharmacy including those in Hampshire that are close to the Southampton boundary (September 2024)

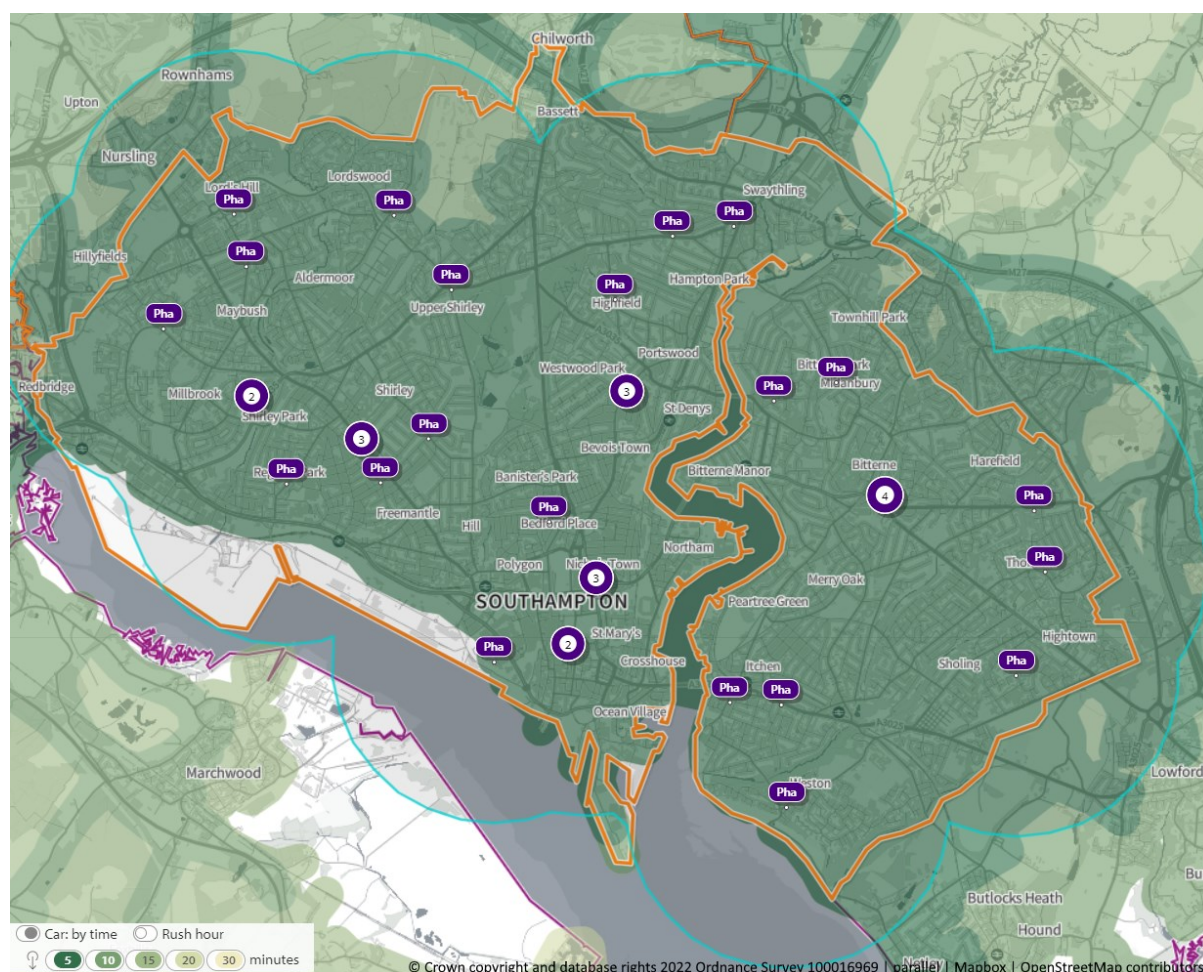


Source: SHAPE place, Public Health England

7.2 Driving

During 'rush hour' (normal speed limits but taking into account junctions, crossings and traffic lights with the additional congestion data and road density analysis), a pharmacy in Southampton should still be accessible within a five-minute drive (in dark green) for most parts of the city, with only a few small areas with low residential density being an eight-minute drive or more from a pharmacy (figure 10).

Figure 10: Map of drive times in rush hour from pharmacies (excluding distance selling) in Southampton and outside of the local authority boundary (September 2024)

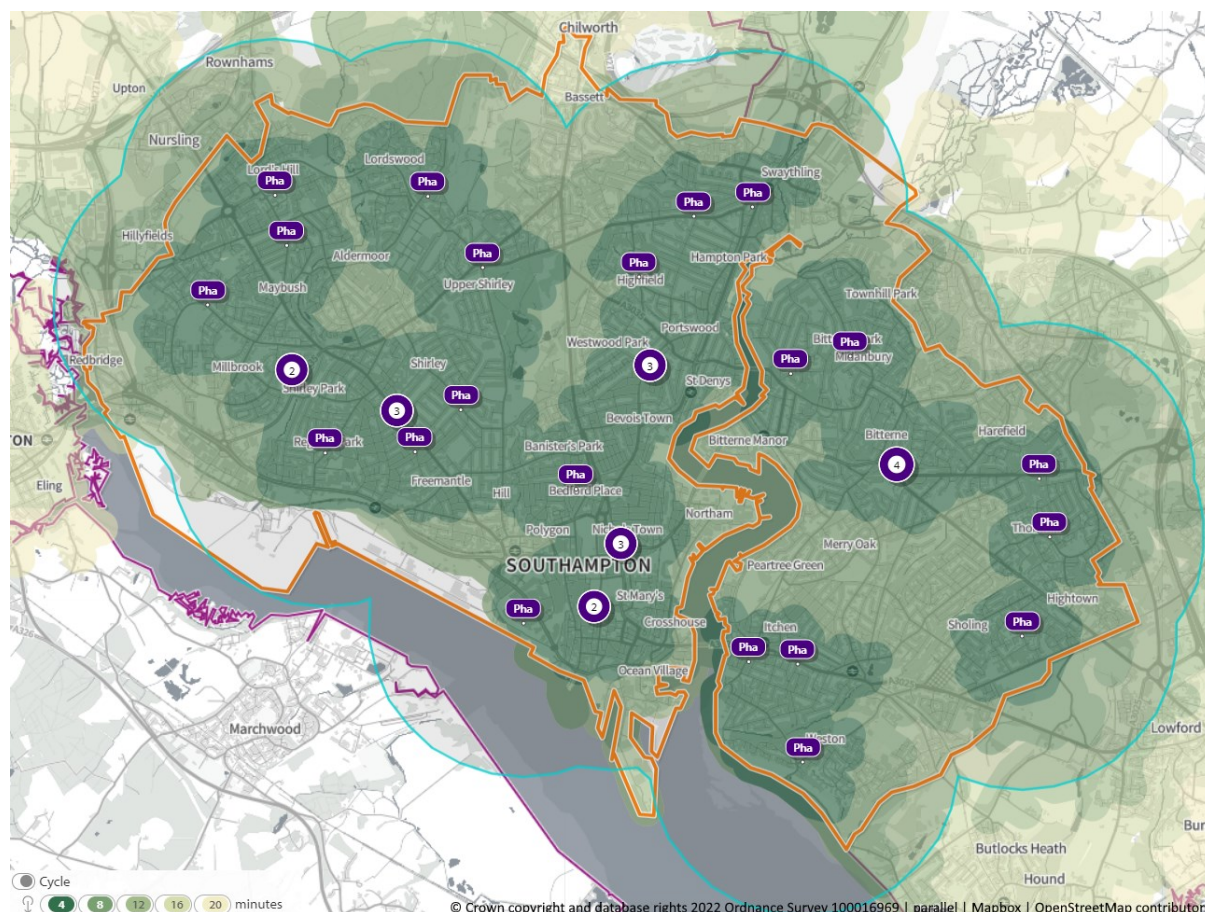


Source: SHAPE place, Public Health England

7.3 Cycling

Seventy-eight percent of the Southampton population are within a four-minute cycle ride (in dark green) of a pharmacy; and 100% of the population are within an eight-minute cycle ride, this assumes a cycle speed of 15km per hour (kph) or 9.3 miles per hour (mph).

Figure 11: Cycling time to pharmacies (4 to 20 minutes)

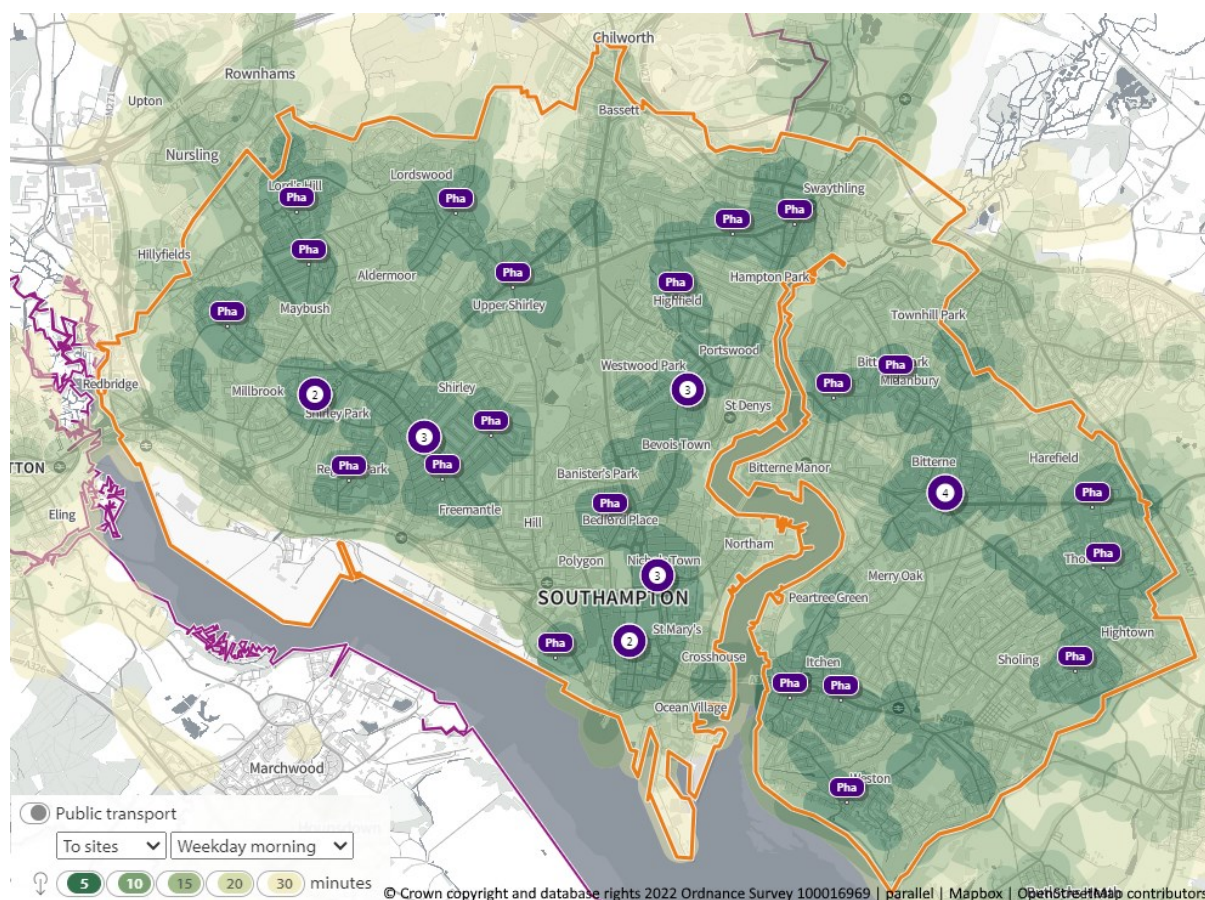


Source: SHAPE place, Public Health England

7.4 Public Transport

Residential areas of Southampton are well covered by bus stops and bus routes, therefore, access to pharmacies in Southampton are well served by public transport. Figure 12 below shows the number of pharmacies in Southampton and travel times to those sites. Approximately 51% of the population (based on MYE 2022) is within 5 minutes of a pharmacy.

Figure 12: Using public transport to visit sites including pharmacies

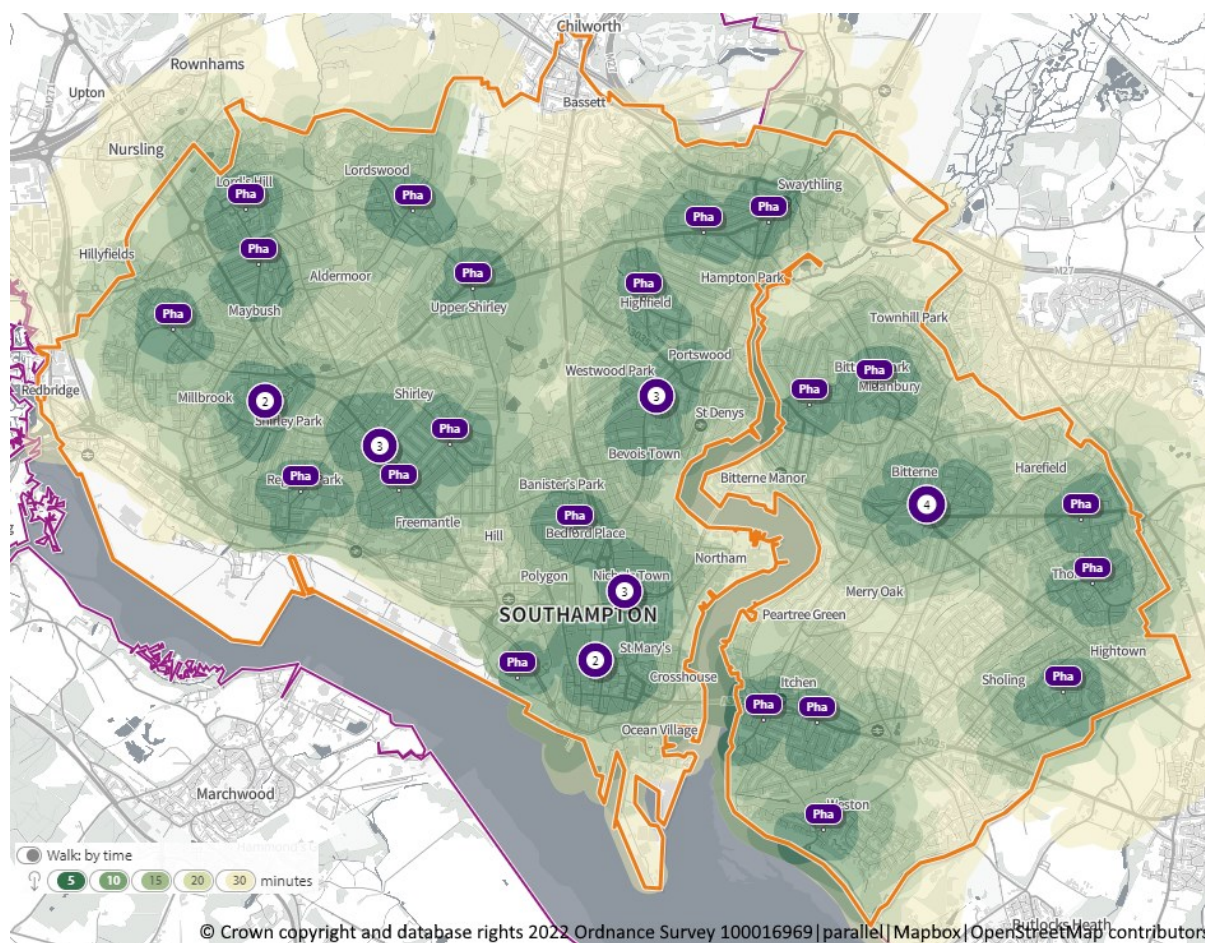


Source: SHAPE place, Public Health England

7.5 Walking

Over 98% of the population can reach a pharmacy in Southampton within a 20-minute walk (assuming the average walking speed is 3.1 mph). Just over 41% of the Southampton population is within a five-minute walk of a pharmacy. The entire Southampton population is within a 30-minute walk of a pharmacy (Figure 13).

Figure 13: Map of walking times (5-30 minutes) from pharmacies in Southampton (excluding distance selling) and outside of the local authority boundary (September 2024)

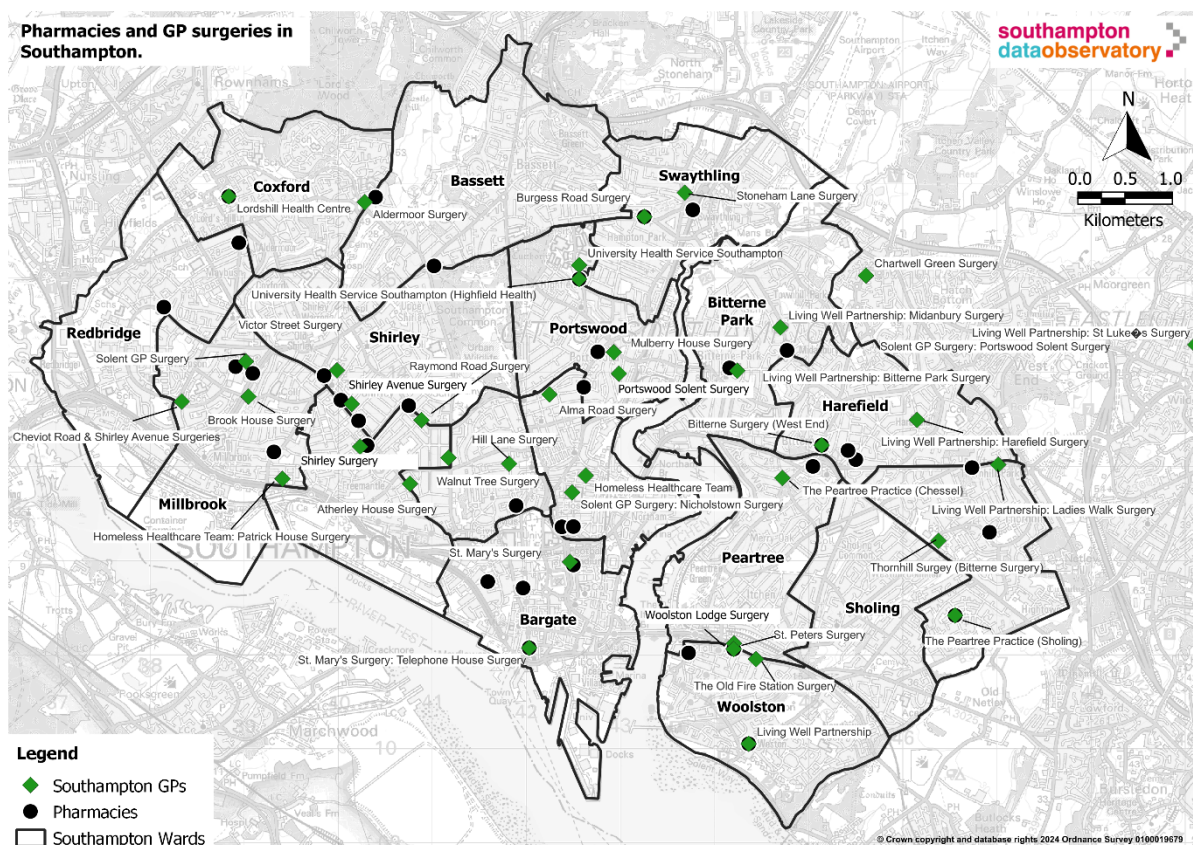


Source: SHAPE place, Public Health England

7.6 Proximity to GP Practices

Figure 14 shows that Southampton's all GP surgeries are in relatively close proximity to a pharmacy.

Figure 14: Map of GP surgeries proximity to pharmacies in Southampton (October 2024)



7.7 Density of Pharmacies

Based on the number of community pharmacies on the pharmaceutical list as of 2 September 2024, Figure 15 shows that Southampton had 14.8 pharmacies per 100,000 population which is higher than the Hampshire and Isle of Wight ICB rate of 13.6 per 100,000 and lower than the England average (20.3 per 100,000 population).

The average number of prescription item dispensed each financial year per pharmacy was lower than the Hampshire and Isle of Wight ICB area but higher than the England average.

Figure 15: Pharmacy density – items dispensed April 2022 to March 2023

April 2022 to March 2023	Number of community pharmacies	Prescription items dispensed	Population mid-year estimate 2023	Pharmacies per 100,000 population	Average number of dispensed items	
					per pharmacy	per pharmacy per month
England	11,687	1,177,346,927	57,690,323	20.3	100,740	8,395
Hampshire and Isle of Wight ICB	283	33,704,373	2,035,872*	13.9	119,097	9,925
Southampton	38	4,212,393	256,110	14.8	110,852	9,238

Source: NHSBSA and population from ONS mid-year population estimate 2023

* Population used for Hampshire and Isle of Wight ICB is Hampshire, Portsmouth, Southampton and Isle of Wight

8. Population and health

To assess the need for pharmaceutical services in Southampton, it is necessary to understand the city's population and their socio-economic characteristics and health needs. Appendix A, in Part 2 of the PNA, uses data from the Joint Strategic Needs Assessment (JSNA) on the Southampton Data Observatory²⁴ to provide a very comprehensive picture of Southampton's population which is briefly summarised below.

8.1 Demography and socio-economic factors

8.1.1 Population

In 2023, the resident population of Southampton is estimated to be 264,957²⁵ with 331,827 people registered with GP practices in September.²⁶ Southampton has a much younger profile than the England average, largely because of the number of students in the city. However, the older population is projected to grow proportionally more than any other group over the next few years; for instance, the over 65 population is set to increase by 7.3% between 2025 and 2028, and over 85 by 7.7%.

8.1.2 Future dwellings and population changes

In order to assess whether the location, number, and choice of pharmaceutical services meet current and future needs in Southampton we need to first consider the anticipated growth in dwellings and population in the city within the lifetime of this PNA.

The Strategic Housing Land Availability Assessment (SHLAA)²⁷ for Southampton indicates likely housing developments. The housing requirement for the city is 16,300 dwellings in the period 2006 – 2026. More information on housing developments in the city is available in section 11.1.3 in part 2.

These housing requirements are taken into account by the Hampshire County Council population forecasts which predict an increase in dwellings of 2,954 (2.7%)

²⁴ Southampton Data Observatory <https://data.southampton.gov.uk/>

²⁵ Small Area Population Forecasts statistics from Hampshire County Council <https://data.southampton.gov.uk/population/population-size-and-structure/> (accessed 20/09/2024)

²⁶ NHS Digital <https://digital.nhs.uk/data-and-information/publications/statistical/patients-registered-at-a-gp-practice> (accessed 20/09/2024) The Living Well Partnership includes two surgeries outside the Southampton boundary

²⁷ Strategic Housing Land Availability Assessment, Southampton City Council, accessed via <http://www.southampton.gov.uk/planning/planning-policy/research-evidence-base/shlaa.aspx>

between 2023 and 2028. The increase in dwellings across Southampton translates to a population increase of 5,903 (2.2%).

The largest growth in dwellings over the 2023-28 period is predicted to be in Bargate (1,684 dwellings; 19.2%) – over seven times the city average, followed by Bitterne park (220 dwellings; 3.2%) and Banister & Polygon (216 dwellings; 2.9%). Therefore, it follows that the largest growth in population is predicted to be in Bargate (3,257 people; 15.7%) followed by Banister & Polygon (596 people; 3.2%). Redbridge is predicted to see a small fall in population (-26 people: -0.2%) over the same period.

8.1.3 Ethnicity

Based on results from the 2021 Census, Southampton has residents from over 70 different countries who between them speak over 160 different languages.²⁸ In the 2021 Census, in Southampton, 68.1% of usual residents are white British, a decrease of -7.9% since Census 2011. Compared with a decrease of -1.7% in England. Meaning that the population of Southampton is getting more ethnically diverse. In Southampton, 31.9% of residents consider themselves other than white British, compared with 22.3% in 2011. An increase of 50.2% or just over 26,500 people. The school census in Southampton in 2023 revealed that 43.4% of pupils were from an ethnic group other than white British.

8.1.4 Deprivation

Southampton is relatively deprived, ranking 55th (where 1 is the most deprived) out of 317 local authorities, and significant inequalities exist within the city. There is a strong association between deprivation and poor outcomes, such a health and crime; for instance, the overall crime rate is 3.1 times higher in most deprived neighbourhoods of the city, compared to the least deprived.

8.2 General health needs of the city

Life expectancy in Southampton is 77.8 years for males and 82.4 years for females compared to the England averages of 78.9 and 82.8 respectively (2020-22). Of the 1,948 deaths of Southampton residents in 2022, cancer was the most common (508 deaths; 26.1%), followed by circulatory diseases (462 deaths; 23.7%) and respiratory diseases (259 deaths; 13.3%). People with circulatory and respiratory disease will more likely be prescribed medication by GPs to help manage their conditions.

²⁸ Schools, pupils and their characteristics, Department for Education 2023.

<https://data.southampton.gov.uk/population/ethnicity-language-and-identity/> Accessed 29/07/2024

In Southampton, in 2022/23, 3,551 or 1.12% of patients with schizophrenia, bipolar affective disorder and other psychoses as recorded on practice disease registers, which is significantly higher to that of the England average of 1.00%. In October 2024 1.1% (2,912) of patients are recorded on GP registers as having a severe mental illness (SMI).

Health behaviours are also relevant to needs for pharmaceutical services. Appendix A includes information on smoking, excess weight, sexually transmitted infections and alcohol and drug use. For instance, In 2022 around 1 in 8 people (13.2%) in Southampton smoke, equivalent to 28,000 people. Compared with 12.7% in England and 10.5% in Hampshire. Southampton is the 6th highest in our ONS comparator group. This is an increase from 2021 and is now higher than England, but not significantly.

Pharmaceutical services are needed for long term conditions as well as acute injuries, ailments and infections.

8.3 Specific Needs for Key Population Groups

The following groups have been identified as living in the city and their specific needs are summarised below and described in full in Appendix A.

8.3.1 University Students

The most common health issues associated with students are:

- Mumps
- Chlamydia testing
- Meningitis
- Contraception, including EHC provision
- Mental health and wellbeing

8.3.2 Carers

In the 2021 census, 18,136 people (7.7%) 1 in 13 people, said they provide some level of unpaid care in Southampton. This was significantly lower than the England average (8.8%) and was the third lowest rate among Southampton's ONS comparator group. Significantly more people in Southampton said they were in good health compared to the England average in the 2021 census. This, along with the city's relatively young population, may explain why there is slightly less unpaid care provided in Southampton.

8.3.3 Disability - People with a Learning Disability

There are an estimated 1,583 residents aged 15+ with a learning disability in the city.²⁹ People with learning disabilities have differing and often complex health care needs leading to increased prescribing and risk of polypharmacy. People with learning disabilities have a higher prevalence of:

- Depression
- Asthma
- Diabetes
- Epilepsy

²⁹ Learning disabilities – Southampton Data Observatory
<https://data.southampton.gov.uk/health/disabilities/learning-disabilities/> accessed 20/09/2024

8.3.4 Disability - Adults with Autistic Spectrum Conditions

A local estimate of the prevalence of autistic spectrum conditions in adults aged 16 years and over in Southampton was produced using national prevalence estimates derived from the 2014 Adult Psychiatric Morbidity Survey. In 2023, it is estimated that there are 1,153 males (1.1% of male population) and 212 females (0.2% of the female population) aged 16 years and over in Southampton who would screen positive for autism spectrum conditions.³⁰

8.3.5 Lesbian, Gay, Bisexual, and Transgender Community

For the first time Census 2021 included a question on sexual orientation. Although voluntary, people aged 16 and over were asked to complete.

In Southampton, there are 4,071 (2.0%) people who are gay or lesbian 5th highest amongst our ONS comparators and significantly higher when compared with 1.5% for England as a whole. There are also 4,830 people (2.4%) who are bisexual the 3rd highest amongst our ONS comparator group with Bristol as the highest (3.1%) and higher when compared to 1.3% in England. In Southampton, there are also 1,181 people (0.6%) who are other sexual orientations, including pansexual, asexual and queer. Third highest amongst ONS comparators and higher compared to 0.3% in England. In Southampton 8.3% of the people who filled in the Census didn't answer this question, higher than England (7.5%).

In the 2021 Census there was a question on gender identity, which asked people aged over 16 what their gender identity was. In Southampton, 92.3% of the over 16 population identified as the same sex as registered at birth, the 2nd lowest amongst our ONS comparators and significantly lower when compared to 93.5% for England. Coventry is the lowest at 91.6% and Plymouth is the highest at 94.2%.³¹

In Southampton, 1,633 people (0.80%) aged 16 and over identified themselves as a different sex from that registered at birth. This is significantly higher when compared

³⁰ NHS Digital. NatCen Social research Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014 <https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/adult-psychiatric-morbidity-survey-survey-of-mental-health-and-wellbeing-england-2014> (accessed 16/08/2024) applied to the Hampshire County Council 2023-based Small Area Population Forecast

³¹ In the 2021 Census this question was voluntary, in Southampton, 6.9% of people aged 16 and over did not answer the question higher than England (6.0%). More details on <https://data.southampton.gov.uk/population/census-2021/> (Accessed 14/10/2024)

to 0.55% for England. Southampton is ranked 3rd highest amongst our ONS Comparators, the largest being Newcastle upon Tyne (0.87%).³²

8.3.6 Age

Mental health needs by age are explored in Section 11.3 and the health needs of Southampton's children are highlighted in Section 11.5.

- Health issues tend to be greater amongst the very young and the very old
- In Southampton's 0 to 4 year olds, 99.6% are without chronic conditions. By age 60 to 64 over half (55.3%) have at least one LTC, by the age of 80 to 84 43.1% have at least 3 LTC and people aged 90 and over 8.4% have at least 6 long term conditions.
- In 2022/23, a higher rate of older people (aged 65 year and over) in Southampton access long term support through adult social services than is the case nationally (5,965 per 100,000 compared with 5,185 per 100,000).³³

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

8.3.8 Gender

In 2018-20, in Southampton, healthy life expectancy for males was 61.4 years, which is lower than the national average of 63.1 years. For females, healthy life expectancy in Southampton is 63.1 years, which again is lower than the national average of 63.9 years. This suggests that in Southampton there is a wider healthy life expectancy gap (1.7 years) between males and females than that seen nationally (0.8 years).

³² In the 2021 Census - In Southampton 8.3% of the people who filled in the Census didn't answer this question, higher than England (7.5%). More information on <https://data.southampton.gov.uk/population/census-2021/> (accessed 14/10/2024)

³³ Personal Social Services Adult Social Care Survey, England, 2022-23 [Adult Social Care Activity and Finance Report - NHS England Digital](#) table 36 (Accessed 20/09/2024)

8.3.9 Port Workers and Visitors

Southampton is a port city and, therefore, there is potential for communicable diseases related to the large-scale movements of goods and people through the port.

8.3.10 Veterans

The 2021 Census recorded 6,361 (3.1%) Southampton residents (aged 16 and over) who had previously served UK armed forces or reserves (veterans). Southampton's percentage of veterans is lower when compared to England (3.8%) and the 5th lowest percentage amongst our ONS comparators which range from 8.4% in Plymouth to 2.4% in Bristol.

In Southampton, 86.8% of people who previously served in the UK armed forces or in the reserves were male and 13.2% were females. This is similar to England where 86.5% of veterans were male and 13.5% were female. (More information is provided in Appendix A section 11.7.11):

8.3.11 Travellers

In September 2021, there were twenty-six pitches across Southampton and nine Travelling show people yards, making a total of 35 plots across Southampton. In the 2021 Census 918 people recorded themselves as Roma (578) or Gypsy or Irish Traveller (340) just 0.4% of the population. Key barriers to health in these communities include lower health literacy and cultural distrust of systems.

8.3.12 Homelessness

In 2019/20, Southampton's rate of households in temporary accommodation (1.8 per 1,000 households) was significantly lower than the national average (3.8 per 1,000 households). The city's rate of households owed a duty under the Homelessness Reduction Act (10.9 per 1,000 households) was also significantly lower than the national average (12.3 per 1,000 households), however the rate of households with dependent children owed a duty under the Homelessness Reduction Act (19.8 per 1,000 households) was significantly higher than the national average of (14.9 per 1,000 households).

The average life expectancy for women experiencing homelessness is 43 years and for men is 47 years. Deaths related to drug and alcohol use are prevalent amongst this population, accounting for just over a third of all deaths, and people experiencing

homelessness are nine time more likely to commit suicide than the general population.³⁴

³⁴ 'Homelessness Kills' report by Crisis available here: [crisis_homelessness_kills_es2012.pdf](https://data.southampton.gov.uk/crisis_homelessness_kills_es2012.pdf)

9. Gap Analysis

The information collected and analysed for this PNA has been used to carry out a 'gap analysis' to establish whether the pharmaceutical services in Southampton meet current and future needs. The Steering Group agreed that living within 1.6km (straight-line distance) from a pharmacy would be the key criterion for the gap analysis; this distance is used in the NHS Pharmaceutical Services Regulations 2013 when applications are determined under the "market entry" process³⁵. Other factors, such as opening hours and services provided, also informed the gap analysis.

9.1 Do existing pharmaceutical services meet current needs?

In terms of current needs, the PNA has ascertained the following:

- There is a good geographical spread of community pharmacies across the city (Section 7)
- Almost all of Southampton's population is within a 1.6km straight line distance of a community pharmacy (Section 7.1). There are two exceptions to this but, for the following reasons, neither is considered to indicate a gap in pharmaceutical provision:
 - The first is a small area in the west which is part of the industrial dock area and has no residential development; people who work in this area are considered to be sufficiently covered by pharmaceutical provision in Totton
 - The second is four residential streets have been identified with no pharmacy provision within a 1.6km radius. These are all gathered in an area of the Bassett Ward at the north of the city, which abuts the M27 and the A27 and is centred on the SO16 7HT postcode. Although there are no pharmacies within a 1.6km radius of these four streets, the area is well served by main roads for those with access to a car, and by several bus routes for those that use public transport.³⁶ These bus routes connect Bassett to the city centre and Portswood, with one route additionally providing access to the large ASDA, Bournemouth Road in Chandler's Ford, Eastleigh which has its own pharmacy. Additionally, there are four pharmacies just over a 1.6km distance away from this area. There are 14.8 community pharmacies per 100,000 population in Southampton, which is very similar to the average for neighbouring areas and is broadly in line with the national average (Section 7.7)

³⁵ The NHS (Pharmaceutical Services and Local Pharmaceutical Regulations) 2013 available at <http://www.legislation.gov.uk/ukxi/2013/349/contents/made> (accessed 15/10/2024)

³⁶ Bus service <https://myjourneysouthampton.com/bus/> (accessed 15/10/2024)

- Over 98% of the Southampton population are within a 20 minute walk of a community pharmacy (Section 7.5)
- With three 100-hour pharmacies in Southampton, supplementary hours in other pharmacies and provision in neighbouring HWB areas, there are sufficient access times to meet the needs of the city's residents (Section 6)

9.2 Do existing pharmaceutical services meet future needs?

An assessment of forecasted population growth in the city identified Bargate ward as the area with significant new development within the lifetime of the PNA. In particular, there are 2 Lower Super Output Areas (LSOAs) in Bargate ward which are forecast to have a large increase in population between 2023-2030; these are shown in Figure 16. LSOA E01017139 is predicted to increase by 86.2% and E01035445 is predicted to increase by 96.2%. There are five pharmacies within easy reach of those two areas, suggesting that pharmaceutical cover is sufficient to cope with population growth. Overall predicted increase for Southampton is 7.5% between 2023 and 2030.

Figure 166: LSOA (2021) in central Southampton population change 2023 to 2030

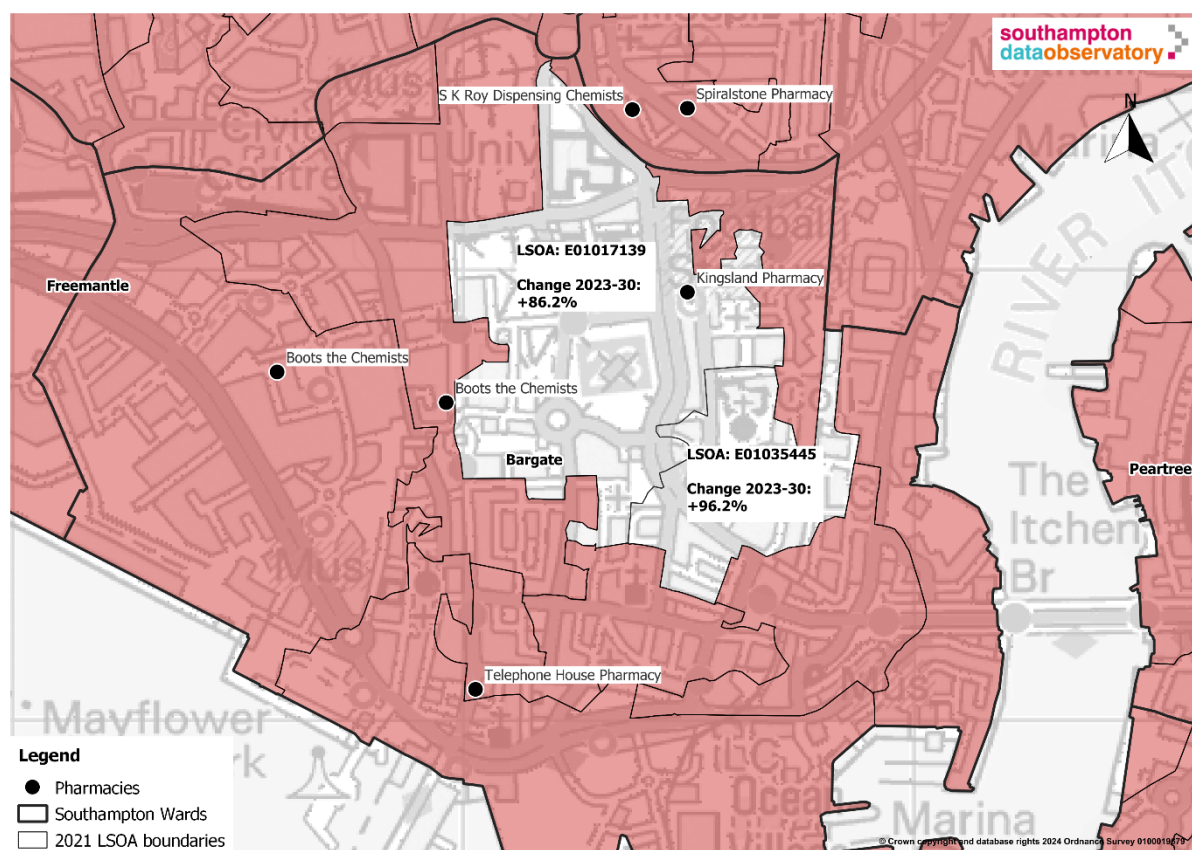
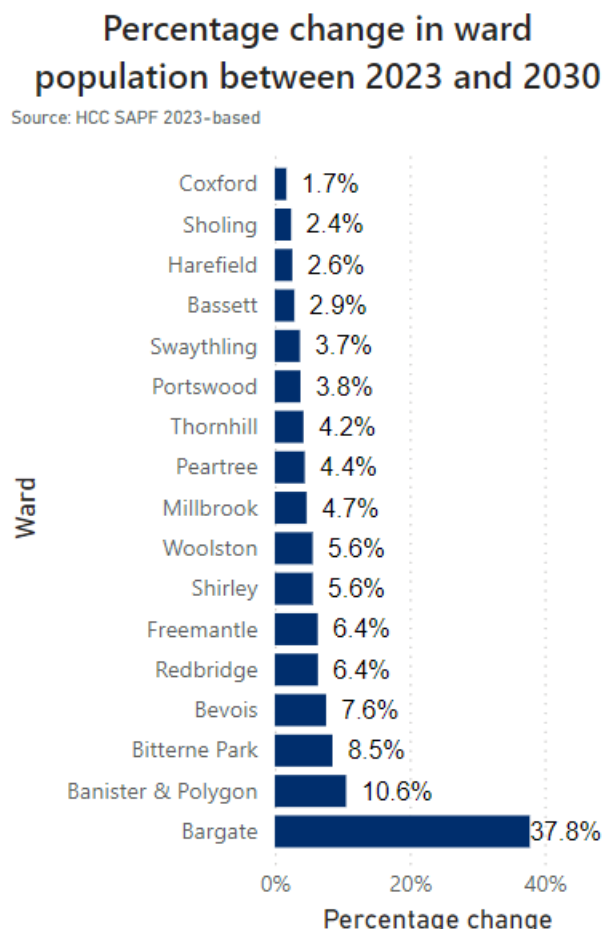


Figure 17: Forecast population change for Southampton wards 2023-2030



Source: Hampshire County Council's 2023-based Small Area Population Forecasts

Population growth across the rest of the city is not forecast to be significant within the lifetime of the PNA, as the chart in Figure 17 shows. Therefore, it is anticipated that the future demand for pharmaceutical services from residential development in Southampton can be met by existing providers.

10. Conclusion

The conclusion of this PNA is that the number, distribution and choice of pharmaceutical services meet the needs of the population and will meet future needs within the lifetime of this PNA. Therefore, there is no identified need for improvements or better access to pharmaceutical services in the city. The conclusion will be updated when the public survey has been completed and the document has been to HWB.