

**Portsmouth Pharmaceutical
Needs Assessment
Draft report for consultation**



2018

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2 Executive Summary

The statutory Pharmaceutical Needs Assessment (PNA) is a statement of current pharmaceutical services provided in the local area, assesses whether or not the pharmaceutical services provision is satisfactory for the local population and identifies any perceived gaps in the provision.

In Portsmouth there are 41 community pharmacies, one distance selling pharmacy and one dispensing appliance contractor.

The Health and Wellbeing Board consider the location, number, distribution and choice of pharmaceutical services serving the Portsmouth residents to meet the needs of the population. The Health and Wellbeing Board also consider that there is currently no identified need for improvements and better access to pharmaceutical services in Portsmouth.

In particular, this is based on:

- The total Portsmouth population is within a 1.6km straight line distance of a community pharmacy (section 7.1.9.1).
- A good geographical spread of community pharmacies across all three localities in the city (section 6.7) and within communities experiencing greatest deprivation (section 9.2).
- There being 19 community pharmacies per 100,000 Portsmouth population, which is the same as the average for Wessex and is broadly in line with national averages (section 7.2.1).
- Over 99% of the Portsmouth population are within a 20 minute walk of a community pharmacy (section 7.1.9.5).
- Nearly nine in every 10 (87.5%) respondents to a public survey said it took 15 minutes or less to get to a community pharmacy (section 8).
- Good access demonstrated by opening hours from early morning, through lunchtimes and late into the evening as well as weekend opening (section 7.1.1).
- A distance selling pharmacy, five 100 hour pharmacies, supplementary hours in other Portsmouth community pharmacies as well as provision in a neighbouring Health and Wellbeing Board area provide improvements and better access which meets the needs of Portsmouth residents (section 6.7).
- All pharmacies provide the full range of essential pharmaceutical services (section 7.2).
- Good provision of advanced services across the city (section 7.3).
- A range of enhanced and locally commissioned services delivered in the city (section 7.4). Pharmacies accredited to deliver these services have good geographical spread across the localities within Portsmouth.
- A large proportion of community pharmacies providing a delivery service to residents, including housebound patients (section 7.1.10).
- There will not be substantial changes in population areas, nor major development, which can be anticipated during the three-year lifespan of this PNA, which would warrant the need for additional pharmaceutical services. Smaller changes would be managed by existing providers. (Section 9.5 and 10).

3 Introduction

3.1 Definition and purpose of the PNA

The statutory Pharmaceutical Needs Assessment (PNA) is a statement of current pharmaceutical services provided in the local area, assesses whether or not the pharmaceutical services provision is satisfactory for the local population and identifies any perceived gaps in the provision. A revised assessment is required to be published three years after the previous PNA.

It is a key commissioning tool that will be used to inform and support the future commissioning of pharmaceutical services in Portsmouth. If a person (a pharmacist, a dispenser of appliances or in some circumstances and normally in rural areas, a General Medical Practitioner (GP)) wants to provide pharmaceutical services, they are required to apply to the NHS to be included on the pharmaceutical list. The PNA will be used by NHS England, as a basis for making decisions, when applications are received to enter or amend the entry on the list of pharmaceutical service providers within the Health and Well Being Board area. This includes to:-

- Determine market entry of new NHS pharmaceutical service providers
- Determine relocation or change of business premises of existing pharmaceutical service providers.
- Determine changes of pharmaceutical services provided by any current individual pharmaceutical services provider. It may also be used by Portsmouth City Council and NHS Portsmouth Clinical Commissioning Group (CCG) to inform local commissioning decisions.

3.2 Historical and Legal Background

The Health Act 2009¹ 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.

Portsmouth City Teaching PCT developed and published its first PNA² under the new regulations in 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 Health and Wellbeing Boards. In addition this Act also transferred

¹ National Health Service Act 2009 available at <http://www.legislation.gov.uk/ukpga/2009/21/contents>

² Portsmouth Pharmaceutical Needs Assessment 2011 available at http://www.hants.gov.uk/pccjsna/API_STR_JSNA_SERV_PHARM_PharmNeedsAx2010.pdf

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

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 Portsmouth Health and Wellbeing Board was published on 1st April 2015 to comply with these regulations. The regulations state that each Health and Wellbeing Board must publish a revised statement within three years of its previous publications and this document has been produced to satisfy this requirement.

4 Process for producing the Pharmaceutical Needs Assessment

The PNA has been undertaken in line with the requirements of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 under the guidance of the PNA steering group.

The Portsmouth PNA published in 2015 has been used as the basis for the Portsmouth PNA 2018 and the work from its authors is gratefully acknowledged. The Portsmouth PNA 2018 has been in development from April 2017 until its official publication on April 1st 2018. The process has had many steps; the key stages are outlined below.

Stage 1: Formation of a steering group

A joint steering group formed to oversee the development of each of the PNAs for Portsmouth and Southampton cities.

The group has representation from key stakeholders, is hosted by Public Health Portsmouth, and reports to the Joint Director of Public Health for Southampton City Council and Portsmouth City Council.

The group oversees the development of the PNA and ensures that the PNA conforms to the relevant regulation and statutory requirements on behalf of the Health and Wellbeing Board.

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

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

Key stakeholders include representation from Public Health Portsmouth, NHS Portsmouth CCG, NHS England Wessex Area Team, Local Pharmaceutical Committee and Healthwatch Portsmouth.

Stage 2: Collation of information and data

The Joint Strategic Needs Assessment for Portsmouth has been extensively used to give an overview of major health and wellbeing needs of the local population.

Every existing community pharmacy in Portsmouth was invited to complete a detailed questionnaire about their services to inform the development of the PNA. This survey was open from 7th June until 14th August 2017. Data held by NHS England Wessex Area Team was also used to inform the Portsmouth 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.

A public survey was open for responses from 7th June until 28th July 2017 to gather views about pharmaceutical services in the city. This survey was hosted on Portsmouth City Council's website and promoted through various local channels including through Healthwatch networks. The survey received 224 responses. This was based on and acknowledges the survey used to inform the Southampton PNA in 2015.

Expertise and advice has also been sought from Portsmouth City Council Planning and Communications departments.

Stage 3: Analysis

Analysis of the information collated to identify any gaps of pharmaceutical provision within the locality. Draft consultation document completed in line with national guidance and approved by the steering group and Director of Public Health.

Stage 4: Draft PNA

Draft PNA shared with the Health and Wellbeing Board in September 2017 prior to consultation.

Stage 5: Consultation

A stakeholder consultation to meet the stated requirements will be held from 23rd October 2017 to 22nd December 2017. *(A report on the information gathered in the consultation will be published as an additional section in the final PNA)*

Stage 6: Review of consultation responses

Collation of responses to consultation and consideration of the comments will be made by the steering group and the PNA will be reviewed and amended at this stage in light of this consultation exercise. *(This will be published as an additional section to this draft.)*

Stage 7: Publication

The final document will be presented to the Health and Wellbeing Board for approval before the planned publication of the PNA by 1st April 2018.

5 Introduction to Portsmouth

Portsmouth is located on the south coast of England. In 2018, it is estimated that approximately 215,900 people will be resident in Portsmouth⁶.

Portsmouth is a compact city covering 40 square kilometres—75% of the population lives on Portsea Island. The city continues to be the most densely populated local authority area outside London (5,396 people per square kilometre).

5.1 Localities

This PNA considers Portsmouth in three localities:

North encompassing five electoral wards of Drayton and Farlington, Cosham, Paulsgrove, Hilsea and Copnor.

Central encompassing four electoral wards of Charles Dickens, Nelson, Baffins and Fratton wards.

South encompassing five electoral wards of St Thomas, St Jude, Central Southsea, Milton and Eastney and Craneswater.

These localities are electoral ward based and reflect the divisions used by the local authority in other departments such as children's services. Similar size populations are resident in each locality. Using an electoral ward base approach facilitates the use of statistics and other public health information held within the local authority. This method of division is familiar to Councillors and local authority staff. NHS Portsmouth CCG is also looking to commission community services on a locality basis, North, Central and South.

5.2 North Locality Profile

The North locality comprises of five wards; three north of Hilsea moat - Paulsgrove, Cosham and Drayton and Farlington; and the two northern-most wards on Portsea Island - Hilsea and Copnor.

The M27 bisects this locality. All three road routes, which provide the on/off access to Portsea Island, plus the railway line, are in the North.

Population

In 2018, it is estimated that 68,400 people live in the North locality, but is estimated to decrease slightly to 68,100 residents by 2021 (Hampshire County Environment Department's 2011 Census, 2016-based Small Area Population Forecasts). See demography and needs section for more information on the population.

⁶ SNPP Z1: 2014-based Subnational Population Projections. Local Authorities in England, mid-2014 to mid-2039, ONS © Crown Copyright 2016

Employment

The large employers in this area include Portsmouth Hospitals NHS Trust (Queen Alexandra Hospital), Highbury College, IBM, Alenia Marconi and the businesses located at Lakeside North Harbour Business Park. There are light industrial estates and business areas at Anchorage Park, Port Solent, and O'Jays industrial parks and in Fitzherbert Road and Broad Oak areas.

Large retail outlets are at Port Solent, Ocean Park and Anchorage Park, with shopping centres in Cosham and North End and smaller centres in Paulsgrove, Hilsea and Drayton. There are two superstores in the area, Tesco and Morrison's, both of which have a pharmacy associated with the store.

NHS services

The CCG member practices in this locality are Portsdown Practice (one site in Cosham and one in Paulsgrove); Drayton Surgery and its Wootton Street surgery branch; North Harbour Medical Group Practice; Kirklands and branch surgeries of Hanway Group Practice and Copnor Road Surgery.

Queen Alexandra Hospital, provided by Portsmouth Hospitals NHS Trust, is located in the North of the city. This is the main acute hospital for the area supporting residents in Portsmouth City and also areas of Fareham and Gosport and South East Hampshire. This hospital hosts the local major Accident and Emergency department. The current GP out-of-hours provider operates a primary care centre at Queen Alexandra Hospital.

There are eleven dental practices providing NHS dental services and five opticians located in the North locality.

The Paulsgrove and Wymering Healthy Living centre is located in Paulsgrove and provides information about health care and local health services.

There are 15 community pharmacies in the area (including one distance selling pharmacy) - two pharmacies located in major supermarkets, four in the Cosham shopping area, one in Paulsgrove and two in the Drayton shopping area. In the Portsea Island wards of Hilsea and Copnor there are three pharmacies in the Copnor area; two at Anchorage Park (one located within the supermarket and the other is distance selling); and one in the Hilsea area.

Two of these pharmacies are '100' hour pharmacies providing evening and weekend services. A further three pharmacies routinely open on Sunday.

The legend in Figure 1 relates to the locality maps given in Figures 2, 3 and 4.

Legend






































 Standard 40 hr pharmacy (36)	 Local authority locality boundary	 Institutional grounds (eg. Universities, Hospitals etc)
 100 hr pharmacy (5)	 Electoral ward boundary	 Public Park or Garden (Primary or secondary function)
 Distance selling (1)	 Marshes	 Open semi-natural (e.g. rough grassland)
 Dispensing Appliance Contractor	 Shrubs	 Woodland
 GP surgery	 Bowling green	 Beach or Foreshore
 Dental practice	 Children play space (excluding schools)	 Naval property
 Optician	 Inland water	 Park and ride
 Queen Alexandra Hospital	 Allotment	 Railway station
 St Mary's Hospital/Campus and St James' Hospital (Community)	 Tennis court	 Railway
 Minor Injuries Unit (St Mary's Treatment Centre)	 Other sports facilities (including spectating)	 Sea
 Walk-in centre	 Playing Field (Primary or secondary function)	
 Health Centre	 Cemetery/ religious grounds	
 Healthy Living Centre	 Golf course	
 Care home (Nursing or residential)		

Figure 1. Legend of the locality maps of Portsmouth showing the location of pharmacies and other key sites, as at July 2017.

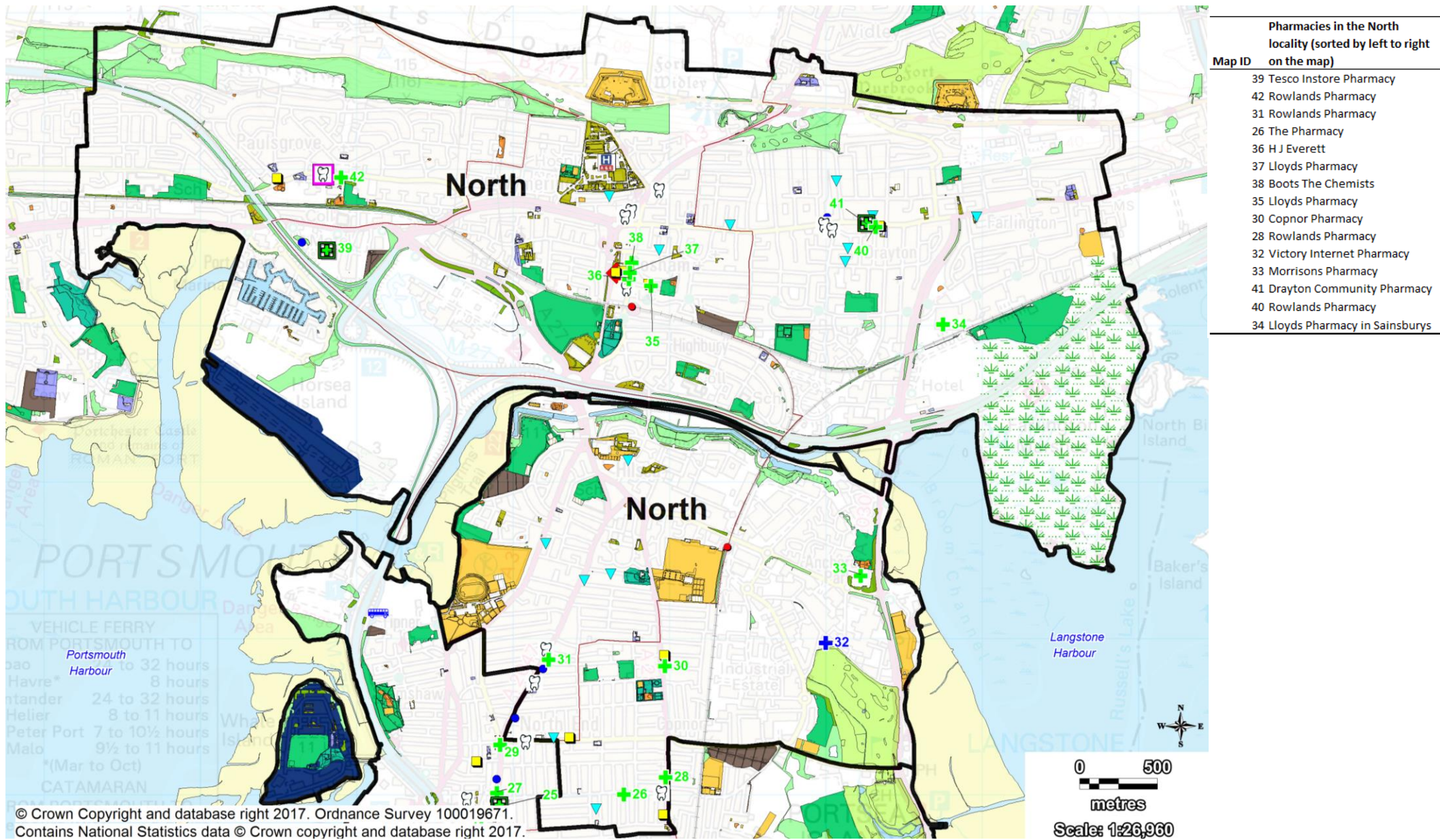


Figure 2. Map of the North locality of Portsmouth showing the location of pharmacies and other key sites, as at July 2017.

5.3 Central Area Locality Profile

The Central locality comprises of four electoral wards crossing the centre of Portsea Island: - Nelson, Charles Dickens, Fratton and Baffins.

Population

In 2018, it is estimated that 67,600 people live in the Central locality, but is estimated to increase to 68,900 residents by 2021 (Hampshire County Environment Department's 2011 Census, 2016-based Small Area Population Forecasts). See demography and needs section for more information on the population.

Employment

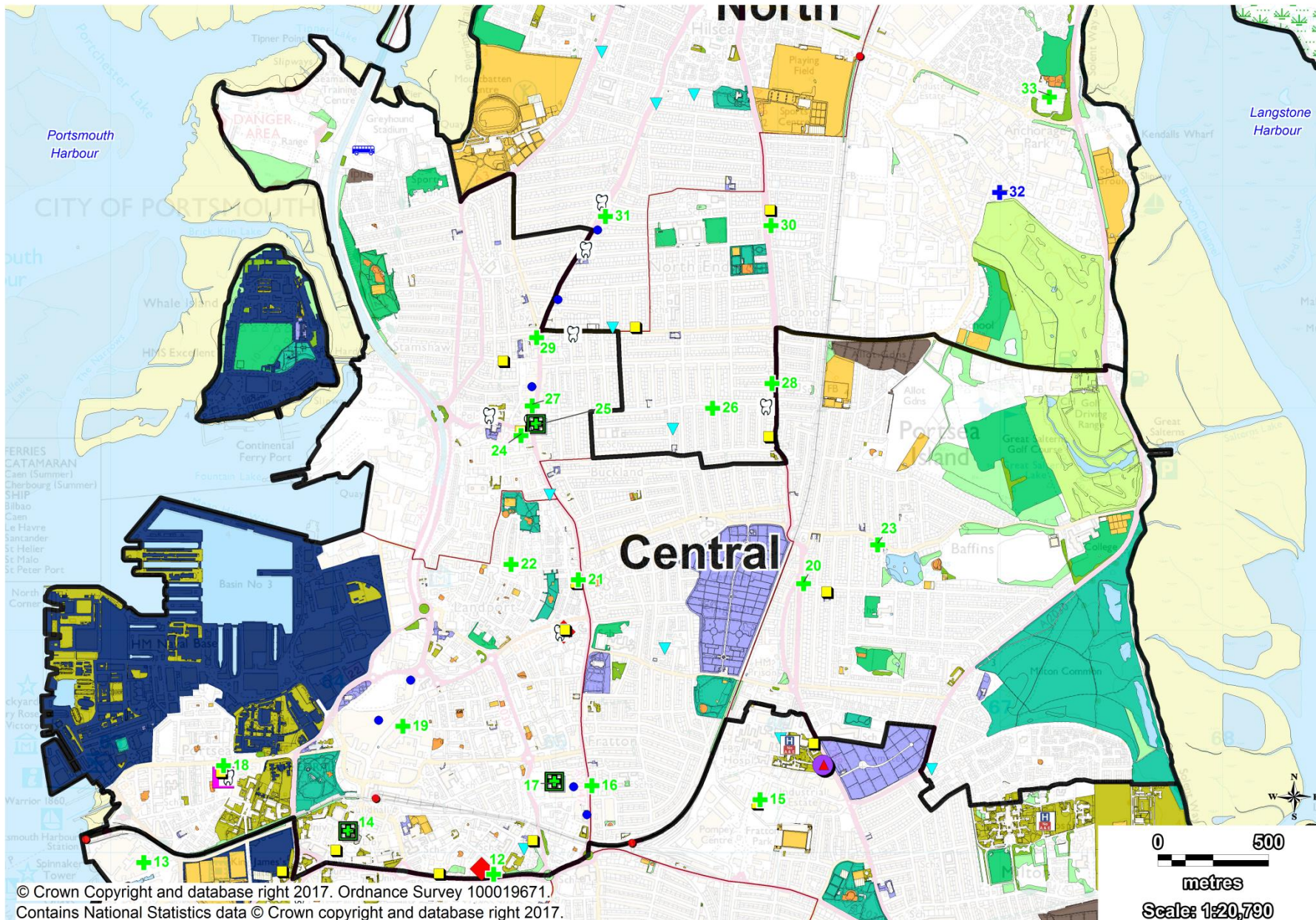
The larger employers based in this area are Portsmouth City Council, University of Portsmouth, Royal Navy, the international ferry port and the historic dockyards, plus the major retail employers for the Commercial Road shopping area. Other shopping areas include North End and Fratton Road. There are small business and light industrial estates e.g. Victory Business Centre.

NHS services

The CCG member practices are Lake Road Practice, Hanway Group Practice, Derby Road Practice, East Shore Partnership (Baffins Surgery), John Pounds Surgery, two Portsdown Group Practice surgeries (Somerstown Central Health Centre and Kingston Crescent Surgery), Southsea Medical Centre and Guildhall Walk Healthcare.

There are five dental practices providing NHS dental services and there are six opticians located in the Central locality.

There are 14 community pharmacies in the area. Three of these pharmacies are '100' hour pharmacies providing evening and weekend services. A further three pharmacies routinely open on Sunday.



Map ID	Pharmacies in the Central locality (sorted by left to right on the map)
18	H Merali Dispensing Chemist
14	Lalys Pharmacy
19	Boots The Chemists
12	Lloyds Pharmacy
24	Rowlands Pharmacy
27	Boots The Chemists
29	City Pharmacy
25	Lalys Pharmacy
17	Asda Pharmacy
21	Lalys Chemist
16	Rowlands Pharmacy
20	Lloyds Pharmacy
23	Bobat Pharmacy

Figure 3. Map of the Central locality of Portsmouth showing the location of pharmacies and other key sites, as at July 2017.

5.4 South Area Locality Profile

The South locality comprises of five electoral wards crossing the southern part of Portsea Island:-St Thomas, St Jude, Central Southsea, Eastney and Craneswater and Milton.

Population

In 2018, it is estimated that 75,600 people live in the South locality but is estimated to increase to 76,500 residents by 2021 (Hampshire County Environment Department's 2011 Census, 2016-based Small Area Population Forecasts). See demography and needs section for more information on the population.

Employment

The larger employers in this area are in retail, leisure and NHS. Retail areas include Gunwharf Quays, Palmerston Road, Albert Road/Highland Road areas and the Fratton Park retail area. The NHS has two major sites at St Marys Community Campus and St James Hospital. The South has several major hotels along the seafront as well many smaller hotels and bed and breakfast establishments.

There are several small business and light industrial estates e.g. Warren Avenue, Pompey Centre.

NHS services

The CCG member practices are Sunnyside Surgery, Portsdown Practice (Heyward Surgery), Trafalgar Medical Group (2 sites), University Surgery, Craneswater Group Practice (2 sites), Eastney Practice, Devonshire Practice, East Shore Partnership (Milton Park Practice).

There are 13 dental practices providing NHS dental services and located in the South locality. This includes the University of Portsmouth Dental Academy which provides patient services. There are also three opticians in the South locality.

The NHS St Marys Treatment Centre is located in the east of this region providing treatment for minor illness and injuries plus a range of diagnostic services. The St Marys hospital campus provides many community based services including integrated sexual health service, imaging services and community assessment services.

St James' hospital is also located in this area. It is home to some of the adult mental health services provided by Solent NHS Trust.

There are 13 community pharmacies in the area. One pharmacy routinely opens on Sunday. Though there are no 100 hour pharmacies in this area, there are two located close to the southern boundary of the Central locality which are easily accessible.

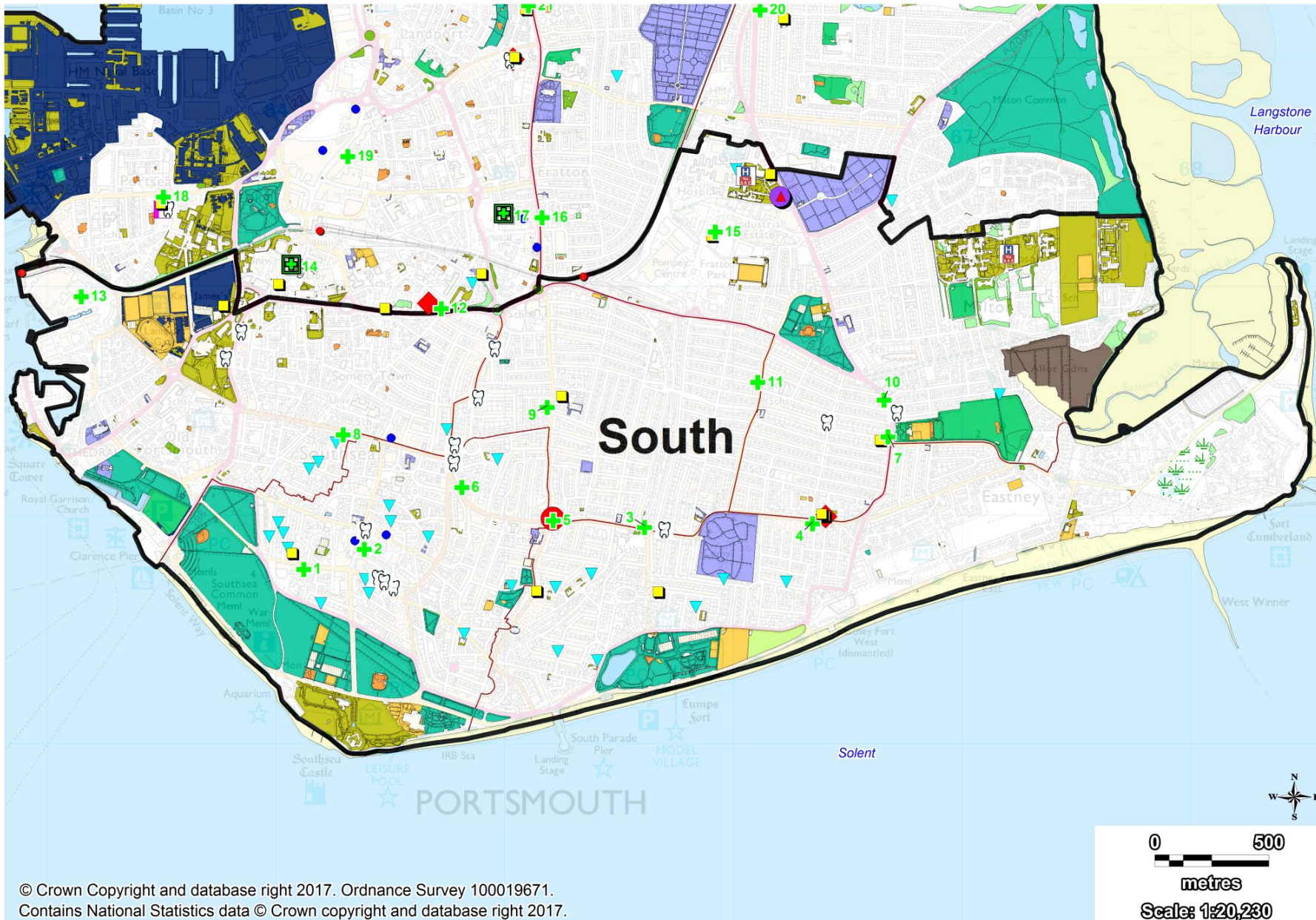


Figure 4. Map of the South locality of Portsmouth showing the location of pharmacies and other key sites, as at July 2017.

6. Current Pharmaceutical Services

NHS Act 2006⁷ sets out the definition for pharmaceutical services.

6.1 Community Pharmacy

Portsmouth has 41 community pharmacies providing NHS services. The pharmacies are distributed across the city in primary, secondary and tertiary shopping areas and are part of the makeup of varied retail areas within the city. These pharmacies can be divided into pharmacies providing a minimum of 40 hours of NHS pharmaceutical services each week and those providing 100 hours of NHS pharmaceutical services per week.

There are 36 pharmacies providing '40 core hours' of service and 5 pharmacies providing '100 core hours' of service. The majority of 40 hour pharmacies choose to open for longer and these additional hours are referred to as supplementary hours.

6.2 Distance Selling Pharmacies

Portsmouth has one distance-selling pharmacy which opened in August 2016. Distance selling pharmacies provide services solely to customers who do not attend the premises, for example internet services only. However, Portsmouth residents may choose to have their prescriptions dispensed from any pharmacy across the country including distance selling pharmacies. This trend is anticipated to increase, in line with other internet shopping trends, particularly as more electronic prescriptions are produced by prescribers.

6.3 Dispensing Doctor

None of the GP practices in Portsmouth are on a dispensing doctor list. GP practices can only apply for consent to dispense in rural areas. This facility is available to patients who live at a distance of more than one mile from pharmacy premises. Portsmouth is a totally urban area and the conditions for such an application would not arise.

6.4 Local Pharmaceutical Services Scheme

Portsmouth has no Local Pharmaceutical Services pharmacies (LPS). These are pharmacies that provide a service tailored to specific local requirements. A typical example would be for very rural areas where a pharmacy opening to provide pharmaceutical services would not be financially viable without this type of arrangement. Again due to the urban nature of Portsmouth with a wide distribution of pharmacies the conditions for this type of application to the pharmaceutical list cannot be identified.

6.5 Dispensing Appliance Contractor

Portsmouth has one dispensing appliance contractor (DAC). This type of contractor only supplies appliances e.g. stoma care products (rather than medicines). Many prescriptions for specialist appliances are dispensed by specialist appliance contractors, located across the country and provide delivery services. All pharmacies within the city are also able to dispense appliances.

⁷ <http://www.legislation.gov.uk/ukpga/2006/41/contents>

6.6 Pharmacies close to Portsmouth boundaries

Consideration has been taken of pharmacies providing pharmaceutical services just outside the Portsmouth City boundary. Most of the city is located on an island and so the only land border is on its northern edge. There is the natural geographical feature of the South Downs running along this border and a major motorway M27 running just inside this boundary. The nearest retail areas are; - in west direction Portchester and then Fareham; east direction Bedhampton and Havant; in north direction Purbrook and Waterlooville. Examining dispensing data shows that some prescriptions prescribed by Portsmouth GPs are dispensed in these localities but they are not large in number (see section 8.2.1).

One pharmacy in Crookhorn, two miles north of the Portsmouth city boundary, dispenses a number of prescriptions, generated by a Portsmouth member practice. This is because this GP practice is located at multiple sites, mainly in Portsmouth but with one surgery in Crookhorn. The pharmaceutical needs of some patients accessing medical services at the Crookhorn surgery are likely to be being met by the pharmacy located in Crookhorn, which is within Hampshire HWB area.

Generally these pharmacies located on the boundaries are providing additional choice for people residing in Portsmouth but they do not provide additional pharmaceutical services, e.g. a greater range of opening hours or services, compared to Portsmouth located pharmacies.

6.7 Pharmaceutical Needs assessment map

The PNA requires a map that shows all current pharmaceutical service providers. Figure 5 is the designated map as required by paragraph 7 of Schedule 1 of the 2013 Regulations. This map will be updated, during the lifetime of this PNA, when pharmacy premises open, close or relocate. This map shows the locations of the 41 community pharmacies, one distance selling pharmacy and one dispensing appliance contractor.

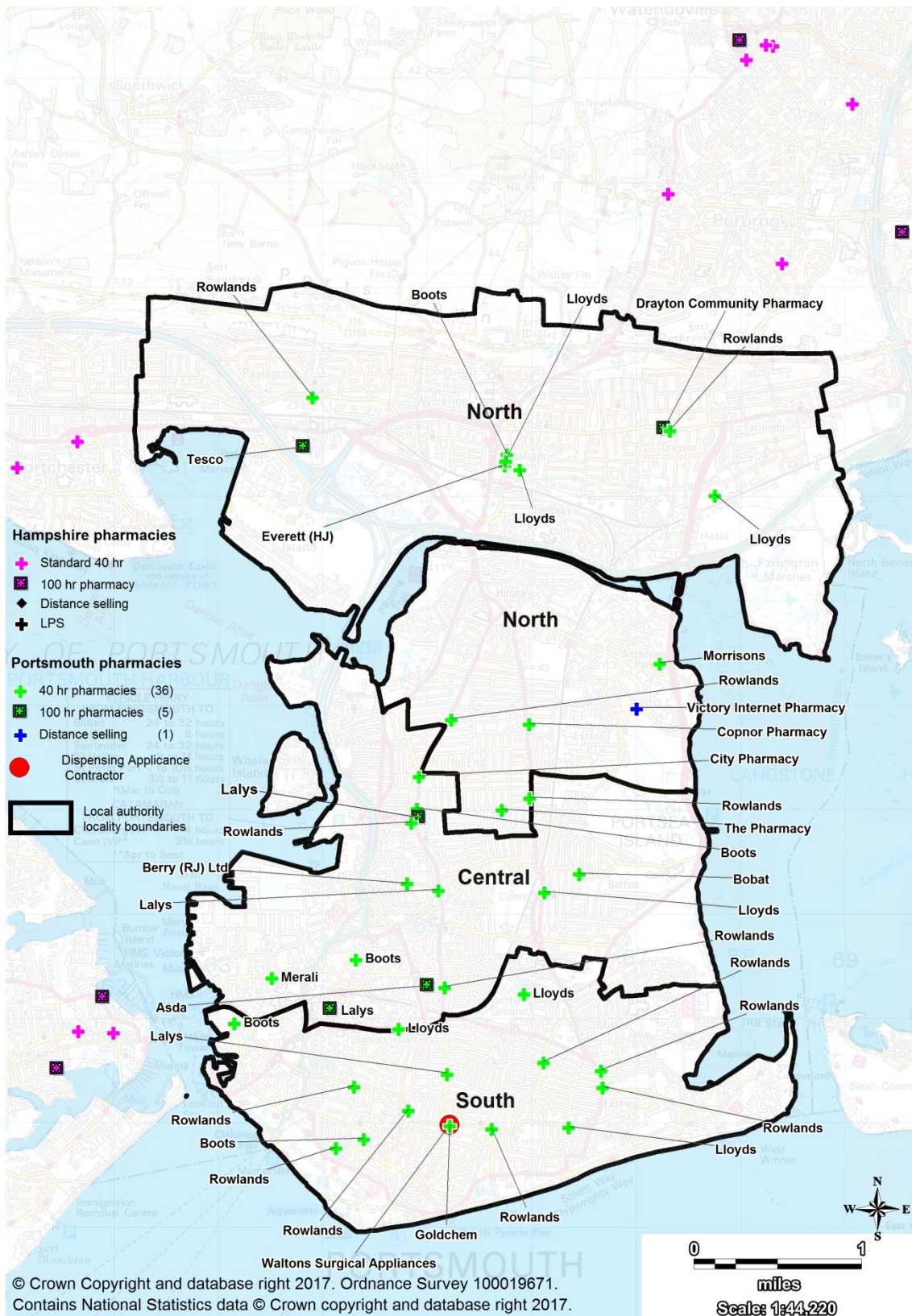


Figure 5. The map detailing the location of Pharmaceutical Service providers in Portsmouth; and the nearest providers outside the city

7. NHS Pharmaceutical Services

The PNA has considered the general accessibility to all pharmaceutical services.

The NHS regulations have split Pharmaceutical services into Essential Services, Advanced Services and Enhanced Services. The delivery and access to each of these services levels is considered within this PNA.

7.1 Access to Pharmaceutical Services⁸

7.1.1 Opening hours

The opening hours used in this section are based on the total opening hours (both 'core' and 'supplementary' hours) as held by NHS England for July 2017. Details of individual pharmacy opening times can be found on the NHS Choices website⁹.

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.

The following maps relating to week days have been drawn based on Monday opening hours. This, in general, is the same opening hours for all weekdays, however, Copnor Pharmacy in the North locality closes at 1pm on a Wednesday.

7.1.2 100 hour core hour of service pharmacies

There are five '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 have given Portsmouth 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.

⁸ Public Health data held following PNA questionnaire/ data collection from Portsmouth pharmacies June 2014

⁹ NHS Choices website - available at <http://www.nhs.uk/Pages/HomePage.aspx>

7.1.3 Opening hours Morning

For early morning access fifteen pharmacies open before 9am on weekdays. Eight of these are located in the Central locality with six in the North and one in the South.

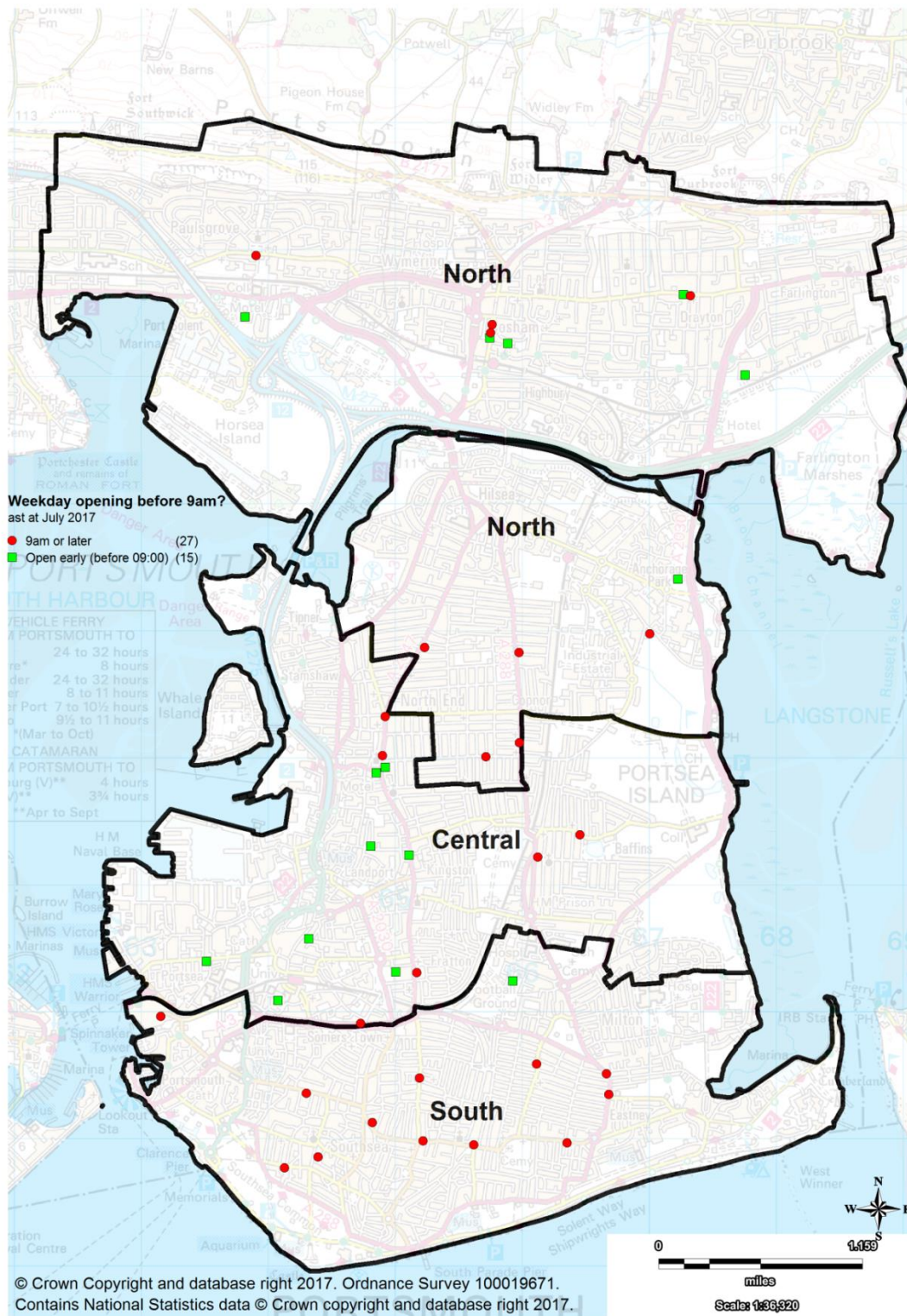


Figure 6. Map of weekday morning opening times for community pharmacies in Portsmouth, as at July 2017

7.1.4 Opening Hours Lunchtime

There is access to NHS pharmaceutical services throughout the lunch period (12pm to 3pm) in nineteen local pharmacies. Sixteen pharmacies are closed for one hour during lunch, and a further one pharmacy for up to an hour and 15 minutes. The remaining six pharmacies are closed for 30 minutes or less.

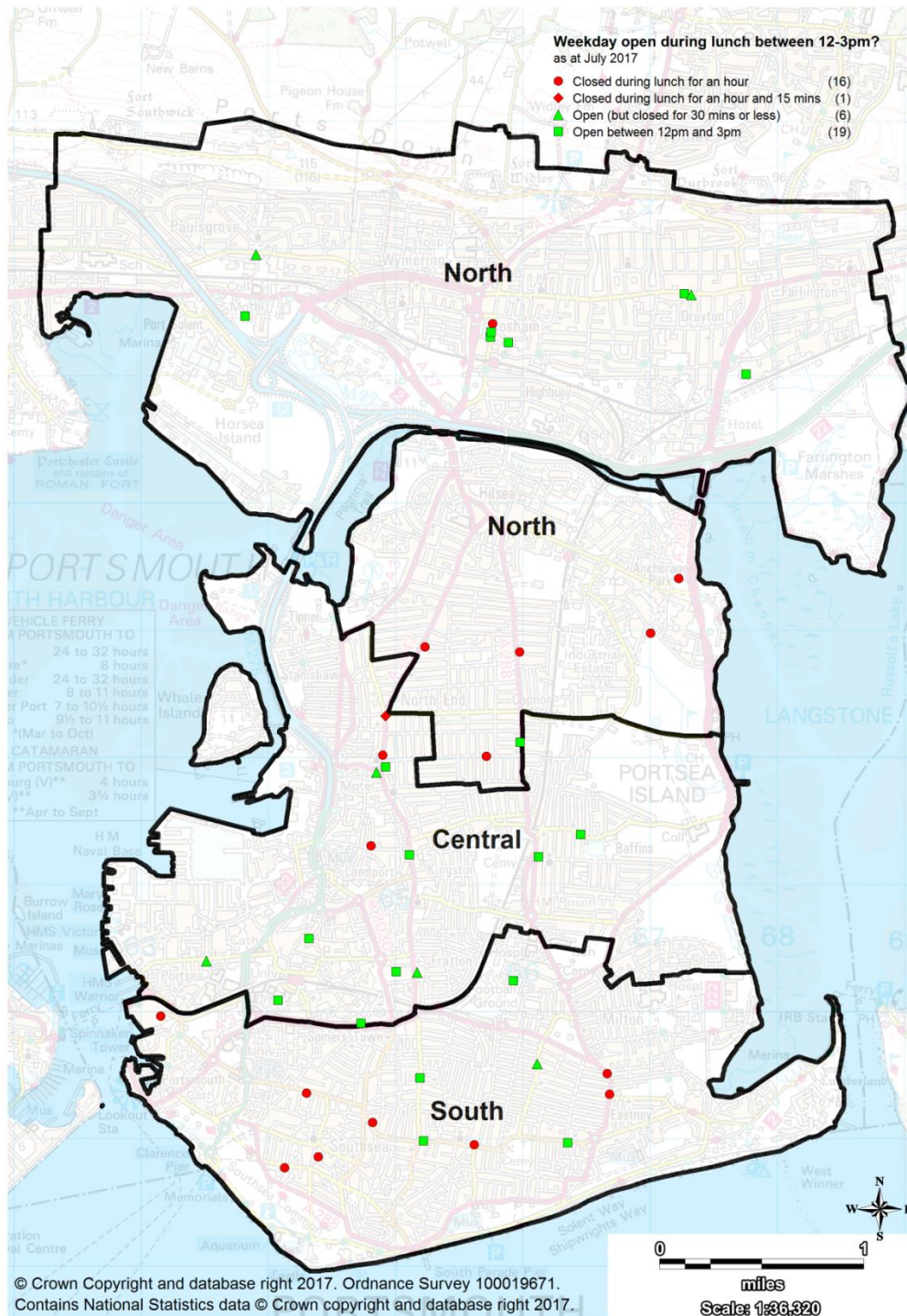


Figure 7. Map of weekday lunchtime opening times for community pharmacies in Portsmouth, as at July 2017

7.1.5 Opening Hours Evening

Six pharmacies are open late in the evening between 8pm and 11pm. Another six pharmacies are open between 6.30pm and 8pm. The remaining twenty-eight are closed by 6.30pm.

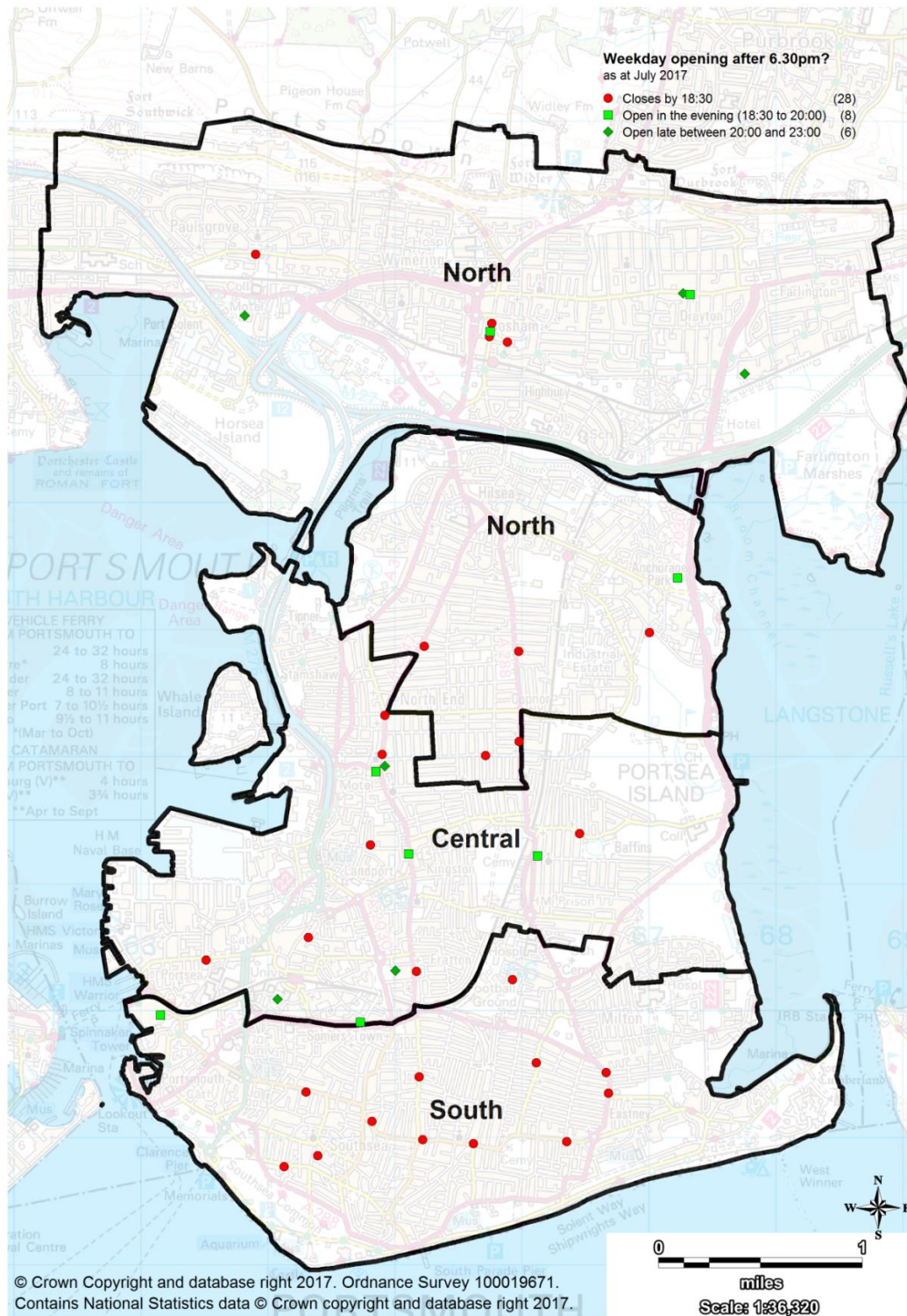


Figure 8. Map of weekday evening opening times for community pharmacies in Portsmouth, as at July 2017

7.1.6 Saturday opening

The majority of pharmacies are open for at least a part of the day on a Saturday with only two pharmacies closed all day. Twenty-two pharmacies close at 2pm or before, eleven are open during the hours of 2pm to 6.30pm and seven are open after 6.30pm.

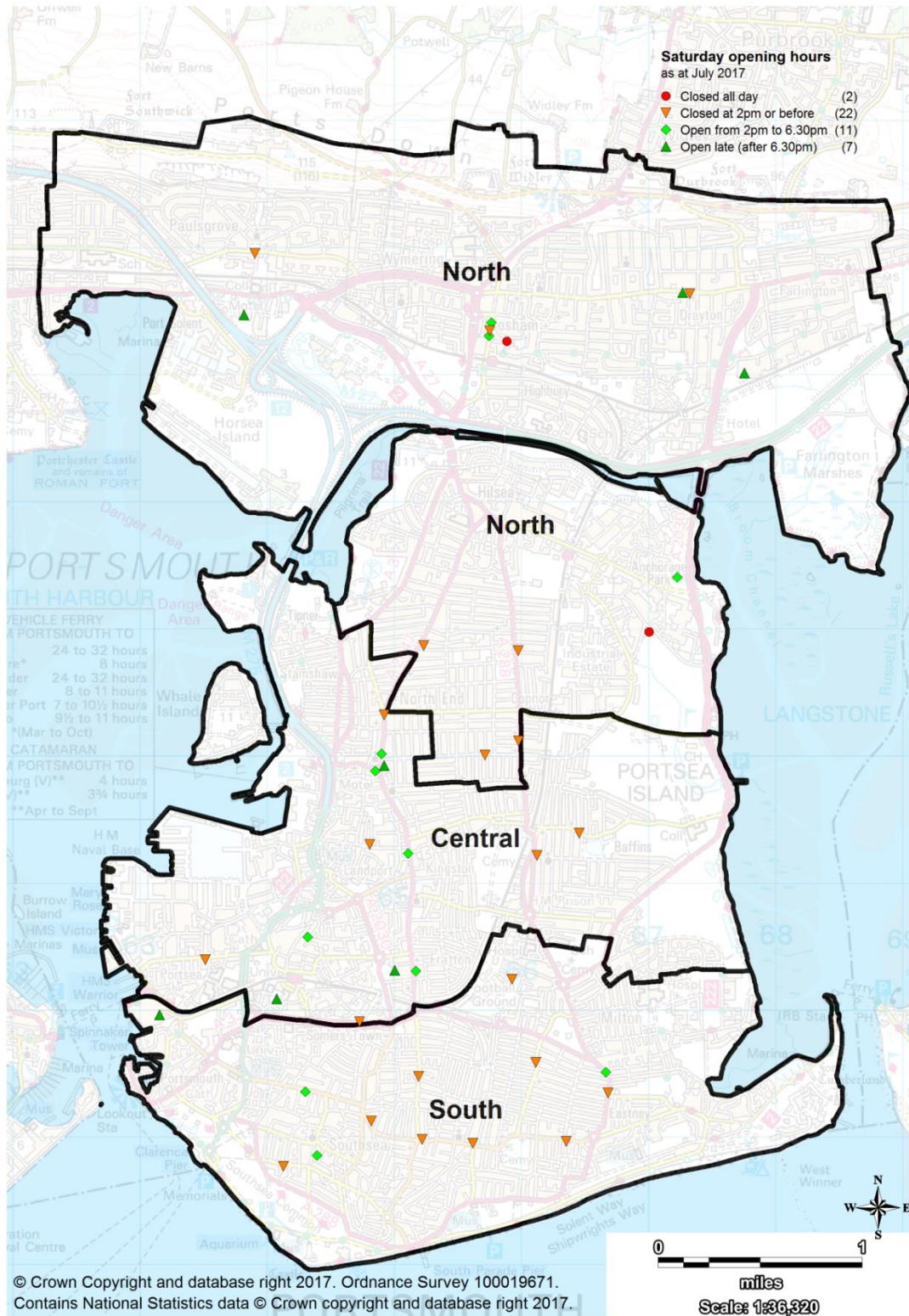


Figure 9. Map of Saturday opening times for community pharmacies in Portsmouth, as at July 2017

7.1.7 Sunday opening

Nine pharmacies are open regularly on a Sunday. For six of these pharmacies the Sunday trading laws limit opening times to six hours only with typical closing times being 4pm, 4.30pm or 5pm. The remaining three pharmacies are open before 10am to after 5pm.

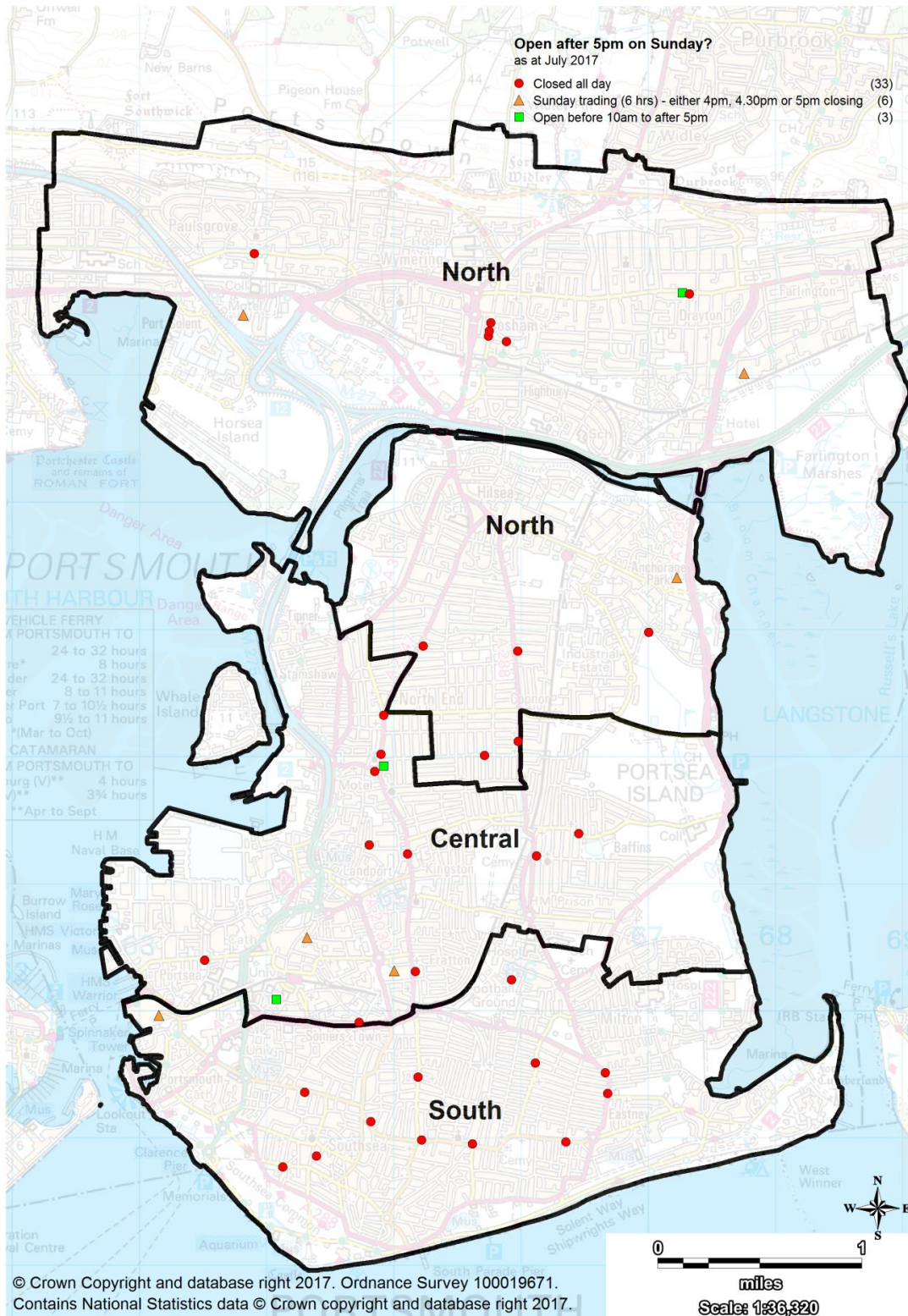


Figure 10. Map of Sunday opening times for community pharmacies in Portsmouth, as at July 2017

7.1.8 Bank Holiday

Community pharmacies are not required to open on bank holidays. However for the majority of the bank holidays historically, some have opened on a voluntary basis.

For major bank holiday such as Christmas Day and Easter Sunday, voluntary opening by one or two pharmacies has ensured sufficient pharmaceutical services for the city to enable urgent prescriptions to be dispensed and self-care remedies to be purchased. NHS England can direct pharmacies to open on bank holidays if required.

Details of opening times for these holidays are published on the NHS Choices website and are usually available on the NHS Portsmouth CCG website.

7.1.9 Access Distance

7.1.9.1 Pharmacies with buffer zone of 1.6km

All pharmacy locations within Portsmouth with a buffer zone of 1.6km Euclidean distance (straight line) demonstrates that the population of Portsmouth can access a pharmacy (excluding distance selling) within 1.6km (approximately one mile) or less from all parts of Portsmouth (assuming it's possible to travel in a straight line) (Figure 11).

7.1.9.2 Driving

In 'rush hour' in Portsmouth (normal speed limits but taking into account junctions, crossings and traffic lights with the additional congestion data and road density analysis), a pharmacy in Portsmouth should still be accessible within a four minute drive 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 12).

7.1.9.3 Cycling

Eighty-five percent of the Portsmouth population are within a four minute cycle ride of a pharmacy (excluding distance selling); and over 99% 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). This of course assumes all people have access to a bike and can ride a bike; nevertheless for those that do have access and can ride a bike it assumes that cycling to a pharmacy is a reasonable option.

7.1.9.4 Public Transport

Residential areas of Portsmouth are well covered by bus stops and bus routes; therefore access to pharmacies in Portsmouth are well served. There are also two railway stations in the North locality (Hilsea and Cosham stations) and three on the border of the Central and South localities (Fratton; Portsmouth and Southsea; and Portsmouth Harbour stations) and over 99% of the Portsmouth population are within a 20 minute rail journey of a pharmacy (excluding distance selling). In addition, Portsmouth is well served with 24 hour taxi services at prices not too dissimilar to bus and rail prices.

7.1.9.5 Walking

Over 99% of the population can reach a pharmacy in Portsmouth (excluding distance selling) within a 20 minute walk (assuming the average walking speed is 3.1 mph) and this is especially the case in the more densely populated areas of Portsmouth. Over 50% of the

Portsmouth population is within a four minute walk of a pharmacy, which is especially the case in the South and Central localities of the city; and Portsea Island is relatively flat with few hills/inclines which might make walking a realistic alternative to public transport or car use. The total Portsmouth population is within a 25 minute walk of a pharmacy (Figure 13).

7.1.9.6 Proximity to GP Practices

The location of GP surgeries along with the shortest straight line distance to a community pharmacy is given in Figure 14. Locations of GP surgeries are all within 500m straight line distance of a community pharmacy.

Pharmacies (excluding distance selling) with a 1.6 kilometre "as the crow flies" buffer around each location (cut to high water mark, local authority boundary), Portsmouth, July 2017.

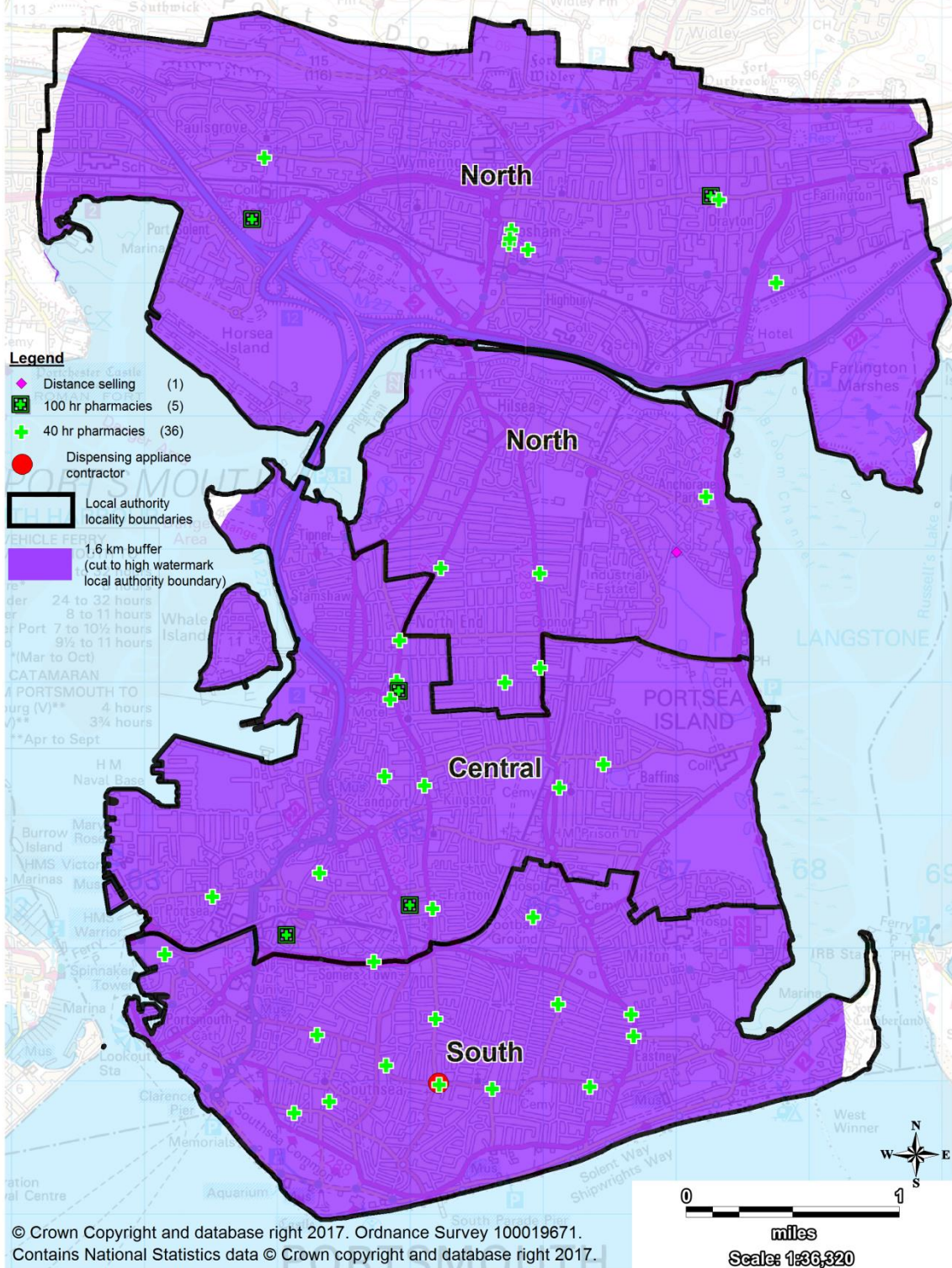


Figure 11. Map of pharmacies with a 1.6km straight line buffer zone (purple), Portsmouth.

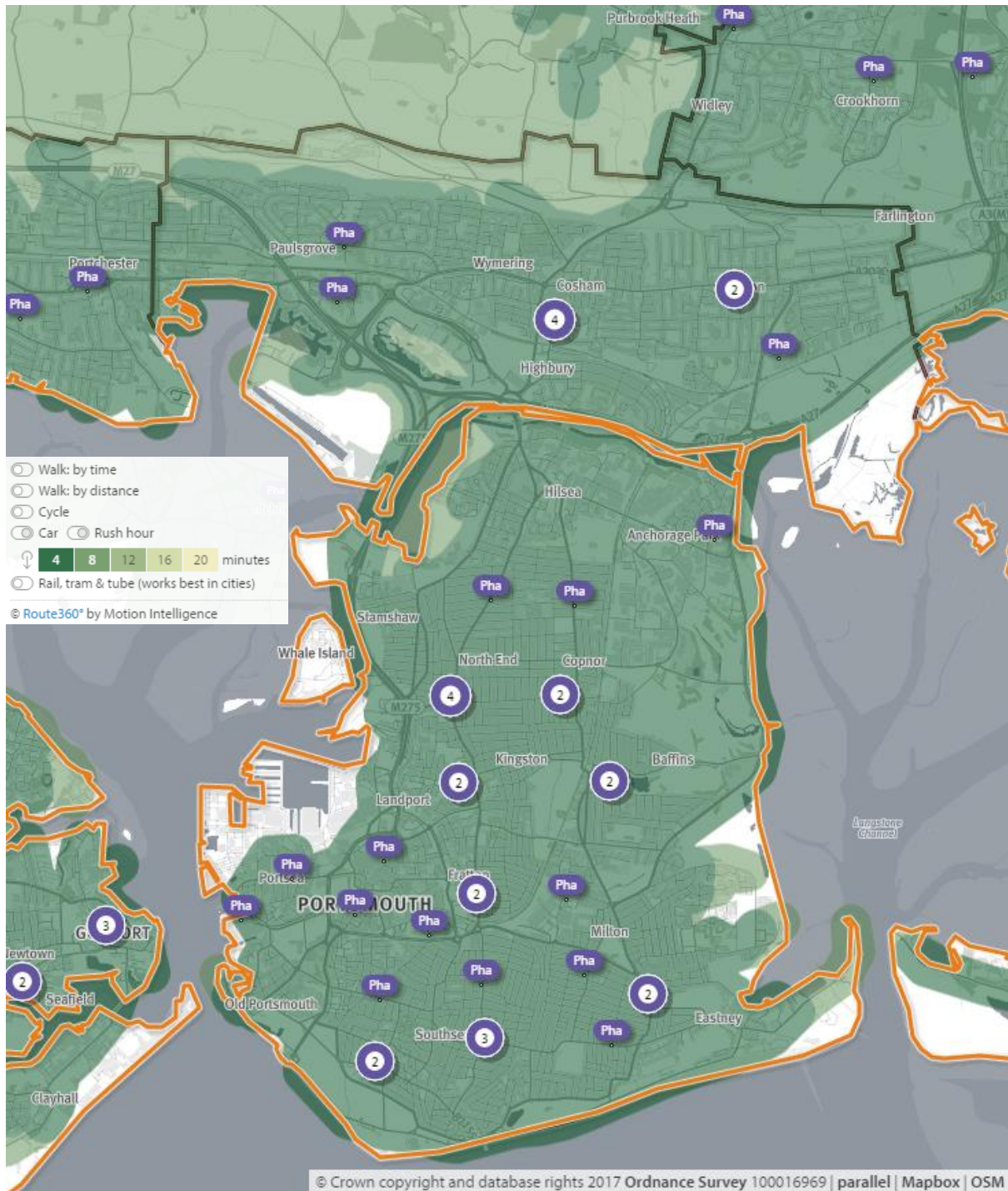


Figure 12. Map of drive times in rush hour from pharmacies (excluding distance selling) in Portsmouth and outside of the local authority boundary. Source: SHAPE place, Public Health England.

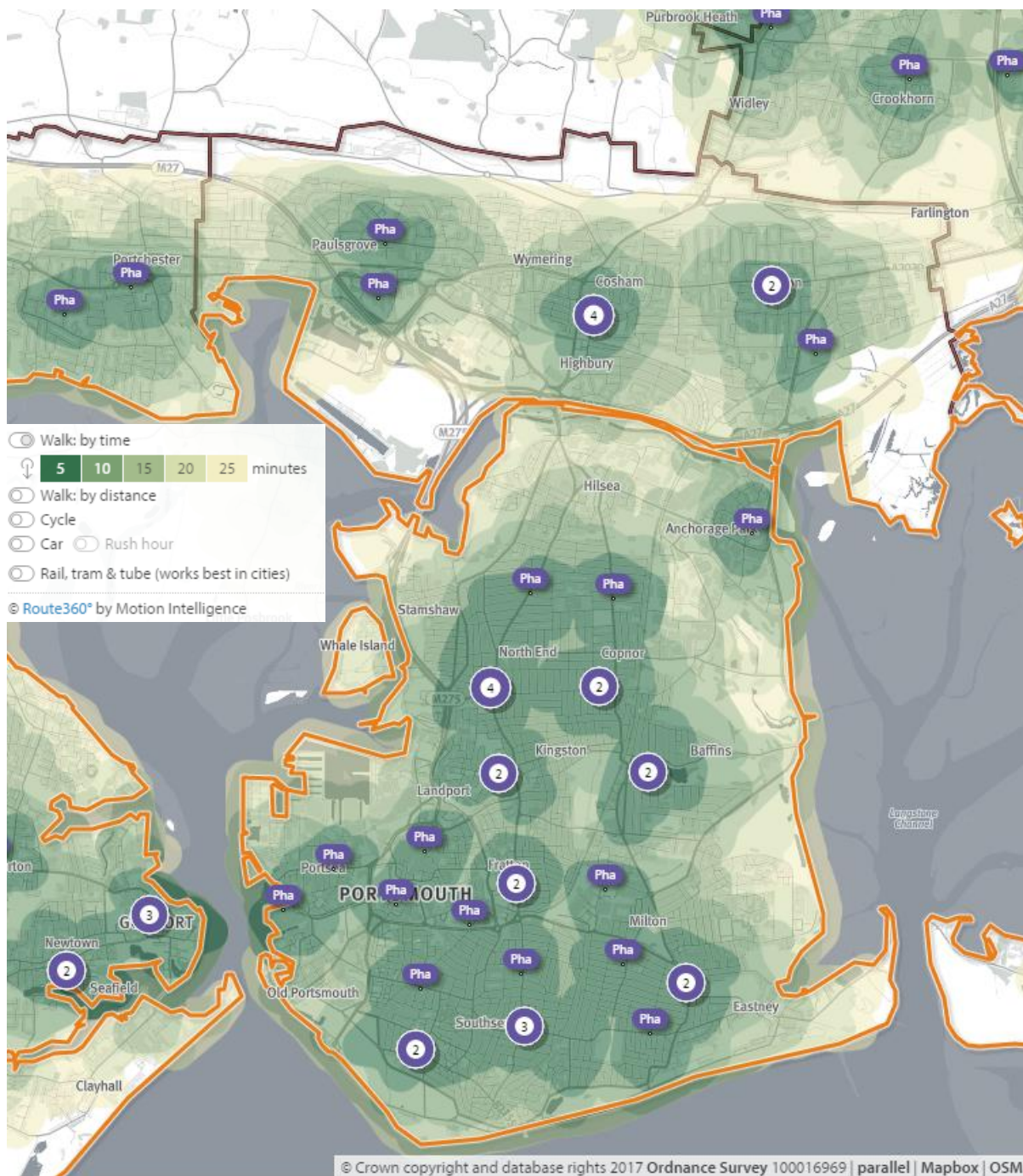


Figure 13. Map of walking times (5-25 minutes) from pharmacies in Portsmouth (excluding distance selling) and outside of the local authority boundary. Source: SHAPE place, Public Health England.

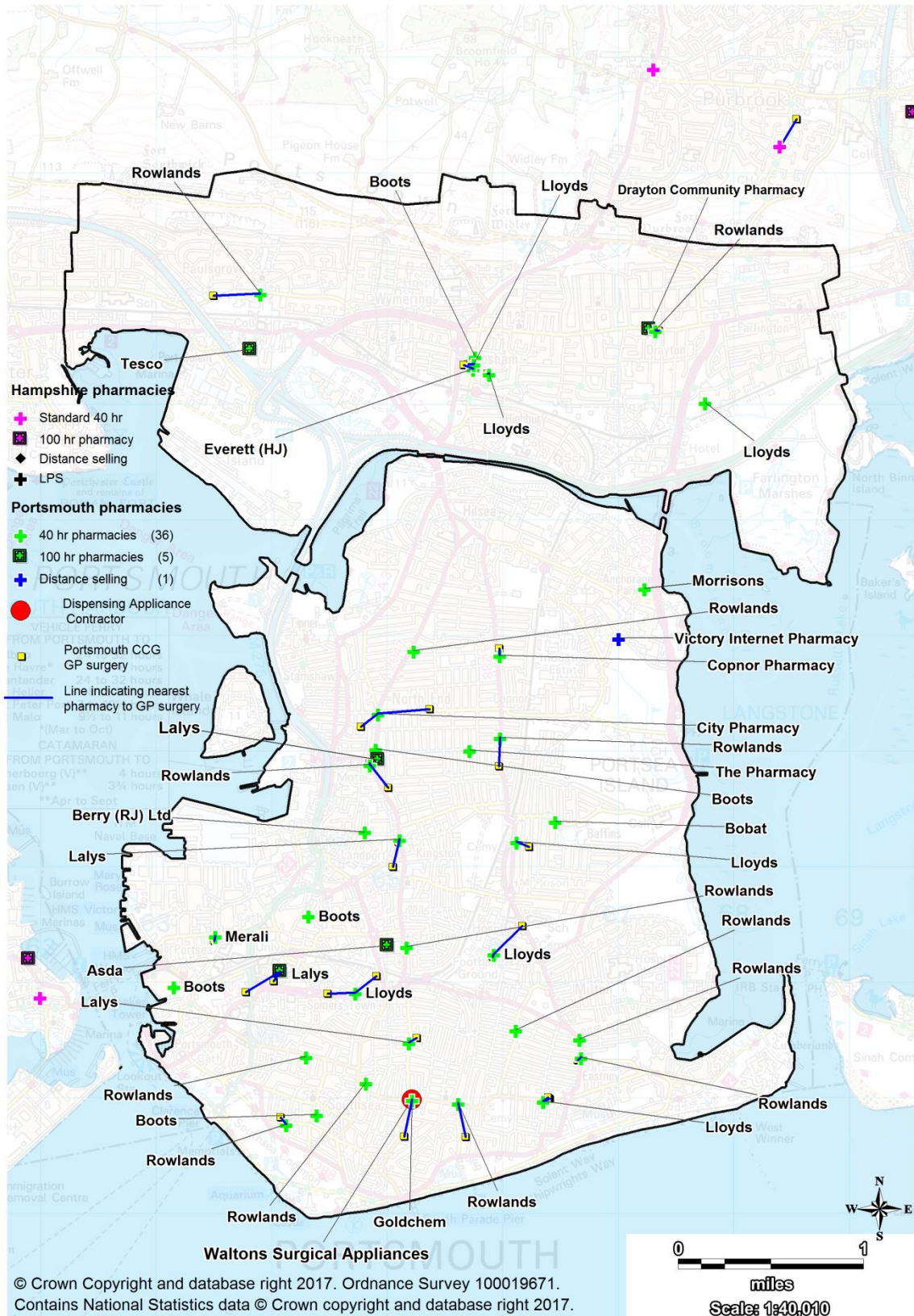


Figure 14. Map of the Euclidean (straight line) distance from a GP surgery to the nearest pharmacy in Portsmouth.

7.1.10 Access for residents with additional needs

The contractor questionnaire was issued to all 41 community pharmacies and one DAC in Portsmouth. This resulted in 30 responses.

Housebound

The survey of pharmacies indicated that all 30 pharmacies who responded will collect prescriptions from GP practices across the city. The majority of these pharmacies (29, 93.3%) stated they provide a delivery service to residents, including housebound patients, free of charge to both patients and the NHS.

All pharmacies can give telephone advice to housebound and other residents.

Equality Act

Businesses and health care professionals have responsibility under the Equality Act to make reasonable adjustment to their services to facilitate access by people affected by disability. For pharmacy this is part of their terms of service. Typical examples of adjustments for premises adjustments include wheelchair/ buggy ramps, doors sufficiently wide to allow wheel chairs, consultation rooms with wheelchair access and hearing aid loops. Typical examples of amendments to services include collection of prescriptions; home delivery of prescriptions and other goods from pharmacy; adding easy opening lids to medicine bottles; large print labels; provision of compliance charts and other aids to help use eye drops and inhalers.

Access Languages

The pharmacy workforce in Portsmouth embraces a range of nationalities and cultural backgrounds. The recent survey showed that 29 different languages were spoken from amongst Portsmouth 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.

These were the languages identified from individual pharmacies:

Afrikaans	German	Mandarin	Swahili
Amharic	Greek	Persian	Thai
Arabic	Gujarati	Polish	Tigrinya
Bengali	Hindi	Portuguese	Turkish
Chinese	Hungarian	Punjabi	Urdu
English	Italian	Romanian	
Farsi	Latvian	Russian	
French	Malay	Spanish	

7.2 Essential Services

Essential Pharmaceutical services are provided by all community pharmacies and cover those services that any member of the public would anticipate receiving from a community pharmacy on the high street. They include:

- dispensing prescription medicines and appliances
- repeat dispensing and electronic prescribing services
- disposal of unwanted medicines
- providing support for self-care
- promoting healthy lifestyles
- signposting
- clinical governance.

7.2.1 Dispensing NHS prescriptions

A range of nationally¹⁰ and locally available statistics¹¹ has been researched to determine whether there is sufficient capacity within Portsmouth pharmacies to dispense prescriptions generated within the city.

In 2016-2017 there were 3,722,960 items prescribed by Portsmouth GPs dispensed across the country (an increase from 3,470,266 items dispensed in 2013-2014). More than 99% of these prescription items are dispensed through less than 100 sites. Further analysis of these 100 sites shows that:

- 87.5% of these prescriptions are dispensed within Portsmouth community pharmacies;
- 5% are dispensed in Crookhorn, Havant and Waterlooville area (this is mainly due to the location of the Crookhorn surgery where the three nearest pharmacies account for 3.8% of this 5% total);
- 2 % are personally administered items, which are bought in and used by the GP practice e.g. vaccinations;
- 1% dispensed by specialist appliance suppliers;
- 2.5% dispensed by distance selling pharmacies (this has increased from 1% in 2013-2014 reported in the previous Portsmouth PNA);
- 1% dispensed by Fareham and Portchester pharmacies;
- 1% dispensed elsewhere.

In turn Portsmouth pharmacies dispense many prescriptions generated from outside the Portsmouth area. This will typically be from workers, tourists and students, who are registered with GPs outside the area, as well as some care home provision.

¹⁰ NHS Business services

¹¹ Epact data held by NHS Portsmouth CCG for April 2016-March2017

Density of pharmacies

Table 1 shows that Portsmouth has the same number of pharmacies per 100,000 of the population compared to Wessex and slightly fewer than the rest of England. For the average number of prescription item dispensed each month per pharmacy, this is slightly higher for Portsmouth than for Wessex and England. Overall, the number of pharmacies and their dispensing work load is broadly in line with national averages.

	Number of community pharmacies	Prescription items dispensed per month	Population Mid 2015 ¹²	Pharmacies per 100,000 population	Average number of dispensed items per pharmacy per month
ENGLAND	11,688	82,940,000	54,786,327	21	7,096
WESSEX	511	3,752,000	2,762,546	19	7,342
Portsmouth (CCG)	41	310,250	211,758	19	7,567

Table 1. Community pharmacies on a pharmaceutical list at 31 March, prescription items dispensed per month and population by NHS England Region 2015-16¹³

7.2.2 Repeat Prescribing and Electronic Prescription Service

All GP practices and pharmacies are enabled to deliver NHS Electronic Prescription Service and participate in this national programme. NHS Portsmouth CCG has actively encouraged the uptake of both electronic repeat prescribing and electronic prescribing services by providing specialist support to GP practices and pharmacies. These services can be beneficial to patients by reducing the number of visits they make to their GP practice to collect routine prescriptions for long term conditions.

The latest statistics from NHS England demonstrate the success of these programmes (Table 2).

January – March 2017 Percentage of all items prescribed as electronic prescribing as a proportion of all prescription items. ⁱ	
England	53.86%
Portsmouth	59.37%
April 2016 – March 2017 Percentage of all electronic prescription service items prescribed as electronic repeat dispensing	
England	12.18%
Portsmouth	26.33%

Table 2. Items prescribed as electronic prescribing items in Portsmouth and England

Other Essential Services including disposal of unwanted medicines; providing support for self-care; promotion of healthy lifestyles; signposting and clinical governance are provided by all pharmacies in the city.

¹² Source: ONS Mid-2015 Population Estimates for Clinical Commissioning Groups in England, by single year of age, Persons (National Statistics)

¹³ Sources: NHS Prescription Services part of the NHS Business Services Authority

4 Population data - Office of National Statistics (2011 mid-year Estimates based on 2011 census)

7.3 Advanced Services

There are six advanced services that may be provided by any community pharmacy as long as they meet the necessary requirement to deliver the service and are on the pharmaceutical list.

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

7.3.1 Medicine Use Reviews

Medicine Use Review (MUR) and prescription intervention service allows accredited pharmacists to undertake structured adherence review with patients on multiple medicines, particular for those receiving medicines for long term conditions. The service helps patients understand their therapy, the best time to take the medicine, discussion about side-effects and adherence with the prescribed regimen, which may identify any problems the patient is experiencing along with possible solutions. The number of MURs is capped at 400 per pharmacy.

NHS England data show all 41 pharmacies in Portsmouth were accredited to deliver the MUR service for April 2016 - March 2017. The average for the city was 331 MURs per pharmacy at a rate of 3.6 MURs per 1000 items dispensed.

7.3.2 New Medicine Service

The service 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 is initially focused on particular patient groups and conditions; asthma and COPD, diabetes (Type 2), antiplatelet /anticoagulant therapy and hypertension.

NHS England data show 38 of the 41 pharmacies (93%) were accredited to deliver the New Medicine Service for April 2016 - March 2017 for these patient groups providing 3,101 provisions of service. The average for the city was 74 per pharmacy.

7.3.3 Appliance Use Reviews

Appliance Use Reviews (AURs) can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. AURs should improve the patient's knowledge and use of any listed appliances that include stoma care products.

Nationally, NHS England data shows little activity is recorded for this service. The contractor questionnaire issued to all 41 community pharmacies and one DAC in Portsmouth had 30 responses. Two of these responses reported the pharmacy to provide the AUR service and two reported they would soon be providing the service. Only a very small number of patients would have need to access the AUR service. Locally many GP practices have provided targeted information or signposted patients to specialist nurse services that allow similar reviews to be carried out in the patients home. Patients have good access to these services.

7.3.4 Stoma Customisation Services

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 for a very limited number of patients, many of whom may access this service from specialist appliance contractors located outside the city, who operate a mail order service. Patients have a good choice of providers for this specialised service. These patients may also access specialist nurse services.

NHS England data show twelve pharmacies were accredited to provide this service in the city for April 2016 - March 2017.

7.3.5 Flu Vaccination Service

The seasonal influenza vaccination programme aims to protect those who are most at risk of serious illness or death should they develop influenza, by offering protection against the most prevalent strains of influenza virus. This advanced service aims to support an effective vaccination programme in England by building capacity of community pharmacies as an alternative to general practice and improving convenience for eligible patients to access flu vaccinations.

NHS England data show 36 of the 41 pharmacies (93%) were accredited to deliver flu vaccinations for April 2016 - March 2017 giving a total of 4,745 vaccinations. The average number of flu vaccinations for the city was 113 per pharmacy.

7.3.6 NHS Urgent Medicine Supply Advanced Service

The NHS Urgent Medicine Supply Advanced Service (NUMSAS) is running in some areas of the country as a pilot service until end March 2018. Though it is not yet operating in Portsmouth it is anticipated that the service will be operational locally by the end of 2017. It is a service that manages a referral from NHS 111 to a community pharmacy because they need urgent access to a medicine or appliance that they have been previously prescribed on an NHS prescription, enabling access to medicines or appliances out of hours.

7.4 Enhanced and other locally commissioned services

Enhanced services are listed in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013¹⁴ and the provision in Portsmouth is summarised below.

Service	How this need is met
No specifically commissioned service	
Anticoagulant Monitoring	This service is provided by Portsmouth Hospitals Trust.
Care Home service	This service is directly provided by Portsmouth CCG staff.
Disease specific medicines management service	Training opportunities to increase knowledge about local clinical pathways is provided through a varied range of educational and information resources for all health staff within the locality.
Gluten free food supply service	Available via GP prescription.
Independent prescribing service	This service is not required at this time from community pharmacies as the need for prescribing is met by GPs. A number of nurses and employed CCG pharmacists are able to provide this service.
Home delivery service	There is a widespread voluntary service provided by local community pharmacies which meets this need.
Language access service	NHS Portsmouth CCG commissions professional language service when required. However it is recognised that a wide variety of languages are spoken within Portsmouth pharmacies and residents may choose to use a particular pharmacy for that reason.
Medication review service	The MUR service meets the need for medication reviews at this time.
On demand availability of specialist drugs	Palliative care drugs are usually available from major pharmacies. Additional capacity is not required at this time.
Prescriber support service	Provided in house by NHS Portsmouth CCG staff. Pharmacists working in GP practices are an emerging role nationally.
Schools service	This service is not required at this time from community pharmacies.
Supplementary Prescribing Service	This service is not required at this time from community pharmacies as the need for prescribing is met by GPs.
Service commissioned by NHS England Wessex Area Team	
Out of hours service	Pharmacy Urgent Repeat Medicine Service (PURMs) is commissioned by NHS England Wessex Area Team
Emergency supply	Pharmacy Urgent Repeat Medicine Service (PURMs) is commissioned by NHS England Wessex Area Team. In addition, see detail in the previous section regarding the NHS Urgent Medicine Supply Advanced Service (NUMSAS).
Service commissioned by NHS Portsmouth CCG	
Medicines assessment and compliance support	Commissioned by NHS Portsmouth CCG. See detail below.
Minor ailment service	Commissioned by NHS Portsmouth CCG. See detail below.
Service commissioned by Portsmouth City Council, Public Health	
Needle and Syringe Exchange Service	Commissioned by Portsmouth City Council, Public Health. See detail below.

¹⁴Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/193012/2013-03-12_-_Advanced_and_Enhanced_Directions_2013_e-sig.pdf

Patient Group Direction service (not related to public health services)	Emergency Hormonal Contraception (via a PGD) is commissioned by Portsmouth City Council, Public Health. See detail below.
Screening Service	NHS Health Checks are commissioned by Portsmouth City Council, Public Health. See detail below.
Stop Smoking Service	Commissioned by Portsmouth City Council, Public Health. See detail below.
Other service not named in the Regulations	A supervised consumption service is commissioned by Portsmouth City Council, Public Health. See detail below.
Other service not named in the Regulations	An Alcohol Brief Intervention service is commissioned by Portsmouth City Council, Public Health. See detail below.

7.4.1 Medicines assessment and compliance support

Good compliance with medicine can prevent disease progression and hospital admission. Poor medication compliance can lead to an increase in financial costs related to greater health treatment costs and a probable reduction in quality of life for the patient.

In 2008 Portsmouth PCT set up an Intermediate Care Pharmacy service to support medicine taking for the most vulnerable people. This has now been renamed as Medicines Advice at Home service. Though there are no age constraints on patients referred to this service, more than 90% of referrals are for elderly patients. This pharmacy team has a spectrum of support for any individual with problems taking their medicines. This ranges from medication review, synchronizing medicines, auditing medicines taken with GP held records, compliance cards and one off aids. Regular ongoing support from local community pharmacy has often been identified as the best option for many scenarios. If the required support is outside of the pharmacies responsibilities required under their NHS terms of service then funding is available for items such as Medication Recording charts and monitored dosage systems. In the last few years a successful pilot to use digital technology to improve medicine compliance has been carried out. There is now a commissioned digital technology service for dispensed medicines available for up to 50 patients in the city.

7.4.2 Minor ailment service - Pharmacy First

Minor ailments are defined as common or self-limiting or uncomplicated conditions which can be managed without medical intervention. The management of patients with minor self-limiting conditions, impacts significantly upon GP workload. The situation is most acute where patients do not pay prescription charges and may not have the resources to seek alternatives to a prescription from their GP. It is estimated that one in five GP consultations are for minor ailments and by reducing the time spent managing these conditions would enable them to focus on more complex cases.

A minor ailments scheme has been in place within Portsmouth, since 2005. In 2014 this service was redesigned and renamed as Pharmacy First. The scope of the service both in geography and range of conditions has been expanded and pharmacies now make use of web based technology to facilitate the scheme. The service is available in all areas of the city and now covers 26 conditions. Thirty four pharmacies actively took part in the scheme in 2016/17, delivering over 3,500 consultations.

7.4.3 Needle and Syringe Exchange Service

Needle Exchange services for injecting drug users are a crucial component in providing a comprehensive harm reduction programme. These schemes prevent blood born viral infections within the illicit drug addiction community.

27 pharmacies have a contract to provide Needle Exchange services in 2017/18 (Figure 35). The following map also notes the pharmacies which offer supervised consumption for which further detail is given in a later section.

7.4.4 Emergency Hormonal Contraception

The supply of Emergency Hormonal Contraception is available free through 37 of the community pharmacies with contracts in Portsmouth in 2017/18 Figure 36. This service is available to all women of child bearing age to lessen the demand on GP practices, A&E and Out Of Hours services.

7.4.5 NHS Health Checks

NHS Health Checks were launched as a national programme in April 2009. The check is offered to residents who are aged between the ages of 40 and 74, once every five years, to assess risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk. Those who have already been diagnosed with these conditions will not be invited.

Ten pharmacies have a contract to offer this service alongside most GP practices in the city in 2017/18 (Figure 37). Having a pharmacy service offers residents more choice and access.

7.4.6 Stop Smoking Service

The service offers one to one support and advice, plus nicotine replacement therapy to any individual who wants to stop smoking. Community Pharmacy has consistently contributed to the achievement of successful '4 week' quitters in addition to stop smoking support offered by the Wellbeing Service (a Portsmouth City Council Service). Thirty-eight community pharmacies have contracts to provide this service in 2017/18 (Figure 38).

7.4.7 Supervised consumption

Methadone and buprenorphine (oral formulations), using flexible dosing regimens, are used for maintenance therapy in the management of opioid dependence, as part of a programme of supportive care. To aid compliance, administration of these medications can be supervised which also provides routine and structure for the client in helping to promote a move away from chaotic and risky behaviour.

The current supervised scheme is contracted to run through 25 pharmacies in 2017/18. Refer to Figure 35 for the locations of these pharmacies.

7.4.8 Alcohol Brief Intervention

This service is in two parts. The first is aimed at all adults and asks those to complete a simple scratch card which will highlight whether they should be concerned about their levels of alcohol consumption. This simple analysis results in either congratulating the client that their alcohol consumption is within recognised agreed national limits; or highlights a moderate problem that can be easily addressed by making a small change e.g. introducing alcohol free days to the week, reducing strength of alcoholic beverages; interspersing

alcohol with soft drinks or highlights a more serious concern – this can be followed up by a more detailed questions and support and/ or direct referral to the council based Wellbeing Service.

Thirty-four community pharmacies have contracts to provide this service in 2017/18 (Figure 39).

7.4.9 Pharmacy Urgent Repeat Medicine Service

This is a locally commissioned service available at weekends and bank holidays, that allows participating pharmacies to make emergency supplies (which are usually private transactions) at NHS expense. 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. Thirty-seven community pharmacies are accredited to provide this service in 2017/18 (Figure 40).

5.5 Healthy Living Pharmacies

The Healthy Living Pharmacy (HLP) framework is a tiered commissioning framework aimed at achieving consistent delivery of a broad range of high quality services through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities¹⁵.

The Department of Health (DH) introduced a Quality Payments Scheme as part of the Community Pharmacy Contractual Framework in 2017/18. HLP status is included in this scheme.

The 30 respondents to the contractor questionnaire identified whether they were regarded as a Healthy Living Pharmacy (HLP). Over half (53.3%) reported having achieved HLP status with the remainder working towards HLP status (Table 3).

Healthy Living Pharmacy	Total
Yes	16 (53.3%)
Working towards HLP status which will be achieved by 1 st April 2018	12 (40.0%)
Working towards HLP status but will not be achieved by 1 st April 2018	2 (6.7%)

Table 3. Healthy Living Pharmacy status reported by community pharmacies in Portsmouth, at July 2017

Further information about the award winning Portsmouth Healthy Living Pharmacy initiative is given in appendix B - 'Portsmouth Community Pharmacy Local Services - pioneers of Healthy Living Pharmacy'.

¹⁵ PSNC; Healthy Living Pharmacies accessed via <http://psnc.org.uk/services-commissioning/locally-commissioned-services/healthy-living-pharmacies/>

8. Public engagement

The public survey which gathered views about pharmaceutical services in the city received 224 responses. Of the total, 168 had complete responses (i.e. all questions were seen although answers may have been skipped for some) for which the results are presented here.

Residents from all areas of the city were represented in the survey with a small number of respondents living in a PO7, PO8 or PO9 postcode (11 responses in total).

The age profile of respondents is given in Table 4. Seven in every ten of the respondents (70.8%) were 45 years of age and over. Three-quarters of respondents were female (76.2%).

Table 4. Age profile of respondents to the public survey

Age	Number of respondents
Under 16	0
16-24 years	2
25-34 years	18
35-44 years	26
45-54 years	44
55-64 years	46
65 years and over	29
Unknown	3
Total	168

Other respondent information included:

- Nine in every ten respondents (89%) identified themselves to be White British.
- Just over one in every five (22%) of respondents identified themselves to be retired and over four in every ten respondents (45%) were in full-time employment.
- 12 (7%) respondents identified themselves to be registered as disabled and a further 20 (12%) identified themselves to be disabled but unregistered.
- While the majority of responses were blank, nearly one in five (17.3%) respondents identified themselves to be a formal or informal carer.

Most respondents (88.7%) reported using the same pharmacy all or most of the time. The reason and frequency given for using a pharmacy is shown in Figure 15. Of those who indicated how frequently they get a prescription for themselves, almost half (44.6% of 166) stated using pharmacies at least once a month. Of those who indicated how frequently they get a prescription for someone else, one in every four (26.0%) stated using pharmacies for this reason at least once a month.

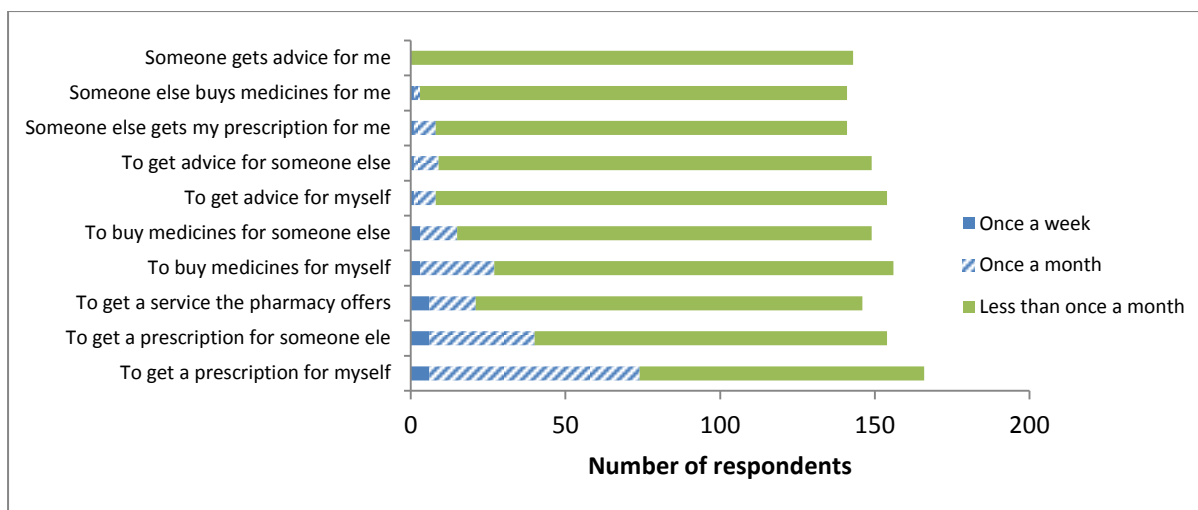


Figure 15. Reason and frequency given by survey respondents for using a community pharmacy

When asked if there is a more convenient or closer pharmacy that for some reason they didn't use, 58 (35%) responses said 'Yes', citing the following as the reasons for not doing so (respondents were able to select more than one reason):

- The service is too slow (19 responses)
- I have had a bad experience in the past (16 responses)
- It is not easy to park (15 responses)
- It is not open when I need it (11 responses)
- There is not enough privacy (10 responses)
- They don't have what I need in stock (9 responses)
- It is not wheelchair / buggy friendly (0 responses)

When accessing the pharmacy themselves, 65 respondents (38.7%) said it took less than five minutes with 82 respondents (48.8%) reporting it took between 5 and 15 minutes. Overall, getting to a pharmacy was deemed easy by three-quarters of respondents (76.2%) and difficult by only a small number. Six in every ten (59.9%) respondents reported walking to the pharmacy with almost another third (31.8%) using a car and only 7% using a bus. Use of bikes and taxis were reported infrequently (0.6% of respondents for each).

The most convenient time for the respondents to use a pharmacy is during standard working hours of 9am to 5pm. The evening period until 8pm is also popular with a lesser number of people identifying late evening and early morning (before 9am) as convenient. Respondents were invited to select all the time slots which were most convenient for them Table 5.

	Normal weekday	Saturday	Sunday	Total respondents
Before 9am	55.1% 54	26.5% 26	18.4% 18	98
Between 9am and noon	30.6% 67	42.5% 93	26.9% 59	219
Between noon and 2pm	36.5% 61	37.1% 62	26.3% 44	167
Between 2pm and 5pm	37.8% 70	35.7% 66	26.5% 49	185
Between 5pm and 8pm	52.6% 81	27.3% 42	20.1% 31	154
After 8pm	47.8% 43	28.9% 26	23.3% 21	90

Table 5. Times reported as being convenient to see a community pharmacy by survey respondents

When seven in ten respondents could not access their usual pharmacy (70.3% of 111 who responded to the question) they went to another. The majority of the remainder waited until that pharmacy was open (26.1%). In order to access information on the pharmacy, such as opening times and services, searching the Internet was reported as the most common source.

The knowledge of respondents in respect of services offered by community pharmacies varied, with the availability of stop smoking help the most widely recognised (71.2% of 156 who responded to the question) Table 6. Over half of those who responded to the question were aware that home delivery (58.2% of 158) and flu vaccination services (51.3% of 156) were available. A comparatively small proportion had used these services. The services used by the respondents were the flu vaccination service (7.1% of 156), medicines reviews (6.5% of 153) and minor ailments (6.0% of 151).

	I know they offer this service	I didn't know this service was on offer	I have used this service	Total
Stop smoking help	71.2%	26.9%	1.9%	156
Alcohol advice	46.7%	51.3%	0.7%	152
Heart health check ups	37.7%	60.3%	1.3%	154
Cholesterol check ups	36.4%	60.9%	0.7%	151
Morning after pill	44.7%	51.3%	2.0%	150
Medicine reviews	42.5%	50.0%	6.5%	153
Treatment for minor ailments	47.0%	45.5%	6.0%	151
Disposal of injecting equipment	29.0%	64.1%	2.1%	145
Flu vaccination	51.3%	41.7%	7.1%	156
Home delivery	58.2%	36.5%	5.7%	158

Table 6. Knowledge of services offered by community pharmacies reported by survey respondents

Nearly six in every ten (57.7%) respondents felt the pharmacy they visit offered information on healthy living Table 7. The term 'Healthy Living Pharmacy' seemed to be less familiar to respondents with 87.0% not knowing whether the pharmacy they visit was accredited.

	Yes	No	Don't know	Total
Is information on healthy living offered at the pharmacy?	57.7% (94)	2.5% (4)	39.9% (65)	163
Is the pharmacy Healthy Living Pharmacy accredited?	10.5% (17)	2.5% (4)	87.0% (141)	162

Table 7. Information on healthy living being offered by community pharmacies and Healthy Living Pharmacy status as reported by survey respondents

9. Portsmouth City demography and health needs

9.1 Demography

In 2018, approximately 215,900 people are estimated to be resident in Portsmouth - an increase of about 1,500 (0.7%) compared to 2017.¹⁶ As at 1st April 2017, nearly 227,800 people were registered with Portsmouth City GP Practices¹⁷—although the vast majority are resident to Portsmouth, not all registered patients live in Portsmouth and the Portsdown Group GP practice has one of its surgeries (Crookhorn surgery) located outside of Portsmouth, which increases the registered population. The workday population at the time of the 2011 census was 217,960 (ie either in employment in Portsmouth, or not in employment but living in Portsmouth). The workplace population at the time of the 2011 census was 109,456 (residents aged 16 to 74 years in employment in Portsmouth a week before the census).

Portsmouth is a compact city covering 40 square kilometres—75% of the population lives on Portsea Island. The city continues to be the most densely populated local authority area outside London (5,396 people per square kilometre).

Where possible this section has also taken account of the localities North, Central and South, when describing the health needs of the city.

¹⁶ SNPP Z1: 2014-based Subnational Population Projections. Local Authorities in England, mid-2014 to mid-2039, Office for National Statistics (ONS) via Portsmouth Joint Strategic Needs Assessment (JSNA) webpage: <http://data.hampshirehub.net/data/jsna/portsmouth-jsna/the-people-of-portsmouth/demography-general/population-mid-year-estimates-and-projections-ons-and-hcc-and-census-2011> [accessed 24 May 2017]

¹⁷ Number of Patients Registered with a GP Practice, NHS Digital <http://content.digital.nhs.uk> Accessed 20 April 2017

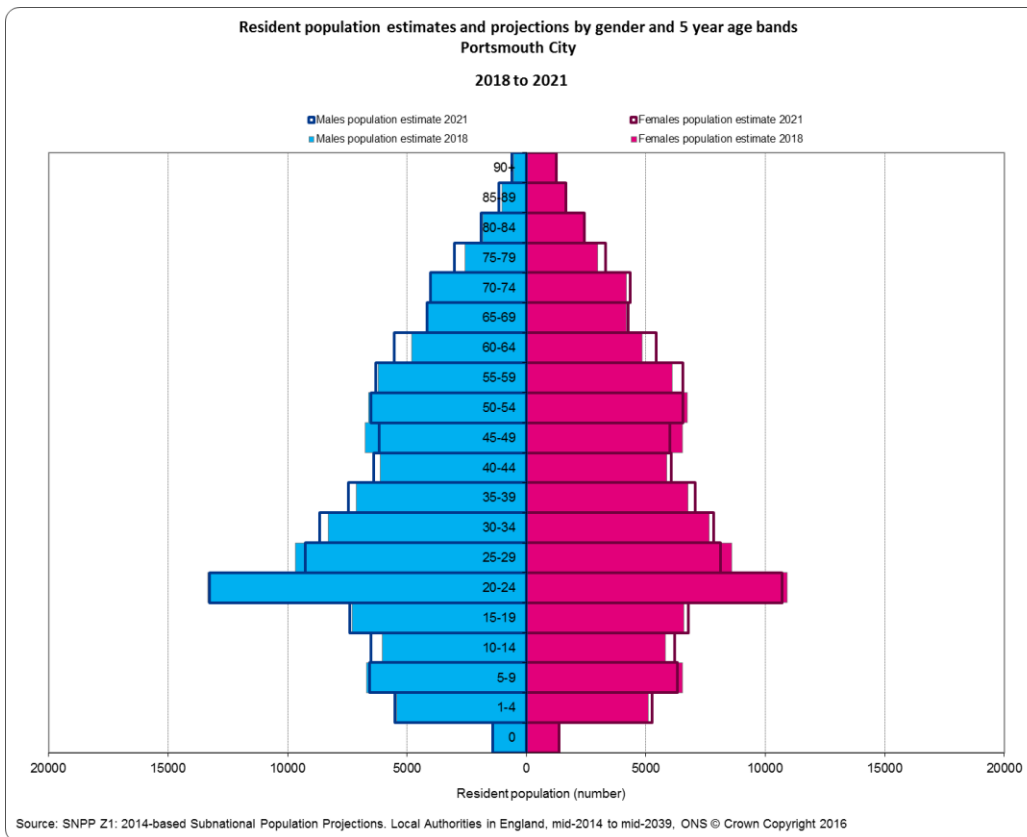


Figure 16. Resident population estimates and projections by gender and 5 year age bands, Portsmouth City, 2018 estimate compared to 2021 estimate.

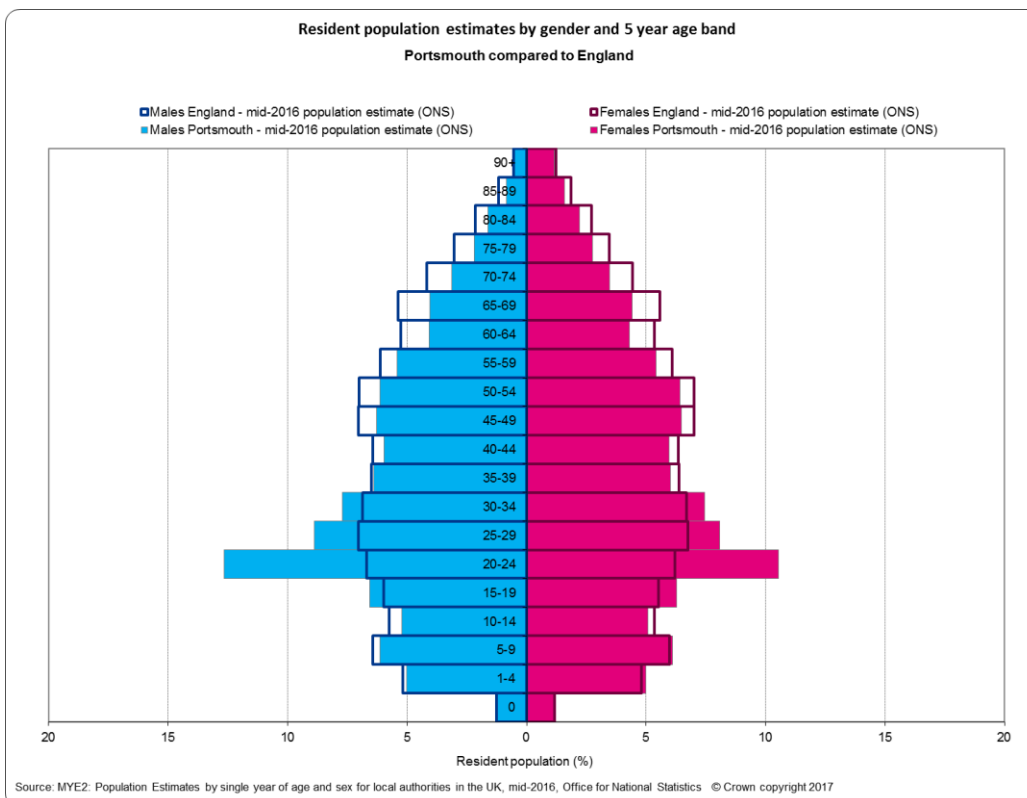


Figure 17. ONS mid-2016 resident population estimate by gender and 5 year age bands, Portsmouth City compared to England

Portsmouth has a comparatively high proportion of young people aged 20-24 years, compared to England, due to the city's University and colleges (11.6% of Portsmouth's total population compared with 6.4% nationally). (Figure 17)

The total Portsmouth population is predicted to increase by roughly 3,300 from 2018 to 2021; and increase by nearly 19,000 between 2018 to 2033. (Table 8 and Figure 18)

Table 8. Long term population projections for Portsmouth, 2014 to 2039

Age group	Year							
	2014	2018	2021	2024	2027	2030	2033	2039
0-15	38761	40432	41476	41769	41690	41723	41954	42399
16-64	140853	144726	145609	146735	148504	149620	150282	152588
65+	29471	30699	32058	34267	36950	39851	42462	46181
All ages	209085	215856	219143	222771	227144	231195	234699	241168
<i>75+ only</i>	<i>13806</i>	<i>14222</i>	<i>15280</i>	<i>17224</i>	<i>18244</i>	<i>19310</i>	<i>20784</i>	<i>24719</i>

Source: SNPP Z1: 2014-based Subnational Population Projections. Local Authorities in England, mid-2014 to mid-2039, ONS © Crown Copyright 2016

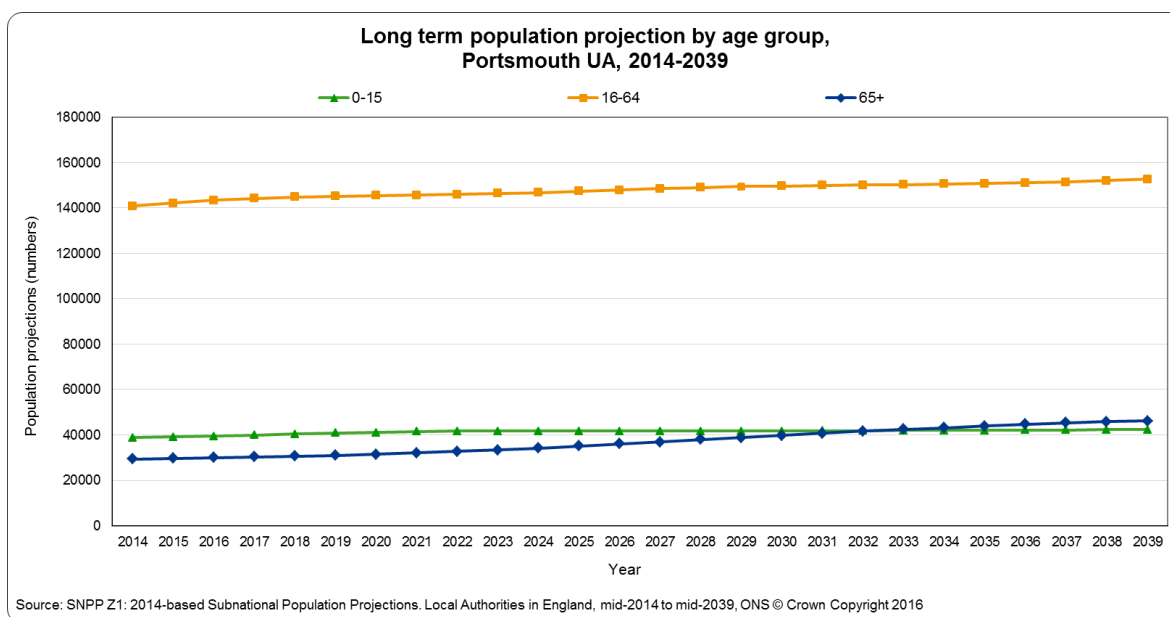


Figure 18. Long term population projection by broad age group, Portsmouth UA, 2014-2039.

In 2018, the North locality of the city is estimated to have a more even spread of residents across age bands than the Portsmouth average. The North is estimated to have a greater proportion than the Portsmouth average in residents aged 45 years and over, but less than average in ages 15-29 years (Figure 19). However, by 2021, the population in the North is

forecast to increase the most for those aged 35-39 years, aged 60-64 years and males in particular aged 75 years and over; whilst, the population is predicted to decrease the most in ages 45-54 years (Figure 20).

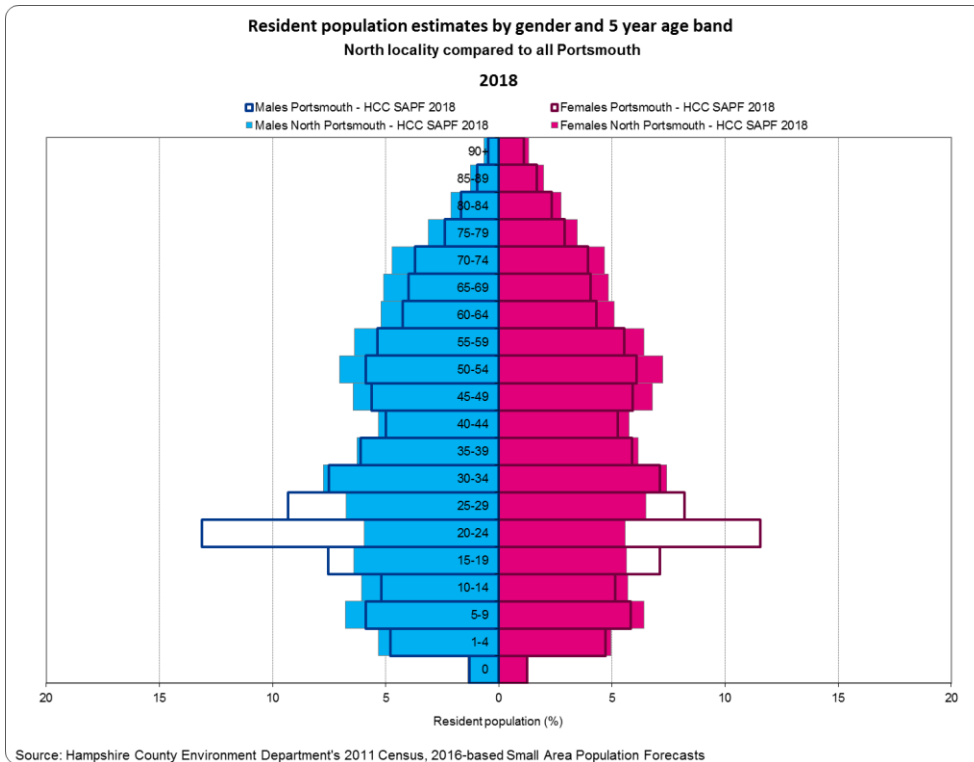


Figure 19. Resident population estimates by gender and 5 year age band, North locality compared to all Portsmouth, 2018.

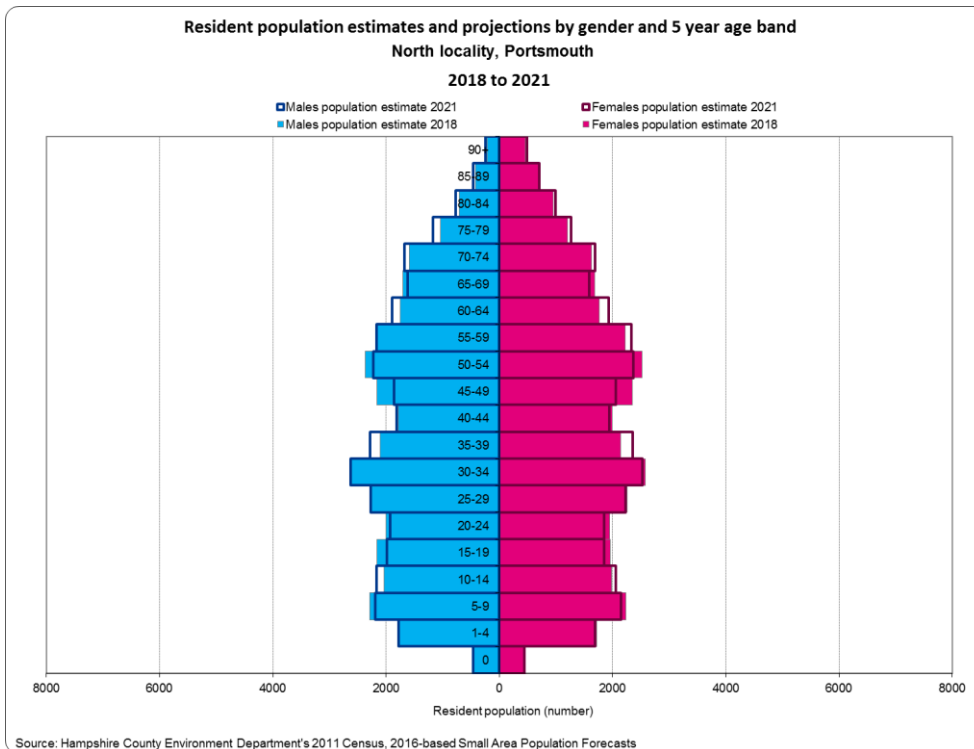


Figure 20. Resident population estimates and projections by gender and 5 year age band, North locality, 2018 compared to forecasted 2021.

In 2018, the Central locality of the city is estimated to have a similar pattern across all age groups compared to the Portsmouth average. However, the Central locality is estimated to have a greater proportion than the Portsmouth average in residents aged 0-19 years and in under 40 years in general (except the aged 20-24 years group for females) (Figure 21). By 2021, the population in the Central locality is forecast to increase the most for those aged 10-14 years, aged 55-64 years and aged 75-79 years (in particular for males); whilst, the population is forecast to decrease the most in ages 5-9 years and 45-54 years (Figure 22).

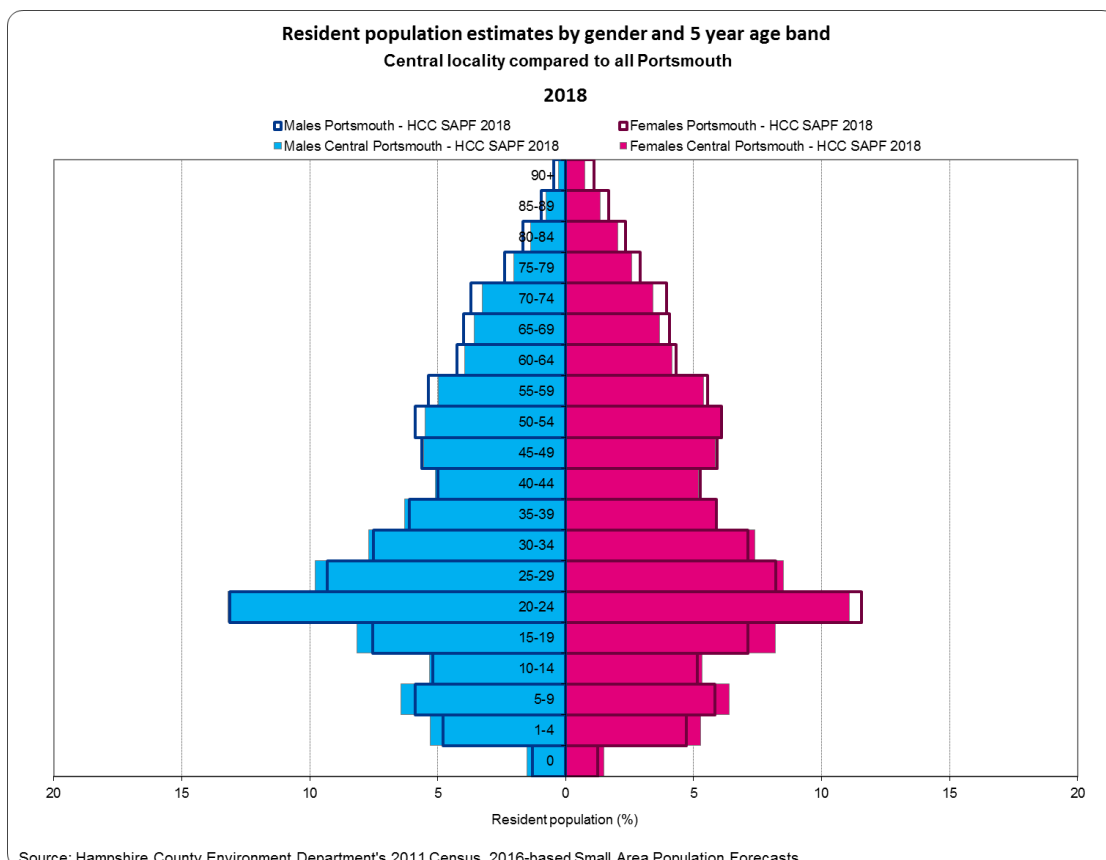


Figure 21. Resident population estimates by gender and 5 year age band, Central locality compared to all Portsmouth, 2018.

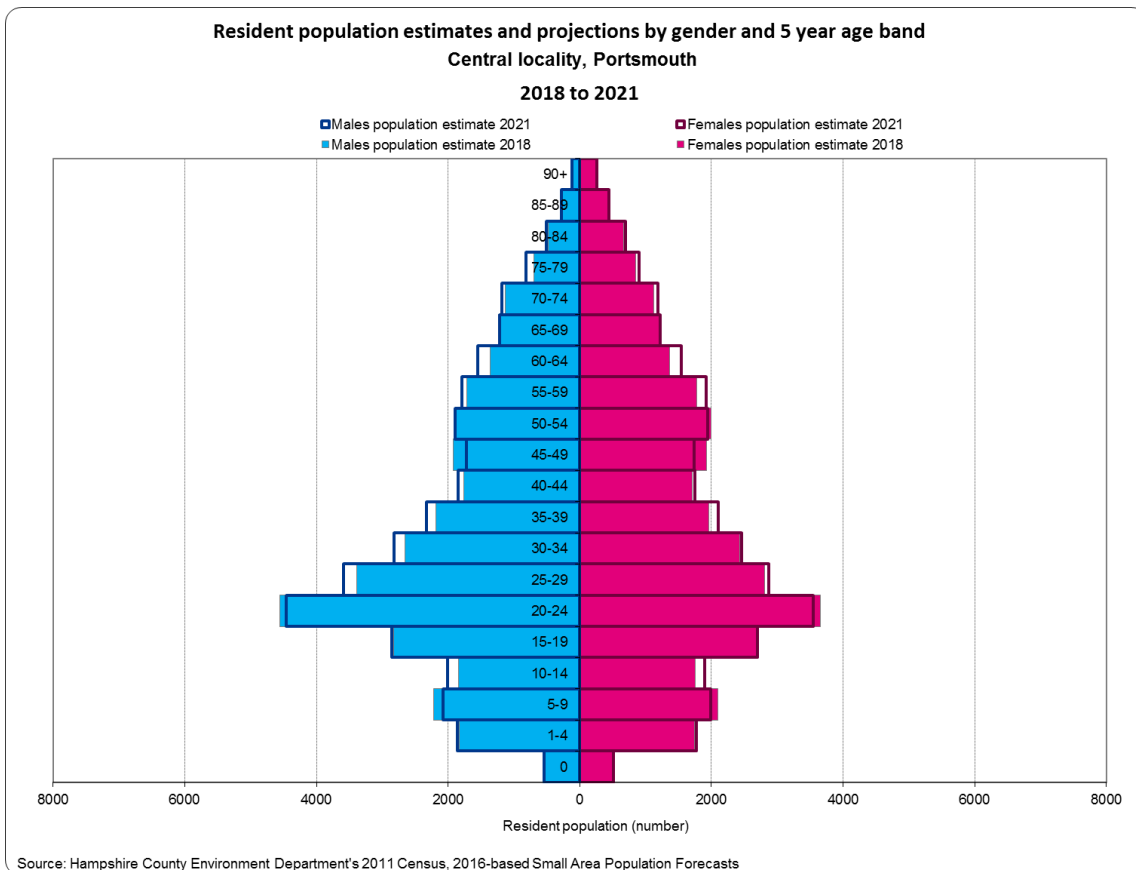


Figure 22. Resident population estimates and projections by gender and 5 year age band, Central locality, 2018 compared to forecasted 2021.

In 2018, the South locality of the city is estimated to proportionally have a much larger population of young persons aged 15-29 years compared to the Portsmouth average, with the 20-24 years age group being principally larger than the Portsmouth average, primarily due to the vast majority of students being located in the South. The South is also estimated to have a lower proportion of age 0-14 years and 30-84 years (45-69 years in particular) than the Portsmouth average (Figure 23). However, by 2021, the population in the South is forecast to increase the most for those aged 30-39 years, aged 60-64 years and aged 70-79 years; whereas, the population is predicted to decrease the most in aged 45-54 years and aged 65-69 years (Figure 24).

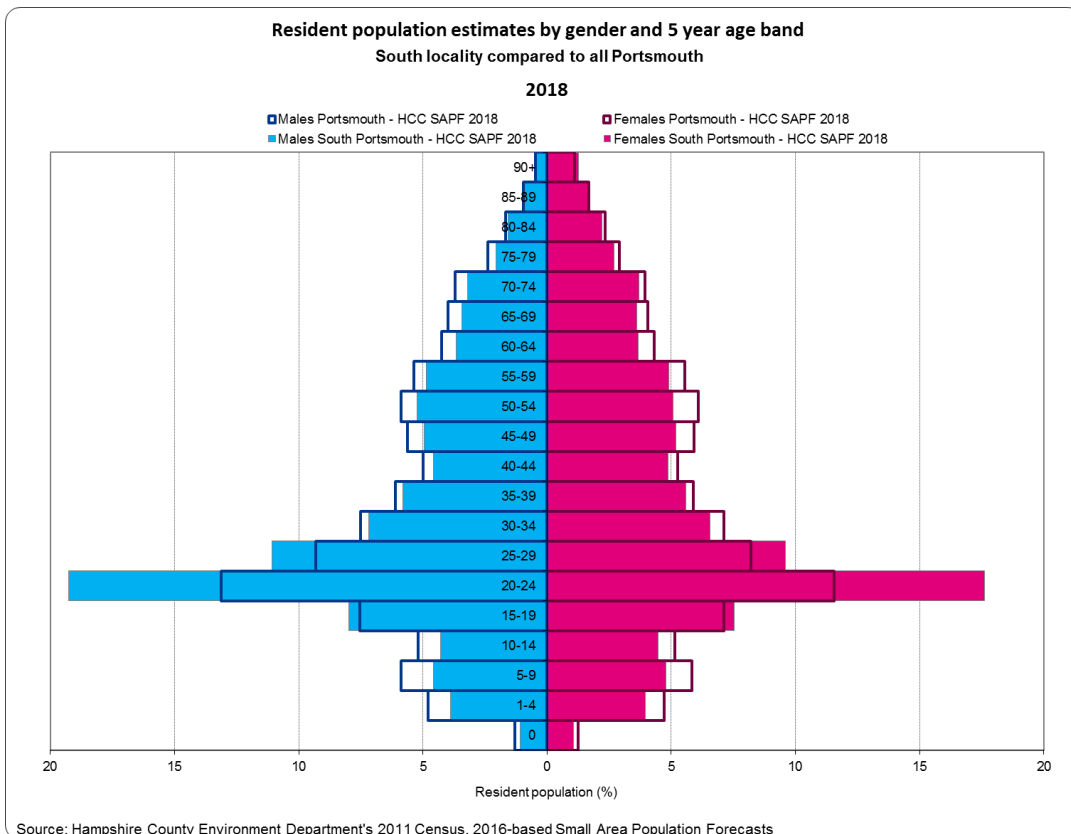


Figure 23. Resident population estimates by gender and 5 year age band, South locality compared to all Portsmouth, 2018.

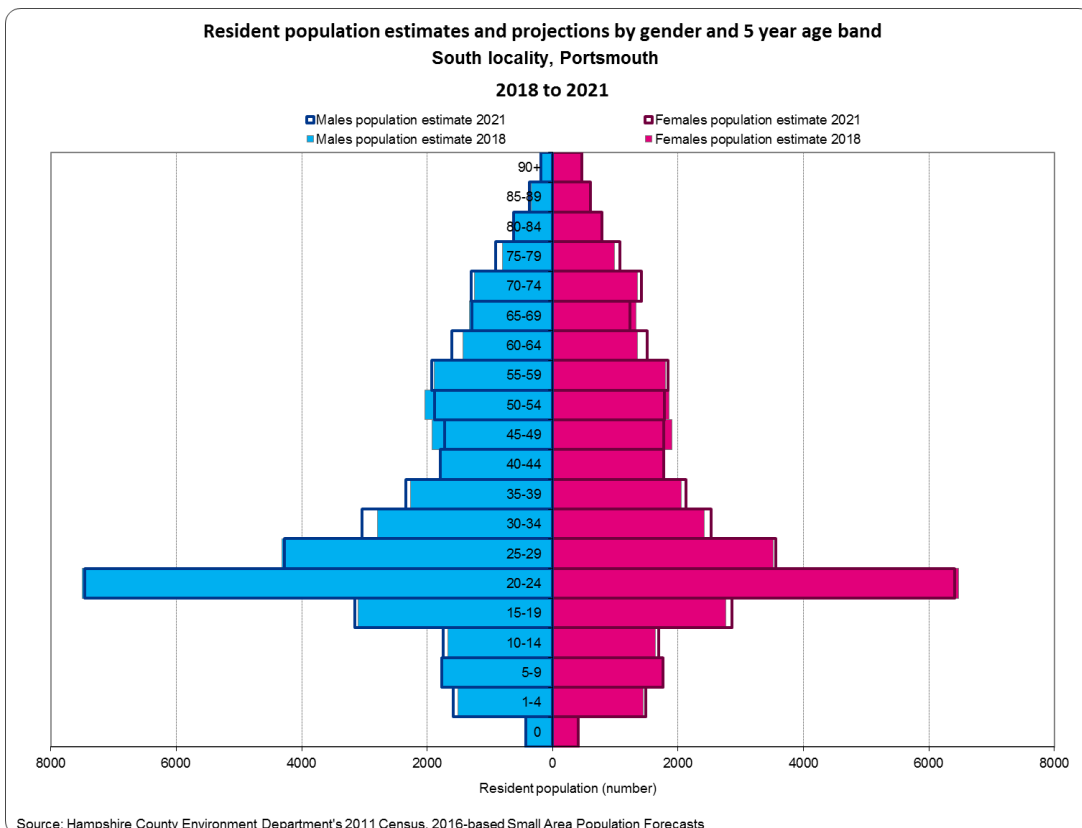


Figure 24. Resident population estimates and projections by gender and 5 year age band, South locality, 2018 compared to forecasted 2021.

Important themes are:

- An ageing society. Between 2018 and 2033 the population aged 65+ years is estimated to increase by 38% and those aged 75+ years by 46%. The "traditional" working age population (16–64 years) is estimated to increase by 4%, and those aged under 16 years are expected to increase by 4%.
- At the time of the 2011 Census, Portsmouth had a lower percentage of residents from Black and minority ethnic (BME) communities (people identifying with an ethnicity other than White English/Welsh/Scottish/Northern Irish/British) compared to in England (16% compared to 20%). However, 32,800 residents make Portsmouth a diverse multi-ethnic community. All BME groups (except Mixed) have a larger proportion of their group of working age than the White British group (Figure 25). Of the localities in Portsmouth, the South is the most ethnically diverse with 22% of the population belonging to BME groups, compared to 16% of the Portsmouth population (Figure 26)¹⁸. Children and young people have a different ethnic profile with 20% of school-age children being of non-White British ethnicity in 2015 compared to 15% in 2011. Of the localities, the South remains the most ethnically diverse with 28% of school children of non-White British ethnicity; 22% and 11% of school children living in the Central and North localities, respectively, are of non-White British ethnicity.

¹⁸ Portsmouth City Council and NHS Portsmouth CCG JSNA webpage. Ethnic group by broad age group (2011 Census) <http://data.hampshirehub.net/data/jsna/portsmouth-jsna/the-people-ofportsmouth/ethnicity/ethnic-groups-by-electoralward-2011-and-2001-census> [Accessed 27 September 2016]

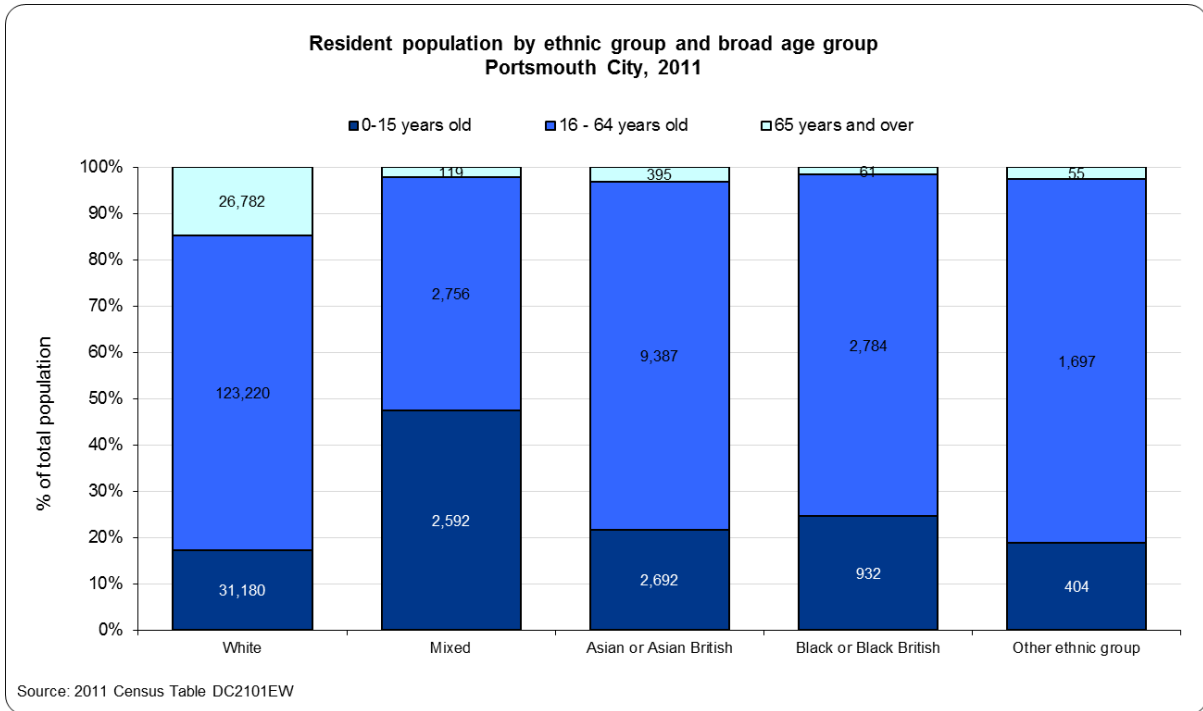


Figure 25. Proportion of population by ethnic group and broad age group, Portsmouth UA, 2011.

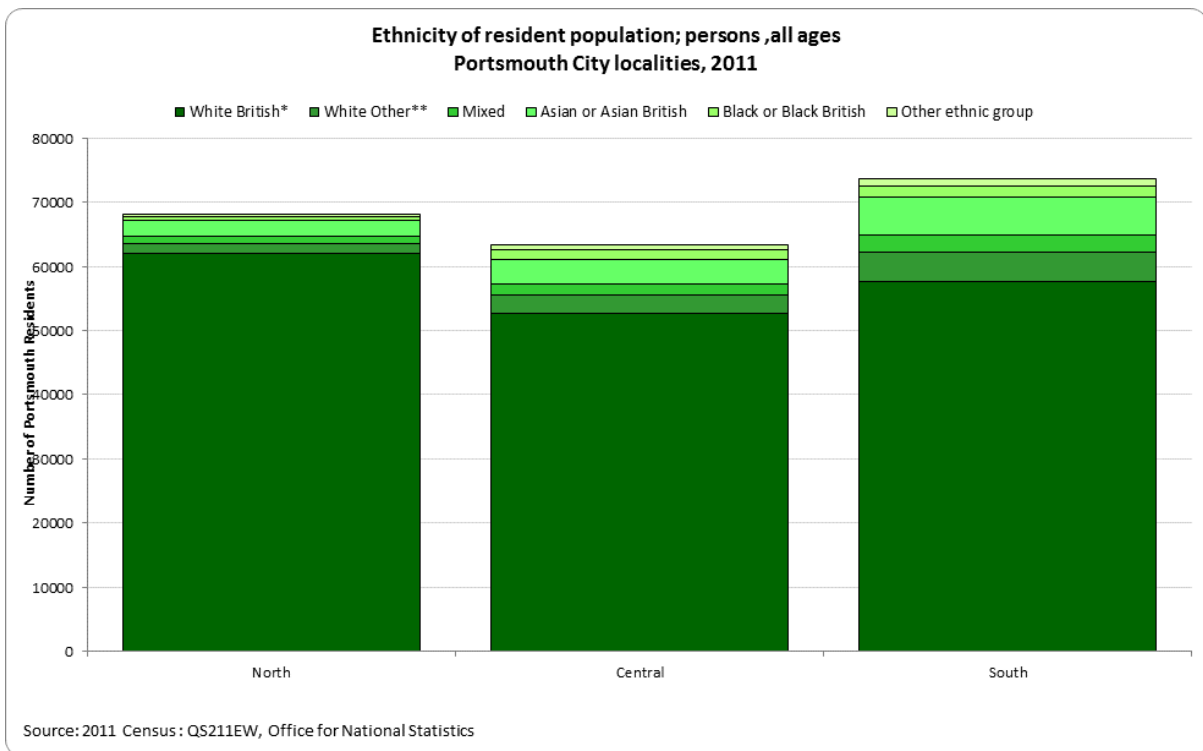


Figure 26. Number of people by ethnicity and locality, Portsmouth UA, 2011.

9.2 Socio-economic

Portsmouth is ranked 63rd of 326 local authorities (excluding counties; and where a ranking of first is the most deprived) in terms of the average index of multiple deprivation (IMD) score in 2015 (a rank of 1 is the most deprived). Deprivation can be experienced in several forms: the IMD comprises seven domains: income; employment; health deprivation and disability; education, skills and training; barriers to housing and services; crime; and living environment. The IMD is assigned to Census derived small administrative areas of about 1500 people named Lower Super Output Areas (LSOAs) of which there are 125 LSOAs in Portsmouth as at 2011 Census. Twenty-eight of 125 LSOAs in Portsmouth are in the 20% most deprived in England. Of these 28 LSOAs (in the most deprived 20% in England), 8 (of 44) LSOAs are in the North locality; 16 (of 39) in Central locality; and four (of 42) are in the South¹⁹. (Figure 27)

¹⁹ English Indices of Deprivation, 2015. Department of Communities and Local Government.
<https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015> [Accessed 6 October 2015]

Map of Portsmouth with the England rank of IMD 2015 score in deciles by 2011 Census Lower Super Output Areas (LSOAs) overlaid by localities and pharmacies

IMD source: Department for Communities and Local Government, Indices of Deprivation 2015.

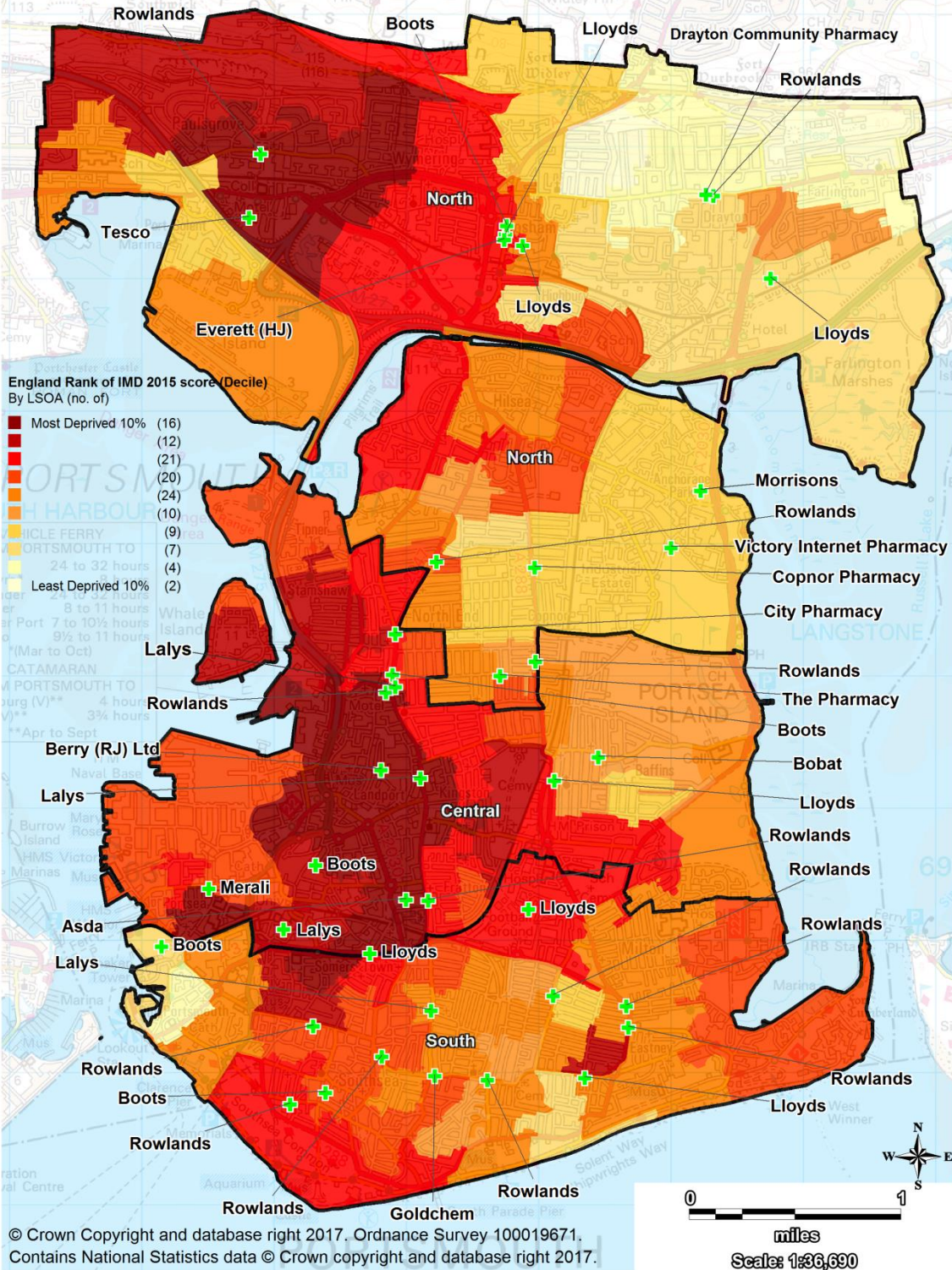


Figure 27. Map of Portsmouth with the England Rank of IMD 2015 score in deciles by 2011 Census LSOAs overlaid by localities and pharmacies.

The most commonly used threshold for income poverty is below 60% of median income. The latest data from 2013/14 estimates that approximately 21,000 households in Portsmouth are below 60% of the median income *after* housing costs (25% of households) or approximately 13,100 households in Portsmouth are below 60% of the median income *before* housing costs (15% of households). There is greater variation in income poverty at smaller geographies in the City. In the North locality of the City, it's estimated that Paulsgrove and Wymering Middle Super Output Areas (MSOAs) have roughly 30% of households below the after housing cost (AHC) threshold compared to 13% of households in Cosham Junction MSOA. In the Central locality, it's estimated that the City Centre and Buckland MSOAs have roughly 45% of households below the after housing cost (AHC) threshold compared to 16% of households in Baffins MSOA. In the South locality, it's estimated that the Somerstown MSOA²⁰ have roughly 44% of households below the after housing cost (AHC) threshold, compared to 17% of households in Prince Albert MSOA.²¹

Childhood poverty is a major challenge - just under a quarter of children aged under 16 years in the city live in low-income families (24%, in 2014); the highest proportion of children aged under 16 years in low-income families are in the Central locality (30.6%), followed by the South (20.9%) and then the North (19.8%). However, there are wide variations of income and children in low-income families in small areas (Lower Super Output Areas) within these localities—in the North locality, the LSOA with the highest proportion of children aged under 16 years in low-income families is in the Central Paulsgrove area (44.3%); the LSOA in the Central locality with the highest proportion is Landport (61.5%); and the LSOA in the South locality with the highest proportion is the Sackville Street area (49.0%).²²

Based on data from 2012, the Income Deprivation Affecting Older People Index (IDAOPI) (a sub-domain of IMD 2015) estimate that 19% of Portsmouth residents (about 7,100 people) aged 60 years and over in the City lived in income-deprivation (14.3%, 26.7% and 17.8% in the North, Central and South localities respectively).

The most recent Annual Population Survey, for the period April 2015 to March 2016, show that Portsmouth's employment rate at 71.7% was the highest rolling annual quarterly rate since April 2013 to March 2014 (also 71.7%); however this is not statistically significantly

^{20*}Somerstown MSOA are not coterminous with the South Locality and North Somerstown is part of the Central locality; however, both the north and south of somerstown have similar levels of deprivation therefore the proportion of households below 60% of the median income is likely to be similar.

²¹ Households in Poverty estimates for middle layer super output areas, England & Wales, 2013/14. Office for National Statistics.

²² Children in low-income families local measure: 2014, HM Revenue & Customs via Portsmouth JSNA: www.jsna.portsmouth.gov.uk

different to any of the previous periods.²³ In 2015/16, Portsmouth's employment rate is significantly lower than the South East region; and lower but not significantly than England.²⁴

As at March 2017, unemployment Claimant Count rates were highest in three of the electoral wards in the Central locality: Charles Dickens (3.6% of working age population), Nelson (2.3%), and Fratton (2.0%); and Paulsgrove (2.0%) in the North locality.²⁵

The percentage of Portsmouth's young people obtaining five or more GCSEs (including English and Maths) at grades C or above was 53.2% in 2015/16, which was an increase on the previous year (51.1%). The percentage achieving these grades in 2015/16 was still considerably lower than the percentages for England (57.8%) and the South East region (60.3%).²⁶

In 2015, the percentage of Portsmouth young people aged 16-18 years not in education, employment or training (NEET) was 5.5%. This is higher than England (4.2%), the South East region (3.9%) and four of Portsmouth's eleven closest ONS Business and Education Centre group statistical comparators.²⁷

9.3 Crime and disorder

Overall, levels of recorded crime and anti-social behaviour increased in Portsmouth during 2016/17 (17% and 7% respectively compared to the previous year). The increase in recorded crime in Portsmouth is higher than the average increase seen nationally (10%). It has been largely driven by higher levels of recorded violent crime, although there have been rises in most types of crime. This is thought to be largely due to changes in recording practices since the Her Majesty's Inspectorate of Constabulary (HMIC) Data Integrity Report in 2014, but it is likely that there were 'real' increases in crime during 2016/17 which is supported by calls to Hampshire 101 and 999 increasing by 1.3% and 6.7% respectively.

Domestic abuse continues to be the largest category of violence, accounting for over 29% of assaults (including assaults by spouse/partner not flagged as domestic), rising to 38% when all types of flagged family violence is included. 14.5% of assaults took place in the designated night time economy areas or at licenced premises.

²³ NOMIS. ONS Crown Copyright Reserved. <https://www.nomisweb.co.uk> accessed 31 May 2017.

²⁴ Public Health Outcomes Framework (PHOF), Public Health England. <http://www.phoutcomes.info>

²⁵ Health Profiles for England. <http://fingertips.phe.org.uk/profile/health-profiles> [accessed 10 July 2017]

²⁶ Hampshire County Council. Claimant Ward Reports. http://www3.hants.gov.uk/factsandfigures/figures-economics/hants_labour_market.htm [accessed 31 May 2017]

²⁷ Public Health Outcomes Framework (PHOF), Public Health England. <http://www.phoutcomes.info>

9.4 Economy

Portsmouth has over 6,000 businesses within its boundaries. The city has a broad employment base with the largest sectors being engineering, manufacturing, tourism, retail and leisure, business services and public administration.

Like many urban areas, Portsmouth has a net influx of workers commuting into the city. The city has a strong tourist industry linked to its seaside location, international ferry port, historic dockyard and commercial districts - notably the areas of Commercial Road, Port Solent and Gunwharf Quays.

Portsmouth is an employment hub for the wider region, attracting more commuters in, than sending out – particularly from Havant. However, Portsmouth residents still contribute a significant amount to other local economies, with Portsmouth residents holding 21% of Havant's workplace jobs. There is a similar pattern with commuting flows to Gosport. Collectively, residents from the neighbouring authorities of Havant, Fareham and Gosport constitute 24% of Portsmouth's workforce. Portsmouth is the second largest employment area for Havant, Fareham and Chichester residents, with a quarter of Havant's employed residents working in Portsmouth. In-commuters are over represented in the workplace in the mainland wards.

Portsmouth is home to just over 40% of the working age population of the South East Hampshire area but provides nearly 50% of its jobs. Portsmouth has a strong influence and inter-dependence with the surrounding area, most notably on the economies of Havant and Gosport.

Further analysis indicates that Portsmouth is importing a large proportion of its workforce for more senior occupations from outside of Portsmouth. This goes some way to explain the disparity between higher workplace wages to lower resident wages.

The sectors representing the largest proportion of employment in Portsmouth are: 'Health' (15.1%, 15,000 employees) and 'Public administration' (14.4%, 14,400 employees). Portsmouth has a specialisation in 'information and communication', although this is in line with the South East generally. Portsmouth also has a disproportionately large 'manufacturing' sector compared to comparator cities, although it is in line with the national average. Portsmouth has a small but massively over represented 'aerospace and defence' industry. The same is also true to a certain extent for the 'advanced engineering' and

'marine' sector, which are responsible for a disproportionately large amount of employment in Portsmouth compared to the national average. The voluntary and community sector is vital to the prosperity and well-being of Portsmouth, making a valuable contribution to the economic and social regeneration of the city. The creative, cultural and leisure sector provides significant direct and indirect employment and acts as a catalyst for enhancing employment prospects, urban regeneration and investment in the city. Portsmouth's cultural life is one of the key factors in drawing people to live in and visit the city.²⁸

9.5 Major regeneration projects

Major regeneration projects have been identified in several areas of Portsmouth, including The Hard, Somerstown, the City Centre and Tipner. In addition, new student accommodation is planned and is currently being developed in the city centre which is likely to change the distribution of the student population around the city, as well as freeing up existing housing for other groups. This issue will be considered further by the Council as part of the production of the new Local Plan for Portsmouth. The council is undertaking a consultation on Issues and Options for the Local Plan in August and September 2017, following which, further work will be undertaken to arrive at a development strategy for the city.

Further details on developing Portsmouth and regeneration can be found on the Portsmouth City Council website: <https://www.portsmouth.gov.uk/ext/development-and-planning/planning/the-local-plan.aspx> and <https://www.portsmouth.gov.uk/ext/development-and-planning/regeneration/developing-portsmouth.aspx>

9.6 Students

In the last academic year (2016/17), the University of Portsmouth had over 24,000 registered students — 75% came from the UK, 4% from China and 2% from Nigeria. There are registered students from 140 other nationalities (these separately accounted for 1% or less of the total student population).

²⁸ Executive summary - Portsmouth Local Economic Assessment (produced for Portsmouth City Council by the University of Portsmouth's CEAP), Portsmouth JSNA: http://www.hants.gov.uk/pccjsna/API_STR_JSNA_SEC_EMP_ECON_AREA_AX2012_SUMMARY.pdf
Accessed 18 July 2014

9.7 Lifestyle and behaviour

9.7.1 Smoking

Estimated prevalence for 2016 is that 20.1% of Portsmouth adults (aged 18+ years) smoke - significantly higher than the estimated prevalence for England and the South East region. The prevalence in Portsmouth had estimated to have decreased from 2010-2015 and the latest 2016 estimate is the first increase; but there is no statistical significance difference between years.²⁹ However, the most recent (2015) Portsmouth Health and Lifestyle Survey (H&LS) found that 16% of adults (aged 16+ years) smoke tobacco. The Portsmouth H&LS, 2015 found higher proportions of people in the most deprived fifth of neighbourhoods smoke compared to the least deprived fifth (28% compared to 8% respectively). Linked to this, tobacco smoking is much more common among council/social housing tenants, and among those without any qualifications (41% and 24% respectively, compared with 16% overall). In terms of localities, the Portsmouth H&LS found the highest prevalence of adults smoking daily or occasionally is in the Central locality (22.6%, compared to 16.5% in North locality and 13.2% in South locality).³⁰

There is a strong association between deprivation, socio-economic classification and smoking. In 2016, smoking prevalence amongst adults (aged 18+ years) in the 'routine and manual group' (a national statistics socio-economic classification) in Portsmouth (25.3%), is lower but not significantly than the prevalence in this group in England (26.5%).³¹

In 2016/17, the percentage of women registered with a Portsmouth City GP smoking at time of delivery (% SATOD) was 12.4% - lower percentage compared with Southampton (13.8%); but higher than the Wessex Area (regional area of CCGs) (10.7%) and England (10.5%).³² For 2016/17, for all the geographies mentioned, the % SATOD is the lowest annual percentage recorded.

High smoking attributable admission rates are indicative of poor population health and high smoking prevalence. In 2015/16, the rate of smoking attributable hospital admissions for Portsmouth residents (aged 35+ years) was lower (but not significantly) than England but higher than the South East region.

²⁹ Annual Population Survey via Local Tobacco Control Profile, Public Health England

³⁰ Ipsos MORI for Portsmouth City Council. Health and Lifestyle Survey, 2015.

³¹ Annual Population Survey via Local Tobacco Control Profile, Public Health England

³² The Health and Social Care Information Centre, Lifestyle Statistics / Omnibus. Accessed 22 June 2017.

In 2013-15, Portsmouth had a significantly higher rate of smoking-attributable deaths in persons aged 35+ years compared to England. Also, compared to England, Portsmouth had significantly higher rates of deaths from lung cancer (2013-15), deaths from chronic pulmonary disease (2013-15) and lung cancer registrations (2003-15).³³

9.7.2 Alcohol

The local Health and Lifestyle Survey (2015) found Portsmouth residents aged 16+ years (82%) say they drink alcohol at least occasionally, although the frequency of drinking varies quite widely - one in three (35%) residents says they drink alcohol at least two or three times a week (with one in seven (14%) drinking four or more times a week).

The Portsmouth Health and Lifestyle Survey (2015) found that among those who do drink, around one in five (22%) are drinking to unhealthy levels, consuming at least seven units in a typical day when drinking. Fifty-six per cent of residents who drink alcohol are at risk of developing an alcohol use disorder and meet criteria for receiving advice about reducing their alcohol consumption.

The proportion at 'high risk' of developing an alcohol misuse disorder peaks among middle-aged drinkers aged 35-54 years (25%). It is lower among younger drinkers aged 16-34 years (11%) and older drinkers aged 55-64 years (14%) or 65+ years (five per cent).

The Portsmouth Health and Lifestyle Survey (2015) findings also show that drinking problems are concentrated more strongly in Central Portsmouth. Drinkers there are more likely to have caused themselves or someone else an injury because of their drinking (17% compared with 11% overall). They are also more likely to have been advised by someone else to drink less (15% compared with nine per cent). Such problems are also more frequently reported by those in rented housing.

Data from the Health Survey for England allows for comparisons to be made with statistical neighbours and in 2011-2014, Portsmouth had a higher percentage of adults (aged 18 years and over) binge drinking on the heaviest day in the last week (20.8%) compared to England (16.5%), the South East (15.5%) and Southampton (9.2%), although Portsmouth is not statistically significantly higher than these areas. Chief Medical Officer guidelines advises that that in order to keep to a low level of risk of alcohol-related harm, adults should drink no more than 14 units of alcohol a week - in 2011-2014, Portsmouth had a lower (but not significantly) percentage drinking more than 14 units of alcohol a week (19.2%) than England (25.7%) and the South East region (26.7%).

³³ Tobacco Control Profiles, Public Health England.

The gender specific alcohol-related admissions measure indicates those adversely affected by alcohol. The broad measure (better than the narrow measure for measuring the burden on community and health services) of the directly aged-standardised rate (DSR) of alcohol-related hospital admissions of all ages in 2015/16 for Portsmouth males was significantly lower than the rate for England; and Portsmouth females was lower, but not significantly, compared to England. However, in 2015/16, the alcohol-specific (admissions wholly attributable to alcohol) admission rate for Portsmouth males and females was significantly higher than the England rate.

In 2013/15, Portsmouth's alcohol-specific mortality rate for males and females was significantly higher than the rates for England.

9.7.3 Excess weight and physical activity

In 2015/16, 23.5% of Year R pupils (aged 4-5 years) and 35.1% of Year 6 pupils (aged 10-11 years) attending a state school in Portsmouth were overweight, including obese. The percentage overweight, including obese for Year R pupils attending Portsmouth schools is higher than England. The percentage overweight, including obese for Year 6 pupils attending Portsmouth schools is higher (although not significantly higher) than England and the South East region.

The percentage overweight, including obese for Year 6 pupils attending Portsmouth schools is significantly higher than the South East region and higher (although not significantly higher) than England. Since 2006/07, the percentage for overweight, including obese for both age groups attending Portsmouth schools improved.³⁴

The national Active People Survey estimates that 24.3% of adults (aged 16 and over) in Portsmouth were obese in 2013-15 —lower, but not significantly than the percentage obese in England. Portsmouth also has a lower (but not significantly) 'excess weight' (overweight, including obese) prevalence than England and the South East. Additionally, of the 2011 ONS Business & Education centre comparators, Brighton & Hove, and Bristol are the only unitary authorities with significantly lower obesity prevalence than Portsmouth. Portsmouth's obesity and 'excess weight' prevalence is similar to Southampton.³⁵

³⁴ National Child Measurement Programme, Health & Social Care Information Centre.

³⁵ Adjusted BMI from the Active People's Survey via National Obesity Observatory, Public Health England.

The local Portsmouth Health and Lifestyle Survey 2015 (H&LS 2015) of adults (aged 16 years and over) found (by using a similar adjusted BMI method to the Active People Survey) that an estimated 40% of Portsmouth adults are overweight and 27% obese - the adjusted BMI also showed that the North and Central localities had a higher percentage of obese adults (34% and 29% respectively) compared to the South locality (21% obese).

The Active People Survey found that in 2015, 50% of Portsmouth adults meet the recommended '5-a-day' on a 'usual day' - in line with the percentage for England but significantly lower than the South East region.³⁶

The Portsmouth Health and Lifestyle Survey of Adults 2015 found that only 33% met or exceeded the recommended daily minimum of five portions. Barriers to healthy eating were lack of time to prepare or cook food (24%), 'lack of willpower' (20%) and the cost of healthy food (19%). Residents in South Portsmouth are particularly likely to say their diet is healthy compared with North Portsmouth and Central Portsmouth (72% compared with 60% and 59% respectively).³⁷

In 2015, the Active People Survey found 60.5% of Portsmouth adults (aged 16 years and over) were physically active³⁸, which is higher (but not significantly) than England (57.0%) and significantly higher than Portsmouth's ONS Business Centre comparator group (54.2%). The same survey found 25.7% of Portsmouth adults (aged 16 years and over) were physically inactive³⁹, which is lower (but not significantly) than England (28.7%) and significantly lower than Portsmouth's ONS Business Centre comparator group (31.4%).⁴⁰

The Portsmouth Health and Lifestyle Survey of Adults 2015 (H&LS 2015) found three in five (59%) Portsmouth adults (aged 16 years and over) meet the recommended weekly minimum of either 150 minutes of moderate activity or its equivalent in vigorous activity. The local survey found that the South locality had a significantly higher proportion meeting the recommended weekly minimum physical activity guideline, than the North and Central localities (and the Portsmouth average) - 66% in the South compared to 55% and 54% in North and Central.⁴¹

³⁶ Public Health Outcomes Framework, www.phoutcomes.info Accessed 31 January 2017

³⁷ Ipsos MORI for Portsmouth City Council. Health and Lifestyle Survey, 2015. <http://data.hampshirehub.net/data/portsmouth-health-and-lifestyle-survey-2015-report-and-findings> Accessed 4 October 2016

³⁸ Defined as adults doing at least 150 "equivalent" minutes of at least moderate intensity physical activity per week in bouts of 10 minutes or more in the previous 28 days.

³⁹ Defined as adults less than 30 "equivalent" minutes of at least moderate intensity physical activity per week in bouts of 10 minutes or more in the previous 28 days.

⁴⁰ Public Health Outcomes Framework, www.phoutcomes.info

⁴¹ Ipsos MORI for Portsmouth City Council. Health and Lifestyle Survey, 2015.

9.7.4 Substance misuse

When comparisons were possible using the Tell Us Survey, higher percentages of young people aged 10-15 years in Portsmouth (12.8% in 2009/10) reported frequently misusing substances including alcohol, illegal drugs and volatile substances compared with England and the South East region (9.8% for both). The Tell Us Survey was discontinued; but Portsmouth City Council conducted its own Health ('You Say') survey (including substance misuse) amongst Year 8 and Year 10 secondary school age pupils each year from 2010 to 2016 (2014 was part of a wider 'measuring wellbeing survey'). Key findings from the 2016 survey include:

- Ninety-two percent of pupils have never tried drugs (including solvents)
- Cannabis is the most frequently tried drug—16% of pupils have been offered cannabis (9% in Year 8 and 26% in Year 10) but only 8% of pupils have tried it at least once (2% in Year 8 and 10% in Year 10)
- Friends are the most common source of drugs
- The perception that no one of their own age takes drugs was the lowest percentage for Year 10 pupils (6%) since 2012, including significantly lower than 2014 survey (15%).

Year 10 pupils were significantly more likely than Year 8 pupils to:

- perceive half or most of peers take drugs;
- have been offered and used cannabis;

Year 8 pupils were significantly more likely than Year 10 pupils to:

- perceive none of peers take drugs.⁴²

The latest estimate from 2011/12 for the number of opiate and/or crack cocaine users (OCUs) is 1,549 (or between 1,291 and 1,917 users) - as a crude rate this is 10.9 per 1,000 population aged 15-64 years, which is estimated to be higher than England, the South East and Southampton. The 2011/12 estimates that 588 (or between 470 to 716) Portsmouth residents inject opiate and/or crack cocaine.⁴³

Persons who inject drugs are at increased risk of contracting hepatitis B and C infections. In 2014/15, of Portsmouth residents entering substance misuse treatment, 227 were eligible for a Hep B vaccination, but 4.4% (n=10) of these completed a course of Hep B vaccination,

⁴² Portsmouth City Council, 2016. 'You Say' Survey Secondary Schools.

<http://data.hampshirehub.net/data/portsmouth-secondary-schools-health-survey-2016--you-say>

⁴³ National Treatment Agency, Public Health England. <http://www.nta.nhs.uk/facts-prevalence.aspx> [Accessed 14 July 2017]

which is significantly lower than the England average (8.7%). However, in 2014/15, of Portsmouth residents entering substance misuse treatment who inject drugs, 563 were eligible for Hep C test of which 510 received a Hep C test (90.6%) - significantly higher than the England average (81.5%).⁴⁴

In 2015, there were 708 clients resident to Portsmouth in treatment for opiate use. Portsmouth's percentage of successful completion of drug treatment for opiate users (ie the percentage who do not re-present within 6 months) was 8.8% (n=62), significantly higher than England (6.7%), and higher but not significantly so than the South East Region (7.2%) and Southampton (5.8%). In 2015, 37.4% (n=67) of Portsmouth's residents receiving treatment for non-opiate drug use was successful which was similar to England (37.3%), lower but not significantly so than the rate for the South East region (37.7%) and significantly higher than the rate for Southampton (23.8%).⁴⁵

In 2015/16, 33.7% of Portsmouth adults with substance misuse treatment need successfully engaged in community-based structured treatment following release from prison. This was higher but not significantly so than the rates for England (30.3%) and the South East region (29.4%), and lower but not significantly so than Southampton (36.5%).⁴⁶

9.8 Sexual health

In Portsmouth, there has been a year-on-year decrease in Chlamydia screening from 2012 to 2016 (46% of people aged 15 to 24 years in 2012 compared to 22% in 2016). In 2016, the percentage aged 15-24 screened in Portsmouth was significantly lower than the rate for Southampton (our geographically nearest statistical neighbour) and significantly higher than the rate for England and the South East. Figure 28 shows a close relationship nationally between the proportion screened for Chlamydia and the Chlamydia detection rate, aged 15-24 years.

⁴⁴ Health Protection Profile, Public Health England. <http://fingertips.phe.org.uk/health-protection> [Accessed 14 July 2017]

⁴⁵ Public Health Outcomes Framework Public Health England www.phoutcomes.info Accessed 23 February 2017

⁴⁶ Public Health Outcomes Framework Public Health England www.phoutcomes.info Accessed 23 February 2017

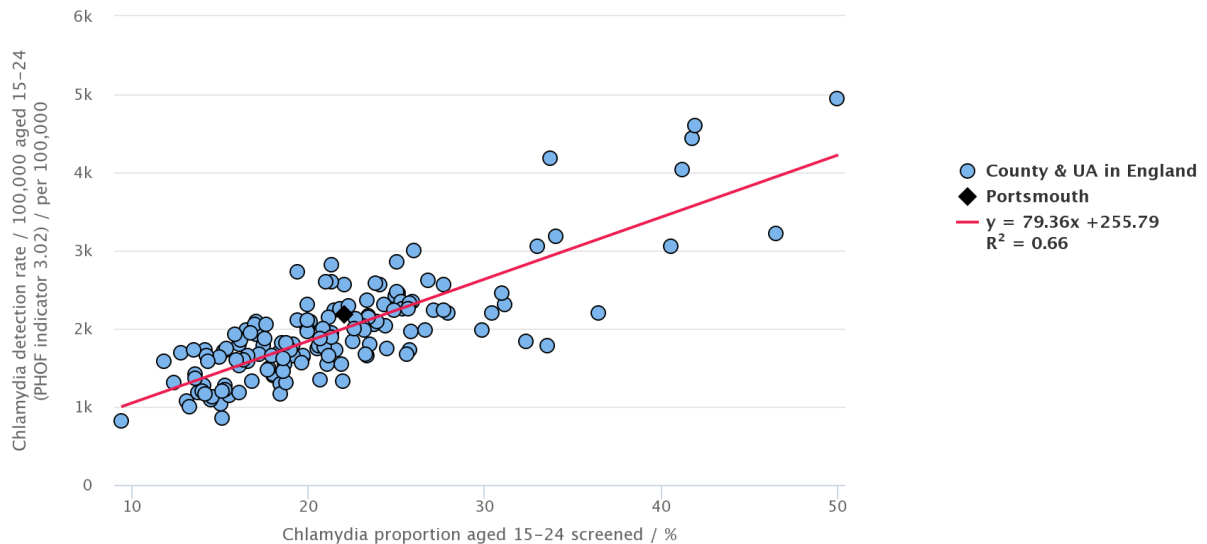


Figure 28. Proportion of aged 15-24 population screened for Chlamydia, 2016 compared to Chlamydia detection rate per 100,000 young people aged 15-24, 2016, by Unitary Authorities. Source: Sexual and Reproductive Health Profiles, Public Health England.

In line with national and regional trends, Portsmouth’s coverage of cervical screening in women aged 25-64 years has declined since 2010. Measured on 31 March each year; in 2016, Portsmouth’s rate was 68.1% - significantly lower than both the national and regional rates—a 1.5 percentage point decrease from 2015.⁴⁷

In 2016, Portsmouth had a significantly higher rate of all new STIs compared to England (977 per 100,000 population, all ages compared to 750 per 100,000 population, all ages). In 2016, the Portsmouth rate for new STI diagnoses excluding Chlamydia aged under 25 years was higher, but not significantly than England (836 per 100,000 population, aged 15-64 years compared to 795 per 100,000 population, aged 15-64 years). Perhaps unsurprisingly, Figure 29 shows the new STI diagnoses rate is strongly correlated with the STI testing rate - in 2016, Portsmouth had a significantly higher STI testing rate than England; but has a similar testing rate compared to the following local authorities in the same ONS Business & Education Centre comparator group: Southampton, Nottingham, Newcastle and Kingston Upon Thames. Of these local authorities, in 2016, Portsmouth had a significantly lower new STI diagnosis rate (excluding Chlamydia aged under 25 years) per 100,000 population aged 15-64 years than Southampton, Newcastle and Kingston Upon Thames; but a similar rate compared to Nottingham. In 2016, Portsmouth and Nottingham also have the lowest STI testing positivity rate (3.6%) in the ONS Business & Education Centre group.

⁴⁷ Public Health England. Public Health Outcomes Framework. Indicator 2.201i Accessed 24 March 2017

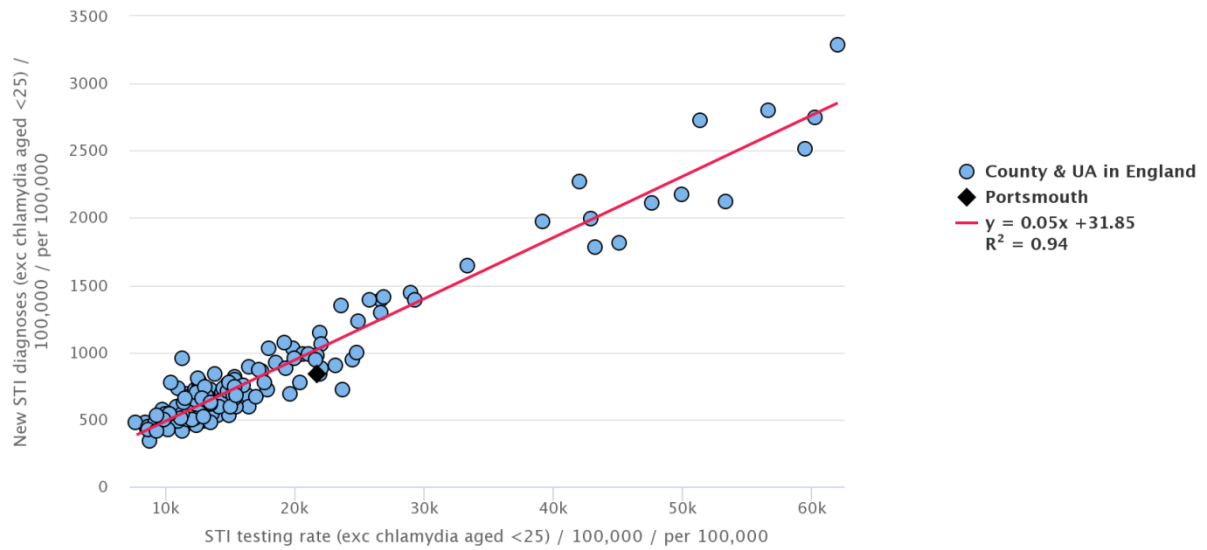


Figure 29. New STI diagnoses (exc chlamydia aged <25) per 100,000 aged 15-64 years, 2016 compared to STI testing rate (exc chlamydia aged <25) aged 15-64 years, 2016; by Unitary Authorities. Source: Sexual and Reproductive Health Profiles, Public Health England.

In 2016, Portsmouth residents aged 15-24 years had a significantly higher rate of diagnoses of Chlamydia (2,187 per 100,000 persons aged 15-24 years) than England and the ONS Business & Education Centre group; but a significantly lower rate than Southampton. In 2016, Portsmouth also had a similar Chlamydia diagnoses rate (aged 15-24 yrs) compared to some local authorities with a similar proportion screened for Chlamydia in the ONS Business & Education Centre group: Manchester, Salford, Nottingham; however, Leeds had a significantly higher detection rate; but Kingston Upon Thames had a significantly lower detection rate than Portsmouth. Portsmouth's rate remains lower than PHE's recommended detection rate of at least 2,300 per 100,000 population aged 15-24 years.

Common STIs in Portsmouth are anogenital warts (163 persons diagnosed per 100,000 persons of all ages, in 2016), herpes (71 persons diagnosed per 100,000 persons of all ages, in 2016), gonorrhoea (56 persons diagnosed per 100,000 persons of all ages, in 2016) and syphilis (12 persons diagnosed per 100,000 persons of all ages, in 2016).

In 2016, Portsmouth had higher rates of anogenital warts and herpes in persons of all ages compared to England, South East region and Southampton. Portsmouth had lower rates (but not significantly) of gonorrhoea than England and Southampton. Portsmouth had higher rates (but not significantly) of syphilis than England, the South East region and Southampton.

Between 2013 and 2015, the rate of anogenital wart diagnoses had decreased in Portsmouth (following national and regional trends), but the rate of anogenital wart diagnoses in 2016 is similar to 2015 rates. Between 2013 and 2016, herpes diagnoses decreased in Portsmouth; but remained significantly higher than England and SE region. Between 2013 and 2015, the rate of gonorrhoea diagnoses had increased nationally, regionally and in Portsmouth since 2009; but in 2016 there was a non-significant decrease in those areas. Syphilis numbers have increased again in Portsmouth in 2016, but the numbers remain relatively small (<20); however, the rate has been increasing nationally and regionally, especially since 2014.⁴⁸

The local rate of people aged 15-59 years diagnosed with human immunodeficiency virus (HIV) has been lower than the regional and national rates since 2005. Prevalence of HIV in Portsmouth in 2015 was 1.82 per 1,000 persons aged 15-59 years (slightly lower than England and Southampton). In 2015, the new HIV diagnosis rate in Portsmouth was 8.6 per 100,000 population aged 15 years and over - lower (but not significantly) than England. In Portsmouth, for 2013-15, 39.6% of such viruses were diagnosed late for aged 15 years and over (lower but not significantly than England, Southampton and the South East region). In 2013-15, the percentage of those diagnosed late was lower (but not significantly) than the nationally set target (50%) - previous years the percentage had been higher.⁴⁹

9.8.1 Teenage conception and abortions

In 2015, the teenage conception rate, aged under 18 years, in Portsmouth increased to 25.2 per 1,000 females aged 15-17 years (n=81). In 2015, the Portsmouth under 18 years conception rate was higher than England (20.8 per 1,000 females aged 15-17 years) and the South East (17.1 per 1,000 females aged 15-17 years); but was lower than Southampton (n=99; 29.0 per 1,000 females aged 15-17 years). The 2013-15 (three-year pooled) under 18 years conception rate for Portsmouth (24.2 per 1,000 females aged 15-17 years) was significantly lower than Southampton; but significantly higher than the South East region; and higher (but not significantly) than England.

The three-year pooled trend in the under 16 years conception rate for Portsmouth continues to decrease (5.7 per 1,000 females aged 13-15 years in 2013-15, compared to 7.0 in 2012-14) and remains lower than Southampton (7.5 per 1,000 females aged 13-15), but higher

⁴⁸ Sexual and Reproductive Health Profiles, PHE Fingertips. Accessed July 2017.

⁴⁹ Public Health England Sexual and Reproductive Health Profiles. Accessed August 2016.

than England (4.3 per 1,000 females aged 13-15) and the South East region (3.4 per 1,000 females aged 13-15) in 2013-15.⁵⁰

There are electoral wards in each locality which have significantly higher under 18 year old conception rates than England—Paulsgrove ward, in the North of the City; Charles Dickens, in the Central locality; and St.Thomas ward in the South locality, all have higher rates than England, in 2012-14. (Figure 30)

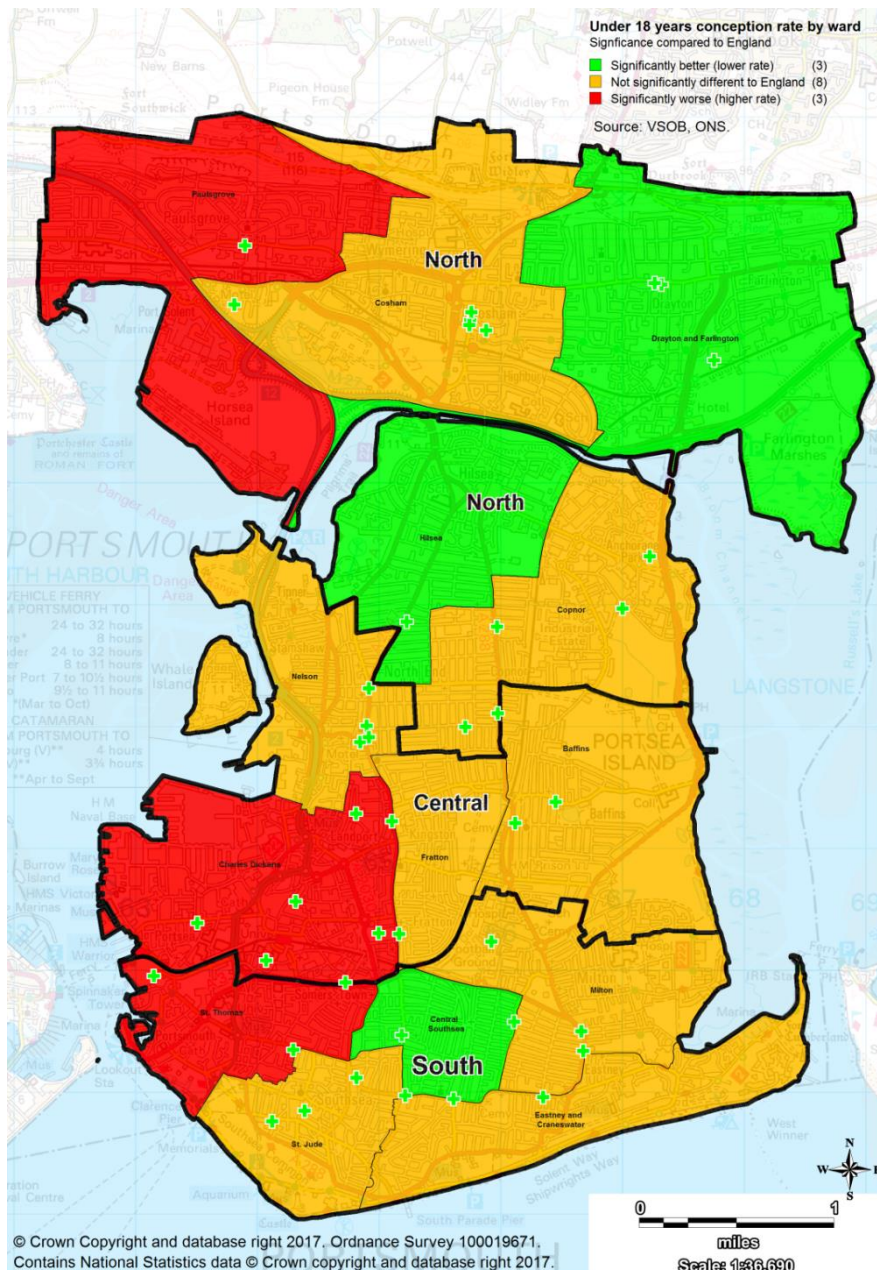


Figure 30. Map of Portsmouth comparing the electoral ward under 18 years conception rate to England, 2012-14, overlaid by localities and pharmacies.

⁵⁰ Table 7, VSOB, Office for National Statistics © Crown Copyright via Portsmouth JSNA: www.jsna.portsmouth.gov.uk

The abortion rate is one measure of unwanted pregnancies. In 2013-15, 56.6% of conceptions to under 16 year olds in Portsmouth led to abortion—a lower percentage than England and the South East region; but higher than Southampton. The percentage of conceptions leading to abortion in Portsmouth in 2013-15 was the highest since 2008/10.⁵¹

In 2015, Portsmouth's abortion rate in females aged under 18 years is 12.1 per 1,000 females aged 15-17 years. The local abortion rate for females aged under 18 years was lower than Southampton; but higher than England and the South East. However, single year abortion rates are subject to fluctuation: in 2012, Portsmouth's rate was higher than England, the South East and Southampton. In 2015, 48.1% of conceptions to Portsmouth women aged under 18 year olds led to abortion—a lower percentage than England and the South East region.⁵²

In 2016, for women of all ages, the age-standardised abortion rate in Portsmouth was 18.0 abortions per 1,000 women aged 15-44 years. This is significantly higher than England, the South East and Southampton. Abortions are safer when carried out in early pregnancy—before 10 weeks.⁵³ Since 2004, over 70% of NHS-funded abortions to women from Portsmouth have been carried out before 10 weeks (86% in 2016 – higher than the rates for the Wessex region and Southampton).⁵⁴ In 2016, of the Portsmouth women aged under 25 years having an abortion, 23.3% had had a previous abortion; and of the Portsmouth women aged 25 years and over having an abortion, 50% had had a previous abortion.⁵⁵

9.9 Skin cancer

In 2012-14, Portsmouth's incidence of malignant melanoma was 33 registrations per 100,000 persons of all ages; and there was no significant difference between males and females for Portsmouth CCG. The Portsmouth incidence rate is significantly higher than the rate for England; but not significantly different to Southampton CCG nor Brighton & Hove CCG for persons, males and females.⁵⁶

⁵¹ Table 7, VSOB, Office for National Statistics © Crown Copyright via Portsmouth JSNA: www.jsna.portsmouth.gov.uk

⁵² Table 6, VSOB, Office for National Statistics © Crown Copyright via Portsmouth JSNA: www.jsna.portsmouth.gov.uk

⁵³ DH Abortion Statistics © Crown Copyright. Table 10d via Portsmouth JSNA: www.jsna.portsmouth.gov.uk

⁵⁴ DH Abortion Statistics © Crown Copyright. Table 11a via Portsmouth JSNA: www.jsna.portsmouth.gov.uk

⁵⁵ DH Abortion Statistics © Crown Copyright. Table 11b.

⁵⁶ CancerData, Public Health England and NHS England. <https://www.cancerdata.nhs.uk> [accessed 19 Jun 2017].

9.10 Tuberculosis (TB)

In 2013-15, Portsmouth's rate of new TB notifications was 7.5 per 100,000 persons of all ages (47 new cases). The rate has been decreasing since 2008-10. The Portsmouth incidence rate is significantly lower than the England rate (12 per 100,000 persons of all ages); however, Portsmouth's TB incidence rate is amongst the top 50th percentile of upper tier local authorities.⁵⁷ Nationally, in 2015, 7.4% of TB cases had first line drug resistance which was predominantly the drug Isoniazid (6.9% of TB cases).⁵⁸

9.11 Antibiotic prescribing

Reductions in antibiotic consumption is a well-recognised target in Antimicrobial Resistance (AMR) policies across PHE, the NHS, DH and internationally, including the WHO. In 2016, Portsmouth's adjusted rate of antibiotic prescribing in primary care was 1.07 per STAR-PU (Specific Therapeutic group Age-sex weightings Related Prescribing Unit), which is significantly better (lower) than the England rate in 2016; and is also better than the benchmarked England 2013/14 mean prescribing rate of 1.161.⁵⁹ A target of antibiotic prescribing is to reduce the proportion of broad spectrum antibiotics (cephalosporin, quinolone and co-amoxiclav class) consumed—the Portsmouth twelve month rolling percentage of these broad spectrum antibiotics was 8.6% as at March 2017, which is similar to the England average (although the percentage has not been adjusted for the confounding effects of age and sex).

Uncomplicated urine infections are normally treated empirically within the community with the recommended first line drugs, trimethoprim or nitrofurantoin. Nitrofurantoin is the recommended first line treatment for urinary tract infections in adults in primary care. As at March 2017 for Portsmouth, 67% of trimethoprim and nitrofurantoin items prescribed were for trimethoprim (twelve month rolling proportion). This has been decreasing monthly since January 2015. As at March 2017, Portsmouth is above the target of 95% for the percentage of E.coli urine specimens with antimicrobial susceptibility tests for both trimethoprim and nitrofurantoin (97% and 96%, respectively).

⁵⁷ Public Health Outcomes Framework, Indicator 3.05ii, Public Health England. <http://www.phoutcomes.info> Accessed 7 September 2017.

⁵⁸ TB case notifications with drug resistance, England, 2005 to 2015, Public Health England. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/554426/TB_case_notifications_with_drug_resistance_England_2005_to_2015.pdf Accessed 7 September 2017.

⁵⁹ Public Health Outcomes Framework, Indicator 3.08, Public Health England. <http://www.phoutcomes.info> Accessed 7 September 2017.

As at March 2017, 33.4% (n=135) of specimens (first identified patient E. coli or coliform urine specimens, which were taken in a community setting) which have been tested for susceptibility to trimethoprim were found to be resistant for patients in Portsmouth CCG. This percentage of E. coli urine specimens non-susceptible to trimethoprim is higher than the England average.

As at March 2017, 2.7% (n=11) of specimens (first identified patient E. coli or coliform urine specimens, which were taken in a community setting) which have been tested for susceptibility to nitrofurantoin were found to be resistant for patients in Portsmouth CCG. This percentage of E. coli urine specimens non-susceptible to nitrofurantoin is similar to the England average.⁶⁰

9.12 Healthcare associated infections (HCAI)

In 2016/17, Portsmouth CCG's (Portsmouth CCG registered patients or resident to Portsmouth) rate of Clostridium difficile infections was 17 per 100,000 persons aged 2+ years (36 cases), which is lower than the England rate.

In 2016/17, there were three cases of Meticillin Resistant Staphylococcus aureus (MRSA) infections attributed to Portsmouth CCG patients (Portsmouth CCG registered patients or resident to Portsmouth) —1.4 per 100,000 persons of all ages, which is similar to the England rate.⁶¹

9.13 Screening and protection

In 2015/16, Portsmouth's immunisation coverage of children aged 1 year for Pneumococcal disease (PCV) (96.0%); Diphtheria Tetanus, pertussis, polio and Haemophilus influenzae type b (DTaP/IPV/Hib) (96.2%) were higher than the England rate. Portsmouth's coverage rate for Meningococcal group C (MenC) was 97.6% in 2015/16, but could not be compared to the England average due to data quality reasons nationally. Portsmouth met the national target of 95% coverage for all vaccinations for children aged 1 year.

⁶⁰ AMR local indicators, Public Health England. <https://fingertips.phe.org.uk/profile/amr-local-indicators/> Accessed 7 September 2017.

⁶¹ AMR local indicators, Public Health England. <https://fingertips.phe.org.uk/profile/amr-local-indicators/> Accessed 7 September 2017.

In 2015/16, Portsmouth's immunisation coverage of children aged 2 years for PCV booster vaccine (95.9%); first dose of Measles, Mumps and Rubella (MMR) vaccine (95.6%); the combined Haemophilus influenza type b and meningitis C (Hib/menC) booster vaccine (95.7%); and DTaP/IPV/Hib (97.6%) were all higher than the England rate and all met the national target of 95% coverage.

In 2015/16, Portsmouth's immunisation coverage for children at their fifth birthday completing MMR (1st and 2nd dose) (89.3% receiving both doses, although 96.1% received at least the 1st dose); receiving a fourth dose of Diphtheria, Tetanus, Polio and Pertussis (DTaP/IPV) vaccine (booster) (85.7%); Hib/menC (92%) were all lower than the national target of 95% coverage (except first dose of MMR (MMR1)) and only MMR1 was a significantly higher coverage rate than England.⁶²

Immunisation against the human papillomavirus (which causes 70% of cases of cervical cancer) was introduced in 2008/09 and was initially a three dose programme and is offered through educational establishments. In 2015/16, Portsmouth's vaccination coverage for one dose of human papillomavirus (HPV) for girls aged 12-13 years (Year 8) was 94.2% - a decrease on the previous year and remains above the 90% target; however, coverage rates for both years were significantly higher than England and South East region rates.⁶³

In 2016/17, the Portsmouth 'seasonal flu' vaccine coverage rate in the population aged 65+ years was 72.8%, which is lower than the national target of 75% (a continued decrease since 2013/14). The rate for Portsmouth in 2016/17 was higher than the coverage rates for England and the South East region.⁶⁴

In 2016/17, the Portsmouth 'at-risk individuals' vaccine coverage rate in the population aged 6 months to under 65 years (at risk individuals from age six months to under 65 years, excluding otherwise 'healthy' pregnant women and carers) was 49.5%, which is lower than the national target of 55% (an increase from 2015/16, but lower than 2014/15). The rate for Portsmouth in 2016/17 was higher than the coverage rate for the South East region and England.

⁶² HSCIC: NHS Immunisation Statistics, England - 2015-16. <http://content.digital.nhs.uk/catalogue/PUB21651>
Accessed 18th May 2017 Portsmouth JSNA: www.jsna.portsmouth.gov.uk

⁶³ Public Health England, Annual HPV Vaccine Coverage in England Annual report. <https://www.gov.uk/government/statistics/annual-hpv-vaccine-coverage-2015-to-2016-by-local-authority-and-area-team> [Accessed 16 December 2016] via Portsmouth JSNA: www.jsna.portsmouth.gov.uk

⁶⁴ Public Health Outcomes Framework, Public Health England via Portsmouth JSNA: www.jsna.portsmouth.gov.uk [Accessed 1 August 2017]

In 2013-14, a new childhood influenza vaccine programme was started. In 2016/17, the Portsmouth 'aged 2-4 year old' vaccine coverage rate was 40.2%, which is within the minimum expected range of above 40%, but lower than the national target of 65% (an increase from 2015/16). The rate for Portsmouth in 2016/17 was higher than the coverage rate for England; but similar to the South East region.⁶⁵

In addition to cervical cytology screening and chlamydia screening mentioned in the Sexual health section, there are other screening programmes including a number of antenatal and new-born screenings, and other young people and adult screening programmes: diabetic retinopathy, breast cancer screening, bowel cancer screening and Abdominal Aortic Aneurysm (AAA) screening. Although not strictly a screening programme, the NHS Health Checks programme is offered to people aged 40-74 years aiming to help prevent heart disease, stroke, diabetes and kidney disease for those not already diagnosed.

As at March 2016, Portsmouth's coverage of breast screening for female residents aged 53 to 70 years was 72.2%. Portsmouth's coverage continued to be significantly lower than the rates for the South East (77.1%) and England (75.5%); but higher than the ONS Business Centres comparator group (71.4%). Portsmouth's coverage as at March 2016 is the highest percentage coverage since March 2013.⁶⁶

In 2016, the bowel cancer screening coverage rate (% of residents screened adequately within the previous two and a half years, out of those eligible for bowel screening) for 60-74 year olds in Portsmouth (57.2%) was lower than the coverage rate for England (57.9%) but higher than the ONS Business Centres comparator group (53.1%).⁶⁷

In 2015/16, the Abdominal Aortic Aneurysm (AAA) screening coverage rate for males aged 65 years old in Portsmouth (81.6%) was similar to the England rate (79.9%) but higher than the ONS Business Centres comparator group (75.7%).⁶⁸

⁶⁵ Public Health Outcomes Framework, Public Health England via Portsmouth JSNA: www.jsna.portsmouth.gov.uk [Accessed 1 August 2017]

⁶⁶ Public Health Outcomes Framework, Public Health England www.phoutcomes.info via Portsmouth JSNA: www.jsna.portsmouth.gov.uk [Accessed 24 July 2017]

⁶⁷ Public Health Outcomes Framework (Indicator 2.20iii) <http://www.phoutcomes.info/> via Portsmouth JSNA: www.jsna.portsmouth.gov.uk [Accessed 25 July 2017]

⁶⁸ Public Health Outcomes Framework (Indicator 2.20iv) <http://www.phoutcomes.info/> [Accessed 25 July 2017]

In 2015/16, 85.8% of Portsmouth CCG registered patients with diabetes aged 12+ years, had retinal screening (as a proportion of those offered screening)—this is higher than the proportion for England (82.8%).⁶⁹

In 2015/16, the newborn blood spot screening coverage rate in Portsmouth (99.7%) was higher than the rates for England (95.6%) and the South East region (97.1%). The newborn hearing screening coverage rate in Portsmouth (99.0%) was higher than the rates for England (98.7%) and the South East region (98.7%).⁷⁰

The cumulative percentage of eligible population aged 40-74 years offered an NHS Health Check who received an NHS Health Check (in the five years period 2013/14 to 2017/18) was 31.7%—this is significantly worse than the proportion for England (48.6%).⁷¹

9.14 Lesbian, gay, bisexual and transgender community

Official statistics on lesbian, gay, transgender (LGBT) communities have not been routinely collected nationally (e.g. Censuses) or locally; and the survey findings have been mixed. In 2015, the Office for National Statistics (ONS) estimated that 1.7% of the UK population identified themselves as lesbian, gay or bi-sexual (LGB)⁷²—however, this could be a low estimate due to the telephone and face-to-face survey methodology used⁷³. The ONS estimate is much lower than the preceding UK government estimate that 5% to 7% of the UK population are lesbian, gay or bi-sexual. Portsmouth City Council Equality & Diversity strategy 2014-17 estimates the LGBT community to be several thousand people in Portsmouth⁷⁴. Applying national estimates (5-7%) roughly to the Portsmouth population aged 16 years and over gives an estimated population of 8,600 to 12,200 (rounded to the nearest 50).

⁶⁹ Diabetic eye screening services, Public Health England. <https://www.gov.uk/government/publications/diabetic-eye-screening-2015-to-2016-data> Accessed 25 July 2017.

⁷⁰ Public Health Outcomes Framework (Indicators 2.20xi and 2.20xii) <http://www.phoutcomes.info/> [Accessed 25 July 2017]

⁷¹ Public Health Outcomes Framework (Indicators 2.22iv) <http://www.phoutcomes.info/> [Accessed 25 July 2017]

⁷² Office for National Statistics. Annual Population Survey: January 2015 to December 2015 (Experimental Statistics).

⁷³ Producing estimates of the size of the LGB population of England: Technical Report 2 - methodology for synthesis, Public Health England. <https://www.gov.uk/government/publications/producing-estimates-of-the-size-of-the-lgb-population-of-england> [Accessed 3 February 2017]

⁷⁴ Portsmouth City Council Equality & Diversity strategy 2014-17. <http://democracy.portsmouth.gov.uk/documents/s1749/Appendix%20B%20-%20Equality%20Diversity%20Strategy.pdf> Accessed 25 July 2014.

Alternatively, Portsmouth City carried out a Health & Lifestyle postal and online Survey in late 2015 (H&LS 2015) and one of the questions asked was: "How would you describe your sexual orientation?" The survey found 4% described themselves as LGB (or 6% male and 2% female) which does not include those stating 'I prefer not to say' nor 'none of these', so the prevalence could be higher (up to 9.5% persons: 11% male and 8% female, if included). In the South locality, 7% described themselves as LGB, which is significantly higher than the North locality and City average.⁷⁵ Applying the 4% LGB estimates from the H&LS 2015 to the ONS 2014-based subnational population projection for 2018 suggests that roughly 7,050 of adults aged 16 and over identify themselves as LGB (5,350 male and 1,700 female) rounded to the nearest 50; but including those stating 'I prefer not to say' and 'none of these' as potentially LBT (although not identified as so) then there could be roughly 16,700 LGB adults in Portsmouth aged 16 and over (9,800 male and 6,900 female). Comparing this to the GP patient survey (also a postal and online survey) results for Portsmouth CCG in 2017 (coterminous, but not all CCG patients are resident to Portsmouth); the estimates are quite similar, but 3% LBT (persons) with 5% 'prefer not to say' and 1% stating 'other'.

The EU LGBT 2012 survey found that 44% of UK respondents felt discriminated against or harassed in the 12 months preceding, on the grounds of sexual orientation. Fourteen per cent of UK respondents felt discriminated against, because of being LGBT, by healthcare personnel (of these 18% of bisexual, 19% of lesbian and 26% of transgender respondents felt discriminated against). Five per cent of respondents experienced difficulty in gaining access to healthcare and 8% felt they had received unequal treatment when dealing with medical staff—significantly higher amongst transgender respondents (25% and 21% respectively).⁷⁶

9.15 Long term conditions

At the time of the 2011 Census, 11.6% of Portsmouth residents aged 16-64 years (working age) and 54.9% of Portsmouth residents aged 65 years and over declared a long-term health problem or disability that limits their day-to-day activity a lot or a little. The highest percentage for both working age (13.9%) and aged 65+ years (59%) is in the Central locality of the city (Figure 31 and Figure 32) with Charles Dickens ward having almost 1 in 5 working age adults with a limiting long term illness (LLTI). The North of the city has the second

⁷⁵ Ipsos MORI for Portsmouth City Council. Health and Lifestyle Survey, 2015.

⁷⁶ Portsmouth City Council Equality & Diversity strategy 2014-17. Ibid.

highest percentage reported LLTI for working age people (12.1%); although the South has the second highest percentage reported LLTI for aged 65+ years (54.2%).

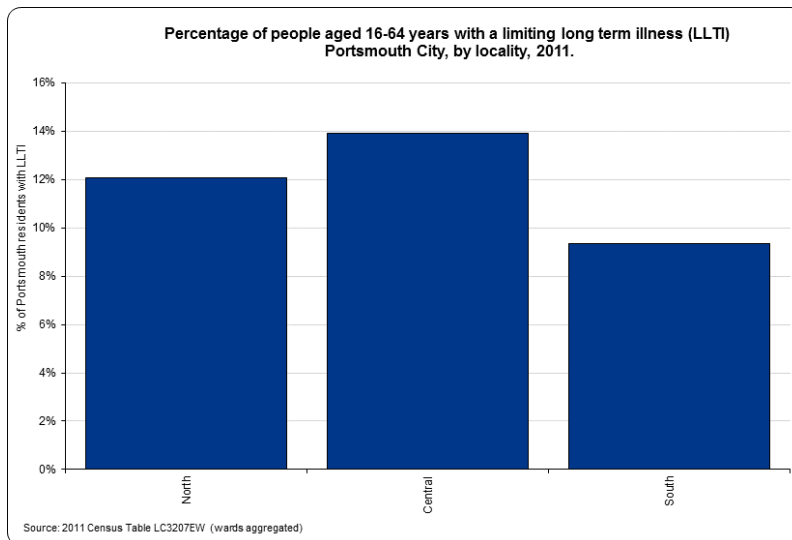


Figure 31. Percentage of people aged 16-64 years with a limiting long term illness (LLTI), Portsmouth City, by locality, 2011.

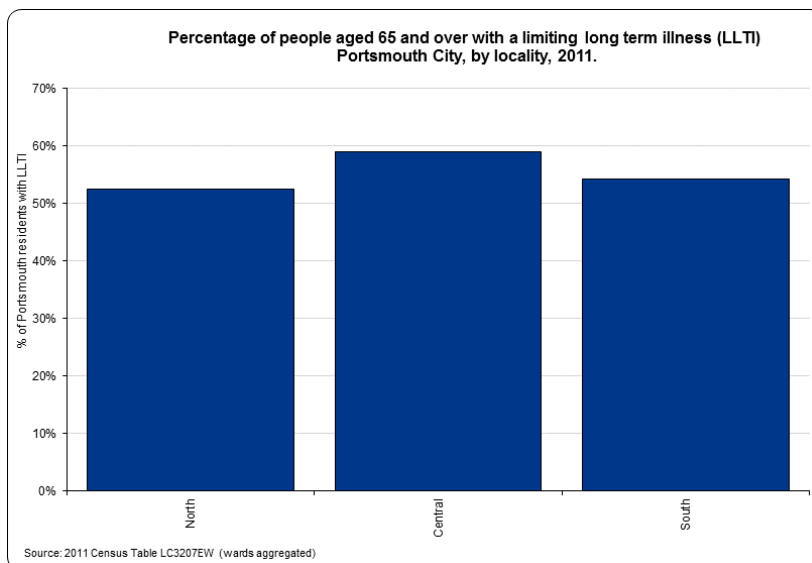


Figure 32. Percentage of people aged 65 and over with a limiting long term illness (LLTI), Portsmouth City, by locality, 2011.

The more recent Portsmouth Health & Lifestyle Survey 2015 found over half of adult residents aged 16 and over say they have a health condition of some kind (56%) and one in eight (13%) have a combination of at least three different types of condition. The most common single conditions among residents are high-blood pressure (16%) and arthritis or long-term joint problems (16%), followed by long-term back problems (14%). The clearest trend is for prevalence of conditions to increase with age; the proportion with at least one condition rises from 30% of those aged 16-34 years to 83% of those aged 65+ years. As

with general levels of health, prevalence also varies by housing tenure, with council/social housing tenants more likely to have at least one health condition (73% compared with 55% of housing owner-occupiers and 43% of private-sector tenants). The results suggest that lifestyle factors and behaviour are closely linked to having a health condition. For instance, overweight and obese residents are more likely to have a high co-morbidity of three or more health conditions (18% compared with seven per cent of those with a healthy weight). So too are those who smoke (20% compared with eight per cent of non-smokers). Also, the proportion of residents with at least one health condition is greater among those who do not currently exercise enough (63% compared with 45% of those who do exercise enough) and those with an unhealthy diet (68% of residents who do not believe they have a healthy diet compared with 49% who do).⁷⁷

Poor health in childhood and adolescence can have a significant impact on overall life chances, with certain unhealthy behaviours having medium to long-term impacts on health. The national What About YOUth (WAY) survey, 2014/15 found that 16.8% of 15 year olds in Portsmouth responded that they had a long-term illness, disability or medical condition diagnosed by a doctor—this is higher than the proportion for England (14.1%).⁷⁸

9.15.1 Prevalence and modelled prevalence of long term conditions

There are major differences between modelled prevalence (taking into account various risk factors such as age, sex, ethnicity, smoking status and deprivation) and locally recorded prevalence for many long-term conditions (NB the information below does not reflect co-morbidities):

9.15.1.1 Hypertension

In 2015/16, hypertension is the most common condition on GP registers with 26,448 patients or 11.9% of registered patients of all ages, on hypertension registers. The range at practice level was from 20.5% at Northern Road Surgery to Sunnyside Medical Centre at 9.7% (excluding Guildhall Walk and the University Practice prevalence rates). Portsmouth CCG recorded prevalence is lower than the prevalence figures for England (13.8%). However, this is likely to be an underestimate of the prevalence of hypertension in Portsmouth. Modelled prevalence based on self-reported responses from the Health Survey for England

⁷⁷ Ipsos MORI for Portsmouth City Council. Health and Lifestyle Survey, 2015 via Portsmouth JSNA.

⁷⁸ What About YOUth (WAY) survey, Health behaviours in young people Profile, Public Health England. <http://fingertips.phe.org.uk/child-health-behaviours> [Accessed 01 August 2017]

estimates that in 2015, 17.2% of Portsmouth residents aged 16 years and over have been diagnosed with hypertension (based on survey respondents stating they were told by a nurse or doctor they had high blood pressure) and a further 10.9% of Portsmouth residents aged 16+ years are estimated to also have hypertension but undiagnosed (derived from those respondents that, first, were considered uncontrolled or untreated hypertensive and second, they did not report having been diagnosed high blood pressure) —roughly 30,000 residents aged 16 years and over expected to be diagnosed with hypertension and there may be roughly, a further 18,800 residents aged 16+ years undiagnosed with hypertension.⁷⁹

9.15.1.2 Diabetes

In 2015/16, 10,453 people aged 17+ years (5.8% of people aged 17+ years registered with Portsmouth City GP Practices) are on GP registers either Type 1 or Type 2 diabetes - lower than England (6.5%). Portsmouth's recorded prevalence of diabetes has increased annually from 4.9% in 2010/11.⁸⁰

However, modelled prevalence of diagnosed and undiagnosed diabetes (taking into account age, sex, ethnicity and deprivation) suggests that in 2016 there may be approximately 12,450 Portsmouth residents aged 16+ years or 13,400 Portsmouth CCG registered patients aged 16+ years with diabetes in the city⁸¹ (compared with 10,453 registered patients aged 17+ years on the diabetes register in 2015/16, 5.8% prevalence⁸²) - the modelled prevalence suggests that there may be roughly 3,000 Portsmouth CCG registered patients undiagnosed/ not on the diabetes register.

Modelled prevalence is predicted to increase from 7.2% to 8.1% between 2015 and 2035 but assumes no change in the age, sex and ethnicity; and also assumes no change in the proportion of people who are overweight or obese⁸³. However, Public Health England have provided scenarios on the potential impact of changing obesity levels on diabetes prevalence in the city (note: it also assumes there to be no change in age, sex and ethnicity):

⁷⁹ Disease and risk factor prevalence, Public Health England <https://fingertips.phe.org.uk/profile/prevalence> via Portsmouth JSNA: www.jsna.portsmouth.gov.uk [Accessed 04 August 2017]

⁸⁰ Quality and Outcomes Framework (QOF) prevalence. PHE Diabetes Profile <http://fingertips.phe.org.uk/diabetes> Accessed 5 October 2016

⁸¹ Diabetes prevalence model for local authorities and CCGs. PHE. <https://www.gov.uk/government/publications/diabetes-prevalence-estimates-for-local-populations> Accessed 08 August 2017

⁸² Quality and Outcomes Framework (QOF) prevalence, NHS Digital. <http://www.content.digital.nhs.uk/catalogue/PUB22266> Accessed 28 October 2016.

⁸³ PHE. Diabetes prevalence model for local authorities and CCGs. <https://www.gov.uk/government/publications/diabetes-prevalence-estimates-for-local-populations> Accessed 08 August 2017

Scenario: the 2015 level of obesity *increases by 5%* every 5 years –it is estimated there would be 13,350 (7.6%) Portsmouth residents aged 16+ years with diabetes in 2020. This represents an additional 300 people with diabetes compared to if obesity levels remained unchanged. By 2035, it is estimated that there would be 17,100 (8.8%) people with diabetes if obesity levels continued to increase at the same rate. This represents an additional 1,450 residents aged 16+ years.

Scenario: the 2015 level of obesity *decreases by 5%* every 5 years – it is estimated there would be 12,800 (7.3%) Portsmouth residents aged 16+ years with diabetes in 2020. This represents 300 fewer people with diabetes compared to if obesity levels remained unchanged. By 2035, if obesity levels continued to decline at the same rate, it is estimated that there would be 14,400 (7.4%) residents with diabetes. This represents 1,250 fewer residents aged 16+ years.⁸⁴

Non-diabetic hyperglycaemia, also known as pre-diabetes or impaired glucose regulation, refers to raised blood glucose levels, but not in the diabetic range. People with non-diabetic hyperglycaemia are at increased risk of developing Type 2 diabetes. They are also at increased risk of other cardiovascular conditions. PHE modelled estimates for Portsmouth in 2015 suggest the prevalence of non-diabetic hyperglycaemia to be 9.4% (16,250 people) of the population aged 16 years and over - Portsmouth has a lower estimated prevalence than average due to a lower elderly population than average.⁸⁵

9.15.1.3 Coronary heart disease

In 2015/16, there were 6,167 patients on the coronary heart disease (CHD) register (2.8% of registered patients of all ages compared with 3.2% in England). The range at GP practice level was from 4.2% of registered patients of all ages at Northern Road surgery to 2.4% at the Derby Road practice (excluding Guildhall Walk Healthcare Centre and the University Practice).⁸⁶

⁸⁴ Estimating the impact of obesity on diabetes prevalence.
<https://www.gov.uk/government/publications/diabetes-prevalence-estimates-for-local-populations> Accessed 08 August 2017

⁸⁵ NHS Diabetes Prevention Programme (NHS DPP): Non-diabetic hyperglycaemia analysis, Public Health England.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/456149/Non_diabetic_hyperglycaemia.pdf [Accessed 25 July 2017].

⁸⁶ Disease and risk factor prevalence, Public Health England
<https://fingertips.phe.org.uk/profile/prevalence> [Accessed 04 August 2017]

Modelled prevalence of CHD was derived from various sources including self-reporting; definite angina, hospitalisation or death from CHD, abnormal ECGs, medication or other treatment for CHD. In 2015, the estimated prevalence for CHD is 8.2% of Portsmouth residents aged 55-79 years⁸⁷ —roughly 3,400 people (applying the prevalence rate to the ONS 2014-based subnational population estimates). Assuming the CHD prevalence remains the same in future years, the ageing population in Portsmouth would indicate a greater number of residents aged 55-79 years with CHD—roughly 4,100 people aged 55-79 years by 2025 (applying the prevalence rate to the ONS 2014-based subnational population estimates). However, CHD prevalence is also modelled on various risk factors which are likely to change over time such as prevalence of diabetes, smoking, hypertension, obesity, physical activity, dyslipidaemia (high total cholesterol, low high density lipoproteins (HDL), and high low density lipoproteins (LDL), deprivation, Chronic Kidney Disease (CKD).⁸⁸

Between 2014 and 2016, coronary heart disease (also known as ischaemic heart disease) was the second most frequent broad cause of death for Portsmouth residents of all ages (537 deaths, 10% of all deaths).⁸⁹

9.15.1.4 Chronic obstructive pulmonary disease

In 2015/16, there were 4,493 registered patients of all ages recorded with COPD on GP practice registers (2.01% of all registered patients) compared to 1.85% nationally. The range at GP practice level was from 4.7% of registered patients at Northern Road surgery to 1.3% at Trafalgar Medical Group Practice (excluding Guildhall Walk Healthcare Centre and University practice).⁹⁰ Portsmouth's prevalence of COPD is increasing (1.6% in 2010/11; 1.7% in 2011/12; 1.8% in 2012/13; 1.9% in 2013/14, 2.0% in 2014/15).

Modelled prevalence of COPD was derived from various sources including Clinical Practice Research Datalink (CPRD) recorded COPD based on agreed Read Code lists; Hospital Episode Statistics (HES) linked record of admission for COPD; and on inferred COPD based on symptoms and prescribing. In 2015, the estimated prevalence for COPD was 2.8% of

⁸⁷ Disease and risk factor prevalence, Public Health England <https://fingertips.phe.org.uk/profile/prevalence> [Accessed 04 August 2017]

⁸⁸ CHD prevalence model technical document, Disease and risk factor prevalence, Public Health England <https://fingertips.phe.org.uk/profile/prevalence> [Accessed 04 August 2017]

⁸⁹ Public Health Mortality Files, ONS via Primary Care Mortality Database (PCMD), Copyright ©2017, re-used with the permission of HSCIC. All rights reserved.

⁹⁰ Quality and Outcomes Framework (QOF) prevalence, NHS Digital. <http://www.content.digital.nhs.uk/catalogue/PUB22266> Accessed 28 October 2016.

Portsmouth residents of all ages⁹¹ —roughly 6,000 people (applying the prevalence rate to the ONS 2014-based subnational population estimates). However, the actual COPD prevalence is expected to be higher than both GP recorded prevalence and the modelled estimate for 2015 which was limited by data access issues including researchers unable to identify patients who are likely to have COPD but do not have a diagnosis from any source. The Imperial College London estimate that the actual COPD prevalence is at least double the England modelled prevalence of 2.4% and expect COPD prevalence to be at least 6% nationally⁹². Therefore, considering the Portsmouth modelled prevalence is 0.4 percentage points higher than the England estimate, a rough estimate of 6.4% of Portsmouth residents with COPD—roughly 13,700 people (applying the prevalence rate to the ONS 2014-based subnational population estimates) estimated to have COPD. Estimating future prevalence might also be affected by an ageing population, smoking prevalence and deprivation.

In 2014/16, chronic lower respiratory disease (which includes COPD) was the third most frequent broad cause of death (361 deaths, 7% of all deaths) to Portsmouth residents of all ages.⁹³

9.15.1.5 Asthma

In 2015/16, there were 13,981 registered patients of all ages (6.3% of all registered patients) on GP Practice asthma registers. The national prevalence was 5.9% of all registered patients. Portsmouth's prevalence of asthma is not dissimilar between years; (6.4% in 2011/12; 6.4% in 2012/13; 6.2% in 2013/14, 6.3% in 2014/15).⁹⁴

9.15.1.6 Stroke

In 2015/16, there were 3,332 patients on the Stroke or Transient Ischaemic Attacks registers in primary care (1.5% of registered patients of all ages compared with 1.7% in England). The range at GP practice level was from 2.3% at Craneswater Group Practice to 1.3% at

⁹¹ Disease and risk factor prevalence, Public Health England <https://fingertips.phe.org.uk/profile/prevalence> [Accessed 04 August 2017]

⁹² COPD prevalence model technical document v1.2, Imperial College London for Public Health England, PHE <https://fingertips.phe.org.uk/profile/prevalence> [Accessed 04 August 2017]

⁹³ Public Health Mortality Files, ONS via Primary Care Mortality Database (PCMD), Copyright ©2017, re-used with the permission of HSCIC. All rights reserved.

⁹⁴ Quality and Outcomes Framework (QOF) prevalence, NHS Digital. <http://www.content.digital.nhs.uk/catalogue/PUB22266> Accessed 28 October 2016.

Baffins Surgery and Derby Road Practice (excluding Guildhall Walk and the University Practice prevalence rates).⁹⁵

Modelled prevalence of stroke was derived from a combination of patients self-reporting being told by a nurse or doctor that they had stroke; a clinical record of stroke/TIA; or mortality from stroke. In 2015, the estimated prevalence for stroke is 3.8% of Portsmouth residents aged 55-79 years⁹⁶ —roughly 1,600 people (applying the prevalence rate to the ONS 2014-based subnational population estimates). Assuming the stroke prevalence remains the same in future years, the ageing population in Portsmouth would indicate a greater number of residents aged 55-79 years with stroke—roughly 2,000 people by 2025 (applying the prevalence rate to the ONS 2014-based subnational population estimates). However, stroke prevalence is modelled on various risk factors which are likely to change over time such as prevalence of diabetes, smoking, hypertension, obesity, physical activity, dyslipidaemia (high total cholesterol, low high density lipoproteins (HDL), and high low density lipoproteins (LDL)), deprivation, Chronic Kidney Disease (CKD).⁹⁷

In 2014/16, stroke was the fourth most frequent broad cause of death for Portsmouth residents (330 deaths, 6% of all deaths).⁹⁸

9.16 Physical disability

Registration for physical disabilities is good from Adult Social Care as part of the Assessment of Social Care Services, but poor outside of this system.

At 31 March 2015, 3,672 adults were registered with physical disabilities by Portsmouth Adults Social Care services (this includes patients registered with NHS Portsmouth Clinical Commissioning Group who live outside Portsmouth). At electoral ward level, the highest registration crude rates for residents aged 18+ years were in Charles Dickens (36 registrations per 1,000 residents), Paulsgrove (33 registrations per 1,000 residents) and

⁹⁵ Disease and risk factor prevalence, Public Health England <https://fingertips.phe.org.uk/profile/prevalence> [Accessed 04 August 2017]

⁹⁶ Disease and risk factor prevalence, Public Health England <https://fingertips.phe.org.uk/profile/prevalence> [Accessed 04 August 2017]

⁹⁷ Stroke prevalence model technical document, Disease and risk factor prevalence, Public Health England <https://fingertips.phe.org.uk/profile/prevalence> [Accessed 04 August 2017]

⁹⁸ Public Health Mortality Files, ONS via Primary Care Mortality Database (PCMD), Copyright ©2017, re-used with the permission of HSCIC. All rights reserved.

Nelson (24 per 1,000 residents). Charles Dickens and Nelson wards are in the Central locality and Paulsgrove ward is in the North locality.⁹⁹

In 2014/15, 3,785 adults aged 18+ years with physical disabilities received a service from Adult Social Care and 3,410 received a service in the community from Adult Social Care. Of those receiving a service in the community, where the location and/or age was known, 608 clients were aged 18-64 years (0.5% of all residents in this age group) and 2,644 were aged 65+ years (8.3% of all residents in this age group). The highest prevalence of all adult clients receiving a service for physical disabilities lived in Charles Dickens (3.1% of adult residents).¹⁰⁰

9.17 Life expectancy

Life expectancy is a frequently used indicator of the overall health of a population: a longer life expectancy is generally a reflection of better health. Reducing the differences in life expectancy is a key part of reducing health inequalities. Life expectancy at birth for an area is an estimate of how long, on average, babies born today may live if she or he experienced that area's age-specific mortality rates for that time period throughout her or his life.

In 2013/15, male life expectancy at birth in Portsmouth (77.7 years) decreased for the first time (but not statistically significantly) since available records (2001-03) and is statistically significantly longer than in 2006-08; however, it continues to be significantly shorter than England (79.5 years in 2013/15). In 2013/15, female life expectancy at birth in Portsmouth (82.2 years) is significantly worse than England (83.1 years). Whilst life expectancy for females across England has improved, female life expectancy at birth in Portsmouth is static.¹⁰¹

Life expectancy at birth (2013/15) for males in Portsmouth's most deprived 10% of Lower Super Output Areas (LSOAs) is 9.8 years shorter than males in Portsmouth's least deprived 10% of LSOAs. Life expectancy at birth (2013/15) for females in Portsmouth's most deprived 10% of LSOAs is 6.0 years shorter than females in Portsmouth's least deprived

⁹⁹ Adult Social Care databases, Portsmouth City Council via Portsmouth JSNA: www.jsna.portsmouth.gov.uk.

¹⁰⁰ Adult Social Care databases, Portsmouth City Council via Portsmouth JSNA: www.jsna.portsmouth.gov.uk.

¹⁰¹ ONS Life expectancy at birth and at age 65 by local areas in UK, 2013 to 2015 <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/lifeexpectancyatbirthandage65bylocalareasuk> (Accessed 29 November 2016)

10% of LSOAs (the slope index of inequality in life expectancy at birth for males and females).¹⁰²

In 2013/15, the healthy life expectancy (HLE) at birth in Portsmouth is significantly shorter than England for both males and females.¹⁰³ Portsmouth males and females have a similar HLE at birth (61.5 years and 61.3 years respectively); but as a result of longer life expectancies at birth, females in Portsmouth (and nationally) would be expected to have a smaller proportion of life in "good" health than males. However, there are inequalities in HLE by deprivation (within Middle Super Output Areas). In 2009-2013, Portsmouth has a slope index of inequality of 15.1 years of HLE for males and 14.2 years of HLE for females (the range in years of HLE from the most and least deprived).¹⁰⁴

9.18 Mortality

Between 2014 and 2016, the three most frequent (broad) causes of death have been dementia and Alzheimer's disease; ischaemic heart diseases; and chronic lower respiratory diseases (Table 9).

Table 9. Leading causes of death: number of deaths; persons, all ages, resident in Portsmouth, 2014-2016.

Rank by Number of Deaths	Rank by Number of Deaths compared to 2013-15	Underlying Cause of death (ICD-10)	Number of Deaths in 2014-16	Percentage of all deaths, in 2014-16
1	↔↔	Dementia and Alzheimer's disease (F01, F03, G30)	670	13%
2	↔↔	Ischaemic heart diseases (I20-I25)	537	10%
3	↔↔	Chronic lower respiratory diseases (J40-J47)	361	7%
4	↑	Cerebrovascular diseases (I60-I69)	330	6%
5	↓	Malignant neoplasm of trachea, bronchus and lung (C33, C34)	309	6%
6	↔↔	Influenza and pneumonia (J09-J18)	209	4%
7	↑	Malignant neoplasm of colon, sigmoid, rectum and anus (C18-C21)	132	3%
8	↓	Accidents (V01-X59)	130	3%
9	↓	Malignant neoplasms of lymphoid, haematopoietic and related tissue (C81-C96)	113	2%
10	↑	Malignant neoplasms of breast (C50)	99	2%
		Other causes	2283	44%
		All Deaths 2014-16	5173	100%

Sources: Public Health Mortality Files, ONS via Primary Care Mortality Database (PCMD), Copyright ©2017, re-used with the permission of HSCIC. All rights reserved.

¹⁰² Public Health Outcomes framework Indicators 0.2iii - Slope index of inequality in life expectancy at birth within English local authorities, based on local deprivation deciles: the range in years of life expectancy across the social gradient within each local authority, from most to least deprived, 2010/12-2013/15, Public Health England. <http://www.phoutcomes.info/public-health-outcomes-framework#page/4/gid/1000049/pat/6/par/E12000008/ati/102/are/E06000044/iid/92901/age/1/sex/1> Accessed 29 August 2017.

¹⁰³ Public Health Outcomes Framework. Indicator 0.1i - Healthy life expectancy at birth, Male and female <http://www.phoutcomes.info/public-health-outcomes-framework#page/3/gid/1000049/pat/10039/par/cat-39-4/ati/102/are/E06000044/iid/90362/age/1/sex/1> Accessed 29 August 2017.

¹⁰⁴ Slope index of inequality (SII) in healthy life expectancy (HLE) at birth by sex for Upper Tier Local Authorities (UTLAs) in England, 2009 to 2013, Office for National Statistics. <http://www.ons.gov.uk/ons/rel/disability-and-health-measurement/health-expectancies-at-birth-by-middle-layer-super-output-areas--england/inequality-in-health-expectancies-using-imd-2015-small-area-deprivation-scores--2009-13/index.html> Accessed 20 November 2015.

9.19 Mental health

Common mental health disorders (CMD) are mental health conditions that cause marked emotional distress and interfere with daily function but do not usually affect insight or cognition— including different types of depression and anxiety, and include obsessive compulsive disorder. The Adult Psychiatric Morbidity Survey 2014 (APMS 2014) categorises the following as types of CMD: generalised anxiety disorder; depression; all phobias; obsessive compulsive disorder; panic disorder; and CMD not otherwise specified. The APMS 2014 found that since the last survey (2007), increases in CMD have been evident among late midlife men and women (aged 55 to 64 years), and approached significance in young women (aged 16 to 24 years). CMDs were more prevalent in certain groups of the population. These included Black women, adults under the age of 60 who lived alone, women who lived in large households, adults not in employment, those in receipt of benefits and those who smoked cigarettes. These associations are in keeping with increased social disadvantage and poverty being associated with higher risk of CMD. Most people identified by the CIS-R with a CMD also perceived themselves to have a CMD. This was not the case for most of the other disorders assessed in the APMS.¹⁰⁵

The APMS 2014 found prevalence of common mental health disorders is higher in females compared to males of all ages, nationally - 20.7% of females compared to 13.2% of males.

¹⁰⁶ Using the overall prevalence rates identified in the Adult Psychiatric Morbidity Survey 2014, about 27,350 Portsmouth residents aged 16-64 years are predicted to be affected by common mental disorders in 2018, increasing to 27,500 by 2021 (assuming the prevalence rate remains the same).^{107 108}

In 2015/16, about 14,232 people aged 18+ years (7.9%) were recorded by GPs as having depression with the range at GP practice level from 17.3% to 3.1% - lower than the prevalence for England (8.3%).¹⁰⁹ There were 2,303 new cases of depression in 2015/16—

¹⁰⁵ Stansfeld S, Clark C, Bebbington P, King M, Jenkins R, Hinchliffe S. 'Chapter 2: Common mental disorders' in McManus S, Bebbington P, Jenkins R, Brugha T. (eds) (2016) Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014. Leeds: NHS Digital.

¹⁰⁶ NHS Digital. Adult Psychiatric Morbidity Survey, 2014 (Table 2) and ONS 2014 sub-national populations projections

¹⁰⁷ NHS Digital. Adult Psychiatric Morbidity Survey, 2014 (Table 2)

¹⁰⁸ Note: these are projections are crude estimates based on national estimated prevalence and have not been adjusted for local population differences in age structure, ethnicity, etc.

¹⁰⁹ QOF 2015/16, Quality Management and Analysis System via Health and Social Care Information Centre Compendium of Population Health Indicators centre www.qof.hscic.gov.uk 3 February 2017

1.3% of the GP practice register aged 18+ years and this is significantly lower than the England incidence rate (1.4%).¹¹⁰

However, the recorded prevalence by GPs is likely to be an underestimate of the prevalence of depression in Portsmouth. Modelled prevalence based on self-reported responses from the Health Survey for England estimates that in 2015, 15.4% of Portsmouth residents of all ages have been diagnosed with depression (based on survey respondents stating they were told by a health professional that they had depression)¹¹¹. This also correlates closely to the 2015/16 estimated prevalence of depression and anxiety from the self-reported GP patient survey (15.3% of NHS Portsmouth patients aged 18+ years)¹¹²—using the 15.4% modelled prevalence, then approximately 33,250 residents of all ages would be expected to have depression in 2018 (applying the prevalence rate to the ONS 2014-based subnational population estimates). Assuming the depression prevalence remains the same in future years, the ageing population in Portsmouth would indicate a greater number of residents of all ages with depression—roughly 34,550 people by 2025 (again, applying the prevalence rate to the ONS 2014-based subnational population estimates). However, depression prevalence is also modelled on various risk factors which are likely to change over time such as prevalence of obesity and physical activity; ageing population; ethnicity; educational levels; socio-economic status; marital status; alcohol and drug abuse; limiting long-lasting illness; anxiety; and sleep disorders.¹¹³

In 2015/16, compared to England, Portsmouth CCG had a similar prevalence of people with schizophrenia, bipolar affective disorder and other psychoses (locally about 2,000 people – 0.90% of people of all ages, in line with 0.90% in England).¹¹⁴ Using the prevalence from the Adult Psychiatric Morbidity Survey (APMS) 2014, it is estimated that in 2017, 860 adults aged 16-64 years had a psychotic disorder in the past year (assuming the prevalence rate from APMS does not change, this is projected to increase to 900 adults by 2030).^{115 116}

¹¹⁰ QOF via Public Health England. Mental Health Dementia and Neurology Profiles: Common Mental Health Disorders. Accessed 30 August 2017.

¹¹¹ Disease and risk factor prevalence, Public Health England <https://fingertips.phe.org.uk/profile/prevalence> via Portsmouth JSNA: www.jsna.portsmouth.gov.uk [Accessed 31 August 2017]

¹¹² Mental Health Dementia and Neurology Profiles: Common Mental Health Disorders, Public Health England <https://fingertips.phe.org.uk/profile-group/mental-health/profile/common-mental-disorders> [Accessed 31 August 2017]

¹¹³ Depression prevalence model technical document v1.1, Imperial College London for Public Health England, PHE <https://fingertips.phe.org.uk/profile/prevalence> [Accessed 30 August 2017]

¹¹⁴ QOF, 2015/16. HSCIC.

¹¹⁵ NHS Digital. Adult Psychiatric Morbidity Survey, 2014 (Table 5)

¹¹⁶ Note: these are projections are crude estimates based on national estimated prevalence and have not been adjusted for local population differences in age structure, ethnicity, etc.

In 2015/16, Portsmouth had a significantly higher rate of emergency hospital admissions for intentional self-harm compared to England and the South East region.¹¹⁷

In 2014/15, Adult Social Care provided services for mental health problems to 1,032 clients aged 18+ years (877 clients in 2013/14). In 2014/15, Adult Social Care provided services in the community for mental health problems to 236 clients aged 18-64 years (1.7 clients per 1,000 residents aged 18-64 years) and to 88 clients aged 65+ years (2.9 clients per 1,000 residents aged 65+ years). In total, Adult Social Care provided services in the community for mental health problems to 324 adults aged 18+ years. Where rates could be calculated, the highest crude rates were in the Central locality: Charles Dickens (57 clients, 3.7 clients per 1,000 population) and Nelson (26 clients, 2.4 clients per 1,000 population) wards.

In 2014/15, 235 people caring for someone with a mental health problem received a needs assessment, review or advice and information.¹¹⁸

In 2013/15, Portsmouth's suicide and mortality from injury of undetermined intent directly age standardised rate (DSR) aged 10 years and over (14.1 per 100,000 population) was significantly higher than England (10.1 per 100,000 persons aged 10+ years) and the South East region (10.2 per 100,000 persons aged 10+ years).¹¹⁹

9.20 Armed Forces personnel and veterans

The Ministry of Defence has a number of establishments in this area, with roughly 6,400 military personnel registered to Portsmouth (97% in Royal Navy/Royal Marines), as at July 2017.¹²⁰

At the time of the 2011 Census, there were 2,396 members of the Armed Forces aged 16 years and over resident to Portsmouth: 80% were male; 203 (8%) persons identified themselves as BME (not White English/Welsh/Scottish/Northern Irish/British); 20% were aged 16-24 years, 36% aged 25-34 years, 38% aged 35-49 years and 5% aged 50+ years. However, there were 4,611 members of the Armed Forces aged 16+ years whose workplace

¹¹⁷ Public Health Outcomes Framework (2.10ii), Public Health England <http://www.phoutcomes.info> Accessed 16 May 2017

¹¹⁸ Short- and Long-Term Support (SALT) database, Portsmouth City Council via Portsmouth JSNA: www.jsna.portsmouth.gov.uk.

¹¹⁹ Public Health Outcomes Framework (4.10), Public Health England <http://www.phoutcomes.info> Accessed 30 August 2017

¹²⁰ Quarterly Locations Report, 1 July 2017 Edition, Defence Statistics (Tri Service). <https://www.gov.uk/government/statistics/location-of-uk-regular-service-and-civilian-personnel-quarterly-statistics-2017> Accessed 30 August 2017.

was Portsmouth. There were 1,251 associated people (i.e. a spouse, same-sex civil partner, partner, child or stepchild) of a member of the Armed Forces aged 16+ years resident to Portsmouth—20% of the associated people were economically inactive.¹²¹

The most robust estimates of the national veteran population are obtained from survey data from the Office for National Statistics (ONS) Annual Population Survey (APS). The APS 2015 estimates approximately 2.56 million veterans residing in Great Britain (GB) (5% of the GB adult population)—89.5% of whom are male.¹²² APS 2015 found UK Armed Forces veterans residing in GB aged 16-34 and 50-64 were more likely to have ever smoked. Working age (16-64) veterans who had ever smoked were significantly more likely to report suffering from respiratory and mental illness health conditions compared to non-smokers. They were also more likely to report that their general health was bad and that their health concerns limited their day to day activities.¹²³

Locally, the Portsmouth Health & Lifestyle 2015 found that there was an estimated 11% of the adult population aged 16+ years are veterans (of the Armed Forces or Reserve Armed Forces)—roughly 17,500 residents aged 16+ years (applying the prevalence rate to the ONS 2014-based subnational population estimates) of which approximately 84% are estimated to be aged 45 years and over (roughly 14,500 residents).¹²⁴ The local H&LS 2015 found residents who are veterans of the Armed Forces or Reserve Armed Forces have a similar pattern of behaviour to older residents aged 65+ years, which reflects the overlap between the two groups. For example, veterans are less likely than residents overall to rate their health as good/very good (62% compared with 72%), as are all residents aged 65+ years (59%). However, veterans' levels of mental wellbeing and satisfaction with life are in line with the average for residents across Portsmouth, and in line with the average for all residents aged 65+ years. Also, it is notable that veterans have a higher mean satisfaction score when it comes to their finances (7.29 compared with 6.54 for residents overall).¹²⁵

¹²¹ 2011 Census: AF001, AF003, AF004, AF005. Office for National Statistics © Crown Copyright 2014

¹²² Annual Population Survey: Annual Great British Veteran Report, 2015 reference tables. Defence Statistics (Health), Ministry of Defence

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/572961/20161125_APS_Excel_Tables_2015_Update.xlsx Accessed 31 August 2017

¹²³ Annual Population Survey: UK Armed Forces Veterans residing in Great Britain, 2015 bulletin. Ministry of Defence

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/559369/20161013_APS_Official_Statistic_final.pdf Accessed 31 August 2017

¹²⁴ Portsmouth Health & Lifestyle Survey 2015, Ipsos MORI for Portsmouth City Council.

¹²⁵ Ipsos MORI Summary Report of findings for Portsmouth City Council. Health and Lifestyle Survey, 2015 via Portsmouth JSNA.

9.21 Prison health

Since the closure of HMP Kingston in 2013, there are now no prisons in Portsmouth.

9.22 Adults with autistic spectrum conditions

A local estimate of the prevalence of autistic spectrum disorders (ASD) in adults in Portsmouth was produced using national prevalence estimates derived from the Adult Psychiatric Morbidity Survey (APMS) 2014, which combined data from APMS 2014 with data from the previous APMS 2007. APMS 2014 found that ASD was associated with level of educational qualification, with rates being higher among people with no qualifications; and People with ASD appeared to be no more likely than other adults to make use of treatment or services for mental or emotional problems¹²⁶. The APMS 2014 found 1.5% of males and 0.2% of females, averaged for all ages, are estimated to have ASD. However, prevalence of ASD is estimated to be higher in younger adults aged 16-34 for both males and females (2.6% and 0.6% respectively). By applying these national adult age and gender specific ASD prevalence estimates crudely to the estimated adult population in Portsmouth, it is estimated that in 2017 between 670 and 4,190 adults in Portsmouth have ASD and that by 2030 this will increase to between 740 and 4,680 people. (Table 10).¹²⁷

Table 10. Estimated number of adults with autism-spectrum disorders, Portsmouth, 2017 to 2030.

Estimated number of adults with autism spectrum disorders (ASD) Portsmouth, 2017, 2025 and 2030									
Age band (years)	2017			2025			2030		
	Estimated no.	Lower estimate	Upper estimate	Estimated no.	Lower estimate	Upper estimate	Estimated no.	Lower estimate	Upper estimate
16-34	1,180	480	2,880	1,200	490	2,920	1,240	520	3,100
35-54	70	20	280	70	20	270	70	20	290
55-74	380	170	840	420	180	930	440	190	960
75+	40	10	190	60	10	260	70	20	330
Total	1,670	670	4,190	1,740	700	4,380	1,810	740	4,680

Sources:

(1) Table 6.2: Estimated national prevalence of ASD (combined Adult Psychiatric Morbidity Survey (APMS) 2007 and 2014), by age and sex, Adult Psychiatric Morbidity Survey (APMS) 2014, NHS Digital Copyright © 2016, HSCIC.

(2) SNPP Z1: 2014-based Subnational Population Projections. Local Authorities in England, mid-2014 to mid-2039, ONS.

¹²⁶ Brugha T, Cooper SA, Gullon-Scott FJ, Fuller E, Ilic N, Ashtarikiani A, Morgan Z. (2016) 'Chapter 6: Autism' in McManus S, Bebbington P, Jenkins R, Brugha T. (eds.) Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014. Leeds: NHS Digital.

¹²⁷ Note: these local estimates are based on crude national prevalence rates and have not been adjusted for local differences in additional risk factors e.g. educational attainment

9.23 Dementia

In 2015/16, there were 1,516 patients on the dementia register (0.68% of registered patients of all ages compared with 0.76% in England). The range at Practice level was from 1.3% of patients registered with Craneswater Group practice to 0.4% at Sunnyside Medical Practice (excluding the University Practice).¹²⁸ Portsmouth's prevalence of dementia has not changed significantly between years (0.6% in 2010/11; 0.6% in 2011/12; 0.7% in 2012/13; 0.7% in 2013/14; 0.7% in 2014/15).

In 2015/16, Portsmouth's crude rate of newly diagnosed dementia registrations is 10.7 per 1,000 patients registered aged 65+ years (341 patients newly diagnosed with dementia) is significantly lower than the England rate (12.7 per 1,000 patients registered aged 65+ years).¹²⁹

Modelled prevalence suggests that in 2017, it is estimated that approximately 2,190 people¹³⁰ aged 65+ years have dementia in Portsmouth. With an ageing population, by 2026 and 2032 the number of people aged 65+ years with dementia is predicted to increase by 21% (about an additional 450 people (2,640 in total)) and 45% (approximately an additional 990 people (3,180 in total)), respectively.¹³¹

There are about 700 fewer people on GP dementia registers than is predicted by the above modelled national prevalence estimates for our registered population. However, most Practices have registered numbers of patients sufficient to almost equal the numbers predicted to have moderate or severe dementia. Part of the national Dementia Strategy is to encourage people to seek early diagnosis when experiencing the signs of mild dementia.

Between 2014 and 2016, dementia and alzheimer's disease was the most frequent broad cause of death for Portsmouth residents of all ages (670 deaths, 13% of all deaths).¹³²

¹²⁸ Quality and Outcomes Framework. 2015/16. NHS Digital.

<http://www.content.digital.nhs.uk/catalogue/PUB22266> Accessed 10 January 2017.

¹²⁹ Dementia Profile, Public Health England. <https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia> Accessed 1 September 2017

¹³⁰ Please note that these are very rough estimate of simply applying the national prevalence estimates to the estimated population for those age groups. It does not take into effect other possible risk factors which might impact on the estimated prevalence.

¹³¹ Projecting Older People Population Information System. www.POPPI.org.uk accessed 16 November 2016 and SNPP Z1: 2014-based Subnational Population Projections. Local Authorities in England, mid-2014 to mid-2039, ONS via Portsmouth JSNA: www.jsna.portsmouth.gov.uk.

¹³² Public Health Mortality Files, ONS via Primary Care Mortality Database (PCMD), Copyright ©2017, re-used with the permission of HSCIC. All rights reserved.

9.24 Learning disabilities

In 2015/16, Portsmouth GPs recorded that they were aware of 865 people of all ages with a learning disability on GP registers (0.39% of registered patients of all ages compared to 0.46% in England).¹³³

People with learning disabilities are at increased risk of social exclusion. Two national priorities aim to reduce this risk by improving their outcomes in terms of settled accommodation and employment. In 2015/16, 81% (79% in 2014/15) of Portsmouth adults aged 18+ years with a learning disability known to Adult Social Care were in settled accommodation (higher than the percentage for England and the South east region). Also, the employment rate of Portsmouth adults aged 18+ years with a learning disability known to Adult Social Care was 7.2% (higher than the percentage for England and the South east region).¹³⁴

In 2015/16, the percentage point gap in the employment rate of Portsmouth adults aged 18+ years with a learning disability known to Adult Social Care and the overall employment rate had increased to 64% (62% in 2012/13, 2013/14 and 2014/15). Nationally this gap has increased annually over the same period.¹³⁵ Recent local data shows for 2014/15, 8% of adults aged 18+ years with a learning disability known to Adult Social Care were in employment - slight decrease on 2013/14.¹³⁶

In 2014/15, Adult Social Care provided a service to 523 people aged 18+ years relating to learning disability (decrease of forty-three clients compared to 2013/14).¹³⁷

In 2014/15, Adult Social Care provided a service in the community for 432 people with a learning disability aged 18+ years (2.6 per 1,000 residents aged 18+ years). The highest number and rate of clients receiving services in the community were in Hilsea ward (5.7 clients per 1,000 resident population aged 18+ years) in the North locality, followed by Eastney and Craneswater (3.5 clients per 1,000 resident population aged 18+ years) in the

¹³³ QOF, Quality and Outcomes Framework, 2015/16 via Health and Social Care Information Centre (HSCIC) . © Crown Copyright Accessed 3 February 2017 via Portsmouth JSNA: www.jsna.portsmouth.gov.uk.

¹³⁴ HSCIC Adult Social Care Outcomes 2015/16 <http://www.content.digital.nhs.uk/catalogue/PUB21900> 1E Accessed 16 May 2017 via Portsmouth JSNA: www.jsna.portsmouth.gov.uk.

¹³⁵ Public Health Outcomes Framework Public Health England www.phoutcomes.info Accessed 16 May 2017

¹³⁶ Short- and Long-Term Support (SALT) database, Portsmouth City Council via Portsmouth JSNA: www.jsna.portsmouth.gov.uk.

¹³⁷ Short- and Long-Term Support (SALT) database, Portsmouth City Council via Portsmouth JSNA: www.jsna.portsmouth.gov.uk.

South locality and Fratton (also 3.5 clients per 1,000 resident population aged 18+ years) in the Central locality.¹³⁸

9.25 Carers

At the time of the 2011 Census, over 17,000 people of all ages (8.4% of total population) stated that they provided unpaid care—over 4,000 provided 50 or more hours of unpaid care per week.¹³⁹ About 1 in 10 people (n=6,644) in the North of the city are unpaid carers and over 1,600 people provide 50 hours or more of unpaid care. The Central and South localities had 8.3% and 7.1%, respectively, of residents providing unpaid care. (Figure 33)

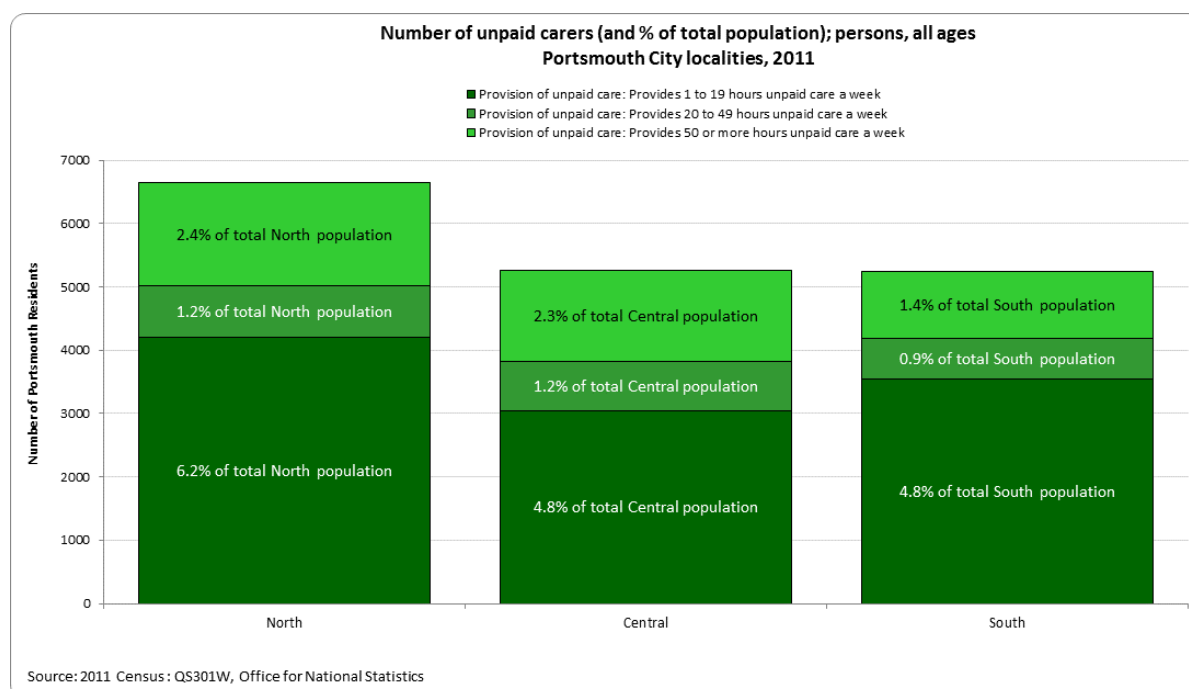


Figure 33. Number of unpaid carers (and percentage of total population); persons, all ages, Portsmouth City UA localities, 2011 Census.

The Portsmouth Health & Lifestyle Survey 2015 found that 21% of residents provide unpaid care (27% in the North locality which is significantly higher than the Central locality - 16%) and support to someone else because of a long-term health condition, disability or problems related to old age. For one in twenty (five per cent) of residents, this consists of 20 or more hours of unpaid care a week. Being a carer is more common among council/social housing tenants (36%) and those aged 55-64 years (29%). Carers are also likely to have lower levels of life satisfaction and poorer mental wellbeing. This may reflect their greater tendency to be

¹³⁸ Short- and Long-Term Support (SALT) database, Portsmouth City Council via Portsmouth JSNA: www.jsna.portsmouth.gov.uk.

¹³⁹ 2011 Census: QS301EW, Office for National Statistics.

council/social housing tenants or aged 55-64 years, as these two groups also have lower levels of mental wellbeing. Carers who took part in this survey are less likely than non-carers to say they have good health (62% compared with 75%) and are more likely than non-carers to have a low SWEMWBS mental wellbeing score (19% compared with 9%) and to be smokers (25% compared with 14%).¹⁴⁰

In February 2017, 2,493 (155 more than in February 2016) residents of working age claimed Carer's Allowance. This equates to 17.5 per 1,000 residents of working age compared with 16.6 per 1,000 residents of working age in 2016. The highest number of claimants are in Paulsgrove Middle Super Output Area (MSOA) (269 claimants, 55.6 per 1,000 residents of working age), which is in the North locality, followed by the City Centre MSOA (267 claimants, 23.9 per 1,000 residents of working age), which is in the Central locality.¹⁴¹

In 2014/15, Adult Social Care carried out a needs assessment, review or gave advice and information to 1,727 carers (55% more than in 2013/14). People caring for someone with physical disabilities accounted for 58% of such carer interventions; people caring for someone for learning disabilities or mental health was 4% and 14% (or 68 and 235 people), respectively. For all carers, the highest Adult Social Care activity rates were in Cosham ward (14 such carer interventions per 1,000 residents) and Paulsgrove (13 such carer interventions per 1,000); but the highest number of carers aged 18-64 receiving a needs assessment was in Charles Dickens (102 clients), followed by Paulsgrove (95 clients) and Cosham (92 clients).¹⁴²

The national survey of carers is carried out biennially. The 2014-15 postal survey of local carers aged 18+ years receiving services from Social Services was carried out in October/November 2014. The carers' survey found that, locally, 70% of people being cared for were aged 65+ years. The three main reasons for caring for someone were physical disabilities (54%), problems related to ageing (40%) and long-standing illness (37%). Sight or hearing loss and dementia each accounted for 34%. High levels of the person being cared for had not accessed available services eg short-notice respite (85% not accessed), sitting service (74% not accessed), personal assistant (90%), day centres (79%), lunch club (97%), meals services (93%). Home adaptations (49% accessed) was most likely to have

¹⁴⁰ Ipsos MORI Summary Report of findings for Portsmouth City Council. Health and Lifestyle Survey, 2015 via Portsmouth JSNA.

¹⁴¹ Department for Work and Pensions, Feb 2017. <https://stat-xplore.dwp.gov.uk> (Claimant numbers) Accessed 1 September 2017. Rates calculated using Hampshire County Environment Department's 2016 based Small Area Population Forecasts.

¹⁴² Short- and Long-Term Support (SALT) database, Portsmouth City Council via Portsmouth JSNA: www.jsna.portsmouth.gov.uk.

been accessed. Over half of all carers themselves had some sort of physical or mental health problem. 42% of local carers had some social contact but said it was not enough; 11% felt socially isolated.¹⁴³

9.26 People threatened with homelessness

In 2015/16, Portsmouth had a significantly higher rate of statutorily homeless households compared to England that are accepted as being owed a duty by their local authority under homelessness legislation as a result of being eligible for assistance, unintentionally homeless and in priority need—that is 498 households (5.6 acceptances per 1,000 households).¹⁴⁴

In addition, there are households and individuals that are eligible but not in priority need or are in temporary accommodation which can have greater public health needs than the population as a whole. In 2015/16, Portsmouth had a significantly lower rate of statutory eligible homeless people deemed not to be in priority need compared to England—0.6 homeless people per 1,000 households (52 homeless people). Portsmouth also had a significantly lower rate of households in temporary accommodation provided under the homelessness legislation compared to England—1 per 1,000 households (60 households).¹⁴⁵

9.27 Gypsies and travellers

At the time of the 2011 Census, there were 85 people identifying themselves as White: Gypsy or Irish Traveller (less than 1% of the total population).¹⁴⁶ Also, the latest ethnicity data from the January 2016 school pupil census, identifies 38 pupils as 'White: Gypsy/Roma' resident to Portsmouth.¹⁴⁷

Although not necessarily ethnic gypsies and travellers, as at January 2017, there were neither authorised nor unauthorised traveller caravans in Portsmouth.¹⁴⁸

¹⁴³ Personal Social Services Survey of Adult Carers in England, 2014-15. NHS Digital.

<http://content.digital.nhs.uk/catalogue/PUB18423> Accessed 12 October 2016

¹⁴⁴ Public Health Profiles, Public Health England. <http://fingertips.phe.org.uk> Accessed 4 September 2017.

¹⁴⁵ Public Health Outcomes Framework. Public Health England. Indicator 1.15i and 1.15ii

<http://www.phoutcomes.info/> Accessed 4 September 2017.

¹⁴⁶ 2011 Census: QS211EW, Office for National Statistics.

¹⁴⁷ Department for Education Statistical First Release Schools, Pupils and their Characteristics: January 2016. © Crown Copyright via Portsmouth JSNA: www.jsna.portsmouth.gov.uk.

¹⁴⁸ Tables 1 and 3: Traveller caravan count, Department for Communities and Local Government. <https://www.gov.uk/government/statistics/traveller-caravan-count-january-2017> Accessed 4 September 2017

However, it is acknowledged that Portsmouth continues to lack useful data on gypsy and traveller communities.¹⁴⁹

The 2006 Hampshire Gypsy & Traveller Accommodation Assessment reported that travellers on authorised sites were less likely to be registered with a GP¹⁵⁰; however, since then access for unregistered people has been improved with the opening of the Guildhall Walk Healthcare Centre.

¹⁴⁹ Portsmouth City Council Equality & Diversity strategy 2014-17. Ibid.

¹⁵⁰ Gypsies & Travellers and Travelling Show people strategy, 2009, Portsmouth City Council.
<https://www.portsmouth.gov.uk/ext/documents-external/pln-local-dev-housing-gypsy-traveller-strategy.pdf>

10 Potential future need

10.1 Major developments

As discussed in an early section, there are identified major redevelopment projects within the city. The Council is undertaking a consultation on issues and options for the Local Plan in August and September 2017, following which further work will be undertaken to arrive at a development strategy for the city. Should this identify large developments not currently anticipated, which will place substantial demand on pharmaceutical services the PNA will need to be reviewed.

A part of this is increasing provision of student accommodation. Figure 34 shows the sites and number of accommodation units which have been identified and which have permission for student halls of residence in the city until 2021. While development is anticipated, the larger of the new sites are situated in the central locality where there is existing good pharmaceutical provision. The potential increase in pharmaceutical services is expected to be met within existing provision.

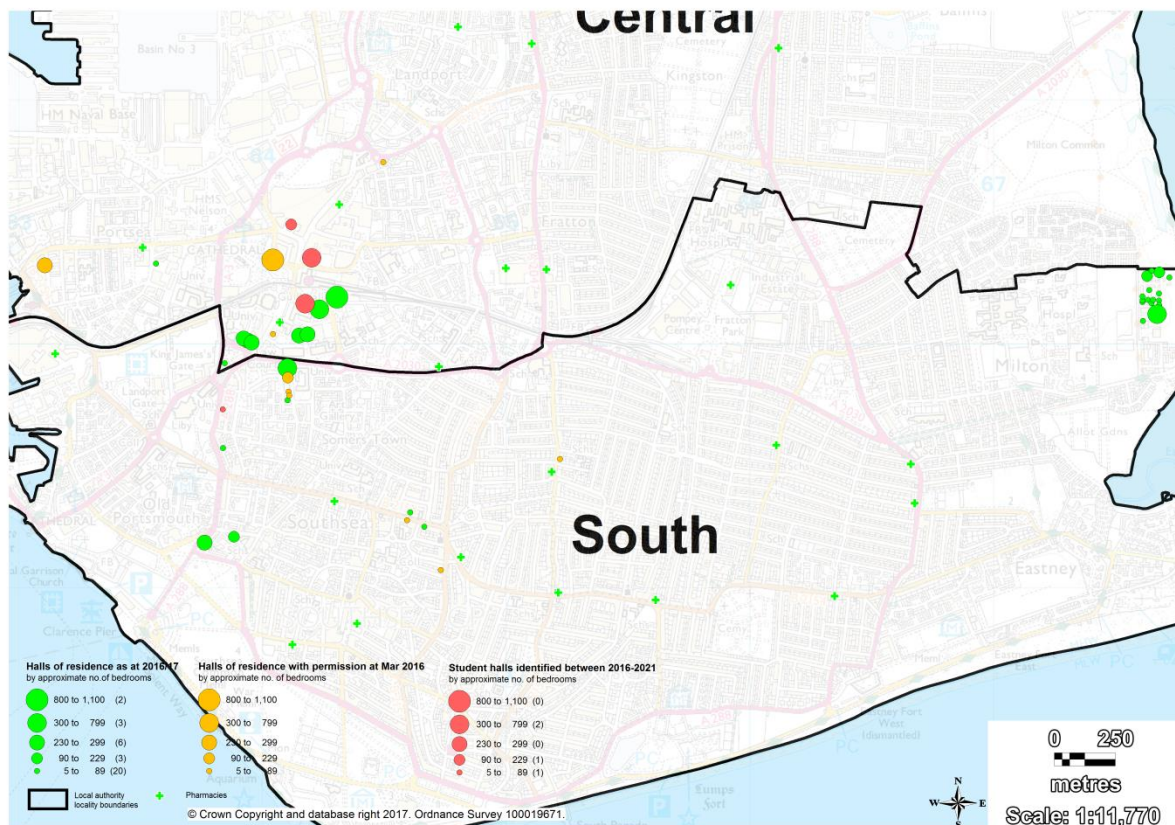


Figure 34. Map of current sites and number of accommodation units identified and which have permission for student halls of residence in Portsmouth, 2016-2021 (source Portsmouth City Council)

10.2 GP extended opening

Plans are being implemented within the city to improve access to GPs. This is likely to include opening weekday evenings as well as some Saturday and Sunday opening. Some GP practices are already offering a range of opening hours. Many GP consultations result in a prescription being issued. Community pharmacies within Portsmouth offer good access through supplementary hours, five 100 hour pharmacies and a distance selling pharmacy.

Therefore, any potential increase in demand for pharmaceutical services as a consequence of extended GP opening is expected to be met within existing provision.

11. Consultation

A full description of consultation activities to be completed post the consultation period

12. Responses from the consultation

A description of the responses received from consultation and the response from the strategy group. To be completed in January 2018.

13. Gaps in provision

13.1 Necessary services

The Health and Wellbeing Board consider the location, number, distribution and choice of pharmaceutical services serving the Portsmouth residents to meet the needs of the population.

In particular, this is based on:

- The total Portsmouth population is within a 1.6km straight line distance of a community pharmacy.
- A good geographical spread of community pharmacies across all three localities in the city and within communities experiencing greatest deprivation.
- There being 19 community pharmacies per 100,000 Portsmouth population, which is the same as the average for Wessex and is broadly in line with national averages.
- Over 99% of the Portsmouth population are within a 20 minute walk of a community pharmacy.
- Nearly nine in every 10 (87.5%) respondents to a public survey said it took 15 minutes or less to get to a community pharmacy.
- Good access through opening hours from early morning, through lunchtimes and late into the evening as well as weekend opening.
- All pharmacies provide the full range of essential pharmaceutical services
- There is good provision of advanced services across the city.
- A large proportion of community pharmacies providing a delivery service to residents, including housebound patients.
- There will not be substantial changes in population areas, nor major development, which can be anticipated during the three-year lifespan of this PNA, which would warrant the need for additional pharmaceutical services. Smaller changes would be managed by existing providers.

13.2 Improvements and better access

The Health and Wellbeing Board consider that there is currently no identified need for improvements and better access to pharmaceutical services in Portsmouth.

In particular, this is based on:

- A distance selling pharmacy, five 100 hour pharmacies, supplementary hours in other Portsmouth community pharmacies as well as provision in a neighbouring Health and Wellbeing Board area provide improvements and better access which meets the needs of Portsmouth residents.
- This current provision is expected to continue to meet any increase in need as a result of further increase in extended hours of opening by GP practices or known planned developments.
- There is good provision of advanced services across the city.
- There are a range of enhanced and locally commissioned services delivered in the city. Pharmacies accredited to deliver these services have good geographical spread across the localities within Portsmouth.

14 Conclusion

The Health and Wellbeing Board has considered the city's' demography and health needs (section 9), how the public use pharmaceutical services (section 8) and pharmaceutical provision (section 7) in Portsmouth and concludes:

- The current need for pharmaceutical services is met by the existing providers on the pharmaceutical list.
- There will not be substantial changes in population areas, nor major development, during the three-year lifespan of this PNA, which would warrant the need for additional pharmaceutical services. Smaller changes would be managed by existing providers.
- Improvements and better access to pharmaceutical services have been made during the last three years by the entry of a distance selling pharmacy which has given local residents and others further afield greater choice and access.
- There is good coverage across the city of Advanced, Enhanced and locally commissioned services in place.
- That there are no identified specific improvements or better access that could be met by an additional pharmaceutical services provider at this time.
- Future improvements or better access will be met by the current pharmaceutical service providers.

15 Appendix A: Maps showing provision of enhanced and locally commissioned services

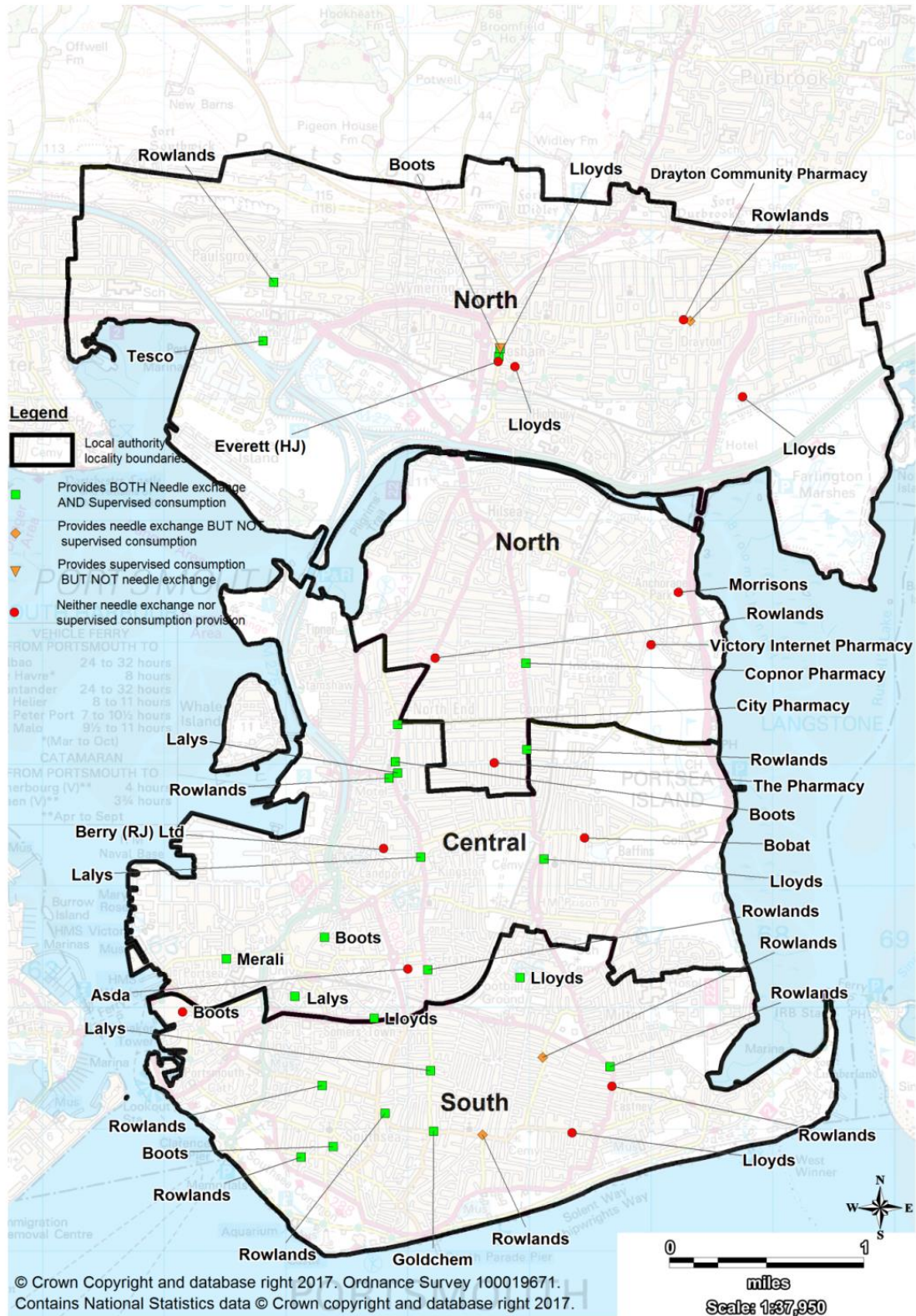


Figure 35. Map of pharmacies which have a contract to provide Needle Exchange and Supervised Consumption services in Portsmouth for 2017/18 (source Portsmouth City Council, Public Health)

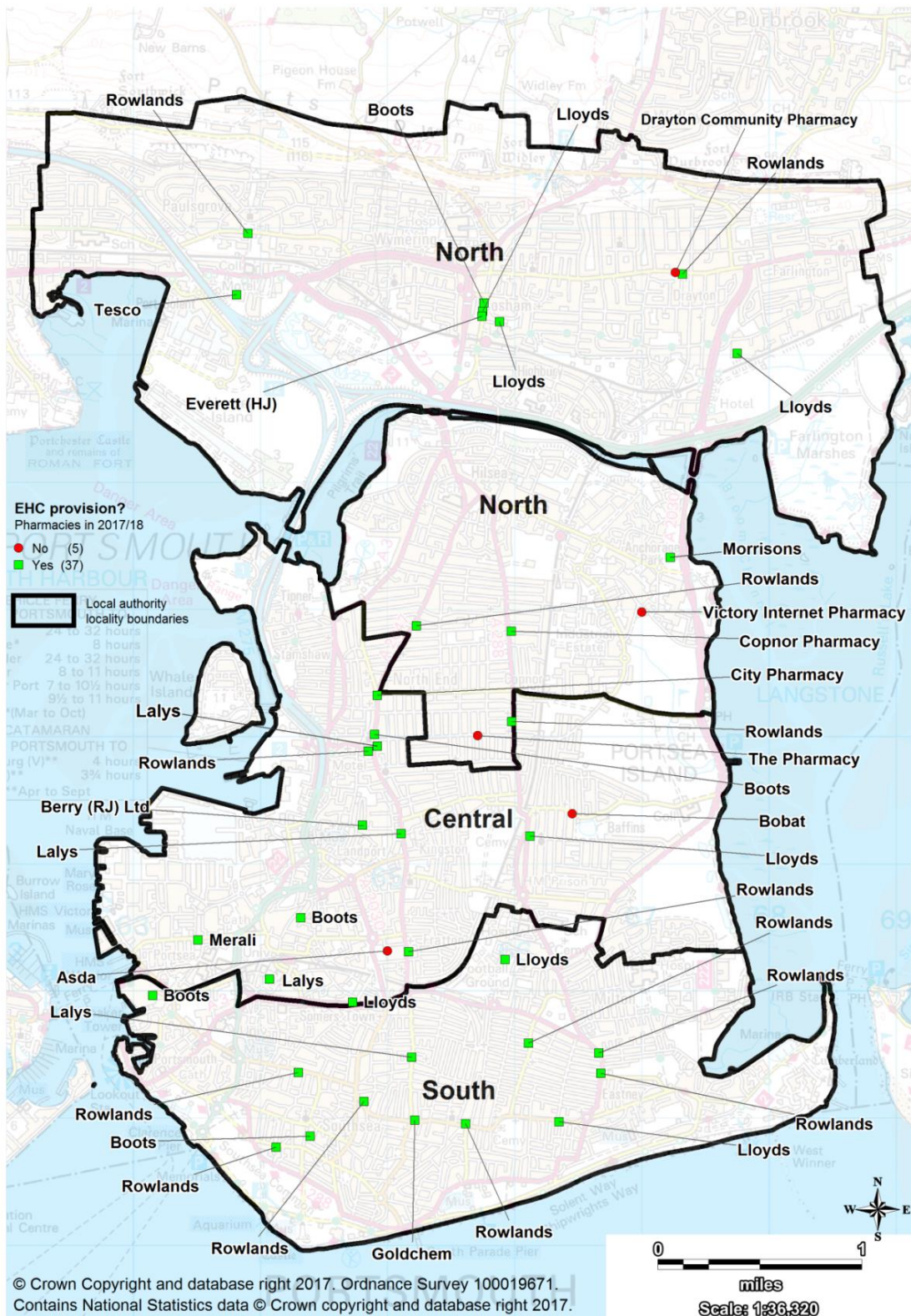


Figure 36. Map of pharmacies which have a contract to provide Emergency Hormonal Contraception in Portsmouth for 2017/18 (source Portsmouth City Council, Public Health)

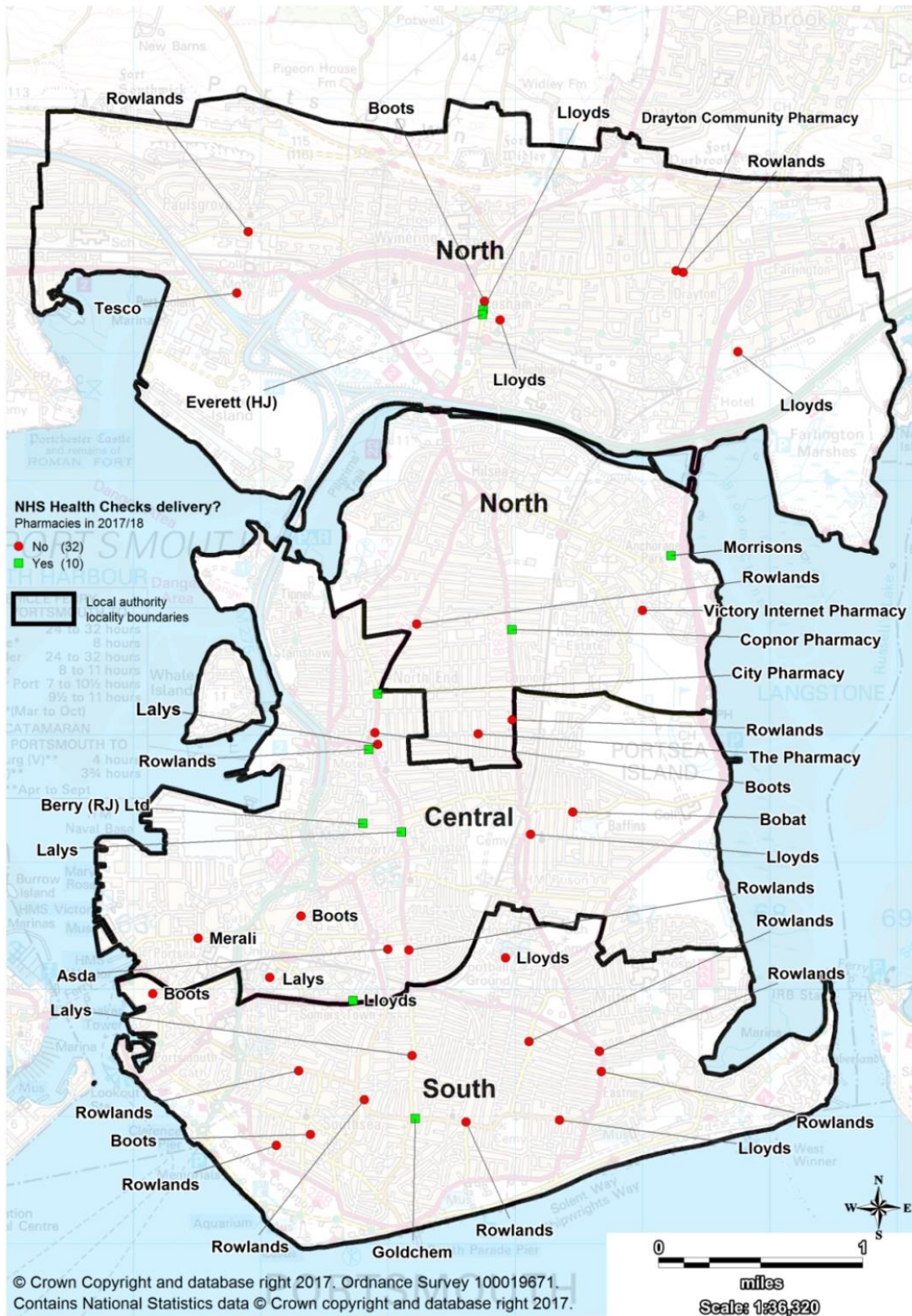


Figure 37 Map of pharmacies which have a contract to provide NHS Health Checks in Portsmouth for 2017/18 (source Portsmouth City Council, Public Health)

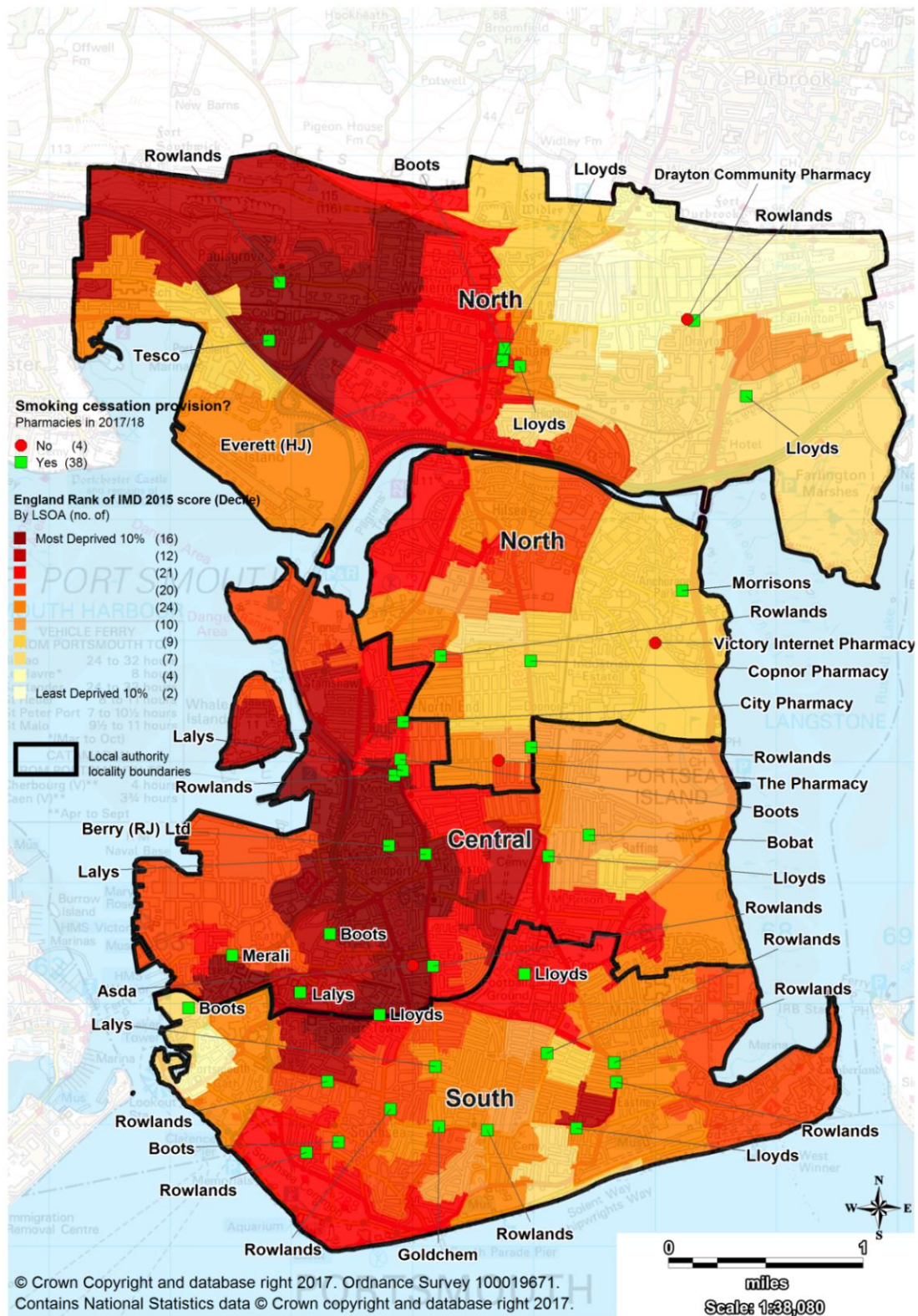


Figure 38 Map of pharmacies which have a contract to provide the Stop Smoking Service in Portsmouth for 2017/18 (source Portsmouth City Council, Public Health)

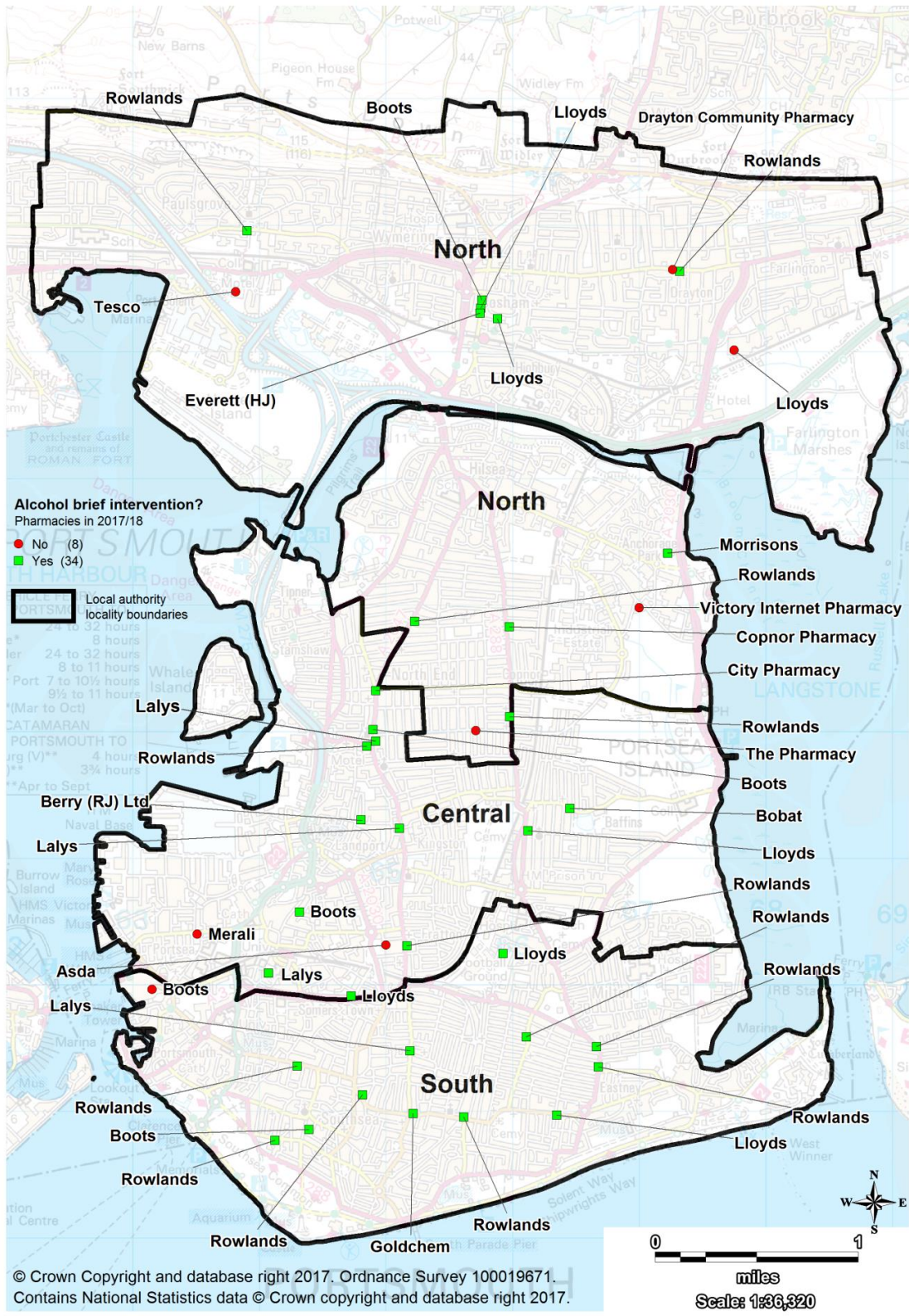


Figure 39. Map of pharmacies which have a contract to provide Alcohol Brief Intervention in Portsmouth for 2017/18 (source Portsmouth City Council, Public Health)

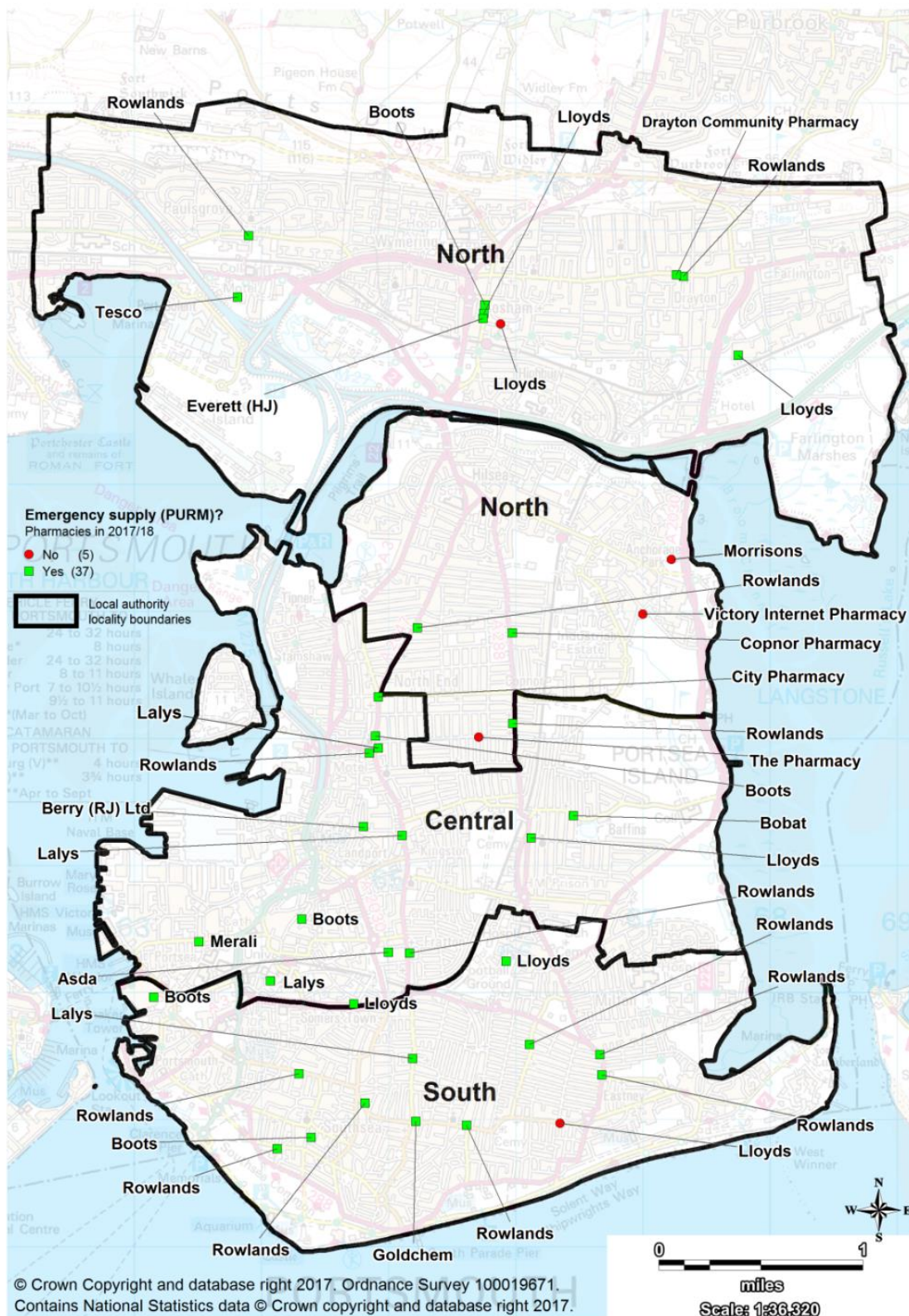


Figure 40. Map of pharmacies accredited to provide the Pharmacy Urgent Repeat Medicine Service in Portsmouth for 2017/18 (source NHS England Wessex Area Team)

16 Appendix B: Terms of Reference

Pharmaceutical Needs Assessment Steering Group

Terms of Reference

The Pharmaceutical Needs Assessment (PNA) is a legal duty of the Health and Wellbeing Board (HWB). The HWB is required to publish the revised PNA for its area by 1st April 2018. The PNA is used by NHS England to make decisions on which NHS funded pharmaceutical services need to be provided in the local area. Failure to publish a robust PNA, which has been produced in line with requirements of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 could lead to legal challenges, particularly as the local PNA is central to making decisions about new pharmacy openings. The steering group is preparing this document on behalf of the Director of Public Health for presentation to the HWB.

Purpose:

The steering group will:-

- Oversee the development and publication of a separate PNA for Portsmouth City Council (PCC) and Southampton City Council (SCC)
- Agree a project plan and timetable for the development of the PNAs and ensure representation of the full range of stakeholders
- Agree the format and content of the PNAs
- Ensure that the PNAs reflects any future needs for, or improvement or better access to, pharmaceutical services as will be required by the local population
- Ensure the PNAs meets the requirements of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013
- Ensure the PNAs fulfils its statutory duties for consultation for the PNA
- Ensure publication of the PNAs within the required timescale
- Ensure the PNAs comply with requirements of each local authority to ensure authorisation by the respective HWB.

Membership

The membership of the steering group is as follows:-

Portsmouth City Council

Claire Currie (Chair)
James Hawkins
Janet Byng

Public Health Consultant (on behalf of PCC and SCC)
Specialist Public Health Intelligence Analyst
Public Health Team Administrator

Southampton City Council

Dan King

Service Lead – Intelligence and Strategic Analysis

NHS Portsmouth Clinical Commissioning Group

Janet Bowhill

Pharmaceutical Adviser

NHS Southampton City Clinical Commissioning Group

Sue Lawton

Locality Lead Pharmacist for West / Community
Pharmacy Development Manager

Hampshire and Isle of White Local Pharmaceutical Committee

Paul Bennett (until June 2017)

Chief Officer

Debby Crockford (from July 2017)

NHS England Wessex Local Area team

Leslie Riggs Interim Contracts Manager (Pharmacy and Optometry),
NHS England (Wessex)

Healthwatch representatives

Siobhain McCurrach (Portsmouth) Project Manager, Healthwatch Portsmouth
Rob Kurn (Southampton) Healthwatch Southampton Manager

An agreed deputy may be used where the named member of the group is unable to attend.

Other staff members/stakeholders may be invited to attend meetings for the purpose of providing advice and/or clarification to the group.

Where there are discussions in the steering group specific to one City Council, only those members representing the City in question may take part.

Declarations of interest

Members must declare any pecuniary or personal interest in any business on the agenda for it to be formally recorded in the minutes of the meeting.

Meetings

All meetings will have an agenda and minutes. The frequency of the meetings will be determined by the chair of the group in line with the development of the PNA.

Accountability and reporting

The PNA steering group will be accountable to the Southampton Health and Wellbeing Board and separately to the Portsmouth Health and Wellbeing Board for the PNA being developed for the respective areas. The PNA steering group will report on progress on a three monthly frequency or as required by the Health and Wellbeing Board.

The pre-consultation drafts and the final draft PNAs will be presented to their respective Health and Wellbeing Board for approval.

17 Appendix C: Policy context

Pharmacies have a major role to play in helping improve the public's health, with 1.6 million people visiting a pharmacy each day¹⁵¹. There were approximately 12,000 community pharmacies in England (2016) and 79% of people have visited a pharmacy at least once in the last 12 months.

Pharmacists are experts in the use of medicines to treat disease and are an appropriate first point of contact for dealing with an array of health concerns. Pharmacists work within a code of ethics that requires them to continuously develop their professional knowledge and competence relevant to their field of practice. Pharmacists are responsible for the supply of most medicines available to the public. They advise the public and other professionals on the safe and effective selection and use of medicines and other health-related matters. Pharmacies provide a range of services in the heart of neighbourhood communities where they are within reach of the people who need them most – poorer people, older people and people with a disability or chronic condition.

The role of community pharmacy is evolving. Distance selling pharmacies are providing greater choice and accessibility for the public to pharmaceutical services. They are also changing the community pharmacy provision from the traditional high street provision.

Published in April 2016, the General Practice Forward View set out a vision to improve patient care and access, and invest in new ways of providing primary care. The General Practice Forward View committed to over £100m of investment to support an extra 1,500 pharmacists to work in general practice by 2020/21. This is in addition to over 490 pharmacists already working across approximately 650 GP practices as part of a pilot, launched in July 2015.

Pharmacists working as part of the general practice team aim to resolve day-to-day medicine issues and consult with and treat patients directly. This includes providing extra help to manage long-term conditions, provide advice for those on multiple medications, improving the quality of care and ensuring patient safety.

In August 2016 the Community Pharmacy Forward View was published by PSNC and Pharmacy Voice, with the support of the RPS English Pharmacy Board which set out the ambition for the sector. It focused on three key roles:

- As the facilitator of personalised care for people with long-term conditions;
- As the trusted, convenient first port of call for episodic healthcare advice and treatment; and
- As the neighbourhood health and wellbeing hub.

For 2017/18, The Department of Health (DH) introduced a Quality Payments Scheme as part of the Community Pharmacy Contractual Framework. This scheme involves payments being made to community pharmacy contractors meeting certain gateway and quality criteria. Achieving Healthy Living Pharmacy status is included in these criteria.

¹⁵¹ Local Government Association; The community pharmacy offer for improving the public's health <https://www.local.gov.uk/sites/default/files/documents/community-pharmacy-offer--9b3.pdf>

18 Appendix D: Portsmouth Community Pharmacy – Pioneers of Healthy Living Pharmacy



The Healthy Living Pharmacy concept was developed by NHS Portsmouth. It recognised the significant role community pharmacies could play in helping reduce health inequalities by delivering consistent and high quality health and wellbeing services, promoting health and providing proactive health advice and interventions.

A Healthy Living Pharmacy consistently delivers a range of health and wellbeing services to a high quality and has achieved defined quality criteria requirements and met productivity targets linked to local health needs. The pharmacy team proactively promotes health and wellbeing and proactively offers brief advice on a range of health issues such as smoking, activity, sexual health, healthy eating and alcohol.

To become accredited as an HLP all staff have had to undertake additional training for all levels of staff, improve their consultation facilities and their health promotion areas as well as proactively deliver local services that are targeted at improving residents' healthy lifestyle. Behaviour change training has been offered to all levels of staff.

The programme has achieved a number of accolades, nominations for awards and citations in academic research. Following the success of HLPs in Portsmouth, the Minister for Pharmacy, Lord Howe asked whether the results in Portsmouth could be replicated in other areas with differing demography to Portsmouth. A national Pathfinder Support Group was established enabling roll out to 20 areas of the country and a comprehensive and independent academic evaluation of the scheme.

The evaluation¹⁵² (2013), which included data from Portsmouth demonstrated that;

- The HLP concept was consistent with increased service delivery and improved quality measures and outcomes;
- 21% of people surveyed wouldn't have done anything if they hadn't accessed a service or support in the HLP so would have missed out on the benefit of getting advice to improve their health and wellbeing;
- 60% of people surveyed would have otherwise gone to a GP;
- Public feedback was positive with 98% saying they would recommend the service to others and 99% were comfortable to receive the service in the pharmacy;

The HLP programme has the support of Public Health England and has spread across the country. The Department of Health (DH) introduced a Quality Payments Scheme as part of the Community Pharmacy Contractual Framework in 2017/18. Achieving HLP status is included in this scheme.

¹⁵² Evaluation of the Healthy Living Pharmacy work programme available at <http://psnc.org.uk/wp-content/uploads/2013/08/HLP-evaluation.pdf>

19 Appendix E: Equality Impact Assessment

See appendix 2 of Health and Wellbeing Board paper
