

West Sussex Pharmaceutical Needs Assessment 2025-2028



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Thank you to the residents who participated in the survey and consultation.

Glossary

A&E	Accident and Emergency
AUR	Appliance Use Review
CVD	Cardiovascular Disease
CPCF	Community Pharmacy Contractual Framework
CPE	Community Pharmacy England
DAC	Dispensing Appliance Contractor
DRUM	Dispensing Review of the Use of Medicines
EHC	Emergency Hormonal Contraception
GP	General Practitioner
HWB	Health and Wellbeing Board
ICB	Integrated Care Board
ICS	Integrated Care System
IMD	Index of Multiple Deprivation
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LPS	Local Pharmaceutical Services
LPC	Local Pharmaceutical Committee
LMC	Local Medical Committee
LTC	Long Term Condition
LTLA	Lower Tier Local Authority
LSOA	Lower Super Output Area
MAR	Medicines Administration Record
MHCLG	Ministry of Housing, Communities & Local Government
MYE	Mid-Year Estimate (of Population)
NICE	National Institute of Health Care Excellence
NHS	National Health Service
NHSE	National Health Services England
NMS	New Medicines Service
NRT	Nicotine Replacement Therapy
NSP	Needle and Syringe Programme
OHID	Office for Health Improvement and Disparities
ONS	Office for National Statistics
OOH	Out of Hours
OST	Opiate Substitution Treatment
PCO	Primary Care Organisation
PCN	Primary Care Network
PGD	Patient Group Direction
PNA	Pharmaceutical Needs Assessment
PSNC	Pharmaceutical Services Negotiating Committee
SAC	Stoma Appliance Customisation
SMI	Severe Mental Illness
WSCC	West Sussex County Council

1. Executive Summary

A Pharmaceutical Needs Assessment (PNA) is a statement of needs for pharmaceutical service provision within a local area.

The PNA is used by Sussex ICB to inform decision-making when applications are made to join the pharmaceutical list under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, or to amend existing services. It is also used by the NHS, Local Authorities (LAs), and Integrated Care Boards (ICBs) to support the commissioning of pharmaceutical services.

Following the restructuring of the NHS in April 2013, statutory responsibility for producing and maintaining a Pharmaceutical Needs Assessment (PNA) was transferred to Health and Wellbeing Boards (HWBs). The PNA must be updated every three years. The last West Sussex PNA was published in October 2022, with the next revision due in October 2025.

The PNA Process

This PNA was undertaken in accordance with the requirements set out in regulations 3-9 and Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013, including amendments.

The following guidance documents were used to develop the PNA:

- The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and amendments.
- Pharmaceutical Needs Assessment, Information Pack for Local Authority Health and Wellbeing Boards. Department of Health (October 2021).
- Pharmaceutical Services Negotiating Committee (PSNC) Briefing 050/21: Regulatory amendments in late 2021/early 2022.
- The West Sussex County Council Pharmaceutical Needs Assessment 2022 was used as a template and reference for the development of this PNA.
- In addition to the above, consideration was given to the Equality Act 2010 throughout the PNA development process and the importance of considering different needs of specific groups within the population.

Governance

A report was presented to the West Sussex Health and Wellbeing Board in November 2024, setting out the process, timeline, and steering group for the Pharmaceutical Needs Assessment (PNA). The report sought delegated authority for the steering group to approve the PNA to meet the October 2025 deadline.

A PNA Steering Group was established to oversee the process and ensure the PNA meets statutory requirements on behalf of the Health and Wellbeing Board. Membership included representatives from West Sussex County Council (WSCC), the Local Pharmaceutical Committee (LPC), the Local Medical Committee (LMC), NHS Sussex, NHS South East Commissioning Hub and Healthwatch West Sussex.

The steering group was informed of the key milestones and decisions required at each stage of the PNA development.

Engagement

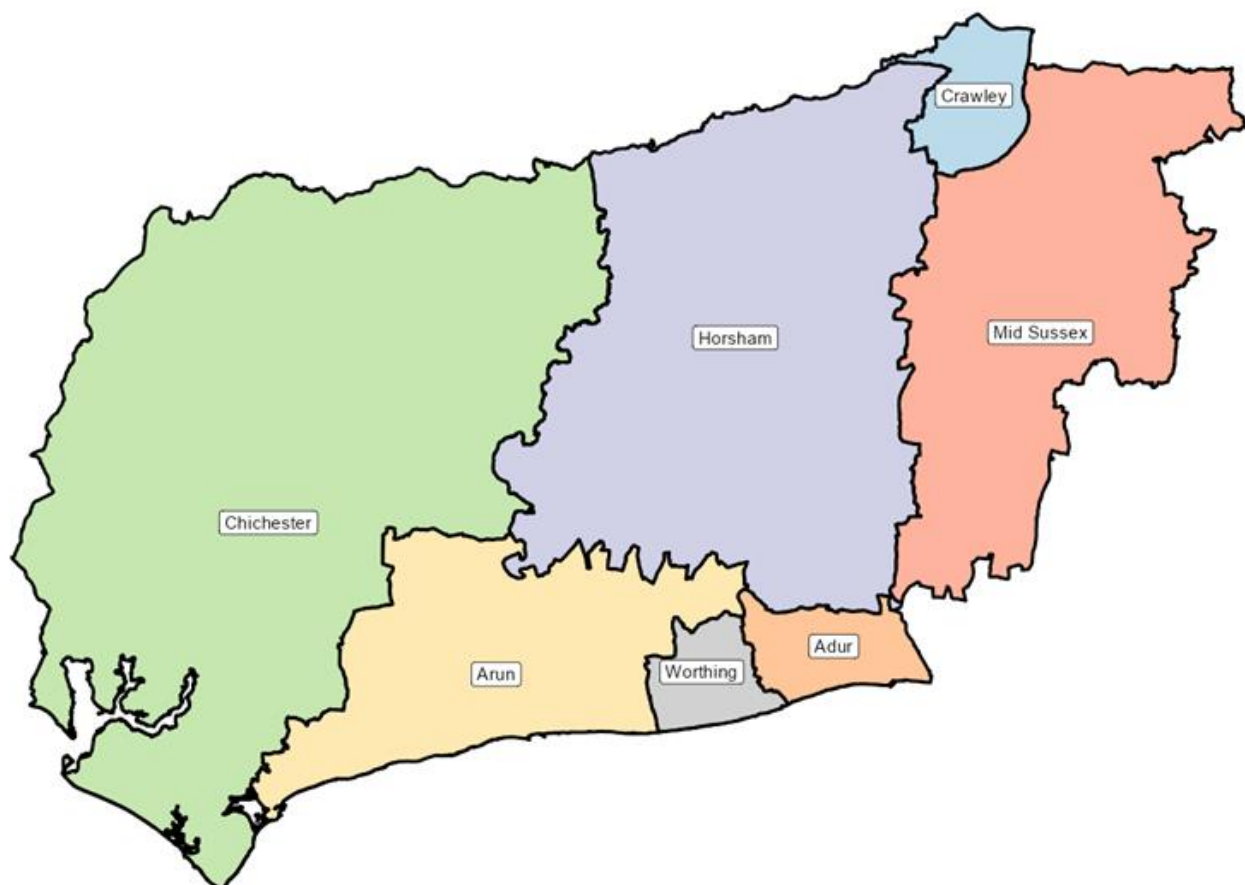
Pre-consultation. To inform the draft PNA a public survey was undertaken. This was primarily available online; however, completion via telephone was available. The survey was undertaken in February to March 2025.

Consultation. A public consultation on the draft PNA was held for 61 days between 28 May and 28 July 2025, 301 responses were made.

Localities

The lower tier local authority areas within West Sussex have been adopted as the localities for the PNA. These are Adur, Arun, Chichester, Crawley, Horsham, Mid Sussex, and Worthing. This was agreed by the steering group and is in line with the approach taken in 2022. It should be noted that these share boundaries with Integrated Community Team areas in West Sussex.

Figure 1 West Sussex 2025 PNA Localities



Contains Ordnance Survey data ©Crown copyright and database right 2024

Key findings

Population demographics

- 915,000 people live in West Sussex. Population growth has been driven by inward migration (both national and international) rather than natural change (i.e. more births than deaths).
- Between 2025 and 2028, the population is projected to increase by 2.1%, reaching 934,000.
- In West Sussex, 23% of the population is aged 65 years or over, compared with 19% nationally. Crawley stands out within the county for having a younger age profile, with 22% of its population aged under 16 years, higher than the county and national averages.
- The average life expectancy at birth in West Sussex is 80.4 years for males and 84.4 years for females, both higher than the England average.
- West Sussex is less ethnically diverse than England, with 15% of the population belonging to an ethnic minority group, compared with 19% nationally. Crawley is the most ethnically diverse area, with 38% of its population from ethnic minority groups.
- West Sussex remains one of the least deprived areas in the country but includes neighbourhoods among the 10% most deprived small areas in England. Over 20,000 children in West Sussex live in low-income households.

Health and Wellbeing

- The leading causes of death in West Sussex are cardiovascular disease, cancer, respiratory conditions, and neurological disorders (including dementia). In addition, in terms of causes of ill health, musculoskeletal conditions, such as lower back pain and arthritis, along with migraine and mental health problems, also place a significant burden on the population's health.
- The main risk factors for poorer health are smoking, obesity, poor diet, and high fasting plasma glucose.
- There is a clear correlation between deprivation and smoking prevalence, with smoking rates ranging from 4.3% in the least deprived areas to 16.4% in the most deprived.
- Around one in five adults are physically inactive, and over 60% of adults are overweight.
- The rate of hospital admissions related to alcohol is significantly lower than the England average and has been declining in recent years.
- It is estimated that around 3,000 West Sussex residents use opiates and/or crack cocaine.
- There has been a long-term downward trend in teenage pregnancy both locally and nationally; the rate in West Sussex is 8.1 conceptions per 1,000 females under 18.
- In relation to long-term conditions, data from GP disease registers show over 157,000 people with high blood pressure, almost 60,000 with diabetes, over 9,000 with dementia, 21,000 with a history of stroke, and over 32,000 with heart disease.
- Regarding mental health, more than 9,100 people are on the Severe Mental Illness (SMI) GP register, and over 102,000 are recorded as having depression.

Current NHS Pharmaceutical Service Provision

- (As of January 2025) There are 142 community pharmacies in West Sussex; 12 dispensing doctors; 5 appliance contractors and 2 distance selling pharmacies.
- Since the last PNA in 2022, there has been a reduction of 11 community pharmacies, 1 fewer distance selling pharmacy, whilst the number of dispensing GPs and appliance contractors has remained the same.
- There are 15.5 community pharmacies per 100,000 population in West Sussex. This is lower than the England rate (20.8 per 100,000, for the financial year 2023/24).
- West Sussex residents also have access to pharmaceutical services from neighbouring areas i.e., in Brighton and Hove; East Sussex; Hampshire and Surrey.

Current Access to Services - Opening Hours

- Around one quarter of pharmacies in West Sussex are open before 9am.
- Forty-nine community pharmacies in West Sussex are open in the evenings after 6.00pm and eight of these are open beyond 8pm. These are spread across the county, with the larger towns in each district having at least one community pharmacy open after 6.00pm. Adur and Horsham are localities without a pharmacy open beyond 8pm.
- Most pharmacies in West Sussex (86%) are open during the day on Saturdays.
- Twenty-two pharmacies in West Sussex are open on Sunday, with two open after 6.00pm. Most community pharmacies in larger towns in West Sussex are open on Sundays; however, most of those in the smaller towns and villages are closed.

Current Access to Services - Location

- West Sussex is a large county, which has many urban areas and large towns, and also rural areas with smaller villages. Unsurprisingly there is a greater density of pharmacies in urban areas.
- For some people in West Sussex pharmacies outside of the county are their nearest provider. This is notable for people living in rural areas to the north of Chichester where towns such as Petersfield and Liphook in Hampshire and Haslemere in Surrey may be closer.
- All residents are within 20 minutes travelling time of a pharmacy (by car) and the vast majority within a 6-mile radius. This is considered a reasonable travel time and distance to access pharmaceutical services. The small area of the county where residents are not within a 6-mile radius of a West Sussex pharmacy are within a radius of provision in a neighbouring county (notably in relation to provision in Petersfield in Hampshire).
- Public transport, except in some towns and some services along the coast, does not facilitate travel to a pharmacy within 20 minutes. There is a considerable reliance on cars and/or taxis.
- In areas ranked within the most deprived 20% of neighbourhoods in England such as Littlehampton, Bognor, and areas in Durrington and southwest Crawley, residents are within 20 minutes of a pharmacy by public transport. But it is noted that these are urban areas and there are deprived residents living in all areas of the county, including rural areas.

Provision of Services

- Under the Community Pharmacy Contractual Framework, community pharmacies provide three tiers of pharmaceutical services which are: Essential services; Advanced services; and National Enhanced services.
- West Sussex has a good coverage of essential services, and this coverage is adequate to meet the needs of the local population.

Advanced Services

- There is good provision of advanced services from pharmacies and appliance contractors across West Sussex. When compared to England, West Sussex has a higher number of pharmacies and appliance contractors providing advanced services.
- All but four community pharmacies and distance selling pharmacies based in West Sussex deliver the New Medicine Service.
- 140 community pharmacies and two distance selling pharmacies in West Sussex provide the Pharmacy First consultation service, representing 95% of pharmacies.
- 90% of community pharmacies claimed for flu vaccine activity in 2024.
- In West Sussex, all five appliance contractors offer Appliance Use Reviews. Of the five, three offer to conduct these reviews within the patient's home.
- There are 8 contractors (3 community pharmacies and 5 appliance contractors) providing Stoma Appliance Customisations.
- Of the advanced services introduced just prior to the last PNA, 125 community pharmacies claimed for hypertension screening in 2024, and 59 offer smoking cessation interventions.

Locally Commissioned Services

- In addition to services covered under the Community Pharmacy Contractual Framework, other services are locally commissioned.
 - NHS Sussex commission services relating to end-of-life care, the supply of oral antiviral medication for the treatment of COVID-19 and management of influenzas, and the medicines administration record (MAR) chart scheme.
 - West Sussex County Council Public Health commission NHS Health Checks, smoking cessation, an alcohol identification and brief advice service and emergency hormonal contraception. These are provided across the county and there is a relatively good geographical spread of these services.
 - Change Grow Live (CGL), the local provider of substance misuse treatment services, contract a range of services including needle exchange, supervised consumption, and take-home naloxone. These services are provided across the county and there is a good geographical spread of this provision.

Survey Responses

To gain views from the wider public an online survey was undertaken in February and March 2025. A total of 2,461 people responded, not all people completed all questions. Over 1,600 survey respondents made comments. Overall, the comments reflect a mix of considerable appreciation and value of pharmaceutical services alongside concern regarding closures and pressures on services.

Key Points:

- Many respondents expressed gratitude for helpful and knowledgeable staff and valued services provided, valued online repeat prescriptions, advice and minor ailment treatment.
- Many respondents expressed concerns around prescription delays, medication shortages, and the growing pressure on pharmacies, respondents set out reasons for increased pressures being rising and ageing population, GP access challenges, and pharmacy closures. Some respondents described poor coordination between GPs and pharmacies, with issues leading to confusion, repeated effort, and missed medications.
- There were also calls for better access, especially outside working hours, and improved support for elderly people and carers.
- While some praised initiatives like 24/7 lockers or Pharmacy First, others worried that underfunding and lack of integration would limit the effectiveness of these services, or that new additional services would detract from a core role.

Public Consultation

A public consultation ran for 61 days from Wednesday 28 May until Monday 28 July 2025. There were 301 responses to the consultation. Of these 292 were from service users/members of the public, 8 from professionals and 6 on behalf of organisations.

Key Themes from Consultation:

- *Accessibility and Opening Hours:* Concerns about limited pharmacy access outside weekday hours, particularly affecting rural areas and non-drivers.
- *Delays and Service Pressure:* Reports of long prescription wait times and unclear responsibilities between GP surgeries and pharmacies.
- *Rural and Local Provision:* New housing developments and pharmacy closures are impacting access in specific areas.
- *Communication and Information:* Difficulty finding out which services are available and where, especially for out-of-hours care.
- *Equity and Digital Exclusion:* Concerns that people without internet access or support are being left behind.
- *Mid Sussex-Specific Issues:*
 - Largest decline in pharmacy numbers in the past three years.
 - Concerns about west Haywards Heath following a relocation to Cuckfield.
 - Lower availability of some locally commissioned services.
 - Challenge of housing growth, including in the Burgess Hill area

The Steering Group reviewed consultation responses and comments, meeting to agree on an appropriate response and resulting actions. It was noted that some concerns, for example relating to medication shortages, reflect national issues that cannot be resolved locally.

Overall Conclusion and Recommendations

Overall Conclusion - Using the criteria adopted, the PNA has not identified any gaps in current, and future, service provision of necessary services within the West Sussex area during the lifetime of this assessment.

The current coverage is adequate to provide the necessary essential services and advanced services.

It is anticipated that the current pharmaceutical providers will be sufficient to meet the local needs for the lifetime of this PNA (October 2025 to October 2028).

This is stated in the following context:

- This conclusion is based on the agreed criterion that defines adequate access as being within six miles or a 20-minute car journey and having reviewed the coverage of essential and advanced services provided by existing contractors.
- We acknowledge that access to pharmaceutical services is influenced by more than just location and operating hours, and many factors, such as staffing levels, availability of medication etc, fall outside of the scope of the PNA. The primary function of the PNA is to assess what services are available, and the times and locations at which they are provided, with the key audience being people/organisations seeking to enter the pharmaceutical market.

Additional Recommendations

- Since the last PNA, in 2022, there has been a loss of 11 pharmacies in West Sussex, of those four were in Mid Sussex locality. This represents a reduction of approximately 7%. However, when considering opening hours, the change is greater, of note the number of pharmacies open before 9am and after 8pm on a weekday have reduced. Adur and Horsham have no pharmacy open after 8pm on a weekday. The only pharmacy that is open before 9am in Crawley is in Gatwick Airport.
- Public engagement survey responses highlighted concerns about pharmacy opening hours, particularly limited weekend availability, lunchtime closures (or closures due to the absence of a pharmacist), and difficulties experienced by people of working age.

Recommendation: NHS Sussex to monitor the need for services outside of standard weekday working hours (i.e., before 9am and after 8pm). Monitoring should take into account the operating hours, and notably extended opening hours, of GP practices. It is noted that, if needed, the ICB can commission extended opening hours from existing community pharmacies.

- Although overall coverage of locally commissioned services remains relatively good, pharmacy closures have led to reduced service provision in some areas. This has particularly affected access to services such as NHS Health Checks, and smoking cessation support in parts of Horsham and Mid Sussex. Although it is noted that, for these services, there are other contractors, including GPs.

Recommendation: Commissioners should monitor coverage, at locality level, of existing and any new locally commissioned services and support existing contractors with service provision. This includes services that support prevention, the management of long-term conditions, and efforts to reduce health inequalities. At the time of drafting the PNA, coverage of locally commissioned public health services in Mid Sussex was less than elsewhere and could be reviewed to support the offer from existing pharmacies.

- Community pharmacies are playing an increasingly important role in addressing local health and wellbeing priorities. This is reflected by the introduction of the Pharmacy First scheme and recognised by residents.

Recommendation: Pharmaceutical providers should be routinely involved in local discussions during the drafting of strategic plans and policies.

- Some respondents raised concerns about medicine supply issues and staff shortages. While these challenges fall outside the direct scope of this needs assessment, they are clearly affecting residents. Staffing and supply shortages can result in longer waiting times, increased time spent by staff resolving supply problems, and residents needing to visit multiple pharmacies to obtain their medicines. These pressures, combined with rising costs, are placing further strain on an already stretched sector and workforce.
- A Healthwatch survey conducted in 2024, along with the national Community Pharmacy England pharmacy survey, echoes several findings from the PNA survey.

Recommendation: Comments made by residents as part of the engagement for this PNA will be forwarded to relevant officers in NHS Sussex. It should be noted though that medication shortages are a recognised national issue and that staffing pressures, combined with rising pharmacy costs are being raised nationally by Community Pharmacy England with NHSE and the Department of Health and Social Care.

PNA Statements

The regulations require a series of statements that are detailed in the table below:

Statement required by Regulations	PNA response
Pharmaceutical services identified by the Health and Wellbeing Board as necessary to meet the needs for pharmaceutical services.	Necessary services include all essential services, as well as the Pharmacy First advanced service, which is provided by the majority of pharmacies to ensure good geographical coverage.
Pharmaceutical services that have been identified as not currently provided, but which the Health and Wellbeing Board considers necessary to meet a current or future need for pharmaceutical services, whether general or specific.	The PNA has not identified any current or future need for services that are not already provided. Based on current planning estimates, there is no gap in pharmaceutical provision during the lifetime of this PNA (2025-2028).
Pharmaceutical services that the Health and Wellbeing Board has identified as not being necessary to meet the need for pharmaceutical services but have secured improvements or better access	Enhanced, advanced, and locally commissioned services currently operating in West Sussex are improving access and outcomes for residents. The geographic coverage at locality level should be monitored to ensure equitable access. It is important to support existing pharmacies to maintain and expand the delivery of these services.
Pharmaceutical services that have been identified as services that would secure improvements or better access to a range of pharmaceutical services or a specific pharmaceutical service, either now or in the future	The PNA has not identified any new services that would secure improvements or better access.
Other NHS services that affect the need for pharmaceutical services or a specific pharmaceutical service.	These are described in Chapter 7 of this report and include NHS acute, community and mental health trusts, dentists, residential and nursing care homes in West Sussex.

2. Introduction and Legislative Background

Definition of a Pharmaceutical Needs Assessment

A Pharmaceutical Needs Assessment (PNA) is a statement of the assessment that each Health and Wellbeing Board (HWB) must make of the needs in its area, for pharmaceutical services provided as part of the National Health Service.

Links to the Joint Strategic Needs Assessment

At a county level, the HWB is also required to assess the general health of the local population and produce a Joint Strategic Needs Assessment (JSNA). The PNA examines how health needs can be addressed by pharmaceutical services commissioned by NHS England.

Information to be included in the PNA

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, Schedule 1 states that the PNA must include a statement of the following:

- Necessary services (current provision) - pharmaceutical services which have been identified as necessary to meet the needs in the HWB area.
- Necessary services (gaps in provision) - pharmaceutical services that are not provided in the area but have been identified by the HWB as necessary to meet pharmaceutical need.
- Other relevant services (current provision) - services which are not necessary to meet pharmaceutical needs but have secured improvements, or better access, to pharmaceutical services. This includes services within the HWB area and outside the area.
- Improvements and better access (gaps in provision) - pharmaceutical services that the HWB has identified as not being provided, but which, if they were to be provided, would secure current and/or future improvements or better access to pharmaceutical services in the area.
- Other NHS services - NHS services provided by a Local Authority, NHS England, NHS Sussex, or an NHS Trust, which affect the needs for pharmaceutical services.
- An explanation of how the assessment was carried out.
- Map of provision - showing the premises where pharmaceutical services are provided.

Purpose of the PNA

The PNA is a key commissioning tool in the process of aligning pharmaceutical services provision with local needs to ensure improved patient choice, accessibility, and better quality of services.

The PNA is used by different organisations to inform their commissioning of pharmaceutical services, as follows:

- NHS Sussex ICB - to make decisions on applications to open new pharmacies, dispensing appliance contractor premises and dispensing doctors, as well as changes to existing NHS pharmaceutical services. This is also known as market entry. It is also used to inform the commissioning of advanced and enhanced services from pharmacies.
- NHS Sussex ICB and West Sussex County Council Public Health – to inform their commissioning of local services from pharmacies.

- If a person, or contractor, wishes to provide pharmaceutical services, they must apply to the ICB. If successful in their application, they are then added to the pharmaceutical list for the local area. In general, applications will address needs identified in the local PNA.

Legislative background

The Health and Social Care Act 2012 made amendments to the NHS Act 2006, and established HWBs.

The 2012 Act also placed a statutory duty on the HWBs to publish and keep up to date a statement of the need for pharmaceutical services for the population in its area, which is the PNA.

The requirements on how to develop and update PNAs are set out in Regulations 3-9 and Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services (PLPS)) Regulations 2013.

The HWB must also issue a revised assessment within 3 years of its previous PNA publication or as soon as reasonably practicable where significant changes to the need for pharmaceutical services are identified.

Where changes to the need for pharmaceutical services are not deemed significant and revising the PNA is considered a disproportionate response, the HWB is responsible for publishing a supplementary statement explaining changes to the availability of pharmaceutical services since the publication of its last PNA.

Market entry decisions

NHS England is required to make arrangements for the provision of proper and sufficient medicines and listed appliances ordered for individuals through NHS prescriptions. Commissioning responsibilities for pharmacies have been delegated to local Integrated Care Boards (ICBs). If a person (a pharmacist, a dispensing appliance contractor, or dispensing doctor) wants to provide NHS pharmaceutical services, they are required to apply to be included on a pharmaceutical list or dispensing doctor list. This is commonly known as the NHS “market entry” system.

The PNA provides information to help inform market entry decisions. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 gives NHS England responsibility (now delegated to ICBs) for determining market entry to the pharmaceutical list.

Definition of pharmaceutical services

The 2013 Regulations clarify what is regarded as pharmaceutical services and how they relate to the PNA as follows:

- The pharmaceutical services to which each pharmaceutical needs assessment must relate are all the pharmaceutical services that may be provided under arrangements made by NHSE for: -
 - the provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list;
 - the provision of local pharmaceutical services under a Local Pharmaceutical Services (LPS) scheme; or

- the dispensing of drugs and appliances by a person on a dispensing doctors list (but not other NHS services that may be provided under arrangements made by the NHS Commissioning Board (NHS England) with a dispensing doctor).

Pharmaceutical lists

The ICB has a responsibility to prepare, maintain and publish pharmaceutical lists of contractors who provide pharmaceutical services from premises within the HWB area.

The following are on the pharmaceutical lists (as of January 2025):

- **Pharmacies/Chemists:** These are often referred to as ‘community pharmacies’ or ‘chemists’. They are often located on the high street in town centres, supermarkets or within a local parade of shops. They can also be found in GP practices or health centres in towns or urban areas. As well as providing the contracted services, they sell over the counter medicines. West Sussex has 142 community pharmacies.
- **Dispensing appliance contractors:** NHS pharmaceutical contractors who supply, on prescription, appliances such as stoma and incontinence aids, dressings etc. They cannot supply medicines. In addition to dispensing appliances, they offer expert advice regarding appliances, signpost and can also choose to provide advanced services. Subject to meeting certain requirements, the two advanced services that contractors can choose to provide are stoma appliance customisation and appliance use reviews. West Sussex has five appliance contractors.
- **Distance selling contractors:** These are internet and mail order-based contractors who provide their services across England to anyone who requests it. They must provide patients with a full range of essential services but not face-to-face at the premises. There are two distance selling contractors based in West Sussex.

Local Pharmaceutical Services

A Local Pharmaceutical Service contract allows the ICB to commission services tailored to specific local requirements. It provides flexibility to include within a locally negotiated contract a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under national pharmacy arrangements set out in the 2013 regulations.

DHSC state that as of 30 June 2021, there were 23 local pharmaceutical services contracts in 21 health and wellbeing boards. DHSC also caution that care should be taken when using the term local pharmaceutical services as it has a specific meaning in the 2013 regulations. There are no such services in West Sussex.

Dispensing doctors list

The dispensing doctor list is a system under which a type of GP practice, known as a dispensing doctor, can provide NHS pharmaceutical services i.e., the dispensing of drugs and appliances, for their patients under certain conditions:

- The medical practice premises are based in rural areas, known as “controlled localities”.
- They can only dispense NHS prescriptions for their own patients who live more than 1 mile (1.6km) as the crow flies from a pharmacy.
- The practice must have approval for the premises at which they will dispense to them.
- The practice must have the appropriate consent for the area the patient lives in.

The ICB is required to maintain and publish a dispensing doctor list for the area of each Health and Wellbeing Board. There are 12 dispensing GP practices in West Sussex.

Controlled and Reserved Localities

From 1 April 2013, NHS England took over the responsibility for determining controlled localities, areas designated as rural in nature, and for publishing maps showing the controlled localities. Any areas determined to be controlled localities (or not controlled localities) cannot be considered again for a period of five years.

A reserved location is an area within a controlled locality where the total of all patient lists for the area, within a radius of 1.6km (1 mile) of the pharmacy or proposed new pharmacy location, is fewer than 2,750. Patients in a controlled locality, both within one mile of the pharmacy and beyond, have the right to choose whether to have their medicines dispensed at a pharmacy or GP surgery.

Overview of pharmaceutical contractual arrangements

NHSE does not hold contracts with the vast majority of community pharmacies. Pharmacies provide services under a Community Pharmacy Contractual Framework (CPCF), which is made up of three different types of services that fall within the definition of pharmaceutical services. These services are essential, advanced, and enhanced services.

It is important to be clear, the term pharmaceutical services in the PNA refers to those services set out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013:

- **Essential services** - set out in Part 2, Schedule 4 of the Regulations, services all pharmacies are required to provide.
- **Advanced services** - set out in the Directions, services that pharmacies can opt to provide if they are accredited.
- **Enhanced services** - set out in the Directions, services that can be commissioned locally by NHS England.

A new type of Enhanced service was introduced as the result of a change in regulations in December 2021. This is called the National Enhanced Service (NES) and covers services where NHSE commission an Enhanced service with a service specification that sets standard conditions

nationally. For these services the Pharmaceutical Services Negotiating Committee (PSNC) now known as Community Pharmacy England (CPE) is the body consulted with and not Local Pharmaceutical Committees (LPCs). The coronavirus vaccination service is an example of this type of service.

In addition to essential, enhanced, and advanced services, services can be locally commissioned by NHS Sussex and Local Authority Public Health teams.

Essential Services

All pharmacies, including distance selling pharmacies, are required to provide the essential Services. These are (as of October 2024):

- dispensing of prescriptions of medicines and appliances,
- dispensing of repeat prescriptions.
- disposal of unwanted medicines returned to the pharmacy,
- promotion of healthy lifestyles, such as providing advice to people who appear to have diabetes, be at risk of coronary heart disease, or smoke, or are overweight.
- signposting people who require advice, treatment, or support that the pharmacy cannot provide to another provider of health or social care services, where the pharmacy has that information.
- support for self-care which may include advising on over the counter medicines or changes to the person's lifestyle.
- discharge medicines service where a pharmacist reviews medicines on hospital discharge to ensure that any changes are actioned accordingly.

In recognition of the importance of the role of pharmacies in public health and prevention, it is now a requirement of pharmacies to meet Level 1 of the Healthy Living Pharmacies scheme.

Advanced services

Advanced services are those which pharmacies may choose whether to provide. If they do provide an advanced service, providers must meet certain requirements and must be fully compliant with the essential services and clinical governance and promotion of healthy living requirements. As of October 2024, advanced services were:

- New medicine service
- Stoma appliance customisation
- Appliance use review
- Community pharmacy seasonal influenza vaccination service
- Community pharmacy hypertension case-finding service
- Community pharmacy smoking cessation service
- NHS Pharmacy First
- NHS Pharmacy contraception service
- Lateral flow device tests supply service

Pharmacy First. The UK Government and NHS England launched the Pharmacy First scheme on 31 January 2024. This initiative enables referrals to community pharmacies from other healthcare professionals for minor illnesses, urgent repeat medication supply, and seven specified clinical pathways. In addition to professional referrals, Pharmacy First also allows patients to self-refer directly to community pharmacies, without needing a GP appointment, for the following conditions:

- Sinusitis (12 years and over)
- Sore throat (5 years and over)
- Earache (Acute otitis media - 1 to 17 years)
- Infected insect bites ((1 year and over)
- Impetigo (1 year and over)
- Shingles (18 years and over)
- Uncomplicated urinary tract infections in women (aged between 16-64 years)

Where appropriate, NHS-funded treatment can be provided for these conditions. The scheme is designed to reduce pressure on GP services by freeing up appointments for more complex cases. It forms part of a wider strategy to better utilise the skills of community pharmacists and to improve access to timely, high-quality, and convenient healthcare.

Enhanced Services

NHS England develop specifications and commission enhanced services; not all will be commissioned in all areas.

COVID-19 vaccination has been added into the National Enhanced Services provided from community pharmacies, and pharmacies continue to play an important role in sustaining the national programme.

Bank Holiday and Public Holiday Opening – NHS Sussex commissions a local enhanced service in selected pharmacies for bank holiday opening across the whole of Sussex.

Locally Commissioned Services

Services which are locally commissioned, by organisations such as West Sussex County Council or NHS Sussex, are outside of the NHS Pharmaceutical Services as defined by the Regulations and are referred to as “locally commissioned services.”. These require Local Authority and NHS Sussex contracts with their own monitoring and governance arrangements.

Opening Hours

Pharmacies and dispensing appliance contractors have two different types of opening hours – core and supplementary. Core opening hours can only be amended with consent from the ICB, and as with all applications, they may be granted or refused. Any opening hours that are over and above the core opening hours are called supplementary opening hours and can be amended by the pharmacy by giving five weeks’ notice to the ICB. This notice period was previously three months.

Most pharmacies have 40 or 100 core opening hours per week, although some may have between this or less than 40 hours. They may also choose to have additional opening hours (supplementary hours). Community pharmacy contractors can choose to close their pharmacies on Bank Holidays,

including Christmas Day, Good Friday and Easter Sunday, unless they are directed to open by the ICB.

Appliance contractors are required to open for a minimum of 30 core hours a week and may choose to open for longer (as supplementary opening hours).

Scope of the assessment

As with previous PNAs undertaken in West Sussex, the PNA statutory requirements and directions governing NHS pharmaceutical services dictate the scope of this assessment. Whether a service falls within the scope of the PNA depends on the type of pharmaceutical service provider as well as the service provided. For the purposes of this PNA the following scope has been adopted:

- Dispensing doctor practices: the scope of the service to be assessed in the PNA is the dispensing service provided. All other services provided by the GP practice fall within their general medical terms of service.
- Dispensing appliance contractors: the scope of the service to be assessed in the PNA is the dispensing of appliances and the provision of advanced services e.g., Appliance Use Review (AUR) service and Stoma Appliance Customisation service (SAC).
- Community pharmacy contractors: the scope of the services to be assessed in the PNA is broad and comprehensive and includes all elements of the CPCF such as essential, advanced, enhanced and locally commissioned services.

Other pharmaceutical services are outside the scope of this assessment, such as those provided in hospitals. However, where such a service has a potential to influence future service developments, an overview has been provided in the PNA for completeness.

Establishment of Integrated Care Boards (ICBs)

From July 2022, Clinical Commissioning Groups were replaced by the local Integrated Care Boards (ICBs). As part of their development, the ICBs took on delegated responsibility for dental (primary, secondary and community), general ophthalmic services and pharmaceutical services (including dispensing doctors and dispensing appliance contractors). This involved the alignment of NHS England with ICBs. It is noted that this change does not alter the nature, content, or role, of the PNA as a document to inform market entry.

3. PNA Process

PNA Methodology

The DHSC information pack for local Health and Wellbeing Boards sets out key stages for producing a PNA, which we have followed, as set out below.

Governance

A report was made to the West Sussex Health and Wellbeing Board in November 2024, outlining the process, timescale, and steering group. The steering group was advised of the key dates for the actions required to produce the PNA and the decisions required at each steering group.

The development of the West Sussex PNA report was carried out over five stages as stated below:

Stage 1 – PNA Steering Group and PNA Project Group

A PNA Steering Group was formed to oversee the PNA process and ensure that the PNA meets the statutory requirements on behalf of the HWB. Membership of the group included a range of stakeholders: West Sussex County Council (WSCC), Local Pharmaceutical Committee (LPC), Local Medical Committee (LMC), NHS Sussex, NHS South East Commissioning Hub and Healthwatch West Sussex.

The West Sussex HWB was kept informed on the progress of the PNA through update reports from the PNA Steering Group. A PNA Project Group was established to carry out the day-to-day development of the PNA and consisted of representatives from WSCC.

Stage 2 – Data collection and analysis

In undertaking the PNA, several sources of information have been drawn upon to give a picture of the health and pharmaceutical needs of the population of West Sussex. These sources include:

- West Sussex Joint Strategic Needs Assessment (JSNA) The JSNA is a statutory requirement in which the HWB describes the current and future health and well-being needs of the local population.
- Office for Health Improvement and Disparities Information and intelligence on the Public Health Outcomes Framework for practitioners, commissioners, policy makers and the wider community.
- NHSE provided pharmacy contract information as well as information on the number and types of pharmaceutical service providers on the pharmaceutical and dispensing doctor lists.
- NHS Business Services Authority's (NHSBSA) provided information on prescription activity.
- Office for National Statistics (ONS) ONS produces and publishes a wide range of statistics relating to the population, economy and society at national, regional and local level. It also produces Census data and boundaries for mapping.
- NHS Sussex, Change Grow Live (local substance misuses treatment provider) provided information on locally commissioned services.
- West Sussex County Council (WSCC) WSCC produces local data on public health commissioning, strategic planning (housing developments), and demographic and health data.

Stage 3 - Surveys

Public views about the current and potential future pharmaceutical services in West Sussex were collected using an online survey. Questions were approved by the Steering Group. The survey was conducted in February to March 2025.

The draft PNA was approved by the Steering Group, prior to a statutory minimum 60-day consultation.

Stage 4 – Consultation

A public consultation was held between 28 May 2025 and 28 July 2025.

The Steering Group reviewed consultation responses and comments, meeting to agree on an appropriate response and resulting actions.

All the data and information collected was used to inform the development of the final PNA.

Stage 5 – Sign Off & Publication

The Steering Group agreed the PNA's conclusions and recommendations and recommended its adoption and publication by the West Sussex Health and Wellbeing Board.

Defining the PNA localities

According to the Regulations (2013), the PNA should have regard to the different needs of the different localities, as well as within localities, for the HWB area. For the purpose of this PNA, to best align with available data, localities have been defined as the lower tier local authority areas of West Sussex.

4. Population Demographics and Housing Development

Key Points

- 915,000 people live in West Sussex.
- Population change has been driven by inward migration (national and international) and not natural change (i.e., more births than deaths). Crawley is the only locality where there were more births than deaths in 2024.
- Using ONS sub national projections (2022-based projections) between 2025 and 2028 the population of West Sussex is projected to increase by 2.1%, an additional 19,000 people.
- In West Sussex, 23% of the population is aged 65 years or over, compared with 19% nationally. Crawley stands out within the county as having a younger population age structure compared with the county and England overall, with 26% of the Crawley population aged under 20 years.
- The average life expectancy at birth in West Sussex is 80.4 years for males and 84.4 years for females.
- West Sussex is less ethnically diverse compared with England overall, with almost 16% of the population belonging to an ethnic minority group compared with 19% in England. Crawley is the most ethnically diverse locality, with 38% of the population belonging to ethnic minority group.
- West Sussex remains one of the least deprived areas in the country but has neighbourhoods in the most 10% deprived of areas within England. Over 20,000 children in West Sussex live in low-income households.

West Sussex Population Overview

Compared with England, people in West Sussex have a longer life expectancy and enjoy good health. There remain considerable differences within the county and there are areas in West Sussex which are ranked within the most deprived neighbourhoods in England.

Population change

In 2024, the population of West Sussex was estimated at approximately 915,000 people, an increase of approximately 11,000 people (1.2%) from the previous year. Adur was estimated to have had a small decrease in population (0.3%), with the largest increase in Mid Sussex (+2.1%). In the main, change is driven by net migration (more people moving in than moving out). Only Crawley and Mid Sussex had more births than deaths.

Age and gender breakdown

Compared with England, West Sussex has an older population age structure, and given the longer life expectancy experienced by women, there are more women in the population, notably in the older age groups. West Sussex has a smaller percentage of the population in younger working age groups, i.e., late teens to mid-20s.

Table 1 Population and Components of Population Change

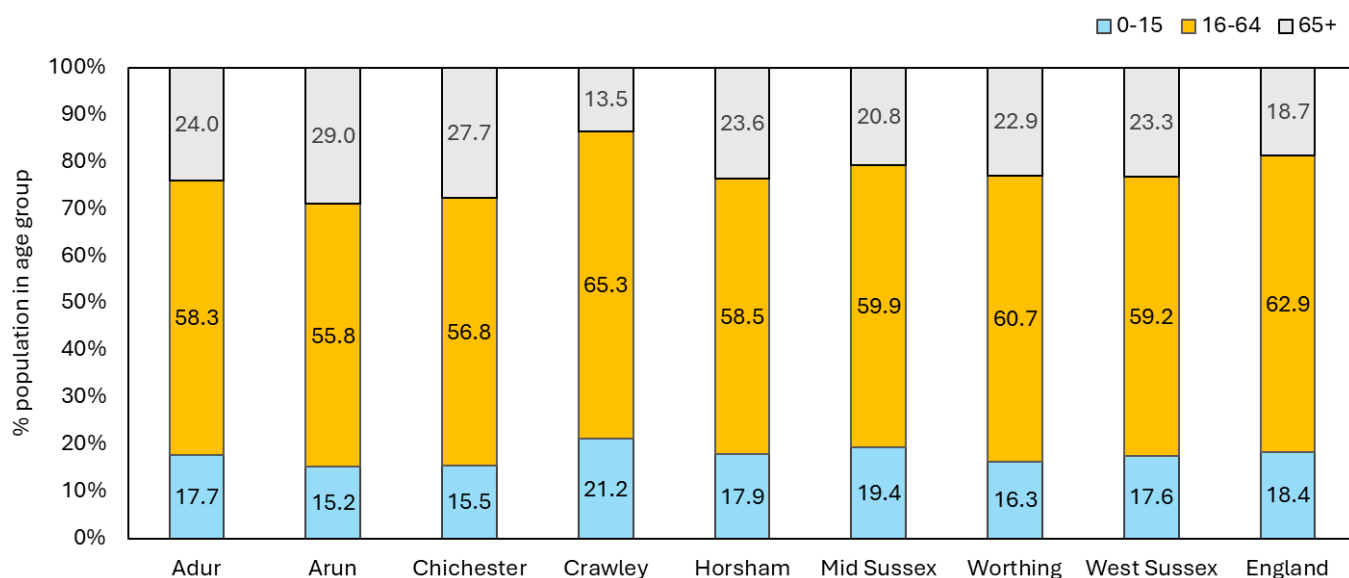
Local Authority	2023	Births	Deaths	Net migration	Net immigration	Other	2024	% Change
Adur	64,688	494	683	223	165	2	64,889	0.3%
Arun	168,102	1,200	2,305	2,916	190	-39	170,064	1.2%
Chichester	127,540	912	1,647	1,362	780	-13	128,934	1.1%
Crawley	122,655	1,428	821	-1,413	2,170	-11	124,008	1.1%
Horsham	149,741	1,258	1,474	1168	840	-12	151,521	1.2%
Mid Sussex	158,410	1,513	1,437	1,774	1,479	16	161,755	2.1%
Worthing	112,897	908	1,335	669	702	25	113,866	0.9%
West Sussex	904,033	7,713	9,702	6,699	6,326	-32	915,037	1.2%

Births and deaths relate to mid-year to mid-year figures, not calendar year as shown in Figure 3.

Source: ONS

In West Sussex, 23% of the population is aged 65 years or over, compared with 19% nationally. This varies across the PNA locality areas, with 29% in Arun aged 65 years or over, down to 14% in Crawley. Crawley stands out within the areas as having a younger population age structure compared with the county and England overall.

Figure 2 Broad Age Structure of Locality Populations

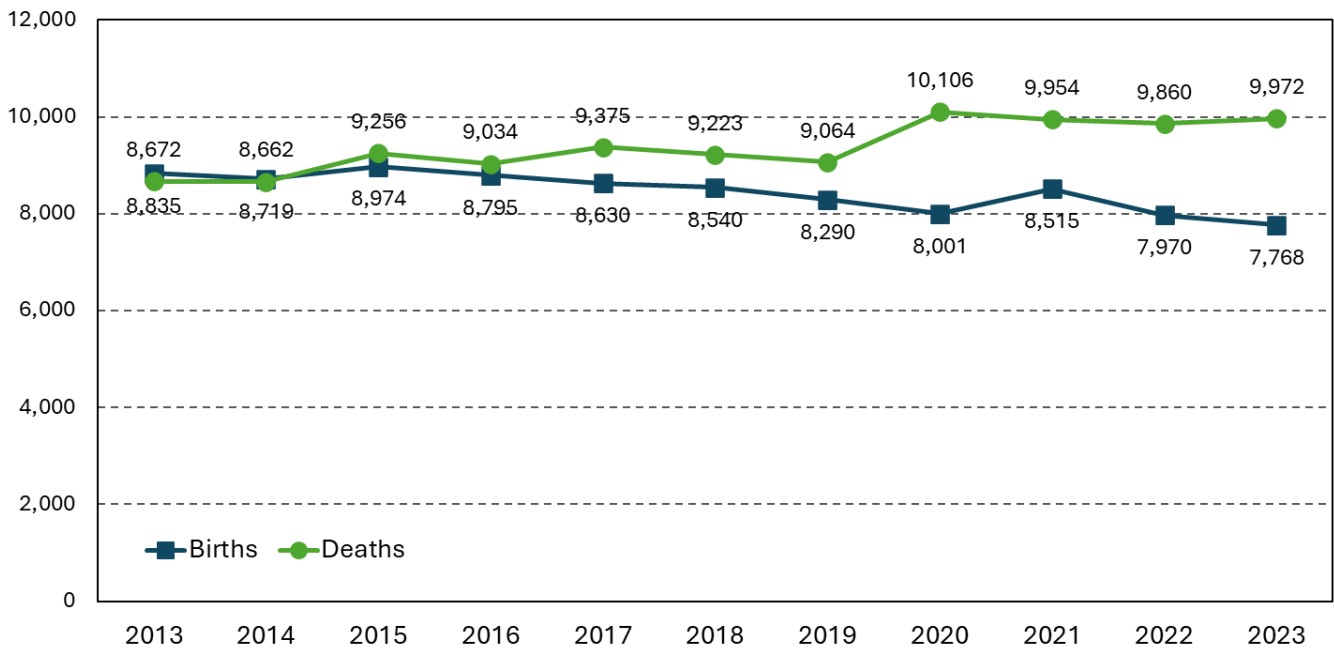


Source: ONS MYE 2024

Births and Deaths

- In 2023 there were 7,768 births in West Sussex, the lowest number in the last ten years.
- In 2022, 22.4% of deliveries in West Sussex were to women born outside of the UK, this was lower than England overall (30%) and Brighton and Hove (32.7%), but higher than East Sussex (14.2%).
- In 2023 there were 9,972 deaths, fewer than in 2020 and 2021 but there has been an upward trend in deaths over the last 10 years.

Figure 3 Births and Deaths in West Sussex 2013 – 2023



Source: ONS. Note data relates to calendar years.

Life Expectancy

The life expectancy in West Sussex, for men and for women, compares well with England. In the period 2021-2023 life expectancy was 80.4 years for men (England = 79.1 years) and 84.4 years for women (England = 83.1 years).

Over the last 20-year period, life expectancy has increased, locally and nationally, although improvement has stalled since the early 2010s. The 2019-21 and 2020-22 period saw a decrease in part related to the COVID-19 pandemic.

Data at lower tier authority level, due to smaller numbers can be volatile, so data have been pooled over a 3-year period. For the latest 3-year pooled period (2021-2023) Horsham has the highest expectancy for men (82.0 years), and Arun and Worthing the lowest (79.3 years). For women Horsham also has the highest life expectancy at 85.5 years and Worthing the lowest at 83.1 years.

Table 2 Life Expectancy at Birth (2021-2023)

Area	Life expectancy at Birth (years) MALES	Life expectancy at Birth (years) FEMALES
Adur	80.8	84.0
Arun	79.3	83.9
Chichester	80.0	84.5
Crawley	79.7	83.7
Horsham	82.0	85.5
Mid Sussex	81.1	85.3
Worthing	79.3	83.1
West Sussex	80.4	84.4
England	79.1	83.1

Source: ONS via OHID Fingertips Tool.

Housing Growth, Development Plans and Population Projections

The Ministry of Housing, Communities and Local Government (MHCLG) publish figures on the housing supply at local authority level. To calculate net additional dwellings, data are collated on new builds, change of use and conversions, with losses taken off, for example as the result of demolition.

Table 3 Net additional dwellings 2015/16 to 2023/24

Area	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Adur	27	60	110	109	9	205	98	105	120
Arun	935	648	743	639	542	721	662	929	1,005
Chichester	680	664	790	735	642	630	701	916	762
Crawley	509	549	322	465	405	521	358	190	139
Horsham	1,178	762	1,098	1,358	921	737	664	414	457
Mid Sussex	829	944	558	609	992	1,042	1,122	1,062	1,237
Worthing	493	362	497	307	411	122	246	269	339
West Sussex	4,650	3,988	4,117	4,221	3,921	3,977	3,851	3,885	4,059

Source: MHCLG

Estimating Future Growth. West Sussex District and Borough Local Plans identify their housing needs and indicate the scale of housing development across the county. West Sussex County Council monitors residential land availability, on behalf of the district and borough councils. This is done through an annual survey to determine how much housing has been built and the amount of land available for future housebuilding. Using this information, it is estimated that between 2026 and 2031 there will be an additional 20,500 dwellings across the county. This PNA has not identified a gap in pharmaceutical provision as a result of the additional housing during the period 2025 to 2028.

Table 4 West Sussex - estimated additional dwellings 2021-26 to 2026-2031

Area	2021 to 2026	2026 to 2031
Adur	1,444	712
Arun	7,124	4,909
Chichester	3,020	1,429
Crawley	1,461	2,307
Horsham	3,272	3,773
Mid Sussex	4,960	6,865
Worthing	1,874	500
West Sussex	23,155	20,495

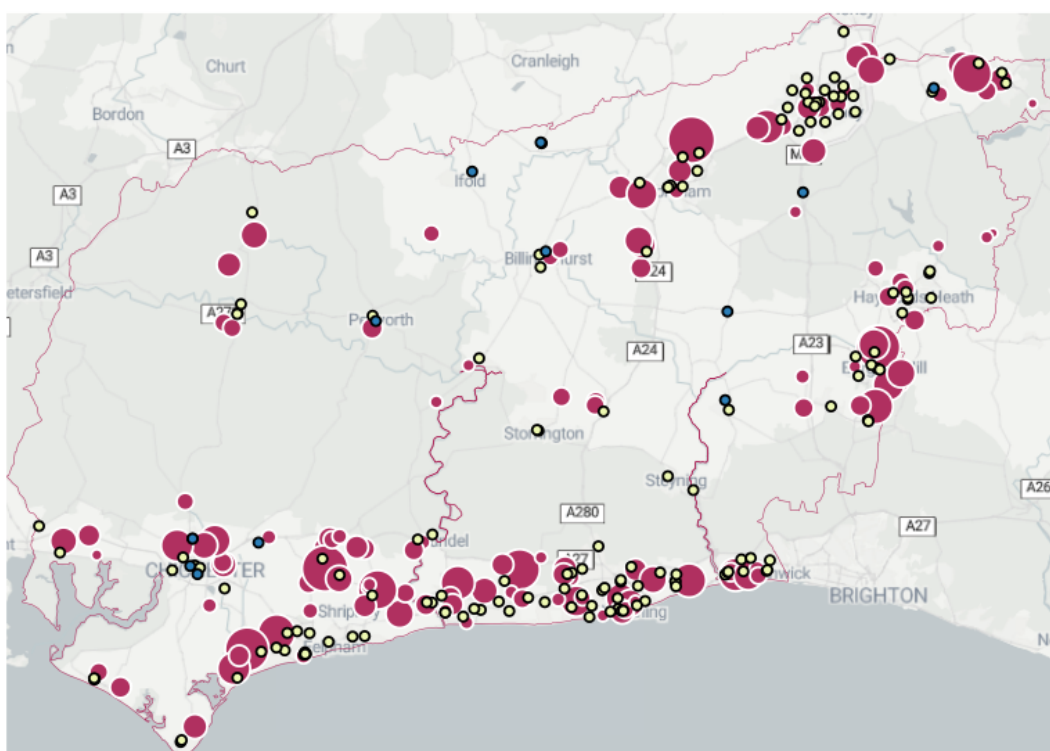
Source: WSCC

Figure 4 West Sussex – Proposed Development Sites 2023/24 to 2027/28

Development sites with 25 or more dwellings; by size of development;
Pharmacies indicated in yellow and dispensing GPs in blue.

Size of development

• 25 • 50 • 100 • 500



Proposed developments based on the 2023 housing survey

© Stadia Maps; © OpenStreetMap contributors

Pharmacy data based on the Consolidated Pharmaceutical List for 2024-25 Q2

Population Projections

ONS Subnational population projections for England: 2022-based have been used in the following section

The population of West Sussex is projected to increase to approximately 934,500 by 2028. This would be an increase of approximately 1.9% from 2025.

The increase is largely attributed to an increase in the population of people aged 65 years or over (6.6% projected increase) with the population of people aged under 65 years being relatively stable.

Table 5 West Sussex Population Projections by Broad Age Group

Projected Year	All Ages	Aged 0 to 15	Aged 16 to 64	Aged 65+
2025	917,400	156,000	544,000	217,500
2026	923,200	154,500	546,700	221,900
2027	928,800	153,000	549,100	226,700
2028	934,500	151,300	551,300	231,900
2029	940,400	150,200	552,900	237,300
2030	946,300	149,200	554,300	242,800

Source: ONS Sub National Population Projections (2022 Based)

Projections at Locality Level

At a locality level the largest percentage increase between 2025 and 2028 is projected for Horsham (2.9%) and Mid Sussex (2.3%), the lowest in Crawley (0.8%) and Adur (0.6%).

Table 6 Population Projections at Locality Level to 2030

Year	Adur	Arun	Chichester	Crawley	Horsham	Mid Sussex	Worthing
2025	65,200	170,900	129,800	122,900	154,300	160,000	114,300
2026	65,400	172,100	130,700	123,200	155,800	161,200	114,900
2027	65,500	173,200	131,500	123,600	157,300	162,400	115,400
2028	65,600	174,300	132,300	123,900	158,700	163,600	116,000
2029	65,800	175,500	133,200	124,400	160,200	164,800	116,600
2030	65,900	176,700	134,100	124,800	161,700	165,900	117,100

Source: ONS Sub National Population Projections (2022 Based)

Population Groups- Protected Characteristics

The Equality Act 2010 consolidated and replaced previous legislation in a Single Act. Public bodies must have due regard to:

- eliminate discrimination.
- advance equality of opportunity.
- foster good relations between different people when carrying out their activities.

There are nine protected characteristics; it is against the law to discriminate against someone because of a protected characteristic. A broad summary describing the West Sussex population by protected characteristics is outlined below.

Disability

The term "disability" is frequently used but, often, poorly defined. Estimating the prevalence and type of disability within a population is difficult. The purpose of a definition, for example, for deciding educational support versus eligibility for welfare benefits, as opposed to a "formal diagnosis" can mean that different sources can provide very different pictures of the local population.

The Equality Act 2010 (EA2010) defines an individual as disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal day-to-day activities.

The Census uses two questions, if people answer yes to the first question,

"Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?"

a further question is used,

"Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?"

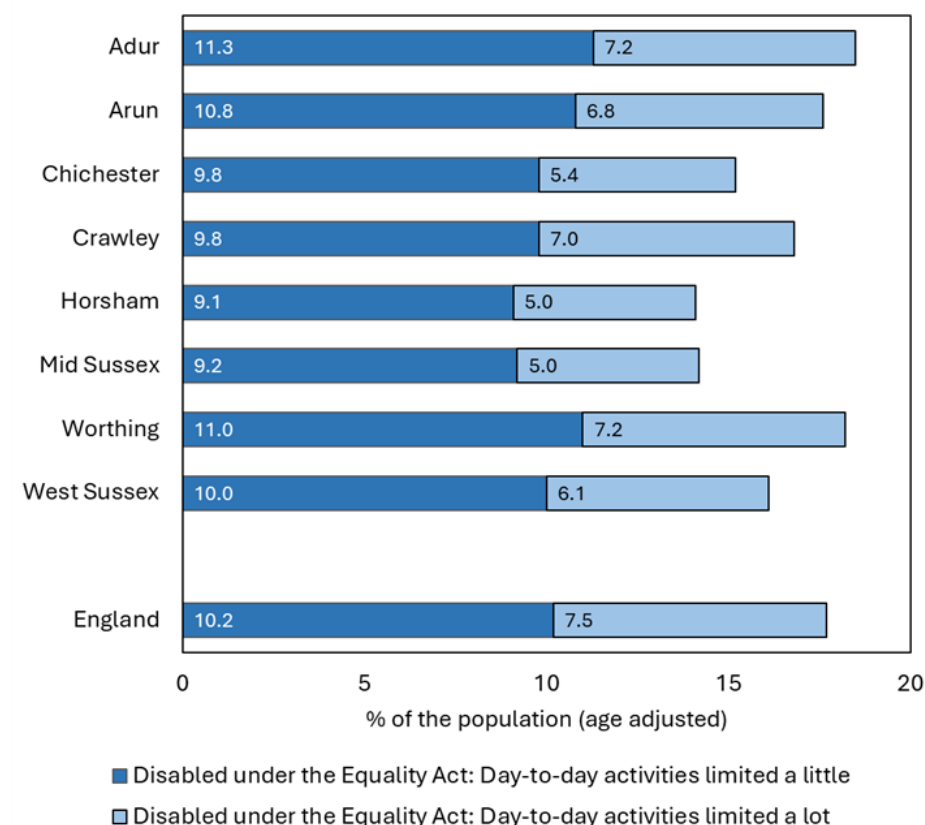
to provide an estimate.

It should be noted that the 2021 Census was conducted in March 2021 during the COVID-19 pandemic and this may have impacted both the health status and the perception of health of respondents.

As disability increases with age, places, such as Arun, with older populations will have more people who meet the EA2010 definition.

After taking into consideration the age structure of the population, Adur has the highest percentage of residents who are disabled, with 11.3% having daily activity limited a little, 7.2% of people with daily activities limited a lot.

Figure 5 Percentage of the Population Disabled under the Equality Act definition (Age Adjusted)

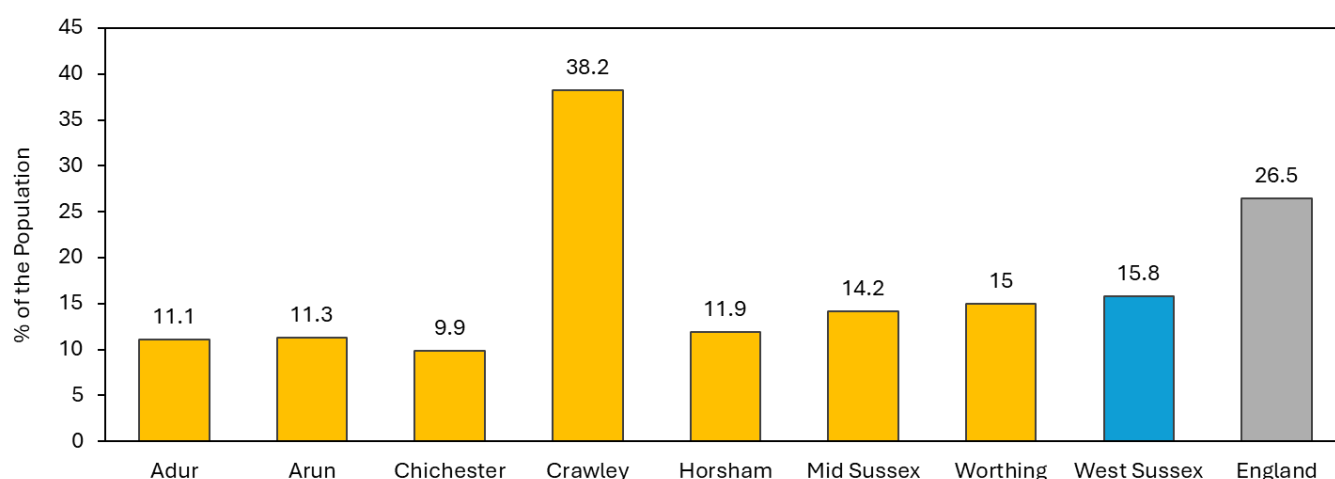


Source: ONS Census 2021

Ethnic Diversity

The Census provides the most comprehensive picture of ethnicity in the UK. Outside of the Census, data are often poorly collected. There are considerable differences within the county, 15.8% of the population in West Sussex is from a minority ethnic group, this rises to over 38% in Crawley.

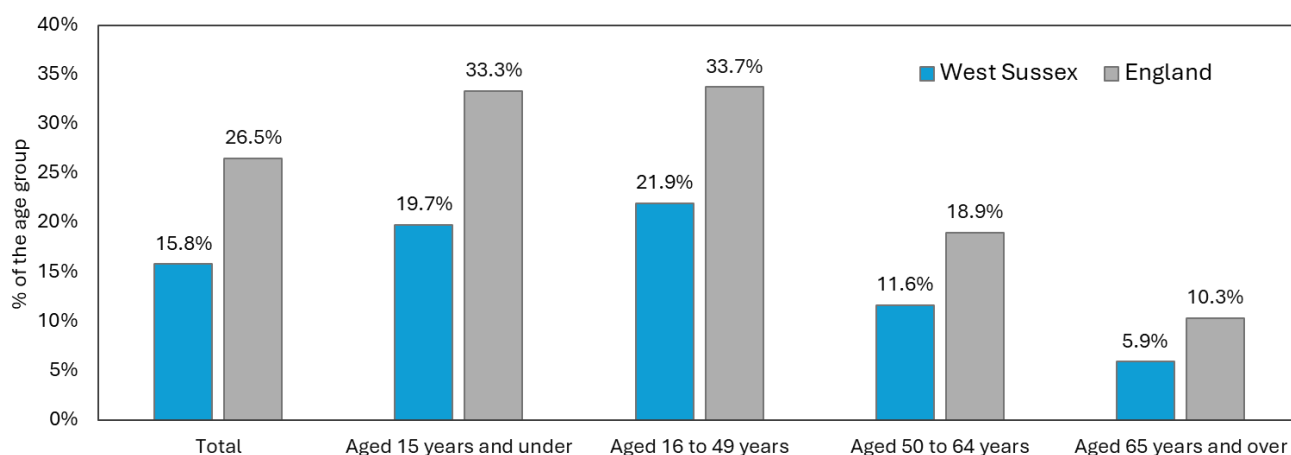
Figure 6 Percentage of Residents Non-White British



Source: ONS Census 2021

There are also differences by age. The working age group in West Sussex has the highest percentage of people from ethnic minority backgrounds, with more than one in five people of working age from a non-White British ethnic background.

Figure 7 Percentage of Age Group Non-White British, West Sussex and England



Source: ONS Census 2021

Gypsy, Roma and Traveller (GRT)

There are nine permanent Gypsy, Roma and Traveller sites in West Sussex, owned and managed by the council:

- Adversane – Billingshurst.
- Cousins Copse – Five Oaks near Horsham.
- Easthampnett – near Tangmere.
- Fairplace Hill – Burgess Hill.
- Little Horsgate – Cuckfield.
- Ryebank – Yapton.
- Walstead – Haywards Heath.
- Westbourne.
- New Withy Park – near Lancing.

According to the 2021 Census, there are currently around 2,300 living within West Sussex, including those in settled accommodation.

Religion

Data from the Census 2021 showed that over approximately 65% of people stated that they had a religious affiliation, ranging from 52% in Adur to 65% in Crawley.

Table 7 Religious Affiliation (% of population)

Religion (%)	Adur	Arun	Chichester	Crawley	Horsham	Mid Sussex	Worthing	West Sussex	England
Christian	43.1	52.1	53.1	42.6	49.3	47.9	43.9	48.1	46.3
Buddhist	0.4	0.3	0.5	0.4	0.4	0.4	0.6	0.4	0.5
Hindu	0.3	0.2	0.3	5.1	0.6	1.0	0.7	1.1	1.8
Jewish	0.4	0.2	0.2	0.0	0.2	0.2	0.2	0.2	0.5
Muslim	1.3	0.7	0.6	9.7	0.9	1.2	1.7	2.2	6.7
Sikh	0.0	0.0	0.0	0.7	0.0	0.0	0.1	0.2	0.9
Other	0.6	0.5	0.5	0.5	0.4	7.3	0.7	0.6	0.6
No religion	47.9	39.9	38.7	35.1	42.1	42.1	45.7	41.1	36.7
Not stated	5.9	6.0	6.2	5.7	6.1	6.3	6.3	0.6	6.0

Source: Census 2021. Note this is a voluntary question on the census.

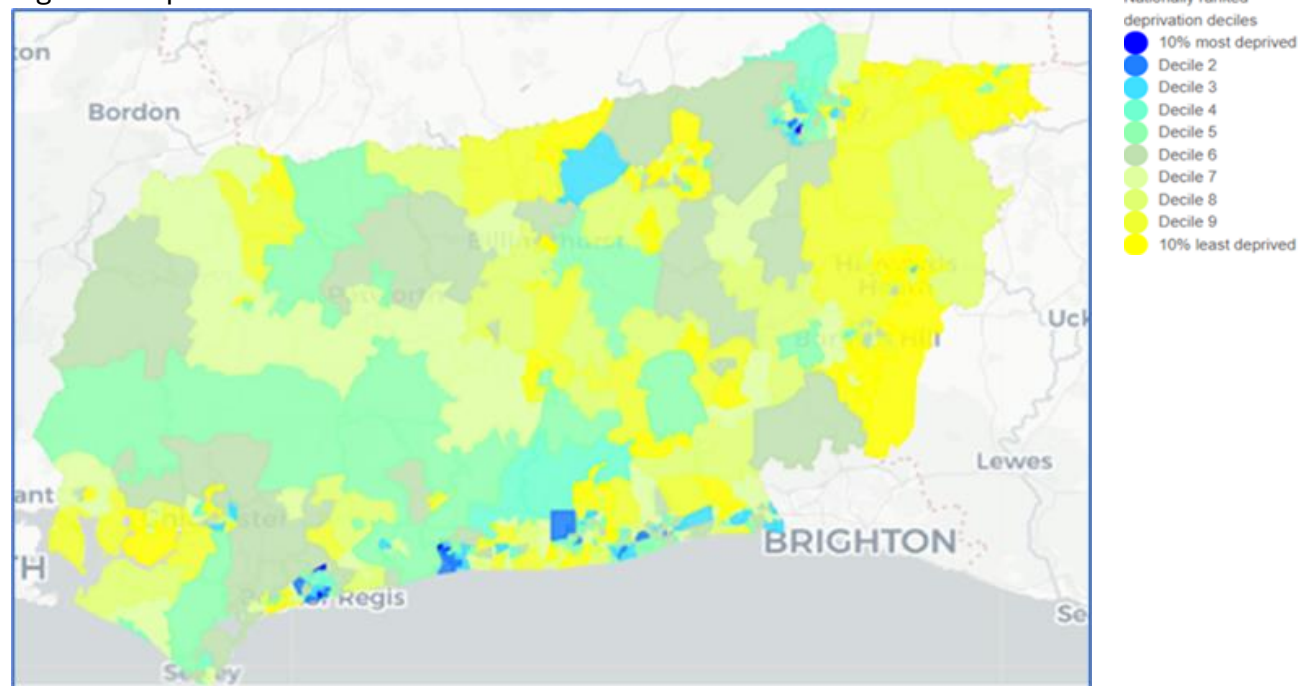
Other groups at risk of poorer health outcomes

Deprivation

The Index of Deprivation 2019 (ID2019) was published by the then Government Department of Communities and Local Government. ID2019 measures relative deprivation, i.e., how deprived one area is compared with another; it doesn't measure absolute deprivation, i.e., how deprived an area is compared with how deprived it was a year ago.

Overall, the county is one of the least deprived areas in the country, but some neighbourhoods in Arun and Crawley now rank amongst the poorest 10% of all areas in England. The map below shades areas of the county according to their relative position on the ID2019. Areas shaded dark blue are within the most deprived 10% of all neighbourhoods in the country and, areas shaded dark yellow are within the least deprived.

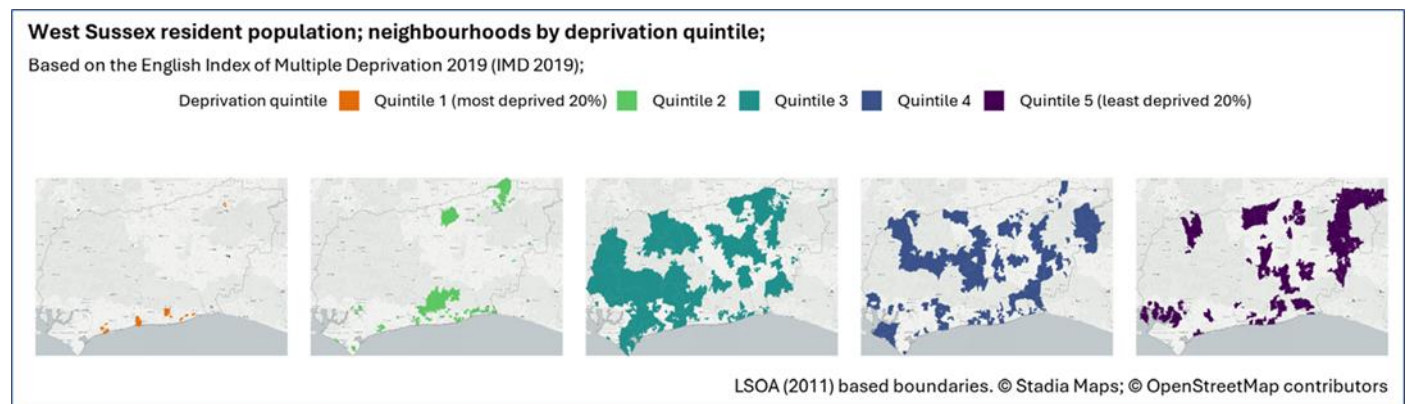
Figure 8 Deprivation in West Sussex



Source: MHCLG

Using the Index of Deprivation 2019 we can split the county into deprivation quintiles. There are a few neighbourhoods in West Sussex within the 20% most deprived areas in England. The population is not evenly split. Using population estimates from 2022 only 33,350 people live in quintile 1, compared with over 280,000 people in quintile 5

Figure 9 Deprivation Quintile in West Sussex



Source: MHCLG

Coastal Inequalities

Nationally and locally, coastal communities live with poorer health than their non-coastal neighbours. Coastal areas in West Sussex have, on average, older populations, and a higher proportion of the population live in deprived areas.

- Over a third (37.6%) of the usual resident population of West Sussex live in a coastal town.
- Coastal towns in West Sussex have a higher proportion of their population living in the most deprived areas than non-coastal towns according to the Index of Multiple Deprivation.
- A significantly higher proportion of people living in West Sussex coastal towns are not in good health compared to non-coastal towns. In the 2021 census, 18.1% of people living in our coastal towns reported that they were not in good health, compared to 15.5% of people in non-coastal towns.
- Coastal West Sussex has a higher burden of disease than non-coastal areas. The estimated prevalence of health conditions recorded by GPs is higher in coastal than non-coastal areas, and also exceeds the county and national averages. For example, the proportion of patients in West Sussex coastal towns on GP disease registers for chronic obstructive pulmonary disease is 50.5% higher than in non-coastal towns.

Child Poverty

The rate of child poverty, at county level, is lower compared with the Southeast and England. In West Sussex using DWP data (for children under 16 years) in 2024 (Financial Year) there were 22,247 children under 16 years old living in relative low-income families.

Child poverty rates differ across the county and fluctuate from year to year. In some areas the rate of child poverty has remained relatively stable, in others it has increased considerably. Of note Crawley where the child poverty rate had been below 14% in 2017 and has risen to over 20%

Table 8 Children living in low-income households (% of children aged under 16 years)

Locality	2017	2018	2019	2020	2021	2022	2023	2024
Adur	12.7%	14.3%	13.5%	15.4%	14.7%	13.1%	13.9%	15.3%
Arun	13.2%	15.3%	14.3%	17.5%	14.7%	15.0%	16.6%	17.4%
Chichester	10.1%	11.9%	11.9%	13.9%	12.1%	12.3%	14.4%	14.0%
Crawley	13.8%	16.3%	15.6%	19.5%	18.2%	19.0%	20.1%	20.6%
Horsham	7.7%	8.4%	8.1%	9.6%	8.8%	8.6%	9.5%	9.8%
Mid Sussex	6.5%	7.5%	7.0%	8.3%	7.5%	7.1%	7.8%	8.2%
Worthing	12.2%	13.6%	12.9%	14.7%	13.4%	12.5%	14.0%	14.9%
West Sussex	10.6%	12.2%	11.6%	13.8%	12.4%	12.3%	13.5%	14.0%
UK	17.4%	19.7%	18.3%	21.1%	18.4%	19.1%	21.1%	21.8%

Source: DWP, data relate to financial years.

Residents on Out of Work Benefits

In March 2025, there were 16,490 people aged 16-64 years in West Sussex on out of work benefits, an estimated 3.1% of the 16-64 years population. This is lower than the overall England rate of 4.3%. Across West Sussex all areas except for Crawley have rates below the England rate.

Table 9 People aged 16-64 years on Out of Work Benefit (March 2025)

Area	Number of People	As % of residents aged 16-64
Adur	1,135	3.0
Arun	3,450	3.8
Chichester	2,540	3.5
Crawley	3,485	4.5
Horsham	1,825	2.1
Mid Sussex	1,835	1.9
Worthing	2,130	3.1
West Sussex	16,490	3.1

Source: DWP data accesses via nomisweb.co.uk

Carers

The 2021 Census collected data on residents, aged 5 years and over, by the number of hours of unpaid care they provided. Unpaid care is split into an escalating number of hours. Over 72,800 people in West Sussex stated they provided some level of unpaid care each week, with over 20,300 providing 50 hours or more of care.

In Spring 2023 a category for young carers was added to the annual school census for state schools. Across England overall 0.5% of primary school pupils and 0.9% of secondary school pupils were identified as carers. In West Sussex, the percentage is slightly higher for both phases, with 0.7% of primary school pupils and 1.1% of secondary school pupils.

Table 10 Provision of unpaid care by age and hours - West Sussex 2021

Age (years)	Total Population Aged 5+ years (2021)	No unpaid care	19 hours or less	20-49 hours	50+ hours
15 and under	111,030	109,790	975	145	125
16 to 24	76,345	73,175	1,975	850	345
25-34	101,880	96,125	2,820	1,495	1,440
35 to 49	166,680	151,545	7,715	3,130	4,29
50 to 64	180,820	153,005	17,700	4,500	5,620
65 +	201,390	181,695	8,455	2,730	8,505
Total	838,150	765,335	39,640	12,850	20,325

Source: Census 2021 Table RM113

Using data from the Census 2021, we know that carers, and notably carers who care for long hours per week, have poorer health outcomes than their peers.

Homelessness

Households owed a duty under the Homelessness Reduction Act- In 2023/24 there were 3,800 households assessed as being owed a duty under the Act. Crawley had the highest rate of households (per 1,000 households) owed a duty. The rate in Crawley was significantly higher than England.

Table 11 Households owed a duty under the Homelessness Reduction Act (2023/24)

Locality	Households	Rate per 1,000 Households
Adur	207	7.2
Arun	979	12.9
Chichester	446	7.9
Crawley	847	18.3
Horsham	346	5.3
Mid Sussex	463	7.2
Worthing	512	9.9
West Sussex	3,800	9.8
England	324,990	13.4

Source: OHID, based on Ministry of Housing, Communities and Local Government and Office for National Statistics data

Temporary accommodation – In 2023/24, across West Sussex, there were 1,477 households in temporary accommodation. Worthing and Crawley had the highest rates, both significantly higher than England.

Table 12 Households in Temporary Accommodation (2023/24)

Locality	Households in Temporary Accommodation	Rate per 1,000 Households
Adur	135	4.7
Arun	193	2.6
Chichester	88	1.6
Crawley	445	9.6
Horsham	143	2.2
Mid Sussex	72	1.1
Worthing	401	7.8
West Sussex	1,476	3.8
England	111,215	4.6

Source: OHID, based on Ministry of Housing, Communities and Local Government and Office for National Statistics data

Rough Sleeper counts - The Government figures on rough sleeping estimate of the number of people sleeping rough on a single night in autumn and as such are a crude snapshot of rough sleeping, and do not cover all homeless people such as those who may be “sofa surfing”. In 2023 55 people were counted as sleeping rough in West Sussex.

Other Population Groups

Military Veterans and Armed Forces Personnel

In West Sussex there is a military base at Thorney Island, near Chichester, where regiments from the Royal Artillery reside, with a resident population of approximately 1,800. Serving personnel on the island may be subject to re-basing after a period of time, and this brings about changes in the population as they move with their families. For the serving personnel, there are medical and dental facilities provided by the Ministry of Defence. For their families and children, these services are available off-base through the NHS and private services. In terms of military veterans, data from the Census 2021 show that almost 24,500 people have served in the armed forces.

Table 13 Military Veterans as recorded on the Census 2021

Area	Served (number)	Served (% of population)
Adur	1,819	3.4
Arun	5,930	4.2
Chichester	4,551	4.3
Crawley	1,957	2.1
Horsham	3,815	3.2
Mid Sussex	3,365	2.7
Worthing	2,937	3.2
West Sussex	24,374	3.4

Source: ONS Census 2021

People Living in Care Homes (Aged 65 years or over)

At the time of the 2021 Census there were 6,545 people aged 65 years or over living in a residential or nursing home. While the Census provides the most detailed information about people living in residential care, the census was undertaken in March 2021, during the COVID-19 pandemic. Outside of the Census the ONS produce annual estimates of people living in communal care. For the period March 2022 to February 2023, ONS estimate that there were approximately 8,025 people aged 65 or over resident in care homes.

Table 14 People (65 years or over) living in residential and nursing homes

Area	Total 65+	Total 85+
Adur	365	225
Arun	1,730	1,005
Chichester	1,075	625
Crawley	250	155
Horsham	935	610
Mid Sussex	965	625
Worthing	1,225	670
West Sussex	6,545	3,915

Source: ONS Census 2021

Children in Care and Care leavers

As of March 2024, there were 906 children looked after in West Sussex, of those 85 were unaccompanied asylum-seeking children. In 2024 there were approximately 660 care leavers aged 17 to 21 years.

Students

According to the 2021 Census, there were approximately 38,000 full time students aged 16 years or over in West Sussex, approximately 5.2% of the 16+ population, a lower percentage than England (7.7%) and the South East (7.0%).

The University of Chichester has approximately 6,000 students.

Day Population and Visitors

As part of the 2021 Census, information on daytime population is provided (that includes people who live outside the area but work/study in West Sussex and excludes those who live in West Sussex but work/study elsewhere).

In 2021 the day population was broadly similar to the resident population (approx. 873,683 compared with a resident population of 882,680). However, there are differences across West Sussex, notably in relation to the working age population. In Chichester and Crawley there are around 13,000 more people during the workday than are resident (i.e., more people travel into Chichester and Crawley for work or study than travel out), whereas there were around 12,000 fewer working age people in Arun during the day than resident (i.e., more people travel out of Arun for work or study than travel in).

Languages Spoken

The range of main language spoken in West Sussex is extensive. At the time of the last census (2021). Twenty-two languages were recorded as spoken by at least 500 people across the county.

Throughout West Sussex 9% of the population do not use English as their first language. After English, the most used language is Polish.

Refugees and Asylum Seekers

Note on definition: Asylum is protection given by a country to someone fleeing from persecution in their own country. An asylum seeker is someone who has applied for asylum and is awaiting a decision on whether they will be granted refugee status. An asylum applicant who does not qualify for refugee status may still be granted leave to remain in the UK for humanitarian or other reasons. An asylum seeker whose application is refused at initial decision may appeal the decision through an appeal process and, if successful, may be granted leave to remain (*Taken from Asylum Statistics, Research Briefing House of Commons Library March 2022*).

Data at a local authority level relating to people seeking or granted refugee status is published by the Home Office. The impact of the situations such as those in Syria, Afghanistan and latterly Ukraine mean numbers are volatile.

Two sets of data on local authorities are published. Information on specific schemes and information on people in receipt of Section 95 support. Section 95 support is means tested support provided to people without the ability to support themselves.

Table 15 Immigration groups, Year Ending Sept 2024

Locality	Homes for Ukraine - not including super sponsors (arrivals)	Afghan Resettlement (total) (population)	Supported Asylum (total) (population)	All 3 pathways (total)	% of population
Adur	109	4	0	113	0.17%
Arun	346	98	0	444	0.26%
Chichester	632	126	192	950	0.74%
Crawley	275	67	465	807	0.67%
Horsham	519	63	139	721	0.48%
Mid Sussex	532	68	621	1,221	0.77%
Worthing	153	19	15	187	0.17%

Source: Home Office Statistics Table Reg_02

Table 16 Asylum seekers in receipt of support by Local Authority, Period Ending March 2023 to Dec 2024

Locality	31 Mar 2023	30 Jun 2023	30 Sep 2023	31 Dec 2023	31 Mar 2024	30 Jun 2024	30 Sep 2024	31 Dec 2024
Adur	0	0	0	0	0	0	0	0
Arun	1	0	2	0	0	0	0	0
Chichester	22	26	135	223	141	174	192	238
Crawley	587	526	533	604	376	322	465	437
Horsham	112	168	165	155	98	145	139	138
Mid Sussex	414	388	368	311	195	317	621	533
Worthing	1	8	6	11	12	13	15	10
West Sussex	1,137	1,116	1,209	1,304	822	971	1,432	1,356

Source: Home Office Statistics Table Asy_D11

5. Health and Wellbeing in West Sussex

Key Points

- Using the Global Burden of Disease Study 2021, the major causes of death in West Sussex are cancer, cardiovascular disease, respiratory infections and neurological disorders (such as dementia). In terms of causes of ill health, musculoskeletal problems, such as lower back pain and arthritis, migraines and mental health, also place a considerable burden on the population health.
- In terms of the risks for poorer health the leading risks are smoking, a high body mass index, poor diet, high systolic blood pressure and a high fasting plasma glucose.
- Overall, West Sussex has a similar smoking rate compared with England. In West Sussex approximately one in ten adults are smokers, with higher rates in Crawley and amongst routine and manual workers.
- One in 5 adults are physically inactive and 1 in 4 adults are estimated to be obese.
- In 2023/24 there were over 4,400 admissions to hospital for alcohol specific conditions.
- It is estimated that between 1,200-3,200 West Sussex residents use opiates and/or crack cocaine.
- Teenage conceptions have steadily declined in the last 20 years, and West Sussex has a rate below that of England. In 2021 there were 113 conceptions amongst females aged 15-17 years.
- In relation to mental health, there are over 9,100 people on the Severe Mental Illness (SMI) GP register, over 102,000 people recorded as having depression and over 9,400 people on GP dementia registers.

Causes of Death and Ill Health.

Data from the Global Burden of Disease (GBD) study for West Sussex sets out what the major causes of death and illness are. Data from the 2021 study shows that cardiovascular disease, cancer and neurological disorders (which includes dementia) are the major causes of death. In terms of ill health, causes such as musculoskeletal disorders (such as lower back pain and arthritis), mental health and sensory impairment place a considerable burden on the population.

Table 17 Causes of Mortality - West Sussex (2021)

Rank	Deaths	Years of Life Lost (YLLs)
1	Neoplasms (2,892)	Neoplasms (50,765)
2	Cardiovascular diseases (2,427)	Cardiovascular diseases (33,791)
3	Respiratory infections and tuberculosis (1,866)	Respiratory infections and tuberculosis (24,871)
4	Neurological disorders (909)	Neurological disorders (11,846)
5	Chronic respiratory diseases (670)	Chronic respiratory diseases (9,660)
6	Digestive diseases (451)	Digestive diseases (7,855)
7	Diabetes and kidney diseases (216)	Other non-communicable diseases (3,226)
8	Unintentional injuries (186)	Self-harm and interpersonal violence (3,172)
9	Other non-communicable diseases (165)	Diabetes and kidney diseases (2,905)
10	Self-harm and interpersonal violence (79)	Unintentional injuries (2,874)

Source: Global Burden of Disease 2021, University of Washington 2024

Table 18 Causes of Disability - West Sussex (2021)

Rank	Years Lived with a Disability (YLDs)	Disability-adjusted life years lost (DALYs)
1	Musculoskeletal disorders (27,454)	Neoplasms (53,800)
2	Mental disorders (21,766)	Cardiovascular diseases (38,756)
3	Neurological disorders (11,032)	Musculoskeletal disorders (28,297)
4	Other non-communicable diseases (9,819)	Respiratory infections and tuberculosis (26,648)
5	Sense organ diseases (9,145)	Neurological disorders (22,878)
6	Diabetes and kidney diseases (8,398)	Mental disorders (21,772)
7	Unintentional injuries (7,954)	Chronic respiratory diseases (15,602)
8	Chronic respiratory diseases (5,942)	Other non-communicable diseases (13,045)
9	Cardiovascular diseases (4,964)	Diabetes and kidney diseases (11,303)
10	Skin and subcutaneous diseases (4,789)	Unintentional injuries (10,828)

Source: Global Burden of Disease 2021, University of Washington 2024

Risk Factors for Poorer Health. A risk factor is defined as an attribute, behaviour or exposure, causally associated with an increased (or decreased) probability of a disease or injury. Some risk factors are modifiable at the level of the individual (e.g., smoking, dietary intake), whilst others are modifiable at wider environmental levels (e.g., air pollution). For West Sussex the top five risk factors for death and for ill health are tobacco, high body mass index, dietary risks, high systolic blood pressure and high fasting plasma glucose.

Health Behaviours

Smoking and vaping

Smoking remains one of the biggest causes of death and ill health in the UK and as smoking is more prevalent in lower income groups it is also a driver of health inequality. Using national data for the period 2021-2023 Crawley has the highest percentage of smokers (18.5% of the adult population) compared with Adur, with 8.1%.

Table 19 Smoking Rate by Locality, National Survey Data (Pooled Years 2021-2023)

Locality	Smoking Rate (%)	Confidence Interval
Adur	8.1%	3.2 -13.1
Arun	12.9%	9.0 – 16.7
Chichester	12.7%	7.6 – 17.8
Crawley	18.5%	12.3 – 24.8
Horsham	10.8%	6.5 – 15.1
Mid Sussex	10.4%	6.9 – 13.9
Worthing	16.5%	10.5 -22.6
West Sussex	12.8%	11.0 – 14.6
England	12.4%	12.2 – 12.6

Source: OHID, based on Office for National Statistics data

Using locally collected data (via the West Sussex Your Health Matters Survey 2024) a clear social gradient in relation to smoking can be observed, with smoking rates increasing with deprivation. The survey data showed that 16.2% of people in the most deprived area, smoking compared with 4.3% in the least deprived.

Table 20 Smoking rates by deprivation quintile, Local Survey Data 2024

Respondent Location	Smoking Rate	Confidence interval
Most Deprived Area	16.2%	14.3% - 18.4%
Quintile 2	10.1%	8.4% - 12.0%
Quintile 3	8.9%	7.5% - 10.6%
Quintile 4	6.9%	5.7% - 8.4%
Least Deprived Area	4.3%	3.4% - 5.5%

Source: WSCC Public Health and Social Research Unit, this excludes people who answered preferred not to say.

Using local survey data, we found that fewer people said they currently vaped, ranging from 11.1% in most deprived area to 4.5% in least deprived.

Table 21 Vaping rates by deprivation quintile, Local Survey Data 2024

Respondent Location	Vaping Rate	Confidence interval
Most Deprived Area	11.1%	9.4% - 13.0%
Quintile 2	8.9%	7.3% - 10.7%
Quintile 3	7.1%	5.8% - 8.7%
Quintile 4	5.7%	4.6% - 7.1%
Least Deprived Area	4.5%	3.5% - 5.6%

Physical Activity / Inactivity

An estimated 70% of adults were classed as physically active, that is doing at least 150 minutes physical activity per week in bouts of 10 minutes or more in the previous 28 days. This is higher than England.

In 2022/23 Chichester had the highest rate of physical activity, Crawley the lowest.

Figure 10 Percentage of Adults Physically Active (2022/23)

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	-	67.1	66.9	67.4
West Sussex	-	-	70.4	68.9	72.0
Adur	-	-	67.8	63.8	71.8
Arun	-	-	68.6	64.3	72.6
Chichester	-	-	73.8	69.8	77.6
Crawley	-	-	64.7	60.3	69.0
Horsham	-	-	72.8	68.7	76.8
Mid Sussex	-	-	72.6	68.6	76.4
Worthing	-	-	70.5	66.5	74.4

Source: OHID, based on Sport England data

In relation to inactivity, that is people doing less than 30 minutes physical activity per week in bouts of 10 minutes or more in the previous 28 days, around 19% of adults were physically inactive.

Figure 11 Percentage of Adults Physically Inactive (2022/23)

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	-	22.6	22.4	22.8
West Sussex	-	-	19.1	17.8	20.4
Adur	-	-	20.3	17.0	23.8
Arun	-	-	19.6	16.1	23.1
Chichester	-	-	19.6	16.3	23.2
Crawley	-	-	24.3	20.5	28.3
Horsham	-	-	15.7	12.4	19.0
Mid Sussex	-	-	16.5	13.2	19.8
Worthing	-	-	20.1	16.7	23.6

Source: OHID, based on Sport England data

Obesity

In 2022/23, around 24% of adults were classified as obese. This compares with 26% in England overall. Higher rates were noted in Arun and Adur.

Figure 12 Adult Obesity Rates (2022/23)

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	-	26.2	26.0	26.5
West Sussex	-	-	23.9	22.4	25.5
Adur	-	-	27.4	23.3	31.6
Arun	-	-	29.6	25.2	34.2
Chichester	-	-	24.7	20.7	28.7
Crawley	-	-	22.9	18.8	27.2
Horsham	-	-	22.7	18.9	26.9
Mid Sussex	-	-	16.1	12.7	19.7
Worthing	-	-	24.8	20.8	28.7

Source: OHID, based on Sport England data

In relation to children, 20% of reception aged pupils and 31% of Year 6 pupils (10/11 year olds) were measured as overweight in 2023/24.

Figure 13 Percentage of Reception Aged Pupils measured as overweight (2023/24)

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	123,709	22.1	22.0	22.2
West Sussex	→	1,725	20.3	19.5	21.2
Adur	→	145	24.0	20.4	27.1
Arun	→	320	23.2	21.1	25.6
Chichester	→	185	18.9	16.4	21.3
Crawley	→	310	21.3	19.3	23.5
Horsham	→	250	17.6	15.8	19.8
Mid Sussex	→	305	18.7	17.0	20.7
Worthing	→	210	20.6	18.1	23.0

Source: NHS England, National Child Measurement Programme, via OHID

Figure 14 Percentage of Year 6 Pupils measured as overweight (2023/24)

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	→	217,532	35.8	35.7	36.0
West Sussex	↑	2,785	31.2	30.2	32.1
Adur	→	220	30.8	27.8	34.6
Arun	↑	570	37.3	34.8	39.6
Chichester	→	305	29.2	26.4	31.8
Crawley	→	505	34.4	32.0	36.9
Horsham	→	365	25.5	23.4	28.0
Mid Sussex	→	430	26.3	24.1	28.4
Worthing	→	390	35.1	32.5	38.1

Source: NHS England, National Child Measurement Programme, via OHID

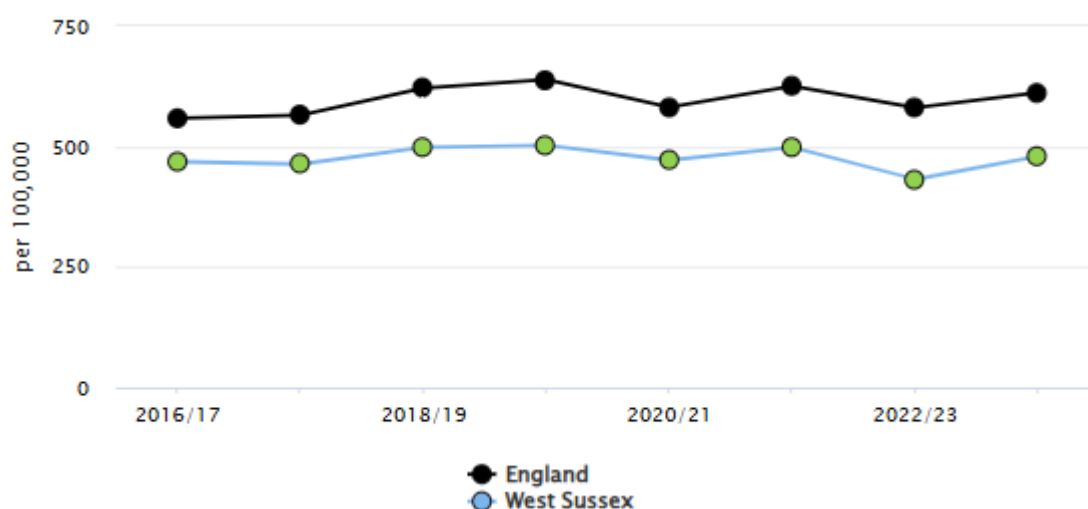
Substance Misuse

Alcohol. Estimates from the Health Survey for England are relatively old. For the period 2015 to 2018 it was estimated that one in four adults in West Sussex drank more than 14 units of alcohol per week. This was higher than the national rate of 22.8%.

Recent local survey data indicate that a higher proportion of people in the most deprived areas said they did not drink at all. People in less deprived areas report drinking more frequently, with over 18% of respondents saying they had alcohol 4 times or more a week. When including people who said they did not drink at all, a higher proportion of people in the least deprived areas drank 14 units or more of alcohol a week, 23.1% in the least deprived areas compared with 18.8% in the most deprived, when excluding people who abstain the difference is less pronounced (28.5% v 27.1%).

Alcohol Related Admissions to Hospital. In 2023/24 there were 4,433 admission episodes for alcohol-specific conditions, representing a rate of 480 per 100,000 population. This is a lower rate than England and has remained relatively stable over recent years.

Figure 15 Alcohol related Admissions - Rate per 100,000, West Sussex and England



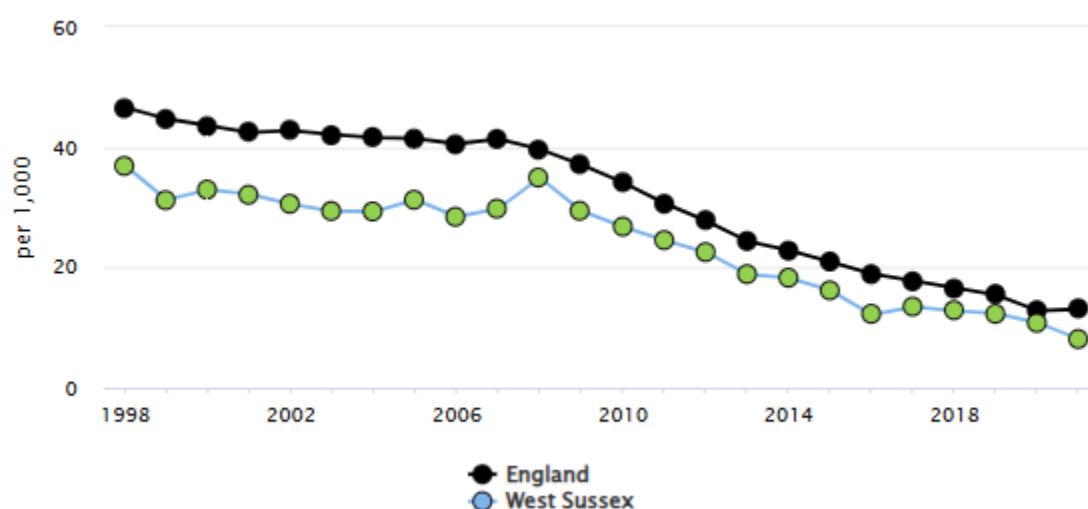
Source: OHID

Drugs. Based on 2019-20 data, in West Sussex, there were estimated to be approx. 3,000 opiate or crack users, with around 1,000 using both opiates and crack. These rates are believed to be significantly lower than the England averages and vary by age. Using data from treatment services regarding those known to be in treatment, OHID calculate that roughly 55% of those with an opiate and/or crack-use treatment need are in the community and not accessing treatment services (as of December 2023).

Sexual Health

Teenage Pregnancy. Teenage conceptions have steadily declined in the last 20 years, and West Sussex has a rate below that of England. In 2021 there were 113 conceptions amongst females aged 15-17 years. The West Sussex rate was 8.1 per 1,000 females aged 15-17 years, compared with 13.1 per 1,000 nationally. Ten years earlier in 2011, there were 338 conceptions amongst 15-17-year-olds.

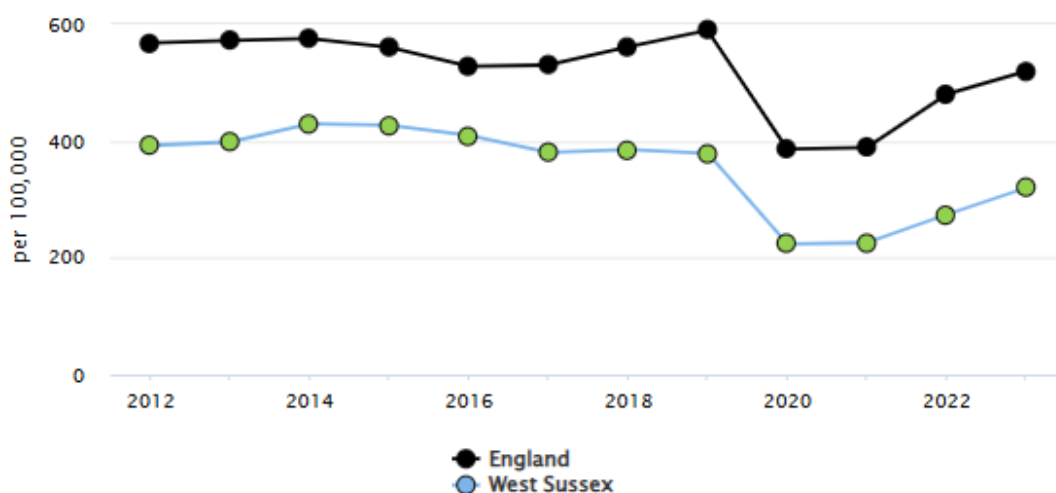
Figure 16 U18 Conception Rate - West Sussex and England



Source: OHID Fingertips Tool

New Diagnosis of Sexually Transmitted Illnesses. In 2023 there were a total of 2,855 new STI diagnoses, a rate of 320 per 100,000 population. This is a small increase compared with 2022, and below the national rate (520 per 100,000). The trend in recent years has been increasing, towards the pre-pandemic level.

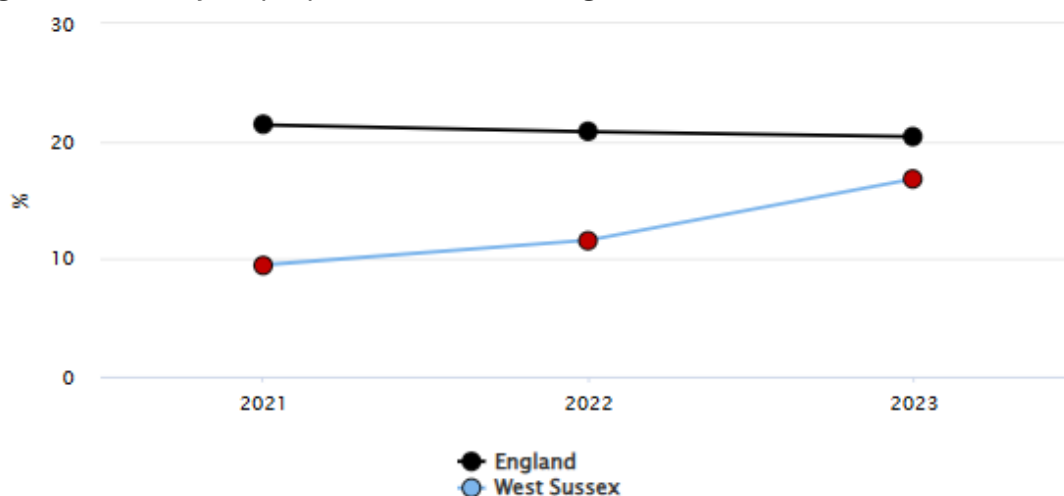
Figure 17 New Diagnoses of STIs (excluding chlamydia)



Source: OHID Fingertips Tool

Chlamydia screening. Chlamydia is the most common bacterial sexually transmitted infection in England and causes avoidable sexual and reproductive ill-health. Chlamydia rates are substantially higher in young adults (under 25 years) than any other age group, although over 25s are also at risk. Chlamydia screening in 15–24-year-olds allows diagnosis and prompt treatment of symptomatic chlamydia infections. In addition to reducing the time in which the infection can be passed on and thus the spread of chlamydia, screening reduces the chances of an infected individual developing complications. The screening coverage (%) among 15- to 25-year-old females in 2023 was 16.8%, significantly lower than England (20.4%) and the 6th lowest amongst comparable neighbours, although the screening percentage has increased in the last two years.

Figure 18 Chlamydia proportion of females aged 15 to 24 screened



Source: OHID Fingertips Tool

Long-term Conditions

Not everyone with a specific disease or condition will have had a diagnosis, therefore many estimates are based on research findings, with rates then applied to the local population. The Institute of Public Care (IPC) at Oxford Brookes University with supporting funding from Partners in Care and Health have produced prevalence estimates for a range of conditions at upper and lower tier local authority level.

With treatments for acute conditions such as stroke, heart disease and cancer improving, the disease profile of the population is changing. People are living longer on average, therefore, age-related and chronic diseases, such as diabetes, respiratory illness, renal disease and arthritis, are becoming much more significant in terms of the overall burden of disease.

Table 22 Prevalence estimates for health conditions

Condition	Estimate
Cardiovascular disease (65+ years)	68,500
Diabetes (65+ years)	26,300
Obesity – (65+ with a BMI of 30 or more)	64,000
Rheumatoid Arthritis: QOF prevalence (16+ years)	6,600
Osteoporosis: QOF prevalence (50+ years)	4,600
Hip fractures in people aged 65 and over	1,170
Mental Health – Common Mental Health Problem	20,800
Dementia	14,800
Sight impairment - Moderate or severe visual impairment (65+)	19,500
Sight impairment –registrable eye conditions (75+)	7,100
Hearing Impairment - 65+ residents with severe hearing loss	17,500
Mobility*	45,500
Incontinence (at least one bladder problem at least once a week – 65+)	35,500

*mobility defined as being unable to manage at least one activity (going out of doors and walking down the road; getting up and down stairs; getting around the house; getting to the toilet; getting in or out of bed)

Mental health and dementia

- Using data from 2022/23 there were over 100,000 people with depression recorded on the GP practice register.
- There are over 9,100 people on the Severe Mental Illness (SMI) GP registers. This includes patients with a diagnosis of schizophrenia, bipolar, psychotic illness and those being monitored on lithium for whatever reason.
- An ageing population in West Sussex means that the number of people living with dementia will increase. In 2022/23, there were over 9,400 residents identified as having dementia and recorded on GP registers.

6. National, Local Health and Wellbeing Priorities

NHS Long Term Plan

The NHS Long Term Plan was published in January 2019. Community pharmacies are well positioned in places where people live, work, shop and carry out other leisure activities. This makes them easily accessible and a valuable resource for improving health and wellbeing.

The NHS Long Term Plan highlights the essential role that pharmacies have to play in improving health and wellbeing. The Plan sets out the key priorities aimed at prevention, improving services and population health, and reducing health inequalities. The model of delivery includes the establishment of GP led primary care networks (PCNs) and the development of a 'fully integrated community-based health care', made up of multidisciplinary teams including GPs, pharmacists, district nurses, allied healthcare professionals, joined by social care and the voluntary sector.

The contribution of pharmacies to the NHS Long-term plan includes:

- Supporting urgent care promoting patient self-care and self-management.
- Supporting care home residents and carrying out clinical pharmacist-led medicine reviews where needed.
- Providing a locally accessible and convenient alternative to A&E for patients who do not need to attend hospital.
- Providing support and opportunities for the public to check on their health, through tests for high blood pressure and other high-risk conditions.
- Working as part of the PCNs to case find and treat people with high-risk conditions
- Undertaking medicine reviews.
- Working with GPs to help manage GP workload and supporting care home.

Fuller Stock Take Report (May 2022)

The Fuller Stocktake report (led by Dr. Claire Fuller) was published in May 2022. This report presents a comprehensive vision for integrating primary care examining the roles of general practice, community pharmacy, dentistry, and optometry and how these can enhance access, continuity, and prevention in primary care through the development of integrated neighbourhood teams and improved collaboration across services.

In relation to community pharmacy:

- **Integration into Neighbourhood Teams:** Community pharmacies are encouraged to become integral parts of multidisciplinary teams, working alongside GPs, mental health professionals, and social care providers to deliver coordinated care tailored to local populations.
- **Expanded Role in Urgent and Preventive Care:** Pharmacies are well positioned to play a significant role in managing urgent care needs and preventive services, such as early cancer

detection and chronic disease management, thereby alleviating pressure on general practice and enhancing patient access to care.

- **Addressing Health Inequalities:** By leveraging their accessibility and community presence, pharmacies can contribute to reducing health disparities, particularly in underserved areas, through targeted interventions and health promotion activities.
- **Workforce Development and Infrastructure Support:** The report underscores the need for investment in pharmacy workforce training, digital infrastructure, and estate improvements to enable pharmacies to fulfil their expanded roles effectively within integrated care systems.

West Sussex Joint Local Health and Wellbeing Strategy 2025-2030

The West Sussex Health and Wellbeing Board (HWB) has developed their five-year Joint Local Health and Wellbeing Strategy 2025-2030, which sets out the overarching plan for improving health and wellbeing and reducing inequalities across the county.

The strategy uses the latest evidence to identify the challenges and needs of people and communities in West Sussex, and presents the board's vision, and five priority areas and three objectives, that are central to the delivery of the strategy:

Our vision

Improving Lives Together in West Sussex

Five Priority Areas

- Food and nutrition
- School readiness
- Transition to adulthood (children and young people's mental health and wellbeing)
- Tobacco control
- Health and Wellbeing in temporary accommodation

Three Objectives

We will:

- Reduce health inequalities, including tackling the wider determinants of health
- Build resilient and connected communities, including addressing loneliness and social isolation across the life-course.
- Work in partnership to deliver the strategy.

A five-week public consultation was carried out (24 March to 27 April 2025) to seek views from everyone in West Sussex, including young people, professionals, and local organisations on the draft strategy. The West Sussex Health and Wellbeing Board formally approved the final strategy before it is published on the West Sussex County Council website on Thursday, 10 July 2025.

Pharmacies have an important role in the local health and care system, supporting people with information and advice, working with organisations in the local community, including the NHS and local authorities, and helping to deliver services, for example, stop smoking services, sexual health, providing emergency hormonal contraception (EHC), and the NHS Health Check programme.

Sussex Health and Care Partnership – Improving Lives Together

Sussex Health and Care Partnership (the Sussex Integrated Care System) has agreed and published a plan. This plan is called *Improving Lives Together*, it was published in December 2022.

Improving Lives Together sets out the ambition across health and care in Sussex. Its aim is to improve the lives of local people by supporting them to live healthier for longer and making sure they have access to the best possible services when they need them. This is a pan-Sussex plan and sets out the ambition to improve the lives of people by supporting them to live healthier for longer and making sure they get the best possible care and treatment when needed.

Four goals are outlined:

- Improve health and health outcomes for local people and communities, especially those who are most disadvantaged.
- Tackling the health inequalities we have.
- Working better and smarter and getting the most value out of funding we have.
- Doing more to support our communities to develop socially and economically.

To deliver these goals, partners have agreed three key areas for change that will bring about the greatest benefit to local people:

- Building integrated community teams and local partnerships across Sussex, to allow services and organisations to work in a joined-up way to better meet the needs of each local community.
- Growing and supporting the health and care workforce, to attract more people to work in health and care, as well as supporting and developing the skills or careers of our existing staff.
- Improving the use of digital technology and information – to help join-up services and enable people to access advice or care more easily.

7. NHS Pharmaceutical Service Provision in West Sussex (as of Jan 2025)

Key Points

- As of January 2025, there are 142 community pharmacies in West Sussex; 12 dispensing doctors; 5 appliance contractors and 2 distance selling pharmacies.
- Since the last PNA in 2022, there has been a reduction of 11 community pharmacies and 1 distance selling pharmacy, the number of dispensing GPs and appliance contractors have remained the same.
- The number of community pharmacies in West Sussex district and boroughs ranged from 13 to 19 per 100,000 population, with a West Sussex average of 16 community pharmacies per 100,000 population.
- West Sussex residents also have access to pharmaceutical services from neighbouring HWB areas i.e., Brighton and Hove; East Sussex; Hampshire, and Surrey.
- Approximately 29,600 West Sussex residents are registered with GPs in neighbouring areas and are therefore likely to use services in those areas.

Contractors by Type

There are 142 community pharmacies in West Sussex; 12 dispensing doctors; 5 appliance contractors and 2 distance selling pharmacies. Since the last PNA in 2022, there has been a reduction of 11 community pharmacies, 1 less distance selling pharmacy, the number of dispensing GPs and appliance contractors has remained the same.

Table 23 Number of Contractors and Dispensing GPs (as of January 2025)

Locality	Community Pharmacies (2022 number in brackets)	Dispensing GPs	Distance Selling	Appliance Contractor
Adur	12 (13)	0	0	1
Arun	31 (33)	0	0	1
Chichester	17 (18)	6	1	0
Crawley	20 (21)	0	1	1
Horsham	19 (20)	4	0	0
Mid Sussex	23 (27)	2	0	0
Worthing	20 (21)	0	0	2
West Sussex	142 (153)	12	2	5

Source: NHSE

Community Pharmacies

As of January 2025, there are 142 community pharmacies in West Sussex, registered to provide NHS pharmaceutical services under the NHS Community Pharmacy Contractual Framework (CPCF). This has been a reduction in the number of pharmacies since the 2022 PNA, when there was a total of 153 community pharmacies.

West Sussex retains a mix of both “multiple” contractors or pharmacy chains (with six or more community pharmacies) and “independent” contractors (with five or fewer community pharmacies).

Dispensing doctors

There are 12 dispensing GP practices, with six in Chichester, four in Horsham and two in Mid Sussex. As of February 2025, the GP practices had a total of 43,602 people registered as dispensing patients, this was approximately 33% of the total list size of these GPs.

Note: these are people who are registered as dispensing patients, but they may not have needed a prescription over a number of years.

Dispensing Appliance Contractors (DACs)

Overall, there remain five DACs in West Sussex, registered on the NHS pharmaceutical list. These differ from pharmacies and dispensing doctors (who can also supply appliances) in that they do not supply medicines. Since the last PNA in 2022, there have been no changes in the total number of DACs in West Sussex. There are one based in each of Adur, Arun and Crawley and two DACs are based in Worthing.

Distance selling contractors

There are two distance selling contractors in West Sussex registered to provide NHS pharmaceutical services. These are also called mail order or internet pharmacies. Orders for medicines are received and sent to patients across England remotely through mail or courier services. These are based in Chichester and Crawley.

Local Pharmaceutical Services (LPS) Scheme

There are no pharmacies in West Sussex working under an LPS contract.

Provision of pharmaceutical services per 100,000 Population

Across England in 2023/24 there were a total of 12,009 community pharmacies. Overall, there were approximately 21 community pharmacies per 100,000 population in England. In West Sussex (as of January 2025) the number of community pharmacies per 100,000 population is lower, at 16 per 100,000.

There is variation within the county, from 12.7 in Horsham to 18.6 in Adur. In some of the rural areas with lower population densities, dispensing doctor practices provide a dispensing service for patients registered with their practice.

When taking into account dispensing doctors as well as community pharmacies, the rate per 100,000 narrows. The rate in Horsham increases from 12.5 to 15.2 per 100,000, and Chichester rate increases from 13.2 to 18.6 per 100,000.

Note: In examining the number of pharmacies by population it is important to understand that this is a crude measure. There is not an agreed national benchmark, and each pharmacy can differ by size and working practices, such as in the number of pharmacists employed, use of automotive and robotic technology, opening hours etc.

Table 24 Provision per 100,000 population – West Sussex Localities

Locality	Population (2024)	Community Pharmacies per 100,000	Community Pharmacies and Distance Selling Pharmacies*(per 100,00)	Community Pharmacies and Dispensing Doctors (per 100,000)	Community Pharmacies, Distance Selling Pharmacies and Dispensing Doctors (per 100,000)
Adur	64,900	18.5	18.5	18.5	18.5
Arun	170,100	18.2	18.2	18.2	18.2
Chichester	128,900	13.2	14.0	17.8	18.6
Crawley	124,000	16.1	16.9	16.1	16.9
Horsham	151,500	12.5	12.5	15.2	15.2
Mid Sussex	161,800	14.2	14.2	15.5	15.5
Worthing	113,900	17.6	17.6	17.6	17.6
West Sussex	915,000	15.5	15.7	16.8	17.0

* Distance selling pharmacies also provide services outside the county

Providers in Neighbouring Areas

Approximately 29,600 West Sussex residents are registered with GPs in other areas and are therefore likely to use services in those areas.

Neighbouring areas have the highest number of West Sussex residents registered with a non-West Sussex based GP. These are shown on the table below (rounded to the nearest 50). Many patients in the north of Chichester district are registered with GP practices to the north in Surrey.

Table 25 West Sussex residents registered with a GP in neighbouring ICB Areas

Neighbouring Sub-ICB Area	Number of West Sussex residents registered with GP practices in neighbouring areas (Rounded to nearest 50)
NHS Surrey Heartlands ICB	10,050
NHS Hampshire and Isle of Wight ICB	9,750
NHS Sussex ICB - 09D (Brighton and Hove)	3,800
NHS Sussex ICB - 97R (East Sussex)	2,800

Source: NHS Digital – Numbers of patients registered at a GP practice – Jan 2025

Similarly, some residents in neighbouring areas are registered with a GP in West Sussex and therefore likely to use pharmaceutical services in West Sussex. Neighbouring pharmaceutical contractors may also be more convenient to access for patients living in West Sussex border areas for example patients in Chichester district may prefer to access services in Hampshire. Similarly, those living in the north of West Sussex, in the Crawley and Horsham districts may find it more convenient to use one of the community pharmacies in Surrey. Those in Adur and Mid Sussex may find it easier to travel to Brighton and Hove. Patients in Mid Sussex can also travel to services in East Sussex.

It should be noted that, while we have data on where prescriptions are issued and where they are dispensed, there is not information on the provision of advanced services provided by pharmacies based outside of West Sussex to West Sussex residents, as contractors claim for activity of each service irrespective of the patient's home location.

Other NHS services

GP practices and Primary Care Networks.

There are 74 GP practices in West Sussex that provide NHS medical services to their registered populations as part of their general medical terms of service. Most prescriptions in West Sussex are written by GPs.

The practices are grouped into 21 Primary Care Networks (PCNs) which work with the local community and organisations (including community, mental health, social care, pharmacy, hospital, and voluntary services) to address the local health needs.

It should be noted that GP practices do not have geographical boundaries and more than one GP practice can operate in the same local area.

Other Prescribing Dispensed in the Community

It is worth noting that, in addition to GP prescribing, local hospitals and healthcare trusts are also responsible for prescribing more than 65,000 items a year, which are dispensed within the community. Community pharmacies are also responsible for dispensing items prescribed.

University Hospitals Sussex NHS Foundation Trust.

Hospitals of this Trust within West Sussex are:

- **St Richard's Hospital** - is based in Chichester. It provides a full range of general acute services including maternity, outpatients, day surgery, intensive care and A&E to the surrounding area, including a significant number of patients from East Hampshire.
- **Southlands Hospital** - is based in Shoreham-by-Sea. It is currently being developed as a centre for hospital services that do not require an overnight stay. It hosts a new, purpose-built ophthalmology centre and specialises in outpatient services, diagnostics, day surgery and ambulatory care.
- **Worthing Hospital** - is based in central Worthing. It provides a full range of general acute services including maternity, outpatients, A&E, day surgery and intensive care to people living in the surrounding area. It also offers specialist services including the West Sussex Breast Screening service to a wider catchment area.

- **Princess Royal Hospital** - is based in Haywards Heath and provides a full range of general acute services as well as orthopaedics, intensive care, rehabilitation, A&E and a Maternity Unit. It is the main centre for general elective surgery.

Queen Victoria NHS Foundation Trust

Queen Victoria Hospital in East Grinstead is a specialist NHS hospital providing reconstructive surgery, burns care and rehabilitation services for people across the South of England. It provides specialist head and neck services including a surgical centre for head and neck cancer. It also has a Sleep Disorder Centre.

In addition to these specialist services, it also provides outpatient clinics for local people, such as cardiology, respiratory, rheumatology, paediatric, community ear, nose and throat clinics and a clinic centred on care for the elderly.

Sussex Community NHS Trust

Sussex Community NHS Trust is the main provider of NHS community health services across West Sussex. They provide a wide range of medical, nursing and therapeutic care to help people to plan, manage and adapt to changes in their health, to prevent avoidable hospital admissions and to minimise hospital stay.

The Trust runs a number of clinics and services throughout West Sussex notably the following inpatient and walk-in facilities:

- Arundel & District Community Hospital.
- Bognor Regis War Memorial Hospital.
- Crawley Hospital.
- Horsham Hospital.
- The Kleinwort Centre (Haywards Heath).
- Midhurst Community Hospital.
- Minor Injuries Unit (Horsham).
- St Richard's Hospital (Chichester).
- Urgent Treatment Centre (Crawley).
- Zachary Merton Hospital (Littlehampton).

Provision of pharmaceutical services to these hospitals and clinics is through a mixture of in-house and contracted Acute Trust pharmacy services.

Sussex Partnership NHS Foundation Trust

Sussex Partnership NHS Foundation Trust provides mental health care and learning disability care, support and treatment across Sussex.

In West Sussex, the Trust provides a wide range of adult mental health services including community mental health services, inpatient services, dementia and later life care and specialist mental health services.

It provides learning disability services including an adult assessment and treatment facility at the Selden Centre in Worthing. The Trust also provides children and young people's mental health services and has an inpatient centre at Chalkhill in Haywards Heath, treating children and young people experiencing emotional difficulties, mental health problems and eating disorders.

In addition, it provides a community forensic outreach team supporting people with complex mental health problems involved in the criminal justice system and health care services to HMP Prison Ford.

The Trust has its own pharmaceutical arrangements that do not come under the NHS Pharmaceutical services as per 2013 regulations.

Outside of West Sussex:

- **The Royal Sussex County Hospital** - is a key hospital site and is based in Brighton. It provides generalist services to the local population, including Mid Sussex. It also provides more specialist and tertiary services for patients across Sussex and the South East, including neurosciences, arterial vascular services, cancer, cardiac, renal, infectious diseases and HIV medicine. It is also the major trauma centre for Sussex and the South East. It provides neonatal and paediatrics services at the onsite Royal Alexandra Children's Hospital and ophthalmology services at the Sussex Eye Hospital.
- **Surrey and Sussex Healthcare NHS Trust (SASH)** encompasses East Surrey and Crawley Hospitals, as well as outpatient departments at Caterham Dene Hospital and Oxted Health Centre. The Trust has extensive facilities including MRI and CT scanners, intensive and coronary care units and is the designated major incident centre for Gatwick Airport. SASH serves the population in the north of West Sussex, notably in Crawley and Horsham.

Other Health care Providers including Private Provision

- Dentists may issue NHS prescriptions that are dispensed as part of pharmaceutical services; however, the level of prescribing activity is currently unknown.
- There are a number of private hospitals and facilities in West Sussex and these have in-house pharmacy departments, including Nuffield Health Hospitals in Chichester and Haywards Heath, the McIndoe Centre (East Grinstead), Goring Hall Hospital (Worthing).

Key Non-NHS Services

Prisons.

HM Prison Ford (informally known as Ford Open prison) is the only prison in West Sussex. The prison is a men's only Category D prison, located at Ford. Healthcare services to the prison are provided by Sussex Partnership NHS Foundation Trust. Medicines are supplied under a contract with a local community pharmacy.

Immigration Removal Centres (IRCs)

There are two Immigration Removal Centres (IRCs) in West Sussex, Tinsley House, and Brook House. NHS England Health and Justice is responsible for commissioning health and wellbeing services in these centres. Pharmaceutical service provision in IRCs is not part of the NHS pharmaceutical services and these are provided under separate contractual arrangements.

Hospices

Hospices in West Sussex provide palliative care services which are partly NHS funded.

Their medicines services are provided under different contractual arrangements, which may include NHS dispensing and private arrangements with community pharmacies.

CQC registered hospices in West Sussex are as follows:

- **St Catherine's Hospice:** Based in Crawley and provides hospice care to people living in Crawley, Horsham, Mid Sussex and South-East Surrey.
- **St Wilfrid's Hospice:** Based in Chichester and provides care to adults with all life-limiting illnesses, including cancer.
- **St Barnabas Hospice:** Provides palliative care to people in the Worthing area.
- **Chestnut Tree House Children's Hospice:** Chestnut Tree House is a children's charity providing hospice care services and community support for children and young people with progressive life-shortening conditions throughout East and West Sussex, Brighton and Hove and Southeast Hampshire. It is based in Arundel.

There is also hospice provision outside of the county, such as St Peter's and St James Hospice based in Lewes, East Sussex.

Care Homes

There are more than 350 CQC registered care homes in West Sussex. Two hundred and forty (240) of these are considered older peoples' care homes, and 116 of these are considered specialist (Learning Disability Mental Health/Physical Disability services).

In addition, there are currently two new care home developments, under construction during the lifetime of this PNA. If completed, this will result in the provision of an additional 92 residential and nursing home beds. This includes a 50-bed development in Chichester and a 42-bed development in Horsham.

8. Pharmaceutical Services Provided in West Sussex

Key Points

- West Sussex has good coverage of essential pharmaceutical services, adequate to meet the needs of the local population. Regarding the Discharge Medicines Service, the lower activity levels observed in Crawley are due to a lower referral rate from Surrey and Sussex Healthcare NHS Trust for residents in that area
- Overall, West Sussex demonstrates similar or better coverage of established advanced services compared with the national average. In 2024, 90% of community pharmacies submitted claims for flu vaccinations, and 87% for hypertension case-finding and monitoring.
- In West Sussex, in 2024, appliance contractors offer Appliance Use Reviews. Stoma Appliance Customisation is provided by eight contractors, three community pharmacies and five appliance contractors.
- In terms of locally commissioned services:
 - NHS Sussex locally commission three services: the Medication Administration Record (MAR) Chart scheme, a Palliative Care Scheme, and the Supply of Oral Antiviral Medication for the Treatment of COVID-19 and Management of Influenza LCS.
 - West Sussex County Council Public Health commission NHS Health Checks, Smoking Cessation, Alcohol Identification and Brief Advice Service and Emergency Hormonal Contraception. These are provided across the county and there is generally good geographical coverage, but closures have reduced this coverage and of note Mid Sussex has fewer contractors signed up to services.
 - Change Grow Live (CGL), the local provider of substance misuse treatment services, contract a range of services: needle exchange, supervised consumption, and take-home naloxone. These services are provided across the county and there is a good geographical spread of this provision.

The NHS (Pharmaceutical and Local Pharmaceutical services) Regulations 2013 provides the primary legislation that governs the services that pharmaceutical service providers can provide. Although dispensing doctors' practices provide a wide range of services for their patients, for the purpose of the PNA, only the prescription dispensing services are considered within the regulations. This section therefore describes pharmaceutical services as defined in the CPCF.

Under the CPCF, community pharmacies provide three tiers of Pharmaceutical Services:

- **Essential Services** – services all pharmacies are required to provide.
- **Advanced Services** – services pharmacies can opt to provide if they are accredited.
- **Enhanced Services** – services that can be commissioned locally by the NHS.

Essential Services

As of April 2025, there are nine essential services (summarised below using Community Pharmacy England description):

- **Dispensing of prescriptions**
- **Dispensing appliances**
- **Dispensing of repeat prescriptions.** The management of repeat medication for up to one year.
- **Discharge medicines service** - NHS Trusts may refer patients to their community pharmacy, if it is considered they would benefit from extra guidance around prescribed medicines.
- **Disposal of unwanted medicines.** Community pharmacy owners are obliged to accept back unwanted medicines from patients.
- **Public Health (promotion of healthy lifestyles).** Each financial year pharmacies are required to participate in up to six health campaigns, where requested to do so by NHSE. In addition, pharmacies are required to undertake prescription-linked interventions on major areas of public health concern, such as encouraging smoking cessation.
- **Signposting in terms of advice.** Signposting people, who require advice, treatment or support that the pharmacy, including the use of NHS England provided information on sources of care and support in the area.
- **Support for self-care.** Pharmacies help people manage minor ailments and common conditions, by the provision of advice and where appropriate, the sale of medicines, including dealing with referrals from NHS 111.
- **Healthy Living Pharmacy.** The Healthy Living Pharmacy (HLP) framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities.

Distance selling pharmacy contractors also provide essential services; however, they are not permitted to provide these services face to face at their premises.

Dispensing appliance contractors have a narrower range of services that they must provide: the dispensing of prescriptions; dispensing of repeat prescriptions and for some appliances, a delivery option to patients, providing a supply of wipes and bags, and providing access to clinical advice and where the contractor cannot provide a particular appliance, signposting or referring a patient to another provider of appliances who can.

Dispensing activity overview

Most prescriptions in West Sussex are written by GPs. However, non-medical prescribers, such as nurses, dentists, pharmacists, and hospital doctors may also write prescriptions to be dispensed in the community. It should be noted that not all prescriptions will be dispensed.

Several factors may influence the number of items prescribed and the growth in prescribing:

- The size of the population.
- The age structure of the population, notably the proportion of the elderly, who generally receive more prescriptions than the young.
- Improvements in diagnosis, leading to earlier recognition of conditions and earlier treatment with medicines.
- Development of new medicines for conditions with limited treatment options.
- Development of more medicines to treat common conditions.
- Increased prevalence of some long-term conditions, for example, diabetes.
- Shifts in prescribing practice in response to national policy, and new guidance and evidence, for example, in cardiovascular disease.
- Increased prescribing for prevention or reducing risk of serious events, e.g., use of lipid-lowering drugs to reduce risk of stroke or heart attack.

These factors and the growth in prescribing have an influence on the need for pharmaceutical services. In addition, as patients have a choice of where their prescriptions can be dispensed (in line with the Regulations), a portion of those prescriptions written in West Sussex will be dispensed outside of the area. Similarly, prescriptions written elsewhere could be dispensed in West Sussex.

Using data from NHS Business Services Authority an estimated 97.7% of prescriptions originating in West Sussex are dispensed within the county, with a further 1.7% dispensed in neighbouring authorities and Kent.

Dispensing Activity

For the calendar year 2024, in West Sussex there were 17.5 items dispensed per head within the county this ranged from over 22 items per head in Worthing down to 13 items per head in Mid Sussex. Local analysis of NHSBA data for England has estimated 20 items per head at a national level. Over 950,000 items were dispensed by dispensing GP practices.

Table 26 Items Dispensed by Dispensing Doctors in 2024

Locality	2024 (Calendar Year)
Chichester	48,0887
Horsham	305,307
Mid Sussex	165,685
West Sussex	951,879

Source: NHS BSA

Table 27 Items Dispensed by Pharmacies in 2024

Locality	2024 (Calendar Year)	Average per month	Population (2024 MYE, rounded)	Items per 1,000 population
Adur	1,251,220	104,268	64,900	19.3
Arun	3,526,200	293,850	170,100	20.7
Chichester	2,134,002	177,834	128,900	16.6
Crawley	2,268,334	189,028	124,000	18.3
Horsham	2,040,921	170,077	151,500	13.5
Mid Sussex	2,120,078	176,673	161,800	13.1
Worthing	2,506,542	208,879	113,900	22.0
West Sussex	15,847,297	1,320,608	915,000	17.3
England	1,152,598,576	96,049,881	58,620,100	19.7

Data for pharmacies includes community and distance selling only. Figures include activity from contractors who closed in 2024.

Source: NHS BSA

Most items are dispensed via an Electronic Prescription Service (EPS), with 97.5% of items dispensed via EPS in West Sussex overall in 2024

Table 28 Items Dispensed by Electronic Prescription Service (EPS)

Locality	Total Number of Items	Total items dispensed via EPS	Percentage of items dispensed via EPS (%)
Adur	1,251,220	1,221,294	97.6%
Arun	3,526,200	3,456,195	98.0%
Chichester	2,134,002	2,086,013	97.8%
Crawley	2,268,334	2,190,853	96.6%
Horsham	2,040,921	1,974,220	96.7%
Mid Sussex	2,120,078	2,071,817	97.7%
Worthing	2,506,542	2,445,830	97.6%
West Sussex	15,847,297	15,446,222	97.5%
England	1,152,598,576	1,113,384,604	96.6%

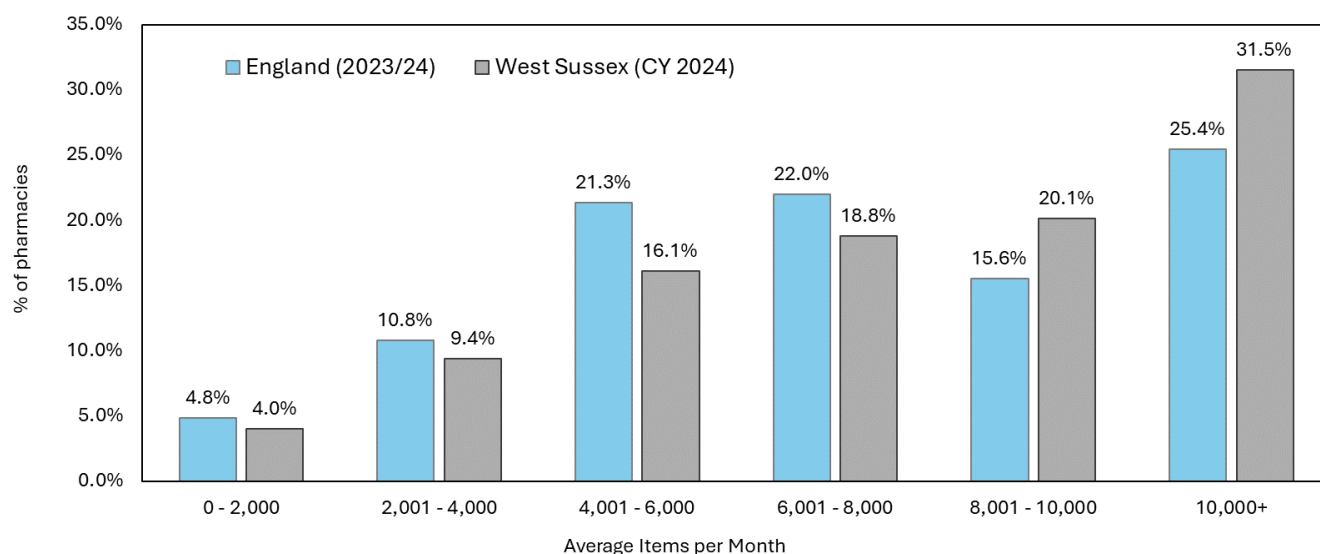
Source: NHSBA

Table 29 Profile of Dispensing Activity West Sussex 2024

Average Items per Month (2024)	Number of Pharmacies
0 – 2,000	6
2,001 – 4,000	14
4,001 – 6,000	24
6,001 – 8,000	28
8,001 – 10,000	30
10,000+	47

This includes pharmacies who opened or closed during the year.

Figure 19 Breakdown of Pharmacies by Average Monthly Dispensed Items (2024)



Source: NHSBA

Discharge Medicines Service

Since February 2021, NHS Hospital Trusts have been able to refer patients who may benefit from additional support with prescribed medicines to their community pharmacy for provision of the Discharge Medicines Service (DMS). Identified by NHS England's Medicines Safety Improvement Programme as a significant contributor to patient safety during transitions of care, the service aims to reduce hospital readmissions.

In 2024 (calendar year) there was considerable variation in activity across the county. Activity for this service is dependent on hospital referrals. The lower level of activity observed in Crawley due to a lack of referrals from Surrey and Sussex Healthcare NHS Trust for residents in that area.

Table 30 Discharge Medicines Service activity in West Sussex (2024)

Locality	Incomplete Discharge Medicines Services	Complete Discharge Medicines Services	Total	Rate per 1,000
Adur	65	65	130	2.0
Arun	139	318	457	2.7
Chichester	33	157	190	1.5
Crawley	6	5	11	0.1
Horsham	73	83	156	1.0
Mid Sussex	105	166	271	1.7
Worthing	155	304	459	4.0
West Sussex	576	1,098	1,674	1.8

Source: NHS BSA

Advanced Services

As of April 2025, there were nine advanced services which pharmacies, where accredited, could opt to supply, these are:

- **Appliance Use Review** – in the main locally, and nationally provided by dispensing appliance contractors
- **Stoma appliance customisation** - in the main locally, and nationally provided by dispensing appliance contractors
- **New Medicine Service**
- **Seasonal Flu Vaccination**
- **Hypertension case-finding service**
- **Smoking cessation service**
- **Contraception Service**
- **Lateral Flow Device Tests**
- **NHS Pharmacy First**

Appliance Use Review (AUR) service

Nationally and locally, Appliance Use Reviews (AURs) and Stoma Appliance Customisation (SACs) are more likely to be provided by appliance contractors. It should be noted that AUR and SAC prescriptions may be processed centrally at the contractor's head office and sent out from that point to a site closest to the patient.

Appliance use reviews help patients use appliances more effectively.

Nationally AURs are in the main provided by appliance contractors and this is the case in West Sussex. There are five contractors (appliance contractors) currently offering this service within West Sussex.

Stoma Appliance Customisation (SAC)

As with Appliance Use Reviews (AURs), at a national level this service is more likely to be provided by appliance contractors. There has been locally and nationally a decrease in the number of community pharmacies providing this service, but overall, the number of SACs has increased as appliance contractors have increased their activity.

In West Sussex all five appliance contractors and three community pharmacies are providing this service.

With five dispensing appliance contractors, West Sussex is well served, only two other HWB areas (Essex and Nottinghamshire) have as many.

New Medicines Service (NMS)

This service provides support for people with long-term conditions who are newly prescribed a medicine. It aims to help improve medicine adherence and is focused on specific patient groups and conditions.

The current conditions eligible for the service are:

- asthma and COPD
- diabetes (Type 2)
- hypertension
- hypercholesterolaemia
- osteoporosis
- gout
- glaucoma
- epilepsy
- Parkinson's disease
- urinary incontinence/retention
- heart failure
- acute coronary syndromes
- atrial fibrillation
- long term risks of venous thromboembolism/embolism
- stroke / transient ischemic attack
- coronary heart disease

In West Sussex all but four community pharmacies provided this service during 2024. There is a variation in activity rates across the county with highest activity per 1,000 population in Worthing (a rate of 105.7 per 1,000) down to 70 per 1,000 in Horsham.

Table 31 NMS Activity in West Sussex 2024 (Calendar Year)

	Number of New Medicine Service interventions declared (CY 2024)	Per 1,000
Adur	5,831	89.8
Arun	16,444	96.7
Chichester	10,062	78.1
Crawley	12,595	101.6
Horsham	10,614	70.1
Mid Sussex	11,671	72.1
Worthing	12,034	105.7
West Sussex	79,251	86.6

Source: NHSBSA

Flu Vaccination Service

From September through to March the NHS runs a seasonal flu vaccination campaign. This aims to vaccinate all patients who are at risk of developing more serious complications from the virus. Pharmacy staff identify people eligible for flu vaccination and encourage them to be vaccinated. This service covers eligible patients aged 18 years and older who are within nationally identified risk groups. To examine the provision of flu vaccination activity data from 2024 have been used.

Of the 142 pharmacies open in January 2025, 129 (90%) claimed for flu vaccine activity in 2024. One distance selling pharmacy (Crawley) also claimed. West Sussex compares favourably with England; nationally, in 2023/24, 83% of pharmacies provided a flu vaccine service

Five of the fifteen pharmacies who did not claim were based in Arun, of note neither of the two pharmacies based in Arundel claimed for flu vaccine activity. There was a considerable range in the number provided per pharmacy from fewer than 10 jabs to over 500 per month.

Table 32 Community Pharmacies Providing a Flu Vaccination Service (in 2024)

Locality	Pharmacies (as of Jan 2025)*	Pharmacies who did not claim in 2024	% of pharmacies who claimed for activity in 2024
Adur	12	1	92%
Arun	31	5	84%
Chichester	18	4	78%
Crawley	21	0	100%
Horsham	19	2	89%
Mid Sussex	23	2	91%
Worthing	20	1	95%
West Sussex	144	15	90%

*this includes community pharmacies and distance selling pharmacies

There is a variation in activity rates across the county with highest activity per 1,000 in Adur (99.5), the lowest in Crawley (47.5), although it should be noted that Crawley has a younger population age profile.

Table 33 Flu vaccination activity (2024)

Locality	2024 MYE population	Influenza Administered Fees*	Rate per 1,000
Adur	64,900	6,458	99.5
Arun	170,100	15,575	91.6
Chichester	128,900	7,436	57.7
Crawley	124,000	5,892	47.5
Horsham	151,500	8,837	58.3
Mid Sussex	161,800	13,080	80.8
Worthing	113,900	7,578	66.5
West Sussex	915,000	64,856	70.9

*includes community pharmacies and distance selling pharmacies

Source: NHSBSA

Hypertension Case Finding Service

The hypertension case-finding service was commissioned from 1st October 2021, this service is sometimes referred to as the NHS Blood Pressure Check Service.

The service aims to:

- Identify people aged 40 years or older, or at the discretion of pharmacy staff, people under the age of 40, with high blood pressure (who have previously not had a confirmed diagnosis of hypertension), and to refer them to general practice to confirm diagnosis and for appropriate management.
- At the request of a general practice, undertake ad hoc clinic and ambulatory blood pressure measurements, the request can be in relation to people either with or without a diagnosis of hypertension.
- Provide another opportunity to promote healthy behaviours to patients.

Of the 142 pharmacies open in January 2025, 87% claimed for blood pressure checks in 2024.

Table 34 Hypertension – Pharmacies who claimed in 2024

Locality	Pharmacies	Claimed for Blood Pressure Checks in 2024	% of pharmacies who claimed in 2024
Adur	12	11	92%
Arun	31	25	81%
Chichester	18	14	78%
Crawley	21	21	100%
Horsham	19	15	79%
Mid Sussex	23	20	87%
Worthing	20	19	95%
West Sussex	144	125	87%

*includes community pharmacies and distance selling pharmacies

In terms of activity overall there were 24,805 checks claimed for in 2024, a rate per 27.1 per 1,000 population.

Table 35 Hypertension case-finding activity, 2024 calendar year

Locality	Clinic Blood Pressure checks	Ambulatory Blood Pressure Monitoring (ABPM)	Total	Rate per 1,000
Adur	894	10	904	13.9
Arun	4,952	280	5,232	30.8
Chichester	2,222	106	2,328	18.1
Crawley	3,674	74	3,748	30.2
Horsham	3,234	59	3,293	21.7
Mid Sussex	4,764	283	5,047	31.2
Worthing	4,039	214	4,253	37.3
West Sussex	23,779	1,026	24,805	27.1

Source: NHSBSA

Smoking Cessation Service (SCS)

Smoking cessation services have been commissioned from pharmacies since March 2022. The service has been designed to enable NHS trusts to undertake a transfer of care on patient discharge, referring patients (where they consent) to a community pharmacy of their choice to continue their smoking cessation treatment, including providing Nicotine Replacement Therapy (NRT) and support as required. Locally commissioned smoking cessation services (outside of the inpatient pathway) are detailed under local authority commissioned services.

In 2024, only three pharmacies (one each in Arun, Chichester and Crawley) submitted claims, each having claimed for 2 consultations. The service relies on a hospital referral, the hospitals in the locality are not yet referring into community pharmacy.

Pharmacy Contraception Service (PCS)

This service started in April 2023, when the on-going supply of oral contraception (OC) from community pharmacies was permitted.

From 1st December 2023, the service expanded to include both initiation and on-going supply of OC. Data on activity are separated into initiation and ongoing consultations.

Approximately two thirds of the 142 community pharmacies had claimed under this service in 2024, ranging from 85% of pharmacies in Worthing (17 out of 20), to 57% in Mid Sussex (13 out of 23).

Table 36 Pharmacy Contraceptive Service Activity (2024)

Locality	Pharmacy Contraceptive Ongoing Consultations	Community Pharmacy Contraceptive Initiation Consultations	Total	Rate per 1,000
Adur	133	16	149	2.3
Arun	947	81	1028	6.0
Chichester	230	38	268	2.1
Crawley	410	63	473	3.8
Horsham	297	24	321	2.1
Mid Sussex	429	62	491	3.0
Worthing	583	45	628	5.5
West Sussex	3,029	329	3,358	3.7

Source: NHSBSA

Lateral Flow Service

COVID-19 lateral flow device (LFD) service offers eligible at-risk patients access to LFD tests for at-home COVID-19 testing. This was introduced as an Advanced service in November 2023 and in March 2024 it was announced that the service would continue in 2024/25, with additional patient groups becoming eligible to access the service.

114 West Sussex pharmacies claimed payments for the LFD service in 2024. Overall, the activity rate of this service is 5.3 claims per 1,000 population, ranging from 3.1 per 1,000 in Chichester to 7.9 in Worthing.

Table 37 LFD Service Activity and Activity Rate (2024)

Locality	Total Lateral Flow Device (LFD) Test Supply Service Fees (2024)	Rate per 1,000 Population
Adur	375	5.8
Arun	723	4.3
Chichester	394	3.1
Crawley	460	3.7
Horsham	865	5.7
Mid Sussex	1110	6.9
Worthing	904	7.9
West Sussex	4,831	5.3

Source: NHSBSA

Pharmacy First.

Pharmacy First launched on 31 January 2024. This initiative enables referrals to community pharmacies from other healthcare professionals for minor illnesses, urgent repeat medication supply, and seven specified clinical pathways. In addition to professional referrals, Pharmacy First also allows patients to self-refer directly to community pharmacies, without needing a GP appointment, for the following conditions:

- Sinusitis (12 years and over)
- Sore throat (5 years and over)
- Earache (Acute otitis media*) (1 to 17 years)
- Infected insect bites ((1 year and over)
- Impetigo (1 year and over)
- Shingles (18 years and over)
- Uncomplicated urinary tract infections in women (aged between 16-64 years)

* Distance selling pharmacies will not complete consultations.

Where appropriate, NHS-funded treatment can be provided for these conditions. The scheme is designed to reduce pressure on GP services by freeing up appointments for more complex cases. It forms part of a wider strategy to better utilise the skills of community pharmacists and to improve access to timely, high-quality, and convenient healthcare.

There is good coverage of Pharmacy First in West Sussex, only 2 pharmacies were not offering Pharmacy First in 2024 (one in Horsham, one in Mid Sussex).

Pharmacy First Activity in 2024.

In terms of the seven clinical pathways, the greatest activity was for sore throats and uncomplicated UTIs, with highest activity, for both, in Worthing.

Table 38 Pharmacy First Clinical Pathways Consultations (2024)

Locality	Sinusitis	Acute Sore Throat	Acute Otitis Media	Infected Insect Bites	Impetigo	Shingles	Uncomp UTI
Adur	306	602	305	322	120	85	609
Arun	551	1587	886	735	247	238	1,254
Chichester	281	699	386	367	169	120	853
Crawley	493	1,176	529	461	149	87	1,124
Horsham	503	1,015	618	557	226	162	1,141
Mid Sussex	469	923	421	467	217	129	926
Worthing	541	1,463	688	561	191	152	1,142
West Sussex	3,144	7,465	3,833	3,470	1,319	973	7,049

Table 39 Pharmacy First Clinical Pathways Consultations as a Rate per 1,000 (2024)

Locality	Sinusitis	Acute Sore Throat	Acute Otitis Media	Infected Insect Bites	Impetigo	Shingles	Uncomp UTI
Adur	4.7	9.3	4.7	5.0	1.8	1.3	9.4
Arun	3.2	9.3	5.2	4.3	1.5	1.4	7.4
Chichester	2.2	5.4	3.0	2.8	1.3	0.9	6.6
Crawley	4.0	9.5	4.3	3.7	1.2	0.7	9.1
Horsham	3.3	6.7	4.1	3.7	1.5	1.1	7.5
Mid Sussex	2.9	5.7	2.6	2.9	1.3	0.8	5.7
Worthing	4.7	12.8	6.0	4.9	1.7	1.3	10.0
West Sussex	3.4	8.2	4.2	3.8	1.4	1.1	7.7

The greatest use of Pharmacy First was in relation to urgent medicine supply consultations and minor illness referrals, both elements which had been part of the former Community Pharmacist Consultation Service.

Table 40 Pharmacy First activity (2024)

Locality	Urgent Medicine Supply Consultations	Urgent Medicine Supply Consultations Rate per 1,000	Minor Illness Referral Consultations	Minor Illness Referral Consultations Rate per 1,000
Adur	1,005	15.6	1,060	16.3
Arun	2,552	15.2	1,570	9.2
Chichester	1,663	13.0	1,037	8.0
Crawley	2,462	20.4	2,076	16.7
Horsham	1,637	10.9	1,258	8.3
Mid Sussex	1,994	12.6	2,096	13.0
Worthing	2,775	24.8	1,913	16.8
West Sussex	14,088	15.6	11,010	12.0

Enhanced Services

COVID-19 Vaccination

COVID-19 vaccination has been added as a National Enhanced Services provided from community pharmacies and pharmacies continue to play an important role in sustaining the national programme.

Bank Holiday and Public Holiday Opening

NHS Sussex is responsible for ensuring provision of services in relation to Bank Holiday and Public Holidays and commissions a local enhanced service to ensure access to pharmacies across the area on Bank Holidays.

NHS Sussex Locally Commissioned Services

NHS Sussex commissions a range of Locally Commissioned Services (LCS) from community pharmacies. This section outlines the LCS commissioned by NHS Sussex. These services are locally agreed, rather than set at a national level, and therefore vary across the county to reflect local needs and priorities.

MAR Chart LCS

The MAR chart service is for clients receiving a package of care in their own home from WSCC Adult Services and who also require support with their medicines. A structured assessment is carried out to ascertain what level of support is appropriate for the individual receiving care. This may require the clients' usual pharmacy to prepare a MAR chart. The MAR chart scheme was set up to enable people who may otherwise require residential care, to receive support with their medicines at home. This LCS is currently only available to West Sussex pharmacies based in the old CCG area of Coastal West Sussex.

The key aims of this service are to:

- Support people receiving WSCC Adults' Services care to live independently by providing MAR charts and pharmaceutical care.
- Help and advise individuals and carers to manage medicines safely and appropriately.
- Improve Adults' Services staff knowledge and skills in using MAR charts and medication, reducing reliance on monitored dosage systems solely to assist carers.
- Reduce medicine wastage through better medicines management and improved communication with healthcare professionals and carers.
- Enhance patient compliance by increasing understanding of medicines and simplifying medicine regimens.

This service will be reviewed as part of the Sussex-wide service harmonisation process.

End of Life (EoLC) LCS (Palliative Care Scheme)

The aims of the LCS are to:

- Improve access to emergency palliative care medicines in Sussex by ensuring timely and continuous supply during pharmacy opening hours.
- Support patients, carers, and clinicians by providing up-to-date information, advice, and referrals as appropriate.

As of March 2025, 31 West Sussex Pharmacies have continued to provide this service. The service is commissioned from a small number of pharmacies to provide geographical coverage.

Table 41 Number of Pharmacies Currently Providing EoLC LCS

Locality	Number Providing EoLC
Adur	5
Arun	6
Chichester	4
Crawley	4
Horsham	5
Mid Sussex	3
Worthing	3
West Sussex	31

Source: NHS Sussex

Note: This LCS expired on the 31st of March 2025. Current providers were offered an extension to provide the service for a further 6 months (until 30th September 2025) whilst the LCS is reviewed.

Supply of Oral Antiviral Medication for the Treatment of COVID-19 and Management of Influenza LCS

The purpose of this service is to ensure timely patient access to required therapies both in and out of hours (including evenings and weekends, depending on pharmacy opening times). Community pharmacies are required to stock and supply antivirals for treating COVID-19 in non-hospitalised patients and managing community influenza cases.

As of March 2025, there are four pharmacies in West Sussex commissioned to provide this LCS, in Chichester, Horsham, Angmering and Shoreham. The service is commissioned from a small number of pharmacies to provide geographical coverage.

Services Commissioned by West Sussex County Council Public Health

Four services are commissioned directly by the local authority public health team: NHS Health Checks, smoking cessation (community), alcohol identification and brief advice, and emergency hormonal contraception.

Note: the tables show how many pharmacies are commissioned to provide a service, not all may have done so in the past year. Data have been provided by WSCC PH Commissioning and PH services.

NHS Health Checks

The National Health Service (NHS) Health Check service is offered to individuals aged 40-74 without existing cardiovascular disease (CVD) every five years. The NHS Health Check itself consists of three components: risk assessment, communication of risk and risk management. Risk tools are used to establish the individual's risk of developing CVD and diabetes. Overall, approximately 1 in 3 pharmacies are commissioned to provide this service, but there is considerable variation across the county, from half of pharmacies in Worthing, but fewer than 1 in 20 in Mid Sussex.

Table 86 Providers of NHS Health Checks

Locality	Pharmacies commissioned to provide NHS Health Checks	Percentage of pharmacies
Adur	3	25.0%
Arun	12	38.7%
Chichester	4	23.5%
Crawley	9	45.0%
Horsham	5	26.3%
Mid Sussex	1	4.3%
Worthing	10	50.0%
West Sussex	44	31.0%

Source: WSCC PH Commissioning

Smoking Cessation

Smoking Cessation services are provided throughout West Sussex. The service aims to:

- Increase the number of smokers making a successful quit attempt.
- Focus on reducing smoking in the high-risk groups.
- Prevent the uptake of new smokers.
- Reduce the harm resulting from tobacco use.

Community pharmacy smoking cessation services are available for any resident of West Sussex on a walk-in basis. Community pharmacies provide direct supply of Nicotine Replacement Therapy (NRT) such as patches, gum, lozenges, and inhalators.

58 pharmacies are commissioned to provide this service, again there is considerable variation with 55% of providers in Worthing signed up but 22% in Mid Sussex.

Note: This is separate from the Advanced Service smoking service

Table 87 Providers of Smoking Cessation (LA Commissioned)

Locality	Pharmacies signed up for smoking cessation (community)	Percentage of pharmacies
Adur	4	33.3%
Arun	15	48.4%
Chichester	7	41.2%
Crawley	11	55.0%
Horsham	7	36.8%
Mid Sussex	5	21.7%
Worthing	9	45.0%
West Sussex	58	40.8%

Source: WSCC PH Data as of January 2025

Alcohol Identification and Brief Advice Service

A range of evidence-based alcohol early intervention services have been implemented countywide to meet the needs of adults who are drinking at levels putting them at increasing-risk or higher-risk of harm. This is to meet an identified need to provide services that intervene earlier to support people to make changes to their drinking habits which are necessary for health and wellbeing but may be relatively small. Intervening earlier will prevent or reduce alcohol-related harm (including a range of cancers, heart disease, mental ill health and domestic abuse). It will help to divert some people away from needing specialist support in the future and will help to ensure that those who do need treatment are less advanced when they present to specialist services.

These services include the Community Pharmacy Alcohol Identification and Brief Advice Service, which is commissioned to opportunistically screen adults, using community pharmacy services, for risky drinking and providing feedback (brief advice) and signposting. Currently 49 pharmacies are commissioned to provide this service, there is relatively good coverage across the county.

Table 88 Alcohol Identification and Brief Advice Service

Locality	Providers - Community Pharmacy Alcohol Identification and Brief Advice Service	Percentage of pharmacies
Adur	3	25.0%
Arun	14	45.2%
Chichester	4	23.5%
Crawley	10	50.0%
Horsham	4	21.1%
Mid Sussex	4	17.4%
Worthing	10	50.0%
West Sussex	49	34.5%

Emergency Hormonal Contraception Services (EHC)

EHC is part of the strategy aimed at reducing teenage pregnancy rates. It is supplied to young women in line with the requirements of the locally agreed Patient Group Direction (PGD). The PGD specifies that EHC is provided to young women under 22 years of age, including Fraser competent women under the age of 16 years. Clients are also offered information regarding access to sexual health services available locally, to address on-going contraceptive need and the risk of sexually transmitted infections.

Following a revised PGD in December 2024, 24 pharmacies signed up to provide EHC. Public Health commissioners are working to have more contractors signed up across the county. All localities have at least one provider, but this ranges from one provider in Horsham and Mid Sussex to six in Worthing.

It should be noted that from October 2025 EHC will be provided as part of the advanced Pharmacy Contraception Service.

Table 42 Emergency Hormonal Contraception Services (EHC) Providers by Locality

Locality	Providers Emergency Hormonal Contraception Services (EHC)	Percentage
Adur	3	25.0%
Arun	5	16.1%
Chichester	4	23.5%
Crawley	4	20.0%
Horsham	1	5.3%
Mid Sussex	1	4.3%
Worthing	6	30.0%
West Sussex	24	16.9%

Substance Misuse - Services Commissioned by Change Grow Live

The following services are contracted by the local substance misuse treatment provider Change Grow Live (CGL). CGL have provided information on services provided by pharmacies, detailing which pharmacies have recorded activity or are able to provide a service.

There are three service CGL locally commission: needle and syringe exchange, supervised administration and take-home naloxone. There is good coverage across these services, with at least one service in each locality, and more in the main built-up areas of Crawley and Worthing.

Needle and Syringe exchange Programme (NSP)

Drug users who inject can be at risk of bacterial and viral infections. NSPs provide access to sterile needles and syringes, and sharps containers for the return of used equipment. This is supported by National Institute of Care Excellence (NICE) guidance as being an effective means to reduce the incidence of blood-borne viruses and associated burden on the health economy. The Office for Health Improvement and Disparities (OHID) recommends that NSPs, including those provided by community pharmacies, should be part of the wider drug and alcohol service provision.

Table 43 Coverage of Needle and Syringe Exchange

Locality	Number - Needle and Syringe Exchange	Percentage of Pharmacies
Adur	1	8.3%
Arun	7	22.6%
Chichester	4	23.5%
Crawley	7	35.0%
Horsham	2	10.5%
Mid Sussex	4	17.4%
Worthing	3	15.0%
West Sussex	28	19.7%

Supervised Administration.

This requires the community pharmacist to supervise consumption of medicines prescribed for substance misuse at the point of dispensing in the pharmacy, ensuring that the dose has been administered to the patient. As part of the service, the pharmacist also provides harm reduction advice, information and support for the service users.

Table 44 Coverage of Supervised Administration

Locality	Number - Supervised Administration	Percentage of Pharmacies
Adur	10	83.3%
Arun	21	67.7%
Chichester	11	64.7%
Crawley	16	80.0%
Horsham	11	57.9%
Mid Sussex	14	60.9%
Worthing	16	80.0%
West Sussex	99	69.7%

Source: CLG

Take Home Naloxone.

Drug overdose remains a major cause of death amongst drug users. A take home naloxone service is available for suitable users of the Needle Syringe Programme (NSP) and Supervised Administration Programme (SAP). Service users in contact with opioids, along with friends, family or appropriate representatives are offered training in recognising the symptoms of opioid overdose, how to respond appropriately and how to administer naloxone. Training is delivered by any member of the pharmacy team, once completed, a take-home naloxone kit may be issued to the service user.

Table 45 Coverage of Take-Home Naloxone

Locality	Number - Take Home Naloxone	Percentage of Pharmacies
Adur	5	41.7%
Arun	16	51.6%
Chichester	6	35.3%
Crawley	10	50.0%
Horsham	7	36.8%
Mid Sussex	12	52.2%
Worthing	10	50.0%
West Sussex	66	46.5%

Source: CLG

9. Accessing Pharmaceutical Services – Opening Hours and Location

Key Points

Opening Hours

- There are 142 community pharmacies in West Sussex. While eight of these pharmacies hold 100-hour contracts, none are open beyond 78 hours per week.
- Just under one quarter of pharmacies are open before 9am (33 out of 142 pharmacies).
- Forty-nine community pharmacies in West Sussex are open after 6.00pm and eight open beyond 8pm. These are spread across the county, with the larger towns in each locality having at least one community pharmacy open after 6.00pm. Adur and Horsham do not have a pharmacy open beyond 8pm.
- Most pharmacies in West Sussex (86%) are open during the day on Saturdays.
- Twenty-two pharmacies in West Sussex are open on Sunday, with two open after 6.00pm. Most community pharmacies in larger towns in West Sussex are open on Sundays; however, most of those in the smaller towns and villages are closed.

Location

- All areas of West Sussex are within 20 minutes by car of a West Sussex community pharmacy, both during and outside of peak hours, with most locations also within a six-mile radius of a pharmacy. The exception is a rural area near the East Hampshire border, including the village of South Harting. However, pharmacies in Petersfield, East Hampshire, are within 20 minutes by car and within a six-mile radius of this area.
- Only urban areas or those living on key transport routes fall within a 20-minute distance to a pharmacy by public transport. Many of the rural areas, and notably in the Chichester locality have poor access to services by public transport.
- In relation to public transport and the most deprived areas within the county, areas ranked within the most deprived 20% of neighbourhoods in England such as Littlehampton, Bognor, and areas in Durrington and southwest Crawley, residents are within 20 minutes of a pharmacy by public transport. But it is noted that these are urban areas and there are deprived residents living in all areas of the county, including rural areas.

Pharmacy Opening Hours

Core hours: Hours a pharmacy is formally contracted to provide NHS pharmaceutical services. Core hours are usually 40 hours but there are some contracted for 100 hours.

Supplementary hours: Additional hours a pharmacy opens beyond their core hours. Decreases in hours can be modified with five weeks' notice to NHS Sussex ICB, and no notice period is required to increase them.

Note: The opening hours used in the following sections are based on the total opening hours (both 'core' and 'supplementary' hours) of West Sussex community pharmacies in January 2025. Up to date details of individual pharmacy opening times can be found on the NHS website (www.nhs.uk).

The ICB is responsible for administering opening hours for community pharmacies according to their terms of service.

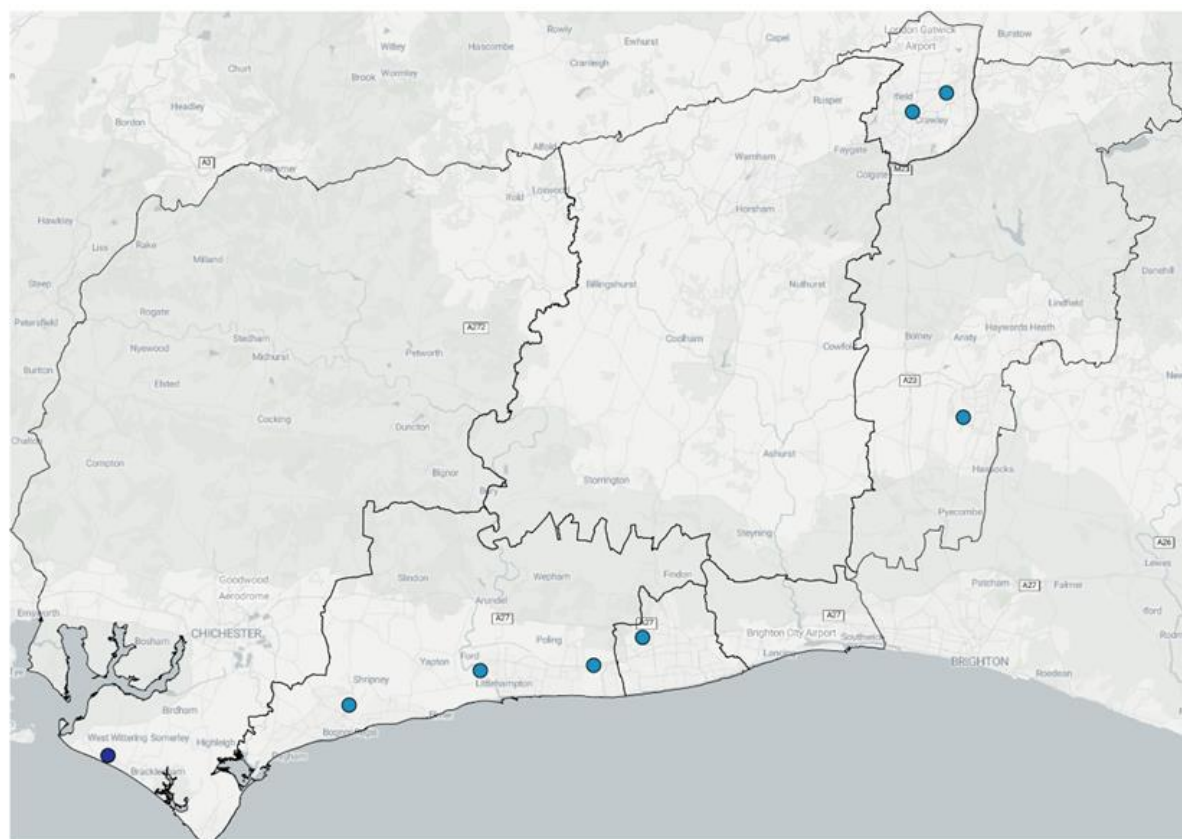
The majority of the 142 community pharmacies in West Sussex are contracted to open for 40 hours a week. There are eight 100-hour pharmacies in West Sussex. This number has reduced by five since the last PNA in 2022.

Changes to 100-Hour Pharmacies. 100-hour pharmacies were introduced under amendments to The National Health Service (Pharmaceutical Services) Regulations 1992, which came into force on 1 April 2005. To increase pharmacy provision and competition, the legislation introduced four exemptions to earlier NHS regulations that prohibited new contractors from entering the pharmaceutical list unless it was "necessary or expedient" to securing the adequate provision of pharmaceutical services locally.

One exemption related to pharmacies where the applicant committed to providing pharmaceutical services for at least 100 hours each week, as well as those located in large shopping centres, and those that would provide pharmacy services online. This exemption was removed in 2012 and meant that no new 100-hour pharmacies could open but stated that existing 100-hour pharmacies must maintain their opening hours. In May 2023, further amendments were made to the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013; one of which allowed existing 100-hour pharmacies to reduce their minimum opening hours to 72 hours per week. Under the amended regulations, pharmacies that held 100-hour contracts would have to remain open between 17:00 and 21:00 from Monday to Saturday, and between 11:00 and 16:00 on Sundays, if previously open these hours, to maintain out-of-hours pharmacy provision.

The 100-hour community pharmacies are not evenly distributed across West Sussex with two in Crawley (including one based in Gatwick Airport), one in Burgess Hill, one in Chichester locality, one in Worthing and three in Arun. Adur and Horsham have no 100-hour pharmacies, both have pharmacies open after 6pm (on weekdays) and on Sundays.

Figure 20 Map of 100-hour pharmacies



100 Hour Pharmacies ■ 100 hours (amended) ■ 100 hours

100 hour pharmacies (amended) refer to pharmacies which amended their opening hours from 100 to 72 hours, following a change to NHS terms of service in 2023.
Contains Ordnance Survey data ©Crown copyright and database right 2024

Weekday Opening

Thirty-three of the community pharmacies in West Sussex open before 9am.

In addition, West Sussex has 49 community pharmacies open in the evenings after 6.00pm. These are spread across the County, with the larger towns in each district having at least one community pharmacy open after 6.00pm. Of these eight are open beyond 8pm, Adur and Horsham do not have a provider open beyond 8pm. People living near the border with East Sussex, Brighton and Hove, Hampshire and Surrey may also access extended hour pharmacies near the borders.

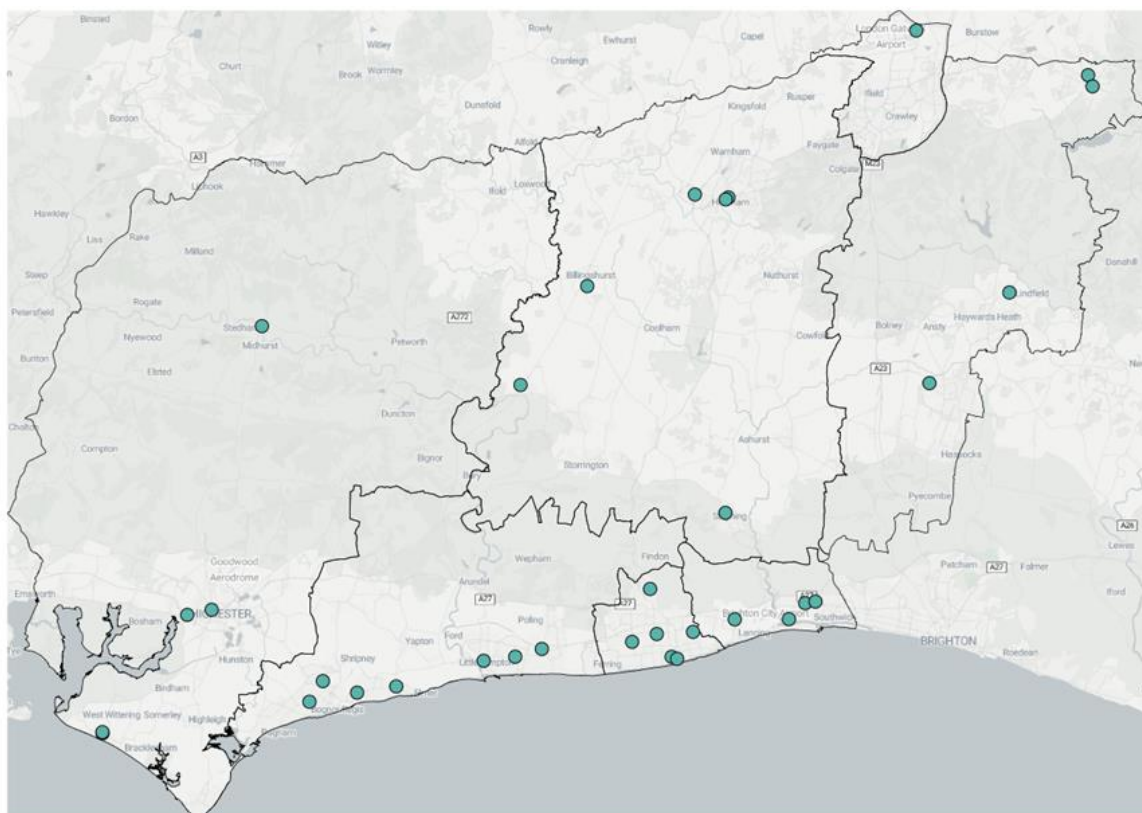
Table 46 Weekday opening hours by locality

Locality	All Community Pharmacies	100- hour Community Pharmacies	Open early (before 9:00am)	Open in the evenings (after 6pm)*	Open at night (after 8pm)
Adur	12	0	4	5	0
Arun	31	3	7	11	3
Chichester	17	1	5	7	1
Crawley	20	2	1	6	2
Horsham	19	0	6	7	0
Mid Sussex	23	1	5	8	1
Worthing	20	1	5	5	1
West Sussex	142	8	33	49	8

* Refers to pharmacies which are open at least one day per week after 6pm. Most pharmacies have the same opening times each weekday, but one in Arun and one in Horsham offer at least one night per week open after 6pm.

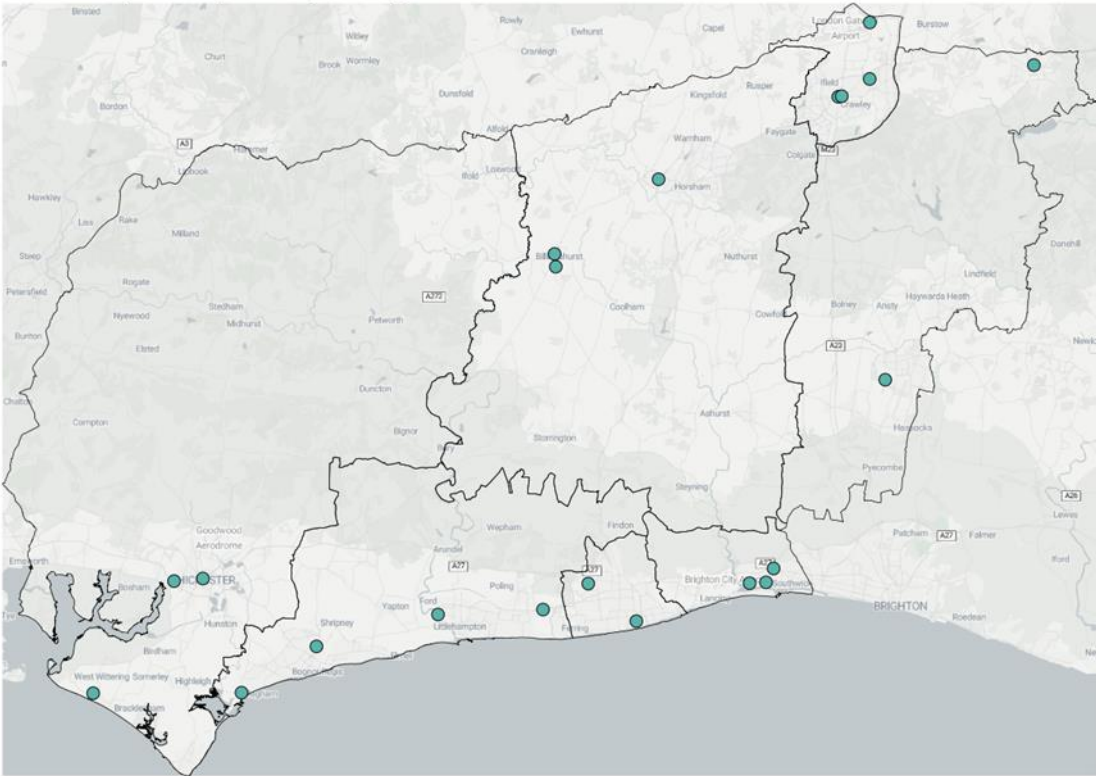
Source: NHSE data as of January 2025

Figure 21 Map of community pharmacies open before 9am (Monday to Friday)



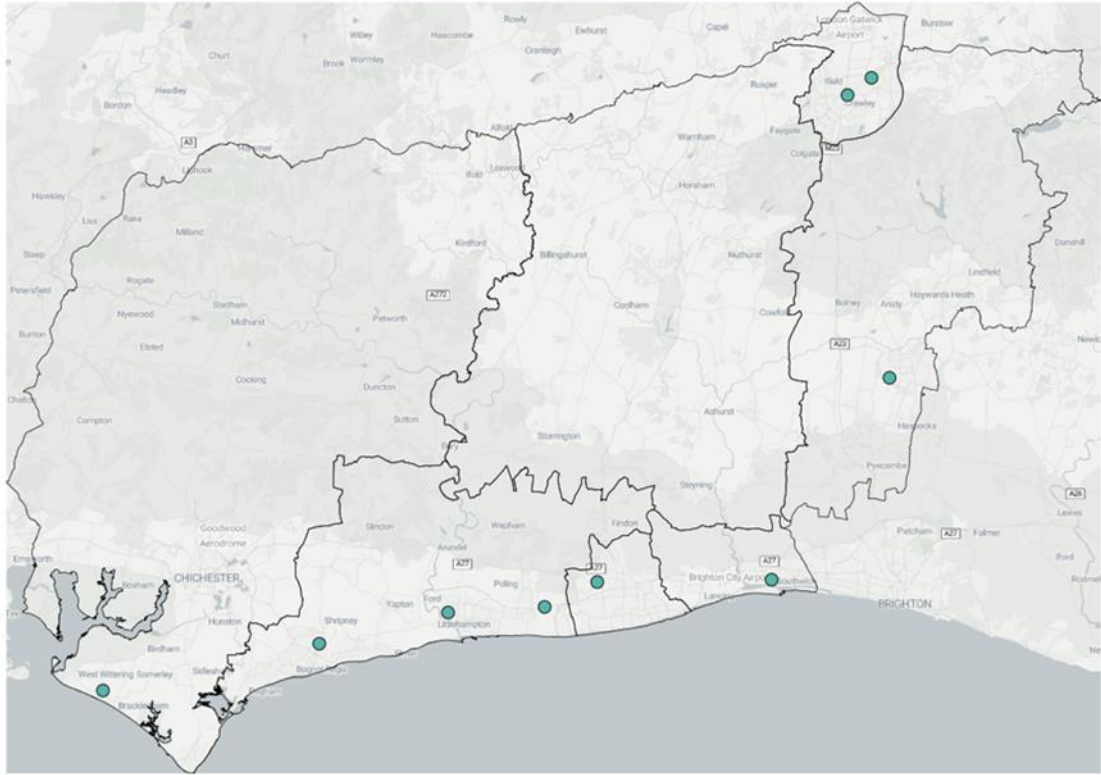
Source: NHSBA Consolidated Pharmaceutical List - 2024-25 Quarter 2, last updated: November 2024.
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Figure 22 Map of community pharmacies open after 6pm (Monday to Friday)



Source: NHSBA Consolidated Pharmaceutical List - 2024-25 Quarter 2, last updated: November 2024.
Contains Ordnance Survey data ©Crown copyright and database right 2024

Figure 23 Map of community pharmacies open after 8pm (Monday to Friday)



Source: NHSBA Consolidated Pharmaceutical List - 2024-25 Quarter 2, last updated: November 2024.
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In terms of rural areas in the north of the city of Chichester, there are 100-hour pharmacies in Petersfield (Hampshire) and in Haslemere (Surrey).

Saturday and Sunday Opening

Most of the community pharmacies in West Sussex (86%) are open during the day on Saturdays with 11 closed altogether. In total, 20 community pharmacies are open after 6.00pm.

Table 47 Saturday and Sunday Opening (January 2025)

Locality	Open Saturday	Open Sunday
Adur	11	2
Arun	26	3
Chichester	15	4
Crawley	18	4
Horsham	15	2
Mid Sussex	20	4
Worthing	17	3
West Sussex	122	22

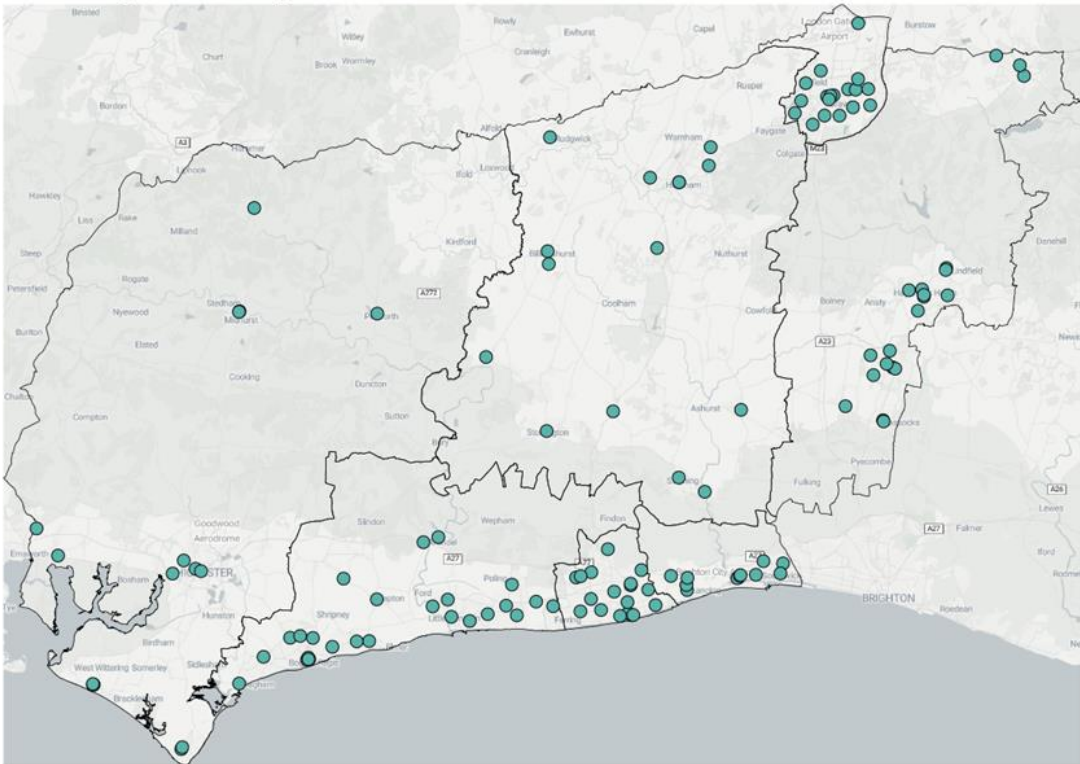
Source: NHSE data as of Jan 2025

The Sunday Trading Act (1994) prevents most large shops with a floor space of over 280 square metres from opening for more than 6 continuous hours between 10am and 6pm on a Sunday. There are some exemptions to the Act, including shops in airports.

In West Sussex, community pharmacies are open on Sundays during the day in the larger towns but most of those in the smaller towns and villages are closed. In the evening on Sunday (after 8pm) there are no community pharmacies open in West Sussex. In some areas, particularly in rural areas within Chichester District and Horsham District, there is limited or no access to an open pharmacy on Sundays. Since GP surgeries close over the weekend, it is not expected that prescriptions are written on Sundays other than by out-of-hours GP services, who hold a supply of emergency medicines. Out-of-hours GP services can therefore provide treatment if clinically necessary during pharmacy closure times.

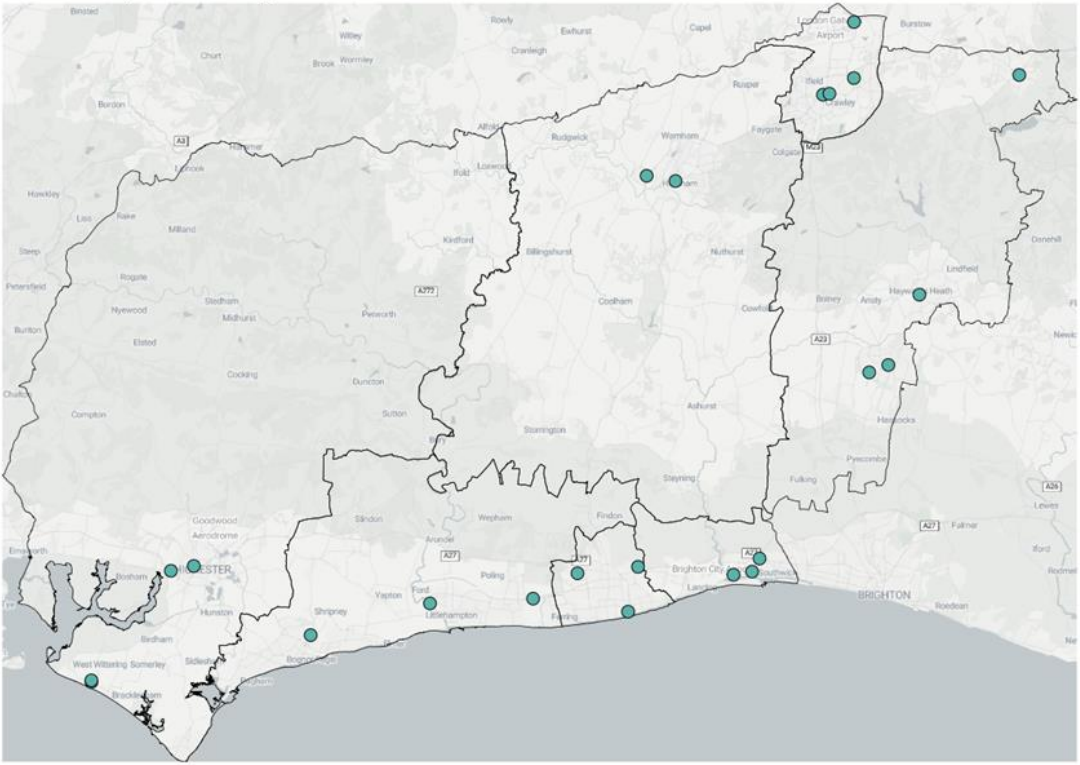
Twenty-two pharmacies in West Sussex are open during the day on Sunday, with two open after 6.00pm.

Figure 24 Map of community pharmacies open on a Saturday



Source: NHSBSA Consolidated Pharmaceutical List, last updated: July 2024.
Extracted from Shape Place on 25th November 2024.
Contains Ordnance Survey data ©Crown copyright and database right 2024

Figure 25 Map of community pharmacies open on a Sunday



Source: NHSBSA Consolidated Pharmaceutical List, last updated: July 2024.
Extracted from Shape Place on 25th November 2024.
Contains Ordnance Survey data ©Crown copyright and database right 2024

Bank Holidays

Community pharmacies are not expected to open on bank holidays under their contractual arrangements. Details of which community pharmacies are open over bank holiday periods can be found on the NHS Choices website (www.nhs.uk).

Dispensing Doctor Opening hours.

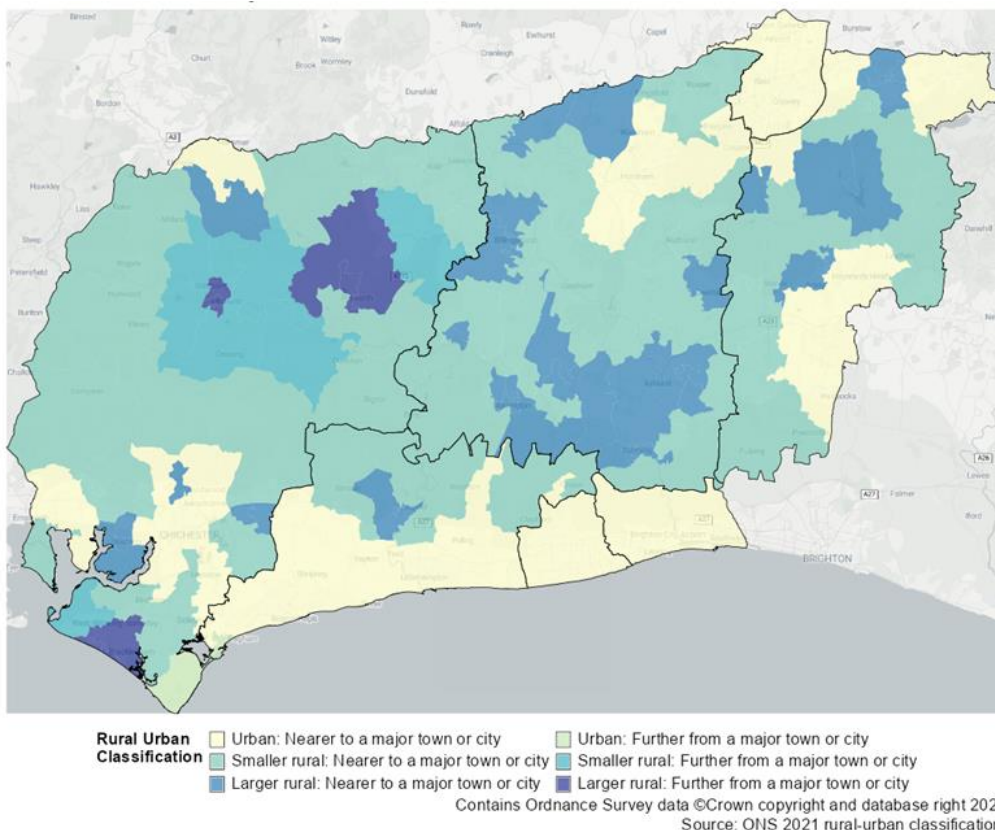
GP dispensing practices determine their opening hours according to local need and do not have contracted dispensing hours. They are generally open at the same times as the GP surgery itself. Details of individual GP dispensing practice opening times can be found on the NHS Choices website (www.nhs.uk).

Sparsely Populated/Rural Areas

West Sussex covers an area of 768 square miles and is predominantly rural in character. Over half of the land area of West Sussex is designated as protected countryside. A large part of the county falls within the South Downs National Park, and there two other designated Areas of Outstanding Natural Beauty: Chichester Harbour and the High Weald. The majority of people live in the main towns of Worthing, Crawley, Horsham and Chichester.

Three out of the seven localities are classified as 'rural', with Chichester and Mid Sussex having more than 80% of their populations living in rural settlements or large market towns, while in Horsham this is between 50% and 80%. The remaining districts and boroughs are classified as urban: Crawley, Adur, Worthing and Arun. The County is bordered by Brighton and Hove and East Sussex to the east, Hampshire to the west and Surrey to the north.

Figure 26 Rural Urban classification of West Sussex LSOAs



Criterion Used for Determining Access - Distance and Travel Time

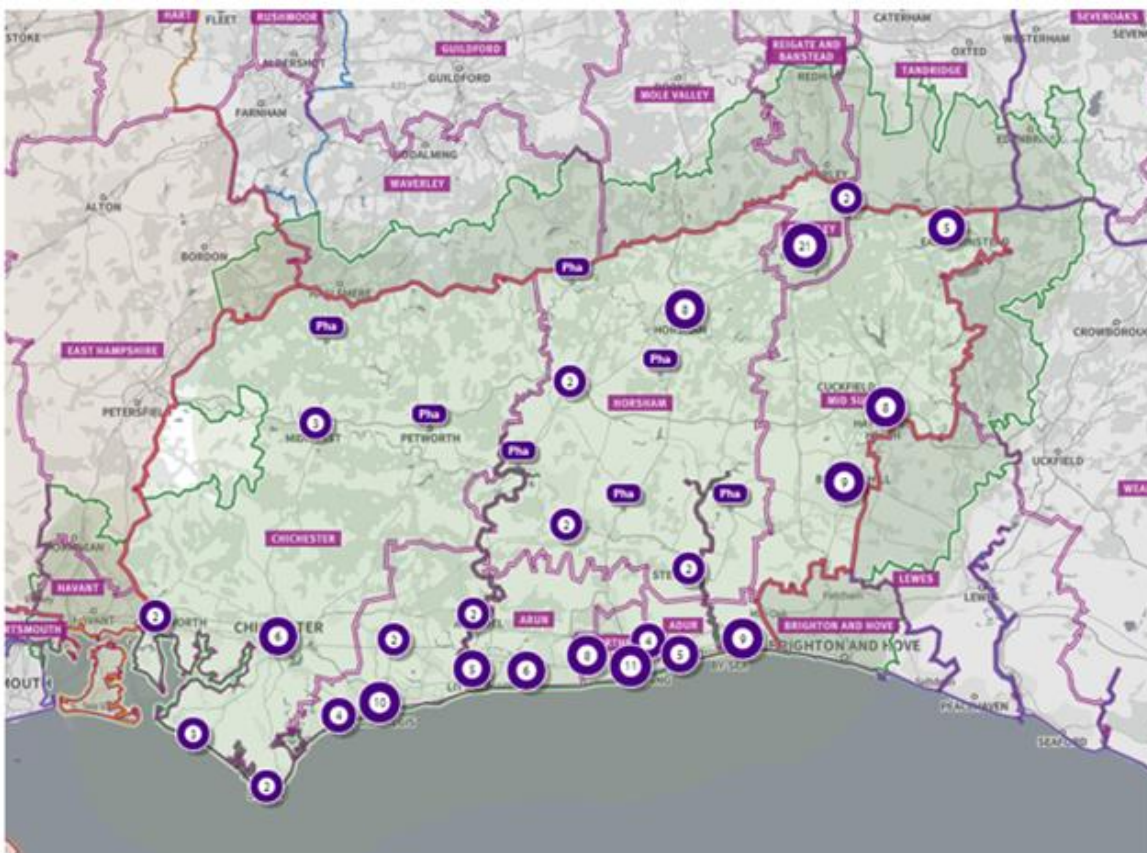
There are two access benchmarks being used in this PNA. The rationale for these are as follows:

- In 2008, a Department of Health report (Pharmacy in England Building on strengths – delivering the future Department of Health) stated that 99% of the population could get to a pharmacy within 20 minutes by car and 96% by walking or using public transport. **In terms of reasonable travel time a benchmark of 20 minutes by car will be used.**
- In addition to this, a 2012 ruling from the NHS Litigation Authority (reference SHA/17182; Paragraph 7.34) (now NHS Resolution) deemed being able to access **a pharmacy within six miles by car or public transport as being reasonable.**

These are the same access benchmarks used in previous West Sussex PNAs.

Residents within 6 Miles of a Pharmacy. Most parts of the county are within a 6-mile radius of a community pharmacy. The only area within West Sussex not within a 6-mile radius of a West Sussex community pharmacy is the area to the southwest of Midhurst bordering East Hampshire extending to the village of South Harting. However, pharmacy provision in Petersfield is within 15 minutes' drive time (outside of rush hour) and 15-20 minutes' drive time within rush of this area. Of the three pharmacies in Petersfield, one is a 100-hour pharmacy open after 8pm on weekdays and Saturdays and one is open on a Sunday.

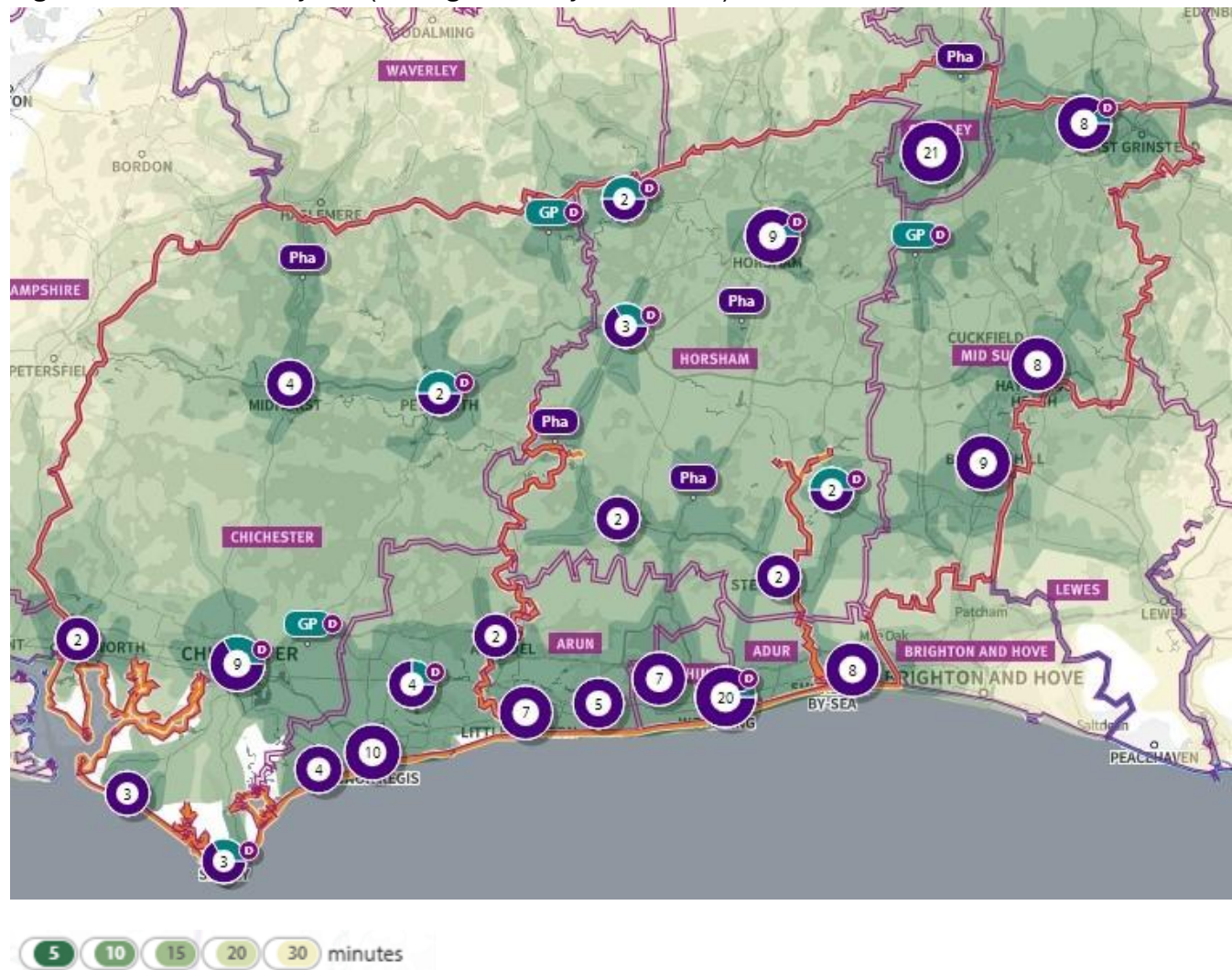
Figure 27 Map of Areas Within 6 Miles of a Pharmacy



*Where pharmacies/dispensing doctors are clustered together, the number in the cluster is shown in the circle.

Travel Time Within 20 Minutes. In West Sussex, it is possible to drive to a community pharmacy within 20 minutes, this is true whether looking at rush hour or times outside of the rush hour. Journey times in most urban areas are 5 minutes or less, while in the majority of rural areas journey times are 15 minutes or less.

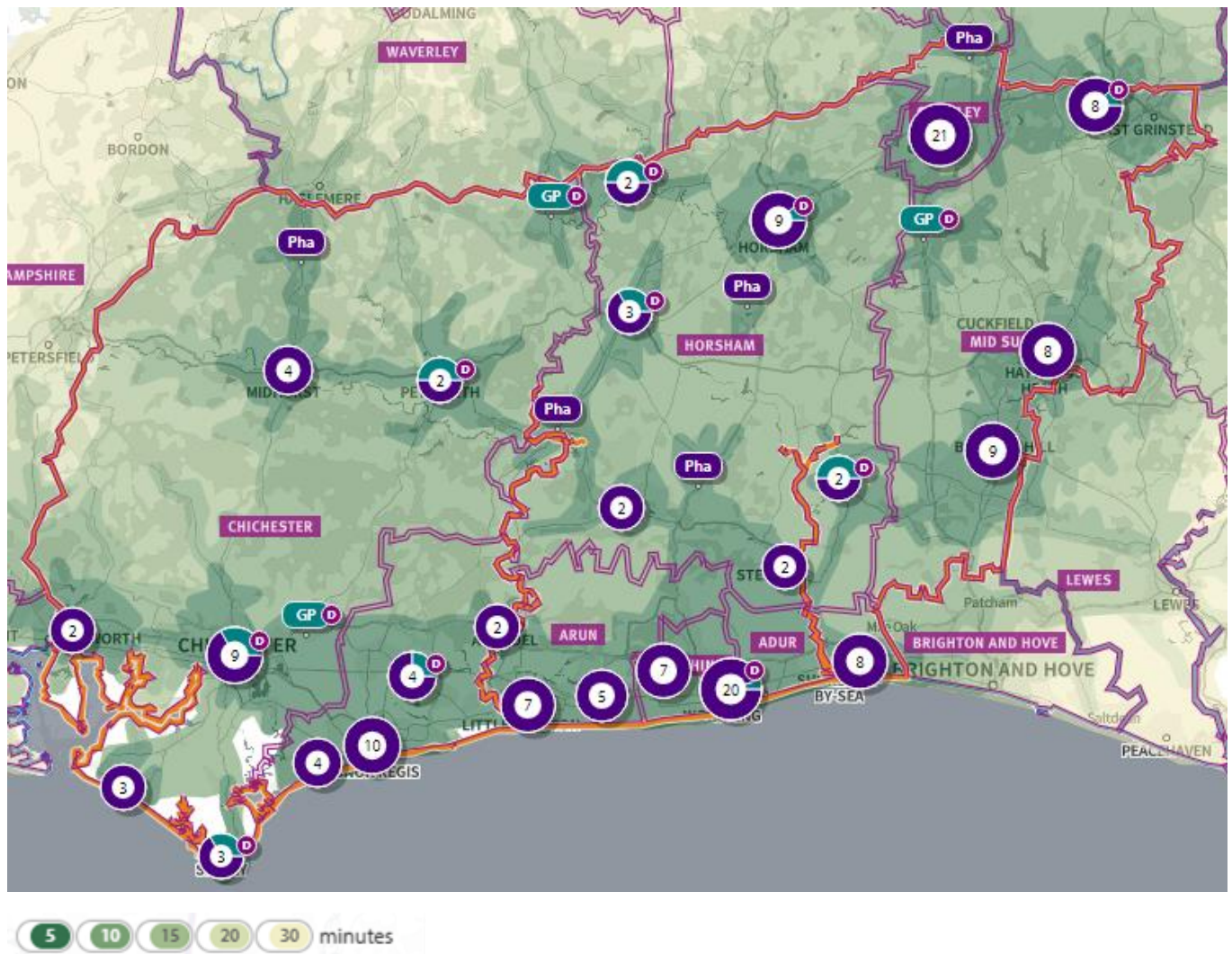
Figure 28 Travel Time by Car (During Weekday Rush Hour)



*Where pharmacies/dispensing doctors are clustered together, the number in the cluster is shown in the circle.

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Figure 29 Travel Time by Car (outside of rush hour)



*Where pharmacies/dispensing doctors are clustered together, the number in the cluster is shown in the circle.

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Taking into consideration dispensing doctor practices, journey times to reach a dispensing service in some rural areas (for example in the north of Chichester district and in Horsham) may be shorter for people who are registered with the dispensing practice in the area.

In relation to public transport, most rural areas in the county are outside of a 20-minute journey to a pharmacy.

Getting to the pharmacy – Car Ownership and Public Transport. This PNA considers access by distance (measured in both travelling time and miles) to a pharmacy. It does so in line with benchmarks established by the Department of Health and NHS Litigation.

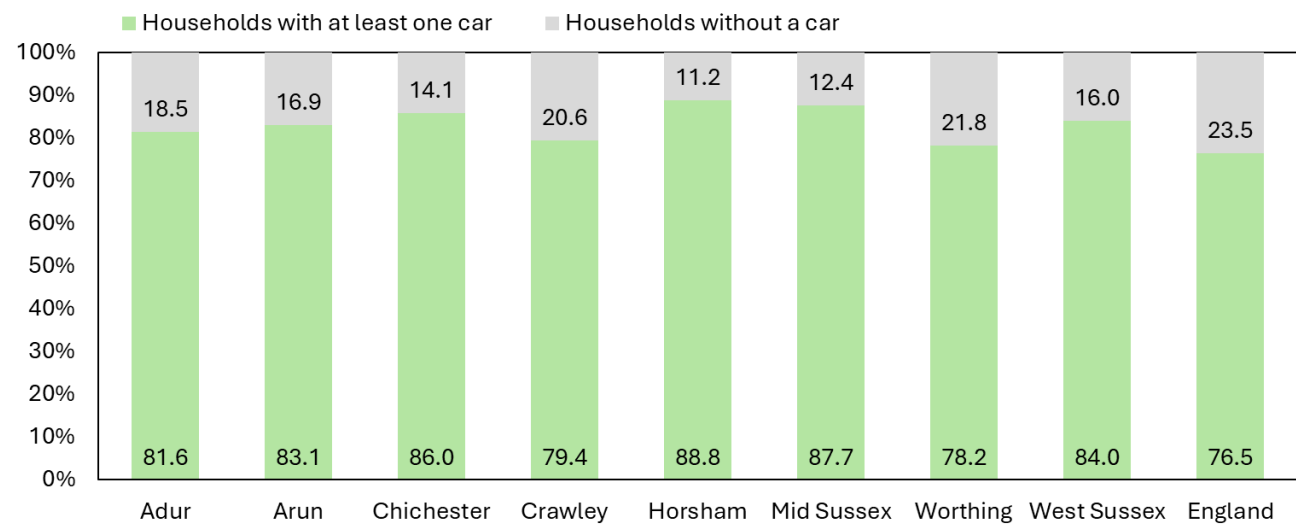
How somebody travels to a pharmacy is dependent on personal resources and social networks (such as owning a car, ability to pay for a taxi etc.) and/or access to public transport. The use of public transport is largely dependent on location and, for people with mobility problems, transport

being accessible. Each individual circumstance will be different, it is therefore difficult to generalise access.

While this report considers pharmaceutical services, it is important to recognise that where someone has limited transport options, whether personal or public transport, this impacts access to a whole range of services and opportunities, including health care, shopping, educational, employment and leisure opportunities. Research shows that people who have access to a car are twice as likely to be able to access services, and people who rate their local public transport as good are almost three times as likely to access services.

Car Ownership. Using 2021 Census data indicates a high percentage of the population throughout West Sussex and the Southeast, has access to a car. Within West Sussex, this ranges from 79% in Crawley and coastal areas to almost 90% in more rural areas.

Figure 30 Car Ownership in West Sussex



Source: ONS Census 2021

Public Transport. West Sussex, overall, is a relatively affluent county. However, there are areas of considerable deprivation, within the most 20% of deprived neighbourhoods in England. For these areas, a specific assessment of access to pharmacies by public transport has been undertaken. All of the most deprived areas in West Sussex have public transport which enables people to get to a pharmacy within 20 minutes (weekday).

Pharmacy Delivery Services. Delivery services can help improve the access for those who have difficulties getting to a community pharmacy, including people in rural areas. Many community pharmacies in West Sussex and neighbouring areas provide delivery services to their patients. However, it should be noted that delivery is not part of the NHS pharmaceutical services, and it is provided on a private basis.

Distance selling contractors provide a delivery service as part of their contract. They cannot provide essential services on a face-to-face basis.

10. Public Engagement Survey

To gain views from the wider public an online survey was undertaken in February and March 2025. A total of 2,461 people responded, not all completed all questions, not all made comments.

Key Points

Over 1,600 survey respondents made comments. In relation to comments made:

- Overall, the comments reflect a mix of considerable appreciation and value of pharmaceutical services alongside concern regarding around closures and pressures on services.
- Many respondents expressed gratitude for helpful and knowledgeable staff and valued the services provided, online repeat prescriptions, advice and minor ailment treatment.
- However, many respondents expressed concerns around prescription delays, medication shortages, and the growing pressure on pharmacies, respondents set out reasons for increased pressures being rising and ageing population, GP access challenges, and pharmacy closures. Some respondents described poor coordination between GPs and pharmacies, with issues leading to confusion, repeated effort, and missed medications.
- There were also calls for better access, especially outside working hours, and improved support for elderly people and carers.
- While some praised initiatives like 24/7 lockers or Pharmacy First, others worried that underfunding and lack of integration would limit the effectiveness of these services, or that new additional services would detract from core role.

10.1 Survey Responses - Who Provided Their Views?

In analysing results, from some questions, data will be broken down by locality and by background characteristics across West Sussex. Sub dividing by both geography and some background characteristics for example sexual orientation by locality, produces small sample sizes.

Respondents by Locality. The response by locality reflects the split of the total West Sussex population (aged 16+). Of the 2,461 responses, 309 could not be matched to District or Borough areas. Over 45% of survey responses came from two areas (Arun and Horsham), in comparison to the breakdown of the overall residential population, these areas are over represented in this survey, 23.5% of responses coming from Arun, whereas the Arun population accounts for 19.2% of the West Sussex population.

Table 48 Response by Locality

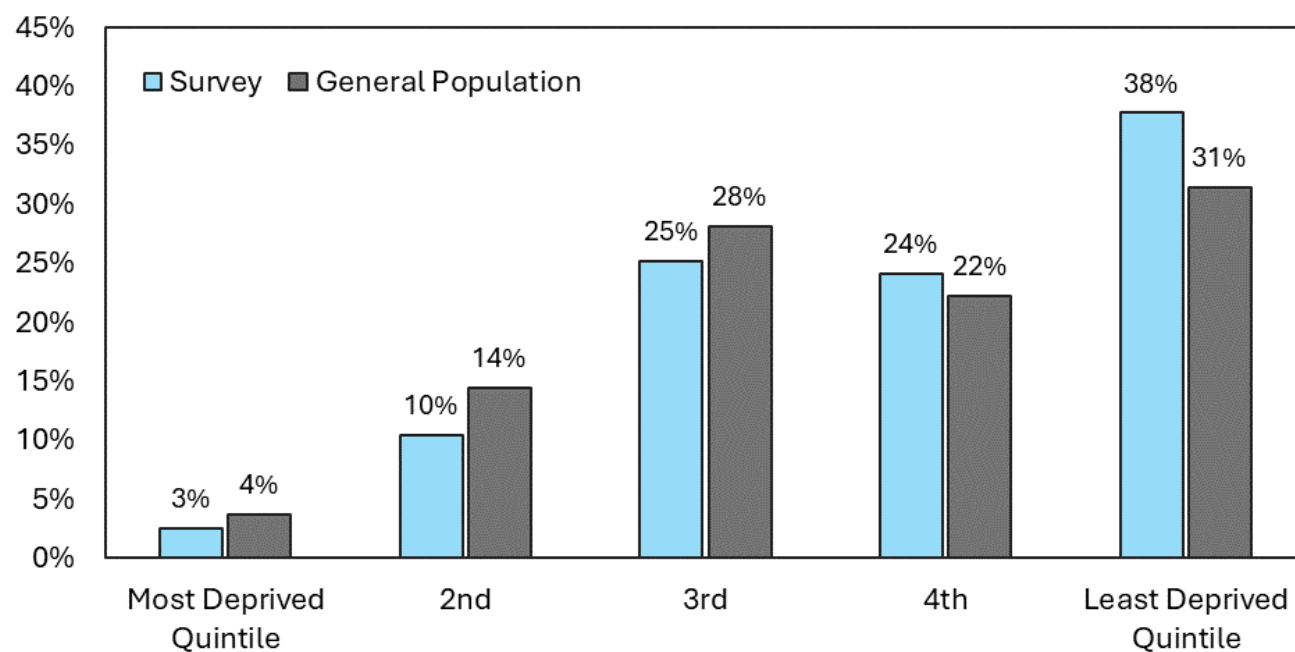
Locality	Number of Survey Respondents	% Overall	% of the Resident Population (16+)
Adur	112	5.2%	7.2%
Arun	505	23.5%	19.2%
Chichester	314	14.6%	14.6%
Crawley	217	10.1%	12.8%
Horsham	483	22.4%	16.5%
Mid Sussex	309	14.4%	17.2%
Worthing	212	9.9%	12.6%
Total respondents	2,152	100.0%	100.0%

Source: WSCC PNA Engagement Survey 2025

Respondents by Deprivation Quintile

Comparing survey respondents with the general population, people living in the least deprived areas of the county were more likely to respond to the survey.

Figure 31 Response by Deprivation Quintile



Respondents by Equality Act Protected Characteristics

As part of the survey data were collected in respect of the protected characteristics outlined in the Equality Act 2010.

Characteristic	PNA Engagement Survey Response Profile	Overall West Sussex Population
Age	Of those who provided their age over 50% of respondents were aged 65 years or over, less than 3% were aged under 34 years.	23% of the resident population are aged 65 years or over (Source: ONS MYE 2023)
Ethnic Background	93.2% of respondents stated an ethnic background of White British, 4.1% were from ethnic minority backgrounds, with White Other being the highest single group at 2.0%, 2.7% said the preferred not to say.	84.2% of the resident population were White British (Source: ONS Census 2021)
Disability	39% of respondents stated that had they had a physical or mental health condition that had lasted or was expected to last for 12 months. Of these 65% said that this affected their ability to undertake day to day tasks.	17% of the resident population disabled (Source: ONS Census 2021, non-age adjusted disability)
Gender reassignment	<i>Equality Act characteristics continued</i> Less than 1% of respondents stated that their gender identity was different to the sex they were designated at birth.	0.4% of the resident population stated their gender was different to their birth sex (Source: ONS Census 2021)
Marital Status	65.2% stated they were married or in a civil partnership, 7.8% separated or divorced (or a dissolved civil partnership) 11% widowed/surviving partner of civil partnership, 6.7% in a relationship (not married/civil partnership) and 9.1% single.	48% of residents stated they were married or in a civil relationship, 12.4% divorced or separated, 7% widowed/surviving partner of a civil relations, 32.2% single (Source: ONS Census 2021)
Pregnancy and Maternity	0.6% of respondents said they were or had been pregnant in the last year.	Approximately 8,000 births a year (approximating at 1% of the adult population) (Source: Births (ONS), MYE 2023)
Religion	32% of respondents said that they did not have a particular religion or belief. 64% said they were of a Christian faith, 0.2% said they were Muslim.	41% of residents said they did not have a particular religion or belief. 48% said they were Christian, 2.2% said they were Muslim. (Source: ONS Census 2021)
Sex	72.5% of respondents were female, 27.3% male. 0.2% stated non-binary, or intersex to this question.	51.4% of the resident population are female. (Source: ONS MYE2023)
Sexual Orientation	96.2% of respondents stated they were heterosexual/straight, 2.2% stated gay or lesbian, 1.6% stated bisexual or other, the remainder preferred not to say.	2.9% of the resident population stated their sexuality orientation was other than heterosexual. 1.5% stating gay or lesbian, 1.3% bisexual and 0.2% pansexual, with 0.1% asexual.

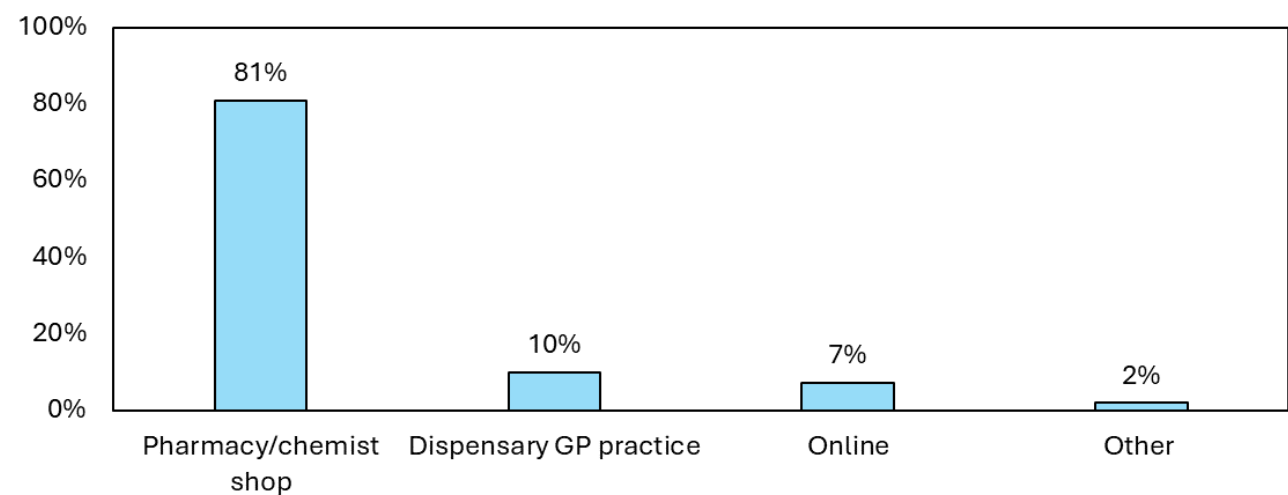
31% of respondents (excluding not known/missing responses) said that they were carers, that is, they were looking after or giving help or support to someone due to any sort of long-term physical or mental health condition or illnesses, or a problem related to old age.

Responses to Questions

If you needed a prescription medicine, where would you get it from?

81% of respondents reported that they obtained prescription medication from a high street pharmacy, 10% from their GP dispensary, 7% online.

Figure 32 Where Respondents Obtained Prescription Medicine

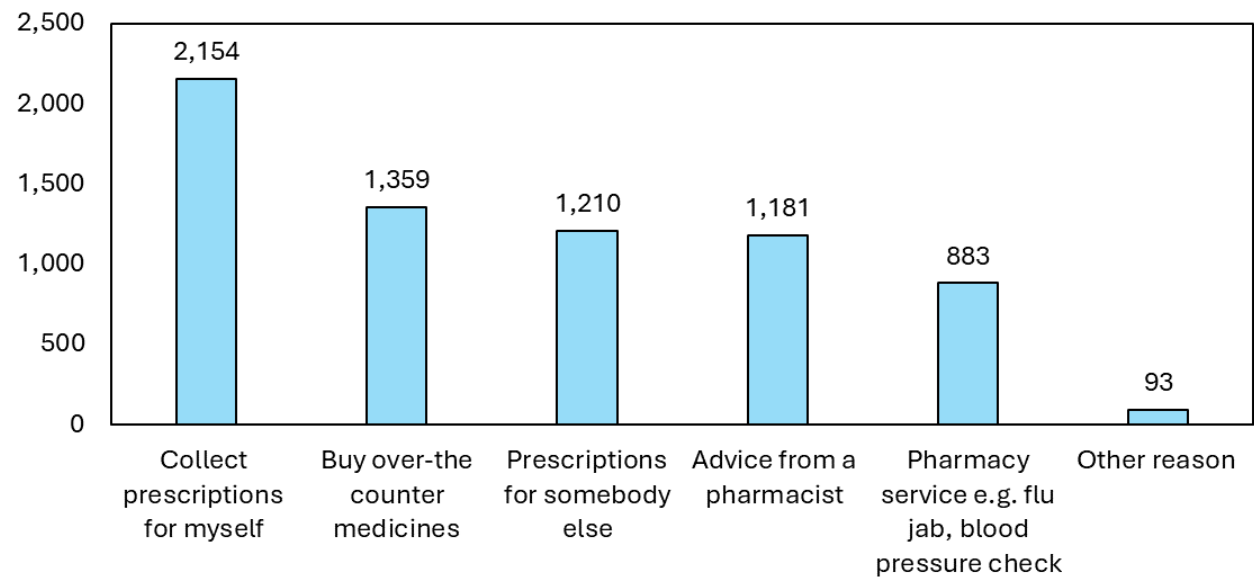


Why do you usually visit a pharmacy or dispensing GP?

For this question respondents could tick multiple answers.

Unsurprisingly, most respondents reported using pharmacies to obtain prescription medication, but almost a half of respondents reported going to obtain advice and a third additional services such as blood pressure checks, flu jabs.

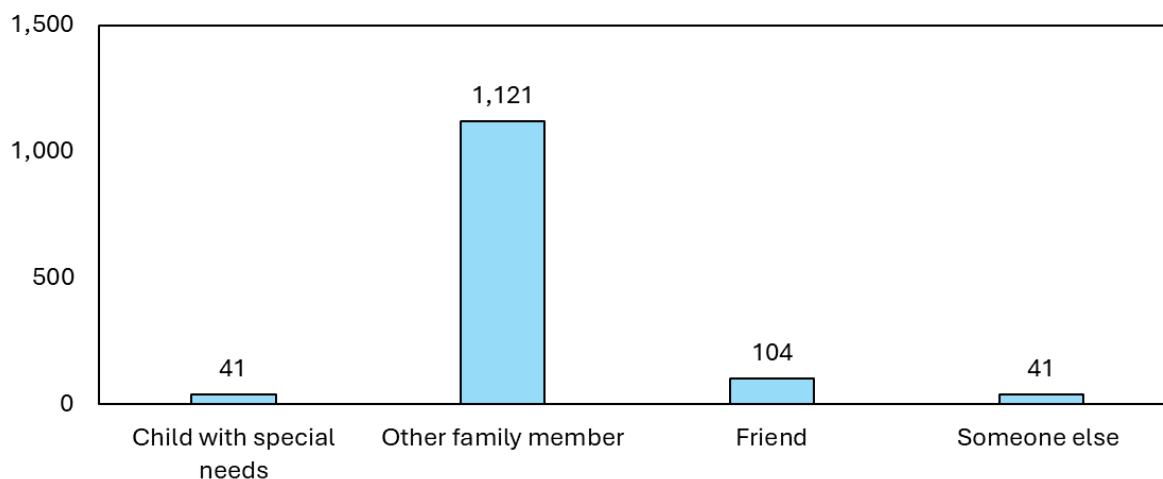
Figure 33 Reason for Visiting a Pharmacy or Dispensing GP



If you collect prescriptions for somebody else, who do you look after, or give any help or support to?

Of those who reported obtaining prescriptions for others, getting prescriptions for family members was the most frequent answer.

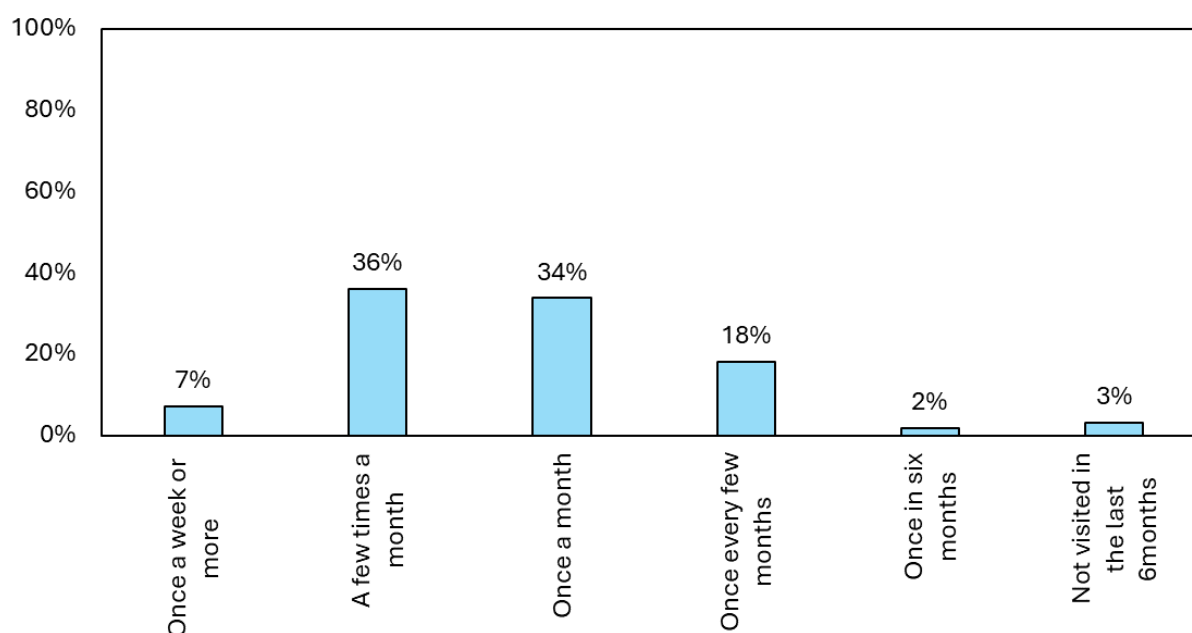
Figure 34 Collecting Prescriptions on Behalf of Someone Else



How often have you visited or contacted a pharmacy in the last six months?

Just over a third of respondents said they visited a pharmacy once a month, with less than 1 in 10 saying weekly or more.

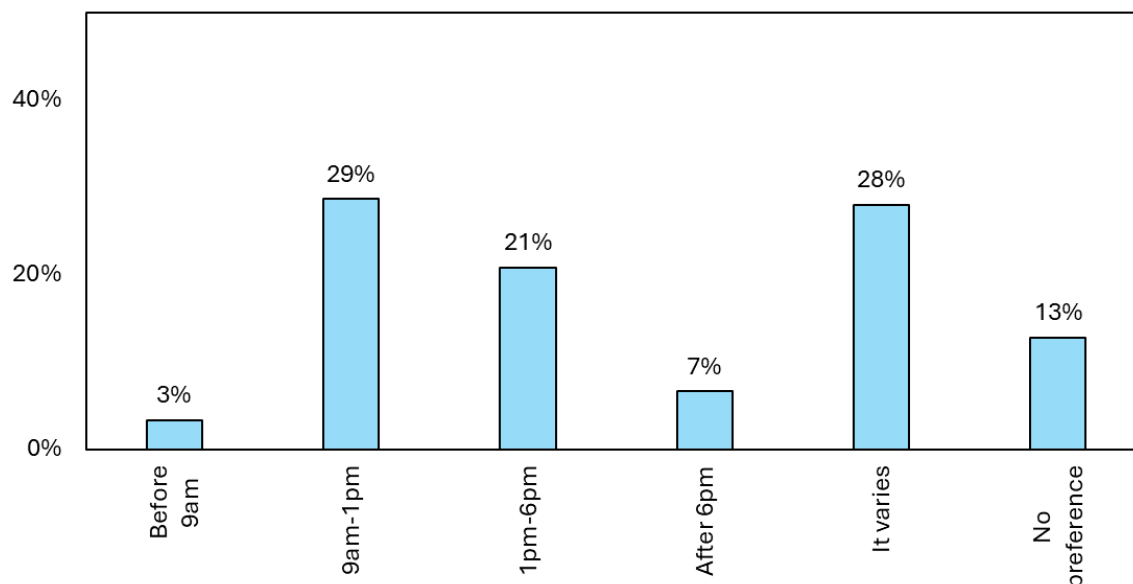
Figure 35 Frequency of Visiting/Contacting a Pharmacy



What time is the most convenient for you to use a pharmacy?

Half of respondents said the most convenient time for them to use a pharmacy was between 9am to 6pm, with 10% saying before or after these hours.

Figure 36 Most Convenient Time to Use a Pharmacy



In the last 12 months have you needed to use pharmacy services on a Bank Holiday?

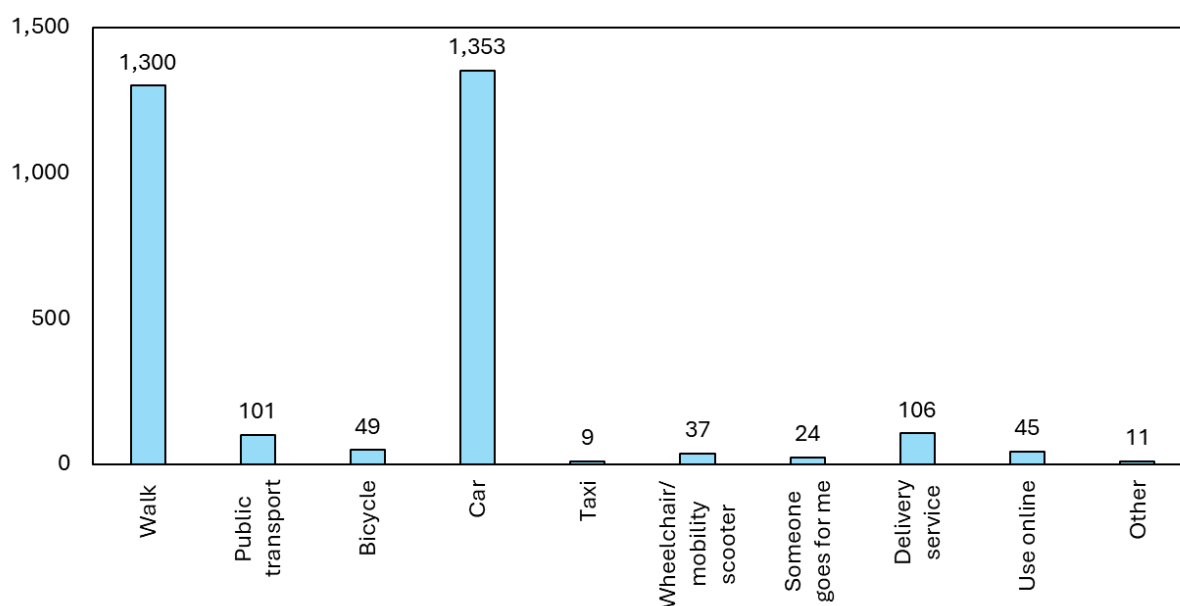
13% of respondents said that they had needed to use a pharmacy on a Bank Holiday

How do you usually travel to the pharmacy?

For this question respondents could tick multiple answers.

Most people stated they walked or drove to the pharmacy, only 101 respondents said they used public transport. 106 respondents said they had a delivery service.

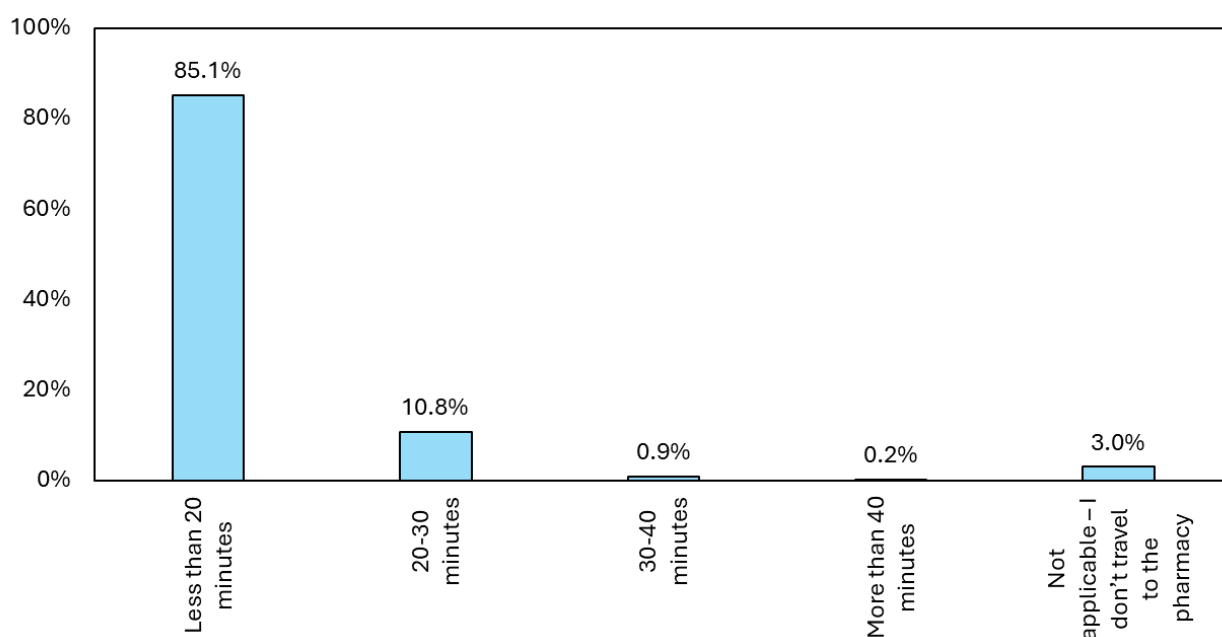
Figure 37 Method of Travel to a Pharmacy



How long does it usually take you to travel to your pharmacy?

85% of respondents said it took less than 20 minutes to travel to their pharmacy, with 1.1% taking 30 minutes or more.

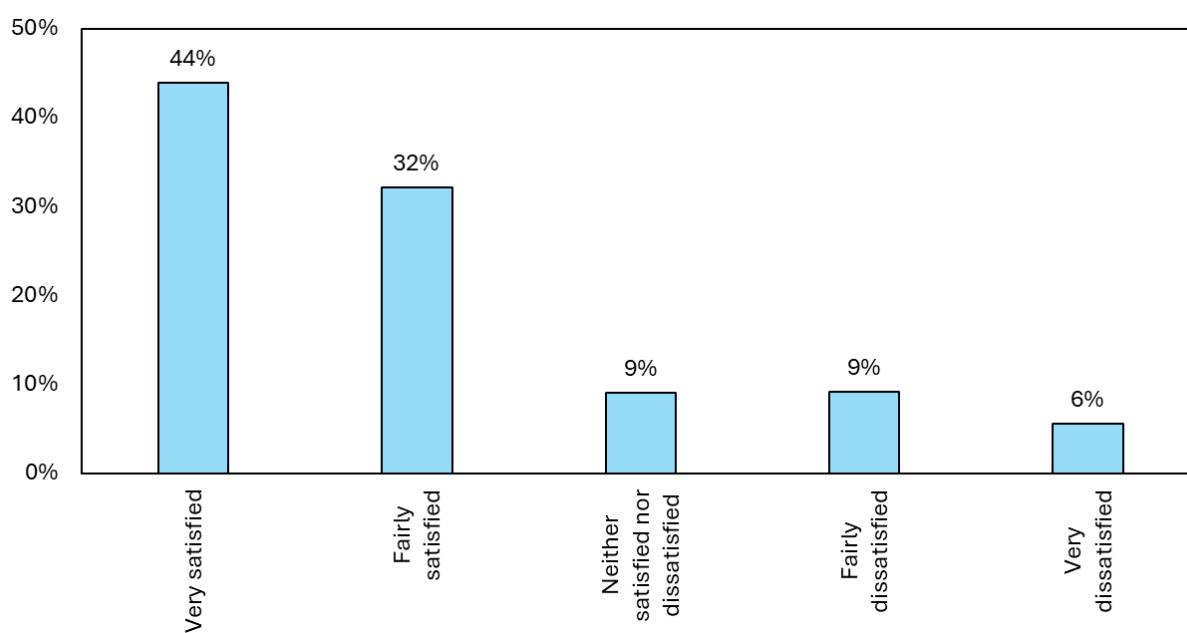
Figure 38 Travel Time to Pharmacy



Overall, how satisfied, or dissatisfied are you with the pharmacy services in West Sussex?

Of those who expressed a view, 76% of respondents said they were fairly or very satisfied with pharmacy services in West Sussex, 15% fairly or very dissatisfied.

Figure 39 Satisfaction with Pharmacy Services



Comments Made

Question: Do you have any other comments that you would like to add regarding pharmacy services in West Sussex?

Over 1,600 survey respondents made comments. Overall, the comments reflect a mix of considerable appreciation and value of pharmaceutical services alongside concern regarding around closures and pressures on services. Many respondents expressed gratitude for helpful and knowledgeable staff and services provided, from services within the pharmacy, online repeat prescriptions, and advice and minor ailment treatment. However, many respondents expressed concerns around prescription delays, medication shortages, and the growing pressure on pharmacies, respondents set out reasons for increased pressures being rising and ageing population, GP access challenges, and pharmacy closures. Some respondents described poor coordination between GPs and pharmacies, with issues leading to confusion, repeated effort, and missed medications. There were also calls for better access, especially outside working hours, and improved support for elderly people and carers. While some praised initiatives like 24/7 lockers or Pharmacy First, others worried that underfunding and lack of integration would limit the effectiveness of these services, or that new additional services would detract from core role.

Importance of Pharmacies in the Community

One of the strongest messages from survey respondents, including those expressing some frustration with services, was that pharmacies are a vital part of the health system. Respondents value pharmacies for their knowledge, and personal service. Many saw pharmacies as filling an important gap left by overstretched GP services.

- *“Pharmacies are taking pressure off GPs and are essential in helping patients day to day.”*
- *“They’re more than just prescription centres, they’re a lifeline for people who need advice and support.”*
- *“Without my local pharmacy, I would really struggle to manage my medications and health issues.”*

Prescription Delays and Stock Issues

Many respondents reported problems with the length of time getting prescriptions filled/completed. People reported experiencing delays of several days between when a prescription is issued and when it's ready for collection. It should be noted that medication shortages is a recognised national problem and not within the ability of the local pharmacy to resolve.

This problem was especially frustrating for those managing long-term conditions, with some saying they spent too much time chasing prescriptions. People expressed concern about the availability of specific medication such as HRT (hormone replacement therapy) and ADHD treatments.

- *“The wait between prescription being issued to dispensing is too long, 7 to 10 working days!”*
- *“My HRT prescription isn’t always available, and I’ve had to suffer the side effects of unsuitable alternatives.”*

Communication/Systems Between GPs and Pharmacies

A number of comments were made on the lack of clear communication and/or coordination between GP practices and pharmacies. Respondents often felt caught in the middle, with some reporting a back-and-forth led to delays and confusion.

- *"The GP says it's the pharmacy's fault, and the pharmacy says it's the GP's fault, it's exhausting."*
- *"I've been told to go to the GP every time I ask the pharmacy for advice, which defeats the purpose."*
- *"Would appreciate if they were more joined up. If one pharmacy is out of stock, the process of releasing and resending the prescription causes delays."*
- *"When my GP issues a prescription it can take 4/5 hours to arrive in the pharmacy's system... Why does it take so long?"*
- *"Unable to use modern eMAR systems as the GP still uses paper prescriptions—there's no appetite to go digital."*

Staff Helpfulness and Service Quality

Despite some concerns, many people had very positive experiences. Pharmacists and support staff were often described as kind, helpful, knowledgeable, and understanding, especially when offering advice or helping with health issues. Respondents appreciated it when staff took time to explain medication or provide guidance on health matters.

- *"The pharmacist is so helpful and always takes the time to explain everything clearly."*
- *"Staff are always busy, but they're kind and professional, great service."*
- *"My pharmacy helped my husband with his mental health when no one else was available."*
- *"They give time to everyone who needs advice and are so patient with elderly people who are worried or unsure."*
- *"...contacted me to check how I was doing with new tablets, never had this from another pharmacy. They really care."*

Pharmacy Closures and Reduced Access

There was considerable concern over the closure of local pharmacies. Several respondents spoke about losing easy access to services, particularly in rural or small communities/villages. For people with mobility challenges or limited transportation, closures meant needing to travel further to get prescriptions or advice. There was also a strong sense that closures were reducing the quality of care and putting extra pressure on the remaining pharmacies.

- *"Please don't close them down, we rely on them so much."*
- *"Since our village pharmacy closed, I now have to travel miles or arrange delivery every time."*

- *"The pharmacy in Sainsbury's was convenient, now it's gone, and nothing has replaced it."*

Respondents were also concerned about the future and about the impact of an increasing and ageing population and more house building.

- *"...with overpopulation of this area, the poor souls in our pharmacy are constantly under pressure. More and more houses but no more doctors, dentists, pharmacies... no one listens."*
- *"There are not enough pharmacies to cater for the rapidly increasing population caused by too much house building."*
- *"I think there needs to be more provision here. This is only going to get worse with the aging population."*

Opening Hours and Weekend Access

Limited opening hours, particularly during evenings and weekends, were another source of concern. Some people said they found it difficult to access pharmacies outside of working hours, especially if they worked full-time. A lack of availability on Saturdays was noted by a number of respondents.

- *"It would be helpful if pharmacies opened earlier and closed later."*
- *"My pharmacy doesn't open on weekends—if I need something urgently, I have to wait or go far."*
- *"With GP appointments so limited, pharmacy access becomes even more essential—it needs to be more flexible."*
- *"You asked about hours but not days. I would prefer all day Saturday — at present the one I use closes at 2pm on a Saturday."*
- *Why did they close our pharmacy on Saturdays? We now have no doctors and no pharmacy."*
- *"Would welcome more pharmacies open on Saturdays."*

Long Queues and Overwhelmed Staff

Respondents spoke of long queues, overworked staff. This led to longer waiting times, rushed service, and some sense that the customer experience was deteriorating. Some people specifically reported to switching to online pharmacies in response to problems in community pharmacies.

- *"There's only one pharmacy left in the area, and it's always packed—waiting times are ridiculous."*
- *"I switched to online services because the queues and delays at my local pharmacy were unbearable."*
- *"The staff look completely overwhelmed and you feel like a nuisance just for being there."*
- *"A new housing estate comprising 800 houses has obviously added to their workload."*

Facilities and Privacy

Some participants noted concerns about lack of privacy in pharmacy consultations. They felt uncomfortable discussing health issues at the counter, particularly in small or crowded shops. Inadequate private consultation spaces were seen as a barrier to making full use of pharmacy services, especially as pharmacies take on a greater role in healthcare advice.

- *“There’s no real privacy—everyone can hear your conversation.”*
- *“Private rooms are advertised, but they’re not really used or properly private.”*
- *“If you want people to rely more on pharmacies for health advice, you need to offer a private, safe space.”*

Other comments – including expanded role, innovation and additional services

Some respondents also reported a desire for pharmacists to be given greater authority to prescribe medications for minor issues, particularly given comments made on difficulties access GP appointments.

“Pharmacies should have more prescribing powers, it’s impossible to get a GP appointment now.”

- *“I had shingles, and my GP redirected me to the local pharmacy, good consultation and meds supplied.”*
- *“As someone over 65, I cannot get antibiotics for a UTI direct from the pharmacy, whereas if I were 64, I could. This needs to be changed.”*
- *“Very impressed with Pharmacy First service for UTI.”*
- *“My pharmacy has a system whereby I can collect at any time, day or night via a locker and code system. This is fantastic.”*
- *“Outside collection point at Day Lewis is useful.”*

Sussex-wide Healthwatch Survey 2024

In July 2024, Healthwatch in Sussex sought local views on pharmaceutical services. This survey had a specific remit of gaining an insight into the awareness that residents had of the Pharmacy First service, but a wider view of services was also gained. The general view of services from this survey (which was Sussex wide) found similar issues to the PNA engagement survey:

- Issues were raised by respondents about queuing and waiting.
- Problems with accessing some specific medications (due to delays and/or supply issues)
- A desire, expressed by some for longer opening hours.
- Many positive comments on the role of pharmacies and support for users’ health and wellbeing

Community Pharmacy England's (CPE) Pharmacy Pressures Survey

For this PNA, due to pressures within the health and care system, we did not undertake a survey of contractors. However, CPE conducts an annual survey to gather views from within the pharmacy sector on the nature and scale of financial and operational pressures. The 2024 survey highlighted growing concerns and increasing pressures following the closure and consolidation of many pharmacies, including the withdrawal of the second-largest contractor (Lloyds) from the market.

In terms of the impact on patients, the top five reported effects were:

- Difficulty sourcing some medications
- Increased time being taken to dispense certain prescriptions
- Reduced ability to respond promptly to patient calls and emails
- Less time available for staff to spend with patients
- Longer waiting times for patient advice

A report on national supply shortages also noted that staff were spending increasing amounts of time sourcing certain medications, further affecting patient care.

11. Appendix 1 – List of Providers (as of January 2025)

Adur

Locality	Code	Contractor Name	Postcode	Type
Adur	FQT79	SALTS MEDILINK	BN42 4FQ	Appliance Contractor
Adur	FEF75	BOOTS	BN43 5DA	Community Pharmacy
Adur	FER67	WILMSHURST CHEMIST	BN15 9PJ	Community Pharmacy
Adur	FFF02	BOOTS	BN15 9AH	Community Pharmacy
Adur	FFJ95	PARK PHARMACY	BN43 6BT	Community Pharmacy
Adur	FFL51	COKEHAM PHARMACY	BN15 0AN	Community Pharmacy
Adur	FG616	GREENS PHARMACY	BN43 5ZA	Community Pharmacy
Adur	FJ330	GILL PHARMACY	BN15 8AN	Community Pharmacy
Adur	FJC47	ROWLANDS PHARMACY	BN15 9AH	Community Pharmacy
Adur	FK630	KAMSONS PHARMACY	BN42 4FB	Community Pharmacy
Adur	FKN87	HARRISON PHARMACY	BN42 4QB	Community Pharmacy
Adur	FRJ19	BAKHAI PHARMACY	BN43 5ZE	Community Pharmacy
Adur	FTE40	TESCO INSTORE PHARMACY	BN43 6TD	Community Pharmacy

Arun

Locality	Code	Contractor Name	Postcode	Type
Arun	FR739	FITTLEWORTH MEDICAL LIMITED	BN17 7GA	Appliance Contractor
Arun	FC331	SUPERDRUG PHARMACY	PO21 1PY	Community Pharmacy
Arun	FD172	GLYN NORRIS PHARMACY	BN17 7JQ	Community Pharmacy
Arun	FEH03	DAY LEWIS PHARMACY	PO21 2UW	Community Pharmacy
Arun	FER70	KAMSONS PHARMACY	BN16 4HL	Community Pharmacy
Arun	FF120	TESCO INSTORE PHARMACY	PO22 9ND	Community Pharmacy
Arun	FF722	ROWLANDS PHARMACY	PO22 6DH	Community Pharmacy
Arun	FG018	ARUNDEL PHARMACY	BN18 9AB	Community Pharmacy
Arun	FGW12	THE CROFT PHARMACY	PO20 3RP	Community Pharmacy
Arun	FHG77	JORDANS PHARMACY	PO21 4TW	Community Pharmacy
Arun	FHX45	KAMSONS PHARMACY	BN16 1JN	Community Pharmacy
Arun	FJ575	ASDA PHARMACY	BN12 6PN	Community Pharmacy
Arun	FJC32	TESCO INSTORE PHARMACY	BN17 5RA	Community Pharmacy
Arun	FJV00	KAMSONS PHARMACY	BN16 3DN	Community Pharmacy
Arun	FJV66	BOOTS	PO21 1PQ	Community Pharmacy
Arun	FKF86	KAMSONS PHARMACY	BN16 3AE	Community Pharmacy
Arun	FKR96	ALLIED PHARMACY	PO22 6DZ	Community Pharmacy
Arun	FML70	BOOTS	BN16 3DJ	Community Pharmacy
Arun	FMW18	ROWLANDS PHARMACY	BN12 5JP	Community Pharmacy
Arun	FP531	BOGNOR REGIS PHARMACY	PO21 1QN	Community Pharmacy
Arun	FPM94	JHOOTS PHARMACY	BN18 9HG	Community Pharmacy
Arun	FPW95	BOOTS THE CHEMIST	BN17 6RA	Community Pharmacy
Arun	FR862	KAMSONS PHARMACY*	BN17 5DX	Community Pharmacy
Arun	FRT09	KAMSONS PHARMACY	PO21 5AJ	Community Pharmacy
Arun	FTM17	YAPTON PHARMACY	BN18 0EY	Community Pharmacy

*This pharmacy closed in February 2025.

Arun continued

Locality	Code	Contractor Name	Postcode	Type
Arun	FV035	FIVE VILLAGES PHARMACY	PO22 0ER	Community Pharmacy
Arun	FVA18	KAMSONS PHARMACY	PO22 9TD	Community Pharmacy
Arun	FWA61	JHOOTS PHARMACY	PO21 3EU	Community Pharmacy
Arun	FWD07	CEEPHARM LTD	PO21 1PN	Community Pharmacy
Arun	FWF17	KAMSONS PHARMACY	BN17 5DX	Community Pharmacy
Arun	FXH45	WEST MEADS PHARMACY	PO21 5SB	Community Pharmacy
Arun	FXN56	BOOTS	PO22 7PP	Community Pharmacy

Chichester

Locality	Code	Contractor Name	Postcode	Type
Chichester	FA256	TESCO INSTORE PHARMACY	PO19 3JT	Community Pharmacy
Chichester	FA595	WITTERINGS PHARMACY	PO20 8BH	Community Pharmacy
Chichester	FFX59	MH PHARMACY	GU29 9AW	Community Pharmacy
Chichester	FGC12	KAMSONS PHARMACY	PO19 1JL	Community Pharmacy
Chichester	FGV62	SOUTHBOURNE PHARMACY	PO10 8JG	Community Pharmacy
Chichester	FHX38	STEPHENS PHARMACY	PO19 3LA	Community Pharmacy
Chichester	FLA80	SUMMERSDALE PHARMACY	PO19 5RH	Community Pharmacy
Chichester	FLW75	PHARMACY LINK	PO20 8EA	Community Pharmacy
Chichester	FN320	SELSEY COMMUNITY PHARMACY	PO20 0QL	Community Pharmacy
Chichester	FND66	ROWLANDS PHARMACY	PO10 8UJ	Community Pharmacy
Chichester	FP387	FERNHURST PHARMACY	GU27 3JL	Community Pharmacy
Chichester	FP387	BOOTS	GU29 9DJ	Community Pharmacy
Chichester	FP617	PETWORTH PHARMACY	GU28 0AH	Community Pharmacy
Chichester	FQR24	BOOTS	PO20 0QB	Community Pharmacy
Chichester	FTG79	BOOTS	PO19 1LB	Community Pharmacy
Chichester	FW591	MIDHURST PHARMACY	GU29 9DH	Community Pharmacy
Chichester	FY694	BOOTS	PO20 8BJ	Community Pharmacy
Chichester	H82006	PETWORTH SURGEGY	GU28 0LP	Dispensing GP
Chichester	H82013	LANGLEY HOUSE SURGERGY	PO19 1RW	Dispensing GP
Chichester	H82031	LOXWOOD MEDICAL PRACTICE	RH14 0SU	Dispensing GP
Chichester	H82042	CATHEDRAL MEDICAL GROUP	PO19 1XT	Dispensing GP
Chichester	H82051	LAVANT ROAD SURGERGY	PO19 5RH	Dispensing GP
Chichester	H82067	TANGMERE MEDICAL CENTRE	PO20 2HS	Dispensing GP
Chichester	FDM71	DOCTORS DIRECT PHARMACY LTD	PO20 1QH	Distance Selling

Crawley

Locality	Code	Contractor Name	Postcode	Type
Crawley	FGR26	RAPIDCARE	RH10 9RA	Appliance Contractor
Crawley	FA094	KAMSONS PHARMACY	RH10 6AA	Community Pharmacy
Crawley	FAJ00	JADES CHEMIST	RH10 8DT	Community Pharmacy
Crawley	FCP03	JADES CHEMIST	RH11 0BF	Community Pharmacy
Crawley	FD052	DAY LEWIS PHARMACY	RH11 7HE	Community Pharmacy
Crawley	FDQ95	KAMSONS PHARMACY	RH10 7EA	Community Pharmacy
Crawley	FFF79	WELLHEALTH PHARMACY	RH11 7RS	Community Pharmacy
Crawley	FG380	CRAWLEY CHEMISTS	RH10 1HS	Community Pharmacy
Crawley	FHG42	BOOTS	RH10 7RA	Community Pharmacy
Crawley	FJ327	ASDA PHARMACY	RH11 7AH	Community Pharmacy
Crawley	FLG83	KAMSONS PHARMACY	RH10 6TE	Community Pharmacy
Crawley	FLV47	A KASSAM PHARMACY	RH10 1QA	Community Pharmacy
Crawley	FLW00	KAMSONS PHARMACY	RH10 5EQ	Community Pharmacy
Crawley	FMX53	BOOTS	RH6 0NN	Community Pharmacy
Crawley	FNW11	TESCO INSTORE PHARMACY	RH10 1GY	Community Pharmacy
Crawley	FPC47	KAMSONS PHARMACY	RH10 6NX	Community Pharmacy
Crawley	FPD91	GOSSOPS GREEN PHARMACY	RH11 8HH	Community Pharmacy
Crawley	FQ107	KAMSONS PHARMACY	RH11 9BA	Community Pharmacy
Crawley	FTA24	MANNING PHARMACY	RH11 8XW	Community Pharmacy
Crawley	FTM14	GEDDES CHEMIST	RH10 1LG	Community Pharmacy
Crawley	FXM67	BOOTS	RH10 1FX	Community Pharmacy
Crawley	FW576	SMART HEALTH PHARMACY	RH11 7AY	Distance Selling

Horsham

Locality	Code	Contractor Name	Postcode	Type
Horsham	FD849	SUPERDRUG PHARMACY	RH12 1HQ	Community Pharmacy
Horsham	FGL77	BOOTS	RH13 9LA	Community Pharmacy
Horsham	FH649	UPPER BEEDING PHARMACY	BN44 3HZ	Community Pharmacy
Horsham	FLE38	STORRINGTON PHARMACY	RH20 4FR	Community Pharmacy
Horsham	FMG86	HENFIELD PHARMACY	BN5 9DB	Community Pharmacy
Horsham	FMN24	BOOTS	RH20 4DR	Community Pharmacy
Horsham	FMW89	BILLINGSHURST PHARMACY	RH14 9NY	Community Pharmacy
Horsham	FNR36	DAY LEWIS PHARMACY	RH12 1BG	Community Pharmacy
Horsham	FPF43	ROFFEY CHEMIST	RH13 6AA	Community Pharmacy
Horsham	FQC35	TESCO INSTORE PHARMACY	RH12 3YU	Community Pharmacy
Horsham	FQF74	ASHINGTON PHARMACY	RH20 3DD	Community Pharmacy
Horsham	FT506	DAY LEWIS DENNE PHARMACY	RH12 5PJ	Community Pharmacy
Horsham	FTH80	KAMSONS PHARMACY	RH20 1FG	Community Pharmacy
Horsham	FTY98	PAYDENS PHARMACY	BN44 3RJ	Community Pharmacy
Horsham	FV556	RUDGWICK PHARMACY	RH12 3GF	Community Pharmacy
Horsham	FWT44	NORIES PHARMACY	RH13 5SD	Community Pharmacy
Horsham	FXG48	ARUN VALLEY PHARMACY	RH14 9SE	Community Pharmacy
Horsham	FXK74	BOOTS	RH12 5JL	Community Pharmacy
Horsham	FY060	BOOTS	RH12 1HQ	Community Pharmacy
Horsham	H82004	COWFOLD MEDICAL GROUP	RH13 8DN	Dispensing GP
Horsham	H82027	RUDGWICK MEDICAL CENTRE	RH12 3HB	Dispensing GP
Horsham	H82055	BILLINGSHURST SURGERY	RH14 9QZ	Dispensing GP
Horsham	H82060	HENFIELD MEDICAL CENTRE	BN5 9JQ	Dispensing GP

Mid Sussex

Locality	Code	Contractor Name	Postcode	Type
Mid Sussex	FAW68	KAMSONS PHARMACY	RH16 3BB	Community Pharmacy
Mid Sussex	FDF64	TESCO INSTORE PHARMACY	RH15 9QT	Community Pharmacy
Mid Sussex	FF787	JESSICA'S CHEMIST	RH15 8UA	Community Pharmacy
Mid Sussex	FGG50	CRAWLEY DOWN PHARMACY	RH10 4TX	Community Pharmacy
Mid Sussex	FGP96	SELBYS PHARMACY	RH16 2HJ	Community Pharmacy
Mid Sussex	FHQ40	KAMSONS PHARMACY	RH16 3TY	Community Pharmacy
Mid Sussex	FJ142	KAMSONS PHARMACY	RH16 4SY	Community Pharmacy
Mid Sussex	FJG62	<i>DOLPHINS PHARMACY*</i>	RH16 4BN	Community Pharmacy
Mid Sussex	FJP20	DAY LEWIS PHARMACY	BN6 8QA	Community Pharmacy
Mid Sussex	FKR08	HOPKINS PHARMACY	RH15 9DE	Community Pharmacy
Mid Sussex	FM515	ORCHARDS PHARMACY	RH16 3TH	Community Pharmacy
Mid Sussex	FNE56	JUDGES CLOSE PHARMACY	RH19 3AE	Community Pharmacy
Mid Sussex	FQL56	BOOTS	RH16 4LQ	Community Pharmacy
Mid Sussex	FRF69	COPTHORNE PHARMACY	RH10 3RE	Community Pharmacy
Mid Sussex	FRR58	BOOTS	RH19 1AB	Community Pharmacy
Mid Sussex	FT654	BOOTS	BN6 8AG	Community Pharmacy
Mid Sussex	FTT23	DAY LEWIS PHARMACY	RH15 9XN	Community Pharmacy
Mid Sussex	FTV55	BOOTS	RH15 9NP	Community Pharmacy
Mid Sussex	FTX28	HURST PHARMACY	BN6 9PX	Community Pharmacy
Mid Sussex	FWF61	ABBOTTS PHARMACY	RH16 2HN	Community Pharmacy
Mid Sussex	FWM46	DAY LEWIS PHARMACY	RH19 1QL	Community Pharmacy
Mid Sussex	FXA71	MOATFIELD PHARMACY	RH19 3GW	Community Pharmacy
Mid Sussex	FYX44	S.C.WILLIAMS PHARMACY	RH15 9AA	Community Pharmacy
Mid Sussex	H82040	CRAWLEY DOWN MEDICAL CENTRE	RH10 4HY	Dispensing GP
Mid Sussex	H82615	OUSE VALLEY PRACTICE	RH17 6HB	Dispensing GP

**Cuckfield Chemist (FJG62, previously Dolphins) relocated from Haywards Heath back to Cuckfield after a 12-month temporary move. Pharmaceutical services resumed in Cuckfield in May 2025 following a short delay.*

Worthing

Locality	Code	Contractor Name	Postcode	Type
Worthing	FJ469	FITTLEWORTH MEDICAL LIMITED	BN13 3QZ	Appliance Contractor
Worthing	FVQ58	SCRIPT EASY	BN14 8ND	Appliance Contractor
Worthing	FAL02	KAMSONS PHARMACY	BN13 2JP	Community Pharmacy
Worthing	FC269	TARRING COMMUNITY PHARMACY	BN14 7JL	Community Pharmacy
Worthing	FCR78	ROWLANDS PHARMACY	BN12 4FD	Community Pharmacy
Worthing	FCY75	BOOTS	BN12 4AP	Community Pharmacy
Worthing	FEV02	BOOTS	BN14 9LA	Community Pharmacy
Worthing	FEV35	TESCO INSTORE PHARMACY	BN13 3PB	Community Pharmacy
Worthing	FF519	SUPERDRUG PHARMACY	BN11 3HB	Community Pharmacy
Worthing	FLC19	BOOTS THE CHEMIST	BN11 3HE	Community Pharmacy
Worthing	FLD69	WORTHING PHARMACY	BN11 2EN	Community Pharmacy
Worthing	FLH80	TEVILLE GATE PHARMACY	BN11 1UY	Community Pharmacy
Worthing	FMW35	KAMSONS PHARMACY	BN14 9DA	Community Pharmacy
Worthing	FNN61	KAMSONS PHARMACY	BN13 3FG	Community Pharmacy
Worthing	FQM12	KAMSONS PHARMACY	BN12 4PE	Community Pharmacy
Worthing	FRK42	ALLIED PHARMACY WORTHING	BN12 6DJ	Community Pharmacy
Worthing	FV863	UNICARE PHARMACY	BN11 3LA	Community Pharmacy
Worthing	FV884	BROADWATER PHARMACY	BN14 8JE	Community Pharmacy
Worthing	FVQ52	MCCORMICK PHARMACY	BN14 7PA	Community Pharmacy
Worthing	FVT24	PAYDENS PHARMACY	BN11 1JA	Community Pharmacy
Worthing	FX751	EAST WORTHING PHARMACY	BN11 2QY	Community Pharmacy
Worthing	FXR40	LIME TREE PHARMACY	BN14 0DL	Community Pharmacy