

Surrey Pharmaceutical Needs Assessment: Supplementary Statement – March 2021

Version 07



SURREY

Table 1 Record of timeline for approvals

Version	Date	Comment
0.1	21.1.2021	First Draft
0.2	29.01.2021	Draft Supplementary Statement – Rachel Abbey & Lynne Sawyer (PHIIT Team)
0.3	31.01.2021	Revised following comments from PNA Steering Group – Rachel Abbey & Lynne Sawyer
0.4	03.02.2021	Reviewed and approved by Dr Naheed Rana, Consultant in Public Health
0.5	04.02.2021	Revised and approved by Public Health Leadership Team
0.6	12.02.2021	Revised following comments from Leadership Team – Rachel Abbey & Lynne Sawyer
0.7	12.02.2021	Approved by Surrey PNA Steering Group
0.8	04.03.2021	Approved by HWB

PHARMACEUTICAL NEEDS ASSESSMENT SUPPLEMENTARY STATEMENT

This supplementary statement:

has been prepared by the Public Health team at Surrey County Council, in collaboration with the Pharmaceutical Needs Assessment (PNA) Steering Group on behalf of the Surrey Health and Wellbeing Board;

- is issued in accordance with Part 2; (6) 3 of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013¹;
- provides updates to the PNA published in March 2018² and the PNA Supplementary Statement published in March 2020³;
- provides information which supersedes some of the original PNA information, so should be read in conjunction with the original PNA and supplementary statement; and
- relates to changes in population and pharmacy provision between the end of data collection for the 2018 PNA and 2020 Supplementary Statement, that is, January 2020 to December 2020.

Members of the PNA Steering Group include:

- o Tacye Connolly, Healthwatch Surrey
- o Hinal Patel, Service Development and support pharmacist
- o Amanda Marshall, Pharmacy & Optometry Commissioning Manager, NHS England and NHS Improvement – South East Region
- o New Post, Senior Commissioning Manager (Pharmacy and Optometry), NHS England and NHS Improvement – South East Region
- o Karthiga Gengatharan, Surrey and Sussex Local Medical Committee
- o Rachel MacKay, Associate Director of Medicines Management, Guildford and Waverley Clinical Commissioning Group
- o Chief Executive Officer, Surrey and Sussex Community Pharmacy, representing the Surrey and Sussex Local Pharmaceutical Committee
- o Dr Naheed Rana, Public Health Consultant, Surrey County Council (Chair)
- o Supported by Lynne Sawyer, Public Health Analyst, Surrey County Council.
- o Rachel Abbey, Advanced Public Health Analyst, Surrey County Council

The Surrey Pharmaceutical Needs Assessment 2018 (2018 PNA) and subsequent 2020 Supplementary Statement identified no additional needs for the provision of necessary, essential or advanced pharmaceutical services. This 2021 supplementary statement serves as an update for current service provision and a review of findings. A full PNA revision will be published prior to the 1st April 2022, in line with National Guidance.

¹ <http://www.legislation.gov.uk/uksi/2013/349/regulation/6/made>

² [Surrey Pharmaceutical Needs Assessment 2018](#)

³ [PNA Supplementary Statement March 2020 Final.pdf](#)

Executive Summary

The 2021 Supplementary Statement for the Pharmaceutical Needs Assessment (PNA) has been prepared by the Public Health team at Surrey County Council, in collaboration with the PNA Steering Group on behalf of the Surrey Health and Wellbeing Board. The statement serves as an update to the 2018 PNA⁴ and the 2020 PNA Supplementary Statement⁵. The information within this statement predominantly relates to changes in demand for pharmacy services based on population projections for Surrey. Changes in service coverage by geographical area are also assessed via a provisional analysis of the impact of pharmacy closures, relocations, and mergers that took place over 2020.

The PNA Steering Committee noted a number of large housing developments planned in Surrey over the course of the coming decade, particularly in Epsom and Ewell, Guildford and Mole Valley. Once complete, the additional populations these developments will mean that additional pharmacies are required in order to maintain coverage in pharmacy services. However, at the present stage of development and planning, additional pharmacies are not yet required in the identified areas. It is noted that the ceiling for triggering additional pharmacies is at present based largely on assumptions and that a more specific, objective criteria will be required for future assessments.

Interventions under Covid-19 were recognised to cause significant disruption to council funded services commissioned to community pharmacies. The national lockdown led to enforced reductions in mobility disrupting some services requiring face-to-face contact. Further changes resulted from the initiation of emergency hours and the need to work behind closed doors to implement sanitation measures whilst facilitating service provision. These factors predominantly affected services with low coverage such as NHS health checks alongside uptake for supervised consumption. The impacts from reductions in contact services were to some extent mitigated by the greater use of telephone consultations and amendment of scheduled pick-ups. Due to the factors outlined, it was similarly noted that the presence of Covid-19 interventions had put on hold the implementation of the new pharmaceutical services contract to include *hepatitis C* checks and emergency services related to NHS 111. A further risk to service provision in the coming year is the Brexit Agreement via disruption to supply and oversight.

The current assessment concludes that no new pharmacies/ pharmaceutical services are required at present, this decision was taken in recognition of the increasing role of online services and telephone consultations. However, it has been agreed by the PNA Steering Group that an in-depth assessment into the impact of these trends on health inequalities and service access for more vulnerable populations will be undertaken as part of the complete 2022 Pharmaceutical Needs Assessment.

⁴ [Surrey Pharmaceutical Needs Assessment 2018](#)

⁵ [PNA Supplementary Statement March 2020 Final.pdf](#)

Assessment of additional coverage: Population Projections

Projection of population coverage against demand for compounding pharmacies⁶

The provisional assessment of housing constrained population projections⁷ has been undertaken utilising data provided the Planning Departments in each district and borough. This assessment has not identified any major changes to demography or infrastructure that is likely to affect the level of demand for pharmaceutical services. The districts and boroughs where there are plans for the highest number of additional dwellings are Guildford (planned 937 dwellings per year until 2036), Mole Valley (636 per year over 2022-2034), and Epsom and Ewell (577 per year until 2037).

Projection of population coverage against demand for Community Pharmacies

Utilising the same datasets from district and borough Planning Departments, a provisional assessment was completed into the potential impact of proposed housing developments classified as large (greater than 1,500 houses). Large housing developments were identified as a future potential risk on the demand for community pharmacies in the boroughs Guildford, Waverly, Runnymede, and Reigate and Banstead.

- Guildford and Waverley Borough Councils have significant housing developments planned, which on completion will provide 5,600 and 2,600 units respectively.
- Mole Valley Borough Council has submitted a draft proposal for 7,000 dwellings
- Tandridge are proposing future developments of approximately 4,000 dwellings in South Godstone.

However, given the moderate proportion of dwellings completed to date, these developments do not yet warrant the opening of another community pharmacy. As part of the 2022 Pharmaceutical Needs Assessment, Surrey Council will engage with planners in local districts and boroughs to further assess demand within the identified developments (see Appendix A).

Assessment of existing coverage

The rate of pharmacies per every 100,000 people is used to assess existing coverage. The rate for pharmaceutical service coverage in Surrey is below England's average by a difference of 1 pharmacy for every 100,000 people (this equates to a difference of 12 pharmacies against total Surrey's population of approximately 1.2 million⁸). The rate for Surrey has increased since the 2018 PNA. However, this increase has not been even across the county with the rate of service coverage witnessing reductions in several districts/ boroughs. The districts/boroughs of Guildford, Runnymede, and Epsom and Ewell have the lowest rates of service coverage (see Table 2). Please refer to Appendix B for an assessment of coverage by CCG.

It is important to note that there has been a shift towards online pharmacy service provision; this creates opportunities and there will be associated risks for individuals who are more isolated, less mobile and/or digitally aware. An in-depth analysis of online pharmacy provision will be undertaken as part of the full 2022 Pharmaceutical Needs Assessment.

⁶ Pharmacies based in clinical or residential settings

⁷ Housing constrained population forecasts are based on assumptions similar to the ONS subnational population projections which take into account births, deaths and inward and outward migration. Housing constrained population forecasts also considers data from local boroughs on the availability of housing stock. Local data is available at [Surrey Housing constrained population projections](#)

⁸ Surrey, accessed 02 February 2021: <https://www.surreyi.gov.uk/jsna/surrey-context/>

Table 2 The number of pharmacies per 100,000 people in Surrey⁹

Area	All Community Pharmacies ¹⁰	Population ¹¹	2020 Rate of pharmacies per 100,000 people	2018 rate of pharmacies per 100,000 people
England (2019)	11, 700	66,796,800	18	21
Surrey County	204	1,196,236	17	18
Elmbridge	30	136,795	22	24
Epsom & Ewell	11	80,627	14	18
Guildford	18	148,998	12	14
Mole Valley	15	87,245	17	16
Reigate & Banstead	26	148,748	17	19
Runnymede	12	89,424	13	15
Spelthorne	21	99,844	21	23
Surrey Heath	18	89,305	20	18
Tandridge	14	88,129	16	16
Waverley	25	126,328	20	20
Woking	15	100,793	15	15

Service Provision

The changes in service provision since the 2018 PNA, are detailed in Tables 5-9 and shown on the map in Appendix C. The tables show that there were no new pharmacy contracts provided from January to December 2020. Six community pharmacies closed over the same period; these closures were found to be located close to alternative sites. Following an assessment of coverage by population, it was concluded that the 6 identified closures have not left clear gaps in service coverage.

Table 3 Changes to pharmaceutical contracts (hours, ownership, closures)

Type of Change	Pharmacies affected by change
Change of Core hours	2
Change of Ownership	5
Change of Supplementary hours	11
New Pharmacy Contract	0
Pharmacy Closures (community)	6
Pharmacy Merger (resulting in one closure)	1
Relocation (inc. 1 distance appliance contractor)	3

⁹ Table 1 includes pharmacies in the Surrey HWB area (distance-selling or appliances are excluded)

¹⁰ NHSE, 2020, No. of Pharmacies

¹¹ ONS (2019) Small Area Population Estimates

Core opening hours¹²

Pharmacies can apply to NHS England to make changes to their core opening hours or to notify them of changes to additional supplementary hours¹³. There have been two changes to core opening hours since the publication of the 2020 PNA Supplementary Statement (see table 3). There have also been 11 changes to pharmacy opening hours. All data in this section is taken from www.nhs.uk.

Table 4 Changes to Core Opening Hours¹⁴

Please note all pharmacies listed were operating on 40-hour contracts.

Name	Location	Core Opening Hours	Previous Core Opening Hours
Trio Pharmacy	19-21 High Street Farnham Surrey, GU9 7PB	Mon-Fri: 09:00-13:00 14:00 -17:30 Sat: 09:00 -12:00	Mon-Fri: 08:30-13:00 14:00-17:30 Sat: 08:30-13:00 14:00-17:30
Lightwater Pharmacy	48 Guildford Road Lightwater Surrey, GU18 5SD	Mon-Fri: 09:00-13:00 14:00-18:00 Sat: 09:00-12:00	Mon-Fri: 09:00-17:00 Sat: Closed

Table 5 Changes of ownership

Ownership Change	Change Registered	Location	Core Hours	Opening Hours (inc. Supplementary Hours)
Chobham Pharmacy <i>Former name: Lloyds Pharmacy</i>	02/01/2020	18 Windsor Road Chobham Surrey, GU24 8LA	Mon-Thu: 09:00 - 13:00 15:30 -18:30 Fri: 09:00 -13:00 14:30 - 18:30 Sat: 09:00 -13:00	Mon-Fri: 09:00 -13:00 14:00 -18:30 Sat: 09:00 -13:00
VSM Pharmacy <i>Former name: V S Mithani</i>	01/04/2020	124 Frimley Road Camberley Surrey, GU15 2QN	Mon-Fri: 09:00 – 13:00 14:00- 18:00 Sat: Closed	Mon-Fri: 09:00 -18:00 Sat: Closed
Boots the Chemist <i>Former name: Millman Pharmacy</i>	30/10/2020	57 High Street Egham Surrey, TW20 9EX	Mon-Fri: 09:00-13:00, 13:30-17:30 Sat: Closed	Mon-Sat: 08:00-18:00 Sun: 11:00-17:00
Kamsons Pharmacy <i>Former name: Lloyds Pharmacy</i>	01/12/2020	Catershall Mill Cattershall Road Godalming Surrey, GU7 1NJ	Mon-Sat: 08:30-19:00	Mon: 08:30 -11:00 16:00 -17:00 Tue-Fri: 08:30 -11:00 16:00 -19:00 Sat: 08:30 - 17:00

¹² All data on this section is extracted from NHSE (accessed December 2020)

¹³ Supplementary hours are additional to the core hours

¹⁴ Core hours are the minimum contracted hours (a contract can be 30, 40, or 100 hours)

Boots the Chemist <i>Former name: Lloyds Pharmacy</i>	08/12/2020	4 Aldershot Road Guildford Surrey, GU2 8AF	Mon-Fri: 09:00-13:00 13:30-17:30 Sat: Closed	Mon-Tues:08:30-18:00 Wed: 08:30-18:30 Thu-Fri: 08:30-18:00 Sat: 08:30-13:00
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Table 6 Pharmacy Closures

Please note all pharmacies listed were operating on 40-hour contracts.

Name	Date of Closure	Location	Core Opening Hours	Opening Hours (inc. Supplementary Hours)
Boots the Chemist	08/02/2020	33 Station Road Redhill Surrey RH1 1PQ	Mon-Fri: 09:00-13:00 14:00-18:00 Sat: 09:00-13:00 13:30-17:00	Mon-Fri: 09:00-13:00 14:00-18:00 Sat: 09:00-13:00 13:30-17:00
Lloyds Pharmacy	23/02/2019	The Old Cottage Alexandra Road Epsom Surrey KT17 4BL	Mon-Tue: 08:30-12.00 15:00-19.00 Wed: 08:30 - 12:30 15:00 - 19:00 Thu-Fri: 08:30-12.30 15:00-19.00 Sat: 08:30-13:00	Mon-Fri: 08:30 -19:00 Sat: 09:00-13:00
Lloyds Pharmacy	09/03/2020	1 & 2 London Buildings High Street Ripley Surrey GU23 6AA	Mon-Thu: 09:00-12:00 15:00- 18:00 Fri: 09:00- 13:00 14:00- 18:00 Sat: 09:00- 17:00	Mon-Fri: 09:00-18:00 Sat: 09:00-17:00
Woodhatch Pharmacy	24/07/2020	5 Prices Lane Reigate Surrey RH2 8BB	Mon - Fri: 09:00 - 17:00 Sat: Closed	Mon - Sat: 09:00-17:30
Lloyds Pharmacy	28/10/2020	22 Church Street Weybridge Surrey KT13 8DW	Mon- Tue: 08:30-12.00 15:30-19.00 Wed: 08:30-12.30 15:00-19.00 Thu- Fri: 08:30-12.00 15:30-19.00 Sat 09:00-13:00	Mon-Fri: 08:30 -19:00 Sat: 09:00 -13:00
Lloyds Pharmacy	28/10/2020	96 Victoria Road Horley Surrey RH6 7AB	Mon-Fri: 10:00-15:30 17.00 - 18:00 Sat: 10:00 -17:30 Sun: Closed	Mon-Fri: 08:30 -19:00 Sat: 08:30 -17:30 Sun: 10:00 - 16:00

Table 7 Mergers

Please note all pharmacies listed were operating on 40-hour contracts.

Name	Location	Core Opening Hours	Opening Hours (inc. Supplementary Hours)
Woodhatch Pharmacy (Closed see closure table 8) <i>(merged with Townsend Chemist)</i>	5 Prices Lane Reigate Surrey, RH2 8BB	Mon-Fri: 09:00-17:00 Sat: Closed	Mon-Sat: 09:00-17:30
Townsend Chemist	1 Western Parade Woodhatch Reigate Surrey RH2 8AU	Mon-Fri: 09:00-17:00 Sat: Closed	Mon-Fri: 09:00-18:00 Sat: 09:00-13:00

Table 8 Relocations

Please note all pharmacies listed are operating on 40-hour contracts unless stated otherwise.

Pharmacy	Date of Relocation	New Location	Old Location
Millman Pharmacy	01/08/2020	57 High Street Egham Surrey, TW20 9EX	56 High Street Egham Surrey, TW20 9EX
Charles S Bullen Stomacare Ltd Distance Selling	01/10/2020	8 Farnham Business Park Farnham Godalming Surrey, GU7 7AL	8a Farncombe Street Farncombe Godalming Surrey, GU7 3AY
Boots the Chemists	02/12/2020	8-10 Wolsey Walk Woking Surrey, GU21 6XX	Unit 24-26 Bandstand Mall Peacock Centre Woking Surrey, GU21 6GB

The Impact of Covid-19 and associated interventions on pharmaceutical services

There is clear evidence that pharmaceutical services were significantly impacted by the Covid-19 pandemic over March 2020 to December 2020. The reasons for this impact are:

- Rules around social distancing leading to a reduction in health checks, screenings, sexual health services, and needle syringe programme activities.
- The implementation of emergency hours with a number of pharmacies reducing their opening hours.
- Increased demand for repeat prescription services as other dispensing facilities reduced and/or were diverted to other priority areas.

Emergency Hours

During the pandemic, contractors have been able to apply for the flexible provision of hours or services to assist them to manage their workload and pressures; this is in accordance with the emergency provisions of the NHS (Pharmaceutical and Local Pharmaceutical Service) Regulations 2013. As part of emergency provisions, dispensations have the option of working behind closed doors for a maximum of 2.5 hours per day. Applications for the implementation of emergency hours are documented in Table 3 with data provided by NHS England & Improvement.

Table 9 Pharmacies that applied for emergency hours during Covid-19 over 2020

Lockdown	Changed opening hours	Work behind closed doors
April/May 2020	13	17
Nov-Dec 2020	4	0

The Impact of Covid-19 on Locally Commissioned Services through Community Pharmacies

There are range of services commissioned locally by Surrey County Council through community pharmacies, many of which were impacted by the Covid-19 pandemic. Due to the national lockdown, reductions in pharmacy activity and service use during this period are more a reflection of decreases in demand rather than gaps in service coverage. There were also disruptions to in-person services requiring a longer contact period such as NHS Health Checks¹⁵. In order to counter these service disruptions, there have been amendments in how services are provided resulting in the greater use of telephone consultations (where appropriate) to ensure that services can be safely maintained.

As seen from Table 4, the largest reduction was seen in the use of Supervised Consumption services. Despite this reduction in the number of service visits, stakeholders collectively worked together to ensure the supply of medicines was maintained to all clients. Clients were reviewed against clinical safety and a risk assessment completed with pick-up schedules altered accordingly (these were mainly reduced where it was clinically safe to do so). The reduction in this service use recorded by the number of visits to pharmacies therefore reflects the alteration in the frequency of pick-ups rather than treatment provision.

Table 10 Comparison of Active Service Providers from 2019 to 2020

Activity	Providers	2019		2020		% change
		Active	%	Active	%	
Needle Syringe	53	40	75	36	68	-4
Supervised consumption	130	74	57	57	44	-17
Blood Pressure	27	23	85	24	89	1
Contraception	115	57	50	63	55	6
Chlamydia	77	22	29	19	25	-3
Health Checks	39	16	41	13	33	-3

¹⁵ NHS health checks predominantly provide routine screenings for people aged 40-74 years. Pre-existing conditions covered by health checks include diabetes, high blood pressure, heart disease, high cholesterol, liver disease, kidney disease, dementia, stroke, atrial fibrillation, transient ischemic attack, heart failure, peripheral arterial disease, and the risk of cardiovascular disease.

The potential impact of Brexit on pharmaceutical coverage¹⁶

It should be noted that it is expected that the impact of the Brexit deal which came into effect at the end of 2020 is expected to affect pharmaceutical supplies, costing, and regulations. The full PNA revision will assess the impact of Brexit (due to be published prior to 1st April 2022).

New Community Pharmacy Contract

In July 2019, the Pharmaceutical Services Negotiating Committee (PSNC) who represent community pharmacies, NHS England & NHS Improvement (NHS E&I) and the Department of Health and Social Care (DHSC) agreed to a five-year contractual framework deal for community pharmacies¹⁷. This deal guarantees funding levels until 2023/24 and provides guidance to pharmacies on providing: new services for disease prevention, urgent care services; support to patients leaving hospital, and to help patients avoid unnecessary visits to GPs and hospitals. The change brought under this framework from 1 October 2019 are outlined:

New national services

In 2019/20, community pharmacies were commissioned to provide two new services:

- *The Community Pharmacist Consultation Service (CPCS)*: This service is designed to relieve pressure on the wider NHS by connecting patients with community pharmacies as a first point of contact for minor illness or for the urgent supply of medicines where it has previously been prescribed to the patient. The service will take referrals from NHS 111 alongside referrals from other settings, such as GP practices in future years.
- *Hepatitis C testing*: Pharmacies will offer testing for people under the pharmacy needle and syringe programme to support the elimination of Hepatitis C at the national level.

Changes to existing services

To open capacity for new services, the NHS is decommissioning the Medicines Use Review (MUR) service. Previously undertaken by community pharmacies, this service is being phased out. Pharmacies will be able to offer a limited number of MURs until 2020/21. However, there will also be an extension in the outreach of the six mandated public health campaigns that community pharmacies undertake; many community pharmacies may choose to take part in the Pharmacy Quality Scheme (PQS). From April 2020, all pharmacies will further be required to be able to process electronic prescriptions and to have attained Healthy Living Pharmacy (HLP) Level 1 status. Accreditation as an HLP enable pharmacies to be recognised as local hubs for health promotion, wellbeing, and self-care, and in providing services to prevent ill-health.

Structural changes

HM Government has committed to ensuring that technology can transform the supply of medicines and the delivery of pharmaceutical services. This will include exploring means to improve the efficiency of dispensing to free up the capacity of pharmacists.

Conclusion

The number of pharmacy closures documented, are not deemed sufficient at this stage to warrant a need for new community pharmacy. This conclusion is based on the assessment of proposed housing developments utilised as a proxy for population projections against the timeline for these projects (continuing into 2030). Changes to local service provision, are also not sufficient to create the need for a new community pharmacy. This decision was reached taking into account the timeline for proposed large housing developments (again continuing into 2030) and rate of pharmacists per 100,000 people. However, it should be noted that analysis at the district and borough level (as opposed to CCG) suggests a more in-depth review of coverage by local authority is required for the full 2022 Pharmaceutical Needs Assessment

¹⁶ Community Pharmacy, the UK-EU Trade deal and the end of the Transition Period: PSNC Main site

¹⁷ <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024>

with oversight from key stakeholders. As stated, decisions on what constitutes adequate coverage (service cover rate per 100,000) are at present based largely on judgement and it is recommended that a more transparent criteria be set and agreed with the HWB.

It was concluded that Covid-19 is likely to have had a disproportionate impact on individuals in some population groups and geographical areas. This conclusion was reached in light of the increasing role of digital services and telephone consultations in service provision and access. The recognition of this factor reinforces the importance of tackling underlying health inequalities, as set out in the out in the NHS Long Term Plan and Health and Wellbeing Strategy. As part of the full 2022 Pharmaceutical Needs Assessment, there will be an in-depth review of Covid-19 interventions and their associated impact on health inequalities focusing on the assessment of access to pharmacy service provision. This has been planned in light of the wider trend towards the use of digital services and the recognition of the need to better the associated opportunities and risks this carries for more isolated, less mobile and/or digitally aware population groups.

The 2022 Pharmaceutical Needs Assessment will review pharmacy provision in further detail; this is due to be published by 1st April 2022.

Appendix A – Large Housing Developments

**Large scale developments = 1,500 to 2,000+ planned dwellings

District/ Borough	Status	Period	Number of dwellings	Area (large developments only)
Elmbridge	Confirmed	2020-N/A	Below threshold	
Epsom and Ewell	Planning	2020-2037	577 p/year (total 9,809)	
Guildford	Confirmed	2020-2036	937 p/yr (total 15,000)	<i>Site A24: Weyside urban village: 1,500 homes Site A25: Gosden Hill Farm: 1,700 homes Site A26: Blackwell Farm: 1,800 homes Site A31 Ash and Tongham: urban extension is allocated for 1,700 homes. Site A35 Former Wisley Airfield: 2,000 dwellings</i>
Mole Valley	Planning	2022-2034	636 p/yr (total 7,000)	
Reigate and Banstead	Confirmed	2020-2034	108 p/yr (1,510) (820 complete by 2020)	<i>Site Meath Green, Horley - 1,510 dwellings</i>
Runnymede	Confirmed	2020-N/A	2,902 planned (2,300 complete by 2020)	<i>Site: Addlestone – 1,265 dwellings Site: Chertsey – 2,212 dwellings Site Egham - 951 dwellings, Proposed new “Garden Village” settlement of 1,746 dwellings at Longcross, Chertsey to include C2 accommodation and travelling show person plots.</i>
Spelthorne	Confirmed	2020-N/A	Below threshold	
Reigate and Banstead	Confirmed	2020-2034	316 p/yr (total 4,428) (1,746 more proposed)	
Surrey Heath	Provisional planning permission	2020-NA	1,200	<i>Phase 1: 2019-2024, 300 units Phase 2: 2025-2029, 450 units Phase 3: 2030-2034, 448 units</i>
Tandridge	Unknown	2020-2028 From 2026	500 p/yr (total 4,000)	<i>South Godstone</i>
Waverly	Provisional	2020-2032	383 p/yr (total 4,600)	<i>Dunsfield Aerodrome Dunsfield Park Phase 1 2017-2022, 273 units Phase 2 2022-2027 1,285 units Phase 3 2027-2032 1,042 units 2,000 dwellings at Dunsfold Park, Stovolds Hill, Cranleigh Phase 1 2020-2025, 225 units.</i>
Woking	Confirmed		Below threshold	

Appendix B - Pharmacies per 100,000 population by CCG

It should be noted that whilst the rate of pharmaceutical coverage for East Berkshire appears low, the population in this area are covered by pharmacies in Bracknell situated on the fringe of this area (see map in Appendix C).

Area (CCG)	All Community Pharmacies ⁶	Population ⁷	2020	2018
			Ratio (pharmacies per 100,000 pop)	Ratio (pharmacies per 100,000 pop)
England (2019)	11, 700	66,796,800	18	21
Surrey County	204	1,138,920	18	18
East Berkshire	1	13,191	8	9
East Surrey	30	187,795	17	18
Guildford & Waverley	35	210,958	18	18
North East Hampshire & Farnham*	7	44,125	16	16
North West Surrey	62	350,722	18	19
Surrey Downs	52	292,881	19	18
Surrey Heath	17	96,564	16	18

Appendix C - Community Pharmacy changes since the 2018 PNA

The map below shows pharmacies, dispensing applicator contractors (DAC) and distance selling (online) pharmacies with a trading postcode in Surrey.

