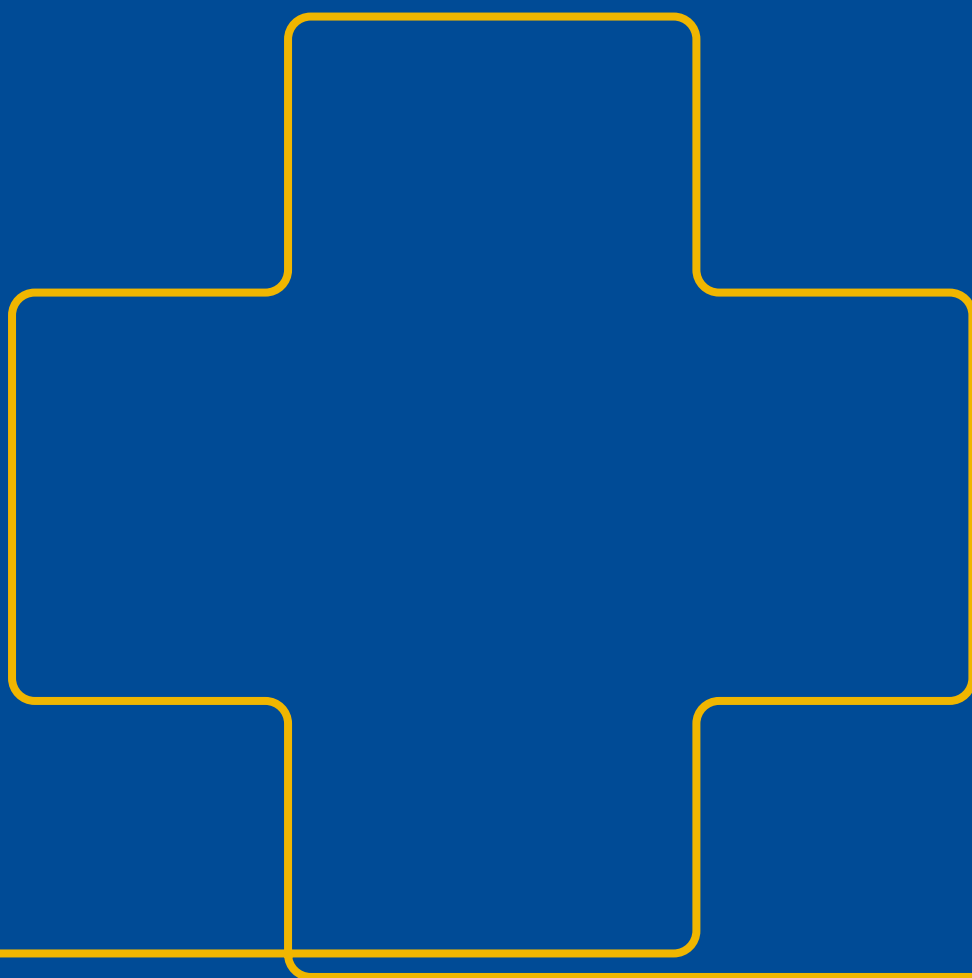


Isle of Wight Council

Pharmaceutical Needs Assessment

Supplement one



May 2022

Contents

1 Defining need in relation to pharmaceutical services.....	4
2 Demography – size and age structure of resident population	4
2.1 Current population	4
2.2 Population forecasts	6
2.3 New housing developments and impact on local population dynamics	7
2.4 Population density.....	7
3 Indices of deprivation	8
4 General health of the population.....	9
5 Life expectancy and healthy life expectancy	10
6 Populations with protected characteristics	14
6.1 Ethnicity.....	14
6.2 Disability	14
6.3 Religion or belief.....	15
6.4 Marriage and civil partnership.....	15
6.5 Pregnancy and maternity.....	15

7 Inclusion groups and other populations with specific needs	16
7.1 Rural populations.....	16
7.2 Coastal areas	16
7.3 People with long term conditions	16
7.3 Military	18
7.4 Military veterans.....	19
7.5 Offenders.....	19
7.6 People in contact with the justice system	20
7.7 Drug and alcohol dependents	20
7.8 Homeless and rough sleepers.....	20
7.9 Migration	21
7.10 Refugees and asylum seekers	21
7.11 Afghan nationals	22
7.12 Gypsy, Roma and Traveller communities	22
7.13 University students	23
7.14 Visitors to the county	23
References.....	24

1 Defining need in relation to pharmaceutical services

Some people will make more use of pharmacy services than others; these will include those on long term medicines, older people and the very young, reflecting the prevalence of health issues within these segments of the population. Parents and carers of children under the age of five have been encouraged by the NHS to visit their local pharmacy team first for clinical advice for minor health concerns such as sore throats, coughs, colds, upset stomachs and teething. It is well recognised that the pharmaceutical care needs of elderly patients are different from other populations. For instance, the elderly tend to take more medicines, have multiple diseases and more complicated treatment regimens¹. Some segments of the population may have specific needs in relation to pharmaceutical services and these are examined below. However, the main considerations of need in relation to pharmaceutical services in the context of the Isle of Wight are service location and availability.

2 Demography – size and age structure of resident population

2.1 Current population

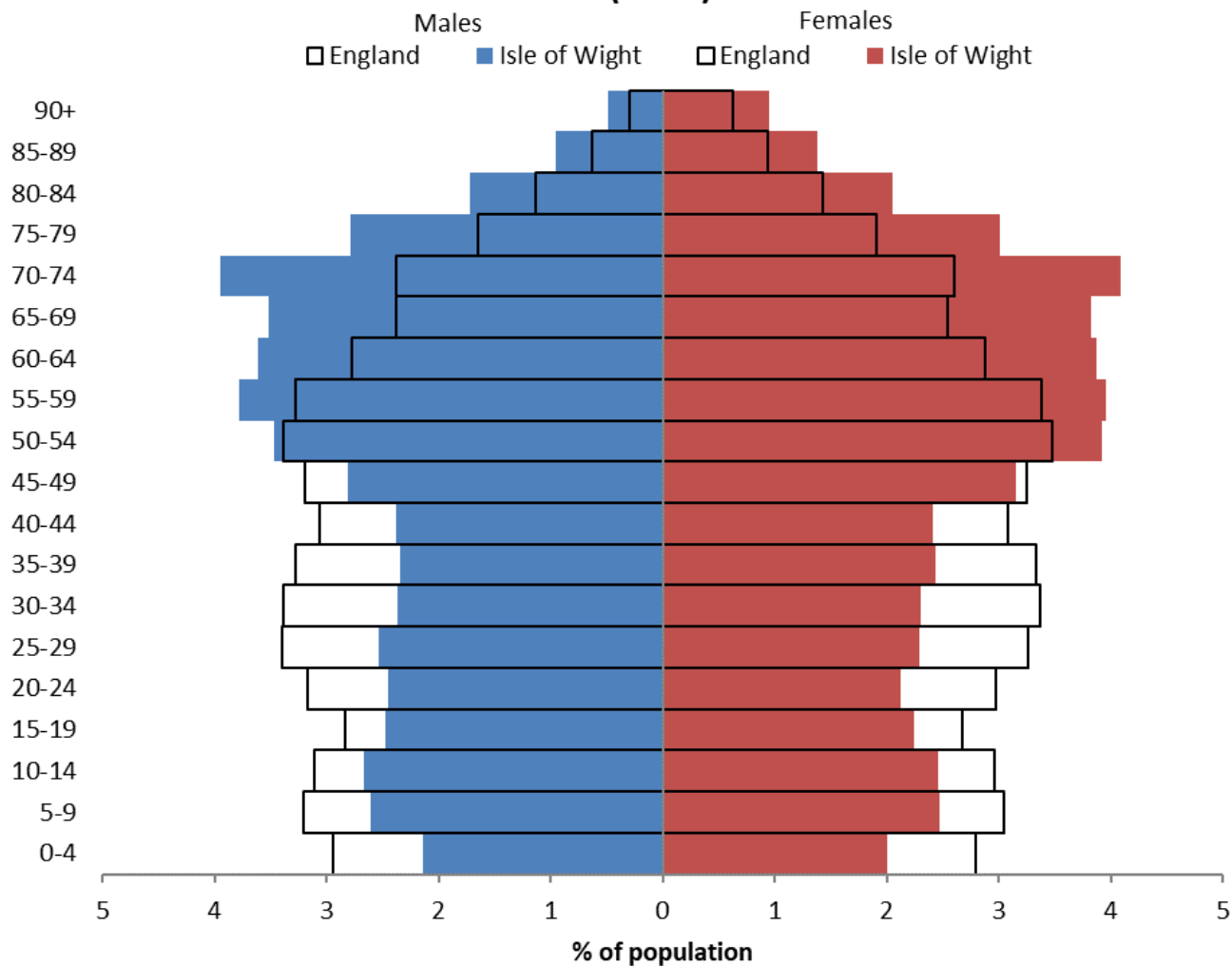
The population of the Isle of Wight in 2020 is estimated to be just short of 142,300 people and around 70,000 households, according to the Office for National Statistics (ONS). This makes the Island the second least most populous county in England after Rutland. Over the nine-year period between the 2011 Census and mid-2020, the Island's population is estimated to have increased by 2.9 per cent. In absolute numbers this equates to an increase of just over 4,000 people.

The population pyramid below (figure 1) presents the latest mid-year population estimates available for the Island compared to England. The chart shows the Island has an older population, with a higher proportion of the population aged 50 years and over compared to England.

In 2020, population forecasts show that the Island had fewer young working aged people (aged 20 to 49) compared to England as a whole; 29.6 per cent on the Island compared to 38.7 per cent in England. Young people (aged 0-19 years) made up 19.1 per cent of the population compared to 23.6 per cent nationally with the older Island residents (aged 75 years and over) accounting for 13.3 per cent of the population, compared to 8.6 per cent nationally. There are estimated to be just over 2,000 people living on the Island who are aged 90 years and over; 1.4 per cent compared to 0.9 per cent nationally.

Figure 1 – Population age and sex structure of the Isle of Wight and England, 2022

Population pyramid of the Isle of Wight and England (2020)

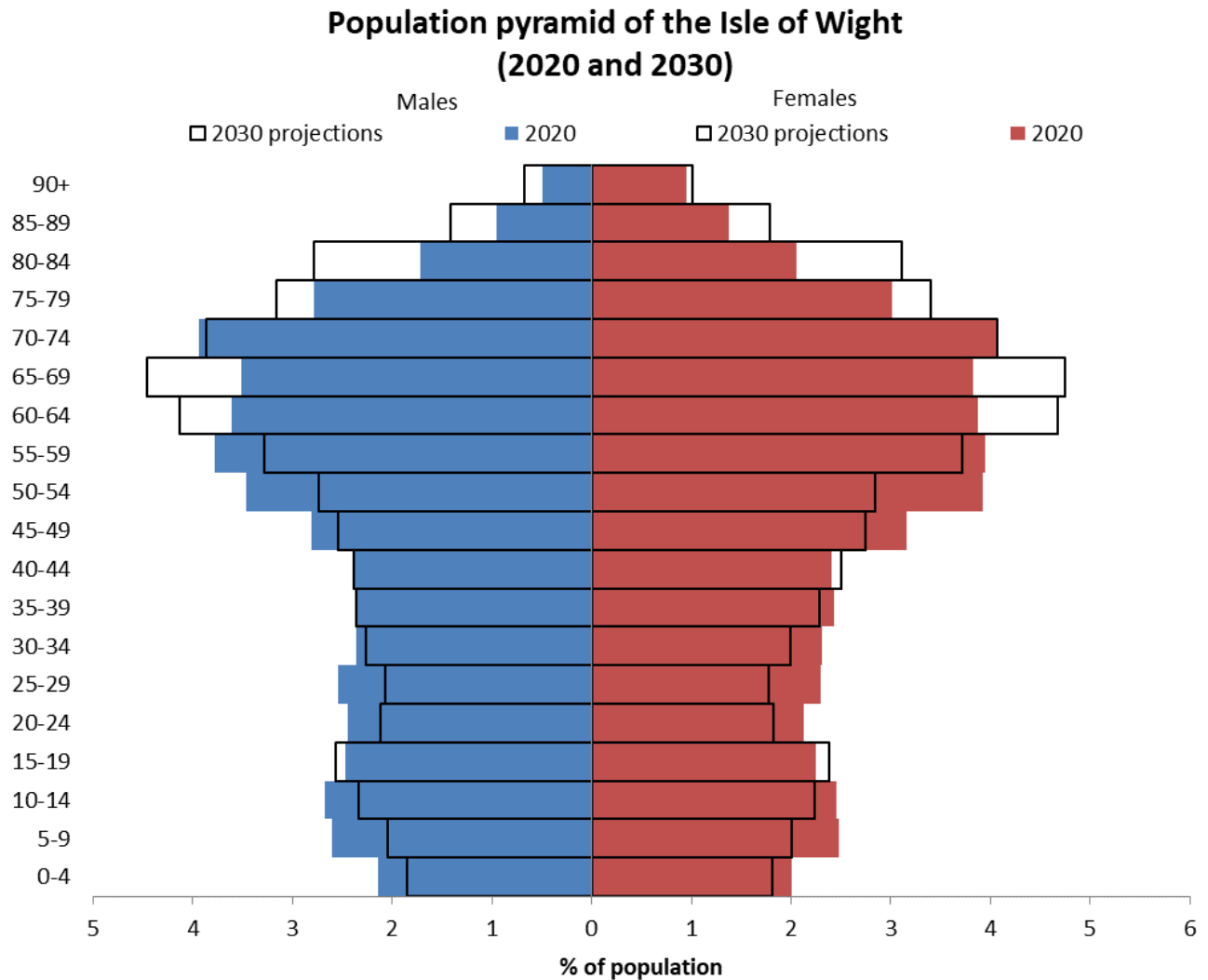


Source: Office for National Statistics (ONS) Mid-2020 Population Estimates

2.2 Population forecasts

The population pyramid (figure 2) shows the projected change in the Island’s population age and sex structure. ONS population projections suggest that the population of the Island is expected to increase by 5.6 per cent, from 142,296 in 2020 to 150,276 by 2030.

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



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

Population projections suggest a 4.5 per cent decrease in the 0 to 19 years population. This can be mainly attributable to the five to nine years population.

Looking forward, the aging of the Island’s population is set to continue with projections suggesting that by 2030 almost 34.5 per cent of the population will be aged 65 or older, 17.3 per cent aged 75 or older and 4.9 per cent aged 85 or older. The number of people aged 85 years and over is expected to increase from 5,378 to 7,358 people by 2030 – an increase of 36.8 per cent.

2.3 New housing developments and impact on local population dynamics

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

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

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

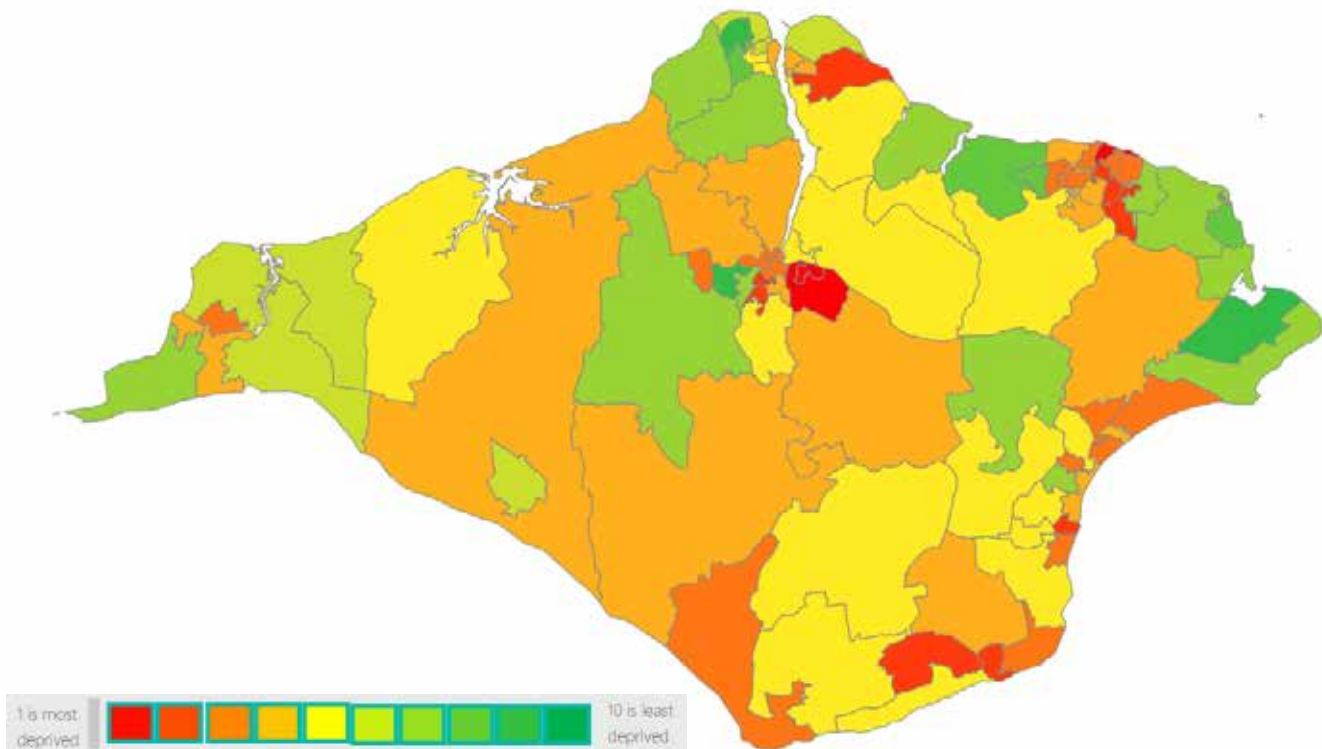
2.4 Population density

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

3 Indices of deprivation

The Island is the 80th most deprived authority in England (out of 317) according to the Index of Multiple Deprivation (IMD) 2019, although there are pockets within the Island that fall within the most deprived areas in the country (map 1).

Map 1 – Index of Multiple Deprivation 2019 across the Isle of Wight



Two supplementary indexes are produced alongside the Index of Multiple Deprivation 2019. These explore income deprivation specifically affecting children (0 to 15 years) (IDACI), and income deprivation affecting older people (aged 60 years and over) (IDAOP).

- IDACI ranks six areas on the Island in the most deprived decile nationally.
- IDAOP ranks no areas on the Island in the most deprived decile nationally.

4 General health of the population

The census asks people to rate their general health and whether they have a long-term illness or disability. This information gives an insight into both how good the health of the people of the Isle of Wight is overall and the levels of long-term illness and disability across the resident population of the Island.

The majority of the Island's population (77.3 per cent) reported having good or very good health, compared to 81.4 per cent nationally. 77.4 per cent of the Island's population reported no disabilities, a lower level than the 82.4 per cent recorded across England.

Across the Island, 6.5 per cent of people reported having bad or very bad health.

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

5 Life expectancy and healthy life expectancy

Overall, the Isle of Wight’s population health is similar to England. A boy born on the Island today will live on average for 79.6 years, slightly longer than the average for England at 79.4 years. A girl born on the Island today will live on average for 83.4 years, slightly longer than the average for England at 83.1 years.

Across the Island, life expectancy for males and females has generally been steady over time since 2009 (figure 3).

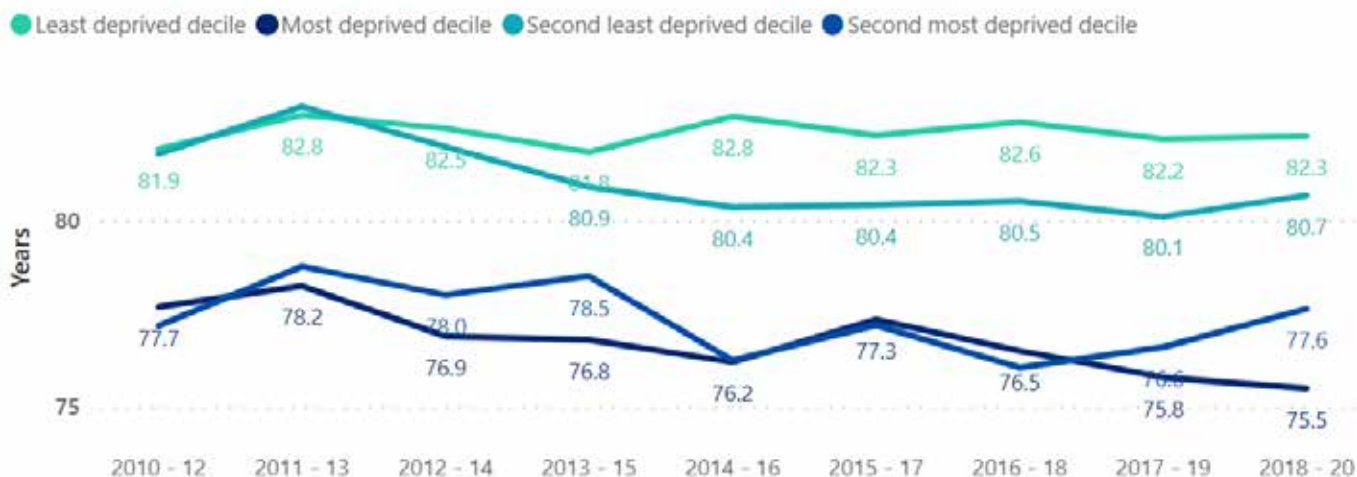
Figure 3 – Trend in life expectancy for the Isle of Wight males and females



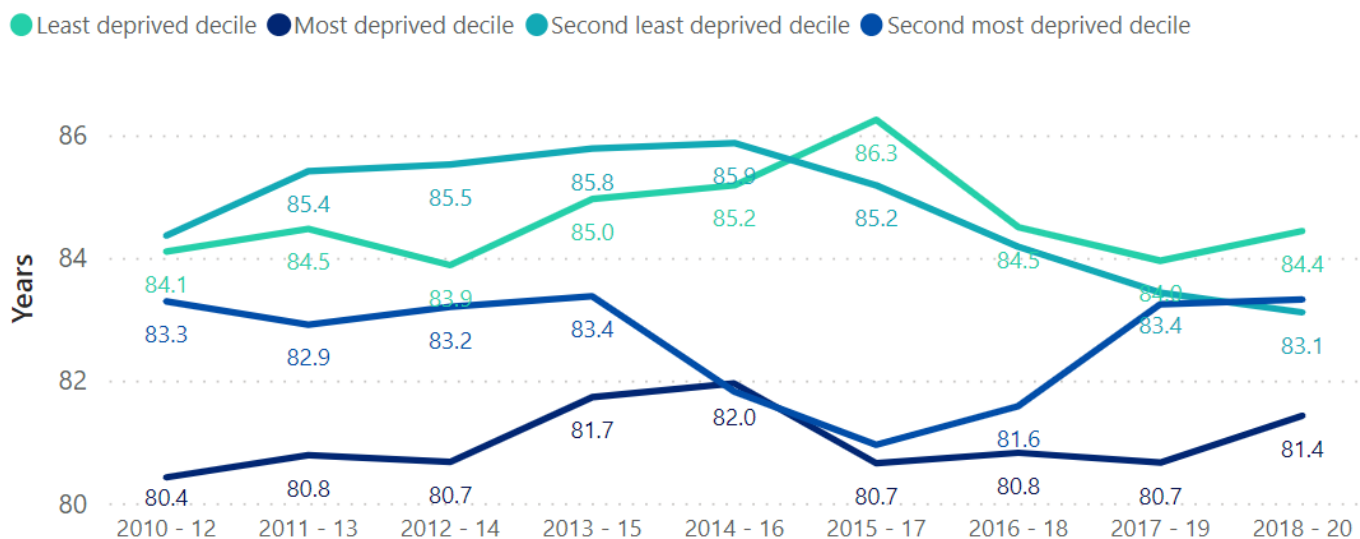
Life expectancy varies with deprivation and is a key high level inequalities outcome measure. Males living in the most deprived areas of the Island could expect to live 75.5 years compared to 82.3 years in the least deprived areas, a difference of almost seven years. While females living in the most deprived areas of the Island could expect to live 81.4 years compared to 84.4 years in the least deprived areas, a difference of three years.

Figure 4 – Trend in inequality between most and least deprived deciles of Isle of Wight for males and females

Male life expectancy: Inequality between most and least deprived deciles, 2018-2020



Female life expectancy: Inequality between most and least deprived, 2018 to 2020 deciles



Healthy life expectancy shows the years a person can expect to live in good health (rather than with a disability or in poor health). It is therefore a significant measure of a person’s quality of life.

Life expectancy estimates show females live for longer than men, but they also live with poor health for longer too. Male healthy life expectancy is 60.8 years, indicating an additional 19 years are spent in poor health. Female healthy life expectancy is 59.1 years, indicating just over 24 years are spent in poor health (figure 5).

Figure 5- Trend in healthy life expectancy for Isle of Wight males and females



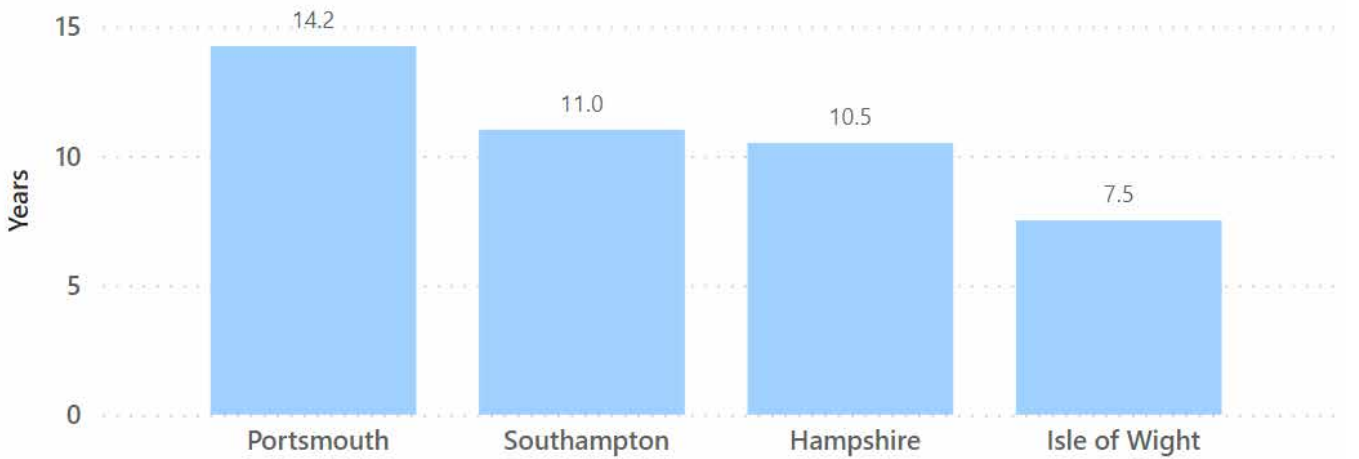
Inequalities in healthy life expectancy are evident with those resident in the most deprived areas living a smaller proportion of their lives in good health. Males and females living in the most deprived areas of the Island live in poor health for 10.3 years and 7.5 years longer respectively, compared to those living in the least deprived areas (figure 6).

Figure 6 – Inequality in healthy life expectancy between most and least deprived deciles for males and females

Male healthy life expectancy: Inequality between most and least deprived deciles, 2009-13



Female healthy life expectancy: Inequality between most and least deprived deciles, 2009-13



6 Populations with protected characteristics

6.1 Ethnicity

The 2011 census remains the most robust source of information about the ethnicity of the resident population for the Island, although it should be noted that this data is now a decade old.

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

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

- Young people (aged 0 to 19 years) make up 39.4 per cent of the population who are from an ethnic minority compared to 20.5 per cent of the population who are from a white ethnic group.
- Younger working people (20 to 44 years) make up 38.5 per cent of the population who are from an ethnic minority compared to 26.2 per cent of the population who are from a white ethnic group.
- Older people (70+) make up 2.8 per cent of the population who are from an ethnic minority compared to 17.2 per cent of the population who are from a white ethnic group.
- Mixed ethnicity are far younger in age, with peaks in residents aged between 0 and four, and 10 and 14 years of age.

In England, there are health inequalities between ethnic minority and white groups, and between different ethnic groups. The root causes of these inequalities can be difficult to determine. A recent review by The King's Fund suggests a complex interplay of deprivation, environmental, physiological, health-related behaviours and the 'healthy migrant effect.' Ethnic minority groups are disproportionately affected by socio-economic deprivation and existing inequalities can be reinforced by structural racism².

People from Bangladeshi and Pakistani communities have the poorest health outcomes across a range of health indicators. Rates of cardiovascular disease and diabetes are higher among black and South Asian groups. These health inequalities may result in different levels of pharmaceutical need.

6.2 Disability

To understand the level of disability in our population, the responses from the 2011 census questions were analysed. This asked, do you have any long-term illness, health problems or disability which limits your daily activities or work you can do?

Across the Island, 77.4 per cent of people reported that they did not have any long-term illnesses which limited their daily activities or work. This is lower than the national average of 82.4 per cent.

10.3 per cent of people said they had a long-term health problem or disability which limited their day-to-day activities a lot, compared to 8.3 per cent nationally. This varied across the Island, at its lowest at 6.1 per cent in Carisbrooke East and highest at 17.4 per cent in Fairlee.

6.3 Religion or belief

Census 2011 data reported almost two thirds of Isle of Wight residents (62.2 per cent) stated they had a religion, 29.6 per cent no religion and 8.2 per cent did not say.

Of those who stated they had a religion, Christianity was the dominant religion with 60.5 per cent of Island residents reporting to be Christian. 0.4 per cent reported Muslim as their religion, 0.3 per cent Buddhist and 0.2 per cent Hindu.

6.4 Marriage and civil partnership

Census 2011 data reported that under half of Isle of Wight residents (48.3 per cent) were married, 0.2 per cent registered in a same-sex civil partnership, 28.3 per cent single, 11.6 per cent divorced and 9.2 per cent widowed or a surviving partner from a same sex civil partnership.

6.5 Pregnancy and maternity

Smoking during pregnancy can cause serious pregnancy-related health problems. These include complications during labour and an increased risk of miscarriage, premature birth, stillbirth, low birthweight and sudden unexpected death in infancy.

Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. On average, smokers have more complications during pregnancy and labour, including bleeding during pregnancy, placental abruption and premature rupture of membranes.

Recent data for the financial year 2020/21 suggest that on the Island, 13.5 per cent of mothers (131 mothers) were known to be smokers at the time of delivery.

Trend data show that since 2010/11 the percentage of mothers smoking has decreased but still remains significantly higher than England.

7 Inclusion groups and other populations with specific needs

7.1 Rural populations

The Isle of Wight is a predominantly rural county. Out of the Island's 89 Lower Super Output Areas (LSOAs), 27 of them are classed as rural. However, most of these 27 are larger in size, covering a higher proportion of the area of the Island.

The rural LSOAs cover 68 per cent of the Island's area, however just 31.5 per cent of the population live in them. The other 68.5 per cent of the population live in the 32 per cent of the Island's total area defined as urban.

7.2 Coastal areas

The Chief Medical Officer's 2021 report focused on health inequalities in coastal areas. It outlined that these areas have low life expectancy and higher rates of many diseases, compared with non-coastal areas. Analysis produced by the University of Plymouth has been used to identify coastal and non-coastal communities. Coastal areas are defined as those with built-up area which lie within 500m of high tide.

The majority of the Island is classed as coastal apart from some of the more rural areas (map 2).

Coastal communities include a disproportionately high burden of ill health, particularly heart disease, diabetes, cancer, COPD and mental health. There is also a significant disparity in hospital admissions due to 'health-risking behaviour' between coastal and non-coastal areas³.

Deprivation in these areas, and the age of coastal populations are both related to this burden of ill health. The University of Plymouth's Coastal Health Outcomes report concluded that there is also a substantial health service deficit in coastal communities⁴.

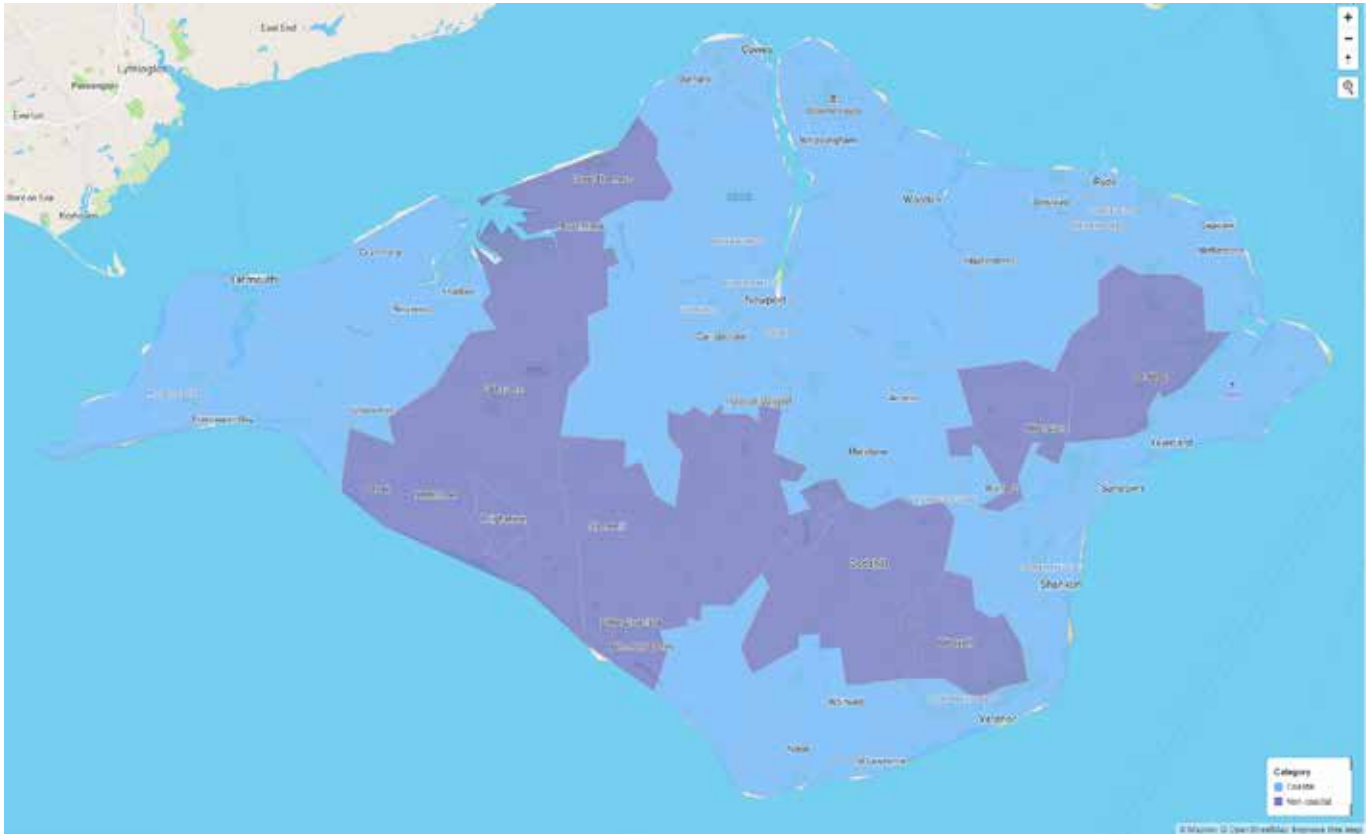
7.3 People with long term conditions

Around one in four people have two or more long-term conditions, often known as multimorbidity and this rises to two thirds of people aged 65 years or over⁵. The proportion of patients who have two or more medical conditions simultaneously is rising steadily⁶.

Multi-morbidity increases with age, however other circumstances can mean certain people are more vulnerable to having multiple long-term conditions and almost a third of people with 4+ conditions are under 65 years of age.

People in disadvantaged areas are at greater risk of having multiple conditions and are likely to have multiple conditions around 10 to 15 years earlier than people in affluent areas⁷. Around 28 per cent of people in the most deprived fifth of England have 4+ conditions, compared with 16 per cent in the least-deprived fifth⁸.

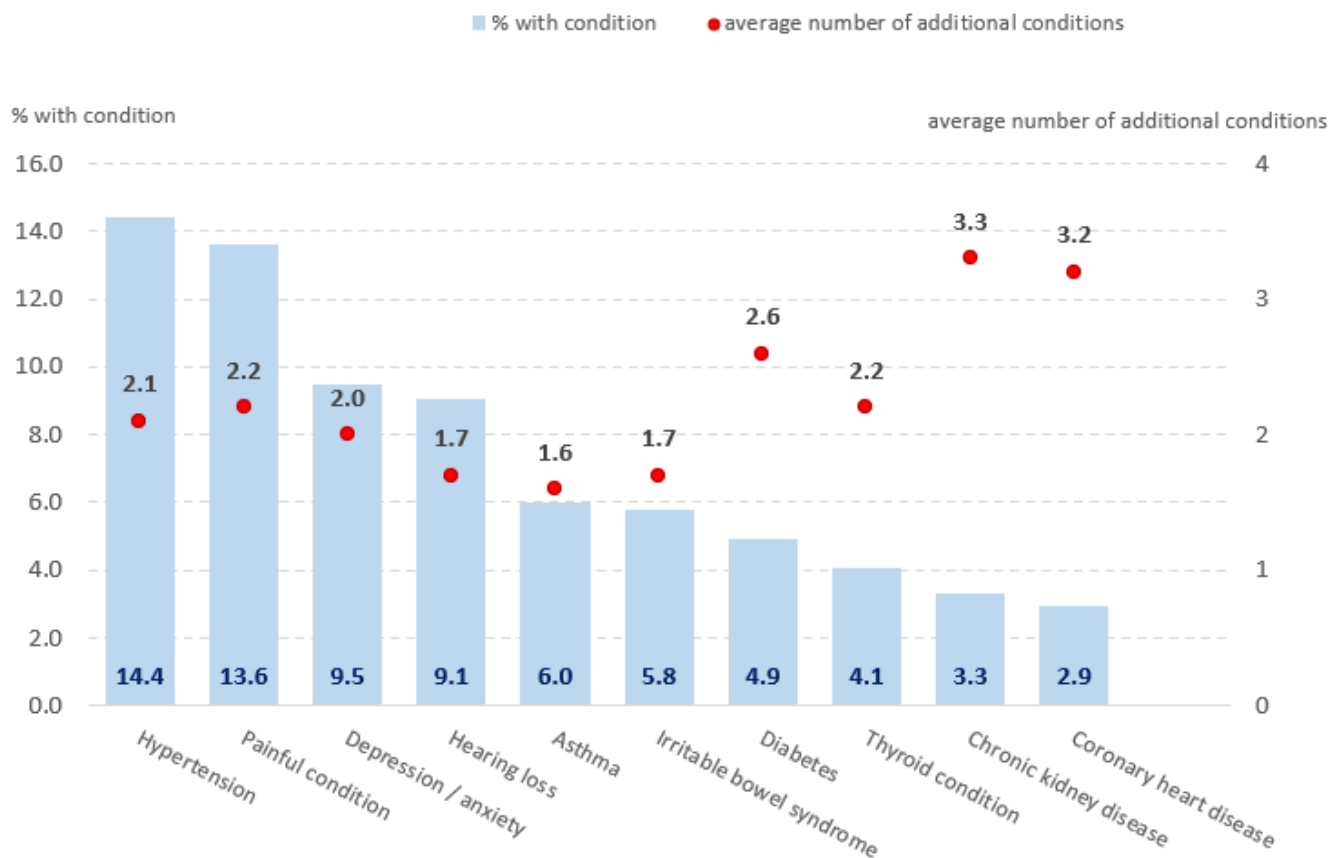
Map 2 – Map showing Isle of Wight Coastal Communities by LSOA



Children or young adults with serious congenital or acquired impairments often have multiple physical or mental illnesses. Certain periods of life, including pregnancy, increase the probability that multiple conditions will present simultaneously⁹.

Health Foundation analysis shows that 82 per cent of people with cancer, 92 per cent with cardiovascular disease, 92 per cent with chronic obstructive pulmonary disease and 70 per cent with a mental health condition have at least one additional condition¹⁰. Figure 7 from this analysis shows that a person with hypertension had an average of 2.1 additional conditions and a person with depression or anxiety had an average of 2.0 additional conditions. People with chronic kidney disease had an average of 3.3 additional conditions.

Figure 7 – Common conditions and average number of additional conditions



Data source: Understanding the health care needs of people with multiple health conditions¹¹

Pharmacists are ideally placed to improve the care and quality of life of people with multiple long-term conditions, particularly where polypharmacy is an issue. Pharmacists may also have a pivotal role to play in the prevention or worsening of multi-morbidities in younger people¹².

Across the Isle of Wight a little over 32,900 residents have two or more long terms conditions, this equates to over one in five people (23.1 per cent) as at April 2021.

Map 3 shows that within the Island there is further variation with the Yarmouth area in the west, the Bembridge area to the east, and parts of the Wootton and East Cowes areas to the north reporting the highest number of people with multimorbidity.

The Health Foundation study reported that people diagnosed with cancer, chronic obstructive pulmonary disease, cardiovascular disease and mental health had high number of additional conditions. Hypertension and pain were the most common additional conditions.

7.3 Military

The Isle of Wight has no military presence.

Map 3 – Number of patients with two or more long term conditions by resident LSOA, April 2021



Data source: JSNA Healthy People data report¹³

7.4 Military veterans

Robust data about the number, location and demographics of veterans is limited at both the national and local level. Estimates suggest that there are likely to be around 9,500 veterans living on the Isle of Wight¹⁴.

The most common mental health problems are anxiety and depression however there are clearly some veterans with more complex problems who will need more specialised and bespoke treatment. These might be for complex PTSD or dual diagnoses of alcohol and mental health problems.

7.5 Offenders

There is one prison on the Isle of Wight set across two neighbouring sites (Albany and Parkhurst) just outside Newport. It is a high security men's prison with an operational capacity of 1,047. Prison population data from the Ministry of Justice for December 2021 report a population of 688.

The pharmaceutical needs of prisoners on the Island are met by the services within the walls of those establishments and so are not within the scope of this PNA.

7.6 People in contact with the justice system

Nationally, the number of individuals formally dealt with by the Criminal Justice System (CJS) was 30 per cent lower in 2020 than in 2019, as a result of COVID-19. The rate of juveniles receiving their first conviction, caution or youth caution per 100,000 of the 10 to 17 year old population on the Isle of Wight is significantly higher (worse) than the national average at 277.6 compared to 169.2 nationally¹⁵.

Children and young people at risk of offending or within the youth justice system often have more unmet health needs than other children¹⁶. For young people, there are overlapping risk factors associated with youth crime, such as school absence and low educational attainment¹⁷.

7.7 Drug and alcohol dependents

There are conflicting data on UK alcohol consumption trends, between what people say they drink and the data on alcoholic drink sales. European research evidence indicates that people under-estimate their personal alcohol consumption by around 60 per cent¹⁸.

Between 2010 and 2016 there was a very gradual increase in the estimated number of alcohol dependent adults on the Isle of Wight¹⁹, from 1,456 to 1,553 then a decrease back to 1,487 in 2017, then a sharp increase to 1,681 in 2018. The number of opiate users on the Island successfully completing drug treatment has been declining, in line with the England trend²⁰. There has been a decline in the number of people completing successful alcohol treatment on the Isle of Wight.

Pharmacies provide a number of services to this section of the community from supervised administration programmes, needle exchanges and Hepatitis C testing to healthy lifestyle advice.

7.8 Homeless and rough sleepers

There are three main forms of homelessness: rough sleeping, statutory homelessness, and hidden homelessness, whereby people sofa surf at family and friends' houses or live-in housing which is not safe to be occupied. Those who fall under the category of 'hidden homelessness' are the ones most often excluded from official data.

A count of rough sleepers on the Island in 2018 recorded 24 rough sleepers – an increase from 2015 (four rough sleepers)²¹. Analysis of the 2018 rough sleeper return showed that 30 per cent of the Island's rough sleeping cohort are female, over double the 2018 national average which is recorded as 14 per cent. Over 40 per cent of rough sleepers on the Island are aged 40 years or older – which is a significant concern when you consider that the average death of someone who is homeless is 43 for a female and 47 for a male.

Ministry of Housing, Communities and Local Government figures show the Island to have 2.9 households per 1,000 in temporary accommodation; better than England's average (4.0)²². The Island has 10.6 households (per 1,000) owed a duty under the Homelessness Reduction Act (HRA). This is similar to both the England and South East averages (11.3 and 9.9 respectively)²³. Under the HRA prevention and relief duties are owed to all eligible households who are homeless or threatened with becoming homeless²⁴.

However, homeless shelter figures often exceed national estimates and are often the most reliable and up to date local figures available.

ONS figures estimate that 83 per cent of rough sleepers in Hampshire and the Isle of Wight in 2020 were male. 91 per cent of Hampshire and Isle of Wight rough sleepers were of UK nationality, seven per cent were from the EU, none had non-EU nationality and two per cent of rough sleepers' nationality was unknown. In 2020, the ONS reported that 91 per cent of Hampshire and Isle of Wight's homeless population were aged over 26 years old, six per cent were aged 18 to 25 and none were below 18²⁵.

Many people who are homeless experience poor mental health, domestic abuse and are likely to have substance use or addiction. One in three people who are homeless have attempted suicide. They are nine times more likely to die by suicide. Deaths as a result of traffic accidents are three times as likely, infections twice as likely and falls more than three times as likely for homeless people. Drug and alcohol abuse are particularly common causes of death among the homeless population, accounting for just over a third of all deaths²⁶.

7.9 Migration

Migration is complex and there is no legal requirement to inform a single body when someone moves. As such data on migration is much less robust and comes with limitations on its use. Economic migrant data from the Department of Work and Pensions report that in the 12 months ending June 2021, there were 213 National Insurance Number registrations to adult overseas nationals on the Island. Of these registrations, 50 per cent were to people from Asia, 13 per cent were to those from the European Union and a third to people from the rest of the world²⁷.

7.10 Refugees and asylum seekers

The most vulnerable migrants and asylum seekers in the population are a dynamic population which make frequent geographic moves. As a result, data is not sufficient to map this population, and many of the group's characteristics are protected.

Historically, the Isle of Wight has had low numbers of asylum seekers and refugees, with just 29 resettlements recorded over the last eight years²⁸. Vulnerable migrants can arrive in the UK from any country, and many will be undetectable.

This population can have complex health needs and common health challenges includes untreated communicable diseases, poorly controlled chronic conditions, maternity care and mental health and specialist support needs²⁹.

Some of the children and young people seeking asylum and attending schools will be unaccompanied. This means that they arrived in the UK without an adult family member or guardian accompanying them. Many of these children and young people will have experienced trauma including the loss of their parents and/or siblings or will have lived in war conditions³⁰.

Vulnerable migrants experience a unique set of challenges when accessing healthcare, such as language barriers, insecure immigration status and housing and discrimination. Their cultural, spiritual, and religious beliefs and practices can impact on health behaviours and practices, health outcomes, use of and access to healthcare, and decision-making regarding medical treatment³¹.

7.11 Afghan nationals

There are several health checks which are recommended for Afghan nationals arriving to the UK. The incidence of Tuberculosis, Hepatitis B and C, Anaemia, vitamin A and vitamin D deficiency and smoking are high, health checks should be carried out and advice given where appropriate³². There is also a high likelihood of people experiencing mental disorders, including PTSD because of the experiences in Afghanistan or their journey to the UK³³.

Gender roles in Afghanistan may also impact health and wellbeing, men may be the decision-makers about family members' health³⁴. Female Genital Mutilation (FGM) is practised in Afghanistan, and male circumcision is highly prevalent too, individuals arriving in the UK should be given information on appropriate procedures for boys and men in the UK. There is often limited access to antenatal care, so advice should be given to Afghan women on the benefits of antenatal care.

7.12 Gypsy, Roma and Traveller communities

Historically the Isle of Wight has had a relatively small Gypsy/Traveller community. Currently there are:

- no public permanent sites owned by the council;
- no transit sites owned by the council;
- the total provision suggested for Gypsies and Travellers on the Isle of Wight is for 16 permanent pitches required, rising to 19 by 2035;
- it is also recommended that a Transit Site of two pitches rising to three by 2035;
- two unauthorised sites on public owned land, both have been unofficially 'tolerated' since at least 2012;
- one unauthorised site occupied since at least 2006 which is the subject of a legal judgement, meaning the residents cannot be moved until a transit site is built for them;
- two other observed unauthorised sites which are believed to contain people who are not either Gypsies or Travellers.

The number of people who identified as Gypsy or Irish Traveller in the 2011 Census was very small, just 94. These are most likely to be living in 'bricks and mortar' as census forms are only delivered to 'settled' accommodation. It is considered that the majority of Gypsies and Travellers actually living on the Island were not identified in Census 2011 as they are living in caravans and other vehicles on unauthorised encampments or 'tolerated' sites³⁵.

Counts of traveller caravans published by the Department for Levelling Up, Housing and Communities for July 2021 recorded a total of 17 traveller caravans across the Island, all unauthorised and on land not owned by Travellers³⁶. There were no recorded Travelling Showpeople caravans.

An estimated 60 houseboats were identified, although it was assessed that this population does not fall under the Government guidance for inclusion in traveller counts.

Gypsies and Travellers are significantly more likely to have a long term illness, health problem or disability and experience higher levels of anxiety and depression than the general population. This community is also more likely to experience chest pain, arthritis and respiratory problems.

Roma are a relatively new ethnic group who have migrated to the UK from across Europe. Unlike UK Gypsies, Roma do not usually seek accommodation in caravans or on sites but live in houses as in their country of origin. Often Roma people are a hidden minority due to their reluctance to identify themselves as members of the Roma community, hence it is not possible to provide any accurate

figures of the Roma population on the Island.

Information on the health of Roma people is difficult to obtain. The voluntary sector organisation Roma Support Group reported that 60 per cent of those using their services had poor physical health including cancer, diabetes, epilepsy, hepatitis B, cardiovascular and respiratory ailments and multiple sclerosis. In addition, 43 per cent were suffering from mental health problems including depression, personality disorders, learning disabilities, suicidal tendencies, self-harm and dependency/misuse of drugs³⁷.

7.13 University students

There are no universities on the Isle of Wight. Any pharmaceutical needs for Island students at mainland universities will be covered by the pharmacies within those areas.

7.14 Visitors to the county

Data from Visit Isle of Wight reported that there were just over 2.2 million visits to the Island during 2019 – a reduction on the previous year. This total was mainly made up of visits during the summer months with 885,000 visitors coming between July and September. Short breaks and holidays accounted for 45 per cent of all trip purposes in 2019.

This visitor population are likely to be on the Island for only a brief period and as such their health needs are likely to be related to signposting to other health services, providing support for self-care, the provision of repeat medication or dispensing prescriptions in the event of an acute condition.

References

- Page 3 Note 1 Pharmaceutical care – a model for elderly patients – The Pharmaceutical Journal
pharmaceutical-journal.com/article/ld/pharmaceutical-care-a-model-for-elderly-patients
- Page 14 Note 2 The health of people from ethnic minority groups in England – The King’s Fund
www.kingsfund.org.uk/publications/health-people-ethnic-minority-groups-england
- Page 16 Note 3 Chief Medical Officer’s annual report 2021: health in coastal communities – GOV.UK
www.gov.uk/government/publications/chief-medical-officers-annual-report-2021-health-in-coastal-communities
- Note 4 Chief Medical Officer’s annual report 2021: health in coastal communities – GOV.UK
www.gov.uk/government/publications/chief-medical-officers-annual-report-2021-health-in-coastal-communities
- Note 5 NHS England » Multimorbidity – the biggest clinical challenge facing the NHS?
www.england.nhs.uk/blog/dawn-moody-david-bramley/
- Note 6 Rising to the challenge of multimorbidity – The BMJ
www.bmj.com/content/368/bmj.l6964
- Note 7 Long-term conditions and multi-morbidity – The King’s Fund
www.kingsfund.org.uk/projects/time-think-differently/trends-disease-and-disability-long-term-conditions-multi-morbidity
- Note 8 Understanding the health care needs of people with multiple health conditions
[www.health.org.uk/sites/default/files/upload/publications/2018/Understanding the health care needs of people with multiple health conditions.pdf](https://www.health.org.uk/sites/default/files/upload/publications/2018/Understanding_the_health_care_needs_of_people_with_multiple_health_conditions.pdf)
- Page 17 Note 9 Rising to the challenge of multimorbidity – The BMJ
www.bmj.com/content/368/bmj.l6964
- Note 10 Understanding the health care needs of people with multiple health conditions
[www.health.org.uk/sites/default/files/upload/publications/2018/Understanding the health care needs of people with multiple health conditions.pdf](https://www.health.org.uk/sites/default/files/upload/publications/2018/Understanding_the_health_care_needs_of_people_with_multiple_health_conditions.pdf)
- Page 18 Note 11 Understanding the health care needs of people with multiple health conditions
[www.health.org.uk/sites/default/files/upload/publications/2018/Understanding the health care needs of people with multiple health conditions.pdf](https://www.health.org.uk/sites/default/files/upload/publications/2018/Understanding_the_health_care_needs_of_people_with_multiple_health_conditions.pdf)
- Note 12 New approach needed to tackle rise of multimorbidity - The Pharmaceutical Journal
pharmaceutical-journal.com/article/news/new-approach-needed-to-tackle-rise-of-multimorbidity

- Page 19 Note 13 JSNA Healthy People data report
www.hants.gov.uk/socialcareandhealth/publichealth/jsna
- Note 14 Viewing Document: Solent Armed Forces Covenant Needs Assessment
www.iow.gov.uk/documentlibrary/view/solent-armed-forces-covenant-needs-assessment
- Page 20 Note 15 Public Health Outcomes Framework - Data - PHE
fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/3/gid/1000041/pat/6/par/E12000008/ati/402/are/E06000046/iid/10401/age/211/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1
- Note 16 Improving outcomes and supporting transparency part 2: summary technical specifications of public health indicators
assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/545605/PHOF_Part_2.pdf
- Note 17 Improving outcomes and supporting transparency part 2: summary technical specifications of public health indicators
assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/545605/PHOF_Part_2.pdf
- Note 18 Alcohol consumption higher than reported in England – UCL News, UCL, University College London
www.ucl.ac.uk/news/2013/feb/alcohol-consumption-higher-reported-england
- Note 19 Alcohol dependence prevalence in England – GOV.UK
www.gov.uk/government/publications/alcohol-dependence-prevalence-in-england
- Note 20 Public Health Outcomes Framework, Data – OHID
[fingertips.phe.org.uk/search/successful completion of drug treatment#page/4/gid/1/pat/6/par/E12000008/ati/402/are/E06000046/iid/90244/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0](http://fingertips.phe.org.uk/search/successful%20completion%20of%20drug%20treatment#page/4/gid/1/pat/6/par/E12000008/ati/402/are/E06000046/iid/90244/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0)
- Note 21 Isle of Wight Homeless and Rough Sleeping Strategy 2019-2024
www.iow.gov.uk/Meetings/committees/cabinet/14-11-19/PAPER-AppendixA.pdf
- Note 22 Public Health Outcomes Framework, Data – OHID
[fingertips.phe.org.uk/search/successful completion of drug treatment#page/4/gid/1/pat/6/par/E12000008/ati/402/are/E06000046/iid/90244/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0](http://fingertips.phe.org.uk/search/successful%20completion%20of%20drug%20treatment#page/4/gid/1/pat/6/par/E12000008/ati/402/are/E06000046/iid/90244/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0)
- Note 23 Public Health Outcomes Framework, Data – OHID
[fingertips.phe.org.uk/search/successful completion of drug treatment#page/4/gid/1/pat/6/par/E12000008/ati/402/are/E06000046/iid/90244/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0](http://fingertips.phe.org.uk/search/successful%20completion%20of%20drug%20treatment#page/4/gid/1/pat/6/par/E12000008/ati/402/are/E06000046/iid/90244/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0)
- Note 24 Homelessness Reduction Act 2017
www.legislation.gov.uk/ukpga/2017/13/section/5/enacted

If you have difficulty in understanding this document, please contact us on 01983 821000 and we will do our best to help you.

