Cheshire West and Chester

Health and Well Being Board

Final version

Pharmaceutical Needs Assessment

2018 - 2021

April 2018

Version Control

Version	History	Date
1	First draft pre- general circulation	27th August 2017
2	Includes consultation report and associated amendments	3rd January 2018
3	Submitted to HWB	February 2018
4	Approved by HWB	21st 2018

Developed by: John P Hampson, Public Health Specialist
PublicHealth@cheshirewestandchester.gov.uk
01244 976779

Along with members of the Pharmaceutical Needs Assessment working group

Status: Final Draft for HWB approval

Review Date: April 2020

Executive Summary

The requirement to produce a Pharmaceutical Needs Assessment (PNA) is a statutory responsibility of the Health and Wellbeing Board by virtue of the National Health Service (NHS) (Pharmaceutical and local pharmaceutical services) Regulations 2013, which came into force on 1st April 2013. The regulations outline the process which NHS England (formerly known as the NHS Commissioning Board) must comply with in dealing with applications for new pharmacies or changes to existing pharmacies. This process relies on the PNA which must be robust and fit for purpose.

In Cheshire West and Chester, the Health and Wellbeing Board devolved the authority to develop its PNA to the Director of Public Health. Development was overseen by the PNA working group, a multi-professional steering group. Data sources included the JSNA, census data, Health and Wellbeing Strategy, Pharmacy Contractors' survey and a Dispensing doctors' service questionnaire. The surveys informed the first draft of the PNA which then went out for a formal (60 day) consultation.

The PNA presents a picture of community pharmacies, reviews services currently provided and considers how these could be utilised further. Community pharmacies can support the health and wellbeing of the population of Cheshire West and Chester in partnership with other community services and GPs. Services can be directed towards addressing health inequalities and supporting self-care in areas of greatest need.

Key findings are:-

- The 79 community pharmacies across Cheshire West and Chester provide acceptable coverage for its population with a good range of services, good accessibility and opening hours throughout the week. Service provision is augmented by a number of cross border pharmacies which also serve our population.
- Pharmaceutical need is well catered for and there are no gaps in provision.
- The high accessibility and availability of our pharmacies, particularly in the more deprived areas, is helping to tackle health inequalities through better medicines management, self-care and signposting to other agencies.
- Emergency Hormonal Contraception (EHC) is currently provided in up to 55 of 79 pharmacies. However, the EHC service is not guaranteed in participating pharmacies during all opening hours because there may not be an accredited pharmacist on duty. Faster access to EHC particularly at weekends significantly improves effectiveness and thus reduces unwanted pregnancies. Therefore, it would be advantageous if all pharmacies in Cheshire West and Chester guaranteed an EHC service for all of their contracted hours. Further, if all pharmacies in the Borough provided this service, apart from increasing access even more, it would have the added benefit that women requesting EHC could do so from outside their locality and thus maintain their anonymity if desired.
- The Medicines Use Review (MUR) and the New Medicines Service (NMS) improves patient care by helping to optimise medicines use both in general and in the management of Long Term Conditions (LTCs). Therefore, their continued use is to be strongly encouraged.
- In addition, the Minor Ailments Schemes together with the wide range of over-the-counter products and advice available in all pharmacies contributes to improving patient self-care and management and thus reduces attendances at emergency departments and GP surgeries.
- Nearly ¾ of pharmacies participate in the national pilot scheme for influenza vaccination in at risk groups. This will help to increase Cheshire West and Chester's flu vaccination rate and help reduce the impact of what can be a debilitating disease.
- The Health and Wellbeing Board supports the extended roles in community pharmacies and strongly encourages the continuing development of 'healthy living pharmacies'.

Contents

Pharmaceutical Needs Assessment

Part 1

Purpose, process and explanation of pharmaceutical services

Introduction and purpose

1. The effective commissioning of accessible primary care services is central to improving quality and implementing a vision for health and healthcare. Community pharmacy is one of the most accessible healthcare settings. Nationally, 99% of the population can get to a pharmacy within 20 minutes by car. 96 % of people living in the most deprived areas have access to a pharmacy either through walking or via public transport.

2. The Pharmaceutical Needs Assessment (PNA) presents a picture of community pharmacies and other providers of pharmaceutical services, reviewing services currently provided and how these could be utilised further. Community pharmacies can support the health and well-being of the population of Cheshire West and Chester in partnership with other community services and GP practices. Services can be directed towards addressing health inequalities and supporting self-care in areas of greatest need. A mapping of service provision and identifying gaps in demand are essential to afford commissioners with the market intelligence they need to take forward appropriate and cost-effective commissioning of services.

3. The Health Act 2009 outlined the process of market entry onto a "Pharmaceutical List" by means of the PNA and provided information to Primary Care Trusts (PCTs) for their production. It amended the National Health Service Act 2006 to include provisions for regulations to set out the minimum standards for PNAs. The regulations came into force on 24 May 2010 and required PCTs to:
    - Develop and publish PNAs and;
    - Use PNAs as the basis for determining market entry for NHS pharmaceutical services provision.

4. Following the abolition of PCTs, this statutory responsibility has now been passed to Health and Well Being Boards by virtue of the National Health Service (NHS) (Pharmaceutical and local pharmaceutical services) Regulations 2013, which came into force on 1 April 2013. These regulations also outline the process that NHS England (formerly known as the NHS Commissioning Board) must comply with in dealing with applications for new pharmacies or changes to existing pharmacies.

5. The Health and Social Care Act 2012 further describes the duty of "commissioners", in accordance with regulations, to arrange for the adequate provision and commissioning of pharmaceutical services for their population.

6. The PNA is thus a key tool for NHS England and local commissioners to support the decision making process for pharmacy applications and to ensure that commissioning intentions for services that could be delivered via community pharmacies, in addition to other providers, are incorporated into local planning cycles. Local commissioning priorities need to be driven by the Joint Strategic Needs assessment (JSNA) of which the PNA is a key component (see appendix one for policy context).

Scope of the PNA

7. The scope of the assessment of need must address the following principles:
    - The safe and efficient supply of medicines, including any additional (non NHS commissioned) services provided by pharmacies such as:
        - support for housebound patients and older people
        - people with learning difficulties and
        - medication administration support such as monitored dosage systems (MDS).
    - Pharmaceutical care that supports safe and effective use of medicines.
    - Pharmaceutical care that provides quality healthcare and public health information and advice to all members of the population.
    - High quality pharmacy premises that increase capacity and improve access to primary care services and medicines.
    - Enhanced services which increase access, choice and support for self-care.
    - Locally commissioned services (e.g. by Clinical Commissioning Groups or Local Authorities) which have the potential to reduce avoidable hospital admissions and GP appointments are not strictly speaking part of the Regulations although they are described in this PNA for completeness.
    - High quality pharmaceutical support to prescribers for clinical and cost-effective use of resources.

Methodology and process followed in developing the PNA

8. Key principles of the PNA are it:
    - Is an iterative process involving patients, the public and key stakeholders.
    - Is a developing, live document under continuous review.
    - Continues to focus on identifying health needs which can be supported by pharmaceutical services and makes recommendations for the commissioning of those services.
    - Is developed by a multidisciplinary PNA working group.

9. Practically, the step-wise process involves:
    - Identification of health and pharmaceutical needs.
    - Deciding how these needs are being met currently.
    - Identifying any gaps.
    - Taking into account the views of professionals, partner organisations and public.

10. The Health and Wellbeing Board devolved the authority to develop Cheshire West and Chester's PNA to the Director of Public Health. Development was overseen by the PNA working group, a multi-professional steering group. The working group included the following members:
    - Director of Public Health
    - Public Health Specialist
    - Public Health Intelligence Manager
    - NHS England
    - Local Pharmaceutical Committee (LPC)
    - Local Medical Committee (LMC)

- Pharmaceutical Local Professional Network (LPN)
- Vale Royal Clinical Commissioning Group (VRCCG)
- West Cheshire Clinical Commissioning Group (WCCCG)
- Public Health Commissioner
- Healthwatch representative and other invited staff as appropriate.

11. The following data sources were used for the production of this PNA:
    - JSNA
    - Annual Public Health Report
    - Census data
    - Health and Wellbeing Strategy
    - Pharmacy Contractors' survey
    - Residents' survey
    - Dispensing doctors service questionnaire.

12. The health professional questionnaire responses informed the first draft of the PNA which then went out for the formal (60 day) consultation.

PNA consultation

13. The draft Pharmaceutical Needs Assessment was issued for formal consultation on 24th October 2017 and comments received until 22nd December.

14. The draft document was distributed to :
    - Community pharmacies
    - Local NHS trusts
    - Dispensing doctors
    - Local Pharmaceutical Committee
    - Local Medical Committee
    - Pharmaceutical Local Professional Network (LPN)
    - NHS England
    - Clinical Commissioning Groups
    - Healthwatch
    - Health and Wellbeing Board and wider partners
    - Neighbouring Health and Wellbeing Boards
    - Locality managers
    - Libraries and Children's Centres (displayed posters advertising the consultation to the general public).

15. Copies were distributed electronically. Anyone who requested a paper copy was supplied with one. The consultation was open to Cheshire West and Cheshire residents via the Council's website. Regular reminders were issued by the LPC using PharmOutcomes to pharmacy contractors and all distributees received a reminder email 2 weeks before the closing date. A summary of responses received during the consultation period is included in appendix nine.

PNA review process

16. Once published, the PNA will be under constant review for any changes which might dictate a new or diminished pharmaceutical need. Examples of such changes could include:
    - New pharmacy contracts
    - Pharmacy closures
    - Changes to pharmacy locations or opening hours
    - New data from the JSNA
    - Significant housing developments
    - Changes in workforce due to movement of local businesses/employers
    - Local intelligence and significant issues relating to pharmacy enhanced service provision
    - Appliance provision changes.

17. If there are any minor changes, the Health and Wellbeing Board are obliged to issue "supplementary statements" where appropriate. However, a significant change would require a complete revision of the whole document even if the change was in a defined area. The PNA has to have a complete review every 3 years.

How to use this Pharmaceutical Needs Assessment

18. The PNA should be utilised as a service development tool in conjunction with the JSNA and the strategic plans from local commissioners. Mapping out current services and gaining a sense of future service needs will pinpoint the areas where the development of local pharmaceutical services may be necessary.

19. The PNA can be used by patients, current service providers, future service providers and commissioners alike in the following ways:
    - Maps and tables detailing specific services - patients can see clearly where they can access a particular service. [1]
    - Current service providers - will be better able to understand the unmet needs of patients in their area and take steps to address this need.
    - Future service providers - will be able to tailor their applications to be added to the pharmaceutical list to make sure that they provide the services most needed by the local community.
    - Commissioners - will be able to move away from the 'one-size fits all approach' to make sure that pharmaceutical services are delivered in a targeted way.
    - NHS England - will be in a better position to judge new applications to join the pharmaceutical list to make sure that patients receive quality services and adequate access without plurality of supply.

[1] Although the tables were correct at the time of publication, the most up-to-date information on pharmacies in any location can be found on the NHS Choices website https://www.nhs.uk/Service-Search/Pharmacy/LocationSearch/10

Setting the Scene: National pharmaceutical services contract overview

20. All national NHS pharmaceutical service providers must comply with the contractual framework that was first introduced in April 2005. The pharmaceutical services contract consists of three different levels:
    - Essential services
    - Advanced services
    - Enhanced services

21. Enhanced services are those local services which are commissioned by NHS England. These are different to the “locally commissioned services” which are commissioned by other commissioners such as the CCG or local authority. Confusion often arises as these two terms were used interchangeably under previous regulations. “Essential” and “Advanced” services are described below and in more detail on the Pharmaceutical Services Negotiating Committee (PSNC) website.

Essential services

22. Consist of the following and have to be offered by all pharmacy contractors:

Dispensing

23. Supply of medicines or appliances and advice to the patient about the medicines being dispensed and possible interactions with other medicines.

Repeat dispensing

24. Management of repeat medication for up to one year, in partnership with the patient and prescriber. The patient will return to the pharmacy for repeat supplies, without first having to visit the GP surgery. Before each supply the pharmacy will ascertain the patient’s need for a repeat supply of a particular medicine. The pharmacist will communicate all significant issues to the prescriber with suggestions on medication changes as appropriate.

Disposal of unwanted medicines

25. Pharmacies act as collection points for patient returned unwanted medicines from households and individuals. Private arrangements must be adopted for waste returned from nursing homes.

Promotion of healthy lifestyles (Public health)

26. Opportunistic advice provided on healthy lifestyle topics such as smoking cessation, weight management etc. to certain patient groups who present prescriptions for dispensing. Also, involvement in local public health campaigns throughout the year, as directed by NHS England.

Signposting patients to other care providers

27. Pharmacists and their staff will refer patients to other healthcare professions or care providers when appropriate

Support for self-care

28. The provision of advice and support by pharmacy staff to enable patients to derive maximum benefit from caring for themselves or their families. The service will initially focus on self-limiting illness, but support for people with long term conditions is also a feature of the service.

Clinical governance

29. Pharmacists must ensure the following processes are in place:
    - Standard operating procedures
    - Patient safety incident reporting
    - Demonstrating evidence of pharmacist continuing professional development
    - Complaints procedure
    - Compliance with Health and Safety legislation
    - Compliance with the Disability Discrimination Act
    - Significant event analysis
    - Commitment to staff training, management and appraisals
    - Patient satisfaction surveys

Advanced services

30. There are four advanced services within the NHS community pharmacy contract:
    - Medicines Use Review (MUR)
    - Appliance Use Review (AUR)
    - Stoma Appliance Customisation (SAC).
    - New Medicine Service (NMS)

    Community pharmacies can opt to provide any of these services as long as they meet the necessary requirements.

Medicines Use Review (MUR) and Prescription Intervention Service

31. This is an advanced service provided under the community pharmacy contractual framework. MURs can only be provided by pharmacies. The service includes MURs undertaken periodically or when there is a need to make an adherence-focused intervention due to a problem that is identified while providing the dispensing service (a prescription intervention MUR). The purpose of the MUR service is to improve patient knowledge, adherence and use of their medicines by:
    - Establishing the patient's actual use, understanding and experience of taking medicines.
    - Identifying, discussing and resolving poor or ineffective use of medicines.
    - Identifying side effects and drug interactions that may affect adherence.
    - Improving the clinical and cost effectiveness of prescribed medicines and reducing medicine wastage.

Appliance Use Review (AUR)

32. AUR is the second advanced service and concerns specified appliances such as catheters or tracheostomy equipment. It was introduced into the NHS community

pharmacy contract on 1 April 2010. This service can be provided by either a community pharmacy or appliance contractors and can be carried out by a pharmacist or a specialist nurse either at the contractor's premises or at the patient's home.

33. The service has a national service specification, but was established locally between PCT and their pharmacy contractors. A fee is payable to all community pharmacy and appliance contractors for each AUR they have carried out. There is a different fee depending on whether the AUR was carried out in the patient's home or on the contractor's premises. The maximum number of AURs for which a contractor is eligible to be paid for under this service is not more 1/35th of the aggregate number of specified appliances dispensed by the contractor during the financial year.

34. AURs should improve the patient's knowledge and use of any specified appliance by:
    - Establishing the way the patient uses the appliance and the patient's experience of such use.
    - Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient.
    - Advising the patient on the safe and appropriate storage of the appliance.
    - Advising the patient on the safe and proper disposal of the appliances that are used or unwanted.

Stoma Appliance Customisation (SAC)

35. This is the third advanced service in the NHS community pharmacy contract and was also introduced on 1 April 2010. The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. This service can be provided by either pharmacy or appliance contractors.

New Medicines Service (NMS)

36. The NMS is the latest advanced service to be introduced in the NHS community pharmacy contract and was introduced on 1 October 2011. This service can be provided by pharmacies only. It provides support with medicines adherence for patients being treated with new medicines in four conditions/therapy areas. These are Asthma / Chronic Obstructive Pulmonary Disease (COPD), Type 2 Diabetes, Hypertension and Antiplatelet / Anticoagulation therapy. The pharmacist provides face to face counselling about the medicine at the point when the patient first presents with their prescription at the pharmacy. Arrangements are then made for the patient to be seen 10-14 days later to assess adherence and discuss any problems with the new medicine. The patient is followed up 14 days later to check all is well at which point they exit this service.

37. On 20th July 2015, PSNC announced that as part of the 2015/16 community pharmacy funding settlement NHS England had agreed to allow community pharmacies in England to offer a seasonal influenza (flu) vaccination service for patients in at-risk groups. This service is the fifth Advanced Service in the English Community Pharmacy Contractual Framework (CPCF) and provision of the service commenced from 16th September 2015.

Flu Vaccination Service 2017/18

38. The publication of the annual flu letter for 2017/18 by the Department of Health, Public Health England and NHS England confirms that the Community Pharmacy Seasonal Influenza Vaccination Advanced Service will continue in 2017/18.

    The annual flu letter also lists the flu vaccines (in Appendix F) which will be available for use during the 2017/18 season.

    The service can be provided by any community pharmacy in England that fully meets the requirements for provision of the service and has notified NHS England of their intention to begin providing the service by completing a notification form on the NHS BSA website. The links below provide full details on the service requirements and associated briefing and support materials.

39. However, under the current regulations, "locally commissioned services" may still be developed and negotiated based on the needs of the local population. These services can be commissioned from a pharmacy by the Local authority, Clinical Commissioning Group (CCG) or other commissioner. Examples of such services include emergency hormonal contraception, needle exchange, observed consumption and minor ailments. These services (under the older regulations) also used to be called "enhanced".

40. Theoretically, it is possible for neighbouring Health and Wellbeing Boards or CCGs to commission similar services from pharmacies at different remuneration rates or using different service specifications. This is because financial or commissioning arrangements for services are based on local negotiation and are dependent on available resources. This does, however, lead to duplication of effort for commissioning staff and difficulties for locum pharmacists working across boundaries. Wherever possible, commissioners are advised to work together to eliminate such anomalies.

Funding and monitoring of the pharmacy contract

41. The essential and advanced services of the community pharmacy contract are funded from a national 'Pharmacy Global Sum' agreed between the Pharmaceutical Services Negotiating Committee and the Treasury. This is divided up and devolved to NHS England as a cash-limited budget which is then used to reimburse pharmaceutical service activity as per the Drug Tariff. Funding for enhanced services has to be identified and negotiated locally from the commissioners' own budgets.

Community pharmacy contract monitoring

42. NHS England requires all pharmaceutical service providers to meet the high standards expected by patients and the public. All Pharmacies are included within a programme of contract monitoring visits as independent providers of services provided under the national pharmacy contract. The delivery of any enhanced services is also scrutinised.

43. As stated within the Department of Health review 'High Quality Care for All' (2008), high quality care should be as safe and effective as possible, with patients treated with

compassion, dignity and respect. As well as clinical quality and safety, quality means care that is personal to each individual. This statement is as meaningful to pharmacies as to other NHS service providers and is the principle which NHS England adopts when carrying out the community pharmacy contract monitoring visits for essential, advanced services and enhanced services.

44. The community pharmacy contract assurance process follows a structured sequence of events including:
    - A rolling programme of pre-arranged visits to pharmacies for observation of processes and procedures and a detailed interview with the pharmacist in charge and support staff.
    - Self-assessment declarations.
    - Scrutiny of payment submission processes.
    - Scrutiny of internal processes for confidential data management.
    - Recommendations for service development or improvement.
    - Structured action plan with set timescales for completion.

45. In addition to the structured process outlined above, NHS England will also take account of the voluntary submission of the findings from the annual community pharmacy patient questionnaire that is undertaken by the pharmacy contractor as well as any patient complaints relevant to pharmacy services. In cases where the professional standards of an individual pharmacist is found to fall below the expected level, NHS England will work with the relevant professional regulatory body such as the General Pharmaceutical Council to ensure appropriate steps are taken to protect the public.

Pharmaceutical Needs Assessment

Part 2

Joint Strategic Needs Assessment (JSNA)

Health and Wellbeing Strategy

Localities

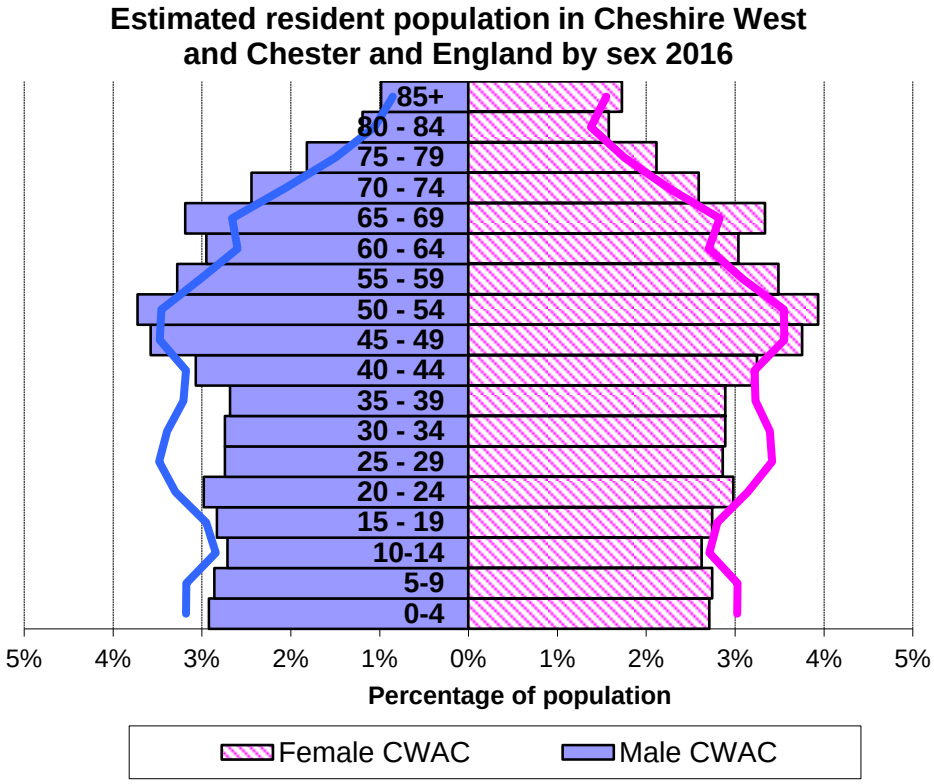
Joint Strategic Needs Assessment (JSNA)

46. This section draws largely on the outputs of the Cheshire West and Chester Joint Strategic Needs Assessment (JSNA) and details the overall health needs of the Cheshire West and Chester population.

Background Demographics

47. Cheshire West and Chester has a population of around 335,700 residents and notably has a greater proportion of older people than in England with 21% of the population aged 65 or over compared to the national figure of 18%.

Figure 1: *Population pyramid in Cheshire West and Chester*



Source: Mid-year population estimates, 2016. © Crown Copyright, office for national statistics 2014

48. Figure one shows the estimated population of Cheshire West and Chester and England by age and sex. This is available in tabular form in appendix two.

49. Chester locality has a high number of people aged 65 and over but the Rural locality has the highest proportion of older people. In Cheshire West and Chester, 13.2% of households consist of a resident aged 65 plus living alone.

50. Just over 5% of residents are from a non-White British background. Those classed as 'white other', including residents of Irish, Eastern European and Western European backgrounds are the largest group of non-White British in Cheshire West and Chester.

In the 2011 Census, just over 1% of people in Cheshire West and Chester said they have a non-Christian faith, 70% have a Christian faith and 22% have no faith.

51. Nationally, it is estimated that 5-7% of the population are lesbian, gay or bisexual (LGB). Applying this estimate to the local population, 16,800 to 23,500 residents may identify as LGB. It is estimated that about 1% of the population experiences some degree of gender incongruence; applying this to local figures, there are an estimated 2,700 transgender people living in Cheshire West and Chester.

Predicted changes in population

52. The number of people living in Cheshire West and Chester has, in general, shown a modest growth over the past 25 years. The population is expected to increase by 10% to around 366,700 in 2035. The number of households is forecast to increase by 12% (17,300) to 161,400 households by 2035.

53. The population aged 65 or above will increase from 70,400 in 2016 to over 101,000 by 2035. Those aged 85 or above will more than double from 9,100 in 2016 to almost 20,000.

54. The number of children (aged 0-15) will increase by 8% over the next ten years; the greatest increase will be those aged 11 to 15. The labour supply will increase by 4%; almost 7,000 people. Increases in the state pension age will results in more workers aged 65 or above.

55. The future increase in elderly people may have implications for pharmaceutical need. Because older people are generally associated with polypharmacy, there will be greater demand for pharmaceutical services in terms of dispensing prescriptions and support for self-care.

Assets

56. According to the 2011 Census 100,105 (70.8%) of households are owner occupied, 17,734 (12.5%) are privately rented and 10,482 (7.4%) are rented from the Local Authority. Around 56,252 (41.6%) households have one car or van, 56,252 (39.8%) have more than one car or van and 26,297 (18.6%) have no car or van.

Mortality

57. There are, on average, around 3,200 deaths a year in Cheshire West and Chester. Over two thirds of deaths are caused by circulatory, cancer or respiratory disease. Cancer accounted for 29% of all deaths during 2013-15. Just under 1,000 deaths are in the under 75s – a greater proportion of these early deaths are caused by cancer (44%).

58. Cheshire West and Chester have similar under 75 mortality rates to the England average for cancer and liver disease. Rates are significantly better than England for circulatory diseases and respiratory disease. However in Cheshire West and Chester, early deaths from liver disease increased in women from 2012-14 to 2014-16, and increased in men from 2011-13 to 2014-16. Generally, early deaths from liver disease have been increasing since 2001-2003.

59. Cheshire West and Chester age standardised death rates have fallen since 2001-03 for all cancers, all circulatory diseases and respiratory disease. However, deaths from digestive causes, particularly liver disease, have fluctuated and are similar to the 2001-03 figure.

Deprivation and inequalities in all-cause death rates

60. In general, those who live in areas of high deprivation suffer the most poor health. The Index of Multiple Deprivation (IMD) provides a wealth of information on deprivation affecting our local community. The main deprivation score is derived from seven domains: income, employment, health and disability, education, skills and training, barriers to housing and services, living environment deprivation and crime.

61. Analysis of the IMD (2015) shows that some areas fall within the 10% most deprived in England. These form parts of Lache, Rossmore, Blacon, Winsford Over and Verdin, Winsford Swanlow and Dene, Ellesmere Port Town, Lache, Winsford Wharton and St Pauls. Much poorer health is experienced by those living in IMDs 1 and 2 (the most deprived) compared with the rest of the population. Around a third of our population live in these areas.

62. Life expectancy at birth is 10 years lower for men and 8.7 years lower for women in the most deprived areas of Cheshire West and Chester than in the least deprived areas. It also means that the inequality gap is wider for men than women. Life expectancy increases in each step in the socio economic gradient and life expectancy in the least deprived quintile is significantly higher than other areas of Cheshire West and Chester. Ellesmere Port locality has significantly lower life expectancy than both Cheshire West and Chester as a whole and England. In contrast, life expectancy in Rural locality is significantly higher.

63. Cancer and circulatory diseases account for the largest share of the inequality gap for both men and women in Cheshire West and Chester. More specifically, coronary heart disease (CHD) deaths make the biggest difference for men and lung cancer for women

64. The implications for pharmaceutical need are that despite general overall good health, there will be specific areas which will generate demand and require special support.

Excess winter deaths (EWD)

65. In common with other countries, in England and Wales more people die in the winter than in the summer – a phenomenon known as ‘excess winter deaths’ or ‘excess winter mortality’. During 2012-15, locally there was an average of 176 excess winter deaths per year. However single year data show that excess winter deaths increased each year from 139 in 2012-13 to 235 in 2014-15. The excess winter deaths index is 17.2 which means that there were 17.2% more deaths in the winter period (Dec-Mar) compared to the non-winter period.

66. Half of excess winter deaths are for those aged 85 and over. The majority of excess winter deaths are accounted for by respiratory diseases and circulatory diseases.

67. The data suggest that targeted pharmaceutical support is required for people within these age brackets.

LIFESTYLE ISSUES

Obesity, physical activity and diet

68. In Cheshire West and Chester, almost two in three adults have excess weight. It is estimated that 24% of adults are obese and 40% are overweight. This is similar to the England average. The pattern of obesity by deprivation illustrates that more people are recorded as obese in deprived areas, whereas in affluent areas, more were recorded as overweight.

69. Maternity data from 2016/17 suggest that in Cheshire West and Chester, half of all pregnant women are overweight or obese which is higher than the England average (46%).

70. In Cheshire West and Chester, one in five children in their school reception year (4-5 year olds) and one in three children in year 6 (10-11 year olds) are overweight. Levels of obesity more than doubled between reception year and year 6. A significantly higher proportion of children in more deprived areas are overweight compared to children in less deprived areas.

71. The number of people with diabetes has been increasing by around 750 per year since 2004/05. There are currently 18,600 patients with diabetes on GP registers. However 1 in 4 people with diabetes will be unaware of their condition. Application of model based prevalence estimates of diabetes to the local population increases the potential number of people with diabetes to 23,569 (8.6% of those aged 16 and over).

72. In Cheshire West and Chester, 60.4% of adults aged 16 and over carried out at least 150 minutes of physical activity per week in 2015; approximately 166,310 residents. This is higher than the England average. 27.5% of adults were classed as inactive, approximately 75,720 adults. Physical activity participation levels decrease with age and groups that are more likely to report being inactive include females, non-white ethnic groups, older adults, those in lower socio-economic groups and those with a limiting disability.

73. Fifty five percent of adults aged 16 and over on a usual day meet the recommended “5-a-day” portion of fruit and vegetables (2015). This is approximately 152,000 residents. This is lower than the previous year (58.1%) but better than the England average (52.3%). Poor diet tends to be linked to deprivation as well as to adults with learning disabilities, older adults, pregnant women and ethnic minorities.

74. Obesity, physical activity and diet are inextricably linked and are a national problem. Community pharmacy has its part in helping to address this (in conjunction with other national and local programmes) through engagement in health promotion initiatives, signposting and brief interventions. In the future, it is expected that some pharmacies could engage in weight management programmes.

Smoking

75. It is estimated that around 11.7% of adults (aged 18 and over) in Cheshire West and Chester smoke which is around 31,320 residents. Although smoking rates in Cheshire West and Chester have reduced in 2016 and are below the England average, smoking prevalence is higher for people employed in routine and manual occupations, making smoking a prominent contributor to the health inequalities that exist between those living in the most advantaged and disadvantaged areas of the borough.

76. In 2015/16, local stop smoking services helped set a quit date with 2,730 smokers. At four weeks, 1,373 had successfully quit which is around half of those who had set a quit date. However, the number of smokers accessing stop smoking services in Cheshire West and Chester has more than halved since 2010/11 which reflects the national trend.

77. Smoking causes around 552 deaths per year and in 2015/16 accounted for approximately 3,085 hospital admissions. It is a major cause of inequalities in life expectancy and a risk factor for many diseases including cancers, heart disease and chronic obstructive pulmonary disease. In Cheshire West and Chester the incidence of lung cancer in females has been increasing and in 2014 was higher than the England average (75.4 compared to 65.2 per 100,000). In males, the incidence of lung cancer has been erratic but has always remained higher for males than females although the gap has reduced. In 2014, the incidence of lung cancer in males was similar to the England average (91.5 versus 91.3 per 100, 000)

78. In Cheshire West and Chester, 9.9% of mothers were smoking at time of delivery in 2015/16; the lowest it has been in the last six years. This is slightly less than the England average of 12.7% and equates to approximately 354 mothers. However there is variation across Clinical Commissioning Groups with the Vale Royal CCG area having a prevalence of 14.2% compared to 8.2% in West Cheshire CCG area.

79. Community pharmacies have a significant part to play in promoting stop smoking messages, supply of stop smoking medication and also provision of a formal stop smoking service.

Alcohol

80. Estimates suggest that around 83% of Cheshire West and Chester residents aged 18 and over drink alcohol (221,645 people); this is higher than the England average. Around 28% of residents' drinking habits will put them in the 'increasing risk' group and 1% in the 'higher risk group' (possible alcohol dependence). Binge drinkers account for 23% of people aged 18 and over. This is significantly higher than the England average of 17% and equates to around 60,800 binge drinkers in Cheshire West and Chester.

81. There were approximately 2,038 alcohol related hospital admissions for Cheshire West and Chester residents in 2015/16. This is a rate of 606.4 admissions per 100,000 population which is significantly lower than the England rate of 646.6. Around two thirds of alcohol related admissions were male.

82. In the period 2013/14-2015/16, 73 people aged under 18 were admitted to hospital for alcohol specific conditions in Cheshire West and Chester. The rate of alcohol specific hospital admissions for those under 18 has been decreasing. Since 2006/07–2008/09 this has fallen by 64% which is better than the national trend with a fall of 48%.

83. In Cheshire West and Chester, the years of life lost due to alcohol related conditions in males was 920 per 100,000 in 2015 and 323 for females. Also during this year, estimates suggest there were 173 alcohol related deaths in Cheshire West and Chester.

84. Potentially, community pharmacies could help reduce some of the alcohol-related harm by continually reinforcing safer drinking messages during normal practice and via formal brief interventions.

Drugs

85. Nationally, the pattern of drug misuse is changing with increasing numbers of people using who do not fit the traditional stereotype, falling numbers of heroin users, the emergence of 'legal highs' and poly-substance abuse. An estimated 15,629 adults aged 15-59 years in Cheshire West and Chester have taken an illicit drug in the last year (8.4%)

86. Cannabis was the most commonly used drug in the 16-59 age group, with 6.47% of adults having used it in the last year (significantly lower than a decade ago), followed by powder cocaine (2.2%) and ecstasy (1.5%). Based on 2015 mid-year population estimates, there are an estimated 1,619 people aged 15-64 in Cheshire West and Chester who are opiate/crack users. There are 1,215 and 736 opiate and crack users respectively. Of these, 480 people inject.

87. Around 1 in 40 (2.6%) young adults (aged 16-24 years) reported taking an New Psychoactive Substance (NPS)[2] in the last year which equates to around 1,914 young adults in Cheshire West and Chester. Young men were more likely to have used an NPS than women and around 84.9% had used another drug in the last year. Herbal smoking mixtures were the most commonly used NPS.

88. During the financial year 2016-2017, a total of 2,039 clients accessed syringe exchange services and non-structured interventions in the Cheshire West and Chester area, accounting for 9,564 syringe exchange transactions. The largest number of individuals accessing treatment was in the 30-34 years age group, primarily made up of body builders using steroids and other image and performance enhancing drugs.

89. Estimates of drug misuse in Cheshire West and Chester are lower than in England. In 2016-17 there were 1,485 clients in treatment in Cheshire West and Chester for drug misuse, of these, 830 were in treatment for opiate use, 92 for non-opiate use and 98 for alcohol and non-opiate use. The number of clients in treatment for drug misuse has been falling in Cheshire West and Chester, as have new presentations to treatment.

[2] Formerly known as "legal highs".

90. Several groups are identified in the literature as being at high risk of drug misuse. These include-: young people, offenders, the homeless, veterans, sex workers, families of drug users, victims of intimate partner violence and a growing number of older people, in particular long-term drug users. These groups are not exclusive and individuals may have a range of interlinked vulnerabilities that increase their overall risk of drug misuse. It is noteworthy, that over a quarter (25.7%) of opiate clients, in treatment in Cheshire West and Chester, live with children under the age of 18 years of age (lower than the national average 26.7%).

Sexual Health/contraception

91. The most common sexually transmitted infections (STIs), diagnosed in Cheshire West and Chester are chlamydia and genital warts. With the exception of chlamydia, the number of diagnosed cases of most STIs has fallen and rates of infection are lower than those for the North West and England. There were 1,939 new diagnoses of acute STI in 2016 including 1,424 people with chlamydia, 196 with genital warts, 83 with herpes, 93 with gonorrhoea and 6 with syphilis.

92. Public Health England recommends that local areas should be ascertaining a rate of 2,300 chlamydia diagnoses per 100,000 (15-24 year olds). The crude rate of chlamydia diagnoses in Cheshire West and Chester during 2016 was 2,447 per 100,000 young adults aged 15-24 years, significantly higher than the England average.

93. In 2016, there were 11 new cases of HIV diagnosed which is a rate of 3.9 per 100,000 residents aged 15 and over. This is significantly lower than the England average of 12.1 per 100,000. Those most commonly affected are men who have sex with men. In 2013-15, 38% of new diagnoses were diagnosed late[3]. The percentage of service users accepting HIV test at first visit is below the target of 75% at 69.5% in 2016/17. The percentage of service users who are men who have sex with men (MSM) accepting HIV test at first visit is currently significantly under the target set, with the service reporting 68.5% in 2016/17 against a target of 86.0% or above.

94. Teenage conceptions have fallen each year since 2012. Over a ten year period, these have reduced from 236 conceptions in 2005 to 98 in 2015. This is a rate in 2015 of 17.9 per 1,000 female population aged 15-17, slightly lower than the England rate of 20.8. The under 16 conception rate was 2.1 conceptions per 1,000 females aged 13 -15 in 2015 (11 young females), again a reduction since 2012 and lower than the England average.

95. In Cheshire West and Chester, 38% of women in contact with sexual and reproductive health services in 2015/16 chose long acting reversible contraceptives (LARC) as their main method of contraception. The most common choice was an implant (17%), followed by injectable contraceptives (9%) and intrauterine system (IUS) (8%). Three percent chose an intrauterine device (IUD).

96. The role of community pharmacies in helping to tackle substance misuse is discussed in more detail in section 3, as is the provision of emergency hormonal contraception

[3] i.e. long after initial infection.

(EHC). Pharmacies could also, potentially, support both testing and treatment for chlamydia.

LONG TERM CONDITIONS

Cardiovascular

97. Cheshire West and Chester has significantly lower death rates from cardiovascular disease than the England average and rates have been consistently decreasing over the last 15 years. During 2013-15, around 206 people under the age of 75 died each year from cardiovascular diseases. Of these deaths, the majority were from coronary heart disease. There has been a considerable reduction in cardiovascular disease deaths across the Borough but the death rate has been slower to fall in more deprived areas. Cardiovascular diseases account for the largest proportion of the local mortality inequality gap in men.

98. In 2015/16, 12,776 people in Cheshire West and Chester were on GP disease registers with coronary heart disease (3.6% of patients).

Cancer

99. During 2013-15, around 435 people under the age of 75 died each year of cancer in Cheshire West and Chester.

100. Lung cancer accounts for over a fifth of cancer deaths. Although cancer deaths have decreased in all socio-economic groups over the last decade, death rates are significantly higher in our more deprived population and lung cancer is increasing for women in these areas.

101. In Cheshire West and Chester, 75.8% of women eligible for cervical screening were screened adequately (aged 25-64) which is significantly better than the England average of 72.7%. Of those eligible for breast cancer screening (aged 53-70), 79.6% attended which is also significantly better than the England average of 75.5%. Six out of ten local cancer deaths are considered to be avoidable either through prevention or healthcare interventions such as screening and early treatment.

Liver disease

102. During the three year period 2013-15, around 58 people aged under 75 died from liver disease. This was an increase from the annual average of 55 each year during 2012-14. Liver disease disproportionately affects younger age groups and the main causes (alcohol, obesity or hepatitis) can all be prevented or treated effectively. The death rate from liver disease is higher in our more deprived population and has been increasing at a faster rate. Rates are almost twice as high for men than women.

Respiratory disease

103. During 2013-15 in Cheshire West and Chester, 259 people aged under 75 died from respiratory diseases, an average of 86 per year. The rate of respiratory disease has been consistently decreasing since 2008/09. The majority of these deaths were caused

by chronic obstructive pulmonary disease (COPD), of which, smoking is the major cause. Other respiratory deaths include influenza and pneumonia.

Hypertension

104. In 2015/16, in West Cheshire CCG, 37,438 patients were recorded on its GP registers with hypertension. In Vale Royal CCG, 16,472 patients were recorded. These patients are under the care of their GP and are expected to have controlled hypertension.

105. However, in West Cheshire CCG, there is an estimated total of 63,247 adults aged 16 and over who are expected to have high blood pressure. From above, the number of people on the hypertension register is much smaller than the estimated total in the population. This indicates a large degree of unmet need. In Vale Royal CCG, the estimate for all adults with hypertension is 26,582 which suggests a similar unmet need.

106. Unsurprisingly, over a quarter of adults have not had their blood pressure checked in the last five years with men less likely to have had a blood pressure reading. Hypertension is linked to coronary heart disease, stroke and kidney disease. Risk factors for developing high blood pressure include age, being overweight, excessive alcohol intake, excessive salt intake and lack of exercise.

107. Pharmacies could have a significant role in performing blood pressure measurements (particularly in the hard to reach groups), providing healthy lifestyle advice and perhaps in the future, management of hypertension. .

Dementia

108. People with dementia have a combination of complex mental, physical and social needs which can include cardiovascular conditions and depression. Dementia is predominantly a progressive disease of old age accounting for 11.2% of all years lived with a disability for those aged 60 plus. This exceeds that for stroke, cardiovascular disease, musculoskeletal disease and cancer. In Cheshire West and Chester 2,864 residents have dementia recorded on their GP records. Almost all are aged 65 and over.

109. Taking into account the number of people who are living with dementia but have not had the diagnosis confirmed by a doctor, the total number of people in Cheshire West and Chester currently living with dementia is estimated to be around 4, 000. Further, owing to the ageing population, this total is expected to increase to around 7, 580 residents by 2030.

Influenza

110. During the winter of 2016/17, nearly three quarters (74.1%) of eligible adults aged 65 and over had a seasonal flu vaccination. This is better than the England average of 70.5% but less than the 75% target set by the Department of Health.

111. For high risk groups under the age of 65, just over half (53.5%) of those eligible had the vaccination which is better than the England average of 48.6%. The uptake of vaccination did not meet the 55% target.

112. The new national flu vaccination service in pharmacies, described in a previous section, should help to reach this target.

Children and Young People

113. In 2015/16, the emergency admission rate for 0-19 year olds was 94 per 1,000, which is significantly worse than the England average (73.8) and equates to 6,978 admissions. Almost 61% of admissions are for those aged under five.

114. In Cheshire West and Chester, there were:-
    - 47 admissions for diabetes in 0-19 year olds (2014/15)
    - 64 admissions for epilepsy in 0-19 year olds (2014/15)
    - 116 admissions for asthma in 0-19 year olds (2015/16).

115. There were 378 admissions for respiratory tract infections in the under 5s (2015/16) which includes 320 for those aged under 1 (significantly worse than the England average).There were also 1,226 admissions for unintentional and deliberate injuries in 0-24 year olds (2015/16). Over a quarter were for those aged under 5 which is significantly worse than the England average.

116. Sixty three young people were admitted to hospital for mental health conditions during 2015/16. The hospital admission rate for young people due to a mental health condition has been consistently increasing and has risen from 34.9 per 100,000 in 2012/13 to 95.1 per 100,000 in 2015/16.

Sources of data for Part 2

- Cheshire West and Chester Joint Strategic Needs Assessment www.cheshirewestandchester.gov.uk/jsna
- Public Health England Profiles https://fingertips.phe.org.uk
- Mid-year population estimates, 2015/16, Office for National Statistics
- Indices of deprivation 2015

Health and wellbeing strategy

117. Cheshire West and Chester's Health and Wellbeing Board's strategy for 2015–20 sets out the strategic framework for improving health and reducing inequalities across the Borough and provides a basis for the commissioning of health, social care and wellbeing services. The vision is to reduce health inequalities and improve the health and wellbeing of people in the borough, enabling residents to live more fulfilling, independent and healthy lives.

118. The main outcomes expected are:
    - Every child and young person has the best start in life.
    - People lead healthier lifestyles.
    - All people have improved mental health, wellbeing and personal resilience where mental health is valued equally alongside physical health.
    - Older residents live healthier and more independent lives, feel supported and have a good quality of life.

119. These outcomes are driven by the following priorities:
    - **Priority 1** - Starting well includes a focus on excess weight (particularly in children), breastfeeding rates, unintentional injuries and emotional well-being.
    - **Priority 2** – Living well will focus on lifestyle (e.g. smoking), fuel poverty, air quality, education and support for carers.
    - **Priority 3** - Mental health and wellbeing is one of the biggest burdens of ill health for local communities. It includes tackling social isolation and loneliness and the associated stigma. Early diagnosis is key.
    - **Priority 4** - Ageing well has a focus on reducing unnecessary injuries (e.g. falls), supporting self-management at home and improved health-related quality-of-life.

120. More detailed indicators are listed in table 1 below.

Implications for pharmaceutical need

121. Some of the ways that community pharmacies can contribute to these objectives are as follows:
    - Giving medicines management advice to support young children and their families (Starting well).
    - Advising on the safety and storage of medicines in the home (Starting well).
    - Supporting NHS, social care and other agencies during any safeguarding issues (Starting well).
    - Support people to adopt healthy lifestyles through advice, signposting and medicines management (Living well).
    - Provision of needle exchange and supervised consumption for selected clients (Living well).
    - Supporting patients and carers on all aspects of medicines management (Living well).
    - Through the Healthy Living Pharmacy initiative, support public health and other agencies in tackling the wider determinants of health such as reducing fuel poverty and optimising personal finance issues (Living well).

- Raising awareness/reducing stigma around mental health, promoting five ways to wellbeing and accessibility to community-based interventions through pharmacy public health programs and signposting (Mental health and wellbeing).
- Supporting people with the management of their medicines prescribed for mental health disorders (Mental health and well-being).
- Support older people to be independent in their own homes through medicines use review (Ageing well).
- Support carers through effective medicines management and signposting where appropriate (Ageing well).
- Work with carers and other agencies to optimise medicines management for older people living at home (Ageing well).

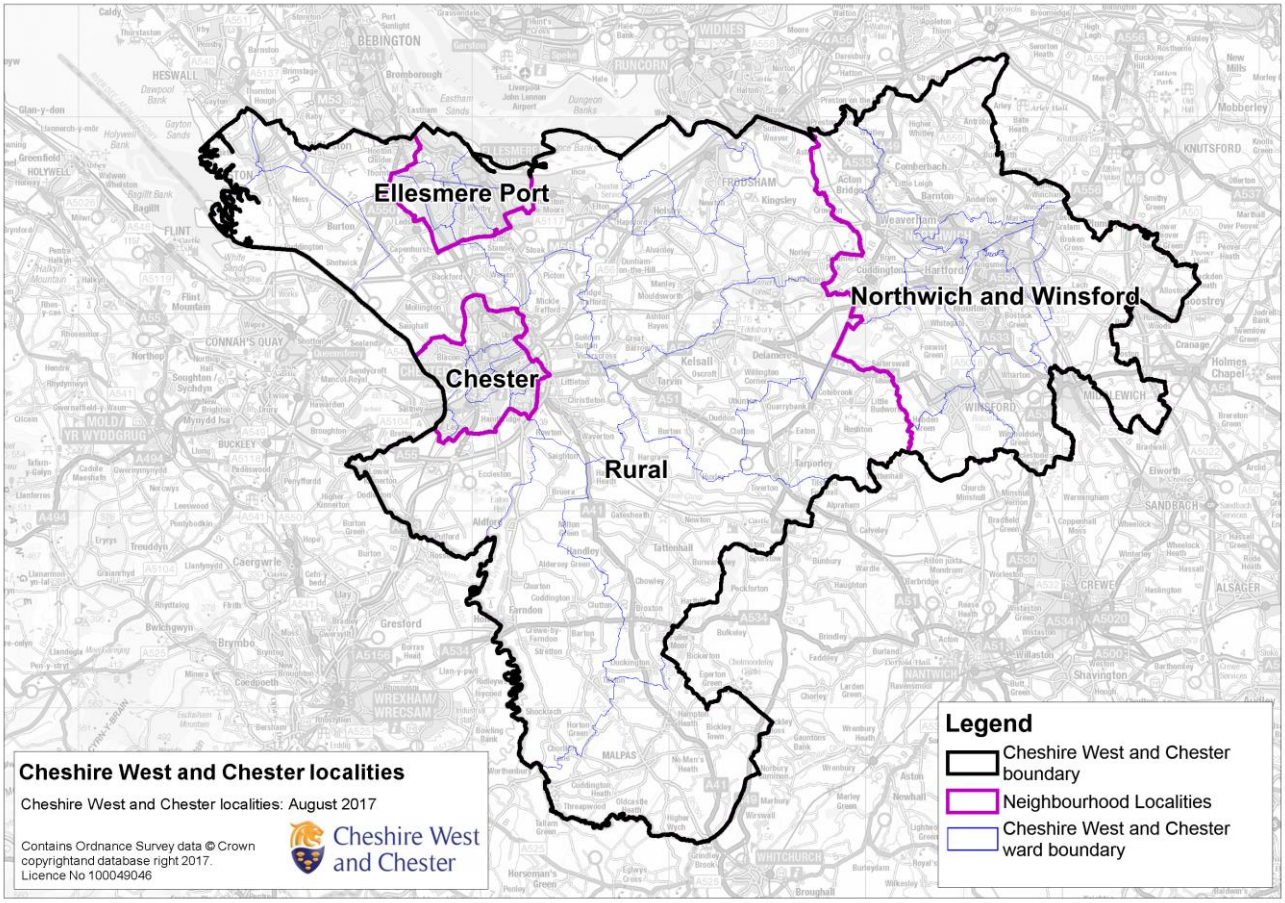
Table 1: Selected indicators for Cheshire West and Chester's Health and Wellbeing strategy

Starting Well	Increased breastfeeding rates.
	Reducing excess weight in 4 – 5 and 10 – 11 years old.
	Reducing hospital admissions caused by unintentional and deliberate injuries in children aged 0 – 14 years.
	Reduced safeguarding referrals.
Living well	Reduction in smoking rates.
	Reduction in excess weight in adults.
	Reduction in alcohol-related admissions to hospital.
	Successful completion of drug treatment.
	Reduction in the number of households in fuel poverty.
	Numbers of people able to manage their own support as much as possible.
	Number of carers who feel they can balance their caring roles and maintain their desired quality-of-life.
Mental health and wellbeing	Improved diagnosis and management of depression in adults.
	Increasing the proportion of adults in contact with secondary mental health service living independently.
	Increase in the proportion of adults in contact with secondary mental health services in employment.
	Reducing the suicide rate.
Ageing Well	Improving health-related quality-of-life for older people.
	Reducing the number of hip fractures.
	Reducing excess winter deaths in the over 85s.
	Reducing permanent admissions to residential and nursing care homes.
	Reducing injuries due to falls.
	Increasing the proportion of older people feeling supported to manage their condition and supporting them after discharge from hospital.

Localities and health needs

122. The choice of which locality to use for the PNA was discussed by the PNA working group. It was unanimously agreed that these should be based on the same localities as those already in use by Cheshire West and Chester Council. These were chosen because of the wealth of intelligence already available through the Joint Strategic Needs Assessment (JSNA) and therefore this seemed to be a sensible approach.

Map one: The localities of Cheshire West and Chester



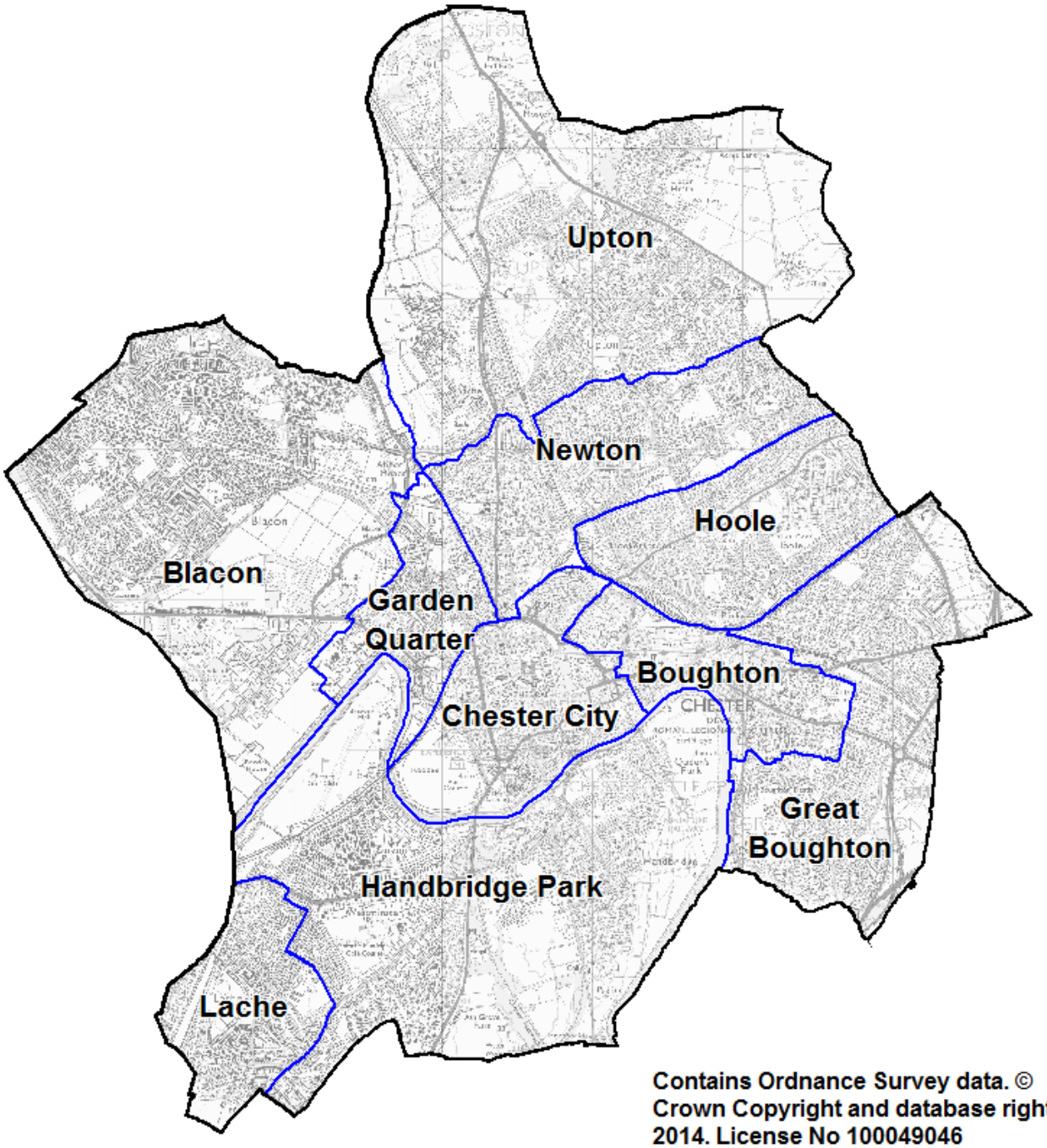
123. Map one shows the four localities used by Cheshire West and Chester Council. These are Chester, Ellesmere Port, Rural and Northwich and Winsford.

124. After consulting the planning department, there are no plans to begin immediate construction of a major housing development which might impact on local population demography which would affect pharmaceutical need. However, these plans are under continual review and the Pharmaceutical Needs Assessment would be adjusted where necessary to reflect these changes.

Chester locality

125. Population: The total population (in 2015) of the Chester locality is 81,470 and there is a higher percentage of people aged 20–24 due to the student population. This is particularly evident for females aged 20–24 years who account for 5% of the local population which compares to 3% across the Borough.

Map two: Wards within Chester locality



126. Map two shows the wards with the Chester locality which are:-

- Blacon, Lache, Garden Quarter, Hoole
- Handbridge, Boughton, Chester City,
- Newton, Upton, Great Boughton

127. Life expectancy: In Chester locality, six wards are below the Cheshire West and Chester and England life expectancy average for men. These are Chester City, Blacon, Hoole, Garden Quarter, Upton and Lache. In men, there is a variation within the locality which ranges from 76 years in Chester City ward to over 82 years in Handbridge Park. In women, five wards are below the Cheshire West and Chester and England average for life expectancy: Chester City, Hoole, Blacon, Upton and Lache. The variation ranges within the locality from 78 years in Chester City ward to 87.4 years in Great Boughton.

128. Twenty eight percent of Chester's population is in the fifth quintile (the least deprived) in England in terms of the Index of Multiple Deprivation (IMD) score. This indicates a lower degree of deprivation than the England average. Twenty percent of Chester's population is present in quintile one (the most deprived), with the most deprived population concentrated in small areas such as Blacon and Lache.

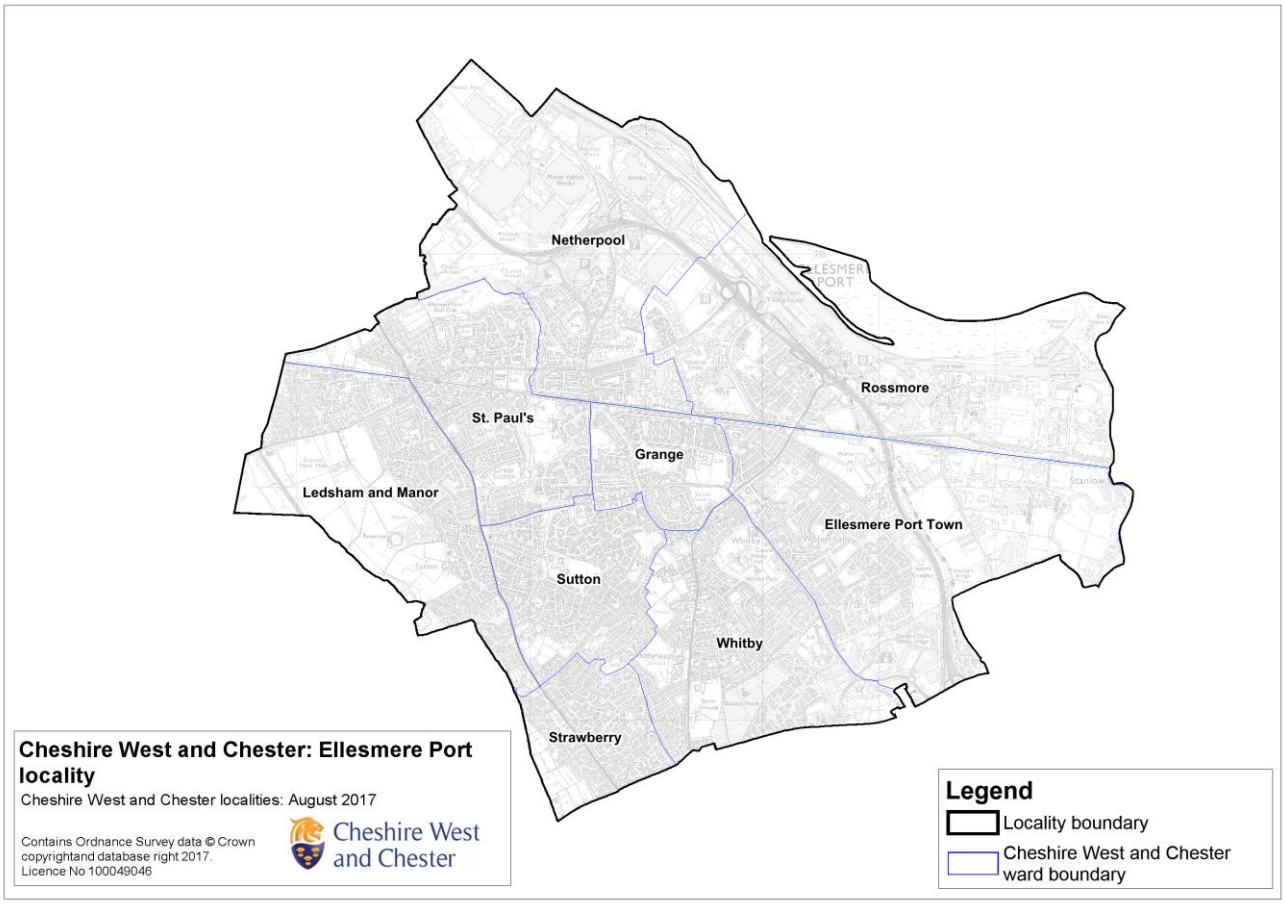
129. Reported health: In the 2011 Census, 81.5% of adults reported very good or good health, similar to the England average (81.4%). This varied from 73.6% in Netherpool ward to 88.1% in Garden Quarter ward. Eighteen and a half per cent of adults had a long term health problem which limits their day to day activities; slightly higher than the England average of 17.6%. Ill health varied from 27.1% in Netherpool ward to 9.8% in Garden Quarter ward.

130. Mortality: Mortality rates due to cardiovascular disease are similar to the England average but are significantly higher in more deprived areas. Similarly, mortality rates due to cancer are significantly higher in more deprived areas of the borough. This pattern is repeated for deaths due to respiratory disease.

Ellesmere Port locality

131. Population: The total population of the Ellesmere Port locality is 60,250 and the population distribution is similar to Cheshire West and Chester overall. However, there are fewer residents aged under 40.

Map three: Wards within the Locality of Ellesmere Port



132. Map three shows the wards within the locality of Ellesmere Port. These are:
    - Ledsham and Manor
    - Netherpool
    - St Paul's
    - Sutton Ward
    - Strawberry
    - Grange
    - Whitby
    - Ellesmere Port Town
    - Rossmore

133. Life expectancy: In Ellesmere Port locality, all wards except Ledsham and Manor and Strawberry are below the Cheshire West and Chester and England life expectancy average for men. In men, life expectancy ranges from 73.5 years in Ellesmere Port Town ward to over 82 years in Strawberry ward. In women, all wards except Ledsham and Manor, Strawberry and Sutton are below the Cheshire West and Chester and England average. Life expectancy within the locality ranges from 76.5 years in Chester Grange ward, to 86.6 years in Strawberry ward.

134. Deprivation: 39% of Ellesmere Port's population is present in quintile one (the most deprived) which is more than double that of the Cheshire West and Chester population average of 16%. Thirty percent of Ellesmere Port's population is present

in the fifth quintile (the least deprived) which is lower than the Cheshire West and Chester average (32%).

135. Closer inspection of the data on income deprivation shows that 39% of children aged 0-16 in Ellesmere Port locality live in the most deprived quintile which compares to 19% in Cheshire West and Chester. Furthermore, there are four wards (Rossmore, Grange, Ellesmere Port Town and Netherpool) where between 50 – 100% of children live in the most deprived quintile. In this context, these children represent some of the most deprived children in Europe.

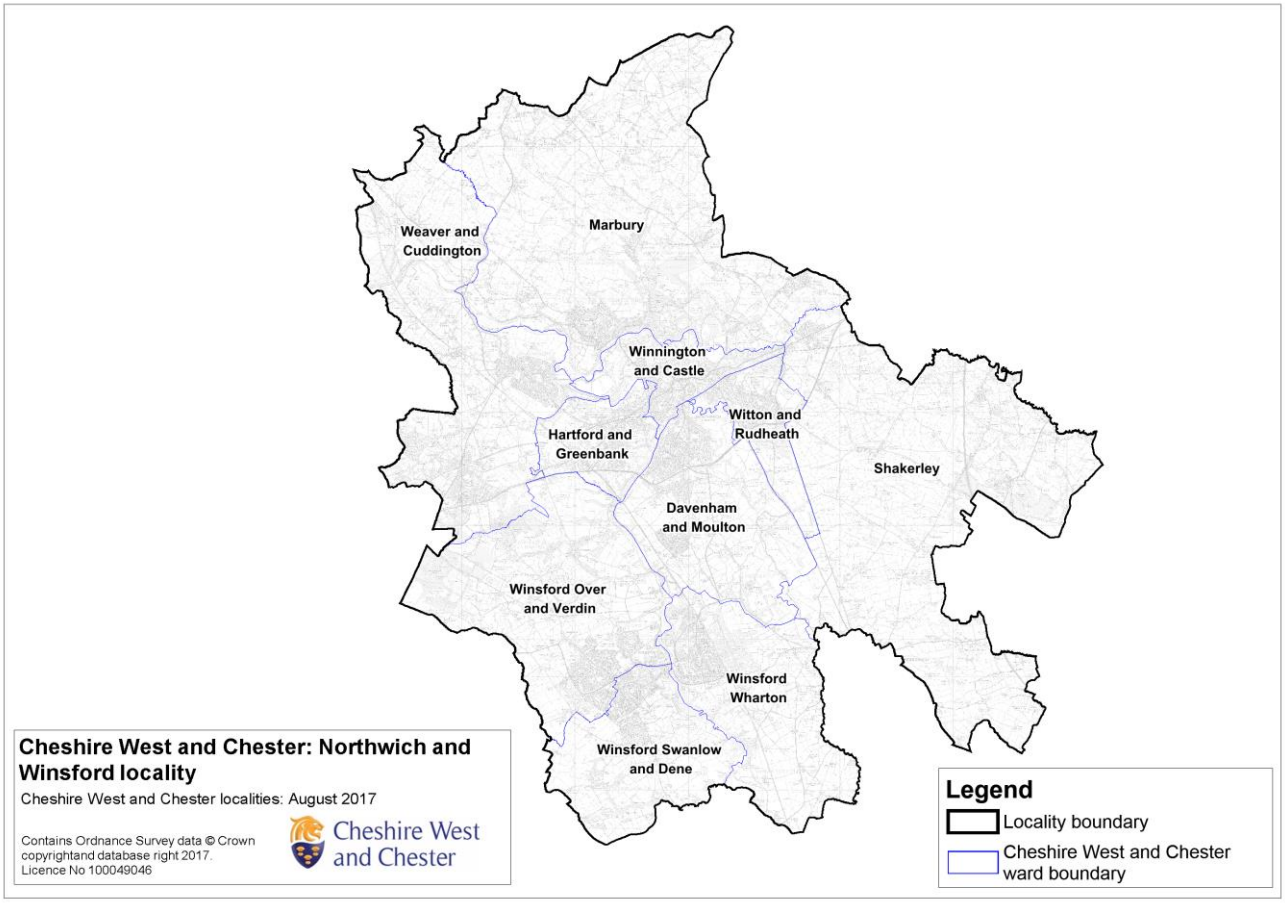
136. Reported health: In Ellesmere Port, 76% of adults report good or very good health which is lower than the borough or England average. Ward rates range from 68% in Grange to 84% in Strawberry. Reported good health is generally lower in most wards than for the borough. Nearly a quarter (24%) of adults have a long term limiting health problem which is higher than the borough or England average. Seven of the nine wards have higher rates of long-term health problems than the England average.

137. Mortality: For males, cancer and respiratory disease mortality rates are higher than the Cheshire West and Chester and England average. Liver disease in particular has increased in both men and women. Lung cancer has increased for women.

Northwich and Winsford locality

138. Population: The total population for the Northwich and Winsford locality is 101,420. The population distribution is similar to the Borough though Northwich and Winsford have a great proportion of 0-15 year olds than other localities.

Map four: Wards within the locality of Northwich and Winsford



139. Map four shows the wards within the locality of Northwich and Winsford. These are:
    - Weaver and Cuddington
    - Winsford Over and Verdin
    - Winsford Swanlow and Dene
    - Marbury
    - Winnington and Castle
    - Hartford and Greenbank
    - Davenham and Moulton
    - Winsford Wharton
    - Witton and Rudheath
    - Shakerley

140. Life expectancy: In Northwich and Winsford locality, five wards are below the Cheshire West and Chester and England life expectancy average for men. These are Winnington and Castle, Winsford Wharton, Winsford Swanlow and Dene, Shakerley and Witton and Rudheath. In men, life expectancy ranges from 75.3 years in Winnington and Castle to 82.7 years in Hartford and Greenbank. In women, the same five wards as men are lower than the Cheshire West and Chester and England average. Life expectancy within the locality ranges from 79.6 years in Winsford Wharton ward, to 87.7 years in Hartford and Greenbank ward.

141. Deprivation: 23% of Northwich and Winsford's population are present in the fifth quintile (the least deprived). This is less than the proportion in Cheshire West and Chester as a whole. Fourteen percent of the population are in the first quintile (most deprived) which is also slightly less than the borough as a whole. With fewer residents in Northwich and Winsford living in the most deprived and in the least deprived quintiles in comparison to Cheshire West and Chester, this suggests that the population of the locality is concentrated into the middle levels of deprivation (i.e. in quintiles 2, 3 and 4). However, Winsford Over and Verdin ward has 43% of its children living in the most deprived quintile for income deprivation.

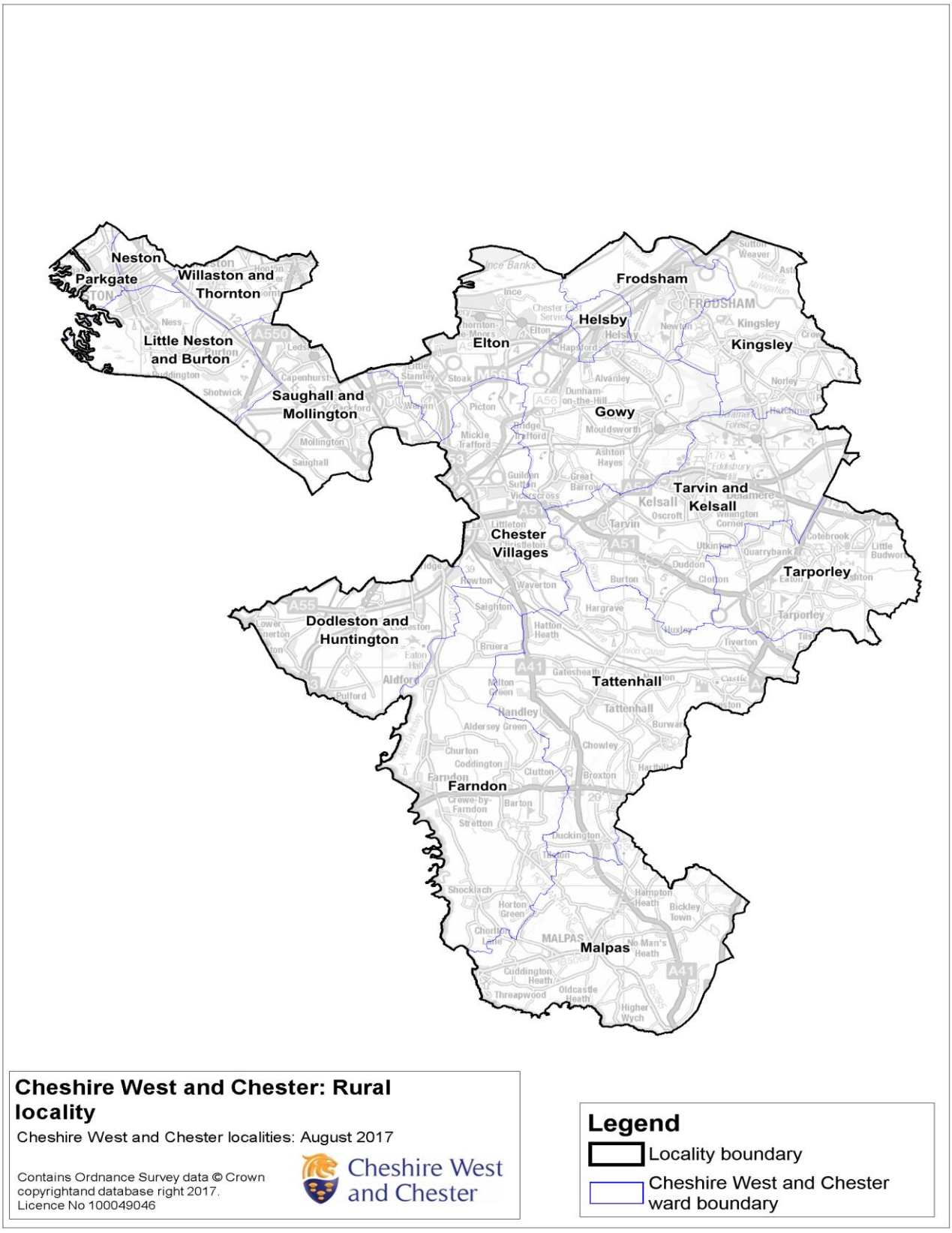
142. Reported health: 77% of adults report good or very good health in Northwich and Winsford. Ward rates vary from 72% to 82%. Adults with a long-term health problem account for 22% of the population which is slightly higher than the England average. Seven of ten wards have higher rates of limiting long-term illness than England.

143. Mortality: Mortality due to lung cancer has been increasing in both males and females. Liver disease and chronic obstructive pulmonary disease has also increased in males.

Rural locality

144. Population: The total population for the Rural locality is 90,770. This locality has over a quarter (26%) of its residents aged 65 or over.

Map five: Wards within the Rural locality



145. Map five shows the wards within the Rural locality. These are:

- Parkgate
- Newton
- Willaston and Thornton

- Little Neston and Burton
- Saughall and Mollington
- Elton
- Frodsham
- Helsby
- Kingsley
- Gowy
- Chester Villages
- Tarvin and Kelsall
- Tarporley
- Dodleston and Huntington
- Farndon
- Tattenhall
- Malpas

146. Life expectancy: In Rural locality, one ward (Elton ward) is below the Cheshire West and Chester and England life expectancy averages for men. In men, life expectancy ranges from 76.8 years in Elton to over 83.2 years in Tarporley and Farndon wards. In women, Elton is also below the Cheshire West and Chester and England averages. Life expectancy ranges from 80.3 years in Elton to 89.5 years in Parkgate.

147. Deprivation: Nearly half (47%) of the population in the Rural locality are in the least deprived quintile in England. Almost 10% of the population is present in quintiles one and two (the most deprived). It is fair to say that this locality is generally affluent. However in Frodsham, 16% of children are present in the first quintile (most deprived) in terms of income deprivation which affects children.

148. Reported health: 80% of adults report good or very good health. This is higher than the Borough and England averages. Ward rates vary from 74% in Neston to 84% in Chester villages. Similarly, 21% of adults have a long term health problem which is lower than the borough or England averages. Twelve out of the 17 wards have lower rates of long-term limiting illness which is lower than the England average.

149. Mortality: The Rural locality has lower rates of mortality than England and other localities from cardiovascular disease, cancer, liver and respiratory disease. However liver disease has increased in men.

Health of the localities and pharmaceutical need

150. In general, the overall health status across the localities is good with overall reported good health ranging from 76% to 80%. Similarly, just over a fifth of the population (21% – 24%) report a limiting long-term illness. This dictates a need for the general availability of essential and other pharmaceutical services across the borough.

151. However, there are differences both between and within localities. For example, in terms of population, there are fewer young people in the 20 plus age bracket in Ellesmere Port, Rural and Northwich and Winsford localities, whereas in Chester, there is a higher percentage of people aged 20–24 due to the student population. This suggests a specific need for sexual health services such as emergency hormonal

contraception and chlamydia testing/treating in Chester. Meanwhile, in the Rural locality there is a higher proportion of people aged 60 and over which will put a greater emphasis on the need for essential services and supporting self-care for long-term illnesses.

152. The IMD score is also a good indicator of health status because high areas of deprivation are usually associated with poor health and *vice versa*. Across the Borough, there are relatively low levels of deprivation with 23%–47% of the population living in the fifth quintile (the least deprived). This suggests better health and thus a reduced need for some pharmaceutical services.

153. In the Rural, Chester and Northwich and Winsford localities, 20% or less of the population reside in the first quintile (the most deprived). However, in Ellesmere Port, 39% of the population live within the first quintile. This indicates a significant degree poor health and thus increased pharmaceutical need in this area.

154. Even in the most affluent areas, there are still pockets of deprivation which will require significant support. For example the wards of Blacon and Lache in Chester, Winsford Over and Verdin in Northwich and Winsford and areas within Frodsham in the Rural locality.

155. Finally, of particular note are the data on income deprivation affecting children in the locality of Ellesmere Port. Here 39% of children live in the most deprived quintile which compares to 19% in the borough. There are also three wards where 50–100% of children live in the most deprived quintile. Children living in these areas (and their families) will require the greatest support from birth and throughout their lives.

156. Fortunately, all of these areas are currently served by local pharmacies. Also, extended cover is provided by six, 100 hours pharmacies in both the Ellesmere Port (3) and Northwich (2) and Winsford (1) localities.

Pharmaceutical Needs Assessment

Part 3

Meeting the pharmaceutical need

Summary and conclusions

Regulatory statements

Distribution of pharmacies

157. Across Cheshire West and Chester, there are 79 pharmacies which are concentrated in the areas with the largest populations i.e. in the towns and cities. These are operated by a mixture of independent and multiple pharmacy owners and include a total of six 100 hour pharmacies (3 in Ellesmere Port, 2 in Northwich and 1 in Winsford).

158. In addition to the NHS pharmacies identified, there is one distance selling pharmacy in the area which provides pharmaceutical services on a non-geographic basis. Such pharmacies are sometimes referred to as internet pharmacies which don't operate conventionally on a face to face basis, but offer services across the country, with medicines delivered usually via courier.

159. Community pharmacies have contracts to provide either 40 or a 100 'core' hours. Pharmacies with a 40 hour contract generally open for longer than 40 hours with the additional opening hours known as 'supplementary' hours.

Availability of pharmaceutical services

160. The number of pharmacies in Cheshire West and Chester localities is given below in table two.

Table two: Number of Pharmacy Contractors (excluding Dispensing Appliance Contractors)

Locality	Pharmacies	Population ONS mid-year estimate (2015)	Population served per pharmacy	Pharmacies per 100,000 population
Chester	22	81,470	3,703	27.0
Rural	17	90,770	5,339	18.7
Northwich and Winsford	24	101,420	4,226	23.7
Ellesmere Port	16	60,250	3,766	26.6
Cheshire West and Chester Council	79	333,910	4,227	23.7
ENGLAND	**11,688***	**55,268,100****	**4,729**	**21.1**

Sources:
***** NHS digital**,** General Pharmaceutical Services , England, 2015/16.
** ONS midyear population estimates (mid 2016)

161. It is apparent from table two that the number of pharmacies per 100,000 population in Cheshire West and Chester is higher than the England average (21.1 pharmacies per 100,000) in all localities with the exception of Rural locality (18.7 pharmacies per 100,000). Chester locality has the highest number of pharmacies per population (27.0 pharmacies per 100,000). In order to appreciate how this variation affects service delivery, it is necessary to consider the geographical location and opening hours of all the pharmacies within each locality.

Geographical location and accessibility

162. Details of the Community Pharmacies are given in tabular format in appendix three and shown in map six.

163. In order to understand how customers access their pharmacies, data were obtained from an Office of Fair Trading (OFT) report 'Evaluating Office of Fair Trading Work' (2010), on the impact of the 'control of entry' regulations. One of the main aims of this study was to determine which goods and services pharmacies provide to consumers and the specific attributes of provision which consumers' value.

164. The study drew on a wide range of information sources and included published statistics, specially-constructed datasets, bespoke surveys and interviews with stakeholders. In addition, around 1000 pharmacy users were surveyed in all 152 primary care trusts in England. Large pharmacy chains were also interviewed and advice sought from academics.

165. Other data♦ show that in 2015/16, there were 11,688 registered pharmacies in England. Reportedly, the average pharmacy dispenses 7,096 items per month with most of its turnover coming from the NHS i.e. prescriptions. According to consumers, the most important factor when choosing their pharmacy for dispensing of prescriptions is speed and ease of shopping in addition to proximity. Surveys also showed that patients collecting prescriptions from a pharmacy have mainly journeyed from home (65%) or the GP surgery (26%).

166. The OFT report cites other work which shows that the most frequent mode of transport to pharmacies when collecting prescriptions was on foot (41%) and by car (50%). The average travel time when journeying by car was 8.4 min. In addition, 90% of pharmacy visits were completed by people who had travelled up to two miles. Taking all this information into account, when trying to identify pharmaceutical need, we have assumed that our principal responsibility is towards our local residents.

167. The pharmaceutical need of the population living within two miles of each pharmacy is the main driver of this PNA. Clearly, pharmacies will serve a wider population and this will be taken into account with the drive time analysis.

Producing walk and drive time maps

168. In order to map pharmaceutical need, the following assumptions were made. In line with the methodology used by the OFT, walking speeds were taken as 3.2 km/h (2 m/h) and driving speeds of 10% less than the speed limit for that area. The walking speed in particular is around half that of the average walking speed of a fully fit adult. The lower speed takes into account the elderly and the infirm.

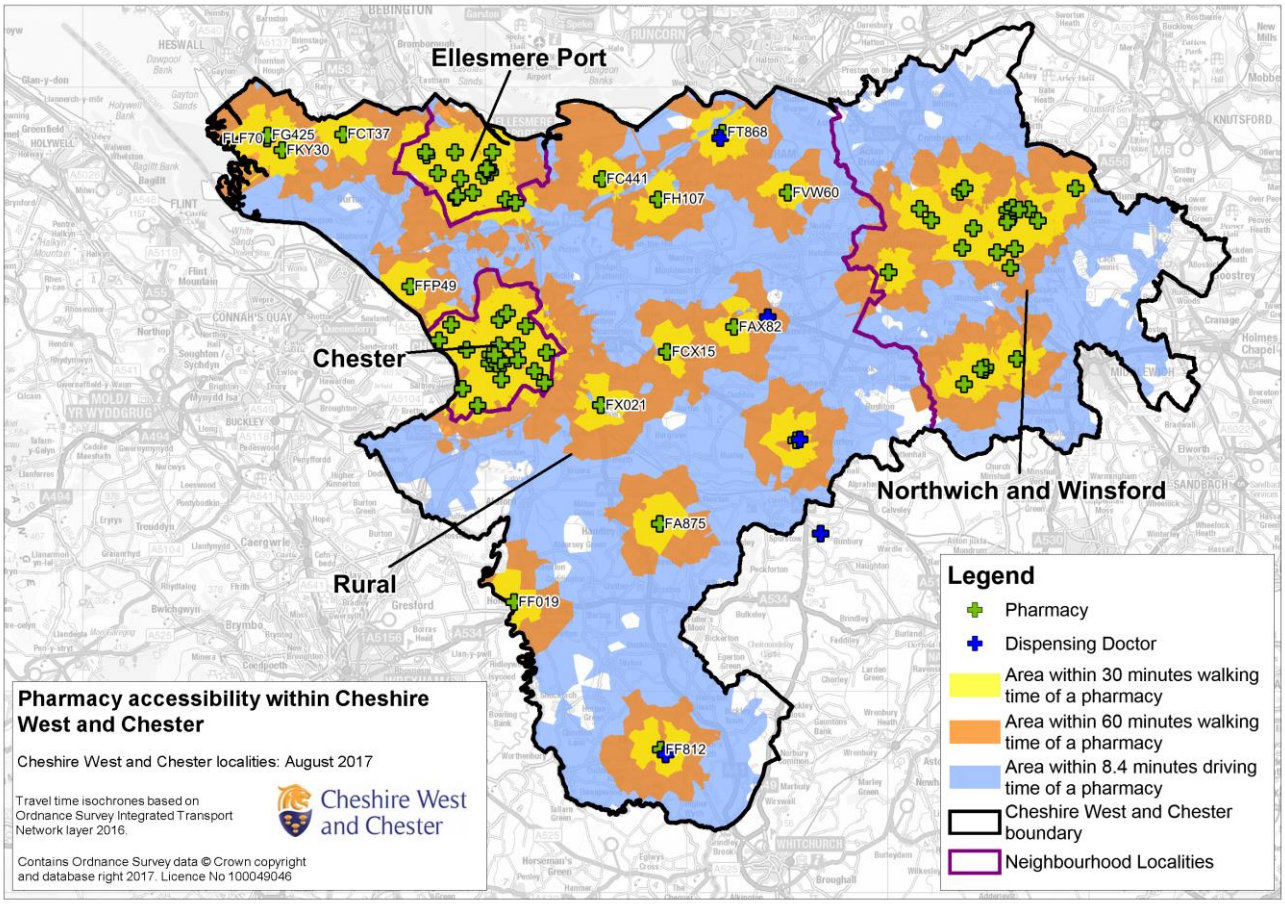
169. Using mapping software MapInfo (version 12.0.3), every pharmacy was positioned on the map using individual GPS grid references. Walk times (at 3.2 km/h) from the pharmacy were then drawn assuming that the person walks for 30 min (one mile) and

♦ NHS digital**,** General Pharmaceutical Services , England, 2015/16.

60 min (two miles). The yellow section in each map shows the area covered by a person walking up to one mile from the pharmacy and the orange section shows the area covered by a person walking up to two miles from the pharmacy. The blue sections show the distance covered by a person driving up to 8.4 min from the pharmacy i.e. the average drive time.

Application of walk times and drive times

Map six: Accessibility of pharmacies in Cheshire West and Chester: Drive and walk times



170. Map six shows the localities and areas within a 30 minutes walking time of a pharmacy, areas within a 60 minutes walking time of a pharmacy and areas within 8.4 minutes driving time of a pharmacy.

171. Close-ups of the major conurbations in Chester, Ellesmere Port, Northwich and Winsford are given in appendix five labelled Maps A5–1 to A5-4.

172. The blue shaded area in map six represents the combined drive times for all pharmacies within the county. This shows that the majority of the population have access to a pharmacy either by walking or driving. The unshaded patches within the map represent areas where there is no access to a pharmacy within the specified driving or walking times and these are very few.

173. It has to be emphasised that the areas with no access to a pharmacy within the specified driving or walking times are rural in nature and thus contain extremely small populations. There is unlikely to be a significant pharmaceutical need.

174. Furthermore, these areas tend to be in areas with high rates of car access where at least 80% of households have at least one car compared with the national and regional averages of 73% and 70% respectively. Cheshire West and Chester has more households (37%) with two or more cars than the percentage of households in the North West (27%) or England and Wales (30%).

175. It is reasonable to assume that the population in rural areas will travel outside of their area to access other services, such as shops, post offices and GP practices. Therefore, Cheshire West and Chester residents do not have a significant problem in gaining access to a local pharmacy. This conclusion is also supported by provision of services from cross–border pharmacies. Map A5-5 in appendix five shows the locations and drive or walk times of pharmacies just across the Cheshire West and Chester boundary. Map A5-5 fills in many of the gaps discussed above which adds confidence to the conclusion that there are no perceived problems in pharmacy access for Cheshire West and Chester residents.

Opening times

176. The series of charts (appendix six, charts A6-1 to A6-3) show the number of pharmacies open during the day by locality on weekdays, Saturday and Sunday. Each locality is represented by a different coloured bar.

177. During the week, all pharmacies are open between 9am to 5pm with a slight dip between the hours of 1pm to 2pm. Cover is also available at the extreme hours from 7am and up to 10:30pm by two – six, pharmacies which are each open for 100 hours per week. Cheshire West and Chester Health and Wellbeing Board consider that the current range of opening hours during day time adequately serves the current pharmaceutical needs of the patients in the Borough.

178. Chart A6-2 shows the opening hours on Saturday. Over 85% of the pharmacies are open in the morning and just under half of these remain open in the afternoon until 5pm.

179. On Sundays, fewer pharmacies are open (about 18) from 11am to 4pm. Beyond this time, cover continues via a 100 hour pharmacy in Northwich and Winsford and a 79 hour pharmacy in Chester. Overall, this cover is considered adequate for the anticipated demand over the weekend.

180. One possible gap is in the Rural locality, particularly on Sunday afternoons when there is no apparent cover. The north and mid sections of this locality are adequately served by six, 100 hours pharmacies in Ellesmere Port and Northwich/Winsford localities together with a 79 hours pharmacy in Chester. The most affected area is Malpas in the very south of the Borough. However, apart from the local dispensing doctor's surgery, this area is served by cross border pharmacies in Whitchurch, Nantwich and Wrexham. An NHS –commissioned Sunday rota is also in operation. All these factors combine to address this situation.

Out of hours provision

181. Throughout the localities, various GP collaboratives provide an out of hours service which is intended for emergency use. If a prescription is required, there will be a need for a pharmaceutical service. Clearly, the demand for this will be small.

182. NHS England has the ability to commission extended hours of opening from existing contractors via an enhanced service or by directing rota services (in accordance with NHS Regulations) should gaps in service provision be identified. Where any gaps are identified for example on bank holidays, provision is ensured via Rota arrangements in line with NHS England policy. NHS England have worked closely with the CCGs and the LPC to ensure that, when Rotas are directed, they provide cover in a manner which is informed by patients' usage of the out of hours service and which gives cover across both the geography of the area and at varying times of the day.

Essential services and dispensing doctors

183. Essential services are the core services provided by pharmacy contractors. These have been described previously in section one but in brief, they include:-
    - dispensing medicines and appliances,
    - repeat dispensing,
    - public health promotion of healthy lifestyles,
    - disposal of unwanted medicines,
    - signposting,
    - clinical governance and
    - support for self-care.

184. Although different, there are many similarities when essential services provided by dispensing doctors are compared to those provided by community pharmacies. In Cheshire West and Chester, there are five dispensing doctor practices. Map six shows the location of these practices, which are well within the boundaries served by community pharmacies.

185. It is concluded that there is no significant gap in provision of essential pharmaceutical services for the population served by dispensing doctors.

Conclusion

186. Taking into account the geographical location of pharmacies, the availability of services throughout the week and weekend and the availability of cross-border pharmacy provision, there are few perceived gaps in essential pharmaceutical services in Cheshire West and Chester.

187. However, the option of conducting a repeat needs assessment in the future, should there be a perceived change in demand, is still open.

Meeting pharmaceutical need

Advanced services

188. For a full description of advanced services, see section 1.

Medicines Use Review (MUR)

189. This is the systematic review by a Community Pharmacist of a patient's medication to ensure understanding, adherence and to identify any medication-related problems. MUR use in adults can make a significant contribution to optimising patient care.

190. The MUR service is available using a national service specification, but is established locally between the NHS England North West (Cheshire and Merseyside) and community pharmacies. A fee per MUR is payable to all pharmacy contractors that choose to provide the services and meet the requirements for this service. The maximum any contractor can be paid for under the advanced service is 400 MURs a year and at least 70% of all MURs undertaken by each pharmacy should be on patients in the national target groups.

Using MURs for long term conditions

191. A Long Term Condition (LTC) is one that cannot be cured but can be managed through medication and/or therapy. Although there is no definitive list, conditions such as, diabetes, asthma, coronary heart disease, chronic obstructive pulmonary disease and mental health issues can all be classed as long term conditions.

192. According to the King's Fund, there are around 15 million people in England with at least one long term condition and numbers are expected to increase, in particular those with two or more conditions.

193. Importantly, around 50% of people aged over 60 in England have a long term condition. It is no surprise that this age group requires many different medications (poly-pharmacy) to treat their conditions.

194. In Cheshire West and Chester, 77 pharmacy contractors provide an MUR service. One other stated they intended to provide this service within the next 12 months. Only one pharmacy does not provide a service. This particular pharmacy is in the Chester locality and based in a practice surgery. Owing to the overlapping cover provided by the other city pharmacies, this is not perceived to be a gap in service. However, because of the utility of using MURs as a means to manage long term conditions, maintenance of this comprehensive service is to be actively encouraged.

New Medicines Service (NMS)

195. In Cheshire West and Chester, 74 of 79 pharmacies (93.6%) are delivering the NMS. Four other pharmacies intend to begin this service within the next 12 months and only one doesn't provide this service at all.

196. It is suggested that NMS could have a similar role as MURs in managing LTCs and continued provision is to be encouraged. However, current service delivery is considered adequate to meet the pharmaceutical needs of the population. Local reports suggest that both MURs and NMS are particularly useful in people with mental health problems.

Appliance Use Review (AUR)

197. This is a highly specialised service and is not surprising that it is only delivered in 9 pharmacies. However, it is delivered by at least two pharmacies in each of the three localities of Ellesmere Port, Northwich/Winsford and Rural. One pharmacy in the Chester locality expects to provide this service within the next 12 months.

198. This service, therefore, is considered adequate to meet the pharmaceutical needs of the population.

Stoma Appliance Customisation (SAC) service

199. This is another specialised service and is delivered by 9 out 79 pharmacies. There is at least one pharmacy providing this service in each of the four localities. The number of patients requiring the service is quite small and therefore current provision is considered adequate to meet the pharmaceutical needs of the population.

National flu vaccination service

200. This allows community pharmacies to offer the seasonal influenza (flu) vaccination for patients in at-risk groups. This is delivered by 59 pharmacies with another 10 promising to deliver the service in the near future. Overall, therefore, nearly 88% of pharmacies will shortly be delivering this service which improves access to this vaccine.

NHS Urgent Medicines Supply Service (NUMSAS)

201. This is a new scheme which is being piloted throughout the country to supply medicines for patients who require them on an urgent basis. It is currently funded until September 2018, at which time a decision will be made to continue or not. In essence, patients are passed to participating pharmacists via an NHS 111 call handler. The pharmacist decides whether or not it is appropriate to make an urgent supply.

202. In Cheshire West and Chester, 8 pharmacies are currently signed up to the pilot with another 25 indicating that they will participate in the future. There is at least one pharmacy in each of the four localities which provides this service. At present, this national scheme is not compulsory and pharmacies choose whether or not to participate. When the evaluation is complete in 2018, the situation may become clearer although currently NUMSAS is not regarded as an essential service.

Locally commissioned services
Minor ailments service

203. Minor ailments are conditions which although troublesome to the patient can safely be treated at home under the supervision of a pharmacist. These services are advantageous because the patient has almost immediate access to treatment and qualified supervision with the added benefit that GP consultations are reduced. In Cheshire West and Chester, two schemes are in operation commissioned by the respective Clinical Commissioning Groups (CCGs).

204. “Pharmacy First” (West Cheshire CCG) - Patients registered with a GP practice in West Cheshire are able to access the minor ailments service at their local pharmacy without having to visit the GP for a prescription. This is intended for a small range items which would normally be provided on prescription. These include:-
    - Conjunctivitis
    - Cystitis
    - Impetigo
    - Oral thrush in infants

205. Patients who do not have to pay for their prescriptions receive the medication free of charge. Patients who do, pay a standard prescription charge for each item supplied.

206. Patients may self-refer by visiting the pharmacy, or be referred by a health care professional e.g. the GP surgery may refer the patient to the pharmacy rather than waiting for a GP appointment. There is no need to make an appointment at the pharmacy. Registration at a participating pharmacy is required only once. The 42 participating pharmacies are distributed evenly between the Chester, Rural and Ellesmere Port localities.

207. "Think pharmacy" (Vale Royal CCG) - This service is very similar to the above. The pharmacies are based predominantly in Northwich and Winsford. Patients can visit any pharmacy without an appointment for advice and treatment. Consultations are free, regardless of whether the pharmacist provides any treatment. As above, treatment is free of charge for people who get free prescriptions and no more than the prescription charge for people who do not.

208. Treatments are available for eye infections, oral thrush in babies, threadworms, cystitis, thrush, impetigo and scabies.

Conclusions

209. These minor ailments services illustrate how community pharmacies can contribute to the self-care agenda. Although these services are not essential, they have secured an improvement in service delivery and access.

210. Irrespective of these services, community pharmacies can also supply a huge range of other over-the-counter medicines and are always available to assist their customers in providing advice on self-care and self-medication.

Emergency Hormonal Contraception (EHC)

211. This service is provided free of charge against a Patient Group Direction (PGD) by a team of accredited pharmacists in up to 55 pharmacies. As individual pharmacists are accredited rather than pharmacies, this service cannot be guaranteed in any one pharmacy at any one particular time. However, all pharmacies can still sell EHC over-the-counter (in line with the product licence) although its indications are limited in comparison to the PGD route.

212. In Cheshire West and Chester, the pharmacies which provide EHC are reasonably distributed across the area. The proportion of pharmacies which makes EHC available is between 50% - 75% of all the pharmacies in each of the localities. A further 14 pharmacies have expressed a willingness to provide this service in future, which, if they were commissioned would bring the total proportion of pharmacies providing EHC under this scheme to 90%. This is an example of a service, although not essential, has secured an improvement in provision.

213. A 2006 study by Lewington and Marshall, "Access to emergency hormonal contraception from community pharmacies and family planning clinics" found that access times for EHC were significantly faster from community pharmacies than family planning clinics (16 hours versus 41 hours) This is an important factor as it is well established that EHC is most effective if taken as soon as possible following unprotected sexual intercourse. The authors from this study concluded that faster access to EHC could help prevent up to 10% of unwanted pregnancies.

214. The study also found that at least 50% of consultations occurred over the weekend and on Mondays. This is confirmed elsewhere in the literature, suggesting that the Cheshire West and Chester service should be working towards ensuring that EHC supply is guaranteed at these times.

215. Clearly, if all pharmacies in Cheshire West and Chester provided this service, access would be much improved with the potential clinical benefits as described above. It is therefore recommended that all pharmacies should provide the service whenever the shops are open. Another reason for suggesting this is that some women may wish to avoid their local pharmacy when obtaining EHC in order to maintain their anonymity. However, it should be emphasised that the desire is to increase EHC access from all existing contractors. Awarding a completely new pharmacy contract on the basis of increased EHC access alone would not be a cost-effective use of resources.

Needle / Syringe Exchange schemes

216. This service aims to assist clients to remain healthy until they are ready to cease injecting and achieve a drug-free life with appropriate support. It also aims to reduce the rate of blood-borne infections and drug related deaths among service users by:
    - Reducing the amount of sharing and other high risk injecting behaviours.
    - Providing sterile injecting equipment and other support.
    - Promoting safer injecting practices.
    - Providing and reinforcing harm reduction messages including safe sex advice and advice on overdose preventions (e.g. risks of poly-drug use and alcohol use).

- Improving the health of local communities by preventing the spread of blood borne infection and ensuring the safe disposal of used injecting equipment.

217. Clearly, the problem of clients who engage in risky behaviour through potential misuse of needles is significant and represents an important pharmaceutical need. In Cheshire West and Chester, there are 13 pharmacies which provide a needle exchange service: four in Chester, two in Ellesmere Port and five in Northwich and Winsford.

218. Only two pharmacies provide this service in the north sector of the Rural locality. Further work is required to establish the need for needle exchange in this locality and the overall need across the borough taking into account the apparently wide misuse of anabolic steroids. Another 43 pharmacies have indicated their willingness to provide needle exchange if they were commissioned to do so.

Supervised consumption

219. This service provides supervised administration of prescribed opiate maintenance treatment (methadone or buprenorphine) at the point of dispensing in the pharmacy. This ensures that the dose has been administered to the patient. Clients are also given support and advice including referral to primary care specialist centres where appropriate.

220. In Cheshire West and Chester, there are 55 pharmacies which provide a supervised administration service, 11 to 15 pharmacies in each of the four localities. This suggests that the pharmaceutical need is being adequately catered for.

Community pharmacies in the future

221. In order to inform aspirations for community pharmacy in future, in collaboration with “Community Pharmacy Cheshire and Wirral”, a paper on the vision for community pharmacy was written. This appears in full in appendix eight and the conclusions are repeated below.

222. The Government's vision is to transform the public health service to create a service which focuses on prevention and wellness and uses the wider public health workforce to provide effective services and deliver outcomes. Community pharmacies could be used to tackle a wide range of local public health priorities. Whether providing an innovative healthy living pharmacy service, a sexual health service targeting teenage pregnancies and sexually transmitted infections, the local implementation of an integrated programme such as stop smoking, established services for drug misusers, or being part of a national vaccination or screening programme, the evidence shows that community pharmacy can play a vital part in tackling present and future public health challenges.

223. Community pharmacies are trusted, professional and competent partners in supporting individual, family and community health. Effective community pharmacy services enable shared decision-making between service users and professionals and contribute to health improvement. Pharmacy Enhanced Services should therefore

feature prominently in the new Public Health Service as a way to improve access and reduce health inequalities

Summary and conclusions

Health and pharmaceutical needs and strategic drivers

224. The JSNA has demonstrated there is a greater proportion of older people in Cheshire West and Chester than in England. Because older people generally take more medicines than a younger population, community pharmacies will experience a greater workload in terms of dispensing and support for self-care. Furthermore, this workload is expected to increase as population forecasts suggest that the proportion of people aged 65 and over will increase from about 21% to 30%. This is an increase from 70,400 older people currently to over 101,000 by 2035. The population forecast also predicts an 8% increase in the number of children (aged 0-15 years) over the next decade which will complement the need for extra pharmaceutical services.

225. Overall health status within Cheshire West and Chester is generally good with mortality rates in the under 75s either better or similar to the England averages for all cancers, circulatory, respiratory and liver diseases. However, the JSNA demonstrates higher mortality rates for these conditions in areas of deprivation. These areas in particular dictate a need for the full range of pharmaceutical services.

226. Cheshire West and Chester residents have similar lifestyle issues as in the rest of the country. Thus, there are high prevalence's of obesity or overweight, smoking and alcohol consumption. Community pharmacies have a key role in helping to tackle these and other issues such as substance misuse and sexual health.

227. The priorities for the Health and Wellbeing Strategy have been outlined in part two of this document. Pharmaceutical need could include support for medicines management and medicines use review for carers, older people, children and their families. A wider role could also include support for substance misuse, brief interventions around alcohol, promoting five ways to wellbeing and signposting to other agencies.

228. Finally, the implications for pharmaceutical need in the localities have been discussed in the previous section. In brief, however, there are subtle differences in the population demography together with discrete areas of deprivation in each of the localities which will all require their own emphasis on pharmaceutical need.

Meeting the pharmaceutical need

229. The previous sections have revealed an adequate geographical coverage of pharmacies with appropriate opening hours and input from cross-border pharmacies.

230. In general, a broad range of advanced and locally commissioned services are provided in addition to essential services. More specifically, whilst EHC provision is considered to be adequate, it is desirable to have EHC available at all times in all locations thus improving accessibility and helping to preserve the clients' desire for anonymity. In addition, the emergence of anabolic steroid misuse (which is part of a

widespread national problem) requires further work to determine the adequacy of the needle exchange system in this context.

231. Finally, this assessment has focused on the more traditional services which are provided in pharmacies. It is clear from the previous discussion that pharmacies are a rich resource with a highly skilled workforce with the potential to provide less traditional services in diverse areas such as screening and vaccination. The ultimate goal is to achieve ‘healthy living pharmacy’ status in all community pharmacies.

232. In conclusion, it is recommended that health and care commissioners take into account the accessibility, quality and potential for community pharmacy service development when commissioning services. It is also suggested that commissioners may wish to think about the suitability of services not traditionally thought of as pharmaceutical but which could be effectively delivered from pharmacies.

Required Statements from pharmaceutical regulations (2013)

Statement one: Necessary services: Current provision

233. A statement of the pharmaceutical services that the Health and Wellbeing Board (HWB) has identified as services that are provided:
    - A - In the area of the HWB and which are necessary to meet the need for pharmaceutical services in its area; and
    - B - Outside the area of the HWB but which nevertheless contribute towards meeting the need for pharmaceutical services in its area (if the HWB has identified such services).

234. This PNA has shown that the 79 community pharmacies in Cheshire West and Cheshire provide a good coverage of services in terms of geographical location, good accessibility through walk and drive times and convenient opening times throughout the week and at weekends. This coverage is supplemented by suitably commissioned rotas and a handful of long-opening hours pharmacies situated a few minutes' drive from the county border.

235. All pharmacies provide essential services with a range of advanced and enhanced services which are considered necessary and collectively provide sufficient cover across Cheshire West and Chester. These services are thought adequate taking into account such factors as the local demography and deprivation patterns.

Statement two: Necessary services: Gaps in provision

236. A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied-
    - A - Need to be provided (whether or not they are located in the area of the HWB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area;
    - B - Will, in specified future circumstances, need to be provided (whether or not they are located in the area of the HWB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.

237. Although not an essential service, Emergency Hormonal Contraception (EHC) is currently provided in 55 out of 79 pharmacies. However, the EHC service is not guaranteed because, there may not be an accredited pharmacist on duty.

238. The PNA has shown that faster access to EHC particularly at weekends significantly improves effectiveness and thus reduces unwanted pregnancies. Therefore, it would be advantageous if all pharmacies in Cheshire West and Chester guaranteed an EHC service for all of their contracted hours. Should this gap be filled, it would have the added benefit that women requesting EHC could do so from outside their locality and thus maintain their anonymity if desired. In this context, the "gap" refers to existing contractors who should be encouraged to provide this service.

Statement three: Other relevant services: Current provision

239. A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are provided-
    - A - In the area of the HWB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access to pharmaceutical services in its area;
    - B - Outside the area of the HWB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;
    - C - In or outside the area of the HWB and, whilst not being services of the types described in sub-paragraph (A) or (B), or paragraph one, they nevertheless affect the assessment by the HWB of the need for pharmaceutical services in its area.

240. Although not essential, it is clear that Medicines Use Review (MUR), New Medicines Service (NMS) and Minor Ailment Schemes in Cheshire West and Chester have improved patient care by helping to optimise medicines use both in general and in the management of Long Term Conditions (LTCs). These have all contributed to reducing emergency department and GP attendances. Therefore, their continued use is to be strongly encouraged.

Statement four: Improvements and better access: Gaps in provision

241. A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied-
    - A - Would, if they were provided (whether or not they were located in the area of the HWB), secure improvements, or better access to pharmaceutical services, or pharmaceutical services of a specific type, in its area
    - B - would, if in specified future circumstances they were provided (whether or not they were located in the area of the HWB), secure future improvements, or better access, to pharmaceutical services, or pharmaceutical services or a specified type, in its area.

242. The PNA has revealed many areas where community pharmacies currently have limited input yet where the Health and Wellbeing Board feels they should in the future with significant benefit or better access for patients. In addition to the services which community pharmacies already provide as part of their standard contract (such as public health promotion campaigns and signposting), these additional services should include brief interventions for alcohol, screening and treatment services, flu vaccination and blood pressure and other health checks.

243. If these interventions are considered alongside more traditional medicines optimisation services, this would ensure that community pharmacy makes a significant contribution to the Health and Wellbeing Strategy. The “healthy living pharmacy” initiative is to be encouraged. All services should be delivered according to need and

based on planned commissioning strategies developed in conjunction with relevant partners.

Statement five: Other NHS services

244. A statement of any NHS services provided or arranged by the HWB, NHS CB, a CCG, an NHS trust or an NHS foundation trust to which the HWB has had regard in its assessment, which affect-
    - A – The need for pharmaceutical services, or pharmaceutical services of a specified type, in its area; or
    - B - Whether further provision of pharmaceutical services in its area would secure improvements, or better access to pharmaceutical services, or pharmaceutical services of a specific type in its area.

245. In addition to the minor ailment schemes discussed in this PNA and the NHS England commissioned flu vaccination service, another service delivered by NHS trusts which might affect the pharmaceutical need are the patient packs (urgently required) which are dispensed by the out of hours service.

Statement six: How the assessment was carried out

246. An explanation of how the assessment has been carried out, in particular:
    - A - How it has determined what are the localities in its area;
    - B - how it has taken into account (where applicable)-
        - the different needs of different localities in its area, and
        - the different needs of people in its area who share a protected characteristic; and
    - C - a report on the consultation that it has undertaken.

247. This assessment has been performed using health needs information obtained from the Joint Strategic Needs Assessment and health data from the Cheshire West and Chester localities dashboard. This was supplemented with results from a questionnaire on pharmacy services sent to all community pharmacy contractors in the county. A similar questionnaire was also sent to the dispensing doctor practices in the area.

248. All data were considered by the PNA working group which comprised representatives from the Local Pharmaceutical Committee, Public Health team, Local Medical Committee, NHS England, HealthWatch, Clinical Commissioning Groups and a community pharmacist all working under the direction of the Director of Public Health. Decisions were taken according to consensus and the main drafts were scrutinised by the Health and Wellbeing Board.

249. This PNA has described the pharmaceutical needs and service delivery in terms of the Cheshire West and Chester localities. These were chosen because of the wealth of intelligence already available through the JSNA. It was also considered sensible to use the same boundaries which the Council uses for its planning and development.

250. The subtle differences between localities regarding health status, age-sex breakdown and deprivation scores together with other information on vulnerable groups from the

JSNA were highlighted to tease out the implications for pharmaceutical need. Both the Pharmacy Contractor and Dispensing Doctor questionnaires specifically asked if the respondents were aware of any issues related to vulnerable groups.

Statement seven: Map provision

251. A map that identifies the premises at which pharmaceutical services are provided in the area of the HWB.

252. A list of the 79 pharmacy premises according to locality is given in appendix three. This gives contact details of all pharmacies whose locations are shown in map six. More detailed maps of the major conurbations are also given in appendix five .

Pharmaceutical Needs Assessment

Part 4

Appendices

Appendix 1: Policy context

‘A Vision for Pharmacy in the New NHS’
In July 2003, the Department of Health launched ‘A Vision for Pharmacy in the New NHS’ which identified and aligned the ambitions for pharmacy alongside the wider ambitions for the NHS as a whole.

As part of the ‘Vision for Pharmacy’ a new community pharmacy contractual framework was put in place in April 2005. It comprised three tiers of services – essential, advanced and local enhanced services.

- Essential services are those which every pharmacy must provide, including dispensing.
- Advanced services are those which, subject to accreditation requirements, a pharmacy contractor can choose to provide. At present, there are three advanced services, MUR, AURs and SAC.
- Local enhanced services, such as health and lifestyle advice or help for substance misusers, are commissioned locally by PCTs direct with contractors.

Around 85% of community pharmacy income nationally comes from NHS services. A growing source of income to community pharmacies comes from providing enhanced services commissioned by the former PCTs.

‘Our health, our care, our say’
This White Paper in January 2006 set out a new strategic direction for improving the health and well-being of the population. It focused on a strategic shift to locate more services in local communities closer to people’s homes. This recognised the vital role that community pharmacies provide in providing services which support patients with long term conditions and make treatment for minor illnesses accessible and convenient.

‘Pharmacy in England - Building on strengths delivering the future’
In April 2008 the government revealed its plans in a Pharmacy White Paper and subsequently a consultation was undertaken on the proposed changes to the regulations for pharmacy.

The White Paper set out a vision for improved quality and effectiveness of pharmaceutical services, and a wider contribution to public health. Whilst acknowledging good overall provision and much good practice amongst providers, it revealed several areas of real concern about medicines usage across the country which it seeks to address through a work programme to challenge and engage PCTs, pharmacists and the NHS.

It identified practical, achievable ways in which pharmacists and their teams can improve patient care and a reinvigorated vision of pharmacy’s potential to contribute to a fair, personalised, safe and effective NHS. This vision demonstrated how pharmacy can expand its role in an NHS which focuses as much on prevention as it does on treating sick people, helping to reduce health inequalities, supporting healthy choices, improving quality and promoting well-being for patients and public alike.

An overview of the White Paper is set out in the table.

Pharmacy White Paper - Summary		
Supporting healthy living and better care Community pharmacies will become 'healthy living' centres providing a primary source of information for healthy living and health improvement. Pharmacy will be integrated into public health initiatives such as stop smoking, sexual health services and weight management, or offer screening for those at risk of vascular disease – an area where there are significant variations in access to services and life expectancy around the country.		**Better, safe use of medicines** Safe medication practices should be embedded in patient care by identifying, introducing and evaluating systems designed to reduce unintended hospital admissions related to medicines use. Identifying specific patient groups for MURs, using MURs and repeat dispensing to identify and reduce the amount of unused medicines and including pharmacists in care pathways for long term conditions are all examples of this.
Access and choice Community pharmacies improve access and choice through more help with medicines. This will be realised by developing MURs, repeat dispensing, access to urgent medicines, emergency supply and working with hospitals on medicine reconciliation.		**Integration and interfaces** Community based pharmaceutical care will be developed which will involve creating new alliances between hospital and community pharmacists as well as primary care pharmacists and pharmacy technicians.
Quality Underpinning all of this in the White Paper and the other policy drivers mentioned earlier is continual improvement in quality. This is a recurring theme throughout all the policy drivers currently influencing the development of community pharmacy. This refers to staff, premises and services alike. PCTs have a responsibility to ensure continuous quality by monitoring the community pharmacy services against the strategic tests.		

'Healthy lives, healthy people'

The public health strategy for England (2010) stated:

> "Community pharmacies are a valuable and trusted public health resource. With millions of contacts with the public each day, there is real potential to use community pharmacy teams more effectively to improve health and wellbeing and to reduce health inequalities."

This is relevant to local authorities as they take on responsibility for public health in their communities. In addition, community pharmacy is an important investor in local communities through employment, supporting neighbourhood and high street economies, as a health asset and long term partner.

Market entry by means of PNAs and quality and performance (market exit)

The NHS Act 2006 required the Secretary of State for Health to make Regulations concerning the provision of NHS pharmaceutical services in England. The Health Act 2009 amended these provisions by providing that

- PCTs must develop and publish local pharmaceutical needs assessments
- PCTs would then use their PNAs as the basis for determining entry to the NHS pharmaceutical services market.

The Health Act 2009 also introduced new provisions which allow the Secretary of State to make regulations about what remedial actions PCTs can take against pharmacy and dispensing appliance contractors who breach their terms of service or whose performance is poor or below standard.

The first set of regulations dealing with the development and publication of PNAs, the NHS (Pharmaceutical Services and Local Pharmaceutical Services)(Amendment) Regulations 2010 were laid on 26 March 2010 and came into force on 24 May 2010.

Later the National Health Service (Pharmaceutical Services) Regulations 2013 and draft guidance came into force concerning the remaining provision under the Health Act 2009. According to these, from 1 April 2013, every Health and Wellbeing Board (HWB) in England has a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, referred to as a pharmaceutical needs assessment (PNA). This is of particular relevance for local authorities and commissioning bodies.

Appendix 2: Population estimates for Cheshire West and Chester 2016

Age	England %		Cheshire West and Chester %	
	Male	Female	Male	Female
0-4	3.2%	3.0%	2.9%	2.7%
5-9	3.2%	3.0%	2.9%	2.8%
10-14	2.8%	2.7%	2.8%	2.6%
15 - 19	3.0%	2.8%	2.8%	2.8%
20 - 24	3.3%	3.1%	3.0%	3.0%
25 - 29	3.5%	3.4%	2.8%	2.9%
30 - 34	3.4%	3.4%	2.8%	2.9%
35 - 39	3.2%	3.2%	2.7%	2.9%
40 - 44	3.2%	3.2%	3.1%	3.2%
45 - 49	3.5%	3.6%	3.6%	3.8%
50 - 54	3.6%	3.5%	3.7%	3.9%
55 - 59	3.0%	3.1%	3.3%	3.5%
60 - 64	2.6%	2.7%	3.0%	3.0%
65 - 69	2.7%	2.8%	3.2%	3.3%
70 - 74	2.1%	2.3%	2.4%	2.6%
75 - 79	1.5%	1.8%	1.8%	2.1%
80 - 84	1.1%	1.4%	1.2%	1.6%
85+	0.9%	1.6%	1%	1.7%
Total	49.3%	50.6%	48.8%	51.2%

Source: Mid Year Population Estimates, 2016.

Appendix 3: Community pharmacies by Locality in Cheshire West and Chester 2016

The following tables were correct at the time of publication. However, for the most up-to-date information on pharmacies in your location, the reader is advised to consult the NHS choices website.
https://www.nhs.uk/Service-Search/Pharmacy/LocationSearch/10

Table A3-1: Chester Locality

Code	Pharmacy	Postcode	Telephone
FT378	Boots (Branch: 0272 - Chester Foregate St)	CH1 1NA	01244328421
FJ868	Boots (Branch: 1117 - Chester The Forum Ctr)	CH1 2HA	01244 342852
FY420	Superdrug Pharmacy (Branch: 0522 - Chester)	CH1 2HA	01244325488
FED51	Boots (Branch: 5648 - City Walls Medical Centre)	CH1 2NR	01244347229
FXP75	Tesco Instore Pharmacy (Frodsham Street)	CH1 3JS	01244702027
FJX71	Well (Branch: 228520 - Chester - Fountains MC)	CH1 4DS	01244398685
FL226	Well (Branch: 228519 - Chester - Garden Lane MC)	CH1 4EN	01244 311 561
FX525	Boots (Branch: 6413 - Chester Greyhound Rp)	CH1 4QG	01244370857
FK874	Swettenham Chemists Ltd (4 The Parade)	CH1 5HN	0124 439 0047
FF392	Garrett Pharmacy (Western Avenue)	CH1 5PN	01244390818
FWN30	Morrisons Pharmacy (Mill Lane)	CH2 1BT	01244 381215
FTT01	Well Pharmacy (Branch: 200403 - Wealstone Lane)	CH2 1HD	01244 390 379
FL656	Rowlands Pharmacy (Branch: 1153 - Northgate Ave (Branch 1153))	CH2 2DX	01244380707
FPP41	Swettenham Chemists Ltd (95 Kingsway)	CH2 2LJ	01244 327023
FCC37	Boots (Branch: 5580 - Chester Hoole)	CH2 3BD	01244 325965
FFY48	WS Young Pharmacy (Hoole Lane)	CH2 3DP	01244316358
FYG01	M & A Weinronk Pharmacies (Chester)	CH3 5LB	01244 341412
FH722	Lloyds Pharmacy (Branch: 5052 - Chester Sainsburys)	CH3 5QJ	01244 378618
FVP67	Heath Lane Pharmacy	CH3 5ST	01244321269
FY785	Handbridge Pharmacy (Handbridge)	CH4 7JE	01244 683454
FLL40	Westminster Park Pharmacy Ltd	CH4 7QD	01244677000
FLM30	Owens Chemist (Saltney)	CH4 8BJ	01244 680410

Table A3-2: Ellesmere Port Locality

Code	Pharmacy	Postcode	Telephone
FT867	Boots (Branch: 2116 - Ellesmere Port Mercer Wlk)	CH65 0AP	0151 355 3025
FF950	Superdrug Pharmacy (Branch: 0385 - Ellesmere Port)	CH65 0AW	0151 355 4487
FLV02	***** Asda Pharmacy (Ellesmere Port)	CH65 0BZ	01513486110
FVY31	Rowlands Pharmacy (Branch: 1149 - Ellesmere Port (Branch 1149))	CH65 0DB	0151 355 3080
FPD14	Well (Branch: 228534 - Ellesmere Port - Church Parade)	CH65 2ER	0151 356 8505
FJ138	Lloyds Pharmacy (Branch: 6127 - Whitby)	CH65 6TG	01513552876
FE729	Well (Branch: 228532 - Ellesmere Port - Loxdale Drive)	CH65 7AN	0151 355 4004
FC562	***** Stanney Lane Chemist (Ellesmere Port)	CH65 9AE	01513558879
FGJ24	Boots (Branch: 6475 - Cheshire Oaks)	CH65 9HD	01513564055
FTG09	Lloyds Pharmacy (Branch: 5084 - Ellesmere Port Sainsburys)	CH65 9HN	0151 552 1405
FN526	Well (Branch: 228533 - Ellesmere Port - Overpool Road)	CH66 1JN	0151 356 0617
FG541	Rowlands Pharmacy (Branch: 1147 - Hope Farm (Branch 1147))	CH66 2RG	1513551293
FK817	***** Hope Farm Pharmacy (Ellesmere Port)	CH66 2WW	01513565035
FDE11	Lloyds Pharmacy (Branch: 6159 - Great Sutton)	CH66 3PB	01513392577
FLF82	Little Sutton Pharmacy (Ellesmere Port)	CH66 3RB	01513393382
FJR60	Sutton Pharmacy (Ellesmere Port)	CH66 3RF	01513393123

***** = 100 hours pharmacy

Table A3-3: Northwich and Winsford Locality

Code	Pharmacy	Postcode	Telephone
FQN76	Well (Branch: 200401 - Winsford - Winsford HC)	CW7 1AT	01625 525 353
FE685	Boots (Branch: 0461 - Winsford Dingle Walk)	CW7 1BA	01606 593661
FQJ12	Pondas Chemists Ltd (Queens Parade)	CW7 1BA	01606558321
FK364	***** Asda Pharmacy (Branch: 4930 - Winsford)	CW7 1BD	01606 596 410
FP677	Pondas Chemists Ltd (Cheviot Square)	CW7 1QS	01606593312
FJA52	Well (Branch: 228562 - Wharton - Wharton Primary HC)	CW7 3GY	01606 593 803
FDJ38	Rowlands Pharmacy (Branch: 1028 - Hartford (Branch 1028))	CW8 1QL	01606 74261
FJ922	Rowlands Pharmacy (Branch: 1030 - Sandiway (Branch 1030))	CW8 2NT	01606 882449
FGK17	Lloyds Pharmacy (Branch: 7209 - Lime Avenue)	CW8 3DE	01606853122
FD178	Lloyds Pharmacy (Branch: 7226 - Northwich Road)	CW8 3EU	01606853385
FXR69	Hoggs Chemist (Northwich)	CW8 4AZ	0160677485
FQD81	Barnton Pharmacy (Runcorn Road)	CW8 4EY	01606 74671
FVG71	Well (Branch: 224097 - Barnton - Oakwood MC)	CW8 4LF	01606 783 178
FVL43	Boots (Branch: 2030 - Northwich Witton St)	CW9 5DH	01606 42187
FG268	Well (Branch: 224055 - Northwich - Drillfield Road)	CW9 5HN	01606 43 986
FRW59	***** Danebridge Pharmacy (Northwich)	CW9 5HQ	0160642001
FKF96	Tesco Instore Pharmacy (Manchester Road)	CW9 5LY	0191 6934599
FY463	Well (Branch: 228547 - Northwich - Witton Street)	CW9 5QY	01606 331 552
FW140	***** Lloyds Pharmacy (Branch: 5181 - Northwich Sainsburys)	CW9 5RT	01606314509
FEA07	Lloyds Pharmacy (Branch: 6155 - Middlewich Road)	CW9 7DA	01606351813
FLN85	Eastfield Pharmacy (469 Manchester Road)	CW9 7QB	01606 45485
FXV57	Leftwich Pharmacy (Northwich)	CW9 8BQ	0160646467
FYQ20	Well (Branch: 228530 - Davenham - Church Street)	CW9 8NE	01606 49 527
FX561	Well (Branch: 228548 - Northwich - Kingsmead Square)	CW9 8UW	0160642663

***** = 100 hours pharmacy

Table A3-4: Rural Locality

Code	Pharmacy	Postcode	Telephone
FFP49	Saughall Pharmacy (Chester)	CH1 6EP	01244 881765
FC441	Elton Pharmacy (Elton)	CH2 4LU	01928725726
FF019	The Pharmacy (Farndon)	CH3 6PT	01829 270364
FCX15	Ian Littler Pharmacy (Tarvin)	CH3 8EE	01829 741880
FA875	Well (Branch: 228558 - Tattenhall - High Street)	CH3 9PX	01829 771 294
FCT37	Willaston Pharmacy (Neston Road)	CH64 2TL	0151 327 5110
FG425	Galen Pharmacy (Neston)	CH64 3RA	01513362350
FKY30	Deeside Pharmacy (Wirral)	CH64 4BN	0151 336 1837
FLF70	Boots (Branch: 5290 - Neston)	CH64 9TY	01513365551
FHP16	Rowlands Pharmacy (Branch: 1009 - Tarporley (Branch 1009))	CW6 0AB	01829 733201
FAX82	Holmes Pharmacy (Kelsall)	CW6 0RZ	01829751354
FF812	Well (Branch: 228542 - Malpas - The Cross)	SY14 8NU	01948 860 346
FH107	Fearns Pharmacy (Helsby)	WA6 0DP	01928 722226
FJ085	Boots (Branch: 1208 - Princeway)	WA6 6RX	01928733821
FT868	Boots (Branch: 5651 - Frodsham Church Street)	WA6 7DN	1928733236
FX021	The Village Pharmacy (Waverton)	CH3 7NX	01244336677
FVW60	Holland Pharmacy (Frodsham)	WA6 8EF	01928788559

Appendix 4: Dispensing Doctors' Survey

Introduction

The questionnaire was based on a template produced by the PSNC and the former NHS Western Cheshire. It was distributed by email to the practice managers of the five dispensing practices in Cheshire West and Chester. All responses were received by May 31st 2017.

(Q1) Opening Hours

What are the current regular opening hours of the dispensary?

Weekday	Opening Hours
Kelsall Medical Centre : 8am to 6.30pm (not closed for lunch) The Knoll - Frodsham : 8am to 6.30pm (not closed for lunch) Bunbury : 8am to 6.30pm (not closed for lunch) Laurel Bank - Malpas: 8am to 1pm and 3pm to 6.30pm Tarporley Health Centre: 8.30am to 12.30pm and 3pm to 6pm	
Saturday	All five closed
Sunday	All five closed

(Q2) Half Day Education Events

Does the dispensary close during the rolling half day education events?

All 5 said Yes but Tarporley opens between 17.00 to 18.00

(Q3) Consultation Facilities

Is there a specific area/room designated exclusively for pharmaceutical consultations?

Yes	3
No	2 If No, please specify any alternative arrangements 1x response: could use a consulting room if needed 1x response: GPs will have discussed with patients in person or over phone

If answer to the above question was "No", are there any plans to provide one within the next 12 months?

Yes: 0

No: 2

(Q4) Current Services Provided

Please list below any pharmaceutical services currently provided which are not commissioned by the Area Team

No responses

(Q5) Appliances

Does the dispensary dispense appliances?

Yes – All types	4
Yes, excluding stoma appliances	0
Yes, excluding incontinence appliances	0
Yes, excluding stoma and incontinence appliances	0
Yes, just dressings	1
Other [please state]	-
None	-

(Q6) Non-Commissioned Services

Does the dispensary provide any of the following?

Delivery of dispensed medicines – Free of charge on request	3
Delivery of dispensed medicines – Selected patient groups (please specify groups)	3 responses "Elderly, dementia, housebound" " Housebound, carers or patients who have difficulty getting to surgery" "Housebound patients and those who find it difficult to collect their repeat prescriptions. We deliver to 4 areas of the practice, once a week, so patients have a delivery every 4 weeks"
Delivery of dispensed medicines – Selected geographical areas (please specify areas)	1 response "Housebound patients and those who find it difficult to collect their repeat prescriptions. We deliver to 4 areas of the Malpas practice, once a week, so patients have a delivery every 4 weeks"
Delivery of dispensed medicines - chargeable	0

(Q7) Access to the Dispensary for Patients

How near to the dispensary can disabled customers (with a 'blue badge') park?

Within 10m	1
11 – 50m	4
Over 50m	0

Is the entrance to the pharmacy suitable for wheel chair access unaided i*.e. wide doorway at least 850mm, level entrance or easily used ramp, door not too heavy to open?*

Yes	5
No	0

Is the dispensary reception area fully accessible by wheelchair?

Yes	5
No	0

Do you have other facilities in your dispensary aimed at helping disabled people access your services? e.g. Hearing Loop

Yes	4
No	1
If Yes – please specify: 3x hearing loop, 1x low counter, 1x unspecified	

Do you have any comments regarding access to the dispensary?
1x response: "they have a bell outside the front door that a member of staff will go to see what the requirements of the patient are."

Are you aware of any gaps in access to pharmaceutical services for your patients? (*e.g. problems relating to language, sight/hearing impairment, hours of opening, distances to dispensary, etc)*
4x no comments.
Laurel Bank (Malpas): "patients have to travel 15 miles to Chester after 6.30pm on weekdays, after 12.30 pm on Saturday and all day Sunday, for pharmaceutical services."

(Q 8) Gaps in Pharmaceutical Need

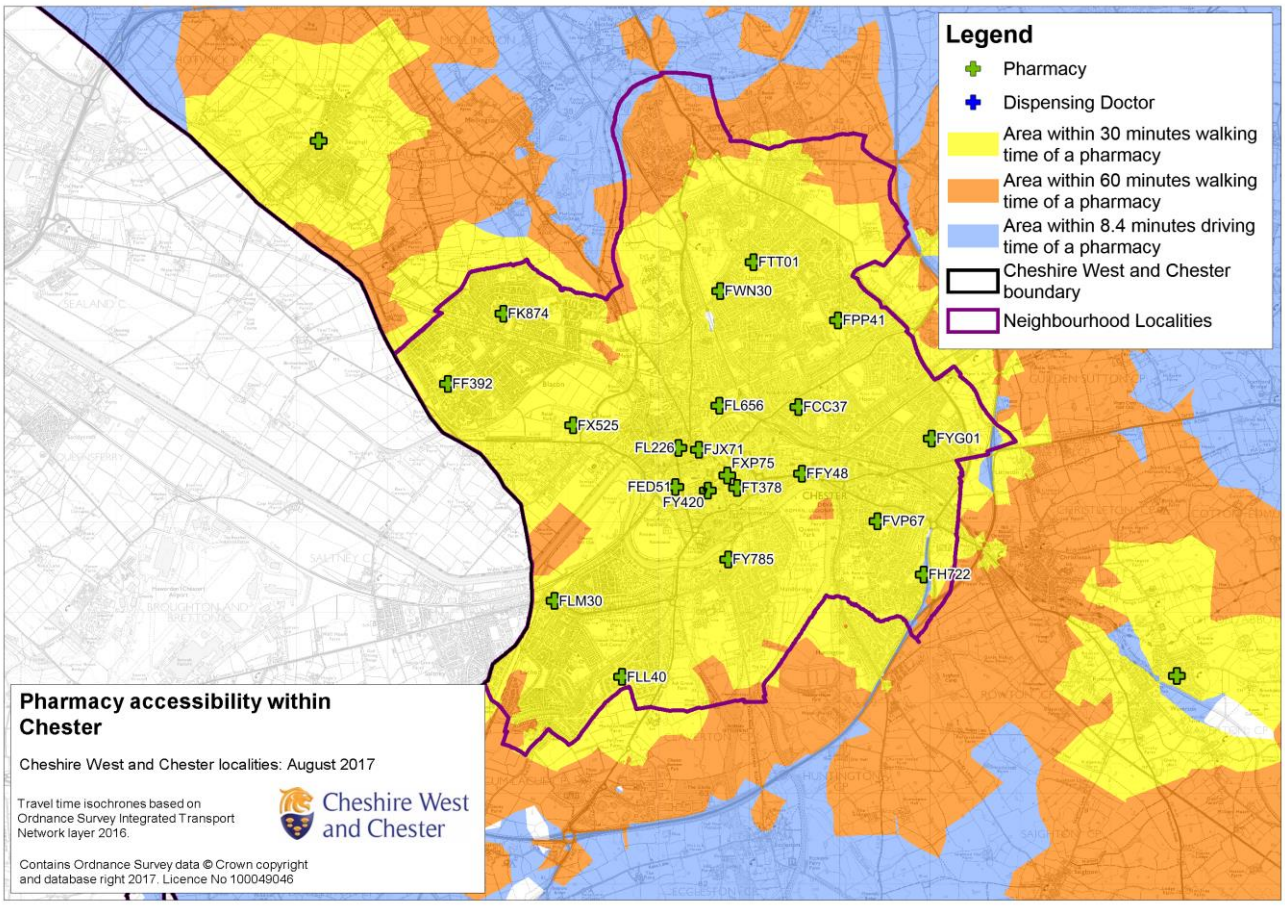
Are you aware of any gaps in access or pharmaceutical need for any of the following groups, relating to their:

Category	**Yes**	**No**
Age		5
Disability	1[#]	4
Gender		5
People who have had or are about to have a reassignment of gender		5
Race		5
Religion or belief		5
Sexual orientation		5

 # "if they have no access to transport"

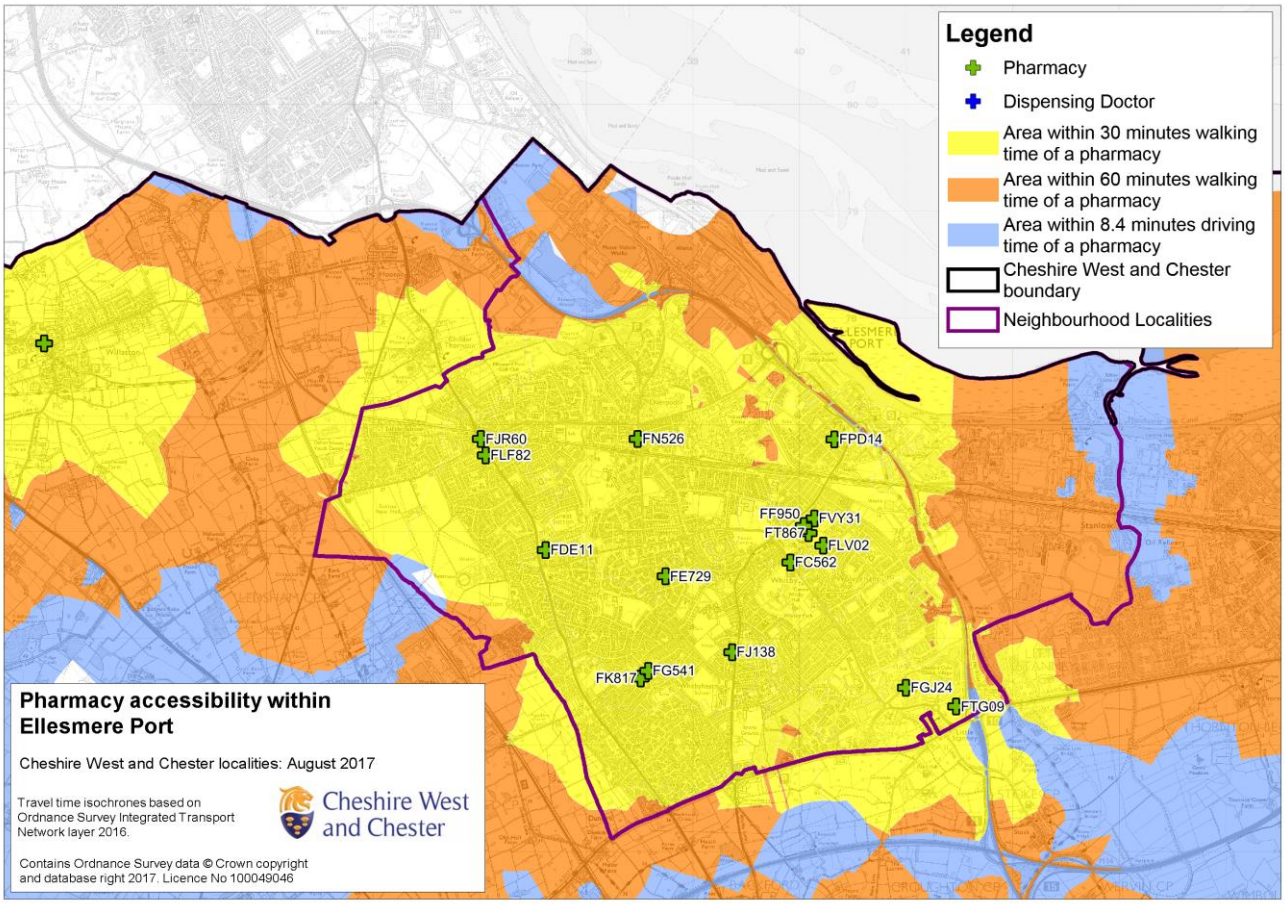
Appendix 5: Pharmacy locations and drive or walk times in major conurbations

Map A5-1: Location of pharmacies in Chester



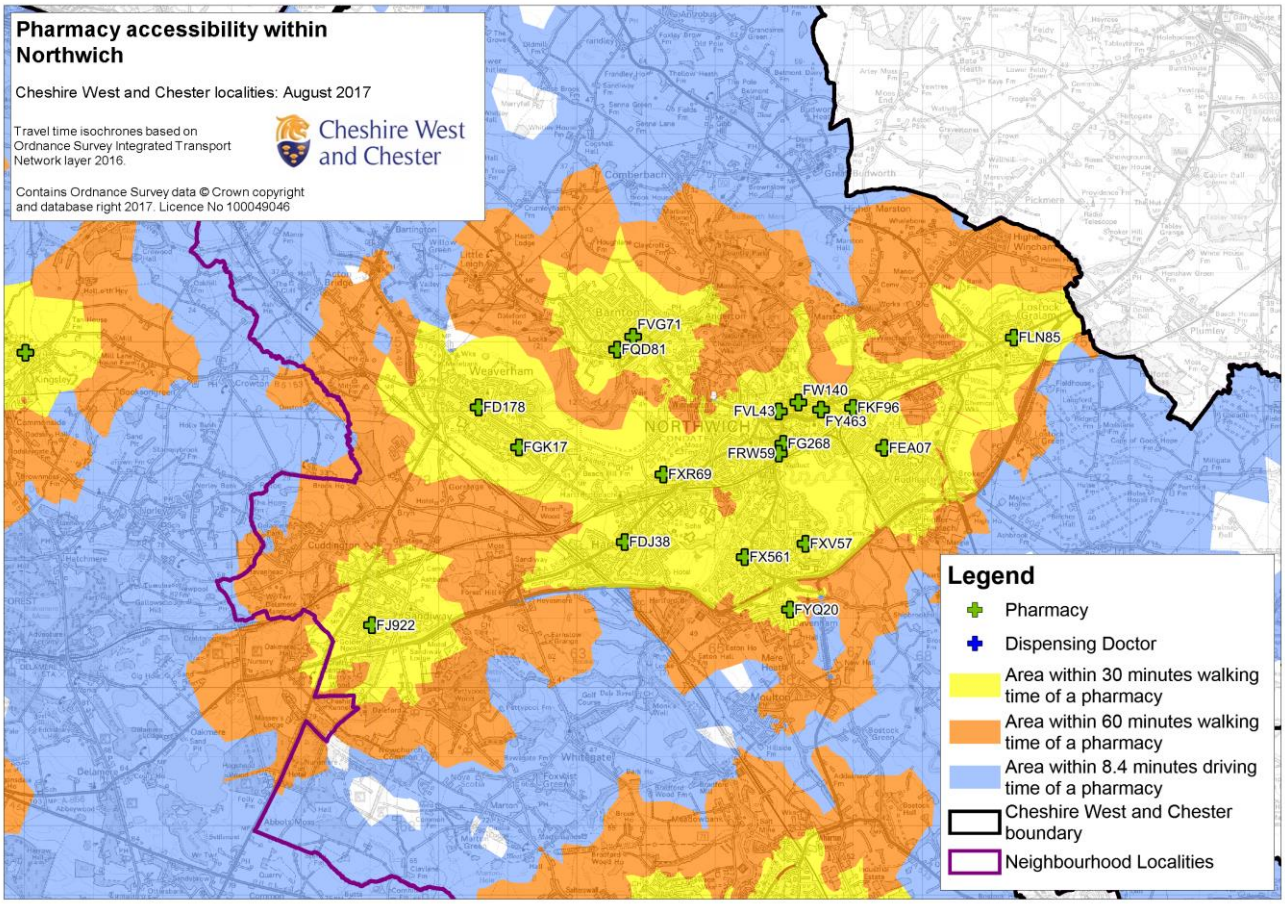
Map A5-1 shows the location of pharmacies in Chester that are within 30 minutes walking time of a pharmacy, 60 minutes walking time of a pharmacy and 8.4 minutes driving time of a pharmacy.

Map A5-2: Location of pharmacies in Ellesmere Port



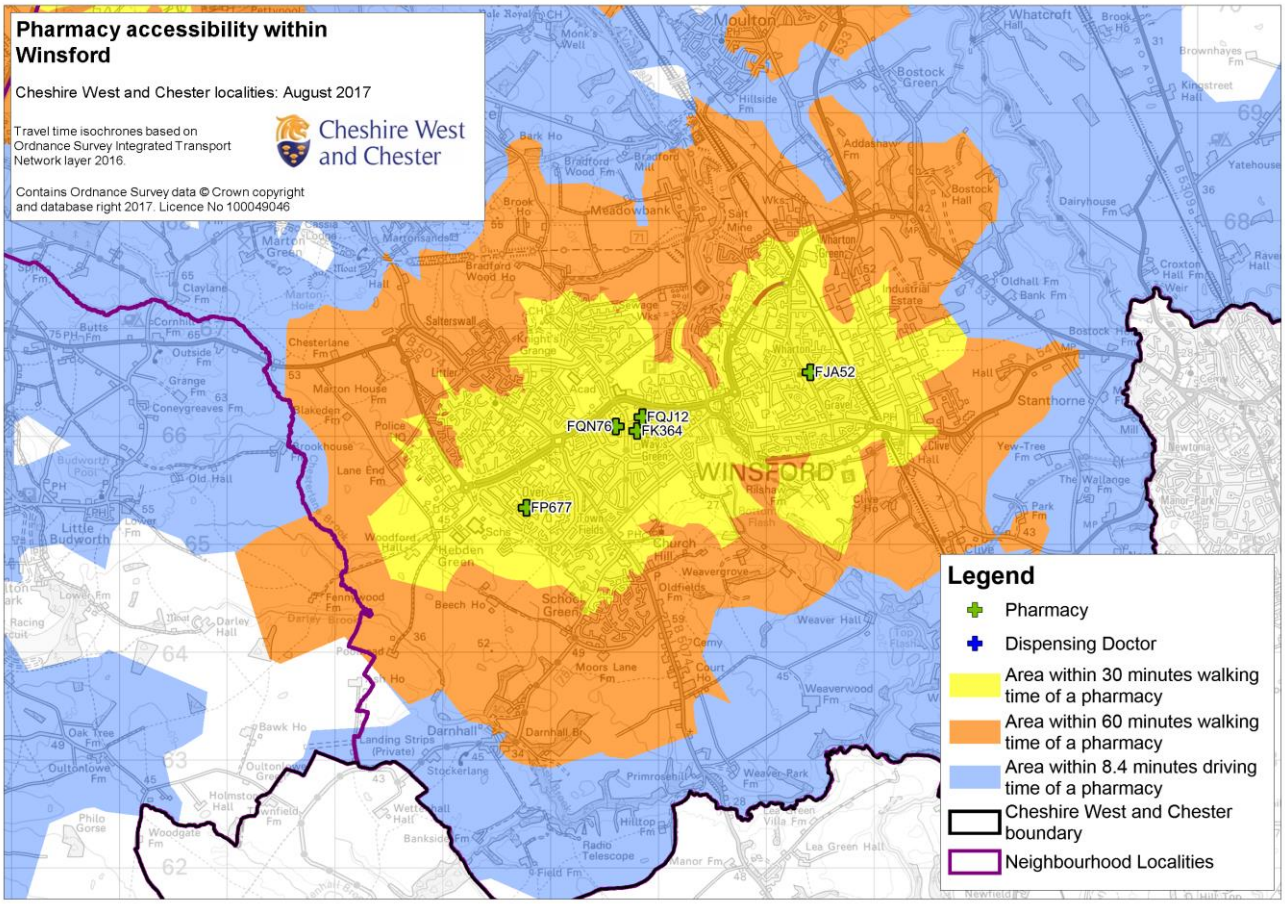
Map A5-2 shows the location of pharmacies in Ellesmere Port that are within 30 minutes walking time of a pharmacy, 60 minutes walking time of a pharmacy and 8.4 minutes driving time of a pharmacy.

Map A5-3: Location of pharmacies in Northwich



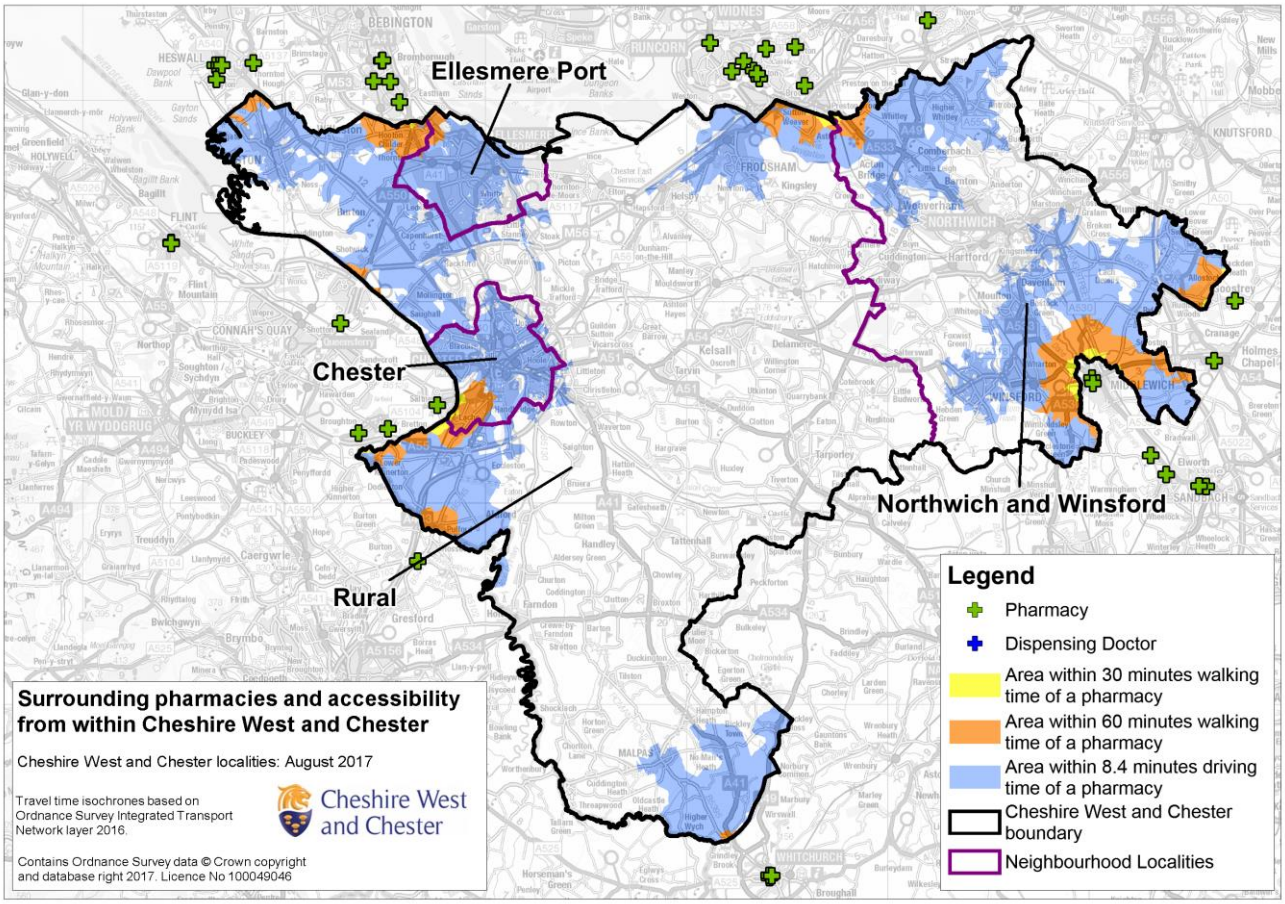
Map A5-3 shows the location of pharmacies in Northwich that are within 30 minutes walking time of a pharmacy, 60 minutes walking time of a pharmacy and 8.4 minutes driving time of a pharmacy.

Map A5-4: Location of pharmacies in Winsford



Map A5-4 shows the location of pharmacies in Winsford that are within 30 minutes walking time of a pharmacy, 60 minutes walking time of a pharmacy and 8.4 minutes driving time of a pharmacy.

Map A5-5: Cross border pharmacies supplying services to Cheshire West and Chester



Map A5-5 shows cross border pharmacies supplying services to Cheshire West and Chester and areas in Cheshire West and Chester within 30 minutes walk time of these pharmacies, areas within 60 minutes walk time and areas within 8.4 minutes drive time.

Appendix 6: Pharmacy opening times

Figure A6 - 1: Weekday opening in Cheshire West and Chester pharmacies

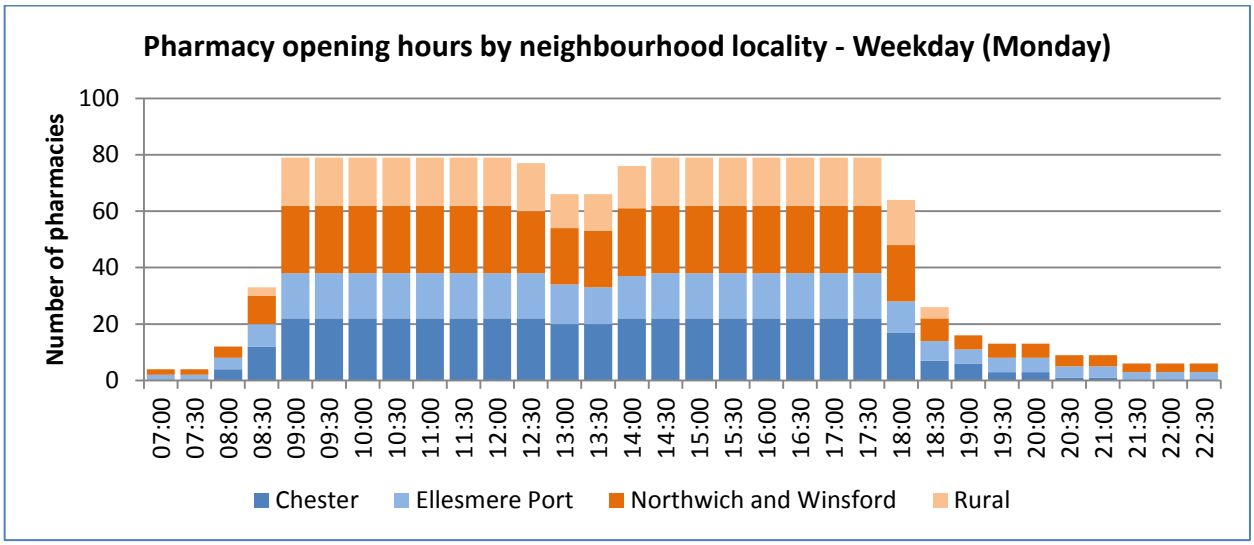


Figure A6 - 2: Saturday opening in Cheshire West and Chester pharmacies

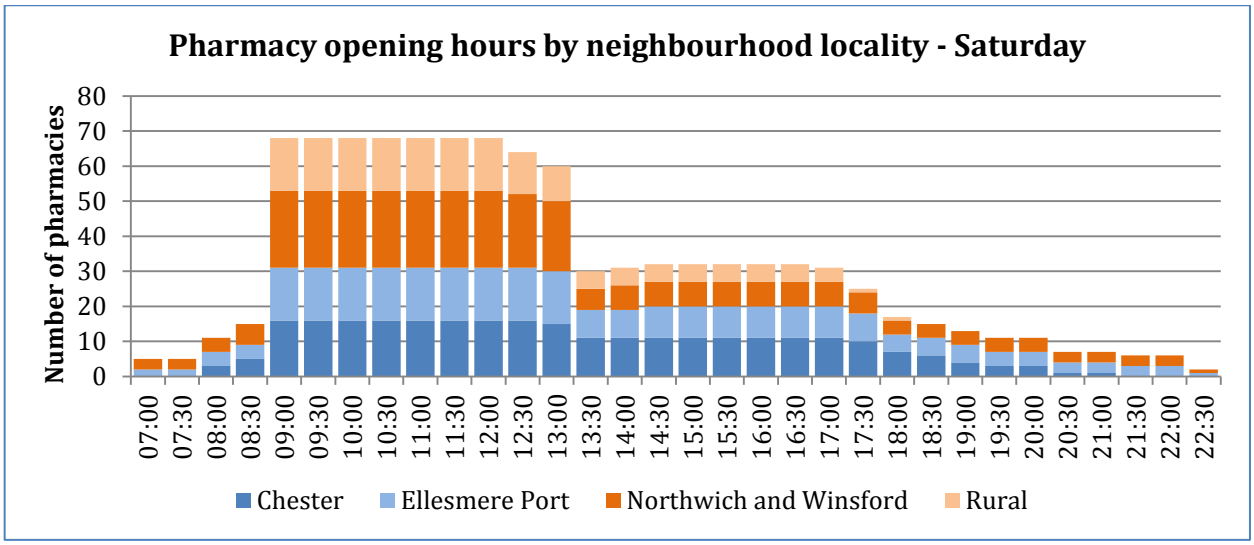
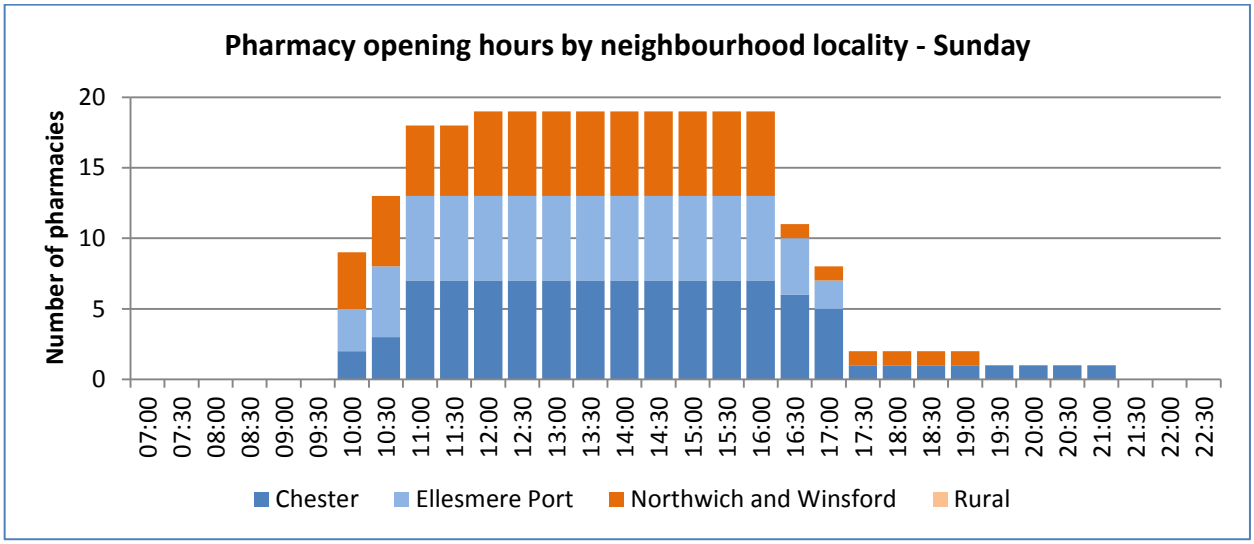


Figure A6 -3 : Sunday opening in Cheshire West and Chester pharmacies



The underpinning data for these graphs are given in the following tables.

Table 15: Weekday opening in Cheshire West and Chester pharmacies (Monday)

	Monday			
Time of day	Chester	Ellesmere Port	Northwich and Winsford	Rural
07:00	0	2	2	0
07:30	0	2	2	0
08:00	4	4	4	0
08:30	12	8	10	3
09:00	22	16	24	17
09:30	22	16	24	17
10:00	22	16	24	17
10:30	22	16	24	17
11:00	22	16	24	17
11:30	22	16	24	17
12:00	22	16	24	17
12:30	22	16	22	17
13:00	20	14	20	12
13:30	20	13	20	13
14:00	22	15	24	15
14:30	22	16	24	17
15:00	22	16	24	17
15:30	22	16	24	17
16:00	22	16	24	17
16:30	22	16	24	17
17:00	22	16	24	17
17:30	22	16	24	17
18:00	17	11	20	16
18:30	7	7	8	4
19:00	6	5	5	0
19:30	3	5	5	0
20:00	3	5	5	0
20:30	1	4	4	0
21:00	1	4	4	0
21:30	0	3	3	0
22:00	0	3	3	0
22:30	0	3	3	0

Table 16: Saturday opening in Cheshire West and Chester pharmacies

	Saturday			
Time of day	Chester	Ellesmere Port	Northwich and Winsford	Rural
07:00	0	2	3	0
07:30	0	2	3	0
08:00	3	4	4	0
08:30	5	4	6	0
09:00	16	16	22	15
09:30	16	16	22	15
10:00	16	16	22	15
10:30	16	16	22	15
11:00	16	16	22	15
11:30	16	16	22	15
12:00	16	16	22	15
12:30	16	16	21	12
13:00	15	16	20	10
13:30	11	9	6	5
14:00	11	9	7	5
14:30	11	10	7	5
15:00	11	10	7	5
15:30	11	10	7	5
16:00	11	10	7	5
16:30	11	10	7	5
17:00	11	10	7	4
17:30	10	8	6	1
18:00	7	5	4	1
18:30	6	5	4	0
19:00	4	5	4	0
19:30	3	4	4	0
20:00	3	4	4	0
20:30	1	3	3	0
21:00	1	3	3	0
21:30	0	3	3	0
22:00	0	3	3	0
22:30	0	1	1	0

Table 17: Sunday opening in Cheshire West and Chester pharmacies

	Sunday			
Time of day	Chester	Ellesmere Port	Northwich and Winsford	Rural
07:00	0	0	0	0
07:30	0	0	0	0
08:00	0	0	0	0
08:30	0	0	0	0
09:00	0	0	0	0
09:30	0	0	0	0
10:00	2	3	4	0
10:30	3	5	5	0
11:00	7	6	5	0
11:30	7	6	5	0
12:00	7	6	6	0
12:30	7	6	6	0
13:00	7	6	6	0
13:30	7	6	6	0
14:00	7	6	6	0
14:30	7	6	6	0
15:00	7	6	6	0
15:30	7	6	6	0
16:00	7	6	6	0
16:30	6	4	1	0
17:00	5	2	1	0
17:30	1	0	1	0
18:00	1	0	1	0
18:30	1	0	1	0
19:00	1	0	1	0
19:30	1	0	0	0
20:00	1	0	0	0
20:30	1	0	0	0
21:00	1	0	0	0
21:30	0	0	0	0
22:00	0	0	0	0
22:30	0	0	0	0

Appendix 7 : Community Pharmacy Contractors' Survey

The questionnaire was a slightly modified version of the one produced by the Pharmaceutical Services Negotiation Committee (PSNC) dated January 2017 (version five). It was amended centrally accommodating comments from public health intelligence analysts from across Cheshire and Merseyside and also members of the Local Pharmaceutical Committee (LPC) and NHS England.

The final version was presented to pharmacy contractors in an electronic version only on the PharmOutcomes platform. PharmOutcomes is an online database which is available in all pharmacies in Cheshire West and Chester. The questionnaire was "live" at the beginning of April 2017 and eventually closed on June 1st 2017. Non-responders were encouraged to complete the questionnaire by colleagues from the LPC throughout this period.

Of the 80 pharmacies (which included one distance selling pharmacy), the response rate was hundred percent. Data from PharmOutcomes were downloaded into a single Excel spreadsheet (CSV format) and analysed for further interpretation.

In addition to the data for the 79 community pharmacies presented overleaf, the questionnaire also provided details on each pharmacy's opening/closing hours. This information is presented elsewhere in the PNA.

(Q1) Consultation Facilities

Is there a consultation area?

None	1 (1.3%)
Available (including wheelchair access) on premises	65 (82.3%)
Available (without wheelchair access) on premises	13 (16.5%)
Planned within the next 12 months	0
Other (please state)	N/A

Is this enclosed?

Yes	78
No	0

Number of consultation rooms?

1	77 (97.5%)
2	2 (2.5%)

Off-site arrangements

Off-site consultation room approved by NHS	0
Willing to undertake consultations in patients home/other suitable site	33 (41.8%)
None apply	46 (52.2%)
Other	0

(Q2) Hand Washing and Toilet Facilities

Facilities available

Hand washing in consultation area	54
Hand washing facilities close to consultation area	13
Have access to toilet facilities	23
None	12

(May take more than one box)

Comment: All pharmacies have at least one consultation room and a consultation area (with one exception). Nearly 42% of pharmacies are willing to undertake consultations in patients' own home. The consultation areas are accessible by wheelchair in 65 (82%) pharmacies.

In 12 pharmacies, there is no access to hand washing facilities.

(Q3) Information Technology

Is the pharmacy EPS release 2 enabled?

Yes	79 (100%)

Is the pharmacy registered for "NHS mail"?

Yes	74 (93.7%)
No	5 (6.3%)

Is the pharmacy "NHS summary care record" enabled?

Yes	70 (88.6%)
Working towards enablement	9 (11.4%)

Is the "NHS choice" entry up to date?

Yes	76 (96.2%)
No	3 (3.8%)

Comment: All pharmacies (100%) are "Release – two" enabled for the Electronic Prescription Service (EPS) and most are registered for "NHS mail" and enabled for "NHS summary care record" (93.7% and 88.6% respectively).

The 3 pharmacies whose entries are not up-to-date on the "NHS choice" website should be encouraged to do so as this website is one of the main portals for the general public to locate a convenient community pharmacy.

(Q4) Essential Services (Appliances)

Does the pharmacy dispense the following?

Stoma appliances	64 (81.0%)
Incontinence appliances	62 (78.5%)
Dressings	74 (93.7%)
None	5 (6.3%)
Other	-

Comment: Nearly all pharmacies (93.7%) dispense dressings with over three quarters dispensing stoma and/or incontinence appliances.

(Q5) Advanced Services

Details of the advanced services provided by your pharmacy

Service	Yes (currently providing	Soon (intending to provide within the next 12 months)	No (not intending to provide
Medicines use review	77 (97.5%)	1 (1.3%)	1 (1.3%)
New medicine service	74 (93.7%)	4 (5.1%)	1 (1.3%)
Appliance use review	9 (11.4%)	6 (7.6%)	64 (81.0%)
Stoma appliance customisation	9 (11.4%)	6 (7.6%)	64 (81.0%)
NHS flu vaccination	59 (74.7%)	10 (12.7%)	10 (12.7%)
NHS urgent medicine supply	8 (10.1%)	25 (31.6%)	46 (58.2%)

Comment: Advanced services are those services which are commissioned nationally under the NHS Community Pharmacy Contractual Framework (CPCF). Over 90% deliver Medicines Use Review (MUR) and the New Medicine Service (NMS). Both of these services are useful for people with long-term conditions to help improve their understanding and adherence to their medication and are thus useful tools to promote self-care. It is encouraging to note that almost ¾ of pharmacies participate in the national NHS flu vaccination scheme

Only 10% of pharmacies currently participate in the NHS urgent medicine supply scheme. This is a developing scheme whose utility is yet to be established nationally. Although only 11% of pharmacies deliver appliance use review and/or stoma appliance customisation, these services are quite specialised.

(Q6) Commissioned Services

Service	Currently providing (NHS funded)	Willing and able to provide (if commissioned)	Currently providing (company/private service)	Not willing or able to provide
Anticoagulant monitoring	1	61	0	17
Antiviral distribution	3	60	0	16
Care home service	7	48	4	20
Gluten free food supply service	1	61	2	15
Home delivery	30	13	29	7
Language access service	3	47	3	26
Schools service	1	58	1	19
Sharps disposal service	57	15	2	5

Comment: For most of these services, pharmacies are either willing and able to provide (if commissioned) or are providing them. Sharps disposal is commissioned by NHS England. However, none of the other services listed in the above table are actually commissioned by an NHS body which suggests there is some confusion regarding services which are being commissioned. It is interesting to note that prescription of gluten-free food has recently been restricted.

(Q7) Urgent Care

Service	Currently providing (NHS funded)	Willing and able to provide (if commissioned)	Currently providing (company/private service)	Not willing or able to provide
Minor ailments service	55	21	0	3
Emergency supply	24	52	1	2
Out of hours service	5	46	0	28
On demand availability of specialist drugs	1	55	0	23
Palliative care scheme	13	57	0	9

(Q8) Disease Specific Medicines Management Service

Service	Currently providing (NHS funded)	Willing and able to provide (if commissioned)	Currently providing (company/private service)	Not willing or able to provide
Allergies	2	71	0	6
Alzheimer's/dementia	3	67	0	9
Asthma	7	66	2	4
CHD	2	67	0	10
COPD	5	67	2	5
Depression	2	67	0	10
Diabetes type 1	2	67	1	9
Diabetes type 2	2	69	1	7
Epilepsy	2	66	0	11
Heart failure	2	69	0	8
Hypertension	4	68	1	6
Parkinson's disease	2	66	0	11

Comment: Minor ailments are discussed in section 3. The NHS urgent medicine supply advanced service is also discussed elsewhere in the PNA. Otherwise, very few of the disease specific medicines management services are currently provided although a strong support to provide them if they were commissioned in the future.

(Q9) Public Health Services

Service	Currently providing (NHS funded)	Willing and able to provide (if commissioned)	Currently providing (company/private service)	Not willing or able to provide
Emergency hormonal contraception	55	16	3	5
Quickstart contraception	0	59	0	20
Contraception service	2	60	0	17
Chlamydia testing	3	61	0	15
Chlamydia treatment service	0	65	0	14
Needle and syringe exchange	13	44	0	22
Obesity management	1	68	2	8
NRT voucher dispensing	13	55	0	11
Smoking cessation counselling	13	56	0	10
Varenicline (Champix) PGD	1	68	0	10
Supervised administration	55	16	0	8

If you provide supervised administration service, is this done in a separate private room?

Yes	33
No	0
At patient request	22
Not applicable	24

Comment: Emergency hormonal contraception (EHC) is delivered in nearly 70% of pharmacies, with many more willing to provide if commissioned. The same can be said about supervised administration (i.e. of methadone) although only 13 pharmacies provide a needle and syringe exchange service. It will be useful to identify whether there is any unmet need for the latter.

Also, with only 13 pharmacies delivering either NRT voucher dispensing and/or smoking cessation counselling, nearly 70% of pharmacies would be willing and able to provide these services. A further examination of the unmet need would be useful. For the future, although not currently provided at all, Quickstart contraception (i.e. follow-on contraception after EHC) would be a useful service and nearly ¾ of pharmacies are willing and able to provide it.

(Q 10) Medicines Optimisation

Service	Currently providing (NHS funded)	Willing and able to provide (if commissioned)	Currently providing (company/private service)	Not willing or able to provide
MUR plus/Medicines optimisation service	7	63	1	8
Therapeutic areas covered (above)	Not answered			
Domiciliary medicine administration records (MAR)	14	33	17	15
Locally commissioned domiciliary MUR service	0	60	0	19
Medicines assessment and compliance support	1	63	2	13
Independent prescribing	0	35	1	43
Therapeutic areas covered (above)	Not answered			
Supplementary prescribing	0	34	0	45
Which therapeutic area (above)	Not answered			
Not dispensed scheme	2	55	0	22
Prescriber support service	1	53	0	25

Comment: MURs are discussed elsewhere. It is interesting to note that there are neither independent nor supplementary prescribers. This is an area which is ripe for development in the future particularly around management of long-term conditions.

(Q 11) Screening Service

Service	Currently providing (NHS funded)	Willing and able to provide (if commissioned)	Currently providing (company/private service)	Not willing or able to provide
Alcohol	1	61	2	15
Atrial fibrillation	0	58	0	21
Cholesterol	2	62	1	14
Diabetes	4	58	4	13
Gonorrhoea	0	60	0	19
H. Pylori	0	62	0	17
HbA1c	0	61	0	18
Hepatitis	0	54	0	25
HIV	0	53	0	26
Hypertension	3	59	6	11
Phlebotomy service	0	51	0	28
Vascular risk assessment service	0	63	0	16
Other screening	-	C-card scheme from body positive (1 response)		-

(Q 12) Vaccinations

Service	Currently providing (NHS funded)	Willing and able to provide (if commissioned)	Currently providing (company/private service)	Not willing or able to provide
Seasonal influenza (not NHS service)	28	15	30	6
Childhood vaccinations	2	53	3	21
HPV	1	57	0	21
Hepatitis B	5	54	4	16
Travel vaccines	4	57	5	13
Other	Gateway training with company for vaccination services but would have to be signed off relevant PGD (1 response)			

Comment: Very few (if any) screening services are being delivered although there is strong support to provide if they were commissioned subject to adequate training. Further, with the exception of seasonal flu, very few of the other vaccinations are provided. As the national flu service develops and pharmacists become more confident in administering these injections, there is strong potential for delivery of the other vaccinations.

(Q 13) Healthy Living Pharmacy
Is this a healthy living pharmacy?

Yes	22 (27.8%)
Currently working towards HLP status	46 (58.2%)
The pharmacy is not currently working towards HLP status but would be interested in becoming an HLP in the future	10 (12.7%)
The pharmacy is not currently interested in becoming an HLP	1 (1.3%)

(Q 14) Collection And Delivery Services

Does the pharmacy provide any of the following?	**Yes**	**No**
Collection of prescriptions from surgeries	79 (100%)	0
Delivery of dispensed medicines (free)	72 (91.1%)	7 (8.9%)
Delivery of dispensed medicines (chargeable)	8 (10.1%)	71 (89.9%)
Monitored/community dosage systems (free – if not covered by Equality Act)	68 (86.1%)	11 (13.9%)
Monitored/community dosage systems (chargeable – if not covered by Equality Act)	11 (13.9%)	68 (86.1%)
Monitored/community dosage systems (not provided – unless covered by Equality Act)	15 (19.0%)	64 (81.0%)

Comment: Nearly 90% of pharmacies are either already accredited or working towards healthy living pharmacy status. Most of the rest (bar one) are still interested in becoming accredited.

Most pharmacies both collect and deliver dispensed medicines (usually free of charge). Also, the majority of pharmacies (86%) provide monitored dosage systems (i.e. “blister” packs free of charge). In general, however, the data on whether these systems are effective in improving adherence are questionable.

(Q 15) Accessibility

Can customers Park within 50m of the pharmacy?

Yes	73 (92.4%)
No	6 (7.6%)

How far is the nearest bus stop/train station?

Within 100 m	48 (60.8%)
100 m – 500 m	28 (35.4%)
500 m – 1000 m	2 (2.5%)
1000 m +	1 (1.3%)

Do pharmacy customers have access to designated disabled parking?

Yes	48 (60.8%)
No	31 (39.2%)

Is the entrance to the pharmacy suitable for wheelchair access unaided?

Yes	65 (82.3%)
No	14 (17.7%)

Are all areas of the pharmacy floor accessible by wheelchair?

Yes	75 (94.9%)
No	4 (5.1%)

Do you have any other facilities in the pharmacy aimed at supporting disabled people access your service?

Automatic door assistance	26 (32.5%)
Bell at front door	17 (21.5%)
Toilet facilities accessible by wheelchair users	17 (21.5%)
Hearing loop	52 (65.0%)
Sign language	3 (3.8%)
Large print labels	62 (77.5%)
Large print leaflets	19 (23.8%)
Wheelchair ramp access	19 (23.8%)
Other	2 (2.5%) not stated

Comment: Accessibility to the pharmacies is generally good with reasonably close parking and/or access to public transport. Wheelchair access is good inside the shops in nearly 95% of pharmacies.

Are you able to offer support to people whose first language is not English?

Yes	21 (26.6%)
No	58 (73.4%)

If so how?

Interpreter/ language line	19 (24.1%)
Other languages spoken in the pharmacy	Arabic, Urdu/ Asian languages/ Bengali/ Cantonese /French /Gujarati, Hindi, Urdu, Chinese /Hindi, Punjabi, Spanish, Arabic /Hungarian /Italian, French, Pakistani /Malaysian /Mandarin, Cantonese, /Malaysian /Norwegian /Polish /Portuguese /Russian, Bulgarian, German /Spanish, French /Spanish, Polish, Portuguese /Tamil, Malaysian, Chinese, Arabic

Are you able to provide advice and support if the customer wishes to speak to a person of the same sex?

All the time	24 (30.4%)
By arrangement	43 (54.4%)
No	12 (15.2%)

Are you aware of any gaps in access or pharmaceutical need for any of the following groups relating to their:-

Age	1 (1.3%)
Disability	3 (3.8%) – because no ramp or room for mobility scooter in consultation room
Gender	1 (1.3%)
Gender reassignment	2 (2.5%)
Marriage and civil partnership	1 (1.3%)
Pregnancy and maternity	1 (1.3%)
Race	1 (1.3%)
Religion or belief	1 (1.3%)
Sexual orientation	1 (1.3%)
Other	none
If yes to any of the above please state why	no reasons given apart from disability question.[4]

Do you have anything else you would like to say which you think may be useful in the formulation of the PNA?

Nothing stated	

Comment: Around ¼ of pharmacies are able to provide assistance for customers whose first language isn't English. Also, there seems to be few (if any) gaps in pharmaceutical need for vulnerable groups by way of age, disability, gender, race, religion or sexual orientation.

[4] NB one pharmacy ticked yes for all parts of this section – we wonder whether this may be an error on their part.

Appendix 8:
Aspirations for pharmacy services in the future

A vision for pharmacy and public health

The aim of this paper is to highlight the opportunities that community pharmacies can offer for the delivery of services in the future which meet the public health agenda and to outline specific examples of services which could be considered for commissioning or development in order to improve the overall health of the public.

Context

Healthcare delivery has been estimated to contribute to only a third of the interventions which reduce mortality and morbidity. Changing lifestyles and the wider determinants of health contribute to the rest. The Government's vision is to transform public health creating a service which focuses on prevention and wellness and uses the wider public health workforce to provide effective services and deliver sustainable outcomes.

Current services

In Cheshire West and Chester, there are currently 78 community pharmacies. They all provide essential services (as described in the PNA). A large proportion also offer advanced and local enhanced services.

Why extend the role of community pharmacy?

Pharmacies provide easily accessible public health services, including targeted interventions, which reach a wide range of the public, young and old, ill and well. Pharmacies are open at times which suit the public, many open late into the evenings and at weekends and provide highly accessible, well-qualified healthcare professionals. Qualified pharmacists have undertaken a five-year programme of education which includes the completion of a master's level degree in pharmacy. The pharmacy workforce also comprises technicians, dispensing assistants and medicines counter assistants. Potential enhanced services are described below.

Potential community pharmacy screening services

Bowel cancer screening

Bowel cancer is the third most common cancer with approximately 40,000 new cases per year. The faecal occult blood test (FOBT) is an effective way of screening. A recent pilot in a Leicester pharmacy utilised a decision tree method to establish if customers were eligible for screening. Those individuals who were eligible were provided with information about the screening process, a screening kit and an explanation as to how to complete it.

Atrial fibrillation screening

If untreated, atrial fibrillation (AF) is a significant risk factor for stroke and other morbidities. Many pharmacists currently check blood pressure for patients and therefore a pulse check could easily be included following appropriate training. An AF screening programme could be incorporated as part of a medicines review for patients or as a stand-alone AF screening programme for the over 65 age group. Patients identified as having an irregular pulse would be referred to the GP for specific testing and diagnosis.

Chlamydia screening
Many community pharmacies already offer facilities for the screening of sexually transmitted infections such as Chlamydia. The community pharmacy affords local availability of a service to those at the highest risk at times most convenient to the clients. The test can be completed at the pharmacy or a postal kit can be provided which is then posted to a testing laboratory. A Chlamydia screening service could be commissioned either as a stand-alone service or in conjunction with the provision of emergency hormonal contraception.

Alcohol screening services and alcohol brief interventions
Community pharmacy is ideally placed to provide services which educate the public on their alcohol consumption and where appropriate refer to more specialist services. An alcohol screening and brief intervention service which utilises existing alcohol screening tools could be commissioned from pharmacy premises.

Hepatitis B and C
The screening service requires a simple blood spot test which can be carried out by trained staff in participating pharmacies. The service is designed to focus on those individuals who are likely to be at increased risk of infection. Such services have been commissioned from pharmacies on the Isle of Wight.

Chronic obstructive pulmonary disease (COPD)
It is estimated there are 2.7 million people in England with undiagnosed COPD. A recent "Community Pharmacy Future" COPD case finder service was piloted in 21 pharmacies in Wirral which screened 238 patients for COPD. Of those screened, 57% were deemed to be at risk of developing the condition. Based on the findings from this service, it was estimated that if the service was delivered across England then the NHS could see lifetime savings of £214.7m from stopping smoking and annual benefits of £264.5m from earlier diagnosis.

NHS health check screening
The location of community pharmacies makes them an ideal venue to provide a service. There is an emerging evidence base which suggests that pharmacies can effectively target hard to access groups which infrequently use GP services.

Influenza vaccination
Recent data suggest that healthcare and social care managers should encourage employees who have patient contact to be vaccinated. This has been shown to significantly lower rates of influenza-like illness and hospitalisations. A successful staff vaccination programme was recently commissioned in West Yorkshire by Wakefield and Bradford Councils.

Services for children and young people
Children and young people are well-placed to benefit from many existing pharmacy services which include; alcohol awareness, smoking cessation, weight management, chlamydia screening and emergency hormonal contraception. However, where these exist, greater engagement is required with young people to develop ways to improve uptake of these services by this age group.

Vitamin collection point
From 1 October 2015, local authorities will take over responsibility from NHS England for planning and paying for public health services for babies and children up to five years old.

The existing Healthy Start scheme provides vitamins from a range of settings including health centres, clinic settings and Children's centres. The Council could commission community pharmacies to provide vitamin drops to all eligible children via an extension of the existing voucher scheme. Given the effective distribution of pharmacies within communities, with close proximity to GP surgeries and schools, they offer an opportunity to extend the number of locations that vitamins are available from and ultimately increase the uptake of vitamins within the area.

Education settings
Pharmacists are well positioned to train and advise patients on the appropriate use of inhalers. Training packages have been developed recently to support this activity. A school inhaler technique programme offers the opportunity to ensure the correct technique is used from an early age thus preventing years of sub optimal inhaler use. A school inhaler scheme has recently been piloted in the Greater Manchester area.

This could be combined with education and advice on smoking cessation, alcohol consumption and sexual health information for the relevant age group. Appropriately trained pharmacy teams could also carry out screening services for sexually transmitted infections and brief advice regarding alcohol consumption in colleges and universities.

Stop smoking
Community pharmacy stop smoking services provide one to one support and advice to people who want to give up smoking. The service helps to increase the choice and improve access to stop smoking services especially for "hard to reach" groups, such as pregnant mothers and young people. Such services have the ability to supply appropriate stop smoking medication and aids.

Long term conditions (LTCs)
A key challenge in the management of patients with LTCs is non-adherence to prescribed medication. It is reported that around 30-50% of patients do not take their medications correctly, with the cost of hospital admissions as a result being estimated to be nearly £200 million a year. This is a cost likely to increase as the population ages, and patients take more medications.

Medicines Optimisation
Medicines optimisation is a patient-focused approach in helping patients getting the best from their medicines. It may involve stopping some medicines as well as starting others, and considers opportunities for lifestyle changes and nonmedical therapies to reduce the need for medicines. By improving safety, adherence to treatment and reducing waste, the medicines optimisation approach helps to ensure that patients are supported to get the best outcomes.

A service has recently been piloted in the Wigan area which focused on patients aged over 65 years who were taking 4 or more medicines. Benefits of the service included significant improvements with regard to adherence to medication and increase in quality of life. It was estimated that if the service were adopted across all pharmacies in England it would result in reduced medicines costs and hospital admissions.

COPD
The pilot in Wirral mentioned above has helped patients to recognise when their symptoms were worsening, how they should manage this to prevent deterioration in their health and helped them to reduce risk factors associated with their condition by the promotion of flu vaccination, smoking cessation and healthy lifestyles.

Domiciliary MURs
A separate domiciliary MUR service could be commissioned for vulnerable groups who are unable to get into community pharmacies. The aim of such reviews is to support these patients to continue living within their own home, reducing the need for social housing and reducing the risk of emergency hospital admissions. The review would help patients understand their medication better and empower the individual to maintain their health. These reviews can be initiated as stand-alone reviews or provided in conjunction with separate support visits from social care services. Suitable individuals could be referred to the service by social care or via collaboration between community pharmacies and GPs. A combined MUR or social care services has been piloted in Scunthorpe and one is currently being piloted in Warrington.

Healthy living pharmacies
The range of services outlined above can be offered by community pharmacies as stand-alone services with the pharmacy meeting the requirements of each individual service specification. However, many of these services can be offered via community pharmacies which have been accredited as healthy living pharmacies (HLPs).

The HLP concept (see diagram below), which was piloted in Portsmouth in 2010 could be adopted to demonstrate a consistent delivery of a range of services such as stopping smoking, weight management, emergency hormonal contraception, chlamydia screening, advice on alcohol and reviews of the use of medicines. They proactively promote a healthy living ethos and work closely with local GPs and other health and social care professionals. Early indications show that HLPs have greater productivity and offer higher-quality services

HLPs provide a framework for commissioning public health services via 3 levels of increasing complexity and required expertise with pharmacies aspiring to go from one level to the next. It is also an organisational development framework underpinned by three enablers of: workforce development (a skilled team to proactively support and promote behaviour change and improving health and well-being), premises that are fit for purpose and engagement with the local community and other health professionals.

Evaluation of the HLP pathfinder work programme demonstrated that Healthy Living Pharmacies really make a difference to population health locally. Examples of outcomes from the pilot programme included.

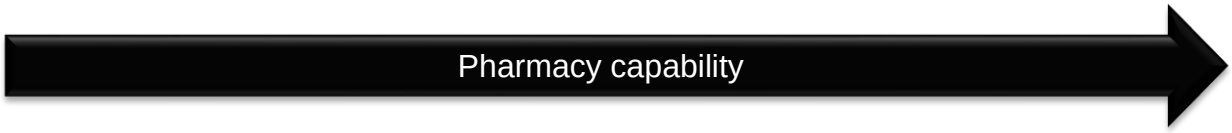
- Over 3500 individuals received brief advice on safe alcohol consumption; 36% were at increasing risk and 10% at high risk from current levels of use.
- Smokers walking into an HLP in Portsmouth were twice as likely to set a quit date and give up compared to a person walking into a pharmacy which wasn't an HLP
- 126 clients successfully lost weight with more than half achieving a total weight loss of greater than 5%.

At present approximately 700 community pharmacies, across 40 areas, have achieved Healthy Living Pharmacy status with an expectation that this figure will rise to 1,385 by April 2014.

Healthy Living Pharmacies (HLP) conceptual framework

Health living pharmacy framework				
Need	**Core**	**Level one - promotion**	**Level two – prevention**	**Level three – protection**
Smoking	Health promotion, self-care, signposting, OTC supply	Pro-active health promotion, brief advice, assess willingness, signpost to services	NHS stop smoking service, cancer awareness, health check	COPD and cancer risk assessment with referral, prescriber for stop smoking service
Obesity	Health promotion, self-care, signposting, OTC supply	Pro-active health promotion, brief advice, assess willingness, signpost to services	NHS weight management service, cancer awareness, health check	Prescriber e.g. obesity, CVD, diabetes, cancer risk assessment
Alcohol	Health promotion, self-care, signposting	Pro-active health promotion, brief advice, assess willingness, signpost to services	NHS alcohol intervention service, cancer awareness, health check	Structured care planned alcohol service, cancer risk assessment
Physical activity	Health promotion, self-care, signposting	Pro-active health promotion, brief advice, assess willingness, signpost to services	NHS health checks, healthy lifestyle consultation service	Structured physical activity plans, activity prescriptions
Sexual health	Health promotion, self-care, signposting, OTC supply	Pro-active health promotion, brief advice, signpost to services	NHS EHC and chlamydia screen and treat PGD service	Assessment, support, contraception and vaccination
Men's health	Health promotion, self-care, signposting	Pro-active health promotion, brief advice, signpost to services	NHS health check, PGD treatment, cancer awareness	PwSI/prescriber in men's health
Substance misuse	Health promotion, self-care, signposting	Supervised consumption, needle and syringe exchange	Harm reduction, Hep B and C screening	Client assessment, support and prescribing, Hep B vaccination
Other	Health promotion, self-care, signposting	Oral health, travel health, sun and mental health awareness	Cancer early detection and treatment adherence support, vaccination	Prescriber for travel health and immunisation and vaccination
Common	Health promotion,	NHS service (advice	NHS service	NHS service

ailments	self-care, OTC supply, signposting	and treatment with P and GSL medicines)	(PGD treatment)	(prescribed POMs)
Long term conditions	Health promotion, self-care, signposting, dispensing supply, risk management	Medicines optimisation (new medicine service and medicine use reviews)	Parameter monitoring, clinical review and management	Prescriber/PwSI for long term conditions
Enablers – Quality criteria				
Workforce development	Core capabilities	Healthy champion leadership skills	Behavioural change skills, leadership skills	PwSI/prescriber leadership skills
Environment	GPhC standards	Advanced IT and premises	Enhanced IT and premises	Enhanced IT and premises
Engagement	Operational	Primary care	Community	Public health and clinical leadership



Conclusion

The Government's vision is to transform the public health service to create a service which focuses on prevention and wellness and uses the wider public health workforce to provide effective services and deliver outcomes. Community pharmacies could be used to tackle a wide range of local public health priorities. Whether providing an innovative healthy living pharmacy service, a sexual health service targeting teenage pregnancies and sexually transmitted infections (STIs), the local implementation of an integrated programme such as stop smoking, established services for drug misusers, or being part of a national vaccination or screening programme, the evidence shows that community pharmacies can play a vital part in tackling present and future public health challenges.

Community pharmacies are trusted, professional and competent partners in supporting individual, family and community health. Effective community pharmacy services enable shared decision-making between service users and professionals and contribute to health improvement. Pharmacy Enhanced Services should therefore feature prominently in the new public health service as a way to improve access and reduce health inequalities

Paper written in conjunction with Community Pharmacy Cheshire and Wirral

Appendix 9: Report on Consultation (Oct – Dec 2017)

The consultation process is described on page 8. Completed responses were received from 13 respondents which included:-

2x Chief Pharmacists NHS hospital trusts
3x Community Pharmacists (retail pharmacy chains)
1x Community pharmacist.
1x Pharmacist, Clinical Commissioning Group (CCG)
1x Pharmacist, NHS England.
3x Members of public.
2x Not stated

For each question, the total for each answer is given. The free text comments are listed together with a commentary and intended actions.

Although the number of responses is small, the professional groups are well represented. The overall response is quite positive with most respondents agreeing that the purpose of the PNA has been adequately explained and that current and future pharmaceutical needs have been appropriately assessed. Most respondents agree with the regulatory statements as defined in the pharmaceutical regulations.

In addition, as part of its response to the consultation, HealthWatch Cheshire conducted a survey of people at its engagement events to gather their views on community pharmacy in the area. A summary of these findings is given at the end of this appendix.

Answers to the specific questions for the formal consultation are given below.

Question one: Do you think the purpose of the PNA has been adequately explained? (Yes = 11, No = 2)

Free text comment 1: (answer = “No”)
“Far too many pages to wade through” (member of the public)

Response
Not unreasonable that the document appears long. The introductory sections are intended to give a detailed description of the PNA, the PNA process and the underpinning pharmaceutical regulations set in the context of the NHS pharmacy contract. Unfortunately, these areas are complex in places and do require significant explanation to ensure the regulations are interpreted correctly. This particular section is similar in length to the PNAs being produced in the nine local authorities of Cheshire and Merseyside.

Free text comment 2: (answer = “No”)
“I have some concern regarding the statement that "patients can clearly see where they can access a particular service" in reference to the maps contained in the PNA. this is a snap shot of current provision which may change during the three years life of the PNA. As

such I would refer patients to NHS Choices for service provision information or caveat the maps with signposting to direct them to the latest provider information." (NHS England)

Response
Although there is a legal requirement to keep the PNA map up to date and also to issue supplementary statements whenever significant change in service provision occurs, the point is accepted that the PNA provides a "snapshot" of community pharmacies at the time of publication.

Actions (question 1)
The section referred to (page 9, paragraph 19) in comment 2 has been amended to contain a reference to the NHS choices website for the most up to date information on community pharmacies in a particular area. The same reference has also been added to the section which lists the community pharmacy details (page 60, appendix 3).

Question two: Do you think the PNA provides an adequate assessment of current pharmaceutical services in Cheshire West and Chester?
(Yes = 12, Blank = 1)

Free text comment 3: (answer = "Yes")
"The Minor Ailment has been highly reduced from March 2017, only 5 PDG(sic) are still alive" (Respondent's origin not stated)

Response
This comment refers to a reduction in the minor ailments scheme which is a service provided by community pharmacies to treat relatively minor conditions without the need to see a GP. This is intended to promote self-care and thus reduce unnecessary GP appointments. This type of service is known as a "locally commissioned service" according to the NHS Community Pharmacy Contractual Framework (CPCF). However, the "required statements from the pharmaceutical regulations" which appear in the PNA (page 51) are expected to focus on "essential services". Whilst locally commissioned services are not unimportant, it is accepted that their commissioning will vary across the country and may change within a particular county, from time to time, depending on the priorities of the commissioners.

Free text comments 4: (answer = "Yes")

a) " for clarity - Contract monitoring- NHS England contract monitoring process would not review any services locally commissioned by commissioners other than NHS England."
b) "it is stated that 3/4 pharmacies are delivering the flu vaccination service. I think it may be a higher number than 3/4 but this can be confirmed by NHS England"
c) "it may be sensible to make it really clear what services are NHS Enhanced services and which are Locally Commissioned (i.e. not commissioned by NHS England)"
d) "the "gap in provision" for EHC provision. it would be good to clarify that this gap would not be met by provision of a new pharmacy contract but the contracting of current pharmacies to deliver a wider level of service"
(NHS England)

Response
(a) and (c) are making the point that NHS England, through their contract monitoring process, will monitor "enhanced services" but not locally commissioned services. By definition, enhanced services are local services commissioned by NHS England. "Locally commissioned services" are all other local services which have been commissioned either by the CCG or local authority (e.g. EHC or needle exchange). Thus, locally commissioned services cannot be termed "enhanced", neither will they be monitored by NHS England. Unfortunately, this apparent confusion is a symptom of the fact that under previous regulations, the terms enhanced and locally commissioned were used interchangeably.

(b) the proportion of pharmacies participating in the flu vaccination scheme is correctly reported at nearly 75%. These are the figures which were obtained from the contractor's questionnaire. Similar to the above, the questionnaire represents a snapshot of activity which could have subsequently increased.

(d) refers to a potential gap in the provision of EHC. The point that the "gap" refers to existing contractors is accepted and that granting of a new pharmacy contract in a new area purely on the basis of EHC provision would not be cost-effective.

Actions (question 2)
For (a) and (c), the PNA has been amended to define "essential" and "locally commissioned" at the very first occurrence of these terms (paragraph 21).
The section on funding and monitoring of the pharmacy contract now only refers to enhanced services (paragraph 42) to emphasise that these are the only local services which are monitored under the NHS contract.

For (d), the text in paragraphs 215 and 238 has been amended accordingly to highlight the point around provision of EHC.

Question three: Do you think the PNA provides a satisfactory overview of future pharmaceutical needs of the population of Cheshire West and Chester?
(Yes = 12, Blank = 1)

Free text comment
Nil in this section

Response
The respondents are almost unanimous in agreeing that the draft PNA provides a satisfactory overview of the future pharmaceutical needs of the population in Cheshire West and Chester.

Question four: Do you agree that the current pharmacy provision and services in Cheshire West and Chester are adequate?
(Yes = 10, No = 2, Blank = 1)

Free text comment: 5 (answer = "Yes")
Need longer opening hours

(Member of the public)

Response

The opening hours of pharmacies across Cheshire West and Chester were considered during PNA development. During the week, all pharmacies are open from 9am to 5pm and most of these are also open on Saturday mornings. This cover is supplemented by six pharmacies which are open 100hrs per week and one open 79hrs. This level of access was considered adequate by the PNA development group.

Free text comment: 6 (answer = "No")

The availability of out of hours pharmacies in the Chester locality is very limited. A pharmacy located at the Countess of Chester health park would be convenient and accessible for patients in the locality and patients visiting A&E majors or minors, or the GP out of hours centre on that site, particularly out of hours.

(Chief Pharmacist NHS hospital trust 1)

Response

This comment is raising a perceived problem with out of hours cover in the Chester locality and suggests the solution may lie by opening a pharmacy on the Countess of Chester site.

However, NHS England, who have performed audits of activity during late evenings, have concluded that provision is adequate. NHS England have the ability to commission extended hours from existing contractors if necessary and have previously worked with the CCG to ensure that any directed rota is informed by out of hours usage data. There is also a cross-border pharmacy relatively close by which is open until midnight on most nights.

In addition, the NHS Urgent Medicines Supply Service (NUMSAS), which is described in paragraph 201, has been set up nationally to supply patients with medicines considered to be urgent through the NHS 111 system. Although currently this is a pilot scheme, potentially this could alleviate some of the supply problems associated with urgent medicines.

Action (question 4)

The PNA group will keep in contact with NHS England to determine whether any new data on out of hours provision in this locality are forthcoming.

In addition, NHS England have responded that out of hours and emergency services (for example A&E) should employ point of service dispensing and as such should not be reliant on an NHS Pharmacy to ensure that patients are provided with immediate access to acute medication out of hours (for example antibiotics). Also, the siting of a pharmacy on the Countess Site may be considered convenient to the public. However, this in itself would not be considered a regulatory argument for the provision of a new contract on this site.

Question five: **Do you agree with the PNA statements?** (Please see pages 51-54 in the draft PNA)
(Yes = 10, No = 1, Blank = 2)

Free text comment: 7 (answer = "No")
See 4 above - the provision of extended hours pharmacy services on the Countess site would be an important addition to the provision of pharmacy services across the locality and would support the A&E and GP out of hours provision for the city of Chester.
(Chief Pharmacist NHS hospital trust 1)

Response to comment
Please see response and action to comment 6 above.

Question 6: Do you have any other comments you wish to make about pharmaceutical need in Cheshire West and Chester?

Free text comment: 8
Provide the same services in a wider area as Cheshire East, Warrington, Wirral ...
(Chief Pharmacist NHS hospital trust 1)

Response
This is a helpful suggestion and it would be beneficial for patients to know they could get the same level of service in community pharmacy as they move across the region, particularly for those who live on the borders of our borough. Nevertheless, the populations for each county are different and in turn, so may be the commissioning priorities. However, the Pharmaceutical Local Professional Network (LPN) is addressing the clinical aspects of community pharmacy services in these areas and wherever issues arise are able to discuss and influence if appropriate. Although the PNA is each Health and Wellbeing Board's responsibility, there is some attempt under the regulations to ensure consistency because every Health and Wellbeing Board is required to share their PNA with their neighbouring boroughs and *vice versa*.

Free text comment: 9
A very comprehensive review of pharmaceutical services against the needs of the population of Western Cheshire
(member of the public)

Response
Thank you.

Free text comment: 10
extend the Minor ailments service .
(retail pharmacy chain)

Response
Whilst we agree that the minor ailments scheme is a useful service, the PNA is mainly concerned with essential services (e.g. dispensing of prescriptions) as already discussed under comment 3.

Free text comment: 11
The PNA outlines a positive approach for pharmacy's valuable contribution to the system wide infrastructure to health services close to people's homes.
(Chief Pharmacist NHS hospital trust 2)

Response
Thank you.

HealthWatch survey of public experience of community pharmacies in Cheshire
The survey was carried out in November and December 2017 by HealthWatch to establish the current use and understanding of community pharmacy services in East and West Cheshire.

In Cheshire West and Chester, 62 responses were obtained from a wide range of people of all ages and circumstances and particularly those classified as primary users of pharmacy such as families with children and those with long-term health conditions. Of all the respondents, the services most used were obtaining prescriptions (93%), over-the-counter medicines (85%) and access to minor ailment treatments (70%). Some concern was expressed regarding the potential reduction in local pharmacy provision.

Judging from the general comments, it was also evident that the survey respondents had a very positive view of community pharmacies which were described as “a linchpin of the local community” and a “vital part of local services.” HealthWatch concluded that pharmacies are widely used and a valued resource but there is scope to increase awareness around the minor ailments scheme.

The full report can be viewed at:
http://www.healthwatchcwac.org.uk/sites/default/files/pharmacy_services_in_cheshire_-_report_-_18.12.17.pdf

Action
The report will be distributed to West Cheshire and Vale Royal CCGs for their information.

Appendix 10:
Equality Impact Assessment

Potential equality issues were considered throughout the development of the PNA in a number of ways:-

Firstly, one of the PNA's principal data sources is the Joint Strategic Needs Assessment (JSNA). Identification of equality issues is a fundamental strand of the JSNA development process. Other data sources which contributed to the PNA such as the Annual Public Health Report and the Health and Wellbeing strategy also have equality as an important driver.

Secondly, The Pharmacy Contractors' and Dispensing Doctors' surveys specifically asked whether there were any perceived gaps in service provision in specified vulnerable groups (e.g. age, disability, gender, race etc). The response to this question was almost unanimous in saying that no problems were apparent. One of the pharmacies identified a local problem related to the lack of a ramp or sufficient space for a mobility scooter to their consultation room. A second pharmacy replied there were issues with all of these vulnerable groups yet gave no reasons in the free text box. This response is being regarded as the individual's misinterpretation of the question.

Thirdly, the formal 60 day consultation, which was completed mainly by health professionals, didn't contain any comments related to equality issues.

The PNA Working Group is satisfied that there are no apparent equality issues regarding the pharmaceutical need of Cheshire West and Chester residents.

Appendix 11:
References

The accessibility of community pharmacies. Pharmaceutical Services Negotiating Committee
https://archive.psnc.org.uk/pages/about_community_pharmacy.html

Cheshire West and Cheshire Joint Strategic Needs Assessment (JSNA)
http://www.cheshirewestandchester.gov.uk/default.aspx?page=16477

Cheshire West and Cheshire Locality dashboard
http://www.cheshirewestandchester.gov.uk/your_council/key_statistics_and_data/local_statistics/cross_cutting_statistics/locality_dashboard.aspx

Department of Health - Pharmaceutical Needs Assessments: Information Pack (2013)
https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack

General Pharmaceutical Services in England: 2003-04 to 2012-13
http://www.hscic.gov.uk/catalogue/PUB12683

Lewington G, Marshall K. Access to emergency hormonal contraception from community pharmacies and family planning clinics. *Br J Clin Pharmacol* 2006; 61: 605-8 http://www.ncbi.nlm.nih.gov/pubmed/16669854

Pharmaceutical Services Negotiating Committee. Pharmaceutical needs assessments: a guide for local authorities (2013)
http://psnc.org.uk/wp-content/uploads/2013/08/PNAs-a-guide-for-local-authorities.pdf

Primary Care Commissioning. Pharmaceutical needs assessments: right service in the right place (March 2013)
http://www.pcc-cic.org.uk/article/pharmaceutical-needs-assessments-right-service-right-place

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013
http://www.legislation.gov.uk/uksi/2013/349/pdfs/uksi_20130349_en.pdf