Health and Wellbeing Board

Pharmaceutical Needs Assessment Update

1. Purpose

Health and Wellbeing Boards (HWBs) have a statutory responsibility for publishing and keeping up to date a pharmaceutical needs assessment (PNA) from 1 April 2013. The PNA provides a comprehensive, ongoing assessment of the local need for pharmaceutical services. This is different from identifying general health need.

This report identifies the stages we have currently gone through in developing and consulting upon the PNA and gives HWB members the opportunity to add further comments before final approval.

2. Recommendations

- 2.1 That the consultation process and key findings to date be noted
- 2.2 That the Health and Wellbeing Board comment on the latest draft of the PNA.
- 2.3 To note that the final version of the PNA will be submitted for approval to the next Health and Wellbeing Board meeting on 2 March 2015.

3. Report detail

The last PNA was published on 1 February 2011 and remains in use until a new PNA is approved by the HWB in March 2015. The National Health Service (NHS) Pharmaceutical and Local Pharmaceutical Services Regulations 2013 require every HWB to publish its first PNA by 1 April 2015.

The PNA informs NHS England of the need for pharmaceutical services across Walsall. This includes decisions on applications for new pharmacy and dispensing appliance contractor premises. Walsall Council Public Health service and Walsall Clinical Commissioning Group (CCG) will also use the PNA to inform their commissioning decisions.

The mandatory 60 day consultation has commenced (taking place from Wednesday 1st October to Friday 5th December 2014), with 10 responses received overall from the list of defined stakeholders within the regulations. The PNA working group has collated, commented and where necessary, acted upon the feedback provided. These will be documented within appendix 6 of the final PNA report.

In addition, 57 responses were received from residential groups who use Walsall pharmacies via a survey conducted by Healthwatch Walsall and have been fed into the PNA report.

The final refreshed PNA report needs to be completed and implemented by 1st April 2015 to meet the requirements of the regulations.

In order to achieve this, a presentation of the PNA's key findings are to be presented to enable the HWB to feed in any comments / suggested amendments / additions into the final version. HWB member comments can be sent to Hema Patel – Community Pharmacy Facilitator – hema.patel1@nhs.net by 26 January 2015.

The final draft PNA is available at the link below:

http://cms.walsall.gov.uk/index/health_and_social_care/healthwellbeing.htm

Please note a presentation and colour coded maps illustrating service locations will accompany this report.

Authors

Dr Barbara Watt & Dr Uma Viswanathan, Interim Directors of Public Health Emma Thomas, Senior Analyst, Public Health Intelligence

Date

January 2015

Walsall Pharmaceutical Needs Assessment 2015 (PNA)

A PNA is defined as the statement of need for pharmaceutical services in a given area

Dr Barbara Watt – Interim Joint Director of Public Health

Background

- From 1 April 2013, every Health and Wellbeing Board (HWB) in England has a statutory responsibility, under the Health and Social Care Act 2012, to publish and keep up to date, a statement of the needs for pharmaceutical services for the population in its area, referred to as a 'pharmaceutical needs assessment' (PNA)
- Pharmaceutical and Local Pharmaceutical Regulations 2013 set out the requirements for PNAs
- Walsall's last PNA was produced in 2011

Purpose

The PNA enables NHS England, Walsall Council, Walsall CCG, Local Pharmaceutical Committees (LPC), pharmacy contractors and other key stakeholders to:

- Understand the current and future pharmaceutical needs of the local population
- Gain a clear picture of pharmaceutical services currently provided
- Clearly identify and address any local gaps in pharmaceutical services
- Make appropriate decisions regarding applications for NHS pharmacy contracts
- Commission appropriate and accessible services from community pharmacy as the PNA can identify areas for future investment or development or areas where decommissioning is required.

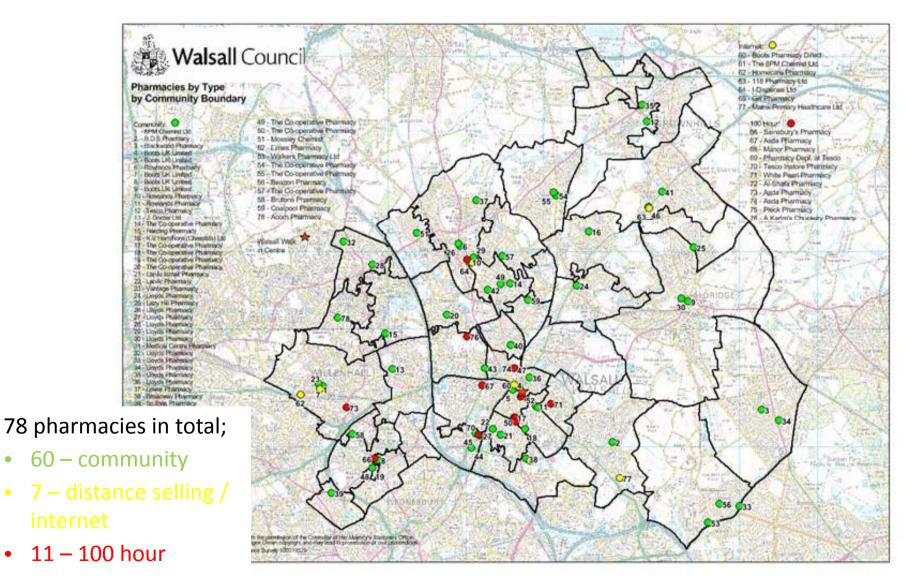
Development of Walsall PNA

Formed PNA working group

(Primary care contracting (NHS England), Public Health, Medicines Management, Local Pharmaceutical Committee , Community pharmacy contractors, Healthwatch Walsall)

- Identified local health needs, HWB and CCG priorities
- Identified local pharmaceutical service provision
- Sought patient experience via Healthwatch Walsall
- Mapped and synthesised data
- Undertook consultation
- Revised PNA where appropriate, following consultation

Service Provision: Pharmacy Locations in Walsall



What services do pharmacies deliver?

There are different levels of Pharmaceutical Service provision:

- 1. Essential Services (all pharmacies must provide)
- 2. Advanced Services (pharmacies choose to provide)
- 3. Enhanced Services (commissioned locally by NHS England, pharmacies choose to provide)
- 4. Locally Commissioned Services (LCS) (commissioned locally by LA / CCG pharmacies choose to provide)

Essential Services – all pharmacies

- Dispensing medicines
- Repeat dispensing
- Medicines waste out of date drugs etc.
- Public Health health messages, lifestyle advice
- Signposting to other services
- Support for self care
- Clinical Governance adhering to regulations / guidance

Access to Essential Services in Walsall

- Walsall has 28 pharmacies per 100,000 population, when compared to the Area team of 26 pharmacies per 100,000 population. 78 pharmacies in total.
- Walsall has a higher number of pharmacies compared to other West Midlands CCGs
- Dispensing demands are lower compared to WM and England

Conclusion - provision of essential services in Walsall is sufficient to meet need

Advanced Services – some pharmacies (negotiated & funded nationally)

- Medicine Usage Review (MUR) and Prescription Interventions Service – this can only be provided from accredited premises, which have a private consultation area.
- New Medicine Service (NMS)
- Appliance Usage Review (AUR)
- Stoma Appliance Customisation (SAC)

Access to Advanced Services in Walsall

- Medicine Usage Review (70 out of 78 provide this)
- New Medicine Service (69 out of 78 provide this)
- Stoma Appliance Customisation (14 out of 78 provide this)
- Appliance Use Review (0 out of 78 provide this)

Conclusion – Good coverage of MUR & NMS. SAC & AUR coverage low, but similar to trend across England as they are specialist services. Support usually provided to patients via a clinic or hospital.

Enhanced Services – some pharmacies (Commissioned locally by NHS England)

- Flu vaccination (see map handout)
- Rota service to ensure pharmacies are accessible during bank holidays

Locally Commissioned Services (LCS) – some pharmacies (commissioned by Walsall Council (Public Health) & Walsall CCG) (see map handout)

Walsall Council Public Health:

- EHC & Chlamydia screening
- Supervised consumption of prescribed medicines
- Needle exchange
- Smoking cessation
- NHS Health Checks

Walsall CCG:

- Minor ailments
- Palliative care service
- Medicines management support to care homes
- Anti coagulant service

Patient Experience – Healthwatch Walsall Pharmacy User Survey

- 57 responses (majority aged 55+)
- Overall satisfaction of pharmacy and GP performance in process for receiving medication is very high – 99% report average / happy / very happy

Suggestions for additional services include:

- Chiropody
- BMI testing / weight management service
- Hearing tests / advice

Conclusion – some suggested additional services already offered, better communication of what is provided needed

Mandatory 60 day Consultation on draft PNA

- Took place between 01/10/14 05/12/14
- Accessed electronically via Walsall Council website (<u>http://cms.walsall.gov.uk/index/health_and_social_care/healthwellbeing.htm</u>) or could request a hard copy
- 10 responses ranging from pharmacies, Public Health, Public Health England, LPC, Medicines Management Committee (MMC) and South Staffs LPC

Feedback from PNA Consultation

- Correction of some pharmacy opening times
- Additional information on what services pharmacies currently provide
- Oral health queries raised covered as part of commissioned Minor Ailments service (mouth ulcers in particular)
- Gap recognised but met by pharmacy opening in North Willenhall thereby alleviating potential access issues
- Proposal that weight management services offered by pharmacies be re-visited
- Recognition that communication needs to be improved between GPs and pharmacists

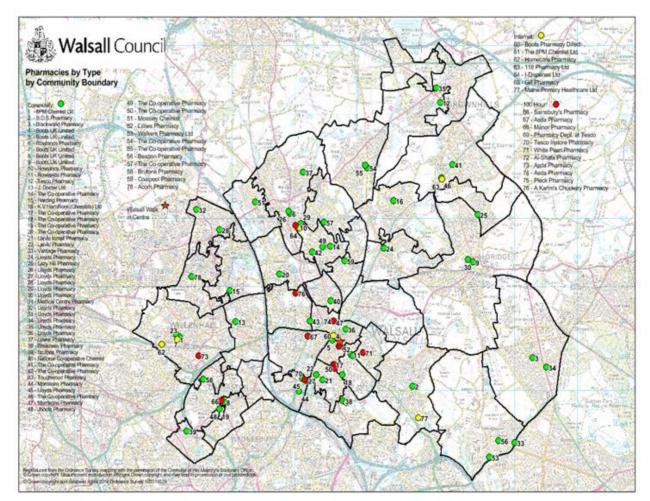
Next Steps...

- Any HWB member comments to Hema Patel (Community Pharmacy Facilitator) – <u>hema.patel1@nhs.net</u> by 26 Jan 2014
- Final PNA to HWB 2nd March for approval and sign off
- Publication of PNA by 1st April 2015 on Walsall Council website

Supporting Report to Health and Wellbeing Board

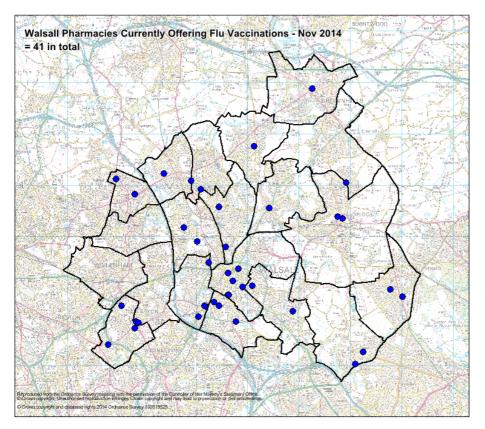
Agenda item

Title: Pharmaceutical Needs Assessment Coloured Maps

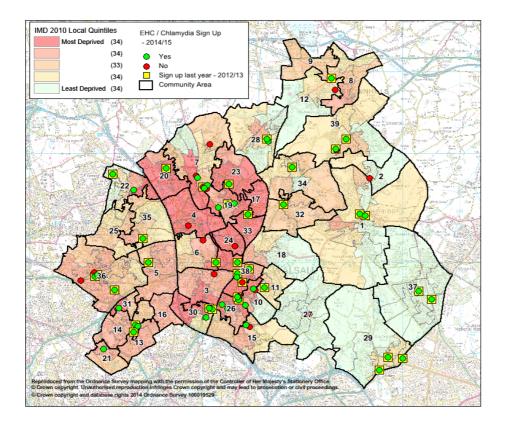


Location of Pharmacies in Walsall

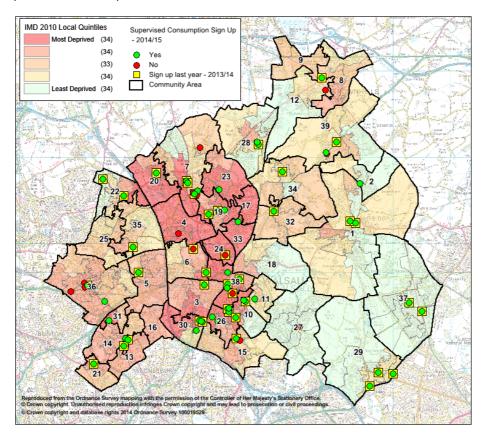
Flu Vaccination Service



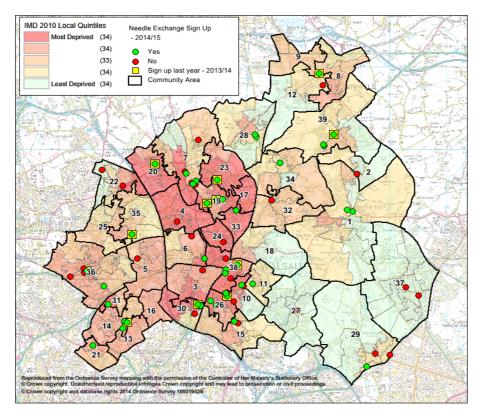
Emergency Hormonal Contraception & Chlamydia Screening



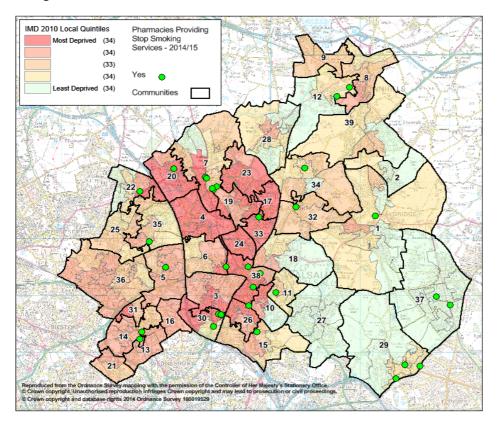
Supervised Consumption



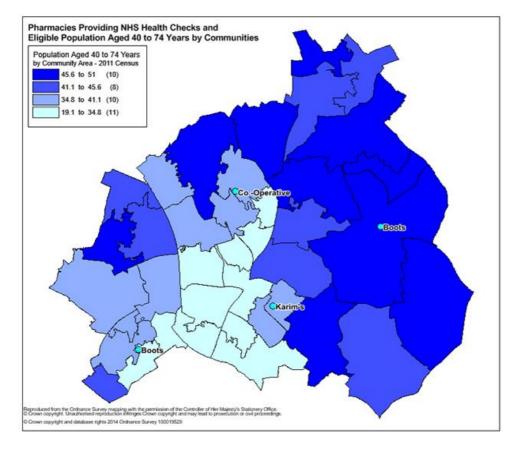
Needle Exchange

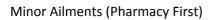


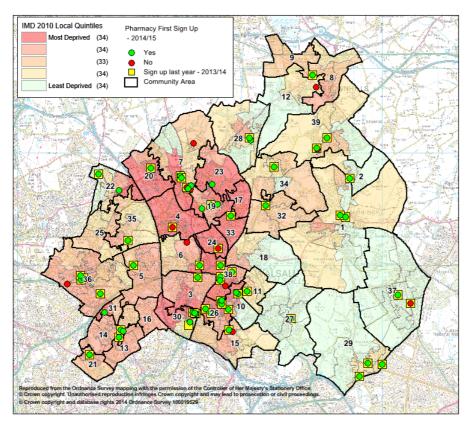
Smoking Cessation



NHS Health Checks







Walsall Health and Wellbeing Board

Pharmaceutical Needs Assessment

The document has been prepared to meet the requirements of the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

1st April 2015

Contents

Glossary	4
Executive summary	5
The purpose of a PNA	5
Context	5
Exempt application requirements	6
Walsall HWB Assessment of Pharmaceutical Needs	6
Localities	
Consultation	
Defining Pharmaceutical Services	7
Access to Pharmaceutical Services in Walsall	8
Access to Essential Services	8
Access to Advanced Services	8
Access to Enhanced Services	9
Public Health Commissioned Services	10
CCG Commissioned Services	11
Other Services and Future Commissioning	12
Introduction	
Pharmaceutical Needs Assessment Objectives	14
Pharmaceutical Services included within the PNA	14
Access to Enhanced Services	15
Rota Service	16
Public Health Commissioned Services	16
CCG Commissioned Services	17
Exclusions from the scope of the PNA	17
Context for the PNA	18
Regulations Governing PNA requirements	18
PNAs and Market Entry Regulations	18
Local Policy Context	18
Joint Strategic Needs Assessment (JSNA)	19
Process Followed in Developing the PNA	20
Development Process and Methods	20
Identify local health needs, HWB and CCG priorities	20
Identify pharmaceutical service provision	20
Patient experience – Healthwatch Walsall Pharmacy User Survey	20
Mapping and synthesising data	20
Governance and Steering Group	20

Localities for the purpose of the PNA	21
The Consultation process	22
Engagement during the development of the draft PNA	22
Regulatory Consultation Process and Outcomes	22
Walsall Health Profiles	24
Deprivation	25
Age Profile	26
Ethnicity	26
Disease Prevalence	27
Future Health Needs / Developments	29
Health Need – Locality basis	30
Patients and Public	38
Community Pharmacy Patient Questionnaire (CPPQ)	38
Public Survey	38
Healthwatch Walsall Pharmacy User Survey	38
The Assessment	41
Benchmarking Provision of Pharmacy Services	41
Dispensing Services – Cross Border and Dispensing Doctors	46
Pharmacy Services Provision	47
Community Pharmacy Survey	47
Current Premises- Services	48
Languages spoken	49
Essential Services	50
Advanced Services	51
Enhanced Services	52
Locally Commissioned Services (LCS)	53
Local Authority Commissioned Public Health Services	53
CCG Commissioned Services	53
Enhanced/ Locally Commissioned Services - Not Currently Commissioned	62
Appendix 1 – Mandatory Formal Consultation	65
Appendix 2 – Membership of PNA Working Group and Acknowledgments	66
Appendix 3 – Map of Pharmacy Contractors within Walsall Borough	67
Appendix 4 – Pharmacy Contact Details & Opening Times by Type	68
Community Pharmacies	68
Distance Selling / Internet Pharmacies	72
100 Hour Pharmacies	73
Appendix 5 – Pharmacies Service Provision by Type	74

Community Pharmacies	74
Distance Selling / Internet Pharmacies	78
100 Hour Pharmacies	79
Appendix 6 – Mandatory 60 Day Consultation Feedback	80

Page | 3

Glossary The table below defines terms included within this PNA:

AUR	Appliance Use Reviews
BSBC AT	Birmingham, Solihull and Black Country Area Team
CCG	Clinical Commissioning Group
CHD	Chronic Heart Disease
CPCF	Community Pharmacy Contractual Framework
CPPQ	Community Pharmacy patient Questionnaire
CVD	Cardio-vascular Disease
DH	Department of Health
EHC	Emergency Hormonal Contraception
FHSAU	Family Health Services Appeal Unit
GP	General Practitioner
HWB	Health and Wellbeing Board
IBA	Interventional Brief Advice
IDACI	Income Deprivation Affecting Children Index
IDAOPI	Income Deprivation Affecting Older People Index
IMD	Index of Multiple Deprivation
JSNA	Joint Strategic Needs Assessment
LCS	Locally Commissioned Services
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Service
LRC	Local Representative Committee
MUR	Medicines Use Review
NHS	National Health Service
NHSE	NHS England
NRT	Nicotine Replacement Therapy
ONS	Office for National Statistics
PCT	Primary Care Trust
PNA	Pharmaceutical Needs Assessment
ТВ	Tuberculosis

Executive summary

This document is Walsall's Health and Wellbeing Board's (HWB) pharmaceutical needs assessment (PNA). The document has been prepared to meet the requirements of the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

The purpose of a PNA

The PNA is a key commissioning tool for NHS England, local authority and Clinical Commissioning Group's (CCG). The PNA includes pharmaceutical services and other services that may be delivered through community pharmacy. The PNA maps current provision, assesses local need and identifies any gaps in provision.

NHS England has the responsibility for determining market entry to a pharmaceutical list and the PNA forms an important part of the decision process.

Robust, up to date evidence is important to ensure that community pharmacy services are provided in the right place and that the pharmaceutical services commissioned by NHS England and services commissioned by Walsall Council and the CCG meet the needs of the communities they serve.

This PNA has been developed through a process of engagement and collaboration with stakeholders.

Context

If a person (a pharmacist, a dispenser of appliances or in some circumstances and normally in rural areas, GPs) wants to provide NHS pharmaceutical services, they are required to apply to the NHS to be included on a pharmaceutical list. Pharmaceutical lists are compiled and held by NHS England.

Under the NHS (Pharmaceutical Services and Local Pharmaceutical Services)(amended) Regulations, a person who wishes to provide pharmaceutical services must generally apply to NHS England to be included on a relevant list by proving they are able to meet a pharmaceutical need as set out in the relevant PNA. There are exceptions to this, such as applications for needs not foreseen in the PNA or to provide pharmaceutical services on a distant selling (internet or mail order only) basis. The first PNAs were published by NHS primary care trusts (PCTs) and were required to be published by 1 February 2011. An existing PNA published by NHS Walsall (February 2011) is currently in use.

The Health and Social Care Act 2012 established HWBs. The Act also transferred responsibility to develop and update PNAs from PCTs to HWBs. Responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list transferred from PCTs to NHS England from 1st April 2013.

The NHS Act 2006, amended by the Health and Social Care Act 2012, sets out the requirements for HWBs to develop and update PNAs and gives the Department of Health (DH) powers to make Regulations.

Exempt application requirements

1st April 2013 marked a new era in market entry. The change in the market entry test to refer to the PNA means that it is no longer necessary to have exemptions to the test for the large out of town retail developments, the one stop primary medical centres, or the pharmacies undertaking to provide pharmaceutical services for at least 100 hours per week. These exemptions therefore cannot be used by an applicant (although existing pharmacies and those granted under the exemption continue).

The regulations have made it clear that 100 hour pharmacies cannot apply to reduce their hours.

The exemption for distance selling (internet) pharmacies to meet the requirements of a standard new application for a new community pharmacy contract still applies. The reason this exception (as it is now called) is required, is because a true internet or mail order pharmacy, servicing a population spread throughout the country, cannot argue a strong enough case for meeting needs set out in a local PNA, nor could it be said to bring about a significant benefit under an unforeseen benefits application. New conditions have been introduced in regulation 64, which requires the pharmacy to be able to provide essential services safely, without face to face contact at the premises, and must ensure that persons anywhere in England are able to access the essential services.

Walsall HWB Assessment of Pharmaceutical Needs

The following sections summarise the conclusions of the PNA which have been derived by mapping health needs of the population from the perspective of pharmaceutical services against current pharmaceutical service provision.

Localities

Walsall has been divided into 39 localities called "communities" with boundaries which were the result of a large Local Authority consultation with residents in 2000-2001 in Walsall and therefore more likely to be a real world view of Walsall geography.

Consultation

A mandatory formal consultation lasting 60 days was undertaken on the final draft of the PNA as per the Regulations, 2013. This included all the stakeholders required by the regulations. Feedback received was considered by the PNA working group and incorporated where appropriate to the final document. The list of stakeholders consulted is listed in appendix 1.

In addition the PNA working group conducted a survey of all pharmacy services providers within the geographical boundary. Providers were requested to provide details of their premises and current services offered and services they would be willing to provide. This information has been used to inform the PNA and will be used by commissioners of pharmacy services.

Defining Pharmaceutical Services

Pharmaceutical services in relation to PNAs include:

• Essential services - every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service1 – the dispensing of medicines, promotion of healthy lifestyles and support for self-care;

 Advanced services - services community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation as necessary – these are Medicines Use Reviews and the New Medicines Service for community pharmacists and Appliance Use Reviews and the Stoma Customisation Service for dispensing appliance contractors; and

• Locally commissioned services (known as enhanced services) - commissioned by NHS England.

The pharmaceutical regulations (2013) governing PNA require the HWB to define pharmaceutical services in terms of:

Necessary services: current provision

Services that are provided within the HWB or outside of the area of the HWB which are necessary to meet the need for pharmaceutical services.

Necessary Services: gaps in provision

Services that are not provided within the HWB area but need to be provided in order to meet a need for pharmaceutical services or need to be provided in specified future circumstances.

Other relevant services

Current provision- services that are provided within the HWB or outside of the area of the HWB although 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 and they affect the assessment by the HWB of the need for pharmaceutical services in its area.

Improvements and better access: gaps in provision

Services not currently provided but if provided they would secure improvements, or better access to pharmaceutical services either immediately or in specified future circumstances.

Other services

Services provided or arranged by the HWB, NHSE, a CCG, an NHS trust or an NHS foundation trust to which the HWB has had regard in its assessment, which affect the need for pharmaceutical services, or pharmaceutical services of a specified type, or 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.

Access to Pharmaceutical Services in Walsall

Access to Essential Services

Dispensing is an essential service in the pharmacy contractual framework. This PNA has found that the population of Walsall has good access to dispensing services. The number of pharmacies per head of population in Walsall is above average when compared to the Birmingham, Solihull and Black Country Area Team. Walsall has a total of eleven 100 hour pharmacies. This provision of extended pharmacy services provides sufficient coverage within the Walsall geographical boundary.

There is good coverage of dispensing services to populations in Walsall's localities and there is a good alignment to GP services.

The 2011 PNA stated the only area where residents had expressed having difficulties in accessing pharmacy services was within the North Willenhall locality. A new pharmacy has recently opened in this area, therefore alleviating the access difficulties to a pharmacy.

Access to Advanced Services

Advanced Services are commissioned by NHS England. There are four Advanced Services within the NHS community pharmacy contractual framework (the 'pharmacy contract'). Community pharmacies can choose to provide any of these nationally commissioned services as long as they meet the requirements set out in the Secretary of State Directions.

Medicines Use Reviews (MURs)

The Medicines Use Review (MUR) and Prescription Intervention Service consists of accredited pharmacists undertaking structured adherence-centred reviews with patients on multiple medicines, particularly those receiving medicines for long term conditions.

Appliance Use Reviews(AURs)

AURs can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. AURs should improve the patient's knowledge and use of any 'specified appliance'

Stoma Customisation

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.

New Medicines Service(NMS)

The service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is initially focused on particular patient groups and conditions.

The Community Pharmacy survey showed the number of pharmacies currently provides the following services:

- NMS 69
- MURs 70
- AURs 14
- SAC 19

These are nationally commissioned services over which the HWB has limited control and has no levers to improve the quality or targeting of the service.

Overall there is good provision of advanced pharmacy services such as the Medication Use Review (MUR)(70 providers- pharmacy survey August 2014) and New Medicine Service (NMS) (69 providers-pharmacy survey August 2014) across Walsall that help to deal with adherence to medicines and the management of people with long-term conditions.

Coverage of appliance use reviews and stoma appliance customisation services are low which is similar to the trend seen across England due to these services being a specialist area with many patients receiving the support they require either from a clinic or hospital or from a dispensing appliance contractor located in another area.

Access to Enhanced Services

Seasonal Flu Vaccination

NHS England have commissioned community pharmacies to provide a seasonal influenza vaccination enhanced service as a pilot (1st October 2014- 31st January 2015). The aim is to increase the uptake of seasonal influenza vaccine across Birmingham, Solihull, Sandwell, Dudley, Walsall and Wolverhampton in line with Department of Health recommendations, in addition to the current arrangement with local GP practices thus improving choice and access to seasonal influenza vaccine for eligible patients who are:

- registered with a Birmingham, Solihull and Black Country Area Team GP
- resident in Birmingham, Solihull and Black Country but NOT registered with a GP practice anywhere in the UK.

A report on the overall flu pilot is due next year.

Rota Service

NHSE have recently commissioned a rota service to ensure there is adequate access to pharmaceutical services on days when pharmacies are not obliged to be open, such as Bank Holidays.

Before 1st April 2013 PCTs commissioned enhanced services from pharmacy contractors in line with the needs of their population. From 1st April 2013 those public health enhanced services previously commissioned by PCTs transferred to local

authorities and the CCG continued to commission minor ailments; Palliative care and medicines management to care homes. These no longer fall within the definition of enhanced services or pharmaceutical services as set out in legislation and therefore will not be referred to as enhanced services but as Locally Commissioned Services (LCS).

Public Health Commissioned Services

As of April 2014, the following services have been commissioned by Walsall Council, Public Health:

Emergency Hormonal Contraception (EHC)

The aim of this service is to improve access to emergency contraception and sexual health advice helping to reduce the number of unplanned pregnancies in the client group and to improve clients' access to Chlamydia testing in primary care settings.

Supervised Consumption of Methadone

The supervised methadone service requires the pharmacist to supervise the consumption of prescribed medicines at the point of dispensing in the pharmacy, to ensure that the dose has been administered to the patient, a drug user in treatment.

Needle Exchange

The needle exchange service allows pharmacies to provide access to sterile needles and syringes and a sharps container for return of used equipment.

Smoking cessation

The service aims are to provide one-to-one smoking cessation support and advice over three months for those who wish to stop smoking and provide an appropriate form of Nicotine Replacement Therapy.

For each of the above services, the majority of localities within the borough have a pharmacy(s) signed up to provide or have access to a service nearby and sign up for the majority of the borough matches the need for the service.

There are localities with no pharmacy provision of smoking cessation; though coverage is still good and there are a number of other providers e.g. GP practices.

NHS Health Checks

The aim of this LCS is to ensure all those aged 40 to 74 and not previously included on the CVD disease registers have a review of their CVD risk and risk factors to reduce morbidity and mortality from cardiovascular disease in Walsall. To promote accessibility to the NHS Health Checks Programme and identify individuals who are at high risk of developing a CVD (≥20% CVD risk over 10 years) in Walsall but are currently not attending their GP Practices. The providers have been procured through the "Local Tender" process with one provider in each of the four CCG localities (North, South, East and West). This service commences 1st January 2015; hence there is currently no data available.

CCG Commissioned Services

As of April 2014, the following services have been commissioned by Walsall CCG:

Minor Ailments Scheme (Pharmacy First)

Pharmacy First is a scheme which allows patients exempt from paying prescription charges to obtain a consultation with a pharmacist and medicines over the counter free of charge for a list of minor ailments. This avoids the need for patients to attend a GP appointment to receive a prescription.

For the above service, the majority of localities within the borough have a pharmacy(s) signed up to provide or have access to a service nearby and sign up for the majority of the borough matches the need for the service.

Palliative Care Service

The palliative care service is an out of hours on-call service which enables the pharmacist on call to dispense a prescription for palliative care drugs to improve access and ensure continuity of supply. The providers of this service sign up to the on-call rota so that weekends and bank holidays are covered.

The on call pharmacist for this service covers the whole of the borough, therefore there are no geographical gaps.

Medicines Management to Care Homes

The care homes service is an audit based service provided through Community Pharmacists. The aim of the service is:

- To improve safety by ensuring that care homes have policies in place for all aspects of medicines management.
- To reduce potential patient harm as procedures for handling medication improve
- To improve patient experience because medication will be handled safely and staff will have increased knowledge of medication

Providers of this service do not need to be geographically close to the care homes which they audit so there are no geographical gaps.

Anti-Coagulant Services

The CCG have also commissioned an anti-coagulant service to any qualified provider. The service has been commissioned to provide increased capacity in the community to meet the rising demand for anticoagulation monitoring that is near to patients and is easily accessible and flexible. Ensuring that maintenance of patients is controlled and the need for continuation of therapy is reviewed regularly and therapy is discontinued where appropriate. Thus improving the primary/secondary care interface resulting in a streamlined service that benefits patients.

There are 2 pharmacies participating in this service, these are Boots Pharmacy in Walsall town centre and Jhoots Pharmacy. These two pharmacies will support other providers including GPs and the acute trust.

Other Services and Future Commissioning

Additional services under current consideration for commissioning through community pharmacies are set out below. There is no commitment to providing these services at this time.

Alcohol

Pharmacies have previously been commissioned to deliver screening and Interventional Brief Advice (IBA) in relation to alcohol use, as part of Public Health promotional activity. The current situation is that there is adequate coverage for IBA delivery from the Primary Care setting and as such there are no plans to ask pharmacies to cover this area at present.

Weight Management Services

Previously weight management programmes were commissioned through a Local Enhanced Service with pharmacies. Following a review of the service and a redesign of payment structures in line with the Local Enhanced Service for General Practices, uptake from pharmacies was very low and therefore decommissioned.

Healthy Living Pharmacies

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

The HLP concept provides a framework for commissioning public health services through three 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 pro-actively support and promote behaviour change, improving health and wellbeing;
- o premises that are fit for purpose; and
- engagement with the local community, other health professionals (especially GPs), social care and public health professionals and Local Authorities.

One of the key distinctions of an HLP is having a trained Health Champion who engages proactively with the community they serve, using every interaction as an opportunity for a health-promoting intervention, making 'every contact count' to improve people's health, reduce mortality and help to reduce health inequalities. Walsall HWB recognises that Pharmacies have an important role to play in helping to improve residents' health and wellbeing. There would be merit in reviewing approaches such as the HLP model to determine whether it would be a useful framework to adopt locally.

Page | 13

Introduction

This document is Walsall Health and Wellbeing Board's first PNA. It replaces the first PNA (2011) produced by Walsall PCT. This document has been prepared to meet the requirements of the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

A PNA is defined as the statement of needs for pharmaceutical services (in a HWBs area) which each HWB is required by law to publish. It plays an essential role in equipping the NHSE to deal with applications to provide pharmaceutical services under the Control of Entry processes and to reduce the associated risk to the HWB. (Regulations 2013) The PNA is therefore different to other needs assessment in that its contents and manner of preparation are set out in regulations, that there is a PNA specific consultation process and that the PNA is being prepared in order to support market entry decisions.

The PNA provides a rational basis for commissioners to plan where resources need to be invested to ensure that these services are explicitly linked to national targets and local needs. The PNA needs to be linked with other strands of work including the Joint Strategic Needs Assessment (JSNA) and other relevant strategies.

Pharmaceutical Needs Assessment Objectives

The aims of the PNA include enabling the NHSE, Local Authorities, CCGs, Local Pharmaceutical Committees (LPC), pharmacy contractors and other key stakeholders to:

- Understand the current and future pharmaceutical needs of the local population
- Gain a clear picture of pharmaceutical services currently provided
- Clearly identify and address any local gaps in pharmaceutical services
- Make appropriate decisions regarding applications for NHS pharmacy contracts
- Commission appropriate and accessible services from community pharmacy as the PNA can identify areas for future investment or development or areas where decommissioning is required.

Pharmaceutical Services included within the PNA

Types of contractor

The pharmaceutical services to be included within the PNA are all the pharmaceutical services that may be provided under arrangements made by NHSE for;

- The provision of pharmaceutical services (including directed services) with a person on a pharmaceutical list
- The provision of local pharmaceutical services (LPS) under a LPS scheme (but not Local Pharmacy services which are not pharmaceutical services)
- The dispensing of drugs and appliances with a person on a dispensing doctors list (but not other NHS services that may be provided under arrangements made by NHSE with a dispensing doctor)

Types of Services

The PNA will cover all pharmacy contractors; local pharmaceutical services (LPS) and dispensing appliance contractors as well as dispensing doctors. Pharmaceutical services are defined as the services of the type that may be provided by a pharmacy or appliance contractors on a pharmaceutical list therefore other services provided by LPS, appliance contractors and dispensing doctors will not be included within the PNA.

A local pharmaceutical services (LPS) contract allows NHS England to commission community pharmaceutical services tailored to specific local requirements. It provides flexibility to include within a single locally negotiated contract a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under national pharmacy arrangements set out in the 2013 Regulations. All LPS contracts must, however, include an element of dispensing.

For dispensing doctors this will cover the dispensing services that they provide as set out in their terms of service (Regulation 47 and Schedule 6 of the 2013 Regulations) but will not cover the other services a dispensing doctor provides. Local Pharmaceutical Services contractors may provide a range of services under their contract but must as a minimum provide a dispensing service. Not all services provided under an LPS contract will necessarily be pharmaceutical services. For pharmacy contractors all essential services as defined in the NHS (Pharmaceutical Services) Regulations 2005, as amended, and advanced and local enhanced services as set out in directions to the aforementioned regulations will be included.

Pharmaceutical services in relation to PNAs include:

- "essential services" which every community pharmacy providing NHS pharmaceutical services must provide (the dispensing of medicines, promotion of healthy lifestyles and support for self-care)
- *"advanced services"* services subject to accreditation and are optional (Medicines Use Reviews; New Medicines Service; Appliance Use Reviews and Stoma Customisation)
- "enhanced services" commissioned by NHS England.

Access to Enhanced Services

Seasonal Flu Vaccination

NHS England have commissioned community pharmacies to provided a seasonal influenza vaccination enhanced service as a pilot (1st October 2014- 31st January 2015). The aim is to increase the uptake of seasonal influenza vaccine across Birmingham, Solihull, Sandwell, Dudley, Walsall and Wolverhampton in line with Department of Health recommendations, in addition to the current arrangement with local GP practices thus improving choice and access to seasonal influenza vaccine for eligible patients who are:

- registered with a Birmingham, Solihull and Black Country Area Team GP
- resident in Birmingham, Solihull and Black Country but NOT registered with a GP practice anywhere in the UK.

Before 1st April 2013 PCTs commissioned enhanced services from pharmacy contractors in line with the needs of their population. From 1st April 2013 those public health enhanced services previously commissioned by PCTs transferred to local authorities and the CCG continued to commission Minor Ailments; Palliative Care and Medicines management to Care Homes. These no longer fall within the definition of enhanced services or pharmaceutical services as set out in legislation and therefore will not be referred to as enhanced services but as locally commissioned services.

Rota Service

NHSE have recently commissioned a rota service to ensure there is adequate access to pharmaceutical services on days when pharmacies are not obliged to be open, such as Bank Holidays.

Public Health Commissioned Services

As of April 2014, the following services have been commissioned by Walsall Council, Public Health:

Emergency Hormonal Contraception (EHC)

The aim of this service is to improve access to emergency contraception and sexual health advice helping to reduce the number of unplanned pregnancies in the client group and to improve clients' access to Chlamydia testing in primary care settings.

Supervised Consumption of Methadone

The supervised methadone service requires the pharmacist to supervise the consumption of prescribed medicines at the point of dispensing in the pharmacy, to ensure that the dose has been administered to the patient, a drug user in treatment.

Needle Exchange

The needle exchange service allows pharmacies to provide access to sterile needles and syringes and a sharps container for return of used equipment.

Smoking cessation

The service aims are to provide one-to-one smoking cessation support and advice over three months for those who wish to stop smoking and provide an appropriate form of Nicotine Replacement Therapy.

NHS Health Check

The aim of this LCS is to ensure all those aged 40 to 74 and not previously included on the CVD disease registers, have a review of their CVD risk and risk factors to reduce morbidity and mortality from cardiovascular disease in Walsall. The programme encourages accessibility to identify individuals who are at high risk of developing a CVD (≥20% CVD risk over 10 years) in Walsall but are currently not attending their GP practice.

CCG Commissioned Services

As of April 2014, the following services have been commissioned by Walsall CCG:

Minor Ailments Scheme (Pharmacy First)

Pharmacy First is a scheme which allows patients exempt from paying prescription charges to obtain a consultation with a pharmacist and medicines over the counter free of charge for a list of minor ailments. This avoids the need for patients to attend a GP appointment to receive a prescription.

Palliative Care Service

The palliative care service is an out of hours on-call service which enables the pharmacist on call to dispense a prescription for palliative care drugs to improve access and ensure continuity of supply. The providers of this service sign up to the on-call rota so that weekends and bank holidays are covered.

Medicines Management to Care Homes

The aim of the care homes service is to provide advice and support to residents and staff in a care home relating to medicines management.

Anti-Coagulant Services

The CCG have also commissioned an anti-coagulant service to any qualified provider. The service has been commissioned to provide increased capacity in the community to meet the rising demand for anticoagulation monitoring that is near to patients and is easily accessible and flexible. Ensuring that maintenance of patients is controlled and the need for continuation of therapy is reviewed regularly and therapy is discontinued where appropriate. Thus improving the primary/secondary care interface resulting in a streamlined service that benefits patients.

Pharmaceutical services are defined as the services of a type that may be provided by a pharmacy or appliance contractor on a pharmaceutical list, the PNA considers more than just the need and provision of enhanced services. The PNA reviews the need and provision for all services that could be provided by a pharmacy contractor. Other providers of services have been considered that are either currently commissioned or could be commissioned from community pharmacy as this may affect the need for pharmaceutical services e.g. community pharmacy provide smoking cessation services but a majority of NHS Walsall GPs provide this service.

Exclusions from the scope of the PNA

The PNA regulations set out the scope for the PNA. There are elements of pharmaceutical services and pharmacists working in other areas that are excluded from this assessment. These include prison, secondary and tertiary care sites where patients may be obtaining a type of pharmaceutical service.

Context for the PNA

PNAs were first developed in 2005 with the inception of the new Community Pharmacy Contractual Framework (CPCF) to assist PCTs with market entry and as a tool for commissioning pharmaceutical services, including enhanced services as well as setting out the directed services to be provided by applications exempt from control of entry arrangements.

The Health Act 2009 required PCTs to develop and publish PNAs and then use PNAs as the basis for determining market entry to NHS pharmaceutical services provision. There was a statutory duty for PCTs to undertake and publish a PNA that reflects the regulation requirements by 1st February 2011.

Regulations Governing PNA requirements

The NHS Act 2006, amended by the Health and Social Care Act 2012, sets out the requirements for HWBs to develop and update PNAs and gives the Department of Health (DH) powers to make Regulations.

PNAs and Market Entry Regulations

The Health and Social Care Act 2012 amended the market entry test and the new <u>NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013</u> were prepared and came into force on 1 April 2013.

The <u>2013 regulations</u> contain the provisions for pharmaceutical lists, pharmaceutical needs assessments, market entry, performance related sanctions and the terms of service for pharmacy contractors, dispensing appliance contractors and dispensing doctors. They also include provisions for local pharmaceutical services.

Responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list transferred from PCTs to NHS England. Applications for new, additional or relocated premises must be made to the local NHS England Area Team and routine applications for a new pharmacy will be assessed against the Pharmaceutical Needs Assessment for the area. The exemptions introduced in 2005 have been removed (other than the exception for distance selling pharmacies) and 'neighbourhoods' are no longer relevant for relocations.

Decisions on applications to open new premises may be appealed by certain persons to the NHS Litigation Authority's Family Health Services Appeal Unit (FHSAU), and may also be challenged via the courts. It is therefore important that PNAs comply with the requirements of the regulations, due process is followed in their development and that they are kept up-to-date.

Local Policy Context

The preparation and consultation on the PNA should take account of the joint strategic needs assessment (JSNA) and other relevant strategies, such as children and young people's plan, the local housing plan and the crime and disorder strategy

in order to prevent duplication of work and multiple consultations with health groups, patients and the public.

Joint Strategic Needs Assessment (JSNA)

The Key goal of the JSNA is to enhance the wellbeing of Walsall through the Health and Wellbeing Strategy. The JSNA 2013 refresh recommends:

The core of the Health and Wellbeing Strategy comprises action to:

- Support families and parents to promote development of strong, resilient and healthy children and young people
- Promote engagement in education and attainment across the life course
- Promote employability and 'good' employment for all residents
- Reduce the personal, social and economic burden of preventable disease and disability at all ages by tackling the BIG FOUR:
 - Reduce the uptake and duration of smoking
 - Make healthy eating and active lifestyle choices easier
 - o Identify harmful drinking and intervene early on
- Extend healthy and independent living in old age by:
 - Maintaining active lifestyles
 - o Identifying memory problems early on
 - Supporting recovery from episodes of illness

Pharmacy Providers can contribute to achieving these targets by:-

- 1. Reducing teenage pregnancies through provision of Emergency Hormonal Contraception (EHC)
- Reducing smoking prevalence through provision of smoking cessation services
- 3. Providing an alternative access to healthcare for men and hard to reach people
- 4. Providing cardio-vascular disease (CVD) Health Checks
- Participating in health promotional campaigns for alcohol consumption or providing an alcohol brief intervention service
- Participating in health promotional campaigns for cancer screening services, activity and the Health Trainers Service
- 7. Testing blood pressures and diabetes testing to assist with early diagnosis of hypertension and diabetes
- 8. Supporting GP's using the dementia tool kit

Process Followed in Developing the PNA

The Department of Health produced guidance in January and May 2013 on how to produce a PNA and this guidance has been utilised by the working group on behalf of Walsall HWB.

Development Process and Methods

The development of the PNA was divided into steps within a project plan as set out below.

Identify local health needs, HWB and CCG priorities

Data was obtained from the local JSNA, the HWB and CCG strategic plan and public health data sources to link to services that are currently or could be provided by pharmacy providers.

Identify pharmaceutical service provision

Data was obtained from routine contracting and activity data held by NHSE and a postal survey of pharmacy contractors. Data was obtained for alternative providers of services that are currently or could be provided by pharmacy providers.

Patient experience – Healthwatch Walsall Pharmacy User Survey

Healthwatch Walsall independently produced a pharmacy survey in which to seek the views of Walsall residents on pharmacy services and to inform the Health and Wellbeing Board (HWB) via the Pharmaceutical Needs Assessment (PNA) 2015. All surveys were completed by 'random independent'; self nominated adults (above 16 years).

The survey consisted of three sections:

- 1. Demographic data
- 2. Pharmacy use and experience
- 3. Additional comments / suggested improvements

Further responses will be sought in which to add to those already received and will be available as a separate report in the near future.

Mapping and synthesising data

Data on need for services and service provision were subjected to mapping software to allow analysis of service gaps. Of those services that could be commissioned through community pharmacies, an analysis was undertaken on adherence to strategic plans and whether there were particular issues with provision of services through current providers and meeting targets in these areas.

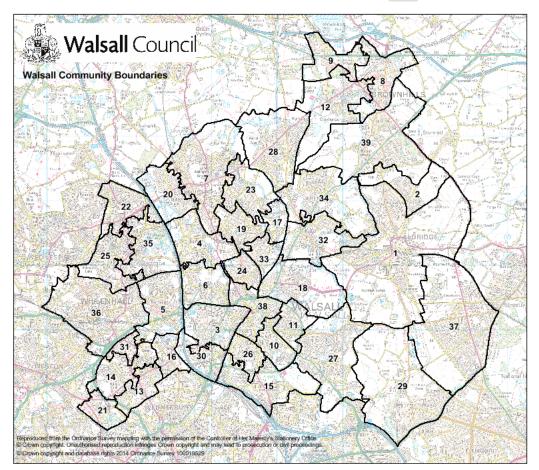
Governance and Steering Group

The PNA was overseen by the PNA Steering group, consisting of primary care contracting (NHSE), Public Health, Medicines Management, Local Pharmaceutical Committee, community pharmacy contractors. Full membership of the steering group is described in appendix 2.

Localities for the purpose of the PNA

The PNA written in 2011 considered at depth the options for defining localities. It was unanimously agreed on the option of "neighbourhoods/communities". The full option report can be found in the PNA 2011 appendices. It was agreed that this approach for defining localities would inform the JSNA.

Walsall has been divided into 39 localities called "communities" with an average of 6,400 residents in each. They are predominantly named after local urban centres, villages or large housing estates and the boundaries were the result of a large local authority consultation with residents at the turn of the century in Walsall and therefore more likely to be a real world view of Walsall geography. The 39 communities are represented on the map below.



Key:

- Aldridge
- 2 Aldridge North 3 - Alumwell
- 4 Beechdale
- 5 Bentley
- 6 Birchills / Reedswood 16 Fallings Heath
- 7 Bloxwich
- 8 Brownhills Central 9 - Brownhills West
- 10 Caldmore
- 13 Dangerfield 14 - Darlaston Central 15 - Delves

11 - Chuckery

12 - Clayhanger

- 17 Goscote
 - 18 Hatherton
 - 19 Leamore
 - 29 Pheasey 20 - Mossley / Dudley Fields 30 - Pleck
- 21 Moxley 22 - New Invention

26 - Palfrey

28 - Pelsall

27 - Park Hall

24 - North Walsall

- 31 Rough Hay
 - 32 Rushall 33 - Ryecroft / Coalpool
- 23 North Blakenall 34 - Shelfield
- 25 North Willenhall 35 - Shorth Heath
 - 36 South Willenhall
 - 37 Streetly 38 Walsall Central
 - 39 Walsall Wood

The Consultation process

Engagement during the development of the draft PNA

The HWB has engaged in consultation during the development of the draft PNA and these approaches include:-

- A Community Pharmacy survey was undertaken in August 2014. All contractors within Walsall Local Authority boundary were invited to participate. The results are summarised later in this document.
- The Local Pharmacy Committee (LPC) for Walsall has been actively engaged throughout the developments of this PNA. This includes two members participating in the working group.
- Healthwatch Walsall has been actively engaged throughout the developments of this PNA. This includes two members participating in the working group and undertaking a survey of local people utilising pharmacy services within Walsall.
- NHS England have been communicated with throughout the PNA development.

This is an addition to the mandatory consultation described below.

Regulatory Consultation Process and Outcomes

The Regulations set out that:

HWBs must consult the bodies set out as below at least once during the process of developing the PNA.

- any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);
- any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);
- any persons on the pharmaceutical lists and any dispensing doctors list for its area;
- any LPS chemist in its area with whom the NHSE has made arrangements for the provision of any local pharmaceutical services;
- any local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB has an interest in the provision of pharmaceutical services in its area; and
- any NHS trust or NHS foundation trust in its area;
- the NHSE; and

• any neighbouring HWB.

Any neighbouring HWBs who are consulted should ensure any local representative committee (LRC) in the area which is different from the LRC for the original HWB's area is consulted;

- there is a minimum period of 60 days for consultation responses; and
- those being consulted can be directed to a website address containing the draft PNA but can, if they request, be sent an electronic or hard copy version.

As a result of the consultation, 10 responses were received. These are documented in Appendix 6 and illustrate comments and planned actions accordingly.

In the 2011 PNA, a research consultancy were commissioned by NHS Walsall to undertake a consultation exercise including desk research and focus groups to test assumptions and conclusions in the draft PNA. Focus groups were held in the neighbourhoods where there is no pharmacy provision and also with two contrasting areas with pharmacy provision. The brief was to test public behaviour, needs and knowledge of pharmacy services and to test the behaviour and requirements of the population of Walsall regarding smoking cessation, weight management, health checks and alcohol advice. The on-line questionnaire sought public opinion on the conclusions that had been drawn. E-mails were received containing general comments on the content of the PNA. Members of MyNHS Walsall were surveyed for their opinions of pharmacy services.

There was a general agreement with the current understandings that underpin commissioning decisions. The main points are:

- Most people access pharmacies from home or from their GP
- Most go to their regular pharmacy because "they know who I am"
- There were no respondents who felt that opening hours were a significant barrier to getting necessary services.

With one exception the results confirmed that access to the services that people in Walsall need from a pharmacy are available both by time and by geography. The one exception was North Willenhall where residents, for a variety of reasons find difficulty in getting to a pharmacy and rely on pharmacy deliveries. During the update of the PNA, a pharmacy has opened within this locality, therefore alleviating any potential difficulties for residents in this area accessing pharmaceutical services.

Walsall Health Profiles

Health Profiles are produced every year by the Association of Public Health Observatories. The health profile for Walsall is summarised as follows:

Health in Summary:

- The health of people in Walsall is generally worse than the England average.
- Deprivation is higher than England average and approximately 16,100 (29.2%) children live in poverty.
- Life expectancy for both men and women is lower than the England average.

Living Longer:

• Life expectancy is 10.8 years lower for men and 8.0 years lower for women in the most deprived areas of Walsall compared to the least deprived areas.

Child Health:

- In Year 6, 22.8% (696) of children are classified as obese, worse than the average for England.
- The rate of alcohol-specific hospital stays among those under 18 was 58.0 (per 100,000 population), worse than the average for England. This represents 37 stays per year.
- Levels of teenage pregnancy, GCSE attainment, breastfeeding and smoking at time of delivery are worse than the England average.

Adult Health:

- In 2012, 30.4% of adults are classified as obese, worse than the average for England. The rate of alcohol related harm hospital stays was 644 (rate per 100,000 population). This represents 1,684 stays per year.
- The rate of self-harm hospital stays was 171.2 per 100,000 population, better than the average for England. This represents 471 stays per year.
- The rate of smoking related deaths was 318 per 100,000 population, worse than the England average. This represents 452 deaths per year.
- Estimated levels of adult excess weight, smoking and physical activity are worse than the England average.
- Rates of sexually transmitted infections and TB are worse than average.
- The rate of people killed or seriously injured on roads is better than average.

Local Priorities:

Priorities identified in the Walsall JSNA and Health and Wellbeing Strategy include reducing infant mortality and tackling health inequalities, particularly in men where life expectancy is low compared to our peers.

Up to date information can be accessed using the following link: <u>Walsall Health</u> <u>Profile 2014</u>

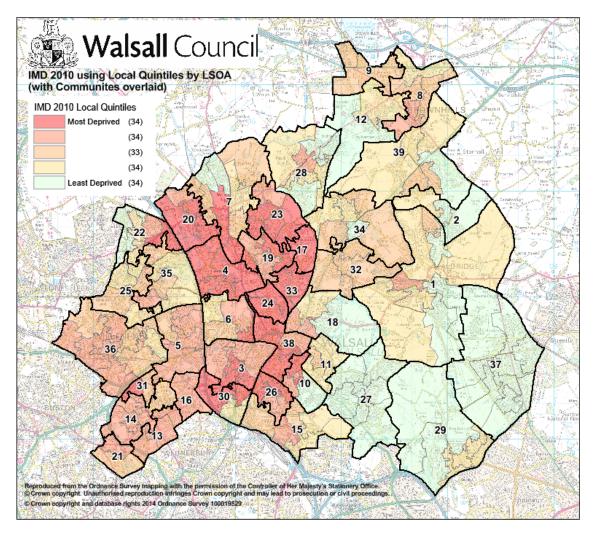
Deprivation

Deprivation is one of the most reliable predictors of poor health and multiple deprivation levels are very high in Walsall. Over 40% of the borough lives in the 20% most deprived areas in England. The index of multiple deprivation (IMD) is made up of indicators measuring deprivation in relation to:

- Barriers to housing and services
- Crime
- Education, Skills and Training
- Employment
- Health and Disability
- Income
- Living environment

There are also 2 supplementary domains – Income Deprivation Affecting Children Index (IDACI) and the Income Deprivation Affecting Older People Index (IDAOPI).

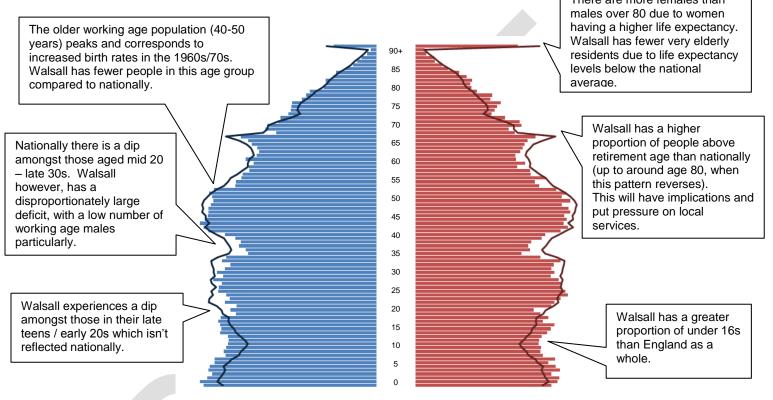
Overall deprivation is illustrated below and shows the familiar East / West divide in Walsall. Predominantly parts of west Walsall are more deprived than areas in the east.



Age Profile

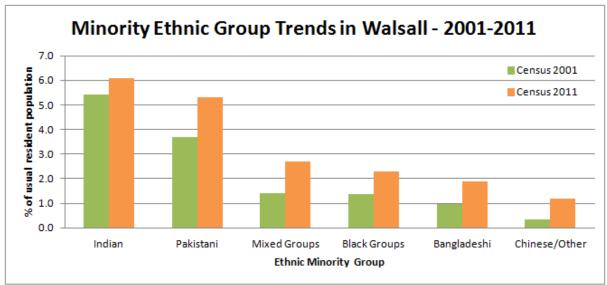
Walsall's overall population is predicted to increase over the next 10 years by 4.5% from 269,500 in 2011 to 281,700 in 2021. In addition to this, Walsall's older population (those aged 65 and above) is also predicted to increase by 12.9%, with the number of older people 85 years and older increasing from 5,467 in 2008 to 8,109 in 2021.

The population structure pyramid for Walsall (solid bars) and England (single lines), 2013 below highlights a broadly similar structure nationally, but with some notable differences.



Ethnicity

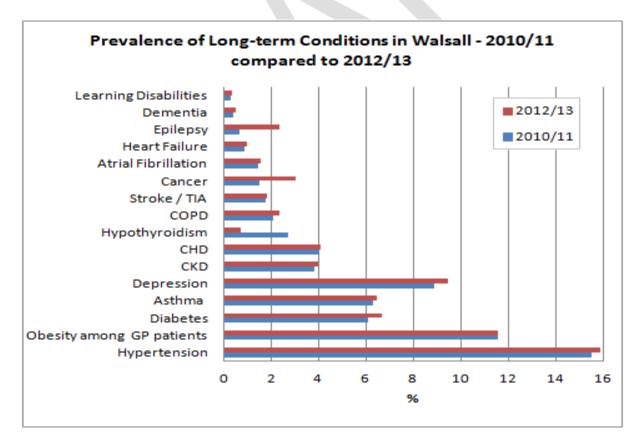
Walsall has a culturally mixed population. People of Indian, Pakistani and Bangladeshi background form the largest minority ethnic groups in Walsall. The number of Non-UK Born residents in Walsall has increased by 3.7% (or 9,859 people) between the 2001 and 2011 censuses. Walsall now has a small Eastern European population who make up about 1% of the area residents (2,681 people in total).



NB: White British population is not included.

Disease Prevalence

The demographic trends described previously, coupled with higher than average recorded levels of several long-term conditions, poses significant challenges for the health and social care of the borough's elderly population in the future. This set of circumstances also provides extensive opportunities for primary prevention of disease.



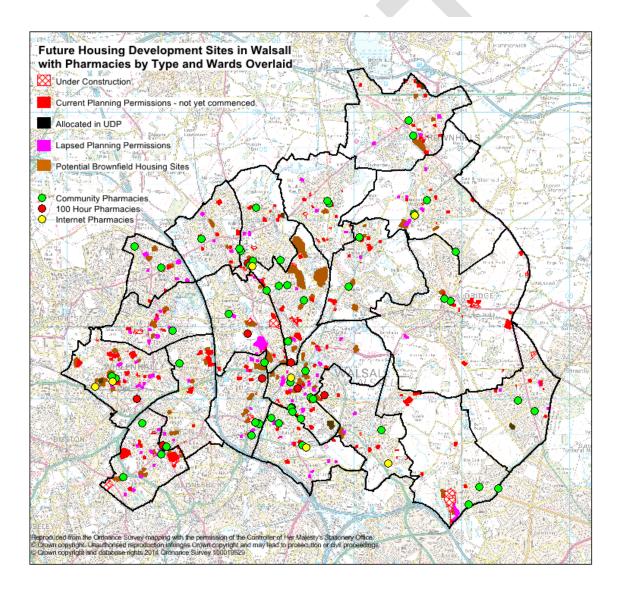
In Walsall the recorded prevalence of the majority of long-term conditions covered by the Quality and Outcomes Framework has increased between 2010/11 and 2012/13, most notably hypertension and diabetes.

The most prevalent diseases as listed above are largely linked to unhealthy lifestyles, including poor diet and lack of exercise. Without significant intervention and reversal of these lifestyle factors, the burden of these conditions will likely continue to increase in the future resulting in additional costs to local health and social care services. Additionally it may contribute to increasing levels of social exclusion and widening the inequalities gap between Walsall and England in relation to key outcomes such as life expectancy.

Future Health Needs / Developments

Housing development sites; including those currently under construction, with planning permission or expected to come forward between now and 2026 are shown on the map below to help determine the future impact upon pharmacy and health needs in the future.

Over the next 3 years, around 1,500 new dwellings are expected to be completed. Most of these will be in the north and south-west of the borough, in Blakenall and Darlaston South wards. These include large developments led by Walsall Housing Group at Harrowby Road, Moxley (231 dwellings already under construction) and Goscote (between 700 and 1,100). There are a number of pharmacies within these localities in which to manage an increase in demand, however this will be reviewed accordingly.



Health Need – Locality basis

The regulations guidance (The National Health Service (Pharmaceutical and Local Pharmaceutical Services), Regulations 2013) states that the PNA should distinguish between different needs and lifestyles of its localities and distinguish between those needs that can be met using pharmaceutical services and those that cannot. The table below shows, for each locality the issues relating to demography, health and disease and lifestyle challenges.

Community Area	Demographic 'Characteristics'	Health & Disease 'Characteristics'	Lifestyle 'Characteristics'
1. Aldridge	 High proportion of old and very old Fairly affluent community 	 Below borough average rate for infant deaths Highest prevalence of CHD High rate of all age all cause mortality 	 Community with the highest level of smoking prevalence in borough Low levels of participation in moderate regular exercise High consumption of fresh fruit and vegetables
2. Aldridge North	 High proportion of old and very old Fairly affluent community 	 Below borough average rate for infant deaths Second highest CHD prevalence High rate of all age all cause mortality 	 Second highest community with high smoking prevalence Average participation in regular moderate exercise Fairly low consumption of fresh fruit and vegetables
3. Alumwell	 Younger than average population Very high levels of deprivation High proportion of BME community 	 Low rates of infant mortality CHD prevalence on a par with Walsall borough Low rate of all age all cause mortality 	 Below average smoking prevalence levels Average participation of moderate regular exercise Fairly low consumption of fresh fruit and vegetables
4. Beechdale	 Quarter population under 16 2nd most deprived community in Walsall 	 Below borough and national average infant mortality rates Above National average for CHD prevalence High rates of all age all cause mortality 	 Fairly high smoking prevalence High levels of regular moderate exercise Low consumption levels of fresh fruit and vegetables

Community Area	Demographic 'Characteristics'	Health & Disease 'Characteristics'	Lifestyle 'Characteristics'
5. Bentley	 Slightly higher than average proportion of under 16s High levels of deprivation High proportion of BME community in parts 	 Higher rate than nationally and compared to the borough of infant deaths Slightly above average prevalence for CHD All age all cause mortality on a par with borough rates 	 Smoking prevalence is bordering the borough average Average levels of participation in moderate regular exercise Low level consumption of fresh fruit and vegetables
6. Birchills / Reedswood	 Higher proportion of young people Relatively high levels of deprivation High number of residents from a BME background 	 Just below borough average rates, but above national rates for infant deaths Below borough average for CHD prevalence One of the lowest rates of all age all cause mortality 	 Below borough average levels of smoking prevalence High levels of regular moderate exercise Low consumption levels of fresh fruit and vegetables
7. Bloxwich	 Fewer young people, more older residents Range of deprivation levels 	 Low levels of infant deaths Above borough average prevalence for CHD One of the highest rates of all age all cause mortality 	 Above average smoking prevalence Average participation in regular moderate exercise Low consumption of fresh fruit and vegetables
8.Brownhills Central	 High proportion of old and very old Relatively high levels of deprivation 	 Low levels of infant mortality Lower than borough average for CHD High rate of all age all cause mortality 	 Just below borough average smoking prevalence Low participation rates of moderate regular exercise Fairly high consumption of the recommended 5 a day
9.Brownhills West	 Higher proportion of 65 to 74 year olds than the borough Average deprivation levels 	 Lower than borough average infant mortality rates Third highest rate of all age all cause mortality Lower than borough and national average CHD prevalence 	 Fairly low smoking prevalence levels Low participation rates of moderate regular exercise Fairly high consumption of the recommended 5 a day

Community Area	Demographic 'Characteristics'	Health & Disease 'Characteristics'	Lifestyle 'Characteristics'
10.Caldmore	 Higher proportion of people of working age Relatively deprived Very high concentration of BME residents 	 Second highest rate of infant mortality in borough CHD prevalence on a par with Walsall borough Below borough and national average for all age all cause mortality 	 Just below borough average prevalence in smoking Low participation in moderate regular exercise Low consumption levels of fresh fruit and vegetables
11. Chuckery	 Younger population Less deprived than neighbouring communities Large concentration of BME communities 	 Third highest rate of infant deaths in borough Below borough average for CHD prevalence Below average rate of all age all cause mortality 	 Below average smoking prevalence levels No moderate regular exercise undertaken Low proportions of fresh fruit and vegetables consumed
12. Clayhanger	 Higher than average residents of working age Not very deprived 	 Higher than national and borough average infant mortality rates Lowest rate of all age all cause mortality Average prevalence of CHD 	 Smoking prevalence on a par with borough average Low participation rates of moderate regular exercise Fairly high consumption of the recommended 5 a day
13. Dangerfield	 High proportion of young people in community Relatively deprived High concentration of BME communities 	 Below average rate of infant deaths Prevalence for CHD on a par with national average All age all cause mortality on a par with borough rates 	 Smoking prevalence is below the borough average Average involvement in regular moderate exercise Low levels of fresh fruit and vegetables consumption
14. Darlaston Central	 Quarter of population are young people Relatively deprived Partly with high proportion of BME families 	 Low rate of infant deaths, but higher than national average Below borough CHD prevalence but higher than national average All age all cause mortality higher than national rates but just under Walsall levels 	 Smoking prevalence is below the borough average Average involvement in regular moderate exercise Low levels of fresh fruit and vegetables consumption

Community Area	Demographic 'Characteristics'	Health & Disease 'Characteristics'	Lifestyle 'Characteristics'
15. Delves	 Higher than average proportion of young people Mixed deprivation levels High concentration of BME families 	 High rate of infant deaths Below borough average for CHD prevalence All age all cause mortality on a par with Walsall average 	 Below average smoking prevalence levels Average participation levels in regular moderate exercise Average consumption of fresh fruit and vegetables
16. Fallings Heath	 Much younger population than borough average Relatively deprived Substantial proportion of BME families within the area 	 High rate of infant mortality CHD prevalence on a par with national average but below borough average Second lowest rate for all age all cause mortality in Walsall 	 Smoking prevalence is below the borough average Average involvement in regular moderate exercise Low levels of fresh fruit and vegetables consumption
17. Goscote	 Younger population Highly deprived 	 Low levels of infant deaths High levels of CHD prevalence Below average levels of all age all cause mortality 	 Below average smoking prevalence levels High involvement in regular moderate exercise Poor consumption of fresh fruit and vegetables regularly
18. Hatherton	Older populationRelatively affluent	 Below borough average rate of infant deaths CHD prevalence on a par with Walsall borough All age all cause mortality below national and borough rates 	 Smoking prevalence levels on a par with borough average Low levels of participation in regular moderate exercise Fresh fruit and vegetables being consumed 1 to 2 times daily
19. Leamore	 Quarter of population under 16 High levels of deprivation 	 Below borough rates of infant deaths High levels of CHD prevalence Below average levels of all age all cause mortality 	 Above average smoking prevalence levels High involvement in regular moderate exercise Poor consumption of fresh fruit and vegetables regularly

Community Area	Demographic 'Characteristics'	Health & Disease 'Characteristics'	Lifestyle 'Characteristics'
20. Mossley / Dudley Fields	 Higher proportions than average amongst young and very old Highly deprived community 	 Above borough rates of infant deaths High levels of CHD prevalence Above borough and national rates of all age all cause mortality 	 One of the communities within the borough with high smoking prevalence Average involvement in regular moderate exercise Average levels of regular consumption of fresh fruit and vegetables
21. Moxley	 Higher proportion of working age population Average levels of deprivation 	 The highest rate of infant deaths in Walsall Low levels of CHD prevalence High rate of all age all cause mortality 	 Low levels of smoking prevalence Average participation levels of regular moderate exercise Low consumption levels of fresh fruit and vegetables
22. New Invention	 Higher proportion of working age population Affluent to the west, more deprived to the east 	 Infant death rates on a par with borough average and higher than national rates Low prevalence of patients with CHD Lower than Walsall average rates for all age all cause mortality 	 Lower than average GP listed patients with smoking prevalence High levels of involvement in moderate exercise High levels of fresh fruit and vegetables consumption
23. North Blakenall	 Higher than average young people within the community Very deprived community 	 Low rates of infant deaths High levels of CHD prevalence Above borough and national rates of all age all cause mortality 	 High levels of smoking prevalence Fairly high participation in regular moderate exercise Average regular consumption of fresh fruit and vegetables
24. North Walsall	 Almost a third of population under the age of 16 Very deprived 	 Fairly high rates of infant deaths High levels of CHD prevalence Second highest rate of all age all cause mortality in Walsall 	 High levels of smoking prevalence High participation in regular moderate exercise Low recommended consumption of fresh fruit and vegetables

Community Area	Demographic 'Characteristics'	Health & Disease 'Characteristics'	Lifestyle 'Characteristics'
25. North Willenhall	 High proportion of older people Relatively affluent 	 Low rates of infant deaths – less than borough and national averages CHD prevalence less than Borough average, but greater than national Lower than borough and national average rates for all age all cause mortality 	 Less than average patients with smoking prevalence Low levels of moderate regular exercise Fairly high consumption of fresh fruit and vegetables
26. Palfrey	 Young population Highly deprived Very densely populated area of BME communities 	 High rates of infant deaths CHD prevalence on a par with Walsall borough Low rate of all age all cause mortality 	 Below average smoking prevalence levels Very low participation levels in regular moderate exercise Low weekly consumption of fresh fruit and vegetables
27. Park Hall	 Higher proportions of old and very old compared to average Affluent community Relatively diverse with areas of BME communities 	 Above average rate of infant mortality Below borough average but higher than national average for CHD prevalence Low rate of all age all cause mortality 	 Below average smoking prevalence levels Some regular moderate exercise participated in Regular consumption of fresh fruit and vegetables
28. Pelsall	 Higher proportions of old and very old compared to borough average Relatively affluent community 	 Lower than borough average infant mortality rates All age all cause mortality rates on a par with Walsall average Above borough and national prevalence for CHD 	 Above average levels of smoking prevalence Poor participation in regular moderate exercise Fairly high consumption of fresh fruit and vegetables
29. Pheasey	 Higher proportions of old and very old Affluent 	 Low levels of infant deaths Second lowest level of CHD prevalence Below borough and national averages of all age all cause mortality 	 Second lowest community with low smoking prevalence Poor participation in moderate regular exercise Poor consumption of the recommended consumption of fresh fruit and vegetables

Community Area	Demographic 'Characteristics'	Health & Disease 'Characteristics'	Lifestyle 'Characteristics'
30. Pleck	 A younger population Significant levels of high deprivation High concentrations of BME communities 	 One of the lowest rates of infant deaths in Walsall High prevalence of CHD Low rate of all age all cause mortality 	 Below average smoking prevalence levels Few regular moderate exercise sessions participated in Low consumption of fresh fruit and vegetables
31. Rough Hay	 Higher proportions of young people and working age compared to borough averages Significantly deprived community 	 Above borough and national average rates for infant deaths CHD prevalence higher than national average but lower than borough Fairly low rate of all age all cause mortality 	 Smoking prevalence is just below borough levels Average participation levels of regular moderate exercise Low consumption levels of fresh fruit and vegetables
32. Rushall	 Large proportion of very old Average levels of deprivation 	 Higher than national and borough levels of infant mortality Highest rate of all age all cause mortality in borough Above borough and national prevalence for CHD 	 Very high levels of smoking prevalence Average participation in regular moderate exercise Average consumption of the recommended 5 a day of fruit and vegetables
33. Ryecroft / Coalpool	 Quarter population under 16 Highly deprived 	 Fairly high rates of infant deaths Prevalence of CHD on a par with borough average High levels of all age all cause mortality 	 Below borough average smoking prevalence levels High participation in regular moderate exercise Low recommended consumption of fresh fruit and vegetables
34. Shelfield	 Older population than borough average, particularly amongst those 65 to 74 Average levels of deprivation 	 Very low rates of infant mortality Average rate of all age all cause mortality with Walsall Above borough and national prevalence for CHD 	 Very high levels of smoking prevalence Average participation in regular moderate exercise Average consumption of the recommended 5 a day of fruit and vegetables

Community Area	Demographic 'Characteristics'	Health & Disease 'Characteristics'	Lifestyle 'Characteristics'
35. Short Heath	 In general an older population Fairly affluent community 	 Fairly low rates of infant deaths, less than borough average but higher than national CHD prevalence less than Borough average, but greater than national High rates if all age all cause mortality 	 Smoking prevalence on a par with Walsall borough Low levels of moderate regular exercise Fairly high consumption of fresh fruit and vegetables
36. South Willenhall	 Slightly younger population in general compared to Walsall average Slightly above average levels of deprivation 	 Fairly high rates of infant deaths CHD prevalence less than Borough average, but greater than national Lower than borough and national average rates for all age all cause mortality 	 Smoking prevalence less than borough average Average involvement in regular moderate exercise High consumption of fresh fruit and vegetables
37. Streetly	 Almost a quarter of population old or very old Affluent community 	 Infant deaths above borough and national average Lowest level of CHD prevalence Below borough and national averages of all age all cause mortality 	 Community with lowest level of smoking prevalence Fairly poor participation rates in moderate regular exercise High consumption levels of the recommended 5 a day for fruit and vegetables
38. Walsall Central	 Predominantly those of working age Highly deprived – one of the most deprived areas in the country High numbers of BME residents 	 Below borough average rate of infant deaths High prevalence of CHD Low rate of all age all cause mortality 	 High smoking prevalence levels, above borough average High participation in regular moderate exercise Low consumption of fresh fruit and vegetables
39. Walsall Wood	 Older population, predominantly amongst those aged 65 to 74 Fairly affluent community 	 Below average rates for infant deaths High levels of CHD prevalence, above borough and national levels All age all cause mortality rates on a par with national but below borough 	 Above average levels of smoking prevalence Average activity levels of regular moderate exercise Low consumption of fresh fruit and vegetables

Patients and Public

Community Pharmacy Patient Questionnaire (CPPQ)

Each year as part of their Community Pharmacy Framework pharmacies are expected to undertake a Community Pharmacy Patient Questionnaire (CPPQ). The survey results should be used to inform consideration of how contractors can develop their pharmacy service.

The pharmacy must publish their results of the survey. The report should identify the areas where the pharmacy is performing most strongly and the areas for improvement together with a description of the action taken or planned.

Public Survey

In the 2011 PNA, the majority of respondents access pharmacy services located close to their home or close to their GP or shops. The Intelligence Matters Ltd. focus group exercises support these findings of public behaviour in accessing pharmacies. Pharmacy service provision will be reviewed by assessing whether pharmacies have good alignment to GPs and shopping centres.

Health checks and weight management were favoured as services to be provided by pharmacies. Healthchecks within pharmacies was also well supported by the Intelligence Matters Ltd. focus groups.

Providing advice about alcohol consumption and providing brief intervention had been identified as a PCT priority area in the draft PNA but patients did not favour advice on alcohol consumption to be available from their local pharmacy, and this has been supported by the finding of Intelligence Matters Ltd focus group exercises. Further work needs to be undertaken to raise awareness of what services are currently available within pharmacies as well as increasing patient knowledge of the services that could be provided from pharmacies and further explore the barriers to accessing these services.

Healthwatch Walsall Pharmacy User Survey

Background

Healthwatch Walsall independently produced a pharmacy survey in which to seek the views of Walsall residents on pharmacy services and to inform the Health and Wellbeing Board (HWB) via the Pharmaceutical Needs Assessment (PNA) 2015. All surveys were completed by 'random independent'; self nominated adults (above 16 years).

The survey consisted of three sections:

- 4. Demographic data
- 5. Pharmacy use and experience
- 6. Additional comments / suggested improvements

Further responses will be sought in which to add to those already received and will be available as a separate report in the near future.

Findings

In total, 57 responses were received (67% female and 33% male). The majority of responses were from the older population – above 55 (70%).

The majority of respondents visit a pharmacy on a monthly basis (48%) to obtain medication. However 33% of respondents also claim to visit a pharmacy for other services in additional to obtaining medication.

Encouragingly, 82% of respondents are either happy or very happy with the service they have received from the pharmacy they use. Respondents do not necessarily use the pharmacy which is nearest to them (34%); respondents claim to travel on average between 1 and 3 miles from their home to a pharmacy.

86% of respondents stated they would be happy to discuss a medical condition with a pharmacist, with 40% claiming to have already had a medical consultation.

Satisfaction levels with length of waiting times for medication are positive (95%), with only a small proportion (2%) claiming to have received the wrong medication from a pharmacist in the past.

Overall satisfaction levels with pharmacy and GP performance in relation to receiving medication are very high – 99% report average / happy / very happy responses.

Suggestions for additional services

44% of respondents made suggestions for additional services to be provided by pharmacies. Some of the suggestions are already provided, which suggests improvements can be made in terms of highlighting / communicating better what pharmacies currently offer. Some of the other suggestions made include:

- Chiropody
- BMI testing / weight management services
- Hearing tests / advice

Complaints

13% of respondents made a complaint in relation to a pharmacy / service provided by a pharmacy. Examples of these include:

- Parking a real problem
- Listen to patients requirements more carefully
- Missing items from prescription and time taken for medications
- Not sure they could cope with any additional services

Compliments

17% of respondents complimented pharmacies / the services they provide. Examples include:

- Happy with service, it provides all I need
- Very happy with staff and service as it is
- Excellent pharmacy, goes extra mile to be helpful

• Always have my right medication

Recommendations

As a result of the findings of the pharmacy survey conducted by Healthwatch Walsall, the following recommendations have emerged:

- Clearer communication of what services pharmacies provide
- Continuation of good service provision
- Improved communication in relation to the ordering of certain drugs and the time it takes pharmacies to receive them (hence late or missing drugs in some prescriptions)
- Explore the possibility of commissioning additional services via pharmacies such as weight management

Page | 40

The Assessment

In assessing current provision of pharmaceutical services this section reviews Walsall wide provision against national and regional and analyses provision on a locality basis. In assessing provision against need, the HWB has considered locations of pharmacies and service availability/opening times.

The pharmaceutical regulations (2013) governing PNA require the HWB to define pharmaceutical services in terms of:

- Necessary services: current provision services that are provided within the HWB or outside of the area of the HWB which are necessary to meet the need for pharmaceutical services in its area
- Necessary Services: gaps in provision services that are not provided within the HWB area but need to be provided in order to meet a need for pharmaceutical services or need to be provided in specified future circumstances.
- Other relevant services: current provision- services that are provided within the HWB or outside of the area of the HWB although 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 and they affect the assessment by the HWB of the need for pharmaceutical services in its area.
- Improvements and better access: gaps in provision Services not currently provided but if provided they would secure improvements, or better access to pharmaceutical services either immediately or in specified future circumstances
- Other services: services provided or arranged by the HWB, NHSE, a CCG, an NHS trust or an NHS foundation trust to which the HWB has had regard in its assessment, which affect the need for pharmaceutical services, or pharmaceutical services of a specified type, or 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

Benchmarking Provision of Pharmacy Services

Data from Area Team (NHSE)

Data from NHSE enables us to compare provision of community pharmacy services per capita with other areas across the Area Team geography (Birmingham, Solihull, Sandwell, Dudley, Wolverhampton and Walsall).

There is a higher number of community pharmacies with 28 pharmacies per 100,000 population in Walsall compared to BSBC AT with an average of 26 pharmacies per 100,000 population.

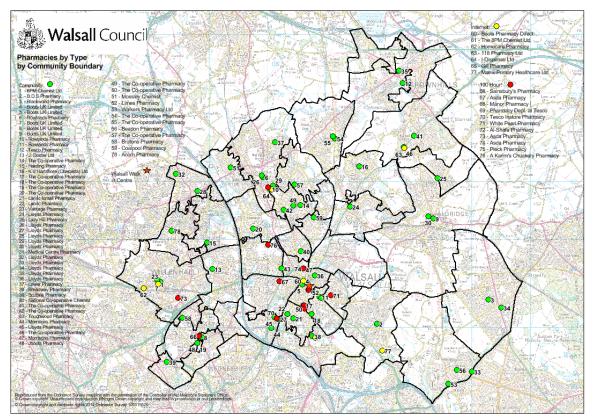
Walsall has a higher number of pharmacies compared to the majority of CCGs in the West Midlands. However, the demand for dispensing services (measured as the

volume of prescriptions dispensed per month per pharmacy) is lower relative to both West Midlands and England average.

Based on this information, we deem pharmacy service provision to be sufficient within the Walsall boundary.

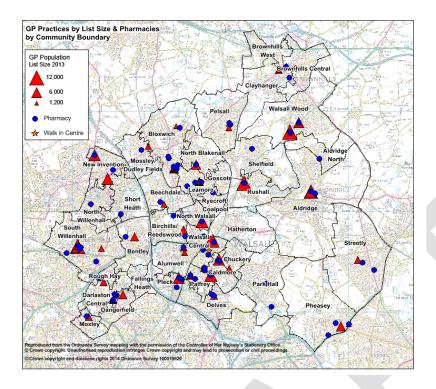
Distribution

The map below shows the distribution of pharmacy contractors across the borough. See appendix 3 for larger scale map.

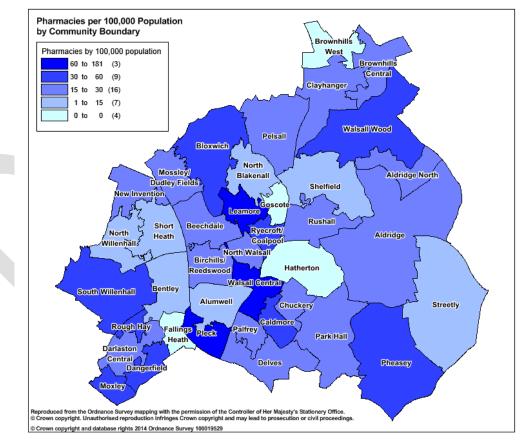


In total Walsall has 78 pharmacies. Of these, sixty are community pharmacies, seven are distance selling / internet pharmacies and eleven are 100 hour pharmacies.

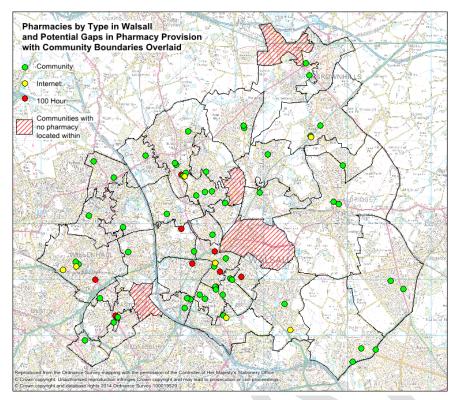
100 hour Pharmacies		Distance Selling / Internet Pharmacies	
Pharmacy	Locality	Pharmacy	Locality
Sainsbury's	Birchills / Reedswood	Boots Pharmacy Direct	Walsall Central
Asda	Walsall Central	The 8PM Chemist Ltd	South Willenhall
Manor	Alumwell	Homecare Pharmacy	South Willenhall
Pharmacy Dept. at Tesco	South Willenhall	118 Pharmacy Ltd	Walsall Wood
Tesco in store Pharmacy	Walsall Central	I-Dispense Ltd	Leamore
White Pearl	Walsall Central	Gill Pharmacy	Delves
Al Shafa	Walsall Central	Matrix primary Healthcare Ltd	Park Hall
Asda	Bloxwich		
Asda	Darlaston Central		
Pleck	Pleck		
A. Karim's Chuckery Pharmacy	Chuckery		



The map shows the relative size of each GP practice that the pharmacy serves.

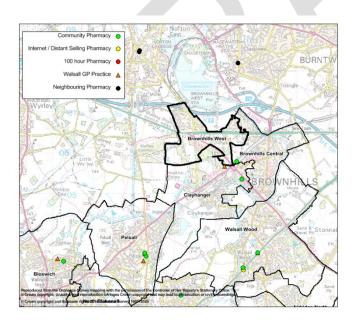


The map shows the number of pharmacies per 100,000 population. The map below shows that there are four localities - Brownhills West, Fallings Heath, Goscote and Hatherton without a pharmacy and they are explored further below.



There are four localities where there is no pharmacy within the area. The HWB has reviewed each locality to identify whether there is a need for a new pharmaceutical provider. The findings are summarised below.

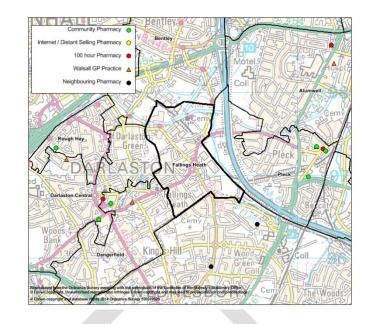
Brownhills West



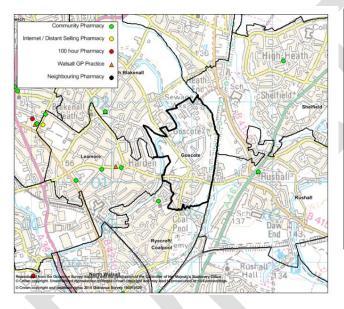
The locality is largely an industrial area. The provision of pharmacy services in neighbouring localities is aligned with GP practices so for these patients they would access pharmaceutical services at their GP practice or the pharmacy at the nearby supermarket. There are three pharmacies outside of the Walsall geographical boundary that residents may also access (one in Chasetown and two in Norton Canes, as indicated on the map). Results from a previous formal consultation of residents suggested that patient use of pharmacies is linked to their use of the GP practice and their shopping behaviour. No problems were identified with accessing a pharmacy.

Fallings Health

Fallings Heath is a small locality. There are good transport links to GP practices and pharmacies within Darlaston, Dangerfield and Pleck and the pharmacies in these localities are aligned with the GP practices



Goscote

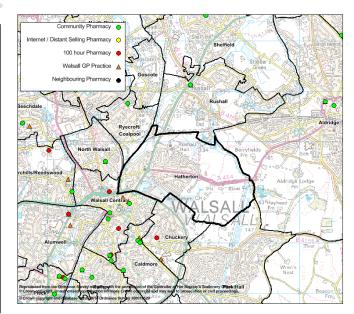


There are good transport links to North Blakenall, Ryecroft/Coalpool, Leamore and Rushall from this locality and the pharmacies are aligned with the GP practices. Results from a previous formal consultation of residents suggested that patient use of pharmacies is linked to their use of the GP practice and their shopping behaviour. No problems were identified with accessing a pharmacy.

Hatherton

The majority of the area of Hatherton is non-residential and there are close links to North Walsall and Walsall Central. Walsall Central has the largest number of pharmacies per 1,000 population.

Results from a previous formal consultation of residents suggested that patient use of pharmacies is linked to their use of the GP practice and their shopping behaviour. No problems were identified with accessing a pharmacy.

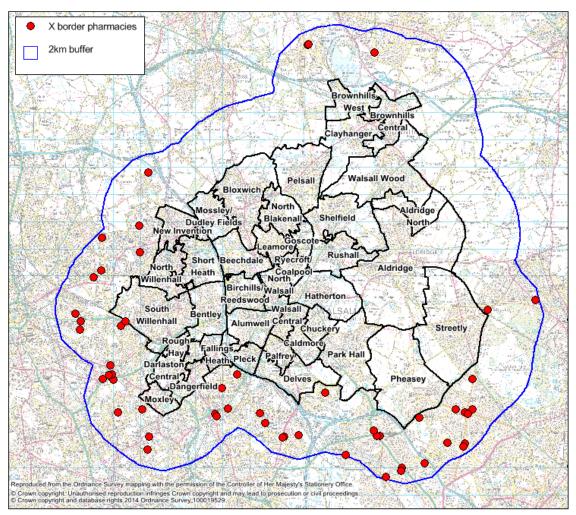


Dispensing Services - Cross Border and Dispensing Doctors

Cross Border Provision

As stated in the 2011 PNA, during 2009-10 a total of 7.61% of all prescriptions issued by Walsall's prescribers are dispensed out of the area. Pharmacies that dispense a large number of prescriptions for Walsall residents are a potential source of pharmaceutical services for our patients.

It has not been possible to obtain information regarding the services offered by community pharmacies that are likely to provide services to our residents. However, the map below does illustrate where cross border pharmacies are located within a 2km radius, which may be accessed by Walsall residents.



NB: Data sourced from HealthMap, Dotted Eyes, May 2014. This data is the latest available. Should updated data become available, this map can be updated.

Dispensing GPs

There are no dispensing GPs within the Walsall geographical boundary. However, a GP practice within Walsall has a branch surgery which is a dispensing practice based in Stonnall (commissioned by NHS England via the Birmingham, Solihull and Black Country Area Team).

Pharmacy Services Provision

Community Pharmacy Survey

During the summer of 2014 all community pharmacists within Walsall were invited to complete a survey about the services they provide using the data set developed by Pharmaceutical Services Negotiating Committee.

In total 77 pharmacies were contacted, out of these 74 responded. Aspects of the survey are included within this document. The full summary report can be found here:

Pharmacy Survey 2014 - Top line Results

Opening Times

Consideration should be given to the need for pharmaceutical services during the opening hours of the GP-led health centres that are open from 8am-8pm, 365 days a year. The Regulations Guidance also states that the PNA should state how the 100 hour pharmacies are meeting the needs of residents within a locality.

Under the NHS Terms of Service for community pharmacies, all pharmacy contractors are expected to provide essential and those advanced and enhanced services they have opted to provide to all patients during their core hours as approved by NHS England, and during their supplementary hours as notified to NHS England.

Contractors are not required to open on public holidays (Christmas Day and Good Friday) or bank holidays (including any specially declared bank holidays). In addition, they are not required to open on Easter Sunday, which is neither a public nor bank holiday. They are encouraged to notify the AT well in advance so that consideration can be given as to whether the provision of pharmaceutical services on these days will meet the reasonable needs of patients and members of the public.

NHSE have commissioned a rota service to ensure there is adequate access to pharmaceutical services on days when pharmacies are not obliged to be open, such as Bank Holidays.

All Walsall pharmacies and their opening times are provided in appendix 4. Of the 78 pharmacies across the borough, 13 open on a Sunday (including wholly internet / distant selling pharmacies).

Community Pharmacies

Community pharmacies have individually agreed core opening hours. However, many pharmacies choose to open for extended hours.

100 hour pharmacies

100 hour pharmacies are required to open for a minimum of 100 hours per week. There are currently eleven 100 hour pharmacies in Walsall.

The opening hours of these contractors allows Walsall residents to access pharmaceutical services out of usual opening hours. The pharmacies are summarised below with the availability of advanced and locally commissioned services outside of normal pharmacy opening hours provided to improve access to services for Walsall residents.

Wholly Internet/ Distant Selling Pharmacies

The exemption for distance selling (internet) pharmacies to meet the requirements of a standard new application for a new community pharmacy contract still applies. The reason this exception (as it is now called) is required, is because a true internet or mail order pharmacy, servicing a population spread throughout the country, cannot argue a strong enough case for meeting needs set out in a local PNA, nor could it be said to bring about a significant benefit under an unforeseen benefits application. New conditions have been introduced in regulation 64, which requires the pharmacy to be able to provide essential services safely, without face to face contact at the premises, and must ensure that persons anywhere in England are able to access the essential services.

Pharmacy Coverage for GP Led Health Centre

There is currently a GP led health Centre in Walsall town Centre (refer to map on page 41) that is open from 8am to 8pm, seven days a week. There are a number of pharmacies in close proximity to cover the pharmaceutical needs of any patients accessing the GP led health Centre. Of these pharmacies, six are 100 hour pharmacies.

Coverage for GP extended surgery hours

64 GPs in Walsall provide surgery times outside of core hours Monday to Friday (8.00am to 6.30pm).

The earliest surgery appointments outside of core hours are between 7am and 8am and in the evening the latest surgery appointments are held between 6.30pm and 8.30pm. A number of GP practices hold weekend surgeries on Saturdays only between 8am and 12.30pm (excluding the GP led health Centre).

The access to current pharmacy service provision in terms of GP surgery opening hours is sufficient to meet the requirements of the local population.

There is sufficient access to the pharmaceutical service needs of patients during GP extended surgery hours.

Availability times for Commissioned Pharmacy Services

Pharmacies are expected to provide services throughout the day to maximise health outcomes. In cases where accredited pharmacists are unavailable i.e. Emergency Hormonal Contraception (EHC) the pharmacy staff would be expected to signpost patients appropriately. Certain services do not have to be provided all day as they can be operated by an appointment system i.e. smoking cessation and MURs.

Current Premises- Services

In August 2014, there are a total of 77 pharmacy contractors in Walsall boundary. Of these, 59 are community pharmacies, 11 are 100 hour pharmacies and 7 are wholly internet / distant selling pharmacies. Information obtained from the pharmacist survey carried out in August 2014, has been used to inform the following:

Consultation Rooms

Of the 74 pharmacy contractors responding, over 93% have a consultation area available on site. Of these, 46 contractors are able to accommodate wheelchair access. Four pharmacy contractors stated no consultation area is available.

31 of these pharmacies allow patients access to on site toilet facilities and 64 have on site hand washing facilities for consultations available.

6 pharmacy contractors state access to an off site consultation area that meets the criteria for MUR services.

49 of the 74 pharmacy contractors are willing to undertake consultations in the patients home or other suitable location.

Languages spoken

In addition to English, other languages commonly spoken include Punjabi (51 pharmacies), Urdu (36 pharmacies), Gujurati (25 pharmacies) and Hindi (12 pharmacies).

This reflects the local demographics of Walsall's diverse population.

Repeat Dispensing

Repeat dispensing is an essential service and therefore must be provided by all pharmacies.

Prescription Collection Service

All 74 pharmacy contractors that responded provide a prescription collection service from GP practices.

67 of these pharmacies also provide a free of charge delivery of dispensed medicines on request. 8 pharmacies charge for delivery of dispensed medicines. 12 pharmacies deliver dispensed medicines to selected patient groups and 22 deliver to selected areas.

The Equality Act 2010

The Equality Act 2010 has superseded the Disability Discrimination Act (DDA) 2005. The pharmacy survey does not ask questions concerning this Act. However, all pharmacy contractors must comply with the regulations. The 2011 PNA included information provided by pharmacy contractors regarding adherence to the DDA 2005. For further information refer to Appendix 4 of the 2011 PNA.

Health Screening/Other Services

The pharmacy survey asked pharmacy contractors about provision of a number of screening services including alcohol, cholesterol, diabetes and seasonal influenza vaccination. Predominantly these services are not currently commissioned, however the majority of pharmacists expressed a willingness to provide if commissioned in the future.

Essential Services

The Essential Services listed below are offered by all pharmacy contractors as part of the NHS community pharmacy contractual framework (The Pharmacy Contract).

- Dispensing medicines / appliances the supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records
- Disposal of unwanted medicines to ensure the public has an easy method of safely disposing of unwanted medicines, thus reducing the risk of accidental poisonings in the home and diversion of medicines to other people not authorised to possess them and reduces the risk of exposing the public to unwanted medicines which have been disposed of by non-secure methods. Also reduces the environmental damage caused by the use of inappropriate disposal methods for unwanted medicines.
- Public health (promotion of healthy lifestyles) the provision of opportunistic healthy lifestyle advice and public health advice to patients receiving prescriptions who appear to:
 - have diabetes; or
 - be at risk of coronary heart disease, especially those with high blood pressure; or
 - who smoke; or
 - are overweight

Also, pro-active participation in national / local campaigns, to promote public health messages to general pharmacy visitors during specific targeted campaign periods. Past campaigns have included Health Screening awareness; sexual health; oral health and alcohol awareness. Aims to increase patient and public knowledge and understanding of key healthy lifestyle and public health messages so they are empowered to take actions which will improve their health and target the 'hard to reach' sectors of the population who are not frequently exposed to health promotion activities in other parts of the health or social care sector.

• Repeat dispensing - requirements additional to those for dispensing, by allowing them to obtain their regular prescribed medicines and appliances directly from a community pharmacy for a period agreed by the prescriber, the

pharmacist ascertains the patient's need for a repeat supply and communicates any clinically significant issues to the prescriber. Increases patient choice and convenience, Minimises wastage by reducing the number of medicines and appliances dispensed which are not required by the patient. Aims to reduce the workload of General Medical Practices, by lowering the burden of managing repeat prescriptions.

- Signposting the provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy, to other health and social care providers or support organisations who may be able to assist the person. Where appropriate, this may take the form of a referral.
- Support for self care the provision of advice and support by pharmacists/pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families. People, including carers, are provided with appropriate advice to help them self manage a self-limiting or long-term condition, including advice on the selection and use of any appropriate medicines
- Clinical governance clinical governance is a system through which healthcare providers are accountable for continuously improving the quality of their services and safeguarding high standards of care, by creating an environment in which excellence in clinical care will flourish.

Advanced Services

There are four Advanced Services within the NHS community pharmacy contractual framework. Community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions.

Medicines Use Reviews (MURs)

The MUR service is intended to improve patients understanding of their medicines, address side effects and improve medication compliance and reduce medicines wastage. The MUR must be undertaken in a private consultation room that meets minimum requirements.

In 2012/13, 69 pharmacies provided 18,057 MURs.

Appliance Use Reviews (AURs)

AURs can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. AURs should improve the patient's knowledge and use of any 'specified appliance'

There were no appliance reviews provided by community pharmacies during 2012/13.

Stoma Appliance Customisation (SAC)

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.

In 2012/13, 14 pharmacies provided 245 stoma appliance customizations.

New Medicines Service (NMS)

The service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is initially focused on particular patient groups and conditions.

In 2012/13, 60 pharmacies provided 4,652 interventions.

These are nationally commissioned services over which the HWB has limited control and has no levers to improve the quality or targeting of the service.

Overall there is good provision of advanced pharmacy services such as the Medication Use Review (MUR)(70 providers- pharmacy survey August 2014) and New Medicine Service (NMS) (69 providers-pharmacy survey August 2014) across Walsall that help to deal with adherence to medicines and the management of people with long-term conditions.

Coverage of appliance use reviews and stoma appliance customisation services are low which is similar to the trend seen across England due to these services being a specialist area with many patients receiving the support they require either from a clinic or hospital or from a dispensing appliance contractor located in another area.

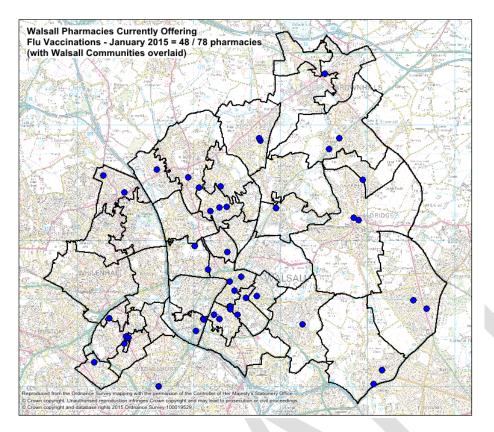
Enhanced Services

Seasonal Flu Vaccination

NHS England have commissioned community pharmacies to provide a seasonal influenza vaccination enhanced service as a pilot (1st October 2014- 31st January 2015). The aim is to increase the uptake of seasonal influenza vaccine across Birmingham, Solihull, Sandwell, Dudley, Walsall and Wolverhampton in line with Department of Health recommendations, in addition to the current arrangement with local GP practices thus improving choice and access to seasonal influenza vaccine for eligible patients who are:

- registered with a Birmingham, Solihull and Black Country Area Team GP
- resident in Birmingham, Solihull and Black Country but NOT registered with a GP practice anywhere in the UK.

The map below illustrates the pharmacies in Walsall who are currently providing seasonal flu vaccinations – 48 out of 78, which offers good coverage across the borough.



Rota Service

NHSE have recently commissioned a rota service to ensure there is adequate access to pharmaceutical services on days when pharmacies are not obliged to be open, such as Bank Holidays.

Before 1 April 2013 PCTs commissioned enhanced services from pharmacy contractors in line with the needs of their population. From 1 April 2013 those public health enhanced services previously commissioned by PCTs transferred to local authorities and the CCG continued to commission Minor Ailments; Palliative Care and Medicines management to Care Homes. These no longer fall within the definition of enhanced services or pharmaceutical services as set out in legislation and therefore will not be referred to as enhanced services but as Locally Commissioned Services (LCS).

Locally Commissioned Services (LCS)

Local Authority Commissioned Public Health Services

- Emergency Hormonal Contraception (EHC) and Chlamydia Screening
- Supervised Consumption of Prescribed Medicines
- Needle Exchange
- Smoking Cessation
- NHS Health Check

CCG Commissioned Services

- Minor Ailments (Pharmacy First)
- Palliative Care

- Medicines Management in Care Homes
- Anti-Coagulant Services (AQP)

Participation in LCS is voluntary; therefore pharmacies will decide to participate or not based on local needs and whether the service will be financially viable to them as a business.

The following sections will provide service descriptions and outcomes for each of the services and provide maps showing where pharmacies are accredited to provide each service and activity data mapped on top of needs data. The maps relate to provision during the financial year 2014- 2015. The following maps show three different coloured dots.

- Green indicates that the pharmacy is fully accredited to provide the service
- Red indicates that the pharmacy is not accredited to provide
- Yellow indicates that the pharmacy signed up 2013/14

For 2014/15, the CCG and Public Health have undergone a procurement process for LCS. The maps below show the change in the number of providers for each service with the exception of Palliative care and Care Homes as both these services only require a definitive number of providers and provision is not restricted to location.

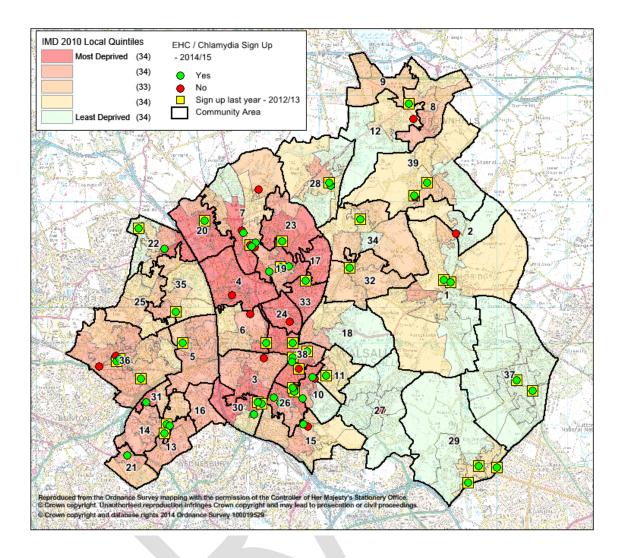
EHC and Chlamydia Screening

Service Description, Aims and Outcomes

The aim of this service is to improve access to emergency contraception and sexual health advice to help contribute to a reduction in the number of unplanned pregnancies in the client group; follow up those clients and signpost into mainstream contraceptive services and to improve clients' access to Chlamydia testing in primary care settings.

Distribution of Service Providers

The map below show the pharmacy providers that are accredited to provide EHC, as well as activity mapped against the need for the service.



Gaps

The service is commissioned to address teenage pregnancy and chlamydia infection which remain significant public health problems.

The uptake of chlamydia screening remains very poor, the majority (although not 100%) of clients within the required 15-25 age bracket are being offered tests. Most clients seem to be declining the test and no reason is usually provided. Pharmacists need to do more to encourage clients to take the test.

The majority of localities within the borough have a pharmacy(s) signed up to provide this service. Localities that do not have a pharmacy signed up have access to a service nearby.

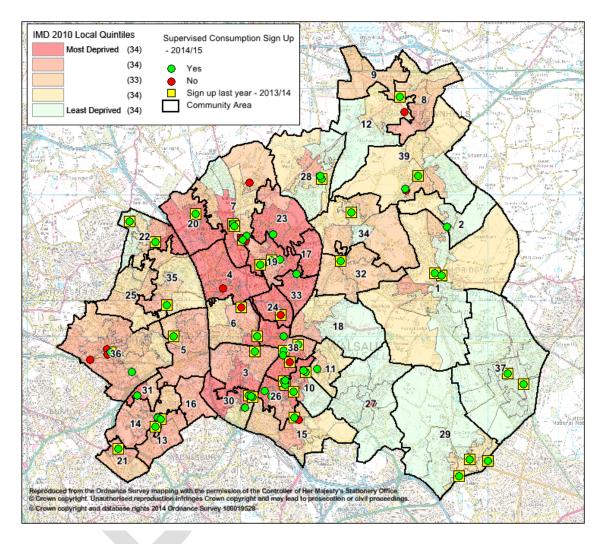
Supervised Consumption of Prescribed Medicines

Service Description, Aims and Outcomes

Drug misuse is an increasing problem that affects not only the drug user themselves, but also their family and the public at large. Pharmacists are well placed to be able to provide services to drug users as part of the strategy of harm reduction. The supervised consumption of prescribed medicines service requires the pharmacist to supervise the consumption of prescribed medicines at the point of dispensing in the pharmacy, to ensure that the dose has been administered to the patient.

Distribution of Service Providers

The map below shows the pharmacy providers that are accredited to provide Supervised Consumption of Prescribed Medicines, mapped against the need for the service (deprivation).



Gaps

The majority of localities within the borough have a pharmacy(s) signed up to provide this service. Localities that do not have a pharmacy signed up have access to a service nearby. Sign up for the majority of the borough matches the need for the service.

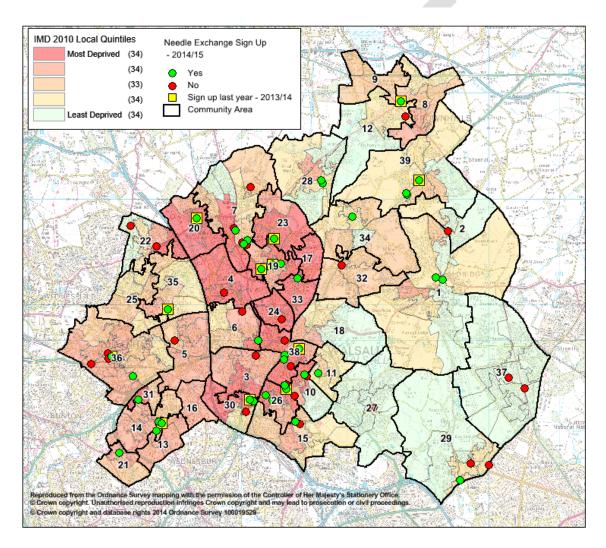
Needle Exchange

Service Description, Aims and Outcomes

The needle exchange service allows pharmacies to provide access to sterile needles and syringes and a sharps container for return of used equipment. The service aims to assist service users in remaining healthy until they are ready and willing to cease injecting by reducing the rate of sharing and other high risk injecting behaviours; providing sterile injecting equipment and other support; and promoting safer injecting practices. The service encourages the return of used equipment by the service user for safe disposal. Pharmacists accredited to provide this service provide the service user with appropriate health promotion materials, support and advice, referral to other health and social care professionals and specialist drug and alcohol treatment services where appropriate.

Distribution of Service Providers

The following map shows sign up of community pharmacists for the needle exchange service.



Gaps

The majority of localities within the borough have a pharmacy(s) signed up to provide this service. Localities that do not have a pharmacy singed up have access to a service nearby. Sign up for the majority of the borough matches the need for the service.

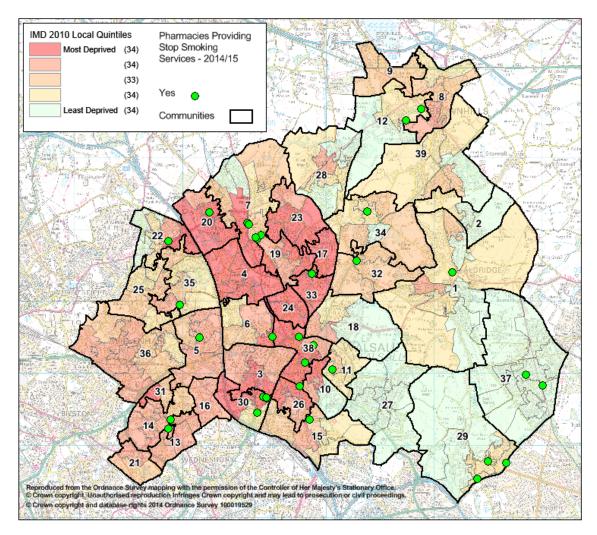
Smoking Cessation

Service Description, Aims and Outcomes

The service aims are to provide one to one smoking cessation support and advice over three months for those who wish to quit smoking and provide an appropriate form of Nicotine Replacement Therapy (NRT).

Distribution of Service Providers

The service recently underwent changes in the way in which it is commissioned. Currently Public Health only directly commission West Midlands Co-operative pharmacy. Changes last year during a procurement exercise, resulted in contracts being awarded to 8 new providers (6 active), one of which is Walsall Healthcare NHS Trust (WHT). WHT then subcontracts some of their work to GP practices and pharmacies. It is the decision of the GP practice or pharmacy as to whether they provide the service.



Gaps

All Walsall residents (and those who work within the borough) can access smoking cessation services from any one of Walsall's providers who, between them, offer appointments in a wide range of venues for example libraries, community centres, clients home. It is therefore accepted that there are no current gaps in provision at this time.

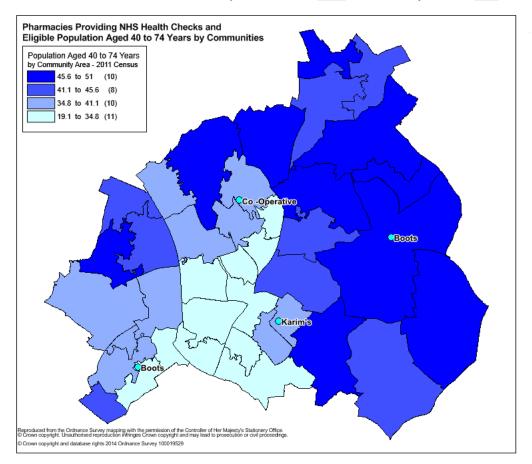
NHS Health Check

The aim of this LCS is to ensure all those aged 40 to 74 and not previously included on the CVD disease registers, have a review of their CVD risk and risk factors to reduce morbidity and mortality from cardiovascular disease in Walsall. The programme encourages accessibility to identify individuals who are at high risk of developing a CVD (\geq 20% CVD risk over 10 years) in Walsall but are currently not attending their GP practice.

The providers have been procured through the 'Local Tender' process with the intentioned to appoint one provider of this service in each of the four CCG localities (North, South, East and West). The following pharmacies have been selected:

- North Locality Co-op Blakenall Village Centre
- South Locality- Karim's
- East Locality Boots Aldridge
- West Locality- Boots Darlaston

This service commenced January 2015, therefore no activity data is available.



Minor Ailments Pharmacy First

Service Description, Aims and Outcomes

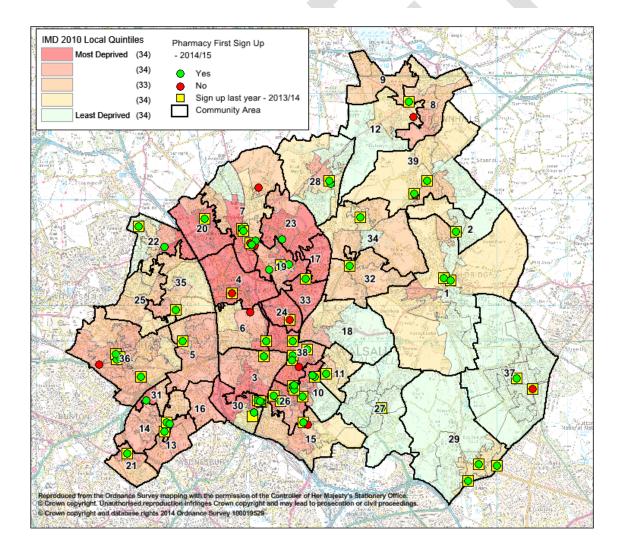
Pharmacy First (Minor Ailments Scheme) aims to improve access and choice for people with minor ailments by enabling those who wish to, to be seen by a community pharmacist. The pharmacist will provide advice and support to people on the management of minor ailments, including where necessary, the supply of

medicines for the treatment of the minor ailment, for those people who would have otherwise gone to their GP for a prescription, thus aiming to improve primary care capacity by reducing medical practice workload related to minor ailments and support General Practitioners in seeing those patients whose condition necessitates a consultation and promoting and empowering patients to self care when suffering from a minor ailment.

In 2013-14 resulted in 16,592 consultations within community pharmacy saving up to 2765 hours and 20 minutes of GP consultation time (Potentially 345 days (or 691 sessions) of GP time (based on 8-hour day)). As expected with the roll-out of Pharmacy First scheme, the usage statistics have increased each quarter. This is expected to increase over 2014-15 as the number of participating pharmacies have increased.

Distribution of Service Providers

The map below show the pharmacy providers that are accredited to provide Pharmacy First, as well as activity mapped against the need for the service (deprivation).



Gaps

A review in August 2013 has shown the benefits of the service by the number of GP consultations saved and hence improving GP capacity with improved access and choice for patients and giving patients the knowledge to self care. The service is also integral to the CCG's winter planning.

The majority of localities within the borough have a pharmacy(s) signed up to provide this service. Localities that do not have a pharmacy signed up have access to a service nearby.

Palliative Care

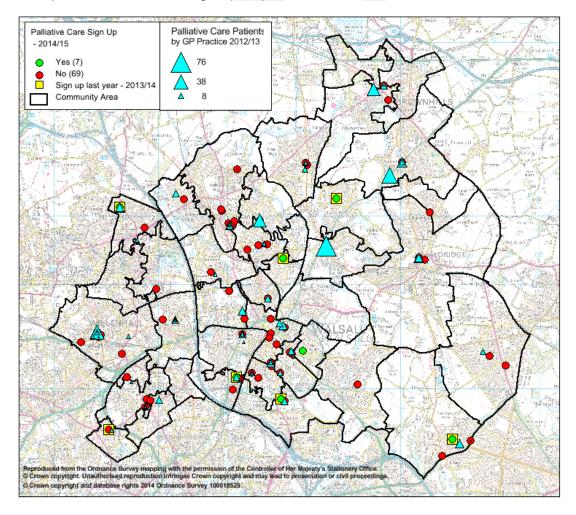
Service Description, Aims and Outcomes

The palliative care service allows the pharmacist on call to dispense a prescription for palliative care drugs to improve access and ensure continuity of supply, to support people, carers and clinicians by providing them with up to date information and advice and referral where appropriate and thereby reducing in the demand for hospital based services and lower levels of unplanned hospital admissions.

The providers of this service sign up to the on-call rota so that weekends and bank holidays are covered. The service is supported by one 100 hour pharmacy during their normal opening hours.

Distribution of Service Providers

The map below shows the sign up to palliative care service.



Gaps

Access to these specialist drugs has improved both 'in hours' and 'out of hours'. There have not been any incidents reported regarding patients unable to access these specialist drugs since the service was commissioned.

The on-call pharmacist covers the whole of the borough so there are no geographical gaps. Walsall does not need any further providers of this service as there are no issues with covering the on-call rota.

Medicines Management in Care Homes

Service Description, Aims and Outcomes

The aim of the care homes service is to provide advice and support to residents and staff in a care home relating to medicines management. The support is given through auditing current practice on the selected audit areas within the care homes and giving advice and training where required. The audits are undertaken by pharmacies and the CCG employed care homes technician. Pharmacies are allocated a minimum of three care homes each (which they must not dispense to) and they undertake an audit with the care home every quarter. These results are analysed and fed back to the care homes by the CCG.

Distribution of Service Providers

Providers of this service do not need to be geographically close to the care homes which they audit so there are no geographical gaps. There are currently enough pharmacy providers for this service.

Anti-Coagulant Services

Service Description, Aims and Outcomes

The CCG have also commissioned an anti-coagulant service to any qualified provider. The service has been commissioned to provide increased capacity in the community to meet the rising demand for anticoagulation monitoring that is near to patients and is easily accessible and flexible. Ensuring that maintenance of patients is controlled and the need for continuation of therapy is reviewed regularly and therapy is discontinued where appropriate. Thus improving the primary/secondary care interface resulting in a streamlined service that benefits patients.

Distribution of Service Providers

There are 2 pharmacies participating in this service, these are Boots Pharmacy in Walsall town centre and Jhoots Pharmacy. These two pharmacies will support other providers including GPs and the acute trust.

There is no activity data available at this time.

Enhanced/ Locally Commissioned Services - Not Currently Commissioned

Alcohol

Services within pharmacies aimed at reducing alcohol consumption could range from offering health promotion advice and signposting, screening to providing brief intervention one to one consultations. For all services described above there is a funding requirement, except for the health promotional campaign which is already funded as part of the Community Pharmacy Contractual Framework. An alcohol awareness campaign was run during December 2013- January 2014 with

Walsall CCG has commissioned 44 General Practices to provide a locally enhanced service. This requires General Practice to screen their patients, record alcohol intake and to use the FAST screening tool, carry our brief interventions with alcohol users that are identified as "Hazardous and Harmful drinkers" and referral to specialist alcohol services for "Dependent drinkers".

Pharmacies have previously been commissioned to deliver screening and Interventional Brief Advice (IBA) in relation to alcohol use, as part of Public Health promotional activity. The current situation is that there is adequate coverage for IBA delivery from the Primary Care setting and as such there are no plans to ask pharmacies to cover this area at present.

Weight Management Services

the following figures:

Previously weight management programmes were commissioned through a Local Enhanced Service with pharmacies. Following a review of the service and a redesign of payment structures in line with the Local Enhanced Service for General Practices, uptake from pharmacies was very low and therefore decommissioned.

Healthy Living Pharmacies

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

The HLP concept provides a framework for commissioning public health services through three 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 pro-actively support and promote behaviour change, improving health and wellbeing;
- o premises that are fit for purpose; and
- engagement with the local community, other health professionals (especially GPs), social care and public health professionals and Local Authorities.

One of the key distinctions of an HLP is having a trained Health Champion who engages proactively with the community they serve, using every interaction as an opportunity for a health-promoting intervention, making 'every contact count' to improve people's health, reduce mortality and help to reduce health inequalities. Walsall HWB recognises that Pharmacies have an important role to play in helping to improve residents' health and wellbeing. There would be merit in reviewing approaches such as the HLP model to determine whether it would be a useful framework to adopt locally.

Page | 64

Appendix 1 – Mandatory Formal Consultation

HWBs must consult the bodies set out as below at least once during the process of developing the PNA.

- any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);
- any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);
- any persons on the pharmaceutical lists and any dispensing doctors list for its area;
- any LPS chemist in its area with whom the NHSE has made arrangements for the provision of any local pharmaceutical services;
- any local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB has an interest in the provision of pharmaceutical services in its area; and
- any NHS trust or NHS foundation trust in its area;
- the NHSE; and
- any neighbouring HWB.

Any neighbouring HWBs who are consulted should ensure any local representative committee (LRC) in the area which is different from the LRC for the original HWB's area is consulted;

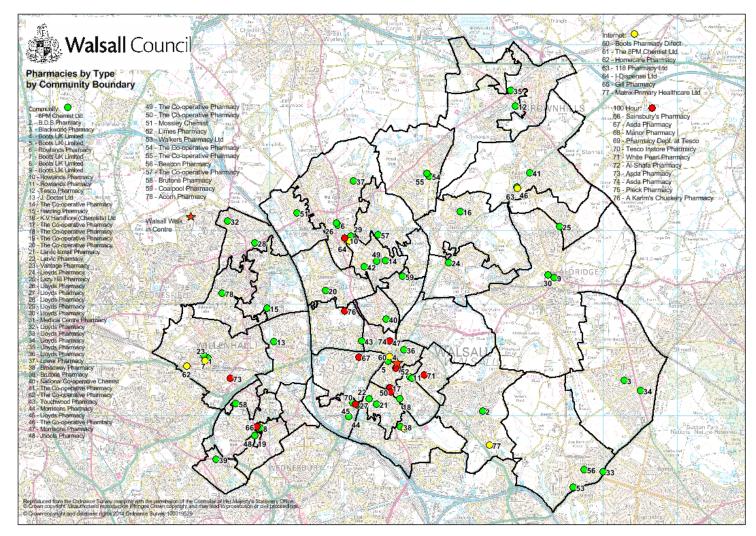
- there is a minimum period of 60 days for consultation responses; and
- those being consulted can be directed to a website address containing the draft PNA but can, if they request, be sent an electronic or hard copy version.

Appendix 2 – Membership of PNA Working Group and Acknowledgments

Name	Title	Organisation
Andrew Harkness	Consultant in Public Health	Walsall Council
Emma Thomas	Senior Analyst, Public Health	Walsall Council
Hema Patel	Community Pharmacy Facilitator	Walsall PH / CCG
Jayesh Patel	Chair	Walsall LPC
Jan Nicholls	Secretary	Walsall LPC
Brian Wallis	Pharmacy commissioner / contracts	NHS England (BSBC
Brian Wallis		AT)
Tina Faulkner	Press and PR officer	Walsall Council
Mike Eyre	Assembly Member	Healthwatch Walsall
Matt Bennett	CEO	Healthwatch Walsall

Thanks is extended to the following people, who provided invaluable advice and support in the production of this PNA:

Name	Title	Organisation
Anna King	Corporate Consultation & Customer Feedback Officer	Walsall Council
Bharat Patel	Head of Medicines Management & Primary Care	NHS Walsall CCG
Wendy Bagnall	Medicines Management Technician	NHS Walsall CCG
Robert Saunders	Prescribing Advisor	NHS Walsall CCG
Dr Paulette Myers	Consultant in Public Health	Walsall Council
Adrian Roche	Head of Social Inclusion	Walsall Council
David Neale	Programme Development & Commissioning Manager	Walsall Council
Patrick Duffy	Programme Development & Commissioning Manager	Walsall Council
David Walker	Senior Programme Development & Commissioning Manager (Sexual Health)	Walsall Council
Susie Gill	Senior Programme Development & Commissioning Manager (Weight Management)	Walsall Council
Neville Ball	Principal Regeneration Officer	Walsall Council
Neil Holyhead	Senior Housing Strategy Officer	Walsall Council
Jackie Bryan	Locality Implementation Manager	NHS Walsall CCG



Appendix 3 – Map of Pharmacy Contractors within Walsall Borough

Appendix 4 – Pharmacy Contact Details & Opening Times by Type

Community Pharmacies

Name	Address	Address 2	Postcode	Tel. No.	Mon	Tue	Wed	Thurs	Fri	Sat	Sun	Lunch Break
Acorn Pharmacy	41 Castle Drive	Willenhall	WV12 4QY	01902 632129	08:30 – 18:30	09:00 - 13:00	Closed	13:00 – 14:00				
8PM Chemist Ltd	61 Wolverhampton Road	Willenhall	WV13 2NF	01902 633310	08:30 – 20:00	08:30 – 19:00	Closed	N/A				
B.D.S Pharmacy	Unit 11, Liskeard Road	Park Hall	WS5 3EY	01922 631478	09:00 – 17:30	09:00 – 17:00	Closed	13:00 – 14:15				
Beacon Pharmacy	81 Collingwood Drive	Great Barr	B43 7JW	0121 325 1203	07:30 – 18:30	07:30 – 18:30	08:30 – 18:30	08:30 – 18:30	08:30 – 18:30	09:00 – 13:30	Closed	N/A
Blackwood Pharmacy	87 Blackwood Road	Streetly	B74 3PW	0121 353 4866	08:30 – 18:30	08:30 – 13:00	Closed	N/A				
Boots UK Limited	Unit A, 58 Park Street	Walsall	WS1 1NG	01922 621555	08:30 – 17:45	08:00 – 17:45	10:30 – 16:30	N/A				
Boots UK Limited	14-16 Bradford Mall	Walsall	WS1 1YT	01922 424056	09:00 – 17:30	Closed	14:00 – 15:00					
Boots UK Limited	3 Stafford Street	Willenhall	WV13 1TQ	01902 605255	09:00 – 17:30	Closed	14:00 – 15:00					
Boots UK Limited	44 King Street	Darlaston	WS10 8DE	0121 526 2607	09:00 – 18:30	09:00 – 17:30	Closed	14:00 – 15:00				
Boots UK Limited	14-16 Anchor Parade	Aldridge	WS9 8QP	01922 452978	09:00 – 17:30	Closed	14:00 – 15:00					
Broadway Pharmacy	4 Hawes Close	Walsall	WS1 3HG	01922 722899	09:00 – 18:30	Closed	Closed	N/A				
Brutons Pharmacy	101 High Street	Moxley	WS10 8RT	01902 402438	09:00 – 19:00	09:00 – 19:00	09:00 – 18:00	09:00 – 19:00	09:00 – 19:00	09:00 – 14:00	Closed	N/A
Brutons Pharmacy	26a Hall Street East	Darlaston	WS10 8PL	0121 526 4919	09:00 – 18:00	09:00 – 18:00	09:00 – 18:00	09:00 – 16:00	09:00 – 18:00	Closed	Closed	N/A
Coalpool Pharmacy	140 Dartmouth Avenue	Walsall	WS3 1SP	01922 636769	09:00 – 18:00	09:00 – 13:00	Closed	N/A				
Harding Pharmacy	Shop3, Brackendale Shopping Centre, Stroud Avenue	Walsall	WV12 4HA	01902 602755	09:00 – 19:00	09:00 – 19:00	09:00 – 19:00	09:00 – 17:00	09:00 – 19:00	09:00 – 16:00	Closed	N/A
J. Docter Ltd	1 Churchill Road	Walsall	WS2 0AW	01902 605470	09:00 – 18:30	09:00 – 13:00	Closed	N/A				
Jhoots Pharmacy	36a Pinfold Street	Darlaston	WS10 8SY	0121 526 3758	08:45 – 18:00	Closed	Closed	N/A				

Name	Address	Address 2	Postcode	Tel. No.	Mon	Tue	Wed	Thurs	Fri	Sat	Sun	Lunch Break
K.V Hartshorne (Chemists) Ltd	54 Spring Lane	Pelsall	WS4 1AT	01922 682342	09:00 – 18:00	09:00 – 17:30	Closed	13:00 – 14:15				
Larvic Pharmacy	Unit 2, 73 Milton Street	Walsall	WS1 4LA	01922 622980	09:00 – 18:30	09:30 – 12:00	Closed	N/A				
Larvic Pharmacy	151 Wednesbury Road	Walsall	WS1 4JQ	01922 647981	09:00 – 18:30	09:00 – 18:30	09:00 – 18:30	09:00 – 18:30	09:00 – 14:00	Closed	Closed	N/A
Lazy Hill Pharmacy	159 Walsall Wood Road	Aldridge	WS9 8HA	01922 452756	09:00 – 18:00	09:00 – 18:00	09:00 – 18:00	09:00 - 18:00	09:00 – 18:00	09:00 – 13:00	Closed	N/A
Limes Pharmacy	The Limes Business Centre, 5 B'ham Road	Walsall	WS1 2LT	01922 623708	09:00 – 17:30	Closed	Closed	13:00 – 13:30				
Lloyds Pharmacy	107 Lichfield Road	Walsall	WS4 1HB	01922 623590	08:30 – 18:30	08:30 – 18:30	08:30 – 18:30	08:30 – 19:30	08:30 – 18:30	Closed	Closed	N/A
Lloyds Pharmacy	169 High Street	Bloxwich	WS3 3LH	01922 476108	09:00 – 17:30	Closed	N/A					
Lloyds Pharmacy	177 Wednesbury Road	Pleck	WS2 9QL	01922 626156	09:00 – 18:00	09:00 – 18:00	09:00 - 18:00	09:00 – 18:00	09:00 – 18:00	Closed	Closed	13:00 – 14:00
Lloyds Pharmacy	18-20 The Square	Willenhall	WV12 5EA	01922 475098	09:00 – 18:30	09:00 - 18:30	09:00 - 18:30	09:00 – 18:30	09:00 – 18:30	09:00 – 17:00	Closed	12:30 – 14:00
Lloyds Pharmacy	2 Field Road	Bloxwich	WS3 3JE	01922 479825	08:30 – 18:30	Closed	Closed	N/A				
Lloyds Pharmacy	Anchor Meadow	Aldridge	WS9 8AJ	01922 452054	08:30 – 18:30	08:30 - 20:00	08:30 – 18:30	08:30 – 18:30	08:30 – 20:00	Closed	Closed	N/A
Lloyds Pharmacy	Sina Health Centre, 230 Coppice Farm Way	Willenhall	WV12 5XZ	01922 712076	08:30 – 18:30	Closed	Closed	N/A				
Lloyds Pharmacy	526 Queslett Road	Great Barr	B43 7DY	0121 360 7570	09:00 – 18:30	Closed	Closed	N/A				
Lloyds Pharmacy	121 Chester Road	Streetly	B74 2HE	0121 353 1860	09:00 – 18:30	09:00 – 17:00	Closed	N/A				
Lloyds Pharmacy	Chester Road North	Brownhills	WS8 7JB	01543 372253	08:30 – 18:30	Closed	Closed	N/A				
Lloyds Pharmacy	126 Lichfield Street	Walsall	WS1 1SY	01922 646521	08:30 – 18:30	09:00 – 17:00	Closed	N/A				
Lloyds Pharmacy	14 Oxford Street	Walsall	WS2 9HY	01922 641313	08:30 – 20:15	08:30 - 19:00	08:30 – 17:30	08:30 – 19:00	08:30 – 19:00	Closed	Closed	N/A
Lower Pharmacy	111 Buxton Road	Bloxwich	WS3 3RT	01922 495188	09:00 – 18:00	09:00 - 18:00	09:00 – 18:00	09:00 – 17:00	09:00 – 18:30	Closed	Closed	N/A

Name	Address	Address 2	Postcode	Tel. No.	Mon	Tue	Wed	Thurs	Fri	Sat	Sun	Lunch Break
Medical Centre Pharmacy	Gomer Street	Willenhall	WV13 2DR	01902 602999	08:30 – 18:30	08:30 – 18:30	08:30 – 13:00	08:30 – 18:30	08:30 – 18:30	Closed	Closed	N/A
Morrisons Pharmacy	Wm. Morrison Superstore, Wallows Lane	Walsall	WS2 9BX	01922 611008	09:00 – 20:00	Closed	N/A					
Morrisons Pharmacy	125 Lichfield Street	Walsall	WS1 1SY	01922 641810	08:30 – 20:00	10:00 – 16:00	13:00 – 14:00					
Mossley Chemist	10 Cresswell Crescent	Bloxwich	WS3 2UW	01922 475199	09:00 – 18:30	09:00 – 13:00	Closed	13:00 – 14:00				
National Co- operative Chemist	53 Leckie Road	Walsall	WS2 8DA	01922 628468	08:00 – 18:30	08:00 – 18:30	08:00 – 18:30	08:00 – 19:00	08:00 – 18:30	Closed	Closed	N/A
Rowlands Pharmacy	216-218 High Street	Bloxwich	WS3 3LQ	01922 476426	09:00 – 17:30	09:00 – 16:30	Closed	13:00 – 13:20				
Rowlands Pharmacy	29a The Pinfold	Bloxwich	WS3 3JJ	01922 477784	08:30 – 20:00	08:30 – 18:45	08:30 – 18:45	08:30 – 18:45	08:30 – 18:00	Closed	Closed	13:00 – 13:20
Rowlands Pharmacy	10 Birmingham Road	Walsall	WS1 2NA	01922 626774	08:00 – 18:15	Closed	Closed	13:00 – 13:20				
Tesco Pharmacy	Silver Street	Brownhills	WS8 6DZ	01543 517349	08:00 – 20:00	10:00 – 16:00	13:00 – 14:00					
The Co- operative Pharmacy	1 Chesnut Road	Walsall	WS3 1BB	01922 476307	09:00 – 18:15	09:00 – 13:00	Closed	N/A				
The Co- operative Pharmacy	49 Brace Street	Walsall	WS1 3PS	01922 628243	08:30 – 19:00	Closed	Closed	N/A				
The Co- operative Pharmacy	Little London Surgery	Walsall	WS1 3EP	01922 721660	08:30 – 19:00	Closed	Closed	14:00 – 15:30				
The Co- operative Pharmacy	Darlaston HC, Pinfold Street	Darlaston	WS10 8SY	0121 526 6991	08:30 – 19:00	Closed	Closed	N/A				
The Co- operative Pharmacy	8 Stephenson Square	Walsall	WS2 7DY	01922 626961	09:00 – 18:00	09:00 – 18:00	09:00 – 13:00	09:00 – 18:00	09:00 – 18:00	09:00 – 13:00	Closed	N/A
The Co- operative Pharmacy	83 Lichfield Road	Walsall	WS9 9NP	01543 371858	09:00 – 18:30	09:00 – 13:00	Closed	N/A				
The Co- operative Pharmacy	594 Bloxwich Road	Walsall	WS3 2XE	01922 475175	08:30 – 18:30	09:00 – 17:00	Closed	N/A				
The Co- operative Pharmacy	60 High Street	Walsall	WS9 9LP	01543 372071	08:45 – 18:30	Closed	Closed	N/A				

Name	Address	Address 2	Postcode	Tel. No.	Mon	Tue	Wed	Thurs	Fri	Sat	Sun	Lunch Break
The Co- operative Pharmacy	63a Broadstone Avenue	Walsall	WS3 1ER	01922 494373	09:00 – 19:00	09:00 – 19:00	09:00 – 19:00	09:00 – 19:00	09:00 – 19:00	Closed	Closed	N/A
The Co- operative Pharmacy	36 Caldmore Green	Walsall	WS1 3RW	01922 628171	09:00 – 18:30	09:00 – 18:30	09:00 – 18:30	09:00 – 18:30	09:00 – 18:30	09:00 – 17:30	Closed	N/A
The Co- operative Pharmacy	47 High Street	Pelsall	WS3 4LT	01922 682226	09:00 – 19:00	09:00 – 18:30-	09:00 – 18:30-	09:00 – 19:00	09:00 – 19:00	09:00 – 17:30	Closed	N/A
The Co- operative Pharmacy	Pelsall Village Centre, High Street	Pelsall	WS3 4LX	01922 691275	08:30 – 18:30	08:30 – 18:30	08:30 – 18:30	08:30 – 18:30	08:30 – 18:30	Closed	Closed	N/A
The Co- operative Pharmacy	Blakenall Village Centre, Thames Road	Walsall	WS3 1LZ	01922 476217	09:00 – 18:00	09:00 – 18:00	09:00 – 18:00	09:00 – 18:00	09:00 – 18:00	09:00 – 13:00	Closed	N/A
Touchwood Pharmacy	47-47a Birchills Street	Walsall	WS2 8NG	01922 624331	09:00 – 19:00	09:00 – 19:00	09:00 - 19:00	09:00 – 19:00	09:00 – 19:00	09:00 – 13:15	Closed	13:00 - 14:00
Vantage Pharmacy	1-2 Stafford Street	Willenhall	WV13 1TQ	01902 607070	09:00 – 17:00	09:00 – 17:00	09:00 – 17:00	09:00 – 17:00	09:00 – 17:00	Closed	Closed	N/A
Walkers Pharmacy Ltd	9 Moreton Avenue	Great Barr	B43 7QP	0121 360 7606	09:00 – 18:30	09:00 – 18:30	09:00 – 18:30	09:00 – 15:00	09:00 – 18:30	09:00 – 14:00	Closed	N/A

Distance Selling / Internet Pharmacies

Name	Address	Address 2	Postcode	Tel. No.	Mon	Tue	Wed	Thurs	Fri	Sat	Sun	Lunch Break
118 Pharmacy Limited	9 High Street	Walsall	WS9 9LR	01543 379777	09:00 – 17:00	Closed	Closed	N/A				
Boots Pharmacy Direct	Unit B, 58 Park Street	Walsall	WS1 1NG	0845 121 9040	09:00 – 17:30	Closed	N/A					
Gill Pharmacy	Delves Clinic, 191a Broadway	Walsall	WS1 3HD	01922 615979	08:00 – 16:00	08:00 - 16:00	08:00 – 16:00	08:00 – 16:00	08:00 – 16:00	Closed	Closed	N/A
Homecare Pharmacy	Somerford House, Somerford Place	Willenhall	WV13 3DY	01902 606514	09:00 – 17:00	09:00 – 17:00	09:00 - 17:00	09:00 – 17:00	09:00 – 17:00	Closed	Closed	N/A
I-Dispense Limited	Pinfold Industrial Estate, Field Road	Walsall	WS3 3JS	01922 496788	09:00 - 18:00	09:00 – 18:00	09:00 - 18:00	09:00 – 18:00	09:00 – 18:00	Closed	Closed	N/A
Matrix Primary Healthcare Ltd	Unit N2B Westpoint, Middlemoor Lane West	Walsall	WS9 8DT	01922 743003	09:30 – 17:30	Closed	Closed	N/A				
The 8PM Chemist Ltd	61 Wolverhampton Street	Willenhall	WV13 2NF	01902 606410	09:00 – 19:00	Closed	Closed	N/A				

100 Hour Pharmacies

Name	Address	Address 2	Postcode	Tel. No.	Mon	Tue	Wed	Thurs	Fri	Sat	Sun	Lunch Break
Al-Shafa Pharmacy	41 Caldmore Green	Walsall	WS1 3PS	01922 626626	08:00 - 20:00	08:00 – 22:00	08:00 – 22:00	08:00 – 22:00	08:00 – 22:00	09:00 – 22:00	10:00 – 17:00	N/A
Asda Pharmacy	42 George Street	Walsall	WS1 1RS	01922 704130	08:00 – 23:00	07:00 – 23:00	07:00 – 23:00	07:00 – 23:00	07:00 – 23:00	07:00 – 22:00	10:00 – 16:00	N/A
Asda Pharmacy	Woodall Street	Bloxwich	WS3 3JR	01922 498000 ext 319	08:00 – 23:00	07:00 – 23:00	07:00 – 23:00	07:00 – 23:00	07:00 – 23:00	07:00 – 22:00	10:00 – 16:00	N/A
Asda Pharmacy	St Lawrence Way	Darlaston	WS10 8UZ	0121 568 4010	08:00 – 23:00	07:00 – 23:00	07:00 – 23:00	07:00 – 23:00	07:00 – 23:00	07:00 – 22:00	10:00 – 16:00	N/A
Karim's Pharmacy	7-9 Kinnerley Street	Walsall	WS1 2DG	01922 613786	08:00 - 20:00	08:00 - 20:00	08:00 - 20:00	08:00 - 20:00	08:00 - 00:00	00:00 - 00:00	00:00 – 12:00	N/A
Manor Pharmacy	59 Forrester Street	Walsall	WS2 9PL	01922 641806	09:00 – 23:30	09:00 – 23:30	09:00 – 23:30	09:00 – 23:30	09:00 – 23:30	09:00 – 23:30	09:00 – 22:00	N/A
Pharmacy Dept. at Tesco	Tesco Stores Ltd, Owen Road	Willenhall	WV13 2PZ	01902 489747	08:00 – 22:30	06:30 – 22:30	06:30 – 22:30	06:30 – 22:30	06:30 – 22:30	06:30 – 22:00	10:00 – 16:00	N/A
Pleck Pharmacy	246a Wednesbury Road	Walsall	WS2 9QN	01922 646555	08:00 – 21:00	08:00 – 20:00	08:00 – 21:00	08:00 – 21:00	08:00 – 21:00	08:00 – 19:00	Closed	N/A
Sainsbury's Pharmacy	Reedswood Way	Walsall	WS2 8XA	01922 633876	08:00 – 22:00	08:00 – 22:00	08:00 – 22:00	08:00 – 22:00	08:00 – 22:00	07:30 – 22:00	10:00 – 16:00	N/A
Tesco Instore Pharmacy	Littleton Street West	Walsall	WS2 8EQ	01922 777347	06:30 – 22:30	06:30 – 22:30	06:30 – 22:30 (16:00 – 16:30)	06:30 – 22:30 (16:00 – 16:20)	06:30 – 22:30 (12:00 – 12:20)	06:30 – 22:00 (12:00 – 12:30)	10:00 – 16:00	See times in () for specific days
White Pearl Pharmacy	Inspired Outlook Ltd, 10 White Street	Walsall	WS1 3PH	01922 632697	06:00 – 20:30	06:00 – 20:30	06:00 – 20:30	06:00 – 20:30	06:00 – 20:30	06:00 – 20:30	07:00 – 20:00	N/A

Appendix 5 – Pharmacies Service Provision by Type

Community Pharmacies

Name	Address	Address 2	Postcode	Needle Exchange	Supervised Consumption	EHC / Chlamydia	Pharmacy First	Smoking Cessation
Acorn Pharmacy	41 Castle Drive	Willenhall	WV12 4QY					
8PM Chemist Ltd	61 Wolverhampton Road	Willenhall	WV13 2NF			\checkmark	\checkmark	
B.D.S Pharmacy	Unit 11, Liskeard Road	Park Hall	WS5 3EY				\checkmark	
Beacon Pharmacy	81 Collingwood Drive	Great Barr	B43 7JW		\checkmark	\checkmark	✓	\checkmark
Blackwood Pharmacy	87 Blackwood Road	Streetly	B74 3PW		✓	✓	✓	\checkmark
Boots UK Limited	Unit A, 58 Park Street	Walsall	WS1 1NG		\checkmark	\checkmark	✓	
Boots UK Limited	14-16 Bradford Mall	Walsall	WS1 1YT		\checkmark		✓	
Boots UK Limited	3 Stafford Street	Willenhall	WV13 1TQ	\checkmark	\checkmark	\checkmark	\checkmark	
Boots UK Limited	44 King Street	Darlaston	WS10 8DE	\checkmark	✓	\checkmark	\checkmark	
Boots UK Limited	14-16 Anchor Parade	Aldridge	WS9 8QP		~	\checkmark	\checkmark	\checkmark
Broadway Pharmacy	4 Hawes Close	Walsall	WS1 3HG	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
Brutons Pharmacy	101 High Street	Moxley	WS10 8RT	\checkmark	\checkmark	✓	✓	
Brutons Pharmacy	26a Hall Street East	Darlaston	WS10 8PL	\checkmark	\checkmark	\checkmark	\checkmark	
Coalpool Pharmacy	140 Dartmouth Avenue	Walsall	WS3 1SP	\checkmark	\checkmark	\checkmark	✓	\checkmark
Harding Pharmacy	Shop3, Brackendale Shopping Centre, Stroud Avenue	Walsall	WV12 4HA	~	✓	~	\checkmark	\checkmark
J. Docter Ltd	1 Churchill Road	Walsall	WS2 0AW		\checkmark	\checkmark	✓	\checkmark
Jhoots Pharmacy	36a Pinfold Street	Darlaston	WS10 8SY	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark

Name	Address	Address 2	Postcode	Needle Exchange	Supervised Consumption	EHC / Chlamydia	Pharmacy First	Smoking Cessation
K.V Hartshorne (Chemists) Ltd	54 Spring Lane	Pelsall	WS4 1AT	~	√	~	~	✓
Larvic Pharmacy	Unit 2, 73 Milton Street	Walsall	WS1 4LA		✓	\checkmark	\checkmark	
Larvic Pharmacy	151 Wednesbury Road	Walsall	WS1 4JQ		✓	\checkmark	\checkmark	
Lazy Hill Pharmacy	159 Walsall Wood Road	Aldridge	WS9 8HA				\checkmark	
Limes Pharmacy	The Limes Business Centre, 5 B'ham Road	Walsall	WS1 2LT		\checkmark		~	
Lloyds Pharmacy	107 Lichfield Road	Walsall	WS4 1HB		\checkmark	\checkmark	\checkmark	\checkmark
Lloyds Pharmacy	169 High Street	Bloxwich	WS3 3LH		\checkmark		\checkmark	\checkmark
Lloyds Pharmacy	177 Wednesbury Road	Pleck	WS2 9QL	~	✓	\checkmark	\checkmark	\checkmark
Lloyds Pharmacy	18-20 The Square	Willenhall	WV12 5EA		\checkmark	\checkmark	\checkmark	\checkmark
Lloyds Pharmacy	2 Field Road	Bloxwich	WS3 3JE		\checkmark		\checkmark	\checkmark
Lloyds Pharmacy	Anchor Meadow	Aldridge	WS9 8AJ	1	\checkmark	✓	\checkmark	\checkmark
Lloyds Pharmacy	Sina Health Centre, 230 Coppice Farm Way	Willenhall	WV12 5XZ		V	~	\checkmark	
Lloyds Pharmacy	526 Queslett Road	Great Barr	B43 7DY		\checkmark	\checkmark	\checkmark	\checkmark
Lloyds Pharmacy	121 Chester Road	Streetly	B74 2HE		\checkmark			\checkmark
Lloyds Pharmacy	Chester Road North	Brownhills	WS8 7JB	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
Lloyds Pharmacy	126 Lichfield Street	Walsall	WS1 1SY	✓	✓	✓	\checkmark	\checkmark
Lloyds Pharmacy	14 Oxford Street	Walsall	WS2 9HY	\checkmark	✓	✓	\checkmark	\checkmark
Lower Pharmacy	111 Buxton Road	Bloxwich	WS3 3RT					

Name	Address	Address 2	Postcode	Needle Exchange	Supervised Consumption	EHC / Chlamydia	Pharmacy First	Smoking Cessation
Medical Centre Pharmacy	Gomer Street	Willenhall	WV13 2DR				\checkmark	
Morrisons Pharmacy	Wm. Morrison Superstore, Wallows Lane	Walsall	WS2 9BX		~	\checkmark	\checkmark	~
Morrisons Pharmacy	125 Lichfield Street	Walsall	WS1 1SY		✓	\checkmark	✓	\checkmark
Mossley Chemist	10 Cresswell Crescent	Bloxwich	WS3 2UW	\checkmark	✓	\checkmark	\checkmark	\checkmark
National Co- operative Chemist	53 Leckie Road	Walsall	WS2 8DA		~	~	\checkmark	
Rowlands Pharmacy	216-218 High Street	Bloxwich	WS3 3LQ	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
Rowlands Pharmacy	29a The Pinfold	Bloxwich	WS3 3JJ		✓		\checkmark	\checkmark
Rowlands Pharmacy	10 Birmingham Road	Walsall	WS1 2NA	✓	\checkmark	\checkmark	\checkmark	
Tesco Pharmacy	Silver Street	Brownhills	WS8 6DZ				\checkmark	\checkmark
The Co- operative Pharmacy	1 Chesnut Road	Walsall	WS3 1BB	\checkmark	V	~	✓	~
The Co- operative Pharmacy	49 Brace Street	Walsall	WS1 3PS		~	~	✓	~
The Co- operative Pharmacy	Little London Surgery	Walsall	WS1 3EP		~	~	\checkmark	~
The Co- operative Pharmacy	Darlaston HC, Pinfold Street	Darlaston	WS10 8SY		\checkmark	\checkmark	\checkmark	
The Co- operative Pharmacy	8 Stephenson Square	Walsall	WS2 7DY		\checkmark		~	
The Co- operative Pharmacy	83 Lichfield Road	Walsall	WS9 9NP	✓	\checkmark	\checkmark	\checkmark	~
The Co- operative Pharmacy	594 Bloxwich Road	Walsall	WS3 2XE	✓	\checkmark	~	✓	~
The Co- operative Pharmacy	60 High Street	Walsall	WS9 9LP		\checkmark	\checkmark	\checkmark	\checkmark

Name	Address	Address 2	Postcode	Needle Exchange	Supervised Consumption	EHC / Chlamydia	Pharmacy First	Smoking Cessation
The Co- operative Pharmacy	63a Broadstone Avenue	Walsall	WS3 1ER	\checkmark	\checkmark	V	\checkmark	\checkmark
The Co- operative Pharmacy	36 Caldmore Green	Walsall	WS1 3RW	\checkmark	~	\checkmark	\checkmark	\checkmark
The Co- operative Pharmacy	47 High Street	Pelsall	WS3 4LT	\checkmark	\checkmark	~	\checkmark	~
The Co- operative Pharmacy	Pelsall Village Centre, High Street	Pelsall	WS3 4LX		V	~	~	~
The Co- operative Pharmacy	Blakenall Village Centre, Thames Road	Walsall	WS3 1LZ	\checkmark	\checkmark	~	~	\checkmark
Touchwood Pharmacy	47-47a Birchills Street	Walsall	WS2 8NG	✓	✓	✓	\checkmark	\checkmark
Vantage Pharmacy	1-2 Stafford Street	Willenhall	WV13 1TQ					
Walkers Pharmacy Ltd	9 Moreton Avenue	Great Barr	B43 7QP	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark

Distance Selling / Internet Pharmacies

Name	Address	Address 2	Postcode	Needle Exchange	Supervised Consumption	EHC / Chlamydia	Pharmacy First	Smoking Cessation
118 Pharmacy Limited	9 High Street	Walsall	WS9 9LR	~				
Boots Pharmacy Direct	Unit B, 58 Park Street	Walsall	WS1 1NG					
Gill Pharmacy	Delves Clinic, 191a Broadway	Walsall	WS1 3HD					
Homecare Pharmacy	Somerford House, Somerford Place	Willenhall	WV13 3DY					
I-Dispense Limited	Pinfold Industrial Estate, Field Road	Walsall	WS3 3JS					
Matrix Primary Healthcare Ltd	Unit N2B Westpoint, Middlemoor Lane West	Walsall	WS9 8DT					
The 8PM Chemist Ltd	61 Wolverhampton Street	Willenhall	WV13 2NF					

100 Hour Pharmacies

Name	Address	Address 2	Postcode	Needle Exchange	Supervised Consumption	EHC / Chlamydia	Pharmacy First	Smoking Cessation
Al-Shafa Pharmacy	41 Caldmore Green	Walsall	WS1 3PS	\checkmark	\checkmark		\checkmark	\checkmark
Asda Pharmacy	42 George Street	Walsall	WS1 1RS		✓	\checkmark		\checkmark
Asda Pharmacy	Woodall Street	Bloxwich	WS3 3JR		✓	✓	\checkmark	\checkmark
Asda Pharmacy	St Lawrence Way	Darlaston	WS10 8UZ		~	\checkmark	\checkmark	\checkmark
Karim's Pharmacy	7-9 Kinnerley Street	Walsall	WS1 2DG	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
Manor Pharmacy	59 Forrester Street	Walsall	WS2 9PL		\checkmark		\checkmark	
Pharmacy Dept. at Tesco	Tesco Stores Ltd, Owen Road	Willenhall	WV13 2PZ	✓	✓	~	\checkmark	
Pleck Pharmacy	246a Wednesbury Road	Walsall	WS2 9QN		\checkmark		~	~
Sainsbury's Pharmacy	Reedswood Way	Walsall	WS2 8XA					
Tesco Instore Pharmacy	Littleton Street West	Walsall	WS2 8EQ		~	\checkmark	~	\checkmark
White Pearl Pharmacy	Inspired Outlook Ltd, 10 White Street	Walsall	WS1 3PH		\checkmark		\checkmark	

Appendix 6 – Mandatory 60 Day Consultation Feedback

Respondents 1to 5:

		1		2		3		4		5	
Respondents		Mossley Pharmacy	Action / Response	Publlic Health	Action / Response	Pelsall Village Pharmacy	Action / Response	Walsall LPC	Action / Response	Rowlands Pharmacy	Action / Response
	Yes	✓	Accepted			✓	Accepted			✓	Accepted
1. Has the purpose of the PNA been explained sufficiently	No										
(P4)?	Not sure										
	Comment										
	Yes	✓	Accepted			✓	Accepted			✓	Accepted
	No										
	Not sure										
pharmacies and dispensing applicane contractors in	Comment					(1	
	Yes	✓	Accepted			✓	Accepted			✓	Accepted
3. Is the scope of the PNA clear (P10-13)?	No										
	Not sure Comment										
	Yes	✓	Accepted			✓	Accepted			✓	Accepted
4. Is the 'Context for the PNA' section clear (P14-15) and	No	•	Accepted				Accepted				Accepted
he 'Process followed in developing the PNA' (P16)?	Not sure										
	Comment										
	Yes										
	No	✓	Accepted							~	Accepted
	Not sure					 ✓ 	Accepted				
5. Are you aware of any pharmaceutical services currently provided which have not been included within the PNA?	Comment										

	1		1								
	Yes	✓	Accepted			~	Accepted			✓	Accepted
	No										
6. Do you think the pharmaceutical needs of the	Not sure										
population have been accurately reflected throughout the PNA?											
	Comment										
7. Please indicate if you agree with the conclusions for the	2										
services described (P46-54)											
	Yes	√	Accepted			✓	Accepted			✓	Accepted
P46 - EHC & Chlamydia Screening	No										
	Not sure Comment										
	Yes	~	Accepted			✓	Accepted			✓	Accepted
	No		, local tea				, itemptee				
	Not sure										
										NB Page 47	
P47 - MUR										refers to supervised	Acknowledged. A type error with
	Comment									consumption	regards to the page number on
										not MURs as	the feedback form.
										stated in the	
										table above.	
	Vor	✓	Accented			✓	Accepted			✓	Accorted
	Yes No		Accepted				Accepted			, i	Accepted
P48 - Needle Exchange	Not sure										
	Comment										
	Yes	✓	Accepted			✓	Accepted				
	No										
	Not sure									✓	Accepted
P49 - Smoking Cessation										Croaking	Asknowledged This was a
145 - SHOKING CESSIGN										Smoking cessation – no	Acknowledged. This was a section which was highllighted 'to
	Comment									gap analysis	be updated' and has now been
										included.	completed.
	Yes	✓	Accepted			✓	Accepted			✓	Accepted
P50 - Minor Ailments Pharmacy First	No Not sure										
	Comment										
	Yes	✓	Accepted			✓	Accepted			✓	Accepted
	No										
	Not sure										
P52 - Palliative Care											
	Comment										
	Yes	√	Accepted			~	Accepted			✓	Accepted
	No		Accepted			,	Accepted				Accepted
P53 - Care Homes	Not sure										
	Comment										
	Yes	✓	Accepted			✓	Accepted				
	No										
	Not sure									~	Accepted
P54 - Anti-Coagulant Service										Anti conse	The report states that there are currently 2 pharmacies who
										Anti coag. – no activity data	provide this service.
	Comment									therefore	Additional text will be added to
										cannot assess	state that there are also 13
										if there is a gap.	additional providers (including
											GPs and the acute trust).
	Yes No	✓	Accepted			✓	Accepted			✓	Assented
	NO Not sure									l ·	Accepted
	. ior sare										
										Alcohol – community	
	1				1			1	1	LOUIDUNIV	

	Yes										
	No	✓	Accepted			✓	Accepted			✓	Accepted
	Not sure										
8. Is there any additional information which you think should be included in the PNA?	Comment										
9. Has the PNA provided adequate information to inform:											
st has the rink provided daequate information to informa	Yes					✓	Accepted			~	Accepted
	No						Accepted				Accepted
Market entry decisions (NHSE ONLY)	Not sure										
market entry accisions (mise oner)	Not sure										
	Comment							1			
	Yes										
How you may commission services from pharmacies in the								1			
future (ALL COMMISSIONERS)											
ratore (ALL COMMISSIONERS)	Not sure Comment							1			
		~	Accepted			✓	Accepted			~	Accepted
10. Does the PNA give enough information to help your	Yes		Accepted			•	Accepted			•	Accepted
own future service and plans (PHARMACIES AND	No Not sure										
DISPENSING APPLICANCE CONTRACTORS ONLY)?											
	Comment									~	Assessed
	Yes	~	Accepted			✓	Assessed			*	Accepted
	No	•	Accepted			~	Accepted				
11. COMMUNITY PHARMACIES & DISPENSING APPLICANCE CONTRACTORS ONLY. Please can you review the information in Appendix 4 (Pharmacy Contact Details and Opening Times by Type) – PS8-63 (or accuracy? If you identify any issues please provide details.		Open 09.00 - 18.30 on Thursdays	Amendment to opening times made			Amend opening times - Mon to Fri 08:30 - 18:30	Amendment to opening times made.				
12. If you have any further comments, please enter them in the box below (applies to all)	Comment			A separate report was submitted which highlighted: 1. Pharmacists may be asked questions about oral and dental problems (e.g. toothache, mouth uicers) The outcome of such an encounter may be sale of an appropriate product or referra It o another professional (e.g. dentist or doctor). 2. Pharmacists can give information on nutritional issues in relation to oral health (e.g. use of sugar free medicines, foods, and drinks) and coral krygiene (e.g. use of appropriate level of fluoride toothpastes) 3. Pharmacists can give information about the side effects of medicines in alter taste or result in a dry or sore mouth. 4. Stocking, prescribing and advising on sugar free medicines. 5. Mouth cancer awareness - advice and signposting.	Additional text to be added with regards to self-care - elements of oral health are covered within the core pharmacy contract, namely support for self-care and promotion of healthy lifestyles. As part of the commissioned Minor Allment Service, mouth ulcers is one of the conditions included within the service. Part of this service will include asking the right questions, giving the right advice and also signposting to the appropriate services.			 A new pharmacy in North Willenhall has opened. Cannot see any reference to weight management atal i presume its high on the agenda for HWB and even if pharmacics are not providing it, it think a paragraph on what services are available should be included. A few paragraph have been suggested to added by the IPC Committee members. 	 North Willenhall pharmacy has opened - the text and maps have been amended to reflect this. Additional text to be added by Public Health's Healthy Weight Commissioning lead regarding weight management services in pharmacites. Suggestions are covered already by NMS / MURs. 		

Respondents 6 to 10:

		6		7		8		9		10	
Respondents		NHS England Dental Consultant (Anna Lee Hunt)	Action / Response	Walsall LPC	Action / Response	Co-op Pharmacy, Leckie Rd	Action / Response	South Staffs LPC	Action / Response	Medicines Management Committee (MMC)	Action / Response
	Yes	✓	Accepted	✓	Accepted	×	Accepted	✓	Accepted	×	Accepted
1. Has the purpose of the PNA been explained sufficiently	No										
(P4)?	Not sure										
	Comment										
2. Does the information contained in the 'Defining	Yes	×	Accepted	✓	Accepted	~	Accepted	✓	Accepted	✓	Accepted
Pharmaceutical Services' (P5-9) provide a reasonable	No										
description of the services which are provided by	Not sure										
pharmacies and dispensing applicane contractors in	Comment										
	Yes	 ✓ 	Accepted	✓	Accepted	~	Accepted	×	Accepted	✓	Accepted
3. Is the scope of the PNA clear (P10-13)?	No										
	Not sure										
	Comment										
	Yes	×	Accepted	✓	Accepted	~	Accepted	√	Accepted	~	Accepted
4. Is the 'Context for the PNA' section clear (P14-15) and	No										
the 'Process followed in developing the PNA' (P16)?	Not sure										
	Comment			✓				1			
	Yes		A second set	v	Accepted	~	Accessed	*	Accepted	~	Assessment
	Not sure	•	Accepted			· ·	Accepted			, ,	Accepted
5. Are you aware of any pharmaceutical services currently provided which have not been included within the PNA?				I can see no mention of the bank holiday rota service which community pharmacies are encouraged to provide. NHS-fingling and re in the process of procuring an updated service for 2015 onward. The rota for the 2014/15 holiday as been organised jointly by NHS-E, WCCG and WLPC.	Additional text to be added to highlight opening times in particular relating to bank holidays.	2		Page 4-1 Providence by Dispersing Dockers - This speciational inference of the commerning and the the Sereet's Corner, Walkall Wood practice which dispenses to patients in Stormall within Staffordhiet. The HVB may wish to confirm which Area Team of NHS fraginal or seponsible for commissioning this service, as information available to SSUP Staffordhiet. The HVB may able to support the service of the staffordhiet and the support of the staffordhiet and the support of dispersing docks are independent of balant HVB area. Additionally, is no clear from the PNA whether dispensing to patients only takes place at the Stormal I wood, and how this impacts on patients from Stormall who may the shore the store is the stormal who may the shore the store is the store of the Stormal I wood outlide the formal who may the shore the store is the store of the store is stored in the store is the store is the store of the store is stored in the store is the store is the store of the store is stored in the store is the store is the store of the store is store in the store is the store is the store of the store is store in the store is the store is the store of the store is the store of the store is the store of the store is the s	The dispensing practice is commissioned by Sirmingham, Solhul i & The Back Country Ana Team. Add additional text to clarify that there is no signersing at the Walsall Wood GP practice, however there are alternative pharmacies nearby.		

	Yes	✓	Accepted	✓	Accepted	×	Accepted	*	Accepted	✓	Accepted
	No										
	Not sure										
population have been accurately reflected throughout the				Acorn Pharmacy has opened in North Willenhall, the	North Willenhall pharmacy						
PNA?	Comment			locality is reference tweice in the draft PNA, under	has opened - the text and			We believe this to be the case to the	Accepted		
				essential services and also as a gap in service. There is no longer a gap and this reference should be updated.	maps have been amended to reflect this.			best of our knowledge.	, and press		
				no longer a gap and this reference should be updated.	reflect this.						
7. Please indicate if you agree with the conclusions for the											
services described (P46-54)											
	Yes			✓	Accepted	~	Accepted	*	Accepted	✓	Accepted
P46 - EHC & Chlamydia Screening	No										
, .	Not sure	×	Accepted								
	Comment			✓							
	Yes			<i>√</i>	Accepted			4	Accepted	✓	Accepted
	No	✓				~	Accepted				
	Not sure	×	Accepted								
							Acknowledged.				
							A type error with				
							regards to the				
							page number on				
P47 - MUR						P47 - Different	the feedback				
						Page? There is	form.				
	Comment					no conclusion	Additional text				
						reached.	to be added to				
							conclude each of				
							the advanced				
							services listed				
							(MURs, NMS,				
							AURs and SACs).				
	Yes			✓	Accepted	✓	Accepted	✓	Accepted	✓	Accepted
P48 - Needle Exchange	No										
	Not sure	✓	Accepted								
	Comment										
	Yes			✓	Accepted			*	Accepted	✓	Accepted
	No					×	Accepted				
	Not sure	×	Accepted								
							Acknowledged.				
							This was a				
P49 - Smoking Cessation						P49 - Smoking	section which				
						Cessation - no	was highllighted				
	Comment					conclusion	'to be updated'				
						reached.	and has now				
							been				
							completed.				
	Yes			✓	Accepted	✓	Accepted	✓	Accepted		
	No										
P50 - Minor Ailments Pharmacy First	Not sure	✓	Accepted								
	Comment										
	Yes			✓	Accepted	×	Accepted				
	No										
	Not sure	✓	Accepted				1	✓	Accepted		
							1		recepted		
								There appears to be no pharmacy providing palliative care services in the			
								Brownhills area, however the HWB	Acknowledged. P56 of the report		
P52 - Palliative Care								should satisfy itself if the relevent	states that 'the on-call pharmacist		
								provision by pharmacies in other areas	covers the whole of the borough so there are no geographical gaps.		
	Comment							is currently satisfying the needs for the	Walsall does not need any further		
								service, and will continue to do so in the future. If it considers that such a	providers of this service as there are		
								service is required, then existing	no issues with covering the on-call		
								contractors should be approached to	rota.'		
								consider providing the service.			
	Yes	1		✓	Accepted	×	Accepted			1	Accepted
	No	1									
	Not sure	✓	Accepted				1				
	Comment						1				
	Yes			✓	Accepted	×	Accepted	✓	Accepted	×	Accepted
D54 Anti Coogulant Sonvico	No				recepted		recepted		recepted		, weepveu
	Not sure	✓ <i>✓</i>	Accepted			1	1				
	Comment		Accepted								
				✓	Accepted	×	Accepted	√	Accepted	✓	Accepted
	Yes			*	Accepted	L T	Accepted		Accepted	,	Accepted
		✓ <i>✓</i>	Accessed								
	Not sure	*	Accepted				-				
	Comment			1				(
	Yes			✓	Accepted	×	Accepted	✓	Accepted	✓	Accepted
	No						1				
P54 - Potential CVD Service	Not sure	V	Accepted								
	Comment	I have not looked at these sections in detail and so									
	1	cannot comment.				1	1				

	Yes	×		 ✓ 	Accepted		Accepted	✓	Accepted	1	Accepted
	No			•	Accepted		Accepted	•	Accepted	•	Accepted
	Not sure										
8. Is there any additional information which you think should be included in the PNA?	Comment			Work on health profiles has highlighted obesity levels in children and adults above the national average but there is no provision of this service available from any provider. Weight Management is a HWB and CGG priority which should be covered in the PNA. Bank holiday rota service, as box 5 above.	Additional text to be added by Public Health's Healthy Weight Commissioning lead regarding weight management services in pharmacles.	No breakdown of service provision per pharmacy. Can't confirm if you've got the correct picture.	Add in an appendix to address what type of services pharmacies provide.			Weight Management services - The PNA highlighted within the health profiles obesity in children and adults is worze than the England average. However there is no mention of heveror there is no mention of neurophysical sectors and available from any provide available from any provide available from any provide the services provided.	Additional text to be added by Public Health's Healthy Weight Commissioning lead regarding weight management services in pharmacies. Additional text to be included to address evidence of quality.
9. Has the PNA provided adequate information to inform:										1	
	Yes			v	Accepted	✓	Accepted	*	Accepted	×	Accepted
Market entry decisions (NHSE ONLY)	No	4	Assented								
market entry decisions (NHSE ONLT)	Not sure	V I have not looked at this section in detail and cannot	Accepted								
	Comment	comment.									
	Yes	contraction of the second seco		✓	Accepted	~	Accepted	✓	Accepted	1	Accepted
How you may commission services from pharmacies in the											
future (ALL COMMISSIONERS)	Not sure										
	Comment										
10. Does the PNA give enough information to help your	Yes			✓	Accepted	×	Accepted	✓	Accepted		
own future service and plans (PHARMACIES AND	No										
DISPENSING APPLICANCE CONTRACTORS ONLY)?	Not sure Comment										
	Yes										
	No					×	Accepted				
						Co-op Pharmacy,	Accepted				
11. COMMUNITY PHARMACIES & DISPENSING APPLICANCE CONTRACTORS ONLY. Please can you review the information in Appendix 4 (Pharmary Contact Details and Opening Times by Type) - PS8-62) for accuracy? If you identify any issue please provide details.	Comment					Leckie Rd, WS2 8DA. Mon - Wed, Fri - 08:00 - 18:30 Thur - 08:00 - 19:00 Sat, Sun - closed	Amendment to opening times made.				
12. If you have any further comments, please enter them in the box below (applies to all)	Comment	Monocidi de adeul i de la gran manufacia i nada di assammenti valudad Manufacia da la supri anna provincia a la construccia a la supri anna decomenta valuta a la construccia i na de la construccia a la vega decomenta valuta a la construccia a de la construccia de la construccia decomenta valuta de la construccia de la construccia de la construccia decomenta valuta de la construccia de la construccia de la construccia decomenta valuta de la construccia de la construccia de la construccia decomenta valuta de la construccia de la construccia de la construccia de la construccia de la construccia de la construccia de la construccia de la construccia de la construccia de la construccia de la construccia de la construccia del la construccia de la construccia de la construccia de la construccia del la construccia de la construccia de la construccia de la construccia de la de construccia de la construccia del la construccia de la construccia del de construccia de la construcció de la construcció de la construccia de la construcció de la construcci	Additional text to be added with regards to self care - elements of oral health are covered within the core pharmacy contract, namely support for self care and promotion of healthy lifestyles. As part of the commissioned Minor Aliment Service, mouth ulcers is one of the conitions included within the service. Part of this service will include asking the right questions, giving the right advice and also signposting to the appropriate services.	Comments i tron LPC members for consideration. The PMA has not addressed possible hereins to patient from addressed deposible for addressed possible hereins to patient from addressed deposible for addressed addressed possible hereins to patient form addressed patients and addressed possible hereins to patient form addressed patients and addressed possible hereins to patient form addressed patients and addressed possible hereins to patient form addressed patients and addressed possible hereins to patient form addressed patients and addressed possible hereins to their medicines addressed patients and addressed possible hereins to their medicines addressed patients and addressed possible hereins to their medicines addressed addressed possible hereins to their medicines addressed patients and patients. Thereins addressed possible hereins addressed patients and patients, thereins addressed possible hereins addressed patients and patients. The def patients address and the addressed possible addressed patient addresses and the addressed possible addressed patients addre	It is shought these suggestions are already covered by MURS / MURS already as part of the pharmacy contract as shown on the park website. http://pank.org.uk/services. commissioning/advanced- services/nms/			Page 36-33 – This table might be improved by including reference to be locality numbers used in the mapping. Page 40 – Reference to gao in service in North Willenhal – the wording states "MB – an explicitation has been approved to open a new community pharmacy without will all Voce pharmacy without will all Voce services in this locality". This appears to be the correct location and unless ontice to commerce services has been received, may be better stated as 'n this pharmacy. Page 58 – received manacy security Resplay and though number 37 appears to be the correct location despite being named as sloyds Pharmacy	Acknowledged. Reference numbers from the communics must be included in the community profiles for consistency and ease of identifying areas. North Willeshall pharmacy has opened - the text and maps have been amende to reflect this. Amend map to label community pharmacy 37 as Lower Pharmacy.	Walsall MMC also felt the following points need to be considered: 1. Improves 60 practices 2. Pharmacisto services to 0 practices 3. Pharmacisto be annor of 5. Pharmacisto be annor of 5. Pharmacisto be annor of pharmacisto be annor of pharmacisto and be model and the annor of prescribing prescription and the nonking cession and the nonk	1. Communication to be sented all CPs of their description of services and its of providers and to have an animum to the set to have an animum to be set to have an animum procedure for locally commissioned services to CPs and the set of the set pharmactics with heip manage of their set of the set pharmactics with heip manage of medicines, including of the set of the set pharmactics and the provision of the set of medicines, including of the set of the set of the set print of the set of the set of the set of the set of the life of the set of the set of the possible training requirements to pharmacy set of where separations. Set of the set of t