

Walsall Health and Wellbeing Board

Pharmaceutical Needs Assessment 2022-2025

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

1st October 2022

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Glossary

The table below defines terms included within this PNA:

AUR	Appliance Use Reviews
BCWB CCG	Black Country and West Birmingham Clinical Commissioning Group
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
DSR	Direct Standardised Rate
EHC	Emergency Hormonal Contraception
FHSAU	Family Health Services Appeal Unit
GP	General Practitioner
HWB	Health and Wellbeing Board
IBA	Interventional Brief Advice
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
NHS	National Health Service
NHSE	NHS England
NMS	New Medicines Service
NRT	Nicotine Replacement Therapy
ONS	Office for National Statistics
PCT	Primary Care Trust
PhAS	Pharmacy Access Scheme
PNA	Pharmaceutical Needs Assessment
POCT	Point Of Care Testing
SAC	Stoma Appliance Customisation
SMEs	Small and Medium Sized Enterprises
STP	Sustainability and Transformation Plans
TB	Tuberculosis

Executive Summary

TO UPDATE AT END

Introduction

To provide pharmaceutical services, there is a requirement to apply to the NHS to be included in a pharmaceutical list. Pharmaceutical lists are compiled and as at October 2021 are held by NHS England and NHS Improvement. This is commonly known as the NHS “market entry” system.

Under the 2013 regulations, to provide pharmaceutical services, a person must apply to NHS England and NHS Improvement to be included in the relevant pharmaceutical list by proving they are able to meet a need for, or improvements or better access to, pharmaceutical services as set out in the relevant pharmaceutical needs assessment. There are exceptions to this, such as applications for benefits not foreseen in the pharmaceutical needs assessment or to provide pharmaceutical services on a distance-selling (internet or mail order only) basis. The first Pharmaceutical Needs Assessments (PNAs) were published by Primary Care Trusts (PCTs) and were required to be published by 1 February 2011.

From April 2013, Health and Wellbeing Boards (HWB) became responsible for pharmaceutical needs assessments.

Walsall HWB published their first PNA in 2015 and a revised PNA in 2018.

Legislation

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.

Wider Context

The Health and Social Care Act 2012 also amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for health and wellbeing boards in relation to joint strategic needs assessments. The aim of joint strategic needs assessments is to improve the health and wellbeing of the local community and reduce inequalities for all ages. They are not an end in themselves, but a continuous process of strategic assessment for the health and wellbeing needs of the local population. They will be used to determine what actions local authorities; the NHS and other partners need to take to meet health and social care needs and to improve health outcomes and address health inequalities.

The preparation and consultation on the pharmaceutical needs assessment should take account of the joint strategic needs assessments and other relevant strategies in order to prevent duplication of work and multiple consultations with health groups, patients and the public. The development of pharmaceutical needs assessments is a separate duty to that of developing joint strategic needs assessments as pharmaceutical needs assessments will inform commissioning decisions by local authorities, NHS England and NHS Improvement, and clinical commissioning groups.

Implications for Health and Wellbeing Boards

As the pharmaceutical needs assessment is a key document for those wishing to open new pharmacy or dispensing appliance contractor premises, and is used by NHS England and NHS Improvement (and, on appeal, NHS Resolution) to determine such applications, there are serious implications for health and wellbeing boards who fail to meet their statutory duties.

There is no right of appeal against the findings or conclusions within a pharmaceutical needs assessment. Health and wellbeing boards (although in reality this will be the local authority) therefore face the risk of a judicial review should they fail to develop a pharmaceutical needs assessment that complies with the minimum requirements for such documents as set out in the 2013 regulations, or should they fail to follow due process in developing their pharmaceutical needs assessment, e.g. by failing to consult properly or take into consideration the results of the consultation exercise undertaken, or fail to publish by the required deadlines.

In addition, a pharmaceutical needs assessment that does not meet the requirements of the 2013 regulations, or is poorly worded, may lead to:

- an increase in applications for premises that are not required,
- applications being granted when they should be refused and vice versa,
- applications for new pharmacy premises being granted but which do not meet the local authority's strategic plans, and
- an increase in the number of appeals against decisions made by NHS England and NHS Improvement.

2. Definitions

Within the regulations there are a number of words and phrases that need to be understood in the context of pharmaceutical needs assessment. The most relevant ones are explained below.

Advanced Services

Advanced services are those services that pharmacy and dispensing appliance contractors may choose to provide if they meet the required standards. Information on these standards and the services themselves are set out in the Pharmaceutical Services 12 (Advanced and Enhanced Services) (England) Directions 2013 which can be found in Part VIC of the Drug Tariff3.

As at October 2021, the following services may be provided by pharmacies:

- new medicine service,
- community pharmacy seasonal influenza vaccination,
- community pharmacist consultation service,
- hypertension case-finding service, and
- community pharmacy hepatitis C antibody testing service (currently until 31 March 2022).
- stop smoking service
- appliance use reviews
- stoma appliance customisation

The community pharmacy Covid-19 lateral flow device distribution service and community pharmacy Covid-19 medicines delivery service were commissioned from community pharmacies in response to the pandemic, these were decommissioned 31st March 2022

Appliances

Whilst drugs are the most common healthcare intervention and a large proportion of the health and wellbeing board's population will be prescribed them on a regular or occasional basis, a smaller proportion will require access to appliances.

The pharmaceutical needs assessment will therefore need to consider access to both drugs and appliances. Whilst pharmacies are required to dispense valid NHS prescriptions for all drugs, both they and dispensing appliance contractors may choose which appliances they provide in their normal course of business. They may choose to provide a certain type of appliance, or types of appliance, or they may choose to provide all appliances. Some pharmacies may choose not to provide any appliances. A large proportion of patients who are regular users of appliances will have them delivered, often by dispensing appliance contractors based in other parts of the country (see 'Dispensing appliance contractors' section below).

Controlled localities

Controlled localities are areas that have been determined to be 'rural in character' by NHS England and NHS Improvement (or a preceding organisation) or on appeal by NHS Resolution. There is no one factor that determines whether or not an area is rural in character; rather NHS England and NHS Improvement will consider a range of factors which may include population density, the presence or absence of facilities, employment patterns, community size and distance between settlements, and the availability of public transport.

Their importance comes into play in relation to the ability for a GP practice to dispense to its registered patients. In order to be dispensed to, as a starting point, the patient must live in a controlled locality, more than 1.6km (measured in a straight line) from a pharmacy.

Directed services

This is a collective term for advanced and enhanced services.

Dispensing appliance contractors

Dispensing appliance contractors are different to pharmacy contractors because they:

- only dispense prescriptions for appliances. They cannot dispense prescriptions for drugs
- are not required to have a pharmacist
- do not have a regulatory body
- their premises do not have to be registered with the General Pharmaceutical Council.

Dispensing appliance contractors tend to operate remotely, receiving prescriptions either via the post or the electronic prescription service, and arranging for dispensed items to be delivered to the patient. There are far fewer of them compared to pharmacies (there were 111 dispensing appliance contractors as at 30 June 2021 compared to 11,201 pharmacies).

Dispensing doctors/practices

Whilst the majority of people living in the health and wellbeing board's area will have their prescriptions dispensed by a pharmacy, some will have them dispensed by their GP practice. In order to be dispensed to by their GP practice, a patient must meet the requirements in the regulations which in summary are:

- they must live in a controlled locality,
- they must live more than 1.6km (measured in a straight line) from a pharmacy,
- the practice must have approval for the premises at which they will dispense to them, and
- the practice must have the appropriate consent for the area the patient lives in.

Distance selling premises

Distance selling premises are pharmacies, but the 2013 regulations do not allow them to provide essential services to people on a face-to-face basis. They will receive prescriptions either via the electronic prescription service or through the post, dispense them at the pharmacy and then either deliver them to the patient or arrange for them to be delivered using a courier, for example. They must provide essential services to anyone, anywhere in England, where requested to do so. They may choose to provide advanced services, but when doing so must ensure that they do not provide any element of the essential services whilst the patient is at the pharmacy premises. As of 30 June 2021, there were 379 distance selling premises in England, based in 115 health and wellbeing boards.

Enhanced services

Enhanced services are the third tier of services that pharmacies may provide and they can only be commissioned by NHS England and NHS Improvement. The services that may be commissioned are listed in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 (as amended) which can be found in the Drug Tariff.

Whilst the local authority may commission public health services from pharmacies these do not fall within the legal definition of enhanced services and are not to be referenced as such in the pharmaceutical needs assessment. See 'locally commissioned services' below.

Essential services

All pharmacies, including distance selling premises, are required to provide the essential services. As of October 2021, there are seven essential services.

- (i) dispensing of prescriptions,
- (ii) dispensing of repeat prescriptions i.e. prescriptions which contain more than one month's supply of drugs on them. For example, an electronic repeatable prescription may say that the prescription interval is every 28 days and it can be repeated six times. This would give a patient approximately six months' supply of medication, dispensed every 28 days with the prescriber only needing to authorise them once.
- (iii) disposal of unwanted medicines returned to the pharmacy by someone living at home, in a children's home, or in a residential care home.
- (iv) promotion of healthy lifestyles, which includes providing advice to people who appear to have diabetes, be at risk of coronary heart disease (especially those with high blood pressure), or smoke, or are overweight, and participating in six health campaigns where requested to do so by NHS England and NHS Improvement.
- (v) signposting people who require advice, treatment or support that the pharmacy cannot provide to another provider of health or social care services, where the pharmacy has that information.
- (vi) support for self-care which may include advising on over the counter medicines or changes to the person's lifestyle.
- (vii) discharge medicines service. This service was introduced in 2021 and aims to reduce the risk of medication problems when a person is discharged from hospital. It is estimated that 60 percent of patients have three or more changes made to their medicines during a hospital stay. However, a lack of robust communication about these changes may result in errors being made once the person has left hospital. In summary, under this service a pharmacist will review a person's medicines on discharge and ensure that any changes are actioned accordingly.

Dispensing appliance contractors have a narrower range of services that they must provide:

- dispensing of prescriptions.
- dispensing of repeat prescriptions. • for certain appliances, offer to deliver them to the patient (delivering in unbranded packaging), provide a supply of wipes and bags, and provide access to expert clinical advice.
- where the contractor cannot provide a particular appliance, signposting or referring a patient to another provider of appliances who can.

It should be noted that clinical governance is not an essential service. Instead it is a framework which underpins the provision of all pharmaceutical services.

Local pharmaceutical services

NHS England and NHS Improvement does not hold signed contracts with the majority of pharmacies. Instead, pharmacies provide services under a contractual framework and the terms of service are set out in the 2013 regulations.

The one exception to this rule is local pharmaceutical services. A local pharmaceutical services contract allows NHS England and NHS Improvement to commission services that are tailored to meet specific local requirements. It provides flexibility to include within a locally negotiated contract a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under national pharmacy arrangements set out in the 2013 regulations. The contract must, however, include an element of dispensing.

Locally commissioned services

Locally commissioned services is not a term that can be found within the 2013 regulations but is often used to describe those services commissioned from pharmacies by local authorities and clinical commissioning groups. As noted in the definition of enhanced services above, they are not enhanced services because they are not commissioned by NHS England and NHS Improvement.

Necessary services

The 2013 regulations require the health and wellbeing board to include a statement of those pharmaceutical services that it has identified as being necessary to meet the need for pharmaceutical services within the pharmaceutical needs assessment. There is no definition of necessary services within the regulations and the health and wellbeing board therefore has complete freedom in this matter.

Opening hours

Pharmacies and dispensing appliance contractors have two different types of opening hours – core and supplementary.

In general pharmacies will have either 40 or 100 core opening hours per week, although some may have a number that is between 40 and 100, and some may have less than 40.

Dispensing appliance contractors are required to have not less than 30 core opening hours per week, although some may have more or less.

Core opening hours can only be changed by first applying to NHS England and NHS Improvement. As with all applications, they may be granted or refused.

Any opening hours that are over and above the core opening hours are called supplementary opening hours. They can be changed by giving NHS England and NHS Improvement at least three months' notice.

Other NHS services

Other NHS services are those services that are provided as part of the health service. They include services that are provided or arranged by a local authority (for example the public health services commissioned from pharmacies), NHS

England and NHS 19 Improvement, a clinical commissioning group, an NHS trust or an NHS foundation trust.

It is anticipated that from April 2022 clinical commissioning groups will be replaced by integrated care boards that will be able to take on delegated responsibility for pharmaceutical services, and from April 2023 NHS England and NHS Improvement expects all integrated care boards to have done so. Some services that are commissioned from pharmacies by clinical commissioning groups (and are therefore other NHS services) will move to the integrated care boards and will fall then within the definition of enhanced services.

Other relevant services

These are services that the health and wellbeing board is satisfied are not necessary to meet the need for pharmaceutical services but their provision has secured improvements, or better access, to pharmaceutical services. Once the health and wellbeing board has determined which of all the pharmaceutical services provided in or to its area are necessary services, the remainder will be other relevant services.

Pharmaceutical services

Section 126 of the 2006 Act places an obligation on NHS England and NHS Improvement to put arrangements in place so that drugs, medicines and listed appliances ordered via NHS prescriptions can be supplied to persons.

Pharmaceutical services is a collective term for a range of services commissioned by NHS England and NHS Improvement. In relation to pharmaceutical needs assessments it includes:

- essential, advanced and enhanced services provided by pharmacies,
- essential and advanced services provided by dispensing appliance contractors
- the dispensing service provided by some GP practices, and
- services provided under a local pharmaceutical services contract that are the equivalent of essential, advanced and enhanced services.

Unforeseen benefit applications

The pharmaceutical needs assessment sets out needs for, or improvements or better access to, a range of pharmaceutical services or one specific service. This then triggers applications to meet those needs or secure those improvements or better access.

However, there are two types of application which lead to the opening of new premises that are not based on the pharmaceutical needs' assessments – those offering unforeseen benefits and those for distance selling premises. In 2020, these two types of applications accounted for approximately 94 percent of the applications submitted to open new premises (approximately 27 percent and 67 percent respectively).

Where an applicant submits an unforeseen benefits application, they are offering improvements or better access that were not foreseen when the pharmaceutical needs assessment was written, but would confer significant benefits on people in the area of the health and wellbeing board.

Development Process and Methods

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

There are eight key stages to developing a pharmaceutical needs assessment. A high-level timeline can be found in appendix 1

1. Governance

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 and Walsall Healthwatch. Full membership of the steering group is described in appendix X.

The HWBB approved the process of developing the PNA and timeline.

2. Gathering of health and demographic data

Updating of the data and the relevant mapping enables conclusions to be provided in relation to pharmacy service provision across the borough.

3. Public and contractor engagement

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

- A Community Pharmacy survey was undertaken in February-April 2022. All contractors within Walsall Local Authority boundary were invited to participate. Providers were requested to provide details of their premises and current services offered and services they would be willing to provide. The results are summarised later in this document.
- Patient and Public survey was undertaken, a questionnaire developed with Healthwatch Walsall, the results also summarised later in the document.
- The Local Pharmaceutical Committee (LPC) for Walsall have been actively engaged throughout the developments of this PNA. This includes two members participating in the working group.
- Healthwatch Walsall have been actively engaged throughout the developments of this PNA with a representative participating in the working group.
- NHS England have been communicated with throughout the PNA development and have been a member of the working group. This is in addition to the mandatory consultation described below.

4. Pharmaceutical services information

Data was obtained from routine contracting and activity data held by NHS Business Services Authority website, with supplementary information from NHS England and NHS Improvement the CCG and Public Health and an electronic survey of pharmacy contractors. Data was obtained on other providers of services that are currently or could be provided by pharmacy providers.

5. Analysis and drafting

6. Review and sign-off

7. Consultation

A mandatory formal consultation lasting 60 days was undertaken on the final draft of the PNA as per the Regulations, 2013. This took place between

XXXXXXXXXX

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.

Feedback received was considered by the PNA working group and incorporated where appropriate. The health and wellbeing board must consult with certain organisations about the contents of the pharmaceutical needs assessment at least once, and that consultation must run for a minimum period of 60 days.

8. Review, sign-off and publication

A report on the consultation is included in the final version of the document, and the steering group reviewed the responses to the consultation. The finalised document will be signed-off the health and wellbeing board and published on 1st October 2022.

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:

- Make appropriate decisions regarding applications for NHS pharmacy contracts
- Gain a clear picture of pharmaceutical services currently provided
- Understand the current and future pharmaceutical needs of the local population
- Clearly identify and address any local gaps in pharmaceutical services
- 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.

Information to be included in the PNA

What the legislation says

Regulation 4 and Schedule 1 of the 2013 regulations outline the minimum requirements for pharmaceutical needs assessments. In addition, regulation 9 sets out matters that the health and wellbeing board is to have regard to.

In summary the regulations require a series of statements of:

- the pharmaceutical services that the health and wellbeing board has identified as services that are necessary to meet the need for pharmaceutical services;
- the pharmaceutical services that have been identified as services that are not provided but which the health and wellbeing board is satisfied need to be provided in order to meet a current or future need for a range of pharmaceutical services or a specific pharmaceutical service;
- the pharmaceutical services that the health and wellbeing board has identified as not being necessary to meet the need for pharmaceutical services but have secured improvements or better access;
- the pharmaceutical services that have been identified as services that would secure improvements or better access to a range of pharmaceutical services or a specific pharmaceutical service, either now or in the future; and
- other NHS services that affect the need for pharmaceutical services or a specific pharmaceutical service.

Other information that is to be included or taken into account is:

- how the health and wellbeing board has determined the localities in its area;
- how it has taken into account the different needs of the different localities, and the different needs of those who share a protected characteristic;

- a report on the consultation;
- a map that identifies the premises at which pharmaceutical services are provided;
- information on the demography of the area;
- whether there is sufficient choice with regard to obtaining pharmaceutical services; • any different needs of the different localities; and
- the provision of pharmaceutical services in neighbouring health and wellbeing board areas.

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.

Future PNAs and Supplementary Statements

The PNA will be updated every three years and supplementary statements may be published before this if deemed necessary by the HWB. A revised PNA may need to be published when significant changes to the need for pharmaceutical services are identified, unless this is considered a disproportionate 15 response (Royal Pharmaceutical Society, 2013). The HWB will therefore establish a system that allows them to:

- Identify changes to the need for pharmaceutical services within their area.
- Assess whether the changes are significant.
- Decide whether producing a new PNA is a disproportionate response.

HWBs need to ensure they are aware of any changes to the commissioning of public health services by the local authority and the commissioning of services by CCGs as these may affect the need for pharmaceutical services. HWBs also need to ensure that NHS England and its Area Teams have access to their PNAs.

Localities for the purpose of the PNA

Walsall Council, taking into account existing and proposed delivery boundaries across partners, has a model of four locality boundaries. As well as taking account of partner geographies, this model has a number of key features:

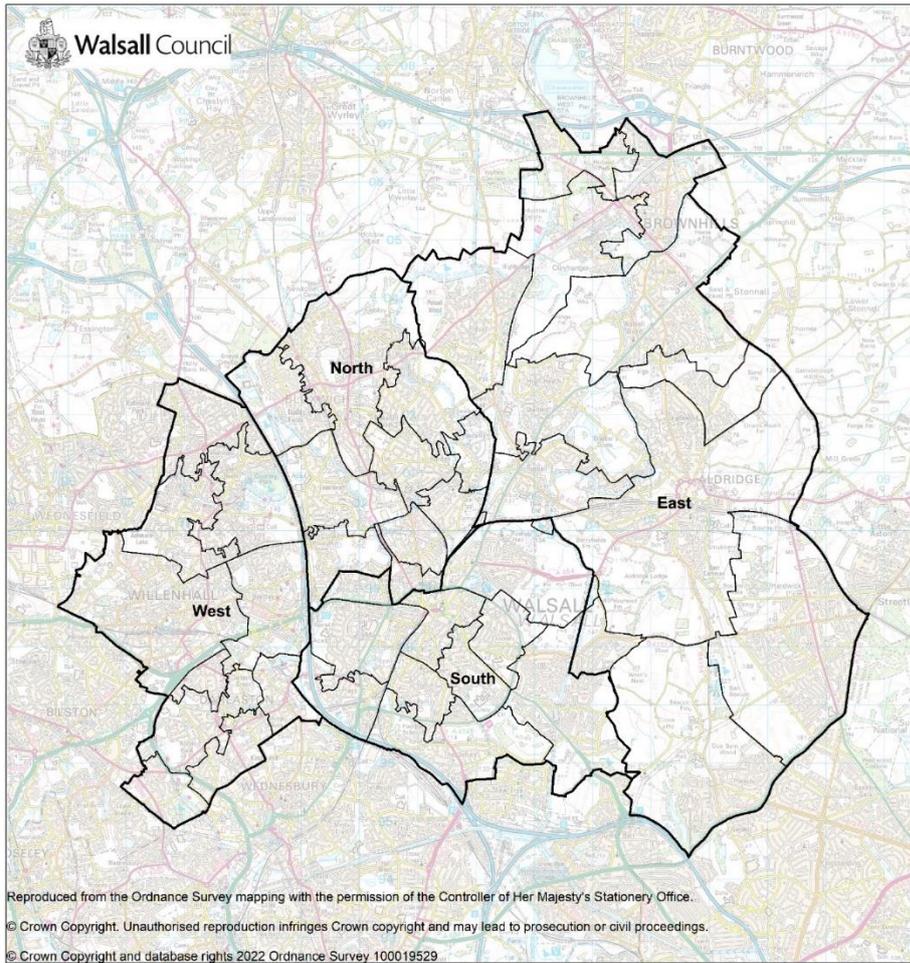
- Based on existing ward boundaries;
- Involves the merging of existing Area Partnerships, rather than a complete re-design (so wards currently in the same Area Partnership would remain together under the new geography). This would allow continuity of any successful initiatives already operating at Area Partnership level;
- Takes account of physical barriers where possible to define the localities' borders (e.g., M6 motorway, and areas of open space);
- The South locality contains Walsall town centre – with the remaining localities each containing one or two district centres.

Although the four localities comprise between four and seven wards, the distribution of the resident population across the Borough means that they are more equal in terms of population and potential demand for services than is indicated by their physical size.

The PNA written in 2011 considered at depth the options for defining localities. It was unanimously agreed on the option of “neighbourhoods/communities”. And that this approach for defining localities would inform the JSNA.

Walsall has 39 ‘community’ areas 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.

Map 1 – Walsall Community & Locality boundaries



Walsall Health Profiles

Health Profiles are produced annually by the Office for Health Improvement and Disparities (OHID) (formerly known as Public Health England (PHE)). The latest health profile for Walsall can be accessed using the following link - [Walsall Health Profile 2019](#). It is summarised as follows:

Health in Summary

The health of people in Walsall is varied compared with the England average. Walsall is one of the 20% most deprived districts/unitary authorities in England and about 25.8% (15,070) of children live in low income families. Life expectancy for both men and women is lower than the England average.

Health Inequalities

Life expectancy is 10.4 years lower for men and 8.8 years lower for women in the most deprived areas of Walsall than in the least deprived areas.

Child Health

In Year 6, 26.2% (958) of children are classified as obese, worse than the average for England. The rate for alcohol-specific hospital admissions among those under 18 is 15 per 100,000 population, better than the average for England. This represents 10 admissions per year. Levels of teenage pregnancy, GCSE attainment (average attainment 8 score) and breastfeeding are worse than the England average.

Adult Health

The rate for alcohol-related harm hospital admissions is 688 per 100,000 population. This represents 1,814 stays per year. The rate for self-harm hospital admissions is 182 per 100,000 population. This represents 520 admissions per year. Estimated levels of adult excess weight in adults (aged 18+) are worse than the England average. The rates of new sexually transmitted infections and killed and seriously injured on the roads are better than the England average. The rates of hip fractures in older people (aged 65+) and new cases of TB are worse than the England average. The rate of statutory homelessness is better than the England average. The rates of under 75 mortality from cardiovascular diseases and cancer are worse than the England average.

Deprivation

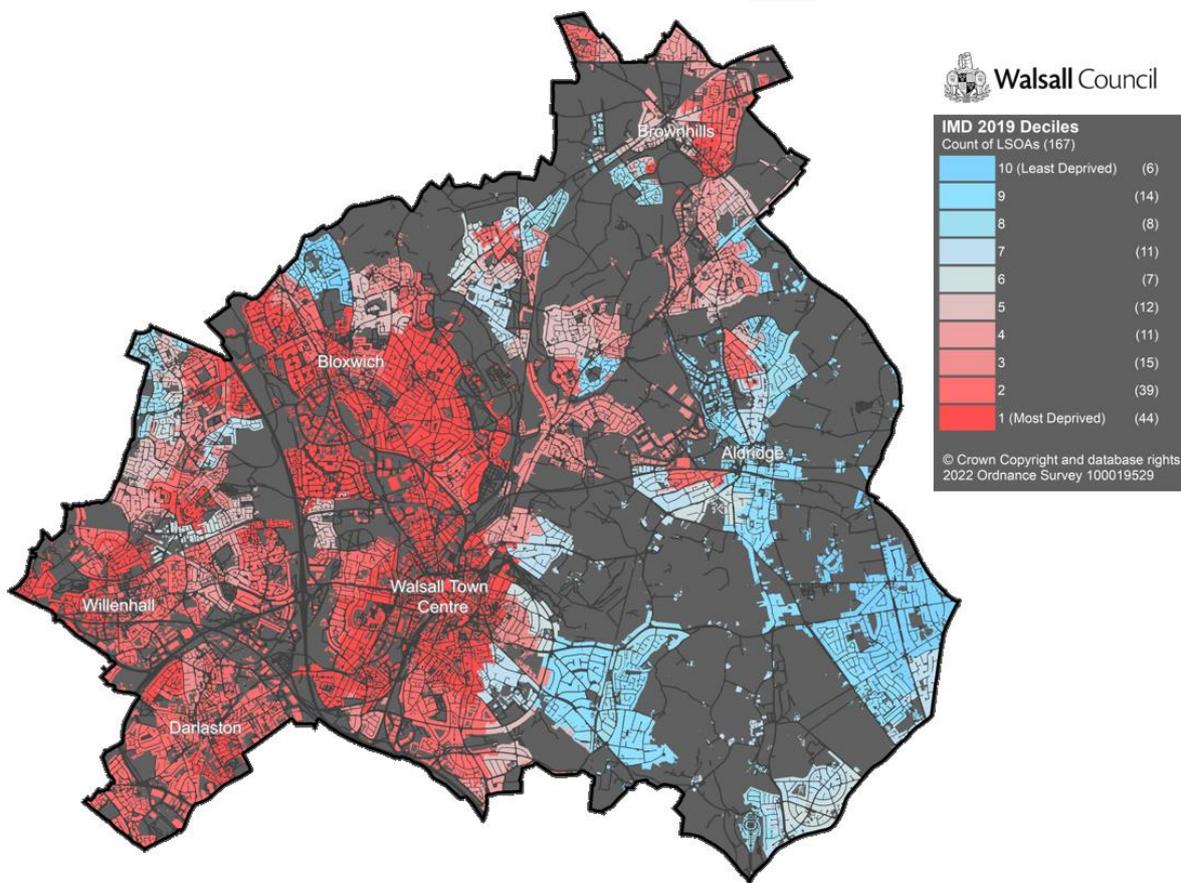
The English Indices of Deprivation 2019, produced by the Ministry of Housing, Communities and Local Government (MHCLG), identify small areas of England which are experiencing multiple aspects of deprivation. The Indices are based on seven aspects of deprivation:

1. Income
2. Employment
3. Health and Disability
4. Education, Skills and Training
5. Crime
6. Barriers to housing and services
7. Living environment

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

Within Walsall, there is considerable variation in the levels of deprivation experienced. There are pockets of extreme deprivation in some areas and over a quarter of LSOAs (44 out of 167) are amongst the most deprived 10% in England. This is more than the 34 LSOAs in 2015 and the 41 in 2010. These highly deprived LSOAs are located primarily in Blakenall, Birchills Leamore, Pleck, St Matthew’s and Bloxwich East and Bloxwich West wards. Darlaston and Willenhall South also have widespread multiple deprivation.

Map 2 – Indices of Multiple Deprivation (IMD), 2019



Further detail about Walsall’s IMD can be accessed on the **Walsall Insight Website** - [Walsall IMD 2019 Dashboard](#)

Age Profile

Walsall has an estimated population of 286,700 (ONS 2020 Mid-Year Estimates), comprised of approximately 21.7% children 0-15 (62,300), 60.8% working-aged 16-64 (174,300), and 17.5% 65 years & over (50,100), giving a dependency ratio of 0.64 dependents to every 1 working age adult. In terms of density, this equates to around 2,757 people per square kilometre. The population has seen a 7.45% increase over the past decade, from 266,800 in 2010: most of this increase has been under 16s, increasing by 12.2% & over 65s growing by 10.2%, contrasted

to a working age (16-64 years) increase of around 5.1% (2020 & 2010 ONS Mid-Year Estimates).

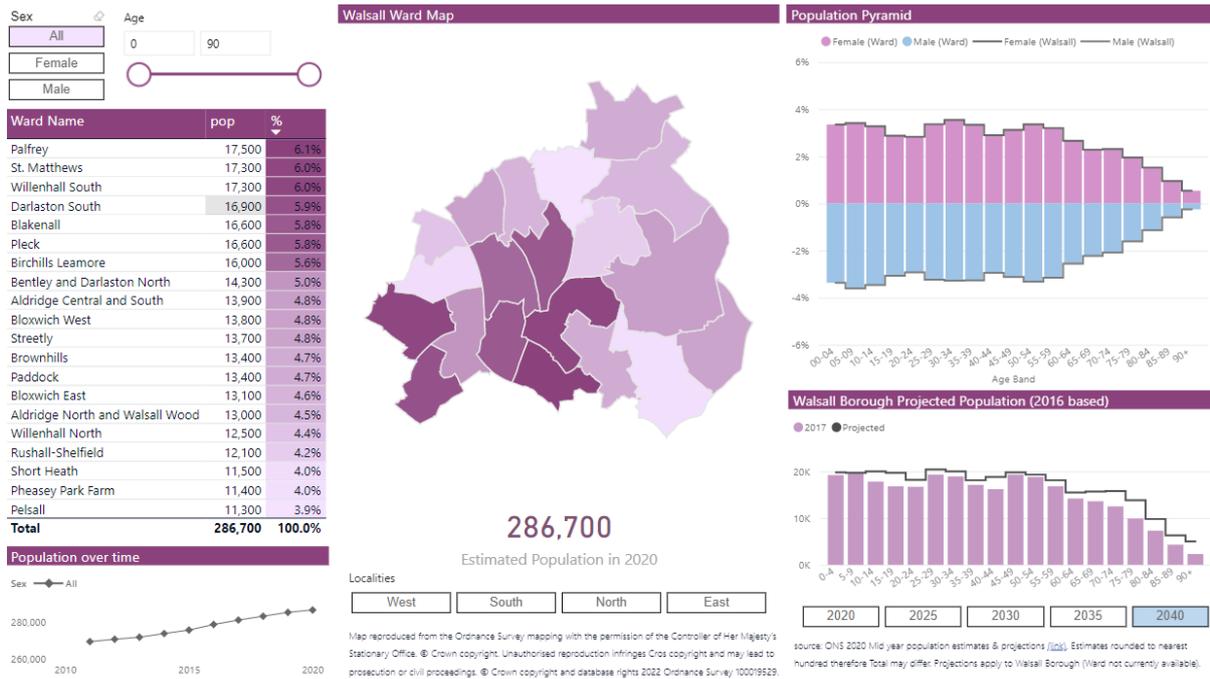
The mid-year 2020 estimates include the first wave of the COVID-19 pandemic, which saw population growth relatively decelerate due to COVID-19 mortality and reduced population movement via internal and external migration. As a consequence, it is estimated Walsall's population grew by 1200 (0.43%) from 2019-2020, contrasted to the previous year (2018-19) growth of 2,100 (0.74%). Against a five-year average (0.83% per year), 2020 saw the rate of population growth roughly halve.

Walsall's overall population is predicted to increase over the next 10 years by 5.9% from 274,173 in 2014 to 290,238 in 2024. In addition to this, Walsall's older population (those aged 65 and above) is also predicted to increase by 12.4%, with the number of older people 85 years and older increasing from 6,008 in 2014 to 8,669 in 2024 (an increase of 44.3%).

Walsall is expected to see continued & consistent population growth, projected to increase by 7% to an estimated 304,400 by 2030 & further by 13% to an estimated 320,400 by 2040 (2020 ONS, 2018-based projections). The largest increases are expected within older age groups; the population over 65 years of age will increase their share of the population from approximately 18% to 20% by 2040 (around a 1% decline in population share for both children & working-age adults). There has already been an 8.8% increase in births in Walsall between 2004 and 2014, and the number of Walsall of reception pupils in Walsall schools has increased 11.34% between 2012 and 2017.

Therefore, planning to meet the needs of a growing number of a younger population as well as a growing number of older people is incorporated within our key strategic priorities, while recognizing that the proportion of residents likely to be economically active is projected to fall.

Figure 1 – Population in Walsall

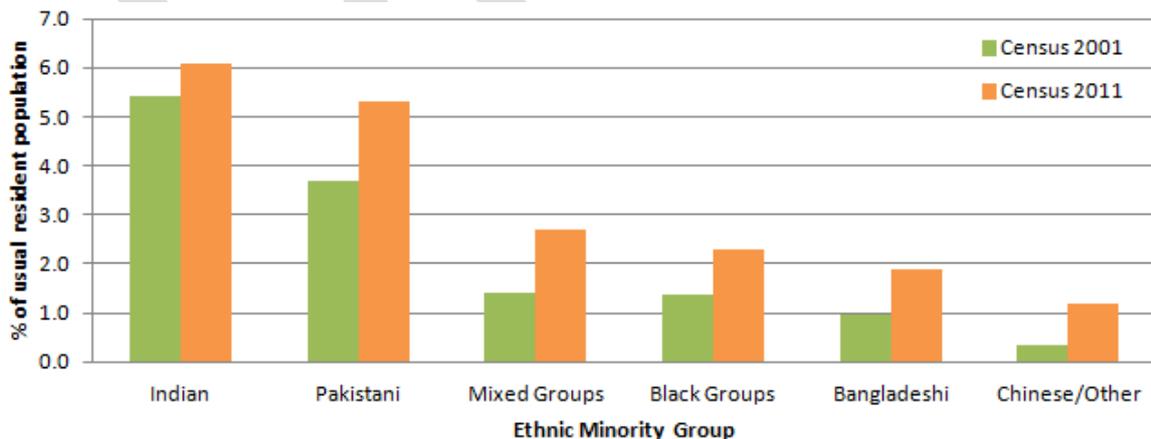


Further detail about Walsall’s population can be accessed on the **Walsall Insight Website** - [Walsall 2020 Population](#)

Ethnicity

The population of Walsall in 2011 was around 269,000. Of these, ‘White British’ remain the largest single group at 76.9%, the number of residents from a minority ethnic group has risen to almost one in four. 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.

Figure 2– Minority ethnic group trends in Walsall – 2001 to 2011



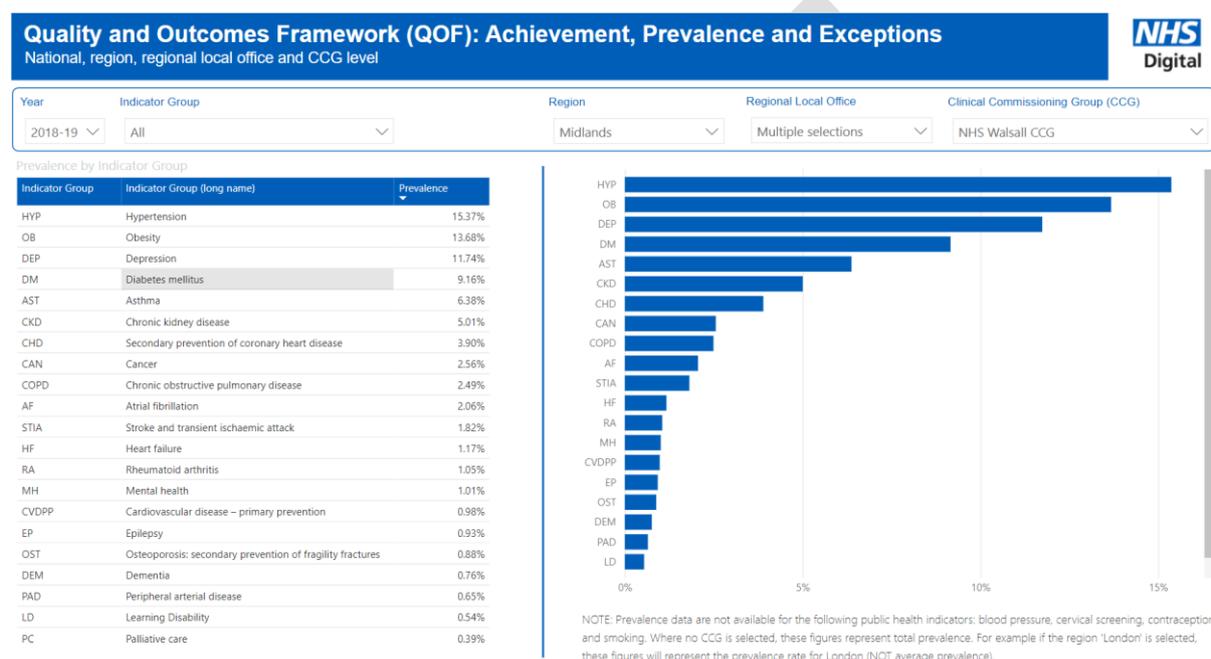
NB: White British population is not included in the chart.

The release of the Census 2021 results are not due to be released until Summer 2022 and will offer an update to the 2011 results shown above.

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.

Figure 3– Prevalence of long-term conditions in Walsall – 2018/19



Source – [NHS Digital - Quality & Outcomes Framework](#)

In Walsall the recorded prevalence of the majority of long-term conditions covered by the Quality and Outcomes Framework has increased since the last PNA, with the top three conditions consistent to last time:

1. Hypertension
2. Obesity
3. Depression

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 healthy life expectancy.

Potential Future Developments

Potential housing development sites in Walsall are illustrated in the map below to help determine the future impact upon pharmacy and health needs in the future. These sites include those with planning permission, those allocated in the Unitary Development Plan (UDP) or Site Allocation Document (SAD) and those sites that are currently under construction.

As at April 2017, there are 456 sites for housing across Walsall. 72% of sites have either full or outline planning permission for the erection of just over 3,500 homes, with 17% currently under construction.

Furthermore, the Black Country Core Strategy will identify the need for more housing development across the Black Country over the next 20 years (c. 78,000 homes between 2014 to 2036).

**Map 3 – Potential future housing development sites in Walsall and Community and 100 Hour Pharmacies
UPDATE MAP**

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Local Health Needs

The data included to identify the local health needs in Walsall was extracted utilising the market segmentation tool – Mosaic. This utilises an array of data sources to identify people with similar characteristics into ‘group types’ and notes their key feature. Data was also used from the recently updated locality profiles using a ‘best fit’ approach for the community areas.

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 and lifestyle challenges.

INSERT MOSAIC COMMUNITY PROFILING HERE.

HWB & CCG Priorities

Joint Strategic Needs Assessment (JSNA)

A Joint Strategic Needs Assessment (JSNA) is the means by which the local health economy, local authorities and third sector organisations work together to understand the future health, care and well-being needs of their community. The JSNA aims to support action to improve local people's well-being by ensuring that services meet their needs. It is designed to inform and drive future investment priorities and thereby help to plan services more efficiently. The emerging needs identified from the latest JSNA 2021 refresh include:

1. Mental health (children, young people & adults)
2. Healthy weight (children & adults)
3. Behaviour choices (diet, exercise, substance misuse)
4. Covid-19 implications (multi-faceted – i.e. impact on school readiness, mental health, business & economy, vaccination hesitancy)
5. Health inequalities (in general or specifically i.e. healthy life expectancy, infant mortality)
6. Dementia prevalence
7. Diabetes detection
8. Childhood Immunisations
9. Changing town centre
10. Impact of poor air quality

Interactive dashboards and further detail can be accessed on the **Walsall Insight website** [Walsall JSNA 2021](#).

These needs, along with those identified in the other two key assessments (Economic Needs Assessment and the Strategic Assessment to inform the Community Safety Plan) have fed into the updated 'Joint Health and Wellbeing Strategy 2022-2025'. There are three overarching priorities for the Strategy where value can be added by working together in partnership:

- 1. Mental wellbeing – especially isolation for all ages and the impact of Covid-19**
- 2. Our digital approach – infrastructure and inclusion**
- 3. Children and young people**

Reducing Inequalities will remain a core action within and underlying each of the priorities. The principle of 'proportionate universalism' will be applied, i.e. the scale and intensity of effort will be greatest where our need in Walsall is greatest.

A Marmot life course approach has been applied to the three over-arching priorities with sub priorities identified under each.

Black Country West Birmingham Clinical Commissioning Group (BCWB CCG)

The vision for primary care in the BCWB CCG is for a healthier place with healthier people and healthier futures.

Eliminating Health inequalities and addressing the impact and legacy from COVID-19 on the population, CCG staff and CCG services are key outcomes.

To deliver this vision, the CCG will focus service design on the following principles:

- Digitising care: Focusing on digital and innovative solutions to health delivery to improve outcomes for patients and staff. Growing capacity and capability across communities, to reduce the digital inequality gap and support people to use new technology.
- Integrating health and care services: Removing organisational boundaries to bring care together around the needs of an individual. Commissioning services for outcomes rather than contacts and grouping providers round the mutual populations which they serve.
- Working in partnership: Working in partnership with other statutory bodies, community and voluntary sector organisations, people and communities to ensure local needs are met.
- Preventing ill health: Shifting from an ill health service to one which supports people to adopt improved healthy behaviours. This will both help people to live longer, healthier lives, and reduce the demand for and delays in treatment and care.
- Personalising care: Giving people choice and control over their own health outcomes.

In addition, the CCG have set the following areas for priority, based on population health data:

- Cancer: Increase screening rates and reduce the number of people presenting late with cancer diagnosis
- Circulatory disorders: Improve outcomes for people living with circulatory disorders
- Respiratory conditions: Improve outcomes, value and quality for people living with respiratory conditions
- Children and young people: Develop new care models to support early years development
- Mental Health: Address the inequality in life expectancy that exists for those living with a mental health condition
- Elective care: Restore elective care to pre- COVID-19 levels.

Pharmacy Providers can contribute to the above priorities-

Contractual - managed by NHSE:

1. Signposting to help people who ask for assistance by directing them to the most appropriate source of help.
2. Healthy lifestyle advice to be given patients presenting prescriptions for certain conditions e.g. diet, physical health and smoking
3. Participating in health promotional campaigns e.g. alcohol consumption or providing an alcohol brief intervention service, cancer screening, tackling isolation and loneliness
4. Self care
5. Relevant Staff are aware of safeguarding guidance and the local safeguarding arrangements
6. Supporting patients with Long term conditions with new medicines service, flu vaccinations, hypertension case finding service,

Locally Commissioned Services:

7. Reducing teenage pregnancies through provision of Emergency Hormonal Contraception (EHC)
8. Reducing smoking prevalence through provision of smoking cessation services
9. Providing substance misuse services- supervised consumption and needle exchange
10. Minor ailments service
11. Availability of palliative care drugs out of hours
12. COVID Urgent Eye Care services

Other services provided but not commissioned:

13. Distribution of Healthy Start Vitamins (not commissioned)

Through the Pharmacy Quality Scheme, which forms part of the Community Pharmacy Contractual Framework (CPCF), though not mandatory, it supports delivery of the NHS Long Term Plan and rewards community pharmacy contractors that achieve quality criteria in the three domains of healthcare quality: clinical effectiveness, patient safety and patient experience. These domains change each year.

For 2021/22; domains covered Medicines safety and optimisation domain

Respiratory domain

Digital domain

Primary Care Networks domain

Prevention domain

Addressing unwarranted variation in care domain

Healthy living support domain

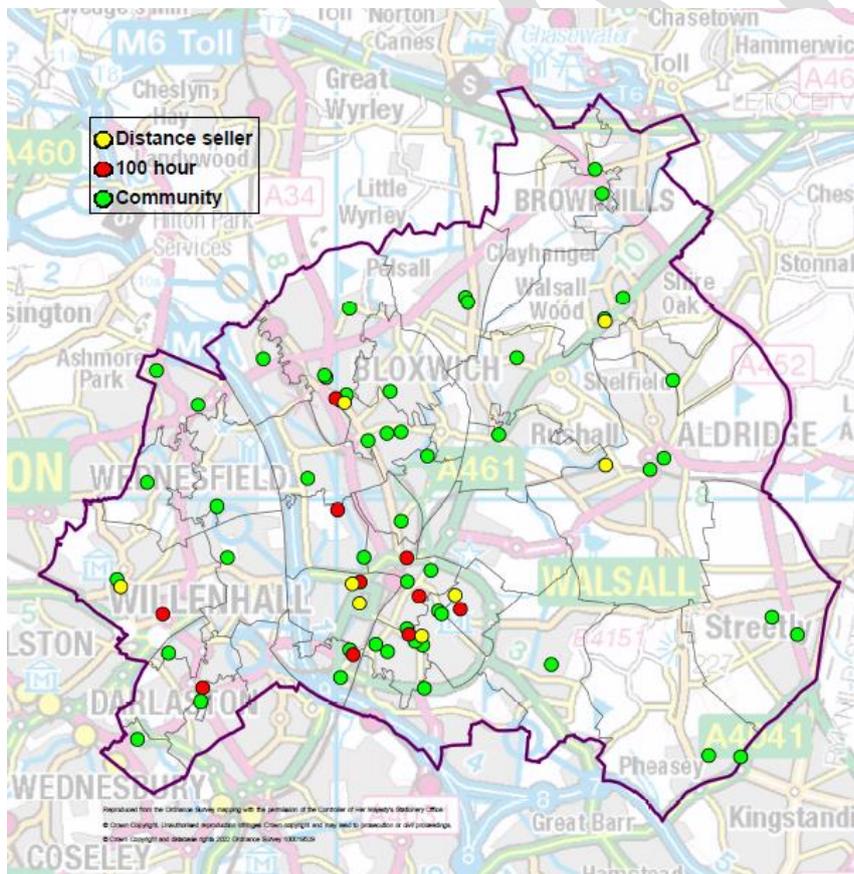
Benchmarking Provision of Pharmacy Services

Data was obtained from routine contracting and activity data held by NHSE, Walsall Public Health and Walsall CCG, a survey of pharmacy contractors.

Distribution

The map below shows the distribution of pharmacy contractors by type across the borough. See appendix 2 for a larger, labelled map by pharmacy type.

Map 4 – Community, 100 hour & distance selling pharmacies in Walsall



In total, Walsall has 73 pharmacies. Of these, 55 are community pharmacies, 8 are distance selling / internet pharmacies and 10 are 100-hour pharmacies. The 100-hour and distance selling / internet pharmacies are listed below:

100 hour Pharmacies	
Pharmacy	Community
A Karim's Chuckery Pharmacy	Chuckery
Al-Shafa Pharmacy	Walsall Central
Asda	Dangerfield
Asda	Walsall Central
Asda	Bloxwich
Lloyds Pharmacy	Birchills / Reedswood
Manor Pharmacy	Alumwell
Pharmacy Dept. at Tesco	South Willenhall
Pleck Pharmacy	Pleck
Tesco Instore Pharmacy	Walsall Central

Distance Selling / Internet Pharmacies	
Pharmacy	Community
8pm Chemist	South Willenhall
I-Dispense Ltd	Leamore
The Online Pharmacy	Aldridge
Click 4 Pharmacy	Caldmore
118 Pharmacy Limited	Walsall Wood
PharmHub Pharmacy	Alumwell
The Prescription Centre	Caldmore
CO-OP PHARMACY	Alumwell

Data from Public Health England – Strategic Health Asset Planning and Evaluation

Data from Public Health England's 'Shape' tool enables us to compare provision of community pharmacy services per capita with other areas across the Area Team geography (Dudley, Sandwell and West Birmingham, Walsall and Wolverhampton).

	Pharmacies	Population	Rate
Walsall	72	286,716	25.46
Dudley	68	322,363	21.09
Wolverhampton	61	264,407	23.07
Sandwell & West Birmingham	361	1,469,567	24.57

Source – PHE, Shape tool & 2020 MYE
<https://shape.phe.org.uk/themes/index.asp>

Walsall has a higher number of community pharmacies per 100,000 population to the rest of the CCG geography.

Map 5 illustrates the number of pharmacies per 100,000 population by community. It is clear that some community areas have a greater proportion of pharmacies for their population size than others, those being Leamore, Ryecroft / Coalpool, Walsall Central, Caldmore and Pleck. The map identifies four communities which do not have a pharmacy within them. These are explored in more detail below.

Map 5 – Walsall pharmacies per 100,000 population – UPDATE MAP

Community Area Analysis

The map below shows that there are **xxxxx** community areas without a pharmacy located within them, these are **xxxxxxxXXXXXXXX**

Map 6 - Potential gap communities & pharmacies by type – UPDATE MAP

Each potential gap has been reviewed to identify whether there is a need for a new pharmaceutical provider.

There are four communities where there is no pharmacy located within the area. Brownhills West is largely an industrial area; Goscote and Fallings heath are both small communities and the community of Hatherton is largely non-residential with close links to North Walsall and Walsall Central which has the largest number of pharmacies.

The Office for Health Inequalities and Disparities (OHID) SHAPE tool was utilised to analyse accessibility. It uses the detailed Ordnance Survey road network, along with the latest data on public transport stops and timetables, to generate accurate journey times between any given point in the borough to a defined destination (in this case, community and 100 hour pharmacies).

The results are visually displayed as travel time contours (or 'isochrones') on a map of Walsall.

Contour maps have been produced for three types of transport:

1. Walking
2. Driving
3. Public Transport (including walking where necessary)

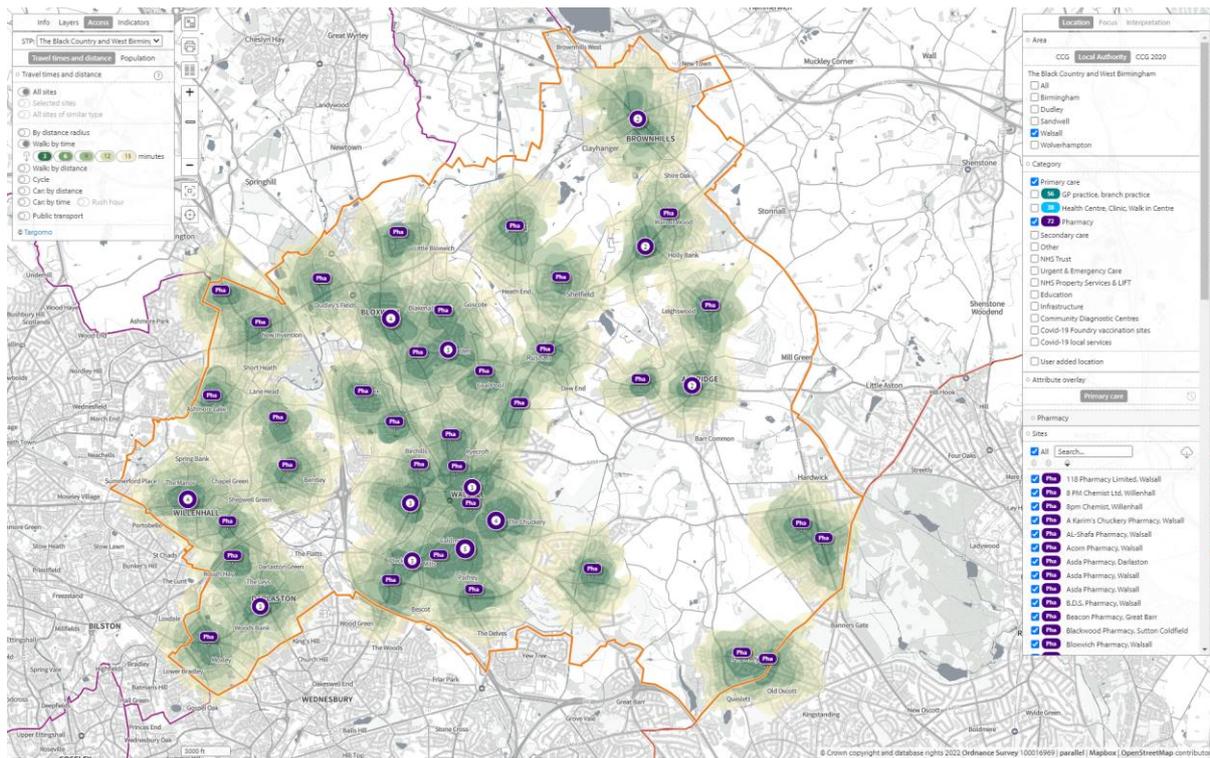
There is no standard definition of what makes a service 'accessible' or not. This will depend on the type of service being provided, the mode of transport used, the time it is being accessed and the circumstances of the individual. Different time bands have been used for each mode of transport, based on a range of what might be considered an acceptable travel time for the majority of residents. Clearly, not all modes of transport will be available to all residents.

The maps have coloured contours shaded according to the key in each map. This is overlaid on a borough map.

The resident survey indicated that the majority of responses (79%) travel up to 15 minutes to a pharmacy.

Analyses travel times by foot is based on an average walking speed of 4.8 km per hour – the standard set by the Department for Transport. It uses the fastest distance along the actual highways network rather than straight-line distance ‘as the crow flies’ – thus taking into account natural or manmade obstacles such as canals or motorways, as well as areas where there are no roadways. They may not include all footpaths that are available to pedestrians, so accessibility may actually be slightly higher than reflected in some areas. Analysis is based on walking times of 10 minutes, 15 minutes and 20 minutes.

Map 7 - Access to a pharmacy – Walking



Source – PHE SHAPE tool

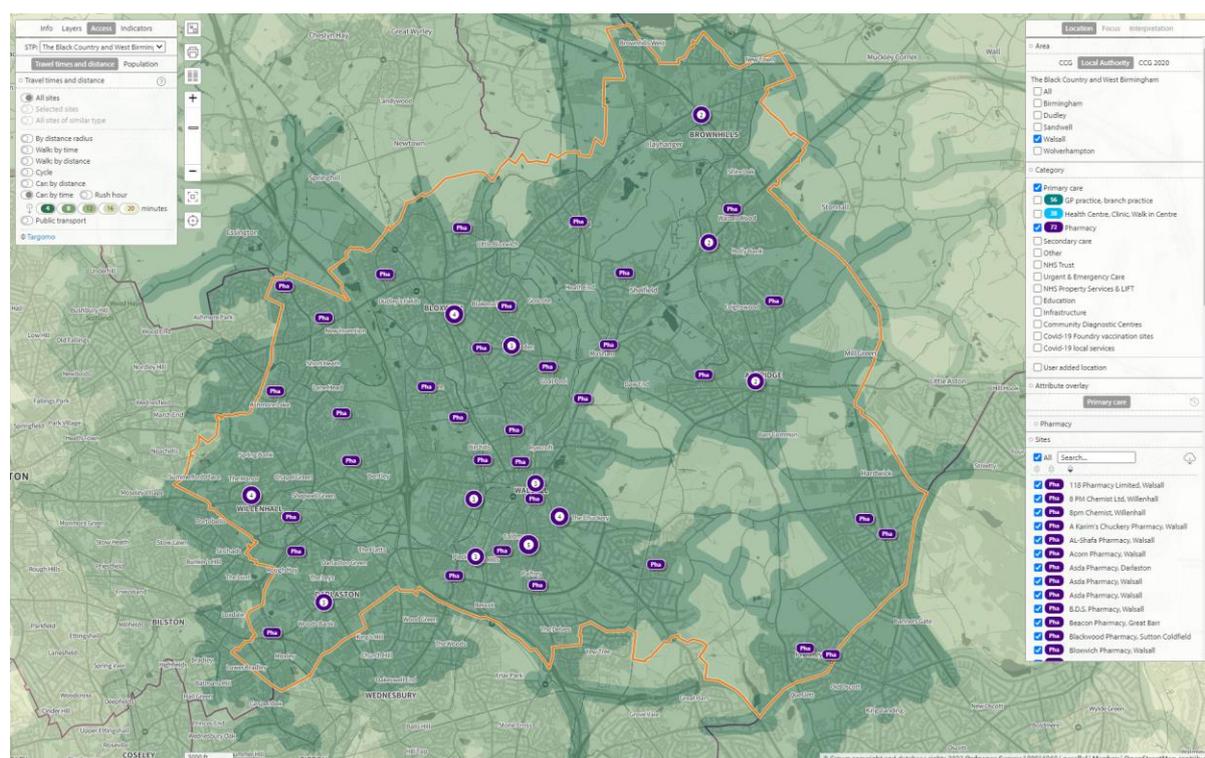
Access to pharmacies via walking does highlight some potential gaps to the East of the borough and parts of Brownhills. These areas however are not densely populated (Hatherton).

There is excellent coverage to the West of the borough, the majority of pharmacies being accessible within 20 minutes of walking.

The resident survey indicates that those close enough to a pharmacy do walk to it, with 31% opting to.

Driving analyses look at accessibility by car/van or motorcycle. Calculations are based on the average driving speed for the type of roads involved – as determined by the Department for Transport. Depending on volumes of traffic, journey times may vary slightly during the day. This analysis does not take into account any time taken to park and to walk to services, as on-site or nearby parking facilities are assumed to be available.

Map 8 - Access to a pharmacy – Driving



Access to pharmacies via car / van does not highlight any accessibility gaps. The majority of pharmacies are accessible within a 4 minute journey time and this was echoed from the survey results, with car being the most favourable mode of travel to pharmacies.

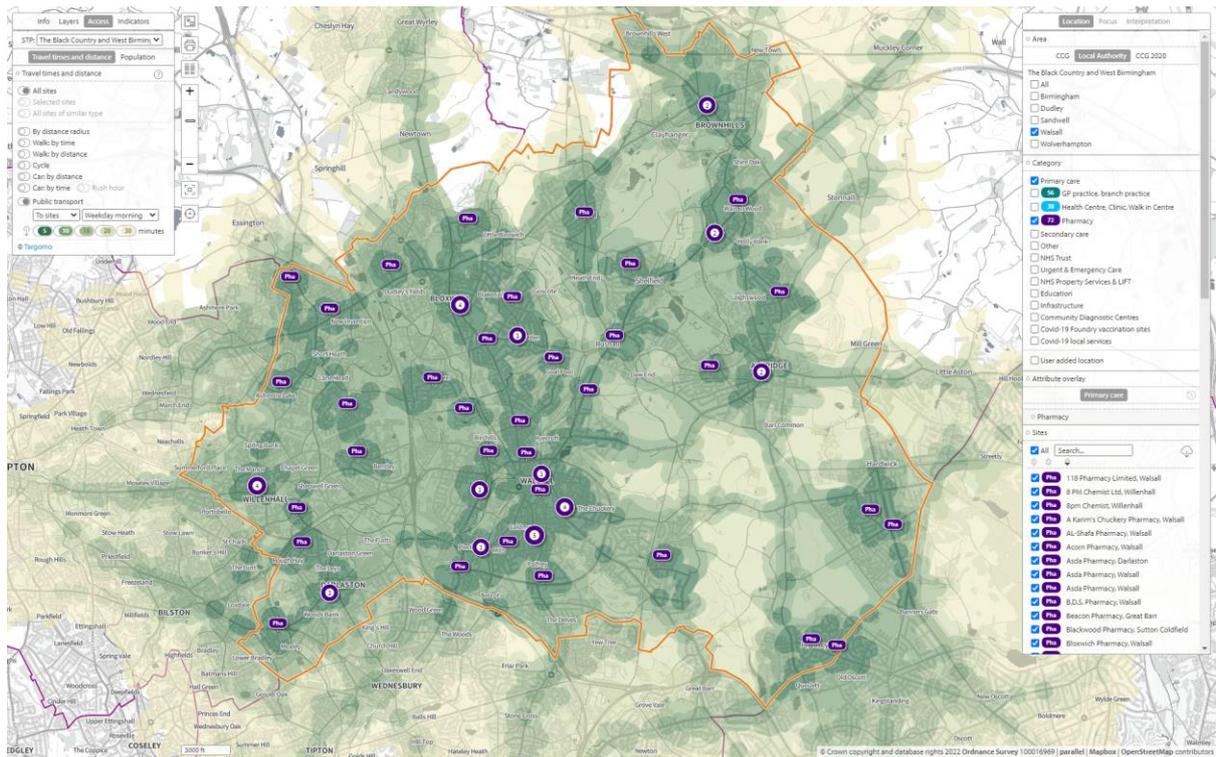
To the east of the borough, journey times may be slightly longer (up to 8 minutes).

Public transport journey times are calculated based on the minimum time it would take to walk to the nearest bus stop, travel to the stop nearest to the destination, and then walk to the final destination. It also allows for interchanges between services to be made (as well as taking into account the time needed to make the interchange). It is the shortest time possible to reach a community pharmacy or 100-hour pharmacy location – and obviously just missing a bus and having to wait for another would add extra time to the journey.

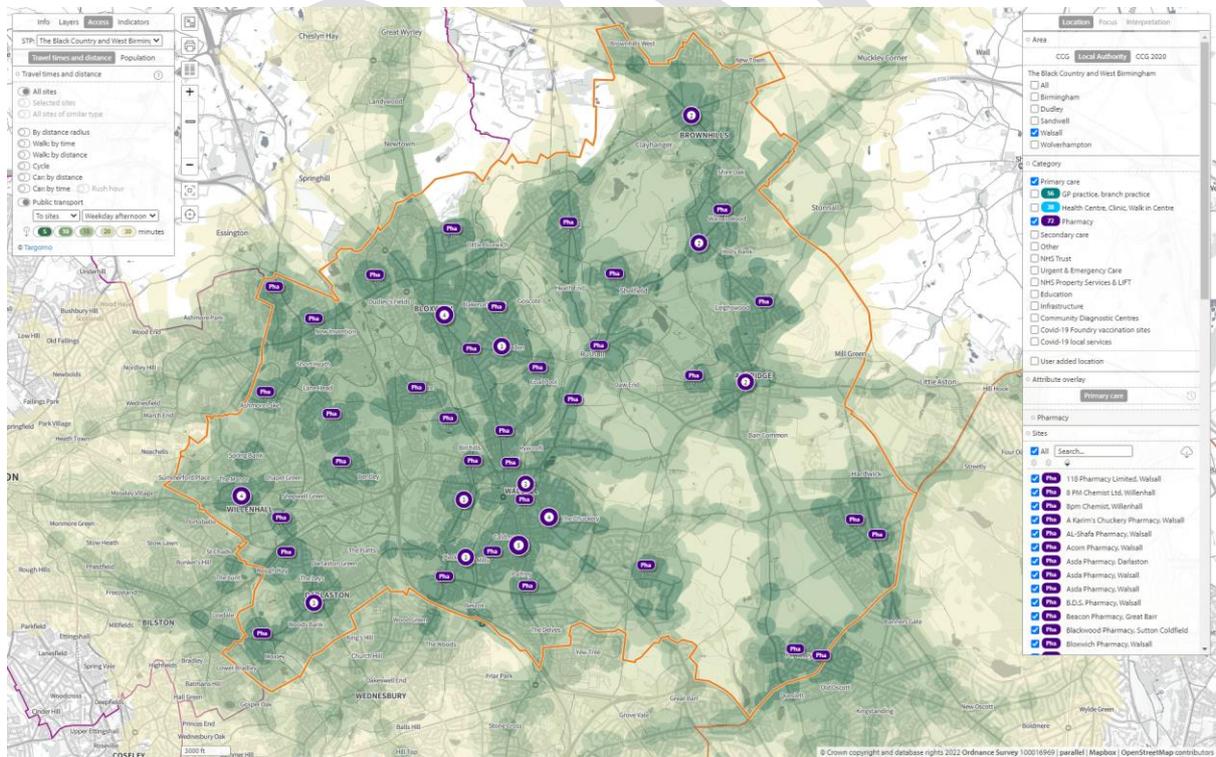
As the calculations are done using actual public transport timetables, it is necessary to specify a day and time at which to run the calculation (as frequency of buses varies according to days of the week and times of the day). This initial analysis is based on weekday morning, weekday afternoon and weekday evening. Analysis is based on journey times of 5, 10, 15, 20 and 30 minutes.

The resident survey indicates that travel mode by car is most popular at 64%.

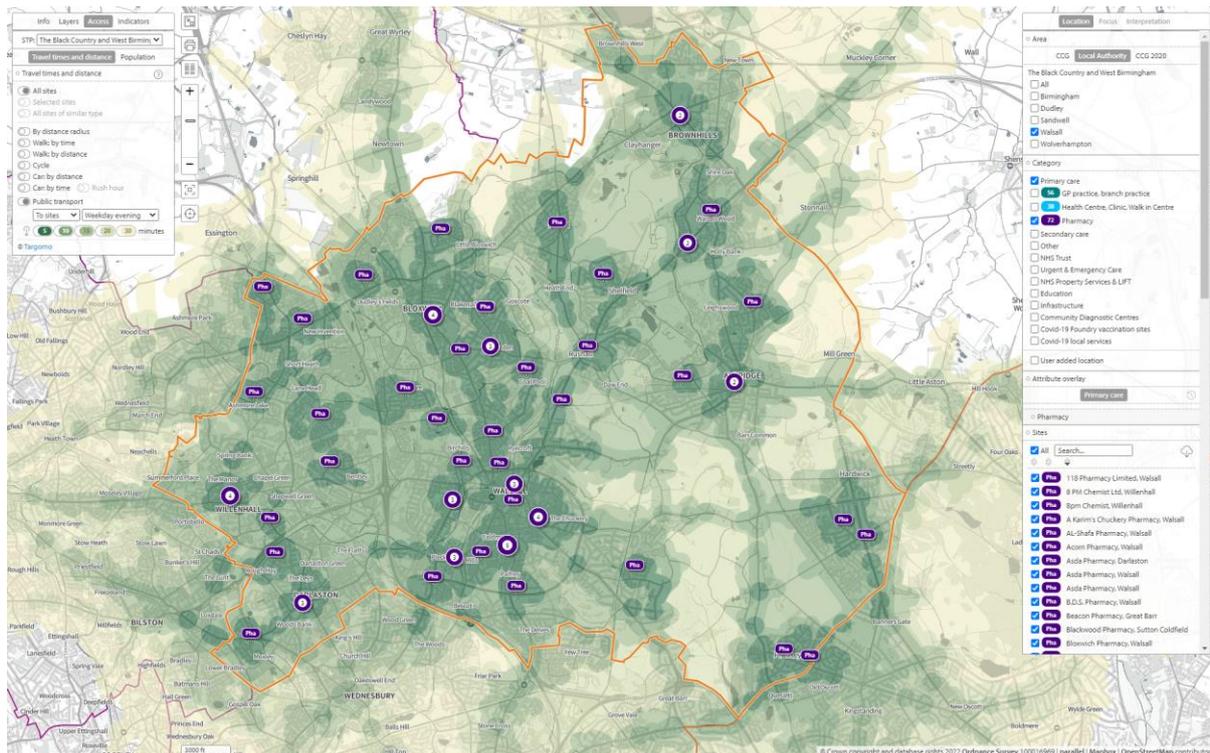
Map 9 - Access to a pharmacy – Public Transport Weekday morning



Map 10 - Access to a pharmacy – Public Transport Weekday afternoon



Map 11 - Access to a pharmacy – Public Transport Weekday evening



Access to pharmacies via public transport indicates that residents could access a pharmacy within a 30-minute journey time during the week.

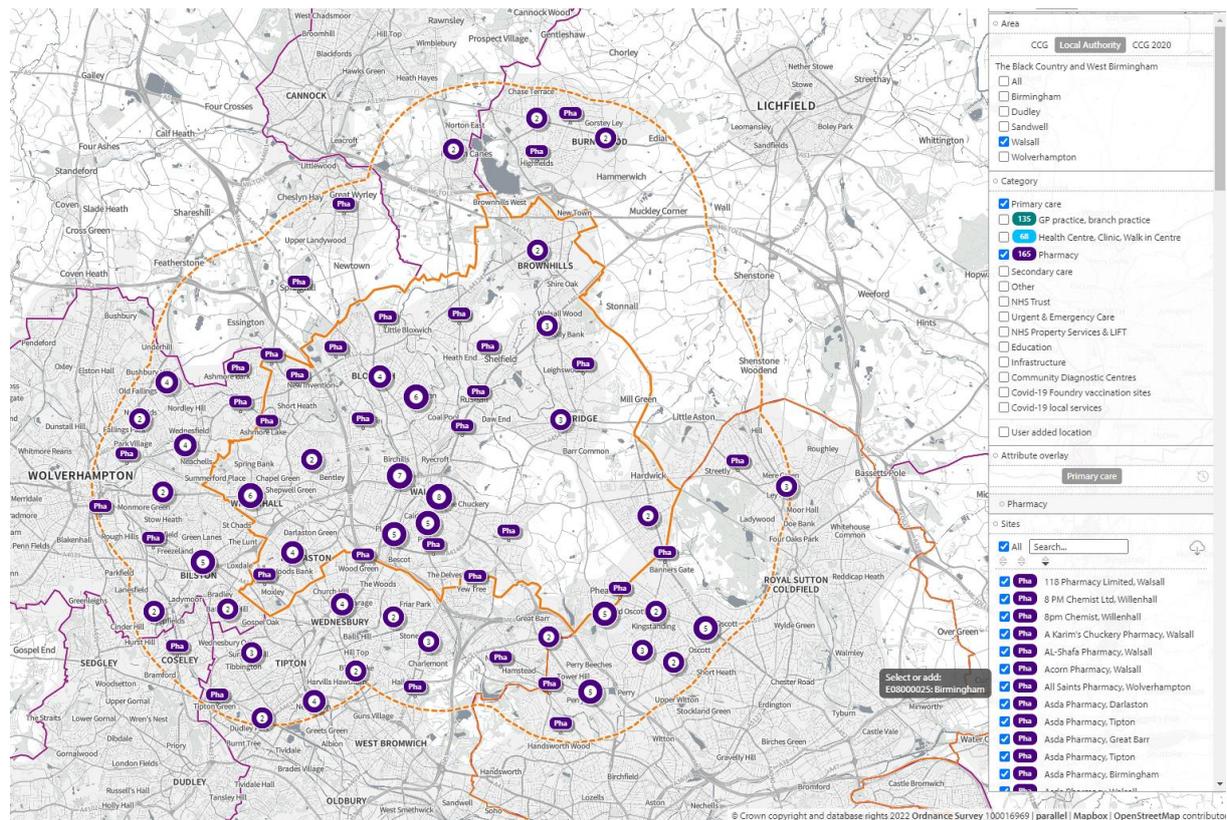
The survey results show that public transport was not a common form of accessing pharmacy services (<3%)

Dispensing Services – Cross Border and Dispensing Doctors

Cross Border Provision

Pharmacies that dispense a large number of prescriptions for Walsall residents are a potential source of pharmaceutical services for our patients. The map below illustrates where cross border pharmacies are located within a 2 mile (as the crow flies) radius, which may be accessed by Walsall residents.

Map 12 - Walsall pharmacies by type & cross border pharmacies with a 2 mile buffer



Pharmacies highlighted below show where patients have had prescriptions dispensed outside the Walsall area during May, June and July 2017.

Map 13 - Pharmacy dispensing by number of items – UPDATE MAP

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).

Based on this information, we conclude:

The pharmacy service provision to patient ratio be sufficient within the Walsall boundary

There are sufficient pharmacies in Walsall and the surrounding area to provide essential pharmaceutical services to its population

The TRACC analysis illustrates there is access for the majority of residents by car at most times

Pharmacy Services Provision

Opening Times

Under the NHS Terms of Service for community pharmacies, all pharmacy contractors are expected to provide essential services. Advanced and enhanced services are 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.

Pharmacies are expected to provide pharmacy services throughout the day to maximise health outcomes. In cases where accredited pharmacists are unavailable i.e., Emergency Hormonal Contraception (EHC) and supply of varenicline, 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 e.g., NMS, Flu vaccinations.

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 NHSE 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.

The local NHSE&I 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.

Consideration should be given to the need for pharmaceutical services during the opening hours of the Extended access services and urgent care centres.

The Regulations Guidance also states that the PNA should state how the 100-hour pharmacies are meeting the needs of residents within a locality.

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

Name	Mon	Tue	Wed	Thurs	Fri	sat	Sun
Manor Pharmacy	0900-2330	0900-2330	0900-2330	0900-2330	0900-2330	0900-2330	1100-2230
Lloyds Pharmacy, Reedswood	0700-2300	0700-2300	0700-2300	0700-2300	0700-2300	0700-2200	1000-1600
Asda Pharmacy, Bloxwich	0800-2300	0700-2300	0700-2300	0700-2300	0700-2300	0700-2200	1000-1600

A Karim's Chuckery Pharmacy	0800-2000	0800-2000	0800-2000	0800-2000	0830-2359	0000-2359	0000-1200
Asda Pharmacy, Walsall Town Centre	0800-2300	0700-2300	0700-2300	0700-2300	0700-2300	0700-2200	1000-1600
Pleck Pharmacy	0800-2100	0800-2359	0800-2100	0800-2100	0800-2100	0800-2100	0800-1900
Pharmacy Dept. at Tesco Willenhall	0800-2230	0630-2230	0630-2230	0630-2230	0630-2230	0630-2230	1000-1600
Asda Pharmacy, Darlaston	0800-2300	0700-2300	0700-2300	0700-2300	0700-2300	0700-2200	1000-1600
Al-Shafa Pharmacy, Caldmore	0800-2200	0800-2359	0800-2359	0800-2359	0800-2200	0900-2200	900-2000
Tesco Instore Pharmacy, Littleton Street West	0630-2230	0630-2230	0630-1600, 1630-2230	0630-1600, 1620-2230	0630-1200, 1220-2230	0630-1200, 1230-22.00	1100-1700

GP Access

52 GPs in Walsall provide surgery times between the hours of 8.00am to 6.30pm, Monday to Friday (excluding bank holidays). The earliest surgery appointments some practices offer outside of core hours are between 7am and 8am in the morning and in the evening the latest surgery appointments are held between 6.30pm and 8.00pm. A number of GP practices hold weekend surgeries on Saturdays only between 8am and 12.00pm (excluding the urgent care centre).

Since April 2020, the Walsall PCNs have jointly commissioned OurNet Health Services Ltd to provide a Walsall Extended Access Service to allow patients increased access to primary care appointments.

The service is open weekday evening, weekends and bank holidays and is operated from two hubs, the Walsall North Hub (Pinfold Health Centre, WS3 3JP) and the Walsall South Hub (Broadway Medical Centre.)

Malling Health also cover the Out of Hours across Walsall which is accesses through NHS111

There is currently one Urgent Treatment Centre in Walsall, at Walsall Manor Hospital - Wilbraham Road, off Moat Road, Walsall, WS2 9PS (refer to map below) Open 7am – midnight every day (including bank holidays).

Pharmacy Coverage for Extended Access and Urgent Care Centre

There are a number of pharmacies in close proximity to cover the pharmaceutical needs of any patients accessing the centres. Of these pharmacies, six are 100 hour pharmacies.

Map 14 - Urgent care centres & pharmacies by type – **UPDATE MAP**

All Walsall pharmacies and their opening times are provided in appendix 4. Of the 72 pharmacies across the borough, 15 open on a Sunday (including wholly internet / distant selling pharmacies).

Map 15 - GP practices by list size and pharmacies by type – **UPDATE MAP**

The map shows the relative size of each GP practice based on their list size and the relation to pharmacies. There is good alignment between pharmacies and GP practices

Based on the above information, we conclude:

Pharmacies are open to provide services at the times needed and used by the population. The resident survey did not highlight the need for additional opening hours.

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 and Urgent Care Centres hours.

There is good alignment between pharmacies and GP practices (this reflects responses from the resident survey)

Community Pharmacy Services Provision

Current Premises

Information obtained from the pharmacist survey carried out in February 2022, has been used to inform the following:

Consultation Rooms

Of the 47 pharmacy contractors who responded, 94% have a consultation area available on site. Of these, 40 contractors are able to accommodate wheelchair access. One pharmacy contractors stated no consultation area is available.

Eight of these pharmacies allow patients access to on site toilet facilities and 43 have on site hand washing facilities for consultations available.

24 of the 47 pharmacy contractors are willing to undertake consultations in the patient's home or other suitable location.

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 pharmacy survey indicated all 47 pharmacy contractors that responded provide a prescription collection service from GP practices.

44 of these pharmacies also provide a free of charge delivery of dispensed medicines on request. Six pharmacies charge for delivery of dispensed medicines.
- Dispensing of repeat prescriptions i.e. prescriptions which contain more than one months' supply of drugs on them. For example, an electronic repeatable prescription may say that the prescription interval is every 28 days and it can be repeated six times. This would give a patient approximately six months' supply of medication, dispensed every 28 days with the prescriber only needing to authorise them once.
- 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

In addition, 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.

- 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.
- Discharge Medicines Service (DMS)

NHS Trusts are able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHS England and NHS Improvement's (NHSE&I) Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital. Using the information in the referral, pharmacists will be able to compare the patient's medicines at discharge to those they were taking before admission to hospital. A check will also be made when the first new prescription for the patient is issued in primary care and a conversation with the patient and/or their carer will help to ensure that they understand which medicines the patient should now be using.

- Healthy Living Pharmacy

The Healthy Living Pharmacy (HLP) framework is aimed at achieving consistent provision of a broad range of health promotion interventions

through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities.

Based on the above information, we conclude:

Walsall has pharmacies providing essential services. The HWB are not aware of any deficiencies in these services.

Pharmacy Quality Scheme

The Pharmacy Quality Scheme (PQS) forms part of the Community Pharmacy Contractual Framework (CPCF).

It supports delivery of the NHS Long Term Plan and rewards community pharmacy contractors that achieve quality criteria in the three domains of healthcare quality: clinical effectiveness, patient safety and patient experience.

The criteria changes each year.

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Advanced Services

There are 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, these include:

1. Community Pharmacy Consultation Service (CPCS)
2. Flu Vaccination Service
3. Hepatitis C Testing Service
4. Hypertension Case Finding Service
5. New Medicine Service (NMS)
6. Smoking Cessation Service (SCS)
7. Appliance Use Review (AUR)
8. Stoma Customisation Service (SAC)

1. *Community Pharmacy Consultation Service (CPCS)*

This service connects patients who have a minor illness or need an urgent supply of a medicine with a community pharmacy.

As well as referrals for minor illness from general practices, the service takes referrals to community pharmacy from NHS 111 (and NHS 111 online for requests for urgent supply), Integrated Urgent Care Clinical Assessment Services and in some cases patients referred via the 999 service.

The CPCS aims to relieve pressure on the wider NHS by connecting patients with community pharmacy, which should be their first port of call and can deliver a swift, convenient and effective service to meet their needs. Since the CPCS was launched, an average of 10,500 patients per week being referred for a consultation with a pharmacist following a call to NHS 111; these are patients who might otherwise have gone to see a GP

The CPCS provides the opportunity for community pharmacy to play a bigger role than ever within the urgent care system.

As at 7th March 2022, 64 pharmacies in Walsall are registered to provide this service.

ADD CONCLUSION

2. *Flu Vaccination Service*

Community pharmacy has been providing flu vaccinations under a nationally commissioned service since September 2015.

Each year from September through to March the NHS runs a seasonal flu vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus. The accessibility of pharmacies, their

extended opening hours and the option to walk in without an appointment have proved popular with patients seeking vaccinations.

The Community Pharmacy Seasonal Influenza Vaccination Advanced Service (Flu Vaccination Service) will support NHS England, in providing an effective vaccination programme in England. It aims to:

1. sustain and maximise uptake of flu vaccine in at risk groups by building the capacity of community pharmacies as an alternative to general practice;
2. provide more opportunities and improve convenience for eligible patients to access flu vaccinations; and
3. reduce variation and provide consistent levels of population coverage of community pharmacy flu vaccination across England by providing a national framework.

During the 2021-2022 season to January 2022, 40 pharmacies in Walsall were actively providing the service.

For year 2020-21, there were 64 pharmacies providing the service

For year 2019-20 there were 55 pharmacies providing the service

For year 2018-19 there were 48 pharmacies providing the service

Map 16 - Pharmacies offering flu vaccination service – UPDATE MAP

There are 46 pharmacies across the borough, which offer the flu vaccination service. The map illustrates good coverage with GPs and pharmacies working jointly to ensure service delivery.

3. Hepatitis C testing service

The Community Pharmacy Hepatitis C Antibody Testing Service was added to the Community Pharmacy Contractual Framework (CPCF) in September 2020, and it has been agreed in March 2022 the service should continue to be commissioned until 31st March 2023.

The service is focused on provision of point of care testing (POCT) for Hepatitis C (Hep C) antibodies to people who inject drugs (PWIDs), i.e., individuals who inject illicit drugs, e.g., steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people test positive for Hep C antibodies, they will be referred for a confirmatory test and treatment, where appropriate.

There has been no service provision in Walsall.

4. Hypertension Case Finding Service

This service has been commissioned as an Advanced service from 1st October 2021. The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a ‘clinic check’).

The second stage, where clinically indicated, is offering 24 hour ambulatory blood pressure monitoring (ABPM). The blood pressure test results will then be shared with the patient’s GP to inform a potential diagnosis of hypertension.

The service aims to:

- Identify people with high blood pressure aged 40 years or older (who have previously not had a confirmed diagnosis of hypertension), and to refer them to general practice to confirm diagnosis and for appropriate management;
- At the request of a general practice, undertake ad hoc clinic measurements and ABPM
- Provide another opportunity to promote healthy behaviours to patients.

The service will support the work that both general practices and wider PCN teams will be undertaking on CVD prevention and management, under changes to the PCN Directed Enhanced Service.

INSERT MAP

In Walsall there are 27 pharmacies have signed up to provide this service. Activity was only provided for the CCG footprint.

5. 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.

Implementation of NMS will:

- improve patient adherence which will generally lead to better health outcomes;
- increase patient engagement with their condition and medicines, supporting patients in making decisions about their treatment and self-management;
- reduce medicines wastage;
- reduce hospital admissions due to adverse events from medicines;
- lead to increased Yellow Card reporting of adverse reactions to medicines by pharmacists and patients, thereby supporting improved pharmacovigilance;
- receive positive assessment from patients;
- improve the evidence base on the effectiveness of the service; and
- support the development of outcome and/or quality measures for community pharmacy.

In 2021/22, first six months data, 60, (83.3%) pharmacies provided 6022 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 New Medicine Service the (NMS) across Walsall that help to deal with adherence to medicines and the management of people with long-term conditions.

6. Smoking Cessation Service (SCS)

This service has been commissioned as an advanced service from March 2022. It has been designed to enable NHS trusts to undertake a transfer of care on patient discharge, referring patients (where they consent) to a community pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support as required. The ambition is for referral from NHS trusts to community pharmacy to create additional capacity in the smoking cessation pathway.

At the time of writing this PNA, there was no provider or activity data available.

7. Appliance Use Reviews (AURs)

Appliance Use Review (AUR) is the second Advanced Service to be introduced into the English Community Pharmacy Contractual Framework (CPCF). 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' by:

- establishing the way the patient uses the appliance and the patient's experience of such use;
- identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient;
- advising the patient on the safe and appropriate storage of the appliance; and
- advising the patient on the safe and proper disposal of the appliances that are used or unwanted.

8. 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. The stoma appliances that can be customised are listed in Part IXC of the Drug Tariff.

If on the presentation of a prescription for such an appliance, a community pharmacy contractor is not able to provide the service, because the provision of the appliance or the customisation is not within the pharmacist's normal course of business, the prescription must, subject to patient consent, be referred to another pharmacy contractor or provider of appliances. If the patient does not consent to the referral, the patient must be given the contact details of at least two pharmacies or suppliers of appliances who are able to provide the appliance or the stoma appliance customisation service, if contact details are known to the pharmacist. The local NHS England team may provide the information or it may be established by the pharmacist.

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.

Locally Commissioned Services (LCS) – NHS England

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.

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.

The Community Pharmacy Extended Care Service,

This service aims to provide eligible patients who are registered with a General Practitioner (GP) contracted to NHS England & Improvement Midlands Region with access to support for the treatment of the following:

Tier 1

- Treatment of Simple UTI in Females (from 16 years up to 65 years of age)
- Treatment of Acute Bacterial Conjunctivitis (for children aged 3 months to 2 years)

Tier 2

- Treatment of Impetigo
- Treatment of Infected Insect Bites
- Treatment of Infected Eczema

The service will be provided through Community Pharmacies contracted to NHS England & Improvement Midlands Region

The overall aim of the scheme is to ensure that patients can access self-care advice for the treatment of a range of conditions, and, where appropriate, can be supplied with antibiotics or other prescription only medicines to treat their condition. This provides an alternative location from which patients can seek advice and treatment, rather than seeking treatment via a prescription from their General Practitioner (GP) or Out of Hours (OHH) provider, walk in centre or accident and emergency.

- Educate patients to seek advice and treatment from the most appropriate healthcare setting
- Improve patient's access to advice and appropriate treatment for these ailments via Community Pharmacy
- Reduce GP workload for these ailments allowing greater focus on more complex and urgent medical conditions

Educate patients with aim of reducing requests for inappropriate supplies of antibiotics

- Promote the role of the pharmacist and self-care
- Improve working relationships between doctors and pharmacists

INSERT MAP



Local Authority Commissioned Public Health Services

1. Emergency Hormonal Contraception (EHC)
2. Supervised Consumption of Prescribed Medicines
3. Needle Exchange
4. Smoking Cessation [Varenicline Supply under PGD]
5. Distribution of Healthy Start Vitamins

CCG Commissioned Services

1. Minor Ailments (Pharmacy First)
2. Palliative Care
3. COVID Urgent Eye Care Service

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, with the exception of Care Homes as this service only requires a definitive number of providers and provision is not restricted to location.

The maps relate to provision during the financial year 2021-2022 .The following maps show two different coloured dots.

- Yellow indicates that the pharmacy is fully accredited to provide the service
- Blue indicates a service is being provided by an alternative provider

1. EHC

Service Description, Aims and Outcomes

The service is commissioned to offer convenient and rapid access to free EHC through pharmacies to help contribute to a reduction in unplanned /unwanted pregnancies which remains significant public health problem.

The aim of this service is to improve access as well as increasing choice to emergency contraception and sexual health advice. It also follows up those clients and signposts into mainstream contraceptive services.

Distribution of Service Providers

The map below shows the pharmacy providers that are accredited to provide EHC, as well as activity mapped against the need for the service (under 18 conception rates).

Map 17 - Pharmacies offering Emergency Hormonal Contraception / Chlamydia screening service by under 18 conception rates per 1,000 females 15-17 year olds (2012-14) and chlamydia positive screening rates per 10,000 15-24 year olds (2016/17) respectively

UPDATE MAPS

The majority of localities within the borough in need of this service currently 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.

2. Supervised Consumption of Prescribed Medicines Service

Service Description, Aims and Outcomes

Drug misuse is an increasing problem that affects not only the drug user themselves, but also their family, their friends 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 note and report any signs of over sedation or intoxication and seek clinician advice on continuation of administering. They are also encouraged to report any safeguarding issues directly to social care or seek further advice / information from The Beacon (drug and alcohol recovery service in Walsall).

Distribution of Service Providers

Public Health Commissioners actively seek service user feedback to understand their needs for accessing services across the Walsall borough. The map below shows the pharmacy providers that are accredited to provide Supervised Consumption of Prescribed Medicines, mapped against the need for the service (heroin drug users).

Map 18 - Pharmacies offering Supervised Consumption of Prescribed Medicines Service and heroin drug users DSR, 2016/17 by ward UPDATE MAP

Many of the localities within the borough in need of this service have a pharmacy(s) signed up to provide.

The recent pharmacy survey indicated four pharmacies were willing and able to provide this service, seven were willing to provide following training and one willing to provide following facilities adjustment.

3. Needle Exchange Service

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, reducing the risk of spreading blood borne viruses. 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

Public Health Commissioners actively seek service user feedback to understand their needs for accessing services across the Walsall borough. The following map shows sign up of community pharmacists for the needle exchange service and The Beacon (drug and alcohol recovery service in Walsall).

*Map 19 - Pharmacies offering Needle Exchange Service and heroin drug users DSR, 2016/17 by ward **UPDATE MAP***

Some areas within the borough, in need of the service have a pharmacy(s) signed up to provide this service

The recent pharmacy survey indicated seven pharmacies were willing and able to provide this service, 12 were willing to provide following training and two willing to provide following facilities adjustment

4. Smoking Cessation

Service Description, Aims and Outcomes

The service aims are to provide one to one smoking cessation behavioural change 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

Currently Public Health only directly commission the service a non pharmacy single provider.

Walsall Public Health commissioned the supply of varenicline under a PGD to support the smoking cessation service through a community pharmacy. This is a local agreement between the smoking cessation service provider and community pharmacy. At the time of writing this PNA, the service is on hold as there are currently long term supply issues of this drug and no supply date has been issued by the manufacturer.

Map 20 - Pharmacies offering Smoking Cessation service and other smoking cessation support services with Deprivation 2015

UPDATE MAP

All Walsall residents (and those who work within the borough) can access smoking cessation services from the provider . It is therefore accepted that there are no current gaps in provision at this time.

1. 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. The service also promotes self care to support the NHSE guidance on *Conditions for which over the counter items should not routinely be prescribed in primary care*.

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).

Pharmacies offering a minor ailments scheme are thought to be more appropriately located in poorer more deprived areas as they remove a time and cost barrier for treatment.

Map 21 - Pharmacies offering Pharmacy First service and Deprivation 2015 UPDATE MAP

A review in January 2022 showed if the service had not been in place, 89% would have accessed the GP, 1% would have gone to A&E 9.3% would gone to the Urgent Care Centre. Thereby showing the benefits of the service by the number of GP consultations saved, hence improving GP capacity and easing pressures on the A&E department and primary care urgent services. 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.

2. *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 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.

Map 22 - Pharmacies offering Palliative care service & palliative care patients by GP practice UPDATE MAP

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.

3. *COVID-19 urgent and emergency eye care service (CUEs)*

Service Description, Aims and Outcomes

In response to the coronavirus (COVID-19) pandemic, NHS England/Improvement set out that routine sight testing had ceased (NHS England Publication approval reference: 001559), COVID-19 urgent and emergency eye care service (CUEs) was commissioned by the Black Country STP and is provided by local optical practices via the optometry federation, Primary Eyecare Services Ltd (PES) with the support of the Black Country Local Optical Committees. This has superseded the commissioned Minor Eye Care Conditions service (MECs).

Through a network of optical practices, and utilisation of technology, patients gain prompt access to a remote consultation and, in most cases, a care plan for the patient to either self-manage their ocular condition (with access to appropriate topical medications where appropriate), be managed by their optometrist with advice, guidance and remote prescribing as necessary by hospital eye service or be appropriately referred to ophthalmology services.

Benefits

- Reduction in the number of ophthalmology attendances (an essential outcome in response to the COVID-19 due to limited staff and numbers of clinicians redeployed to assist patients requiring critical care.
- Reduction in the number of eye-related GP appointments
- Release hospital workforce for more complex ophthalmic care and potential for front-line COVID-19 response
- Reduce coronavirus infection risk by minimising patient travel and patient – practitioner contact time
- Provide a rapid, safe access, high quality service for patients
- Reduce the total number of patient face to face appointments
- Improve the quality of referrals and referral pathway
- Care closer to home and in a lower risk setting
- Direction to self-care; e.g. patient leaflets, websites, online symptom checker
- Improve quality of life

Distribution of Service Providers

The map below illustrates the dissemination of pharmacy provision across the borough. Access to the service is evenly distributed, except for the Short Heath / Willenhall South area.

Map 23 - Pharmacies offering Minor Eye Conditions Service (MECS), opticians and Deprivation 2015
UPDATE MAP

Pharmacy distribution is fairly evenly spread and aligned with the ophthalmic optometrist providing the service.

Enhanced/ Locally Commissioned Services – Not Currently Commissioned

Health Screening/Other Services

The pharmacy survey asked pharmacy contractors about provision of a number of screening services including alcohol, cholesterol and diabetes. Predominantly these services are not currently commissioned, however the majority of pharmacists expressed a willingness to provide if commissioned in the future. Further details from the survey is available in Appendix 5.

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 the following figures:

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 out 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.

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Patient Experience

PNA Specific Patient Survey

To ensure engagement was captured from Walsall residents on their perception and use of pharmacy services, a resident survey was undertaken. This decision was made following discussions within the working group, and the offer from Walsall Healthwatch to conduct this survey for us (report available [HERE](#)).

Appendix X illustrates the survey, but it consisted of two key sections:

1. Your use of pharmacies (which included a free text option to share any other relevant detail)
2. About You

The survey was sent out via a series of avenues including promotion via pharmacies through the LPC and through the promotional efforts of Walsall Healthwatch.

The survey was available to complete via the Walsall Council and Walsall Healthwatch websites as well as hard copies distributed throughout pharmacies for a period from 4th to 25th February 2022.

A total of 142 completed surveys were returned, an improvement on the 61 received for inclusion within the 2018 PNA. 57% of returns were from females and 40% males with a mix of ages responding, but the majority aged 45 to 64 years).

The majority of respondents visit a pharmacy 'once a month' (39%) but 20% also visit 'once a week or more' and / or 'once every few months'. or 'once every few months' (38%) and purchase non-prescription medicines, either 'for themselves' or 'for a family member'.

Almost 90% of respondents have a particular pharmacy that they visit most often with the top 3 reasons supporting this being:

1. Close to home
2. Friendly / familiar staff
3. Efficiency

In relation to how users travel to a pharmacy, car (64%) is the most common mode, followed by walking (31%). Only 3% of the responses gained use public transport to access the pharmacy they visit. Almost 79% of responses travel no more than 15 minutes to a pharmacy with the time of the day to visit 'varies' (46.5%) but according to responses, 'Monday to Friday' is most common (43.7%) than weekends and during a morning (28.2%).

When users were asked about their use of specific services pharmacies provide over the last 12 months, the top 3 responses were:

1. Prescription collection
2. Purchasing over the counter medication
3. Prescription service

And ranked 4th, was the collection of lateral flow tests (LFTs). Almost 84% of responders stated Covid-19 had not changed the way in which they used a pharmacy.

The recommendations from the residents survey concluded by Healthwatch Walsall include:

- To ensure that patients and users of pharmacies continue to have choice of pharmacies locally and that pharmacies continue to be flexible in their opening hours, wherever possible to include some weekend opening times. If this is not possible, then to provide patients with information of locally available pharmacies during out of hours.
- Pharmacies to ensure they have sufficient medication available to meet the needs of people on repeat prescriptions, in order that there are no delays in treatment.
- More pharmacies to offer delivery services for medication.
- Dossett box/blister packs are made available wherever possible.
- Information is provided to patients about any change of medication brand/colouring to avoid confusion.
- Promote additional services offered by pharmacies.

Pharmacy Patient Survey

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.

Appendix 1 - Membership of PNA Working Group and Acknowledgments

Name	Title	Organisation
Paul Nelson	Interim Consultant in Public Health	Walsall Council
Emma Thomas	Public Health Intelligence Manager	Walsall Council
Hema Patel	Community Pharmacy Facilitator	Walsall PH / CCG
Jayesh Patel	Chair	Walsall LPC
Jan Nicholls	Secretary	Walsall LPC
Tracy Harvey	Pharmacy commissioner / contracts	NHS England (BSBC AT)
Aileen Farrer	Manager	Healthwatch Walsall

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

Name	Title	Organisation

Appendix 2 – Map of Pharmacy Contractors by Type within Walsall Borough

INSERT NEW MAP ONCE UPDATED

Appendix 3 – Pharmacy Contact Details & Opening Times by Type – **TO UPDATE**

Community Pharmacies

Distance Selling / Internet Pharmacies

Pharmacy	Postcode	Community	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
118 Pharmacy Limited	WS9 9LR	Walsall Wood	0900-1700	0900-1700	0900-1700	0900-1700	0900-1700	Closed	Closed
8pm Chemist	WV13 2NF	South Willenhall	0830-2000	0830-2000	0830-2000	0830-2000	0830-2000	0830-1900	Closed
Boots Online Pharmacy (Internet)	WS1 1NG	Walsall Central	0830-1745	0830-1745	0830-1745	0830-1745	0830-1745	0800-1745	1030-1630
Click 4 Pharmacy	WS1 3BT	Caldmore	1000-1800	1000-1800	1000-1800	1000-1800	1000-1800	CLOSED	CLOSED
I-Dispense Ltd	WS3 3JS	Leamore	0900-1800	0900-1800	0900-1800	0900-1800	0900-1800	Closed	Closed
Pharmacare Pharmacy	WS2 7PH	Beechdale	0900-1700	0900-1700	0900-1700	0900-1700	0900-1700	Closed	Closed
Pharmahub Pharmacy	WS29ES	Alumwell	0900-1800	0900-1800	0900-1800	0900-1800	0900-1800	Closed	Closed
The Online Pharmacy	WS9 8DL	Aldridge	0930-1730	0930-1730	0930-1730	0930-1730	0930-1730	Closed	Closed

100 Hour Pharmacies

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Appendix 4 – Pharmacies Service Provision by Type – TO CHECK AND UPDATE

Community Pharmacies

Distance Selling / Internet Pharmacies

100 Hour Pharmacies

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Appendix 5 – Pharmacy Survey

Separate document

Appendix 6 – Resident Survey

Separate document

Appendix 7 – Mandatory 60 Day Consultation Feedback

INSERT EXCEL LOG LIKE LAST TIME SHOWING AMENDMENTS.

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