

Walsall Health and Wellbeing Board

Pharmaceutical Needs Assessment 2018-2020

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

1st April 2018

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Glossary

The table below defines terms included within this PNA:

AUR	Appliance Use Reviews
BSBC AT	Birmingham, Solihull and Black Country Area Team
CCG	Clinical Commissioning Group
CHD	Chronic Heart Disease
CPCF	Community Pharmacy Contractual Framework
CPPQ	Community Pharmacy Patient Questionnaire
CVD	Cardio-vascular Disease
DH	Department of Health
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
MECS	Minor Eye Conditions Service
MUR	Medicines Use Review
NHS	National Health Service
NHSE	NHS England
NMS	New Medicines Service
NRT	Nicotine Replacement Therapy
NUMSAS	NHS Urgent Medicines Supply Advanced Service
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

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

The purpose of a PNA

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

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

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

This PNA has been developed in accordance with Schedule 1 of The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and through a process of engagement and collaboration with stakeholders.

This PNA includes information on:

- The legislative background.
- Demography of the Walsall population.
- Pharmacies in Walsall and the services they currently provide.
- Maps relating to Walsall and providers of pharmaceutical services in the area.
- Conclusions on assessments of pharmaceutical need.
- Potential gaps in provision that could be met by providing more services through our existing provision of pharmacies and likely future pharmaceutical needs.

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

Access to Essential Services

Essential pharmaceutical services are part of the pharmacy contractual framework and must be provided by all community pharmacies. As at September 2017, there are 76 pharmacies in Walsall, of which 11 are '100 hour' pharmacies and seven are wholly Internet/distant selling pharmacies.

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 & resident survey illustrates there are no issues accessing community / 100 hour pharmacies

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)

This PNA has concluded that there is no need for further pharmaceutical contract applications.

Healthy Living Pharmacy

Whilst becoming a HLP is not mandatory, there is sufficient coverage and Walsall Public Health and the CCG continue to support pharmacies to achieve HLP status.

Access to Advanced Services

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

- Medicine Use Reviews (MUR)
- New Medicines Service (NMS)
- Stoma Appliance Customisation (SAC)
- Appliance Use reviews (AUR)
- Flu Vaccination Service
- NHS Urgent Medicine Supply Advanced Service (NUMSAS)

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

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

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

Patients are able to access medicines urgently if required with or without the NUMSAS service.

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

Access to Locally Commissioned Services

Locally commissioned community pharmacy services can be contracted via a number of different routes and by different commissioners, including local authorities, Clinical Commissioning Groups (CCGs) and local NHS England teams.

NHSE Commissioned Services

Rota Service

NHSE commission 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.

Pharmacy First

NHSE have commissioned the minor ailments service for under 16 year olds, which allows patients to obtain a consultation with a pharmacist, and medicines over the counter free of charge for a list of minor ailments. This avoids the need for patients to attend a GP appointment to receive a prescription. To improve access and choice, promote and empower patients to self-care and improve primary care, A&E and urgent care capacity.

Most communities within more deprived areas have a pharmacy(s) signed up to provide this service. Communities that do not have a pharmacy signed up have access to a service nearby

Public Health Commissioned Services

As of April 2017, the following services have been commissioned by Walsall Council, Public Health:

Emergency Hormonal Contraception (EHC)

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

The uptake of chlamydia screening remains poor, the majority of clients within the required 15-25 age bracket are being offered tests.

Pharmacists need to do more to encourage clients to take the test.

Supervised Consumption of Prescribed Medicines Service

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

Needle Exchange

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

Smoking cessation

All Walsall residents (and those who work within the borough) can access smoking cessation services from any one of Walsall's providers who, between them, offer appointments in a wide range of venues for example libraries, community centres,

and client's home. It is therefore accepted that there are no current gaps in provision at this time.

NHS Health Checks

The programme encourages accessibility to support identification of individuals who are at high risk of developing a CVD ($\geq 20\%$ CVD risk over 10 years) and who have not accessed the service with their GP or in their workplace.

CCG Commissioned Services

As of April 2017, the following services have been commissioned by Walsall CCG:

Minor Ailments Scheme (Pharmacy First)

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.

Minor Eye Conditions

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

Palliative Care Service

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

Medicines Management to Care Homes

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

Anti-Coagulant Services

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

There has been no provision through pharmacy as yet.

Other Services and Future Commissioning

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

Alcohol

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

Introduction

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

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

Pharmaceutical Needs Assessment Objectives

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

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

Pharmaceutical Services included within the PNA

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

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

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

For dispensing doctors this will cover the dispensing services that they provide as set out in their terms of service (Regulation 47 and Schedule 6 of the 2013 Regulations) but will not cover the other services a dispensing doctor provides.

Pharmaceutical services as defined in the NHS (Pharmaceutical Services) Regulations 2005, as amended in relation to PNAs include:

- “*essential services*” which every community pharmacy providing NHS pharmaceutical services must provide (the dispensing of medicines, promotion of healthy lifestyles and support for self-care)
- “*advanced services*” - services subject to accreditation and are optional (Medicines Use Reviews; New Medicines Service; Flu Vaccination Service; NHS Urgent Medicine Supply Advanced Service; Appliance Use Reviews and Stoma Customisation)
- “*locally commissioned services*” – can be commissioned by NHS England, LAs and CCGs.

Exclusions from the scope of the PNA

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

Context for the PNA

PNAs and Market Entry Regulations

The Health and Social Care Act 2012 amended the market entry test and the new [NHS \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#) were prepared and came into force on 1 April 2013.

The [2013 regulations](#) contain the provisions for pharmaceutical lists, pharmaceutical needs assessments, market entry, performance related sanctions and the terms of service for pharmacy contractors, dispensing appliance contractors and dispensing doctors. They also include provisions for local pharmaceutical services.

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.

Walsall HWB published their first PNA on 1 April 2015.

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

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

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

On 20th October 2016, the Government imposed a two-year funding package on community pharmacy, with a reduction in funding in 2016/17. The Department of Health confirmed the introduction of a Pharmacy Access Scheme (PhAS), with the stated aim of ensuring that a baseline level of patient access to NHS community pharmacy services is protected. DH states that the PhAS will protect access in areas where there are fewer pharmacies with higher health needs, so that no area need be left without access to NHS community pharmaceutical services.

Qualifying pharmacies would receive an additional payment, meaning those pharmacies would be protected from the full effect of the reduction in funding from December 2016. In Walsall, no pharmacies qualified for this scheme.

In December 2016, amendments to the 2013 Regulations came into force to facilitate pharmacy business consolidations from two or more sites onto a single existing site. A new pharmacy will be prevented from stepping in straight away if a chain closes a branch or two pharmacy businesses merge and one closes. This will protect two pharmacies that choose to consolidate on a single existing site – where this does not create a gap in provision.

At the time of writing this PNA, Walsall HWB have been informed that Lloyds Pharmacy, Wednesbury Road, WS2 9QL will close, the impact of which will be discussed later in this assessment.

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

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.

Local Policy Context

The preparation and consultation on the PNA should take account of the joint strategic needs assessment (JSNA) and other relevant strategies, such as children and young people's plan, the local housing plan and the crime and disorder strategy in order to prevent duplication of work and multiple consultations with health groups, patients and the public.

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

- Walsall Health Profiles – to understand the health needs of Walsall residents
- HWB and CCG priorities – to be clear on the committed priorities based on the JSNA
- Identify pharmaceutical service provision – map current provision and services offered
- Mapping and synthesising data – combining the data and evaluating its results, including potential gaps
- Patient experience – utilising the results from the patient survey and how they help steer future decisions

Governance and Steering Group

The PNA was overseen by the PNA Steering group, consisting of primary care contracting (NHSE), Public Health, Medicines Management, Local Pharmaceutical Committee, community pharmacy contractors and Walsall Healthwatch. Full membership of the steering group is described in appendix 1.

Engagement during the development of the draft PNA

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

- A Community Pharmacy survey was undertaken in May 2017. 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.
- 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.

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 5 December 2017 and 5 February 2018.

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.

Localities for the purpose of the PNA

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

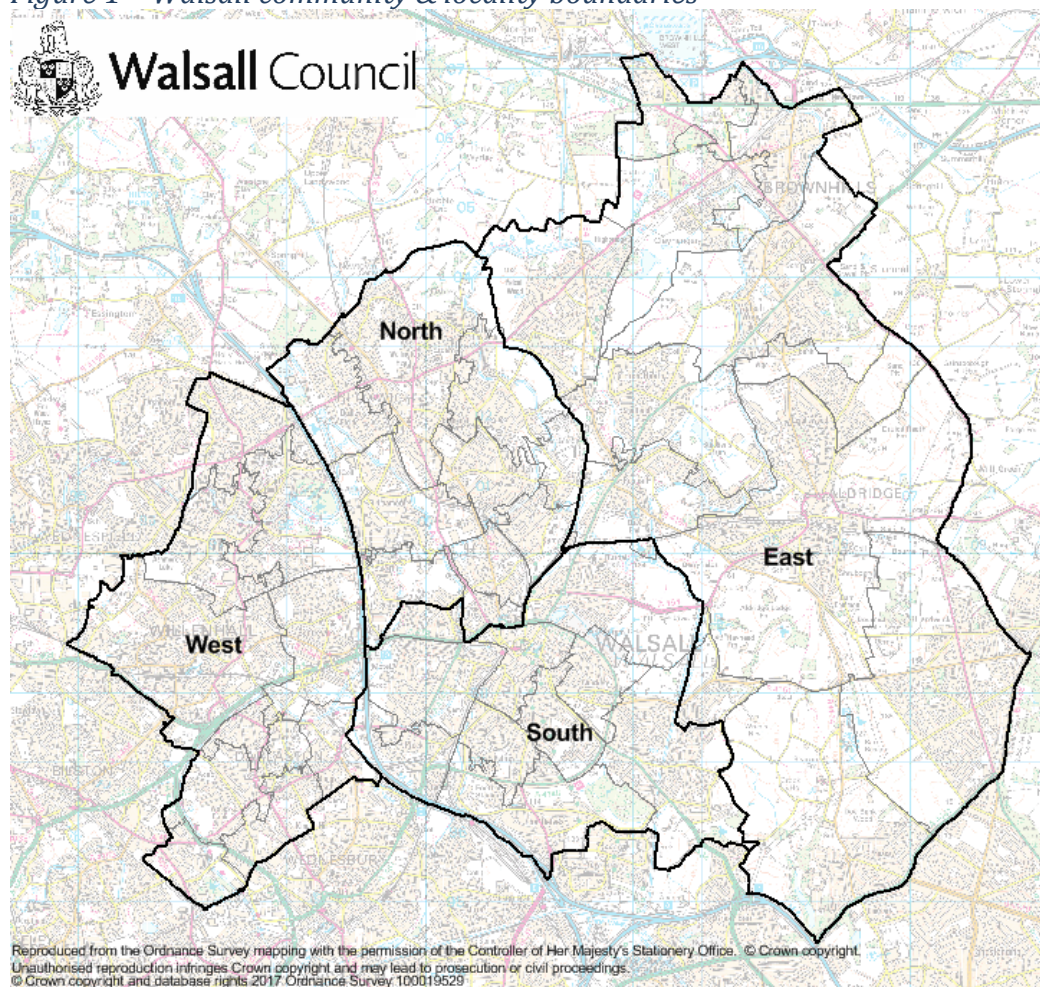
- Based on existing ward boundaries.
- Involves the merging of existing Area Partnerships, rather than a complete re-design (so wards currently in the same Area Partnership would remain together under the new geography). This would allow continuity of any successful initiatives already operating at Area 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”. It was agreed 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.

Figure 1 – Walsall community & locality boundaries



Walsall Health Profiles

Health Profiles are produced annually by Public Health England (PHE). The latest health profile for Walsall can be accessed using the following link - [Walsall Health Profile 2017](#). 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 30% (17,000) 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 10.5 years lower for men and 6.4 years lower for women in the most deprived areas of Walsall than in the least deprived areas.

Child Health:

In Year 6, 25.5% (833) of children are classified as obese, worse than the average for England. The rate of alcohol-specific hospital stays among those under 18 is 29. This represents 19 stays per year. Levels of teenage pregnancy, GCSE attainment and breastfeeding initiation are worse than the England average.

Adult Health:

The rate of alcohol-related harm hospital stays is 681, worse than the average for England. This represents 1,770 stays per year. The rate of self-harm hospital stays is 176, better than the average for England. This represents 489 stays per year. The rate of smoking related deaths is 323, worse than the average for England. This represents 481 deaths per year.

Estimated levels of adult excess weight and physical activity are worse than the England average. The rate of TB is worse than average. The rate of people killed and seriously injured on roads is better than average.

Local Priorities:

Priorities in Walsall include reducing infant mortality, promoting healthy weight and tackling health inequalities, particularly in men.

Deprivation

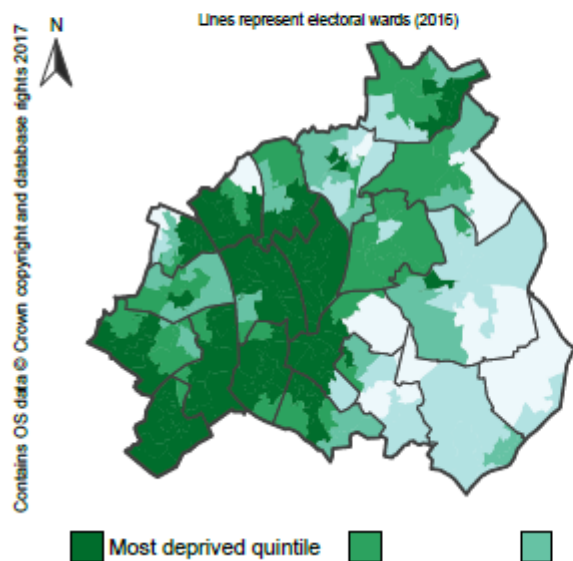
Deprivation is one of the most reliable predictors of poor health and multiple deprivation levels are very high in Walsall. Over 40% of the borough lives in the 20% most deprived areas in England. The index of multiple deprivation (IMD) is made up of indicators measuring deprivation in relation to:

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

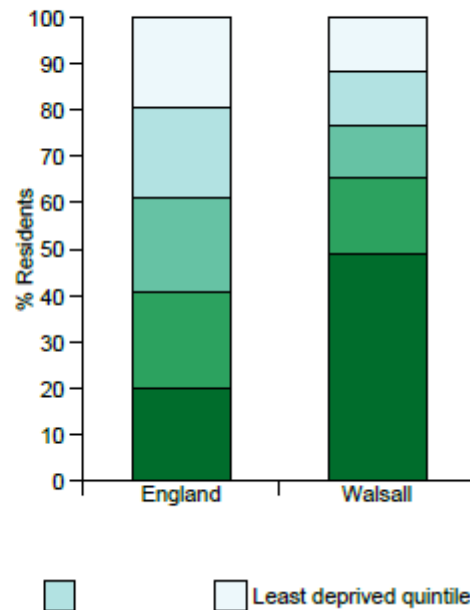
There are also two supplementary domains – Income Deprivation Affecting Children Index (IDACI) and the Income Deprivation Affecting Older People Index (IDAOP).

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

The map shows differences in deprivation in this area based on national comparisons, using national quintiles (fifths) of the Index of Multiple Deprivation 2015 (IMD 2015), shown by lower super output area. The darkest coloured areas are some of the most deprived neighbourhoods in England.



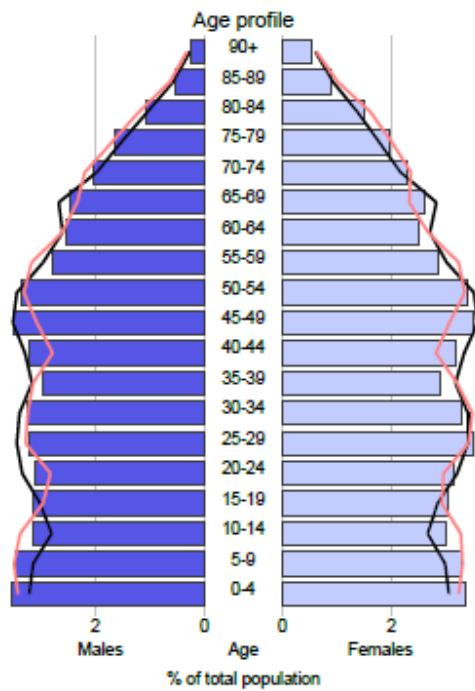
This chart shows the percentage of the population who live in areas at each level of deprivation.



Age Profile

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%).

The population structure pyramid for Walsall (solid bars) and England (single lines), 2015 below highlights a broadly similar structure nationally, but with some notable differences.



	Males	Females	Persons
Walsall (population in thousands)			
Population (2015):	138	140	278
Projected population (2020):	139	145	284
% people from an ethnic minority group:	21.3%	20.6%	20.9%
Dependency ratio (dependants / working population) x 100			68.1%

	Males	Females	Persons
England (population in thousands)			
Population (2015):	27,029	27,757	54,786
Projected population (2020):	28,157	28,708	56,862
% people from an ethnic minority group:	13.1%	13.4%	13.2%
Dependency ratio (dependants / working population) x 100			60.7%

The age profile and table present demographic information for the residents of the area and England. They include a 2014-based population projection (to 2020), the percentage of people from an ethnic minority group (Annual Population Survey, October 2014 to September 2015) and the dependency ratio.

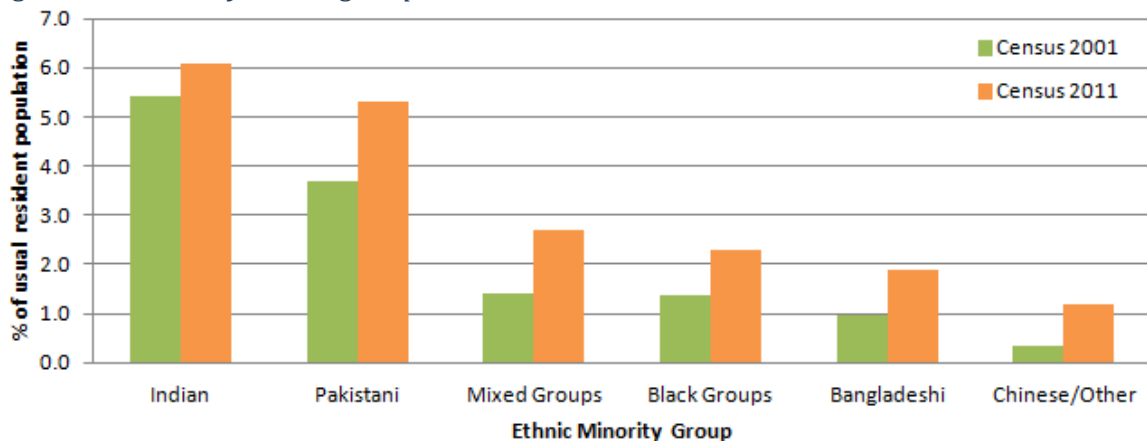
The dependency ratio estimates the number of dependants in an area by comparing the number of people considered less likely to be working (children aged under 16 and those of state pension age or above) with the working age population. A high ratio suggests the area might want to commission a greater level of services for older or younger people than those areas with a low ratio.

- Walsall 2015 (Male)
- Walsall 2015 (Female)
- England 2015
- Walsall 2020 estimate

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

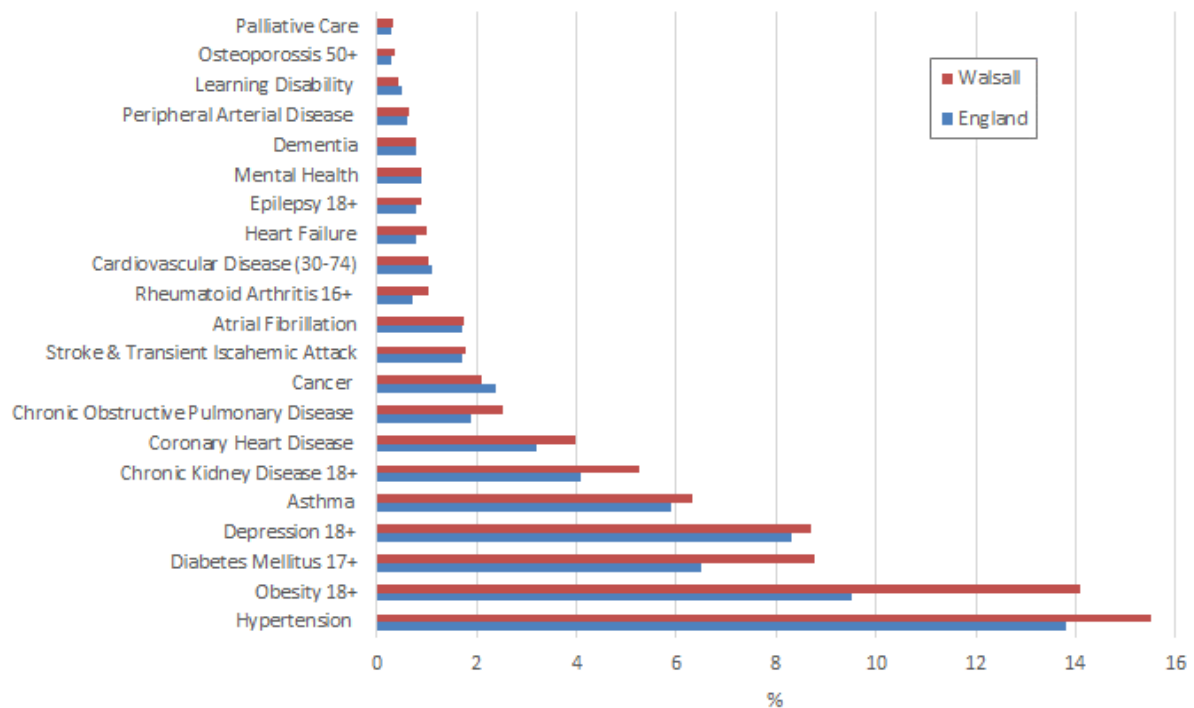


NB: White British population is not included in the chart.

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 compared with England – 2015/16



In Walsall the recorded prevalence of the majority of long-term conditions covered by the Quality and Outcomes Framework has increased in 2015/16 compared with nationally, most notably hypertension, obesity, diabetes and 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 life expectancy.

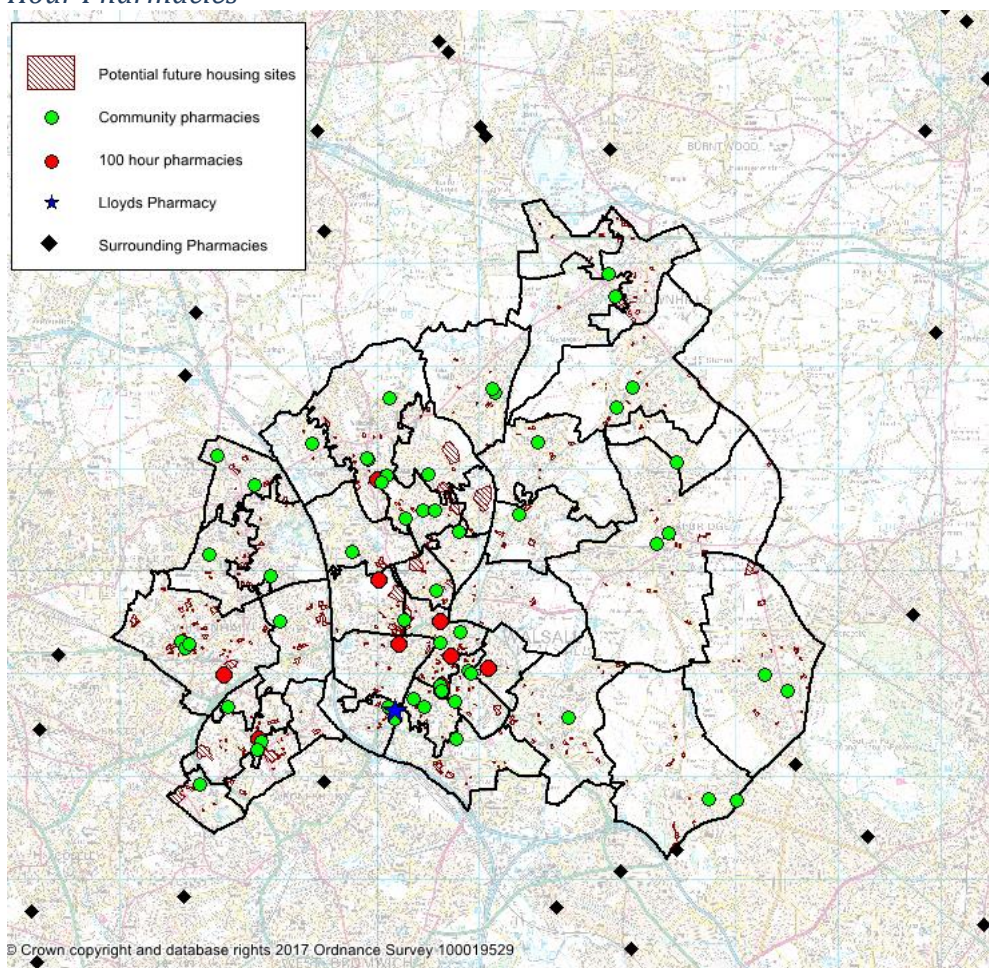
Potential Future Developments

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).

Figure 4 – Potential future housing development sites in Walsall and Community and 100 Hour Pharmacies





Data is not currently available yet at the site specific stage, but this can be incorporated into future PNA updates.




Local Health Needs and HWB & CCG priorities



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 updates 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.




Community	Demographic ‘Characteristics’	Health & Lifestyle ‘Characteristics’
1. Aldridge	<p data-bbox="405 703 584 722">Prestige Positions</p>  <p data-bbox="864 746 1037 766">Key Features</p> <ul data-bbox="864 794 1245 927" style="list-style-type: none"> High value detached homes Married couples Managerial and senior positions Supporting students and older children High assets and investments Online shopping and banking <p data-bbox="405 1018 562 1037">Senior Security</p>  <p data-bbox="864 1061 1037 1080">Key Features</p> <ul data-bbox="864 1109 1178 1241" style="list-style-type: none"> Elderly singles and couples Homeowners Comfortable homes Additional pensions above state Don't like new technology Low mileage drivers 	<ul data-bbox="1328 711 2045 1161" style="list-style-type: none"> • Lower than average levels of children who are overweight / obese • Low positive chlamydia screening rates (per 10,000 15 to 24 year olds) • Low adult obesity prevalence • Average rates of successful 4 week smoking quitters (16+) • Average levels of unpaid care provision • High level of CHD prevalence • High level of Cancer prevalence • Low levels of diabetes prevalence • High levels of dementia prevalence • Below average levels of mental health prevalence



Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
2. Aldridge North	<p data-bbox="416 233 577 252">Senior Security</p>  <p data-bbox="904 288 1084 316">Key Features</p> <ul data-bbox="904 352 1240 528" style="list-style-type: none"> Elderly singles and couples Homeowners Comfortable homes Additional pensions above state Don't like new technology Low mileage drivers 	<ul data-bbox="1330 233 2047 687" style="list-style-type: none"> • Average levels of children who are overweight / obese • Low positive chlamydia screening rates (per 10,000 15 to 24 year olds) • High levels of adult obesity prevalence • Low rates of successful 4 week smoking quitters (16+) • High levels of unpaid care provision • High level of CHD prevalence • High level of Cancer prevalence • Medium levels of diabetes prevalence • Average levels of dementia prevalence • Below average levels of mental health prevalence
3. Alumwell	<p data-bbox="416 692 577 711">Urban Cohesion</p>  <p data-bbox="884 738 1064 766">Key Features</p> <ul data-bbox="884 794 1243 946" style="list-style-type: none"> Settled extended families City suburbs Multicultural Own 3 bedroom homes Sense of community Younger generation love technology <p data-bbox="416 1054 539 1074">Rental Hubs</p>  <p data-bbox="884 1102 1064 1129">Key Features</p> <ul data-bbox="884 1158 1131 1310" style="list-style-type: none"> Aged 18-35 Private renting Singles and sharers Urban locations Young neighbourhoods High use of smartphones 	<ul data-bbox="1330 692 2047 1118" style="list-style-type: none"> • High levels of children who are overweight / obese • Average positive chlamydia screening rates (per 10,000 15 to 24 year olds) • Average levels of adult obesity prevalence • Average rates of successful 4 week smoking quitters (16+) • Low levels of unpaid care provision • Low levels of CHD prevalence • Average levels of Cancer prevalence • High levels of diabetes prevalence • Low levels of dementia prevalence • Above average levels of mental health prevalence




Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
4. Beechdale	<p data-bbox="405 233 533 252">Family Basics</p>  <p data-bbox="815 277 972 300">Key Features</p> <ul data-bbox="815 331 1095 475" style="list-style-type: none"> Families with children Aged 25 to 40 Limited resources Some own low cost homes Some rent from social landlords Squeezed budgets <p data-bbox="405 579 584 598">Municipal Challenge</p>  <p data-bbox="815 627 972 649">Key Features</p> <ul data-bbox="815 681 1061 825" style="list-style-type: none"> Social renters Low cost housing Challenged neighbourhoods Few employment options Low income Mobile phones 	<ul data-bbox="1328 233 2022 691" style="list-style-type: none"> • Average levels of children who are overweight / obese • High positive chlamydia screening rates (per 10,000 15 to 24 year olds) • Average levels of adult obesity prevalence • High rates of successful 4 week smoking quitters (16+) • Low levels of unpaid care provision • Average levels of CHD prevalence • Average levels of Cancer prevalence • Average levels of diabetes prevalence • High levels of dementia prevalence • Below average levels of mental health prevalence


Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
5. Bentley	<p data-bbox="409 233 539 252">Family Basics</p>  <p data-bbox="837 280 999 304">Key Features</p> <ul data-bbox="837 336 1128 488" style="list-style-type: none"> Families with children Aged 25 to 40 Limited resources Some own low cost homes Some rent from social landlords Squeezed budgets <p data-bbox="409 596 539 616">Vintage Value</p>  <p data-bbox="837 644 999 668">Key Features</p> <ul data-bbox="837 700 1043 852" style="list-style-type: none"> Elderly Living alone Low income Small houses and flats Need support Low technology use 	<ul data-bbox="1330 233 2007 687" style="list-style-type: none"> • Lower than average levels of children who are overweight / obese • Average positive chlamydia screening rates (per 10,000 15 to 24 year olds) • Average levels of adult obesity prevalence • Average rates of successful 4 week smoking quitters (16+) • Average levels of unpaid care provision • Average levels of CHD prevalence • Average levels of Cancer prevalence • Average levels of diabetes prevalence • Average levels of dementia prevalence • Average levels of mental health prevalence
6. Birchills / Reedswood	<p data-bbox="409 873 580 892">Urban Cohesion</p>  <p data-bbox="878 927 1050 951">Key Features</p> <ul data-bbox="878 991 1240 1166" style="list-style-type: none"> Settled extended families City suburbs Multicultural Own 3 bedroom homes Sense of community Younger generation love technology 	<ul data-bbox="1330 873 2007 1327" style="list-style-type: none"> • Average levels of children who are overweight / obese • High positive chlamydia screening rates (per 10,000 15 to 24 year olds) • Average levels of adult obesity prevalence • High rates of successful 4 week smoking quitters (16+) • Low levels of unpaid care provision • Average levels of CHD prevalence • Average levels of Cancer prevalence • Average levels of diabetes prevalence • High levels of dementia prevalence • Average levels of mental health prevalence



Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
7. Bloxwich	<p data-bbox="405 228 560 252">Vintage Value</p>  <p data-bbox="889 284 1070 316">Key Features</p> <ul data-bbox="889 347 1124 523" style="list-style-type: none"> Elderly Living alone Low income Small houses and flats Need support Low technology use <p data-bbox="405 651 571 675">Senior Security</p>  <p data-bbox="889 707 1070 738">Key Features</p> <ul data-bbox="889 770 1220 946" style="list-style-type: none"> Elderly singles and couples Homeowners Comfortable homes Additional pensions above state Don't like new technology Low mileage drivers 	<ul data-bbox="1328 236 2045 691" style="list-style-type: none"> • Average levels of children who are overweight / obese • Low positive chlamydia screening rates (per 10,000 15 to 24 year olds) • Average levels of adult obesity prevalence • Average rates of successful 4 week smoking quitters (16+) • Average levels of unpaid care provision • Low levels of CHD prevalence • Average levels of Cancer prevalence • Average levels of diabetes prevalence • High levels of dementia prevalence • Above average levels of mental health prevalence



Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
8. Brownhills Central	<p data-bbox="405 231 539 252">Vintage Value</p>  <p data-bbox="837 280 999 304">Key Features</p> <ul data-bbox="837 336 1048 491" style="list-style-type: none"> Elderly Living alone Low income Small houses and flats Need support Low technology use <p data-bbox="405 603 539 624">Family Basics</p>  <p data-bbox="837 655 999 679">Key Features</p> <ul data-bbox="837 711 1128 866" style="list-style-type: none"> Families with children Aged 25 to 40 Limited resources Some own low cost homes Some rent from social landlords Squeezed budgets 	<ul data-bbox="1330 231 2024 687" style="list-style-type: none"> • Average levels of children who are overweight / obese • Average positive chlamydia screening rates (per 10,000 15 to 24 year olds) • High levels of adult obesity prevalence • Low rates of successful 4 week smoking quitters (16+) • Average levels of unpaid care provision • Average levels of CHD prevalence • Average levels of Cancer prevalence • Average levels of diabetes prevalence • High levels of dementia prevalence • Above average levels of mental health prevalence
9. Brownhills West	<p data-bbox="405 890 629 911">Aspiring Homemakers</p>  <p data-bbox="875 943 1048 967">Key Features</p> <ul data-bbox="875 999 1128 1153" style="list-style-type: none"> Younger households Full-time employment Private suburbs Affordable housing costs Starter salaries Buy and sell on eBay 	<ul data-bbox="1330 890 2024 1347" style="list-style-type: none"> • Average levels of children who are overweight / obese • Average positive chlamydia screening rates (per 10,000 15 to 24 year olds) • Average levels of adult obesity prevalence • Low rates of successful 4 week smoking quitters (16+) • Average levels of unpaid care provision • Average levels of CHD prevalence • Average levels of Cancer prevalence • Average levels of diabetes prevalence • High levels of dementia prevalence • Below average levels of mental health prevalence



Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
10.Caldmore	<p data-bbox="412 236 568 256">Urban Cohesion</p>  <p data-bbox="864 293 1032 320">Key Features</p> <ul data-bbox="864 357 1216 533" style="list-style-type: none"> Settled extended families City suburbs Multicultural Own 3 bedroom homes Sense of community Younger generation love technology <p data-bbox="412 660 584 681">Transient Renters</p>  <p data-bbox="864 715 1032 742">Key Features</p> <ul data-bbox="864 778 1104 954" style="list-style-type: none"> Private renters Low length of residence Low cost housing Singles and sharers Older terraces Few landline telephones 	<ul data-bbox="1328 236 2022 687" style="list-style-type: none"> • Lower than average levels of children who are overweight / obese • High positive chlamydia screening rates (per 10,000 15 to 24 year olds) • Low adult obesity prevalence • High rates of successful 4 week smoking quitters (16+) • Low levels of unpaid care provision • Average levels of CHD prevalence • Average levels of Cancer prevalence • High levels of diabetes prevalence • Average levels of dementia prevalence • Below average levels of mental health prevalence



Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
11. Chuckery	<p data-bbox="416 229 577 252">Urban Cohesion</p>  <p data-bbox="869 284 1041 316">Key Features</p> <ul data-bbox="869 347 1227 528" style="list-style-type: none"> Settled extended families City suburbs Multicultural Own 3 bedroom homes Sense of community Younger generation love technology 	<ul data-bbox="1323 229 2047 687" style="list-style-type: none"> • Lower than average levels of children who are overweight / obese • Low positive chlamydia screening rates (per 10,000 15 to 24 year olds) • Low adult obesity prevalence • High rates of successful 4 week smoking quitters (16+) • High levels of unpaid care provision • Average levels of CHD prevalence • Average levels of Cancer prevalence • Low levels of diabetes prevalence • Low levels of dementia prevalence • Below average levels of mental health prevalence
12. Clayhanger	<p data-bbox="416 692 600 715">Domestic Success</p>  <p data-bbox="869 740 1041 772">Key Features</p> <ul data-bbox="869 804 1128 954" style="list-style-type: none"> Families with children Upmarket suburban homes Owned with a mortgage 3 or 4 bedrooms High Internet use Own new technology <p data-bbox="416 1059 629 1082">Aspiring Homemakers</p>  <p data-bbox="869 1107 1041 1139">Key Features</p> <ul data-bbox="869 1171 1115 1321" style="list-style-type: none"> Younger households Full-time employment Private suburbs Affordable housing costs Starter salaries Buy and sell on eBay 	<ul data-bbox="1323 692 2047 1150" style="list-style-type: none"> • Lower than average levels of children who are overweight / obese • Average positive chlamydia screening rates (per 10,000 15 to 24 year olds) • Average levels of adult obesity prevalence • Low rates of successful 4 week smoking quitters (16+) • Average levels of unpaid care provision • Average levels of CHD prevalence • Average levels of Cancer prevalence • Average levels of diabetes prevalence • Low levels of dementia prevalence • Average levels of mental health prevalence





Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
13. Dangerfield	<p data-bbox="409 233 560 256">Family Basics</p>  <p data-bbox="902 288 1088 317">Key Features</p> <ul style="list-style-type: none"> <li data-bbox="902 355 1128 376">Families with children <li data-bbox="902 384 1055 405">Aged 25 to 40 <li data-bbox="902 413 1093 434">Limited resources <li data-bbox="902 442 1189 462">Some own low cost homes <li data-bbox="902 470 1234 491">Some rent from social landlords <li data-bbox="902 499 1104 520">Squeezed budgets 	<ul style="list-style-type: none"> <li data-bbox="1328 236 1973 296">• Lower than average levels of children who are overweight / obese <li data-bbox="1328 304 2002 365">• Average positive chlamydia screening rates (per 10,000 15 to 24 year olds) <li data-bbox="1328 373 1924 403">• Average levels of adult obesity prevalence <li data-bbox="1328 411 1951 472">• Average rates of successful 4 week smoking quitters (16+) <li data-bbox="1328 480 1832 510">• Low levels of unpaid care provision <li data-bbox="1328 518 1823 549">• Average levels of CHD prevalence <li data-bbox="1328 557 1854 587">• Average levels of Cancer prevalence <li data-bbox="1328 595 1816 625">• Low levels of diabetes prevalence <li data-bbox="1328 633 1823 663">• Low levels of dementia prevalence <li data-bbox="1328 671 2024 686">• Above average levels of mental health prevalence



Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
14. Darlaston Central	<p data-bbox="409 233 551 252">Family Basics</p>  <p data-bbox="875 288 1048 316">Key Features</p> <ul data-bbox="875 352 1189 528" style="list-style-type: none"> Families with children Aged 25 to 40 Limited resources Some own low cost homes Some rent from social landlords Squeezed budgets <p data-bbox="409 655 573 675">Urban Cohesion</p>  <p data-bbox="875 711 1048 738">Key Features</p> <ul data-bbox="875 775 1234 951" style="list-style-type: none"> Settled extended families City suburbs Multicultural Own 3 bedroom homes Sense of community Younger generation love technology 	<ul data-bbox="1323 233 2029 687" style="list-style-type: none"> • Above average levels of children who are overweight / obese • Average positive chlamydia screening rates (per 10,000 15 to 24 year olds) • Average levels of adult obesity prevalence • Average rates of successful 4 week smoking quitters (16+) • Low levels of unpaid care provision • Average levels of CHD prevalence • Low levels of Cancer prevalence • Low levels of diabetes prevalence • Low levels of dementia prevalence • Above average levels of mental health prevalence




Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
15. Delves	<p data-bbox="421 233 577 252">Urban Cohesion</p>  <p data-bbox="871 288 1043 316">Key Features</p> <ul data-bbox="871 352 1227 528" style="list-style-type: none"> Settled extended families City suburbs Multicultural Own 3 bedroom homes Sense of community Younger generation love technology 	<ul data-bbox="1328 236 2047 687" style="list-style-type: none"> • Above average levels of children who are overweight / obese • Low positive chlamydia screening rates (per 10,000 15 to 24 year olds) • Low adult obesity prevalence • High rates of successful 4 week smoking quitters (16+) • Low levels of unpaid care provision • Low levels of CHD prevalence • Low levels of Cancer prevalence • High levels of diabetes prevalence • Low levels of dementia prevalence • Below average levels of mental health prevalence
16. Fallings Heath	<p data-bbox="421 724 577 743">Urban Cohesion</p>  <p data-bbox="871 780 1043 807">Key Features</p> <ul data-bbox="871 844 1227 1019" style="list-style-type: none"> Settled extended families City suburbs Multicultural Own 3 bedroom homes Sense of community Younger generation love technology 	<ul data-bbox="1328 727 2024 1179" style="list-style-type: none"> • Lower than average levels of children who are overweight / obese • Average positive chlamydia screening rates (per 10,000 15 to 24 year olds) • Average levels of adult obesity prevalence • Average rates of successful 4 week smoking quitters (16+) • Average levels of unpaid care provision • Average levels of CHD prevalence • Average levels of Cancer prevalence • Average levels of diabetes prevalence • Average levels of dementia prevalence • Below average levels of mental health prevalence





Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
17. Goscote	<p data-bbox="409 233 560 256">Family Basics</p>  <p data-bbox="898 288 1084 320">Key Features</p> <ul data-bbox="898 352 1232 528" style="list-style-type: none"> Families with children Aged 25 to 40 Limited resources Some own low cost homes Some rent from social landlords Squeezed budgets 	<ul data-bbox="1323 233 2024 687" style="list-style-type: none"> • Above average levels of children who are overweight / obese • High positive chlamydia screening rates (per 10,000 15 to 24 year olds) • Average levels of adult obesity prevalence • High rates of successful 4 week smoking quitters (16+) • Low levels of unpaid care provision • High level of CHD prevalence • Low levels of Cancer prevalence • High levels of diabetes prevalence • Average levels of dementia prevalence • Below average levels of mental health prevalence
18. Hatherton	<p data-bbox="409 727 577 751">Senior Security</p>  <p data-bbox="898 783 1084 815">Key Features</p> <ul data-bbox="898 847 1232 1023" style="list-style-type: none"> Elderly singles and couples Homeowners Comfortable homes Additional pensions above state Don't like new technology Low mileage drivers 	<ul data-bbox="1323 727 2024 1182" style="list-style-type: none"> • Lower than average levels of children who are overweight / obese • High positive chlamydia screening rates (per 10,000 15 to 24 year olds) • Low adult obesity prevalence • High rates of successful 4 week smoking quitters (16+) • Low levels of unpaid care provision • Average levels of CHD prevalence • Average levels of Cancer prevalence • High levels of diabetes prevalence • Average levels of dementia prevalence • Below average levels of mental health prevalence




Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
19. Leamore	<p data-bbox="409 233 560 256">Family Basics</p>  <p data-bbox="898 288 1081 317">Key Features</p> <ul data-bbox="898 352 1232 528" style="list-style-type: none"> Families with children Aged 25 to 40 Limited resources Some own low cost homes Some rent from social landlords Squeezed budgets 	<ul data-bbox="1328 233 2011 687" style="list-style-type: none"> • Average levels of children who are overweight / obese • High positive chlamydia screening rates (per 10,000 15 to 24 year olds) • Average levels of adult obesity prevalence • High rates of successful 4 week smoking quitters (16+) • Low levels of unpaid care provision • High level of CHD prevalence • Average levels of Cancer prevalence • Average levels of diabetes prevalence • High levels of dementia prevalence • Average levels of mental health prevalence
20. Mossley / Dudley Fields	<p data-bbox="409 727 560 751">Family Basics</p>  <p data-bbox="898 783 1081 812">Key Features</p> <ul data-bbox="898 847 1232 1023" style="list-style-type: none"> Families with children Aged 25 to 40 Limited resources Some own low cost homes Some rent from social landlords Squeezed budgets 	<ul data-bbox="1328 727 2011 1182" style="list-style-type: none"> • Lower than average levels of children who are overweight / obese • Average positive chlamydia screening rates (per 10,000 15 to 24 year olds) • High levels of adult obesity prevalence • Average rates of successful 4 week smoking quitters (16+) • Average levels of unpaid care provision • Average levels of CHD prevalence • Low levels of Cancer prevalence • Average levels of diabetes prevalence • Average levels of dementia prevalence • Average levels of mental health prevalence



Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
21. Moxley	<p>Family Basics</p>  <p>Key Features</p> <ul style="list-style-type: none"> Families with children Aged 25 to 40 Limited resources Some own low cost homes Some rent from social landlords Squeezed budgets <p>Municipal Challenge</p>  <p>Key Features</p> <ul style="list-style-type: none"> Social renters Low cost housing Challenged neighbourhoods Few employment options Low income Mobile phones 	<ul style="list-style-type: none"> • Above average levels of children who are overweight / obese • Average positive chlamydia screening rates (per 10,000 15 to 24 year olds) • Average levels of adult obesity prevalence • Average rates of successful 4 week smoking quitters (16+) • Low levels of unpaid care provision • Low levels of CHD prevalence • Low levels of Cancer prevalence • Low levels of diabetes prevalence • Low levels of dementia prevalence • Below average levels of mental health prevalence
22. New Invention	<p>Aspiring Homemakers</p>  <p>Key Features</p> <ul style="list-style-type: none"> Younger households Full-time employment Private suburbs Affordable housing costs Starter salaries Buy and sell on eBay <p>Suburban Stability</p>  <p>Key Features</p> <ul style="list-style-type: none"> Older families Some adult children at home Suburban mid-range homes 3 bedrooms Have lived at same address some yea Research on Internet 	<ul style="list-style-type: none"> • Average levels of children who are overweight / obese • Low positive chlamydia screening rates (per 10,000 15 to 24 year olds) • Low adult obesity prevalence • Low rates of successful 4 week smoking quitters (16+) • Average levels of unpaid care provision • Low levels of CHD prevalence • High level of Cancer prevalence • Low levels of diabetes prevalence • Average levels of dementia prevalence • Below average levels of mental health prevalence





Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
23. North Blakenall	<p data-bbox="409 236 562 256">Family Basics</p>  <p data-bbox="902 292 1088 320">Key Features</p> <ul data-bbox="902 355 1238 531" style="list-style-type: none"> Families with children Aged 25 to 40 Limited resources Some own low cost homes Some rent from social landlords Squeezed budgets 	<ul data-bbox="1328 236 2029 691" style="list-style-type: none"> • Above average levels of children who are overweight / obese • High positive chlamydia screening rates (per 10,000 15 to 24 year olds) • Average levels of adult obesity prevalence • High rates of successful 4 week smoking quitters (16+) • Average levels of unpaid care provision • High level of CHD prevalence • Average levels of Cancer prevalence • Average levels of diabetes prevalence • Average levels of dementia prevalence • Above average levels of mental health prevalence
24. North Walsall	<p data-bbox="409 727 577 748">Urban Cohesion</p>  <p data-bbox="875 783 1043 812">Key Features</p> <ul data-bbox="875 847 1227 1023" style="list-style-type: none"> Settled extended families City suburbs Multicultural Own 3 bedroom homes Sense of community Younger generation love technology 	<ul data-bbox="1328 727 2029 1182" style="list-style-type: none"> • Above average levels of children who are overweight / obese • High positive chlamydia screening rates (per 10,000 15 to 24 year olds) • Average levels of adult obesity prevalence • High rates of successful 4 week smoking quitters (16+) • Low levels of unpaid care provision • Average levels of CHD prevalence • Average levels of Cancer prevalence • High levels of diabetes prevalence • Average levels of dementia prevalence • Above average levels of mental health prevalence





Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
25. North Willenhall	<p data-bbox="412 231 607 248">Aspiring Homemakers</p>  <p data-bbox="831 276 987 300">Key Features</p> <ul data-bbox="831 331 1055 483" style="list-style-type: none"> Younger households Full-time employment Private suburbs Affordable housing costs Starter salaries Buy and sell on eBay <p data-bbox="412 592 551 609">Senior Security</p>  <p data-bbox="831 643 987 667">Key Features</p> <ul data-bbox="831 699 1111 850" style="list-style-type: none"> Elderly singles and couples Homeowners Comfortable homes Additional pensions above state Don't like new technology Low mileage drivers 	<ul data-bbox="1330 236 2024 691" style="list-style-type: none"> • Average levels of children who are overweight / obese • Average positive chlamydia screening rates (per 10,000 15 to 24 year olds) • Low adult obesity prevalence • Low rates of successful 4 week smoking quitters (16+) • Average levels of unpaid care provision • Low levels of CHD prevalence • Low levels of Cancer prevalence • Low levels of diabetes prevalence • Low levels of dementia prevalence • Below average levels of mental health prevalence
26. Palfrey	<p data-bbox="412 879 577 896">Urban Cohesion</p>  <p data-bbox="875 930 1043 954">Key Features</p> <ul data-bbox="875 994 1223 1169" style="list-style-type: none"> Settled extended families City suburbs Multicultural Own 3 bedroom homes Sense of community Younger generation love technology 	<ul data-bbox="1330 879 2047 1334" style="list-style-type: none"> • Above average levels of children who are overweight / obese • Low positive chlamydia screening rates (per 10,000 15 to 24 year olds) • Low adult obesity prevalence • High rates of successful 4 week smoking quitters (16+) • Low levels of unpaid care provision • Low levels of CHD prevalence • Low levels of Cancer prevalence • High levels of diabetes prevalence • Low levels of dementia prevalence • Above average levels of mental health prevalence





Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
27. Park Hall	<p>Prestige Positions</p>  <p>Key Features</p> <ul style="list-style-type: none"> High value detached homes Married couples Managerial and senior positions Supporting students and older children High assets and investments Online shopping and banking <p>Senior Security</p>  <p>Key Features</p> <ul style="list-style-type: none"> Elderly singles and couples Homeowners Comfortable homes Additional pensions above state Don't like new technology Low mileage drivers 	<ul style="list-style-type: none"> • Lower than average levels of children who are overweight / obese • Low positive chlamydia screening rates (per 10,000 15 to 24 year olds) • Low adult obesity prevalence • High rates of successful 4 week smoking quitters (16+) • High levels of unpaid care provision • Low levels of CHD prevalence • Low levels of Cancer prevalence • Low levels of diabetes prevalence • Low levels of dementia prevalence • Below average levels of mental health prevalence
28. Pelsall	<p>Senior Security</p>  <p>Key Features</p> <ul style="list-style-type: none"> Elderly singles and couples Homeowners Comfortable homes Additional pensions above state Don't like new technology Low mileage drivers <p>Aspiring Homemakers</p>  <p>Key Features</p> <ul style="list-style-type: none"> Younger households Full-time employment Private suburbs Affordable housing costs Starter salaries Buy and sell on eBay 	<ul style="list-style-type: none"> • Lower than average levels of children who are overweight / obese • High positive chlamydia screening rates (per 10,000 15 to 24 year olds) • Average levels of adult obesity prevalence • Low rates of successful 4 week smoking quitters (16+) • High levels of unpaid care provision • Low levels of CHD prevalence • Average levels of Cancer prevalence • Low levels of diabetes prevalence • Low levels of dementia prevalence • Below average levels of mental health prevalence



Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
29. Pheasey	<p data-bbox="412 233 551 252">Senior Security</p>  <p data-bbox="824 280 981 300">Key Features</p> <ul data-bbox="824 336 1106 485" style="list-style-type: none"> Elderly singles and couples Homeowners Comfortable homes Additional pensions above state Don't like new technology Low mileage drivers <p data-bbox="412 592 607 611">Aspiring Homemakers</p>  <p data-bbox="824 639 981 659">Key Features</p> <ul data-bbox="824 695 1050 844" style="list-style-type: none"> Younger households Full-time employment Private suburbs Affordable housing costs Starter salaries Buy and sell on eBay 	<ul data-bbox="1328 233 2045 687" style="list-style-type: none"> • Lower than average levels of children who are overweight / obese • Low positive chlamydia screening rates (per 10,000 15 to 24 year olds) • High levels of adult obesity prevalence • Low rates of successful 4 week smoking quitters (16+) • Average levels of unpaid care provision • Average levels of CHD prevalence • Average levels of Cancer prevalence • Low levels of diabetes prevalence • Low levels of dementia prevalence • Below average levels of mental health prevalence
30. Pleck	<p data-bbox="412 873 577 892">Urban Cohesion</p>  <p data-bbox="869 927 1043 946">Key Features</p> <ul data-bbox="869 994 1227 1166" style="list-style-type: none"> Settled extended families City suburbs Multicultural Own 3 bedroom homes Sense of community Younger generation love technology 	<ul data-bbox="1328 873 2029 1327" style="list-style-type: none"> • Above average levels of children who are overweight / obese • Average positive chlamydia screening rates (per 10,000 15 to 24 year olds) • Average levels of adult obesity prevalence • Average rates of successful 4 week smoking quitters (16+) • Low levels of unpaid care provision • Low levels of CHD prevalence • Low levels of Cancer prevalence • High levels of diabetes prevalence • Low levels of dementia prevalence • Above average levels of mental health prevalence

Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
31. Rough Hay	<p data-bbox="412 233 546 252">Family Basics</p>  <p data-bbox="864 288 1032 316">Key Features</p> <ul style="list-style-type: none"> <li data-bbox="864 352 1070 371">Families with children <li data-bbox="864 379 1003 399">Aged 25 to 40 <li data-bbox="864 406 1037 426">Limited resources <li data-bbox="864 434 1128 453">Some own low cost homes <li data-bbox="864 461 1167 480">Some rent from social landlords <li data-bbox="864 488 1048 507">Squeezed budgets 	<ul style="list-style-type: none"> <li data-bbox="1330 233 1912 296">• Above average levels of children who are overweight / obese <li data-bbox="1330 304 2002 368">• Average positive chlamydia screening rates (per 10,000 15 to 24 year olds) <li data-bbox="1330 376 1921 395">• Average levels of adult obesity prevalence <li data-bbox="1330 403 1951 467">• Average rates of successful 4 week smoking quitters (16+) <li data-bbox="1330 475 1832 494">• Low levels of unpaid care provision <li data-bbox="1330 502 1823 521">• Average levels of CHD prevalence <li data-bbox="1330 529 1798 549">• Low levels of Cancer prevalence <li data-bbox="1330 557 1868 576">• Average levels of diabetes prevalence <li data-bbox="1330 584 1877 603">• Average levels of dementia prevalence <li data-bbox="1330 611 2018 630">• Below average levels of mental health prevalence
32. Rushall	<p data-bbox="412 724 636 743">Modest Traditions</p>  <p data-bbox="990 780 1207 807">Key Features</p> <ul style="list-style-type: none"> <li data-bbox="990 844 1128 863">Mature age <li data-bbox="990 871 1160 890">Homeowners <li data-bbox="990 898 1229 917">Affordable housing <li data-bbox="990 925 1223 944">Kids are grown up <li data-bbox="990 952 1211 971">Suburban locations <li data-bbox="990 979 1178 999">Modest income 	<ul style="list-style-type: none"> <li data-bbox="1330 724 1989 788">• Average levels of children who are overweight / obese <li data-bbox="1330 796 1951 860">• High positive chlamydia screening rates (per 10,000 15 to 24 year olds) <li data-bbox="1330 868 1872 887">• High levels of adult obesity prevalence <li data-bbox="1330 895 2002 959">• Low rates of successful 4 week smoking quitters (16+) <li data-bbox="1330 967 1839 986">• High levels of unpaid care provision <li data-bbox="1330 994 1760 1013">• High level of CHD prevalence <li data-bbox="1330 1021 1789 1040">• High level of Cancer prevalence <li data-bbox="1330 1048 1868 1067">• Average levels of diabetes prevalence <li data-bbox="1330 1075 1832 1094">• High levels of dementia prevalence <li data-bbox="1330 1102 1935 1121">• Average levels of mental health prevalence

Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
33. Ryecroft / Coalpool	<p data-bbox="405 228 521 245">Family Basics</p>  <p data-bbox="786 272 927 290">Key Features</p> <ul data-bbox="786 320 1043 459" style="list-style-type: none"> Families with children Aged 25 to 40 Limited resources Some own low cost homes Some rent from social landlords Squeezed budgets <p data-bbox="405 555 521 572">Vintage Value</p>  <p data-bbox="786 601 927 619">Key Features</p> <ul data-bbox="786 649 972 788" style="list-style-type: none"> Elderly Living alone Low income Small houses and flats Need support Low technology use 	<ul data-bbox="1328 233 2022 687" style="list-style-type: none"> • Average levels of children who are overweight / obese • High positive chlamydia screening rates (per 10,000 15 to 24 year olds) • High levels of adult obesity prevalence • High rates of successful 4 week smoking quitters (16+) • Low levels of unpaid care provision • High level of CHD prevalence • Average levels of Cancer prevalence • High levels of diabetes prevalence • Average levels of dementia prevalence • Below average levels of mental health prevalence
34. Sheffield	<p data-bbox="405 807 546 825">Modest Traditions</p>  <p data-bbox="770 853 911 871">Key Features</p> <ul data-bbox="770 901 920 1034" style="list-style-type: none"> Mature age Homeowners Affordable housing Kids are grown up Suburban locations Modest income <p data-bbox="405 1123 533 1141">Senior Security</p>  <p data-bbox="770 1169 911 1187">Key Features</p> <ul data-bbox="770 1217 1021 1350" style="list-style-type: none"> Elderly singles and couples Homeowners Comfortable homes Additional pensions above state Don't like new technology Low mileage drivers 	<ul data-bbox="1328 815 2022 1270" style="list-style-type: none"> • Average levels of children who are overweight / obese • High positive chlamydia screening rates (per 10,000 15 to 24 year olds) • High levels of adult obesity prevalence • Low rates of successful 4 week smoking quitters (16+) • High levels of unpaid care provision • High level of CHD prevalence • High level of Cancer prevalence • Average levels of diabetes prevalence • High levels of dementia prevalence • Below average levels of mental health prevalence

Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
35. Short Heath	<p>Senior Security</p>  <p>Key Features</p> <ul style="list-style-type: none"> Elderly singles and couples Homeowners Comfortable homes Additional pensions above state Don't like new technology Low mileage drivers <p>Suburban Stability</p>  <p>Key Features</p> <ul style="list-style-type: none"> Older families Some adult children at home Suburban mid-range homes 3 bedrooms Have lived at same address some years Research on Internet 	<ul style="list-style-type: none"> • Average levels of children who are overweight / obese • Average positive chlamydia screening rates (per 10,000 15 to 24 year olds) • Low adult obesity prevalence • Low rates of successful 4 week smoking quitters (16+) • Average levels of unpaid care provision • Low levels of CHD prevalence • Low levels of Cancer prevalence • Low levels of diabetes prevalence • Low levels of dementia prevalence • Below average levels of mental health prevalence
36. South Willenhall	<p>Family Basics</p>  <p>Key Features</p> <ul style="list-style-type: none"> Families with children Aged 25 to 40 Limited resources Some own low cost homes Some rent from social landlords Squeezed budgets <p>Transient Renters</p>  <p>Key Features</p> <ul style="list-style-type: none"> Private renters Low length of residence Low cost housing Singles and sharers Older terraces Few landline telephones 	<ul style="list-style-type: none"> • Average levels of children who are overweight / obese • High positive chlamydia screening rates (per 10,000 15 to 24 year olds) • High levels of adult obesity prevalence • Average rates of successful 4 week smoking quitters (16+) • Low levels of unpaid care provision • Average levels of CHD prevalence • Low levels of Cancer prevalence • Average levels of diabetes prevalence • Average levels of dementia prevalence • Average levels of mental health prevalence

Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
37. Streetly	<p>Prestige Positions</p>  <p>Key Features</p> <ul style="list-style-type: none"> High value detached homes Married couples Managerial and senior positions Supporting students and older children High assets and investments Online shopping and banking <p>Senior Security</p>  <p>Key Features</p> <ul style="list-style-type: none"> Elderly singles and couples Homeowners Comfortable homes Additional pensions above state Don't like new technology Low mileage drivers 	<ul style="list-style-type: none"> • Lower than average levels of children who are overweight / obese • Low positive chlamydia screening rates (per 10,000 15 to 24 year olds) • Low adult obesity prevalence • Low rates of successful 4 week smoking quitters (16+) • High levels of unpaid care provision • Average levels of CHD prevalence • High level of Cancer prevalence • Low levels of diabetes prevalence • Average levels of dementia prevalence • Below average levels of mental health prevalence
38. Walsall Central	<p>Transient Renters</p>  <p>Key Features</p> <ul style="list-style-type: none"> Private renters Low length of residence Low cost housing Singles and sharers Older terraces Few landline telephones <p>Rental Hubs</p>  <p>Key Features</p> <ul style="list-style-type: none"> Aged 18-35 Private renting Singles and sharers Urban locations Young neighbourhoods High use of smartphones 	<ul style="list-style-type: none"> • Lower than average levels of children who are overweight / obese • High positive chlamydia screening rates (per 10,000 15 to 24 year olds) • Low adult obesity prevalence • High rates of successful 4 week smoking quitters (16+) • Low levels of unpaid care provision • Average levels of CHD prevalence • Average levels of Cancer prevalence • High levels of diabetes prevalence • Average levels of dementia prevalence • Above average levels of mental health prevalence

Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
39. Walsall Wood	<p data-bbox="409 236 622 256">Aspiring Homemakers</p>  <p data-bbox="862 292 1032 316">Key Features</p> <ul data-bbox="862 355 1111 528" style="list-style-type: none"> Younger households Full-time employment Private suburbs Affordable housing costs Starter salaries Buy and sell on eBay <p data-bbox="409 659 589 679">Suburban Stability</p>  <p data-bbox="862 715 1032 738">Key Features</p> <ul data-bbox="862 778 1234 951" style="list-style-type: none"> Older families Some adult children at home Suburban mid-range homes 3 bedrooms Have lived at same address some years Research on Internet 	<ul data-bbox="1328 236 2047 687" style="list-style-type: none"> • Average levels of children who are overweight / obese • Low positive chlamydia screening rates (per 10,000 15 to 24 year olds) • High levels of adult obesity prevalence • Low rates of successful 4 week smoking quitters (16+) • High levels of unpaid care provision • High level of CHD prevalence • High level of Cancer prevalence • Average levels of diabetes prevalence • Average levels of dementia prevalence • Below average levels of mental health prevalence

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 2016 refresh are:

- Emotional health / wellbeing of children and young people, including self-esteem and higher aspirations
- Infant mortality, including maternity services
- Obesity in children
- Mental health (all ages)
- Physical activity (all ages)
- Health & Work– including people unable to take up employment due to ill health
- Long term conditions - e.g. cancer, diabetes, asthma and respiratory diseases
- Dementia
- Loneliness & isolation (including carers)
- Substance misuse
- Domestic violence
- Quality housing, appropriate for need & energy efficient
- Infrastructure to encourage active leisure & travel

Further details regarding the JSNA can be found [HERE](#).

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 'Walsall Plan: Our Health and Wellbeing Strategy 2017-2020'. There are three overarching priorities for the Walsall Plan where value can be added by working together in partnership:

- 1. Increasing economic prosperity through increased growth**
- 2. Maximising people's health, wellbeing and safety**
- 3. Creating healthy and sustainable places and communities**

Reducing Inequalities will be 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.

Primary Care Strategy

Walsall CCG developed a primary care strategy (2016-2021) to reduce the inequalities across Walsall by looking at how to deliver effective and safe services for the population focussing on General practice. The CCG will build on the strong foundation of general practice in Walsall to provide high quality primary medical care for local people, improve the health of the community, and reduce inequalities, support general practice in improving care so that patients in Walsall get excellent and consistent primary medical services and see practices working together, alongside teams from the community, secondary care, social care and the voluntary sector to:

- Help patients to see the right clinician at the right time;
- Support patients with the most complex needs; and
- Help more patients receive care out of hospital.

Walsall CCG Commissioning Intentions Update 18/19 sets out commissioning intentions for specific health programmes, these include:

- Urgent and Emergency Care
- Primary Care- implementing the General Practice Forward View
- Planned Care
- Cancer
- People with learning Disabilities
- Maternity Services
- Medicines Management
- Digital Transformation

The document also includes how the CCG will work with partners through the Walsall Together Programme to develop and commission more joined up services for the people of Walsall, taking forward implementation of the place-based model of care. It will be important for pharmacy contractors and the LPC to engage in the development in order to shape how they will impact on community pharmacy services at a local level. Also included is how the CCG will work with partners across the Black Country – through the CCG Joint Committee and the Strategic Transformation Partnership – to take forward implementation of the Black Country and West Birmingham Strategic Transformation Plan.

Further information about the CCG can be accessed via the link - [Walsall CCG](#)

Pharmacy Providers can contribute to the above strategies:-

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 Medicine Use reviews, new medicines service, flu vaccinations

Locally Commissioned Services:

7. Reducing teenage pregnancies through provision of Emergency Hormonal Contraception (EHC)
8. Distribution of Chlamydia Screening kits
9. Reducing smoking prevalence through provision of smoking cessation services
10. Providing an alternative access to healthcare for men and hard to reach people
11. Providing cardio-vascular disease (CVD) NHS Health Checks
12. Providing substance misuse services- supervised consumption and needle exchange
13. Supporting GP's using the dementia tool kit
14. Minor ailments service
15. Availability of palliative care drugs out of hours
16. Minor Eye Conditions service

Other services provided but not commissioned:

17. Distribution of Healthy Start Vitamins (not commissioned)
18. Testing blood pressures and diabetes screening to assist with early diagnosis of hypertension and diabetes

Benchmarking Provision of Pharmacy Services

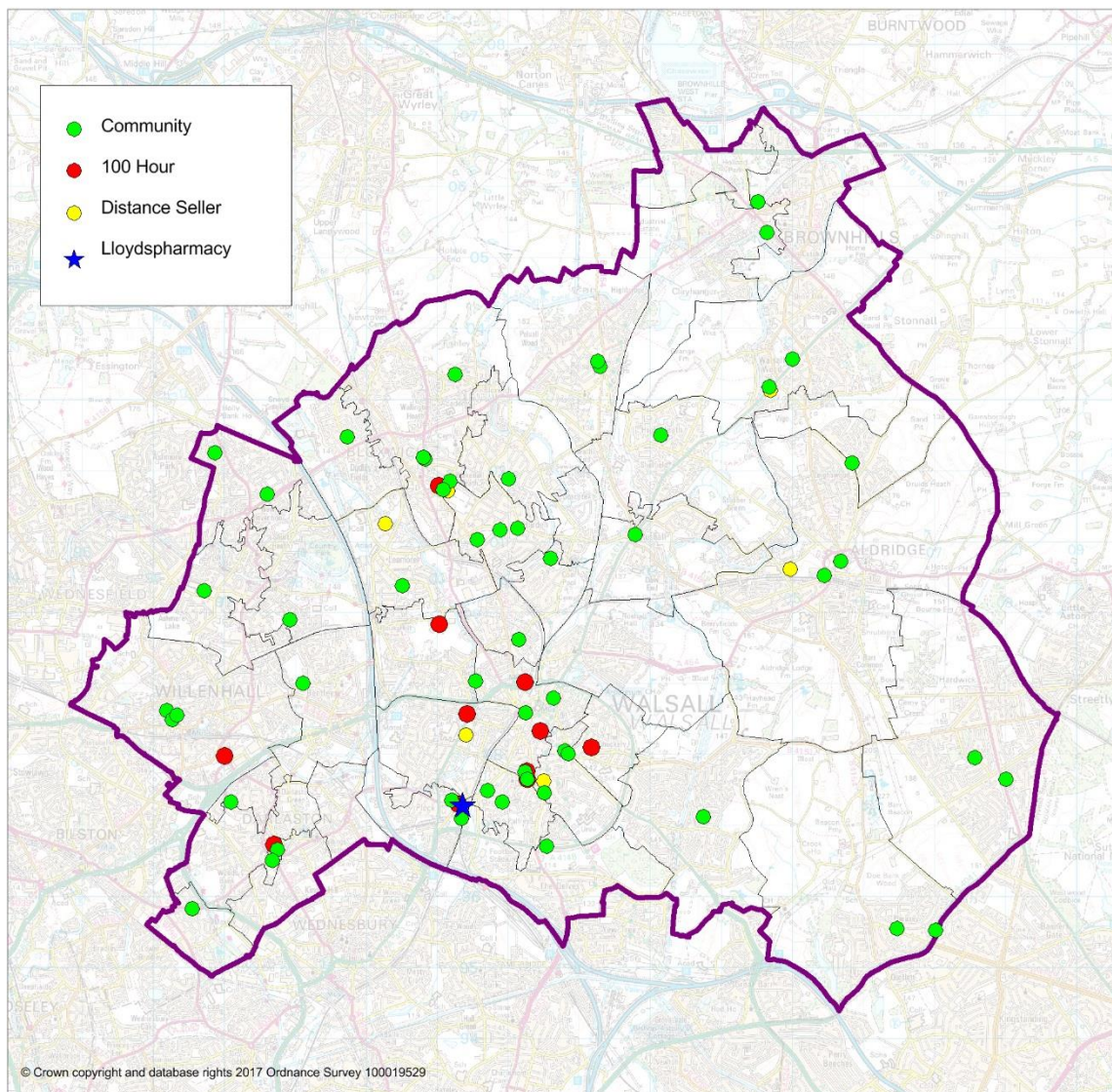
Data was obtained from routine contracting and activity data held by NHSE, Walsall Public Health and Walsall CCG, a survey of pharmacy contractors.

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.

At the time of writing, **the PNA working group have been informed** Lloydspharmacy in Pleck plans to close. The map below illustrates the location of Lloydspharmacy (blue star). There are a number of pharmacies within the vicinity of Lloydspharmacy, one of which is a 100 hour; therefore, this closure will not have a significant impact on residents living within the area.

Figure 5 – Community, 100 hour & distance selling pharmacies in Walsall



In total, Walsall has 77 pharmacies. Of these, 58 are community pharmacies, eight are distance selling / internet pharmacies and 11 are 100-hour pharmacies. The 100-hour and distance selling / internet pharmacies are listed below:

100 hour Pharmacies		Distance Selling / Internet Pharmacies	
Pharmacy	Community	Pharmacy	Community
A Karim's Chuckery Pharmacy	Chuckery	8pm Chemist	South Willenhall
Al-Shafa Pharmacy	Walsall Central	I-Dispense Ltd	Leamore
Asda	Dangerfield	The Online Pharmacy	Aldridge
Asda	Walsall Central	Boots Online Pharmacy (Internet)	Walsall Central
Asda	Bloxwich	PharmaCare Solutions UK Ltd	Beechdale
Lloyds Pharmacy	Birchills / Reedswood	Click 4 Pharmacy	Caldmore
Manor Pharmacy	Alumwell	118 Pharmacy Limited	Walsall Wood
Pharmacy Dept. at Tesco	South Willenhall	Pharmahub	Alumwell
Pleck Pharmacy	Pleck		
Tesco Instore Pharmacy	Walsall Central		
White Pearl	Walsall Central		

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 (Birmingham, Solihull, Sandwell, Dudley, Wolverhampton and Walsall).

	Pharmacies	Population	Rate
Walsall	76	278,715	27.27
Dudley	80	317,634	25.19
Wolverhampton	70	256,621	27.28
Sandwell & West Birmingham	140	495,053	28.28
Solihull	48	211,763	22.67

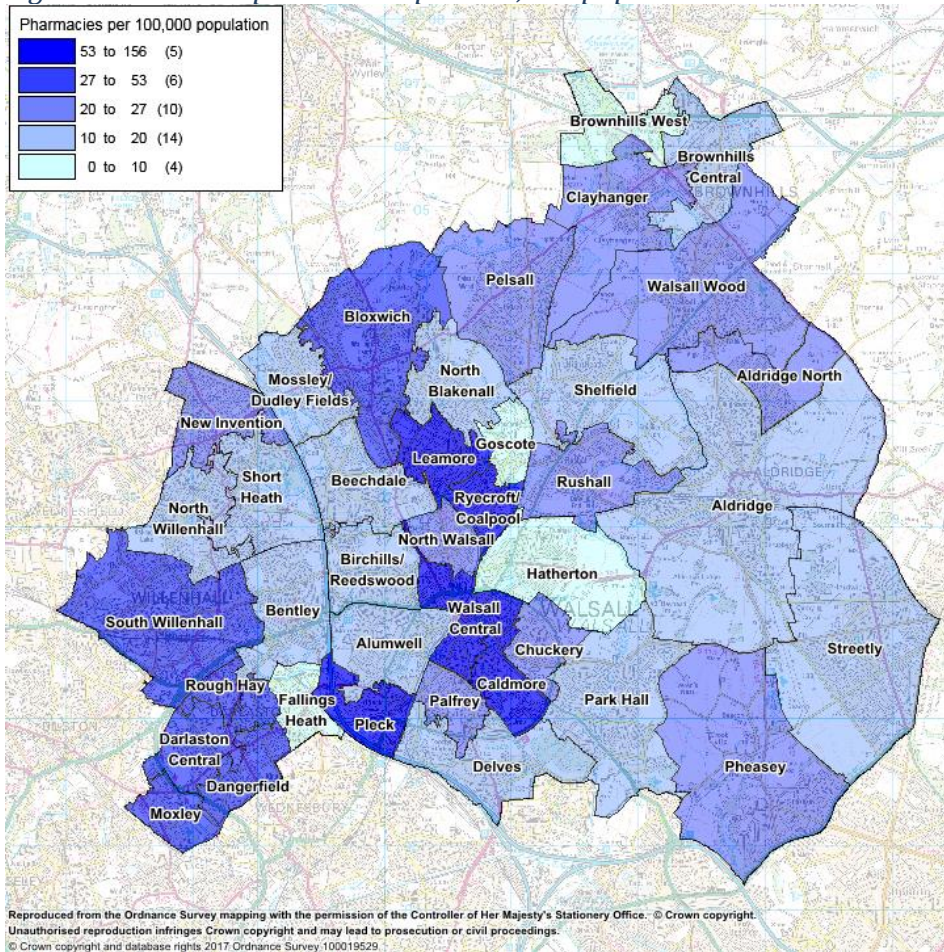
Source – PHE, Shape tool (<https://shape.phe.org.uk/themes/index.asp>)

Walsall has a similar number of community pharmacies per 100,000 population to Wolverhampton (27.27 and 27.28 respectively). This rate exceeds that of Dudley and Solihull but is less than the rate of 28.28 for West Birmingham and Sandwell. Walsall has a higher number of pharmacies compared to the majority of CCGs across the Area Team geography.

Figure 6 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.

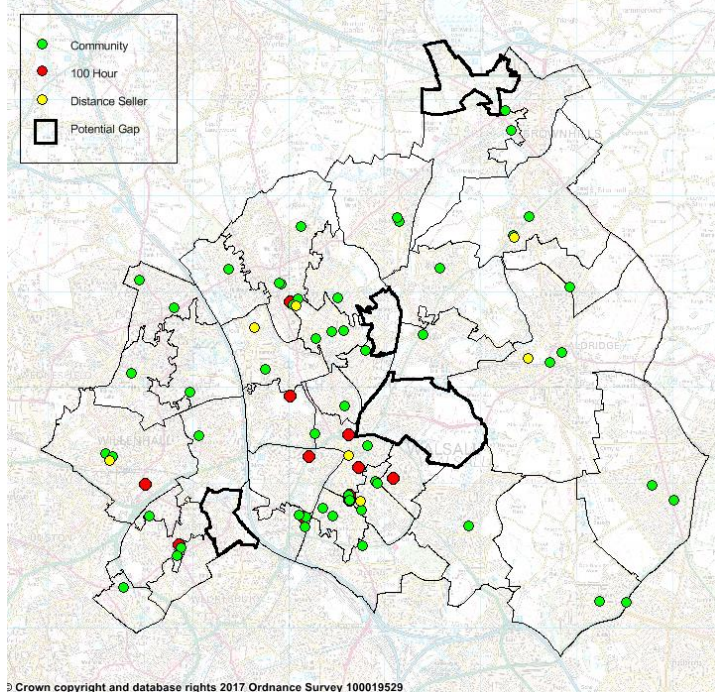
Figure 6 – Walsall pharmacies per 100,000 population



Community Area Analysis

The map below shows that there are four community areas without a pharmacy located within them, these are Brownhills West, Fallings Heath, Goscote and Hatherton.

Figure 7 – Potential gap communities & pharmacies by type



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.

Walsall Council uses the industry-leading TRACC software to analyse accessibility. TRACC draws on 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:

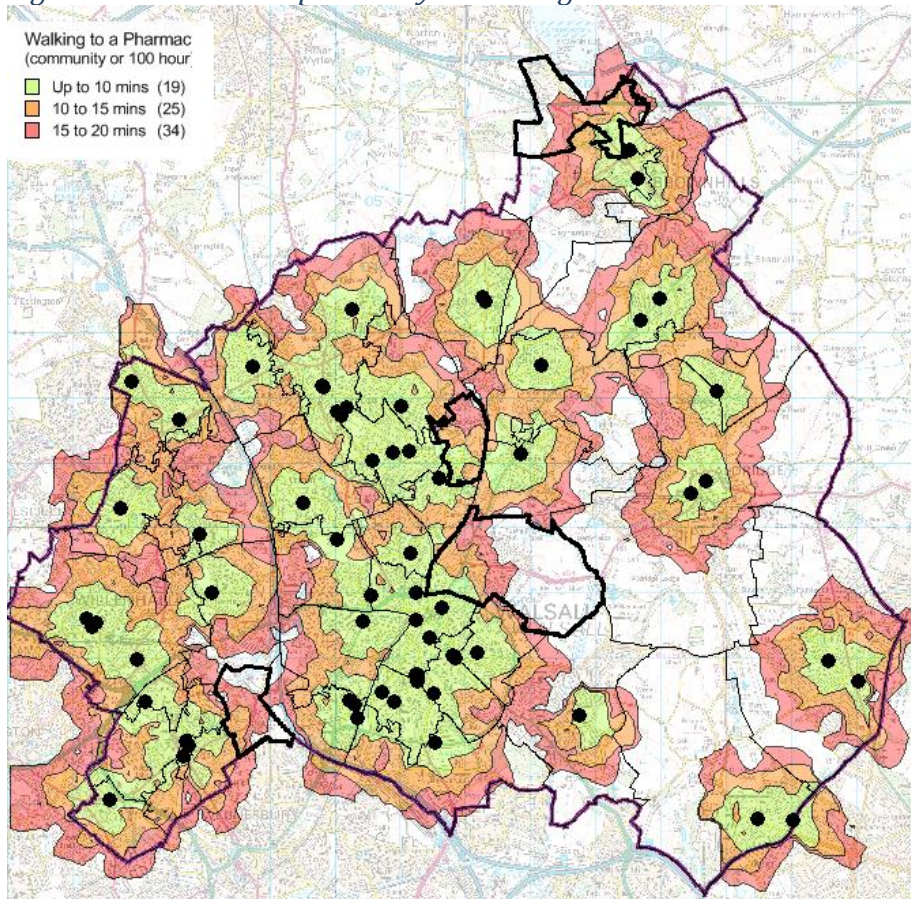
1. Walking
2. Driving
3. Public Transport (including walking where necessary)

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.

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.

Figure 8 – Access to a pharmacy – Walking



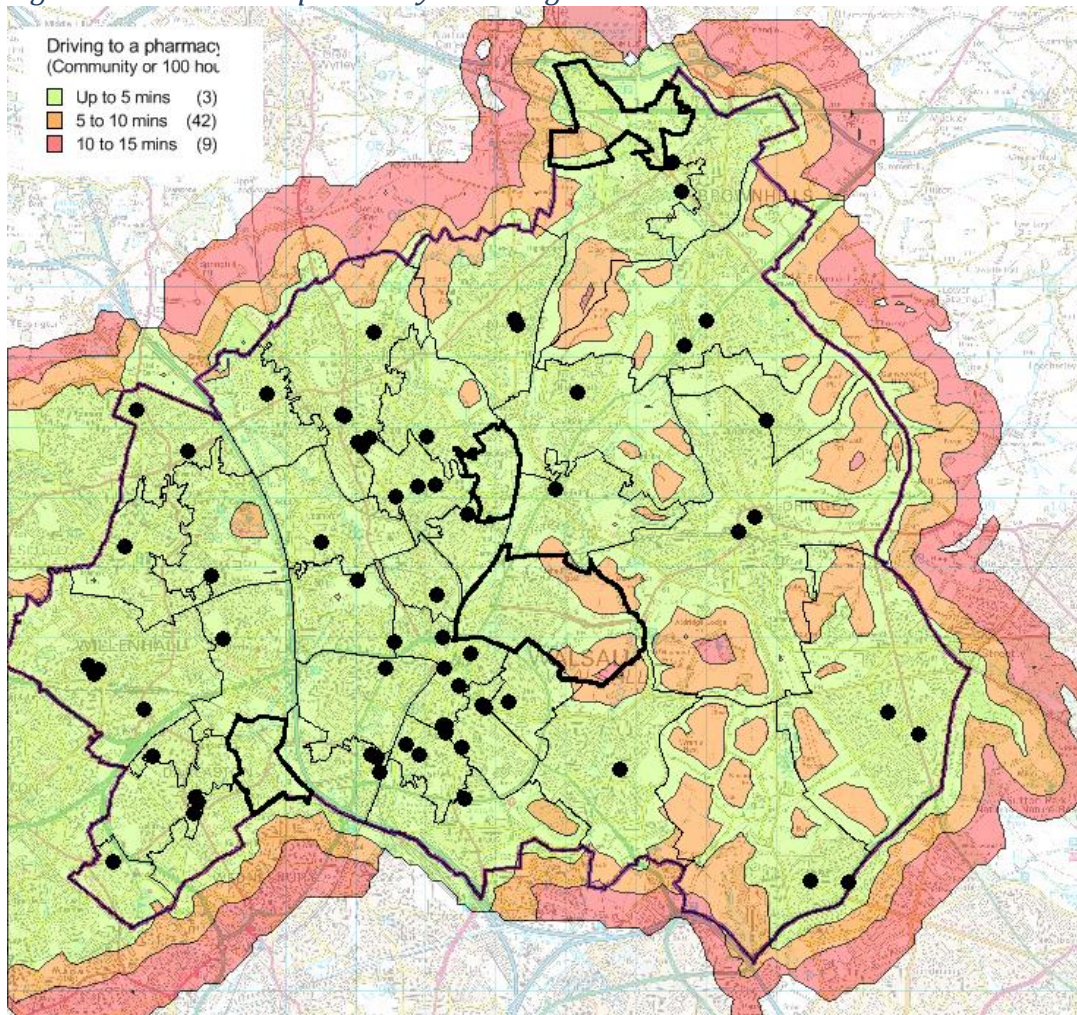
Access to pharmacies via walking does highlight some potential gaps to the East of the borough and parts of Brownhills. These areas however are not densely populated (Hatherton).

There is however, 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 walk to it.

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. Analysis is based on journey times of 5, 10 and 15 minutes. 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.

Figure 9 – Access to a pharmacy – Driving



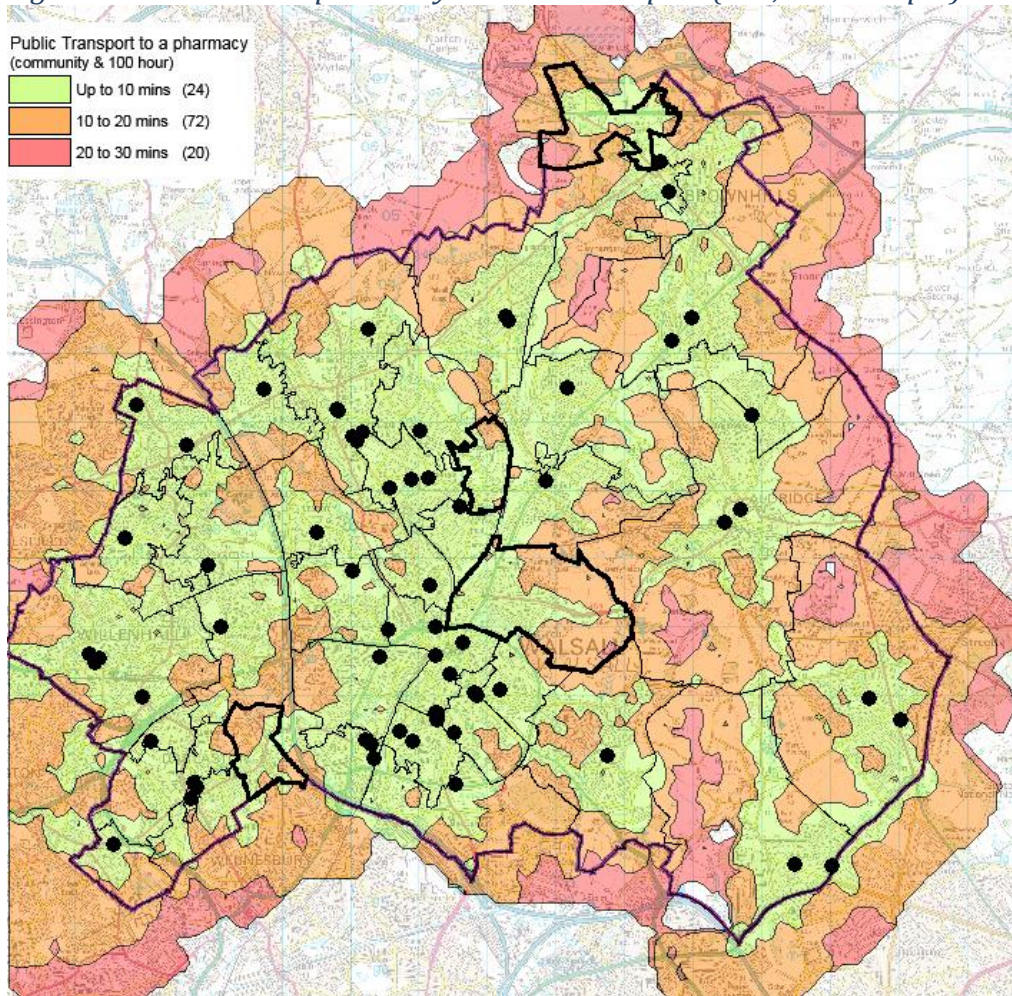
Access to pharmacies via car / van does not highlight any accessibility gaps. The majority of pharmacies are accessible within a 5 minute journey time and this was echoed from the survey results, with car being the most favourable mode of travel to pharmacies.

To the east of the borough, journey times may be slightly longer (up to 10 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 a Tuesday morning between 10am and 12pm. Analysis is based on journey times of 10, 20 and 30 minutes.

Figure 10 – Access to a pharmacy – Public Transport (Tue, 10am-12pm)



Access to pharmacies via public transport indicates that residents could access a pharmacy within a 30-minute journey time (on a Tuesday between 10am to 12pm).

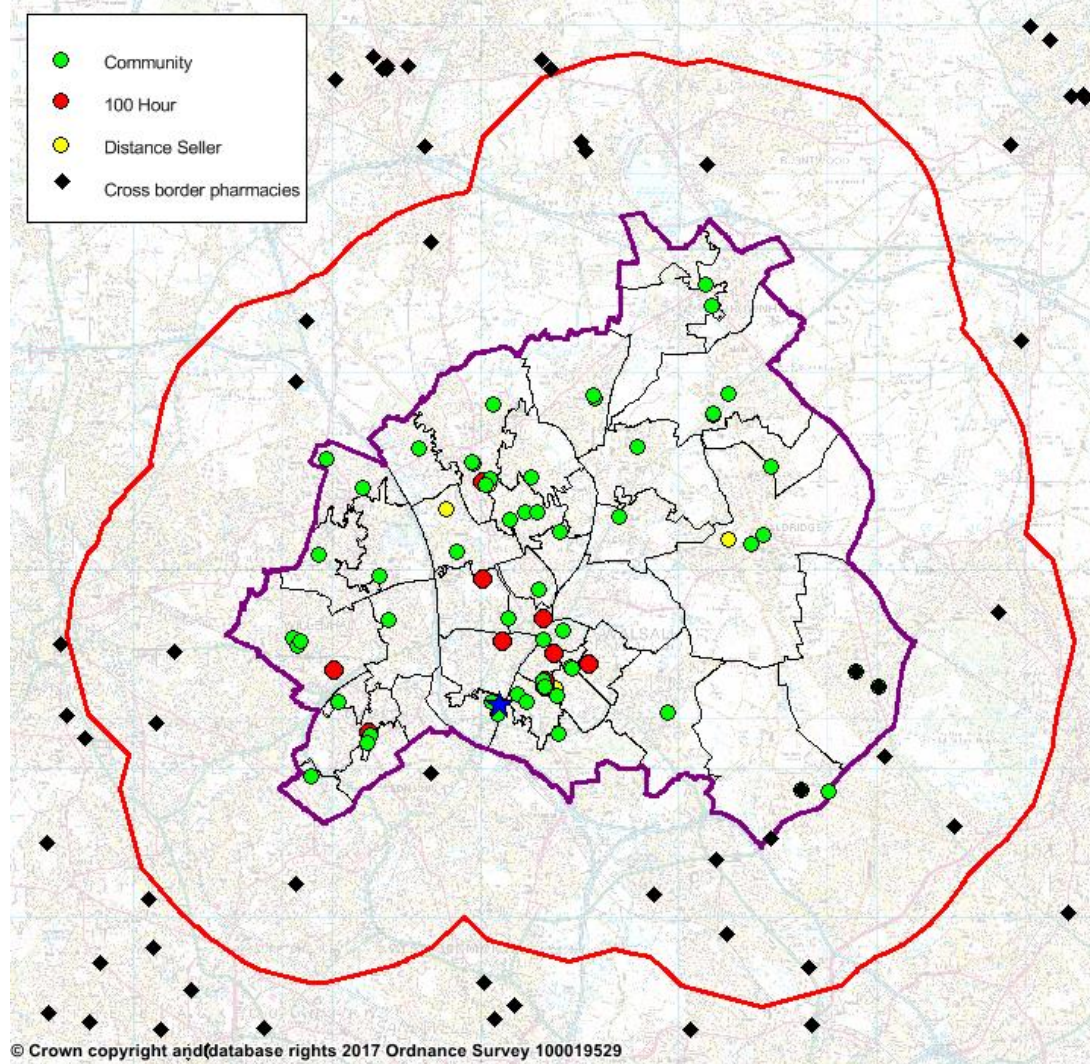
The survey results show that public transport was not a common form of accessing pharmacy services.

Dispensing Services – Cross Border and Dispensing Doctors

Cross Border Provision

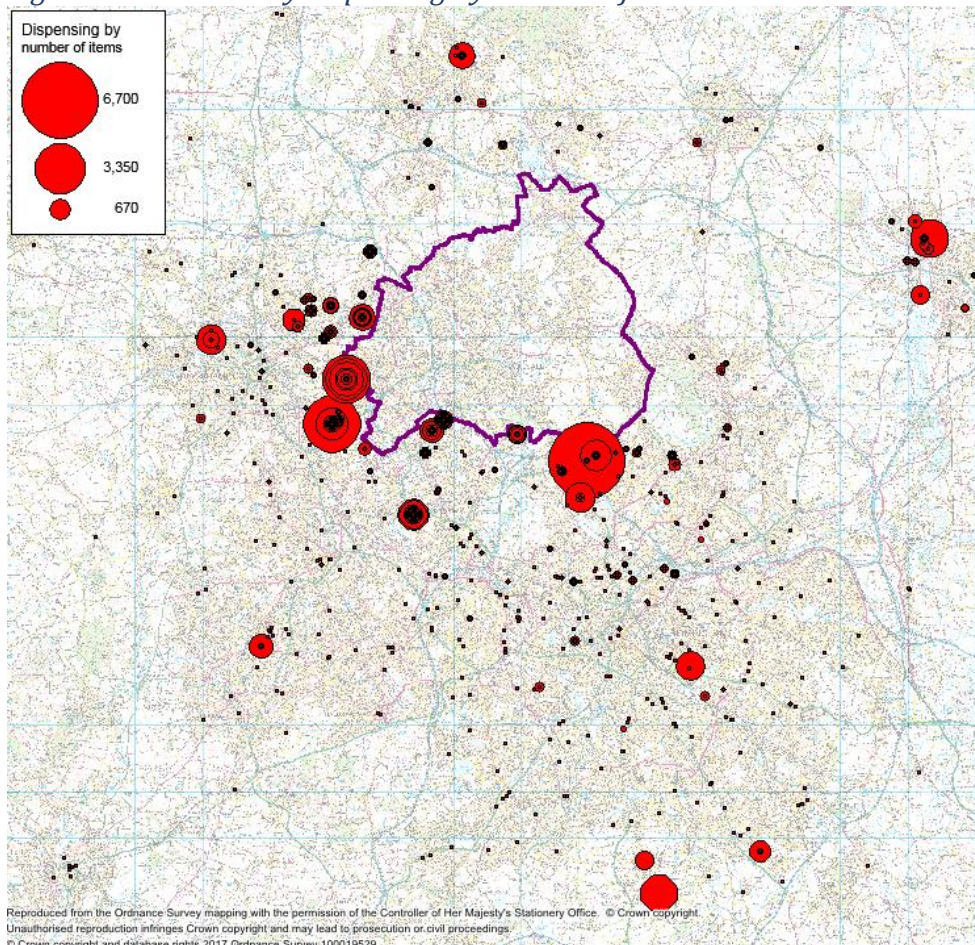
Pharmacies that dispense a large number of prescriptions for Walsall residents are a potential source of pharmaceutical services for our patients. The map below illustrates where cross border pharmacies are located within a 2 mile (as the crow flies) radius, which may be accessed by Walsall residents.

Figure 11 – 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.

Figure 12 – Pharmacy dispensing by number of items



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) the pharmacy staff would be expected to signpost patients appropriately. Certain services do not have to be provided all day as they can be operated by an appointment system i.e. smoking cessation and MURs.

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.

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

Consideration should be given to the need for pharmaceutical services during the opening hours of the GP-led health centres that are open from 8am-8pm, 365 days a year.

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

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

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

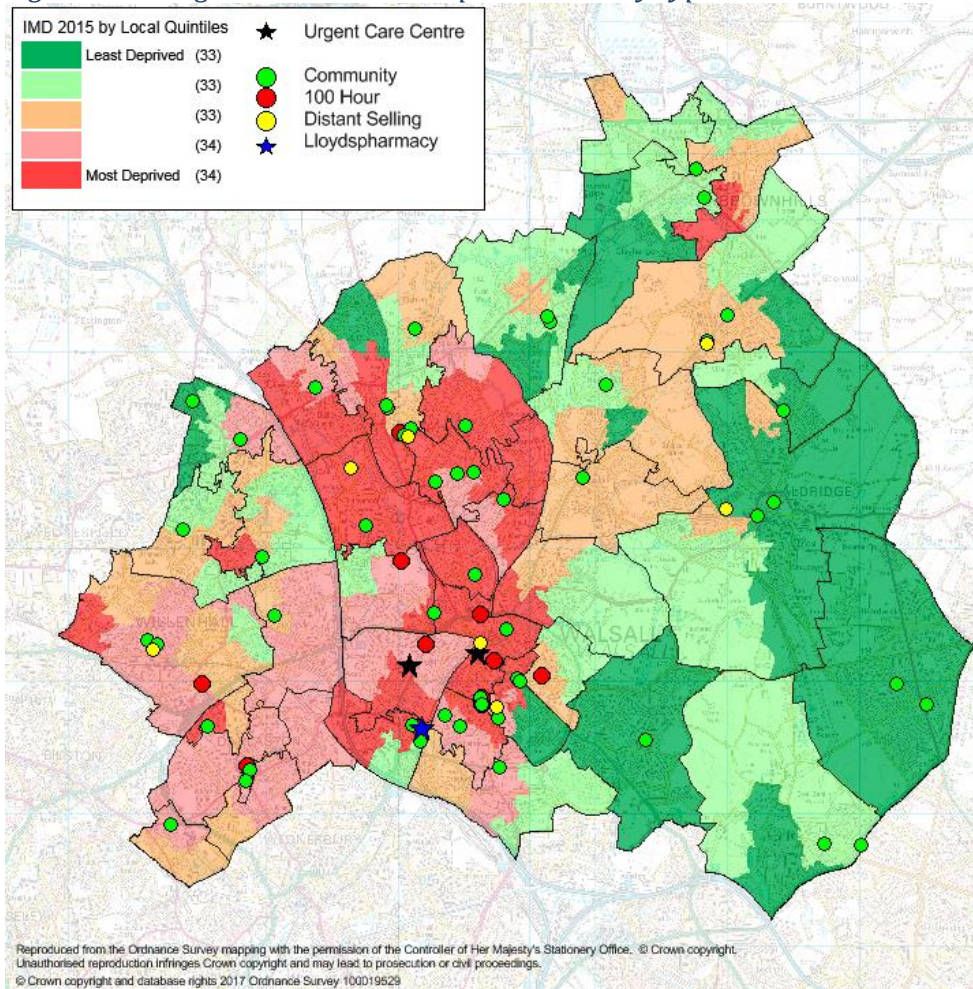
Name	Mon	Tue	Wed	Thurs	Fri	sat	Sun
Manor Pharmacy	0900-2330	0900-2330	0900-2330	0900-2330	0900-2330	0900-2330	0900-2200
Lloyds Pharmacy	0700-2300	0700-2300	0700-2300	0700-2300	0700-2300	0700-2200	1000-1600
Asda Pharmacy	0800-2300	0700-2300	0700-2300	0700-2300	0700-2300	0700-2200	1000-1600

A Karim's Chuckery Pharmacy	0800-2000	0800-2000	0800-2000	0800-2000	0830-2359	0000-2359	0000-1200
Asda Pharmacy	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	0800-2300	0700-2300	0700-2300	0700-2300	0700-2300	0700-2200	1000-1600
Al-Shafa Pharmacy	0800-2359	0800-2200	0800-2200	0800-2200	0800-2200	0900-2200	1000-1700
Tesco Instore Pharmacy	0630-2230	0630-2230	0630-1600, 1630-2230	0630-1600, 1620-2230	0630-1200, 1220-2230	0630-1200, 1230-22.00	1100-1700
White Pearl	0600-2030	0600-2030	0600-2030	0600-2030	0600-2030	0600-2030	0700-2000

Pharmacy Coverage for Urgent Care Centres (2 in Walsall)

There are currently two urgent care centres in Walsall, one in the town Centre and the other at Walsall Manor Hospital (refer to map below) that is open from 8am to 8pm, seven days a week. There are a number of pharmacies in close proximity to cover the pharmaceutical needs of any patients accessing the centres. Of these pharmacies, six are 100 hour pharmacies.

Figure 13 – Urgent care centres & pharmacies by type



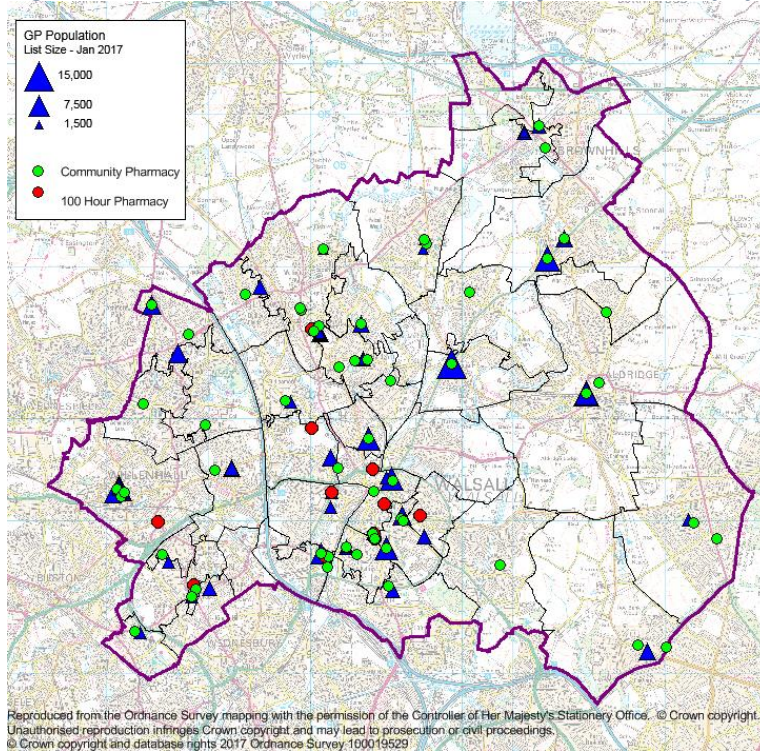
Coverage for GP extended surgery hours

59 GPs in Walsall provide surgery times between the hours of 8.00am to 6.30pm, Monday to Friday (excluding bank holidays). When a surgery is closed, their calls are picked up by the out of hours provider service - WALDOC.

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).

All Walsall pharmacies and their opening times are provided in appendix 4. Of the 76 pharmacies across the borough, 16 open on a Sunday (including wholly internet / distant selling pharmacies).

Figure 14 – GP practices by list size and pharmacies by type



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 June-August 2017, 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 supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records

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.

- 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.

- Repeat dispensing - requirements additional to those for dispensing, by allowing them to obtain their regular prescribed medicines and appliances directly from a community pharmacy for a period agreed by the prescriber, the pharmacist ascertains the patient's need for a repeat supply and communicates any clinically significant issues to the prescriber. Increases patient choice and convenience, minimises wastage by reducing the number of medicines and appliances dispensed which are not required by the patient. Aims to reduce the workload of General Medical Practices, by lowering the burden of managing repeat prescriptions.
- Signposting - the provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy, to other health and social care providers or support organisations who may be able to assist the person. Where appropriate, this may take the form of a referral.
- Support for self-care - the provision of advice and support by pharmacists/pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families. People, including carers, are provided with appropriate advice to help them self-manage a self-limiting or long-term condition, including advice on the selection and use of any appropriate medicines
- Clinical governance - clinical governance is a system through which healthcare providers are accountable for continuously improving the quality of their services and safeguarding high standards of care, by creating an environment in which excellence in clinical care will flourish.

Based on the above information, we conclude:

Walsall has 77 pharmacies providing essential services. The HWB are not aware of any deficiencies in these services.

Quality Payments

The Department of Health (DH) has introduced a Quality Payments Scheme as part of the Community Pharmacy Contractual Framework in 2017/18. This involves

payments being made to community pharmacy contractors meeting certain gateway and quality criteria.

Gateway Criteria:

- Provision of at least one specified Advanced Service
- Have their NHS Choices entry up to date
- Have the ability for staff to send and receive NHS mail
- Ongoing utilisation of the Electronic Prescription Service
- Quality Criteria focuses on:
 - Patient safety
 - Patient experience
 - Public Health
 - Digital
 - Clinical effectiveness
 - Workforce

Healthy Living Pharmacies

The Public Health domain of the quality criteria requires the pharmacy to be a healthy living pharmacy (HLP) level one.

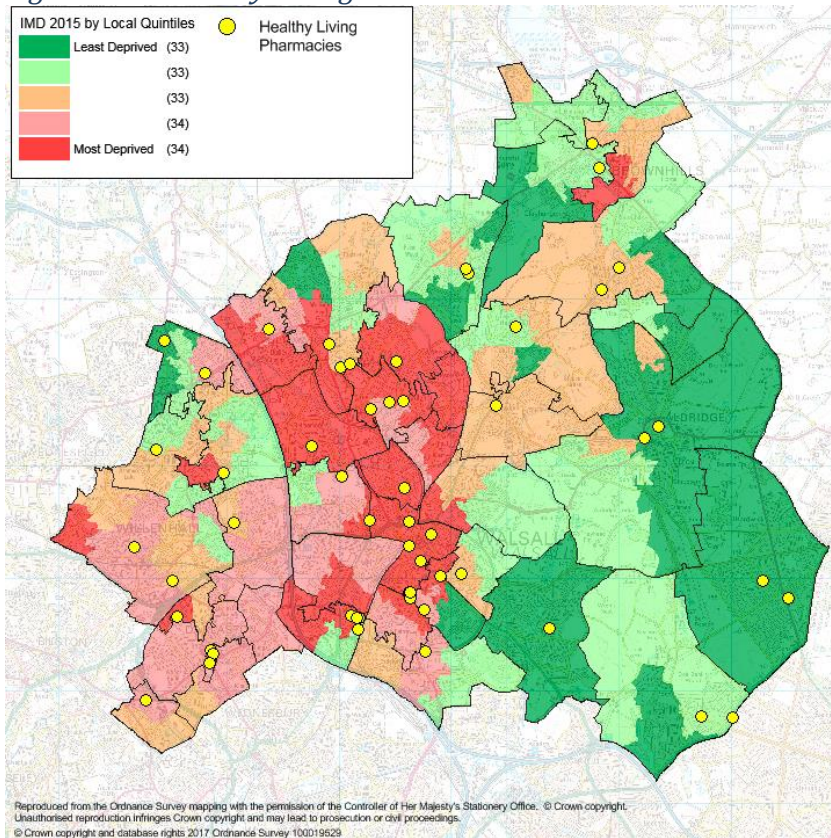
The aim of HLPs is to maximise the role of the pharmacy in prevention of ill health, reduction of disease burden, reduction of health inequalities and in support of health and wellbeing. The Healthy Living Pharmacy (HLP) concept is designed to develop (in respect of health and wellbeing services):

- the community pharmacy workforce;
- community pharmacy engagement with the general public (including 'Making Every Contact Count');
- community pharmacy engagement with local stakeholders such as local authorities, voluntary organisations and other health and social care professionals; and
- the environment in which health and wellbeing services are delivered.

One of the key distinctions of an HLP is having a trained Health Champion who engages proactively with the community they serve, using every interaction as an opportunity for a health-promoting intervention, making 'every contact count' to improve people's health, reduce mortality and help to reduce health inequalities.

The Royal Society for Public health had 55 pharmacies in Walsall that had successfully completed the profession-led self-assessment process.

Figure 15 – Healthy Living Pharmacies in Walsall



Based on the above information, we conclude:

Whilst becoming a HLP is not mandatory, there is sufficient coverage and Walsall Public Health and the CCG continue to support pharmacies to achieve HLP status.

Advanced Services

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

Medicines Use Reviews (MURs)

The MUR service is a structured review that is undertaken by a pharmacist to help patients to manage their medicines more effectively.

The MUR involves the pharmacist reviewing the patient's use of their medication, ensuring they understand how their medicines should be used and why they have been prescribed, identifying any problems and then, where necessary, providing feedback to the prescriber. An MUR Feedback Form will be provided to the patient's GP where there is an issue for them to consider. An MUR is not usually conducted more than once a year.

A Prescription Intervention is simply an MUR that is triggered by a significant adherence problem, which becomes known during the dispensing of a prescription. It is over and above the basic interventions, relating to safety, which a pharmacist makes as part of the dispensing service.

An MUR is a way to:

- improve patients' understanding of their medicines;
- highlight problematic side effects and propose solutions where appropriate;
- improve adherence; and
- reduce medicines wastage, usually by encouraging the patient only to order the medicines they require.

The MUR must be undertaken in a private consultation room that meets minimum requirements.

There are four national target groups for MURs, these are:

1. patients taking high risk medicines;
2. patients recently discharged from hospital who had changes made to their medicines while they were in hospital. Ideally patients discharged from hospital will receive an MUR within four weeks of discharge but in certain circumstances the MUR can take place within eight weeks of discharge;
3. patients with respiratory disease; and
4. patients at risk of or diagnosed with cardiovascular disease and regularly being prescribed at least four medicines.

Community pharmacies must carry out at least 70% of their MURs within any given financial year on patients in one or more of the above target groups.

In 2016/17, 61 (81.7%) pharmacies provided 22,272 MURs. The England average is 84.5% and the STP footprint average is 80.7%.

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 2016/17, 45 (60%) pharmacies provided 5,923 interventions. The England average is 61% and the STP footprint average is 54.7%.

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

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

Flu Vaccination Service

Each year from September through to January, 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. These include people aged 65 years and over, pregnant women and those with certain health conditions.

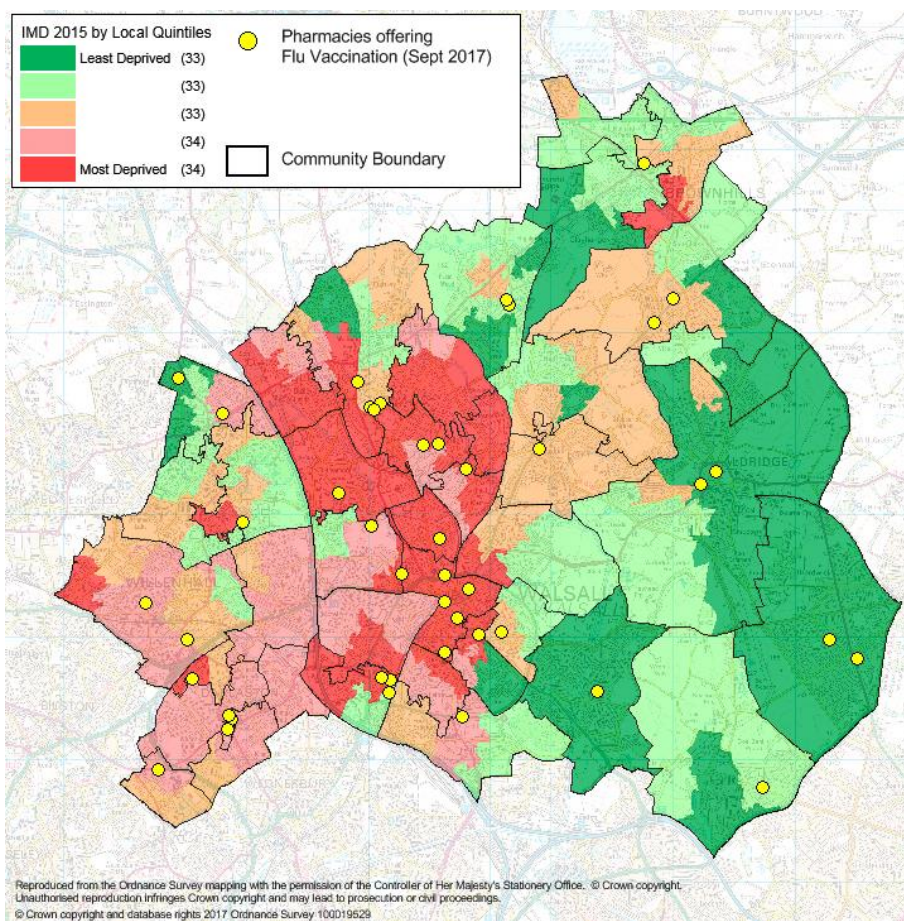
For most healthy people, influenza is an unpleasant but usually self-limiting disease. However, children, older people, pregnant women and those with underlying disease are at particular risk of severe illness if they catch it.

The aim of the seasonal influenza vaccination programme is to protect those who are most at risk of serious illness or death should they develop influenza, by offering protection against the most prevalent strains of influenza virus.

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.

Figure 16 – Pharmacies offering flu vaccination service



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.

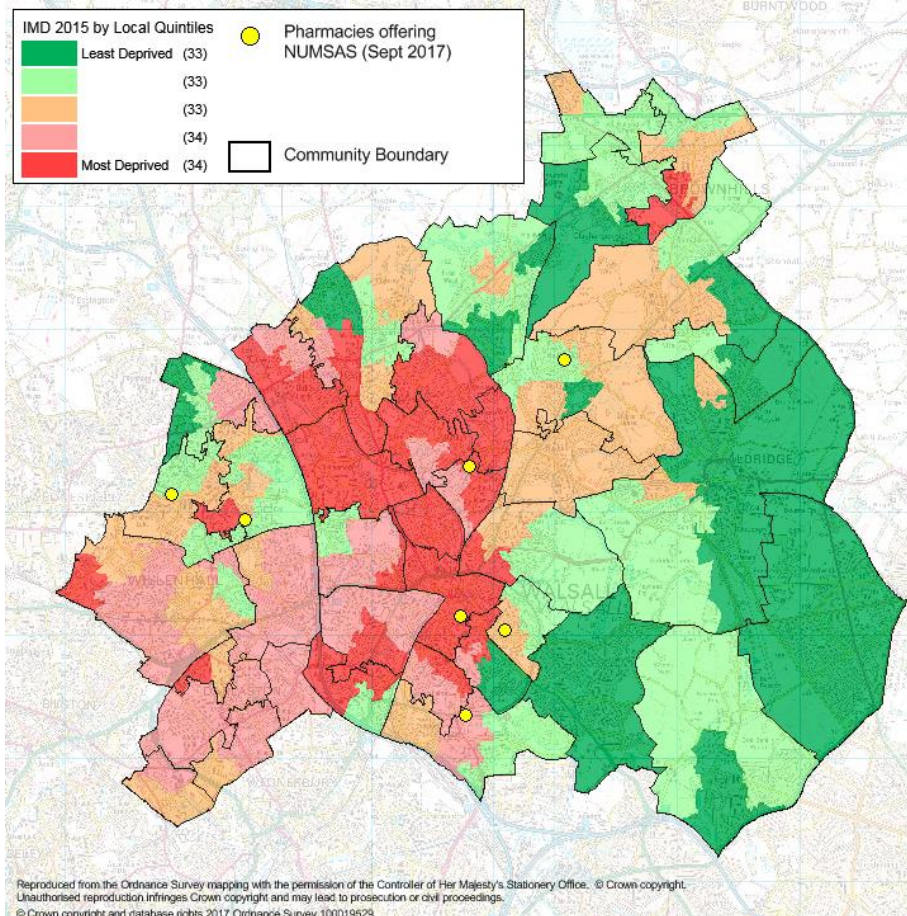
NHS Urgent Medicine Supply Service (NUMSAS)

NHS 111 will refer appropriate patients to accredited pharmacies using electronic messaging via NHSmail for urgent supply of medicines and appliances.

The objectives of the service are to:

- manage appropriately NHS 111 requests for urgent medicine supply;
- reduce demand on the rest of the urgent care system;
- resolve problems leading to patients running out of their medicines; and
- increase patients' awareness of electronic repeat dispensing.

Figure 17 – Pharmacies offering NHS Urgent Medicine Supply Service (NUMSAS)



There is currently no data available for this service.

The Human Medicines Regulations 2012 allows exemptions from the Prescription Only requirements for emergency supply to be made by a person lawfully conducting a retail pharmacy business provided certain criteria be met.

Patients are able to access the NUMSAS service and emergency supplies nationally, this would not be limited to the area a patient resides in.

Patients are able to access medicines urgently if required with or without the NUMSAS service.

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.

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.

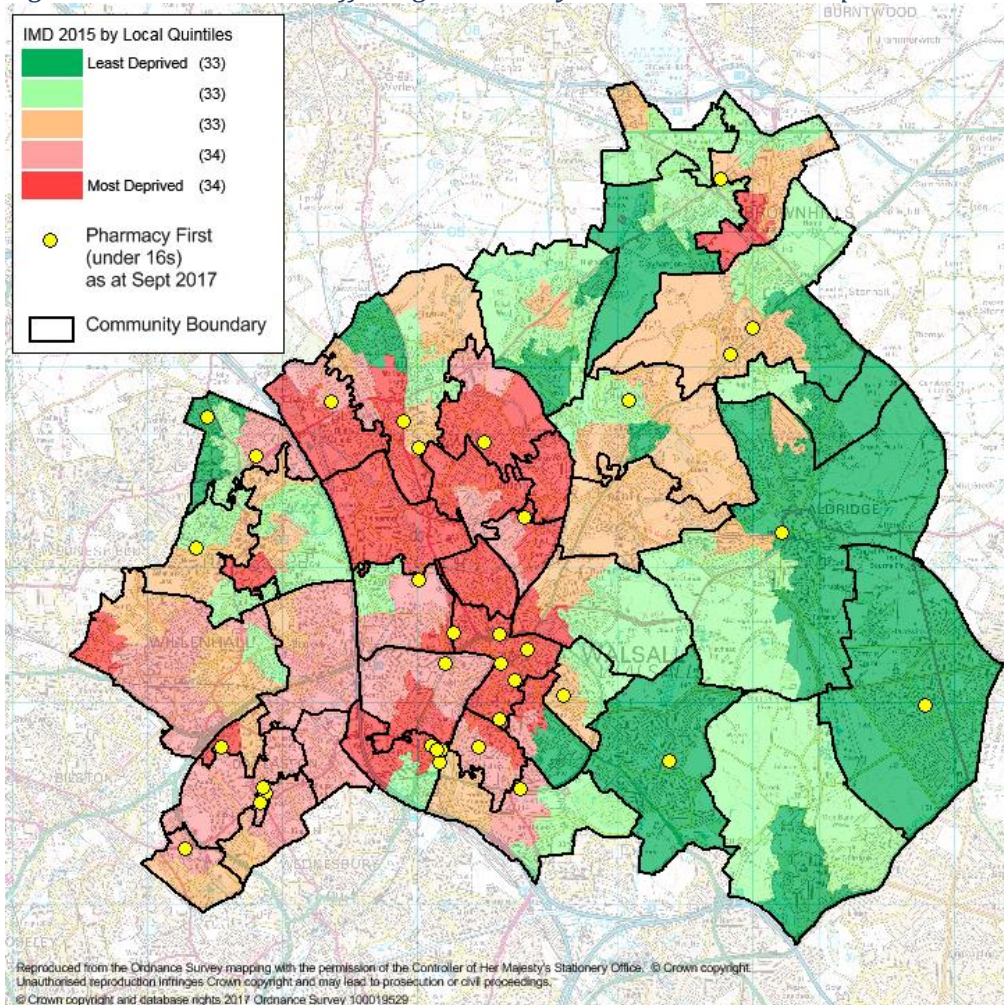
Rota Service

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.

Pharmacy First

NHSE have commissioned the minor ailments service for 15 year olds and under which allows patients to obtain a consultation with a pharmacist and medicines over the counter free of charge for a list of minor ailments. This avoids the need for patients to attend a GP appointment to receive a prescription, as a result it improves access and choice, promotes and empowers patients to self-care and in turn improves primary care, A&E and urgent care capacity. The CCG have requested NHSE's commissioning intentions for 2018/19.

Figure 18 – Pharmacies offering Pharmacy First service and Deprivation 2015



The map above shows the pharmacy providers that are accredited to provide Pharmacy First to under 16s by deprivation in Walsall. This service can be accessed by other accredited pharmacies within their local NHSE area. This can be accessed at other accredited pharmacies within the local NHSE area, this includes Birmingham, Solihull, Sandwell, Dudley, Walsall and Wolverhampton. There are no other services available for cross border provision. Pharmacies offering a minor ailments scheme are thought to be more appropriately located in the more deprived areas as they remove a time and cost barrier for treatment.

Most communities within more deprived areas have a pharmacy(s) signed up to provide this service. Communities that do not have a pharmacy signed up have access to a service nearby.

Local Authority Commissioned Public Health Services

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

CCG Commissioned Services

- Minor Ailments (Pharmacy First)
- Palliative Care
- Medicines Management in Care Homes
- Anti-Coagulant Services (AQP) – currently extended until December 2017
- Minor Eye Conditions Service (MECS)

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 2017- 2018. 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

EHC and Chlamydia Screening

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 and chlamydia infection, which remain significant public health problems.

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 to improve clients' access to Chlamydia testing in primary care settings.

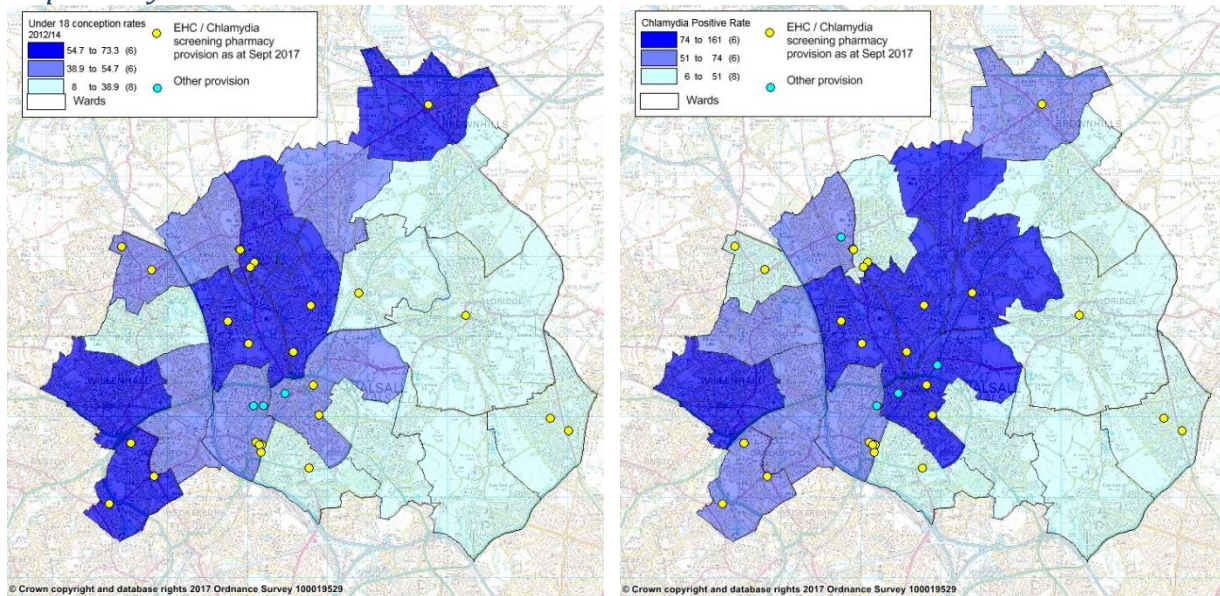
Distribution of Service Providers

The map below shows the pharmacy providers that are accredited to provide EHC and Chlamydia screening, as well as activity mapped against the need for the service (under 18 conception rates and positive chlamydia screening rates). It also highlights other providers of sexual health services such as the Walsall Integrated Sexual Health (WiSH) service and Walsall Sexual Health Clinic.

There is also the opportunity for young people (those under 25 years of age) to access the young person's contraception and sexual health nurse. This is accessed via a text message and responded to by trained contraception and sexual health nurses who arrange an appointment at their home or school or community settings.

The nurses aim to empower young people into making safe choices about their sexual health; ensuring they are armed with accurate information.

Figure 19 – 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



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.

The uptake of chlamydia screening remains poor, the majority of clients within the required 15-25 age bracket are being offered tests.

Pharmacists need to do more to encourage clients to take the test.

Supervised Consumption of Prescribed Medicines Service

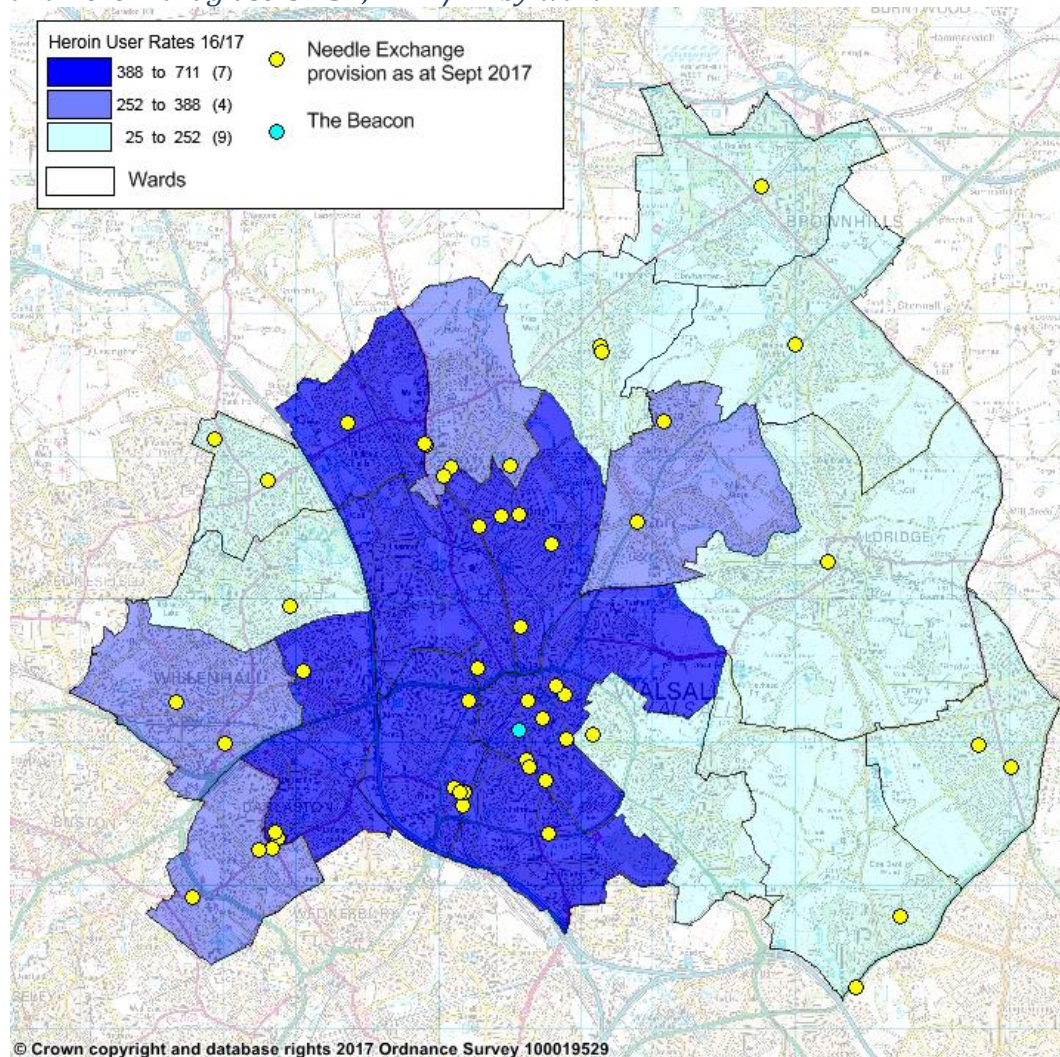
Service Description, Aims and Outcomes

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 Atlantic Recovery Centre (ARC) & The Beacon.

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).

Figure 20 – Pharmacies offering Supervised Consumption of Prescribed Medicines Service and heroin drug users DSR, 2016/17 by ward



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.

Needle Exchange Service

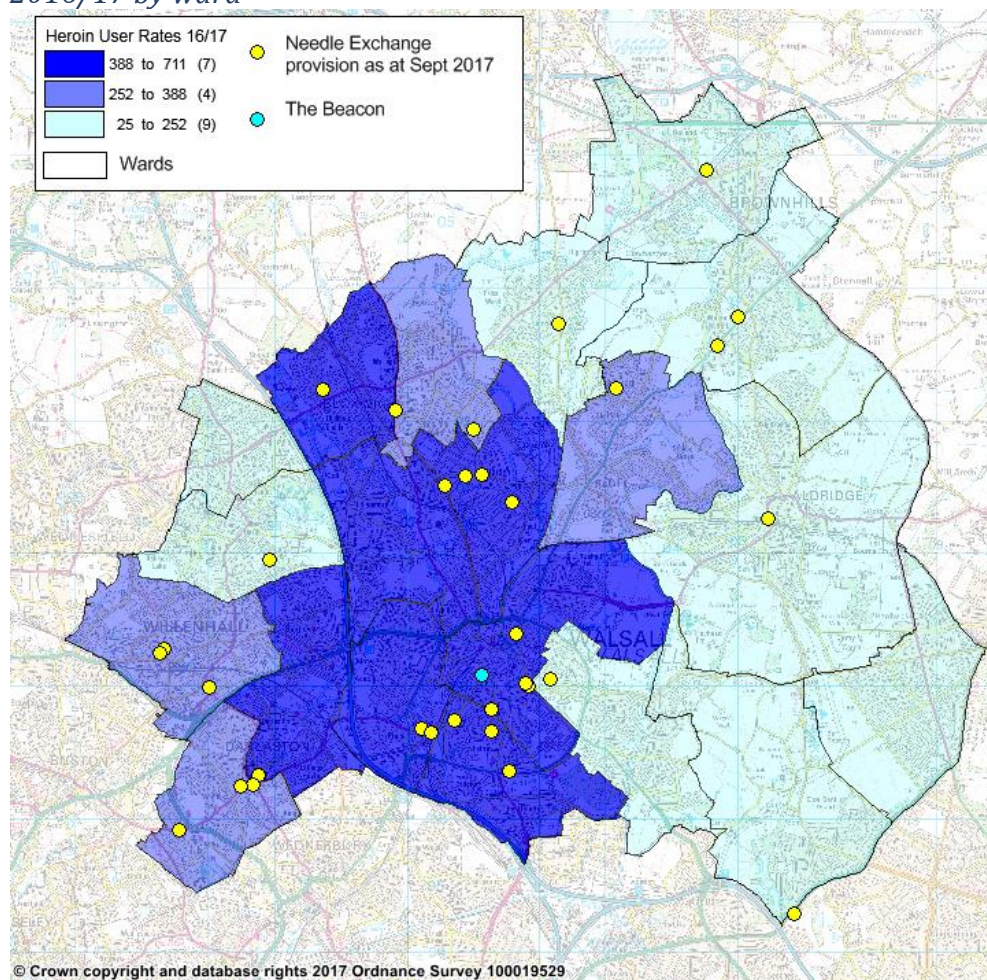
Service Description, Aims and Outcomes

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).

Figure 21 – Pharmacies offering Needle Exchange Service and heroin drug users DSR, 2016/17 by ward



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

Smoking Cessation

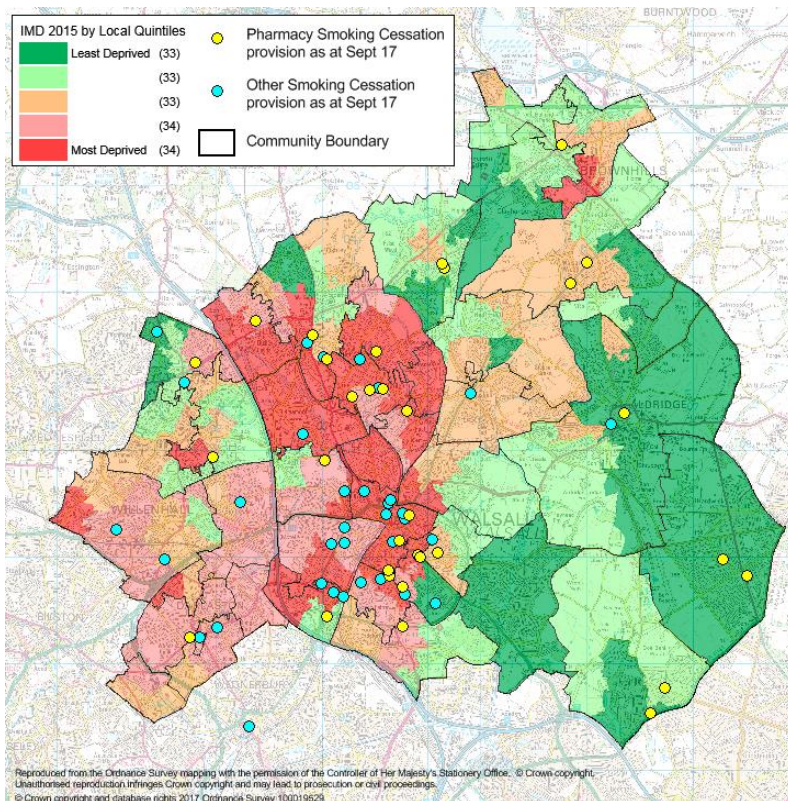
Service Description, Aims and Outcomes

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 one pharmacy provider, Mid Counties Co-op. There are four other stop smoking service providers, one of which is Walsall Healthcare NHS Trust (WHT). WHT subcontracts some of their work to GP practices and pharmacies. It is the decision of these GP practices or pharmacies as to whether they provide the service.

Figure 22 – Pharmacies offering Smoking Cessation service and other smoking cessation support services with Deprivation 2015



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

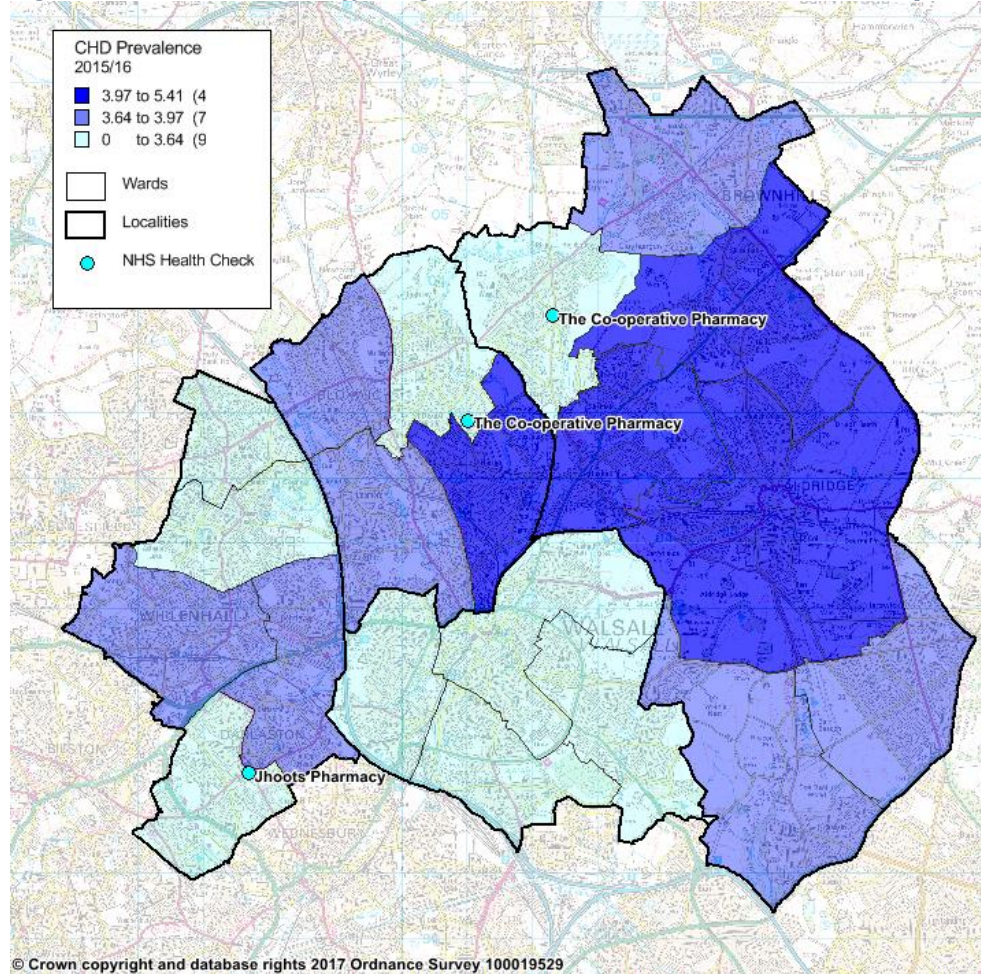
NHS Health Check Service

The aim of this LCS is to ensure all those aged 40 to 74 without a pre-existing CVD condition, or taking medication for high cholesterol and/or blood pressure, receive a free review (including specific blood tests) of their CVD risk. This includes discussion about lifestyle risk factors to reduce morbidity and mortality from cardiovascular disease in Walsall.

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

- North Locality – Co-op Blakenall Village Centre
- South Locality– to be confirmed
- East Locality – Co-op Pelsall High Street
- West Locality – Jhoots Pharmacy, Darlaston

Figure 23 – Pharmacies offering NHS Health Check service and CHD prevalence 2015/16



NHS Health Checks are also delivered through Walsall GP Practices and the Healthy Workplace Programme to small and medium-sized enterprises (SMEs). The value of pharmacies delivering the checks allows flexibility with early and late opening hours including weekends.

Remote NHS Health Checks use point of care testing (POCT) to collect a finger prick blood sample for lipid profile and blood glucose measurements. The NHS Health Check data is collected using a CardioPod and outcome data is sent electronically to the patients GP in a safe and secure manner.

The programme encourages accessibility to support identification of individuals who are at high risk of developing a CVD ($\geq 20\%$ CVD risk over 10 years) and who have not accessed the service with their GP or in their workplace.

Minor Ailments Pharmacy First Over 16s

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

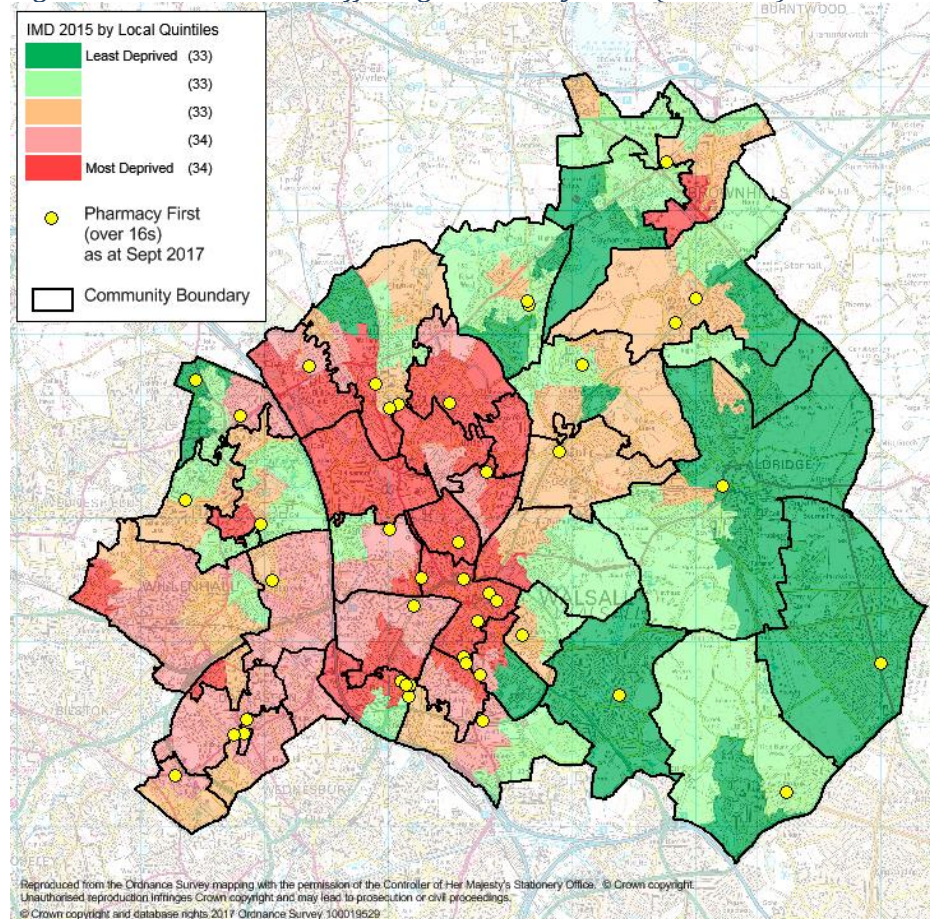
community pharmacist. The pharmacist will provide advice and support to people on the management of minor ailments, including where necessary, the supply of medicines for the treatment of the minor ailment, for those people who would have otherwise gone to their GP for a prescription, thus aiming to 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.

Distribution of Service Providers

The map below show the pharmacy providers that are accredited to provide Pharmacy First (over 16s), 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.

Figure 24 – Pharmacies offering Pharmacy First (over 16s) service and Deprivation 2015



A review in January 2017 showed if the service had not been in place, 90% would have accessed the GP, 3.3% would have gone to A&E 6.4% 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.

Palliative Care

Service Description, Aims and Outcomes

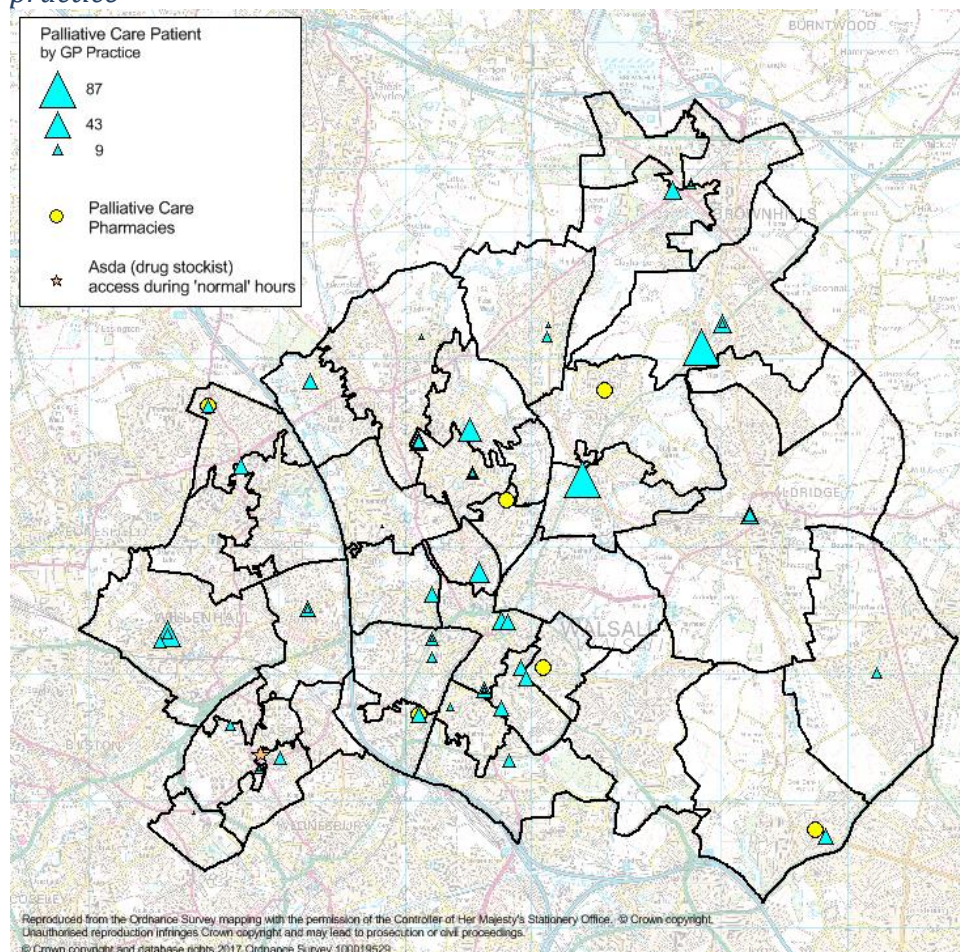
The palliative care service allows the pharmacist on call to dispense a prescription for palliative care drugs to improve access and ensure continuity of supply, to support people, carers and clinicians by providing them with up to date information and advice and referral where appropriate and thereby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

Figure 25 – Pharmacies offering Palliative care service & palliative care patients by GP practice



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

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

Medicines Management in Care Homes

Service Description, Aims and Outcomes

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

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

Anti-Coagulant Services

Service Description, Aims and Outcomes

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

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

There has been no provision through pharmacy as yet.

Minor Eye Condition Service (MECS)

Service Description, Aims and Outcomes

To improve access and choice for people with minor eye conditions who are seeking advice and treatment via the community optometry minor eye conditions service by:

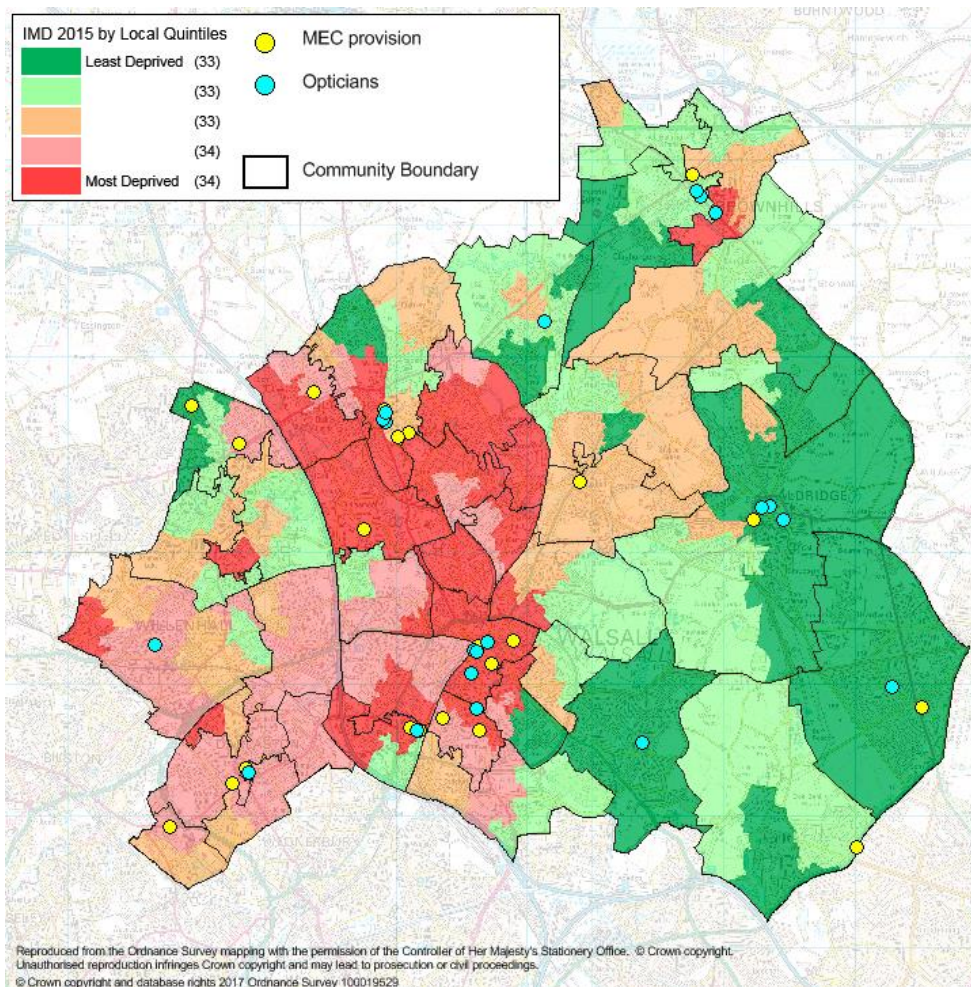
- Supplying appropriate medicines at NHS expense.
- To improve health-inequalities for low income families by providing equal access to medicines for self-care of minor eye conditions.

The pharmacist will dispense medication directly to a patient who is exempt from prescription charges with a signed order on the agreed form written and signed by an Ophthalmic Optometrist.

Distribution of Service Providers

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

Figure 26 – Pharmacies offering Minor Eye Conditions Service (MECS), opticians and Deprivation 2015



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.

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, with the options of a series of focus groups and that of telephone interviews declined, due to a number of reasons but cost and resource a major factor.

Considerable thought was put into the design of the survey and research from other Local Authorities was utilised as well as the experience of the working group and other colleagues within the Council.

Appendix 6 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

Following a consultation action plan being completed by the working group, the survey was sent out via a series of avenues. These included commissioned services and providers, the internal Council intranet, promotion via pharmacies through the LPC and through promotion by colleagues at events through word of mouth.

The survey was available to complete via the Healthy Walsall website and was accessible for a 5-week period between Monday 4 October and Friday 3 November 2017.

A total of 61 completed surveys were returned, a slight improvement on the 57 received for inclusion within the 2015 PNA. 70% of returns were from females and 30% males with an average age of respondents of 47 years.

Respondents visit a pharmacy either 'once a month' (39%) or 'once every few months' (38%) and purchase non-prescription medicines, either 'for themselves' or 'for a family member'.

Over 80% of respondents have a particular pharmacy that they visit most often with the reasons supporting this being:

- Close to home (74%)
- Close to GP surgery (66%)
- Car parking close by (46%)
- Quick service (41%)
- Friendly / familiar staff (38%)
- Open late in the evening (36%)
- Close to work (28%)
- Expertise / quality of advice (26%)

In relation to how users travel to a pharmacy, car (67%) is the most common mode, followed by walking (26%). Only 7% of the responses gained use public transport to access the pharmacy they visit. Users travel times are either 'less than 5 minutes' or '6 to 10 minutes' (41%) and users state they find getting to the pharmacy they visit most often either 'very easy' (66%) or 'easy' (34%).

Use of pharmacies on certain days of the week 'varies' (61%) but 30% use pharmacies 'Monday to Friday'. The time of the day also 'varies' (38%) but according to responses, 'afternoon (2pm to 6pm)' is common (28%).

When users were asked about their use of specific services pharmacies provide over the last 12 months, the most common response for all was either 'fully met my needs' or 'I have not used this service'. The latter poses the question as to whether the service has not been used due to not needing to or that they were not aware of pharmacies offering the service.

Based on the responses from the resident survey, further efforts needs to be made to ensure Walsall residents are fully aware of the types of services pharmacies offer.

Pharmacies need to ensure they continue to provide a good service to residents.

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.

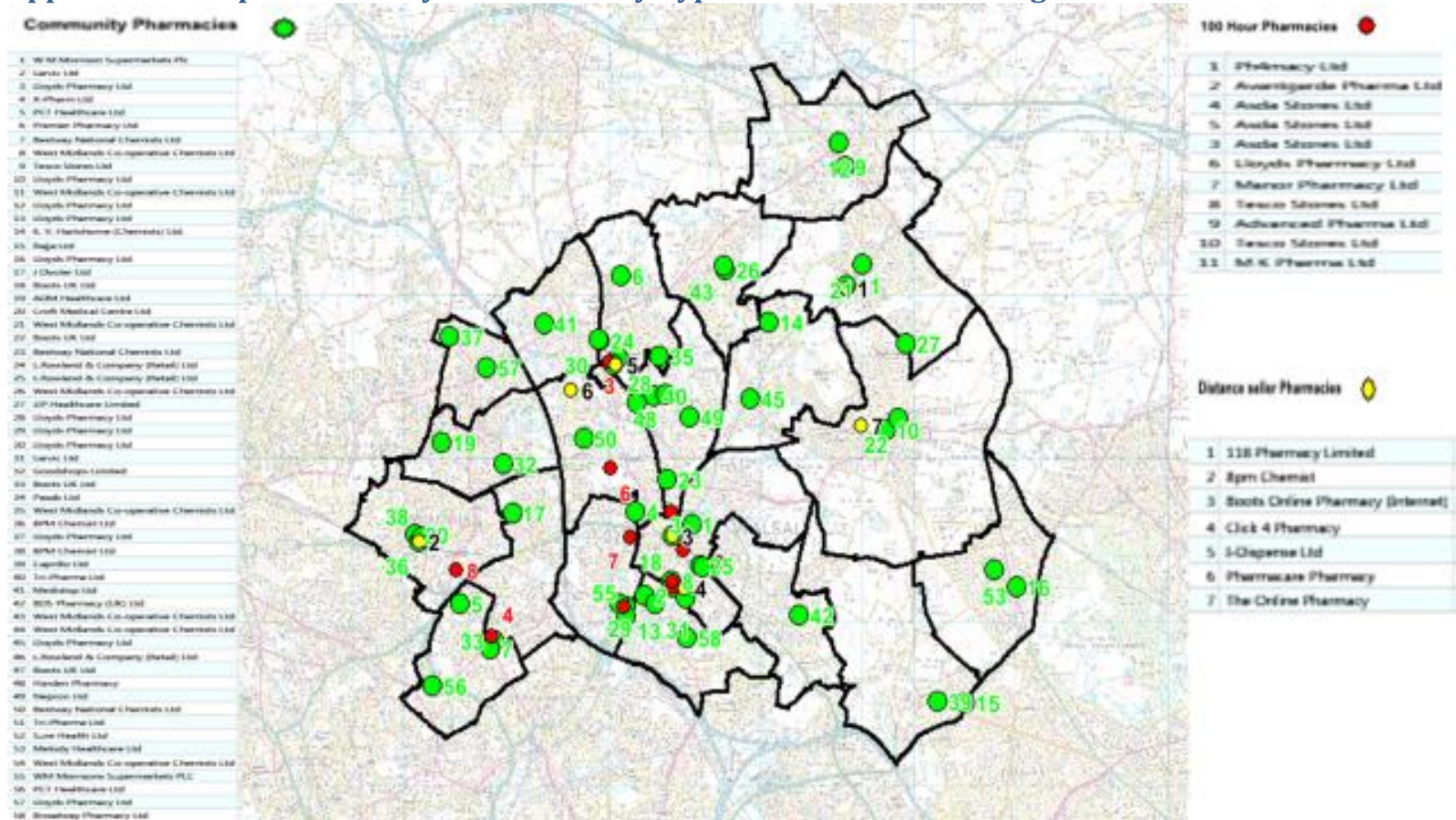
Appendix 1 – Membership of PNA Working Group and Acknowledgments

Name	Title	Organisation
Dr Paulette Myers	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
Brian Wallis (in part)	Pharmacy commissioner / contracts	NHS England (BSBC AT)
Coral Lemm (in part)	Engagement and Membership 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
Anna King	Corporate Consultation & Customer Feedback Officer	Walsall Council
Richard Bolton (in part)	Press and PR officer	Walsall Council
Sumaira Tabassum	Head of Medicines Management & Primary Care	NHS Walsall CCG
Wendy Bagnall	Medicines Management Technician	NHS Walsall CCG
Adrian Roche	Head of Social Inclusion	Walsall Council
David Neale	Programme Development & Commissioning Manager	Walsall Council
Patrick Duffy	Programme Development & Commissioning Manager	Walsall Council
David Walker	Senior Programme Development & Commissioning Manager (Sexual Health)	Walsall Council
Susie Gill	Senior Programme Development & Commissioning Manager (Weight Management)	Walsall Council
Neville Ball	Principal Regeneration Officer	Walsall Council
Nina Chauhan-Lall	Programme Development & Commissioning Manager (NHS Health Checks)	Walsall Council
Donna McArthur	Director of Primary Care Commissioning	NHS Walsall CCG
Paul Tulley	Director of Commissioning	NHS Walsall CCG

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



Appendix 3 – Pharmacy Contact Details & Opening Times by Type

Community Pharmacies

Pharmacy	Postcode	Community	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
8 P.M. Chemist Ltd	WV132NF	South Willenhall	0830-1900	0830-1900	0830-1900	0830-1900	0830-1900	0830-1800	Closed
Acorn Pharmacy	WV124QY	North Willenhall	0900-1800	0900-1800	0900-1800	0900-1800	0900-1800	0900-1300	Closed
B.D.S. Pharmacy	WS53EY	Park Hall	0900-1300, 1415-1730	0900-1300, 1415-1730	0900-1300, 1415-1730	0900-1300, 1415-1730	0900-1300, 1415-1730	0900-1300, 1415-1700	Closed
Beacon Pharmacy	B437JW	Pheasey	0730-1245, 1345-1830	0730-1245, 1345-1830	0830-1245, 1345-1830	0830-1245, 1345-1830	0830-1245, 1345-1830	0900-1330	Closed
Blackwood Pharmacy	B743PW	Streetly	0830-1830	0830-1830	0830-1830	0830-1700	0830-1830	0830-1300	Closed
Boots Pharmacy	WS108DE	Dangerfield	0900-1800	0900-1800	0900-1800	0900-1800	0900-1800	0900-1730	Closed
Boots Pharmacy	WV131TQ	South Willenhall	0900-1730	0900-1730	0900-1730	0900-1730	0900-1730	0900-1730	Closed
Boots Pharmacy	WS11NG	Walsall Central	0830-1745	0830-1745	0830-1745	0830-1745	0830-1745	0800-1745	1030-1630
Boots Pharmacy	WS98QP	Aldridge	0900-1730	0900-1730	0900-1730	0900-1730	0900-1730	0900-1730	Closed
Broadstone Pharmacy	WS31ER	Leamore	0900-1800	0900-1800	0900-1800	0900-1800	0900-1800	Closed	Closed
Broadway Pharmacy	WS13HG	Delves	0900-1830	0900-1830	0900-1830	0900-1800	0900-1830	Closed	Closed
Coalpool Pharmacy	WS31SP	Ryecroft/Coalpool	0900-1800	0900-1800	0900-1800	0900-1800	0900-1800	Closed	Closed

Pharmacy	Postcode	Community	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Harding Pharmacy	WV124HA	Short Heath	0900-1830	0900-1830	0900-1830	0900-1700	0900-1830	0900-1300	Closed
Hartshorne Chemist	WS41AT	Shelfield	0900-1800	0900-1800	0900-1800	0900-1800	0900-1800	0900-1730	Closed
J Docter Pharmacy	WS20AW	Bentley	0900-1830	0900-1830	0900-1830	0900-1830	0900-1830	0900-1300	Closed
Jhoots Pharmacy	WS108SY	Darlaston Central	0845-1800	0845-1800	0845-1800	0845-1800	0845-1800	Closed	Closed
Larvic Ismail Pharmacy	WS14LA	Palfrey	0900-1830	0900-1830	0900-1400	0900-1830	0900-1830	1000-1400	Closed
Larvic Pharmacy	WS14JQ	Palfrey	0900-1830	0900-1830	0900-1830	0900-1830	0900-1400	Closed	Closed
Lazy Hill Pharmacy	WS98HA	Aldridge North	0900-1800	0900-1800	0900-1800	0900-1800	0900-1800	0900-1300	Closed
Limes Pharmacy	WS12LT	Caldmore	0830-1800	0830-1800	0830-1800	0830-1800	0830-1730	Closed	Closed
Lloyds Pharmacy	B742HE	Streetly	0900-1830	0900-1830	0900-1830	0900-1830	0900-1830	0900-1700	Closed
Lloyds Pharmacy	WS29HY	Pleck	0830-2015	0830-1900	0830-1730	0830-1900	0830-1900	Closed	Closed
Lloyds Pharmacy	WS29QL	Pleck	0900-1800	0900-1800	0900-1800	0900-1800	0900-1800	Closed	Closed
Lloyds Pharmacy	WS33JE	Leamore	0830-1830	0830-1830	0830-1830	0830-1830	0830-1830	Closed	Closed
Lloyds Pharmacy	WS33LH	Bloxwich	0900-1730	0900-1730	0900-1730	0900-1730	0900-1730	0900-1730	Closed
Lloyds Pharmacy	WS41HB	Rushall	0830-1830	0830-1830	0830-1830	0830-1730	0830-1830	Closed	Closed
Lloyds Pharmacy	WS87JB	Brownhills Central	0830-1830	0830-1830	0830-1830	0830-1830	0830-1830	Closed	Closed
Lloyds Pharmacy	WS98AJ	Aldridge	0830-1830	0830-2000	0830-1830	0830-2000	0830-1830	Closed	Closed

Pharmacy	Postcode	Community	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Lloyds Pharmacy	WV125EA	New Invention	0900-1230, 1400-1830	0900-1230, 1400-1830	0900-1230, 1400-1830	0900-1230, 1400-1830	0900-1230, 1400-1830	0900-1700	Closed
Lloyds Pharmacy	WV125XZ	New Invention	0830-1830	0830-1830	0830-1830	0830-1830	0830-1830	Closed	Closed
Lloydspharmacy	WS11SY	Walsall Central	0830-1830	0830-1830	0830-1830	0830-1830	0830-1830	0900-1700	Closed
Lower Pharmacy	WS33RT	Bloxwich	0900-1800	0900-1800	0900-1800	0900-1700	0900-1830	Closed	Closed
M W Phillips	B437DY	Pheasey	0900-1830	0900-1830	0900-1830	0900-1830	0900-1830	Closed	Closed
Medical Centre Pharmacy	WV132NS	South Willenhall	0830-1830	0830-1830	0830-1300	0830-1830	0830-1830	Closed	Closed
Morrisons Pharmacy	WS11SY	Walsall Central	0830-1300, 1400-2000	0830-1300, 1400-2000	0830-1300, 1400-2000	0830-1300, 1400-2000	0830-1300, 1400-2000	0830-1300, 1400-1900	1000-1600
Morrisons Pharmacy	WS29BX	Pleck	0900-2000	0900-2000	0900-2000	0900-2000	0900-2000	0900-2000	1000-1600
Mossley Chemist	WS32UW	Mossley/Dudley Fields	0900-1830	0900-1830	0900-1830	0900-1700	0900-1830	0900-1330	Closed
Peak Pharmacy (Darlaston)	WS108PL	Rough Hay	0900-1330, 1400-1800	0900-1330, 1400-1800	0900-1330, 1400-1800	0900-1330, 1400-1800	0900-1330, 1400-1800	Closed	Closed
Peak Pharmacy (Moxley)	WS108RT	Moxley	08:45-13:30, 14:00-18:00	08:45-13:30, 14:00-18:00	08:45-13:30, 14:00-18:00	08:45-13:30, 14:00-18:00	08:45-13:30, 14:00-17:00	Closed	Closed
Pritchards Pharmacy	WS32XE	Leamore	0830-1830	0830-1830	0830-1830	0830-1830	0830-1830	0900-1700	Closed

Pharmacy	Postcode	Community	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Rowlands Pharmacy	WS12NA	Caldmore	0830-1300, 1320-1800	0830-1300, 1320-1800	0830-1300, 1320-1800	0830-1300, 1320-1800	0830-1300, 1320-1800	Closed	Closed
Rowlands Pharmacy	WS33JJ	Bloxwich	0830-1300, 1320-2000	0830-1300, 1320-1845	0830-1300, 1320-1845	0830-1300, 1320-1845	0830-1300, 1320-1800	Closed	Closed
Rowlands Pharmacy	WS33LQ	Bloxwich	0900-1300, 1320-1730	0900-1300, 1320-1730	0900-1300, 1320-1730	0900-1300, 1320-1730	0900-1300, 1320-1730	0900-1200	Closed
Tesco Pharmacy	WS86DZ	Clayhanger	0800-2000	0800-2000	0800-2000	0800-2000	0800-2000	0800-2000	1000-1600
The Co-operative Pharmacy	WS13EP	Caldmore	0830-1400, 1530-1900	0830-1400, 1530-1900	0830-1400, 1530-1900	0830-1400, 1530-1900	0830-1400, 1530-1900	Closed	Closed
The Co-operative Pharmacy	WS13PS	Walsall Central	0830-1330 1430-1900	0830-1330 1430-1900	0830-1330 1430-1900	0830-1330 1430-1900	0830-1330 1430-1900	Closed	Closed
The Co-operative Pharmacy	WS13RW	Walsall Central	0900-1330 1415-1830	0900-1330 1415-1830	0900-1330 1415-1830	0900-1330 1415-1830	0900-1330 1415-1830	0900-1315 1345-1700	Closed
The Co-operative Pharmacy	WS31LZ	North Blakenall	0900-1330 1400-1800	0900-1330 1400-1800	0900-1330 1400-1800	0900-1330 1400-1800	0900-1330 1400-1800	Closed	Closed

Pharmacy	Postcode	Community	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
The Co-operative Pharmacy	WS34LT	Pelsall	0900-1400 1430-1900	0900-1400 1430-1900	0900-1400 1430-1900	0900-1400 1430-1900	0900-1400 1430-1900	0900-1400 1430-1700	Closed
The Co-operative Pharmacy	WS34LX	Pelsall	0830-1300 1330-1830	0830-1300 1330-1830	0830-1300 1330-1830	0830-1300 1330-1830	0830-1300 1330-1830	Closed	Closed
The Co-operative Pharmacy	WS99LP	Walsall Wood	0845-1830	0845-1830	0845-1830	0845-1830	0845-1830	Closed	Closed
The Co-operative Pharmacy	WS99NP	Walsall Wood	0900-1400 1430-1830	0900-1400 1430-1830	0900-1400 1430-1830	0900-1400 1430-1830	0900-1400 1430-1830	0900-1300	Closed
Touchwood Pharmacy	WS28NG	Walsall Central	0900-1900	0900-1900	0900-1900	0900-1900	0900-1900	Closed	Closed
Tri-Pharmacy Ltd	WS31BB	Leamore	0900-1815	0900-1815	0900-1815	0900-1815	0900-1815	0900-1300	Closed
Vantage Pharmacy	WV132NF	South Willenhall	0830-2000	0830-2000	0830-2000	0830-2000	0830-2000	0830-1900	Closed
Well Pharmacy	WS108SY	Darlaston Central	0830-1900	0830-1900	0830-1900	0830-1900	0830-1900	Closed	Closed
Well Pharmacy	WS27DY	Beechdale	0900-1800	0900-1800	0900-1800	0900-1800	0900-1800	0900-1300	Closed
Well Pharmacy	WS28DA	North Walsall	0800-1830	0800-1830	0800-1830	0800-1900	0800-1830	Closed	Closed

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

Pharmacy	Postcode	Community	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Manor Pharmacy	WS29PL	Alumwell	0900-2330	0900-2330	0900-2330	0900-2330	0900-2330	0900-2330	0900-2200
Lloyds Pharmacy	WS28XA	Birchills/Reedwood	0700-2300	0700-2300	0700-2300	0700-2300	0700-2300	0700-2200	1000-1600
Asda Pharmacy	WS33JR	Bloxwich	0800-2300	0700-2300	0700-2300	0700-2300	0700-2300	0700-2200	1000-1600
A Karim's Chuckery Pharmacy	WS12LD	Chuckery	0800-2000	0800-2000	0800-2000	0800-2000	0830-2359	0000-2359	0000-1200
Asda Pharmacy	WS108UZ	Dangerfield	0800-2300	0700-2300	0700-2300	0700-2300	0700-2300	0700-2200	1000-1600
Pleck Pharmacy	WS29QN	Pleck	0800-2100	0800-2359	0800-2100	0800-2100	0800-2100	0800-2100	0800-1900
Pharmacy Dept. at Tesco Willenhall	WV132PZ	South Willenhall	0800-2230	0630-2230	0630-2230	0630-2230	0630-2230	0630-2230	1000-1600
Asda Pharmacy	WS11RS	Walsall Central	0800-2300	0700-2300	0700-2300	0700-2300	0700-2300	0700-2200	1000-1600
White Pearl Pharmacy	WS13PH	Walsall Central	0600-2030	0600-2030	0600-2030	0600-2030	0600-2030	0600-2030	0700-2000
Al-Shafa Pharmacy	WS13RW	Walsall Central	0800-2359	0800-2200	0800-2200	0800-2200	0800-2200	0900-2200	1000-1700
Tesco Instore Pharmacy	WS28EQ	Walsall Central	0630-2230	0630-2230	0630-1600, 1630-2230	0630-1600, 1620-2230	0630-1200, 1220-2230	0630-1200, 1230-22.00	1100-1700

Appendix 4 – Pharmacies Service Provision by Type

Community Pharmacies

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

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

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

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

Distance Selling / Internet Pharmacies

Name	Address	Address 2	Postcode	Needle Exchange	Supervised Consumption	EHC / Chlamydia	Pharmacy First	Smoking Cessation	NHS Health Checks	Minor Eye Conditions	Palliative Care
118 Pharmacy Limited	9 High Street	Walsall	WS9 9LR	✓							
Boots Pharmacy Direct	Unit B, 58 Park Street	Walsall	WS1 1NG								
I-Dispense Limited	Pinfold Industrial Estate, Field Road	Walsall	WS3 3JS								
Matrix Primary Healthcare Ltd	Unit N2B Westpoint, Middlemoor Lane West	Walsall	WS9 8DT								
The 8PM Chemist Ltd	61 Wolverhampton Street	Willenhall	WV13 2NF								

100 Hour Pharmacies

Name	Address	Address 2	Postcode	Needle Exchange	Supervised Consumption	EHC / Chlamydia	Pharmacy First Over 16s	Smoking Cessation	NHS Health Checks	Minor Eye Conditions	Palliative Care
Al-Shafa Pharmacy	41 Caldmore Green	Walsall	WS1 3PS		✓						
Asda Pharmacy	42 George Street	Walsall	WS1 1RS		✓		✓	✓		✓	
Asda Pharmacy	Woodall Street	Bloxwich	WS3 3JR			✓	✓	✓		✓	
Asda Pharmacy	St Lawrence Way	Darlaston	WS10 8UZ		✓	✓	✓			✓	✓ (During opening hours only)
Karim's Pharmacy	7-9 Kinnerley Street	Walsall	WS1 2DG	✓	✓	✓	✓				✓
Manor Pharmacy	59 Forrester Street	Walsall	WS2 9PL		✓		✓				
Pharmacy Dept. at Tesco	Tesco Stores Ltd, Owen Road	Willenhall	WV13 2PZ	✓	✓						
Pleck Pharmacy	246a Wednesbury Road	Walsall	WS2 9QN		✓	✓	✓				
LloydsPharmacy	Reedswood Way	Walsall	WS2 8XA			✓	✓	✓			
Tesco Instore Pharmacy	Littleton Street West	Walsall	WS2 8EQ		✓	✓	✓	✓			
White Pearl Pharmacy	Inspired Outlook Ltd, 10 White Street	Walsall	WS1 3PH		✓						

Appendix 5 – Pharmacy Survey

Separate document

Appendix 6 – Resident Survey

Separate document

Appendix 7 – Mandatory 60 Day Consultation Feedback

Respondents		1	Action /	2	Action /	3	Action /	4	Action /
		Walsall CCG	Response	South Staffs LPC	Response	Well Pharmacy	Response	Birmingham PNA Team	Response
1. Have the PNA objectives been explained sufficiently within the 'Introduction' (Pages 10-12 of the draft PNA document)?	Yes	✓	Accepted	✓	Accepted				
	No								
	Not sure								
	Comment								
2. Is the context of the PNA clear (Pages 12-13)?	Yes	✓	Accepted	✓	Accepted				
	No								
	Not sure								
	Comment								
3. Is the 'Development Process and Methods' section of the PNA clear (Pages 14-15)?	Yes	✓	Accepted	✓	Accepted				
	No								
	Not sure								
	Comment								
4. Are the 'Walsall Health Profiles' section (Pages 17 - 19); the 'Potential Future Developments' (Page 21) and the 'Health Need - Locality basis' (Pages 22-44) clear?	Yes	✓	Accepted	✓	Accepted				
	No								
	Not sure								
	Comment	Within Ethnicity section - It would be good to see the data on White British population for comparison proposes.	Accepted	Additional data on White British added for comparison					
5. Do you think the pharmaceutical needs of the population have been accurately reflected throughout the PNA?	Yes	✓	Accepted	✓	Accepted				
	No								
	Not sure								
	Comment	Very detailed to our knowledge	Accepted	We believe this to the best of our knowledge as the PNA has been reviewed by an LPC member with knowledge of the Walsall area.	Accepted				
6. Are the pharmaceutical services provided in Walsall clear (Pages 48-84)?	Yes	✓	Accepted	✓	Accepted				
	No								
	Not sure								
	Comment	There are identified areas within the community area analysis (pg. 51) which does not have pharmacy premises, but the PNA clearly demonstrates sufficient pharmacy	Accepted						

Respondents		1	Action / Response	2	Action / Response	3	Action / Response	4	Action / Response
		Walsall CCG		South Staffs LPC		Well Pharmacy		Birmingham PNA Team	
7. Please indicate if you agree with the conclusions for the services described (P65-82)									
Page 65: Medicines Use Reviews (MUR)	Yes	✓	Accepted	✓	Accepted				
	No								
	Not sure								
	Comment								
Page 66: New Medicines Service (NMS)	Yes	✓	Accepted	✓	Accepted				
	No								
	Not sure								
	Comment								
Page 66: Flu Vaccination Service	Yes	✓	Accepted	✓	Accepted				
	No								
	Not sure								
	Comment								
Page 68: NHS Urgent Medicine Supply Service (NUMSA)	Yes	✓	Accepted						
	No			✓	Refer to action below				
	Not sure								
	Comment								
Page 69: Appliance Use Reviews (AURs)	Yes	✓	Accepted	✓	Accepted				
	No								
	Not sure								
	Comment								
Page 69: Stoma Appliance Customisation (SAC)	Yes	✓	Accepted	✓	Accepted				
	No								
	Not sure								
	Comment								
Page 72: Emergency Hormonal Contraception (EHC) &	Yes	✓	Accepted	✓	Accepted				
	No								
	Not sure								
	Comment								
Page 73: Supervised Consumption	Yes	✓	Accepted	✓	Accepted				
	No								
	Not sure								
	Comment								
Page 75: Needle Exchange	Yes	✓	Accepted	✓	Accepted				
	No								
	Not sure								
	Comment								
Page 76: Smoking Cessation	Yes	✓	Accepted	✓	Accepted				
	No								
	Not sure								
	Comment								
Page 77: NHS Health Check	Yes	✓	Accepted						
	No								
	Not sure			✓	Refer to comment below				
	Comment								
Page 78: Minor Ailments Pharmacy First Over 16s	Yes	✓	Accepted	✓	Accepted				
	No								
	Not sure								
	Comment								

Respondents		1	Action / Response	2	Action / Response	3	Action / Response	4	Action / Response
		Walsall CCG		South Staffs LPC		Well Pharmacy		Birmingham PNA Team	
Page 80: Palliative Care	No								
	Not sure								
	Comment								
Page 82: Minor Eye Condition Service (MECS)	Yes	✓	Accepted	✓	Accepted				
	No								
	Not sure								
If you have answered "No" or "Not sure" to one or more of the above please explain why in the box below:	Yes								
	No								
	Not sure								
	Comment	NUMSAS – is a national service, therefore unable to comment locally Minor Ailments Pharmacy First under 16s – This is not included in the above table. However we agree with the summary on page 71.	Accepted	<ul style="list-style-type: none"> NUMSAS – there appear to be a small number of pharmacies providing this service; with no other commissioned service there may be some people who would otherwise not be able to access emergency supplies, either because they have not been referred by NHS111, or because they are unable to pay for emergency supplies made privately. Pharmacy first (under 16s) – this appears to be missing from the table above, but we agree with the summary on p71 NHS Health Checks – the summary does not appear to make any conclusions on provision; however there does appear to be a need for provision in the Eastern part of the 	NUMSAS – nationally commissioned service therefore have no influence. Walsall LPC stated most pharmacies would offer emergency supplies free of charge as a gesture of good will. Patients are able to access the NUMSAS service and emergency supplies nationally, this would not be limited to the area a patient resides in. Pharmacy First – typing error, missed from list NHS Health Check – GP led service, enhanced by pharmacies with a commissioned pharmacy participating within each of the four locality areas.				
	Yes			✓	Accepted				
	No	✓	Accepted						
8. Is there any additional information which you think should be included in the PNA?	Not sure								
	Comment			We believe that the PNA accurately reflects provision of relevant dispensing services provided cross-border, however, may also benefit from consideration of other cross-border services available to Walsall residents – eg Pharmacy First Emergency Supplies from Staffordshire pharmacies is open to all patients resident in England.	Pharmacy First can be accessed by other accredited pharmacies within their local NHSE area. This can be accessed at other accredited pharmacies within the local NHSE area, this includes Birmingham, Solihull, Sandwell, Dudley, Walsall and Wolverhampton. There are no other services available for				
	Yes	✓	Accepted	✓	Accepted				
9. Has the PNA provided adequate information to inform:	No								
	Not sure								
	Comment								
Market entry decisions (NHSE ONLY)	Yes	✓	Accepted	✓	Accepted				
	No								
	Not sure								
	Comment								

Respondents		1 Walsall CCG	Action / Response	2 South Staffs LPC	Action / Response	3 Well Pharmacy	Action / Response	4 Birmingham PNA Team	Action / Response
How you may commission services from pharmacies in the future (ALL COMMISSIONERS)	Yes								
	No								
	Not sure								
	Comment								
10. Does the PNA give enough information to help your own future service and plans (PHARMACIES AND DISPENSING APPLICANCE CONTRACTORS ONLY)?	Yes								
	No								
	Not sure								
	Comment	N/A							
11. COMMUNITY PHARMACIES & DISPENSING APPLICANCE CONTRACTORS ONLY. Please can you review the information in Appendix 4 (Pharmacy	Yes								
	No								
	Comment								
12. If you have any further comments, please enter them in the box below (applies to all)									
	Comment					<p>I have read through the Walsall draft PNA and have noticed a couple of errors in the information relating to the opening hours and services provided by our branches, as detailed below:</p> <p>Appendix 3 – Pharmacy Contact Details and Opening Hours by Type</p> <p>Well Pharmacy WS2 8DA – The opening hours of the branch should be: Monday, Tuesday, Wednesday & Friday 08:00 – 18:30, Thursday 08:00 – 18:00</p> <p>Well Pharmacy WS2 7DY – The opening hours of the branch on a Wednesday should be: 09:00 – 18:00</p> <p>Appendix 4 – Pharmacies Service Provision by Type</p> <p>Well Pharmacy WS2 7DY – this branch does offer Supervised Consumption</p>	<p>Opening hours for Well Pharmacy amended as required.</p> <p>Appendix 4 table amended to illustrate Well Pharmacy offers Supervised Consumption service.</p>	<p>We note that there are four community pharmacies on or close to the border of Sutton Four Oaks and Oscott in the Birmingham Districts of Sutton Coldfield and Perry Barr. These are not 100 hour pharmacies, however there is one 100 hour pharmacy in Oscott on the border with Walsall, which can provide on weekends and evenings to residents in both HWB areas.</p> <p>Our analysis of the Sutton Vesey and Sutton Coldfield wards (page 33 Birmingham 2018 PNA states "The previous PNA identified that based on mapping, there appeared to be poorer geographic access in Edgbaston and Sutton Coldfield, however noted upon further analysis, the areas with no pharmacies in these Districts were where large hospital, university sites or non-residential areas such as park are sited." Furthermore, BCC housing and planning data did not indicate any large residential developments in the area that would raise demand above average per capita access in the borough.</p> <p>Thus we have not identified from either the Walsall or Birmingham PNA a pharmaceutical service need affecting residents living close to this border.</p>	Comments noted and accepted.