Halton Health and Well Being Board

Pharmaceutical Needs Assessment

2018-2021

Foreword

Halton's Health and Wellbeing Board has responsibility for the on-going review, development and publication of the Pharmaceutical Needs Assessment.

This is a statutory document, by virtue of the National Health Services (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Its content has to be taken into account by those responsible for the approval of pharmacy contract applications (at NHS England) as well as those commissioning all other health services for our local population. From a primary care perspective this includes clinical commissioning groups and local authorities looking to commission and develop local services from pharmacy contractors, General Practice, dental and optometry.

As such we are very happy to present our second formal Pharmaceutical Needs Assessment 2018-2021 which outlines the pharmaceutical services available to our population. This document provides information around current services being commissioned and proposals for future changes and developments.

This document will assist us as a local authority, and Halton Clinical Commissioning Group, when reviewing our commissioning strategies upon which we base our decisions. It is recognised that our community pharmacy colleagues have a key role to play in helping us develop and deliver the best possible Pharmaceutical Services for our population.

We commend this report to you and we look forward to your continuing involvement as this document is annually reviewed and updated.

Leader, Halton Borough Council

Chair, Halton Health and Wellbeing Board

Director of Public Health, Halton Borough Council

Sponsor, Pharmaceutical Needs Assessment

Version Control

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Editor: Sharon McAteer along with members of the PNA* Steering Group

Issue Date: 1 April 2018

Review Date: Annual review with Supplementary Statements as necessary with a formal review by April 2021

Version	Summary of Changes	Date of Issue
2011 PNA	First formally approved PNA for Halton & St Helens PCT	1st February 2011
2015 PNA	Published Halton Health and Well Being Board's first PNA	1 April 2015
2018 PNA	Draft 1 presented to the PNA steering group	January 2017
	Draft 2 presented to the PNA steering group	July 2017
	Final draft presented to the PNA steering group	November 2017
	Completed version to Halton Health and Well Being Board	January 2018
	Published Halton Health and Well Being Board's second PNA	1 April 2018

***PNA = Pharmaceutical Needs Assessment**

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Irene Bramwell	**Healthwatch**
Sally Yeoman	**Chief Officer, Halton and St Helens Council for Voluntary Services**
Cllr Marie Wright	**Elected member, Portfolio Holder Health & Wellbeing, Halton Borough Council**

Further acknowledgements

- Lynne Woods and Mickey Leck for their administration skills throughout the PNA process
- Cheshire & Merseyside colleagues for support throughout development of PNA together with NHS England for arranging the sub-regional steering group
- Pharmacies for providing information on the services they provide
- Alison Williams, Business Support Officer, Halton, St Helens & Knowsley LPC for support the steering group and the pharmacies in achieving 100% compliance within the deadline date
- HBC Customer Intelligence Unit for managing the statutory consultation
- Richard Jones, Public Health, Liverpool City Council for setting up and administering the public survey on behalf of Halton, Liverpool, St Helens, Warrington and Wirral
- Halton networks for distributing the public survey to their members and Halton public for taking the time to complete the questionnaire
- David Nolan, Matt Hennessey and other staff at Public Health England for providing hospital admissions ward level analysis and support in obtaining driving and walking times maps
- Simon Bell, Tisha Baynton, Ifeoma Onyia, Elspeth Anwar, Louise Wilson, Anne Moyers, Kenneth Bowen, Sarah Griffiths-Johnson, Halton Borough Council and Lucy Reid, Halton CCG for providing input to section 7
- Gareth Rustage, Medicines Management Technician at Halton CCG, for supporting the updating of the prescribing data

Table of Contents

Table of Figures

Table of Maps

Table of Tables

Executive Summary

The Pharmaceutical Needs Assessment (PNA) aims to identify the pharmaceutical needs of people living in Halton.

The main objectives for this project were to:
1. Describe the scale and consequences of the main health issues in Halton
2. Describe the existing pharmacy services in relation to needs, policy and evidence-based practice
3. Make recommendations to commissioners based on findings of the PNA
4. Provide information for NHS England (NHSE) contracts committee when deciding pharmacy applications

Background

In April 2008 the White Paper, *Pharmacy in England: Building on Strengths – Delivering the Future* was published. This sets out the Government's programme for a 21st century pharmaceutical service and identifying ways in which pharmacists and their teams could contribute to improving patient care through delivering personalised pharmaceutical services in the coming years.

Following consultation in autumn 2008, two clauses were included in the Health Act 2009:

- To require Primary Care Trusts to develop and publish pharmaceutical needs assessments (PNAs) by 1st February 2011; and
- Then to use PNAs as the basis for determining market entry to NHS pharmaceutical services provision

Pharmacy in England: Building on Strengths – Delivering the Future – Regulations under the Health Act 2009: Pharmaceutical Needs Assessments –Information for Primary Care Trusts was published to assist PCTs in the development of their first and subsequent PNAs produced under the new statutory duty set out in the NHS (Pharmaceutical Services) Regulations 2005, as amended. In developing their PNA, Regulation [3G] outlines a series of matters that PCTs must have regard to, these are summarised as:

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- The Joint Strategic Needs Assessment (JSNA)
- The needs of different patient groups
- The demography of the PCT area
- The benefits from having a reasonable choice in obtaining services
- The different needs of the localities
- The effect of pharmaceutical services provided under arrangements with neighbouring PCTs
- The effect of dispensing services or other NHS services provided in or outside its area
- Likely future needs

Section 128A of NHS Act 2006, as amended by Health Act 2009 and Health and Social Care Act 2012

From 1st April 2013, every Health and Wellbeing Board (HWB) in England has a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, referred to as a pharmaceutical needs assessment (PNA). This is of particular relevance for local authorities and commissioning bodies. Guidance outlines the steps required to produce relevant, helpful and legally robust PNAs.

This PNA for Halton builds on the needs identified in the Joint Strategic Needs Assessment (JSNA) and the Health & Wellbeing Board's Joint Health and Wellbeing Strategy (JHWBS).

Process undertaken to develop the PNA

Key principles of the PNA are:

- It is an iterative process involving patients, the public and key stake holders
- It is a developing, live document to be reviewed annually
- It continues to focus on identifying health needs which can be supported by pharmaceutical services and makes recommendations for the commissioning of those services
- It is done through a multidisciplinary PNA Steering Group

Development of the Halton PNA has been initiated and overseen by the Public Health Evidence & Intelligence Team operating through a multi-professional steering group. The steering group consists of representatives from the following:

- Public Health Evidence and Intelligence
- Halton Clinical Commissioning Group (CCG)
- Local Pharmaceutical Committee
- NHS England
- Healthwatch
- Halton & St Helens Council for Voluntary Services
- Halton Borough Council elected member, Portfolio holder for Health and Wellbeing

The process of developing this PNA has drawn heavily on the NHS Employers guidance.[i][ii]

In order to identify the specific roles pharmacies do/could play in addressing the Joint Health and Wellbeing Strategy (JHWBS) and other local priorities, current pharmacy provision has been mapped against need using measures such as prevalence of disease and hospital admission rates. A literature review was also undertaken to determine potential roles of pharmacies in supporting local priorities as well as the use of Royal Pharmaceutical Society good practice guidance and NICE[iii] guidance.

Patient and Public Involvement

During June 2017 we asked the people of Halton for their experiences of using pharmacy services and their views on how services might be improved. We wanted to know this because:

- We want to make sure that pharmacies provide services people need and use
- We want to know what services we can improve in Halton
- We want to let pharmacies know what patients think of the services they provide
- We want to work with patients and pharmacies to improve services

i. NHS Employers (2009) *Developing Pharmaceutical Needs Assessments: A practical guide*
ii. NHS Employers (2009) *Pharmaceutical Needs Assessments (PNAs) as part of world class commissioning Guidance for primary care trusts*
iii. NICE stands for National Institute for Health & Clinical Evidence. They produce best practice guidance based on evidence of effectiveness and cost effectiveness.

216 people filled in the questionnaire, more than double that of the previous PNA. Feedback from this has been incorporated thoughout the report.

60-day consultation

A formal 60-day consultation is required for the development of the PNA. This began 9am Wednesday 9 7 August 2017 and closed 5pm Wednesday 11 October 2017. It was distributed widely to local pharmacies, neighbouring HWBs, acute trusts, local strategic partnerships, Local Pharmaceutical Committee (LPC), Local Medical Committee (LMC), all GP practices and to community & voluntary sector groups throughout the borough. Comments have been collated and a consultation response included in the PNA. Each comment was assessed by the steering group and amendments required as a result of them made to the final PNA.

Developments which may precipitate the need for changes to pharmacy services

Any conclusions gained from this PNA need to take account of the fact that future developments, such as but not limited to, changes in population, changes in sources/numbers of prescriptions may take place. This could influence the demand for pharmaceutical services. Hence this PNA is a 'dynamic' document.

Workload and demand in pharmacy is driven by two factors:

- Population growth and changing structure, which in Halton is predicted to be around 2% by 2024 (2015 Office of National Statistics mid-year population estimates). This is lower than the North West region which is projected to grow by 3.5% and nationally, which is projected to grow by 6.6%
- The change in population is not evenly distributed between the age groups; the 65+ population is estimated to see an increase of 25% over the 10 year period (6,100 more persons in age band). However, the 0-14 population is estimated to stay at a similar level between 2015 and 2024, and the 15-64 population will decrease by 3%. As a heavy user of health and social care, this 'ageing' of the population is especially important
- Nationally for 2015,[1] 1,083.7 million prescription items were dispensed overall, a 1.8% increase (19.1 million items) on the previous year and a 50.5% increase (363.4 million items) on 2005. The average number of prescription items per head of the population in 2015 was 19.8, compared to 19.6 items in the previous year and 14.2 in 2005
- In 2015, the total net ingredient cost of prescriptions dispensed rose to £9.3 billion. In 2005 the total cost was £7.9 billion. The average cost per head of the population has risen to £169.14, the highest it has been during the past 11 years. In 2005 the average cost per head was £156.83. The average net ingredient cost per prescription item increased from £8.32 in 2014 to £8.55 in 2015. In 2005 this figure was £11.02

The combined effects of population change and prescribing growth have a compounding effect on the pharmacy workload. This is especially pertinent as the pharmacies operating across Halton currently dispense more prescription items than the average for England and this has grown each year (based on assumption that Halton pattern would have been similar to Halton and St Helens PCT pattern). It is anticipated that growth in the future will continue at a similar rate. Prescription volumes and service provision needs to be monitored to identify where demand is likely to exceed supply. Planned developments, e.g. any major new housing developments, must also be monitored to ensure we are able to respond to the needs of our population for pharmacy services.

Key Findings

Taking into account information gathered for this PNA

The provision of pharmacy services within Halton in terms of location, opening hours and services provided is considered adequate, to meet the needs of the population.

As such this PNA has not identified a current need for new NHS pharmaceutical service providers in Halton.

The PNA has also identified actions to optimise the potential of the pharmacy contract for our population, these are:

Focus on **advanced services** specifically:

- Support active providers to increase their provision of advanced services by conducting more Medicines Use Reviews (MURs) up to their contracted limit and to increase uptake of New Medicines Service (NMS)

Develop **local services** commissioning:

- Continuously audit current activity at a local level to ensure that if gaps in provision develop a plan to address these gaps is developed
- Ensure that our commissioning intentions in relation to local services are reflected in the activity that we see from our community pharmacies
- Identify pharmacies that are successfully delivering multiple enhanced services and work with them to share best practice with other providers

This needs assessment provides a base from which commissioning plans for pharmacy can be developed which combine our local priorities with national strategy for community pharmacy services. The PNA will be used as a basis for 'control of entry regulations' so that NHS England is clear and transparent about where services may or may not be needed in the future. Therefore the PNA needs to be explicit about its gaps in service. It will be used in the development of local service provision alongside specific health strategies and plans.

However, there may be aspirations to develop local services but these need to be developed in a cost effective way and in light of current financial constraints.

PNA Conclusions

Access to pharmacies

- ***Overall access in terms of location, opening hours and services is considered to be adequate to meet the needs of the population of Halton***
- ***The PNA has not identified a current need for new NHS pharmaceutical service providers in Halton***

There is no simple way to determine this. As such a number of factors have been taken in to account including:

- Compared to the national average, Halton has a higher pharmacy: population ratio than the national average

- However, there is wide variation in the pharmacy–to-population ratio across wards, even taking town centre locations in to account. Any decisions regarding new pharmacies need to take the population-to-pharmacy ratio in to account. Conversely, any closures need to be carefully monitored to determine the impact this will have on access, especially, in those wards where the population-to-pharmacy ratio is already low
- There is a great deal of satisfaction with pharmacy services. Overall, members of the public find them accessible, friendly and helpful
- Members of the public commented that it is not always easy to access pharmacy services in the evening, i.e. after 6pm, and weekends
- The patient survey revealed that patients would like the option of getting hospital discharge and outpatient prescriptions filled at their local pharmacy
- Any decision to extend existing locally commissioned services or introduce new ones should initially be done by discussion with existing providers

Tobacco Control

- There is adequate provision for smoking cessation services across the borough. Pharmacies are a key component of this provision, with easy access, and this should be maintained

Healthy Weight

- Local weight management services give opportunities to receive practical instruction in healthy eating and physical activity as well as behaviour change support. It would not be possible for pharmacies to provide these practical sessions but there may be a role for them in terms of the ongoing behavioural support, with adequate training
- Promotion of healthy lifestyles forms part of the essential services within the community pharmacy contract through the 6 campaigns. Tackling obesity would be a key local issue for consideration
- Some pharmacies already weigh and measure patient's height and calculate BMI, offering information on how to eat more healthily and reduce their weight. This provides opportunities to share good practice in this area

Alcohol

- Pharmacies do not currently provide services to reduce alcohol consumption. Evidence of effectiveness for pharmacies role in conducting screening for unsafe levels of alcohol consumption and offering brief interventions is limited. What little there is indicates that, at this point in time, alcohol brief interventions should not be commissioned from community pharmacy. However, we need to keep abreast of new research and respond if this position needs to change
- Under the essential services contract pharmacies should support six health education campaigns per year. Community pharmacies are well placed to take part on local and national campaigns around alcohol misuse. As a local JHWBS priority this should be considered

Planned care

- There is generally adequate access to both NMS and MURs across the borough
- Monitoring the targeting of MURs in line with nationally defined target groups is carried out quarterly as part of the contractual data submission. Consideration of which other patients would most benefit from an MUR or NMS is also important

Unplanned/urgent care

- There is currently adequate access to the Minor Ailment Scheme, Care at the Chemist (CATC), including 100-hour evening and weekend provision. The formulary has been extended to include teething, colic, ear wax and nappy rash and the protocols in use are also due for review which will be done via a rolling programme.
- Cross-border collaboration between boroughs (Liverpool, St Helens and Knowsley) has ensured both access and choice
- Ways of improving awareness of CATC amongst key target groups continues to be investigated
- Influenza vaccination for at risk adults is now widely available through pharmacies across the borough and this has greatly increased accessibility. The primary provider of influenza vaccination remains General Practice

Managing and identifying long term conditions, including NHS Health Checks

- There is some evidence from the literature that pharmacies can play an important role in helping patients to manage long-term conditions, particularly cardiovascular disease. Pharmacies are able to offer checks for high blood pressure and blood sugar, signposting affected individuals into primary care for definitive management
- Under the essential services contract pharmacies should support six health education campaigns per year. This is led by NHS England and the content of the campaigns is open to local influence subject to consultation

Cancers

- There are currently no plans to commission services for the prevention of cancers in pharmacies. Specialist equipment and procedures mean it is not feasible for them to provide cancer screening services
- As part of the essential services contract, the use of the six health education campaigns should include at least one on cancers as a local HWB priority

Sexual Health: Emergency Hormonal Contraception (EHC)

- There is adequate provision of EHC in all areas with high levels of deprivation. There is less provision from community pharmacies in Riverside ward but there is community sexual health service provision at the Health Care Resource Centre and the Widnes Walk-in centre. There is c-card provision to pharmacies providing EHC

Mental Health

- Pharmacies are well placed to detect the early signs of mental health problems and could refer people in to the single point of access to mental health services and to participate in awareness raising campaigns
- Under the essential services contract pharmacies should support six health education campaigns per year. Community pharmacies are well placed to take part in local and

national campaigns around mental health. As a local JHWBS priority this should be considered

Substance misuse

- Provision of needle & syringe exchange is through the community drugs service. This provision is adequate. However, there is an ambition to recommence the pharmacy provision of this service
- There is adequate provision of supervised administration services provided by community pharmacies across the borough

Older people

- Influenza vaccination for at risk adults is now widely available through pharmacies across the borough and this has greatly increased accessibility. The primary provider of influenza vaccination remains General Practice

Antimicrobial Resistance

- Pharmacies have a key role to play in raising awareness of the importance of using antibiotics appropriately. As part of the essential services contract, the use of the six health education campaigns should include at least one on antibiotic use

Palliative Care

- This service provides convenient access and can only be provided by community pharmacy
- This service is primarily designed to provide access to infrequent and unpredictably required specialist drugs
- Given the changes that have taken place recently provision is adequate as it stands at the moment but the CCG will continue to review this on an ongoing basis

MAIN DOCUMENT

Key Findings

A Pharmaceutical Needs Assessment (PNA) forms part of the commissioning function for pharmacy services. It relates the current provision of pharmaceutical services to the characteristics of the local population and Health & Wellbeing Board priorities for improving health and wellbeing and reducing health inequalities in Halton.

The PNA addresses the following broad questions:

- What is the provision of pharmacy service to our population and is this adequate?
- How is the pharmacy contract utilised for the benefit of the population of Halton?
- How can community pharmacy through its nationally commissioned or locally commissioned services support us to deliver our priorities for health and wellbeing for the population of Halton?

The provision of pharmacy services within Halton in terms of location, opening hours and services provided is considered adequate, to meet the needs of the population.

As such this PNA has not identified a current need for new NHS pharmaceutical service providers in Halton.

This assessment is based on the following observations:

- Halton has an average of 26.9 pharmacies per 100,000 population. This compares to 21.5 per 100,000 for England as a whole and 26.0 per 100,000 across Cheshire & Merseyside
- It is possible to compare prescribing volume by converting total items prescribed in to a monthly prescribing rate per 1,000 population. In 2015/16 Halton CCG had a higher prescribing rate than England but was slightly lower than Cheshire & Merseyside and the North of England average
- The widespread availability of premises with consultation facilities in Halton means that our population has adequate access to such facilities
- There is adequate access to pharmacy services throughout the week, into the evening and at weekends across Halton. This takes into account needs in both Widnes and Runcorn. Where any specific service gaps develop these will be addressed initially through dialogue with existing contractors. Our existing network provides a comprehensive essential pharmaceutical service to our population
- There is adequate provision of locally commissioned services across our population. We will continue to work with our existing contractors to ensure that this provision continues to match the needs of our population and that any inequalities in activity which arise are addressed
- Feedback and information provided by patients, the public and other stakeholders consulted during the development of the PNA showed people feel the community pharmacies offer a valuable service, are convenient and staff are friendly and helpful

Developments which may precipitate the need for changes to pharmacy services

Any conclusions gained from this PNA need to take account of the fact that future developments, such as but not limited to, changes in population, changes in sources/numbers of prescriptions, may take place. This could influence the demand for pharmaceutical services. Hence this PNA is a 'dynamic' document.

Workload and demand in pharmacy is driven by two factors, changes to the population changes and to prescribing volume:

- Population growth and changing structure, which in Halton is predicted to be around 2% by 2024 (2015 Office for National Statistics mid-year population estimates). This is lower than the North West region which is projected to grow by 3.5% and nationally, which is projected to grow by 6.6%
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The combined effects of population change and prescribing growth have a compounding effect on the workload of pharmacy. Halton pharmacies currently dispense more prescription items than the average for England. It is expected that growth in the future will continue as at a similar rate. Prescription volumes and service provision needs to be monitored to identify where demand is likely to exceed supply. Planned developments with our partners must also be monitored to ensure we continue to be able to respond to the needs of our population for pharmacy services.

Optimising pharmacy services

Table 1 summarises the services provided by community pharmacies across Halton.

Table 1: Summary assessment of services including gaps in provision

Service	Community Pharmacy only?	Current provision adequate	Other providers
Pharmacy essential service including dispensing	Yes	Yes	No
Pharmacy advanced services	Yes (except Influenza Vaccinations)	Yes	GPs (Influenza Vaccinations)
Minor Ailments -Care at the Chemist	Yes	Yes	
Stop smoking	No	Yes	GP and specialist service
Supervised administration of methadone (or similar medication)	Yes	Yes	Links to substance misuse services provided by CRI
Needle and syringe provision	No	Yes	CRI
Emergency Hormonal Contraceptives	No	Yes	GP, walk-in centres, community sexual health
On Demand Availability of Palliative Care Medicines	Yes	Yes	GP out of hours service

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Managing and identifying long term conditions, including NHS Health Checks and Hypertension

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1. Introduction and Purpose

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

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

The Health Act 2009 outlined the process of market entry onto a "Pharmaceutical List" by means of Pharmaceutical Needs Assessments and provided information to Primary Care Trusts for their production. It amended the National Health Service Act 2006 to include provisions for regulations to set out the minimum standards for PNAs. The regulations came into force on 24 May 2010 and

- required PCTs to develop and publish PNAs; and
- required them to use PNAs as the basis for determining market entry to NHS pharmaceutical services provision

Following the abolition of PCTs, this statutory responsibility has now been passed to Health and Well Being Boards (HWB) by virtue of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, which came into force on 1st April 2013. These Regulations also outline the process that NHS England (NHSE) must comply with in dealing with applications for new pharmacies or changes to existing pharmacies.

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

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

See appendix 1 for policy context

2. Scope and Methodology

2.1. Scope of the PNA

The scope of the assessment of need must address the following principles:

- The safe and efficient supply of medicines
- Pharmaceutical care that provides quality healthcare and public health information and advice to all members of the population
- High quality pharmacy premises that increase capacity and improve access to primary care services and medicines
- Local enhanced services which increase access, choice and support self-care
- Locally commissioned enhanced pharmaceutical services that have the potential to reduce avoidable hospital admissions and reduce bed-days
- High quality pharmaceutical support to prescribers for clinical and cost-effective use of resources

2.2. Methodology and Data Analysis

Key principles of the PNA are:

- It is an iterative process involving patients, the public and key stake holders
- It is a developing, live document to be refreshed annually
- It continues to focus on identifying health needs which can be supported by pharmaceutical services and makes recommendations for the commissioning of those services
- It is developed through a multidisciplinary PNA Steering Group

Figure 1: PNA development process

Development of the Halton Health and Well Being Board's PNA has been initiated and overseen by the Public Health Evidence and Intelligence Team and a multi-professional steering group. The steering group consists of representatives from the following:

- Public Health (chair and officers)
- Community Pharmacy Contract leads from NHS England Cheshire & Merseyside
- Head of Medicines Management, NHS Halton Clinical Commissioning Group (CCG)

- Local Pharmaceutical Committee
- Healthwatch
- Halton and St Helens Voluntary and Community Action
- Halton Borough Council elected member, Portfolio holder for Health & Wellbeing

The content of the document is closely linked to the local JSNA and has been produced by means of a structured analysis and distillation of complex and comprehensive data sources in order to identify the following:

- the health and pharmaceutical needs of the population
- evidence of best practice in meeting need through community pharmacy services
- current local provision of pharmaceutical services, and subsequently
- gaps in provision of pharmaceutical services

The following information sources have been used for the purposes of this PNA:

- Joint Strategic Needs Assessment
- Joint Health & Wellbeing Strategy
- Census data
- Data on socio-economic circumstances of the local area
- Community pharmacy providers questionnaire
- Public pharmacy services questionnaire
- Core Strategy and Strategic Housing Land Assessment 2016

This PNA has undergone a formal 60 day consultation and relevant amendments have been made.

2.3 Consultation

A draft PNA was published 9am Wednesday 9 August 2017 inviting comments to be made prior to closing 5pm Wednesday 11 October 2017.

The draft document was distributed as follows:-

Community and Hospital Providers, All Local Pharmacies, Professional Bodies, NHS Bodies and Staff

- All 34 Community Pharmacies in Halton
- All 15 General Practices in Halton
- Bridgewater Community Healthcare NHS Foundation Trust
- North West Boroughs Healthcare NHS Foundation Trust
- Both main Hospital Trusts serving Halton population:
    - Warrington and Halton Hospitals NHS Foundation Trust
    - St Helens and Knowsley Teaching Hospitals NHS Trust

- Halton, St Helens and Knowsley Local Pharmaceutical Committee
- Mid Mersey Local Medical Committee
- Neighbouring Local Authority Health and Wellbeing Boards (or equivalent): St Helens, Warrington, Liverpool, Knowsley, Cheshire East, Cheshire West & Chester
- NHS England (NHSE)
- NHS Halton Clinical Commissioning Group (CCG)

Patients and Public

- Halton Healthwatch
- Voluntary Sector Groups via Halton and St Helens Voluntary and Community Action
- Patient Participation Groups in Primary Care via NHS Halton CCG

Full documentation was published on Halton Borough Council's website with an online facility to help readers make comments on the PNA. Respondents were offered paper copies of the PNA if required and they could also complete the survey using a copy of the questions supplied with the invitation letter. Written comments could therefore be made online, completion of the questionnaire electronically or print version sent back to the Public Health team.

Responses received during the consultation period can be found in Appendix 9.

2.4. PNA Review Process

The PNA will be reviewed as an integrated part of the annual commissioning cycle as well as when any changes to the pharmacy contractor list occurs. This action will be overseen by Halton Health and Well Being Board with input from the NHSE Pharmacy Contracts Group. The task is delegated to the Public Health Evidence & Intelligence Team and the multi-professional steering group who have developed the PNA. As a minimum the document will be checked once a year and updated with significant changes in the following areas:

- New pharmacy contracts
- Pharmacy closures
- Changes to pharmacy locations
- Pharmacy opening hours
- Local intelligence and significant issues relating to pharmacy enhanced service provision
- Appliance provision changes
- Significant changes in health need, housing developments or primary care service developments that may impact either complimentary or adversely on pharmacy based services
- Significant changes in workforce due to movement of local businesses/employers

Typically this would be in the form of issuing a Supplementary Statement, unless the changes were significant enough that a new PNA was warranted and did not form a disproportionate response to the level of change identified.

Successful applications for 'consolidations and mergers' as part of the revised pharmacy regulations would also necessitate the development of a supplementary statement. (See Appendix 1 Policy Context for details about this)

2.5 How to use the PNA

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

The PNA can be used by patients, current service providers, future service providers and commissioners alike in the following way:

- Maps and tables detailing specific services will mean patients can see where they can access a particular service
- Current service providers will be better able to understand the unmet needs of patients in their area and take steps to address this need
- Future service providers will be able to tailor their applications to be added to the pharmaceutical list to make sure that they provide the services most needed by the local community
- Commissioners will be able to move away from the 'one-size fits all approach' to make sure that pharmaceutical services are delivered in a targeted way
- NHSE will be in a better position to judge new applications to join the pharmaceutical list to make sure that patients receive quality services and adequate access without plurality of supply

2.6 Localities used for considering pharmaceutical services

Halton borough is split into 21 electoral wards. These are grouped into 7 Area Forums which comprise between one and four electoral wards. However, these are not used for developing universal public sector service provision. Halton has a natural physical divide in the form of the River Mersey with Widnes to the north and Runcorn to the south. However for the purpose of the PNA Halton was not split into localities as it is a geographically compact Unitary Authority. Where appropriate, information is presented at small geography level (ward, Super Output Area) to describe the health and wellbeing needs of local communities. In making a judgement of adequacy of provision, consideration has been given to provision in both Widnes and Runcorn. Spatial mapping of service provision against health need has been used throughout section 7 to assist in this decision making.

3. National Pharmaceutical Services Contract

All national NHS pharmaceutical service providers must comply with the contractual framework that was introduced in April 2005. The national framework is set out below and can be found in greater detail on the PSNC website:
http://www.psnc.org.uk/pages/introduction.html

The pharmaceutical services contract consists of three different levels:

- Essential services
- Advanced services

3.1. Essential Services and Prescription Volume

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

3.1.1. Dispensing - Supply of medicines or appliances, advice given to the patient about the medicines being dispensed and advice about possible interactions with other medicines. Also the recording of all medicines dispensed, significant advice provided, referrals and interventions made using a Patient Medication Record.

3.1.2. Prescriptions - During 2016/17 the GP practices in Halton issued a total of 2,847,044 individual prescription items with a further 49,287 items prescribed by other healthcare providers (total 2,896,331 individual prescription items). 92.7% of total prescription items *(2,683,819 items)* were dispensed by Halton pharmacies. 5% (*146,328)* were dispensed by pharmacies in bordering areas (boroughs in Cheshire & Merseyside). A further 1.15% (33,366*)* were dispensed nationwide.

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

3.1.4. Disposal of unwanted medicines - Pharmacies act as collection points for patient returned unwanted medicines from households and individuals. Special arrangements apply to Controlled Drugs (post Shipman Inquiry) and private arrangements must be adopted for waste returned from nursing homes.

3.1.5. Promotion of Healthy Lifestyles (Public Health) - Opportunistic one to one advice provided on healthy lifestyle topics such as smoking cessation, weight management etc. to certain patient groups who present prescriptions for dispensing. Also, involvement in local public health campaigns throughout the year, organised by the HWB and NHS England.

3.1.6. Signposting patients to other health care providers - Pharmacists and their staff will refer patients to other healthcare professions or care providers when appropriate.

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

3.1.8. Clinical Governance –pharmacists must ensure the following processes are in place:

- Use of standard operating procedures
- Patient safety incident reporting
- Demonstrating evidence of pharmacist Continuing Professional Development
- Operating a complaints procedure
- Compliance with Health and Safety legislation
- Compliance with the Disability Discrimination Act
- Significant event analysis
- Commitment to staff training, management and appraisals
- Undertaking patient satisfaction surveys

3.2. Advanced Services

There are six advanced services within the NHS community pharmacy contract. Community pharmacies can opt to provide any of these services as long as they meet the necessary requirements. These, together with full service specifications and funding details are available on the Pharmaceutical Service Negotiating Committee (PSNC) website http://psnc.org.uk/services-commissioning/advanced-services/

3.2.1. Medicines Use Review (MUR) & Prescription Intervention Service

This is an advanced service provided under the community pharmacy contractual framework. MURs can only be provided by pharmacies. The service includes MURs undertaken periodically or when there is a need to make an adherence-focused intervention due to a problem that is identified while providing the dispensing service (a prescription intervention MUR). The purpose of the MUR service is to improve patient knowledge, adherence and use of their medicines by:

- Establishing the patient's actual use, understanding and experience of taking medicines
- Identifying, discussing and resolving poor or ineffective use of medicines
- Identifying side effects and drug interactions that may affect adherence
- Improving the clinical and cost effectiveness of prescribed medicines and reducing medicine wastage

The pharmacist conducts a concordance medication review with the patient. The review assesses any problems with understanding current medication, its administration / patient compliance. The patient's knowledge of their medication regime is assessed and a report is provided to the patients GP. The MUR is conducted on a regular basis, e.g. every 12 months, or when pharmacist decides an intervention MUR is required. . MURs have to be conducted in a consultation area which ensures patient confidentiality and privacy. Pharmacists must successfully pass a competency assessment before they can provide MUR services. Each pharmacy can provide a maximum of 400 MURs per year unless there are particular local circumstances which merit additional MURs to take place. This must first be agreed with NHS England.

3.2.2. Appliance Use Review (AUR)

An Appliance Use Review was the second advanced service, introduced into the NHS community pharmacy contract April 2010. This service is similar to that above where it relates to patients prescribed appliances such as leg bags, catheters, and stoma products. This service can be provided by either a community pharmacy or appliance contractors and can be carried out by a pharmacist or a specialist nurse either at the contractor's premises or at the patient's home.

AURs should improve the patient's knowledge and use of any specified appliance by:

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

3.2.3. Stoma appliance customisation (SAC) service

Stoma appliance customisation was the third advanced service introduced in April 2010. This 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 how long they are used for, thereby reducing waste and unnecessary patient discomfort. This service can be provided by either pharmacy or appliance contractors.

3.2.4. New Medicines Service (NMS)

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

3.2.5. NHS Influenza Vaccination Programme

As part of the community pharmacy funding settlement community pharmacies in England are now able to offer a seasonal influenza (flu) vaccination service for adults in at-risk groups. This includes:

- Pregnant women
- Those under age 65 with long-term conditions or who are immune-suppressed
- Anyone age over 65

The pharmacy service is not available for children who are eligible under the overarching NHS Influenza Vaccination Programme. They will continue to receive the vaccination through their usual primary care provision.

This service is the fifth Advanced Service in the English Community Pharmacy Contractual Framework (CPCF). Immunisation is one of the most successful and cost-effective health protection interventions and is a cornerstone of public health. High immunisation rates are key to preventing the spread of infectious disease, complications and possible early death among individuals and protecting the population's health. For most healthy people, influenza is an unpleasant but usually self-limiting disease. However 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 adults 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 service can be provided by any community pharmacy in England that fully meets the requirements for provision of the service and has notified NHS England of their intention to begin providing the service by completing a notification form on the NHS BSA website

3.2.6. NHS Urgent Medicines Supply Advanced Service (NUMSAS)

From 1st December 2016, community pharmacies across England have been able to register on the NHS Business Services Authority portal to provide the NHS Urgent Medicines Supply Advanced Service (NUMSAS) as part of a national pilot. The Service, which is commissioned by NHS England, will allow community pharmacies to supply a repeat medicine at NHS expense, following a referral from NHS111 and where the pharmacist identifies that the patient has an immediate need for the medicine and that it is impractical to obtain a prescription without undue delay.

Requests for medicines or appliances needed urgently account for about 2% of all completed NHS 111 calls.[iv] These calls normally default to a GP appointment to arrange an urgent prescription and as a result block access to GP appointments for patients with greater clinical need. Although requests for emergency repeat medication occur throughout the week, Saturdays generate the highest demand.

3.3. Enhanced Services

Are those commissioned, developed and negotiated locally based on the needs of the local population. Enhanced services are commissioned by NHSE either directly or on behalf of other organisations such as local authority public health teams or clinical commissioning groups. The PNA will inform the future commissioning need for these services. The term local enhanced services can only be used to describe services commissioned by NHSE.

3.4 Locally Commissioned Services

Under the current regulations, "locally commissioned services" may still be developed and negotiated based on the needs of the local population. These services can be commissioned from a pharmacy by the local authority public health teams (LAPHT), Clinical Commissioning Group (CCG) and NHS trusts. Both community NHS trusts and secondary care NHS trusts (hospital trusts) may commission services from community pharmacists. These services (under the older regulations) also used to be called "enhanced".

It is possible for neighbouring organisations to commission similar services from pharmacies at differing remuneration rates or using different service specifications / patient group directions. This is because financial / commissioning arrangements for services are based on local negotiation and are dependent on available resources as well as local need. This does, however, lead to duplication of effort for commissioning staff and difficulties for locum pharmacists working across HWB /CCG boundaries. Wherever possible commissioners are advised to work together to eliminate such anomalies and provide continuity of patient care across local boundaries.

The continuity of local service provision is often difficult for contractors to achieve as individual pharmacists/locums who are accredited to provide these services may move around, thus gaps in service can appear, especially if training isn't available for new staff. This should be addressed by both the contractors and commissioners, but may result in some of the information in this document

iv Based on NHS 111 data reported 2015/16.

relating to local service provision being subject to change. This should improve with self-declaration of competency.

Pharmacy based locally commissioned services will vary from area to area depending on needs but may include:

- Minor ailment management (usually commissioned by CCG)
- Hypertension screening (usually commissioned by CCG)
- Substance misuse medication services / Needle exchange scheme (usually commissioned by LAPHT)
- Palliative care services (usually commissioned by CCG)
- Emergency Hormonal Contraception service / Sexual health services (usually commissioned by LAPHT)
- Vascular screening (usually commissioned by LAPHT)
- Smoking cessation service (usually commissioned by LAPHT)

3.5. Funding the Pharmacy Contract

The essential and advanced services of the community pharmacy contract are funded from a national 'Pharmacy Global Sum' agreed between the PSNC and the Treasury. This is divided up and devolved to NHS England as a cash-limited budget which is then used to reimburse pharmaceutical service activity as per the Drug Tariff (www.drugtariff.com). Funding for locally commissioned services is identified and negotiated from commissioners own budgets.

3.6. Community Pharmacy Contract Monitoring

3.6.1. National Contract

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

As stated within the NHS review 2008,[3] high quality care should be as safe and effective as possible, with patients treated with compassion, dignity and respect. As well as clinical quality and safety, quality means care that is personal to each individual. This statement is as meaningful to pharmacies as to other NHS service providers and is the principle that the NHSE adopts when carrying out the Community Pharmacy Contract Monitoring visits for essential, advanced services and locally commissioned enhanced services.

The community pharmacy contract assurance process follows a structured sequence of events including:

- A rolling programme of pre-arranged visits to pharmacies for observation of processes and procedures and a detailed interview with the pharmacist in charge and support staff
- Self-assessment declarations
- Scrutiny of payment submission processes
- Scrutiny of internal processes for confidential data management
- Recommendations for service development or improvement
- Structured action plan with set timescales for completion

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

3.6.2. Locally Commissioned Public Health Services

Halton Borough Council has developed a Provider Assessment Process to support the commissioning of locally enhanced public health pharmacy services. The Council supports the local provision of:

- Emergency Hormonal Contraception (EHC)
- Nicotine Replacement Therapy (NRT)
- Intermediate Smoking Cessation Services
- Varenicline Initiation
- Supervised Consumption of Methadone
- Winter Flu Vaccination (Council Staff Only)
- Needle Exchange (Still in Development)

Pharmacies seeking to provide any of the above services need to register on the Councils electronic procurement system and complete a mandatory service questionnaire and quality questions to ensure that they meet the required minimum standards. They must also complete all of the relevant qualifications / training to deliver these services and submit a self-declaration of competency.

Services are monitored on a monthly basis using an electronic reporting tool and quality visits are conducted to premises on at least an annual basis.

3.6.3. Locally Commissioned CCG Services

NHS Halton CCG currently commissions two local services:

- Minor Ailments Service – Care at the Chemist
- On demand Access to Palliative Medicines
- Medicines to Support Admissions Avoidance (pilot)

Pharmacies seeking to provide any of the above services need to contact the Medicines Management Team at the CCG. They must also complete all of the relevant qualifications and/or training to deliver these services. Services are monitored on a regular basis using an electronic reporting tool or via monthly stock checks, communication with providers and feedback from patients and healthcare professionals. It is hoped that the CCG can work with the Local Authority Public Health team to review the monitoring process to ensure it is robust.

Via the Prime Ministers Challenge fund the CCG also worked with local pharmacies to pilot a number of additional services for the following:

- COPD Medicines Review Service
- Asthma Education in Schools
- Blood Pressure and Atrial Fibrillation Screening

These services have now ceased as of April 2017 but the evaluation and any learning is being used to assess how we can develop further services in the future, especially in relation to hypertension. The CCG is working with Public Health to jointly review how this can be developed and supported locally.

4. Overview of current providers of Pharmaceutical Services

4.1. Community Pharmacy Contractors

Community pharmacy contractors can be individuals who independently own one or two pharmacies or large multinational companies e.g. Lloyds, Boots, Sainsbury's etc. who may own many hundreds of pharmacies UK wide.

Halton has 34 "pharmacy contractors" who between them operate out of a total of 31 community pharmacy premises, plus 3 distance selling 'internet' pharmacies. The resident population of Halton is 126,528 (ONS[v] population estimate 2015) which equates to approximately one pharmacy for every 3,721 residents or 26.9 pharmacies per 100,000 population. This is the similar to the Cheshire & Merseyside rate (26) and better than the England rate of 21.5 pharmacies per 100,000 population.

Every pharmacy premise has to have a qualified pharmacist available throughout all of its contractual hours, to ensure services are available to patients. In general pharmacy services are provided free of charge, without an appointment, on a "walk–in" basis. Pharmacists dispense medicines and appliances as requested by "prescribers" via both NHS and private prescriptions.

In terms of the type of community pharmacies in our area there are:

25 - delivering a minimum of 40 hours service per week
6 - delivering a minimum of 100 hours service per week
3 - providing services via the internet or "distance selling"

Further details of community pharmacies operating in Halton can be found in Chapter 5 of this PNA, as well as in Appendix 3 & 4.

4.2. Dispensing Doctors

Dispensing Doctors services consist mainly of dispensing for those patients on their "dispensing list" who live in more remote rural areas. There are strict Regulations which stipulate when and to whom doctors can dispense. Halton **has no** dispensing doctor practices.

4.3. Appliance Contractors

These cannot supply medicines but are able to supply products such as dressings, stoma bags, catheters etc. Currently Halton **does not have** an appliance contractor physically located within its area, but patients can access services from appliance contractors registered in other areas.

4.4. Local Pharmaceutical Services (LPS)

This is an option that allows commissioners to contract locally for the provision of pharmaceutical and other services, including services not traditionally associated with pharmacy, within a single contract. Given different local priorities, LPS provides commissioners with the flexibility to commission services that address specific local needs which may include services not covered by the community pharmacy contractual framework. There are currently **no** LPS contracts in Halton.

v ONS = Office of National Statistics

4.5. Acute Hospital Pharmacy Services

There are 2 main Acute Hospital Trusts within Halton catchment area, namely St Helens & Knowsley Teaching Hospital NHS Trust and Warrington and Halton Hospital NHS Foundation Trust. Some Halton residents may also access services at the Countess of Chester Hospital NHS Foundation Trust. Hospital Trusts have Pharmacy Departments whose main responsibility is to dispense medications for use on the hospital wards for in- patients and during the out-patient clinics.

4.6. Mental Health Pharmacy Services

The population of Halton is served by the North West Boroughs Partnership NHS Foundation Trust. They employ pharmacists to provide clinical advice within their specialist areas and they also commission a "dispensing service" from a community pharmacy in order to dispense the necessary medications for their patients at the various clinics across the patch.

4.7. GP Out of Hours Services and Urgent Care Centres

There is currently **one** 'out of hours' service operating from two locations. The service also visits patients within their own homes if necessary. There are cross border arrangements with other Mersey CCGs that use the same provider to provide clinic appointments for patients who wish to be seen out of area. During normal pharmacy opening hours, patients attending these sites who subsequently require a medicine are provided with a prescription to take to a local community pharmacy. During evenings and part of the weekends, when pharmacy services may be more limited, patients may be provided with pre-packaged short courses of medication directly. By default this service operates a limited formulary and tends to provide medications needed for immediate, acute use e.g. course of antibiotics, or short term pain relief.

There are now two Urgent Care Centres in Halton that can see patients for urgent injuries or illnesses and will provide access to any medication deemed necessary as a result. Access to medication will be via a Patient Group Direction, Patient Specific Direction or via a prescription to take to their local pharmacy. This will depend on the nature of the problem and the medication required. Consideration is given to the availability of pharmacy services in the out of hours period, at weekends and bank holidays to ensure patients do not experience undue delay in accessing urgent treatment.

4.8. Bordering Services / Neighbouring Providers

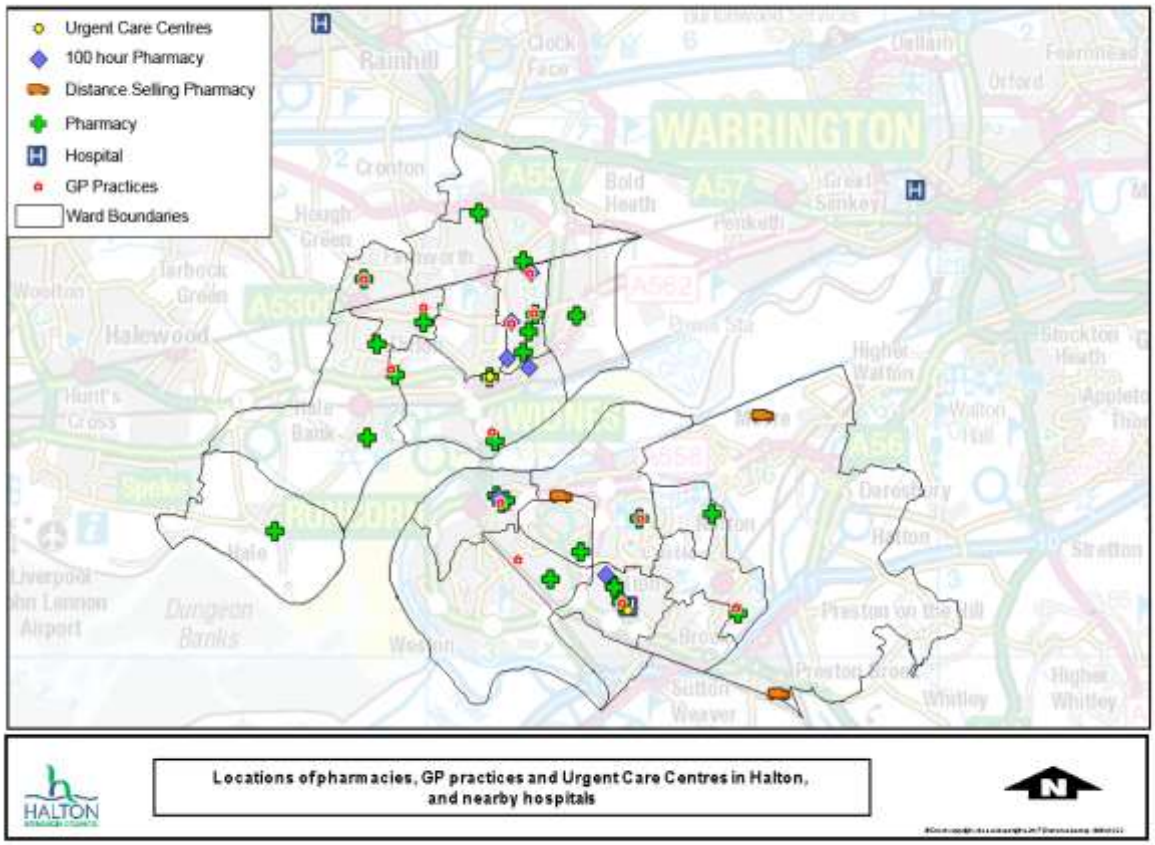
The population of Halton can access services from pharmaceutical providers not located within the Local Authority's own boundary. When hearing pharmacy contract applications or making local service commissioning decisions, the accessibility of services close to the borders will need to be taken into account. For further information on such services please refer to the relevant neighbouring Health and Well Being Boards own PNA.

5. Pharmacy Premises

5.1. Pharmacy locations and level of provision

As of November 2016 there are 31 pharmacies across Halton with a further 3 distance-selling 'internet only' pharmacies making a total of 34 pharmacies in Halton (see Map 1 and Appendix 3 for full list of community pharmacies). Nationally there are a total of 11,688 community pharmacies for a population of 54,786,327, giving an average of approximately one pharmacy for every 4,687 members of the population. Halton has one pharmacy for every 3,721 people (based on estimated resident population).

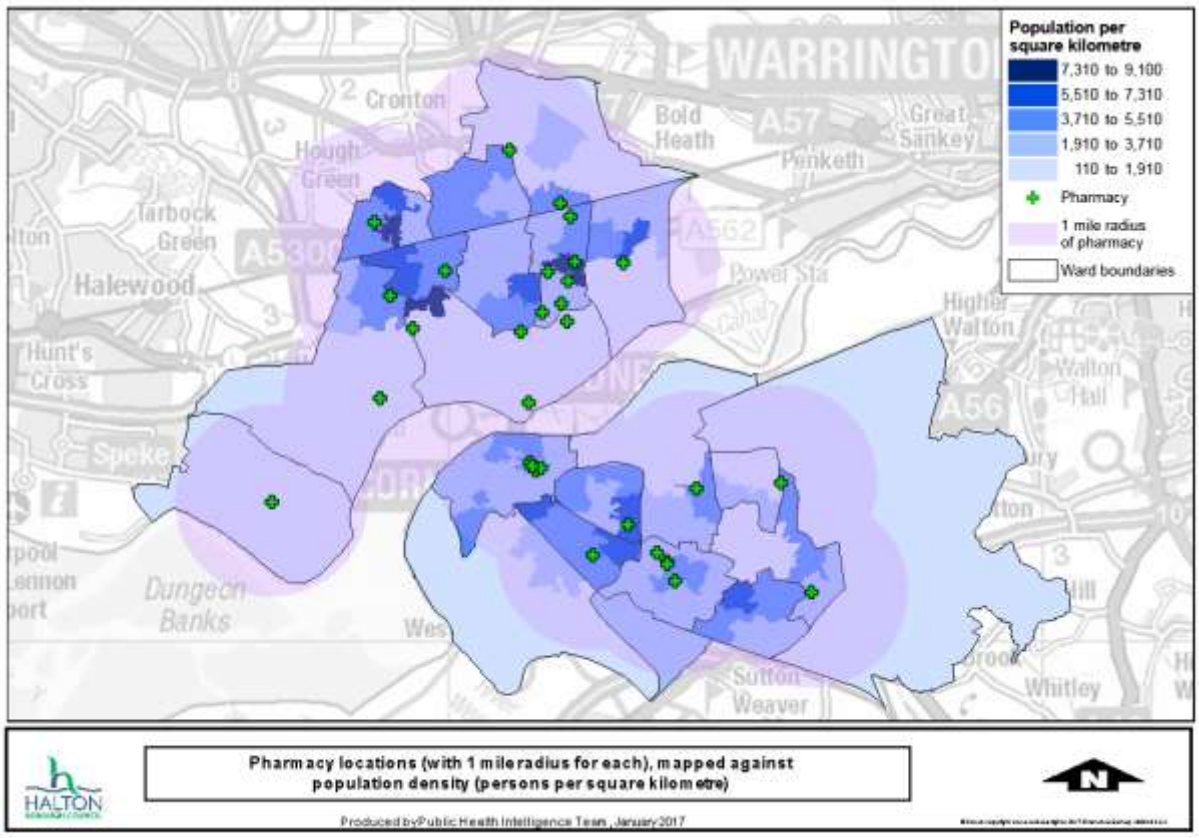
Map 1: Location of pharmacies in Halton mapped against other health services



There are 13 pharmacies in Runcorn and 18 in Widnes. This is excluding the three distance selling pharmacies which have their office base in Runcorn, on its industrial estates.

Map 2 shows that in all areas of high population density there is pharmacy provision within an 'as the crow flies' one mile distance. Only areas with the lowest population density have to travel more than one mile. (This map excludes the distance selling pharmacies).

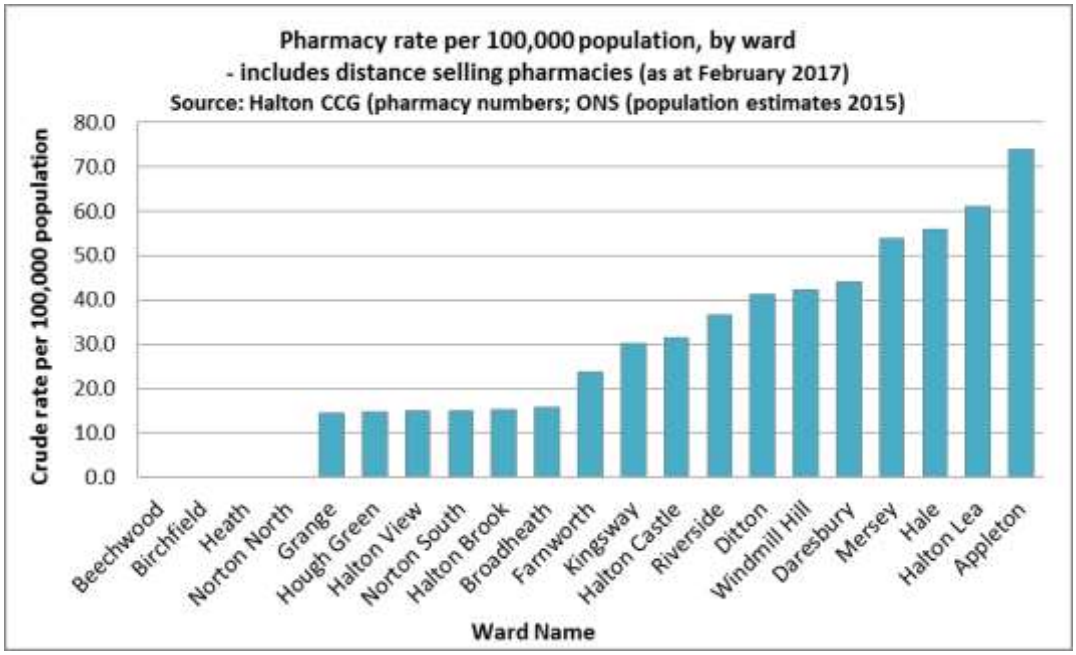
Map 2: Pharmacy location mapped against population density



Halton has a larger number of pharmacies in relation to the size of its population (26.9 per 100,000) when compared to the England (21.5 per 100,000). It also has a slightly larger number compared to Cheshire & Merseyside (26 per 100,000) and the North of England (24.4 per 100,000 population).

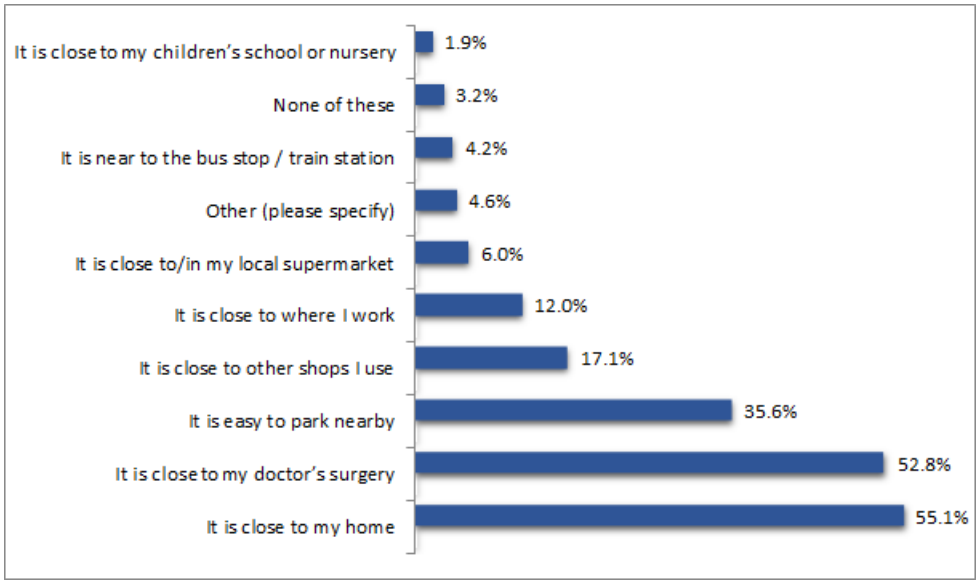
However, as Figure 2 shows this value ranges widely across the borough when analysed in terms of pharmacies per 100,000 population at electoral ward level. In several wards there are no pharmacies, while in others there are several (see Map 1). The three electoral wards containing the highest concentration of pharmacies are in the retail centres, Widnes Town Centre (Appleton ward), Halton Lea and Runcorn Old Town (Mersey ward). The high rate in Hale is more a reflection of the small population as it only has one pharmacy.

Figure 2: Crude rate of pharmacies in Halton wards per 100,000 population



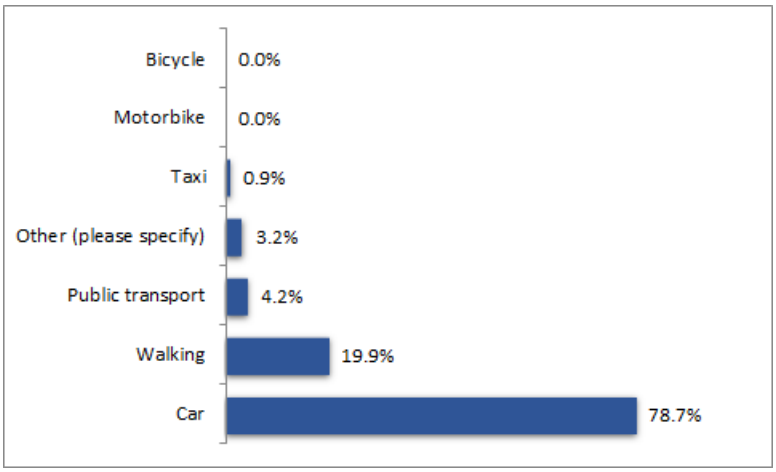
In the public survey of community pharmacy services 55% stated the most important reason for choosing the pharmacy they regularly use was that it was close to their home, with just under 53% stating they chose it because it was close to their doctor's surgery.

Figure 3: importance of location, question 5 of public survey of community pharmacy services, 2017



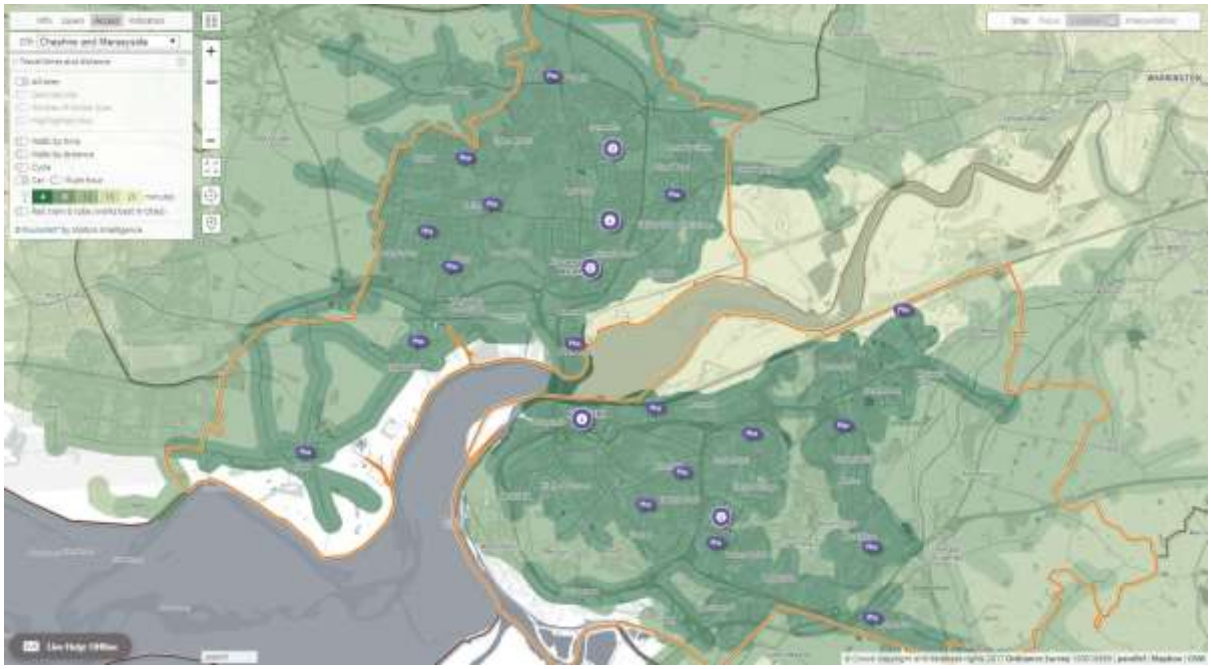
Respondents to the community pharmacy services survey were also asked how they got to the pharmacy. For the 2014 PNA 76% of people responded that they used the car and 26% that they walked. However, car usage has continued to increase and the percentage walking decrease to nearly 80% and 20% respectively. Only a small number of respondents used other forms of transport.

Figure 4: method used to get to the pharmacy, Q2 of public survey of community pharmacy services 2014

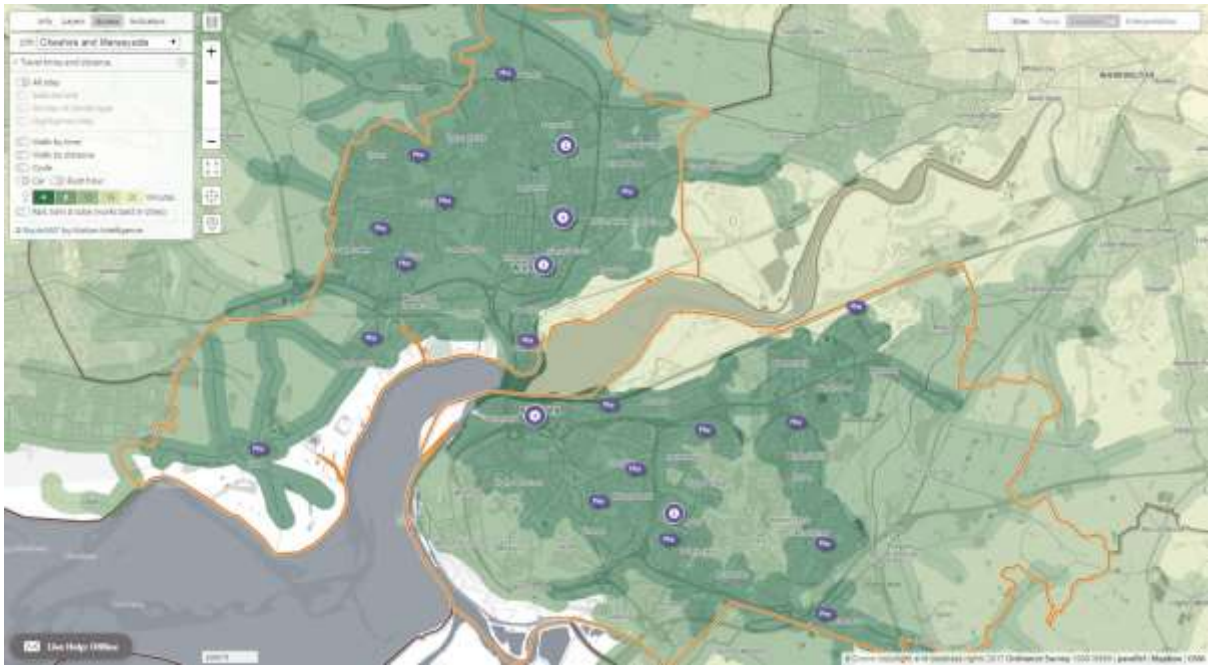


Mapping drive times during the day and during rush hour shows that no location in Halton is more than a 20 minute drive from a pharmacy.

Map 3: Drive times during the day

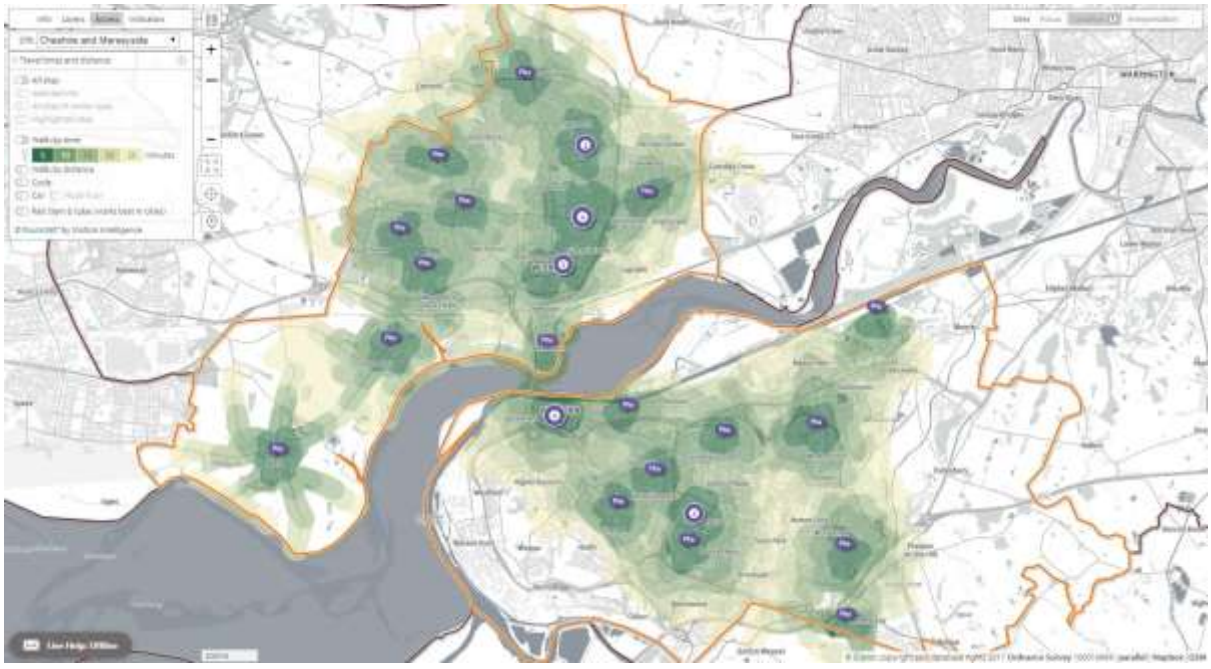


Map 4: drive times during rush hour



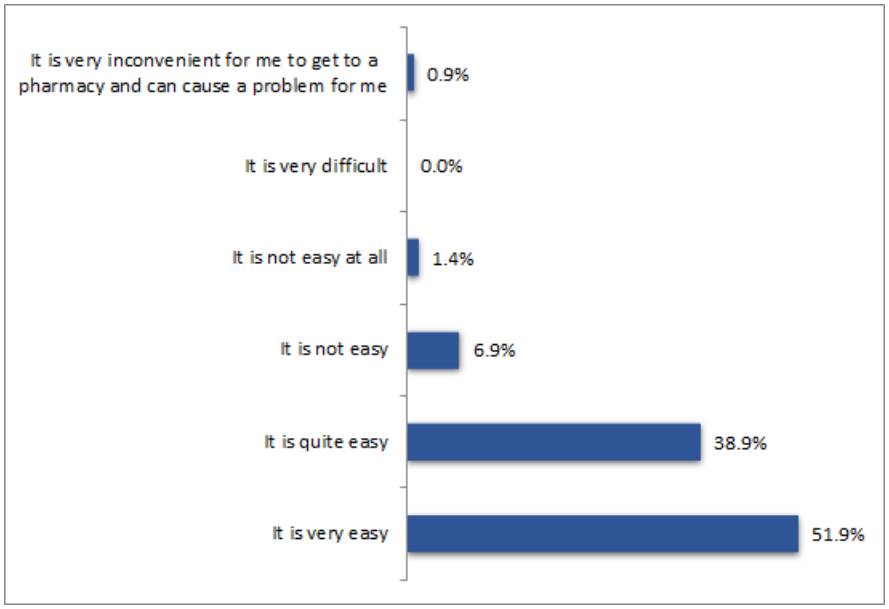
For those choosing to walk (about 20% of respondents to the public survey indicated they use this mode of transport), accessibility is slightly more limited. Access is easier in Widnes than Runcorn, with some areas being more than a 25 minute walk away from the nearest pharmacy (note these are predominantly areas without GP practices as well). These areas are no more than a 12-16 minute drive away even in rush hour times.

Map 5: walking times to community pharmacies



It is not surprising therefore that the majority of respondents to the public survey stated that it was very easy (39%) or quite easy (47%) to get to the pharmacy.

Figure 5: ease of access usual pharmacy, 2014 public survey of community pharmacy services



Conclusion
• All of this information, used together, means that access is adequate • This PNA has not identified a current need for new NHS pharmaceutical service providers in Halton.

5.2. Pharmacy opening hours, including 100 hour pharmacies and distance selling pharmacies

Under the new contract community pharmacies must be open for a minimum of 40 hours each week but they are free to set their own hours of opening as long as this minimum is provided. Half of the pharmacies are open for less than 50 hours per week. Ten pharmacies are open for 50 hours or more per week but less than 100 hours. The pharmacies that have extended opening hours are located in areas with good transport links. There are six 100-hour pharmacies which are open to the public for essential services. Full details of each pharmacy opening can be found in Appendix 3. There are 3 distance selling, 'internet only' pharmacies, and one of these is open for over 100 hours. These are not open to the public for essential services. The location of 100-hour and internet only pharmacies is shown in Map 1.

87% of respondents to the public survey of community pharmacy services said they were satisfied with the opening hours of their pharmacy. However, of those who included comments the most common related to availability of late night and weekend opening, especially how this created difficulties for those working full-time.

5.3. 100 hour and internet-based/mail order pharmacy provision

Of the six 100 hour pharmacies, 4 are in Widnes and 2 in Runcorn. They are identified on Map 1 by a blue marker. The three distance selling pharmacies are all located in industrial parks in Runcorn. They are identified on Map 1 by an orange marker. Further details of opening hours and locations of 100 hour and distance selling pharmacies can be found in Appendix 3.

5.4. Access for people with a disability and/or mobility problem

The majority of pharmacies with consultation areas have wheelchair access or are able to make provision for consultations and MURs for anyone confined to a wheelchair. In respect of people with mobility problems, all of the 31 pharmacies (excluding distance selling) have parking provision within 50 metres of the pharmacy. Twenty five out of the 31 pharmacies also have disabled parking available. The majority of pharmacies (26 out of 31 excluding distance selling) also have an entrance which is suitable for wheelchair access unaided.

A question on access for people with mobility problems was included in the public survey. 71% said this was not applicable to them, 21.9% said yes they were able to park close enough to the pharmacy for their needs, with 7% saying that they could not park close enough.

Additionally, Disabled GO, the UK leading source of information on access has independently assessed 24 of Halton's 31 community pharmacies. Information is gathered by sending a surveyor to visit each venue. Every venue on their website is contacted each year to find out if their access has changed. A venue owner or customer can contact them at any time to inform of changes to venues. They use 19 access criteria which have been designed in consultation with disabled people and represent important information that disabled people want to know about public venues.[vi]

vi. how we assess some of the key access features and key terms used in the access guides please click here.

- 19 of the 24 assessed have ramp/slope access to either manual or automatic doors
- 23 out of 24 have Mobility Impaired Walker status. This means the entrance to the building has no more than three medium steps. If there is more than one step a handrail must be provided. Internal level changes can be overcome by moderate/easy ramps and/or lifts
- All have seating available
- 15 out of 24 have hearing systems, meaning a sound enhancement system is available at certain locations within the premises

In respect of parking Disabled GO use a star system to designate the level of disabled access available:

12 out of 24 assessed were given Parking 3 stars: This is given when the venue has its own car park for use by patrons. This symbol will also be applied for venues within for example a shopping centre/retail park served by a car park belonging to the shopping centre/retail park as a whole.

3 out of 24 assessed were given Parking 2 stars: Blue Badge on street parking available. This is given if there is on street Blue Badge parking in the immediate vicinity of the venue or:

- The venue can provide parking if booked in advance to Blue Badge holders
- This last point could refer to a venue which has a car park for staff only but are happy to reserve a space for a Blue Badge holder
- All local parking restrictions should be checked before visiting the venue

5 out of 24 assessed were given Parking 1 star: This is given when there is a public car park near to the venue. This symbol indicates that there is a public car park within approximately 200 metres of the venue. This will refer to car parks such as NCP or council car parks.

3 out of 24 assessed were given no Parking stars

5.5. Access for clients whose first language is not English

In the contractor survey 11 out of the 34 pharmacies advised that they had a pharmacist or other member of staff who could speak at least one language in addition to English. This is an increase since the 2015-2018 PNA when only 7 pharmacies had this. The languages listed were Spanish, French, Chinese, Kurdish, Turkish, Arabic, Gujarati, Punjabi, Hindi and Urdu, with some pharmacies having more than one non-English language spoken. Only one said they did not use/have access to interpreting/language line services.

5.6. Pharmacy consulting rooms

In the contractor survey all pharmacies they were asked:

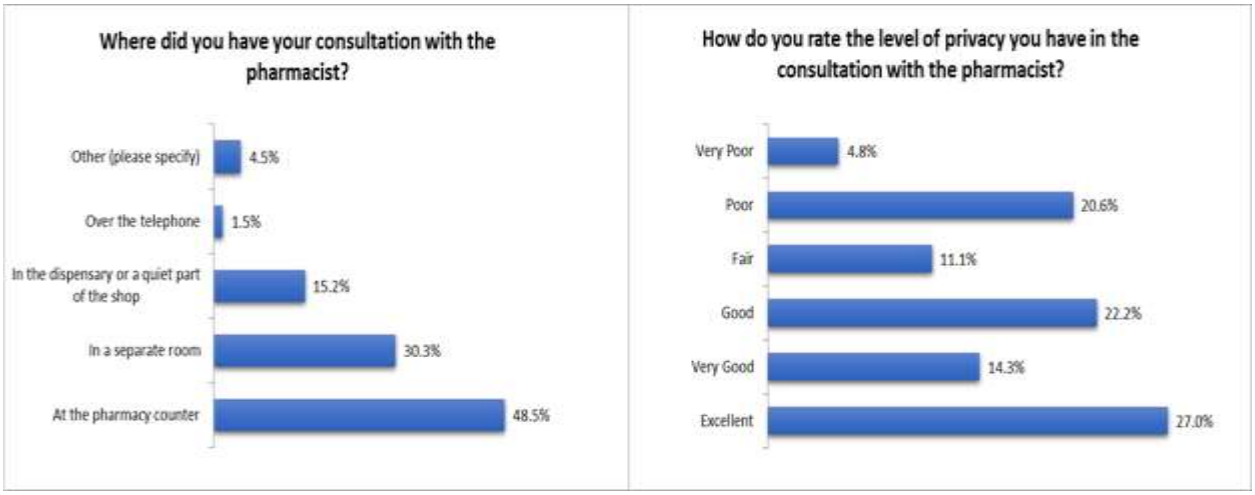
> *Is there a consultation area available that meets the criteria for Medicine Use Reviews where a patient and pharmacist can sit down together, talk at a normal speaking volume without being over heard by customers or staff and is clearly signed as private consultation?*

This question was asked irrespective of their answer to the question about whether they were commissioned to provide MURs as patients may wish to discuss other matters in a private, quiet space. All pharmacies now have this facility. All but one provides MURs and all but one provides NMS. Handwashing facilities were in the consulting room or close to it in 22 out of the 31 community pharmacies and 8 have toilet facilities. 7 are willing to undertake consultations in patients own homes or other suitable sites.

32.6% of respondents to the public survey had had a consultation with their pharmacist within the last 12 months, with 48.5% of consultations being undertaken at the pharmacy counter. 15.2% were conducted in the dispensary, or a quiet part of the shop and 30% of consultations where undertaken in a consultation room. This was a reduction in the percentage since the previous PNA when 43% of consultations occurred in a separate room. No question was asked about whether people had been offered the option of going to a private room.

55.6% of people found privacy levels excellent, very good or good, whilst 36.2% of people rated privacy levels between fair, poor or very poor. This is a reduction from the previous PNA were 69% of respondents rated privacy during consultation with a pharmacist positively and 32% rating in negatively.

Figure 6: consultations and satisfaction with privacy during them, 2014 public survey

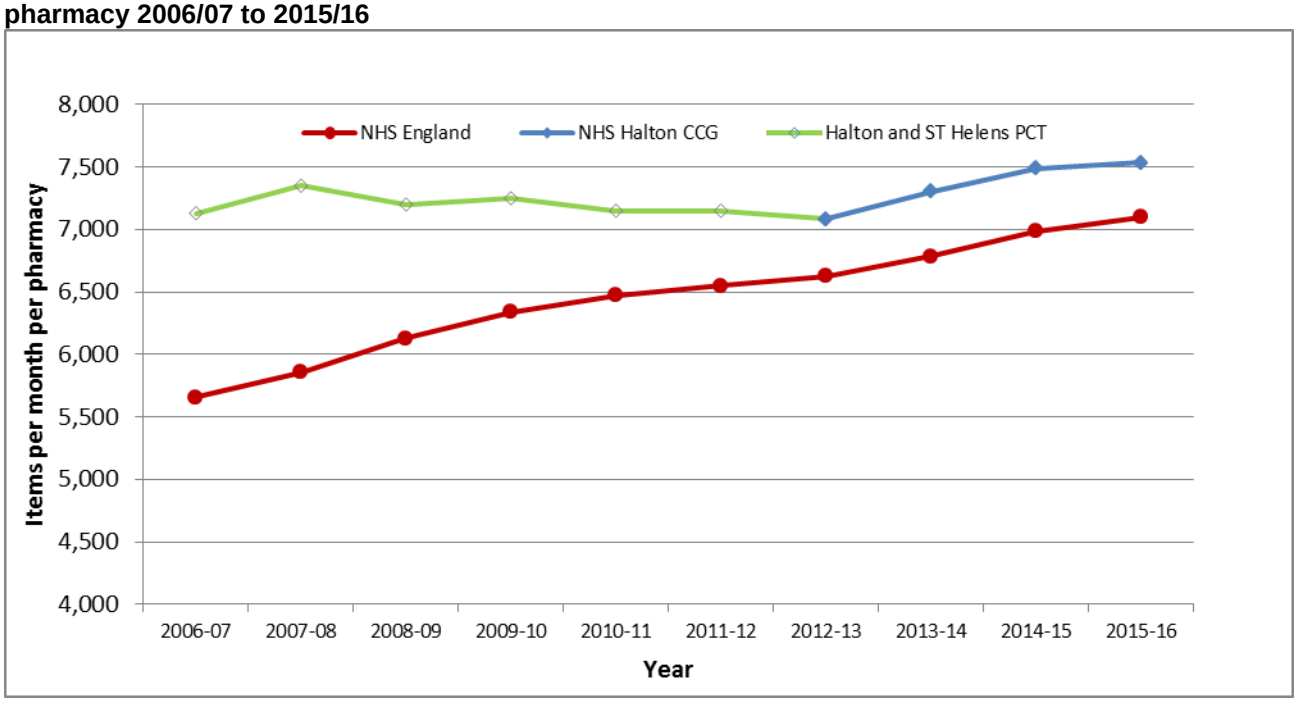


5.7. Prescribing

Benchmarking data is available from NHS Digital (formerly called the Health & Social Care Information Centre). However, trend data is only available at NHS Halton CCG level data from 2012/13. Data prior to 2012/13 is Halton and St Helens PCT. It is nevertheless useful to be able to analyse Halton prescribing against England data.

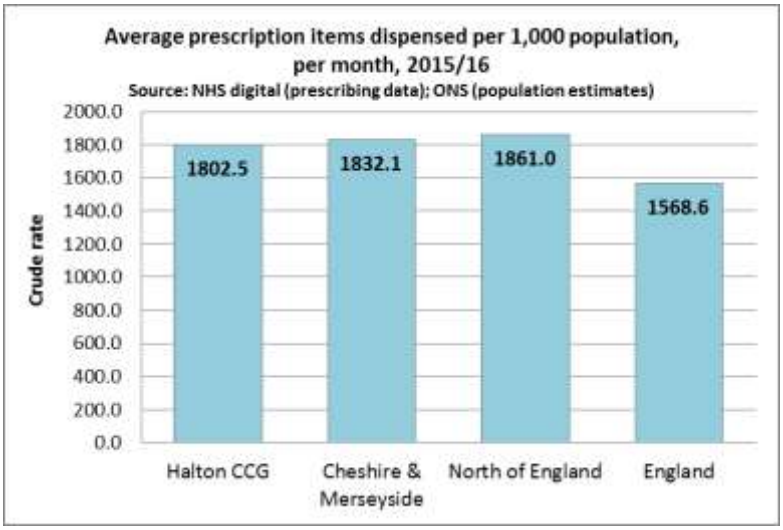
Figure 7 shows that Halton, as Halton & St Helens PCT up to 2012/13 then as NHS Halton CCG, community pharmacy dispensing volume pattern was consistently above NHS England levels when looking at average items dispensed per month, per pharmacy for the time period 2006/07 to 2015/16.

Figure 7: Average number of prescription items dispensed per month per community pharmacy 2006/07 to 2015/16



Further analysis of prescribing levels within Halton CCG, as a crude rate per 1,000 population, per month of prescriptions dispensed between 1 April 2015 and 31 March 2016 has been calculated. It shows that whilst Halton prescribing rate is above the England average it is slightly below the North of England and Cheshire & Merseyside levels.

Figure 8: Prescribing rate per month, 2015/16



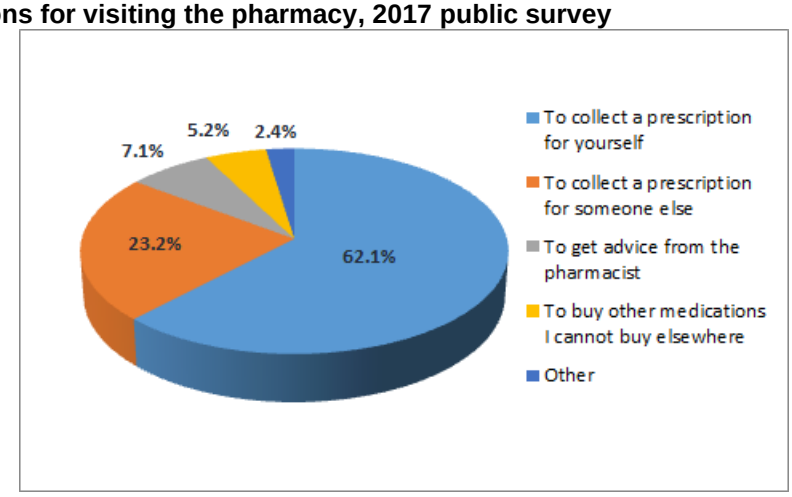
In terms of the types of diseases and conditions, drugs prescribed for cardiovascular disease accounts for the largest single cause, followed by conditions of the central nervous system. Together these accounted for just under half of all prescription items dispensed during 2015/16. The percentages are broadly similar to those seen across Cheshire & Merseyside and England as a whole, as Table 2 shows.

Table 2: Items dispensed by Halton CCG, NW CCG's and England during 2015/16, by Chapter (type of prescription)

	Halton		Cheshire & Merseyside		England		Diff in % from Halton	
Chapter Name	Items	%	Items	%	Items	%	C&M	England
Cardiovascular System	777,125	27.7%	16,083,274	28.5%	316,137,791	29.5%	0.8%	1.7%
Central Nervous System	577,474	20.6%	11,146,696	19.8%	199,597,238	18.6%	-0.8%	-2.0%
Gastro-Intestinal System	270,543	9.6%	5,456,260	9.7%	95,478,603	8.9%	0.0%	-0.8%
Endocrine System	240,842	8.6%	4,843,914	8.6%	103,393,012	9.6%	0.0%	1.0%
Respiratory System	214,203	7.6%	4,065,354	7.2%	70,421,889	6.6%	-0.4%	-1.1%
Nutrition And Blood	152,318	5.4%	3,226,850	5.7%	55,669,864	5.2%	0.3%	-0.2%
Infections	113,663	4.1%	2,157,660	3.8%	41,370,446	3.9%	-0.2%	-0.2%
Skin	98,752	3.5%	2,014,369	3.6%	38,377,652	3.6%	0.1%	0.1%
Musculoskeletal & Joint Diseases	88,917	3.2%	1,700,500	3.0%	33,290,091	3.1%	-0.2%	-0.1%
Obstetrics,Gynae+Urinary Tract Disorders	61,824	2.2%	1,322,164	2.3%	28,204,302	2.6%	0.1%	0.4%
Appliances	48,386	1.7%	1,015,446	1.8%	22,791,311	2.1%	0.1%	0.4%
Eye	41,393	1.5%	953,203	1.7%	20,022,108	1.9%	0.2%	0.4%
Immunological Products & Vaccines	31,843	1.1%	657,485	1.2%	13,785,818	1.3%	0.0%	0.1%
Ear, Nose And Oropharynx	28,233	1.0%	609,581	1.1%	11,791,558	1.1%	0.1%	0.1%
Dressings	20,580	0.7%	361,438	0.6%	8,495,245	0.8%	-0.1%	0.1%
Stoma Appliances	15,669	0.6%	279,395	0.5%	5,225,951	0.5%	-0.1%	-0.1%
Malignant Disease & Immunosuppression	10,063	0.4%	204,200	0.4%	4,300,867	0.4%	0.0%	0.0%
Incontinence Appliances	4,622	0.2%	92,208	0.2%	1,973,821	0.2%	0.0%	0.0%
Anaesthesia	4,227	0.2%	93,751	0.2%	1,652,832	0.2%	0.0%	0.0%
Other Drugs And Preparations	3,748	0.1%	67,365	0.1%	1,185,416	0.1%	0.0%	0.0%
Preparations used in Diagnosis	0	0.0%	0	0.0%	61	0.0%	0.0%	0.0%
Total	**2,804,425**		**56,351,113**		**1,073,165,876**			

The majority of people using the pharmacy get a prescription as the 2017 public survey shows, 2 out of 3 doing so within the month prior to completing the survey.

Figure 9: Reasons for visiting the pharmacy, 2017 public survey



66% of people were informed of how long it would take to have their prescription filled. 15% were not told and would have liked to have been with 16% not told but stated that they did not mind this. 83% of people said that they thought they waited for a reasonable period of time for their medicines.

81% percent of people surveyed, stated that they got all the medicines they needed, however, 18% stated that they did not.

58.8% of people stated that the reason for not receiving their entire prescription was because 'The pharmacy had run out of my medicine'. Of the remainder the most common reason was that the

prescription had not arrived at the pharmacy when they went to collect it (14.5%) with 5.9% of respondents stating their doctor had not prescribed something they wanted.

When people had not received all the items prescribed, 9.4% got them later the same day, 34.4% of people received their medicines the day after, with the majority, 81%, receiving it within two or more days. However, 18.8% had waited over a week. Unfortunately, there is no way to determine the impact of these longer waiting periods on the patient, or whether this was measured at the pharmacy and alternative arrangements discussed.

66.3% of people stated that they would like to be able have their hospital prescription dispensed at their local chemist, while 7.2% said 'No'. 26.5% had never used a hospital pharmacy.

5.8. Prescription Delivery Services

Although community pharmacies are not contracted to do so, 28 out of 34 offer a Home Delivery Service free of charge. This service improves access to medicines for a wide range of people. 42% of public survey respondents said the pharmacy they use offers a delivery service, 7.1% said they did not but 50.9% were either not aware of the service or had never used it. The delivery of medication is a service valued by local residents, as determined by responses to the 2017 pharmacy services survey.

5.9. Monitored Dosage Systems

A monitored dosage system (MDS), usually in the form of a box or a blister pack divided into days of the week, is a medication storage device designed to simplify the administration of solid oral dose medication. As such they are one way of overcoming unintentional non-adherence to medication. Prime candidates for MDS are patients at risk of confusing their medication, including those whose ability to manage their medication is affected by disability or their living arrangements or who have multiple medication.[4] If patients have significantly impaired mental self-care abilities, MDS dispensing is likely to be of little help to them.[5][6]

However, filling MDS is a time-consuming process. The 28 day packs may increase the likelihood of confusion and mistakes by patients when presented with four separate MDS packs at a time.[7] Any changes to the patient's prescription within the 28 days may result in substantial waste. There is the possibility that increases in dispensing errors may result from the required repackaging of medicines.

- 28 out of 31 community pharmacies provide MDS free of charge
- 8 out of 31 community pharmacies provide MDS at a charge
- 10 out of 31 community pharmacies provide MDS free only to patients who have a disability (as defined by the Disability Discrimination Act)

5.10. Patient & Public satisfaction with pharmacy services

As per the previous public survey, the vast majority of people were very satisfied with the services they received. Convenience, expertise and friendly, helpful staff were the most commonly cited things people valued when they visited the community pharmacy. Being able to get advice on minor ailments quickly without visiting the GP, handling of repeat prescriptions and the delivery service were also valued. Typical respondent views can be summed up by one respondent who stated:

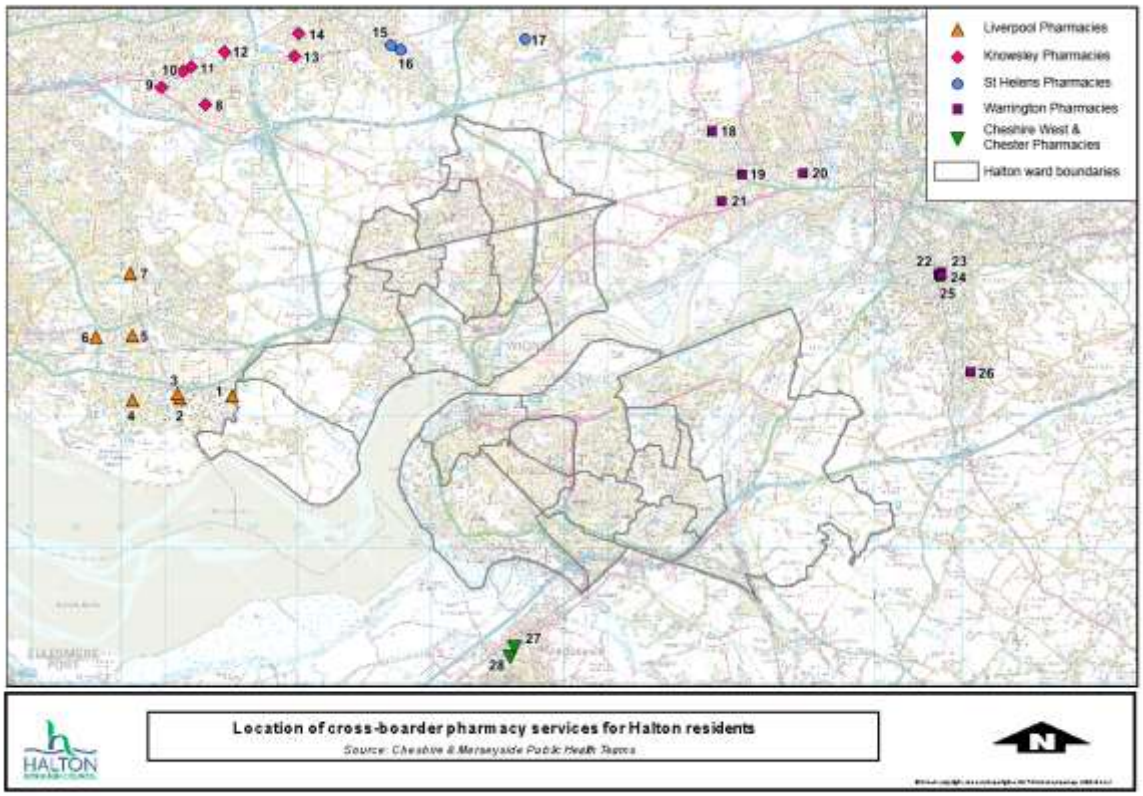
'Your local pharmacy where you know the staff there and are a friendly community local business. Very personal touch.'

72.7% of respondents to the pharmacy services survey 2017 were satisfied with the range of services pharmacies provide and 23% stated that they wished pharmacies could provide more services for them.

5.11. Access to and provision of community pharmacy services in local authorities bordering Halton

The framework for this PNA has been based largely on the 2015 PNA, which was a collaborative process across Cheshire & Merseyside. Halton has geographic borders with a number of local authorities, namely Liverpool, St. Helens, Knowsley, Warrington, Cheshire East, and Cheshire West & Chester. This approach facilitated the identification of pharmaceutical services along the borders of neighbouring boroughs that Halton's population may access. For example, a pharmacy in a neighbouring borough may be closer to a resident's home or place of work although they are registered for NHS Services with GP practices in Halton. Map 6 shows the locations of these cross border pharmacies. The numbers in Map 6 below correspond to the list of pharmacies in Appendix 5.

Map 6: Pharmacies in other boroughs most likely to be used by Halton residents



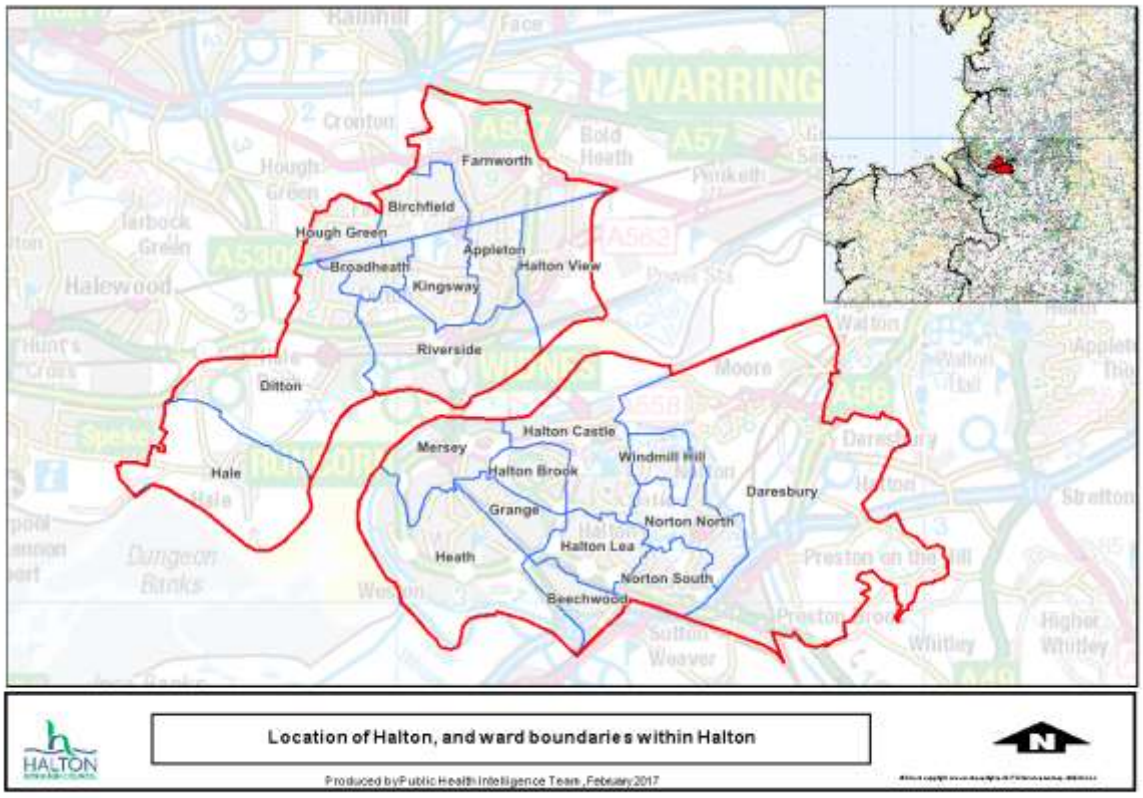
Analysis of the information supplied identified that there is adequate service provision on the borders of Liverpool, St. Helens, Knowsley, Warrington and Cheshire West & Chester. A list of the pharmacies together with their opening times is available in Appendix 5. There is also good access to pharmacies with several open at weekends and at least one on a Sunday. Most pharmacies have a consultation room and the majority provide MURs. Cross-border collaboration between Halton and the boroughs of Liverpool, St Helens and Knowsley has increased both access and choice to Care at the Chemist (CATC) minor ailments scheme.

6. Population and Health Profile of Halton

6.1. Location

Halton is made up of the towns of Runcorn and Widnes, located on the Mersey estuary. It has a legacy of chemical industry and 1960s Runcorn New Town development providing an influx from the neighbouring city of Liverpool. With the reduction of the chemical industry the area has struggled with high local unemployment rates. Newer service and communication industry developments have taken place in Daresbury & Manor Park and the science park has high quality laboratories.

Map 7: Location of Halton Borough



6.2. Population Structure and Projections

The estimated resident population of an area includes all people who usually live there, whatever their nationality. Members of UK and non-UK armed forces stationed in the UK are included, and UK forces stationed outside the UK are excluded. Students are taken to be resident at their term time address.

6.2.1. Resident population

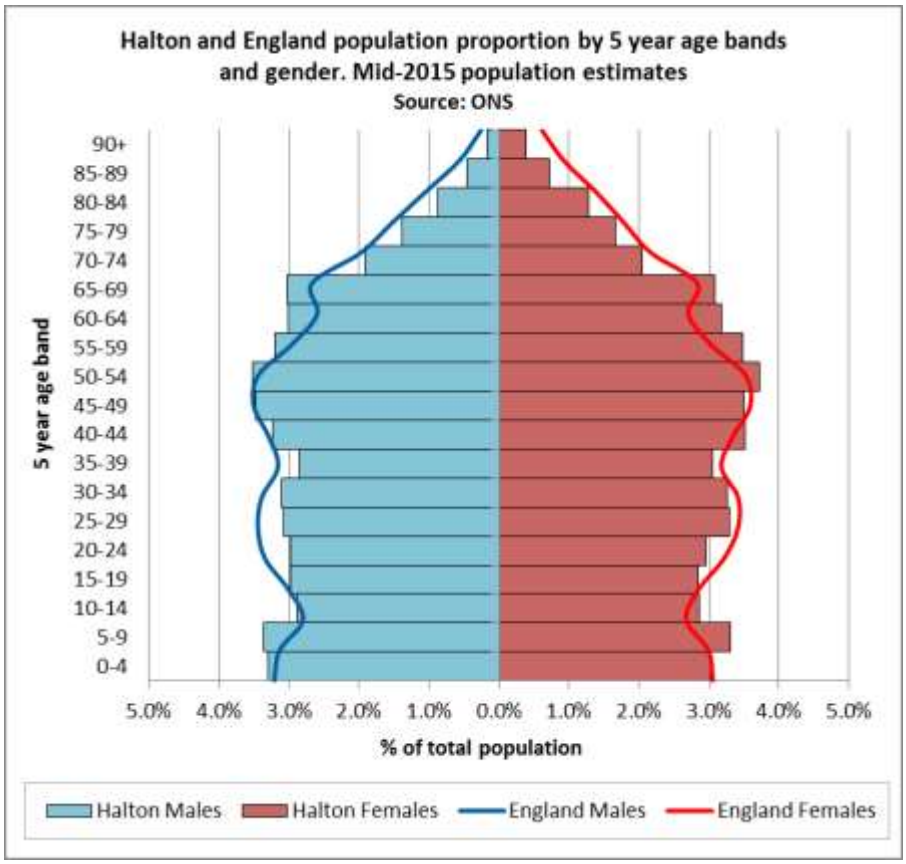
Population estimates are **estimates** of what the resident population make-up should look like at that time, based on previous years' births, deaths and net migration. Mid-2015 population estimates:

- Halton has 126,528 persons
- 49% of these are male and 51% female

The population age structure is detailed in Figure 10. Compared to the England average the resident population of Halton has a slightly different structure:

- Age bands covering 0-14 year olds: slightly larger proportion than England
- Age bands covering 15-19 year olds: similar proportion to England
- Age bands covering 20-34 year olds: smaller proportion than England
- Age bands covering 35-49 year olds: similar/slightly smaller proportion than England
- Age bands covering 50-64 year olds: larger proportion than England
- Age bands covering 65+ year olds: slightly smaller proportion than England

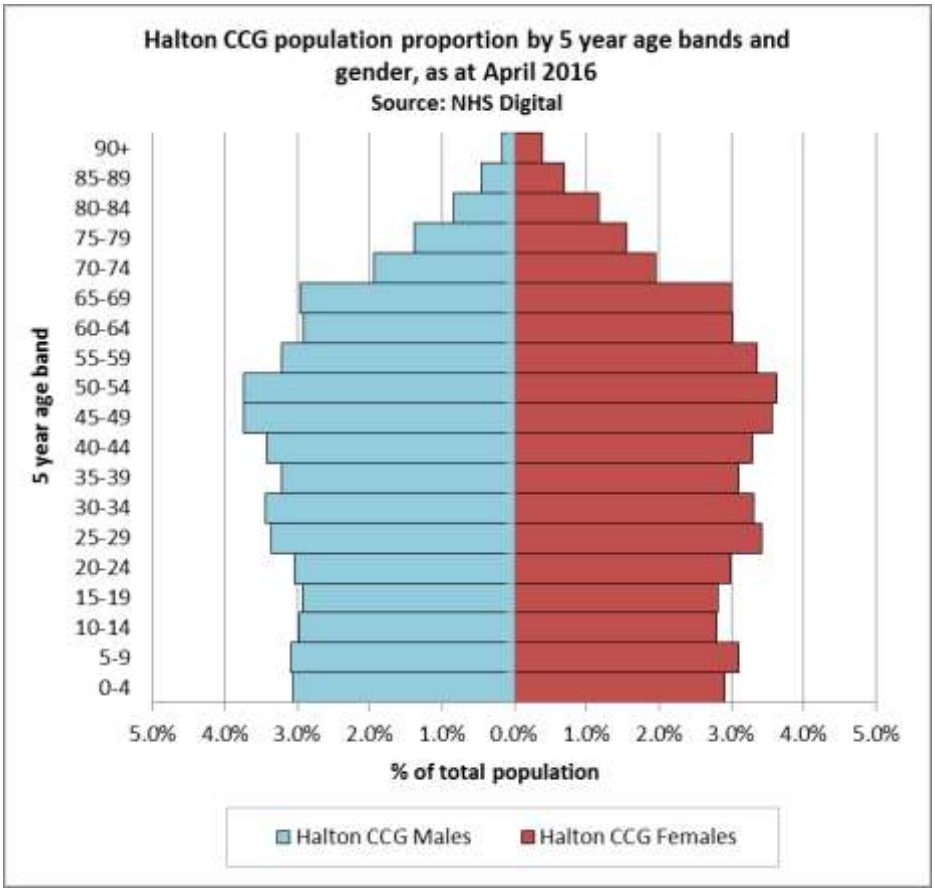
Figure 10: Halton resident population compared to England, mid-2015 estimated age and gender structure



6.2.2. GP Registered Population

The majority of people who reside in Halton are registered with a Halton GP for their primary health care. However, there is not a 100% match. People who move into and out of the borough may prefer to stay with their original GP. This means some people residing in neighbouring boroughs are registered with Halton GPs and some Halton residents will be on a GP register outside the borough. There are more people registered with a Halton GP than there are residents, 130,147 registered (as at April 2016) compared to 126,528 resident (2015 mid-year estimate). The age profile is very similar.

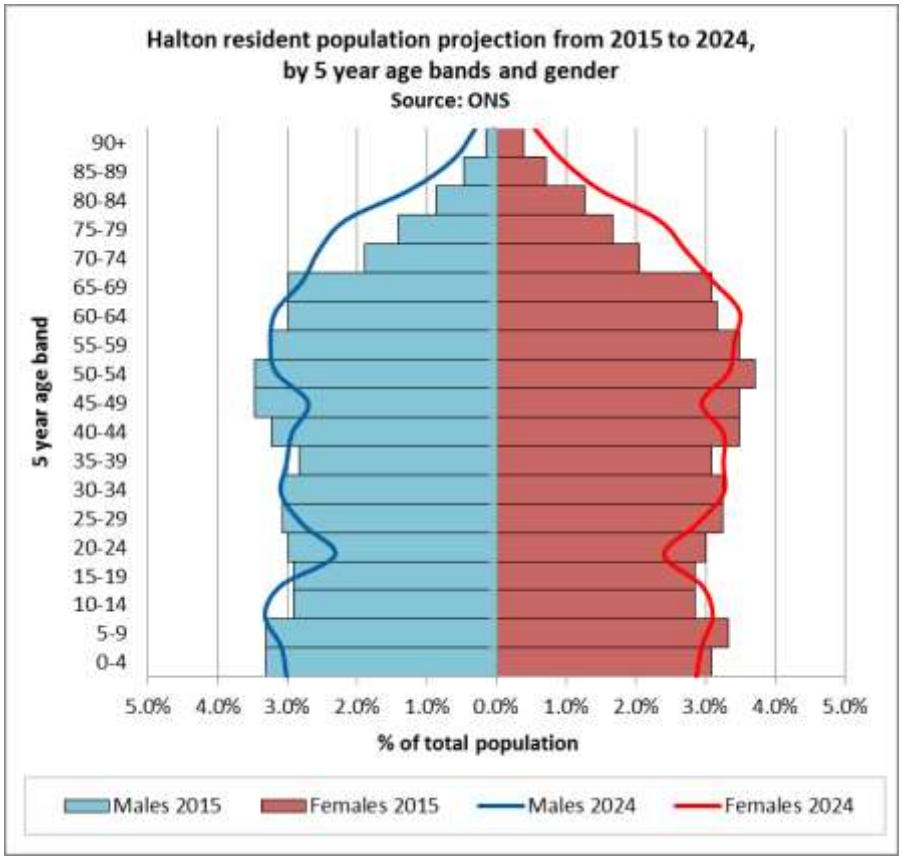
Figure 11: GP registered population age and gender structure, as at April 2016



6.2.3. Resident Population Forecasts

Although currently Halton's population structure is 'younger' than that of England i.e. it has higher proportions than England in the younger age bands and lower proportion in the 65+ age bands, the borough's population structure is predicted to shift over the next decade. Figure 12 shows that the 5-14 age bands are predicted to increase as a proportion of the overall population. The 'working age' population is predicted to shrink whilst the largest proportion increase will be in the 65+ age population. This 'ageing population' is likely to increase pressures on NHS and social care as this age group makes up a disproportionately large percentage of GP consultations, hospital admissions and social services. This is likely to have an impact on prescribing levels and therefore pharmacy workload, assuming current prescribing patterns persist.

Figure 12: Population projections 2015 to 2024



The projections form a "baseline" view of what the population dynamics would be in the given areas if recent demographic trends were to continue into the future. It is important to note that these projections are consistent across all local authorities in England.

- In the short term (2015 - 2018) Halton's population is projected to grow by less than 1% from 126,600 to 127,400
- In the medium term (2015 - 2021) Halton's population is projected to grow by over 1% from 126,600 to 128,300
- In the long term (2015 - 2024) Halton's population is projected to grow by 2% from 126,600 to 129,100. This is still lower than the North West region which is projected to grow by 3.5% and nationally, which is projected to grow by over 6.5%.
- Younger people (0 - 15 year olds) - population projected to be similar (2015 - 2024)
- Working age (16 - 64 year olds) - population projected to decline by just over 3% (2015 - 2024)
- Older people (65+) - population projected to grow by 25% from 21,500 in 2015 to 26,800 in 2024

Following national and regional trends, Halton's population continues to age with older people making up an increasing proportion of the population. The growth in the numbers of older people will increase the demands for both formal and informal support. Small decreases in the working age population mean there are fewer people to provide and pay for this additional support.

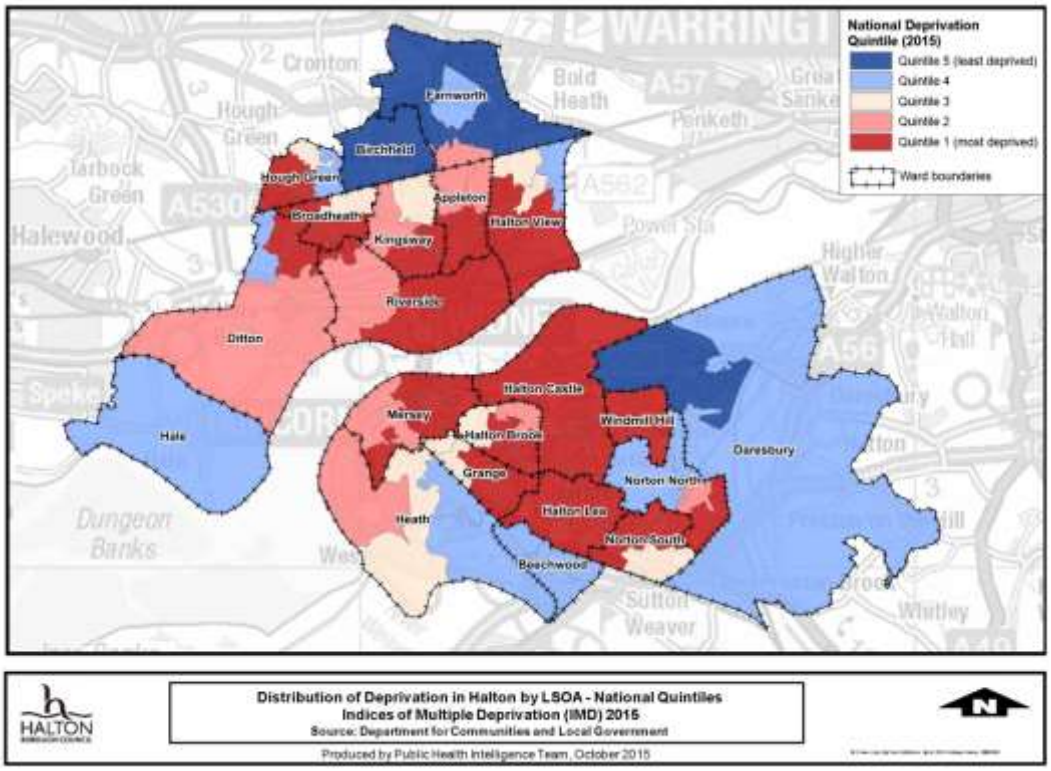
6.3. Deprivation and socio-economic factors

The English Indices of Deprivation 2015 (ID 2015) are the government's official measure of deprivation and they update ID 2007 and ID 2010. The Index of Multiple Deprivation 2015 (IMD 2015) is constructed by combining seven domains, each of which relates to a major social or

economic deprivation. The scores for each domain are combined into a single deprivation score for each small area in England. This, therefore, allows each area to be ranked relative to one another according to their level of deprivation.

Halton is ranked as the 27th most deprived local authority in England (out of 326 local authorities) putting it in the most deprived 10% nationally. In 2010 it was also the 27th most deprived local authority. This means that Halton's relative level of deprivation has stayed the same, even though its deprivation score has decreased slightly. The most deprived ward in Halton is Windmill Hill, while the least deprived ward in Halton is Birchfield. Map 8 shows the levels of deprivation across the borough, by lower super output area or LSOA (statistical geographical areas of approximately 1,500 population).

Map 8: Levels of deprivation in Halton, IMD 2015



6.4. Future Planning

6.4.1. Housing Development

The last Strategic Housing Land Availability Assessment (SHLAA) 2016[8] estimates the numbers of households needed to meet demand over the next 11 years and beyond. The report assesses the borough's potential level of new housing supply within three key phases:

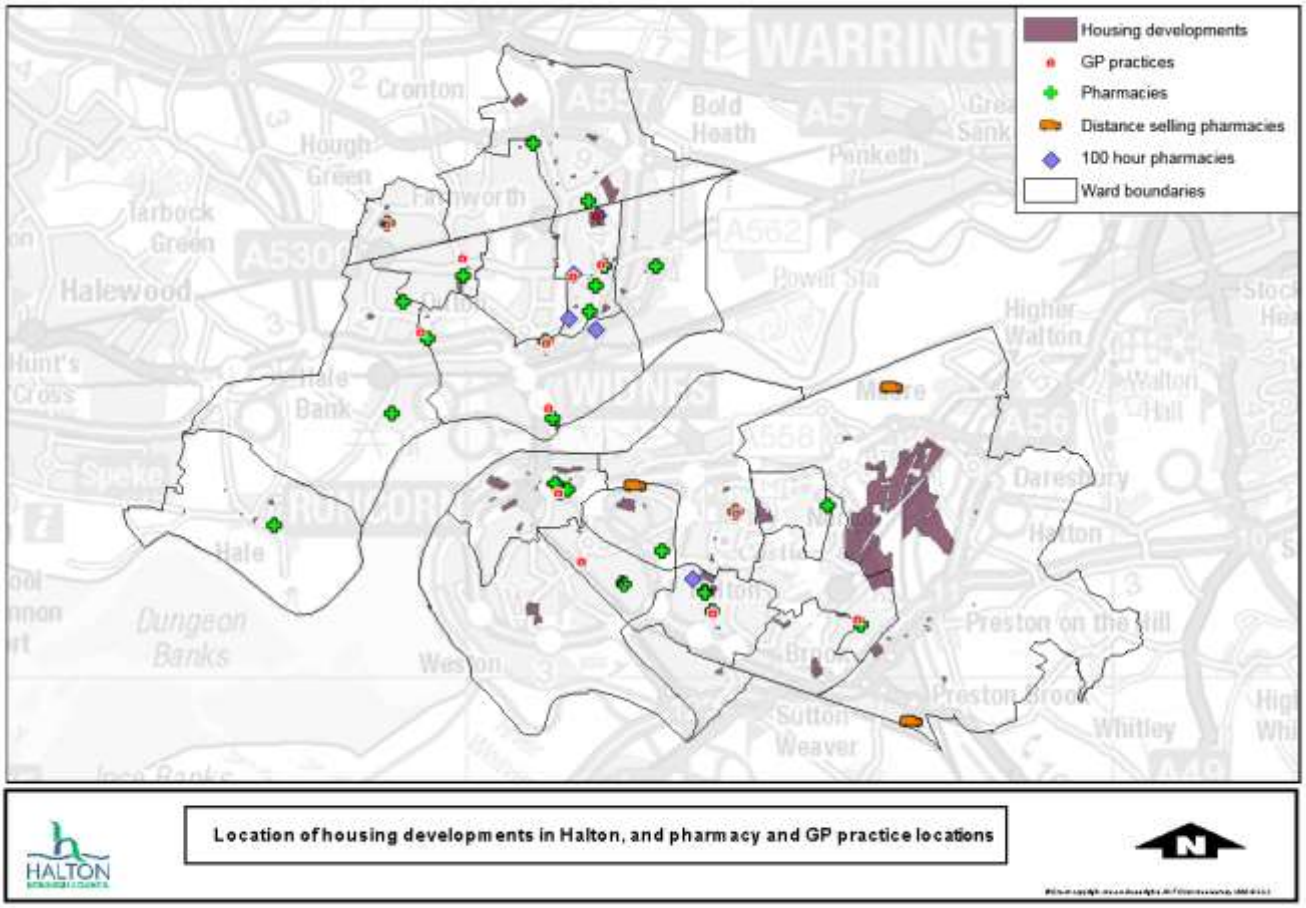
- 0-5 years: 'Deliverable' supply of residential sites
- 6-10 years: 'Developable' supply of residential sites
- 11+ years

In total the SHLAA identifies land supply with a potential for 9,803 dwellings. This is comprised of: a supply of specific deliverable sites (including sites under construction and with planning permissions) capable of delivering 4,658 dwellings within the next 5 years; a supply of specific developable sites capable of delivering 3,123 dwellings, with 2,012 dwellings in the period 6-10 years. A borough-wide windfall allowance of 68.3 dwellings each year is also included as a source of supply, whilst an allowance is also included for the non-delivery or slippage of sites without permission. This has led to a deliverable supply of 4,751.7 dwellings within the next 5 years, with a supply of 5,357.3 dwellings for the period beyond that

The Core Strategy[9] and Mid Mersey Strategic Housing Market Assessment 2015[10] identify there is a net need for 119 new affordable homes to be made available each year, meaning 25% of new developments built should be affordable housing, subject to site viability assessment. There is also an aim to reduce the number of people affected by the under occupancy penalty. Both also recognise the needs of vulnerable groups. This includes the need for current or future homes to have suitable aids and adaptations to meet disability needs as well as the need for 71 units of additional older persons housing per year between 2014 and 2037.

The geographical location of the deliverable supply of housing for the next 0-5 years (within the 'life' of this PNA) is shown in Map 6, alongside pharmacy locations. The shaded areas are those where developments exceed 50 homes. There are numerous smaller developments across both Widnes and Runcorn. The map indicates that additional pharmacy provision will not be required, as plans are located within areas of adequate existing provision.

Map 9: Housing developments



6.4.2. Mersey Gateway Bridge

In October 2017 a new six lane toll bridge over the Mersey between the towns of Runcorn and Widnes opened to relieve the congested and ageing Silver Jubilee Bridge. The original plan was that both the new Mersey Gateway Bridge and the Silver Jubilee Bridge would be tolled with most local residents receiving up to 300 free one-way trips per year. However, in late July 2014 an agreement was reached with central government that Halton residents would be exempt from toll fees. All residents living in homes Council Tax bands A-F can pay a £10 annual fee to claim their free trips. Blue Badge holders will also be able to register for unlimited travel on the bridges after providing copies of the front and back of their Blue Badge and paying a one-off £5 admin fee. Others can also register to receive discounts on journeys.

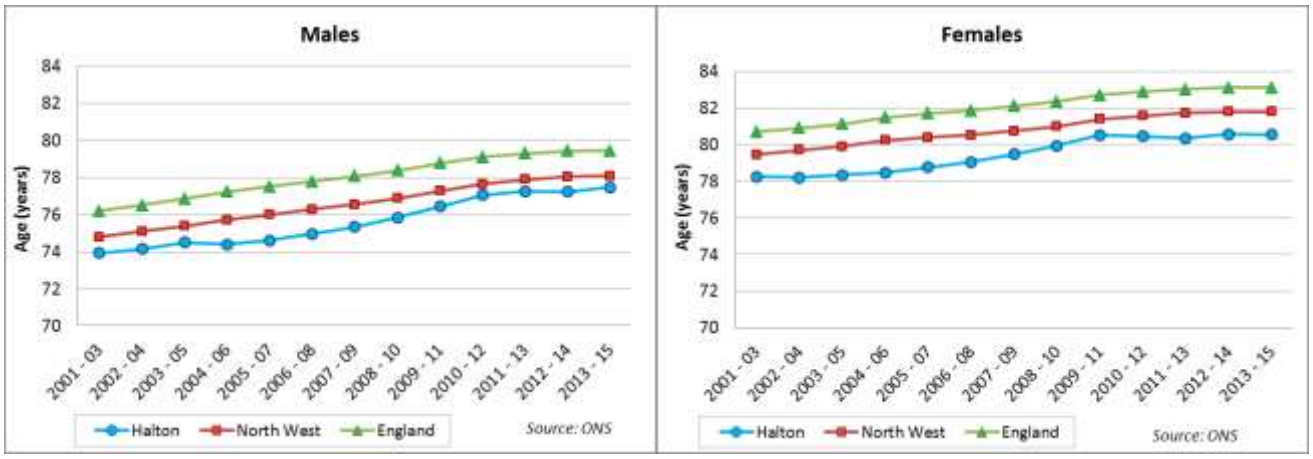
Therefore the new bridge should have little to no adverse effects on access to healthcare including pharmacies, despite the immediate closure of the Silver Jubilee Bridge for maintenance when the Mersey Gateway Bridge opened.

6.5. Life Expectancy

As a result of the reduction in mortality, life expectancy has improved but remains substantially below the North West and England rates. The gap between the national and local life expectancy rates has reduced over recent years. However, Halton women have some of the lowest life expectancy in England.

Reducing all age all-cause mortality inequalities between Halton and the national average will in turn reduce the life expectancy difference.

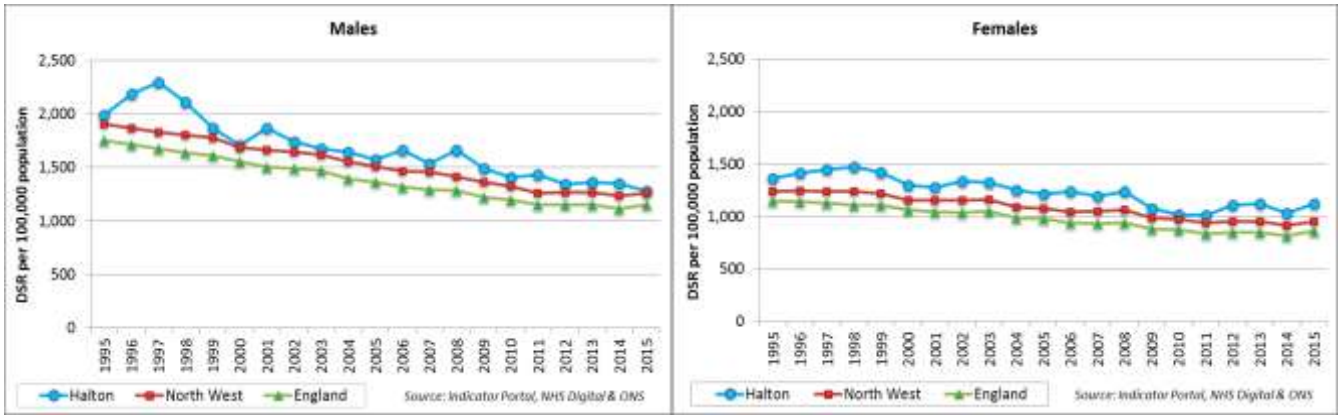
Figure 13: Trend in life expectancy at birth, males and females, 2001-03 to 2013-15



6.6. All Age All-Cause Mortality

Reducing all age all-cause mortality is one of the key priorities for the partner organisations in Halton as it is key to tackling health inequalities. Whilst mortality rates have declined, they remain above the national and regional averages.

Figure 14: Trends in all age all-cause mortality for males and females, 1995 to 2015



6.7. Health & Wellbeing Board Priorities

The Joint Strategic Needs Assessment (JSNA) has been used to inform leaders and commissioning decisions about the health and wellbeing needs of the borough as well as the wider determinants that impact on these issues. Following an extensive engagement and prioritisation process Halton's Health and Wellbeing Board agreed a core set of priorities for its 2018-21 Joint Health and Wellbeing Strategy (JHWBS). With a focus on prevention and early detection, these are:

Children and Young People: improved levels of early child development

Generally Well: increased levels of physical activity and healthy eating and reduction in harm from alcohol

Long-term Conditions: reduction in levels of heart disease and stroke

Mental Health: improved prevention, early detection and treatment

Cancer: reduced level of premature death

Older People: improved quality of life

Action plans for each priority are overseen by various multi-agency partnership groups.

7. Pharmacy Activity that supports local priorities

7.1. Tobacco Control

7.1.1. Level of Need

Smoking is the most significant modifiable risk factor for both heart disease and cancer. In men, it accounts for 59% of social class differences in death rates between 35 and 69 years.[11]

According to the 2016 Health Profile[12] the adult smoking rate in Halton (2015) was 20.1%, a reduction since the 2009 Health Profile when the rate was estimated to be 30.5%. However, this is a slight increase on the 2014 figure. This compares to the England average of 19.5% with the worst rate in England being 32.3% and the best being 7.5%. Despite the reductions in smoking levels locally these figures show that the borough rates remain significantly worse that the England average even though the gap has narrowed. Data from a collaborative Lifestyles survey conducted across all Merseyside boroughs 2012/13 showed higher rates than those seen in the Health profile. Differing methodologies make direct comparisons problematic. However, despite differing figures both demonstrate the significant burden smoking continues to exert on borough residents.

As such, tobacco control has a major role to play in reducing health and social inequalities. The borough's strategy has been to reduce exposure to second-hand smoke, prevent people from starting smoking in the first place, and help smokers to quit.

With regards to helping smokers to quit, the local authority public health team (LAPHT) provides and commissions a range of smoking cessation services with efforts to support smokers to quit being offered as part of a comprehensive tobacco control and smoking cessation plan. All GP practices in Halton are actively involved in providing smoking cessation support, predominantly by practice nursing staff or by GPs providing a brief intervention (BI) and referral to the specialist smoking cessation service, depending on patient need and wishes. General practice staff can refer patients to the Specialist NHS Stop Smoking Service if they require more intensive support.

7.1.2. Evidence of effective interventions in the community pharmacy setting

Evidence suggests that community pharmacies have a key role to play in providing advice, support and even BIs for smoking cessation.[13][14][15][16][17][18] Details of how they can provide this support can be found in guidance such as that published by Pharmacy Health Link.[19] However, this requires adequate training to enhance confidence and skills,[20][21] something pharmacy staff may feel they lack.[22] Training on how to match patient history and smoking status can enable pharmacy staff to tailor advice more accurately.[23] This is based on evidence that community pharmacist smoking cessation support can have similar success rates as that of nurses but lower than that of specialist advisors. There is also some evidence that involving community pharmacy support staff in BIs around smoking can increase the provision and the recording of smoking status in patient's medication records.[24] Whilst other studies show community pharmacy smoking cessation services may produce lower quit rates than group-based support, the latter are more intensive and cost more. Nevertheless, pharmacy-led smoking cessation support can have significant impact on quit rates. [25]It is important to note that assessment of pharmacy success rates need to take client demographics in to account as these may be different to those accessing the same services via other settings.[26] Both types of support are cost effective.[27][28] Quit rates will vary also depending on the number of sessions offered by the pharmacy.[29] Despite these differences the key message remains that the evidence strongly points to community pharmacies having a key role to play in local efforts to support people to stop smoking.[30][31] Both patients and pharmacy staff view smoking cessation counselling by community pharmacy staff positively.[32]

7.1.3. Local provision

Halton has 24 pharmacies providing smoking cessation services (Map 10 and Appendix 4), 14 in Widnes and 10 in Runcorn. Under Local Commissioned Services pharmacies can offer three levels of support to those wanting to stop smoking. Most provide all three levels of service (11 out of 14 in Widnes and 9 out of 10 in Runcorn). Two provide intermediate services only and 2 Varenicline only.

Stop Smoking Voucher Dispensing Service

The stop smoking dispensing service dispenses of nicotine replacement therapy (NRT) against vouchers issued by the Specialist Smoking Cessation Service.

Stop Smoking Intermediate Service

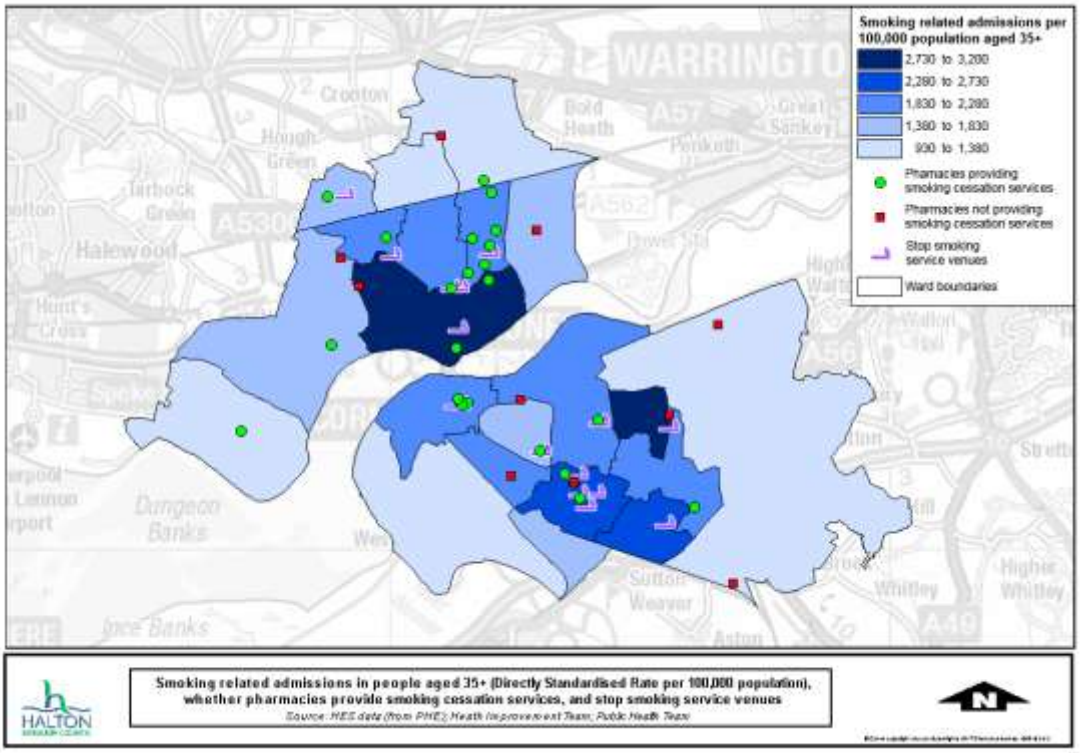
The Pharmacy Stop Smoking Intermediate Service has been established to deliver one-to-one support and advice to the user, from a trained pharmacist or a member of the Pharmacy team. Where appropriate nicotine replacement therapy is supplied or a referral is made to the person's GP for a prescription of alternative stop smoking drugs. The service is provided during normal pharmacy opening hours but may not necessarily be available on every day that the pharmacy is open.

Varenicline

Commissioners from Cheshire and Merseyside LAPHTs have developed a Patient Group Direction (PGD) for the administration of Varenicline. This enables community pharmacies to directly assess the clinical suitability of patients for and provide products such as *Champix,* which has a higher quit rate than NRT products, directly to patients without the need for a prescription from a GP.

82% of respondents to the local community pharmacy services survey stated that they think advice on stopping smoking and/or vouchers for nicotine patches/gum etc. should be available through community pharmacies. This suggests the public see this as a good venue for support to quit smoking.

Map 10: Provision of pharmacy and other community smoking cessation services



Map 10 shows that in all wards with high levels of smoking related admissions (dark blue colour on map) there is at least one specialist stop smoking service clinic or one pharmacy providing smoking cessation support. Therefore provision of community smoking cessation support is adequate.

Conclusions

- There is adequate provision for smoking cessation services across the borough. Pharmacies are a key component of this provision, with easy access, and this should be maintained

7.2. Healthy Weight

7.2.1. Level of Need

Achieving and maintaining a healthy weight through action to address physical activity and healthy eating is one of the six priorities of the 2017-2022 One Halton: Joint Health and Wellbeing Strategy. It is associated with 35 health conditions including cardiovascular disease and some cancers. Halton child and adult obesity levels are above the national average.

According to 2016 Health Profile[33] 3 out of 4 Halton adults are overweight or obese (74.7% in 2013-15), higher than the England average of 64.8%, the best rate in England being 46.5% and the worst 76.2%. The North West rate was 66.6%. Some other key statistics[34] include:

- 88% of Year 9 pupils drink at least one sweet drink (not fruit juice) per day; 83% eat at least one take-away meal a week; only 21% eat 5 or more portions of fruit or vegetables per day; 57% eat breakfast everyday whereas 19% never do
- Up to Years 7-9 over 90% of Halton children participate in at least two hours of high quality physical activity/school sports in a typical week. However, in keeping with the North West and England picture this drops for Year 10-11 (75%) and drops again for Year 12-13 (42.4%). Across all year groups levels in Halton are higher than the North West and England rate
- Obesity levels in both Reception and Year 6 are statistically higher than the North West and England rates
- Fruit and vegetable consumption (5-a-day) is lower in Halton adults than for Merseyside. Women tend to consume more than men and older people more than younger people
- People with long-term illness, disability (physical and/or learning) or poor general health are significantly more likely to be obese than those without (33% compared to 21%)
- Regional and local survey data shows that people with low levels of mental wellbeing are less physically active and have poorer diets. National research shows that nearly half of people with a diagnosis of severe mental illness also have long-term physical health problems yet they have less access to preventative and early interventions
- Malnutrition is a common problem amongst people who are homeless; they face significant barriers to meeting a healthy diet, eating for fullness rather than nutritional value
- Oral health of older people in care homes is poorer than the general population

7.2.2. Evidence of effective interventions in the community pharmacy setting

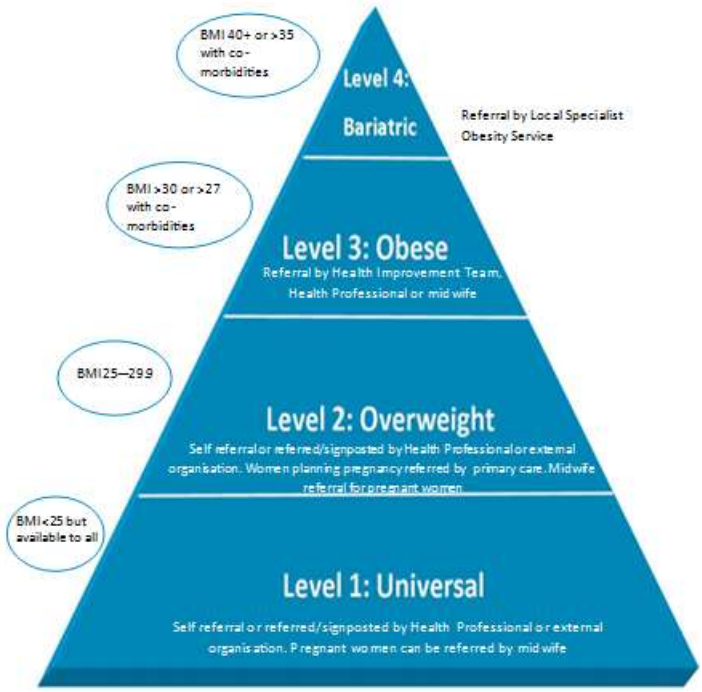
A review of the role of community pharmacy in delivering the public health agenda reviewed three studies concerning weight management interventions delivered by community pharmacists. In two studies positive impacts on weight and waist circumference were found for programmes that offered behaviour change support.[35] NICE guidance on obesity[36] includes pharmacists in the range of primary healthcare professionals who should take action to support behaviour change in relation to weight loss. It also maintains that, with training, pharmacy support staff could also fulfill this role. However, it does not contain specific recommendations for pharmacies. A systematic review of alcohol reduction, smoking cessation and weight management interventions included 5 high quality studies on weight management within community pharmacy settings. Of the three studies that compared pharmacy-based with primary care-based interventions, none of the pharmacy-based interventions showed any significant differences in anthropometric outcomes compared with controls. They concluded that primary care, including pharmacy settings, were not as cost effective as community settings in producing positive weight management outcomes.[37] This is supported by other reviews and studies such as Gordon[38] and Phimarn[39]

Added to this there are differing perceptions among the public and pharmacy staff even when prescribing weight loss medications or over-the-counter weight loss products, with issues such as conflict of interest[40] and preference for dietician-led or commercial weight loss programmes.[41]. However, accessibility and availability of products work in pharmacies favour, especially were non-commercial educational materials are available. Pharmacy-led programmes may be able to bring about desired outcomes (weight loss, reduction in waist circumference and blood pressure).[42][43][44][45] Programme components, appropriate training and resources need to be carefully considered as not all programmes show similar positive results.[46] This includes the need to take different population groups in to account.[47] Barriers include training[48] as well as capacity and reimbursement.[49][50]

7.2.3. Local Provision

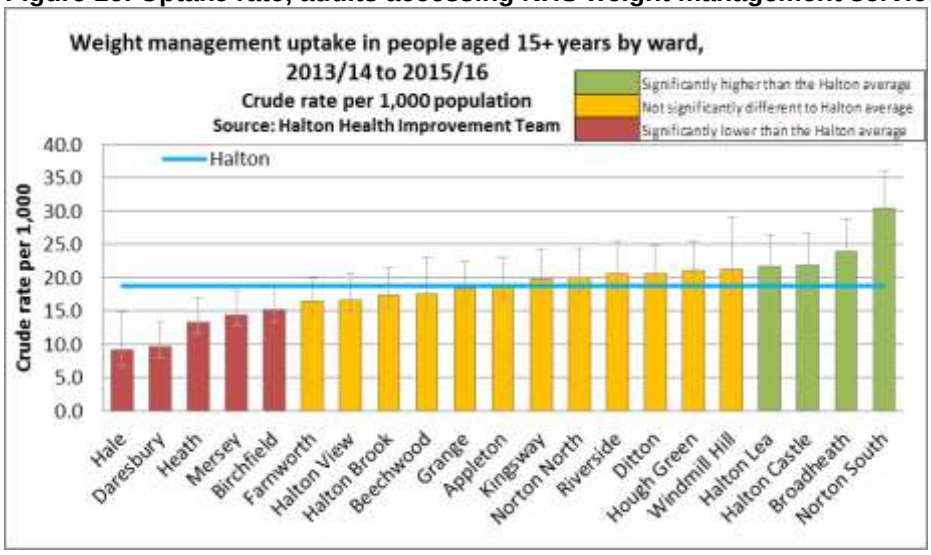
Current weight management services in Halton are commissioned in line with original[51] and subsequent NICE guidance. Sessions encompass group exercise sessions, advice on nutrition and motivational behaviour change support. Service provision is provided in Tiers, with most people accessing Tier 2 weight management services.

Figure 15: Halton Weight Management Service provision



For 2013/14 to 2015/16 the rate of people accessing the specialist (Tier 2) weight management services was higher in the more deprived wards in the borough (Figure 16).

Figure 16: Uptake rate, adults accessing NHS weight management services, 2013/14 to 2015/16



Weight management service outcomes data is based on NICE[52] and Department of Health[53] guidance that an effective programme should aim to elicit a 3% to 5% weight reduction in obese adults during a 3 month period. Performance data is not currently available at postcode level so it has not been possible to map local outcomes. There is a rolling programme of people completing the programmes, with data collection at 12 weeks and follow up at 6 months and 2 years for complex clients. Overall for 2015/16 this showed that over half of clients completing the 12 week programme had lost 3% of more weight and had made substantial improvements to their health scores including self-esteem scores. A third had lost 5% or more weight.

Although not commissioned to do so, some pharmacies did report they offer patients Body Mass Index calculations by weighing and measuring them and offering lifestyle advice. However, it is not possible to determine which types of intervention they provide and to what standards they are operating. It does offer an opportunity to engage with pharmacies on this issue as a way of helping people to access the specialist weight management services. In the patient & public survey 72% stated that they would like to see weight management services within community pharmacies.

Conclusions

- Local weight management services give opportunities to receive practical instruction in healthy eating and physical activity as well as behaviour change support. It would not be possible for pharmacies to provide these practical sessions but there may be a role for them in terms of the ongoing behavioural support, with adequate training.
- Promotion of healthy lifestyles forms part of the essential services within the community pharmacy contract through the 6 campaigns. Tackling obesity would be a key local issue for consideration.
- Some pharmacies already weigh and measure patient's height and calculate BMI, offering information on how to eat more healthily and reduce their weight. This provides opportunities to share good practice in this area.

7.3. Alcohol

7.3.1. Level of Need

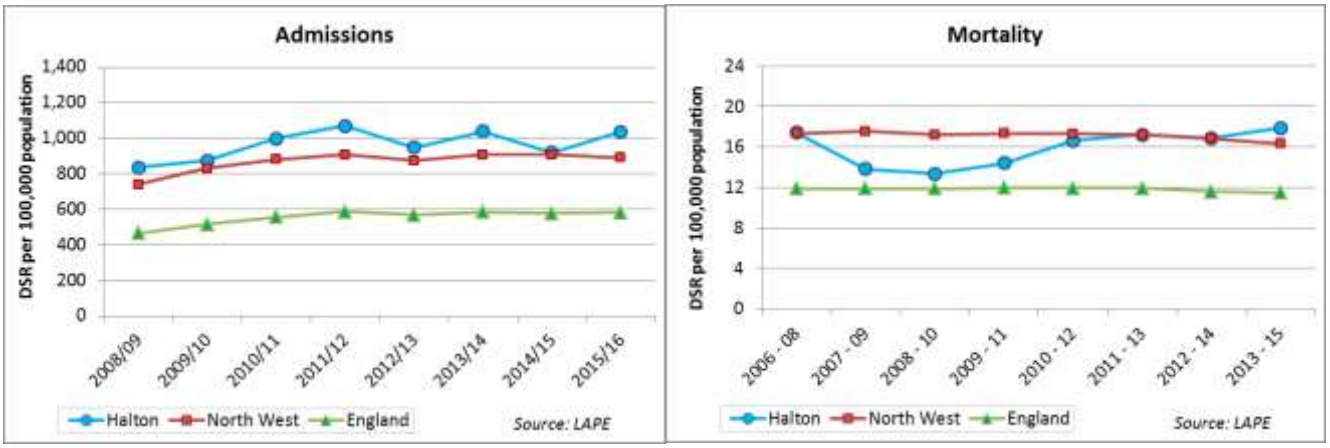
Levels of alcohol use have been rising over recent years. Alcohol misuse is directly linked to deaths from certain types of diseases, such as liver cirrhosis. This trend can be seen in Figure 17. For Halton it is one of the major causes of the gap in life expectancy.

Nationally, rates for hospital admission episodes for alcohol-specific conditions have increased since 2008/09. Halton's rate has remained statistically significantly higher than England's during this period.

For deaths from alcohol-specific conditions in Halton, the rate is also significantly higher than England. The Halton death rate was similar to England between 2007 and 2011; however, it has increased during recent years.

Both admission and especially death rates are much higher for men than women. Most deaths due to alcohol are amongst men.

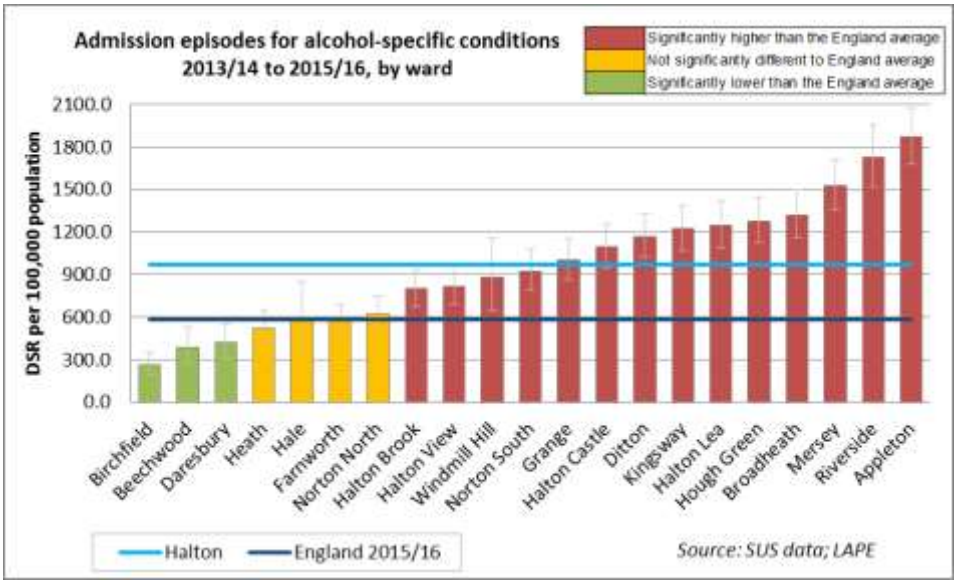
Figure 17: Hospital admission episodes and death due to alcohol-specific conditions, all ages, directly age-standardised rate (DSR) per 100,000 population



The increase in alcohol use amongst adults has generally seen a corresponding increase in alcohol-specific admission episodes. However, the admission rate has, overall, remained at a similar level for both England and Halton since 2011/12.

The impacts alcohol has on admission episodes for alcohol-specific conditions are not experienced uniformly across the borough as Figure 18 shows.

Figure 18: Ward level alcohol-specific admission episodes in Halton, 2013/14 to 2015/16



Admissions to hospital amongst those aged under 18 have seen falling rates in recent years. Again, this is a reflection of the changing pattern of alcohol use amongst young people. Further details of hospital admissions can be found in the JSNA[vii] and the Local Alcohol Profiles for England (LAPE) annual profile.[viii]

7.3.2. Evidence of effective interventions in the community pharmacy setting

There is little in the published research on this area. However, community pharmacies have been effective in supporting people to stop smoking using BIs. There has been some evidence in the early literature that such an approach is also effective for alcohol within other primary care settings.[54][55]

Research undertaken in the North West indicates that alcohol BI and referral to services is acceptable to both pharmacies and the public. However, this research did not consider the effectiveness of such services.[56] This level of public and pharmacist support has been shown elsewhere as well.[57] Given the UK Department of Health's stated aim to include community pharmacies in BI to reduce alcohol harms, an important Randomised Control Trial (RCT) study was conducted in all community pharmacists in the London borough of Hammersmith and Fulham.[58] However, this study and one other showed that BI for alcohol via community pharmacies is not effective. Brown et al therefore recommend that, at this point in time, such services should not be delivered.[59] Despite this the 2011 NICE commissioning guide[60] recommends the targeting of alcohol BI, including via community pharmacies, to specific populations. However, success when doing this is not clear cut. A study targeting men showed good uptake[61] but another targeting women accessing emergency hormonal contraception did not.[62]

7.3.3. Local provision

Alcohol was one of the five 2013-2016 JHWBS priorities. Within the 2017-22 strategy the Generally Well priority has a focus on healthy weight and alcohol. The key principles of the JHWBS include an emphasis on wellbeing, prevention and early detection across the life course. This is in line with the national alcohol strategy.

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vii http://www4.halton.gov.uk/Pages/health/JSNA.aspx
viii http://www.lape.org.uk/

Pharmacy-based alcohol services have been established or commissioned in other areas of the UK, but these vary considerably in their design and have been subject to little evaluation. Locally community pharmacies support national and local alcohol harm awareness campaigns as part of the national pharmacy contract. Due to the lack of evidence on effectiveness, there are no pharmacy enhanced or locally commissioned alcohol services in the borough.

44% of respondents to the local community pharmacy services survey stated that they think advice and treatment for alcohol problems should be available through community pharmacies. 33% stated they did not think these services should be available through the community pharmacy and 22% were unsure. This is a substantially lower 'Yes' response than for all other services apart from drugs services.

Conclusions

- Pharmacies do not currently provide services to reduce alcohol consumption. Evidence of effectiveness for pharmacies role in conducting screening for unsafe levels of alcohol consumption and offering brief interventions is limited. What little there is indicates that, at this point in time, alcohol brief interventions should not be commissioned from community pharmacy. However, we need to keep abreast of new research and respond if this position needs to change
- Under the essential services contract pharmacies should support six health education campaigns per year. Community pharmacies are well placed to take part on local and national campaigns around alcohol misuse. As a local JHWBS priority this should be considered

7.4. Planned care

7.4.1. Level of Need

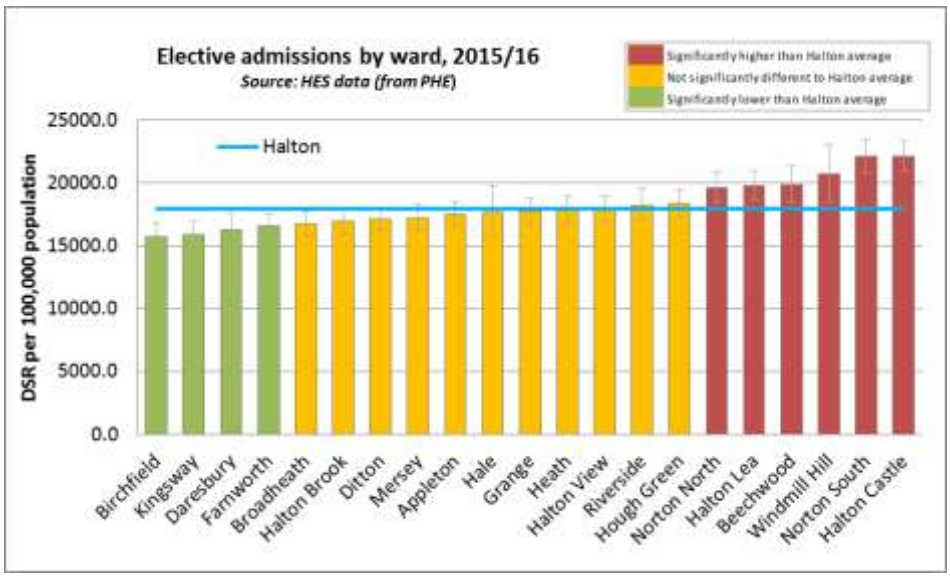
Based on changing population numbers and age structures it is estimated that the number of people being admitted to hospital for a planned procedure will increase. Diseases of the digestive system, cancers (neoplasms), diseases of the musculoskeletal system, and eye and adnexa account for just over 61% of planned admissions.

Table 3: Elective hospital admissions, top 10 causes, 2015/16

ICD-10 Chapter	Elective Admissions	Percentage
Diseases of the digestive system	5493	25.2%
Neoplasms	3068	14.1%
Diseases of the musculoskeletal system and connective tissue	2741	12.6%
Diseases of the eye and adnexa	2108	9.7%
Diseases of the genitourinary system	1465	6.7%
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	1208	5.6%
Diseases of the circulatory system	1095	5.0%
Factors influencing health status and contact with health services	1063	4.9%
Injury, poisoning and certain other consequences of external causes	577	2.7%
Diseases of the respiratory system	464	2.1%
HES data via Public Health England (PHE)		

Figure 19 shows that hospital admission rates are not uniform across the borough. Rates are statistically significantly higher than the borough average in Norton North, Halton Lea, Windmill Hill Beechwood, Norton South and Halton Castle. They are statistically significantly lower than the borough average in Birchfield, Kingsway, Daresbury and Farnworth.

Figure 19: Rate of elective admissions by ward, Halton 2015/16



7.4.2. Evidence of effective interventions in the community pharmacy setting

(See also Long-term conditions)

Medicines adherence support services are an important part of the community pharmacist's role.[63] A study of 10,000 adults aged 35+ found that 76% of women but only 63% of men had obtained medicines or asked for advice with only 12% asking for advice but not obtaining medicines.[64] The difference in gender is not surprising and offers some particular challenges to targeting men for advice especially around lifestyle issues. As a Men's Health project in Knowsley found, most men being targeted for a health check (in the pilot year 400 men aged 50-65 were given a health check) had never had such lifestyle advice from a pharmacist. However, once on-board the majority made a positive lifestyle change.[65] Despite these differences this and other studies demonstrate that pharmacies are an important first port of call for advice on minor ailments.[66]

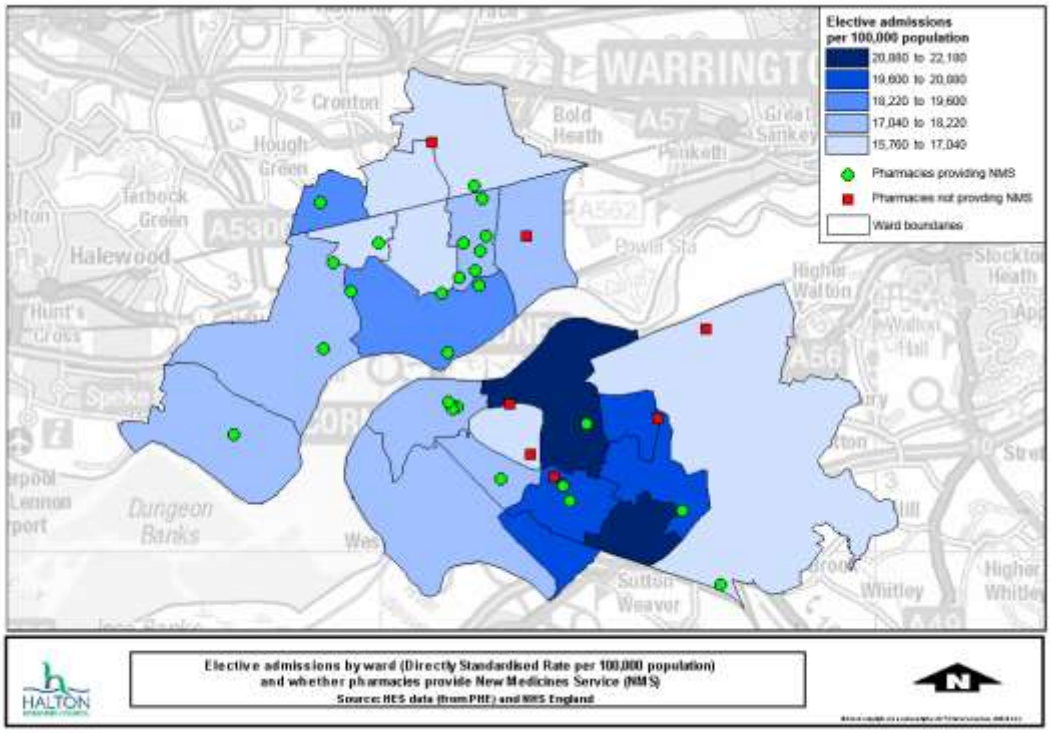
Many people do not use their medicines correctly[67] with limited health literacy[ix] impeding patients understanding of medicines instructions.[68][69] This could lead to medicines wastage, with cost implications for the healthcare system[70] as well as long-term conditions not being optimally managed. Whilst pharmacists recognise that limited health literacy can impact on medication adherence, difficulties in identifying those with low levels of health literacy impedes potential action. More training and advice on the use of aids to identify levels of health literacy need to be employed to increase awareness and confidence amongst pharmacy professionals.[71]

[ix] Evidence shows that health literacy - "the capacity to obtain, interpret and understand basic health information and services and the competence to use such information and services to enhance health" - is a more useful predictor of the use of preventative services than level of education.

7.4.3. Local provision

New Medicines Service (NMS) was introduced in October 2011, as an advanced service, and provides support with medicines adherence for patients being treated with new medicines in four conditions/therapy areas. These are Asthma / COPD, Type 2 Diabetes, Hypertension and Antiplatelet / Anticoagulation therapy. The pharmacist provides face to face counselling about the medicine at the point when the patient first presents with their prescription at the pharmacy. Arrangements are then made for the patient to be seen 10-14 days later to assess adherence and discuss any problems with the new medicine. The patient is followed up 14 days later to check all is well at which point they exit this service. All but seven Halton pharmacies provide NMS as Map 11 shows, giving a good geographical spread in both Widnes and Runcorn.

Map 11: Pharmacies providing new medicines service (NMS)



Medicines Use reviews (MURs) form part of the pharmacy contract, as an advanced service. MURs are structured reviews undertaken by an accredited pharmacist to help patients manage their medicines – to improve their understanding, knowledge and use of medicines they have been prescribed.

The introduction, in October 2011, of three national target groups for MURs was designed to help community pharmacy demonstrate to commissioners the benefits of the MUR service and provide assurance that it is a high quality, value for money service that can yield positive health outcomes for patients who will benefit most. The national target groups are:

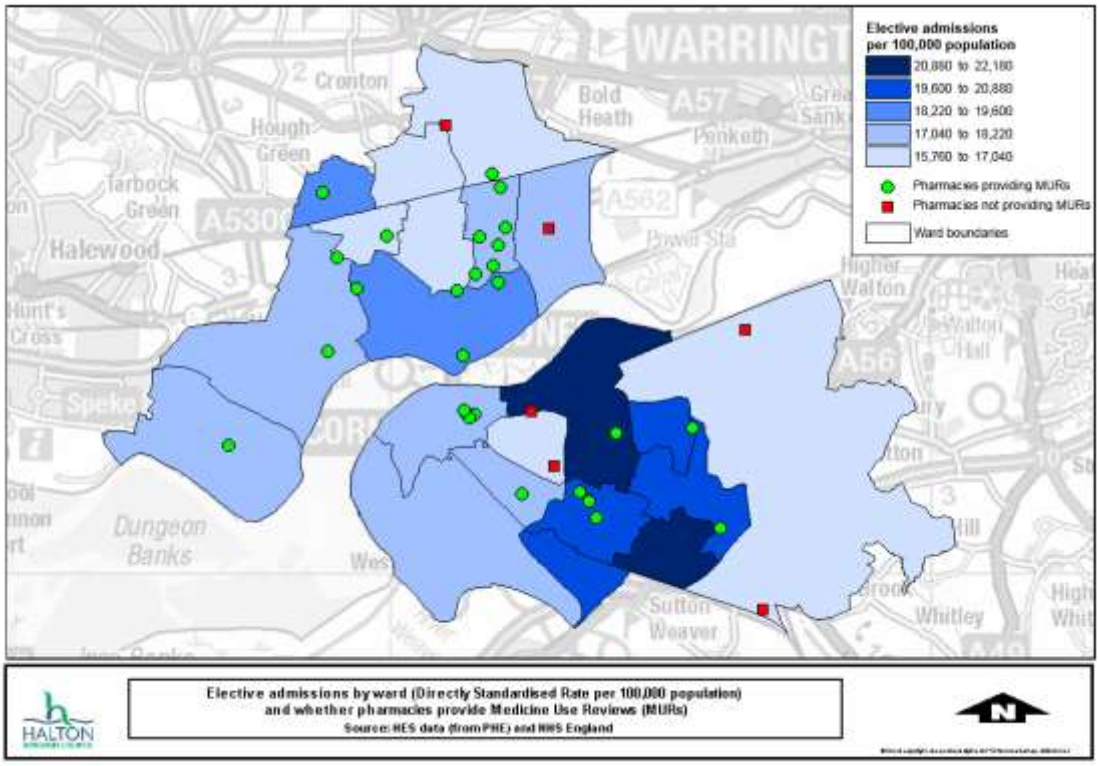
- Patients taking high risk medicines
- Patients recently discharged from hospital that had changes made to their medicines while they were in hospital. Ideally patients discharged from hospital will receive an MUR within four weeks of discharge but in certain circumstances the MUR can take place within eight weeks of discharge
- Patients with respiratory disease

At least 50% of all MURs undertaken by each pharmacy in each year should be on patients within the national target groups. MURs can also be carried out on patients who are not within the target groups. Pharmacists will select patients who will benefit from the MUR service.

MURs are conducted either on a regular basis, e.g. every 12 months, or when the pharmacist feels it is a necessary intervention. They must be conducted in a consultation area to ensure patient confidentiality and privacy. Pharmacists must successfully pass a competency assessment before they can provide MUR services.

86% of respondents to the local community pharmacy services survey stated that they think review or medicines on repeat prescription e.g. when to take them, what they are for and side-effects, should be available through community pharmacies.

Map 12: Pharmacies providing medicines use reviews (MURs)



All areas with high levels of elective admissions have at least one pharmacy conducting MURs. Only six Halton pharmacies do not provide MURs (4 in Runcorn and 2 in Widnes). The areas which do not have pharmacies conducting MURs have lower admissions. This gives good geographical spread in both Widnes and Runcorn.

Conclusions

- There is generally adequate access to both NMS and MURs across the borough
- Monitoring the targeting of MURs in line with nationally defined target groups is carried out quarterly as part of the contractual data submission. Consideration of which other patients would most benefit from an MUR or NMS is also important
- Engaging pharmacy staff in the emerging health literacy work in Halton should be explored

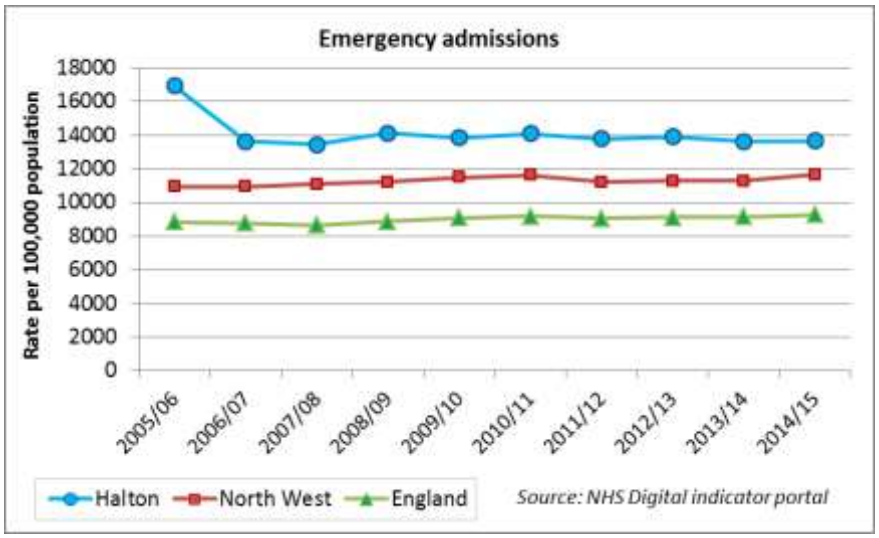
7.5. Unplanned/Urgent Care

7.5.1. Level of Need

In 2014, NHS England set a target to reduce total emergency admissions by 3.5%, 'as a clear indicator of the effectiveness of local health and care services in working better together to support people's health and independence in the community'.[72] Emergency admissions to hospital can be avoided if local systems are put in place firstly to identify those at risk prior to attendance and target primary care services, and secondly to identify those emergency department attendees better cared for outside of hospital and provide a safe route into more appropriate community care. The majority of patients admitted to hospital as an emergency are older people. In order to avoid perverse incentives that might keep older people out of hospital when it is legitimate for them to be admitted, the indicator is presented as a rate for patients of all ages. The indicator also acts as a proxy for the delivery of services for older people generally.

The level of unplanned (non-elective or emergency) admissions in Halton is statistically significantly higher than both the North West and England, a position that has been consistent over time.

Figure 20: Trend in emergency hospital admissions, all age, persons, indirectly standardised (crude) rate per 100,000 population, 2005/06 to 2014/15



Additionally, data is available to help monitor NHS success in prevention and treatment outside hospital of certain acute illnesses that are amenable to management in primary care.[x]

[x] Indicator specification: https://indicators.hscic.gov.uk/download/NCHOD/Specification/Spec_03L_521ISR7E.pdf

Figure 21: Emergency hospital admissions: acute conditions usually managed in primary care, all age, persons, indirectly standardised (crude) rate per 100,000 population, 2005/06 to 2014/15

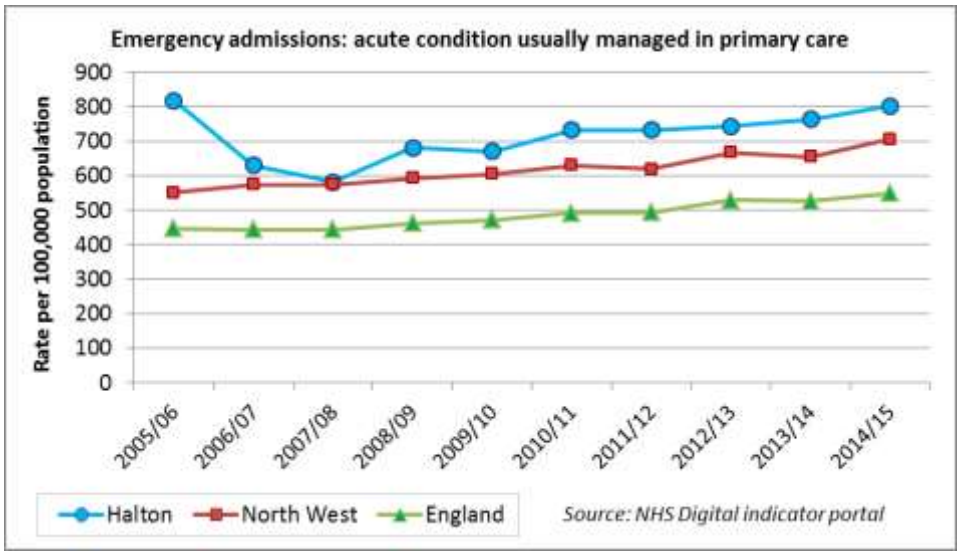


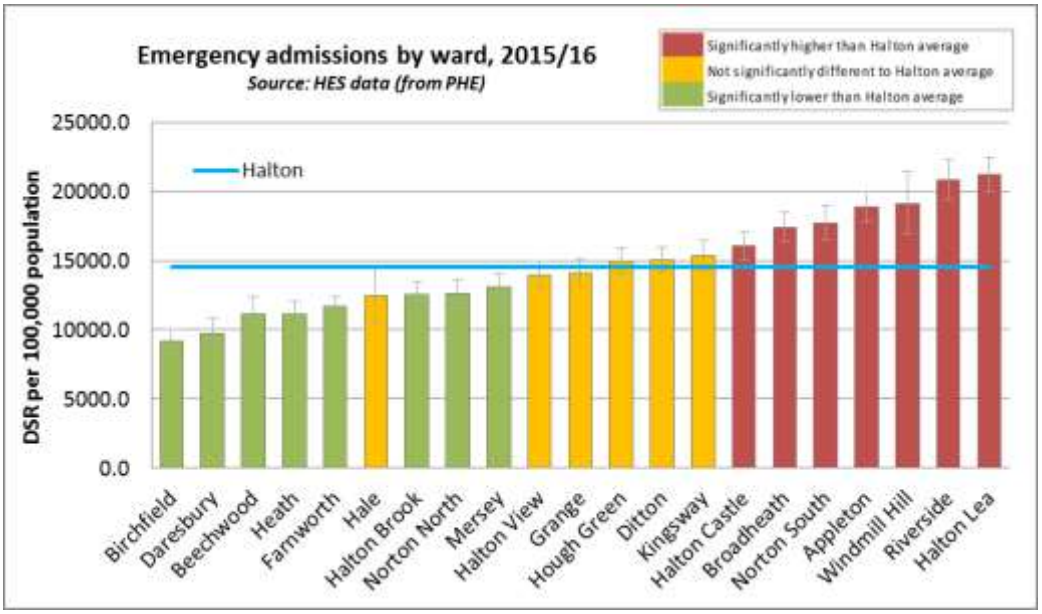
Table 4 illustrates that, as with elective admissions, the top four reasons for people being admitted to hospital as an emergency case make up nearly 58% of all such admissions.

Table 4: Emergency hospital admissions, top 10 causes, 2015/16

ICD-10 Chapter	Emergency Admissions	Percentage
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	3764	21.66%
Injury, poisoning and certain other consequences of external causes	2456	14.13%
Diseases of the respiratory system	2385	13.72%
Diseases of the circulatory system	1461	8.41%
Diseases of the digestive system	1389	7.99%
Diseases of the genitourinary system	1160	6.67%
Certain infectious and parasitic diseases	871	5.01%
Diseases of the musculoskeletal system and connective tissue	738	4.25%
Mental and behavioural disorders	604	3.48%
Diseases of the skin and subcutaneous tissue	479	2.76%
HES data via PHE		

As with planned admissions, rates for non-elective admissions vary widely across the borough as Figure 22 shows. For 2015/16 there were seven wards with rates statistically significantly higher than the borough average, eight with rates statistically significantly lower than the borough average, with only 6 having rates that were not statistically significantly different to the borough average.

Figure 22: Rate of non-elective (emergency) admissions by ward, Halton 2015/16



7.5.2. Evidence of effective interventions in the community pharmacy setting

Several of the research papers identified by the literature search included in their health outcomes reduction in unplanned/emergency admissions. An enhanced medicines management scheme of patients with heart failure post discharge from hospital included community pharmacists as part of multi-disciplinary teams. This improved patient outcomes and decreased unplanned readmissions.[73] Unfortunately, a scheme focused on medicine reviews of high risk elderly found no difference in hospital admissions but did result in modest prescribing savings. However, it was not possible to determine the cost-effectiveness of this intervention.[74] Similarly a study by Walker et al also failed to reduce hospital readmissions. Using a quasi-experimental study evaluating post discharge health care resource use of patients discharged from hospital, the study intervention added a pharmacist to the discharge team to identify and reconcile medication discrepancies at discharge.[75]

Results revealed that whilst the pharmacist identified medication discrepancies at discharge and reconciled all of them, no significant differences in hospital readmission rates and emergency department visits were found. The authors do note that the strength of the intervention might have been compromised by (1) broad inclusion criteria that might not have identified patients at high risk for hospital readmission and (2) the pharmacist not completing follow-up calls for all intervention patients. Other studies have helped to identify and reconcile medications changes, as well as reducing hospital admissions[76] and readmissions.[77]

The discharge medicines review service provided by community pharmacists in Wales is designed to ensure that patients returning home from hospital are prescribed the right medicines and gives them an opportunity to ask their pharmacist about their medicines. Evaluation has shown it benefits patients, results in reductions in readmissions to hospital and provides a possible three to one return on investment.[78] The service will now be incorporated into the contractual framework for community pharmacies in Wales.[79]

The community pharmacist is an important first port of call for advice on minor ailments.[80] A survey conducted in support of the development of the White Paper of pharmacies found that 14% of people had used pharmacies to treat one-off common conditions, such as colds, coughs, aches and pains, and stomach problems.[81] Thus, increasing the use of minor ailments schemes would be beneficial for both GP workload and A&E attendance. Other studies have shown that helping patients to take medications correctly, such as for asthma and COPD can reduce emergency hospital admissions associated with these conditions.[82] A study in London demonstrated pharmacy-based minor ailment schemes are feasible and acceptable in the refugee community.[83] Programmes can be cost saving, especially when societal costs are included, and can increase access to healthcare.[84] They can provide the same health-related outcomes and quality of life measures at lower cost, compared to treating minor ailments in primary or emergency secondary care.[85] From a patient perspective, inaccessibility of the GP and perceived non-serious nature of the condition enhance the likelihood of using the community pharmacist, whilst lack of privacy and perceived potential of misdiagnosis are the main concerns.[86]

Attributes of a community pharmacy and its staff may influence people's decisions about which pharmacy they would visit to access treatment and advice for minor ailments. In line with the public's preferences, offering community pharmacy services that help people to better understand and manage symptoms, are provided promptly by trained staff who are friendly and approachable, and in a local setting with easy access to parking, has the potential to increase uptake amongst those seeking help to manage minor ailments. In this way it may be possible to shift demand away from high-cost health services and make more efficient use of scarce public resources.[87]

Influenza vaccination

For most people, influenza (flu) is an unpleasant illness making people feel unwell for several weeks, but it's not serious in healthy people. However, certain people are more likely to develop potentially serious complications of flu, such as bronchitis and pneumonia. This can result in emergency hospital admissions or even death. The following groups of people are now offered free NHS influenza vaccination each year:

- Those aged 65 years and over (see also section on older people)
- Pregnant women
- Those who have certain medical conditions[xi] –
    - chronic (long-term) respiratory disease, such as asthma, COPD or bronchitis
    - chronic heart disease, such as heart failure
    - chronic kidney disease
    - chronic liver disease, such as hepatitis
    - chronic neurological conditions, such as Parkinson's disease or motor neurone disease
    - diabetes
    - problems with your spleen – for example, sickle cell disease, or if you have had your spleen removed
    - a weakened immune system due to conditions such as HIV and AIDS, or as a result of medication such as steroid tablets or chemotherapy

xi Note this list is not definitive and GPs clinical judgement will be used to assess if a person has an underlying illness that may be exacerbated if they catch the flu

- Those living in a long-stay residential care home or other long-stay care facility
- People receiving carer's allowance, or who are the main carer for an elderly or disabled person whose welfare may be at risk if they fall ill
- Healthcare workers with direct patient contact or social care workers

Research has shown that immunisation services can be safely provided in community pharmacy settings,[88] that the review of medication records is a useful tool in flagging up those 'at risk' and inviting them to take part in the programme.[89] Such programmes are also well received by both patients and doctors.[90]

7.5.3. Local provision

Two Urgent Care Centres operate across Halton. The Widnes Centre replaced the walk-in-centre at the Health Care Resource Centre, just outside the main town centre. The Runcorn centre replaced the minor injuries unit on the Halton hospital site. Opening from early morning until late evening, the centres have extended access to x-ray, ultra-sound scanning and a range of bio-chemical and haematology diagnostic services. The centres have medical as well as nursing staff on site and are able to receive patients via paramedic staff.

The centre in Runcorn has an extensive medication stock provided through, Patient Specific Directions and Patient Group Directions (PGDs) as well as the facility for medication to be provided on an FP10 prescription. This is maintained by Warrington and Halton Hospitals NHS Foundation Trust (WHHFT).

The Widnes site uses a combination of PGDs and FP10 prescriptions. The medication stock on site is maintained by WHHFT but the centre is managed by Bridgewater Community NHS Foundation Trust.

There is a community pharmacy located at the Health Care Resource Centre, Widnes, which is open until early evening Monday to Saturday. A number of community pharmacies are located in Halton Lea which is close to the Runcorn Urgent Care Centre, including a 100 hour pharmacy which is open evenings and weekends. All pharmacies offer an over the counter service which provides medication for a range of minor ailments and injuries. Additionally there is commissioned provision of Care at the Chemist, NMS and MURs (see planned care section for NMS and MURs).

Minor Ailments Scheme: Care at the Chemist (CATC)

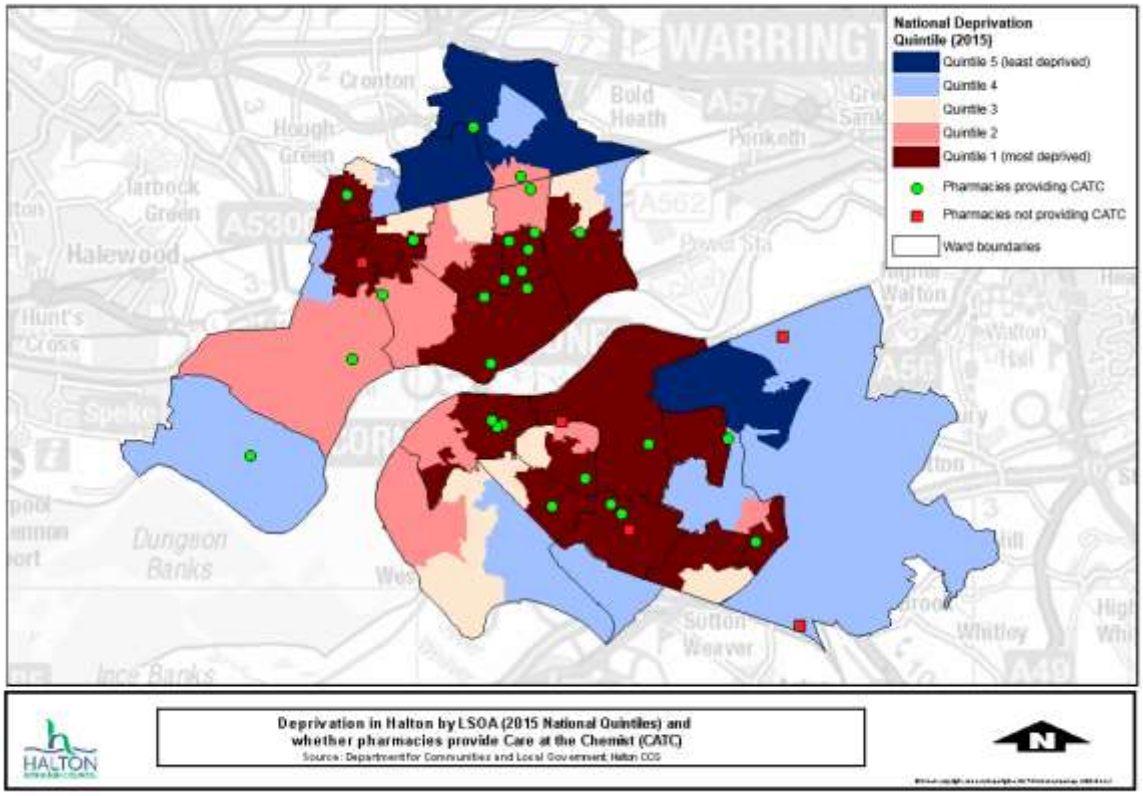
Unlike GPs, community pharmacies are a 'walk up and get seen' service. As such they are a key resource for advice on treating minor, self-limiting, ailments and the purchase of appropriate over-the-counter medicines. CATC takes this concept a stage further. Patients can attend a participating community pharmacy and ask to be seen under the scheme. If the condition is covered by the scheme the patient will receive a consultation and be provided with advice or medication as appropriate from a dedicated formulary. This service is open to patients within Halton CCG and is delivered by accredited Halton pharmacies who have signed up to participate in scheme. The service cannot be commissioned from Internet only pharmacies. The aim of the service is to improve access and choice for people with minor ailments by promoting self-care through the pharmacy, including provision of advice and where appropriate medicines, without the need to visit their GP practice. There is a defined list of conditions that can be treated under the scheme and an extensive formulary. The service provides additional benefit by creating capacity within general practice to provide services to patients requiring more complex management such as the management of long term conditions.

In April 2015 NHS Halton CCG increased the number of pharmacies that provide this service to 29 of its 31 patient facing community pharmacies (see Map 13). The service is well used, with data showing higher uptake in pharmacies in the more deprived wards of Halton. Available data illustrates a large variation in client uptake between pharmacies. The most common ailments patients access the service for are pain, fever, headache, coughs, colds, stomach upset and head lice.

In order to support patient access to this service and overcome difficulties in provision at border locations around the CCG there is a mutual agreement for pharmacies from neighbouring CCGs of Liverpool, St. Helens and Knowsley to provide Minor Ailment Services to residents of Halton.

89% of respondents to the local community pharmacy services survey stated that they think treatment of minor services should be available through community pharmacies. 7% said they should not be provided and 4% were unsure.

Map 13: Pharmacies providing Care at the Chemist service



Influenza vaccination amongst at risk people aged under-65

The NHS Influenza Vaccination Programme is offered to a range of 'at risk' patients under the age of 65 as well as to all those aged 65 and over (see older people's section for more details in vaccination uptake amongst those aged 65+). Some of these annual invites have been established for many years, whilst others are more recent. As described in section 3.2.5 the NHS Influenza Vaccination Programme is now commissioned as part of the advanced services for both at risk adults under age 65 and all adults aged 65+. This annual, seasonal influenza vaccination programme continues to be implemented primarily through GP practices although pharmacies are now offer patients another venue at which to have their vaccination. This increased access is especially important in Halton. Table 5 shows that, for those under age 65 in 'at risk groups,' whilst uptake amongst Halton CCG registered populations is similar to the Merseyside Area Team level and mostly higher than England,

all fall substantially short of the 75% World Health Organization (WHO) recommended national uptake target.

Table 5: Influenza vaccination uptake rates for those at risk under age 65 years, 2015/16

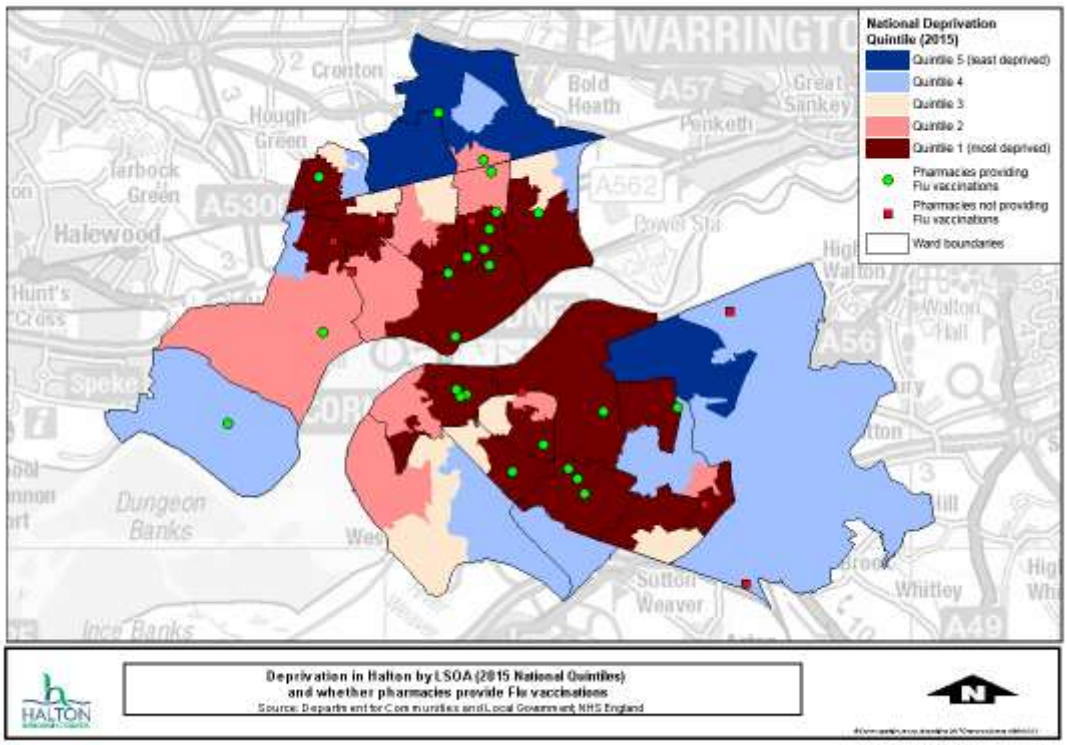
	Halton CCG	Merseyside Area Team	England
All those at risk aged under 65 years	47.6%	48.3%	45.1%
Chronic heart disease	51.4%	51.6%	48.6%
Chronic respiratory disease	50.6%	51.0%	47.4%
Chronic kidney disease	57.4%	58.4%	53.5%
Chronic liver disease	50.5%	50.0%	42.5%
Chronic neurological disease (including stroke/TIA, cerebral palsy and MS)	52.1%	51.2%	49.0%
Diabetes	64.1%	66.4%	65.5%
Immunosuppression	56.3%	56.8%	52.9%
Pregnant women	49.1%	45.8%	42.3%

Source: ImmForm, Department of Health, via NHSE public health team

(For influenza vaccination uptake amongst those aged 65+ see section 7.11)

Under the advanced services contract, most Halton pharmacies now provide NHS Influenza vaccinations to adults in at risk categories. However, 8 do not, including some in areas of high deprivation where emergency admissions are higher.

Map 14: Pharmacies providing NHS Influenza Vaccination to at risk adults



85% of respondents to the local community pharmacy services survey stated that they think treatment of minor ailments should be available through community pharmacies. 10% said they should not be provided and 5% were unsure.

Medicines to Support Admissions Avoidance

There are a number of medications that can support early discharge or admissions avoidance if readily available within the community setting but are not commonly used and as such not routinely stocked by community pharmacies. If a small number of pharmacies were to stock the medications this would support prompt and effective treatment of patients with a number of infections such as cellulitis, some respiratory tract infections and urinary tract infections. Access to a small number of other drugs such as vancomycin for immediate treatment of Clostridium difficile would also support timely treatment and admissions avoidance for this type of patient.

The CCG has commissioned two pharmacies to stock a limited formulary of medicines that will support this agenda. The aims and requirements of the service are:

- To support admissions avoidance and early discharge for specific appropriate conditions and to improve the care of these patients
- Maintain an agreed stock of medicines used to treat specific conditions such as cellulitis, respiratory tract infections, urinary tract infections, Clostridium difficile and suspected DVT at designated community pharmacies. This is intended for supply by community pharmacies against FP10 prescriptions issued.
- Ensuring access to the agreed stock of medicines is available during normal working hours including weekends and evenings.
- Supporting patients, carers and clinicians by providing them with up to date information and advice where appropriate.

This service is being piloted at the moment to assess longer term viability and impact. Two pharmacies have been selected following expressions of interest from across the locality. One of these pharmacies has already gone live with the second following during the summer 2017.

Conclusions

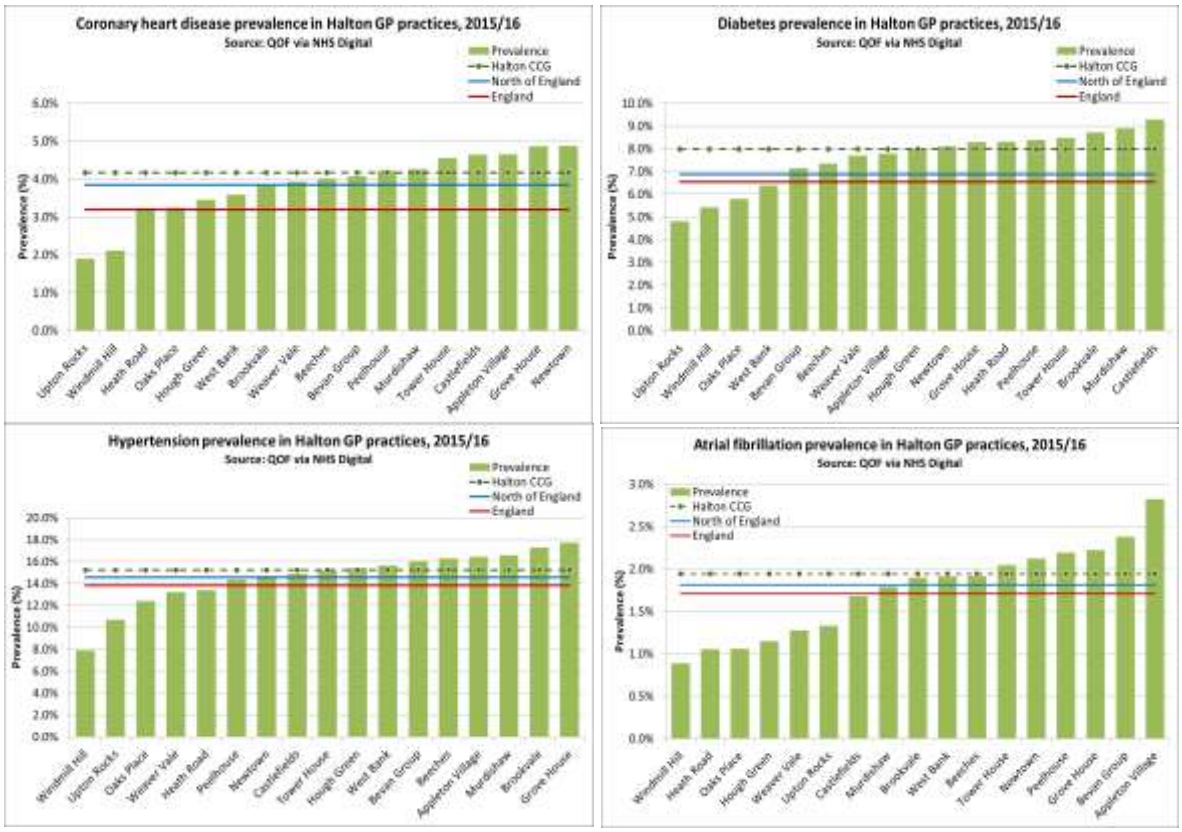
- There is currently adequate access to the Minor Ailment Scheme, Care at the Chemist (CATC), including 100-hour evening and weekend provision. The formulary has been extended to include teething, colic, ear wax and nappy rash and the protocols in use are also due for review which will be done via a rolling programme.
- Cross-border collaboration between boroughs (Liverpool, St Helens and Knowsley) has ensured both access and choice
- Ways of improving awareness of CATC amongst key target groups continues to be investigated
- Influenza vaccination for at risk adults is now widely available through pharmacies across the borough and this has greatly increased accessibility. The primary provider of influenza vaccination remains General Practice

7.6. Supporting and identifying people with Long Terms Conditions, including cardiovascular disease and hypertension

7.6.1. Level of Need

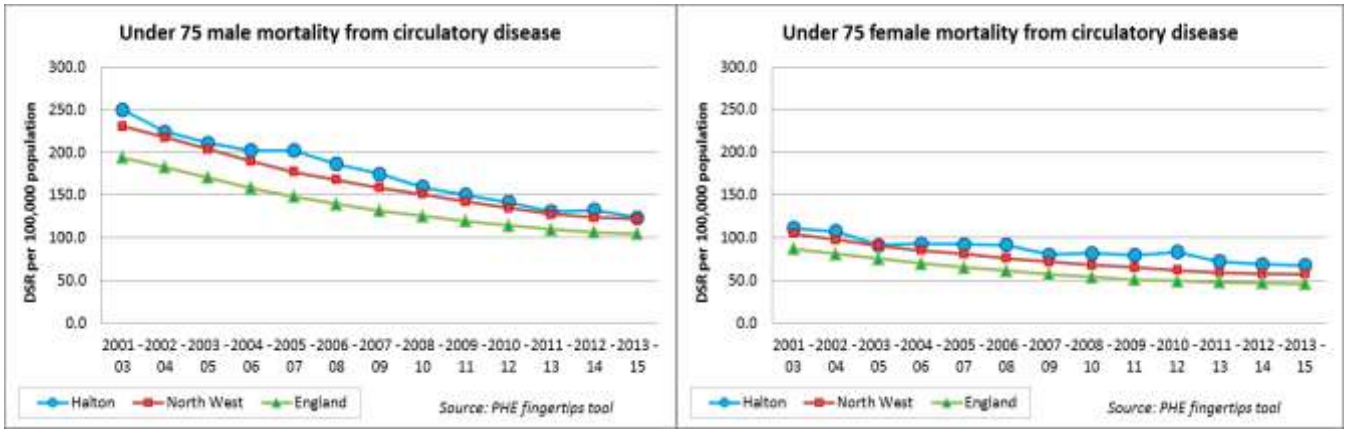
The known prevalence of cardiovascular disease, diabetes and hypertension is higher in Halton than for its comparators. Whilst this may in part be due to proactive case finding estimated prevalence rates are also higher than the England averages suggesting these long-term conditions place a higher burden on the local population and healthcare provision.

Figure 23: Diagnosed prevalence of coronary heart disease, diabetes, hypertension and atrial fibrillation, 2015/16



The impact of this level of need can be seen ultimately in death rates. Rates have fallen substantially over the last two decades. Rates are still higher than the North West and England averages but the gap has narrowed, especially for males.

Figure 24: Trend in death rates from all circulatory diseases for people aged under 75 years (ICD10 I00-I99), directly age standardised (DSR) per 100,000 population all age, 2001-03 to 2013-15



7.6.2. Evidence of effective interventions in the community pharmacy setting

Research studies on the community pharmacy role in reducing the risk and improving outcomes for patients with cardiovascular disease (CVD) are one of the areas where evidence of effectiveness is strongest.

Hypertension (High blood pressure)

Community pharmacy-based initiatives are particularly effective in reducing high blood pressure.[91][92][93] High blood pressure is a major risk factor for cardiovascular disease and stroke. Yet, data has shown a high percentage of undiagnosed high blood pressure in the population. Community pharmacies can play an effective and cost-effective role in both opportunistic screening[94][95] and management of high blood pressure.[96][97][98][99][100][101][102] This is especially effective when done as part of a wider multidisciplinary team collaborative.[103][104] Such collaborative models have been recognised as of value by both the Royal College of General Practitioners and Royal Pharmaceutical Society [105 This is the case for both uncontrolled high blood pressure[106] and when it is already well controlled.[107] Initiatives are most cost effective when managing high risk patients.[108] There is also a high degree of patient satisfaction with community pharmacist led high blood pressure management programmes.[109][110][111] This is especially so amongst those with long term conditions where a long-term relationship underpins high levels of engagement.[112] There are opportunities to expand this role beyond medicines advise and adherence to the inclusion of dietary advise. This should focus on preventing or treating high blood pressure through reducing sodium (salt) intake, as part of a comprehensive approach to improving outcomes. Support and training is needed to do this.[113]

Managing long-term conditions

In addition to screening and management of high blood pressure, community pharmacy is an effective setting for risk assessment and management of cholesterol and management of people at risk of cardiovascular disease.[114] They are less effective for more complex, multi-component interventions aimed at addressing medicines management and lifestyles as part of one programme.[115][116] Even when successful such complex interventions may not be cost-effective.[117] NICE produced public health guidance on proactive case finding to reduce health inequalities in deaths from cardio-vascular disease and smoking-related deaths.[118] It included a recommendation to provide services in places that are easily accessible to people who are disadvantaged (such as community pharmacies and shopping centres) and at times to suit them. However, an evaluation of

the North Tees Health Checks programme, pharmacy element, was carried out in 2010/11.[119] Conducted by interviewing staff from community pharmacy, staff members from the commissioning Primary Care Trusts and with Local Pharmaceutical Committee members it found a number of challenges presented covering 4 categories:

(1) establishing and maintaining pharmacy Healthy Heart Checks, (2) overcoming IT barriers, (3) developing confident, competent staff and (4) ensuring volume and through flow in pharmacy.

It thus concluded that delivering NHS Health Checks through community pharmacies can be a complex process, requiring meticulous planning, and may incur higher than expected costs. Given these barriers, the local implementation of the NHS Health Checks programme should continue to be run through GP practices until such barriers can be overcome. It is clear from the evidence that community pharmacies can play a role in supporting people with long-term conditions.

Community pharmacy-based interventions can be effective in the management of those with Type 2 diabetes and the pharmacist can be an important member of the multidisciplinary team managing patients with diabetes.[120][121] Research has shown interventions can reduce HbA1c levels,[122][123][124][125][126] improve glycaemic control,[127][128][129] bring about improvements in CVD risk in patients with diabetes[130] and general adherence to clinical guidelines through patient education and medicines assessments.[131] They can be effective in targeting those at high risk providing them with point-of-care blood glucose testing and referral being more effective and cost effective than targeting and referral alone. This can reduce emergency hospital admissions. Type 2 diabetes and other CVD screening is effective in diagnosing new cases and bringing about positive therapy changes[132][133] and simple tools can be developed to do this.[134]

Long-term condition management initiatives run in the community pharmacy setting do not have to be pharmacist-led to be effective. A peer health educator programme in which GPs referred older patients with hypertension to a community-pharmacy based volunteer health programme was well received by patients and GPs.[135]

Self care

Pharmacists are more likely to see self-care in terms of patient responsibility and active involvement in their care than in broader concepts of patient autonomy and independence. In particular pharmacist see they have a lead role in medicines-related self-care support.[136] There are opportunities for community pharmacists to provide self-care support to those with long-term conditions as they are regular users of pharmacy services. Whilst many patents see they are already actively engaged in self-care e.g. medicines adherence, many others suggest they need support of professionals as well as family and friends. However, the reasons for patients a lack of awareness of the role community pharmacists can play plus a reluctance to use them for self-care support needs to be understood. This would enable support from community pharmacists to be tailored and 'marketed' more effectively to both patients and general practitioners/ primary care staff.[137][138[139]

7.6.3. Local provision

Many of the commissioned services already described will support people in the borough who have an identified long term condition such as MURs and CATC. For those who have a newly diagnosed condition for which medication is prescribed the NMS can be offered.

NHS Health Checks is a vascular health checks[140] initiative aimed at reducing the burden of cardiovascular disease and mortality, including inequalities in this burden. It is a public health programme for people aged 40-74 which aims to prevent heart disease, stroke, diabetes; kidney

disease and dementia. Together these conditions account for a third of the difference in life expectancy between the most deprived areas and the rest of the country.

Although not a statutory requirement, the risk management element of the programme, provided through lifestyle interventions, is important to ensure that the programme has long term benefits for public health. The guidance recommends that everyone receiving a health check is given individually tailored advice to help motivate them to make appropriate lifestyle changes to manage their risk (unless clinically unsafe to do so). Such advice may include referrals to:

- Local stop smoking services
- Physical activity interventions
- Weight management programmes
- Alcohol use interventions
- Signposting to dementia services

Locally NHS Health Checks programme is delivered through all GP practices. Up to March 2017, 27,520 (72.6%) eligible patients (between the ages of 40 to 74 and not currently on a GP disease register) were invited for a Health Check and of these 12,418 (45.1%) of those invited during the year had a Health Check. In an attempt to boost the number of patients receiving Health Checks, health trainers from the Health Improvement Team have been located in some practices. This offer has the advantage of being able to sign patients up for appropriate lifestyle services rather than making a referral. The role of the community pharmacies will be required to focus on the management of any medication needs that may result from the health check including the provision of stop smoking aids. It is expected that for an annual population of people invited for a Health Check to primary care 1,264 will be smokers and 1,214 obese or overweight, 515 will require statins and 138 will require medication for high blood pressure. The pharmacy has a very clear role in provision of this medication and support to enable compliance.

In addition to Health Checks there are well established disease registers within GP practices to ensure the proactive management of patients with established long-term conditions such as cardiovascular disease, diabetes, respiratory disease, asthma and others.

Hypertension – Cheshire & Merseyside level work

Hypertension was identified as a priority for action in Cheshire and Merseyside by the Champs public health collaborative service. The Cheshire & Merseyside Public Health Leads Group is working on a system wide approach for the prevention, detection and treatment of high blood pressure. At the heart of the strategy[141] is the ambition to ensure local communities have the best possible blood pressure and that Cheshire & Merseyside becomes the most improved sub-region in England for blood pressure outcomes.

The strategy is being led by the Cheshire & Merseyside Blood Pressure Partnership Board which has representation from local authorities, health and the voluntary sector. Halton is well represented at this Board. Sustainability and Transformation Plans also called Five Year Forwards View Plans have provided an opportunity to act as a lever to implement the Blood Pressure strategy through NHS partners and settings

Pharmacy has been identified as an ideal setting to reach the community and it is expected that pharmacy will play a key role in not just providing medication support but also for carrying out early identification of hypertension through blood pressure testing and provide additional healthy lifestyle advice and signposting within the wider health system. The advent of Healthy Living Pharmacy is expected to act an enabler for this (see Appendix 6 for information on Healthy Living Pharmacies).

87% of respondents to the local community pharmacy services survey stated that they think tests to check blood pressure, cholesterol and whether they might get diabetes or other conditions should be available through community pharmacies. 82% stated that smoking cessation and/or nicotine replacement therapy should be available and 72% thought weight management should be available.

Conclusions

- There is some evidence from the literature that pharmacies can play an important role in helping patients to manage long-term conditions, particularly cardiovascular disease. Pharmacies are able to offer checks for blood pressure, blood sugar and signpost affected individuals into primary care for definitive management
- Under the essential services contract pharmacies should support six health education campaigns per year. This is led by NHS England and the content of the campaigns is open to local influence subject to consultation

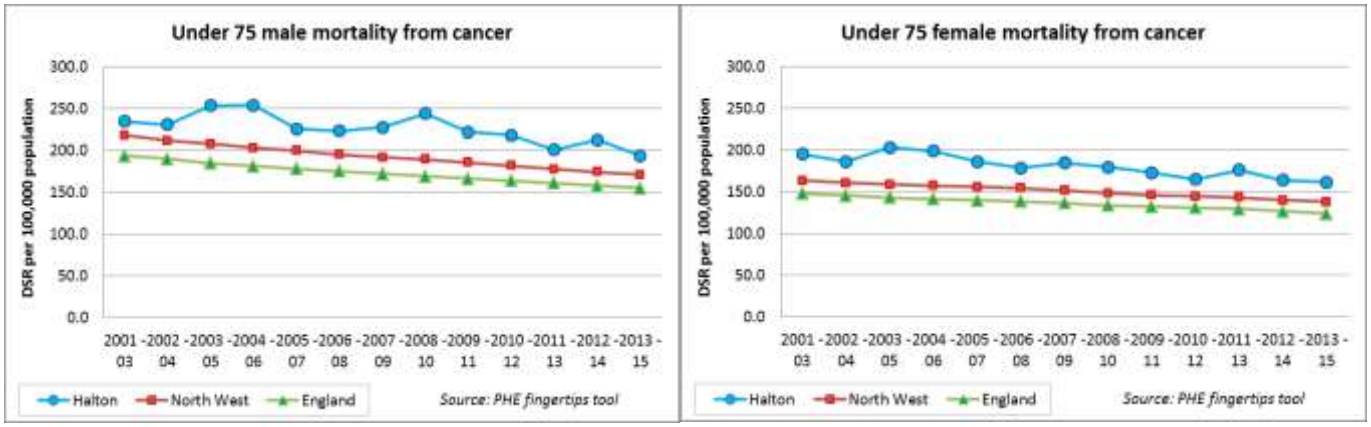
7.7. Cancers

7.7.1. Level of Need

Whilst the evidence indicates that substantial reduction in deaths from cancers can be achieved by healthy lifestyles, interventions to bring about this change are long-term. Local assessment suggests capacity in secondary care is not a significant issue. In the short term the most likely way to improve survival times and reduce deaths from cancer is to get people who have symptoms to come forward for treatment earlier.

Figure 25 shows that Halton has significantly higher mortality rates than England and also the North West since 2001-03. Overall, the cancer mortality rates for both males and females have declined, but the male rate remains higher than for females. Cancer remains one of the top priorities for the borough and is included in the 2017-2022 JHWBS.

Figure 25: Trend in death rates from all cancers for people aged under 75 years (ICD10 C00-C97), directly age standardised (DSR) per 100,000 population all age, 2001-03 to 2013-15



7.7.2. Evidence of effective interventions in the community pharmacy setting

See also tobacco control

The community pharmacy is an ideal place for the public to obtain information on cancer. Pharmacy-based information, such as touch screen technology, appears to be effective in raising awareness of sun risks, and trained pharmacists are more likely to be proactive in counselling clients. However, the effect of this advice on the behaviour of clients is currently unknown.[142] This could be rolled out to include awareness campaigns about skin and bowel cancer and cancer screening. Feedback from health improvement campaigns shows the community pharmacy is an acceptable location for cancer prevention campaigns[143] including discussions about prevention and early detection of cancer.[144] For those with established cancers pharmacies can play an important role in identifying common drug-related problems via medication therapy management services.[145] Oral anticancer medications offer patients advantages over traditional intravenous anticancer therapy. However, patients and their caregivers must be well educated in how to use them to reduce risk and achieve the best possible outcomes. Whilst oncology teams play the central role in this, community pharmacists can make an important contribution. This can include an understanding of patient and system barriers with these medications, proper administration and adherence, drug and food interactions, safe handling and disposal.[146] However, this is not without its challenges and issues such as safe infrastructure with education and training are needed.[147]

7.7.3. Local provision

The local Cancer Strategy emphasises prevention and early detection. Local activity supports the national campaign messages of *Be Clear on Cancer* programmes through a combination of approaches including social marketing, public awareness, as well as with public and clinical staff training. Social marketing is used to encourage people with symptoms to seek medical advice. The *Be Clear on Cancer* campaigns use a wide range of outlets and vehicles to spread the key messages, with pharmacies being an important outlet. It is not possible for pharmacies to offer cancer screening. Both breast and cervical screening require specialist equipment and staff. The bowel screening programme is based on home testing that is posted direct to laboratories. Pharmacies can have an active role in encouraging participation in screening and helping people order bowel screening kits from the central Hub. Cancer is a local JHWBS priority. As such, and based on the evidence, it would be appropriate to include cancer screening and sun awareness as one of the six health education campaigns pharmacies should support each year as part of their essential services, national contract

Conclusions

- There are currently no plans to commission services for the prevention of cancers in pharmacies. The need for specialist equipment and procedures means it would not be feasible for them to provide cancer screening services
- As part of the essential services contract, the use of the six health education campaigns should include at least one on cancers as a local HWB priority

7.8. Sexual Health

7.8.1. Level of Need

Improving the sexual health of the population is a national and local priority with the most recent national public health strategy[148] and sexual health framework outlining the reasons and approach.[149]

Locally our population suffers from poor sexual health. Teenage conception rates have fallen overall in recent years but remain above the national and regional rates (Figure 26). This is also the case for abortions amongst under-18s (Figure 27). For teenage conceptions the gap between Halton and England is statistically significant but this is not so for the percentage of teenage conceptions that result in abortion.

The borough also has seen an overall decrease in the number of sexually transmitted infections (STIs) and HIV being diagnosed. Halton's overall rate of STIs for 2015 was below the Cheshire & Merseyside average and was the third lowest of the nine local authorities in the sub-region (Figure 28).

Figure 26: Teenage conception rates 1998 to 2015

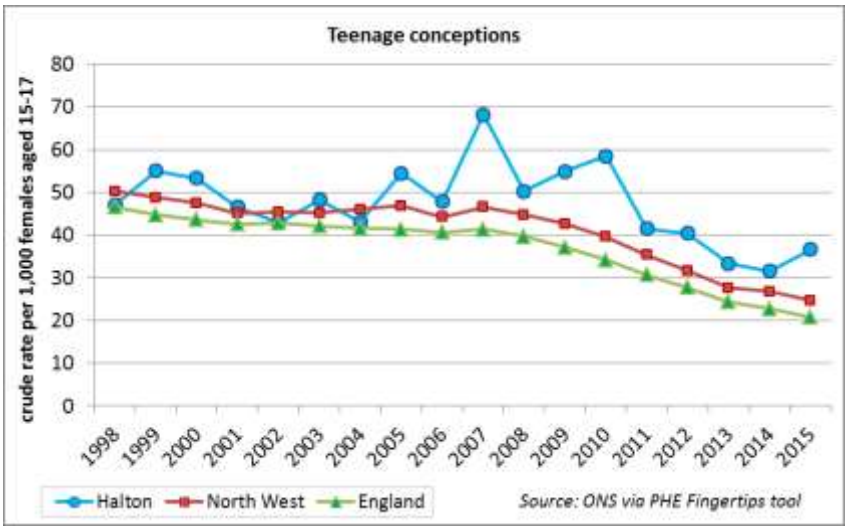


Figure 27: Percentage of conceptions amongst women aged under18 leading to abortion, 1998 to 2015

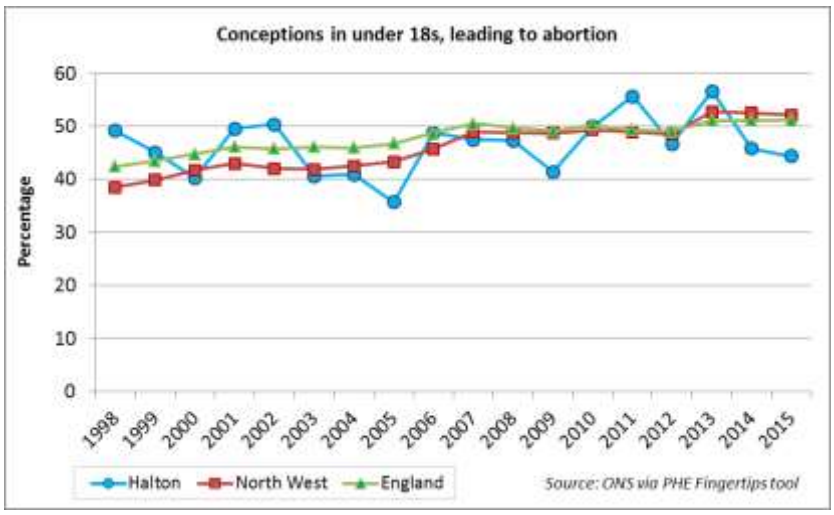


Figure 28: Sexually transmitted infection rates in Halton 2012 to 2015 and compared to other local authorities in Cheshire & Merseyside, 2015

7.8.2. Evidence of effective interventions in the community pharmacy setting

NICE guidance on contraceptive services for young people (up to the age of 25),[150] key recommendations include:

- Establish collaborative, evidence-based commissioning arrangements between different localities to ensure comprehensive, open-access services are sited in convenient locations, such as city centres, or near to colleges and schools. Ensure no young person is denied contraceptive services because of where they live
- Ensure pharmacies, walk-in centres and all organisations commissioned to provide contraceptive services (including those providing oral emergency contraception) maintain a consistent service. If this is not possible, staff should inform young people, without having to be asked, about appropriate alternative, timely and convenient services providing oral emergency contraception
- Doctors, nurses and pharmacists should where possible, provide the full range of contraceptive methods, especially long-acting reversible contraception (LARC), condoms to prevent transmission of STIs and emergency contraception (both hormonal and timely insertion of an intrauterine device). Adequate consultation time should be set aside
- Provide additional support for socially disadvantaged young people to help them gain immediate access to contraceptive services and to support them, as necessary, to use the services. This could include providing access to trained interpreters or offering one-to-one sessions. It could also include introducing special facilities for those with physical and sensory disabilities and assistance for those with learning disabilities
- Ensure all young women are able to obtain free emergency hormonal contraception, including advance provision
- Offer support and referral to specialist services (including counselling) to those who may need it. For example, young people who misuse drugs or alcohol and those who may have been (or who may be at risk of being) sexually exploited or trafficked may need such support. The same is true of those who have been the victim of sexual violence
- Ensure young men and young women know where to obtain free advance provision of emergency hormonal contraception
- In addition to providing emergency hormonal contraception, professionals should ensure that all young women who obtain emergency hormonal contraception are offered clear information about, and referral to, contraception and sexual health services
- Encourage all young people to use condoms and lubricant in every encounter, irrespective of their other contraceptive

- Ensure staff are familiar with best practice guidance on how to give young people aged under 16 years contraceptive advice and support.[xii] Ensure they are also familiar with local and national guidance on working with vulnerable young people

A review of the contribution of community pharmacists to the public health agenda[151] found:

- Emergency hormonal contraception (EHC) can be effectively and appropriately supplied by pharmacists
- Pharmacy supply of EHC enables most women to receive it within 24 hours of unprotected intercourse
- Community pharmacies are highly rated by women as a source of supply and associated advice for EHC on prescription, by Patient Group Directions (PGDs), or over-the-counter (OTC) sales
- 10% of women, choose pharmacy supply of EHC in order to maintain anonymity
- Pharmacists were positive about their experience of providing emergency hormonal contraception through PGDs and over-the-counter sales
- The role of pharmacy support staff in provision of EHC services is reported by pharmacists to be important

There is support from both customers and pharmacists for the provision of a wider range of sexual health services beyond EHC, including short supply progesterone-only pill[152][153] and progestogen only injections[154] to ensure ease of access to effective contraception as well as chlamydia screening.[155] In particular pharmacy-based EHC consumers are at high risk of chlamydia and would be willing to accept a chlamydia test from the pharmacy.[156 Although pharmacies in the UK cannot provide sexual and reproductive healthcare beyond retail condoms and EHC, a Scottish pilot study suggests that for women obtaining EHC from a pharmacy, simple interventions such as supplying 1 month of a progesterone-only pill, or offering rapid access to a sexual health clinic, hold promise as strategies to increase the uptake of effective contraception after EHC.[157]

NICE guideline NG68[158] recommends that all existing services that are likely to be used by those most at risk of contracting STIs should provide condom schemes. This could include services provided by the voluntary sector (such as advice projects and youth projects), school health services and primary healthcare (including GP surgeries and community pharmacies). There should be links made between such condom schemes and local sexual and reproductive health services. For example, they should consider:

- Providing condoms with information about local sexual health services
- Displaying posters and providing leaflets advertising local sexual health services where condoms are available

7.8.3. Local provision

Across Halton emergency hormonal contraception is provided by a host of providers at different times:

- Pharmacy under patient group direction (locally commissioned service)
- GP's
- Walk in Centre

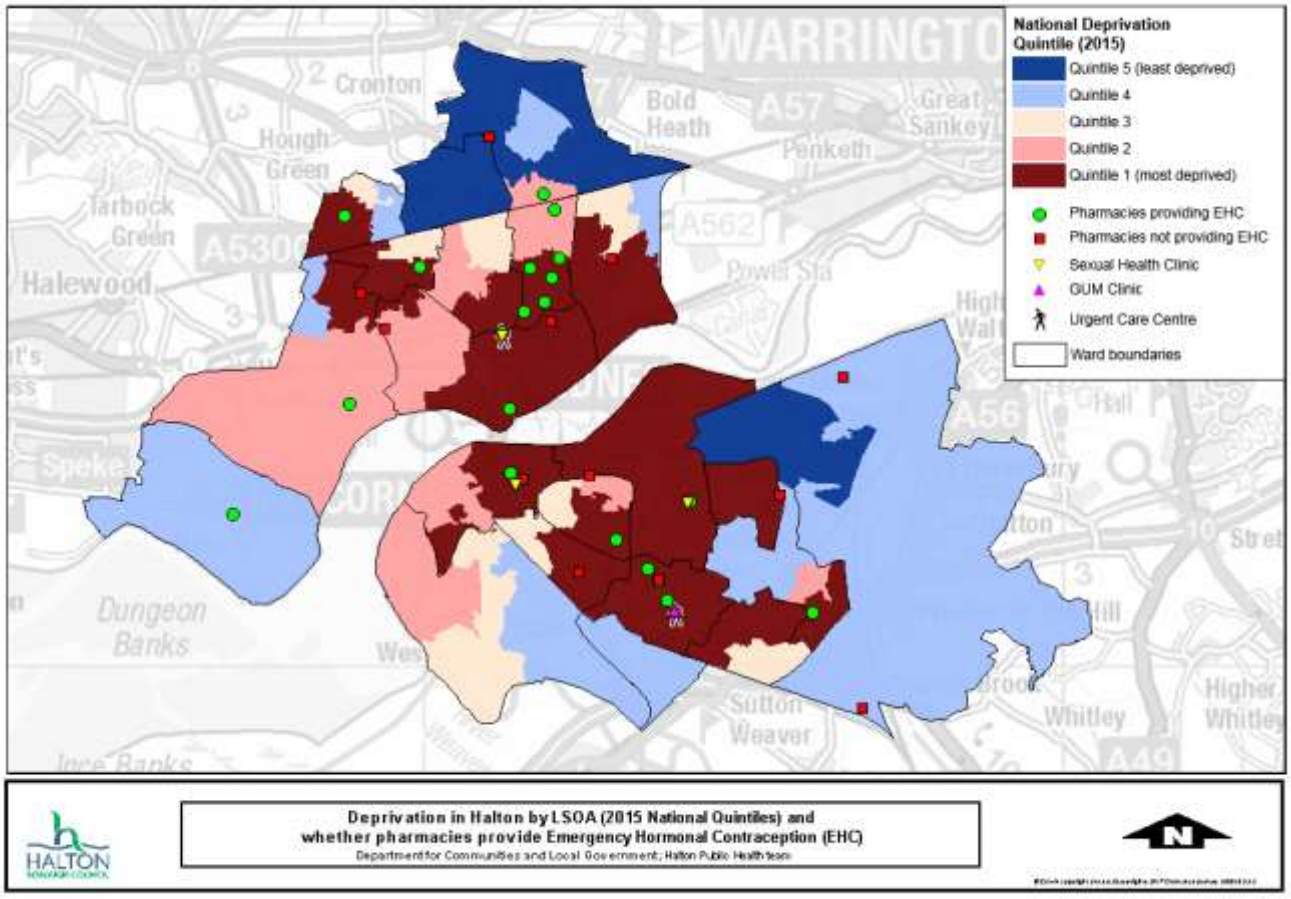
xii. Department of Health (2004) Best practice guidance for doctors and other health professionals on the provision of advice and treatment to young people under 16 on contraception, sexual and reproductive health. London: Department of Health.

- A & E
- Community Sexual Health Services
- School nursing
- Genito-urinary medicine (GUM)

19 pharmacies provide Emergency Hormonal Contraception (EHC) as a locally commissioned service during the pharmacy's normal opening times. Pharmacists must be accredited to provide the service. They also provides advice and signposting in respect of contraception and sexual health. Whilst pharmacies providing EHC can advise and signpost people to other services, neither chlamydia screening or screening for other STIs, is commissioned. 15 pharmacies do have toilet facilities that clients could use for screening and pregnancy testing, 5 of which are commissioned and provide EHC. The c-card scheme enables people to access free condoms. These are available at community sexual health clinics and pharmacies that provide EHC.

Map 15 shows the level of deprivation and the distribution of pharmacy EHC services in the borough. Some pharmacies that have been commissioned to provide the service are currently not providing it. From previous experience this is generally due to accredited pharmacists moving on from that location or accreditation requirements for pharmacists not being completed.

Map 15: Emergency Hormonal Contraception provision by community pharmacies and other community healthcare providers



Whilst the map shows that there are parts of the borough with high deprivation levels and no community pharmacy EHC provision, there is community healthcare EHC provision, including the Urgent Care Centres, in the surrounding areas. Deprivation is only a proxy measure of need. Therefore given the geographical spread of provision in both Widnes and Runcorn overall provision is adequate.

85% of respondents to the local community pharmacy services survey stated that they think advice on contraception and supply of EHC should be available through community pharmacies. 7% thought it should not be available and 9% were unsure. This is an increase on the last PNA when only 72% thought these services should be provided.

Conclusions

- There is adequate provision of EHC in all areas with high levels of deprivation. There is less provision from community pharmacies in Riverside ward but there is community sexual health service provision at the Health Care Resource Centre and the Widnes Urgent Care Centre. There is c-card provision to pharmacies providing EHC

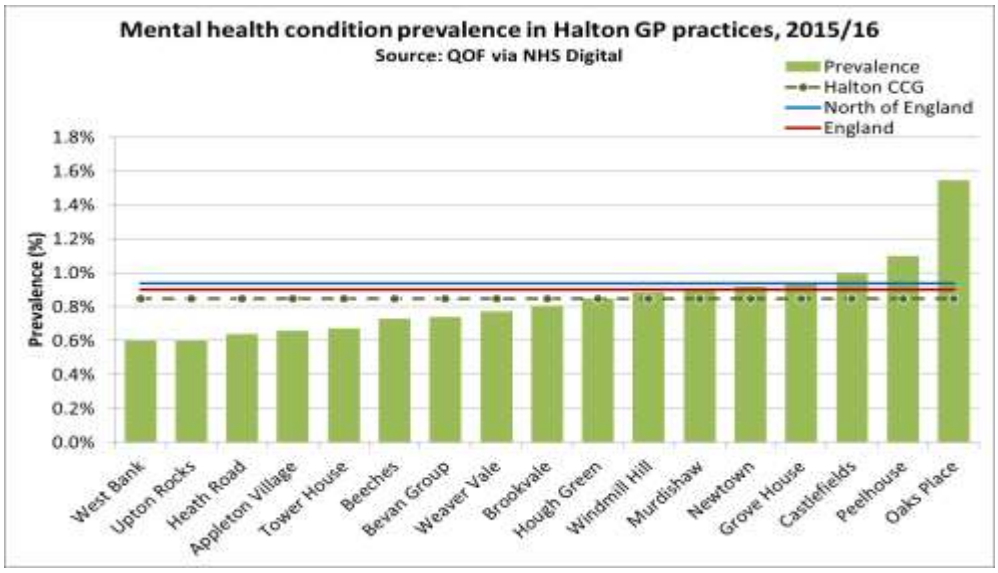
7.9. Mental Health

7.9.1. Level of Need

Mental Health is one of Halton's Health & Wellbeing Strategy priorities, with an emphasis on wellbeing as well as prevention and early detection of mental illness.

Since 2008-9 the Quality Outcomes Framework (QOF) has included that the GP register of mental health includes all people with a diagnosis of schizophrenia, bipolar affective disorder and other psychoses rather than a generic phrase that is open to variations in interpretation. This brings mental health in line with other areas of the QOF. Such patients should receive a review every 15 months which includes health promotion and prevention advice, have a care plan, the follow-up of those who do not attend for their annual review and monitoring of the use of lithium therapy.

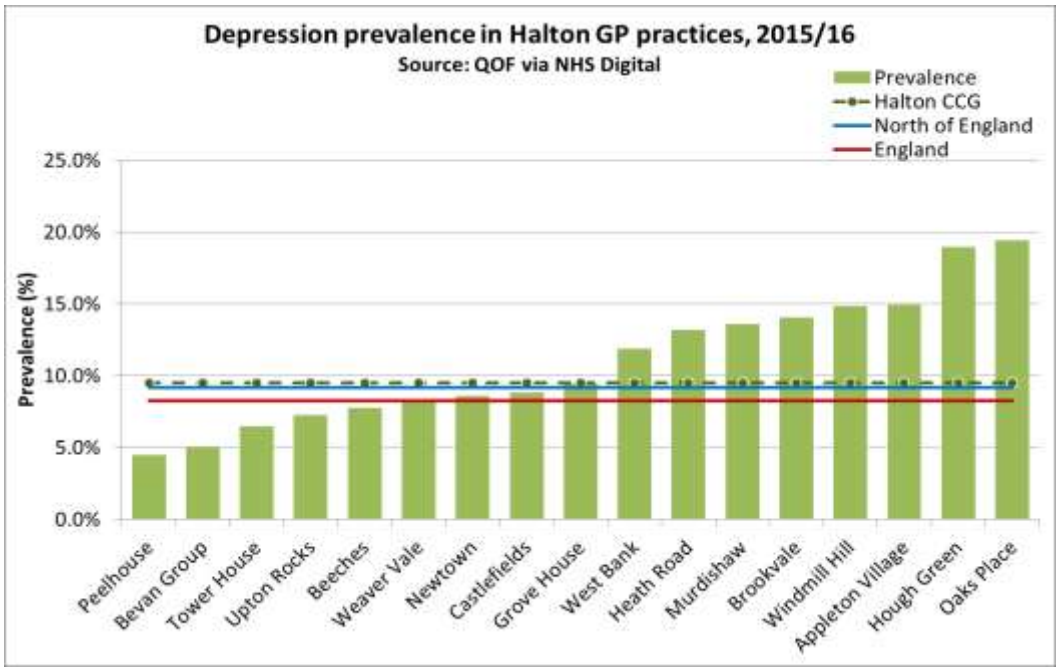
Figure 29: Prevalence of severe mental illness identified on GP registers in Halton, compared to Merseyside and England, 2015/16



Further changes to QOF for 2009-10 included the introduction of a register for those aged 18 and over who have been diagnosed with depression. Clinical management indicators include:

- the percentage of patients on the diabetes and/or CHD register who have been assessed for depression,
- for those newly diagnosed with depression, the percentage of whom have had an assessment of its severity at the onset of treatment and
- the percentage of those who receive an assessment who then receive a follow-up assessment 5-12 weeks after this.

Figure 30: Prevalence of depression identified on GP registers in Halton, compared to Merseyside and England, 2015/16



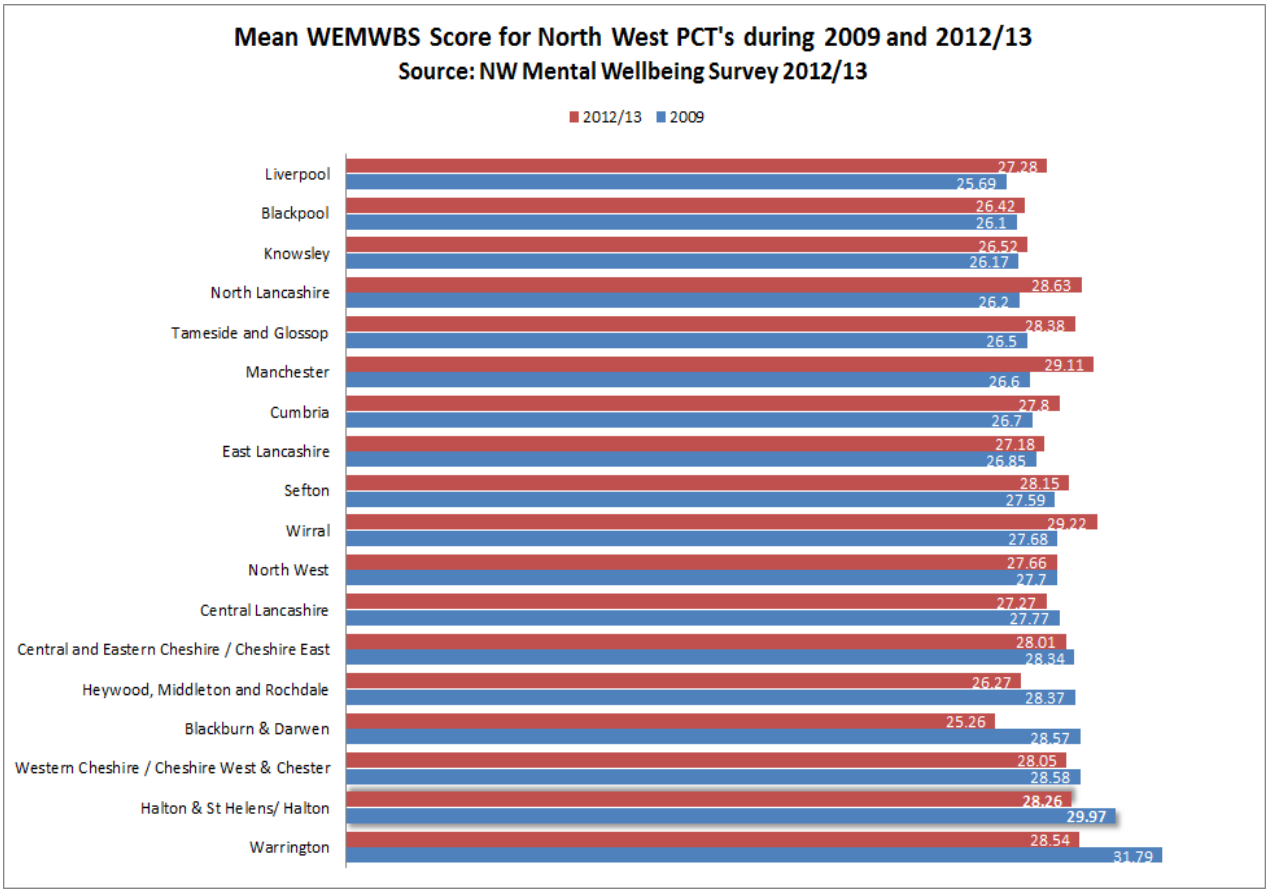
Much of the data available under the label mental health is in fact measuring a clinically diagnosed mental illness. There has been increasing interest nationally and locally in the concept of mental wellbeing. The Foresight report [159] defines mental wellbeing, or simply wellbeing, as:

> *"a dynamic state, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their economy. It is enhanced when an individual is able to fulfil their personal and social goals and achieve a sense of purpose in society."*

The North West Mental Wellbeing Survey points out that there is a clear distinction between mental wellbeing and mental illness. Mental health, or mental wellbeing, is something we all have and seek to improve. Mental illness or disorders affect up to one in four people. The determinants of one are not necessarily the same as the other.[160]

Results from the 2009 North West mental Wellbeing Survey and the more recent 2012/13 survey are shown in Figure 31. Using a composite score of 7 questions on a 5-point Likert scale, known as WEMWBS (Warrick and Edinburgh Mental Wellbeing Score), boroughs could easily be compared to the North West average and also to one another.

Figure 31: NW mental wellbeing survey results



Although the overall wellbeing score for Halton is slightly lower than the previous result for Halton & St Helens PCT, it is nevertheless above the North West average and higher than others in the Liverpool City Region, apart from Wirral.

7.9.2. Evidence of effective interventions in the community pharmacy setting

No relevant studies on the early detection or depression were found in the literature review undertaken. A report by the Department of Health on the public health role of pharmacists, acknowledges this lack of an evidence base, suggesting that it is not beyond the scope of community pharmacists to have a role in mild to moderate mental ill health. For example, customers purchasing products to reduce stress and anxiety, such as sleeping products, could be offered support and advice from appropriately training pharmacists such as signposting or referral to local services.[161] This role in detecting the early signs and symptoms of mental health problems and providing information on how to deal with them is supported by a joint pharmacy report in which they conclude that there is a potential role for pharmacy staff to offer support and advice in relation to mental health issues.[162] Studies have also shown that the community pharmacist can make a valuable contributions to community mental health teams.[163][164][165]

The stigma of mental illness can be a barrier to effective medication management in the community pharmacy setting. Self-stigma impeded consumers' community pharmacy engagement. Positive relationships with knowledgeable staff are fundamental to reducing stigma. Stigmatising views can also be held by health professionals resulting in the giving of biased/inaccurate advise and behaviours. Awareness raising training for pharmacy staff can improve communications and reduce

negative experiences.[166] This is not surprising given that mental health literacy -*'knowledge and beliefs about mental disorders which aid in their recognition, management or prevention'* - is poor, especially compared to physical health issues such as long-term conditions. Healthcare professionals, including community pharmacists, view education campaigns as important in addressing this.[167] The focus on products and business required of community pharmacies can inhibit a more patient-centred pharmacy culture, despite undergraduate training programmes espousing this.[168] Research is scarce on medication support interventions for people with mental health problems but broader medicines management for long-term conditions can inform the development of mental health focussed medication support services.[169]

7.9.3. Local provision

Mental Health is a local JHWBS priority. The focus of the JHWBS is one of wellbeing, prevention and early detection across the life course. This is in line with the national mental health strategy.

The community pharmacy is an ideal place for the public to obtain information on all forms of mental health conditions, in particular, ways in which they can access support and services to improve their wellbeing. As seen from the evidence, appropriately trained pharmacy staff can play a role in signposting and referral and there is the potential to link them to Health & Wellbeing Services and other provision of support. As such, and based on the evidence, it would be appropriate to include mental health and wellbeing as one of the six health education campaigns pharmacies should support each year as part of their essential services, national contract.

Conclusions

- Pharmacies are well placed to detect the early signs of mental health problems and could refer people in to the single point of access to mental health services and to participate in awareness raising campaigns
- Under the essential services contract pharmacies should support six health education campaigns per year. Community pharmacies are well placed to take part on local and national campaigns around mental health. As a local JHWBS priority this should be considered

7.10. Substance Misuse

7.10.1. Level of Need

Prevalence estimates of opiate and crack/cocaine use indicates a higher rate per 1,000 population in Halton than nationally. The estimated prevalence of injecting drug use is slightly below the national average.

The data below is taken from the National Drug Treatment Monitoring System, and includes people who are in structured drug treatment for:

- Alcohol and non-opiate
- Non-opiate
- Opiate

During 2015/16 there were 585 individuals in contact with structured drug treatment, which is slightly lower than the previous year when there were 646.

The balance of males and females has remained constant for a number of years in Halton. Of the total population of people in treatment during 2015/16, 26% were female and 74% male. This is very similar to the national (27% female and 73% male) and North West (28% female and 72% male) figures.

In Halton during 2015/16, 97% of people in treatment were retained for 12 weeks or more or completed treatment. Due to this high percentage, the Halton 2015/16 value was significantly higher (better) compared to the North West (93%) and England (93%).

The percentage of people successfully leaving treatment in Halton improved slightly between 2014/15 and 2015/16 – from 27.2% to 29.7%. During 2015/16, the Halton percentage was significantly higher (better) than both the England (15.2%) and North West (17.9%) averages.

7.10.2. Evidence of effective interventions in the community pharmacy setting

NICE guidance PH52 on the optimum provision of Needle & Syringe Programmes[170] places community pharmacies at the heart of the provision of these programmes.

Recommendation 8 Provide community pharmacy-based needle and syringe programmes
Community pharmacies, coordinators and local pharmaceutical should:

- Ensure staff who distribute needles and syringes are competent to deliver the level of service they offer. As a minimum, this should include awareness of the need for discretion and the need to respect the privacy and confidentiality of people who inject drugs. It should also include an understanding of how to treat people in a non-judgmental way.
- Ensure staff providing level 2 or 3 services (see recommendation 6) are competent to provide advice about the full range of drugs that people may be using. In particular, they should be able to advise on how to reduce the harm caused by injecting and how to prevent and manage an overdose.
- Ensure staff have received health and safety training, for example, in relation to blood-borne viruses, needlestick injuries and the safe disposal of needles, syringes and other injecting equipment.
- Ensure hepatitis B vaccination is available for staff directly involved in the needle and syringe programme.
- Ensure staff are aware of, encourage and can refer people to, other healthcare services including drug treatment services.
- Ensure pharmacy staff offer wider health promotion advice, as relevant, to individuals.

Recommendation 7 Provide people with the right type of equipment and advice
Needle and syringe programme providers should:

- Provide people who inject drugs with needles, syringes and other injecting equipment. The quantity provided should not be subject to a limit but, rather, should meet their needs. Where possible, make needles available in a range of lengths and gauges, provide syringes in a range of sizes and offer low dead-space equipment.
- Not discourage people from taking equipment for others (secondary distribution), but rather, ask them to encourage those people to use the service themselves.
- Ensure people who use the programmes are provided with sharps bins and advice on how to dispose of needles and syringes safely. In addition, provide a means for safe disposal of used bins and equipment.

- Provide advice relevant to the type of drug and injecting practices, especially higher risk practices such as injecting in the groin or neck.
- Encourage people who inject drugs to mark their syringes and other injecting equipment, or to use easily identifiable equipment, to reduce the risk of accidental sharing.
- Encourage people who inject drugs to use other services as well. This includes services that aim to: reduce the harm associated with this practice; encourage them to switch to safer methods, if these are available (for example, opioid substitution therapy), or to stop using drugs; and address their other health needs. Tell them where to find these services and refer them as needed.

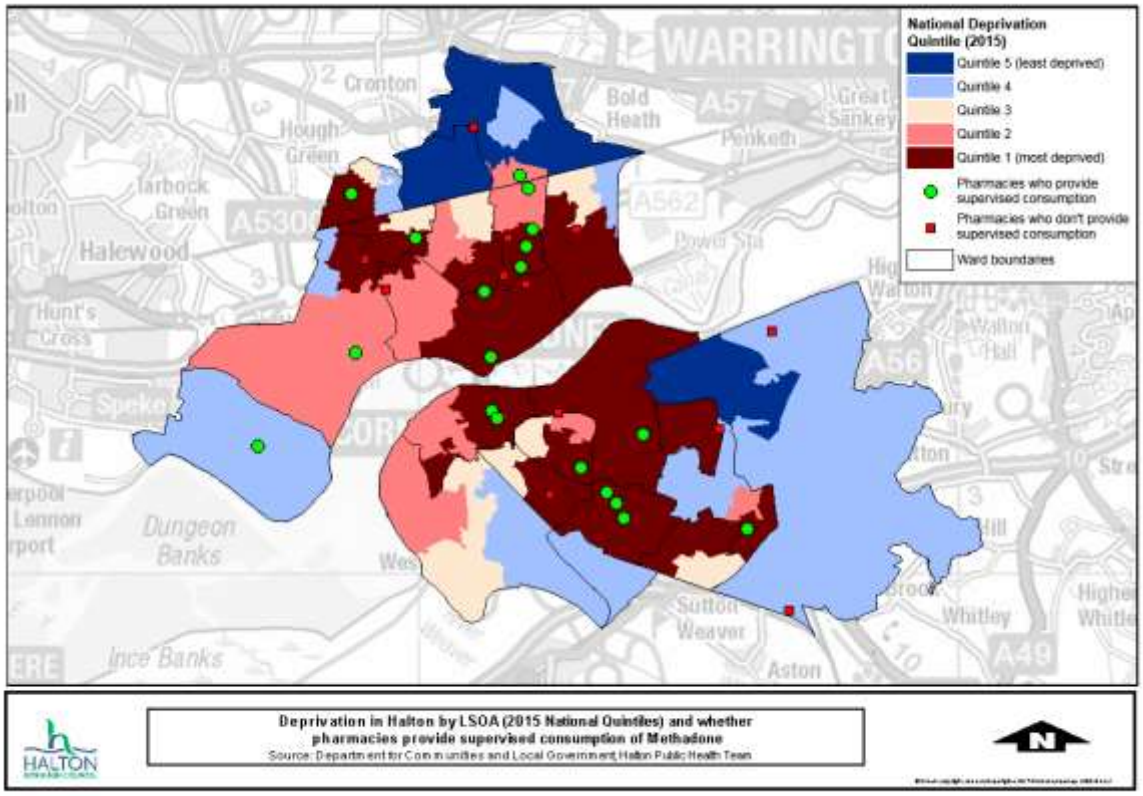
Research also demonstrates that community pharmacy-based supervised methadone administration services can achieve high attendance rates and are acceptable to clients.[171] NICE guidelines recommend that each new treatment of opiate dependence be subject to supervised administration for the first three months or a period considered appropriate by the prescriber. The rationale for this recommendation is to provide routine and structure for the client, helping to promote a move away from chaotic and risky behaviour. This service requires the pharmacist to supervise the consumption of prescribed medicines at the point of dispensing in the pharmacy – ideally within a private consultation room, and ensuring that the dose has been administered to the patient.[172]

7.10.3. Local provision

Currently commissioned pharmaceutical services available to substance misuse clients include supervised administration of methadone (or similar medication). This is a fundamental harm reduction service. Supervised administration is a service that can only be provided by a pharmacy following dispensing of an appropriate diamorphine substitute such as methadone. It minimises harm by reducing diversion of prescribed methadone onto an illicit market and protecting vulnerable individuals from overdose.

20 pharmacies are currently commissioned to provide supervised administration, and these are shown in Map 16. The service requires the pharmacist to supervise the consumption of prescribed medicines (methadone), at the point of dispensing in the pharmacy within a private consultation room, and ensuring that the dose has been administered to the patient.

Map 16: Supervised consumption provision



Pharmacy provision of needle and syringe exchange service is currently being redeveloped. The LAPHT and pharmacies are working on the revised provision and it is envisaged that this will recommence during the lifetime of this PNA.

The community pharmacy is also an ideal place for the public to obtain information on all forms of substance misuse, and in particular ways in which they can access support and services. This should include information on the misuse of prescription and non-prescription substances and also the misuse of steroids which is increasing locally.

However, only 43% of respondents to the local community pharmacy services survey stated that they think advice and treatment for drug problems should be available through community pharmacies. 35% stated they did not think these services should be available through the community pharmacy and 21% were unsure. This is a substantially lower 'Yes' response than for all other services apart from alcohol misuse services.

Conclusions

- Provision of needle & syringe exchange is through the community drugs service. This provision is adequate. However, there is an ambition to recommence the pharmacy provision of this service
- There is adequate provision of supervised administration services provided by community pharmacies across the borough

7.11. Older People

7.11.1. Level of Need

As people get older the chances of developing long-term conditions increase. As these worsen they are likely to impact on a person's ability to carry out all the daily activity they would like to. This is especially likely if the person has multiple conditions. Data from the last Census shows that Halton has a higher proportion of its population living with a long-term health problem or disability that limit their daily lives a lot or a little than both the North West and England.

Table 6: Percentage of the population with long-term health problem or disability, 2011 Census

	Population	Day-to-day activities limited a lot	Day-to-day activities limited a little	Day-to-day activities not limited
Halton	125,746	11.6%	9.8%	78.6%
North West	7,052,177	10.4%	10.0%	79.8%
England	53,012,456	8.3%	9.3%	82.4%

Source: Office of National Statistics, 2013

This data also shows that in Halton, as elsewhere the number of the population with such conditions increases with age

Table 7: Number of Halton residents with long-term health problem or disability, by age group, 2011 Census

	Age Group									
	All ages	0 to 15	16 to 24	25 to 34	35 to 49	50 to 64	65 to 74	75 to 84	85 and over	65+
limited a lot	13,970	417	340	615	1,978	4,302	2,911	2,396	1,011	6,318
limited a little	12,154	574	501	741	2,042	3,658	2,451	1,758	429	4,638
limited a little or a lot	26,124	991	841	1,356	4,020	7,960	5,362	4,154	1,440	10,956
not limited	98,750	23,930	13,551	14,424	22,526	17,372	4,926	1,758	263	6,947

Source: Census 2011, Office of National Statistics 2013.

The level of ill health in the borough means that Halton experiences a lower than average level of healthy life expectancy at 65 (Figure 32). The level is statistically significantly lower than the England average. Table 8 shows that Halton males and females spend a small proportion of their life from age 65 onwards in good health, compared to the North West and England averages.

Figure 32: Healthy Life expectancy, 2009/2011 to 2013/15

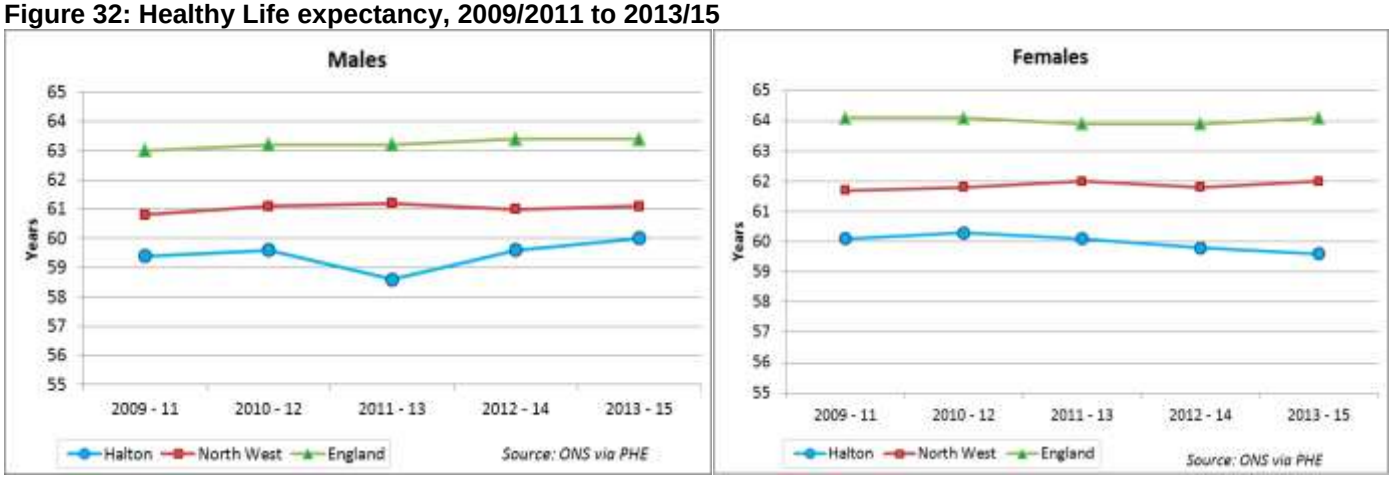


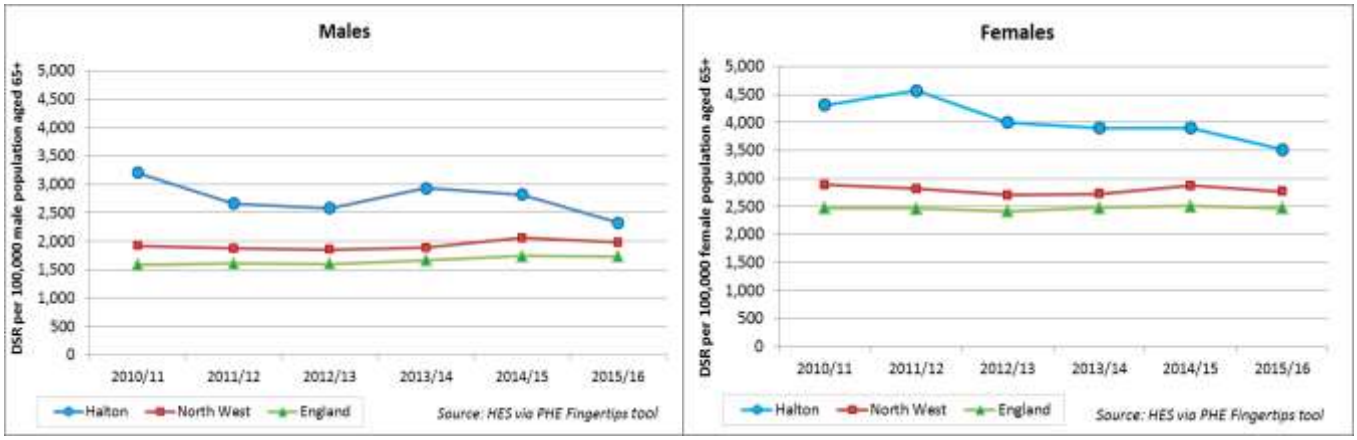
Table 8: Proportion of life spent in good health, at age 65

		2009/11	2010/12	2011/13	2012/14
Males	Halton	51.5	48.8	46.8	46.2
	North West	49.0	53.2	54.0	54.2
	England	56.2	56.3	56.2	56.3
Females	Halton	56.1	55.0	56.1	48.0
	North West	50.7	50.7	51.1	51.4
	England	53.7	53.7	53.4	52.4

Source: Office for National Statistics

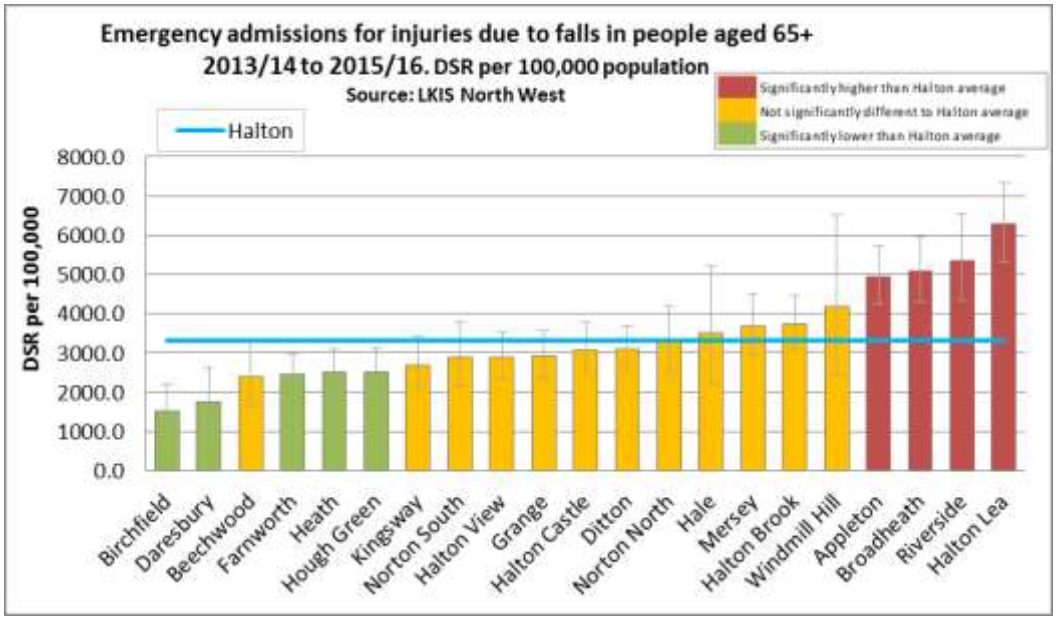
Falls amongst those aged 65+ was a 2013-2016 Health & Wellbeing Board priority due to the significant cause of infirmity and loss of independence they can cause in later life. Healthy Ageing remains a JHWBS priority for 2017-2022, with hospital admissions due to falls continuing to be a key indicator. Data from the last six years shows that whilst rates are slightly lower for men than women (in Halton and elsewhere), the rates in Halton for both genders is statistically significantly worse and despite reductions, has been so over the six year period.

Figure 33: Trend in hospital admissions due to injuries from falls (ICD-10 S00-T98 and W00-W19), Directly Standardised Rate per 1,000 population, males and females, 2010/11 to 2015/16



Local ward level data for 2013/14 to 2015/16 (Figure 33) shows that rates vary across the borough from around 1,500 per 100,000 population aged 65+ to over 6,000 per 100,000, with the borough average of 3,300 per 100,000.

Figure 34: Hospital admissions due to falls amongst Halton residents aged 65+, by electoral ward, 2013/14 to 2015/16



It is estimated that, if all older people were immunised against influenza, almost 5,000 additional lives might be saved each year in England. Studies show influenza immunisation among older people is cost-effective. Older people, as a vulnerable group, are eligible for NHS flu immunisation, and are included in groups that may be offered flu vaccine. The national targets are based on World Health Organisation (WHO) targets. The WHO target for influenza vaccination for those aged 65 years and over is 75%. Everyone aged 65 and over should be actively contacted and offered flu vaccine.[173]

A qualitative study by Evans et al 2007[174] shows that many older people do not feel vulnerable to influenza and this affects their likelihood of taking up the immunisation. Both refusers and defaulters overstated adverse effects from influenza vaccine so this is a potential target for an intervention. Individual prompts, particularly from GPs, seemed to be the most significant motivators to attend for immunisation. However, whilst influential, other research suggests that the messages healthcare workers give need to be sensitive to the reasons for non-uptake and people's views about their health.[175][176]

7.11.2. Evidence of effective interventions in the community pharmacy setting

Qualitative research shows that older people value continuity of personalised pharmaceutical care which enables them to build a trusting relationship over time. There can be a lack of awareness of services already available from community pharmacies. Ongoing disruption in the supply of medicines caused problems for this client group, and the complexity of prescription ordering, collection and delivery systems presented challenges for participants. Good communication from the community pharmacy helped to improve the experience.[177 Dexterity problems can affect a sizable proportion of older people. Whilst this is a manufacturing issue, community pharmacy staff are on hand and should check if this is an issue when dispensing.[178] Assisting patients with dementia (and their carers) in respect of medications is a particular problem. As prevalence of this condition rises, ways of addressing this will become more pressing.[179]

Community pharmacy-based services assessing older women's risk of osteoporosis were well received and were able to identify women at different levels of risk.[180] Those that followed women up post intervention found they had made lifestyle changes such as increased calcium in the diet, increased physical activity and relevant medication.[181][182][183].

Medicines reviews for the elderly are both perceived favourably by participants[184] and can help reduce prescribing costs.[185] However, it is unclear if such interventions are cost effective as the cost of the interventions was not detailed.

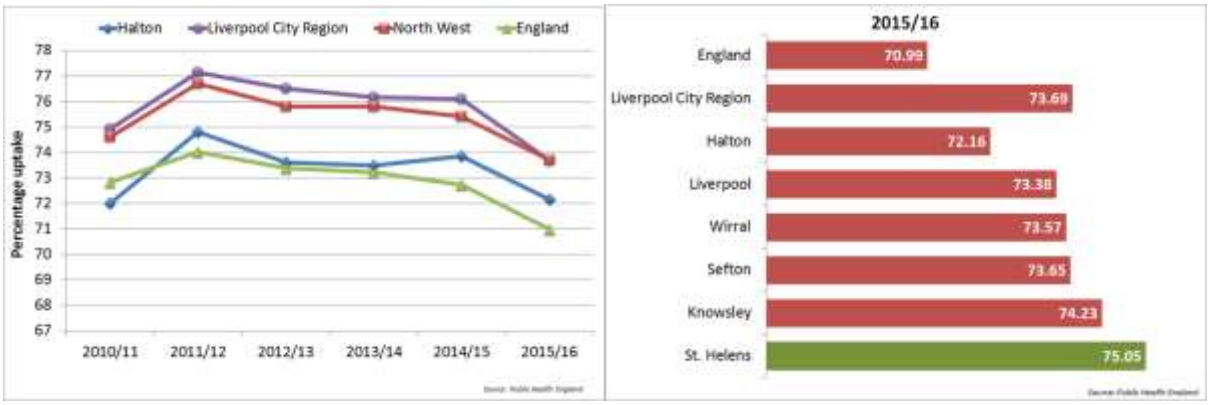
NICE guidance on medicines management in care homes was published March 2014.[186] It states that helping residents to help look after and take their medicines themselves is important in enabling residents to retain their independence. Care home staff should assume residents are able to look after and manage their own medicines when they move into a care home, unless indicated otherwise. An individual risk assessment should be undertaken to determine the level of support a resident needs to manage their own medicines.

The guideline considers all aspects of managing medicines in care homes and recommends that all care home providers have a care home medicines policy. The policy should ensure that processes are in place for safe and effective use of medicines in the care home. Sections of the guideline provide recommendations for different aspects of managing medicines covered by the care home medicines policy.

7.11.3. Local provision

As described in section 3.2.5 the NHS Influenza Vaccination Programme is now commissioned as part of the Advanced Services for both at risk adults under age 65 and all adults aged 65+. This annual, seasonal influenza vaccination programme continues to be implemented primarily through GP practices although pharmacies now offer patients another venue at which to have their vaccination. This increased access is especially important in Halton, as Figure 35 shows that, for those over the age of 65, Halton has not reached the 75% uptake target for the last 3 years. There has been a slightly but consistent decline in uptake across comparators as well as locally. In 2015/16 only one local authority in the Liverpool City Region achieved the 75% uptake target. Halton had the lowest uptake within the sub-region.

Figure 35: NHS Influenza Vaccination Programme uptake for those aged 65+



See also 7.4.3. Planned care: medicines use reviews.

Older people are more likely to be diagnosed with a long term condition and as such are more likely to be on a significant number of medications. Whilst this is often necessary, multiple medications are more likely to cause significant side effects such as falls and physiological as well as psychological and cognitive complications. It is important that older people, especially those resident in care homes have their medication regularly reviewed to ensure they are on the minimum effective and

efficient combination of drugs to meet their needs. The employment of a Care Homes Pharmacist and Pharmacy Technician has supported this aim by working with local GP practices and care homes as well as provider services to optimise medication for this group of patients. The Pharmacy Technician has also worked extensively with Halton care homes to improve medication processes for ordering, storage, administration and disposal. This work has supported the waste reduction agenda and helped share learning across all homes following incidents and issues.

The Care Homes Pharmacy technician also has a role working closely with Domiciliary Care providers to improve their processes for medication support and to improve safety and quality of care for Halton residents. This often involves liaison with local community pharmacies to support resolution of issues and to improve quality of care for service users.

Conclusions

- Influenza vaccination for at risk adults is now widely available through pharmacies across the borough and this has greatly increased accessibility. The primary provider of influenza vaccination remains General Practice

7.12 Antimicrobial Resistance (AMR)

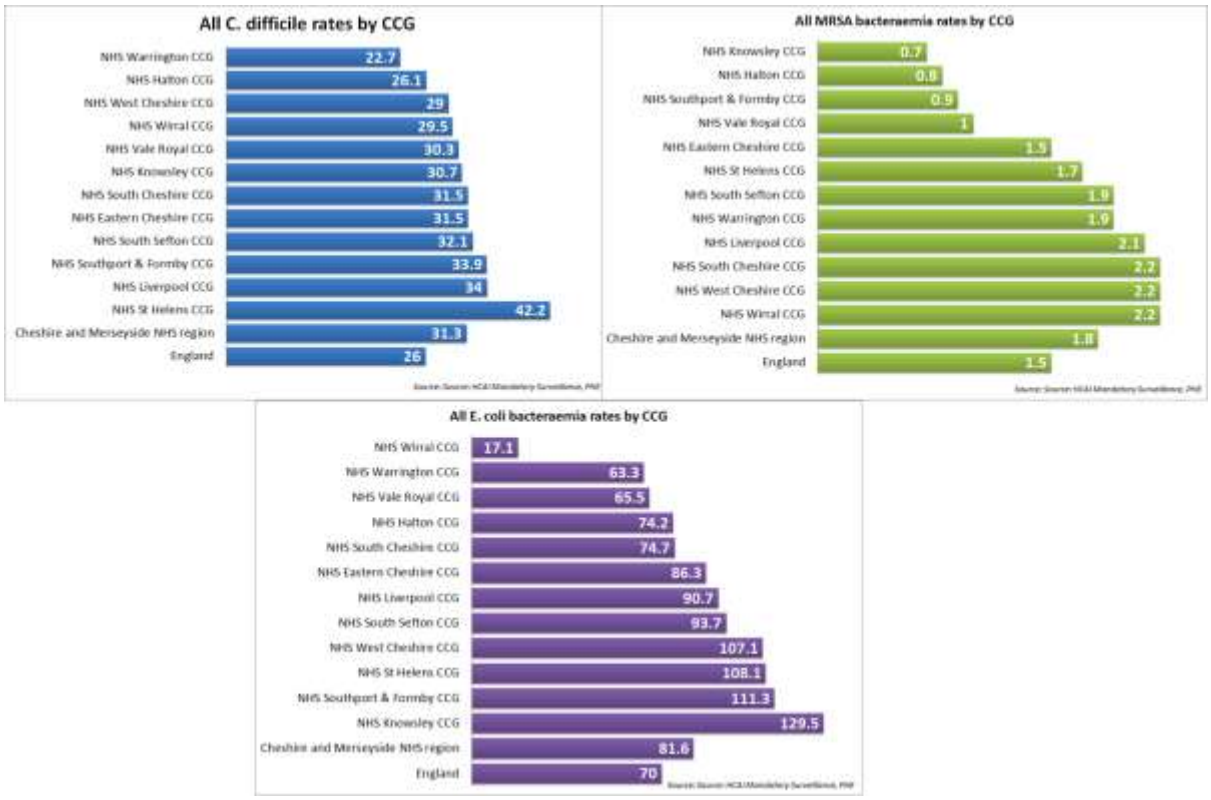
7.12.1 Level of Need

Modern medical practice relies on the widespread availability of effective antimicrobials to prevent and treat infections in humans and animals. Resistance to all antimicrobials, including antivirals and antifungals, is increasing, but of greatest concern is the rapid development of bacterial resistance to antibiotics. If the number of hard-to-treat infections continues to grow, then it will become increasingly difficult to control infection in a range of routine medical care settings and it will be more difficult to maintain animal health and protect animal welfare.[187]

Healthcare-associated infections became headline news in the 1990s, with concern about meticillin-resistant Staphylococcus aureus (MRSA) and C. difficile. More recently multi-drug resistant tuberculosis (TB) and 'extensively drug-resistant tuberculosis' have become a problem across Europe. The former resulted in mandatory reporting and targets, solidified in legislation. Focussed, consistent efforts across the country has led to a reduction in cases.[188] The 2013-2018 UK Strategy[189] set out actions to address the key challenges to AMR.

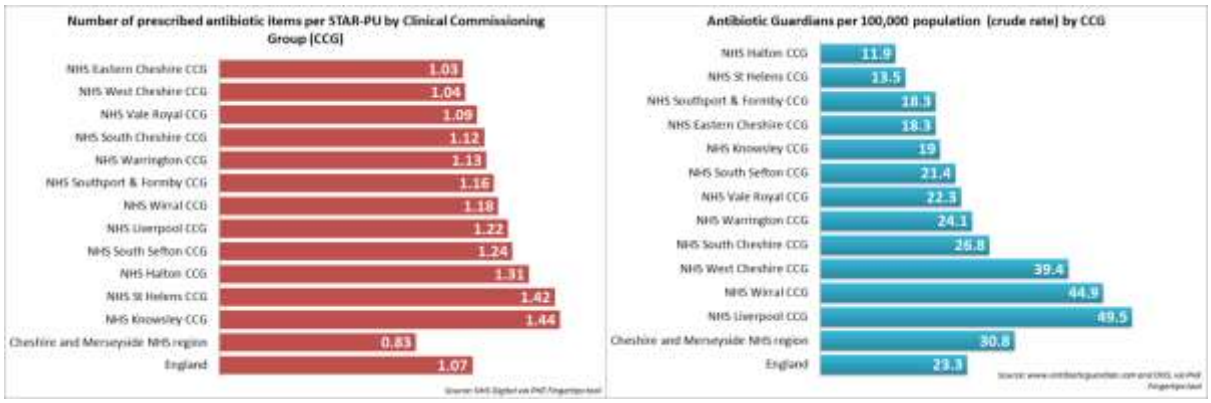
Cheshire and Merseyside has some of the highest healthcare acquired infections in the country. Fortunately reported levels in Halton are some of the lowest in the sub-region.

Figure 36: Levels of healthcare acquired infections (HCAI), crude rate per 100,000 population, 2015/16



Levels of antibiotic prescribing are higher than the national average, with levels of antibiotic guardianship lower in 7 CCGs and higher in 5, compared to the England average. Public Health England (PHE) has set up a national campaign to encourage members of the public and healthcare professionals to take action in helping to slow antibiotic resistance and ensure antibiotics work now and in the future. Organisations and individuals are asked to make a pledge to tackle this issue. The rate of antibiotic guardianship per 100,000 population is an indicator of the level of engagement within an area. Halton has the lowest level of antibiotic guardianship. Across Cheshire & Merseyside there is a relationship between CCG population size and levels of guardianship, with the larger areas having higher rates.

Figure 37: Antibiotic prescribing (12-month rolling year, September 2016, indirectly standardised ration per STAR_PU) and guardianship, 2016



7.12.2 Evidence of effective interventions in the community pharmacy setting

Cheshire and Merseyside has one of the highest rates of healthcare acquired infection and combined general practice and hospital antibiotic consumption in England. National[190] and local[191] strategies to reduce antimicrobial resistance take two main approaches.

1. The need to reduce antibiotic use
2. The need to increase antimicrobial stewardship[xiii]

The national strategy also seeks to stimulate the development of new antibiotics, diagnostics and novel therapies.

The first point requires action to change prescribing habits and public education. This will reduce public expectations about receiving antibiotics when it is not appropriate. Antibiotic stewardship needs concerted effort and support at a national level and from infection specialist staff. This will enable local areas to utilise healthcare staff including community pharmacists.[192] Such joint efforts, including active involvement of the public, have been shown to work.[193] Public knowledge and attitudes are key.[194][195] There is a relationship between income and education levels and awareness of inappropriate antibiotic use,[196] including their use for viral infections, hoarding and sharing. Regular campaigns are the cornerstone in efforts to educate the public including the use of social media. An understanding of health literacy needs to play and increasing role.[197] Consistent messages in all key healthcare settings are needed, especially during peak prescribing periods.[198]

Studies have shown that community pharmacists can have an educational role[199] providing information on correct usage and addressing barriers to adherence.[200] However, barriers to them doing this need to be better understood and addressed,[201][202] including barriers to inter-professional collaboration.

7.12.3. Local Provision

The local authority public health and health improvement teams, together with Halton CCG have supported the national Public Health England *Keep Antibiotics Working* campaign. Campaign materials were distributed to a wide variety of community venues, including to pharmacies. Pharmacies are a key location for the distribution and availability of information to the public to support the appropriate use of antibiotic, as well as wider health care usage campaigns. NHS Choices campaign also encourages individuals to seek the most appropriate health professional for a series of illnesses and highlights the key role of local pharmacists in advice on the treatment of minor ailments. Pharmacies can enhance their role in this function to ensure appropriate NHS usages, including reducing the demand from patients for the prescribing of antimicrobials.

There are four key messages for community pharmacists to help address the growing issues about Antimicrobial Resistance:

- Advise patients on appropriate antibiotic use when prescribed
- Advise patients on antibiotic resistance, as appropriate
- Advise patients on adverse effects
- Recommend appropriate symptomatic therapy for non-vulnerable patients

xiii. NICE guidance NG15 (2015) defines this as 'an organisational or healthcare-system-wide approach to promoting and monitoring judicious use of antimicrobials to preserve their future effectiveness'.

Conclusions

- Pharmacies have a key role to play in raising awareness of the importance of using antibiotics appropriately. As part of the essential services contract, the use of the six health education campaigns should include at least one on antibiotic use.

7.13. Palliative Care

7.13.1. Level of Need

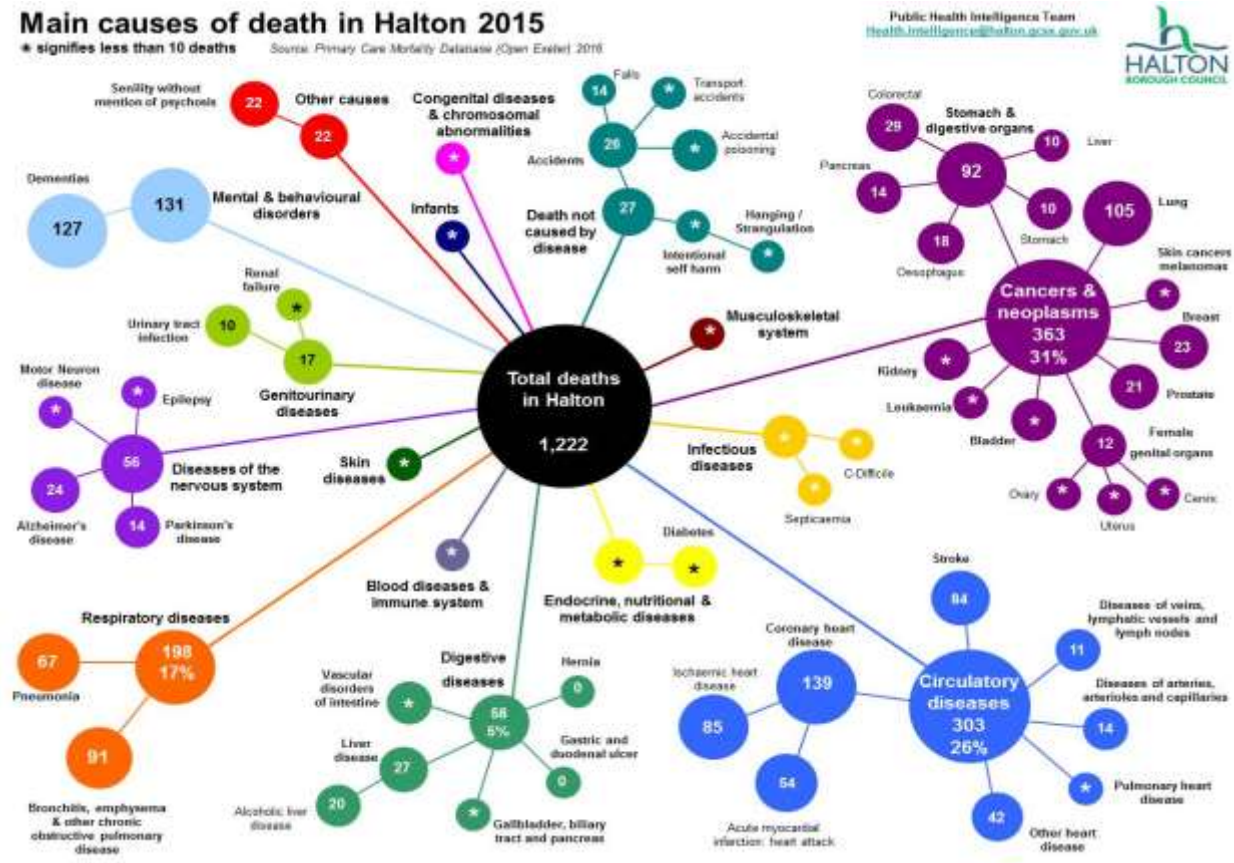
The Department of Health *End of Life Care Strategy*[203] states that patients should have access to:

- rapid specialist advice and clinical assessment-through 24/7 telephone helplines and rapid access to home care
- 9-5 access to specialist nurses – 7 days a week including bank holidays
- High quality care in the last days of life
- coordinated care and support, ensuring that patients' needs are met- in hospices and care home with palliative care beds

Coordinated care will be delivered through multi agency training including the 'gold standards framework' and the Six Steps programme. Pharmacists play a vital role for patients who have stipulated their preferred priorities of care and wish to die at home

In Halton, cancers account for the largest single cause of death in the borough, at 31%. The second highest cause is disease of the circulatory system at 26%, with a further 17% of people dying from a respiratory disease.

Figure 38: Main causes of death in Halton 2015



Most research into people's preference for place of death has been undertaken with cancer patients. This has found that 50-70% would like to die at home.[204] There has been slow but gradual increase in patients dying at home who request to do so. Deprivation, availability of appropriate home care and whether the individual is living with relatives or alone are all factors in determining the likelihood of a home death.[205][206]

Place of death has been determined by examination of local mortality files. Table 9 shows that the majority of Halton residents die in hospital. However, whilst more men die at home than in residential, nursing or care homes, the reverse is so for women.

Table 9: Place of death during 2015

	Halton		Region	England	England		Halton statistical significance compared to England
	Count	Value	Value	Value	Worst/ Lowest	Best/ Highest	
Hospital	589	48.4%	48.7%	46.7%	37.1%	68.1%	
Care home	221	18.2%	21.0%	22.6%	6.7%	34.4%	
Home	280	23.0%	22.6%	22.8%	18.2%	29.0%	
Other Places	23	1.9%	2.0%	2.2%	1.1%	5.5%	
Hospice	104	8.5%	5.7%	5.6%	0.0%	13.3%	

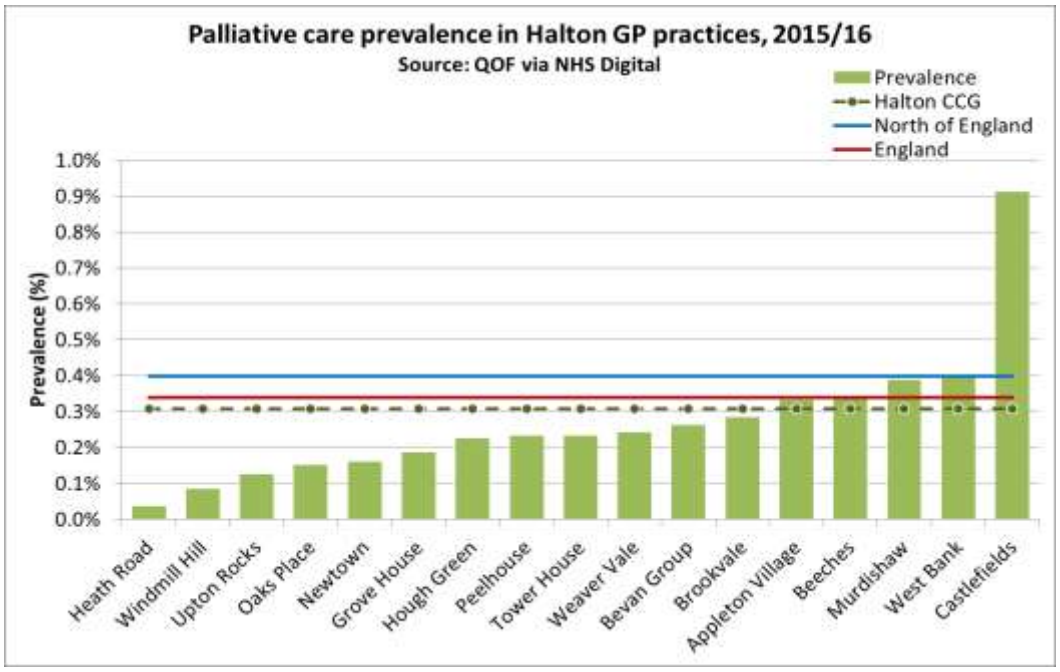
Key: Lower Similar Higher

Source: ONS via PHE Fingertips tool

GPs are required to keep a register of patients likely to die within the next 12 months and therefore in need of palliative care. Date for 2015/16 shows the percentage of patients in need of palliative

care identified on GP registers is lower in Halton than its comparators. The majority of GP practices have levels below the England average and all but one is lower than the North of England average.

Figure 39: QOF Palliative Care register, 2015/15, by GP practice



7.13.2. Evidence of effective interventions in the community pharmacy setting

Palliative care is designed to provide pain relief and improve the quality of life of patients with life-threatening illness. The number of patients with chronic, slowly debilitating conditions has risen. This means that even where patients die in a hospital or other care institution many will live in their own homes with the need to manage the condition for some time before this happens. NICE guidance on palliative care shows that, amongst other things, there was inadequate access to pharmacy services outside normal working hours[207] so local schemes should seek to address this issue. Pharmacists are a vital part of the multidisciplinary team supporting an individual and their family during this time, ensuring that medications are assessed and the effectiveness of medications is reviewed and needs change.[208] As timely access to medicines is vital, especially as the preferred place of care is the home environment, stock control can hinder effective provision. Knowing the level of need locally is an important part of this[209] Details about key patient groups such as those with end-stage cancer can be poor with opportunities to embed community pharmacists in to palliative care teams missed.[210] Community pharmacists are generally positive about providing services and support for palliative care patients. They may not have a full understanding of it however, as need training and support to facilitate their involvement.[211]

7.13.3. Local provision

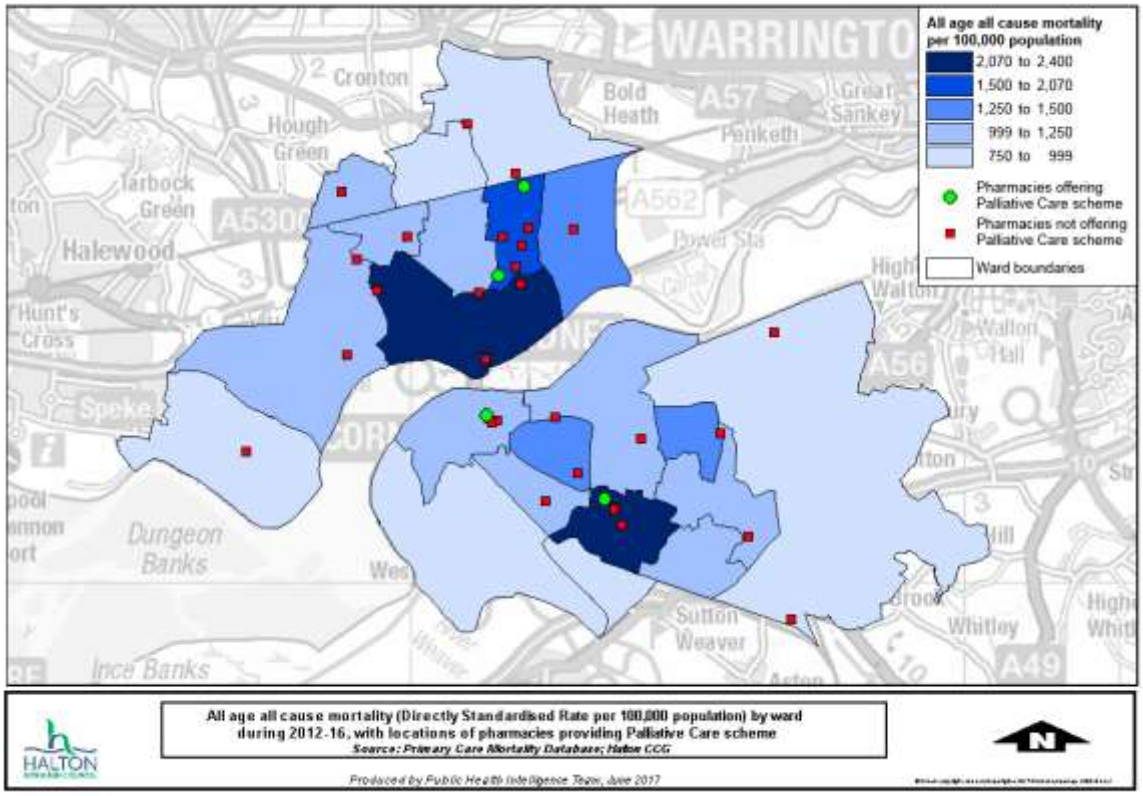
In April 2017 this pharmacy service was re-commissioned to improve access to the key medications often required to manage symptoms at the end of life. The formulary was rationalised and a more active role in ensuring stocks are available when needed has been adopted. There are now 4 pharmacies that provide the service with the aim of improving access to palliative care medicines when they are required. Requests for these medications can often be both unpredictable and urgent and as such it is necessary to ensure timely access to support effective patient care and to support families and carers at what is often a very stressful and emotional time. The pharmacies selected to deliver the service have been based on opening hours and geographical spread following a request

for expressions of interest from Halton pharmacies. Out of the four pharmacies providing the service, three are 100 hour pharmacies. Two of the pharmacies are based in Runcorn and two are based in Widnes.

Pharmacies that provide the service maintain a stock of a locally agreed range of palliative care medicines and commit to ensuring continuity of supply so that users of this service have prompt access to these medicines during the opening hours of the pharmacy. Pharmacists are able to support users, carers and clinicians by providing information and advice.

To help ensure patient care is joined-up and to improve accessibility, a list of participating pharmacies and the Pharmacy Palliative Care Drug Formulary is to be shared with providers of Out of Hours care, Walk-in-Centres, specialist palliative care nurses and district nursing teams.

Map 17: Community pharmacy palliative care drugs service provision



Conclusions

- This service provides convenient access and can only be provided by community pharmacy
- This service is primarily designed to provide access to infrequent and unpredictably required specialist drugs
- Given the changes that have taken place recently provision is adequate as it stands at the moment but the CCG will continue to review this on an ongoing basis

Appendix 1: Policy Context

'A Vision for Pharmacy in the New NHS'

In the last five years, the pace of change for NHS community pharmaceutical services has probably been more rapid than at any other time in the last 60 years. In that same period, community pharmacy has featured more prominently in how to improve services, how its potential can be more widely recognised by the NHS and by other health professionals, and how its ability to respond innovatively and creatively can be better utilised. That is what was intended when the Department of Health launched *A Vision for Pharmacy in the New NHS* in July 2003, that identified and aligned the ambitions for pharmacy alongside the wider ambitions for the NHS as a whole.

The current policy context shaping the direction of pharmacy services has its roots in the publication of '*Choosing Health'* published by the Government in 2004. This programme of action aimed to provide more of the opportunities, support and information people want to enable them to improve their health.

'Choosing Health Through Pharmacy'

As part of the *Choosing Health* programme, the Government made a commitment to publish a strategy for pharmaceutical public health which expanded the contribution that pharmacists, their staff and the premises in which they work can make to improving health and reducing health inequalities.

This strategy recognised that pharmacists work at the heart of the communities they serve and they enjoy the confidence of the public. Every day, they support self-care and provide health messages, advice and services in areas such as diet, physical activity, stop smoking and sexual health.

A New Contractual Framework

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

- Essential services are those which every pharmacy must provide, including dispensing.

- Advanced services are those which, subject to accreditation requirements, a pharmacy contractor can choose to provide. At present, there are three advanced services, Medicines Use Reviews (MUR), Appliance Use Reviews (AURs) and Stoma Appliance Customisation (SAC). In MURs and AURs the pharmacist discusses with the patient their use of the medicines or appliances they are prescribed and whether there are any problems that the pharmacist can help resolve. For SAC the aim is to ensure proper use and comfortable fitting of the stoma appliance and to improve duration of usage thereby reducing waste.

- Local enhanced services, such as health and lifestyle advice or help for substance misusers, are commissioned locally by PCTs direct with contractors.

Community pharmacies are remunerated through this national contractual framework, the majority of the income to community pharmacy is made through fees, allowances and retained purchasing profit which is controlled at a national level to provide an agreed return on investment to pharmacy contractors. In return pharmacy contractors must provide certain specified services at agreed times. Around 85% of community pharmacy income nationally comes from NHS services. A growing source of income to community pharmacies comes from providing enhanced services commissioned by PCTs. Pharmacies provide both NHS funded care and services that are paid for directly by the

patient. Some community pharmacies provide these non-NHS services to our population. These include:

- Over the counter medication, including supply of emergency hormonal contraception and smoking cessation
- Measurements like blood pressure, weight and height
- Diagnostic tests like cholesterol and blood glucose

'Our health, our care, our say'

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

'NHS Next Stage Review'

The final report set out a vision of an NHS that gives patients and the public more information and choice, works in partnership and has quality of care at its heart – quality defined as clinically effective, personal and safe. The changes that are now being taken forward, locally and nationally, will see the NHS deliver high quality care for all users of services in all aspects, not just some. It will see services delivered closer to home, a much greater focus on helping people stay healthy and a stronger emphasis on the NHS working with local partners. Pharmacy has a key role to play in delivering this vision, particularly as a provider of services which prevent ill-health, promote better health for all and improve access to services within communities.

'Pharmacy in England - Building on strengths delivering the future'

In April 2008 the government set out its plans in this Pharmacy White Paper and subsequently a consultation was undertaken on the proposed changes to the regulations for pharmacy.

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

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

This White Paper has put forward a broad range of proposals to build on progress over the last three years which has succeeded in embedding community pharmacy's role in improving health and well-being and reducing health inequalities. An overview is set out below in Figure 34. This includes proposals for nationally commissioned additions to the contract in future years for how pharmacies will, over time:

- offer NHS funded treatment for many minor ailments (e.g. coughs, colds, stomach problems) for people who do not need to go to their local GP;
- provide specific support for people who are starting out on a new course of treatment for long term conditions such as high blood pressure or high cholesterol;
- be commissioned based on the range and quality of services they deliver.

Figure 40: Pharmacy White Paper – Summary

Building on strengths – delivering the future
The Aims of the White Paper, Pharmacy in England

Supporting healthy living and better care
Community pharmacies will become 'healthy living' centres providing a primary source of information for healthy living and health improvement.

Pharmacy will be integrated into public health initiatives such as stop smoking, sexual health services and weight management, or offer screening for those at risk of vascular disease – an area where there are significant variations in access to services and life expectancy around the country.

Better, safe use of medicines
Safe medication practices should be embedded in patient care by identifying, introducing and evaluating systems designed to reduce unintended hospital admissions related to medicines use.

Identifying specific patient groups for MURs, using MURs and repeat dispensing to identify and reduce the amount of unused medicines and including pharmacists in care pathways for longterm conditions are all examples of this.

Access and choice
Community pharmacies improve access and choice through more help with medicines. This will be realised by developing MURs, repeat dispensing, access to urgent medicines, emergency supply and working with hospitals on medicine reconciliation.

Integration and interfaces
Community based pharmaceutical care will be developed which will involve creating new alliances between hospital and community pharmacists as well as primary care pharmacists and pharmacy technicians.

Quality
Underpinning all of this in the White Paper and the other policy drivers mentioned earlier is continual improvement in quality. This is a recurring theme throughout all the policy drivers currently influencing the development of community pharmacy. This refers to staff, premises and services alike. PCTs have a responsibility to ensure continuous quality by monitoring the community pharmacy services against the strategic tests.

'Healthy lives, healthy people',

The public health strategy for England (2010) says:

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

This will be relevant to local authorities as they take on responsibility for public health in their communities.

In addition, Community pharmacy is an important investor in local communities through employment, supporting neighbourhood and high street economies, as a health asset and long term partner.

Equity and excellence: Liberating the NHS (2010)

> *"Information, combined with the right support, is the key to better care, better outcomes and reduced costs. Patients need and should have far more information and data on all aspects of healthcare, to enable them to share in decisions made about their care and find out much more easily about services that are available. Our aim is to give people access to comprehensive, trustworthy and easy to understand information from a range of sources on conditions, treatments, lifestyle choices and how to look after their own and their family's health".*

Community pharmacy is at the forefront of self-care, health promotion and is ably qualified to assist people to manage long term conditions, the vast majority of which are managed via the use of medication. Advanced services under the contract should be maximized to ensure patients get access to the support that they need.

October 2011 - Market entry by means of pharmaceutical needs assessments and quality and performance (market exit)

The NHS Act 2006 required the Secretary of State for Health to make Regulations concerning the provision of NHS pharmaceutical services in England. The Health Act 2009 amended these provisions by providing that PCTs must develop and publish PNAs; and PCTs would then use their PNAs as the basis for determining entry to the NHS pharmaceutical services market.

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

The first set of Regulations dealing with the development and publication of PNAs, the NHS (Pharmaceutical Services and Local Pharmaceutical Services)(Amendment) Regulations 2010 (S.I. 2010/914) were laid on 26 March 2010 and came into force on 24 May 2010.

Later the National Health Service (Pharmaceutical Services) Regulations 2012 ("the 2012 Regulations") and draft guidance came into force concerning the remaining provision under the Health Act 2009.

Section 128A of NHS Act 2006, as amended by Health Act 2009 and Health and Social Care Act 2012

From 1st April 2013, every Health and Wellbeing Board (HWB) in England will have a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, referred to as a pharmaceutical needs assessment (PNA). This is of particular relevance for local authorities and commissioning bodies. Guidance outlines the steps required to produce relevant, helpful and legally robust PNAs.

Consolidation Applications

On 5 December 2016, amendments to the 2013 Regulations come into effect.

NHS pharmacy businesses may apply to consolidate the services provided on two or more sites onto a single site. Applications to consolidate will be dealt with as "excepted applications" under the 2013 Regulations, which means they will not be assessed against the pharmaceutical needs assessment. Instead, consolidation applications will follow a simpler procedure, the key to which is whether or

not a gap in pharmaceutical service provision would be created by the consolidation. Some provision is also made in respect of continuity of services so, if NHS England commissions enhanced services from the contract the closing premises, then the applicant is required to give an undertaking to continue to provide those services following consolidation.

If NHS England is satisfied that the consolidation would create a gap in pharmaceutical services provision, it must refuse the application.

If NHS England grants the application, it must then refuse any further "unforeseen benefits applications" seeking inclusion in the pharmaceutical list, if the applicant is seeking to rely on the consolidation as a reason for saying there is now a gap in provision, at least until the next revision of the PNA.

Appendix 2: Abbreviations Used

AF	Atrial Fibrillation
AMR	Antimicrobial Resistance
AUR	Appliance Use Review
BI	Brief Intervention
BP	Blood pressure
CATC	Care at the Chemist
CCG	Clinical Commissioning Group
CPAF	Community Pharmacy Assurance Framework
COPD	Chronic Obstructive Pulmonary Disease
CVD	Cardio Vascular Disease
DSR	Directly Standardised Rate
EHC	Emergency Hormonal Contraception
GP	General Practice / General Practitioner
GUM	Genito-urinary Medicine
HBC	Halton Borough Council
HCAI	Healthcare Acquired Infections
HIV	Human Immunodeficiency Virus
HLE	Healthy Life Expectancy
HWB	Health and Wellbeing Board
ID	(English) Indices of Deprivation
IMD	Index of Multiple Deprivation
JHWBS	Joint Health and Wellbeing Strategy
JSNA	Joint Strategic Needs assessment
LAPHT	Local Authority Public Health Team
LARC	Long-acting reversible contraception
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Services
LSOA	Lower Super Output Area
MDS	Monitored Dosage Systems
MRSA	Methicillin-resistant Staphylococcus aureus
MUR	Medicines Use Review
NHS	National Health Service
NHSE	NHS England
NICE	National Institute for Health and Clinical Excellence
NMS	New Medicines Service
NRT	Nicotine Replacement Therapy
NUMSAS	NHS Urgent Medicines Supply Advanced Service
ONS	Office of National Statistics
PCDG	Pharmacy Contracts and Development Group
PCT	Primary Care Trust
PGD	Patient Group Direction
PHE	Public Health England
PNA	Pharmaceutical Needs Assessment
PSNC	Pharmaceutical Services Negotiating Committee
QOF	Quality Outcomes Framework
RCT	Randomised control trial
SAC	Stoma Appliance Customisation

SHLAA	Strategic Housing Land Availability Assessment
STI	Sexually Transmitted Infection
TB	Tuberculosis
TIA	Transient Ischaemic Attack
WEMWBS	Warrick and Edinburgh Mental Wellbeing Score
WHO	World Health Organisation

Appendix 3: Community Pharmacy addresses and opening hours

Name	Address 1	Address 2	Postcode	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	100 hour pharmacy
RUNCORN											
Asda Pharmacy	West Lane	Runcorn	WA7 2PY	**08:00 - 23:00**	**07:00 - 23:00**	**07:00 - 23:00**	**07:00 - 23:00**	**07:00 - 23:00**	**07:00 - 22:00**	**10:30 - 16:30**	**Y**
Boots the Chemist	90 Forest Walk	Halton Lea Shopping Centre	WA7 2GX	**09:00 - 17:30**	**09:00 - 17:30**	**09:00 - 17:30**	**09:00 - 17:30**	**09:00 - 17:30**	**09:00 - 17:30**	Closed	
Boots	Hallwood Health Centre	Hospital Way	WA7 2UT	**08:30 - 18:30**	**07:30 - 19:30**	**08:30 - 18:30**	**08:30 - 18:30**	**08:30 - 18:30**	Closed	Closed	
Boots Pharmacy	21 High Street	Runcorn	WA7 1AP	**09:00 - 17:30**	**09:00 - 17:30**	**09:00 - 17:30**	**09:00 - 17:30**	**09:00 - 17:30**	**09:00 - 13:00**	Closed	
Boots Castlefields	Castlefields Primary Care Centre	Runcorn	WA7 2ST	**08:00 - 19.00**	**08:00 - 19.00**	**08:00 - 19.00**	**08:00 - 18.30**	**08:00 - 18.30**	**08:00 - 12.30**	Closed	
Lloyds Pharmacy	5-6 Granville Street	Runcorn	WA7 1NE	**08:00 - 22:30**	**08:00 - 22:30**	**08:00 - 22:30**	**08:00 - 22:30**	**08:00 - 22:30**	**08:00 - 22:30**	**09:30 - 22:30**	**Y**
Murdishaw Pharmacy	Gorsewood Road	Murdishaw	WA7 6DA	**08:30 - 18:00**	**08:30 - 18:00**	**08:30 - 18:00**	**08:30 - 18:00**	**08:30 - 18:00**	Closed	Closed	
Peak Pharmacy	51-53 Church Street	Runcorn	WA7 1LQ	**09:00 - 17:30**	**09:00 - 17:30**	**09:00 - 17:30**	**09:00 - 17:30**	**09:00 - 17:30**	**09:00 - 13:00**	Closed	
Peak Pharmacy	49 High Street	Runcorn	WA7 1AH	**08:45 - 18:00**	**08:45 - 18:00**	**08:45 - 18:00**	**08:45 - 18:00**	**08:45 - 18:00**	Closed	Closed	
Superdrug Pharmacy	89 Forest Walk	Halton Lea	WA7 2GX	**09.00 - 17.30**	**09.00 - 17.30**	**09.00 - 17.30**	**09.00 - 17.30**	**09.00 - 17.30**	**09:00 - 17:30**	Closed	
Well Pharmacy	11 Grangeway	Runcorn	WA7 5LY	**09:00 - 18:00**	**09:00 - 18:00**	**09:00 - 18:00**	**09:00 - 18:00**	**09:00 - 18:00**	**09:00 - 12:30**	Closed	
Wise Pharmacy Ltd	27 Hillcrest	Runcorn	WA7 2DY	**09.00 - 17.30**	**09.00 - 17.30**	**09.00 - 17.30**	**09.00 - 17.30**	**09.00 - 17.30**	Closed	Closed	
Wise Pharmacy Ltd	Windmill Hill Shopping Centre	Windmill Hill Avenue West	WA7 6QZ	**09:00 - 18:00**	**09:00 - 18:00**	**09:00 - 18:00**	**09:00 - 18:00**	**09:00 - 18:00**	**09:00 - 12:00**	Closed	

Name	Address 1	Address 2	Postcode	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	100 hou pharma
WIDNES											
Appleton Village Pharmacy	Appleton village	Widnes	WA8 6EQ	07:00 - 23:00	07:00 - 23:00	07:00 - 23:00	07:00 - 23:00	07:00 - 23:00	08:00 - 22:00	10:00 - 16:00	Y
Asda Pharmacy	Widnes Road	Widnes	WA8 6AH	08:00 - 23:00	07:00 - 23:00	07:00 - 23:00	07:00 - 23:00	07:00 - 23:00	07:00 - 22:00	10:00 - 16:00	Y
Boots Pharmacy	Unit 7 Widnes Shopping Park	High Street	WA8 7TN	09:00 - 20:00	09:00 - 20:00	09:00 - 20:00	09:00 - 20:00	09:00 - 20:00	09:00 - 19:00	10:00 - 16:00	
Cohens Chemist	222a Liverpool Road	Ditton	WA8 7HY	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	Closed	Closed	
Cookes Ltd	76 Albert Road	Widnes	WA8 6JT	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	Closed	Closed	
Ditton Pharmacy	203 Hale Road	Widnes	WA8 8QB	08:30 - 18:30	08:30 - 18:30	08:30 - 18:30	08:30 - 18:30	08:30 - 18:30	Closed	Closed	
Hale Village Pharmacy	3 Ivy Farm Court	Hale Village	L24 4PG	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 12:30	Closed	
Lloyds Pharmacy	Hough Green Health Park	45-47 Hough Green Road	WA8 4NJ	08:45 - 19:30	08:45 - 18:00	08:45 - 18:00	08:45 - 18:00	08:45 - 18:00	09:00 - 13:00	Closed	
McDougalls's Pharmacy	Widnes Health Care Resource Centre	Oaks Place	WA8 7GD	09:00 - 19:00	09:00 - 19:00	09:00 - 19:00	09:00 - 13:00 14:00 - 17:00	09:00 - 19:00	09:00 - 17:00	Closed	
Nicholson's Pharmacy	17 Queens Avenue	Ditton	WA8 8HR	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 17:00	Closed	
Rowlands Pharmacy	11 Farnworth Street	Widnes	WA8 9LH	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 11:30	Closed	
Strachan's Chemist	445 Hale Road	Widnes	WA8 8UU	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 13:00	Closed	
Tesco In-store Pharmacy	Ashley Retail Park	Lugsdale Road	WA8 7YT	08:00 - 22:30	06:30 - 22:30	06:30 - 22:30	06:30 - 22:30	06:30 - 22:30	06:30 - 22:00	11:00 - 17:00	Y
Upton Rocks Pharmacy	12a Cronton Lane	Widnes	WA8 5AJ	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 13:00	Closed	
Well Pharmacy	Peel House Medical Plaza	Peel House Lane	WA8 6TN	08:30 - 18:30	08:30 - 18:30	08:30 - 18:30	08:30 - 18:30	08:30 - 18:30	Closed	Closed	
West Bank pharmacy	8a Mersey Road	West Bank	WA8 0DG	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	Closed	Closed	
Widnes Late Night Pharmacy	Peel House Lane	Widnes	WA8 6TE	08:00 - 23:00	08:00 - 23:00	08:00 - 23:00	08:00 - 23:00	08:00 - 23:00	08:00 - 23:00	08:00 - 23:00	Y
Wise Pharmacy Ltd	204 Warrington Road	Widnes	WA8 0AX	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 12:00	Closed	
DISTANCE SELLING 'INTERNET' PHARMACIES											
Calea UK Ltd	Cestrian Court	Eastgate Way	WA7 1NT	07:00 - 23:59	07:00 - 23:59	07:00 - 23:59	07:00 - 23:59	07:00 - 23:59	Closed	Closed	Y
L Rowland & Co	Whitehouse Industrial Estate	Rivington Road	WA7 3DJ	08:45 - 17:15	08:45 - 17:15	08:45 - 17:15	08:45 - 17:15	08:45 - 17:15	Closed	Closed	
Wise Pharmacy Ltd	Unit 7. Jenson Court	Runcorn	WA7 1SQ	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	Closed	Closed	

Appendix 4: Community Pharmacy services

Runcorn													
Name	100hrs	Ward Location	Post Code	CONSRM	MUR	NMS	Flu	EHC	CATC	IM-SCESS	NRT	Varen	SUPCON	PALL
Asda Pharmacy, West Lane, Runcorn	Y	Halton Lea	WA7 2PY	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Boots Pharmacy, Halton Lea Shopping Centre, Runcorn		Halton Lea	WA7 2GX	Yes	Yes	Yes	Yes		Yes					
Boots Pharmacy, Castlefields Primary Care Centre, Runcorn		Halton Castle	WA7 2ST	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Boots Pharmacy, Hallwood Health Centre, Runcorn		Halton Lea	WA7 2UT	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	
Boots Pharmacy, 21 High Street, Runcorn		Mersey	WA7 1AP	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes		
Lloyds Pharmacy, 5-6 Granville Street, Runcorn	Y	Mersey	WA7 1NE	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Murdishaw Pharmacy, Gorsewood Road, Runcorn		Norton South	WA7 6ES	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	
Peak Pharmacy, 51-53 Church Street, Runcorn		Mersey	WA7 1LQ	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Peak Pharmacy, 49 High Street, Runcorn		Mersey	WA7 1AH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Superdrug Pharmacy, Halton Lea Shopping Centre		Halton Lea	WA7 2BX	Yes	Yes	Yes	Yes	Yes	Yes			Yes	Yes	
Well Pharmacy, 11 Grangeway, Runcorn		Grange	WA7 5LY	Yes	Yes	Yes	Yes		Yes					
Wise Pharmacy Ltd, 27 Hillcrest, Runcorn		Halton Brook	WA7 2DY	Yes			Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Wise Pharmacy Ltd, Windmill Hill Shopping Centre, Runcorn		Windmill Hill	WA7 6QZ	Yes	Yes		Yes		Yes					

Widnes														
Name	100hrs	Ward Location	Post Code	CONSRM	MUR	NMS	Flu	EHC	CATC	IM-SCESS	NRT	Varen	SUPCON	PALL
Appleton Village Pharmacy	Y	Appleton	WA8 6EQ	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes		
Asda Pharmacy, Widnes Road, Widnes	Y	Kingsway	WA8 6AH	Yes	Yes	Yes	Yes	Yes	Yes	Yes				Yes
Boots Pharmacy, Unit 7, Widnes Shopping Centre		Appleton	WA8 7TN	Yes	Yes	Yes	Yes	Yes	Yes	Yes			Yes	
Cohens Chemist, 22a Liverpool Road, Widnes		Broadheath	WA8 7HY	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Cookes Ltd, 76 Albert Road, Widnes		Appleton	WA8 6JT	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Ditton Pharmacy, 203 Hale Road, Widnes		Ditton	WA8 8QB	Yes	Yes	Yes			Yes					
Hale Village Pharmacy, 3 Ivy Farm Court, Widnes		Hale	L24 4AG	Yes	Yes	Yes	Yes	Yes	Yes			Yes	Yes	
Lloyds Pharmacy, Hough Green Health Park, Widnes		Hough Green	WA8 4NJ	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
McDougalls's Pharmacy, Health Care Resource Centre, Widnes		Kingsway	WA8 7GD	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Nicholson's Pharmacy, 17 Queens Avenue, Widnes		Ditton	WA8 8HR	Yes										
Rowlands Pharmacy, 11 Farnworth Street, Widnes		Farnworth	WA8 9LX		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Strachan's Chemist, 445 Hale Road, Widnes		Ditton	WA8 8UU	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Tesco In-store Pharmacy, Ashley Retail Park, Widnes	Y	Riverside	WA8 7YT		Yes	Yes	Yes		Yes	Yes	Yes	Yes		
Upton Rocks Pharmacy, 12a Cronton Lane, Widnes		Farnworth	WA8 5AJ	Yes	Yes	Yes	Yes		Yes					
Well Pharmacy, Peel House Medical Plaza, Widnes		Appleton	WA8 6TN	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
West Bank pharmacy, 8a Mersey Road, Widnes		Riverside	WA8 0DG				Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Widnes Late Night Pharmacy, Peel House Lane, Widnes	Y	Appleton	WA8 6TR	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Wise Pharmacy Ltd, 204 Warrington Road, Widnes		Halton View	WA8 0AX		Yes	Yes	Yes		Yes					

KEY

CONSRM: Consulting room
MUR: Medicines Use Review
NMS: New Medicines Service
Flu: NHS Influeza Vaccination (all adults at risk)
EHC: Emergency Hormonal Contraception
CATC: Care at the Chemist (minor ailments)
IM-SCESS: Intermediate Smoking Cessation
NRT: Nictotine Replacement Therapy (NRT) Vouchers
Varen: Varenicline Initiation
SUPCON: Supervised Consumption - Methadone
PALL: Palliative Care Medicines Service

Appendix 5: Cross border Community Pharmacy service provision

Number on map	Pharmacy Name	Address	Postcode	MUR's	Care at the Chemist (Minor Ailments)	Open Hours	Open Hours - Weekends
			Liverpool				
1	Lloyds Pharmacy	109 East Millwood Road	L24 6TH	Yes	Yes	8:30 - 18:00 Mon - Fri	
2	Rowlands Pharmacy	15 Penketh Drive	L24 2WZ	Yes	Yes	9:00 - 18:00 Mon - Fri	9:00 - 17:00 Sat
3	Rowlands Pharmacy	New Neighbourhood Health Centre	L24 2XD	Yes	No	8:45 - 18:45 Mon - Fri	
4	Greencross Pharmacy	West Speke Health Centre	L24 3TY	Yes	Yes	9:00 - 18:00 Mon - Fri	9:00 - 13:00 Sat
5	Lloyds Pharmacy	4 Woodend Avenue	L25 0PA	Yes	Yes	8:30 - 18:00 Mon - Fri	9:00 - 13:00 Sat
6	Asda Pharmacy	Hunts Cross Shopping Park	L24 9GB	Yes	Yes	8:00 - 20:00 Mon - Fri	8:00 - 20:00 Sat 10:00 - 16:00 Sun
7	Woolton Late Night Chemist	267 Hunts Cross Avenue	L25 9ND	Yes	Yes	7:30 - 22:30 Mon - Fri	9:00 - 21:30 Sat & Sun
			Knowsley				
8	Daveys Chemist	43-45 Manor Farm Road	L36 0UB	Yes	Yes	9:00 - 18:15 Mon - Fri	
9	Lloyds pharmacy	5 Tarbock Road	L36 5XN	Yes	Yes	8:30 - 18:30 Mon - Fri	9:00 - 17:30 Sat
10	Superdrug	Derby Road	L36 9UJ	Yes	Yes	9:00 - 17:30 Mon - Fri	9:00 - 17:30 Sat
11	Asda Pharmacy	Huyton Lane	L36 7TX	Yes	Yes	8:00 - 23:00 Mon 7:00 - 23:00 Tues - Fri	7:00 - 22:00 Sat 10:30 - 16:30 Sun
12	Sedem Pharmacy	The Long View Primary Care Centre	L36 6EB	Yes	Yes	9:00 - 18:30 Mon - Fri	
13	Boots Whiston	Old Colliery Road	L35 3SX	Yes	Yes	8:00 - 19:00 Mon - Fri	8:30 - 12:00 Sat
14	Neil's Pharmacy	32 Molyneux Drive	L35 5DY	Yes	Yes	9:00 - 18:00 Mon - Fri	
			St Helens				
15	Lloyds Pharmacy	473 Warrington Road	L35 4LL	Yes	Yes	9:00 - 18:00 Mon - Fri	9:00 - 13:00 Sat
16	Longsters Pharmacy	578 Warrington Road	L35 4LZ	Yes	Yes	9:00 - 18:00 Mon - Fri	
17	Rowlands Pharmacy	Four Acre Health Centre	WA9 4QB	Yes	Yes	9:00 - 18:00 Mon - Fri	9:00 - 17:00 Sat
			Warrington				
18	Barrow Hall Pharmacy	103 Barrow Hall Lane	WA5 3AE	Yes	No	8:30 - 18:00 Mon - Fri	
19	Aston Pharmacy	2 Station Road	WA5 1RQ	Yes	No	9:00 - 18:00 Mon - Fri	
20	Hood Manor Pharmacy	Hood Manor Centre	WA5 1UH	Yes	No	9:00 - 18:00 Mon - Fri	9:00 - 13:00 Sat
21	Lloyds Pharmacy	Honiton Way	WA5 2EY	Yes	No	8:30 - 18:15 Mon - Fri	9:00 - 17:30 Sat
22	Stockton Heath Pharmacy	The Forge, London Road	WA4 6HJ	Yes	No	7:30 - 22:30 Mon - Fri	7:00 - 22:30 Sat 10:00 - 17:00 Sun
23	Boots Pharmacy	19 London Road	WA4 6SG	Yes	No	8:30 - 18:00 Mon - Fri	9:00 - 17:00 Sat
24	Thomas Brown Pharmacy	51 London Road	WA4 6SG	Yes	No	9:00 - 18:00 Mon - Fri	9:00 - 13:00 Sat
25	Lloyds Pharmacy	The Forge, London Road	WA4 6HW	Yes	No	8:45 - 18:00 Mon - Fri	9:00 - 17:00 Sat
26	Well Pharmacy	45 Dudlow Green Road	WA4 5EQ	Yes	No	8:45 - 18:00 Mon - Fri	
			Cheshire West & Chester				
27	Boots Pharmacy	7 Church Street, Frodsham	WA6 7DN	Yes	Yes	8:45 - 17:45 Mon - Fri	9:00 - 17:00 Sat
28	Boots Pharmacy	Princeway, Frodsham	WA6 6RX	Yes	No	9:00 - 18:00 Mon - Fri	9:00 - 12:00 Sat

Appendix 6: Healthy Living Pharmacies

Background

The Healthy Living Pharmacy (HLP) framework[212] is a tiered commissioning framework aimed at achieving consistent delivery of a broad range of high quality services through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities. It is a nationally agreed accreditation or 'kite mark' for community pharmacies which deliver proactive health and wellbeing advice as part of their day to day role.

Quality Criteria needed to demonstrate that a pharmacy is either working towards Healthy Living Pharmacy status or actually achieving this quality mark. Once progressed to the next level the pharmacy must ensure that the standards of the previous level are maintained:

- Level 1: Promotion – Promoting health, wellbeing and self-care (in July 2016, Level 1 changed from a commissioner-led process to a profession-led self-assessment process)
- Level 2: Prevention – Providing services (commissioner-led)
- Level 3: Protection – Providing treatment (commissioner-led)

The HLP framework is underpinned by three enablers:

- workforce development – a skilled team to pro-actively support and promote behaviour change, improving health and wellbeing
- premises that are fit for purpose
- engagement with the local community, other health professionals (especially GPs), social care and public health professionals and local authorities

Key findings from the evaluation of the HLP pathfinder sites:[213][214][215]

- increased service delivery and improved quality measures and outcomes
- 60% of peopled surveyed would have otherwise gone to a GP
- 99% of the public surveyed were comfortable to receive the service in the pharmacy
- More people successfully quit smoking in HLPs than non-HLPs
- More sexual health advice given than in non-HLPs
- HLPs were effective at delivering increased support for people taking medicines for long term conditions, through both Medicines Use Reviews and the New Medicine Service
- 70% of the contractors surveyed saying it had been worthwhile for their business
- Health promotion zones within pharmacies play a vital part in supporting the public health role of the pharmacy

The Healthy Living Pharmacy Quality Mark

Healthy living pharmacies will have a healthy living pharmacy logo that is easily identified by members of the public, healthcare professionals and commissioners. This will require marketing and publicity to ensure that people recognise what this means. A national logo exists but a local variant could be agreed if this is thought more locally acceptable.

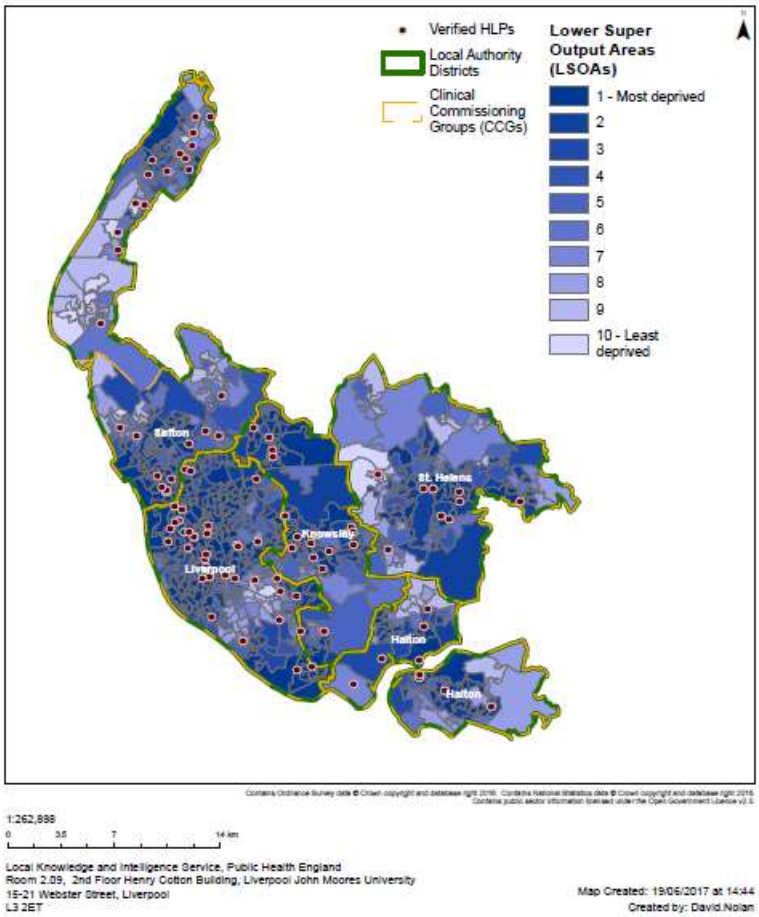
What is a Healthy Living Pharmacy?

Figure 41: Healthy Living Pharmacy

The approach illustrated above shows that there is an ethos within a HLP to proactively promote health and wellbeing throughout the whole pharmacy team. Additionally, a HLP[216] has at least one Healthy Living Champion trained to level 2 qualification in '*Understanding Health Improvement*' accredited by the Royal Society of Public Health. A HLP will achieve defined quality criteria requirements and meets productivity targets linked to local health needs e.g. number of stop smoking quits at 4 weeks; number of targeted MURs completed, tailored to local need. It builds on all existing core pharmacy services (Essential and Advanced) with a series of locally commissioned services.

A number of pharmacies in Halton (and across Cheshire & Merseyside) already have HLP status or are working towards it.

Map 18: Verified HLPs in Merseyside (NHS Area Team) at end of May 2017



Source: North West Local Knowledge and Intelligence Service, PHE

Appendix 7: Pharmacy Premises and Services Questionnaire

A questionnaire to gather information from all pharmacies was devised as a collaborative exercise with Cheshire & Merseyside local authority PNA leads, Local Pharmaceutical Committee (LPC) representatives and NHSE. It was conducted online via Pharm Outcomes. Both the LPCs and NHSE sent communications to pharmacies to encourage completion.

1: Premises Details

Contractor Code (ODS Code)	
Name of contractor (i.e. name of individual, partnership or company owning the pharmacy business)	
Trading Name	
Address of pharmacy	
Pharmacy postcode	
Is this pharmacy entitled to Pharmacy Access Scheme payments?	☐ Yes ☐ No ☐ Under review
Is this pharmacy a 100-hour pharmacy?	☐ Yes ☐ No
Does this pharmacy hold a Local Pharmaceutical Services (LPS) contract? (i.e. it is not the 'standard' Pharmaceutical Services contract)	☐ Yes ☐ No
Is this pharmacy a Distance Selling Pharmacy? (i.e. it cannot provide Essential Services to persons present at or in the vicinity of the pharmacy)	☐ Yes ☐ No
Pharmacy email address	
Pharmacy telephone	
Pharmacy fax (if applicable)	
Pharmacy website address (if applicable)	
Can we share the above information with the LPC and use it to contact you?	☐ Yes ☐ No

2: Contact Details

Contact details of person completing questionnaire, if questions arise		
Name:	Phone:	Email:
Contact details for head office (if different/appropriate)		
Name:	Phone:	Email:

3: In which Local Authority are you based?

Cheshire East ☐	Cheshire West & Chester ☐	Halton ☐	Knowsley ☐	Liverpool ☐
Sefton ☐	St. Helens ☐	Warrington ☐	Wirral ☐	

4: Total opening hours (what hours are you open?)

Day	Open from	To	Lunchtime (From – To)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

5: Consultation facilities

Is there a consultation area on premises (meeting the criteria for the Medicines Use Review service) (tick one)	None, or	☐
	Available (including wheelchair access), or	☐
	Available (without wheelchair access), or	☐
	Planned within the next 12 months, or	☐
	Other (specify)	
Where there is a consultation area, is it a closed room?		☐ Yes ☐ No
During consultations are there hand-washing facilities?	In the consultation area, or	☐
	Close to the consultation area, or	☐
	None	☐
How many closed consultation rooms have you got?		Drop down 0,1,2,3+
Do patients attending for consultations have access to toilet facilities?		☐ Yes ☐ No
Off-site	Does the pharmacy have access to an off-site consultation area (i.e. one which the former PCT or NHS England local team has given consent for use)?	☐ Yes ☐ No
	Is the pharmacy willing to undertake consultations in patient's home / other suitable site?	☐ Yes ☐ No

6: Healthy Living Pharmacies (HLP) Yes/No.

The pharmacy has achieved HLP status	☐ Yes ☐ No
The pharmacy is working toward HLP status	☐ Yes ☐ No
Expected completion by 24th Nov 2017?	☐ Yes ☐ No
The pharmacy is not currently working toward HLP status but would be interested in becoming a HLP in the future	☐ Yes ☐ No
The pharmacy would not be interested in becoming a HLP	☐ Yes ☐ No

7.1: Services

Does the pharmacy dispense the following:

	Yes	No
Stoma appliances	☐	☐
Incontinence appliances	☐	☐
Dressings	☐	☐
Other (please specify)	☐	☐

7.2: Advanced services

Does the pharmacy provide the following services?

	Yes	Intending to begin within next 12 months	No - not intending to provide
Medicines Use Review service	☐	☐	☐
New Medicine Service	☐	☐	☐
Appliance Use Review service	☐	☐	☐
Stoma Appliance Customisation service	☐	☐	☐
NHS Flu Vaccination Service	☐	☐	☐
NHS Urgent Medicine Supply Advanced Service	☐	☐	☐

7.3: Enhanced[xiv] and Other Locally Commissioned Services[xv]

Which of the following services does the pharmacy provide, or would be willing to provide?

	Currently commissioned to provide	Company led service[xvi]	Potentially willing to provide in future if commissioned[xvii]	Not able or willing to provide
Anticoagulant Monitoring Service	☐	☐	☐	☐
Anti-viral Distribution Service	☐	☐	☐	☐
Care Home Service	☐	☐	☐	☐
Chlamydia Testing Service	☐	☐	☐	☐
Chlamydia Treatment Service	☐	☐	☐	☐
Contraceptive service (not EC)	☐			
Disease specific medicines management service				
Allergies	☐	☐	☐	☐
Alzheimer's/dementia	☐	☐	☐	☐
Asthma	☐	☐	☐	☐
CHD	☐	☐	☐	☐
COPD	☐	☐	☐	☐
Depression	☐	☐	☐	☐
Diabetes type I	☐	☐	☐	☐
Diabetes type II	☐	☐	☐	☐
Epilepsy	☐	☐	☐	☐
Heart Failure	☐	☐	☐	☐
Hypertension	☐	☐	☐	☐
Parkinson's disease	☐	☐	☐	☐

[xiv] 'Enhanced Services' are those commissioned by the local NHS England Team. CCGs and Local Authorities can commission Other Locally Commissioned Services that are equivalent to the Enhanced Services, but for the purpose of developing the PNA are called 'Other Locally Commissioned Services' not 'Enhanced Services'

[xv] These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the local NHS England Team. The local NHS England Team may commission them on behalf of the CCG or Local Authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'

[xvi] This is a private service either paid for by the patient or free to the patient, that is available through your organisation/company

[xvii] Depending on local need and funding

	Currently commissioned to provide	Company led service[xvi]	Potentially willing to provide in future if commissioned[xvii]	Not able or willing to provide
Other (please state)				
Emergency Contraception Service	☐	☐	☐	☐
Quick Start Contraception Service	☐	☐	☐	☐
Emergency Supply Service	☐	☐	☐	☐
Gluten Free Food Supply Service (i.e. not via FP10)	☐	☐	☐	☐
Home Delivery Service (not appliances)	☐	☐	☐	☐
Independent Prescribing Service	☐	☐	☐	☐
If currently providing an Independent Prescribing Service, what therapeutic areas are covered?				
Language Access Service	☐	☐	☐	☐
Medicines Assessment and Compliance Support Service	☐	☐	☐	☐
Minor Ailment Scheme (Care at the Chemist)	☐	☐	☐	☐
MUR Plus/Medicines Optimisation Service	☐	☐	☐	☐
If currently providing an MUR Plus/ Medicines Optimisation Service, what therapeutic areas are covered?		Free text field		
Needle and Syringe Exchange Service	☐	☐	☐	☐
Sharps Disposal Service	☐	☐	☐	☐
Obesity/weight management (adults and children)	☐	☐	☐	☐
Not Dispensed Scheme	☐	☐	☐	☐
On Demand Availability of Specialist Drugs Service	☐	☐	☐	☐
Out of Hours Services	☐	☐	☐	☐
Patient Group Direction Service (name the medicines covered by the Patient Group Direction)	Free text field			
Phlebotomy Service	☐	☐	☐	☐
Prescriber Support Service	☐	☐	☐	☐
Schools Service	☐	☐	☐	☐
Screening Service				
Alcohol	☐	☐	☐	☐
Atrial Fibrillation service	☐	☐	☐	☐
Cholesterol	☐	☐	☐	☐
Diabetes	☐	☐	☐	☐
Gonorrhoea	☐	☐	☐	☐
H. pylori	☐	☐	☐	☐
HbA1C	☐	☐	☐	☐
Hepatitis	☐	☐	☐	☐
Hypertension	☐	☐	☐	☐
HIV	☐	☐	☐	☐
Other (please state)				
Seasonal Influenza Vaccination Service	☐	☐	☐	☐
Other vaccinations				
Childhood vaccinations	☐	☐	☐	☐

	Currently commissioned to provide	Company led service[xvi]	Potentially willing to provide in future if commissioned[xvii]	Not able or willing to provide
Hepatitis (at risk workers or patients)	☐	☐	☐	☐
HPV	☐	☐	☐	☐
Travel vaccines	☐	☐	☐	☐
Other – (please state)				
NRT Voucher Dispensing	☐	☐	☐	☐
Intermediate Stop Smoking Service	☐	☐	☐	☐
Varenicline PDG Service	☐	☐	☐	☐
Supervised Administration Service	☐	☐	☐	☐
If you provide supervised administration service, is this done in a separate private room?				
Supplementary Prescribing Service (what therapeutic areas are covered?)			☐	☐
Vascular Risk Assessment Service (NHS Health Check)	☐	☐	☐	☐
Palliative care service	☐	☐	☐	☐
IV Antibiotics supply	☐	☐	☐	☐
Domiciliary Medicine Administration Records (MAR)	☐	☐	☐	☐
Locally Commissioned Domiciliary MUR Service[xviii]	☐	☐	☐	☐

7.4: Non-commissioned services

Does the pharmacy provide any of the following?

Collection of prescriptions from GP practices	☐ Yes ☐ No
Delivery of dispensed medicines – Free of charge on request	☐ Yes ☐ No
Delivery of dispensed medicines - Chargeable	☐ Yes ☐ No
Monitored/Community Dosage Systems – Free of charge on request if not covered by Equality Act (DDA)	☐ Yes ☐ No
Monitored/Community Dosage Systems – chargeable if not covered by Equality Act (DDA)	☐ Yes ☐ No
Is there a particular need for a locally commissioned service in your area? If so, what is the service requirement and why.	Free text field

8: Accessibility

Can customers legally park within 50 metres of the pharmacy?	☐ Yes ☐ No
How far is the nearest bus stop/train station?	☐ Within 100m ☐ 100m to 500m ☐ 500m to 1km ☐ Other ☐ None
Do pharmacy customers have access to a designated disabled parking?	☐ Yes ☐ No
Is the entrance to the pharmacy suitable for wheelchair access unaided?	☐ Yes ☐ No

[xviii] Currently commissioned by Warrington LA

Are all areas of the pharmacy floor accessible by wheelchair?		☐ Yes ☐ No
Do you have any other facilities in the pharmacy aimed at supporting disabled people access your service?	Automatic door assistance	☐ Yes ☐ No
	Bell at front door	☐ Yes ☐ No
	Toilet facilities accessible by wheelchair users	☐ Yes ☐ No
	Hearing loop	☐ Yes ☐ No
	Sign language	☐ Yes ☐ No
	Large print labels	☐ Yes ☐ No
	Large print leaflets	☐ Yes ☐ No
	Wheelchair ramp access	☐ Yes ☐ No
	Other, please state	Free text field
Are you able to offer support to people whose first language is not English? If so how?	Use of interpreter/language line	☐ Yes ☐ No
	Staff at pharmacy speak languages other than English (please indicate which languages)	Free text field
Are you able to provide advice and support if a customer wishes to speak to a person of the same sex?	At all times	☐ Yes ☐ No
	By arrangement	☐ Yes ☐ No

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

		If yes, please specify:
Age	☐ Yes ☐ No	
Disability	☐ Yes ☐ No	
Gender	☐ Yes ☐ No	
People who have had or about to have a reassignment of gender	☐ Yes ☐ No	
Marriage and civil partnership	☐ Yes ☐ No	
Pregnancy and maternity	☐ Yes ☐ No	
Race	☐ Yes ☐ No	
Religion or belief	☐ Yes ☐ No	
Sexual orientation	☐ Yes ☐ No	
Other, (please state)		Free text field

9: IT Facilities Select any that apply

Electronic Prescription Service Release 2 enabled	☐
Registered for NHS mail	☐
NHS Summary Care Record enabled	☐
Up to date NHS Choice entry	☐

Appendix 8: Public Local Pharmacy Services Questionnaire

During June 2017 the public health team conducted a survey at a local health & wellbeing event and online. It asked local residents to give their feedback on their local pharmacy. The online version of the survey was sent out via a wide range of networks including Halton & St Helens Voluntary Action, Healthwatch, Halton Local Strategic Partnership groups and networks, Halton Children's Trust, Halton Clinical Commissioning Group engagement network, Halton OPEN (Older People's Network) and others. **216** responses were received. A press release was also issued to the local paper. The online survey was open for four weeks. The following is the communication sent out and questionnaire.

Pharmacy Services in Halton - Have your say
Halton Borough Council are seeking your views about your local pharmacy.

Please help us to make sure that your local pharmacy is providing the right services and support for you and your family by completing a short survey.

Your responses will help Halton's Health and Wellbeing Board to produce its local Pharmaceutical Needs Assessment (PNA). This document will help to ensure that your local pharmacy provides the service you need both now and in the future.

Director of Public Health, Eileen O'Meara said:
"The local pharmacy is often the first place residents will turn to when they have a concern about their health or that of their family. It is for this reason that it is important we look into the needs of Halton's population and how pharmacies can meet these needs. I would ask everyone to get involved and respond to this important survey, to help us shape the future of the service."

The questionnaire is anonymous and should only take a few minutes to complete.

How to get involved
To give us your views complete this questionnaire or go to https://www.surveymonkey.co.uk/r/pnapatient2017 and fill in the on-line questionnaire.
Paper versions of the survey are available by calling 0151 511 6855 (Monday to Friday between 9:00 and 4:00pm) and providing your name and postal address

LOCAL SURVEY OF COMMUNITY PHARMACY SERVICES

Thank you for agreeing to complete this questionnaire which is asking for your views on the current provision of pharmacy services in your local area

A pharmacy or Chemist is a place you would use to get a prescription dispensed or buy medicines or ask a pharmacist for advice. A pharmacist is the most qualified person in the pharmacy to dispense and sell medicines and give advice

1. In which Local Authority do you live?

☐ Cheshire East ☐ Cheshire West & Chester ☐ Halton ☐ Knowsley

☐ Liverpool ☐ Sefton ☐ St. Helens ☐ Warrington ☐ Wirral

The following questions are about the last time you used a pharmacy

2. Why did you visit the pharmacy? (Please tick all that apply)

☐ To collect a prescription for yourself ☐ To collect a prescription for someone else To get advice from the pharmacist ☐ To buy other medications I cannot buy elsewhere ☐ Other

3. When did you last use a pharmacy to get a prescription, buy medicines or to get advice?

(Please tick one answer only)

☐ In the last week ☐ In the last two weeks ☐ In the last month
☐ In the last three months ☐ In the last six months ☐ Not in the last six months

4. How did you get to the pharmacy? Please tick all that apply

☐ Walking ☐ Public transport ☐ Car ☐ Taxi ☐ Bicycle ☐ Other (please specify)

5. Thinking about the location of the pharmacy, which of the following is most important to you?

☐ It is close to my doctor's surgery
☐ It is close to my home
☐ It is close to other shops I use
☐ It is close to my children's school or nursery
☐ It is easy to park nearby
☐ It is near to the bus stop / train station
☐ It is close to where I work
☐ It is close to/in my local supermarket
☐ None of these
☐ Other (please specify)

6. How easy is to get to your usual pharmacy? (*Please tick one answer only)*

☐ It is very easy
☐ It is quite easy
☐ It is not easy
☐ It is not easy at all
☐ It is very difficult
☐ It is very inconvenient for me to get to a pharmacy and can cause a problem for me

7. If you have a condition that affects your mobility, are you able to park close enough to your pharmacy?

☐Yes ☐ No ☐ Don't know ☐ Not applicable

8. Does your pharmacy deliver medication to your home if you are unable to collect it yourself?

☐Yes ☐ No ☐ Don't know/ I have never used this service

9. In the last 12 months have you had any problems finding a pharmacy to get a medicine dispensed, to get advice or to buy medicines?
☐ Yes ☐ No (Go to Q12)

10. If Yes, what was your main reason for going to the pharmacy?(*Please tick one answer only)*

☐ To get medicine(s) on a prescription ☐ To buy medicine(s) from the pharmacy
☐ To get advice at the pharmacy ☐ Other (please specify)

11. Please tell us what was the problem in finding a pharmacy?

12. Are you satisfied with the opening hours of your pharmacy?
☐ Yes ☐ No (please specify why below)

About the last time you found your usual pharmacy, or the one closest to you, closed

13. In the last 12 months how many times have you needed to use your usual pharmacy (or the pharmacy closest to you) when it was closed?

☐ Once or twice ☐ Three or four times ☐ Four or more times
☐ I haven't needed to use the pharmacy when it was closed (Go to Question 17)

14.. What day of the week was it?

☐ Monday to Friday ☐ Saturday ☐ Sunday ☐ Bank Holiday ☐ Can't remember

15. What time of the day was it?

☐ Morning ☐ Lunchtime (between 12pm and 2pm) ☐ Afternoon ☐ Evening (after 7pm)
☐ Can't remember

16. What did you do when your pharmacy was closed?

☐ Went to another pharmacy ☐ Waited until the pharmacy was open ☐ Went to a hospital
☐ Went to a Walk in Centre ☐ Other (please specify)

About any medicines you receive on prescription and dispensed by your usual, or local pharmacy

17. Did you get a prescription the last time you used a pharmacy?

☐ Yes ☐ No (Go to Q20) ☐ Can't remember (Go to Q20)

18. Did the staff at the pharmacy tell you how long you would have to wait for your prescription to be prepared?

☐ Yes ☐ No, but I would have liked to have been told ☐ No, but I did not mind
☐ Can't remember

19. If 'yes' was this a reasonable period of time?

☐ Yes ☐ No

20. Did you get all the medicines that you needed on this occasion?

☐ Yes (Go to Q24) ☐ No ☐ Can't remember (Go to Q24)

21. What was the main reason for not getting all your medicines on this occasion? (*Please tick one answer only)*

☐ The pharmacy had run out of my medicine
☐ My GP had not prescribed something I wanted
☐ My prescription had not arrived at the pharmacy
☐ Some other reason

22. How long did you have to wait to get the rest of your medicines?

☐ Later the same day ☐ The next day ☐ Two or more days ☐ More than a week

23. Did the pharmacist offer to deliver the remainder of your prescription to your home?

☐ Yes☐ No

24. If you have needed to use a hospital pharmacy (e.g. as an outpatient or on discharge following a stay in hospital), would you like to have the option to have the prescription dispensed as your local pharmacy?

☐ Yes☐ No ☐ I have never used a hospital pharmacy

About times when you needed a consultation, or wished to talk to the pharmacist in the pharmacy

25. Have you had a consultation with the pharmacist in the last 12 months for any health related purpose?

☐ Yes ☐ No (Go to Q29) ☐ Can't remember (Go to Q29)

26. What advice were you given during your consultation?

☐ Lifestyle advice (e.g. stop smoking, diet and nutrition, physical activity etc.)
☐ Advice about a minor ailment (e.g. using Care at the Chemist service)
☐ Medicine advice
☐ Emergency contraception advice
☐ Other (please specify)

27. Where did you have your consultation with the pharmacist?

Please tick one

☐ At the pharmacy counter
☐ In the dispensary or a quiet part of the shop
☐ In a separate room
☐ Over the telephone (Go to Q29)
☐ Other (please specify)

28. How do you rate the level of privacy you have in the consultation with the pharmacist?

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Very Poor

About what you feel pharmacies should be able to offer you

29. Please tell us how you would describe your feelings about pharmacies.

☐ I wish pharmacies could provide more services for me
☐ I am satisfied with the range of services pharmacies provide
☐ Don't know

30. Which if any of the services below do you think should be available locally through pharmacies? (Please tick one box in each row)

To get treatment of a minor illness such as a cold instead of my doctor (Known as Care at the Chemist this is free of charge if you don't pay for prescriptions)	Yes ☐	No ☐	Not sure ☐
Advice on stopping smoking and/or vouchers for nicotine patches/gum etc.	Yes ☐	No ☐	Not sure ☐
Advice on contraception and supply of "morning after" pill free of charge	Yes ☐	No ☐	Not sure ☐
Weight management services and advice on diet/exercise for weight management	Yes ☐	No ☐	Not sure ☐
Tests to check blood pressure, cholesterol, whether I might get diabetes or other conditions	Yes ☐	No ☐	Not sure ☐
Advice and treatment for alcohol misuse	Yes ☐	No ☐	Not sure ☐
Advice and treatment for drug misuse	Yes ☐	No ☐	Not sure ☐
Review of medicines on repeat prescription with advice on when it is best to take them, what they are for and side-effects to expect	Yes ☐	No ☐	Not sure ☐
Provision of the "Flu" vaccination	Yes ☐	No ☐	Not sure ☐

31. Is there anything you particularly value as a service from pharmacies?

32. Is there anything else, or any service that you feel could be provided by local pharmacies?

Finally please provide some details about yourself

24.Are you? ☐Male ☐Female

25. How old are you?
☐ 16-20 years ☐ 21-30 years ☐ 31-40 years ☐ 41-50 years ☐ 51-59 years
☐ 60- 69 years ☐ 70 years or over

26. Please tell us your postcode

36. Disability: Do you have any of the following (Please tick all that apply)

☐ Physical impairment
☐ Visual impairment
☐ Hearing impairment/ Deaf
☐ Mental health impairment/ Mental distress
☐ Learning difficulty
☐ Long term illness that affects your daily activity
☐ Other (please specify)

37. If you have ticked any of the boxes above, or you have cancer, diabetes or HIV this would be classed as 'disability' under the legislation. Do you consider yourself to be 'disabled'?
☐ Yes☐ No

38. Which ethnic group do you belong to? (Please tick the appropriate box)
☐ Asian - Bangladeshi ☐ Asian - Indian ☐ Asian - Pakistani ☐ Asian – Other Background
☐ Black - African ☐ Black - British ☐Black - Caribbean ☐ Black – other background
☐ Chinese ☐ Other Chinese Background
☐ Mixed Ethnic Background – Asian & White ☐ Mixed Ethnic Background – Black African & White
☐ Mixed Ethnic Background – Caribbean & White ☐ Mixed Ethnic Background – Other
☐ White - British ☐ White - English ☐ White - Irish ☐ White - Scottish
☐ White - Welsh ☐ White – Gypsy/ Traveller ☐ White – Other

The following questions are a little more personal and you can choose to stop here if you wish. However, it would be helpful if you would consent to complete these questions

39. Do you have a religion or belief?

☐ Yes☐ No

40. If "Yes" please tick one of the options below:

☐ Buddhist ☐ Christian ☐ Hindu ☐ Jewish
☐ Muslim ☐ Sikh ☐ No Religion
☐ Other (please specify)

41. How would you describe your sexual orientation?

☐ Heterosexual ☐ Homosexual ☐ Bisexual ☐ Rather not say

42. Do you live in the gender you were given at birth?

☐ Yes☐ No

Thank you for taking the time to complete this survey. The findings will help inform the development of pharmacy services in your local area.
The data you have provided is private and confidential and will not be shared. Only overall anonymised results of this consultation will form part of the final report which will be used to improve the delivery of local services.

Appendix 9: 60-day statutory Consultation Letter and Questionnaire

Dear Sir / Madam

Pharmaceutical Needs Assessment (PNA) Consultation

Our Ref	EOM/lw
If you telephone please ask for	Eileen O'Meara
Date	7 August 2017
E-mail address	eileen.omeara@halton.gov.uk

Invitation to Participate

During the reorganisation of the NHS the responsibility for production of the Pharmaceutical Needs Assessments (PNAs) transferred to the Health and Wellbeing Boards (HWB) which are hosted by local authorities.

Halton Health and Wellbeing Board (HWB) is developing a new PNA. This is a statutory HWB responsibility, as set out under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013(SI 2013 No. 349).

A PNA is a document which records the assessment of the need for pharmaceutical services within a specific area. As such, it sets out a statement of the pharmaceutical services which are currently provided, together with when and where these are available to a given population. The same Regulations require NHS England to use the PNA to consider applications to open a new pharmacy, move an existing pharmacy or to commission additional services from pharmacy.

The HWB has established a PNA Task & Finish Group to oversee the development of the new PNA. This group includes membership from our partner organisations, Healthwatch and the Local Pharmaceutical Committee.

As part of the development process, the Regulations require that the HWB undertakes a formal consultation on a draft of its PNA. The key outcomes for this consultation are:

- To encourage constructive feedback from a variety of stakeholders
- To ensure a wide range of primary care health professionals provide opinions and views on what is contained within the PNA

Taking this into account, we would like to invite you to participate in this consultation, which will run from Wednesday 9 August to Wednesday 11 October 2017:

- The draft PNA can be found on our website by via the following link

https://webapp.halton.gov.uk/survey_snap/pna.htm

All responses must be in writing.

- Submitting responses: You may choose one of the following options to submit your response:

  - Complete the survey online at

    https://webapp.halton.gov.uk/survey_snap/pna.htm

  - Complete the form sent with this letter and return it electronically via email to: Lynne.Woods3@halton.gov.uk

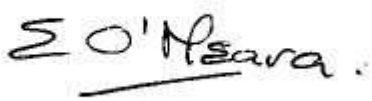
  - complete the form and return it by post to the following address: **Public Health and Public Protection Department, Halton Borough Council, Runcorn Town Hall, Heath Road, Runcorn, Cheshire, WA7 5TD**

Halton Borough Council has decided to run this consultation electronically in order to limit the environmental impact of this consultation. However, if you require a paper version of the PNA, please contact Lynne Woods on 0151 511 6855 who will arrange to provide this within 14 days of your request.

All feedback received by 11 October 2017 will be collated and presented to the PNA Task & Finish Group, for consideration on behalf of the HWB. A consultation report will be included within the final PNA document. This will provide an overview of the feedback received and set out how the comments have been acted upon. An updated PNA including consultation process and responses will be presented to the HWB in January 2018 and published by 31 March 2018.

We look forward to receiving your feedback on the draft PNA.

Yours faithfully



Eileen O'Meara
Director of Public Health
PNA Sponsor, Halton Health & Wellbeing Board
Halton Borough Council

Halton Pharmaceutical Needs Assessment
Consultation Response Form

1. Has the purpose of the PNA been explained sufficiently within section 2 of the draft PNA document?

Yes ☐ No ☐ Not sure ☐

If "No", please explain why in the box below:

2. Does Section 3 clearly set out the scope of the PNA?

Yes ☐ No ☐ Not sure ☐

If "No", please explain why in the box below:

3. Does Section 4 and 6 clearly set out the local context and the implications for the PNA?

Yes ☐ No ☐ Not sure ☐

If "No", please explain why in the box below:

4. Does the information in Sections 5 & 7 provide a reasonable description of the services which are provided by pharmacies in Halton?

Yes ☐ No ☐ Not sure ☐

If "No", please explain why in the box below:

5. Are you aware of any pharmaceutical services currently provided which have not been included within the PNA?

Yes ☐ No ☐ Not sure ☐

If "Yes", please explain why in the box below:

6. Do you think the pharmaceutical needs of the population have been accurately reflected in the PNA?

Yes ☐ No ☐ Not sure ☐

If "Yes", please let us know which service(s) in the box below:

7. Do you agree with the key findings about pharmaceutical services in Halton?

Yes ☐ No ☐ Not sure ☐

If "No" please explain why in the box below:

8. Do you agree with the assessment of future pharmaceutical services as set out in sections 7?

Yes ☐ No ☐ Not sure ☐

If "No", please explain why in the box below:

9. ***Community pharmacies & Dispensing Appliance Contractor only.*** Please can you review the information in Appendix B (Opening Hours) and Appendix C (Service Provision) for accuracy? If you identify any issues please provide details

	Is the information Accurate?				If "No", please provide details:
Opening Hours	Yes	☐	No	☐	
Service Provision	Yes	☐	No	☐	

10. If you have any further comments, please enter them in the box below (question applies to all):

11. About you - please can you provide the following information:

Name	
Job Title	
Pharmacy Name Or Organisation	
Address	
Telephone No.	
Please confirm that you are happy for us to store these details in case we need to contact you about your feedback?	Yes ☐ No ☐

Please return this feedback form:

- Via email to: Lynne.Woods3@halton.gov.uk
- Via post to the following address: **Public Health and Public Protection Department, Halton Borough Council, Runcorn Town Hall, Heath Road, Runcorn, Cheshire, WA7 5TD**

Appendix 10: 60-day statutory Consultation Response

1 response was received

Questions	Responses	Response to comments
Q1: Has the purpose of the PNA been explained sufficiently within section 2 of the draft PNA document?	Yes	Noted
Q2: Does Section 3 clearly set out the scope of the PNA?	Yes	Noted
Q3: Does Section 4 & 6 clearly set out the local context and the implications for the PNA?	Yes	Noted
Q4: Does the information in Sections 5 & 7 provide a reasonable description of the services which are provided by pharmacies in Halton?	Yes	Noted
Q5: Are you aware of any pharmaceutical services currently provided which have not been included within the PNA?	No	Noted
Q6: Do you think the pharmaceutical needs of the population have been accurately reflected in the PNA?	Yes	Noted
Q7: Do you agree with the key findings about pharmaceutical services in Halton?	Yes	Noted
Q8: Do you agree with the assessment of future pharmaceutical services as set out in sections 7?	Yes	Noted
Q9: ***Community pharmacies & Dispensing Appliance Contractor only.*** Please can you review the information in Appendix B (Opening Hours) and Appendix C (Service Provision) for accuracy? If you identify any issues please provide details	….	Noted

Q10: Further comments	
Comments	**Response from Steering group**
No further comments included	Noted

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