

Halton Health and Wellbeing Board

Pharmaceutical Needs Assessment

2022-2025



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 (from 1 July 2022 Integrated Care Boards) 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 third formal Pharmaceutical Needs Assessment 2022-2025 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 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.



Portfolio Holder Health & Wellbeing, Halton Borough Council

Chair Halton Health & Wellbeing Board



Director of Public Health, Halton Borough Council

Sponsor, Pharmaceutical Needs Assessment

Version Control

Main Authors: Sharon McAteer and Katherine Woodcock

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

Issue Date: 1 October 2022

Review Date: Supplementary Statements as necessary with a formal review by 1 October 2025

Version	Summary of Changes	Date of Issue
2011 PNA	First formally approved PNA for Halton & St Helens PCT	1 st February 2011
2015 PNA	Published Halton Health and Wellbeing Board's first PNA	1 April 2015
2018 PNA	Published Halton Health and Wellbeing Board's second PNA	1 April 2018
2022 PNA	Draft 1 presented to the PNA steering group	November 2021
	Draft 2 presented to the PNA steering group	January 2022
	Final draft presented to the PNA steering group	February 2022
	Final report presented to the PNA steering group	May 2022
	Completed version to Halton Health and Wellbeing Board	July 2022
	Published Halton Health and Wellbeing Board's third PNA	1 October 2022

*PNA = Pharmaceutical Needs Assessment

PNA Steering Group Members

Ifeoma Onyia	Director of Public Health (chair), Halton Borough Council
Sharon McAteer	Public Health Development Manager (deputy chair), Halton Borough Council
Katherine Woodcock	Public Health Intelligence Manager, Halton Borough Council
Helen Murphy	Chief Officer, Local Pharmaceutical Committee (Knowsley, Halton and St Helens)
Jackie Jasper	Primary Care Manager, NHS England
Lucy Reid	Head of Medicines Management, NHS Halton Halton Clinical Commissioning Group (CCG) (left post March 2022)
Nathan O'Brien	Medicines Management, NHS Halton CCG (joined steering group April 2022)
Kath Parker	Chair, Halton HAB, 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, chair Halton Health & Wellbeing Board

Further acknowledgements

- Leanne Molyneux, Helena Leach and Vicki Yarwood 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.
- Dave Barker, Engagement Officer, Halton, St Helens & Knowsley Local Pharmaceutical Committee for supporting the pharmacies in achieving 100% compliance within the deadline date.
- HBC Customer Intelligence Unit for managing the statutory consultation.
- Sophie Kelly, Public Health, Liverpool City Council for setting up and administering the public survey on behalf of Cheshire & Merseyside.
- Halton networks for distributing the public survey to their members and Halton public for taking the time to complete the questionnaire.
- Simon Bell, Public Health, Halton Borough Council; Anne Moyers, Alasdair Cross and Kenneth Bowen, Planning & Transport Policy, Halton Borough Council; Sarah Vickers NHS Halton CCG.
- Midland & Lancashire Commissioning Support Unit on behalf of Medicines Management at NHS Halton CCG, for providing prescribing data.

Table of Contents

Foreword	2
Executive Summary	10
Background	10
Process undertaken to develop the PNA	11
Patient and Public Involvement	12
60-day consultation	12
Developments which may precipitate the need for changes to pharmacy services	12
Key Findings	13
PNA Conclusions	14
Access to pharmacies	14
Advanced and Enhanced Services Provision	14
MAIN DOCUMENT	15
Key Findings	16
Developments which may precipitate the need for changes to pharmacy services	16
PNA Conclusions	17
Access to pharmacies	17
Advanced and Enhanced Services Provision	17
Part 1: Purpose, process and explanation of pharmaceutical services .	19
Statements from pharmaceutical regulations (2013)	20
Regulatory Statements	20
Statement One: Necessary services: Current provision	20
Statement two: Necessary services: Gaps in provision	20
Statement three: Other relevant services: Current provision	21
Statement Four: Improvements and better access: Gaps in provision	22
Statement five: Other NHS services	22
Statement Six: How the assessment was carried out	23

Map of provision	23
1. Introduction and Purpose	24
2. Scope and Methodology	26
2.1. Scope of the PNA	26
2.2. Methodology and Data Analysis	26
2.3 Consultation	27
2.4. PNA Review Process.....	28
2.5 How to use the PNA	28
2.6 Localities used for considering pharmaceutical services.....	29
3. National Pharmaceutical Services Contract.....	30
3.1. Essential Services and Prescription Volume	30
3.2. Advanced Services	32
3.3. Enhanced Services.....	37
3.4 Locally commissioned services	37
3.5. Funding the pharmacy contract.....	38
3.6. Community pharmacy contract monitoring	39
4. Overview of current providers of Pharmaceutical Services	41
4.1. Community Pharmacy Contractors.....	41
4.2. Dispensing Doctors	41
4.3. Appliance Contractors.....	41
4.4. Local Pharmaceutical Services (LPS)	41
4.5. Acute Hospital Pharmacy Services.....	42
4.6. Mental Health Pharmacy Services	42
4.7. GP Out of Hours Services and Urgent Care Centres	42
4.8. Bordering Services / Neighbouring Providers.....	43
4.9 Quality Standards for Pharmaceutical Service Providers: Community Pharmacy Assurance Framework.....	43

Part 2: Health needs based on demography, localities and linked to JSNA 44

5. Population Profile of Halton.....	45
5.1. Location.....	45
5.2. Population Structure and Projections.....	45
5.3. Populations with Protected Characteristics.....	49
5.4. Deprivation and socio-economic factors.....	55
5.5. Future Planning: Housing Developments.....	57
6. Health Profile of Halton.....	59
6.1. Life Expectancy.....	59
6.2. Birth rate.....	59
6.3. All Age All-Cause Mortality.....	61
6.4. Health & Wellbeing Board Priorities.....	61

Part 3: Current service provision: access; prescribing; advanced and locally commissioned services64

7. Pharmacy Premises.....	65
7.1. Pharmacy locations and level of provision.....	65
7.2. Pharmacy opening hours, including 100 hour pharmacies and distance selling pharmacies.....	72
7.3. GP opening hours including extended hours.....	73
7.3. Access for people with a disability and/or mobility problem.....	74
7.4. Access for clients whose first language is not English.....	75
7.5. Pharmacy consultations.....	75
7.6. Pandemic response.....	76
8. Prescribing.....	77
8.1. Prescribing volume.....	77
8.2. Prescription Delivery Services.....	80
8.3. Multi-compartment Compliance aids (MCA) - Reasonable Adjustments.....	80

9. Patient & public satisfaction with pharmacy services.....	82
10. Access to and provision of community pharmacy services in local authorities bordering Halton	84
11. Advanced, enhanced and locally commissioned service provision	85
12. How essential and advanced pharmacy services support local priority health needs	87
12.1 Starting Well.....	87
12.2 Living Well	87
12.3. Ageing Well	88
Appendix 1: Policy Context	90
Appendix 2: Abbreviations Used	95
Appendix 3: Community Pharmacy addresses and opening hours.....	97
Appendix 4: Community Pharmacy services	99
Appendix 5: Cross border Community Pharmacy service provision	101
Appendix 6: Pharmacy Premises and Services Questionnaire.....	103
Appendix 7: Public Local Pharmacy Services Questionnaire	108
Appendix 8: 60-day statutory Consultation Letter and Questionnaire	116
Appendix 9: 60-day statutory Consultation Response.....	122

Table of Figures

Figure 1: PNA development process	26
Figure 2: Halton resident population compared to England, mid-2020 estimated age and gender structure	46
Figure 3: Cheshire & Merseyside GP registered population living in Halton, by broad ethnic group	47
Figure 4: Population projections 2020 to 2043.....	48
Figure 5: Halton population distribution by national deprivation decile, IMD 2019 and 2015	56
Figure 6: Trend in life expectancy at birth, males and females, 2001-03 to 2017-19.....	59
Figure 7: Crude fertility rate, live births per 1,000 females aged 15-44	60
Figure 8: Trend in 18 conception rates, conceptions per 1,000 females 15-17 years of age	60
Figure 9: Trends in all age all-cause mortality for males and females, 2000 to 2020	61
Figure 10: Crude rate of pharmacies in Halton wards per 100,000 population.....	67
Figure 11: importance of location, question 5 of public survey of community pharmacy services	68
Figure 12: method used to get to the pharmacy, Q4 of public survey of community pharmacy services 2014 ...	68
Figure 13: ease of access usual pharmacy, Q6 public survey of community pharmacy services	71
Figure 14: How many times recently have you needed to use your usual pharmacy (or the pharmacy closest to you) when it was closed, Q14 public survey?.....	73
Figure 15: consultations and satisfaction with privacy during them, public survey	76
Figure 16: Prescribing trend, 2015/16 to 2020/21: Trend in prescription items dispensed each month.....	77
Figure 17: Prescribing rate per month, 2020/21	77
Figure 18: Reasons for visiting the pharmacy, public survey.....	79
Figure 19: When did you last use a pharmacy to get a prescription, buy medicines or to get advice?	79
Figure 20: Which if any services should be available at the local pharmacy, public survey	82
Figure 21: Pharmacy White Paper – Summary	92

Table of Maps

Map 1: Location of Halton Borough	45
Map 2: Geographical distribution of deprivation, IMD 2019.....	56
Map 3: Housing developments	58
Map 4: Location of pharmacies in Halton mapped against other health services	65
Map 5: Pharmacy locations mapped against levels of local deprivation.....	66
Map 6: Pharmacy locations mapped against population density	66
Map 7: Drive times to community pharmacies during the day	69
Map 8: drive times to community pharmacies during rush hour.....	69
Map 9: walking times to community pharmacies.....	70
Map 10: travel time to pharmacies by public transport on a weekday morning.....	70
Map 11: Pharmacies in other boroughs most likely to be used Halton residents.....	84

Table of Tables

Table 1: Number and Percentage of prescription items, per area dispensed, 2020/21	30
Table 2 : Items dispensed by Halton CCG, NW CCG's and England during 2020/21, by therapeutic area.	78
Table 3: Summary of advanced, enhanced and locally commissioned service provision.....	85

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 Primary Care Trusts 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 Primary Care Trusts must have regard to, these are summarised as:

- The Joint Strategic Needs Assessment (JSNA)
- The needs of different patient groups
- The demography of the 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 areas
- 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). Guidance outlines the steps required to produce relevant, helpful, and legally robust PNAs.

The PNA is a key document used by NHS England local area teams to make decisions on new applications for pharmacies and change of services or relocations by current pharmacies. It is also used by commissioners reviewing the health needs for services within their area. Pharmacy has much more to offer than the safe and effective dispensing of medicines. It is increasingly expanding its provision of additional clinical services, becoming a persuasive force in improving the health and wellbeing of individuals and communities, and reducing health inequalities. These developments are underpinned by the The Pharmacy Quality Scheme (PQS) which forms part of the Community Pharmacy Contractual Framework (CPCF). Pharmacy Quality Scheme is designed to support delivery of the NHS Long Term Plan and reward community pharmacies that deliver quality criteria in three quality dimensions:

- Clinical Effectiveness
- Patient Safety
- Patient Experience

On 1 July 2022 Clinical Commissioning Groups (CCGs) ceased and were replaced by integrated care boards that will be able to take on delegated responsibility for pharmaceutical services. From April 2023 NHS England and NHS Improvement expects all integrated care boards to have done so. Services that were commissioned by NHS Halton CCG at the time of writing the PNA will move to the integrated care boards and will fall under the governance of the wider Integrated Care System (ICS).

This 2022-2025 PNA has been written at a time of significant NHS reorganisation. The Introduction of the ICS and integrated place-based commissioning was still in its transition stage when the PNA was signed off by the Health & Wellbeing Board. As such we recognise that the new commissioning arrangements are still emerging. Consequently some of the language used and commissioning arrangements described in this PNA may change over time. The service specifications will remain as described. The steering group will monitor changes and make decisions of how to reflect these during the lifetime of the PNA.

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:

- Halton Borough Council Public Health Evidence and Intelligence
- NHS Halton Clinical Commissioning Group (CCG)
- Halton, St Helens & Knowsley Local Pharmaceutical Committee
- NHS England
- Halton 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 2009 NHS Employers guidance documents^{1,2} and the 2021 Department for Health and Social Care guidance document³.

It uses the Joint Strategic Needs Assessment (JSNA) and the priorities of the newly developing One Halton, Joint Health and Wellbeing Strategy (JHWBS) to identify how pharmacy services support local health needs.

Patient and Public Involvement

During November 2021 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

117 people filled in the questionnaire, less than for the last PNA but similar to previous PNAs. Feedback from this has been incorporated throughout the report.

60-day consultation

A formal 60-day consultation is required for the development of the PNA. This began 9am Monday 7 March 2022 and closed midnight on Monday 9 May 2022. 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. Details of feedback can be found in Appendix 9.

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:

- Halton's population structure is predicted to shift over the next decade. All age groups aged under 70 are forecast to decrease proportionally between 2020 and 2043, particularly those aged 5-14. Conversely, the proportion of those aged 75 and over is predicted to increase from 7.4% of Halton's population to 12.8%. This is an increase of around 7,900 people. The working population is forecast to shrink proportionally. 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.

- For 2020/21 2,925,855⁴ prescription items were prescribed in Halton. The average number of prescription items per month per 1,000 population was 1,832.8, more than both Cheshire & Merseyside average (1,806.5) and England (1,527.5).

The combined effects of population change and prescribing volume 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. 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 **enhanced and advanced services** specifically:

- Support active providers to increase their provision of enhanced and advanced services in line with identified need and commissioning priorities.

Locally commissioned services:

- Whilst locally commissioned services are outside the scope of the PNA they do provide an opportunity to enhance local service provision. It is important that provision is audited regularly to ensure that if gaps develop, a plan to address these is developed with current providers.

This PNA 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 into 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.

Advanced and Enhanced Services Provision

- Community Pharmacist Consultation Service is a new advanced service. Access to it is adequate.
- There is generally adequate access to New Medicines Service (NMS) across the borough.
- Influenza vaccination for at risk adults is now available through nearly all Halton community pharmacies and this has greatly increased accessibility. The primary provider of influenza vaccination remains General Practice.
- Appliance Use Reviews (AUR) and Stoma appliance customisation (SAC) service are both specialist services. Whilst there is less provision across Halton community pharmacies the specialised nature means access is adequate.
- Hepatitis C antibody testing service is a specialist service. Any community pharmacy can provide it but it is likely to be of most interest to those providing Needle-Syringe Exchange Service. Whilst there is less provision across Halton community pharmacies the specialised nature means access is adequate.
- The Hypertension Care Finding Service is a new service. At this stage of the service access is deemed adequate. We would expect more pharmacies to sign up to provide it over time.
- There is one Enhanced service commissioned by NHS England Cheshire & Merseyside, an antiviral stock control service. This is a specialised service to be deployed in a particular set of circumstances and only a few pharmacies across Cheshire & Merseyside provide it. There is one community pharmacy providing the service in Halton. Access is adequate.

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 (HWB) 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 22.3 pharmacies per 100,000 population. This compares to 19.3 per 100,000 for England as a whole and 23.5 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 pharmacy per 1,000 population. In 2020/21 Halton had a higher prescribing rate than both the England and Cheshire & Merseyside averages.
- There is adequate access to pharmacy services throughout the week, with provision in the evening and at weekends across Halton. This takes into account needs in both Widnes and Runcorn. Members of the public commented however, that it is not always easy to access pharmacy services in the evening, i.e. after 7pm, and weekends. 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:

- Halton’s population structure is predicted to shift over the next decade. All age groups aged under 70 are forecast to decrease proportionally between 2020 and 2043, particularly those aged 5-14. Conversely, the proportion of those aged 75 and over is predicted to increase from 7.4% of Halton’s population to 12.8%. This is an increase of around 7,900 people. The working population is forecast to shrink proportionally. 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.
- In 2020/21 2,925,855⁵ prescription items were prescribed in Halton. The average number of prescription items per month per 1,000 population was 1,832.8, more than both Cheshire & Merseyside average (1,806.5) and England (1,527.5).

The combined effects of population change and prescribing volume 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. 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.

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.***
 - 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.

Advanced and Enhanced Services Provision

- Community Pharmacist Consultation Service is a new advanced service. Access to it is adequate.
- There is generally adequate access to New Medicines Service (NMS) across the borough.

- Influenza vaccination for at risk adults is now available through nearly all Halton community pharmacies and this has greatly increased accessibility. The primary provider of influenza vaccination remains General Practice.
- Appliance Use Reviews (AUR) and Stoma appliance customisation (SAC) service are both specialist services. Whilst there is less provision across Halton community pharmacies the specialised nature means access is adequate.
- Hepatitis C antibody testing service is a specialist service. Any community pharmacy can provide it but it is likely to be of most interest to those providing Needle-Syringe Exchange Service. Whilst there is less provision across Halton community pharmacies the specialised nature means access is adequate.
- The Hypertension Care Finding Service is a new service. At this stage of the service access is deemed adequate. We would expect more pharmacies to sign up to provide it over time.
- There is one Enhanced service commissioned by NHS England Cheshire & Merseyside, an antiviral stock control service. This is a specialised service to be deployed in a particular set of circumstances only a few pharmacies across Cheshire & Merseyside provide it. There is one community pharmacy providing the service in Halton. Access is adequate.

Pharmaceutical Needs Assessment

Part 1: Purpose, process and explanation of pharmaceutical services

Statements from pharmaceutical regulations (2013)

Regulatory Statements

The National Health Service (NHS) Pharmaceutical and local Pharmaceutical services Regulations (2013) set out the legislative basis for developing and updating PNAs and can be found at: <http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations/> Schedule 1 of these regulations it sets out the minimum information to be contained in the PNA. Detailed below are the six statements included in schedule 1 and the necessity for a local PNA map of service providers.

Statement One: Necessary services: Current provision

Provide a statement of the pharmaceutical services that the Health and Wellbeing Board (HWB) has identified as services that are provided:

- a) in the area of the HWB and which are necessary to meet the need for pharmaceutical services in its area; and
- b) outside the area of the HWB but which nevertheless contribute towards meeting the need for pharmaceutical services in its area (if the HWB has identified such services).

Community pharmacy services for Halton are provided across a range of reasonable geographical locations; with good accessibility and sufficient provision throughout the borough. Halton has 30 community pharmacies (plus 4 distance selling 'internet-only' pharmacies), serving a population of 134,654 (total GP registered population, as at 1 August 2021), who provide a comprehensive service with a full range of essential services and some advanced services. This equates to approximately one pharmacy for every 3,960 Halton GP patientsⁱ (England average is 5,172 patients per pharmacy). Consequently the population is well served by pharmacy services.

Halton pharmacies dispense more prescriptions per head of population each month, 1832.8 items per 1,000 patients per month in 2020/21 compared to 1806.5 across Cheshire & Merseyside and 1527.5 for England.

Halton residents will also access pharmacy services in the neighbouring boroughs of Cheshire West and Chester (Frodsham), St Helens, Knowsley, Liverpool and Warrington. Services are considered sufficient for the population's needs.

Statement two: Necessary services: Gaps in provision

Provide a statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied:

- a) need to be provided (whether or not they are located in the area of the HWB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.
- b) will, in specified future circumstances, need to be provided (whether or not they are located in the area of the HWB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.

ⁱ Note this calculation includes the 4 distance selling pharmacies so comparison can be made with the England value. This is because it has not been possible to sift out the distance selling pharmacies from the overall England list.

Current provision across Halton as a whole is adequate. No gaps in the provision of essential pharmaceutical services have been identified in this PNA. There are on-going housing developments planned over the lifetime of this PNA. It is anticipated that capacity within existing services should be able to support the pharmaceutical needs of future populations of overall, however there will be a need for regular review to ensure provision remains adequate in light of development.

Some geographical differences in provision have been highlighted through this PNA. In keeping with the national picture, services are predominantly situated in more densely populated areas of the borough. Thus, less densely populated areas of Halton have fewer pharmacies per head of population.

Despite the overall geographical differences, and those for availability of extended hour pharmacy provision, the need for 'emergency prescriptions' will almost always be centred on patients using 'out of hours services.' Halton is currently covered by GP Out of Hours (via NHS 111) and the two Urgent Care Centres at Widnes Healthcare Resource Centre and Runcorn Urgent Care on the Halton Hospital site. Pharmacy provision is available on-site or close to these sites with a range of extended hours or 100 hour contract pharmacies available to access.

Members of the public commented that it is not always easy to access pharmacy services in the evening, i.e. after 6pm, and weekends. Added to this there is a continuation of the extension of GP opening hours and 7-day week services as the norm. Access to community pharmacy provision needs to be assessed in line with these developments. 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.

Statement three: Other relevant services: Current provision

Provide a statement of the pharmaceutical services that the HWB has identified (if it has) as services that are provided:

- a) in the area of the HWB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access to pharmaceutical services in its area.
- b) outside the area of the HWB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area.
- c) in or outside the area of the HWB and, whilst not being services of the types described in subparagraph (A) or (B), or paragraph one, of the 2013 regulations, they nevertheless affect the assessment by the HWB of the need for pharmaceutical services in its area.

Halton is split by the River Mersey into Widnes and Runcorn. It has geographical borders with all other local authorities in Cheshire & Merseyside apart from Wirral and Sefton. Members of the Halton population will cross these borders for leisure and work purposes and also to access pharmacy services if it is more convenient for them and not due to there being a lack of service in Halton.

The NHS England out of hours bank holiday rota looks at services across boundaries to ensure geographical coverage.

In addition to essential services, there is adequate access to the full range of advanced services and locally commissioned public health and CCG services to meet local needs.

Statement Four: Improvements and better access: Gaps in provision

Provide a statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied:

- a) would, if they were provided (whether or not they were located in the area of the HWB), secure improvements, or better access to pharmaceutical services, or pharmaceutical services of a specific type, in its area.
- b) would, if in specified future circumstances they were provided (whether or not they were located in the area of the HWB), secure future improvements, or better access, to pharmaceutical services, or pharmaceutical services or a specified type, in its area.

There is a need to be mindful that community pharmacy services should strive to support the changes that face the NHS as commissioning intentions change or evolve and they should aspire to reduce the pressures on other patient facing services such as GPs and Accident & Emergency. However, in the current financial climate there is limited capacity to deliver additional services within static or reducing budgets. There should also be recognition and understanding of the context related to a number of national, regional and local strategies and policies from which opportunities may arise in their delivery such as Next Steps on the NHS Five Year Forward View then locally the One Halton Health and Wellbeing Strategy that seek to transform how health and wellbeing services are delivered and designed in Halton, putting residents at the heart of services.

The skills and expertise of community pharmacists could be further utilised in the provision of locally commissioned services aimed at improving population health. Assessment of future plans for housing development within Halton has highlighted potential growth in both Runcorn and Widnes. It is envisaged that capacity within existing services overall will be able to absorb the increased demand anticipated over lifespan of this PNA; however regular review will be needed to ensure equitable distribution of provision in light of population growth.

Based on the information available at the time of developing this PNA, no gaps have been identified in essential, advanced enhanced or locally commissioned services that if provided either now or in the future would secure improvements, or better access, to pharmaceutical services.

Members of the public commented that it is not always easy to access pharmacy services in the evening, i.e. after 6pm, and weekends. Added to this there is a continuation of the extension of GP opening hours and 7-day week services as the norm. Access to community pharmacy provision needs to be assessed in line with these developments. 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.

Statement five: Other NHS services

Provide a statement of any NHS services provided or arranged by the Halton HWB, NHS England, NHS Halton CCG, any NHS trusts or any NHS foundation trust to which the HWB has had regard in its assessment, which affect:

- a) the need for pharmaceutical services, or pharmaceutical services of a specified type, in its area or
- b) whether further provision of pharmaceutical services in its area would secure improvements, or better access to pharmaceutical services, or pharmaceutical services of a specific type in its area.

Based on the information available at the time of developing this PNA, no gaps in respect of securing improvements, or better access, to other NHS services either now or in specified future circumstances have been identified.

Statement Six: How the assessment was carried out

Provide an explanation of how the assessment has been carried out, in particular:

- a) how it has determined what are the localities in its area
- b) how it has taken into account (where applicable)
 - the different needs of different localities in its area, and
 - the different needs of people in its area who share a protected characteristic and
- c) a report on the consultation that it has undertaken.

Halton is split by the River Mersey into Widnes and Runcorn. It has geographical borders with all other local authorities in Cheshire & Merseyside apart from Wirral and Sefton. It has one local authority with one coterminous Clinical Commissioning Group (CCG). This has meant that mapping and consultation can be managed and applied without any caveats. As the statutory responsibility of the PNA falls within the remit of Halton Health & Wellbeing Board (HWB) then analysis and mapping was carried out at whole borough and ward level, taking into account the different needs of people across the borough. As such the PNA has taken into the account One Halton Health & Wellbeing Strategy and Halton Joint Strategic Needs Assessment (JSNA) content and so will inform commissioning decisions by Halton HWB, NHS Halton CCG, Halton Borough Council and NHS England. Part 1, section 2 of the PNA goes into specific detail on how the public and pharmacy consultation processes was undertaken. Appendices provide details of the contractor survey, public consultation and 60-day consultation. Responses from the public consultation have been used throughout the report to supplement our understanding of needs and views. Responses to the 60-day consultation are included as well as the HWB response to this feedback (Appendix 9).

Map of provision

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

A map of provision of pharmaceutical services, Map 4, page 66, shows the geographical distribution of both community pharmacies and distance selling pharmacies together with key health services.

There are nine other maps within the PNA that demonstrate good access to pharmaceutical services in areas with highest population density and highest deprivation as well as most of the population being within 20 minutes walking and public transport distance from a pharmacy and the whole population being covered by a 20 minute drive time even in rush-hour times. Finally, the map of pharmacies outside the Halton HWB area shows that there is choice of pharmaceutical services within a 2-mile radius in Cheshire West & Chester, Liverpool, Knowsley, St Helens and Warrington.

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 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 wellbeing 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 Primary Care Trusts 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 Primary Care Trusts, this statutory responsibility passed to Health and Wellbeing 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 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.

On 1 July 2022 Clinical Commissioning Groups (CCGs) ceased and were replaced by integrated care boards that will be able to take on delegated responsibility for pharmaceutical services. From April 2023 NHS England and NHS Improvement expects all integrated care boards to have done so. Services that were commissioned by NHS Halton CCG at the time of writing the PNA will move to the integrated care boards and will fall under the governance of the wider Integrated Care System.

This 2022-2025 PNA has been written at a time of significant NHS reorganisation. The Introduction of the Integrated Care System (ICS) and integrated place-based commissioning was still in its transition stage when the PNA was signed off by the Health & Wellbeing Board. As such we

recognise that the new commissioning arrangements are still emerging. Consequently some of the language used and commissioning arrangements described in this PNA may change over time. The service specifications will remain as described. The steering group will monitor changes and make decisions of how to reflect these during the lifetime of the PNA.

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 Wellbeing 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:

- Halton Borough Council Public Health (chair and officers)
- Community Pharmacy Contract leads from NHS England
- Head of Medicines Management, NHS Halton Clinical Commissioning Group (CCG)
- Local Pharmaceutical Committee
- Halton 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
- Office for Health Improvement and Disparities' (formerly PHE)ⁱⁱ Fingertips tool for additional data on health and wellbeing
- Public Health England's SHAPE tool for travel time maps
- Data on socio-economic circumstances of the local area
- Community pharmacy providers questionnaire
- NHS Business Services Authority
- Public pharmacy services questionnaire
- Delivery and Allocations Plan (DALP)

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

2.3 Consultation

A draft PNA was published 9am Monday 7 March 2022 inviting comments to be made prior to closing midnight Monday 9 May 2022.

The draft document was distributed as follows:-

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

- All **34** Pharmacies in Halton (30 community pharmacies and 4 distance selling pharmacies)
- All **14** General Practices in Halton
- Bridgewater Community Healthcare NHS Foundation Trust
- Mersey Care NHS Foundation Trust
- Both main Hospital Trusts serving Halton's population:
 - Warrington and Halton Hospitals NHS Foundation Trust
- St Helens and Knowsley Teaching Hospitals NHS Trust
- Halton, St Helens and Knowsley Local Pharmaceutical Committee (LPC)
- Neighbouring LPCs of Cheshire & Wirral and Liverpool
- Mid Mersey Local Medical Committee

ⁱⁱ Note PHE as an organisation split in to UK Health Security Agency (UKHSA) and Office for Health Improvement & Disparities (OHID) on 1 October 2021. OHID is an office of the Department of Health & Social Care. The Fingertips and other data tools are now part of OHID

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

Patients and Public

- Halton Healthwatch
- Voluntary Sector Groups via Halton and St Helens Voluntary and Community Action

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.

Examples of changes that might dictate a new or diminished pharmaceutical need are:

- 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. The PNA has to have a complete review every 3 years.

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 18 electoral wards. 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. In making a judgement of adequacy of provision, consideration has been given to provision in both Widnes and Runcorn. Spatial mapping of service provision has been included to draw conclusions about access to pharmacies and advanced services.

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 Pharmaceutical Services Negotiating Committee (PSNC) website:

<http://www.psnc.org.uk/pages/introduction.html>

<https://psnc.org.uk/contract-it/the-pharmacy-contract/>

The pharmaceutical services contract consists of three different levels:

- Essential services
- Enhanced services
- Advanced services

<https://psnc.org.uk/services-commissioning/>

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 2020/21 the GP practices in Halton issued a total of 2,897,604 individual prescription items with a further 44,420 items prescribed by other healthcare providers (total 2,942,024 individual prescription items). 93.4% of total prescription items (2,746,696 items) were dispensed by Halton pharmacies. 3.8% (112,320) were dispensed by pharmacies in bordering areas (boroughs in Cheshire & Merseyside). A further 2.8% (83,008) were dispensed nationwide.

Table 1: Number and Percentage of prescription items, per area dispensed, 2020/21

Number of Items Area	Total 2020/2021	% Items Area	% to Total
Halton	2,746,696	Halton	93.36%
Runcorn	1,338,995	Runcorn	45.51%
Widnes	1,407,701	Widnes	47.85%
Cheshire & Merseyside	112,320	Cheshire & Merseyside	3.82%
Nationwide	82,637	Nationwide	2.81%
Scotland	147	Scotland	0.00%
Wales	224	Wales	0.01%
Grand Total	2,942,024	Grand Total	100.00%

Source: NHS Business Services Authority (NHSBSA), epact2 data

This is a 1.8% reduction compared to the previous year 2019/20.

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, this service has involvement in local public health campaigns throughout the year, organised by the HWB and NHS England.

The Healthy Living Pharmacy (HLP) framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities. HLP became an essential service requirement in 2020/21. As such, community pharmacy contractors were required to become an HLP in 2020/21ⁱⁱⁱ as agreed in the five-year CPCF; this reflects the priority attached to public health and prevention work.

Pharmacy contractors had to ensure they were compliant with the HLP requirements from 1st January 2021, however the Distance Selling Pharmacy (DSP) website requirements did not have to be complied with until 1st April 2021.

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

Discharge Medicines Service (DMS)

The Discharge Medicines Service (DMS) became a new essential service within the Community Pharmacy Contractual Framework (CPCF) on 15th February 2021.^{iv}

ⁱⁱⁱ <https://www.england.nhs.uk/wp-content/uploads/2020/12/B0274-guidance-on-the-nhs-charges-pharmaceutical-and-local-pharmaceutical-services-regulations-2020.pdf>

This service, which all pharmacy contractors have to provide, was originally trialled in the **5-year CPCF agreement**, with a formal **announcement regarding the service** made by the Secretary of State for Health and Social Care in February 2020.

From 15th February 2021, NHS Trusts were able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHS England Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.

3.2. Advanced Services

There are eight advanced services^{iv} 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 PSNC website <http://psnc.org.uk/services-commissioning/advanced-services/>.

3.2.1. Community Pharmacist Consultation Service (CPCS)

The NHS Community Pharmacist Consultation Service launched on 29th October 2019 as an Advanced Service. Since 1st November 2020, general practices have been able to refer patients for a minor illness consultation via CPCS.

The service, which replaced the **NUMSAS** and **DMIRS** pilots, connects patients who have a minor illness or need an urgent supply of a medicine with a community pharmacy.

Referrals from general practices is for minor illness, with the service also taking referrals to community pharmacy from NHS 111 (and NHS 111 online for requests for urgent supply of medicine or appliances).

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

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

3.2.2. Appliance Use Review (AUR)

An Appliance Use Review was the second advanced service, introduced into the NHS community pharmacy contract in 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.

^{iv} Medicines Use Reviews, included in previous PNAs, are no longer part of the Advanced Services within the NHS community pharmacy contract.

- 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. The NMS was expanded from the original 4 conditions - asthma / chronic obstructive pulmonary disease (COPD), type 2 diabetes, hypertension and antiplatelet / anticoagulation therapy - the changes were agreed as part of the Year 3 5-year CCPF deal, with these implemented from 1st September 2021:

Additional eligible conditions were added to the service. The rationale for selection of the conditions mirrors that used in identifying the original four therapy areas/conditions: firstly, there is evidence from research that adherence to medication in this condition could be improved, and secondly that reviews of available research suggest these are areas where community pharmacists are best able to support improvements in patient understanding and adherence to treatments. Conditions included are:

- Asthma and COPD;
- Diabetes (Type 2);
- Hypertension;
- Hypercholesterolaemia;
- Osteoporosis;
- Gout;
- Glaucoma;
- Epilepsy;
- Parkinson's disease;
- Urinary incontinence/retention;
- Heart failure;
- Acute coronary syndromes;
- Atrial fibrillation;
- Long term risks of venous thromboembolism/embolism;
- Stroke / transient ischemic attack; and
- Coronary heart disease.

The antiplatelet/anticoagulant therapy eligibility continues, but it is now included in the above list by reference to the underlying condition/reason for prescribing.

Contractors who have received an exemption from the requirement to have a consultation room (due to their premises size) from their regional NHS England team, can provide the service remotely or at

the patient's home. All other contractors providing the service can similarly continue to provide the service remotely, where appropriate, and in the patient's home.

- The cap on the number of NMS which can be provided by contractors increased from 0.5 percent to one percent of monthly prescription volume and additional bandings were included;
- The service can be offered to support parents/guardians/carers of children and adults newly prescribed eligible medicines who could benefit from the service, but where the patient is not able to provide informed consent; and
- A catch-up NMS was introduced for 2021/22 to provide support to patients who were prescribed a new medicine during the COVID-19 pandemic but who did not receive the NMS at that time. This catch-up NMS also supports patients identified through the Pharmacy Quality Scheme who have missed inhaler technique checks to optimise use of their inhaler.

The pharmacist provides advice about the medicine at the point when the patient is prescribed a new medicine. If the patient wishes to accept the NMS arrangements are then regarding the intervention method, typically 7-14 days after patient engagement. This may be face-to-face in the pharmacy's consultation room or alternatively via telephone or video consultation. The pharmacist will provide advice and further support and where no problems have been identified, will agree a time for the follow up stage, typically between 14 and 21 days after the intervention stage. All stages of the service provide an opportunity for healthy living advice to be provided, as appropriate to the individual.

3.2.5. NHS Influenza Vaccination Programme

Research has shown that immunisation services can be safely provided in community pharmacy settings,⁶ and 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.⁷ Such programmes are also well received by both patients and doctors.⁸

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, as outlined in the annual flu letter.

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 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 Business Services Authority \(NHSBSA\)](#) website.

3.2.6 Hepatitis C testing service

The UK Government is a signatory to the World Health Assembly resolution and World Health Organization (WHO) goal of eliminating Hepatitis C virus as a major public health threat by 2030.

In 2015, NHS England established 22 Operational Delivery Networks to support treatment and testing efforts across the country and over 50,000 patients have been treated so far, with around 95% being cured of the disease.

The advanced service is part of NHS England's national programme to eliminate the Hepatitis C virus by 2025, five years earlier than the World Health Organization goal. The service uses community pharmacies to target people who inject drugs (PWIDs) for testing, as they are the healthcare venue most likely to be visited by that group of people.

The Community Pharmacy Hepatitis C Antibody Testing Service was added to the Community Pharmacy Contractual Framework (CPCF) in 2020, commencing on 1st September. The introduction of this new Advanced Service was originally trialled in the 5-year CPCF agreement, but its planned introduction in April 2020 was delayed by five months because of the COVID-19 pandemic.

The overall aim of the service is to increase levels of testing for Hepatitis C virus amongst PWIDs who are not engaged in community drug and alcohol treatment services to:

- a) increase the number of diagnoses of Hepatitis C infection;
- b) permit effective interventions to lessen the burden of illness to the individual;
- c) decrease long-term costs of treatment; and
- d) decrease onward transmission of Hepatitis C.

As the national Hepatitis C Programme is an elimination exercise, the service will be time limited. In the first instance ran until 31st March 2022, but in March 2022, NHS England, the Department of Health and Social Care and PSNC agreed that the service should continue to be commissioned until 31st March 2023.

3.2.7. Hypertension Case Finding Service

In February 2019, as part of the Cardiovascular Disease (CVD) Prevention System Leadership Forum, NHS England published new national ambitions for the detection and management of high-risk conditions.

The ambition for hypertension is that 80% of the expected number of people with high blood pressure (BP) are detected by 2029, and that 80% of the population diagnosed with hypertension are treated to target levels of BP.

At the time of publication of the NHS Long Term Plan, NHS England and Public Health England (PHE) estimated that fewer than 60% of people with hypertension had been diagnosed, with an estimated 5.5 million people having undiagnosed hypertension across the country.

The Community Pharmacy Hypertension Case-Finding advanced Service has been added to the NHS Community Pharmacy Contractual Framework (CPCF) as part of year three of the five-year CPCF deal. The service will support the NHS Long Term Plan ambitions for prevention of cardiovascular disease.

There are two stages to the service - the first is identifying people at risk of hypertension and offering them blood pressure measurement (a 'clinic check'). The second stage, where clinically indicated, is offering ambulatory blood pressure monitoring (ABPM). Patients identified with high or very high blood pressure will be referred to their general practice.

The service aims to:

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

The service will support the work that both general practices and wider Primary Care network (PCN) teams will be undertaking on CVD prevention and management, under changes to the PCN Directed Enhanced Service which **commenced on 1st October 2021**.

Contractors opting to provide the service must undertake both stages of it, where clinically required, i.e. it is not possible to just undertake clinic BP readings and not ABPM.

3.2.8. Stop Smoking

The 5-year Community Pharmacy Contractual Framework (CPCF) agreement reached in July 2019 included the proposal that stop smoking support for those beginning a programme of smoking cessation in secondary care and referred for completion in community pharmacy should be piloted.

NHS England have piloted the service in several hospitals. Following the initial findings of the pilot the Department of Health and Social Care (DHSC) and NHS England proposed the commissioning of a new Stop Smoking service, as an Advanced Service, in the Year 3 negotiations. This pilot ran from 14 September 2020 to 31 January 2022.

Patients admitted to hospital will be offered smoking cessation support during their admission and upon discharge will receive a referral to a community pharmacy of choice for continuing treatment, advice and support with their attempt to quit smoking.

Currently smoking cessation services exist in secondary care, primary care and community services. This service aims to address the gap in the handover between secondary care and primary care, testing a model for transferring the care and creating capacity in primary care with a service commissioned through community pharmacy.

This service enables NHS trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway, including providing medication and behavioural support as required; in line with the NHS Long Term Plan care model for tobacco addiction. Only patients who have been referred during their discharge from secondary care are eligible to receive advice and treatment under this service. An electronic transfer of data to support the referral will be sent from secondary care to a participating local community pharmacy.

Patients who wish to consult another healthcare provider for smoking cessation support are still free to do so. Patients being referred through this pathway have already agreed to be referred to community pharmacy.

Information on these services downloaded 12/11/21 from:

<https://psnc.org.uk/services-commissioning/advanced-services/stop-smoking-advanced-service/>

and <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/smoking-cessation-referral-secondary-care-community-pharmacy-service-pilot>

3.3. Enhanced Services

Enhanced services are those commissioned, developed and negotiated locally based on the needs of the local population. They are commissioned by NHS England 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 NHS England.

3.3.1. Antiviral Stock Holding Service

This is specifically (although not exclusively) to support the patient pathway for access to antiviral medication to protect patients exposed to influenza 'flu' or Influenza-like illness (ILI) in an institution or care setting providing accommodation and care for people who are unable to look after themselves (e.g. care home).

Following declaration of an outbreak of Flu or ILI in a care setting Oseltamivir (Tamiflu) medication in specified amounts and dosages are expected to be in stock for dealing with public health emergencies. The stock is accessed via local NHS (formerly CCG) prescribing arrangements to provide prescriptions for affected patients or residents in the case of an influenza outbreak.

The pharmacy dispenses against these prescriptions and will arrange (where required) to have the stock delivered or couriered to the care home. Medication should be administered within 48 hours of a confirmed outbreak and as such this courier arrangement is to facilitate supply should the care home have difficulty in accessing the pharmacy. The pharmacies are available 365 days a year and their opening hours are published as part of the NHS England rota arrangements.

Outside of bank holidays or weekends the care homes normal dispensing pharmacy may easily be able to furnish such prescriptions within the defined timescales. As such this arrangement is designed to support the periods where access to the care homes pharmacy may be more difficult e.g. bank holidays or weekends.

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) or NHS organisations.

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 place-based 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 relating to local service provision being subject to change. This has improved with self-declaration of competency.

Pharmacy based locally commissioned services will vary from area to area depending on needs. A full list of which pharmacy is commissioned to provide which service is included in Appendix 4. Service specifications for each can be found on the LPC website^v. In Halton, the following are commissioned by either the NHS or LAPHT:

- Minor ailment management – Care at the Chemist (NHS)
- On demand palliative care services (NHS)
- Minor Eye Conditions Pharmacy Service (NHS) * **new since the 2018-2021 PNA**
- Emergency hormonal contraception provision (LAPHT via Axess Integrated Sexual Health Service, Liverpool University Hospitals NHS Foundation Trust)
- Substance misuse medication services: Supervised consumption (LAPHT)
- Substance misuse services: needle exchange scheme (LAPHT)
- Smoking cessation services (LAPHT):
 - Nicotine Replacement Therapy vouchers,
 - intermediate smoking cessation support
 - Varenicline provision (via a PGD)

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.

^v <https://psnc.org.uk/halton-st-helens-and-knowsley-lpc/services/services-commissioned-within-halton/public-health-services-in-halton/>

3.6. Community pharmacy contract monitoring

3.6.1. National contract

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

As stated within the NHS review 2008,⁹ 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 NHS England 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 NHS England will also take account of the voluntary submission of the findings from the annual community pharmacy patient questionnaire that is undertaken by the pharmacy contractor as well as any patient complaints relevant to pharmacy services. In cases where the professional standards of an individual pharmacist is found to fall below the expected level, the NHS England will work with the relevant professional regulatory body such as the General Pharmaceutical Council to ensure appropriate steps are taken to protect the public.

3.6.2. Locally commissioned public health services

Halton Borough Council has developed a provider assessment process to support the commissioning of locally commissioned public health pharmacy services. The council supports the local provision of:

- Emergency hormonal contraception (EHC)
- Smoking cessation services
- Substance misuse services

Pharmacies seeking to provide any of the above services need to register on the council's 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 NHS services

There are three locally commissioned NHS services:

- Minor ailments service – Care at the Chemist
- On demand access to palliative medicines
- Minor Eye Conditions Pharmacy Service

Up to 1 July 2022, pharmacies seeking to provide any of the above services contacted the Medicines Management Team at the CCG. There is a requirement to 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 anticipated that through the integrated 'place' working that the NHS can work with the local authority public health team to continue to review the monitoring and procurement process to ensure it is robust.

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 30 community pharmacy premises, plus 4 distance selling 'internet' pharmacies.

Based on the number of community pharmacies (as at 1 June 2021) as a rate per 100,000 GP registered population (as at 1 August 2021), Halton has a larger number of pharmacies in relation to the size of its population (22.3 per 100,000) when compared to the England (19.3 per 100,000). However it is a slightly smaller number compared to Cheshire & Merseyside (23.5 per 100,000) and the North West (23.1 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
- 5** - delivering a minimum of 100 hours service per week, one in Runcorn and 4 in Widnes
- 4** - providing services via the internet or "distance selling", all located in Runcorn

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 9 dispensing doctor practices, 6 located in Widnes and 3 in Runcorn.

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.

4.5. Acute Hospital Pharmacy Services

There are 2 main Acute Hospital Trusts within Halton catchment area: 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 and other hospitals. 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 Mersey Care NHS Foundation Trust. As of 1 June 2021, Mersey Care NHS Foundation Trust completed the acquisition of North West Boroughs Healthcare NHS Foundation Trust to provide an enlarged range of mental health and community health services across Merseyside, Cheshire and the North West region. 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. Since 1st April 2021 there is now one provider across all areas across Merseyside and this supports a more consistent and efficient service for patients. The provider covers Halton, Knowsley, Liverpool, a number of practices in St Helens, South Sefton, Southport & Formby and Warrington, serving a patient population of just over 1.3 million. All patients received into the service are triaged by a GP over the phone prior to a decision being made regarding the medical care they may require. This consultation may result in a face-to-face consultation or a home visit from one of their GPs. During normal pharmacy opening hours, patients who subsequently require a medicine are provided with a prescription that is usually sent electronically 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 or a prescription may need to be sent to a pharmacy outside of the local area i.e. outside of Halton. By default this service operates a limited formulary and tends to provide medications needed for immediate, acute use.

There are two Urgent Treatment Centres (UTC) 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.

The Widnes UTC is located at the Health Care Resource Centre, Caldwell Road off Ashley Way. It is open 8am to 8pm 7 days a week. The Runcorn UTC is located at the Halton Hospital site. It is open 8am to 9pm 7 days a week.

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 Wellbeing Boards' own PNA.

4.9 Quality Standards for Pharmaceutical Service Providers: Community Pharmacy Assurance Framework

The NHS England area team requires all pharmaceutical service providers to meet the high standards expected by patients and the public. All Pharmacies providing NHS services are included within a programme of assurance framework monitoring visits. The delivery of any locally commissioned services are scrutinised by the commissioner of each of the services under separate arrangements. As stated within the NHS review 2008, high quality care should be as safe and effective as possible, with patients treated with compassion, dignity and respect. This statement is as meaningful to pharmacies as to other NHS service providers and is the principle that the NHS England area team adopts when carrying out the Community Pharmacy Assurance Framework Monitoring visits for essential and advanced services.

The Community Pharmacy Assurance Framework process follows a structured sequence of events including:

- Self-assessment declarations.
- 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.
- 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 NHS England team will also take into account 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 NHS England area team will work with the relevant professional regulatory body, such as the General Pharmaceutical Council, to ensure appropriate steps are taken to protect the public.

Pharmaceutical Needs Assessment

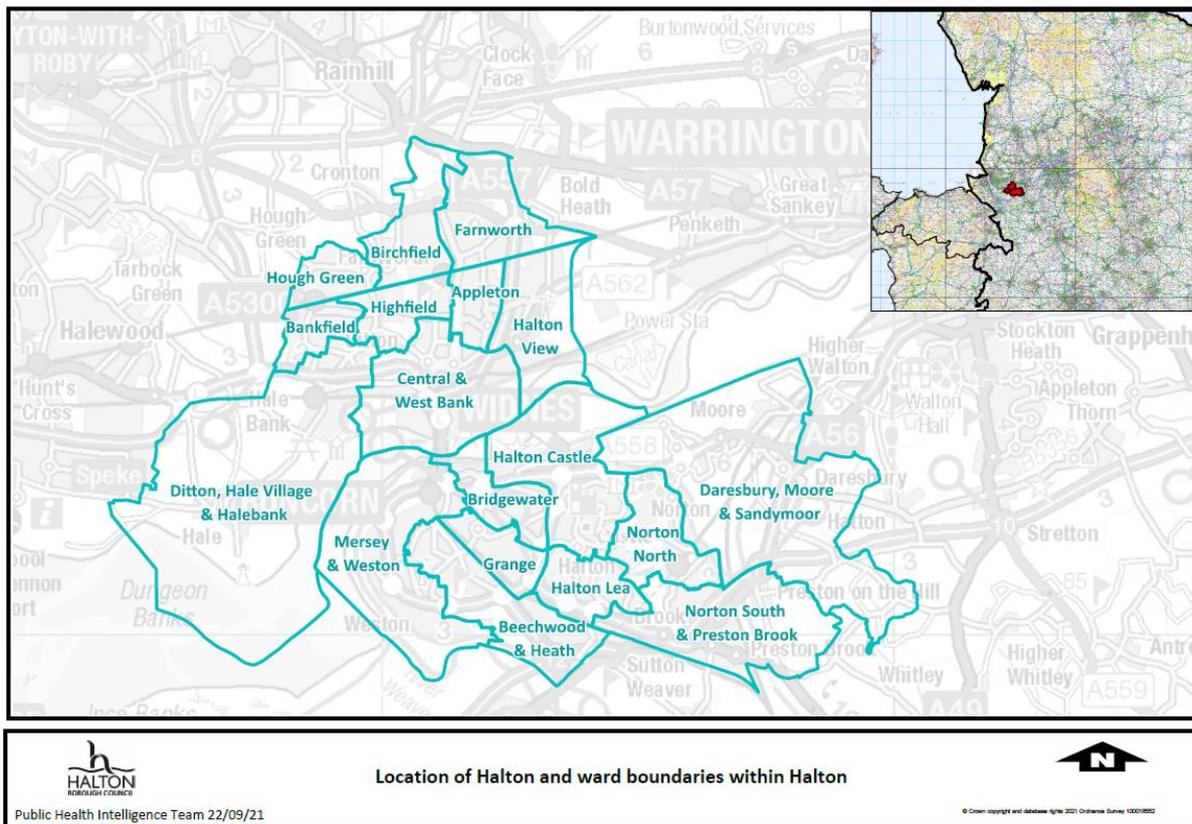
Part 2: Health needs based on demography, localities and linked to JSNA

5. Population Profile of Halton

5.1. Location

Halton is located on the Mersey estuary and is made up of the towns of Runcorn and Widnes. 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 and Manor Park and the science park has high quality laboratories.

Map 1: Location of Halton Borough



5.2. 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 whilst UK forces stationed outside the UK are excluded. Students are taken to be resident at their term time address.

5.2.1. Resident population

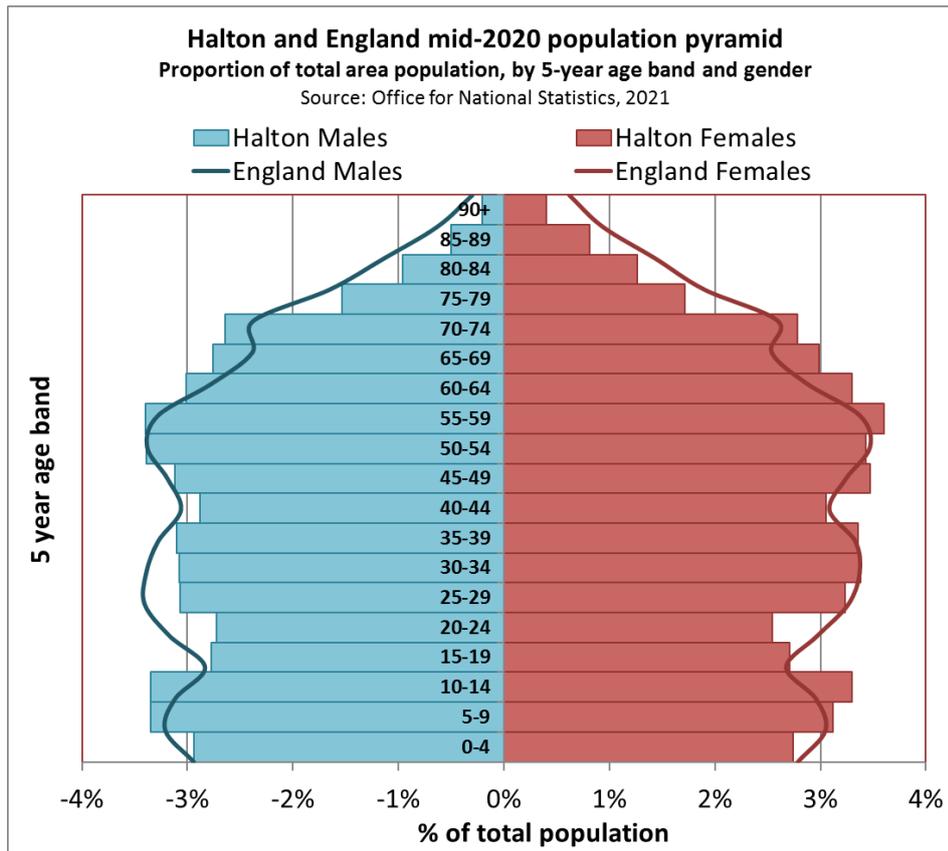
Population estimates are **estimates** of what the resident population make-up should look like at that time, based on previous years' births, deaths and net migration. Office for National Statistics (ONS) mid-2020 population estimates:

- 129,759 people live in Halton
- 49% of these are male and 51% female (63,295 and 66,464 respectively)

The population age structure is detailed in Figure 2. Compared to the England average the resident population of Halton has a slightly different structure in the following ages:

- Ages 10-14 year olds: slightly larger proportion than England
- Age bands covering 20-44 year olds: smaller proportion than England for males
- Age bands covering 55-74 year olds: larger proportion than England
- Age bands covering 75+ year olds: smaller proportion than England

Figure 2: Halton resident population compared to England, mid-2020 estimated age and gender structure



5.2.2. 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, 134,894 registered (as at September 2021) compared to 129,759 resident (2020 mid-year estimate).

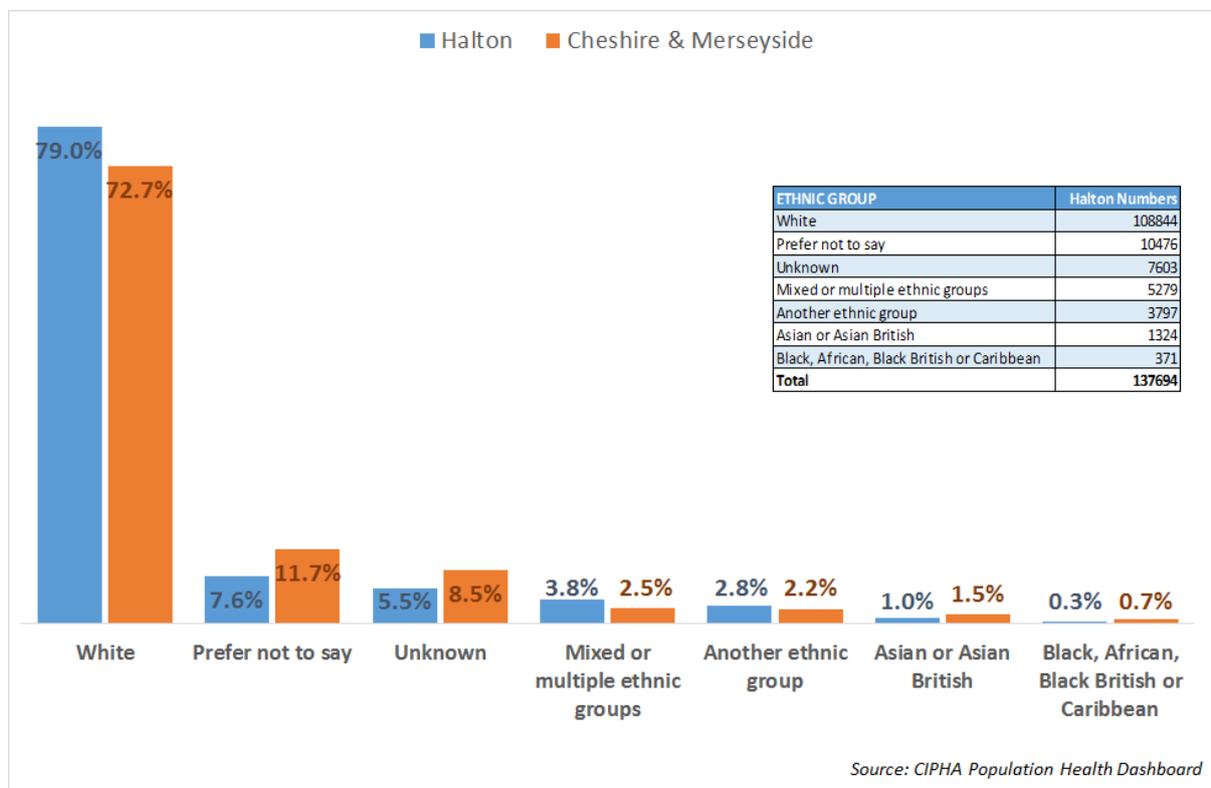
5.2.3. Ethnicity

In terms of ethnic breakdown of the population, data has only routinely been available from each Census. Census data, published by the ONS, is the gold standard for ethnicity recording in England and Wales. However the 2011 Census data is now 10 years old and may no longer reflect the ethnic breakdown of the current population. Data from the 2021 Census had not been published at the time

this PNA was drafted. However, a recent 2020 Cheshire & Merseyside development, the Combined Intelligence for Population Health Action (CIPHA), a programme established initially for Covid-19 surveillance, is now able to provide near real-time data for population health. As long as an individual is registered with a GP in Cheshire and Merseyside, it is able to use the GP records, assign the person to their local authority of residence, and provide some demographic breakdowns including broad ethnic categories.

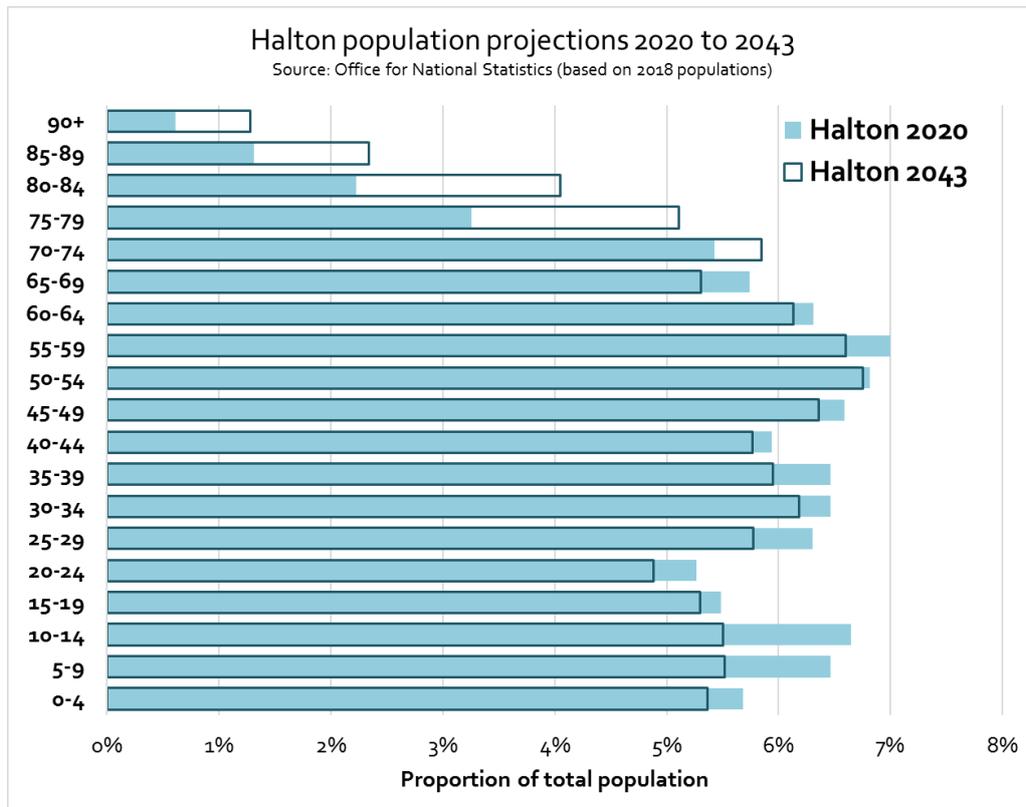
Data as at 19 October 2021 shows that Halton has a larger white population than Cheshire & Merseyside as a whole, as well as a slightly larger as mixed or multiple ethnic group. However it has a smaller proportion of Asian and black ethnic groups.

Figure 3: Cheshire & Merseyside GP registered population living in Halton, by broad ethnic group



5.2.3. Resident Population Forecasts

Halton’s population structure is predicted to shift over the next decade. Figure 4 shows all age groups aged under 70 are forecast to decrease proportionally between 2020 and 2043, particularly those ages 5-14. Conversely, the proportion of those aged 75 and over is predicted to increase from 7.4% of Halton’s population to 12.8%. This is an increase of around 7,900 people. The working population, i.e. aged 16-64 years of age, is forecast to shrink proportionally. 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 4: Population projections 2020 to 2043

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 England as a whole.

- In the short term (2020 - 2025) Halton's population is projected to grow by less than 2% from 129,800 to 131,800.
- In the medium term (2020 - 2030) Halton's population is projected to grow by almost 3% from 129,800 to 133,500.
- In the long term (2020 - 2043) Halton's population is projected to grow by almost 6% from 129,800 to 137,400. This is lower than the North West region which is projected to grow by almost 9% and nationally, which is projected to grow by 7.5%.
- Younger people (0 - 15 year olds) - population projected to be smaller, both in total numbers and as a proportion of the total population (2020 - 2043) – this is the case for Halton, the North West and England.
- Working age (20 - 64 year olds) - population projected to be similar in terms of total numbers, whilst shrinking very slightly as a proportion of the total population (2020 - 2043) – this is the case for Halton, the North West and England.
- Older people (75+) - population projected to grow by almost 83% from 9,600 in 2020 to 17,500 in 2043. A large increase is also forecast in the North West (60%) and England (67%).

5.3. Populations with Protected Characteristics

There is widespread evidence to demonstrate that some communities, such as people from ethnic minority groups and people from lesbian, gay, bisexual and transgender (LGBT) communities, can experience worse health outcomes. Other groups, such as refugees and asylum seekers and disabled people may face barriers to accessing health and social care services as well as support services to move into good employment. This can have an impact on their health and wellbeing.

Under the Equality Act 2010 there are 9 'Protected Characteristic' groups. The numbers and main health issues facing each are detailed in this section. Whilst some of these groups are referred to in other parts of the PNA, this section focusses on their particular health issues.

5.3.1. Age

Population

See section 5.2 for detailed breakdown

- Under age 18: 28,845 (22.2% of total population)
- 18-64: 76,809 (59.2% of total population)
- 65-74: 14,498 (11.2% of total population)
- 75+: 9,607 (7.4% of total population)
- Total population 129,759 (ONS 2020 mid-year population estimate)

Health issues

Health issues tend to be greater amongst the very young and the very old.

For children:

- Breast feeding is well evidenced to provide health benefits for both mother and baby and to promote attachment. Young mothers are among the groups least likely to breast feed.
- More than eight out of 10 adults who have ever smoked regularly started before the age of 19.
- Eight out of 10 obese teenagers go on to become obese adults.
- Nationally the diagnosis of sexually transmitted infections in young people, such as Chlamydia, has increased by 25% over the past ten years. Young people's sexual behaviour may also lead to unplanned pregnancy which has significant health risks and damages the longer term health and life chances of both mothers and babies.
- Alcohol misuse is contributing to increased pressure on a wide range of agencies including health, housing, social care, police and the voluntary sector.

For older people (65+):

- They are less likely to smoke or drink alcohol to riskier levels. They are less likely to take drugs although the age of people in alcohol & substance misuse services is increasing.
- A high proportion of people aged 65+ live alone and this percentage increases with age. This can lead to loneliness and social isolation.
- The proportion of the population with long-term conditions increases with age.

5.3.2. Sex

Population

See section 5.2 for detailed breakdown

- Women 66,464 (51.2%)
- Men 63,295 (48.8%)

Health issues

- Overall life expectancy (LE), healthy life expectancy (HLE) and life expectancy at 65 are lower for Halton residents than the England average.
- Male LE for all these measures is lower than females.
- Internal variation, i.e. at Halton deprivation decile and electoral ward level, is higher for men than for women.
- Men tend to use health services less than women and present later with diseases than women do. Consumer research by the Department of Health and Social Care into the use of pharmacies in 2009 showed men aged 16 to 55 to be 'avoiders' i.e. they actively avoid going to pharmacies, feel uncomfortable in the pharmacy environment as it currently stands due to perceptions of the environment as feminised/for older people/lacking privacy and of customer service being indiscreet.
- The mortality rate for coronary heart disease is much higher in men and men are more likely to die from coronary heart disease prematurely. Men are also more likely to die during a sudden cardiac event. Women's risk of cardiovascular disease in general increases later in life and women are more likely to die from stroke.
- The proportion of men and women who are obese is roughly the same although men are markedly more likely to be overweight than women. Present trends suggest that weight-related health problems will increase among men in particular. Women are more likely than men to become morbidly obese.
- Women are more likely to report, consult for and be diagnosed with depression and anxiety. It is possible that depression and anxiety are under-diagnosed in men. Suicide is more common in men as are all forms of substance abuse.
- Alcohol disorders are twice as common in men although binge drinking is increasing at a faster rate among young women. Among older people the gap between men and women is less marked.
- Morbidity and mortality are consistently higher in men for virtually all cancers that are not sex-specific. At the same time cancer morbidity and mortality rates are reducing more quickly for men than women.
- Victims of domestic violence are at high risk of serious injury or death. The majority of victims are female.

5.3.3. Disability

The definition of disability is consistent with the core definition of disability under the Equality Act 2010. A person is considered to have a disability if they have a long-standing illness, disability or impairment which causes substantial difficulty with day-to-day activities. Some people classified as disabled and having rights under the Equality Act 2010 are not captured by this definition, that is people with a long-standing illness or disability which is not currently affecting their day-to-day activities.

Population

The 2011 Census indicates 26,124 people in Halton have a disability or illness that affects their day-to-day activities; this constitutes 20.9% of Halton's population, higher than the North West (19.8%) and England (17.2%).

The 2020/21 GP Quality Outcomes Framework (QOF) register shows there were 823 people with learning disability (LD) known to their general practice. This is a prevalence rate of 0.61%, compared to 0.56% in Cheshire & Merseyside and 0.53% England.¹⁰

Data from the 2021 GP Patient survey¹¹ suggests that 65% of Halton patients surveyed had a long-term physical or mental health condition. Of those, 26% said it affected their daily life a lot and a further 39% said it affected them a little. 35% said it did not affect ability to carry out their day-to-day activities at all. This is based on a representative sample.

Health issues

- There is a strong relationship between physical and mental ill health. Being physically disabled can increase a person's chances of poor mental health.
- Co-morbidity of disabling conditions can occur.
- People with LD are living longer and as a result the number of older people with a LD is increasing. Despite the fact that people with LD are 58 times more likely to die before the age of 50 than the rest of the population, life expectancy for people with LD has increased over the last 70 years. Older people with LD need more to remain active and healthy for as long as possible.
- Despite this data from NHS Digital suggests people with learning disabilities still have a 4-5 times higher mortality rate than those without LD.
- Recent data by PHE suggests those with severe mental illness (SMI) have 2-3 times higher premature (under age 75 years) mortality rates compared to those without SMI. This is driven by higher mortality from cardiovascular disease, cancers and respiratory disease. One other feature is lower cancer screening uptake rates amongst people with SMI.
- Research by the Disability Rights Commission in 2006 found that people with a learning disability are two and a half times more likely to have health problems than the rest of the community.

5.3.4. Pregnancy and maternity

Population

See section 6.2. for fertility rates and live births data.

Health issues

There are many common health problems that are associated with pregnancy. Some of the more common ones are:

- | | | |
|---|---------------------------------|--|
| • Backache | • Constipation | • Cramp |
| • Deep vein thrombosis | • Faintness | • Headaches |
| • High blood pressure and pre-eclampsia | • Incontinence | • Indigestion and heartburn |
| • Itching | • Leaking nipples | • Morning sickness and nausea |
| • Nosebleeds | • Urinating a lot | • Pelvic pain |
| • Piles (haemorrhoids) | • Skin and hair changes | • Sleeplessness |
| • Stretch marks | • Swollen ankles, feet, fingers | • Swollen and sore gums, which may bleed |
| • Tiredness | • Vaginal discharge or bleeding | • Varicose veins |

5.3.5. Race

Population

See section 5.2.3.

Health issues

- Although ethnic minority groups broadly experience the same range of illnesses and diseases as others, there is a tendency of some within ethnic minority groups to report worse health than the general population and there is evidence of increased prevalence of some specific life-threatening illnesses.
- Ethnic differences in health are most marked in the areas of mental wellbeing, cancer, heart disease, Human Immunodeficiency Virus (HIV), tuberculosis and diabetes.
- An increase in the number of older people from ethnic minority groups is likely to lead to a greater need for provision of culturally sensitive social care and palliative care.
- Ethnic minority groups may face discrimination and harassment and may be possible targets for hate crime.

Traveller and gypsy communities

Travellers are a group considered to face some of the highest levels of health deprivation, with significantly lower life expectancy, higher infant mortality, and higher maternal mortality alongside mental health issues, substance misuse and diabetes. These issues are representative of various lifestyle factors alongside issues of poor education, lack of integration with mainstream support services and a lack of trust in such institutions.

Refugees and asylum seekers

Asylum seekers are one of the most vulnerable groups within society often with complex health and social care needs. Within this group are individuals more vulnerable still including pregnant women, unaccompanied children and people with significant mental ill health. Whilst many asylum seekers arrive in relatively good physical health, some asylum seekers can have increased health needs relative to other migrants due to the situation they have left behind them, their journey to the UK and the impact of arriving in a new country without a support network.

Irregular or undocumented migrants such as those who have failed to leave the UK once their asylum claim has been refused, or those who have been illegally trafficked, also have significant health needs and are largely hidden from health services. Some asylum seekers will have been subjected to torture as well as witnessing the consequences of societal breakdown of their home country – with consequences for their mental health. Culturally, mental illness may not be expressed or may manifest as physical complaints. Stigma may also be attached to mental ill health. Furthermore, Western psychological concepts are not universally applicable to asylum seekers. Mental health problems such as depression and anxiety are common, but post-traumatic stress disorder is greatly underestimated and underdiagnosed and may be contested by healthcare professionals. Children are particularly neglected in this area.

5.3.6. Religion and belief

Population

Data from the 2011 Census for Halton residents showed:

- Christian 75.0%
- Buddhist 0.2%
- Hindu 0.2%
- Jewish 0.0%
- Muslim 0.2%
- Sikh 0.0%
- Other religion 0.2%
- No religion 18.7%
- Religion not stated 5.4%

Health issues

- Possible link with 'honour based violence' which is a type of domestic violence motivated by the notion of honour and occurs in those communities where the honour concept is linked to the expected behaviours of families and individuals.
- Female genital mutilation is related to cultural, religious and social factors within families and communities although there is no direct link to any religion or faith. It is a practice that raises serious health related concerns.
- There is a possibility of hate crime related to religion and belief.

5.3.7. Marital status

Population

Data from the 2011 Census for Halton showed:

- Single (never married or never registered a same-sex civil partnership): 35.4%
- Married: 44.9%
- In a registered same-sex civil partnership: 0.2%
- Separated (but still legally married or still legally in a same-sex civil partnership): 2.4%
- Divorced or formerly in a same-sex civil partnership which is now legally dissolved: 9.8%
- Widowed or surviving partner from a same-sex civil partnership: 7.2%

Health issues

- Literature on health and mortality by marital status has consistently identified that unmarried individuals generally report poorer health and have a higher mortality risk than their married counterparts, with men being particularly affected in this respect.¹²
- A large body of research suggests that the formalisation of opposite-sex relationships is associated with favourable mental health outcomes, particularly among males. Recent analysis of wave 8 (2016-18) of Understanding Society: the UK Household Longitudinal Study suggests this is also the case for females in same-sex civil partnership.¹³

5.3.8. Sexual orientation

Population

The preferred estimate up until now has been that provided by the Department of Trade and Industry of an LGB population of between 5 to 7%, as provided in the Final Regulatory Impact Assessment: Civil Partnership Act 2004 (DTI, 2004).

The GP Patient Survey for England includes a question relating to sexual orientation. The survey suggests between 92% of Halton CCG patients define themselves as being heterosexual / straight, with 5% stating their sexual orientation as being either Gay/Lesbian (3%) or Bisexual (2%). None defined themselves as Other and 4% preferred not to disclose their sexual orientation. Transgender was not specifically asked about and would likely be included in the 'Other' category.

Health issues

- Attitudes toward the community may have an impact on some of their key health concerns around sexual and particularly mental health. A Stonewall survey¹⁴ found:
- Half of LGBT people (52%) said they've experienced depression in the last year.
- One in eight LGBT people aged 18-24 (13%) said they've attempted to take their own life in the last year.
- Almost half of trans people (46%) have thought about taking their own life in the last year, 31% of LGB people who aren't trans said the same.
- 41% of non-binary people said they harmed themselves in the last year compared to 20% of LGBT women and 12% of GBT men.
- One in six LGBT people (16%) said they drank alcohol almost every day over the last year.
- One in eight LGBT people aged 18-24 (13%) took drugs at least once a month.
- One in eight LGBT people (13%) have experienced some form of unequal treatment from healthcare staff because they're LGBT.
- Almost one in four LGBT people (23%) have witnessed discriminatory or negative remarks against LGBT people by healthcare staff. In the last year alone, six per cent of LGBT people – including 20% of trans people – have witnessed these remarks.
- One in twenty LGBT people (5%) have been pressured to access services to question or change their sexual orientation when accessing healthcare services.
- One in five LGBT people (19%) aren't out to any healthcare professional about their sexual orientation when seeking general medical care. This number rises to 40% of bi men and 29% of bi women.
- One in seven LGBT people (14%) have avoided treatment for fear of discrimination because they're LGBT.

5.3.9. Gender re-assignment

Population

Currently there are no standard national sources of transgender statistics, nor is there standard data on the use of health services or referrals to gender identity clinics. However, GIRES (the Gender Identity Research and Education Society) estimate that 0.6-1% of the population may experience gender dysphoria.

In the 2021 GP Patient Survey 99% said their gender identity was the same as the sex they were registered at birth, 1% preferred not to say. The national figures showed 1% did not have the same gender identity as the sex they were registered at birth but 0% of Halton registered population sampled said this was the case.

Health issues

Research from Stonewall shows:

- Drugs and alcohol are processed by the liver as are cross-sex hormones. Heavy use of alcohol and/or drugs whilst taking hormones may increase the risk of liver toxicity and liver damage.
- Alcohol, drugs and tobacco and the use of hormone therapy can all increase cardiovascular risk. Taken together, they can also increase the risk already posed by hormone therapy.
- Smoking can affect oestrogen levels, increasing the risk of osteoporosis and reducing the feminising effects of oestrogen medication.
- Many transgender people struggle with body image and as a result can be reluctant to engage in physical activity.
- Being transgender, non-binary or non-gender and any discomfort a person may feel with their body, with the mismatch between their gender identity and the sex originally registered on their birth certificate, their place in society, or with their family and social relationships is not a mental illness. Gender dysphoria is the medical term used to describe this discomfort. Transgender people are likely to suffer from mental ill health as a reaction to the discomfort they feel. This is primarily driven by a sense of difference and not being accepted by society. If a transgender person wishes to transition and live in the gender role they identify with, they may also worry about damaging their relationships, losing their job, being a victim of hate crime and being discriminated against. The fear of such prejudice and discrimination, which can be real or imagined, can cause significant psychological distress.

5.4. Deprivation and socio-economic factors

The English Indices of Deprivation provide data on relative deprivation for small areas in Halton and nationally.

The Indices of Deprivation 2019 (ID 2019) are the primary measure of deprivation for small areas or Lower layer Super Output Areas (LSOAs) in England. The indices were published by the Ministry of Housing, Communities & Local Government (MHCLG) in September 2019 and replace the 2015 indices.

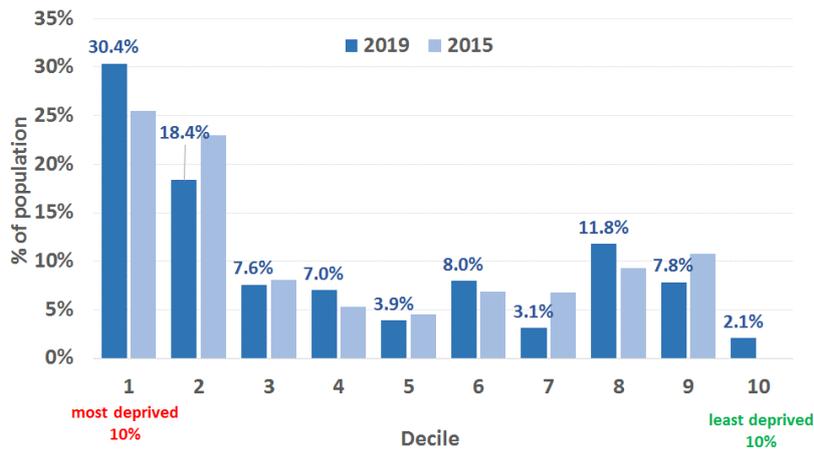
Each LSOA in England is ranked in order of deprivation, and then grouped into ten percentage groups known as deciles. LSOAs in decile 1 are in the 10% most deprived in the country, and LSOAs in decile 10 are in the 10% least deprived in the country. Halton has 79 LSOAs.

The main output of the Indices of Deprivation is the Index of Multiple Deprivation (IMD) which combines measures across seven distinct aspects of deprivation: income, employment, education, health, crime, barriers to housing and services, and living environment. The IMD is the most widely used output of the indices, but each domain provides insight into a particular area of deprivation.

More of Halton's population are living in areas classified as the 10% most deprived nationally: **30.4%**, an increase from 25.5% in 2015. This is almost **6,700** more people, a total of **38,750** Halton residents.

The chart below shows the distribution of Halton's population by national deprivation decile, both in 2019 and 2015.

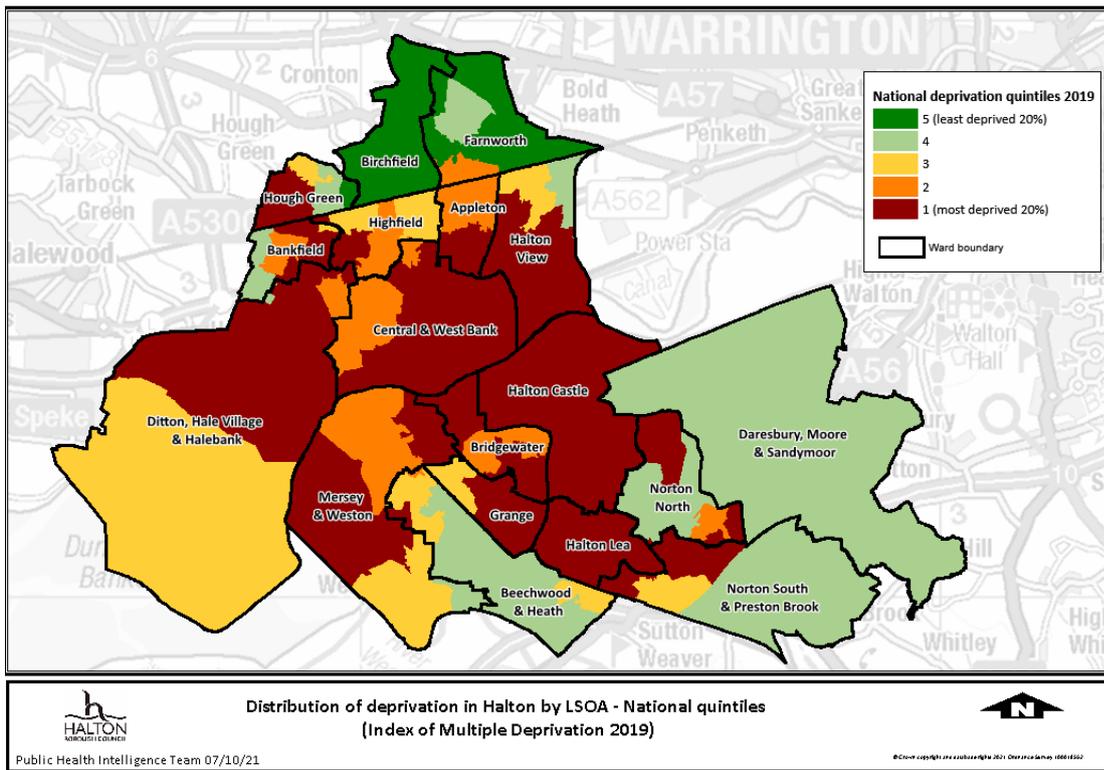
Figure 5: Halton population distribution by national deprivation decile, IMD 2019 and 2015



Source: Ministry of Housing, Communities and Local Government (MHCLG)

The proportion living in the most deprived 20% nationally is almost the same as in 2015: 48.7% up from 48.4%. Map 2 shows the levels of deprivation across the borough, by lower super output area or LSOA (statistical geographical areas of approximately 1,500 population), using national quintiles.

Map 2: Geographical distribution of deprivation, IMD 2019



Halton is ranked as the 23rd most deprived local authority in England (out of 317 local authorities) putting it in the most deprived 10% nationally. In 2015 it was the 27th most deprived local authority, which means that Halton is now relatively more deprived. Deprivation data is not published using the new 2020 Halton wards, but we can see from Map 2 that there are particular pockets of deprivation

in Halton Lea, Halton Castle and around both Runcorn old town and Widnes town centre. Conversely Birchfield and Farnworth are the least deprived wards.

5.5. Future Planning: Housing Developments

The examination into Halton's new Local Plan, the Delivery and Allocations Local Plan (DALP) considered the supply of sites for housing development in the period through to 2037.

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

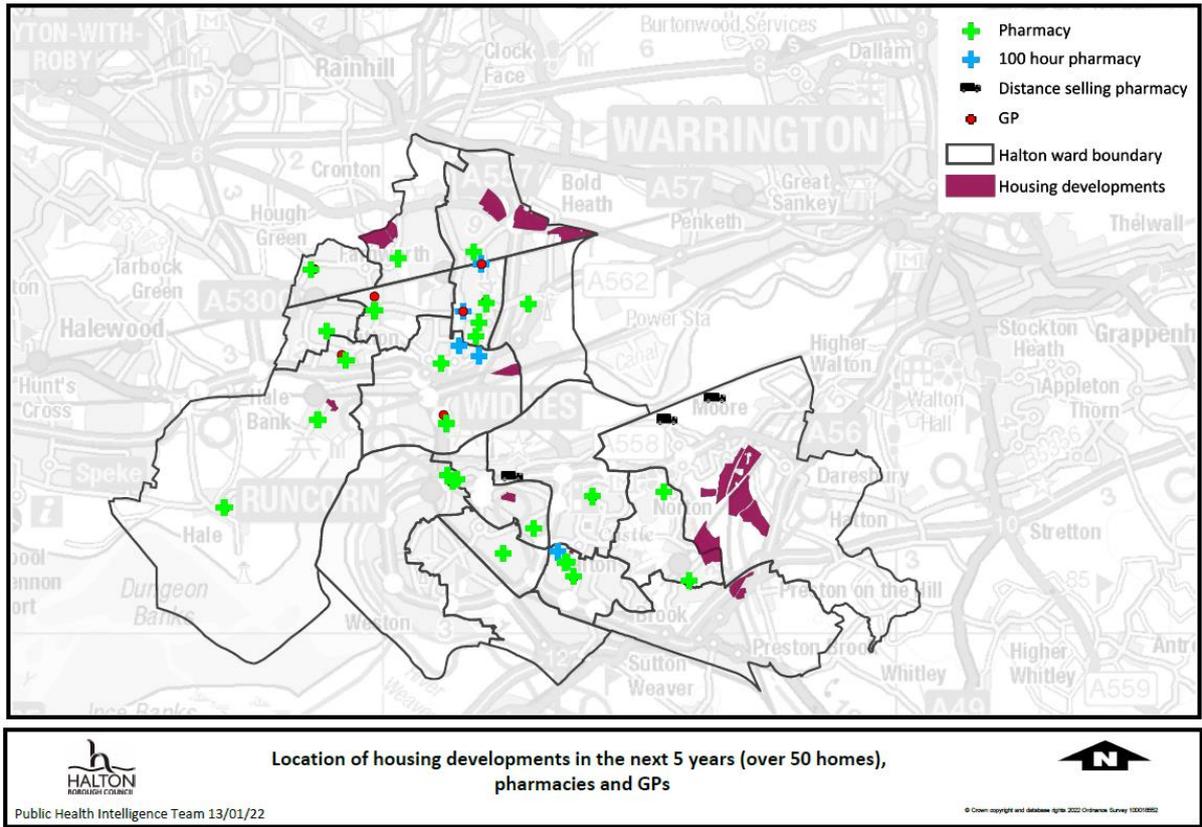
In total the DALP examination identified land supply with a potential for 7,315 dwellings.

The expected potential supply over the next 5 years totals 2,843 dwellings being made up of 1,482 units on sites either under construction or with planning permission, 400 units on other urban sites and 917 units on sites proposed to be released from the Green Belt. In the period beyond the initial 5 years, the DALP projects potential for an additional 4,472 dwellings of which 661 are on sites either under construction or with planning permission, 2,111 are on other urban sites and 1,528 are on proposed green belt release sites.

The Mid Mersey Strategic Housing Market Assessment 2015¹⁵ identified there is a net need for 119 new affordable homes to be made available each year. In line with Government Guidance the DALP has sought to 'front load' the assessment for deliverability of affordable housing on market sites, and is seeking 20% affordable units on strategic housing sites and 25% on non-strategic greenfield sites. This should provide a new source of social rent and intermediate tenure stock going forward. The DALP encourages a proportion of new dwellings to be developed to the higher building regulations standards that support future adaptations assisting people to remain living independently in the properties for longer.

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 3, 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 3: Housing developments



6. Health Profile of Halton

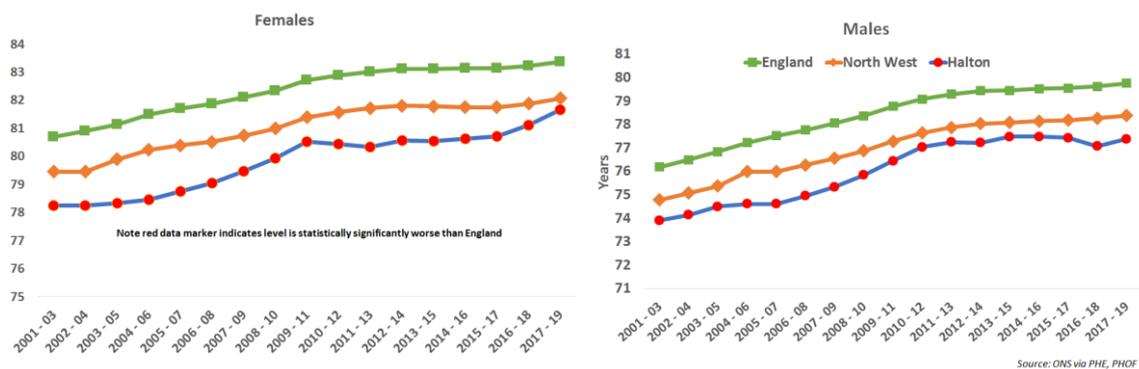
6.1. Life Expectancy

As a result of the reduction in mortality life expectancy in Halton 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.

Life expectancy in Halton is lower than England for both men and women. The difference is statistically significantly worse than England (denoted by the red data points on Figure 6). For 2017-19 female life expectancy was 81.7 years (compared to North West of 82.1 years and England of 83.4 years). For males it was lower at 77.4 years (compared to North West of 78.4 years and England of 79.8 years).

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

Figure 6: Trend in life expectancy at birth, males and females, 2001-03 to 2017-19

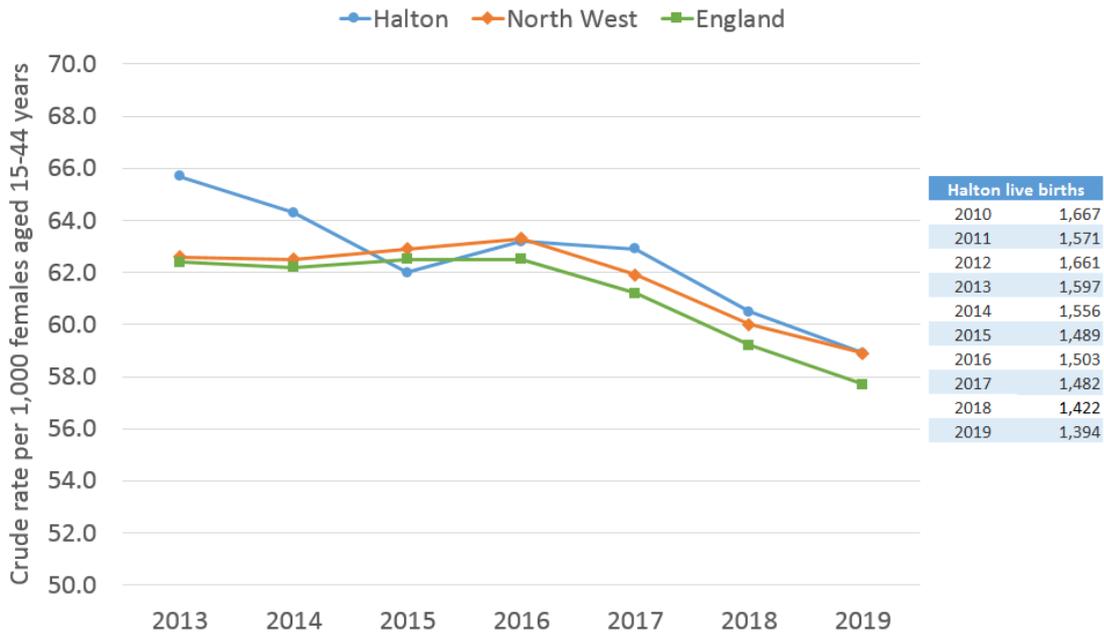


6.2. Birth rate

Fertility rates are closely tied to growth rates for an area and can be an excellent indicator of future population growth or decline in that area. It is calculated using the number of live births per 1,000 female population aged 15 to 44.

Figure 7 shows that the trend in fertility rate in Halton is similar to that of the North West and England. Halton's rates have been statistically similar to the England average since 2015 and all areas have seen a gradual decline. The number of live births to Halton residents was 1,394 in 2019, down from 1,667 in 2010.

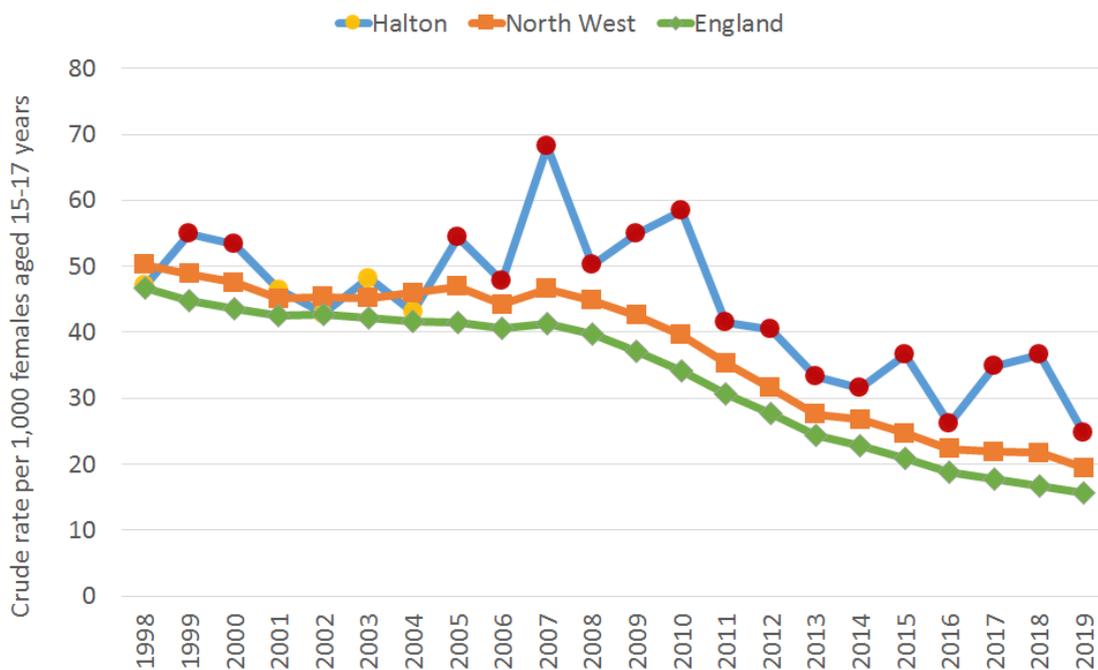
Figure 7: Crude fertility rate, live births per 1,000 females aged 15-44



Source: Office for National Statistics via NOMIS

The rate of under-18 conceptions has generally reduced since 2007 but fluctuates from year to year due to relatively small numbers. Apart from the years denoted by the amber data marker Halton rates have been statistically higher than the England average. The latest data for 2019 indicates there were 53 conceptions in Halton females aged 15 to 17 years old.

Figure 8: Trend in 18 conception rates, conceptions per 1,000 females 15-17 years of age

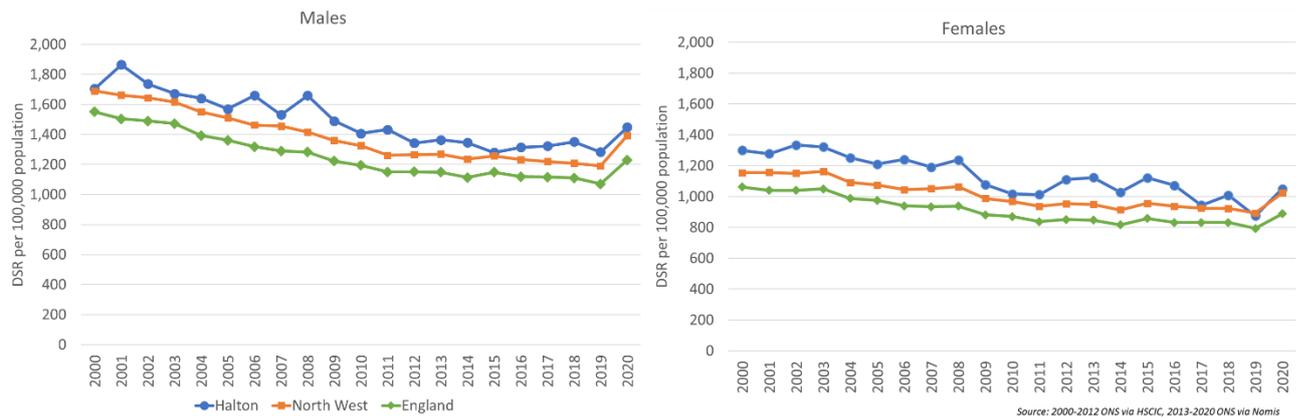


Source: Office for National Statistics

6.3. 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 crucial to tackling health inequalities. Whilst mortality rates have declined they remain above the national and regional averages. All areas saw an increase in mortality during 2020 mainly due to excess deaths associated with the COVID-19 pandemic.

Figure 9: Trends in all age all-cause mortality for males and females, 2000 to 2020



6.4. 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. Each priority area has a core set of indicators that are measured over time. Challenges remain across all six priorities, including where there has been progress. Data within the 2021 JSNA summary^{vi} shows things are generally worse than the national average.

^{vi} This can be found on the council website at <https://www3.halton.gov.uk/Documents/public%20health/JSNA/JSNASummary.pdf>

A new strategy is in development at the time of writing this PNA. Whilst details are still being worked on, the strategy will be focus on one or two priorities within four broad themes:

- Tackling the Wider Determinants
- Starting Well
- Living Well
- Ageing Well

Tackling the Wider Determinants

Halton, as part of the wider ICS, is participating in the Marmot Community work. Considering action to address the social (or wider) determinants of health.

“The wider determinants of health are the social, economic and environmental conditions in which people live that have an impact on health. They include income, education, access to green space and healthy food, the work people do and the homes they live in”. King’s Fund (2020)

They determine the extent to which different individuals have the physical, social and personal resources to identify and achieve goals, meet their needs and deal with changes to their circumstances. The Marmot review, published in 2010, raised the profile of wider determinants of health by emphasising the strong and persistent link between social inequalities and disparities in health outcomes. Variation in the experience of wider determinants (i.e. social inequalities) is considered the fundamental cause (the ‘causes of the causes’) of health outcomes. As such health inequalities are likely to persist through changes in disease patterns and behavioural risks so long as social inequalities persist. Addressing the wider determinants of health has a key role to play in reducing health inequalities.

Starting Well

The first few years of life are a key period in which the actions of parents, carers and those around us influence our physical, emotional and mental health in later life. Our earliest experiences of life, starting in the womb, through pregnancy and birth and into our early years, are vital in laying the foundations for our future health and wellbeing. Research consistently shows that even short term improvements in physical development (e.g. obesity and physical activity), cognitive development (e.g. school achievement), behavioural development (e.g. antisocial behaviour) and social/emotional development can lead to benefits throughout childhood and later life. In Halton, the proportion of children and young people within the overall population has remained relatively stable over the years, certainly in comparison to older people. However, the proportion is expected to reduce over the next 20 years. What has changed rapidly is the sort of society and problems that children and young people face, the increase in children being referred to agencies, and the complexity of the children that our services are working with. We know that to make our services better, we have to work with and listen to what young people and their families tell us.

Living Well

Good health is important at any age. Halton, in line with the national trend, has seen a greater increase in the older population and this is set to continue. Action is needed now to deal with the considerable expansion in older people and to improve mid-life. Setting up the conditions to enable people to enter

older age healthier will be increasingly important. This is not just to reduce pressure on health and social care services but to also sustain the ability to work as the age-dependency ratio increases. There are some concerns that this age group is more likely to be engaged in unhealthy behaviours (smoking, poor diet, inactive lifestyle and higher levels of alcohol consumption) than previous generations and this may be partly responsible for the recent stalling observed in healthy life expectancy. Lifestyle is important but housing and employment are also key determinants of health that need to be addressed. Evidence shows that good quality work is beneficial to an individual's health and wellbeing and protects against social exclusion.

Ageing Well

The population of Halton, like the rest of the country, is changing, with a larger proportion being of older age i.e. aged 65 years and over. Many older people in Halton live active, independent lives. They play a vital role in contributing to the life of their communities and increasing numbers are continuing in paid employment well past state pension age. Around one in seven older people provide unpaid care to a family member or friends. Unfortunately, many others suffer poorer health than the national average. With age comes the increased likelihood of living with one or more long term health conditions and/or sensory impairment. Older people have increased risk of dementia and large numbers of older people suffer falls. Older people are also vulnerable to social isolation and/or loneliness. All of these can result in a reduced quality of life and increased use of health and care services. Strategies to identify those at risk and early interventions are key.

Pharmaceutical Needs Assessment

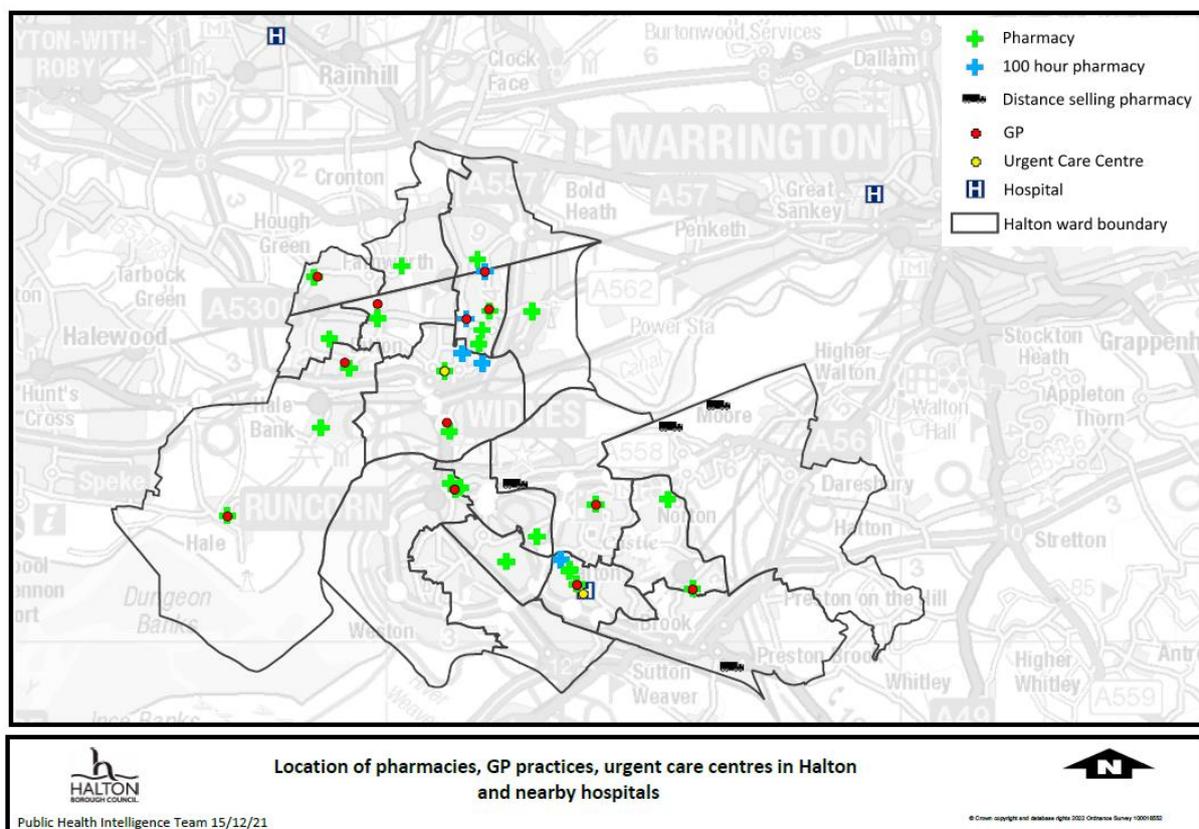
Part 3: Current service provision: access; prescribing; advanced and locally commissioned services

7. Pharmacy Premises

7.1. Pharmacy locations and level of provision

As of June 2021 there are 30 community pharmacies across Halton with a further 4 distance-selling 'internet only' pharmacies making a total of 34 pharmacies in Halton (see Map 4 and Appendix 3 for full list of community pharmacies). Nationally there are a total of 11,800 community pharmacies^{vii} for a GP registered population of 61,032,314 (as at 1 August 2021)^{viii}, giving an average of approximately one community pharmacy for every 5,172 members of the population. Halton has one pharmacy for every 3,960 people (based on GP registered population of 134,654). This is based on total pharmacies, both 'high street' and distance-selling as it was not possible to sift the distance-selling pharmacies from the national list.

Map 4: Location of pharmacies in Halton mapped against other health services



There are 12 pharmacies in Runcorn and 18 in Widnes. This is excluding the four distance selling pharmacies which have their office base in Runcorn, on its industrial estates.

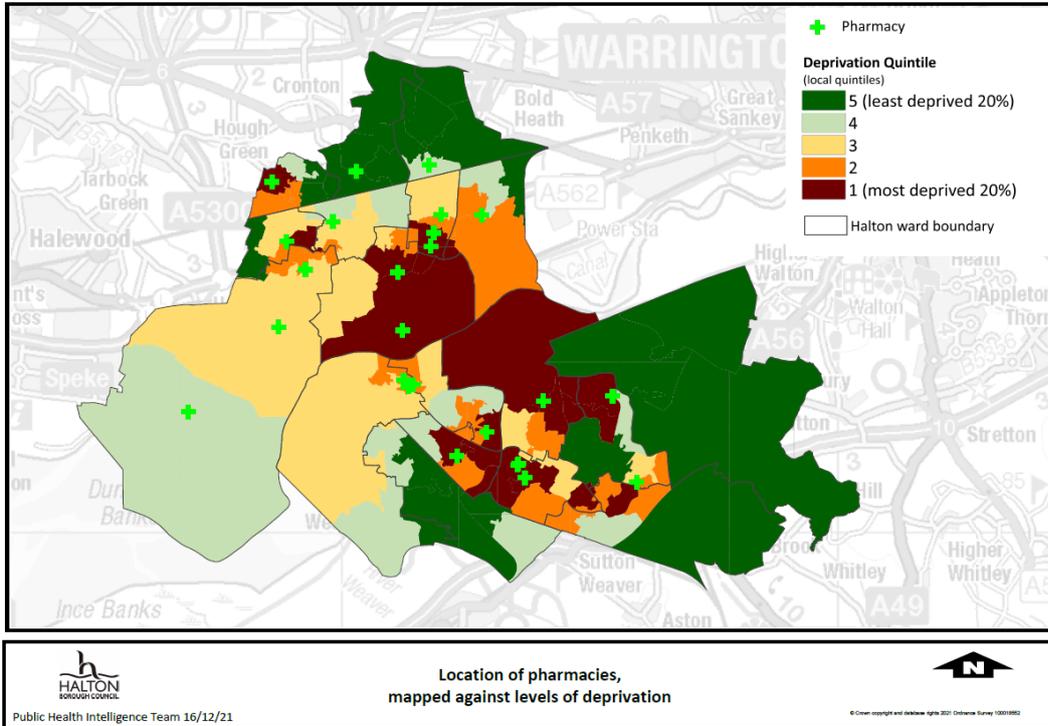
Map 5 shows that generally there is a good provision of pharmacies in the most deprived areas of Halton. The only lower super output areas (LSOA) in the most deprived quintile without a pharmacy have at least one nearby. As shown in Map 7, these areas are within a 5 minute drive of a pharmacy. For residents who do not have access to a car, the travel time would be around 20 minute walk or trip

^{vii} As at 2019/20 latest data available via <https://www.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-201516-201920>

^{viii} As at 1 August 2021 data via <https://digital.nhs.uk/data-and-information/publications/statistical/patients-registered-at-a-gp-practice/august-2021>

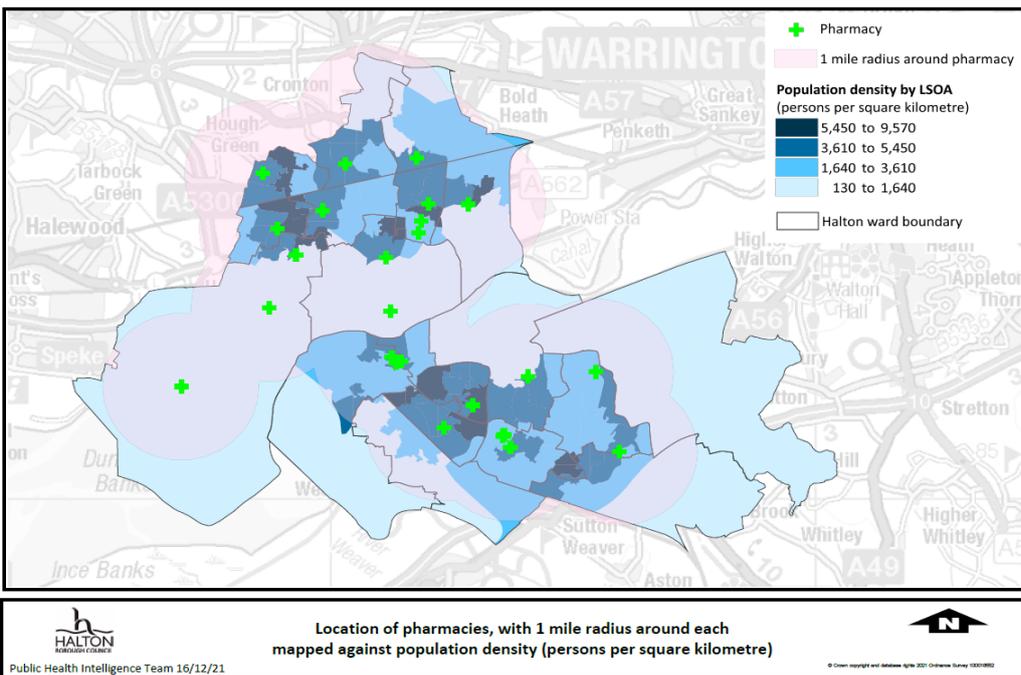
on public transport (see Maps 9 and 10 for further details on walking and public transport travel times).

Map 5: Pharmacy locations mapped against levels of local deprivation



Map 6 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).

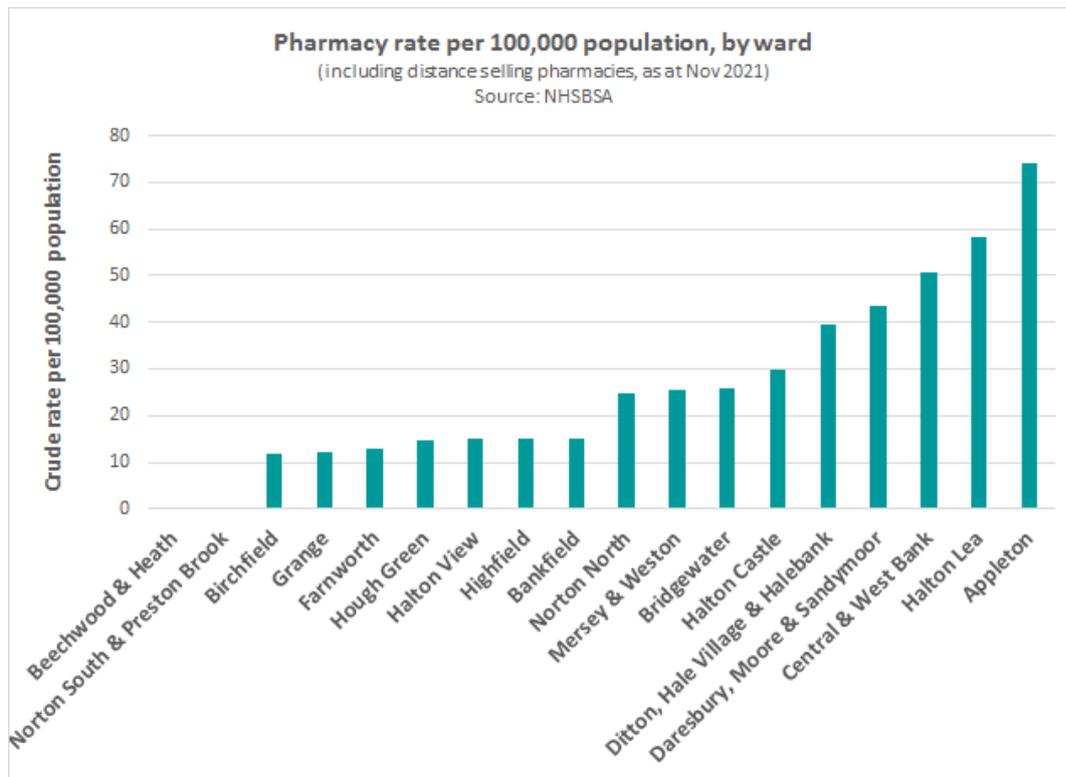
Map 6: Pharmacy locations mapped against population density



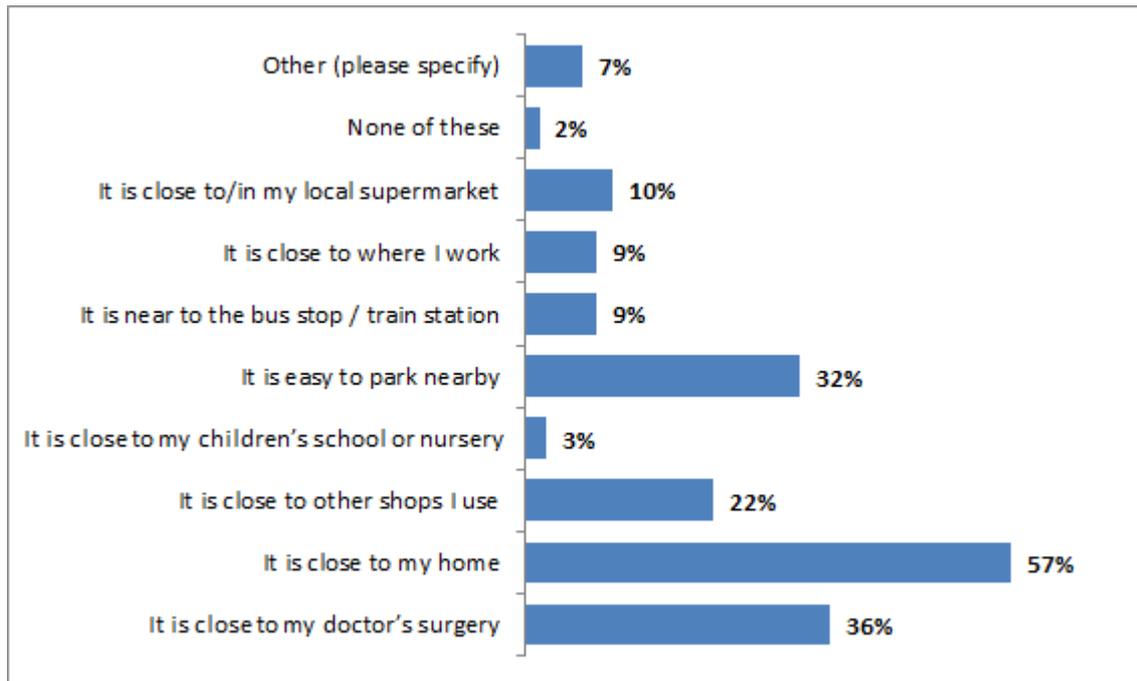
Based on the number of community pharmacies (as at 1 June 2021) as a rate per 100,000 GP registered population (as at 1 August 2021), Halton has a larger number of pharmacies in relation to the size of its population (22.3 per 100,000) when compared to the England (19.3 per 100,000). However it is slightly smaller number compared to Cheshire & Merseyside (23.5 per 100,000) and the North West (23.1 per 100,000 population).

Figure 10 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 3 or 4). The three electoral wards containing the highest concentration of pharmacies are in the retail centres, Appleton ward (which covers Widnes Town Centre), Halton Lea (which covers Runcorn New Town Shopping City) and Central & West Bank in Widnes.

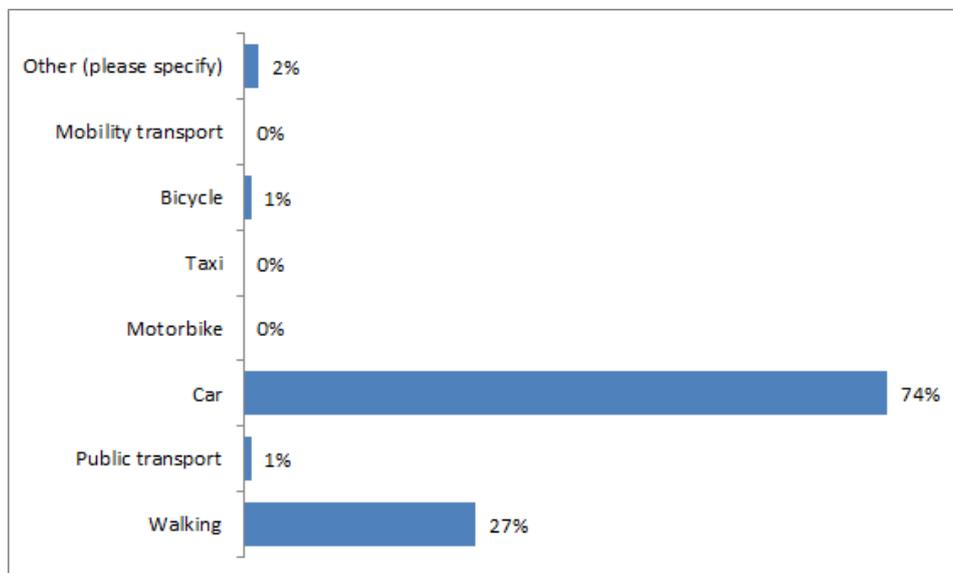
Figure 10: Crude rate of pharmacies in Halton wards per 100,000 population



In the public survey of community pharmacy services 57% stated the most important reason for choosing the pharmacy they regularly use was that it was close to their home, with 37% saying because it was easy to park nearby and 36% because it was close to their doctor's surgery.

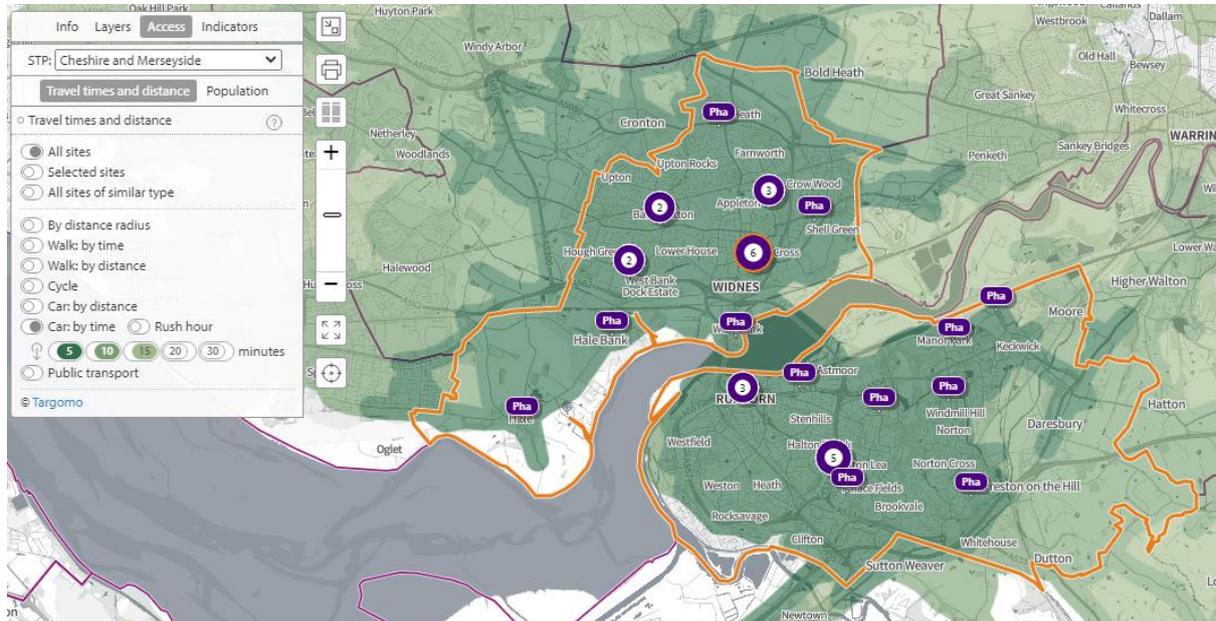
Figure 11: importance of location, question 5 of public survey of community pharmacy services

Respondents to the community pharmacy services survey were also asked how they got to the pharmacy. In a similar vein to the 2018 PNA, nearly 3 in 4 people responded that they used the car and 27% that they walked. Only a small number of respondents used other forms of transport.

Figure 12: method used to get to the pharmacy, Q4 of public survey of community pharmacy services 2014

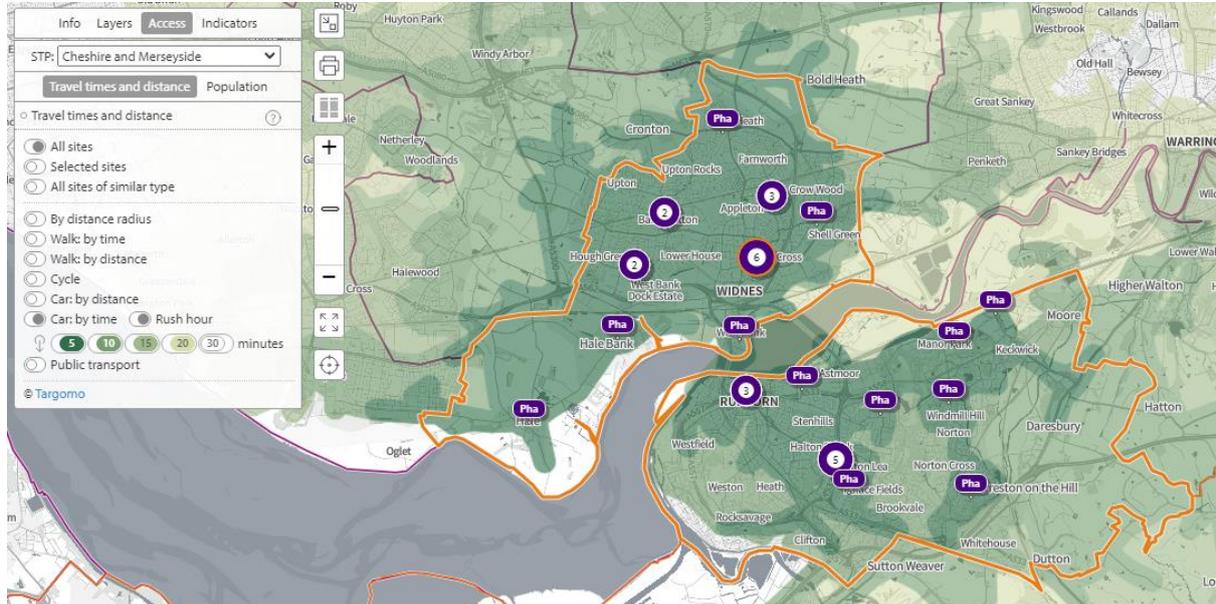
Mapping drive times during the day and during rush hour shows that no location in Halton is more than a 15 minute drive from a pharmacy and 20 mins away during rush hour.

Map 7: Drive times to community pharmacies during the day



Source: PHE SHAPE tool

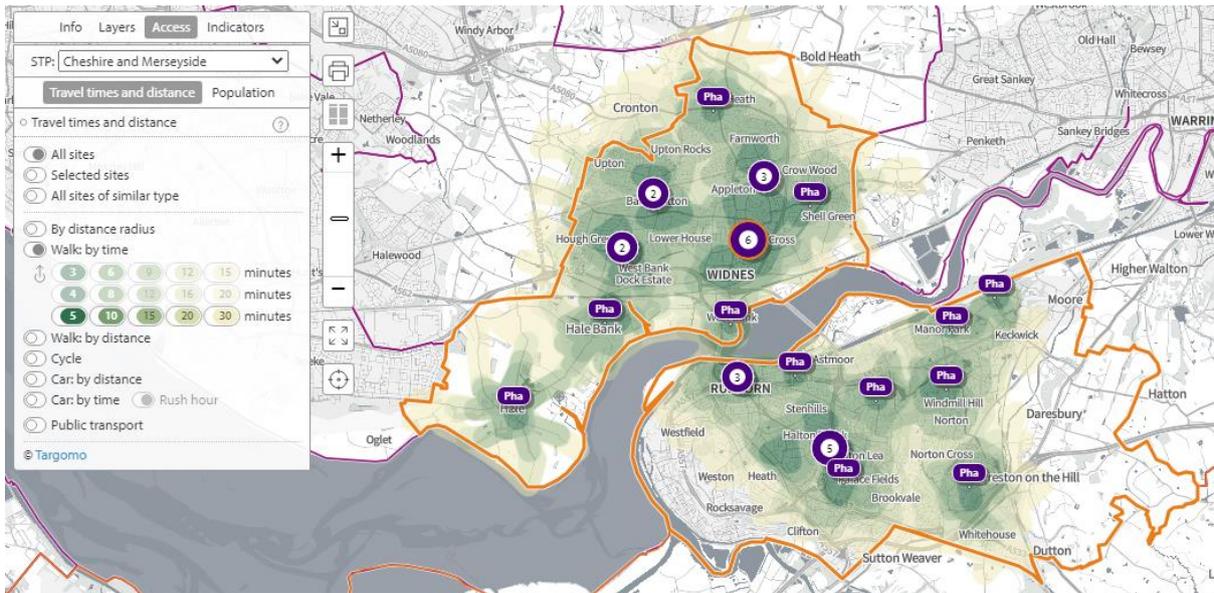
Map 8: drive times to community pharmacies during rush hour



Source: PHE SHAPE tool

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 30 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 9: walking times to community pharmacies

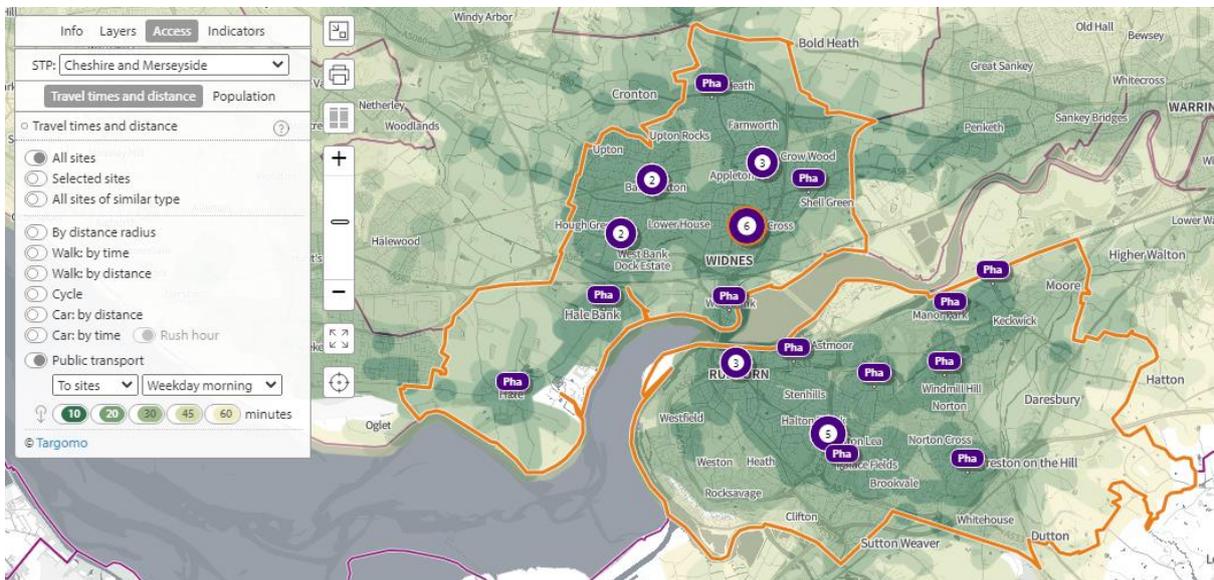


Source: PHE SHAPE tool

The majority of Halton is within 60 minutes travel time via public transport to a pharmacy on an average weekday morning (see

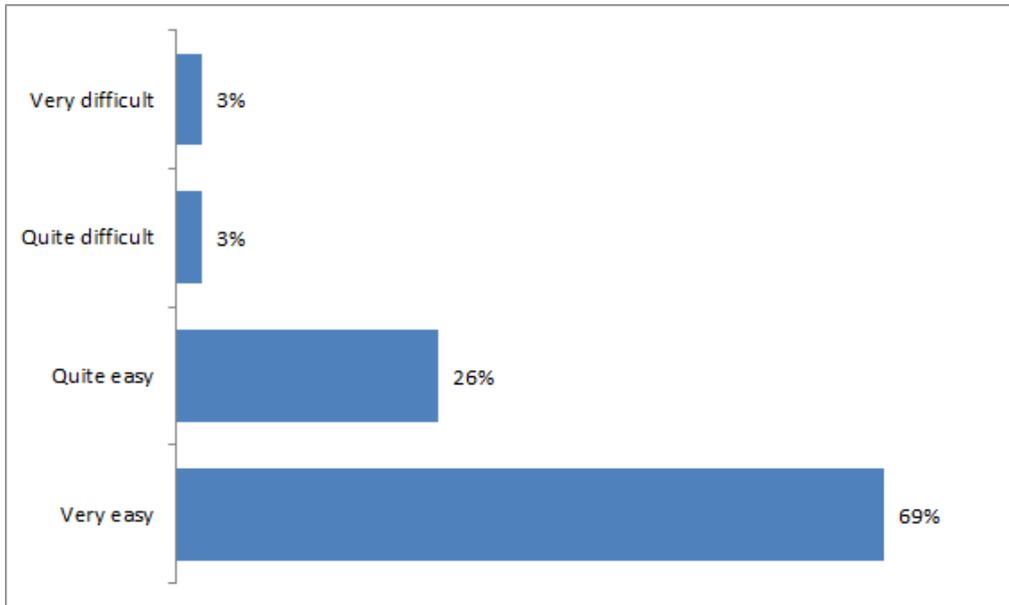
Map 10).

Map 10: travel time to pharmacies by public transport on a weekday morning



Source: PHE SHAPE tool

It is not surprising therefore that the majority of respondents to the public survey stated that it was very easy (69%) or quite easy (26%) to get to the pharmacy.

Figure 13: ease of access usual pharmacy, Q6 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.

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

Under the 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.

- 17 out of 30 community pharmacies in Halton are open between 40 and less than 50 hours per week. 8 of 12 in Runcorn and 9 of 18 in Widnes.
- 8 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. 5 are in Widnes and 3 in Runcorn.
- There are 5 100-hour pharmacies which are open to the public for essential services. 4 are in Widnes and 1 in Runcorn.

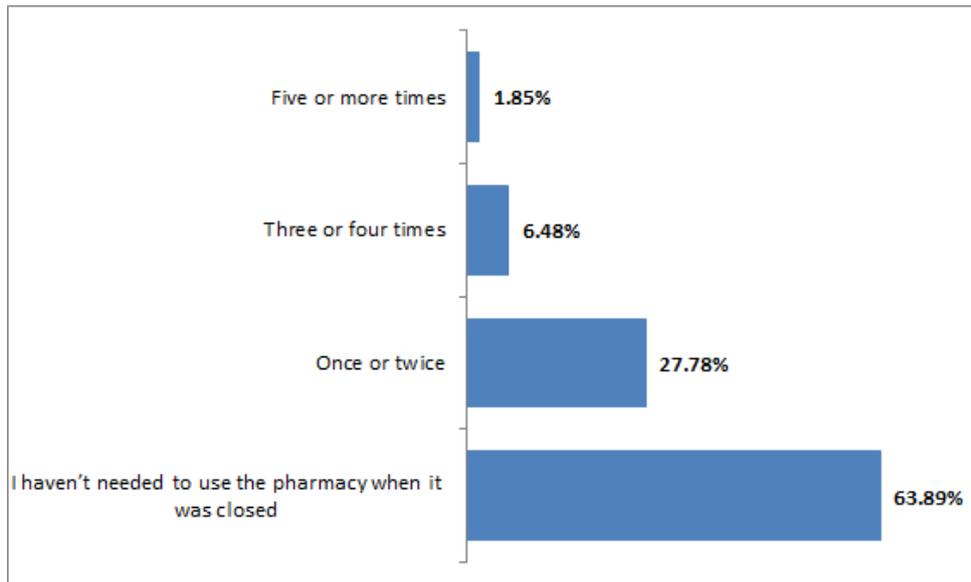
Full details of each pharmacy opening can be found in Appendix 3. They highlight the following:

- From Monday to Friday, all 30 community pharmacies are open between at least 9am to 5pm, with only 3 closing over the lunchtime period for between ½ and 1 hour each day, between the hours of 1pm to 2pm. 7 of the 12 Runcorn community pharmacies are open until 6:00pm each weekday evening with 15 of the 18 Widnes community pharmacies also open until this time.
- Cover is also available throughout the week at the extreme hours from 6:30am and up to 11:00pm. 11 pharmacies are open after 6pm with the latest opening being 11:00pm; 2 Runcorn pharmacies open until 6:30pm and 1 until 11:00pm with 8 Widnes pharmacies open between 6:30pm-11:00pm.
- On Saturday, 20 of the 30 community pharmacies are open in the morning and 8 of these remain so into the afternoon until 5pm; 12 of 18 in Widnes provide at least 9:00am-11:30am provision, with 7 open Saturday afternoon. In Runcorn 8 of 12 are open on Saturday providing at least 9:00am-12:30pm cover and 3 also being open Saturday afternoon.
- Sundays sees less pharmacies being open, with 6 out of 30 open. All but one of these is a 100 hour pharmacy; 1 is in Runcorn and 5 are in Widnes. Provision is between 10:00/10:30am-4:00/4:30pm. 1 Widnes Pharmacy is open 10:00am – 8:00pm.
- Beyond this time, cover continues via 100 hour pharmacies across Halton, with provision in both Runcorn and Widnes.

There are 4 distance selling, 'internet only' pharmacies. These are not open to the public for essential services. The location of 100-hour and internet only pharmacies is shown in Map 4.

88.7% of respondents to the public survey of community pharmacy services said they were satisfied with the opening hours of their pharmacy. 63.9% hadn't needed to use their usual pharmacy when it was closed but the rest had.

Figure 14: How many times recently have you needed to use your usual pharmacy (or the pharmacy closest to you) when it was closed, Q14 public survey?



In one in four (25%) cases where people had found their usual pharmacy closed, was between Monday and Friday, but the majority of time it was a Saturday (49%) or Sunday (14%) with the remaining not being able to remember (12%). Afternoon or late evenings were the most cited times of day. 54% of people experiencing a closed pharmacy waited until it was open with 36% going to another pharmacy and 10% using another NHS service. A few also commented that their pharmacy sometimes was not open at the advertised times or that the pharmacy was open but there wasn't always a pharmacist to dispense prescriptions.

Bank and public holiday opening

NHS England is required to ensure that the population within any given Health & Wellbeing Board area is able to access pharmaceutical services on every day of the year. Under the terms of their contract, pharmacies and dispensing appliance contractors are not required to open on bank holidays or Easter Sunday. In order to provide adequate provision, contractors must confirm to NHS England their opening hour intentions for each of the days. Where a gap in provision is identified, NHS England will then direct a contractor to open part or all of the day.

100 hour and internet-based/mail order pharmacy provision

Of the five 100 hour pharmacies, 4 are in Widnes and 1 in Runcorn. They are identified on Map 4 by a blue marker. The four distance selling pharmacies are all located in industrial parks in Runcorn; they are identified on Map 4 by a black lorry marker. Further details of opening hours and locations of 100 hour and distance selling pharmacies can be found in Appendix 3.

7.3. GP opening hours including extended hours

GP practices are contracted to provide services between 8.00am and 6.30pm, Monday to Friday, excluding bank and public holidays. They may open outside of those hours under the extended hour access scheme commissioned by either NHS England or the CCG. This scheme is commissioned on an annual basis and is subject to change following national negotiations between NHS Employers and General Practitioners Committee. GP dispensaries will generally be open at the same time as the GP

practice and dispense prescriptions issued as part of a consultation during this time as well as dispensing repeat prescriptions.

There has been a programme of expansion across Halton over recent years. Pharmacy opening hours now reflect these changes. This move to provision in the evenings and weekends is likely to continue and it will be important to continue to ensure that patients are able to get any prescriptions issued at these appointments, filled either at their preferred pharmacy or an alternative that is convenient to them in terms of travel times/arrangements.

As details for this continuation were not known during the drafting of this PNA, it has not been possible to assess its impact on the need for pharmaceutical services. However, NHS England has the ability to address any shortfall in pharmacy opening hours by directing existing pharmacies to open for longer hours where necessary.

There are no confirmed plans for GP practice mergers or relocations that may affect access to pharmaceutical services during the lifetime of this PNA.

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

The majority of pharmacies have wheelchair access or are able to make provision for consultations for anyone in a wheelchair. 25 stated (via the September 2021 contractor survey) that their entrance was suitable for wheelchair access unassisted, 3 stated this was not the case and 2 did not answer this question. In respect of people with mobility problems, 25 of the 30 pharmacies (excluding distance selling) have parking provision within 50 metres of the pharmacy, 3 stated this was not the case and 2 did not answer this question. 19 out of the 30 pharmacies also have disabled parking available.

A question on access for people with mobility problems was included in the public survey. 56% said this was not applicable to them, 35% said yes they had mobility problems and were able to park close enough to the pharmacy for their needs, with 8.5% saying that they could not park close enough.

Additionally, AccessAble^{ix}, the UK leading source of information on access, has independently assessed 13^x of Halton's 30 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 a wide range of criteria which have been designed in consultation with disabled people and represent important information that disabled people want to know about public venues.^[xi]

- 12 of the 13 assessed have ramp/slope access to either manual or automatic doors.
- All 13 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 13 have seating available.

^{ix} <https://www.accessable.co.uk/>

^x There are 14 Halton pharmacies assessed on the AccessAble website but 1, Lloyd's Pharmacy, Granville Street, Runcorn has since closed so is not included in the figures

^{xi} [how we assess some of the key access features and key terms used in the access guides please click here.](#)

- 10 out of 13 have hearing systems, meaning a sound enhancement system is available at certain locations within the premises.
- 10 out of the 13 have Blue Badge/ accessibility parking.

In relation to other facilities for disabled people a range of services were identified by pharmacies:

- 22 said they provide large print labels
- 13 said they provide large print leaflets
- 6 have a bell at the front door
- 8 could provide toilet facilities suitable for wheelchair access
- 9 have automatic door assistance
- 9 have hearing loop
- 14 have wheelchair ramp access

7.4. Access for clients whose first language is not English

NHS England commission Language Line which is available to all pharmacies. From the contractor survey, September 2021, 10 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. The languages listed were Spanish, Italian, Polish, Romanian, Portuguese, Arabic, Gujarati, Punjabi, Hindi, Urdu, Bangladeshi and Vietnamese. Some pharmacies have more than one non-English language spoken.

7.5. Pharmacy consultations

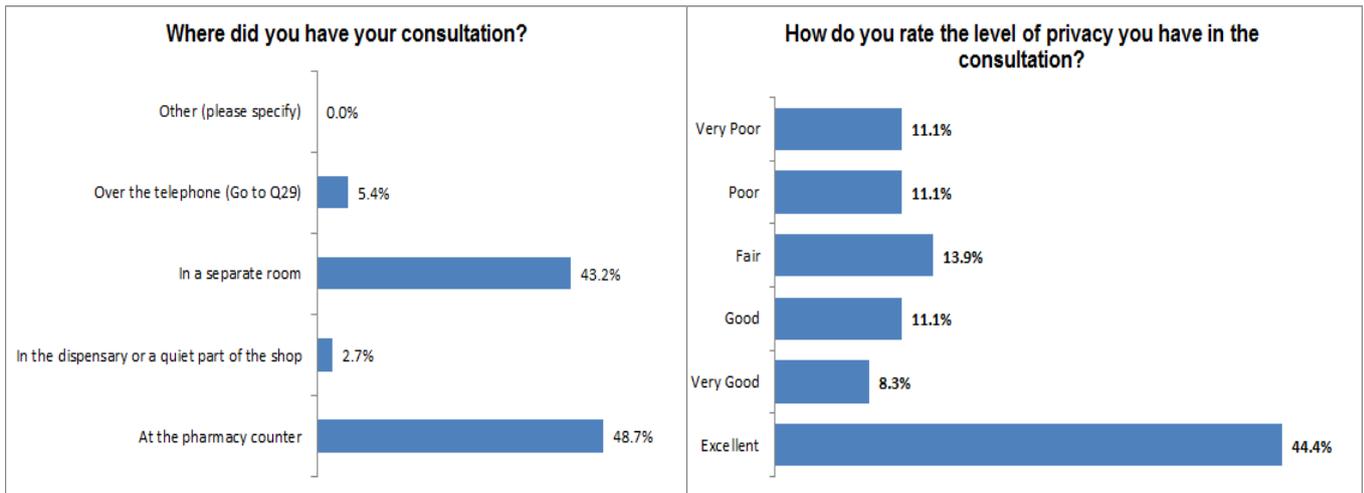
Being able to walk in to pharmacy to seek advice and/or treatment, usually without an appointment, is one of the key features of community pharmacy provision. Advice may be given at the counter or in a private consultation room. All pharmacies must have a private consultation room. 24 out of the 30 community pharmacies have handwashing facilities in the consulting room or close to it in and 6 have toilet facilities. 10 are willing to undertake consultations in patients own homes or other suitable sites.

In relation to a client being able to seek advice from someone of the same sex as them:

- 11 pharmacies judged that this would be available at all times
- 18 pharmacies thought this would be available by arrangement
- Only 1 did not think they could provide this.

32% of respondents to the public survey had a consultation with their pharmacist within the last 12 months. Of these 48.7% of consultations being undertaken at the pharmacy counter and 43.2% of consultations were undertaken in a consultation room. 63.8% of people who had a consultation with a pharmacist found privacy levels excellent, very good or good, whilst 36.1% of people rated privacy levels between fair, poor or very poor.

Figure 15: consultations and satisfaction with privacy during them, public survey



7.6. Pandemic response

The early process of responding to the pandemic resulted in many services moving to an online offer. One of the key features of community pharmacy is their physical position in the community, providing the opportunity for people to walk in and receive advice and services as and when required or on an appointment basis.

Community pharmacies have been key partners throughout the pandemic, demonstrating a willingness to respond to need and an ability to do so at pace. Utilising their knowledge of their local communities has been key in enabling them to flex and step up new services and ways of working at speed.

Key activities have included the use of new technology to ensure patients remained able to access medication, stepping up to deliver medication as part of the Pandemic Delivery Service for anyone self-isolating and providing Lateral Flow Device packs, as well as supporting vaccination for Covid-19 and flu.

They therefore played a vital part in the public health response to the pandemic.

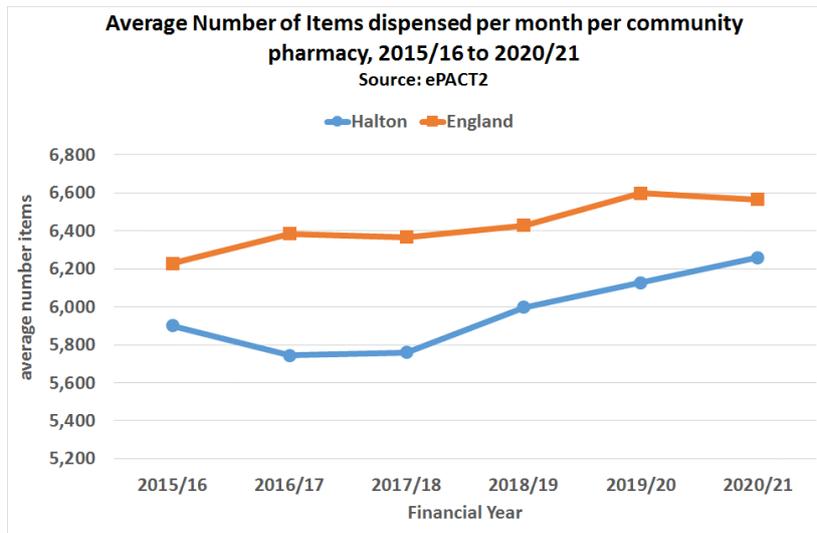
8. Prescribing

8.1. Prescribing volume

Benchmarking data is available from NHS Business Services Authority (BSA) epact2 data. It is useful to be able to analyse Halton prescribing against England data.

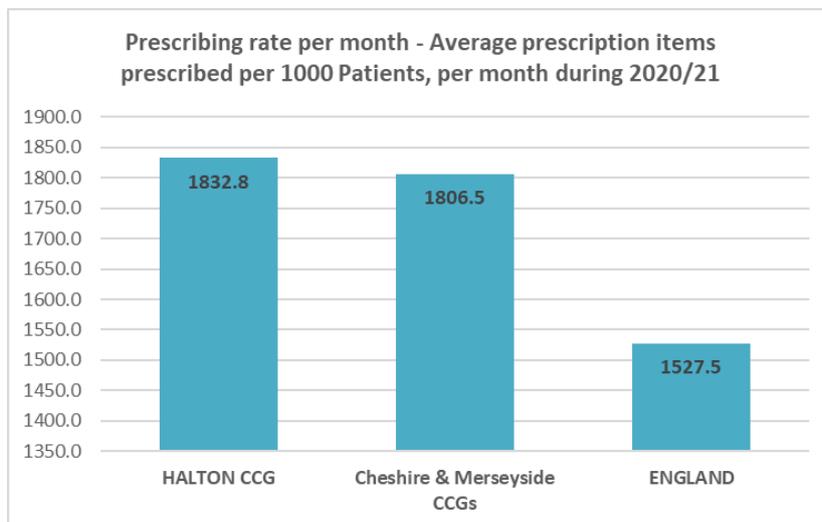
Figure 16 shows that NHS Halton CCG, community pharmacy dispensing volume pattern has consistently been below the England average when looking at average items dispensed per month, per pharmacy

Figure 16: Prescribing trend, 2015/16 to 2020/21: Trend in prescription items dispensed each month



However, analysis of per month prescribing levels within Halton CCG, as a crude rate per 1,000 population, between 1 April 2020 and 31 March 2021 shows that Halton prescribing rate is above both the England average and Cheshire & Merseyside levels.

Figure 17: Prescribing rate per month, 2020/21



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 2020/21. 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 2020/21, by therapeutic area.

BNF Chapter	HALTON CCG (01F00)		Cheshire & Merseyside CCGs		ENGLAND (1)		Difference in % from Halton	
	Items	% to Total	Items	% to Total	Items	% to Total	C&M	England
Cardiovascular System	804,417	27.3%	16,470,267	28.4%	329,483,518	29.7%	1.04%	2.35%
Central Nervous System	661,498	22.5%	12,420,163	21.4%	218,968,298	19.7%	-1.08%	-2.75%
Gastro-Intestinal System	297,704	10.1%	5,836,084	10.1%	103,945,835	9.4%	-0.06%	-0.75%
Endocrine System	263,793	9.0%	5,270,481	9.1%	114,554,722	10.3%	0.12%	1.36%
Respiratory System	224,483	7.6%	4,142,493	7.1%	72,328,009	6.5%	-0.49%	-1.11%
Nutrition and Blood	162,451	5.5%	3,461,242	6.0%	59,580,850	5.4%	0.44%	-0.15%
Musculoskeletal and Joint Diseases	82,201	2.8%	1,498,871	2.6%	29,107,355	2.6%	-0.21%	-0.17%
Infections	82,115	2.8%	1,564,815	2.7%	34,145,613	3.1%	-0.09%	0.29%
Skin	71,467	2.4%	1,482,683	2.6%	25,638,541	2.3%	0.13%	-0.12%
Appliances	71,127	2.4%	1,385,455	2.4%	30,484,983	2.7%	-0.03%	0.33%
Obstetrics, Gynaecology and Urinary-Tract Disorders	71,096	2.4%	1,488,386	2.6%	30,868,586	2.8%	0.15%	0.36%
Eye	33,368	1.1%	742,442	1.3%	16,240,002	1.5%	0.15%	0.33%
Immunological Products and Vaccines	30,829	1.0%	622,781	1.1%	12,996,819	1.2%	0.03%	0.12%
Ear, Nose and Oropharynx	25,793	0.9%	530,198	0.9%	10,117,514	0.9%	0.04%	0.03%
Stoma Appliances	21,120	0.7%	360,214	0.6%	6,390,802	0.6%	-0.10%	-0.14%
Dressings	16,769	0.6%	273,839	0.5%	5,690,952	0.5%	-0.10%	-0.06%
Malignant Disease and Immunosuppression	8,750	0.3%	199,960	0.3%	4,639,136	0.4%	0.05%	0.12%
Incontinence Appliances	6,537	0.2%	120,927	0.2%	2,251,463	0.2%	-0.01%	-0.02%
Anaesthesia	3,648	0.1%	87,785	0.2%	1,325,148	0.1%	0.03%	0.00%
Other Drugs and Preparations	2,858	0.1%	65,011	0.1%	1,070,509	0.1%	0.01%	0.00%
Preparations used in Diagnosis		0.0%	2	0.0%	114	0.0%	0.00%	0.00%
	2,942,024	100.0%	58,024,099	100.0%	1,109,828,769	100.0%		

The majority of people surveyed, visit a pharmacy to get a prescription, with 88% using their pharmacy within the month prior to completing the survey for this reason (see Figure 18 and Figure 19).

Figure 18: Reasons for visiting the pharmacy, public survey

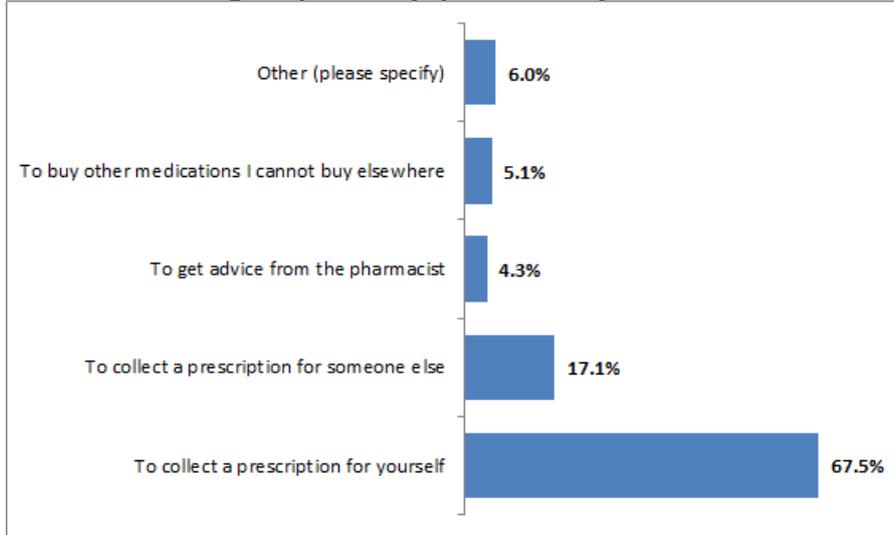
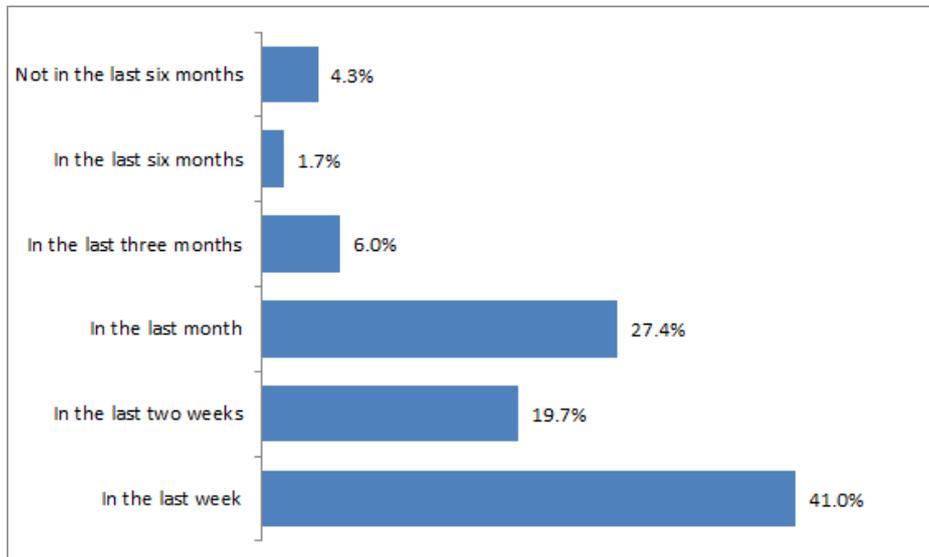


Figure 19: When did you last use a pharmacy to get a prescription, buy medicines or to get advice?



56% of people were informed of how long it would take to have their prescription filled, 24% were not told and would have liked to have been and 20% not told but stated that they did not mind this. 73% of people said that they thought they waited for a reasonable period of time for their medicines.

84% percent of people surveyed, stated that they got all the medicines they needed, however, 15% stated that they did not.

50% 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 responses were some other reason (27%), with 11% saying the pharmacy told them their medicine was unavailable, 5.5% that the prescription had not arrived at the pharmacy when they went to collect it and 6% of respondents stating their doctor had not prescribed something they wanted.

When people had not received all the items prescribed, 20% got them later the same day, 25% of people received their medicines the day after, with 45% receiving it within 2-7 days. However, 10%

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.

64.5% of people stated that they would like to be able have their hospital prescription dispensed at their local chemist, while 9% said 'No'. 26% had never used a hospital pharmacy.

8.2. Prescription Delivery Services

Although community pharmacies are not contracted to do so, 23 out of 30 offer a home delivery service free of charge. 7 do not offer a free delivery service. Of these 7, 4 do offer delivery service at a charge whilst 3 do not offer any delivery service. This service improves access to medicines for a wide range of people. 44% of public survey respondents said the pharmacy they use offers a delivery service, 9.5% said they did not but 46.5% were either not aware of the service or had never used it.

8.3. Multi-compartment Compliance aids (MCA) - Reasonable Adjustments

Community pharmacies are required to support patients in taking dispensed medications by making reasonable adjustments for patients with identified needs as per the Equality Act 2010. From 2005 the funding of the NHS Pharmaceutical Services has included an element to recognise the additional cost of complying with disability legislation.

The requirement of the community pharmacy is to ensure that an appropriate assessment is undertaken of the patient to establish their needs and ascertain what type of reasonable adjustment would be required. There is no exhaustive list of what a reasonable adjustment could be and community pharmacies are not required to provide a multi-compartment compliance aid (MCA).

An MCA is usually in the form of a blister pack divided into days of the week and is a medication storage device designed to support patients to take their own medicines and to maintain their own independence. Prime candidates for MCA 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 medications.¹⁶ If patients have significantly impaired mental self-care abilities MCA dispensing is likely to be of little help to them.^{17,18}

In 2013 the Royal Pharmaceutical Society published *Improving Patient Outcomes – the better use of multi-compartment compliance aids*. The report highlighted that there was a limited evidence base behind the use of MCAs. The report also recommends that a patient-centred approach to identifying the best intervention must be through a sustainable and robust individual assessment of both the level of care required by the individual, the reasons for both intentional and non-intentional non-adherence and the most suitable solution.

Filling and checking MCA's is a time-consuming process. MCA's used inappropriately may actually increase the likelihood of confusion and mistakes by patients and any changes to the patient's prescription within the 28 days may result in substantial waste. There is the possibility that use of them also increases the potential for dispensing errors due to having to repackage medicines. Some medications are not suitable for use in a MCA. The pharmacist is accountable and responsible for repackaging medicines in this way so must be assured that it is safe to do so.

Community pharmacies are encouraged to work collaboratively with prescribers, other health professionals and social care to support patient needs. Community pharmacies are not required to dispense medications into MCAs because it has been directed by another health professional or social care. Health professionals and social care should highlight patients who may require support with

medicines to enable the community pharmacy to carry out an assessment to determine appropriate medicines support.

- 20 out of 30 community pharmacies provide MCA free of charge.
- 3 out of 30 community pharmacies provide MCA at a charge where the patient did not meet the requirements for an adjustment under the Equality Act.
- 9 out of 30 community pharmacies provide MCA free only to patients who have a disability (as defined by the Disability Discrimination Act).

9. 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 as follows:

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

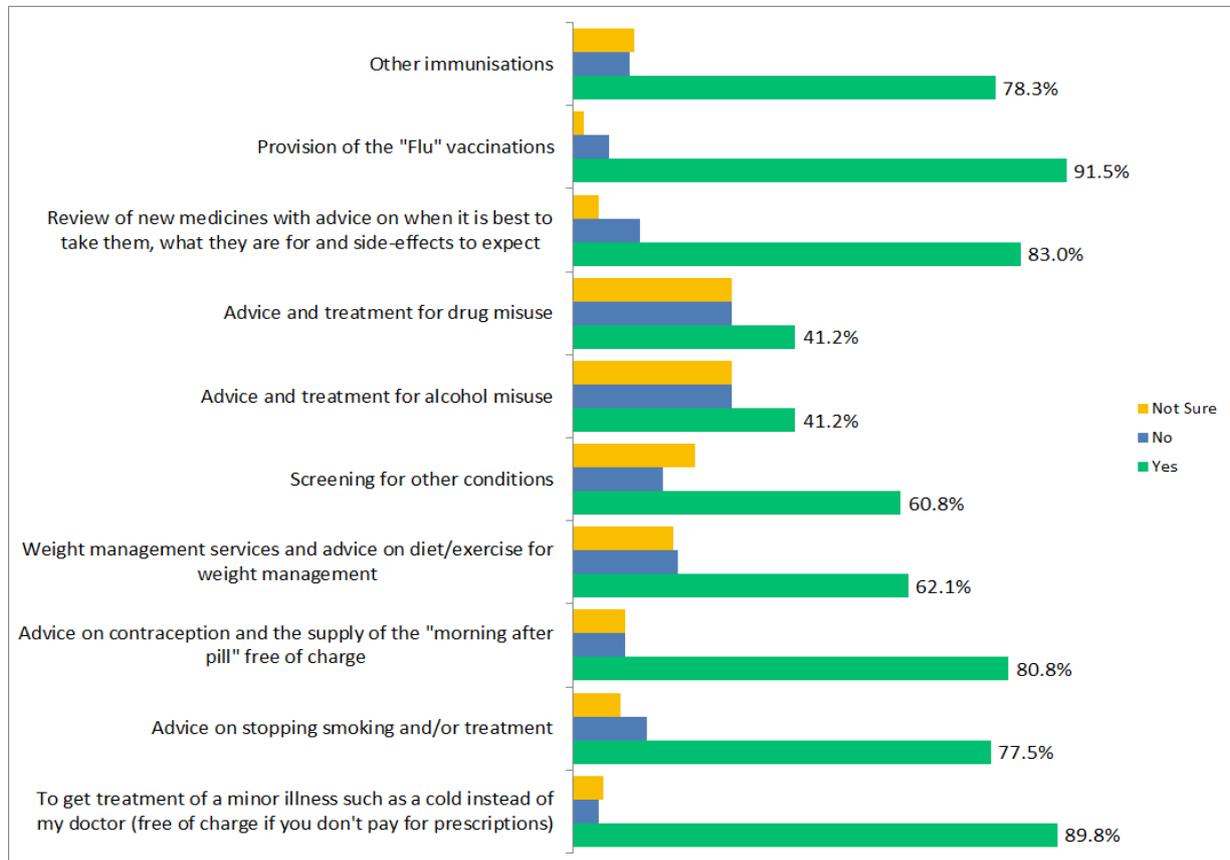
‘Being spoken to as an individual and not just another patient that they have to deal with. Taking time to talk to and be sensitive if you do ask for assistance.’

‘When I had Covid and couldn’t get to the pharmacy they delivered it for me.’

62.6% of respondents to the pharmacy services survey were satisfied with the range of services pharmacies provide and 27.1% stated that they wished pharmacies could provide more services for them.

When asked which, if any, of a range of services they thought should be available locally through pharmacies, most thought the majority of services should be available. It was only when it came to drug and alcohol services that less than half of respondents gave positive responses.

Figure 20: Which if any services should be available at the local pharmacy, public survey

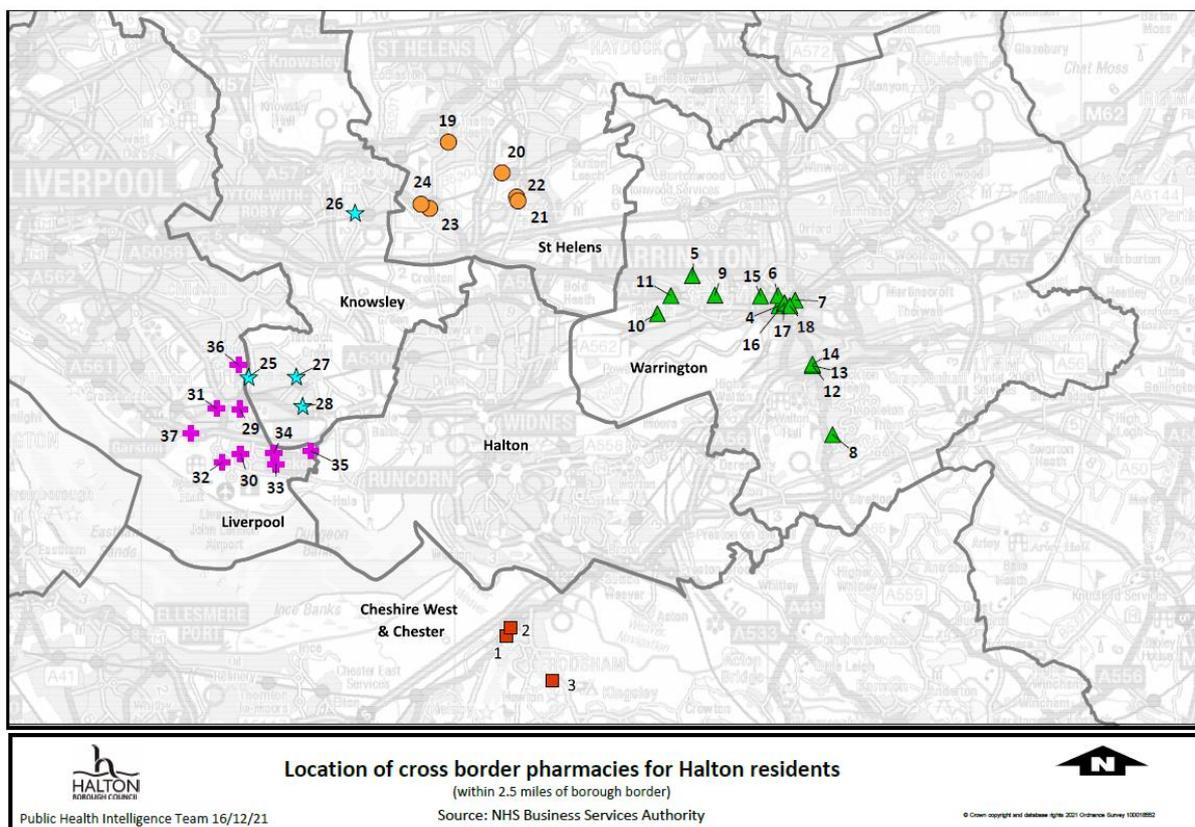


Some respondents suggested that pharmacies could provide advice and supply of small medical instruments as additional services, e.g. a fingertip pulse oximeter, digital thermometer or CoaguChek instrument and the availability of a recycling box for all empty medication blister packs.

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

The framework for this PNA has been based largely on the 2015-2018 PNA, which was a collaborative process across Cheshire & Merseyside. 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, even though they are registered for NHS Services with a GP practice in Halton. Halton has geographic borders with a number of local authorities, namely Liverpool, St. Helens, Knowsley, Warrington, Cheshire East, and Cheshire West & Chester. Map 11 shows the locations of these cross border pharmacies. The numbers in Map 11 below correspond to the list of pharmacies in Appendix 5.

Map 11: Pharmacies in other boroughs most likely to be used Halton residents



Source: NHS Business Services Authority

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 is available in Appendix 5.

11. Advanced, enhanced and locally commissioned service provision

As detailed in sections 3.2-3.4 there are a range of services community pharmacies can choose to provide in addition to the essential services they must provide. Some are more specialist than others. As such, provision varies, service by service, from 100% community pharmacies providing to just a handful required to meet need.

Full details of which service each pharmacy provides are outlined in Appendix 4. Table 3 provides a summary of each service provision level and whether this is assessed as adequate.

Table 3: Summary of advanced, enhanced and locally commissioned service provision

Type of Service	Service Name	Number of pharmacies providing each service (out of 30 community pharmacies 12 in Runcorn and 18 in Widnes)			Is provision of this service adequate?
		Runcorn	Widnes	Total	
Advanced	Community Pharmacist Consultation Service	12 (plus 1 DSP ^{xii})	17	29	Yes
	Appliance Use Review	3	5	8	Yes. Whilst provision is low these are highly specialist services with only small numbers of the population likely to need them.
	Stoma appliance customisation service	0	1	1	
	New Medicines Service	12	18	30	Yes
	NHS Influenza Vaccination Programme	12	18	30	Yes
	Hepatitis C antibody testing service	2	3	5	Yes as this is a specialist service, likely to be of interest to those providing NSE ^{xiii}
	Hypertension Case Finding Service	5 (plus 1 DSP)	7	12	Yes. This is a new service. We would expect more pharmacies to sign up to provide it over time.
Enhanced	Anti-Viral Stockholding Service	0	1	1	Yes. This is a specialised service to be deployed in a particular set of circumstances; only a few

^{xii} DSP = Distance Selling Pharmacy

^{xiii} NSE = Need-Syringe Exchange service

Type of Service	Service Name	Number of pharmacies providing each service (out of 30 community pharmacies 12 in Runcorn and 18 in Widnes)			Is provision of this service adequate?
		Runcorn	Widnes	Total	
					pharmacies across Cheshire & Merseyside provide it.
Locally Commissioned NHS	Care at the Chemist	12	17	29	Yes
	Palliative Care Scheme	2	3	5	Yes as this is a specialist service
	Minor Eye Conditions Pharmacy Service	2	5	7	Yes. This is a new service. Uptake, along with the minor eye service, is regularly reviewed in relation to ongoing patient need.
Locally commissioned Public health	Emergency Hormonal Contraception	8	16	22	Yes
	Needle – Syringe Exchange	2	3	5	Yes as this is a specialist service
	Supervised consumption (of methadone or buprenorphine)	9	11	20	Yes
	Stop Smoking Voucher Dispensing	7	13	20	Yes
	Stop Smoking Intermediate Service	2	3	5	Yes as this is a specialist service
	Varenicline	1	4	5	Yes as this is a specialist service

12. How essential and advanced pharmacy services support local priority health needs

In England there are an estimated 1.2 million visits to a pharmacy every day for health related issues¹⁹, and these provide a valuable opportunity to support behaviour change through making every one of these contacts count. Making healthy choices such as stopping smoking, improving diet and nutrition, increasing physical activity, losing weight and reducing alcohol consumption could make a significant contribution to reducing the risk of disease, improving health outcomes for those with long-term conditions, reducing premature death and improving mental wellbeing. Pharmacies are ideally placed to encourage and support people to make these healthy choices as part of the provision of pharmaceutical services and services commissioned locally by Halton Borough Council public health team and the NHS. As can be seen from this section, it is important that NHS England, the CCG and the Public Health Team work together to maximise the local impact of public health communications, messages and opportunities. Promoting the services that pharmacies provide was highlighted in some of the responses to the patient and public engagement questionnaire. This can be undertaken in a number of ways including pharmacies ensuring that their NHS Choices profile is up-to-date.

Community pharmacy services can support Halton's Health & Wellbeing Strategy priorities in a number of ways.

12.1 Starting Well

The backbone of community pharmacy provision is the dispensing of prescriptions. This service is open to all ages. In addition to this, pharmacies can support the health and wellbeing of children and young people:

- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England.
- Signposting people using the pharmacy to other providers of services or support.
- As part of being a Healthy Living Pharmacy, community pharmacy engagement with the general public (including "Making Every Contact Count" - MECC) is relevant to young people.
- Provision of emergency hormonal contraceptive (EHC) services, commissioned by Halton Borough Council as part of the Integrated Sexual Health Service (known as Axess), run by Liverpool University Hospitals NHS Foundation Trust. It is not envisaged that within the lifetime of this PNA there is or will be a need for it to be commissioned as part of national pharmaceutical services. Where the pharmacy does not provide the locally commissioned service of EHC provision, signposting people using the pharmacy to other providers of the service.

12.2 Living Well

The living well priority covers a range of issues, taking a prevention and early detection approach.

- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England. Public health campaigns could include raising awareness about the risks of alcohol consumption, cancer awareness and/or screening, self-management of long-term

conditions and minor ailments by displaying posters, distributing leaflets and other relevant materials.

- Where a person presents a prescription, and they appear to have diabetes, be at risk of coronary heart disease (especially those with high blood pressure), smoke or are overweight, the pharmacy is required to give appropriate advice with the aim of increasing that person's knowledge and understanding of the health issues which are relevant to their circumstances.
- Signposting people who are potentially dependent on alcohol to local specialist alcohol treatment providers.
- Providing healthy living advice during consultations.
- Provision of the CPCS, AUR, SAC service, NMS and flu vaccination advanced services will also assist people to manage their long-term conditions in order to maximise their quality of life.

12.2.1. Healthy Living Pharmacies

The Healthy Living Pharmacy (HLP) framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities.

As of 20/21 all community pharmacy contractors were required to become a HLP as agreed in the five-year CPCF; this reflects the priority attached to public health and prevention work. HLP aims to maximise the role of the pharmacy in prevention of ill health, reduction of disease burden, reduction of health inequalities and in support of health and wellbeing. The HLP concept is designed to develop (in respect of health and wellbeing services):

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

12.3. Ageing Well

The One Halton Health & Wellbeing Strategy includes priority action aimed specifically at maintaining healthy ageing and supporting independence. As seen in section 3.2.5 community pharmacies provide NHS influenza vaccination to at risk adults through the advanced services contract. All community pharmacies in Halton provide this service.

In addition to dispensing prescriptions pharmacies can contribute to health and wellbeing issues relating to ageing well:

- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England.
- Signposting people using the pharmacy to other providers of services or support.
- Identify through CPCS and NMS where polypharmacy may potentially contribute to older people being at risk of a fall.

Pharmaceutical Needs Assessment

Part 4: Appendices

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, which 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.
- 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’

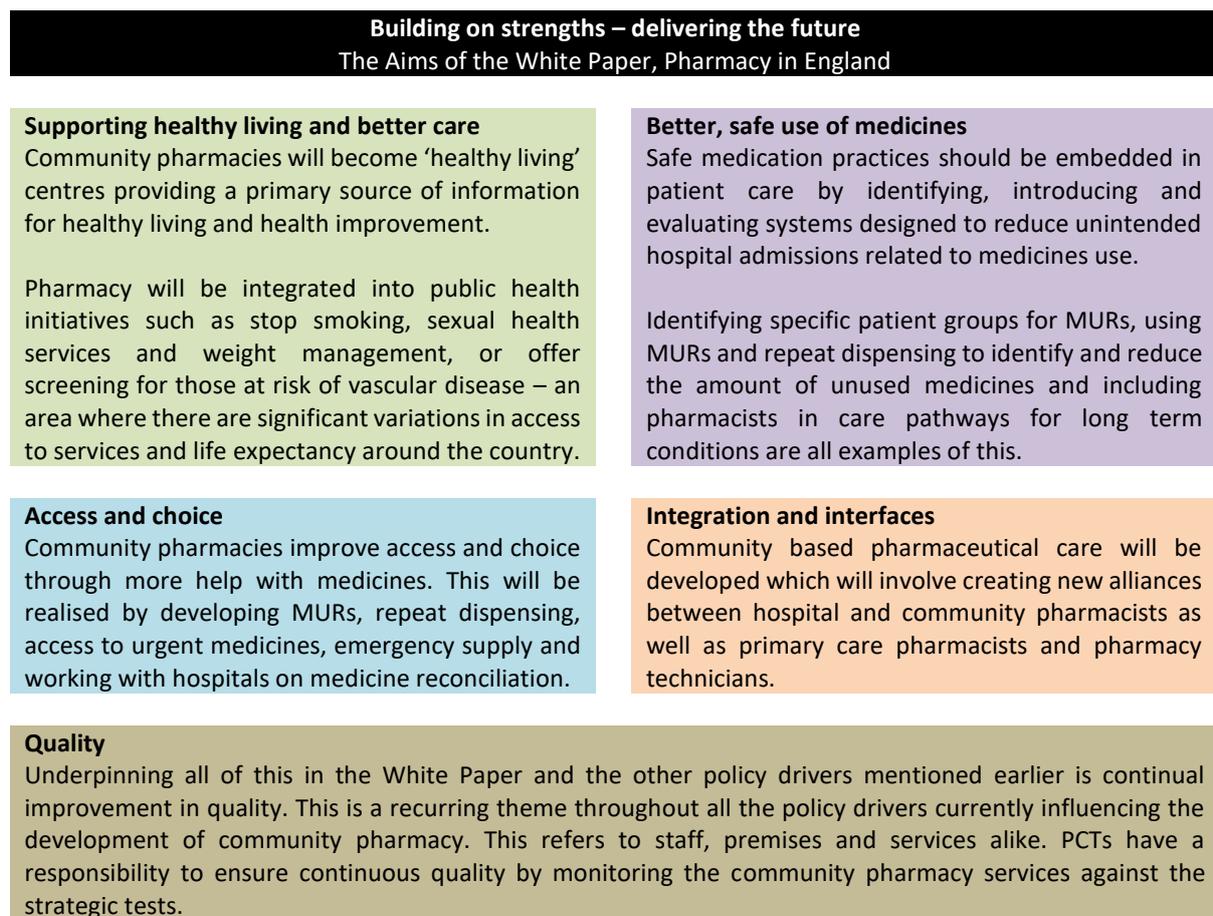
In April 2008 the government set out its plans in this Pharmacy White Paper and subsequently a consultation was undertaken on the proposed changes to the regulations for pharmacy.

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. It seeks to address these 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 wellbeing 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 wellbeing and reducing health inequalities. An overview is set out below in Figure 21. 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 21: Pharmacy White Paper – Summary**‘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 is relevant to local authorities as they have 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 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 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 PNA. 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.

July 2019 - The Community Pharmacy Contractual Framework for 2019/20 to 2023/24: supporting delivery for the NHS Long Term Plan

This builds upon the reforms started in 2015 with the introduction of the QPS to move pharmacies towards a much more clinically focused service whilst confirming community pharmacy's future as an integral part of the NHS, delivering clinical services as a full partner in local Primary Care Networks.

Appendix 2: Abbreviations Used

ABPM	Ambulatory Blood Pressure Monitor
ASCOF	Adult Social Care Outcomes Framework
AUR	Appliance Use Review
BP	Blood pressure
CATC	Care at the Chemist
CCG	Clinical Commissioning Group
CIPHA	Combined Intelligence for Population Health Action
CPAF	Community Pharmacy Assurance Framework
CPCF	Community Pharmacy Contractual Framework
CPCS	Community Pharmacist Consultation Service
COPD	Chronic Obstructive Pulmonary Disease
CVD	Cardiovascular disease
DALP	Delivery and Allocations Local Plan
DMS	Discharge Medicines Service
DSP	Distance Selling Pharmacy
EHC	Emergency Hormonal Contraception
GIRES	Gender Identity Research & Education Society
GP	General Practice / General Practitioner
HBC	Halton Borough Council
HCV	Hepatitis C virus
HIV	Human Immunodeficiency Virus
HLE	Healthy life expectancy
HLP	Healthy Living Pharmacy
HWB	Health and Wellbeing Board
ICS	Integrated Care System
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
LD	Learning disability(ies)
LE	Life expectancy
LGB(T)	Lesbian, Gay, Bisexual (Transgender)
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Services
LSOA	Lower Super Output Area
NHS	National Health Service
MCA	Multi-compartment Compliance Aids
MECC	Making Every Contact Count
MHCLG	Ministry for Housing & Local Government
NHS BSA	NHS Business Services Authority
NHSE	NHS England
NICE	National Institute for Health and Clinical Excellence
NMS	New Medicines Service
NRT	Nicotine Replacement Therapy

NSP	Needle & Syringe (exchange) Programme
OHID	Office for Health Improvement & Disparities
ONS	Office of National Statistics
PCDG	Pharmacy Contracts and Development Group
PCN	Primary Care Network
PCT	Primary Care Trust
PGD	Patient Group Direction
PHE	Public Health England
PNA	Pharmaceutical Needs Assessment
PQS	Pharmacy Quality Scheme
PSNC	Pharmaceutical Services Negotiating Committee
PWIDs	people who inject drugs
QOF	Quality Outcomes Framework
SAC	Stoma Appliance Customisation
SHLAA	Strategic Housing Land Availability Assessment
SMI	Severe Mental Illness
UKHSA	UK Health Security Agency
UTC	Urgent Treatment Centres
WHO	World Health Organization

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 - 17:00	Closed	
Boots	Hallwood Health Centre	Hospital Way	WA7 2UT	07:00 - 18:30	07:00 - 18:30	07:00 - 18:30	07:00 - 18:30	07:00 - 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 - 18:30	08:00 - 18:30	08:00 - 18:30	08:00 - 18:30	08:00 - 18:30	08:30 - 12:30	Closed	
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 - 13:00 13:30 - 17:30	09:00 - 13:00	Closed					
Peak Pharmacy	49 High Street	Runcorn	WA7 1AH	08:45 - 13:30 14:00 - 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	
DISTANCE SELLING 'INTERNET' PHARMACIES											
Calea UK Ltd	Cestrian Court	Eastgate Way	WA7 1NT	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	Closed	Closed	
Remedi	Unit 16, Berkley Court	Manor Park	WA7 1TQ	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	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	
Hey Pharmacist	1 Rivington Road	Preston Brook	WA7 3DJ	09:00 - 18:00	09:00 - 18:01	09:00 - 18:02	09:00 - 18:03	09:00 - 18:04	Closed	Closed	

Name	Address 1	Address 2	Postcode	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	100 hour pharmacy
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 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	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	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	Closed	Closed	
Farnworth Village	11 Farnworth Street	Widnes	WA8 9LH	09:00 - 13:00 14:00 - 17:30	09:00 - 11:30	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	Closed	Closed	
Lloyds Pharmacy	Hough Green Health Park	45-47 Hough Green Road	WA8 4NJ	08:45 - 18:00	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 - 18:30	09:00 - 19:00	09:00 - 17:00	Closed	
Nicholson's Pharmacy	17 Queens Avenue	Ditton	WA8 8HR	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 13:00 14:00 - 18:00	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	10:00 - 16:00	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 ODG	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	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	10:00 - 20:00	Y
Wise Pharmacy Ltd	204 Warrington Road	Widnes	WA8 OAX	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	

Appendix 4: Community Pharmacy services

Runcorn																		
Pharmacy details			Advanced Services							Locally Commissioned: Public Health						Locally Commissioned: NHS		
Name	Ward Location	Post Code	CPCS	NMS	Flu	AUR	Stoma-Cust	HepC	Hypert	IM-SCESS	NRT	Varen	SUPCON	NS-Ex	EHC	CATC	PALL	MECPS
Asda Pharmacy, West Lane, Runcorn	Halton Lea	WA7 2PY	Yes	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		
Boots Pharmacy, Hallwood Health Centre, Runcorn	Halton Lea	WA7 2UT	Yes	Yes	Yes			Yes	Yes		Yes		Yes			Yes		
Boots Pharmacy, 21 High Street, Runcorn	Mersey	WA7 1AP	Yes	Yes	Yes				Yes							Yes		
Murdishaw Pharmacy, Gorsewood Road, Runcorn	Norton South	WA7 6ES	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	
Peak Pharmacy, 49 High Street, Runcorn	Mersey	WA7 1AH	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	Yes	Yes	Yes		
Wise Pharmacy Ltd, 27 Hillcrest, Runcorn	Halton Brook	WA7 2DY	Yes	Yes	Yes										Yes	Yes		
Wise Pharmacy Ltd, Windmill Hill Shopping Centre, Runcorn	Windmill Hill	WA7 6QZ	Yes	Yes	Yes					Yes			Yes			Yes		

Commissioned by

NHSE	CPCS: Community Pharmacy Consultation Service NMS: New Medicines Service Flu: NHS Influeza Vaccination (all adults at risk) AUR: Appliance Use Review Stoma-Cust: Stoma Customisation HepC: Hepatitis C antibody testing service Hypert: Hypertension Case Finding Smok: Smoking Cessation
LA PH	IM-SCESS: Intermediate Smoking Cessation NRT: Nicotine Replacement Therapy (NRT) Vouchers Varen: Varenicline Initiation SUPCON: Supervised Consumption - Methadone NS-Ex: Needle & Syringe Exchange Service EHC: Emergency Hormonal Contraception
NHS	CATC: Care at the Chemist (minor ailments) PALL: Palliative Care Medicines Service MECPS: Minor Eye Conditions Pharmacy Service

KEY

Community Pharmacy Consultation Service
New Medicines Service
NHS Influeza Vaccination (all adults at risk)
Appliance Use Review
Stoma Customisation
Hepatitis C antibody testing service
Hypertension Case Finding
Smoking Cessation
Intermediate Smoking Cessation
Nicotine Replacement Therapy (NRT) Vouchers
Varenicline Initiation
Supervised Consumption - Methadone
Needle & Syringe Exchange Service
Emergency Hormonal Contraception
Care at the Chemist (minor ailments)
Palliative Care Medicines Service
Minor Eye Conditions Pharmacy Service

Widnes																		
Pharmacy details			Advanced Services							Locally Commissioned: Public Health						Locally Commissioned: NHS		
Name	Ward Location	Post Code	CPCS	NMS	Flu	AUR	Stoma-Cust	HepC	Hypert	IM-SCSS	NRT	Varen	SUPCON	NS-Ex	EHC	CATC	PALL	MECPS
Appleton Village Pharmacy	Appleton	WA8 6EQ	Yes	Yes	Yes					Yes	Yes	Yes			Yes	Yes		Yes
Asda Pharmacy, Widnes Road, Widnes	Kingsway	WA8 6AH	Yes	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		
Cohens Chemist, 22a Liverpool Road, Widnes	Broadheath	WA8 7HY	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		
Ditton Pharmacy, 203 Hale Road, Widnes	Ditton	WA8 8QB	Yes	Yes	Yes						Yes		Yes		Yes	Yes		
Farnworth Village, 11 Farnworth Street, Widnes	Farnworth	WA8 9LX	Yes	Yes	Yes	Yes		Yes	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
McDougalls's Pharmacy, Health Care Resource Centre, Widnes	Kingsway	WA8 7GD	Yes	Yes	Yes					Yes	Yes		Yes			Yes		
Nicholson's Pharmacy, 17 Queens Avenue, Widnes	Ditton	WA8 8HR	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	Yes
Tesco In-store Pharmacy, Ashley Retail Park, Widnes	Riverside	WA8 7YT	Yes	Yes	Yes	Yes					Yes				Yes	Yes		
Upton Rocks Pharmacy, Fir Park Health Centre, Lanark Gardens, Widnes	Birchfield	WA8 9DT	Yes	Yes	Yes			Yes	Yes						Yes	Yes		
Well Pharmacy, Peel House Medical Plaza, Widnes	Appleton	WA8 6TN	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		Yes		Yes	Yes		
Widnes Late Night Pharmacy, Peel House Lane, Widnes	Appleton	WA8 6TR	Yes	Yes	Yes	Yes					Yes				Yes	Yes	Yes	
Wise Pharmacy Ltd, 204 Warrington Road, Widnes	Halton View	WA8 0AX	Yes	Yes	Yes										Yes	Yes		

Appendix 5: Cross border Community Pharmacy service provision

Number on map	Pharmacy Name	Address	Postcode
---------------	---------------	---------	----------

CHESHIRE WEST & CHESTER

1	Boots Pharmacy	Princeway, Frodsham	WA6 6RX
2	Boots Pharmacy	7 Church Street, Frodsham	WA6 7DN
3	Frodsham Pharmacy	59 Kingsley Road, Frodsham	WA6 6SJ

WARRINGTON

4	Well Pharmacy	Baths Health & Wellbeing Centre	WA1 1UG
5	Chapelford Pharmacy	Chapelford Health Centre, Santa Rosa Boulevard	WA5 3AG
6	Green Cross Pharmacy	1 Allen Street	WA2 7JD
7	Superdrug Pharmacy	Inside Savers, Unit e, Cockhedge Way	WA1 2QQ
8	Well Pharmacy	45 Dudlow Green Road	WA4 5EQ
9	Hood Manor Pharmacy	Great Sankey Medical Centre, Dorchester Road	WA5 1UH
10	Lloyds Pharmacy	Penketh Medical Centre, Honiton Way	WA5 2EY
11	Aston Pharmacy	2 Station Road	WA5 1RQ
12	Thomas Brown Pharmacy	51 London Road	WA4 6SG
13	Boots Pharmacy	Unit 5, 19/25 London Road	WA4 6SG
14	Stockton Heath Pharmacy	Stockton Heath Med Centre, The Forge	WA4 6HJ
15	Rowlands Pharmacy	Guardian Street	WA5 1UP
16	Boots Pharmacy	19 The Mall, Golden Square	WA1 1QE
17	Superdrug Pharmacy	36-38 The Mall, Golden Square	WA1 1QE
18	Corker's Pharmacy	14-16 Buttermarket Street	WA1 2LL

ST HELENS

19	Heath Pharmacy	18 Elephant Lane	WA9 5QW
20	Co-op Health	Lea Green Depot, Elton Head Road	WA9 5AU
21	Four Acre Chemist	1&2 Four Acre Lane	WA9 4BZ
22	Rowlands Pharmacy	Four Acre Health Centre, Burnage Avenue	WA9 4QB
23	Longsters Pharmacy	578 Warrington Road	L35 4LZ
24	Lloyds Pharmacy	473 Warrington Road	L35 4LL

KNOWSLEY

25	Jacobs Pharmacy	18 Camberley Drive	L25 9PU
26	Boots Pharmacy	Old Colliery Road	L35 3SX
27	Cohens Chemist	The Pharmacy & Medical Ct, Hollies Road	L26 0TH
28	Boots Pharmacy	Halewood Health Res. Centre, Roseheath Drive	L26 9UH

LIVERPOOL			
29	Hunts Cross Pharmacy	4 Woodend Avenue	L25 0PA
30	Green Cross Pharmacy	West Speke Health Centre, Blacklock Hall Road	L24 3TY
31	Asda Pharmacy	Unit 20, Hunts Cross Shopping Centre	L24 9GB
32	Ritecare Pharmacy	Unit 106, Compass Network Centre	L24 1YA
33	Rowlands Pharmacy	New Neighbourhood Health Centre, South Parade	L24 2SD
34	Rowlands Pharmacy	15 Penketh Drive	L24 2WZ
35	Lloyds Pharmacy	109 East Millwood Road	L24 6TH
36	Woolton Late Night Pharmacy	267 Hunts Cross Avenue	L25 9ND
37	Boots Pharmacy	Unit 9, New Mersey Retail Park	L24 8QB

Appendix 6: 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.

Premises Details

Contractor Code (ODS Code)	
Trading Name	
Pharmacy postcode	
Is this a distance selling pharmacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pharmacy email address	
Pharmacy telephone	
Consent to store	<input type="checkbox"/> Yes <input type="checkbox"/> No

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:

Opening hours

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

Potential for increased demand

Ability to adapt to demand (tick one)	We have sufficient capacity within our existing premises and staffing levels to manage an increase in demand in our area, or	<input type="checkbox"/>
	We don't have sufficient premises and staffing capacity at present but could make adjustments to manage an increase in demand in our area, or	<input type="checkbox"/>
	We don't have sufficient premises and staffing capacity and would have difficulty in managing an increase in demand.	<input type="checkbox"/>

Consultation facilities

Is there a consultation area (tick one)	None, have submitted a request to NHSE&I that the premises are too small for a consultation room, or	<input type="checkbox"/>
	None, NHSE&I has approved my request that the premises are too small for a consultation room, or	<input type="checkbox"/>
	None (Distance Selling Pharmacy)	<input type="checkbox"/>
	Available (including wheelchair access)	<input type="checkbox"/>
	Available (without wheelchair access)	<input type="checkbox"/>
	Planned before 1st April 2023	<input type="checkbox"/>
	Other (specify)	<input type="checkbox"/>
Is this enclosed?		<input type="checkbox"/> Yes <input type="checkbox"/> No N/A <input type="checkbox"/>
Number of consultation rooms		1,2,3, 4+
Off-site arrangements (one of)	Off-site consultation room approved by NHS	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Willing to undertake consultations in patient's home / other suitable site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	None apply	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
Facilities available (one or more of)	Handwashing in consultation area	<input type="checkbox"/>
	Handwashing facilities close to consultation area	<input type="checkbox"/>
	Have access to toilet facilities	<input type="checkbox"/>
	None	<input type="checkbox"/>

Essential Services (appliances)

Does the pharmacy dispense the following?

	Yes	No
Stoma appliances	<input type="checkbox"/>	<input type="checkbox"/>
Incontinence appliances	<input type="checkbox"/>	<input type="checkbox"/>
Dressings	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>

Advanced services

Does the pharmacy provide the following services?

	Yes	Soon	No
New Medicine Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appliance Use Review service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stoma Appliance Customisation service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHS Flu Vaccination Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHS Community Pharmacist Consultation Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Commissioned Service

	CP: Currently providing NHS funded service	WA - Willing and able to provide if commissioned	PP - Currently providing company led/private service	NW - Not willing or able to provide service
Anticoagulant Monitoring Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-viral Distribution Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care Home Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gluten Free Food Supply Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	CP: Currently providing NHS funded service	WA - Willing and able to provide if commissioned	PP - Currently providing company led/private service	NW - Not willing or able to provide service
Home Delivery Service (not appliances)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language Access Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharps Disposal Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urgent Care				
Minor Ailments Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out of Hours Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On Demand Availability of Specialist Drugs Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Palliative Care Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disease specific medicines management service				
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer's/dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes type I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes type II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parkinson's disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state, including funding source)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Health Services				
Emergency Hormonal Contraception Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quick Start Contraception Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraception Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia Treatment Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraception Injection Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needle and Syringe Exchange Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obesity Management (adults and children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRT Voucher Dispensing Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking Cessation Counselling Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Varenicline (Champix) PGD Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervised Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you provide supervised administration services, is this done in private	<input type="checkbox"/> Yes <input type="checkbox"/> at patient request <input type="checkbox"/> n/a			

	CP: Currently providing NHS funded service	WA - Willing and able to provide if commissioned	PP - Currently providing company led/private service	NW - Not willing or able to provide service
Medicines Optimisation				
Medicines Optimisation Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapeutic areas covered (if providing)	Free text field			
Domiciliary Medicines Administration Records (MAR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicines Assessment and Compliance Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Prescribing Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapeutic areas covered (if providing)	Free text field			
Supplementary Prescribing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Which therapy area	Free text box			
Not Dispensed Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening Services				
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atrial Fibrillation service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. pylori	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HbA1C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phlebotomy Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vascular Risk Assessment Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state – including funding source)	Free text box			
Vaccinations				
Seasonal Influenza Vaccination Service (not NHS Service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childhood vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumococcal (PPV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meningococcal Vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shingles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel vaccines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whooping Cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 Vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other – (please state – including funding source)	Free text box			

Collection and Delivery services

Collection of prescriptions from surgeries	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Delivery of dispensed medicines – Free of charge on request	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Delivery of dispensed medicines - Chargeable	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Monitored Dosage Systems	
Monitored/Community Dosage Systems – Free of charge on request if not covered by Equality Act (DDA)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monitored/Community Dosage Systems – chargeable if not covered by Equality Act (DDA)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monitored/Community Dosage Systems - Not provided unless covered by Equality Act (DDA)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Accessibility

Can customers legally park within 50 metres of the pharmacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
How far is the nearest bus stop/train station?	<input type="checkbox"/> Within 100m <input type="checkbox"/> 100m to 500m <input type="checkbox"/> 500m to 1km <input type="checkbox"/> 1km+ <input type="checkbox"/> None	
Do pharmacy customers have access to a designated disabled parking?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the entrance to the pharmacy suitable for wheelchair access unaided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are all areas of the pharmacy floor accessible by wheelchair?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any other facilities in the pharmacy aimed at supporting disabled people access your service?	Automatic door assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Bell at front door	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Toilet facilities accessible by wheelchair users	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Hearing loop	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Sign language	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Large print labels	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Large print leaflets	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Wheelchair ramp access	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No
	By arrangement	<input type="checkbox"/> Yes <input type="checkbox"/> 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: Free text field
Age	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Gender	<input type="checkbox"/> Yes <input type="checkbox"/> No	
People who have had or about to have a reassignment of gender	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Marriage and civil partnership	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pregnancy and maternity	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Race	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Religion or belief	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sexual orientation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other, (please state)		

Appendix 7: Public Local Pharmacy Services Questionnaire

During November 2021 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, Health watch, Halton Local Strategic Partnership groups and networks, Halton Clinical Commissioning Group engagement network, and others. 117 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.

Interim Director of Public Health, Dr Ifeoma Onyia 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/GBTVKJD> and fill in the on-line questionnaire.

Paper versions of the survey are available by calling 0151 511 7864 (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 (please specify)

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 Motorbike
 Taxi Bicycle Mobility transport Other (please specify)

5. Thinking about the location of the pharmacy, which of the following is most important to you? (Please tick all that apply)

- 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)

- Very easy
 Quite easy
 Quite difficult
 Very difficult

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. Can you remember a recent time when 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)

13. Were you satisfied with services received from your pharmacy during the pandemic?

- Yes No (please specify why below)

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

14. How many times recently have you needed to use your usual pharmacy (or the pharmacy closest to you) when it was closed?

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

15. What day of the week was it?

- Monday to Friday Saturday Sunday Bank Holiday can't remember

16. What time of the day was it?

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

17. 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 Called NHS 111 Other (please specify)

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

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

- Yes No (Go to Q20) can't remember (Go to Q20)

19. 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

20. Was this a reasonable period of time?

- Yes No not applicable

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

- Yes (Go to Q24) No can't remember (Go to Q24)

22. 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

23. 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 never got it

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 recently 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
 Medicine advice
 Emergency contraception advice
 Blood pressure monitoring
 Referred to other service
 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 (free of charge if you don't pay for prescriptions)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not sure <input type="checkbox"/>
Advice on stopping smoking and/or treatment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not sure <input type="checkbox"/>
Advice on contraception and supply of "morning after" pill free of charge	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not sure <input type="checkbox"/>
Weight management services and advice on diet/exercise for weight management	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not sure <input type="checkbox"/>
Screening for other conditions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not sure <input type="checkbox"/>
Advice and treatment for alcohol misuse	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not sure <input type="checkbox"/>
Advice and treatment for drug misuse	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not sure <input type="checkbox"/>
Review of new medicines with advice on when it is best to take them, what they are for and side-effects to expect	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not sure <input type="checkbox"/>
Provision of the "Flu" vaccination	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not sure <input type="checkbox"/>
Other immunisations	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not sure <input type="checkbox"/>

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 Non-binary Prefer not to say

25. How old are you?

- Under 16 years 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 Prefer not to say

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

Buddhist Christian Hindu Jewish
 Muslim Sikh
 Other (please specify)

41. How would you describe your sexual orientation?

Heterosexual Homosexual Bisexual Pansexual Prefer not to say

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

Yes No Prefer not to say

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 8: 60-day statutory Consultation Letter and Questionnaire

Dear Sir / Madam

Pharmaceutical Needs Assessment (PNA) Consultation

Our Ref	IO/HL
If you telephone please ask for	Ifeoma Onyia
Date	7 March 2022
E-mail address	ifeoma.onyia@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 9am Tuesday 8 March to 5pm Monday 9 May 2022:

- 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:
sharon.mcateer@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 Sharon McAteer on 0151 511 6849 or email Sharon.mcateer@halton.gov.uk who will arrange to provide this within 14 days of your request.

All feedback received by 5pm on Monday 9 May 2022 will be collated and presented to the PNA Steering 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 July 2022 and published by 1 October 2022.

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

Yours faithfully



Dr Ifeoma Onyia
Interim 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 3 (Opening Hours) and Appendix 4 (Service Provision) for accuracy? If you identify any issues please provide details

	Is the information Accurate?				If "No", please provide details:
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Opening Hours	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Service Provision	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

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 <input type="checkbox"/> No <input type="checkbox"/>

Please return this feedback form:

- Via email to: Sharon.mcateer@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 9: 60-day statutory Consultation Response

4 responses were received

Questions	Responses	Response to comments
Q1: Has the purpose of the PNA been explained sufficiently within section 2 of the draft PNA document?	All answered YES the purpose was sufficiently explained	Noted
Q2: Does Section 3 clearly set out the scope of the PNA?	All answered YES the scope was clearly set out	Noted
Q3: Does Section 4 & 6 clearly set out the local context and the implications for the PNA?	All answered YES the local context and implications for the PNA were clear	Noted
Q4: Does the information in Sections 5 & 7 provide a reasonable description of the services which are provided by pharmacies in Halton?	All answered YES the information in sections 5 & 7 provided a reasonable description of pharmacy services provided	Noted
Q5: Are you aware of any pharmaceutical services currently provided which have not been included within the PNA?	No respondents were aware of any services provided that have not been included in the PNA	Noted
Q6: Do you think the pharmaceutical needs of the population have been accurately reflected in the PNA?	All answered YES pharmaceutical needs of the population have been accurately reflected in the PNA	Noted
Q7: Do you agree with the key findings about pharmaceutical services in Halton?	All agreed with the key findings	Noted
Q8: Do you agree with the assessment of future pharmaceutical services as set out in sections 7?	All agreed with the assessment of future need	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	<p>One of the respondents stated the opening hours and service provision were accurate for their pharmacy</p> <p>One respondent stated the opening hours were accurate but that some minor amends were needed to the advanced and locally commissioned services they provide</p> <p>One respondent noted some minor changes to opening hours as well as some of the advanced</p>	<p>Noted</p> <p>Thank you both for providing an update of your opening hours as well as the advanced and locally commissioned services that you provide. The document has been updated to reflect these changes.</p>

Questions	Responses	Response to comments
	and locally commissioned services they provide	
Q10: Further comments		
Comments	Response from Steering group	
<p>I believe the document is too long. Some parts are repeated consistently. I believe that it could be in bullet points. Statistically I'm not too sure other than to provide the services and knowing when other patients have access to other pharmacies</p>	<p>Thanks you for your comment. Whilst this PNA is a long document, it provides all the sections required from the national guidance and in accordance with the regulations. However, in light of your comment we have reduced some sections, notably sections 11-13 have now been merged into a more streamlined single section, reducing duplication from previous sections of the PNA.</p>	
<p>As an acute hospitals trust provider, I am pleased to see numerous references to services offered to patients on discharge from hospital. We particularly believe that the Discharge Medicines Service is a major opportunity for joint working for the overall benefit of patients and hopefully to reduce preventable admissions/attendances at hospital</p>	<p>Thank you for your comment.</p>	

Appendix 10: References

1. NHS Employers (2009) *Developing Pharmaceutical Needs Assessments: A practical guide*
2. NHS Employers (2009) *Pharmaceutical Needs Assessments (PNAs) as part of world class commissioning Guidance for primary care trusts*
3. Department of Health and Social Care (2021) *Pharmaceutical needs assessments Information pack for local authority health and wellbeing boards*
4. NHS England & NHS Improvement (2021) *Dispensing Flows*
https://khub.net/group/pna-data-and-methodology-support-group/group-library/-/document_library/NHSEI_data_file_folders_ALL_ENGLAND
 Accessed 06 December 2021
5. NHS England & NHS Improvement (2021) *Dispensing Flows*
https://khub.net/group/pna-data-and-methodology-support-group/group-library/-/document_library/NHSEI_data_file_folders_ALL_ENGLAND
 Accessed 06 December 2021
6. Weitzel KW, Goode JVR (2000). Implementation of a pharmacy based immunisation programme in a supermarket chain. *Journal of the American Pharmaceutical Association* 40: 252–26
7. Davidse W, Perenboom RJ (1995). Increase of degree of vaccination against influenza in at-risk patients by directed primary care invitation. *Ned. TijdschrGeneesk* 139: 2149–52.
8. Hind C, Peterkin G, Downie G, Michie C, Chisholm E. (2004) Successful provision of influenza vaccine from a community pharmacy in Aberdeen. *Pharm J.* 273; 194-6.
9. Department of Health (2008) *High Quality Care For All - NHS Next Stage Review Final Report*
10. <https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data/2020-21>
11. <https://gp-patient.co.uk/analysistool>
12. Robards J., Evandrou M., Falkingham J., Vlachantoni A. (2012) Marital status, health and mortality *Maturitas.* 2012 Dec; 73(4): 295–299
13. Hagen D., Goldmann E. (2020) Association between marital status and mental health among cohabitating same-sex couples in the UK *European Journal of Public Health, Volume 30, Issue Supplement_5, September 2020, ckaa165.961, https://doi.org/10.1093/eurpub/ckaa165.961*
14. https://www.stonewall.org.uk/system/files/lgbt_in_britain_health.pdf
15. <http://www4.halton.gov.uk/Pages/planning/policyguidance/pdf/MidMerseySHMA.pdf>
16. Chapman N (2011) *When and how to use using Monitored Dosage Systems: Careful consideration of the costs and benefits.* Dispensing Doctors' Association, Guidance, 13th of April 2011.

17. YHEC (2010) *Evaluation of the scale, causes and costs of waste medicines. Final report of DH funded national project*. York Health Economics Consortium and the School of Pharmacy, University of London.

18. Oboh L (2013) *Supporting older people in the community to optimise their medicines including the use of multi compartment compliance aids (MCAs) Vs3*. NHS East and South East England Specialist Pharmacy Services

<http://www.medicinesresources.nhs.uk/en/Communities/NHS/SPS-E-and-SE-England/Meds-use-and-safety/Service-deliv-and-devel/Older-people-care-homes/MCA-Toolkit-Vs3-Jun13/>

19. Public Health England, Royal Society of Public Health (2016) *Building Capacity: Realising the potential of community pharmacy assets for improving the public's health*