

Wirral Borough Council Pharmaceutical Needs Assessment 2015

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Executive Summary

Key Findings

- Wirral is generally very well served by community pharmacies. There is currently one pharmacy for every 3,402 residents, which compares extremely favourably to the national average of one pharmacy for every 5,000 resident population. With a rate of 29 per 100,000 population, Wirral also has a higher ratio of pharmacies than its geographical neighbours including West Cheshire (at 24 per 100,000), Warrington (at 22 per 100,000), and Knowsley (at 25 per 100,000).
- Wirral residents have adequate access to 'out of hours' pharmacy services through the provision of '100 hour contracts' and there is good weekend coverage for residents of all four constituencies. Wallasey has the least pharmacies delivering 100 hour contracts, but has good weekend coverage.
- 'Locally Commissioned Services' are delivered equitably throughout the borough with over two thirds of all community pharmacies providing alcohol and smoking misuse services (e.g. the Nicotine Replacement Therapy scheme).
- Geographical mapping of locally commissioned services show that more services are delivered in the most densely populated areas of the borough. We must continue to deliver in line with population growth and also deprivation.
- 1,192 members of the public responded to the public consultation, giving their feedback on local community pharmacy services. Responses were overwhelmingly positive. Small numbers raised concerns over specific operational issues, but there were no significant service gaps identified.
- A total of 89 pharmacies responded to the community pharmacy survey (conducted as part of the needs assessment process). Again, this reinforced the wide range of services offered.
- A total of 22 responses were received during the formal consultation period. Overall, feedback was extremely positive. Specific amendments and suggestions were addressed accordingly.
- In Wirral there are an increasing number of pharmacies now co-located with GP surgeries (12) making the transition and relationships between GP and pharmacy staff more seamless.
- This needs assessment has not identified any specific gaps in local service provision at the current time. However, this will be kept under review.

Regulatory Statements

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulation 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 sets out the minimum information to be contained in pharmaceutical needs assessments.

Detailed below are the six statements included in schedule 1.

Statement 1:

A statement of the pharmaceutical services that the Health and Wellbeing Board (H&WBB) has identified as services that are provided-

- (a) In the area of the H&WBB and which are necessary to meet the need for pharmaceutical services in its area; and**
- (b) Outside the area of the H&WBB but which nevertheless contribute towards meeting the need for pharmaceutical services in its area (if the H&WBB has identified such services).**

In Wirral there is sufficient provision of community pharmacy services throughout the borough. Wirral has 94 pharmacies which serve a population of just over 320,000 (total resident population). This equates to approximately one pharmacy for every 3,402 residents (England average is 5,000 population per pharmacy). Consequently the population is well served by pharmacy services and is above the England average. In addition to this, Wirral pharmacies dispense fewer prescriptions (6,062 in 2012/13) than other areas in the North West, suggesting that there is capacity in our community pharmacy network to absorb additional work in response to any changes to our population. However, Wirral residents will also access pharmacy services, work and leisure in both Cheshire West and Chester Local Authority area and Liverpool Local Authority area.

Statement 2:

A statement of the pharmaceutical services that the H&WBB has identified (if it has) as services that are not provided in the area of the H&WBB but which is satisfied-

- (a) Need to be provided (whether or not they are located in the area of the H&WBB) 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 H&WBB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.**

The need for specific community pharmacy services will be regularly reviewed in line with the make-up of the local population. As identified, there is currently capacity within the network to absorb additional work in terms of 'essential services' but this would need to be monitored over future years to ensure it remains stable.

Certain geographical differences have been noted. Wallasey for example, has the least number of 100 hour pharmacies (1) providing extended opening hours until 10pm compared to its constituency neighbours (Birkenhead (4), Wirral South (2) and Wirral West (5)). Despite this, the need for 'emergency prescriptions' will almost always be centred around patients using 'out of hours services' which for our borough is either Mill Lane, Wallasey or Wirral University Teach Hospital Trust, Arrowe Park. There are also pharmaceutical services located at Asda (Seaview Road) which is within a reasonable distance from Wallasey's 'Out of Hours Service'. For Arrowe Park 'Out of Hours Services' there is a Lloyds located 'on-site'.

In addition to statement 1 the Local Government Plan has also been referenced to determine any major re-development or changes to the local population within the lifetime of this PNA and there are non-deemed significant.

Statement 3:

A statement of the pharmaceutical services that the H&WBB has identified (if it has) as services that are provided-

- (a) In the area of the H&WBB 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 H&WBB 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 H&WBB and, whilst not being services of the types described in sub-paragraph (a) or (b), or paragraph 1, they nevertheless affect the assessment by the H&WBB of the need for pharmaceutical services in its area.**

Wirral has well defined borders between Bromborough and Ellesmere Port, Heswall and Neston and the River Mersey, which is a geographical 'barrier' between Wirral and Liverpool. Members of the Wirral 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 Wirral.

The NHS England (NHSE) out of hour's bank holiday rota looks at services across boundaries to ensure geographical coverage.

Statement 4

A statement of the pharmaceutical services that the H&WBB has identified (if it has) as services that are not provided in the area of the H&WBB but which the H&WBB is satisfied-

- (a) Would, if they were provided (whether or not they were located in the area of the H&WBB), 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 H&WBB) 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 GP's and A&E. Aspirations could include the delivery of vaccination programmes and minor ailment services. However, in the current financial climate there is limited capacity to deliver additional services within static or reducing

budgets. Opportunities may arise as part of 'Vision 2018'; a plan to re-shape health services and social care in Wirral, while empowering people to take more responsibility for looking after their own health. The three main work streams; Prevention and self-care, On-going care, Short term/episodic care all lend themselves to the core values of community pharmacy.

For further information please see link:

<https://www.wirralccg.nhs.uk/About%20Us/vision-2018.htm>

Statement 5

A statement of any NHS services provided or arranged by the H&WBB, NHS Commissioning Board (NHSCB), a Clinical Commissioning Group (CCG), an NHS trust or an NHS foundation trust to which the H&WBB 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.**

This assessment has not identified the need for any specific service development at this point in time. Any potential quality improvements identified as part of the consultation were operational in nature and as such are for consideration within the individual pharmacies (and outside the remit of the PNA).

Statement 6

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)-**
 - (i) The different needs of different localities in its area, and**
 - (ii) The different needs of people in its area who share a protected characteristic; and**
- (c) A report on the consultation that it has undertaken.**

Wirral has clearly defined borders between Bromborough and Ellesmere Port, Heswall and Neston and has the natural barrier of the River Mersey between Liverpool and Wirral. The advantage of Wirral having one Local Authority (LA) and one CCG means that mapping and consultation can be managed centrally and applied without any caveats. The statutory responsibility of the PNA falls within the remit of Wirral H&WBB, analysis and mapping can be carried out at ward level and also constituency level which can take into account the different needs of people within different areas of Wirral. This PNA has taken into the account Wirral's JSNA and will inform commissioning decisions by Wirral Council.

Part 3 of the PNA goes into specific detail on how the consultation process was undertaken.

Pharmaceutical Needs Assessment 2015

Part 1

**Purpose, Process, explanation of
Pharmaceutical Services**

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. The 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 an overview of community pharmacies and other providers of pharmaceutical services, reviewing services currently provided and how these could be utilised further. Community pharmacies can support the health and well-being of the population of Wirral 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, so a 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 PNAs and provided information to Primary Care Trusts (PCTs) for their production. It amended the National Health Service Act 2006 to include provisions for regulations to set out the minimum standards for PNAs. The regulations came into force on 24 May 2010 and

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

Following the abolition of PCTs, this statutory responsibility has now been passed to H&WBBs (see appendix 2 for definition) 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 the NHS England (NHSE) must comply with in dealing with applications for new pharmacies or changes to existing pharmacies.*definitions in appendix 2

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 NHSE and local commissioners to support the decision making process for pharmacy applications and ensures that services, potentially delivered by community pharmacies are incorporated into local planning cycles. Local commissioning priorities need to be driven by the Joint Strategic Needs assessment (JSNA) of which the PNA is a key component.

See Appendix 1 for policy context

2. Process

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 supports safe and effective use 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 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 Requirements of the PNA

The content of the PNA is set out by the Pharmaceutical and Local Pharmaceutical Services Regulations 2013. It must adhere to schedule 1 detailed below;

- A statement of the pharmaceutical services provided that are necessary to meet needs in the area.
- A statement of the pharmaceutical services that have been identified by the H&WBB that are needed in the area, and are not provided (gaps in provision).
- A statement of the other services which are provided, which are not needed, but which have secured improvements or better access to pharmaceutical services in the area.
- A statement of the services that the H&WBB has identified as not being provided, but which would, if they were to be provided, secure improvements or better access to pharmaceutical services in the area.
- A statement of other NHS services provided by a LA, the NHS CB (NHS England - <http://www.england.nhs.uk/ourwork/>). A CCG <https://www.wirralccg.nhs.uk/GPCC/About%20Us/Our%20Priorities/>) or an NHS Trust, which affect the needs for pharmaceutical services.
- An explanation of how the assessment has been carried out (including how the consultation was carried out).
- A map of providers of pharmaceutical services.

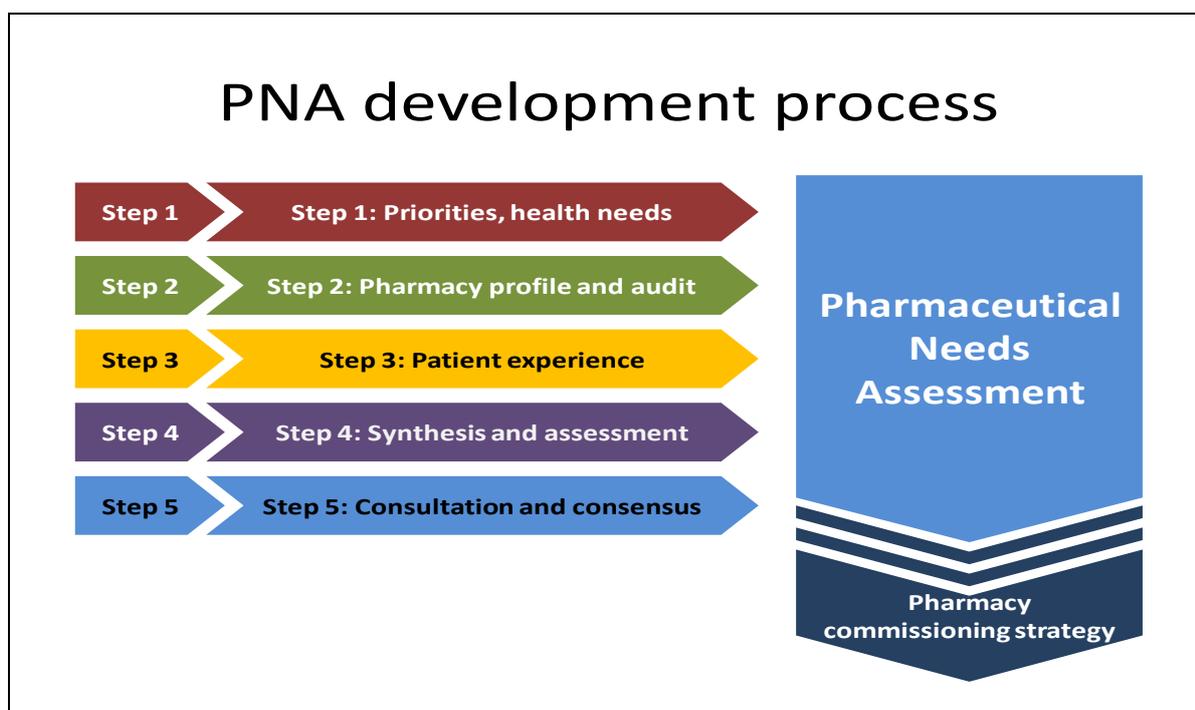
2.3 Methodology and Data Analysis

Key principles of the PNA are:

- It is an iterative process involving patients, the public and key stakeholders.
- It is a developing, live document to be revised within 3 years of the publication.
- H&WBBs required to publish a revised assessment as soon as is reasonably practical after identifying significant changes to the availability of pharmaceutical services since the publication of its PNA unless it is satisfied

that making a revised assessment would be a disproportionate response to those changes.

- Changes of location, ownership, circumstance etc., can be captured through issuing a 'Supplementary Statement'.
- 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 Development Group.



Development of the Wirral PNA has been initiated and overseen by the Head of Policy & Performance /Director of Public Health alongside a multi-professional development group.

The content of the document is closely linked to the local Public Health JSNA and has been produced by means of a structured analysis and distillation of a variety of data sources.

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

- Joint Strategic Needs Assessment
- NHS England Local Area Team data
- Public Health Annual Report
- Census data
- Service user questionnaire
- Pharmacy questionnaire

Service users and pharmacy responses informed the first draft PNA which in turn went out to a full, formal public consultation. All quotes in this document are from the service user questionnaire, a copy of which can be found in appendix 6.

The PNA underwent a minimum 60 day consultation and relevant amendments were made.

2.4 Consultation

As stipulated in the regulations a draft PNA was circulated on 3rd November 2014 inviting comments to be made prior to the closing date of the consultation 12th January 2015.

The draft document was distributed to the following groups:

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

- GPs and other Primary Care Staff
- Community Pharmacies
- Adult Social Services
- Community Health Service Providers
- Mental Health Trust
- Local Hospital Trusts
- Local Pharmaceutical Committee
- Local Medical Committee
- Neighbouring Local Authorities
- Public Health Staff
- NHS England Area Team Commissioning Board Staff
- Clinical Commissioning Groups
- Neighbouring Health & Wellbeing Boards

Patients and Public

- Older People's Parliament
- Local involvement Network (LINK)
- Voluntary Sector Groups
- Community Sector Groups
- Faith Sector Groups
- Public Meetings – as requested

Other Methods

- Press releases to local Newspapers
- Council Website
- Council email distribution via 'Mail Chimp'
- Older People's Parliament newsletter
- One-Stop Shop 'Advertising Screens'
- Local Pharmaceutical Committee website and bulletin

Website and use of SurveyMonkey

Full documentation was published on www.wirral.gov.uk on 3rd November 2014 with a SurveyMonkey facility to help readers provide feedback on the PNA.

SurveyMonkey is a web based survey, it provides free, customised surveys and analysis. Hard copies of the PNA were available to 'One-Stop' shops where people could feedback via paper responses.

A summary of responses received during the consultation period can be found in Appendix 7.

2.5 PNA Review Process

The PNA will be updated through the publishing of supplementary statements when amendments or additions are required in order to keep the document updated but are not considered significant enough for a complete revision of the document. The delegated sub-group of the H&WBB assess any changes, additions or amendments to assess the significance of any revision on the PNA to assess if a full rewrite or supplementary statement is appropriate.

2.6 How to use the PNA

The PNA should be utilised as a service development tool in conjunction with the 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 be included in this document but will be out of date if changes are made to Wirral's Pharmaceutical list. An up to date map of services will be included on the JSNA website. Patients can also refer to the NHS Choices website <http://www.nhs.uk/Pages/HomePage.aspx>
- Current service providers will be better able to understand the unmet needs of patients in their area and take steps to address this need.
- The PNA can be used by contractors to inform any future contractual applications.
- 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 use this document as defined in the Pharmaceutical Regulations 2013 to assess applications for Pharmacy Contracts. These may be applications to amend, move or add a pharmaceutical contract.

3. Pharmaceutical Services

3.1 National Pharmaceutical Services Contract Overview

All national NHS pharmaceutical service providers must comply with the contractual framework that was introduced in April 2005. The national framework is set out below and can be found in greater detail on the PSNC website:

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

The pharmaceutical services contract consists of three different levels:

- Essential services
- Advanced services and enhanced

Locally commissioned services commissioned and contracted independently of National Pharmaceutical contract by a range of local commissioners driven by local identified needs:

- Locally Commissioned Services

3.2 Essential services

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

3.2.1 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.

3.2.2 Prescriptions - During 2012/13 the 57 GP practices in Wirral issued a total of 7,089,448 individual prescription items.

3.2.3 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 ensure that each repeat supply is required and seek to ascertain that there is no reason why the patient should be referred back to their GP. The pharmacist will communicate all significant issues to the prescriber with suggestions on medication changes as appropriate.

3.2.4 Disposal of unwanted medicines – Pharmacies act as collection points for patients 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.

3.2.5 Promotion of Healthy Lifestyles – Provision of health lifestyle advice, for example, advice on healthy eating, stopping smoking and exercise. This

would usually include leaflets and written information to help people make healthier choices. Pharmacies will also take part in local health promotion campaigns such as 'taking care in the sun', and understanding the risks of long term conditions such as diabetes. Contractually NHS England can direct pharmacies to deliver up to 6 campaigns a year. These are delivered in partnership with Public Health and LAs, NHSE and Public Health England (PHE).

3.2.6 Signposting patients to other health care providers – Pharmacies will provide contact details for additional help if needed from other healthcare professionals, social services or voluntary organisations.

3.2.7 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.

3.2.8 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

More information can be found at the Pharmaceutical Services Negotiating Committee website (PSNC) <http://psnc.org.uk/contract-it/essential-service-clinical-governance/>

3.3 Advanced services

There are four advanced services **(1)** within the NHS Community Pharmacy contract, three of which were introduced in April 2010, and the fourth in October 2011. Community pharmacies can opt to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions. They require accreditation of the pharmacist and/or pharmacy.

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

The MUR and Prescription Intervention Service consists of accredited pharmacists undertaking structured adherence-centred reviews with patients on multiple medicines, particularly those receiving medicines for long term conditions. National target groups have been agreed in order to guide the selection of patients to whom the service will be offered. The MUR process attempts to establish a picture of the patient's use of their medicines – both prescribed and non-prescribed. The review helps patients understand their therapy and it will identify any problems they

are experiencing along with possible solutions. An MUR Feedback Form will be provided to the patient's GP where there is an issue for them to consider.

B. Appliance Use Review (AUR)

This service is similar to that above where it relates to patients prescribed appliances such as leg bags, catheters and stoma products.

C. Stoma Appliance Customisation Service

This involves the customisation of stoma appliances, 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.

D. New Medicines Service (NMS)

Provides support with medicines adherence for patients being treated with new medicines in four conditions/therapy areas. These are Asthma/COPD, Type 2 Diabetes, Hypertension and Antiplatelet/Anticoagulation therapy. The pharmacist provides face to face counselling about the medicine at the point when the patient first presents with their prescription at the pharmacy. Arrangements are then made for the patient to be seen 10-14 days later to assess adherence and discuss any problems with the new medicine. The patient is followed up 14 days later to check all is well at which point they exit this service.

3.4 Locally Commissioned Services

These are services that are agreed and commissioned locally based on the needs of the local population. The PNA will be used to inform commissioning decisions by NHSE, LAs and CCGs.

Local Commissioners such as LAs and CCGs can contract services from Pharmacies which are defined as Locally Commissioned Services. Pharmacies should be considered when a commissioner is tendering for service provision under consideration for any willing provider.

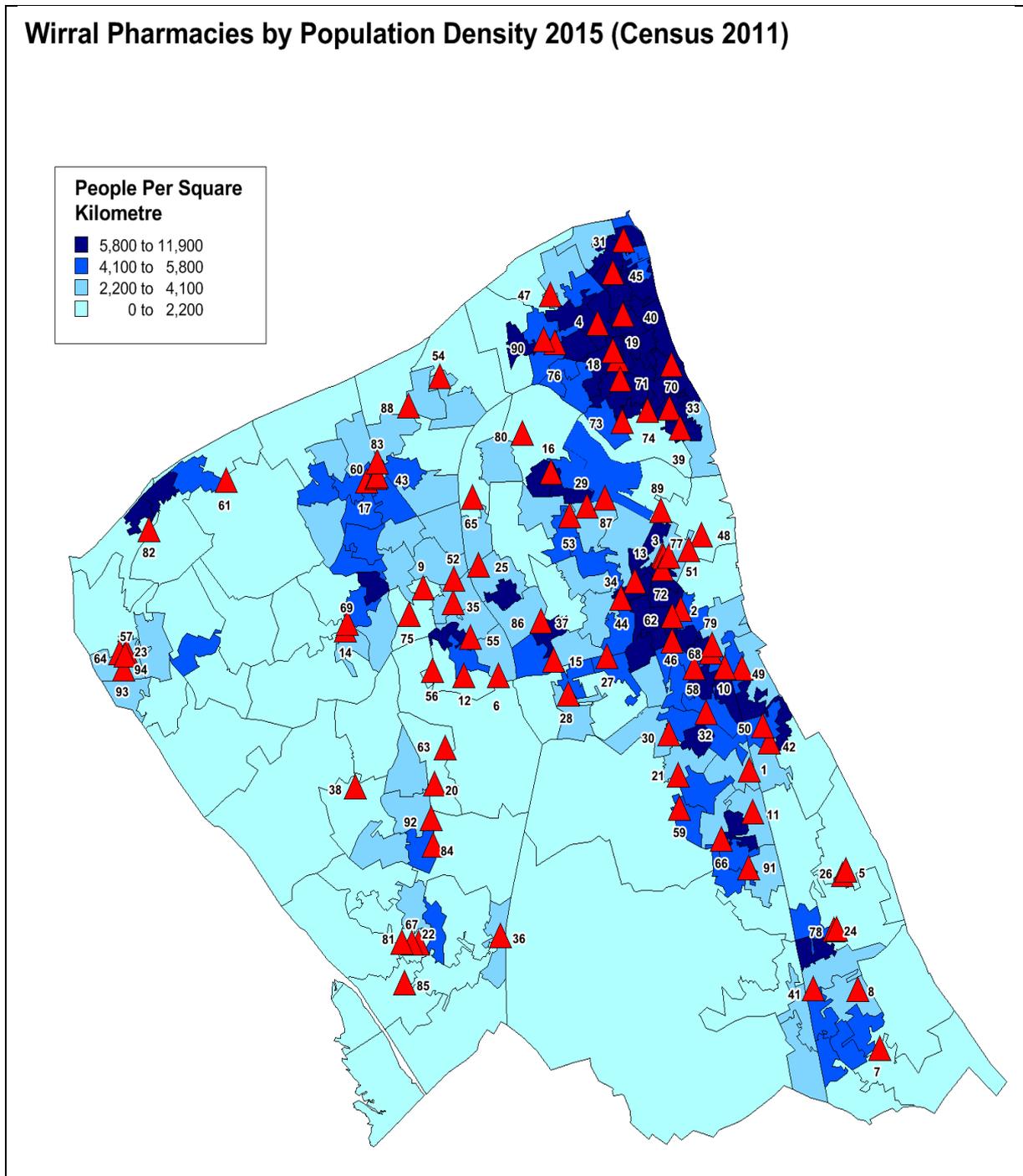
It is possible for neighbouring H&WBBs/CCGs to commission similar services from pharmacies at differing remuneration rates or using different service specifications. This is because financial/commissioning arrangements for services are based on local negotiation and are dependent on available resources. This does, however, lead to duplication of effort for commissioning staff and difficulties for locum pharmacists working across H&WBB/CCG boundaries. Wherever possible, commissioners are advised to work together to eliminate such anomalies.

3.5 Funding of the Pharmacy Contract

The essential and advanced services of the community pharmacy contract are funded from a national 'Pharmacy Global Sum' agreed between the Pharmaceutical Services Negotiating Committee and the Treasury. This is divided up and devolved to NHS CBs 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 has to be identified and negotiated locally.

4. Overview of Current Providers of Pharmaceutical Services

Map 1: Distribution of all 94 community pharmacies in Wirral against an index of population density



For key to pharmacy names in relation to numbers in Map 1, please see Appendix 5. Please note this map is subject to regular change.

4.1 Community Pharmacy Contractors – can be individuals who independently own one or two pharmacies, larger independent chains or multi-national companies who may own many hundreds of pharmacies UK wide.

Wirral has 94 Pharmacies that operate out of a total of 93 community pharmacy premises. There is also one internet-based pharmacy. The population of the area is 320,229 (total resident population) which equates to approximately one pharmacy for every 3,402 residents (England average is 5,000 population per pharmacy). Every pharmacy 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 to patients free of charge, without an appointment, on a “walk-in” basis apart from prescriptions which are levied. Some prescriptions are exempt and pharmacies collect the fees on behalf of NHSE. Some private services including private prescriptions would incur patient charges as they are out with the standard NHS contract. Pharmacists dispense medicines and appliances as requested by “prescribers” via both NHS and private prescriptions.

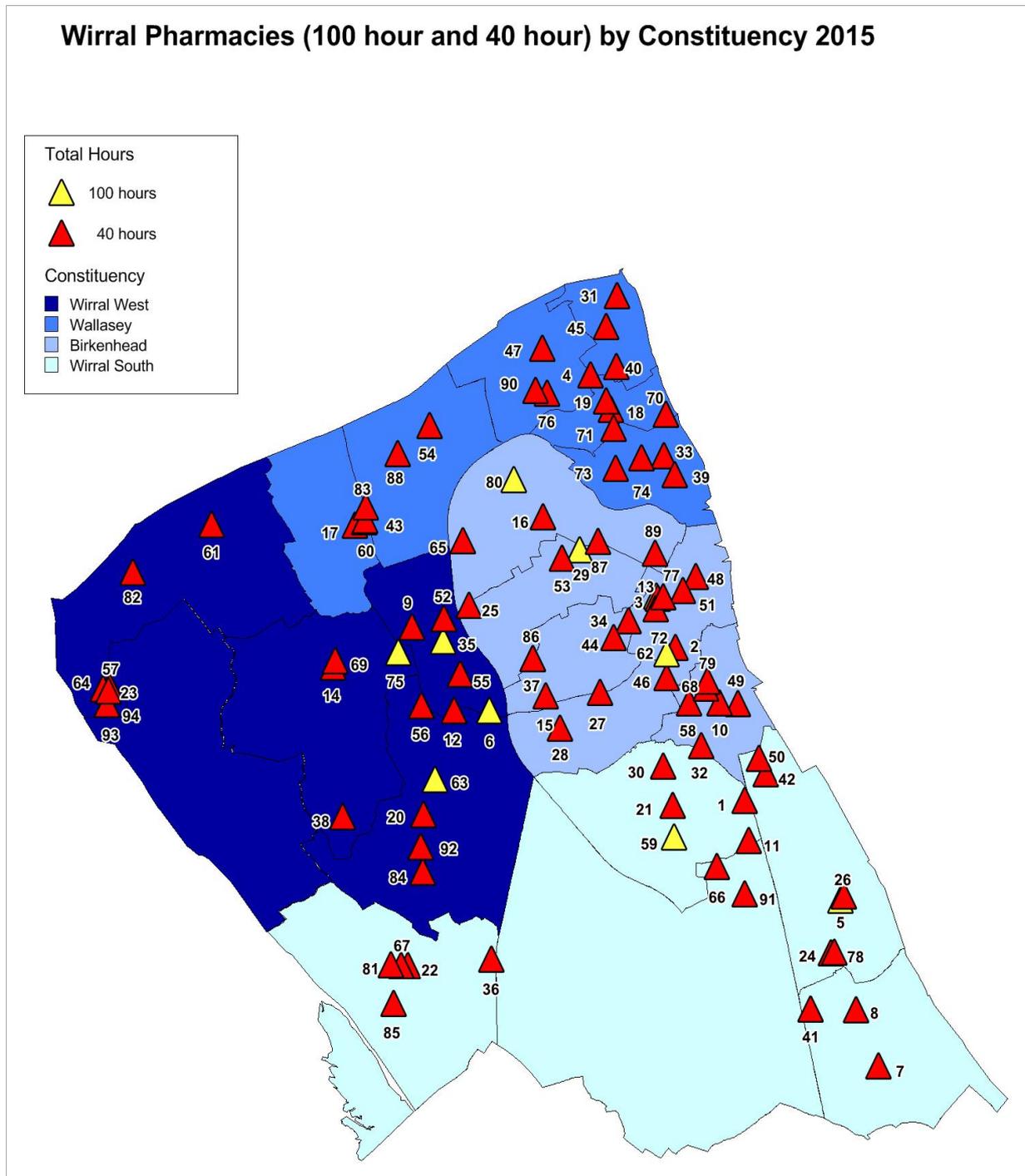
4.1.1 Pharmacy Opening Hours

A pharmacy has a minimum of 40 core contractual hours (or 100 for those under the former exemption) which cannot be amended without the consent of NHSE. Core hours under the new community pharmacies contract must be a minimum of 40 hours each week but thereafter are free to set their own hours of opening provided the minimum of 40 is provided.

In terms of the type of Community Pharmacies in Wirral there are:

- 83 (88.3%) - delivering a minimum of 40 hours service per week.
- 10 (10.6%) - delivering a minimum of 100 hours service per week.
- 1 (1.1%) - providing services via the internet or “distance selling” (via internet).

Map 2: Distribution of 100 and minimum of 40 hour community pharmacies per constituency



For Key to pharmacy names for Map 2 please see appendix 5.

4.2 Dispensing Doctors – services consist 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. Wirral has no dispensing doctor practices.

4.3 Appliance Contractors – cannot supply medicines but are able to supply appliance products such as dressings, stoma bags, catheters etc. Currently Wirral does not have an appliance contractor physically located within its area, but patients can access services from appliance contractors registered in other areas. Patients request a prescription from the GP for the appliances they require and this can be automatically sent to the appliance contractor and the goods delivered to the patient. Alternatively patients have the choice of taking the prescription to their community pharmacy and have the appliances supplied.

4.4 Essential Small Pharmacy Services Local Pharmaceutical Services (ESPSLPS) – Essential Small Pharmacies are contracted under the Local Pharmaceutical Services provision. Historically payments were made to pharmacies which were located more than 1km from the nearest pharmacy and dispensed fewer than 26,100 prescriptions to support running costs. Wirral currently do not have any ESPSLPS contracts.

4.5 Local Pharmaceutical Services (LPS) – is an option to allow 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 Wirral.

4.6 Acute Hospital Pharmacy Services – There is one Acute Hospital Trust within Wirral's catchment area, namely Wirral University Teaching Hospital NHS Foundation Trust. Hospital Trusts have Pharmacy Departments whose main responsibility is to dispense medications for use on the hospital wards for in patients and during the Out Patient clinics.

4.7 Mental Health Pharmacy Services – The population of Wirral is served by the Cheshire & Wirral Mental Health Partnership Trust. They employ pharmacists to provide clinical advice within their specialist areas and they also commission a "dispensing service" from a Community Pharmacy in order to dispense the necessary medications for their patients at the various clinics across the patch.

4.8 GP Out of Hours Services – There is currently one 'Out of Hours Service' operating from the Wirral University Hospital Trust site. During normal pharmacy opening hours, patients attending these sites who subsequently require a medicine to be dispensed are provided with a prescription to take to a local Community Pharmacy. During evenings and weekends, where pharmacy services may be more limited patients are provided with pre-packaged short courses of medication directly. This service operates a limited formulary and tends to provide medications needed for immediate, acute use e.g. courses of antibiotics or short term pain relief.

4.9 Bordering Services/Neighbouring Providers – The population of Wirral can access services from pharmaceutical providers not located within the LAs own boundary. When assessing pharmacy contract applications or making commissioning decisions, the accessibility of services close to the borders should be taken into account.

4.10 Quality Standards for Pharmaceutical Service Providers

In 2014 a Memorandum of Understanding was drawn up between NHSE the General Pharmaceutical Council - GPhC supporting the GPhC's role as the principal regulator responsible for inspections of registered pharmacies.

GPhC inspectors visit all registered pharmacy premises in Great Britain to ensure that they comply with all legal requirements and regulatory standards. The inspector will examine how the pharmacy operates with the aim of securing and promoting the safe and effective practice of the pharmacy at the registered pharmacy premises.

Where actions for improvement are identified an action plan is drawn up to support the pharmacy to meet the standards.

The inspector may initiate formal disciplinary proceedings if:

- a complaint is received
- there is persistent non-compliance
- there is a significant patient safety issue
- find out more about the investigations

Link to [GPhC standards for Pharmacy](#):

NHSE requires all pharmaceutical service providers to meet the high standards expected by the patients and public. NHSE has a policy to manage the contractual compliance of Community Pharmacies Appliance Contractors and Dispensing Doctors.

As stated within the NHS review 2008³, high quality care should be as safe and effective as possible, with patients treated with compassion, dignity and respect. As well as clinical quality and safety, quality means care that is personal to each individual.

This statement is as meaningful to pharmacies as to other NHS service providers and is the principle that the NHSE adopts when carrying out the Community Pharmacy Contract Monitoring visits for essential, advanced and enhanced services.

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

- Self-assessment declarations completed by contractors.
- A programme of visits to pharmacies for observation of processes and procedures and a detailed interview with the pharmacist in charge and support staff to determine contractual compliance.
- Scrutiny of payment submission processes.
- Monitoring of contractual completion of the NHS Information Governance Toolkit to record processes for confidential data management.
- Structured action plan with set timescales for completion.

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

Pharmaceutical Needs Assessment 2015

Part 2

Health Needs in Wirral

5. Health Needs in Wirral

This section aims to provide a description of the Wirral population in terms of demographic structure and key features. It will summarise the main areas of concern regarding the health of local residents and will conclude with an overview of the areas in which community pharmacy is currently contributing to the public health agenda.

5.1 Population and Health Profile

Location

Wirral is a unique place, home to a growing population of 320,229 people **(2)**, including over 195,000 people of working age and over 8,000 businesses providing employment for 105,800 people. The population grew by 2.4 percent and by 7,500 households between 2001 and 2011. By 2028, the population is expected to increase to 328,823.

Wirral's economy today has a total value of around £3 billion per year and is home to some international businesses. The borough's economy also faces challenges, including the lowest Gross Value Added (GVA) per head in England and the second highest concentration of economic inactivity.

Wirral is the ninth largest metropolitan council in England in terms of population. It is also the second largest local authority in Liverpool's City Region and bigger than many cities such as Newcastle, Derby, Leicester and Nottingham. Were Wirral in the North East or East Midlands, it would be the largest metropolitan council in that region.

The borough of Wirral forms the northernmost part of the peninsula between the Dee and Mersey estuaries on the opposite bank of the Mersey from Liverpool, between Liverpool and North Wales. As a land area, Wirral extends to 60 square miles, with 25 miles of coastline. It is an area of outstanding natural beauty, packed full of spectacular scenery, with a rich mixture of culture and heritage and key features / landmarks such as Birkenhead Park.

Many of the people who live in Wirral enjoy an outstanding quality of life, with excellent housing, schools and a high quality environment. However, there is a strong contrast between the older, highly urbanised constituency areas of Birkenhead and Wallasey, which contain some of the poorest communities in England and the wealthier commuter settlements in the west of Wirral. Wirral's neighbourhoods range from the most deprived in the country (around St. James Church in Birkenhead) to one of the most affluent, or least deprived, in South West Heswall less than six miles away. Life expectancy varies hugely, with differences of up to 10.3 years for people living in different parts of the borough **(2)**.

Wirral compares well against the rest of the Liverpool City Region in terms of household income, with the highest average household income at £33,598 **(3)**. This however masks stark contrasts in the borough with a difference of £25,685 between the highest and lowest wards. Wirral is the second least deprived authority in the

Liverpool City Region but is still behind both regional and national averages with 24.4% of all children in the borough in poverty.

5.2 Population Structure and Projections

Resident Population

The Office for National Statistics (ONS) has provided estimated resident population figures at Local Authority level based on mid 2011 estimates as can be seen in table 1 below.

Table 1: Wirral Mid-Year Population Estimates by age group and gender, 2013

Age Band	Males		Females		Persons	
	Number	%	Number	%	Number	%
0 to 4	9,670	6%	9,264	6%	18,934	6%
5 to 9	9,525	6%	8,995	5%	18,520	6%
10 to 14	9,194	6%	8,840	5%	18,034	6%
15 to 19	9,975	6%	9,221	6%	19,196	6%
20 to 24	8,763	6%	8,822	5%	17,585	5%
25 to 29	8,870	6%	9,552	6%	18,422	6%
30 to 34	8,613	6%	9,121	5%	17,734	6%
35 to 39	8,193	5%	9,131	5%	17,324	5%
40 to 44	10,498	7%	11,288	7%	21,786	7%
45 to 49	11,292	7%	12,456	8%	23,748	7%
50 to 54	11,305	7%	12,148	7%	23,453	7%
55 to 59	10,004	6%	10,614	6%	20,618	6%
60 to 64	9,970	6%	10,337	6%	20,307	6%
65 to 69	9,519	6%	10,139	6%	19,658	6%
70 to 74	6,785	4%	7,926	5%	14,711	5%
75 to 79	5,374	3%	6,685	4%	12,059	4%
80 to 84	3,900	3%	5,567	3%	9,467	3%
85+	2,797	2%	5,942	4%	8,739	3%
	154,247	100%	166,048	100%	320,295	100%

Source; [Office for National Statistics 2014](#)

Notes: Mid-2012 ward population estimates refer to the 2012 electoral ward boundaries. Estimates for mid-2012 are based on aggregations of whole mid-2012 Output Area (OA) estimates. OA boundaries are not an exact fit (non-coterminous) for ward boundaries and therefore are allocated using a best-fit approach.

5.3 GP Registered Population

There are more people recorded on GP registers than estimated through the mid-year estimates (total, 331,090 as at June 2012). This is due to a number of reasons, for example GP registers may contain people who live outside Wirral. This discrepancy in the two datasets is not unique to Wirral and is a pattern that is reflected across England and Wales. Table 2 shows population data (June 2012 – quarter 1) according to GP registers, by sex and age band.

Table 2 Wirral GP registered population by age group and gender, June 2012/13

Age Group	Males		Females		Persons	
	Number	%	Number	%	Number	%
0 - 4	9,614	5.92	9,132	5.41	18,746	5.66
5 - 9	9,477	5.84	8,864	5.25	18,341	5.54
10 - 14	9,280	5.72	8,977	5.32	18,257	5.51
15 - 19	10,418	6.42	9,698	5.74	20,116	6.08
20 - 24	10,369	6.39	9,975	5.91	20,344	6.14
25 - 29	9,824	6.05	10,061	5.96	19,885	6.01
30 - 34	9,360	5.77	9,458	5.60	18,818	5.68
35 - 39	9,415	5.80	9,751	5.78	19,166	5.79
40 - 44	11,604	7.15	11,793	6.99	23,397	7.07
45 - 49	12,378	7.63	12,783	7.57	25,161	7.60
50 - 54	12,046	7.42	11,769	6.97	23,815	7.19
55 - 59	10,386	6.40	10,552	6.25	20,938	6.32
60 - 64	10,335	6.37	10,530	6.24	20,865	6.30
65 - 69	9,181	5.66	9,643	5.71	18,824	5.69
70 - 74	6,639	4.09	7,713	4.57	14,352	4.33
75 - 79	5,344	3.29	6,557	3.88	11,901	3.59
80 - 84	3,869	2.38	5,665	3.36	9,534	2.88
85+	2,741	1.69	5,889	3.49	8,630	2.61
All Ages	162,280	100%	168,810	100%	331,090	100%

Source: Wirral PCT MIS, 2012

Notes: Last available data in age bandings

- Wirral has a relatively high older population and relatively low proportion of people in their twenties and thirties compared to England and Wales as a whole.

5.4 Population estimates by Wirral ward

The ONS has provided estimated resident population figures at a lower geographical level for mid-2011 (based on the results of the 2011 Census). Figures are not guaranteed to be completely accurate at this level of detail but it provides an indication of which wards are more and less populated, see table 3.

Table 3: Estimated resident population by age group and Wirral ward (mid-2013)

Ward of Residence	0 - 14	15 - 44	45 - 64	65 - 75	75+	Total
Bebington	2978	5227	4350	1686	1618	15859
Bidston and St James	3616	5997	3692	1214	841	15360
Birkenhead and Tranmere	3806	6986	3867	1023	816	16498
Bromborough	2841	5612	3958	1404	1239	15054
Clatterbridge	2290	4062	4237	2092	1647	14328
Claughton	2526	4801	3909	1491	1284	14011
Eastham	2467	4528	3804	1694	1442	13935
Greasby, Frankby & Irby	2160	3849	4452	1763	1680	13904
Heswall	2139	3280	3969	1988	1943	13319
Hoylake and Meols	2260	4089	3950	1353	1703	13355
Leasowe and Moreton East	3005	5353	3796	1343	1164	14661
Liscard	3044	5763	4213	1446	1221	15687
Moreton West/Saughall Massie	2414	4742	4093	1549	1218	14016
New Brighton	2647	5426	4124	1348	1335	14880
Oxton	2239	4978	3799	1621	1203	13840
Pensby and Thingwall	2051	3727	3778	1764	1751	13071
Prenton	2626	4921	4294	1464	1306	14611
Rock Ferry	3185	5763	3523	1117	980	14568
Seacombe	3593	6375	3568	1144	835	15515
Upton	3079	5474	4333	1527	1739	16152
Wallasey	2371	4684	4699	1572	1557	14883
West Kirby & Thurstaston	2179	3483	3852	1626	1582	12722
Wirral	59516	109120	88260	33229	30104	320229

Source: [Office for National Statistics, 2014](#)

Notes: Figures released by ONS are for Population Estimates for UK, England and Wales, Scotland and Northern Ireland, Mid-2013. Estimates of the usual resident population for the UK as at 30 June of the reference year - provided by administrative area, single year of age and sex.

- Wards with the highest number of residents are Birkenhead & Tranmere, Upton and Bebington.
- Bidston & St James, Birkenhead & Tranmere and Seacombe have a greater proportion of children (under 15's) residing in the ward.
- Heswall, Pensby and Thingwall and Upton have the highest proportion of over 75's.

5.5 Ethnicity

Census 2011

Wirral overall has seen an increase in population from 314,700 (2001 Census) to 319,783 (2011 Census).

This latest ONS data continues to highlight Wirral has a small, but increasing, ethnic minority population. Using data from the Census 2011, 96.8% of the population were classified as white (White British, White Irish or White Other). This compares to the Census 2001 figures of 98.4% locally.

In table 4 the ethnicity numbers for Wirral are compared between 2001 and 2011 Census.

Table 4: Comparison of Census 2001 & 2011 Wirral Population by Ethnic Group

Ethnicity	Census 2001	Census 2011	% of 2011 population	Net Change (from 2001)
White: British	303,800	303,682	94.97	-118
White: Irish	3,100	2,667	0.83	-433
White: Gypsy or Irish Traveller	0	77	0.02	77
White: Other White	2,700	3,730	1.17	1,030
Mixed: White and Black Caribbean	500	964	0.30	464
Mixed: White and Black African	300	558	0.17	258
Mixed: White and Asian	500	949	0.30	449
Mixed: Other Mixed	500	815	0.25	315
Asian or Asian British: Indian	700	1,344	0.42	644
Asian or Asian British: Pakistani	100	226	0.07	126
Asian or Asian British: Bangladeshi	400	851	0.27	451
Asian or Asian British: Chinese	1,300	1,653	0.52	353
Asian or Asian British: Other Asian	200	1,042	0.33	842
Black or Black British: African	300	389	0.12	89
Black or Black British: Black Caribbean	200	189	0.06	-11
Black or Black British: Other Black	100	117	0.04	17
Other Ethnic Group	0	530	0.17	530
All Groups	314,700	319,783	100.00	5,083

Source: ONS, 2011 (<http://www.ons.gov.uk/ons>)

- In relation to the Census 2011, table 4 suggests that the overall population of Wirral increased from 314,700 at the 2001 Census to 319,783 by 2011. This was an overall increase of 5,083, though these figures contain variations between population groups.

- It further suggests that 5.03% of Wirral’s population was at that time from a BME group (i.e. not white British) which compares to 3.46% in 2001 (From 10,900 people in 2001 to 16,101 people in 2011).
- While there was a slight increase in population numbers classified as white (White British, White Irish or White Other) from 309,600 in 2001 to 310,156 in 2011, the collated other ethnic group numbers rose from 5,100 in 2001 to 9,627 in 2011.
- If we consider white British only population there was a reduction from 303,800 in 2001 to 303,682 in 2011.

5.6 Resident Population Forecasts

Using subnational population estimates for the Wirral Clinical Commissioning Group area Wirral’s overall population is projected to increase by 2% between 2016 and 2028, from an estimated 321,837 in 2016 to 328,823 in 2028, however there are a number of significant changes within that increase - see table 5 below.

Table 5 Wirral resident population projections by age group (Persons) Interim 2016 to 2028

Age band	2016	2020	2024	2028	% Change (2016 - 2028)
0 - 14	56502	58099	58291	57500	+2%
15 - 44	108731	106775	107775	108088	-1%
45 - 64	88375	87183	83759	80011	-9%
65 - 74	36568	37753	37234	39549	+8%
75+	31664	34621	39927	43677	+38%
Total	321837	324431	326981	328823	+2%

Source: [Office for National Statistics, 2014](#)

[Notes](#) 2012-based Subnational Population Projections. CCGs in England, mid-2012 to mid-2037 - Population figures are derived from single year of age for persons, males and females for local authorities, created as part of the process in producing the subnational population projections. Data are unrounded for use in models and creating user defined age groups. Users should note the metadata provided with these data.

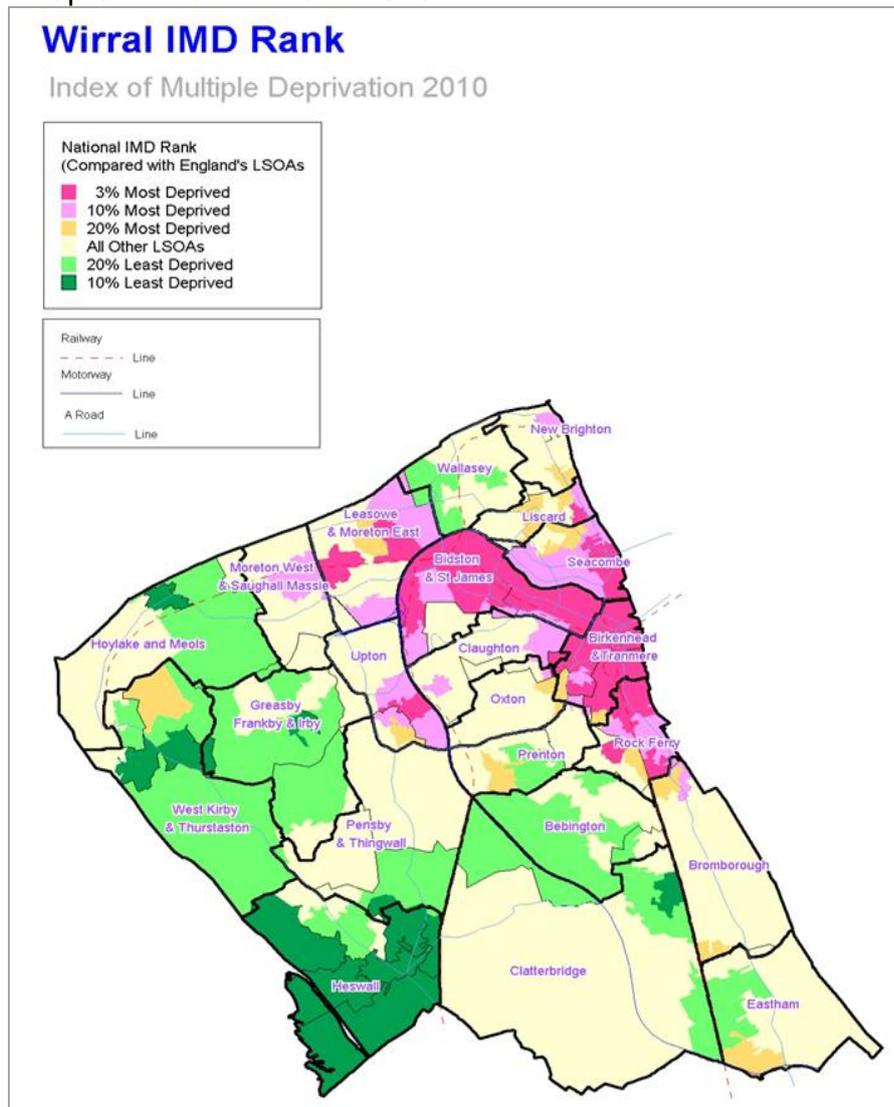
- The population over 75 is projected to increase at the fastest rate from 31,664 in 2016 to 43,677 in 2028, which equates and increase of over 38%.
- The older population (aged 65-74 and 75+ years) are expected to increase substantially. By 2028 this population will total 83,226, compared to 68,232 in 2016 or 22% increase.
- The biggest decrease is in the 45-64 year age group, from 88,375 in 2016 to 80,011 in 2028 or 9% lower.

5.7 Deprivation and Socio-economic factors

Index of Multiple Deprivation (IMD)

Wirral is a borough of contrast, both in its physical characteristics and social demographics. Rural areas, urban and industrialised areas sit side by side in a compact peninsula of 60 square miles. There is around 30 miles of coastline, some of which was occupied with the shipbuilding industry which used to employ a large number of local people. However, in certain parts of the borough there are significant levels of deprivation. Within Wirral, LSOAs (Lower Super Output Areas) range from the 24th most deprived in England (Bidston St James East) to one of the least deprived in England in Barnston East within Heswall, less than 7 miles away.

Map 3: Wirral IMD rank 2010



The overall Index of Multiple Deprivation (IMD) 2010 is compiled from the following seven domains:

1. Income
2. Employment
3. Health Deprivation and Disability
4. Education Skills and Training
5. Barriers to Housing and Services
6. Crime
7. Living Environment

The IMD 2010 is based on data that was gathered in 2008, so it will not be affected by any changes that have happened in Wirral since then.

Source: Wirral Council Public Health Intelligence Team (2012)

According to the IMD 2010, Wirral is the 60th most deprived of the 326 districts in the country and is therefore remains in the bottom 20% nationally as per previous data (IMD 2007).

There are 207 LSOAs in Wirral (32,482 in England) each containing approximately 1,500 people, with more than a third (32.1%) of the population living in the national 20% most deprived LSOAs in England. Map 2.5 demonstrates that the greatest concentrations of LSOAs experiencing the most severe levels of multiple deprivation are in the east of Wirral and these are amongst the most deprived in the country. LSOAs experiencing some of the lowest levels of deprivation are in the more affluent areas to the west of Wirral, although some pockets of deprivation also exist within these areas.

The IMD places 30 of Wirral's LSOAs in the lowest 5% in England and 23 LSOAs in the 3% most deprived nationally as described in Map 3. These are predominantly in the docklands areas (i.e. Bidston and St James, Birkenhead and Tranmere, Rock Ferry and Seacombe).

There are also two separate indices of deprivation, which focus specifically on children and older people. According to the Income Deprivation Affecting Children Index (IDACI) there has been a slight improvement on this indicator since the last IMD (2007).

- IMD 2010 shows that 23 of Wirral LSOA's are in the 5% most deprived nationally, this is a slight improvement on the previous IMD 2007 which had 25 LSOA's within this category.
- The greatest levels of child deprivation of Wirral LSOA's within the 5% most deprived nationally are found in Bidston St James East, Hamilton Square and Lower Tranmere for IMD 2010.

The Income Deprivation Affecting Older People Index (IDAOPI) shows a slightly different picture. Performance has broadly been the same since the last IMD and continues to be better than the children's deprivation indicator.

- Similar to the IDACI above, the IDAOPI indicates that the areas of Wirral that are most affected by deprivation of older people are Bidston St James East, Hamilton Square and Lower Tranmere.

The full Indices of Multiple Deprivation (2010) Report for Wirral can be viewed [here](#).

5.8 Life Expectancy

In 2010-12, life expectancy in Wirral was 77.9 for men and 81.9 for women, compared to 79.2 years for men and 83.0 years for women in England. As Table 6 below shows, there is significant variation in life expectancy between wards in Wirral. There is a variation of over 10 years between Rock Ferry ward (74.1 years) and Heswall ward (84.4 years).

Table 6: Life Expectancy at birth estimates, Wirral Wards*, 2014

Ward of Residence	Life Expectancy (Years)	Lower Limit (CI)**	Upper Limit (CI)**
Rock Ferry	74.1	73.2	75.1
Bidston and St James	74.7	73.7	75.7
Birkenhead and Tranmere	74.8	73.7	75.9
Seacombe	76.4	75.3	77.5
Moreton West and Saughall Massie	76.8	75.9	77.6
Bromborough	76.9	75.8	77.9
Eastham	77.4	76.5	78.3
Upton	77.7	76.7	78.7
New Brighton	77.7	76.8	78.7
Leasowe and Moreton East	78.6	77.6	79.6
Liscard	78.6	77.6	79.6
Claughton	79.1	78.3	79.9
Bebington	80.1	79.2	81.0
Clatterbridge	80.1	79.2	81.0
Hoylake and Meols	80.3	79.4	81.3
Prenton	80.8	79.8	81.7
Wallasey	81.7	80.7	82.8
Oxton	82.6	81.7	83.5
West Kirby and Thurstaston	82.7	81.8	83.7
Pensby and Thingwall	82.9	81.9	83.9
Greasby, Frankby and Irby	84.0	82.9	85.0
Heswall	84.4	83.6	85.2

Source: Wirral Council Public Health Intelligence Team (2014).

Notes:

* robust life expectancy data for areas smaller than Wirral (e.g. Wards) it is necessary to aggregate data from five years (2007/2011) (as opposed to the more usual three years) as well as for gender as the number of deaths in each Wirral ward is fairly small per annum.

**CI - Confidence Interval or limits indicate how accurate a value really is. Wide confidence intervals indicate a lack of certainty, whereas narrow confidence intervals indicate more precise estimates. It is most commonly expressed as 95%CI', which means we are 95% confident that the true figure lies within the two values.

6. Health in Wirral - Key issues of concern

6.1 Wider determinants of health

- 1 in 4 children (under 16s) living in poverty. This varies significantly by ward, with up to 50% living in poverty in Bidston & St James ward.
- 30 Lower Super Output Areas (LSOAs) are in the lowest 5% in England and 23 LSOAs in the 3% most deprived nationally.
- A higher rate of hospital admissions for violent crime than the national average.
- A 10 year difference in life expectancy (74 years in Rock Ferry compared to 84 years in Heswall).
- The largest inequalities in Disability Free Life Expectancy (years spent free from illness and disease) of all local authorities in England.
- Almost a fifth of Wirral wards have jobseeker allowance rates twice the national average. These are: Rock-Ferry (5.7%), Seacombe (5.7%), Bidston and St James (5.7%), and Birkenhead and Tranmere (6.9%). Wirral's overall JSA rate is 3.1%, compared with GB, 2.2% (NOMIS, December 2013).
- A lower proportion of young children achieving a good level of development in preparation for school than the national average.
- A higher proportion of 16-18 year olds not in education, employment or training compared to the national average.
- A higher proportion of families experiencing fuel poverty compared to the national average.

6.2 Children and young people

In addition to the key facts already listed:

- Only 56.7% of new mothers initiating breastfeeding, compared to 73.9% nationally. This varies significantly by ward.
- Almost a third (32.1%) of 5-year old children have decayed, missing, or filled teeth, compared to 27.9% nationally.
- The 'Looked after Children' rate is significantly higher than the national average.
- Hospital admissions due to substance misuse amongst 15-24 year olds is significantly higher than the national average.
- Hospital admissions caused by injuries in 15-24 year olds is significantly higher than the national average.

6.3 Older people

In addition to the key facts already listed:

- By 2032 it is estimated that 27% of the Wirral population will be aged 65 or above. In particular, the population aged over 85 is projected to increase by almost 30%.
- It is estimated that there are 14,135 older people living in fuel poverty in Wirral.
- Around 30,000 people aged 65+ in Wirral who report that they have a Limiting Long-Term Illness. This is projected to increase to 41,000 by 2030.
- An estimated 5,700 people aged 65 or over in Wirral are currently feeling socially isolated.
- The proportion of older people in nursing care is higher compared to both the North West and England.

- In 2011/12 there were a total of 1,898 injury related attendances at Arrowe Park Hospital amongst the 60+ age group. The majority of these (73%) were as a result of a fall.
- Hospital admissions for hip and knee replacements within Wirral are high.

6.4 Smoking

- Around 654 people die each year in Wirral from smoking related deaths, which is a rate of 240 per 100,000 people aged 35 and over. This is 20% higher than the national rate.
- The prevalence of smoking in the most deprived areas of Wirral is around 50% higher than the national average.
- Rates of mothers smoking in pregnancy ranges from 6.4% in Wirral South and Wirral West constituencies to 17.7% in Birkenhead.

6.5 Alcohol & Drugs

- The rate of male alcohol related admissions in 2012/13 in Wirral is double the national average (also true for females).
- Alcohol was a contributory factor in half of all attendances for assault at Arrow Park Hospital in 2012/13.
- Deaths caused only by alcohol are almost 7 times higher in the most deprived quintile of the male population in Wirral, compared to the least deprived quintile.
- Between 2009-11 alcohol contributed towards 20% of male deaths in Wirral and 12% of female deaths.

6.6 Immunisations & screening

- Uptake of flu immunisation amongst the under 65 at-risk group remains relatively low.
- Uptake of both flu and pertussis vaccination in pregnant women needs increasing.
- The second dose of the Measles/Mumps/Rubella (MMR) uptake at 5 years remains lower than the target 95% (at 91%).
- Bowel screening uptake is currently 54.9% (2012/13) this is a 6% increase in uptake since the programme began in 2007, but is still under the target of 60%.

6.7 Cardiovascular disease

- The prevalence of recorded Coronary Heart Disease (CHD) in Wirral stands at 4.1% (13,458 people) which is higher than the national prevalence (3.4%) but similar to the North of England. However, it is estimated that there are around 4,200 adults with currently undiagnosed CHD in Wirral.
- For Wirral in 2012/13, according to the national Quality Outcomes Framework (QOF) register, the prevalence of hypertension in Wirral stood at 15.2% (50,228), which is higher than both England (13.7%) and the North of England (14.4%). However, estimates suggest that there could be a further 40,000 undiagnosed hypertensive people in Wirral.
- 2.25% of the Wirral population have experienced a stroke or TIA (Transient ischaemic attack) compared to 1.7% nationally.
- Estimated numbers of people likely to have a longstanding health condition caused by stroke are projected to increase 14% by 2020.

6.8 Cancer

- Wirral has seen a 15% increase in new cases of cancer since 2001, though deaths from all cancers in up to 75 years is below the national average.
- The number of new cases of female lung cancer has risen by 7% in the past 10 years.
- In 2010-12 the female death rate for those aged below 75 years for lung cancer in Wirral was 40% higher than the national average. The death rate for males is 27% higher than the national average.

6.9 Diabetes

- Based upon the national Quality Outcomes Framework (QOF) register, Wirral diabetes prevalence is estimated at 6.5%, or 17,504 people, which is slightly higher than the England rate at 6%. Estimates from Association of Public Health Observatories (APHO) suggest Wirral's diabetes prevalence is actually 7.6% which equates to 20,764 patients. There are potentially 3,260 patients in Wirral with undiagnosed diabetes.
- Projections by the Association of Public Health Observatories (APHO) suggest that diabetes prevalence in Wirral is expected to rise to 9.3% by 2030.

6.10 Mental health

- Recorded depression is 6.7% according to the national Quality Outcomes Framework (QOF) register, which is higher than the national average of 5.8%.
- Estimates suggest there are around 4,500 people in Wirral (aged 65+) living with dementia in 2012. The number of people recorded on GP Quality Outcomes Framework registers (QOF) as having dementia was 2,100 in 2012/13, which means that less than half of all those living with dementia are currently registered/diagnosed.

Wirral's JSNA describes specific health needs in more detail amongst a range of other documents and partner strategies and plans. Wirral JSNA can be viewed here - <http://info.wirral.nhs.uk/default.aspx>

7. Pharmacy activity that supports local priorities

The contribution of community pharmacy to public health is significant, both in improving general health, but also in maintaining the health of those with existing disease.

Apart from the key role that community pharmacies have in providing a trusted source of preventative and health improvement advice, there are many examples of specific public health activity. Some of these have a strong evidence of effectiveness/impact, but others have less of a strong evidence base. Whilst it is accepted that lack of evidence does not necessarily equate to an ineffective service, in a time of restricted resources, any services commissioned locally from community pharmacy will need to be based in firm evidence.

This section provides an overview of the various areas where community pharmacy has contributed nationally to improving population health. Where contracts exist with community pharmacies in Wirral (above that of the core contract), a summary of this activity has been included.

7.1 Smoking

Smoking is the biggest single cause of health inequalities and Years of Life Lost (YLL) in Wirral, making reducing smoking prevalence a key priority **(4, 6)**. It is the single greatest cause of preventable deaths in England – killing over 80,000 per year - greater than the combined total of preventable deaths caused by obesity, alcohol, traffic accidents, illegal drugs and HIV infections **(5)**.

Around 650 people die each year in Wirral from a smoking related illness, which is a rate of 338 per 100,000 people aged 35 and over. This is 16% higher than the England rate **(7)**.

Smoking prevalence in Wirral overall is similar to that in England, with around 1 in 5 people smoking. However, within Wirral, smoking levels vary substantially. Prevalence in the most deprived areas is around 50% higher than the average, though has fallen over the last three years based on results from local prevalence surveys. Carers and people with mental health, drug or alcohol problems have particularly high rates of smoking and find it harder to quit. Using mothers smoking in pregnancy as an example, prevalence ranges from 6.4% in Wirral South and Wirral West constituencies to 17.7% in Birkenhead.

Evidence of effective interventions in the community pharmacy setting

The evidence supporting the role of community pharmacy is relatively strong for stopping smoking. This has most recently been reinforced within a review of evidence conducted by PHE **(8)** which mirrors the findings of previous reviews **(4)(5)(6)**. There is also some evidence that involving community pharmacy support staff in brief interventions around smoking can increase the provision and the recording of smoking status in patient's medications records **(9)**.

Details of how they can provide this support can be found in guidance such as that published by Pharmacy Health Link **(10)**. However, this requires adequate training

to enhance confidence and skills **(11)(12)**. This is based on evidence that community pharmacist smoking cessation support has the same success rate as that of nurses but is lower than that of specialist advisers. In 2012/13 pharmacies contributed 11% of the total number of people in Wirral who were successful at quitting for 4 weeks. This equates to 248 people.

Local provision

As part of the local strategy to drive down smoking rates, Wirral has 56 pharmacies that provide smoking cessation services. Under Locally Commissioned Services pharmacies offer two levels of support to those wanting to stop smoking.

Dispensation of nicotine replacement voucher against vouchers issued by Smoking Cessation advisers:

- Stop Smoking Intermediate Service - established to deliver one-to-one support and advice to the user, from a trained pharmacist or a member of the Pharmacy team.
- Where appropriate nicotine replacement therapy is supplied or a referral is made to the person's GP for a prescription of alternative stop smoking drugs.

Current assessment is that there is adequate provision in this area for Wirral's population. This will be kept under review.

7.2 Drugs

In 2010-11, Glasgow University published new prevalence estimates for local drug user populations across the country. These estimates suggested that there were 2,881 opiate users in Wirral. The estimated number of injecting drug users was 684, which was a 30% reduction from the previous year. However, local intelligence suggests that these estimates may be inflated and that the real figures are lower than this. The National Drug Treatment Monitoring System (NDTMS) reported that 1,326 opiate users were accessing treatment services in Wirral in the same year.

There have consistently been exceptionally low rates of Human Immunodeficiency Virus (HIV) infection among drug users who inject in Wirral, with only a single case being reported between 2008 and 2011. PHE have estimated that nationally 48% of injecting drug users are hepatitis C positive, whereas a local estimate suggests much lower prevalence at 31%, although there are limitations to the methodologies to calculate both figures.

Evidence of effective interventions in the community pharmacy setting

PHE **(8)** has recently suggested that there is moderate quality evidence to support a high attendance at community pharmacy based supervised methadone administration services and that this service is acceptable to users.

Community pharmacy based needle exchange schemes were found to achieve high rates of returned injecting equipment and are cost effective. However, the evidence is based on descriptive studies.

Efficient strategies to reduce disease burden of opioid dependence and injecting drug use, such as the delivery of opioid substitution treatment and needle and syringe programmes, with a strong evidence base to underline the effectiveness of these interventions, are needed to reduce this burden at a population scale (13). An overview of the current situation in the UK is given in the Department of Health report *United Kingdom Drug Situation – 2012 Edition* (14).

Local provision

Wirral currently commissions 79 community pharmacies to provide supervised administration of methadone. The contract with the pharmacies to provide this service is currently with the specialist treatment provider.

A total of 19 pharmacy needle exchange sites are in operation across Wirral.

Current assessment is that there is adequate provision in this area for Wirral's population. This will be kept under review.

7.3 Sexual Health

Chlamydia is the most frequently diagnosed sexually transmitted infection through sexual health screening in England, with the majority of infection being seen in 15-24 year olds. Untreated infection can have serious long-term consequences, particularly for women, in whom it can lead to Pelvic Inflammatory Disease (PID), ectopic pregnancy and tubal factor infertility. Since the infection is asymptomatic, a large proportion of cases remain undiagnosed, although infection can be diagnosed easily and effectively treated. The [Public Health Outcome Framework](#) states that local areas should achieve a positive diagnosis rate of at least 2,300 per 100,000 15-24 year old resident population annually. In 2012 Wirral achieved a rate in excess of this target. There is however a reservoir of infection and vigilance across services for young people, including community pharmacy, must be maintained.

HIV prevalence among the Wirral population is currently 0.9 per 1000 sexually active population and new cases (2012) are in both the heterosexual (45%) and men who have sex with men (55%) populations.

Wirral has a teenage conception rate that is above the national (27.7) and North West (31.6) rates, at 33.5 per 1,000 female population in 2012 (a reduction from 45.5 in 2010 (8)).

Wirral has high rates of abortions when compared with near and statistical neighbours. In 2012, 39% of women in Wirral having an abortion had had a previous termination. The women were mainly between the ages of 18-30.

Evidence of effective interventions in the community pharmacy setting

The 2013 report *Community Pharmacy and Public Health* (15) concluded that there is

“Good evidence that community pharmacy based Emergency Hormonal Contraception (EHC) services provides timely access to treatment and is highly rated by women who use them”. However, currently there does not appear to be any hard evidence about outcome, i.e. reduction of rates of teenage pregnancy as a result of

access to EHC services from community pharmacy, although it would seem to be a reasonable assumption". Studies indicate that making EHC available over the counter has not led to an increase in its use, to an increase in unprotected sex, or to a decrease in the use of more reliable methods of contraception **(16)**.

NICE guidance ([PH51](#)) on Contraceptive services with a focus on young people up to the age of 25 **(17)** suggests that contraception and sexual health services for young people should be at convenient, accessible locations so that no young person is denied services because of where they live. The guidance also supports the availability of free emergency hormonal contraception.

A review of the contribution of community pharmacists to the public health agenda **(11)** found the provision of emergency hormonal contraception through community pharmacy Patient Group Directions (PGDs) entirely acceptable to women and a '*welcome extension of pharmacist's skills*'.

Local provision

Across Wirral free EHC is provided by the following services:

- Community Pharmacies
- Walk-In Centres
- GPs
- Sexual Health Wirral (integrated sexual health service)
- Health Services in Schools

Approximately 56 pharmacies in Wirral (*multiplés and independents*) currently offer a free EHC service as part of an enhanced service contract with Wirral Council. As part of the offer other interventions are provided including free condoms, referral into mainstream services, a free pregnancy test if indicated, Chlamydia postal screening in targeted pharmacies.

There is an agreed confidential referral pathway from community pharmacy into mainstream sexual health services for clients This is a new pathway to further integrate elements of contraception provision in Wirral into a timely and seamless pathway for women and girls.

High quality continued professional development (CPD) support for pharmacists to dispense EHC is ensured in Wirral via a rolling training programme that provides twice yearly training sessions for pharmacists.

Current assessment is that there is adequate provision in this area for Wirral's population. This will be kept under review.

7.4 Alcohol

The economic cost to Wirral of alcohol problems in terms of health, social cost, criminal justice, and lost productivity is estimated at £127million per year, of which £25million is healthcare costs. Alcohol related hospital admissions have been set as a priority area for the [Wirral Health & Wellbeing Board](#) and are included in Wirral Councils Corporate Plan 2014/15.

A [Wirral Alcohol Profile](#) conducted in 2013 suggested that mortality from chronic liver disease was higher than the national and regional averages for both males and females in 2008/10.

Using Standardised Mortality Rates (SMRs) as a comparator [Local Constituency Profiles](#) suggest that Wirral (between 2007– 2011) had a wholly attributable alcohol mortality rate of 183.9, or almost 84% higher than England overall. There are three wards, Bidston and St James, Birkenhead and Tranmere and Rock Ferry are 264%, 331% and almost 367% higher than the England average.

As stated in the “Health in Wirral - Key issues of concern” section on page 35, the rate of male alcohol related admissions in 2012/13 in Wirral was double the national average (which is also true for females). Alcohol was recognised as a contributory factor in half of all attendances for assault at Arrowe Park Hospital in 2012/13.

Evidence of effective interventions in the community pharmacy setting

There is little empirical evidence in the reviews of effectiveness of community pharmacy based services for alcohol misuse. However, there is some evidence of success on a small scale from local initiatives. There is an acknowledgement that anecdotal evidence for successful alcohol intervention programmes is beginning to emerge. This will be kept under review for local application.

Local provision

Community pharmacists are able to offer healthy lifestyle advice aimed at raising awareness of the harmful effects of excess alcohol. In Wirral there are 61 pharmacies actively delivering a provision of alcohol screening and brief intervention advice, guidance and referral as part of an enhanced service contract with Wirral Council. The service has a capacity for the pharmacists to deliver up to 5,000 screens per annum.

Current assessment is that there is adequate provision in this area for Wirral’s population. This will be kept under review.

7.5 Health Checks

The NHS Health Checks programme offers preventative checks to eligible individuals aged 40–74 years to assess their risk of vascular disease, followed by appropriate management and interventions. This programme follows a national template and commissioning responsibility has now transferred to the LA.

In Wirral, NHS Health Checks has been delivered solely through GP practices for the six years that it has been running. Although several areas across the country run their programme via community pharmacies, they have experienced varying degrees of success. Problems encountered have included difficulties in administering the full range of health check components within the pharmacy setting along with difficulties in accessing (and sharing) relevant clinical information about the patient.

Evidence of effective interventions in the community pharmacy setting

In terms of the patient journey once they have been deemed to be at risk of cardiovascular disease (CVD) (i.e. after the initial NHS Health Checks pathways screening

stage), the recent Public Health England review of evidence **(8)** concluded that there was good quality evidence to support community pharmacy input into chronic disease management. There was strong evidence of improvements in lipid levels that were sustained for at least one year in both primary and secondary prevention of coronary heart disease. The report stated that Community pharmacists can make an important contribution to the management of people with diabetes for screening, improved adherence with medicines and reduced blood glucose levels or HbA1c.

This may be an area for further consideration by the CCG in the future. However, there are no plans to run the NHS Health Checks programme through Community Pharmacy at this stage.

Research has confirmed the unique position that community pharmacies have at the heart of even the most deprived communities and highlighted the potential for the sector to be better used to help tackle health inequalities and public health issues. The study, which was carried out at the University of Durham, looked at the phenomenon known as the “inverse care law” which states that those who are the most able to access healthcare are the least likely to be in need of it. Researchers found that in the world of community pharmacy the opposite is true **(18)**.

7.6 Cancer

Community pharmacies have a key role to play in providing preventative lifestyle advice and supporting national campaigns around cancer. Whilst deaths from cancer are reducing (both nationally and locally), the incidence of certain cancers is increasing. Wirral has seen a 15% increase in new cases of cancer since 2001 (though deaths from all cancers in people under 75 years is below the national average). The rise in new cases of lung cancer in women and associated deaths is of particular concern. Given that 90% of lung cancer deaths are attributable to smoking, the support that pharmacists can provide to those attempting to quit smoking is extremely important.

Evidence of effective interventions in the community pharmacy setting

Pharmacy-based information, such as touch screen technology, appears to be effective in raising awareness of cancer risk e.g. skin cancer. However, the effect of this advice on the behaviour of clients is currently unknown **(19)**. This could be rolled out to include awareness campaigns about skin and bowel cancer such as the work by Essex LPC and Cancer Network **(20)**.

7.7 Mental Health

Pharmacy staff can play a role in promoting awareness of good mental health, for example signposting to information about local support networks and any mental health help lines. Community pharmacists can also help by promoting simple mechanisms to help people understand and take their medicines as intended.

Evidence of effective interventions in the community pharmacy setting

A report by the Department of Health on the public health role of pharmacists, acknowledges a lack of an evidence base, but suggests that it is not beyond the scope of community pharmacists to have a role in mild to moderate mental ill health.

For example, customers purchasing products to reduce stress and anxiety, such as sleeping products, could be offered support and advice from appropriately trained pharmacists such as signposting or referral to local services **(20)**. This role in detecting the early signs and symptoms of mental health problems and providing information on how to deal with them is supported by a joint pharmacy report in which they conclude that there is a potential role for pharmacy staff to offer support and advice in relation to mental health issues **(22)** Studies have also shown that the community pharmacist can make a valuable contribution to community mental health teams (CMHTs) **(23)(24)(25)**.

7.8 Immunisations

Community Pharmacy can play a significant role in increasing vaccination uptake amongst various population groups. By promoting local and national campaigns (in particular those around flu, Measles/Mumps/Rubella (MMR) and pertussis for pregnant women), pharmacists can maximize their impact by providing key information about vaccines and local venues for vaccination.

In Wirral the seasonal flu programme is primarily administered through GP practices and has performed well for the over 65s. However, the uptake in those under 65 and 'at-risk' (from a number of chronic conditions) has consistently failed to hit the target of 75%. From October 2014 Wirral pharmacies will be commissioned by NHSE to provide a flu vaccination service aimed at those under 65 and at risk patients including pregnant women.

Current assessment is that there is adequate provision in this area for Wirral's population. This will be kept under review.

7.9 Minor Ailments

The "Think Pharmacy" Minor Ailments service has been approved by the CCG and is funded until March 2016. It is due to be rolled out during April 2015. The aim of the service is to give patients over the counter access to a wider range of medications for a number of conditions which they normally go to their GP's for

Current assessment is that there is adequate provision in this area for Wirral's population. This will be kept under review.

7.10 Palliative Care

The service is designed to provide immediate and consistent access across Wirral for patients and healthcare professionals to palliative care medications when they are required within contracted pharmacy opening hours. This helps to guarantee continuous availability of formulary stock from named pharmacies for patients, patient representatives and health care professionals who require immediate / urgent access to palliative care medications.

Current assessment is that there is adequate provision in this area for Wirral's population. This will be kept under review

7.11 Other activity

Across the country, there are many other examples of community pharmacy working in partnership with other members of the health economy. These include:

- Planned and Unplanned/Urgent care
- Infection Control
- Long term conditions
- Older people

As with several of the areas mentioned earlier in this section, evidence of impact is extremely varied in each of these programmes. However, Wirral is committed to review any emerging evidence and commissioning accordingly.

Pharmaceutical Needs Assessment 2015

Part 3

Current Community Pharmacy Service Provision

8. Current Provision of Services

This section describes the current provision of pharmaceutical services to the population of Wirral using a variety of data sources to benchmark our services against external comparators and internally across constituencies.

The data presented here is drawn from the following sources:

- Health & Social Care Information Centre (HSCIC).
- Wirral Council through Public Health, CCG, CSU and NHS England Local Area Team.
- Community pharmacy and service user surveys January 2014.

Wirral has 94 community pharmacies which are located on high streets, retail parks, health centres, hospital grounds and supermarkets across the borough. It is considered that the geographical coverage of pharmacies across Wirral more than meets the needs of the resident population with a pharmacy located.

The provision of pharmacy services in Wirral can be compared against indicators available through the Health & Social Care Information Centre (HSCIC), which makes it possible to benchmark ourselves against neighbouring areas.

Table 7: Definition of some indicators used to benchmark community pharmacies

Number of community pharmacies 2012/13	The number which was returned to the HSCIC (formerly the NHS information centre) 2012/13
% Independent contractors 2012/13	The number of contractors belonging to a chain of 5 or fewer pharmacies as determined by the Prescription Pricing Division (PPD) 2012/13
Households without access to a car (%)	The % of all households in the borough that reported in the 2011 census that they did not have access to a car
Prescription items per pharmacy (month) 2012/13	Average number of prescription items dispensed as calculated by the PPD 2012/13
Number of community pharmacies 2012/13	The number of community pharmacies which was returned to the HSCIC 2012/13
MURs per provider 2012/13	Average number of MURs claimed per provider of Advanced Services in 2012/13

Table 8: Pharmacy characteristics in North West 2012-13

	Number of community pharmacies 2012/13	% independent contractors 2012/13	Pharmacies per 100,000 population 2012/13	Average items per pharmacy 2012/13	Average MURs per provider
Ashton, Leigh & Wigan	73	25	23	7,159	286
Blackburn with Darwen	52	48	35	5,343	207
Blackpool	44	16	31	7,958	258
Bolton	73	32	26	6,766	226
Bury	40	40	22	7,264	250
Central & Eastern Cheshire	101	23	22	7,293	252
Central Lancashire	114	33	24	6,474	223
Cumbria	111	32	22	6,888	218
East Lancashire	104	35	27	6,210	253
Halton & St Helens	82	44	27	7,063	225
Heywood, Middleton & Rochdale	51	31	24	7,337	234
Knowsley	37	30	25	8,068	300
Liverpool	136	40	29	6,365	269
Manchester	134	38	27	6,100	241
North Lancashire	76	38	24	7,587	231
Oldham	56	43	25	7,044	273
Salford	61	30	26	7,561	279
Sefton	76	41	28	7,147	232
Stockport	70	33	25	7,199	240
Tameside & Glossop	64	34	25	7,104	281
Trafford	62	39	27	6,467	234
Warrington	45	27	22	7,023	227
Western Cheshire	56	34	24	6,400	266
Wirral	94	34	29	6,062	249
North West	1,812	35	26	6,807	246
England	11,495	39	22	6,628	267

Source: Health & Social Care Information Centre (HSCIC), 2014

8.1 Assessing Pharmacy Distribution within Wirral

The location of pharmacies is influenced by the population density, the proximity to GP practices and also to the location of primary and secondary shopping areas and major transport routes. There are two benchmarking measures that we can use to assess the distribution of pharmacies at a locality level in order to understand the relative access for our population, these are:

- Pharmacies in relation to population size.
- Average prescription volumes.

The combination of these two measures provides a basis for assessing the adequacy of distribution of pharmacies.

Table 8 shows that Wirral has one of the highest numbers of pharmacies per 100,000 populations in the North West. Combined with the information from map 1

(page 18) which shows the geographical spread, this supports the assessment that Wirral have sufficient service coverage to meet the population need and that pharmacies are concentrated in areas most densely populated. The average number of prescription items per pharmacy is also a useful measure of demand and distribution. Wirral pharmacies dispense fewer prescriptions than other pharmacies in the North West. This suggests that in Wirral there is capacity in our community pharmacy network to absorb additional work as our population grows.

8.2 Constituency Provision

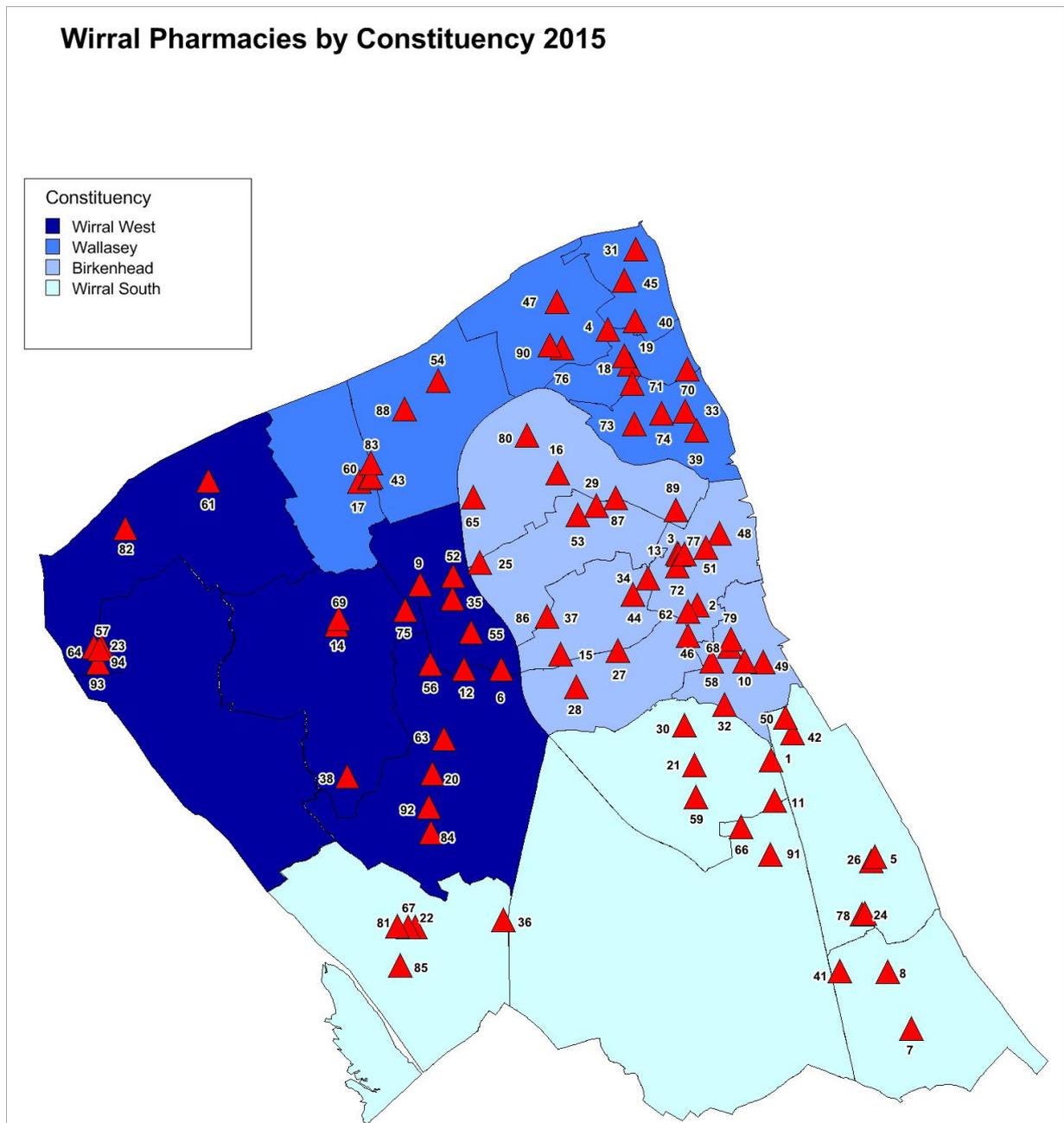
For the purpose of this PNA pharmacies will be analysed at constituency level. Wirral's wards are split into four constituency boundaries, below. Each constituency has a committee that discharges functions in respect of that area. See appendix 2 for definition.

The table below shows the wards found within each of the four constituencies and pharmacy characteristics have been compared across each area.

Table 9: Pharmacy characteristics per constituency

Ward	Constituency	Population	Number of pharmacies	Pharmacies per 100,000 resident population	Prescription items dispensed per pharmacy (monthly average 2012/13)
Bidston and St James	Birkenhead	88,951	30	33.7	199,710
Birkenhead and Tranmere					
Cloughton					
Oxton					
Prenton					
Rock Ferry					
Leasowe and Moreton East	Wallasey	89,483	21	23.5	156,135
Liscard					
Moreton West and Saughall Massie					
New Brighton					
Seacombe					
Wallasey					
Greasby, Frankby and Irby	West Wirral	72,285	22	31.8	111,273
Hoylake and Meols					
Pensby and Thingwall					
Upton					
West Kirby and Thurstaston					
Bebington	Wirral South	69,118	21	29.1	102,792
Bromborough					
Clatterbridge					
Eastham					
Heswall					
Wirral		319,837	94	29.4	569,910

Map 4: Community pharmacies per constituency (please note this map is subject to regular change)



For Key to pharmacy names in relation to numbers in Map 4, please see Appendix 5.

8.3 Access to pharmacy services

Opening hours of community pharmacies adapt to the demands of the local population and are generally influenced by the opening hours of GP services.

Pharmacy opening hours across Wirral are considered satisfactory with a wide access throughout the week and sufficient coverage over evenings and weekends, through pharmacies located in supermarkets and those working to 100 hour contracts. A mapping exercise that compares pharmacies delivering a minimum of 40 hour contracts and those delivering 100 hours has been overlaid against

population density. This shows that those offering evening and weekend openings are situated amongst the areas most densely populated. Please see map 1.

Table 10: Pharmacies providing minimum of 40 and 100 hour coverage per constituency

Constituency	40 Hour Contracts		100 Hour Contracts	
	Number	%	Number	%
Birkenhead	26	31.7	4	33.3
Wallasey	20	24.3	1	8.3
Wirral South	19	23.2	2	16.7
Wirral West	17	20.7	5	41.7
Wirral	82	99.9	12	100

The table above shows that 12.7% of pharmacies are providing 100 hours of opening times each week, however many of those offering 40 hours in fact offer significantly more, somewhere between 40-70 hours. Often this extends beyond a general 9-5 daytime service, into the evening and Saturdays, these additional opening times can be captured but vary across pharmacies, if opening hours were significantly varied we would need to assess any potential patient need that arose.

9. Public Consultation 2014

In January 2014 an electronic survey was sent out to approximately 50,000 residents. Survey details were also published in the Wirral Globe as part of a press release and on the Council website, encouraging participation. The survey ran from 17th – 31st January 2014. A total of 1,192 responses were received during this period.

9.1 Demographics

Table 11: Age demographic of respondents

Of the 1,192 responses received, there was a fairly even split between males and females (52.6% females, 47.4% males). The majority of respondents were aged between 46-64 years (43.7%). Over a third, (38.5%) were aged over 65 years. This may be reflective of the age demographic of people who use pharmacies more often, linked to health problems associated with age. If further insight is required for the younger population then a more specific survey would be required to target this group.

Age	Number	%
Under 18	1	0.1%
18-25	9	0.8%
26-45	174	16.1%
46-64	473	43.7%
65+	417	38.5%
Prefer not to say	9	0.8%
Total	1,083	

82.5% of respondents reported that their health had been 'good or fairly good' over the last 12 months, suggesting that there is a high pharmacy usage amongst the 'healthy population'.

A quarter of respondents, (25.8%) were parents of a child under 16 or looked after anyone who was sick, disabled or elderly which was not part of their job. A smaller number (7.3%) were themselves 'looked after' and 25.7% considered themselves to have a long-term illness, health problem or disability which limits their daily activity or work.

Respondent's ethnicity was in line with that of the Wirral's ethnic population as per the Wirral Compendium of Health Statistics 2013. 95% of the respondents were White British, 1% included Mixed race, Black or Black British, Chinese and 4% chose not to disclose.

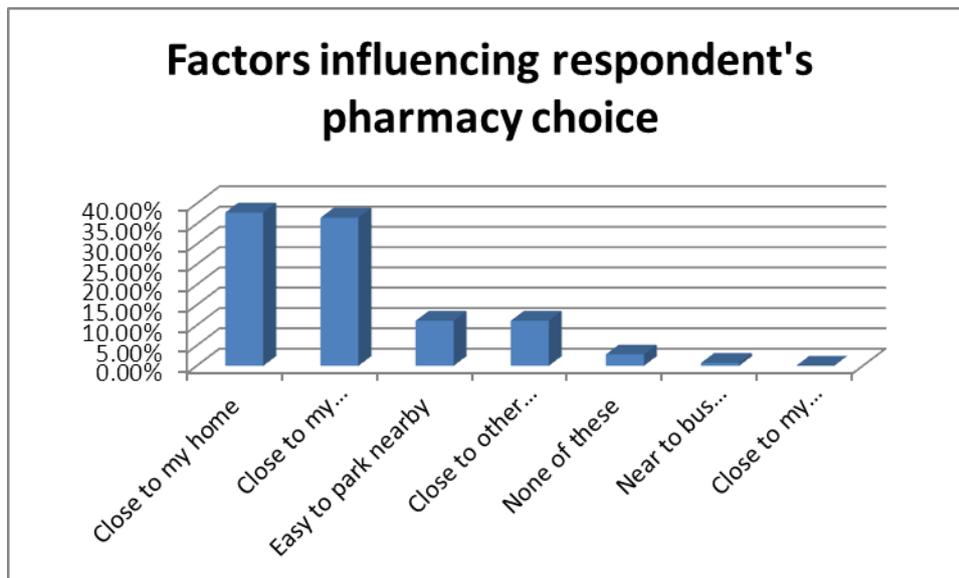
The main findings from the public consultation can be found below with further detail included in appendix 6.

9.2 Main findings

The main findings from the survey are as follows:

- The majority of respondents (80.3%) last used a pharmacy within the last month, with only 7.9% having last used the pharmacy more than three months ago or more.
- A little over a half (52.5%) and (56.7%) reported walking and car respectively as the main means of travelling to a pharmacy.

Chart 1: Factors influencing respondent's pharmacy choice

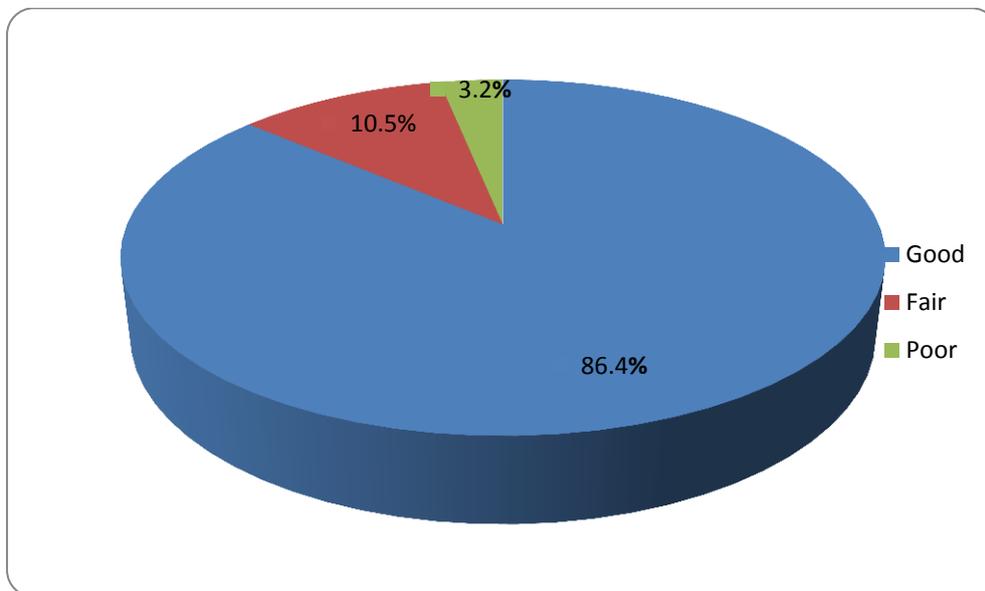


Respondents seemed to favour 'Close to home' (37.8%) and 'Close to GP practice' (36.6%) as important factors in terms of the location of their pharmacy. Surprisingly, distance to public transport does not appear to rate as important (0.7%) for most respondents.

- Approximately half (49.0%) of all respondents reported having a consultation with a pharmacist, within the last 12 months.
- An overwhelming positive response showed that the majority of respondents, (94.0%) had not had any problems finding a pharmacist. For those few (6.0%), that have experienced problems the reasons are grouped in table 16 in appendix 6, with stock issues being the most common.
- The majority of respondents (85.9%) were satisfied with pharmacy opening hours. 161 (14.1%) respondents were dissatisfied. The main trends related to 'extended opening times', including 'early morning/late evening/mirror surgery opening times' (74), 'weekend opening' (52), 'no lunchtime closures' (35).
- Respondents were asked how many times in the last 12 months they have wanted to use a pharmacy when it was closed. Two thirds (62.2%) of respondents said that they had not found any problems with pharmacies being closed.

- Some respondents, who had wanted to use a pharmacy when it was closed, gave details of when it was closed. Table 19 in appendix 6 shows that the majority had wanted to use a pharmacy on a Sunday and it had been closed.
- Some respondents provided details of pharmacy closures they had experienced. Table 20 shows that 29.5% had required access between 6pm-midnight, suggesting an increased demand during these periods.
- When asked what they did in this situation, the majority (94.8%) of respondents were able to either, wait till the pharmacy was re-open or went to another pharmacy. Only a very small number (4.4%) impacted upon other primary care settings, such as hospitals or walk in centres. Some respondents ticked more than one option.

Chart 2: Respondent satisfaction of last pharmacy visit



Results for satisfaction were overwhelmingly positive with 96.8% of respondents reporting 'good or fair' experiences at pharmacies.

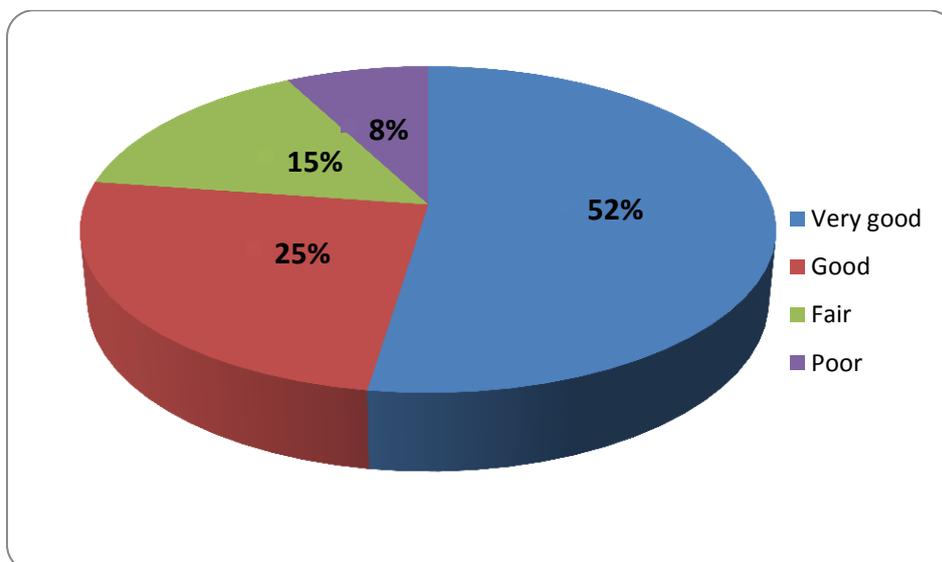
Those who rated their experiences as 'poor' were invited to comment as to why. Only 38 respondents rated their experience as poor but a total of 455 respondents responded to this supplementary question. 'Accessibility issues' included issues such as opening times and parking. 'Operational issues' considered staffing, facilities, training and communication between GP's and pharmacies. 'Prescription issues' elaborated on time taken for prescriptions to be dispensed, problems ordering repeat prescriptions and incomplete prescriptions. Further detail can be found in appendix 6.

Chart 3: Respondents feelings towards pharmacy services



When asked about their feelings towards pharmacies 82.4% stated that the range of services delivered, are satisfactory at present.

Chart 4: Represents how respondents rated their privacy during pharmacy consultations



92.3% rated their level of privacy as 'very good, good or fair'.

Table 12: Positive elements about local pharmacy services

Themes	Number
Friendly/helpful/good service/discrete	329
Local/convenient/close to doctors	75
Delivery/collection service/electronic prescriptions/liaison with GP	56
Quick/efficient/good all round service	44
Nothing	29
Opening hours	28
Good range of services/products offered/medication in stock	19
Missing/unintelligible	5
Total	585

Respondents were asked to state what was ‘good about local pharmacy services’. Almost, 50% of respondents took the time to comment on positive attributes of pharmacy services. Some respondents made more than one comment, therefore, for analysis purposes it is the number of comments recorded rather than the number of respondents. Over half (329) of the respondents were positive about the ‘service’ that they receive.

Following on from this, respondents were asked to identify areas of ‘improvement for pharmacy services’ again. For convenience comments were grouped into themes. Over a third were satisfied with current services and could not suggest areas for improvement, however typical themes that have been recurrent in other questions were emerging such as opening times, stock levels etc. and these would be considered by pharmacies as part of on-going quality improvement. These show consistency in the respondents completing the questionnaire. To note there were more comments praising pharmacy services, than there were for areas of improvement.

Respondents were finally given the opportunity at the end of the survey to provide ‘any other comments’ for general feedback purposes. A lot of these comments had been captured in earlier questions relating to service improvements. They have been analysed and themed into the table below. Overwhelmingly respondents used this opportunity to praise pharmacy services in Wirral with a lot attributing positive comments to specific pharmacies for providing ‘outstanding services’. Again another feature that was of concern to residents was the process in which repeat prescriptions are handled. Comments collected from within the ‘Free text’ sections of the survey i.e. where respondents could write in their own comments, will help formulate the recommendations that will accompany this Needs Assessment. Further detail can be found in tables 26 and 27 in appendix 6.

10. Community Pharmacist Survey 2014

The pharmacist survey was sent out to all pharmacists via email with an electronic link to the survey, encouraging them to participate. The survey ran from 15th – 31st January 2014. All 94 pharmacies in Wirral were invited to participate. The survey was also made available on the NHS England Local Area Team bulletin and Wirral's Local Pharmaceutical Committee website.

10.1 Respondents

The response rate for the pharmacist survey was 89 out of a potential 94 pharmacies (94.6%).

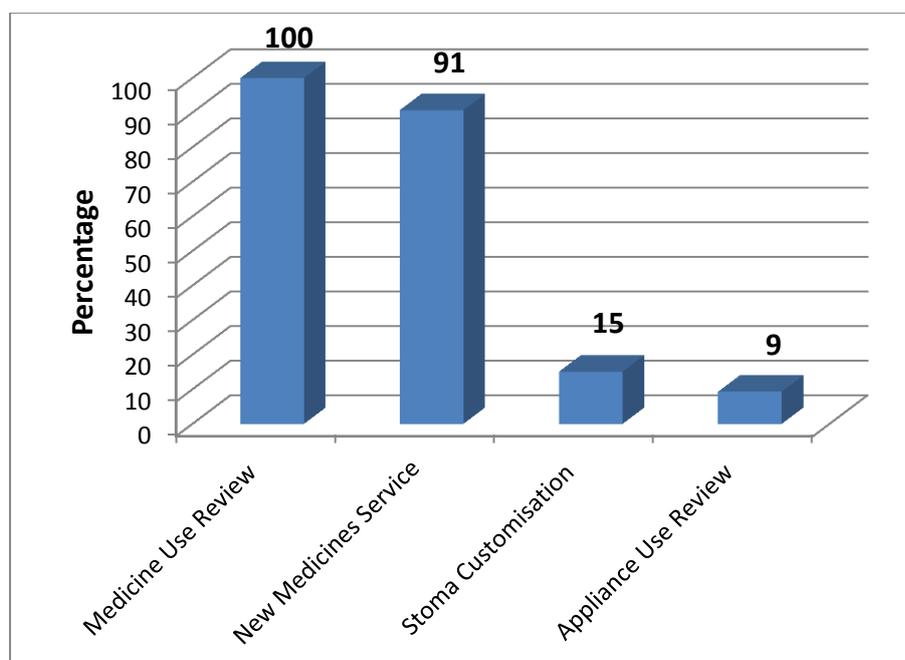
Please note some questions have not been answered by all respondents.

Table 13: Pharmacy Type

Type	Number	%
Independents	27	30.3%
Small Multiples	16	18.0%
Big Multiples	38	42.7%
Supermarkets	8	9.0%
Total	89	

10.2 Service provision

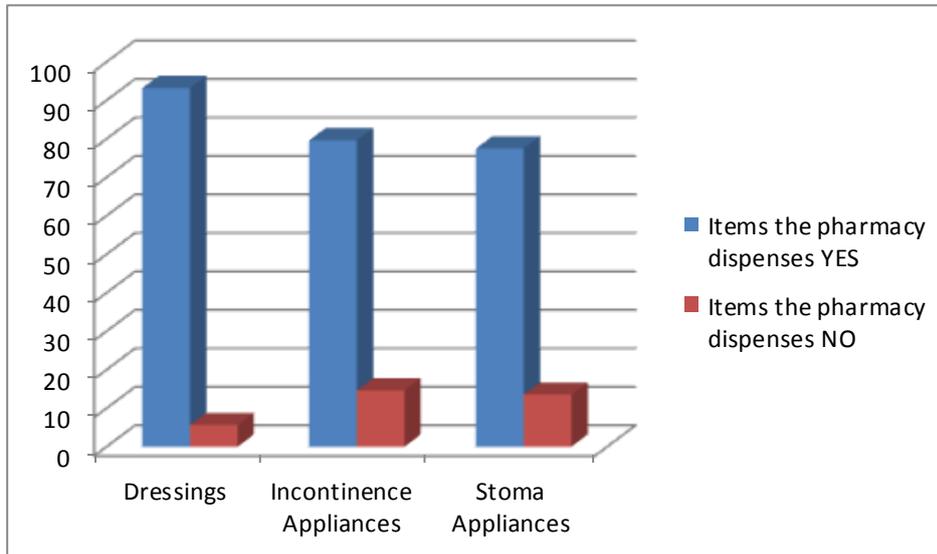
Chart 5: Advanced Service Provision



Of the 86 pharmacies that responded to this question, all provide Medicine Use Review (MUR) services, with the vast majority providing New Medicines Service

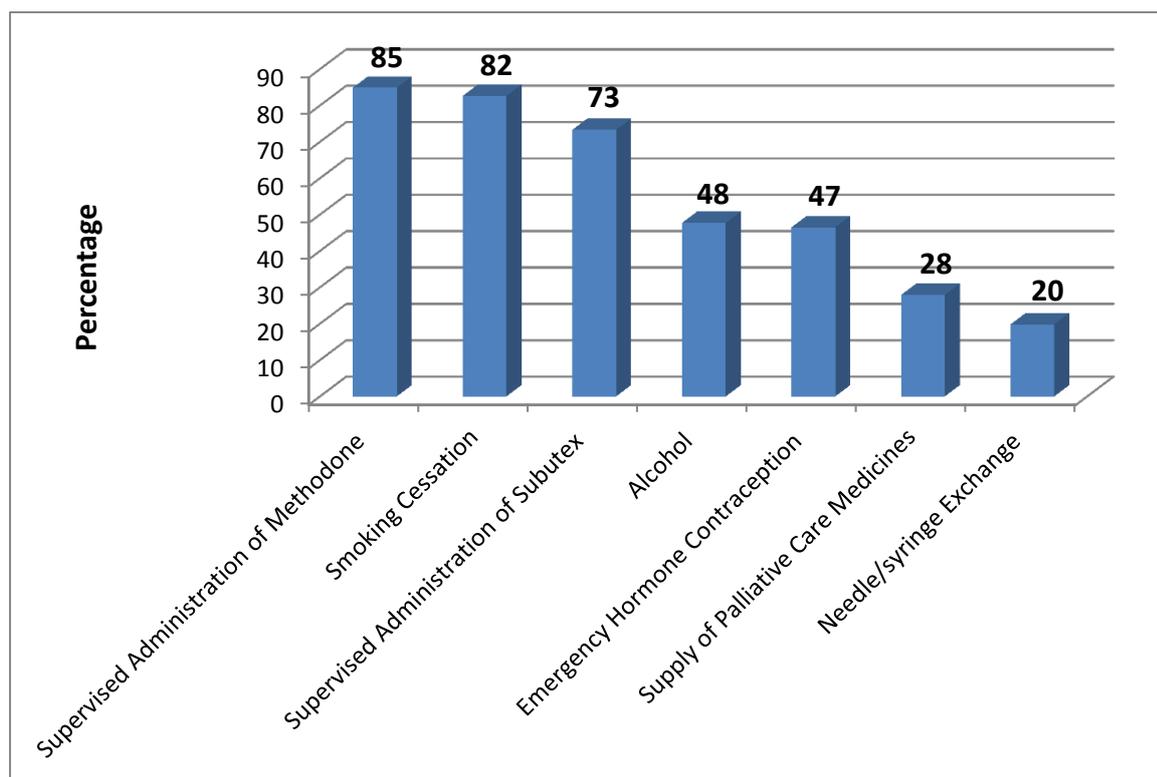
(NMS). Only small numbers (9.3) provide Appliance Use Reviews or Stoma Customisation.

Chart 6: Dispensing services provided



94.3% (83) of all pharmacies surveyed dispensed dressings, while 84.5% (71) dispensed both incontinence appliances and stoma appliances (69, 82.5%). Five pharmacies reported dispensing 'other' goods which included nicotine replacement therapy vouchers, methadone, prescription medication, flu vaccinations and 1 cited prescriptions for dressings are dispensed by the North West Ostomy (a registered dispensing appliance contractor).

Chart 7: Locally commissioned services



These services are described in further detail in Part 2, section 7. 'Other' services provided by responding pharmacies included; sharps disposal (6), advice to care homes (2), blister packs to care homes (1), weight management services (1), flu and meningococcal vaccinations (1).

Table 14: Additional pharmaceutical services offered

The table below gives details of other services outside of locally commissioned, essential and advanced services that local pharmacies provide. Of the 89 pharmacies that answered very high numbers provide a collection service of prescriptions from surgeries (88, 98.9%), provision of Monitored Dosage Systems (MDS) to patients living in their own home (84, 94.4%) and delivery of dispensed medicines (79, 88.8%).

Other pharmacy services provided	Number	%
Collection of prescriptions from surgeries	88	98.9%
Provision of Monitored Dosage Systems (MDS) to patients living in their own homes	84	94.4%
Delivery of dispensed medicines	79	88.8%
Total	89	

Table 15: Monitored Dosage System (MDS)

For those that answered the question three quarters would supply an MDS container under all circumstances posed. 'Other circumstances' included at a hospital request (3), patient request (3) and if there was space/capacity within the pharmacy to do so (3).

Under what circumstances would an MDS container be supplied to a person living in their own home?	Number	%
If patient is eligible under the 2010 Equality Act (formally DDA) and the pharmacy considers it a reasonable adjustment	77	87.5%77
At the request of the surgery	78	88.6%78
At the request of a family member	71	80.7%71
At the request of a care worker/agency	70	79.5%70
Other	13	14.7%13
Total	88	

10.3 Accessibility

For clarity purposes accessibility considers the following issues, parking, transport routes, premises, disability access, language and gender barriers.

From all those that responded it was found that 97.8% of customers could legally park within 50 metres of the pharmacy, 100% confirmed there was a bus stop within walking distance to the pharmacy. 87.6% of pharmacies said that disabled people were able to park within 10 metres of the premises.

69.6% of respondents confirmed that their pharmacies had wheel chair compatible/friendly entrances, but over 93.2% had wheelchair accessible floor space. Many of the pharmacies provide additional support to disabled people in the form of automatic door assistance, hearing loop, large print leaflets etc.

For those customers whose first language is not English one fifth (20.2%, 18 out of 89 respondents) were able to assist in communication difficulties with pharmacy staff speaking a variety of languages including Spanish, Polish, Cantonese, Urdu etc.

For those customers whose preference would be to talk to pharmacy staff of the same gender 83.1% (74 of 89) pharmacies were able to support this.

10.4 Facilities

For pharmacies offering Medicine Use Reviews the consultation area must adhere to the criteria, below. The conditions in which an MUR can take place can be found in greater detail at the PSNC website: <http://psnc.org.uk/services-commissioning/advanced-services/murs/>

- The consultation area should be where both the patient and the pharmacist can sit down together.
- The patient and the pharmacist should be able to talk at normal speaking volumes without being overheard by any other person (including pharmacy staff).
- The consultation should be clearly designated as an area for confidential consultations, distinct from the general public areas of the pharmacy.

Consultation rooms in 96.6% (86 out of 89) of the Wirral pharmacies surveyed met this criteria.

29.2% (26 out of 89 respondents) provide toilets on the premises that would facilitate pregnancy and chlamydia testing.

Pharmacists were given the opportunity to give 'additional comments' these included, stating that toilets were close by, either in a co-located surgery or supermarket. They offered extended opening times, no lunch time closure and availability during bank holidays. Other comments included 'free BP checks', pharmacist availability and the desire to provide a consultation room if circumstances permitted.

Pharmaceutical Needs Assessment 2015

Part 4

Appendices and Supporting Information

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, the 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. At present, there are three advanced services, Medicines Use Reviews (MUR), Appliance Use Reviews (AURs) and Stoma Appliance Customisation (SAC). In MURs and AURs the pharmacist discusses with the patient their use of the medicines or appliances they are prescribed and whether there are any problems that the pharmacist can help resolve. For SAC the aim is to ensure proper use and comfortable fitting of the stoma appliance and to improve duration of usage thereby reducing waste.
- Local enhanced services, such as health and lifestyle advice or help for substance misusers, are commissioned locally by PCTs direct with contractors.

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

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

‘Our health, our care, our say’

This White Paper in January 2006 set out a new strategic direction for improving the health and wellbeing 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 play in providing services which support patients with long term conditions and make treatment for minor illnesses accessible and convenient.

‘NHS Next Stage Review’

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

‘Pharmacy in England - Building on strengths delivering the future’

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

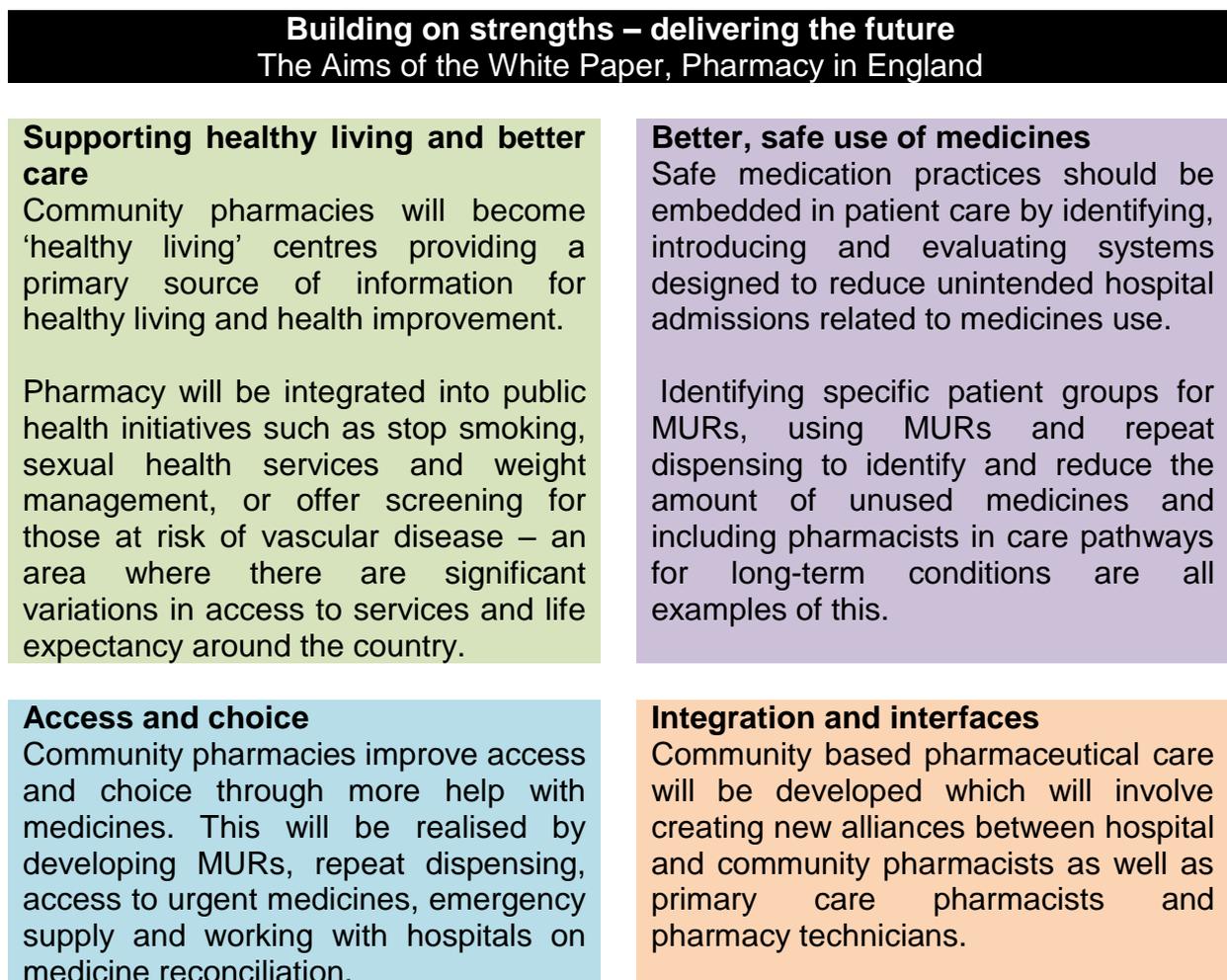
This White Paper sets out a vision for improved quality and effectiveness of pharmaceutical services, and a wider contribution to public health. Whilst acknowledging good overall provision and much good practice amongst providers, it revealed several areas of real concern about medicines usage across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

It identifies practical, achievable ways in which pharmacists and their teams can improve patient care in the coming years. It sets out a reinvigorated vision of pharmacy's potential to contribute further to a fair, personalised, safe and effective NHS. This vision demonstrates how pharmacy can continue, and expand further, its role in an NHS that focuses as much on prevention as it does on treating sick people, helping to reduce health inequalities, supporting healthy choices, improving quality and promoting 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 1. 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 1: Pharmacy White Paper – Summary



Quality

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

“Healthy lives, healthy people”

The public health strategy for England (2010) says: “Community pharmacies are a valuable and trusted public health resource. With millions of contacts with the public each day, there is real potential to use community pharmacy teams more effectively to improve health and wellbeing and to reduce health inequalities.” This will be relevant to local authorities as they take on responsibility for public health in their communities.

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

Equity and excellence: Liberating the NHS (2010)

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

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

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

The NHS Act 2006 required the Secretary of State for Health to make Regulations concerning the provision of NHS pharmaceutical services in England. The Health Act 2009 amended these provisions by providing that:

- PCTs must develop and publish local pharmaceutical needs assessments (known as “PNAs”).
- PCTs would then use their PNAs as the basis for determining entry to the NHS pharmaceutical services market.

The Health Act 2009 also introduced new provisions which allow the Secretary of State to make regulations about what remedial actions PCTs can take against

pharmacy and dispensing appliance contractors who breach their terms of service or whose performance is poor or below standard.

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

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

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

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

Appendix 2: Glossary of Abbreviations

AUR	Appliance Use Review
CCG	Clinical Commissioning Group
COPD	Chronic Obstructive Pulmonary Disease
CHD	Coronary Heart Disease
CPD	Continued Professional Development
CSU	Clinical Support Unit
CVD	Cardiovascular Disease
EHC	Emergency Hormone Contraception
ESPSLPS	Essential Small Pharmacy Services Local Pharmaceutical Services
GP	General Practice/General Practitioner
HSCIC	Health & Social care Information Centre
H&WBB	Health and Wellbeing Board
IMD	Index of Multiple Deprivation
JSNA	Joint Strategic Needs Assessment
KM	Kilometre
LAT	Local Area Team
LA	Local Authority
LINKS	Local Involvement Network
LPS	Local Pharmaceutical Services
LSOA	Lower Super Output Areas
MDS	Monitored Dosage System
MUR	Medicines Use Review
NHS	National Health Service
NHSE	NHS England
NHS CB	NHS Commissioning Board
NMS	New Medicines Service
PCT	Primary Care Trust

PGD	Patient Group Directive
PHE	Public Health England
PNA	Pharmaceutical Needs Assessment
PSNC	Pharmaceutical Services Negotiating Committee
QOF	Quality Outcomes Framework
SAC	Stoma Appliance Customisation

Terms

Wirral Constituencies: There are four constituency committees, which are co-terminus with four Wirral Parliamentary constituency boundaries. They are:

- Birkenhead
- Wallasey
- Wirral South
- West Wirral

Health & Wellbeing Boards are statutory bodies introduced in England under the [Health and Social Care Act 2012](#). According to the Act, each upper-tier local authority in England is required to form a health and wellbeing board as a committee of that authority.

NHS England is an executive non-departmental public body of the Department of Health. NHS England oversees the budget, planning, delivery and day to day operation of the NHS in England as set out in the Health and Social Care Act 2012.

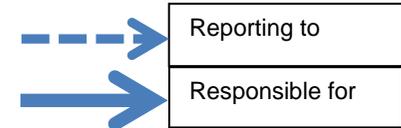
NHS Trust/s provides services on behalf of the English NHS and NHS Wales. The trusts are not trusts in the legal sense but are in effect public sector corporations. Each trust is headed by a board consisting of executive and non-executive directors, and is chaired by a non-executive director. The non-executive directors are recruited by open advertisement.

Mail Chimp is an email marketing service provider by which emails are sent.

Appendix 3:

Wirral Pharmaceutical Needs Assessment (PNA)
 Responsibility for maintaining current PNA, developing and then managing a future PNA

Strategic and statutory role for HWB & LA
Responsibility for current and future Wirral PNA
 (Nominated lead - HWB member and/or LA officer/member)



Acting on behalf of HWB/LA

JSNA Executive Group
 Operational role undertaken by JSNA Executive Group to act on behalf of HWB/LA in delivering current and new PNA
 (Led by Chair)

- Amended ToR to account for role for HWB & LA
- Explicit responsibility to act on behalf of HWB/LA
- Reporting mechanism – current & future PNA

Acting on behalf of LA

Public Health DMT
 Departmental Officer Group for PH reporting within LA

- Recognise risk of not maintaining current PNA and not producing new PNA for HWB & LA
- Receiving reports from PH leads for JSNA Exec and PNA Groups on progress, issues, needs and risks
- Reporting to LA via risk register on progress and issues

Management of Current PNA

Actions

Correspondence from NHS LAT on community pharmacy services
 - Considered by PH officers/JSNA Exec Group Chair and necessary actions such as publishing supplementary statements and other related PNA activity

Publish updates and maintain audit trail of changes made
[See JSNA PNA Webpage](#)

In the situation where the change to the community pharmacy provision is likely deemed substantial – then this would trigger a need to re-develop the existing PNA – considered by PH officers with contact to HWB/LA lead

Development of new PNA

PNA Development Group
 Leading provision of the new PNA
 Partners to work and provide document by, or before, statutory date – Led by PH officers on behalf of HWB/LA

- ToR to reflect role and reporting responsibility
- Collaborative approach by partners
- Explicit responsibility
- Clarity of purpose to act on behalf of JSNA Exec and HWB/LA to produce new PNA
- Update JSNA Exec Group and so HWB & LA on progress, issues, needs and risks

Appendix 4:

NHS WIRRAL - Wirral Pharmacies

This list is correct as at 14.11.14, details do change periodically

Birkenhead Constituency			
Name of Pharmacy	Monday – Friday	Saturday	Sunday
Asda Pharmacy 222 Grange Road Birkenhead CH41 6EB Tel: 0151 552-1110	Monday 07:00-22:00 Tuesday-Friday 06:00-22:00	06.00 – 21.00	10.30 – 16.30
Vittoria Healthcare Ltd Birkenhead Pharmacy 31 Laird Street Birkenhead CH41 8DB Tel:0151 653-7720	Monday - Thursday 09.00 – 13.00 14.15 – 18.30 Friday 09.00-13.00 14.15-18.00	09.00 – 13.00	Closed
Boots UK Ltd 215 Grange Road Birkenhead Wirral CH41 2PH Tel:0151 647-7255	08.30 – 17.30	08.30 – 17.30	10.30 – 16.30
Cloughton Pharmacy (Paxton Ltd) 161 Park Road North Cloughton Birkenhead CH41 0DD Tel:0151 653-7543	07.00 – 22.30	07.00 – 22.30	09.00 – 16.00
Dale Pharmacy Ltd 218 Bebington Road Rock Ferry Wirral CH42 4QF Tel:0151 644-1912	09.00 – 18.00	09.00 – 13.00	Closed
Haven Chemist 40 Balls Road Oxton Wirral CH43 5RE Tel:0151 652-8282	08.00 – 18.30	08.00 – 12.00	Closed
Ipharm 3 Townfield Close Birkenhead, CH43 9JW Tel: 0151 488-7828	09:00-18:00	Closed	Closed
Jamiesons Pharmacy 44 Whetstone Lane Birkenhead CH41 2TF Tel:0151 647-4449	Monday 08.45 – 19.00 Tuesday-Wednesday – Friday 08.45 – 18.00 Thursday 08.00 – 18.00	Closed	Closed
Lloyds Pharmacy Victoria Park Health Centre Bedford Avenue	08.30 – 18.00	Closed	Closed

Rock Ferry Wirral CH42 4QJ Tel:0151 645-1201			
Medicx Pharmacy St Catherine's Hospital Church Road Tranmere CH42 0LQ Tel: 0151 601 3132	07.30-22.00	08:00-22:00	08:30-22:00
Morsey Lewis Pharmacy 41 Fender Way Beechwood CH43 7ZJ Tel:0151 677-2353	09.00 - 17.30	Closed	Closed
Old Chester Pharmacy 296 Old Chester Road Rock Ferry Wirral CH42 3XD Tel:0151 645-3055	09.00 – 18.00	09.00 – 12.30	Closed
C&P Apothecaries Ltd Prenton Dell Pharmacy 25-27 Dickens Avenue Prenton Wirral CH43 0TQ Tel:0151 608-3507	09.00 – 18.30	09.00 – 13.00	Closed
Rowlands Pharmacy 53 Christchurch Road Oxon Wirral CH43 5SF Tel:0151 652 5678	09.00 – 13.00 14.00-18.00	09.00 – 13.00 14.00-17.30	Closed
Rowlands Pharmacy 525 New Chester Road Rock Ferry Wirral CH42 2AG Tel:0151 645-3131	09.00 – 13.00 14.00-18.30	09.00 – 12.00	Closed
Rowlands Pharmacy 9 Princes Pavement Birkenhead CH41 2XY Tel:0151 647-6858	09.00 – 13.00 13.20-17.30	09.00 – 13.00 13.20-17.00	Closed
Rowlands Pharmacy Greenway Road Surgery 62 Greenway Road Birkenhead CH42 7LX Tel:0151 652-5941	09.00 – 13.00 14.00-18.00	09.00 – 13.00	Closed
Rowlands Pharmacy 2 Upton Road Claughton Wirral CH41 0DF Tel:0151 652-1902	09.00 – 13.00 14.00-18.00	Close	Closed

Rowlands Pharmacy 73 Market Street Birkenhead Wirral CH41 6AN Tel:0151 647-8017	09.00 – 13:20 13:40 – 17:30	09.00 – 13.00	Closed
Superdrug Pharmacy 203-205 Grange Road Birkenhead Wirral CH41 2PF Tel:0151 647-7387	09.00 – 17.30	09.00 – 17.30	Closed
Swettenham Chemists Ltd 249 Old Chester Road Tranmere Wirral CH42 3TD Tel:0151 645-1851	09.00 – 13.00 14.15 - 18.00	Closed	Closed
AD Swettenham Chemist 4 Tranmere Court Tranmere CH42 5AB Tel:0151-647 8645	09.00 – 13.00 14.00 - 18.00	Closed	Closed
Tesco in-store Pharmacy Tesco Extra Bidston Moss Link Road Birkenhead CH43 7AA Tel:0151 268-6447	Monday 08.00 - 22.30 Tuesday – Friday 06:30 – 22:30	06:30 – 22:00	10.00 – 16.00
Townfield Pharmacy Townfield Health Centre Townfield Close Noctorum CH43 9JW Tel:0151 653-7707	09.00 – 13.00 14.00 - 18.00	09.00 – 13.00	Closed
Vittoria Healthcare Limited 134 St Anne Street Birkenhead CH41 3SJ Tel:0151 647-8679	09.00 – 13.00 14.15 - 18.30	Closed	Closed
Boots UK Ltd 379 Woodchurch Road Prenton CH42 8PE Tel:0151 608-2609	09.00 – 18.00	09.00 – 17.00	Closed
Boots UK Ltd 30 Hoylake Road Birkenhead CH41 7BX Tel:0151 653-7871	09.00 – 18.30	09.00 – 15.00	Closed
Boots UK Ltd 8-10 Holmlands Drive Oxton Wirral CH43 0TX Tel:0151 608-5093	09.00 – 18.30	09.00 – 13.00	Closed

Boots UK Ltd 206 Bedford Road Rock Ferry Wirral CH42 2AT Tel:0151 643-9051	09.00 – 13.00 14.00 - 18.00	09.00 – 13.00 14.00 - 17.00	Closed
Boots UK Ltd 395 Upton Road Noctorum Wirral CH43 9SE Tel:0151 677-5353	09.00 – 18.00	9.00 – 17.00	Closed

Wallasey Constituency			
Name of Pharmacy	Monday – Friday	Saturday	Sunday
Boots UK Ltd Alliance Pharmacy Manor Health Centre Liscard Village Wallasey CH45 4JG Tel:0151 638-5617	08.00 – 18.00	Closed	Closed
Asda Pharmacy Seaview Road Liscard Wallasey Wirral CH45 4NZ Tel:0151 691-6718	08.00 – 22.00	08.00 – 22.00	10.00 – 16.00
Vittoria Healthcare Ltd Blackheath Pharmacy 113 Reeds Lane Leasowe Wirral CH46 1QT Tel:0151 604-1600	09.00 – 13.00 14.00 - 18.00	Closed	Closed
Boots UK Ltd 254 Hoylake Road Moreton Wirral CH46 6AF Tel:0151 677-5182	09.00 – 13.00 14.00 - 17.30	09.00 – 13.00 14.00 - 17.30	Closed
Boots UK Ltd 36 Liscard Way Liscard Wirral CH44 5TP Tel:0151 638-2477	08.30 – 17.30	08.30 – 17.30	10.00 -16.00
Peter Jamieson Ltd Campbells Chemist 175 Poulton Road Wallasey Wirral CH44 9DG Tel: 0151 638-5730	09.00 – 13.00 14.15 - 18.00	09.00 – 13.00	Closed

Carrington Chemist 128 Rake Lane Wallasey Wirral CH45 5DL Tel:0151 639-3531	08:30 – 13:00 14:00 – 17:30	Closed	Closed
P.A. McKeever Ltd Egremont Pharmacy 9a King Street Wallasey Wirral CH44 8AT Tel:0151 639-5016	09.00 – 13.00 14.00 - 18.00	Closed	Closed
Jackson's of Seacombe Ltd 118 St Pauls Road Wallasey Wirral CH447AW Tel:0151 638-4555	09.00 – 13.00 14.15 - 18.00	09.00 – 13.00 14.15 – 17.30	Closed
M&B Healthcare Ltd Leasowe Pharmacy Leasowe Primary Care Centre Hudson Road Leasowe Wirral CH46 2QQ Tel:0151 638-3810	09.00 – 13.00 14.00 - 18.00	Closed	Closed
Manichem Ltd Moreton Pharmacy 205-207 Hoylake Road Moreton Wirral CH46 0SJ Tel:0151 677-2344	08.30 – 18.00	09.00 – 17.30	Closed
Rowlands Pharmacy 62 Grove Road Wallasey Wirral CH45 3HW Tel:0151 639-2352	09.00 – 13.00 14.00 - 18.00	09.00 – 13.00	Closed
Rowlands Pharmacy 2a Chadwick Street Moreton Wirral CH46 7TE Tel:0151 677-3814	09.00 – 13:00 13.20 - 18.00	09.00 – 13.00	Closed
Rowlands Pharmacy Field Road Health Centre Field Road New Brighton Wirral CH45 5BG Tel:0151 639-3729	08.45 – 13:20 13:40 – 18.00	Closed	Closed
St Hilary's Pharmacy St Hilary Brow Group Practice Broadway Wallasey CH45 3NA Tel:0151 638-3048	08.30 - 18.00	Closed	Closed

Somerville Pharmacy Somerville Medical Centre 71 Gorsey Lane Wallasey Wirral CH44 4SP Tel:0151 638-2772	08.45 –18.00	08.45 – 12.00	Closed
The Co-operative Pharmacy Pasture Road Health Centre Pasture Road Moreton Wirral CH46 8SA Tel:0151 677-4100	08.30 – 13.00 14.00 - 18.00	Closed	Closed
P.A.McKeever Ltd Victoria Central Pharmacy Victoria Central Primary Care Centre Mill Lane Wallasey Wirral CH44 5UP Tel: 0151 639-0732	08.30-19.00	08.30-12.30	Closed
Victoria Pharmacy 100 Victoria Road New Brighton Wirral CH45 2JF Tel:0151 639-4361	09.00 – 13.00 14.00 - 18.00	09:00 – 13:00	Closed
Wallasey Village Pharmacy 95 Wallasey Village Wallasey Wirral CH45 3LE Tel:0151 638-2392	09.00 – 18.00	09.00 – 17.30	Closed
Diamond Health Ltd Wyn Ellis & Son 32 Poulton Road Wallasey Wirral CH44 9DQ Tel:0151 638-6609	09.00 – 13.00 14.15 - 18.00	09.00 – 13.00	Closed

Wirral South Constituency			
Name of Pharmacy	Monday – Friday	Saturday	Sunday
Asda Pharmacy Welton Road Bromborough Wirral CH62 3QP Tel: 0151 346-2510	Monday 08.00-23.00 Tuesday – Friday 07.00-23.00	07.00-22.00	10.00-16.00
Logic Healthcare Ltd Higher Bebington Pharmacy New Medical Centre Brackenwood Road Bebington Wirral CH63 2LR Tel: 0151 608-2206 Fax:0151 608-2221	08.00-22.30	08.00-22.30	09.30-22.30
Boots UK Ltd Welton Road Bromborough Retail Park Bromborough Wirral CH62 3PN Tel: 0151 343-0276	08.00 – 20.00	08.00 – 20.00	10.00 – 16.00
Boots UK Ltd 3-5 The Precinct Bromborough Wirral CH62 7AD Tel:0151 334-4406	09.00 – 13.00 13.30 - 17.30	09.00 – 17.30	Closed
Boots UK Ltd 218-220 Telegraph Road Heswall Wirral CH60 0AL Tel:0151 342-2663	09.00 – 17.30	09.00 – 17.30	Closed
Cohens Pharmacy 4 Broadway Bebington Wirral CH63 5NH Tel:0151 608-4480	09.00 – 13.00 14.00 - 18.00	Closed	Closed
Dudleys Chemist 1194 New Chester Road Eastham Wirral CH62 9AE Tel:0151 327-1586	09.00 – 17.30	09.00 – 13.00	Closed
Heswall Hills Pharmacy 119 Brimstage Road Heswall Wirral CH60 1XF Tel:0151 342-4385	09.00 – 13.00 14.00 - 18.00	Closed	Closed
Morsy Lewis Pharmacy 16 Cross Lane Bebington	09.00 – 18.00	09.00 – 17.00	Closed

Wirral CH63 3AL Tel:0151 334-1040			
Oakley Pharmacy Unit 3, The Curve 141 Telegraph Road Heswall Wirral CH60 7SE Tel: 0151 342 6892	09.00-18.00	09:00-17:30	Closed
Rowlands Pharmacy Parkfield Medical Centre Sefton Road New Ferry Wirral CH63 5HS Tel:0151 645-3985	09.00 – 13.00 14.00 - 18.30	09.00 – 13.00	Closed
Rowlands Pharmacy 20 Bebington Road New Ferry Wirral CH62 5BQ Tel:0151 645-3295	09.00 – 12.40 13.00 - 18.00	09.00 – 12.40 13.00 - 17.30	Closed
Rowlands Pharmacy 154 Allport Road Bromborough Wirral CH62 6BB Tel:0151 334-2254	09.00 – 13.00 14.00 - 18.00	09.00 – 13.00	Closed
A D Swettenham 176 Bebington Road Bebington Wirral CH63 7PD Tel:0151 645-1013	09.00 – 13.00 14.00 - 18.00	Closed	Closed
Swettenham Chemist Ltd 18 Allport Lane Bromborough Wirral CH62 7HP Tel:0151 334-2020	09.00 – 18.00	09.00 – 13.00	Closed
W A Temple 3 Lancelyn Court Precinct Spital Wirral CH63 9JP Tel:0151 334-5486	09.00 – 13.00 14.00 - 18.00	09.00 – 13.00	Closed
Tesco in-store Pharmacy Telegraph Road Heswall Wirral CH60 7SL Tel:0151 676-0447	08.00 – 20.00	08.00 – 20.00	10.00 – 16.00
B&D Dudley (Chemists) Ltd Tree Tops Pharmacy Treetops Primary Health Care Centre Bridle Road Bromborough Wirral CH62 6AP Tel:0151 327-4554	08.30 – 18.30	09.00 – 13.00	Closed

The Co-Operative Pharmacy Village Road Heswall Wirral CH60 0DZ Tel:0151 342-2049	09.00 – 13.00 14.00 - 18.00	Closed	Closed
Boots UK Ltd 118 Teehey Lane Bebington Wirral CH63 8QT Tel:0151 608-2523	09.00 – 18.00	09.00 – 17.00	Closed
Boots UK Ltd 21-23 Church Road Bebington Wirral CH63 7PG Tel:0151 645-3925	09.00 – 18.00	09:00-17:00	Closed

Wirral West Constituency

Name of Pharmacy	Monday – Friday	Saturday	Sunday
Asda Pharmacy Woodchurch Road Upton Wirral CH49 5PD Tel: 0151 522-7710 Fax:0151 522-7711	Monday 07.00-22.00 Tuesday-Friday 06.00-22.00	06:00-21:00	10:00-16:00
Boots UK Ltd Commonfield Road Surgery 156 Commonfield Road Arrowe Park Wirral CH49 7LP Tel:0151 677-5058	08.30 – 13.00 14.00 - 18.30	Closed	Closed
Boots UK Ltd 11-13 The Crescent West Kirby Wirral CH48 4HL Tel:0151 625-8586	08.30 – 17.30	09.00 – 17.30	Closed
Zods Ltd Heatherlands Pharmacy 396 New Hey Road Upton Wirral CH49 9DA Tel: 0151 678-5427	06.30-22.30	07.30-21.30	10.00-16.00
Irby Pharmacy 39 Thingwall Road Irby Wirral CH61 3UE Tel:0151 648-1498	09.00 – 13.00 14.00 - 18.00	09.00 – 13.00	Closed
Lees Pharmacy 98 Hoole Road Woodchurch Wirral CH49 8EG Tel:0151 677-4932	09.00 – 18.00	09.00 – 13.00	Closed
Lloyds Pharmacy Arrowe Park Hospital Arrowe Park Road, Upton Wirral CH49 5PE Tel:0151 677-6449	08.30 – 22.00	09.00 – 22.00	09.00 – 22.00
Lloyds Pharmacy 35 Grange Road West Kirby Wirral CH48 4DZ Tel:0151 625-1034	08.30 – 18.00	09.00 – 17.00	Closed
Manor Pharmacy 13 Station Approach Meols Wirral CH47 8XA Tel:0151 632-0070	09.00 – 13.00 14.00 - 18.00	09.00 – 13.00	Closed

<p>Medicx Pharmacy The Warrens Medical Centre Arrowe Park Road Thingwall Wirral CH49 5PL Tel: 0151 601-3101</p>	07.30 – 22.00	08.00 – 22.00	08.30 – 22.00
<p>McKeevers Chemist 424 Frankby Road Greasby Wirral CH49 3PH Tel:0151 678-3350</p>	09.00 – 18.00	09:00 – 13:00	Closed
<p>Morrisons Pharmacy Dee Lane West Kirby Wirral CH48 0QA Tel:0151 625-8094</p>	<p>Monday - Wednesday 09.00 – 20.00 Thursday - Friday 09.00 – 21.00</p>	09.00 – 20.00	10.00 – 16.00
<p>Rowlands Pharmacy Upton Group Practice 32 Ford Road Upton Wirral CH49 0TF Tel:0151 677-5948</p>	<p>08.30 – 13.00 13.30 - 18.30</p>	09.00 – 13.00	Closed
<p>Sainsburys Pharmacy Upton By Pass Upton Wirral CH49 6QG Tel:0151 522-0186</p>	07.00 – 23.00	07.00 - 22.00	10.00 – 16.00
<p>M & A Weinronk 413 Pensby Road Pensby Wirral CH61 9PF Tel:0151 648-1936</p>	<p>Monday - Thursday 09.00 – 13.00 14.15 – 18.00 Friday 09.00 – 18.00</p>	09.00 – 13.00	Closed
<p>Welsh Chemist 90 Banks Road West Kirby Wirral CH48 0RE Tel:0151 625-2544</p>	<p>08.45 – 13.00 14.00 - 18.30</p>	09.00 – 13.00	Closed
<p>The Co-Operative Pharmacy 309 Pensby Road Pensby Wirral CH61 9ND Tel:0151 648-1606</p>	<p>09.00 – 13.00 14.00 - 18.00</p>	Closed	Closed
<p>The Co-Operative Pharmacy 40 Market Street Hoylake Wirral CH47 2AF Tel: 0151 632-4015</p>	09.00 – 18.00	09.00 – 13.00	Closed

<p>Wilsons Chemist 17 The Crescent West Kirby Wirral CH48 4HL Tel:0151 625-6115</p>	<p>09.00 – 17.30</p>	<p>09.00 – 17.00</p>	<p>Closed</p>
<p>Boots UK Ltd 509 Pensby Road Pensby Wirral CH61 7UQ Tel:0151 648-1351</p>	<p>09.00 – 13.00 14.00 - 18.00</p>	<p>09.00 – 13.00</p>	<p>Closed</p>
<p>Boots UK Ltd 148 Greasby Road Greasby Wirral CH49 3NQ Tel:0151 677-5501</p>	<p>09.00 – 18.30</p>	<p>09.00 – 17.30</p>	<p>Closed</p>
<p>Boots UK Ltd 23 Arrowe Park Road Upton Wirral CH49 0UB Tel: 0151 677-2241</p>	<p>Monday & Tuesday 09.00 – 18.00 Wednesday 9.00 – 17.30 Thursday & Friday 09.00 – 18.00</p>	<p>9.00 – 17.30</p>	<p>Closed</p>

Appendix 5: Maps

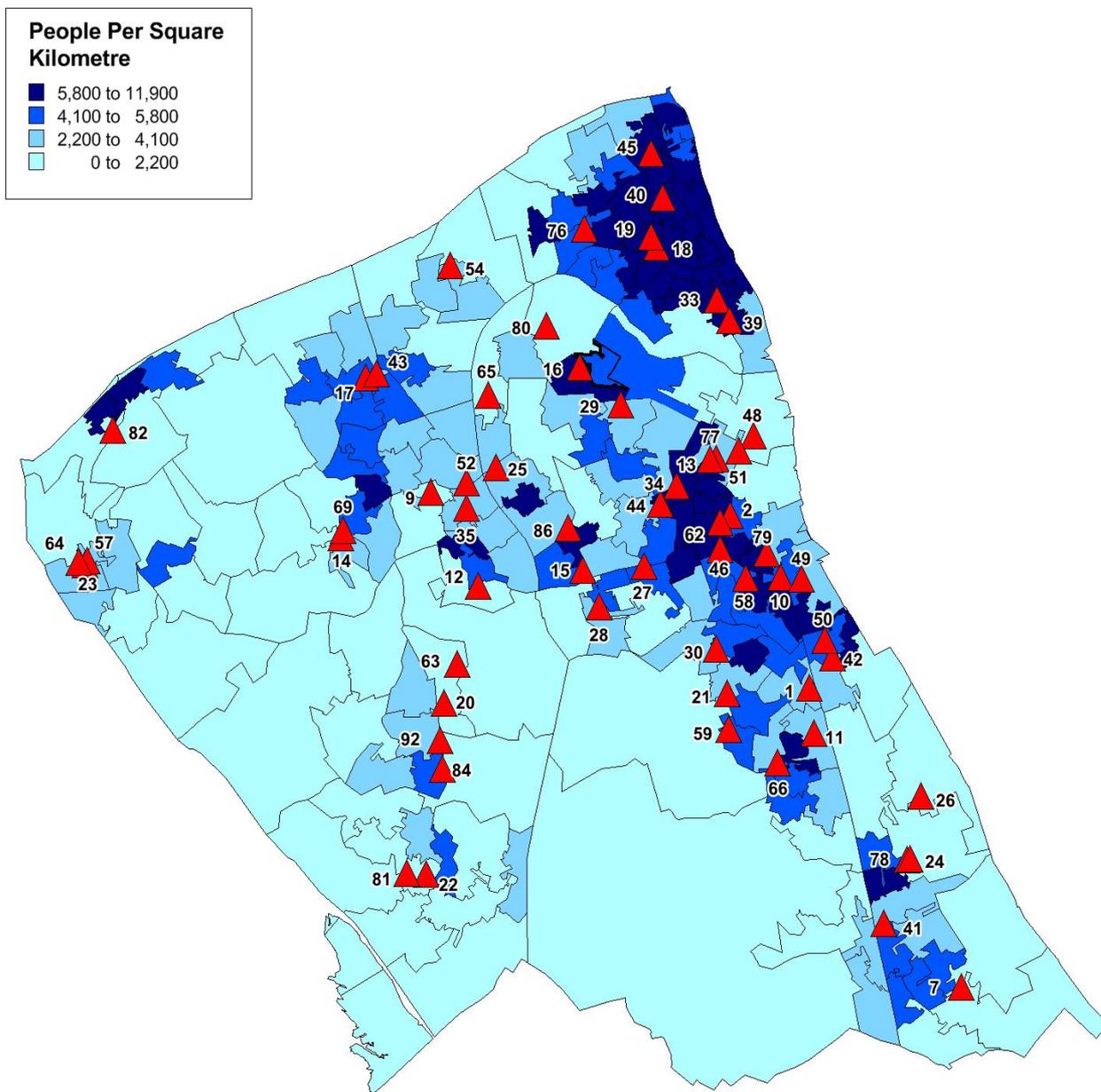
Key to Pharmacies for all Maps in this document.

(Please note that lists and maps in Appendix 5 are correct as at January 2015 and are subject to regular change)

Key	Pharmacy	Key	Pharmacy
1	Alliance Pharmacy - Manor HC	48	Lloyds Pharmacy Victoria Park
2	Asda Pharmacy - Birkenhead	49	Lloyds Pharmacy West Kirby
3	Asda Pharmacy - Bromborough	50	M & A Weinronk
4	Asda Pharmacy - Wallasey	51	Manor Pharmacy
5	Asda Pharmacy - Woodchurch	52	McKeevers Chemist
6	Averroes	53	Medicx Pharmacy - St Catherines
7	Birkenhead Pharmacy	54	Medicx Pharmacy - The Warrens
8	Blackheath Pharmacy	55	Moreton Pharmacy
9	Boots Pharmacy Bromborough	56	Morrison Stores Pharmacy
10	Boots Pharmacy - Commonfield Road	57	Morsy Lewis Pharmacy Bebington
11	Boots Pharmacy Birkenhead	58	Morsy Lewis Pharmacy Beechwood
12	Boots Pharmacy Birkenhead North	59	Oakley Pharmacy
13	Boots Pharmacy Bromborough Village	60	Old Chester Pharmacy
14	Boots Pharmacy Greasby	61	Prenton Dell Pharmacy
15	Boots Pharmacy Heswall	62	Rowlands Pharmacy Bromborough
16	Boots Pharmacy Higher Bebington	63	Rowlands Pharmacy Claughton
17	Boots Pharmacy Holmlands Drive	64	Rowlands Pharmacy Grange Precinct
18	Boots Pharmacy Liscard Way	65	Rowlands Pharmacy Market Street
19	Boots Pharmacy Lower Bebington	66	Rowlands Pharmacy Moreton
20	Boots Pharmacy Moreton	67	Rowlands Pharmacy New Brighton
21	Boots Pharmacy Noctorum	68	Rowlands Pharmacy New Ferry
22	Boots Pharmacy Pensby	69	Rowlands Pharmacy Oxton
23	Boots Pharmacy Prenton	70	Rowlands Pharmacy Parkfield
24	Boots Pharmacy Rock Ferry	71	Rowlands Pharmacy Rock Ferry
25	Boots Pharmacy Upton	72	Rowlands Pharmacy Tranmere
26	Boots Pharmacy West Kirby	73	Rowlands Pharmacy Upton
27	Campbells Chemist	74	Rowlands Pharmacy Wallasey Village
28	Claughton Pharmacy	75	Sainsbury Pharmacy
29	Cohens Pharmacy	76	Somerville Pharmacy
30	Co-op Chemist Ltd Moreton	77	St Hilary's Pharmacy
31	Co-op Chemists Ltd Heswall	78	Superdrug Pharmacy
32	Co-op Chemists Ltd Hoylake	79	Swettenhams Chemist Bebington
33	Co-op Chemists Ltd Pensby	80	Swettenhams Chemist Bromborough
34	Dale Pharmacy	81	Swettenhams Chemist Rock Ferry
35	Dudleys Chemist	82	Swettenhams Chemist Tranmere
36	Egremont Pharmacy	83	Tesco Pharmacy Bidston
37	Haven Chemist	84	Tesco Pharmacy Heswall
38	Heatherlands Pharmacy	85	Townfield Pharmacy
39	Heswall Hill Pharmacy	86	Tree Tops Pharmacy
40	Ipharm (Internet Pharmacy)*	87	Victoria Central Pharmacy
41	Irby Pharmacy	88	Victoria Pharmacy
42	J Carrington Chemist	89	Vittoria Pharmacy
43	Jackson's of Seacombe	90	W A Temple
44	Jamiesons Pharmacy	91	Wallasey Village Pharmacy
45	Leasowe Pharmacy	92	Welsh Chemist
46	Lee's Pharmacy	93	Wilsons Pharmacy
47	Lloyds Pharmacy Arrowe Park	94	Wyn Ellis

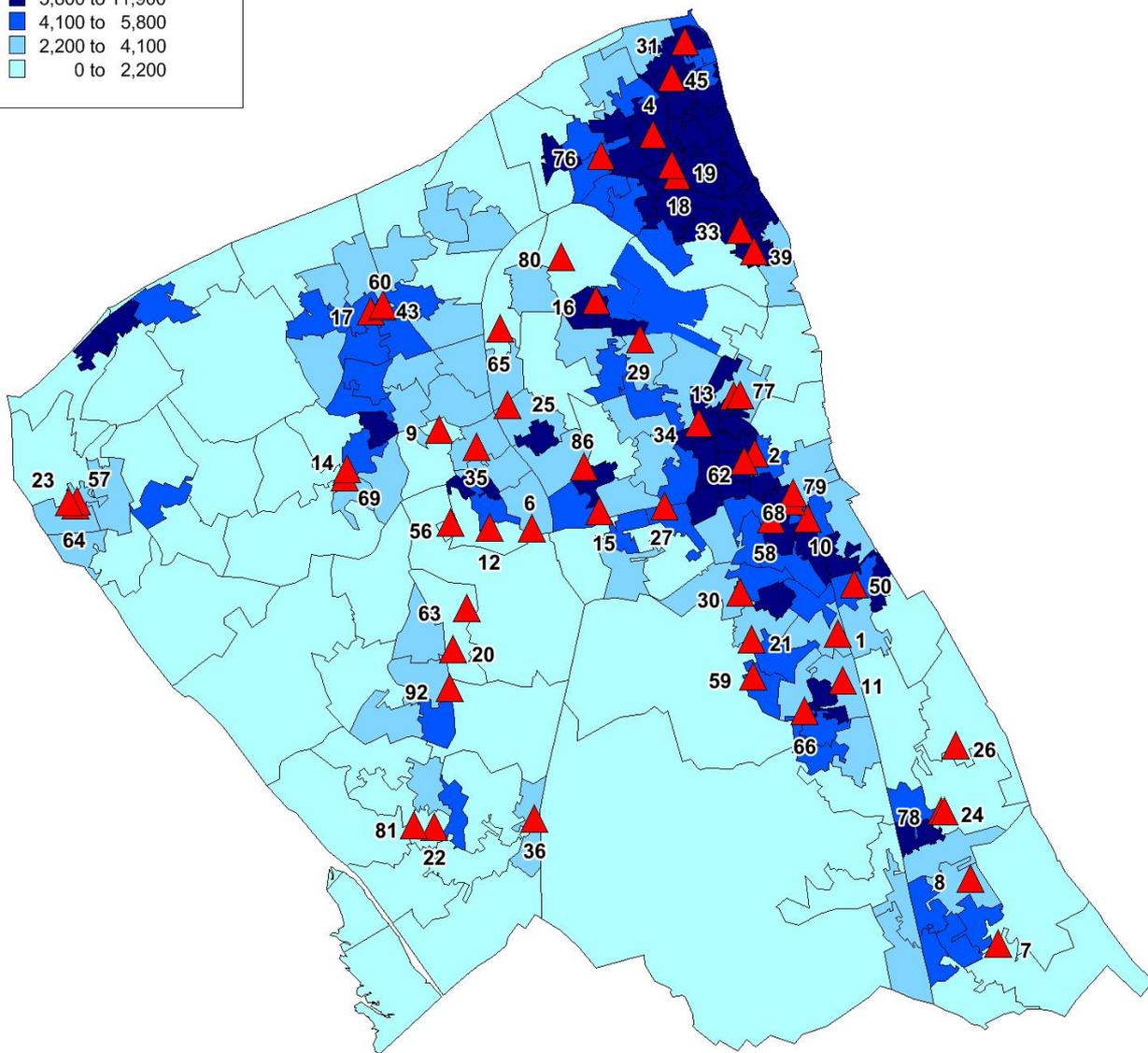
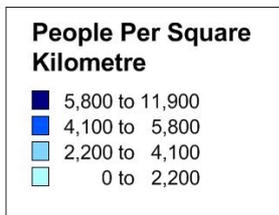
Map 5: Community pharmacies providing alcohol services

Wirral Pharmacies providing Alcohol Identification and Brief Advice (IBA) 2015 by Population Density (Census 2011)



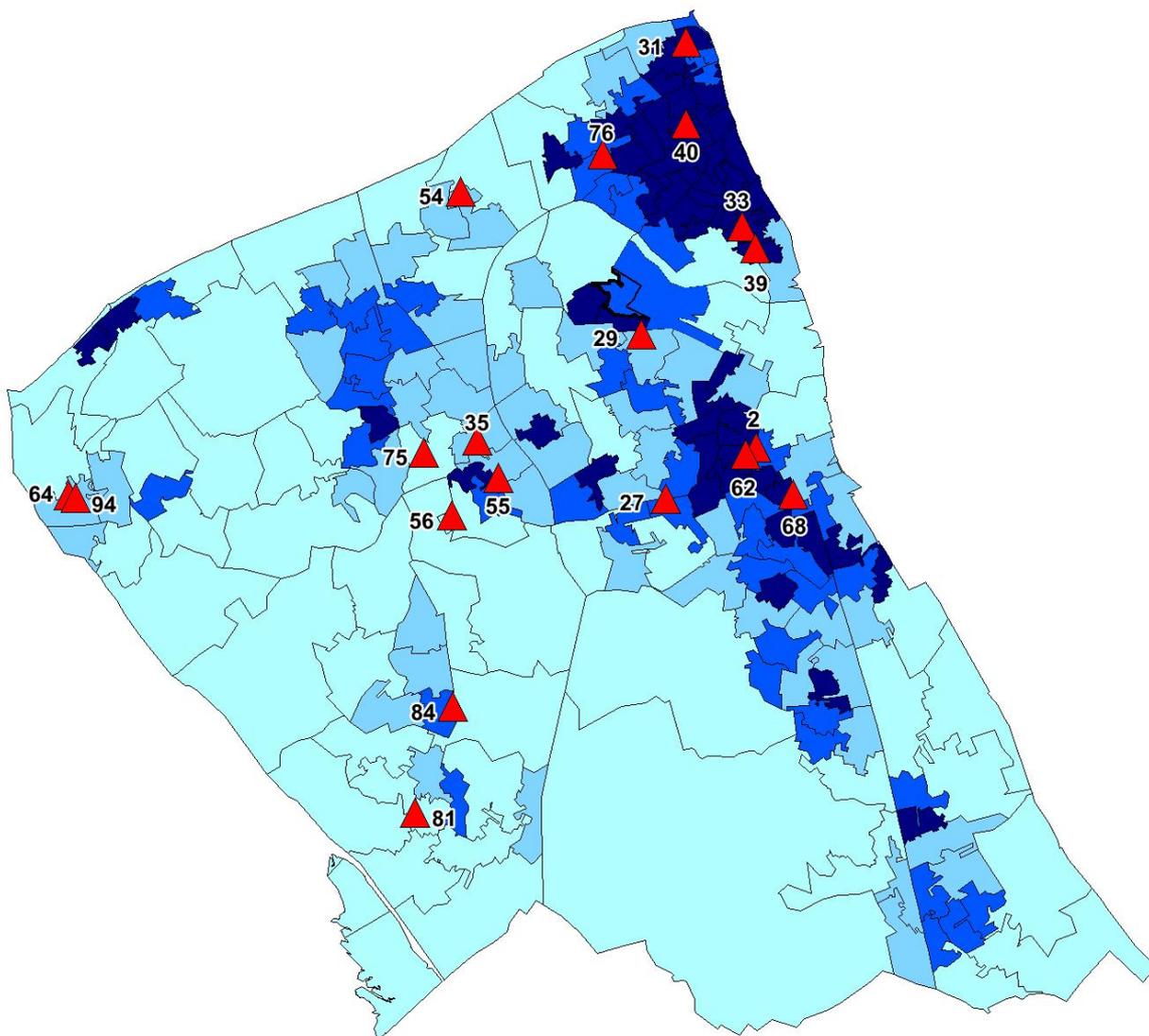
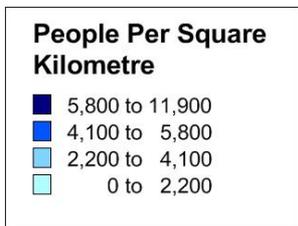
Map 6: Community pharmacies providing Emergency Hormonal Contraception

Wirral Pharmacies providing Emergency Hormonal Contraception (EHC) 2015 by Population Density (Census 2011)



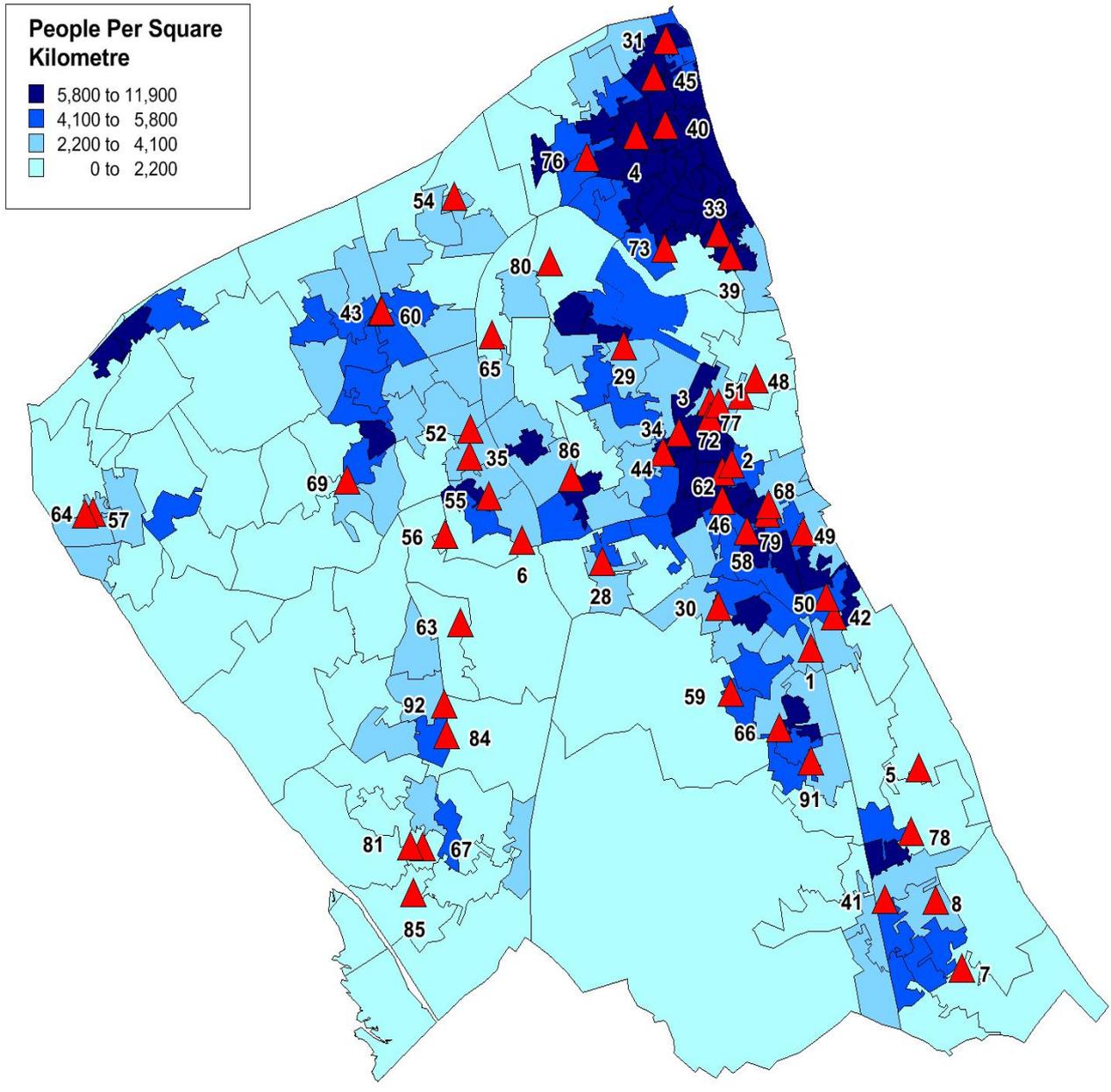
Map 7: Community pharmacies providing needle exchange services

Wirral Pharmacies providing Needle Exchange 2015 by Population Density (Census 2011)



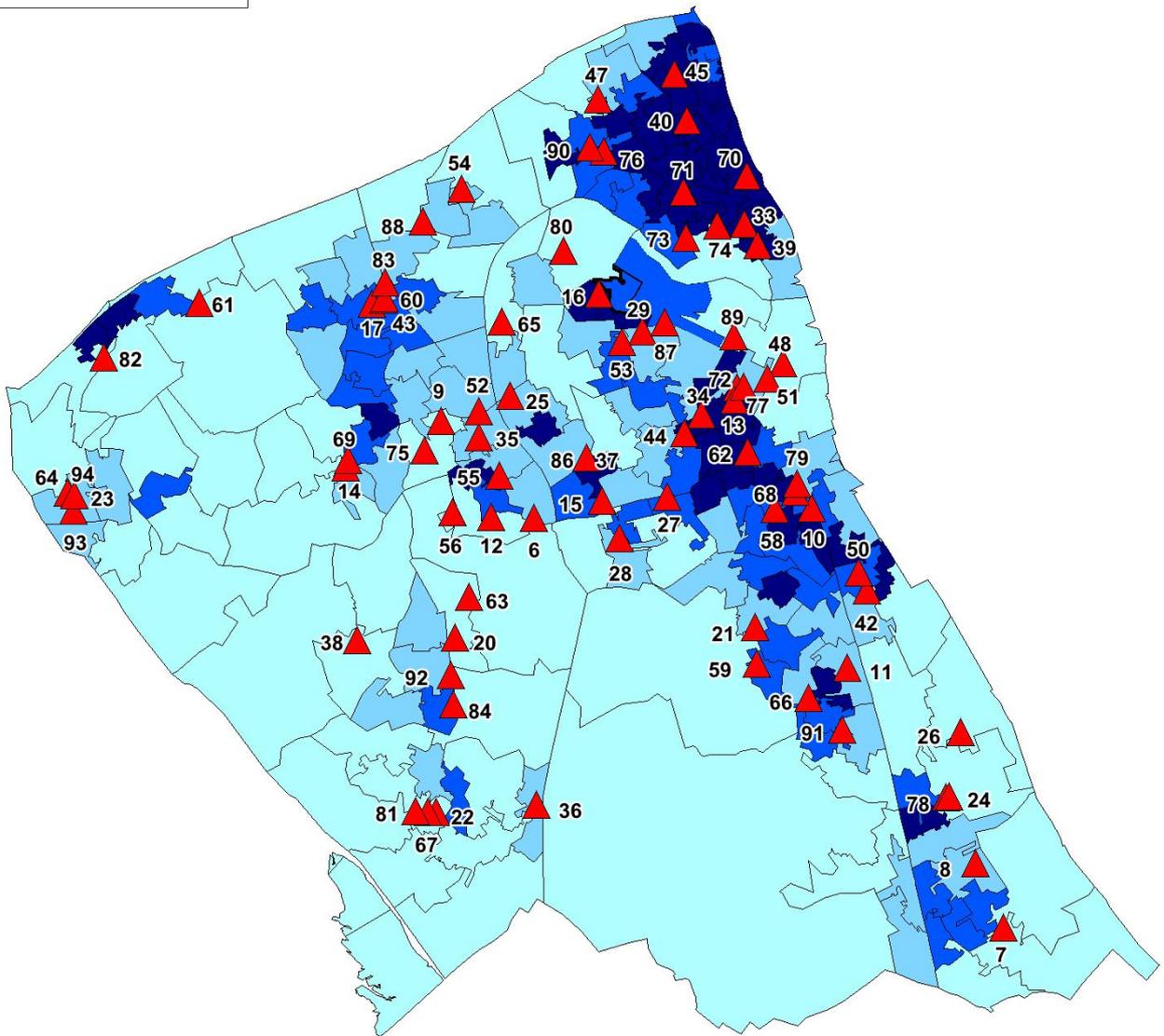
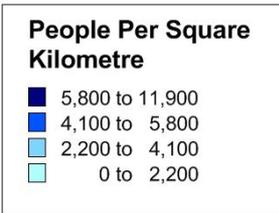
Map 8: Community pharmacies providing smoking cessation services

Wirral Pharmacies providing Nicotine Replacement Therapy (NRT) 2015 by Population Density (Census 2011)



Map 9: Community pharmacies providing supervised consumption services

**Wirral Pharmacies providing a Supervised Consumption service 2015
by Population Density (Census 2011)**



Appendix 6 Surveys and Findings

Pharmaceutical Needs Assessment – Public Survey

What do we mean by pharmacy?

Some people call them a chemist but in this survey we used the word pharmacy. By a pharmacy, we mean a place you would use to get a prescription or buy medicines which you can't buy anywhere else.

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

Q1. When did you last use a pharmacy for a health related purpose e.g. to get medicine or health advice?

- Within the last month
- 1-3 months ago
- 3-6 months ago
- Not in the last 6 months

Q2. How do you normally get to a pharmacy? (please tick all that apply)

- Walking
- Public Transport / taxi
- Car
- Other (please specify)

Q3. Overall how do you rate your last experience of using a pharmacy?

- Good
- Fair
- Poor
- If you ticked poor tell us why

Q4. How do you think we could improve our services?

Q5. Thinking about the locations of the pharmacy you use most often, which of the following is most important to you?

- Close to my doctor's surgery
- Close to my home
- Close to the other shops I use
- Close to my children's school or nursery
- Easy to park nearby
- Near to bus stop / train station
- None of these
- Other please specify

Q6. Have you had a consultation with a pharmacist in the last 12 months for any health related purpose?

- Yes
- No (go to Q9)
- Can't remember (go to Q9)

Q7. Where did you have your consultation with the pharmacist?

- At the pharmacy counter
- In the dispensary or quiet area of the shop
- In a separate room
- Over the telephone (go to Q9)
- Other please specify

Q8. How do you rate the level of privacy you had in the consultation with the pharmacist?

- Very Good
- Good
- Fair
- Poor

Q9. In the last 12 months have you had any problems finding a pharmacist to get medicine dispensed, advice or to buy medicines?

- Yes
- No
- If yes please explain

Q10. Are you satisfied with the opening hours of your pharmacy?

- Yes
- No
- If no please explain

Q11. In the past 12 months how many times have you wanted to use your local pharmacy (or the pharmacy closest to you) when it was closed?

- Once or twice
- Three or four times
- Five or more times
- Can't remember (go to Q14)
- Not at all (go to Q14)

Q12. What day of the week was your pharmacy closed?

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

Q13. What time was your pharmacy closed?

- Midnight -8am (overnight)
- 8am – 1pm
- 1pm – 6pm
- 6pm – Midnight
- Can't remember

Q14. What did you do?

- Went to another pharmacy
- Waited until the pharmacy was open
- Went to a hospital
- Went to a Walk in Centre
- Called NHS Direct
- Other (please specify)

The next set of questions is about times when the pharmacist has offered you advice on staying healthy

Q15. Please tell us how you would describe your feelings about pharmacies.

- I wish pharmacies could provide more service for me
- I am satisfied with the amount of services pharmacies provide
- Don't know

Q16. Is there anything particularly good about your local pharmacy services?

Q17. Is there anything that could be improved?

Q18. Any other comments

Can you tell us a little about yourself?

Q19. Gender

- Male
- Female

Q20. Age

- Under 18
- 18 – 25
- 26 – 45
- 46 – 64
- 65+
- Prefer not to say

Q21. Over the last 12 months would you say your health has on the whole been:

- Good
- Fairly good
- Not good
- Prefer not to say

Q22. Are you a parent of a child under 16 or do you look after anyone who is sick, disabled or elderly which is not part of your job?

- Yes
- No
- Prefer not to say

Q23. Does anyone look after, or give special help to you because of sickness or old age, which is not part of their job?

- Yes
- No
- Prefer not to say

Q24. Do you have any long-term illness, health problems or disability which limits your daily activities or the work you can do?

- Yes
- No
- Prefer not to say

Q25. Please tell us your post code

Q26. Which of these ethnic groups do you belong to?

- White
- Mixed
- Asian or Asian British
- Black or Black British
- Chinese
- Prefer not to say
- Other (please specify)

FINDINGS:

The tables below represent the detail obtained from the public consultation survey and support the findings in section 9.

Table 16: Time since last visit to a pharmacy

When did you last use a pharmacy for health related purposes, e.g. to get medicines or health advice?	Number	%
Within last month	952	80.3%
1-3 months	140	11.8%
3-6 months	43	3.6%
Not in the last 6 months	51	4.3%
Total	1,186	

Table 17: Means of travelling to a pharmacy

Means of travelling to pharmacy	Number	%
Walking	604	52.5%
Public transport/taxi	55	4.8%
Car	652	56.7%
Other	58	5.0%
Total	1,150	

Table 18: 'Other' mode of transport

'Other' mode of transport	Number
Pharmacy delivery	18
Cycle	15
Within existing options	9
Telephone	5
Missing/unintelligible	4
Other family member picks up	3
Internet	2
Scooter	2
Total	58

58 'other' comments were provided for this question. Some gave alternative modes of transport such as cycling and scooter. However, interestingly, a large proportion of these 58 comments were not related to alternative modes of transport but related to the fact that their goods are delivered or they use a delivery services. We are noting a general trend in the proportion of Wirral residents receiving pharmacy goods through home delivery services run by pharmacies.

Table 19: Consultation with a pharmacist

Have you had a consultation with a pharmacist in the last 12 months for any health related purpose?	Number	%
Yes	561	49.0%
No	575	50.2%
Cannot remember	9	0.8%
Total	1,145	

Table 20: 'Reasons' for problems finding a pharmacy

'Reasons' for problems finding a pharmacy	Number
Stock issues	44
Opening hours	21
Unacceptable waiting times	4
Total	69

Table 21: Satisfaction with opening hours

Are you satisfied with the opening hours of your pharmacy?	Number	%
Yes	977	85.9%
No	161	14.1%
Total	1,138	

Table 22: Pharmacy closure

In the last 12 months how many times have you wanted to use your usual pharmacy (or the one closest to you) when it was closed?	Number	%
Once or twice	261	22.8%
Three or four	74	6.5%
Five or more times	51	4.5%
Cannot remember	46	4.0%
Not at all	711	62.2%
Total	1,143	

Table 23: Day pharmacy was closed

What day of the week was the pharmacy closed?	Number	%
Monday – Friday	82	17.8%
Saturday	95	20.6%
Sunday	163	35.4%
Bank Holiday	27	5.9%
Cannot remember	94	20.4%
Total	461	

Table 24: Time pharmacy was closed

What time was the pharmacy closed?	Number	%
Midnight – 8am (overnight)	58	13.2%
8am – 1pm	35	7.9%
1pm – 6pm	107	24.3%
6pm – midnight	130	29.5%
Cannot remember	111	25.2%
Total	441	

Table 25: Alternatives sought

Alternative option	Number	%
Went to another pharmacy	208	35.8%
Waited until the pharmacy was open	343	59.0%
Went to hospital	13	2.2%
Went to a Walk in Centre	13	2.2%
Called NHS Direct	4	0.7%
Other	49	8.4%
Total	581	

Table 26: Improvements to pharmacy services

Themes	Number
No improvement required	129
Opening times	40
Stock levels	33
Prescription issues	32
Waiting times	31
Advertise/provide other health services	22
Location/premises/waiting area	22
Improved customer service	17
Privacy	16
'Missing/unintelligible'	9
Communication	6
Total	357

Table 27: Suggestions for Improvement

Suggestions for Improvement	Number
Improve staff efficiency/provide other health services	25
Extended opening hours/improved accessibility	97
Improved facilities	12
Improved customer service	19
Improved stock levels/quicker dispensing/reduced waiting times	44
Improved communication	12
Being attached to a shop/good provision of products and services	3

Reduce price of prescriptions	5
Improve repeat prescription process/alerts or reminders when medication is ready or due to be repeated	48
Braille medication instructions	1
More pharmacies	1
Delivery of prescriptions	10
Improved links to GPs	27
Expand range of prescription items available/offer alternative medicines	6
Total	310

Respondents were also asked to consider how pharmacy services could be improved. 455 comments were provided and have been grouped into themes and displayed in the table 27 above. Extended opening hours/improved accessibility were a recurrent theme, mentioned again, by a number of respondents (97).

Pharmaceutical Needs Assessment – Pharmacist Survey

Wirral Council has a statutory duty to produce a Pharmaceutical Needs Assessment and the Public Health team are currently drafting a new version. For this to be informative and to meet guidelines we are asking local community pharmacists to complete the following questionnaire. Your responses are integral to help inform the new PNA which will then be subject to a full, formal public consultation, prior to publication in 2015.

Q1. Name of Contractor

Q2. Trade Name

Q3. Pharmacy Address

Q4. Name of person completing survey

Q5. Telephone Number

Q6. Website Address

Q7. Which of these Advanced Services do you currently provide? (Please tick all that apply)

- Medicine Use Review
- New Medicine Service
- Appliance Use Review
- Stoma Customisation

Q8. Does the Pharmacy dispense?

- Stoma Appliances (Y/N)
- Incontinence Appliances (Y/N)
- Dressings (Y/N)
- Other (please specify)

Q9. Which of these services, currently commissioned by either the CCG, Public Health or NHS England Area Team do you provide? (Please tick all that apply)

- Alcohol
- Emergency Hormonal Contraception
- Smoking Cessation
- Needle/Syringe Exchange
- Supervised Administration of Methadone
- Supervised Administration of Subutex
- Supply of Palliative Care Medicines
- Other (please specify)

Q10. Which of the following does the pharmacy provide? (Please tick all that apply)

- Collection of prescriptions from surgeries
- Delivery of dispensed medicines
- Provision of Monitored Dosage Systems (MDS) to patients living in their own home

Q11. Under what circumstances would you supply an MDS container to a person living in their own home?

- If the patient is eligible under the 2010 Equality Act (formally the DDA) and the pharmacy considers it reasonable adjustment
- At the request of the surgery
- At the request of a family member
- At the request of a care worker / agency
- Other (please specify)

Q12. Can customers legally park within 50 metres of the pharmacy?

- Yes
- No

Q13. Is there a bus stop within walking distance of the pharmacy?

- Yes
- No
- If yes how long does the walk take?

Q14. Can disabled customers park within 10 metres of the pharmacy?

- Yes
- No

Q15. Is the entrance to the pharmacy suitable for wheelchair access unaided?

- Yes
- No

Q16. Are all areas of the pharmacy floor accessible by wheelchair?

- Yes
- No

Q17. Do you have any other facilities in the pharmacy aimed at supporting disabled people access your service?

- Automatic door assistance
- Bell at front door
- Disabled toilet facility
- Hearing loop

- Sign language
- Large print labels /leaflets
- Wheelchair ramp access
- Other (please specify)

Q18. Are you able to offer support to people whose first language is not English?

- Yes
- No
- If yes, how?

Q19. Are you able to provide advice and support if a customer wishes to speak to a person of the same sex?

- Yes
- No

Q20. Consultation area available that meets the criteria for Medicine Use Reviews where a patient and pharmacist can sit down together, talk at a normal speaking volume without being overheard by customers or staff and is clearly signed as private consultation?

- Yes
- No
- If no, is this planned within the next 12 months?

Q21. If you already have a consultation area, does it have wheelchair access?

- Yes
- No

Q22. Do the premises have toilets that patients can access for screening purposes e.g. for chlamydia and pregnancy testing?

- Yes
- No

Q23. Any other comments

Appendix 7 – Draft PNA online Survey for public / pharmacies and other interested parties: Summary of Responses

The following questions were asked during the consultation phase 3rd November 2014 – 12th January 2015.

Q1: Do you think that the pharmaceutical needs of the population have been accurately reflected in the PNA?

Q2: Do you think that any important information about local pharmacy services has been left out?

Q3: Do you agree with the key findings about pharmaceutical services in Wirral (pages 4-8)?

Q4: Do you have any further comments about the Pharmaceutical Needs Assessment?

Q5: Please can you review the information in the Appendices relating to your pharmacy for accuracy? If you identify any issues please provide details.

- A total of 22 responses were received during the consultation period.
- Overall, feedback was extremely positive.
- Half of the responses related to specific points of accuracy and the necessary amendments have now been made to the document.
- The remaining responses included:
 - Comments about pharmacies needing to improve their accessibility for people who are deaf, blind or visually impaired
 - Comments about pharmacies needing to improve their accessibility for those whose first language is not English
 - Suggestions as to how pharmacies might expand the range of services on offer (for example by providing flu jabs)
 - Suggestions as to how the branding of Wirral services might be improved in order to ease identification

Further detail about the consultation responses is available from triciacavanagh@wirral.gov.uk

Appendix 8 – List of Maps / Charts / Tables

MAP 1: Distribution of all 94 community pharmacies in Wirral against an index of population density

MAP 2: Distribution of 100 and minimum of 40 hour community pharmacies per constituency

MAP 3: Wirral IMD rank 2010

MAP 4: Community pharmacies per constituency

MAP 5: Community pharmacies providing alcohol services

MAP 6: Community pharmacies providing Emergency Hormonal Contraception

MAP 7: Community pharmacies providing needle exchange services

MAP 8: Community pharmacies providing smoking cessation services

MAP 9: Community pharmacies providing supervised consumption services

CHART 1: Factors influencing respondent's pharmacy choice

CHART 2: Respondent satisfaction of last pharmacy visit

CHART 3: Respondents feelings towards pharmacy services

CHART 4: Represents how respondents rated their privacy during pharmacy consultations

CHART 5: Advanced service provision

CHART 6: Dispensing services provided

CHART 7: Locally commissioned services

TABLE 1: Wirral Mid-Year Population Estimates by age group and gender, 2013

TABLE 2: Wirral GP registered population by age group and gender, June 2012/13

TABLE 3: Estimated resident population by age group and Wirral ward (mid-2013)

TABLE 4: Comparison of Census 2001 & 2011 Wirral Population by Ethnic Group

TABLE 5: Wirral resident population projections by age group (persons) interim 2016 to 2028

TABLE 6: Life Expectancy at birth estimates, Wirral wards* 2014

TABLE 7: Definition of some indicators used to benchmark community pharmacies

TABLE 8: Pharmacy characteristics in North West 2012-13

TABLE 9: Pharmacy characteristics per constituency

TABLE 10: Pharmacies providing minimum of 40 and 100 hour coverage per constituency

TABLE 11: Age demographic of respondents

TABLE 12: Positive elements about local pharmacy services

TABLE 13: Pharmacy type

TABLE 14: Additional pharmaceutical services offered

TABLE 15: Monitored Dosage System (MDS)

TABLE 16: Time since last visit to a pharmacy

TABLE 17: Means of travelling to a pharmacy

TABLE 18: 'Other' mode of transport

TABLE 19: Consultation with a pharmacist

TABLE 20: 'Reasons' for problems finding a pharmacy

TABLE 21: Satisfaction with opening hours

TABLE 22: Pharmacy Closure

TABLE 23: Day pharmacy was closed

TABLE 24: Time pharmacy was closed

TABLE 25: Alternative sought

TABLE 26: Improvements to pharmacy services

TABLE 27: Suggestions for improvement

References are available on request