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To all Members of the Health and Wellbeing Board

Date: 22 September 2022
Our Ref:
Your Ref:

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Dear Councillor

HEALTH AND WELLBEING BOARD - WEDNESDAY 28TH SEPTEMBER, 2022

I refer to the agenda for the above meeting and now enclose the following documents. Please note that the attached documents should replace those on the agenda recently sent to you. The report and Pharmaceutical Needs Assessment have been updated to include comments from NHS England/NHS Improvement following closure of the consultation period.

Agenda No.	Item
12	For approval: Final Draft Sefton Pharmaceutical Needs Assessment 2022-25 (Pages 315 - 468) Report of the Director of Public Health

Yours faithfully,

Democratic Services

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Agenda Item 12

Report to:	Health and Wellbeing Board	Date of Meeting:	Wednesday 28 September 2022
Subject:	For approval: Final Draft Sefton Pharmaceutical Needs Assessment 2022-25		
Report of:	Director of Public Health on behalf of Sefton Health and Wellbeing Board	Wards Affected:	(All Wards);
Portfolio:	Health and Wellbeing		
Is this a Key Decision:	N	Included in Forward Plan:	Yes
Exempt / Confidential Report:	N		

Summary:

To report on the process and key findings of the 2022-25 Sefton Pharmaceutical Needs Assessment and seek approval for publication before 1 October 2022.

Recommendation(s):

That the Board:

1. Approve the Sefton Pharmaceutical Needs Assessment (PNA) 2022-25, as attached, and authorise to publish the PNA by 1 October 2022, in accordance with its duties under the Health and Social Care Act 2012 and the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended (the 2013 regulations)
2. Note the content of the PNA, and the summary of methodology and key findings in this report, including the feedback received during the 60-day consultation period (2.6 and Appendix 8 of the PNA)
3. Note the role of the updated Pharmaceutical Needs Assessment Information Pack for Local Authority Health and Wellbeing Boards (DHSC, October 2021) in guiding decisions about production of subsequent PNAs and supplementary statements; and the discharge of the Board's responsibilities in relation to the PNA

Reasons for the Recommendation(s):

The Board is a Committee of the Council and has responsibility for producing and updating the Pharmaceutical Needs Assessment (PNA) under the Health and Social Care Act 2012, in accordance with the 2013 regulations.

Alternative Options Considered and Rejected: (including any Risk Implications)

Agenda Item 12

No alternative options have been considered as the Health and Wellbeing Board are legally required to publish a Pharmaceutical Needs Assessment by 1st October 2022.

What will it cost and how will it be financed?

(A) Revenue Costs

There are no additional costs resulting from the content of the report

(B) Capital Costs

Not applicable

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets): None
Legal Implications: The Health and Social Care Act 2012, Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013
Equality Implications: There are no equality implications.

Contribution to the Council's Core Purpose:

Protect the most vulnerable: Assesses health needs that can be met by pharmaceutical services, with consideration of needs of people with protected characteristics under the Equality Act 2010, and other 'inclusion groups. The PNA aims to achieve equity of access to pharmacy services for all population groups
Facilitate confident and resilient communities: None
Commission, broker and provide core services: Provides a basis for understanding health needs and pharmaceutical service needs in Sefton for service commissioners in NHS England and NHS Improvement (to be delegated to Cheshire and Merseyside in Integrated Care Board from April 2023), and in organisations working together within Sefton Partnership
Place – leadership and influencer: Takes a place-based approach to assessment of need and influences decisions on applications to provide services within Sefton borough
Drivers of change and reform:

PNA includes specific statements on needs in Sefton and highlights processes used to determine when a revised assessment will be prepared or supplementary statement on need issued.
Facilitate sustainable economic prosperity: Provision of information to those with responsibility for making decisions on market entry and consolidation applications for pharmacies
Greater income for social investment: None
Cleaner Greener None

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Head of Corporate Resources (FD /) and Head of Regulation and Compliance (LD/) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

A draft Pharmaceutical Needs Assessment was published on Sefton Council's electronic consultation hub on 13 July 2022 inviting comments to be made prior to the closing date of the consultation period on 11 September 2022. A report on this consultation is included in the final draft of the PNA, in accordance with DHSC guidance.

The regulations state that when making an assessment for the purposes of publishing a PNA, each Health and Wellbeing Board (HWB) must consult with the following stakeholders about the contents of the draft PNA for a minimum of 60 days:

- the local pharmaceutical committee,
- the local medical committee,
- pharmacy and dispensing appliance contractors included in the pharmaceutical list for the area of the health and wellbeing board,
- dispensing doctors included in the dispensing doctor list for the area of the health and wellbeing board, if any,
- any pharmacy contractor that holds a local pharmaceutical services contract with premises that are in the health and wellbeing board's area,
- Healthwatch, and any other patient, consumer, or community group in the area which the health and wellbeing board believes has an interest in the provision of
- pharmaceutical services, any NHS trust or NHS foundation trust in the health and wellbeing board's area,
- NHS England and NHS Improvement, and
- any neighbouring health and wellbeing board

Responses to a community pharmacy service survey and public questionnaire conducted in 2021, and the formal 60-day consultation period have informed this PNA.

Agenda Item 12

All methods for consultation were presented to and approved by the Sefton Consultation and Engagement Panel.

Implementation Date for the Decision

Immediately following the committee meeting.

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Appendices:

The following appendix is attached to this report:

Final Draft Pharmaceutical Needs Assessment (PNA) 2022-2025 v1.1

Background Papers:

There are no background papers.

1. Introduction/Background

1.1 Since 1st April 2013, responsibility for producing and updating the Pharmaceutical Needs Assessment (PNA), transferred to Health and Wellbeing Boards (HWB). The PNA is used as the framework for commissioning pharmacy services in a defined area and is a statutory document, by virtue of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, which require each HWB to:

- Publish a statement of its revised assessment within three years of its previous publication.
- Make a revised assessment as soon as is reasonably practicable after identifying changes to the need for pharmaceutical services which are of a significant extent.

In May 2020 with the advent of largescale disruption to Health and Care services due to the Coronavirus pandemic, The Department of Health and Social Care (DHSC) announced that the requirement to publish a revised PNA would be suspended for a year. This deadline was subsequently revised back to October 2022.

1.2 In order to provide pharmaceutical services in England a person and the premises from which they will provide services must be included in the relevant pharmaceutical list. NHS England and NHS Improvement (NHSEI) is responsible for preparing, maintaining, and publishing pharmaceutical lists in respect of each health and wellbeing board's area. Applications for inclusion in one of these lists are currently submitted to Primary Care Support England and determined by NHS England and NHS Improvement. Responsibility for pharmaceutical services in England will be delegated to Integrated Care Boards (ICB) by 2023.

The main purpose of the pharmaceutical needs assessment is to inform the submission of applications for inclusion in a pharmaceutical list, and the subsequent determination of such applications. Four types of applications can be made based on the PNA, (below). Applications that do not rely on the PNA are to open a distance selling premises, and to secure improvements or better access that were not identified in the PNA ('unforeseen benefits').

- to meet a current need identified in the relevant pharmaceutical needs assessment
- to meet a future need identified in the relevant pharmaceutical needs assessment
- to secure improvements or better access identified in the relevant pharmaceutical needs assessment
- to secure future improvements or better access identified in the relevant pharmaceutical needs assessment

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. Besides commissioners in Cheshire and Merseyside NHSE/ICB, the PNA also informs commissioning decisions amongst partner organisations within the Sefton Partnership, including the local authority, for example some services commissioned by public health. The PNA is therefore an important tool to ensure that commissioning intentions for services that could be delivered via 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 distinct component.

- 1.3 This report presents an overview of how the revised 2022-25 Sefton Pharmaceutical Needs Assessment was developed on behalf of the Board, and its key findings; and seeks approval to publish by 1 October 2022. The report also describes the Board's responsibilities in relation to the PNA, with reference to the updated Pharmaceutical Needs Assessment Information Pack for Local Authority Health and Wellbeing Boards (DHSC, October 2021).

2. Sefton Pharmaceutical Needs Assessment 2022-25: Methodology

- 2.1 The responsibility to produce the PNA, on behalf of the Sefton Health and Wellbeing Board, has been discharged by a multi-professional steering group including senior representatives from the following organisations and teams and joined by Council Members for Health and Wellbeing (HWB Chair) and Adult Social Care:
- Sefton Council Public Health
 - Sefton Council Business Intelligence
 - Sefton Council Consultation and Engagement
 - NHS England and NHS Improvement North, Primary Care
 - South Sefton and Sefton and Formby Clinical Commissioning groups (CCG) Pharmacy
 - South Sefton and Sefton and Formby CCGs Medicines Management
 - Noting that CCGs ceased in July 2022 and former functions passed to Integrated Care Boards and other place-based structures in

Agenda Item 12

Sefton within the Cheshire and Merseyside Integrated Care System (ICS)

- Sefton Local Pharmaceutical Committee
- Sefton Healthwatch Representative
- Sefton Community Pharmacy Service Representative

As for previous PNAs, the development process was also shaped by a multi-professional Cheshire and Merseyside PNA development group co-ordinated by the NHSE/I North Primary Care Manager. The group jointly reviewed timelines, survey development, and issues arising around data collection. Working collectively and on similar timelines is intended to promote a consistent approach.

- 2.2 Under usual circumstances, a revised PNA must be published every three years or earlier if 'significant' change warrants it. The suggested timeline is 55 weeks. Preparation of this latest assessment was additionally challenging due to Covid-related demands on all key partners, including business intelligence functions and community pharmacy services.

The first update to original guidance from 2012 was published by DHSC in late 2021 when work was already underway. The Information Pack is comprehensive and aims to provide 'hints and tips to assist health and wellbeing boards in drafting their pharmaceutical needs assessment'. Efforts have been made to follow these wherever possible. As a result, the revised PNA is more streamlined in some areas, e.g., less content about the evidence-base underpinning pharmacy interventions, and more detailed in others, e.g. more information about health needs of different population groups.

- 2.3 The content of the document is closely linked to the Sefton Joint Strategic Needs Assessment (JSNA). Information that goes towards the final assessment of needs broadly comprises,
- Demographic and health data, describing the population profile, and relevant health status and inequalities of the population, including groups with protected characteristics or additional barriers to access, and differences in specified localities
 - Information about the location, accessibility, opening hours and range of services provided by community pharmacies in Sefton
 - Information about services that influence demand for pharmaceutical services, including provision of pharmacy services in neighbouring local authority areas
 - Information about people's experiences of using pharmacies in Sefton

- 2.4 Three consultation and engagement activities were completed as part of the PNA development: a pharmacy provider survey, a public and patient questionnaire, which ran during for four weeks each during in autumn 2021, and a formal 60-day consultation on the draft PNA, which closed on 11 September 2022. Plans relating to these activities were presented to Sefton Consultation and Engagement Panel. The Final Draft PNA document includes summary information about the findings from both surveys and a section outlining feedback received and amendments made following the statutory consultation.

- 2.5 The contractor survey took place over 4 weeks in September 2021 and 88% of relevant services sent in response, which was slightly lower compared to other Cheshire and Merseyside HWB areas. The patient and public pharmacy survey in Sefton started in October 2021 and ended in December 2021. A total of 70 people responded to the survey, which was lower than in previous years, and may reflect ongoing disruption and capacity issues associated with Coronavirus. Findings were positive, e.g., 80% of respondents reported being satisfied with the range of services that Sefton pharmacies provide, and 99% stated that it was 'easy' getting to their usual pharmacy.
- 2.6 In accordance with the regulations a draft PNA was published on 13 July 2022 inviting comments to be made prior to the closing date of the consultation period on 11 September 2022. The 2013 regulations require a report of the consultation to be included in the final version of the pharmaceutical needs assessment, which should include the responses to the consultation, any response to them by the HWB and a list of any amendments or changes subsequently made to the pharmaceutical needs assessment.

10 responses were received during the consultation period and are summarised below and with the required level of detail in Appendix 8 of the PNA document.

- 10 respondents submitted comments to the online consultation, including one who submitted more detailed comments via email. 2 respondents identified themselves as responding on behalf of pharmacy-related organisations, and the remainder as individual members of the public. It should be noted that 2 responses were submitted at the consultation step of the previous PNA 2018-21.
- 8 out of 10 respondents felt that the purpose, context and implications of the PNA had been sufficiently well explained, and 6 out of 10 agreed that the PNA accurately reflected the needs of the population (3 responded 'don't know' and 1 'no'). Half of the respondents said they agreed with the conclusions of the PNA and 2 out of 10 disagreed. Four out of 10 respondents agreed with the assessment of future needs in the draft PNA and 3 disagreed. Disagreement with these assessments was in relation to the latest number of 100-hour pharmacies, a difficult experience accessing out of hours provision, dissatisfaction with the quality of service in the continuing pharmacy following consolidation of two nearby premises, and issues with services descriptions (point below)
- One respondent who completed the survey on behalf of a relevant organisation emailed 15 suggested minor additions or changes to improve accuracy, completeness and currency of service provision as described in the draft document. Of these, all but two were altered in the document fully or in part.
- One comment not previously mentioned was made in the closing 'Other Comments' section of the survey and said, 'People should have an efficient, stress-free service'.

The results of the consultation are not considered to have identified new needs for, or improvements or better access to, pharmaceutical services that would necessitate a further period of consultation.

Agenda Item 12

3. Sefton Pharmaceutical Needs Assessment 2022-25: Key Findings

3.1 The PNA is a comprehensive assessment of relevant needs in relation to pharmacy provision in Sefton. As such the full report, which is included in the annex to this report, is substantial. Key findings of the revised final draft assessment are:

3.1.1 Sefton has 71 pharmacies which serve a population of 275,899. There is currently one pharmacy for every 3,900 residents which compares favourably to the national average of one pharmacy for every 5,000 population. The number of pharmacies ranges from one to six per ward and reflects patterns of population densities and urbanicity.

3.1.2 Community pharmacy services are complemented by acute hospital pharmacies that serve Sefton's residents and the network is also enhanced by the availability of pharmacy services in neighboring authorities (Liverpool, Knowsley and West Lancashire) – at least 26 within one mile of Sefton's borders.

3.1.3 There are few areas in Sefton that cannot access a pharmacy within a 15-minute drive. If walking is considered, travel times are longer for some communities, most notably in the less urban areas. 95% of pharmacies reported that customers can park within 50m of the pharmacy; 72% said there was a bus stop or train station within 100m; with the remainder sited between 100-500m from one. 86% of pharmacies have an entrance which can be used unaided by wheelchair users and providers reported a wide range of adaptations available.

3.1.4 Very few community pharmacies open before 9am across Sefton during the working week, but the majority, 95% are open after 5pm. There is generally good provision of pharmacy services across Sefton on a Saturday. There are 4 wards that are without weekend provision, however they can access pharmacies in neighbouring wards. 50% of contractor survey respondents reported they were not willing or able to provide out of hours services.

3.1.5 Pharmacy opening hours across Sefton are considered satisfactory with wide access available throughout the week and sufficient coverage over evenings and weekends, supported by the availability of out of hours services and three '100 hour' pharmacies located in the north and south of the borough. In the survey of pharmacies, 27% said they could offer support for patients whose first language is not English, either through a member of or an interpreter/language line.

3.1.6 A wide range of essential, advanced, enhanced and Other NHS commissioned (includes Sefton Council Public Health and services commissioned previously by Clinical Commissioning Groups, now within Sefton Integrated Care System) is available in Sefton. Uptake of advanced and enhanced service options may increase further from the figures in this report.

Together pharmacy services span prevention and health promotion, advice-giving and signposting; medicines sales, dispensing and advice;

detection of health issues that can benefit from lifestyle or pharmaceutical intervention, e.g. hypertension case-finding; seasonal Influenza and Covid-19 vaccinations, and specialized appliance services e.g. the stoma customisation service. 79% of patient and public survey respondents were satisfied with the range of services on offer and the variety of feedback about what service users most value reflects the broad scope of services on offer.

Community pharmacies played a central role in Sefton's Coronavirus pandemic response, e.g. through the local enhanced service: COVID-19 Vaccination Programme and the advanced service: COVID-19 Lateral Flow Device Distribution Service. 91% of respondents to the patient and public survey were satisfied with the service they received from community pharmacies during the pandemic.

3.1.7 Sefton Council's Local Plan is referenced in this assessment and there are housing developments of up to 200 houses in the next five years in several locations. The localities of Southport and Maghull are expected to have developments in the next five years that could have an impact on existing pharmacy provision and services delivered by pharmacies. This includes two extra care facilities. The annual PNA review provides an opportunity to ensure that pharmaceutical provision responds to the needs of the population with reference to major infrastructure development.

3.1.8 Assessments provided in the PNA against the required regulatory statements find:

- the provision of community pharmacies is sufficient and enhanced by the availability of pharmacy services in neighbouring authorities
- no specific and significant gaps in local provision of necessary or other NHS services currently or in relation to future needs
- no specific and significant gaps in local provision that would improve services or result in better access to services currently or in relation to future needs
- housing developments of up to 200 houses in the next five years are planned in several locations. The localities of Southport and Maghull are expected to have developments in the next five years that could have an impact on existing pharmacy provision and services delivered by pharmacies. This includes two extra care facilities. Sefton's population is expected to change with significant increases in the number of older people. The PNA will need to be kept under at least annual review to identify new gaps in necessary service provision or improvement and access needs

3.1.9 Since no needs for, or improvements or better access to, pharmaceutical services are identified in the draft PNA 2022-25 the only types of application for new premises that can currently be submitted are those which offer benefits unforeseen in the PNA or for distance selling premises. NHSE/ICB are directed to refuse a consolidation application if it satisfied that to grant it would create a gap in pharmaceutical services provision, and the HWB must make representations on this question.

Agenda Item 12

4. Maintaining the Sefton Pharmaceutical Needs Assessment

- 4.1 The next pharmaceutical needs assessment is legally required to be published within three years of 1 October 2022. Changes of a 'significant extent' to the population, its demography or health needs should trigger a complete revision of the PNA, unless Sefton HWB concludes that this would be disproportionate. The updated Pharmaceutical Needs Assessment Information Pack for Local Authority Health and Wellbeing Boards (DHSC, October 2021) provides a decision tree in appendix two (p71) [Pharmaceutical needs assessments: Information pack for local authority health and \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/102442/pharmaceutical_needs_assessments_information_pack_for_local_authority_health_and_wellbeing_boards.pdf)

A supplementary statement is to be published to explain changes to the availability of pharmaceutical services (from opening, closure, consolidation) where:

- (a) the changes are relevant to the granting of an application or applications for inclusion in the pharmaceutical list for the area of the health and wellbeing board's area; and
- (b) the health and wellbeing board is satisfied that producing a new pharmaceutical needs assessment would be a disproportionate response to those changes, or it is already producing its next pharmaceutical needs assessment but recognises a need to immediately modify the existing document to prevent significant detriment to the provision of pharmaceutical services

Example decisions and supplementary statement templates are provided in the DHSC 2021 information pack.

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 include requirements to publish revised assessments and supplementary statements between publication dates of PNAs. The PNA will be reconsidered annually in line with the integrated commissioning cycle, as well as when any changes to the pharmacy contractor list occurs, to ensure that the document reflects need and the commissioning landscape. This action will continue to be overseen by Sefton Health and Wellbeing Board with input from NHS England, led by the Sefton PNA Steering Group.

- 4.2 In order to maintain the PNA and inform decisions about revision and publication of supplementary statements, information about changes to pharmacy availability and location, opening hours and service provision should be collated as required and annually. Current information about locality population and demographic changes; changes in health needs; and influences of health and care service changes on pharmaceutical needs will also need to be appraised.

The outcomes of this process could include accuracy updates to the existing PNA, identification of a gap or gaps in provision due to reductions in pharmacy services or local availability (signalled in a supplementary statement), or a decision to begin a complete revision of the PNA.

5. Conclusion

- 5.1 It is the statutory responsibility of Health and Wellbeing Boards to produce a revised PNA 2022-25 by 1 October 2022. Input into the revised final draft

assessment has been provided by members of a multi-professional steering group. The latest PNA Information Pack for Health and Wellbeing Boards (DHSC, 2021) has been used to guide the process and content of the new assessment as far as possible within resource constraints. The new PNA provides a fully updated assessment of current and future pharmaceutical service needs and has an essential role in informing the provision of community pharmacy services.

The Sefton PNA 2022-25 PNA finds that provision of community pharmacies is sufficient, reflecting population density distribution and local health needs, and enhanced by the availability of pharmacy services in neighbouring authorities; that there are no specific and significant gaps in local provision of necessary or other NHS services currently or in relation to future needs, or in local provision that would improve services or result in better access to services currently or in relation to future needs. Maintenance of the PNA, including annual review should closely appraise the extent and timing of changes in need from housing developments expected within the lifetime of this PNA.

- 5.2 The Board is asked to approve the Sefton Pharmaceutical Needs Assessment (PNA) 2022-25 and authorise its publication by 1 October 2022 in accordance with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.
- 5.3 The Board is also asked to note the methodology used to develop the PNA; the processes, decisions and actions required to maintain the currency of the PNA; and the value of new resources produced by DHSC, 2021 designed to help HWBs undertake their duties and responsibilities in relation to their PNA.

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Sefton Pharmaceutical Needs Assessment

2022-2025

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Foreword

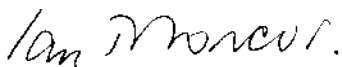
Sefton's Health and Wellbeing Board has responsibility for the ongoing review, development, and publication of the Pharmaceutical Needs Assessment. Pharmaceutical Needs Assessment 2022-25 is our third formal fully revised assessment of pharmaceutical service needs in Sefton.

This is a statutory document, by virtue of the National Health Services (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Its content must be considered by those responsible for the approval of pharmacy contract applications (at NHS England and NHS Improvement) and service commissioners in NHS England and NHS Improvement (to be delegated to Cheshire and Merseyside in Integrated Care Board from April 2023), and in organisations working together within Sefton Partnership.

In conjunction with the Sefton Joint Strategic Needs Assessment, this document will assist us when reviewing commissioning strategies, and providing feedback on applications to enter Sefton's Pharmaceutical List. The unprecedented health challenges posed by the Coronavirus pandemic have reminded everyone of the essential role of pharmacy services as part of Primary Care services and our communities.

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

Signed



Councillor Ian Moncur

Chair of Sefton Health and Well Being Board

Cabinet Member – Health and Wellbeing

Agenda Item 12

Reader Information

Title	Sefton Pharmaceutical Needs Assessment
Team (s)	Public Health and Business Intelligence
Author(s)	H Armitage and C Brewer
Contributors	J Jasper, S McAteer, A McGee, J Murray, J Tierney, A Nygaard, H Redhead, S Patel, T Roberts, T Hood
Reviewers	Pharmaceutical Needs Assessment Steering Group
Circulated to	Sefton Health and Wellbeing Board Consultation and Engagement Panel Sefton's Health and Wellbeing Board
Version	
Status	Final Draft
Date of release	28 September 2022
Review date	Annual review with Supplementary Statements as necessary with a formal review completed by 1 October 2025
Purpose	To support commissioning and adequate provision of pharmacy services for people in Sefton
Description	The Pharmaceutical Needs Assessment (PNA) is a primary tool for commissioners of pharmacy services working with in Cheshire and Merseyside Integrated Care System, including Sefton Partnership NHS. It supports the decision-making process for pharmacy applications and shapes commissioning intentions for services that could be delivered via community pharmacies. The PNA brings together health and demographic data, with survey data from the public and pharmacy service providers to identify any gaps in current and future provision of necessary pharmacy services and service changes that could improve provision or access.
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PNA Working Group Members

- 1 Brian Clark OBE, Healthwatch Representative
- 2 Councillor Ian Moncur, Chair Health & Wellbeing Board, Cabinet Member – Health & Wellbeing
- 3 Councillor Paul Cummins, Cabinet Member – Adult Social Care
- 4 Dr Lisa Manning, CEO, Sefton Local Pharmaceutical Committee
- 6 Fiona Taylor, Then Chief Officer, NHS Southport & Formby CCG and NHS South Sefton CCG (now part Cheshire and Merseyside Integrated Care Board)
- 7 Susanne Lynch, Head of Medicines Management Sefton, Cheshire and Merseyside Integrated Care Board
- 8 Sejal Patel, Lead Pharmacist Sefton Cheshire and Merseyside Integrated Care Board
- 9 Jacqueline Jasper, NHS England and NHS Improvement North, Primary Care
- 10 James Moir, Sefton Local Pharmaceutical Committee
- 11 Helen Armitage, Consultant in Public Health, Sefton Council
- 12 Claire Brewer, Business Intelligence Officer, Sefton Council
- 13 Jayne Vincent, Consultation, Engagement and Performance Officer, Sefton Council

Acknowledgements

Grateful thanks are extended to all stakeholders who have contributed information and views, during the various stages of preparation and consultation, which have informed this PNA.

We would also like to acknowledge the input from the Cheshire and Merseyside Pharmaceutical Needs Assessment Group, Sharon McAteer from Halton Council and Sophie Kelly from Liverpool City Council for setting up and administering the public survey on behalf of Cheshire & Merseyside

Agenda Item 12

Table of Contents

FOREWORD	3
EXECUTIVE SUMMARY	11
1. INTRODUCTION AND PURPOSE	148
2. SCOPE AND METHODOLOGY	19
2.1 Scope of the PNA	18
2.2 Methodology and Data Analysis	19
2.3 Consultation	211
2.4 PNA Review Process	221
2.5 How to use the PNA	222
2.6 Localities used for considering pharmaceutical services	233
3. NATIONAL PHARMACEUTICAL SERVICES CONTRACT	233
3.1 Essential Services and Prescription Volume	243
3.2 Advanced Services	254
3.3 Enhanced Services	25
3.4 Locally Commissioned Services	29
3.5 Funding the Pharmacy Contract	31
3.6 Community Pharmacy Contract Monitoring	31
3.7 Other Commissioned Public Health Services	32
3.8. Other Commissioned CCG Services	32
4. OVERVIEW OF CURRENT PROVIDERS OF PHARMACEUTICAL SERVICES	34
4.1 Community Pharmacy Contractors	34
4.2 Dispensing Doctors	34
4.3 Appliance Contractors	34
4.4 Local Pharmaceutical Services (LPS)	35
4.5 Acute Hospital Pharmacy Services	35
4.6 Mental Health Pharmacy Services	

Error! Bookmark not defined.

4.7 GP Out of Hours Services	35
4.8 Bordering Services / Neighbouring Providers	354
5. PHARMACY PREMISES AND WORKFORCE	595
5.1 Pharmacy locations and level of provision	595
5.2 Pharmacy opening hours, including out-of-hours and 100 hour pharmacies	35
5.3 Internet-based/mail order pharmacy provision	37
5.4 Access to and provision of community pharmacy services in local authorities bordering Sefton	704
5.5 Conclusion	Error! Bookmark not defined.4
5.6 Patient and public survey	72
5.7 Pharmacy survey	80
6. POPULATION AND HEALTH PROFILE OF SEFTON	ERROR! BOOKMARK NOT DEFINED.
6.1 Life Expectancy	36
6.2 Birth Rate	46
6.3 Preventable Mortality	47
6.4 Major causes of ill health and mortality in Sefton	47
6.5 Long Term Conditions	48
6.6 Tobacco	51
6.7 Alcohol	52
6.8 stance Misuse (Drugs)	52
6.9 Obesity	53
6.10 Sexual Health	53
6.11 Influenza Immunisation	55
6.12 Mental Health	56
7. PHARMACY ACTIVITY THAT SUPPORTS LOCAL PRIORITIES	58
7.1 Pharmacy locations and level of provision	58
7.2 Pharmacy opening hours, including out-of-hours and 100-hour pharmacies	Error! Bookmark not defined.5
7.3 internet-based/mail order pharmacy provision	68
7.4 Access to and provision of community pharmacy services in local authorities bordering Sefton	69

Agenda Item 12

8. PRESCRIBING ACTIVITY	71
9. SEFTON PATIENT & PUBLIC PHARMACY SURVEY 2022	71
10. PHARMACY SURVEY	79
10.1 Access for clients whose first language is not English	79
10.2 Access for people with a disability and/or mobility problem	80
10.3 Pharmacy consulting rooms	81
10.4 Prescription Collection and Delivery Services	82
11. MEETING PHARMACEUTICAL NEED	82
11.1 Advanced Service Provision	82
11.2 Enhanced Service Provision	83
11.3 Other NHS Service Provision	84
11.3.1 Public Health Commissioned Services	84
11.3.2 CCG commissioned Services	89
12. CONCLUSION	91
APPENDIX 1: POLICY CONTEXT	92
APPENDIX 2: ABBREVIATIONS USED	97
APPENDIX 3: COMMUNITY PHARMACY ADDRESSES AND OPENING HOURS	100
APPENDIX 4: PHARMACY PREMISES & SERVICES QUESTIONNAIRE AND REPORT	102
APPENDIX 5: PUBLIC AND PATIENT QUESTIONNAIRE	117
APPENDIX 6: FORMAL CONSULTATION LETTER AND QUESTIONNAIRE	141
APPENDIX 7: FORMAL CONSULTATION RESPONSE	147

Table of Figures

List of Tables

Table 1 - Rate of cancer mortality for selected cancers (2019)	48
Table 2 - Rate of cancer incidence for selected cancers (2019)	50
Table 3 - Number and rate of under 18 conceptions in Sefton 2013 – 2020)	53
Table 4 - Uptake of flu vaccine in Sefton 2018/19 – 2020/21	56
Table 5 - Pharmacy opening times	65
Table 6 - Pharmacy closing times	65
Table 7 - Pharmacy opening times outside normal working hours, by ward	66
Table 8 - Average Items dispensed per month per pharmacy (2020/21)	71
Table 9 - Demographics of patients responding to the survey	72
Table 10 - Pharmacy parking provision	75
Table 11 - Does pharmacy deliver medication?	75
Table 12 - Problems finding pharmacies	76
Table 13 - Pharmacy satisfaction	57
Table 14 - Other languages staff can speak	80
Table 15 - Total and Median New Medicine interventions declared by Sefton Pharmacies (April 2019 to Feb 2022)	83
Table 16: Pharmacies in Cheshire and Merseyside holding Anti-Viral Medication Stock	84

List of Maps

Map 1 - Pharmacy locations in Sefton – January 2022	59
Map 2 - Pharmacy locations in North Sefton – January 2022	Error! Bookmark not defined.
Map 3 - Pharmacy locations in Central Sefton – January 2022	59
Map 4 - pharmacy locations in South Sefton – January 2022	60
Map 5- Pharmacy location (with 1 mile buffer) and population density	60
Map 6 - Map of drive times to community pharmacies during day	62
Map 7 - Map of drive times to community pharmacies during rush hour	62
Map 8 - Map of walking times to community pharmacies	63
Map 9 - Map of travel times to pharmacies by public transport on a weekday	63
Map 10- Map of Sefton pharmacies open on Saturdays	67
Map 11 - Map of pharmacy provision on Sunday	68
Map 12 - Map of pharmacy by type in Sefton	69
Map 13 - Cross border pharmacy provision (SHAPE, 2022)	70

List of Figures

Figure 1 - Illustration showing PNA development process	20
Figure 2 - Other NHS Pharmacy Services: Sefton Pharmacy Survey (2021).....	31
Figure 3 - Project population change in Sefton, 2020 – 2043 (based on 2018 populations)	36
Figure 4 - Life expectancy at birth within Sefton	46
Figure 5 - General Fertility Rate, Live Births per 1,000 females aged 15-44 years	47
Figure 3 - Mortality rate from causes considered preventable (2001/03 - 2018/20)	47
Figure 7 - Estimated prevalence of long-term conditions in Sefton (2020-21)	49
Figure 8 - Trend in cancer incidence	50
Figure 9 - Cancer incidence by ward in Sefton (2014– 2018)	51
Figure 10 - Under 16 conceptions between 2009-11 and 2018-20	54
Figure 11 - Under 18 conceptions leading to abortion (2011 – 2020)	54

Agenda Item 12

<i>Figure 12 - Self-reported wellbeing for Sefton, North West and England (2020-21)</i>	57
<i>Figure 13 - Crude rate of pharmacies in Sefton wards per 10,000 population</i>	60
<i>Figure 14 - Importance of location (Public survey of community pharmacy services, 2021)</i>	64
<i>Figure 15 - Transport mode to get to pharmacy (public survey of community pharmacy services, 2021)</i>	64
<i>Figure 16 - Why did patient visit pharmacy?</i>	72
<i>Figure 17 - When did patient use pharmacy?</i>	73
<i>Figure 18 - How did patient get to pharmacy?</i>	73
<i>Figure 19 - Pharmacy location</i>	74
<i>Figure 20 - Accessing pharmacy</i>	75
<i>Figure 21 - Consultation advice</i>	77
<i>Figure 22 - Accessing pharmacies out of hours</i>	77
<i>Figure 23 - Pharmacy waiting times</i>	78
<i>Figure 24 - What services should pharmacies offer?</i>	79
<i>Figure 25 - Pharmacy accessibility for disabled patients</i>	82

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Executive Summary

From 1 April 2013, local authority Health and Wellbeing Boards (HWB) became legally responsible for developing and updating its Pharmaceutical Needs Assessments (PNA).

The PNA is a primary tool for Sefton HWB, NHS England/Cheshire and Merseyside ICB and Sefton place-based commissioners to support the decision-making process for pharmacy applications and to ensure that commissioning intentions for services that could be delivered via community pharmacies 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 an allied but separate component.

The PNA brings together health and demographic data, with survey data from the public and pharmacy service providers to identify any gaps in current and future provision of necessary pharmacy services, and any service changes that could improve provision or access. Full revision of the PNA takes place on a recommended timescale of just over one year. As previously, this assessment has been developed by a multi-professional steering group - the steering group consists of representatives from the following organisations, with additional support from the Cheshire and Merseyside Pharmaceutical Needs Assessment Group, and with reference to the PNA Information Pack for Health and Wellbeing Boards (DHSC, 2021):

- HWB Chair and Committee Member
- Public Health, Business Intelligence, Consultation and Engagement, Sefton Council
- Community Pharmacy Professional Lead from NHS England North Primary Care Team
- Sefton Pharmacy Lead and Sefton Medicines Management Lead, Cheshire and Merseyside Integrated Care Board)
- Sefton Local Pharmaceutical Committee
- Sefton Healthwatch

A draft PNA was published on 13 July 2022 inviting comments to be made prior to the closing date of the 60-day statutory consultation period on 9.00 am 11 September 2022.

Agenda Item 12

Key Findings

- There are 71 community pharmacies in Sefton, 5 distance selling pharmacies and no dispensing doctors
- Community pharmacy services are complemented by acute hospital pharmacy services which dispense medications for inpatients, outpatients during clinic and to patients on discharge from hospital. There are 5 acute hospitals within Sefton's catchment area.
- There is at least 1 community pharmacy within each electoral ward, overall, there are 3,900 residents per pharmacy
- There are few areas in Sefton that cannot access a pharmacy within a 15-minute drive. If walking is considered, travel times are longer for some communities, more notably in less urban areas
- Very few community pharmacies open before 9am across Sefton during the working week, the majority, 95% are open after 5pm
- There is generally good provision of pharmacy services across Sefton on a Saturday. There are 4 wards that are without provision, however they can access pharmacies in neighbouring wards
- 3 pharmacies provide a 100-hour service
- Almost all respondents (99%) to the residents' survey stated that it was 'easy' getting to their usual pharmacy
- 80% of residents were satisfied with the range of services that Sefton pharmacies provide, whilst 16% wished they would provide more services
- There are at least 26 pharmacies within 1 mile from Sefton which can be used by our residents
- Of the 64 community pharmacies who returned surveys:
 - o Only one did not have a consultation area on their premises.
 - o Some 90% of pharmacies stated that all areas of their premises were accessible to wheelchair users
 - o 27% were able to offer support to people whose first language was not English, primarily through language line or the use of an interpreter
- All but 2 community pharmacies provided the New Medicines Service, 4 provided the Appliance Use Review service, 89% provided the NHS Flu Vaccination Service, 72 provided the NHS Community Pharmacist Consultation Service and a fifth 12 supplied the Stoma Appliance Customisation Service.
- The localities of Southport and Maghull are expected to have developments in the next five years that could have an impact on existing pharmacy provision and services delivered by pharmacies. This includes two extra care facilities. It is also recognised that Sefton's population is expected to change with significant increases in the number of older people. This will need to be kept under review to ensure that the pharmaceutical network in Sefton responds to these evolving needs.

Conclusion

This needs assessment has determined that the pharmaceutical network in Sefton is adequate in terms of provision to meet the needs of the population and geographically accessible reflecting the population density distribution across Sefton. The local community pharmacy network is enhanced by the availability of pharmacy services in neighboring authorities within one mile of Sefton's borders.

Pharmacy opening hours across Sefton are considered satisfactory with wide access throughout the week and sufficient coverage over evenings and weekends.

This needs assessment has not identified any specific and significant gaps in local service provision at the current time and therefore any areas for service development. However, the need for specific community pharmacy services will be regularly reviewed in line with the PNA regulations and the evolving make up and needs of the local population. During the lifetime of this PNA this will be achieved through the annual review process and any requirement to produce supplementary statements to modify this assessment.

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Agenda Item 12

Statements from pharmaceutical regulations (2013)

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulation 2013 set out the legislative basis for developing and updating PNAs. Schedule 1 outlines the minimum information to be contained in pharmaceutical needs assessments. Detailed below are the six statements included in schedule 1.

Statement 1 -Necessary Services: Current Provision

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 Sefton there is sufficient provision of community pharmacy services throughout the borough. Sefton has 71 pharmacies which serve a population of 275,899. This equates to approximately one pharmacy for every 3,900 residents (England average is 5,041 population per pharmacy). Consequently, the population is well served by pharmacy services and is above the England average. The local community pharmacy network is enhanced by the availability of pharmacy services in neighbouring authorities (e.g., Liverpool, Knowsley & West Lancashire) within one mile of Sefton's borders.

Statement 2 -Necessary Services: Gaps in Provision

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 demographics of the local population. This needs assessment has not identified any specific and significant gaps in local service provision at the current time and therefore any areas for service development. Sefton Council's Local Plan is referenced in this assessment and there are housing developments of up to 200 houses in the next five years in several locations. The localities of Southport and Maghull are expected to have developments in the next five years that could have an impact on existing pharmacy provision and services delivered by pharmacies. This includes two extra care facilities. It is also recognised that Sefton's

population is expected to change with significant increases in the number of older people. This will need to be kept under review to ensure that the pharmaceutical network in Sefton responds to these evolving needs.

Statement 3 - Other relevant services: Current provision

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.

The local community pharmacy network is enhanced by the availability of pharmacy services in neighbouring authorities (e.g., Liverpool, Knowsley & West Lancashire) within one mile of Sefton's borders.

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

There is adequate access to essential services, advanced services and other NHS services (commissioned by Sefton Local Authority Public Health and Sefton's two CCGs).

Statement 4- Improvements and better access: Gaps in provision

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 of a specified type in its' area.

This needs assessment has not identified any specific and significant gaps in local service provision at the current time and therefore any areas for service development. However, it is important to ensure that services reflect the needs of local people and changes to the

Agenda Item 12

priorities of local commissioners including the NHS and local government in response to changing or evolving pressures. In the current financial climate, there is however limited capacity to deliver additional services within budgetary constraints.

Statement 5 -Other NHS Services

A statement of any NHS services provided or arranged by the H&WBB, NHS England, 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 needs assessment has not identified any specific and significant gaps in local service provision at the current time and therefore any areas for service development. However, the need for specific community pharmacy services will be regularly reviewed in line with the PNA regulations and the evolving make up and needs of the local population.

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.

The locality scope for the PNA is the borough of Sefton. Sefton is an area that stretches from Southport in the north to Bootle in the South. To the east lies the town of Maghull and the west is bordered by the coastline covering Crosby through to Formby and Ainsdale. Bordering authority areas include Liverpool to the South, Knowsley and Lancashire in the north of the borough. Sefton Health and Wellbeing Board encompasses Sefton Local Authority Area and this geography is covered by four Primary Care Networks (clusters of General Practices with allied Primary Care services). Sefton Council is also a member of Sefton Partnership, which was formally created in July 2022 as part of nationwide changes to the system for planning and delivering health and care. Clinical Commissioning Groups no longer exist, but their work continues within the Cheshire and Merseyside Integrated Commissioning Board (ICB, part of the Integrated Care System) and through local structures like the Sefton Partnership. Analysis

and mapping undertaken as part of the PNA process was carried out at locality and ward level to take account of the varying needs of people within different areas of Sefton. This approach is congruent with the Sefton Joint Strategic Needs Assessment (JSNA), which is a key source of the information included in the PNA. For the purposes of developing this PNA various consultation and engagement processes have been undertaken. These include a survey of community pharmacy service providers, members of the public and a formal consultation with identified stakeholders and the public. Information and feedback is included throughout the PNA and appendices.

Part 1: Purpose, process and explanation of pharmaceutical services

1. Introduction and Purpose

Provision of accessible Primary Care Services is central to improving quality and implementing the vision for an effective, cost-effective, equitable and integrated health and care system. 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.

In order to provide pharmaceutical services in England a person and the premises from which they will provide services must be included in the relevant pharmaceutical list. NHS England and NHS Improvement (NHSEI) is responsible for preparing, maintaining, and publishing pharmaceutical lists in respect of each health and wellbeing board's area. Applications for inclusion in one of these lists are currently submitted to Primary Care Support England and determined by NHS England and NHS Improvement. Responsibility for pharmaceutical services in England will be delegated to Integrated Care Boards (ICB) by 2023.

The main purpose of the pharmaceutical needs assessment is to inform the submission of applications for inclusion in a pharmaceutical list, and the subsequent determination of such applications. Four types of applications can be made based on the PNA, (below). Applications that do not rely on the PNA are to open a distance selling premises, and to secure improvements or better access that were not identified in the PNA ('unforeseen benefits').

- to meet a current need identified in the relevant pharmaceutical needs assessment
- to meet a future need identified in the relevant pharmaceutical needs assessment
- to secure improvements or better access identified in the relevant pharmaceutical needs assessment
- to secure future improvements or better access identified in the relevant pharmaceutical needs assessment

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

Agenda Item 12

services for their population. Besides commissioners in Cheshire and Merseyside NHSE/ICB, the PNA also informs commissioning decisions amongst partner organisations within the Sefton Partnership, including the local authority, for example some services commissioned by public health. The PNA is therefore an important tool to ensure that commissioning intentions for services that could be delivered via 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 distinct component.

Community pharmacies play a key role in supporting the health and well-being of the population of Sefton in partnership with other Primary Care and Community and Voluntary Sector Organisation, as well as the wider Health and Care system. Pharmacy services can be directed towards addressing health inequalities and supporting self-care in areas of greatest need, so mapping service provision and identifying current and future gaps in relation to need and access are essential steps in planning and delivering pharmacy services effectively and equitably.

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

- Required Primary Care Trusts (PCTs) to develop and publish PNAs; and
- Required them to use PNAs as the basis for determining market entry to NHS pharmaceutical services provision;

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

Changes to the system for commissioning of healthcare, scheduled to come into effect by July 2022, involve the introduction of measures to allow NHSE & I to delegate national commissioning responsibilities to the Integrated Care Board. This will include the commissioning of pharmaceutical services. As part of this change to the commissioning system, Clinical Commissioning Groups (CCGs) will be subsumed into Integrated Care Boards.

2. Scope and Methodology

2.1 Scope of the PNA

In summary The Regulations require a series of statements of:

- The pharmaceutical services that the health and wellbeing board has identified as services that are necessary to meet the need for pharmaceutical services;

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

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

- How the health and wellbeing board has determined the localities in its area;
- How it has taken into account the different needs of the different localities, and the different needs of those who share a protected characteristic;
- A report on the consultation;
- A map that identifies the premises at which pharmaceutical services are provided;
- Information on the demography of the area;
- Whether there is sufficient choice with regard to obtaining pharmaceutical services;
- Any different needs of the different localities; and
- The provision of pharmaceutical services in neighbouring health and wellbeing board areas.

2.2 Methodology and Data Analysis

Key principles of the PNA are:

- It is an iterative process involving patients, the public and key stakeholders
- It is developed through a multidisciplinary PNA Steering Group
- It is a developing, live document and consideration will be given on an annual basis as to the document's reflection of need and the commissioning landscape
- It focuses on identifying health needs which can be supported by pharmaceutical services and assesses a range of information to reach conclusions about the sufficiency of pharmacy provision

Agenda Item 12



Figure 4 - Illustration showing PNA development process

Development of the Sefton Health and Wellbeing Board's PNA has been initiated and overseen by a multi-professional steering group. The steering group consists of representatives from the following:

- Public Health, Sefton Council
- Community Pharmacy Professional Lead from NHS England Cheshire and Merseyside
- CCG Pharmacy Lead
- Local Pharmaceutical Committee
- Healthwatch
- Business Intelligence, Sefton Council

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

- the health and pharmaceutical needs of the population
- current local provision of pharmaceutical services, and subsequently
- gaps in provision of pharmaceutical services.

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

- Sefton Joint Strategic Needs Assessment

- Public Health Annual Reports
- Census data
- Public Health England's (PHE) Fingertips tool via Office for Health Improvement and Disparities (OHID)
- Public Health England's SHAPE tool for travel time maps via OHID
- NHS Business Services Authority
- Data on socio-economic circumstances of the local area
- Community pharmacy providers questionnaire
- Patient and public pharmacy service questionnaires
- The Sefton Local Plan and supporting documentation in relation to proposed housing developments, demolitions and infrastructure changes

2.3 Consultation

A draft Pharmaceutical Needs Assessment was published on 13 July 2022 inviting comments to be made prior to the closing date of the consultation period on 11 September 2022.

The regulations state that when making an assessment for the purposes of publishing a PNA, each HWBB must consult with the following stakeholders about the contents of the PNA:

- Any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBBs)
- Any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBBs)
- Any persons on the pharmaceutical list and any dispensing doctors list for its area
- Any Local Pharmaceutical Services (LPS) chemist in its area with whom NHS England (NHSE) has made arrangements for the provision of any local pharmaceutical services
- Any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWBB has an interest in the provision of pharmaceutical services in its area
- Any NHS Trust or NHS Foundation Trust in its area
- NHS England
- Any neighbouring Health and Well Being Board

The draft PNA was uploaded to Sefton Council's e-consult webpage for electronic response; hard copies were available upon request. The responses to the community pharmacy service survey, public questionnaire and the formal 60-day consultation period have informed this PNA.

All methods for consultation were presented to and approved by the Sefton Consultation and Engagement Panel.

Agenda Item 12

2.4 PNA Review Process

The PNA will be considered annually as an integrated part of the commissioning cycle, as well as when any changes to the pharmacy contractor list occurs. This action will be overseen by Sefton Health and Wellbeing Board with input from NHS England. As a minimum the document will be checked and updated with significant changes in the following areas, once every year:

- New pharmacy contracts
- Pharmacy closures
- Changes to pharmacy locations
- Pharmacy opening hours
- Local intelligence and significant issues relating to pharmacy enhanced service provision
- Appliance provision changes
- Significant changes in Public Health intelligence or primary care service developments that may impact either favourably or adversely on pharmacy-based services.

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

Successful applications for 'consolidations and mergers' as part of the revised pharmacy regulations would also necessitate the development of a Supplementary Statement. (See Appendix Policy Context.)

2.5 How to use the PNA

The PNA should be utilised as a service development tool in conjunction with the Sefton Joint Strategic Needs Assessment (JSNA)¹ and the strategic plans from local commissioners. Mapping out current services and gaining a sense of future service needs will pinpoint the areas where the development of local pharmaceutical services may be necessary.

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

- Maps and tables detailing specific services will mean patients can see clearly where they can access a particular service.
- Current service providers will be better able to understand the unmet needs of patients in their area and take steps to address this need.
- Future service providers will be able to tailor their applications to be added to the pharmaceutical list to make sure that they provide the services most needed by the local community.

¹ Sefton Joint Strategic Needs Assessment can be accessed at [Joint Strategic Needs Assessment \(JSNA\) \(sefton.gov.uk\)](https://www.sefton.gov.uk/jсна)

- 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.
- NHS England will be in a better position to judge new applications to join the pharmaceutical list, relocate premises, change opening hours etc. to make sure that patients receive quality services and adequate access without plurality of supply.

2.6 Localities used for considering pharmaceutical services

The locality scope for the PNA is the borough of Sefton. Sefton is an area that stretches from Southport in the north to Bootle in the south. To the east lies the town of Maghull and the west is bordered by the coastline covering Crosby through to Formby and Ainsdale. Bordering authority areas include Liverpool to the South, Knowsley and Lancashire in the north of the borough. Sefton Health and Wellbeing Board encompasses Sefton Local Authority Area and this geography is covered by two Primary Care Networks (South Sefton and Southport and Formby clusters of General Practices with allied Primary Care services). Sefton Council is also a member of Sefton Partnership, which was formally created in July 2022 as part of nationwide changes to the system for planning and delivering health and care. Clinical Commissioning Groups no longer exist, but their work continues within the Cheshire and Merseyside Integrated Commissioning Board (ICB, part of the Integrated Care System) and through local structures like the Sefton Partnership.

Analysis and mapping undertaken as part of the PNA process was carried out at electoral ward level to take account of the variant needs of people within different areas of Sefton (Sefton has 22 electoral wards). This is congruent with the Sefton Joint Strategic Needs Assessment (JSNA). When reporting some service activity, it is impractical to group pharmacies by ward. Instead, pharmacies have been grouped into Sefton's 3 larger locality areas: North, Central and South. The ward groupings are as follows:

North – Ainsdale, Birkdale, Cambridge, Dukes, Harington, Kew, Meols, Norwood, Ravenmeols

Central – Blundellsands, Ford, Manor, Molyneux, Netherton & Orrell, Park, St Oswald, Sudell, Victoria

South – Church, Derby, Linacre, Litherland

3. National Pharmaceutical Services Contract

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

<https://psnc.org.uk/quality-and-regulations/the-pharmacy-contract/>

The pharmaceutical services contract consists of three different levels:

<https://psnc.org.uk/national-pharmacy-services/>

- Essential services

Agenda Item 12

- Advanced services
- Enhanced services

3.1 Essential Services

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

3.1.1 Dispensing

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

3.1.2 Repeat dispensing

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

3.1.3 Disposal of unwanted medicines

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

3.1.4 Promotion of Healthy Lifestyles (Public Health)

Opportunistic one to one advice provided on healthy lifestyle topics such as smoking cessation, weight management, etc to certain patient groups who present prescriptions for dispensing or when accessing for other services. Also, involvement in local public health campaigns throughout the year, organised by the HWB Board and NHS England.

3.1.5 Signposting patients to other health care providers

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

3.1.6 Support for self-care

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

3.1.7 Clinical Governance

Clinical governance is not a service, but is a system of practice that upholds quality, safety, and improvement. Pharmacists must ensure the following processes are in place:

- Use of standard operating procedures
- Patient safety incident reporting
- Demonstrating evidence of pharmacist Continuing Professional Development
- Operating a complaints procedure

- Compliance with Health and Safety legislation
- Compliance with the Disability Discrimination Act
- Significant event analysis
- Commitment to staff training, management and appraisals
- Undertaking patient satisfaction surveys

3.2 Advanced Services

These are the advanced services within the NHS community pharmacy contract:

- Community Pharmacist Consultation Service (CPCS)
- Appliance Use Review (AUR)
- Stoma Appliance Customisation (SAC).
- New Medicine Service (NMS)
- Community Pharmacy NHS Seasonal Influenza Vaccination programme
- COVID-19 Lateral Flow Device Distribution Service (ended on 24th February 2022)
- Hypertension Case Finding Service
- Hepatitis C Testing Service
- Stop Smoking Advanced Service

Community pharmacies can opt to provide any of these services if they meet the necessary requirements. These, together with full-service specifications and funding details are available on the PSNC website <http://psnc.org.uk/services-commissioning/advanced-services/>

3.2.1 Community Pharmacist Consultation Service (CPCS)

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

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

Referrals from general practices is for minor illness, with the service also taking referrals to community pharmacy from NHS 111 (and NHS 111 online for requests for urgent supply of medicine or appliances), Integrated Urgent Care Clinical Assessment Services and in some cases, patients referred via the 999 service.

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

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

3.2.2. Appliance Use Review (AUR)

An Appliance Use Review was the second advanced service, introduced into the NHS community pharmacy contract April 2010. This service is similar to that above where it relates to patients

Agenda Item 12

prescribed appliances such as leg bags, catheters, and stoma products. This service can be provided by either a community pharmacy or appliance contractors and can be carried out by a pharmacist or a specialist nurse either at the contractor's premises or at the patient's home.

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

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

3.2.3 Stoma appliance customisation (SAC) service

Stoma appliance customisation was the third advanced service introduced in April 2010. This service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve how long they are used for, thereby reducing waste and unnecessary patient discomfort. This service can be provided by either pharmacy or appliance contractors.

3.2.4 New Medicines Service (NMS)

This service was introduced in October 2011. It can be provided by pharmacies only. It provides support with medicines adherence for patients being treated with new medicines in four conditions/therapy areas. These are Asthma / Chronic Obstructive Pulmonary Disease (COPD), Type 2 Diabetes, Hypertension and Antiplatelet / Anticoagulation therapy. The pharmacist provides face to face counselling about the medicine at the point when the patient first presents with their prescription at the pharmacy. Arrangements are then made for the patient to be seen 10-14 days later to assess adherence and discuss any problems with the new medicine. The patient is followed up 14 days later to check all is well at which point they exit this service. From 1st September 2021, the following conditions are covered by the service: Asthma and COPD; Diabetes (Type 2); Hypertension; Hypercholesterolaemia; Osteoporosis; Gout; Glaucoma; Epilepsy; Parkinson's disease; Urinary incontinence/retention; Heart failure; Acute coronary syndromes; Atrial fibrillation; Long term risks of venous thromboembolism/embolism; Stroke / transient ischemic attack; and Coronary heart disease. The antiplatelet/anticoagulant therapy eligibility continues, but it is now included in the above list by reference to the underlying condition/reason for prescribing.

3.2.5 NHS Influenza Vaccination Programme

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

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

- Those aged 50 years and over (see also section on older people)
- Pregnant women

- Those who have certain medical conditions^[2] –
 - chronic (long-term) respiratory disease, such as asthma, COPD or bronchitis
 - chronic heart disease, such as heart failure
 - chronic kidney disease
 - chronic liver disease, such as hepatitis
 - chronic neurological conditions, such as Parkinson's disease or motor neurone disease
 - diabetes
 - problems with your spleen – for example, sickle cell disease, or if you have had your spleen removed
 - a weakened immune system due to conditions such as HIV and AIDS, or as a result of medication such as steroid tablets or chemotherapy
- Those living in a long-stay residential care home or other long-stay care facility
- People receiving carer's allowance, or who are the main carer for an elderly or disabled person whose welfare may be at risk if they fall ill
- Healthcare workers with direct patient contact or social care workers

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

This service is the fifth Advanced Service in the English CPCF. Immunisation is one of the most successful and cost-effective health protection interventions and is a cornerstone of public health. High immunisation rates are key to preventing the spread of infectious disease, complications and possible early death among individuals and protecting the population's health. For most healthy people, influenza is an unpleasant but usually self-limiting disease. However, those with underlying disease are at particular risk of severe illness if they catch it. The aim of the seasonal influenza vaccination programme is to protect adults who are most at risk of serious illness or death should they develop influenza, by offering protection against the most prevalent strains of influenza virus

The service can be provided by any community pharmacy in England that fully meets the requirements for provision of the service and has notified NHS England of their intention to begin providing the service by completing a notification form on the NHS Business Services Authority (NHSBSA) website

3.2.6 Hypertension Case Finding Service

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

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

² Note this list is not definitive and GPs clinical judgement will be used to assess if a person has an underlying illness that may be exacerbated if they catch the flu

Agenda Item 12

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

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

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

The service aims to:

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

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

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

3.2.7 Smoking Cessation Service

The 5-year Community Pharmacy Contractual Framework (CPCF) agreement reached in July 2019 included the proposal that stop smoking support for those beginning a programme of smoking cessation in secondary care and referred for completion in community pharmacy should be piloted. This service enables NHS trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway, including providing medication and behavioural support as required, in line with the NHS England (NHSE) Long Term Plan care model for tobacco addiction.

The service officially commenced on 10th March 2022, however since this is an Advanced service, contractors are free to choose if they will provide the service and when they will start providing it. NHS trusts currently have their focus on recovery following COVID-19 and consequently they will not all immediately start to make referrals to the service; NHS England expect most to be making referrals within two years from the commencement date. The aim of the service is to reduce morbidity and mortality from smoking, and to reduce health inequalities associated with higher rates of smoking.

3.2.8 Hepatitis C testing service

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

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

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

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

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

- increase the number of diagnoses of HCV infection;
- permit effective interventions to lessen the burden of illness to the individual;
- decrease long-term costs of treatment; and
- decrease onward transmission of HCV

Any pharmacy that meets the service requirements can provide the service, but it will be of most interest to contractors that provide a locally commissioned needle and syringe programme service, with a sufficient number of clients, to make the investment in provision of the service worthwhile.

3.2.9 COVID-19 Lateral Flow Device Distribution Service (Ceased on 24th February 2022 as part of Government review of COVID-19 Restrictions)

At the end of March 2021, a new Advanced service – the NHS community pharmacy COVID-19 lateral flow device distribution service was added to the NHS Community Pharmacy Contractual Framework. This service aimed to improve access to COVID-19 testing by making lateral flow device (LFD) test kits readily available at community pharmacies for asymptomatic people, to identify COVID-positive cases in the community and break the chain of transmission.

3.3 Enhanced Services

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

Agenda Item 12

NHS England currently commission an Enhanced Service for the area of Cheshire and Merseyside which contracts four pharmacies to stock, hold, and supply against prescription, antivirals for at risk patients when an identified flu outbreak including (though not exclusive to) residents of care and residential homes. A community pharmacy local enhanced service is also in place to the ongoing COVID-19 vaccination programme.

3.4 Other NHS Pharmacy Services

Other NHS Services are those provided as part of the health service, but which fall outside the group of services identified under the term Pharmaceutical Services. Other NHS services include those that are provided or arranged by: a local authority (for example public health services commissioned from pharmacies), NHS England and NHS Improvement, a clinical commissioner group working within the ICS, an NHS trust or an NHS foundation trust.

Previously, these services may have been referred to as 'Locally Commissioned Services' but 'Other NHS services' is preferred to make a clear distinction with 'Local Pharmaceutical Services', which is a legally defined term.

Examples of other NHS pharmacy services include Minor ailment management, Substance misuse medication services, Needle exchange schemes, Emergency Hormonal Contraception service and Smoking cessation services.

It is possible for neighbouring organisations to commission similar services from pharmacies at differing remuneration rates or using different service specifications and patient group directions. This is because financial and commissioning arrangements for services are based on local negotiation and are dependent on available resources as well as local need. This does, however, lead to duplication of effort for commissioning staff and difficulties for locum pharmacists working across HWBB and integrated Partnership boundaries. Wherever possible commissioners are advised to work together to eliminate such anomalies and provide continuity of patient care across local boundaries. Greater integration enabled by the establishment of ICS structures should promote harmonisation of services across the Cheshire and Merseyside footprint with benefits for the patient population.

The continuity of other pharmacy services provision can be difficult for contractors to achieve as individual pharmacists and locums who are accredited to provide these services may move around, thus gaps in service can appear, especially if training is not available for new staff. This should be addressed by both the contractors and commissioners but may result in some of the information in this document relating to enhanced service provision being subject to change.

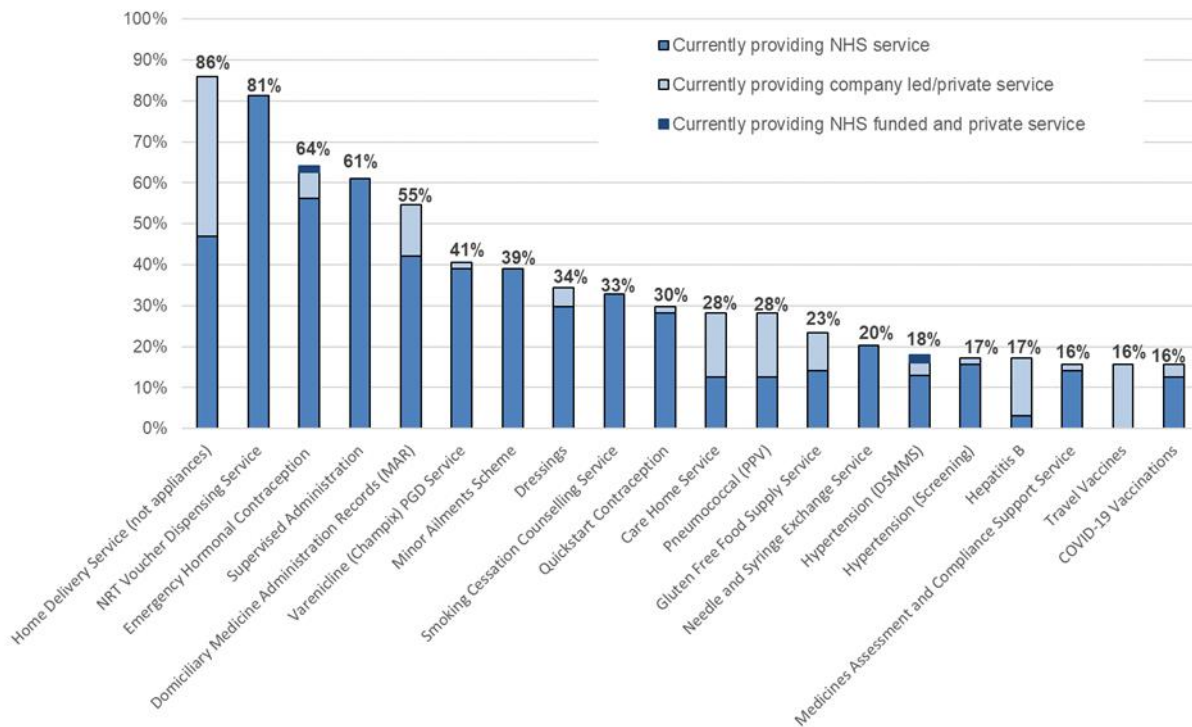


Figure 5 – Other NHS Pharmacy Services: Sefton Pharmacy Survey (2021)³

Note: Uncomplicated urinary tract infection treatment commissioned under Extended Care at the Chemist (see 3.8 below) is missing from this chart. There is no gluten free supply service under NHS

Results from a survey of pharmacies carried out in Summer 2021, as part of this PNA process, indicate that Sefton pharmacies provide a range of services (Figure 2), with the most common being home delivery service, NRT voucher dispensing, emergency hormonal contraception and supervised administration. A copy of the pharmacy survey questionnaire and report can be found in Appendix 5.

3.5 Funding the Pharmacy Contract

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

3.6 Community Pharmacy Contract Monitoring

3.6.1 National Contract

NHSE requires all pharmaceutical service providers to meet the high standards expected by patients and the public. All Pharmacies are included within a programme of contract monitoring visits as

³ The survey was conducted in the Summer of 2021 and responses were received from 88% of community pharmacies.

Agenda Item 12

independent providers of services provided under the national pharmacy contract. The delivery of any locally commissioned enhanced services is also scrutinized.

As stated within the NHS review 2008⁴, high quality care should be as safe and effective as possible, with patients treated with compassion, dignity and respect. As well as clinical quality and safety, quality means care that is personal to each individual. This statement is as meaningful to pharmacies as to other NHS service providers and is the principle that the NHSE adopts when carrying out the Community Pharmacy Contract Monitoring visits for essential, advanced services and locally commissioned enhanced services.

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

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

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

3.7 Other Commissioned Public Health Services

Sefton Council does not directly commission the provision of any services directly from pharmacies. However, it commissions other services with the expectation that they sub-contract with pharmacies for specific local services such as sexual health, substance misuse and smoking cessation interventions. These main providers are expected to check that their sub-contractors meet required minimum standards, have the relevant qualifications and training to deliver the services and submit self-declarations of competency. The services are monitored by Sefton Council on a regular basis using electronic or paper-based reporting tools and quality visits may be conducted to premises.

3.8. Other Commissioned Services

⁴ Department of Health 2008 *High Quality Care for All – NHS Next Stage Review Final Report*

NHS South Sefton CCG previously commissioned the following services, which continue under Cheshire and Merseyside Integrated Care Board and Sefton Partnership:

- Care at the Chemist (CATC)
- Extended Care at the Chemist Service – Patient Group Direction for the supply of nitrofurantoin for uncomplicated urinary tract infection in non-pregnant women aged between 16 and 65 years of age
- Supply of dressings to nursing homes
- Stock holding of Palliative Care Medicines
- COVID-19 Community Pharmacy Medicines Service

Commissioning is underway for one community pharmacy in Sefton to provide a Trans Health Medicines Stock holding service.

NHS Southport and Formby CCG previously commissioned the following services, which continue under Cheshire and Merseyside Integrated Care Board and Sefton Partnership:

- Care at the Chemist (CATC)
- Extended Care at the Chemist Service – Patient Group Direction for the supply of nitrofurantoin for uncomplicated urinary tract infection in non-pregnant women aged between 16 and 65 years of age
- Supply of dressings to nursing homes
- Stock holding of Palliative Care Medicines
- COVID-19 Community Pharmacy Medicines Service

Pharmacies seeking to provide any of the above services need to contact the Medicines Management Team at the CCG. They must also complete all of the relevant qualifications and/or training to deliver these services. Services are monitored on a regular basis using an electronic reporting tool and/or by reviewing monthly claims and invoices, communication with providers and the Local Pharmaceutical Committee (LPC), and feedback from patients and healthcare professionals.

Agenda Item 12

4. Overview of current providers of Pharmaceutical Services

4.1 Community Pharmacy Contractors

Community pharmacy contractors can be individuals who independently own one or two pharmacies, independent multiple pharmacies e.g., community pharmacy companies with between 5 and 300 branches or large multinational companies e.g. Lloyds, Boots, Sainsbury's etc who may own many hundreds of pharmacies UK wide.

Sefton has 73 "Pharmacy Contractors" who between them operate out of a total of 71 pharmacy premises. The population of the area is 275,889 which equates to approximately one pharmacy for every 3,900 residents (England average is 5,041 population/pharmacy). There is no predetermined number of pharmacies per head of population and comparisons with other areas cannot be used in isolation to determine level of need or provision. Other multiple factors need to be taken into account.

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

In terms of the type of Community Pharmacies in our area there are:

- **66 delivering a minimum of 40 hrs service per week** (excluding 5 distance selling and 3 '100' hour pharmacies)
- **3 delivering a minimum of 100hrs service per week**
- **5 providing services via the internet or "distance selling"**

Further details of community pharmacies operating in Sefton can be found in Chapter 5 of this PNA.

4.2 Dispensing Doctors

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

4.3 Appliance Contractors

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

4.4 Local Pharmaceutical Services (LPS)

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

4.5 Acute Hospital Pharmacy Services

There are five Acute Hospital Trusts within Sefton catchment area, namely:

- Liverpool University Hospitals NHS Foundation Trust
- Southport and Ormskirk Hospital NHS Trust
- Walton Centre NHS Foundation Trust
- Liverpool Women's NHS Foundation Trust
- Alder Hey Children's NHS Foundation Trust

Hospital Trusts have Pharmacy Departments whose main responsibility is to dispense medications for use on the hospital wards for in-patients, when patients are discharged following a hospital stay and during the outpatient clinics.

4.6 GP Out of Hours Services and Urgent Care

There is now one GP 'out of hours' service for the Merseyside region. The service covers Liverpool, Halton, Knowsley, Warrington, a number of practices in St Helens, as Sefton. The service is accessed by NHS 111 in working hours 6.30pm – 8am (Mon-Fri) and over all weekends and Bank Holidays. During normal pharmacy opening hours, patients who require medicine to be dispensed are provided with a prescription that is usually sent electronically to a local Community Pharmacy. During evenings and weekends, where Pharmacy services may be more limited, patients requiring urgent treatment are provided with pre-packaged short courses of medication, as described in the national out of hours formulary.

Sefton has one walk in centre in Litherland Town Hall. Residents can also be directed to Skelmersdale walk in centre and the urgent care centre in Ormskirk Hospital (both in neighbouring West Lancashire). All three operate seven days a week from 8am until 8pm and bank holidays.

4.7 Bordering Services / Neighbouring Providers

The population of Sefton can access services from pharmaceutical providers not located within the Local Authority's own boundary. When assessing pharmacy contract applications or making enhanced service commissioning decisions, the accessibility of services close to the borders will need to be considered. Information on such services can be obtained by referring to the relevant neighbouring Health and Well Being Board's associated PNA.

Agenda Item 12

Part 2: Sefton's Population and Health Profile

5. Population Profile of Sefton

5.1 Location

Sefton is a metropolitan borough of Merseyside, England and its local authority is Sefton Council. The Borough consists of a coastal strip of land on the Irish Sea and extends from the primarily industrial area of Bootle in the south to the traditional seaside resort of Southport in the north. In the south-east it extends inland to Maghull. Sefton has an approximate area of some 155km². The district is bounded by Liverpool to the south, Knowsley to the south-east, and West Lancashire to the east.

5.2 Population Structure and Projections

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

5.2.1 Resident Population

The latest population figures released in 2021 showed that the population in Sefton was 275,899. Approximately 48% (132,868) of the population is male with 52% (143,031) female. This is similar to the national picture where 49% are male and 51% are female. The age profile of males and females within Sefton shows that, while the 20-64 age group in both genders is similar, amongst females 26% are aged over 65, compared to 22% amongst males. Across Sefton 56.7% (156,338) residents are of working age (18-64), which is lower than both National and across the Northwest where the work age population account for 60.1% and 59.9% respectively. Overall, the proportion of the population aged over 65 in Sefton is 23.7%, considerably higher than across England as a whole where over 65's account for 18.5% of the population. The average age of a Sefton resident is 46.5 years, six years older than the average age across the UK, where it is 40.4 years.

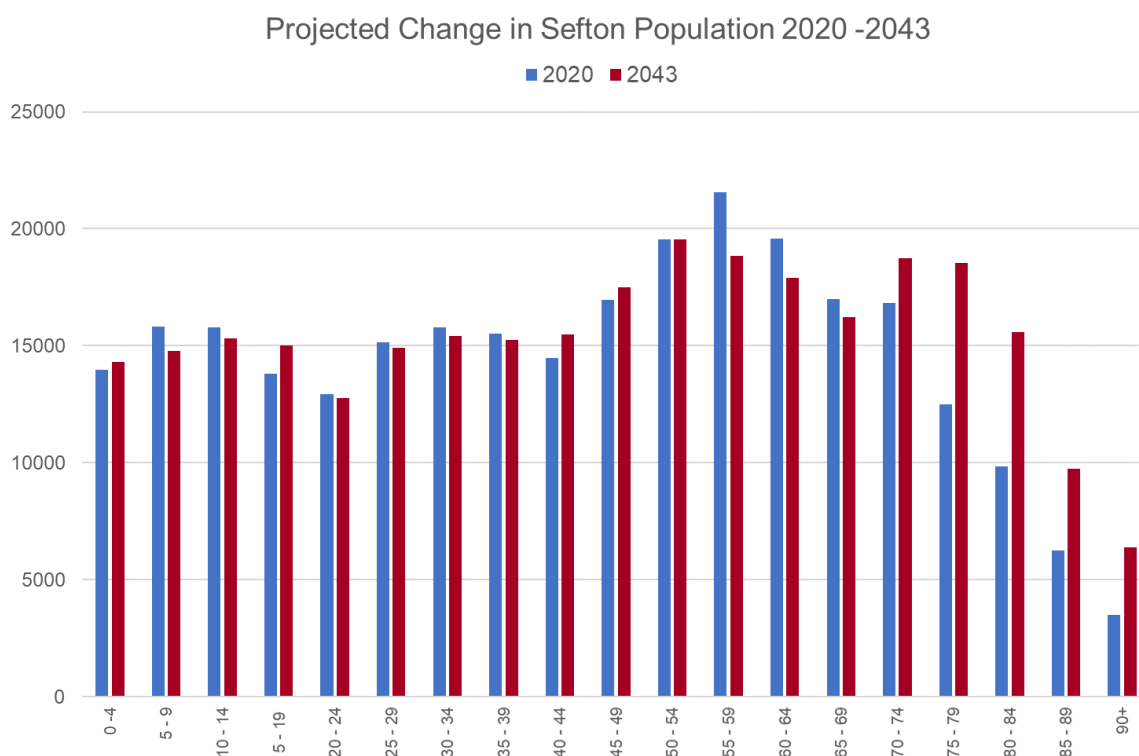
2020 mid-year population estimates for Sefton show a small 10-year population increase of 0.8% since 2010. National and Regional populations have also increased during this time period. However, the increases have been much greater than in Sefton. Since 2010 the population of England is estimated to have risen by 7.4% and the population of the Northwest of England by 5.0%.

Sefton has a low proportion of residents from minority ethnic groups, with 95% of the population being White British, higher than rates seen across Liverpool City Region (92%), the Northwest (87%) and England (79%)

5.2.2 Population Forecasts

Sefton's overall population is predicted to rise between 2020 and 2043 by 5% to 292,176. The chart in Figure breaks down the projection change in Sefton's population by five-year age bands. There are increases in each five-year band from 70-74 onwards with an overall increase in residents aged

70 and over of 40%, rising from 48,900 in 2020 to 68,900 in 2043. The biggest increase is projected to be in the number of residents aged 90 and above, which is expected to rise by more than 82% from approximately 3,500 in 2020 to 6,400 by 2043.



Source: Office of National Statistics (2020)

Figure 3 - Project population change in Sefton, 2020 – 2043 (based on 2018 populations)

The greatest decreases are predicted to be in those who are potentially reaching the end of their working life, age 55-59 (-13%) and age 60-64 (-9%). There are smaller decreases in those in their twenties (-1.4%), thirties (-2%). The only working age group predicted to increase is the 40-49 year old age group (5%).

Amongst younger people it is predicted that there will be an increase in the 0-4 year age group (2%) and 15-19 year age group (9%) However, a reduction in those aged 5-14 (-5%), means the number of Sefton residents aged under 20 will barely change from 59,380 to 59,388.

The biggest increase for both males and females is amongst those aged 85 and above with the male over 85 population predicted to rise by over 90% and female by 52% between 2020 and 2043. Across both genders, it is projected that every age band from 70 onwards will see an increase.

5.2.3 GP Registered Population

The number of people registered with Sefton General Practices has increased in recent years and is higher than the resident population of the borough. Figures from 1st March 2022 show there were 283,668 patients registered with Sefton Practices compared to 278,816 in 2017. This means there

Agenda Item 12

are just under 8,000 more people registered with Sefton GPs than living in the borough. It is unknown how many Sefton residents are registered with GPs in neighbouring areas (Liverpool, Knowsley and West Lancashire) and how many people from these neighbouring areas use GPs based within Sefton.

5.3 Populations with Protected Characteristics

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

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

5.3.1. Age

Population

See section 5.2 for detailed breakdown

- Under age 18: 54,098 (19.6% of total population)
- 18-64: 156,338 (56.7% of total population)
- 65-74: 33,598 (12.2% of total population)
- 75+: 31,865 (11.5% of total population)
- Total population 275,899 (ONS 2020 mid-year population estimate)

Health issues

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

For children:

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

For older people (65+):

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

5.3.2. Sex

Population

See section 5.2 for detailed breakdown

- Women: 143,031 (51.8%)
- Men: 132,868 (48.2%)

Health issues

- Overall life expectancy and life expectancy at 65 are lower for men in Sefton compared to women
- Women in Sefton have a significantly higher rate of emergency hospital admissions for Self-Harm than men
- In those aged over 65, emergency hospital admissions for falls are significantly higher for Sefton females than males
- Under 75 mortality rates from causes considered preventable are significantly higher for male than females in Sefton, a pattern also seen nationally. In 2017-19 in Sefton, the rate for males was 208.2 compared to 115.6 for females
- Sefton's male suicide rate is over three times higher than the female rate (14.0 per 100,000 compared to 4.5 per 100,000)

5.3.3. Disability

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

Population

The 2011 Census indicates that 22.7% of people in Sefton have a disability or illness that affects their day-to-day activities, higher than the Northwest (20.3%) and England (17.6%). This equates to approximately 62,629 residents.

Agenda Item 12

The 2020/21 GP register shows there were 1602 people with learning disability known to their general practice across Sefton. This is a prevalence rate of 0.6% compared to 0.56% in Cheshire and Merseyside and 0.53 in England^v

Data from the 2021 GP Patient survey^{vi} suggests that 57% of South Sefton patients surveyed had a long-term physical or mental health condition, disability or illness. Of those 26% said it affected their daily life a lot and a further 38% said it affected them a little. Thirty six percent said it did not affect ability to carry out your day-to-day activities at all. For patients registered in Southport and Formby, slightly more had a long-term physical or mental health condition, disability or illness (59%). Of which, 19% said it affected their daily life a lot, 41% said it affected them a little and 40% said it did not affect it at all. These figures are based on a representative sample.

Health issues

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

5.3.4. Pregnancy and maternity

Population

See section 6.2 for fertility rates and live births data

Health issues

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

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

5.3.5. Ethnicity

Population

Sefton has a low proportion of residents from minority ethnic groups, with 95% of the population being White British, higher than rates seen across Liverpool City Region 92%, the Northwest 87% and England 79%.

Health issues

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

Agenda Item 12

Traveller and gypsy communities

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

Refugees and asylum seekers

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

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

5.3.6. Religion and belief

Population

Data from the 2011 Census for Sefton residents showed:

- Christian 76.8%
- Buddhist 0.2%
- Hindu 0.2%
- Jewish 0.2%
- Muslim 0.4%
- Sikh 0.0%
- Other religion 0.2%
- No religion 15.8%
- Religion not stated 6.2%

Health issues

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

5.3.7. Marital status

Population

Data from the 2011 Census for

Sefton showed:

- Single (never married or never registered a same-sex civil partnership): 33.1%
- Married: 46%
- In a registered same-sex civil partnership: 0.2%
- Separated (but still legally married or still legally in a same-sex civil partnership): 2.4%
- Divorced or formerly in a same-sex civil partnership which is now legally dissolved: 9.3%
- Widowed or surviving partner from a same-sex civil partnership: 9%

Health issues

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

5.3.8. Sexual orientation

Population

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

The GP Patient Survey for England includes a question relating to sexual orientation. The survey suggests between 93% of patients registered with practices in Sefton define themselves as being heterosexual / straight, with 3% stating their sexual orientation as being either Gay/Lesbian (2%)

Agenda Item 12

or Bisexual (1%). Less than 1% defined themselves as Other and 3% preferred not to disclose their sexual orientation.

Health issues

Attitudes toward the community may have an impact on some of their key health concerns around sexual and particularly mental health. A Stonewall survey^{viii} found:

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

5.3.9. Gender re-assignment

Population

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

In the 2021 GP Patient Survey 99% said their gender identity was the same as the sex they were registered at birth. Less than 1% said it was not the same as the sex they were registered at birth or preferred not to say. The national figures showed 1% did not have the same gender identity as the sex they were registered at birth.

Health issues

Research from Stonewall shows:

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

5.4 Deprivation and Socio-economic factors

Based on average Lower Super Output Area (LSOA) scores, Sefton is the least deprived of the six wider Merseyside authorities (inc. Halton). However, of the 317 Local Authorities contained within the Index of Multiple Deprivation (IMD) Sefton is ranked as the 89th most deprived in England. There are 38 Sefton LSOAs in the most deprived 10% of areas within England, with seven of these amongst the most deprived 1%. Six of these LSOAs are within Linacre Ward and the remaining LSOA is in Derby Ward. Within the 38 LSOAs within the most deprived decile there are approximately 58,000 residents, this equates to 21% of Sefton's population living in the most deprived 10% of areas.

When recent measures of deprivation are compared with figures from 2015, 22% of Sefton's LSOAs have experienced increased levels of deprivation. However, there is minimal change in the geographical distribution of the most and least deprived areas within Sefton. The distribution of Sefton's most deprived LSOAs is typically clustered in the south of the borough and central Southport. However, it is important to note that not all individuals living in an area of higher deprivation are or feel deprived.

It is likely that no one service provider can address the issues within the most deprived areas. There is a need for partners to work together to ensure that resources are used in the locations of greatest need to ensure greater impact and value for money.

Agenda Item 12

5.5 Future Planning: Housing Developments

Sefton's Local Plan outlines how the borough will look, and be developed, to 2030. The Plan, which has been developed within the statutory planning framework, was adopted in April 2017 and sets out:

- How development will be provided for to meet the needs of Sefton's communities
- The policy framework for making decisions on planning applications
- The strategic policy framework for Neighbourhood Plans
- Priorities for investment in employment, housing and infrastructure, including site allocation

The 2014 Strategic Housing Market Assessment (SHMA) for Sefton, which informed the Local Plan, provides a long-term strategic assessment (over the Local Plan period to 2030) of both housing needs and demand and in particular affordable and special needs housing in Sefton. The key findings are:

- Taking account of demographic, economic and policy factors the SHMA shows an overall need for affordable housing of about 7,815 units (i.e., the net need of 434 per annum multiplied by 18 years) in Sefton over the 18-year Local Plan period 2012 to 2030. This need is highest in Southport, Formby and Maghull/Aintree.
- The SHMA states that not all this need has to be met by the provision of affordable housing on new sites, as a significant element in any shortfall between need and supply will *"be met by the Private Rented Sector which currently has over 10,000 individual claimants for Local Housing Allowance."*
- The majority of affordable housing need is for social rented housing.
- It recommended that 15% of all housing provision should be for older people, reflecting Sefton's ageing population. In particular, there is a strong need for additional 'extra care' older persons housing.
- It recommended that the majority of new market housing should be 3-bedroom family accommodation.
- The majority of new affordable housing should be for 1- and 2-bedroom accommodation.

It is anticipated that new areas of housing will be built and occupied during the period of this PNA. These will be primarily to the east of Maghull, around Formby, Thornton and Churchtown. At the time of writing, it is expected that during the next five years, approximately 2,400 new properties will be built within Sefton in 77 separate developments. The localities of Southport and Maghull are expected to have developments in the next five years that could have an impact on existing pharmacy provision and services delivered by pharmacies. This includes two extra care facilities. It is a requirement of the Local Plan to ensure that developments are supported by sufficient infrastructure. Planning for all local infrastructure to support additional developments, including needs related to health service provision, will be determined as required and developed in consultation with all key stakeholders. The annual PNA review provides an opportunity to ensure that pharmaceutical provision responds to the needs of the population with reference to major infrastructure development.

6. Health Profile of Sefton

6.1 Life Expectancy

Life expectancy at birth for residents in Sefton increased between the periods 2001-03 and 2017-19, from 75.1 to 78.9 years for males and 79.9 to 82.9 for females. However, in the most recent time period, life expectancy in Sefton fell to 82.4 years for females and 78.0 years for males. This is in keeping with the national trend, where life expectancy has dropped due to the excess mortality resulting from the COVID-19 pandemic.

The chart in

Figure illustrates the change in life expectancy in Sefton during the period 2001-03 and 2018-20. The chart illustrates that life expectancy remains consistently higher for females than males. Between 2009-11 and 2016-18 the gap between male and female life expectancy narrowed (to 3.8 years). However, since then, the difference between Sefton's male and female life expectancy has widened. In 2018-20 the gap between male and female life expectancy is 4.4 years.

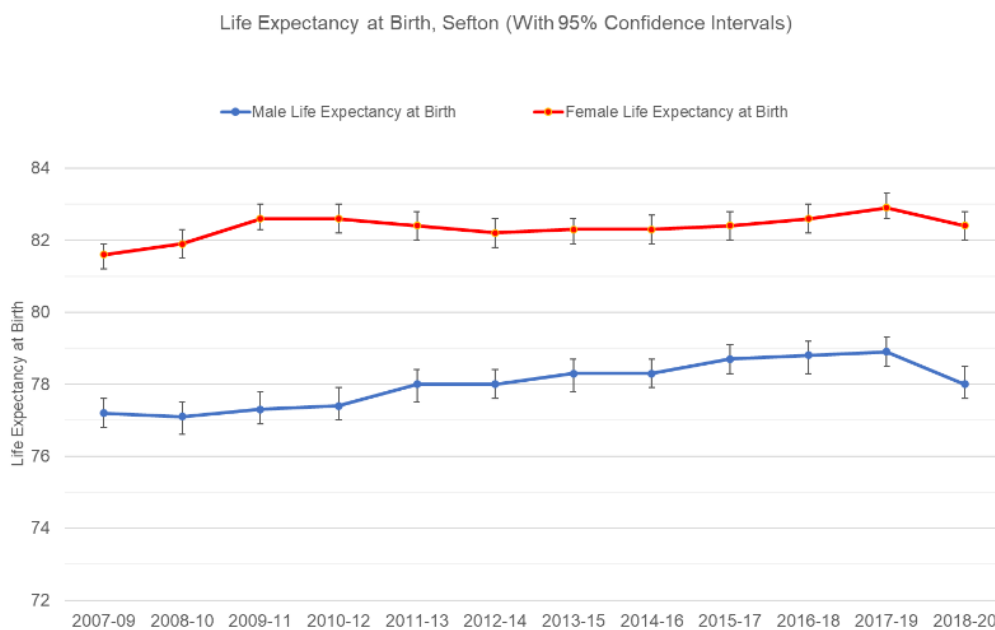


Figure 4 - Life expectancy at birth within Sefton

Source: ONS via PHOF

The male healthy life expectancy (HLE) at birth for Sefton (63.7) is not significantly different to the England average (63.2) but significantly higher than the North West (61.7). There is a gap of almost 15 years between male LE and HLE in Sefton meaning an estimated 15 years will be spent in 'Not Good' health.

The Sefton HLE at birth for females is higher than the male HLE at 64.2. However, females in Sefton are estimated to spend 3 more years of their life in 'not good' health than men. The difference

Agenda Item 12

between LE and HLE for females is 18. The Sefton HLE at birth for females is not significantly different to the England or North West averages.

6.2 Birth Rate

Births in Sefton have generally reduced over the last couple of years (from 2805 in 2016 to 2405 in 2020). The General Fertility Rate (GFR) shows a similar trend to the total number of births. In 2020 the rate was 54.4 per 1,000 females aged 15-44 years, slightly lower than the North West (55.9) and England (55.3) rates.

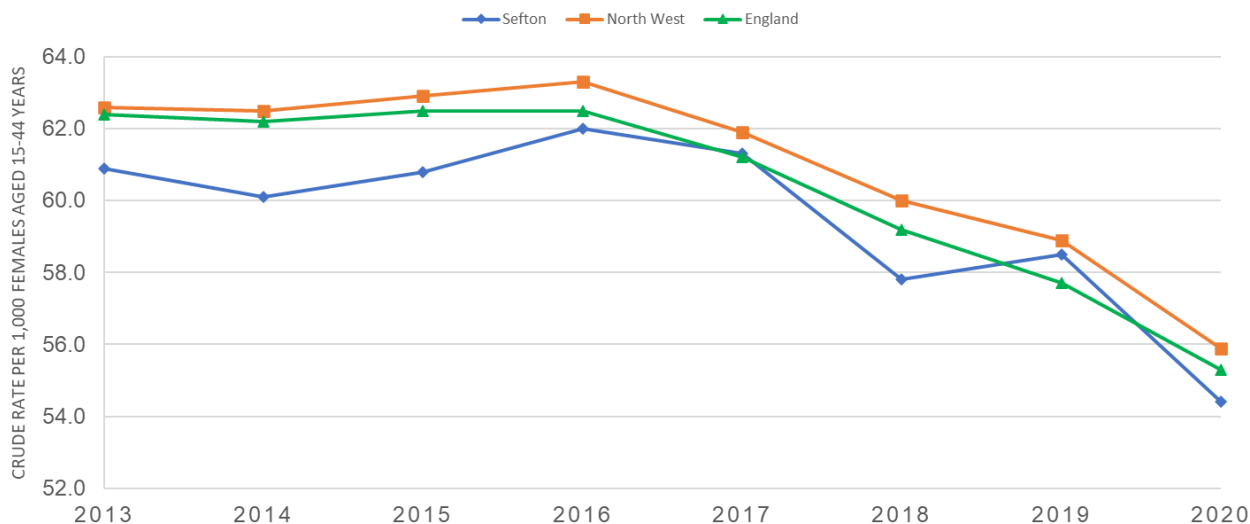
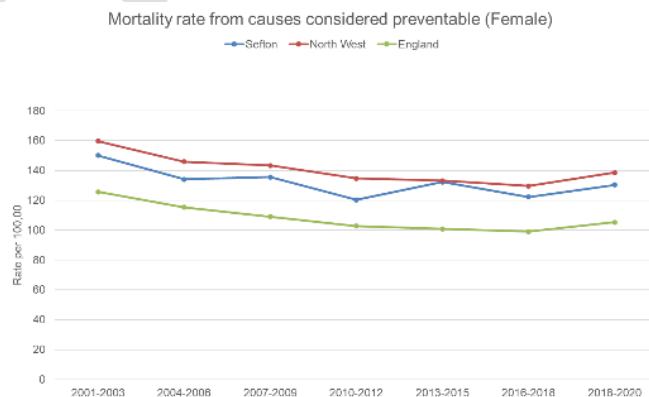
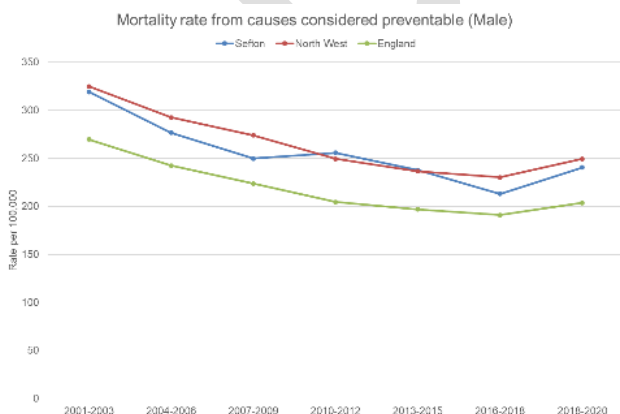


Figure 5 - General Fertility Rate, Live Births per 1,000 females aged 15-44 years

Source: ONS via NOMIS

6.3 Preventable Mortality

In 2018-20 the preventable mortality rate was 240.4 per 100,000 for males and 130.3 per 100,000 for females. The rates for males and females have both been significantly worse than the England average since 2001-03 (figure 6).



Source: Office for National Statistics

Figure 6 - Mortality rate from causes considered preventable (2001/03 - 2018/20)

6.4 Major causes of ill health and mortality in Sefton

Cancers are the largest single cause of death in Sefton, usually accounting for just under 30% of deaths in Sefton. In 2020, 24% of deaths were due to cancers. The next highest cause of death was diseases of the circulatory system (21%), then COVID-19 (12%) and diseases of the respiratory system (11%).

In 2019 there were 525 deaths in NHS South Sefton due to cancer, giving a cancer mortality rate of 298.7 per 100,000 population. In NHS Southport & Formby, there were 374 deaths, giving a mortality rate of 228.7. Over the last decade there has been reduction in the cancer mortality rate in South Sefton (15%) and Southport & Formby (9%). However, South Sefton’s rate remains significantly higher than the overall cancer mortality rate for England, which is 254.6 per 100,000 population. The mortality rate for Southport & Formby is not significantly different to the England average.

The rates of cancer mortality from lung, breast, colorectal and prostate cancer for Southport & Formby were all lower than the England average in 2019. However, in South Sefton only the rate of prostate cancer was below the England average, with lung, colorectal and breast cancer incidence all higher than England. This is outlined in Table 1.

Cancer	Mortality Rate per 100,000		
	South Sefton	Southport & Formby	England
Lung, Bronchus and Trachea	81.3	40.5	51.4
Breast	20.0	17.1	17.7
Colorectal	27.4	20.6	25.8
Prostate	38.3	38.0	45.5

Source: NCRAS, (2022)

Table 1 - Rate of cancer mortality for selected cancers (2019)

6.5 Long Term Conditions

Sefton generally has slightly higher levels of diagnosed long term conditions than average. However, asthma, kidney disease, coronary heart disease (CHD), dementia, diabetes and hypertension may be under diagnosed in the population.

Figures indicate more than 47,800 people (17%) in Sefton have been diagnosed with hypertension (high blood pressure). While this figure is high, estimates produced the National Cardiovascular Intelligence Network suggest that approximately 21,200 people with high blood pressure remain unknown to Primary Care and that the actual prevalence is closer to 30% of the population.

Agenda Item 12

Approximately 4.1% of adults in Sefton have been diagnosed with coronary heart disease (narrowing or blockage of the coronary arteries), equating to just over 11,500 people.

In 2020 there were 4,902 over 65s estimated to have some form of dementia in Sefton. It is predicted that by 2030 this will have risen to almost 5,900 people over the age of 65 years living with dementia in Sefton.

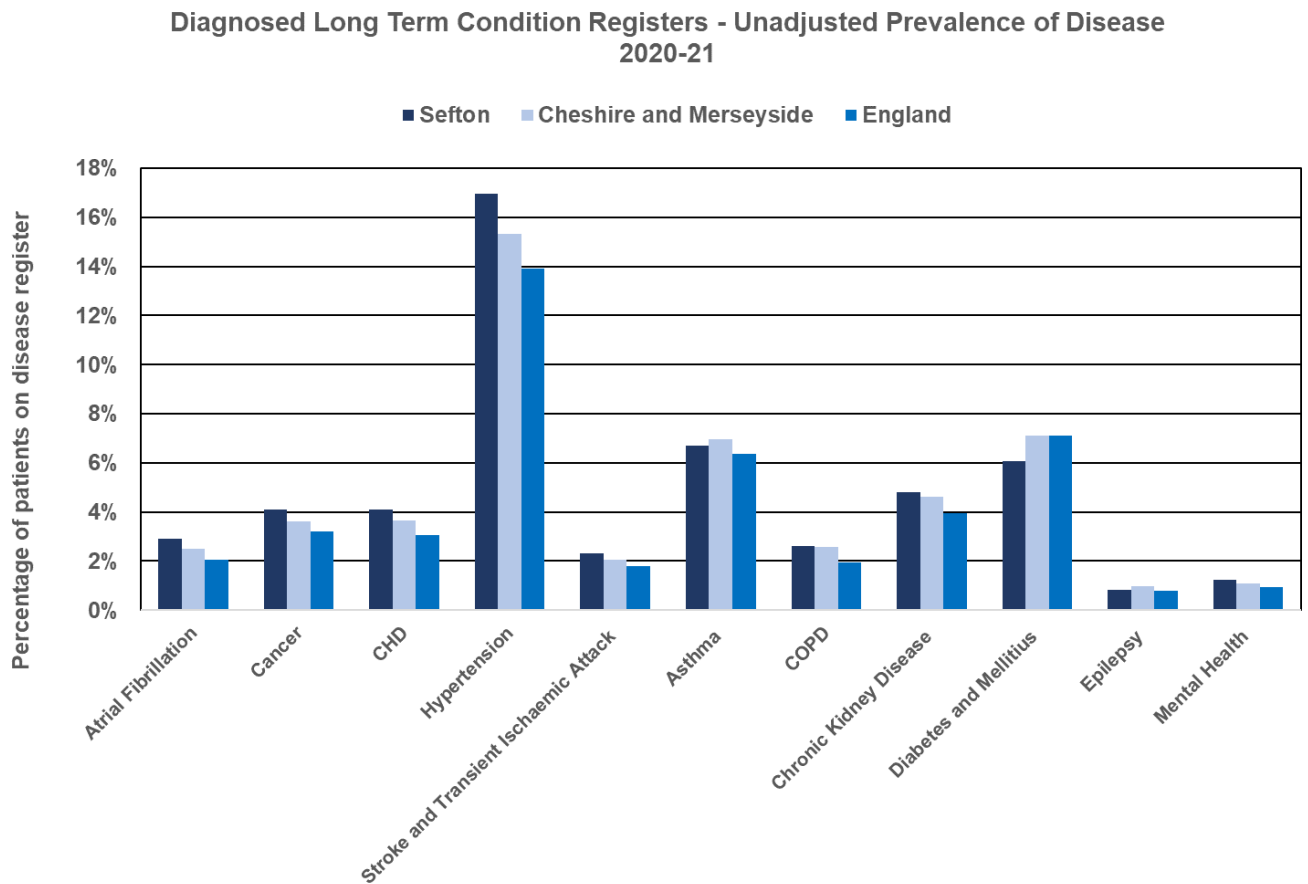


Figure 7 – Estimated prevalence of long-term conditions in Sefton (2020-21)
 Source: Quality Outcomes Framework, NHS Digital (2020-21)

In 2019, 814 cases of cancer (excluding non-melanoma skin cancer) were diagnosed amongst patients registered with GP practices in NHS Southport & Formby and 1126 amongst patients registered with NHS South Sefton. This means that NHS Southport & Formby has an age standardised incidence rate of 543.7 per 100,000 population, significantly lower than the England average (610.1 per 100,000). South Sefton, on the other hand, has an age standardised incidence rate significantly higher than the national rate, at 656.7 per 100,000 population.

As with the national picture, the cancer incidence rate is higher for males than females for both Southport & Formby and South Sefton.

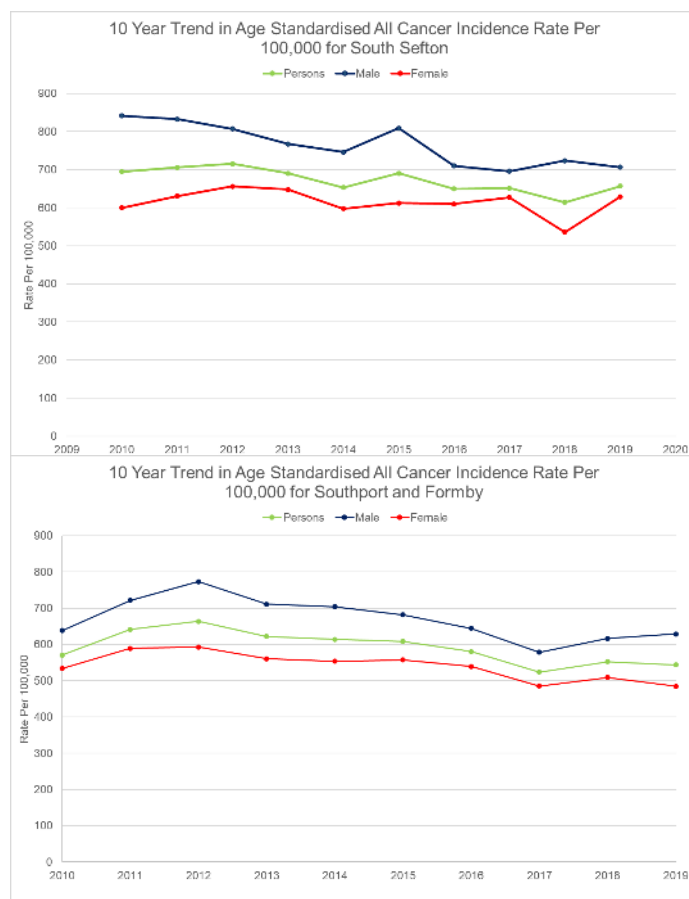


Figure 8 - Trend in cancer incidence

According to the National Cancer Registration and Analysis Service (NCRAS) rates of lung, breast, colorectal and prostate cancer for NHS Southport & Formby were all lower than the England average in 2019. However, in South Sefton only the rate of prostate cancer was below the England average, with lung, colorectal and breast cancer incidence all higher than England. This is illustrated in Table 2.

Cancer	Incidence Rate per 100,000		
	South Sefton	Southport & Formby	England
Lung, Bronchus and Trachea	107.6	57.8	74.9
Breast	106.0	76.3	90.3
Colorectal	62.5	59.0	70.2
Prostate	165.0	144.6	191.7

Table 2 - Rate of cancer incidence for selected cancers (2019)

Source: NCRAS (2022)

Cancer incidence varies between wards in Sefton. In particular cancer incidence rate is highest in Linacre, Derby, Litherland and Netherton & Orrell wards and lowest Kew, Victoria and Cambridge wards. This is illustrated in Figure 9.

Agenda Item 12

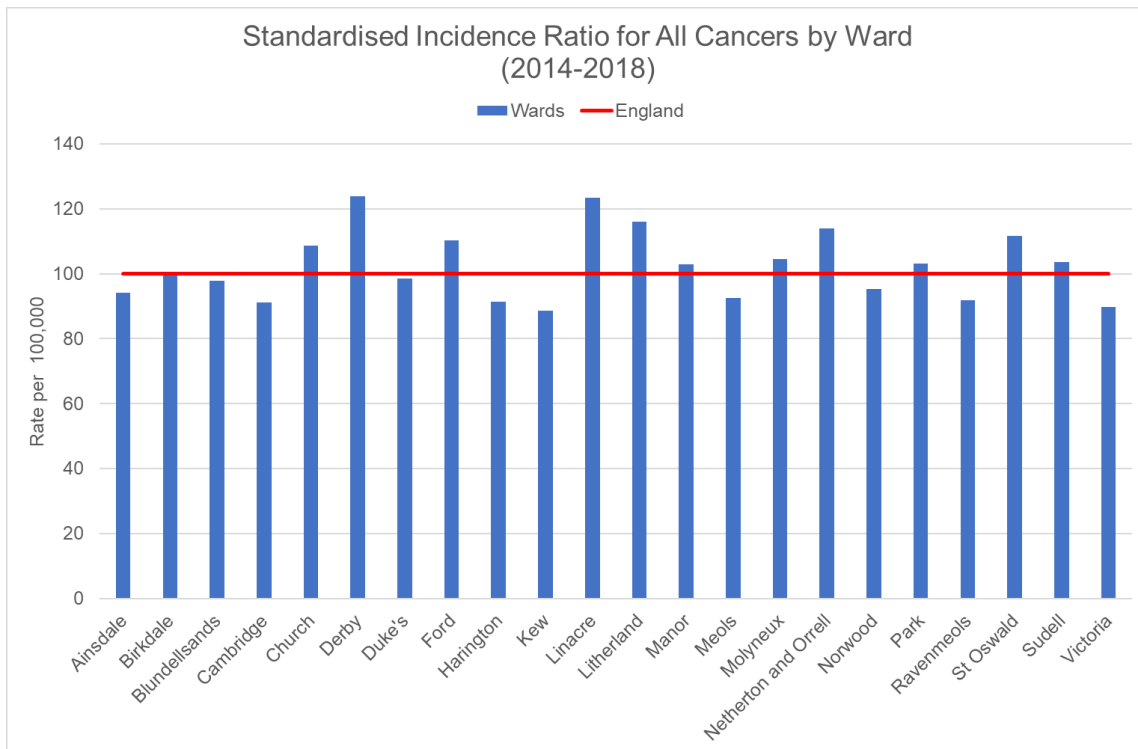


Figure 9 - Cancer incidence by ward in Sefton (2014– 2018)

Source: Office for Health Improvement and Disparities (2022)

6.6 Tobacco

According to 2020 Annual Population Survey, the adult smoking rate in Sefton was estimated to be 6.5%. This means that adult smoking rates in Sefton are significantly better than the England average for the whole population (12.1%) and the Northwest (13.4%). Historic data shows that smoking rates among adults in Sefton have halved between 2011 and 2019. Rates of smoking among adults vary across England. The highest rate of smoking for a local authority is 25% and the lowest rate is 2.3%.

Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix. Smoking is the most significant modifiable risk factor for both heart disease and cancer. Within Sefton, smoking related hospital admissions are approximately 1,240 per 100,000 population. This is significantly lower than the average for England. However, the mortality from lung cancer and from COPD are both significantly higher than the England average (63.5 per 100,000 population and 51.7 per 100,000 respectively), showing that there is still a need for tobacco control measures within the borough.

Across England, approximately 9.6% of new mothers are smokers at the time their baby was delivered. This figure is slightly higher in Sefton, where approximately 9.9% of mothers are smokers at time of delivery. There were 2,253 Sefton maternities during 2020/21, which means that approximately 223 mothers were smoking at the time of their baby's birth.

6.7 Alcohol

The harmful use of alcohol results in 3 million deaths each year worldwide and affects not only the physical and psychological health of the drinker but the health and well-being of people around them. Harmful drinking is a major determinant for neuropsychiatric disorders, including alcohol use disorders and epilepsy, cardiovascular diseases, cirrhosis of the liver and various cancers. The Public Health England (OHID) Local Alcohol Profiles show that Sefton has significantly worse rates of alcohol specific hospital admission and mortality than the England average.

In January 2016, the Chief Medical Officer issued revised guidance on alcohol consumption which advises that to keep to a low level of risk of alcohol related harm adults should drink no more than 14 units of alcohol a week. Public Health England(OHID) estimate that almost 30% of Sefton adults drink above this guideline. This equates to approximately 82,767 residents consuming alcohol at increasing risk levels. A further 4,290 Sefton adults are estimated to be alcohol dependant, according to a study by The University of Sheffield and Kings College London.

Nationally increasing risk drinking is more common amongst males and the 55-64 year old age group. The youngest and oldest age groups (16-24 and 75+) are most likely to be non-drinkers. Whilst higher earners are more likely to drink alcohol the harm associated with higher risk drinking is greatest in the most deprived areas.

In 2020/21 Sefton's rate of alcohol specific hospital admissions was 998 per 100,000, significantly higher than the national rate. Sefton's rates of alcohol related hospital admission for 2020/21 are also significantly higher than the national and regional averages. Sefton's rate of alcohol specific and alcohol related hospital admissions have risen over the last ten years. Alcohol related hospital admissions are higher for males than females and in general, rates are highest for Sefton's most deprived wards in the South of the borough

The latest Local Alcohol Profiles for England show that alcohol related mortality within Sefton is 78.3 per 100,000 population for males and 28.5 per 100,000 population for females. The rate for alcohol related mortality for females is not significantly different to the England average; however, the rate is significantly worse for males.

6.8 Substance Misuse (Drugs)

Drug services in Sefton aim to reduce drug related harm and support people to live a drug free life. In 2020/21 there were a total of 1429 Sefton adults who were in drug treatment services, a decrease of 15% compared with 2019/20.

Forty-two percent of Sefton opiate users are not in treatment, lower than for England as a whole, (47%). Sixty percent of Sefton's estimated crack users are not in treatment, a similar proportion to national estimates (58%)

Most drug users in contact with services are between the ages of 30 and 59 (84%). Heroin and other opiate users remained the highest cohort in contact with treatment accounting for 70% (1005) of

Agenda Item 12

all those in treatment. Around 35% of those in treatment for opiates have been in treatment for 6 years or more.

The number of clients successfully completing treatment for opiate dependence and not re-presenting to treatment within 6 months (3.6% of the total number of opiate users in treatment) is below the national figure (4.7%) For non-opiate clients, 29.7% successfully completed treatment and did not re-present within 6 months, compared to 33% nationally.

6.9 Obesity

Figures from 2019/20 estimate that 67.3% of Sefton adults are overweight or obese, this is higher than both the Northwest comparator (65.9%) and England overall (62.8%).

In 2019/20 26.7% of Reception year children in Sefton were overweight or obese - this is higher than the Northwest comparator (25.2%), and significantly higher than the England average (23.0%). In Year 6, 38.4% of children in Sefton were overweight or obese - this is similar to the Northwest comparator (37.4%) and significantly higher than England overall (34.2%).

In 2019/20 61.3% of adults in Sefton were recorded as being physically active, compared to a national average of 66.4%. Sefton has a large number of green spaces and parks: over 30 parks, 61 play areas and 183 open spaces. They have a wide range of facilities for all ages and abilities. However, it is estimated that only 15.6% of Sefton adults use green spaces for exercise or health compared to 17.9% nationally.

6.10 Sexual Health

Intelligence from the Office for National Statistics shows that Sefton's annual teenage conception rate in 2020 (13.8) is the lowest rate on record (since 1998). The actual number of conceptions (60) is also the lowest number on record (Table 3).

Number and rate of under 18 conceptions in Sefton 2013-2020								
	2013	2014	2015	2016	2017	2018	2019	2020
Number of conceptions	128	101	96	94	76	78	78	60
Rates per 1,000 women aged 15-17	26.2	21.1	21.0	20.9	17.4	17.9	18.1	13.8

Table 3 - Number and rate of under 18 conceptions in Sefton 2013 – 2020

Source: Office for National Statistics (2022)

Under 16 conceptions are a subset of under 18 conceptions. Sefton's rate of under 16 conceptions is low, accounting for less than 1 in 5 of under 18 conceptions. Since 2009-11, the under 16 conception rate for Sefton has generally decreased, albeit at a slower rate than seen regionally and nationally. For 2018-20, Sefton's under 16 conception rate was 3.3 per 1,000 population, compared to 2.3 per 100,000 for England and 3.0 per 100,000 for the North-West (Figure 10).

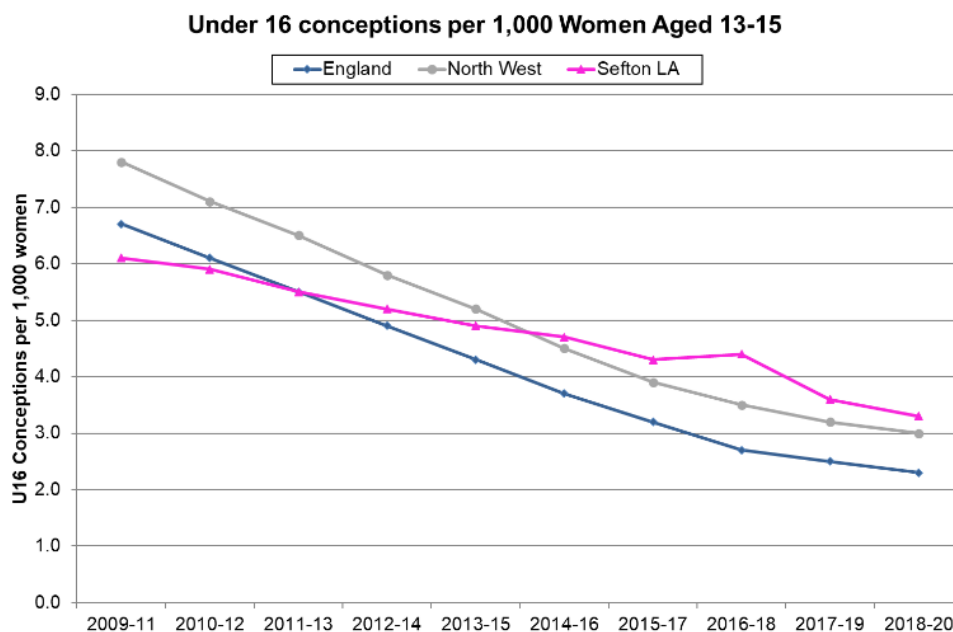


Figure 10 - Under 16 conceptions between 2009-11 and 2018-20

Source: Office for National Statistics (2022)

In 2020, 51.7% of teenage conceptions in Sefton led to an abortion. This is a decrease on 2019 (66.7%) and slightly lower than both the national (53%) and regional rates (54.4%). Between 2013 and 2019 Sefton’s proportion of teenage conceptions leading to abortion has been higher than the England and North-West averages.

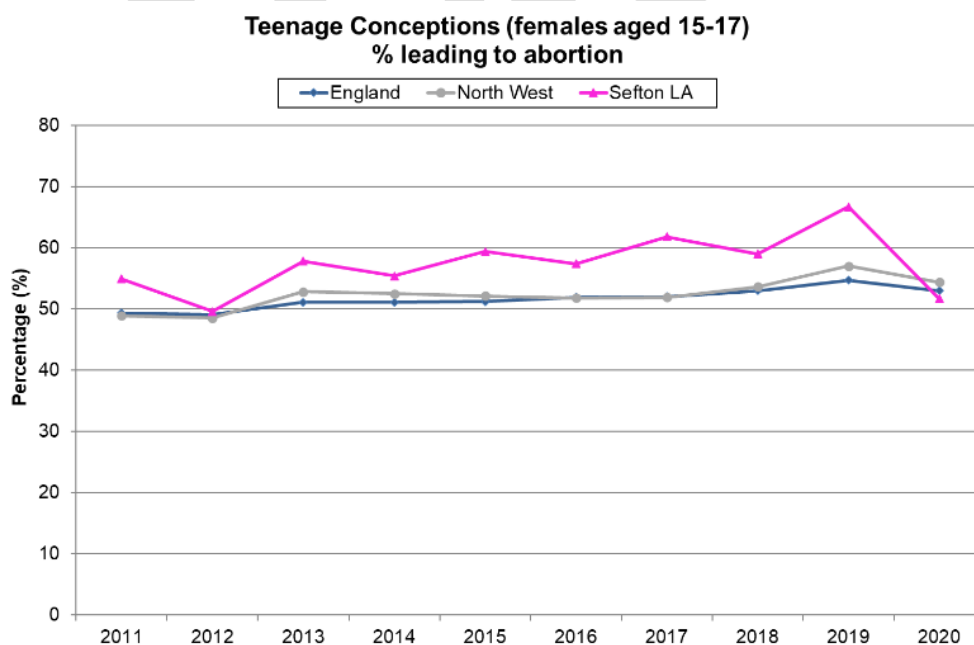


Figure 11 - Under 18 conceptions leading to abortion (2011 – 2020)

Source: Office for National Statistics (2022)

Office for National Statistics (ONS) release official ward based teenage conception rate estimates every year. Numbers of conceptions by ward each year are fairly small, so numbers are aggregated

Agenda Item 12

to 3 years. Even across 3 years the number of conceptions remains small, and the rates are inherently variable.

Within Sefton the latest ward-based data covers conceptions in 2017-19. Despite low rates for Sefton as a whole, there is wide variation in the rate of teenage conceptions within the borough. Teenage pregnancy rates are typically higher in the south Sefton. Linacre has had the highest rate of teenage conceptions since 2007-09.

6.11 Influenza Immunisation

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

- Those aged 65 years and over (see also section on older people)
- Pregnant women
- Those who have certain medical conditions^[5] –
 - chronic (long-term) respiratory disease, such as asthma, chronic obstructive pulmonary disease (COPD) or bronchitis
 - chronic heart disease, such as heart failure
 - chronic kidney disease
 - chronic liver disease, such as hepatitis
 - chronic neurological conditions, such as Parkinson's disease or motor neurone disease
 - diabetes
 - problems with your spleen – for example, sickle cell disease, or if you have had your spleen removed
 - a weakened immune system due to conditions such as HIV and AIDS, or as a result of medication such as steroid tablets or chemotherapy
- Those living in a long-stay residential care home or other long-stay care facility
- People receiving carer's allowance, or who are the main carer for an elderly or disabled person whose welfare may be at risk if they fall ill
- Healthcare workers with direct patient contact or social care workers

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

⁵ Note this list is not definitive and GPs clinical judgement will be used to assess if a person has an underlying illness that may be exacerbated if they catch the flu

Uptake rates of the national seasonal influenza vaccination programme for those aged 65 and over in Sefton increased in 2020/21 compared to 2019/20 to 81.4% - above the WHO target of 75%. Immunisation of those under 65 and considered at clinical risk is consistently lower, though it has also increased since the 2019/18 flu season (Table 4).

Flu vaccine uptake	2020/21	2019/20	2018/19
Over 65s	81.4%	74.2%	73.8%
Under 65 at clinical risk	51.8%	45.0%	47.3%

Table 4 - Uptake of flu vaccine in Sefton 2018/19 – 2020/21

Source: Office for Health Improvement and Disparities (2022)

6.12 Mental Health

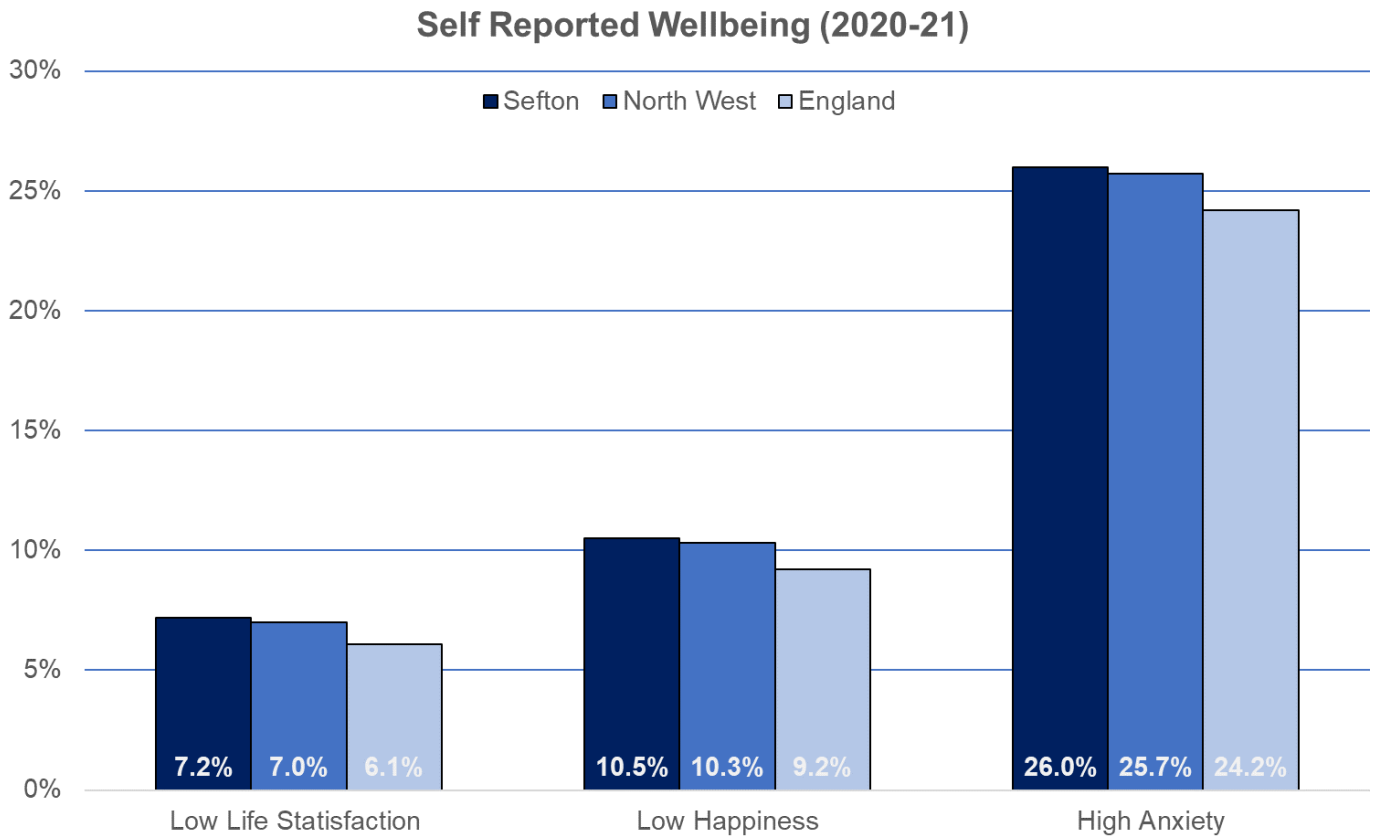
One in four adults and one in ten children will experience mental ill health in any given year. Mental health problems represent the largest single cause of disability in the UK. It covers a wide range of conditions such as depression, anxiety disorders and obsessive compulsive disorders, through to more severe conditions like schizophrenia. The cost of mental ill health to the economy in the UK has been estimated at £118 billion – roughly 5% of the UK's GDP.

The Office of National Statistics produces national measures of well-being based on the annual population survey. The survey includes the following four questions:

- 1) Overall how satisfied are you with your life nowadays?
- 2) Overall how happy did you feel yesterday?
- 3) Overall how anxious did you feel yesterday?
- 4) Overall to what extent do you feel the things you do in your life are worthwhile?

The latest survey results (2020-21) found Sefton residents reported poorer well-being than England overall, although the percentages were not statistically significant. A robust estimate of the fourth measure (worthwhile) could not be produced for Sefton in 2020/21

Agenda Item 12



Source: Public Health Outcomes Framework (2022)

Figure 12 – Self-reported wellbeing for Sefton, North West and England (2020-21)

Prevalence of serious mental health problems such as schizophrenia or bipolar disorder is also higher than the England average. Approximately 1.2% of patients registered with a Sefton GP have a diagnosed serious mental health problem compared to approximately 0.95% across England. This equates to roughly 3,400 adults suffering from a serious mental health condition. The Common Mental Health Disorders Profile also provides an indication of levels of antidepressant prescribing within Sefton. For South Sefton, the average level of antidepressant prescribing in 2017/18 was 2.0 ADQ per STAR-PU⁶. For Southport and Formby CCG, the average level of antidepressant prescribing was 1.6 ADQ per STAR-PU. The average for England was 1.5 ADQ per STAR-P

In 2020, there were 20 deaths due to suicide or undetermined injury amongst Sefton residents. The standardised rate for deaths from suicide and undetermined injuries within Sefton is 9.0 per 100,000 for 2018-20. The rate has reduced by 30% since 2014-16 (12.8%), but this is not a statistically significant change. Sefton’s rate is not significantly different from the North-West or England as a whole.

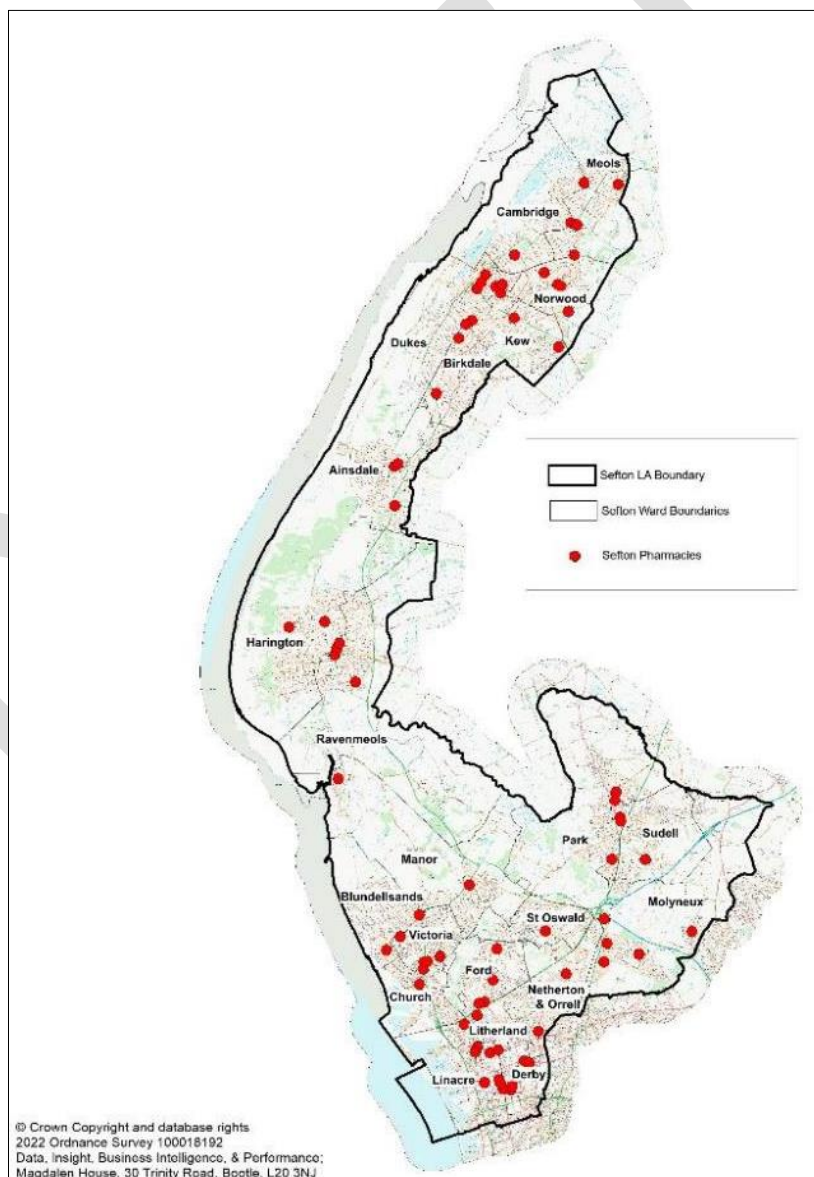
⁶ ADQ per STAR-PU is a measurement of prescribing that takes into account average daily quantities of a drug weighted for the age and sex of a patient

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

7. Pharmacy Premises and Workforce

7.1 Pharmacy locations and level of provision

Information on pharmacy locations and opening times was correct at the time of completing the draft PNA January 2022, when there were 73 community pharmacies across Sefton (Maps 1, 2, 3 and 4). At publication in October 2022 there are 71 pharmacies. The following four maps illustrate the locations of these services and indicate an equitable spread across the borough.. Illustrative maps have been compiled using this data. Localities are represented at ward level and further presented on sub borough geography to maximise illustration.

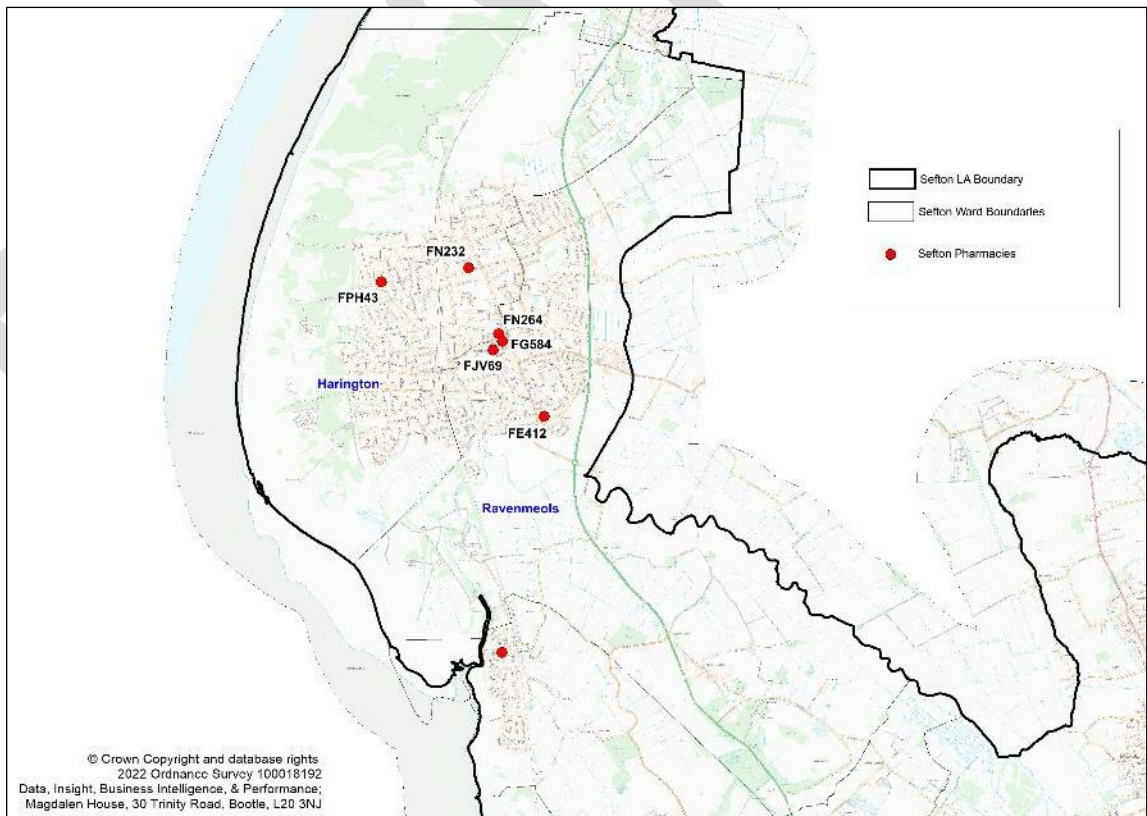


Map 2 - Pharmacy locations in Sefton – January 2022

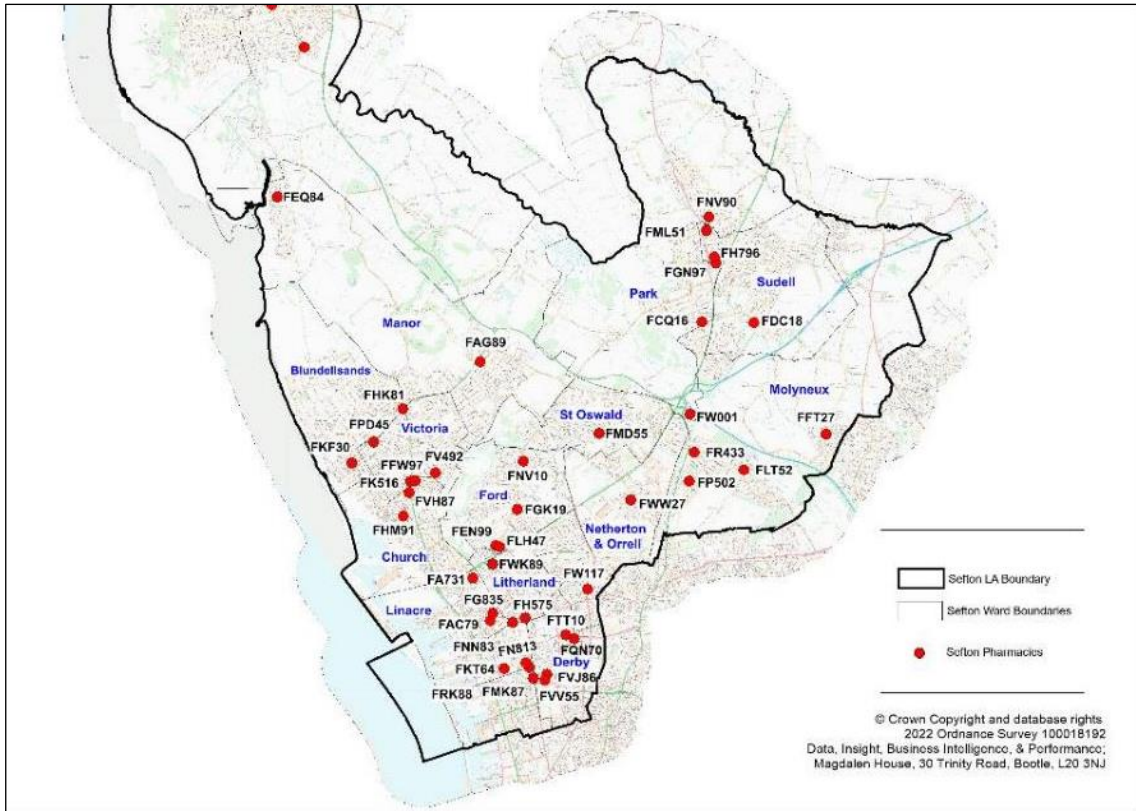
Agenda Item 12



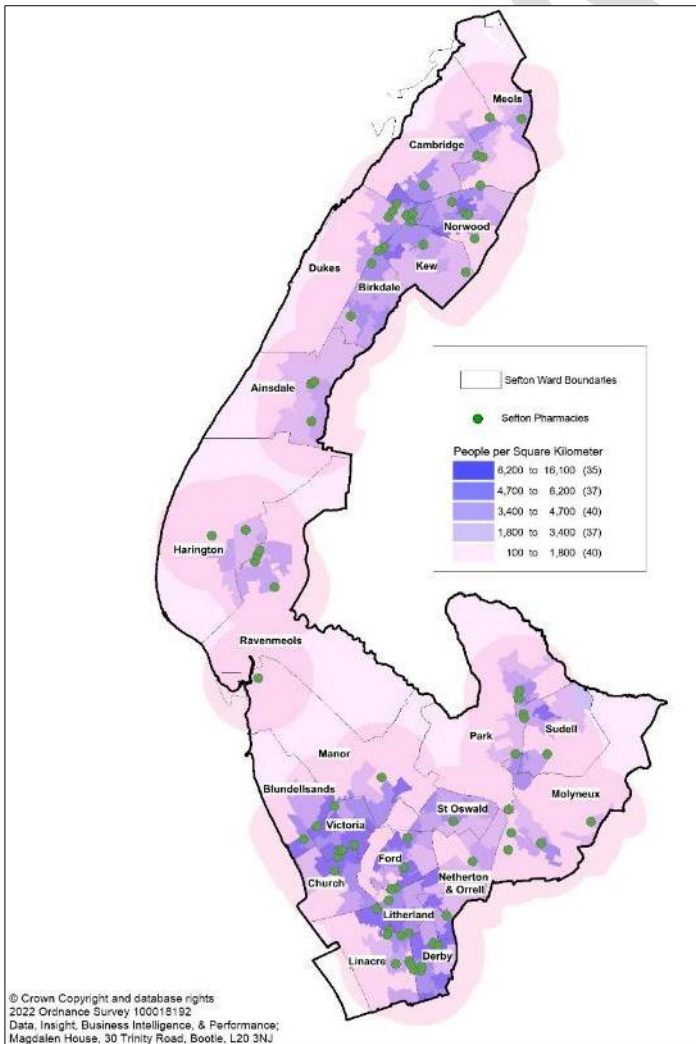
Map 2: Pharmacy locations in North Sefton – January 2022



Map 3: Pharmacy locations in Central Sefton – January 2022



Map 4: Pharmacy locations in South Sefton – January 2022



Sefton has a larger number of pharmacies in relation to the size of its GP registered population (25.7 per 100,000) when compared to England (22.3 per 10,000), Cheshire and Merseyside (23.5 per 10,000) and the North West of England (23.1 per 10,000).

However, Figure 13 shows there is a wide range across Sefton when analysed by electoral ward. All wards have a pharmacy, and the wards with the highest rate per 10,000 are also those areas with shopping centres and high population density (see map 5).

Map 3 – Pharmacy location (with 1 mile buffer) and population density

Agenda Item 12

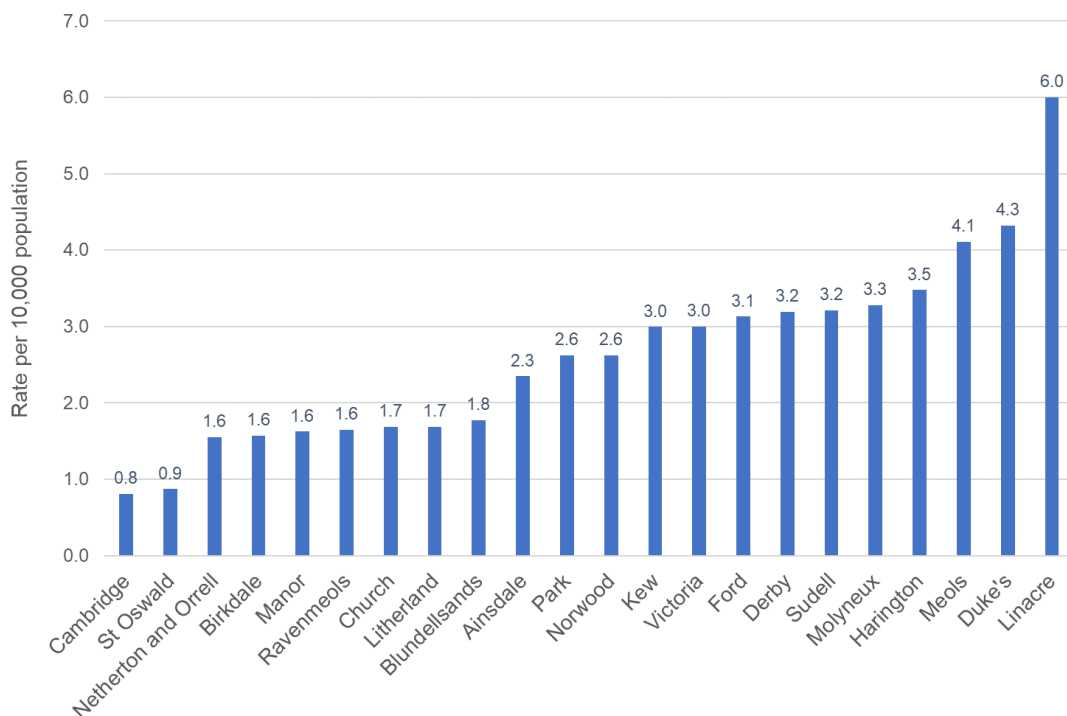


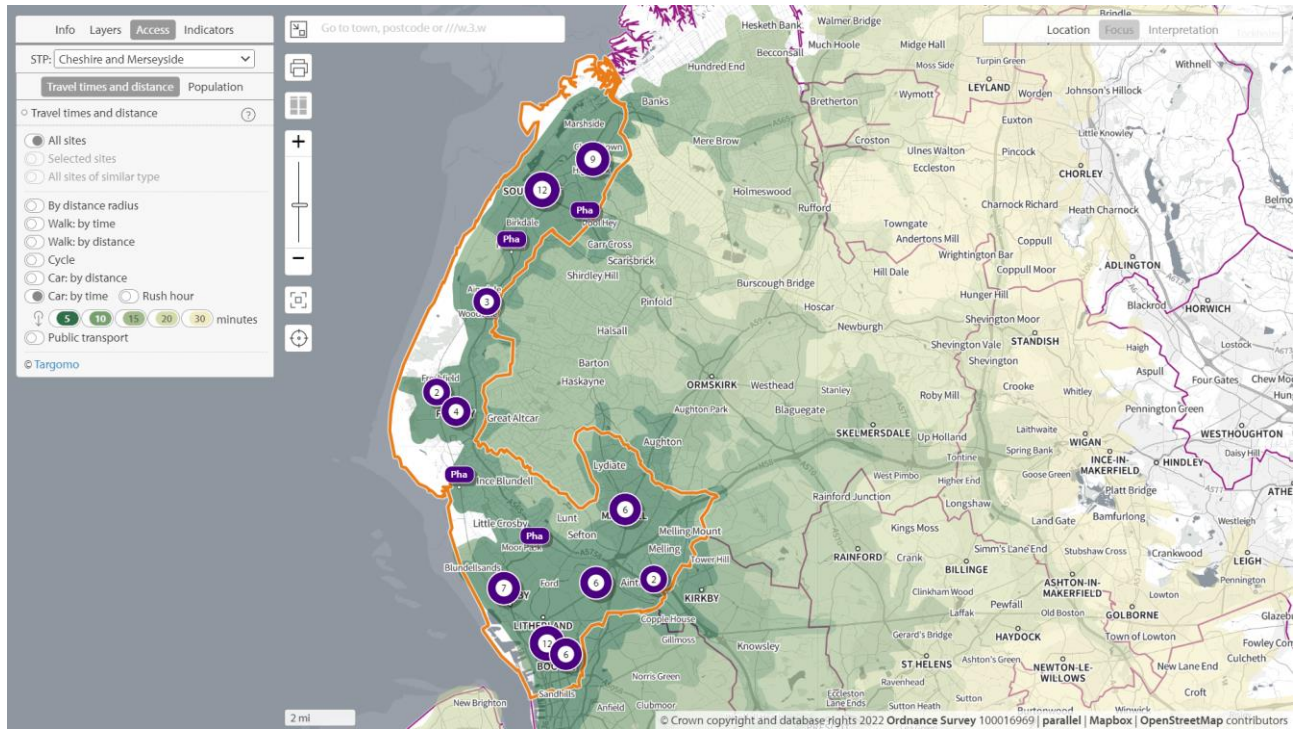
Figure 13 - Crude rate of pharmacies in Sefton wards per 10,000 population

In the public survey of community pharmacy services:

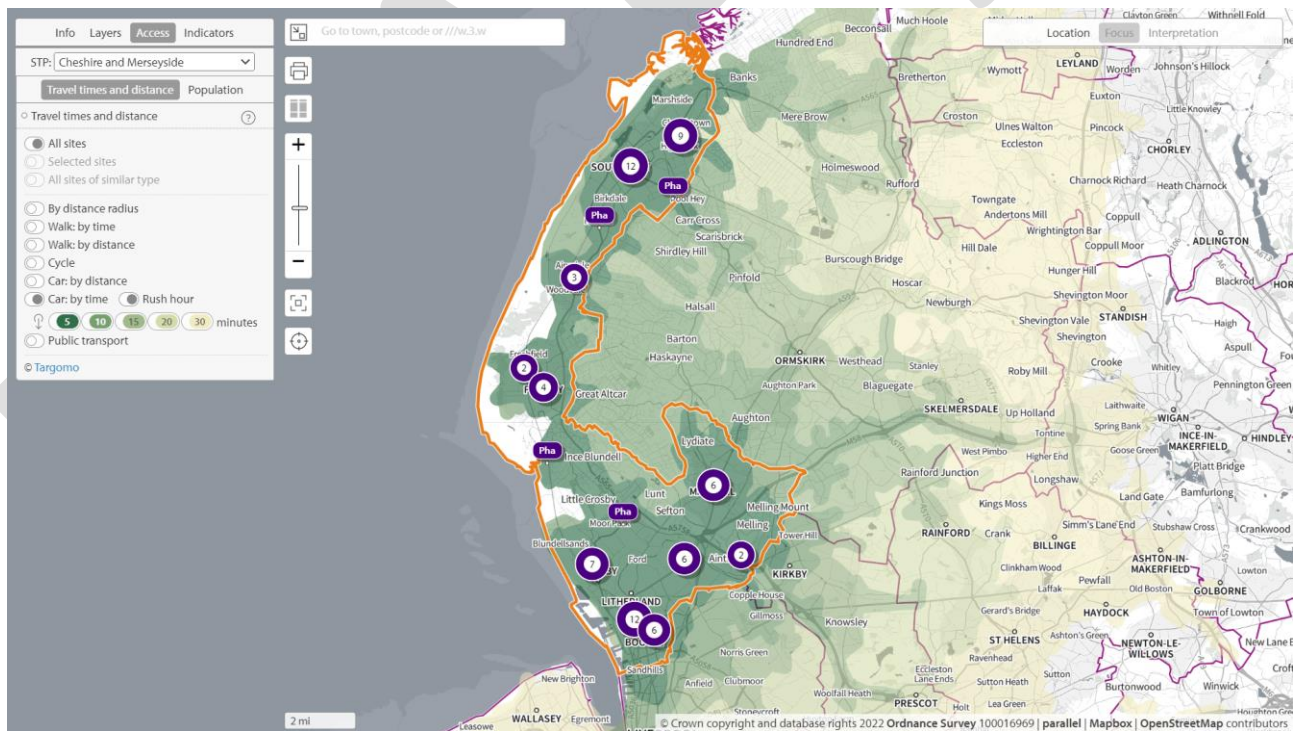
- The most important factor for choosing a pharmacy is it being close to home.
- Sixty-seven percent of respondents stated that this is the most important factor.
- A further 43% said that their pharmacy being close to their doctor's surgery is important.
- One third of respondents feel that being able to park close to their pharmacy is important
- 31% think it is important for their pharmacy to be close to other shops they use.
- Smaller proportions of respondents think that a pharmacy being close to work or near public transport links are important (Figure 12).

Public Health England's Strategic Health Asset Planning and Evaluation tool (SHAPE)⁷ was used to map travel times to community pharmacies by car, public transport and on foot (Maps 6-9). The mapping shows that all Sefton communities are within a 15-minute drive of a community pharmacy in the daytime. During rush hour, the vast majority of locations remain within 15 minutes drive and none are more than 20 minutes drive from a pharmacy. If walking is considered, travel times are longer for some communities, most notably the less urban areas South-East of Formby (Ince Blundell, Sefton Village, Lunt) and North of Lydiate. Most locations in Sefton can, however, reach a community pharmacy within 30 minutes on public transport (on an average weekday morning).

⁷ <https://shapeatlas.net/>

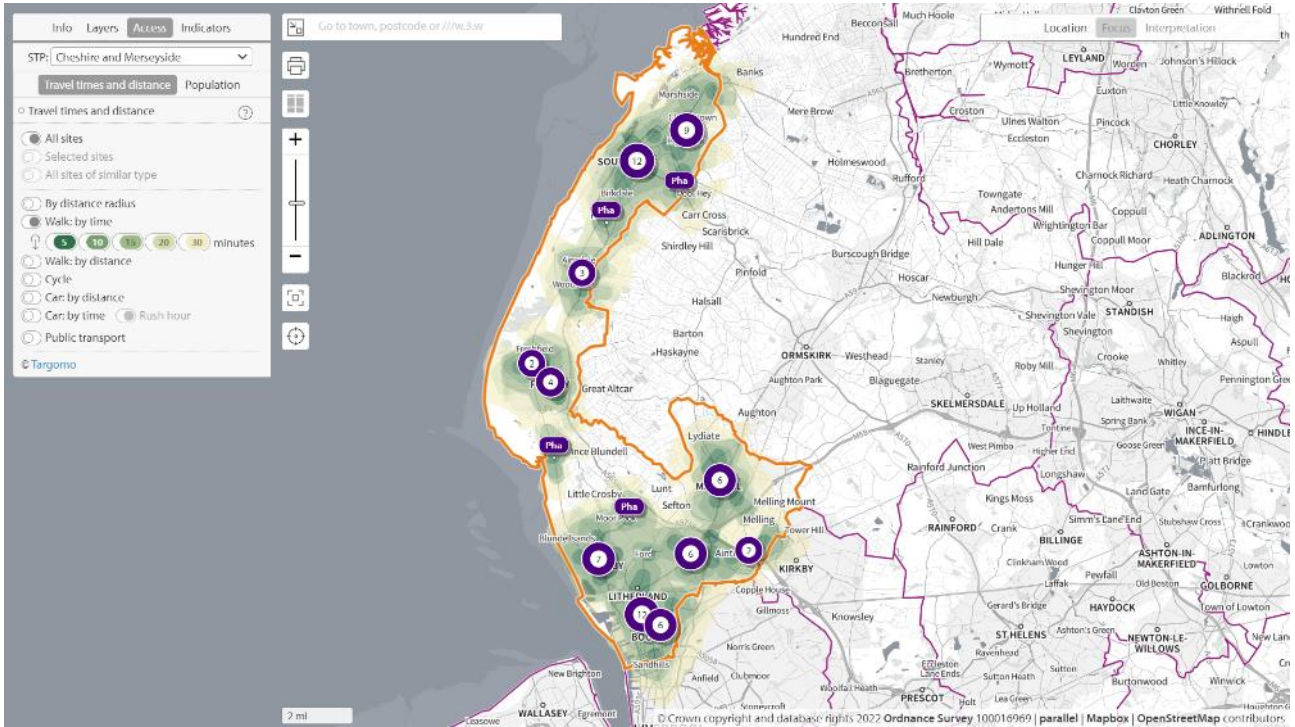


Map 6. Map of drive times to community pharmacies during day

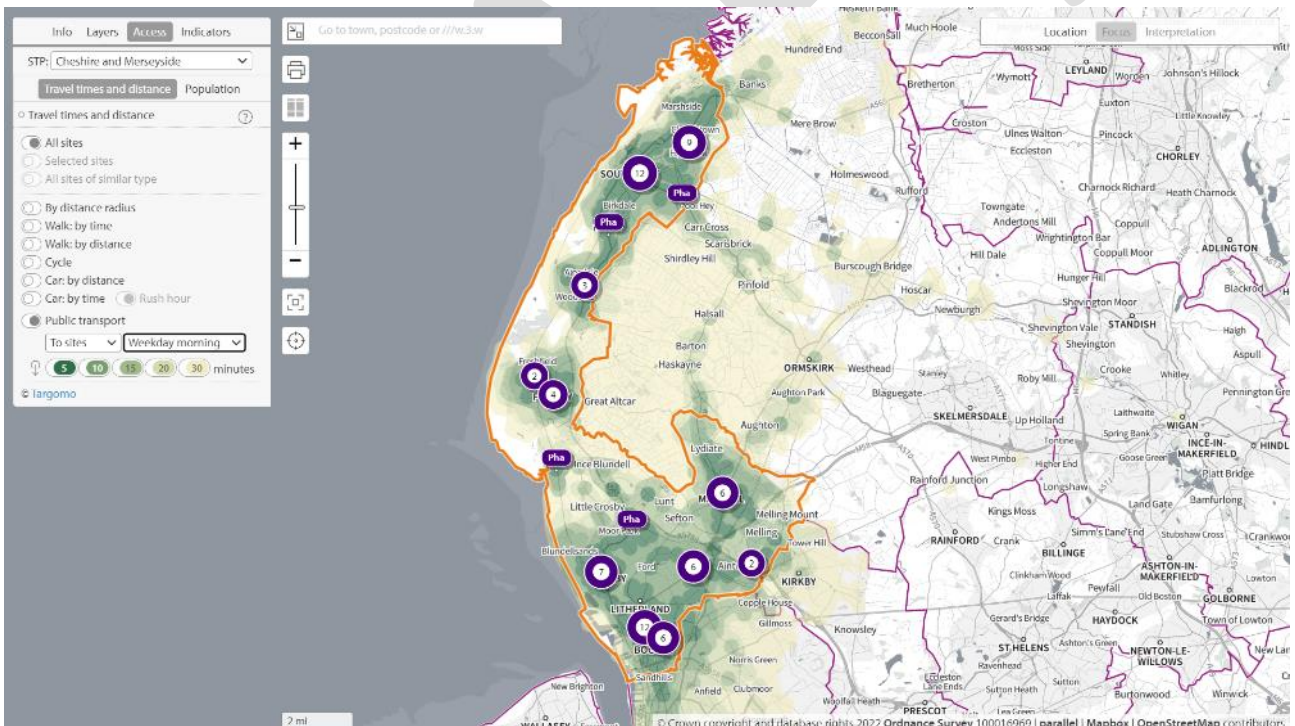


Map 7. Map of drive times to community pharmacies during rush hour

Agenda Item 12



Map 8. Map of walking times to community pharmacies



Map 9. Map of travel times to pharmacies by public transport on a weekday morning

In the community pharmacy services survey forty-seven percent of respondents had used their car to get to their pharmacy and 5% had used public transport. These percentages are similar to those obtained in 2017. The proportion of respondents who reported walking to their pharmacy has decreased since 2017, from 50% to 38% (Figure 14).

Thinking about the location of the pharmacy, which of the following are most important to you?

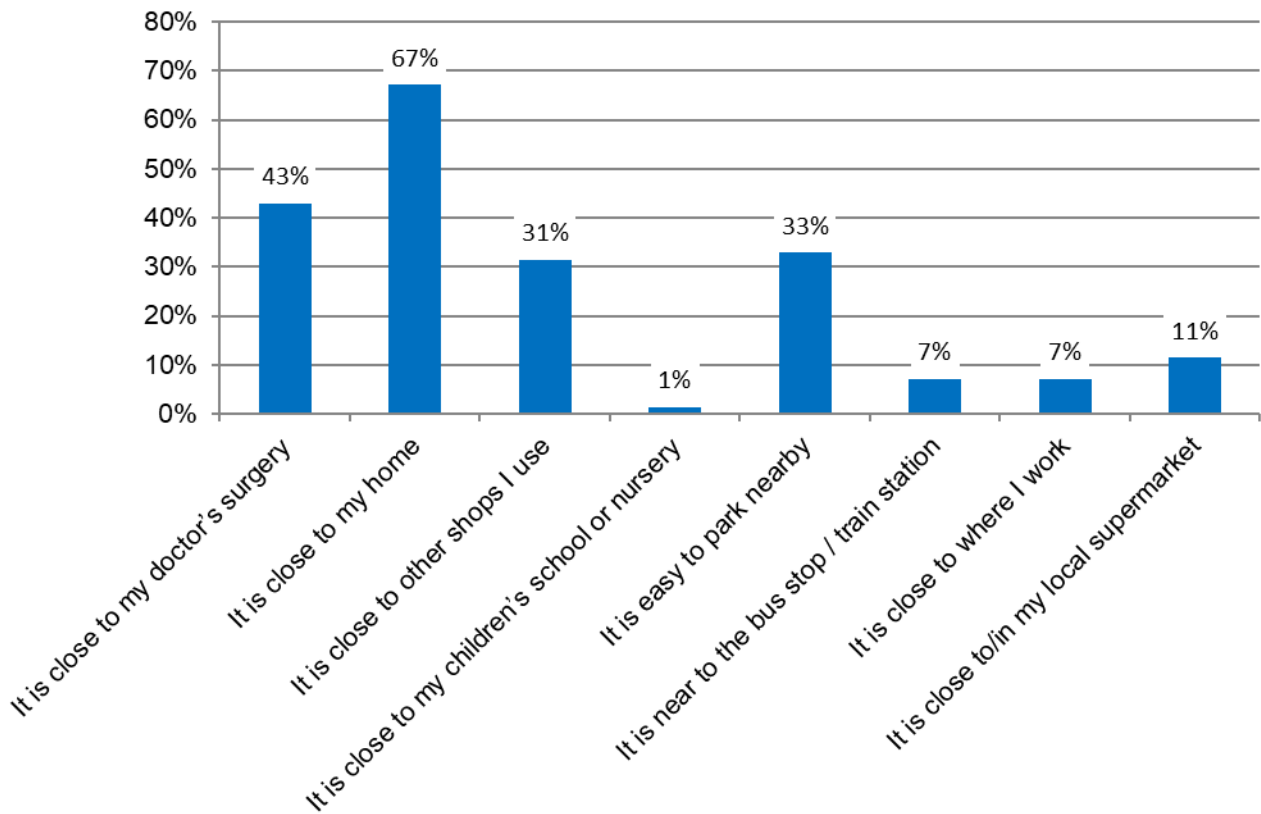


Figure 14 - Importance of location (Public survey of community pharmacy services, 2021)

How did you get to the pharmacy?

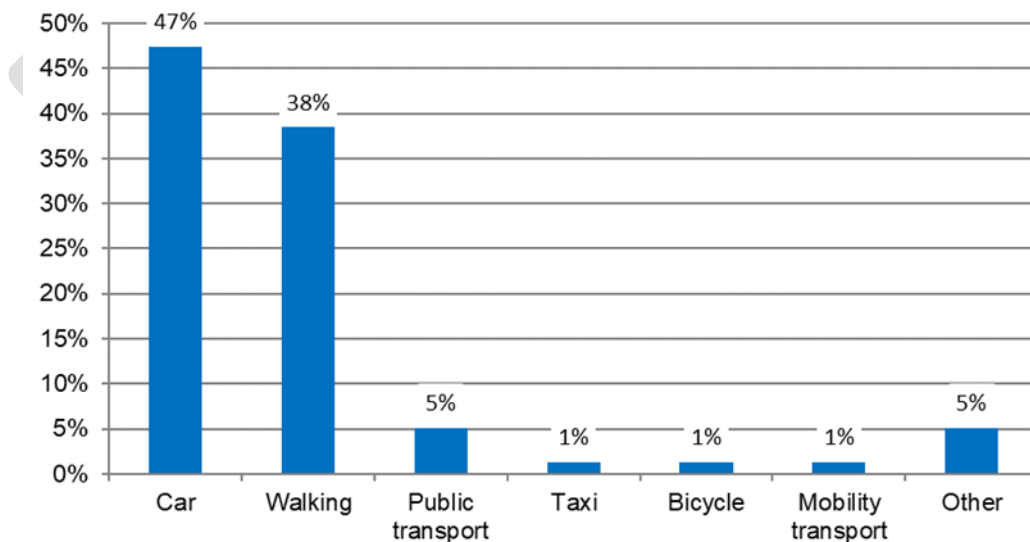


Figure 15- Transport mode to get to pharmacy (public survey of community pharmacy services, 2021)

Ninety-nine percent of respondents think it is very easy or quite easy to get to their usual pharmacy and just 1% say that it is not easy to get to their usual pharmacy.

Agenda Item 12

7.2 Pharmacy opening hours, including out-of-hours and 100-hour pharmacies

Pharmacies are contracted to provide at least 40 hours of service per week. The tables below summarise the opening and closing times and location of pharmacies in Sefton by time range and highlight the number of pharmacies that are open early and late during the week. Information on pharmacy opening hours was correct at the time of the completing the draft PNA in January 2022. The opening times are reported by ward to align with data boundaries used to develop the JSNA.

On any working day of the week there are at least 19 community pharmacies open before 9am across Sefton. Between Tuesday and Friday there are 1-2 pharmacies open before 8am. However, the majority (52-53 pharmacies) open from 9 am (Table 5).

Sefton	Days of week				
Opening times	Monday	Tuesday	Wednesday	Thursday	Friday
Before 8am	0	2	1	2	1
Between 8am and 9am	21	19	20	19	19
Open at 9am	52	52	52	52	53

Table 5 - Pharmacy opening times

The majority of pharmacies in Sefton are open past 5pm (95%) Monday to Friday. On any day of the working week between 23 and 27 pharmacies are open beyond 6pm in Sefton (32-37%). A further 5 -6 pharmacies (7-8%) are open after 8pm (Table 6).

Sefton	Days of week				
Closing times	Monday	Tuesday	Wednesday	Thursday	Friday
5pm or earlier	3	3	4	5	3
Between 5pm and 6pm	43	43	46	41	43
Between 6pm and 8pm	22	21	18	21	22
After 8pm	5	6	5	6	5

Table 6 - Pharmacy closing times

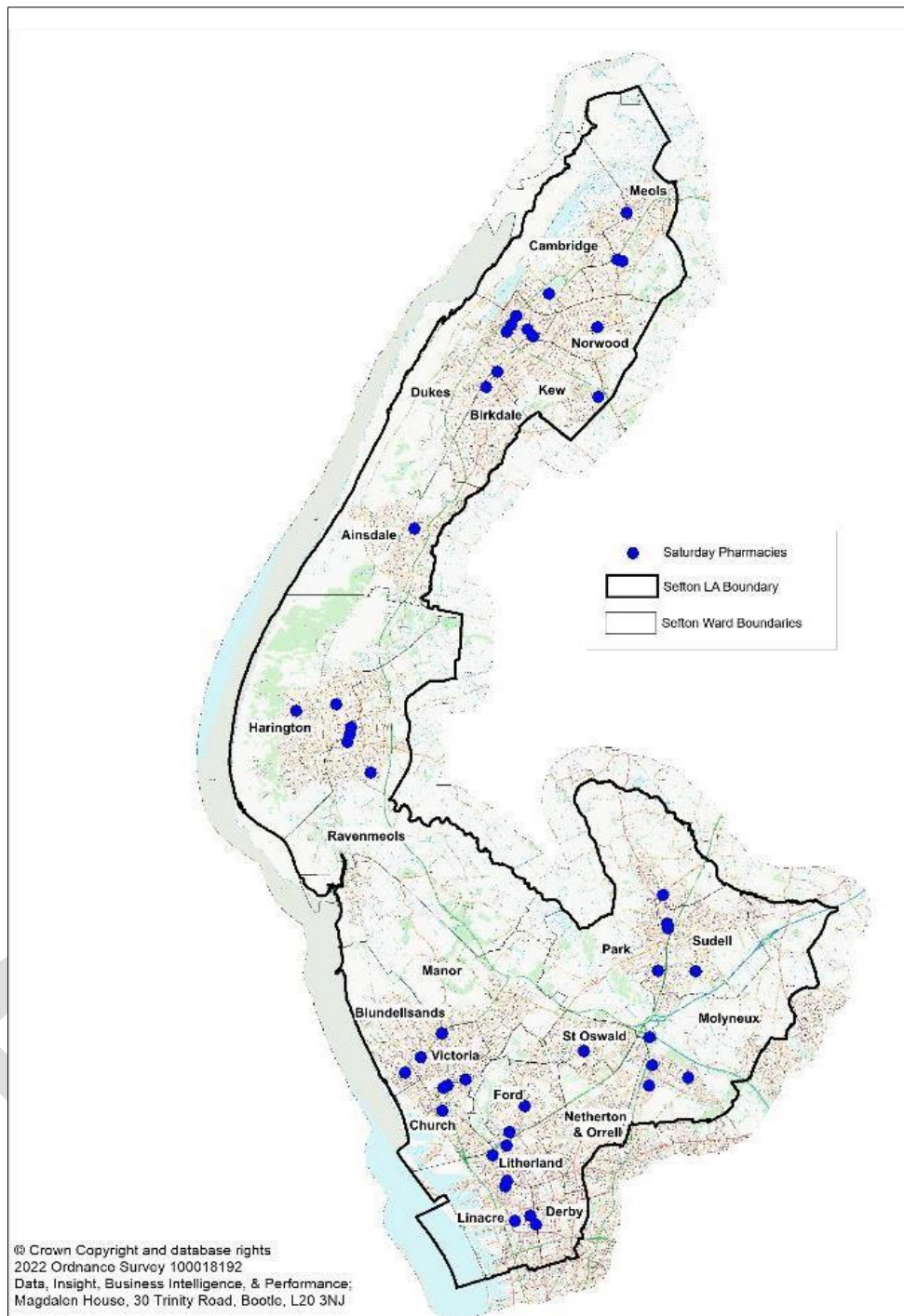
There are two 100-hour pharmacies. These are located in Linacre and Meols wards. This suggests that there is good availability of pharmacies with longer opening hours in the north and south of the borough. During the weekend, 46 (63%) community pharmacies are open on a Saturday, with 10 (14%) open on a Sunday (Table 7)

Ward	Number of pharmacies	No. of pharmacies per 10,000 population	Weekday			Saturday		Sunday	
			Open before 9am	Open between 6pm-8pm	Open 8pm or later	Open AM	Open PM	Open AM	Open PM
Ainsdale	3	2.3	2	0	0	1	1	0	0
Birkdale	2	1.6	0	0	0	1	0	0	0
Blundellsands	2	1.8	0	0	0	2	1	0	0
Cambridge	1	0.8	0	0	0	1	0	0	0
Church	2	1.7	0	0	0	1	1	0	0
Derby	4	3.2	0	3	0	0	0	0	0
Duke's	6	4.3	2	3	1	5	5	4	4
Ford	4	3.1	0	0	0	2	1	0	0
Harington	4	3.5	0	0	0	3	1	0	0
Kew	4	3.0	2	2	1	2	1	1	1
Linacre	8	6.0	3	4	1	6	3	1	1
Litherland	2	1.7	1	1	1	1	1	1	1
Manor	2	1.6	0	1	0	0	0	0	0
Meols	5	4.1	2	2	1	3	3	1	1
Molyneux	4	3.3	1	1	0	3	1	1	1
Netherton & Orrell	2	1.6	0	0	0	0	0	0	0
Norwood	4	2.6	1	3	0	1	0	0	0
Park	3	2.6	1	2	1	3	1	1	1
Ravenmeols	2	1.6	1	1	0	2	0	0	0
St Oswald	1	0.9	1	0	0	1	0	0	0
Sudell	4	3.2	3	1	0	3	2	0	0
Victoria	4	3.0	1	3	0	4	4	0	0

Table 7 - Pharmacy opening times outside normal working hours, by ward

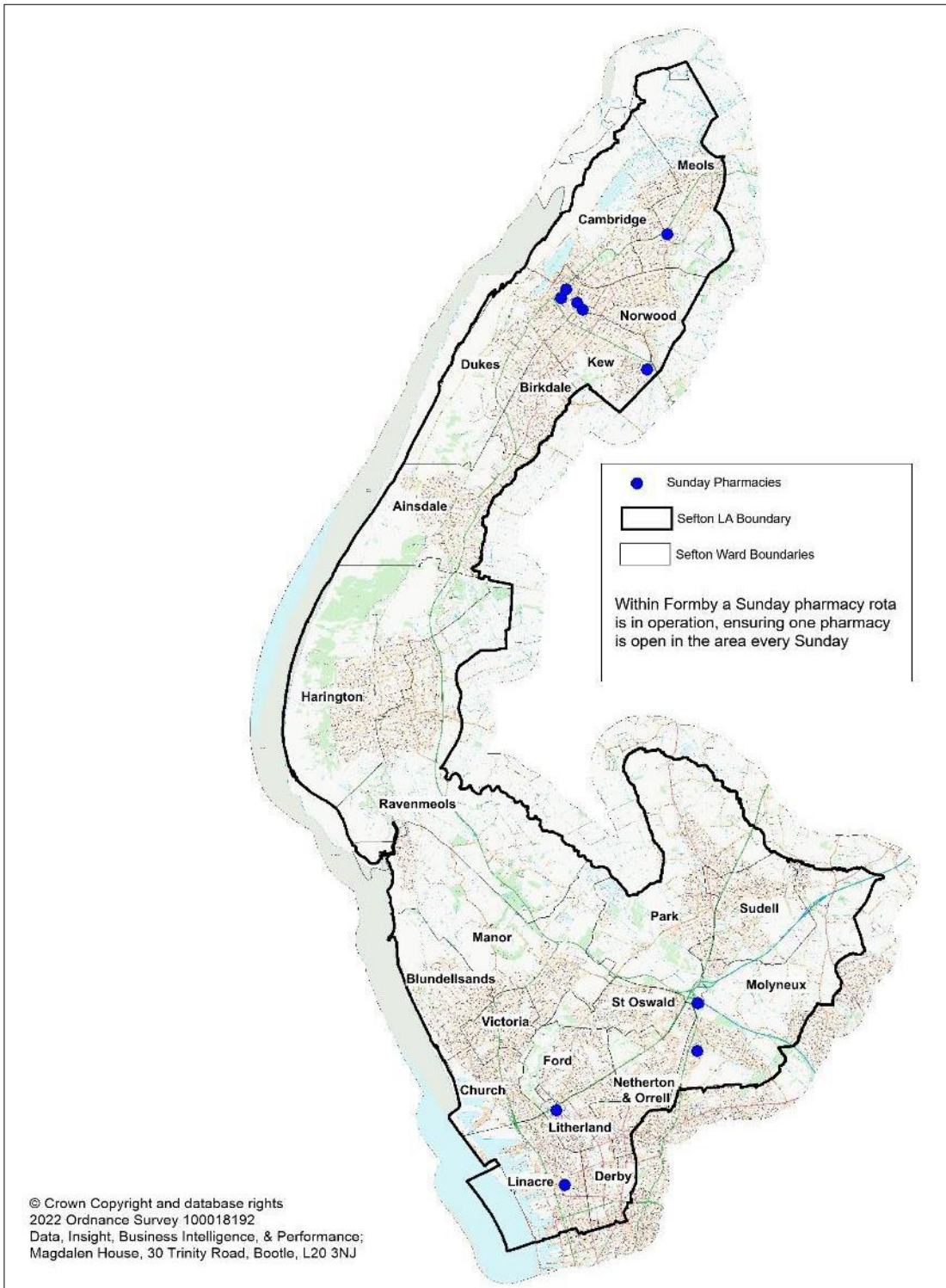
There is generally good provision of pharmacy services across Sefton on a Saturday. The only wards that do not have access to a pharmacy on a Saturday are Derby, Manor and Netherton & Orrell. However, all these wards are well served by pharmacies open on a Saturday in neighbouring wards. Map 10 provides an illustration of pharmacies open on a Saturday within Sefton.

Agenda Item 12



Map 10- Map of Sefton pharmacies open on Saturdays

Wards in the north and south areas of Sefton have access to pharmacies open on a Sunday. Within the central Sefton area, there is a Sunday pharmacy rota service in operation in Formby (Map 11). All Formby pharmacies (except the distance selling pharmacy) participate in the service. The five Formby pharmacies alternate opening each Sunday and bank holiday for one hour. If a pharmacy is open on a Sunday, it covers any bank holidays in that week. The Sunday rota is determined by NHS England and the pharmacies receive a copy of their dates at least 6 months in advance.



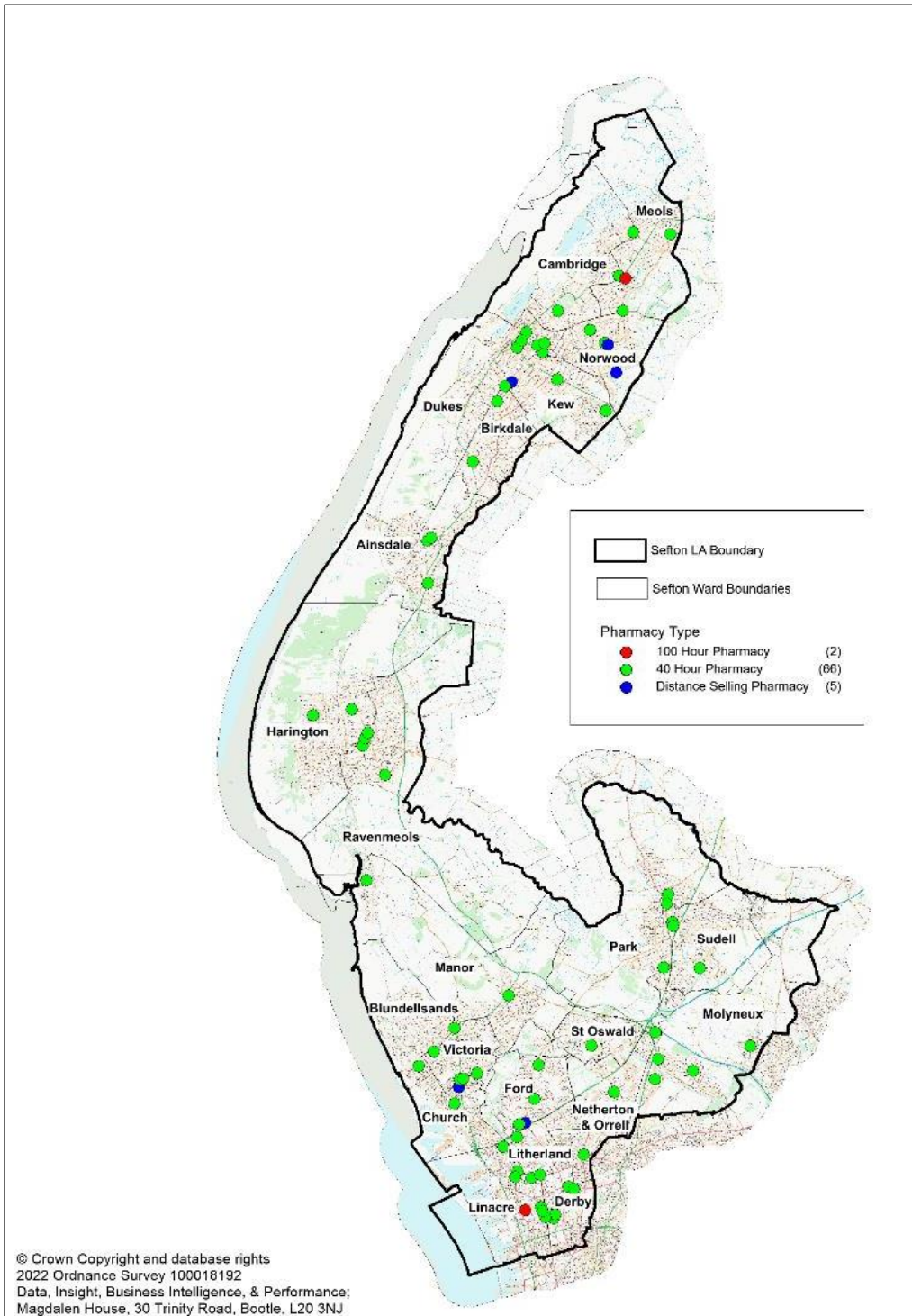
Map 11 - Map of pharmacy provision on Sunday

NB this map does not show the Formby rota of pharmacies - one is open for one hour each Sunday

7.3 Internet-based/mail order pharmacy provision

There are currently five pharmacies in Sefton that provide internet based / mail order services. Map 12 illustrates pharmacy provision by type across Sefton.

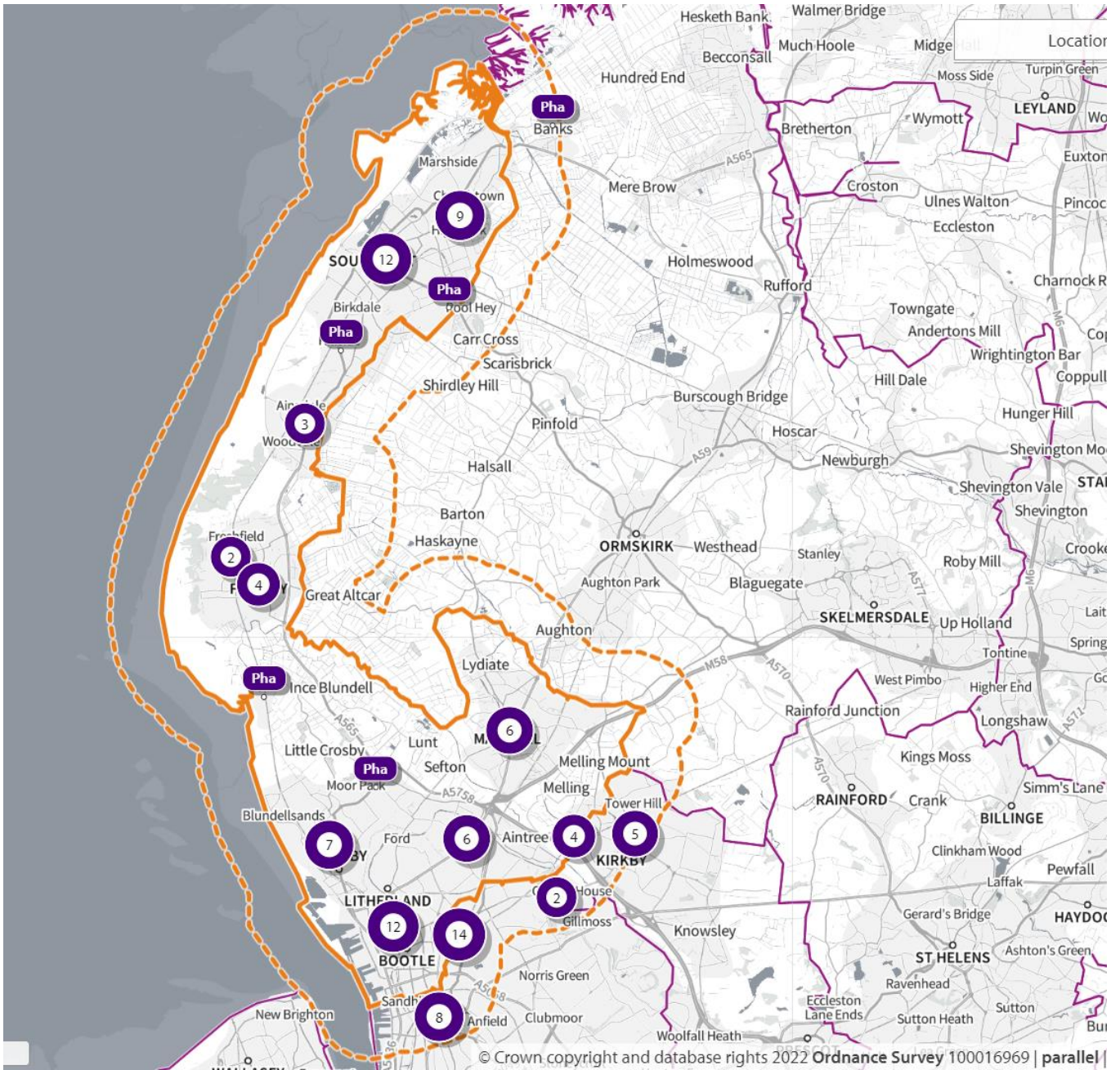
Agenda Item 12



Map 12 - Map of pharmacy by type in Sefton

7.4 Access to and provision of community pharmacy services in local authorities bordering Sefton

In addition to pharmacy services provided within Sefton, there are a number of pharmacies in neighbouring Local Authorities that may be used by local residents due to their close proximity. Map 13 shows the locations of pharmacies within one mile from Sefton. There are 26 pharmacies within one mile of the Sefton border, 7 in Knowsley, 18 in Liverpool and 1 in West Lancashire (Appendix 5)



Map 13 - Cross border pharmacy provision (SHAPE, 2022)

Agenda Item 12

8. Prescribing Activity

During 2020/21 the 45 GP practices in Sefton issued a total of 6.8 million individual prescription items. Approximately 3 million items were prescribed within the Southport and Formby CCG area and 3.8 million prescribed within the South Sefton CCG area. Within the Southport and Formby CCG area, approximately 122,839 (4.01%) items were dispensed by non-Sefton pharmacies. Within the South Sefton CCG area, approximately 152,236 (4.20%) items were dispensed by non-Sefton pharmacies. In 2019/20 and 2020/21 the largest number of prescription items dispensed by disease group for both Southport and Formby CCG and South Sefton CCG were:

- Cardiovascular System,
- Central Nervous System and;
- Gastro-Intestinal System.

The overall prescribing rate is measured as items per Age Sex Temporary Resident Originated Prescribing Unit (ASTRO PU). The ASTRO PU figure for South Sefton CCG was 1,787.32 in 2020/21. The figure for Southport and Formby CCG was 1,509.89 in the same period. The rate for Merseyside CCGs was 1,723.81 and the rate nationally was 1,445.06.

In 2020/21 an average of 7580 prescriptions were dispensed per month per pharmacy in Sefton. This is an increase on 2019/20 (7188 prescriptions) and slightly higher than the England and Northwest averages

Area	Number of Pharmacies	Average monthly items per pharmacy
Sefton	73	7580
Cheshire & Merseyside STP	626	7408
North West	1,751	7246
England	11,636	7283

Table 8 : Average Items dispensed per month per pharmacy (2020/21)

9 Sefton Patient & Public Pharmacy Survey 2022

The patient and public survey was completed to gather views from pharmacy users regarding how they use services and what they feel should be offered. The pharmacy survey in Sefton started in October 2021 and ended in December 2021. A total of 70 people responded to the survey. The age demographics of the 70 people who responded are shown table 9.

Age	% of responders
16 – 24	0%
25 – 34	4%
35 – 44	1%
45 – 54	19%
55 – 64	29%
65 – 74	23%
75 +	10%
Did not answer/disclose	14%

Table 9 - Demographics of patients responding to the survey

Of the people who responded to the survey, approximately 13% had a disability as defined in the Equality Act 2010. The disabilities disclosed included long term illness, mental health, physical disability and deafness/hard of hearing.

Of people that completed this survey, 67% had visited the pharmacy to collect a prescription for themselves and 23% to collect a prescription for someone else. Three percent visited to obtain advice from the pharmacist and 3% to purchase other medications. The remaining 4% said they had visited for other reasons including to have a flu jab (figure 16).

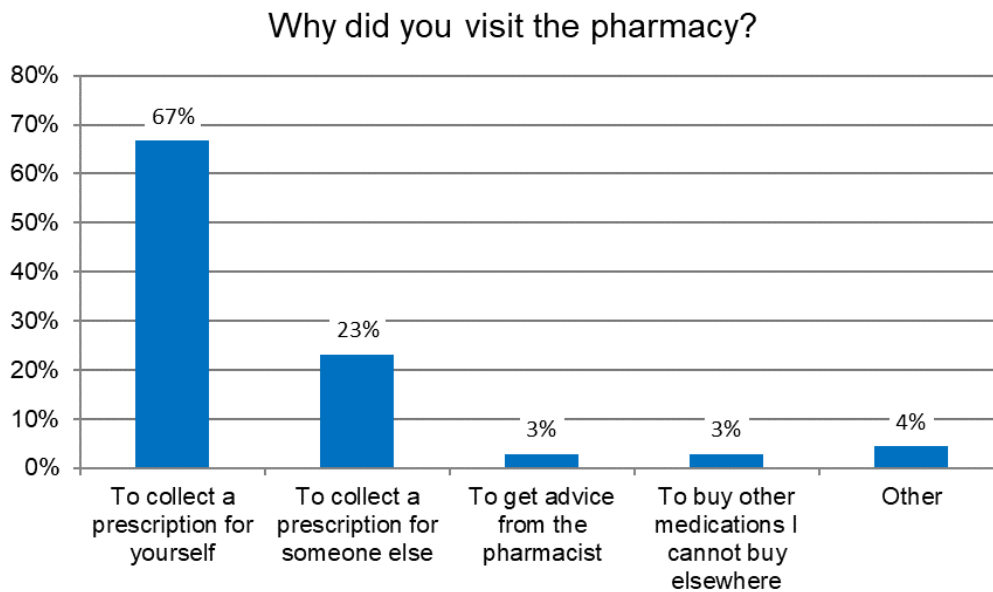


Figure 16- Why did patient visit pharmacy?

Approximately 33% of respondents visited a pharmacy in the past week, 29% in the last two weeks and 31% in the past month. Smaller proportions visited in the last three to six months or longer than 6 months ago (Figure 17).

Agenda Item 12

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

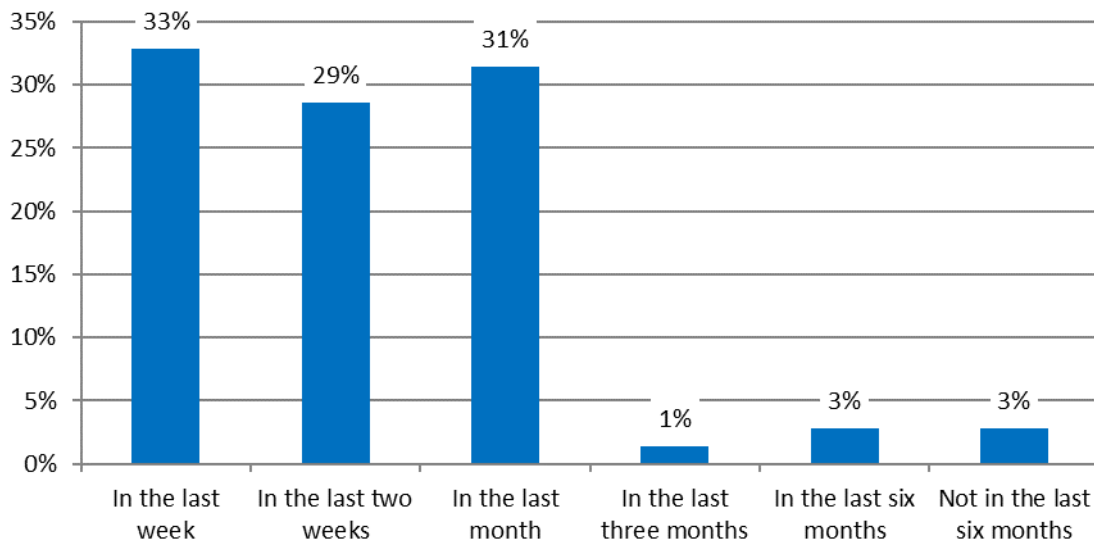


Figure 17 – When did patient use pharmacy?

Almost half of respondents said they'd got to their pharmacy by car (47%) and 38% said they had walked. Five percent of respondents had used public transport and 1% had cycled, used taxis or mobility transport to get to their pharmacy (Figure 18).

How did you get to the pharmacy?

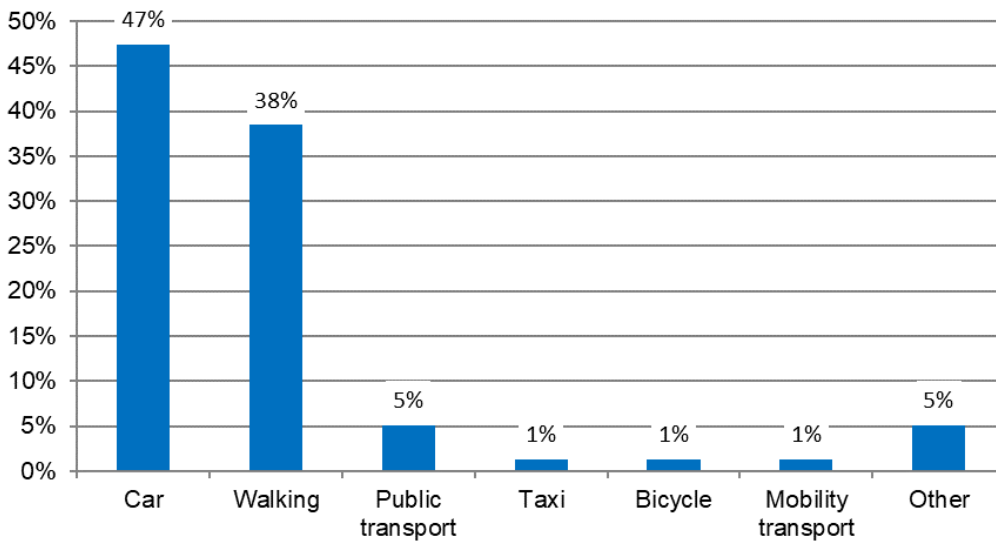


Figure 18 - How did patient get to pharmacy?

The most important factor for patients choosing a pharmacy is it being close to home. Sixty-seven percent of respondents stated that this is the most important factor. A further 43% said that their pharmacy being close to their doctor's surgery is important. One third of respondents feel that being able to park close to their pharmacy is important and 31% think it is important for their pharmacy

to be close to other shops they use. Smaller proportions of respondents think that a pharmacy being close to work or near public transport links are important (Figure 19).

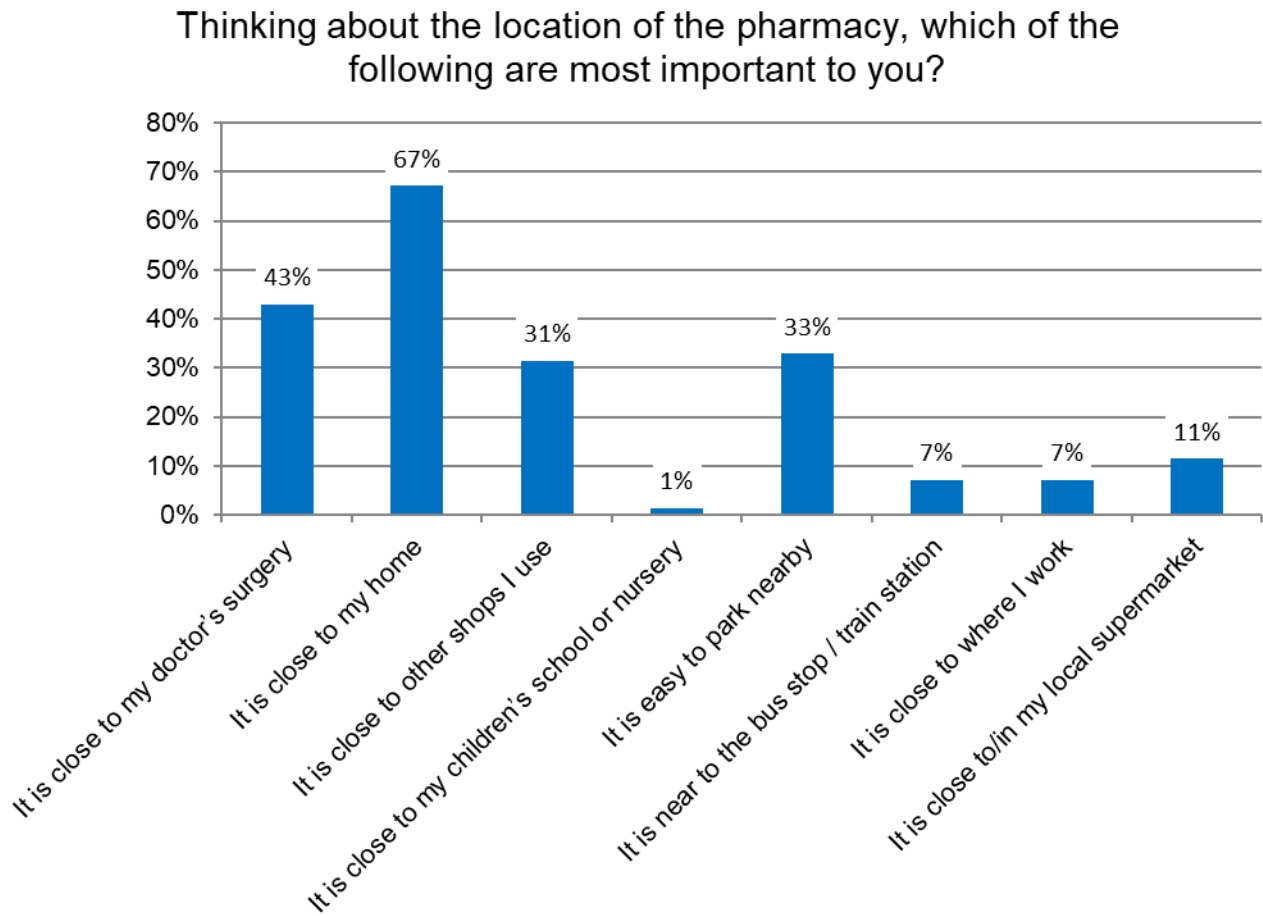


Figure 19- Pharmacy location

Ninety-nine percent of respondents think it is very easy or quite easy to get to their usual pharmacy. One percent say that it is quite difficult to get to their usual pharmacy (Figure 20).



Agenda Item 12

Figure 20- Accessing pharmacy

Of those respondents that have a condition that affects their mobility, 70% say they can park close enough to their usual pharmacy (Table 10).

If you have a condition that affects your mobility, are you able to park close enough to your pharmacy?	Response
Yes	70%
No	27%
Don't Know	3%

Table 10 - Pharmacy parking provision

Approximately 45% of respondents said their pharmacy offered home delivery of medication if they were unable to collect it themselves. Forty-six percent of respondents did not know or have never used such a service (Table 11).

Does your pharmacy deliver medication to your home if you are unable to collect it yourself?	Response
Don't Know /I have never used this service	46%
Yes	45%
No	9%

Table 11 - Does pharmacy deliver medication?

Pharmacy consultations

Approximately one in five survey respondents (21%) had recently had a consultation with a pharmacist. Just over half of the consultations were conducted at the pharmacy counter (53%). Twenty-seven percent were conducted in a separate room, 13% over the telephone and 7% in the dispensary or a quiet part of the shop. Sixty-two percent of survey respondents rated the level of privacy in consultations as very good or excellent. A further 23% rated the privacy as good and 15% rated it as fair. No respondents rated the privacy of consultations as poor or very poor.

Of the respondents that received a consultation at the pharmacy, 47% said the consultation was regarding a minor ailment and 47% were given medicine advice. The remaining respondents were given advice about flu vaccination (20%), emergency contraception (7%) and blood pressure monitoring (7%) (Figure 21).

What advice were you given during your consultation?

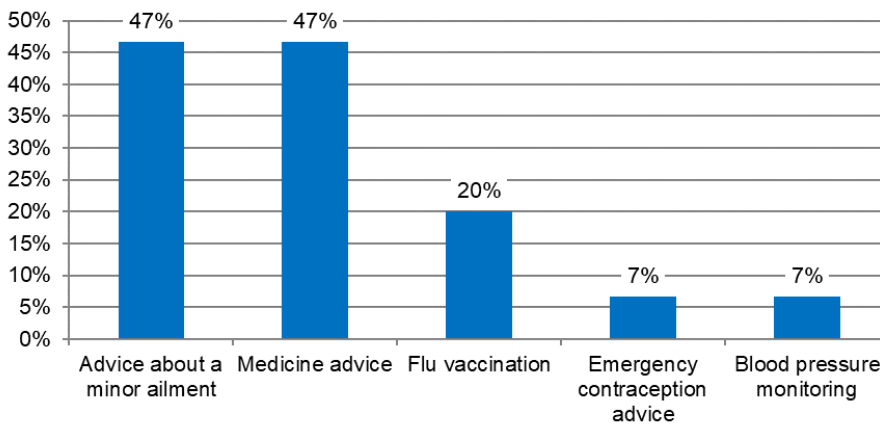


Figure 21- Consultation advice

Approximately 3% of respondents could remember a recent time they had had problems finding a pharmacy to get medicines dispensed (Table 12). These related to pharmacies being out of stock of particular medicines and concerns about safety of getting to a pharmacy late at night.

Can you remember a recent time when you have had any problems finding a pharmacy to get a medicine dispensed, to get advice or to buy medicines?	Response
Yes	3%
No	97%

Table 12 - Problems finding pharmacies

Almost three quarters of respondents have not needed to use a pharmacy when it was closed. Twenty-four percent found their pharmacy closed on one or two occasions when they needed to use it and a further 3% found it closed on three or four occasions (Figure 22).

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

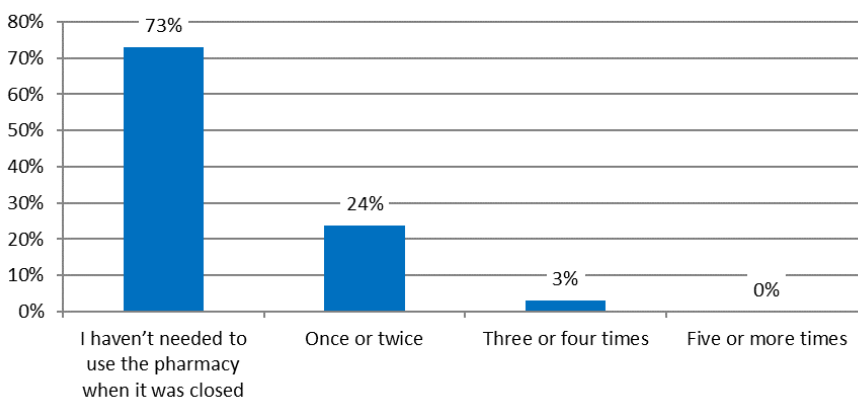


Figure 22 - Accessing pharmacies out of hours

Agenda Item 12

Of those that responded to this question, one third found their pharmacy closed on a Sunday when they needed to use it. Twenty-eight percent found their pharmacy closed on a Saturday and 17% found their pharmacy closed on a weekday. No respondents reported finding their usual pharmacy closed on a bank holiday (Figure 20). A lot of respondents could not remember the time of day it was when they had found their pharmacy closed. Of those who did, however, the most common answer was evening (38%), followed by morning and afternoon (both 25%).

Upon finding their usual pharmacy closed, 65% of respondents waited until the pharmacy was open and nearly a quarter (24%) went to another pharmacy. A smaller proportion of respondents rang NHS 111 (6%).

Patients were asked about whether they had got a prescription the last time they had used a pharmacy. Just over half of respondents were informed of how long they would need to wait for their prescription to be dispensed (51%). Thirty-seven percent were not informed but did not mind and 7% were not informed but would like to have been told (Figure 23). Seventy-six percent of respondents who collected a prescription felt that the waiting time was acceptable.

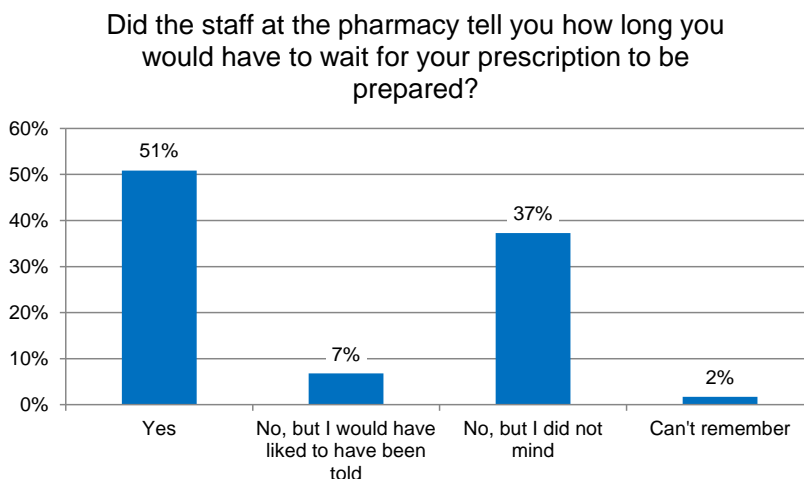


Figure 23 - Pharmacy waiting times

Over 90% of patients who collected a prescription the last time they had used a pharmacy received all the medicines they needed. In most cases where the patient had not received all the medicine they needed this was because the pharmacy had ran out of the required medicine or the pharmacy told them the medicine was not available. Three quarters of these patients received their medicine within two to seven days and the other quarter by the next day.

Generally, respondents were satisfied with their pharmacy. Eighty percent of respondents were satisfied with the range of services pharmacies provide. Sixteen percent wished pharmacies could provide more services for them (Table 13).

Please tell us how you would describe your feelings about pharmacies	Response
I am satisfied with the range of services pharmacies provide	79%
I think that pharmacies could provide more services for me	16%
No response	5%

Table 13 - Pharmacy satisfaction

When asked specifically about the period of the pandemic, 91% of respondents were satisfied with the services they had received. Reasons given for not feeling satisfied included dissatisfaction with adherence to COVID-19 restrictions (mask wearing), issues with supply of medication during this time and pharmacy staff being unable to provide advice.

Over eighty percent of people surveyed felt that pharmacies should offer flu vaccination (93%), treatment for minor illnesses (89%), new medicine reviews (87%) and other immunisations (85%). Most respondents also felt that pharmacies should offer advice and treatment on stopping smoking (73%), advice on contraception and the supply of the morning after pill (75%), weight management (61%) and screening for other conditions (55%). There was less support for advice and treatment for alcohol misuse and drug misuse, with 33% and 35% thinking these services should be available through local pharmacies. (Figure 24).

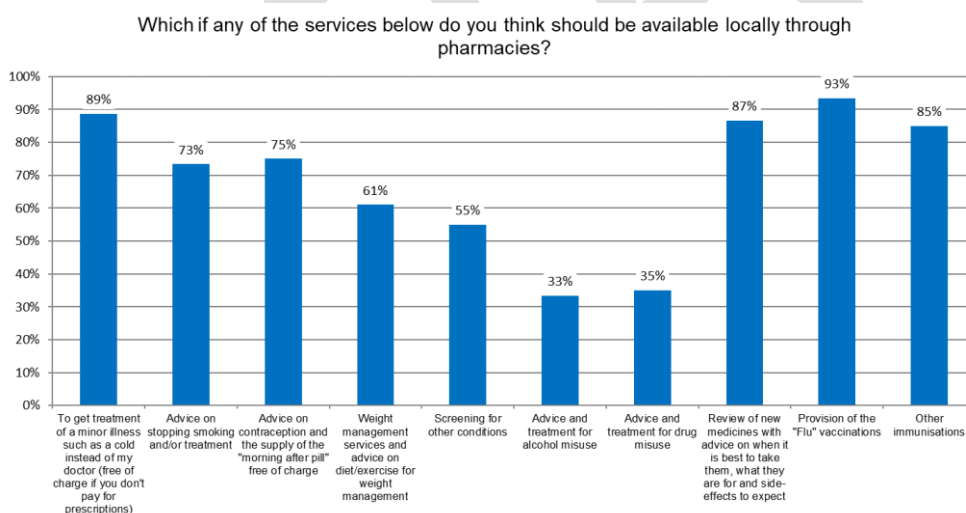


Figure 24 - What services should pharmacies offer?

Respondents were also asked if there was anything else they felt could be offered by local pharmacies. Responses included automated machines to allow 24-hour collection 7 days a week, disabled access, better stock of medicines prescribed by dentists, better communication between pharmacies and GPs, email notification regarding medicine delivery, blood pressure checks and phlebotomy services.

Agenda Item 12

Respondents were then asked to provide some information about what they particularly value about pharmacies. This was in the form of a free text box and the analysis of this is shown below:

What I value about pharmacies

- Local pharmacist being a part of the community and really knowing patients and their needs
- Pharmacist's knowledge about health conditions and medications
- Caring and well- trained staff
- Short waiting times for prescriptions and advice
- Repeat prescription service
- Delivery of medications to home
- Text messaging service
- Accessible location
- Being able to seek medical advice without seeing a doctor
- The support given during the COVID-19 pandemic
- Inviting and welcoming atmosphere

10. Pharmacy survey

There were 64 responses (response rate of 88%) to a survey sent out to all pharmacy contractors within Sefton as part of this assessment. A number of questions were asked relating to the accessibility of the premises. Further information on the Pharmacy Survey can be found in Appendix 5.

10.1 Access for clients whose first language is not English

Of the pharmacies surveyed, approximately 27% were able to offer support for patients whose first language is not English. When asked how they can support this, 15 (23%) said they used an interpreter/language line and 11 (17%) said that a member of staff in the pharmacy could speak languages other than English. An analysis of other languages staff could speak is shown in Table 13. The majority of residents in Sefton (approx. 98%) speak English as their first language. Smaller proportions speak other languages such as Polish, Spanish, Portuguese, South Asian languages and sign languages.

Other languages	Number of pharmacies where staff can communicate in this language
Arabic	2
Chinese	2
French	2
German	1
Spanish	2
Russian	3
Gujarati	2
Punjabi	3
Hindi	3
Malay	1
Polish	2
Nigerian	1

Table 14 - Other languages staff can speak

10.2 Access for people with a disability and/or mobility problem

All but 3 of the pharmacies (95%) said customers can legally park within 50 metres of the pharmacy. When asked about access to public transport, 72% said there was a bus stop or train station within 100 metres and a further 23% said there was one within 100 to 500 metres.

When asked about facilities for disabled patients, 43% said customers have access to designated disabled parking. Approximately 86% of pharmacies have an entrance which can be used unaided by wheelchair users and 94% of pharmacies state that all areas of the pharmacy floor can be accessed by wheelchair users.

Pharmacies were also asked what other facilities were in place to support disabled customers. The facilities offered to support disabled patients are shown in Figure 25.

Agenda Item 12

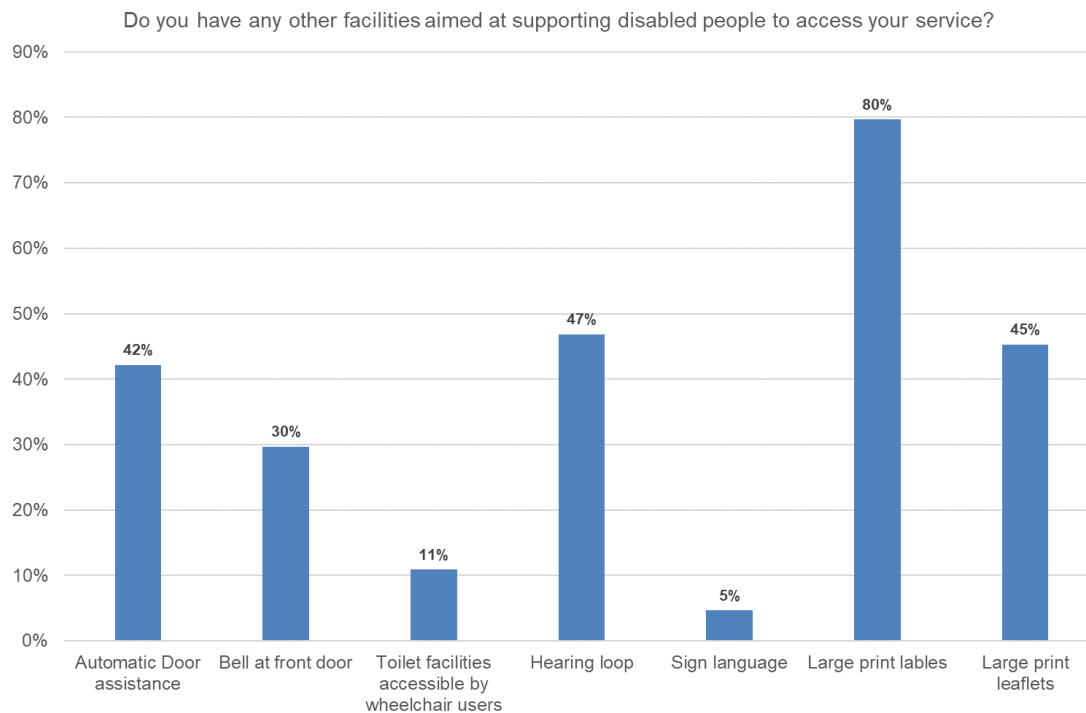


Figure 25 - Pharmacy accessibility for disabled patients

Finally, pharmacies were asked if they were aware of any gaps in access or pharmaceutical needs for particular groups (age, gender, disability, people with/about to have gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sexual orientation). One pharmacy said they were aware of gaps relating to disability and gender reassignment, in particular around training and knowledge of staff on these issues. Two pharmacies said they were aware of gaps in access relating to all the groups asked about but did not provide further details.

10.3 Pharmacy consulting rooms

Pharmacies were asked whether they were able to provide advice and support if a customer wished to speak to a person of the same sex. Only two pharmacies were not able to accommodate this request. 44% of pharmacies could provide this service at all times and a further 53% were able to provide this by arrangement.

When asked whether there is a consultation area 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, 63 of the 64 pharmacies stated that this facility was available. The one pharmacy that did not have a consultation room was a distance selling pharmacy. All pharmacies with a consultation area stated that it was a closed room. 94% of these pharmacies had access to 1 room and 6% had 2 consultation rooms on site. Approximately 90% stated that the consultation area was accessible by wheelchair.

Pharmacies were asked about access to hand washing facilities and toilet facilities. 61% of pharmacies had handwashing facilities in the consultation area and 25% of pharmacies had toilet facilities that patients could access. Patient access to toilet facilities would be needed for some screening services such as pregnancy testing or chlamydia screening. 10 pharmacies (16%) had no access to hand washing facilities in or close to the consultation area.

10.4 Prescription Collection and Delivery Services

Pharmacies were asked whether they provided prescription collection services, medicine delivery services and monitored dosage systems. Ninety-one percent of pharmacies said they offered collection of prescriptions from GP practices and 53 pharmacies (83%) offered delivery of dispensed medicines.

Of the 53 pharmacies delivering dispensed medicines 45 only provided a service which was free of charge (85%), 7 provided a free and a chargeable service (13%) and one pharmacy only offered a chargeable delivery service for dispensed medicines (2%).

11. Meeting Pharmaceutical Need

11.1 Advanced Service Provision

For a fuller description of Advanced services please refer to Section 3.2 of this document.

Community Pharmacist Consultation Service (CPCS)

The CPCS offer is currently delivered across Sefton, in 72 of 73 Sefton pharmacies (98.6%). This service, therefore, is considered adequate to meet the pharmaceutical needs of the population.

Appliance Use Review (AUR)

This is a highly specialised service and is therefore only delivered by 4 pharmacies in Sefton (5.5%). The service is delivered by 3 pharmacies in the South of the borough (Bootle, Litherland, Lydiate) and 1 in North Sefton (Southport). This service is considered adequate to meet the pharmaceutical needs of the population.

Stoma Appliance Customisation (SAC)

This service is delivered by 12 of 73 Sefton pharmacies (16.4%), 7 in the South of the borough and 5 in the North. Again, this is a specialist service needed by quite a small number of patients. Therefore, current provision is considered adequate to meet the pharmaceutical needs of the population

New Medicine Service (NMS)

The New Medicine Service (NMS) is currently delivered across Sefton, in all but two pharmacies (97.2%).

Agenda Item 12

Locality	Total			Median per month per pharmacy		
	19/20	20/21	21/22 (to Feb22)	19/20	20/21	21/22 (to Feb22)
Central	3718	3213	5119	9	6	15
North	2902	1921	4005	4	3	11
South	746	626	1530	2	1	5
Sefton Total	7366	5760	10654	6	5	10

Table 15: Total and Median New Medicine interventions declared by Sefton Pharmacies (April 2019 to Feb 2022)^x

Community Pharmacy NHS Seasonal Influenza Vaccination programme

65 Sefton pharmacies (89%) deliver the Community Pharmacy NHS Seasonal Influenza Vaccination programme. There is good coverage across all areas of the borough.

COVID-19 Lateral Flow Device Distribution Service

Delivery of this service ended on 24th February 2022, in line with the Government review of COVID-19 Restrictions.

Hypertension Case Finding Service

At the time of writing, 19 of Sefton's pharmacies provided this service (26%), with participating pharmacies spread across the borough. At time of publication in October 2022 the figure is expected to be around 50 pharmacies.

Stop Smoking Advanced Service (commences 10th March 2022)

This service will be commissioned from 10th March 2022 with providers starting when they are ready to deliver the service. More details can be found at <https://psnc.org.uk/services-commissioning/advanced-services/smoking-cessation-service/>. At time of publication in October 2022 around 13 pharmacies are delivering this service.

Hepatitis C testing service

At the time of writing only one pharmacy, based in Bootle was registered to provide this service for Sefton.

Full details of advanced service provision can be found in the appendix.

11.2 Enhanced Service Provision

Antiviral Stock Holding Service

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

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

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

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

As this is a specialised service to be deployed in a particular set of circumstances, only four pharmacies across Cheshire & Merseyside are providers, as detailed in the table below.

ODS Code	Trading Name	Address	HWB area	Postcode
FWP65	Lloyds Pharmacy	Arrowe Park Hospital	Wirral	CH49 5PE
FWK62	Stockton Heath Pharmacy	Stockton Heath Medical Centre	Warrington	WA4 6HJ
FJX71	Well Pharmacy	Fountains Health	Cheshire West & Chester	CH1 4DS
FX408	Appleton Village Pharmacy	2-6 Appleton Village	Halton	WA8 6EQ

Table 16: Pharmacies in Cheshire and Merseyside holding Anti-Viral Medication Stock

11.3 Other NHS Service Provision

Other NHS Services are those provided as part of the health service, but which fall outside the group of services identified under the term Pharmaceutical Services. Other NHS services include those that are provided or arranged by: a local authority (for example public health services commissioned from pharmacies), NHS England and NHS Improvement, clinical commissioners within the ICS, an NHS trust or an NHS foundation trust.

11.3.1 Public Health Commissioned Services

Stop Smoking Services

Sefton Tobacco Control plan aims to reduce exposure to second-hand smoke, prevent people from starting smoking in the first place, and help smokers to quit.

With regards to helping smokers to quit, the Local Authority Public Health Team (LAPHT) commission a stop smoking service as part of a comprehensive tobacco control and smoking cessation plan. Most pharmacies provide the level 1 NHS voucher intervention and in 2022, 26 pharmacies are providing stop smoking services on behalf of Sefton Council using the intermediate, level 2 intervention. Pharmacies offer the following service commissioned by LAPHT and sub-contracted by ABL:

Agenda Item 12

Stop Smoking Intermediate Service

The Pharmacy Stop Smoking Intermediate Service has been established to deliver one-to-one support and advice to the user, from a trained pharmacist or a member of the Pharmacy team. Where appropriate nicotine replacement therapy is supplied. The service is provided during normal pharmacy opening hours but may not necessarily be available on every day that the pharmacy is open. Sefton pharmacies also provide nicotine replacement items if a voucher from another agency (e.g., Smokefree Sefton) is presented.

Pharmacies offering these services can be found across the borough, however they have been specifically selected in areas of high smoking prevalence, deprivation and where there are gaps in community clinic provision via the specialist service. This demonstrates that pharmacies offering smoking cessation services in Sefton are in areas where the need is greatest.

Within Sefton, there is one specialist service provider. This service is called Smokefree Sefton offering community-based stop smoking clinics across the borough.

The spread of pharmacy-based stop smoking services is aligned to areas of highest smoking prevalence, deprivation and where there are gaps in community-based services. Alternative provision is available through community-based stop smoking services delivered by ABL. A comprehensive range of these services is currently available.

In the public and patient survey 73% of people responding stated that they think stop smoking advice should be available in pharmacies, which suggests the public see this as a good venue for support to quit smoking.

Healthy Weight Services

To address the issue of obesity on a population scale Sefton council has endorsed a healthy weight declaration to form the basis of a cross cutting approach to tackle obesity in the borough. The Declaration sets out why tackling obesity is important and a number of pledges which local authorities can make to address obesity. For example, this includes ensuring catering provision in council buildings is healthy; supporting workplaces to be health promoting and adopting supplementary guidance for hot food takeaways.

There is a multi-agency steering group which supports the Declaration pledges and is driving the development and delivery of actions against the pledges. Members of this quarterly steering group include representation from council departments of health and wellbeing, environmental health, planning and external organisations Sefton clinical commissioners, Sefton CVS and Mersey Care.

There are a range of programmes in place which directly support healthy weight. This includes:

- Advice and support to families on healthy nutrition from breastfeeding, weaning and weight management is included in the universal offer of Sefton's 0 to 19 service.

- Delivery of the National Child Measurement Programme (NCMP) to record height and weight for children in reception and year 6 who are eligible as per the programme guidance. NCMP includes individual feedback to families of children who are overweight/obese with signposting for support and feedback to schools to influence local interventions to support positive dietary and physical behaviours.
- Programmes and campaigns are delivered in schools, leisure centres, parks and community venues which are aimed at increasing physical activity levels of children and young people and to improve their knowledge of the importance of being active and following a healthy diet.
- Community programme for children and their families who are overweight or obese.
- Integrated Wellness service for adults and families which includes one to one and group support to encourage greater physical activity, healthier eating and achievement of a healthy weight.

Pharmacies in Sefton are not commissioned to provide weight management services. However, pharmacies could have a role in providing ongoing behavioural support, once initiated by the Integrated Wellness service.

Five per cent of pharmacies responding to the contractor survey reported that they offer an obesity/weight management service. It is not possible to determine which types of intervention they provide and to what standards they are operating. In the public and patient survey 61% stated that they think weight management services should be available in pharmacies.

Alcohol

Local Authority Public Health Team (LAPHT) commission an integrated drug and alcohol service to provide a range of interventions including; assessment and brief advice, psychosocial support and structured alcohol treatment, including medically assisted detoxification, anti-craving medication and relapse prevention. Provision of abstinence based services are available both through the Local Authority commissioned Integrated Drug and Alcohol Services and mutual aid groups including Alcoholics Anonymous (AA), Narcotics Anonymous (NA) and Cocaine Anonymous (CA).

Early intervention and prevention, including identification and brief advice are provided in Health and Wellbeing Centre's via Local Authority commissioned Living Well Sefton services.

There are currently no alcohol related services offered via pharmacy provision in Sefton. Locally community pharmacies support national alcohol harm awareness campaigns as part of the national pharmacy contract.

Make Every Contact Count (MECC)

Every day pharmacy staff have opportunities to improve the health and wellbeing of the public and their own health by Making Every Contact Count (MECC). By utilising their position at the heart of communities, pharmacies can use every interaction as an opportunity for a health-promoting

Agenda Item 12

intervention, as signposts, facilitators and providers of a wide range of public health and other health and wellbeing services. MECC is a brief intervention for behaviour change focused on encouraging and helping people to make healthier choices and achieve positive long-term change. MECC involves:

- Systematically promoting the benefits of healthy living
- Asking an individual about their lifestyle and if they want to make a change
- Responding appropriately to the lifestyle issue(s) once raised
- Taking the appropriate action to either give information, signpost or refer residents to the support they need

MECC typically covers the following topics for which there is a local resource developed:

- stopping smoking
- alcohol
- sexual health
- healthy eating
- maintaining a healthy weight
- take regular physical activity
- improve mental health and wellbeing

In Sefton the MECC Yorkshire & Humber Framework is adopted that offers a 2 tier model:

- **Level 1 (2hr training) – Brief Advice**
Applicable for people seeing individuals on a one off basis and for frontline staff
- **Level 2 (3hr training)– Brief Advice and Brief Intervention**
Applicable to people seeing individuals on more than one occasion, to be able to follow up progress of behaviour changes made

Sexual Health

Within Sefton, 55 pharmacies are commissioned to provide Emergency Hormonal Contraception (EHC).

In the public and patient survey 75% of people responding stated that they think advice on contraception and supply of the “morning after” pill free of charge should be available through pharmacies.

Mental Health

There are currently no mental health related services commissioned from pharmacies in Sefton. However Pharmacies have a role in conducting brief interventions for wellbeing and Sefton residents can be signposted to wellbeing programmes within community settings and can also self-

refer themselves into primary care mental health services, Access Sefton, in addition to seeking help from their GP. The Living Well Sefton service, commissioned via the Public Health team, is also available to local residents Living Well Sefton is made up of Brighter Living Partnership, Active Sefton, May Logan Centre, Stop Smoking Service, Feelgood Factory, Citizens Advice Sefton, Sefton Council for Voluntary Service (Sefton CVS), and Fun4Kidz. The service can help residents to stop smoking, lose weight, eat more healthily, resolve debt issues, improve their mental wellbeing and other options.

Suicide Prevention skills training is available for pharmacies, who have an important role to play in identifying those at risk and providing advice on sources of help. Additionally, pharmacies can restrict access to medication through the appropriate dispensing of prescription and over the counter medication.

Substance Misuse (Drug Misuse)

The current adult Substance Misuse Assessment, Treatment and Recovery Service sub-contracts with local pharmacies to provide Needle and Syringe Programmes and to administer supervised consumption for opiate replacement medication. Needle and Syringe Programmes and supervised administration are both essential harm reduction interventions and integral to the overall treatment services.

Supervised administration is a service that can only be provided by a pharmacy following dispensing of the opiate substitute methadone or buprenorphine. It is not part of the essential tier of the pharmacy contract but greatly reduces harm by reduction of diversion of prescribed methadone onto an illicit market and protection of vulnerable individuals from overdose.

While Needle and Syringe Programmes are also provided by the specialist treatment services, pharmacies offer increased choice, improved access, and an opportunity to provide additional health information due to existing client relationships. There are 16 pharmacies (21%) providing needle exchange services in Sefton.

Currently 35 Sefton pharmacies (48%) provide supervised consumption of prescribed medication (methadone or buprenorphine) when required by the service for the purpose of risk management as when clinically indicated. Supervised consumption takes place at the point of dispensing within a private consultation room.

11.3.2 CCG (now ICB) commissioned Services

Minor ailments scheme: Care at the Chemist

Unlike GPs, community pharmacies are a 'walk up and get seen' service. As such they are a key resource for advice on treating minor, self-limiting, ailments and the purchase of appropriate over-the-counter medicines. The minor ailments service takes this concept a stage further. Patients can attend any participating pharmacy within Sefton for the service and ask to be seen under the

Agenda Item 12

scheme. If the condition is covered by the scheme the patient will receive a consultation and be provided with advice or medication as appropriate. This service is open to patients registered with a South Sefton or Southport and Formby GP and to all eligible pharmacies who wish to participate.

The aim of the service is to improve access and choice for people with minor ailments by promoting self-care through the pharmacy, including provision of advice (and where appropriate), medicines without the need to visit their GP practice. The service provides additional benefit by creating capacity within general practice to provide services to patients requiring more complex management such as the management of long-term conditions.

30 pharmacies are signed up to deliver the Care at the Chemist scheme in Sefton. At the time of the previous PNA, in 2017, 17 pharmacies were providing this service. Pharmacies offering CATC services are distributed across the borough, and not particularly focused only in areas of need or deprivation.

Extended Care at the Chemist

Women between the ages of 16 and 65 years who have symptoms of an uncomplicated urinary tract infection (UTI) and who are not pregnant or breastfeeding, can access treatment directly from participating pharmacies without the need to be seen by a GP. Thirteen pharmacies in South Sefton provide this service alongside 14 in Southport and Formby. Again, services are distributed across the borough, and not particularly focused in areas of need or deprivation.

Supply of dressings to nursing homes

The purpose of the service is to enable nursing homes to obtain dressings required in the treatment of their residents directly from a participating community pharmacy without the need for a prescription to be supplied by the patient's GP. Dressings are supplied by community pharmacies against a patient specific requisition form.

The service is available to all patients residing in a nursing home located within the Sefton area who are registered with a GP in Sefton. Providers of this service may change throughout the year if nursing home provision changes.

Stock holding of Palliative Care Medicines

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

There are currently six pharmacies providing a palliative care drugs supply service in Sefton – 3 in the South of the borough and 3 in the North.

12. Conclusion

This needs assessment has determined that the pharmaceutical network in Sefton is adequate in terms of provision to meet the needs of the population and is geographically accessible reflecting the population density distribution across Sefton. The local community pharmacy network is enhanced by the availability of pharmacy services in neighbouring authorities within one mile of Sefton's borders.

Pharmacy opening hours across Sefton are considered satisfactory with wide access throughout the week and sufficient coverage over evenings and weekends. The availability of community pharmacy services extends beyond the general 9 – 5pm daytime service but varies across pharmacy providers supported by the availability of out of hours services and '100 hour' pharmacies.

This assessment has also determined that locally commissioned services are commissioned and delivered to reflect the needs of the population. Consultation with community pharmacy providers and the local population did not identify any significant gaps in community pharmacy services at this time and illustrated the wide range of pharmaceutical services currently provided. The public feedback regarding local community pharmacy provision in Sefton was positive.

Sefton Council's Local Plan is referenced in this assessment and there are housing developments of up to 200 houses in the next five years in a number of locations. The localities of Southport and Maghull are expected to have developments in the next five years that could have an impact on existing pharmacy provision and services delivered by pharmacies. This includes two extra care facilities. It is also recognised that Sefton's population is expected to change with significant increases in the number of older people. This will need to be kept under review to ensure that the pharmaceutical network in Sefton responds to these evolving needs.

This needs assessment has not identified any specific and significant gaps in local service provision at the current time and therefore any areas for service development. However, the need for specific community pharmacy services will be regularly reviewed in line with the PNA regulations and the evolving make up and needs of the local population. During the lifetime of this PNA this will be achieved through the annual review process and any requirement to produce supplementary statements to modify this assessment.

Agenda Item 12

Appendix 1: Policy Context

Current policy context

The NHS Long Term Plan published in January 2019 has played a key role in shaping the priorities of pharmacists and their services, including community pharmacies as a mainstay of Primary Care. The ambition in the NHS Long Term Plan is to move to a new service model for the NHS and it sets out five practical changes that need to be achieved over the five-year period 2019 to 2024:

- Boosting “out of hospital care” to dissolve the historic divide between primary and community health services
- Redesign to reduce pressure on emergency hospital services
- Delivering more personalised care when it is needed to enable people to get more control over their own health
- Digitally enabled primary and outpatient care to go mainstream across the NHS
- Local NHS organisations to focus on population health in local partnerships, with local authority funded services and through Integrated Care Systems (ICSs)

The community pharmacy contractual framework (CPCF) agreement for 2019 – 2024 sets out the ambition for developing new clinical services for community pharmacy as part of the five-year commitment and is supported by the continuing Pharmacy Integration Programme. It builds upon reforms started in 2015 with the introduction of the Quality Payments Scheme to move pharmacies towards a much more clinically focused service whilst confirming community pharmacy’s future as an integral part of the NHS, delivering clinical services as a full partner in local Primary Care Networks.

Community pharmacies are remunerated through this national contractual framework. Most 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. Pharmacies provide both funded care and services that are paid for directly by the patient.

In 2022, The Royal Pharmaceutical Society launched a programme of work and consultation in partnership with the King’s Fund to develop a new ten year vision for pharmacy practice. This recognises a need to build on the new ways of working that were established during the pandemic to allow health and care systems to meet the increasingly complex health needs of people and improve patient outcomes.

Legislative background

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 NHS England must develop and publish local pharmaceutical needs assessments

(known as “PNAs”); and NHS England 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 NHS England can take against pharmacy and dispensing appliance contractors who breach their terms of service or whose performance is poor or below standard.

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

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

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

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

Consolidation Applications

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

NHS pharmacy businesses may apply to consolidate the services provided on two or more sites onto a single site. Applications to consolidate will be dealt with as “excepted applications” under the 2013 Regulations, which means they will not be assessed against the pharmaceutical needs assessment. Instead, consolidation applications will follow a simpler procedure, the key to which is whether or not a gap in pharmaceutical service provision would be created by the consolidation. Some provision is also made in respect of continuity of services so, if NHS England commissions enhanced services from the contract with the closing premises, then the applicant is required to give an undertaking to continue to provide those services following consolidation.

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

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

Agenda Item 12

Appendix 2: Abbreviations Used

ABPM	Ambulatory Blood Pressure Monitoring
ASTRO PU	Age Sex Temporary Resident Originated Prescribing Unit
AUR	Appliance Use Review
BP	Blood Pressure
CATC	Care at the Chemist
CCG	Clinical Commissioning Group
CHD	Coronary Heart Disease
COPD	Chronic Obstructive Pulmonary Disease
CPCS	Community Pharmacist Consultation Service
CVD	Cardiovascular Disease
CVS	Council for Voluntary Service
DMIRS	Digital minor illness referral service
EHC	Emergency Hormonal Contraception
EPS	Electronic Prescription Service
GFR	General Fertility Rate
GIRES	Gender Identity Research & Education Society
GP	General Practice / General Practitioner
HCV	Hepatitis C
HIV	Human Immunodeficiency Virus
HLE	Healthy Life Expectancy
HPV	Human Papilloma Virus
HWB	Health and Wellbeing Board
ICB	Integrated Care Board
ICS	Integrated Care System
IMD	Index of Multiple Deprivation
JSNA	Joint Strategic Needs assessment
LA	Local Authority
LAPHT	Local Authority Public Health Team
LGBT	Lesbian, Gay, Bisexual, Transgender
LD	Learning Disability
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Services
LSOA	Lower Super Output Area
MECC	Making Every Contact Count
MUR	Medicines Use Review
NCRAS	National Cancer Registration and Analysis Service
NCMP	National Child Measurement Programme
NHS	National Health Service
NHS BA	NHS Business Services Authority
NHSE	NHS England
NHSE&I	NHS England & NHS Improvement
NMS	New Medicines Service
NRT	Nicotine Replacement Therapy

NUMSAS	NHS Urgent Medicines Supply Advanced Service
NW	Northwest
OHID	Office for Health Improvement and Disparities
ONS	Office of National Statistics
OTC	Over the counter
PCT	Primary Care Trust
PCN	Primary Care Network
PHE	Public Health England
PNA	Pharmaceutical Needs Assessment
POCT	Point of Care Testing
PSNC	Pharmaceutical Services Negotiating Committee
PWID	People Who Inject Drugs
SAC	Stoma Appliance Customisation
SHMA	Strategic Housing Market Assessment
SMI	Severe Mental Illness
UTI	Urinary Tract Infection
WHO	World Health Organisation

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Agenda Item 12

Appendix 3: Community Pharmacy addresses and opening hours

Name and Address	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Alexanders Pharmacy, 49-51 Stuart Road, L23 0QE	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-17:00	Closed
Asda Pharmacy (Aintree), Asda Superstore, L10 3LN	08:30-22:00	08:30-22:00	08:30-22:00	08:30-22:00	08:30-22:00	08:30-22:00	10:30-16:30
Asda Pharmacy (Bootle), 81 Strand Road, L20 4BB	08:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-22:00	10:00-16:00
Asda Pharmacy (Southport), Central 12 Shopping Park, PR9 0TY	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	11:00-17:00
Bispham Road Pharmacy, 94 Bispham Road, PR9 7DF	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	Closed	Closed
Boots Pharmacy (Bootle), 138-139 New Strand, L20 4SX	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	10:00-15:00	Closed
Boots Pharmacy (Formby Chapel Lane), 27 Chapel Lane, L37 4DL	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:00	Closed
Boots Pharmacy (Formby Elbow Lane), 17-19 Elbow Lane, L37 4AB	08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	09:00-12:00	Closed
Boots Pharmacy (Litherland), 6-8 Sefton Road, L21 7PG	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:00	Closed
Boots Pharmacy (Aintree), Unit 5b, Aintree Racecourse Retail Park, L9 5AN	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	09:00-19:00	11:00-17:00
Boots Pharmacy (Crosby), 24-26 Liverpool Road, L23 5SF	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	Closed
Boots Pharmacy (Waterloo), 66-68 South Road, L22 0LY	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	Closed
Boots Pharmacy (Maghull Central), 7 Central Square, L31 0AE	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:00	Closed
Boots Pharmacy (Maghull Westway), 27 Westway, L31 2PQ	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	09:00-17:00	Closed
Boots Pharmacy (Southport Cambridge Rd), 131-135 Cambridge Road, PR9 9SD	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	09:00-17:00	Closed
Boots Pharmacy (Southport Central Square), Unit3 Central 12 Shopping Park, PR9 0TQ	09:00-16:00	09:00-16:00	09:00-16:00	09:00-16:00	09:00-16:00	10:00-14:00	11:00-15:00
Boots Pharmacy (Southport Chapel Street), 31-39 Chapel Street, PR8 1AH	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	11:00-17:00
Boots Pharmacy, 35 Seaforth Road, L21 3TX	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed
Bridge Road Chemist, 54-56 Bridge Road, L21 6PH	08:00-19:00	07:00-23:15	08:00-19:00	07:00-23:15	09:00-19:00	08:00-20:00	08:15-15:00
Cambridge Road Pharmacy, 137 Cambridge Road, PR9 7LT	08:00-23:00	08:00-23:00	08:00-23:00	08:00-23:00	08:00-23:00	08:00-23:00	09:00-19:00
CarePlus Chemist, Unit 1 27a Banastre Road, PR8 5AW	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
Cohens Chemist (Bridge Road), 17 Bridge Road, L23 6SA	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-12:00	Closed
Cohens Chemist (Marian Square), 12 Marian Square, L30 5QA	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	09:00-12:00	Closed
Crosby Road Pharmacy, 59 Crosby Road North, L22 4QD	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-15:00	Closed
Crossens Pharmacy, 164 Rufford Road, PR9 8HU	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	Closed	Closed
Davey's Chemist Ltd, 69 Randall Drive, L30 2PB	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	Closed	Closed
Crescent Pharmacy, 3 The Crescent, L23 4TA	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	Closed	Closed
Aintree Pharmacy, 11 Molyneux Way, L10 2JA	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00	Closed
Standish Chemist, 5 The Crescent, L20 0DX	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	Closed	Closed
Drakes Pharmacy, 1a Aintree Road, L20 9DL	09:00-13:00 14:00-18:30	09:00-13:00 14:00-18:30	09:00-15:00	09:00-13:00 14:00-18:30	09:00-13:00 14:00-18:30	Closed	Closed
Fishlock Chemist, 17 Station Road, PR8 3HN	08:45-18:00	08:45-18:00	08:45-18:00	08:45-18:00	08:45-18:00	Closed	Closed
Formby Health Rooms & Pharmacy, 81 Liverpool Road, L37 6BU	09:00-17:30	09:00-17:30	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:30	Closed
Fylde Road Pharmacy, 117 Fylde Road, PR9 9XP	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-17:00	Closed
Gordon Short Chemist, 159 College Road, L23 3AT	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-17:00	Closed
GSI Pharma, Fairbarn House, L22 4QA	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	Closed	Closed
Haddens Pharmacy, 5 Litherland Road, L20 3BY	09:00-18:15	09:00-18:15	09:00-18:00	09:00-18:15	09:00-18:15	Closed	Closed
Hesketh Park Pharmacy, 91 Queens Road, PR9 9JF	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:30	Closed

Agenda Item 12

Name and Address	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Higgins Pharmacy, 77 Crosby Road North, L22 4QD	08:30-13:00 14:00-19:00	08:30-13:00 14:00-19:00	08:30-13:00 14:00-19:00	08:30-13:00 14:00-19:00	08:30-13:00 14:00-19:00	09:00-15:30	Closed
Hightown Pharmacy, Lower Alt Road, L38 0BF	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-19:00	Closed	Closed
Hillside Pharmacy, 72-74 Sandon Road, PR8 4QD	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	Closed	Closed
Hirshman Chemist, Sherwood House, PR8 3HW	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	09:00-13:00 14:00-17:30	Closed
Kellys Pharmacy, 195 Altway, L10 6LB	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-17:00	09:00-13:00 14:00-18:00	09:00-13:00	Closed
Knowsley Road Pharmacy, 125 Knowsley Road, L20 4NJ	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	09:00-13:00	Closed
Lloyds Pharmacy, North Park Health Centre, L20 5DQ	09:00-18:30	09:00-18:30	09:00-18:00	09:00-18:30	09:00-18:30	Closed	Closed
Lloyds Pharmacy, Sainsburys, St George's Place, PR9 0AF	08:45-19:30	08:45-19:30	08:45-19:30	08:45-19:30	08:45-19:30	08:45-19:00	11:00-17:00
Lydiate Pharmacy, 28 Liverpool Road, L31 2LZ	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed
Meadows Pharmacy, 87-89 Liverpool Road South, L31 7AD	09:00-13:00 14:00-18:30	09:00-13:00 14:00-18:30	09:00-13:00 14:00-18:30	09:00-13:00 14:00-18:30	09:00-13:00 14:00-18:30	09:00-13:00	Closed
Merton Chemist, 223 Stanley Road, L20 3DY	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:30	09:00-18:00	Closed	Closed
Netherton Pharmacy, Gordon Youth Centre, L30 1RF	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	Closed	Closed
Park Street Pharmacy, 61 Park Street, L20 3DF	09:00-18:30	09:00-18:30	09:00-18:00	09:00-18:30	09:00-18:30	Closed	Closed
Pharmacy First, 58 Scarisbrick New Road, PR8 6PG	08:30-12:00 13:30-18:30	08:30-12:00 13:30-18:30	08:30-12:30 13:30-18:30	08:30-12:30 13:30-18:30	08:30-12:00 13:30-18:30	Closed	Closed
Rowlands Pharmacy, 22 Liverpool Road, Birkdale, PR8 4AY	09:00-13:30 14:00-17:30	09:00-13:30 14:00-17:30	09:00-13:30 14:00-17:30	09:00-13:30 14:00-17:30	09:00-13:30 14:00-17:30	09:00-13:00	Closed
Rowlands Pharmacy, 15 Chapel Lane, Formby, L37 4DL	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	Closed
Rowlands Pharmacy, 106 Sefton Road, Litherland, L21 9HQ	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00	Closed
Rowlands Pharmacy, 158a Liverpool Road North, Maghull, L31 2HP	08:45-13:00 13:20-18:00	08:45-13:00 13:20-18:00	08:45-13:00 13:20-18:00	08:40-13:00	08:45-13:00 13:20-18:00	Closed	Closed
Rowlands Pharmacy, 86 Waddicar Lane, Melling, L31 1DY	08:30-17:00	08:30-17:00	08:30-17:00	08:30-17:00	08:30-17:00	Closed	Closed
Rowlands Pharmacy, 35 Upper Aughton Road, Southport, PR8 5NA	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	Closed
Ryders Chemist, 41 Old Town Lane, L37 3HJ	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00	Closed
Sedem Pharmacy, 139 Roe Lane, Southport, PR9 7PW	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
Simply Pharmacy, 2a Sefton Road, L21 7PG	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
SK Chemists, 516 Stanley Road, Bootle, L20 5DW	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
Smartts Chemist, 42 Fernhill Road, L20 9HH	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
St Marks Pharmacy, St Marks Medical Centre, Southport, PR9 0TZ	08:15-18:15	08:15-18:15	08:15-18:15	08:15-18:15	08:15-18:15	Closed	Closed
Station Pharmacy, 24 Station Road, Maghull, L31 3DB	08:45-13:00 14:15-18:00	08:45-13:00 14:15-18:00	08:45-13:00 14:15-18:00	08:45-13:00 14:15-18:00	08:45-13:00 14:15-18:00	09:00-13:00	Closed
Superdrug Pharmacy, 36-38 The Esplanade, New Strand, Bootle, L20 4SP	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	Closed
Superdrug Pharmacy, 10 Eastbank Street, Southport, PR8 1DT	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	Closed
Tesco Instore Pharmacy, Town Lane, Southport, PR8 5JH	08:00-22:00	08:00-22:00	08:00-22:00	08:00-22:00	08:00-22:00	08:00-20:00	10:00-16:00
Walkers Pharmacy Ltd, 60-62 Harington Road, L37 1NU	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00	Closed
Whitworth Chemist, 90 Moore Road, Bootle, L20 4SF	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-13:00	Closed
Whitworth Chemist, 11a Norwood Avenue, PR9 7EG	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	Closed	Closed
Whitworth Chemist, Old Hall Farm Business Park, PR9 7RJ	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
Woodvale Pharmacy, 779 Liverpool Road, PR8 3NT	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	Closed	Closed
Woolleys Internet Pharmacy, 84 Bispham Road, PR9 7DF	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-13:00	Closed

Agenda Item 12

Appendix 4: Advanced Service Provision

Name of Pharmacy	Address	Postcode	NMS	AUR	Stoma Customisation	NHS Flu	CPCS	Hepatitis C	Hypertensive
Boots Pharmacy (Seaforth Road)	35 Seaforth Road	L21 3TX	Yes	No	No	Yes	Yes	No	No
Whitworth Chemist (Moore Road)	90 Moore Road	L20 4SF	Yes	No	No	Yes	Yes	No	No
Day Lewis Crescent Pharmacy - 317	3 The Crescent	L23 4TA	Yes	No	No	No	Yes	No	Yes
Hillside Pharmacy	72-74 Sandon Road	PR8 4QD	No	No	No	Yes	Yes	No	No
Superdrug Pharmacy (Southport)	10 Eastbank Street	PR8 1DT	Yes	No	No	Yes	Yes	No	No
Rowlands Pharmacy	22 Liverpool Road	PR8 4AY	Yes	No	Yes	Yes	Yes	No	No
Meadows Pharmacy	87-89 Liverpool Road South	L31 7AD	Yes	No	No	No	No	No	No
Boots Pharmacy (Southport Chapel Street)	31-39 Chapel Street	PR8 1AH	Yes	No	No	Yes	Yes	No	No
Station Pharmacy (Maghull)	24 Station Road	L31 3DB	Yes	No	No	Yes	Yes	No	No
Rowlands Pharmacy	35 Upper Aughton Road	PR8 5NA	Yes	No	No	Yes	Yes	No	No
Boots Pharmacy (Southport Cambridge Rd)	131-135 Cambridge Road	PR9 9SD	Yes	No	No	Yes	Yes	No	No
Bispham Road Pharmacy	94 Bispham Road	PR9 7DF	Yes	No	No	Yes	Yes	No	Yes
Formby Health Rooms & Pharmacy	81 Liverpool Road	L37 6BU	Yes	No	No	Yes	Yes	No	No
Boots Pharmacy (Litherland)	6-8 Sefton Road	L21 7PG	Yes	No	No	Yes	Yes	No	No
Hightown Pharmacy	Lower Alt Road	L38 0BF	No	No	No	Yes	Yes	No	No
Asda Pharmacy (Southport)	Central 12 Shopping Park	PR9 0TY	Yes	No	No	Yes	Yes	No	No
Woodvale Pharmacy	779 Liverpool Road	PR8 3NT	Yes	No	No	Yes	Yes	No	No
Rowlands Pharmacy	86 Waddicar Lane	L31 1DY	Yes	No	No	Yes	Yes	No	No
Whitworth Chemist	Old Hall Farm Business Park	PR9 7RJ	Yes	No	No	Yes	Yes	No	No
Higgins Pharmacy	77 Crosby Road North	L22 4QD	Yes	No	No	No	Yes	No	No
Smartts Chemist	42 Fernhill Road	L20 9HH	Yes	No	Yes	Yes	Yes	No	No
Rowlands Pharmacy	15 Chapel Lane	L37 4DL	Yes	No	No	Yes	Yes	No	No
Knowsley Road Pharmacy	125 Knowsley Road	L20 4NJ	Yes	No	No	Yes	Yes	Yes	Yes
Rowlands Pharmacy	106 Sefton Road	L21 9HQ	Yes	No	No	Yes	Yes	No	No
Boots Pharmacy (Maghull Westway)	27 Westway	L31 2PQ	Yes	No	No	Yes	Yes	No	No
Boots Pharmacy (Maghull Central)	7 Central Square	L31 0AE	Yes	No	No	Yes	Yes	No	No
Boots Pharmacy (Liverpool Crosby)	24-26 Liverpool Road	L23 5SF	Yes	No	No	Yes	Yes	No	No
Boots Pharmacy (Liverpool Waterloo)	66-68 South Road	L22 0LY	Yes	No	No	Yes	Yes	No	No
Hirshman Chemist	Sherwood House	PR8 3HW	Yes	No	Yes	Yes	Yes	No	No
Care Plus Chemist	Unit 1 27a Banastre Road	PR8 5AW	Yes	No	No	Yes	Yes	No	Yes
St Marks Pharmacy	St Marks Medical Centre	PR9 0TZ	Yes	No	Yes	Yes	Yes	No	Yes
Boots Pharmacy (Formby Elbow Lane)	17-19 Elbow Lane	L37 4AB	Yes	No	No	Yes	Yes	No	No
Crosby Road Pharmacy	59 Crosby Road North	L22 4QD	Yes	No	No	Yes	Yes	No	Yes
Cohens Chemist	17 Bridge Road	L23 6SA	Yes	No	No	Yes	Yes	No	No
Fishlock Chemist	17 Station Road	PR8 3HN	Yes	No	Yes	No	Yes	No	No
Asda Pharmacy (Bootle)	81 Strand Lane	L20 4BB	Yes	No	No	Yes	Yes	No	No
Sedem Pharmacy (Southport)	139 Roe Lane	PR9 7PW	Yes	No	No	Yes	Yes	No	Yes
Simply Pharmacy	2a Sefton Road	L21 7PG	Yes	No	Yes	No	Yes	No	No
Kellys Pharmacy	195 Altway	L10 6LB	Yes	No	No	Yes	Yes	No	Yes
Cohens Chemist	12 Marian Square	L30 5QA	Yes	No	No	Yes	Yes	No	No
Merton Chemist	223 Stanley Road	L20 3DY	Yes	No	No	Yes	Yes	No	Yes
Rowlands Pharmacy	158a Liverpool Road North	L31 2HP	Yes	No	No	Yes	Yes	No	No
Ryders Chemist	41 Old Town Lane	L37 3HJ	Yes	No	No	No	Yes	No	No
Boots Pharmacy (Formby Chapel Lane)	27 Chapel Lane	L37 4DL	Yes	No	No	Yes	Yes	No	No
Superdrug Pharmacy (Bootle)	36-38 The Esplanade	L20 4SP	Yes	No	No	Yes	Yes	No	No
Cambridge Road Pharmacy	137 Cambridge Road	PR9 7LT	Yes	No	No	Yes	Yes	No	No
Lloyds Pharmacy (Bootle)	North Park Health Centre	L20 5DQ	Yes	No	No	Yes	Yes	No	No
Davey's Chemist Ltd	69 Randall Drive	L30 2PB	Yes	No	No	Yes	Yes	No	Yes
Lydiat Pharmacy	28 Liverpool Road	L31 2LZ	Yes	Yes	Yes	Yes	Yes	No	Yes
Boots Pharmacy	Unit 5b, Aintree Racecourse Retail Park	L9 5AN	Yes	No	No	Yes	Yes	No	No
Walkers Pharmacy Ltd	60-62 Harington Road	L37 1NU	Yes	No	No	Yes	Yes	No	Yes
Lloyds Pharmacy (Southport Sainsburys)	St George's Place	PR9 0AF	Yes	Yes	No	Yes	Yes	No	No
Gordon Short Chemist	159 College Road	L23 3AT	Yes	No	Yes	Yes	Yes	No	No
Day Lewis PLC 337	11 Molyneux Way	L10 2JA	Yes	No	No	Yes	Yes	No	Yes
Boots Pharmacy (Southport Central Square)	Unit3, Central 12 Shopping Park	PR9 0TQ	Yes	No	No	Yes	Yes	No	No
Hesketh Park Pharmacy	91 Queens Road	PR9 9JF	Yes	No	Yes	Yes	Yes	No	Yes
Crossens Pharmacy	164 Rufford Road	PR9 8HU	Yes	No	No	Yes	Yes	No	Yes
Boots Pharmacy (Bootle The New Strand)	138-139 New Strand	L20 4SX	Yes	No	No	Yes	Yes	No	No
SK Chemists	516 Stanley Road	L20 5DW	Yes	No	Yes	Yes	Yes	No	No
Pharmacy First	58 Scarisbrick New Road	PR8 6PG	Yes	No	No	Yes	Yes	No	No
Drakes Pharmacy	1a Aintree Road	L20 9DL	Yes	No	No	Yes	Yes	No	No
Alexanders Pharmacy	49-51 Stuart Road	L23 0QE	Yes	No	No	Yes	Yes	No	Yes
GSI Pharma	Fairbarn House	L22 4QA	Yes	No	No	No	Yes	No	No
Park Street Pharmacy	61 Park Street	L20 3DF	Yes	Yes	Yes	Yes	Yes	No	Yes
Fylde Road Pharmacy	117 Fylde Road	PR9 9XP	Yes	No	No	Yes	Yes	No	Yes
Woolleys Internet Pharmacy	84 Bispharm Road	PR9 7DF	Yes	No	No	Yes	Yes	No	No
Haddens Pharmacy	5 Litherland Road	L20 3BY	Yes	Yes	Yes	Yes	Yes	No	Yes
Asda Pharmacy (Aintree)	Asda Superstore	L10 3LN	Yes	No	No	Yes	Yes	No	No
Standish Chemist	5 The Crescent	L20 0DX	Yes	No	No	Yes	Yes	No	Yes
Whitworth Chemist	11a Norwood Avenue	PR9 7EG	Yes	No	No	Yes	Yes	No	No
Bridge Road Chemist	54-56 Bridge Road	L21 6PH	Yes	No	No	Yes	Yes	No	No
Netherton Pharmacy	Gordon Youth Centre	L30 1RF	Yes	No	No	No	Yes	No	No
Tesco Instore Pharmacy (Southport)	Town Lane	PR8 5JH	Yes	No	No	Yes	Yes	No	No

Appendix 5: Cross-Border Community Pharmacy Provision

Local Authority	Name	Address	Postcode
Liverpool	Anfield Pharmacy	140 Oakfield Road	L4 0UQ
	Boots Pharmacy	Orrell Park Medical Centre, Orrell Lane	L9 8BU
	Clear Chemist	U20 Brookfield Trade Centre, Brookfield Drive	L9 7AS
	Coleman and Leighs Pharmacy	241 Walton Village	L4 6TH
	Gateley Pharmacy	138 Longmoor Lane	L9 0EJ
	Lloyds Pharmacy	Sainsbury Store, Cavendish Drive, Walton	L9 1NL
	Mckeivers Chemists	Breeze Close Health Centre, 1-3 Rice Lane	L9 1AD
	Norman Pharmacy	155/157 Walton Road	L4 4AH
	Orrell Park Pharmacy	65 Moss Lane	L9 8AE
	Rowlands Pharmacy	58 Coplehouse Lane, Fazakerley	L10 0AF
	Rowlands Pharmacy	654 Longmoor Lane, Fazakerley	L10 9LA
	Sedem Pharmacy	310-312 Westminster Road	L4 3TQ
	Sedem Pharmacy	66-74 Stanley Road	L5 2QA
	Sedem Pharmacy	Efik House, 79-81 Walton Road	L4 4AF
	Sedem Pharmacy	16 County Road	L4 3QH
	Sedem Pharmacy	Bousfield Health Centre, Westminster Road	L4 4PP
	Station Pharmacy	21 Orrell Lane	L9 8BU
Tiffenbergers Chemist	388 Longmoor Lane	L9 9DB	
Knowsley	Kirkby Town Chemist	2 Newtown Gardens, Kirkby	L32 8RR
	Rowlands Pharmacy	St Chads Walk in Centre, Kirkby	L32 8RE
	Rowlands Pharmacy	Unit 6, St Chads Parade, Kirkby	L32 8RH
	Rowlands Pharmacy	Moorfield Health Centre, Ebony Way, Tower Hill	L33 1ZQ
	Rowlands Pharmacy	81 Kennelwood Avenue, Northwood	L33 6UE
	Rowlands Pharmacy	11 Richard Hesketh Drive, Westvale	L32 0TU
	Tops Pharmacy	Units 5-6, Glovers Brow Shops, Kirkby	L32 2AE
West Lancashire	Banks Pharmacy	15 Church Road, Southport	PR9 8ET

Appendix 6: Pharmacy Premises & Services Questionnaire and Report

PNA Pharmacy Questionnaire Health and Wellbeing Board

1: Premises Details

Contractor Code (ODS Code)	
Name of contractor (i.e. name of individual, partnership or company owning the pharmacy business)	
Trading Name	
Address of pharmacy	
Pharmacy postcode	
Is this pharmacy entitled to Pharmacy Access Scheme payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Under review
Is this pharmacy a 100-hour pharmacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this pharmacy hold a Local Pharmaceutical Services (LPS) contract? (i.e. it is not the 'standard' Pharmaceutical Services contract)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this pharmacy a Distance Selling Pharmacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Agenda Item 12

(i.e. it cannot provide Essential Services to persons present at or in the vicinity of the pharmacy)	
Pharmacy email address	
Pharmacy telephone	
Pharmacy fax (if applicable)	
Pharmacy website address (if applicable)	
Can we share the above information with the LPC and use it to contact you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

2: Contact Details

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

3: In which Local Authority are you based?

Cheshire East <input type="checkbox"/>	Cheshire West & Chester <input type="checkbox"/>	Halton <input type="checkbox"/>	Knowsley <input type="checkbox"/>	Liverpool <input type="checkbox"/>
Sefton <input type="checkbox"/>	St. Helens <input type="checkbox"/>	Warrington <input type="checkbox"/>	Wirral <input type="checkbox"/>	

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

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

5: Consultation facilities

Is there a consultation area on premises (meeting the criteria for the Medicines Use Review service) (tick one)	None, or	<input type="checkbox"/>
	Available (including wheelchair access), or	<input type="checkbox"/>
	Available (without wheelchair access), or	<input type="checkbox"/>
	Planned within the next 12 months, or	<input type="checkbox"/>
	Other (specify)	
Where there is a consultation area, is it a closed room?		<input type="checkbox"/> Yes <input type="checkbox"/> No
During consultations are there hand-washing facilities?	In the consultation area, or	<input type="checkbox"/>
	Close to the consultation area, or	<input type="checkbox"/>
	None	<input type="checkbox"/>
How many closed consultation rooms have you got?		Drop down 0,1,2,3+
Do patients attending for consultations have access to toilet facilities?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Off-site	Does the pharmacy have access to an off-site consultation area (i.e. one which the former PCT or NHS England local team has given consent for use)?	<input type="checkbox"/> Yes	<input type="checkbox"/>
		No	
	Is the pharmacy willing to undertake consultations in patient's home / other suitable site?	<input type="checkbox"/> Yes	<input type="checkbox"/>
		No	

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

The pharmacy has achieved HLP status	<input type="checkbox"/> Yes	<input type="checkbox"/>
	No	
The pharmacy is working towards HLP status	<input type="checkbox"/> Yes	<input type="checkbox"/>
	No	
Expected completion by 24th Nov 2017?	<input type="checkbox"/> Yes	<input type="checkbox"/>
	No	
The pharmacy is not currently working toward HLP status but would be interested in becoming a HLP in the future	<input type="checkbox"/> Yes	<input type="checkbox"/>
	No	
The pharmacy would not be interested in becoming a HLP	<input type="checkbox"/> Yes	<input type="checkbox"/>
	No	

7.1: Services

Does the pharmacy dispense the following:

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

7.2: Advanced services

Does the pharmacy provide the following services?

	Yes	Intending to begin within next 12 months	No - not intending to provide
Medicines Use Review service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Medicine Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appliance Use Review service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stoma Appliance Customisation service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHS Flu Vaccination Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHS Urgent Medicine Supply Advanced Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.3: Enhanced⁸ and Other Locally Commissioned Services⁹

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

	Currently commissioned to provide	Company led service ¹⁰	Potentially willing to provide in future if commissioned ¹¹	Not able or willing to provide
Anticoagulant Monitoring Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

⁸ 'Enhanced Services' are those commissioned by the local NHS England Team. CCGs and Local Authorities can commission Other Locally Commissioned Services that are equivalent to the Enhanced Services, but for the purpose of developing the PNA are called 'Other Locally Commissioned Services' not 'Enhanced Services'

⁹ These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the local NHS England Team. The local NHS England Team may commission them on behalf of the CCG or Local Authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'

¹⁰ This is a private service either paid for by the patient or free to the patient, that is available through your organisation/company

¹¹ Depending on local need and funding

Agenda Item 12

	Currently commissioned to provide	Company led service ¹⁰	Potentially willing to provide in future if commissioned ¹¹	Not able or willing to provide
Anti-viral Distribution Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care Home Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia Testing Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia Treatment Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraceptive service (not EC)	<input type="checkbox"/>			
Disease specific medicines management service				
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer's/dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes type I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes type II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parkinson's disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)				
Emergency Contraception Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quick Start Contraception Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Supply Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gluten Free Food Supply Service (i.e. not via FP10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Delivery Service (not appliances)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Prescribing Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If currently providing an Independent Prescribing Service, what therapeutic areas are covered?				
Language Access Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicines Assessment and Compliance Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor Ailment Scheme (Care at the Chemist)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MUR Plus/Medicines Optimisation Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If currently providing an MUR Plus/ Medicines Optimisation Service, what therapeutic areas are covered?		Free text field		
Needle and Syringe Exchange Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharps Disposal Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obesity/weight management (adults and children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Dispensed Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On Demand Availability of Specialist Drugs Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Agenda Item 12

	Currently commissioned to provide	Company led service ¹⁰	Potentially willing to provide in future if commissioned ¹¹	Not able or willing to provide
Out of Hours Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Group Direction Service (name the medicines covered by the Patient Group Direction)	Free text field			
Phlebotomy Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening Service				
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atrial Fibrillation service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. pylori	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HbA1C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)				
Seasonal Influenza Vaccination Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other vaccinations				
Childhood vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis (at risk workers or patients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel vaccines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other – (please state)				
NRT Voucher Dispensing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate Stop Smoking Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Varenicline PDG Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervised Administration Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you provide supervised administration service, is this done in a separate private room?				
Supplementary Prescribing Service (what therapeutic areas are covered?)			<input type="checkbox"/>	<input type="checkbox"/>
Vascular Risk Assessment Service (NHS Health Check)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Palliative care service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV Antibiotics supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domiciliary Medicine Administration Records (MAR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Locally Commissioned Domiciliary MUR Service ¹²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹² Currently commissioned by Warrington LA

Agenda Item 12

7.4: Non-commissioned services

Does the pharmacy provide any of the following?

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

8: Accessibility

Can customers legally park within 50 metres of the pharmacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
How far is the nearest bus stop/train station?	<input type="checkbox"/> Within 100m <input type="checkbox"/> 100m to 500m <input type="checkbox"/> 500m to 1km <input type="checkbox"/> Other <input type="checkbox"/> None	
Do pharmacy customers have access to a designated disabled parking?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the entrance to the pharmacy suitable for wheelchair access unaided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are all areas of the pharmacy floor accessible by wheelchair?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any other facilities in the pharmacy aimed at supporting disabled people access your service?	Automatic door assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Bell at front door	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Toilet facilities accessible by wheelchair users	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Hearing loop	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Sign language	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Large print labels	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Large print leaflets	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Wheelchair ramp access	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other, please state	Free text field
Are you able to offer support to people whose first language is not English? If so, how?	Use of interpreter/language line	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Staff at pharmacy speak languages other than English (please indicate which languages)	Free text field
Are you able to provide advice and support if a customer wishes to speak to a person of the same sex?	At all times	<input type="checkbox"/> Yes <input type="checkbox"/> No
	By arrangement	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

		If yes, please specify:
Age	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Gender	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Agenda Item 12

People who have had or about to have a reassignment of gender	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Marriage and civil partnership	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pregnancy and maternity	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Race	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Religion or belief	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sexual orientation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other, (please state)		Free text field

9: IT Facilities Select any that apply

Electronic Prescription Service Release 2 enabled	<input type="checkbox"/>
Registered for NHS mail	<input type="checkbox"/>
NHS Summary Care Record enabled	<input type="checkbox"/>
Up to date NHS Choice entry	<input type="checkbox"/>

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Agenda Item 12

Pharmacy Survey 2021– Results Summary of Results

- There are 73 pharmacies in Sefton and 64 responded to the survey. This means the response rate in Sefton was 88%
- All pharmacies offered at least one advanced service to patients, most commonly a new medicine service
- The most common locally commissioned services offered by Sefton pharmacies include NRT voucher dispensing, supervised administration and emergency hormonal contraception
- 81% of pharmacies that responded offered a free dispensed medicine delivery service
- 81% of pharmacies that responded offered a monitored dosage system to patients
- 27% of pharmacies said they could offer support to patients whose first language is not English
- 97% of pharmacies could provide advice and support to patients wishing to speak to someone of the same sex
- 98% of pharmacies have a private consultation area and 90% of these consultation areas are accessible by wheelchair

Further analysis can be found within this report.

Introduction

Health and Wellbeing Boards have, since 1st April 2013, responsibility to produce a pharmaceutical needs assessment (PNA). This is a statutory document that assesses the pharmacy needs of the local population, by identifying what pharmaceutical services are currently available in the area and where we are likely to need these services in the future because of changes to the health or geographical location of the local population. The PNA is used by NHS England when deciding on pharmacy applications. Failure to comply with the regulatory duties may lead to a legal challenge. Part of the development of the PNA involved sending a questionnaire to the 73 pharmacies in Sefton to gain an insight into the services that they offer and whether there are any gaps in service provision across the borough.

Methodology

The PNA pharmacy survey was developed through a Cheshire and Merseyside steering group set up specifically to look at the survey development. The steering group consisted of public health intelligence leads across the Cheshire and Merseyside footprint. The partnership approach to the survey development was adopted as it would allow for the comparison of results between local authority areas, resulting in consistency in the development of the final PNA product. The survey was distributed to pharmacies using PharmOutcomes, a web-based system that allows the collection of information from pharmacies.

Results

This report will be a discussion of Sefton pharmacy results only. There are 73 pharmacies in Sefton, and of these, 64 responded to the survey. This is a response rate of 88% within Sefton.

Services Offered

Pharmacies were asked a number of questions relating to the services that they offer. Firstly, an analysis of advanced services offered was completed. The survey asked about five Advanced

services – New Medicine Service, Appliance Use Review Service, Stoma Appliance Customisation Service, NHS Flu Vaccination Service, NHS Community Pharmacist Consultation Service (CPCS). Community pharmacies can opt to provide any of these services.

The analysis found the following:

- 96.9% offer a new medicine service
- 6.3% offer an appliance use review
- 18.8% offer stoma customisation
- 89.1% offer NHS Flu Vaccination
- 95.3% offer NHS Community Pharmacist Consultation Service

All pharmacies that responded offered at least one of these advanced services to patients. This is illustrated in figure 1 below.

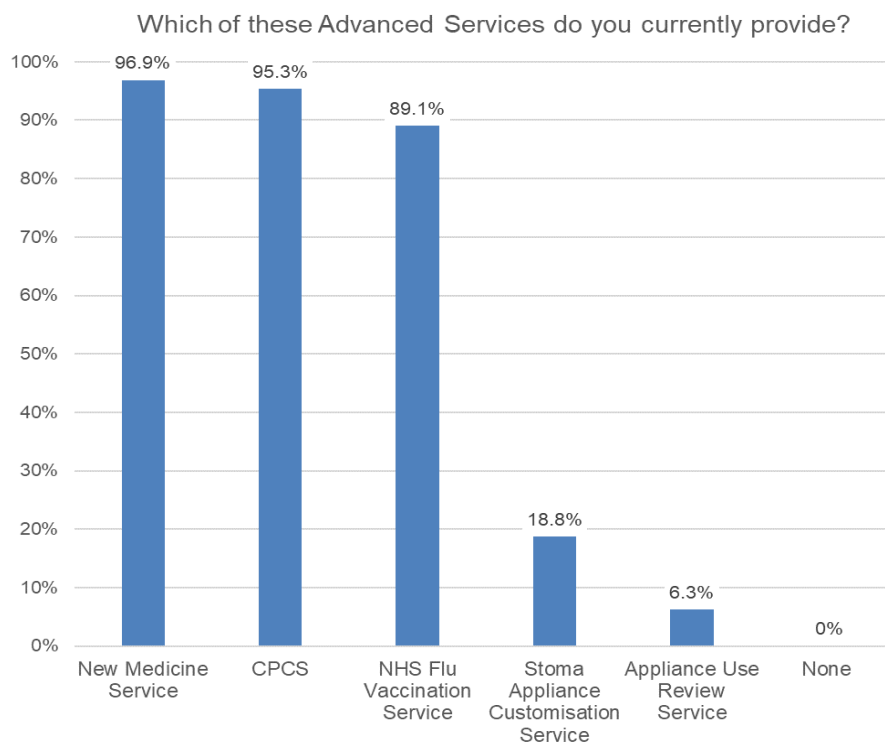


Figure 1 - Advanced Services provided

In addition to this, pharmacies were also asked whether they dispense stoma appliances, incontinence appliances or dressings. An analysis of this shows the following:

- 61% of pharmacies dispense stoma appliances
- 66% of pharmacies dispense incontinence appliances
- 80% of pharmacies dispense dressings

This is illustrated in figure 2, below.

Agenda Item 12

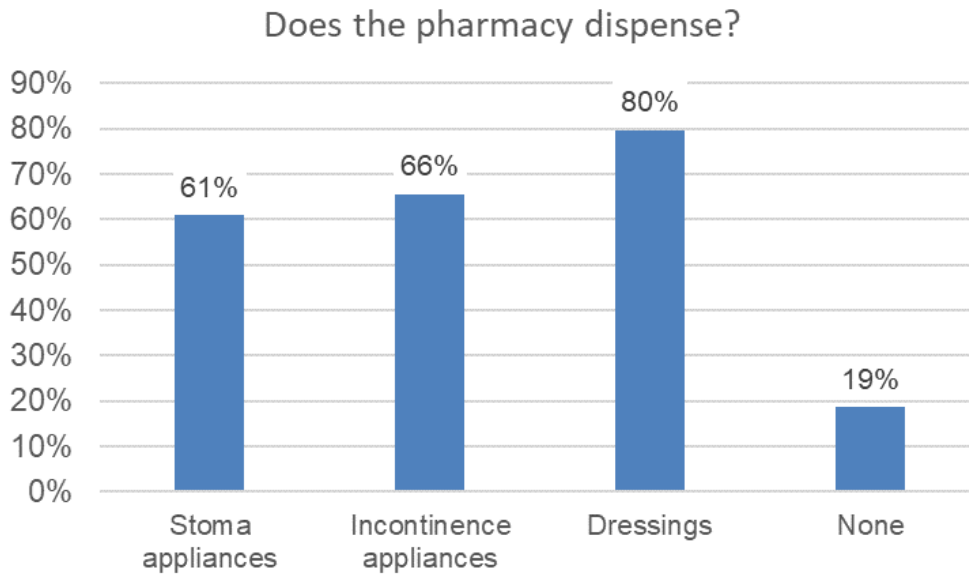


Figure 2 - Appliances dispensed by the pharmacy

Enhanced and other services

Pharmacies were asked whether they deliver any other services (or enhanced services) including urgent care services, disease specific medicines management services, public health services, medicines optimisation and vaccinations.

The most common services offered by Sefton pharmacies are home delivery service (86%), NRT voucher dispensing (81%), emergency hormonal contraception (64%) and supervised administration (61%) (figure 3). Several services were not delivered by any pharmacies including Anticoagulant monitoring, Independent prescribing, Supplementary prescribing, alcohol screening, H pylori screening and Vascular Risk Assessment Service (table 1).

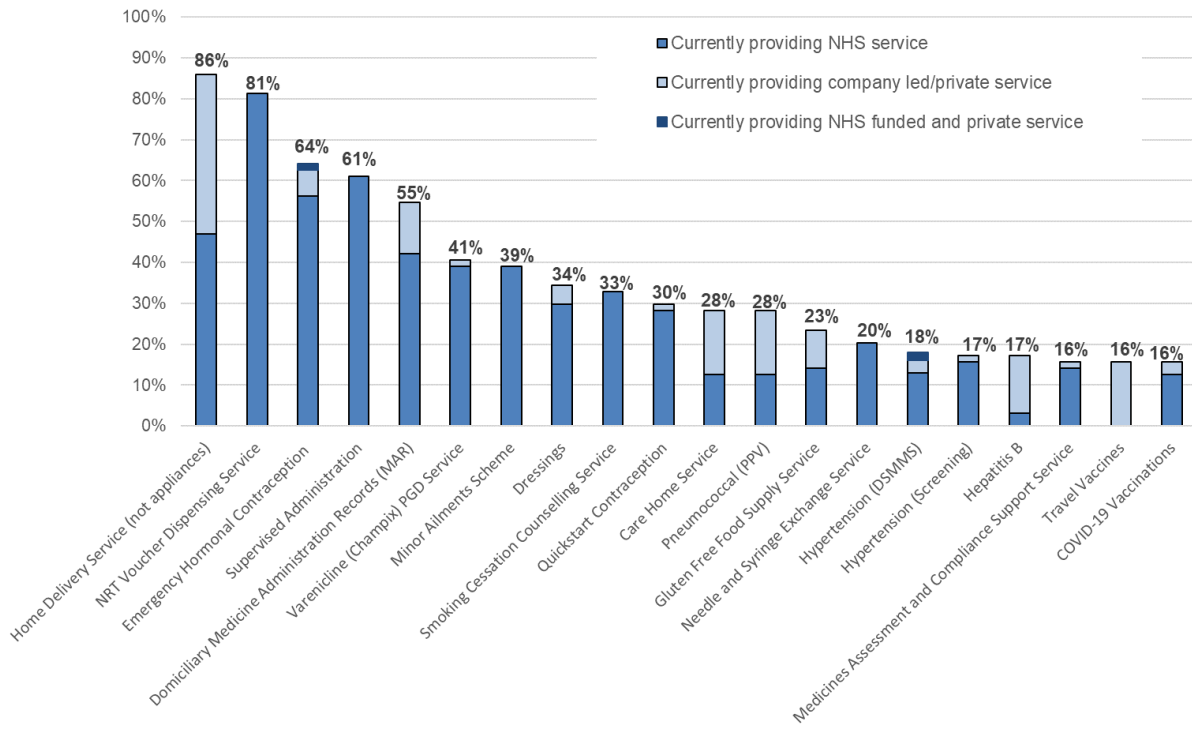


Figure 3 – Top 20 Enhanced and other services

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Agenda Item 12

Area	Comissioned Service	Currently providing NHS service	Currently providing company led/private service	Currently providing NHS funded and private service	Total providing
Comissioned Services	Anticoagulant Monitoring Service	0%	0%	0%	0%
	Anti-viral Distribution Service	5%	0%	0%	5%
	Care Home Service	13%	16%	0%	28%
	Gluten Free Food Supply Service	14%	9%	0%	23%
	Home Delivery Service (not appliances)	47%	39%	0%	86%
	Language Access Service	6%	3%	0%	9%
	Schools Service	2%	2%	0%	3%
Urgent Care	Sharps Disposal Service	13%	0%	0%	13%
	Minor Ailments Scheme	39%	0%	0%	39%
	Out of Hours Services	8%	0%	0%	8%
	On Demand Availability of Specialist Drugs Service	3%	2%	0%	5%
Disease Specific Medicines Mangement Service	Palliative Care Scheme	13%	2%	0%	14%
	Dressings	30%	5%	0%	34%
	Allergies	6%	3%	0%	9%
	Alzheimer's/dementia	5%	3%	0%	8%
	Asthma	6%	3%	0%	9%
	CHD	2%	0%	0%	2%
	Chronic Kidney Disease	2%	0%	0%	2%
	COPD	5%	2%	0%	6%
	Depression	2%	0%	0%	2%
	Diabetes type I	2%	0%	0%	2%
	Diabetes type II	6%	0%	0%	6%
	Epilepsy	2%	0%	0%	2%
	Heart Failure	2%	0%	0%	2%
	Hypertension	13%	3%	2%	18%
Public Health Services	Parkinson's Disease	2%	0%	0%	2%
	Emergency Hormonal Contraception	56%	6%	2%	64%
	Quickstart Contraception	28%	2%	0%	30%
	Contraception Service	5%	6%	0%	11%
	Chlamydia Testing	0%	5%	0%	5%
	Chlamydia Treatment Service	0%	6%	0%	6%
	Contraception Injection Service	0%	3%	0%	3%
	Needle and Syringe Exchange Service	20%	0%	0%	20%
	Obesity Management (adults and children)	5%	3%	0%	8%
	NRT Voucher Dispensing Service	81%	0%	0%	81%
	Smoking Cessation Counselling Service	33%	0%	0%	33%
	Varenicline (Champix) PGD Service	39%	2%	0%	41%
	Supervised Administration	61%	0%	0%	61%
Medicines Optimisation	Medicines Optimisation Service	5%	0%	0%	5%
	Domiciliary Medicine Administration Records (MAR)	42%	13%	0%	55%
	Medicines Assessment and Compliance Support Service	14%	2%	0%	16%
	Independent Prescribing Service	0%	0%	0%	0%
	Supplementary Prescribing	0%	0%	0%	0%
	Not Dispensed Scheme	6%	0%	0%	6%
Screening	Prescriber Support Service	3%	0%	0%	3%
	Alcohol	0%	0%	0%	0%
	Atrial Fibrillation	8%	0%	0%	8%
	Cholesterol	0%	2%	0%	2%
	Diabetes	2%	2%	0%	3%
	Gonorrhoea	0%	2%	0%	2%
	H. pylori	0%	0%	0%	0%
	HbA1C	0%	2%	0%	2%
	Hepatitis	2%	2%	0%	3%
	HIV	0%	2%	0%	2%
	Hypertension	16%	2%	0%	17%
	Phlebotomy Service	0%	2%	0%	2%
	Vascular Risk Assessment Service	0%	0%	0%	0%
	Vaccinations	Childhood Vaccinations	0%	9%	0%
HPV		0%	8%	0%	8%
Hepatitis B		3%	14%	0%	17%
Pneumococcal (PPV)		13%	16%	0%	28%
Meningococcal Vaccinations		0%	11%	0%	11%
Shingles		0%	5%	0%	5%
Travel Vaccines		0%	16%	0%	16%
Whooping Cough		0%	5%	0%	5%
COVID-19 Vaccinations		13%	3%	0%	16%

Table 1: Other commissioned services

Despite few pharmacies currently delivering disease specific medicines management services the majority of pharmacies were willing to deliver these types of service (ranging from 72% for hypertension to 83% for Depression) (figure 4). There was also high willingness to provide a not dispensed service (78%), medicines optimisation service (77%), cholesterol screening (73%) and a contraceptive service (73%). Pharmacies were most likely to say they were not willing or able to provide out of hours services (50%), supplementary prescribing service (47%), independent prescribing service (47%) and on demand availability of specialist drugs service (47%) (figure 5).

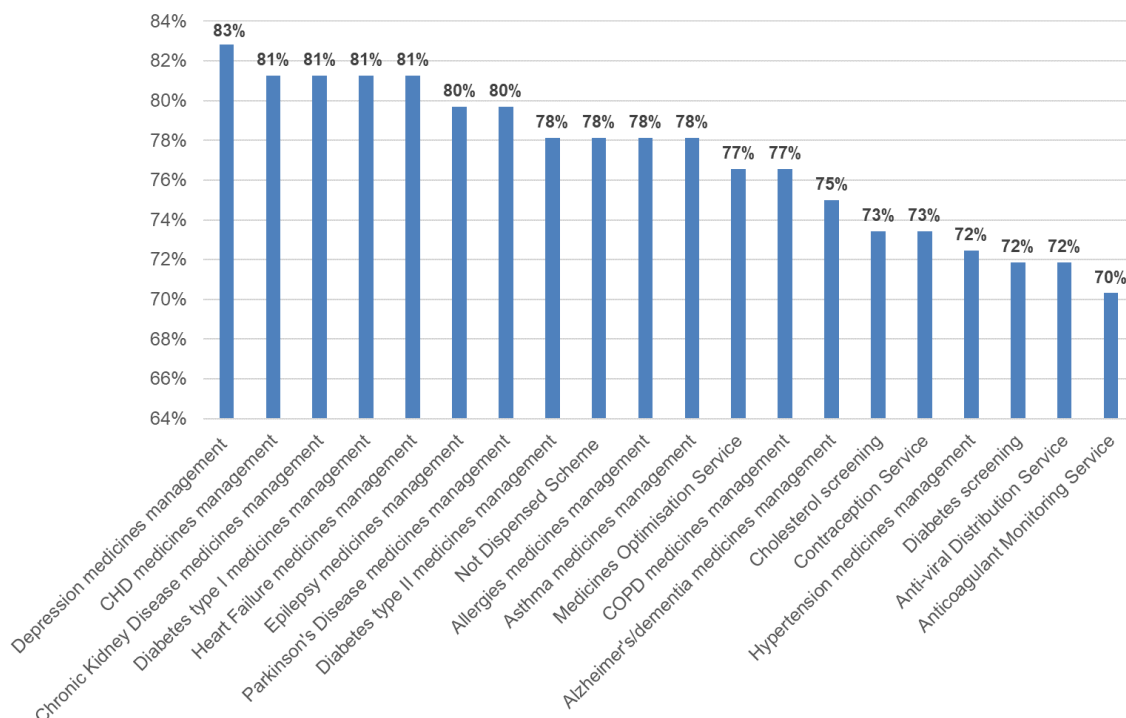


Figure 3: Other Services Sefton Pharmacies willing to provide (Top 20)

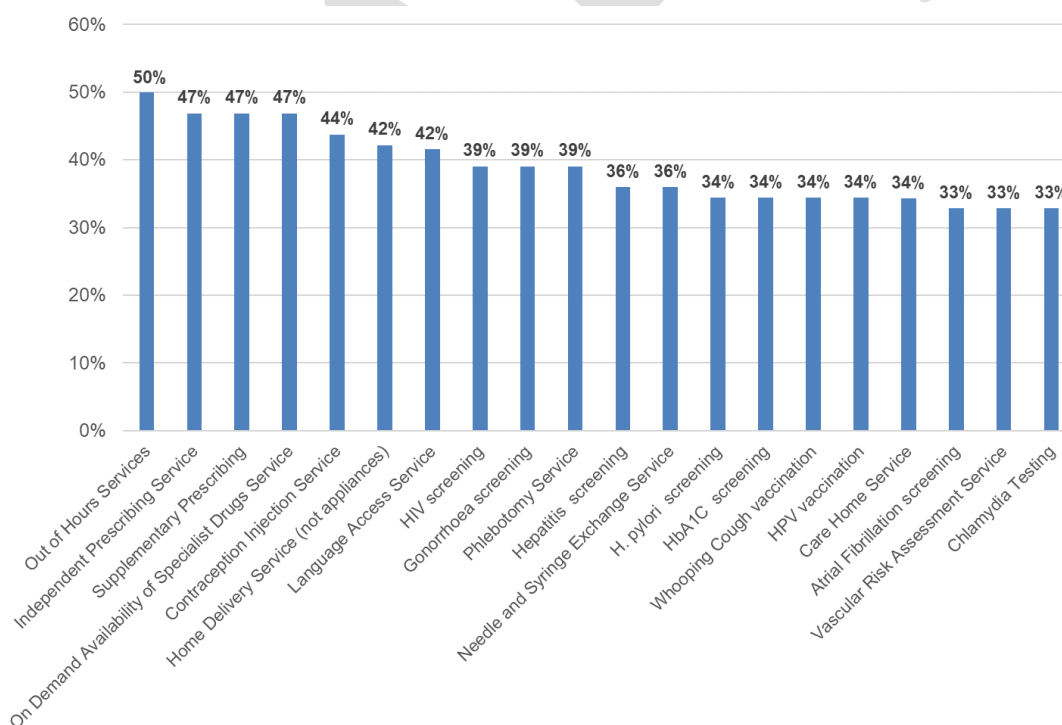


Figure 4: Other Services Sefton Pharmacies not willing or able to provide (Top 20)

Delivery of medicines

Pharmacies were asked whether they provide a prescription collection service from GP surgeries. Ninety-one percent of pharmacies said that they offered this service and the remaining 9% of pharmacies said they did not offer this service. The pharmacies were then asked if they offer a service to deliver dispensed medicines to patients. The following responses were received:

- 83% said they offered this service
- 70% only offered this service for free

Agenda Item 12

- 2% only offered the service for a charge
- 11% offered both a free service and a service for a charge

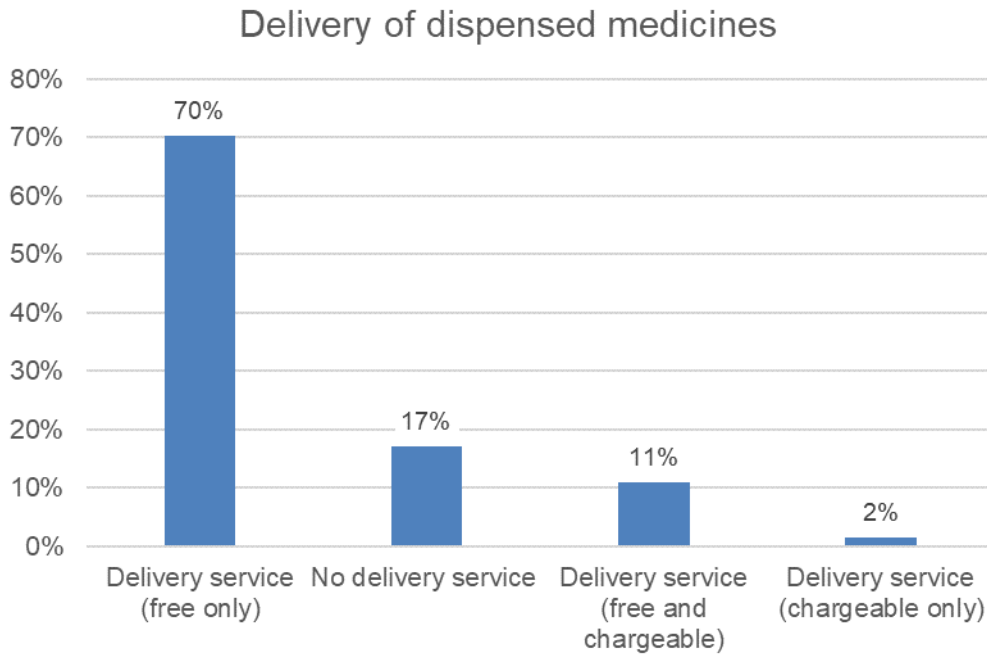


Figure 4 - Delivery of dispensed medicines

Monitored Dosage Systems

Monitored Dosage Systems (MDS) is a medication storage device designed to simplify the administration of solid oral dose medication. 52 pharmacies (81.3%) offered these systems on request if not covered by the Equality Act (DDA). Forty-four pharmacies (68.8%) only offered this service for free, 1 (1.6%) only offered the system at a charge and 7 (10.9%) provided the system both for free and at a charge.

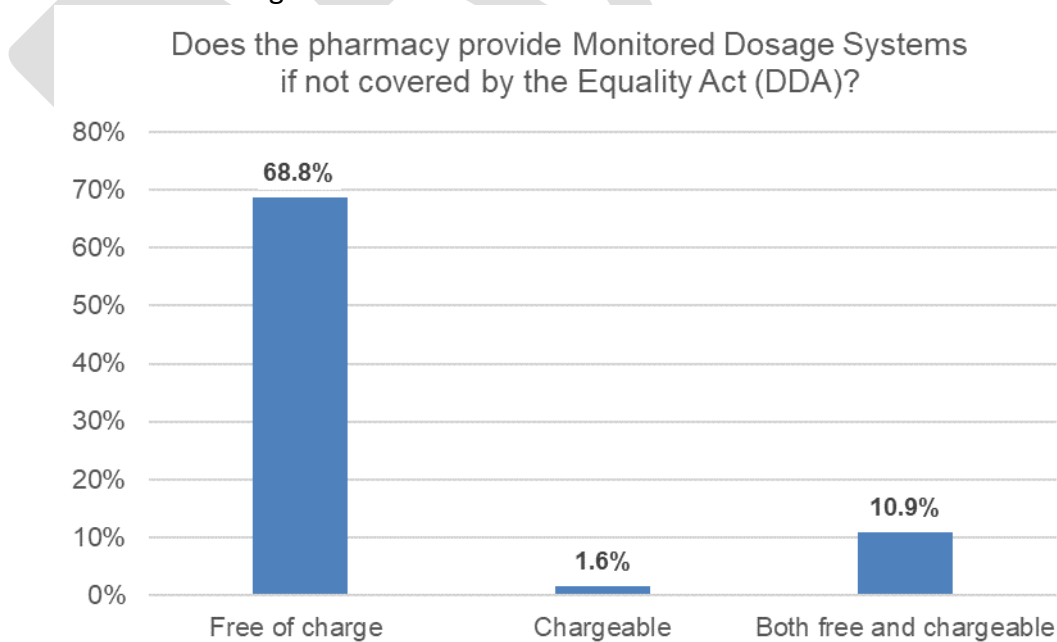


Figure 5 – Provision of Monitored Dosage Systems

Accessibility

The next set of questions aimed to understand the accessibility of the pharmacy for the patient. A number of questions were asked about accessibility from a transportation, disability and language perspective. All but 3 of the pharmacies (95%) said customers can legally park within 50 metres of the pharmacy. When asked about access to public transport, 72% said there was a bus stop or train station within 100 metres and a further 23% said there was one within 100 to 500 metres. When asked about facilities for disabled patients, 43% said customers have access to designated disabled parking. Approximately 86% of pharmacies have an entrance which can be used unaided by wheelchair users and 94% of pharmacies state that all areas of the pharmacy floor can be accessed by wheelchair users. Pharmacies were also asked what other facilities were in place to support disabled customers. A large proportion of pharmacies surveyed offer services large print labels. The facilities offered to support disabled patients are shown below.

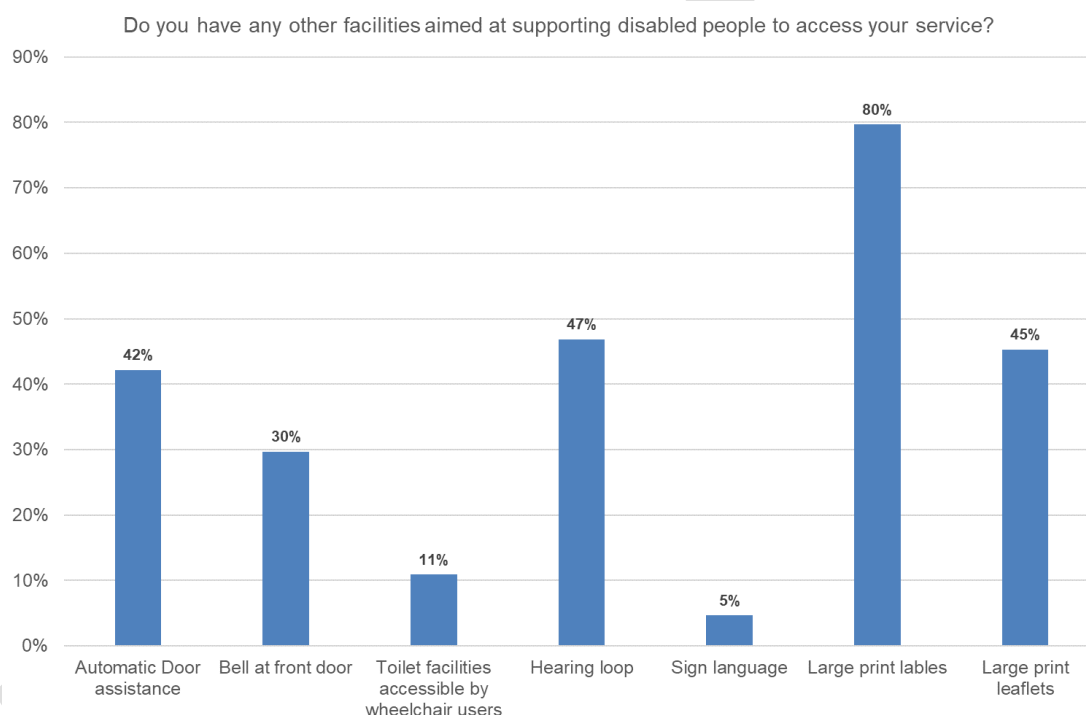


Figure 7 - Support for disabled patients

Of the pharmacies surveyed, approximately 27% are able to offer support for patients whose first language is not English. When asked how they did this, 15 (23%) said they used an interpreter/language line and 11 (17%) said that a member of staff in the pharmacy could speak languages other than English. An analysis of other languages staff could speak is shown below.

Other languages	Number of pharmacies where staff can communicate in this language
Arabic	2
Chinese	2
French	2
German	1
Spanish	2
Russian	3
Gujarati	2

Agenda Item 12

Punjabi	3
Hindi	3
Malay	1
Polish	2
Nigerian	1

Table 3 - Other languages staff can speak

Pharmacies were asked whether they were able to provide advice and support if a customer wished to speak to a person of the same sex. Only two pharmacies were not able to accommodate this request. 44% of pharmacies could provide this service at all times and a further 53% were able to provide this by arrangement.

Finally, pharmacies were asked if they were aware of any gaps in access or pharmaceutical needs for groups (age, gender, disability, people with/about to have gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sexual orientation). One pharmacy said they were aware of gaps relating to disability and gender reassignment, in particular around training and knowledge of staff on these issues. Two pharmacies said they were aware of gaps in access relating to all the groups asked about but did not provide further details.

Consultation facilities

When asked whether there is a consultation area 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, 63 of the 64 pharmacies stated that this facility was available. The one pharmacy that did not have a consultation room was a distance selling pharmacy. All pharmacies with a consultation area stated that it was a closed room. 94% of these pharmacies had access to 1 room and 6% had 2 consultation rooms on site. Approximately 90% stated that the consultation area was accessible by wheelchair. Pharmacies were asked about access to hand washing facilities and toilet facilities. 61% of pharmacies had handwashing facilities in the consultation area and 25% of pharmacies had toilet facilities that patients could access. Patient access to toilet facilities would be needed for some screening services such as pregnancy testing or chlamydia screening. 10 pharmacies (16%) had no access to hand washing facilities in or close to the consultation area.

Conclusions and next steps

This pharmacy survey was completed as part of the development of Sefton's 2021 Pharmaceutical Needs Assessment. The purpose of the survey was to gain an understanding of what services were offered by pharmacies and whether there were any gaps in service provision. Of the pharmacies within Sefton, 64 responded to the survey indicating what services they offered and how they supported their patients. The results of this will be included within the final Pharmaceutical Needs Assessment document.

The next step of the Pharmaceutical Needs Assessment development is the completion of a patient survey. This will be completed during Winter 2021 and will provide an understanding of service provision from a patient perspective. Again, this will be included within the final documentation, which will be published by October 2022.

Have your say on Pharmacy Services in Sefton



Agenda Item 12

Introduction

Sefton Health and Wellbeing Board are required by law to produce a Pharmaceutical Needs Assessment (PNA) every three years, and to make sure that it is available for stakeholders to comment on before it is finally published.

The PNA describes pharmacy provision in Sefton together with when and where these are available. NHS England also uses the PNA when considering applications to open a new pharmacy, move an existing pharmacy or commission additional services from a pharmacy. The key outcomes for this consultation are

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

As such, we would like to invite you to take part in this consultation, which will run from 13th July to 14th September

The draft PNA can be found on Sefton Councils website by following the link.....

A consultation response form can be accessed from the same website or by following the link..... You can return your form on line, return to the e-mail address on the website or return a written form by post to the address on the form.

To limit the environmental impact, we are running the consultation electronically. However, if you require a paper version of the PNA, please contact Helen O'Reilly by e-mail: Helen.Oreilly@sefton.gov.uk who will arrange to provide this within 14 days of your request.

All feedback will be considered and the PNA steering group will decide on behalf of the HWB which sections of the PNA need amending. A consultation report will be included within the final PNA document.

This will provide an overview of the feedback received and set out how comments have been acted upon. An updated PNA including the consultation process and responses will be presented to the Health and Wellbeing Board for final publication by 1 October 2022.

What is this survey for?

This survey is to ask you what you think about the proposals for the PNA in Sefton.

When will the consultation start and end?

The consultation will start on Wednesday 13th July 2022 and will end on Wednesday 11th September.

How to get involved

To give us your views complete this questionnaire or go to www.sefton.gov.uk and fill in the on-line questionnaire. If you need more information, please telephone [0345 140 0845](tel:03451400845). for more information.

Copies of this consultation document are available in large print and other formats. To request this service please call [0345 140 0845](tel:03451400845).

Please return completed questionnaires to

Sefton Public Health
Magdalen House
Bootle
L20 3NJ

What we will do with your feedback?

The information you give us is private and confidential and we will follow the law and the Data Protection Act 1998. The information will be destroyed after it is not needed any more. Your views and the information that you provide will be analysed and will form part of a report to the Council to make a decision on the future of Adult Social Care in Sefton.

How will I know the outcome of the consultation?

When the consultation is complete, we will write a Report which will tell you what the consultation is telling us and how we have used this to inform the next stage of the process of developing the PNA. This report will be available on the Council's website. The report can be provided in other formats if requested

DRAFT

Agenda Item 12

What do we mean by a Pharmacy?

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

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

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

- To collect a prescription for yourself
- To collect a prescription for someone else
- To get advice from the pharmacist
- To buy other medications I cannot buy elsewhere
- Other (please give details below)

How easy is it to use your usual pharmacy?

2. When did you last use a pharmacy to get a prescription, buy medicines or to get advice? *(Please tick one)*

- In the last week
- In the last month
- In the last three to six months
- Not in the last six months

3. How did you get to the pharmacy? *(Please tick all that apply)*

- Walking
- Public Transport
- Car
- Taxi
- Cycling
- Other (please give details below)

4. Thinking about the location of the pharmacy, which of the following is important to you? Please select **up to three**

- It is close to my doctor's surgery
- It is close to my home
- It is close to where I work
- It is in my local supermarket
- It is close to other shops I use
- It is close to my children's school or nursery
- It is easy to park nearby
- It is near to the bus stop / train station
- Other (please give details below)

Agenda Item 12

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

- It is very easy
- It is quite easy
- It is not easy
- It is not easy at all

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

- Yes
- No

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

- Yes
- No
- I have never used this service

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

- Yes
- No – **go to question 9**

If you answered yes, please tell us what was the problem finding a pharmacy

9. In the last 12 months how many times have you needed to use your pharmacy or if it was closed another pharmacy close to you?

- Once or twice
- Three or four times
- Five or more times
- I haven't needed to use the pharmacy when it was closed **Go to Question 13**

10. What day of the week was it? Please tick one:

- Monday to Friday
- Saturday
- Sunday
- Bank Holiday

11. What time of the day was it?

- Morning
- Lunch-time (between 12 pm – 2 pm)
- Afternoon
- Evening (after 7.00 pm)

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

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

Agenda Item 12

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

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

- Yes – go to question 14
- No – go to question 20

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

- Yes
- No but I would have liked to have been told
- No but I did not mind

15. If 'yes' do you think this was a reasonable amount of time to wait?

- Yes
- No

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

- Yes - go to question 20
- No – go to question 17

17. What was the main reason for not getting all your medicines on this occasion?
Please tick one

- The pharmacy had run out of my medicine
- My GP had not prescribed something I wanted
- My prescription had not arrived at the pharmacy
- Another reason (please specify)

18. How long did you have to wait to get the rest of your medicines? **Please tick one**

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

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

- Yes
- No

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

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

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

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

- Yes
- No – go to question 25

Agenda Item 12

22. What advice were you given during your consultation?

- Lifestyle advice
(e.g. stop smoking, diet and nutrition, physical activity etc.)
- Advice about a minor ailment
- Medicine advice
- Emergency contraception advice
- Other (please specify)

23. Where did you have your consultation with the pharmacist? **(Please tick one)**

- At the Pharmacy Counter
- In the dispensary or a quiet part of the shop
- In a separate room
- Over the telephone **(Go to question 25)**
- Other (please specify)

24. How do you rate the level of privacy you have in the consultation with the pharmacist? **(Please tick one)**

- Excellent
- Good
- Fair
- Poor
- Very poor

About what you feel pharmacies should be able to offer you

25. Please tell us how you would describe your feelings about pharmacies. **(Please tick one)**

- I think that pharmacies could provide more services for me
- I am satisfied with the range of services pharmacies provide

26. Which if any of the services below do you think should be available locally through pharmacies? Please tick one box per row

	Yes	No	Not sure
a) To get treatment of a minor illness such as a cold instead of my doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Advice on stopping smoking and/or vouchers for nicotine patches/gum etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Advice on contraception and supply of “morning after” pill free of charge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Weight management services and advice on diet/exercise for weight management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Tests to check blood pressure, cholesterol, whether I might get diabetes or other conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Advice and treatment for drug and alcohol abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Agenda Item 12

g) **Review of medicines on repeat prescription**
with advice on when it is best to take them, what they are for and side-effects to expect

h) **Provision of flu vaccinations**

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

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

29. Is there anything you would like to change about your pharmacy?

Finally, please provide some details about yourself

Answer as much or as little as you want. Sefton Council will not share your personal data. However, we will share the anonymised results of the consultation with partners who we work with to deliver local services. Your contributions will be anonymised on receipt and your comments will then be used for research and consultation purposes. Your identity will not be published by us at any stage without your consent unless we are obliged to do so by law

1. Please tell us the first part of your postcode (the first 3 or 4 letters and numbers)

2. Are you

Male

Female

3. How old are you?

18-29

30-39

40-49

50-59

60-69

70+

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

Physical Impairment

Visual Impairment

Learning Difficulty

Hearing Impairment/deaf

Mental health/mental distress

Long term illness that affects your daily activity

Other (please specify)

Agenda Item 12

Please read the following statement ...

If you have ticked any of the boxes above, or you have cancer, diabetes or HIV this would be classed as 'disability' under the legislation. Do you consider yourself to be 'disabled'?

Yes

No

5. Ethnicity – do you identify as

Asian:

Bangladeshi

Indian

Pakistani

Other Asian background

Black

African

British

Caribbean

Other black background

Chinese

Chinese

Other Chinese background

Mixed Ethnic Background:-

Asian and White

Black African and White

Black Caribbean and White

Other mixed

White

British

English

Irish

Scottish

Welsh

Polish

Latvian

Gypsy/Traveller

Other White background

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

5. Do you have a religion or belief?

Yes

No

If you ticked yes, please tick one of the following

Buddhist

Christian

Hindu

Jewish

Muslim

Sikh

No religion

Other – please specify

6. How would you describe your sexual orientation?

Heterosexual

Bisexual

Gay

Lesbian

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

Yes

No

Appendix 7: Formal Consultation Letter and Questionnaire



Public Health
Bootle Town Hall
Oriol Road
Bootle
L20 7AE

60-day statutory Consultation Letter and Questionnaire

To whom it may concern

Pharmaceutical Needs Assessment (PNA) 2022-2025 Consultation invitation to participate

Sefton Health and Wellbeing Board are required by law to produce a Pharmaceutical Needs Assessment (PNA) every three years, and to make sure that it is available for stakeholders to comment on before it is finally published.

The PNA describes pharmacy provision in Sefton together with when and where these are available. NHS England also uses the PNA when considering applications to open a new pharmacy, move an existing pharmacy or commission additional services from a pharmacy.

The key outcomes for this consultation are

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

As such, we would like to invite you to take part in this consultation, which will run from xx July to xx September

The draft PNA can be found on Sefton Councils website by following the link [_____](#)

A consultation response form can be accessed from the same website or by following the link [_____](#)

You can return your form on line, return to the e-mail address on the website or return a written form by post to the address on the form.

To limit the environmental impact, we are running the consultation electronically. However, if you require a paper version of the PNA, please contact Helen O'Reilly by e-mail:

Helen.Oreilly@sefton.gov.uk or on _____ who will arrange to provide this within 14 days of your request.

All feedback will be considered and the PNA steering group will decide on behalf of the HWB which sections of the PNA need amending. A consultation report will be included within the final PNA document. This will provide an overview of the feedback received and set out how comments have been acted upon. An updated PNA including the consultation process and responses will be presented to the Health and Wellbeing Board for final publication by 1 October 2022.

I look forward to receiving your feedback on the Draft PNA

Yours faithfully

Margaret Jones
Director of Public Health
On behalf of Sefton HWB

Have your say on the Sefton Pharmaceutical Needs Assessment (PNA)

Please tick **one** box for each question and explain your answer where relevant.

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

- Yes
- No
- Don't Know

If you said 'No' or 'Don't know', please explain:

2. Do sections 4 and 6 clearly set out the context and the implications for the PNA?

- Yes
- No
- Don't Know

If you said 'No' or 'Don't know', please explain:

3. Do sections 5 and 7 provide a reasonable description of the services which are provided in pharmacies in Sefton?

- Yes
- No
- Don't Know

If you said 'No' or 'Don't know', please explain:

Agenda Item 12

4. Are you aware of any current pharmaceutical services currently provided that have not been included within the draft PNA?

- Yes
- No
- Don't Know

If you said 'Yes', please explain:

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

- Yes
- No
- Don't Know

If you said 'No' or 'Don't know', please explain:

6. Do you agree with the conclusions about pharmaceutical services in Sefton?

- Yes
- No
- Don't Know

If you said 'No' or 'Don't know', please explain:

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

- Yes
- No

Don't Know

If you said 'No' or 'Don't know', please explain:

8. If you have any other comments, please leave them below:

Finally, please provide some details about yourself

If responding on behalf of an organisation or pharmacy, please provide the following information:

Name:

Job Title:

Pharmacy Name / Organisation:

Address:

Postal code:

Email address:

Phone number:

Please confirm that you are happy for us to store these details in case we need to contact you about your feedback

Yes

No

If you are responding as an individual:

Answer as much or as little as you want. Sefton Council will not share your personal data. However, we will share the anonymised results of the consultation with partners who we work with to deliver local services. Your contributions will be anonymised on receipt and your comments will then be used for research and consultation purposes. Your identity will not be published by us at any stage without your consent unless we are obliged to do so by law

1. Please tell us the first part of your postcode (the first 3 or 4 letters and numbers)

2. Are you

Male

Female

Agenda Item 12

3. How old are you?

18-29

30-39

40-49

50-59

60-69

70+

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

Physical Impairment

Visual Impairment

Learning Difficulty

Hearing Impairment/deaf

Mental health/mental distress

Long term illness that affects your daily activity

Other (please specify)

Please read the following statement ...

If you have ticked any of the boxes above, or you have cancer, diabetes or HIV this would be classed as 'disability' under the legislation. Do you consider yourself to be 'disabled'?

Yes

No

5. Ethnicity – do you identify as

Asian:

Bangladeshi

Indian

Pakistani

Other Asian background

Black

African

British

Caribbean

Other black background

Chinese

Agenda Item 12

Chinese Other Chinese background

Mixed Ethnic Background: -

Asian and White Black African and White

Black Caribbean and White Other mixed

White

British English

Irish Scottish

Welsh Polish

Latvian Gypsy/Traveller

Other White background

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

5. Do you have a religion or belief?
Yes No

If you ticked yes, please tick one of the following

Buddhist Christian

Hindu Jewish

Muslim Sikh

No religion

Other – please specify

6. How would you describe your sexual orientation?
Heterosexual Bisexual
Gay Lesbian

7. Do you live in the gender you were given at birth?
Yes No

Agenda Item 12

Appendix 8: Formal Consultation Response

Ten respondents submitted comments to the consultation on the draft PNA, including one who submitted more detailed comments via email. 2 respondents identified themselves as responding on behalf of pharmacy-related organisation, and the remainder as individual members of the public. It should be noted that 2 responses were submitted at the consultation step of the previous PNA 2018-21.

8 out of 10 respondents felt that the purpose, context and implications of the PNA had been sufficiently well explained, and 6 out of 10 agreed that the PNA accurately reflected the needs of the population (3 responded 'don't know' and 1 'no').

Half of the respondents said they agreed with the conclusions of the PNA and 2 out of 10 disagreed. Four out of 10 respondents agreed with the assessment of future needs in the draft PNA and 3 disagreed. Disagreement with these assessments was in relation to the latest number of 100-hour pharmacies and sufficiency of out of hours cover including on Bank holidays, a difficult experience accessing out of hours provision, dissatisfaction with the quality of service in the continuing pharmacy following consolidation of two nearby premises, and issues with services descriptions (see below).

One respondent who completed the survey on behalf of a relevant organisation emailed 15 specific suggested additions or changes to improve accuracy, completeness and currency of service provision described in the draft document. Of these, all but two were altered in the document fully or in part.

Emailed comments related to:

- the latest figure for the number of pharmacies, and the number of 100-hour pharmacies in operation (two other online respondents also each commented on one of these);
 - 6 minor omissions or errors in relation to descriptions of services;
 - 5 comments suggesting additional information to include, of which only the suggestion to further update flu vaccination data was not actioned; and
 - 2 comments concerning new organisational structures and operations within the ICS.
- Changes following the consultation are listed in the table below.

The results of the consultation are not considered to have identified new needs for, or improvements or better access to, pharmaceutical services that would necessitate a further period of consultation.

Question	Feedback	Response
1	<p>Has the purpose of the PNA been explained sufficiently within section 1 of the document?</p> <p>No: comment about dissatisfaction with the quality of service in the continuing pharmacy following consolidation of two nearby premises, with no other public transport accessible premises nearby</p>	<p>No change: service user dissatisfaction is noted</p>
3	<p>Do sections 5 and 7 provide a reasonable description of the services which are provided in pharmacies in Sefton?</p> <p>No: 'Not accurate', further comments by email (below):</p> <p>Change number of pharmacies from 73 to 72 (emailed to confirm 71)</p> <p>There are 3 100-hour pharmacies rather than 2</p> <p>Statement 6, page 16 – note CCGs cease to exist and subsumed into ICB</p> <p>Query regarding accuracy of description in 4.6 concerning a dispensing service operated by Mersey Care as Sefton's provider of NHS Mental Health Services</p> <p>3.2 Hepatitis C testing service had been missed off description of Advanced Pharmaceutical Services</p> <p>3.2.4 Additional information provided about the list of conditions for which the New Medicines Service is currently available</p>	<p>*Changed to 71. See comment against question 8 below</p> <p>**Confirmed with NHSEI and changed to 3. See comment against question 6 below</p> <p>Corrections throughout to reflect current health and care system organisations.</p> <p>Description removed at this time and clarification sought</p> <p>Hepatitis C testing service added to list in 3.2</p> <p>3.2.4 updated to include this information</p>

Agenda Item 12

<p>3.2.7 Suggestion change sub-title from 'stop smoking service' to 'smoking cessation service'</p> <p>Additional background information on the smoking cessation offer suggested</p> <p>3.3 Suggest inclusion of Covid-19 vaccine programme local enhanced service in this section on enhanced services</p> <p>3.3 Comment underlining the need to harmonise commissioning and cross-border services in Merseyside</p> <p>Figure 2, comment about missing or incorrect services: gluten products no longer prescribed, UTI treatment service missing, NMS and CPCS services missing</p> <p>Note to include Southport and Formby Hospital as a provider of Out of Hours Services such as Out of Hours GP, Walk in Centre, Urgent Treatment Centre in section 4.7</p> <p>Table 4 – note that more up to date 2021/2022 influenza vaccination data has become available since drafting</p>	<p>3.2.7 Sub-title amended</p> <p>Additional information added</p> <p>Information on the Covid-19 vaccine programme now included in section 3.3</p> <p>*** This point now better reflected in text. See also comment under question 6 below</p> <p>Figure 2 is broken down by NHS and private provision. A note is now included beneath to reflect that gluten free products are no longer available on prescription and that the UTI PGD service is not included, this was not picked up in the Cheshire and Merseyside Contractor Survey but should be recognized under 'Other NHS Services' and is discussed elsewhere in the PNA. NMS and CPCS are Advanced Services which are not in the scope of 'Other NHS Services' and are also included elsewhere in the PNA, these are not referred to in conjunction with figure 2.</p> <p>Not changed as this hospital site only offers Accident and Emergency and patients are directed to services already listed in section 4.7</p> <p>Not updated since trend in the previous 65 and over offer provides appropriate contextual information and inclusion of a further year of the</p>
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	<p>Map 11 – comment that the map does not show the rotating one hour opening of a pharmacy each Sunday in Formby</p> <p>11.1 – latest figures for number of pharmacies providing hypertension case-finding and level 2 smoking cessation offered for inclusion, with clarification on details of smoking cessation offer</p>	<p>new 50 years and over offer at the next annual update will be more beneficial than a single year of data.</p> <p>A note is now included under the map and this arrangement is already clearly explained in the accompanying text.</p> <p>Latest figures to date updated and clarification about smoking cessation offer included</p>
<p>5</p>	<p>Do you think the pharmaceutical needs of the population have been accurately reflected in the PNA?</p> <p>No: Individual account of failure to locate an open pharmacy in Sefton on a Sunday. Medication was dispensed the following day. Information on website was unhelp</p>	<p>No change: further clarification sought from NHSEI, which confirms the assessment that Sefton is well provided for during OOH, including opening at three 100-hour pharmacies and the option for Out of Hours clinical services to provide medication rather than a script if necessary</p>
<p>6</p>	<p>Do you agree with the conclusions about pharmaceutical services in Sefton?</p> <p>No: ‘The PNA states that we have two 100-hour pharmacies. The 100-hour pharmacy in the South has reduced its hours and is no longer open late on weekdays and reduced opening hours on weekends. In my opinion this has led to a gap in OOH provision.’</p> <p>‘There is also not adequate cover during Christmas BH and last year the</p>	<p>**No change: This comment contradicts a suggested amendment by another pharmacy professional that Sefton currently has 3 100-hour pharmacies. Operation of 3 100-hour pharmacies has also been confirmed by NHSEI. Christmas and New Year is covered by a rota and there is provision between the hours of 10-16.00 across the borough, in line with all other LA areas. This level of provision is considered adequate, independent of additional pharmacy</p>

Agenda Item 12

	<p>CCG had to commission additional pharmacies (in addition to NHSE rota) to open during the Christmas/New Year BH.'</p> <p>No: comment about insufficient out of hours availability – see question 5</p>	<p>opening commissioned by Sefton CCGs in 2021.</p> <p>***No change: NHSEI consider that Sefton is well provided for in terms of out of hours provision. The need for a more harmonized approach to service-planning is noted in the PNA. Comments from another respondent suggesting that the establishment of the ICB should be highlighted as an opportunity to harmonise, plan and co-ordinate services better across Merseyside have been included.</p>
8	<p>If you have any other comments, please leave them below:</p> <p>Comment: noting recent closure of Boots Pharmacy (Maghull Central) following a successful consolidation application</p> <p>Comment: The out of hours provision is very poor and would be inaccessible if you did not have a car (see questions 5/6)</p>	<p>Another pharmacy professional responded on this point via email.</p> <p>*The figure of 71 pharmacies is used in the report as the most current and accurate position. Where proportions and numbers of pharmacies offering different services is discussed, the number of pharmacies delivering services at that time is retained and there is a disclaimer underlining that these figures relate to the position when Cheshire and Merseyside HWBs undertook PNA survey work earlier in 2021.</p> <p>NHSEI has confirmed its assessment that Sefton is well provided for during OOH, including opening at three 100-hour pharmacies and the option for Out of Hours clinical services provide medication rather than a script if necessary.</p>

All proposals for consultation were presented to and approved by the Sefton Consultation and Engagement Panel.

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Agenda Item 12

Appendix 9: References

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- iii Hind C, Peterkin G, Downie G, Michie C, Chisholm E. (2004) Successful provision of influenza vaccine from a community pharmacy in Aberdeen. *Pharm J.* 273; 194-6.
- iv Department of Health 2008 *High Quality Care for All – NHS Next Stage Review Final Report*
- v <https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data/2020-21>
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- viii Hagen D., Goldmann E. (2020) Association between marital status and mental health among cohabitating same-sex couples in the UK *European Journal of Public Health*, Volume 30, Issue Supplement_5, September 2020, ckaa165.961, <https://doi.org/10.1093/eurpub/ckaa165.961>
- ix https://www.stonewall.org.uk/system/files/lgbt_in_britain_health.pdf
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