

Sefton Pharmaceutical Needs Assessment

2015- 2018

Foreword

Sefton's Health and Wellbeing Board has responsibility for the on-going review, development and publication of the Pharmaceutical Needs Assessment (a responsibility transferred to it from the now abolished Sefton Primary Care Trust).

This is a statutory document, by virtue of the National Health Services (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Its content has to be taken into account by those responsible for the approval of pharmacy contract applications (at the NHS Commissioning Board) as well as those commissioning all other health services for our local population. From a Primary Care perspective this includes Clinical Commissioning Groups and Local Authorities looking to commission and develop local services from General Practice, Dental, Optometry and Pharmacy Contractors.

As such we are very happy to present our first formal Pharmaceutical Needs Assessment 2015 – 2018 which outlines the Pharmaceutical Services available to our population. This document provides information around current enhanced services being commissioned and proposals for future changes and developments.

This document will assist us as a Local Authority, and those Clinical Commissioning Groups within our boundaries, when reviewing our commissioning strategies upon which we base our decisions. It is recognised that our Community Pharmacy colleagues have a key role to play in helping us develop and deliver the best possible Pharmaceutical Services for our population.

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

Signed

Councillor Ian Moncur

Chair of Sefton Health and Well Being Board

Cabinet Member – Children, Schools, Families and Leisure

Reader Information

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Circulated to	Sefton Health and Wellbeing Board Consultation and Engagement Panel Sefton's Health and Wellbeing Board Programme & Integration Group Sefton's Health and Wellbeing Board	
Version	2.3	
Status	FINAL	
Date of release	<i>April 2015</i>	
Review date	<i>Annual review with Supplementary Statements as necessary with a formal review by April 2018</i>	
Purpose	To support NHS England in commissioning pharmacy services for the Sefton population	
Description	The Pharmaceutical Needs Assessment (PNA) is a primary tool for NHS England and local commissioners to support the decision making process for pharmacy applications and to ensure that commissioning intentions for services that could be delivered via community pharmacies, in addition to other providers, are incorporated into planning cycles.	
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Version	Summary of Changes	Date of Issue
	Previous formally approved PNA for Sefton PCT	December 2010
	Supplementary Statement 1	May 2014
DRAFT	Draft 1.0 circulated to PNA Steering Group	October 2014
	Draft 2.0 presented to Sefton Health and Wellbeing Board Consultation and Engagement Panel	November 2014
	Draft 2.1 presented to PNA Steering Group	November 2014
FINAL	Final draft presented to PNA Steering Group	February 2015
	Final draft presented to Performance and Intelligence Group	February 2015
	Final draft presented to Sefton Health and Wellbeing Board	March 2015
	Published PNA	1 April 2015

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Acknowledgements

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

Thank you also to the following people who have assisted the development and publication of the PNA: Lynn Delahunty, Julie Elliot, June McGill, Val Sheard and Alex Westwell.

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Executive Summary

From 1 April 2013, local authority Health and Wellbeing Boards (HWBB) became responsible for developing and updating Pharmaceutical Needs Assessments (PNA). NHS England is now responsible for the administration of the pharmaceutical services regulations following the implementation of the Health and Social Care Act 2012.

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

The PNA presents a picture of community pharmacies and other providers of pharmaceutical services, reviewing services currently provided and how these could be utilised further. Efforts have been made to develop the PNA on behalf of the Sefton Health and Wellbeing Board by a multi-professional steering group - the steering group consists of representatives from the following organisations:

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

A draft PNA was published on 1st December 2014 inviting comments to be made prior to the closing date of the consultation period on 1st February 2015.

The regulations state that when making an assessment for the purposes of publishing a PNA, each HWBB must formally consult with a range of specific stakeholders about the contents of the PNA. This final report is informed by the responses received during the formal consultation period providing an assessment of current provision based on evidence and consultation.

The PNA will be reconsidered annually in line with an integrated commissioning cycle, as well as when any changes to the pharmacy contractor list occurs.

Overview of Current Provision

Essential Services

Essential services that all pharmacy contractors must offer include:

- Dispensing
- Prescriptions
- Repeat dispensing
- Disposal of unwanted medicines
- Promotion of Healthy Lifestyles (Public Health)
- Signposting patients to other health care providers
- Support for self-care

Advanced Services

There are four advanced services within the NHS Community Pharmacy contractual framework. Community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions. They require accreditation of the pharmacist and/or pharmacy and include:

- Medicines Use Review (MUR) & Prescription Intervention Service
- Appliance Use Review (AUR)
- Stoma appliance customisation (SAC) service
- New Medicines Service (NMS)

Enhanced and Locally Commissioned Services

Enhanced services are those commissioned, developed and negotiated based on the needs of the local population. Enhanced services can only be commissioned by NHSE. The PNA will inform the future commissioning need for these services.

Locally commissioned services are those agreed and commissioned locally based on the needs of the local population. These services can be commissioned from the pharmacy / individual pharmacist by other organisations such as the HWBB, Local Authority Public Health Team (LAPHT), CCG, and NHS trusts. Both community NHS trusts and secondary care NHS trusts (hospital trusts) may commission services from community pharmacists. Pharmacies should be considered when a commissioner is tendering for service provision under consideration for any willing provider.

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 Local Area Teams as a cash-limited budget which is then used to reimburse pharmaceutical service activity as per the Drug Tariff (www.drugtariff.com). Funding for enhanced services has to be identified and negotiated locally from the commissioner's own budget.

Local Provision

Sefton has **76 ‘pharmacy contractors’** operating out of 76 pharmacy premises providing approximately one pharmacy for every 3,600 residents compared to the England average of 5,000 population per pharmacy. Each pharmacy is required to have a qualified pharmacist available throughout all contractual hours and pharmacy services are generally provided free of charge and without appointment. In terms of the type of Community Pharmacies in our area there are:

- **68 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”**

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. Mental health pharmacy services are provided via Mersey Care NHS Trust providing specialist, clinical advice and who commission a dispensing service from a community pharmacy to various locations across Sefton. Provision of urgently required medications prescribed by GP out of hours during evening and weekends are provided pre packaged. Patients requiring medication which does not need to be started immediately can access treatment via community pharmacies during normal opening hours.

Sefton has no dispensing doctor practices as these services are designed for patients living in remote rural areas. There are no appliance contractors located within Sefton, patients can however access services from appliance contractors registered in other areas.

There is currently adequate availability of pharmaceutical services in terms of both provision and opening hours across Sefton.

Pharmacy Premises and Workforce

Across Sefton there is an equitable spread of community pharmacists with provision available before 8am and after 8pm Monday to Friday. Whilst there is good pharmacy provision across the borough on a Saturday (68% of pharmacies are open) far fewer pharmacies are open on a Sunday (10 pharmacies). Sefton provision is complemented by neighbouring pharmacy services in areas within one mile of Sefton’s borders.

The geographical spread, including neighbouring pharmaceutical provision and availability of the pharmacy network in Sefton is adequate for the needs of the population.

Between June and September 2014 a Public and Patient Survey collected views from pharmacy users regarding how they use the service and what they feel should be offered. 233 residents

responded to the survey. These were predominantly aged 60 – 74 years (44.8%). 20% of those who responded to the survey reported having a long term illness and 77% visited a pharmacy to collect a prescription for themselves. 50% had visited a pharmacy in the past week and a further 40% within the past month. Generally respondents were satisfied with their pharmacy and the range of services provided. A quarter felt that the pharmacy could provide more services including treatment for minor illnesses (73%), checks for certain health conditions (71%), medicines reviews (68%) and advice on stop smoking (62%).

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.

Population Health Profile of Sefton

Overall the Sefton population has been reducing. Despite this the General Practitioner (GP) registered population has been increasing since 2004. The Sefton population is generally older and this is projected to increase with the biggest rise anticipated in the number of residents aged 85 and above. Across both genders it is projected that every age band from 55-59 onwards will see an increase. Of 326 Local Authorities contained within the IMD, Sefton is ranked as the 92nd most deprived in England & Wales. There are 36 Lower Super Output Areas (LSOAs) in Sefton in the most deprived 10% areas within England and Wales; with three, all located in Linacre ward, amongst the most deprived 1%.

Life expectancy at birth in Sefton is 82.8 years for females and 77.5 years for males. Life expectancy for both males and females has been increasing over the past two decades. Cancers are the second largest single cause of death in Sefton and the third highest burden of disease. For both males and females the cancer with the highest mortality rate is lung cancer. For males the other most prominent cancers for mortality rates are prostate and bowel. For females, breast cancer has the second highest mortality rate followed by bowel.

Sefton has amongst the highest rates of mortality from chronic liver disease across ALL English authorities for both males and females and the rate of years of life lost due to mortality from bronchitis, emphysema and other Chronic Obstructive Pulmonary Disease (COPD) is higher in Sefton than the national average. Over the last 10 years, despite falling death rates, in particular early deaths from cancer, heart disease and stroke, death rates in Sefton remain worse than the England average. Sefton generally has slightly higher levels of diagnosed long term conditions than average.

Pharmacy Activity to Support Local Priorities

Tobacco Control

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 Liverpool Community Health (LCH). A comprehensive range of these services are currently available.

Alcohol

There is currently no pharmacy based provision relating to alcohol in Sefton. However, there are a number of alcohol services available to residents commissioned through the Local Authority Public Health Team (LAPHT).

Planned Care

Locally targeted MURs have not been commissioned in Sefton. The New Medicines Service (NMS) for patients, with Asthma/COPD, Type 2 Diabetes, Hypertension and those requiring Antiplatelet/Anticoagulation therapy, being treated with new medicines is being provided in the majority of pharmacies across Sefton. 38 community pharmacies have been commissioned to provide influenza immunisation.

Unplanned/Urgent Care

There is currently sufficient access to Care at the Chemist available across the borough, with 74 community pharmacies offering the service. The community pharmacy response to health protection incidents, outbreaks and emergencies is described in the Cheshire and Merseyside Multi Agency Outbreak Control Plan which is developed across authorities on a Merseyside footprint.

Cardiovascular Disease

A number of pharmacies across Sefton have provided NHS Health Checks. Local pharmacy provision of this service will be reviewed and commissioned to reflect health needs. Pharmacists are also able to undertake MECC training in brief interventions to enable behaviour change.

Cancer

Whilst pharmacies have a role in raising awareness of cancer prevention and early detection campaigns, it is currently not considered an appropriate environment for screening due to the nature of the intervention types.

Sexual Health

A range of sexual health services, including EHC, condom distribution and Chlamydia screening are available to Sefton residents in community pharmacies. This is in addition to other sexual health services commissioned via the LAPHT.

Mental Health

Currently there are no mental health related services commissioned from pharmacies across Sefton. LAPHT commissioned services are however available and pharmacies play a key role in signposting people. MECC, and suicide prevention, training provide opportunities for pharmacy staff to extend their knowledge and skills.

Substance Misuse

There is adequate provision of pharmacy based supervised opiate replacement treatment and needle exchange services across Sefton with an apparent concentration in the south of the borough.

Older People

Nine community Pharmacies provide the supply of dressings to nursing homes service to patients residing in a nursing home located within the Sefton area who are registered with a South Sefton CCG GP. Southport and Formby CCG do not currently commission this service for patient's resident in a nursing home and registered with a GP within the north Sefton locality.

Palliative Care

There are 4 pharmacy palliative care stock holder providers in Sefton; 2 in the north, and 2 in the south, of the borough. These pharmacies were selected to ensure equitable geographical spread and on the basis of accessibility.

Analysis of pharmacy activity to support local health priorities indicates that locally commissioned services are commissioned and delivered based on the needs of the population.

Future Planning

Sefton's Local Plan outlines how the borough will look, and be developed, over the next 15 years. The Draft Plan, which has been developed within the statutory planning framework, was approved for publication and consultation in January 2015. The 2014 Strategic Housing Market Assessment (SHMA) for Sefton, which informed the Draft 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 suggest:

- 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.
- That not all this need has to be met by the provision of affordable housing on new sites.

- The majority of affordable housing need is for social rented housing.
- 15% of all housing provision should be for older people, reflecting Sefton's ageing population.
- 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.

There are no major re-developments/changes to the local population within the lifetime of this PNA that are deemed significant. 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.

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 a 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 overwhelmingly positive.

Sefton Council's draft Local Plan is referenced in this assessment and there are no major re-developments/changes to the local population within the lifetime of this PNA that are deemed significant. It is however recognised that Sefton's population is expected to change will 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 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.

1. Introduction and Purpose

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

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

The Health Act 2009 outlined the process of market entry onto a “Pharmaceutical List” by means of Pharmaceutical Needs Assessments and provided information to NHS England 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 Local Authorities to develop and publish PNAs; and
- Required them to use PNAs as the basis for determining market entry to NHS pharmaceutical services provision;

Following the abolition of Primary Care Trusts (PCTs), this statutory responsibility has now been passed to Health and Well Being Boards 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.

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

The Pharmaceutical Needs Assessment (PNA) is thus a key tool for the NHS Commissioning Board (known as NHS England) and local commissioners, to support the decision making process for pharmacy applications and to ensure that commissioning intentions for services that could be delivered via community pharmacies, in addition to other providers, are incorporated into local planning cycles. Local commissioning priorities need to be driven by the Joint Strategic Needs Assessment (JSNA) of which the PNA is a key component. See Appendix 2 for policy context.

2. Scope and Methodology

2.1 Scope of the PNA

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

- The safe and efficient supply of medicines, including the additional (non NHS commissioned) support services provided by pharmacies for:
 - their housebound patients and older people,
 - people with learning difficulties, and
 - medication administration support such as monitored dosage systems (MDS)
- Pharmaceutical care that supports safe and effective use of medicines
- Pharmaceutical care that provides quality healthcare and public health information and advice to all members of the population
- High quality pharmacy premises that increase capacity and improve access to primary care services and medicines
- Local enhanced services which increase access, choice and support self care
- Locally commissioned enhanced pharmaceutical services that have the potential to reduce avoidable hospital admissions and reduce bed-days
- Advanced services e.g. Medicine Use Reviews (MUR), New Medicine Service (NMS), Appliance Use Reviews (AUR), Stoma Appliance Customisation (SAC).
- High quality pharmaceutical support to prescribers for clinical and cost-effective use of resources.

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulation 2013 sets out the legislative basis for developing and updating PNAs and can be found at: <http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations/> Schedule 1 sets out the minimum information to be contained in pharmaceutical needs assessments. Appendix 1 describes how the PNA fulfils the regulatory statements.

2.2 Methodology and Data Analysis

Key principles of the PNA are:

- It is an iterative process involving patients, the public and key stake holders

- It is a developing, live document and consideration will be given on an annual basis as to the document's reflection of need and the commissioning landscape
- It continues to focus on identifying health needs which can be supported by pharmaceutical services and makes recommendations for the commissioning of those services
- It is done through a multidisciplinary PNA Task and Finish Group

PNA development process



Figure 1 - Illustration showing PNA development process

Development of the Sefton Local Authority Health and Wellbeing Board's PNA has been initiated and overseen by Fiona Clark, Chief Officer of NHS South Sefton CCG and NHS Southport and Formby CCG, Councillor Paul Cummins, Cabinet Member for Older People and Health, and 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 Merseyside Area Team
- CCG Pharmacy Lead
- Local Pharmaceutical Committee
- Healthwatch
- Business Intelligence, Sefton Council

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 one Local Authority and two CCG's (NHS Southport & Formby CCG and NHS South Sefton CCG). Analysis and mapping undertaken as part of the PNA

process was carried out at ward level to take account of the variant needs of people within different areas of Sefton. This is congruent with the Sefton Strategic Needs Assessment (SSNA). The maps and information presented reflect the diversity of the needs of the borough and population density and are illustrated for optimal geographical representation.

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

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

The evidence of effective interventions in the community pharmacy setting was compiled in May 2014 and therefore reflects the available evidence at that time.

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

- Sefton Strategic Needs Assessment
- Public Health Annual Report
- Census data
- Data on socio-economic circumstances of the local area
- Community pharmacy service questionnaires
- Patient and Public pharmacy service questionnaires
- The draft 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 **1st December 2014** inviting comments to be made prior to the closing date of the consultation period on **1st February 2015**.

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 in other formats were available upon request. A summary of consultation responses received, the invitation to participate letter and questionnaire are included in the appendices. The responses to the community pharmacy service survey, public questionnaire and the formal 60 day consultation period have informed this PNA.

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.

Supplementary statements will be published, as appropriate.

2.5 How to use the PNA

The PNA should be utilised as a service development tool in conjunction with the Sefton Strategic Needs Assessment (SSNA)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.

¹ Sefton Strategic Needs Assessment can be accessed at [http://www.sefton.gov.uk/your-council/plans-policies/strategic-needs-assessment-\(ssna\).aspx](http://www.sefton.gov.uk/your-council/plans-policies/strategic-needs-assessment-(ssna).aspx)

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.
- 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.
- The NHS England (NHSE) area team 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.

3. National Pharmaceutical Services Contract

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

The pharmaceutical services contract consists of three different levels:

- Essential services
- Advanced services
- Enhanced services

3.1 Essential Services and Prescription Volume

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

3.1.1 Dispensing

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

3.1.2 Prescriptions

During 2013/14 the 54 GP practices in Sefton issued a total of 6.4 million individual prescription items. Approximately 2.8 million items were prescribed within the Southport and Formby CCG area and 3.6 million prescribed within the South Sefton CCG area. Within the Southport and Formby CCG area, approximately 55,000 (1.9%) items were dispensed by non-Sefton pharmacies. Within the South Sefton CCG area, approximately 192,000 (5.4%) items were dispensed by non-Sefton pharmacies. The largest number of prescription items dispensed by disease group for both Southport and Formby CCG and South Sefton CCG are:

- 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 1,743.27 in 2013/14. The figure for Southport and Formby CCG was 1,504.27 in the same period. This is less than the

rate for Merseyside CCGs, which was 1,808.22 but higher than the rate nationally, which was 1,462.36.

3.1.3 Repeat dispensing

Management of repeat medication for up to one year, in partnership with the patient and prescriber. The patient will return to the pharmacy for repeat supplies, without first having to visit the GP surgery. Before each supply, the pharmacy will ascertain 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.

3.1.4 Disposal of unwanted medicines

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

3.1.5 Promotion of Healthy Lifestyles (Public Health)

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

3.1.6 Signposting patients to other health care providers

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

3.1.7 Support for self-care

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

3.1.8 Clinical Governance

Pharmacists must ensure the following processes are in place:

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

- Operating a complaints procedure
- Compliance with Health and Safety legislation
- Compliance with the Equality Act 2010
- Significant event analysis
- Commitment to staff training, management and appraisals
- Undertaking patient satisfaction surveys
- Patient safeguarding measures

3.2 Advanced Services

There are four advanced services² within the NHS Community Pharmacy contractual framework. Community pharmacies choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions. These may be in addition to those services provided by other health services providers e.g. GPs. They require accreditation of the pharmacist and/or pharmacy.

3.2.1 Medicines Use Review (MUR) & Prescription Intervention Service

The pharmacist conducts a concordance medication review with the patient. The review assesses any problems with understanding current medication, its administration / patient compliance. The patient's knowledge of their medication regime is assessed and a report is provided to the patient's GP, when there is a recommendation. The patient's knowledge of their medication and why they are taking it is increased; problems with their medication are identified and addressed. The MUR is conducted on a regular basis, e.g. every 12 months. MURs have to be conducted in a consultation area which ensures patient confidentiality and privacy. Pharmacists must successfully pass a competency assessment before they can provide MUR services.

3.2.2 Appliance Use Review (AUR)

An Appliance Use Review was the second advanced service, introduced in April 2010. This service is similar to that above where it relates to patients' prescribed appliances such as leg bags, catheters, stoma products. Results from the survey of Sefton pharmacies showed that 5.5% of pharmacies that responded provide appliance use reviews.

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 stoma appliances, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma

² Pharmaceutical Service Negotiating Committee (PSNC) accessed from <http://psnc.org.uk/services-commissioning/advanced-services/> (June 2010)

appliance and to improve how long they are used for, thereby reducing waste and unnecessary patient discomfort. Results from the survey of Sefton pharmacies showed that 16.4% of pharmacies that responded provide stoma appliance customisation service.

3.2.4 New Medicines Service (NMS)

This service was introduced in October 2011 and provides support with medicines adherence for patients being treated with new medicines in four conditions/therapy areas. These are Asthma / COPD, Type 2 Diabetes, Hypertension and Antiplatelet / Anticoagulation therapy. The pharmacist provides face to face counselling about the medicine at the point when the patient first presents with their prescription at the pharmacy. Arrangements are then made for the patient to be contacted 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. Results from the survey of Sefton pharmacies showed that 96% of pharmacies that responded provide a new medicine review service.

3.3 Enhanced and locally commissioned services

3.3.1 Enhanced Services

Enhanced services are those commissioned, developed and negotiated based on the needs of the local population. Enhanced services can only be commissioned by NHSE. The PNA will inform the future commissioning need for these services.

3.3.2 Locally Commissioned Services

These are services that are agreed and commissioned locally based on the needs of the local population. These services can be commissioned from the pharmacy / individual pharmacist by other organisations such as the HWBB, Local Authority Public Health Team (LAPHT), CCG, and NHS trusts. Both community NHS trusts and secondary care NHS trusts (hospital trusts) may commission services from community pharmacists. Pharmacies should be considered when a commissioner is tendering for service provision under consideration for any willing provider.

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

The continuity of locally commissioned service provision is often difficult for contractors to achieve as individual pharmacists/locums who are accredited to provide these services may move around, thus gaps in service can appear, especially if training 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 question.

Examples of pharmacy based enhanced and locally commissioned services are as follows:

- Minor ailment management (usually commissioned by CCG)
- Diabetes screening (usually commissioned by CCG)
- Substance misuse medication services / Needle exchange scheme (usually commissioned by LAPHT)
- Palliative care services (usually commissioned by CCG)
- Emergency Hormonal Contraception service / Sexual health services (usually commissioned by LAPHT)
- Vascular screening (usually commissioned by LAPHT)
- Care home services (usually commissioned by CCG)
- Smoking cessation service (usually commissioned by LAPHT)
- Flu vaccination services (usually commissioned by Public Health England/NHSE)
- Pharmacy rota services (usually commissioned by NHSE)

Results from a survey of pharmacies carried out in April 2014, as part of this PNA process, indicate that Sefton pharmacies provide a range of locally commissioned services (Figure 2), with the most common being Care at the Chemist (minor ailments service), smoking cessation, followed by emergency hormonal contraception, and supervised administration of methadone and subutex. A copy of the pharmacy survey questionnaire and report can be found in Appendix 5.

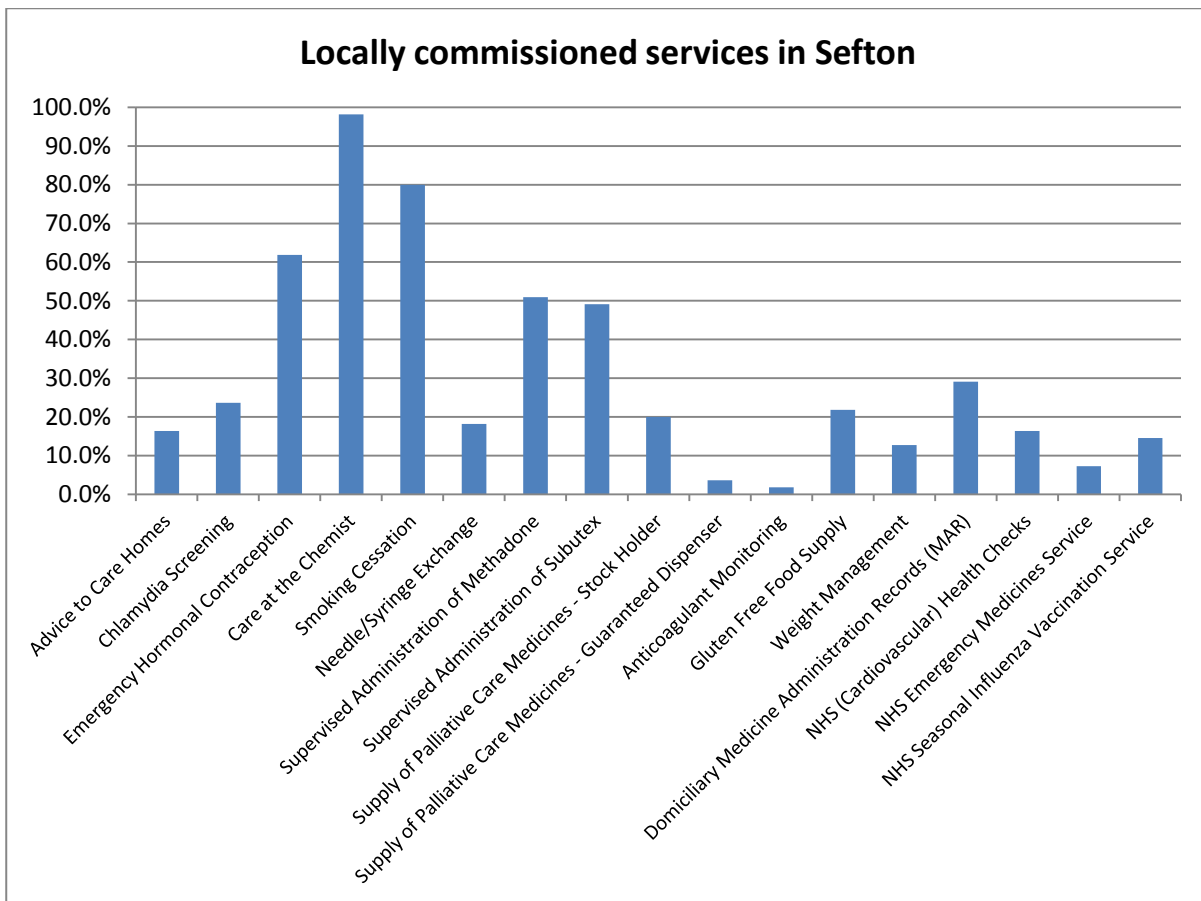


Figure 2 - Locally Commissioned Services: Sefton Pharmacy Survey (April 2014)³

Approximately 42% of responding pharmacies reported that they provide additional services that are not commissioned by NHSE, Sefton CCGs or the LAPHT. These services included blood pressure checks, weight management and private flu vaccination. The survey reinforced the wide range of services available locally. Analysis of pharmacy activity to support local health priorities indicates that locally commissioned services are commissioned and delivered based on the needs of the population.

3.4 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 Area Teams as a cash-limited budget which is then used to reimburse pharmaceutical service activity as per the Drug Tariff (www.drugtariff.com). Funding for enhanced services has to be identified and negotiated locally from the commissioner’s own budget.

³ The survey was conducted in April 2014 and responses were received from 48/76 community pharmacies. The data and information included in this graph represents the results of this survey only.

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 76 "Pharmacy Contractors" who between them operate out of a total of 76 pharmacy premises. The population of the area is 273,700 which equates to approximately one pharmacy for every 3,600 residents (England average is 5,000 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 has to have a qualified pharmacist available throughout all of its contractual hours, to ensure services are available to patients. In general pharmacy services are provided free of charge, without an appointment, on a "walk-in" basis. Pharmacists dispense medicines and appliances as requested by "prescribers" via both NHS and private prescriptions.

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

- **68 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 Essential Small Pharmacy Local Pharmaceutical Services (ESPLPS)

Sefton currently has no ESPSLPS contracts. Prior to the new pharmacy contract in 2005 certain pharmacies were deemed to be “essential” to ensure access to pharmaceutical services in those areas where they may not be financially viable (using Department of Health criteria). These are supported financially via the nationally agreed Pharmacy global sum ring fenced for Pharmacy remuneration. This scheme formally ceased in 2006 and the pharmacies in question were given 5 years grace (due to expire in 2011) however this has now been extended to 2015. Discussions are expected between NHS England and PSNC prior to 2015 in order to resolve any outstanding issues in relation to ESPLPS pharmacies.

4.5 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.

4.6 Acute Hospital Pharmacy Services

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

- Aintree 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.

4.7 Mental Health Pharmacy Services

The population of Sefton is served by Mersey Care NHS Trust. They employ pharmacists to provide clinical advice within their specialist areas and they also commission a “dispensing service” from a

Community Pharmacy in order to dispense the necessary medications for their patients at the various clinics across the patch.

4.8 GP Out of Hours Services

The out of hours service currently operates from 3 locations within Sefton (Table 1). During normal pharmacy opening hours, patients attending these sites who subsequently require a medicine to be dispensed are provided with a prescription to take to a local Community Pharmacy. During evenings and weekends, where Pharmacy services may be more limited patients are provided with pre packaged short courses of medication, as described in the national out of hours formulary, directly to ensure patients requiring urgent treatment can be catered for. Patients requiring medication which does not need to be started immediately during this period are provided with a prescription to take to a local pharmacy to be dispensed. In addition at the Litherland Town Hall site there is currently a locally commissioned pharmacy which stocks a limited formulary for patients attending that site to have their prescription dispensed at.

Out of Hours GPs in Sefton		
Litherland Town Hall, Hatton Hill Road, Merseyside L21 9JN	Formby Clinic Philips Lane, Formby, Merseyside, L37 4AY	Southport Out of Hours Service Southport and Formby District General Hospital, Town Lane, Kew, Southport, Merseyside, PR8 6PN

Table 1 - Out of Hours Service in Sefton (September 2014)

4.9 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 taken into account. Information on such services can be obtained by referring to the relevant neighbouring Health and Well Being Board’s associated PNA.

4.10 Quality Standards for Pharmaceutical Service Providers: Community Pharmacy Contract Monitoring

The NHSE area team requires all pharmaceutical service providers to meet the high standards expected by patients and the public. All Pharmacies are included within a programme of contract monitoring visits as independent providers of services provided under the national pharmacy

contract. The delivery of any locally commissioned enhanced services is also scrutinised by the commissioner of each of the services under separate arrangements.

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 NHS England adopts when carrying out the Community Pharmacy Contract Monitoring visits for essential, advanced services and locally commissioned enhanced services.

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

- Self assessment declarations
- A rolling programme of pre-arranged visits to pharmacies for observation of processes and procedures and a detailed interview with the pharmacist in charge and support staff
- Scrutiny of 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 area team will also take into account 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 are found to fall below the expected level, the NHSE area team will work with the relevant professional regulatory body such as the General Pharmaceutical Council to ensure appropriate steps are taken to protect the public.

4.11 Conclusion

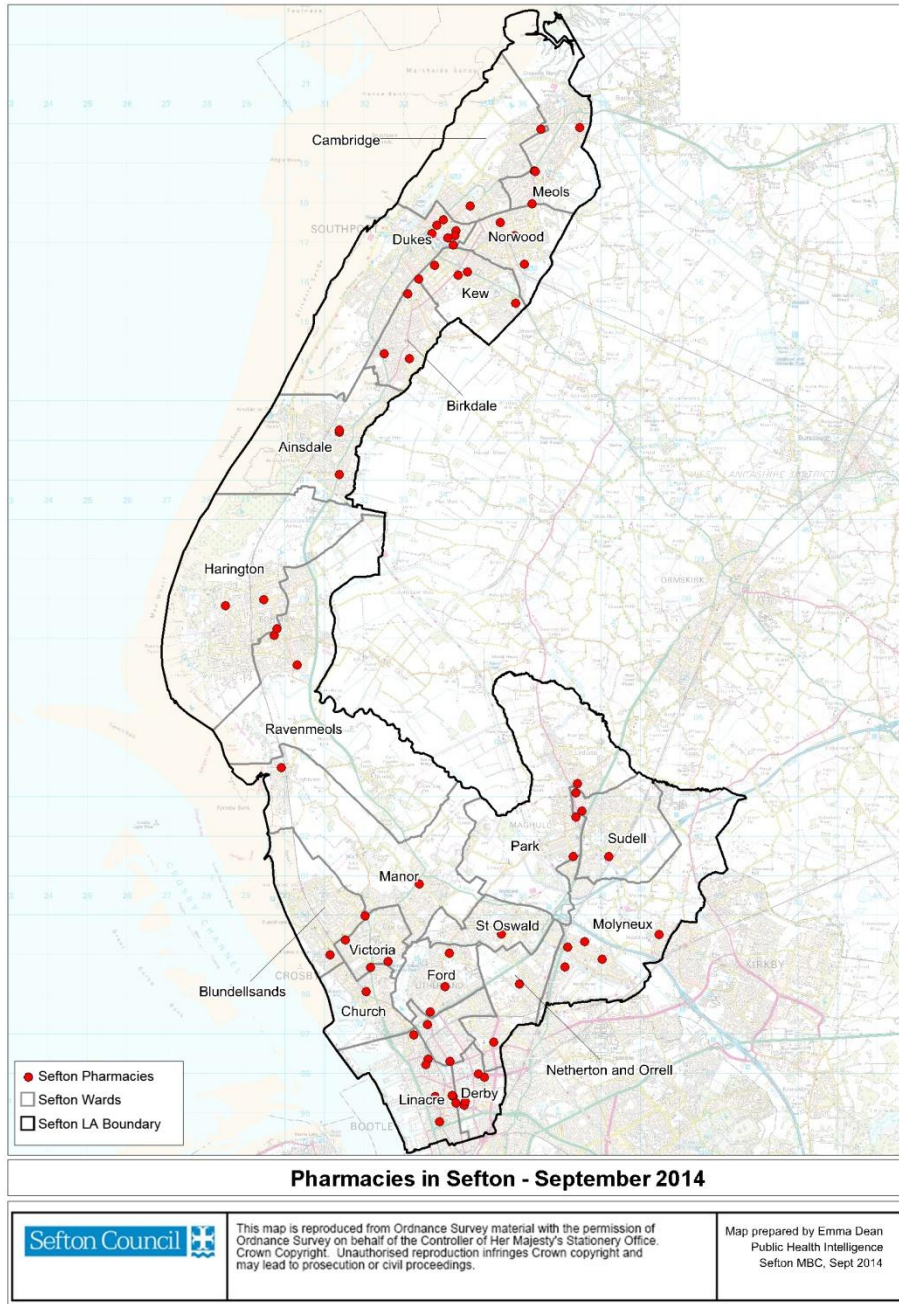
Sefton has 76 pharmacies which serve a population of 273,700. There is currently one pharmacy for every 3,600 residents which compares favourably to the national average of one pharmacy for every 5,000 resident population. There is sufficient provision of community pharmacy services in relation to the population.

⁴High Quality Care For All - NHS Next Stage Review Final Report , Department of Health June 2008

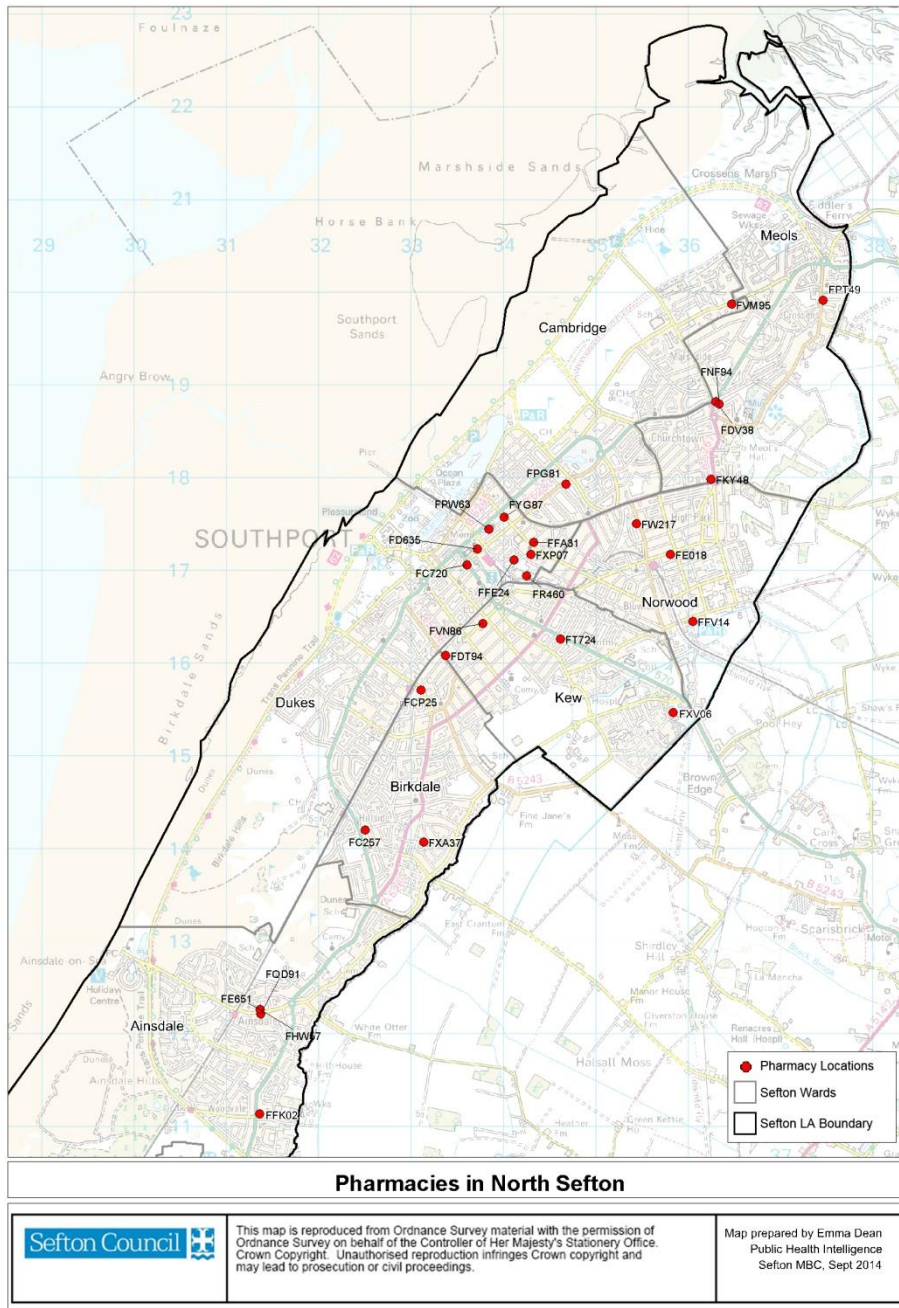
5. Pharmacy Premises and Workforce

5.1 Pharmacy locations and level of provision

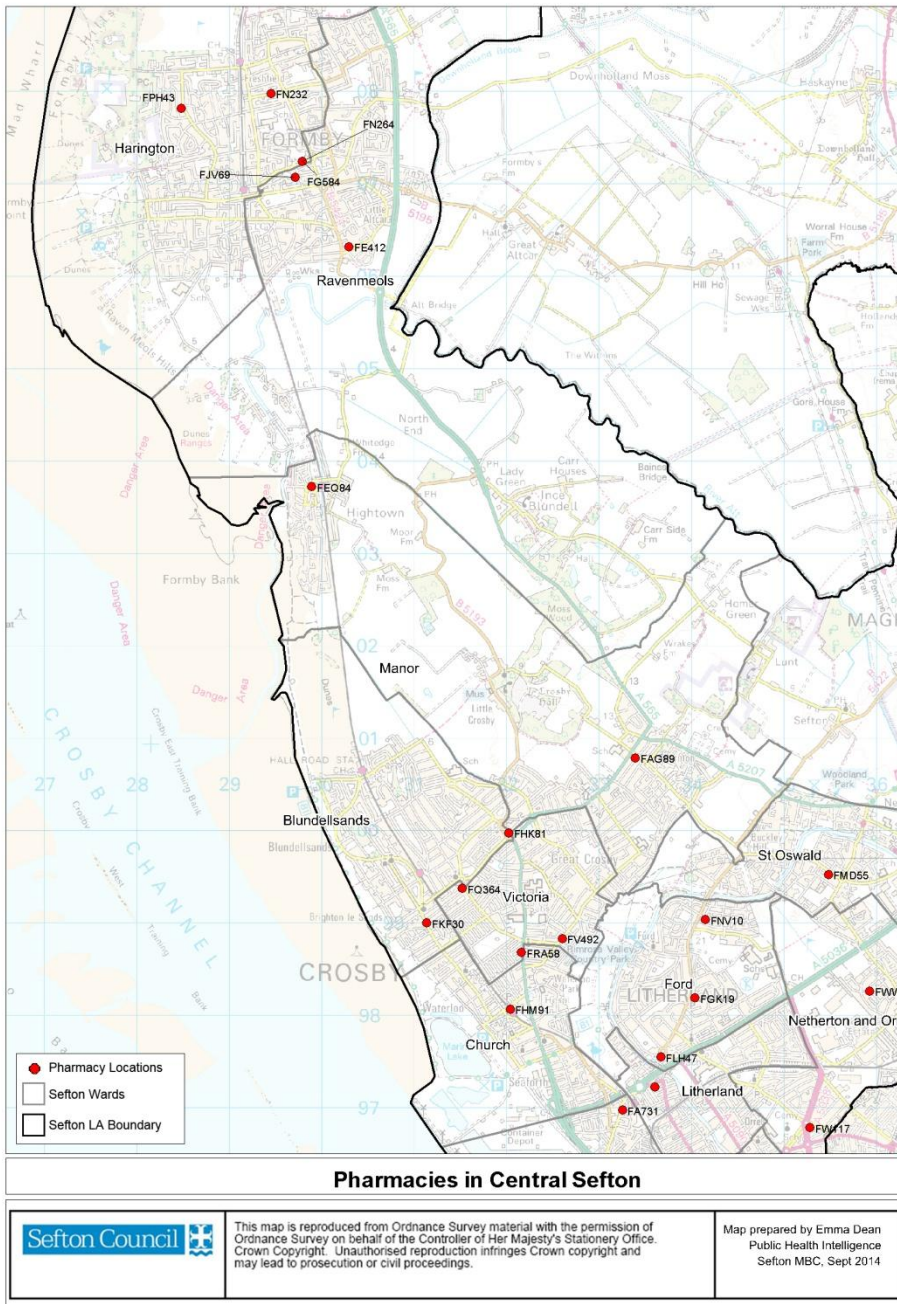
There are 76 community pharmacies across Sefton (Maps 1, 2, 3 and 4). The following four maps illustrate the locations of these services and indicate an equitable spread across the borough. Information on pharmacy locations and opening times was sourced from NHS England, and is correct at the time of completing the final PNA in February 2015. Illustrative maps have been compiled using this data. Localities are represented at ward level and further presented on sub borough geography to maximise illustration.



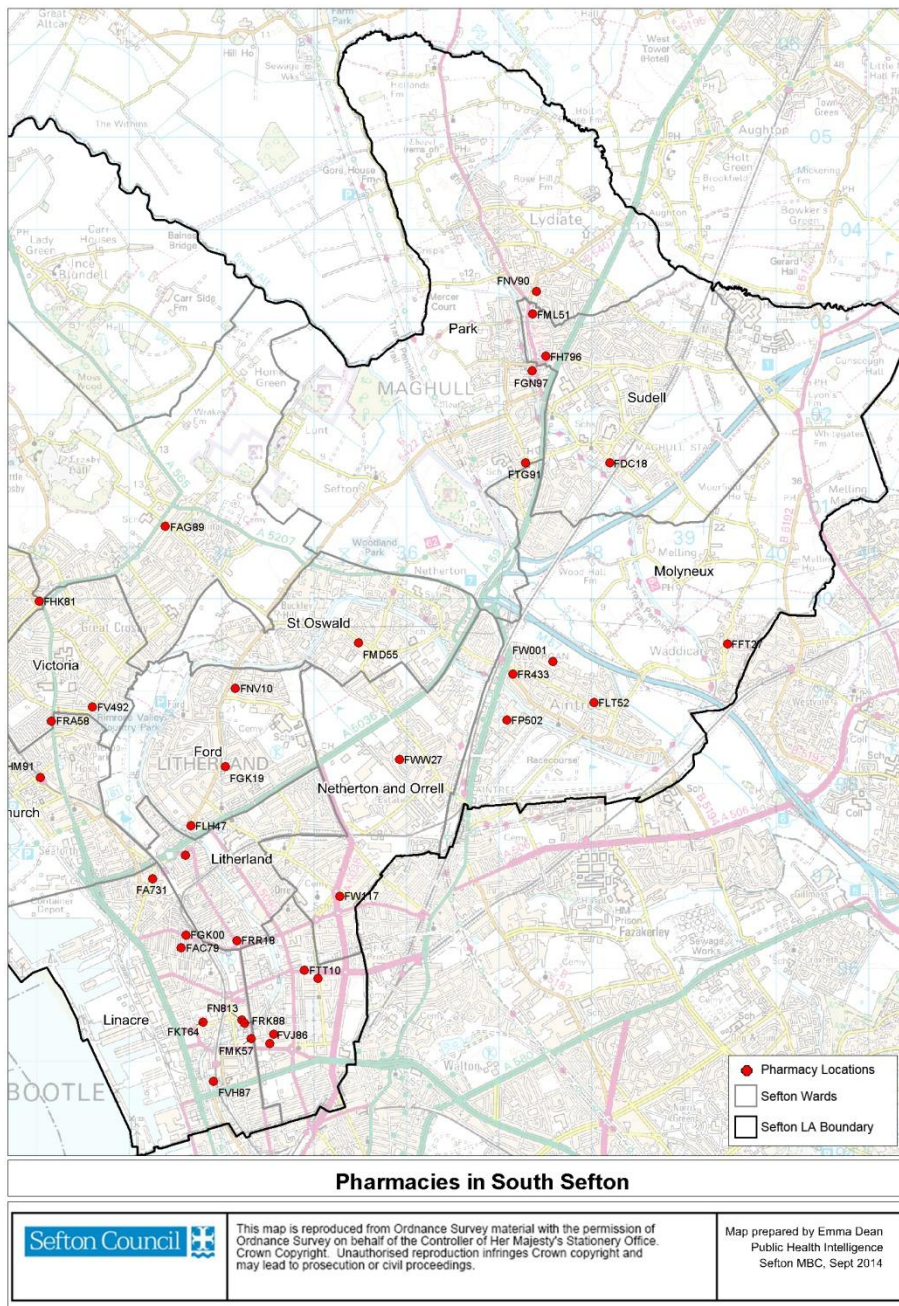
Map 1 - Pharmacy locations in Sefton



Map 2 - Pharmacy locations in North Sefton



Map 3 - Pharmacy locations in Central Sefton



Map 4 - Pharmacy locations in South Sefton

5.2 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 sourced from NHS England, and is correct at the time of the completing the final PNA in February 2015. The opening times are reported by ward to align with data boundaries used to develop the SSNA.

There are 23 community pharmacies that are open before 9 am across Sefton during the working week, with 2 (1 on a Monday) open before 8 am. However, the majority (53 pharmacies) open from 9 am (Table 2).

Sefton	Days of week				
Opening times	Monday	Tuesday	Wednesday	Thursday	Friday
Before 8am	1	2	2	2	2
Between 8am & 9am	22	21	21	21	21
Open at 9am	53	53	53	53	53

Source: NHS England (February 2015)

Table 2 - Pharmacy opening times

The majority of pharmacies (74/76) in Sefton are open past 5 pm, with 42⁵ (55%) closing between 5 pm and 6 pm in the working week. A total of 32 pharmacies (42%) are open beyond 6 pm in Sefton between Monday to Friday, with between 7 - 8 pharmacies (9%) open after 8pm (Table 3).

Sefton	Days of week				
Closing times	Monday	Tuesday	Wednesday	Thursday	Friday
5pm or earlier	2	2	2	3	2
Between 5 and 6pm	42	42	43	41	42
Between 6 and 8pm	24	24	24	25	25
After 8pm	8	8	7	7	7

Source: NHS England (February 2015)

Table 3 - Pharmacy closing times

There are three 100 hour pharmacies. These are located in Linacre, Litherland 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, 43 (57%) community pharmacies are open on a Saturday, with 10 (13%) open on a Sunday (Table 4)

⁵ Taken as an average

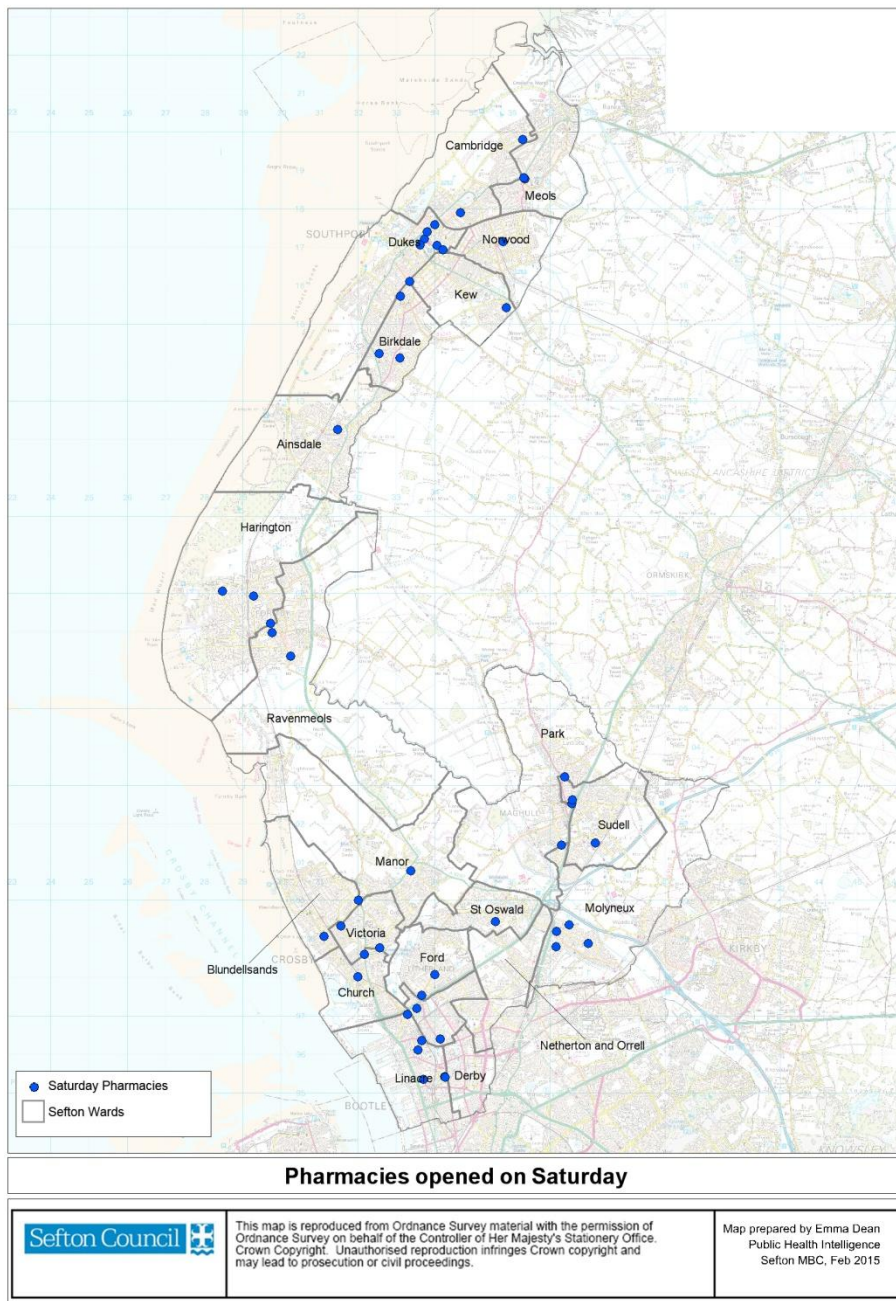
Ward	Number of Pharmacies	Number of pharmacies per 10,000 population	Weekday			Saturday		Sunday	
			Open before 9am	Open 6pm-8pm	Open 8pm or later	Open AM	Open PM	Open Am	Open PM
Ainsdale	4	3.30	2	0	0	1	1	0	0
Birkdale	3	2.27	0	1	0	3	3	0	0
Blundellsands	2	1.78	0	0	0	2	2	0	0
Cambridge	2	1.69	0	1	0	2	2	0	0
Church	1	0.83	0	0	0	1	1	0	0
Derby	4	3.23	0	2	0	0	0	0	0
Duke's	8	6.00	3	3	1	6	5	4	4
Ford	4	3.13	0	2	0	2	2	0	0
Harington	4	3.40	1	1	0	4	4	0	0
Kew	4	3.14	3	1	1	2	2	1	1
Linacre	8	6.44	1	2	1	6	6	1	1
Litherland	3	2.65	2	1	1	3	3	1	1
Manor	2	1.60	0	1	0	1	1	0	0
Meols	4	3.24	2	1	1	2	2	1	1
Molyneux	5	3.91	2	1	1	4	4 ⁶	2	2
Netherton and Orrell	2	1.59	0	0	0	0	0	0	0
Norwood	3	2.01	1	1	1	1	1	0	0
Park	2	1.69	0	1	0	2	2	0	0
Ravenmeols	2	1.67	1	1	0	2	1	0	0
St Oswald	1	0.86	1	0	1	1	1	0	0
Sudell	4	3.16	3	1	0	3	3	0	0
Victoria	4	3.01	1	3	0	4	4	0	0

Source: NHS England (February 2015)

Table 4 - 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 and Netherton and Orrell. However, both of these wards are well served by pharmacies open on a Saturday in neighbouring wards. Map 5 provides an illustration of pharmacies open on a Saturday within Sefton.

⁶ Two pharmacies in Molyneux ward are open until 13:00 on Saturday s



Map 5- Map of pharmacy provision on Saturday

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 6). 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 6 - Map of pharmacy provision on Sunday

5.3 Internet-based/mail order pharmacy provision

There are currently five pharmacies in Sefton that provide internet based / mail order services.

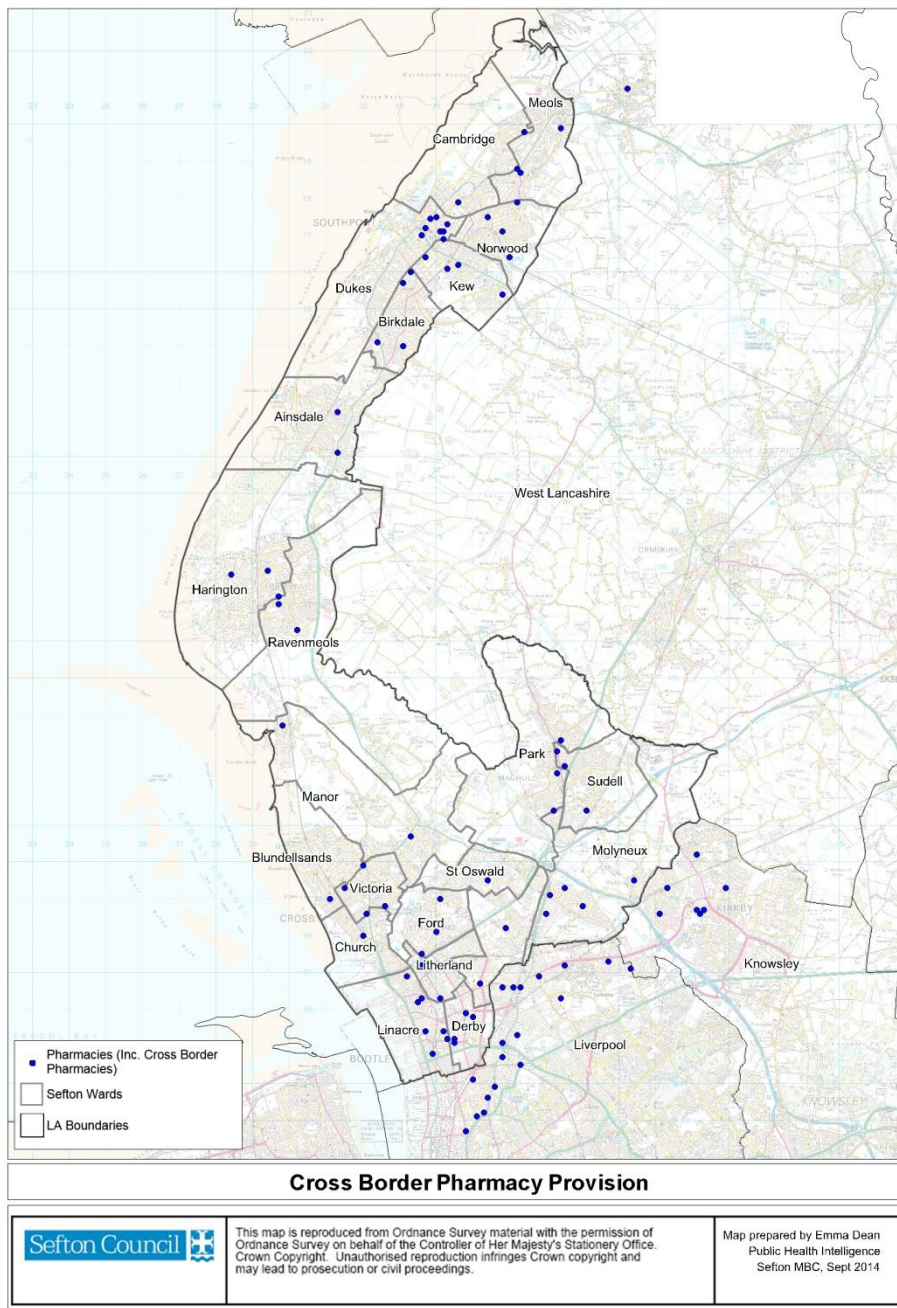


Map 7 - Map of pharmacy by type in Sefton

Map 7 illustrates pharmacy provision by type across Sefton.

5.4 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 8 shows the locations of pharmacies within one mile from Sefton.



Map 8 - Cross border pharmacy provision

There are 28 pharmacies within one mile of the Sefton border. Table 5 shows the services that these pharmacies provide.

Service	Liverpool	Knowsley	West Lancashire
Number of pharmacies within 1 mile of Sefton border	19	8	1
Open 100 hours per week	0	1	0
Provide Care at the Chemist (or similar)	17	8	1
Provide Stop Smoking Advice	8	8	1
Provide NRT Service	14	8	0
Provide Emergency Contraception	2	8	1
Provide Palliative Care Drugs	0	0	0
Provide Needle Exchange Service	2	2	0
Provide Supervised Methadone Consumption Service	11	6	1

Source: Public Health Liverpool, Public Health Knowsley and Public Health Lancashire (September 2015)

Table 5 - Services offered by cross border pharmacies

5.5 Conclusion

Sefton residents have adequate access to community pharmacy services in relation to opening hours during the week and on the weekend. Geographical mapping of the pharmacy network illustrates that provision reflects needs and population density. This is enhanced by the provision of core and locally commissioned community pharmacy services in neighbouring authorities within one mile of Sefton's border.

5.6 Patient and public survey

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 June 2014 and ended in September 2014. A total of 233 people responded to the survey.⁷ A copy of the patient and public survey questionnaire can be found in Appendix 6. The age demographics of the 233 people who responded are shown table 6.

Age	% of responders
16 – 24	1.7%
25 – 39	3.0%
40 – 59	23.6%
60 – 74	34.8%
75 +	23.6%
Did not wish to disclose	13.3%

Table 6 - Demographics of patients responding to the survey

Of the people who responded to the survey, approximately 21% had a long term illness that affects daily activity.

⁷ The number of responses is not statistically significant, however it has been included to show the views of some pharmacy users in Sefton

5.6.1 Using a pharmacy

Of people that completed this survey, 75% visited to collect a prescription for themselves. In addition 27% visited to collect a prescription for someone else, 27% visited to obtain advice from the pharmacist and 19% visited to purchase other medications (Figure 3).

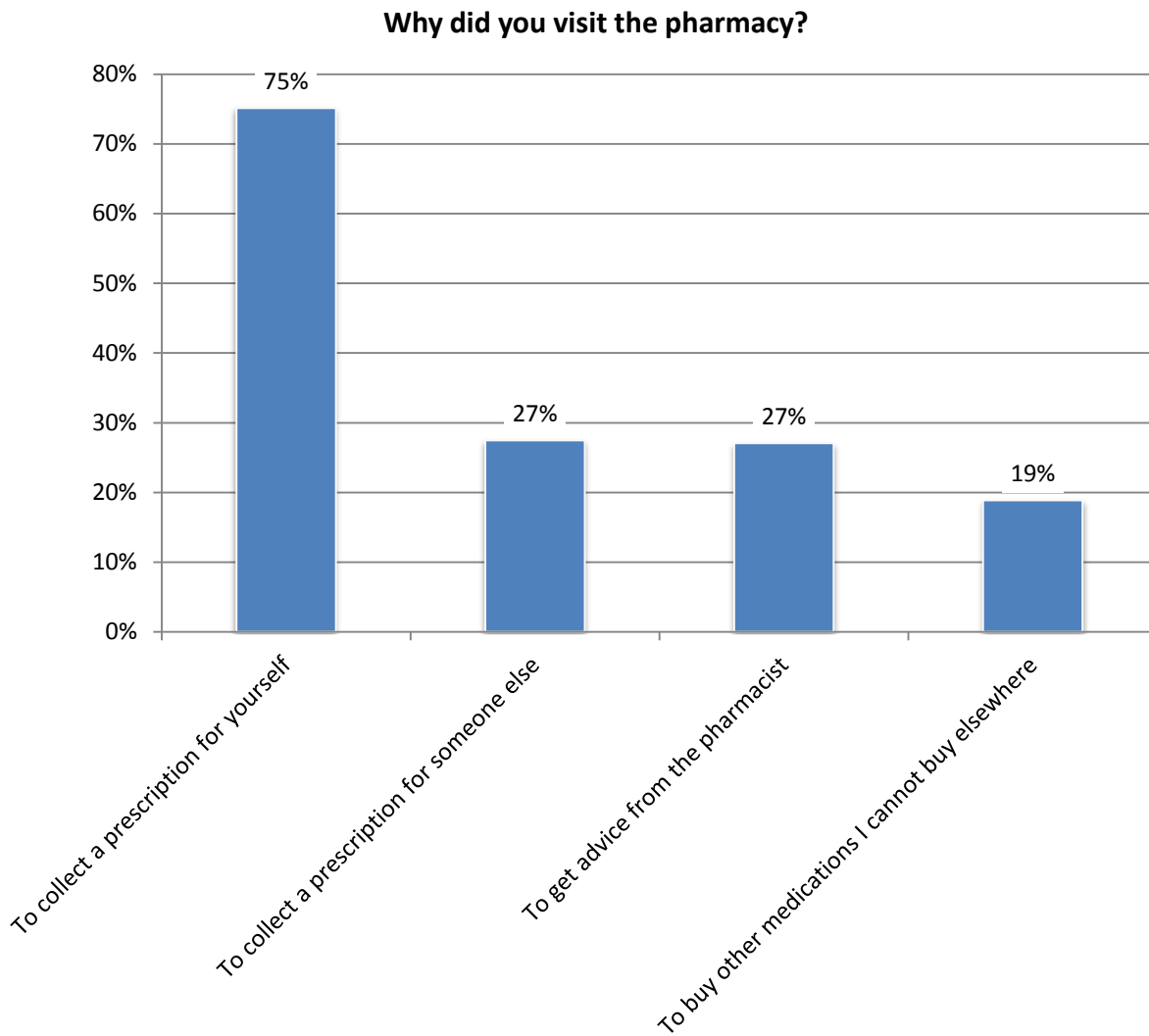


Figure 3- Why did patient visit pharmacy

Approximately 50% of respondents visited a pharmacy in the past week, with a further 42% visiting within the past month. Smaller proportions visited in the last three to six months or longer than 6 months ago (Figure 4).

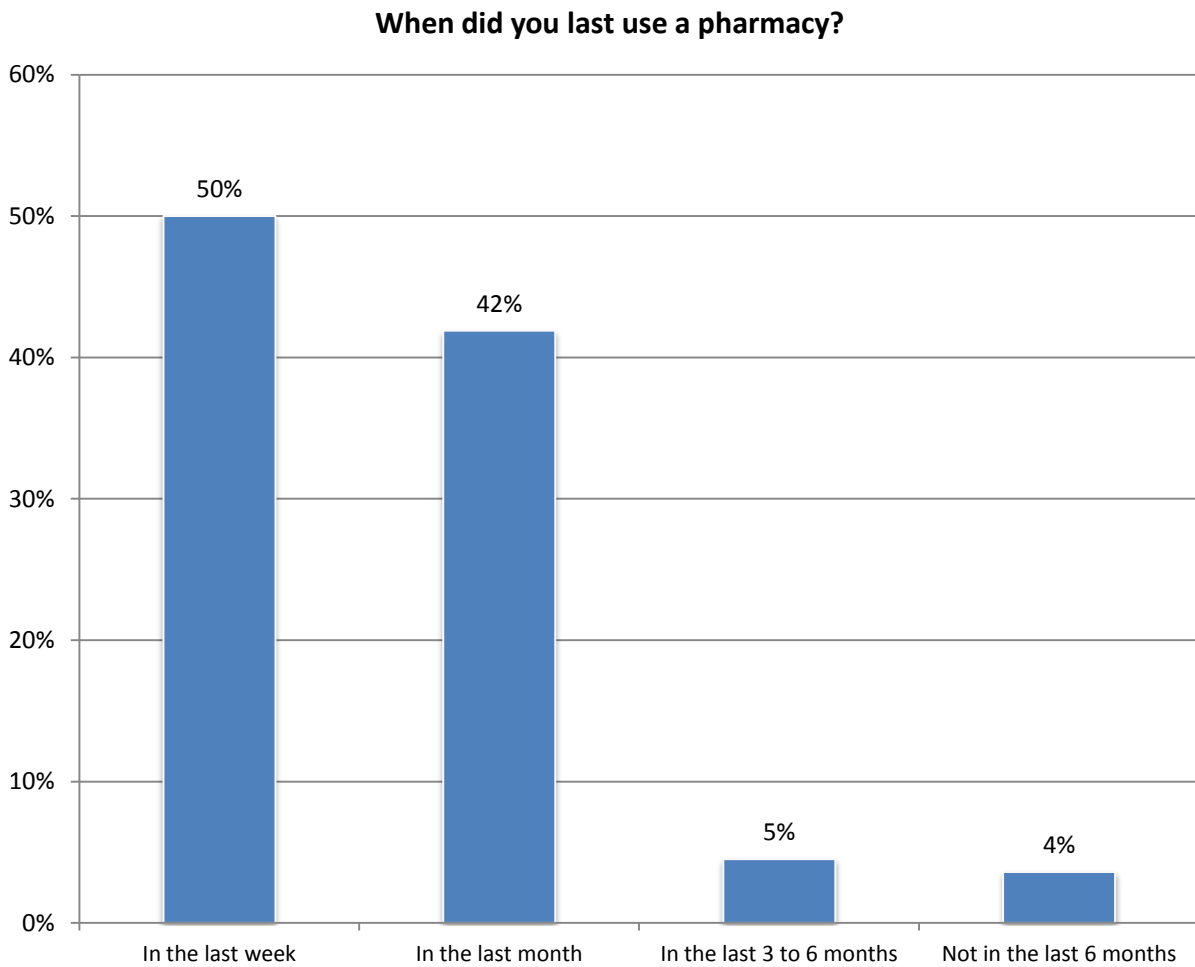


Figure 4 – When did patient use pharmacy

5.6.2 Accessing a pharmacy

Almost half of respondents walk to their pharmacy, and a further 44% use their car. Smaller proportions of patients use public transport, taxis or cycle to their pharmacy (Figure 5).

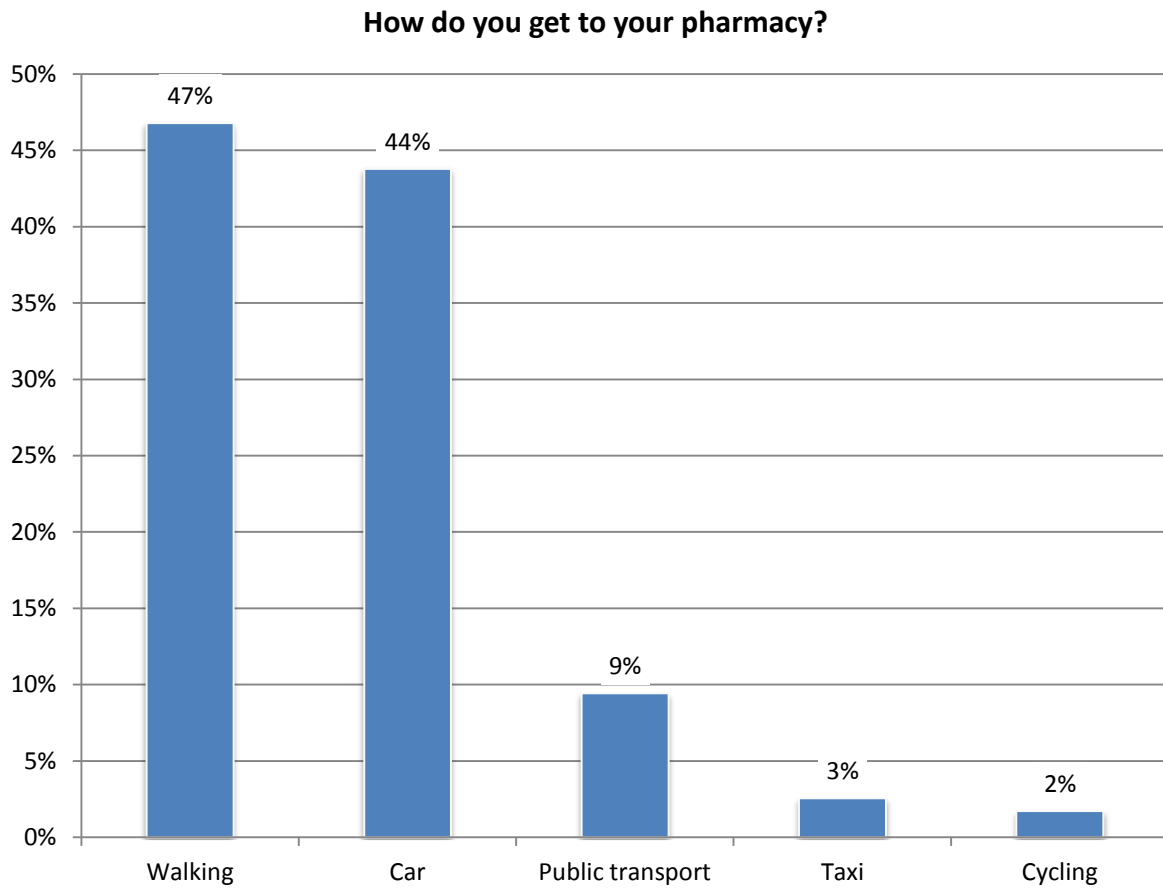


Figure 5 - How did patient get to pharmacy

The most important factor for choosing a pharmacy is it being close to home. Almost two thirds of respondents stated that this is the most important factor. A further 52% 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 a quarter 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 6).

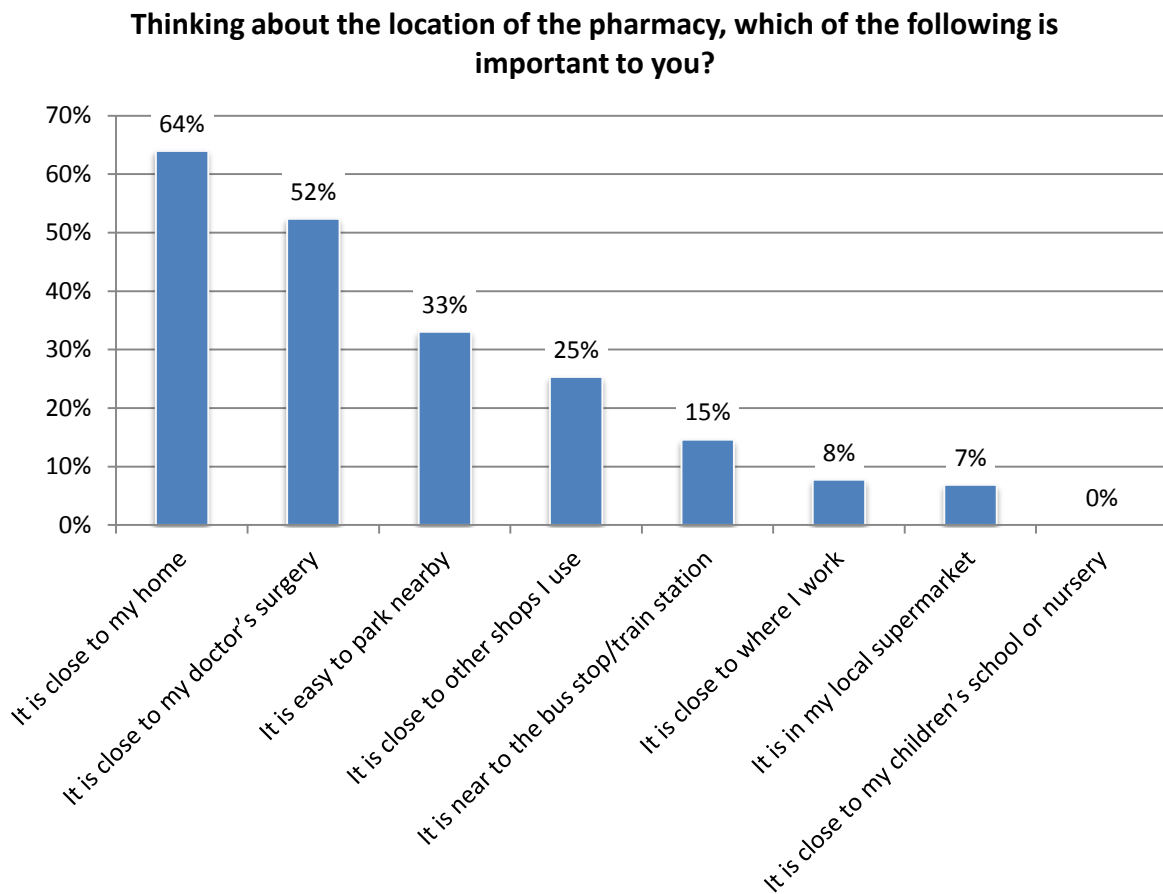


Figure 6 - Pharmacy location

Eighty-nine percent of respondents think it is very easy or quite easy to get to their usual pharmacy. Six percent say that it is not easy to get to their usual pharmacy (Figure 7).



Figure 7 - Accessing pharmacy

Of those respondents that have a condition that affects their mobility, 51% say they can park close enough to their usual pharmacy (Table 7).

If you have a condition that affects your mobility, are you able to park close enough to your pharmacy?	Response
Yes	51%
No	16%
Didn't answer	33%

Table 7 - Pharmacy parking provision

Approximately 55% of respondents said they used the pharmacy medication delivery service offered by their local pharmacy. Thirty-six percent of respondents do not use this service (Table 8).

Does your pharmacy deliver medication to your home if you are unable to collect it yourself?	Response
I have never used this service	36%
Yes	55%
No	4%
Didn't answer	5%

Table 8 - Does pharmacy deliver medication

5.6.3 Pharmacy consultations

Of the respondents that received a consultation at the pharmacy, 61% said the consultation was regarding medicine advice. A further 40% sought advice about a minor ailment. Nine percent sought lifestyle advice. None of the people that responded requested advice about emergency contraception (Figure 8).

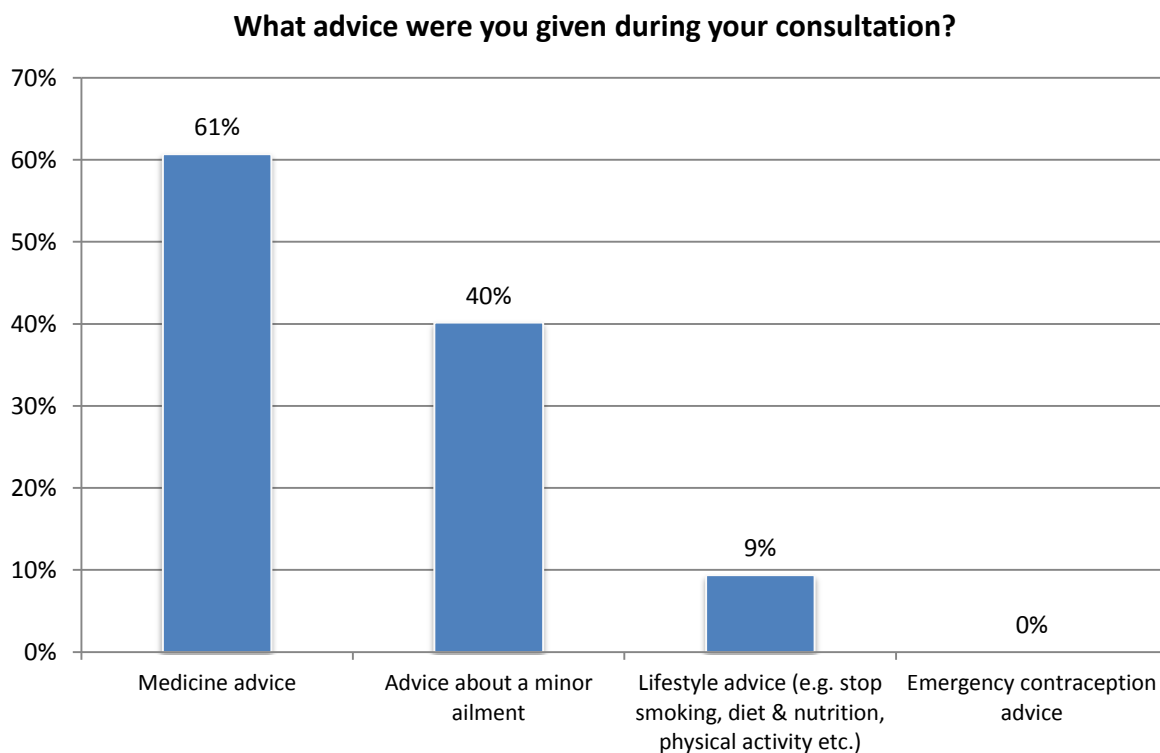


Figure 8- Consultation advice

5.6.4 Pharmacy services

In the past 12 months, approximately 9% of respondents had problems finding a pharmacy to get medicines dispensed (Table 9).

In the last 12 months have you had any problems finding a pharmacy to get a medicine dispensed, to get advice or to buy medicines?	Response
Yes	9%
No	85%
Didn't answer	6%

Table 9 - Problems finding pharmacies

Fifty-nine percent of respondents have not needed to use a pharmacy when it was closed. Approximately one fifth of respondents found their pharmacy closed on one or two occasions when they needed to use it and a further 6% found it closed on three or four occasions. However 11% found their pharmacy closed on five or more occasions when they needed to use it (Figure 9).

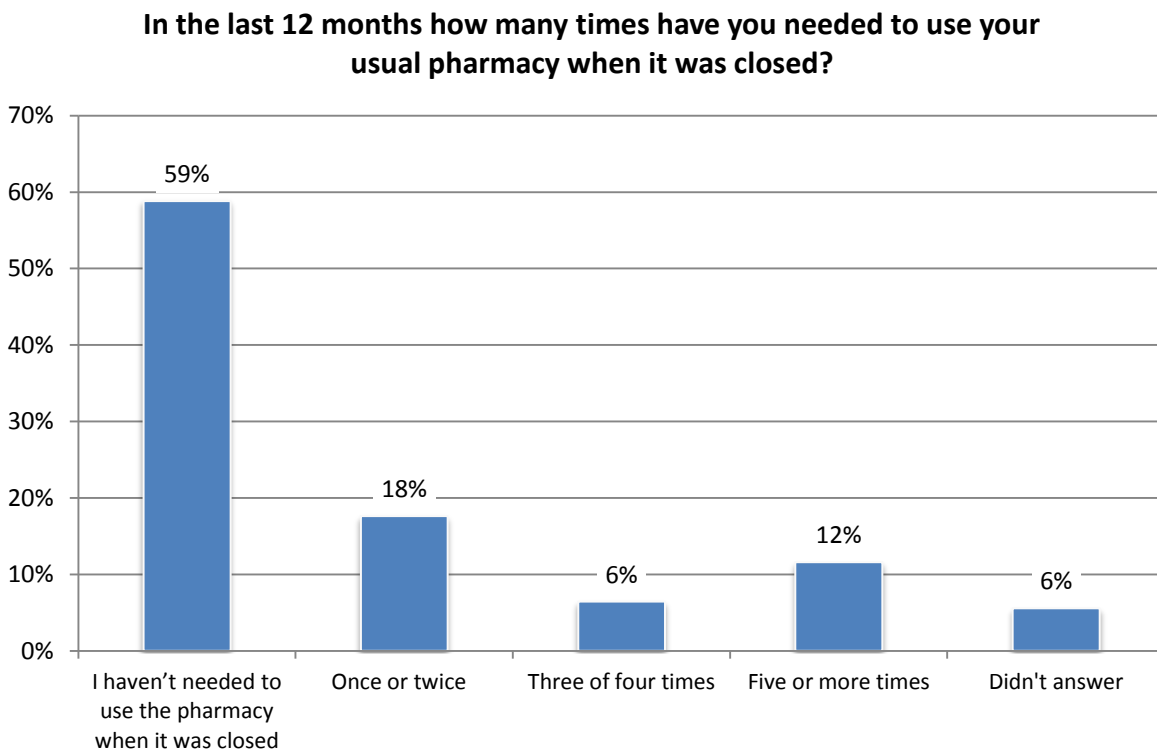


Figure 9 - Accessing pharmacies out of hours

Of those that responded to this question, 17% found their pharmacy closed on a weekday when they needed to use it. Nine percent found their pharmacy closed on a Saturday and 6% found their pharmacy closed on a Sunday (Figure 10).

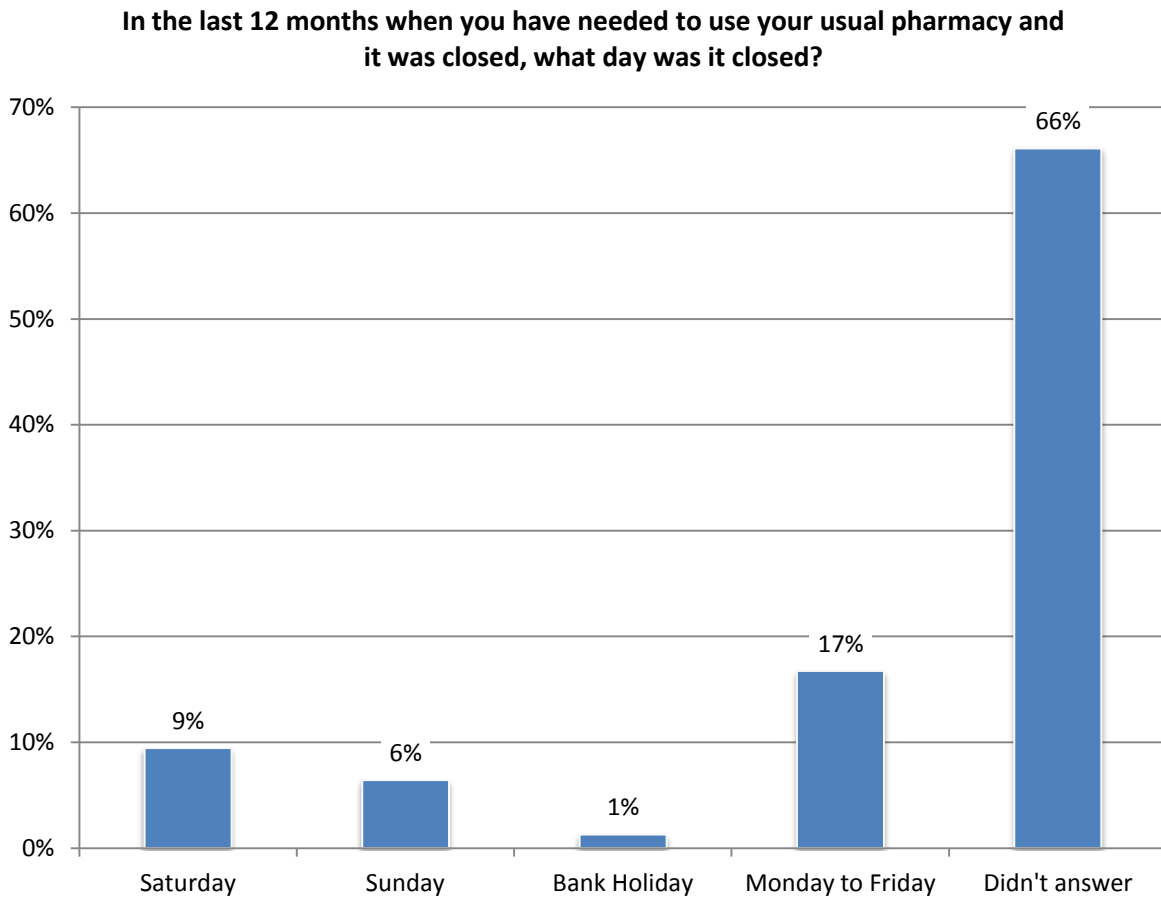


Figure 10 - Accessing pharmacies out of hours (day of week)

Sixty percent of respondents were informed of how long they would need to wait for their prescription to be dispensed. Eleven percent were not informed, but did not mind and five per cent were not informed but would like to have been told. Twenty-four percent did not respond to this question (Figure 11).

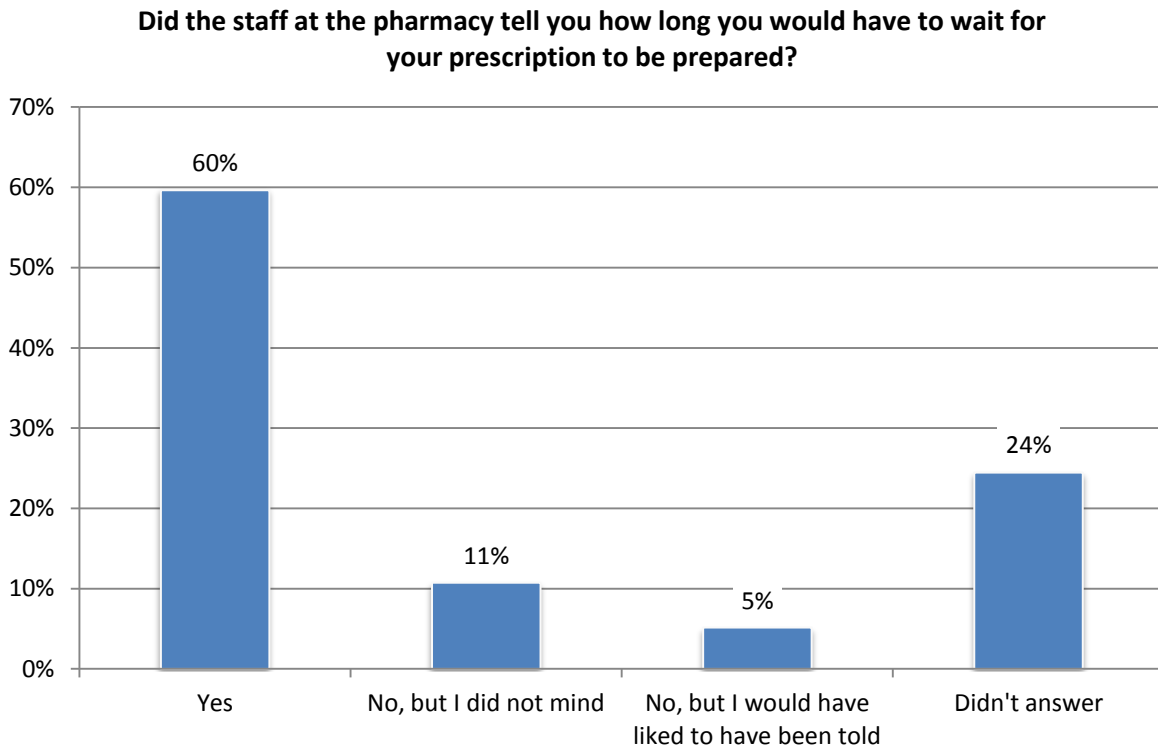


Figure 11 - Pharmacy waiting times

Fifty-five percent of respondents who were told how long they were to wait felt that the waiting time was acceptable. Seven percent did not feel their waiting time was acceptable (Table 10).

If you answered yes; do you think this was a reasonable amount of time to wait?	Response
No	7%
Yes	55%
Didn't answer	38%

Table 10 - Pharmacy waiting times (reasonable amount of time to wait)

Generally, respondents were satisfied with their pharmacy. Sixty-nine percent were satisfied with the range of services pharmacies provide. A fifth of respondents felt that pharmacies could provide more services for them (Table 11).

Please tell us how you would describe your feelings about pharmacies	Response
I am satisfied with the range of services pharmacies provide	69%
I think that pharmacies could provide more services for me	21%
Didn't answer	10%

Table 11 - Pharmacy satisfaction

The majority of people surveyed felt that pharmacies should offer services providing treatment for minor illnesses (76%), provide checks for certain health conditions (73%), medicine reviews (67%) and advice on stop smoking (58%). Approx 50% of respondents felt that pharmacies should offer free emergency contraception and 31% felt that pharmacies should offer advice and treatment for drug and alcohol abuse (Figure 12).

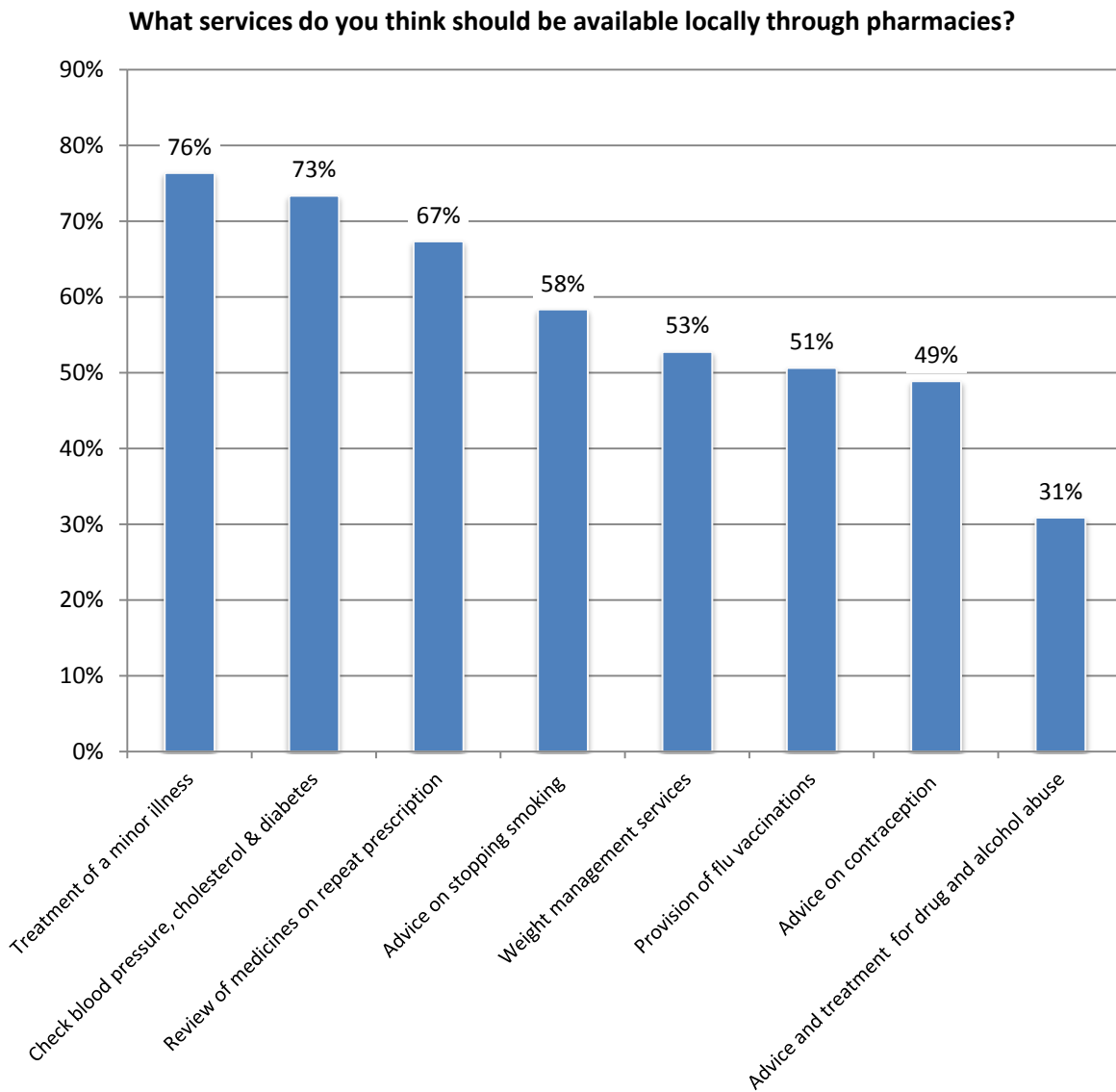


Figure 12 - What services should pharmacies offer

Respondents were then asked to provide some information about what they particularly value about pharmacies and what they would like to change. 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 getting to know patients, their health needs and medicines
- Pharmacist’s knowledge about health conditions and medications
- Repeat prescription service
- Delivery of medications to home
- Advice given about when to contact GP about ailment
- Care at the Chemist service
- Being able to seek medical advice without seeing a doctor

What I would like to change

- Need for online reordering of prescriptions
- Waiting times at counter
- Need better weekend/bank holiday opening
- More privacy to discuss confidential issues
- More staff in some pharmacies/improve training and knowledge base

5.7 Pharmacy survey

There were 48 responses (response rate of 63%) 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.

5.7.1 Access for clients whose first language is not English

Of the pharmacies surveyed, approximately a quarter were able to offer support for patients whose first language is not English. When asked how they can support this, 61.5% said they used an interpreter/language line and 38.5% 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 12. 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 language.

Languages	Number of pharmacies where staff can communicate in this language
Chinese	1
British Sign Language	1
French	1
Polish	5
Gujarati	5
Urdu	4
Hindi	2
Punjabi	1
Spanish	1

Source: PNA Pharmacy Survey (April 2014)

Table 12 - Other languages staff can speak

Finally, when pharmacies were asked what other support they provide to patients who do not speak English as a first language, one pharmacy said they offered internet translations, one pharmacy said they provided leaflets in the patient's first language and one pharmacy said they would liaise with the GP or a carer/family member.

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

When asked about whether the pharmacy was close to the bus network, approximately 93% of pharmacies said that there was a bus stop within walking distance of the pharmacy. Of these, 25.5% of pharmacies said that the walk to the bus stop took less than 2 minutes and 72.5% said the walk took between 2 and 5 minutes.

When asked about facilities for disabled patients, 89% said disabled patients could park within 10 metres of the pharmacy. Approximately 78% of pharmacies have an entrance which can be used unaided by wheelchair users and almost 90% 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 such as hearing loop and large print/Braille leaflets. The facilities offered to support disabled patients are shown in Figure 13.

In addition to this, two pharmacies stated that they have other facilities in place. This included one pharmacy that stated that they have a low level counter and one pharmacy with a wide entrance for wheelchair users.

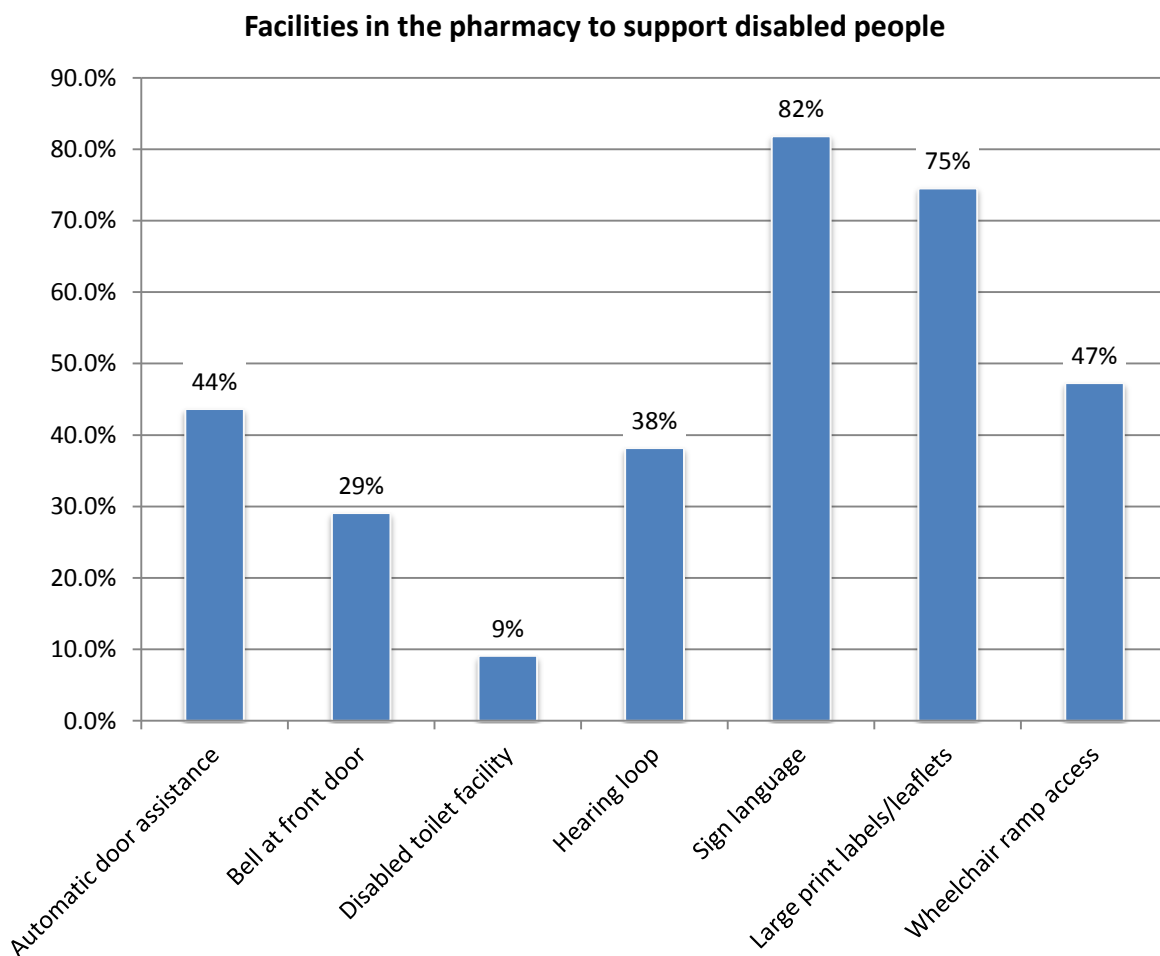


Figure 13 - Pharmacy accessibility for disabled patients

5.7.3 Pharmacy consulting rooms

Approximately 93% of pharmacies said they were able to provide advice and support if a customer wishes to speak to a person of the same sex. Approximately 47% of pharmacies can offer this service at all times and approximately 46% could arrange this by appointment.

When asked whether there is a consultation area available that meets the criteria for Medicine Use Reviews where a patient and pharmacist can sit down together, talk at a normal speaking volume without being over heard by customers or staff and is clearly signed as private consultation, approximately 91% of pharmacies stated that this facility was available. Approximately 87% stated that this consultation area was accessible by wheelchair.

Finally, pharmacies were asked whether they had toilet facilities that could be used by patients for screening purposes, for example for chlamydia screening or pregnancy testing. Approximately 30% of pharmacies have toilet facilities for this purpose.

5.7.4 Prescription Collection and Delivery Services

Pharmacies were asked whether they provide a prescription collection service from GP surgeries. 94.5% of pharmacies said that they offered this service and the remaining 5.5% 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 (also see Figure 14):

- Approximately 91% said they offered this service free of charge
- No pharmacies that responded said they charged for this service
- Approximately 16% of pharmacies said they only delivered to selected groups
- Approximately 30% of pharmacies said they only delivered to selected areas.

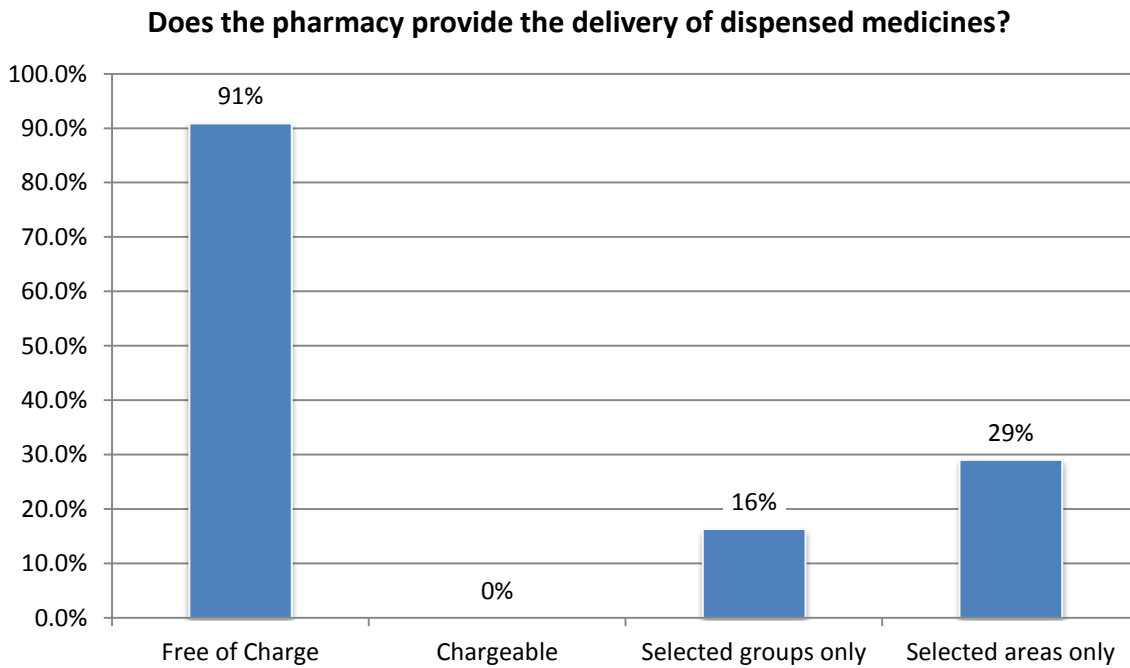


Figure 14 - Pharmacy delivery of dispensed medicines

5.7.5 Conclusion

A total of 233 members of the public responded to the patient and public survey conducted as part of this needs assessment process providing feedback on local community pharmacy services. Responses were overwhelming positive. No significant gaps in the local pharmaceutical network were identified as a result of the survey conducted between June and September 2014.

6. Population and Health Profile of Sefton

6.1 Location

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 an award winning coastline covering Crosby through to Formby and Ainsdale. There are a lot of things that make life good for people but it is not so good for others. The health and wellbeing of everyone is important to Sefton's Health and Wellbeing Board. People enjoy living in Sefton with 90% of Sefton residents saying that they are either very or fairly satisfied with their local area as a place to live. Our young people achieve well in school and crime rates are either equal to or lower than the average for our neighbouring authorities in the Liverpool City Region. There is a good quality coast line and green spaces which residents and visitors enjoy.

6.2 Population Structure and Projections

6.2.1 Resident Population

The latest population figures released in 2012 showed that the population in Sefton was 273,697. Approximately 48% (131,144) of the population is male with 52% (142,553) 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 1 in 4 are aged over 65, compared to 1 in 5 amongst males. Across Sefton 58.7% (160,731) residents are working age (18-64), which is lower than both National and across the North West where the work age population account for 62.2% and 62.1% respectively. Overall the proportion of the population aged over 65 in Sefton is 22%, considerably higher than across England as a whole where over 65's account for 17% of the population. The average age of a Sefton resident is 44.9 years, five years older than the average age across the UK, where it is 39.7 years

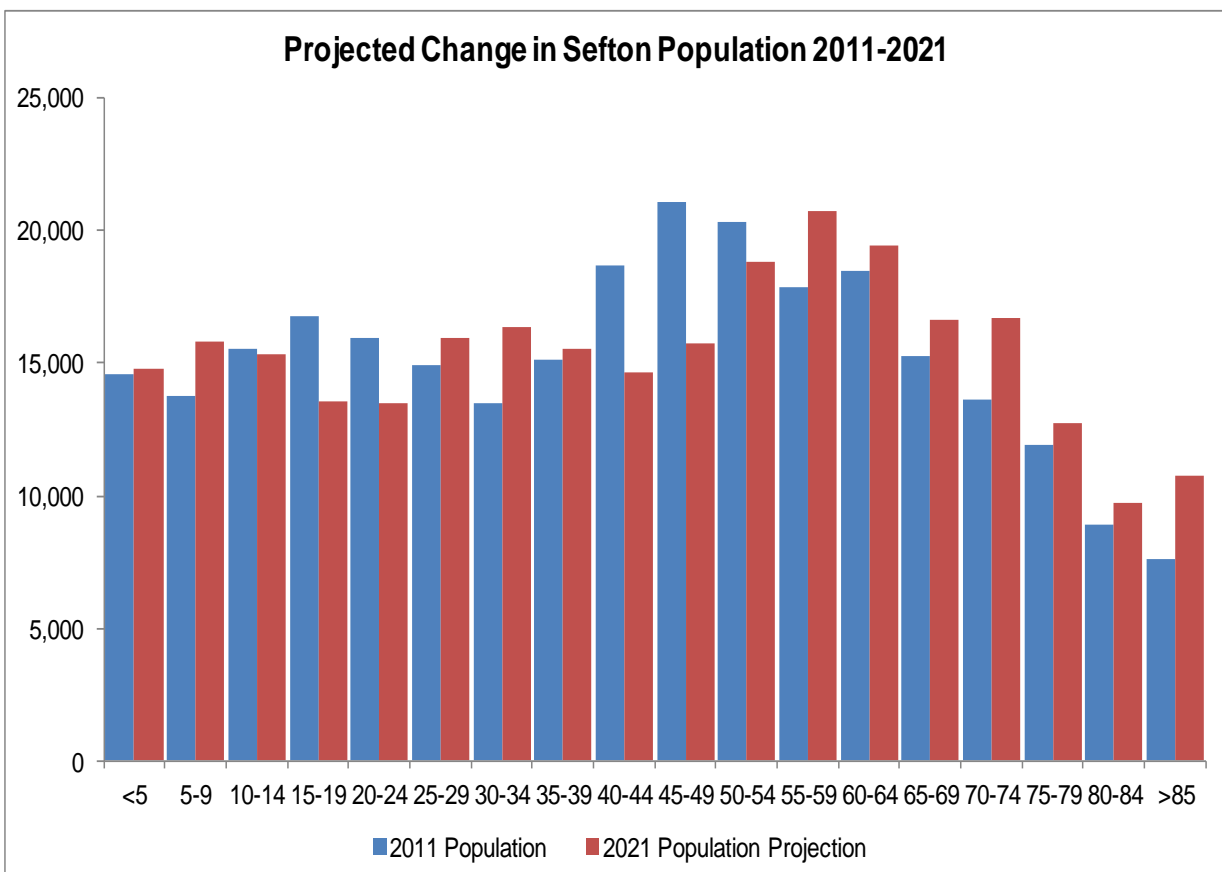
2012 mid-year population estimates for Sefton show a 10 year population reduction of 2.6% since 2002. This goes against both the National and Regional trends which have both seen population increases during the same period. Since 2002 the population of England is estimated to have risen by almost 14% and the population of the North West of England by 4.4%.

Although the Borough has become slightly more ethnically diverse between Census 2001 and Census 2011, the area is still predominantly white with more than 97% (266,741 of 273,790) residents from a white background. 259,629 of these are White / British making up 94.8% of the Sefton population. In comparison, 90.2% of the North West population are White, and across England & Wales 85.9% are White.

6.2.2 Population Forecasts

Since 2001 the population has fallen by 3.2%. For 2011/12 Sefton had the sixth highest reduction in population, and was one of only 25 Local Authorities across England & Wales that had a reduction in total population. G.P. registrations since 2004 have increased by around 28%, suggesting that the number of overseas residents arriving in Sefton has been increasing and is going some way to mitigating the natural change reduction in the Borough and the number of people emigrating out. However, since 2009 the number of new registrations has been steadily falling away.

Sefton's overall population is predicted to rise by 1% by 2021 to 276,821. The chart in Figure 15 breaks down the projection change in Sefton's population by five year age bands. There are increases in each five year band from 55-59 onwards with an increase in residents aged 65 and over of 16%, rising from 57,400 in 2011 to 66,500 in 2021. The biggest increase is projected to be in the number of residents age 85 and above, which is expected to rise by more than 40% from 7,600 in 2011 to 10,700 by 2021.



Source: Office of National Statistics (2011)

Figure 15 - Project population change in Sefton, 2011 - 2021

Despite a reduction of 4% (162,400 to 155,700) in working age population within the borough, there are increases in each of the five year age bands 25-29 (7%), 30-34 (21%) and 35-39 (2%). There are also predicted to be increases in those who are potentially reaching the end of their working life, age 55-59 (16%) and aged 60-64 (5%).

Amongst younger people it is predicted that there will be an increase in under 10s of 8% rising from 31,300 in 2011 to 33,700 in 2021. However, a reduction in those aged 11-17 of 9% from 22,900 to 20,800, means the number of Sefton residents aged under 18 will remain fairly static, increasing by just 400 from 54,200 to 54,600 or 0.7%

The biggest increase for both males and females is amongst those aged 85 and above with the male over 85 population rising by almost 70% and female by 28% over the next 10 years. Across both genders, it is projected that every age band from 55-59 onwards will see an increase.

6.2.3 GP Registered Population

The number of people registered with Sefton General Practices is slightly higher than the resident population of the borough. Figures from October 2014 show there are almost 273,850 patients registered with Sefton Clinical Commissioning Group Practices. This means there are approximately 150 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.

6.3 Deprivation and Socio-economic factors

6.3.1 Indices of Deprivation

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 326 Local Authorities contained within the Index of Multiple Deprivation (IMD) Sefton is ranked as the 92nd most deprived in England. There are 36 Sefton LSOAs in the most deprived 10% of areas within England & Wales, with three of these amongst the most deprived 1%. All three of these are within Linacre Ward. Within the 36 LSOAs within the most deprived decile there are 49,731 residents, this equates to 18% of Sefton's population living in the most deprived 10% of areas.

When recent measures of deprivation are compared with figures from 2004, more than three quarters of LSOAs have experienced reduced 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 are 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.

6.3.2 Benefits

As of August 2013, the number of working age people in Sefton claiming benefits is 30,160 (count rounded to nearest 5), this represents a reduction over 5 years of 8%. Despite this reduction the proportion of the working age population of Sefton claiming benefits (18%) remains above both the North West (16.6%) and national (13.6%) averages. Nationally, approximately 12% of prescriptions were issued free of charge for individuals on low incomes or income related benefits. This equates to approximately 736,000 prescription items being dispensed free of charge each year in Sefton to individuals on low incomes or income related benefits.

Table 13 shows that of the 22 wards that make up Sefton, 20 had a reduction in the total number of claimants. Ravenmeols ward, which already had one of the lowest claimant rates across the borough, had the largest reduction (19.5%).

Ward	Number (Rounded)			Rate of Claimants	
	Aug-09	Aug-13	% Change	Aug-09	Aug-13
Linacre	3300	3225	-2.3	42.8	42.3
Derby	2330	2125	-8.8	30.5	27.9
Litherland	2050	1880	-8.3	28.8	26.5
St Oswald	2230	2120	-4.9	27.6	26.5
Church	2190	2045	-6.6	27.5	25.8
Ford	2150	1980	-7.9	27	24.8
Netherton & Orrell	2150	1910	-11.2	26.6	23.5
Dukes	1520	1555	2.3	20.2	20.3
Cambridge	1245	1255	0.8	18.5	18.4
Kew	1420	1335	-6.0	17	15.9
Manor	1275	1085	-14.9	18.2	15.7
Norwood	1535	1480	-3.6	15.7	15
Ainsdale	990	945	-4.5	14.4	14
Molyneux	1225	1105	-9.8	14.6	13.2
Victoria	1095	895	-18.3	14.3	11.7
Birkdale	985	845	-14.2	12.9	11.1
Sudell	1025	855	-16.6	13	10.9
Park	1070	935	-12.6	12	10.6
Meols	840	780	-7.1	10.9	10.2
Blundellsands	780	655	-16.0	11.4	9.5
Ravenmeols	745	600	-19.5	11.2	9.1
Harrington	600	545	-9.2	8.4	7.8

Source: Department for Work and Pensions (August 2013)

Table 13 - Count of benefit claimants in Sefton

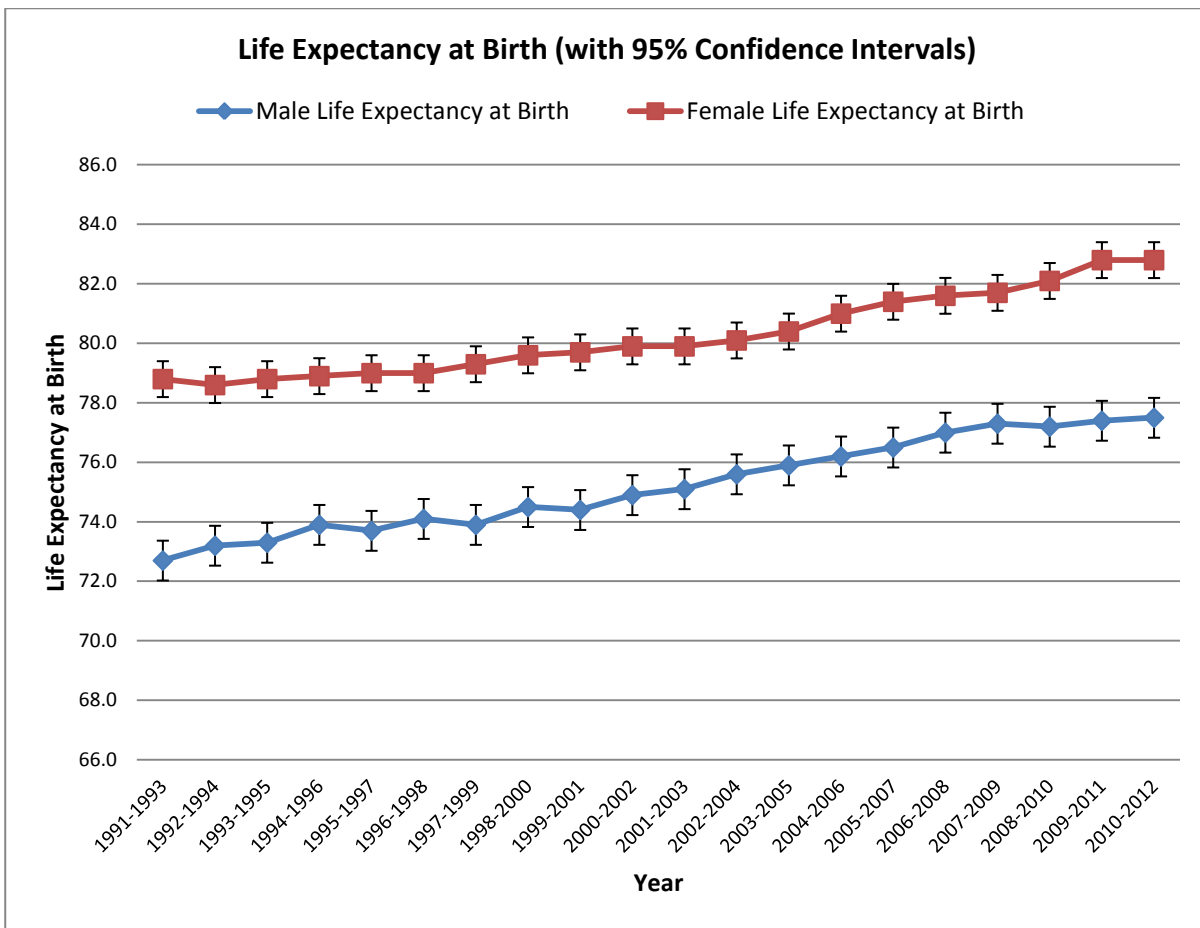
Both wards that have seen an increase in the number of benefits claimants, Dukes and Cambridge are both located in the Southport area of the Borough. It should be noted, however that although Cambridge ward had a slight increase in the number of claimants, the proportion of the working age population claiming actually fell slightly.

The proportion of claimants across the wards varies dramatically across the Borough from just 7.8% in Harington to more than 42% in Linacre ward.

6.4 Life Expectancy (LE)

Life expectancy at birth in 2010-12 has increased for both males and females in Sefton. Life expectancy at birth in Sefton is 82.8 years for females and 77.5 years for males.

Looking at the trend over a longer period, life expectancy at birth for residents in Sefton has increased between the periods 2006-08 and 2010-12, from 77.0 to 77.5 years for males and 81.6 to 82.8 for females. The chart in Figure 16 illustrates the change in life expectancy in Sefton during the period 1991-93 and 2010-12. The chart illustrates that life expectancy for both males and females has been increasing over the past two decades; however life expectancy remains consistently higher for females than males.



Source: Office for National Statistics (2013)

Figure 16 - Life expectancy at birth within Sefton

Life expectancy at birth increased at a greater rate for males than females between 2009-11 and 2010-12, which was the same as the national trend reported by the Office for National Statistics. In this period, female life expectancy remained the same and male life expectancy increased by 0.1 years.

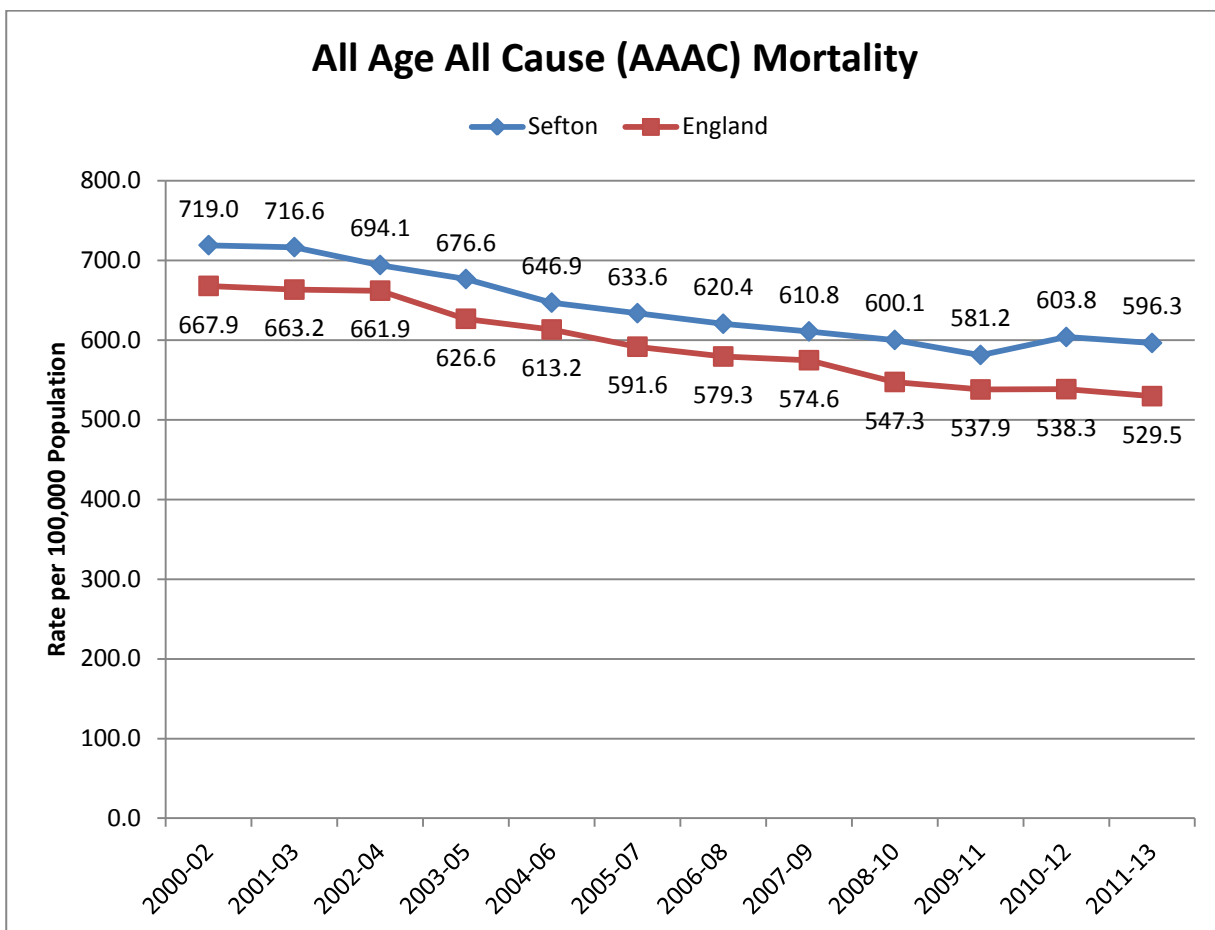
In 2010-12, the difference between male and female life expectancy was 5.3 years. In 2006-08, the difference between male and female life expectancy was 4.6 years. This suggests that the gap between male and female life expectancy has increased over this period. However, the life expectancy gap between males and females decreased by 0.1 years between 2009-11 and 2010-12.

The male healthy life expectancy (HLE) at birth for NHS South Sefton (60.3) is significantly lower than the England average and ranks 168th out of 211 CCG areas (in the bottom 25%). There is a gap of 16.7 years between male LE and HLE in NHS South Sefton meaning an estimated 16.7 years will be spent in 'Not Good' health. The male HLE at birth for NHS Southport & Formby (63.7) is ranked 91st out of 211 CCG areas and is not significantly different to the England average. Males in Southport & Formby are estimated to spend an average of 14.5 years in 'not good' health.

The South Sefton HLE at birth for females (62.6) is significantly lower than the England average and ranked 146th out of 211 CCGs. Conversely the NHS Southport & Formby HLE for females (65.8) is significantly higher than the female England HLE and ranked 77th out of the 211 areas. Female LE and HLE are higher than male LE and HLE in both NHS South Sefton and NHS Southport & Formby. However in both areas females are estimated to spend three more years of their life in 'not good' health than men. The difference between LE and HLE for females is 19.7 years in South Sefton and 17.5 years in Southport & Formby.

6.5 All Age All Cause (AAAC) Mortality

The chart in Figure 17 shows how the overall mortality rate in Sefton has changed over time, and how we compare to the England Trend. Since 2000-02 the mortality rate in the borough has fallen by approximately 20%.



Source: Office for National Statistics (2014)

Figure 17 - All age all cause mortality (2000/02 - 2011/13)

6.6 Major causes of ill health and mortality in Sefton

Cancers are the second largest single cause of death in Sefton and the third highest burden of disease. In the period 2010/12 there were a total of 1,239 deaths attributable to cancers within Sefton. This is an increase of almost 5% (1,239 from 1,182) on the previous period 2009/11. While Sefton has seen an increase in cancer attributable deaths both nationally and regionally there have been reductions of 3.5% and 3.6% respectively. This has seen the rate of deaths per population in Sefton go from being lower than the regional rate to being higher. The rate per population in Sefton is also above the national rate.

The mortality rate for cancers is higher amongst males than females, 224.2 deaths per 100,000 population for males, compared to 145.7 deaths per 100,000 population for females. For both males and females the cancer with the highest mortality rate is lung cancer. For males the other most prominent cancers for mortality rates are prostate and bowel. For females breast cancer has the second highest mortality rate followed by bowel.

In the period 2010-12 Sefton has seen the first year on year reduction in rates of mortality from Chronic Liver Disease amongst males for five years, however at 27.78 per 100,000 population it is still significantly higher than the rate of 15.75 across England as a whole. Sefton has amongst the highest rates of mortality from chronic liver disease across ALL English authorities for both males and females.

To measure premature mortality, an indicator called years of life lost can be used. The rate of years of life lost due to mortality from bronchitis, emphysema and other COPD is higher in Sefton than the national average. The rate for Sefton for period 2010/12 is 16.98 compared to 11.55 for England & Wales and 16.76 across the North West. Over the last 10 years, despite falling death rates, in particular early deaths from cancer, heart disease and stroke, death rates in Sefton remain worse than the England average

6.7 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. In 5 years, Sefton's ageing population could mean 5,300 more people with hypertension and 2,200 more people with CHD. The estimated diagnosis rates of dementia have increased from 37% in 2007/08 to 48.7% in 2012/13. This is similar to the England average.

Over the last 5 years the number of emergency admissions for asthma and diabetes has fallen by 41% (733 to 431). However, despite these considerable reductions, and the lowest rate across Merseyside, the rate of admission within Sefton at 152.5 per 100,000 population remains significantly above the national rate of 132.7.

Responses to the national patient survey show that quality of life for people living with long term conditions is better for those living in the least deprived areas. The average health status score for those in the most deprived decile is 12% lower than for those who live in the least deprived decile. Within Sefton the health status score for Sefton has fallen slightly for 2012/13 compared to 2011/12 however the reduction is in line with national change. Despite this, Sefton's average score remains slightly below the national score.

In 2012 there were 4,249 over 65s predicted to have dementia in Sefton, and a further 76 people aged 30-64 years with early onset dementia. It is predicted that by 2016 around 4,600 people over the age of 65 years will have some form of dementia and around 77 people are predicted to have some form of early onset dementia. By 2020 it is predicted that more than 5,000 people will have some form of dementia and that around 80 people are predicted to have some form of early onset dementia.

7. Pharmacy Activity that supports local priorities

7.1 Tobacco Control

7.1.1 Level of Need

Smoking is the most significant modifiable risk factor for both heart disease and cancer. In men, it accounts for 59% of social class differences in death rates between 35 and 69 yearsⁱ. According to 2012 Health Profilesⁱⁱ and Lifestyle Survey data, the adult smoking rate in Sefton was estimated to be between 20 % and 22%. This compares to the England average of 19.5%. This means that adult smoking rates in Sefton are slightly higher but not significantly different from the England average. Historic data shows that there has been little change in smoking rates among adults in Sefton during the period 2010 to 2012. Rates of smoking among adults vary across England. The highest rate of smoking for a local authority is 30.1% and the lowest rate is 8.4%.

An analysis of adult smoking rates by ward shows there is a great variation in smoking rates across Sefton. The smoking rates vary from 9.9% in Birkdale ward to 40.7% in Linacre ward, a variation of approximately 31%.

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 1,330 per 100,000 population. This is significantly lower than the average for England. However registrations for lung cancer and smoking related mortality are both significantly higher than the England average (94.4 per 100,000 population and 333.2 per 100,000 respectively), showing that there is still a need for tobacco control measures within the borough.

Across England, approximately 13% of new mothers are smokers at the time their baby was delivered. This figure is higher in Sefton, where approximately 16% of mothers are smokers at time of delivery. There were 2,850 births in Sefton during 2013, which means that approximately 450 mothers were smoking at the time of their baby's birth.

As such, strategies that tackle tobacco have a major role to play in reducing health and social inequalities. 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 range of stop smoking services as part of a comprehensive tobacco control and smoking cessation plan.

7.1.2 Evidence of effective interventions in the community pharmacy setting

Evidence suggests that community pharmacies have a key role to play in providing brief interventions for smoking cessation^{iii iv v}. Details of how they can provide this support can be found in guidance such as that published by Pharmacy Health Link^{vi}. However, this requires adequate training to enhance confidence and skills^{vii viii}. The quit smoking success rates amongst community pharmacists are lower than specialist stop smoking advisors, but are still high enough to invest in as so many quitters buy over the counter Nicotine Replacement Therapy (NRT). However without the behavioural support to complement this approach it is often unsuccessful.

There is also some evidence that involving community pharmacy support staff in brief interventions around smoking can increase the provision and the recording of smoking status in patient's medication records.^{ix}

7.1.3 Local provision

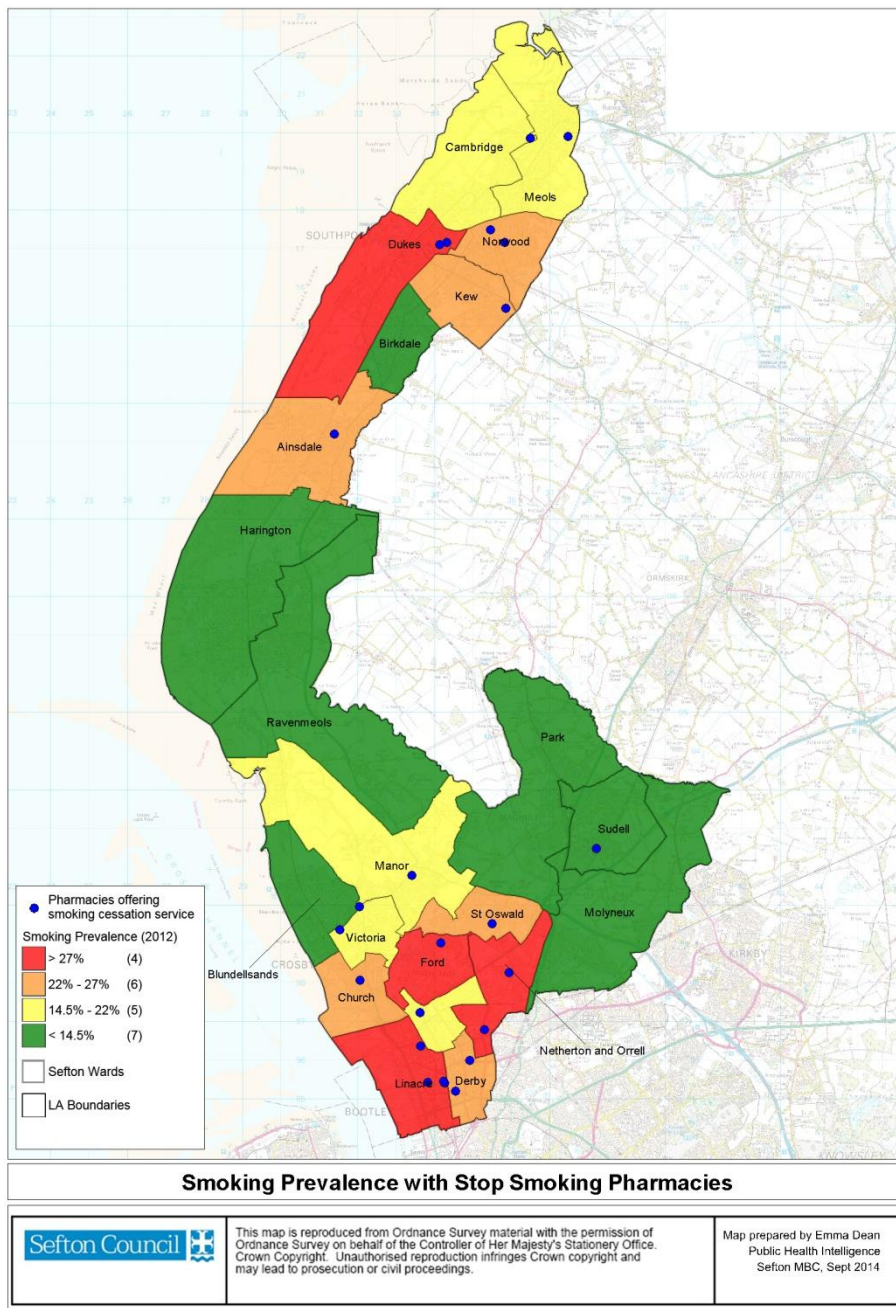
In 2014, 24 pharmacies were providing stop smoking services on behalf of Sefton Council. Pharmacies offer the following service commissioned by LAPHT:

Stop Smoking Intermediate Service

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

In the public and patient survey 62% of people responding stated that they would like to see advice on stopping smoking which suggests the public see this as a good venue for support to quit smoking.

Map 9 illustrates smoking prevalence in Sefton with pharmacies offering smoking cessation services. 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 located in areas where the need is greatest.



Source: Indices of Multiple Deprivation 2010 and Sefton Public Health (February 2014)

Map 9 - Map of smoking prevalence with pharmacies offering smoking cessation services

Within Sefton, there is one specialist service provider. This service is called SUPPORT and is based within Liverpool Community Health NHS, offering community based stop smoking clinics across the borough. Information regarding the availability of stop smoking services in pharmacies within one mile of Sefton's borders is available on page 47.

In addition to stop smoking services, pharmacies dispense nicotine replacement therapy against vouchers issued by the Specialist Stop Smoking Service as well as provide access to Varenicline, a smoking cessation treatment, under a Patient Group Direction (PGD).

7.1.4 Conclusions

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 Liverpool Community Health (LCH). A comprehensive range of these services is currently available.

7.2 Alcohol

7.2.1 Level of Need

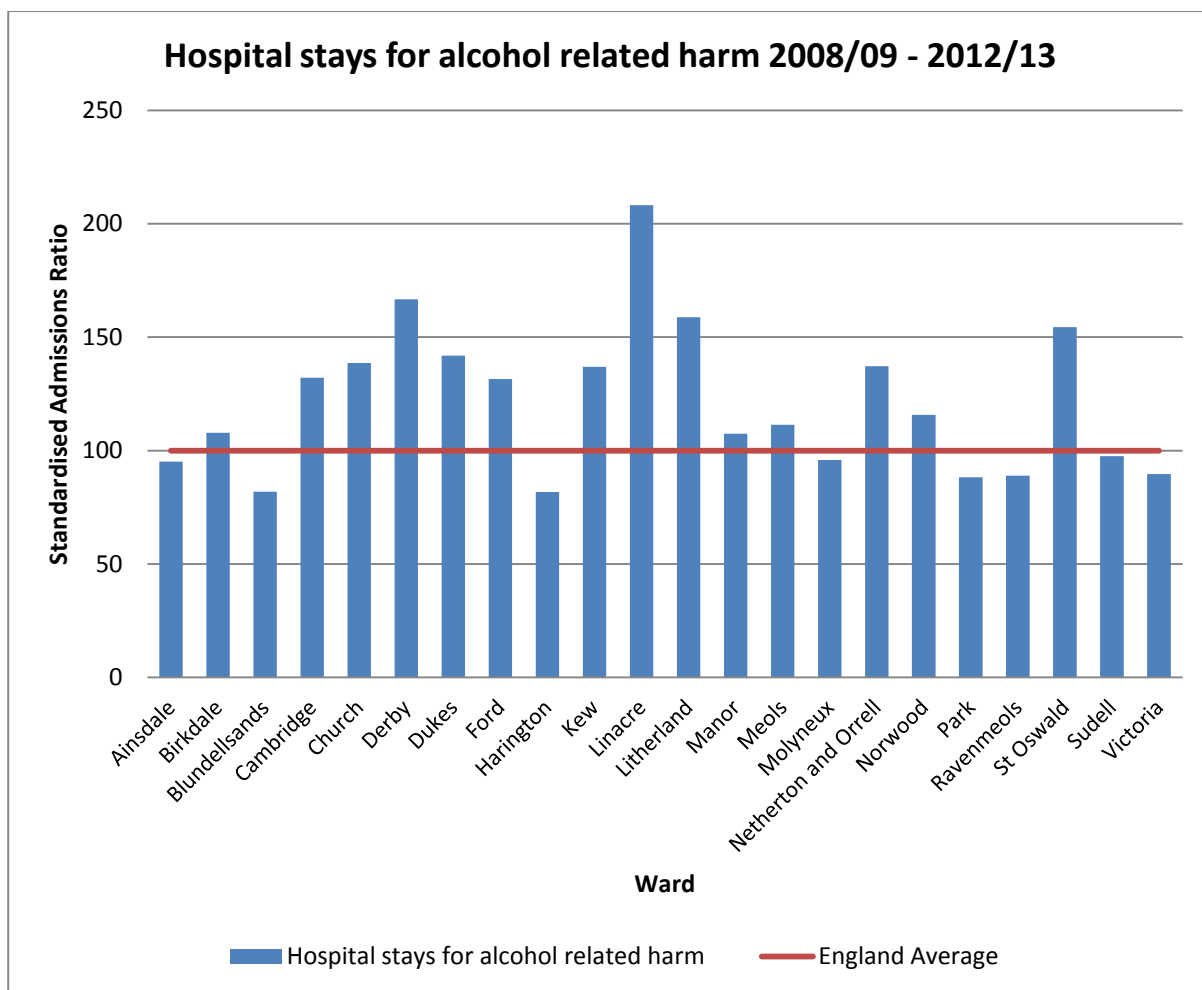
Alcohol is the world's third largest risk factor for disease burden and the second largest risk factor in Europe. Harmful use of alcohol results in 2.5 million deaths each year worldwide and affects not only the physical and psychological health of the drinker but the health and well-being of people 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. Most recently, the 2014 Longer Lives Profiles showed that Sefton was ranked as having one of the highest rates of liver disease in England. Sefton was ranked 143rd out of 149 local authorities in England, which means rates of liver disease are significantly worse than the England average.

Levels of alcohol use have been rising over recent years. The Sefton Lifestyle Survey 2012 shows that of adults who consume alcohol, 12% drink above the recommended guidelines (increasing risk), with a further 4% drinking at high risk levels (greater than 50 units per week for men, and over 35 units per week for women). This equates to approximately 32,760 residents consuming alcohol at increasing risk levels and a further 10,920 consuming alcohol at higher risk levels. Increasing risk drinking is more common amongst males and the 25-54 year old age group. Higher risk drinking, however, shows little variation by gender and is most prevalent in the youngest age group (18-24 year olds). While the prevalence of alcohol consumption associated with increasing risk is higher in less deprived areas, the impact of harm associated with higher risk drinking is greatest in the most deprived areas.

According to the 2012 Local Health profiles, the rate of hospital stay for alcohol related harm in Sefton was 731 per 100,000 population. This is significantly worse than the England average rate, which was 631 per 100,000 population. The rate of hospital stays for alcohol related harm varies across England, with the highest rate being 1,121 per 100,000 population and the lowest rate being 365 per 100,000 population. The rate of hospital stays also varies significantly between Sefton's wards, as illustrated in Figure 18.

The 2014 Local Alcohol Profiles for England show that alcohol related mortality within Sefton is 82.5 per 100,000 population for males and 33.8 per 100,000 population for females. The rate for

alcohol related mortality for females is similar to the England average; however the rate is significantly worse for males.



Source: Public Health England (2014)

Figure 18 - Hospital stays for alcohol related harm in Sefton 2008 – 2013 by ward

The 2014 Local Alcohol Profiles for England show that alcohol related mortality within Sefton is 82.5 per 100,000 population for males and 33.8 per 100,000 population for females. The rate for alcohol related mortality for females is similar to the England average; however the rate is significantly worse for males.

7.2.2 Evidence of effective interventions in the community pharmacy setting

Community pharmacies have been effective in supporting people to stop smoking using brief interventions and there is evidence in the literature that such an approach is also effective for alcohol within other primary care settings^{x xi}. It is therefore not implausible to suggest that they could play a key role in local plans to address alcohol misuse, one of the NHS England’s top priorities.

7.2.3 Local provision

LAPHT commission alcohol services 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 Centres via Local Authority commissioned Public Health Services.

There are currently no alcohol related services offered via pharmacy provision in Sefton. Information available from neighbouring local authorities, at the time of writing this PNA, indicates that Knowsley currently commission an alcohol service delivered through community pharmacies. Other local authorities across the Liverpool City region are exploring the role of pharmacies to deliver alcohol brief interventions.

7.2.4 Conclusions

There is currently no pharmacy based provision relating to alcohol in Sefton. However, there are a number of alcohol services available to residents commissioned through the LAPHT.

7.3 Planned care

7.3.1 Level of Need

Based on changing population numbers and age structures it is estimated that the number of people being admitted to hospital for a planned procedure will increase. Currently the main reasons for planned (elective) admissions are major knee and hip procedures for over 65s and tonsillectomies for under 18s. Taken together these conditions accounted for approximately 30% of planned admissions for Sefton patients during 2013/14.

Table 14 shows the main reasons people aged over 65 were admitted to hospital for a planned procedure. These procedures account for almost 30% of planned admissions for over 65s in 2013/14. The main reason for a planned admission within this age group was for major knee and hip procedures.

Healthcare Resource Group (HRG) 65years+ Code and Description (HRG4)	13/14 Admissions
HB21C - Major Knee Procedures for non Trauma Category 2 without CC	277
HB11C - Major Hip Procedures for non Trauma Category 2 without CC	162
WA14Z - Planned Procedures not carried out	146
LB13A - Bladder Major Endoscopic Procedure with CC	106
HB12C - Major Hip Procedures for non Trauma Category 1 without CC	79
FZ18C - Inguinal Umbilical or Femoral Hernia Repairs 19 years and over without CC	75
LB14E - Bladder Intermediate Endoscopic Procedure 19 years and over	67
LB25B - Prostate Transurethral Resection Procedure with Intermediate CC	67
Total of above	979
All elective admissions for 65+ 2013/14	3489

Source: Cheshire & Merseyside CSU (September 2014)

Note: CC = Complications and Comorbidities

Table 14 - Elective admissions for over 65s 2013/2014

Table 15 shows the main reasons people aged under 18 were admitted to hospital for a planned procedure. These procedures account for almost 30% of planned admissions for under 18s in 2013/14. The main reason for a planned admission within this age group was for a tonsillectomy.

Healthcare Resource Group (HRG) Under 18s Code and Description (HRG4)	13/14 Admissions
CZ05T - Tonsillectomy 18 years and under without CC	83
AA34D - Neurophysiological Operations 18 years and under	22
CZ05S - Tonsillectomy 18 years and under with CC	19
FZ58Z - Endoscopic or Intermediate Large Intestine Procedure	14
HB22C - Major Knee Procedures for non Trauma Category 1 without CC	13
FZ62Z - Diagnostic and Intermediate Procedures on the Upper GI Tract 18 years and under	10
LB29B - Urethra Major Open Procedures 18 years and under	10
Total of above	171
All elective admissions for u18s 2013/14	583

Source: Cheshire & Merseyside CSU (September 2014)

Note: CC = Complications and Comorbidities

Table 15 - Elective admissions for under 18s 2013/2014

7.3.2 Evidence of effective interventions in the community pharmacy setting

Medicines adherence support services are an important part of the community pharmacists' role^{xii}. A study of 10,000 adults aged 35+ found that 76% of women but only 63% of men had obtained medicines or asked for advice with only 12% asking for advice but not obtaining medicines^{xiii}. Despite these differences this and other studies demonstrate that pharmacies are an important first port of call for advice on minor ailments^{xiv}. Many people do not use their medicines correctly^{xv} with limited health literacy⁸ impeding patients understanding of medicines' instructions^{xvi xvii}. This could lead to medicines wastage, with cost implications for the healthcare system^{xviii} as well as long-term conditions not being optimally managed.

7.3.3 Local provision

Medicines use reviews (MURs)

Medicines use reviews (MURs) form part of the pharmacy contract, the advanced service. Medicines reviews are structured reviews undertaken by an accredited pharmacist to help patients manage their medicines – to improve their understanding, knowledge and use of medicines they have been prescribed. It can be targeted to specific patient groups agreed with NHS England and GPs or based on the pharmacist's professional judgement of a particular patient's needs^{xix}. MURs are conducted on a regular basis, e.g. every 12 months and must be conducted in a consultation area to ensure patient confidentiality and privacy. Pharmacists must successfully pass a competency assessment before they can provide MUR services.

The 2008 Pharmacy White Paper^{xx} proposed a strengthening of commissioning for services in the area of medicines adherence and that other pharmaceutical services could be tailored to meet individual patient group needs. For instance, MURs could be targeted to patients with respiratory disease and other long-term conditions (LTCs) including specialised pharmacy led clinics to support disease management for those with LTCs and general clinical pharmaceutical role to reduce medication related harm.

Locally targeted MURs have not been done but are to be considered for the future. The CCG works closely with the Local Pharmaceutical Committee (LPC) to ensure community pharmacies are considered when commissioning of services for priority areas is undertaken.

New Medicines Service (NMS)

This service was introduced in October 2011 and provides support with medicines adherence for patients being treated with new medicines in four conditions/therapy areas. These are Asthma /

⁸ Evidence shows that health literacy - "the capacity to obtain, interpret and understand basic health information and services and the competence to use such information and services to enhance health" - is a more useful predictor of the use of preventative services than level of education.

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 contacted 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. Results from the survey of Sefton pharmacies showed that 96% of pharmacies that responded provide a new medicine review service.

Immunisation

Immunisation for flu is a key part of planned care and is mainly conducted through General Practice. In 2014 PHE commissioned community pharmacies to vaccinate some at risk groups. There are currently 38 pharmacies in Sefton commissioned to provide winter flu vaccinations. Pharmacies also provide private flu vaccinations paid for by customers directly. Uptake rates of the national seasonal influenza vaccination programme for those aged 65 and over in Sefton have exceeded the WHO target of 75% since 2011/12. Immunisation of those under 65 and considered at clinical risk is consistently lower, though has been increasing since the 2010/11 flu season (Table 16).

Flu vaccine uptake	2010/11	2011/12	2012/13
Over 65s	73.5%	76.4%	75.8%
Under 65 at clinical risk	49.8%	51.1%	52.6%

Source: Public Health England (2014)

Table 16 - Uptake of flu vaccine in Sefton 2010 - 2013

7.3.4 Conclusions

Locally targeted MURs have not been commissioned in Sefton. The NMS for patients, with Asthma/COPD, Type 2 Diabetes, Hypertension and those requiring Antiplatelet/ Anticoagulation therapy, being treated with new medicines is being provided in the majority of pharmacies across Sefton. Thirty-eight community pharmacies have been commissioned to provide influenza immunisation.

7.4 Unplanned/Urgent Care

7.4.1 Level of Need

As with planned admissions, unless current trends can be stemmed, the number of unplanned (non-elective) admissions is set to rise across both CCGs. The NHS Southport and Formby CCG and NHS South Sefton CCG, as part of the CCG's 5 year Strategic Plan, aim to reduce unplanned admissions by 15% from 2012/2013. Tables X illustrates that in 2013/14, as with elective

admissions, the top four reasons for people being admitted to hospital make up over 50% of all non-elective admissions.

Between 2008 and 2013 there have been 170,166 deaths within Sefton; this is equivalent to a standardised admission ratio of 117.9. The Sefton standardised admission ratio is deemed to be significantly worse than that of England (100). Over three quarters (18) of the wards within Sefton have a standardised admission ratio significantly worse than that of England. Seven of the top 10 worse wards were situated in the South of the Borough, with the remaining three in North Sefton. Sefton has the 43rd highest standardised admission ratio across all the authorities in England.

When looking at the causes of standardised admission ratio Coronary Heart Disease and Chronic Obstructive Pulmonary Disease are of most concern as they are worse than England and have the highest standardised admission ratio in Sefton of the four conditions provided.

Table 17 shows the top 10 causes for unplanned admissions for adults to hospital within Sefton. These account for approximately 22% of unplanned admissions during 2012/13. The main cause of unplanned hospital admissions in Sefton in 2013/14 was non interventional acquired cardiac conditions. There were 1,058 admissions related to this condition during that time period.

Healthcare Resource Group (HRG) Under 65s Code and Description (HRG4)	Total Admissions
EB01Z - Non interventional acquired cardiac conditions 19 years and over	1058
FZ47C - Non-Malignant General Abdominal Disorders with length of stay 1 day or less	588
WD22Z - All Patients older than 19 years and younger than 69 with a mental health primary	452
FZ47B - Non-Malignant General Abdominal Disorders with length of stay 2 days or more without Major CC	306
AA26A - Muscular, Balance, Cranial or Peripheral Nerve Disorders; Epilepsy; Head Injury with CC	266
AA31A - Headache, Migraine or Cerebrospinal Fluid Leak with CC	245
EB07I - Arrhythmia or Conduction Disorders without CC	239
GC16D - Non-Malignant Pancreatic and Biliary Disorders without Major CCs	218
PA12Z - Asthma or Wheezing	194
WA11X - Poisoning	194
Total of above	3760
All non-elective admissions for u65s 2013/14	16923

Source: Cheshire & Merseyside CSU (September 2014)

Note: CC = Complications and Comorbidities

Table 17 - Unplanned hospital admissions in Sefton 2013/14

7.4.2 Evidence of effective interventions in the community pharmacy setting

Within the evidence base, an enhanced medicines management scheme of patients with heart failure post discharge from hospital included community pharmacists as part of multi-disciplinary teams' improved patient outcomes and decreased unplanned readmissions^{xxi}. Unfortunately, a scheme focused on medicine reviews of high risk elderly found no difference in hospital admissions but did result in modest prescribing savings. However, it was not possible to determine the cost-effectiveness of this intervention^{xxii}. A similar study also failed to reduce hospital readmissions. Using a quasi-experimental study evaluating post discharge health care resource use of patients discharged from hospital, the study intervention added a pharmacist to the discharge team to identify and reconcile medication discrepancies at discharge^{xxiii}.

Results revealed that whilst the pharmacist identified medication discrepancies at discharge and reconciled all of them, no significant differences in hospital readmission rates and emergency department visits were found. However, the authors note that the strength of the intervention might have been compromised by (1) broad inclusion criteria that might not have identified patients at high risk for hospital readmission and (2) the pharmacist not completing follow-up calls for all intervention patients. However, studies in Trafford CCG and Darlington Memorial Hospital both helped to identify and reconcile medication changes. The Darlington study included an analysis of the impact the intervention had on hospital readmissions and found they had reduced amongst those who had taken part in the study^{xxiv}. Similarly a scheme in Bournemouth and Poole CCG has also seen positive impacts on admissions, with savings being far greater than the cost per patient of the scheme^{xxv}. This research is currently being replicated locally by a Sefton Pharmacist.

The community pharmacist is an important first port of call for advice on minor ailments^{xxvi}. A survey conducted in support of the development of the White Paper of pharmacies found that 14% of people had used pharmacies to treat one-off common conditions, such as colds, coughs, aches and pains, and stomach problems^{xxvii}. Thus, increasing the use of minor ailments schemes would be beneficial for both GP workload and Accident & Emergency (A & E) attendance.

The Pharmaceutical Services Negotiating Committee (PSNC) also provides evidence regarding the use of NMS, MURS and repeat medicine emergency supply enhanced services to prevent hospital admissions^{xxviii}.

7.4.3 Local provision

Minor ailments scheme: Care at the Chemist

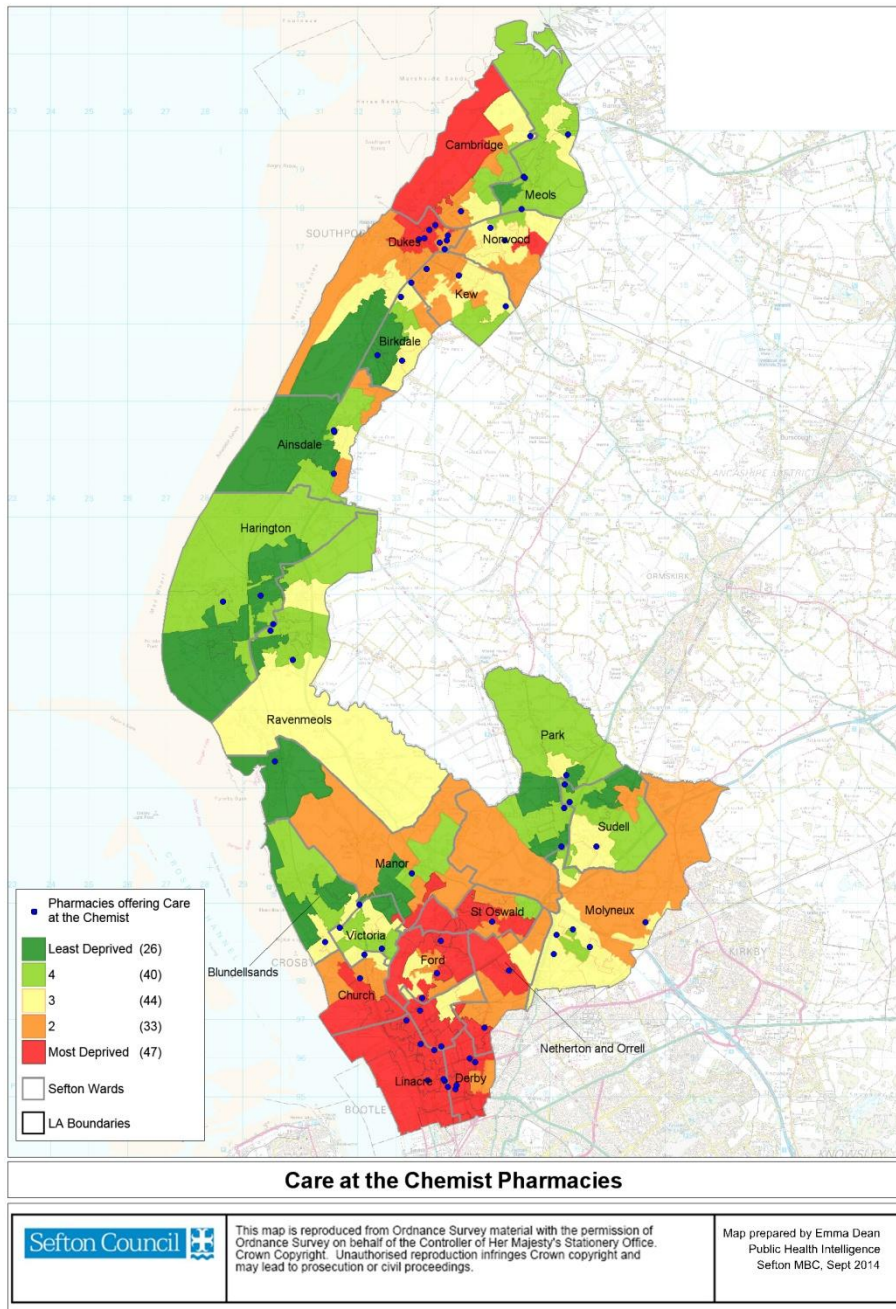
Unlike GPs, community pharmacies are a 'walk up and get seen' service. As such they are a key resource for advice on treating minor, self-limiting, ailments and the purchase of appropriate over-the-counter medicines. The minor ailments service takes this concept a stage further. Patients register via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

This service is open to patient's resident with a South Sefton or Southport and Formby GP and to all eligible pharmacies who wish to participate. The service can also be, with some restrictions, commissioned from Internet only pharmacies. The aim of the service is to improve access and choice for people with minor ailments by promoting self care through the pharmacy, including provision of advice and where appropriate, medicines without the need to visit their GP practice. 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.

Sefton currently have 74 of its 76 pharmacies providing Care at the Chemist (CATC) across the borough⁹. Three pharmacies have chosen not to provide the service. Pharmacies offering CATC services are well distributed across the borough, and not particularly focused only in areas of need or deprivation (Map 10).

There are occasional difficulties in provision of CATC at border locations around the CCG as there is no mutual agreement for pharmacies from neighbouring CCGs to provide Minor Ailment Services to residents of Sefton. Patients should therefore use the service in the resident borough. This will be incorporated into the NHS 111 service pathways. Seventy-three percent of respondents to the public and patient survey stated that they would like to see treatment of minor services within community pharmacies.

⁹ Information sourced from South Sefton and Southport and Formby Clinical Commissioning Group as commissioners of this service. Information correct at September 2014



Source: Indices of Multiple Deprivation 2010 and South Sefton/Southport and Formby CCGs (September 2014)

Map 10 - Map of pharmacies offering 'Care at the Chemist' service

Health Protection Emergencies

The Cheshire and Merseyside Multi-Agency Outbreak Control Plan outlines the required response to health protection, incidents, outbreaks and emergencies. It suggests a need to ensure arrangements are in place for accessing community pharmacy supplies of relevant drugs (both

within and out-of-hours) used in health protection emergencies. This is developed with neighbouring authorities on a Merseyside footprint

National guidance regarding a co-ordinated response to pandemic flu suggests a need to identify pharmacies at local level to act as antiviral distribution centres. Details of how provision will be identified have still to be established by NHSE and work with partners across Merseyside will be required to develop an approach.

7.4.4 Conclusions

There is currently sufficient access to Care at the Chemist available across the borough, with 74 community pharmacies offering the service. The community pharmacy response to health protection incidents, outbreaks and emergencies is described in the Cheshire and Merseyside Multi Agency Outbreak Control Plan which is developed across authorities on a Merseyside footprint.

7.5 Cardiovascular Disease

7.5.1 Level of Need

Cardiovascular disease (CVD) is a general term that describes a disease of the heart or blood vessels. Blood flow to the heart, brain or body can be reduced as a result of a:

- blood clot (thrombosis)
- build-up of fatty deposits inside an artery, leading to the artery hardening and narrowing (atherosclerosis)

There are four main types of CVD:

- coronary heart disease
- stroke
- peripheral arterial disease
- aortic disease

A number of common risk factors are recognised as increasing the likelihood of individuals developing atherosclerosis. There are three broad groups. Fixed risk factors are by definition un-modifiable, but are taken into account in advising people about their overall risk:

- Age
- gender

- family history/genetic factors

Lifestyle/behavioural risk factors reflect an individual's circumstances and choices, and can be changed for the better to reduce personal risk:

- Smoking
- physical inactivity
- poor diet
- obesity
- alcohol misuse

'Bodily' risk factors reflect changes to body systems that are also reversible or preventable in their early stages, but may require more medical treatment:

- hypertension/raised blood pressure
- raised cholesterol/disordered lipids
- impaired glucose tolerance/diabetes
- chronic kidney disease (CKD)

Figures indicate more than 45,000 people (16%) in Sefton have been diagnosed with hypertension (high blood pressure). While this figure is high, the SSNA suggests that a large number of people with high blood pressure remain unknown to Primary Care.

Hypertension is one of the most important preventable causes of premature morbidity and mortality in the UK. It is a major risk factor for stroke, myocardial infarction, heart failure, chronic kidney disease, cognitive decline and premature death. Untreated hypertension is usually associated with a progressive rise in blood pressure.

Just over 4% of adults in Sefton have been diagnosed with coronary heart disease (narrowing or blockage of the coronary arteries), equating to approximately 12,000 people.

7.5.2 Evidence of effective interventions in the community pharmacy setting

Evidence of effectiveness is strongest in the areas of Coronary Heart Disease (CHD), hypertension and diabetes. Community pharmacy-based initiatives are particularly effective in reducing lipid levels and risk assessment^{xxix}, less so for more complex, multi-component interventions aimed at addressing medicines management and lifestyles as part of one programme^{xxx xxxi} and even when successful such complex interventions may not be cost-effective^{xxxii}. Pharmacy services can increase prescribing of anti-platelet medicines, lipid-lowering treatment, and smoking cessation services^{xxxiii}. Initiatives run in the community pharmacy setting do not have to be pharmacist-led to be effective. A peer health educator programme in which GPs referred older patients with

hypertension to a community-pharmacy based volunteer health programme was well received by patients and GPs^{xxxiv}.

Community pharmacy-based interventions can be effective in the management of those with Type 2 diabetes and the pharmacist can be an important member of the multidisciplinary team managing patients with diabetes^{xxxv xxxvi}. Research has shown interventions can reduce HbA1c levels^{xxxvii xxxviii xxxix xl}, improve glycaemic control^{xli} and general adherence to clinical guidelines through patient education and medicines assessments^{xlii}. They can be effective in targeting those at high risk providing them with point-of-care blood glucose testing and referral being more effective and cost effective than targeting and referral alone. This can reduce emergency hospital admissions. Type 2 diabetes and other CVD screening is effective in diagnosing new cases and bringing about positive therapy changes^{xliii xliv} and simple tools can be developed to do this^{xlv}.

Research shows that community pharmacy-based interventions can bring about positive health outcomes, reducing systolic blood pressure^{xlvi}. Lau et al found that age was a key variable in the likely suitability of patients for blood pressure self management with those in the 65-79 age bracket more suited than those 80+^{xlvii}. It is also important to note that impacts may be different for people of varying income groups, with those in low income groups having less favourable outcomes^{xlviii}. A EuroPharm Forum and WHO CINDI project^{xlix} aimed at community pharmacies in relation to CVD risk factors such as hypertension, obesity and smoking developed a hypertension management model. The target population is the pharmacy customers with special focus on:

- those being treated for hypertension;
- those with unfavourable CVD risk profile (e.g. smokers, overweight persons, persons with diabetes and/or high level of cholesterol), who might have unidentified high blood pressure.

However, any adult pharmacy customer may be counselled on health promotion and disease prevention. The model operates on three levels dealing with primary prevention, detection and management (including monitoring) of patients on treatment.

Additionally NICE produced public health guidance on proactive case finding to reduce health inequalities in deaths from cardio-vascular disease and smoking-related deaths¹. It included a recommendation to provide services in places that are easily accessible to people who are disadvantaged (such as community pharmacies and shopping centres) and at times to suit them.

7.5.3 Local provision

Health checks

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions or have certain risk factors, will be invited

(once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk. The NHS Health Check programme has considerable potential to prevent CVD through earlier identification and management of risk factors and, in some cases, early detection of disease.

In Sefton eight community pharmacies were trained to deliver NHS Health Checks, with six pharmacies offering regular opportunistic checks within their premises and at organised events. The pharmacies also supported an outreach programme of events in conjunction with public health. In 2013/14 community pharmacies undertook 949 NHS Health Checks; this service is an adjunct to the main GP delivered health check programme.

It is intended to commission some pharmacies to augment the delivery of NHS Health Checks but the shape of this service and the number of pharmacies is yet to be determined. It is likely that key factors will be competence to deliver against the national competency framework and location of pharmacies, those in more deprived wards being given greater priority.

Make Every Contact Count

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 intervention, as signposters, 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 service users 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 4 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
- **Level 3 – Specialist Advice and Intervention**
This advice is more in depth and is likely to be provided by a health trainer or lifestyle adviser such as a smoking cessation specialist
- **Level 4 (3 day training) – Public Health Training and Expertise (Train the Trainer element of MECC)**
- There is also an e-learning version of MECC

7.5.4 Conclusions

A number of pharmacies across Sefton have provided NHS Health Checks. Local pharmacy provision of this service will be reviewed and commissioned to reflect health need. Pharmacists are also able to undertake MECC training in brief interventions for behaviour change.

7.6 Cancers

7.6.1 Level of Need

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

The rate of all cancers in Sefton is higher than both the North West and England average. Between 2009 and 2011, there was an average of 1,800 cases of cancer diagnosed each year. This means that the rate of cancer within Sefton was 427.4 per 100,000 population. This is higher than the North West average of 418.7 per 100,000 population and the England average of 398.1 per 100,000 population. Within Sefton, more males than females are diagnosed with cancer. During the same period, an average of 919 males were diagnosed with cancer compared to 884 females. This follows the regional and national trend (Table 18).

	England		North West		Sefton	
	Number	Age Standardised Incident Ratio (ASIR) per 100,000	Number	ASIR per 100,000	Number	ASIR per 100,000
All Cancers						
All persons	266,666	398.1	38,090	418.7	1,803	427.4
Male	135,163	425.8	19,254	453.7	919	479.1
Female	131,503	370.4	18,836	397.1	884	394.9

Source: Public Health England (2013)

Table 18 - Rate of cancer diagnosed in Sefton, North West and England (2009-11)

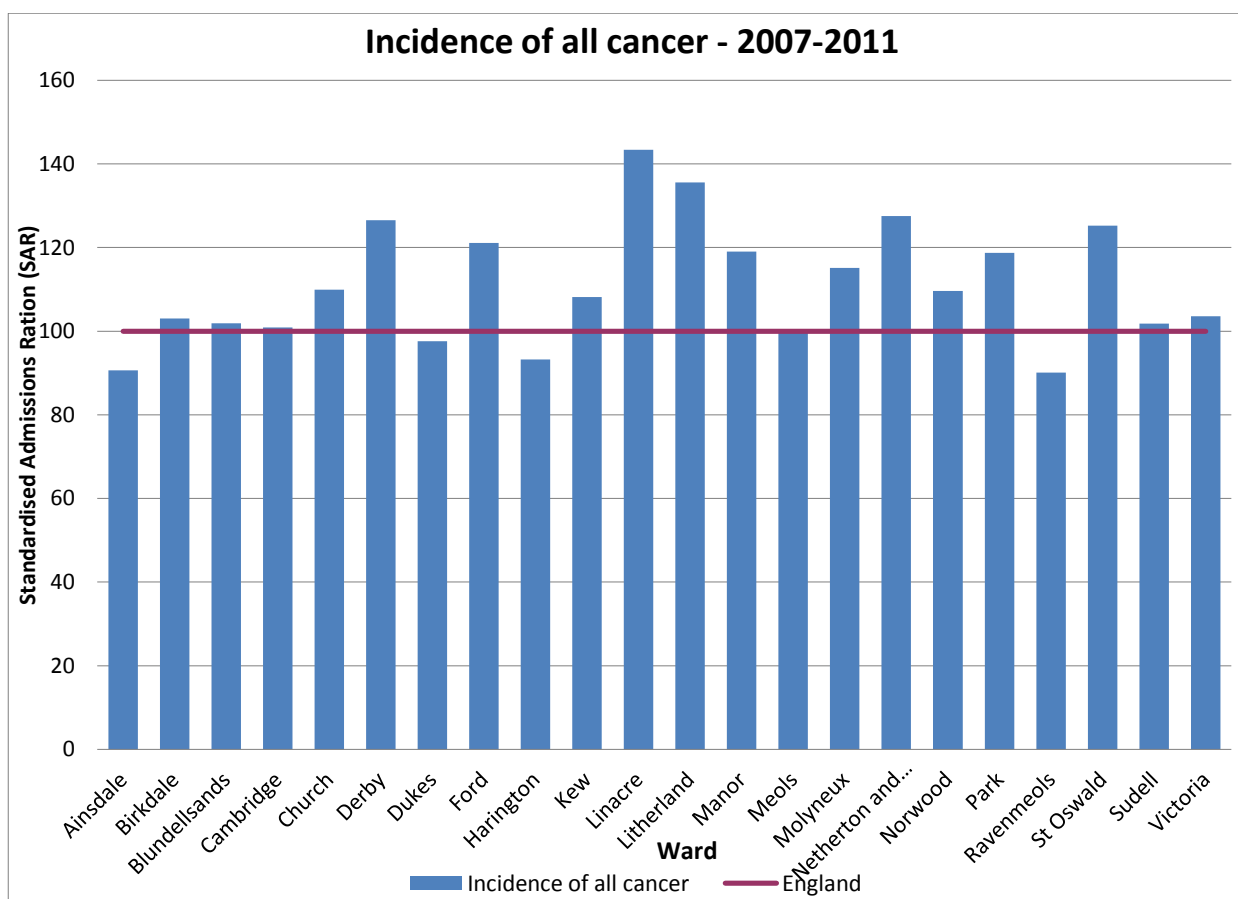
According to the North West Cancer Intelligence team rates of breast, prostate cancer and upper gastrointestinal were lower than the England average in the period 2009 – 11. However, rates of lung and colorectal cancers were higher than the England average. This is illustrated in Table 19.

Cancer	Incidence Rate per 100,000	
	Sefton	England
Lung	56.4	47.7
Breast	120.7	125.7
Colorectal	48.7	46.5
Prostate	100.4	105.8
Upper Gastrointestinal	27.0	28.0

Source: North West Cancer Intelligence Team (2013)

Table 19 - Rate of cancer diagnosis for selected cancers (2009-11)

Cancer incidence varies between wards in Sefton. In particular cancer incidence is higher than average in Linacre, Litherland and Derby wards and lower than average in Harington, Ravenmeols and Ainsdale wards. This is illustrated in Figure 19.



Source: Public Health England (2013)

Figure 19 - Cancer incidence by ward in Sefton (2007 – 2011)

According to the North West Cancer Intelligence team, the cancer mortality rate in Sefton between 2009 and 2011 was 184.9 per 100,000 population. This is higher than the overall cancer mortality rate for England, which was 172.0 per 100,000 population.

The rate of cancer mortality for breast and upper gastrointestinal cancers was lower in Sefton when compared with the England average. However, mortality rates for lung, colorectal and prostate cancers were higher than the England average. The mortality rate for prostate cancer in Sefton is the highest among all local authorities within the North West. This is outlined in Table 20.

Cancer	Mortality Rate per 100,000	
	Sefton	England
Lung	46.5	38.3
Breast	19.2	24.8
Colorectal	18.2	16.4
Prostate	30.0	24.0
Upper Gastrointestinal	22.4	22.7

Source: North West Cancer Intelligence Team (2013)

Table 20 - Mortality rate for selected cancers (2009-11)

7.6.2 Evidence of effective interventions in the community pharmacy setting

(See also tobacco control)

The community pharmacy is an ideal place for the public to obtain information on skin cancer. Pharmacy-based information, such as touch screen technology, appears to be effective in raising awareness of sun risks, and trained pharmacists are more likely to be proactive in counselling clients. However, the effect of this advice on the behaviour of clients is currently unknown^{li}. This could be rolled out to include awareness campaigns about skin and bowel cancer such as the work by Essex LPC and Cancer Network which, during the month of their campaign distributed 8869 information packs and had 4667 conversations in pharmacies about cancer. Six percent (161) of these interactions resulted in the pharmacist advising the person to see their GP because they had one or more symptoms that may be indicative of cancer. Feedback from the public has been very positive with over 92% reporting that they are comfortable discussing issues such as cancer in a pharmacy setting with the pharmacy team.^{lii}

7.6.3 Local provision

The national Be Clear on Cancer Campaign has specific materials to be used within pharmacy settings to raise awareness of cancer symptoms. A joint working group including representative from Public Health England (PHE), CCG and Public Health are developing a campaign to complement Be Clear on Cancer to increase the uptake of cancer screening programmes.

Cancer screening is an important part of early diagnosis and health outcomes and is available as follows:

- Bowel Screening – through home test kits
- Breast Screening – through breast screening units
- Cervical Screening – through General Practice.

In addition NHSE in partnership with the CHaMPs collaborative service are working to develop a common pharmacy campaign programme across Cheshire and Merseyside to ensure consistency across the region to achieve as great an impact as possible.

7.6.4 Conclusions

Whilst pharmacies have a role in raising awareness of cancer prevention and early detection campaigns, it is currently not considered an appropriate environment for the current nationally determined screening programmes due to the nature of the intervention types.

7.7 Sexual Health

7.7.1 Level of Need

Intelligence from the Office for National Statistics shows that Sefton’s annual teenage conception rate in 2012 (28.0) is the lowest rate on record (since 1997). The actual number of conceptions (141) is also the lowest number on record (Table 21).

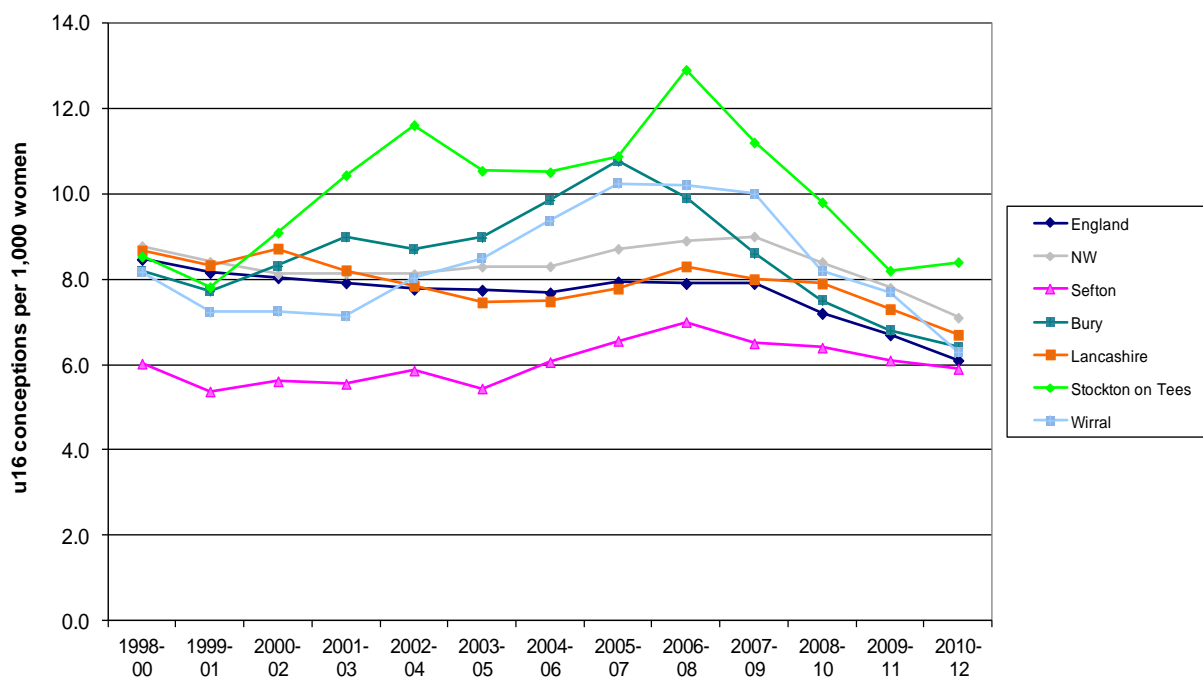
Number and rate of under 18 conceptions in Sefton								
	2005	2006	2007	2008	2009	2010	2011	2012
Number of conceptions	204	194	232	180	165	155	153	141
Rates per 1,000 women aged 15-17	35.3	33.3	39.6	31.9	31.0	30.2	30.3	28.0

Source: Office for National Statistics (2014)

Table 21 - Number and rate of under 18 conceptions in Sefton 2005 - 2012

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. After increases between 2003 and 2008, the rate has now decreased to 5.9 per 1,000 population (Figure 20).

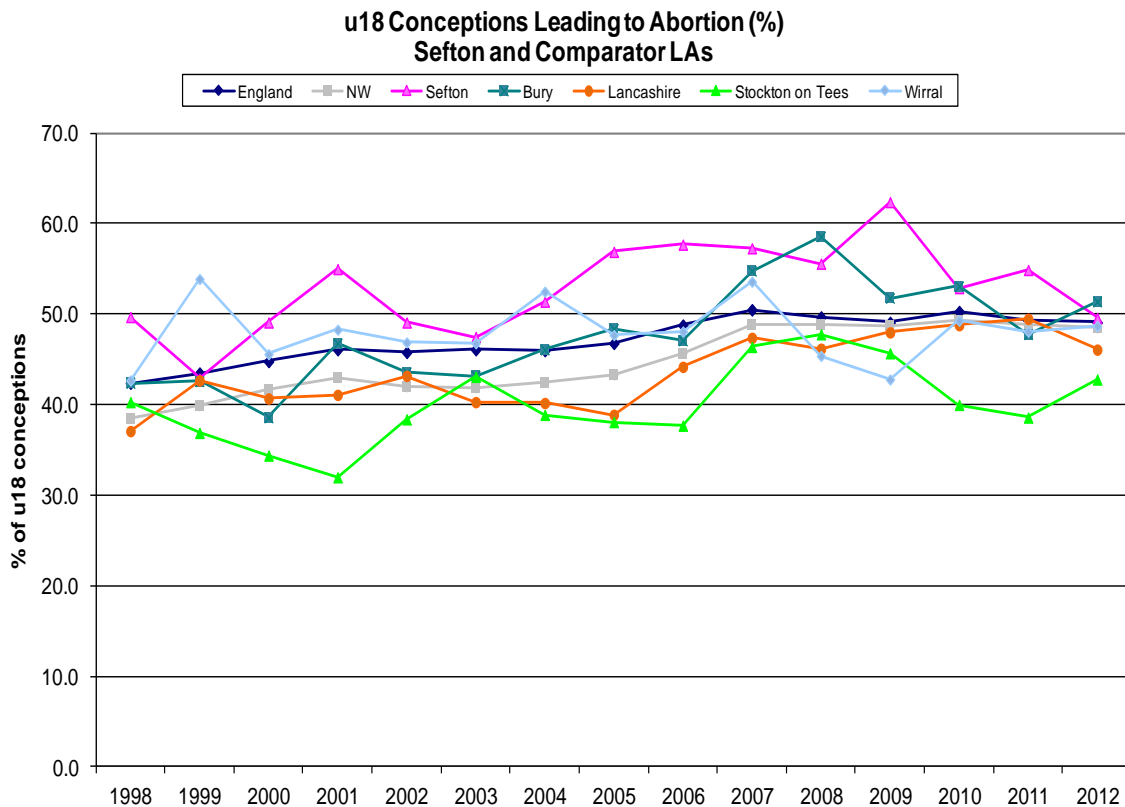
**u16 Conceptions per 1,000 Women Aged 13-15
Sefton and Comparator LAs**



Source: Office for National Statistics (2014)

Figure 20 - Under 18 conceptions between 1998-2000 and 2010-12

Sefton's percentage of teenage conceptions leading to abortion decreased from 54.9% to 49.6% in 2012. Rates vary year on year, but this is the first time Sefton's rate has been below 50% since 2003 (Figure 21).



Source: Office for National Statistics (2014)

Figure 21 - Under 18 conceptions leading to abortion (1998 – 2012)

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 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 2010-12. The rate of conceptions ranged from 7.8 per 1,000 under 18s to 57.8 per 1,000 under 18s across all wards and the rates are shown in table 22. Despite low rates for Sefton as a whole, teenage pregnancy rates remain high in Linacre, St Oswald and other areas of south Sefton. Kew and Dukes have the highest rates of all wards in the North of the borough.

Ward	Under 18 Conceptions per 1,000
Linacre	57.8
St Oswald	49.2
Derby	46.5
Netherton and Orrell	42.5
Church	40.1
Kew	37.7
Litherland	37.3
Dukes	33.7
Manor	32.9
Norwood	32.6
Cambridge	29.4
Ford	28.7
Meols	27.7
Birkdale	25.2
Molyneux	21.6
Ainsdale	20.3
Sudell	18.5
Harington	16.9
Blundellsands	16.6
Victoria	10.1
Park	9.5
Ravenmeols	7.8

Source: Office for National Statistics (2014)

Table 22 - Under 18 conceptions by ward

These are the areas where there is targeted work with community pharmacists to provide additional services within these wards to reduce, unplanned pregnancies and the increase of chlamydia screening.

7.7.2 Evidence of effective interventions in the community pharmacy setting

National Institute for Health and Care Excellence (NICE) Public Health Guidance (15) (Contraceptive services with a focus on young people up to the age of 25 yrs 2014) states that Health and Wellbeing Boards, commissioners in local authorities and CCGs with responsibility for primary care contraceptive services (including maternity, young people's services and pharmacies should:

- Establish collaborative evidence-based commissioning arrangements between different localities to ensure comprehensive provision of contraception and sexual health services for young people at convenient, accessible locations such as city centres, colleges and schools so that no young person is denied services because of where they live.

- Doctors, nurses and pharmacists should where possible, provide the full range of contraceptive methods, especially long-acting reversible contraception (LARC), condoms to prevent transmission of sexually transmitted infections (STIs) and emergency contraception (both hormonal and timely insertion of an intrauterine device).
- Provide additional support for disadvantaged young people to enable them to gain access to contraceptive services without delay and to support them as necessary in using the service (for example, access to interpreters, one-to-one support, facilities for people with physical and sensory disabilities, and assistance for those with learning disabilities).
- Ensure all young women are able to obtain free emergency hormonal contraception, including advance provision.
- Ensure young men and young women know where to obtain free advance provision of emergency hormonal contraception.
- In addition to providing emergency hormonal contraception, professionals should ensure that all young women who obtain emergency hormonal contraception are offered clear information about, and referral to, contraception and sexual health services.
- Encourage all young people to use condoms and lubricant in every encounter, irrespective of their other contraceptive

A review of the contribution of community pharmacists to the public health agenda^{liii} found:

- Emergency hormonal contraception (EHC) can be effectively and appropriately supplied by pharmacists.
- Pharmacy supply of EHC enables most women to receive it within 24 hours of unprotected intercourse.
- Community pharmacies are highly rated by women as a source of supply and associated advice for EHC on prescription, by Patient Group Directions (PGDs), or over-the-counter (OTC) sales.
- 10% of women choose pharmacy supply of EHC in order to maintain anonymity.
- Pharmacists were positive about their experience of providing emergency hormonal contraception through PGDs and over-the-counter sales.
- The role of pharmacy support staff in provision of EHC services is reported by pharmacists to be important, but there are no data available to enable assessment of their contribution.

7.7.3 Local provision

Within Sefton, accredited pharmacies are currently providing Emergency Hormonal Contraception (EHC), condom distribution (C Card) and postal kits for chlamydia screening for the residents of Sefton. Training for Quick Start Progesterone only pill (POP) as a bridging method, has been completed and the service will commence in the near future. The services are free and delivered in line with local Patient Group Directions and provided in compliance with Fraser Guidelines and safeguarding policies including the child exploitation check list in identifying vulnerable young people who maybe in harm. ISIS (Integrated Sexual Health in Sefton) works closely with

community pharmacists, representatives of which sit on Sefton's Integrated Sexual Health Partnership and HIV Late Diagnosis Sub Group (SSHIP -a multiagency group representing sexual health across Sefton)

The aims of the Sexual Health Community Pharmacy Enhanced Service:

- Increase the knowledge among young people of the availability of EHC and bridging contraception from Pharmacies
- Improve access to EHC and bridging contraception by women who have had unprotected sex and to help contribute to a reduction in the number of unplanned pregnancies
- Improve access to sexual health advice and information.
- Provide a bridging method of contraception to allow women time to access full contraceptive provision.
- To provide onward signposting and referral into mainstream sexual health services
- To improve the sexual health of the population of Sefton including awareness and prevention of sexually transmitted infections (STIs)
- To reduce sexual health inequalities between the general population and vulnerable and socially disadvantaged groups who are most at risk of poor sexual health in Sefton

C Card Scheme

The C Card Scheme is a coordinated approach to condom distribution which offers young people across Sefton free condoms, sexual health and relationships advice and information.

Before being issued with a C Card, users are required to register with the scheme. This includes a consultation with a trained worker. Once issued with a C Card, young people can then get condoms at a number of local outlets including pharmacies and be given new supplies without further consultation.

It is for young people aged between 13 and 24 years of age who live in or access services in Sefton. Young people under 16 years must have satisfied the requirements set out by the Fraser guidelines (see forms section) before any condoms or sexual health advice and support is offered. Condom and information distribution is part of a wider commitment to promote sexual health education to young people across Sefton Borough.

Within Sefton 13 Pharmacies participate with the C Card Scheme and the service is looking to increase access across all pharmacies in Sefton.

In addition to emergency hormonal contraception provided through the locally commissioned pharmacy service, EHC is available from:

- ISIS sexual health clinics including the outreach team
- General practice
- Litherland Walk in Centre
- Accident and Emergency Departments (Genito urinary medicine Tier 3)

7.7.4 Cross Border Provision

Currently within Sefton local authority commissioners are working with Cheshire and Merseyside public health service (CHAMPS) and commissioners across the area to provide standard cross charging for all contraceptive services including Long Acting Reversible Contraception. A project initiation paper has been approved by the CHAMPS board of governors.

7.7.5 Conclusions

A range of sexual health services, including EHC, condom distribution and Chlamydia screening are available to Sefton residents in community pharmacies. This is in addition to other sexual health services commissioned via the LAPHT.

7.8 Mental Health

7.8.1 Level of Need

Mental ill health represents up to 23% of the total burden of ill health, and is the single largest 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 England has been estimated at £105 billion (of which 30 billion is work related), and is the single largest area of spend in the NHS, accounting for 11 per cent of the NHS secondary health care budget. It is predicted that treatment costs will double in the next 20 years.

There are high levels of mental health need within Sefton. The 2014 Community Mental Health profiles show that levels of depression and anxiety are higher when compared to the England average. Depression and anxiety prevalence in Sefton is approximately 14%, and the England average is approximately 12%. This equates to approximately 38,220 Sefton residents suffering from depression or anxiety. In addition, prevalence of serious mental health problems such as schizophrenia or bipolar disorder is also higher than the England average. Approximately 1.1% of Sefton's population have a serious mental health problem compared to approximately 0.8% of England's population. This equates to roughly 3,000 residents suffering from a serious mental health condition.

The 2014 Community Mental Health Profiles provided an indication of levels of antidepressant prescribing within Sefton. For South Sefton, the average level of antidepressant prescribing in 2012/13 was 7.5 ADQ per STAR-PU¹⁰. For Southport and Formby CCG, the average level of

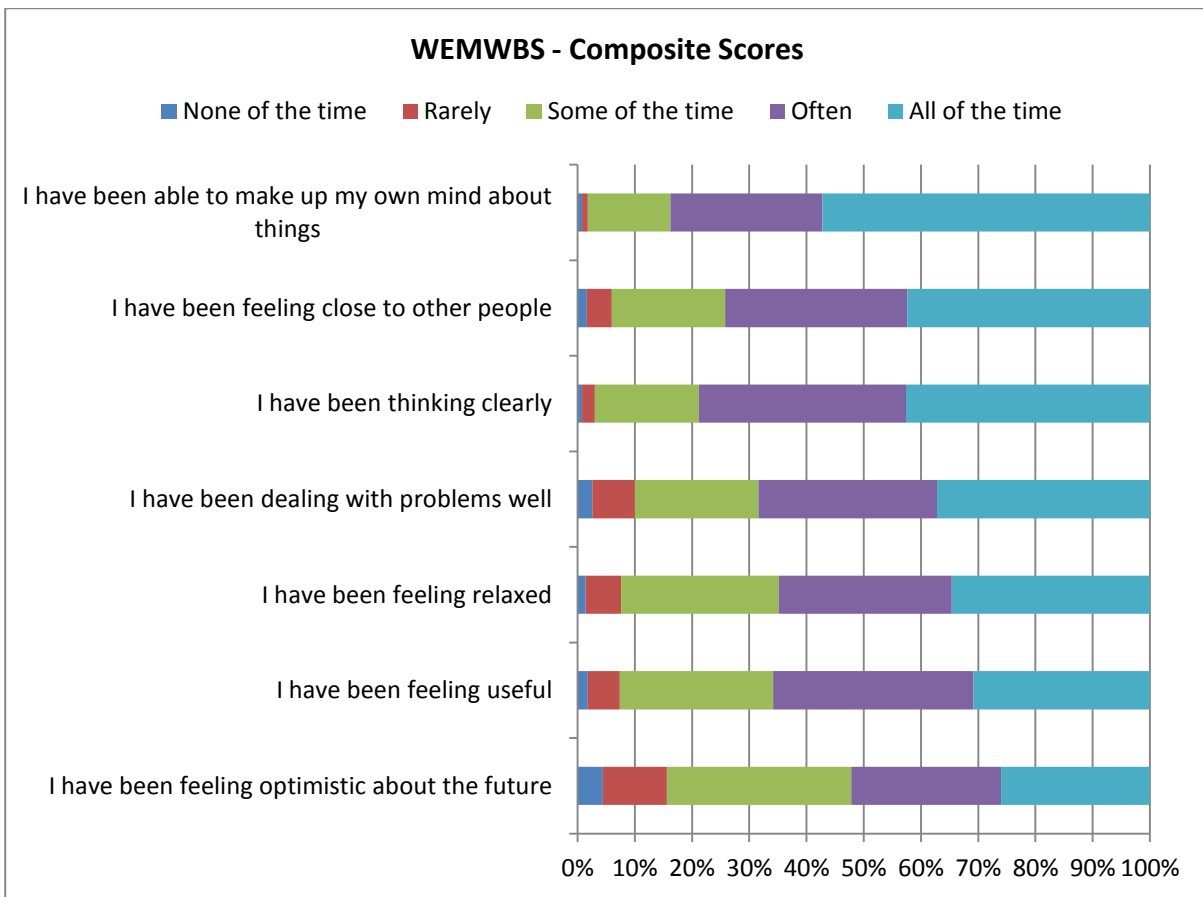
¹⁰ ADQ per STAR-PU is a measurement of prescribing that takes into account average daily quantities of a drug weighted for the age and sex of a patient

antidepressant prescribing was 6.0 ADQ per STAR-PU. The average for England was 6.0 ADQ per STAR-PU.

The 2012 North West Mental Wellbeing Survey was commissioned to evaluate levels of mental wellbeing at a local level. This survey looked at mental wellbeing across Sefton measured by the WEMWBS score. WEMWBS is a methodology for assessing the population's wellbeing. The seven item WEMWBS uses a five point Likert scoring system, with responses ranging from 'none of the time' through to 'all of the time'. A score is attributed to each response for each of the seven items in the scale:

- I've been feeling optimistic about the future
- I've been feeling useful
- I've been feeling relaxed
- I've been dealing with problems well
- I've been thinking clearly
- I've been feeling close to other people
- I've been able to make up my own mind about things

The mean WEMWBS Score for Sefton was 28.15, which was above the North West average of 27.66. The mean WEMWBS Score for Sefton has increased from the 2009 survey, which was 27.59 and below the North West average. The highest possible WEMWBS score is 35, and the lowest score is 7. The distribution of scores across the question domains is shown in Figure 22.



Source: Sefton Mental Wellbeing Survey (2012)

Figure 22 - WEMWBS scores for Sefton residents

Within Sefton, 14.6% of the population have low levels of mental wellbeing, 62.2% have moderate levels of mental wellbeing and 21.2% had high levels of mental wellbeing. The proportion of the population with high mental wellbeing is greater than the North West average and the proportion of the population with low mental wellbeing was less than the North West average.

Findings from the 2012 Mental Wellbeing Survey show that approximately 80% of adults in Sefton are satisfied with their life as a whole. This has increased from just over 60% in the 2009 Mental Wellbeing Survey. Approximately 65% of adults across the North West region say that they are satisfied. This suggests that the adult population within Sefton are more satisfied with their lives when compared with the North West average.

7.8.2 Evidence of effective interventions in the community pharmacy setting

No relevant studies on the early detection of depression were found in the literature review undertaken. A report by the Department of Health on the public health role of pharmacists, acknowledges this lack of an evidence base, suggesting that it is not beyond the scope of community pharmacists to have a role in mild to moderate mental ill health. For example, customers purchasing products to reduce stress and anxiety, such as sleeping products, could be offered support and advice from appropriately trained pharmacists such as signposting or referral

to local services^{liv}. This role in detecting the early signs and symptoms of mental health problems and providing information on how to deal with them is supported by a joint pharmacy report in which they conclude that there is a potential role for pharmacy staff to offer support and advice in relation to mental health issues^{lv}. Studies have also shown that the community pharmacist can make a valuable contribution to community mental health teams (CMHTs)^{lvi lvii lviii}.

7.8.3 Local provision

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, Inclusion Matters, in addition to seeking help from their GP. The leaflet 'Wellbeing Sefton', available for distribution through pharmacies, details the programmes: The Wellbeing Team-providing support to connect to activities, CAB Health Outreach in GP practices, Active Lifestyles and Relax & Revive for positive wellbeing through physical activity, Reading Well and Mood Boosting books provide self-help books on mental health from Sefton Libraries, Creative Alternatives- a range of workshops and creative activities to raise self- confidence and self-care, Think Differently Cope Differently- a five week course to build resilience and Green Gyms that provide a way of connecting with nature and social connection with others.

Suicide Prevention skills training is available for Pharmacies, in Sefton 24 people died by suicide in 2013, a rate of 8.79 per 100,000. Pharmacies have an important role to play in identifying those at risk and providing advice on sources of help, additionally by restricting access to medication through the appropriate dispensing of prescription and over the counter medication.

7.8.4 Conclusions

Currently there are no mental health related services commissioned from pharmacies across Sefton. LAPHT commissioned services are however available and pharmacies play a key role in signposting people. MECC, and suicide prevention, training provide opportunities for pharmacy staff to extend their knowledge and skills.

7.9 Substance Misuse

7.9.1 Level of Need

Drug services in Sefton aim to support people to live a drug free life. In 2013/14 there were a total of 1,538 people who were in contact with treatment services, (this figure is the total of those seen by drug treatment services in 2013/14) a reduction on the previous year of around 3%. Over the last five years, with the exception of 2011/12, the number of people in contact with treatment has continued to fall, culminating in an overall five year reduction of 6% from 1,638 in 2009/10. Drug

users are most likely to come into contact with services between the ages of 35 and 50 with this age group consistently accounting for more than half of treatment contacts during the five years analysed.

However, there has been a shift in the age profile of those in treatment with a five year increase in 45-49 years olds in contact increasing by more than 70% and the number of 50-54 year olds more than doubling over the last five years. Both of these age groups have seen numbers in contact with treatment increase in each of the five years analysed. The number of younger adults in treatment however has fallen over the same period with those in contact under the age of 40 falling by 27% from 967 in 2009/10 to 704 in 2013/14. The number of 18-19 year olds during this time has fallen by 50%, 30-34 year olds by 22% and 35-39 year olds by 47%.

Heroin users remained the highest cohort in contact with treatment accounting for 58.7% (903) of all those in treatment. So called 'social drugs', cocaine and cannabis, were the second and third most prominent primary drug accounting for 21.5% (330) and 6.6% (101) respectively. In total Primary Opiate users accounted for two thirds of the drug treatment population in 13/14 (66.9%). The number of heroin users in treatment shows a year on year reduction of 1% between 2012/13 and 2013/14, however over the five years analysed heroin users have fallen each year resulting in an overall reduction of 14% from 1,045 in 2009/10 to the current level.

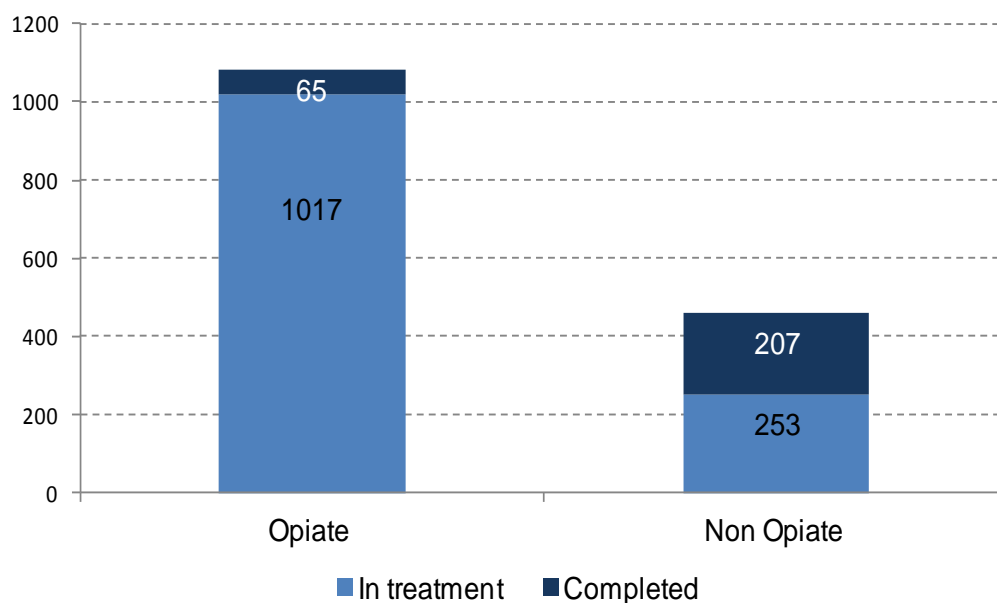
Between 2009/10 and 2013/14 the number of Cocaine users entering treatment has increased by more than 30% from 251 to 330. However, since 2011/12, when cocaine users in treatment peaked at 418 numbers have been falling. The drop in Cocaine users in contact with treatment may in part be due to the closure of Southport custody suite during part of the week and in the temporary suspension of Cocaine Nights service during the transition of services

The number of completed treatments has reduced significantly between 2011/12 and 2013/14, falling by 44% from 482 to 272. Completed treatments where the client was drug free fell by more than 45% during this period and the number who were occasional users on completion fell by 40%. In the case of both of these categories of completion there have been year on year reductions between 2011/12-2012/13 and 2012/13-2013/14.

Over the same period the number of clients that have dropped out / left treatment has more than doubled, and in direct contrast to completed treatments there have been year on year increases in those dropping out or leaving treatment. Whilst opiate users made up 70% of the treatment population, they only made up a quarter of successful completions.

The bar chart shows the comparison for completion between opiate users and non opiate users. Only 6% of opiate users have had a successful completion in 2013/14. In comparison 45% of non opiate users achieved a successful completion in 2013/14.

Proportion of those in treatment who had a successful completion



Source: National Drug Treatment Monitoring System (2013/14)

Figure 23 - Proportion of those in treatment who had a successful completion

7.9.2 Evidence of effective interventions in the community pharmacy setting

NICE guidance on the optimum provision of Needle & Syringe Programmes^{lix} places community pharmacies at the heart of the provision of these programmes. Research also demonstrates that community pharmacy-based supervised opiate replacement administration services can achieve high attendance rates and are acceptable to clients^{lx}. NICE guidelines recommend that each new treatment of opiate dependence be subject to supervised administration for the first three months or a period considered appropriate by the prescriber. The rationale for this recommendation is to provide routine and structure for the client, helping to promote a move away from chaotic and risky behaviour.

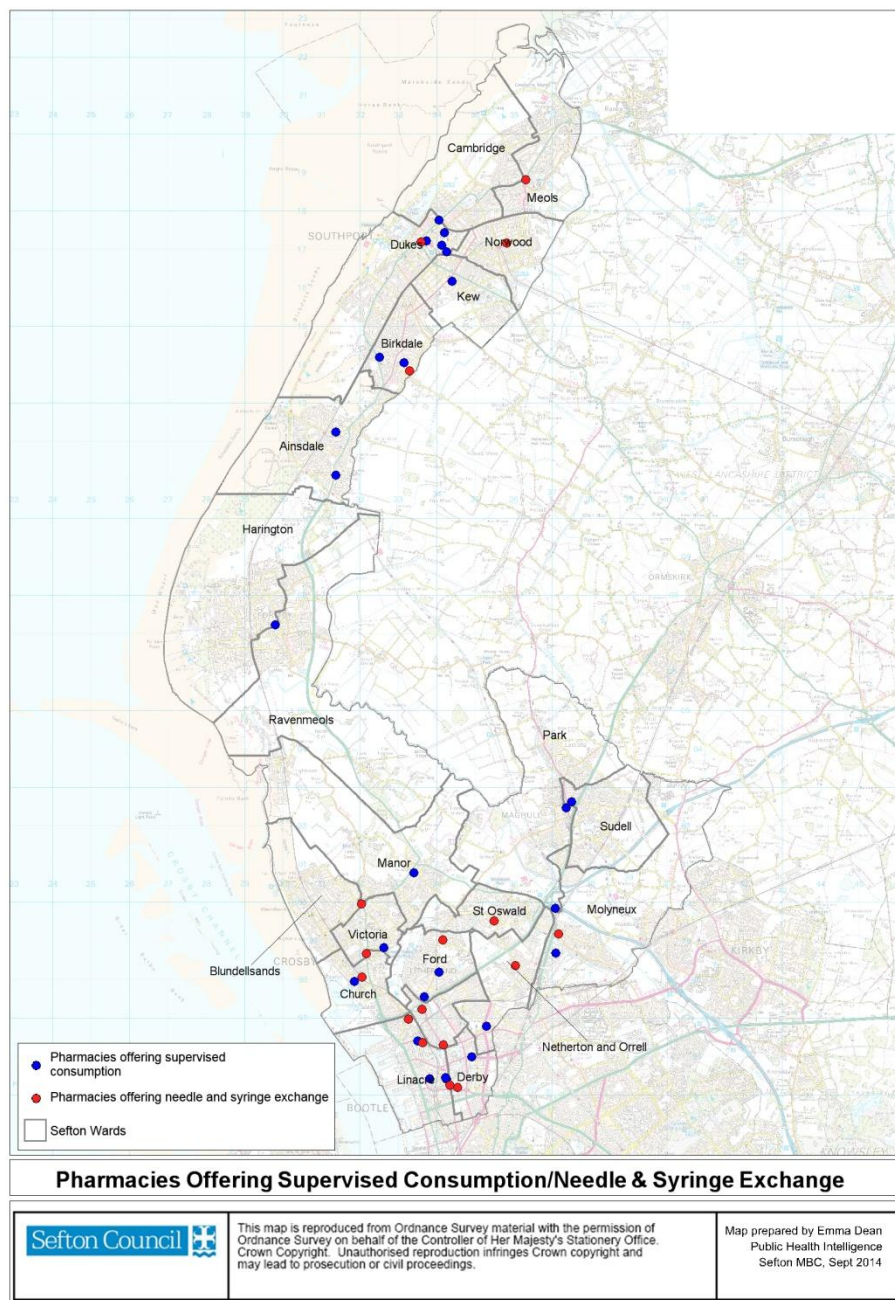
This service requires the pharmacist to supervise the consumption of prescribed medicines at the point of dispensing in the pharmacy – ideally within a private consultation room, and ensuring that the dose has been administered to the patient^{lxi}.

7.9.3 Local provision

There are two aspects to currently commissioned pharmaceutical services to substance misuse clients, these are supervised administration of methadone and needle and syringe provision services. Both needle and syringe provision and supervised administration are fundamental harm reduction services. Supervised administration is a service that can only be provided by a pharmacy following dispensing of the diamorphine substitute methadone. 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. Needle and syringe provision services are also provided by specialist services but pharmacies are a good choice of provider due to excellent access and existing client relationships.

Currently 45 pharmacies (59%) provide supervised administration (Map X). The service requires the pharmacist to supervise the consumption of prescribed medicines (methadone or buprenorphine), at the point of dispensing in the pharmacy within a private consultation room, and ensuring that the dose has been administered to the patient. There are 18 pharmacies (22%) providing needle exchange services in Sefton (Map 11).



Source: Sefton Public Health Team (November 2014)

Map 11 - Pharmacies offering supervised consumption and needle and syringe exchange

7.9.4 Conclusions

There is adequate provision of pharmacy based supervised opiate replacement treatment and needle exchange services across Sefton with an apparent concentration in the south of the borough.

7.10 Older People

7.10.1 Level of Need

In 2012 there were estimated to be 59,132 people over 65 years living in Sefton, an increase of 12% since 2002, and 7,894 people who are over 85 years old, an increase of 27% (1,698) since 2002. At 22%, Sefton has the highest proportion of over 65s both across the North West and amongst its comparator authorities and a considerably higher proportion than across England as a whole where over 65s account for 17% of the population. Sefton also has the highest proportion of 85 and over residents across the North West at 3% of the overall population, again higher than the national proportion of 2 %.

The proportion of over 65s varies significantly across the borough from 35% (4,138 of 11,849) in Cambridge to just 13% (1,616 of 12,424) in Linacre ward. Both wards that make up the Formby area (Harington & Ravenmeols) are amongst the six wards with the highest proportions of older people, the remaining four (Cambridge, Dukes, Ainsdale & Meols) are all in the Southport area. In all six of these wards more than one in four residents are aged 65 or over.

By Contrast five of the six wards with the lowest proportion of over 65's are in the south of the borough (Linacre, Litherland, Church, Derby & Netherton & Orrell). In all of these wards less than one in six residents are over 65.

The number of residents over 65 is projected to increase steadily between 2012 and 2037. For males the increase is projected to be 54% (25,000 to 39,000) and an increase for females of 39% (34,000 to 48,000). This means an overall 65+ population increase of 46% rising from 59,000 in 2012 to 86,000 by 2037.

Life expectancy amongst males within Sefton at birth is currently 77.5 years (2010-2012), this is slightly below the national average of 79.1, however it has increased by almost five years since 1991-1993 when it was 72.7 years and has been in line with the North West Average over this time period. For females the current life expectancy for females is 82.8 years, an increase of four years since 1991-1993 when it was 78.8 years. Unlike males where life expectancy is below the national average, for females life expectancy is on a par with the national average. Compared to the North West, female life expectancy in Sefton is slightly higher. Although male life expectancy is lower

than female life expectancy the proportion of life males are estimated to spend disability free, at 79% is higher than females at 76.5%. For male residents age 65, life expectancy is 17.8 years, however only 44% (8 years) of this is expected to be disability free. Amongst females aged 65, life expectancy is 21.2 years, as with males, less than half of this time 40% (8.5 years) is expected to be disability free.

Limiting long term conditions constitute a long-term health problem or disability that limits a person's day-to-day activities, and has lasted, or is expected to last at least 12 months. In 2011 9.6 million people in England and Wales described themselves as having a long-term limiting illness or disability, an increase of 1 million since 2001. Almost all of this growth has been among those aged 65 and over. POPPI tells us there are an estimated 15,114 Sefton residents in 2014 with a condition that limits them a little, and a further 16,661 with a condition that limits them a lot. People over 85 are proportionately more likely to have a condition that limits them a lot.

The proportion of females who fall is consistently higher than males with the exception of the 65-69 age band. Males in the 65-69 age band are more likely to fall (25%) than any other age band. Whereas females are more likely (23%) to fall in the over 85 age band. As people age they are much more likely to be admitted to hospital as a result of a fall. Of the 1,319 predicted hospital admissions due to falls only 7% are predicted to be from the 65-69 age band, whereas 83% will be from the over 75's. This is illustrated in Table 23.

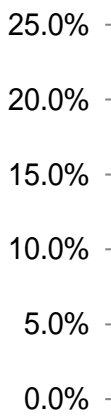
	65-69	70-74	75-79	80-84	85+	Total
Male	42%	38%	35%	38%	33%	37%
Female	58%	62%	65%	62%	67%	63%

Source: Sefton Strategic Needs Assessment (2014)

Table 23 – Estimated number of falls in older people in 2014 by gender and age

It is estimated that across Sefton in 2012 there are 11.4% households that are fuel poor, this relates to 13,319 households. This has fallen from 14.4% (17,425) in 2011 and 20% (25,202) in 2010, a total reduction of 47%. The chart in Figure 24 shows how the proportion of households in fuel poverty in Sefton has reduced compared to the North West and England. While the rate of fuel poverty households has remained in line with the regional rate, it has reduced faster than the national rate to move from being significantly above to almost in line with the national average. However, there are significant differences across the borough, from almost one in four households to just 3%. Areas in the North of the borough that have higher levels of older residents also have higher levels of fuel poverty. Nationally, statistics show that one in five households living in fuel poverty are either couples over the age of 60 or lone occupants over the age of 60. For Sefton this relates to 2,664 households.

Households in Fuel Poverty 2010-2012 (%)



	2010	2011	2012
— Sefton	20.0%	14.4%	11.4%
— North West	20.3%	12.5%	11.3%
— England	17.0%	11.2%	10.7%

Source: Sefton Strategic Needs Assessment (2014)

Figure 24 - Homes in fuel poverty (2010-12)

Community pharmacy-based services assessing older women’s risk of osteoporosis were well received and were able to identify women at different levels of risk^{lxii}. Those that followed women up post intervention found they had made lifestyle changes such as increased calcium in the diet, increased physical activity and relevant medication^{lxiii lxiv lxv}.

Influenza vaccination is a key intervention to protect older people’s health. Research has shown that immunisation services can be safely provided in community pharmacy settings^{lxvi}, 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^{lxvii}. Such programmes are also well received by both patients and doctors^{lxviii}.

Medicines reviews for the elderly are both perceived favourably by participants^{lxix} and can help reduce prescribing costs^{lxx}. However, it is unclear if such interventions are cost effective as cost of the interventions were not detailed.

7.10.3 Local provision

Supply of dressings to nursing homes

The service has been commissioned by South Sefton CCG and is available to all patients residing in a nursing home located within the Sefton area who are registered with a GP within South Sefton CCG. There are currently 9 community pharmacies providing this service.

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.

Southport and Formby CCG are currently looking into the possibility of commissioning a similar service for their nursing home patients.

7.10.4 Conclusions

9 community Pharmacies provide the supply of dressing to nursing homes service to patients residing in a nursing home located within the Sefton area who are registered with a South Sefton CCG GP. Southport and Formby CCG do not currently commission this service for patient's resident in a nursing home and registered with a GP within the north Sefton locality.

7.11 Palliative Care

7.11.1 Level of Need

The Department of Health *End of Life Care Strategy*^{lxxi} states that patients should have access to:

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

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

Most research into people's preference for place of death has been undertaken with cancer patients. This has found that 50-70% would like to die at home^{lxxii} yet the percentage of those doing so has been decreasing^{lxxiii}. Deprivation, availability of appropriate home care and whether

the individual is living with relatives or alone are all factors in determining the likelihood of a home death^{lxxiv lxxv}.

There were a total of 3,112 deaths recorded in Sefton in 2013. An analysis of place of death showed that approximately half of deaths occurred in hospital and a further 19% occurred within a residential or nursing home. Approximately 20% of deaths in Sefton during 2013 occurred at home (Table 24).

Place of Death	Number of Deaths (2013)
General Hospital	69
Hospice	200
Maternity Hospital	7
Mental Nursing Home	12
Mentally Infirm (Aged)	36
Multi Function Site	1437
Private Nursing Home	295
Private Nursing Home (Aged)	89
Residential Home (Local Authority)	13
Residential Home (Private)	206
Other	748
Grand Total	3112

Source: ONS Annual Deaths Extract (2013)

Table 24 - Place of death

7.11.2 Evidence of effective interventions in the community pharmacy setting

Palliative care is designed to provide pain relief and improve the quality of life of patients with life-threatening illness. The number of patients with chronic, slowly debilitating conditions has risen so even where patients die in a hospital or other care institution many will live in their own homes with the need to manage the condition before this happens. NICE guidance on palliative care showed that, amongst other things, there was inadequate access to pharmacy services outside normal working hours^{lxxvi} so local schemes should seek to address this issue. Pharmacists are a vital part of the multidisciplinary team supporting an individual and their family during this time, ensuring that medications are assessed and the effectiveness of medications is reviewed and needs change.^{lxxvii}

7.11.3 Local provision

There are currently four pharmacies providing a palliative care drugs supply service. All are stock holder providers (Table 25). The aim of the service is to improve access for people to palliative care medicines when they are required. The pharmacies were selected based on opening hours and geographical spread.

Palliative Care Stock Holder Service			
Bridge Road Chemist, 54-56, Bridge Road Litherland Liverpool L21 6PH	Asda Pharmacy, Asda Superstore Ormskirk Road Aintree Liverpool L10 3JN	Tesco In-Store Pharmacy, Town Lane Kew Southport PR8 5JH	Cambridge Road Pharmacy, 137 Cambridge Road Churchtown Southport PR9 7LT

Source: South Sefton/Southport & Formby CCG (September 2014)

Table 25 - Pharmacy location of palliative care stock holder services in Sefton

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

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

7.11.4 Conclusions

There are 4 pharmacy palliative care stock holder providers in Sefton; 2 in the north, and 2 in the south, of the borough. These pharmacies were selected to ensure equitable geographical spread and on the basis of accessibility.

8. Future Planning

Sefton's Local Plan outlines how the borough will look, and be developed, over the next 15 years. The Draft Plan, which has been developed within the statutory planning framework, was approved for publication and consultation in January 2015 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, and
- Priorities for investment in employment, housing and infrastructure, including site allocations.

The 2014 Strategic Housing Market Assessment (SHMA) for Sefton, which informed the Draft 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 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. There are no major re-developments/changes to the local population within the lifetime of this PNA that are deemed significant. 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.

9. 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 a 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 overwhelmingly positive.

Sefton Council's draft Local Plan is referenced in this assessment and there are no major re-developments/changes to the local population within the lifetime of this PNA that are deemed significant. It is however recognised that Sefton's population is expected to change will 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 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.

Appendix 1: Regulatory Statements

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

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 76 pharmacies which serve a population of 273,700. This equates to approximately one pharmacy for every 3,600 residents (England average is 5,000 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 neighboring authorities (e.g. Liverpool, Knowsley & West Lancashire) within one mile of Sefton's borders.

Statement 2

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

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

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

The need for specific community pharmacy services will be regularly reviewed in line with the demographics of the local population. This needs assessment has not identified any specific gaps in local service provision at the current time and therefore any areas for service development. Sefton Council's Draft Local Plan is referenced in this assessment and there are no major re-developments/changes to the local population within the lifetime of

this PNA that are deemed significant. It is however 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

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 neighboring authorities (e.g. Liverpool, Knowsley & West Lancashire) within one mile of Sefton's borders.

Statement 4

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

(a) Would, if they were provided (whether or not they were located in the area of the H&WBB), secure improvements or better access to pharmaceutical services or pharmaceutical services of a specific type, in its area,

(b) Would, if in specified future circumstances they were provided (whether or not they were located in the area of the H&WBB) secure future improvements or better access to pharmaceutical services or pharmaceutical services or a specified type in its' area.

This needs assessment has not identified any specific 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 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 static or reducing budgets.

Statement 5

A statement of any NHS services provided or arranged by the H&WBB, NHS Commissioning Board (NHSCB), a Clinical Commissioning Group (CCG), an NHS trust or an NHS foundation trust to which the H&WBB has had regard in its assessment, which affect-

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

This needs assessment has not identified any specific 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 one Local Authority and two CCG's (NHS Southport & Formby CCG and NHS South Sefton CCG). Analysis and mapping undertaken as part of the PNA process was carried out at ward level to take account of the variant needs of people within different areas of Sefton. This is congruent with the Sefton Strategic Needs Assessment (SSNA). This PNA has taken into account the SSNA. 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.

Appendix 2: Policy Context

'A Vision for Pharmacy in the New NHS'

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

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

'Choosing Health Through Pharmacy'

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

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

A New Contractual Framework

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

- Essential services are those which every pharmacy must provide, including dispensing.
- Advanced services are those which, subject to accreditation requirements, a pharmacy contractor can choose to provide. At present, there are three advanced services, Medicines Use Reviews (MUR), Appliance Use Reviews (AURs) and Stoma Appliance Customisation (SAC). In MURs and AURs the pharmacist discusses with the patient their use of the medicines or appliances they are prescribed and whether there are any problems that the

pharmacist can help resolve. For SAC the aim is to ensure proper use and comfortable fitting of the stoma appliance and to improve duration of usage thereby reducing waste.

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

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

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

'Our health, our care, our say'

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

'NHS Next Stage Review'

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

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

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

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

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

This White Paper has put forward a broad range of proposals to build on progress over the last three years which has succeeded in embedding community pharmacy's role in improving health and well-being and reducing health inequalities. An overview is set out below in Figure 1. This includes proposals for nationally commissioned additions to the contract in future years for how pharmacies will, over time:

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

Building on strengths – delivering the future

The Aims of the White Paper, Pharmacy in England

Supporting healthy living and better care

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

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

Access and choice

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

Better, safe use of medicines

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

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

Integration and interfaces

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

Quality

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

“Healthy lives, healthy people”

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

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

Equity and excellence: Liberating the NHS (2010)

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

on conditions, treatments, lifestyle choices and how to look after their own and their family's health".

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

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

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

Appendix 3: Abbreviations Used

AAAC	All Age All Cause
AAACM	All Age All Cause Mortality Rate
A & E	Accident & Emergency
APBs	Area Partnership Boards
ARCH	Advice, Rehabilitation, Counselling and Health
ASTRO PU	Age Sex Temporary Resident Originated Prescribing Unit
AUR	Appliance Use Review
BME	Black and Minority Ethnicities
BMI	Body Mass Index
CATC	Care at the Chemist
CAMHS	Child and Adolescent Mental Health Service
cCBT	Computerised Cognitive Behavioural Therapy Service
CCG	Clinical Commissioning Group
CEO	Chief Executive Office
CHaMPS	Cheshire & Merseyside Public Health Service
CHD	Chronic Heart Disease
CI	Confidence Interval
COPD	Chronic Obstructive Pulmonary Disease
CPPQ	Community Pharmacy Patient Questionnaire
CVD	Cardio Vascular Disease
DFLE	Disability-free life expectancy
DSR	Directly Standardised Rate
EHC	Emergency Hormonal Contraception
EoLC	End of Life Care
EPS	Electronic Prescription Service
ESPSLPS	Essential Small Pharmacy Services Local Pharmaceutical Services
FOI	Freedom of Information
GMS	General Medical Services
GP	General Practice / General Practitioner
GUM	Genito-urinary Medicine
HAG	Harmonisation of Accreditation
HIV	Human Immunodeficiency Virus
HLE	Healthy Life Expectancy
HPV	Human Papilloma Virus
HRG	Healthcare Resource Group
ICaH	Integrated Care at Home
IMD	Index of Multiple Deprivation
IOG	Improving Outcome Guidance
ISIS	Integrated Sexual Health in Sefton
JSNA	Joint Strategic Needs assessment
LAPHT	Local Authority Public Health Team
LARC	Long Acting Reversible Contraception
LE	Life Expectancy
LES	Local Enhanced Service
LCH	Liverpool Community Health

LINKs	Local Involvement Networks
LLTI	Limiting Long Term Illness
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Services
LSOA	Lower Super Output Area - is a geographic hierarchy designed to improve the collection, analysis and reporting of small area statistics in England, they have an av. Population of 1,500
LTC	Long Term Condition
LWMS	Lifestyle & Weight Management Service
MAS	Minor Ailment Service
MECC	Making Every Contact Count
MDS	Monitored Dose System
MSOA	Middle Super Output Area – is a geographic hierarchy designed to improve the collection, analysis and reporting of small area statistics, they have an average population of 7,200.
MUR	Medicines Use Review
NCMP	National Child Measurement Programme
NHS	National Health Service
NICE	National Institute for Health & Care Excellence
NRT	Nicotine Replacement Therapy
NW	Northwest
ONS	Office of National Statistics
OTC	Over the counter
PCDG	Pharmacy Contracts and Development Group
PCG	Pharmacy Contracts Group
PCT	Primary Care Trust
PGD	Patient Group Direction
PHE	Public Health England
PMR	Patient Medication Record
PNA	Pharmaceutical Needs Assessment
POP	Progesterone only pill
PPD	Prescription Pricing Division
PSNC	Pharmaceutical Services Negotiating Committee
RD	Repeat Dispensing
SAC	Stoma Appliance Customisation
SCP	Strategic Commissioning Plan
SHA	Strategic Health Authority
SLA	Service Level Agreement
SSNA	Sefton Strategic Needs Assessment (see also JSNA)
STI	Sexually Transmitted Infection
TIA	Transient Ischaemic Attack
TP	Teenage Pregnancy
TOP	Termination of Pregnancy
VCAW	Voluntary and Community Action Wirral
VRA	Vascular Risk Assessment
WCC	World Class Commissioning

WMS	Weight Management Service
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Appendix 4: Community Pharmacy addresses and opening hours

This information has been sourced from NHS England (February 2015) and was correct at the time of completion on the final PNA (February 2015)

Name and Address	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Aintree Pharmacy 11 Molyneux Way Aintree Liverpool 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
Alexanders Pharmacy 49-51 Stuart Road Crosby Liverpool L23 0QE	09:00- 13:00 14:15- 19:00	09:00- 13:00 14:15- 19:00	09:00- 13:00 14:15- 19:00	09:00- 13:00 14:15- 19:00	09:00- 13:00 14:15- 19:00	09:00- 13:00 14:00- 17:30	CLOSED
Asda Pharmacy Asda Superstore Ormskirk Road Aintree Liverpool L10 3JN	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 Central 12 Shopping Park Derby Road Southport PR9 0TY	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 81 Strand Road Bootle Liverpool L20 4BB	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 Southport 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 14:00- 17:00	CLOSED
Boots the Chemists 31-39 Chapel Street Southport 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	CLOSED
Boots the Chemists 27 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- 17:30	CLOSED
Boots the Chemists Unit 3, Central 12 Shopping Park Derby Road Southport PR9 0TQ	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 the Chemist 138-139 New Strand Bootle Liverpool L20 4SX	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 the Chemist 24-26 Liverpool Road Crosby Liverpool L23 5SF	08:30- 17:30	08:30- 17:30	08:30- 17:30	08:30- 17:30	08:30- 17:30	08:30- 18:00	11:00-17:00
Boots the Chemist 66-68 South Road Waterloo Liverpool L22 0LY	08:30- 17:30	08:30- 17:30	08:30- 17:30	08:30- 17:30	08:30- 17:30	09:00- 17:30	CLOSED
Boots the Chemist Unit 5B Aintree Racecourse Retail Park Ormskirk Road Aintree 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

Bridge Road Chemist 54-56, Bridge Road Litherland Liverpool L21 6PH	07:00- 23:00	07:00- 23:00	07:00- 23:00	07:00- 23:00	07:00- 23:00	08:00- 20:00	08:15-15:00
Cambridge Road Pharmacy 137 Cambridge Road Churchtown Southport 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
Cohens Chemist 12- 13 Marian Square Glovers Lane Netherton Liverpool L30 5QA	08:15- 21:15	08:15- 21:15	08:15- 21:15	08:15- 21:15	08:15- 21:15	09:00- 17:00	CLOSED
Cohens Chemist 17 Bridge Road Crosby Merseyside L23 6SA	09:00- 13:00 14:15- 18:00	09:00- 13:00 14:15- 18:00	09:00- 13:00 14:15- 18:00	09:00- 13:00 14:15- 18:00	09:00- 13:00 14:15- 18:00	09:00- 13:00 14:15- 17:00	CLOSED
Crescent Pharmacy 3 The Crescent Thornton Merseyside 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	09:00- 13:00	CLOSED
Crossens Pharmacy 164 Rufford Road Crossens Southport 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 69 Randall Drive Ford Liverpool 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
Drakes Pharmacy 1a, Aintree Road Bootle Merseyside 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 Chemists 17 Station Road Ainsdale Southport PR8 3HN	08:45- 18:00	08:45- 18:00	08:45- 18:00	08:45- 18:00	08:45- 18:00	CLOSED	CLOSED
Fylde Road Pharmacy 117 Fylde Road Marshside Southport PR9 9XL	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 Chemists 159 College Road Crosby Liverpool 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
Grandbydale Ltd 61 Park Street Bootle Merseyside L20 3DF	09:00- 13:00 13:30- 17:30	09:00- 13:00 13:30- 17:30	09:00- 13:00 13:30- 18:30	09:00- 13:00 13:30- 17:30	09:00- 13:00 13:30- 17:30	CLOSED	CLOSED
GSI Pharma Limited Unit 13 The Bridgewater Complex Canal Street Liverpool L20 8AH	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	09:00- 18:15	09:00- 18:15	09:00- 18:00	09:00- 18:15	09:00- 18:15	CLOSED	CLOSED

Bootle Merseyside L20 3BY							
Hesketh Park Pharmacy 91 Queens Road Southport 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
Higgins Pharmacy 77 Crosby Road North Waterloo L22 4QD	08:30- 19:00	08:30- 19:00	08:30- 19:00	08:30- 19:00	08:30- 19:00	09:00- 13:00	CLOSED
Hightown Pharmacy Lower Alt Road Hightown Merseyside L38 0BB	09:00- 19:00	09:00- 18:30	09:00- 18:30	09:00- 18:30	09:00- 18:30	CLOSED	CLOSED
Hillside Pharmacy 72-74 Sandon Road Southport 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	09:00- 13:00	CLOSED
Hirshman Chemist Sherwood House 56- 62 Station Road Ainsdale Southport PR8 3HW	08:30- 18:00	08:30- 18:00	08:30- 18:00	08:30- 18:00	08:30- 18:00	09:00- 13:00 14:00- 17:30	CLOSED
Hirshman Chemist 2 U Unit 1 56 Station Road Ainsdale Southport PR8 3HW	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	CLOSED	CLOSED
Kelly's Pharmacy 195 Altway Aintree Liverpool 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
Lloyds Pharmacy North Park Medical Centre 290 Knowsley Road Bootle, L20 5DW	09:00- 19:00	09:00- 19:00	09:00- 19:00	09:00- 19:00	09:00- 19:00	09:00- 17:30	CLOSED
Lloyds Chemists 59 Crosby Road North Waterloo Liverpool L22 4QD	08:30- 18:30	08:30- 18:30	08:30- 18:00	08:30- 18:30	08:30- 18:30	09:00- 13:30	CLOSED
Lloyds Pharmacy 125 Knowsley Road Bootle Liverpool L20 4NJ	09:00- 19:00	09:00- 19:00	09:00- 19:00	09:00- 19:00	09:00- 19:00	09:00- 13:00	CLOSED
Lydiat Pharmacy 28 Liverpool Road Lydiat Merseyside L31 2LZ	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
Meadows Pharmacy 87-89 Liverpool Road South Maghull Merseyside L31 7AD	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
Merton Chemist 223 Stanley Road Bootle Merseyside 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 Durham Avenue Netherton Bootle	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

L30 1RQ							
Pharmacy First 58 Scarisbrick New Road Southport PR8 6PG	08:30- 12:30 13:30- 18:30	08:30- 12:30 13:30- 18:30	08:30- 12:30 13:30- 18:30	08:30- 12:30 13:30- 18:30	08:30- 12:30 13:30- 18:30	CLOSED	CLOSED
Pharmacy On-Line 12 Church street Southport PR9 0QT	09:00- 17:30	09:00- 17:30	09:00- 17:30	09:00- 17:30	09:00- 17:30	CLOSED	CLOSED
Pharmacy On-Line 81, Liverpool Road, Formby L37 6BU	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
Rowlands Pharmacy 22 Liverpool Road Southport PR8 4AY	09:00- 18:30	09:00- 18:30	09:00- 18:30	09:00- 18:30	09:00- 18:30	09:00- 16:00	CLOSED
Rowlands Pharmacy 15 Chapel Lane Formby L37 4DL	08:30- 18:00	08:30- 18:00	08:30- 18:00	08:30- 13:00	08:30- 18:00	CLOSED	CLOSED
Rowlands Pharmacy 35 Upper Aughton Road Birkdale Southport PR8 5NA	08:30- 13:00 13:20- 17:00	08:30- 13:00 13:20- 17:00	08:30- 13:00 13:20- 18:00	08:30- 13:00 13:20- 18:00	08:30- 13:00 13:20- 17:00	CLOSED	CLOSED
Rowlands Pharmacy Lincoln Road Surgery 33 Lincoln Road Birkdale Southport PR8 4PR	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 14:00- 17:00	CLOSED
Rowlands Pharmacy 13 Union Street Southport PR9 0QF	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
Rowlands Pharmacy 158a Liverpool Road North Maghull Liverpool L31 2HP	08:30- 18:00	08:30- 18:00	08:30- 18:00	08:30- 18:00	08:30- 18:00	09:00- 13:00	CLOSED
Rowlands Pharmacy 86 Waddicar Lane Melling Liverpool L31 1DY	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
Rowlands Pharmacy 106 Sefton Road Litherland Liverpool L21 9HQ	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
Ryders Chemist Ltd 41 Old Town Lane Formby L37 3HJ	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
Sainsburys Pharmacy J Sainbury Store St Georges Place Lord Street Southport PR9 OAF	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
Sedem Pharmacy 139 Roe Lane Southport PR9 7PW	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
Simply Pharmacy 2a Sefton Road Litherland Liverpool L21 7PG	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	CLOSED	CLOSED

S K 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
Smartt's Chemist 42 Fernhill Road Bootle Merseyside 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 Mark's Pharmacy 42 Derby Road 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
Standish Chemists 5 The Crescent Southport Road Bootle Liverpool 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
Station Pharmacy 24 Station Road Maghull Liverpool 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- 17:00	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
Superdrug Pharmacy 36-38 The Esplanade New Strand Bootle Liverpool 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
Tesco In-Store Pharmacy Town Lane Kew Southport PR8 5JH	08:00- 22:00	08:00- 22:00	08:00- 20:00	08:00- 20:00	08:00- 20:00	08:00- 20:00	10:00-16:00
Walkers Pharmacy 62 Harrington Road Formby 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 Chemists 11 Norwood Avenue Southport PR9 7EG	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 Chemists 90 Moore Street Bootle Merseyside L20 4SF	08:30- 20:30	08:30- 18:30	08:30- 18:30	08:30- 20:30	08:30- 18:30	CLOSED	CLOSED
Whitworth Chemists Old Hall Farm Business Park Crowland Street Southport 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 Ainsdale Southport 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
Your Local Boots Pharmacy 131-135 Cambridge Road Churchtown Southport PR9 9SD	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
Your Local Boots Pharmacy 27 Westway Maghull Merseyside L31 2PQ	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

Your Local Boots Pharmacy 6-8 Sefton Road Litherland Liverpool L21 7PG	08:30- 18:30	08:30- 18:30	08:30- 18:30	08:30- 18:30	08:30- 18:30	08:30- 17:00	CLOSED
Your Local Boots Pharmacy 17-19 Elbow Lane Formby L37 4AB	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	CLOSED	CLOSED
Your Local Boots Pharmacy 35 Seaforth Road Seaforth Liverpool 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
Your Local Boots Pharmacy 7 Central Square Maghull Merseyside 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
Your Local Boots Pharmacy 34 Shakespeare Street Southport PR8 5AB	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

Appendix 5: Pharmacy Premises & Services Questionnaire and Report

Each Local Authority has a statutory duty to produce a Pharmaceutical Needs Assessment – Public Health are currently drafting the new version and for this to be informative and to meet guidelines we are asking local community pharmacists to complete the following questionnaire. Your responses are integral to help inform the current rewrite which will then be subject to a full, formal public consultation.

Contact Details

1. Name of Contractor

2. Trade Name

3. Pharmacy Address

4. Name of person completing survey

5. Telephone Number

6. Which Local Authority are you based in?

7. Website address

8. Provide estimates of which Local Authority residents represent your major customer bases (e.g. Liverpool 20%, Sefton 80%)

9. Which of these Advanced Services do you currently provide?

- Medicines Use Review
- New Medicines Service
- Appliance Use Review
- Stoma Customisation
- None of the Above

10. Does the Pharmacy dispense (Yes, No, Not Applicable):

- Stoma Appliances
- Incontinence Appliances
- Dressings

11. Are you currently commissioned to provide any of these locally commissioned services (Yes, No, Not Applicable):

- Advice to care homes
- Chlamydia screening

- Emergency hormonal contraception
- Minor ailments e.g. Care at the chemist
- Smoking cessation
- Needle/syringe exchange
- Supervised administration of methadone
- Supervised administration of subutex
- Supply of palliative care medicines – guaranteed dispenser
- Anticoagulant monitoring
- Supply of palliative care medicines – stock holder
- Supply of palliative care medicines – guaranteed dispenser
- Gluten free food supplier
- Weight management
- Domiciliary medicine administration records (MARS)
- NHS Health Checks
- NHS Emergency Medicines Service
- NHS Seasonal Influenza Vaccination Service

12. Does the pharmacy provide the collection of prescriptions from surgeries?

13. Does the pharmacy provide the delivery of dispensed medicines?

- Free of charge on request
- Chargeable
- Selected patient groups only
- Selected areas only

14. Does the pharmacy provide monitored dosage systems (MDS) to patients living in their own home?

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

- If the patient is eligible under the 2010 Equality Act and the pharmacy considers it reasonable adjustment

- At the request of the surgery
- At the request of a family member
- At the request of a care worker / agency

16. Does your pharmacy provide the safe and efficient supply of medicines, including the additional (non-commissioned) support services provided by pharmacies for?

- Your housebound patients and older people
- People with learning disabilities

17. Do you provide any other services which are not commissioned by either NHS England, your local CCG or local public health team?

18. If yes, please list the additional services you provide.

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

20. If yes how long does the walk take on average?

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

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

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

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

- Automatic door assistance
- Bell at front door
- Disabled toilet facility
- Hearing Loop
- Sign Language
- Large Print Labels / Leaflets
- Wheelchair ramp access

25. Please state any other facilities that support disabled access:

26. As you able to offer support to people whose first language is not English?

27. If yes, how so?

- Use of interpreter / language line
- Staff at the pharmacy able to speak another language

29. Please indicate which languages the staff can speak.

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

- At all times
- By arrangement

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

32. Is this consultation area:

- Available with wheelchair access
- Planned within the next 12months
- Other

33. If other please specify

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

Thank you for completing this survey.

Pharmaceutical Needs Assessment

Pharmacy Survey 2014 – Results

Summary of Results

- There are 76 pharmacies in Sefton and 48 responded to the survey. This means the response rate in Sefton was 63%
- While all pharmacies that responded were based in Sefton, 36% stated that they also served Liverpool patients, with smaller proportions serving patients from Knowsley, Lancashire and other areas
- All pharmacies offered at least one advanced service to patients, most commonly a medicine review service or a new medicine service
- The most common locally commissioned services offered by Sefton pharmacies include minor ailments services (98.2%), smoking cessation (80%) and emergency hormonal contraception (61.8%)
- 91% of Sefton pharmacies offer a free dispensed medicine delivery service
- 93% of Sefton pharmacies offer a monitored dosage system to patients
- 25% of pharmacies can offer support to patients whose first language is not English
- 93% of pharmacies can provide advice and support to patients wishing to speak to someone of the same sex
- 91% of pharmacies have a private consultation area and 87% 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 the NHS England when deciding on pharmacy applications. Failure to comply with the regulatory duties may lead to a legal challenge. Each Health and Wellbeing Board must publish its first PNA by 1st April 2015 and make a revised assessment earlier than this after identifying changes to the need for pharmaceutical services which are of a significant extent. Part of the development of the PNA involved sending a questionnaire to the seventy-six 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 comparison of results between local authority

areas, resulting in consistency in the development of the final PNA product. Pharmacy survey development was coordinated by Halton Council and delivery of the survey was coordinated by Liverpool City Council. The survey was distributed to pharmacies using Survey Monkey.

Results

This report will be a discussion of Sefton pharmacy results only. There are 76 pharmacies in Sefton, and of these, 48 responded to the survey. This is a response rate of 63% within Sefton. Of the 76 Sefton pharmacies, 36% state that they also serve Liverpool patients, 5% also service Lancashire patients, 4% also serve Knowsley patients and 10% also serve patients from other areas (although did not define where these patients were resident).

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. There are four Advanced services within the NHS community pharmacy contract. Community pharmacies can opt to provide any of these services. An analysis of advanced services shows the following:

- 100% of pharmacies that responded offer a medicine review service
- 96.4% offer a new medicine service
- 5.5% offer an appliance use review
- 16.4% offer stoma customisation

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

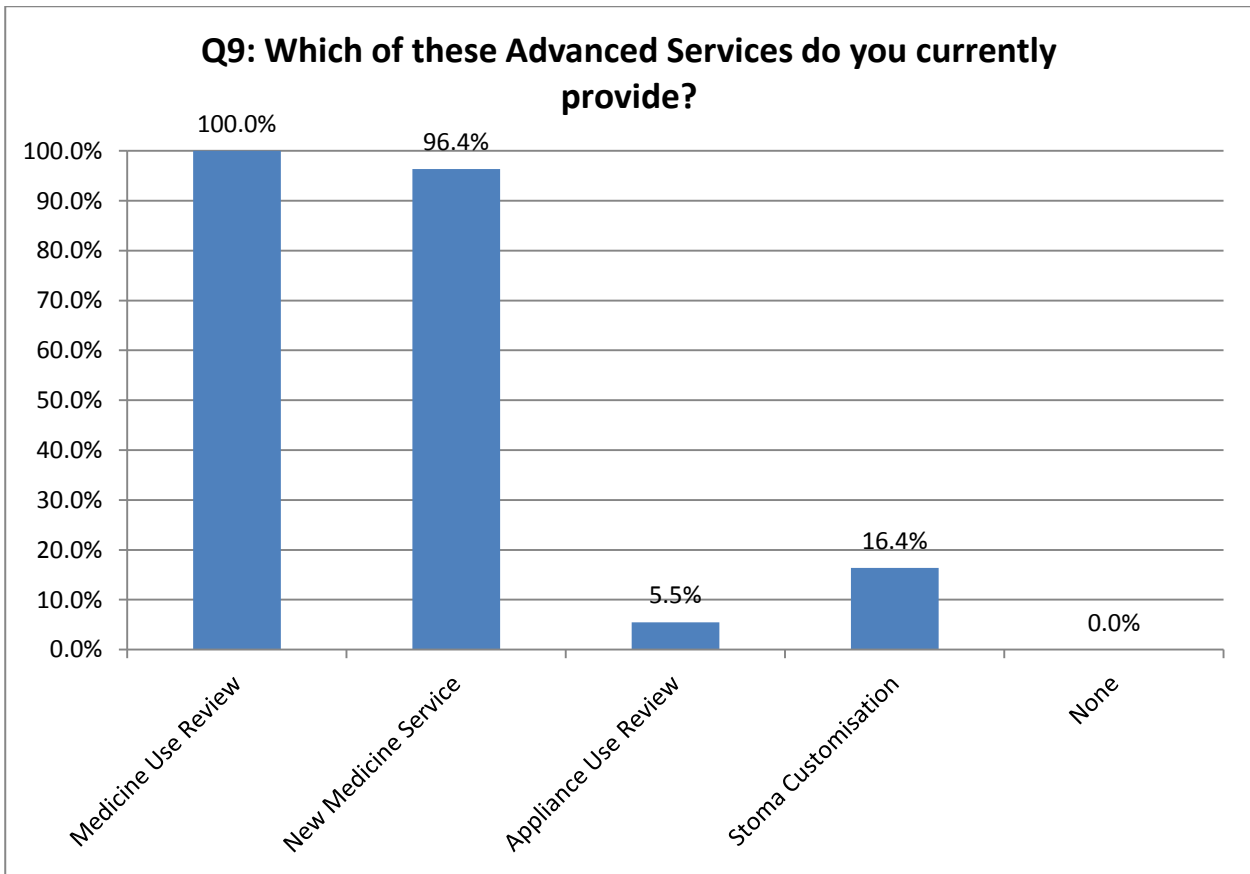


Figure 1 - Advanced Services provided

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

- 80% of pharmacies dispense stoma appliances
- 80% of pharmacies dispense incontinence appliances
- 100% of pharmacies dispense dressings

This is illustrated in figure 2, below.

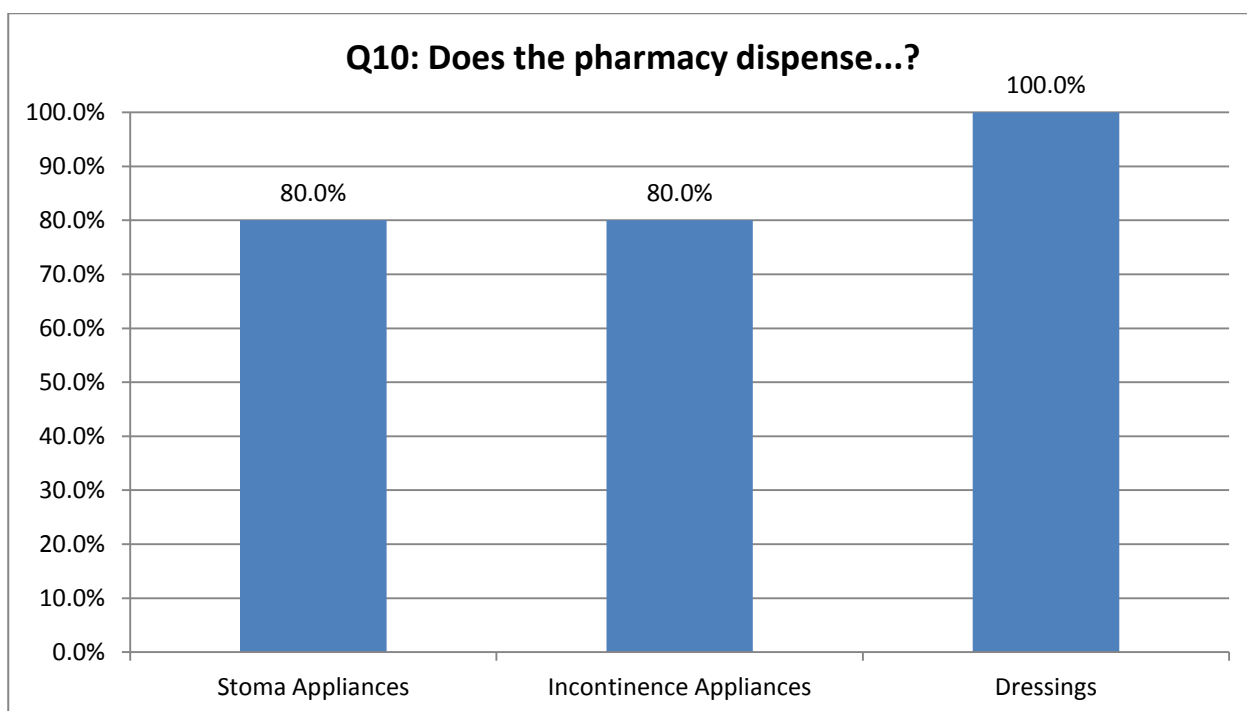


Figure 2 - Appliances dispensed by the pharmacy

Finally, pharmacies were asked whether they deliver any other locally commissioned services (or enhanced services) such as smoking cessation or screening initiatives. An analysis of pharmacies offering these services is shown in table 1, below:

Locally Commissioned Service	Yes	No	N/A	Blank
Advice to Care Homes	16.4%	54.5%	12.7%	16.4%
Chlamydia Screening	23.6%	49.1%	12.7%	14.5%
Emergency Hormonal Contraception	61.8%	32.7%	1.8%	3.6%
Minor Ailments e.g. Care at the Chemist	98.2%	0.0%	1.8%	0.0%
Smoking Cessation	80.0%	10.9%	3.6%	5.5%
Needle/Syringe Exchange	18.2%	61.8%	1.8%	18.2%
Supervised Administration of Methadone	50.9%	41.8%	1.8%	5.5%
Supervised Administration of Subutex	49.1%	41.8%	1.8%	7.3%
Supply of Palliative Care Medicines - Stock Holder	20.0%	60.0%	1.8%	18.2%
Supply of Palliative Care Medicines - Guaranteed Dispenser	3.6%	70.9%	3.6%	21.8%
Anticoagulant Monitoring	1.8%	67.3%	12.7%	18.2%
Gluten Free Food Supply	21.8%	49.1%	10.9%	18.2%
Weight Management	12.7%	52.7%	14.5%	20.0%
Domiciliary Medicine Administration Records (MAR)	29.1%	49.1%	7.3%	14.5%
NHS (Cardiovascular) Health Checks	16.4%	60.0%	9.1%	14.5%
NHS Emergency Medicines Service	7.3%	60.0%	14.5%	18.2%
NHS Seasonal Influenza Vaccination Service	14.5%	58.2%	9.1%	18.2%

Table 1 - Locally Commissioned Services

The most common services offered by Sefton pharmacies include minor ailments services (98.2%), smoking cessation (80%) and emergency hormonal contraception (61.8%). The least common services offered by Sefton pharmacies include NHS Emergency Medicines Service (7.3%), Supply of Palliative Care Medicines - Guaranteed Dispenser (3.6%) and Anticoagulant Monitoring (1.8%).

The information in this table is presented in figure 3, below.

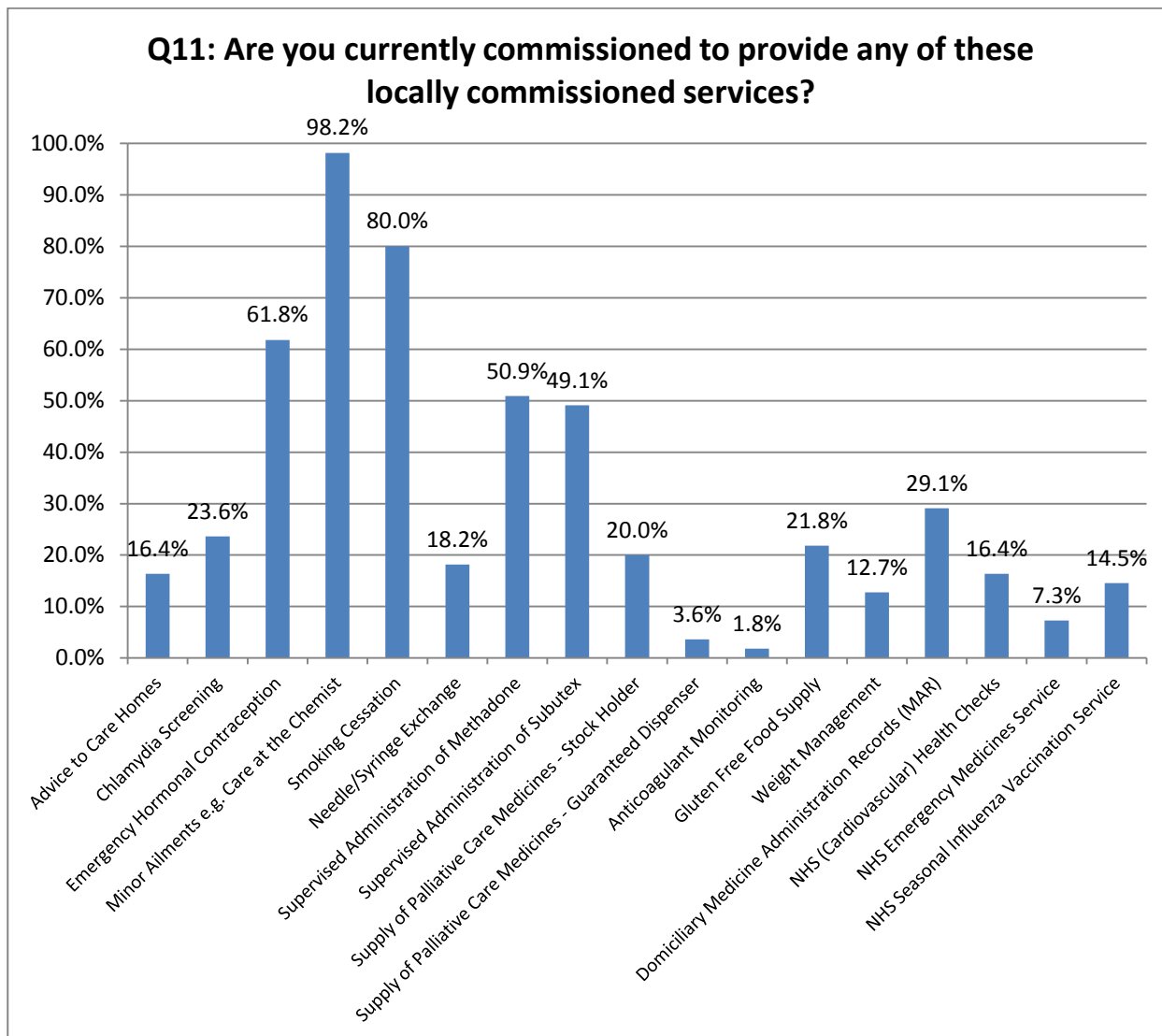


Figure 3 - Delivery of locally commissioned services

Delivery of medicines

Pharmacies were asked whether they provide a prescription collection service from GP surgeries. 94.5% of pharmacies said that they offered this service and the remaining 5.5% 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:

- Approximately 91% said they offered this service free of charge
- No pharmacies that responded said they charged for this service

- Approximately 16% of pharmacies said they only delivered to selected groups
- Approximately 30% of pharmacies said they only delivered to selected areas.

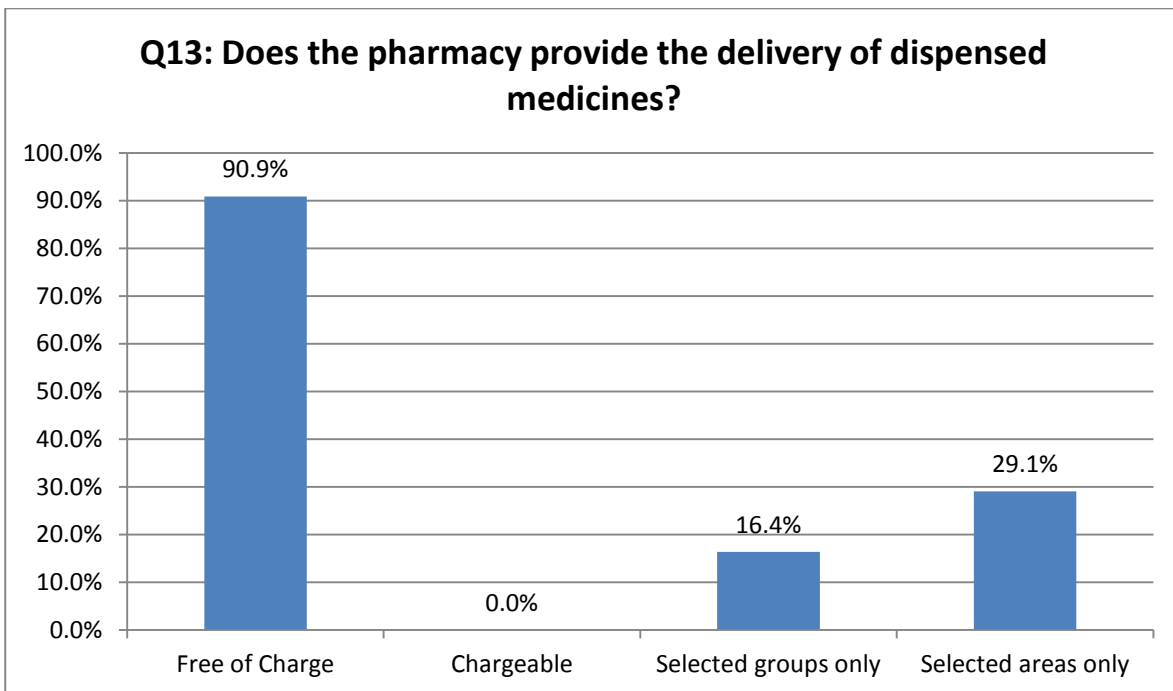


Figure 4 - Delivery of dispensed medicines

Monitored Dosage Systems

Monitored Dosage Systems (MDS) is a medication storage device designed to simplify the administration of solid oral dose medication. Approximately 93% of pharmacies offer this service. Pharmacies were also asked about when they would supply an MDS to a patient. The responses were as follows:

- Approximately 84% would supply if the patient is eligible under the 2010 Equality Act
- Approximately 87% would supply at the request of the GP surgery
- Approximately 64% would supply at the request of a family member
- Approximately 60% would supply at the request of a care worker of agency

This information is illustrated in figure 5, below.

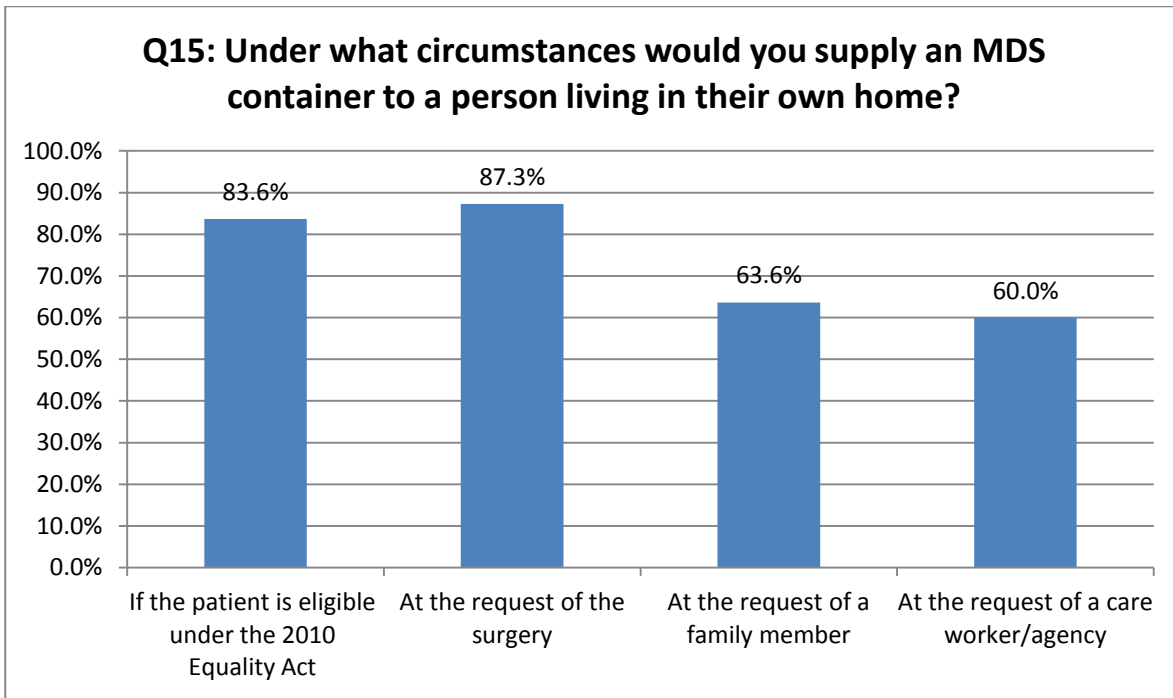


Figure 5 - Monitored Dosage Systems

Safe supply of medicines

When asked whether pharmacies offered a safe and efficient supply of medicines for housebound patients, older people and people with learning disabilities, the responses were as follows:

- Approximately 87% offered a safe and efficient supply of medicines for housebound and older patients
- 80% offered a safe and efficient supply of medicines for people with learning disabilities.

This is illustrated in figure 6, below

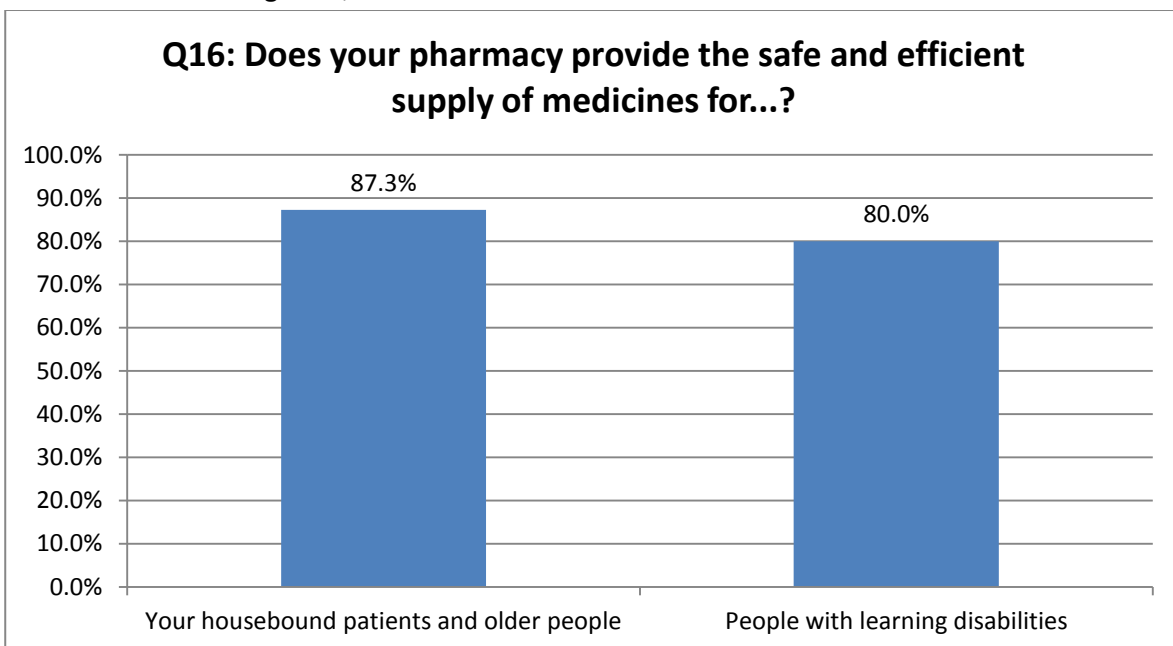


Figure 6 - Safe and efficient supply of medicines

Other services offered

Pharmacies were asked whether they provided any other services that are not commissioned by NHS England, the local CCG or the local Public Health team. Approximately 42% of pharmacies stated that they do offer additional services. The additional services offered are shown in table 2, below.

Additional Services	Number of pharmacies offering this service
Blood Pressure Check	15
Asthma check	8
Anti malarial service	7
Weight Management	13
Cancer support	1
C-Card Scheme	1
Cholesterol	1
Glucose Testing	2
Private Flu vaccine	11
Travel Clinic	1

Table 2 - Additional services offered by pharmacies

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.

When asked about whether the pharmacy was close to the bus network, approximately 93% of pharmacies said that there was a bus stop within walking distance of the pharmacy. Of these, 25.5% of pharmacies said that the walk to the bus stop took less than 2 minutes and 72.5% said the walk took between 2 and 5 minutes.

When asked about facilities for disabled patients, 89% said disabled patients could park within 10 metres of the pharmacy. Approximately 78% of pharmacies have an entrance which can be used unaided by wheelchair users and almost 90% 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 such as hearing loop and large print/Braille leaflets. The facilities offered to support disabled patients are shown in figure 7, below.

In addition to this, two pharmacies stated that they have other facilities in place. This included one pharmacy that stated that they have a low level counter and one pharmacy with a wide entrance for wheelchair users.

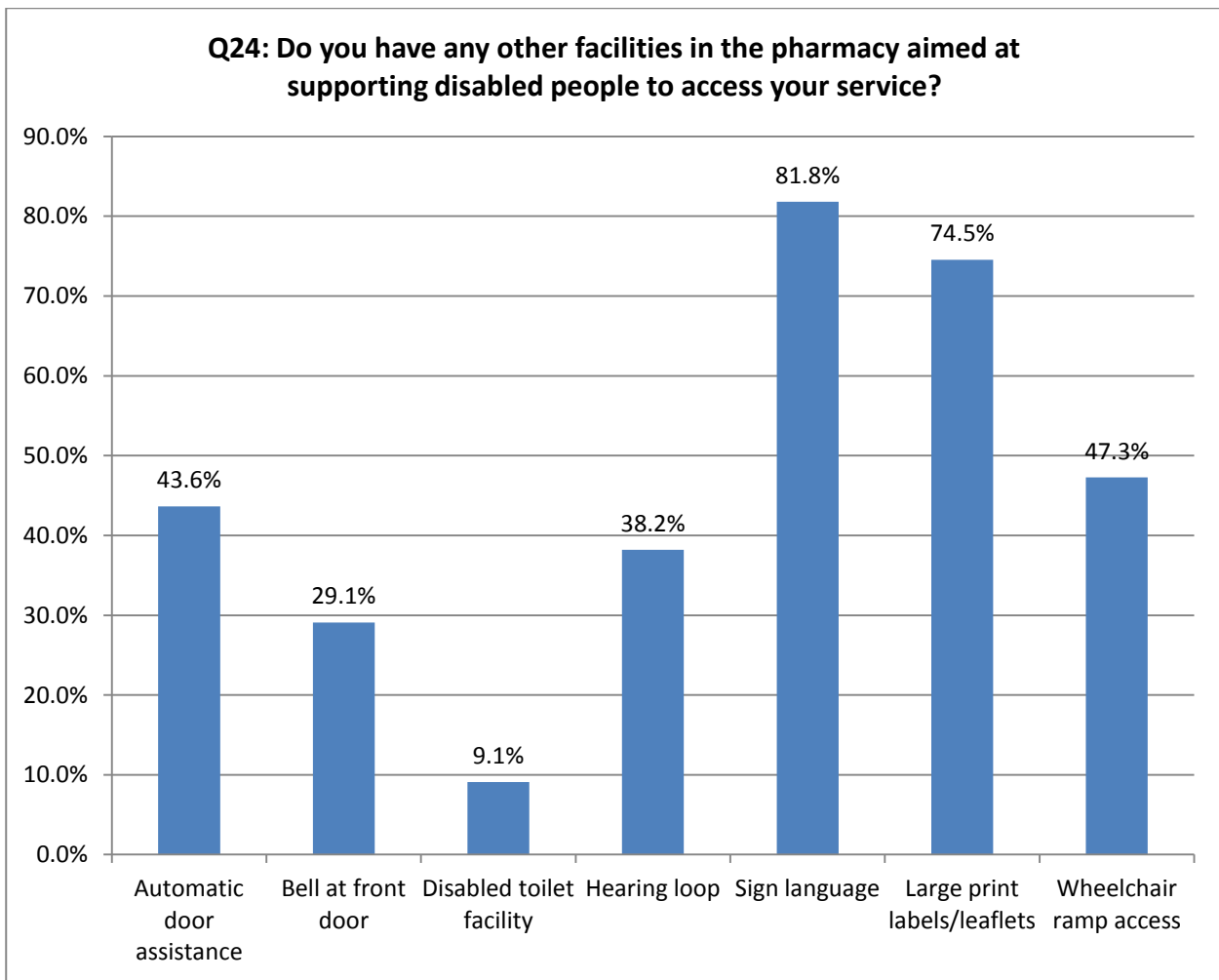


Figure 7 - Support for disabled patients

Of the pharmacies surveyed, approximately a quarter were able to offer support for patients whose first language is not English. When asked how that can support this, 61.5% said they used an interpreter/language line and 38.5% 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 3, below.

Other languages	Number of pharmacies where staff can communicate in this language
Chinese	1
British Sign Language	1
French	1
Polish	5
Gujarati	5
Urdu	4
Hindi	2
Punjabi	1
Spanish	1

Table 3 - Other languages staff can speak

Finally, when pharmacies were asked what other support they provide to patients who do not speak English as a first language, one pharmacy said they offered internet translations, one pharmacy said they provided leaflets in the patient's first language and one pharmacy said they would liaise with the GP or a carer/family member.

Consultations

Approximately 93% of pharmacies said they were able to provide advice and support if a customer wishes to speak to a person of the same sex. Approximately 47% of pharmacies can offer this service at all times and approximately 46% could arrange this by appointment.

When asked whether there is a consultation area available that meets the criteria for Medicine Use Reviews where a patient and pharmacist can sit down together, talk at a normal speaking volume without being over heard by customers or staff and is clearly signed as private consultation, approximately 91% of pharmacies stated that this facility was available. Approximately 87% stated that this consultation area was accessible by wheelchair.

Finally, pharmacies were asked whether they had toilet facilities that could be used by patients for screening purposes, for example for chlamydia screening or pregnancy testing. Approximately 30% of pharmacies have toilet facilities for this purpose.

Conclusions and next steps

This pharmacy survey was completed as part of the development of Sefton's 2015 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 76 pharmacies within Sefton, 48 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 June 2014, 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 1st April 2015.

Appendix 6: Patient Questionnaire



Have your say on Pharmacy Services in Sefton



Business Intelligence & Performance Team,
7th Floor, Merton House, Stanley Road, Bootle.
Telephone 0151 934 4604

Introduction

Since 1st April 2013, Health and Wellbeing Boards have had 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 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 the NHS England when deciding on pharmacy applications. Each Health and Wellbeing Board must publish its first PNA by 1st April 2015 and make a revised assessment earlier than this after identifying changes to the need for pharmaceutical services which are of a significant extent. Consultation is required as part of the statutory duty of producing a PNA.

The published PNA will be used as the framework for commissioning pharmacy services. If gaps in provision are identified, new providers can apply to deliver appropriate services to meet the need.

To help inform the draft PNA, it is important to obtain the experiences from the public

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 Monday 9th June 2014 and will end on Tuesday 30th September 2014

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 0151 934 4604 for more information.

Copies of this consultation document are available in large print and other formats. To request this service please call 0151 934 4604

Please return completed questionnaires to

Freepost RTGY-JKUL-UKGT
Sefton Public Health Department
Merton House
Stanley Road
Bootle L30 3DL

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

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 can't 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)

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 usual pharmacy (or the pharmacy closest to you) when it was closed?

- 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)

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

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

or other conditions

f) **Advice and treatment for drug and alcohol abuse**

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)

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
6th Floor Merton House, Stanley Road
Bootle, Liverpool L20 3DL

Pharmaceutical Needs Assessment (PNA) Consultation - Invitation to Participate

Dear Sir/Madam,

During the reorganisation of the NHS the responsibility for producing the Pharmaceutical Needs Assessment (PNA) transferred from Primary Care Trusts (PCTs) to Health and Wellbeing Boards (HWBB) under the Health & Social Care Act 2012, effective from 1st April 2013.

Sefton HWBB has produced their first draft of the PNA. As part of the legislation the draft PNA must be available for stakeholders to comment on the contents of the assessment before it is finalised and published.

The outcomes for this consultation are:

- To encourage constructive feedback from a variety of stakeholders and professional bodies between 1st December 2014 and 1st February 2015.
- To ensure that residents and professionals provide opinions and views on what is contained within the PNA.

To facilitate this we have uploaded the draft PNA onto Sefton Council website and it can be found by accessing this link:

<https://www.engagespace.co.uk/sefton/Default.aspx>

To comment and feedback there is also a short survey form to complete, a link to which can be found on the same page. Alternatively you can respond formally in writing to the above return address.

All feedback will be considered and the HWBB will decide which sections of the PNA need amending so that it will be ready for final publication from April 2015.

Yours sincerely

A handwritten signature in black ink that reads "JAtherton".

Dr Janet Atherton
Director of Public Health
On behalf of Sefton HWBB

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

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

1. Do you understand the purpose of the PNA?

- Yes
- No
- Don't Know

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

2. Is the information in the draft PNA document a good reflection of the current pharmaceutical service provision within Sefton?

- Yes
- No
- Don't Know

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

3. Is the information in the draft PNA document a good reflection of the needs of the Sefton population?

- Yes
- No
- Don't Know

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

4. Are you aware of any current pharmaceutical services that are not mentioned in the draft PNA?

- Yes
- No
- Don't Know

If you said 'Yes', please explain:

5. Is there anything else that you feel should be included in the PNA document?

- Yes
- No
- Don't Know

If you said 'Yes', please explain:

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

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	<input type="checkbox"/>	30-39	<input type="checkbox"/>	40-49	<input type="checkbox"/>
50-59	<input type="checkbox"/>	60-69	<input type="checkbox"/>	70+	<input type="checkbox"/>

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

Physical Impairment	<input type="checkbox"/>	Visual Impairment	<input type="checkbox"/>
Learning Difficulty	<input type="checkbox"/>	Hearing Impairment/deaf	<input type="checkbox"/>
Mental health/mental distress	<input type="checkbox"/>	Long term illness that affects your daily activity	<input type="checkbox"/>

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	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Other Asian background	<input type="checkbox"/>

Black

African	<input type="checkbox"/>	British	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	Other black background	<input type="checkbox"/>

Chinese

Chinese	<input type="checkbox"/>	Other Chinese background	<input type="checkbox"/>
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Mixed Ethnic Background:-

Asian and White	<input type="checkbox"/>	Black African and White	<input type="checkbox"/>
Black Caribbean and White	<input type="checkbox"/>	Other mixed	<input type="checkbox"/>

White

British	<input type="checkbox"/>	English	<input type="checkbox"/>
Irish	<input type="checkbox"/>	Scottish	<input type="checkbox"/>
Welsh	<input type="checkbox"/>	Polish	<input type="checkbox"/>
Latvian	<input type="checkbox"/>	Gypsy/Traveller	<input type="checkbox"/>
Other White background	<input type="checkbox"/>		

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	<input type="checkbox"/>	Christian	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Jewish	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
No religion	<input type="checkbox"/>		

Other – please specify

6. How would you describe your sexual orientation?

Heterosexual	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>
Gay	<input type="checkbox"/>	Lesbian	<input type="checkbox"/>

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

Appendix 8: Formal Consultation Response

There were 30 responses to the draft Needs Assessment during the consultation period. The vast majority of responses stated “Yes” or “Correct” to each of the questions posed. The table below presents the responses to the specific feedback received during the consultation period (1st December 2014 – 1st February 2015)

Question	Feedback	Response
2	<p><i>“I am not sure the data is reliable and what proportion of people responded to the consultation in the summer, is it statistically significant?”</i></p> <p><i>“The PNA does not: identify necessary and required service. Identify gaps in services (or state there are no gaps in pharmaceutical services) including an assessment of whether opening hours are adequate include an assessment of whether pharmacies are in the right location.”</i></p>	<p>The source and date for all data and information included is referenced throughout the PNA. The numbers responding to the patient consultation are not statistically significant. This has been referenced in the final PNA document. There is no requirement for the consultation feedback to be statistically representative of the population. Throughout the PNA process efforts have been made to engage participation in the various stages of consultation.</p> <p>Concluding statements had been reserved until the formal consultation period ended to ensure a comprehensive representation of the current provision. A concluding assessment of the Sefton pharmaceutical network provision is now included in the final PNA document, following the end of the consultation period.</p>
3	<p><i>“Access to a pharmacy for prescriptions given by the out of hours doctors is inadequate”</i></p>	<p>Patients that require medication for ‘urgent’ conditions in the out of hours period will be provided with such medication by the OOH GP. Prescriptions are issued for less urgent cases that in the clinical opinion of the GP can wait until a pharmacy is open. This information is included in Chapter 4. There is no evidence to suggest that there is a need for a pharmacy to be open 24 hours a day.</p>

4	<p><i>“Gluten free supply through pharmacy”</i></p>	<p>The gluten free supply is currently being piloted in the Ainsdale area and is commissioned by the CCG. This PNA reflects only those services that are mainstreamed at the time of writing.</p>
5	<p><i>“The unavailability of 24 hour Pharmacies”</i></p> <p><i>“No mention is made about the physical accessibility of the chemist premises to be able to access services including having a private consultation with a pharmacist e.g. accessibility for full time wheelchair users.”</i></p> <p><i>“I think a statement to conclude that there is adequate pharmaceutical provision throughout Sefton.”</i></p> <p><i>“There is no description of how the localities were chosen as required under the regulations there is no assessment of housing growth (building) and the impact on health and pharmacy services that this may have. There should be a statement indicating whether the current service is adequate or not and if not what and where the</i></p>	<p>Patients that require medication for ‘urgent’ conditions in the out of hours period will be provided with such medication by the OOH GP. Prescriptions are issued for less urgent cases that in the clinical opinion of the GP can wait until a pharmacy is open. This information is included in Overview of current providers of Pharmaceutical Services section. There is no evidence to suggest that there is a need for a pharmacy to be open 24 hours a day.</p> <p>This information is included in the ‘Pharmacy Premises and Workforce’ section.</p> <p>Concluding statements had been reserved until the formal consultation period ended to ensure a comprehensive representation of the current provision. A concluding assessment of the Sefton pharmaceutical network provision is now included in the final PNA document, following the end of the consultation period.</p> <p>A description of the locality geography is now included in the Scope and Methodology section. Analysis and mapping undertaken as part of the PNA process was carried out at ward level to take account of the variant needs of people within different areas of Sefton. This is congruent with the SSNA. At the time of writing the draft PNA Sefton’s Local Plan had not been approved and</p>

	<p><i>gaps are.”</i></p>	<p>published. The PNA has since been updated to include future planning developments following the approval and publication of the Local Plan in January 2015. This has informed the concluding assessment regarding the pharmaceutical network.</p>
<p>6</p>	<p><i>“Is there now need to take account of the fact that younger people are now suffering cancer, stroke and heart disease? Liver disease is increasing does this require more positive action to reduce alcohol consumption?”</i></p> <p><i>“A person seeking an urgent prescription cannot access a pharmacy after 11.30pm There should be a 24 hour pharmacy. Also out of hours pharmacies should be adequately stocked so prescriptions can be obtained.”</i></p> <p><i>As this is the document that future pharmaceutical application decisions will be based on, it is important that all the data used in compiling this is accurate and statistically significant and this needs to be stated also.”</i></p>	<p>The health needs of the population are outlined in the ‘Population and Health Profile’ section. Substance misuse services available in Sefton have been commissioned to meet the needs of the local population and will continue to be kept under review to ensure they remain relevant to local needs; The evidence regarding the contribution of pharmacy in relation to alcohol interventions is currently limited.</p> <p>Patients that require medication for ‘urgent’ conditions in the out of hours period will be provided with such medication by the OOH GP. Prescriptions are issued for less urgent cases that in the clinical opinion of the GP can wait until a pharmacy is open. This information is included in Chapter 4. There is no evidence to suggest that there is a need for a pharmacy to be open 24 hours a day.</p> <p>The source and date for all data and information included is referenced throughout the PNA. The numbers responding to the patient consultation are not statistically significant. This has been referenced in the final PNA document. There is no requirement for the consultation feedback to be statistically representative of the population. Throughout the PNA process efforts have been made to engage participation in the various stages of consultation.</p>

	<p><i>“There seems to be a number of areas where this document does not fulfill that regulatory requirement. There also seems to be some confusion about enhanced and locally commissioned services and their respective roles in market entry.”</i></p>	<p>Appendix 1 references the PNA regulations and how this document fulfils the necessary requirements, References to enhanced and locally commissioned services have been updated to ensure the differences have been delineated.</p>
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FINAL DRAFT

Appendix 9: References

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