

Cheshire West and Chester Pharmaceutical Needs Assessment 2022-2025

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Key findings

- There are 76 community pharmacies in CW&C. Pharmacy provision is sufficient and is better than the England average. There is no current need for new pharmacies.
- The PNA shows an adequate geographical coverage of pharmacies, with appropriate opening hours for service delivery, and input from dispensing doctors and cross-border pharmacies.
- Residents told us they find it easy to get to their local pharmacy. All residents are within a 15-minute drive of a pharmacy. 96% are within a 30-minute commute to a pharmacy using public transport, and 85% are within a 20-minute walk.
- All residents living in the most deprived areas of the borough are within a 20-minute walk or a 15-minute commute on public transport to a pharmacy.
- A broad range of advanced and locally commissioned services are provided in addition to essential services. There is sufficient coverage of pharmaceutical services in CW&C.
- No gaps in pharmaceutical services have been identified, however it would be advantageous for more pharmacies to offer the advanced hypertension testing service, given that hypertension is the top chronic condition in Cheshire. This is a new service introduced in January 2022 and the Local Pharmaceutical Network (LPN) have indicated that more pharmacies will be offering the service once they have received the necessary equipment.
- Pharmacies have faced increased demand on their services during the Covid-19 pandemic as fewer people were able to visit their GP and more practiced self-care. It is likely that people will continue to use their pharmacy as a first port of call. CW&C also has an ageing population which will increase demand in the future, and further housing developments are planned. However, the majority of pharmacies have told us they can deal with an increase in demand, and for the lifespan of this PNA no further pharmacies will be needed. This will be reviewed in the 2025 PNA.

1. Introduction and purpose

1.1 Objectives of the PNA

The Pharmaceutical Needs Assessment (PNA) aims to identify the pharmaceutical needs of people living in Cheshire West and Chester (CW&C).

The main objectives for this project are to:

1. Describe the main health issues in CW&C
2. Describe existing pharmacy services
3. Provide information for NHS England (NHSE) contracts committee when considering pharmacy applications
4. Make recommendations to commissioners based on findings of the PNA

1.2 Background

The Health Act 2009 instructed NHS Primary Care Trusts (PCTs) to publish an assessment of needs for pharmaceutical services in its area. This assessment formed the basis for determining market entry onto a 'Pharmaceutical List' i.e., reviewing pharmacy applications to ensure adequate pharmaceutical provision to meet needs within their area.

With the abolition of PCTs, the Health and Social Care Act 2012 transferred the production of Pharmaceutical Needs Assessments (PNAs) to Health and Wellbeing Boards (HWBs) from the 1 April 2013. At the same time the responsibility for using these PNAs as the basis to determine market entry transferred to NHS England under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

Throughout this PNA we have used the name NHS England, but since 1 April 2019 NHS England and NHS Improvement have worked as a single organisation, as is permitted under the legislation governing their activities.

1.3 Purpose

The main purpose of the PNA is to enable NHS England to assess applications to open new premises from a pharmacy or dispensing appliance contractor against any geographical gaps identified within the PNA. The PNA should also identify whether there is a need for an additional service or services, or whether improvements or better access to existing services are required.

Although a PNA is primarily a document to enable NHS England to make application decisions, a robust PNA used in conjunction with the Joint Strategic Needs Assessment (JSNA) should aid commissioners within the Local Authority and Clinical Commissioning Groups to target services from pharmacies to areas of most need.

2. Scope of the PNA

2.1 Principles

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

- The safe and efficient supply of medicines, including any additional (non-NHS commissioned) services provided by pharmacies such as:
 - support for 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.
- Enhanced services which increase access, choice and support for self-care.
- Locally commissioned services (e.g. by Clinical Commissioning Groups (CCG) or Local Authorities (LA)) which have the potential to reduce avoidable hospital admissions and GP appointments are not strictly speaking part of the Regulations although they are described in this PNA for completeness.
- High quality pharmaceutical support to prescribers for clinical and cost-effective use of resources.

2.2 Process undertaken to develop the PNA

2.2.1 PNA Steering Group

Cheshire West and Chester Health and Wellbeing Board has a statutory responsibility to publish an up-to-date statement of pharmaceutical needs every three years. A revised pharmaceutical needs assessment is required to be published by October 2022. The Health and Wellbeing Board has devolved the authority to develop Cheshire West and Chester's PNA to the Director of Public Health.

Development was overseen by a multi-professional steering group which included:

- Consultant in Public Health
- Insight and Intelligence Portfolio Manager (LA)
- Intelligence Analyst (LA)
- Assistant Director of Medicines Strategy and Optimisation (CCG)
- Local Pharmaceutical Committee (LPC)
- Local Medical Committee GP representation (LMC)
- Pharmaceutical Local Professional Network (LPN)
- Healthwatch representative

Additional support for producing the PNA was received from:

- Prescribing Analysts Team (NHS Midlands and Lancashire Commissioning Support Unit (CSU))
- Public Health Analysts (LA)
- Demographic Analyst (LA)

2.2.2 Patient and Public Involvement

a) Pharmacy Survey

During November 2021, we asked the people of CW&C for their experiences of using pharmacy services and their views on how services might be improved. Responses can be seen in appendix three. We wanted to know this because we want to:

- Make sure that pharmacies provide services people need and use
- Know what services we can improve
- Let pharmacies know what patients think of the services they provide
- Work with patients and pharmacies to improve services.

There were 252 responses to the survey.

b) 60-day consultation

A formal 60-day consultation is required for the development of the PNA. This took place 24 March 2022 until 25 May 2022. The consultation was distributed widely electronically, promoted via social media, made available online, and paper copies were available in libraries and on request. 19 responses were received which can be seen in appendix four.

2.2.3 PNA review process

Once published, the PNA will be under constant review for any changes which might dictate a new or diminished pharmaceutical need. Examples of such changes could include:

- New pharmacy contracts
- Pharmacy closures
- Changes to pharmacy locations or opening hours
- Changes in population and significant housing developments
- Changes in sources/ numbers of prescription
- Changes in workforce due to movement of local businesses/employers
- Local intelligence and significant issues relating to pharmacy enhanced service provision
- Appliance provision changes.

If there are any minor changes, the Health and Wellbeing Board are obliged to issue “supplementary statements” where appropriate. However, a significant change would require a complete revision of the whole document even if the change was in a defined area. The PNA must have a complete review every three years.

2.3 How to use the PNA

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

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

- Maps and tables detailing specific services – though these are at a point in time

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

Appendix one is a glossary explaining the abbreviations used throughout this report.

A PNA summary document is also available.

2.4 Localities used for considering pharmaceutical services

The PNA is for the Cheshire West and Chester LA boundary. Care communities have been used to present data at a smaller geographical level where possible and are a common geography used by both the local authority and CCG. There are nine care communities that make up CW&C.

In some instances, GP data has been collated for Primary Care Networks (PCNs). PCNs are groups of GP practices who have chosen to work together with other health and care professionals to plan and provide services locally. Although not a physical boundary, there are nine PCNs and their makeup reflects the care community boundaries and therefore data has been represented as such.

3. National Pharmaceutical Services Contract

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

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

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

The pharmaceutical services contract consists of four different levels:

- Essential services
- Advanced services
- NHSE enhanced services
- Locally commissioned services (by the CCG and LA)

Only essential and advanced services are reviewed as part of the PNA.

3.1 NHS England essential services

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

3.1.1 Dispensing

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

3.1.2 Prescriptions

During 2020/21, a total of 7,650,664 items were prescribed in Cheshire West. 7,643,053 items were prescribed by GP practices (99.9% of prescriptions) and a further 7,611 were prescribed by other healthcare providers (0.1% of prescriptions). 88% of these prescription items were dispensed by CW&C community pharmacies (6,702,382 items).

3.1.3 Repeat dispensing

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

3.1.4 Disposal of unwanted medicines

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

3.1.5 Promotion of healthy lifestyles (Healthy Living Pharmacy)

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

The Healthy Living Pharmacy (HLP) framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities. HLP became an essential service requirement in 2020/21.

3.1.6 Signposting patients to other healthcare providers

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

3.1.7 Support for self-care

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

3.1.8 Clinical Governance

Pharmacists must ensure the following processes are in place:

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

3.1.9 Discharge Medicines Service (DMS)

The Discharge Medicines Service (DMS) became a new essential service within the Community Pharmacy Contractual Framework (CPCF) in February 2021. From 15th February 2021, NHS Trusts were able to refer patients who would benefit from extra guidance around newly prescribed medicines to the Discharge Medicines Service at their community pharmacy.

3.2 Advanced services

These services can be provided by any community pharmacy in England that fully meets the requirements for provision of the service and has notified NHS England of their intention to provide the service by completing a notification form on the NHS BSA website.

Community pharmacies can opt to provide any of these services as long as they meet the necessary requirements. These, together with full-service specifications and funding details are available on the Pharmaceutical Service Negotiating Committee (PSNC) website <http://psnc.org.uk/services-commissioning/advanced-services/> Appendix two table A2-3 shows pharmacies in CW&C that currently provide these services.

3.2.1 Community Pharmacist Consultation Service (CPCS)

At January 2022, this advanced service was offered in 73 pharmacies in CW&C.

The NHS Community Pharmacist Consultation Service launched on 29th October 2019 as an advanced service. Since 1st November 2020, general practices have been able to refer patients for a minor illness consultation via CPCS, using agreed local referral pathways. The service connects patients who have a minor illness or need an urgent supply of a medicine with a community pharmacy. The service also takes referrals to community pharmacy from NHS 111 online for urgent supply of medicine or appliances requests, Integrated Urgent Care Clinical Assessment Services and in some cases, patients referred via the 999 service.

3.2.2 Appliance Use Review (AUR)

At January 2022, this advanced service was offered in 10 pharmacies in CW&C.

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

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

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

3.2.3 Stoma appliance customisation (SAC) service

At January 2022, this advanced service was offered in 12 pharmacies in CW&C.

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

3.2.4 New Medicines Service (NMS)

At January 2022, this advanced service was offered in all pharmacies in CW&C.

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

3.2.5 NHS Influenza Vaccination Programme

At January 2022, this advanced service was offered in 68 pharmacies in CW&C.

Community pharmacy has been providing flu vaccinations under a nationally commissioned service since September 2015. Each year from September through to March the NHS runs a seasonal flu vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus. At risk groups include:

- Those aged 65 years and over (see also section on older people)
- Pregnant women
- Those who have certain medical conditions¹ –
 - chronic (long-term) respiratory disease, such as asthma, COPD or bronchitis
 - chronic heart disease, such as heart failure
 - chronic kidney disease
 - chronic liver disease, such as hepatitis
 - chronic neurological conditions, such as Parkinson's disease or motor neurone disease
 - diabetes
 - problems with your spleen – for example, sickle cell disease, or if you have had your spleen removed
 - a weakened immune system due to conditions such as HIV and AIDS, or as a result of medication such as steroid tablets or chemotherapy
- Those living in a long-stay residential care home or other long-stay care facility
- People receiving carer's allowance, or who are the main carer for an elderly or disabled person whose welfare may be at risk if they fall ill
- Healthcare workers with direct patient contact or social care workers

The pharmacy service is not available for children who are eligible under the overarching NHS Influenza Vaccination Programme. Children under five receive the vaccination through their usual primary care provision, and children aged five and over receive the vaccination in school.

3.2.6 Hepatitis C testing service

At January 2022, this advanced service was offered by one pharmacy in CW&C.

¹ Note this list is not definitive and GPs clinical judgment will be used to assess if a person has an underlying illness that may be exacerbated if they catch the flu.

The NHS website describes Hepatitis C as a virus, usually spread through blood-to-blood contact, that infects the liver. If left untreated, it can cause serious and potentially life-threatening damage to the liver over many years. With treatment, it is usually possible to cure the infection and most people will have a normal life expectancy. Unfortunately, Hepatitis C often does not have any noticeable symptoms until the liver has been significantly damaged meaning people have the infection without realising it. The community pharmacy Hepatitis C Antibody Testing Service was added as an advanced service in September 2020. The service is focused on provision of point of care testing (POCT) for Hepatitis C antibodies to people who inject drugs (PWIDs). This is individuals who inject illicit drugs who haven't yet moved to the point of accepting treatment for their substance use. People who test positive for Hepatitis C antibodies are referred for a confirmatory test and treatment.

3.2.7 Hypertension case-finding service

At January 2022, this advanced service was offered by 23 pharmacies in CW&C.

This service was put in place October 2021 with the aim of finding undiagnosed cardiovascular disease. The service can only be provided by pharmacists and has two stages:

- Stage one, identifying people at risk of hypertension and offering them blood pressure measurement (a 'clinic check')
- Stage two, where clinically indicated, 24-hour ambulatory blood pressure monitoring is offered (ABPM). The blood pressure test results will then be shared with the patient's GP to inform a potential diagnosis of hypertension.

The service is primarily offered to those aged 40 or over with no current diagnosis of hypertension, however those under 40 will be considered if they have a family history of hypertension, at the pharmacist's discretion, or upon a GP request.

3.2.8 Smoking cessation – Referral from secondary care into community pharmacy

At June 2022, this advanced service was offered by 22 pharmacies in CW&C.

This is a new advanced service commissioned from Spring 2022. This advanced service will allow NHS trusts to refer patients to a pharmacy that have registered to deliver the smoking cessation service, so they can receive continuing treatment, advice, and support with their attempt to quit smoking when they are discharged. This includes providing medication and behavioural support as required, in line with the NHS Long Term Plan care model for tobacco addiction.

3.3 Enhanced Services

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

3.3.1 Antiviral stockholding service

At December 2021, there was one pharmacy commissioned by NHSE Cheshire & Merseyside for an antiviral supply service. This pharmacy is based in Chester. This is specifically (although not exclusively) to support the patient pathway for urgent access to antiviral medication to protect patients exposed to flu or an influenza-like-illness.

3.3.2 Covid-19 vaccination programme

Community pharmacies have been commissioned to deliver a Covid-19 vaccination programme since January 2021. This service will be reviewed March 2023. At February 2022 there were six CW&C community pharmacies delivering the Covid-19 vaccine. In addition, an online pharmaceutical services provider has set up covid-19 vaccination clinics across England including a clinic in Ellesmere Port and Chester. These clinics are not offering other pharmaceutical services.

3.4 Locally Commissioned Services

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

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

The continuity of local service provision is often difficult for contractors to achieve as individual pharmacists/locums who are accredited to provide these services may move around, thus gaps in service can appear, especially if training isn't available for new staff. This should be addressed by both the contractors and commissioners but may result in some of the information in this document relating to local service provision being subject to change. The Declaration of competence (DoC) system helps with this. DoC is a self-assessment framework that allows pharmacy professionals to declare their competence to deliver a public health service. A structured series of steps needs to be worked through to ensure that they have the appropriate skills, knowledge and behaviours to deliver high quality, consistent services.

Pharmacy based locally commissioned services will vary from area to area depending on needs. In CW&C the following are commissioned by either the CCG or local authority public health team (LAPHT):

- Emergency Hormonal Contraception provision (LAPHT)
- Substance misuse medication services: Supervised consumption (LAPHT)

- Substance misuse services: Needle exchange scheme (LAPHT)
- Sharps disposal (LAPHT)
- Pharmacy First Minor Ailments Service (CCG)
- Urgent Palliative Care Medicines Service (CCG)

A full list of which pharmacy is commissioned to provide which service is included in appendix two table A2-4. Service specifications for each can be found on the LPC website².

3.4.1 Locally Commissioned Public Health Services

Cheshire West and Chester Council has developed a Provider Assessment Process to support the commissioning of locally commissioned public health pharmacy services. The Council supports the local provision of:

- Emergency Hormonal Contraception (EHC)
- Supervised consumption of methadone
- Needle exchange
- Sharps disposal

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

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

a) Emergency Hormonal Contraception

67 pharmacies in CW&C were providing this service in December 2021.

This service is for the provision of free Emergency Hormonal Contraception (EHC) to females aged between 13 to 18 years. The aims of the service are to:

- Improve access to emergency contraception, safer sex and sexual health advice
- Reduce the number of unintended pregnancies in the client group by use of EHC
- Refer all clients accessing this service into mainstream contraceptive services for ongoing contraceptive needs
- Increase the knowledge of risks associated with sexually transmitted infections (STIs)
- Refer clients at risk of STIs to an appropriate service
- Increase knowledge, especially among young people, of the availability of EHC from the community pharmacy setting

b) Supervised consumption of methadone

53 pharmacies in CW&C were providing this service in December 2021.

² Public Health Commissioned Services – Cheshire West & Chester : Community Pharmacy Cheshire and Wirral (cpcw.org.uk)

A resident can use this service if they are prescribed methadone by the commissioned substance misuse service and they require this to be taken under supervised conditions. The pharmacist or registered technician supervises the consumption of methadone at the point of dispensing in the pharmacy ensuring that the dose has been administered appropriately to the service user. The substance misuse service pays for this service.

c) Needle exchange

18 pharmacies in CW&C were providing this service in December 2021.

CW&C residents can collect a bag of mixed needles if they don't already receive them from the LA commissioned substance misuse service. This service provides access to sterile needles and syringes, and a sharps container for the return of used equipment. It also promotes safe injecting practice, reduces transmission of infections and acts as a gateway to other services. The substance misuse service pays for these packs.

d) Sharps disposal

15 pharmacies in CW&C were commissioned to provide this service in June 2022.

All sharps waste must be disposed of correctly. Patients with a prescription can collect a sharps bin, a specifically designed box with a lid, from a pharmacist who is commissioned for a sharps disposal service. Once full, the box can be return to the pharmacist for safe disposal.

The sharps bin can be used to dispose of medical supplies including:

- Needles
- Syringes
- Lancets used with finger-pricking devices
- Clippers

In some local authority areas Nicotine Replacement Therapy (NRT) and Varenicline Initiation is supported by community pharmacists but this is not commissioned in CW&C. Cheshire West and Chester Council has a specific commissioned service for smoking cessation services run by Brio Leisure Community Interest Company (CIC). To access these services people must be referred via their GP or Health professional. There are some restrictions on accessing this service:

- A universal service offer has been operating since October 2021, but this has capped numbers and is only commissioned to run until 30 September 2022. No decision has been made about the service after this date.
- There is a targeted service offered to those who fall into one of four cohorts – enduring mental health, 13-18 year olds, pregnant women and their partners, persons with chronic obstructive pulmonary disease (COPD). This service is not capped.

The smoking services operates out of a range of public and community venues across the borough including children's centres, civic centres, medical centres, leisure centres, community centres and the Countess of Chester Hospital. A remote service is also offered

(which commenced due to Covid-19) with NRT being posted out to clients and support via the telephone. This has continued as clients value the hybrid service.

3.4.2 Locally Commissioned CCG Services

It is anticipated that from July 2022 clinical commissioning groups will be replaced by Integrated Care Boards that will be able to take on delegated responsibility for pharmaceutical services, and from April 2023 NHS England and NHS Improvement expects all integrated care boards to have done so. Health and wellbeing boards should therefore be aware that some services that are commissioned from pharmacies by clinical commissioning groups (and are therefore other NHS services) will move to the Integrated Care Boards and will fall then within the definition of enhanced services.

At December 2021, NHS Cheshire CCG currently commissions two local services:

a) Pharmacy First Minor Ailments Service (CCG)

At December 2021, this service was provided in 63 community pharmacies in Cheshire West.

The Pharmacy First Minor Ailments Service supports patients to recover quickly and successfully from episodes of ill health that are suitable for management in a community pharmacy setting. It aims to divert patients with specified minor ailments from general practice and urgent care settings into community pharmacies, where the patient can be seen and treated in a single episode of care. The Pharmacy First Minor Ailments Service is complementary to self-care approaches and provides an extension to the nationally commissioned Community Pharmacy Consultation Service, as it facilitates provision of Prescription Only Medicines when appropriate

b) Urgent Palliative Care Medicines Service (CCG)

At December 2021, this service was commissioned from 13 pharmacies in Cheshire West to ensure that residents have access to a defined list of medicines if needed urgently at end of life.

Each pharmacy providing the service provides a quarterly assurance report stating that they have the palliative care formulary list of medicines in stock in anticipation of receiving prescriptions to dispense at short notice. This stock holding is retained in addition to the stock held at appropriate levels for the usual dispensing service of the pharmacy. The stock holding was reviewed during the initial phase of the COVID-19 pandemic in 2020, and then returned to pre-pandemic levels in 2021.

Pharmacies seeking to provide any of the above services need to contact the Medicines Management Team at the CCG. They must also complete all of the relevant qualifications and/or training to deliver these services. Services are monitored on a regular basis using an electronic reporting tool or via monthly stock checks, communication with providers and feedback from patients and healthcare professionals. Going forward the monitoring process will be reviewed to ensure it is robust.

3.5 Funding the Pharmacy Contract

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

3.6 Community Pharmacy Contract Monitoring

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

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

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

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

In addition to the structured process outlined above, NHSE also takes account of:

- The findings from the annual community pharmacy patient questionnaire (this survey is undertaken by the pharmacy contractor and voluntarily submitted to NHSE)
- Any patient complaints relevant to pharmacy services.

In cases where the professional standards of an individual pharmacist is found to fall below the expected level, NHSE will work with the relevant professional regulatory body such as the General Pharmaceutical Council to ensure appropriate steps are taken to protect the public.

3.7 Pharmacy Quality Scheme

The Pharmacy Quality Scheme (PQS) forms part of the Community Pharmacy Contractual Framework (CPCF).

It supports delivery of the NHS Long Term Plan and rewards community pharmacy contractors that achieve quality criteria in the three domains of healthcare quality:

- Clinical effectiveness
- Patient safety
- Patient experience.

PQS schemes change to reflect NHS priorities. The most recent PQS at the time of writing, was announced Summer 2021 for 2021/2022, with a focus on NHS priorities supporting recovery from Covid-19.

To qualify for a PQS payment, contractors must meet three Gateway criteria on the day of their declaration. April 2021-April 2022 these are:

1. Advanced services – the contractor must have claimed payments for the completion of a minimum of 20 New Medicine Service (NMS)
2. Safety report and demonstrable learnings from the CPPE LASA e-learning
 - a. Completion of CPPE LASA e-learning and passed the e-assessment
 - b. Produced a new safety report at premises level incorporating learning from the CPPE LASA e-learning and made available for inspection
3. Risk review
 - a. Completion of the CPPE risk management e-learning and passed the e-assessment
 - b. Produced a new risk review at premises level incorporating learning from the CPPE risk management e-learning and made available for inspection

Contractors who meet the Gateway criteria will only receive a payment if they meet the requirements of one or more of the domains listed below:

1. Medicine safety and optimisation
2. Respiratory
3. Digital
4. Primary Care Networks
5. Prevention
6. Addressing unwarranted variation in care
7. Healthy living support

Each domain contains criteria that must be met for a pharmacy to receive payment for it (except for in the Healthy Living Support domain). Details of the criteria in each domain can be viewed on the PSNC website www.psn.org.uk/services-commissioning/pharmacy-quality-scheme

4. Overview of current providers of Pharmaceutical Services

4.1 Community Pharmacy Contractors

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

At January 2022, Cheshire West and Chester had 76 community pharmacy contractors of which one is also a distance selling 'internet' pharmacy. All operate from a pharmacy premises. In addition, there is one other distance selling only 'internet' pharmacy. The resident population of Cheshire West and Chester is 343,823 (ONS midyear population estimates 2020) which equates to approximately one community pharmacy for every 4,524 residents or 22.1 pharmacies per 100,000 population. This is better than the England rate of 19.8 community pharmacies per 100,000 population.

Every pharmacy premise must 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, at January 2022 there are:

- 71 delivering a minimum of 40 hours service per week
- 5 delivering a minimum of 100 hours service per week
- 2 providing services via the internet (distance selling)

Full details of community pharmacies operating in Cheshire West and Chester can be seen in appendix two table A2-1 and A2-2.

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. Cheshire West PCN has five dispensing doctors. This includes one dispensing doctor who is physically located in Cheshire East Local Authority area. Appendix two table A2-5 shows dispensing doctors located in CW&C borough.

4.3 Appliance Contractors

Appliance Contractors cannot supply medicines but are able to supply product such as dressings, stoma bags, catheters etc. There is one appliance contractor located in Chester.

4.4 Local Pharmaceutical Services (LPS)

This is an option that allows commissioners to contract locally for the provision of pharmaceutical and other services, including services not traditionally associated with pharmacy, within a single contract. Given different local priorities, LPS provides

commissioners with the flexibility to commission services that address specific local needs which may include services not covered by the community pharmacy contractual framework. There are currently no LPS contracts in Cheshire West and Chester.

4.5 Acute Hospital Pharmacy Services

Hospital Trusts have Pharmacy Departments whose main responsibility is to dispense medications for use on the hospital wards for in-patients and during the out-patient clinics. There are two main Acute Hospital Trusts within CW&C:

- The Countess of Chester Hospital NHS Foundation Trust manages two hospitals in CW&C. The Countess of Chester Hospital is the main hospital and is located in Chester, and Ellesmere Port Hospital is a rehabilitation unit (there is no Accident and Emergency Department) based in Ellesmere Port.
- Mid Cheshire Hospital NHS Foundation Trust manages three facilities, two in CW&C, Elmhurst Intermediate Care Centre which is a rehabilitation unit located in Winsford, and Victoria Infirmary in Northwich. The main hospital for MCHT is located in Crewe in Cheshire East LA but will be the nearest hospital for some CW&C residents.

4.6 Mental Health Pharmacy Services

The population of CW&C is served by Cheshire and Wirral Partnership NHS Foundation Trust (CWP). The Trust provides mental health, learning disability and drug and alcohol misuse services across Cheshire and Wirral, plus community services in West Cheshire. It works very closely with local authorities and voluntary and independent organisations. The Trust employs 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. The CWP Pharmacy Team have a unique system which also informs local pharmacies if extra care or counselling is required for prescribed medicines such as some antipsychotics or antidepressants.

4.7 Urgent Care Centres

There is one Urgent Care Centre in CW&C located at the Countess of Chester Hospital. The centre can see patients for urgent injuries or illnesses if they have a booking or referral and will provide access to any medication deemed necessary as a result.

4.8 Bordering Services/ Neighbouring Providers

The population of Cheshire West and Chester can access services from pharmaceutical providers not located within the Local Authority's own boundary. This includes Cheshire East, Wirral, Shropshire, Wrexham and Flintshire. When hearing pharmacy contract applications or making local service commissioning decisions, the accessibility of services close to the borders will need to be considered. A map can be seen on page 31.

5. Accessibility of pharmaceutical provision

5.1 Pharmacy locations

Section four above describes pharmacy provision in CW&C. Table 1 below summarises community dispensing premises which fall within the Cheshire West and Chester Local Authority boundary.

Table 1: Community dispensing premises located in CW&C January 2022

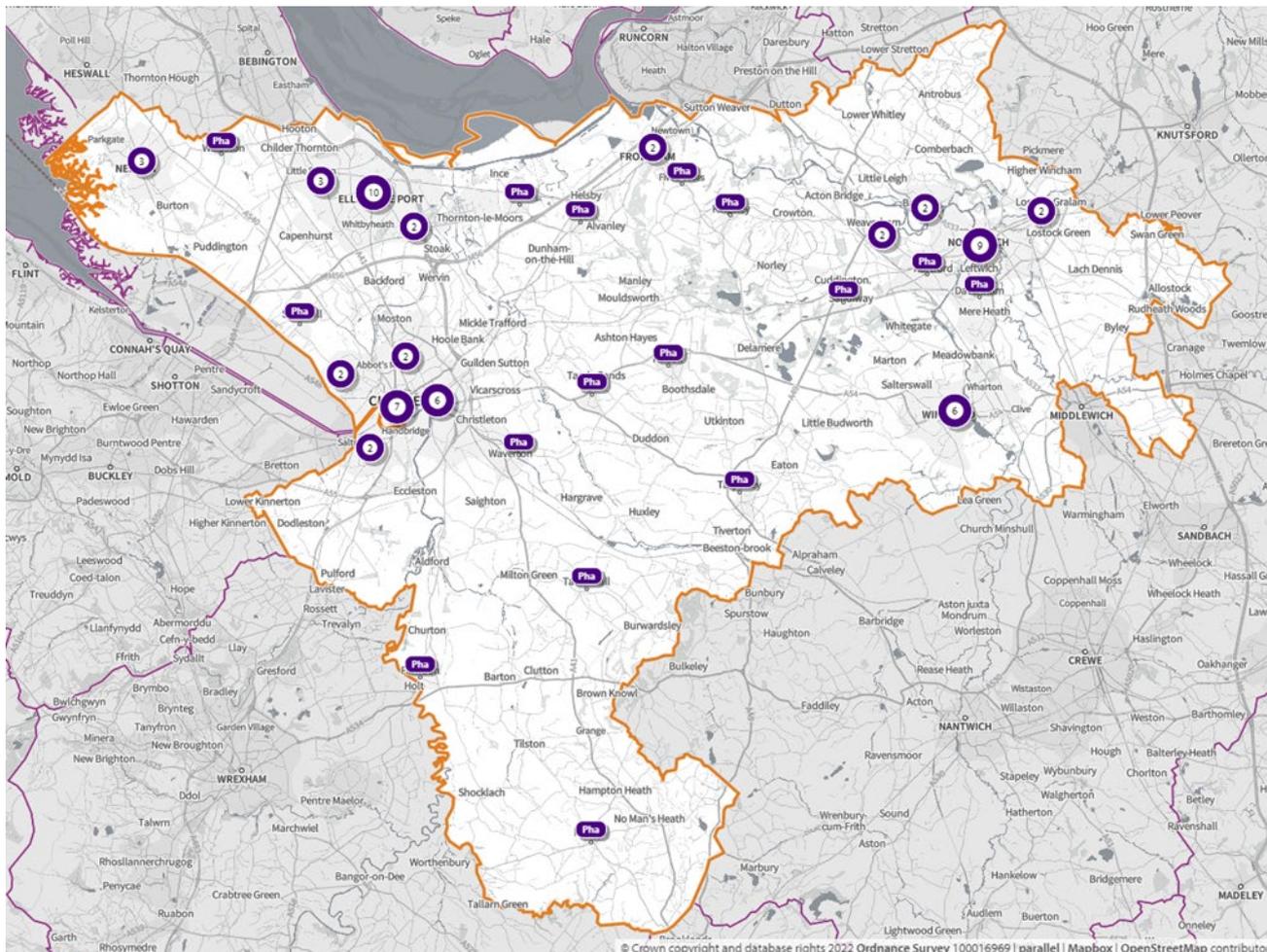
Care community	Community pharmacies	Distance selling pharmacies	Dispensing appliance contractors	Dispensing GP practices
Chester Central	8	0	0	0
Chester East	6	0	0	0
Chester South	7	1	1	0
Ellesmere Port	15	0	0	0
Helsby & Frodsham	5	1	0	1
Neston & Willaston	4	0	0	0
Northwich	18	0	0	0
Rural	7	0	0	3
Winsford	6	0	0	0
Cheshire West and Chester	76	2	1	4

Note: There is one other dispensing GP practice allocated to a Cheshire West PCN which is not physically located within the Cheshire West and Chester boundary so has not been included in the table above (Bunbury Practice located in Cheshire East LA)

Source: NHS Business Services Authority, Dispensing Contractors Data

At January 2022, there were 76 community pharmacies in Cheshire West and Chester. Map 1 shows the location of these pharmacies, and a full list can be seen in appendix 2 table A2-1.

Map 1: Location of community pharmacies in CW&C



Note: See appendix two table A2-1 for a list of pharmacies and which care community they are in.

Nationally there are a total of 11,219 community pharmacies for a population of 56,550,000 giving an average of approximately one pharmacy for every 5,040 members of the population. CW&C has one pharmacy for every 4,524 people (based on ONS 2020 estimated resident population), meaning CW&C has a larger number of pharmacies in relation to the size of its population (22.1 per 100,000) when compared to the England average (19.8 per 100,000).

This value ranges across the borough when analysed in terms of pharmacies per 100,000 population at care community level (see chart 1 and table 2 below).

The care communities containing the highest concentration of pharmacies are Northwich (18 pharmacies) and Ellesmere Port (15 pharmacies). These care communities have the highest resident population. Helsby and Frodsham care community has the highest rate of pharmacies per 100,000 resident population (26.1 per 100,000) followed by Ellesmere Port (24.5 per 100,000). The high rate in Helsby and Frodsham reflects its smaller population. Winsford care community has the lowest rate of pharmacies (17.8 per 100,000) despite being an urban area and is below the England average.

Chart 1: Rate of pharmacies per 100,000 by care community at January 2022

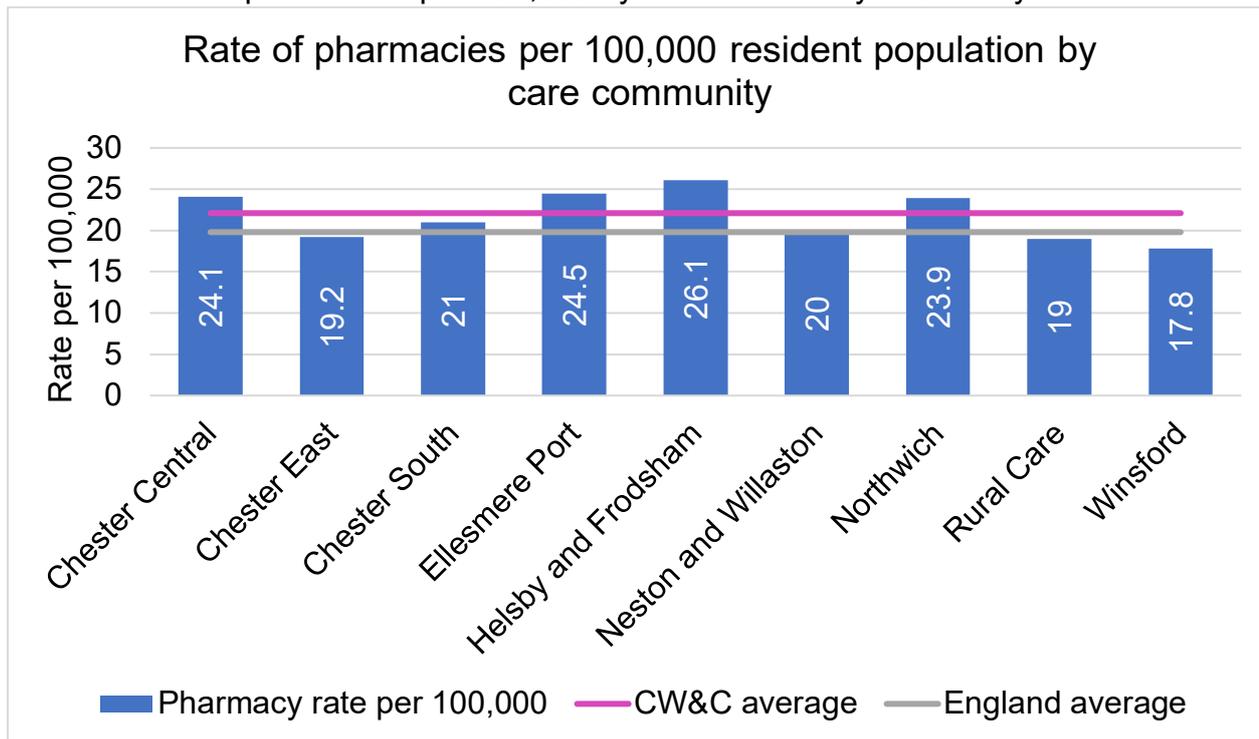


Table 2: Number and rate of pharmacies by care community at January 2022

Care community	Pharmacies	Resident population	Population served per pharmacy	Pharmacies per 100,000 population
Chester Central	8	33,130	4,141	24.1
Chester East	6	31,293	5,216	19.2
Chester South	7	33,265	4,752	21.0
Ellesmere Port	15	61,149	4,077	24.5
Helsby and Frodsham	5	19,167	3,833	26.1
Neston and Willaston	4	20,050	5,013	20.0
Northwich	18	75,219	4,179	23.9
Rural Care	7	36,921	5,274	19.0
Winsford	6	33,629	5,605	17.8
CW&C	76	343,823	4,465	22.4
England	11,219	56,550,000	5,040	19.8

Source: National pharmacy tables, January 2022

5.2 Changes in provision since 2018 PNA

Since the previous PNA CW&C has three less pharmacies operating (at January 2022). Changes can be seen in Chester Central care community which has had three pharmacies close, and Ellesmere Port which has had one pharmacy close. However, both care communities are still well served with both having a higher rate of pharmacies per 100,000 population than the England average, and the second and third highest rates in the borough. Helsby and Frodsham care community has gained a pharmacy. See page 33 for details on 100 hour pharmacies.

Table 3. Changes in number of community pharmacies since the last PNA

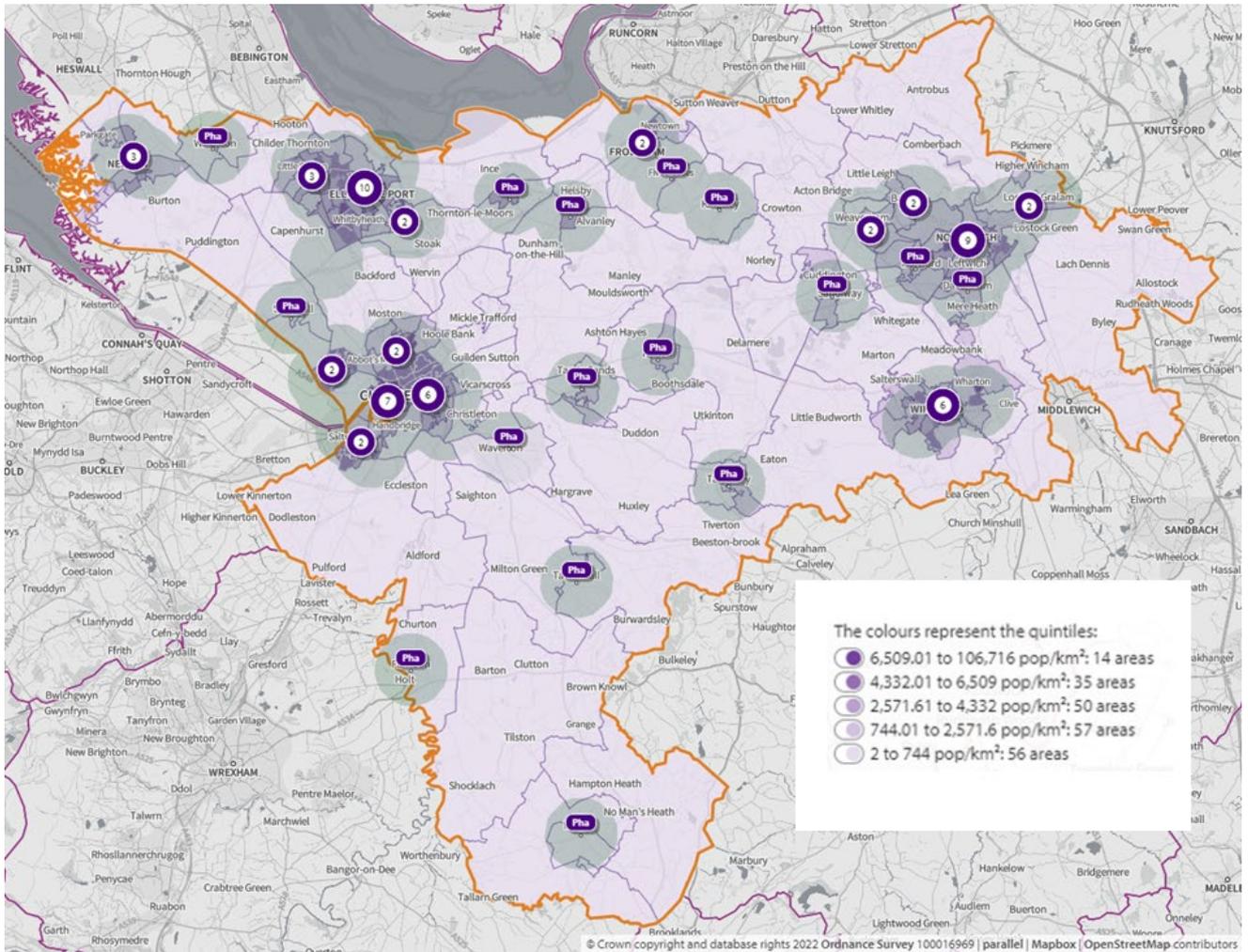
Care community	PNA 2018		Current (Jan 2022)		Movement	
	Community pharmacies	100 hr	Community pharmacies	100 hr	Community pharmacies	100 hr
Chester Central	11	0	8	0	-3	0
Chester East	6	0	6	0	0	0
Chester South	7	0	7	0	0	0
Ellesmere Port	16	2	15	2	-1	0
Helsby and Frodsham	4	0	5	0	+1	0
Neston and Willaston	4	0	4	0	0	0
Northwich	18	2	18	2	0	0
Rural Care	7	0	7	0	0	0
Winsford	6	1	6	1	0	0
CW&C	79	5	77	5	-3	0

Source: National pharmacy tables at January 2022 and Cheshire West and Chester PNA 2018

5.3 Pharmacy provision by population density

If we overlay population density to the map, we can see that in all areas of high population density there is pharmacy provision within a one-mile distance radius (see map 2 below).

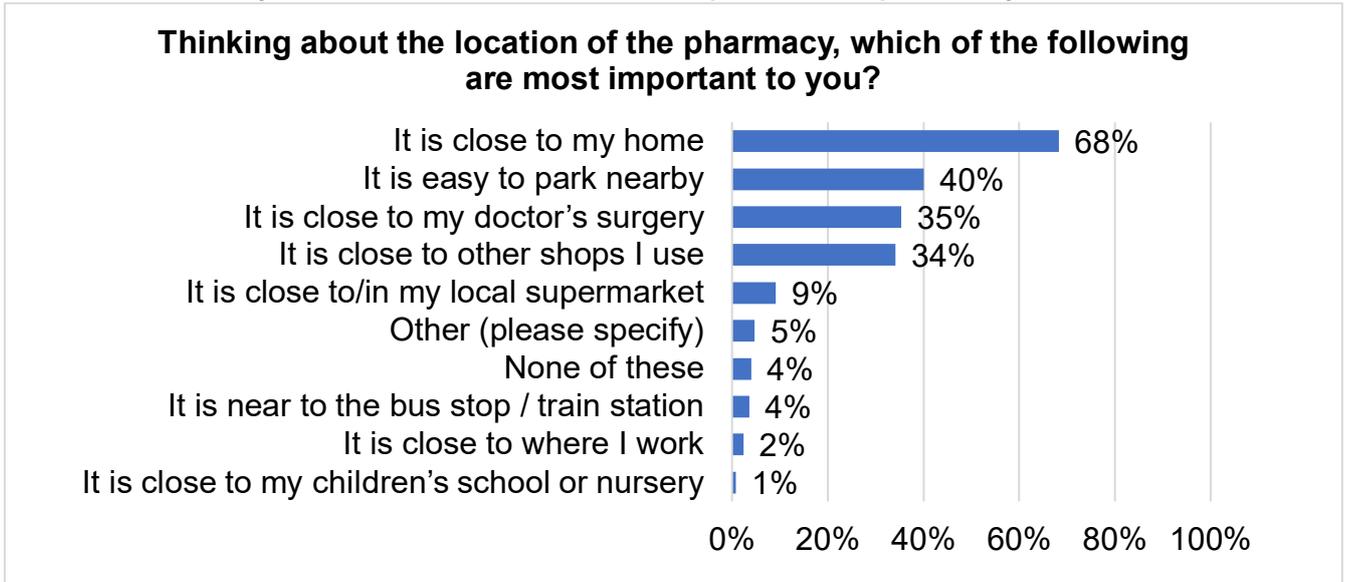
Map 2: Location of community pharmacies overlaid with population density and one mile distance radius



5.4 Drive and walk time to pharmacies

However, the distance radius may not reflect the actual distance needed to travel, as this is dependent on roads and footpaths. In the public survey of community pharmacy services November 2021, 68% stated the most important reason for choosing the pharmacy they regularly use was that it was close to their home, with 35% stating they chose it because it was close to their doctor’s surgery.

Chart 2: Pharmacy user views on what is most important in a pharmacy location

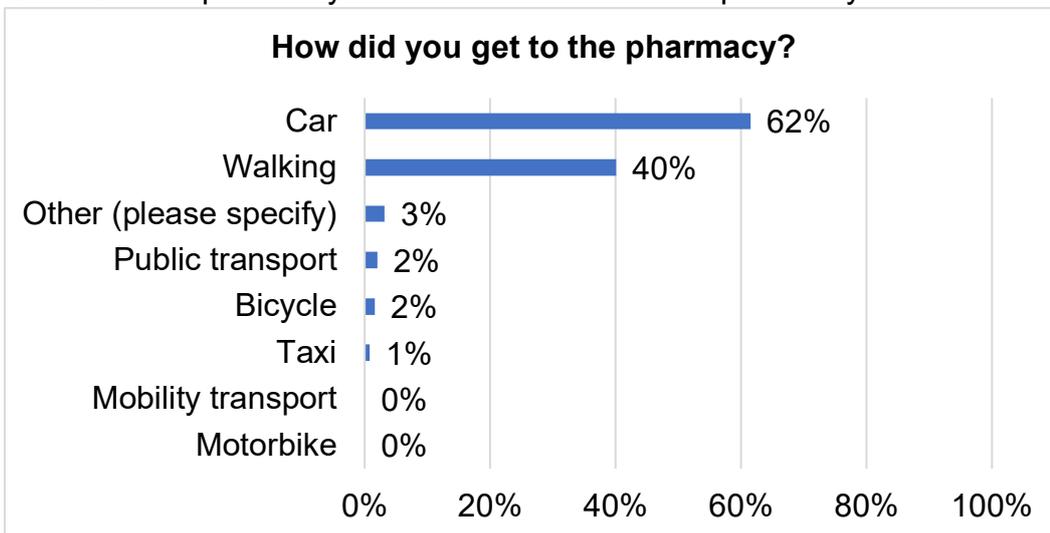


Source: Patient Survey of Community Pharmacy Services 2021

Note: Patient Survey of Community Pharmacy Services 2021 responses are detailed in appendix 3.

Respondents to the community pharmacy services survey were also asked how they got to the pharmacy. 62% said they used a car and 40% had walked. Only a small number of respondents used other forms of transport.

Chart 3: How pharmacy users travel to their usual pharmacy



Source: Patient Survey of Community Pharmacy Services 2021

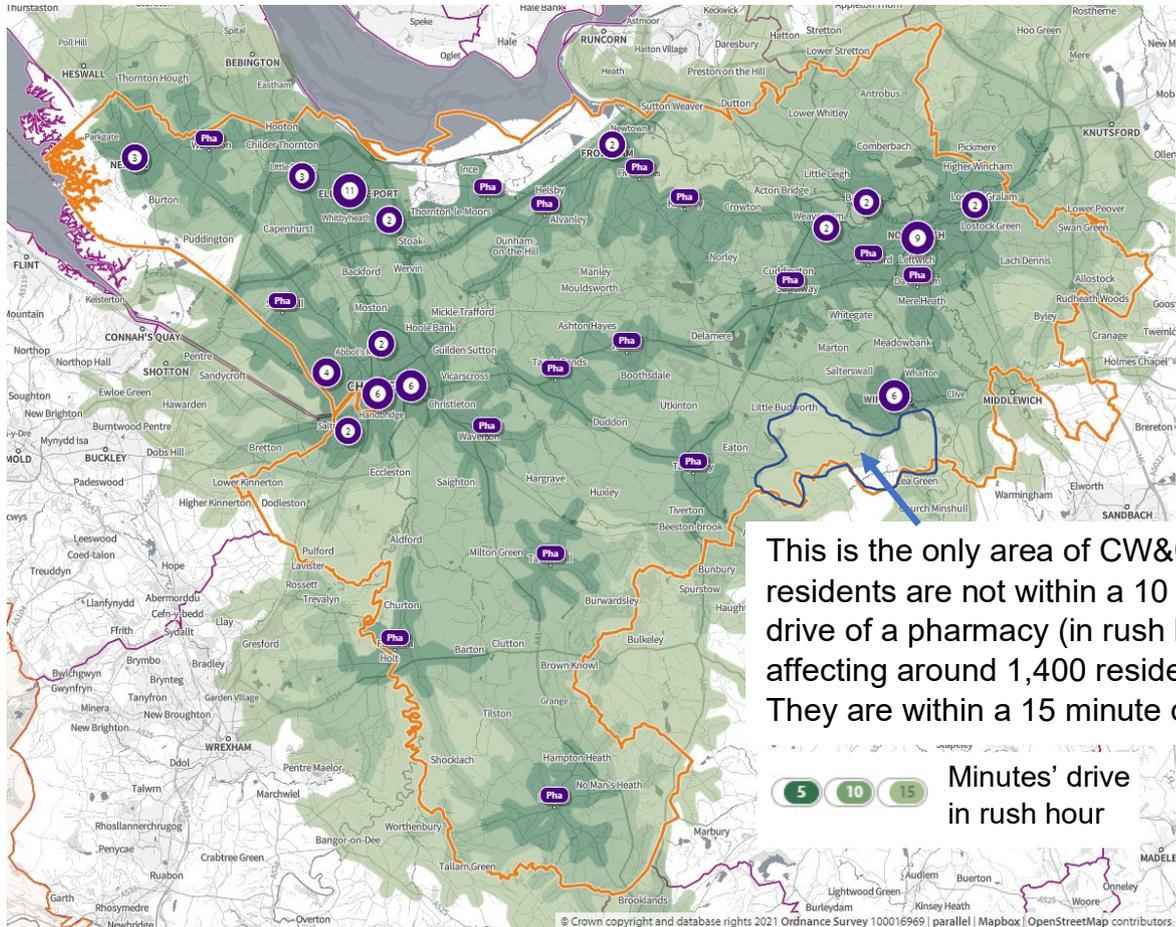
Note: Patient Survey of Community Pharmacy Services 2021 responses are detailed in appendix 3.

5.4.1 Drive times to a pharmacy

Mapping drive times during the day and during rush hour, shows that no location in CW&C is more than a 15-minute drive from a pharmacy (see map 3 below). Most of the population are actually within a 10-minute drive except for 0.4% of the population (around 1,384

residents) who all live in a rural area which is part of Tarporley and Winsford Swanlow wards in Winsford and Rural care communities (shown on map 3). They also reside in IMD decile 7 which means they are more likely to own a car (IMD decile 1 is the most deprived neighbourhoods and IMD 10 is the least deprived neighbourhoods).

Map 3: Drive time during the day in rush hour



This is the only area of CW&C where residents are not within a 10 minute drive of a pharmacy (in rush hour), affecting around 1,400 residents. They are within a 15 minute drive.

Minutes' drive in rush hour
 5 10 15

Table 4: Drive time to a pharmacy in rush hour

Minutes drive	Included population	% of population included	Excluded population	% of population excluded
5	306,702	89.3%	37,121	10.8%
10	342,239	99.6%	1,384	0.4%
15	343,823	100%	0	0%

Source: SHAPE Place Atlas, Public Health England

5.4.2 Walk time to a pharmacy

For those who need to or choose to walk, accessibility is more limited. Approximately 85% of residents live within a 20-minute walk of their local pharmacy (around 292,300 people), Of those who don't, two thirds live in rural areas (65%; around 32,700 residents) and 22% live in a city or town (around 10,900 people). Most pharmacies do offer delivery for those who are unable to walk, drive or get public transport. Map 4 shows walking time to CW&C community pharmacies.

Map 4: Walk time to CW&C pharmacies

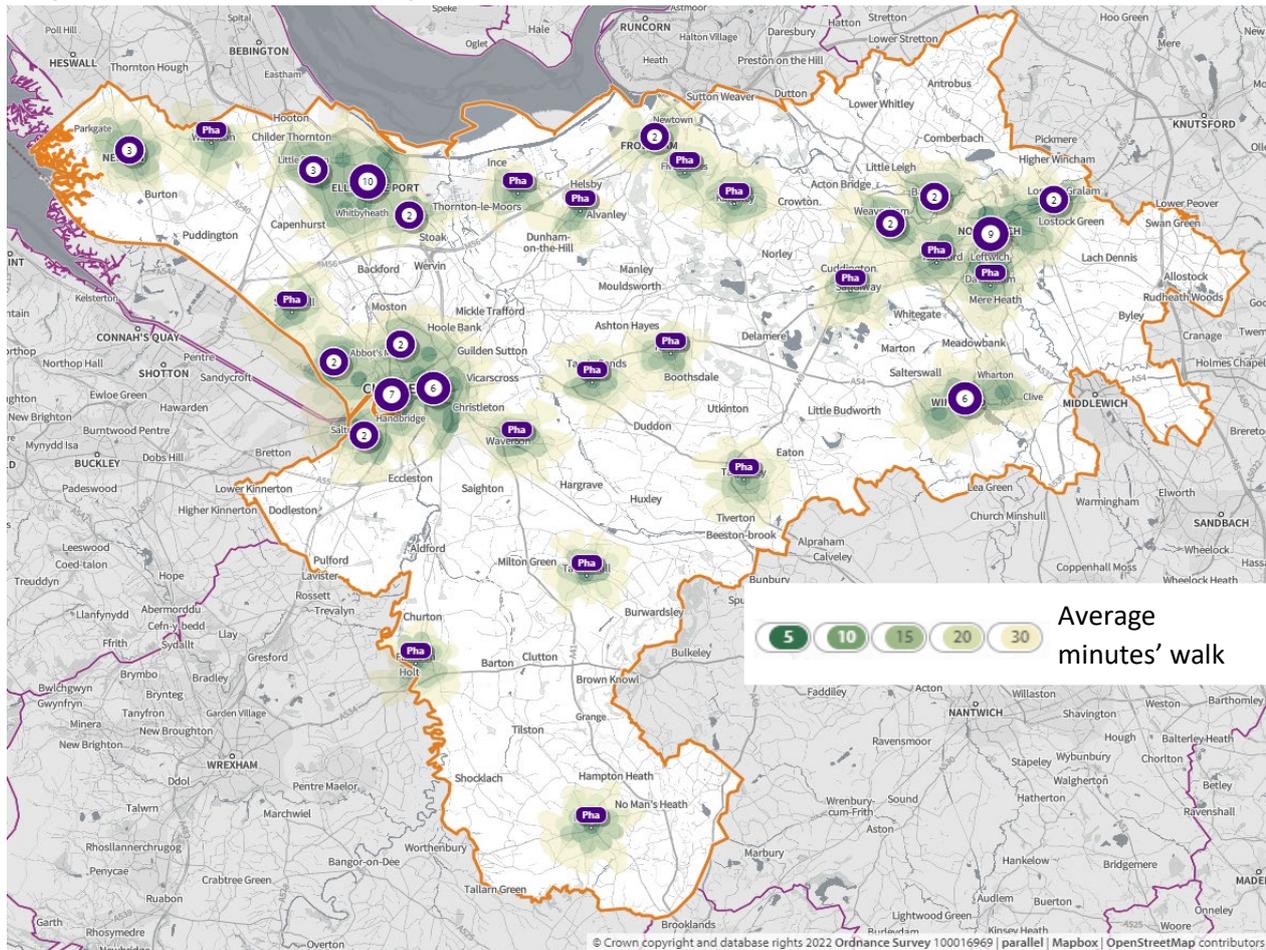


Table 5: Population within a 30 minute walk time to a pharmacy

Minutes walk	Included population	% of population included	Excluded population	% of population excluded
3	82,884	24.1%	260,939	75.9%
5	127,368	37.0%	216,455	63.0%
10	204,353	59.4%	139,470	40.6%
15	255,329	74.3%	88,494	25.7%
20	292,289	85.0%	51,534	15.0%
30	310,212	90.2%	33,611	9.8%

Source: SHAPE Place Atlas, Public Health England

5.4.3 Public transport to a pharmacy

Those unable to walk and do not have access to a car, may be able to use public transport. In the Contractor Survey carried out with pharmacies in September 2021, just under two thirds of pharmacies that answered the question (43 pharmacies) were within 100 metres of a bus stop or train stop, 34% (23) were between 100m to 500m, and 1% (1) was between 500 to 1000 metres.

Using public transport information published at November 2021 we are able to map travel times to a local pharmacy using public transport. This tells us that:

- 96% of residents are within a 30-minute commute to a pharmacy using public transport (approximately 329,000 residents).
- 4% of residents (approximately 14,800) are not within a 30-minute commute. Of these residents 90% live in a rural area.

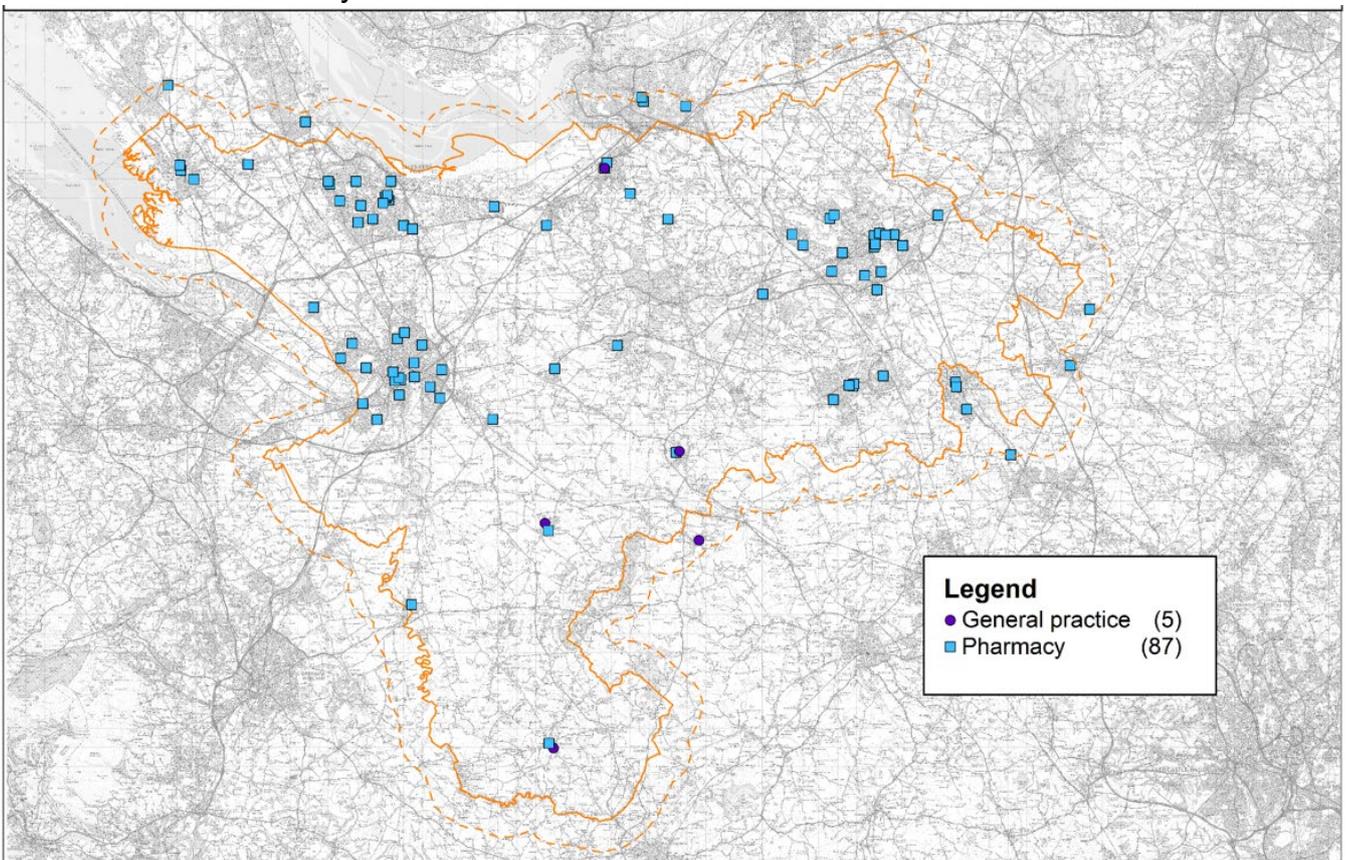
For those who cannot walk, drive or use public transport, most pharmacies offer a delivery service.

5.4.4 Dispensing doctors and out of borough pharmacies

CW&C also has four dispensing doctors located in the borough which are in mainly rural areas to support pharmaceutical need.

In addition, residents may live closer to a pharmacy located out of borough in a neighbouring authority, this includes a dispensing doctor in Bunbury in Cheshire East LA which is classed in a Cheshire West PCN. If we take these providers into account (neighbouring pharmacies within 1 mile distance), it makes very little difference to the number of residents within a 15-minute drive of a pharmacy or a 20-minute walk, less than 100 residents. However, these will support demands on pharmacies and ensure sufficient coverage of services. Map 5 below shows location of pharmacies in CW&C and within a 1-mile radius of the LA boundary and dispensing doctors.

Map 5: Pharmacies and dispensing doctors in borough, and pharmacies within a 1-mile distance of the boundary



Note: Appendix two table A2-5 shows dispensing doctors

5.5 Pharmacy locations by Index of Multiple Deprivation (IMD)

The 2019 Government Office for Science paper ‘Inequalities in Mobility and Access in the UK Transport System’ states that the lowest income households have higher levels of non-car ownership, with a concentration of female heads of house, children and young people, older people, Black and Minority Ethnic Groups and disabled people belonging to this group. In CW&C, residents who reside in the top 20% most deprived neighbourhoods in England, are within a 20-minute walk or a 15-minute commute on public transport to a pharmacy. If we look at a 15-minute walk, all but 3% (2,589 people) are within this walking time.

Map 6 shows location of pharmacies overlaid with the Index of Multiple Deprivation 2019. The colours represent quintiles, with the darkest colour being the 20% most deprived neighbourhoods in the borough and the lightest the 20% least deprived neighbourhoods in the borough.

Map 6: Pharmacy locations overlaid with the Index of Multiple Deprivation

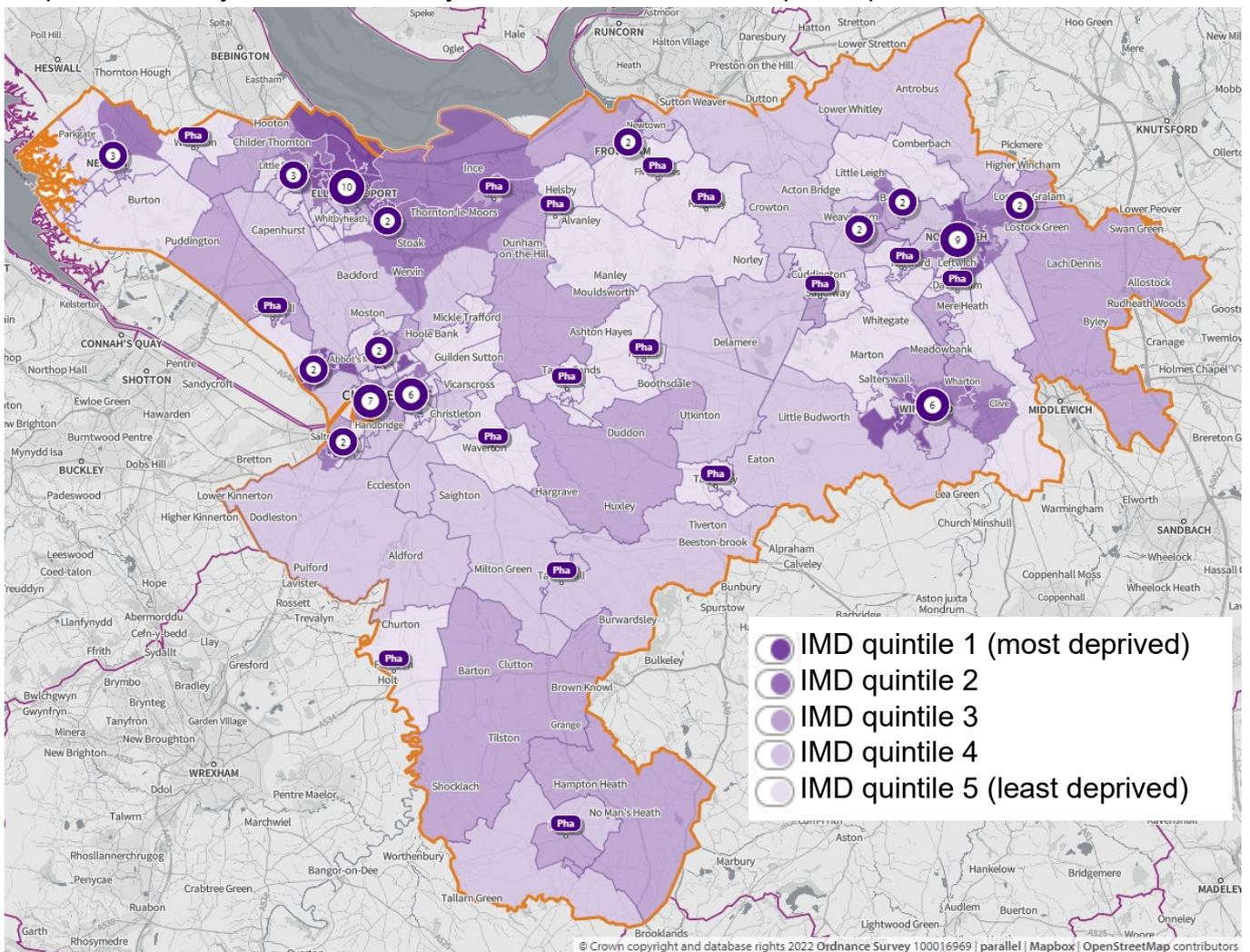


Table 6: Walk time to a pharmacy up to 30 minutes: Population excluded by IMD decile

	Residents who cannot get to a pharmacy in...				
	5 minutes	10 minutes	15 minutes	20 minutes	30 minutes
Excluded population	216,455	139,470	88,494	51,534	33,611
% in IMD decile 1	8.1%	7.4%	2.9%	0%	0%
% in IMD decile 2	5.2%	4.3%	0%	0%	0%
% in IMD decile 3	8.9%	5.7%	3.2%	2.4%	0%
% in IMD decile 4	5.5%	4.4%	3.4%	0%	0%
% in IMD decile 5	3.4%	2.4%	2.3%	4%	6.0%
% in IMD decile 6	10.0%	12.9%	14.5%	20%	23.1%
% in IMD decile 7	15.0%	19.8%	27.5%	23%	29.5%
% in IMD decile 8	13.3%	11.0%	12.4%	18.5%	14.7%
% in IMD decile 9	15.2%	18.2%	22.8%	19.8%	16.3%
% in IMD decile 10	15.5%	14.0%	10.9%	12.2%	10.4%

Source: SHAPE Place Atlas, Public Health England

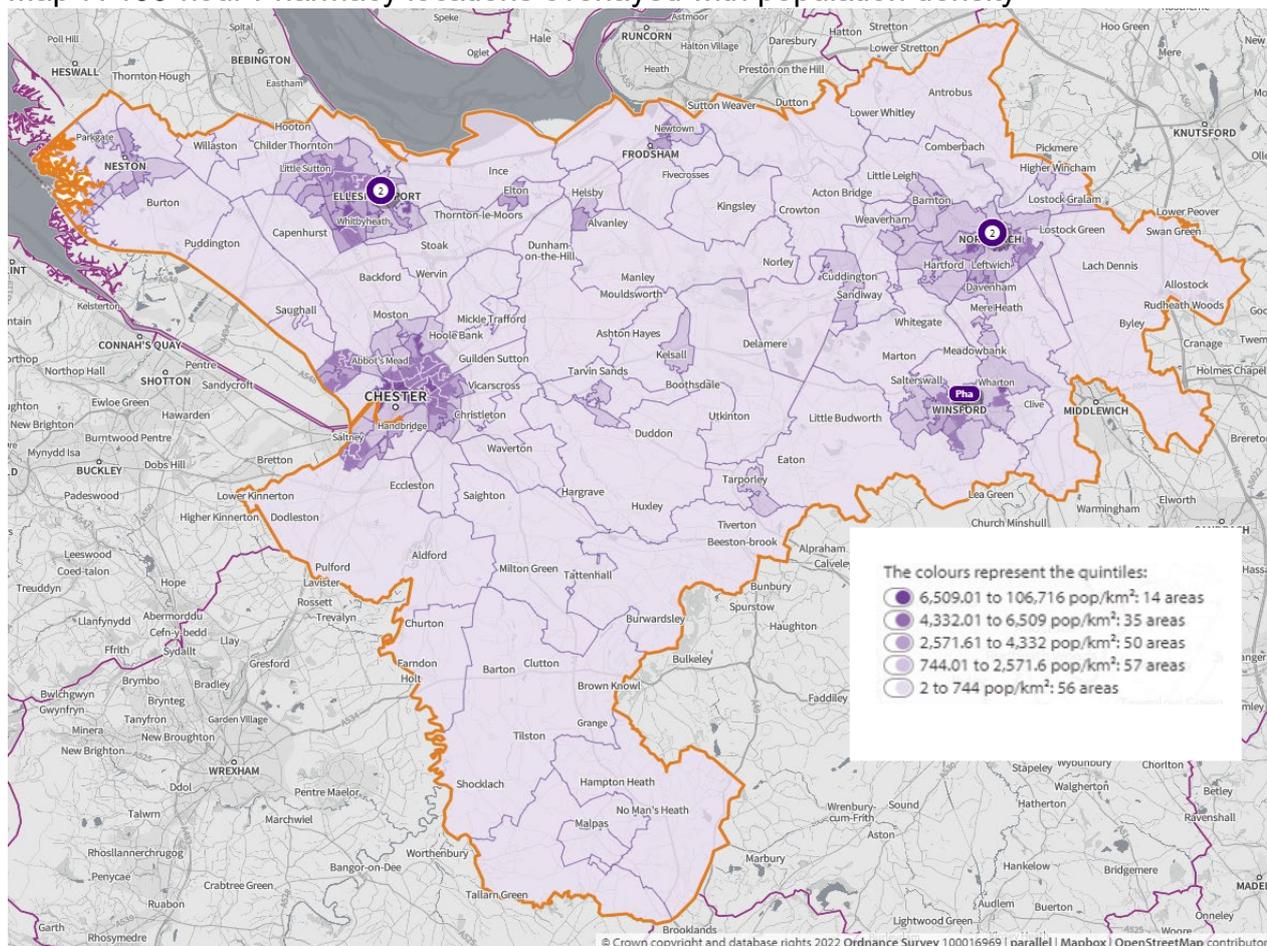
5.6 Pharmacy opening hours

Community pharmacies must be open for a minimum of 40 hours each week, but they are free to set their own hours of opening as long as this minimum is provided. There are 34 pharmacies that are open for 50 hours or more per week but less than 100 hours. There are five 100-hour pharmacies which are open to the public for essential services. Opening hours of each pharmacy can be found in appendix two table A2-2.

5.6.1 100-hour pharmacies

All five 100-hour pharmacies are located in urban areas with high population density. There are two in Ellesmere Port, two in Northwich and one in Winsford. There are no 100-hour pharmacies in or near Chester city centre despite being an urban area, however there are two pharmacies open for 78 and 80 hours in this area at the Sainsburys in Great Boughton and Morrison's in Upton. Map 7 shows 100-hour pharmacies overlaid with population density. Table A2-1 in appendix two highlights 100 hour pharmacies.

Map 7: 100-hour Pharmacy locations overlaid with population density



5.6.2 Regular opening hours weekday and weekends

Opening hours of each pharmacy can be seen in appendix two table A2-2.

a) Weekdays

On weekdays, most pharmacies operate between 9am-5:30/6pm with around 17% closing 1-2pm for lunch. Fewer pharmacies are open outside of these core hours:

- 5 pharmacies (7%) are open before 8am
- 23 pharmacies (30%) are open between 6pm-7pm, and 11 (14%) are open 7-8pm
- 7 (9%) are open between 8-9pm and 5 (7%) are open between 9-11pm.

This varies by care community with two having no pharmacies open before 9am – Chester South and Rural care community. All care communities have at least one pharmacy open after 6pm though these are closed by 7pm in four care communities (Chester Central, Helsby and Frodsham, Neston and Willaston and Rural).

b) Saturdays

65 pharmacies are open on a Saturday but they offer limited opening hours:

- All 65 pharmacies are open by 9am (16 (21%) opened between 8-9am, 4 (5%) between 7-8am)

- Of these pharmacies, 38 (58%) are open until 12pm, and 27 (42%) are open all day until 5 or 6pm
- 14 (18%) pharmacies are still open between 6-7pm, 10 (13%) 7-8pm, six (8%) 8-9pm, five (7%) 9-10pm one (1%) 10-11pm

All care communities have pharmacies open on a Saturday, and all but Rural have at least one pharmacy open all day. There is less coverage early and late evening on a Saturday (particularly in Chester South, Helsby and Frodsham, Neston and Willaston and Rural).

c) Sundays

There are 19 pharmacies (25%) that are open on a Sunday with limited opening hours:

- 18 pharmacies (24%) are open between the hours of 11/12-4pm with one open 11:30am-12:30pm
- There are no pharmacies open before 10am with 12 (16%) opening from 10am
- 2 pharmacies (3%) are still open between 5-7pm and 1 staying open until 9pm.

Sunday coverage is sparse and varies by care community with two not having a pharmacy with Sunday opening, again these are the more rural areas of Helsby and Frodsham and Neston and Willaston. Rural care community has one pharmacy open 11:30am-12:30pm.

Table 7: Opening hours of pharmacies outside of 'normal working hours' by care community

Care community	Number of pharmacies	Weekday opening before 8:30am	Weekday opening after 6pm	Open of Saturday	Open of Sundays
Chester Central	8	3 (from 8am)	2 (6:30pm and 7pm)	8 (six all day)	4
Chester East	6	1 (from 8am)	2 (8pm and 9pm)	4 (two all day)	2
Chester South	7	0	1	4 (three all day)	1
Ellesmere Port	15	3 (two 7am, one 8am)	6 (two 6:30pm, one 8pm, one 9pm, two 11pm)	15 (seven all day)	5
Helsby and Frodsham	5	0	1 (until 6:30pm)	4 (one all day)	0
Neston and Willaston	4	0	1 (until 6:15pm)	3 (two all day)	0
Northwich	18	3 (two 7am, one 8am)	6 (one 6:30pm, two 6:45pm, one 8pm, one 10:30pm, one 11pm)	15 (four all day)	4
Rural	6	0	2 (until 6:30pm)	6 (0 all day)	1 (open for 1 hour)
Winsford	6	1 (from 7am)	3 (two 6:30pm, one 11pm)	6 (two all day)	2

Source: National pharmacy data, November 2021

Table 8: Opening hours of pharmacies on a weekday (Tuesday taken as an average day)

Are you open at the following times?	Number of pharmacies	% of pharmacies
6am	0	0%
7am	5	7%
8am	35	46%
9am	76	100%
10am	76	100%
11am	76	100%
12pm	76	100%
1pm	63	83%
2pm	76	100%
3pm	76	100%
4pm	76	100%
5pm	75	99%
6pm	23	30%
7pm	11	14%
8pm	7	9%
9pm	5	7%
10pm	5	7%
11pm	0	0%

Source: National pharmacy data, November 2021

Table 9: Opening hours of pharmacies on a Saturday

Are you open at the following times?	Number of pharmacies	% of pharmacies
6am	0	0%
7am	4	6%
8am	16	25%
9am	65	100%
10am	65	100%
11am	65	100%
12pm	56	86%
1pm	26	40%
2pm	27	42%
3pm	27	42%
4pm	27	42%
5pm	24	37%
6pm	14	22%
7pm	10	15%
8pm	6	9%
9pm	5	8%
10pm	1	2%
11pm	0	0%

Source: National pharmacy data, November 2021

Table 10: Opening hours of pharmacies on a Sunday

Are you open at the following times?	Number of pharmacies	% of pharmacies
6am	0	0%
7am	0	0%
8am	0	0%
9am	0	0%
10am	12	63%
11am	18	95%
12pm	19	100%
1pm	18	95%
2pm	18	95%
3pm	18	95%
4pm	10	53%
5pm	2	11%
6pm	2	11%
7pm	1	5%
8pm	1	5%
9pm	0	0%
10pm	0	0%
11pm	0	0%

Source: National pharmacy data, November 2021

77% of respondents to the public survey (November 2021) said they were satisfied with the opening hours of their pharmacy. However, of those not satisfied who told us the reason why, the most common related to late night and weekend opening, or reduced hours being worked due to the Covid-19 pandemic which hadn't yet resumed normality. This especially created difficulties for those working full-time.

The analysis of opening hours has been done at care community level, however there will be residents who are unable to travel around their care community to find a pharmacy if their local pharmacy is not open. Most pharmacies do offer a delivery service which will need to be utilised, however this will not usually be same day delivery.

5.6.3 Out of hours provision

Throughout CW&C various GP collaboratives provide an out of hours service which is intended for emergency use. If a prescription is required, there will be a need for a pharmaceutical service. Clearly, the demand for this will be small.

NHS England has the ability to commission extended hours of opening from existing contractors via an enhanced service or by directing rota services (in accordance with NHS Regulations) should gaps in service provision be identified. Where any gaps are identified for example on bank holidays, provision is ensured via rota arrangements in line with NHS England policy. NHS England have worked closely with the CCGs and the LPC to ensure that, when rotas are directed, they provide cover in a manner which is informed by patients' usage of the out of hours service and which gives cover across both the geography of the area and at varying times of the day.

5.7 Access and facilities for people with a disability and/ or mobility problems

The majority of pharmacies are wheelchair accessible and have nearby parking. Results from the Pharmacy Contractor Survey 2021 revealed that:

- 48 pharmacies (62%) have designated disabled parking
- 70 pharmacies (90%) have parking within 50 metres
- 62 pharmacies (79%) have wheelchair entrance access
- In regard to wheelchair access on the pharmacy floor, 2 did not answer. Of those that did answer 74 (97%) were accessible.
- There are 68 pharmacies with a consultation room(s) that have wheelchair access (87% of pharmacies).

48 pharmacies (62%) have a hearing loop. Other facilities to support disabled people access pharmacy services are less common. There are however 49 pharmacies that use large print labels and 31 that have large print leaflets (note not all pharmacies answered this question).

Table 11: Facilities to support disabled people access pharmacy services

Facilities to support disabled people access the service	Number of pharmacies with the facility
Automatic door assistance	26
Bell at front door	14
Toilet facilities accessible by wheelchair users	11
Sign language	1
Large print labels	49
Large print leaflets	31
Wheelchair ramp	22
Other – one pharmacy borrows a wheelchair ramp from the surgery next door when it is open	

Source: Contractor Survey 2021

A question on access for people with mobility problems was included in the public survey. Of those with a mobility problem, 85% said they are able to park close enough to the pharmacy. Accessing pharmacies during the Covid-19 pandemic has caused some issues, with respondent's comments highlighting changes to home delivery which hadn't yet resumed normality which caused issues for those unable to get to a pharmacy and created long queues and wait times outside of pharmacies. It must be noted however that delivery of medicines to patients is not a contractual obligation.

See section 8.9 page 72, populations with protected characteristics for information on health needs of residents with a disability.

5.8 Access for clients whose first language is not English

Support for clients whose first language is not English is limited in CW&C pharmacies. 30 pharmacies (38%) said in the contractor survey that they are able to offer support to those whose first language is not English with 23 (29%) using an interpreter or Language Line.

32 pharmacies indicated that there was a member of staff who could speak another language, though all did not state which language. Languages included:

- French (3 pharmacies)
- Welsh (2 pharmacies)
- Polish (2 pharmacies)
- Cantonese (2 pharmacies)
- Spanish (2 pharmacies)
- Italian
- Malay
- German
- Punjabi
- Hindi
- Mandarin
- Romanian
- Urdu
- Bengali
- Persian
- Farsi
- Hungarian
- Portuguese

See section 8.9 page 72, populations with protected characteristics for information on health needs of residents based on ethnic group and religion.

5.9 Pharmacy consultation arrangements

All pharmacies must have at least one consultation room on site where pharmacists can discuss with patients matters in a private quiet space. 95% of the pharmacies (74) have one consultation room. All pharmacy consultation rooms are enclosed. 68 pharmacies have a consultation room with wheelchair access (87%).

Most pharmacies have handwashing facilities either in the consultation area itself (56 pharmacies; 72%) or close to the consultation area (10 pharmacies; 13%). 12 pharmacies do not have handwashing facilities available (15%). Few pharmacies offer patients access to a toilet – 10 pharmacies have this facility.

79% of pharmacies do not have offsite consultation arrangements in place (62 pharmacies). There are 16 pharmacies that are willing to undertake consultations in the patient's home or a suitable site (21%). This has decreased from 42% in the previous PNA.

Pharmacies also carry out telephone consultations. Telephone follow up is part of some advanced and commissioned services including CPCS and blood pressure detection service.

6. Meeting pharmaceutical need

6.1 Dispensing

The following section uses prescription data from GPs in Cheshire West Primary Care Networks (PCN). This includes one prescribing practice 'Bunbury' that is physically located in Cheshire East Local Authority (prescribing data includes Bunbury). Analysis of dispensing data has been done using physical location rather than PCN's using the boundary of Cheshire West and Chester and therefore will not include items dispensed from Bunbury practice (dispensing data does not include Bunbury).

6.1.1 Where are items prescribed in Cheshire West dispensed?

During 2020/21, a total of 7,650,664 items were prescribed in Cheshire West. 7,643,053 items were prescribed by GP practices (99.9% of prescriptions) and a further 7,611 were prescribed by other healthcare providers (0.1% of prescriptions). 92.4% of items were dispensed in CW&C (7,069,996 items).

Table 12: Prescribed items and location of where they were dispensed 2020/2021

Place dispensed	Number dispensed
Cheshire West	7,069,996
Cheshire East	122,906
Wales	101,026
Other	356,736
Total	7,650,664

Note: Cheshire East includes dispensing data from a dispensing doctor who is physically located in Cheshire East but is classed as Cheshire West PCN.

Source: NHSBSA Dispensing location of prescribed items 2020/21, NHSBSA Copyright 2022

Table 13 below shows the location of where prescribed items for GP practices and other health care providers in each care community were dispensed (note: one health care provider has not been allocated a care community as operates across a number of locations, this is referenced as 'other').

For all but two care communities, 90% or more items prescribed were dispensed within Cheshire West. In Chester South 85% of items are dispensed in CW&C and 11.6% were dispensed in Wales (Chester South borders the Welsh counties of Flintshire and Wrexham). 83% of items were dispensed in CW&C from those prescribed in Rural care community. This is expected to be lower as there is a dispensing doctor physically located in Cheshire East LA, so a higher number of items are dispensed in Cheshire East LA here compared to other care communities

Table 13: Dispensing location of prescribed items 2020/2021

Care community prescribed in	Dispensed in CW&C LA	Dispensed in Cheshire East LA	Dispensed in Wales	Dispensed in Other location	Dispensed Total	% dispensed in CW&C
Chester East	511,487	104	1,761	36,866	550,218	93%
Chester Central	554,928	405	21,162	41,642	618,137	90%
Chester South	533,625	227	73,194	21,138	628,184	85%
Helsby & Frodsham	528,792	87	76	32,761	561,716	94%
Neston & Willaston	453,343	4	91	31,683	485,121	93%
Northwich	1,571,573	2,667	172	60,035	1,634,447	96%
One Ellesmere Port	1,446,173	105	224	71,656	1,518,158	95%
Rural	669,481	113,249	4,302	23,178	810,210	83%
Winsford	794,908	5,368	44	37,768	838,088	95%
Other	5,686	690		9	6,385	89%
Cheshire West	7,069,996	122,906	101,026	356,736	7,650,664	92%

Note: Other is an intermediate care service that has not been allocated to a care community based on its postcode as it is a number of sites covering both Cheshire West LA and Cheshire East LA.

Source: NHSBSA Dispensing location of prescribed items 2020/21, NHSBSA Copyright 2022

6.1.2 Who is dispensing prescription items in CW&C?

Of the 7,069,996 Cheshire West prescription items dispensed in CW&C, 95% were dispensed by community pharmacies (6,702,382 items) and 4% by dispensing doctors. The remaining items were dispensed by the one distance selling pharmacy, one appliance contractor, and as personal administration in GP surgeries. Rural care community has the lowest number of items dispensed by a community pharmacy as it has a higher number of dispensing doctors and therefore a higher number of items dispensed by these dispensing doctors than other care communities, as does Helsby and Frodsham. These areas are rural and the dispensing doctors are there to support pharmaceutical needs.

Table 14: Dispensers in Cheshire West and Chester 2020/2021

Care community	Community pharmacy	Distance selling pharmacy	Dispensing Doctor	Appliance contractor	Personal administration	Total	% Community pharmacy
Chester Central	628,305	0	0	0	21,926	650,231	97%
Chester East	472,207	0	0	0	3,032	475,239	99%
Chester South	513,698	2,990	0	1563	7,661	525,912	98%
Ellesmere Port	1,441,330	0	0	0	22,934	1,464,264	98%
Helsby & Frodsham	383,741	0	70,970	0	3,399	458,110	84%
Neston & Willaston	444,382	0	0	0	6,582	450,964	99%
Northwich	1,543,813	0	0	0	25,820	1,569,633	98%
Rural	484,797	0	188,187	0	1,749	674,733	72%
Winsford	790,109	0	0	0	10,801	800,910	99%
Total	6,702,382	2,990	259,157	1,563	103,904	7,069,996	95%

Note: There is a distance selling 'internet' pharmacy premises based in Chester South care community that is not open to the public.

Note: Personal administration is medication that is administered by the GP to patients

Source: NHSBSA Dispensers in Borough 2020/21, NHSBSA Copyright 2022

6.1.3 Dispensing by community pharmacies in CW&C

6,702,382 Cheshire West prescription items were dispensed by CW&C community pharmacies during 2020/2021.

The greatest number of items were dispensed in care communities with the highest number of pharmacies, Northwich and Ellesmere Port. Pharmacies in Winsford, and Neston and Willaston were busiest with dispensing, with the highest number of items per month per pharmacy.

Table 15: Dispensing by community pharmacies in CW&C 2020/2021

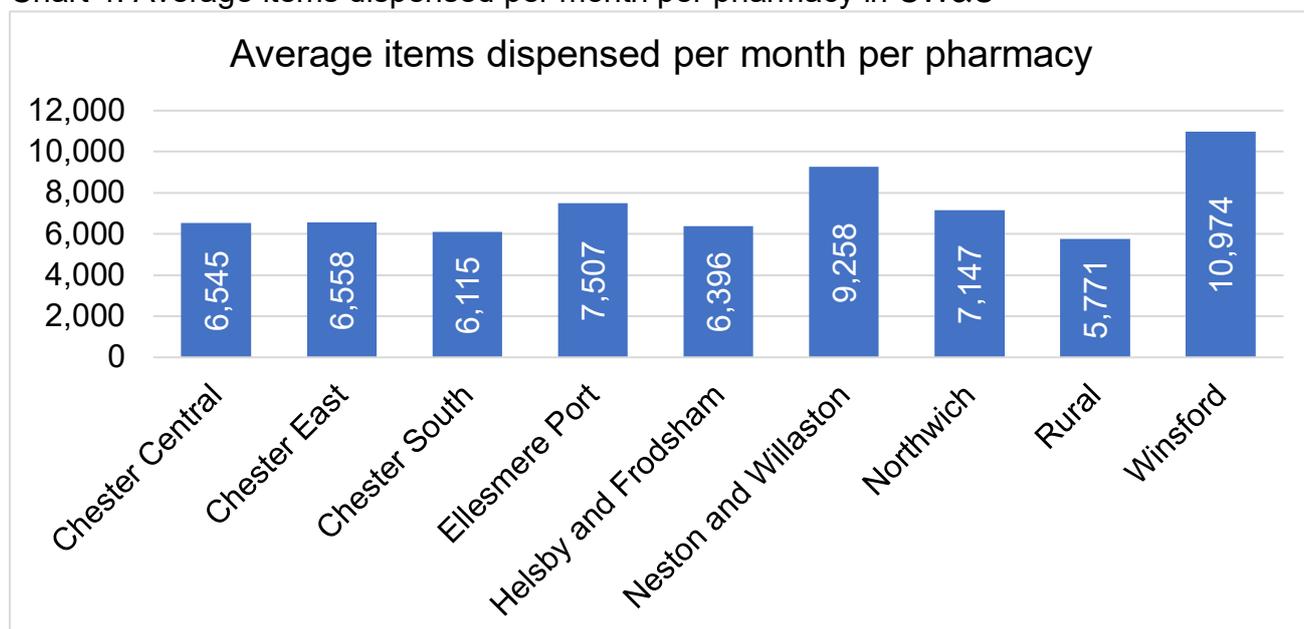
Care community	Dispensed by community pharmacies	Number of pharmacies	Average items per month	Average dispensed per month per pharmacy
Chester Central	628,305	8	52,359	6,545
Chester East	472,207	6	39,351	6,558
Chester South	513,698	7	42,808	6,115
Ellesmere Port	1,441,330	16*	120,111	7,507
Helsby and Frodsham	383,741	5	31,978	6,396
Neston and Willaston	444,382	4	37,032	9,258
Northwich	1,543,813	18	128,651	7,147
Rural	484,797	7	40,400	5,771
Winsford	790,109	6	65,842	10,974

Note: 2020/2021 data includes a pharmacy in Ellesmere Port that has since closed in November 2021 so shows as 16 rather than 15 pharmacies.

Note: Average dispensed per month per pharmacy is a crude calculation based on dividing the number of average items per month by the number of pharmacies. This has not taken into account how many months the pharmacy has been open for.

Source: NHSBSA Dispensing by community pharmacies 2020/21, NHSBSA Copyright 2022

Chart 4: Average items dispensed per month per pharmacy in CW&C



Source: NHSBSA Dispensing by community pharmacies 2020/21, NHSBSA Copyright 2022

The above data does not include prescriptions from outside of the Borough that have been dispensed in CW&C meaning pharmacies are busier with dispensing than the data indicates. Practice prescribing dispensing data (NHSBSA) 2020-21 indicates that an extra 190,186 items were dispensed by CW&C pharmacies, the greatest number from neighbouring LAs Cheshire East, Wrexham, Wirral and Warrington.

Table 16: Top 10 LA prescriptions being dispensed in CW&C (other than Cheshire West)

Local authority prescribed in	Number of items dispensed in CW&C
Cheshire East	78,239
Wrexham	39,503
Wirral	20,871
Warrington	7,283
Halton	5,817
Liverpool	5,010
Flintshire	4,791
Manchester	2,343
Trafford	2,079
Shropshire	1,453

Source: NHSBSA Practice prescribing data 2020/21, NHSBSA Copyright 2022

6.1.4 Patterns of dispensing over time

The average number of CW&C prescriptions dispensed per pharmacy in CW&C was 6,117 per month during 2020/2021. This is higher than in previous years. Although we might expect 2020/2021 to result in higher numbers of items dispensed because of the Covid-19 pandemic, if we look at five years of data, it shows that over five years dispensing numbers have been gradually increasing, from 5,529 items dispensed per month during 2016/17.

It is more difficult to compare CW&C to the England average. When comparing the data for items dispensed in CW&C with the England position, it appears that pharmacies in CW&C issue fewer prescriptions per outlet. However, as CW&C data includes only those items prescribed by CW&C prescribers, the actual disparity is likely to be smaller than it appears. In addition, the volume of dispensed items is unadjusted for prescription length, and this will vary across the country limiting the usefulness of direct comparisons (e.g. two prescription items for 28 days supply would satisfy patient needs in the same way as a single prescription for 56 days).

Table 17. Average monthly items dispensed per pharmacy based on prescribing by Cheshire West practices and dispensed by CW&C pharmacies

Year	Average monthly items dispensed per pharmacy: Cheshire West	Average monthly items dispensed per pharmacy: National
2020/2021	6,117	6,565
2019/2020	5,880	6,597
2018/2019	5,551	6,429
2017/2018	5,486	6,367
2016/2017	5,529	6,384

Note: Average items per pharmacy is calculated for each pharmacy by dividing the total items dispensed by the number of months the pharmacy was active in the year. The median of these figures is then calculated to give the final measure.

Source: NHSBSA Average monthly items dispensed per pharmacy 2020/21, NHSBSA Copyright 2022

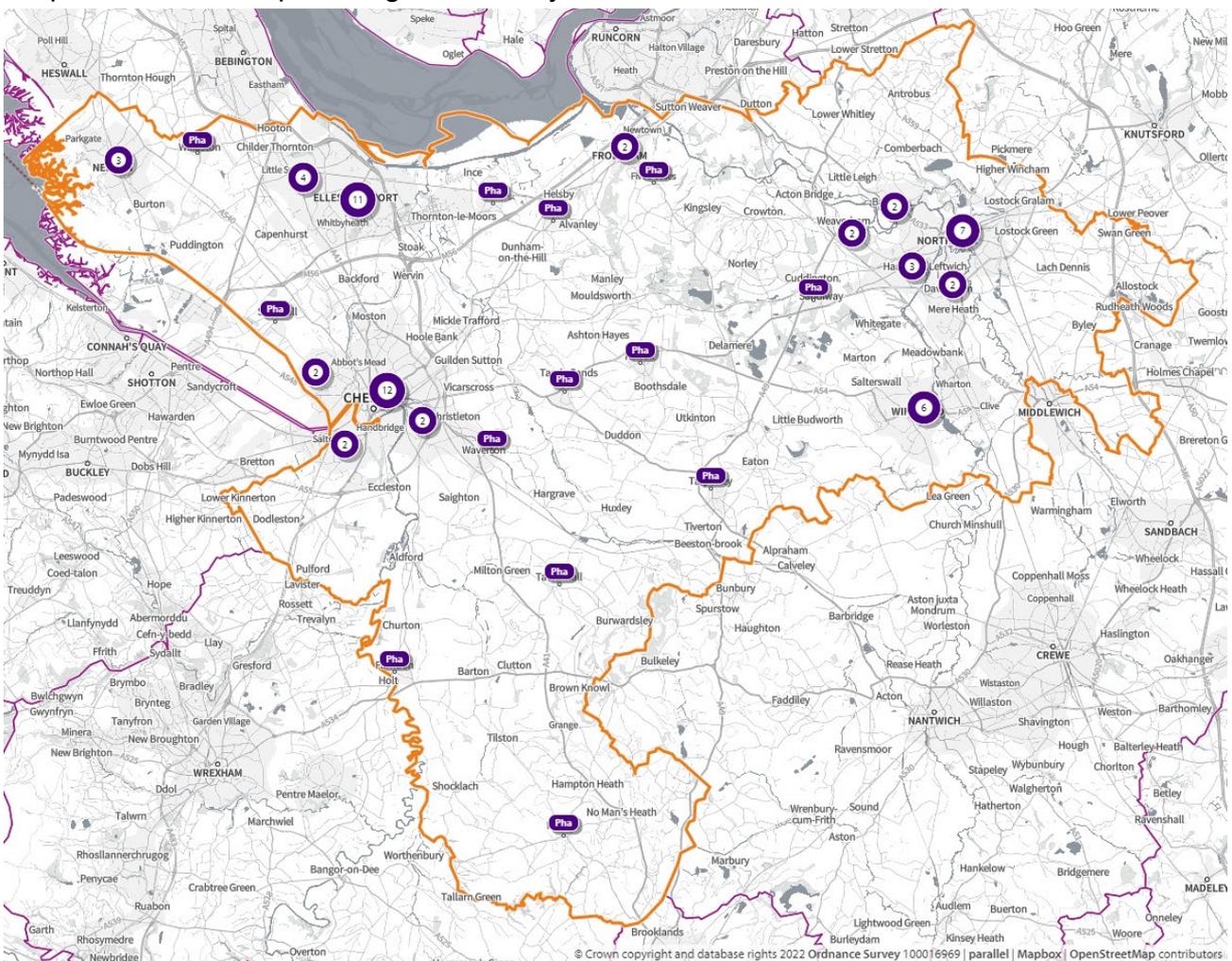
6.2 Advanced services

6.2.1 Community Pharmacist Consultation Service (CPCS)

GPs and NHS 111 can refer patients for a minor illness consultation via CPCS. This connects patients who have a minor illness or need an urgent supply of medicine with a community pharmacy through agreed local pathways. Pharmacies can deliver a swift and convenient service and relieve pressure on the wider NHS.

There is excellent coverage of CPCS across Cheshire West and Chester. At January 2022, 73 pharmacies provided a CPCS service in CW&C with two more intending to provide it within the next 12 months.

Map 8: Pharmacies providing Community Pharmacist Consultation Service in CW&C



Note: See appendix 3 table A2-3 for pharmacies that provide a Community Pharmacist Consultation Service

6.2.2 New medicines service (NMS)

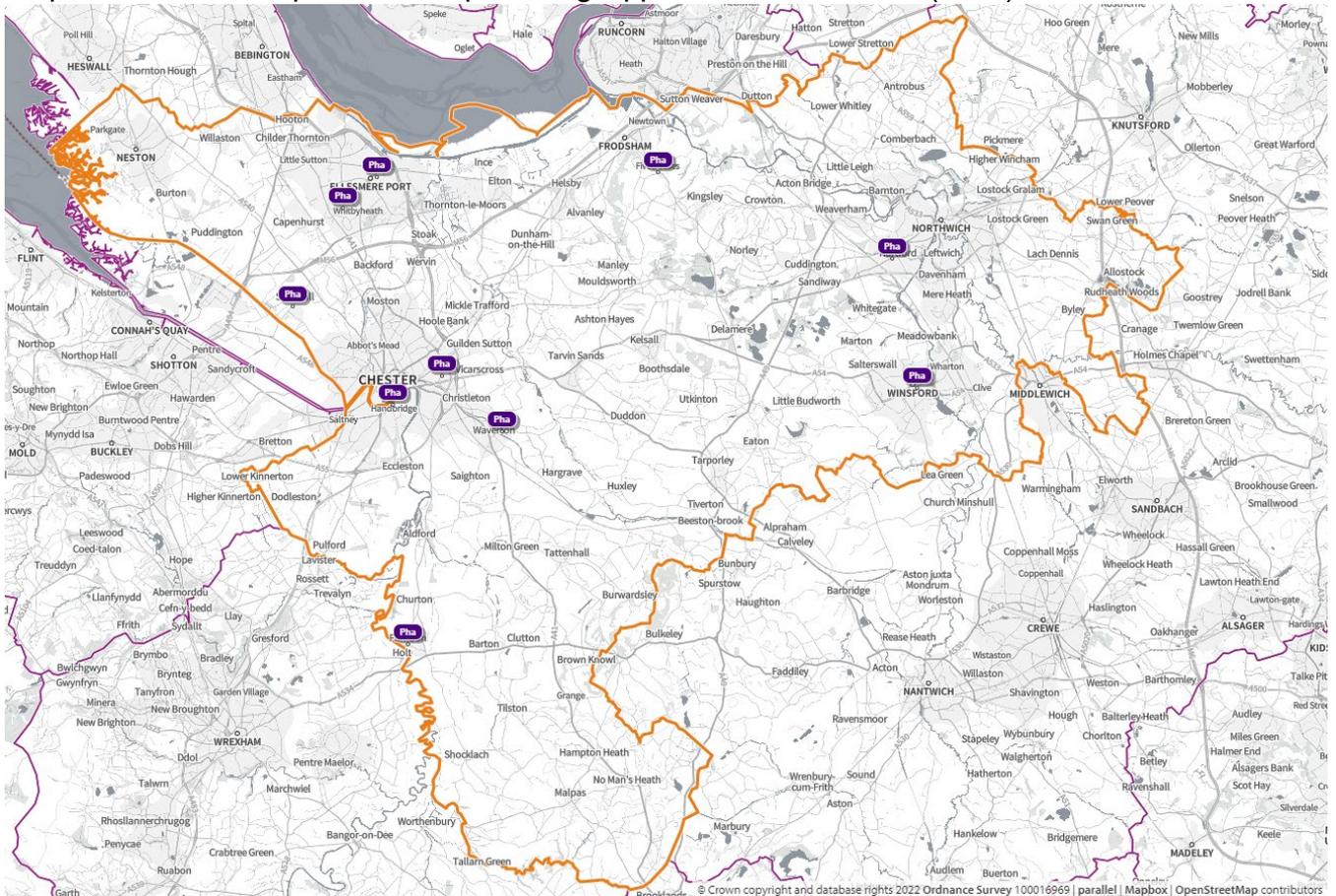
The new medicine service provides support with medicines adherence for patients being treated with new medicines in the following categories: Asthma / Chronic Obstructive Pulmonary Disease (COPD), Type 2 Diabetes, Hypertension and Antiplatelet /

6.2.4 Appliance Use Review (AUR)

This is a highly specialised service which relates to patients prescribed appliances such as leg bags, catheters, and stoma products. AURs should improve the patient's knowledge and use of any specified appliance. This is a highly specialised service which at January 2022 was available in 10 pharmacies in CW&C.

Although there is not a pharmacy providing this service in each care community, services are well distributed across the borough (see map 10 below) and has increased by one since the last PNA. This service, therefore, is considered adequate to meet the pharmaceutical needs of the population

Map 10: Location of pharmacies providing Appliance Use Review (AUR)



Note: See appendix 2 table A3-2 for pharmacies that provide Appliance Use Review (AUR)

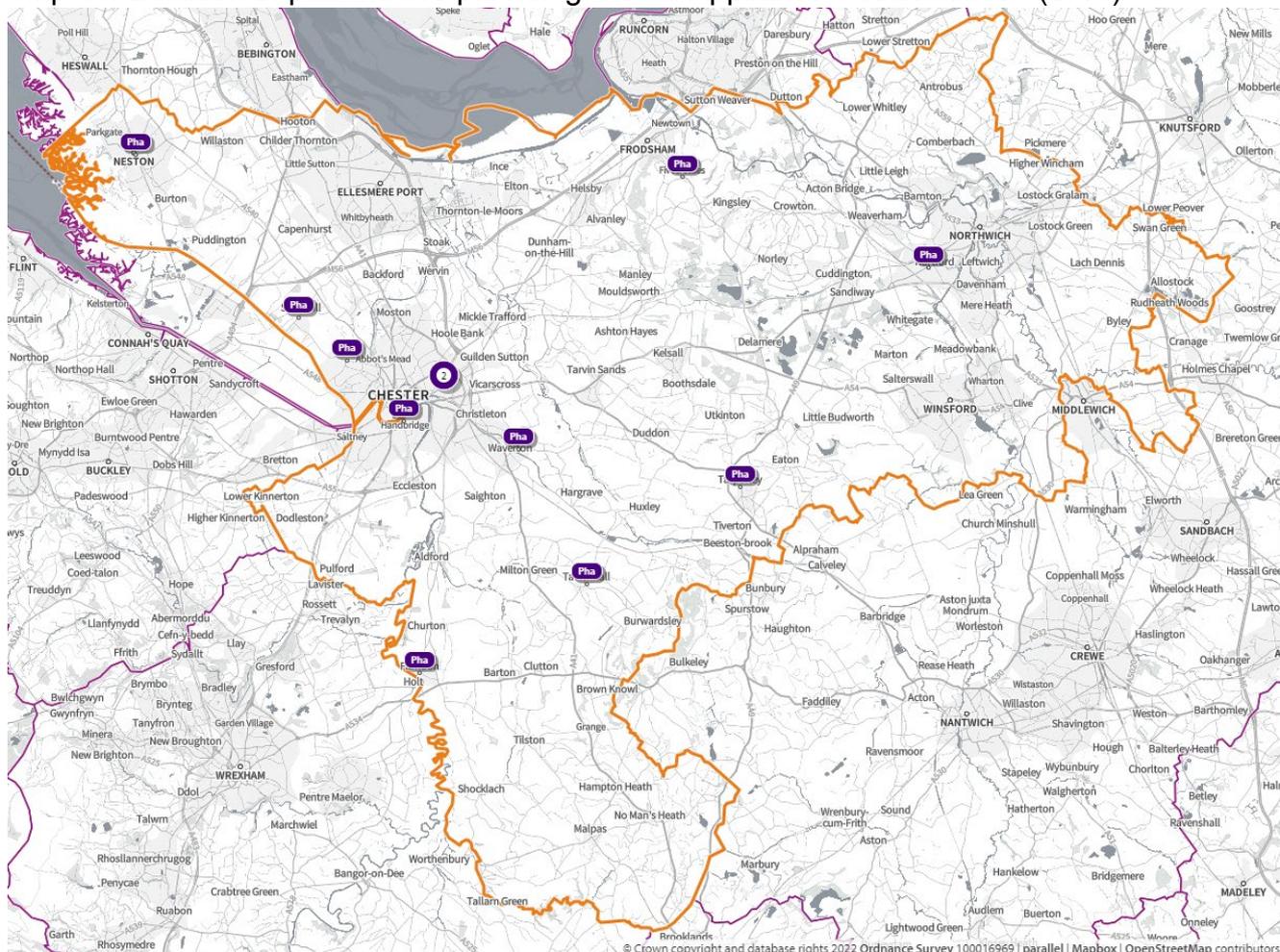
6.2.5 Stoma Appliance Customisation (SAC)

Another specialist service which involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve how long they are used for, thereby reducing waste and unnecessary patient discomfort.

At January 2022 there were 12 pharmacies providing SAC in CW&C. Although there is not a pharmacy providing this service in each care community, services are well distributed

across the borough (see map 11 below) and the number delivering the service has increased from nine at the last PNA. The number of patients requiring the service is quite small and therefore current provision is considered adequate to meet the pharmaceutical needs of the population

Map 11: Location of pharmacies providing Stoma Appliance Customisation (SAC)



Note: See appendix 2 table A2-3 for pharmacies that provide Stoma Appliance Customisation

6.2.6 Hepatitis C testing service

This service is focused on provision of point of care testing for Hepatitis C antibodies to people who inject illicit drugs who aren't receiving treatment for their substance misuse.

At January 2022 there was one pharmacy providing Hepatitis C test in CW&C based in Northwich, see map 12 below.

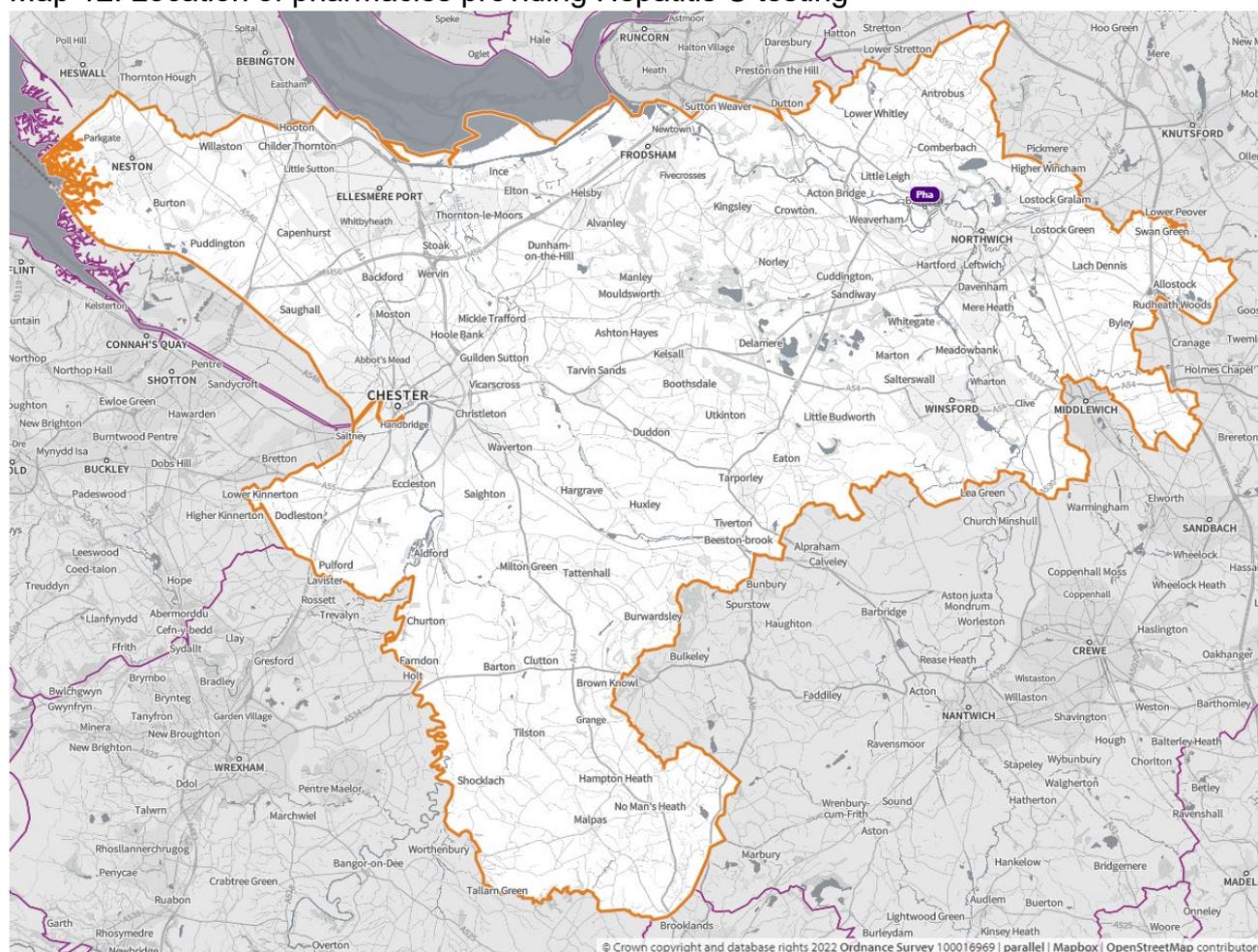
The launch of this service in the middle of the Covid-19 pandemic during September 2020, when pharmacies were facing large demands and high staff absences, hindered the uptake of this service. The Pharmaceutical Journal, September 2021³ reflects on the low uptake of

³ The Pharmaceutical Journal, September 2021, Vol 307, No 7953;307(7953):DOI:10.1211/PJ.2021.1.104534

this service by pharmacies in England a year after it was added, and the low uptake of patients who have accessed this service in pharmacies that are taking part five months after the launch. The article highlights that the key issue with the service is that pharmacies are not able to offer the service to those patients they are already engaged with e.g., those who come to collect their methadone every day, as it's targeted to those not engaged with a substance misuse provider. However, pharmacy provision is one of the key strategies to NHS England's target of eliminating Hepatitis C by 2025.

The service is to run until the end of March 2023 at which point it will be reviewed

Map 12: Location of pharmacies providing Hepatitis C testing



6.2.7 Hypertension case finding service

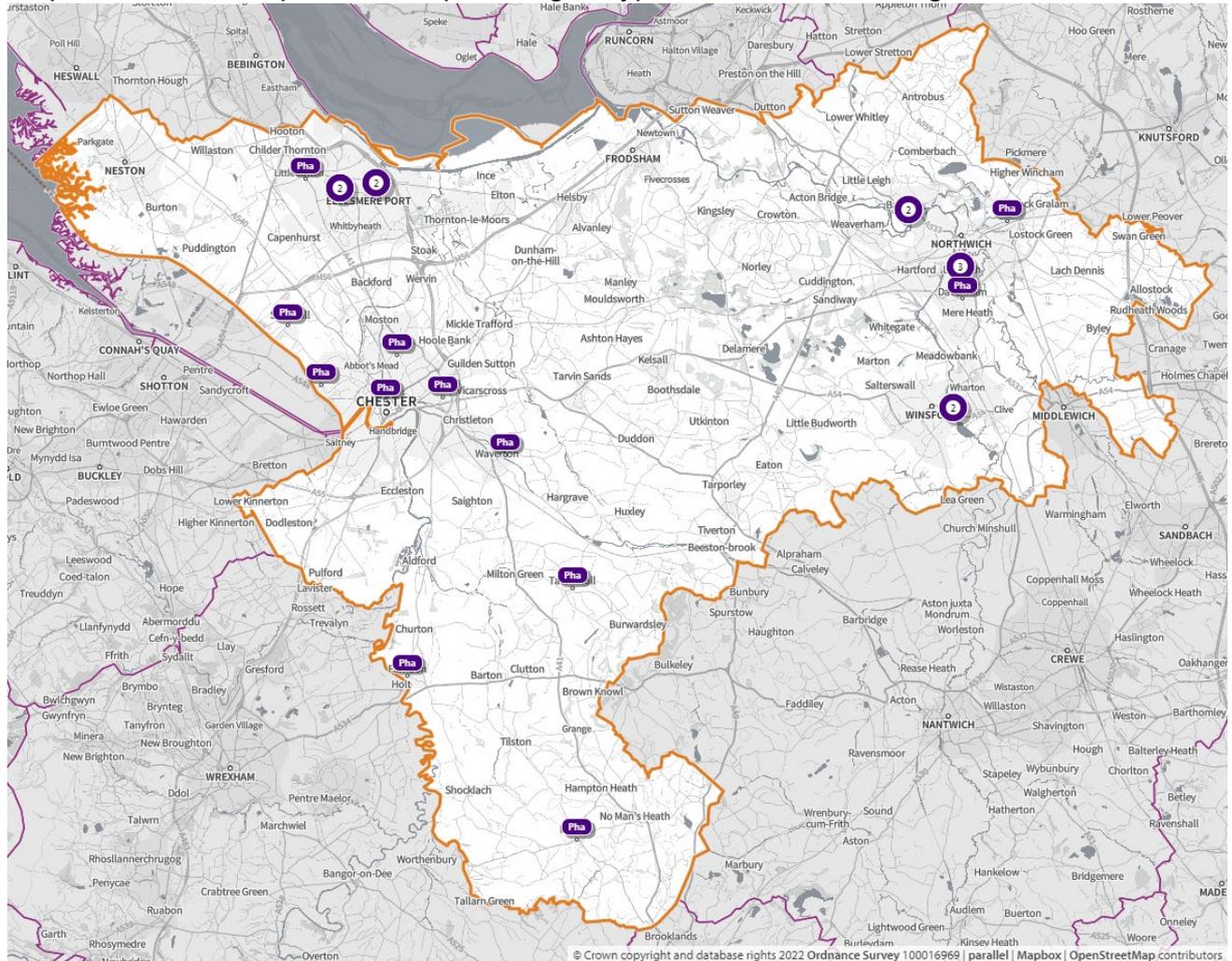
Another relatively new service put in place October 2021. The service is primarily offered to those aged 40 or over and identifies those at risk of hypertension and offers them a blood pressure measurement. Where clinically indicated a 24-hour ambulatory blood pressure monitored is then offered. The blood pressure test results will then be shared with the patient's GP to inform a potential diagnosis of hypertension.

At January 2022 there were 23 pharmacies offering this service in CW&C. Although there is not a service in each care community, services are well distributed across the borough, with numerous pharmacies offering this in the urban areas. Coverage is sufficient, but due to the

high levels of cardiovascular disease in CW&C, further uptake of this service by current pharmacies would be welcomed. The Local Pharmaceutical Committee have indicated that more pharmacies will be providing this service in the near future once they have ambulatory blood pressure monitoring devices.

Public Health have informed us that it would be useful to understand uptake of this service and who is accessing it. This will help identify gaps in usage so patients could be targeted.

Map 13: Location of pharmacies providing a Hypertension case finding service



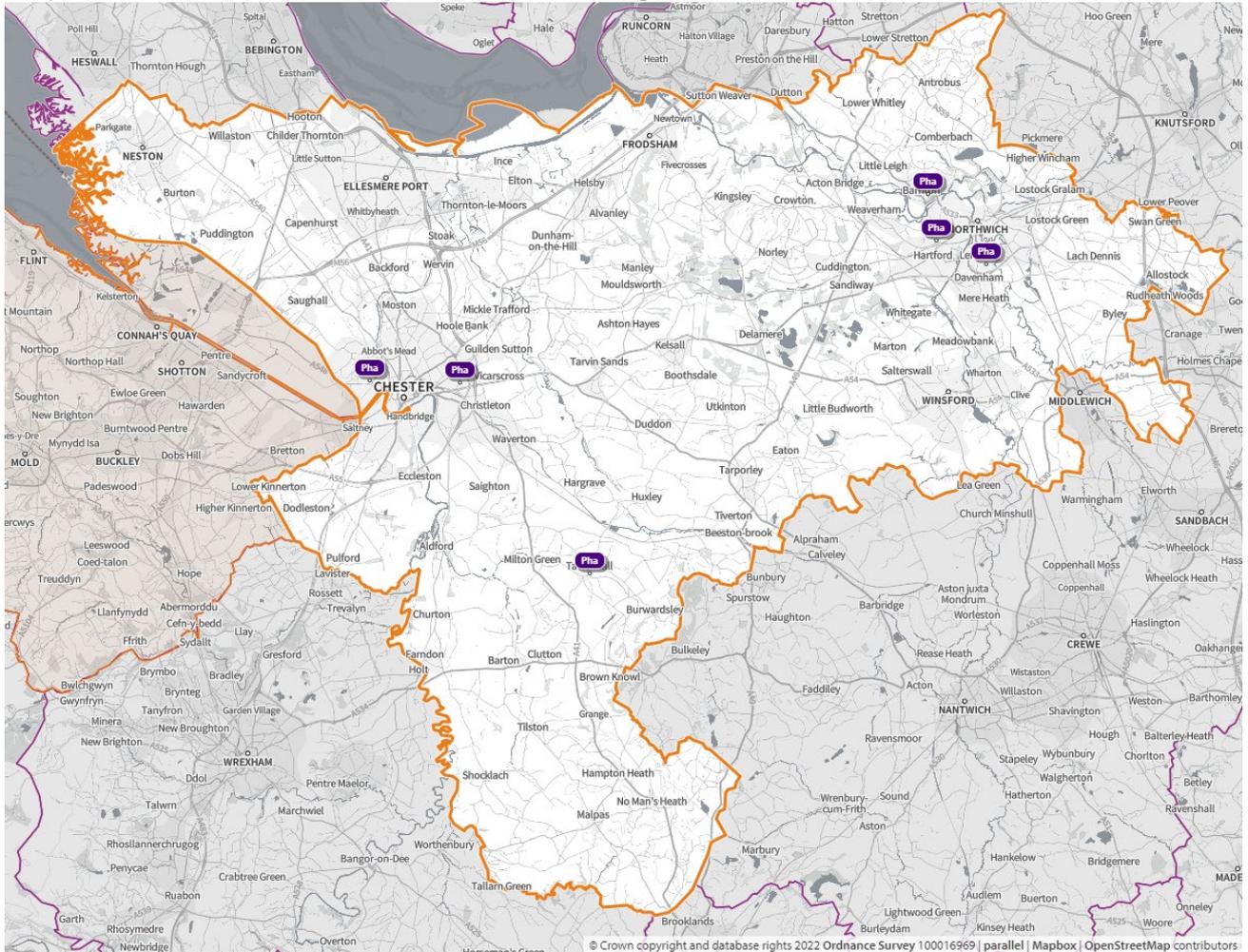
Note: See appendix 2 table A2-3 for pharmacies that provide a Hypertension case finding service

6.2.8 Smoking cessation – referral from secondary care

A new service put in place from Spring 2022. This enables NHS trusts to refer patients to a pharmacy that has registered to deliver the smoking cessation service, so patients can receive continued treatment to support their attempt to quit smoking after discharge.

At June 2022 there were 22 pharmacies offering this service in CW&C. Although there is not a service in each care community, services are well distributed across the borough, with numerous pharmacies offering this in the urban areas. As this is a new service put in place

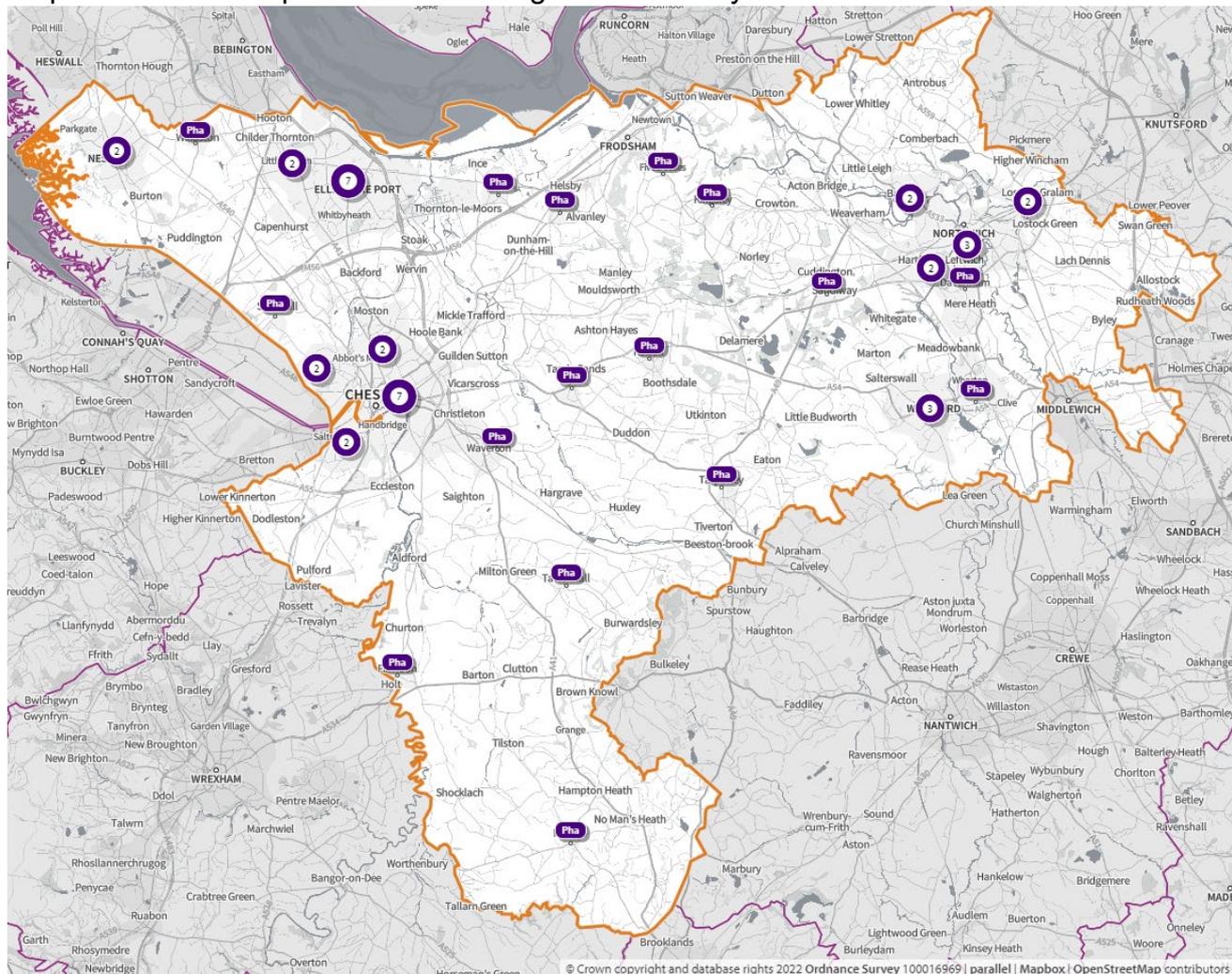
Map 14: Location of CW&C pharmacies offering Covid-19 vaccination



6.3.1 Prescription Delivery Services

Although community pharmacies are not contracted to do so, 72 pharmacies (92%) offer a home delivery service at November 2021. However, the number of pharmacies offering this service for free has reduced since the last PNA from 91% of pharmacies to 69% (52 pharmacies). Some respondents to the Pharmacy Survey commented that lack of delivery services have caused them difficulty. However, it must be noted that delivery of medicines to patients is not a contractual obligation and the number offering this may change.

Map 14: Location of pharmacies offering a free delivery service at November 2021



Note: See appendix 2 table A2-1 for details of delivery services at pharmacies

6.3.2 Monitored Dosage Systems

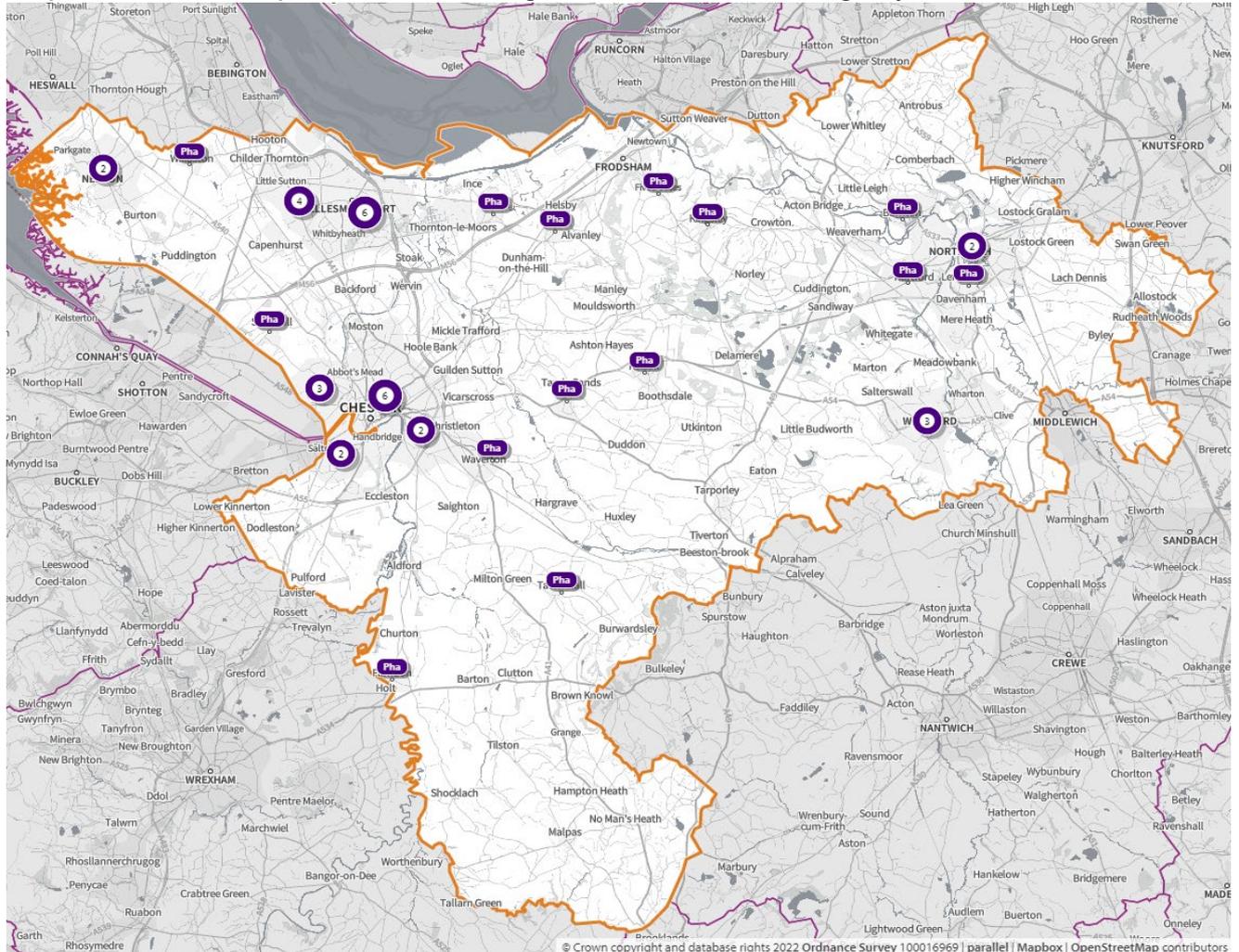
Community pharmacists are required to provide 'reasonable adjustment' to patients if they have difficulty taking their medicines. The appropriate adjustment is determined by the pharmacist following an assessment of the patient under the Equality Act. Examples of adjustments are record charts, large print label, monitored dose system (MDS). If a patient or carer wishes to have an MDS and it isn't deemed necessary under the Equality Act the pharmacist does not have to supply one.

A MDS, usually in the form of a box or a blister pack divided into days of the week, is a medication storage device designed to simplify the administration of solid oral dose medication. As such they are one way of overcoming unintentional non-adherence to medication. Prime candidates for MDS are patients at risk of confusing their medication, including those whose ability to manage their medication is affected by disability, their living arrangements, or who have multiple medication.

In CW&C at November 2021:

- 44 pharmacies (56%) provide MDS free of charge
- 12 (15%) provide MDS at a charge
- 33 (42%) only provide MDS to patients who have a disability (as defined by the Disability Discrimination Act).

Map 14: Location of pharmacies offering a free monitored dosage system service



7. Public satisfaction with community pharmacy services

During November and December 2021, pharmacy users were asked their views on their local pharmacy. The survey was electronic, but a paper version could be provided upon request. 252 people completed the survey. This section provides a summary of the results which can be seen in full in appendix three.

7.1 Pharmacy usage

At their last visit to a pharmacy most respondents visited to collect a prescription (81%), either for themselves (63%) or for someone else (19%). 6% visited to get advice, and 7% visited for some other reason - most commonly their flu vaccination or to make a purchase such as medication or toiletries.

In the last two weeks, 67% of respondents had used a pharmacy to get a prescription, buy medicines or get advice, increasing to 88% in the last month.

82% of respondents said they collected a prescription the last time they used a pharmacy:

- 59% of those who got a prescription were told how long they would have to wait for it to be prepared, 35% were not told
- 74% felt that their wait time for a prescription was reasonable
- 77% got all the medicines that they need and 23% did not
- For those who did not get all their medicines, in 41% of the cases the pharmacy had run out of the medicine, 26% the prescription had not arrived at the pharmacy and for 10% the medicine was unavailable.
- In 5% of cases the individual got their missing medication the same day and 22% got it the next day. 57% of cases the individuals got this missing medication within two to seven days and 12% over a week.

69% of respondents had to use a hospital pharmacy as an outpatient or on discharge following a stay in hospital. Of those that had used a hospital pharmacy, 83% said they would like to have the option to have the prescription dispensed at their local pharmacy.

37% of respondents have had a recent consultation with a pharmacist for a health-related purpose:

- 51% had sought advice about a minor ailment, 41% about medicine, 4% for blood pressure monitoring, 4% about flu vaccination and 3% for lifestyle advice. 8% were referred to another service.
- 47% had their consultation in a separate room, 38% at the pharmacy counter, 9% in the dispensary or a quieter part of the shop and 4% over the telephone.
- 36% rated the level of privacy as excellent, 40% good, 13% fair and 10% poor.

7.2 Access to a local pharmacy

62% of respondents used a car to get to the pharmacy and 40% walk. 2% used public transport and 2% used a bicycle. 3% of respondents selected 'other' and this was because they have their prescriptions delivered and call to speak to the pharmacist.

Respondents were asked regarding the location of the pharmacy, what is most important. 68% said that it is close to their home, 40% that it is easy to park nearby, 35% that it is close to their doctor's surgery and 34% that it is close to other shops that they use. 9% said that it is close to or in their local supermarket.

Table 18: What is most important to you regarding the location of your pharmacy?

Importance in regards to pharmacy	% of respondents
It is close to my home	68%
It is easy to park nearby	40%
It is close to my doctor's surgery	35%
It is close to other shops I use	34%
It is close to/in my local supermarket	9%
Other: Note this was commonly about later/ weekend opening availability	5%
None of these	4%
It is near to the bus stop / train station	4%
It is close to where I work	2%
It is close to my children's school or nursery	1%

Source: Pharmacy Survey 2021

97% of respondents said that it is easy to get to their usual pharmacy (70% very easy and 27% quite easy). 3% of respondents (7) said that it is quite difficult.

115 respondents have a condition that affects their mobility. 85% of these respondents said they are able to park close enough to the pharmacy and 13% said they are not able to park close enough (1%, 2 respondents, said don't know).

51% of residents did not know if their pharmacy could deliver medication to their home if they were unable to collect it themselves. 41% said that their pharmacy does deliver, and 8% said their pharmacy does not deliver.

81% of respondents could not remember a time when they had a problem finding a pharmacy to get a medicine dispensed, to get advice or to buy medicines. However, 19% could remember a time when they had a problem finding a pharmacy for their needs. In most of these cases the reason for going to the pharmacy was to get medicine on a prescription or purchase a medicine. The biggest problem was medication being in stock/ availability, followed by the pharmacy not being open late or on a weekend when medication was need, changes to the pharmacy during the Covid-19 pandemic (closures, delivery changes, opening times), and long queues and wait times at pharmacies.

77% of respondents said that they were satisfied with the opening hours of their local pharmacy. 23% were not satisfied, most commonly because the pharmacy was not open later or all weekend (or not open at all at the weekend), which made it difficult for those who work. There were also issues with pharmacies operating reduced hours during the Covid-19 pandemic which in some cases had not returned to what they were previously. There were examples of people travelling further than their local pharmacy so they can collect a prescription after work or on a weekend.

Two thirds of respondents hadn't needed to use their usual pharmacy when it was closed but a third had (27% once or twice). Of those that had needed to use it:

- 44% said it was a weekday, 33% a Saturday and 10% a Sunday
- 32% said they needed to use the pharmacy in the morning, 20% at lunchtime between 12-2pm, 26% in the afternoon and 12% in the evening
- 55% of respondents waited until the pharmacy was open to get what they needed, 26% went to another pharmacy and 5% called NHS 111.

7.3 Services

Respondents were asked if they were satisfied with services received from their pharmacy during the Covid-19 pandemic. 83% said that they were satisfied and 17% said they were not satisfied. The main reason for respondents being unsatisfied was that prescriptions were taking a long time to be ready meaning people ran out of medication, followed by there being long queues and waiting outside. Other issues included inconsistent or reduced hours, home delivered being stopped, people given the wrong medication and staff being unfriendly.

66% of respondents said they are satisfied with the range of services pharmacies provide. 28% would like to see pharmacies providing more services. The top five services that respondents think should be available locally through pharmacies are:

- Provision of the flu vaccinations (93%)
- To get treatment of a minor illness such as a cold instead of my doctor (free of charge if you don't pay for prescriptions) (89%)
- Review of new medicines with advice on when it is best to take them, what they are for and side-effects to expect (85%)
- Other immunisations (83%)
- Advice on contraception and the supply of the "morning after pill" free of charge (79%)

Least popular was advice and treatment for alcohol misuse (44%) and drug misuse (44%).

Respondents were asked if there were any additional services they feel should be provided by local pharmacies. Most popular suggestions included:

- Being able to treat more minor ailments and issues
- Having the ability to prescribe some medication and/or repeat prescriptions
- Carrying out more vaccinations and tests such as Covid vaccinations, travel vaccinations, hearing test, diabetes test and blood pressure checks
- Late opening hours with a pharmacist available
- Additional facilities such as seating, printer to print off forms, collection lockers for repeat prescriptions
- Increase staffing
- Nurse led support / advisory nurse

Respondents were asked if there is anything they particularly value as a service from pharmacies. Most popular comments included:

- Ability to get advice without having to see a doctor
- Pharmacists organising prescriptions and liaising with GPs
- Friendly staff who build up a relationship with customers
- Being local and easy to access

8. Population and health profile of Cheshire West and Chester

8.1 Overview

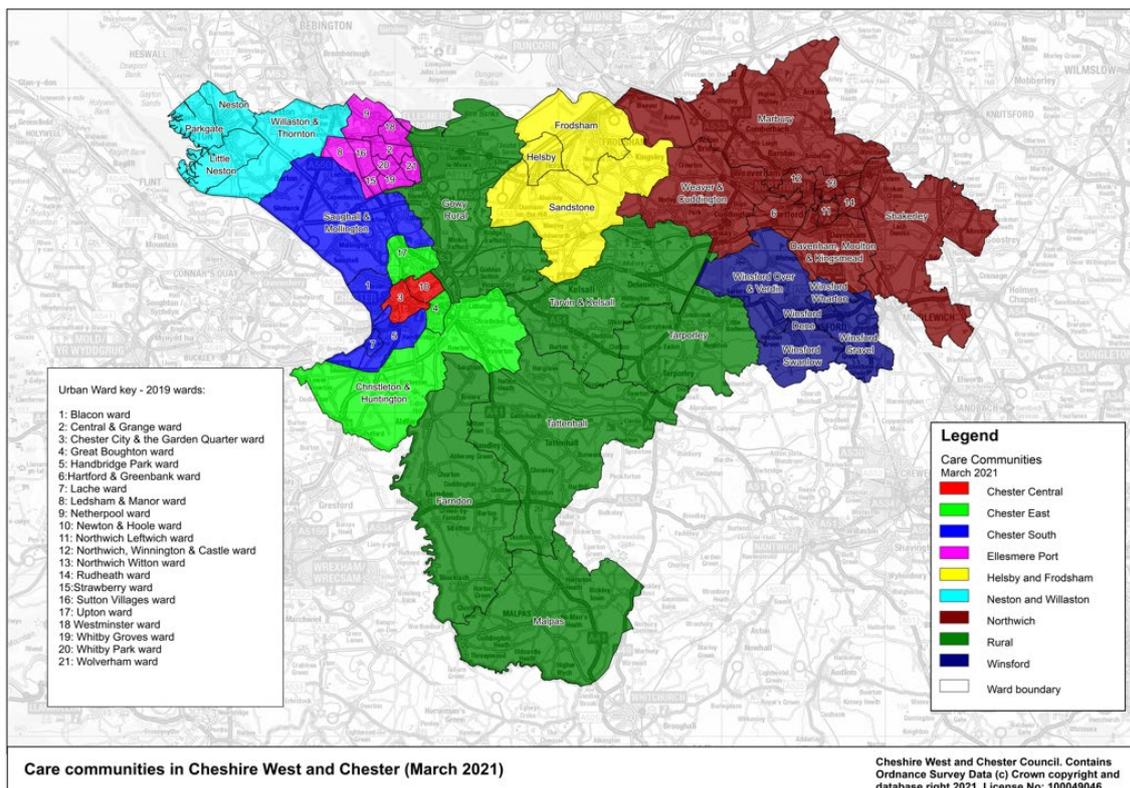
The borough of Cheshire West and Chester covers approximately 350 square miles and is the fourth largest unitary authority in the North West. The area is characterised by attractive countryside, varied landscapes and diverse settlements. This includes the historic City of Chester, industrial towns, market towns and rural hamlets. Over 343,000 people live in the borough, and over a quarter live in rural areas. The population is expected to increase over the next twenty years, particularly in older age groups.

Map 15: Location of Cheshire West and Chester



The borough is made up of nine care communities and 45 wards. These are shown in map 16 below.

Map 16: Map showing care communities and wards in Cheshire West and Chester



8.2 Population structure and projections

8.2.1 Resident population

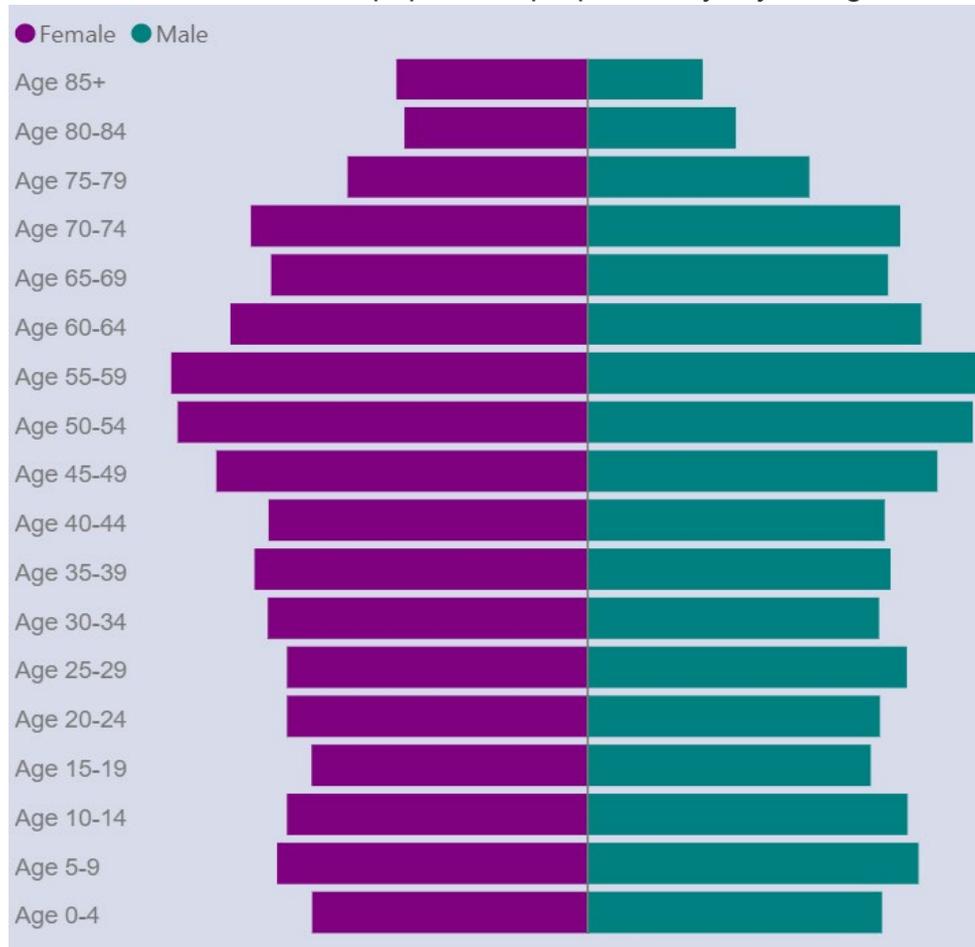
343,823 people are estimated to live in Cheshire West, with just over a quarter living in rural areas (ONS Mid-year 2020 population estimates). 51% of the population are female and 49% are male. CW&C has an older population than the England average.

Table 19: Population estimates

Age group	CW&C count	CW&C %	England %
0-15	61,910	18.0%	19.2%
16-64	206,998	60.2%	62.3%
65+	74,915	21.8%	18.5%
85+	9,674	2.8%	2.5%
All ages	343,823	100.0%	100.0%

Source: Midyear population estimates 2020, Office for National Statistics

Chart 5: Cheshire West and Chester population proportion by 5-year age band



Source: Midyear population estimates 2020, Office for National Statistics

Table 20: Population figures for Cheshire West and Chester (Residents)

Age	Estimated number	Proportion of the population
Under 5	18,059	5%
5-9	20,338	6%
10-14	19,672	6%
15-19	17,718	5%
20-29	38,441	11%
30-39	39,544	12%
40-49	42,397	12%
50-59	50,830	15%
60-69	41,467	12%
70-79	35,208	10%
80 plus	20,149	6%
Total	343,823	

Source: Office for National Statistics Mid-Year Population Estimates 2020

According to the 2011 Census around 5% of residents were from Black and Minority Ethnic backgrounds, far less than the 20% England average. Polish is the most frequently spoken non-English language.

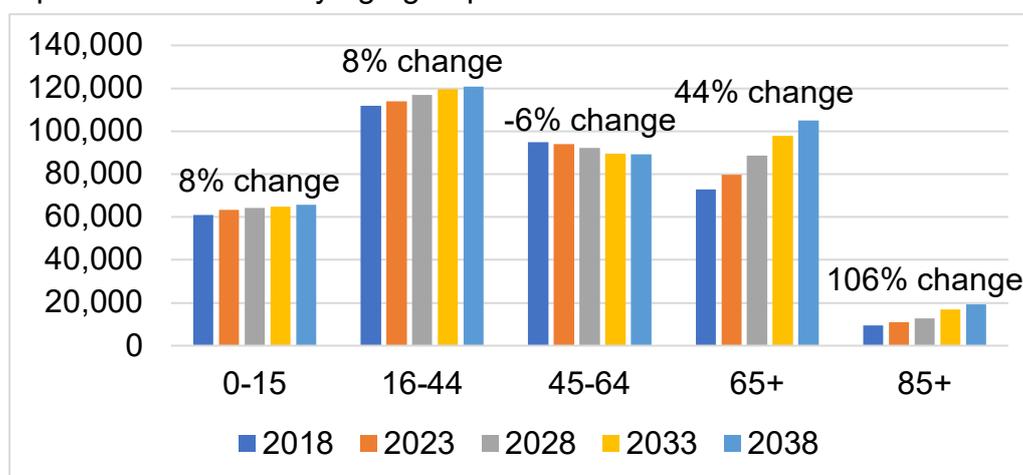
8.2.2 GP registered population

There were 377,632 patients registered on GP practice registers in CW&C (2020). This is higher than the resident population as the registered population includes people who live outside of the borough.

8.2.3 Resident population forecasts

The population is forecast to increase by about 12% to 381,000 by 2038. Older age groups will see the biggest increase, with the number of residents aged 65 plus expected to increase by 44%. It is predicted that there will be more than 100,000 local people over 65 by 2038.

Chart 6: Population forecasts by age group



Source: 2018 based population forecasts, Insight and Intelligence Team, Cheshire West and Chester Council

Table 21: Population forecasts by age group

Age	2018	2023	2028	2033	2038	% change
0-15	61,000	63,400	64,300	64,700	65,800	+8%
16-44	111,800	113,800	116,800	119,500	120,900	+8%
45-64	94,800	94,000	92,100	89,600	89,300	-6%
65+	72,900	79,600	88,500	97,900	104,900	+44%
85+	9,400	10,900	12,800	16,900	19,400	+106%

Source: 2018 based population forecasts, Insight and Intelligence Team, Cheshire West and Chester Council

The ageing population will increase pressures on NHS and social care as this age group makes up a disproportionately large percentage of GP consultations, hospital admissions and social services. This is likely to have an impact on prescribing levels and therefore pharmacy workload, assuming current prescribing patterns persist. Increasing numbers of older people will also lead to increasing numbers residing in care homes. Care homes may develop relationships with pharmacies for dispensing and other services. Small decreases in the working age population mean there are fewer people to provide and pay for additional health and social care support.

8.3 Housing developments

CW&C's Local Plan requires at least 22,000 net dwellings to be delivered between 2010 and 2030, an annual average of 1,100 net dwellings per year. Up to 2020, 14,993 were completed, which leaves the remaining Local Plan housing requirement (2020-2030) at 7,007 units. The five-year requirement 2020-2025 is 3,680 net dwellings.

The largest developments will be seen in Northwich, Winsford and Ellesmere Port care communities. Ellesmere Port and Northwich already have some of the highest rates of pharmacies per 100,000 residents in the borough (26.2 and 23.9 respectively), but Winsford has the lowest rate in the borough at 17.8 per 100,000.

Table 22: Forecast number of new housing (average per annum to 2030)

Care communities	Average number of new housing per annum
Chester Central	140
Chester East	30
Chester South	140
Ellesmere Port	250
Frodsham and Helsby	30
Neston and Willaston	40
Northwich	300
Rural	60
Winsford	270

Note: Chester Central includes some student accommodation

Source: Cheshire West and Chester Planning Data (Housing Land Monitor) 2020-21, Cheshire West and Chester Council

There are 15 pharmacies in Ellesmere Port, 16 in Northwich, and 6 in Winsford. In the contractor survey, over two thirds of pharmacies in Ellesmere Port and Northwich said they could deal with an increased demand on their services. In Winsford half said they could deal with an increased demand and half said they could if adjustments were made. An increase in population could create pressure on pharmacies in Winsford.

Table 23: Contractor survey 2021 results for dealing with increased demand

Pharmacies in care communities	Number of pharmacies who can deal with increased demand	Number of pharmacies who can deal with increased demand if adjustments are made	Number of pharmacies who cannot deal with increased demand
Chester Central	5 (63%)	3 (38%)	0
Chester East	5 (83%)	1 (17%)	0
Chester South	7 (88%)	1 (13%)	0
Ellesmere Port	11 (69%)	4 (25%)	1 (6%)
Frodsham and Helsby	5 (100%)	0	0
Neston and Willaston	3 (75%)	1 (25%)	0
Northwich	12 (67%)	4 (22%)	2 (11%)
Rural	5 (71%)	2 (29%)	0
Winsford	3 (50%)	3 (50%)	0

Source: Pharmacy Contractor Survey 2021

Of the pharmacies in Ellesmere Port, Northwich and Winsford there are good opening times meaning good availability of services. The majority of pharmacies in these three areas are open on a Saturday (though not all day but there is all day coverage) and there is more than one pharmacy open later than 5:30pm on a weekday. All three areas also have coverage of services on a Sunday with more than one pharmacy open.

8.4 Deprivation

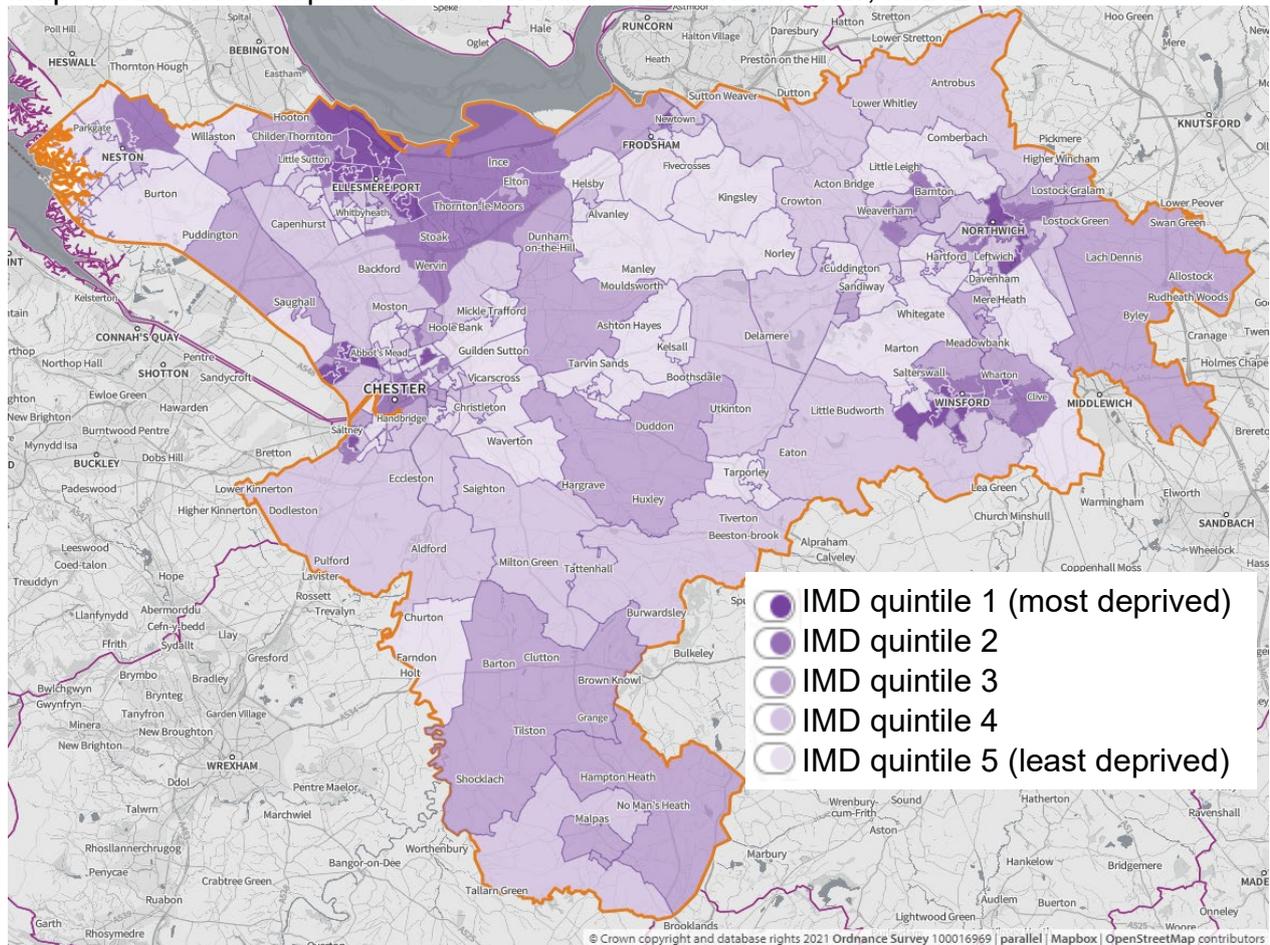
Whilst Cheshire West is an affluent borough the overall picture masks stark gaps between areas of prosperity and deprivation:

- The median local household income is £27,146 per year but 16.7% of local households have an annual income of less than £15,000
- 9,003 local children lived in low-income houses during 2019/20
- Visits to foodbanks increased from 16,494 in 2019 to 22,427 in 2020
- The percentage of local pupils eligible for free school meals increased from 13.3% in 2019 to 17.7% in 2021
- Unemployment increased from 2.1% in 2019 to 3.6% in 2020.

The English Indices of Deprivation 2019 (IMD 2019) are the government's official measure of deprivation. The IMD is constructed by combining seven domains, each of which relates to a major social or economic deprivation. The scores for each domain are combined into a single deprivation score for each small area in England allowing each area to be ranked relative to one another according to their level of deprivation.

CW&C is ranked 183rd most deprived out of 317 local authorities in England (where 1 is most deprived and 317 the least deprived). There are pockets of deprivation across the borough with 24,670 local people living in 16 small neighbourhoods ranked in the 10% most deprived neighbourhoods in England. Two of these 16 neighbourhoods rank in the 2% most deprived areas in England. These neighbourhoods are in Lache and Winsford. The highest levels of deprivation are found in the urban areas, primarily within the City of Chester and the towns of Ellesmere Port, Northwich and Winsford. Map 17 shows the levels of deprivation across the borough by lower super output area (LSOA).

Map 17: Levels of deprivation in Cheshire West and Chester, IMD 2019



In Cheshire West and Chester’s most deprived areas (those areas amongst the 20% most deprived areas in England), more neighbourhoods and residents are affected by health deprivation and disability than any other type of deprivation; 51 neighbourhoods with a population of 78,465. In these neighbourhoods, quality of life may be impaired through poor physical and mental health, and there is increased risk of premature death.

8.5 Life expectancy

For the three year period 2018-2020 the life expectancy estimates at birth for CW&C were slightly higher than the England average for both men and women; Male 79.7 years (England 79.4), Female 83.4 years (England 83.1 years) Office for Health Improvement and Disparities (OHID) fingertips life expectancy at birth 2018-2020).

In line with national trends, life expectancy had generally been increasing for men and women in CW&C. However, the increased number of deaths in 2020, during the pandemic, has impacted recent life expectancy estimates. Single year estimates for men saw life expectancy fall from 79.9 years in 2019 to 79.2 years in 2020. For females, estimates fell from 83.5 years in 2019 to 83.2 years in 2020. The ongoing impact of the pandemic on life expectancy will be monitored in the Borough.

Health inequalities have persisted with significantly lower life expectancy in our more deprived areas. The inequality gap for men has reduced but remains wider than for women (9.8 years v 7.8 years). The inequality gap has also reduced for women (OHID fingertips Inequality in life expectancy at birth 2018-2020).

People in CW&C can expect to spend a higher proportion of their lives in good health than the England average (healthy life expectancy). In CW&C residents can expect to spend over 80% of their lives in good health (82.6% males and 81.9% females).

Life expectancy is impacted by rises and falls in causes of mortality and inequality in mortality rates which will be looked at in the next section.

8.6 Under 75 mortality

Premature mortality rates from major disease groups (cancer, circulatory diseases, respiratory disease and liver disease) are measured by the Office for Health Improvement and Disparities within the Public Health Outcomes Framework (PHOF).

In 2020, the under 75 mortality rate for people in CW&C was 329.9 per 100,000. This was similar to the previous year and significantly better than the England rate of 358.5 per 100,000. In CW&C, 1,123 people died under the age of 75: 682 men and 441 women. Premature mortality rates for men are significantly higher than rates for women. Cancer and cardiovascular diseases were the biggest killers of people aged under 75 in CW&C, accounting for 36% and 22% of premature deaths respectively. There were also 119 deaths from Covid in 2020 (11% of 1,123). CW&C had similar under 75 mortality rates from major disease groups to the England average.

Trends in mortality from specific diseases are difficult to track during the pandemic. Prior to the pandemic, CW&C age standardised death rates had fallen since 2013-15 for cancer and liver disease. There had been an increase in early deaths from respiratory disease and cardiovascular disease. There is disparity between the genders with males seeing a recent increase in premature mortality rates and females seeing a decrease.

Cancer deaths:

- Accounted for 1,335 deaths during 2017-19, a rate of 133 per 100,000 under 75s. This is higher than the England rate of 129.2 per 100,000 but statistically similar.
- Mortality rates from cancer are higher for males than females (149.3 per 100,000 compared to 117.6) and have increased for males since 2015-17 (when the rate was 144.9).

Deaths from cardiovascular disease:

- The mortality rate from cardiovascular disease for males had generally been increasing, although there was a slight decrease in 2017-19, and is at 100.6 per 100,000 compared to 37.8 for females. The mortality rate for females had been decreasing.
- Rates are lower but statistically similar to the England average (CW&C 68.3 per 100,000 compared to 70.4 England average).
- There had been an increase in under 75 mortality from stroke which was 9.8 per 100,000 in 2013-15 and had risen to 13.1 per 100,000 in 2017-19, higher but statistically similar to the England average (12.3 per 100,000).
- Stroke deaths for males increased from 9.9 per 100,000 in 2017-19 to 17.0 per 100,000 in 2017-19 (higher than the national average of 14.1), while female stroke death remain lower at 9.4 per 100,000.

Deaths from respiratory disease:

- The World Health Organisation defines respiratory disease as diseases of the airways and other structures of the lung. The most common diseases and conditions include asthma, Chronic Obstructive Pulmonary Disease (COPD), lung cancer, lung infection (Pneumonia) and collapse of part of all of the lung (pneumothorax or atelectasis).
- Deaths from respiratory disease had been increasing.
- The rate in CW&C in 2017-19 was 36 per 100,000 which is higher but statistically similar to the England average (33.6 per 100,000).
- Respiratory disease mortality rate is higher for males than females (38.8 per 100,000 compared to 33.5), however 2017-19 saw an increase for females, narrowing the gap between the genders. Males saw a decrease.

Deaths from liver disease:

- The rate of mortality due to liver disease has decreased and is 18.8 per 100,000 under 75s in CW&C which is similar to the England average (18.8 per 100,000).
- Both males and females have seen a decline in mortality rates.

According to OHID, a death is considered preventable if ‘... in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause (subject to age limits if appropriate) could mainly be avoided through effective public health and primary prevention interventions.’

In CW&C during 2020 there were 409 deaths of under 75s that were considered preventable. The rate of preventable mortality had been reducing in recent years. The latest rate for persons of 121.2 per 100,000 is significantly lower than the England average of 140.5. However, rates are higher for males and at 169.7 is considered similar to the England average of 186.9.

Our behaviours regarding smoking, physical activity, alcohol and drug consumption, have the biggest impact on preventable mortality as these contribute to the development of long-terms conditions and disease.

8.7 Long-term conditions/ chronic disease

Long-term conditions or chronic diseases are conditions for which there is currently no cure, and which are managed with drugs and other treatment. Lowering the prevalence of long-term conditions will reduce premature mortality and increase the number of years lived in good health. Many of these are linked to our behaviours (see section 8.8 page 68).

53.9% of patients in the GP patient survey 2021 reported they have a long-standing health condition which is higher than the national average of 51.1%. Chester Central, Winsford, and Ellesmere Port care communities reported a higher percentage of long-standing health conditions.

The NHS Quality and Outcomes Framework (QOF) includes data on disease prevalence by GP practice, taken from GP registers. Using this tool, we can understand how common certain conditions are in CW&C and compare it against the national average.

Based on QOF data 2019/20, the top five chronic conditions in Cheshire are:

1. Hypertension
2. Depression
3. Asthma
4. Obesity
5. Diabetes Mellitus

A number of these conditions are risk factors for disease, including the top condition hypertension, which is a risk factor for heart attack, stroke, kidney disease and some forms of dementia.

8.7.1 Physical conditions

2020/2021 QOF data shows that CW&C has a higher prevalence of patients with a long-term condition or disease than the national average for:

- Cancer (4.0% CW&C v 3.2% England)
- Coronary heart disease (3.5% CW&C v 3.0% England)
- Stroke (2.0% CW&C v 1.8% England)
- Heart failure (1.1% CW&C v 0.9% England)
- Atrial fibrillation (2.7% CW&C v 2.0% England)
- Chronic obstructive pulmonary disease (COPD) (2.2% v 1.9%)
- Hypertension (15.1% CW&C v 13.9% England)
- Rheumatoid arthritis (1.1% CW&C v 0.8% England)

CW&C has a lower prevalence compared to England of:

- Diabetes mellitus (6.9% CW&C v 7.1% England)
- Chronic kidney disease by disease (CKD) (3.7% CW&C v 4.0% England)
- Osteoporosis aged 50+ (0.7% v 0.9% England)

HIV (Human Immunodeficiency Virus) is a long-term condition that can be managed with medication. The diagnosed HIV prevalence rate for those aged 15 to 59 (2020) in CW&C is 1.28 per 1,000 which is significantly better than the England average of 2.3. This rate however has consistently been increasing. The rate of new HIV diagnosis (2020) is 3.8 per 100,000, a reduction from the previous year when the rate was 4.6. This is better than the England average although not significantly so (England rate 5.7 per 100,000).

In the GP patient survey 2021, 17.9% of patients reported a long-term musculoskeletal condition (MSK) such as back and/ or neck pain. This is similar to the England average of 17%. According to Public Health England, back and neck pain are the top reason for years lived with disability and MSK is known to impact severely on quality of life.

8.7.2 Mental health

Depression is the second most common chronic condition in Cheshire for adults aged 18+ (QOF data 2020/2021). 2020/21 QOF data shows that CW&C has a higher recorded prevalence of patients aged 18+ with depression than the national average (13.3% compared to 12.3%). This is around 40,600 registered patients in CW&C with depression. Care communities with the highest recorded prevalence are Winsford (18.1%), Ellesmere Port (15.1%), Chester South (14.4%) and Chester Central (14.4%).

Prevalence of patients with schizophrenia, bipolar affective disorder and other psychoses is the same as the England average at 0.9% (QOF 2020/2021). This is approximately 3,400 registered patients. The Public Health Strategy 2020-2035 includes a priority to reduce inequalities in premature mortality for people with long-term and severe mental health problems. This population is at risk due to higher rates of smoking, obesity, diabetes, COPD and cardiovascular disease. In CW&C the rate of premature mortality in adults with severe mental illness has been consistently better than the England average since 2015-17. In 2018-20 the rate was 87.7 per 100,000 compared to the national average of 103.6 per 10,000.

Children and young people of school age who have a diagnosed mental health problem (an identified social, emotional and/or mental health need), are defined as having special educational needs (SEN). In CW&C the proportion of school pupils with SEN for identified social, emotional, and mental health needs has been increasing following the England trend. In 2020, 2.5% of pupils (1,286 pupils) had social, emotional, and mental health needs. This is significantly better than the England average of 2.7% but an increase from 2019 (2.4%).

Recorded prevalence of dementia in CW&C is similar to the England (0.8% compared to 0.7%) (QOF 2020/21). There are approximately 3,000 registered patients with dementia.

8.7.3 Long-term conditions by care community

If we look at the above conditions by care community using GP practice data (2020/21) the proportion of patients affected does vary. However, this is influenced by a number of factors, including the age profile of the care community.

Key messages include:

- Prevalence of cancer, coronary heart disease, stroke, atrial fibrillation and hypertension are highest in care communities with the highest proportions of patients over the age of 65, Neston and Willaston, Rural and Helsby and Frodsham.
- Winsford and One Ellesmere Port have areas of high deprivation. These care communities have the highest prevalence of COPD, heart failure, epilepsy and diabetes, and a high prevalence of chronic heart disease despite having the lowest proportion of patients under the age of 65. Winsford also has the highest prevalence of chronic kidney disease. This poor health is linked to having the highest levels of smoking and obesity (and depression in Winsford which is linked to poor behaviours such as lack of physical activity and poor eating habits).

- Depression is more prevalent in care communities that are predominantly urban, and feature in areas of high deprivation.

Table 24: Long-term conditions by care community (2020/21)

Long-term condition	Chester Central	Chester East	Chester South	Helsby & Frodsham	Neston & Willaston	Northwich	One Ellesmere Port	Rural	Winsford	England
Cancer	3.6%	3.5%	3.5%	4.8%	5.0%	4.0%	3.7%	5.1%	3.2%	3.2%
Coronary heart disease	3.2%	3.2%	3.4%	3.8%	3.9%	3.4%	3.6%	3.7%	3.7%	3.1%
Stroke	2.0%	1.8%	2.0%	2.2%	2.4%	2.0%	2.0%	2.2%	2.1%	1.8%
Heart failure	1.0%	1.0%	1.0%	1.1%	0.9%	1.2%	1.3%	1.0%	1.3%	0.9%
Atrial fibrillation	2.4%	2.5%	2.3%	3.2%	3.7%	2.6%	2.5%	3.4%	2.3%	2.1%
Hypertension	13.1%	13.4%	13.5%	18.0%	16.6%	16.2%	14.2%	15.9%	15.6%	13.9%
COPD	2.2%	1.5%	2.4%	1.9%	1.6%	2.4%	2.4%	1.6%	3.0%	1.9%
Chronic kidney disease	3.2%	2.5%	3.0%	3.9%	4.1%	4.5%	3.6%	3.8%	4.5%	4.0%
Diabetes mellitus	5.9%	5.6%	6.4%	7.0%	6.7%	7.1%	7.9%	5.9%	8.4%	7.1%
Psychotic disorders	1.4%	0.9%	1.1%	0.7%	0.7%	0.8%	1.0%	0.6%	0.9%	1.0%
Depression	14.4%	11.2%	14.4%	11.8%	10.1%	12.9%	15.1%	9.4%	18.1%	12.3%
Dementia	1.3%	0.4%	0.6%	1.0%	0.9%	0.8%	0.8%	0.8%	0.7%	0.7%
Osteoporosis	1.7%	0.7%	0.7%	1.2%	0.2%	1.1%	1.3%	0.5%	0.4%	0.8%
Epilepsy	0.8%	0.7%	0.8%	0.7%	0.9%	0.8%	1.0%	0.7%	1.1%	0.8%
Rheumoid arthritis	1.1%	0.9%	1.2%	1.3%	0.9%	1.0%	1.2%	1.2%	0.9%	0.8%

Source: Quality Outcome Framework (QOF), Office for Health Improvement and Disparities
 Colour key: Green 'above England average', yellow 'similar to England average', red 'above England average'

8.8 Healthy behaviours

Unhealthy behaviours and poor choices play a key role in developing a long-term condition. Making positive changes to our lifestyle can reduce the risk of developing a long-term condition, thereby lowering premature mortality and increasing life-expectancy.

Unhealthy behaviours include physical inactivity and/or poor diet leading to obesity, smoking, high alcohol consumption, drug misuse and poor sexual health. In addition, attending services such as cancer screening will help to ensure early diagnosis, which is associated with better health outcomes.

Data from PHOF and QOF indicate that the biggest challenge in CW&C is overweight and obesity which has been increasing, and for adults is significantly worse than the England average. Obesity is a leading cause of premature death and mortality, associated with a wide range of diseases including cardiovascular disease and some cancers.

8.8.1 Weight management and physical activity

The percentage of patients on GP disease registers aged 18 and over with a BMI (body mass index) greater than or equal to 30 in the previous 12 months (definition of obese) is 7.5% which is higher than the England average of 6.9% (QOF 2020/21). The percentage of

patients who are obese is greatest in Winsford care community (8.8%) and One Ellesmere Port care community (8.5%) where levels of deprivation are highest.

The percentage of adults who are overweight or obese has been steadily increasing in CW&C. An estimated 69.1% of adults aged 18+ are classified as overweight or obese (PHOF 2019/20) which is significantly higher than the England average of 62.8% and is an increase from the previous year (65.5% in 2018/19).

Regular physical activity is associated with reduced risk of obesity. It is recommended that adults undertake a minimum of 150 minutes of moderate physical activity per week, or 75 minutes of vigorous physical activity per week, or a combination of the two. The percentage of physically active adults in CW&C has generally been increasing though the most recent data shows a decline from 71.1% in 2018/19 to 69.1% in 2019/20 (PHOF). This is above, though statistically similar to, the England average of 66.4%. The percentage of adults who are physically inactive is significantly better than the England average (18.8% in CW&C compared to 22.9% England average, 2019/20).

It is also recommended that the population consume five portions of fruit and vegetables a day. In CW&C, the proportion of adults meeting this recommended '5-a-day' has fluctuated. In 2019/20 it was 55%, a decrease from 2018/19 when it was 57.3%, but it is similar to the England average (55.4%).

Children who are a healthy weight and are active and understand nutrition, are more likely to become healthy adults (Public Health England). Children are weighed in school in reception year (aged 4-5) and Year 6 (aged 10-11). The most recent local data is for 2018/19 which indicated that 22.8% of children in reception year were overweight which is the highest it had been since 2014/15. It is however, similar to the England average of 22.6%. 34.9% of children in year six were overweight, which is the highest since 2011/12, but again it is similar to the England average of 34.3%.

Due to the reduced number of children weighed and measured during the pandemic, data for CW&C has not been published. Our data has contributed to the findings for England however which indicate levels of obesity in both reception age and year 6 have increased. In Reception, obesity prevalence has increased 9.9% in 2019/20 to 14.4% in 2020/21 In Year 6, obesity prevalence has increased 21.0% in 2019/20 to 25.5% in 2020/21.

8.8.2 Smoking

According to Public Health England, smoking is the most important cause of preventable ill health and premature mortality in the UK, linked to cancer, COPD and heart disease. Smoking rates have been decreasing nationally and locally. In 2019, 11.3% of adults in CW&C were current smokers compared to a national average of 13.9% (PHOF). This is a decrease from 13.8% in 2018.

QOF data includes estimated smoking prevalence of patients aged 18+. In 2019/20 the percentage of patients smoking was significantly better than the England average, 14.4% compared to 16.5%. However, there were differences across the borough with higher rates of smoking in Winsford care community (19.4%), One Ellesmere Port (18.3%) and Chester South (17.6%). These three care communities have the highest prevalence of COPD in the borough and higher than the England average.

8.8.3 Substance misuse

Alcohol consumption is a contributing factor to deaths from a diverse range of conditions including cancer, heart disease and stroke (Public Health England). There is limited data available locally on alcohol misuse prevalence in the borough, however admission episodes for alcohol-related conditions is reported in the PHOF. The last three years of data shows that the rate of admissions for alcohol related conditions has been increasing both locally and nationally. In 2019/20 the rate of admissions was 527 per 100,000 in CW&C which is higher, but statically similar to, the England average of 519 per 100,000. Rates in CW&C increased from 485 per 100,000 in 2018/19.

According to Public Health England, drug misuse is a significant cause of premature mortality in the UK with drug use ranked third highest cause of death in the 15-49 age group. In CW&C deaths from drug misuse have steadily increased since 2010-12 when 17 deaths were recorded to 2018-20 when 51 deaths were recorded. In 2018-20 the rate of deaths from drug misuse was 5.4 per 100,000 which is a slight decrease from 2017-19 when the rate was 5.5 per 100,000. Rates are similar to the England average of 5.0 per 100,000.

8.8.4 Sexual health

Good sexual health includes practicing protected sex to remain free from sexually transmitted infections (STIs) and attending regular check-ups to ensure any STIs are quickly diagnosed and treated. There are STIs that need to be managed long term such as HIV, hepatitis B and hepatitis C.

CW&C has consistently had a significantly lower prevalence of new STI diagnoses compared to the England average (PHOF). In 2020 there were 361 per 100,000 new STI diagnoses, a reduction from 2019 when the rate was 539, and lower than the England average of 619 per 100,000.

Rate of LARC (long-acting reversible contraception) such as implants and intra-urine system (IUS) or the intrauterine device (IUD), prescribed by the GP and Sexual and Reproductive Health Service is included in the PHOF as is a proxy measure for wider access to the range of possible contraceptive methods. Prescribed LARC in CW&C has consistently been higher than the England average. In 2020 the rate was 39 per 1,000 females aged 15-44 compared to a national average of 34.6 per 1,000. Rates of prescribed LARC had been increasing both locally and nationally over the last five years but 2020 saw a fall (this may have been impacted by the Covid-19 pandemic).

HIV prevalence rate and prevalence of new diagnoses is better in CW&C when compared to the national average (see page 66). A HIV key strategic priority is to decrease HIV diagnoses made at a late stage of HIV infection (Public Health England) with a benchmarking goal set at 25% or lower. Late diagnosis is the most important predictor of morbidity and mortality among those with HIV infection. The proportion of late HIV diagnosis in CW&C reduced from 53.1% in 2017-19 to 35.7% in 2018-20. This moved CW&C from one of the worst performing local authorities when compared to the England average (42.4%) to one of the better performing local authorities (PHOF).

HIV testing is integral to the treatment and management of HIV infection. HIV testing coverage refers to the number of persons tested for HIV out of those people considered eligible for a HIV test when attending specialist sexual health services. CW&C has been

consistently worse than the England average for HIV testing coverage, and although there was a fall in testing both locally and nationally in 2020, the fall was considerable in CW&C from 59.3% in 2019 to 18% in 2020 compared to a national average of 64.9% in 2019 and 46% in 2020 (PHOF).

8.8.5 Screening

The PHOF contains data for breast, cervical and bowel screening. Screening supports early detection of cancer and saves thousands of lives each year (Public Health England).

The most recent 2021 data highlights the impact of the Covid-19 pandemic on coverage of cancer screening services, with the proportion of eligible people who had cancer screening decreasing:

- Females aged 53 to 70 are eligible for breast cancer screening. Historically, CW&C has had a significantly higher proportion of eligible females having breast cancer screening than the England average. However, 2021 saw a fall in the proportion of females attending for cancer screening both locally and nationally. In 2021 in CW&C 60% of eligible females had breast cancer screening, which is a fall from 78.6% the previous year, and significantly lower than the England average of 64.1%.
- Females aged 25 to 49 are eligible for cervical cancer screening every 3.5 years, and females aged 50 to 64 every 5.5 years.
 - In CW&C the proportion of eligible females aged 25 to 49 attending for cervical cancer screening has been consistently above the England average. In 2021, 74.6% of eligible females had cervical cancer screening which is a decrease from 75.9% the previous year but significantly better than England (68%).
 - In CW&C the proportion of eligible females aged 50 to 64 attending for cervical cancer screen has also been above the England average since 2015. In 2021, 76.4% of eligible females had cervical cancer screening which is a decrease from 77.7% the previous year but significantly better than England (74.7%).
- All adults aged 60 to 74 are eligible for bowel cancer screening. 2021 data shows that uptake of bowel cancer screening did not see as big a fall during the Covid-19 pandemic as breast cancer, with the national average actually increasing. In 2021 65.4% of eligible adults had bowel cancer screening in CW&C, a decrease from 66.1% the previous years. This is similar to the England average of 65.2%.

8.9 Populations with protected characteristics

There is widespread evidence to demonstrate that some populations, such as those from a minority ethnic group, those with a disability, people who identify as transgender, and people who identify as a sexual orientation other than heterosexual, can experience poorer health outcomes. There is a complex interplay of factors affecting health inequality for minority groups including, but not exclusive of, discrimination and exclusion, low take-up of services, differences in culture and lifestyle, poverty, and negative and distressing experiences.

The Equality Act 2010 is the legal framework to protect the rights of individuals from unfair treatment and promotes a fair and more equal society. The Act includes 'public duty', the

duty to promote equal treatment in the delivery of public services to all. Pharmacies must adhere to this public duty in the provision of goods and services.

There are nine 'protected characteristics' defined in the Equality Act 2010. This means it is against the law to discriminate against someone because of:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

Some of the main health issues facing each of the above groups will be summarised in this section. Whilst some of these groups are referred to in other parts of this PNA, this section focuses on their particular health issues.

8.9.1 Age

a) Population

The population of CW&C can be seen in the table below by five-year age band for children, and ten year age band for adults.

Table 25: Population figures for Cheshire West and Chester (residents)

Age	Estimated number	Proportion of the population
Under 5	18,059	5%
5-9	20338	6%
10-14	19,672	6%
15-19	17,718	5%
20-29	38,441	11%
30-39	39,544	12%
40-49	42,397	12%
50-59	50,830	15%
60-69	41,467	12%
70-79	35,208	10%
80 plus	20,149	6%
Total	343,823	

Source: Office for National Statistics Mid-Year Population Estimates 2020

Age related health issues tend to be greater amongst the very young and the very old. For this reason we will focus on children aged under 18 and older people aged 65 plus.

b) Health issues affecting children and young people

Health issues facing children include:

- Neonatal e.g. premature birth, low birth weight, neonatal jaundice
- Common childhood illness e.g. earache, cough and cold symptoms etc
- Lifestyle related e.g. overweight, poor sexual health, substance misuse
- Mental health
- Unintentional injury e.g. accidents, poisoning
- Long-term condition or disability
- Poor health as a result of neglect and abuse e.g. malnutrition, intentional injury.

Some of the factors above will be looked at in more detail.

At birth, babies might face a neonatal problem. Most often these are treatable though some are life-threatening, particularly infections, and can be a direct cause of death or disability. This can include treatment required following birth trauma for example intracranial haemorrhage, poor health as a result of low birth weight and/or premature birth such as respiratory disease, neonatal jaundice, anaemia, and congenital infections such as rubella, syphilis, and herpes.

Common childhood illnesses can usually be treated at home and advice can be sought from a pharmacist, GP or health visitor. Common childhood illnesses include:

• Chickenpox	• Colic
• Common cold	• Cough
• Croup	• Diarrhoea and vomiting
• Earache	• Measles
• Mumps	• Meningitis
• Skin rashes	• Sore throat
• Whooping cough	• Urinary tract infection

Some childhood illnesses are vaccine preventable such as measles, and vaccine uptake should be encouraged.

Children and young people's lifestyle can have a big impact on their physical health and wellbeing. Being physically healthy includes having nutritious food, being a healthy weight, movement and activity (exercise), access to the outdoors, practicing healthy sexual relationships, not smoking, vaping or abusing substances such as alcohol and drugs. Poor physical health can lead to ill-health including mental ill-health, and risky behaviours such as substance misuse can lead to other risky behaviours such as unprotected sex, which in itself can lead to pregnancy at a young age. Being a healthy child is often linked to being a healthy adult. Obesity, for both children and adults is a key priority in CW&C.

In 2020, a study by NHS Digital found that one in six children aged 5-16 have a probable mental health problem. Common mental health problems include depression, anxiety, conduct disorder, eating disorders, self-harm, attention deficit hyperactivity disorder and post-traumatic stress disorders. Some children may also experience psychotic disorders such as schizophrenia and personality disorders. Mental ill-health can impact on the way children learn, behave, handle their emotions, participate, and their physical health.

Statistics show that mental health problems in children and young people are common, but some groups are more at risk of developing poor mental health. Including:

- Those living in lower income households
- Those who have faced adversity and trauma
- Children who are bullied
- Children who are bullies
- Young people who identify as LGBT+
- Children whose parents have a mental health problem

(Taken from Children and young people, Mental Health Foundation, August 2021, accessed online www.mentalhealth.org.uk)

Rates of mental health disorders also rise with age between the ages of 5 to 19, with boys more likely to have a disorder among younger age groups, and girls among older age groups. In girls with a disorder aged 17-19 years, around half also self-harm.

C) Health issues affecting older people

Health issues affecting older people are usually caused by ageing, with the onset of long-term medical conditions and disability. CW&C has an ageing population and will need to support a greater number of older people with their health, healthcare and social care needs. Those living in the most deprived areas are also more likely to experience poorer health at an earlier age and have a lower life expectancy than those living in the least deprived areas.

The most common medical conditions affecting older people include:

• Arthritis	• Asthma
• Sight loss including blindness	• Cancer
• Chronic Bronchitis	• Chronic Kidney Disease
• Coronary Heart Disease	• Deep Vein Thrombosis
• Dementia	• Diabetes
• Epilepsy	• High cholesterol
• Hypertension	• Multiple Sclerosis
• Osteoporosis	• Parkinson's Disease
• Stroke	• Shingles

(Taken from 20 most common medical conditions affecting older people, Lifeline24, January 2022, accessed online www.Lifeline24.co.uk)

Although a number of conditions are treatable if detected early enough, some conditions are progressive, cause problems with mobility, and have a negative impact on quality of life.

Falls are a particular concern as they are the leading cause of emergency hospital admissions for older people. A fall can have a serious impact on long-term health and care needs. Falls are more common in older people who have osteoporosis and arthritis.

Mental health issues in older people are also common but are not part of getting older (except for Dementia which is sometimes classed as a mental health rather than physical health issue). As people get older they are more likely to experience painful events or

changes in their lives such as retirement, bereavement, becoming a carer, or needing to be cared for. This can lead to depression and anxiety. The NHS Long Term Plan and NHS Mental Health Implementation Plan 2019/20 – 2023/24 set out that the NHS will ensure consistent access to mental health care for older adults with functional needs (i.e. depression, anxiety and severe mental illnesses).

8.9.2 Disability

a) Population

The Census 2011 indicated that approximately 36,889 residents in CW&C have a long-term health problem or disability: 11% of the population. If 11% was applied to the 2020 ONS midyear population estimates, the number increases to 37,820.

Table 26: Residents with a long-term health problem or disability (Census 2011)

Day-to-day activities...	Cheshire West and Chester		England and Wales	
	Number	%	Number	%
Limited a lot	29,098	8.8	4,769,712	8.5
Limited a little	31,897	9.7	5,278,729	9.4
Not limited	268,613	81.5	46,027,471	82.1
Base population 2010 mid-year population estimates, ONS	329,608		56,075,912	

Source: Census 2011, Office for National Statistics

Calculation of local prevalence rates of learning disability (LD) in CW&C as part of the Cheshire West and Chester Learning Disability JSNA 2020, indicates that 1.87% of the population will have an LD of some sort. This is a rate of 18.6 per 1,000 residents. When applying this to the CW&C adult resident population, this is 5,100 adults aged 18 plus with an LD of some sort within the borough. This is similar to the national prevalence rate of 2%. Of these adults with an LD, an estimated 1,220 will have an LD that can be classed as severe. This is around a quarter of those with an LD. Approximately 3,880 are estimated to have a moderate LD.

National General Practice Profiles show that there were 2,008 patients with a learning disability recorded on GP LD registers in CW&C in 2020/21.

b) Health needs of residents with a disability or long-term condition

People with disabilities are at greater risk of poor health and wellbeing. They are also more likely to face barriers to accessing health services and will have needs specific to their disability or condition.

There are a wide range of disabilities including physical, mental health, learning, and long-term conditions. The Equality Act 2010 defined a disability as ‘... a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on your ability to do normal daily activities’.

A health condition that can be classed as a disability if it meets the definition of the Equality Act includes cancer and HIV.

There are wide number of conditions and disabilities which make it difficult to summarise health needs. In some instances, people with a long-term condition or disability may be receiving treatment, physical therapy and/or medication, and may have poor health due to pain, fatigue and sickness. For other disabilities there may be no physical ill-health as a result of the disability or condition itself.

However, although health needs associated with disability and long-term conditions may vary widely, there are some key messages that can be highlighted:

- Co-morbidity of disabling conditions
- People with disability were disproportionately affected during the COVID-19 pandemic. Those with a disability or poor health are strongly encouraged to have their Covid and Flu vaccinations.
- People with disability encounter a range of barriers including:
 - Attitudinal, such as discrimination, stigma, unwillingness to provide flexibility and exclusion from having their say
 - physical barriers, such as services located too far away, stairs, inaccessible toilets and rooms etc
 - Communication, such as for those with a hearing or visual impairment, not providing easy read
 - Financial, such as being unable to afford the cost of travelling to a service, any costs of treatment not covered on NHS(Taken from Who.int)
- There is a relationship between physical and mental ill health; being physically disabled can increase a person's chances of poor mental health.
- Those with a disability, including those with a learning disability and mental health problem, are more likely to make poor lifestyle choices which lead to poorer health and risk of developing further conditions. This includes being obese, not partaking in exercise, and unhealthy eating habits.
- Recent data by Public Health England suggests those with severe mental illness (SMI) have 2-3 times higher premature (under age 75 years) mortality rates compared to those without SMI. This is driven by higher mortality from cardiovascular disease, cancers and respiratory disease. Another feature is lower cancer screening uptake rates amongst people with SMI.
- People with learning disabilities are living longer and as a result, the number of older people with a learning disability is increasing. Public Health England report that the age at death of people with learning disabilities remains up to 20 years younger than that of the general population. Older people with a learning disability must remain active and healthy for as long as possible.
- Research by the Disability Rights Commission in 2006 found that people with a learning disability are two and a half times more likely to have health problems than the rest of the community.

8.9.3 Pregnancy and maternity

a) Population

The following data for CW&C has been taken from NHS England Child and Maternal Health Fingertips Profile (accessed January 2022):

- The fertility rate in 2019 for females aged 15 to 44 years was 57.2 per 1,000 which is similar to the England average of 57.5 per 1,000 (ONS)
- The under 18 conception rate in 2019 for females aged under 18 was 13.7 per 1,000 which is lower, but significantly similar, to the England average of 15.7 per 1,000. The under 18 conception rate has steadily declined over the last ten years from 36.5 per 1,000 in 2009. In 2019, 52.8% of under 18's conceptions led to abortion (ONS)
- 0.5% of deliveries in 2019/20 were to females aged under 18
- 2018/19 Maternity Services data showed that:
 - 10.8% of pregnant females were smoking at time of delivery, higher but significantly similar to the England average of 9.6%
 - 21.1% were classed as obese in early pregnancy
- 63.1% of babies born in 2018/19 first feed was breastmilk. This is significantly worse than the England average of 67.4%.

b) Health needs commonly associated with pregnancy and maternity

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

Backache	Constipation	Cramp
• Deep vein thrombosis	• Faintness	• Headaches
• High blood pressure	• Incontinence	• Indigestion/ heartburn
• Pre-eclampsia	• Leaking nipples	• Nausea
• Nosebleeds	• Urinating a lot	• Pelvic pain
• Haemorrhoids	• Skin and hair changes	• Varicose veins
• Tiredness	• Vaginal discharge or bleeding	• Swollen and/or bleeding gums

Pregnant women should also eat healthily and partake in moderate exercise. Maternal obesity is a risk to both mother and child. Females already not 'health orientated' are more likely to gain too much weight in pregnancy. Added problems in pregnancy may reduce willingness and motivation to eat and exercise such as nausea, tiredness and backache. In addition to eating healthily, pregnant women need vitamins and nutrients such as folate and vitamin D.

Pregnant women are also encouraged to have their covid vaccination and flu vaccination as are in an at risk group for ill-health if they contract covid or flu. This can cause complications for the unborn baby.

Certain females may have more health needs during their pregnancy:

- Young females (such as teenage pregnancy) are more likely to experience poor health during their pregnancy due to a number of factors including being less likely to access antenatal services early on and being more likely to make poor lifestyle choices during their pregnancy. OHID state that children born to teenage mothers have 60% higher rates of infant mortality and are at increased risk of low birthweight which impacts on the child's long-term health. Teenage mothers are three times more likely to suffer from post-natal depression and experience poor mental health

for up to three years after the birth. Teenage parents and their children are at increased risk of living in poverty.

- There are groups of females who are also less likely to access antenatal services and are more at risk, both their own and the unborn baby's health. Populations include those who abuse alcohol and drugs, those who are homeless, refugees and those whose first language is not English.
- Females aged over 35 are also more likely to experience poor health during their pregnancy. This may include high blood pressure, gestational diabetes, premature birth and other complications.
- Females expecting more than one baby are at risk of complications and will need more scans and monitoring
- Females with addictions such as smoking, drinking and substance misuse will need extra support to quit the unhealthy behaviour.

8.9.4 Sexual orientation

a) Population

The Equality Act 2010 states that a person must not be discriminated against because of their sexual orientation. There are many sexual identities beyond heterosexual, gay and bisexual, which are those most commonly referred to. However, for the purpose of this report all sexual identities other than heterosexual will be referred to as LGB+ (note we are not including the 'T' for Transgender, as this is not a sexual orientation, and there is a separate transgender section below. LGBT+ has however been used in part b health needs, as the studies referenced do not separate out findings for each population).

The GP Patient Survey for England 2021 included a question about sexual orientation. In CW&C, 94% of respondents identified themselves as 'heterosexual or straight' and 3% identified themselves as a sexual orientation other than 'heterosexual or straight', including 1% 'gay or lesbian', 1% 'bisexual' and 1% 'other'. 3% preferred not to disclose their orientation.

However, there has always been difficulty estimating the size of the LGB+ population due to some people being unwilling to disclose it. The charity Stonewall believe for this reason some estimates are too low and that 5-7% is a more reasonable estimated. This is also backed up by the Treasury who estimated the population to be 6% when it was analysing the financial implications of the Civil Partnerships Act.

If we apply this 6% to the population of CW&C there is an estimated 20,600 LGB+ people residing in the borough.

b) Health needs of LGB+

Cheshire West and Chester's LGBT+ Mental Health JSNA has also been used for this PNA when considering the needs of the LGB+ population.

LGB+ people experience the same health issues as their heterosexual counterparts. They do not experience any health problems because of their sexual orientation, but they do experience health inequalities because of discrimination, exclusion and abuse, or the fear

and expectation of these negative experiences. Despite many positive changes in LGB+ equality, many LGB+ people still face significant barriers to leading healthy and happy lives.

Those who identify as LGB+ face some of the following health inequalities:

- High rates of poor mental health, including depression, anxiety, eating disorders, self-harm and suicide
- Lifestyle issues including substance misuse
- For females, poor uptake of cervical screening
- More likely to experience domestic abuse from a family member or partner
- Challenges when accessing healthcare services

Research by Stonewall 'LGBT in Britain: Health Report' (2018) has found that half of LGB+ people have experienced depression and three in five have suffered from anxiety. One in eight have said they attempted to take their own life in the last year, and 31% of LGB+ people who are not trans have thought about taking their own life. The findings show that poor mental health is also higher among LGB+ people who are young, Black, Asian or minority ethnic, disabled or from a socio-economically deprived background, as well as those who have experienced a hate crime.

LGB+ people are more likely to misuse substances. Risky behaviours are linked to poor mental health. Stonewall found that one in ten LGB+ people had experienced some form of addiction in the last year and one in six (16%) said they drank alcohol almost every day. For drug misuse, young people were most affected with 13% aged 18-24 using drugs at least once a month. Findings indicated that frequency of alcohol consumption increased with age with a third of LGB+ people aged 65+ saying they drank every day.

Age UK: The health and care needs of older LGB+ people (2021) found that many older LGB+ people have experienced a lifetime of persecution and prejudice, which means they are more likely to have anxiety and depression. They also reported that older LGB+ people fear that they would experience abuse, and would not be able to be themselves, if they need to stay in residential care or receive care in their own home. Concerns about care are a barrier to seeking the help they need. Carers are less likely to seek support if they are in a same-sex relationship, even if they are struggling to cope. There is also fear about dementia and whether their identity will be neglected if they receive care.

The Stonewall report (2018) also highlighted that discrimination, hostility and unfair treatment in healthcare services are still commonplace. They found that one in eight LGB+ people (13%) have experienced some form of unequal treatment from healthcare staff because they are LGB+. Almost one in four (23%) have witnessed discriminatory or negative remarks against LGB+ people by healthcare staff and one in seven LGB+ people (14%) have avoided treatment for fear of discrimination because of their sexual orientation. Respondents to Stonewall's survey also highlighted inappropriate curiosity from healthcare staff, outing in front of other staff and/or patients without their consent, blaming their sexual orientation for their health condition, and pressure to access services to change or suppress their sexual orientation. Poor experiences of health services can lead to people delaying treatment and in turn lead to worse health outcomes.

8.9.5 Gender reassignment (including Transgender issues)

a) Population

In 2016 a Women and Equalities Committee report made over 30 recommendations calling for government action to ensure full equality for trans people. One of the report's recommendations was that the use of the terms 'gender reassignment' and 'transsexual' in the Equality Act 2010 are outdated and misleading. The preferred umbrella term is trans. (Equality and Human Rights Commission). Trans or transgender is an umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth. Trans people may describe themselves using a variety of terms including (but not limited to) transgender, transsexual, Gender-fluid, Non-binary, Gender-variant, Crossdresser, Genderqueer. For the purposes of this report, we will use the term trans and summarise the health needs of this population.

Currently there are no standard national sources of transgender statistics, nor is there standard data on the use of health services or referrals to gender identity clinics. The Government Equalities Office Report: Trans People in the UK (2018) states that the Office for National Statistics (ONS) is researching how to develop a population estimate for the UK trans population. ONS provided an update that gender identity will be a new topic in the 2021 Census. Stonewall have concluded that for now the best estimate to use is that around 1% of the population identify as trans, including those who identify as non-binary.

Applying the 1% estimate to the CW&C population means that there are approximately 3,400 persons living in the borough who identify as trans.

b) Health needs of the trans population

Cheshire West and Chester's LGBT+ Mental Health JSNA has also been used when considering the needs of the transgender population.

Transgender people have the same health care needs as cisgender people (when an individual's gender identity matches the sex they were assigned at birth), but there are also specific health care needs and concerns, particularly if they wish to transition medically, as well as health inequalities that they face. Too often the needs of the trans population are combined with the needs of the LGBT+ population. Although there are shared inequalities, LGBT+ refers to sexual identity, whereas trans refers to gender identity. Trans equality has been slower to progress than LGBT+ equality, and trans people still face much discrimination and a lack of understanding which is also present when trying to access healthcare.

The health needs of those who identify as transgender include:

- Gender dysphoria (a condition where a person experiences discomfort or distress because there's a mismatch between their biological sex and gender identity)
- Needs around medically transitioning including the process, medications and surgery
- High rates of poor mental health, including depression, anxiety, eating disorders, self-harm and suicide
- Lifestyle issues including substance misuse and lack of exercise
- More likely to experience domestic abuse from a family member or partner
- Challenges when accessing healthcare services.

The House of Commons Women and Equalities Committee, Transgender Equality Report 2016 Healthwatch: Trans healthcare: What can we learn from people's experiences (2020) found that trans people encounter issues when using the NHS due to the negative attitudes and lack of knowledge or understanding from some healthcare professionals. Healthwatch: Trans healthcare: What can we learn from people's experiences? (2020) highlighted that evidence suggests these issues continue, especially when trans people talk to their GP about their health issues. People have told Healthwatch that they felt their GP did not believe they were trans as they lacked understanding about gender identity, often confusing it with sexuality. Some individuals had to help educate their GP, providing up-to-date and correct information so that they could get the help they needed. There are also issues with health staff not using trans peoples preferred or correct name, gender or pronouns in written and verbal communication which. These distressing and negative experiences can deter trans people from using these services because of fear of discrimination and prejudice, this in turn results in poorer health outcomes. Poor administration procedures around flagging that someone has transitioned on health records can also have other negative effects such as not being called for appropriate screening.

Page 79 highlights key issues identified in research carried out by Stonewall 'LGBT in Britain: Health Report' (2018). This shows the higher levels of depression, anxiety, self-harm, suicide, attempted suicide, and addiction experienced by the LGBT+ community due to abuse and discrimination, both experienced and feared. In addition, trans people may experience gender dysphoria, a recognised medical condition, which is where a person experiences discomfort or distress because there is a mismatch between their biological sex and gender identity. Those with gender dysphoria may have a desire to change their sex characteristics, but not all transgender people experience dysphoria. The first signs of gender dysphoria can show at an early age. The pressure to conform to societal expectations of gender, feelings of being trapped in the wrong body, and experiences of transphobia, can result in poor mental health.

Mental health can be worsened by the process of transitioning from the sex assigned to at birth, to the gender identified as. This is because of the difficulties in accessing support and treatment due to delays and NHS funding, being unable to be seen at a Gender Identity Clinic (GIC) in a timely fashion, being denied treatment or surgery, and experiences of transphobia including negative attitudes of health professionals. The process to be seen at the GIC to commence treatment can take one to three years. In addition, as the individual can be refused treatment on the grounds of poor mental health, it is unlikely that an individual will seek support for their mental health during this time. Furthermore, before the individual can start treatment, they must fulfil the requirements of 'real life experience'. This is living and working full time in the preferred gender role. This is a challenging time with experiences of transphobia that can impact on mental wellbeing. However, due to the requirement of having a successful lived experience for at least one year with good mental health, the individual will again not be able to seek help. It is only when change of role is deemed 'successful' that treatment with hormones is initiated.

As well as the impacts on mental health that have already been discussed, hormone therapy and/or surgery creates big changes in the body and has added risks. This includes

blood clots, gallstones, weight gain, diabetes, elevated liver enzymes and mood swings, as well as higher risk for cardiovascular problems such as stroke and heart attack. Surgery also has risk of complications. The individual may need to seek healthcare and advice outside of the GIC during this time from local primary care providers.

Lifestyle factors are also an issue. Stonewall's research (2018) highlighted that the LGBT+ community are more likely to drink alcohol excessively and take illicit drugs (see page 50 above). There is added risk if they mixed these substances with any hormone treatment. In addition, trans people are less likely to partake in exercise due to issues around body image and access to gyms, sports and leisure facilities e.g. many sports teams are segregated 'male' and 'female' teams.

8.9.6 Sex

a) Population

Population figures for sex are based on the definition of biological sex as two categories, male and female, assigned at birth based on reproductive functions. Transgender information can be seen on page 80.

In CW&C there are:

- 176,208 females (51.2% of the population)
- 167,615 males (48.8% of the population)

(Mid-year population estimates 2019)

b) Health needs related to 'sex'

Your sex is less likely to have less of an impact on your health than other factors such as age, income, disability, if you belong to a minority group, and where you live. However, there are differences between males and females in their health needs.

Health issues based on sex include:

- There is inequality in life expectancy with females living longer than males. There is also more internal variation in life expectancy between males living in the least and most deprived neighbours compared to females
- In CW&C, under 75 mortality rates for cardiovascular disease in particular (especially Stroke) are worse for males than females, as are mortality rates for cancer and respiratory disease (see page 64-65)
- Nationally, older females are more likely to die from dementia and Alzheimer's Disease than men. Though age is the main risk factor for dementia and women tend to live longer, there is research ongoing to look at the links between declining levels of Oestrogen following menopause in women and damage to the brain caused by Alzheimer's (Alzheimer's UK) which could lead to more HRT being prescribed.
- Females have a higher prevalence of diagnosed common mental disorders than males. However, women are more likely to seek help from a healthcare professionals and it is possible male mental health problems are therefore more likely to be undiagnosed and treated. Suicide is more common in men.
- All forms of substance misuse are more common in males although in terms of alcohol disorders, the gap between men and women is less marked in older age, and binge drinking has been a problem among young females.

- Victims of domestic abuse are at a higher risk of serious injury and death. The majority of adult victims are female.
- Females have specific health needs relating to pregnancy, motherhood and menopause, as well as female only cancers. Males also have needs around male only cancers. Both genders will however have a need for cancer screening.
- Males are less likely to access healthcare or to access it in a timely fashion.

There is a complex interplay between sex and other identities, such as being a gay male, or a female from an ethnic minority background. It must also be remembered that although biological sex is most often referred to as binary (only two sexes), gender is more complex and a summary of the needs of the transgender population can be seen on page 80.

8.9.7 Race

a) Population

In the 2011 Census, 94.6% of the population in CW&C identified as 'White British'. 5.3% identified as an ethnic group other than this compared to 20.2% of the population nationally. The largest population group after 'White British' is 'Other White' making up 2% of the population. These residents are a diverse collection of people with different countries of birth, languages and religions and includes, but is not exclusive of, white persons from Europe, United States, South Africa and Australia.

Table 27: Ethnic Group of usual residents, Census 2011

Ethnic Group	Proportion of the CW&C population
White	97.4%
English/Welsh/Scottish/Northern Irish/British	94.7%
Irish	0.7%
Gypsy, Roma or Irish Traveller	0.1%
Other White	2.0%
Mixed/multiple ethnic groups	0.9%
White and Black Caribbean	0.3%
White and Black African	0.1%
White and Asian	0.3%
Other Mixed	0.2%
Asian/Asian British	1.2%
Indian	0.4%
Pakistani	0.1%
Bangladeshi	0.2%
Chinese	0.3%
Other Asian	0.3%
Black/African/Caribbean/Black British	0.3%
African	0.2%
Caribbean	0.1%
Other Black	0.0%
Other ethnic group	0.2%
Arab	0.1%
Any other ethnic group	0.1%

Source: Census 2011. Population base 329,608.

The 2011 Census indicated in CW&C approximately 2.7% of households had at least one person aged 16 and over in the household whose first language is not English. This includes 1.2% where no people living in the household had English as their main language.

b) Health needs associated with a persons race

For the purposes of this report individuals from a Black, Asian or ethnic minority group (BAME) will be referred to as BAME. Although they have been grouped together, there are many different ethnic populations residing in CW&C, each with similarities and differences in their health needs.

Health patterns differ significantly between ethnic minority groups and the white population, and between different minority groups, reflecting the diversity of demographic, socio-economic, behavioural, cultural and other characteristics between ethnic groups (The King's Fund 2021). Although ethnic minority groups broadly experience the same range of illnesses and diseases as others, there is a tendency of some within ethnic minority groups to report worse health than the general population and evidence of increased prevalence of some specific life-threatening illnesses.

The King's Fund (2021) highlighted that unpicking the cause of ethnic health inequalities is difficult and that available evidence suggests a complex interplay of deprivation, environmental, physiological, health-related behaviours, and the 'healthy-migrant effect' (people who choose to migrate have better health than the population they have left behind but their own health often worsens in the new host country). Ethnic minority groups are disproportionately affected by socio-economic deprivation, a key determinant of health status in all communities. In addition, those from a BAME background are less likely to access healthcare and seek support due to a number of reasons including experiences of discrimination and prejudice, language barriers, and cultural differences.

Examples of national data showing significant differences in the health between BAME groups:

- People from the Gypsy or Irish Traveller, Bangladeshi and Pakistani communities have the poorest health outcomes across a range of indicators
- Rates of infant and maternal mortality, cardiovascular disease (CVD) and diabetes are higher among Black and South Asian groups
- Mortality from cancer, and dementia and Alzheimer's disease, is highest among white groups
- The Covid-19 pandemic has had a disproportionate impact on ethnic minority communities, who have experienced higher infection and mortality rates than the white population

(Taken from The Health of People from Ethnic Minority Groups in England, The Kings Fund, 2021)

Experiences of hate crime, discrimination and prejudice, including structural racism, can also lead to poor mental health. Fear of these experiences can lead to low uptake of health services and poorer health outcomes.

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

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

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

8.9.8 Religion and belief

a) Population

71% of CW&C residents in the 2011 Census stated that they have a religion and 22% stated that they have no religion.

Of those who had a religion, the majority identified as 'Christian' (98%), after this the most common religion was 'Muslim' (0.7%).

Table 28: Religion of usual residents, Census 2011

Religion	Proportion of the CW&C population
Religious	71.5%
Christian	98.1%
Buddhist	0.3%
Hindu	0.3%
Jewish	0.1%
Muslim	0.7%
Sikh	0.1%
Other	0.4%
No religion	22.0%

Source: Census 2011. Population base 329,608.

b) Health needs associated with religion and belief

The impact of religion and belief on health includes perceptions of health, illness and death; beliefs about causes of disease; approaches to health promotion; how illness and pain are experienced and expressed; where patients seek help; and the types of treatment patients prefer (How culture influence health, Caring for Kids New to Canada 2018). In addition, religious people can face discrimination and prejudice when accessing services including Islamophobia and antisemitism. Discrimination also includes indirect discrimination, for example not making alternative arrangements and offering flexibility, e.g. being able to see a doctor of the same-sex. These reasons may result in people being less willing to access healthcare. However, research has suggested that attention to the religious needs of patients and service users can positively contribute to their wellbeing for example reduce their length of stay in hospital (Religion or belief: A practical guide for the NHS, Department of Health, 2009).

The Office for National Statistics analysed a range of health outcomes of people of different identities in England and Wales (Religion and Health in England and Wales: Feb 2020).

Key findings include:

- Those who identified with no religion were significantly less likely to be satisfied with their health than those who identified as Christian, Hindu or Jewish
- Prevalence of long-standing impairment, illness or disability was significantly lower among those who identified as Sikh compared with several other religious groups
- Smoking prevalence was significantly higher among those who identified with no religion than several other religious groups
- Those who identified as Jewish, Christian or with no religion reported a greater mean level of physical functioning than those who identified as Muslim
- Those who identified as Sikh, Hindu or Christian reported a significantly greater mean level of mental functioning than those with no religion
- Those who identified as Sikh were significantly less likely than several other religious groups to be in probable mental ill-health.

The Department of Health also reports that:

- The Muslim community has the poorest reported health followed by the Sikh population
- For the Muslim, Sikh and Hindu communities, females are more likely to report ill health
- Religious views on the beginning of life can influence attitudes towards reproductive medicine, abortion, contraception, and neonatal care.
- View on dying, death and the afterlife can influence attitudes towards pain relief for terminally ill people, means of determining the moment of death, brain death, organ donation and care for the corpse.
- The inclusion of relatives/ family is particularly relevant in some religious communities, where high emphasis may be placed on familial bonds, traditions and responsibilities.
- Religious and other beliefs can impact on the type of treatment and drugs used for example the prohibition of eating in Judaism and Islam means that porcine or alcohol-based drugs might be forbidden. Similarly, the use of bovine-based drugs or

cattle-derived cartilage transplants would have belief implications for Hindu communities.

- Communities may have different views on mental illnesses for example some evangelical Christians suggest depression might be caused by demonic interference in people's lives.
- People may wish to use alternative therapies and medicines
- Other issues related to religion include: gender issues for example same-sex wards and treatment by members of the opposite sex, spiritual practices such as prayer and ablution facilities, the impact of fasting on long-term conditions and breastfeeding.

Religious belief is closely connected to ethnic group and the impacts of race on health are discussed on page 84.

Other health concerns that are influenced by religion include gay conversion, honour-based violence and female genital mutilation.

8.9.9 Marriage and civil partnership

a) Population

Marriage can either be between a man and a woman, or between partners of the same sex. Civil partnership is between partners of the same sex. The Census 2011 indicated that 49.9% of the CW&C population aged 16 and over were married and 0.2% were in a same-sex civil partnership.

Table 29: Marital and civil partnership status of CW&C residents

Marital and civil partnership status	Proportion of the CW&C population
Single (never married or never registered a same-sex civil partnership)	30.9%
Married	49.9%
In a registered same-sex civil partnership	0.2%
Separated (but still legally married or still legally in a same-sex civil partnership)	2.1%
Divorced or formerly in a same-sex civil partnership which is now legally dissolved	9.3%
Widowed or surviving partner from a same-sex civil partnership	7.7%

Source: Census 2011

b) Health needs related to marriage and civil partnership

Marriage and civil partnership are a protected characteristic under the Equality Act 2010 meaning a person cannot be treated differently because they are married or in a civil partnership. There are fewer health issues associated with marriage and civil partnership than other protected characteristics, perhaps due to the larger population that are married or in a civil partnership.

There are no health issues arising because a person is married or in a civil partnership, their health needs are the same as those who are not married. However, there may be

health issues that are linked to them being married or in a civil partnership that are linked to other characteristics. For example, a same-sex married couple may experience discrimination, impacting on their mental health but this is related to their sexual orientation (see page 79 for health needs of the LGB+ population). Also, a married woman in some cultures and religions may be expected to be dependent on her husband who would make decisions about her health and wellbeing on her behalf including sexual and reproductive health and ability to access healthcare (see page 84 for health needs of ethnic groups and page 86 for religion).

8.9.10 Protected characteristics and pharmacies

The above sections describe some of the key health issues affecting populations with protected characteristics. Understanding these health issues can help services be tailored and targeted to those with specific needs and ensuring pharmacy is inclusive.

As a public service, pharmacies must provide equal treatment in the delivery of its services. This is a public duty in the provision of goods and services stated in the Equality Act 2010. Pharmacies must also make 'reasonable adjustments' to ensure people can access pharmacy services. However, these adjustments are decided solely by the pharmacy. Reasonable adjustments for patients might include the use of reminder charts, large print labels, provision of information sheets, a wheelchair ramp and use of Language Line.

The National Pharmacy Association also urged pharmacies across England to join in with a new national plan for inclusive pharmacy practice. The plan sets out actions for pharmacy leaders and their teams to consider including developing their understanding of the benefits of diverse teams, and culturally competent healthcare service delivery (National Pharmacy Association, *Serving the needs of a diverse community*, 2021). Pharmacies can develop and embed inclusive pharmacy professional practice into everyday care for patients and members of the public, to support the prevention of ill-health and address health inequalities within our diverse communities (NHS England, 2021).

Pharmacies are located close to people's homes and workplaces giving them the unique opportunity as a local health asset to really impact on local people's health and wellbeing. Many underserved groups may be more likely to go to a community pharmacy than a GP or another primary care service as it is a less formal environment. Pharmacies therefore should be welcoming and accessible environments and a first port of call for minor health needs. By making inclusive changes, pharmacies can help improve outcomes, address health inequalities, and increase customer satisfaction across different population groups.

The Equality Authority explains that pharmacies must ensure that:

- Customers do not experience discrimination, harassment or victimisation on any of the nine grounds covered by equality legislation
- Adjustments are made to take account of the practical implications of customer diversity across the nine grounds with particular focus on making reasonable accommodation for customers with disabilities
- There is a proactive approach to promoting equality for customers from across the nine grounds.

Nice guideline 102 community pharmacies: promoting health and wellbeing (2018) recommends that pharmacies address health inequalities by working with other agencies to identify underserved groups. This can help to tailor health and wellbeing interventions to suit individual needs and preferences and maximise impact.

8.9.11 What pharmacy surveys have revealed

The Pharmacy Contractor Survey 2021, asked pharmacies if to the best of their knowledge there were any gaps in access or pharmaceutical needs for any of the protected characteristics. For all of the protected characteristics the majority of pharmacies said they were unaware of any gaps. However, it must be considered that being unaware of a gap does not mean that a gap does not exist, especially as the individual who completed the survey may not belong to the protected characteristic they are commenting on.

The biggest gap identified, but only by four pharmacies, was access to the pharmacy for those with a disability as these pharmacies did not have wheelchair access. The survey(s) showed that improvements can be made in the provision of the following:

- Accessible wheelchair entrance - 62 pharmacies had an accessible wheelchair entrance
- Hearing loop – 48 pharmacies have a hearing loop
- Large print labels and leaflets – 49 pharmacies offer large print label and 31 large print leaflets
- Interpreting and translation services – 30 pharmacies were able to offer support to those whose first language is not English with 23 using an interpreter or interpreting service like Language Line
- Delivery service – Most pharmacies said that they offered a delivery service of dispensed medicines (72 pharmacies). However, the number of pharmacies offering this for free has reduced from 91% in 2018 PNA to 69%. In addition, residents who responded to the Pharmacy Survey 2021 reported that because of the pandemic, delivery service had stopped that they previously had used or were unreliable. This was especially important for those with a disability or were older and could not easily get to the pharmacy. However, it must be noted that delivery of medicines to patients is not a contractual obligation.

9. Cheshire West Priorities

9.1 Priorities

Cheshire and Merseyside (C&M) was designated an Integrated Care System (ICS) in April 2021. An ICS is defined in the Cheshire and Merseyside Partnership Strategy 2021-2025 as ‘...a vehicle for the NHS to work in partnership with local councils and other stakeholders to take collective responsibility for improving the health and wellbeing of the population, coordinating services together, and managing resources collectively’.

The C&M Partnership Strategy 2021-25 states four strategic objectives across the ICS:

1. Improving population health and healthcare
2. Tackling health inequality, improving outcomes and access to services
3. Enhancing quality, productivity, and value for money
4. Helping the NHS to support broader social and economic development.

Cheshire and Merseyside ICS is one of the largest, covering a population of 2.6million people living across a large and diverse geographical footprint. The ICS has been split into Place Based Integrated Care Partnerships (ICPs), which cover nine local authority areas, to ensure local services are joined up and supporting people to manage their own wellbeing. Map 8 below shows the nine ICPs, Cheshire West ICP is our ICP.

Map 18: Cheshire and Merseyside ICS showing the nine ICP areas



Source: Cheshire and Merseyside Partnership Strategy 2021-2025

Specific issues raised for Cheshire West by the C&M Partnership Strategy 2021-2025 includes excess weight (particularly in children), mental health services and support for older people.

Cheshire West ICP comprises of nine care communities (see map on page 58) which are represented by nine Primary Care Networks (PCNs). To help PCNs understand levels of need, Cheshire CCG developed Population Health Intelligence Packs. The top five needs across Cheshire West highlighted by this intelligence work can be seen below and are consistent with the specific issues raised by the C&M Partnership Strategy 2021-2025:

- Mental health
- Physical wellbeing (lifestyle issues e.g. obesity and physical activity)
- Improving frailty and age-related illness
- Improving social isolation and loneliness
- Respiratory

Cheshire West’s Place Plan incorporates the requirements of the NHS Long Term Plan and details the footprint’s priorities for the next five years. The plan was developed using insight from the Health and Wellbeing Strategy 2015-2019 and the Joint Strategic Needs Assessment. Seven priorities are set out in the plan:

1. Prevention and early detection
2. Reducing inequalities
3. Promoting wellbeing and self-care
4. Making it easier to navigate health, social care and community-based services
5. Anticipating the future needs of our population – including a commitment to take action to improve sustainability
6. Integrating our health and care services
7. Keeping people safe

Table 30: Health and wellbeing priorities in Cheshire West

High level priorities	
<p>Cheshire and Mersey Strategy 2021-2025</p> <ol style="list-style-type: none"> 1. Improving population health and healthcare 2. Tackling inequality, improving outcomes and access to services 3. Enhancing quality, productivity and value for money 4. Helping the NHS to support broader social and economic development 	<p>Cheshire West’s Place Plan</p> <ol style="list-style-type: none"> 1. Prevention and early detection 2. Reducing inequalities 3. Promoting wellbeing and self-care 4. Making it easier to navigate health, social care and community-based services 5. Anticipating the future needs of our population including climate change 6. Integrating our health and care services 7. Keeping people safe
Specific health and wellbeing needs identified in Population Health Intelligence	
<ul style="list-style-type: none"> • Mental health • Lifestyle issues including obesity • Supporting older people including improving frailty and age-related illness • Improving social isolation and loneliness • Respiratory 	

9.2 Pharmacy activity that supports local priorities

Pharmacies are a valuable asset providing a local and accessible service to residents. 97% of respondents to the public survey said that it is easy to get to their usual pharmacy and respondents valued the ability to get advice without an appointment, having a pharmacy nearby, and being able to build up a relationship with staff.

Reducing health inequalities is a priority in Cheshire West. NICE guidelines [NG102] Community pharmacies: promoting health and wellbeing, August 2018 highlights how community pharmacy is socially inclusive and provides a convenient and less formal environment for those who cannot easily access, or choose not to access, other kinds of health service. Using knowledge of the local community it is serving means that tailored health and wellbeing interventions can be put in place to maximise their impact. This can contribute to reducing health inequalities.

Pharmacies therefore are a rich, trusted resource which provide services, and the potential to provide further services, in all geographical areas of the borough. This makes them well placed to support and encourage the uptake of services and promotion of self-care and healthy lifestyles in areas of high deprivation and areas of high need.

Pharmacies contribute to the ICS C&M objectives and Cheshire West's Place Plan priorities by:

- Helping to improve the health of the population through the dispensing of medicines, providing formal consultations and informal advice, supporting self-care and the promotion of healthy lifestyles.
- Providing a local accessible service in the heart of the community which helps to tackle health inequalities through better medicines management, self-care and signposting to other agencies. The Pharmacy Contractor survey showed that pharmacies are willing to provide further services if commissioned.
- Supporting climate change and sustainability through encouraging self-care and healthy living, repeat prescription ordering processes that reduce waste, and promotion and support for lower carbon options (e.g. supporting patients to use dry powder inhalers and to return metered dose inhalers for environmentally safe destruction)
- Helping people to navigate the system by signposting to services not offered by the pharmacy.
- Supporting the wider NHS by being a first port of call for minor illness thereby helping relieve pressure on GPs. This has been especially important during the Covid-19 pandemic when GPs consultation time was limited.

NHS Cheshire CCG, Cheshire West and Chester Local Authority and the Health and Wellbeing Board have committed to take action to improve sustainability, in line with the National Ambition to deliver the world's first net zero health service and respond to climate change, improving health now and for future generations. Climate change and health and wellbeing are inextricably linked. Carbon emissions and particulates in the atmosphere increase the risk of poor health from asthma, heart disease and cancer, while extreme weather events linked with climate change represent a risk to health and life as well as

damaging property, homes and businesses. Medicines and the associated supply chain contribute around 25% of the overall NHS carbon footprint, and community pharmacies are in a unique position to support patients to take their medicines as intended while avoiding over-ordering and stockpiling. They are also able to promote health lifestyles and other interventions that may reduce the need for medicines and their associated carbon footprint, for example by including healthy lifestyle messages when delivering the New Medicines Service. A specific requirement to reduce the carbon impact of inhaled devices was introduced into the Community Pharmacy Quality Scheme in 2021, with community pharmacy being asked to promote the return of used or unwanted inhalers to pharmacy for safe destruction.

Although not reflected in the Cheshire and Merseyside Partnership Strategy and Cheshire West Place Plan, the Covid-19 pandemic has been an unprecedented situation that has required a rapid response and the implementation of covid-19 testing, support for vulnerable people and those isolating, and the roll-out of the largest vaccination programme the country has ever seen. Response to the pandemic will continue to be a priority as well as understanding the impacts of covid-19 and of long covid.

We can look at how essential and advanced services are specifically supporting local priorities in the following section.

9.2.1 Essential services supporting local priorities

Please see chapter 3.1 page 10 for a description of these services.

a) Dispensing and repeat dispensing – Provision of medicines directly improves health, and advice about medicines, and medicine management ensures safe, effective consumption.

b) Healthy Living Pharmacy (HLP) – All pharmacies adopt the framework of Healthy Living Pharmacy which is the consistent provision of a broad range of health promotion interventions to help improve the health and wellbeing of the local population and reduce health inequalities. One to one advice is provided on healthy lifestyle topics such as smoking cessation, weight management etc. This is opportunistic to certain patient groups who present prescriptions for dispensing. Pharmacies are also key supporters of NHS public health campaigns. Community pharmacy contractors were required to become an HLP in 2020/214 as agreed in the five-year CPCF; this reflects the priority attached to public health and prevention work.

c) Signposting patients to other health care providers – Pharmacies have a responsibility to sign post patients to treatment, services, advice or information that are not provided directly by the pharmacy. This not only helps patients navigate the system and where to access advice and treatment, but with early detection and prevention.

d) Support for self-care – Self-care helps to maintain physical and mental wellbeing. More people have turned to self-care during the Covid-19 pandemic due to limitations on GPs

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

and A&E, and pharmacies have played a central role in helping people to care for themselves.

e) Discharge medicine service –. Hospitals have faced increased pressure and need to ensure people do not stay in hospital any longer than is necessary get readmitted once they have returned home. A key element of success is ensuring patients understand their medicine regimes. Better medicine adherence leads to better clinical outcomes and reduced readmissions. The service has been identified by NHS England and NHS Improvement's (NHSE&I) Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.

9.2.2 Advanced services supporting local priorities

Please see chapter 3.2 page 11 for a description of these services.

a) Community Pharmacist consultations service (CPCS) - CPCS has enabled community pharmacy to play a bigger role than ever within the urgent care system, giving pharmacists the opportunity to use their clinical skills and knowledge to help patients manage minor conditions. Pharmacies will use point of care test and treatment services for common ailments such as Urinary Tract Infections and Strep throat infections. This will mean they can provide appropriate treatment while also supporting efforts to tackle antimicrobial resistance. This service, together with the wide range of over-the-counter products and advice available in all pharmacies, contributes to improving patient self-care and management, supporting the reduction of attendances at emergency departments and GP surgeries.

b) New medicines service (NMS) - Research has shown that NMS demonstrates increased patient medicine adherence compared with normal practice, translating into increased health gain at reduced overall cost⁵. Through the New Medicine Service, community pharmacists provide support to patients and carers, helping them manage newly prescribed medicines for a long-term condition, and supporting patients to make shared decisions about their care. This service also provides an opportunity to promote lifestyle changes or other non-pharmacological interventions to enhance well-being in people with long term conditions.

c) NHS Influenza Vaccination Programme - Immunisation is one of the most successful and cost-effective health protection interventions and is a cornerstone of public health. High immunisation rates are key to protecting the population's health, preventing the spread of infectious disease, complications and possible early death among individuals.

d) Hypertension case-finding service – CVD is also a key driver of health inequalities accounting for around 25% of the life expectancy gap between the rich and poor populations in England. Residents of the most deprived areas in England are 30% more likely to have high blood pressure (BP) compared to those in the least deprived areas.

⁵ NHS England, NHS New Medicine Service [NHS England » NHS New Medicine Service](#)

Community pharmacy BP monitoring has the potential to increase the detection of hypertension within local populations and is expected to positively impact health inequalities by targeting people who do not routinely see their GP or use other NHS services (Pharmaceutical Services Negotiating Committee, Hypertension case-finding service, The policy background).

Hypertension is a risk factor for heart attack, stroke, kidney disease and some forms of dementia. CW&C has a higher prevalence than the England average of patients with coronary heart disease, stroke, atrial fibrillation, heart failure, and COPD. Those residing in areas of higher deprivation have the highest prevalence and at a younger age. This is linked to having higher levels of smoking and obesity, key causes of hypertension. Obesity is one of the biggest challenges in CW&C. Hypertension can effectively be managed with drugs and treatment.

e) Hepatitis C testing service - The UK Government is a signatory to the World Health Assembly resolution and World Health Organization (WHO) goal of eliminating Hepatitis C as a major public health threat by 2030. NHS England aim to achieve this goal five years earlier than the WHO goal, with a NHS Improvement's national programme to eliminate Hep C virus by 2025. This advanced service is part of that programme, using community pharmacies to target people who inject illicit drugs for Hep C testing, as they are the healthcare venue most likely to be visited by that group of people⁶

9.2.3 Community pharmacies supporting the Covid-19 pandemic

Unlike most other businesses and healthcare settings, community pharmacies remained open throughout the COVID-19 pandemic. They had to observe the social distance guidance appropriate at the time which led to queues outside the pharmacies as most are small, with limited space inside so they were unable to allow many people in at any one time.

On rare occasions for safety related reasons due to overwhelming workload pressures they were able to work behind closed doors for a few hours each day in order to concentrate on dispensing prescriptions and managing stock.

Before the pandemic many services, commissioned by local authorities e.g. morning after pill, or the CCG e.g. minor ailments service, were carried out face to face in the pharmacy consultation room. This wasn't appropriate during the pandemic. However, working with commissioners arrangements were quickly made to enable these consultations to take place over the phone to ensure patients could still access such services.

Many community pharmacies have always offered a delivery service, which was a business decision and not a contractual requirement. Demand for delivery of medicines increased hugely, especially at the beginning of the pandemic as many patients were told to shield, and this continued due to people having to self-isolate if they had a positive covid-19 test. Many community pharmacies were helped by the army of volunteers who came forward,

⁶ Pharmaceutical Services Negotiating Committee, Services and Commissioning: Hepatitis C testing service
Hepatitis C testing service : PSNC Main site

and in April 2020 the Pandemic Delivery Service (PDS) became a contractual requirement of community pharmacies. This service ended in February 2022.

Community pharmacies have also supported in the provision of lateral flows test. Early in 2021 many were commissioned to provide lateral flow tests to patients when they came into the pharmacy, showing them how to do the test correctly. Now (February 2022) they are sites where patients can collect boxes of lateral flow tests to do at home. This service is ending April 2022 but will be stood back up if required.

In January 2021 several community pharmacies in CWAC were commissioned to provide vaccinations as part of the COVID Vaccination Programme. They have been invaluable to helping deliver vaccination to patients close to where they live in accessible locations. These pharmacies have delivered 788,199 vaccinations (up to 8th February 2022).

Community pharmacy sites:

- Vicars Cross Pharmacy, Vicars Cross, Chester
- Boots, Chester City Centre
- Hoggs Pharmacy, Northwich
- Northwich Vaccination Centre, Leftwich Pharmacy
- Well Pharmacy Tattenhall
- Well Pharmacy Barnton

There are also two temporary vaccination clinics provided by the online pharmacy 'Pharmacy2U' in premises in Winsford Cross Shopping Centre and Ellesmere Port. These are not CW&C pharmacies and do not provide any other pharmaceutical services.

The pandemic has shown that community pharmacy has been resilient and adaptable. Being located in the heart of communities, many deprived, the pharmacies have been essential and valuable to patients, supporting patients in their own communities.

10. Conclusions

10.1 Health, pharmaceutical needs and strategic drivers

The JSNA has demonstrated there is a greater proportion of older people in Cheshire West and Chester than in England. Because older people generally take more medicines than a younger population, community pharmacies will experience a greater workload in terms of dispensing and support for self-care. Furthermore, this workload is expected to increase as population forecasts suggest that the proportion of people aged 65 and over is expected to increase by 44% by 2038 to over 100,000.

Overall health status within Cheshire West and Chester is generally good with residents expected to spend a higher proportion of their lives in good health than the England average. Most common chronic conditions are hypertension, depression, and cancer. The mortality rates in the under 75s is statistically similar to the England averages for cancers, circulatory, respiratory and liver disease. However, under 75 deaths have been increasing for respiratory disease, and stroke, cancer, and cardiovascular disease in males. Death from stroke is above the England average. There are higher mortality rates for these conditions in areas of deprivation. These areas in particular dictate a need for the full range of pharmaceutical services.

CW&C residents have similar lifestyle issues as in the rest of the country. The greatest issue is obesity which has steadily been increasing and is significantly higher than the England average. Obesity is a risk factor for CW&C's most common condition, hypertension, which is itself a risk factor for cancer, cardiovascular disease and circulatory disease. Community pharmacies have a key role in helping to tackle these.

The Covid-19 pandemic required a speedy response from healthcare services, and pharmacies have played their role in helping to support patients and relieve pressure on GPs and hospitals.

The priorities for Cheshire and Mersey ICP and Cheshire Place Plan have been set out on page 90-91. Essential and advanced services play a key role in achieving these priorities, offering easy access and a less formal environment to tackle ill health, encourage self-care and healthy lifestyle, support sustainability, and reduce health inequalities. The contractor survey showed that pharmacies are willing to provide further services if commissioned.

There are differences in the population demography, together with discrete areas of deprivation and rural living which will all require their own emphasis on pharmaceutical need.

10.2 Meeting the pharmaceutical need in CW&C

The previous sections have demonstrated an adequate geographical coverage of pharmacies with appropriate opening hours for service delivery and input from dispensing doctors and cross-border pharmacies.

In general, a broad range of advanced and locally commissioned services are provided in addition to essential services. The implementation of the Community Pharmacist Consultation Service (CPCS) since the 2018 PNA has particularly unlocked the potential of

community pharmacy to be a major player in primary care, utilising the expertise of pharmacists in a formal and structured way. Given that hypertension is the number one chronic illness in CW&C and cardiovascular disease is the second biggest killer, the new Hypertension Case-Finding Service could help to tackle these issues, especially in the most deprived areas where these conditions are most prevalent. Healthy Living Pharmacy is also in place alongside this service, encouraging people to adopt a healthy lifestyle and therefore reducing the number of people who are at risk of hypertension in the first place.

Traditionally the main functioning of pharmacies was the dispensing of medicines, and this is still a central function but it is clear that pharmacies are a rich resource with a highly skilled workforce who more than ever contributing to the health and wellbeing of their local population.

During the Covid-19 pandemic, pharmacies had to adapt quickly and respond to new health needs. This included the provision of new advanced services including Covid-19 vaccinations and Covid-19 Lateral Flow Device test kits. It is yet to be understood how Covid-19 will continue to impact on pharmacies and health needs of the population going forward, but it is likely that pharmacies will continue to play a key role.

The Pharmacy Survey highlighted how much residents value having a pharmacy nearby and the ease of accessing advice and services. However, it also highlighted the demands that pharmacies have faced since the start of the Covid-19 pandemic with respondents reporting long waiting times and unreliable opening hours. During the pandemic pharmacies saw a surge in demand as GPs reduced consultations and residents practiced self-care, but they also faced an increase of staff absences as well as an increased demand for the flu vaccination during the winter, and on new services including Community Pharmacist Consultation Service (CPCS) and collection of Covid-19 Lateral Flow Device Test Kits (LFDs). The demand has not reduced with people continuing to utilise their pharmacy as a first port of call. It is essential that community pharmacies are protected and continue to be at the forefront of health and wellbeing.

In conclusion, there is no current need for new pharmacies in CW&C for the lifespan of this PNA. However, existing pharmacies are willing to provide a wider range of services if commissioned. It is recommended that health and care commissioners take into account the accessibility, quality and potential for community pharmacy service development when commissioning services. It is also suggested that commissioners may wish to think about the suitability of services not traditionally thought of as pharmaceutical, but which could be effectively delivered from pharmacies, and utilise pharmacies to promote public health campaigns and understand who is using services provided by pharmacies.

10.3 Required statements from pharmaceutical regulations

10.3.1 Statement one: Necessary services: Current provision

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

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

This PNA has shown that the 76 community pharmacies in Cheshire West and Cheshire provide a good coverage of services in terms of geographical location, good accessibility through walk and drive times and convenient opening times throughout the week and at weekends. This coverage is supplemented by suitably commissioned rotas, dispensing doctors, and pharmacies in neighbouring LA's.

All pharmacies provide essential services with a range of advanced, enhanced and commissioned services which are considered necessary and collectively provide sufficient cover across Cheshire West and Chester. These services are thought adequate taking into account such factors as the local demography and deprivation patterns.

10.3.2 Statement two: Necessary services: Gaps in provision

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

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

There is sufficient coverage of the newer advanced Hypertension Case Finding Service. However, it may be advantageous to have this service offered in as many pharmacies as possible given that Hypertension is the top chronic condition in CW&C and cardiovascular disease is one of the biggest causes of under-75 mortality.

In all these instances the "gap" refers to existing contractors who should be encouraged to provide these services.

10.3.3 Statement three: Other relevant services: Current provision

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

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

Although not essential, the Community Pharmacist Consultation Service (CPCS) has been shown nationally to have improved patient care by making access to advice and medication for minor ailments easily accessible, contributing to improving patient self-care and management, and supporting the reduction of attendances at emergency departments and GP surgeries. This service is a valuable asset and use of it should be encouraged.

Again not an essential service, research on the New Medicine Service has found increased patient medicine adherence and management of long term conditions. Therefore, its continued use is to be strongly encouraged

10.3.4 Statement four: Improvements and better access: Gaps in provision

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

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

Changes to the pharmacy contract since the 2018 PNA, including all pharmacies becoming Healthy Living Pharmacies, and all offering a Discharge Medicine Service as an essential service, has seen the role of community pharmacy move from traditional dispensing, to making a more significant contribution to the health and wellbeing of residents in CW&C

There is only one pharmacy offering the advanced service of Hepatitis C testing service which is based in Northwich. This is an advanced service and is time limited with an intention to eradicate Hepatitis C. The service will be reviewed by NHS England, and if continued it might be considered if wider coverage of this service is warranted, particularly at pharmacies in the urban areas of Chester and Ellesmere Port. However, the service is targeted at a small minority of hard-to-reach people, so an exercise may want to be carried out as to which pharmacy may be best placed to deliver this.

There is no perceived gaps in provision, however the contractor survey showed that pharmacies are willing to provide more services if commissioned, and the Pharmacy Survey for residents indicated that respondents would be happy to see more services provided. All services should be delivered according to need and based on planned commissioning strategies developed in conjunction with relevant partners.

10.3.5 Statement five: Other NHS services

A statement of any NHS services provided or arranged by the HWB, NHS CB, a CCG, an NHS trust or an NHS foundation trust to which the HWB has had regard in its assessment, which affect-

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

The NHS England commissioned flu vaccination service is provided in a large number of pharmacies in CW&C. The contractor survey implied that even more pharmacies are

looking to provide this service in the next year or so as demand increased due to the covid-19 pandemic. This service compliments vaccinations offered by GP services.

2020 saw pharmacies respond to needs and gaps in services created by the Covid-19 pandemic. New services were put in place, which includes services still operating at the time of writing (February 2022) – Lateral flow device distribution service offered in all pharmacies, and Covid-19 vaccinations offered in six CW&C pharmacies. Pharmacies offering Covid-19 vaccinations are supporting a large scale vaccination roll-out programme. These services will be reviewed March 2022.

10.3.6 Statement six: How the assessment was carried out

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

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

This assessment has been performed using health needs information obtained from the Joint Strategic Needs Assessment and NHS England Fingertips Tool. In addition prescribing data analysis was provided by the Midlands and Lancashire CSU. This was supplemented with results from a questionnaire on pharmacy services sent to all community pharmacy contractors in the county.

All data were considered by the PNA working group which comprised representatives from the Local Pharmaceutical Committee, Public Health team, Local Medical Committee, NHS England, HealthWatch, Clinical Commissioning Groups under the direction of the Director of Public Health. Decisions were taken according to consensus and the main drafts were scrutinised by the Health and Wellbeing Board.

This PNA has described the pharmaceutical needs and service delivery in terms of the Cheshire West and Chester care communities where possible. These were chosen because of the wealth of intelligence available and it being a shared geography by the LA and CCG. It was also considered sensible to use the same boundaries which the Council and CCG use for their planning and development.

The differences in CW&C regarding health status, age-sex breakdown and deprivation scores together with other information on protected characteristics from the Equality Act 2010 were highlighted to tease out the implications for pharmaceutical need. The Pharmacy Contractor survey specifically asked if the respondents were aware of any issues related to protected characteristics.

10.3.7 Statement seven: Map provision

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

A map of pharmacies can be seen on page 24, and a list of the 76 pharmacy premises according to care community is given in appendix two table A2-1.

Appendix 1: Glossary

Abbreviation	Meaning
A&E	Accident and Emergency
ABPM	Ambulatory blood pressure monitoring
AUR	Appliance Use Review
BAME	Black, Asian, or other minority ethnic group
BMI	Body mass index
C&M	Cheshire and Merseyside
CCG	Clinical Commissioning Group
CIC	Community Interest Company
COPD	Chronic obstructive pulmonary disease
CPCF	Community Pharmacy Contractual Framework
CPCS	Community Pharmacist Consultation Service
CSU	Commissioning Support Unit
CVD	Cardiovascular disease
CW&C	Cheshire West and Chester
CWP	Cheshire and Wirral Partnership NHS Foundation Trust
DMS	Discharge Medicines Service
DoC	Declaration of confidence
EHC	Emergency Hormonal Contraception
GIC	Gender Identity Clinic
GP	General Practitioner
Hep C	Hepatitis C
HIV	Human Immunodeficiency Virus
HLP	Healthy Living Pharmacy
HWB	Health and Wellbeing Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
IMD	Index of Multiple Deprivation
IUD	Intrauterine device
IUS	Intra-urine system
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LAPHT	Local authority public health team
LARC	Long-acting reversible contraception
LD	Learning disability
LFD	Lateral Flow Device
LGB	Lesbian, gay, bisexual
LGBT+	Lesbian, gay, bisexual, transgender, and other non-heterosexual and/or non cis gender identities
LMC	Local Medical Committee

LPC	Local Pharmaceutical Committee
LPN	Local Professional Network
LPS	Local pharmaceutical services
MDS	Monitored Dosage System
MSK	Musculoskeletal condition
NHS	National Health Service
NHS BSA	NHS Business Services Authority
NHSE	NHS England
NHSI	NHS Improvement
NICE	National Institute for Health and Care Excellence
NMS	New Medicine Service
NRT	Nicotine Replacement Therapy
OHID	Office for Health Improvement and Disparities
ONS	Office for National Statistics
PCN	Primary Care Network
PCT	Primary Care Trusts
PHOF	Public Health Outcomes Framework
PNA	Pharmaceutical Needs Assessment
POCT	Point of care testing
PQS	Pharmacy Quality Scheme
PSNC	Pharmaceutical Services Negotiating Committee
PWID	People who inject drugs
QOF	Quality and Outcomes Framework
SAC	Stoma appliance customisation
SEN	Special educational needs
SMI	Severe mental illness
STI	Sexually transmitted infection
Trans	Transgender
WHO	World Health Organisation

Appendix 2: Community pharmacies and dispensing doctors in Cheshire West and Chester

The following tables were correct at January 2022. However, for the most up-to-date information on pharmacies in your location, the reader is advised to consult the NHS choices website.

<https://www.nhs.uk/Service-Search/Pharmacy/LocationSearch/10>

Table A2-1 Community pharmacies by care community

Care community	Code	Pharmacy name	Postcode	100 hour	Delivery
Chester Central	FCC37	Boots Pharmacy	CH2 3BD	No	Chargeable
Chester Central	FFY48	Boughton Pharmacy	CH2 3DP	No	Free
Chester Central	FJ868	Boots Pharmacy	CH1 2HA	No	Chargeable
Chester Central	FJX71	Well Pharmacy	CH1 4DS	No	Free
Chester Central	FPP41	Swettenhams Chemists	CH2 2LJ	No	Free
Chester Central	FT378	Boots Pharmacy	CH1 1NA	No	Chargeable
Chester Central	FXP75	Tesco Pharmacy	CH1 3JS	No	No delivery
Chester Central	FY420	Superdrug Pharmacy	CH1 2HA	No	Free
Chester East	FAJ98	Vicars Cross Pharmacy	CH3 5LB	No	Some free
Chester East	FH722	Lloyds Pharmacy	CH3 5QJ	No	No delivery
Chester East	FTT01	Well Upton-By-Chester	CH2 1HD	No	Free
Chester East	FVP67	Heath Lane Pharmacy	CH3 5ST	No	Some free
Chester East	FWN30	Morrisons Pharmacy	CH2 1BT	No	Free
Chester East	FX021	The Village Pharmacy	CH3 7NX	No	Free
Chester South	FFF88	Garrett Pharmacy	CH1 5PN	No	Free
Chester South	FFP49	Saughall Pharmacy Limited	CH1 6EP	No	Some free
Chester South	FK874	Swettenham Chemists	CH1 5HN	No	Free
Chester South	FLL40	Westminster Park Pharmacy	CH4 7QD	No	Free
Chester South	FLM30	Owen's Chemist	CH4 8BJ	No	Free
Chester South	FX525	Boots	CH1 4QG	No	Chargeable
Chester South	FY785	Handbridge Pharmacy	CH4 7JE	No	Free
Ellesmere Port	FC562	Stanney Lane Chemist	CH65 9AE	Yes	Free
Ellesmere Port	FC728	Ellesmere Pharmacy	CH65 0AW	No	Free
Ellesmere Port	FDE11	Lloyds Pharmacy	CH66 3PB	No	Chargeable
Ellesmere Port	FE729	Well Ellesmere Port	CH65 7AN	No	Free
Ellesmere Port	FG541	Rowlands Pharmacy	CH66 2RG	No	Free
Ellesmere Port	FGJ24	Boots Pharmacy	CH65 9HD	No	Chargeable
Ellesmere Port	FJ138	Lloyds Pharmacy	CH65 6TG	No	Chargeable
Ellesmere Port	FJR60	Sutton Pharmacy	CH66 3RF	No	Free
Ellesmere Port	FLF82	Little Sutton Pharmacy	CH66 3RQ	No	Some free
Ellesmere Port	FLV02	Asda Pharmacy	CH65 0BZ	Yes	No delivery
Ellesmere Port	FN526	Well Ellesmere Port	CH66 1JN	No	Free
Ellesmere Port	FPD14	Well Pharmacy	CH65 2ER	No	Free
Ellesmere Port	FT867	Boots Pharmacy	CH65 0AP	No	Chargeable
Ellesmere Port	FTG09	Lloyds Pharmacy	CH65 9HN	No	Chargeable
Ellesmere Port	FVY31	Rowlands Pharmacy	CH65 0DB	No	Free
Helsby & Frodsham	FH107	Fearns Pharmacy	WA6 0DP	No	Free
Helsby & Frodsham	FJ085	Boots Pharmacy	WA6 6RX	No	Chargeable
Helsby & Frodsham	FT868	Boots Pharmacy	WA6 7DN	No	Chargeable
Helsby & Frodsham	FVW35	Frodsham Pharmacy	WA6 6SJ	No	Some free
Helsby & Frodsham	FVW60	Holland Pharmacy	WA6 8EF	No	Free

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Neston & Willaston	FCT37	Willaston Pharmacy	CH64 2TL	No	Free
Neston & Willaston	FL138	Deeside Pharmacy	CH64 4BN	No	Free
Neston & Willaston	FLF70	Boots Pharmacy	CH64 9TZ	No	Chargeable
Neston & Willaston	FPN41	Galen Pharmacy	CH64 3RA	No	Free
Northwich	FD178	Lloyds Pharmacy	CW8 3EU	No	Chargeable
Northwich	FDJ38	Rowlands Pharmacy	CW8 1QL	No	Free
Northwich	FEA07	Lloyds Pharmacy	CW9 7DA	No	Chargeable
Northwich	FG268	Well Pharmacy	CW9 5HN	No	Free
Northwich	FGK17	Lloyd Pharmacy	CW8 3DE	No	Chargeable
Northwich	FJ922	Rowlands Pharmacy	CW8 2NT	No	Free
Northwich	FKF96	Tesco Pharmacy	CW9 5LY	No	No delivery
Northwich	FLN85	Eastfield Pharmacy	CW9 7QB	No	Some free
Northwich	FQD81	Barnton Pharmacy	CW8 4EY	No	Some free
Northwich	FRW59	Danebridge Pharmacy	CW9 5HQ	Yes	Free
Northwich	FVG71	Well Pharmacy	CW8 4LF	No	Free
Northwich	FVL43	Boots Pharmacy	CW9 5DH	No	Chargeable
Northwich	FW140	Lloyds Pharmacy	CW9 5RT	Yes	Chargeable
Northwich	FX561	Well Pharmacy	CW9 8UW	No	Free
Northwich	FXR69	Hoggs Chemist	CW8 4AZ	No	Free
Northwich	FXV57	Leftwich Pharmacy	CW9 8BQ	No	Free
Northwich	FY463	Well Pharmacy	CW9 5QY	No	Free
Northwich	FYQ20	Well Pharmacy	CW9 8NE	No	Free
Rural	FA875	Well Tattenhall	CH3 9PX	No	Free
Rural	FAX82	Holmes Pharmacy	CW6 0RZ	No	Some free
Rural	FC441	Elton Pharmacy	CH2 4LU	No	Free
Rural	FCX15	Ian Littler Pharmacy	CH3 8EE	No	Free
Rural	FF812	Well Malpas	SY14 8NU	No	Free
Rural	FHP16	Rowlands Pharmacy	CW6 0AB	No	Free
Rural	FM057	Farndon Pharmacy	CH3 6PT	No	Free
Winsford	FE685	Boots Pharmacy	CW7 1BA	No	Chargeable
Winsford	FJA52	Well Wharton	CW7 3GY	No	Free
Winsford	FK364	Asda Pharmacy	CW7 1BD	Yes	No delivery
Winsford	FP677	Ponda's Chemists	CW7 1QS	No	Free
Winsford	FQJ12	Ponda's Chemists	CW7 1BA	No	Free
Winsford	FQN76	Well Pharmacy	CW7 1AT	No	Free

Table A2-2 Community pharmacies opening hours correct at 1 February 2022

Pharmacy	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Chester Central care community							
Boots Pharmacy 4 Faulkner Street Hoole Chester CH2 3BD 01244 325965	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	09:00-17:30	CLOSED
Boughton Pharmacy Hoole Lane Chester CH2 3DP CH2 3DP	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	CLOSED	CLOSED
Boots Pharmacy 1-1A The Forum Northgate Street Chester CH1 2HA	08:00-18:00	08:00-18:00	08:00-18:00	08:00-18:00	08:00-18:00	08:30-18:00	11:00-17:00

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01244 342852 Well Pharmacy Fountains Health Delamere Street Chester CH1 4DS 01244 398685	08:00-18:30	08:00-18:30	08:00-18:30	08:00-18:30	08:00-18:30	08:00-21:00	10:00-21:00
Swettenhams Chemists 95 Kingsway Chester CH2 2LJ 01244 327023	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
Boots Pharmacy 47-55 Foregate Street Chester CH1 1NA 01244 328421	08:30-18:00	08:30-18:00	08:30-18:00	08:30-19:00	08:30-18:00	08:30-18:30	11:00-17:00
Tesco Pharmacy 40-42 Frodsham Street Chester CH1 3JS 01244 702027	08:00-19:00	08:00-19:00	08:00-19:00	08:00-19:00	08:00-19:00	08:00-19:00	11:00-17:00
Superdrug Pharmacy 32-34 Northgate Street Chester CH1 2HA 01244 325488	09:00-13:00, 13:30-17:30	09:00-13:00, 13:30-17:30	09:00-13:00, 13:30-17:30	09:00-13:00, 13:30-17:30	09:00-13:00, 13:30-17:30	09:00-13:00, 13:30-17:30	CLOSED
Chester East care community							
Vicars Cross Pharmacy 58 Green Lane Vicars Cross Chester CH3 5LB 01244 341412	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	CLOSED
Lloyds Pharmacy Caldy Valley Road Great Boughton CH3 5QJ 01244 378618	08:30-21:00	08:30-21:00	08:30-21:00	08:30-21:00	08:30-21:00	08:30-20:00	10:00-16:00
Well Upton-By- Chester Upton Village Surgery Wealstone Lane Upton Chester CH2 1HD 01244 390379	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	CLOSED	CLOSED
Heath Lane Pharmacy Health Lane Chester CH3 5UJ 01244 321269	08:45-18:00	08:45-18:00	08:45-18:00	08:45-18:00	08:45-18:00	CLOSED	CLOSED
Morrisons Pharmacy Mill Lane Upton Bache CH2 1BT 01244 381215	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	11:00-17:00
The Village Pharmacy 12 The Parade Guy Lane	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

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Waverton Chester CH3 7NX 01244 336677							
Chester South care community							
Garrett Pharmacy 3-4 Carlton Shopping Centre Western Avenue Blacon Chester CH1 5PN 01244 390818	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	CLOSED	CLOSED
Saughall Pharmacy Plainsfield Church Road Saughall Chester Ch1 6EP 01244 881765	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
Swettenham Chemists 4 The Parade Blacon Chester CH1 5HN 01244 390047	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
Westminster Park Pharmacy 7 Castle Croft Road Chester CH4 7QD 01244 677000	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-11:30	CLOSED
Owen's Chemist 20A Chester Street Saltney Chester CH4 8BJ 01244 680410	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
Boots Unit 1B Greyhound Retail Park Chester CH1 4QG 01244 370857	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	09:00-18:30	10:30-16:30
Handbridge Pharmacy 9 Handbridge Chester CH4 7JE 01244 683454	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:00	CLOSED
Ellesmere Port care community							
Stanney Lane Chemist 36 Stanney Lane Ellesmere Port CH65 9AE 0151 3558879	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	08:00-22:00	10:00-16:00
Ellesmere Pharmacy 7b Rivington Road Ellesmere Port CH65 0AW 0151 3554487	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	09:00-13:00 14:30-17:30	CLOSED
Lloyds Pharmacy	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

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66-68 Old Chester Road Great Sutton Ellesmere Port CH66 3PB 0151 3392577							
Well Ellesmere Port 54-56 Loxdale Drive Great Sutton Ellesmere Port CH65 7AN 0151 3554004	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	CLOSED
Rowlands Pharmacy 5 Hope Farm Precinct Hope Farm road Great Sutton South Wirral CH66 2RG 0151 3551293	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
Boots Pharmacy Cheshire Oaks Outlet Village 31 Coliseum Way Ellesmere port CH65 9HD 0151 3564055	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
Lloyds Pharmacy 114 Chester Road Whitby Ellesmere Port CH65 6TG 0151 3552876	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	09:00-13:00	CLOSED
Sutton Pharmacy 335 Chester Road Little Sutton Ellesmere Port CH66 3RF 0151 3393123	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	CLOSED
Little Sutton Pharmacy 381 Chester Road Little Sutton Ellesmere Port CH66 3RQ 0151 3393382	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
Asda Pharmacy Grange Road Ellesmere Port CH65 0BZ 0151 3486110	08:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-22:00	10:30-16:30
Well Ellesmere Port 20a Overpool Road Ellesmere Port CH66 1JN 0151 3560617	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	CLOSED
Well Pharmacy 10 Church Parade Ellesmere Port CH65 2ER 0151 3568505	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	09:00-13:00	CLOSED
Boots Pharmacy Mercer Walk Ellesmere Port CH65 0AP 0151 3553025	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	10:00-16:00
Lloyds Pharmacy	08:00-21:00	08:00-21:00	08:00-21:00	08:00-21:00	08:00-21:00	08:00-20:00	10:30-16:30

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Kinsey Road Ellesmere Port CH65 9HN 0151 5521405							
Rowlands Pharmacy 2 York Road Ellesmere Port CH65 0DB 0151 3553081	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-13:00	CLOSED
Helsby and Frodsham care community							
Fearns Pharmacy Britannia Gardens Helsby Frodsham WA6 0DP 0128 722226	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
Boots Pharmacy 2 Princeway Frodsham WA6 6RX 01928 733821	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	09:00-12:00	CLOSED
Boots Pharmacy 7 Church Street Frodsham WA6 7DN 01928 733236	08:45-17:45	08:45-17:45	08:45-17:45	08:45-17:45	08:45-17:45	09:00-17:00	CLOSED
Frodsham Pharmacy 59 Kingsley Road Frodsham WA6 6SJ 01928 620112	08:30-12:30, 13:00-17:00	08:30-12:30, 13:00-17:00	08:30-12:30, 13:00-17:00	08:30-12:30, 13:00-17:00	08:30-12:30, 13:00-17:00	CLOSED	CLOSED
Holland Pharmacy Hollow Lane Frodsham WA6 8EF 01928 788559	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
Neston and Willaston care community							
Willaston Pharmacy Neston Road Willaston CH64 2TL 0151 3275110	09:00-13:00, 13:30-18:15	09:00-13:00, 13:30-18:15	09:00-13:00, 13:30-18:15	09:00-13:00, 13:30-18:15	09:00-13:00, 13:30-18:15	09:00-13:00	CLOSED
Deeside Pharmacy Mellock Lane Little Neston Neston CH64 4BN 0151 3361837	08:30-13:00, 14:00-18:00	08:30-13:00, 14:00-18:00	08:30-13:00, 14:00-18:00	08:30-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	CLOSED	CLOSED
Boots Pharmacy 17 High Street Neston CH64 9TZ 0151 3361837	08:45-18:00	08:45-18:00	08:45-18:00	08:45-18:00	08:45-18:00	08:45-17:00	CLOSED
Galen Pharmacy 12 Liverpool Road Neston CH64 3RA 0151 3362650	09:00-18:00	09:00-18:00	08:30-18:00	09:00-18:00	08:45-18:00	09:00-17:00	CLOSED
Northwich care community							
Lloyds Pharmacy 7-9 Northwich Road Weaverham Northwich CW8 3EU 01606 853385	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
Rowlands Pharmacy	09:00-13:30,	09:00-13:30,	09:00-13:30,	09:00-13:30,	09:00-13:30,	09:00-12:00	CLOSED

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299 Chester Road Northwich CW8 1QL 01606 74261	13:50-17:30	13:50-17:30	13:50-17:30	13:50-17:30	13:50-17:30		
Lloyds Pharmacy 66 Middlewich Road Rudheath Northwich CW9 7DA 01606 351813	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
Well Pharmacy Drillfield Road Northwich CW9 5HN 01606 43986	08:30-18:45	08:30-18:45	08:30-18:45	08:30-18:45	08:30-18:45	09:00-13:00	CLOSED
Lloyd Pharmacy 7 Lime Avenue Weaverham Northwich CW8 3DE 01606 853122	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
Rowlands Pharmacy 16 Fir Lane Sandiway Northwich CW8 2NT 01606 882449	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-12:00	CLOSED
Tesco Pharmacy Manchester Road Northwich CW9 5LY 0191 6934599	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	10:00-16:00
Eastfield Pharmacy 469 Manchester Road Lostock Gralam Northwich CW9 7QB 01606 45485	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:00	CLOSED
Barnton Pharmacy 76 Runcorn Road Barnton Northwich CW8 4EY 01606 74671	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
Danebridge Pharmacy 31 London Road Northwich CW9 5HQ 01606 42001	07:00-22:30	07:00-22:30	07:00-22:30	07:00-22:30	07:00-22:30	07:00-22:30	12:00-19:00
Well Pharmacy Broadway Lydyett Lane Barnton Northwich CW8 4LF 01606 783178	08:45-18:00	08:45-18:00	08:45-18:00	08:45-18:00	08:45-18:00	09:00-13:00	CLOSED
Boots Pharmacy 39-45 Witton Street Northwich CW9 5DH 01606 42187	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	10:00-16:00
Lloyds Pharmacy Venables Road Northwich	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-22:00	10:00-16:00

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CW9 5RT 01606 314509							
Well Pharmacy 3A Kingsmead Regency Way Northwich CW9 8UW 01606 42663	08:30-18:45	08:30-18:45	08:30-18:45	08:30-18:45	08:30-18:45	09:00-13:00	CLOSED
Hoggs Chemist Firdale Medical Centre Firdale Road Northwich CW8 4AZ 01606 77485	08:30-12:30, 13:30-18:00	08:30-12:30, 13:30-18:00	08:30-12:30, 13:30-18:00	08:30-12:30, 13:30-18:00	08:30-12:30, 13:30-18:00	CLOSED	CLOSED
Leftwich Pharmacy 65 Clifton Drive Leftwich Northwich CW9 8BQ 01606 46467	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	CLOSED
Well Pharmacy Unit 1 Cock o'Witton Witton Street Northwich CW9 5QY 01606 331552	08:30-17:30	08:30-17:30	08:30-17:00	08:30-17:30	08:30-17:30	08:30-13:00	CLOSED
Well Pharmacy 1-3 Church Street Davenham Northwich CW9 8NE 01606 49587	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	CLOSED
Rural care community							
Well Tattenhall High Street Tattenhall Chester CH3 9PX 01829 771294	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
Holmes Pharmacy Chester Road Kelsall Tarpoley CW6 0RZ 01829 751354	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	09:00-12:30	CLOSED
Elton Pharmacy The Shopping Centre 6 Ince Lane Elton Chester CH2 4LU 01928 725726	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
Ian Littler Pharmacy 28-30 High Street Tarvin Chester CH3 8EE 01829 741880	09:00-13:00, 14:15-18:30	09:00-13:00, 14:15-17:30	09:00-13:00, 14:15-17:30	09:00-13:00, 14:15-17:30	09:00-13:00, 14:15-18:30	09:00-13:00	CLOSED
Well Malpas 1 The Cross Malpas SY14 8NU 01948 860346	09:00-18:30	09:00-18:30	09:00-17:30	09:00-18:30	09:00-18:30	09:00-13:00	11:30-12:30
Rowlands Pharmacy	09:00-13:20,	09:00-13:20,	09:00-13:20,	09:00-13:20,	09:00-13:20,	09:00-12:00	CLOSED

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77 High Street Tarpoley CW6 0AB 01829 733201	13:40-17:30	13:40-17:30	13:40-17:30	13:40-17:30	13:40-17:30		
Farndon Pharmacy High Street Farndon CH3 6PT 01829 270364	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
Winsford care community							
Boots Pharmacy 5-7 Dingle Lane Winsford CW7 1BA 01606 593661	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, 14:00-17:30	10:00-16:00
Well Wharton Crook Lane Wharton Winsford CW7 3GY 01606 593803	08:45-18:30	08:45-18:30	08:45-18:30	08:45-18:30	08:45-18:30	09:00-13:00	CLOSED
Asda Pharmacy The Drummer Winsford CW7 1BD 01606 596410	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
Ponda's Chemists 7 Cheviot Court Winsford CW7 1QS 01606 593312	09:00-12:30, 14:00-18:00	09:00-12:30, 14:00-18:00	09:00-12:30, 14:00-18:00	09:00-12:30, 14:00-18:00	09:00-12:30, 14:00-18:00	09:00-13:00	CLOSED
Ponda's Chemists 2 Dingle Walk Winsford CW7 1BA 01606 558321	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
Well Pharmacy 2a Dene Drive Winsford CW7 1AT 01625 525353	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	09:00-13:00	CLOSED

Table A2-3 Community pharmacies providing advanced services. Correct at October 2021.

Pharmacy	New medicine service	Community Pharmacist Consultation	Appliance use review service	Stoma appliance customisation	NHS Flu vaccination	Hypertension case finding service	Hepatitis C testing service	Smoking cessation referrals
Chester Central care community								
Boots Pharmacy 4 Faulkner Street Hoole Chester CH2 3BD	Yes	Yes	No	No	Yes	No	No	No
Boughton Pharmacy Hoole Lane Chester CH2 3DP	Yes	Yes	No	No	Yes	No	No	No
Boots Pharmacy 1-1A The Forum Northgate Street Chester CH1 2BY	Yes	Yes	No	No	Yes	No	No	No
Well Pharmacy	Yes	Yes	No	No	Yes	Yes	No	Yes

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Fountains Health Delamere Street Chester CH1 4DS								
Swettenhams Chemists 95 Kingsway Chester CH2 2LJ	Yes	Yes	No	No	Yes	No	No	No
Boots Pharmacy 47-55 Foregate Street Chester CH1 1NA	Yes	Yes	No	No	Yes	No	No	No
Tesco Pharmacy 40-42 Frodsham Street Chester CH1 3JS	Yes	Yes	No	No	Yes	No	No	No
Superdrug Pharmacy 32-34 Northgate Street Chester CH1 2HA	Yes	Yes	No	No	Yes	No	No	No
Chester East care community								
Vicars Cross Pharmacy 58 Green Lane Vicars Cross Chester CH3 5LB	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Lloyds Pharmacy Caldy Valley Road Great Boughton CH3 5QJ	Yes	Yes	No	No	Yes	No	No	No
Well Upton-By- Chester Upton Village Surgery Wealstone Lane Upton Chester CH2 1HD	Yes	Yes	No	No	Yes	Yes	No	Yes
Heath Lane Pharmacy Health Lane Chester CH3 5ST	Yes	Yes	No	No	Yes	No	No	No
Morrisons Pharmacy Mill Lane Upton Bache CH2 1BT	Yes	Yes	No	No	Yes	No	No	No
The Village Pharmacy 12 The Parade Guy Lane Waverton Chester CH3 7NX	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Chester South care community								
Garrett Pharmacy 3-4 Carlton Shopping Centre	Yes	Yes	No	No	Yes	Yes	No	Yes

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Western Avenue Blacon Chester CH1 5PN								
Saughall Pharmacy Plainsfield Church Road Saughall Chester CH1 6EP	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Swettenham Chemists 4 The Parade Blacon Chester CH1 5HN	Yes	Yes	No	Yes	Yes	No	No	No
Westminster Park Pharmacy 7 Castle Croft Road Chester CH4 7QD	Yes	Yes	No	No	No	No	No	No
Owen's Chemist 20A Chester Street Saltney Chester CH4 8BJ	Yes	Yes	No	No	No	No	No	No
Boots Unit 1B Greyhound Retail Park Chester CH1 4QG	Yes	No	No	No	Yes	No	No	No
Handbridge Pharmacy 9 Handbridge Chester CH4 7JE	Yes	Yes	Yes	Yes	Yes	No	No	No
Ellesmere Port care community								
Stanney Lane Chemist 36 Stanney Lane Ellesmere Port CH65 9AE	Yes	Yes	No	No	Yes	No	No	No
Ellesmere Pharmacy 7b Rivington Road Ellesmere Port CH65 0AW	Yes	Yes	No	No	Yes	Yes	No	Yes
Lloyds Pharmacy 66-68 Old Chester Road Great Sutton Ellesmere Port CH66 3PB	Yes	Yes	No	No	Yes	No	No	No
Well Ellesmere Port 54-56 Loxdale Drive Great Sutton Ellesmere Port CH65 7AN	Yes	Yes	No	No	Yes	Yes	No	Yes
Rowlands Pharmacy	Yes	Yes	Yes	No	Yes	No	No	No

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5 Hope Farm Precinct Hope Farm road Great Sutton South Wirral CH66 2RG								
Boots Pharmacy Cheshire Oaks Outlet Village 31 Coliseum Way Ellesmere port CH65 9HD	Yes	Yes	No	No	Yes	No	No	No
Lloyds Pharmacy 114 Chester Road Whitby Ellesmere Port CH65 6TG	Yes	Yes	No	No	Yes	No	No	No
Sutton Pharmacy 335 Chester Road Little Sutton Ellesmere Port CH66 3RF	Yes	Yes	No	No	Yes	No	No	No
Little Sutton Pharmacy 381 Chester Road Little Sutton Ellesmere Port CH66 3RQ	Yes	Yes	No	No	Yes	Yes	No	Yes
Asda Pharmacy Grange Road Ellesmere Port CH65 0BZ	Yes	Yes	No	No	Yes	No	No	No
Well Ellesmere Port 20a Overpool Road Ellesmere Port CH66 1JN	Yes	Yes	No	No	Yes	Yes	No	Yes
Well Pharmacy 10 Church Parade Ellesmere Port CH65 2ER	Yes	Yes	No	No	Yes	Yes	No	Yes
Boots Pharmacy Mercer Walk Ellesmere Port CH65 0AP	Yes	Yes	No	No	Yes	No	No	No
Lloyds Pharmacy Kinsey Road Ellesmere Port CH65 9HN	Yes	Yes	No	No	Yes	No	No	No
Rowlands Pharmacy 2 York Road Ellesmere Port CH65 0DB	Yes	Yes	Yes	No	Yes	No	No	No
Helsby and Frodsham care community								
Fearns Pharmacy Britannia Gardens Helsby Frodsham WA6 0DP	Yes	Yes	No	No	No	No	No	No
Boots Pharmacy 2 Princeway Frodsham WA6 6RX	Yes	Yes	No	No	Yes	No	No	No
Boots Pharmacy	Yes	Yes	No	No	Yes	No	No	No

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7 Church Street Frodsham WA6 7DN								
Frodsham Pharmacy 59 Kingsley Road Frodsham WA6 6SJ	Yes	Yes	Yes	Yes	Yes	No	No	No
Holland Pharmacy Hollow Lane Frodsham WA6 8EF	Yes	No	No	No	No	No	No	No
Neston and Willaston care community								
Willaston Pharmacy Neston Road Willaston CH64 2TL	Yes	Yes	No	No	Yes	No	No	No
Deeside Pharmacy Mellock Lane Little Neston Neston CH64 4BN	Yes	Yes	No	No	Yes	No	No	No
Boots Pharmacy 17 High Street Neston CH64 9TZ	Yes	Yes	No	Yes	Yes	No	No	No
Galen Pharmacy 12 Liverpool Road Neston CH64 3RA	Yes	Yes	No	No	Yes	No	No	No
Northwich care community								
Lloyds Pharmacy 7-9 Northwich Road Weaverham Northwich CW8 3EU	Yes	Yes	No	No	Yes	No	No	No
Rowlands Pharmacy 299 Chester Road Northwich CW8 1QL	Yes	Yes	No	Yes	Yes	No	No	No
Lloyds Pharmacy 66 Middlewich Road Rudheath Northwich CW9 7DA	Yes	Yes	No	No	Yes	No	No	No
Well Pharmacy Drillfield Road Northwich CW9 5HN	Yes	Yes	No	No	Yes	Yes	No	Yes
Lloyd Pharmacy 7 Lime Avenue Weaverham Northwich CW8 3DE	Yes	Yes	No	No	Yes	No	No	No
Rowlands Pharmacy 16 Fir Lane Sandiway Northwich CW8 2NT	Yes	Yes	No	Yes	Yes	No	No	No
Tesco Pharmacy Manchester Road	Yes	Yes	No	No	Yes	No	No	No

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Northwich CW9 5LY								
Eastfield Pharmacy 469 Manchester Road Lostock Gralam Northwich CW9 7QB	Yes	No	No	No	Yes	No	No	No
Barnton Pharmacy 76 Runcorn Road Barnton Northwich CW8 4EY	Yes	Yes	No	No	Yes	Yes	Yes	Yes
Danebridge Pharmacy 31 London Road Northwich CW9 5HQ	Yes	Yes	No	No	Yes	No	No	Yes
Well Pharmacy Broadway Lydyett Lane Barnton Northwich CW8 4LF	Yes	Yes	No	No	Yes	Yes	No	Yes
Boots Pharmacy 39-45 Witton Street Northwich CW9 5DH	Yes	Yes	No	No	Yes	No	No	No
Lloyds Pharmacy Venables Road Northwich CW9 5RT	Yes	Yes	No	No	Yes	No	No	No
Well Pharmacy 3A Kingsmead Regency Way Northwich CW9 8UW	Yes	Yes	No	No	Yes	Yes	No	Yes
Hoggs Chemist Firdale Medical Centre Firdale Road Northwich CW8 4AZ	Yes	Yes	No	No	Yes	No	No	No
Leftwich Pharmacy 65 Clifton Drive Leftwich Northwich CW9 8BQ	Yes	Yes	No	No	Yes	Yes	No	Yes
Well Pharmacy Unit 1 Cock o'Witton Witton Street Northwich CW9 5QY	Yes	Yes	No	No	Yes	Yes	No	Yes
Well Pharmacy 1-3 Church Street Davenham Northwich CW9 8NE	Yes	Yes	No	No	Yes	Yes	No	Yes
Rural care community								
Well Tattenhall High Street Tattenhall Chester	Yes	Yes	No	Yes	Yes	Yes	No	Yes

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CH3 9PX Holmes Pharmacy Chester Road Kelsall Tarpoley CW6 0RZ	Yes	Yes	No	No	No	No	No	No
Elton Pharmacy The Shopping Centre 6 Ince Lane Elton Chester CH2 4LU	Yes	Yes	No	No	Yes	No	No	No
Ian Littler Pharmacy 28-30 High Street Tarvin Chester CH3 8EE	Yes	Yes	No	No	Yes	No	No	No
Well Malpas 1 The Cross Malpas SY14 8NU	Yes	Yes	No	No	Yes	Yes	No	Yes
Rowlands Pharmacy 77 High Street Tarpoley CW6 0AB	Yes	Yes	No	Yes	Yes	No	No	No
Farndon Pharmacy High Street Farndon CH3 6PT	Yes	Yes	No	No	Yes	Yes	No	No
Winsford care community								
Boots Pharmacy 5-7 Dingle Lane Winsford CW7 1BA	Yes	Yes	No	No	Yes	No	No	No
Well Wharton Crook Lane Wharton Winsford CW7 3GY	Yes	Yes	No	No	Yes	Yes	No	Yes
Asda Pharmacy The Drumber Winsford CW7 1BD	Yes	Yes	No	No	No	No	No	No
Ponda's Chemists 7 Cheviot Court Winsford CW7 1QS	Yes	Yes	No	No	No	No	No	Yes
Ponda's Chemists 2 Dingle Walk Winsford CW7 1BA	Yes	Yes	Yes	No	No	No	No	Yes
Well Pharmacy 2a Dene Drive Winsford CW7 1AT	Yes	Yes	No	No	Yes	Yes	No	Yes

Table A2-4 Community pharmacies providing locally commissioned services. Correct at October 2021

Pharmacy	CCG commissioned Minor ailments scheme	CCG commissioned Palliative care medicine service	LA Commissioned Emergency hormonal contraception	LA Commissioned Supervised consumption of methadone	LA Commissioned Needle exchange	LA Commissioned Sharps disposal
Chester Central care community						
Boots Pharmacy 4 Faulkner Street Hoole Chester CH2 3BD	Yes	No	Yes	Yes	No	No
Boughton Pharmacy Hoole Lane Chester CH2 3DP	Yes	No	Yes	No	No	No
Boots Pharmacy 1-1A The Forum Northgate Street Chester CH1 2BY	Yes	No	Yes	Yes	No	No
Well Pharmacy Fountains Health Delamere Street Chester CH1 4DS	Yes	Yes	Yes	Yes	Yes	No
Swettenhams Chemists 95 Kingsway Chester CH2 2LJ	Yes	No	Yes	Yes	No	No
Boots Pharmacy 47-55 Foregate Street Chester CH1 1NA	No	No	Yes	Yes	No	No
Tesco Pharmacy 40-42 Frodsham Street Chester CH1 3JS	No	No	No	No	No	Yes
Superdrug Pharmacy 32-34 Northgate Street Chester CH1 2HA	No	No	Yes	Yes	Yes	Yes
Chester East care community						
Vicars Cross Pharmacy 58 Green Lane Vicars Cross Chester CH3 5LB	Yes	No	Yes	Yes	No	Yes
Lloyds Pharmacy Caldy Valley Road Great Boughton CH3 5QJ	Yes	Yes	Yes	No	No	No
Well Upton-By- Chester Upton Village Surgery Wealstone Lane	Yes	No	No	No	No	No

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Upton Chester CH2 1HD						
Heath Lane Pharmacy Heath Lane Chester CH3 5ST	Yes	No	No	No	No	No
Morrisons Pharmacy Mill Lane Upton Bache CH2 1BT	Yes	No	Yes	No	No	Yes
The Village Pharmacy 12 The Parade Guy Lane Waverton Chester CH3 7NX	No	No	No	No	No	No
Chester South care community						
Garrett Pharmacy 3-4 Carlton Shopping Centre Western Avenue Blacon Chester CH1 5PN	Yes	No	No	Yes	No	Yes
Saughall Pharmacy Plainsfield Church Road Saughall Chester CH1 6EP	Yes	No	Yes	Yes	No	Yes
Swettenham Chemists 4 The Parade Blacon Chester CH1 5HN	Yes	No	Yes	Yes	Yes	No
Westminster Park Pharmacy 7 Castle Croft Road Chester CH4 7QD	Yes	No	Yes	Yes	No	No
Owen's Chemist 20A Chester Street Saltney Chester CH4 8BJ	No	No	Yes	Yes	No	No
Boots Unit 1B Greyhound Retail Park Chester CH1 4QG	Yes	No	Yes	Yes	No	
Handbridge Pharmacy 9 Handbridge Chester CH4 7JE	No	No	Yes	Yes	No	No
Ellesmere Port care community						
Stanney Lane Chemist 36 Stanney Lane Ellesmere Port	No	No	Yes	Yes	No	No

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CH65 9AE						
Ellesmere Pharmacy 7b Rivington Road Ellesmere Port CH65 0AW	Yes	No	Yes	Yes	No	Yes
Lloyds Pharmacy 66-68 Old Chester Road Great Sutton Ellesmere Port CH66 3PB	Yes	No	Yes	Yes	Yes	No
Well Ellesmere Port 54-56 Loxdale Drive Great Sutton Ellesmere Port CH65 7AN	Yes	Yes	Yes	Yes	Yes	No
Rowlands Pharmacy 5 Hope Farm Precinct Hope Farm road Great Sutton South Wirral CH66 2RG	No	No	No	No	No	No
Boots Pharmacy Cheshire Oaks Outlet Village 31 Coliseum Way Ellesmere port CH65 9HD	Yes	No	Yes	Yes	No	No
Lloyds Pharmacy 114 Chester Road Whitby Ellesmere Port CH65 6TG	Yes	No	Yes	Yes	No	No
Sutton Pharmacy 335 Chester Road Little Sutton Ellesmere Port CH66 3RF	No	No	Yes	No	No	Yes
Little Sutton Pharmacy 381 Chester Road Little Sutton Ellesmere Port CH66 3RQ	Yes	Yes	Yes	Yes	No	Yes
Asda Pharmacy Grange Road Ellesmere Port CH65 0BZ	Yes	No	Yes	Yes	No	No
Well Ellesmere Port 20a Overpool Road Ellesmere Port CH66 1JN	Yes	Yes	Yes	Yes	Yes	No
Well Pharmacy 10 Church Parade Ellesmere Port CH65 2ER	Yes	Yes	Yes	Yes	Yes	No
Boots Pharmacy Mercer Walk Ellesmere Port CH65 0AP	Yes	No	Yes	Yes	No	No
Lloyds Pharmacy Kinsey Road Ellesmere Port CH65 9HN	Yes	No	Yes	No	No	No
Rowlands Pharmacy	No	No	No	Yes	Yes	No

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2 York Road Ellesmere Port CH65 0DB						
Helsby and Frodsham care community						
Fearns Pharmacy Britannia Gardens Helsby Frodsham WA6 0DP	No	No	Yes	Yes	No	No
Boots Pharmacy 2 Princeway Frodsham WA6 6RX	Yes	No	Yes	No	No	No
Boots Pharmacy 7 Church Street Frodsham WA6 7DN	Yes	No	Yes	Yes	No	No
Frodsham Pharmacy 59 Kingsley Road Frodsham WA6 6SJ	Yes	No	Yes	No	No	No
Holland Pharmacy Hollow Lane Frodsham WA6 8EF	No	Yes	No	No	No	No
Neston and Willaston care community						
Willaston Pharmacy Neston Road Willaston CH64 2TL	No	No	No	No	No	No
Deeside Pharmacy Mellock Lane Little Neston Neston CH64 4BN	Yes	No	No	No	No	No
Boots Pharmacy 17 High Street Neston CH64 9TZ	Yes	No	Yes	Yes	No	No
Galen Pharmacy 12 Liverpool Road Neston CH64 3RA	No	No	Yes	Yes	No	No
Northwich care community						
Lloyds Pharmacy 7-9 Northwich Road Weaverham Northwich CW8 3EU	Yes	No	Yes	Yes	Yes	No
Rowlands Pharmacy 299 Chester Road Northwich CW8 1QL	Yes	No	No	No	No	No
Lloyds Pharmacy 66 Middlewich Road Rudheath Northwich CW9 7DA	Yes	No	Yes	Yes	Yes	No
Well Pharmacy Drillfield Road Northwich CW9 5HN	Yes	No	Yes	Yes	No	Yes
Lloyd Pharmacy 7 Lime Avenue Weaverham Northwich	Yes	No	Yes	Yes	No	No

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CW8 3DE						
Rowlands Pharmacy 16 Fir Lane Sandiway Northwich CW8 2NT	Yes	Yes	Yes	Yes	No	No
Tesco Pharmacy Manchester Road Northwich CW9 5LY	No	No	Yes	Yes	No	Yes
Eastfield Pharmacy 469 Manchester Road Lostock Gralam Northwich CW9 7QB	No	No	Yes	No	No	No
Barnton Pharmacy 76 Runcorn Road Barnton Northwich CW8 4EY	Yes	No	Yes	Yes	No	No
Danebridge Pharmacy 31 London Road Northwich CW9 5HQ	No	No	No	No	No	No
Well Pharmacy Broadway Lydyett Lane Barnton Northwich CW8 4LF	Yes	No	Yes	Yes	No	No
Boots Pharmacy 39-45 Witton Street Northwich CW9 5DH	Yes	No	No	Yes	No	No
Lloyds Pharmacy Venables Road Northwich CW9 5RT	Yes	Yes	Yes	Yes	Yes	No
Well Pharmacy 3A Kingsmead Regency Way Northwich CW9 8UW	Yes	No	Yes	Yes	Yes	No
Hoggs Chemist Firdale Medical Centre Firdale Road Northwich CW8 4AZ	Yes	No	Yes	Yes	No	Yes
Leftwich Pharmacy 65 Clifton Drive Leftwich Northwich CW9 8BQ	No	No	Yes	No	No	No
Well Pharmacy Unit 1 Cock o'Witton Witton Street Northwich CW9 5QY	Yes	No	Yes	Yes	Yes	No
Well Pharmacy 1-3 Church Street Davenham Northwich	Yes	No	Yes	Yes	Yes	No

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CW9 8NE						
Rural care community						
Well Tattenhall High Street Tattenhall Chester CH3 9PX	Yes	No	Yes	Yes	No	No
Holmes Pharmacy Chester Road Kelsall Tarporley CW6 0RZ	Yes	No	Yes	No	No	Yes
Elton Pharmacy The Shopping Centre 6 Ince Lane Elton Chester CH2 4LU	Yes	No	Yes	No	No	Yes
Ian Littler Pharmacy 28-30 High Street Tarvin Chester CH3 8EE	Yes	No	Yes	Yes	No	No
Well Malpas 1 The Cross Malpas SY14 8NU	Yes	Yes	Yes	Yes	Yes	Yes
Rowlands Pharmacy 77 High Street Tarporley CW6 0UE	Yes	Yes	No	No	No	No
Farndon Pharmacy High Street Farndon CH3 6PT	No	No	No	Yes	No	No
Winsford care community						
Boots Pharmacy 5-7 Dingle Lane Winsford CW7 1BA	Yes	No	Yes	No	No	No
Well Wharton Crook Lane Wharton Winsford CW7 3GY	Yes	No	Yes	Yes	Yes	No
Asda Pharmacy The Drummer Winsford CW7 1BD	Yes	Yes	Yes	Yes	No	No
Ponda's Chemists 7 Cheviot Court Winsford CW7 1QS	Yes	Yes	No	No	No	No
Ponda's Chemists 2 Dingle Walk Winsford CW7 1BA	No	No	No	Yes	Yes	Yes
Well Pharmacy 2a Dene Drive Winsford CW7 1AT	Yes	No	Yes	Yes	Yes	No

Table A2-5 Dispensing doctors in Cheshire West and Chester borough. Correct at January 2021

Practice name	Address	Telephone number	Number of dispensing GP's
Laurel Bank Surgery	Old Hall Malpas SY14 8PS	01948 860205	6
Princeway Health Centre	2 Princeway Frodsham WA6 6RX	01928 733249	14
The Village Surgery	Ravensholme Lane Tattenhall CH3 9RE	01829 771588	8
Tarporley Health Centre	Park Road Tarporley CW6 0BE	01829 733456	7

Appendix 3: Patient survey of community pharmacy services November 2021, Results

There were 252 responses to the survey from Cheshire West and Chester residents.

1a. Why did you visit the pharmacy?

Reason	%	Count
To collect a prescription for yourself	62.7%	158
To collect a prescription for someone else	18.3%	46
To get advice from the pharmacist	6.0%	15
To buy other medications I cannot buy elsewhere	4.0%	10
Other (please specify)	9.1%	23

1b. For those who said 'other' please specify.

- Purchase toiletries
- To order repeat prescriptions
- Flu vaccination
- Flu jab
- To buy painkillers as super-markets won't sell aspirin and paracetamol at the same time
- To buy medication for a cold.
- Lateral flow test collection
- All of the above
- To collect prescription for myself and others
- Flu jab
- To collect for myself and my father.
- Flu jab
- 'flu vaccination
- Both for myself and someone else
- Winter flu vaccine 2021
- Prescription delivery

- To read my blood pressure
- Get winter flu vaccine
- My meds are picked up for me
- To collect prescriptions for two people
- Covid vaccination
- To receive a flu jab

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

Visited...	%	Count
In the last week	38.9%	98
In the last two weeks	28.2%	71
In the last month	21.0%	53
In the last three months	7.5%	19
In the last six months	3.2%	8
Not in the last six months	1.2%	3

3. How did you get to the pharmacy?

Transport method	%	Count
Car	61.5%	155
Walking	40.1%	101
Other (please specify)	3.2%	8
Public transport	2.0%	5
Bicycle	1.6%	4
Taxi	0.8%	2
Motorbike	0.0%	0
Mobility transport	0.0%	0

4a. Thinking about the location of the pharmacy, which of the following are the most important to you?

What is most important for a pharmacy?	%	Count
It is close to my home	68.3%	172
It is easy to park nearby	40.1%	101
It is close to my doctor's surgery	35.3%	89
It is close to other shops I use	34.1%	86
It is close to/in my local supermarket	9.1%	23
Other (please specify)	4.8%	12
None of these	4.0%	10
It is near to the bus stop / train station	3.6%	9
It is close to where I work	2.4%	6
It is close to my children's school or nursery	0.8%	2

4b. For those who said 'other' please specify.

- Easy access is essential for the ill or less mobile
- Nearest
- Good stock in shop and polite staff.

- Opening hours, late night opening hours is helpful. I use a pharmacy a couple of miles further away than my local for this reason
- has long opening hours
- It was the only Pharmacy when I moved here in 1993. I continue to use it because the staff are excellent.
- Close to my mums' home
- I've been at this pharmacy for years as it was open later than the one nearest to my GP surgery & bus depot. Since then, things have changed, the bus depot has moved, but I still use it & visit the shops that are near to it when I do.
- Opening hours include evenings i.e. until 8pm
- Able to get the medication I need
- Provision of medication required open weekends and after 6 pm
- The staff are helpful when problems arise.

5. How easy is to get to your usual pharmacy?

Getting to the pharmacy	%	Count
Very easy	69.8%	176
Quite easy	27.4%	69
Quite difficult	2.8%	7
Very difficult	0.0%	0

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

For those with mobility issues, are you able to park close enough to your pharmacy?	%	Count
Yes	86.7%	98
No	13.3%	15

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

Does your pharmacy deliver?	%	Count
Don't Know/ I have never used this service	51.0%	128
Yes	41.4%	104
No	7.6%	19

8a. Can you remember a recent time when you had problems finding a pharmacy to get a medicine dispensed, to get advice or to buy medicines?

Have you ever had trouble finding a pharmacy to get a medicine dispensed, get advice, or buy a medicine?	%	Count
No	81.3%	204
Yes	18.7%	47

8b. If Yes, what was your main reason for going to the pharmacy?

Reason for needing a pharmacy	%	Count
To get medicine(s) on a prescription	76.8%	43
To buy medicine(s) from the pharmacy	12.5%	7
Other (please specify)	8.9%	5
To get advice at the pharmacy	1.8%	1

8c. For those who said 'other' please specify.

- To get blister packs for my parent with dementia
- I went to my pharmacy as the one my dad was at didn't have the medication he needed urgently. So I have changed my dad to my pharmacy now.
- Difficulty getting medication
- Take my blood pressure readings
- Limited stocks necessitated 5 visits to fulfil monthly prescription

8d. Please tell us what was the problem in finding a pharmacy?

- Lack of HRT patches, tried many working my WA5 area, ending up getting them from Tesco on Winwick Road and had to change script for further ones
- Finding a pharmacy that stocked the medicine my son required. Ended up having to get it from the hospital.
- Shortage of Epilepsy medication for my daughter-I was left to contact many chemists in Wirral who could find a supplier of meds, all I was told from own chemist was they couldn't get hold of them. This was extremely stressful.
- No pharmacy in the area was able to provide the blister pack service and if it had not been for me packaging and cutting them I don't know what would have happened.
- Our pharmacy next to doctors closed just as Covid hit. We had to find another pharmacy that I could get my wife's medication from.
- Could find pharmacy open past 22.30 in Northwich area, Danebridge closes at 10pm now. Sainsburys pharmacy was supposed to be open, but stood ringing the bell for 20 minutes and no one answered.
- Both pharmacies in my village are closed on Saturday
- None open at the time I needed an emergency prescription for antibiotics - it was late on a Sunday.
- Was prescribed a medicine at Leighton Hospital late Saturday afternoon. Pharmacies in Winsford and Northwich didn't stock it and had to go to Macclesfield
- The pharmacy refused to supply and suggested going elsewhere into Northwich. This is a frequent problem and they do this despite it being in their contract to get the medicines in.
- My pharmacy is linked to my GP so prescriptions are sent electronically.
- Pharmacy either unexpectedly closed or reduced opening hours/wouldn't let more people in due to large queues arising from lack of available pharmacist.
- During Covid only a few pharmacies delivered. My nearest pharmacy doesn't and is pretty inept anyway; the one I had been using until then did not deliver; I had quite a search to find one that would
- My usual one said my medicine was out of stock at their wholesaler (tied pharmacy). Dr recommended an independent pharmacy I had to drive to, then return to a couple of days later.

- Actually getting into the shop - had to wait for 30minutes
- Long and slow queue
- My prescription was waiting at the pharmacy
- HRT was not stocked in local pharmacies
- Late evening no Pharmacy open after 8pm to get urgent medication prescribed by out of hours GP
- Opening times have changed that they don't open on Saturday and close by 6 in the week. Which for most workers it makes getting prescription a pain as you have to ask someone else to collect as your in work or travelling
- I have Grover the reason in the above.
- The pharmacy I used didn't order the drug I needed so we had to ring around and then drive to find one that did
- A lot where closed - this was back in September and I think it was on a Saturday after noon
- Type of prescription was out of stock
- The pharmacy I was using had an extended period when they were closed. It covered the due date for my essential prescription. (I had been away and was only just in time, thus leaving me with no medication) I have since changed to a different pharmacy.
- It's hidden down a back street
- Hard to find one which stocked the specific eye ointment my GP suggested
- Problem with telephoning to book delivery which you had to do as no one ever answered phone !so I changed pharmacy
- Had to change one recently due to repeated insufficient medication in stock (IOUs given) and several dispensing errors resulting in a loss of confidence in nearest shop.
- Sold out product in pharmacy recommended by Pharmacist in a supermarket, although was able to find it in a local independent chemist.
- Every pharmacy I attended had extensive queues after waiting 20-25 minutes at each one they advised medication was not available I then had to travel quite a distance and even then only 1 medication was available
- Manufacturing issues. Not getting what was ordered. Getting what was NOT ordered. Getting things NOT on repeat.
- Covid
- I am constantly trying to find HRT patches as the pharmacies in the district are always running out and cannot source a new supply so every other month I'm chasing around looking for patches.
- Location
- To take my blood pressure
- Out of sickness medicine or pharmacist gone home at 6 pm
- I have mobility problems & before we had a pharmacy in my GP surgery it was very difficult to get to a pharmacy.
- Took over a week to get an emergency prescription... that was desperately needed. They didn't seem to care after ringing up every day! Ended up contacting 111 to get confirmation that I needed my prescription.
- No stock
- Limited stocks - unable to get items required
- My local pharmacy closed down
- During covid there were huge ques to get into the Asda store where the chemist is located which caused issues getting my meds early on in covid

- Was attitude of staff got advise elsewhere
- No local pharmacy had the medication needed

9a. Are you satisfied with the opening hours of your pharmacy?

Satisfied with opening hours	%	Count
Yes	77.2%	193
No	22.8%	57

9b. If answer no, please specify reason.

- they have reduced opening hours despite problems of queuing and queuing outside in bad weather.
- The one which I actually use, the hours are ok. The one which I would now like to use however is useless. 9-5 Mon-Fri and 9-12.30 Sat is useless. That's literally the same as most peoples work hours so they can't collect prescriptions. The only time I will use them is if I am at the doctors and it is something that this chemist has in stock quickly so I can kind of get it on the way home.
- It would be better to open all day Saturday.
- The pharmacy I use on Hope Farm Road was open 7-10.30 Mon-Sat and Sun 9-5. It has been recently taken over and is open 8:30-7:30 Mon-Fri and 9-3 Sat. This change happened without notice, there are now more customers and less time. I used this chemist as I work full time and collect prescriptions for me, my son and my elderly mother. We cannot have prescriptions delivered as there needs to be someone home to take them. My mother is home but has Alzheimer's and therefore gets confused when pills arrive and I have to deal with them.
- I would prefer it to open earlier
- Closed at weekends and lunchtimes
- Closes far to early and only open half day on a Saturday, not open at all on a Sunday.
- Only open until 5:30, for a full time student and part time shift worker it can be difficult to find time during the normal day to pick up medication
- Open Monday to Friday only
- They are running reduced hours during the week and shut on Saturday and Sunday
- Lack of staff has meant the pharmacy is opening at 10am and closing for an hour at lunchtime. Before the Covid pandemic the pharmacy used to open on Saturday morning. They have never reopened on Saturdays.
- Hours reduced recently- I work full time so not easy and no weekend working.
- Since covid they now shut every Saturday and at lunch time. I frequently work in Manchester and the hours of the pharmacy are simply not flexible enough. Covid should not be a rationale for remaining closed
- It now closed on Saturday and lunch time, which it never used to do.
- To be honest, my local pharmacy where my doctors sends my prescriptions to closes before I get home from work. Meaning I usually have to wait till the weekend to pick up a prescription.
- Closed at weekend and struggle to get there in the week due to work.
- Shut at lunchtime and at 5.30pm, when you are working these are the times you are able to go. Pharmacy is very inflexible if you turn up 1 min later then allotted time
- Not open when the GP surgery is closed (ie. weekends)

- They used to open late nights and weekends but they have just reduced their opening hours
- They have started shutting at lunch time.
- Of the one I drive to "yes". Of the local to me one "no".
- Opening hours are being reduced!!
- They were open until 10pm but have reduced their opening hours. We need late night pharmacies for those who can't visit the pharmacy during usual shopping hours. It's also helpful to have one available for pain relief etc which i have used over the last few months.
- Weekend only open Saturday morning which makes it hard to get there when working full time
- Reduced hours at the same time as neighbouring pharmacy closing
They have recently reduced hours from 10;30pm in the evening to 5:30 weekdays and are no longer open on a Sunday. This is despite also taking over the nearest other pharmacy. It is attached to a large doctors surgery (Hope Farm) and both factors will substantially increase queues.
- Certain pharmacies are closed for a lunch break, which is problematic as that is when I use my lunch hour break to collect them, as I work full time office hours. Which means it's difficult to collect prescriptions when the pharmacy's opening hours are similar to my working hours.
- Have just reduced their hours - more difficult to access it as I am working.
- No Saturday or evening opening.
- There should be at least 1 open in each town until midnight
- Closed Saturday and Sunday but the latest they open is 6 in the week
- Closes at lunchtime
- Not open Saturdays. If see GP who sends script hard to get before following Monday. Now need to give 7days notice for repeat Prescription as pharmacy can't process in time
- Not open on Saturday which is inconvenient especially for people who work
- It would be helpful if there was a local pharmacy open 24 hours, as people get ill throughout the night too.
- Could maybe be open on a Saturday morning
- Not many non working hours and only Sat morning
- No it hard when you work to get there to pick up medications.
- Need to generally stay open later on and Sunday
- The closest one is only open 6 days a week and closes at 5.30pm
- It would be great if local pharmacies were open longer
- Weaverham Lloyds is shut on Saturdays!
- Would be handy if open outside normal office hours
- It would be very handy to have the pharmacy open a bit longer, so it is easier to pick up medication during the week
- Does not open until 10.00am
- Later nights would be appreciated.
- Shuts between 1 and 2 for lunch also in past for a Covid clean
- Closed weekends and after 6 pm
- Short notice of closure due to no pharmacist on site.
- Sat Morning opening might be useful

- Saturday hours could be a little longer as can't always be up and about/get a lift 1st thing.
- 10-1 2-5 Mon-Fri used to be 9-6 six days a week
- They close early so it's difficult to collect medicines
- Close too early in the evening
- Would like it to open on Saturday mornings
- For people who work it would be better to offer some late nights or weekend hours also
- They close for lunch everyday and that is sometimes the only hour I can go as it is also my lunch.

10a. Were you satisfied with services received from your pharmacy during the pandemic?

Satisfied with pharmacy during pandemic	%	Count
Yes	82.80%	207
No (please specify why below)	17.20%	43

10b. If answer no, please specify reason.

- They reduced hours, were always very busy and didn't make arrangements to maximise the numbers being served but socially distanced - leaving people waiting outside for long periods. Later the dispensing was done off site, adding to the wait for the medication to come via the doctor.
- The only issue was that the pharmacy is so small you have to queue outside and it is freezing and often raining. It has been like this for over a year now and no provisions have been made for shelter.
- Rude and obnoxious staff
- Kept closing and prescriptions taking up to a week to be ready. We run out of medication four times despite requesting prescription with plenty of time.
- Rude and unhelpful
- Generally the pharmacy I use is poor. (Not just during covid) They have no regular pharmacist. They have no system for selecting medicines ready for collection. They appear to have little comms with the GP. Just poorly run with staff who clearly don't enjoy working there.
- shortened their hours, long queues to access the shop, inflexible staff who can be rude on occasion.
- Of the one I drive to "yes". Of the local one to me "no".
- I visit my pharmacy regularly to collect prescriptions for my husband. Even though he phones ahead to make sure the item(s) is/are ready 99% of the time they are not or they cannot be found by the assistant.
- my prescription took really long to become available after I requested it.
- As explained under 11, the one I first used wouldn't deliver and wasn't very Covid aware; the one I later used that did deliver, sometimes locus forget and I have to chase them up. Several times I ran out of key prescriptions just because of hold-ups
- The phone number didn't work and opening hours weren't consistent with what their fb page said. So impossible to check if medicine was there and also when to collect.
- Difficult to access - always a long waiting time
- Still having to queue outdoors in a car park to wait your turn to pick up a prescription for the second winter in a row - no cover available for people waiting, most of whom are already unwell and waiting in cold, wet weather

- Mums medication was wrong more than five times. Never on time.
- Often they didn't order in time, the drugs needed. I have a disabled son and husband who were very vulnerable and when I asked if we could have our prescriptions dropped off, so we didn't need to travel to the pharmacy and go inside etc fearing we may contract covid as we were vulnerable and shielding, we were told they were only delivering to the elderly. We are both in our sixties!
- Boots in Neston is quite often chaotic and was more so during the pandemic. They lose prescriptions keep you waiting for long periods because there are not enough people serving so if there is a problem it holds everyone up. I have had numerous problems there
- Prescription never ready. Been given the wrong tablets
- Didn't have ordered prescription ready, had to wait 45 mins
- Prescriptions never ready even though they had been sent earlier in the day. Still had to wait. Constant stream of people picking up their medication
- did not have the full prescription ready with other items
- Made to stand outside for two hour in the cold and rain.
- So slow
- Many occasions when tablets from prescriptions had to be ordered with significant delays
- Long queues, left standing on street
- They were fantastic
- We order repeat prescriptions online and still have to wait for over a week to pick them up. The pharmacy blame the medical centre and the medical centre people are totally unhelpful.
- Unable to get a delivery for my Mother who was taking numerous meds
- My pharmacy closed.
- Excessive wait times
- Can't take my blood pressure
- Medicine could not be delivered if prescription not sent by early morning
- Wait time terrible 10 to 14 days for repeat scripts.
- Not perfect but appreciated sterling efforts of staff under the circumstances
- Had to resort to online deliveries. Very unsuccessful.
- There were always delays which meant that i would tend to miss doses because my medication wouldn't be ready yet
- Difficult to ring them to chek of the prescription was ready and continually engaged the explanation was BT issues but this went on for several weeks
- Irregular opening hours and lack of staff including pharmacy manager.

11a. How many times recently have you needed to use your usual pharmacy (or the pharmacy closest to you) when it was closed?

How many times have you need to use the pharmacy when it was closed?	%	Count
I haven't needed to use the pharmacy when it was closed	65.5%	152
Once or twice	26.7%	62
Three or four times	5.6%	13
Five or more times	2.2%	5

11b. What day of the week was it?

What day of the week did you visit the pharmacy and it was closed?	%	Count
Monday to Friday	44.2%	38
Saturday	32.6%	28
Can't remember	12.8%	11
Sunday	10.5%	9
Bank Holiday	0.0%	0

11c. What time of the day was it?

What time of day did you visit the pharmacy and it was closed?	%	Count
Morning	31.8%	27
Afternoon	25.9%	22
Lunch-time (between 12pm and 2pm)	20.0%	17
Evening (after 7pm)	11.8%	10
Can't Remember	10.6%	9

11d. What did you do when your pharmacy was closed?

What did you do when your pharmacy was closed?	%	Count
Waited until the pharmacy was open	54.8%	86
Went to another pharmacy	26.1%	41
Other (please specify)	12.7%	20
Called NHS 111	5.1%	8
Went to a hospital	0.6%	1
Went to a Walk in Centre	0.6%	1

11e. If you selected other, please specify.

- Had to go to a supermarket
- Had to wait as my prescriptions were inside waiting for collection
- Had to wait until the morning when a pharmacy opened as the pharmacy the hospital told us to use didn't answer the bell after trying for over 20 minutes.
- Had to wait
- Went to Boots in town
- Went home returned another time
- They had no pharmacist so pharmacy was closed at odd times. I had to return 3 times to pick up my prescription.
- Went home
- Ended up not being able to take meds as prescription is at the closed pharmacy
- GP kindly faxed it to supermarket pharmacy in next village.
- never needed pharmacy out of hours
- I asked the doctor to change where I could collect prescriptions reliably.
- Get my medication delivered
- Gone home again
- Waited until Monday for my prescription

12a. Did you get a prescription the last time you used a pharmacy?

Did you get a prescription the last time you used a pharmacy?	%	Count
Yes	82.0%	191
No	17.2%	40
Can't Remember	0.9%	2

12b. If you were getting a prescription, did the staff at the pharmacy tell you how long you would have to wait for your prescription to be prepared?

Did the staff tell you how long you would have to wait for the prescription to be prepared?	%	Count
Yes	59.1%	110
No, but I would have liked to have been told	19.9%	37
No, but I did not mind	15.6%	29
Can't remember	5.4%	10

12c. Was this a reasonable period of time?

Was this a reasonable period of time?	%	Count
Yes	57.1%	124
No	20.3%	44
Not applicable	22.6%	49

12d. Did you get all the medicines that you needed on this occasion?

Did you get all the medicines that you needed on this occasion?	%	Count
Yes	76.9%	170
No	25.6%	50
Can't remember	0.5%	1

12e. What was the main reason for not getting all your medicines on this occasion?

Reason for not getting all medicines	%	Count
The pharmacy had run out of my medicine	41.4%	24
My prescription had not arrived at the pharmacy	25.9%	15
Pharmacy told me medicine was unavailable	10.3%	6
My GP had not prescribed something I wanted	3.5%	2
Some other reason	19.0%	11

12f. How long did you have to wait to get the rest of your medicines?

Wait time for medicines	%	Count
Later the same day	5%	3
The next day	21.7%	13
Two to seven days	56.7%	34
More than a week	11.7%	7

Never got it	5.0%	3
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13. If you have needed to use a hospital pharmacy (e.g. as an outpatient or discharge following a stay in hospital), would you like to have the option to have the prescription dispensed at your local pharmacy?

Would you like to have hospital prescriptions dispensed at local pharmacy?	%	Count
Yes	57.5%	130
No	11.5%	26
I have never used a hospital pharmacy	31.0%	70

14a. Have you had a consultation with the pharmacist recently for any health-related purpose?

Have you had a consultation with the pharmacist?	%	Count
Yes	37.3%	87
No	61.0%	142
Can't remember	1.7%	4

14b. What advice were you given during your consultation?

What advice were you given?	%	Count
Advice about a minor ailment	50.6%	46
Medicine advice	38.5%	35
Referred to other service	7.7%	7
Blood pressure monitoring	4.4%	4
Lifestyle advice	3.3%	3
Emergency contraception service	1.1%	1
Other	14.3%	13

14c. If you selected other, please specify.

- Flu vaccine x4
- New prescribed medicine
- Medication
- Told to visit GP (x2)
- Ailment
- Symptoms

14d. Where did you have your consultation with the pharmacist?

Where did the consultation take place?	%	Count
In a separate room	46.7%	42
At the pharmacy counter	37.8%	34
In the dispensary or a quiet part of the shop	8.9%	8
Over the telephone	4.4%	4
Other	2.2%	2

14e. How do you rate the level of privacy you have in the consultation with the pharmacist?

Privacy during consultation	%	Count
Excellent	36.0%	32
Very good	20.2%	18
Good	20.2%	18
Fair	13.5%	12
Poor	6.7%	6
Very poor	3.4%	3

15a. Please tell us how you would describe your feeling about pharmacies?

Where did the consultation take place?	%	Count
I wish pharmacies could provide more services for me	28.0%	65
I am satisfied with the range of services pharmacies provide	65.5%	152
Don't know	6.5%	15

15b. Which, if any, of the services below do you think should be available locally through pharmacies?

Services	Yes (% and count)	No (% and count)	Not sure (% and count)
Provision of the "flu" vaccinations	93.0% 214	2.6% 6	4.4% 10
To get treatment of a minor illness such as a cold instead of my doctor (free of charge)	89.0% 202	4.0% 9	7.1% 16
Review of new medicines with advice on when it is best to take them, what they are for and side-effects to expect	84.8% 189	10.8% 24	4.5% 10
Other immunisations	83.3% 184	6.3% 14	10.4% 23
Advice on contraception and the supply of the "morning after pill" free of charge	79.5% 174	9.1% 20	11.4% 25
Advice on stopping smoking and/or treatment	72.6% 159	14.2% 31	13.2% 29
Weight management services and advice on diet/exercise for weight management	62.3% 137	16.8% 37	20.9% 46
Screening for other conditions	57.9% 129	21.1% 47	21.1% 47
Advice and treatment for drug misuse	44.2% 95	29.8% 64	26.1% 56
Advice and treatment for alcohol misuse	44.0% 95	28.7% 62	27.3% 59

15c. Is there anything you particularly value as a service from pharmacies?

Responses
The pharmacy are very pleasant and very friendly and I haven't any complaints at all.
I use a regular one (Boots Gemini) who are usually good with everything, although they couldn't administer the flu jab this year, always fully booked but I believe the person was off sick... but have used others in my area and they are good too.
Having new medications explained, with information about any side effects to be expected.
One to one consultation
They pick up my prescriptions from my doctors and have been quite helpful when updates to my prescription haven't quite gone to plan - they have liaised with my GP.
Informal advice re minor conditions readily available
Easy access, no appointment needed! A walk-in health service. Rare nowadays.
General health advice which you don't need to bother your doctor about.
Green Lane Pharmacy in Vicars Cross has been brilliant, adapting to needs of Covid, and helping get people vaccinated.
Location being close to home. Pharmacy contacting GP for repeat prescriptions.
My pharmacy being able to remind me about medications.
Being friendly and approachable
The knowledge of me and my conditions built up over years. Therefore, the pharmacist is aware of my conditions and can give advice.
My local pharmacy liaises with my GP organises my repeat prescription and texts me when it is ready. Very efficient
Ability to get advice promptly- no waiting for an appointment or call back!
To be able to buy in bulk box of dressings that are waterproof
Friendly staff and quick waiting times
Immediate consultation if they are open
Home delivery if chemist hasn't lost or mislaid your five item dispensed packet.
Home delivery
First line advice about an ailment, my medication and advice generally. My pharmacy is a lifeline for me. I would find it very difficult to know where else to go for that initial help and advice.
Availability for advice on request
Knowledge of the pharmacist
Good communication, having your medication in. Being polite. Giving privacy when needed.
The sales assistants not to act like they know everything and "gatekeep" your ability to speak to an actual pharmacist. Pharmacists communicating with GP's and GP receptionists – not expecting the patient to make numerous calls back and forth to sort out their mistakes!!
All very good
Professional advice on health-related matters and recommendation of over the counter medicine.
A very useful local service that provides a good range of health services. Using it also reduces my carbon footprint
Advice and friendly staff
The local pharmacy used to be a place you could go for advice. The service is very poor these days.
A friendly helpful staff - and value their knowledge

Convenience of local pharmacy. Prescriptions ordered through GP are sent directly.
Ease of access
To be able to pick up prescriptions when they are ready and not have to spend a lot of time in the store like I seem to do now.
Helpful staff, this is not always the case in Chester, at one pharmacy (Boots) the staff frequently mislaid prescriptions and were very curt and unhelpful. Another often didn't have the full amount of tablets so I had to take a ticket in for more a week later
Medicines, medical advice
Health coach advice, lifestyle advice
Reliable advice, their helpfulness at all times. Kind staff.
Delivery service
Flu jab
Immunisation as Drs don't usually offer until too late or at times you can't go e.g. flu, travel.
Answering questions on medicine use and interactions.
Ordering repeat prescriptions without having to phone the doctor which can have 2 hr wait time
It's good to know that we have medical professionals on our doorstep, should we need them.
Ease of service, very well organised. can order prescription online, GP approves online, and can then collect from pharmacy
Dispensing prescribed medicines and administering vaccinations.
Friendly helpful staff without long queues.
Good to be able to seek advice if not sure if you need to see a doctor
The waiting time for prescriptions to be dispensed is too long
Advice prior to going to a doctor, and if pharmacist recommends you need to see a Doctor, the Doctor's is more likely to find you an appointment
I like the fact that I can order my prescription online, and it goes electronically to my local pharmacy. The involvement of pharmacies in the administration of flu jabs is also helpful.
A friendly face, helpful and knowledgeable staff
Individual attention and vaccinations and advice
Just continue to receive the level of service I currently receive.
My pharmacy reorders my scripts for me as I have mental health issues & would never remember. They have done this for me since I went to them & they do a brilliant job. They txt me when it's ready so I can go & collect it.
A local pharmacy provides excellent services than the chain pharmacies.
The pharmacist's knowledge and that you can ask for their advice when you need to, and considering how very difficult it is to get to see a GP these days, the pharmacist help is invaluable.
Getting flu vaccine
I ring two days in advance for my husband's electronic batch of medication and it's ready prepared when I go. Excellent service.
The service provided overall
Our pharmacy in green lane Chester is run ragged trying to help local people who doctors refuse to see. They have a covid vaccination program and are also giving flu vaccines. They can't do any more.
The Pharmacist I use is exceptionally helpful and well-informed. I suspect this may not always be the case. Quality control would be essential if pharmacists are to undertake a greater role.

If late ordering medication, they send emergency request to GP. They are so empathetic at my Blacon Swettenham's branch.
Having the meds for regular users in stock if meds are lost or stolen. (This has happened to me when my handbag was stolen)
Their "approachability"
Pharmacist should stock more items for 1st aid at home and maybe there should be a nurse available for minor injuries how many children and adults go to hospital for minor injuries
They are there if you can't get to a doctor urgently for advice
Kind caring and helpful staff
Knowledge keeps from having to ring doctor for minor ailments
Friendly advice on over-the-counter medicines and prescription medicines.
Home delivery for disabled housebound
Local and efficient
Ability for reordering medication
Arranges my tablets don't have to ring up just go down and collect them once a month
Processing of prescriptions
Speed of supplying necessary medication. Ability to order in quickly. Helpful and knowledgeable pharmacist.
A good number of pharmacists I have consulted are more helpful and knowledgeable than the doctors, who are nowhere near as accessible.
My repeat prescription is always ready for me to collect.
A friendly pharmacist makes it so much better experience
Being able to ask a question and feel comfortable doing so.
No. They've been pretty dreadful.
Advice given and sign posting from Pharmacist. Also, reassurance to return or if ailment no better to contact doctor. Was advised what to say to help describe ailment correctly.
Free delivery
Their efficiency and advice and helpfulness
Professional service and advice. Very good customer service, fast and efficient. Accessible and local.
Conflicting advice which is confusing told by hospital. to ignore leaflets with medicine regarding contradictions pharmacist has different opinion when you tell them if contradictions who do you listen too?
Their patience considering the long queues and frustrated customers.
Honesty, not making excuses for slow dispensing. staff to speak and understand clear English language
I can ask my pharmacist for advice regarding the compatibility of non-prescription medication with the prescription medication that he dispenses to me
That they txt to tell me when my prescription is ready.
Being able to consult for something minor, I value their guidance.
Flu jab. Although this year my pharmacy are unable to provide them due to a staffing issue.
Local knowledge and personal service
Pharmacist very approachable and thorough providing good clear advice
Vaccinations.
Customer service

There is a major problem with staffing and privacy without pharmacies taking on additional work. I do not visit the local pharmacy as the staff are constantly changing but travel to a nearby pharmacy
If local chemist, they get to know their regular clients well. Supermarket Pharmacists don't I feel. A case in point an elderly lady collapsed at our local hairdressers, and I was told by my hairdresser the pharmacist was called and he knew her well and what medications she was on as he checked as well and was able to give an idea of what was wrong and the ambulance was able to take her home after they checked her out as he was correct.
Important that it is actually there.
Some of the staff are pleasant but one or two can be abrupt.
Always keen to help and offer advice when requested
Vaccinations
Their knowledge, expertise, friendliness, professionalism, and service.
Close to home
I receive a text message when my prescription is ready for collection.
Friendly organisation who will if required listen
They know me so can help if I need scripts early for holidays etc
Their delivery service is exceptional. We struggle to park and are often not free during their opening times so they deliver and its never longer than 2 days after calling for a repeat prescription and it's been delivered.
Personal service, in my local pharmacy knowledge of the patient.

Q16. Is there anything else, or any additional services that you feel could be provided by local pharmacies?

Responses
If they could print off the forms for when you need your bloods doing (They currently only alert you and then you have to go to the doctors to get the paperwork which means getting there during their opening hours to get the paperwork). It'd be much easier if the pharmacy could print it there and then, save you going to a doctors.
Travel vaccinations and advice, at a fee
Phlebotomy services?
Pharmacist being able to be more proactive in prescription process
It would be good if collection lockers could be used by pharmacies a bit like Amazon, so that if your are picking up ready medications then you do not have to queue with everyone else. I collect for me, my son and my mother, we don't pay for medications, and all have exemptions, so there is no need to interact with staff who could be helping others. The lockers could be held within the pharmacies and used for certain people.... appreciate this isn't straight forward but it is about time things were more automated. Delivery services only work for people who are at home all day and people who work all day are left trying to call pharmacies when the lines are busy and have limited time to collect prescriptions
Covid, flu, shingles, pneumonia vaccination. Basically, any vaccination/inoculation that requires me to go into the city or GP.
More advice/treatment on minor ailments
An improved system of contact to surgeries for late or non arrival of repeat prescriptions.
There must be a pharmacy open 24 hours a day because at the moment there isn't.
It would be good if the premises were larger, and they could stock more items. But it really good for the main items I need and they are happy to order for me anything that isn't available.

Give steroid eczema cream. I haven't been able to see a Dr since before the pandemic started. Not even when I nearly took my life. So unable to treat my eczema either
I am happy with the service I receive from my local pharmacy however they are understaffed
Nurse led support
It takes to long from ordering s prescription from Dr. to being able to pick it up. It takes a full week for repeat prescription.
I feel that pharmacy staff should have some training in regards to what is required of the other organisations they work alongside. I manage a supported living home and I have found there have been times that I have had to make requests in line with CQC guidelines (for example changing times on MAR charts) and I do not feel that some staff fully understand what is legally required of supported living homes and it can be challenging to get these requests filled in. There have even been times when staff have been hostile to the support workers from the home I manage when we have made requests for MAR Charts. It is my feeling that this is fully down to a lack of understanding of the legal and regulatory standards support workers have to work to.
Poor inflexible service
I'd use them to check out minor issues to save trying for a Dr appointment IF there was a private place to talk
To be able to discuss privately any issues with a pharmacist and not overhead. For the assistant not to talk about medications for others in front of people - this is private between patient and Doctor and the assistants should respect that fact, even though they can see the prescription.
Some Chester pharmacies have massive queue and keep people waiting for ages - I don't use it myself but the one at Delamere Street seems to be notorious for this. Chester is poorly served by pharmacies
Have one in the area open late
Health coach role
Blood tests including a phlebotomy service
Better advice on minor ailments that don't require doctor and ability to prescribe some medication as appropriate (ie antibiotics for ear infection)
More staff as they're always all busy
Advice and treatment for menopause.
Hearing tests
Unfortunately, the interface between GP surgeries and pharmacies does not always seem to run as smoothly as in my case. My husband regularly has problems with obtaining his medications on repeat prescription.
My pharmacy wont take full sharps boxes for disposal, despite having supplied them and all the needles initially, I have to travel to another pharmacy to drop them off.
Access to a pharmacy with the area at least up till midnight
Value for money I only use my local pharmacy in Saughall for prescriptions as all other provisions including flu vaccination are overpriced so I drive elsewhere for them but not all local less mobile people have that option.
Blood pressure tests should be free of charge at pharmacies particularly now face to face GP services are hard to obtain and therefore BP tests not being carried out.
Some of the new assistance that are appearing now have an attitude problem, they look & talk down to myself & others on occasions.
They're doing a good job.
Reliable home delivery for people who need it. Reliability has been appalling

Current service is excellent and outstanding
No they are doing more than enough you need to get doctors back open. I've been in pain for over a year but they keep refusing to give appointments
Having prescription ready when it I was ordered in advance. Delivery when not at home, post office takes away again!!!
Local pharmacies need to have an electronic solution for patients. When they arrive to collect their prescription, they should be able to log in their details which in turn feeds to the pharmacist. It would save time to those waiting and be less stressful for both patient and pharmacist.
There was a wonderful pharmacy attached to my doctors' surgery. They closed and we now have to go to another of their branches. This is not too far away but it isn't as convenient. Also, my full prescription (every three months) was always available when I went to collect it. The replacement pharmacy never had the full supply of one of my medications and I am about to change to another chemist. This will not be as convenient, but I feel I will get a better service. I would give anything to have the surgery-based pharmacy back again. I would add that it was opposite two sheltered housing complexes, and the replacement is not as convenient for those residents.
Ability to prescribing 'known' repeat prescriptions. Obviously, GP informed. This would save GP signing off every item.
Not now. The previous pharmacy had a long 'religious' break with no warning to regular users.
They should actually ask for evidence of exemption from payment. In my experience they assume that you don't pay prescription charges. Is there actually a department in the system that monitors prescription charge fraud? Where are the statistics?
A chair to sit on and someone to tell you how long you will wait.
Diabetes tests blood pressure checks. Advisory nurse even for sprains and k ok who could decide if AE is needed
I have been told in the past that the Pharmacist doesn't deal with children under 1. I would have concerns about how qualified a pharmacist is, for example the issue that is presented may not be the whole picture and not adequately trained, other issues could be missed.
Much quicker processing of prescriptions and much improved stockholding of tablets based on analysis of requirements
Pharmacies should check prescriptions first to see if medication available rather than making people stand in the street for 20 minutes only to be told its not available
Blood tests
Urine tests
The ability of the pharmacist to dispense low level antibiotics to people who, quite obviously, know their own bodies for say a chest infection, without seeing a doctor.
I am very happy with Leftwich pharmacy
Take blood pressure readings
For patients with multiple prescriptions a regular drug review to ensure the best outcomes.
At least one chemist in Chester town centre should be Open 24 hrs and weekends
A logistics manager
I have my medication set up on repeat via the Patient Access App, I order them via this sent straight to my Pharmacy, then when they're ready I get a txt message I'm on the waiting list for the home delivery service
Maybe help with minor first aid such as dressing changes/wound care.

The waiting time is far too long even just to speak to a member of staff, let alone get prescribed medication.
Extra resources - they always seem stretched but nevertheless deal with things in a courteous manner
Very dangerous to imply all local pharmacies can provide the same standard of service as doctors. Some pharmacies are too small and unable to provide additional services as well as their normal day to day services. Staffing, privacy, customer service and continuity of service must be guaranteed before funding
I think our local pharmacy does a great job. Luckily, I'm an OAP not on medication at the moment but in the future I may be and use would like a local pharmacist.
It depends on the size of the pharmacy. Boots is a much bigger pharmacy provider and do not always know and understand their customer, whereas smaller pharmacies offer a much more personal service especially for regular customers.

Q17. Are you....

Sex	%	Count
Male	27.0%	60
Female	69.4%	154
Prefer not to say	3.2%	7
Prefer to self-define	0.5%	1

Q18. Age

Age	%	Count
Under 16	0%	0
16 to 24	2.3%	5
25 to 34	4.1%	9
35 to 44	10.0%	22
45 to 54	17.6%	39
55 to 64	24.8%	55
65 to 74	25.2%	56
75 plus	12.2%	27
Prefer not to say	4.1%	9

Q19a. Are you disabled?

Disability	%	Count
Yes	24.0%	53
No	70.6%	156
Prefer not to say	5.4%	12

Q19b. If yes is your disability related to...

Type of disability	%	Count
Deaf/hard of hearing	14.6%	9
Learning	1.6%	1
Long term illness	50%	31

Mental health	9.7%	6
Physical	42.0%	26
Visual	1.6%	1
Other	11.3%	7
Prefer not to say	12.9%	8

Q19c. If other please specify

- AVF
- Manageable autistic spectrum
- MS
- Drop attacks
- Osteoarthritis
- COPD

Q20. Do you identify yourself as:

Ethnic group	%	Count
White British	95.8%	207
White other	2.8%	6
Mixed ethnic background – Black African and White	0.5%	1
Other Chinese background	0.5%	1
Other Asian background	0.5%	1

Note: There were other options but none were selected

Q21a. Do you have a religion or belief?

Religion or belief	%	Count
Yes	56.3%	117
No	31.3%	65
Prefer not to say	12.5%	26

Q21b. If yes, please select one of the options

Religion or belief	%	Count
Christian	90.1%	110
Buddhist	0.8%	1
Muslim	0.8%	1
Other	7.4%	9

Q21c. If other please specify

- Spiritualist x4
- Catholic x2
- Wiccan
- Quaker

Q22. How would you describe your sexual orientation?

Sexual orientation	%	Count
Heterosexual or straight	88%	184
Gay or lesbian	1.9%	4
Bisexual	1.9%	4
Other	0%	0
Prefer not to say	8.1%	17

Q23. Do you live in the gender you were given at birth?

Do you live in the gender you were given at birth	%	Count
Yes	96.6%	201
No	0.5%	1
Prefer not to say	2.9%	6

Appendix 4: Responses to PNA 60 day consultation

The consultation process is described on page [to add]. Completed responses were received from 19 respondents which included:

- 16 x members of the public
- 1 x Community Pharmacist
- 1 x Dispensing Appliance Contractor
- 1 x bordering Local Authority and Local Pharmaceutical Committee representative

For each question, the total for each answer is given. The free text comments are listed together with a commentary and intended actions.

1. Do you think the purpose of the PNA has been adequately explained?

- Yes = 17
- No = 1
- Not sure = 1

Free text comment 1 (answer = 'No')

“Within the Summary draft it clearly explains 'Only these essential and advanced services are reviewed as part of the PNA' but this was not clarified in Chapter 2 in the full document. However, I did think the explanation of the different contracted services within each level was a good inclusion in the summary.”

Response

The sentence 'only essential and advanced services are reviewed as part of the PNA' can be added to the main PNA report.

Actions

The sentence 'only essential and advanced services are reviewed as part of the PNA' has been added to section 3. National Pharmaceutical Services Contract on page 10.

2. Does the PNA reflect the current provision of pharmaceutical services within your area?

- Yes = 15
- No = 3
- Not sure = 1

Free text comment 1 (answer = 'No')

“As an OT in CW&C, a number of service users have difficulty taking meds and need blister packs. There are few who fill them and there is often a waiting list. People can move pharmacies but in practise vulnerable people do not want to move and/or pay for delivery of meds. The result of not remembering to take medication can have physical and mental health consequences. A blister pack and remote reminders can reduce the amount of care visits needed.”

Response

Blister packs are included under section 6.3.2 Monitored Dosage Systems. These are provided by 44 pharmacies free of charge with a further 12 providing at a charge. However, for 33 pharmacies MDS is only provided to patients who have a disability as defined by the Equality Act.

As part of the contractual framework which community pharmacies work to and to comply with the Equality Act community pharmacies must make “reasonable adjustments” to ensure persons with disabilities can access pharmacy services. A person with a disability must not be put at a substantial disadvantage when compared to persons with no disabilities in accessing services that are provided by the pharmacy. There is no definition in the Act of ‘reasonable’ in relation to medicines taking, but the pharmacies should perform an assessment with the patient to establish what adjustment they require in order to take their medicines. For example this could be large print labels, a record chart, MDS etc.

If the outcome of the assessment determines that MDS is not a ‘reasonable adjustment’ then there is no obligation on the pharmacy to provide the patients medicines this way.

In recent years due to staffing pressures and financial pressures pharmacies have reviewed their willingness to provide medicines in MDS when they are not needed under the Equality Act because pressure on staff time and resources.

Free text comment 2 (answer = 'No')

“Every time you go to pick up a prescription recently there are no pharmacists available this has been Boots Cheshire Oaks. It’s bad enough with GP’s not being able to get appointments or they are weeks away when you do but then to turn up at a pharmacy only to be told there isn’t a pharmacist on site. Why can I ask also when you do go to pick your prescription up it’s been done and certified by the pharmacist and is ready for picking up you can’t have it because the pharmacist isn’t there, it’s crazy!!”

Response

During pharmacy opening hours, a pharmacist must be available onsite except for during scheduled breaks e.g., lunch break. Legislation requires a pharmacist to be present when prescriptions are collected.

If there is a regular issue with a pharmacist not being present a complaint can be made to the pharmacy itself, or to NHS England by emailing england.contactus@nhs.net or writing to NHS England, PO Box 16738, Redditch, B97 9PT. For more information on complaining to NHS England visit <https://www.england.nhs.uk/contact-us/complaint/>

Free text comment 3 (answer = 'No')

“Whilst there may be an appropriate level of pharmacies across CWAC. It should be noted that Frodsham only has two physical pharmacies both of which are Boots with no covered over Sundays and Bank holidays. The only other pharmacy is Frodsham Pharmacy which is a distance selling pharmacy. Whilst the service as an independent pharmacy is fantastic, there again is no coverage on Sundays, bank holidays or outside the usual business hours. Frodsham needs an independent physical pharmacy within the town with extended opening hours.”

Response

There are 10 pharmacies within three miles of the Boots on Church Street, one of which is accessible for extended hours on a Sunday and late nights, six are open on Saturdays. NHS England commission rotas appropriate for this locality to ensure access to a pharmacy on bank holidays and special days e.g., Christmas Day and Easter Sunday. This is in line with provision for other rural localities and it is unlikely to constitute a gap in provision across this locality and certainly not within the Health and Wellbeing Board provision.

We contacted NHS England to ask if they had received complaints about pharmacy provision in Frodsham. NHS England have confirmed that they have received no complaints from any persons with regard to access in this locality.

Actions

No actions to be made to the PNA.

3. Are there any gaps in service provision i.e. when, where and which services are available that have not been identified in the PNA?

- Yes = 5
- No = 13
- Not sure = 1

Free text comment 1 (answer = 'Yes')

“There is no mention of help required to enable people to take medication safely. Blister packs can be very useful. There are no internal prompts to take medication and people often need help/reminders to take them. There is a waiting list at many pharmacies, or the person has to pay to have them delivered.”

Response

See response on page 149.

Free text comment 2 (answer = 'Yes')

"Already answered in two = Everytime you go to pick up a prescription recently there are no pharmacists available this has been Boots Cheshire Oaks. It's bad enough with GP's not being able to get appointments or they are weeks away when you do but then to turn up at a pharmacy only to be told there isn't a pharmacist on site. Why can I ask also when you do go to pick your prescription up it's been done and certified by the pharmacist and is ready for picking up you can't have it because the pharmacist isn't there, it's crazy!!"

Response

See response on page 150.

Free text comment 3 (answer = 'Yes')

"See responses to question 2. Frodsham has a requirement for a physical pharmacy with extended opening hours including some coverage on bank holidays"

Response

See response on page 150.

Free text comment 4 (answer = 'Yes')

"Prescription management service is desperately needed for older people with complex prescriptions. Needs mention of which pharmacies provide disposal of medicines (as have been turned away from several pharmacies-to include sharps disposal for diabetes needles)"

Response

Sharps disposal is not an essential or advanced service so is not covered by the PNA. Sharps disposal is a commissioned service, commissioned by the Local Authority. In CW&C 15 pharmacies were at June 2022 commissioned to provide this service.

Sharps disposal had been missed as a commissioned service within the draft PNA and will be updated as part of the actions (see below).

In relation to prescription management, the GP is responsible for prescription management rather the pharmacist.

Free text comment 5 (answer = 'Yes')

"Wait times at pharmacies have increased. The time taken for prescriptions from DR to Pharmacy have increased, which causes difficulty with repeat prescriptions. Also, because there is no provision to request by phone or in person for a repeat prescription it is causing issues for those people who do not have access to digital technology or who find it difficult to use digital methods."

Response

Pharmacies do not issue repeat prescriptions this is the role of the GPs. GPs offer a range of methods for ordering repeat prescriptions. It is possible for the GP to issue the prescription as a repeat dispensing item, which would allow the patient to interact more with the community pharmacy. This would need to be discussed with your GP. It is also possible to have proxys ordering repeat prescriptions on behalf of the patient.

Actions

Sharps disposal has been added to the PNA as part of the LA commissioned services in section 3.4.1 Locally Commissioned Public Health services on page 16. Sharps disposal has also been added as a column to table A2-4, Community pharmacies providing locally commissioned services, on page 121. This table details which pharmacies were providing which commissioned services at October 2021.

4. Does the draft PNA reflect the needs of your area's population?

- Yes = 12
- No = 3
- Not sure = 4

Free text comment 1 (answer = 'No')

"Blister packs!!"

Response

See response on page 149.

Free text comment 2 (answer = 'No')

"Generally subject to previous comments made in response to questions 2 and 3".

Response

See response on page 150.

Free text comment 3 (answer = 'No')

"It addresses provision, but not how easy it is to access the provision for those who are not digitally enabled."

Response

Pharmacies have a physical presence and interaction with them does not need to be online. In terms of ordering prescriptions this is done via the GP which is out of the pharmacies control. Problems with ordering prescriptions should be discussed with the GP.

Actions

No actions to the PNA

5. Has the PNA provided information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises??

- Yes = 14

- No = 1
- Not sure = 4

Free text comment 1 (answer = 'No')

"I found it hard to see the details on some of the maps. The location map 1 only shows Pharmacies within Cheshire West boundary so it gives the impression that there are gaps, especially in the rural areas. Map 5 does include out of area pharmacies, but it still looks sparse, is this because there is not the data for some border areas.

I like the use of Drive-time maps etc, but find the use of a 30 minute walk difficult for potentially elderly, frail or residents with mobility issues.

The narrative suggests that 'most pharmacies' offer delivery but I would have liked to see which and whether there are any costs or restrictions to this service that may still leave residents with problems. Plus delivery excludes residents from accessing some of the other services offered e.g. vaccinations, blood pressure checks, counter medicines etc.

There is a lot of good information I just found to bring it all together to make a judgement on whether there was adequate provision. These are big documents for people to assimilate and comment on"

Response

The PNA is a large detailed document as it must provide sufficient information to inform market entry decisions. For this reason, a more digestible summary is also available.

In regard to drive-time maps, 30 minutes is generally used for walk time and we have acknowledged that this is not possible for all, looking at bus and car times, and mapping pharmacies that offer free delivery (though delivery is no an obligation of pharmacies and may change). Information on delivery is in section 6.3.1. 92% of pharmacies in CW&C offer a home delivery service although not contracted to do so, though it is free for 69% of pharmacies.

Map one is factual showing where pharmacies are sited in CW&C. A map identifying the premises at which pharmaceutical services are provided in the area of the Health and Wellbeing Board is a requirement of the PNA. There are areas that are rural in nature and the map will show fewer pharmacies in these areas. Map five does include all cross-border pharmacies within a mile radius of CW&C.

Actions

No actions for the PNA

6. Has the PNA provided information to inform how pharmaceutical services may be commissioned in the future?

- Yes = 13
- No = 0
- Not sure = 6

Free text comment 1 (answer = 'Not sure')

"This is difficult as the landscape is changing and it is unclear who will be responsible for commissioning. Covid19 has shown what a vital role pharmacies play and it has also highlighted some of the gaps. The system under pressure did not respond well universally. Pharmacists are front line and thus judged by their manners as much as the service provision."

Response

We have laid out what information we had available to us at the time of writing the PNA. There are relationships in place between commissioners and providers to respond to changes and needs as quickly as issues arise, such as Covid-19.

Actions

No actions for the PNA

7. Has the PNA provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?

- Yes = 13
- No = 1
- Not sure = 5

Free text comment 1 (answer = 'No')

"The problem is that the PNA considers only provision of certain services, not quality or additional contribution to the community or health economy. Measuring by numbers of pharmacies per population, or prescription flows is only one aspect. Also we have an ageing population, which will place more and more need on the system. These are problems for all areas not just Cheshire West."

Response

This is correct there are regulations about what the PNA is to include, with the focus on the provision of essential and advanced services. The PNA is to count the number of pharmacies providing pharmaceutical services and does not look at the quality of services provided. We did undertake a patient survey which has highlighted both positives and issues facing pharmacies, and the results of this survey have been discussed within the PNA.

We have looked at the population of CW&C in section 8.2 Population structure and projections. CW&C does have an older population than the England average and older age groups will see the biggest increase in population with the number of residents aged 65 plus expected to increase by 44% by 2038. This will increase pressures on NHS services.

Free text comment 2 (answer = 'Not sure')

"This is a business decision"

Response

Noted, thank you for your response.

Action

No actions for the PNA

8. Are there any pharmaceutical services that could be provided in the community setting in the future that have not been highlighted?

- Yes = 5
- No = 9
- Not sure = 5

Free text comment 1 (answer = 'Yes')

"Basic health check and further lifestyle advice and prescribing. Mental Health - depression and anxiety screening and signposting to services. May be able to offer advice without stigma for some communities."

Response

Thank you for your suggestions.

Free text comment 2 (answer = 'Yes')

"Drop-in Advice 'shops' for patients to learn more about their medication/side effects/dosage etc. Many patients take a variety of potent pharmaceuticals. Confusion arises and more easily accessible face-face information would avoid potentially disastrous mistakes."

Response

Thank you for your suggestions.

Free text comment 3 (answer = 'Yes')

"The ability to take meds is not mentioned."

Response

See response on page 149.

Free text comment 3 (answer = 'Yes')

"Better out of hours pharmacy coverage including bank holidays."

Response

See response on page 150.

Actions

No actions for the PNA

9. Do you agree with the six required statements included in the PNA?

- Yes = 15
- No = 1
- Not sure = 3

Free text comment 1 (answer = 'No')

"Wait times at pharmacies have increased, so whilst the locations might be ok, it would be good to understand whether staffing levels of the pharmacies are up to full capacity, as there does seem to be an issue with staffing and this is sometimes sighted when going into the pharmacy."

Response

Minimum dispensary staff levels are specified in the Drug Tariff. They are calculated based on the number of items dispensed by a pharmacy per month. It is a contractual requirement.

Over recent years, during the pandemic, it has been very difficult for pharmacies to maintain this due to sickness absence and self-isolation requirements which have been more stringent in healthcare settings.

Free text comment 2 (answer = 'No')

"Prescription management services desperately needed. Dispensing needs reviewing. Pharmacies are over dispensing medications to patients. Patients end up wasting medications despite having not requested them on large prescriptions."

Response

There will be a drive for patient led repeat prescription. Patient led repeat prescription ordering means that participating GP practices only accept repeat prescription requests directly from patients or carers (excluding blister pack, care home and vulnerable patients) and no longer accept repeat prescription requests from pharmacies. Pilots of patient led repeat prescription ordering showed a reduction in prescribed items. In November 2015, Luton CCG piloted a project in 18 GP practices and saw a reduction of 53,675 prescribed items (a reduction of 2.5%) and was the only CCG in England to achieve a reduction that year (Source: Patient led repeat prescription ordering pilot, November 2016-March 2017, Midlands and Lancashire Commissioning Support Unit and Wirral Clinical Commissioning Group)

Actions

No actions for the PNA

10. Question ten: Do you have any other comments you wish to make about pharmaceutical need in Cheshire West and Chester?

Free text comment 1

"We agree with the statements below and there is currently no requirement for additional pharmacies to open in the areas where our pharmacies are located in Blacon and Kingsway. We are continuing to increase the number of services offered to our patients either by undertaking advanced and locally commissioned services in addition to essential services.

"Pharmacy provision is sufficient and is better than the England average. There is no current need for new pharmacies."

- The PNA shows an adequate geographical coverage of pharmacies, with appropriate opening hours for service delivery, and input from dispensing doctors and cross-border pharmacies.

Response

Thank you for your response.

Free text comment 2

“There is a need for blister packs.”

Response

See response on page 149.

Free text comment 3

“Service levels have decreased over the last 2 years, and this should be looked at. Whilst the provision and locations are good, there needs to be more analysis of what service is provided from the locations.”

Response

We have mapped the advanced services that are covered by the PNA, and all pharmacies provide essential services. There is good coverage across the borough. We are not able to look at service levels, but acknowledge that the patient survey highlighted issues that since the pandemic are still causing problems. As with many services, the pandemic has put additional pressures on staff availability and working conditions.

Free text comment 4

“Please ensure that private providers are not starved out by the actions of GP surgeries trying to protect their own pharmacy. They should concentrate on their primary role. The [name of practice] regularly threatens [name of pharmacy] based patients that if they do not use their pharmacy the [name of practice] will close. This practice continues despite it having been reported. We benefit hugely from having a local provider who is open 6 days a week.”

Response

This is a reporting issue and not within the scope of the PNA. A complaint can be made to the practice/pharmacy itself, or to NHS England by emailing england.contactus@nhs.net or writing to NHS England, PO Box 16738, Redditch, B97 9PT. For more information on complaining to NHS England visit <https://www.england.nhs.uk/contact-us/complaint/>

Free text comment 5

“PHARMACISTS!!!.”

Response

See response on page 150.

Free text comment 6

“Not having to wait a week or more for prescriptions to be filled would be very helpful”

Response

Over recent years, during the pandemic, pharmacies have faced increased pressure on their services, while facing sickness absence and self-isolation requirements.

Free text comment 7

“Just to keep local pharmacies in small villages. We need to support local businesses in small communities. Thank you”

Response

Thank you for your response.

Free text comment 8

“In my area we are fortunate to have access to GP pharmacies; community chemist shops; all very helpful.”

Response

Thank you for your response.

Free text comment 9

“In Kingsley we have an excellent pharmacy, Hollands. [name] who runs it serves the village well. He offers an excellent service giving advice when appropriate. His help during the pandemic has been especially good as sometimes it has been difficult to contact a doctor for advice.”

Response

Thank you for your response.

Free text comment 10

“I live near Frodsham and have a monthly prescription. I am generally happy with the service provided and the availability of pharmacies. Looking forward whilst I read about pharmacies providing additional services e.g. BP measurement etc., I am not sure they have the necessary environment and infrastructure to enable this.”

Response

Thank you for your response. You are correct the number of advanced services commissioned nationally has increased in the last 18 months and this is the direction of travel from NHS England.

Free text comment 11

“Clearly written, like that it is available in different languages and formats. Found the six statements very clear. The main issue is the length of the document and drawing conclusions from the different sets of data. Not easy for residents to comment on.

Residents are interested in the range of services, accessibility, whether staff are polite and

helpful, whether they have their prescriptions in and that there isn't a big wait.....these are not covered within the NHS England purpose of the PNA.”

Response

We have prepared a summary document as we are aware that PNAs are long detailed documents and need to be to support business decisions. We have endeavoured to capture resident views from the patient survey which did highlight how much residents value their local pharmacy, not having a long wait, receiving advice and guidance and friendliness of staff. Correctly these are not covered in the purpose of the PNA, but we have highlighted this along with other important aspects not covered, such as the impact of the pandemic.

Actions

No actions for the PNA.