

Cheshire West and Chester Pharmaceutical Needs Assessment 2022-2025

Summary

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1. Introduction

The requirement to produce a Pharmaceutical Needs Assessment (PNA) is a statutory responsibility of the Health and Wellbeing Board by virtue of the National Health Service (NHS) Regulations 2013. The regulations outline the process which NHS England must comply with in dealing with applications for new pharmacies, or changes to existing pharmacies. This process relies on the PNA which must be robust and fit for purpose.

In Cheshire West and Chester (CW&C), the Health and Wellbeing Board has devolved the authority to develop its PNA to the Director of Public Health. Development was overseen by a PNA multi-professional steering group. Data sources include the Joint Strategic Needs Assessment (JSNA), Census data, Office for Health Improvement and Disparities (OHID) Fingertips public health data tool, prescribing and dispensing data, a pharmacy contractors' survey, and a public pharmacy survey.

The PNA presents a picture of community pharmacies, and reviews services provided at the time of writing to understand potential gaps in provision. This is a summary of the full PNA. To request the full report visit www.cheshirewestandchester.gov.uk/consultation or email publichealth@cheshirewestandchester.gov.uk

2. 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.

3. Pharmacy provision in CW&C

There were 76 community pharmacies in CW&C at January 2022. This is a rate of 22.1 pharmacies per 100,000 residents, or one pharmacy for every 4,524 people. This number of pharmacies is sufficient, with CW&C having a larger number of community pharmacies in relation to the size of its population when compared to the England average (19.8 pharmacies per 100,000 residents).

The rate of pharmacies per 100,000 population in each care community does differ, with the highest rate in Northwich (23.9 per 100,000) and the lowest in Winsford (17.8 per 100,000).

All care communities have enough pharmacies for the lifespan of this PNA:

- Chester Central has 8 pharmacies; 24.1 per 100,000 population
- Chester East has 6 pharmacies; 19.2 per 100,000 population
- Chester South has 7 pharmacies; 21.0 per 100,000 population
- Ellesmere Port has 15 pharmacies; 24.5 per 100,000 population
- Helsby and Frodsham has 5 pharmacies; 26.1 per 100,000 population (plus 1 dispensing doctor)
- Neston and Willaston has 4 pharmacies; 20.0 per 100,000 population
- Northwich has 18 pharmacies; 23.9 per 100,000 population
- Rural has 7 pharmacies; 19.0 per 100,000 population (plus 3 dispensing doctors)
- Winsford has 6 pharmacies; 17.8 per 100,000 population

4. Accessibility of pharmacies

Residents told us in the pharmacy survey that they find it easy to get to their usual pharmacy. All residents can get to a pharmacy within a 15-minute drive. For those who don't have access to a car or are unable to drive, 96% of residents are within a 30-minute commute to a pharmacy using public transport, and 85% are within a 20-minute walk. The majority of those who don't have access within these parameters, live in rural areas and are likely to have a car and travel for all their needs. Community pharmacies are also supported by four dispensing doctors in rural areas.

All residents living in the most deprived areas of the borough (Indices of Multiple Deprivation (IMD) quintiles 1 and 2), are within a 20-minute walk or a 15-minute commute on public transport to a pharmacy.

The majority of pharmacies are wheelchair accessible and have parking nearby. Fewer pharmacies have access to other facilities to support people with a disability such as a hearing loop, large print labels and leaflets, bell at the front door and a wheelchair ramp. Support for clients whose first language is not English is limited in CW&C pharmacies, with less than half able to offer support. Whenever possible it is recommended that reasonable adjustments should be made to pharmacies to ensure accessibility, ease of use, and a welcoming environment for those with a disability, those whose first language is not English, and other residents who may be less inclined to use services. This includes those with protected characteristics covered by the Equality Act 2010 (age, disability, race, religion or belief, sexual orientation, sex, gender reassignment, pregnancy and maternity, marital status or civil partnership).

5. Service provision

The pharmaceutical services contract consists of four different levels:

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

Essential services must be provided by all community pharmacies and includes:

- Dispensing of medicines and appliances including repeat dispensing
- Disposal of unwanted medicines
- Promotion of healthy lifestyles (public health)
- Signposting patients to other healthcare providers
- Support for self-care
- Clinical governance
- Discharge medicines service (DMS). This is advice on new medicines to patients discharged from hospital that have been referred to the pharmacy.

Advanced services are services that community pharmacies have opted to provide (upon meeting the necessary requirements):

- Community pharmacist consultation service (CPCS). GPs can refer patients for a minor illness consultation with a pharmacist via CPCS. At January 2022 this was offered in 73 pharmacies in CW&C. This is considered sufficient provision.
- New medicines service. Support with medicines adherence for patients being treated with new medicines for asthma, chronic obstructive pulmonary disease (COPD), type 2 diabetes, hypertension and antiplatelet/ anticoagulation therapy. At January 2022 this was offered in all pharmacies in CW&C. This is sufficient provision.
- NHS influenza vaccination programme. Free flu vaccinations for all patients considered at risk of developing more serious complications from the virus. At January 2022 this was offered in 68 pharmacies. This is considered sufficient provision, although more pharmacies have said they are looking to provide this service.
- Appliance use review. For patients prescribed appliances such as leg bags, catheters and stoma products. At January 2022 this service was offered in 10 pharmacies in CW&C. As this is a specialist service, provision is considered sufficient.
- Stoma appliance customisation service. The customisation of a quantity of more than one stoma appliance based on the patient's measurement or a template. At January 2022 this service was offered in 12 pharmacies in CW&C. As this is a specialist service, provision is considered sufficient.
- Covid-19 lateral flow device distribution service. At January 2022 this is offered in all pharmacies in CW&C until end of March 2023 at which point it will be reviewed. This is currently sufficient provision.
- Hypertension case-finding service. A service to identify those at risk of hypertension and offering them a blood pressure measurement followed by, where clinically indicated, 24-hour ambulatory blood pressure monitoring. At January 2022 this was

offered in 23 pharmacies in CW&C. Although there is coverage across the borough, there is a desire for more pharmacies to offer this service given that hypertension is the top chronic condition in CW&C and cardiovascular disease is one of the biggest causes of under 75 mortality. The Local Pharmaceutical Network (LPN) have indicated that more pharmacies will be providing this service, but there has been a shortage of ambulatory blood pressure monitors since the service was introduced in January 2022 creating demand for these devices.

- Hepatitis C testing service. Point of care testing for Hepatitis C antibodies to people who inject illicit drugs who haven't yet sought treatment for their substance abuse. There was one pharmacy offering this service at January 2022. This service is time-limited until March 2023 at which point it will be reviewed. If the service continues, it would be desirable for at least two more pharmacies, one in Chester and one in Ellesmere Port, to provide this service. This service should be provided by existing pharmacies.
- Smoking cessation – Referral from secondary care into community pharmacy. A new service commissioned in Spring 2022, this advanced service enables NHS trusts to refer patients to a pharmacy that has 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. At June 2022 there were 22 pharmacies offering this service.

Only these essential and advanced services are reviewed as part of the PNA. Analysis of services offered indicates that there is currently no gap in essential or advanced services. There are fewer services available after 6pm and on the weekend, which can be difficult for those working fulltime, but there is coverage in key locations across the borough if needed. All care communities have at least one pharmacy open after 6pm (although this may only be until 6:30pm), and at least three open on a Saturday. Sunday service is sparser with two care communities having no coverage but all others having at least one pharmacy open. Areas with no Sunday coverage are rural in nature.

Although NHSE enhanced services and CCG and LA commissioned services are not under review, they are listed below for information about the full range of pharmaceutical services on offer.

The following NHSE enhanced services are provided in CW&C:

- Antiviral stockholding service. Based at one pharmacy this is to support access to antiviral medication to protect patients exposed to flu in a care home setting.
- Covid-19 vaccination programme. At February 2022 there were six CW&C pharmacies offering a covid-19 vaccination. This service is due to end March 2022 and will be reviewed.

The following services are commissioned locally:

- Pharmacy first minor ailments service. Commissioned in 63 pharmacies at December 2021 by the CCG, this service diverts patients with specified minor ailments from GP and urgent care settings into community pharmacies where the patient can be seen and treated in a single episode of care. It is an extension to the

community pharmacy consultation services, facilitating provision of prescription only medicines when appropriate

- Urgent palliative care medicines service. Ensures that residents have access to a defined list of medicines if needed urgently at end of life. At December 2021 this was commissioned from 13 pharmacies in CW&C.
- Emergency hormonal contraception provision (EHC). Commissioned by the Local Authority and provided in 67 pharmacies at February 2022.
- Supervised consumption of prescribed methadone. Commissioned by the Local Authority and provided in 53 pharmacies in CW&C at September 2021.
- Needle exchange. Provides access to sterile needles and syringes and a sharps container for the return of used equipment. Commissioned by the Local Authority and provided in 18 pharmacies in CW&C at September 2021.
- Sharps disposal. Provision of a sharps bin to those patients with a prescription. Commissioned by the Local Authority and provided in 15 pharmacies in CW&C at June 2022.

The pharmacy contractor survey indicated that community pharmacies are willing to provide further services if commissioned.

6. Patient satisfaction

The Pharmacy survey highlighted how much residents value: having a pharmacy nearby, pharmacists liaising with GPs about prescriptions, and the ease of accessing advice and services, especially without an appointment. However, the survey 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. Some residents also reported issues with their local pharmacy not being open late or on a weekend. 77% of respondents said they were satisfied with the opening hours of their local pharmacy.

7. Demand on pharmacies

2020/21 dispensing data indicated that dispensing has increased in CW&C pharmacies since 2017/18. Pharmacies also offer an increasing range of advanced services to their patients. 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.

CW&C has an ageing population and this will increase pressures on the 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.

Despite these pressures on pharmacies, the majority of pharmacies told us that they have sufficient capacity to deal with an increase in demand at this present time. Pharmacies in Winsford care community may face the most pressure going forward as has the lowest rate of pharmacies (below the England average), and these pharmacies therefore have the highest levels of dispensing. There are also housing developments planned in Winsford. After review, an increase in pharmaceutical provision in Winsford is not needed for the lifespan of this PNA, but this will be reviewed in the next PNA or upon a closure of a pharmacy in Winsford.

8. Health needs in CW&C

The overall quality of life is good for many residents in Cheshire West with residents expected to spend a higher proportion of their lives in good health than the England average. In CW&C residents can expect to spend over 80% of their lives in good health.

In line with national trends, life expectancy had generally been increasing in CW&C. However, the increased number of deaths in 2020, during the Covid-19 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.

Some communities experience multiple disadvantages and inequalities that affect their health and wellbeing. There are pockets of deprivation across CW&C with 24,670 people living in neighbourhoods ranked in the 10% most deprived neighbourhoods in England. There is significantly lower life expectancy in these more deprived areas. These geographical areas in particular dictate a need for the full range of pharmaceutical services.

In 2020, 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 premature deaths). CW&C usually has similar under 75 mortality rates from major disease groups compared to the England average. 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.

The most common chronic conditions in Cheshire are hypertension, depression, and diabetes mellitus. Poor health is often linked to unhealthy behaviours, including smoking and obesity, both risk factors for developing those most chronic conditions. Being overweight or obese is the biggest challenge for residents in CW&C, with rates increasing and higher than the England average.

There are populations residing in CW&C who will have specific health needs and may also face barriers in using healthcare. There is a public duty as part of the Equality Act 2010 to ensure all people have equal access to goods and services and are not discriminated against. Consideration must be given to the nine protected characteristics covered in the

Equality Act 2010 which are age, disability, race, religion and belief, sex, gender reassignment, sexual orientation, pregnancy and maternity, and marriage and civil partnership. Reasonable adjustments and changes should be made, not only to meet legal requirements, but to help improve health outcomes and reduce health inequalities.

CW&C population is ageing, with the number of residents aged over 65 expected to increase by more than 50% by 2035. The number of people over 85 will more than double, and many of these will have long-term health conditions.

9. Health and wellbeing priorities in CW&C

Reducing health inequalities and improving population health are key high-level priorities in Cheshire West reflected in the priorities of the Cheshire and Merseyside Partnership Strategy and the Cheshire West Place Plan, which is currently being refreshed.

Specific priorities include:

- Mental health
- Climate change and sustainability
- Poverty
- Supporting the ageing population
- Lifestyle issues, with a focus on overweight and obesity.

Pharmaceutical services play a key role in achieving these priorities, with pharmacies an accessible and less formal environment in which to tackle ill health, encourage self-care and healthy lifestyles, reduce health inequalities and support sustainability. Services and interventions in each pharmacy can be tailored to serve the needs of the local population in which they are located.

Pharmacies contribute to 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.

Although not reflected in the Cheshire and Merseyside Partnership Strategy and Cheshire West Place Plan at February 2022, the Covid-19 pandemic has been an unprecedented situation. This 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. Unlike most other businesses and healthcare settings, community pharmacies remained open throughout the COVID-19 pandemic and therefore were able to play a key role. During this time pharmacies saw an increased demand and quickly adapted, providing new services including provision of lateral flow testing kits, a pandemic pharmacy delivery service and in six pharmacies Covid-19 vaccinations.

10. Required statements from pharmaceutical regulations

10.1 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 locally commissioned services which are considered necessary and collectively provide sufficient cover across Cheshire West and Chester. These services are believed adequate, taking into account such factors as the local demography and rurality, and deprivation patterns.

10.2 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.

No gaps have been identified.

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. This “gap” refers to existing contractors who should be encouraged to provide this service.

10.3 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. There is an incentive in the Pharmacy Quality Service to encourage all pharmacies to provide this service.

10.4 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.

There are 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.

Pharmacies should also ensure they are making reasonable adjustments so that pharmacies are easy to access and provide a welcoming environment, for those with a disability, those whose first language is not English, and other populations that are less likely to access health settings.

Changes to the pharmacy contract since the 2018 PNA, including all pharmacies becoming Healthy Living Pharmacies, all having to provide a consultation room, and all offering a Discharge Medicine Service, means the role of community pharmacy has moved from traditional dispensing to making a more significant contribution to the health and wellbeing of residents in CW&C.

There is one pharmacy offering the advanced service of Hepatitis C testing service which is based in Northwich. This is an advanced service with an intention to eradicate Hepatitis C and is time limited. 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 service.

10.5 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 many 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.

10.6 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 Office for Health Improvement and Disparities (OHID) Fingertips public health data tool. In addition, prescribing data analysis was provided by the Midlands and Lancashire Commissioning Support Unit. 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, Local Authority 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 draft was scrutinised by the Health and Wellbeing Board.

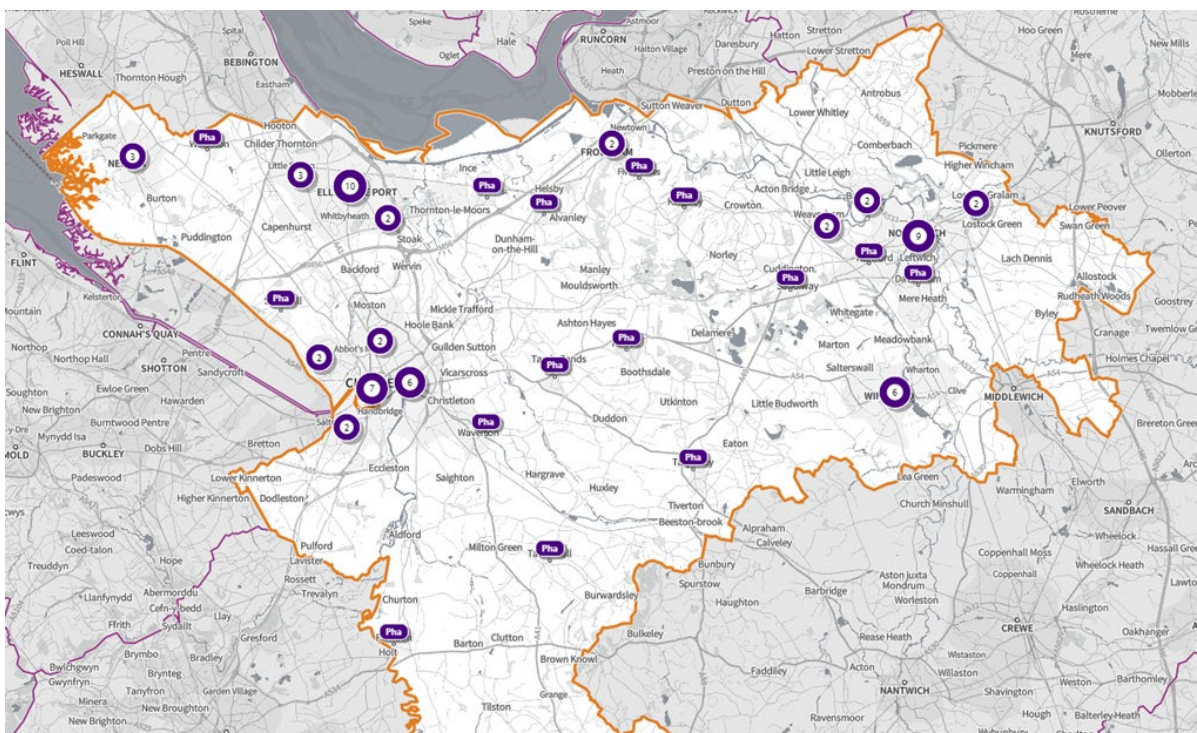
This PNA has described the pharmaceutical needs and service delivery in terms of the CW&C communities where possible. These were chosen because of the wealth of intelligence available and it being a shared geography by the LA and CCG. It was also considered sensible to use the same boundaries which the 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.

10.7 Statement seven: Map provision

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

Location of community pharmacies in CW&C



10. Conclusion

The PNA demonstrates 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 thereby reducing the number of people who are at risk of hypertension in the first place.

Traditionally the main function of pharmacies was the dispensing of medicines. This is still a central role but pharmacies are a rich resource with a highly skilled workforce who more than ever contribute to the health and wellbeing of their local population from the provision of range of services.

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, 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. During the pandemic pharmacies saw a surge in demand as GPs reduced consultations and residents practiced self-care, 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.

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.