

Cheshire West and Chester Pharmaceutical Needs Assessment 2025-2028

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 please email publichealth@cheshirewestandchester.gov.uk or visit www.cheshirewestandchester.gov.uk/pna-consultation.

2. Key findings

The provision of pharmacy services within Cheshire West and Chester, in terms of location, opening hours and advanced and enhanced services provided, is considered adequate to meet the needs of the population. As such, this PNA has not identified a current need for new NHS pharmaceutical service providers in Cheshire West and Chester at the point this PNA was produced (January 2025).

- Traditionally the main functioning of pharmacies was the dispensing of medicines, and this is still a central function, but pharmacies are a rich resource with a highly skilled workforce who more than ever are contributing to the health and wellbeing of their local population through a range of services including the advanced 'Pharmacy First Service'.
- In the borough of CW&C there are 68 community pharmacies and one distance selling pharmacy¹. Pharmacy provision at January 2025 is considered sufficient to meet the needs of the population:
 - CW&C has a slightly higher pharmacy-to-population ratio than the England average. There is adequate geographical coverage of pharmacies, with dispensing support from five dispensing doctors and cross-border pharmacies.

¹ A Distance Selling Pharmacy is a type of pharmacy that works exclusively at a distance from patients. are online pharmacies, This includes mail order and internet pharmacies that remotely manage patient's medicine logistics and distribution remotely.

- At January 2025, all residents are within a 15-minute drive of a pharmacy, even in rush hour. There is good access via public transport with over 90% of residents within a 30-minute commute. Access is more limited for walking to a pharmacy – 84% of residents are within a 20-minute walk. The majority of those that are not, live in rural areas.
- Chronic conditions, obesity, and premature death are higher for residents living in the most deprived areas of the borough and these areas in particular dictate a need for the full range of pharmaceutical services. All residents living in the most deprived areas of the borough are within a 15-minute walk or commute to a pharmacy.
- Opening hours of pharmacies are considered sufficient at January 2025, but if further amendments to evening and weekend opening take place, the impact on residents should be reviewed.
- We are mindful of recent pharmacy closures that have taken place both nationally and locally. For CW&C, this includes eight community pharmacy closures since the production of the 2022-25 PNA. Other changes during this time have included an increase in average dispensing volume, and new housing developments focussed in Chester. It must be acknowledged that pharmacies are under pressure, and the impact of further pharmacy closures during the lifespan of this PNA will need to be reviewed, particularly in community partnership areas with already lower pharmacy-to-population ratios than the CW&C average. This includes Chester East, Winsford, Rural, Chester Central, and Ellesmere Port.
- A broad range of advanced and locally commissioned services are provided in addition to essential services:
 - At January 2025 there is good coverage of all advanced services across the borough. This excludes Appliance Use Reviews (AUR) and Stoma appliance customisation (SAC) services, which are both specialist services. This is not considered a gap as appliances can be accessed remotely from contractors located in Cheshire and Merseyside, supporting both patient confidentiality and delivery of large items.
 - There is at least one pharmacy in each community partnership area providing the COVID-19 vaccination enhanced service for eligible populations. This is in addition to other COVID-19 vaccination services such as the Living Well Bus.
 - Although outside of the scope of the PNA, locally commissioned services have been reviewed. The PNA has demonstrated potential service need and access improvements for pharmacy supervised consumption, needle exchange, and sharps return services, which will be reviewed by commissioners. Cheshire and Merseyside ICB are also reviewing options to harmonise and improve equity of access to the urgent palliative care medicines services across all areas of Cheshire and Merseyside.
- The CW&C pharmacy survey (November 2024) found that residents value having a pharmacy nearby, but also highlighted medicine unavailability, long waiting times for prescription collection, and long wait times in the pharmacies. This reflects the challenges that pharmacies are facing with increasing demand, medicine shortages and financial pressures.

- The number of residents accessing community pharmacies is growing:
 - There will be large housing developments during the lifetime of this 2025-2028 PNA in Ellesmere Port and Northwich community partnerships. It is anticipated that capacity within existing services should be able to support the overall pharmaceutical needs of future populations, and pharmacies in these community partnerships have sufficient opening times and availability of services.
 - Population estimates show there is a greater proportion of older people in CW&C than the England average. As older people generally take more medicines than the younger population, community pharmacies will experience a greater workload in terms of dispensing and support for self-care. Furthermore, this workload is likely to increase, as population forecasts suggest that the proportion of people aged 65 and over is expected to rise by 22% by 2033 to an estimated 96,000.
 - Overall health status within CW&C is generally good with residents expected to spend a higher proportion of their lives in good health than the England average. However, CW&C has a higher prevalence of patients with a long-term condition or disease than the England average including cancer, coronary heart disease, stroke, heart failure, atrial fibrillation, Chronic Obstructive Pulmonary Disease (COPD), hypertension, rheumatoid arthritis and osteoporosis. These numbers are expected to rise with our ageing population.

3. Pharmacy provision in Cheshire West and Chester

There were 68 community pharmacies in CW&C at January 2025 plus one distance selling 'internet' pharmacy. This is a rate of 18.9 pharmacies per 100,000 residents, or one pharmacy for every 5,290 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 (18.4 pharmacies per 100,000 residents). This is based on total pharmacies (69), both 'high street' and distance-selling as it was not possible to separate the distance-selling pharmacies from the national list.

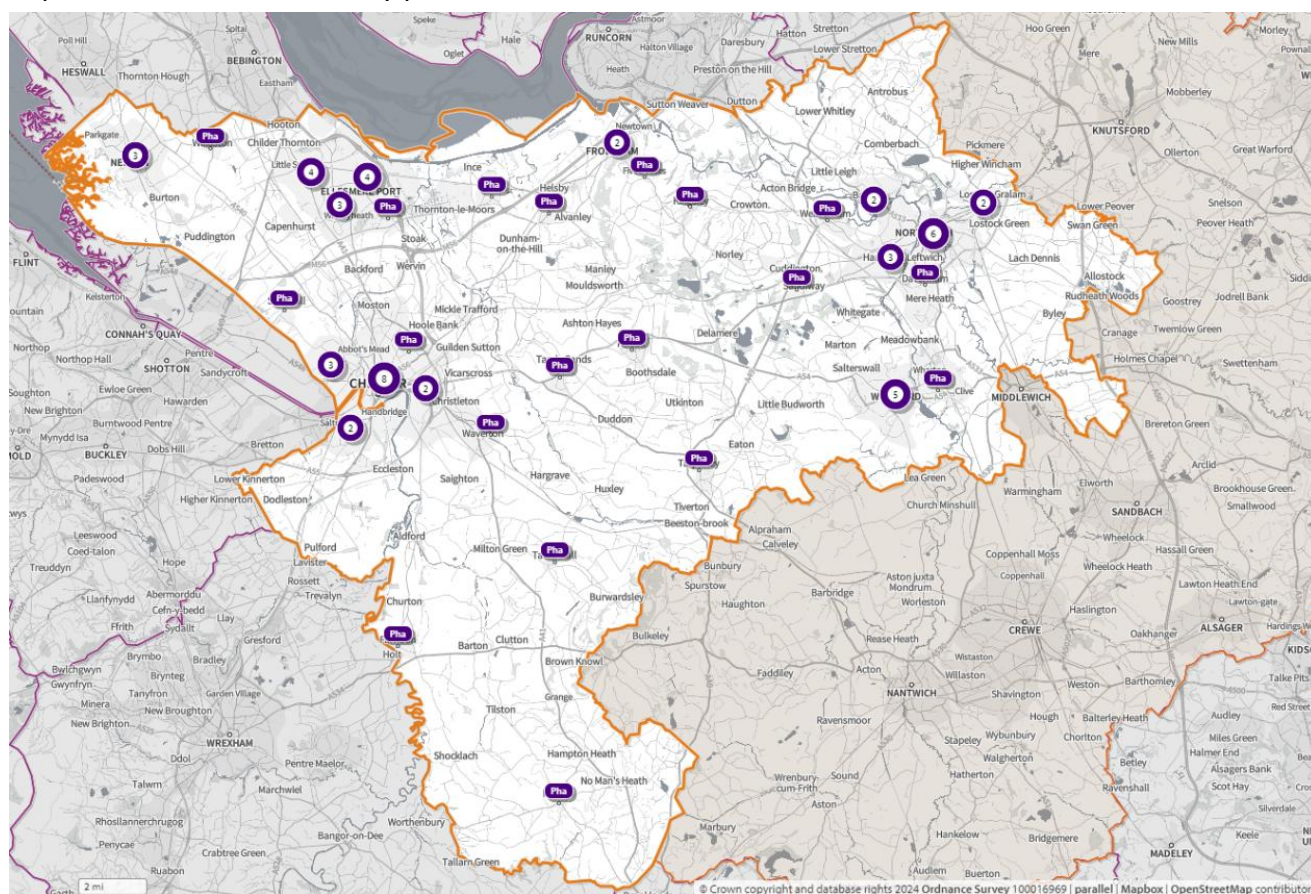
Provision of community pharmacy ranges across the borough when analysed in terms of pharmacies per 100,000 population at community partnership level, with the highest rate in Helsby and Frodsham (25.2 per 100,000) and the lowest in Chester East (15.1 per 100,000). There are five community partnerships with a lower provision of pharmacy per 100,000 population than the England average – Chester East, Winsford, Rural, Chester Central, and Ellesmere Port.

Table 1. Provision of pharmacies by community partnership at January 2025

Community Partnership	Community pharmacies	Resident population	Population served per pharmacy	Pharmacies per 100,000 population
Chester Central	6	33,740	5,623	17.8
Chester East	5	33,167	6,633	15.1
Chester South	7	35,147	5,021	19.9
	8 with dsp		4,393	22.7
Ellesmere Port	12	65,497	5,458	18.3
Helsby and Frodsham	5	19,821	3,964	25.2
Neston and Willaston	4	20,646	5,162	19.3
Northwich	16	79,095	4,943	20.2
Rural	7	39,053	5,579	17.9
Winsford	6	35,528	5,921	16.9
CW&C	68	365,061	5,369	18.6
	69 with dsp	365,061	5,290	18.9
England	10,611	57,690,300	5,437	18.4

Note: DSP is distance-selling pharmacy. CW&C has one located in Chester South community partnership. England figures include DSPs.

Map 1: Location of community pharmacies in CW&C



Source: SHAPE

4. Accessibility of pharmacies

During November 2024, as part of the PNA process residents were asked their views on their local or usual pharmacy. There were 590 responses. 78% of respondents said that it is 'very easy' or 'quite easy' to get to a pharmacy with 60% using a car to access it and 52% walking.

There is good access via public transport with over 90% of residents within a 30-minute commute. Access is more limited for walking to a pharmacy – 84% of residents are within a 20-minute walk. The majority of those that are not, live in rural areas, and are supported by four dispensing doctors. All residents living in the most deprived areas of the borough are within a 15-minute walk or commute to a pharmacy.

The majority of community pharmacies are wheelchair accessible and have nearby parking. Fewer pharmacies provide other resources and adjustments to support customers with a disability or need, such as large print labels, hearing loop, blister packs, ability to see pharmacist of same gender etc. All Cheshire West and Chester pharmacies will have access to Language Line, a telephone interpreting service that helps individuals who don't share a common language speak to each other. It is recommended that reasonable adjustments should be made by community pharmacies to ensure accessibility, ease of use and a welcoming environment for all potential users. This is a requirement of the Equality Act 2010 which includes those with the following protected characteristics: age, disability, race, religion or belief, sexual orientation, sex, gender reassignment, pregnancy and maternity, marital status or civil partnership. Community pharmacies are encouraged to work collaboratively with prescribers, other health professionals and social care to support patient needs.

5. Service provision

The pharmaceutical services contract consists of four different levels:

- Essential services – must be provided by all community pharmacies
- Advanced services – services that pharmacies have opted to provide
- NHSE enhanced services – a specified service commissioned by NHS England
- Locally commissioned services (by the ICB and LA)

Table 2. Summary of advanced, enhanced and locally commissioned services available in CW&C pharmacies

Type of service	Service name	Number of pharmacies providing the service	Is provision of this service adequate in CW&C?
Advanced Service	Appliance Use Reviews (AUR)	0	Yes as this is a specialist service accessed remotely
	Hypertension Case Finding Service	65	Yes
	Lateral Flow Device Service	68	Yes
	New Medicines Service	68	Yes
	Flu Vaccination Programme	60	Yes
	Contraception Services	53	Yes
	Pharmacy First Service	67	Yes
	Smoking Cessation Service	65	Yes
	Stoma Appliance Customisation Service	0	Yes as this is a specialist service accessed remotely
Enhanced Service	COVID-19 Vaccination Service	29	Yes, provision in each community partnership plus roving bus
Locally commissioned NHS	Urgent Palliative Care Medicines Service	9	Yes, this is a specialist service and at Jan 2023 is being reviewed for Cheshire & Merseyside
Locally commissioned Public Health	Emergency Hormonal Contraception	39	Yes, provision in each community partnership
	Substance misuse – Needle exchange	5	No, identified as an area of potential service need and access improvement and is being reviewed
	Substance misuse service – Supervised consumption	20	No, identified as an area of potential service need and access improvement and is being reviewed
Locally commissioned Council Waste Management	Sharps Return Service	11	No, identified as an area of potential service need and access improvement and is being reviewed

Source: Cheshire & Merseyside ICB, Community Pharmacy England; Cheshire West and Chester Public Health Team

Analysis of services offered indicates that there is currently no gap in essential or advanced services. However, there are some geographical differences in provision with services predominantly situated in more densely populated areas of the borough, where opening hours after 6pm are more available, as is weekend opening. Overall, opening hours are considered sufficient but commissioners of community pharmacy are encouraged to use the findings of this most recent PNA to encourage flexibility around opening hours of existing pharmaceutical providers. If further amendments to evening and weekend opening take place, commissioners should review the impact with consideration of extending opening hours as a locally commissioned enhanced service (at which there will be a remuneration to the pharmacy).

The PNA has demonstrated potential service need and improved access to the pharmacy supervised consumption and needle exchange services, which will be reviewed by commissioners. A review of the population need and access to the community pharmacy sharps return service has also been identified as a future service improvement area for residents within Ellesmere Port, Neston and Willaston, Northwich and some areas of Rural Community Partnerships. Cheshire and Merseyside ICB are also reviewing options to harmonise and improve equity of access to the urgent palliative care medicines services across all areas which will support access for residents within Chester East, Helsby and Frodsham, and Rural community partnerships.

6. Patient satisfaction

The CW&C pharmacy survey (November 2024) highlighted that residents value having a pharmacy nearby and view it as an essential provision. However, it also highlighted medicine unavailability, long waiting times for prescription collection, and long wait times in the pharmacies. There are also concerns about pharmacy closures, and comments about opening hours not being sufficient for those who work. This reflects the challenges that pharmacies are facing with increasing demand, medicine shortages, and financial pressures.

7. Demand on pharmacies

Annual dispensing data indicates that dispensing has increased in CW&C community pharmacies reflecting the England trend.

Table 3: Dispensing trend for Cheshire West and Chester and England

	2019/20	2020/21	2021/22	2022/23	2023/24
Number of items dispensed by CW&C community pharmacies	4,933,440	5,158,696	5,630,763	6,206,759	7,057,502
Number of items dispensed by community pharmacies in England	1,015,432,313	999,727,834	1,023,594,176	1,057,981,117	1,090,082,977

Source: NHS Business Services Authority, Dispensing Pharmacy Northwest GP Items by financial year

Note: This data includes distance selling pharmacy Speeds Healthcare which is located in Cheshire West and Chester. It does not provide face to face dispensing but has been included to match figures in table. Speeds dispensed 29,345 GP prescription items in 2023/24 and in previous years dispensed between 15,000-25,000 items.

Respondents to the Pharmacy Survey also frequently commented on how busy pharmacies have become with long waiting times for prescription items and overcrowding in the pharmacies. Pharmacy closures have added to this pressure in some areas of the borough.

Population estimates have demonstrated there is a greater proportion of older people in CW&C 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 rise by 22% by 2033 to an estimated 96,000.

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.

8. Health needs in CW&C

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. The most common chronic conditions are hypertension, asthma and obesity. Hypertension and obesity are risk factors for disease including heart attack, stroke, kidney disease and dementia. CW&C has a higher prevalence of patients with a long-term condition or disease than the England average including cancer, coronary heart disease, stroke, heart failure, atrial fibrillation, COPD, hypertension, rheumatoid arthritis and osteoporosis.

The local mortality rates in the under 75s are statistically similar to the England averages for overall premature mortality, cancers, circulatory disease, respiratory disease and liver disease. However, under 75 deaths have been increasing including for respiratory disease, cancer, and cardiovascular disease. Premature mortality rates for men are significantly higher than rates for women.

CW&C residents have similar lifestyle issues as in the rest of the country. The greatest issue is overweight and 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 cardiovascular disease (CVD). Community pharmacies have a key role in helping to tackle these.

Some communities experience multiple disadvantages and inequalities that affect their health and wellbeing. There are pockets of deprivation across CW&C, with 26,700 people living in neighbourhoods ranked in the 10% most deprived neighbourhoods in England. Obesity, chronic conditions, and premature death are higher for residents residing in the most deprived areas of the borough, and life expectancy is significantly lower. These areas in particular dictate a need for the full range of pharmaceutical services.

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.

9. Cheshire West priorities

NHS Cheshire and Merseyside Integrated Care Board (ICB) is responsible for planning NHS services for our population which include GP practices, pharmacies, NHS dentists, NHS opticians and hospitals. It serves a population of over 2.7m people across nine Places - Cheshire West, Cheshire East, Halton, Knowsley, Liverpool, Sefton, St Helens, Warrington and Wirral.

The Place Plan represents the shared vision for Cheshire West to maximise quality of life and opportunity for our residents. It is also the borough's statutory Health and Wellbeing Strategy. The plan has ten priorities for Cheshire West:

- Addressing climate change
- Reducing inequalities
- Improving public mental health and wellbeing
- Promoting wellbeing and self-care
- Prevention and early detection
- Integrating our health and care services
- Making it easier to navigate health, social care, and community-based services
- Anticipating the future needs of our population
- Keeping people safe
- Ensuring we make the best use of our people and financial resources – spending the 'Cheshire pound' wisely and well, whilst improving service quality

Pharmacies play an important role in the community and are ideally placed to encourage and support people to make healthy choices, contributing to the priorities set out in Cheshire West's Place Plan.

Community pharmacies contribute to the priorities by:

- Helping to improve the health of the population and reduce inequalities through the dispensing of medicines, providing formal consultations and informal advice, supporting self-care, giving medicines management advice including the New Medicine Service, and the promotion of healthy lifestyles.
- Adopting the framework of Healthy Living Pharmacy which is the consistent provision of a broad range of health improvement interventions to help increase 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 patient groups who present prescriptions for dispensing.

- Participating in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England
- Enabling community pharmacy to play a bigger role than ever within the urgent care system through the Pharmacy First service. This service, together with the range of over-the-counter products and advice available in all pharmacies, contributes to improving patient self-care and management, as well as supporting the reduction of attendances at emergency departments and GP surgeries.
- Supporting climate change and sustainability through encouraging self-care and healthy living, repeat prescription ordering processes to reduce waste, supporting proper disposal of unwanted medicines, and promotion and support for lower carbon options. For example, supporting patients to use dry powder inhalers and to return metered dose inhalers for environmentally safe destruction. 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.
- Helping people to navigate the system by signposting to services not offered by the pharmacy.
- Providing the Discharge Medicine Service which allows NHS Trusts to refer patients who would benefit from extra guidance around prescribed medicines to their community pharmacy. The service has been identified by NHS England's Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.
- Providing the influenza vaccination programme and the COVID-19 and Respiratory Syncytial Virus (RSV) vaccines are at selected pharmacies. High immunisation rates are key to protecting the population's health, preventing the spread of infectious disease, complications and possible early death among individuals.
- Offering the Hypertension case finding service increases the detection of undiagnosed hypertension within the local population and positively impacts health inequalities by targeting people who do not routinely access their GP or use other NHS services. Hypertension or high blood pressure, is a key risk factor for CVD, which is a key driver of health inequalities accounting for around 25% of the life expectancy gap between the rich and poor populations in England.

10. Required statements from pharmaceutical

10.1 Statement one: Necessary services: Current provision

Provide 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 68 community pharmacies in CW&C provide adequate coverage of services in terms of geographical location, 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, distance-selling pharmacies, and pharmacies in neighbouring Local Authorities (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 CW&C. These services are thought adequate, taking into account such factors as the local demography and deprivation patterns.

CW&C has a larger number of pharmacies in relation to the size of its population (18.9 per 100,000) when compared to England average (18.4 per 100,000). However, CW&Cs average number of prescription items per month per 1,000 population is higher than the England average.

CW&C residents will also access dispensing doctors of which there are four in the borough and one in Cheshire East providing support to registered CW&C patients, and pharmacy services in the neighbouring boroughs Cheshire East, Wirral, Warrington, Halton and Shropshire, as well as North Wales. Services are considered sufficient for the population's needs.

10.2 Statement two: Necessary services: Gaps in provision

Provide 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.

Current provision across CW&C as a whole is adequate. No gaps in the provision of essential pharmaceutical services have been identified in this PNA. There are on-going housing developments planned over the lifetime of this PNA, predominantly in Northwich and Ellesmere Port which have higher or similar pharmacy-to-population ratios than the CW&C average, respectively.

Some geographical differences in provision have been highlighted through this PNA. In keeping with the national picture, services are predominantly situated in more densely populated areas of the borough where opening hours after 6pm are more available, as is weekend opening. The lowest rates of pharmacy-to-population ratios are seen in Chester East and Winsford community partnerships. Neston and Willaston and Chester South community partnerships have no pharmacies that are open after 6pm and do not have a pharmacy open on a Sunday. Helsby and Frodsham also

does not have a pharmacy open on a Sunday and Rural community partnership has one open for just one hour. However, coverage across CW&C is sufficient with residents in these community partnerships able to access pharmacies within a reasonable distance in bordering community partnerships and neighbouring LAs. The need for 'emergency prescriptions' will almost always be centred on patients using out of hours services. CW&C is currently covered by GP Out of Hours (via NHS 111) and the Urgent Care Centre at the Countess of Chester Hospital.

Respondents to the public survey commonly commented that it is not always easy to access pharmacy services in the evening, i.e. after 6pm, and weekends. ICB commissioning can direct existing pharmacies to open for additional hours such as extending existing opening hours as a locally commissioned Enhanced Service if required.

Community Pharmacy England⁴¹ notes that:

"if the needs of people in the area are not met, and no pharmacies are able or willing to participate in an out of hours Enhanced service, an ICB has the power to issue a direction requiring the pharmacy to open, but must if doing so ensure the pharmacy receives reasonable remuneration. The process of issuing such a direction begins with discussions with the Local Pharmaceutical Committee (LPC) and the affected pharmacies must be contacted by the ICB and the proposals outlined so that the pharmacy owner can make representations. There are rights of appeal against ICBs decisions to issue such directions, and the direction would be valid only if the statutory procedure is followed."

10.3 Statement three: Other relevant services: Current provision

Provide 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 subparagraph (A) or (B), or paragraph one, of the 2013 regulations, they nevertheless affect the assessment by the HWB of the need for pharmaceutical services in its area.

CW&C has five dispensing doctors in rural areas who can dispense medicines to their patients. These doctors support the large amount of non-pharmacy dispensing in CW&C. There are strict regulations which stipulate when and to whom doctors can dispense.

CW&C has geographical borders with North Wales, Cheshire East, Shropshire, Warrington, Wirral and Halton. Members of the CW&C population will cross these borders for leisure and work purposes and also access pharmacy services if it is more convenient for them, and not necessarily due to there being sufficient service in CW&C.

The bank holiday rota coordinates services across boundaries to ensure geographical coverage.

In addition to essential services, there is adequate access to the full range of advanced and enhanced services, and locally commissioned public health and sub-integrated care board services to meet local need.

10.4 Statement Four: Improvements and better access: Gaps in provision

Provide 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.

Based on the information available at the time of developing this PNA, no gaps have been identified in essential, advanced or enhanced services that if provided either now or in the future would secure improvements, or better access, to pharmaceutical services. A review of service need and access to commissioned substance misuse services (needle exchange and supervised consumption) and Sharps Return are being progressed. There is no provision for appliance use reviews (AUR) and stoma appliance customisation service in CW&C. This is provided in bordering localities and undertaken remotely to support patient confidentiality.

All residents are within a 15-minute drive to a pharmacy, and the majority a 30 minute commute on public transport or 20 minute walk.

The most common concerns in the public survey were medicine shortages, waiting times to collect a prescription, and waiting times in the pharmacies. Comments also highlighted that it is not always easy to access pharmacy services in the evening, i.e. after 6pm, and weekends. As well as changes to existing contractor hours, opportunities could also be explored around increasing the use of technology to support timely prescribing where practicable and safe to do so.

It is important that community pharmacy services can continue to support the changes that face the NHS as commissioning intentions change or evolve to reduce the pressures on other patient facing services such as GPs and Accident & Emergency. However, in the current financial climate there is limited capacity to deliver additional services within static or reducing budgets. There should also be recognition and understanding of the context related to a number of national, regional and local strategies and policies from which opportunities may arise in their delivery such as the NHS 10 year Plan and locally the Cheshire West Place Plan.

The skills and expertise of community pharmacists could be further utilised in the provision of locally commissioned services aimed at improving population health. Assessment of future plans for

housing developments within CW&C has highlighted increasing populations in Northwich and Ellesmere Port. It is envisaged that capacity within existing services will be able to absorb the increased demand anticipated over the lifespan of this PNA. Any identified change in the situation may be addressed by the ICB commissioning or directing existing pharmacies to open for additional hours under an Enhanced Service without the need for a new community pharmacy.

10.5 Statement five: Other NHS services

Provide a statement of any NHS services provided or arranged by the CW&C HWB, NHS England, Cheshire & Merseyside Integrated Care Board (ICB), any NHS trusts or any 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.

Based on the information available at the time of developing this PNA, no gaps in respect of securing improvements, or better access, to other NHS services either now or in specified future circumstances have been identified.

10.6 Statement Six: How the assessment was carried out

Provide 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 Cheshire West and Chester's Joint Strategic Needs Assessment and Office for Health Improvement and Disparities (OHID) Public Health Profiles 2025, <https://fingertips.phe.org.uk>, Crown copyright 2025.

In addition, prescribing and dispensing data was provided by the Cheshire and Merseyside ICB. 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 Medical Committee, Cheshire West and Chester Council's Public Health team, Cheshire West and Chester Council's Insight and Intelligence Team, HealthWatch, and Cheshire and Merseyside ICB 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 community partnerships where possible. These were chosen because of the wealth of intelligence available and it being a shared geography by the LA and ICB. It was also considered sensible to use the same boundaries which the Council and ICB 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 Map of provision

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

This can be seen on page 5.