Halton Health and Well Being Board

Pharmaceutical Needs Assessment

2015- 2018

Draft for consultation

Foreword

Halton Local Authority's Health and Well Being Board has responsibility for the on-going review, development and publication of the Pharmaceutical Needs Assessment (a responsibility transferred to it from the now abolished Halton & St Helens Primary Care Trust).

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

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

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

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

Signed

Chief Executive

Halton Borough Council

Chair

Halton Health and Well Being Board

Version Control

Editor: Sharon McAteer along with members of the PNA Working Group

Issue Date: April 2015

Review Date: Annual review with Supplementary Statements as necessary with a formal review by April 2018

Version	Summary of Changes	Date of Issue
2011 PNA	First formally approved PNA for Halton & St Helens PCT	1st February 2011
	Supplementary Statement	November 2012
2015 PNA	Paper to Halton Health and Wellbeing Board on PNA and to seek approval to set up PNA steering group	July 2013
	Framework developed across Merseyside	September 2013
	Draft 2 presented to the PNA working group	June 2014
	Draft 3 presented to the PNA steering group	July 2014
	Halton Health and Well Being Board's draft PNA for consultation	September 2014
	Final draft presented to the PNA steering group	January 2015
	Completed version to Halton Health and Well Being Board	February 2015
	Published PNA	1 April 2015

PNA Working Group Members

Ifeoma Onyia	**Consultant in Public Health (chair)**
Sharon McAteer	**Public Health Development Manager (deputy chair)**
Bertha Brown	**Chief Officer, Local Pharmaceutical Committee (Knowsley, Halton and St Helens)**
Luci Devenport & Jackie Jasper	**Contracts Manager, NHS England**
Lucy Reid	**Medicines Management, Halton CCG**
Paul Cook	**Healthwatch**
Sally Yeoman	**Chief Officer, Halton and St Helens Council for Voluntary Services**
Cllr Marie Wright	**Elected member, Portfolio Holder Health & Wellbeing**
James Watson	**Public Health Intelligence Officer**
Diane Lloyd	**Public Health Programme Support Officer**

Acknowledgements

Lynne Woods and Mickey Leck for their administration skills throughout the PNA process.

Colleagues in Cheshire for sharing their PNA framework

Merseyside colleagues for helping to put Merseyside framework together and support throughout development of PNA

Pharmacies for providing information on the services they provide

HBC Customer Intelligence Unit for setting up the public and statutory consultations

Halton networks for distributing consultation to their members and Halton public for taking the time to complete the pharmacy questionnaire

Delima Khairudin for updating the literature search and sifting through the results.

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Executive Summary

The Pharmaceutical Needs Assessment (PNA) aims to identify the pharmaceutical needs of people living in Halton.

The main objectives for this project were to:
1. Describe the scale and consequences of the main health issues in Halton
2. Describe the existing pharmacy services in relation to needs, policy and evidence-based practice
3. Make recommendations to commissioners based on findings of the PNA
4. Provide information for NHS England (NHSE) contracts committee when deciding pharmacy applications

Background
In April 2008 the White Paper, *Pharmacy in England: Building on Strengths – Delivering the Future* was published, setting out the Government's programme for a 21st century pharmaceutical service and identifying ways in which pharmacists and their teams could contribute to improving patient care through delivering personalised pharmaceutical services in the coming years.

Following consultation in Autumn 2008, two clauses were included in the Health Act 2009:

- To require Primary Care Trusts to develop and publish pharmaceutical needs assessments (PNAs) by 1st February 2011; and
- Then to use PNAs as the basis for determining market entry to NHS pharmaceutical services provision

Pharmacy in England: Building on Strengths – Delivering the Future – Regulations under the Health Act 2009: Pharmaceutical Needs Assessments –Information for Primary Care Trusts has been published to assist PCTs in the development of their first and subsequent PNAs produced under the new statutory duty set out in the NHS (Pharmaceutical Services) Regulations 2005, as amended. In developing their PNA, Regulation [3G] outlines a series of matters that PCTs must have regard to, these are summarised as:

-
- The Joint Strategic Needs Assessment (JSNA)
- The needs of different patient groups
- The demography of the PCT area
- The benefits from having a reasonable choice in obtaining services
- The different needs of the localities
- The effect of pharmaceutical services provided under arrangements with neighbouring PCTs
- The effect of dispensing services or other NHS services provided in or outside its area
- Likely future needs

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

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

This PNA for Halton builds on the needs identified in the Joint Strategic Needs Assessment (JSNA) and the Health & Wellbeing Board's Joint Health and Wellbeing Strategy (JHWBS).

Process undertaken to develop the PNA

Key principles of the PNA are:

- It is an iterative process involving patients, the public and key stake holders
- It is a developing, live document to be refreshed annually
- It continues to focus on identifying health needs which can be supported by pharmaceutical services and makes recommendations for the commissioning of those services
- It is done through a multidisciplinary PNA Task and Finish Group

Development of the Halton PNA has been initiated and overseen by the Public Health Evidence & Intelligence Team operating through a multi-professional steering group. The steering group consists of representatives from the following:

- Public Health Evidence and Intelligence
- Halton Clinical Commissioning Group
- Local Pharmaceutical Committee
- Healthwatch
- Halton & St Helens Council for Voluntary Services
- Halton Borough Council elected member, Portfolio holder for Health and Wellbeing

The process of developing this PNA has drawn heavily on the NHS Employers guidance[i]; [ii].

In order to identify the specific roles pharmacies do/could play in addressing the JHWBS, current pharmacy provision has been mapped against need using measures such as prevalence of disease and hospital admission rates. A literature review was also undertaken to determine potential roles of pharmacies in supporting JHWBS priorities as well as the use of Royal Pharmaceutical Society good practice guidance and NICE[iii] guidance.

[i]. NHS Employers (2009) *Developing Pharmaceutical Needs Assessments: A practical guide*

[ii]. NHS Employers (2009) *Pharmaceutical Needs Assessments (PNAs) as part of world class commissioning Guidance for primary care trusts*

[iii] NICE stands for National Institute for Health & Clinical Evidence. They produce best practice guidance based on evidence of effectiveness and cost effectiveness.

Patient and Public Involvement

During May 2014 we asked the people of Halton for their experiences of using pharmacy services and their views on how services might be improved. We wanted to know this because:

We want to make sure that pharmacies provide services people need and use
- We want to know what services we can improve in Halton
- We want to let pharmacists know what patients think of the services they provide
- We want to work with patients and pharmacists to improve services

Nearly 100 people filled in the questionnaire. Feedback from this has been incorporated in to the report.

60-day consultation

The consultation of the PNA is part of the involvement strategy. A formal 60-day consultation is required for the development of the PNA. This began on Monday 22 September 2014 and closed at the end of business Monday 24 November 2014. It was distributed widely to local authorities, neighbouring HWBs, acute trusts, local strategic partnerships, Local Pharmaceutical Committee (LPC), Local Medical Committee (LMC) and to Equity Target Groups and community & voluntary sector groups throughout the borough. Comments have been collated and a separate consultation response paper written, published alongside the PNA. Each comment was assessed by the steering group and amendments required as a result of them made to the final PNA.

Developments which may precipitate the need for changes to pharmacy services

Any conclusions gained from this PNA need to take account of that fact that future developments, such as but not limited to, changes in population, changes in sources/numbers of prescriptions may take place. This could influence the demand for pharmaceutical services. Hence this PNA is a 'dynamic' document.

Workload and demand in pharmacy is driven by two factors:

- Population growth and changing structure, which in Halton is predicted to be around 3% by 2021 (2012 Office of National Statistics mid-year population estimates). This is lower than the North West region which is projected to grow by 4% and nationally, which is projected to grow by 9%
- The change in population is not evenly distributed between the age groups; the 65+ population is estimated to see an increase of 33% over the 10 year period (6,100 more persons in age band). The 0-15 population is also estimated to increase by 10% over the same period. The 15-65 population will decrease by 5%. As a heavy user of health and social care, this 'aging' of the population is especially important
- Nationally for 2013[1], 1,030.1 million prescription items were dispensed overall, a 3.0% increase (29.6 million items) on the previous year and a 58.5% increase (380.4 million

items) on 2003. The average number of prescription items per head of the population in 2013 is 19.1, compared to 18.7 items in the previous year and 13.0 in 2003

- The total net ingredient cost of prescriptions dispensed rose for the first time in three years (1.2% rise (£102 million)) to £8.6 billion. In 2003 the total cost was £7.5 billion. The average cost per head of the population has fallen to £160.18, from a peak of £169.13 in 2010. In 2003 the average cost per head was £150.61. The average net ingredient cost per prescription item has fallen from £8.52 in 2012 to £8.37 in 2013. In 2003 this figure was £11.56

The combined effects of population change and prescribing growth have a compounding effect on the workload of pharmacy. This is especially pertinent as the pharmacies operating across Halton currently dispense more prescription items than the average for England and has grown each year (based on assumption that Halton pattern would have been similar to Halton and St Helens PCT pattern). It is anticipated that growth in the future will continue as at a similar rate. Prescription volumes and service provision needs to be monitored to identify where demand is likely to exceed supply. Planned developments, e.g. any major new housing developments, must also be monitored to ensure we are able to respond to the needs of our population for pharmacy services.

Key Findings

The PNA has also identified actions to optimise the potential of the pharmacy contract for our population, these are:

Focus on **advanced services** specifically:

- Support active providers to increase their provision of advanced services by conducting more Medicines Use Reviews (MURs) up to their limit and to increase uptake of New medicines Service (NMS)

Develop **local services** commissioning:

- Continuously audit current activity at a locality level to ensure that if gaps in provision develop a plan to address these gaps is developed
- Ensure that our commissioning intentions in relation to local services are reflected in the activity that we see from our community pharmacies
- Identify pharmacies that are successfully delivering multiple enhanced services and work with them to share best practice with other providers

This needs assessment provides a base from which commissioning plans for pharmacy can be developed which combine our local priorities with national strategy for community pharmacy services. The PNA will be used as a basis for 'control of entry regulations' so that NHS England is clear and transparent about where services may or may not be needed in the future. Therefore the PNA needs to be explicit about its gaps in service. It will be used to in the development of local service provision alongside specific health strategies and plans.

However, there may be aspirations to develop local services but these need to be developed in a cost effective way and in light of current financial constraints.

Topic Specific Conclusions

Access to pharmacies

- Overall access is considered to be adequate
- Compared to the national average, Halton has a higher pharmacy: population ratio than the national average
- However, there is wide variation in the pharmacy–to-population ratio across wards, even taking town centre locations in to account. Any decisions regarding new pharmacies need to take the population-to-pharmacy ratio in to account. Conversely, any closures need to be carefully monitored to determine the impact this will have on access, especially, in those wards where the level of pharmacy provision is already low
- There is a great deal of satisfaction with pharmacy services. Overall, members of the public find them accessible, friendly and helpful
- Members of the public commented that it is not always easy to access pharmacy services in the evening, i.e. after 6pm, and weekends
- The patient survey revealed that patients would like the option of getting hospital discharge and outpatient prescriptions filled at their local pharmacy

Tobacco Control

- There is adequate provision for smoking cessation services across the borough. Pharmacies are a key component of this provision, with easy access, and this should be maintained

Alcohol

- Pharmacies do not currently provide services to reduce alcohol consumption. Evidence of effectiveness for pharmacies role in conducting screening for unsafe levels of alcohol consumption and offering brief interventions is limited. Any exploration of this role as part of the alcohol strategy needs to keep abreast of new research
- Under the essential services contract pharmacies should support six health education campaigns per year. Community pharmacies are well placed to take part on local and national campaigns around alcohol misuse. As a local JHWBS priority this should be considered

Planned care

- There is generally good access to both NMS and MURs across the borough
- Monitoring the targeting of MURs in line with nationally defined target groups is important as well as consideration of which other patients would most benefit

from them. Intelligence from patient groups, pharmacy contractors and GPs should be used to help identifying and address barriers to uptake of MURs

Unplanned/urgent care

- There is currently partially adequate access to Care at the Chemist (CATC), including 100-hour evening and weekend provision. Increasing provision across the borough is already being investigated for 2014/15. The formulary and protocols in use are also being reviewed in full
- Cross-border collaboration between boroughs (Liverpool, St Helens and Knowsley) has increased both access and choice
- Ways of improving awareness of CATC amongst key target groups should be investigated and once the full review is complete a re-launch of the service will be undertaken
- Influenza vaccination uptake needs to improve, especially for at risk groups under age 65, and Public Health England (PHE) are putting plans into place to do this. This will include commissioning pharmacies to provide NHS free vaccinations. This will be done on a restricted trial basis of one year during the 2014/15 'flu season' with the potential to extend, depending on trial outcomes

Managing and identifying long term conditions, including NHS Health Checks

- There is some evidence from the literature that pharmacies can play an important role in helping patients to manage long-term conditions, particularly cardiovascular disease. Pharmacies are able to offer checks for blood pressure, blood sugar and signpost affected individuals into primary care for definitive management
- Under the essential services contract pharmacies should support six health education campaigns per year. This is led by NHS England and the content of the campaigns is open to local influence subject to consultation

Cancers

- There are currently no plans to commission services for the prevention of cancers in pharmacies. Specialist equipment and procedures mean it is not feasible for them to provide cancer screening services
- As part of the essential services contract, the use of the six health education campaigns should include at least one on cancers as a local HWB priority

Sexual Health: Emergency Hormonal Contraception (EHC)

- There is adequate provision of EHC in all areas with high teenage pregnancy rates. There is less provision from community pharmacies in Riverside ward but there is community sexual health service provision at the Health Care Resource Centre and the Widnes Walk-in centre. There is c-card provision to pharmacies providing EHC

Mental Health

- Pharmacies are well placed to detect the early signs of mental health problems and could refer people in to the single point of access to mental health services and to participate in awareness raising campaigns
- Under the essential services contract pharmacies should support six health education campaigns per year. Community pharmacies are well placed to take part on local and national campaigns around mental health. As a local JHWBS priority this should be considered

Substance misuse

- Provision of needle & syringe exchange is mainly through the community drugs service run by CRI with one pharmacy providing this service. Provision is adequate
- There is adequate provision of supervised administration services provided by community pharmacies across the borough

Older people

- As part of the borough plans for influenza vaccinations, community pharmacies could have a role to play. Training where necessary and systems for data collection and reporting would need to be implemented

Palliative Care

- This service provides convenient access and can only be provided by community pharmacy
- This service is primarily designed to provide access to infrequent and unpredictably required specialist drugs
- There is currently no evidence to suggest that more provision is required. There is evidence to suggest that the geographical spread and formulary needs to be reviewed – this is already underway 2014-15. Hence provision is adequate as it stands at the moment but following a review this may change

MAIN DOCUMENT

Key Findings

A pharmaceutical needs assessment (PNA) forms part of the commissioning function for pharmacy services. It relates the current provision of pharmaceutical services to the characteristics of the local population and Health & Wellbeing Board priorities for improving health and wellbeing and reducing health inequalities in Halton.

The PNA addresses the following broad questions:

- What is the provision of pharmacy service to our population and is this adequate?
- How is the pharmacy contract utilised for the benefit of the population of Halton?
- How can community pharmacy through its nationally commissioned or locally commissioned services support us to deliver our priorities for health and wellbeing for the population of Halton?

The provision of pharmacy services within Halton is considered adequate, to meet the needs of the population. This assessment is based on the following observations:

- Halton has an average of 26 pharmacies per 100,000 population. This compares to 21 per 100,000 for England as a whole and 24 per 100,000 across the North West
- It is possible to compare prescribing volume by converting total items prescribed in to a monthly prescribing rate per 1,000 population. In 2013/14 Halton CCG had a higher prescribing rate than England and Cheshire & Merseyside but was lower than the North West average
- The wide spread availability of premises with consultation facilities in Halton means that our population has adequate access to such facilities. However, there are some areas where access is poor
- There is fair access to pharmacy services throughout the week, into the evening and at weekends across Halton. This takes into account needs in both Widnes and Runcorn. Where any specific service level gaps exist these will be addressed initially through dialogue with existing, specific contractors. Our existing network provides a comprehensive essential pharmaceutical service to our population
- There is adequate provision of locally commissioned services across our population. We will continue to work with our existing contractors to ensure that this provision continues to match the needs of our population and that any inequalities in activity are minimised
- Feedback and information provided by patients, the public and other stakeholders consulted during the development of the needs assessment

Developments which may precipitate the need for changes to pharmacy services

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Workload and demand in pharmacy is driven by two factors, changes to the population changes and to prescribing volume:

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The combined effects of population change and prescribing growth have a compounding effect on the workload of pharmacy. Halton pharmacies currently dispense more prescription items than the average for England. It is expected that growth in the future will continue as at a similar rate. Prescription volumes and service provision needs to be monitored to identify where demand is likely to exceed supply. Planned developments with our partners must also be monitored to ensure we continue to be able to respond to the needs of our population for pharmacy services.

Optimising pharmacy services

Table 1 summarises the services provided by community pharmacies across Halton.

Table 1: Summary assessment of services including gaps in provision

Service	Community Pharmacy only?	Current provision adequate	Other providers	Comments
Minor Ailments -Care at the Chemist	Yes	Partially adequate	GP, walk in centre, A&E	Review of formulary and protocols already underway. Increase in provision also already in progress
Stop smoking	No	Yes	GP and specialist service	
Supervised admin	Yes	Yes	CRI	
Needle and syringe provision	No	Yes	CRI	
Medicines Use review	Yes	Yes		
Emergency Hormonal Contraceptives	No	Yes	GP, walk-in centres, community sexual health	Gaps in pharmacy provision in areas with high teenage pregnancy but community healthcare provision
On Demand Availability of Palliative Care Medicines	Yes	Yes	GP out of hours service	Review of sites and formulary already underway
Pharmacy essential service including dispensing	Yes	Yes		

Table 2: Summary gaps in pharmacy service provision against JSNA& JHWBS priorities

JHWBS* and JSNA priority	Potential pharmaceutical service	Community Pharmacy only?
Alcohol*	Advice, campaigns and signposting	No
Cancers*	Advice, campaigns and signposting	No
Mental Health*	Advice, campaigns and signposting	No
Unplanned care	Influenza vaccination for at risk groups	No
Older people	Influenza vaccination; advice and campaigns e.g. falls prevention*	No
Health checks	Referrals and campaigns to increase uptake of Health checks	No

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1. Introduction and Purpose

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

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

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

- required PCTs to develop and publish PNAs; and
- required them to use PNAs as the basis for determining market entry to NHS pharmaceutical services provision;

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

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

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

See appendix 1 for policy context

2. Scope and Methodology

2.1. Scope of the PNA

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

- The safe and efficient supply of medicines
- Pharmaceutical care that provides quality healthcare and public health information and advice to all members of the population
- High quality pharmacy premises that increase capacity and improve access to primary care services and medicines
- Local enhanced services which increase access, choice and support self-care
- Locally commissioned enhanced pharmaceutical services that have the potential to reduce avoidable hospital admissions and reduce bed-days
- High quality pharmaceutical support to prescribers for clinical and cost-effective use of resources

2.2. Methodology and Data Analysis

Key principles of the PNA are:

- It is an iterative process involving patients, the public and key stake holders
- It is a developing, live document to be refreshed annually
- It continues to focus on identifying health needs which can be supported by pharmaceutical services and makes recommendations for the commissioning of those services
- It is done through a multidisciplinary PNA Steering Group

Figure 1: PNA development process

Development of the Halton Local Authority Health and Well Being Boards PNA has been initiated and overseen by the Director of Public Health and a multi-professional steering group. The steering group consists of representatives from the following:

- Public Health (chair and officers)
- Community Pharmacy Professional Lead from NHS England Merseyside area team
- Clinical Commissioning Group (CCG)
- Local Pharmaceutical Committee
- Healthwatch
- Voluntary Sector
- Elected member

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

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

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

- Joint Strategic Needs Assessment
- Joint Health & Wellbeing Strategy
- Census data
- Data on socio-economic circumstances of the local area
- Public pharmacy services questionnaire
- Core Strategy, Strategic Housing Land Assessment 2012, Housing Strategy Evidence Paper 2013

This PNA has undergone a formal 60 day consultation and relevant amendments have been made.

2.3 Consultation

A draft Pharmaceutical Needs Assessment was published on Monday 22 September 2014 inviting comments to be made prior to the closing date of the consultation period on Monday 24 November.

The draft document was distributed as follows:-

Community and Hospital Providers, All Local Pharmacies, Professional Bodies, NHS Bodies and Staff

- GP's and other Primary Care Staff

- Community Pharmacies
- Social Services
- Community Health Service Providers
- Mental Health Trust
- Local Hospital Trusts
- Local Pharmaceutical Committee
- Local Medical Committee
- Neighbouring Local Authorities HWBs: St Helens, Warrington, Liverpool, Knowsley, Cheshire East, Cheshire West & Chester
- Local Hospices
- Public Health Staff
- NHS England
- CCG

Patients and Public

- Healthwatch
- Voluntary Sector Groups
- Patient Participation Groups in Primary Care

Other Methods

- Press release to local Newspapers

Website and Use of Survey Monkey

Full documentation was published on Halton Borough Council's website on Monday 22 September 2014 with a Survey Monkey facility to help readers make comments on the PNA. Respondents were offered paper copies of the PNA if required and they could also complete the survey using a copy of the questions supplied with the invitation letter. Written comments could therefore be made via Survey Monkey, completion of the questionnaire electronically or print version sent back to the Public Health team.

Responses received during the consultation period can be found in Appendix 9.

2.4. PNA Review Process

The PNA will be refreshed as an integrated part of the annual commissioning cycle as well as when any changes to the pharmacy contractor list occurs. This action will be overseen by Halton Health and Well Being Board with input from the NHS England Pharmacy Contracts Group (PCG). As a minimum the document will be checked and updated with significant changes in the following areas, once every year:

- New pharmacy contracts
- Pharmacy closures
- Changes to pharmacy locations
- Pharmacy opening hours
- Local intelligence and significant issues relating to pharmacy enhanced service provision

- Appliance provision changes
- Significant changes in Public Health intelligence or primary care service developments that may impact either complimentary or adversely on pharmacy based services

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

2.5 How to use the PNA

The Pharmaceutical Needs Assessment should be utilised as a service development tool in conjunction with the Joint Strategic Needs Assessment (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 Pharmaceutical Needs Assessment can be used by patients, current service providers, future service providers and commissioners alike in the following way:

- Maps and tables detailing specific services will mean patients can see clearly where they can access a particular service
- Current service providers will be better able to understand the unmet needs of patients in their area and take steps to address this need
- Future service providers will be able to tailor their applications to be added to the pharmaceutical list to make sure that they provide the services most needed by the local community
- Commissioners will be able to move away from the 'one-size fits all approach' to make sure that pharmaceutical services are delivered in a targeted way
- 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

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 PSNC website: http://www.psnc.org.uk/pages/introduction.html

The pharmaceutical services contract consists of three different levels;

- Essential services
- Advanced services
- Enhanced services

3.1. Essential Services and Prescription Volume

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

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

3.1.2. Prescriptions - During 2013/14 the 17 GP practices in Halton issued a total of 2,603,330 individual prescription items with a further 34,516 items prescribed by other healthcare providers (total 2,637,846 individual prescription items).74.4% of total prescription items*(1,963,104 items)* were dispensed by Halton pharmacies. *(636,403, 24.1%)* were dispensed by pharmacies in bordering areas (boroughs in Cheshire & Merseyside). A further *(38,339, 1.5%)* were dispensed nationwide.

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

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

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

3.1.8. Clinical Governance –pharmacists must ensure the following processes are in place:

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

3.2. Advanced Services

There are four advanced services[iv] within the NHS Community Pharmacy contract, two of which were introduced in April 2010, and the fourth in October 2011. Community pharmacies can opt to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions. They require accreditation of the pharmacist and/or pharmacy.

3.2.1. Medicines Use Review (MUR) & Prescription Intervention Service - The pharmacist conducts a concordance medication review with the patient. The review assesses any problems with understanding current medication, its administration / patient compliance. The patient's knowledge of their medication regime is assessed and a report is provided to the patients GP. The patient's knowledge of their medication and why they are taking it is increased; problems with their medication are identified and addressed. The MUR is conducted on a regular basis, e.g. every 12 months, or when pharmacist decides an intervention MUR is required. . MURs have to be conducted in a consultation area which ensures patient confidentiality and privacy. Pharmacists must successfully pass a competency assessment before they can provide MUR services.

3.2.2. Appliance Use Review (AUR) –An Appliance Use Review was the second advanced service, introduced in April 2010.This service is similar to that above where it relates to patients prescribed appliances such as leg bags, catheters, stoma products.

3.2.3. Stoma appliance customisation (SAC) service

Stoma appliance customisation was the third advanced service introduced in April 2010. This service involves the customisation of stoma appliances, based on the patient's

[iv] Pharmaceutical Service Negotiating Committee (PSNC) accessed from www.psnc.org.uk/pages/advanced_services.html (June 2010)

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.

3.2.4. New Medicines Service (NMS) – This service was introduced in October 2011 and provides support with medicines adherence for patients being treated with new medicines in four conditions/therapy areas. These are Asthma / COPD, Type 2 Diabetes, Hypertension and Antiplatelet / Anticoagulation therapy. The pharmacist provides face to face counselling about the medicine at the point when the patient first presents with their prescription at the pharmacy. Arrangements are then made for the patient to be 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.

3.3. Locally commissioned services

3.3.1 Enhanced Services

Are those commissioned, developed and negotiated locally based on the needs of the local population. Enhanced services are commissioned by NHS England 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 local enhanced services (LES) can only be used to describe services commissioned by NHS England.

3.3.2 Locally Commissioned Services

These services can be commissioned from the pharmacy / individual pharmacist by organisations such the HWB, Local Authority Public Health Team (LAPHT), CCG, and NHS trusts. Both community NHS trusts and secondary care NHS trusts (hospital trusts) may commission services from community pharmacists.

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. Where ever 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 to 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 question. This should improve with self-declaration of competency.

Pharmacy based locally commissioned services will vary from area to area depending in needs but may include:

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

3.4. Funding the Pharmacy Contract

The essential and advanced services of the community pharmacy contract are funded from a national 'Pharmacy Global Sum' agreed between the Pharmaceutical Services Negotiating Committee and the Treasury. This is divided up and devolved to NHSE 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 has to be identified and negotiated locally from the commissioners own budget.

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, Sainsbury's etc. who may own many hundreds of pharmacies UK wide.

Halton has 34 "Pharmacy Contractors" who between them operate out of a total of 31community pharmacy premises, plus 3 distance selling 'internet' pharmacies. The population of the area is 125,700 (ONS population estimate 2012) total resident population which equates to approximately one pharmacy for every 3,809 residents or 26 pharmacies per 100,000 population. This is the same as the North West rate and better than the England rate of 22 pharmacies per 100,000 population. Consequently the population of Halton is well served.

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

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

25 - delivering a minimum of 40 hours service per week
6 - delivering a minimum of 100hours service per week
3 - providing services via the internet or "distance selling"

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

4.2 Dispensing Doctors

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

4.3 Appliance Contractors

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

4.4. Local Pharmaceutical Services (LPS)

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

4.5. Acute Hospital Pharmacy Services

There are 2 main Acute Hospital Trusts within Halton catchment area, namely St Helens & Knowsley Teaching Hospital NHS Trust and Warrington and Halton Hospital NHS Foundation Trust. Some Halton residents may also access services at Countess of Chester Hospital NHS Foundation Trust. 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.

4.6. Mental Health Pharmacy Services

The population of Halton is served by the 5 Boroughs Partnership NHS Foundation Trust. They employ pharmacists to provide clinical advice within their specialist areas and they also commission a "dispensing service" from a Community Pharmacy in order to dispense the necessary medications for their patients at the various clinics across the patch.

4.7. GP Out of Hours Services

There is currently one 'out of hours' services operating from two locations however the service also visits patients within their own homes. There are also cross border arrangements with other Mersey CCGs that use the same provider to provide clinic appointment s for patients who wish to be seen out of area. During normal pharmacy opening hours, patients attending these sites who subsequently require a medicine are provided with a prescription to take to a local Community Pharmacy. During evenings and part of the weekends, where Pharmacy services may be more limited patients may be provided with pre-packaged short courses of medication directly. By default this service operates a limited formulary and tends to provide medications needed for immediate, acute use e.g. courses of antibiotics, or short term pain relief.

There is one walk in centre in Widnes that can also provide medication out of hours directly to patients but this is done via a Patient Group Direction and would only apply to a limited number of medications and for limited patient groups. Patients may also be seen by a nurse clinician who has a non-medical prescribing qualification. In this instance a prescription can be provided to the patient if there is likely to be access to a pharmacy.

4.8. Bordering Services / Neighbouring Providers

The population of Halton can access services from pharmaceutical providers not located within the Local Authority's own boundary. When hearing pharmacy contract applications or making local service commissioning decisions, the accessibility of services close to the

borders will need to be taken into account. For further information on such services please refer to the relevant neighbouring Health and Well Being Boards own PNA.

4.9. Quality Standards for Pharmaceutical Service Providers: Community Pharmacy Contract Monitoring

NHS England (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 locally commissioned enhanced services are also scrutinized.

As stated within the NHS review 2008[3], high quality care should be as safe and effective as possible, with patients treated with compassion, dignity and respect. As well as clinical quality and safety, quality means care that is personal to each individual.

This statement is as meaningful to pharmacies as to other NHS service providers and is the principle that the NHSE adopts when carrying out the Community Pharmacy Contract Monitoring visits for essential, advanced services and locally commissioned enhanced services.

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

- Submission of the Community Pharmacy Assurance Framework (CPAF) by all pharmacies
- Structured, pre-arranged visits where deemed necessary according to the CPAF results
- Scrutiny of payment submission processes
- Scrutiny of internal processes for confidential data management
- Structured action plan with set timescales for completion

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

4.10. Locally Commissioned Public Health Services

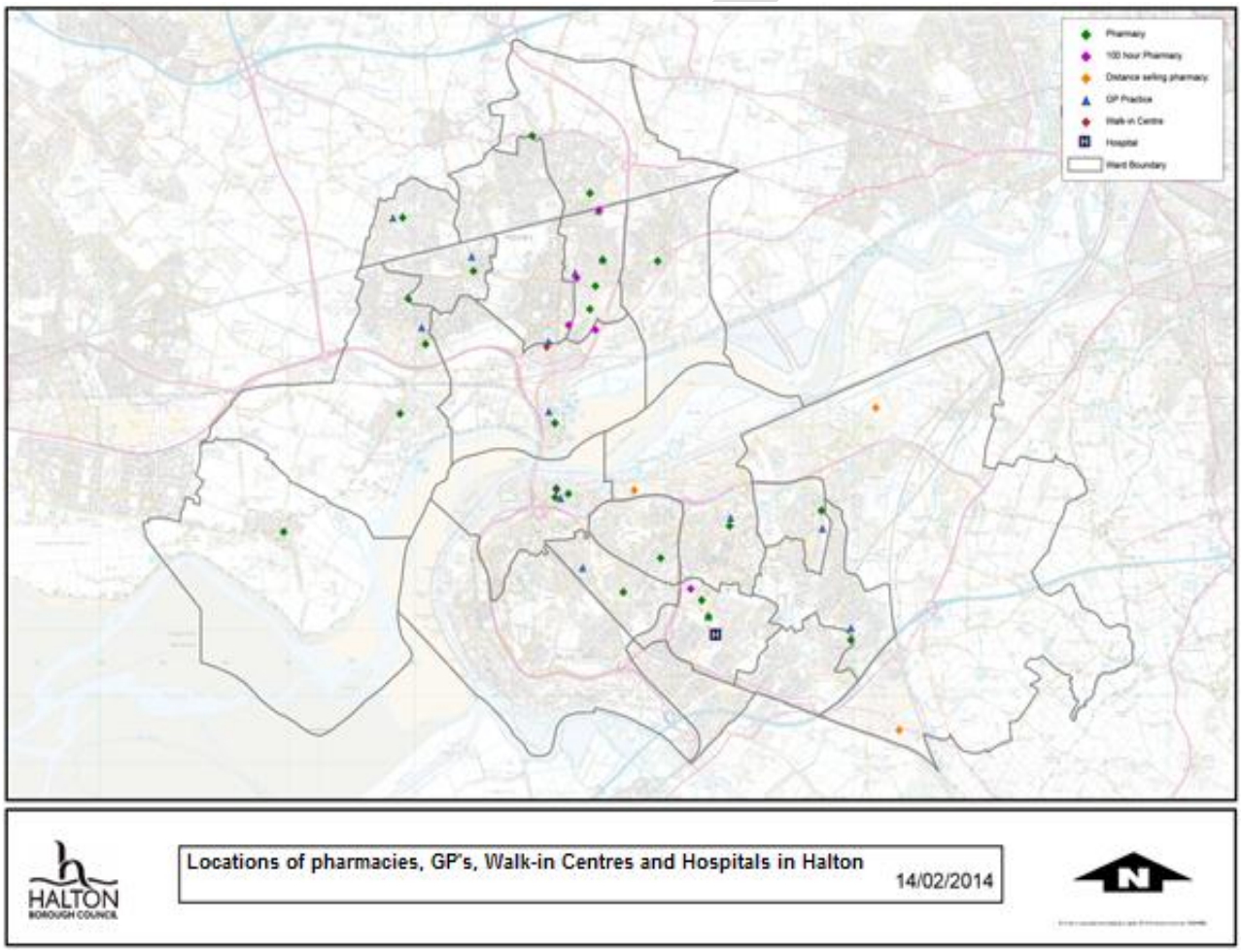
Halton Borough Council is in the process of developing a Provider Assessment Process for future commissioning purposes. Pharmacies who wish to apply to provide Public Health commissioned services will need to register on the Chest electronic procurement system and complete a mandatory service questionnaire and quality questions to ensure that they meet the required minimum standards. All pharmacies will be informed of this process in due course and a training session on how to apply will be provided. Participating pharmacies will be subject to random quality checks on the services provided.

5. Pharmacy Premises

5.1. Pharmacy locations and level of provision

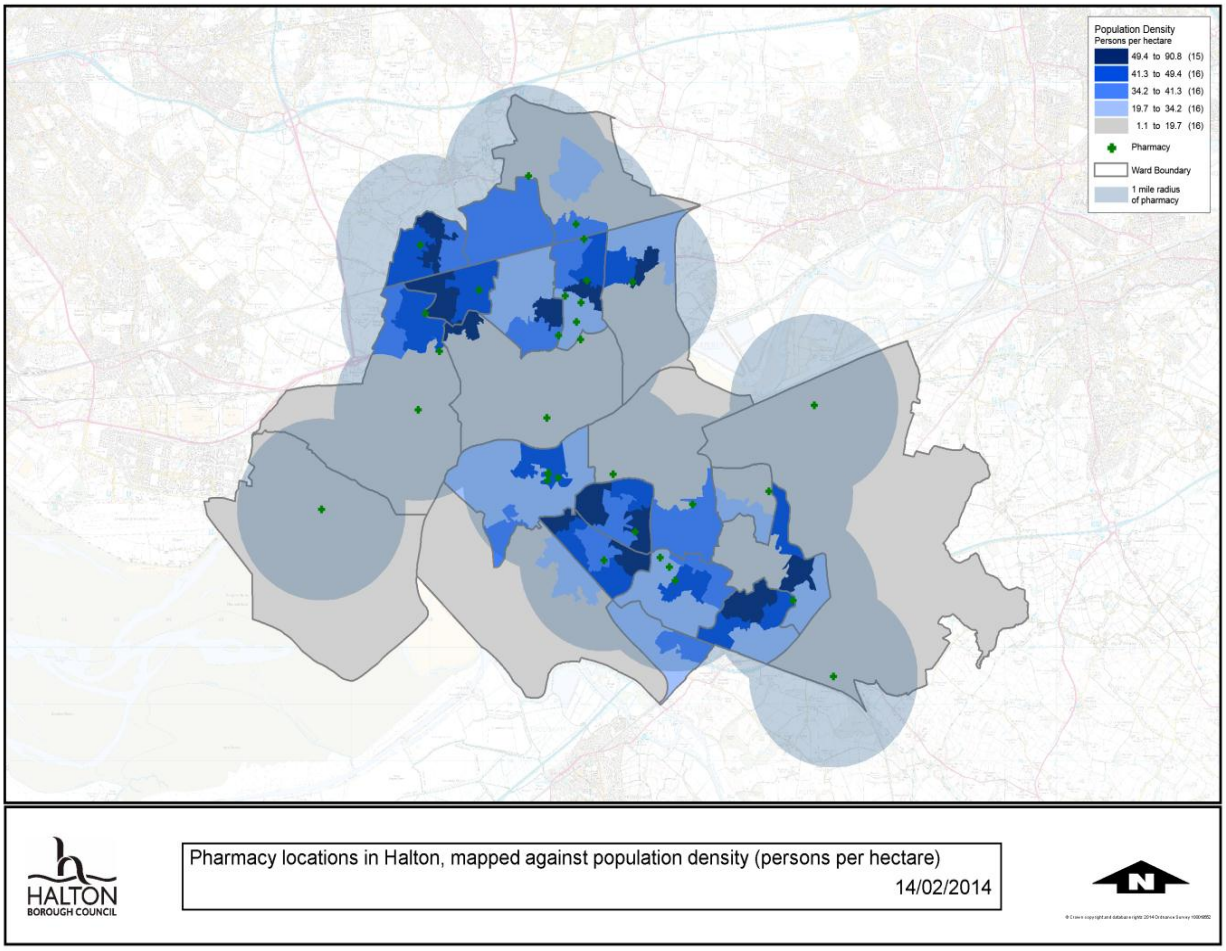
As of August 2014 there are 31 pharmacies across Halton with a further 3 distance-selling 'internet only' pharmacies making a total of 34 pharmacies in Halton (see Map 1 and Appendix 3 for full list of community pharmacies). Nationally there are a total of 11,495 community pharmacies for a population of 53,107,000, giving an average of approximately one pharmacy for every 4,620 members of the population. Halton has one pharmacy for every 3,809 (based on estimated resident population).

Map 1: Location of pharmacies in Halton mapped against other health services



There are 13 community pharmacies in Runcorn and 18 in Widnes. All three distance selling pharmacies have their office base in Runcorn, on its industrial estates. Map 2 shows that in all areas of high population density there is pharmacy provision within an 'as the crow flies' one mile distance. Only areas with the lowest population density have to travel more than one mile.

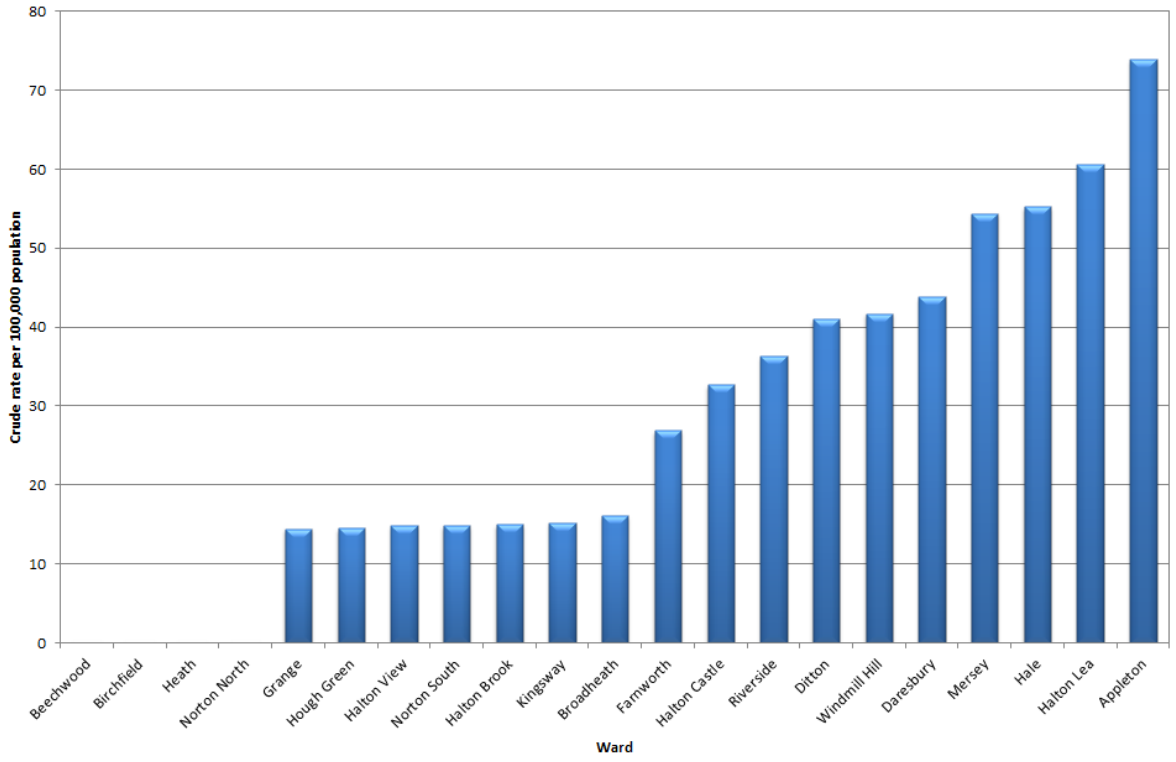
Map 2: Pharmacy location mapped against population density



Halton has a larger number of pharmacies in relation to the size of its population (25.5 per 100,000) when compared to the England (21.5 per 100,000) and a similar level to the North West average (25.6 per 100,000 population).

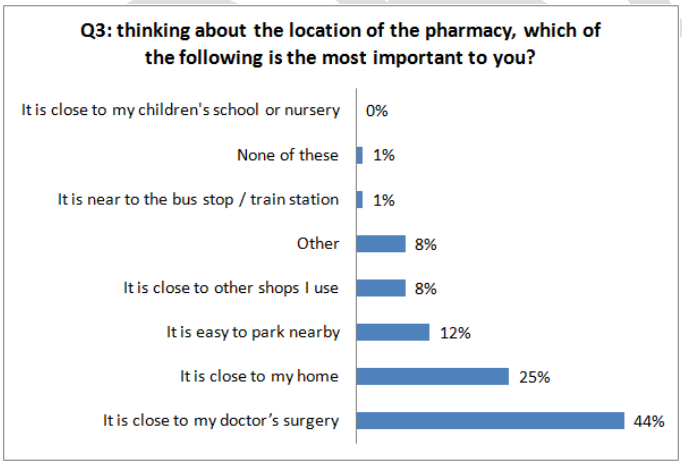
However, as Figure 2 shows this value ranges widely across the borough when analysed in terms of pharmacies per 100,000 population at electoral ward level. In several wards there are no pharmacies, while in others there are several (see Map 1). The four electoral wards containing the highest concentration of pharmacies are in the retails centres, Widnes Town Centre (Appleton ward), Halton Lea and Runcorn Old Town (Mersey ward). The high rate in Hale is more a reflection of the small population as it only has one pharmacy.

Figure 2: Crude rate of pharmacies in Halton wards per 100,000 population



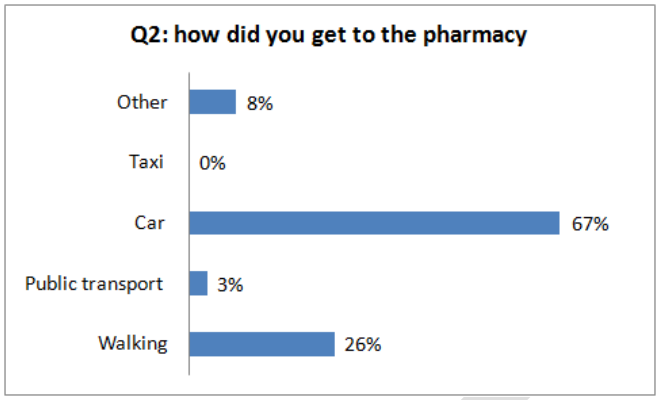
In the public survey of community pharmacy services 44% stated the most important reason for choosing the pharmacy they regularly use was that it was close to their doctor's survey and 25% that it was close to home.

Figure 3: importance of location, question three of public survey of community pharmacy services, 2014



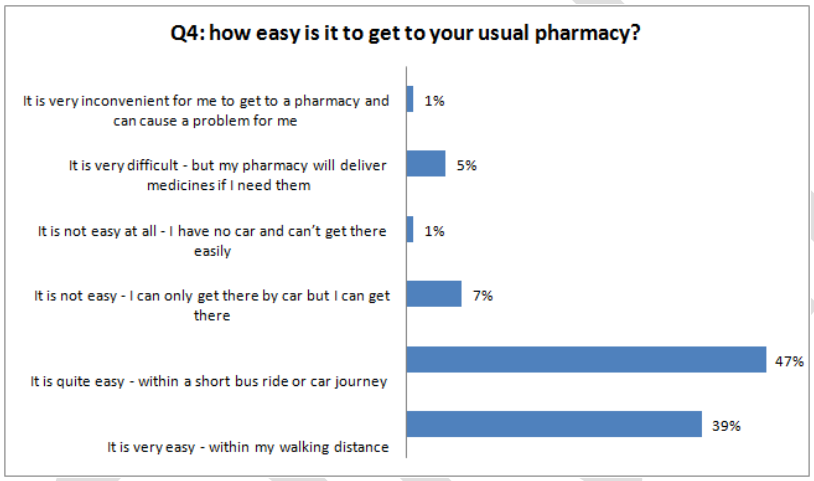
Respondents to the community pharmacy services survey were also asked how they got to the pharmacy. For the 2011 PNA 40% of people responded that walked to the pharmacy and 43% used the car, suggesting that local pharmacy services within residential communities are well used. That survey was across Halton and St Helens with a larger number of respondents. In the latest survey covering Halton alone the percentage responding that they walked had fallen and the percentage using the car had increased.

Figure 4: method used to get to the pharmacy, Q2 of public survey of community pharmacy services 2014



The majority stated that it was very easy (39%)– within walking distance - or quite easy (47%) – within a short bus ride or car journey – to get to the pharmacy.

Figure 5: ease of access usual pharmacy, 2014 survey of community pharmacy services



Conclusion

- All of this information, used together, means that access is adequate.

5.2. Pharmacy opening hours, including 100 hour pharmacies and distance selling pharmacies

Under the new contract 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. Just under two thirds of the pharmacies are open for less than 50 hours per week. Three pharmacies are open for over 60 hours per week but less than 100 hours(two in Runcorn and one in Widnes). The pharmacies that have extended opening hours are located in areas with good transport links. There are six 100-hour pharmacies, and increase of three since the 2011 PNA. Full details of each pharmacy opening can be found in Appendix 3. There are 3 distance selling, 'internet, mail order' pharmacies. These are not open to the public for essential services. The location of 100-hour and internet only pharmacies is shown in Map 1.

91% of respondents to the public survey of community pharmacy services said they were satisfied with the opening hours of their pharmacy. However, of those who included comments the most common related to availability of late night and weekend opening and pharmacies closing over the lunchtime period.

5.3. 100 hour and internet-based/mail order pharmacy provision

Of the six 100 hour pharmacies, 4 are in Widnes and 2 in Runcorn. They are identified on Map 1 by a pink marker. The three distance selling pharmacies are all located in industrial parks in Runcorn. They are identified on Map 1 by an orange marker. Further details of opening hours and locations of 100 hour and distance selling pharmacies can be found in Appendix 3.

5.4. Access for people with a disability and/or mobility problem

The majority of pharmacies with consultation areas have wheelchair access or are able to make provision for consultations and MURs for anyone confined to a wheelchair. In respect of people with mobility problems, for 24 out of 34 pharmacies, or70%,there is parking provision (including roadside parking) within 10m of the pharmacy.

A question on access for disabled persons was included in the public survey. 39% stated that it was possible to park within 10m (30 feet) of the pharmacy, 36% stated it was not possible and 25% responded that they did not know.

5.5. Access for clients whose first language is not English

7 pharmacies responding advised that they had a pharmacist or other member of staff who could speak at least one language in addition to English – mostly commonly, Spanish, French, Arabic, Gujarati, Hindi and Urdu – with a further 1 pharmacy stating they could do this through an NHS interpretation service.

5.6. Pharmacy consulting rooms

In a questionnaire to all pharmacies they were asked:

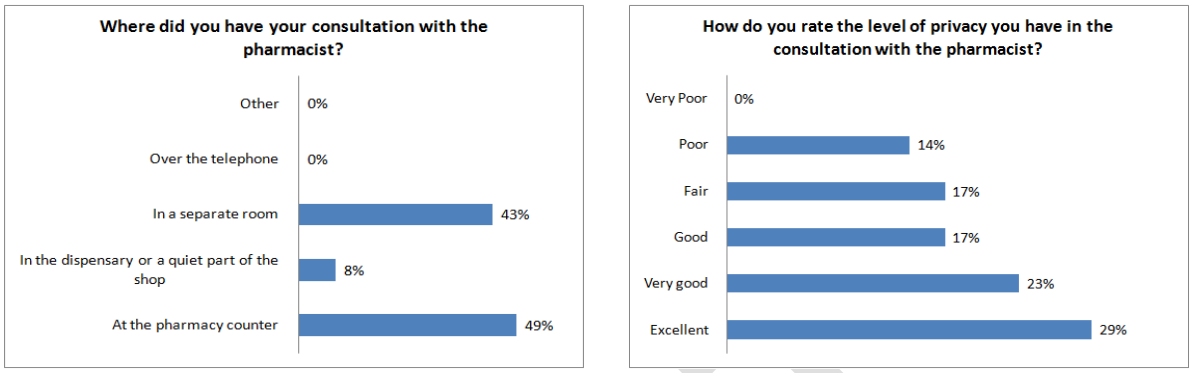
> *Is there a consultation area available that meets the criteria for Medicine Use Reviews where a patient and pharmacist can sit down together, talk at a normal speaking volume without being over heard by customers or staff and is clearly signed as private consultation?*

This question was asked irrespective of their answer to the question about whether they were commissioned to provide MURs as patients may wish to discuss other matters in a private, quite space. All 13 pharmacies in Runcorn and 13 out of 18 pharmacies in Runcorn stated that they have this facility.

38% of respondents to the public survey had had a consultation with their pharmacist within the last 12 months, with 49% of consultations being undertaken taken at the pharmacy counter. 8% were conducted in the dispensary, or a quiet part of the shop and 43% of consultations where undertaken in a consultation room.

69% of people found privacy levels excellent, very good or good, whilst 31% of people rated privacy levels between fair or poor. No respondents rated privacy as very poor.

Figure 6: consultations and satisfaction with privacy during them

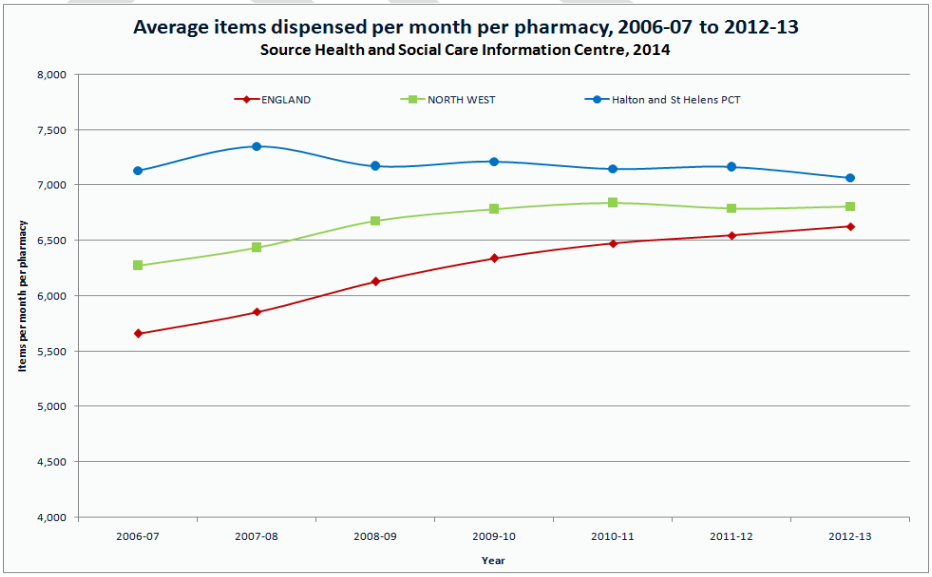


5.7. Prescribing

Benchmarking data is available from the Health & Social Care Information Centre (HSCIC) for 2012/13. However, some analysis is only available at Halton & St Helens PCT level data. It is nevertheless useful to be able to analyse Halton prescribing against England and the North West.

Figure 7 shows that Halton & St Helens PCT community pharmacy dispensing volume pattern was consistently above the North West and England levels when looking at average items dispensed per month, per pharmacy for the time period 2006/07 to 2012/13.

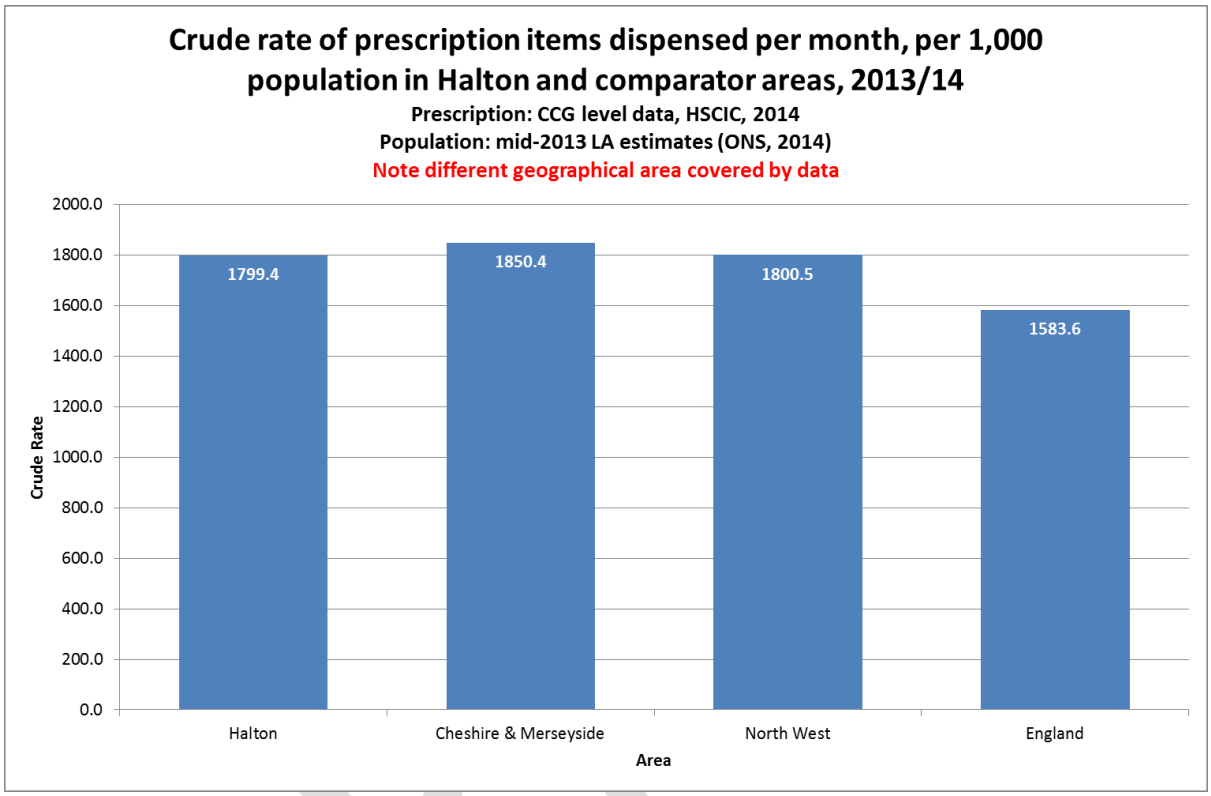
Figure 7: Mean number of prescription items dispensed per month per community pharmacy 2006/07 to 2012/13



To judge the prescribing behaviour at a Halton CCG only level a different type of analysis is possible. The crude rate, per 1,000 population, per month of prescriptions dispensed

between 1 April 2013 and 31 March 2014 shows that the Halton prescribing rate is above the England average but slightly below the North West and similar to Cheshire & Merseyside rates.

Figure 8: Prescribing rate per month, 2013/14



In terms of the types of diseases and conditions drugs and prescribed for cardiovascular disease accounts for the largest single cause, followed by conditions of the central nervous system and gastro-intestinal system. Together these accounted for just over half of all prescription items dispensed during 2013/14. The percentages are broadly similar to those seen across the North West and England as a whole, as Table 3 shows.

Table 3: Items dispensed by Halton CCG, NW CCG's and England during 2013/14, by Chapter (type of prescription)

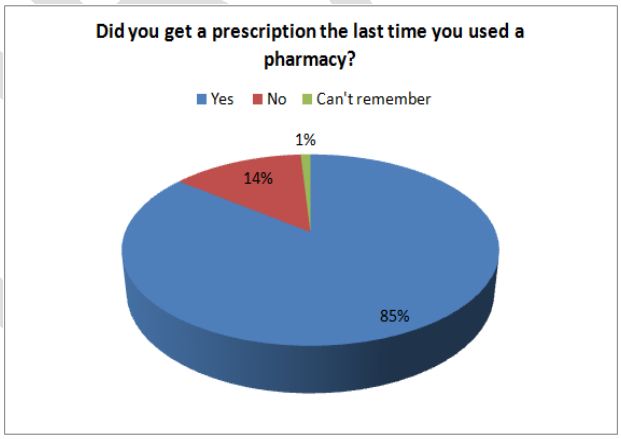
							Halton % Diff from	
Chapter*	Halton CCG	% of 2013/14	NW CCG's	% of 2013/14	England	% of 2013/14	NW CCG's	England
Cardiovascular System	785858	28.9%	45394626	29.6%	308633720	30.2%	-0.7%	-1.3%
Central Nervous System	549944	20.2%	29856833	19.5%	186528208	18.2%	0.8%	2.0%
Gastro-Intestinal System	254403	9.4%	13983813	9.1%	88324139	8.6%	0.2%	0.7%
Endocrine System	228525	8.4%	13257259	8.6%	96456857	9.4%	-0.2%	-1.0%
Respiratory System	205977	7.6%	10802130	7.0%	66314541	6.5%	0.5%	1.1%
Nutrition And Blood	143142	5.3%	8003363	5.2%	51072835	5.0%	0.0%	0.3%
Infections	120996	4.4%	6245060	4.1%	43579888	4.3%	0.4%	0.2%
Skin	102174	3.8%	5966387	3.9%	41192968	4.0%	-0.1%	-0.3%
Musculoskeletal & Joint Diseases	87161	3.2%	4802014	3.1%	32372045	3.2%	0.1%	0.0%
Obstetrics,Gynae+Urinary Tract Disorders	55583	2.0%	3453635	2.3%	25311820	2.5%	-0.2%	-0.4%
Eye	41388	1.5%	2877269	1.9%	20105323	2.0%	-0.4%	-0.4%
Appliances	38455	1.4%	2284105	1.5%	16714333	1.6%	-0.1%	-0.2%
Immunological Products & Vaccines	29778	1.1%	1913999	1.2%	14272963	1.4%	-0.2%	-0.3%
Ear, Nose And Oropharynx	26202	1.0%	1641822	1.1%	11329218	1.1%	-0.1%	-0.1%
Dressings	17599	0.6%	1109254	0.7%	8287210	0.8%	-0.1%	-0.2%
Stoma Appliances	12174	0.4%	626064	0.4%	4387502	0.4%	0.0%	0.0%
Malignant Disease & Immunosuppression	9461	0.3%	570478	0.4%	4161737	0.4%	0.0%	-0.1%
Other Drugs And Preparations	4131	0.2%	202572	0.1%	1242341	0.1%	0.0%	0.0%
Incontinence Appliances	4037	0.1%	261809	0.2%	1846644	0.2%	0.0%	0.0%
Anaesthesia	3107	0.1%	216386	0.1%	1487057	0.1%	0.0%	0.0%
Preparations used in Diagnosis	0	0.0%	1	0.0%	57	0.0%	0.0%	0.0%
Grand Total	2720095		153468879		1023621406			

Source: HSCIC, 2014

* Note: ordered by Halton CCG % of 2013/14 accounted for

The majority of people using the pharmacy get a prescription as the 2014 public survey shows.

Figure 9: Reasons for visiting the pharmacy



Source: Patient survey 2014

65% of people were informed of how long it would take to have their prescription filled. 10% were not told and would have liked to have been with 23% not told but stated that they did not mind this.89% of people said that they thought they waited for a reasonable period of time for their medicines.

85% percent of people surveyed, stated that they got all the medicines they needed, however, 14% stating that they did not.

91% of people stated that the reason for not receiving their entire prescription was because 'The pharmacy had run out of my medicine'. When this happened27% of people received their medicines the day after, with the majority, 64% receiving it within two or more days and 9% waiting over a week. Unfortunately, there is no way to determine the impact of these longer waiting periods on the patient, or whether this was measured at the pharmacy and alternative arrangements discussed.

89% of people stated that they would like to be able have their hospital prescription dispensed at their local chemist, while on 11% said 'No'.

5.8. Prescription Collection and Delivery Services

Although community pharmacies are not contracted to do so, all but one of them provide a Prescription Collection Service and 28 out of 34 offer a Prescription Delivery Service. 7 of these indicated that they may or do levy a charge to some patients for medicines delivery or only deliver for certain patient groups or to certain areas. This service improves access to medicines for a wide range of people. The picking up prescriptions and delivery of medication is a service valued by local residents, as determined by responses to the 2014 pharmacy services survey.

5.9. Patient & Public satisfaction with pharmacy services

As during the previous public survey, the vast majority of people were very satisfied with the services they received. Convenience, expertise and friendly, helpful staff were the most commonly cited things people valued when they visited the community pharmacy. Being able to get advice on minor ailments quickly without visiting the GP, handling of repeat prescriptions and the delivery service where also valued. Typical respondent views can be summed up by one respondent who stated the pharmacy has

'Local friendly staff who you get to know'

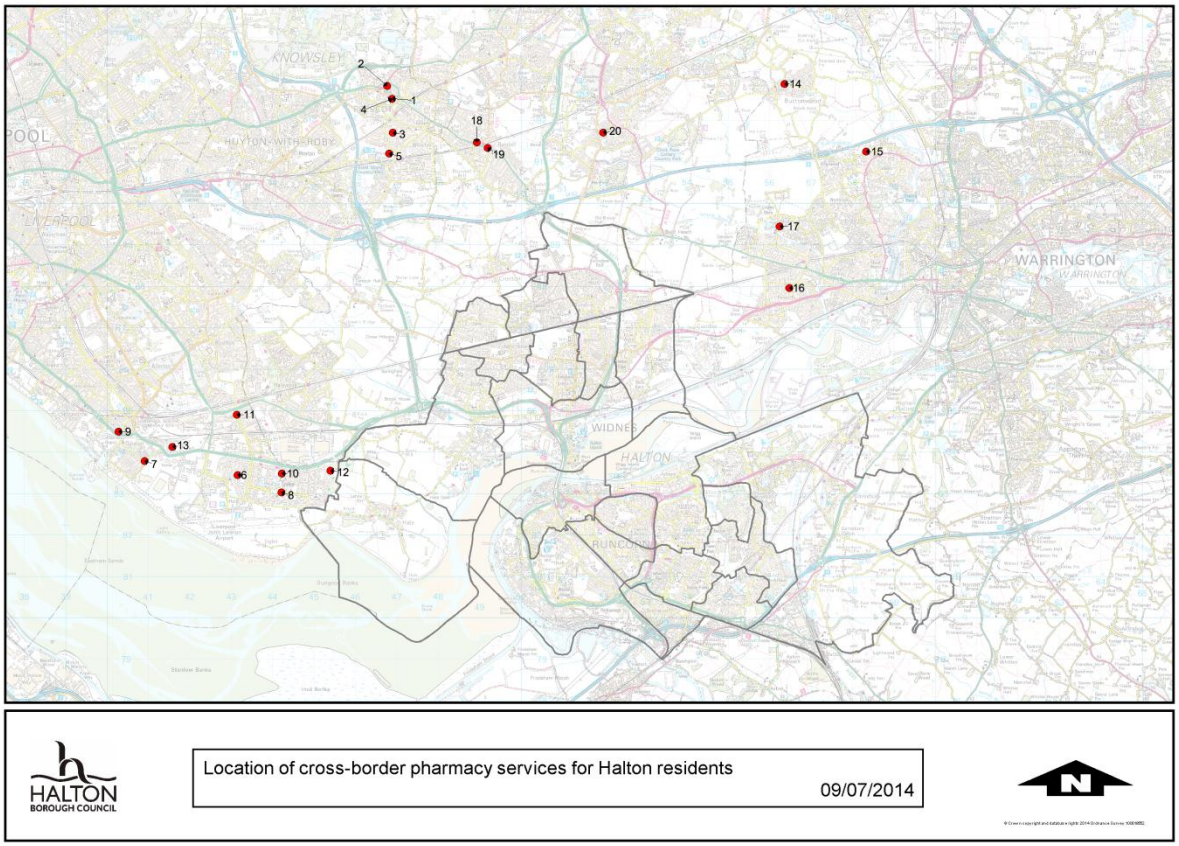
71% of respondents to the pharmacy services survey 2014 were satisfied with the range of services pharmacies provide and 19% stated that they wished pharmacies could provide more services for them.

5.10. Access to and provision of community pharmacy services in local authorities bordering Halton

The framework for Halton's PNA was developed using a template shared by Cheshire HWBs and in collaboration with Merseyside PNA leads and NHS England. Halton has geographic borders with a number of local authorities, namely Liverpool, St. Helens, Knowsley, Warrington, Cheshire East, Cheshire West & Chester. This approach facilitated the identification of pharmaceutical services along the borders of neighbouring boroughs that Halton's population may access. For example, a pharmacy in a neighbouring borough may be closer to a resident's home or place of work although they are registered for NHS Services with GP practices in Halton. Map 3 shows the locations of these cross border pharmacies. A list of the services each provides together with their opening times is

available in Appendix 5. The numbers in Map 3 below correspond to the list of pharmacies in Appendix 5.

Map 3: Pharmacies in other boroughs most likely to be used by Halton residents



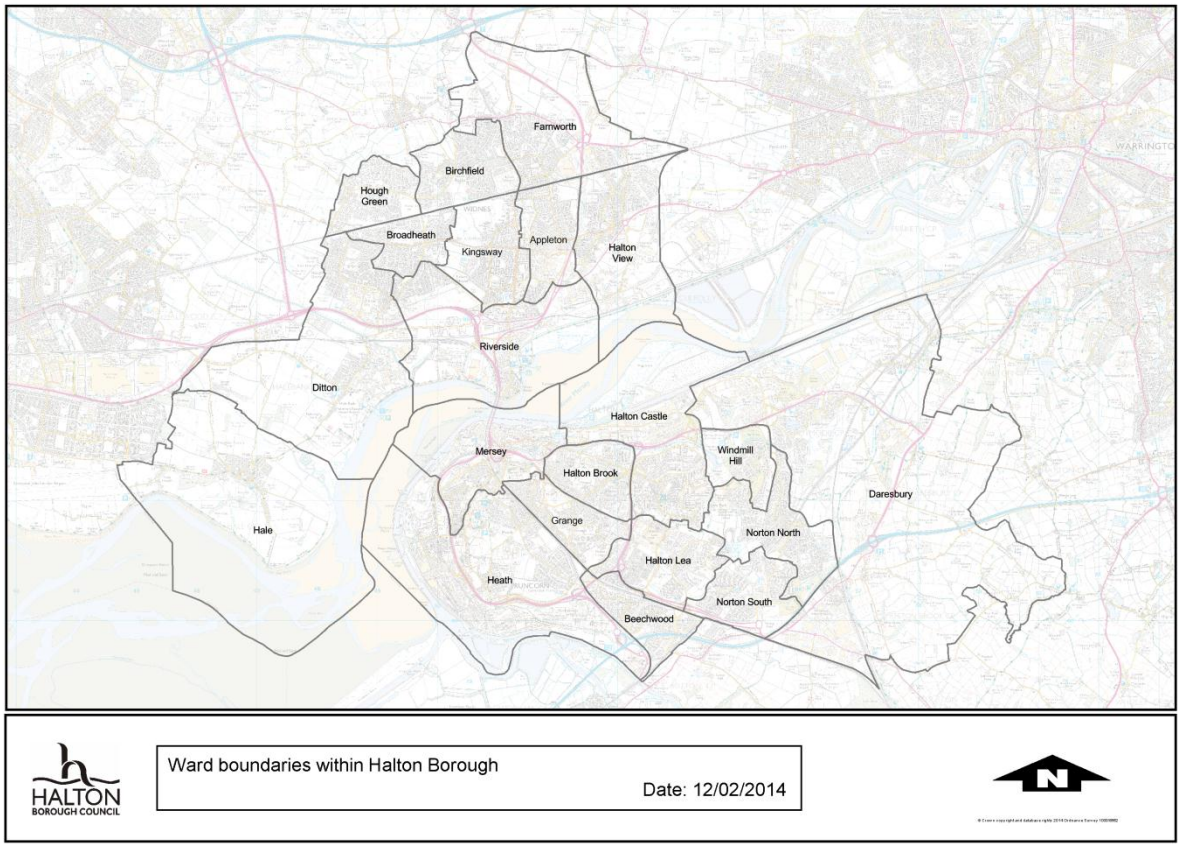
Analysis of the information supplied identified that there is adequate service provision on the borders of Liverpool, St. Helens, Knowsley and Warrington. There is also good access to pharmacies with several open at weekends and at least one on a Sunday. Most pharmacies have a consultation room and the majority provide MURs. Cross-border collaboration between Halton and the boroughs of Liverpool, St Helens and Knowsley has increased both access and choice to CATC (minor ailments) scheme. However, with the exception of emergency hormonal contraception advanced and locally commissioned services are not available to Halton residents using pharmacies in Warrington. Although Halton has geographical borders with Cheshire East and Cheshire West & Chester populations are scarce at these borders and there is no pharmacy provision near the borders.

6. Population and Health Profile of Halton

6.1. Location

Halton is made of the towns of Runcorn and Widnes, located on the Mersey estuary. It has a legacy of chemical industry and 1960s Runcorn New Town development providing an influx from the neighbouring city of Liverpool. With the reduction of the chemical industry the area struggles with high local unemployment rates. Newer service and communication industry developments have taken place in Daresbury & Manor Park and the science park has high quality laboratories.

Map 4: Location of Halton Borough



6.2. Population Structure and Projections

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

6.2.1. Resident population

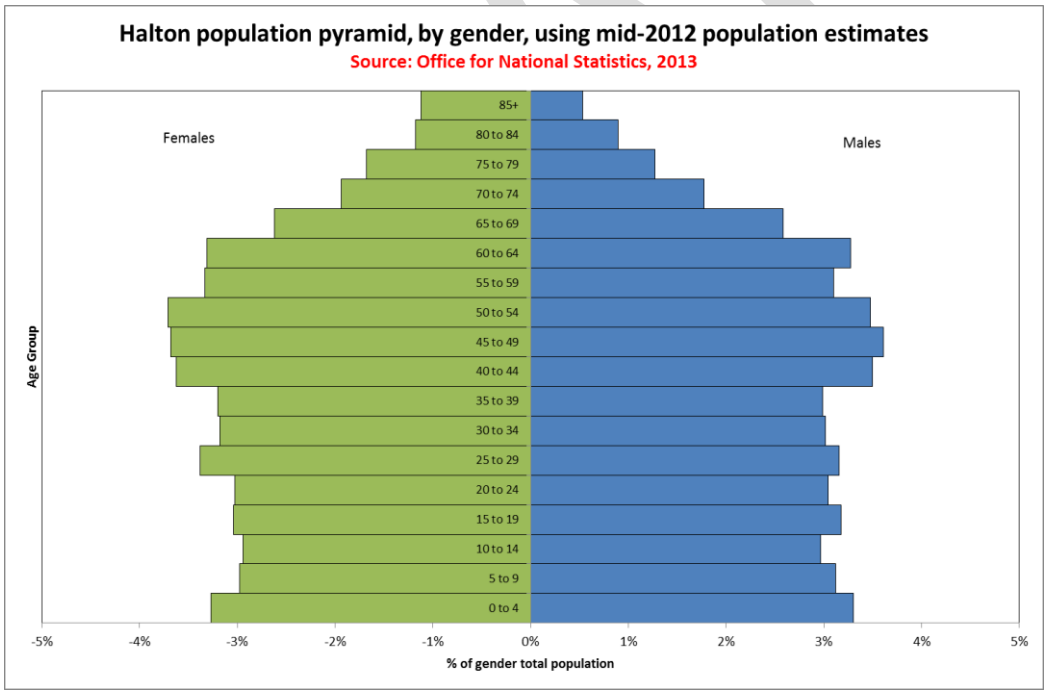
Population estimates are **estimates** of what the resident population make-up should look like at that time, based on previous years' births, deaths and net migration. Mid-2012 population estimates:

- Halton has 125,692 persons
- 49% of these are Male and 51% Female

The population age structure is detailed in Figures 9. Compared to the England average the resident population of Halton has a slightly different structure:

- Age bands covering 0-14 year olds: larger proportion than England
- Age bands covering 15-19 year olds: similar proportion than England
- Age bands covering 20-34 year olds: smaller proportion than England
- Age bands covering 35-49 year olds: similar/slightly smaller proportion than England
- Age bands covering 50-64 year olds: larger proportion than England
- Age bands covering 65+ year olds: smaller proportion than England

Figure 10: Resident Population, mid-2012 estimated age and gender structure

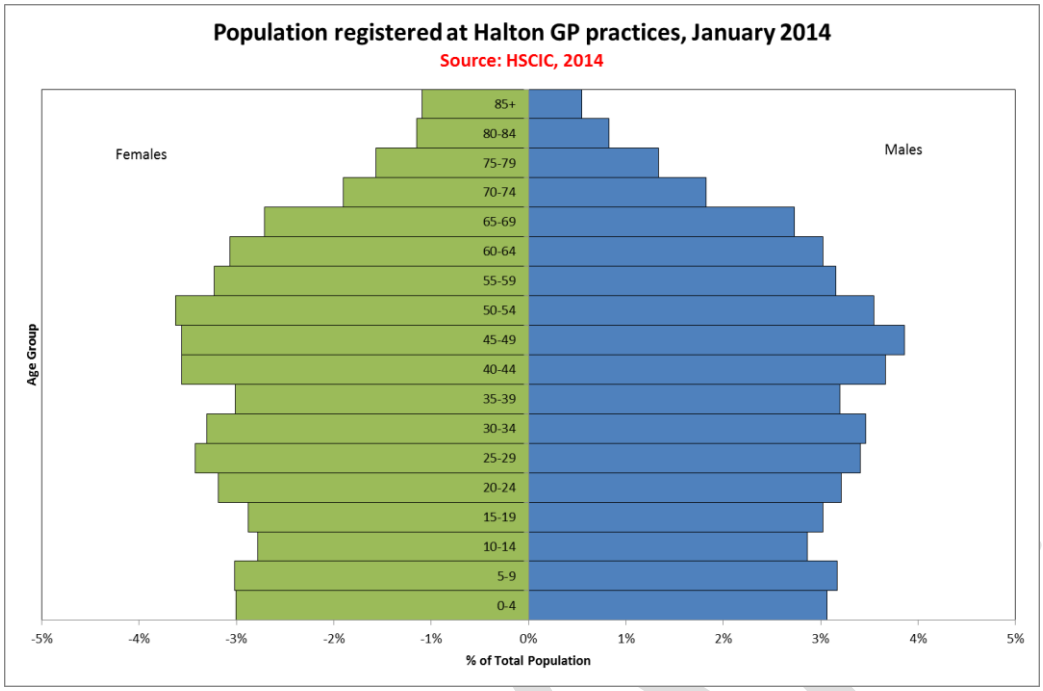


6.2.2. GP Registered Population

The majority of people who reside in Halton are registered with a Halton GP for their primary health care. However, there is not a 100%: people who move into and out of the borough may prefer to stay with their original GP. This means some people residing in neighboring boroughs are registered with Halton GPs and some Halton residents will be on a

GP register outside the borough. There are more people registered with a Halton GP than there are residents, 129,078 registered (as at April 2014) compared to 125,692 resident (2012 mid-year estimate). The age profile is very similar.

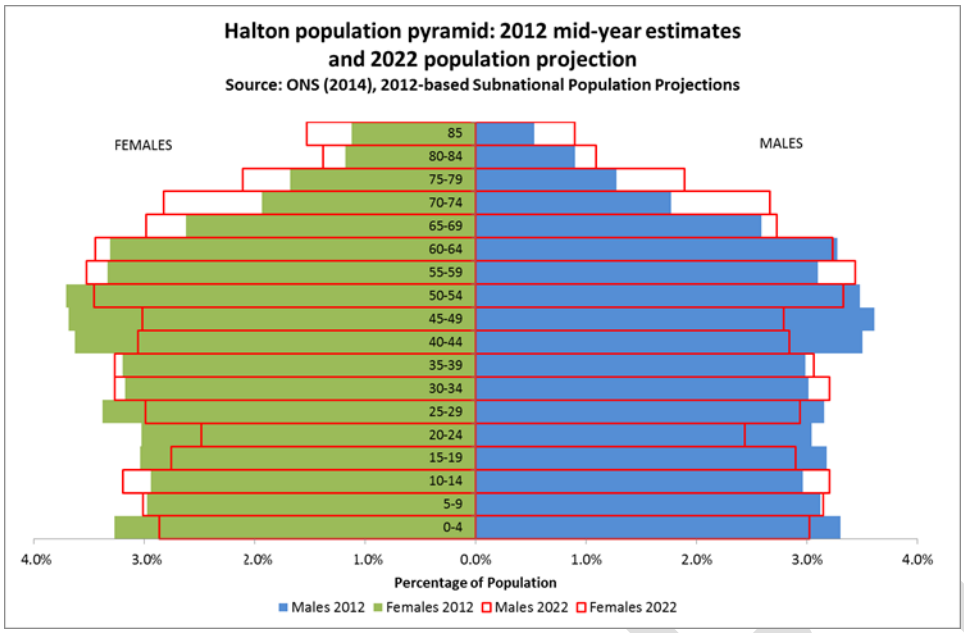
Figure 11: GP registered population age and gender structure, as at January 2014



6.2.3. Resident Population Forecasts

Although currently Halton's population structure is 'younger' than that of England i.e. it has higher proportions than England in the younger age bands and lower proportion in the 65+ age bands, the borough's population structure is predicted to shift over the next decade. Figure 101 shows that the 5-14 age bands are predicted to increase as a proportion of the overall population, the 'working age' population is predicted to shrink whilst the larger proportion increase will be in the 65+ age population. This 'aging population' is likely to 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.

Figure 12: Population projections 2012 to 2021



The projections form a "baseline" view of what the population dynamics would be in the given areas if recent demographic trends were to continue into the future. It is important to note that these projections are consistent across all local authorities in England.

- In the short term (2011 - 2014) Halton's population is projected to grow by 1% from 125,700 to 126,800
- In the medium term (2011 - 2017) Halton's population is projected to grow by 2% from 125,700 to 128,000
- In the long term (2011 - 2021) Halton's population is projected to grow by 3% from 125,700 to 129,300. This is still lower than the North West region which is projected to grow by 4% and nationally, which is projected to grow by 9%
- Younger people (0 - 15 year olds) - population projected to grow by 10% (2011 - 2021)
- Working age (16 - 64 year olds) - population projected to decline by 5% (2011 - 2021)
- Older people (65+) - population projected to grow by 33% from 18,600 in 2011 to 24,700 in 2021

Following national and regional trends, Halton's population continues to age with older people making up an increasing proportion of the population. The growth in the numbers of older people will increase the demands for both formal and informal support. Small decreases in the working age population mean there are fewer people to provide and pay for this additional support.

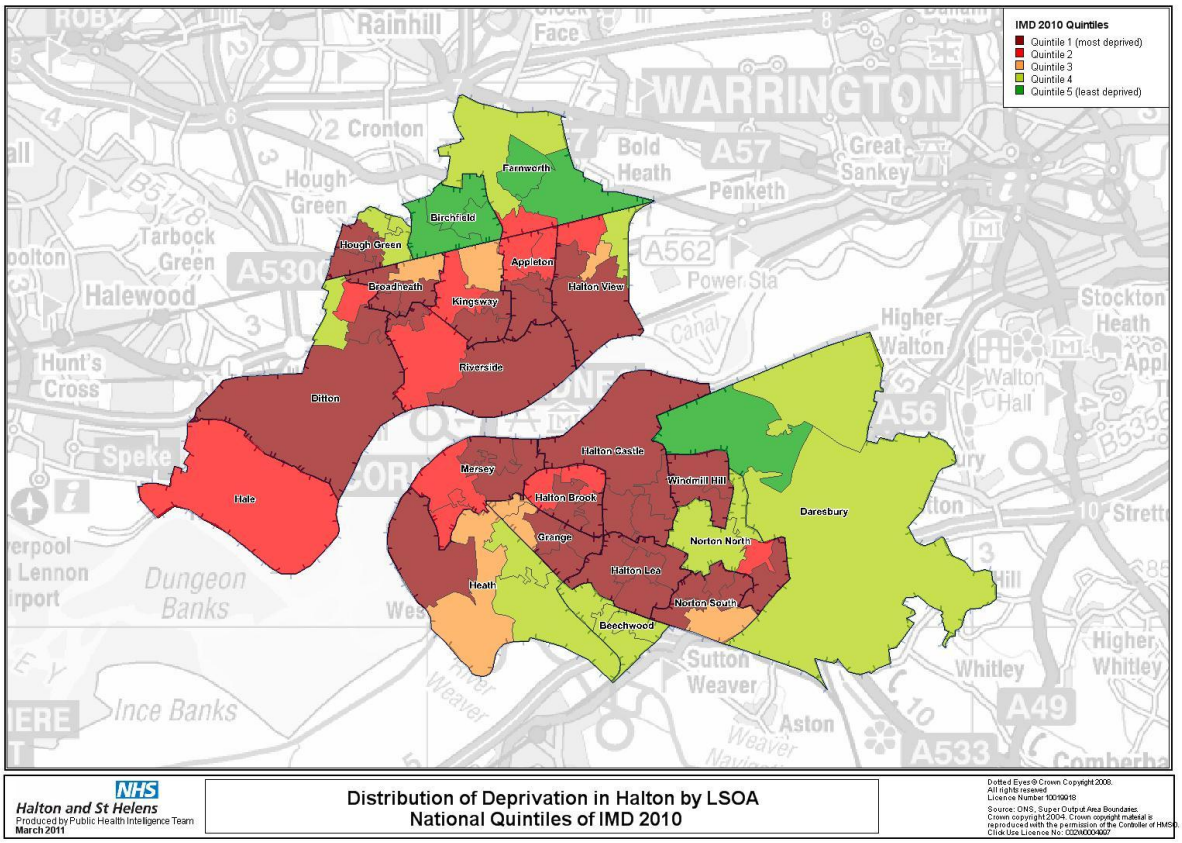
6.3. Deprivation and Socio-economic factors

The English Indices of Deprivation 2010 (ID 2010) are the government's official measure of deprivation and they update ID 2004 and ID 2007. The Index of Multiple Deprivation 2010 (IMD 2010) 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. This, therefore, allows each area to be ranked relative to one another according to their level of deprivation.

Halton is ranked as the 27th most deprived local authority in England (out of 326 local authorities) putting it in the most deprived 10% nationally. Compared to 2007 when it was the 30th most deprived, means that Halton's relative level of deprivation has increased, even though its deprivation score decreased slightly. The most deprived ward in Halton is Windmill Hill, while the least deprived ward in Halton is Birchfield. Figure 12 shows the levels of deprivation across the borough, by lower super output area or LSOA (statistical geographical areas of approximately 1,500 population).

Map 5: Levels of deprivation in Halton, IMD 2010



6.4. Future Planning

6.4.1. Housing Development

The last Strategic Housing Land Availability Assessment 2012[4] estimates the numbers of households needed to meet demand over the next 11 years and beyond. The report assesses the borough's potential level of new housing supply within three key phases:

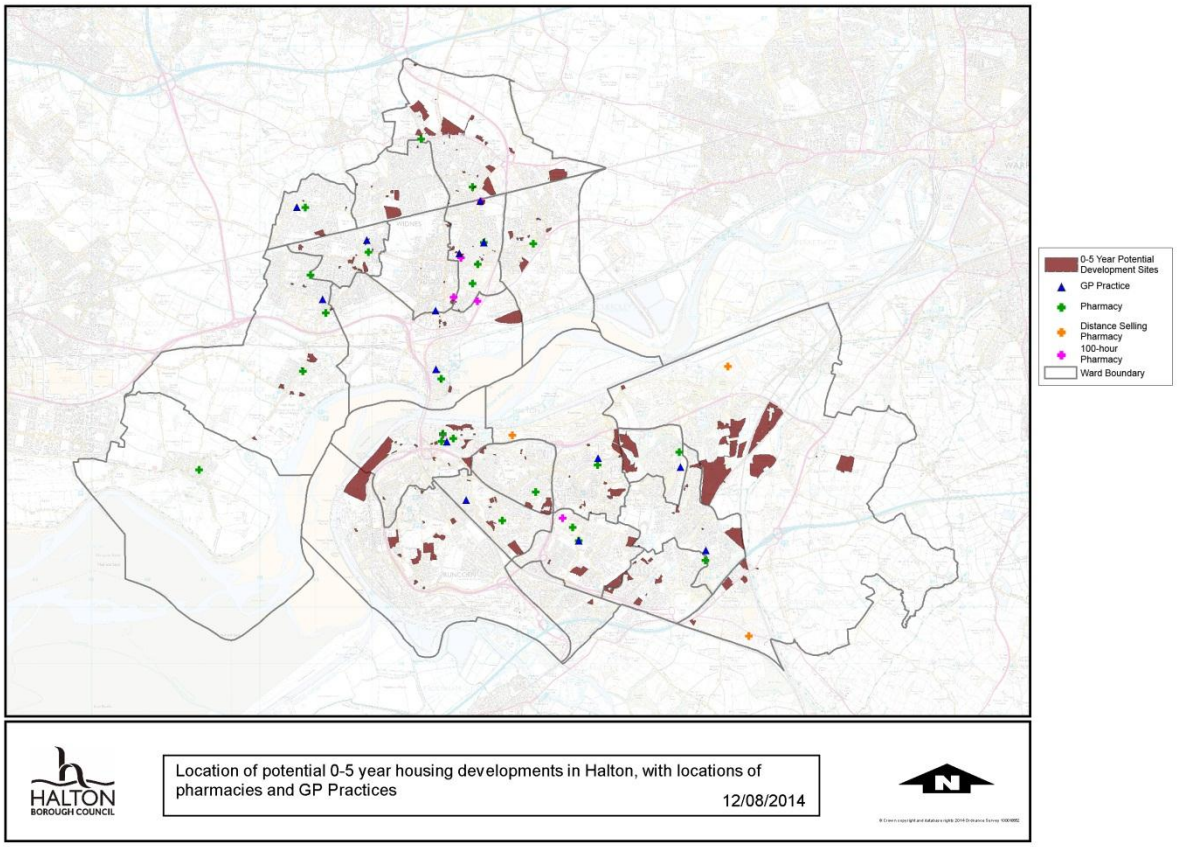
- 0-5 years: 'Deliverable' supply of residential sites
- 6-10 years: 'Developable' supply of residential sites
- 11+ years

The Halton Core Strategy[5] and Housing Strategy 2013-2018 suggest that taking account of demographic, economic and policy factors, there should be an annual household growth rate of 552 additional homes built in the borough per year. This is based upon a minimum 9,930 net additional homes being provided between 2010 and 2018, 5660 in Runcorn and 4,270 in Widnes and Hale.

The Core Strategy and the Housing Strategy include a target for 100 new affordable homes to be made available each year, meaning 25% of new developments built should be affordable housing, subject to site viability assessment. There is also an aim to reduce the number of people affected by the under occupancy penalty. Both also recognise the needs of vulnerable groups. The needs for current or future homes to have suitable aids and adaptations to meet disability needs and also the need for 100 units of additional older persons housing over the housing strategy period (2013-2018). The Castlefields estate development is nearing completion with at least 350 new (predominantly private) homes by 2023 and a further 150 new affordable homes by 2015/16.

The geographical location of the deliverable supply of housing for the next 0-5 years (within the 'life' of this PNA) is shown in Map 5, alongside pharmacy locations. The shaded areas those where developments exceed 50 homes. There are numerous smaller developments across both Widnes and Runcorn. The map indicates that additional pharmacy provision will not be required, as plans are located within areas of existing provision.

Map 6: Deliverable housing developments of 50 homes or more and pharmacy locations



6.4.2. Mersey Gateway Bridge

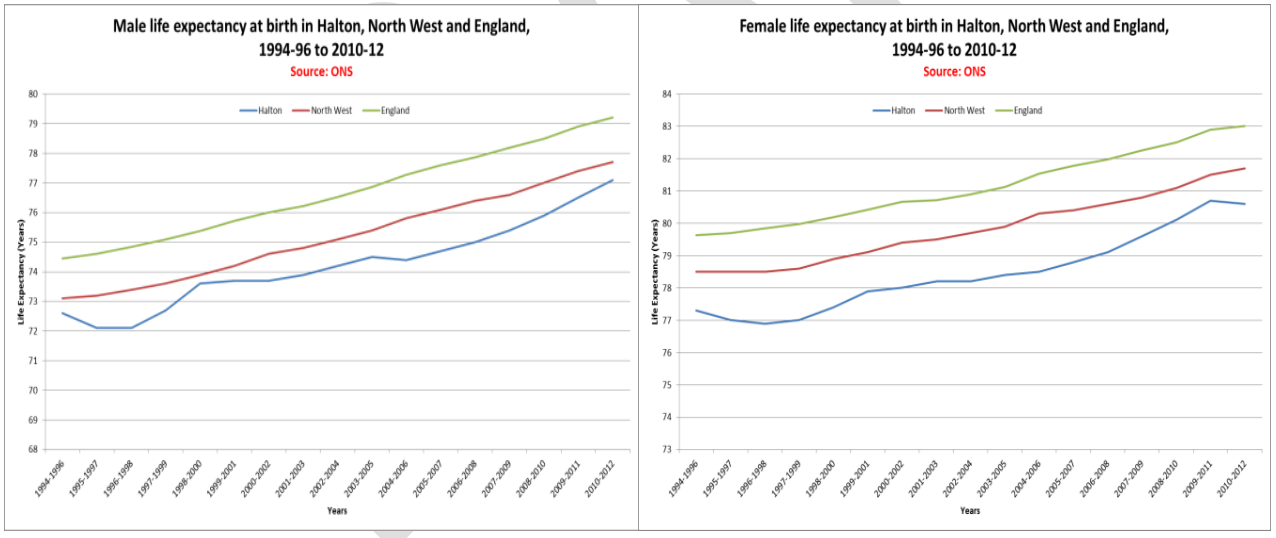
Work started on the Mersey Gateway Project on 7 May 2014. In autumn 2017 a new six lane toll bridge over the Mersey between the towns of Runcorn and Widnes will open to relieve the congested and ageing Silver Jubilee Bridge. The original plan was that both the new Mersey Gateway Bridge and the Silver Jubilee Bridge would be tolled with most local residents receiving up to 300 free one-way trips per year. However, in late July 2014 an agreement was reached with central government that Halton residents would be except from toll fees. Therefore the new bridge should have no adverse effects on access to healthcare including pharmacies.

6.5. Life Expectancy

As a result of the reduction in mortality, life expectancy has improved but remains substantially below the England rates. Life expectancy in the borough remains below both the North West and England averages. The gap between the national and local life expectancy rates has reduced over recent years. However, Halton women have some of the lowest life expectancy in England.

Reducing all age all-cause mortality inequalities between Halton and the national average will in turn reduce the life expectancy difference.

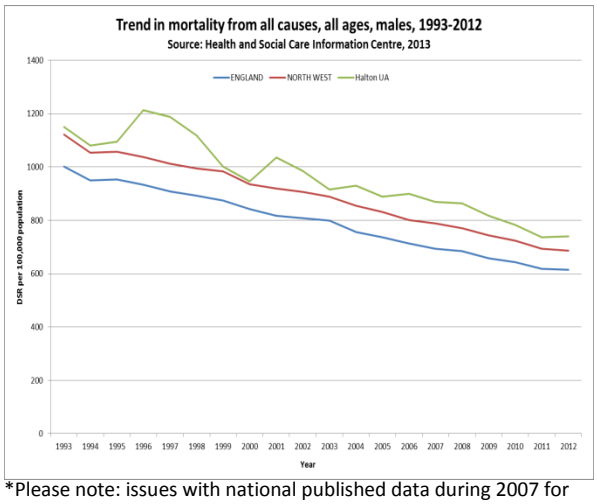
Figure 13: Trend in life expectancy at birth, males and females, 1994/6 to 2010/12

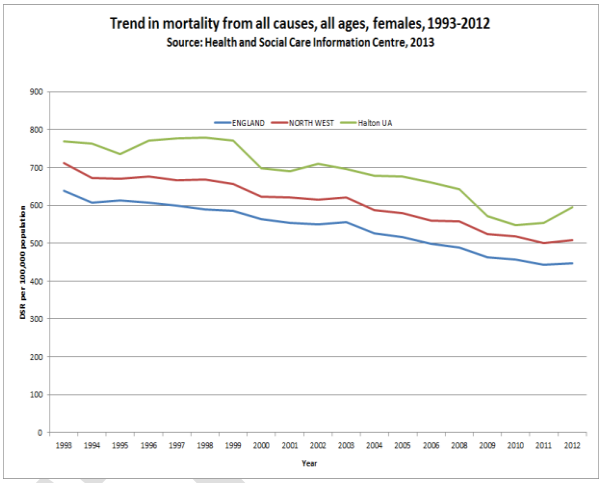


6.6. All Age All-Cause Mortality

Reducing all age all-cause mortality is one of the key priorities for the partner organisations in Halton as it is key to tackling health inequalities. Whilst mortality rates have declined, they remain above the national and regional averages.

Figure 14: Trends in all age all-cause mortality for males and females, 1993 to 2012





*Please note: issues with national published data during 2007 for females means they have not been included within this analysis.

6.7. Health & Wellbeing Priorities

The Joint Strategic Needs Assessment (JSNA) has been used to inform leaders and commissioning decisions about the health and wellbeing needs of the borough as well as the wider determinants that impact on these issues. Following an extensive engagement and prioritisation process Halton's Health and Wellbeing Board agreed a core set of priorities for its 2013-2016 Joint Health and Wellbeing Strategy. With a focus on prevention and early detection, these are:

- Cancers
- Mental Health
- Alcohol
- Child Development
- Falls amongst older people

Action plans were developed for each priority and are being overseen by multi-agency partnership groups.

7. Pharmacy Activity that supports local priorities

7.1. Tobacco Control

7.1.1. Level of Need

Smoking is the most significant modifiable risk factor for both heart disease and cancer. In men, it accounts for 59% of social class differences in death rates between 35 and 69 years.[6]

According to 2014 Health Profile[7] the adult smoking rate in Halton was 22.6%, a reduction since the 2009 Health Profile when the rate was estimated to be 30.5%. This compares to the England average of 19.5% with the worst rate in England being 30.1% and the best being 8.4%. Although there have been reductions in smoking levels locally these figures show that the borough rates remain significantly worse that the England average even though the gap has narrowed. Data from a collaborative Lifestyles survey conducted across all Merseyside boroughs showed higher rates than those seen in the Health profile. Differing methodologies make direct comparisons problematic. However, despite differing figures both demonstrate the significant burden smoking continues to exert on borough residents.

As such, tobacco control has a major role to play in reducing health and social inequalities. The borough's strategy has been to reduce exposure to second-hand smoke, prevent people from starting smoking in the first place, and help smokers to quit.

With regards to helping smokers to quit, the local authority public health team (LAPHT) commissions a range of smoking cessation services with efforts to support smokers to quit being offered as part of a comprehensive tobacco control and smoking cessation plan. All GPpractices are been actively involved in providing smoking cessation support, predominantly by practice nursing staff or by GPs providing a brief intervention and referral to the specialist smoking cessation service, depending on patient need and wishes.

7.1.2. Evidence of effective interventions in the community pharmacy setting

Evidence suggests that community pharmacies have a key role to play in providing advice, support and even brief interventions for smoking cessation.[8;9;10;11] Details of how they can provide this support can be found in guidance such as that published by Pharmacy Health Link[12]. However, this requires adequate training to enhance confidence and skills[13;14]. This is based on evidence that community pharmacist smoking cessation support can have similar success rates as that of nurses but lower than that of specialist advisors. There is also some evidence that involving community pharmacy support staff in brief interventions around smoking can increase the provision and the recording of smoking status in patient's medications records.[15] Whilst other studies show community pharmacy smoking cessation services may produce lower quit rates than group-based support these are more intensive and cost more. Both types of support are highly cost effective[16]. Quit rates will vary also depending on the number of sessions offered by the pharmacy[17]. Despite these differences the key message remains that the evidence strongly points to community pharmacies having a key role to play in local efforts to support people to stop smoking[18].

7.1.3. Local provision

Halton has 20 pharmacies providing smoking cessation services (Map 7 and Appendix 4). Under Local Commissioned Services pharmacies can offer two levels of support to those wanting to stop smoking.

Stop Smoking Voucher Dispensing Service

The stop smoking dispensing service dispenses of nicotine replacement therapy (NRT) against vouchers issued by the Specialist Smoking Cessation Service.

Stop Smoking Intermediate Service

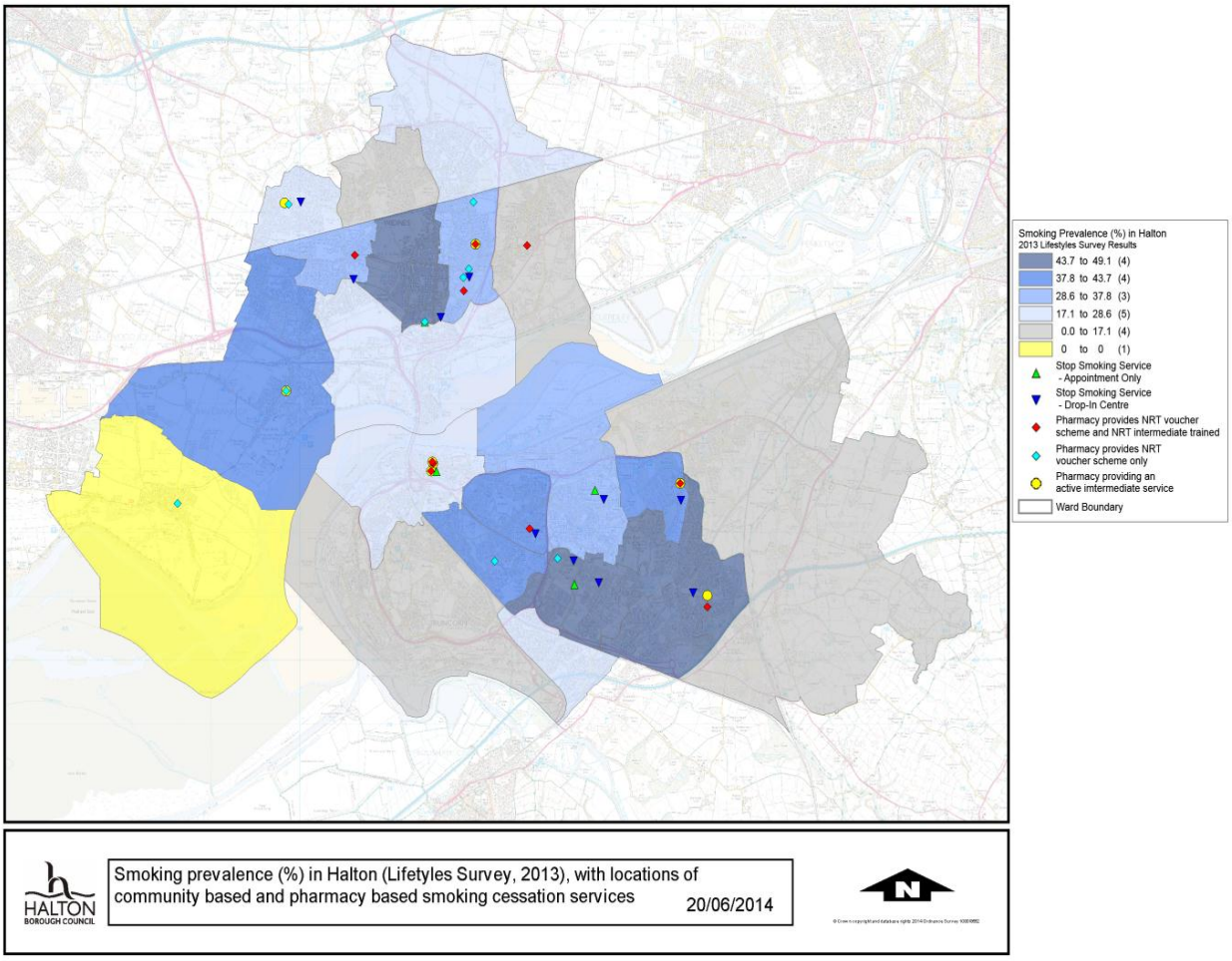
The Pharmacy Stop Smoking Intermediate Service has been established to deliver one-to-one support and advice to the user, from a trained pharmacist or a member of the Pharmacy team. Where appropriate nicotine replacement therapy is supplied or a referral is made to the person's GP for a prescription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

All pharmacies that provide smoking cessation services do so via the NRT vouchers and currently a small number also provide the intermediate service.

Commissioners from Cheshire and Merseyside LAPHTs have been developing a Patient Group Direction (PGD) for the administration of Varenicline which will enable products such as *Champix* which has a higher quit rate than NRT products to be administered in community pharmacies.

80% of respondents to the local community pharmacy services survey stated that they think advice on stopping smoking and/or vouchers for nicotine patches/gum etc. should be available through community pharmacies. This suggests the public see this as a good venue for support to quit smoking.

Map 7: Provision of pharmacy and other community smoking cessation services



Map 7 shows that in all wards with high levels of smoking prevalence (dark blue colour on map) there is at least one specialist stop smoking service clinic and one pharmacy providing smoking cessation support. Therefore provision of community smoking cessation support is adequate.

Conclusions

- There is adequate provision for smoking cessation services across the borough. Pharmacies are a key component of this provision, with easy access, and this should be maintained

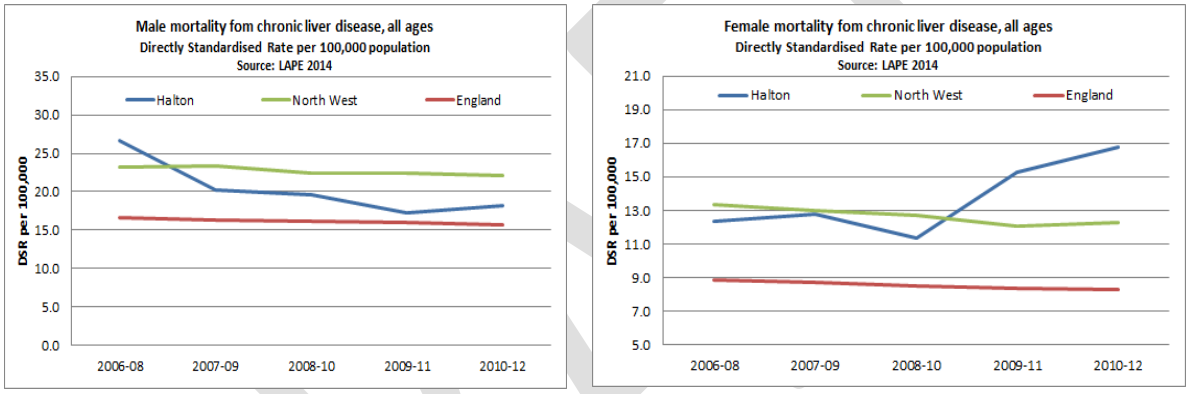
7.2. Alcohol

7.2.1. Level of Need

Levels of alcohol use have been rising over recent years. Alcohol misuse is directly linked to deaths from certain types of diseases, such as liver cirrhosis. This trend can be seen in Figure 15. For Halton it is one of the major causes of the gap in life expectancy.

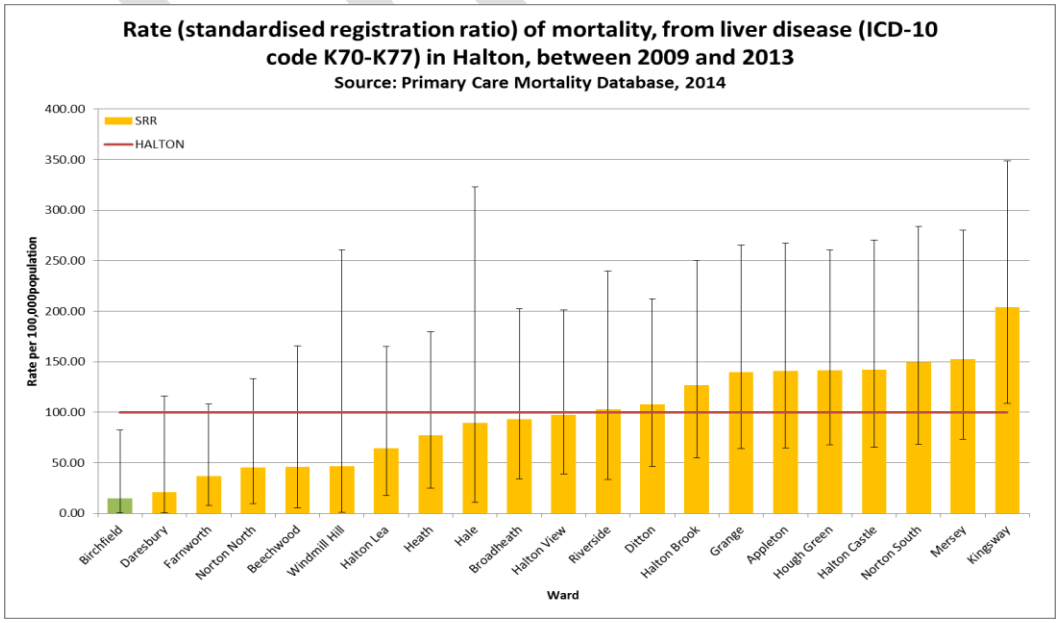
Nationally rates in mortality from chronic liver disease including cirrhosis have been rising steadily. In England between 2000/03 to 2010/12 they rose 9.7%. In the same period Halton's rate rose by 11.9%. As well as having a larger increasing rate there is a notable gap between England and the borough and this is particularly so for females. Although rates are lower for women than for men, the difference between the genders has been decreasing over recent years.

Figure 15: Death rate from chronic liver disease including cirrhosis, 2006/08 to 2010/12



The impacts alcohol has on deaths due to chronic liver disease are not experienced uniformly across the borough as Figure 16 shows.

Figure 16: Ward level death rates from chronic liver disease in Halton, 2009 to 2013



The increase in alcohol use amongst adults has seen a corresponding increase in alcohol-related admissions. However, admissions to hospital amongst those aged under 18 have seen falling rates in recent years. Again, this is a reflection of the changing pattern of alcohol use amongst young people. Further details of hospital admissions can be found in the JSNA[v] and the Local Alcohol Profiles for England (LAPE) annual profile[vi].

7.2.2. Evidence of effective interventions in the community pharmacy setting

There is little in the published research on this area. However, community pharmacies have been effective in supporting people to stop smoking using brief interventions (BI) and there is evidence in the literature that such an approach is also effective for alcohol within other primary care settings[19;20]. It is therefore not implausible to suggest that they could play a key role in local plans to address alcohol misuse, one of the boroughs top priorities. Research undertaken in the North West indicates that alcohol BI and referral to services is acceptable to both pharmacies and the public. However, this research did not consider the effectiveness of such services[21]. Given the UK Department of Health's stated aim to include community pharmacies in BI to reduce alcohol harms, an important Randomised Control Trial (RCT) study is underway in all community pharmacists in the London borough of Hammersmith and Fulham.[22]This will be the first RCT study to assess the effectiveness of BI delivered by community pharmacists.

7.2.3. Local provision

Alcohol is a local Joint Health & Wellbeing Strategy (JHWBS) priority. The focus of the JHWBS is one of wellbeing, prevention and early detection across the life course. This is in line with the national alcohol strategy.

Pharmacy-based alcohol services have been established or commissioned in other areas of the UK, but these vary considerably in their design and have been subject to little evaluation. Locally community pharmacies support national and local alcohol harm awareness campaigns as part of the national pharmacy contract. There are no pharmacy enhanced or locally commissioned alcohol services in the borough.

As noted above a large RCT investigating the effectiveness of delivering BI by community pharmacists is currently ongoing. As such, the role of community pharmacists related to this agenda will be kept under review as part of the local alcohol harm reduction strategy. The training of community pharmacists in providing brief interventions around alcohol would be needed.

It will be essential to involve relevant stakeholders in service development, to ensure that services are desirable, feasible and acceptable. Of note 48% of respondents to the local community pharmacy services survey stated that they think advice and treatment for drug and alcohol problems should be available through community pharmacies. 33% stated they did not think these services should be available through the community pharmacy and 19% were unsure. This is a substantially lower 'Yes' response than for other services.

v http://www4.halton.gov.uk/Pages/health/JSNA.aspx
vi http://www.lape.org.uk/

Conclusions

- Pharmacies do not currently provide services to reduce alcohol consumption. Evidence of effectiveness for pharmacies role in conducting screening for unsafe levels of alcohol consumption and offering brief interventions is limited. Any exploration of this role as part of the alcohol strategy needs to keep abreast of new research
- Under the essential services contract pharmacies should support six health education campaigns per year. Community pharmacies are well placed to take part on local and national campaigns around alcohol misuse. As a local JHWBS priority this should be considered

7.3. Planned care

7.3.1. Level of Need

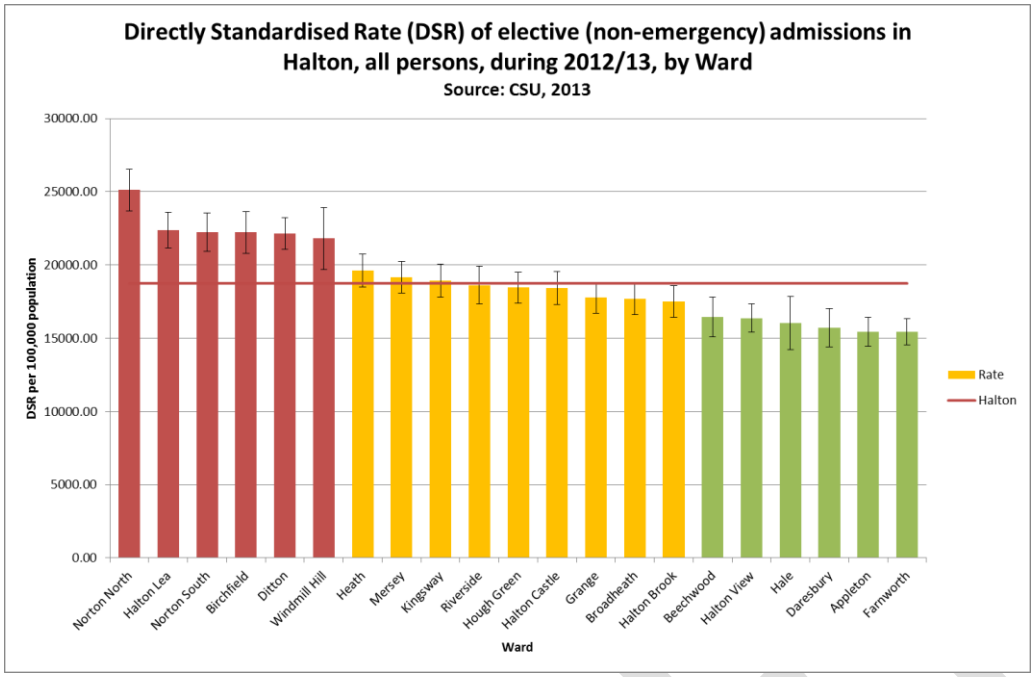
Based on changing population numbers and age structures it is estimated that the number of people being admitted to hospital for a planned procedure will increase. The current reasons for planned (elective) admissions are broadly similar in both boroughs with diseases of the digestive system, of the genitourinary system, cancers (neoplasms), and of the musculoskeletal and accounting for nearly 57% of planned admissions.

Table 4: 2012/13 Elective hospital admissions, top 10 causes

ICD-10 Chapter	Elective Admissions	Percentage
Diseases of the digestive system	4439	20.09%
Diseases of the genitourinary system	2921	13.22%
Neoplasms	2737	12.39%
Diseases of the musculoskeletal system and connective tissue	2489	11.26%
Diseases of the circulatory system	2064	9.34%
Diseases of the eye and adnexa	1516	6.86%
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	1342	6.07%
Factors influencing health status and contact with health services	1204	5.45%
Diseases of the respiratory system	493	2.23%
Diseases of the nervous system	488	2.21%

Figure 17 shows that the rates of admissions are not uniform across the borough. Rates are statistically significantly higher than the borough average in Norton North, Windmill Hill, Norton South, Ditton, Halton Lea, Mersey and Birchfield. They are statistically significantly lower than the borough average in Halton Brook, Halton View, Farnworth, Hale, Beechwood, Daresbury, and Appleton.

Figure 17:Rate of elective admissions by ward, Halton 2012/13



7.3.2. Evidence of effective interventions in the community pharmacy setting

Medicines adherence support services are an important part of the community pharmacist's role[23]. A study of 10,000 adults aged 35+ found that 76% of women but only 63% of men had obtained medicines or asked for advice with only 12% asking for advice but not obtaining medicines[24]. The difference in gender is not surprising and offers some particular challenges to targeting men for advice especially around lifestyle issues. As a Men's Health project in Knowsley found, most men being targeted for a health check (in the pilot year 400 men aged 50-65 were given a health check) had never had such lifestyle advice from a pharmacist. However, once on-board the majority made a positive lifestyle change[25]. Despite these differences this and other studies demonstrate that pharmacies are an important first port of call for advice on minor ailments[26].

Many people do not use their medicines correctly[27] with limited health literacy[vii] impeding patients understanding of medicines instructions[28;29]. This could lead to medicines wastage, with cost implications for the healthcare system[30]as well as long-term conditions not being optimally managed.

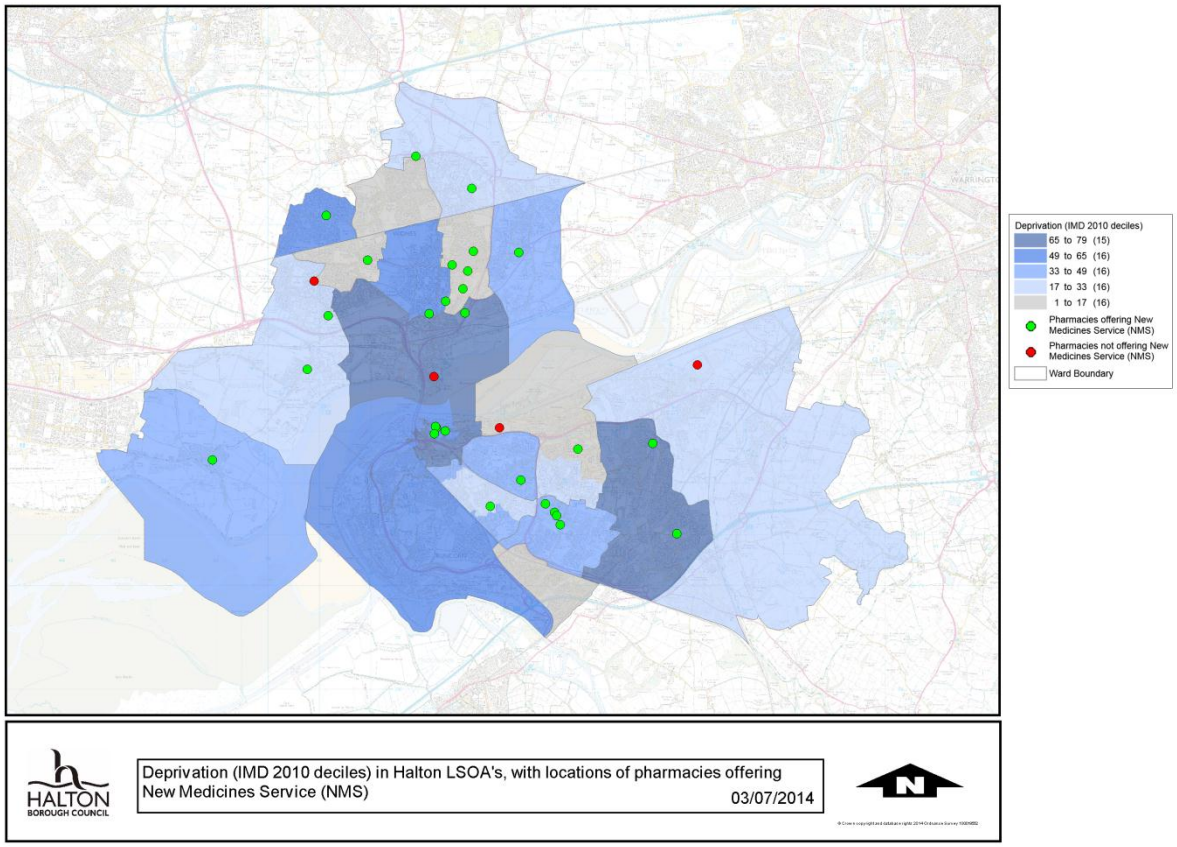
7.3.3. Local provision

New Medicines Service (NMS) was introduced in October 2011, as an advanced service, and provides support with medicines adherence for patients being treated with new medicines in four conditions/therapy areas. These are Asthma / COPD, Type 2 Diabetes, Hypertension and Antiplatelet / Anticoagulation therapy. The pharmacist provides face to face counselling

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

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. All but four Halton pharmacies provide NMS as Map 6 shows, giving a good geographical spread in both Widnes and Runcorn.

Map 8: Pharmacies providing new medicines service (NMS)



Medicines use reviews (MURs) form part of the pharmacy contract, the advanced service. Medicines reviews are structured reviews undertaken by an accredited pharmacist to help patients manage their medicines – to improve their understanding, knowledge and use of medicines they have been prescribed.

The introduction, in October 2011, of three national target groups for MURs was designed to help community pharmacy demonstrate to commissioners the benefits of the MUR service and provide assurance that it is a high quality, value for money service that can yield positive health outcomes for patients who will benefit most. The national target groups are:

- Patients taking high risk medicines
- Patients recently discharged from hospital who had changes made to their medicines while they were in hospital. Ideally patients discharged from hospital with receive an MUR within four weeks of discharge but in certain circumstances the MUR can take place within eight weeks of discharge

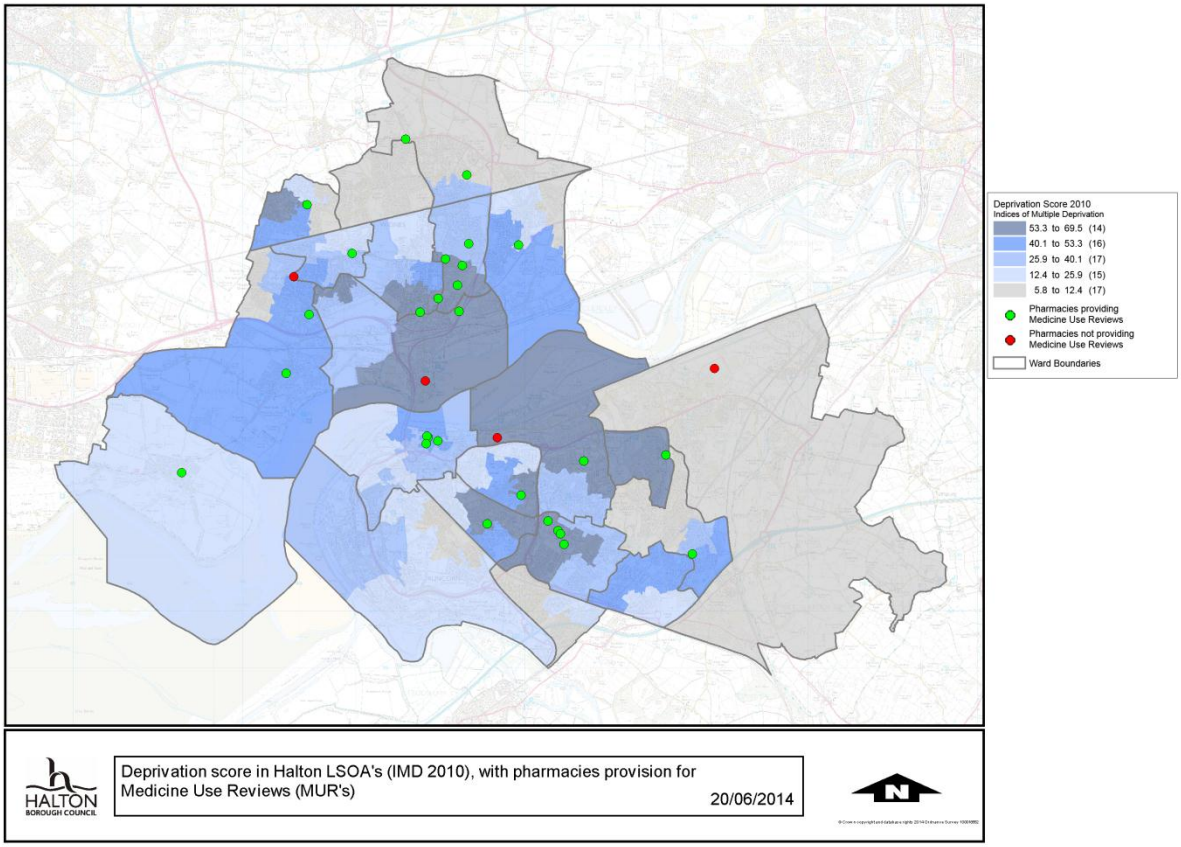
- Patients with respiratory disease

At least 50% of all MURs undertaken by each pharmacy in each year should be on patients within the national target groups. MURs can also be carried out on patients who are not within the target groups. Pharmacists will select patients who will benefit from the MUR service.

MURs are conducted either on a regular basis, e.g. every 12 months, or when the pharmacist feels it is a necessary intervention. They must be conducted in a consultation area to ensure patient confidentiality and privacy. Pharmacists must successfully pass a competency assessment before they can provide MUR services.

86% of respondents to the local community pharmacy services survey stated that they think review or medicines on repeat prescription e.g. when to take them, what they are for and side-effects, should be available through community pharmacies.

Map 9: Pharmacies providing medicines use reviews (MURs)



All areas with high levels of deprivation have at least one pharmacy conducting MURs. Only four Halton pharmacies do not provide MURs, giving good geographical spread in both Widnes and Runcorn.

Conclusions

- There is generally good access to both NMS and MURs across the borough
- Monitoring the targeting of MURs in line with nationally defined target groups is important as well as consideration of which other patients would most benefit from them. Intelligence from patient groups, pharmacy contractors and GPs should be used to help identifying and address barriers to uptake of MURs

7.4. Unplanned/Urgent Care

7.4.1. Level of Need

As with planned admissions, unless current trends can be stemmed, the number of unplanned (non-elective) admission is set to rise across the borough, particularly those that should not usually require hospital care. Using historic data and assuming a linear trend, these numbers are projected to increase by a possible 20% by 2018/19. This includes admissions for acute conditions such as ear/nose/throat infections, kidney/urinary tract infections, certain forms of influenza and pneumonia, some infectious diseases[viii].

Figure 18: Rising numbers of unplanned admissions for acute conditions that should not usually require hospital admission

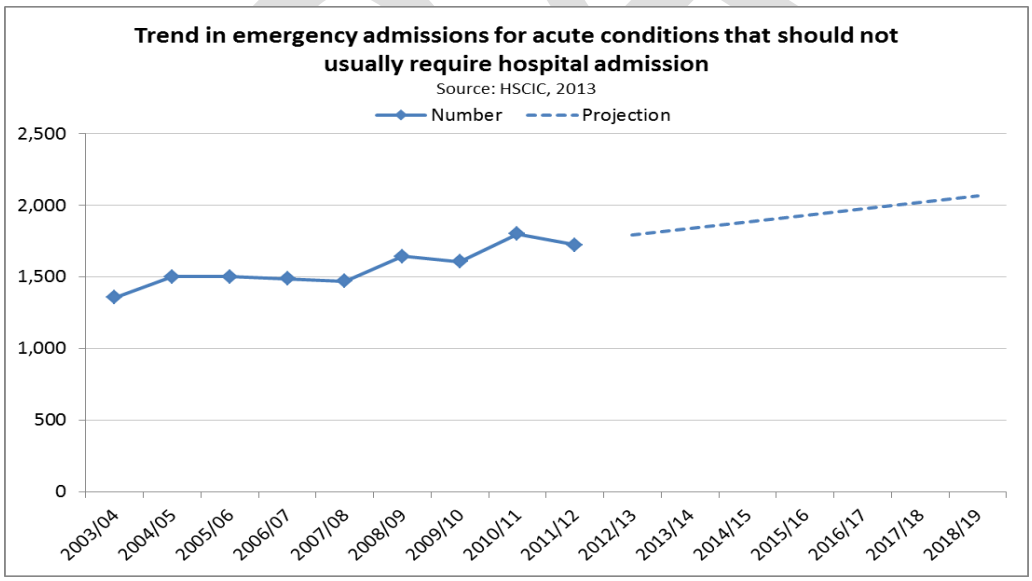


Table 5 illustrates that, as with elective admissions, the top four reasons for people being admitted to hospital as an emergency case make up nearly 60% of all such admissions.

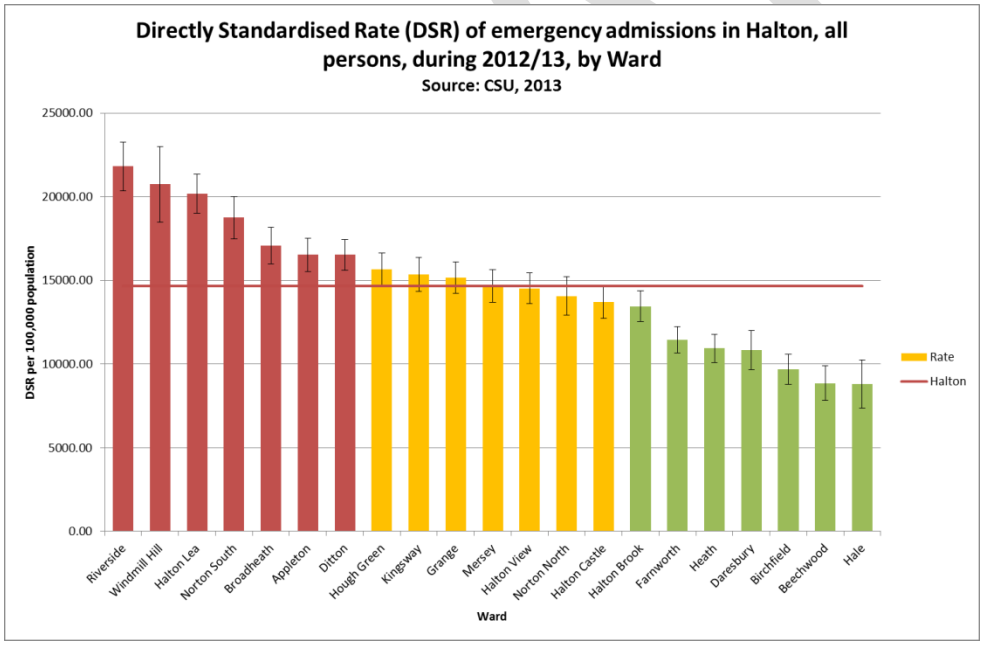
[viii] Emergency admissions for acute conditions that should not usually require hospital admission – indicator specification https://indicators.ic.nhs.uk/download/Outcomes%20Framework/Specification/NHSOF_3a_I00711_S_V5.pdf

Table 5: 2012/13 Emergency hospital admissions, top 10 causes

ICD-10 Chapter	Emergency Admissions	Percentage
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	4365	25.31%
Injury, poisoning and certain other consequences of external causes	2475	14.35%
Diseases of the respiratory system	2034	11.80%
Diseases of the circulatory system	1309	7.59%
Diseases of the digestive system	1259	7.30%
Diseases of the genitourinary system	986	5.72%
Certain infectious and parasitic diseases	967	5.61%
Diseases of the musculoskeletal system and connective tissue	887	5.14%
Mental and behavioural disorders	584	3.39%
Diseases of the skin and subcutaneous tissue	474	2.75%

As with planned admissions, rates for non-elective admissions vary widely across the borough as Figure 19 shows. For 2012/13 there were 8 wards with rates statistically significantly higher than the borough average, 5 with rates not statistically significantly different and 8 wards with statistically significantly lower rates.

Figure 19: Rate of non-elective (emergency) admissions by ward, Halton 2012/13



7.4.2. Evidence of effective interventions in the community pharmacy setting

Several of the research papers identified by the literature search including in their health outcomes reduction in unplanned/emergency admissions. An enhanced medicines management scheme of patients with heart failure post discharge from hospital included community pharmacists as part of multi-disciplinary teams. This improved patient outcomes and decreased unplanned readmissions[31]. Unfortunately, a scheme focused on medicine

reviews of high risk elderly found no difference in hospital admissions but did result in modest prescribing savings. However, it was not possible to determine the cost-effectiveness of this intervention[32]. Similarly a study by Walker et al also failed to reduce hospital readmissions. Using a quasi-experimental study evaluating post discharge health care resource use of patients discharged from hospital, the study intervention added a pharmacist to the discharge team to identify and reconcile medication discrepancies at discharge[33].

Results revealed that whilst the pharmacist identified medication discrepancies at discharge and reconciled all of them, no significant differences in hospital readmission rates and emergency department visits were found. However, the authors note that the strength of the intervention might have been compromised by (1) broad inclusion criteria that might not have identified patients at high risk for hospital readmission and (2) the pharmacist not completing follow-up calls for all intervention patients However, studies in Trafford PCT and Darlington Memorial Hospital both helped to identify and reconcile medications changes. The Darlington study included an analysis of the impact the intervention had on hospital readmissions and found they had reduced amongst those who had taken part in the study[34]. Similarly a scheme in Bournemouth and Poole PCT has also seen positive impacts on admissions, with savings being far greater than the cost per patient of the scheme[35] .

The community pharmacist is an important first port of call for advice on minor ailments[36]. A survey conducted in support of the development of the White Paper of pharmacies found that 14% of people had used pharmacies to treat one-off common conditions, such as colds, coughs, aches and pains, and stomach problems[37] . Thus, increasing the use of minor ailments schemes would be beneficial for both GP workload and A&E attendance. Other studies have shown that helping patients to take medications correctly, such as for asthma and COPD can reduce emergency hospital admissions associated with these conditions[38].

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

- Those aged 65 years and over (see also section on older people)
- Pregnant women
- Those who have certain medical conditions[ix] –
    - chronic (long-term) respiratory disease, such as asthma, chronic obstructive pulmonary disease (COPD) or bronchitis
    - chronic heart disease, such as heart failure
    - chronic kidney disease
    - chronic liver disease, such as hepatitis

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

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

Research has shown that immunisation services can be safely provided in community pharmacy settings[39], that the review of medication records is a useful tool in flagging up those 'at risk' and inviting them to take part in the programme[40]. Such programmes are also well received by both patients and doctors[41] .

7.4.3. Local provision

The Urgent Care Working Group is responsible for overseeing all significant service changes required to deliver Urgent Care across the Halton Health Economy by ensuring that patients can access high quality emergency and follow up care, together with preventing patients from reaching crisis point so that they need to access emergency care.

Halton CCG is developing two Urgent Care Centres which are due to open at the end of 2014/15. The Widnes Centre will be on the existing walk-in-centre site in Widnes town centre. The Runcorn centre will replace the existing minor injuries unit on the Halton hospital site. Opening from early morning until late evening, the centres will have extended access to x-ray, ultra-sound scanning and a range of bio-chemical and haematology diagnostic services. The centre's will have medical as well as nursing staff on site and will be able to receive patients via paramedic staff. The centre in Runcorn has a limited medication stock provided through to Patient Group Directives (PGDs). This is maintained by Warrington and Halton Hospitals NHS Foundation Trust. The Widnes site uses a combination of PGDs and FP10 prescriptions[x], with a commercial pharmacist on site open until early evening Monday to Saturday.

The development group are working on understanding the potential medicine needs of the patient population and looking to ensure appropriate access to medication via the use of agreed on site stocks and FP10 prescription pads. Later opening of on-site pharmacies will be explored as part of this development.

All pharmacies offer an over the counter service which provides medication for a range of minor ailments and injuries. Additionally there is commissioned provision of Care at the Chemist, NMS and MURs (see planned care section for NMS and MURs).

x Prescribing for patients in community settings will often occur on FP10 prescription forms which can be taken by the patient to a community pharmacist of their choice for dispensing.

Minor ailments scheme: Care at the Chemist (CATC)

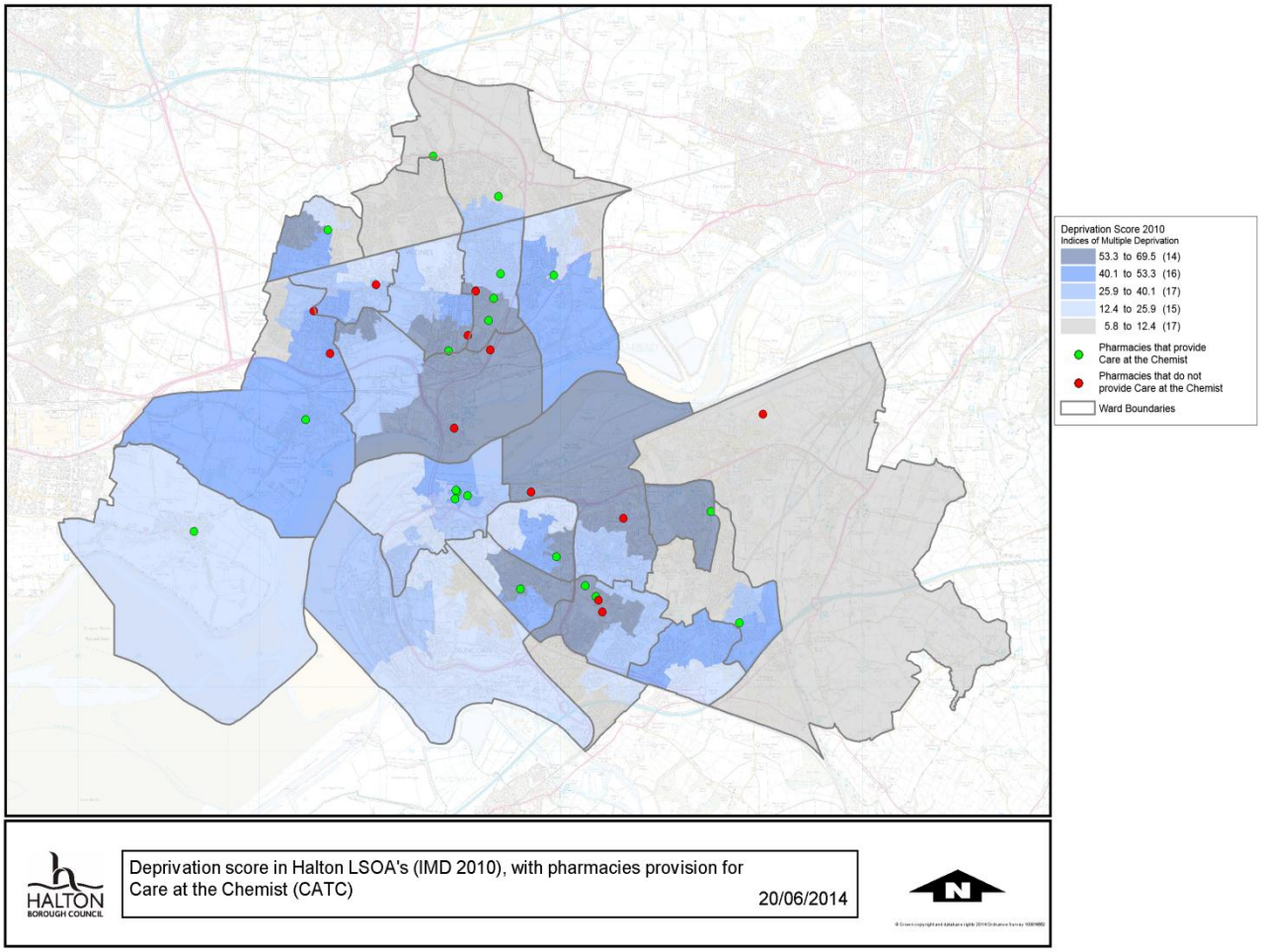
Unlike GPs, community pharmacies are a 'walk up and get seen' service. As such they are a key resource for advice on treating minor, self-limiting, ailments and the purchase of appropriate over-the-counter medicines. The minor ailments service takes this concept a stage further. Patients can attend a participating community pharmacy and ask to be seen under the scheme, if the condition is covered by the scheme the patient will receive a consultation and are provided with advice or medication as appropriate from a dedicated formulary. This service is open to patients resident within Halton CCG and is delivered by accredited Halton pharmacies who have signed up to participate in scheme.. The service cannot be commissioned from Internet only pharmacies. The aim of the service is to improve access and choice for people with minor ailments by promoting self-care through the pharmacy, including provision of advice and where appropriate, medicines without the need to visit their GP practice. There is a defined list of conditions that can be treated under the scheme and an extensive formulary that is currently being reviewed. The service provides additional benefit by creating capacity within general practice to provide services to patients requiring more complex management such as the management of long term conditions.

NHS Halton CCG currently has 22 of its 30 community pharmacies providing Care at the Chemist (CATC) across the borough (see Map 10). The service is well used, with data showing higher uptake in pharmacies in the more deprived wards of Halton. Available data illustrates a large variation in client uptake between pharmacies. The most common ailments patients access the service for minor pain, coughs and colds, stomach upset and head lice.

Historically there were difficulties in provision of CATC at border locations around the CCG. However there is now a mutual agreement for pharmacies from neighbouring CCGs of Liverpool, St. Helens and Knowsley to provide Minor Ailment Services to residents of Halton so this is no longer the case.

87% of respondents to the local community pharmacy services survey stated that they think treatment of minor services should be available through community pharmacies.

Map 10: Pharmacies providing Care at the Chemist service



Halton Castle is the only ward with high levels of deprivation that has no CATC service.

Influenza vaccination amongst at risk people aged under 65

Influenza vaccination is offered to a range of 'at risk' patients under the age of 65 as well as to all those aged 65 and over (see older people's section for more details in vaccination uptake amongst those aged 65+). Some of these annual invites have been established for many years, whilst others are more recent. Public Health England (PHE) is now responsible for commissioning all NHS vaccination and immunisation programmes. These are run predominantly through GP practices, with invitations generated through practice lists and disease registers plus any other patients GPs feel would benefit. Data for the 2013/14 vaccination season is shown in Table 6. All elements of the influenza vaccination have a 75% uptake target in line with WHO recommendations.

Table 6: Influenza vaccination uptake rates for those at risk under age 65 years, 2013/14

	Halton CCG	Merseyside Area Team	England*
All those at risk aged under 65 years	51.9%	55.3%	52.3%
Chronic heart disease	52.8%	55.1%	
Chronic respiratory disease	51.5%	55.3%	
Chronic kidney disease	59.7%	60.7%	
Chronic liver disease	46.0%	49.3%	
Chronic neurological disease (including stroke/TIA, cerebral palsy and MS)	51.1%	52.1%	
Those with immunosuppression	55.2%	59.1%	
Pregnant women	38.3%	42.9%	39.8%
All 2 year olds	47.3%	38.2%	42.6%
All 3 Year Olds	43.4%	35.9%	39.6%
Healthcare workers	56.0%	72.8%	

Source: ImmForm, Department of Health, via NHSE public health team

*Note: only limited data at an England level is available until late autumn 2014. This table will be updated once data is released.

As can be seen no element of the programme is achieving the 75% target. Some GP practices did achieve it for certain patient groups during 2013/14 but the majority did not. PHE, working with the CCG and LAPHT, are looking at ways to increase uptake. This includes the role of community pharmacies in awareness raising, signposting and on a one-year trial basis 2014/15 the commissioning them to provide NHS free flu vaccinations to at risk groups. Practice level reports are provided.

Conclusions

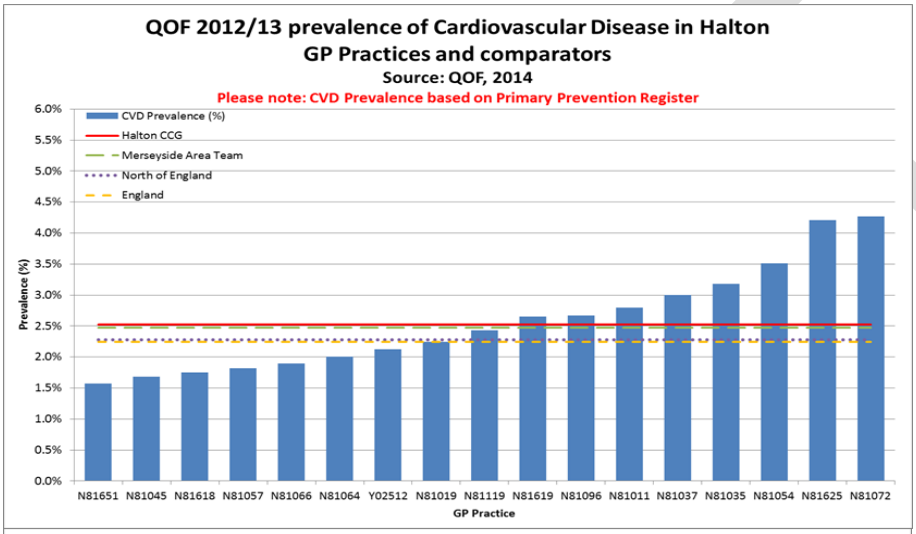
- There is currently partially adequate access to Care at the Chemist (CATC), including 100-hour evening and weekend provision. Increasing provision across the borough is already being investigated for 2014/15. The formulary and protocols in use are also being reviewed in full
- Cross-border collaboration between boroughs (Liverpool, St Helens and Knowsley) has increased both access and choice
- Ways of improving awareness of CATC amongst key target groups should be investigated and once the full review is complete a re-launch of the service will be undertaken
- Influenza vaccination uptake needs to improve, especially for at risk groups under age 65, and Public Health England (PHE) are putting plans into place to do this. This will include commissioning pharmacies to provide NHS free vaccinations. This will be done on a restricted trial basis of one year during the 2014/15 'flu season' with the potential to extend, depending on trial outcomes

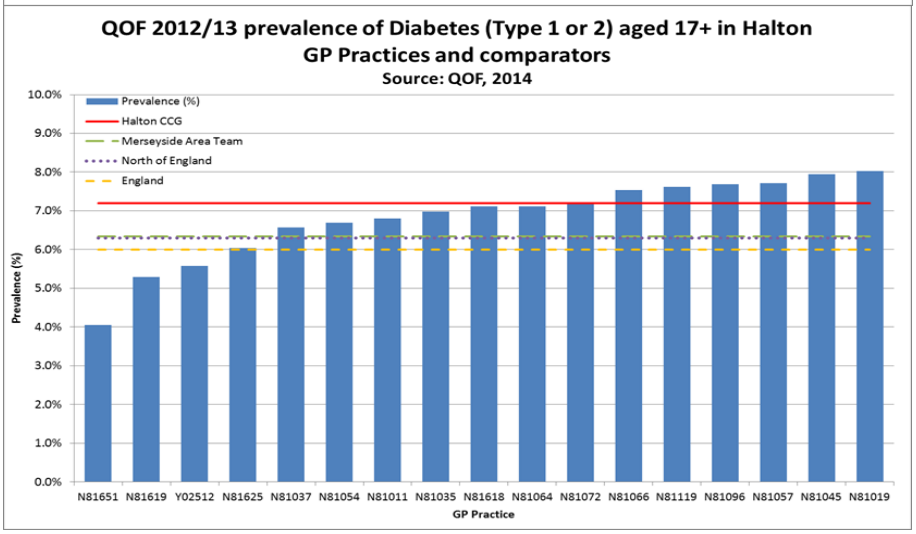
7.5. Supporting and identifying people with Long Terms Conditions

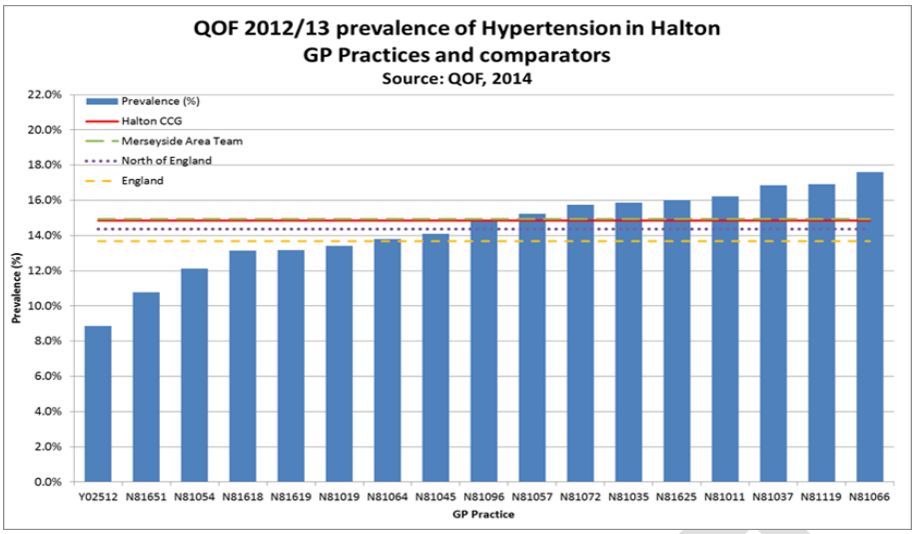
7.5.1. Level of Need

The known prevalence of cardiovascular disease, diabetes and hypertension is higher in Halton than for its comparators. Whilst this may in part be due to proactive case finding estimated prevalence rates are also higher than the England averages suggesting these long-term conditions place a higher burden on the local population and healthcare provision.

Figure 20: Diagnosed prevalence of cardiovascular disease, diabetes and hypertension, 2012/13

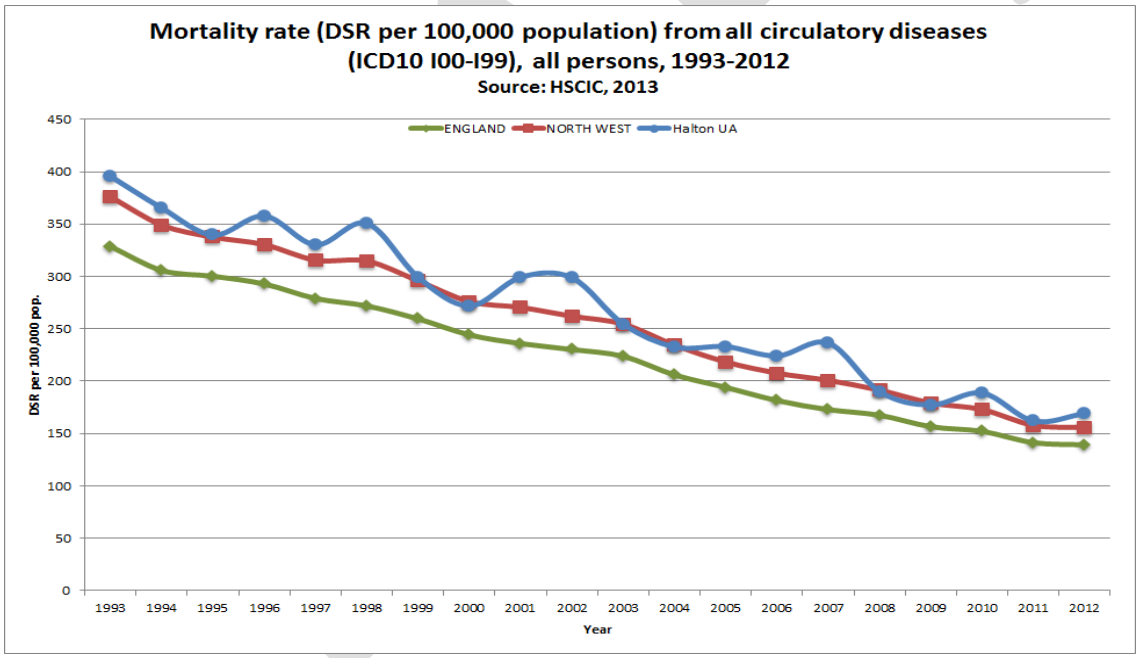






The impact of this level of need can be seen ultimately in death rates. Rates have fallen substantially over the last two decades. However, the gap between Halton and England remains, albeit having narrowed the gap slightly.

Figure 21: Trend in death rates from circulatory disease, 1993 to 2012



7.5.2. Evidence of effective interventions in the community pharmacy setting

Research studies on the community pharmacy role in reducing the risk and improving outcomes for patients with cardiovascular disease (CVD) are one of the areas where evidence of effectiveness is strongest. Community pharmacy-based initiatives are particularly effective in reducing lipid levels, in reducing systolic blood pressure[42;43;44]and risk assessment.[45]They are less effective for more complex, multi-component interventions aimed at addressing medicines management and lifestyles as part of one programme.[46;47]Even when successful such complex interventions may not be cost-effective.[48]NICE produced public health guidance on proactive case finding to reduce health

inequalities in deaths from cardio-vascular disease and smoking-related deaths[49]. It included a recommendation to provide services in places that are easily accessible to people who are disadvantaged (such as community pharmacies and shopping centres) and at times to suit them. However, an evaluation of the North Tees Health Checks programme, pharmacy element, was carried out in 2010/11[50]. Conducted by interviewing staff from community pharmacy, staff members from the commissioning Primary Care Trusts and with Local Pharmaceutical Committee members it found a number of challenges presented covering 4 categories:

(1) establishing and maintaining pharmacy Healthy Heart Checks, (2) overcoming IT barriers, (3) developing confident, competent staff and (4) ensuring volume and through flow in pharmacy.

It thus concluded that delivering NHS Health Checks through community pharmacies can be a complex process, requiring meticulous planning, and may incur higher than expected costs. Given these barriers, the local implementation of the NHS Health Checks programme should continue to be run through GP practices until such barriers can be overcome and evidence suggests pharmacies-run programmes do not incur higher costs. However, it is clear from the evidence that community pharmacies can play a role in supporting people with long-term conditions.

Long-term condition management initiatives run in the community pharmacy setting do not have to be pharmacist-led to be effective. A peer health educator programme in which GPs referred older patients with hypertension to a community-pharmacy based volunteer health programme was well received by patients and GPs[51].

Community pharmacy-based interventions can be effective in the management of those with Type 2 diabetes and the pharmacist can be an important member of the multidisciplinary team managing patients with diabetes.[52;53] Research has shown interventions can reduce HbA1c levels[54;55;56;57;58,] improve glycaemic control,[59;60;61]bring about improvements in CVD risk in patients with diabetes[62]and general adherence to clinical guidelines through patient education and medicines assessments.[63] They can be effective in targeting those at high risk providing them with point-of-care blood glucose testing and referral being more effective and cost effective than targeting and referral alone. This can reduce emergency hospital admissions. Type 2 diabetes and other CVD screening is effective in diagnosing new cases and bringing about positive therapy changes[64;65] and simple tools can be developed to do this.[66].

7.5.3. Local provision

Many of the commissioned services already described will support people in the borough who have an identified long term condition such as MURs and CATC. For those who have a newly diagnosed condition for which medication is prescribed the NMS can be offered.

Health checks are no longer commissioned through pharmacies. However, several pharmacies who responded to the pharmacy premises and services questionnaire indicated that they currently provide non-commissioned blood pressure monitoring, cholesterols tests, diabetes tests and asthma management support. This means patients pay the

pharmacy directly for this service. This may identify patients who have a LTC and are unaware they have it.

The Department of Health introduced a vascular health checks[67] initiative aimed at reducing the burden of cardiovascular disease and mortality, including inequalities in this burden.

The initiative, known as the NHS Health Check programme, is a public health programme for people aged 40-74 which aims to keep people well for longer. The programme aims to prevent heart disease, stroke, diabetes and kidney disease. Together these conditions account for a third of the difference in life expectancy between the most deprived areas and the rest of the country.

Although not a statutory requirement, the risk management element of the programme, provided through lifestyle interventions, is important to ensure that the programme has long term benefits for public health. The guidance recommends that everyone receiving a health check is given individually tailored advice to help motivate them to make appropriate lifestyle changes to manage their risk (unless clinically unsafe to do so). Such advice may include referrals to:

- Local stop smoking services
- Physical activity interventions
- Weight management programmes
- Alcohol use interventions
- Signposting to dementia services

The recently revised Health Checks programme is delivered through all GP practices. In 2012/13 5,217 eligible patients (between the ages of 40 to 74 and not currently on a GP disease register) were invited for a Health Check ands of these 2,179 had a Health Check. This equates to 6.2% of the overall eligible population. In an attempt to boost the number of patients receiving Health Checks, health trainers from the Health & Wellbeing Service have been located in some practices. This offer has the advantage of being able to sign patients up for appropriate lifestyle services there and then rather than making a referral. A community based approach is in the process of being developed but it is unlikely to involve pharmacist in delivering the programme directly. The role of the community pharmacies will be required to focus on the management of any medication needs that may result from the health check. It is expected that for an annual population of people invited for a Health Check to primary care 1264 will be smokers and 1214 obese or overweight, 515 will require statins and 138 will require medication for high blood pressure. The pharmacy has a very clear role in provision of this medications and support to enable compliance.

In addition to Health Checks there are well established disease registers within GP practices to ensure the proactive management of patients with established long-term conditions such as cardiovascular disease, diabetes, respiratory disease, asthma and others.

85% of respondents to the local community pharmacy services survey stated that they think tests to check blood pressure, cholesterol and whether they might get diabetes or other conditions should be available through community pharmacies. 80% stated that smoking

cessation and/or nicotine replacement therapy should be available and 74% thought weight management should be available.

Conclusions
• There is some evidence from the literature that pharmacies can play an important role in helping patients to manage long-term conditions, particularly cardiovascular disease. Pharmacies are able to offer checks for blood pressure, blood sugar and signpost affected individuals into primary care for definitive management • Under the essential services contract pharmacies should support six health education campaigns per year. This is led by NHS England and the content of the campaigns is open to local influence subject to consultation

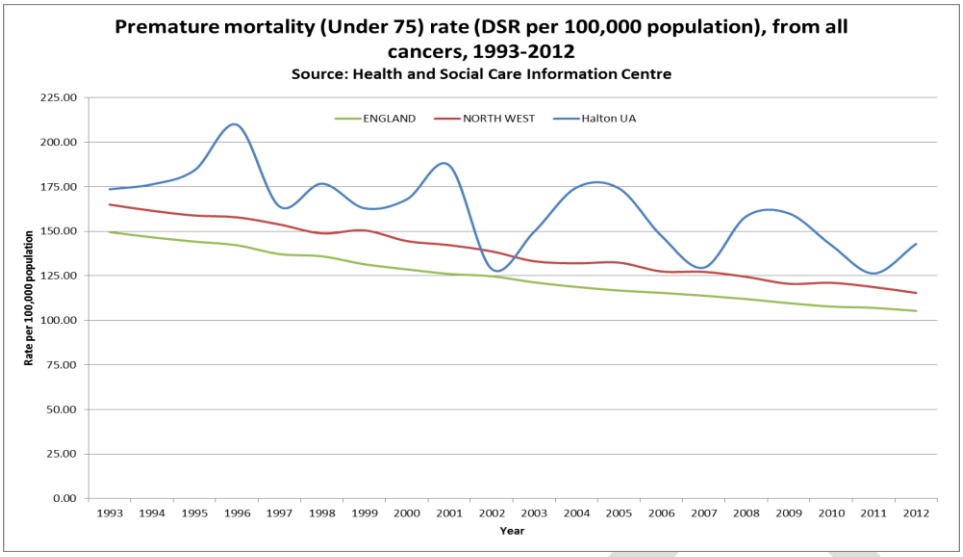
7.6. Cancers

7.6.1. Level of Need

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

Figure 22shows that Halton has significantly higher mortality rates than England and also the North West (except for 2002 and 2007) since 1993. Despite this the overall trend is downwards. Cancer remains one of the top priorities for the borough, as laid out in the 2013-16 Joint Health & Wellbeing Strategy.

Figure 22: Cancer mortality trends amongst those aged under-75, 1993 to 2012



7.6.2. Evidence of effective interventions in the community pharmacy setting

See also tobacco control

The community pharmacy is an ideal place for the public to obtain information on cancer. Pharmacy-based information, such as touch screen technology, appears to be effective in raising awareness of sun risks, and trained pharmacists are more likely to be proactive in counselling clients. However, the effect of this advice on the behaviour of clients is currently unknown[68]. This could be rolled out to include awareness campaigns about skin and bowel cancer and screening. Feedback from a scheme in Essex showed that over 92% of the public consulted reported that they are comfortable discussing issues such as cancer in a pharmacy setting with the pharmacy team.[69]For those with established cancers pharmacies can play an important role in identifying common drug-related problems (DRP) via medication therapy management (MTM) services[70].

7.6.3. Local provision

The local Cancer Strategy emphasises prevention and early detection. The *Get Checked* programme has been running since 2008, and has subsequently adopted the national campaign messages of *Be Clear on Cancer*. This early detection of cancer initiative combines social marketing with clinical staff training. Social marketing is used to encourage people with symptoms to seek medical advice. Their campaigns use a wide range of outlets and vehicles to spread the key messages, including Pharmacies. However, it would not be appropriate for pharmacies to offer cancer screening. Both the breast and cervical screening require specialist equipment and staff. The bowel screening programme is based on home testing that is posted direct to laboratories. Cancer is a local JHWBS priority. As such, and based on the evidence, it would be appropriate to include cancer screening and sun awareness as one of the six health education campaigns pharmacies should support each year as part of their essential services, national contract.

Conclusions

- There are currently no plans to commission services for the prevention of cancers in pharmacies. The need for specialist equipment and procedures means it would not be feasible for them to provide cancer screening services
- As part of the essential services contract, the use of the six health education campaigns should include at least one on cancers as a local HWB priority

7.7. Sexual Health

7.7.1. Level of Need

Improving the sexual health of the population is a national and local priority with the most recent national Public Health strategy[71] and sexual health framework outlining the reasons and approach.[72]

Locally our population suffers from poor sexual health. Teenage conception rates have fallen in recent years but remain above the national and regional rates (Figure 23). This is also the case for abortions amongst under-18s (Figure 24). The borough also has rising numbers of sexually transmitted infections (STIs) and HIV being diagnosed. Halton's overall rate of STIs for 2012 was slightly below the Cheshire & Merseyside average and was the fourth highest of the nine local authorities in the sub-region (Figure 25).

Figure 23: Teenage conception rates 1998 to 2012

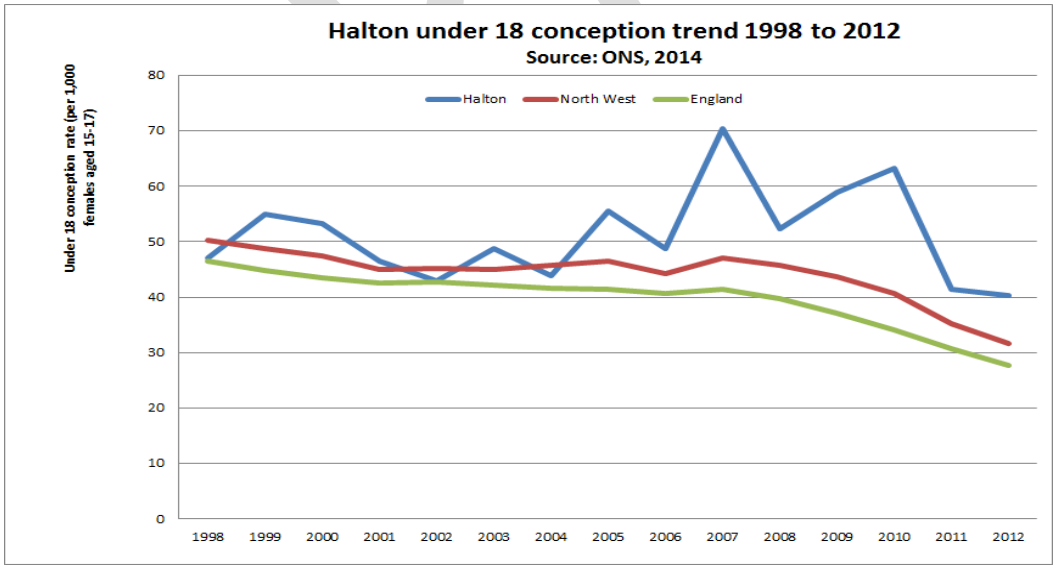


Figure 24: Abortion rates amongst women aged less than 18 years of age, 1998 to 2012

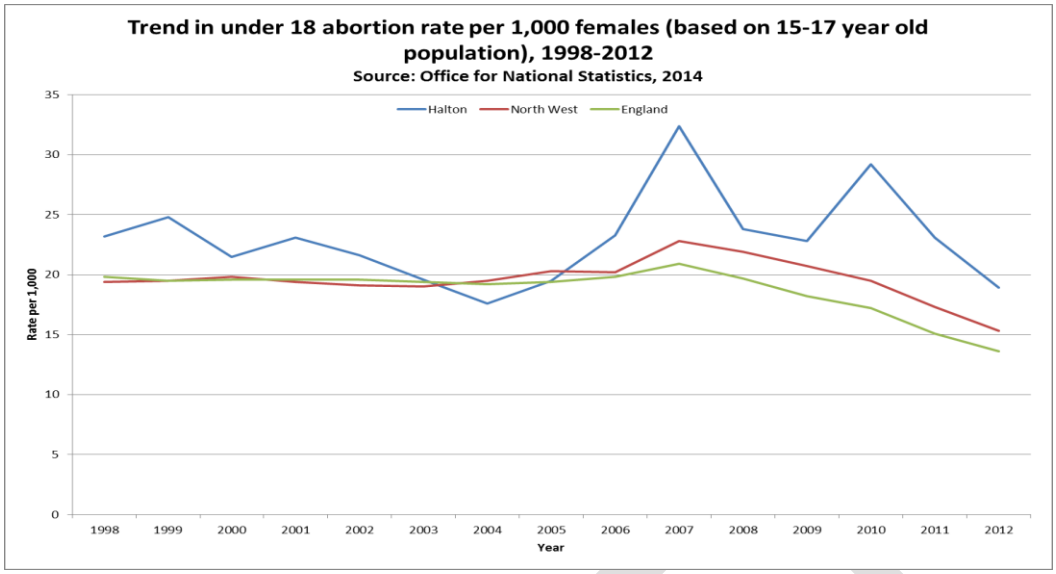


Figure 25: Sexually transmitted infection rates in Halton 2008 to 2012 and compared to other local authorities in Cheshire & Merseyside, 2012

7.7.2. Evidence of effective interventions in the community pharmacy setting

NICE guidance on contraceptive services for young people (up to the age of 25)[73], key recommendations include:

- Establish collaborative, evidence-based commissioning arrangements between different localities to ensure comprehensive, open-access services are sited in convenient locations, such as city centres, or near to colleges and schools. Ensure no young person is denied contraceptive services because of where they live
- Ensure pharmacies, walk-in centres and all organisations commissioned to provide contraceptive services (including those providing oral emergency contraception) maintain a consistent service. If this is not possible, staff should inform young people, without having to be asked, about appropriate alternative, timely and convenient services providing oral emergency contraception
- Doctors, nurses and pharmacists should where possible, provide the full range of contraceptive methods, especially long-acting reversible contraception (LARC), condoms to prevent transmission of STIs and emergency contraception (both hormonal and timely insertion of an intrauterine device). Adequate consultation time should be set aside

- Provide additional support for socially disadvantaged young people to help them gain immediate access to contraceptive services and to support them, as necessary, to use the services. This could include providing access to trained interpreters or offering one-to-one sessions. It could also include introducing special facilities for those with physical and sensory disabilities and assistance for those with learning disabilities
- Ensure all young women are able to obtain free emergency hormonal contraception, including advance provision
- Offer support and referral to specialist services (including counselling) to those who may need it. For example, young people who misuse drugs or alcohol and those who may have been (or who may be at risk of being) sexually exploited or trafficked may need such support. The same is true of those who have been the victim of sexual violence
- Ensure young men and young women know where to obtain free advance provision of emergency hormonal contraception
- In addition to providing emergency hormonal contraception, professionals should ensure that all young women who obtain emergency hormonal contraception are offered clear information about, and referral to, contraception and sexual health services
- Encourage all young people to use condoms and lubricant in every encounter, irrespective of their other contraceptive
- Ensure staff are familiar with best practice guidance on how to give young people aged under 16 years contraceptive advice and support.[xi] Ensure they are also familiar with local and national guidance on working with vulnerable young people

A review of the contribution of community pharmacists to the public health agenda[74] found:

• Emergency hormonal contraception (EHC) can be effectively and appropriately supplied by pharmacists

• Pharmacy supply of EHC enables most women to receive it within 24 hours of unprotected intercourse

• Community pharmacies are highly rated by women as a source of supply and associated advice for EHC on prescription, by Patient Group Directions (PGDs), or over-the-counter (OTC) sales

• 10% of women, choose pharmacy supply of EHC in order to maintain anonymity

• Pharmacists were positive about their experience of providing emergency hormonal contraception through PGDs and over-the-counter sales

• The role of pharmacy support staff in provision of EHC services is reported by pharmacists to be important, but there are no data available to enable assessment of their contribution

7.7.3. Local provision

Across Halton emergency hormonal contraception is provided by a host of providers at different times:

- Pharmacy under patient group direction (Local Service)
- GP's
- Walk in Centre
- A & E
- Community Sexual Health Services

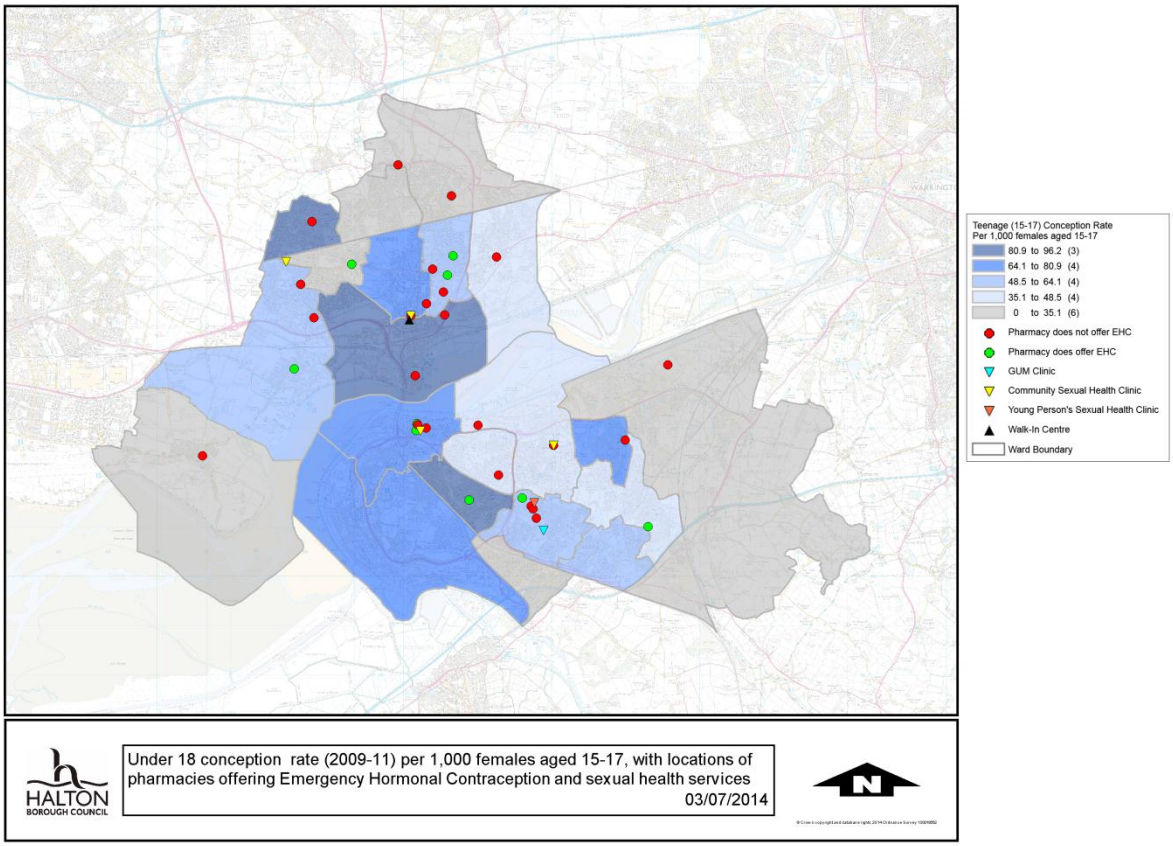
[xi] Department of Health (2004) Best practice guidance for doctors and other health professionals on the provision of advice and treatment to young people under 16 on contraception, sexual and reproductive health. London: Department of Health.

- School nursing
- Genito-urinary medicine (GUM)

9 pharmacies provide Emergency Hormonal Contraception (EHC) as a locally commissioned service during the pharmacy's normal opening times. Pharmacists must be accredited to provide the service; the pharmacist also provides advice and signposting in respect of contraception and sexual health. Whilst pharmacies providing EHC can advise and signpost people to other services, neither chlamydia screening or screening for other STIs, is commissioned. 15 pharmacies do have toilet facilities that clients could use for screening and pregnancy testing, 5 of which are commissioned and provide EHC. The c-card scheme enables people to access free condoms. These are available at community sexual health clinics and pharmacies who provide EHC.

Map 11 shows the level of teenage conceptions by ward and the distribution of pharmacy EHC services in the borough. Some pharmacies that have been commissioned to provide the service are currently not providing it. From previous experience this is generally due to accredited pharmacists moving on from that location or accreditation requirements for pharmacists not being completed.

Map 11: Emergency Hormonal Contraception provision by community pharmacies and other community healthcare providers



Whilst the map shows that whilst there are wards in the borough with higher teenage pregnancy rates and no community pharmacy EHC provision there is some community

health care EHC provision including the Widnes walk-in centre in those areas. Therefore provision is adequate.

74% of respondents to the local community pharmacy services survey stated that they think advice on contraception and supply of EHC should be available through community pharmacies. 19% thought it should not be available. The percentage stating they think it should be available is slightly lower than for some other types of advice and service but 2 out of 3 respondents still think it should be available.

Conclusions

- There is adequate provision of EHC in all areas with high teenage pregnancy rates. There is less provision from community pharmacies in Riverside ward but there is community sexual health service provision at the Health Care Resource Centre and the Widnes Walk-in centre. There is c-card provision to pharmacies providing EHC

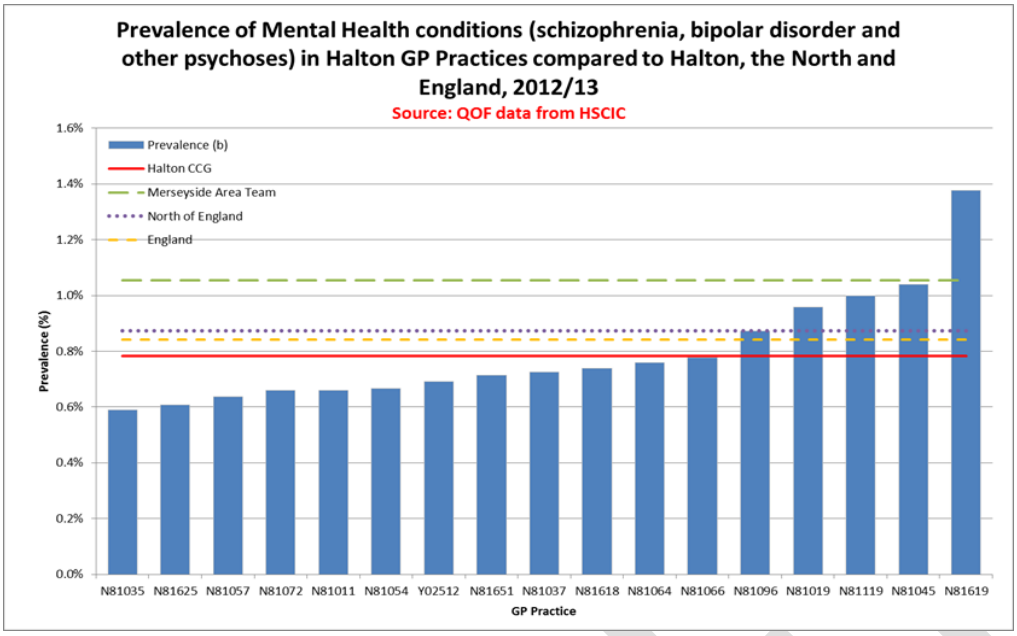
7.8. Mental Health

7.8.1. Level of Need

Mental Health is one of Halton's Health & Wellbeing Strategy priorities, with an emphasis on wellbeing as well as prevention and early detection of mental illness.

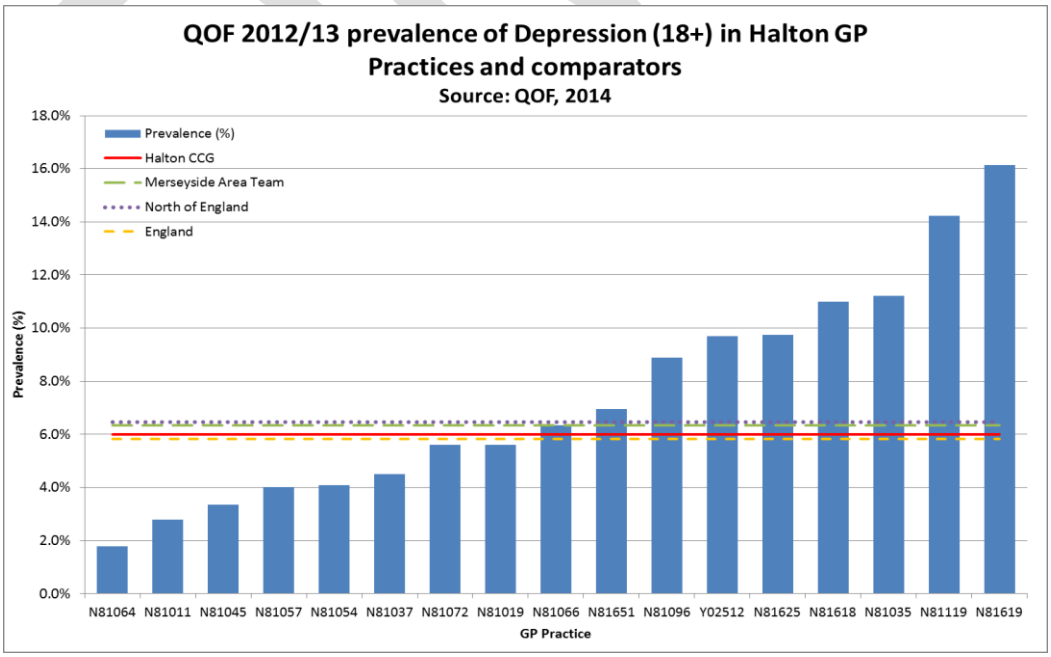
Since 2008-9 the Quality Outcomes Framework (QOF) has included that the GP register of mental health includes all people with a diagnosis of schizophrenia, bipolar affective disorder and other psychoses rather than a generic phrase that is open to variations in interpretation. This brings mental health in line with other areas of the QOF. Such patients should receive a review every 15 months which includes health promotion and prevention advice, have a care plan, the follow-up of those who do not attend for their annual review and monitoring of the use of lithium therapy.

Figure 26: Prevalence of mental illness identified on GP registers in Halton, compared to Merseyside and England, 2012/13



Further changes to QOF for 2009-10 included the introduction of a register for those aged 18 and over who have been diagnosed with depression. Clinical management indicators include the percentage of patients on the diabetes and/or CHD register who have been assessed for depression, for those newly diagnosed with depression, the percentage of whom have had an assessment of the severity of newly diagnosed their depression at the onset of treatment and the percentage of those who receive an assessment who then receive a follow-up assessment 5-12 weeks after this.

Figure 27:Prevalence of depression identified on GP registers in Halton, compared to Merseyside and England, 2012/13



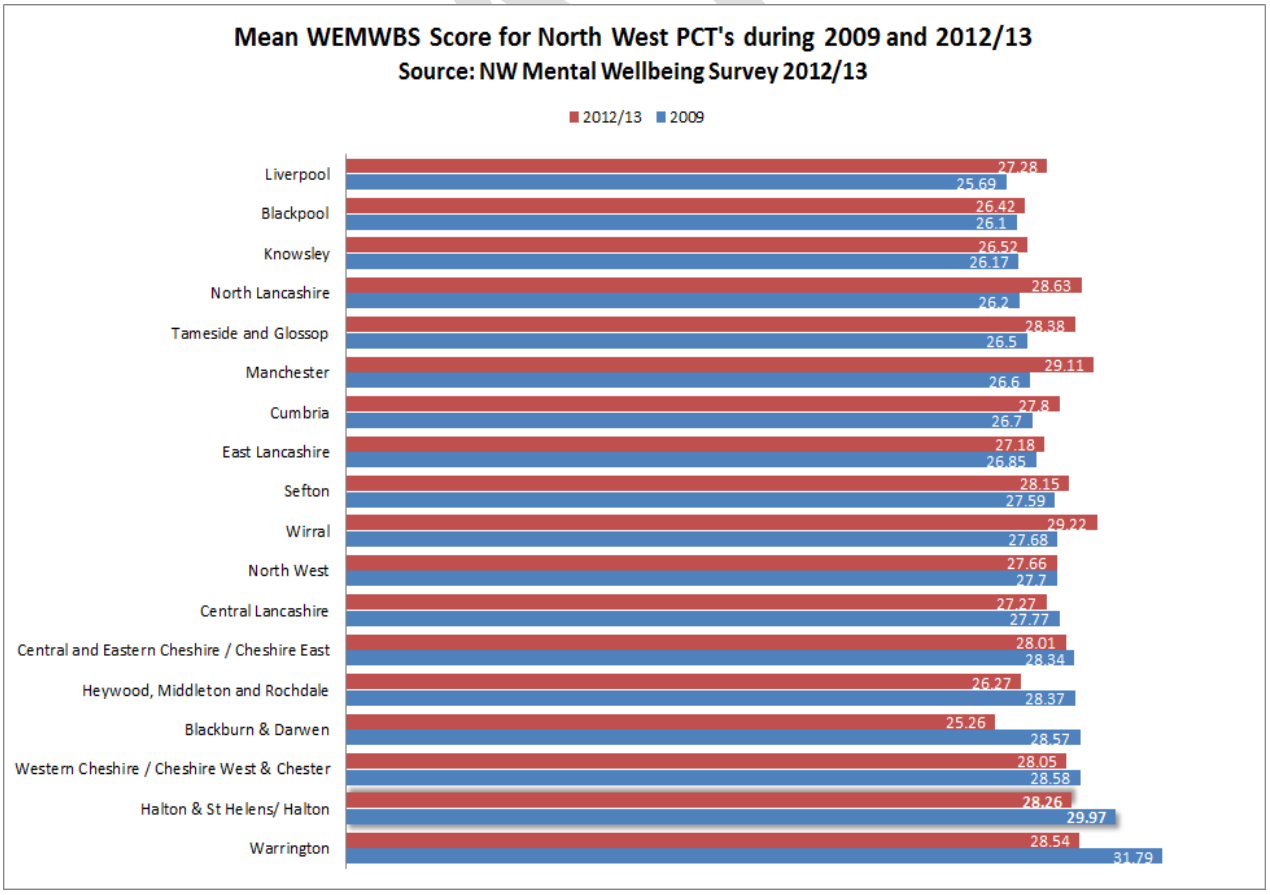
Much of the data available under the label mental health is in fact measuring a clinically diagnosed mental illness. There has been increasing interest nationally and locally in the concept of mental wellbeing. The Foresight report[75] defines mental wellbeing, or simply wellbeing, as:

> *"a dynamic state, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their economy. It is enhanced when an individual is able to fulfil their personal and social goals and achieve a sense of purpose in society."*

The North West Mental Wellbeing Survey points out that there is a clear distinction between mental wellbeing and mental illness. Mental health, or mental wellbeing, is something we all have and seek to improve. Mental illness or disorders affect up to one in four people. The determinants of one are not necessarily the same as the other[76].

Results from the 2009 North West mental Wellbeing Survey and the more recent 2012/13 survey are shown in Figure 28. Using a composite score of 7 questions on a 5-point Likert scale, known as WEMWBS (Warrick and Edinburgh Mental Wellbeing Score), boroughs could easily be compared to the North West average and also to one another.

Figure 28: NW mental wellbeing survey results



Although the overall wellbeing score for Halton is slightly lower than the previous result for Halton & St Helens PCT, it is nevertheless above the North West average and higher than others in the Liverpool City Region, apart from Wirral.

7.8.2. Evidence of effective interventions in the community pharmacy setting

No relevant studies on the early detection or depression were found in the literature review undertaken. A report by the Department of Health on the public health role of pharmacists, acknowledges this lack of an evidence base, suggesting that it is not beyond the scope of community pharmacists to have a role in mild to moderate mental ill health. For example, customers purchasing products to reduce stress and anxiety, such as sleeping products, could be offered support and advice from appropriately training pharmacists such as signposting or referral to local services[77]. This role in detecting the early signs and symptoms of mental health problems and providing information on how to deal with them is supported by a joint pharmacy report in which they conclude that there is a potential role for pharmacy staff to offer support and advice in relation to mental health issues[78]. Studies have also shown that the community pharmacist can make a valuable contributions to community mental health teams (CMHTs).[79;80;81]

7.8.3. Local provision

Mental Health is a local Joint Health & Wellbeing Strategy (JHWBS) priority. The focus of the JHWBS is one of wellbeing, prevention and early detection across the life course. This is in line with the national mental health strategy.

The community pharmacy is an ideal place for the public to obtain information on all forms of mental health conditions, and in particular ways in which they can access support and services to improve their wellbeing. As seen from the evidence, appropriately trained pharmacy staff can play a role in signposting and referral and there is the potential to link them to Health & Wellbeing Services and other provision of support. As such, and based on the evidence, it would be appropriate to include mental health and wellbeing as one of the six health education campaigns pharmacies should support each year as part of their essential services, national contract.

Conclusions

- Pharmacies are well placed to detect the early signs of mental health problems and could refer people in to the single point of access to mental health services and to participate in awareness raising campaigns
- Under the essential services contract pharmacies should support six health education campaigns per year. Community pharmacies are well placed to take part on local and national campaigns around mental health. As a local JHWBS priority this should be considered

7.9. Substance Misuse

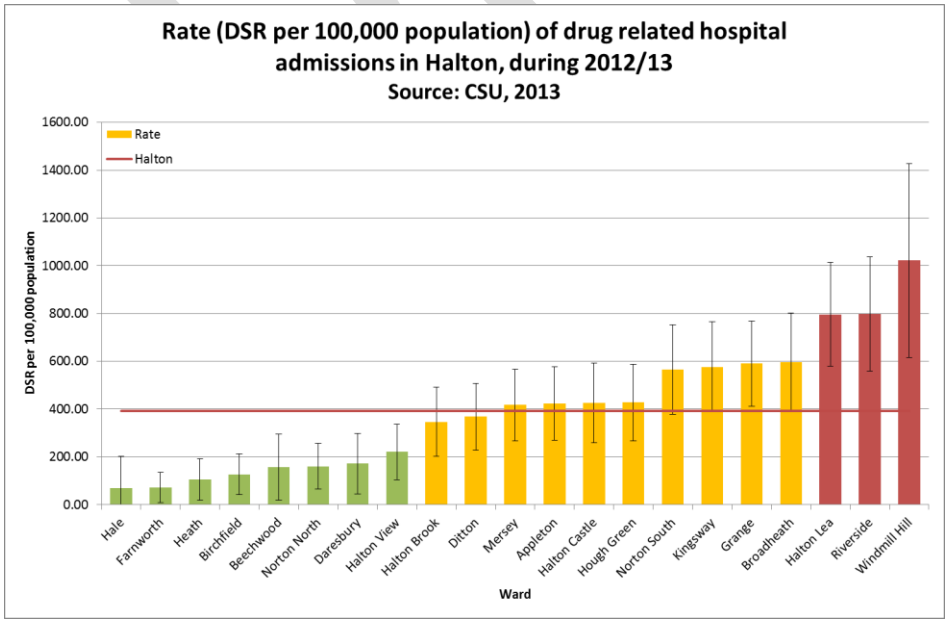
7.9.1. Level of Need

Data taken from the Halton Drugs Strategy 2014/18 showed:

- Prevalence estimates of opiate and crack/cocaine use indicates a higher rate per 1,000 population in Halton than nationally. The estimated prevalence of injecting drug use is slightly below the national average.
- During 2012/13 there were 655 individuals in contact with structured drug treatment.
- The percentage of people, in Halton, using heroin as the primary drug during 2012/13 is lower than the England and North West percentages. Due to this, the percentage of people using cocaine and cannabis as their primary drug in Halton is higher than England and the North West.
- The balance of males and females has remained constant for a number of years in Halton. Of the total population of people in treatment during 2012/13, 26% were female and 74% male. This is very similar to the national (27% female and 73% male) and North West (28% female and 72% male) picture.
- In Halton during 2012/13, 93% of people were 'successfully retained in effective treatment' compared with 87% in 2010/11. This means that the Halton 2012/13 percentage was significantly higher compared to the North West and England.
- In Halton, the percentage of people successfully leaving treatment is also continuing to improve – 65% in 2012/13 compared with 45% in 2011/12. During 2010/11 and 2011/12 the Halton percentage was similar to the England and North West percentages, however, in 2012/13 the Halton value was significantly higher.

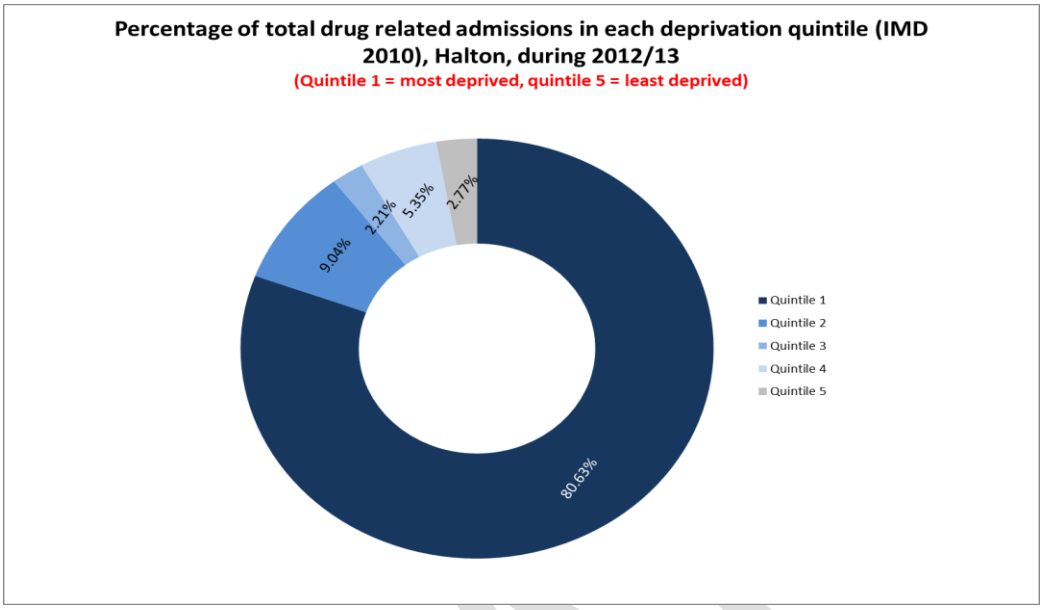
Rates of drug-related hospital admissions vary significantly across the borough. The overall directly age standardised rate (DSR) for 2012/13 was 400 per 100,000 population, ranging from less than 100 per 100,000 to over 1,000 per 100,000.

Figure 29: Drug-related hospital admissions by electoral ward, 2012/13



There is a strong relationship between deprivation and hospital admissions as Figure 30 shows, with over 80% of admissions being for people from the most deprived parts of the borough.

Figure 30: Drug-related admissions by deprivation, 2012/13



7.9.2. Evidence of effective interventions in the community pharmacy setting

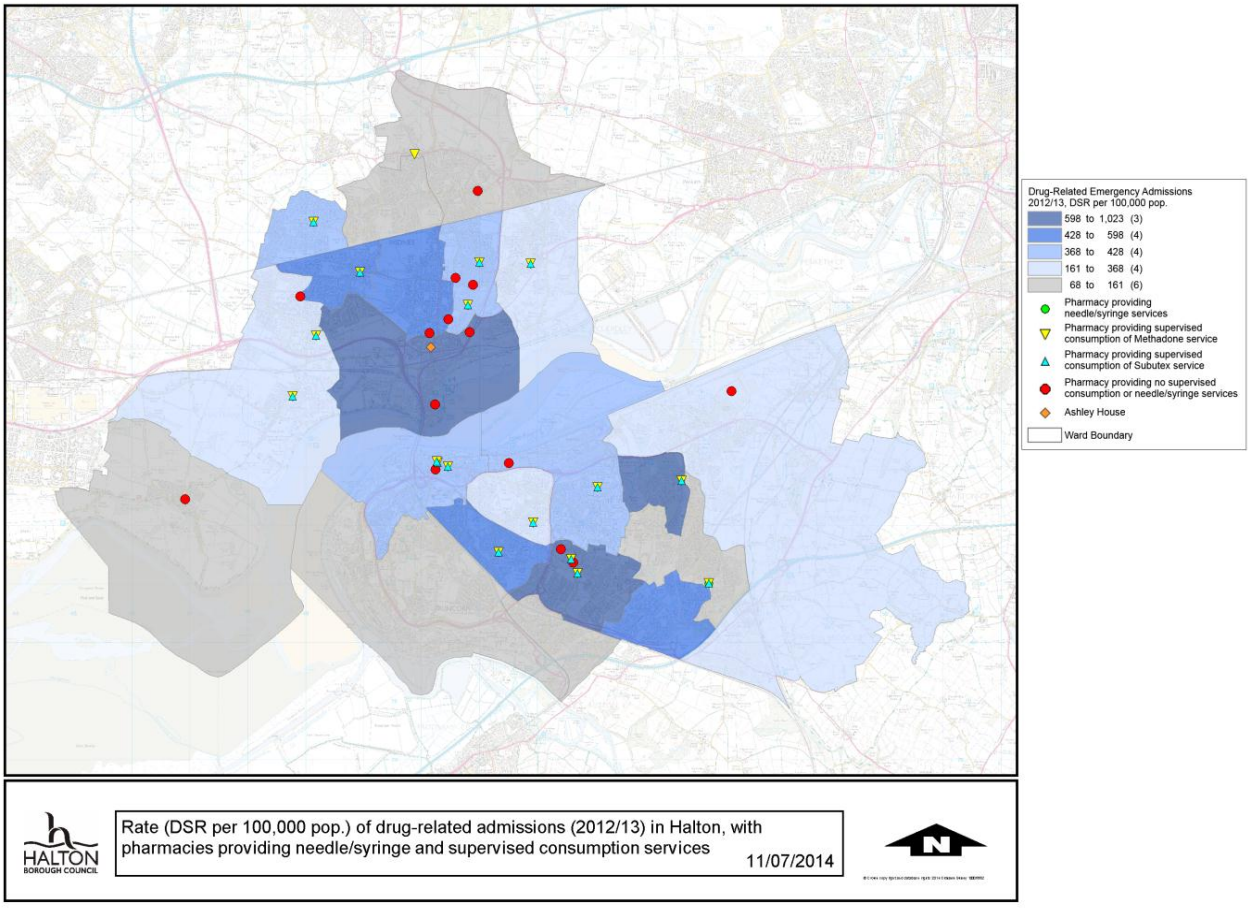
NICE guidance on the optimum provision of Needle & Syringe Programmes[82] places community pharmacies at the heart of the provision of these programmes. Research also demonstrates that community pharmacy-based supervised methadone administration services can achieve high attendance rates and are acceptable to clients[83]. NICE guidelines recommend that each new treatment of opiate dependence be subject to supervised administration for the first three months or a period considered appropriate by the prescriber. The rationale for this recommendation is to provide routine and structure for the client, helping to promote a move away from chaotic and risky behaviour. This service requires the pharmacist to supervise the consumption of prescribed medicines at the point of dispensing in the pharmacy – ideally within a private consultation room, and ensuring that the dose has been administered to the patient[84].

7.9.3. Local provision

There are two aspects to currently commissioned pharmaceutical services to substance misuse clients. These are supervised administration of methadone (or similar medication) and needle and syringe provision services. Both needle and syringe provision and supervised administration are fundamental harm reduction services. Supervised administration is a service that can only be provided by a pharmacy following dispensing of an appropriate diamorphine substitute such as methadone. It is not part of the essential tier of the pharmacy contract but greatly reduces harm by reduction of diversion of prescribed methadone onto an illicit market and protection of vulnerable individuals from overdose. Needle and syringe provision services are also provided by specialist services but pharmacies are a good choice of provider due to excellent access and existing client relationships.

18 Pharmacies are currently commissioned to provide supervised administration, with all but one of these providing both methadone and subutex (one provides methadone only). Community pharmacy provision and other community healthcare provision of both supervised administration and needle & syringe exchange is shown in Map 12. The service requires the pharmacist to supervise the consumption of prescribed medicines (methadone or buprenorphine), at the point of dispensing in the pharmacy within a private consultation room, and ensuring that the dose has been administered to the patient. 1 pharmacy currently provides needle & syringe exchange.

Map 12: Supervised consumption and needle & syringe programme provision



The community pharmacy is also an ideal place for the public to obtain information on all forms of substance misuse, and in particular ways in which they can access support and services. This should include information on the misuse of prescription and non-prescription substances and also the misuse of steroids which is increasing locally.

Conclusions

- Provision of needle & syringe exchange is mainly through the community drugs service run by CRI with one pharmacy providing this service. Provision is adequate
- There is adequate provision of supervised administration services provided by community pharmacies across the borough

7.10. Older People

7.10.1. Level of Need

As people get older the chances of developing long-term conditions increases. As these worsen they are likely to impact on a person's ability to carry out all the daily activity they would like to. This is especially likely if the person has multiple conditions. Data from the last Census shows that Halton has a higher proportion of its population living with Long-term health problem or disability that limit their daily lives a lot or a little than both the North West and England.

Table 7: Percentage of the population with long-term health problem or disability, 2011 Census

	Population	Day-to-day activities limited a lot	Day-to-day activities limited a little	Day-to-day activities not limited
Halton	125,746	11.6%	9.8%	78.6%
North West	7,052,177	10.4%	10.0%	79.8%
England	53,012,456	8.3%	9.3%	82.4%

Source: Office of National Statistics, 2013

This data also shows that in Halton, as elsewhere the number of the population with such conditions increases with age

Table 8: Number of Halton residents with long-term health problem or disability, by age group, 2011 Census

	Age Group									
	All ages	0 to 15	16 to 24	25 to 34	35 to 49	50 to 64	65 to 74	75 to 84	85 and over	65+
limited a lot	13,970	417	340	615	1,978	4,302	2,911	2,396	1,011	6,318
limited a little	12,154	574	501	741	2,042	3,658	2,451	1,758	429	4,638
limited a little or a lot	26,124	991	841	1,356	4,020	7,960	5,362	4,154	1,440	10,956
not limited	98,750	23,930	13,551	14,424	22,526	17,372	4,926	1,758	263	6,947

Source: Census 2011, Office of National Statistics 2013.

The level of ill health in the borough means that Halton experiences a lower than average level of healthy life expectancy at 65 (Table 9). The level is statistically significantly lower than the England average. Halton people aged 65 and over live only 37.4% (females) and 40.9% (males) of their later years in good health, a lower proportion than is seen across England as a whole.

Table 9: Healthy Life expectancy (HLE), 2010/12

	HLE at 65 (years)	LE at 65 (years)	Proportion of life 65+ in 'Good' health (%)	Statistical significance
England males	9.2	18.6	49.7	
Halton males	7.0	17.0	40.9	Sig Low
England females	9.7	21.1	46.1	
Halton females	7.2	19.3	37.4	Sig Low

Source: Office of National Statistics, 2013

Falls amongst those aged 50+ and 65+ is a local Health & Wellbeing Board priority and is a significant cause of infirmity and loss of independence in later life. National comparator data for 2012/13 shows Halton's rate was statistically significantly worse than that of England and was also higher than the North West average.

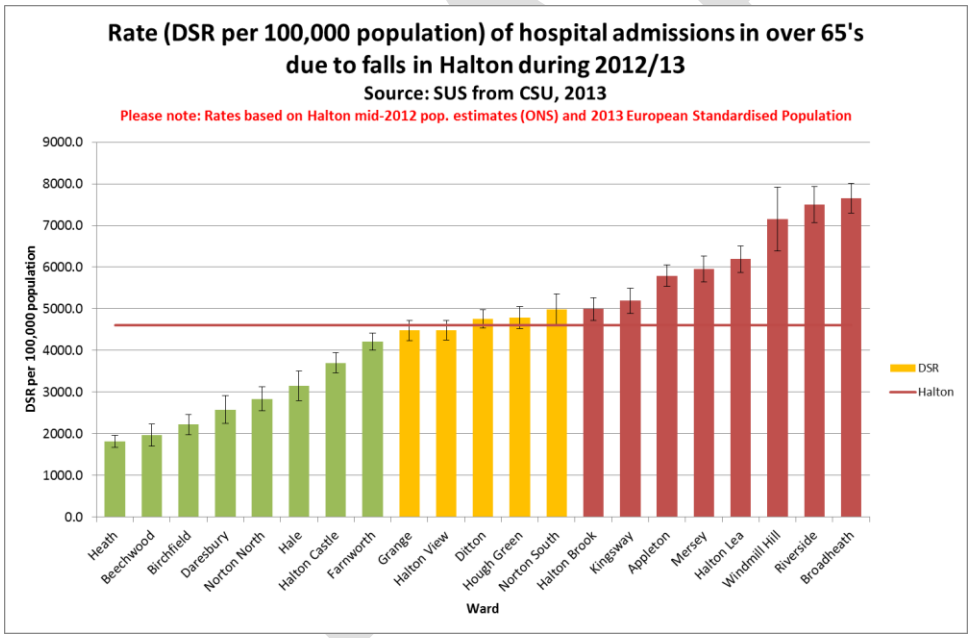
Table 10: 65s and over hospital admissions due to falls, Directly Standardised Rate per 1,000 population, 2012/13

	Number of Admissions	Resident Population	Rate	Significance Compared to England
Halton	624	19,603	3293.49	Higher
North West	28,594	1,221,740	2279.69	Higher
England	192,695	9,056,508	2001.01	

Source: Public Health England, 2014

Local ward level data for 2012/13 (Figure 31) shows that rates vary across the borough from just over 1,500 per 100,00 population aged 65+ to over 6,000 per 100,000.

Figure 31: Hospital admissions due to falls amongst Halton residents aged 65+, by electoral ward, 2012/13



It is estimated that, if all older people were immunised against influenza, almost 5,000 additional lives might be saved each year in England. Studies show influenza immunisation among older people is cost-effective. Older people, as a vulnerable group, are eligible for NHS flu immunisation, and are included in groups that may be offered flu vaccine. The national targets are based on World Health Organisation (WHO) targets. The WHO target for influenza vaccination for those aged 65 years and over is 75%. Everyone aged 65 and over should be actively contacted and offered flu vaccine[85].

A qualitative study by Evans et al 2007[86] shows that many older people do not feel vulnerable to influenza and this affects their likelihood of taking up the immunisation. Both

refusers and defaulters overstated adverse effects from influenza vaccine so this is a potential target for an intervention. Individual prompts, particularly from GPs, seemed to be the most significant motivators to attend for immunisation. However, whilst influential, other research suggests that the messages healthcare workers give need to be sensitive to the reasons for non-uptake and people's views about their health.[87;88]

7.10.2. Evidence of effective interventions in the community pharmacy setting

Community pharmacy-based services assessing older women's risk of osteoporosis were well received and were able to identify women at different levels of risk[89]. Those that followed women up post intervention found they had made lifestyle changes such as increased calcium in the diet, increased physical activity and relevant medication.[90;91;92.]

Influenza vaccination is a key intervention to protect older people's health. Research has shown that immunisation services can be safely provided in community pharmacy settings[93], that the review of medication records is a useful tool in flagging up those 'at risk' and inviting them to take part in the programme[94]. Such programmes are also well received by both patients and doctors[95] .

Medicines reviews for the elderly are both perceived favourably by participants[96] and can help reduce prescribing costs[97]. However, it is unclear if such interventions are cost effective as cost of the interventions were not detailed.

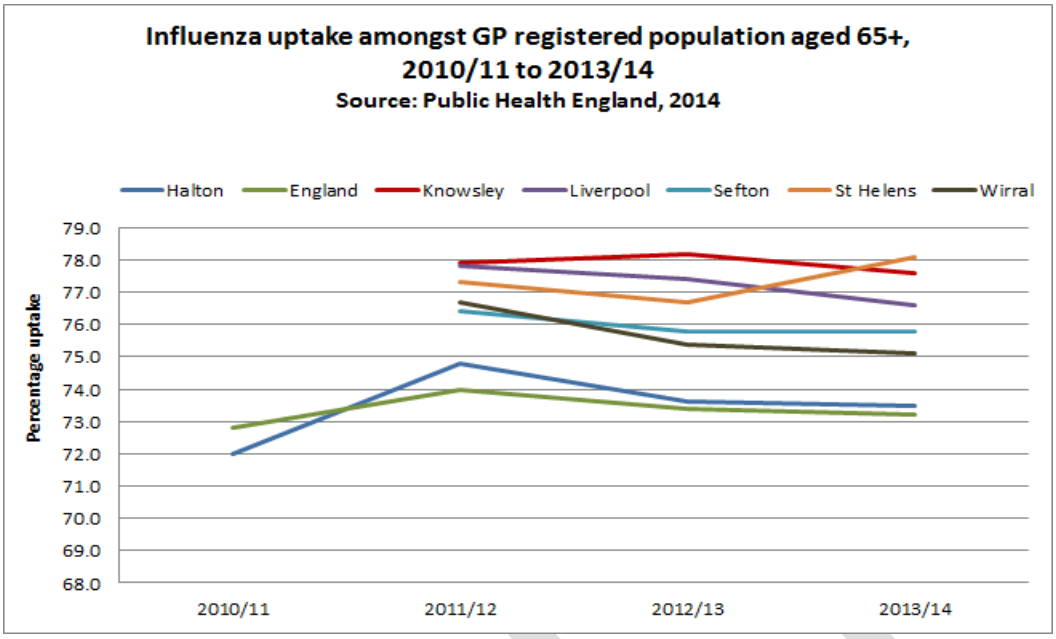
NICE guidance on medicines management in care homes was published March 2014[98]. It states that helping residents to help look after and take their medicines themselves is important in enabling residents to retain their independence. Care home staff should assume residents are able to look after and manage their own medicines when they move into a care home, unless indicated otherwise. An individual risk assessment should be undertaken to determine the level of support a resident needs to manage their own medicines.

The guideline considers all aspects of managing medicines in care homes and recommends that all care home providers have a care home medicines policy. The policy should ensure that processes are in place for safe and effective use of medicines in the care home. Sections of the guideline provide recommendations for different aspects of managing medicines covered by the care home medicines policy.

7.10.3. Local provision

Since April 2013 Public Health England became responsible for immunisations and vaccinations programmes, including influenza. Locally the annual, seasonal influenza vaccination programme is implemented through GP practices. Figure 32 shows that, for those over the age of 65, Halton has not reached the 75% uptake target for the last 4 years. This is also the case across England as a whole. However, Merseyside boroughs have been meeting the target, although several of them have seen slight dips for the last years compared to previous years.

Figure 32: Flu vaccination uptake for those aged 65+



Some pharmacies do provide flu vaccinations as a non-commissioned service which patients pay for directly. There are plans to conduct a restricted trial for one year for the provision of the NHS influenza vaccination via community pharmacies for at risk people aged under-65. However, the 65+ NHS programme will remain via GPs only.

See also 7.4.3. Planned care: medicines use reviews.

One pharmacy in Widnes and one in Runcorn are commissioned to provide advice to care homes. The Halton Care Homes Project identified issues around 'polypharmacies' with high percentages of residents on 6 or more medications. Whilst this is often necessary, multiple medications are more likely to cause significant side effects such as falls and physiological as well as psychological and cognitive complications. Despite this audits of the care homes showed that many residents had not had their medication reviewed to ensure they were on the minimum effective and efficient combination of drugs to meet their needs. The employment of a pharmacist and pharmacy technician aims to review each person starting with those on the highest numbers of drugs.

9 pharmacies are commissioned to provide Domiciliary Medicines Administration Records (domMAR), 5 in Widnes and 4 in Runcorn. These are listed in Appendix 4. This ensures that care workers who provide level 2 support with medicines to service-users do so in accordance with regulations and best practice so that it is done safely[xii]. This may be care at home to a child or adult who needs assistance, or in a care home or institutional setting. Therefore this service does not just apply to older people. domMAR is a pre-printed administration record.

xii See for example guidance from the Royal Pharmaceutical Society https://www.rpharms.com/social-care-settings-pdfs/the-handling-of-medicines-in-social-care.pdf Accessed 11 July 2014

Conclusions

- As part of the borough plans for influenza vaccinations, community pharmacies could have a role to play provided they are given appropriate training and systems are established for data collection and reporting

7.11. Palliative Care

7.11.1. Level of Need

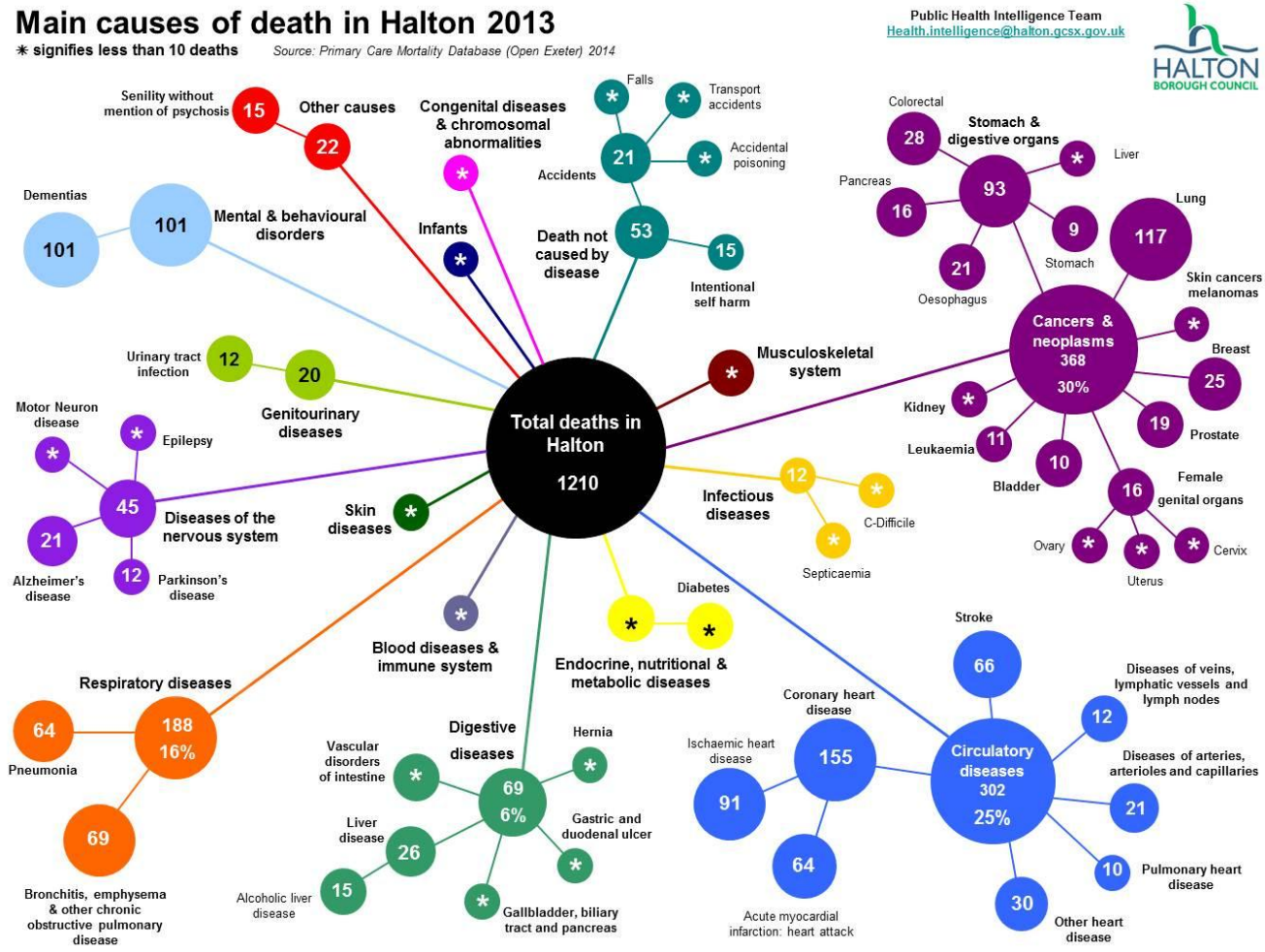
The Department of Health *End of Life Care Strategy*[99] states that patients should have access to:

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

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

In Halton, cancers account for the largest single cause of death in the borough, at 30%. The second highest cause is disease of the circulatory system at 25%, with a further 16% of people dying from a respiratory disease.

Figure 33: Main causes of death in Halton 2013



Most research into people's preference for place of death has been undertaken with cancer patients. This has found that 50-70% would like to die at home.[100]There has been slow but gradual increase in patients dying at home who request to do so. Deprivation, availability of appropriate home care and whether the individual is living with relatives or alone are all factors in determining the likelihood of a home death[101;102].

Place of death has been determined by examination of local mortality files. Table 9 shows that the majority of Halton residents die in hospital. However, whilst more men die at home than in residential, nursing or care homes, the reverse is so for women.

Table 11: Place of death during 2013, by gender

Place of Death*	Male	Female
Hospital	276	308
Residential/Nursing/Care Home	76	138
Hospice	56	51
Home	151	131

*There was a total of 22 deaths in other locations

Source: Primary Care Mortality Database, 2014

7.11.2. Evidence of effective interventions in the community pharmacy setting

Palliative care is designed to provide pain relief and improve the quality of life of patients with life-threatening illness. The number of patients with chronic, slowly debilitating conditions has risen so even where patients die in a hospital or other care institution many will live in their own homes with the need to manage the condition before this happens. NICE guidance on palliative care showed that, amongst other things, there was inadequate access to pharmacy services outside normal working hours[103] so local schemes should seek to address this issue. Pharmacists are a vital part of the multidisciplinary team supporting an individual and their family during this time, ensuring that medications are assessed and the effectiveness of medications is reviewed and needs change.[104]

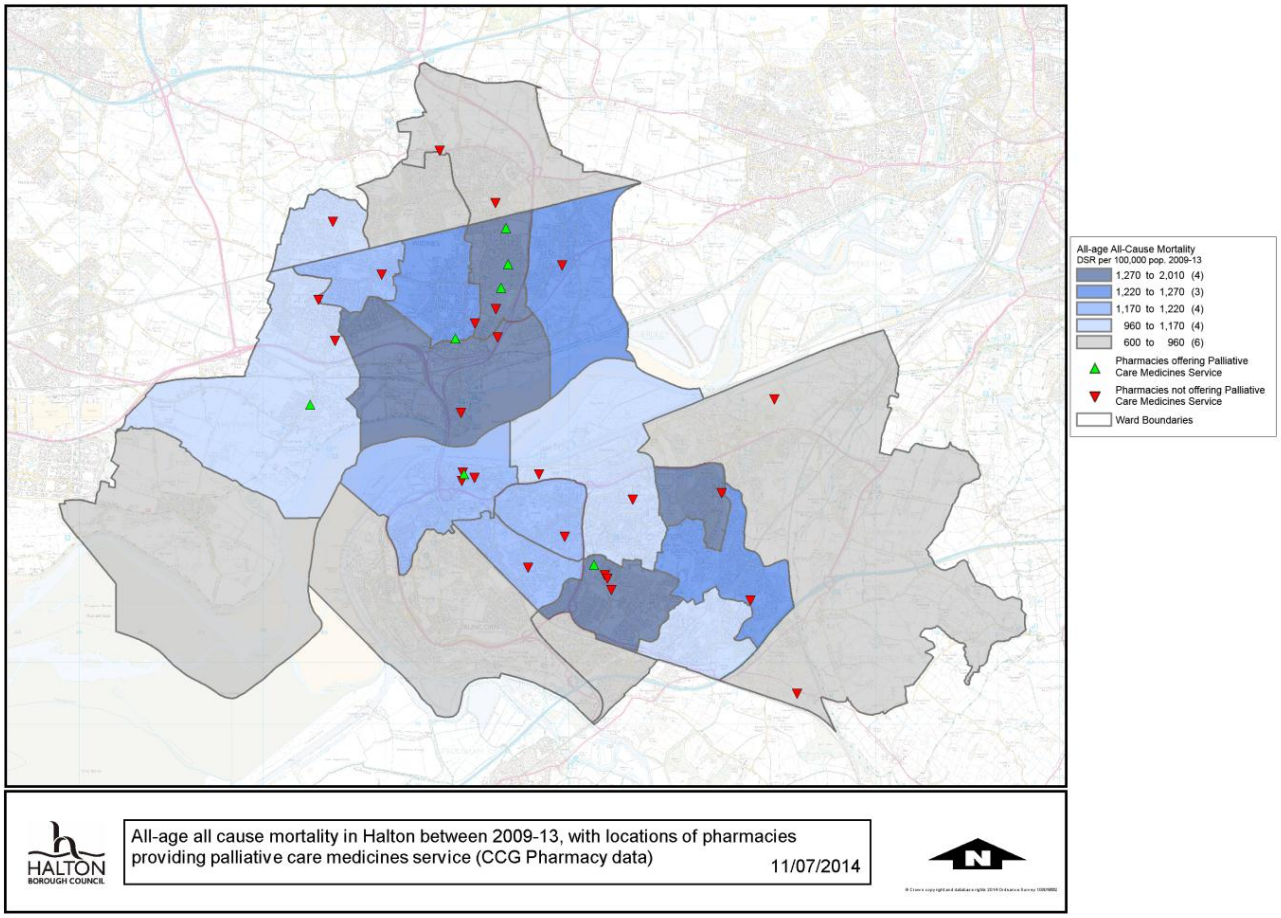
7.11.3. Local provision

There are currently 7 pharmacies that provide the On Demand Availability of Palliative Care Medicines service. The aim of the service is to improve access to palliative care medicines when they are required. The pharmacies were historically selected based on opening hours and geographical spread. 100 hour pharmacies are ideally placed to provide this service as they can provide enhanced access as requests for palliative care medicines may be both urgent and unpredictable.

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

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

Map 13: Community pharmacy palliative care drugs service provision



The On Demand Availability of Palliative Care Medicines service is being reviewed during 2014-15. The formulary is to be reviewed to ensure it is fit for purpose and delivers the aims of the service – a pan Mersey approach to reviewing this service is likely to be taken to improve cross border issues of palliative care drug availability. The geographical spread of service provision is also to be reviewed to ensure adequate access across the locality.

Conclusions
• This service provides convenient access and can only be provided by community pharmacy • This service is primarily designed to provide access to infrequent and unpredictably required specialist drugs • There is currently no evidence to suggest that more provision is required. There is evidence to suggest that the geographical spread and formulary needs to be reviewed – this is already underway 2014-15. Hence provision is adequate as it stands at the moment but following a review this may change

Appendix 1: Policy Context

'A Vision for Pharmacy in the New NHS'

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

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

'Choosing Health Through Pharmacy'

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

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

A New Contractual Framework

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

- Essential services are those which every pharmacy must provide, including dispensing.

- Advanced services are those which, subject to accreditation requirements, a pharmacy contractor can choose to provide. At present, there are three advanced services, Medicines Use Reviews (MUR), Appliance Use Reviews (AURs) and Stoma Appliance Customisation (SAC). In MURs and AURs the pharmacist discusses with the patient their use of the medicines or appliances they are prescribed and whether there are any problems that the pharmacist can help resolve. For SAC the aim is to ensure proper use and comfortable fitting of the stoma appliance and to improve duration of usage thereby reducing waste.

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

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

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

'Our health, our care, our say'

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

'NHS Next Stage Review'

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

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

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

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

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

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

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

Figure 34: Pharmacy White Paper – Summary

Building on strengths – delivering the future
The Aims of the White Paper, Pharmacy in England

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

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

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

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

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

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

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

"Healthy lives, healthy people",

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

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

Equity and excellence: Liberating the NHS (2010)

> "Information, combined with the right support, is the key to better care, better outcomes and reduced costs. Patients need and should have far more information and data on all aspects of healthcare, to enable them to share in decisions made about their care and find out much more easily about services that are available. Our aim is to give people access to comprehensive, trustworthy and easy to understand information from a range of sources on conditions, treatments, lifestyle choices and how to look after their own and their family's health".

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

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

The NHS Act 2006 required the Secretary of State for Health to make Regulations concerning the provision of NHS pharmaceutical services in England. The Health Act 2009 amended these provisions by providing that PCTs must develop and publish local pharmaceutical needs assessments (known as "PNAs"); and PCTs would then use their PNAs as the basis for determining entry to the NHS pharmaceutical services market.

The Health Act 2009 also introduced new provisions which allow the Secretary of State to make regulations about what remedial actions PCTs can take against pharmacy and dispensing appliance contractors who breach their terms of service or whose performance is poor or below standard.

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

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

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

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

Appendix 2: Abbreviations Used

AAACM	All Age All-Cause Mortality Rate
AUR	Appliance Use Review
BI	Brief Intervention
CATC	Care at the Chemist
CCG	Clinical Commissioning Group
CPAF	Community Pharmacy Assurance Framework
COPD	Chronic Obstructive Pulmonary Disease
CVD	Cardio Vascular Disease
domMAR	Domiciliary Medicines Administration Record
DSR	Directly Standardised Rate
EHC	Emergency Hormonal Contraception
GP	General Practice / General Practitioner
GUM	Genito-urinary Medicine
HBC	Halton Borough Council
HIV	Human Immunodeficiency Virus
HLE	Healthy Life Expectancy
HSCIC	Health and Social Care Information Centre
HWB	Health and Wellbeing Board
ID	(English) Indices of Deprivation
IMD	Index of Multiple Deprivation
JHWBS	Joint Health and Wellbeing Strategy
JSNA	Joint Strategic Needs assessment
LAPHT	Local Authority Public Health Team
LARC	Long-acting reversible contraception
LE	Life Expectancy
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Services
LSOA	Lower Super Output Area - is a geographic hierarchy designed to improve the collection, analysis and reporting of small area statistics in England, they have an av. Population of 1,500
MUR	Medicines Use Review
NHS	National Health Service
NHSE	NHS England
NICE	National Institute for Health and Clinical Excellence
NMS	New Medicines Service
NRT	Nicotine Replacement Therapy
ONS	Office of National Statistics
PCDG	Pharmacy Contracts and Development Group
PCT	Primary Care Trust
PGD	Patient Group Direction
PHE	Public Health England

PNA	Pharmaceutical Needs Assessment
PSNC	Pharmaceutical Services Negotiating Committee
QOF	Quality Outcomes Framework
RCT	Randomised control trial
SAC	Stoma Appliance Customisation
STI	Sexually Transmitted Infection
TIA	Transient Ischaemic Attack
WEMWBS	Warrick and Edinburgh Mental Wellbeing Score
WHO	World Health Organisation

Appendix 3: Community Pharmacy addresses and opening hours

Name	Address 1	Address 2	Postcode	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	100 hour pharmacy
RUNCORN											
Asda Pharmacy	West Lane	Runcorn	WA7 2PY	**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**	Y
Boots	90 Forest Walk	Halton Lea Shopping Centre	WA7 2GX	**09:00 - 17:30** (09:00-13:00; 14:00-17:30)	**09:00 - 17:30** (09:00-13:00; 14:00-17:30)	**09:00 - 17:30** (09:00-13:00; 14:00-17:30)	**09:00 - 17:30** (09:00-13:00; 14:00-17:30)	**09:00 - 17:30** (09:00-13:00; 14:00-17:30)	**09:00 - 17:30** (09:00-11:30)	Closed	
Boots	Hallwood Health Centre	Hospital Way	WA7 2UT	**08:30 - 18:30** (09.00-13.00; 14.00-18.00)	**08:30 - 18:30** (09.00-13.00; 14.00-18.00)	**08:30 - 18:30** (09.00-13.00; 14.00-18.00)	**08:30 - 18:30** (09.00-13.00; 14.00-18.00)	**08:30 - 18:30** (09.00-13.00; 14.00-18.00)	Closed	Closed	
Boots Pharmacy	21 High Street	Runcorn	WA7 1AP	**09:00 - 17:30** (09.00-17.00)	**09:00 - 17:30** (09.00-17.00)	**09:00 - 17:30** (09.00-17.00)	**09:00 - 17:30** (09.00-17.00)	**09:00 - 17:30** (09.00-17.00)	**09:00 - 13:00**	Closed	
Boots Pharmacy	Castlefields Primary Care Centre	Castlefields	WA7 2HY	**08:00 - 19.00** (09.00-12.00; 13.00-17.30)	**08:00 - 19.00** (09.00-12.00; 13.00-17.30)	**08:00 - 19.00** (09.00-12.00; 13.00-17.30)	**08:00 - 18.30** (09.00-12.00; 13.00-17.30)	**08:00 - 18.30** (09.00-12.00; 13.00-17.30)	**08:00 - 12.30** (09.30-12.00)	Closed	
Co-Operative Pharmacy	11 Grangeway		WA75LY	**09:00 - 18:00** (09.00-13.00; 14:00-16: 00)	**09:00 - 18:00** (09.00-13.00; 14:00-16: 00)	**09:00 - 18:00** (09.00-13.00; 14:00-16: 00)	**09:00 - 18:00** (09.00-13.00; 14:00-16: 00)	**09:00 - 18:00** (09.00-13.00; 14:00-16: 00)	09:00 - 13:00	Closed	
Lloyds Pharmacy	5-6 Granville Street	Runcorn	WA7 1NE	**08:00 - 22:30**	**08:00 - 22:30**	**08:00 - 22:30**	**08:00 - 22:30**	**08:00 - 22:30**	**08:00 - 22:30**	**09:30 - 22:30**	Y
Lunt's	51-53 Church Street	Runcorn	WA7 1LQ	**09:00 - 17:30** (09.00-13.00;	**09:00 - 17:30** (09.00 - 17.00)	**09:00 - 17:30** (09.00 - 17.00)	**09:00 - 17:30** (09.00 - 17.00)	**09:00 - 17:30** (09.00 - 17.00)	**09:00 - 13:00**	Closed	
Murdishaw Pharmacy	Gorsewood Road	Murdishaw	WA7 6DA	**08:30 - 18:00** (08.45-13.00; 14.00-17.45)	**08:30 - 18:00** (08.45-13.00; 14.00-17.45)	**08:30 - 18:00** (08.45-13.00; 14.00-17.45)	**08:30 - 18:00** (08.45-13.00; 14.00-17.45)	**08:30 - 18:00** (08.45-13.00; 14.00-17.45)	Closed	Closed	
St Paul's Pharmacy	49 High Street	Runcorn	WA7 1AH	**08:45 - 18:00** (09.00-13.00; 14:00 - 18:00)	**08:45 - 18:00** (09.00-13.00; 14:00 - 18:00)	**08:45 - 18:00** (09.00-13.00; 14:00 - 18:00)	**08:45 - 18:00** (09.00-13.00; 14:00 - 18:00)	**08:45 - 18:00** (09.00-13.00; 14:00 - 18:00)	Closed	Closed	
Superdrug Pharmacy	89 Forest Walk	Halton Lea	WA7 2GX	**08.30-17.30** (09.00-17.00)	**08.30-17.30** (09.00-17.00)	**08.30-17.30** (09.00-17.00)	**08.30-17.30** (09.00-17.00)	**08.30-17.30** (09.00-17.00)	09:00 - 17:30 (13:30 - 14:30)	Closed	
Wise Pharmacy Ltd	27 Hillcrest	Runcorn	WA7 2DY	**09.00-17.30** (09.00-17.00)	**09.00-17.30** (09.00-17.00)	**09.00-17.30** (09.00-17.00)	**09.00-17.30** (09.00-17.00)	**09.00-17.30** (09.00-17.00)			
Wise Pharmacy Ltd	Windmill Hill Shopping Centre	Windmill Hill Avenue West	WA7 6QZ	**08:45 - 18:00** (09.00-17.00)	**08:45 - 18:00** (09.00-17.00)	**08:45 - 18:00** (09.00-17.00)	**08:45 - 18:00** (09.00-17.00)	**08:45 - 18:00** (09.00-17.00)	09:00 - 12:00	Closed	

Bold = total hours; (in brackets) = core hours; **Bold only** = core and total hours the same

Name	Address 1	Address 2	Postcode	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	100 hour pharmacy
WIDNES											
Appleton Village Pharmacy	Appleton village		WA8 6EQ	**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**	**Y**
Asda Pharmacy	Widnes Road		WA8 6AH	**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**	**Y**
Boots Pharmacy	Unit 7 Widnes Shopping Park	High Street	WA8 7TN	**09:00 -20:00** (09:00-14:00; 15:00-17:30)	**09:00 -20:00** (09:00-14:00; 15:00-17:30)	**09:00 -20:00** (09:00-14:00; 15:00-17:30)	**09:00 -20:00** (09:00-14:00; 15:00-17:30)	**09:00 -20:00** (09:00-14:00; 15:00-17:30)	**09:00 -19:00** (09:00-14:30)	**11:00 17:00**	
Cohens Chemist	222a Liverpool Road	Ditton	WA8 7HY	**09:00 - 17:30** (09:00-17:00)	**09:00 - 17:30** (09:00-17:00)	**09:00 - 17:30** (09:00-17:00)	**09:00 - 17:30** (09:00-17:00)	**09:00 - 17:30** (09:00-17:00)	Closed	Closed	
Cookes Ltd	76 Albert Road	Widnes	WA8 6JT	**09:00 - 18:00** (09:00 - 13:00; 14:00 - 18:00)	**09:00 - 18:00** (09:00 - 13:00; 14:00 - 18:00)	**09:00 - 18:00** (09:00 - 13:00; 14:00 - 18:00)	**09:00 - 18:00** (09:00 - 13:00; 14:00 - 18:00)	**09:00 - 18:00** (09:00 - 13:00; 14:00 - 18:00)	**09:00 - 13:00**	Closed	
Co-Operative Pharmacy	Peel House Medical Plaza	Peel House Lane	WA86TN	**08:30 - 18:30** (09:00-13:00; 14:00-18:00)	**08:30 - 18:30** (09:00-13:00; 14:00-18:00)	**08:30 - 18:30** (09:00-13:00; 14:00-18:00)	**08:30 - 18:30** (09:00-13:00; 14:00-18:00)	**08:30 - 18:30** (09:00-13:00; 14:00-18:00)	Closed	Closed	
Ditton Pharmacy	203 Hale Road			**09:00 - 18:00** (09:00 - 13:00; 14:00 - 18:00)	**09:00 - 18:00** (09:00 - 13:00; 14:00 - 18:00)	**09:00 - 18:00** (09:00 - 13:00; 14:00 - 18:00)	**09:00 - 18:00** (09:00 - 13:00; 14:00 - 18:00)	**09:00 - 18:00** (09:00 - 13:00; 14:00 - 18:00)	Closed	Closed	
Hale Village Pharmacy	3 Ivy Farm Court	Hale Village	L24 4PG	**09:00 - 18:00** (09:00-13:00; 14:00-17:30)	**09:00 - 18:00** (09:00-13:00; 14:00-17:30)	**09:00 - 18:00** (09:00-13:00; 14:00-17:30)	**09:00 - 18:00** (09:00-13:00; 14:00-17:30)	**09:00 - 18:00** (09:00-13:00; 15:00-17:30)	**09:00 - 12:30**	Closed	
Lloyds Pharmacy	Hough Green Health Park	45-47 Hough Green Road	WA8 4NS	**08:45-19:30** (09:00-13:00; 14:30-18:00)	**08:45-18:00** (09:00-13:00; 14:30-18:00)	**08:45-18:00** (09:00-13:00; 14:30-18:00)	**08:45-18:00** (09:00-13:00; 14:30-18:00)	**08:45-18:00** (09:00-13:00; 14:30-18:00)	**09:00-13:00** (09:00-12:30)	Closed	
McDougalls's Pharmacy	Widnes Health Care Resource Centre	Oaks Place		**09:00 - 19:00** (09:00-12:30-; 13:30-18:30)	**09:00 - 19:00** (09:00-12:30-; 13:30-18:00)	**09:00 - 19:00** (09:00-12:30-; 13:30-18:00)	**09:00 - 17:00** (09:00-13:00; 14:00-17:00)	**09:00 - 19:00** (09:00-12:30-; 13:30-18:30)	**09:00 - 17:00**	Closed	
Nicholson's Pharmacy	17 Queens Avenue	Ditton	Widnes	**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 - 11:30**	Closed	
Rowlands Pharmacy	11 Farnworth Street		WA8 9LH	**09:00 - 13:00; 13:20-17:30** (09:00-13:00; 14:00-17:30)	**09:00 - 13:00; 13:20-17:30** (09:00-13:00; 14:00-17:30)	**09:00 - 13:00; 13:20-17:30** (09:00-13:00; 14:00-17:30)	**09:00 - 13:00; 13:20-17:30** (09:00-13:00; 14:00-17:30)	**09:00 - 13:00; 13:20-17:30** (09:00-13:00; 14:00-17:30)	**09:00 - 11:30**	Closed	
Strachan's Chemist	445 Hale Road		WA8 8UU	**09:00 - 18:00** (09:00-13:00; 14:00-18:00)	**09:00 - 18:00** (09:00-13:00; 14:00-18:00)	**09:00 - 18:00** (09:00-13:00; 14:00-18:00)	**09:00 - 18:00** (09:00-13:00; 14:00-18:00)	**09:00 - 18:00** (09:00-13:00; 14:00-18:00)	**09:00 - 13:00**	Closed	
Tesco In-store Pharmacy	Ashley Retail Park	Lugsdale Road	WA8 7YT	**08:00 - 22:30**	**06:30 - 22:30**	**06:30 - 22:30**	**06:30 - 22:30**	**06:30 - 22:30**	**06:30 - 22:00**	**11:00 - 17:00**	**Y**
Upton Rocks Pharmacy	12a Cronton Lane		WA8 5AJ	**09:00 - 18:00** (09:00-13:00; 14:00-17:30)	**09:00 - 18:00** (09:00-13:00; 14:00-17:30)	**09:00 - 18:00** (09:00-13:00; 14:00-17:30)	**09:00 - 18:00** (09:00-13:00; 14:00-17:30)	**09:00 - 18:00** (09:00-13:00; 15:00-17:30)	**09:00 - 13:00** (09:00 - 12:30)	Closed	
West Bank pharmacy	8a Mersey Road	West Bank	WA8 0DG	**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	
Widnes Late Night Pharmacy	Peel House Lane		WA8 6TE	**08:00 - 23:00**	**08:00 - 23:00**	**08:00 - 23:00**	**08:00 - 23:00**	**08:00 - 23:00**	**08:00 - 23:00**	**10:00 - 20:00**	**Y**
Wise Pharmacy Ltd	204 Warrington Road		WA8 0AX	**09:00 - 17:30** (09:00 - 17:00)	**09:00 - 17:30** (09:00 - 17:00)	**09:00 - 17:30** (09:00 - 17:00)	**09:00 - 17:30** (09:00 - 17:00)	**09:00 - 17:30** (09:00 - 17:00)	**09:00 - 12:00**	Closed	
DISTANCE SELLING 'INTERNET' PHARMACIES											
Calea UK Ltd, Cestrian Court	Pharmacy Services Dept	Cestrian Court, Eastgate Way	WA7 1NT	**09:00 - 17:30** (09.00-17.00)	**09:00 - 17:30** (09.00-17.00)	**09:00 - 17:30** (09.00-17.00)	**09:00 - 17:30** (09.00-17.00)	**09:00 - 17:30** (09.00-17.00)	Closed	Closed	
Wise Pharmacy Ltd	Unit 7. Jenson Court	Jensen Court	WA7 1SQ	**09:00 - 17:00**	**09:00 - 17:00**	**09:00 - 17:00**	**09:00 - 17:00**	**09:00 - 17:00**	Closed	Closed	
Rowlands Pharmacy	Whitehouse Industrial Estate	Rivington Road	WA7 3DJ	**08:45 - 17:15** (08.45-12.30: 13.00-17.15)	**08:45 - 17:15** (08.45-12.30: 13.00-17.15)	**08:45 - 17:15** (08.45-12.30: 13.00-17.15)	**08:45 - 17:15** (08.45-12.30: 13.00-17.15)	**08:45 - 17:15** (08.45-12.30: 13.00-17.15)	Closed	Closed	

Bold = total hours; (in brackets) = core hours; **Bold only** = core and total hours the same

Appendix 4: Community Pharmacy services

Name	100hrs	Ward Location	Post Code	CONSRM	MUR	NMS	Advice to Care Homes	EHC	CATC	SCESS	NSEX	SUPCON-M	SUPCON-S	PALL-SH	PALL-GD	DOM-MAR
Runcorn																
Asda Pharmacy, West Lane, Runcorn	**Y**	Halton Lea	WA7 2PY	Yes	Yes	Yes		Yes	Yes	Yes						Yes
Boots Pharmacy, Halton Lea Shopping Centre, Runcorn		Halton Lea	WA7 2GX	Yes	Yes	Yes			Yes	Yes		Yes	Yes			
Boots Pharmacy, Castlefields Primary Care Centre, Runcorn		Halton Castle	WA7 2ST	Yes	Yes	Yes				Yes		Yes	Yes			
Boots Pharmacy, Hallwood Health Centre, Runcorn		Halton Lea	WA7 2UT	Yes	Yes	Yes						Yes	Yes			
Boots Pharmacy, 21 High Street, Runcorn		Mersey	WA7 1AP	Yes	Yes	Yes	Yes		Yes			Yes	Yes			Yes
Co-Operative Pharmacy, 11 Grangeway, Runcorn		Grange	WA7 5LY	Yes	Yes	Yes		Yes	Yes	Yes		Yes	Yes		Yes	
Lloyds Pharmacy, 5-6 Granville Street, Runcorn	**Y**	Mersey	WA7 1NE	Yes	Yes	Yes			Yes	Yes		Yes	Yes	Yes		
N C & B Lunt, 51-53 Church Street, Runcorn		Mersey	WA7 1LQ	Yes	Yes	Yes		Yes	Yes	Yes		Yes	Yes			Yes
Murdishaw Pharmacy, Gorsewood Road, Runcorn		Murdishaw	WA7 6ES	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes			
St Paul's Pharmacy, 49 High Street, Runcorn		Mersey	WA7 1AH	Yes	Yes	Yes		Yes	Yes	Yes				Yes		Yes
Superdrug Pharmacy, Halton Lea Shopping Centre		Halton Lea	WA7 2BX	Yes	Yes	Yes										
Wise Pharmacy Ltd, 27 Hillcrest, Runcorn		Halton Brook		Yes	Yes	Yes			Yes	Yes		Yes	Yes			
Wise Pharmacy Ltd, Windmill Hill Shopping Centre, Runcorn		Windmill Hill	WA7 6QZ	Yes	Yes	Yes			Yes	Yes		Yes	Yes			Yes

Name	100hrs	Ward Location	Post Code	CONSRM	MUR	NMS	Advice to Care Homes	EHC	CATC	SCESS	NSEX	SUPCON-M	SUPCON-S	PALL-SH	PALL-GD	DOM-MAR
Widnes																
Appleton Village Pharmacy	**Y**	Appleton	WA8 6EQ	Yes	Yes	Yes										
Asda Pharmacy, Widnes Road, Widnes	**Y**	Kingsway	WA8 6AH	Yes	Yes	Yes										
Boots Pharmacy, Unit 7, Widnes Shopping Centre		Appleton	WA8 7TN	Yes	Yes	Yes			Yes	Yes		Yes	Yes			
Ditton Pharmacy, 203 Hale Road, Widnes		Ditton	WA8 8QB	Yes	Yes	Yes						Yes	Yes			
Cohens Chemist, 22a Liverpool Road, Widnes		Broadheath	WA8 7HYes	Yes	Yes	Yes		Yes		Yes		Yes	Yes	Yes		Yes
Cookes Ltd, 76 Albert Road, Widnes		Appleton	WA8 6JT	Yes	Yes	Yes		Yes	Yes	Yes				Yes	Yes	
Co-Operative Pharmacy, Peel House Medical Plaza, Widnes		Appleton	WA8 6TN	Yes	Yes	Yes		Yes	Yes	Yes		Yes	Yes		Yes	
Hale Village Pharmacy, 3 Ivy Farm Court, Widnes		Hale	L24 4AG	Yes	Yes	Yes			Yes	Yes				Yes		Yes
Lloyds Pharmacy, Hough Green Health Park, Widnes		Hough Green	WA8 4NJ	Yes	Yes	Yes			Yes	Yes		Yes	Yes			
McDougalls's Pharmacy, Health Care Resource Centre, Widnes		Kingsway	WA8 7GD	Yes	Yes	Yes			Yes	Yes				Yes		Yes
Nicholson's Pharmacy, 17 Queens Avenue, Widnes		Ditton	WA8 8HR	Yes												
Rowlands Pharmacy, 11 Farnworth Street, Widnes		Farnworth	WA8 9LX		Yes	Yes			Yes							
Strachan's Chemist, 445 Hale Road, Widnes		Ditton	WA8 8UU	Yes	Yes	Yes		Yes	Yes	Yes		Yes	Yes	Yes	Yes	
Tesco In-store Pharmacy, Ashley Retail Park, Widnes	**Y**	Riverside	WA8 7YT		Yes	Yes										
Upton Rocks Pharmacy, 12a Cronton Lane, Widnes		Farnworth	WA8 5AJ	Yes	Yes	Yes	Yes		Yes			Yes		Yes		Yes
West Bank pharmacy, 8a Mersey Road, Widnes		Riverside														
Widnes Late Night Pharmacy*, Peel House Lane, Widnes	**Y**	Appleton		Yes	Yes			Yes	Yes	Yes				Yes		

Name	100hrs	Ward Location	Post Code	CONSRM	MUR	NMS	Advice to Care Homes	EHC	CATC	SCESS	NSEX	SUPCON-M	SUPCON-S	PALL-SH	PALL-GD	DOM-MAR
Widnes																
Wise Pharmacy Ltd, 204 Warrington Road, Widnes		Halton View	WA8 0AX		Yes	Yes			Yes	Yes		Yes	Yes			

* - information taken from records as pharmacy questionnaire not available

KEY	
CONSRM:	Consulting room
MUR:	Medicines Use Review
NMS:	New Medicines Service
EHC:	Emergency Hormonal Contraception
CATC:	Care at the Chemist
SCESS:	Smoking Cessation
NSEX:	Needle Syringe Exchange
SUPCON-M:	Supervised Consumption - Methodone
SUPCON-S:	Supervised Consumption - Subutex
PALL-SH:	Palliative Care - Stock Holder
PALL-GD:	Palliative Care - Guarenteed Dispenser
DOM_MAR:	Domicilliary Medicine Administration Records

Appendix 5: Cross border Community Pharmacy service provision

No. on map 7	Pharmacy	Address	Postcode	EHC	Supervised Consumption	NRT	MUR's	Care at the Chemist (Minor Ailments)	open weekends	Opening Hours
KNOWSLEY										
1	Boots	Cables Retail Park	L34 5NQ	y	n	y	y	y	7-9 Sat 10.30-4.30 Sun	7.-11.
2	Rowlands	Eccleston St, Prescot	L34 5QH	y	y	y	y	y	9-1 Sat	9.-6.
3	Neils Parmacy	32 Molyneix Drive Prescot	L35 5DY	y	y	y	y	y		9.-6
4	Tesco Pharmacy	Cables Retail Park	L34 5NQ	n	n	y	y	y	8-8 Sat 10-4 Sun	8.-8.
5	Boots	Whiston health centre	L35 3SX	n	y	y	y	y	1/2 day Sat	8.30-6.30
LIVERPOOL										
6	Greencross Pharmacy	West Speke Health Centre	L24 3TY	y	y	y	y	y		9-6pm
7	Lloyds Pharmacy	The Garston Urban Village Hall	L19 8JZ	n	n	y	y	y	9-5pm Sat	9-6pm Mon-Tues Thurs-Fri, 9-5pm Wed
8	Rowlands Pharmacy	Speke Health Centre	L24 2XP	n	y	y	y	y		8-6pm
9	Rowlands Pharmacy	Somerfield Store	L19 2NJ	n	y	y	y	y		08:45-6:45pm
10	Rowlands Pharmacy	15 Penketh Drive	L24 2WZ	n	y	y	y	y	9-5pm Sat	9-6pm
11	Lloyds Pharmacy	4 Woodend Avenue	L25 0PA	n	y	y	y	y	9-1pm Sat	08:30-6pm
12	Lloyds Pharmacy	109 East Millwood Road	L24 6TH	n	y	y	y	y		08:30-6pm
13	Boots	Unit 9, Mersey Retail Park, Speke	L24 8QB	y	y	y	y	y	9:30-7pm Sat, 11-5pm Sun	9-9pm

No. on map 7	Pharmacy	Address	Postcode	EHC	Supervised Consumption	NRT	MUR's	Care at the Chemist (Minor Ailments)	open weekends	Opening Hours
WARRINGTON										
14	Rydale Pharmacy	18 Chapel Ln	WA5 4HF	n	y	n	n	n	9-12pm Sat	9-1pm 2:15-6pm
15	Boots Gemini	910 Boulevard, Gemini	WA5 7TY	y	y	n	y	n	9-8pm Sat, 11-5pm Sun	9-9pm
16	Lloyds, Penketh	Penketh Medical Centre	WA5 2EY	y	y	n	y	n	9-5:30pm Sat	8:30-6:15pm
17	Safehands Healthcare	Barrow Hall Lane	WA5 3AE	n	y	n	y	n		8:30-6 Mon, Tues, Wed & Fri, 8:30-1pm Thurs
ST HELENS										
18	Lloyds, Rainhill	473 Warrington Road	L35 4LL	y	y	y	y	y		
19	Longsters Pharmacy	578 Warrington Road, Rainhill	L35 4LZ	y	y	y	y	y		
20	Rowlands	Unit 1 & 2 Four Acre Precinct		y	y	y	y	y		
22										

(please note this information is correct as of August 2014. Different PNA production schedules mean not all information in this Appendix may be up-to-date at time of consultation)

Appendix 6: Pharmacy Premises and Services Questionnaire

A questionnaire to gather information from all pharmacies was devised as a collaborative exercise with Merseyside local authority PNA leads and NHSE, Merseyside area team. It was conducted using the online tool Survey Monkey with any follow-ups needed being sent out electronically by email. Below is the communication and questions asked.

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

1. Contract Details		
1.1	**Name of Contractor**	
1.2	**Trade Name**	
1.3	**Pharmacy Address**	
1.4	**Name of person completing survey**	
1.5	**Telephone Number**	
1.6	**Which Local Authority are you based in?**	**Halton** ☐ **St. Helens** ☐ **Knowsley** ☐ **Liverpool** ☐ **Sefton** ☐ **Warrington** ☐
1.7	**Website address**	
1.8	**Provide estimates of which LA residents represent your major customer bases (e.g. Liverpool 20%, Sefton 80%)**	

2. Services			Tick all that apply
2.1	**Which of these Advanced Services do you currently provide?**	Medicine Use Review	
		New Medicines Service	
		Appliance Use Review	
		Stoma Customisation	
2.2	**Does the Pharmacy dispense:**	Stoma Appliances	
		Incontinence Appliances	
		Dressings	

2.3

Which of these locally commissioned services do you currently commissioned to provide? (Please tick). ***This survey relates to a number of Local Authority Areas so the services listed here may not be available in your locality.***	**Tick all that apply**
Advice to care Homes	
Chlamydia Screening	
Emergency Hormonal Contraception	
Minor Ailments e.g. Care at the Chemist	
Smoking Cessation	
Needle/Syringe Exchange	
Supervised Administration of Methadone	
Supervised Administration of Subutex	
Supply of Palliative Care Medicines : Stock holder Guaranteed dispenser	
Anticoagulant Monitoring	
Gluten Free Food Supply	
Weight Management	
Domiciliary Medicine Administration Records (MAR)	
NHS (Cardiovascular) Health Checks	
NHS Emergency Medicines Service	
NHS Seasonal Influenza Vaccination Service	

3.	**Dispensing/Other Services** **Does the pharmacy provide any of the following?**		**Tick all that apply**
3.1	**Collection of prescriptions from surgeries**		
3.2	**Delivery of dispensed medicines:**	Free of charge on request	
		Chargeable	
		Selected patient groups only Criteria…..	
		Selected areas only Criteria…..	
3.3	**Provision of Monitored Dosage Systems (MDS) to patients living in their own home**		
3.4	**Under what circumstances would you supply an MDS container to a person**	If the patient is eligible under the 2010 Equality Act (formally the DDA) and the	

	living in their own home?	pharmacy considers it reasonable adjustment	
		At the request of the surgery	
		At the request of a family member	
		At the request of a care worker/agency	
3.5	**Provision of non-commissioned services** The safe and efficient supply of medicines, including the additional (non-commissioned) support services provided by pharmacies for:	their housebound patients and older people,	
		people with learning disabilities	
3.6	**Provision of non-commissioned services** Do you provide any other services which are not commissioned by either NHS England, your local CCG or local public health team?	Please list additional services you provide:	

4. Accessibility (tick all that apply)			**Tick all that apply**
4.1	**Can customers legally park within 50 metres of the pharmacy?**		
4.2	**Is there a bus stop within walking distance of the pharmacy?**		
	If yes how long does the walk take	Less than 2 minutes	
		2-5 minutes	
		More than 5 minutes	
4.3	**Can disabled customers park within 10 metres of the pharmacy?**		
4.4	**Is the entrance to the pharmacy suitable for wheelchair access unaided?**		
4.5	**Are all areas of the pharmacy floor accessible by wheelchair?**		
4.6	**Do you have any other facilities in the pharmacy aimed at supporting disabled people access your service?**	Automatic door assistance	
		Bell at front door	
		Disabled toilet facility	
		Hearing loop	
		Sign language	
		Large print labels/leaflets	
		Wheelchair ramp access	
		Other, please state	
4.7	**Are you able to offer support to people whose first language is not English?**		
	If so how?	Use of interpreter/language line	
		Staff at pharmacy speak languages other than English (please indicate)	
		Other, please state	
4.8	**Are you able to provide advice and support if a customer wishes to speak to a person of the same sex?:**	**At all times**	
		By arrangement	

5. Premises and Consultation Facilities				
5.1	**Is there a consultation area available that meets the criteria for Medicine Use Reviews where a patient and pharmacist can sit down together, talk at a normal speaking volume without being over heard by customers or staff and is clearly signed as private consultation?**		**Yes**	**No**
	On the premises	None		
		Available with wheelchair access		
		Planned within the next 12 months		
		Other, please state		
5.2	**Do the premises have toilets that patients can access for screening e.g. for chlamydia & pregnancy testing?**			

Thank you for taking the time to complete this questionnaire

Appendix 7: Public Local Pharmacy Services Questionnaire

During April and May 2014 the public health team conducted a survey at a local health & wellbeing event and online. It asked local residents to give their feedback on their local pharmacy. The online version of the survey was sent out via a wide range of networks including Halton & St Helens Voluntary Action, Healthwatch, Halton Local Strategic Partnership groups and networks, Halton Children's Trust, Halton Clinical Commissioning Group engagement network, Halton OPEN (Older People's Network) and others. 97 responses were received. A press release was also issued to the local paper. The online survey was open for four weeks. The following is the communication sent out and questionnaire.

Pharmacy Services in Halton - Have your say

Halton Borough Council wants to hear the public's views on local pharmacy services.

As part of the Council's new Public Health responsibilities, it is required to produce an assessment of local pharmacy services.

A questionnaire is available on the Council website seeking residents' views on the helpfulness and location of pharmacies, and the frequency with which Halton people make use of them. The survey also asks residents how they normally get to their chosen pharmacy, and what is their most important consideration when choosing a pharmacy.

Director of Public Health, Eileen O'Meara said:

"The local pharmacy is often the first place residents will turn to when they have a concern about their health or that of their family. It is for this reason that it is important we look into the needs of Halton's population and how pharmacies can meet these needs. I would ask everyone to get involved and respond to this important survey, to help us shape the future of the service."

The questionnaire is anonymous and should only take a few minutes to complete.

Results from the survey will be used to inform a review of the needs of the local population and the ease of access to local pharmacy services, and will be made available later in the year.

LOCAL SURVEY OF COMMUNITY PHARMACY SERVICES

A pharmacy or Chemist is a place you would use to get a prescription dispensed or buy medicines or ask a pharmacist for advice. A pharmacist is the most qualified person in the pharmacy to dispense and sell medicines and give advice.

How easy it is to use your usual pharmacy?

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

☐$_1$ In the last week ☐$_2$ In the last two weeks ☐$_3$ In the last month
☐$_4$ In the last three months ☐$_5$ In the last six months ☐$_6$ Not in the last six months

2. How did you get to the pharmacy? Please tick all that apply

☐$_1$ Walking ☐$_2$ Public transport ☐$_3$ Car ☐$_4$ Taxi ☐$_5$ Other

3. Thinking about the location of the pharmacy, which of the following is most important to you?

Please tick one:

☐$_1$ It is close to my doctor's surgery
☐$_2$ It is close to my home
☐$_3$ It is close to other shops I use
☐$_4$ It is close to my children's school or nursery
☐$_5$ It is easy to park nearby
☐$_6$ It is near to the bus stop / train station
☐$_7$ None of these
☐$_8$ Other - please write in the box below

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

Please tick one

☐1 It is very easy - within my walking distance
☐2 It is quite easy - within a short bus ride or car journey
☐3 It is not easy - I can only get there by car but I can get there
☐4 It is not easy at all - I have no car and can't get there easily
☐5 It is very difficult - but my pharmacy will deliver medicines if I need them
☐6 It is very inconvenient for me to get to a pharmacy and can cause a problem for me

5. If you have a "blue badge" for disabled persons, can you park within approximately 10 yards/ 10 metres (or 30 feet) of the pharmacy?
☐1Yes ☐2 No☐3 Don't know

6. In the last 12 months have you had any problems finding a pharmacy to get a medicine dispensed, to get advice or to buy medicines?
☐1 Yes☐2 No **Go to Q7**

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

Please tick one:
☐1 To get medicine(s) on a prescription ☐2 To buy medicine(s) from the pharmacy
☐3To get advice at the pharmacy ☐4 Other, please state _____

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

7. Are you satisfied with the opening hours of your pharmacy?
☐1 Yes ☐2 No

If no, please say why

About the last time you found your usual pharmacy, or the one closest to you, closed

8. What day of the week was it?
Please tick one:
☐1

to ☐2 ☐3 ☐4 Bank Holiday
☐5 Can't remember

9. What time of the day was it? _____ Am/Pm, or☐5 Can't remember

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

10. Did you get a prescription the last time you used a pharmacy?
☐1 Yes **Go to Q11** ☐2 No **Go to Q16** ☐3 Can't remember **Go to Q16**

11. Did someone explain how long your prescription would take to be prepared?

☐1 Yes ☐2 No, but I would have liked to have been told ☐3 No, but I did not mind
☐4 Can't remember

12. If 'yes' was this a reasonable period of time?
☐1 Yes ☐2 No

13. Did you get all the medicines that you needed on this occasion?
☐1 Yes **Go to Q16** ☐2 No **Go to Q14** ☐3 Can't remember **Go to Q16**

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

Please tick one:
☐1 The pharmacy had run out of my medicine
☐2 My GP had not prescribed something I wanted
☐3 My prescription had not arrived at the pharmacy
☐4 Some other reason

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

Please tick one
☐1 Later the same day ☐2 The next day ☐3 Two or more days ☐4 More than a week

16.One other question, about anytime you may receive a prescription when discharged from hospital or when attending an out-patient <u>at the hospital</u>, would you like to be able to have the choice to get your prescription filled (dispensed) at your local pharmacy as well as at the hospital pharmacy?

☐1 Yes☐2 No

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

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

☐1 Yes ☐2 No **Go to Q20**☐3 Can't remember **Go to Q20**

18. Where did you have your consultation with the pharmacist?

Please tick one
☐1 At the pharmacy counter
☐2 In the dispensary or a quiet part of the shop

☐4 In a separate room
☐5 Over the telephone **Go to Q20**
☐6 Other

19. How do you rate the level of privacy you have in the consultation with the pharmacist?
Please tick one:
☐1 Excellent ☐2 Very good ☐3 Good ☐4 Fair ☐5 Poor ☐6 Very Poor

About what you feel pharmacies should be able to offer you

20. Please tell us how you would describe your feelings about pharmacies.
Please tick one:
☐1 I wish pharmacies could provide more services for me
☐2 I am satisfied with the range of services pharmacies provide ☐3 Don't know

21. Which if any of the services below do you think should be available locally through pharmacies

Tick one box in each row:

a. 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)	Yes ☐	No ☐	Not sure ☐
b. Advice on stopping smoking and/or vouchers for nicotine patches/gum etc.	Yes ☐	No ☐	Not sure ☐
c. Advice on contraception and **supply of "morning after" pill free of charge**	Yes ☐	No ☐	Not sure ☐
d. Weight management services and advice on diet/exercise for weight management	Yes ☐	No ☐	Not sure ☐
e. Tests to check blood pressure, cholesterol, whether I might get diabetes or other conditions	Yes ☐	No ☐	Not sure ☐
f. Advice and treatment for drug and alcohol abuse	Yes ☐	No ☐	Not sure ☐
g. Review of medicines on repeat prescription with advice on when it is best to take them, what they are for and side-effects to expect	Yes ☐	No ☐	Not sure ☐

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

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

Finally please provide some details about yourself

24.Are you? ☐Male ☐Female

25. How old are you?
☐1 16-20 years ☐2 21-30 years ☐3 31-40 years ☐4 41-50 years ☐7 51-59 years
☐5 60- 70 years ☐6 71 years or over

26. Please tell us the first 4 letters/numbers of your postcode

27. Which ethnic group do you belong to? (Please tick the appropriate box)

☐$_1$ White British ☐$_2$ Black Caribbean ☐$_3$ Black African ☐$_4$ Black other
☐$_5$ Asian ☐$_6$ Indian ☐$_7$ Pakistani ☐$_8$ Bangladeshi
☐$_9$ Irish traveller ☐$_{10}$ European ☐$_{11}$ Other

Thank you for you for taking the time to fill in this questionnaire.

Appendix 8: Formal Consultation Letter and Questionnaire

Appendix 9: Formal Consultation Response

(to be completed following end of 60-day consultation period)

Appendix 10: References

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