



Health and Wellbeing Together

12 October 2022

Time 10.00 am **Public Meeting?** YES **Type of meeting** Oversight
Venue Council Chamber - 4th Floor - Civic Centre

Membership

Councillor Jasbir Jaspal (Chair)	Cabinet Member for Health and Wellbeing
Paul Tulley (Vice Chair)	Wolverhampton Managing Director, Black Country ICB
Emma Bennett	Executive Director of Families
Councillor Ian Brookfield	Leader of the Council
Ian Darch	Wolverhampton Voluntary and Community Action
John Denley	Director of Public Health
Professor Steve Field CBE	Royal Wolverhampton NHS Trust
Chief Superintendent Richard Fisher	Chief Superintendent, West Midlands Police
Marsha Foster	Chief Executive, Black Country Healthcare NHS Foundation Trust
Councillor Linda Leach	Cabinet Member for Adults
Professor David Loughton CBE	Chief Executive - Royal Wolverhampton Hospital NHS Trust
Councillor Beverley Momenabadi	Cabinet Member for Children and Young People
Hannah Pawley	Head of Communities
Sally Roberts	Independent Chair, Wolverhampton Safeguarding Together
Samantha Samuels	Group Commander Operations North, West Midlands Fire Service
Laura Thomas	Third Sector Partnership
Councillor Wendy Thompson	Opposition Leader
Becky Wilkinson	Director of Adult Social Services
Lucie Woodruff	Healthwatch Wolverhampton

Information for the Public

If you have any queries about this meeting, please contact the Democratic Services team:

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Agenda

Part 1 – items open to the press and public

Item No. *Title*

MEETING BUSINESS ITEMS - PART 1

- 1 **Apologies for absence**
- 2 **Notification of substitute members**
- 3 **Declarations of interest**
- 4 **Minutes of the previous meeting** (Pages 5 - 10)
[To approve the minutes of the previous meeting as a correct record.]
- 5 **Matters arising**
[To consider any matters arising from the minutes of the previous meeting.]
- 6 **Health and Wellbeing Together Forward Plan 2022 - 2023** (Pages 11 - 16)
[To receive the Health and Wellbeing Together Forward Plan 2022 - 2023.]

ITEMS FOR DISCUSSION OR DECISION - PART 2

- 7 **Health Inequalities Dashboard Update** (Pages 17 - 18)
[To receive a briefing note providing an overview of the Health Inequalities Dashboard.]
- 8 **Health Inequalities Dashboard Deep Dive: Wolverhampton Financial Wellbeing Strategy Implementation**
[To receive a demonstration of how the Health Inequalities Dashboard will support the delivery of the Wolverhampton Financial Wellbeing Strategy.]
- 9 **Health and Wellbeing Together 2022 Development Session - Feedback and Recommendations** (Pages 19 - 24)
[To approve the next steps following Health and Wellbeing Together 2022 Development Session and for formal approval of the Public Health Annual Report.]
- 10 **Better Mental Health 2021-2022: Outcome Summary and Case Studies** (Pages 25 - 32)
[To receive a briefing note detailing the Better Mental Health Programme and the Prevention Concordat for Better Mental Health.]
- 11 **Adult Social Care Reform Trailblazer Update**
[To receive a verbal update on work being undertaken in response to the Adult Social Care Reform Trailblazer.]

- 12 **'Our Strategy' - Invitation for Comment - (To follow)**
[To receive an overview from Royal Wolverhampton NHS Trust on the new Strategy.]
- 13 **Pharmaceutical Needs Assessment - 2022-2025** (Pages 33 - 170)
[To endorse the Pharmaceutical Needs Assessment - 2022-2025.]
- 14 **Other Urgent Business**
[To consider any items of business by reason of special circumstances (to be specified) that in the opinion of the Chair are matters of urgency.]



Health and Wellbeing Together

Minutes - 27 April 2022

Attendance

Members of Health and Wellbeing Together

Councillor Jasbir Jaspal (Chair)	Cabinet Member for Health and Wellbeing
Paul Tulley (Vice Chair)	Wolverhampton Managing Director, Black Country and West Birmingham CCGS
Emma Bennett (v)*	Executive Director of Families
Councillor Ian Brookfield (v)	Leader of the Council
Ian Darch	Wolverhampton Voluntary Sector Council
John Denley	Director of Public Health
Chief Superintendent Richard Fisher	Chief Superintendent, West Midlands Police
Scott Humphries (v)	Black Country Healthcare Foundation Trust
Dr. Ranjit Khutan (v)	Head of Public Health, University of Wolverhampton
Councillor Linda Leach (v)	Cabinet Member for Adults
Hannah Pawley	Community Safety Manager
Sally Roberts (v)	Chief Nursing Officer
Nikki Saunders (v)	Third Sector Partnership
Councillor Wendy Thompson (v)	Opposition Leader
Lucie Woodruff (v)	Healthwatch Wolverhampton

In Attendance

Madeleine Freewood	Public Health Partnership and Governance Lead
Shelley Humphries	Democratic Services Officer
Jacqui McLaughlin (v)	Commissioning Officer
Hettie Pigott	Senior Public Health Specialist
Richard Welch (v)	Head of Partnerships (Public Health)

*(v) virtual attendance

Item No. Title

- Apologies for absence**
 Apologies were received from Professor Steve Field CBE, Marsha Foster, Lynsey Kelly, Professor David Loughton CBE, Councillor Beverley Momenabadi, Laura Thomas and Becky Wilkinson.
- Notification of substitute members**
 Hannah Pawley attended in person for Lynsey Kelly. Scott Humphries joined virtually for Marsha Foster and Nikki Saunders joined virtually for Laura Thomas.

3 **Declarations of interest**

There were no declarations of interest.

4 **Minutes of previous meetings**

1. That the minutes of the meeting of 13 October 2021 be approved as a correct record subject to a correction recording Ian Darch as attending for the Wolverhampton Voluntary Sector Council.
2. That the minutes of the informal meeting of 19 January 2022 be approved as a correct record.

5 **Matters arising**

There were no matters arising from the minutes of 13 October 2021 and 19 January 2022.

6 **Health and Wellbeing Together Forward Plan 2022 - 2023**

Madeleine Freewood, Public Health Partnership and Governance Lead presented the Health and Wellbeing Together Forward Plan 2022 – 2023 and outlined future agenda items.

It was highlighted that the first Full Board meeting of the new municipal year in July would comprise of a developmental day to be held in person and closed to the public.

Members were invited to suggest items for presentation at future meetings by contacting either the Chair, Madeleine Freewood or Democratic Services.

Resolved:

That the Health and Wellbeing Together Forward Plan 2022 – 2023 be noted.

7 **Health and Wellbeing Together: Board Membership Update**

Madeleine Freewood, Public Health Partnership and Governance Lead presented the Health and Wellbeing Together: Board Membership Update report and highlighted key points. Due the appointment of the new Director of Adult Social Services, it had been deemed appropriate to reinstate the role on the membership of the Board.

It was agreed that the membership and Board Terms of Reference be updated to this effect and the current Director of Adult Social Services, Becky Wilkinson, was welcomed to the Board membership.

Resolved:

1. That the Director of Adult Social Services (DASS) is added to the membership of Health and Wellbeing Together (Full Board) and the Health and Wellbeing Together Executive Group.
2. That the Terms of Reference be updated accordingly and adopted by the Board.

8 **Timings for Future Meetings**

The Chair reported that, following discussions on the current start time of the meeting, it had been found that a lunchtime start was no longer convenient for all members.

It had been proposed that the time changed and, after consulting the membership, it was found that a 10:00 am start with refreshments to follow was the majority preference. It was agreed that this would be the new time going forward and invites would follow in due course.

Resolved:

That the meeting start-time be altered from 12:00 midday to 10:00 am.

9 **COVID-19 Situation Update**

John Denley, Director of Public Health delivered the COVID-19 Situation Update with supporting presentation.

It was reported that in terms of case rates, Wolverhampton was around the national average although there was scope to improve upon this. Figures showed that the virus was still prevalent. While outlining case rates within settings, such as care homes, it was acknowledged that the rates demonstrated how infectious Omicron was and was not a reflection on the management of the spread in those settings.

It was noted that the general population was in the process of living alongside COVID-19 and that testing, although no longer free or mandatory, was now an established practice which contributed to curbing the spread. The reporting of results where possible was still a helpful tool in gauging how prevalent it was in the population. Guidance had been made available for Adult Social Care settings and a list of approved suppliers had been compiled and provided to workplaces. In terms of outbreak management, there were no concerns within care homes or school settings.

In terms of the vaccination programme, the newest eligible cohort was the 5–11-year-old group, although vaccines were accessible via GP appointment only at this stage.

It was noted that contracting COVID could still potentially be very serious for some and the level of threat to an individual correlated with whether they were vaccinated and to what level. The more vaccines received, the better the level of protection and the lower the risk of serious illness. It was stressed that it was never too late to begin the vaccination process and vaccines were still widely available via pre-booked or walk-in appointments.

It was reported that Community Vaccine Funding had been awarded to over 35 organisations to provide advice and signposting to vaccines in low uptake areas, which had prompted over 200 residents to access their vaccine. It was also noted that a priority was rolling out the vaccine to particularly vulnerable individuals. It was noted that there was a cost of £35 per person to be supported into receiving the vaccination, however this was considered minimal when weighed against the risk of people entering ICU seriously ill.

It was noted that many of the individuals requiring hospital care for COVID were those who had not been vaccinated at all or fully, or had existing conditions exacerbated by the symptoms of the virus.

In response to a query regarding what the benchmark was in terms of the vaccination levels in the population, it was suggested that England average or above would be

the desired milestone, with a priority focus on providing as many vaccines as possible to the most clinically vulnerable.

It was queried whether key factors influencing vaccine uptake were known and what else would be a good incentive to get vaccinated as there were concerns that people felt less urgency to do so as COVID was no longer dominating the news. It was noted that the key message continually communicated was that full vaccination was still the best way to living with COVID in general circulation. It was also considered that making vaccines easily accessible by methods such as providing walk-in services in locations across the City had been a factor in encouraging people to come forward.

A query was raised around how the fourth vaccine or second booster now available for over-75s was progressing. It was reported that small numbers were coming through via GP surgeries, although there was not sufficient data available yet. It was anticipated that government announcements on the autumn plan may provide more detail and guidance. It was added that as more data became available, an update would be provided to include both the 5–11-year-old cohort and the over-75 boosters at the next public meeting.

The work coordinated throughout the pandemic by John Denley, Director of Public Health and Public Health was commended by Ian Darch, Wolverhampton Voluntary Sector Council and the strong community spirit of partners and of the City as a whole was acknowledged. It was added that lessons learned of what the City was capable of should not be lost now the peak of the crisis had passed.

A point was raised that, now tests were no longer free, it had been stipulated that testing for volunteer workers was only required if coming into contact with a clinically vulnerable person. It was agreed this was a sensible use of resources to protect residents as there was no longer the support of the free tests.

It was acknowledged that 5–11-year-olds having limited access to vaccines through pre-booked appointments only may be a barrier to uptake, therefore discussions were ongoing to explore how to overcome this.

The Chair summarised that COVID was still in circulation and that vaccination was still the best method of protection against the virus.

Resolved:

That the COVID-19 Situation Update be received.

10

Health Inequalities Strategy Exemplar: Physical Inactivity - Progress Update

Hettie Pigott, Health Improvement Officer presented the Health Inequalities Strategy Exemplar: Physical Inactivity - Progress Update briefing note with supporting presentation. The briefing note outlined the progress to date and that the project was currently in the discovery phase.

It was proposed that a Physical Inactivity Steering Group be formed which would be comprised of strategic partners from across the system to set priorities for the workstream, based on the evidence base provided in the discovery report, and drive the work to tackle physical inactivity in Wolverhampton forward, through associated task and finish groups.

In response to a query around whether a member linked to education would be included, it was noted that a member of Children and Families Together Board with a background in education had been invited to join the membership. It was acknowledged that there were plans for schools to be included in this work as well as incorporating the school holiday activities offer.

A point was raised around the government pilot scheme which was in the pipeline to offer incentives for reducing inactivity via an app. It was queried if the analytics gathered from this could be used to inform the Health Inequalities work. It was reported that a meeting was scheduled with the Office for Health Improvement and Disparities (OHID) and it was on the agenda to confirm with them whether data sharing was a possibility.

Paul Tulley, Black Country and West Birmingham CCG recalled the Active Travel Plan which had been operating in the City for a number of years and suggested a link with this scheme. It was noted that policy mapping was part of the discovery phase to understand what was already available to avoid repetition and understand how existing policies might integrate with the Health Inequality Strategy.

Clarification was requested around where the new group would sit alongside the One Wolverhampton Place Based Partnership and how it would add value as there were concerns around duplication. It was confirmed that the group would serve as an anchor to focus solely on the area of physical inactivity and work together with the One Wolverhampton Place Based Partnership to share findings and identify opportunities for increasing physical activity using the City's infrastructure.

It was anticipated that there would be an update on the Steering Group by the next public meeting of Health and Wellbeing Together.

Resolved:

That Health and Wellbeing Together approve the formation of the Physical Inactivity Steering Group and the associated Terms of Reference.

11

Serious Violence Duty

Hannah Pawley, Community Safety Manager presented the Serious Violence Duty briefing note accompanied by supporting presentation and highlighted salient points. The briefing note provided a summary of the requirements of the Serious Violence Duty, makeup of membership and outlining proposals for its implementation in Wolverhampton. It was also proposed to provide regular feedback on progress to Health and Wellbeing Together.

The presentation also included the outcomes of an extensive scoping exercise undertaken to gain an understanding of work already ongoing within the City, and listed the potential opportunities provided by the work associated with the Duty.

It was noted that the next step would be to perform a Strategic Needs Assessment and anticipated that the next update would be provided to Health and Wellbeing Together following the outcome of this.

It was noted that a mapping exercise would also be undertaken to identify work being carried out by other organisations across the City to avoid overlaps and identify any gaps.

The work undertaken and public health approach to serious violence was commended and it was acknowledged that the engagement process would build upon already strong partnerships. It was suggested that strategic elements of violence prevention be embedded in all other agendas across the system, such as Levelling Up, economic growth and Health Inequalities.

Resolved:

That Health and Wellbeing endorse the proposals for the implementation of the Serious Violence Duty in Wolverhampton.

12

Other Urgent Business

There was no other business raised.



Report title	Health and Wellbeing Together Forward Plan 2022 - 2023	
Cabinet member with lead responsibility	Councillor Jasbir Jaspal Health and Wellbeing	
Wards affected	All wards	
Accountable director	John Denley, Director of Public Health	
Originating service	Governance	
Accountable employee	Shelley Humphries Tel Email	Democratic Services Officer 01902 554070 shelley.humphries@wolverhampton.gov.uk

Recommendation for noting:

Health and Wellbeing Together is recommended to note:

1. The items on the Health and Wellbeing Together Forward Plan 2022 – 2023.

1.0 Purpose

- 1.1 To present the Forward Plan to Health and Wellbeing Together for comment and discussion in order to jointly plan and prioritise future agenda items for the Executive Group and Full Board.
- 1.2 The Forward Plan will be a dynamic document and continually presented in order to support a key aim of the Health and Wellbeing Together Full Board and Executive Group – to promote integration and partnership working between the National Health Service (NHS), social care, public health and other commissioning organisations.

2.0 Background

- 2.1 As agreed at the meeting of the Full Board in October 2016, the attached Forward Plan document seeks to enable a fluid, rolling programme of items for partners to manage.

3.0 Financial implications

- 3.1 There are no direct financial implications arising from this report.

4.0 Legal implications

- 4.1 There are no direct legal implications arising from this report.

5.0 Equalities implications

- 5.1 None arising directly from this report.

6.0 All other implications

Health and Wellbeing implications

- 6.1 The health and wellbeing implications of each matter will be detailed in each individual report submitted to the Group.

7.0 Schedule of background papers

- 7.1 Minutes of previous meetings of the Health and Wellbeing Together Full Board and Executive Group regarding the forward planning of agenda items.
- 7.2 Agenda Item Request Forms.



Health and Wellbeing Together: Forward Plan

Last updated: October 2022

Health and Wellbeing Together is comprised of a Full Board and an Executive group.

Full Board meetings are structured to shift focus from service silos to system outcomes by adopting a thematic approach to addressing the priorities identified in the Joint Health and Wellbeing Strategy. The primary focus of the Executive group is to sign off statutory documents and provide a strategic forum for the Council and health partners to drive health and social care integration.

KEY

Items in red are new or amended from the previous version.

Items in **bold** are regular or standing items.

Thematic areas: Growing Well, Living Well, Ageing Well, System Leadership

Joint Health and Wellbeing Strategy (JHWBS) priority areas:

1. Early Years
2. Children and young people's mental wellbeing and resilience
3. Workforce
4. City Centre
5. Embedding prevention across the system
6. Integrated Care; Frailty and End of Life
7. Dementia Friendly City

[E] Executive

[FB] Full Board meeting

[This report is PUBLIC
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Date	Theme	JHWBS Priority	Title	Partner Org/Author	Format	Notes/Comments
FB: 12 Oct 2022	System Leadership	All	Health Inequalities Dashboard Update	Madeleine Freewood/ Simon Malpass CWC	Briefing Note and presentation	
	Living Well	5	Health Inequalities Dashboard Deep Dive: Wolverhampton Financial Wellbeing Strategy Implementation	Alison Hinds / Kate Lees, CWC	Presentation	
	System Leadership	All	Health and Wellbeing Together 2022 Development Session - Feedback and Recommendations	Madeleine Freewood, CWC	Report	
	Living Well	5	Better Mental Health 2021 - 2022 - Outcome Summary and Case Studies	Dr Jamie Annakin, CWC	Briefing Note	
	Living Well and Ageing Well	5 and 6	Adult Social Care Reform Trailblazer Update	Becky Wilkinson, CWC	Verbal Update	
	System Leadership	All	'Our Strategy' - Invitation for Comment	Professor David Loughton CBE, RWT	Verbal Update	
	System Leadership	Board requirement	Pharmaceutical Needs Assessment – 2022 – 2025	Parmdip Dhillon, CWC	Report	

[This report is PUBLIC
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Date	Theme	JHWBS Priority	Title	Partner Org/Author	Format	Notes/Comments
E: 9 November 2022	System Leadership		West Midlands Combined Authority (WMCA) Wellbeing Board Update	Madeleine Freewood, CWC	Verbal Update	Standing Item
	System Leadership		NHS Reconfiguration Update (including ICS Development Update)	Paul Tulley, Black Country ICB	Verbal Update	Standing Item
			Update on Mental Health Services in the Black Country	Marsha Foster, Black Country Healthcare NHS Foundation Trust.	Verbal Update	Standing Item
			Better Care Fund Narrative Plan and Planning Template 2022 – 2023	Jessica Timmins, CWC	Report	
			WMFS Community Risk Strategy Overview	Group Commander Samantha Samuels, WMFS		
FB: 18 Jan 2023						
E: 13 March 2023	System Leadership		West Midlands Combined Authority (WMCA) Wellbeing Board Update	Madeleine Freewood, CWC	Verbal Update	Standing Item

[This report is PUBLIC
 – NOT PROTECTIVELY MARKED]

Date	Theme	JHWBS Priority	Title	Partner Org/Author	Format	Notes/Comments
	System Leadership		NHS Reconfiguration Update (including ICS Development Update)	Paul Tulley, Black Country ICB	Verbal Update	Standing Item
			Update on Mental Health Services in the Black Country	Marsha Foster, Black Country Healthcare NHS Foundation Trust.	Verbal Update	Standing Item
FB: 26 April 2023			Public Mental Health Needs Assessments - Findings and Recommendations.	Dr Jamie Annakin, CWC		
To be scheduled:	System Leadership		Further review of Terms of Reference	Madeleine Freewood, CWC	Report	Following update on ICS changes.

Briefing Note

Title: Health Inequalities Dashboard Update

Date: 04 October 2022

Prepared by: Madeleine Freewood

Job Title: Partnership and Governance Lead

Intended Audience:

Internal

Partner organisation

Public

Confidential

Purpose

To provide the Health and Wellbeing Together membership with an update regarding the development and implementation of a Health Inequalities monitoring framework.

Background

The Health and Wellbeing Together Health Inequalities Strategy¹ outlines the Board's commitment to understanding health inequalities in the City and undertaking a systematic and joined-up response through the implementation of five key principles:

- Adopting an agreed approach to data capture
- Ensuring health inequalities are an integral part of the design and delivery of services
- Ensuring health inequalities are included in the allocation of resources
- Understanding each organisations role as employers with respect to health inequalities
- Acting as advocates for health inequality

An associated high-level monitoring framework has been developed and is currently being piloted as a means to provide City partners with a resource to help align activity, enable system join-up, identify gaps and prevent duplication.

Progress to Date

Following consultation with partners, the Local Authority created a SharePoint site to capture discreet partnership activity aligned to the current Joint Health and Wellbeing Strategy priority areas that have a focus on health inequalities.

Public Health, the Integrated Care Board at place and the Royal Wolverhampton Trust have provided activity detail for inclusion on the site allowing us to test the current template and build reporting dashboard tools.

Next Steps

The current SharePoint template will be reviewed to take into account partner and Board feedback, reflect recent changes to the health and care environment with the creation of Integrated Care

¹ <https://www.wolverhampton.gov.uk/sites/default/files/2021-11/Wolverhampton%20Health%20Inequalities%20Strategy%202021-2023.pdf>

Systems and take into account the forthcoming refresh of the Board's Joint Health and Wellbeing Strategy, which is due for renewal next year.

Approach to Reporting Going Forward

It is proposed that a high-level update will be presented to each meeting of the Health and Wellbeing Together Board going forward. This will then be accompanied by a topic-specific deep dive.



Report title	Health and Wellbeing Together 2022 Development Session – Feedback and Recommendations	
Cabinet member with lead responsibility	Councillor Jasbir Jaspal Health and Wellbeing	
Wards affected	All wards	
Accountable director	John Denley, Director of Public Health	
Originating service	Public Health	
Accountable employee	Madeleine Freewood Email	Partnership and Governance Lead madeleine.freewood@wolverhampton.gov.uk
Report has been considered by	Health and Wellbeing Together Executive	13 September 2022

Recommendations for decision:

The Health and Wellbeing Together Board is recommended to:

1. Authorise progression of Health and Wellbeing Together 2022 Development Session recommendations:
 - a. Review the governance of the Board and its Terms of Reference to ensure it continues to be fit for purpose within the new health and care landscape.
 - b. Commence work to refresh the current Joint Health and Wellbeing Strategy 2018-2023 to be in the best position to inform/ align to the emerging ICP Integrated Care Strategy, a first iteration of which is to be published in December 2022.
 - c. Reduce and simplify the current number of priorities in the existing Joint Health and Wellbeing Strategy with a focus on where Health and Wellbeing Together and partners can make the biggest collective difference at place and system.
2. Formally endorse the Public Health Annual Report for 2021-2022.

1.0 Purpose

- 1.1 To provide Health and Wellbeing Together (HWT) with a summary of feedback from the July 2022 Annual Development Session and seek Board approval to progress recommendations detailed in 4.0.
- 1.2 In addition, to ask the Board to approve the Public Health Annual Report 2021-2022. This was published and circulated in time for the July development session but still requires formal endorsement.

2.0 Background

- 2.1 Health and Wellbeing Together is the forum where key leaders from the health, care and wider system come together to improve the health and wellbeing of the local community. The Board works towards reducing health inequalities and supports the development of improved and joined up health and social care services. Partners are committed to an annual development session.
- 2.2 A range of City partners attended the July 2022 HWT Development Session and contributed to workshop discussion focused on City priorities and the role for Health and Wellbeing Together within the new Black Country Integrated Care System structure.
- 2.3 Integrated care systems (ICSs) are partnerships that bring together NHS organisations, Local Authorities and others to take collective responsibility for planning services, improving health and reducing inequalities across geographical areas.
- 2.4 There are 42 ICSs across England, covering populations of around 500,000 to three million people. Following the passage of the 2022 Health and Care Act, ICSs were formalised as legal entities with statutory powers and responsibilities.
- 2.5 Statutory ICSs comprise of two key components:
 - **Integrated Care Boards (ICBs)**: statutory bodies that are responsible for planning and funding most NHS services in the area
 - **Integrated Care Partnerships (ICPs)**: statutory committees that bring together a broad set of system partners (including local government, the voluntary, community and social enterprise sector, NHS organisations and others) to develop a health and care strategy for the area.
- 2.6 Each ICP will be required to produce an **Integrated Care Strategy** to set the strategic direction for health and care services across their geographic footprint. This will include how commissioners in the NHS and local authorities can deliver more joined-up, preventative, and person-centred care for their local population.
- 2.7 The Government recently published draft guidance for engagement that sets out the role of Health and Wellbeing Boards within this new structure.¹ The responsibilities of Health

¹ <https://www.gov.uk/government/publications/health-and-wellbeing-boards-draft-guidance-for-engagement>

and Wellbeing Boards outlined in the Health and Social Care Act 2012 still stand, alongside these responsibilities the guidance recommends that systems build on the work of Health and Wellbeing Boards to ensure that action at a system-wide level adds value to what is being done at place. The guidance suggests five principles for partners to adopt when developing relationships, including:

- building from the bottom up
- following the principles of subsidiarity
- having clear governance
- ensuring that leadership is collaborative
- avoiding duplication of existing governance mechanisms.

2.8 The Health and Wellbeing Together July development session considered the current health and care priorities in the City, informed by the Public Health Annual Report for 2021-2022² which was published in time for the meeting. Alongside this, Board members considered what new ways of working may need to be developed for the Board to continue to have a strong voice for City residents and the opportunities to strengthen the role of the Board to address City priorities within the new ICS landscape.

3.0 Feedback summary

3.1 Notes from feedback discussion were collated and main points are summarised as follows:

3.2 The creation of ICSs presents an opportunity to work differently within the City and across the Black Country, taking the positives from the collaborative working established during the COVID-19 response as a starting point.

3.3 The new ICS structure has added complexity to the system. Health and Wellbeing Together needs to respond by having greater clarity and focus on its priorities. Workshop feedback consistently called for fewer Board priorities going forward and that these should be evidence based and outcome driven with alignment to the emerging wider place and system priorities.

3.4 Health and Wellbeing Together should continue the journey of embedding a focus on health inequalities at place, including applying a health inequalities lens to agreed priorities, with an awareness of the potential impact of the cost-of-living crisis on City residents in widening inequality and worsening health outcomes.

3.5 The new ICS context has created a need to further strengthen and position the role of Health and Wellbeing Together, alongside One Wolverhampton, to be a strong voice for the City. This should be informed by the lived experience of residents with the aim of influencing the wider system to best meet the needs of local people. This can then be

² <https://www.wolverhampton.gov.uk/sites/default/files/2022-08/public-health-annual-report-2021-22.pdf>

supported by utilising the role of the Board to promote and enhance the opportunities for joint planning, delivery and alignment of resources at place.

4.0 Recommendations

- 4.1 Based on feedback discussion the following recommendations are presented for consideration:
- 4.2 Review Health and Wellbeing Together Terms of Reference and governance, with clear lines of accountability between Health and Wellbeing Together and ICB/ ICP demonstrated.
- 4.3 Review Health and Wellbeing Together membership to ensure it continues to be fit for purpose. For example, this could include representation from One Wolverhampton, the Local Pharmaceutical Committee, local Housing Providers and possibly a faith lead or community representative to sit alongside existing voluntary sector representation.
- 4.4 Reduce and simplify the current number of priorities in the refreshed strategy with a focus on where the Board and partners can make the biggest collective difference, and clearly articulate the role and contribution of Health and Wellbeing Together.
- 4.5 To take this forward, commence work to refresh the current Joint Health and Wellbeing Strategy for 2018-2023 by consulting with Board partners and City stakeholders to identify shared priority areas. This timeline will also enable Health and Wellbeing Together to be in the best position to inform/ align to the Black Country ICP Integrated Care Strategy, a first iteration of which is to be published in December 2022. Initial discussion has focussed on four potential areas of focus:
 - a. Best start to life including the First 1001 Days
 - b. Physical inactivity to support and embed the work currently taking place within the Physical Inactivity sub-group
 - c. Alcohol harm, drug misuse and addictions
 - d. Quality and access of care
- 4.6 Alongside this it is proposed that any priorities identified will be viewed through a Health Inequalities lens including a focus on 20% linked to Core 20+6 and that mental health and wellbeing will be a cross-cutting priority aligned to the forthcoming Public Mental Strategy including endorsing further exploration of potential benefits for sign up to the prevention concordat for better mental health.
- 4.7 Refresh the Health and Wellbeing Together, Healthwatch and Health Scrutiny Panel joint working protocol to ensure it continues to be fit for purpose within the new health and care landscape.

5.0 Financial implications

5.1 There are no direct financial implications for the recommendations to refresh the governance of Health and Wellbeing Together and commence consultation on a refresh of the Board's Joint Health and Wellbeing Strategy.

6.0 In terms of the Public Health Annual Report 2021-2022, funding for Public Health is provided to the Council by the Department of Health and Social Care in the form of a ring-fenced grant. The final Public Health grant allocation for the financial year 2021 - 2022 was £21.2million. The grant for 2022-2023 is £21.7 million. In addition, local authorities have received a number of grants in relation to COVID-19. These have to be spent in line with conditions.

[JM/300922/L]

7.0 Legal implications

7.1 The Health and Care Act 2022 was initiated in England on 01 July 2022 with the establishment of 42 Integrated Care Systems.

7.2 The production of a Public Health Annual report is a statutory responsibility.

[JN/04102022/A]

8.0 Equalities implications

8.1 A reduction in health inequalities is an overarching aim of Health and Wellbeing Together.

8.2 Equality is promoted through the Public Health Vision 2030 and throughout local Public Health programmes, functions and services. This is to ensure that they advance equality and tackle inequalities relating to health outcomes and wider social determinants of health among groups that share protected characteristics.

9.0 Health and Wellbeing Implications

9.1 Health and Wellbeing Together has a responsibility to assess the needs of the local population by developing and overseeing the implementation of the City of Wolverhampton's Joint Strategic Needs Assessment (JSNA). The JSNA is then used to inform the Board's Joint Health and Wellbeing Strategy.

10.0 Appendices

10.1 Public Health Annual Report 2021-2022:

<https://www.wolverhampton.gov.uk/sites/default/files/2022-08/public-health-annual-report-2021-22.pdf>

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Briefing Note

Title: Better Mental Health 2021-2022: Outcome Summary and Case Studies

Date: 03 October 2022

Prepared by: Jamie Annakin

Job Title: Principal Public Health Specialist

Intended Audience: Internal Partner organisation Public Confidential

1. Purpose and recommendation

This briefing note provides Health and Wellbeing Together (HWT) partnership with an update on outcomes from mental health promotion and prevention interventions delivered to over 1600 people in the City of Wolverhampton as part of the Better Mental Health programme 2021-2022.

The HWT partnership are asked to consider endorsing a proposal for the City of Wolverhampton Council (CWC) to explore the potential benefits of signing up to the national **Prevention Concordat for Better Mental Health** which provides a framework for local authorities and system partners to map and assess further progress against strategic ambitions to promote good mental health and wellbeing and prevent mental health problems in the City.

2. Background and Context

The Prevention and Promotion Programme for Better Mental Health 2021-2022 was a single year initiative overseen by the Office of Health Improvement and Disparities (OHID) designed to incentivise investment in prevention and promotion interventions for better mental health in the most deprived local authorities. Specifically, to mitigate mental health impacts arising from the COVID-19 pandemic and reduce widening mental health inequalities by targeting at risk and vulnerable groups.

Local authorities were encouraged to consider signing up to the Prevention Concordat for Mental Health if they were not already a signatory as part of their expression of interest to the Better Mental Health 2021-2022 programme initiative to ensure sustainability of system wide mental health promotion and prevention approaches.

3. Overview of Better Mental Health Programme 2021-2022 and Outcomes

The Wolverhampton Mental Health Stakeholder Forum, Wolverhampton Suicide Prevention Stakeholder Forum, and One Wolverhampton Adult Mental Health Sub-Group were engaged on CWC Better Mental Health 2021-2022 proposals and received updates on the progress of mental health promotion and prevention interventions across the City during the life cycle of the programme initiative.

Projects in the CWC application to the Better Mental Health Programme 2021-2022 were approved as part of the OHID grant allocation of £357,468.

Projects included:

- A City-wide survey of mental health and wellbeing for adults 16+
- Evidence reviews on the impact of the COVID-19 pandemic upon different population groups
- Engagement activities with groups disproportionately impacted by COVID-19 pandemic to improve wellbeing and understand experiences, as well as risk, and protective factors
- Pilot a series of eight-week wellbeing promotion, one to one counselling, and physical activity programmes for people facing a range of complex life challenges and vulnerabilities
- Pilot six-week employment support programmes for people affected by domestic violence and substance misuse, young adults 18-25, and adults with long term conditions
- Co-ordinate delivery of a City-wide suicide prevention awareness campaign
- Deliver suicide prevention training to primary care staff, City-wide workforce, and barbers and hairdressers to build a network of support for people experiencing suicidal ideation across the City
- Tackle loneliness across the City through one to one engagement events as part of Mental Health Awareness week campaign 2022
- Review the accessibility and inclusivity of existing mental health and wellbeing promotion resources
- Train local people to become mental health first aid (MHFA) champions who can help promote mental health and wellbeing of others using evidence-based frameworks

The OHID grant allocation contained a series of stringent periodic reporting requirements in respect of finance, demographics of project beneficiaries and (where appropriate) findings from the use of evidence-based mental wellbeing measurement tools to assess project impact on participants mental health and wellbeing.

A Project Team was established by CWC Public Health and Wellbeing department which worked alongside system partners to oversee the discharge of programme resources in line with OHID grant terms and conditions with regular updates provided to the corporate Project Assurance Group (PAG) and OHID.

Over 1600 people who live in the City of Wolverhampton are estimated to have benefited from interventions delivered as part of the OHID Better Mental Health 2021-2022 programme. Of these, 73% lived in the 30% most deprived lower super output areas (LSOAs) in England, 18% disclosed having a disability, and 39% of people were from ethnic minority backgrounds.

Evidence-based measurement tools showed significant improvements in mental wellbeing compared to pre-programme levels for participant groups who took part in the Head4Health wellbeing project and in co-creation projects with groups at elevated risk of mental health problems. Wellbeing improvements were also observed in some employment support cohorts, and amongst participants engaging in creative arts and martial arts projects led by people working in community settings who had trained as mental health first aid (MHFA) champions.

All Better Mental Health project findings and evaluation reports will be made available at the project microsite <http://www.bettermentalhealthwolves.co.uk/>

4. Mental Health Promotion and Prevention Case Studies

The following three case studies offer a snapshot of activities undertaken in the Better Mental Health 2021-2022 programme to engage with people across the City to better understand mental health needs and assets, support those facing complex life issues to improve wellbeing, and develop a network of people able to support anyone experiencing suicidal ideation.

Case Study One: Understanding mental health - views, needs, and assets

The #WolvesWellbeingandMe survey of personal wellbeing attracted over 1400 responses from adults (16+) in the City. Following data cleansing, 996 complete responses were available for analysis.

- Key aspects of what people felt '**being mentally well**' meant for them included feeling emotionally balanced, resilient and able to bounce back or cope with life challenges. Feeling optimistic about the future, having good social connections and being able to access support when needed were also features of responses.
- The COVID-19 pandemic and its associated protective restrictions were reported as negatively affecting the health, lifestyles, education, finances, employment, and relationships of many people.
- In response to the question of '**what would support wellbeing**' within the City moving forward; being able to get out and do more things was the most frequent choice among respondents. In addition, having time for oneself, more money, and someone to talk to were also factors highlighted as important in improving wellbeing. Better physical and mental healthcare support, and better working environments also featured as factors likely to positively impact on future wellbeing.

Building on learning from the #WolvesWellbeingandMe survey, a review was completed of available evidence on the impact of the COVID-19 pandemic upon different population groups to identify those likely to be exposed to factors which meant they were at a greater risk of developing mental health problems. The review confirmed that people experiencing disadvantage prior to the COVID-19 pandemic were subject to further challenges. These groups included but were not limited to ethnic minorities; people living with disabilities; and refugees and migrants. Economic and social factors related to COVID-19 lockdowns placed additional pressure on these groups. Children and young people (0-25), those living in poverty, women, and critical workers also faced significant additional stressors because of the COVID-19 pandemic. Key data specific to Wolverhampton and the West Midlands region enabled researchers to recommend a focus on the following nine groups.

- **Children**
- **Children with Special Educational Needs and Disabilities (SEND) and their parents/carers**
- **Young, unemployed people**
- **Refugees and migrants**
- **Ethnic minorities**
- **Women**
- **Critical workers**
- **Older people with long-term physical health conditions or disabilities**
- **Older people with a pre-existing mental health condition**

A series of structured co-creation engagement activities engaged representatives from the above groups empowering them the skills, knowledge, and confidence to collect stories about their members' unique experiences of the pandemic; artwork and other visual mediums revealed the challenges of the COVID-19 pandemic on mental wellbeing, but also what has and will help people be well and how can they secure more of these capacity building resources in the future (see Appendix 1).

A total of **141 people took part in the co-creation activities** over several weeks which resulted in significant improvements in the mental wellbeing of project participant groups. The co-creation engagement framework developed with groups during activities will be translated into a useable guide for others to utilise with a focus on the use of evidenced-based measures to assess the mental wellbeing impact of future community-based interventions to support population groups. Findings of all interventions described in **case study one** will be showcased at a future Wolverhampton Mental Health Stakeholder Forum meeting event and contribute towards a wider Joint Strategic Needs Assessment (JSNA) for public mental health and wellbeing in the City.

Case Study Two: Pilot 'Head4Health' programme from Wolves Foundation with people with more complex life issues and vulnerabilities

Head4Health launched in January 2019 focused on supporting males 18+ to improve mental and physical health and wellbeing by providing informational wellbeing workshops and a gentle introduction to physical activity with sessions hosted at Molineux stadium using the power of the football club badge.

OHID funding enabled a pilot to expand and grow the provision of Head4Health to all adults 18+ focusing on delivering eight-weeks of structured tailored support to those facing more complex life issues and vulnerabilities, including the addition of private one to one counselling sessions for those with more intense needs. Funding also supported development of promotion and marketing campaigns to assist participant recruitment as well as creation of a participant workbook developed with the Mental Health Foundation (MHF), and greater staff training opportunities with representatives from organisations including Wolverhampton LGBT+.

Over 600 hours of programme delivery were provided to 35 groups including people who are victims of domestic violence, people engaged in substance use support, parents and carers of young people with special educational needs (SEND), refugees and migrants, asylum seekers, and people who were homeless or living in supported accommodation. Walk and talk sessions at West Park provided people with a chance to talk to others about their on-going life experiences. Over 400 one to one counselling sessions were provided to people needing additional support. For those exiting the eight-week programme, 'Extra Time' sessions provided an open door to return for further support if needed.

A total of **205 adults** took part in the Head4Health pilot. Significant increases in cohort wellbeing scores were observed for participant groups along with reduced perceived stress scores. Pilot initiatives have now been adopted into the universal model of Head4Health.

Case Study Three: Suicide Prevention Awareness and Training

Over 350 people from primary care settings, City-wide workforce, and barbers and hairdressers across the City were trained in suicide prevention helping to reduce suicide stigma and provide a better initial response to people exhibiting suicidal ideation.

Historically, talking about suicide has been a taboo and the training delivered will help reduce this by enabling people to feel comfortable with talking about the subject and broaching the conversation with members of the public they support and serve in various forms. Members of the public will also sense it is acceptable to talk about suicide and may seek help for themselves or loved ones. The trained professionals are now better equipped to respond empathetically and are more knowledgeable on how and where to refer people for further support.

These outcomes tie into the strategic objectives of the Wolverhampton Suicide Prevention Stakeholder Forum which oversees the City-wide Suicide Prevention Strategy. The various training providers will be offering those who attended any of the suicide prevention training ongoing support including a regular forum overseen by a Trust Counselling Psychologist.

The '**Look out for Wolverhampton**' suicide awareness and prevention campaign ran across the City from 23 May to 5 June 2022. The campaign was spearheaded by the Wolverhampton Suicide Prevention Stakeholder Forum which is made up of a wide range of statutory, voluntary and community organisations in the City. The digital platform [Look Out For Wolverhampton](#) hosted campaign resources which were also cascaded across notice boards and on highway routes across the City. Messages encouraged people to play their part in keeping others safe and well signposting to support services locally and nationally. The campaign was augmented through radio interviews and two City centre events where residents were engaged to help them learn more about the campaign and where they can seek support for suicide.

5. OHID Reporting and Evaluation

The Better Mental Health 2021-2022 programme in Wolverhampton was successfully delivered, exceeding its original estimate of reach. City-wide efforts to promote mental health and wellbeing and prevent mental health problems during the programme were celebrated at a national OHID programme evaluation event as an example of good practice amongst other local authorities.

6. Next Steps: Sustaining system wide focus on prevention across the life course

System-wide action is required to consider how approaches that focus on promoting mental health and wellbeing and preventing mental health problems can be mobilised sustainably and at the scale required for the City. Mental health promotion, prevention and early intervention can improve the lives of people within the City, as well as reduce pressures on NHS services, social care, education, criminal justice, and employers, resulting in economic benefits even in the short term. One potential route to sustain the momentum galvanised towards prevention approaches during the Better Mental Health 2021-2022 programme and support our existing public mental health commitments is through adopting the ambitions outlined in the [Prevention Concordat for Better Mental Health - GOV.UK \(www.gov.uk\)](#)

7. Prevention Concordat for Better Mental Health: Further Information

The Prevention Concordat for Better Mental Health is a commitment from system leaders to develop actions which aim to:

- ✓ **Prevent** mental health problems
- ✓ **Promote** good mental health and wellbeing

The above ambitions can be achieved by **strengthening protective factors, reducing risk factors and reducing mental health inequalities** across the City.

Signing the prevention consensus statement and committing to a plan to address the prevention and promotion of better mental health is a cost-effective, evidence-based approach to reducing health inequalities and preventing future harm. By committing to the Prevention Concordat, system leaders are required to pledge to:

- ✓ focus on **prevention and the wider determinants** of mental health
- ✓ work in partnership and across organisations to deliver an increased focus on the prevention of mental health problems and the promotion of good mental health at local level
- ✓ promote a prevention-focused approach towards improving the public's mental health, as all organisations have a role to play
- ✓ work collaboratively across organisational boundaries and disciplines to secure place-based improvements that are tailored to local needs and assets, in turn increasing sustainability and the effective use of limited resources
- ✓ build the capacity and capability across workforces to prevent mental health problems and promote good mental health and wellbeing.

To be recognised as a signatory, a local authority in conjunction with wider system leaders agree to the above Prevention Concordat consensus statement pledges and agree to produce a prevention-focussed action plan which understands local needs and assets, strengthens partnership approaches, provides leadership and direction, and acts for mental health promotion and mental ill health prevention, including reducing health inequalities, defining success, and measuring progress. The above commitments are likely to complement workstreams already underway in the City to support public mental health ambitions to ensure every resident in the City of Wolverhampton has the best mental health that they can at every stage of their life.

8. Proposal

The HWT partnership are asked to consider endorsing a proposal for the City of Wolverhampton Council (CWC) to explore the potential benefits of signing up to the national **Prevention Concordat for Better Mental Health** which would provide a framework to map, and assess, further progress against strategic ambitions to promote good mental health and wellbeing and prevent mental health problems in the City. Should the partnership decide to support this course of action, further progress updates will be provided at a future date.

Community Stories of COVID-19

Summary of findings from co-creation activities: Protective factors for wellbeing, challenges faced during COVID-19, and resources which groups felt would help improve their wellbeing moving forwards.

Group	Protective Factors	Challenges Faced	Want/need more
Youth Council <i>(children and young people)</i>	<ul style="list-style-type: none"> Friends Technology Art Mental health days organised by schools 	<ul style="list-style-type: none"> Lack of proper connection with friends Online learning at home less productive 	<ul style="list-style-type: none"> Accessible counselling Wellbeing sessions in schools Physical/art activities Cheaper public transport
Voice4Parents <i>(SEND families)</i>	<ul style="list-style-type: none"> Informal support from neighbours, employers and groups such as Voice4Parents (i.e., providing activity packs and laptops) Personal strength 	<ul style="list-style-type: none"> School closures & loss of specialist support led to lack of routine for children and no respite for parents Felt abandoned by services 	<ul style="list-style-type: none"> Activities & inclusive play spaces for SEND children & families Earlier prevention/ access to services An inclusive & understanding society Support for parents of SEN children
Access2Business <i>(young unemployed & unemployed with pre-existing mental health conditions)</i>	<ul style="list-style-type: none"> Investing time in interests/hobbies Technology to stay in touch with family Pets provided a focus beyond the self 	<ul style="list-style-type: none"> Withdrawal of 'lifeline' activities Loss of identity & purpose from unemployment Decline in access to public services 	<ul style="list-style-type: none"> Mental health needs to be talked about more openly Easier access to mental health support/shorter waiting times to avoid problems getting worse

Group	Protective Factors	Challenges Faced	Want/need more
Wolves Foundation Head 4 Health <i>(women)</i>	<ul style="list-style-type: none"> Time to spend with family & children Technology Hobbies Time for self-care 	<ul style="list-style-type: none"> Loss of support networks & familiar activities Lack of privacy at home in lockdown 	<ul style="list-style-type: none"> Support groups to meet and socialise with others
The Crafty Gardener <i>(older adults with learning disabilities)</i>	<ul style="list-style-type: none"> Friends Technology to keep in touch with people Occupy time with activities i.e., Baking/gardening 	<ul style="list-style-type: none"> Concerns about safety in the city Unreliability of public transport Mask wearing made communication harder 	<ul style="list-style-type: none"> Inclusive spaces & activities for those with learning disabilities Awareness raising with the general population of LD
TLC College <i>(older unemployed adults & ethnic minorities)</i>	<ul style="list-style-type: none"> Informal support Family connection 	<ul style="list-style-type: none"> Lockdowns and pressure of home-schooling – isolation, loneliness Problems accessing services e.g., GPs & housing 	<ul style="list-style-type: none"> Clarity of PH messaging Support for language translation Frontline staff with lived experience

Group	Protective Factors	Challenges Faced	Want/need more
Refugee & Migrant Centre <i>(refugee & migrants)</i>	<ul style="list-style-type: none"> • Friends & neighbours • Faith & churches 	<ul style="list-style-type: none"> • Poor housing quality • No access to legal employment • Lack of awareness of service options & language barriers 	<ul style="list-style-type: none"> • Better awareness of service availability and what they can expect • Better quality housing
Aspiring Futures <i>(ethnic minorities & women)</i>	<ul style="list-style-type: none"> • New hobbies (i.e., baking) • Volunteering to help others • Spending more time with family & children 	<ul style="list-style-type: none"> • Technology & digital exclusion • Limited access to garden/outdoors • Fear of getting COVID • Closing of ESOL 	<ul style="list-style-type: none"> • Outdoor activities for children • IT classes for women to be able to support children
Women of Wolverhampton <i>(ethnic minorities & women)</i>	<ul style="list-style-type: none"> • Continuity of informal support groups such as WoW • Conversations with peers 	<ul style="list-style-type: none"> • Thresholds to mental health support • Holding multiple roles including caring so unable to work • Trauma of loss 	<ul style="list-style-type: none"> • Informal support groups without thresholds to attend or limited number of sessions



Health and Wellbeing Together

12 October 2022

Report title	Pharmaceutical Needs Assessment – 2022-2025
Cabinet member with lead responsibility	Councillor Jasbir Jaspal Health and Wellbeing
Wards affected	All wards
Accountable director	John Denley, Director of Public Health
Originating service	Public Health
Accountable employee	Parmdip Dhillon Principal Public Health Specialist Tel 01902 551846 Email Parmdip.dhillon@wolverhampton.gov.uk
Report has been considered by	Health and Wellbeing Together Executive Board 8 June 2022 Public Health Senior Leadership Team Pharmaceutical Needs Assessment Steering Group

Recommendation for action:

The Health and Wellbeing Together Board is recommended to:

1. Sign off the Pharmaceutical Needs Assessment for Wolverhampton covering the period from 2022-2025.

1.0 Purpose

- 1.1 The purpose of this report is to inform Health and Wellbeing Together that Wolverhampton's Pharmaceutical Needs Assessment (PNA) has been completed and is ready to be signed off by the Board and published, in line with the national deadline of October 2022.
- 1.2 The draft of the PNA was submitted to the Health and Wellbeing Together Executive Board in June 2022 prior to its mandatory 60-day consultation period. Following the consultation, the feedback has been considered and appropriate changes have been made.

2.0 Background

- 2.1 It is the statutory duty of every Health and Wellbeing Board to publish a Pharmaceutical Needs Assessment for their geographical footprint, on a three-year cycle. The previous Pharmaceutical Needs Assessment (PNA) was published in 2018 for the three-year period 2018-2021. However, due to the COVID-19 Pandemic, all Health and Wellbeing Boards were granted two successive extensions on the deadline for their PNAs, until October 2022.
- 2.2 On behalf of Health and Wellbeing Together, members of the Public Health department have been working to strict timescales to update the PNA for 2022-2025 in line with the October 2022 deadline. The Public Health team have been working closely with partners across the Pharmaceutical Sector in Wolverhampton on this PNA, including the Local Pharmaceutical Committee, the Black Country and West Birmingham CCG, Healthwatch and Central Health.

3.0 Financial implications

- 3.1 There are no financial implications as a result of this report or the PNA itself.
[JM/29092022/H]

4.0 Legal implications

- 4.1 Health and Wellbeing Boards are under a statutory duty to produce and publish a Pharmaceutical Needs Assessment. This duty has been fulfilled as a result of the completion of the PNA for 2022-2025.
[TC/29092022/B]

5.0 Equalities implications

- 5.1 The PNA has assessed the access to pharmaceutical services for residents in Wolverhampton. The PNA has assessed the spread of pharmacies in the City, the opening times of pharmacies (including an emphasis around pharmacies open outside of traditional business hours), languages other than English spoken by pharmacists and assessing the time it takes to travel to a pharmacy from all parts of the City. The PNA looked to highlight any gaps and inequalities that may have become evident during the

assessment. The PNA process involves surveying pharmacies and, as part of this process, 100% of pharmacies in the City were surveyed, which ensures that there were no gaps in the intelligence used to inform the assessment of inequalities.

6.0 Health and Wellbeing Implications

6.1 It is a statutory duty of the Health and Wellbeing Together to produce and publish a Pharmaceutical Needs Assessment and as described above, assessments were made to highlight any inequalities that may arise due to the current access to pharmaceutical services across the City.

7.0 Appendices

7.1 Appendix 1: Pharmaceutical Needs Assessment – 2022-2025

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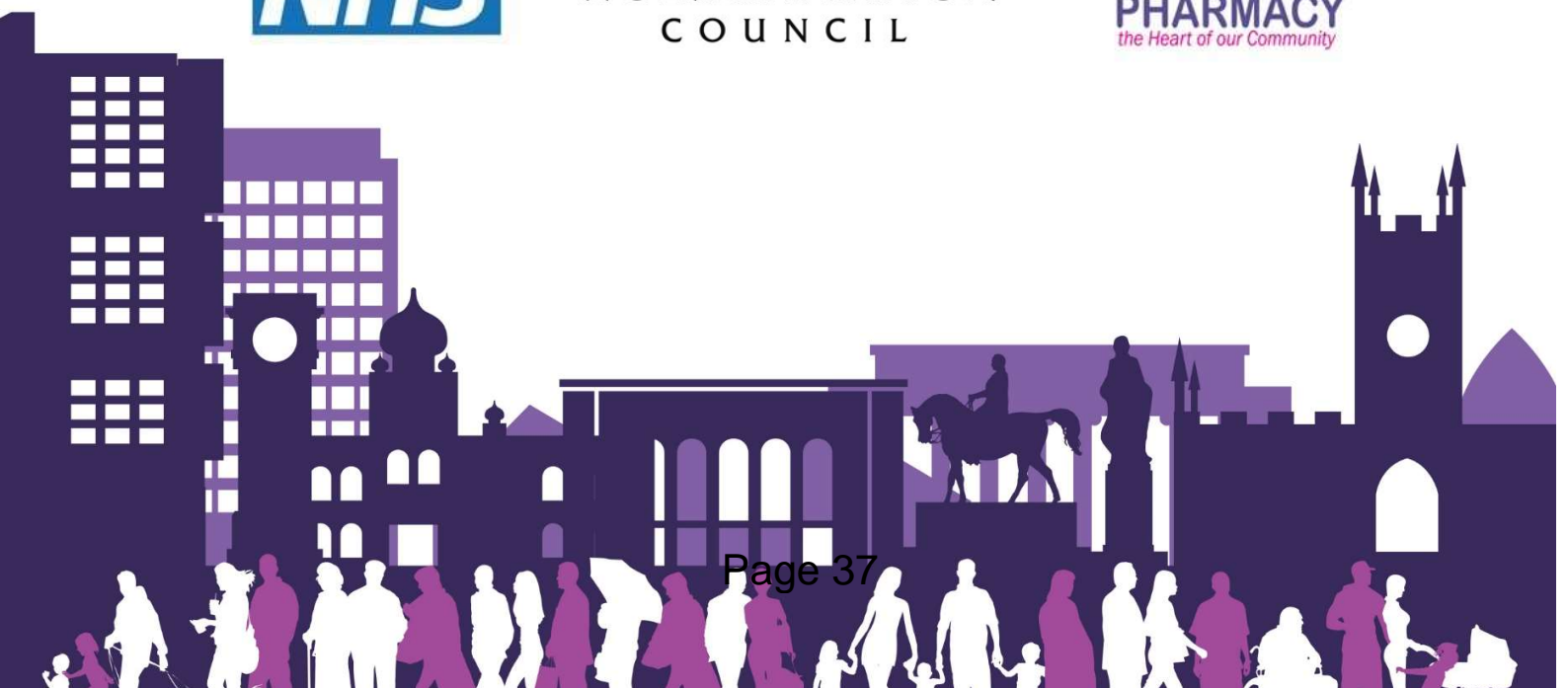
Wolverhampton Joint Strategic Needs Assessment

Pharmaceutical Needs Assessment

2022 – 2025



CITY OF
WOLVERHAMPTON
COUNCIL



Produced by: Public Health, City of Wolverhampton Council

In collaboration with: Local Pharmaceutical Committee Wolverhampton City;
Black Country Integrated Care Board (ICB)

On behalf of: The Health and Wellbeing Board, Wolverhampton

Final version as at: Friday 23rd September, 2022

Acknowledgements

PNA Steering Group Members

Wolverhampton Clinical Commissioning Group: *Suky Sandhar, Hema Patel, Gurpreet Chattha*

Wolverhampton Local Pharmaceutical Committee: *Jeff Blankley, James Laurence*

City of Wolverhampton Council, Public Health: *Bal Kaur (Chair), Parmdip Dhillon, Nicola Palin, Claire Bills, Caroline Brand, and Riva Eardley*

Central Health Ltd: *Michelle Dyoss*

Significant Contributions to the report

City of Wolverhampton Council, Public Health: *Parmdip Dhillon, Nicola Palin, Claire Bills, Caroline Brand*

City of Wolverhampton Council, IDOX and GIS team: *Gary Swift*

City of Wolverhampton Council, Transport Strategy: *Tony Patten*

Wolverhampton Local Pharmaceutical Committee: *Jeff Blankley, James Laurence*

Organisations which have supported the PNA process

City of Wolverhampton Council teams (Planning; Public Health; Commissioning) Local Pharmaceutical Committee Wolverhampton City and Black Country Integrated Care Board (ICB)

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Executive summary

This document summarises the full Wolverhampton Pharmaceutical Needs Assessment (PNA): 2022 - 2025. The PNA describes key local health needs and the range of services available in community pharmacies (local chemists) across Wolverhampton.

Introduction and Background

The *NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013*¹ require local Health and Wellbeing Boards to produce a PNA every three years. The last PNA was conducted in 2018. The findings from the PNA will inform the future commissioning of services from community pharmacies. The PNA also informs decisions by NHS England regarding the opening of new pharmacy premises.

How have we produced the PNA?

The PNA was guided by representatives from Public Health, Black Country, and West Black Country Integrated Care Board (ICB) (formerly Birmingham Clinical Commissioning Group-CCG), Central Health Ltd, and the Wolverhampton Local Pharmaceutical Committee (LPC).

Community pharmacies returned questionnaires with details of opening times and services offered. A public survey posted on the council website was promoted in the press and on social media. 311 residents responded giving us valuable insights into how people use community pharmacies and their opinions on the accessibility of services. Headline results are available in the full PNA.

The 60-day public consultation period began on Monday 4th July 2022 and ended on Sunday 4th September 2022.

Health Priorities in Wolverhampton

Wolverhampton has a population of 263,700², which is expected to grow over the next 25 years with most growth seen in the over 65's. Our communities are diverse with 68% of residents being White British and 32% of residents are from Black Minority Ethnic groups (BME). The city faces significant challenges, being the 20th most deprived Local Authority in the country³. Over 50% of Wolverhampton residents live in areas amongst the poorest in England impacting life expectancy and premature mortality across the city.

The six most important influences on local life expectancy are deaths in infancy and deaths related to alcohol, coronary heart disease, respiratory disease, stroke, and lung cancer.

The Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Strategy (HWBS) have identified seven priorities for action in Wolverhampton which cover the whole of the life course⁴. These health priorities require targeted work to improve healthy life expectancy across the city.

Community Pharmacies in Wolverhampton

There are 60 community pharmacies within the city which have been consolidated from 67 in 2018.

There are two distance selling pharmacies based here. This is comparable to other areas of the Black Country and higher than West Midlands and England averages.

Pharmacies are well spread across the city and are generally located near General Practices. All pharmacies are open for a minimum of 40 hours a week, with services offering longer hours concentrated in the most deprived areas of the city. Seven pharmacies are open after 7 pm during the week. The weekend opening is good on Saturday. 8 pharmacies across the city are also open on Sundays.

Travel time mapping informs us that, residents with access to a car can reach a pharmacy within a short drive (ten minutes). The majority of residents can reach a pharmacy within a 20-minute walk or 30-minute journey on public transport.

Most pharmacies offer private consultation spaces and many offer services in languages other than English. All offer electronic prescription services or delivery services for residents who may struggle to reach a community pharmacy.

Services offered in Community Pharmacies

Community pharmacies offer many services beyond the dispensing of medicines and are key contributors to health and wellbeing in the city. They are a gateway to our diverse population some of whom may not be in contact with other health services. All community pharmacies operate under a contractual framework⁵, last agreed upon in 2019, which sets out three levels of services: Essential Services, Advanced Services, and Local “Enhanced” Services.

Changes to services since the 2018 PNA

Medicines Use Reviews (MURs) were decommissioned on 31 March 2021. Several additional services have been introduced, including additional eligible patients for the New Medicine Service (NMS).

Discharge Medicines Service (DMS): a new Essential Service from 15 February 2021 which enables improved communication between secondary care and community pharmacies of changes made to a patient’s medicines in hospital, aims to reduce medication-related harm during transfers and care and reduce hospital readmissions.

Community Pharmacist Consultation Service (CPCS): an Advanced Service introduced on 29th October 2019 to enable community pharmacies to play a greater role in urgent care provision.

COVID-19 services: In response to the pandemic, two Advanced Services were created; the Pandemic Delivery Service and COVID-19 lateral flow test provision. The COVID-19 vaccination service was also added as an Enhanced Service provided by community pharmacies and commissioned by NHSE&I.

Due to the easing of COVID-19 restrictions by the government, the pandemic delivery service was decommissioned in March 2022. From April 2022, free universal symptomatic and asymptomatic testing for the general public in England stopped. Universal provision for free lateral test device kits (LFD) was also decommissioned from April 2022, although free availability remains for those with certain health conditions and also front-line health and social care staff. From November 2020, community pharmacies had to facilitate remote access to pharmaceutical services at or from the pharmacy premises.

Healthy Living Pharmacies status became an Essential requirement from January 2021 as part of the community pharmacy contractual framework.

Pharmacy Quality Scheme (PQS): The PQS scheme is a voluntary scheme that forms part of the CPCS. It supports the delivery of the NHS Long Term Plan and rewards community pharmacy contractors that deliver quality criteria in three quality dimensions: clinical effectiveness, patient safety, and patient experience. The PQS has been developed to incentivise quality improvement in specific areas yearly.

Essential services

All pharmacies provide core services including dispensing and disposal of medicines, promotion of healthy lifestyles, health promotion campaigns, and support for self-care. These are negotiated nationally as part of the NHS Community Pharmacy Contractual Framework.

Advanced Services

Some pharmacies provide additional services to support the use of medical appliances such as stoma care, incontinence, and wound drainage products. Many pharmacies offer services to support patients prescribed new medicines or higher-risk medicines to improve their understanding of how to take them safely and effectively.

Local 'Enhanced' Services

At the time of writing this PNA, Wolverhampton is part of Black Country and West Birmingham CCG. CCGs are to be replaced by integrated care boards (ICBs) as part of the Integrated Care Systems. It is anticipated that they will take on the delegated responsibility for pharmaceutical services from April 2022 from NHSE&I and therefore some services commissioned from pharmacies by CCGs will fall under the definition of Enhanced Services. From July 2022, Wolverhampton will part of the new NHS Black Country Integrated Care Board. There is a range of locally determined services provided through pharmacies in Wolverhampton:

Emergency Hormonal Contraception (EHC)

Pharmacies are well placed to provide EHC in the community and provide valuable support to wider sexual health and contraception services. Currently, 37 (61.67%) pharmacies are commissioned to provide this service, this is a slight reduction compared to 2018 when there were 44. There are 11 (18.33%) pharmacies providing this service privately and 10 (16.67%) are

willing to provide it if commissioned. The majority of the activity takes place in the city centre and Blakenhall, centring on young people living in the most deprived areas of the city and easy access to the city centre. Many pharmacies are willing to provide contraceptive services other than EHC; this could be considered in future commissioning.

Drugs Services (Supervised Consumption and Needle Exchange)

Community pharmacies provide valuable support to the current local provider, Recovery Near You. There is good coverage across the city with the highest volume of activity taking place in areas with larger numbers of clients in treatment. Pharmacies must continue to work closely with the local drug treatment service to engage with service users, provide continuity of care for service users and emphasise the importance of returning packs and litter.

Pharmacy First (Minor Ailments)

The Pharmacy First service aims to promote self-care and where appropriate the use of over-the-counter products for common ailments for people who are exempt from prescription charges, without the need to visit a GP. The following conditions are included in the service: acute cough, headache, sore throat, acute fever, earache, earwax, diarrhoea, cold and flu, sore throat, hay fever, dry skin/simple eczema, dermatitis, athlete's foot, bites and stings, scabies, sprains, and strains, threadworms, oral thrush, cystitis, cold sores, vaginal thrush, sunburn, nappy rash, mouth ulcers, heartburn/indigestion, warts and verruca's, and constipation. This service is commissioned by the ICB with a review date in March 2023. Pharmacy First has a continuing need to be commissioned beyond March 2023.

The following services are commissioned regionally through NHS England & Improvement Midlands Region:

Rota Service

This service ensures that there is adequate access to pharmaceutical services on days when pharmacies are not obliged to be open, such as Bank Holidays.

The Community Pharmacy Extended Care Service

This service aims to provide eligible patients who are registered with a General Practitioner (GP) with access to support for the treatment of Simple UTI in Females (from 16-65 years of age), Acute Bacterial Conjunctivitis (for children aged 3 months to 2 years), Impetigo, Infected Insect Bites, and Infected Eczema.

Community Pharmacy Consultation Service (CPCS)

The NHS Community Pharmacist Consultation Service (CPCS) was launched on 29th October 2019 as an Advanced Service. Since 1st November 2020, general practices have been able to refer patients for a minor illness consultation via CPCS, once a local referral pathway has been agreed upon. The service connects patients who have a minor illness or need an urgent supply of a medicine with a community pharmacy and aims to reduce pressures on the wider NHS.

Potential Opportunities for Community Pharmacies

There is a range of services not currently provided through community pharmacies that could be considered, including smoking cessation, PrEP supply, a commissioned service for dispensing of medication into compliance aids, and managing long-term conditions. The evidence base and patient acceptability of community pharmacies as a venue for these services should be considered to guide future commissioning.

NHS Health Check

Cardiovascular disease is a key contributor to excess years of life lost in Wolverhampton. COVID 19 has impacted the number of NHS Health Checks carried out at GP surgeries. Only 1% of those eligible for an NHS Health Check were invited in 2020/2021, decreasing to 0.8% in the second quarter of 2021/2022. NHS Health Checks are not currently offered in community pharmacies in the city, although pharmacies are willing to provide this service. Community pharmacies could provide an acceptable alternative venue for NHS Health Checks.

Brief Interventions for Weight Management and Alcohol

Both obesity and alcohol harm are key local priorities for action. Community pharmacies could provide an alternative platform for signposting to services and brief interventions.

Residents Survey

There were 311 residents that responded to our survey. The majority of respondents 262 (84.52%) felt that pharmacies were open when they needed them. There were 261 (84.19%) respondents that agreed they could find a pharmacy open on Saturday and 109 (35.16%) on Sundays. Compared to the PNA carried out in 2018 there appears to be a reduction in pharmacy opening hours on the weekend. Data collected from our pharmacy survey also confirms this finding.

Most prefer pharmacies that are close to their homes 234 (75%), or their GP surgery 135 (43.55%). Visits are most likely to be for the collection of repeat or one-off prescriptions for themselves 210 (67.74%) or someone else 81 (26.13%) or, to get advice from the pharmacist 48 (15.48%).

Assessment of Need

At this time, there is adequate community pharmacy provision, which is well distributed across the city and sufficient to meet the needs of residents. There are opportunities to increase uptake and quality of current services offered through commissioning and contracting mechanisms. Commissioners, contractors, and the LPC will need to continue to work together to develop and improve these services.

There are potential opportunities for community pharmacies to further contribute to key local health priorities. These could include smoking cessation, NHS Health Checks, brief interventions, and signposting to services for both weight management and alcohol. Further work is needed to assess the evidence for community pharmacy contribution and to incorporate this into future service reviews.

Next Steps

The Health and Wellbeing Board will need to monitor local changes in population, housing and health provision and determine if an update is required before the next iteration of the PNA in 2025.

NHS England, Black Country ICB and Public Health will continue to work closely with the Local Pharmaceutical Committee and community pharmacies to ensure high-quality services are offered. Further work will be undertaken to engage with stakeholders as services develop.

What is the Pharmaceutical Needs Assessment?

A Pharmaceutical Needs Assessment (PNA) is a structured approach used to identify the current pharmaceutical provision, and any unmet need for services, as required by the local population, now and in the future. Whilst it is the Health and Wellbeing Board's responsibility to ensure this document is produced, it is NHS England that will use the findings to determine whether new pharmacies are needed, as they hold pharmaceutical lists which help them to control market entry to NHS Pharmaceutical services. Decisions made by NHS England regarding market entry based on the findings of the PNA are open to appeal and legal challenge.

Community pharmacies provide a range of services defined as per the Community Pharmacy Contractual Framework ⁵ :

- **Essential** – all pharmacies must provide dispensing of medicines and safe disposal of medicines, the discharge medicines service (DMS), promotion of healthy lifestyles, participation in health promotion campaigns, signposting to other health care providers, and support for self-care.
- **Advanced** – some pharmacies may provide the New Medicines Service (NMS), Appliance Use Reviews (AURs), Stoma Appliance Customisation Services (SACs), the NHS influenza vaccination service, the Community Pharmacy Consultation Service (CPCS), the Hypertension Case Finding Service and the Smoking Cessation Service.
- **Locally commissioned (“Enhanced”) services** – some pharmacies may provide additional services commissioned locally by NHS England, CCG (ICB from July 2022), or the Council's Public Health department. Current locally commissioned services

include emergency hormonal contraception, needle exchange, and supervised consumption for substance misuse.

The PNA will also be used to inform the future commissioning of services from pharmaceutical service providers.

The last PNA was published in 2018. A revised PNA must be completed every three years, or earlier if there are significant changes to the need for pharmaceutical services identified before this. The PNA for Wolverhampton was undertaken in accordance with the requirements set out in the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013¹. Public Health will be leading the development of the PNA on behalf of the Health and Wellbeing Board. Due to the COVID-19 pandemic, an extension has been granted to publish the completed PNA by 1st October 2022.

The PNA process for Wolverhampton has been guided by the Department of Health's (DoH) Pharmaceutical Needs Assessments: Information Pack for Local Authority Health and Wellbeing Boards¹. This document contains the legislative background behind PNAs, what 'pharmaceutical services' means in terms of PNAs, what the minimum information that should be included in PNAs is, the frequency of updating PNAs, and the consultation requirements, and what to consider when making assessments.

2.1 Steering Group

A steering group was set up to develop the PNA in accordance with the DoH guidance. Members of this steering group included representatives from Black Country and West Birmingham Clinical Commissioning Group (CCG), Central Health Ltd, the Local Pharmaceutical Committee (LPC), and the City of Wolverhampton Council's Public Health.

2.2 Pharmacy Survey

A Pharmacy Survey to gather information from all the community pharmacies in Wolverhampton was developed on Citizen Space using the Pharmaceutical Services Negotiating Committee (PSNC)⁶ pharmacy survey as a basis and with locally determined questions added to this (*Appendix 1*). The survey included questions on opening and closing times, commissioned services, usage, and accessibility. Additional questions were included to assess the impact of COVID-19 on pharmacy services. This survey was sent to all 60 community pharmacies via a web link along with a letter explaining the reason for the survey (*Appendix 2*), and with regular reminders from the Public Health team and the LPC, a 100% online completion rate was achieved.

2.3 Public Survey

A survey to gather the public's perception of their experiences of using community pharmacies was also developed on Citizen Space (*Appendix 3*). This included questions on the reasons for using the pharmacy, satisfaction with the service, opening times, convenience, travel methods, and accessibility.

Additional questions were added to assess the impact of COVID-19 on how the public accesses and uses pharmacy services. A briefing was written to support this survey and was sent out to stakeholders via the Council and CCG and placed on the organisations' websites and social media (*Appendix 5*). In addition to this, 10 copies of the survey were printed out and sent to each pharmacy (a total of 600 printed surveys), along with a poster that included a QR code to facilitate digital access to the survey (*Appendix 4*). As of 17th May 2022, 311 completed surveys had been returned.

The majority of the respondents to this survey were from a White British background (67.42%), which is proportionally representative of the population of Wolverhampton. 27.77% reported that they were of Black and Minority Ethnic (BME) background. Some respondents (5.81%) to the Public Survey did not disclose their ethnicity. Nearly two-thirds of respondents were female (65.81%).

There were 151 (48.71%) respondents reporting that they were in employment or self-employed, 7 (2.26%) were in education, 105 (33.87%) were retired, and 14 (4.52%) were stay-at-home parents/carers or similar. The ages of the respondents were observed most in age brackets 55-64 (26.45%) and over 65 (25.81%). 58 (18.71%) stated they did have a long-term condition or disability.

2.4 Consultation Process

As per the guidance¹, a 60-day statutory consultation period was undertaken to enable stakeholders to review the draft PNA and comment on the content of the document. This consultation period ran from 4th July-4th September 2022. As per the guidance, the draft PNA was sent to the following:

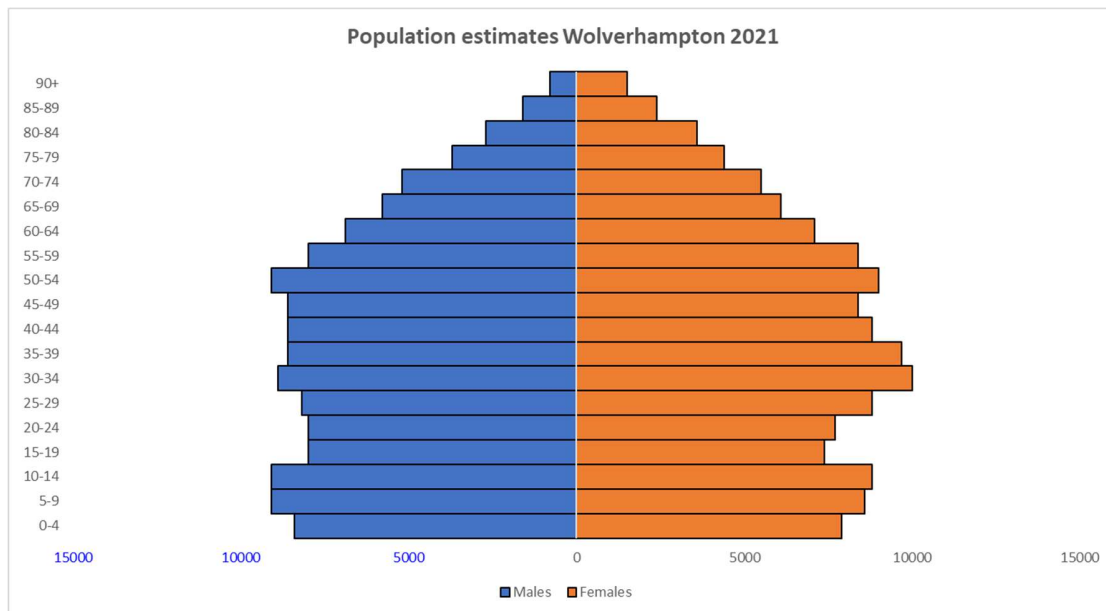
- a) The Local Pharmaceutical Committee for Wolverhampton and that for one other area.
- b) The Local Medical Committee for Wolverhampton, and that for one other area.
- c) Any persons on the pharmaceutical lists and any dispensing doctors for Wolverhampton.
- d) Any Local Pharmaceutical Services (LPS) Pharmacy in Wolverhampton with whom NHS England has made arrangements for the provision of any local pharmaceutical services.
- e) The local Healthwatch organisation for Wolverhampton and any other patient, consumer, or community group in Wolverhampton that in the opinion of Wolverhampton's Health and Wellbeing Board (HWB) has an interest in the provision of pharmaceutical services in its area; and
- f) The local NHS trust in Wolverhampton.
- g) NHS England; and
- h) Any neighbouring HWB (Sandwell, Dudley, Walsall, or South Staffordshire).

In Wolverhampton, there are no dispensing doctors or LPS chemists. Questions were developed to enable structured feedback to be received. The feedback received following the statutory consultation has been used to make appropriate changes to the document, and a summary of all the comments received is provided in (*Appendix 6*)

2.5 Ratification by the Health and Wellbeing Board

Upon closure of the Public Consultation period, the comments received were reviewed and incorporated into the final PNA. This will then be taken to the HWB for ratification in October 2022. Any further comments and changes requested by the HWB will be made to the PNA, and subsequently published as a supplementary update.

Figure 1: Population estimates for Wolverhampton, 2021



Source: ONS Census 2021

Currently Wolverhampton has an estimated population of 263,700², this estimate shows an increase of 5.7% compared to Census 2011 (estimated population 249,500⁷). Wolverhampton is the third most densely populated of the West Midlands (30 local authority areas⁸).

Wolverhampton's population is projected to grow to 296,102 by 2043. Moreover, Wolverhampton is younger than the English average however, there are still challenges from an aging population, with the 65+ group expected to rise faster than other cohorts⁸.

Wolverhampton's population is closely split, with there being 50.93% (134,300) females and 49.07% (129,400) males⁹.

Within Wolverhampton 21% of residents are disabled which is a similar rate to the England average (18)¹⁰.

The majority of the population of Wolverhampton are from White background (68%) and 32% of the population are from Black and Minority Ethnic (BAME) communities. Moreover, these rates are similar to rates within the 2011 census⁷.

Figure 2- Ward City Deprivation

Ward	City Deprivation Ranking(1-20) 1 is most deprived/20 least	Total Ward population	% of population are Black or Minority Ethnic (BME) (City Average: 32 %)	% with a limiting illness which limits daily activities a little or a lot
Bilston East	1	14,916	20.5	28.5
Bushbury South & Low Hill	2	16,549	31.6	28.0
East Park	3	13,137	27.4	28.9
St Peter's	4	10,976	61.6	17.4
Ettingshall	5	16,552	53.5	18.5
Heath Town	6	16,160	44.5	24.3
Graiseley	7	13,287	48.8	22.3
Bilston North	8	12,440	26.8	20.4
Fallings Park	9	12,160	17.4	30.3
Blakenhall	10	13,247	73.7	n/a
Spring Vale	11	12,199	25.4	27.5
Park	12	9,776	42.7	18.6
Oxley	13	12,655	24.5	25.2
Wednesfield North	14	10,827	8.0	31.1
Wednesfield South	15	11,744	20.7	29.8
Bushbury North	16	12,153	12.8	22.6
Merry Hill	17	11,907	19.4	34.1
Tettenhall Wightwick	18	10,836	17.6	25.1
Penn	19	12,378	33.0	21.5
Tettenhall Regis	20	11,849	22.2	28.4

Source: Public Health Annual Report 2020-21

The wards with the highest proportion of BME population are; BlakenHall (73.7%), St Peter's (61.6%), Ettingshall (53.5%), Heath Town (44.5%) and Park (42.7%) (*Please see figure 2*)¹¹.

Moreover, these findings are similar to what was reported in the 2018 PNA.

The wards that have been identified as most deprived are (*Please see table 1-Most deprived ranking 1-20 least deprived*) Bilston East (1), Bushbury South and Low Hill (2), East Park (3), St Peters (4) and Ettingshall (5). Furthermore, the Wards that have been identified as the city's least deprived are: Tettenhall Regis (20), Penn (19), Tettenhall Wightwick (18), Merry Hill (17) and Bushbury North (16).

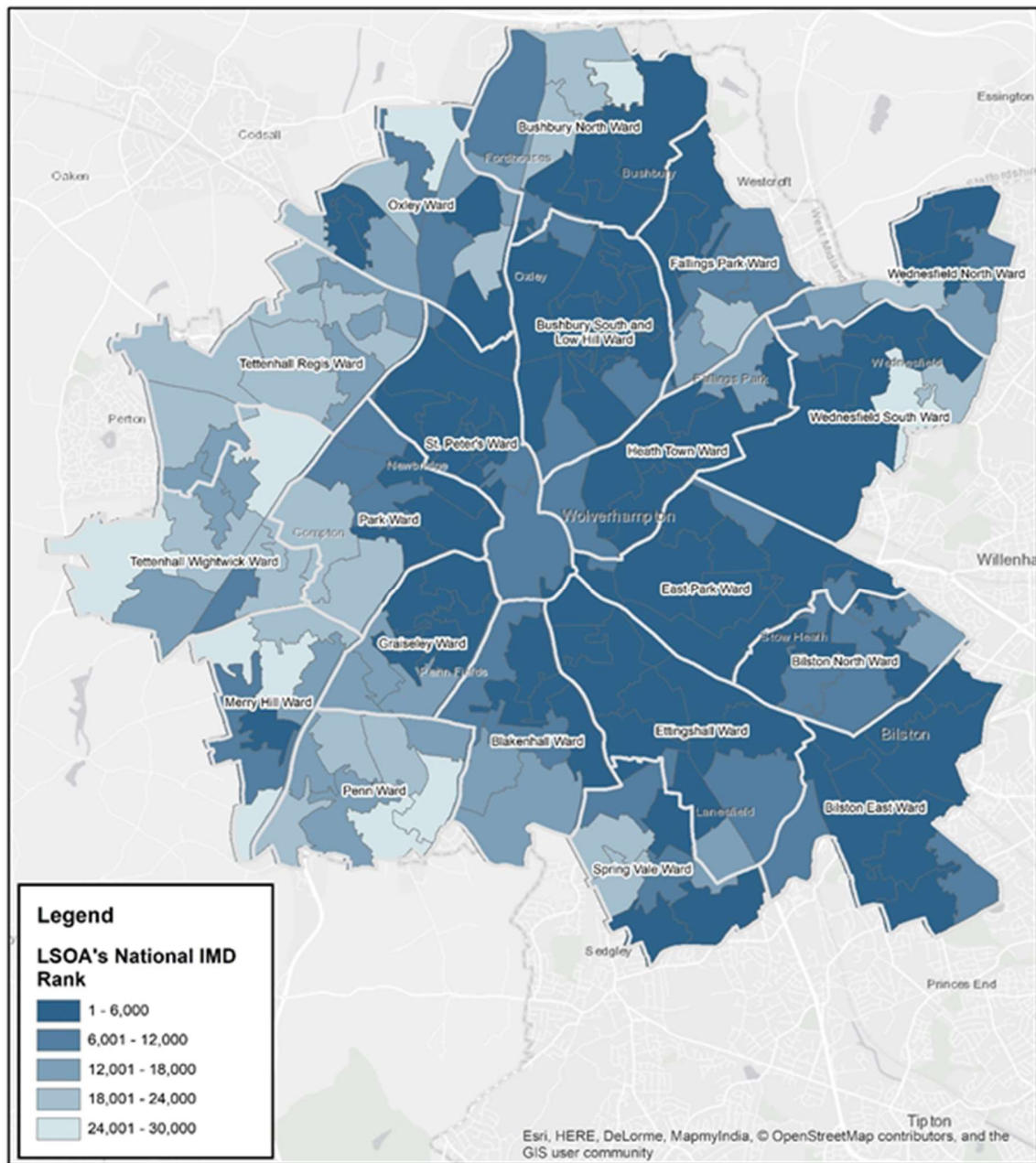
Within Wolverhampton 21% of residents are disabled which is a similar rate to the England average (18)⁸. The wards that have the highest number of residents '% with a limiting illness which limits daily activities a little or a lot' are; Merry Hill (34.1%), Wednesfield North (31.1%), Fallings Park (30.3%), Wednesfield South (29.8%) and Bilston East (28.5%)¹¹.

Some of the demographic data included within this section has been acquired from the 2011 Census. At the time of writing this PNA only part of the 2021 data had been published. Once all of the 2021 Census data has been published, the data will be reviewed, and a supplementary statement will be published if necessary to reflect these changes.

Deprivation

The city faces significant challenges, being the 20th most deprived Local Authority in the country³. Over 50% of Wolverhampton residents live in areas amongst the poorest in England impacting life expectancy and premature mortality across the city.

Figure 3: Index of Multiple Deprivation Score 2019, by Wolverhampton LSOA



Source: GOV.UK (2019)

Deprivation is a determinant of poor health, and is linked to higher levels of morbidity, premature mortality which is linked to a lower healthy life expectancy, and increased health inequalities. The Index of Multiple Deprivation (2019) is a measure of relative deprivation for small areas lower super output areas (LSOAs) in England ¹².

The LSOAs use weighted figures for the following: income; employment; education, skills, and training; health deprivation and disability; crime; barriers to housing and services; and the living environment. All LSOAs (average population size of 1,500 residents) of England are ranked from 1 (most deprived LSOA) to 32,844 (least deprived LSOA), and those within the top 20% most deprived LSOAs are described as being in the most deprived quintile ¹².

Most of the LSOAs in the North-East, East, and South-East of the City are in the 20% most deprived areas nationally, which are labelled as 1 - 6000 in Figure 3. The LSOAs which are in the 6011 – 12000 brackets are in the second most deprived quintile, whilst the LSOAs which are in the 24001 – 30000 brackets are in the least deprived quintile nationally ¹².

4.1 Local Health and Wellbeing Priorities

The Joint Health & Wellbeing Strategy 2018-2023 priorities ⁴ are thematically grouped as follows:

Growing well:

- **Priority 1 Early Years** - Supporting parents to be active in their child's development
- **Priority 2 Children & young people's mental wellbeing & resilience** - Working to improve children and young people's mental health

Living well:

- **Priority 3 Workforce** - Supporting people to stay healthy throughout their working lives, and helping people stay at work when they experience health problems (mental or physical). Develop, attract, and retain high-quality staff to ensure a health and social care workforce equipped for the future.
- **Priority 4 City Centre** - Improving the city centre e.g., transport links that enable walking and cycling, reducing rough sleeping, and tackling problems associated with alcohol misuse and public safety.
- **Priority 5 Embedding prevention across the system** - Enabling people to live longer and healthier lives by helping them change their lifestyle and improving the environment in which they live.

Aging well:

- **Priority 6 Integrated Care; Frailty and End of Life** - Health partners working together more effectively, in particular, for people who are frail or at the end of life.
- **Priority 7 Dementia Friendly City** - Working together to enable the city to be Dementia Friendly for people living with Dementia and their families

Further priorities in relation to these areas include long-term conditions (such as diabetes and stroke), health improvement (such as reducing childhood obesity), the prevention of mortality from preventable diseases such as chronic liver disease, and the prevention of falls.

The Health and Wellbeing Board's strategic outcomes are that these priority areas will have an impact on increasing life expectancy, improving quality of life, and reducing child poverty. The support of community pharmacies is necessary to achieve these overarching strategic outcomes.

Life expectancy and Years of Life Lost (YLL) are affected by the age at which death occurs.

Deaths that occur at an early age contribute more years to reducing the life expectancy and YLL

than those which occur at an older age, hence the impact of infant mortality is much higher than the impact of CHD, even though more deaths occur due to CHD. For example, a child who dies at the age of 1, contributes 73.5 years of life lost, compared to an adult aged 55 who dies of a heart who contributes 19.5 years of life lost.

For more comprehensive information on the health needs of Wolverhampton, please see the links on Wolverhampton's Joint Strategic Needs Assessment (JSNA) webpage, which can be found here: <http://www.wolverhampton.gov.uk/jsna>.

Throughout the PNA, data are presented on key health themes, which will be used to highlight the need across the city.

4.1.1 Smoking

In Wolverhampton, 9.9 % of adults were smokers in 2020, compared with 12.8 % in the West Midlands and 12.1% in England¹³. Wolverhampton adult smoking prevalence is lower than most of the West Midlands regions.

In 2016, ONS reported that people living in the most deprived areas of England were more than four times more likely to smoke than in the least deprived areas¹⁴. Furthermore, their findings indicated that a person's likelihood of smoking increased in line with deprivation in their ward.

Ward data from Wolverhampton City Council's Annual 'Public Health Report' (2020-2021)¹¹ shows that the ward with the highest prevalence of smoking adults is Bushbury South & Low Hill (31.9%), which are also ranked 2 on the City Deprivation ranking (DPR) (1 being most deprived and 20 least deprived). Moreover, Ettingshall (30.9%) had the second-highest smoking prevalence rate and ranked 5 (DPR). This is consistent with the 2016 ONS findings. However,

Merry Hill which is 17 DPR-Least deprived has a 28% prevalence rate (4th highest ward in Wolverhampton).

When looking at smoking by socioeconomic status, 15.8% of those working in routine and manual jobs (for example, as labourers, bar staff, lorry drivers, receptionists, or care workers). When compared to the regional and national rates this rate is significantly lower than the regional and national rates which, are 22% in West Midlands and 21% in England¹³.

Smoking in pregnancy is known to have serious detrimental effects on the development and intrauterine growth of the foetus, as well as on the health of the mother. Pregnant women who smoke are more likely to suffer complications during pregnancy and labour. Smoking in pregnancy is also linked to an increased risk of miscarriage, premature birth, stillbirth, low birth weight, and sudden unexpected death in infancy. During 2020/21, the proportion of pregnant women who were smoking at the time of delivery was 13.8% in Wolverhampton, which is higher than in the West Midlands (10.1%) and England (9.0% quarter 2 of 2021-2022)¹³.

Each financial year pharmacies, are required to participate in up to 6 health campaigns that are at the request of NHS England and NHS Improvement (NHSE&I). For the campaign period 28th February-31st March 2022, the chosen health campaign topic was smoking cessation. During the health campaigns pharmacies are given campaign resource packs. These packs included guidance leaflets and social media/digital resources relevant to promoting and guiding the campaign.

4.1.2 Alcohol and drugs

4.1.2.1 Alcohol and drug-related harm

The misuse (or problematic use) of drugs and alcohol has been linked to a range of negative impacts on individuals, families and communities. These include early death, long-term health conditions, reduced quality of life and economic opportunities, increased social issues, including homelessness, violence, and exploitation, requiring interventions from state and community-level service provision. Community pharmacies are well-placed to offer brief lifestyle advice and signpost to treatment services.

The national Drug Strategy ‘From Harm to Hope – a 10-year drugs plan to cut crime and save lives’¹⁵ in December 2021 followed a series of independent reviews carried out by Dame Carol Black, where it was concluded that, despite ongoing efforts the scale of drug-related harm in the UK was at a record high. Notably, the configuration of the national treatment system was declared neither fit for purpose nor able to meet the scale of need. Community pharmacies will be a key partner in the reconfiguration of treatment and recovery services.

Alcohol-related mortality: Wolverhampton has the 4th highest mortality rate (57.6 per 100,000) out of 153 local authorities within England and is 2nd highest in the West Midlands region. The number of alcohol-related deaths in Wolverhampton is considerably higher than the averages for the West Midlands (42.9 per 100,000 population) and England (37.8 per 100,000)¹⁶.

Alcohol-specific mortality: Wolverhampton (29.3 per 100,000) has the highest number of alcohol-specific deaths in the West Midlands region (16 per 100,000). The rate is higher than in England (13 per 100,000)¹⁶.

Alcohol hospital admissions: hospital admissions for alcohol-related conditions in Wolverhampton (615 per 100,000) are higher than in the West Midlands (515 per 100,000 population) and England (456 per 100,000 population)¹⁶

Hospital admissions for alcohol-specific conditions are decreasing for females, but the trend shows no significant change for males. Overall, the Wolverhampton rate (621 per 100,000) is higher than the regional and national (England) rates of 581 and 587 respectively.¹⁶

Wolverhampton does not have a commissioned service for alcohol in community pharmacies. One response from the Local Pharmacy 2022 survey suggested a need for an alcohol screening service as a locally commissioned service.

4.1.3 Physical activity

Physical inactivity is linked to conditions such as obesity, diabetes, cancer, dementia, stroke, heart disease, and hypertension. Regular physical activity helps to prevent and alleviate these conditions and is essential for physical and mental health and wellbeing. In 2020-21, 35.8% of Wolverhampton residents were inactive and did less than 30 minutes of physical activity per week.¹¹

4.1.4 Obesity

Being overweight and obese are risk factors for a range of health problems such as diabetes, heart disease, and some cancers. Increasing rates of overweight and obesity contribute to the top 6 conditions leading to excess years of life lost in Wolverhampton. During 2020-21, 67.4% of adults over 18 in Wolverhampton are classified as overweight or obese.¹¹

According to the Local Pharmacy Survey 2022, 45 of 60 (75%), pharmacies are willing to provide a service for Obesity Management (adults & children) if commissioned.

Findings from the Public survey indicated that individuals would like more pharmacies to have weighing scales in their local pharmacies so that they can manage their weight.

4.1.5 Sexual health services

Sexual Health and the reduction in the prevalence and transmission of Sexually Transmitted Infections (STIs) are of public health importance, as they are avoidable, but can lead to reproductive ill-health, such as infertility. STIs are also linked to some cancers such as cervical, anal, and oropharyngeal cancer, and have huge cost implications for primary and secondary care, as well as contributing to antibiotic resistance.

4.1.5.1 Teenage conceptions

Although rates of teenage pregnancy have rapidly reduced over the past 18 years, a continued focus is still needed. Children born to teenage mothers have a 63% higher chance of living in poverty¹⁷. In Wolverhampton, the teenage pregnancy rate taken from 2020 was 27.0 (per 1,000-under 18 conception rate), which was significantly higher than the rates for the West Midlands and England, 18.3 and 15.7 per 1,000 15 – 17-year-olds respectively.¹⁸

Rates of teenage pregnancy are higher in the wards known to have higher levels of deprivation. The highest rates of teenage conceptions in Wolverhampton are found in East Park (55.5 per 1,000), Bushbury South & Low Hill (49 per 1,000), and Heath Town (42.3 per 1,000). Rates are also elevated in Fallings Park and Bilston North¹⁸.

The lowest rates of teenage conceptions were seen in Tettenhall Regis (7.2) Penn (10.1) and Tettenhall Wight wick (12.3). These wards are within the least deprived quintile.

4.1.5.2 Gonorrhoea

Gonorrhoea is an STI used as a marker for understanding unsafe sexual activity, as most cases are diagnosed in Genito-Urinary Medicine (GUM) clinics and can represent a measure of access to STI treatment, as it is more likely to result in symptoms that patients will seek treatment for, in comparison to Chlamydia.

Wolverhampton has a higher crude diagnostic rate of Gonorrhoea per 100,000 of 97 compared to 79 in West Midlands. However, these figures are lower than the England rate of 101 in 2020.¹⁸

Currently, no pharmacies are commissioned to provide a Gonorrhoea screening service under contract, but 58 (86.6%) are willing to provide this service if commissioned.

4.1.5.3 HIV

The prevalence of a positive HIV diagnosis in Wolverhampton in 2020 was 3.47 per 1,000 population aged 15-59, which is an increase from the prevalence of 2.97 per 1,000 in 2016¹⁸. The National Institute of Health and Clinical Excellence (NICE) recommends that high prevalence areas, defined as more than two per 1,000 population, should consider expanding HIV testing (the routine offer of HIV testing within general medical admissions and new GP registrations)¹⁹.

The uptake of HIV testing in Wolverhampton is higher than the national average, 65%, and 46% respectively. The proportion of people in Wolverhampton who presented with HIV at a late stage of infection during 2018-20 was 56.1%, which is higher than the England average of 42.4%.¹⁸

No pharmacies currently provide an HIV screening service; however, the Local Pharmacy Survey 2022 indicates that 55 pharmacies (82.1%) would be willing to if a service was commissioned.

Pre-exposure prophylaxis (PrEP) medication is available for some people who are at high risk of HIV infection. At present, PrEP is offered through sexual health clinics. There are potential opportunities for PrEP supply service to be commissioned in community pharmacies.

4.1.6 Screening and Immunisations

There appears to be a good uptake of the national childhood immunisation programme (diphtheria, pertussis, tetanus, Haemophilus influenza type b (Hib), polio, pneumococcal vaccine (PCV), measles, mumps, and rubella (MMR) and meningococcal C in Wolverhampton for children up to the age of two years. Uptake in Wolverhampton is similar to the England average for all these vaccines.

The childhood immunisation boosters at 5 years of age have an estimated uptake that is similar to the England average - MMR, 94.2% compared to 94.8%; Hib/Men C, 91.1% compared to 91.6%.²⁰

There is poor uptake of the vaccines available to adults. The pneumococcal polysaccharide vaccine for adults (PPV) is recommended for people in clinical risk groups and all individuals over 65 years. The uptake of PPV in Wolverhampton is 65.9% which is slightly worse than the England average of 70.1%.²⁰

The influenza vaccine is also recommended for people in particular clinical risk groups and all individuals over 65 years. Uptake for individuals over 65 years is 67.5%, worse than the England average of 70.5%. Although uptake for at-risk groups is 47.4%, similar to the England average of

48.6%, there is room for improvement as slightly over 50% of at-risk individuals are not immunised.²⁰

There are currently no pharmacies providing a childhood immunisations service under contract, however, 60 (89.6%) would be willing to if they were commissioned.

Community pharmacies in Wolverhampton do not provide screening services for alcohol, cholesterol, Gonorrhoea, H. pylori, HbA1C, hepatitis, or HIV, however, over 65% of the pharmacies would be willing to provide screening services for these if they were commissioned.

Pharmacies are currently not commissioned to provide the Human Papilloma Virus (HPV) vaccinations service, however, 59 (88.1%) would be willing to provide this service if commissioned.

4.1.7 Long Term conditions

4.1.7.1 Cardiovascular disease

Cardiovascular disease (CVD) is a key contributor to premature mortality in Wolverhampton and a major public health concern. In 2013/15, 100.8 deaths per 100,000 persons aged less than 75 years were due to CVD. In 2017-19, the figure rose to 108.2 deaths per 100,000 and is higher than the West Midlands figure of 77 deaths per 100,000 and the England figure of 70.4 deaths per 100,000.²¹

The NHS Health Check programme offers five-yearly screening for CVD in 40 – 74-year-olds without a previous diagnosis of CVD. In Wolverhampton, this programme is currently delivered by GPs, but not offered through community pharmacies. The COVID 19 pandemic has had an

impact on the delivery of the NHS Health Check programme. Improving uptake of NHS Health Checks is a priority in Wolverhampton²².

Results from the Local Pharmacy Survey 2022 indicated:

- **CHD:** 44 (73.3%) pharmacies are willing to provide this service if commissioned to do so
- **Heart Failure:** 44 (73.3%) pharmacies are willing to provide an Advanced Service if commissioned to do so
- **Hypertension:** As of February 2022, 16 (26.6%) pharmacies have shown activity for the Hypertension case-finding Advanced Service, which is a new commissioned service. Findings from the Local Pharmacy Survey 2022 showed that 3 (5%) pharmacies provide a Hypertension service privately and 29 (48.3%) pharmacies are willing to provide this service if commissioned to do so.

4.1.7.2 Other long-term conditions

Whilst GP practices have QOF registers to help manage the conditions of their registered patients with known long-term conditions, there are no disease-specific management services available through community pharmacies, however, there is a willingness from pharmacies to provide services if commissioned:

- **Allergies:** 2 (3.33%) pharmacies provide this service privately, 43 (71.6%) pharmacies would be willing to provide this service if commissioned and 11 pharmacies (18.3%) are not intending to provide this service.
- **Alzheimer's / Dementia:** 1 pharmacy (1.67%) provides this service privately, 43 (71.6%) pharmacies would be willing to provide this service if commissioned and 14 pharmacies (23.3%) are not intending to provide this service.

- **Asthma:** 1 (1.67%) pharmacy provides this service privately, 46 (76.6%) pharmacies would be willing to provide this service if commissioned and 10 (16.6%) are not intending to provide this service.
- **COPD:** 1 pharmacy (1.67%) provides this service privately, 47 (78.3%) pharmacies would be willing to provide this service if commissioned and 11 (18.3%) are not intending to provide this service.
- **Depression:** 1 (1.67%) pharmacy provides this service privately, 45 (75%) pharmacies would be willing to provide this service if commissioned and 13 (21.6%) are not intending to provide this service.
- **Diabetes type 1:** 3 (5%) pharmacies provide this service privately, 44 (73.3%) pharmacies would be willing to provide this service if commissioned and 12 (20%) are not intending to provide this service.
- **Diabetes type 2:** 4 (6.6%) pharmacies provide this service privately, 44 (73.3%) pharmacies would be willing to provide this service if commissioned and 11 (19.6%) are not intending to provide this service.
- **Epilepsy:** 1 (1.67%) pharmacy provides this service privately, 42 (70%) pharmacies would be willing to provide this service if commissioned and 16 (26.6%) are not intending to provide this service.
- **Parkinson's disease:** 44 (73.3%) pharmacies would be willing to provide this service if commissioned and 15 (25%) are not intending to provide this service.

4.2. Pharmacies

As well as dispensing prescribed medicines, community pharmacies offer many additional services and play a key role in helping to improve the health and wellbeing of the local population.

Community pharmacies are a valuable resource, which helps to alleviate some of the pressures placed on primary and secondary care.

Since the 2018 PNA, there have been several significant changes to the community pharmacy contractual framework, national directives including the NHS Long Term Plan, and environmental factors, which need to be considered as part of this PNA.

The following section details the provision of community pharmacies in Wolverhampton, in terms of location, opening times, and the services offered.

4.2.1 Number of Pharmacies serving location population

As of May 2022, there were 60 community pharmacies on NHS England's pharmaceutical list for Wolverhampton: three of these are 100-hour pharmacies, and two are distance-selling pharmacies (these pharmacies cannot provide essential services to persons present at or in the vicinity of the pharmacy).

Current community pharmacy provision has been consolidated to 60 pharmacies from 67 community pharmacies in 2018. This PNA does not include the pharmacy at Royal Wolverhampton NHS Trust's New Cross Hospital.

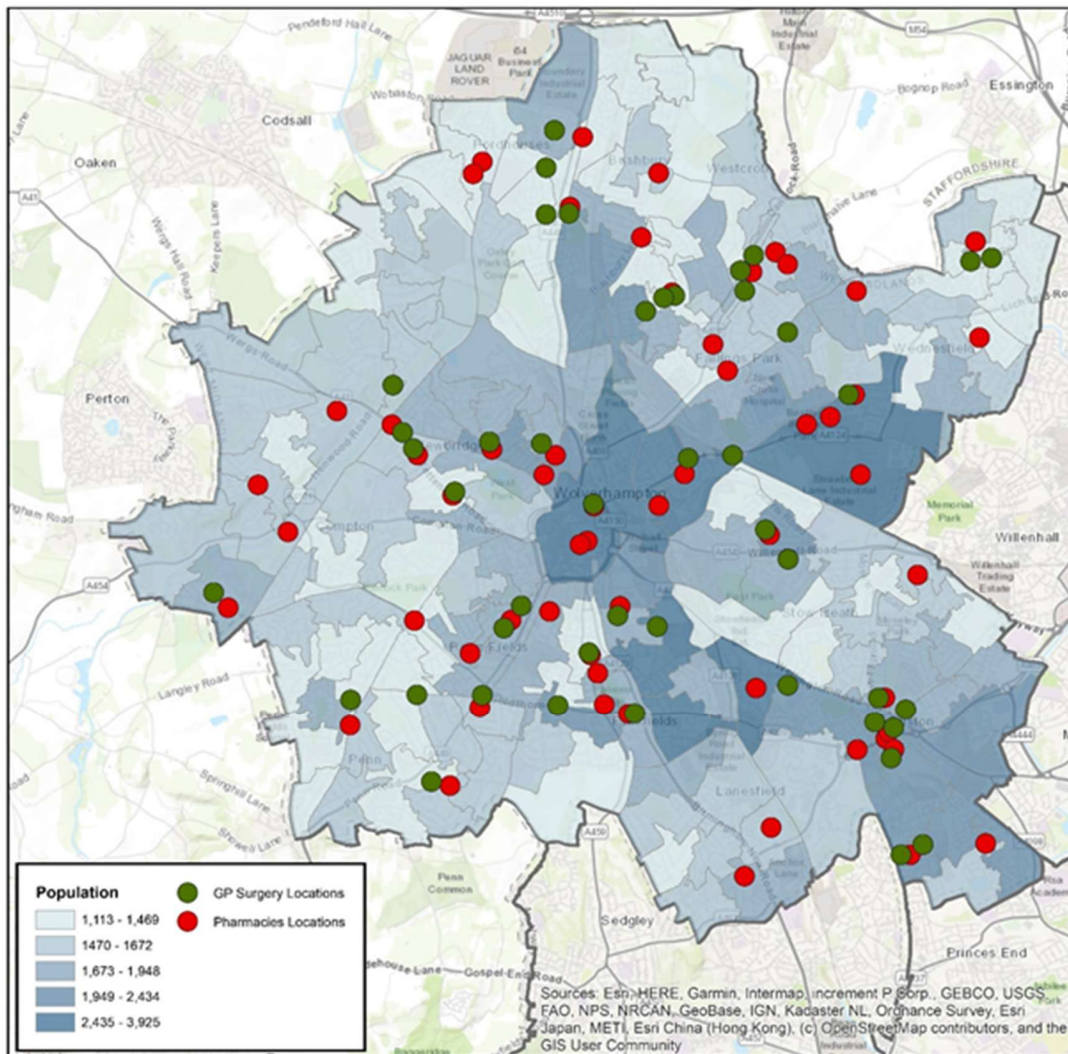
Out of the total number of respondents to the Public Survey, 109 (35.16%) use their community pharmacy 12 or more times a year, whilst 97 (31.29%) visit 7– 12 times a year, 61 (19.68%) visit 3-6 times and 41 (13.23%) visit less frequently or never.

4.2.2 Geographical location of pharmacies

In Wolverhampton, pharmacies are generally located near GP practices. However, there are also pharmacies serving areas where there are no GP practices nearby, particularly in the least

deprived parts of Penn, Ettingshall, Bilston North, Tettenhall Regis, and Tettenhall Wightwick (Figure 4).

Figure 4: Location of Community Pharmacies in Relation to General Practices in Wolverhampton with a total population(Mid-2015 estimates), by LSOA



Source: 2015 mid-year statistics ONS; Pharmacy locations – NHS England; GP practice locations – Black Country and West Birmingham CCG.

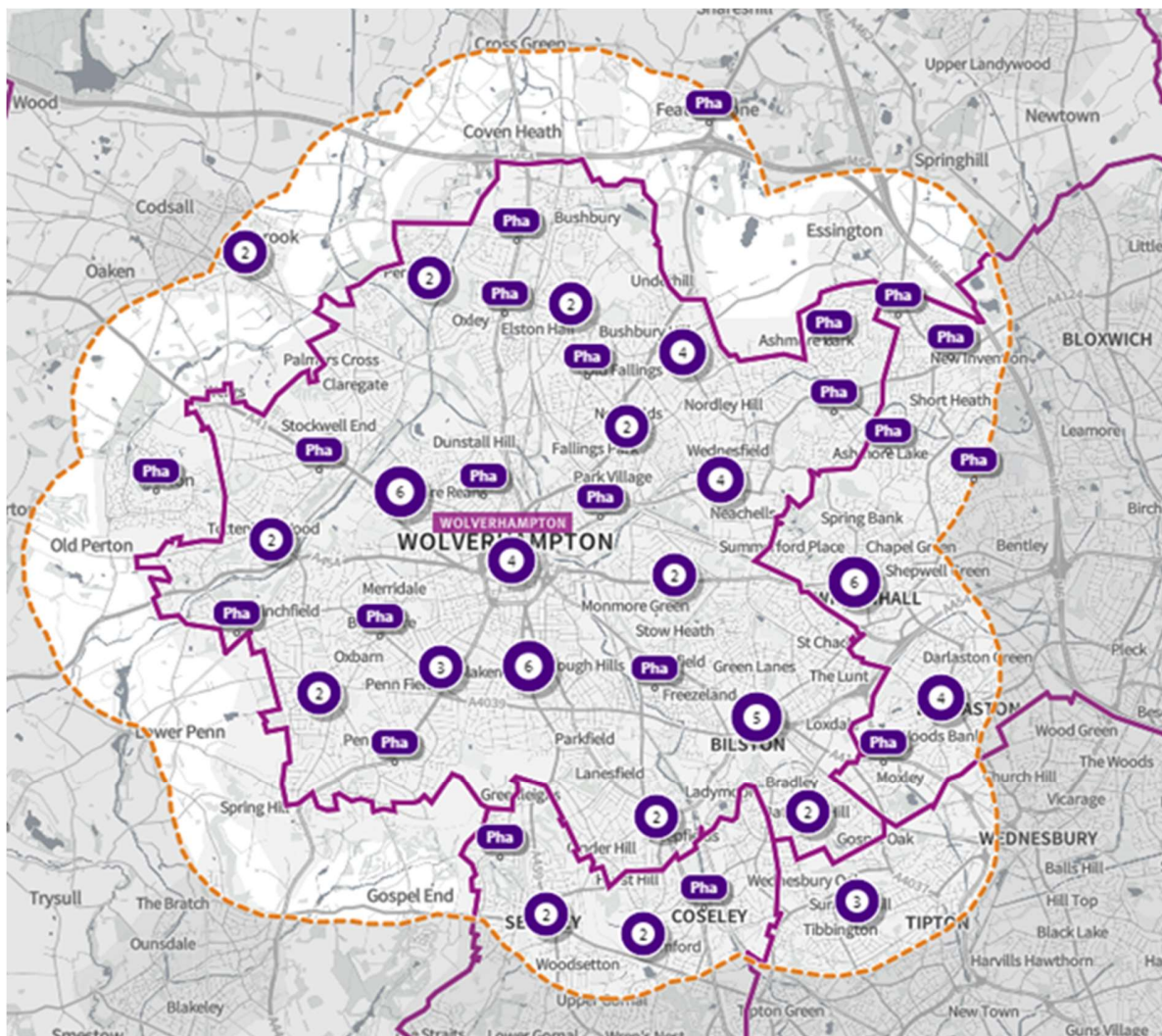
The majority of pharmacies are located in areas with higher levels of population density and the highest deprivation levels. These areas are Bushbury North; Bushbury South and Low Hill; Fallings Park; St. Peter's; Bilston East; Blakenhall; Heath Town; and Wednesfield South.

Wolverhampton has 37 GP practices, within 6 Primary Care Networks (PCNs)²³. Each PCN has provision for an extended hours service, which offers appointments during evenings and weekends. There is a nurse-led walk-in centre based at Phoenix Health Centre, offering treatment and advice for minor health problems, illnesses, ailments, and injuries without the need for an appointment, 365 days a year.

The Out of Hours Doctors service that was located at the Phoenix Centre, is situated at the new Urgent Care Centre at Royal Wolverhampton NHS Trust's New Cross Hospital: this can help bridge the gap in service provision when pharmacies and GPs are closed.

Wolverhampton shares borders with Dudley, Sandwell, South Staffordshire, and Walsall. Within 1 mile of the Wolverhampton border, there are 27 pharmacies, most of which are located to the East and South in Dudley, Sandwell, and Walsall. These three Local Authorities are more urban and densely populated than South Staffordshire, which borders Wolverhampton along the north, west, and southwest of the city (*Figure 5*).

Figure 5: Location of Community Pharmacies bordering Wolverhampton, 2022



Source: UKHSA, Shape Atlas, 2022

The pharmacies which are in the South Staffordshire area close to Wolverhampton’s border are located in small towns and villages.

The public was asked where they visited their community pharmacy and could tick all the locations which applied. Of the 311 responses received, 234 (75.48%) visit the pharmacy near their home, 135 (43.55%) visit the pharmacy near their GP surgery, 122 (39.35%) visit the pharmacy as it has parking nearby and 103 (33.23%) use the pharmacy because it is close to the

shops that they use. All these findings correlate with our 2018 PNA except for one; 'It is close to where I work'. This time, 27 (8.71%) of respondents chose this option whereas, in the 2018 public survey it was 65 (25.9%).

The Public Survey included a question on whether respondents felt that pharmacy services were available at locations convenient to them: 295 (95.16%) felt that they were, and 8 (2.58%) felt that they were not. Several reasons were provided in response to why the pharmacy locations were not convenient. Moreover, the identified themes from the public survey were that the local pharmacy has now closed so, they must travel further; some respondents live rurally and if they did not have a car, it would be difficult to get to the nearest pharmacy; and opening hours not being long enough (weeknight/weekend opening closures).

We asked respondents if they had any difficulties accessing their local pharmacy. There were 292 (94.19%) respondents that indicated they did not, whilst 10 (3.23%) did have difficulties. Some reasons that were identified were: no ramp access, shelves blocking the way around shop floors that made it difficult for wheelchair users to gain access, no parking available close by and staff not being trained in British Sign Language (this meant that patients had great difficulty in managing their medication and understanding how to take their medication correctly).

4.2.3 Opening Hours

Opening hours of pharmacies are contractually agreed between pharmacies and NHS England, and any changes to core hours must be discussed with NHS England. The majority (95%) of the community pharmacies in Wolverhampton are contracted to be open for 40 core hours, and these hours are mainly between 9 am and 5 pm. Most pharmacies also offer supplementary hours which means they can be open for longer than their contractual 40 hours. There were 3 (5%) of the community pharmacies that stated to having a contractual agreement with NHS England to be open for 100 hours each week.

The 100-hour pharmacies in Wolverhampton are open from 7 am or 7.30 am, until 10.30 pm or 11 pm on a weekday, and offer slightly reduced hours on the weekend. They are located in strategic places in Wolverhampton: at the Phoenix Urgent Care Centre, in Sainsbury's by Bentley Bridge Retail Park which is close to New Cross Hospital, and Whitmore Reans. These pharmacies cover areas that have high levels of deprivation, and areas that are easily accessible within 30 minutes of travel by car, walking or public transport for most Wolverhampton residents.

4.2.3.1 Weekday Opening Hours

There were 43 (71.67%) pharmacies reporting to be open from 9 am on Monday to Friday: the remaining are reported to be open before 9 am, and one of the 100-hour pharmacies opens as early as 7 am (*Figure 6*).

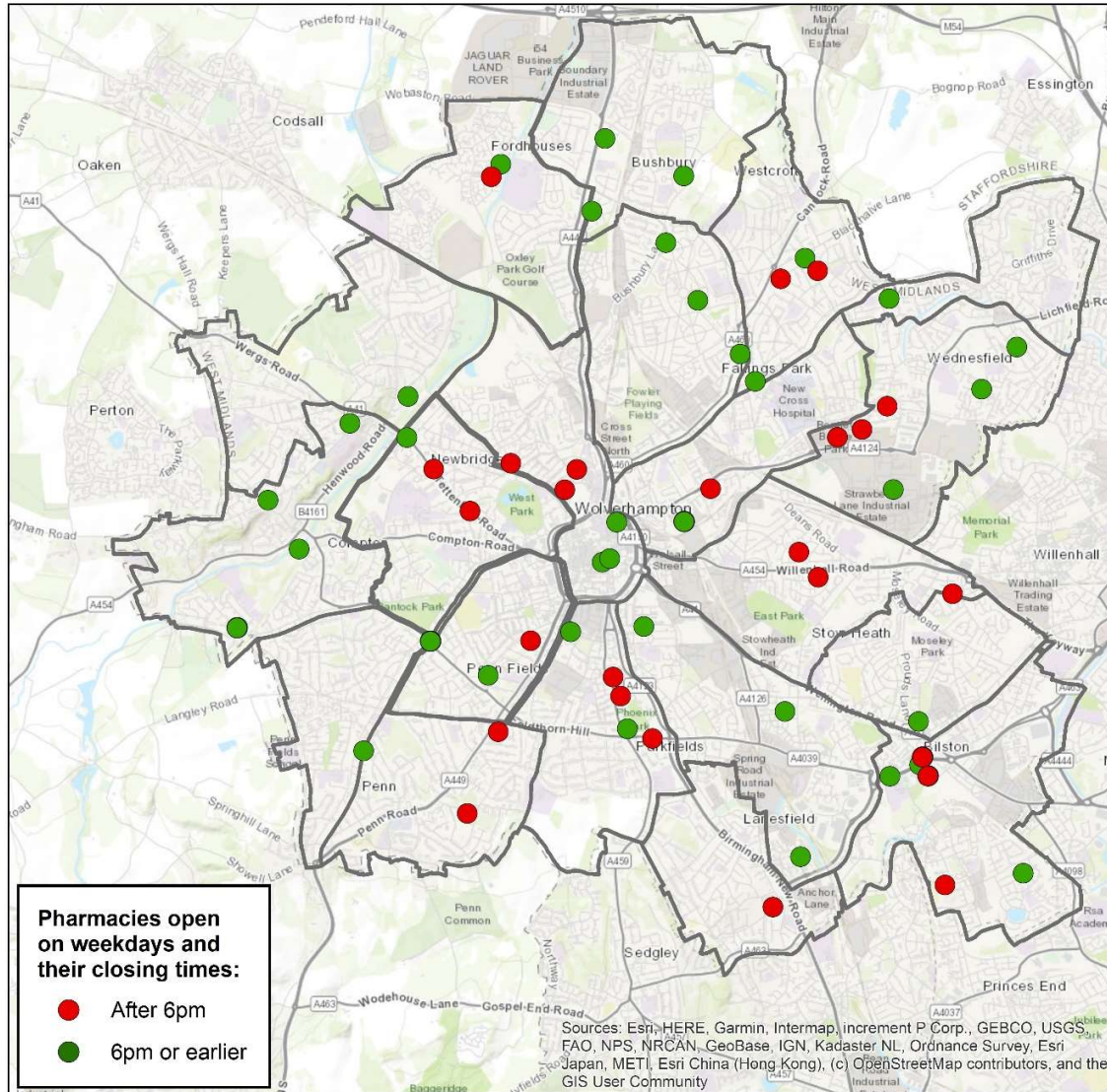
Pharmacies often have similar opening times during Monday to Friday, except on Thursday's when there is a slight increase in Pharmacies that close by 6 pm. Out of the 38 pharmacies, 1 closes at 1 pm, 1 closes at 3:30 pm, and 2 close by 5 pm.

- **Monday:** 34 (56.67%) closed by 6pm
- **Tuesday:** 34 (56.67%) closed by 6pm
- **Wednesday:** 35 (58.33%) closed by 6pm
- **Thursday:** 38 (63.33%) closed by 6pm
- **Friday:** 35 (58.33%) closed by 6pm

The remaining pharmacies close between 6.30 pm and 11 pm. To expand, there are two pharmacies open until 10.30 pm, and one that remains open until 11 pm on weekdays.

There is an increase of pharmacies that close by 6 pm compared to 2018 when for example on Mondays, 29 out of 67 pharmacies (43.28%) closed by 6 pm.

Figure 6: Usual weekday closing times of community Pharmacies, Wolverhampton 2022



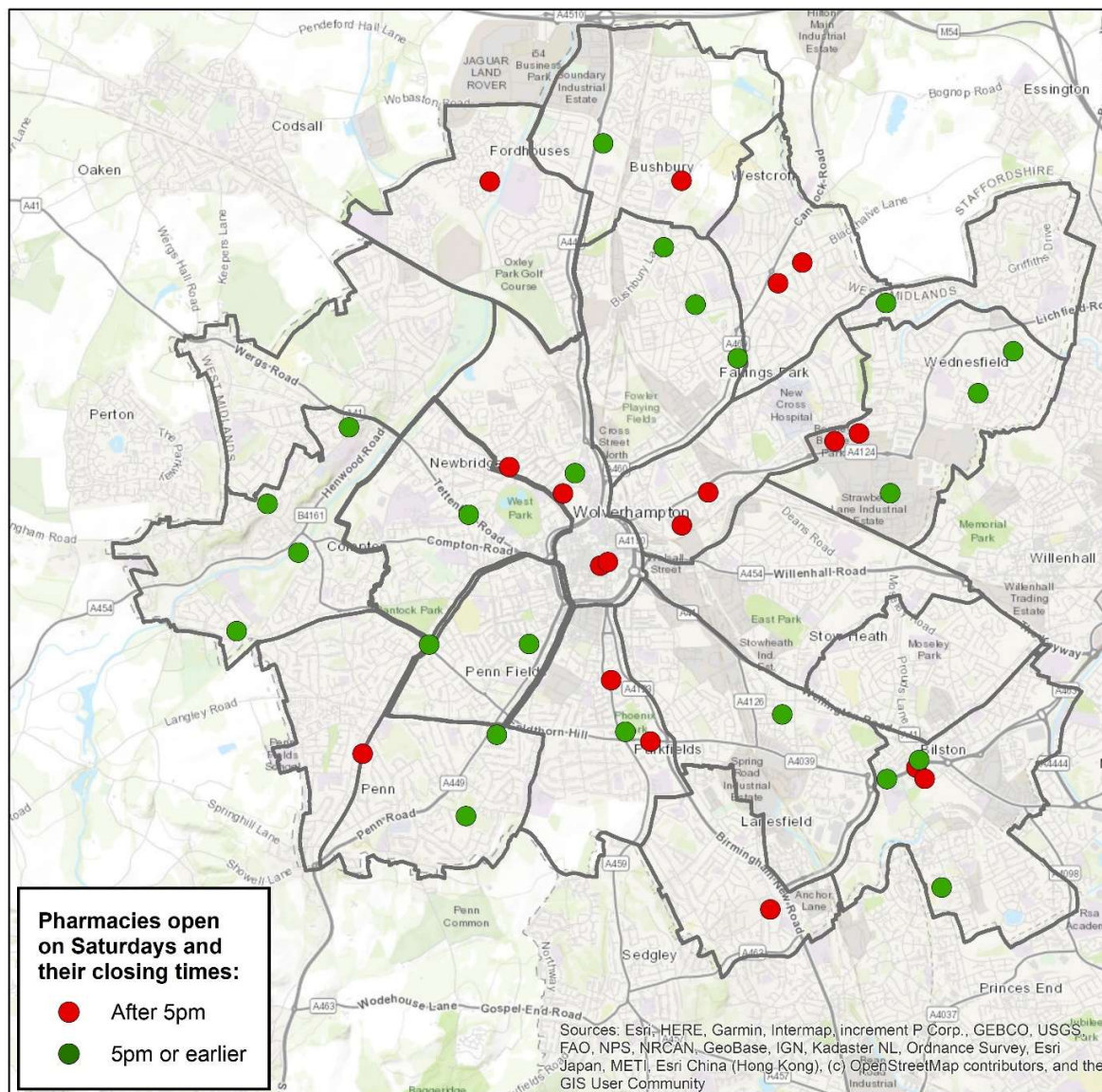
Source: Local Pharmacy Survey, 2022

4.2.3.2 Saturday opening hours

There were 42 (70%) pharmacies reporting to open on a Saturday, with opening times ranging from 7 am to 9 am. This is a reduction compared to 2018 where 51 (76.1%) were open on Saturdays.

The closing times range from 12 pm to 10.30 pm. Of these 42 pharmacies, 23 (38.33% of all pharmacies, and 54.76% of all Saturday opening pharmacies) were open until at least 5 pm, with the last 2 pharmacies closing at 10.30 pm (*Figure 7*).

Figure 7: Saturday closing times of Community Pharmacies, Wolverhampton 2022



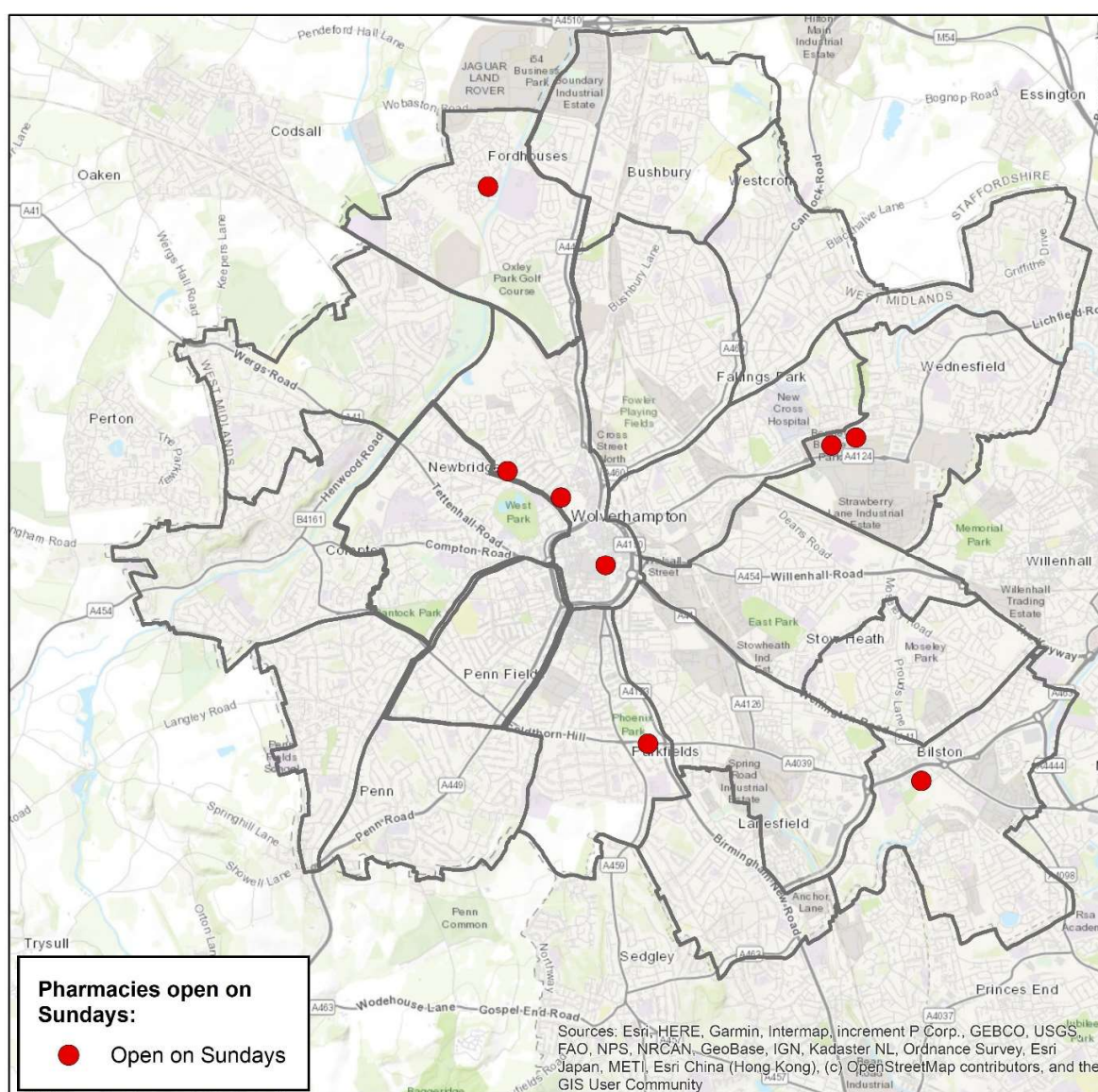
Source: Local Pharmacy Survey, 2022

The provision of pharmacies closing from 5 pm onwards on a Saturday is well distributed across the more deprived areas of the city, with the pharmacies which close at lunchtime or soon after being located in the least deprived areas of the northwest and west of the city.

4.2.3.3 Sunday opening hours

There were 8 (13.33%) of the 60 pharmacies reporting to open on a Sunday, this has slightly reduced compared to 2018 when there were 10 (14.9%). Six pharmacies open at 10 am, and two pharmacies open at 10:30 am. Four pharmacies close at 4 pm, two at 4.30 pm, one at 5 pm, and then one at 8 pm. The eight pharmacies which are open on a Sunday are situated in St. Peter's, Oxley, Blakenhall, Bilston East, and Wednesfield South (Figure 8).

Figure 8: Sunday closing times of Community Pharmacies, Wolverhampton 2022



Source: Local Pharmacy Survey, 2022

Similarly to the 2018 PNA, pharmacies open on a Sunday are mainly in the most deprived areas of the city.

4.2.3.4 Lunchtime closures

Most pharmacies do not close for lunch:

- **Weekdays:** 50 (83.33%) remain open all day, whilst the remaining take between a 30- and 60-minute break between 12 pm and 2:30 pm.
- **Saturday:** 25 of the 41 open pharmacies (60.97%) remain open after 1pm and do not close for lunch.

Sunday: All 8 of the open pharmacies (100%) do not close for lunch.

Of the 311 respondents to the Public Survey, 262 (84.52%) felt that their community pharmacy was open at the times they wanted to use them, whilst 42 (13.5%) felt that they were not. The most frequent themes identified from the public survey indicated the need for community pharmacies to be open later, and on the weekend.

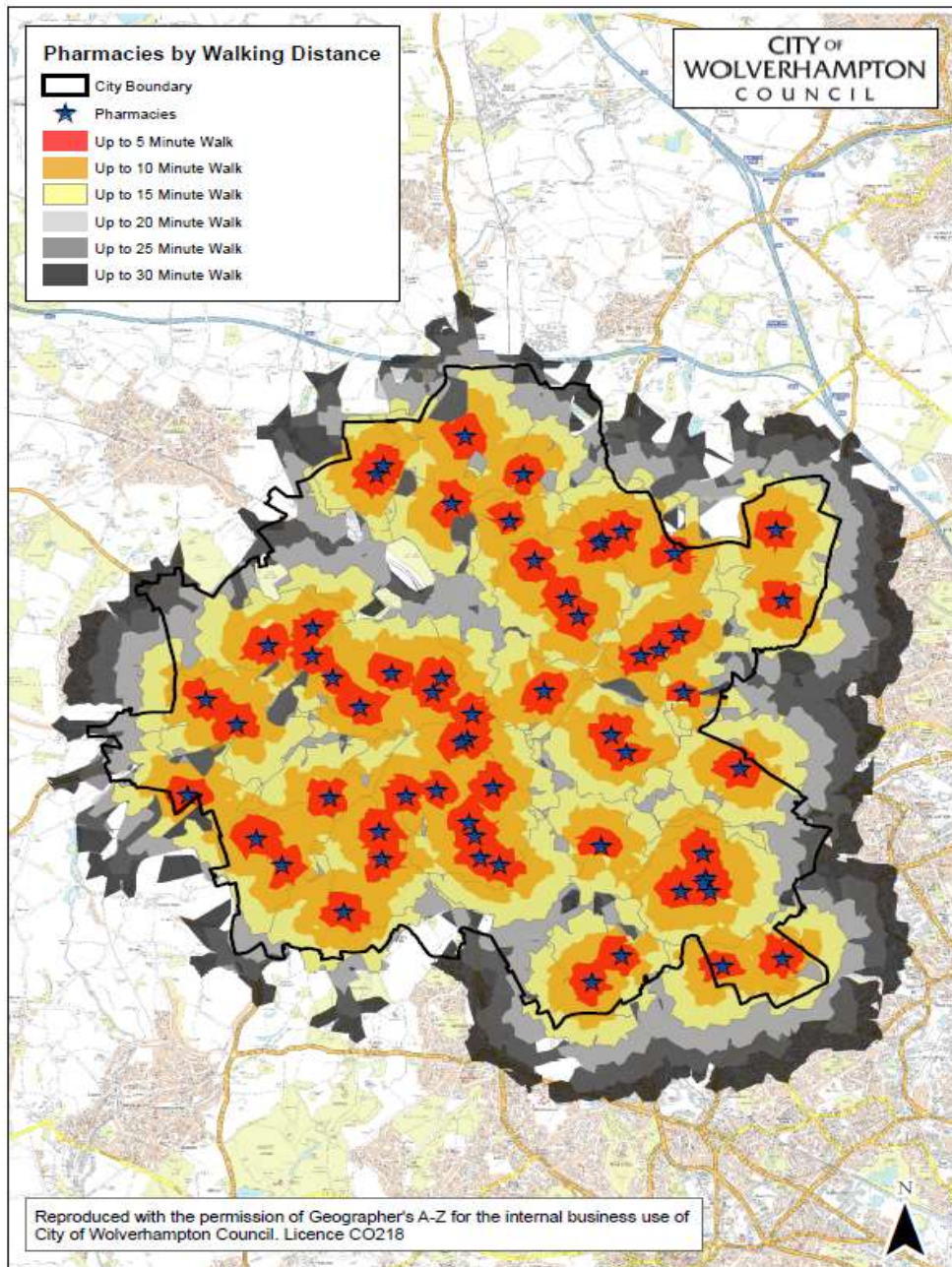
Several of the respondents who work regular office hours during the week suggested that pharmacies were open a few more hours in the evening to account for this. In the 2018 PNA, 229 (91.2%) of respondents felt the pharmacy was open when they needed them. However, as there has been an increase in response rate this can be a reason for the difference.

Of the total number of respondents to the Public Survey, 186 (60%) accessed their community pharmacies between the hours of 12 pm and 5 pm, 133 (42.9%) between the hours of 8 am and 12 pm, and a further 61 (19.6%) between 5 pm and 8 pm. The vast majority, 290 (93.5%), usually accessed pharmacies on weekdays, followed by 80 (25.8%) who usually visit on Saturdays.

The public was asked if they agreed they could access pharmacies at specific times and days during the week. There were 168 (54.2%) respondents that stated that they could find a pharmacy open on a weekday from 5 pm to 8 pm; 32 (10.2%) agreed that they could find a pharmacy open on weekdays between 8 pm to 8 am; 261 (84.19%) agreed that they could find an open pharmacy on a Saturday, whilst 109 (35.1%) agreed that they could find an open pharmacy on a Sunday. This indicates that satisfaction with the availability of pharmacies appears to be greatest on Saturdays and least satisfied with weekday evenings.

4.2.4 Travel times to Pharmacies

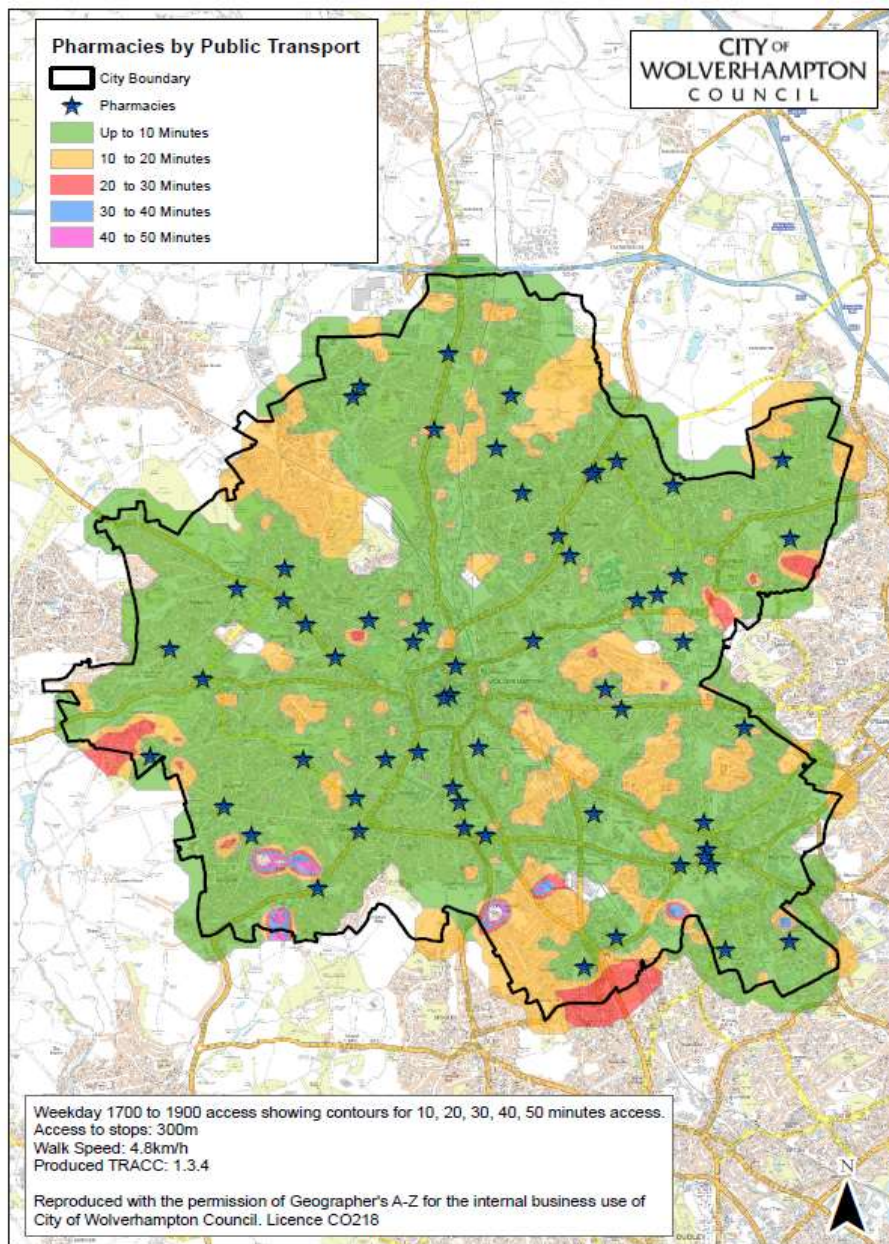
Figure 9: Travel times to Pharmacies by Walking Distance, Wolverhampton 2022



Source: Local Pharmacy Survey, 2022

The vast majority of residents in Wolverhampton are within a 20-minute walk of their closest Pharmacy, which suggests that there is an adequate spread of Pharmacies across the city. There are, however, small pockets closer to the edge of the city, where it would take residents longer than 20 minutes to walk to their closest Pharmacy, as well as small pockets in the Oxley area of the city (Figure 9).

Figure 10: Travel times to Pharmacies by Public Transport, Wolverhampton 2022



Source: Local Pharmacy Survey, 2022

The map above demonstrates that access to Pharmacies via Public Transport is adequate in the city, with the majority of residents living less than 20 minutes away from a Pharmacy via Public Transport. There are some smaller pockets in the city, where it would take longer than 20 minutes, which are located on the outskirts of the city (*Figure 10*).

The Public Survey included a question regarding the usual travel method to the pharmacy, and enabled respondents to choose more than one option. Of the 311 responses to the Public Survey:

- 183 (59.3%) walked to the pharmacy.
- 181 (58.3%) travelled by car or motorbike
- 32 (10.3%) used public transport; and
- the remaining used other transport methods.

Over two-thirds (67.1%) of the respondents to the Public Survey stated that they take less than 10 minutes to reach their usual pharmacy, whilst a further 81 (26.1%) take between 10 and 20 minutes, and the remaining take over 20 minutes.

4.2.5 Facilities

Consultation areas

On their pharmacy premises:

- There were 46 (76.6%) pharmacies reporting to have a consultation area with wheelchair access available, whilst a further 12 (20%) pharmacies have an area without wheelchair access available. There was 1 (1.6%) pharmacy stating that they have submitted a request to the NHS England and NHS Improvement (NHSE & I)

regional team that the premises are too small for a consultation room, and 1 (1.6%) pharmacy did not respond.

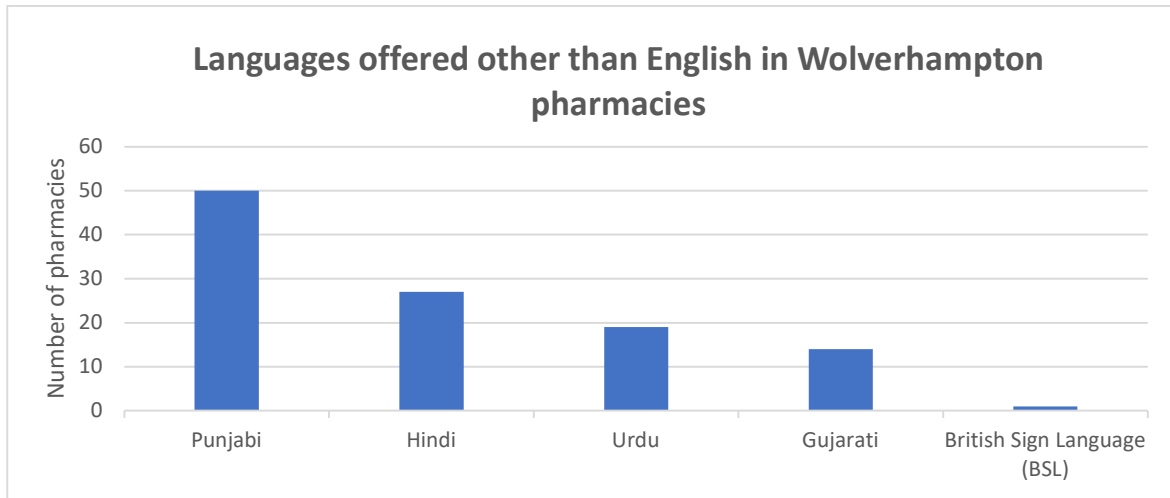
- Handwashing is available in the consultation area of 44 (73.3%) pharmacies; 11 (18.03%) pharmacies have handwashing facilities close to the consultation area and 2 (3.3%) have none available.
- There were 14 (22.9%) pharmacies reporting to have toilet facilities accessible for patients attending consultations and 44 (73.3%) do not.

4.2.6 Accessibility of Pharmacies

Members of the public were asked if they had difficulties in accessing their community pharmacy: 292 (94.1%) stated they had no difficulties, whilst 10 (3.2%) said that they did. The reasons for the difficulties included: lack of parking, no ramp access, shelves that block the way and restrict access for patients' wheelchairs, and staff that do not know how to communicate via British Sign Language (BSL), this then caused communication difficulties when ordering prescriptions.

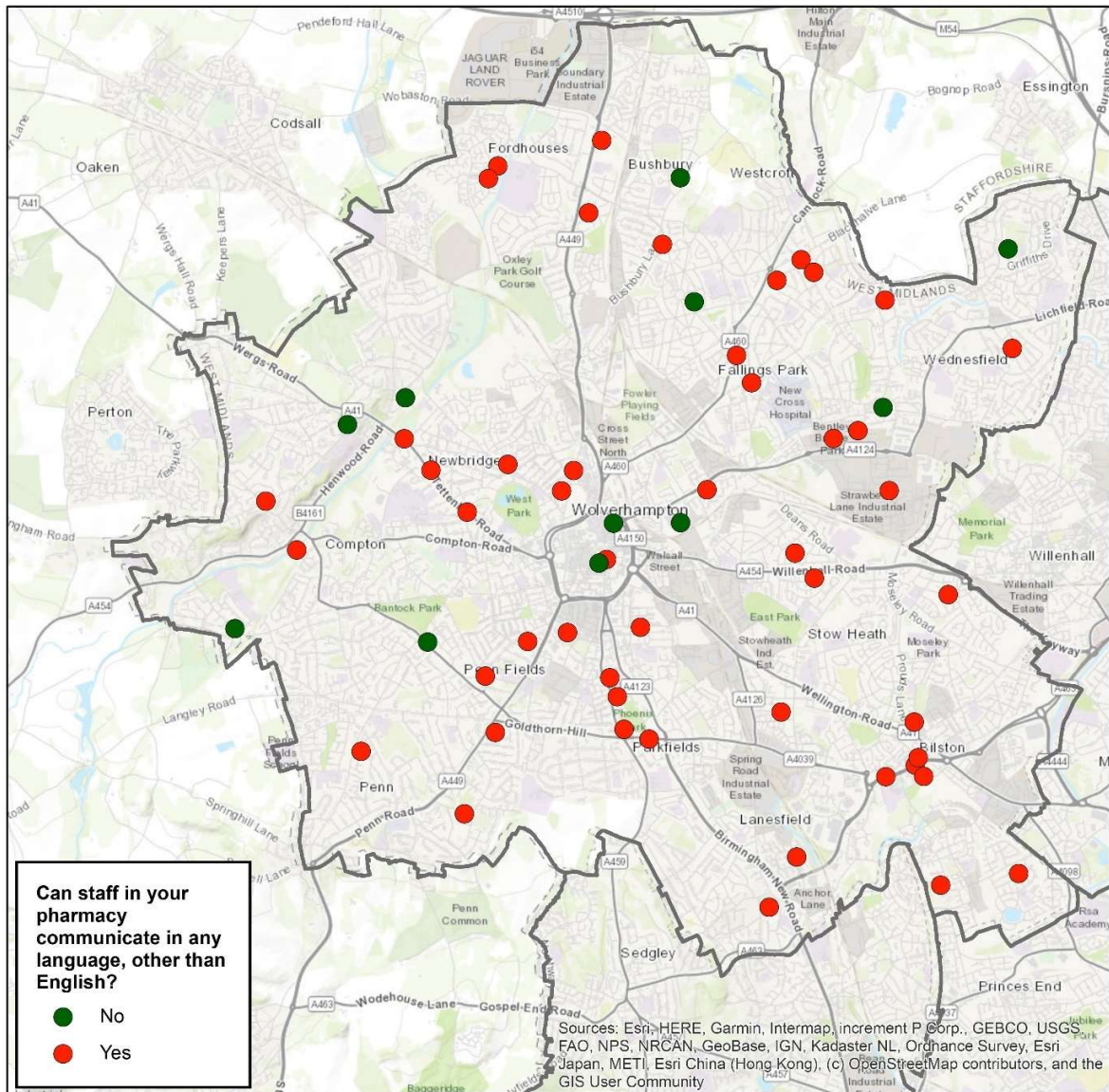
A variety of languages are spoken by pharmacists in Wolverhampton: 50 pharmacies have a member of staff who can speak Punjabi, Hindi (27), Urdu (19), Gujarati (14), and British Sign Language (1) (Figure 17). At the time of the 2018 PNA, 56 pharmacies could offer a colleague who spoke Punjabi, 37 Urdu, 20 Hindi, and 18 Gujarati. Additional languages spoken identified were Ukrainian, Cantonese, and Russian (Figure 11).

Figure 11: Additional languages to English offered in Wolverhampton Pharmacies



Source: Local Pharmacy Survey 2022

Figure 12: Map showing the locations of pharmacies offering communication in languages other than English



Source: Pharmacy Survey, 2022

The languages offered by local pharmacies represent the community languages that are spoken across Wolverhampton, and therefore, are an indicator of improved access for local residents who speak these languages. The most common sign language in Britain, British Sign Language (BSL) is offered in one pharmacy in Wolverhampton. Following the recognition of BSL as a

language in its own right through the BSL Act²⁴, there are opportunities to increase awareness of BSL and reduce barriers in access to services for the Deaf community (*Figure 12*).

4.2.7 IT services

To ensure a more efficient and effective service, and maintain records of the medicines dispensed, pharmacies are offered and have taken up the following IT services:

- Electronic Prescription Service Release 2 enabled: 100% of pharmacies use this (60)
- NHS mail used: 59 (98.33%) of pharmacies use or have applied for an NHS mail account (60)
- NHS Summary Care Record enabled: 59 (98.33 %)
- Up to date NHS Choices entry: 45 (75%) this is a reduction compared to 2018 when there were 57 (85.1%)

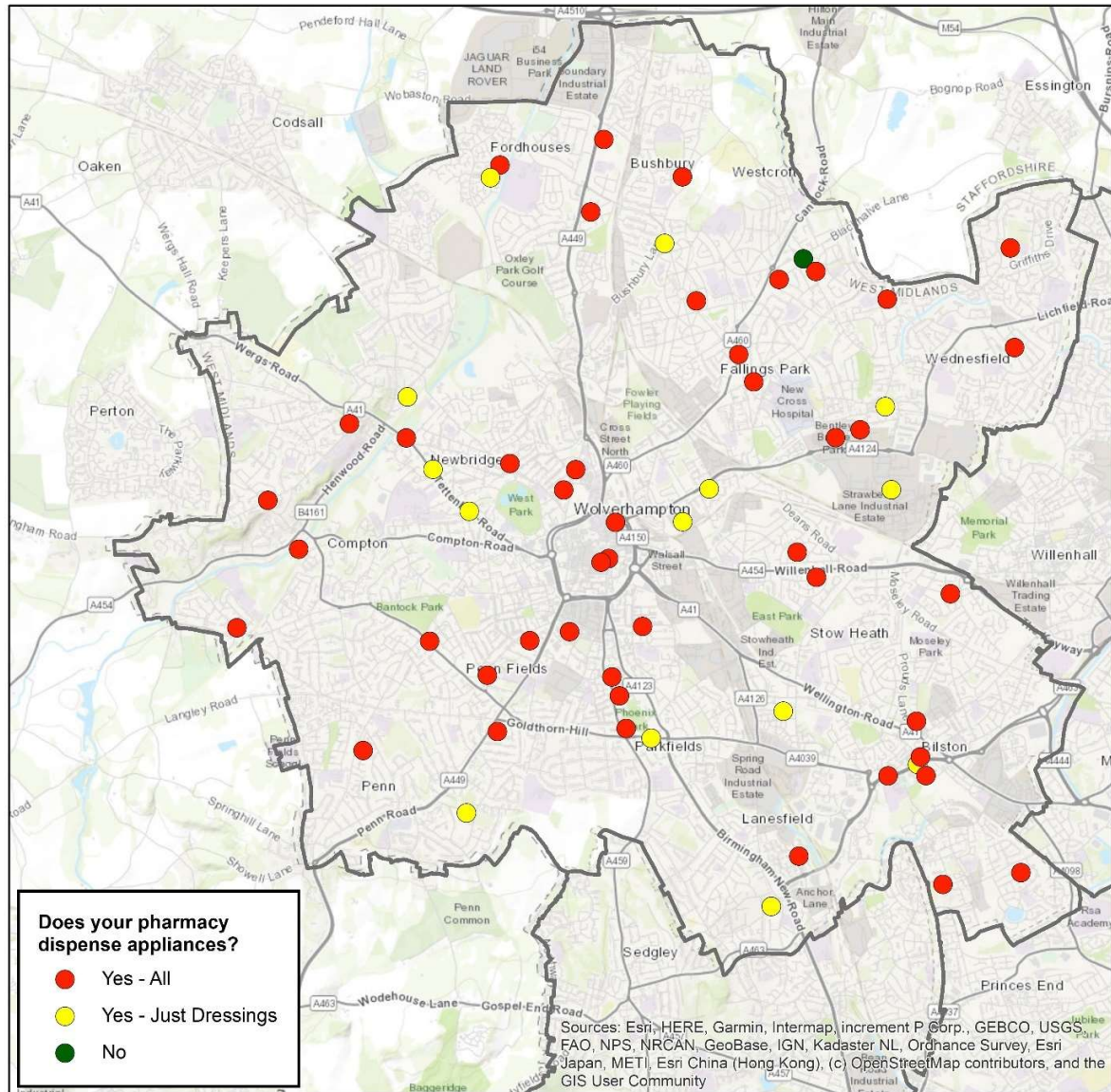
4.3 Essential Services

All community pharmacies that hold an NHS Pharmacy contract provide some or all of the following dispensing and non-dispensing services: dispensing of appliances, dispensing medicines, repeat dispensing, discharge medicines service, disposal of unused medicines, Public Health and promotion of healthy lifestyles, and self-care advice.

4.3.1 Dispensing of appliances

There were 45 (75.7%) pharmacies reporting to dispense all types of appliances which is a reduction from the 2018 PNA where there were 56 (83.6%) (*Figure 18*). Fifteen (25%) dispense specific appliances only, this is an increase from 2018 when there were 7 (10.5%), and 2 (3.3%) dispense no appliance (*Figure 13*).

Figure 13: Map of community Pharmacies that dispense appliances by type, Wolverhampton, 2022



Source: Pharmacy survey, 2022

4.3.2 Dispensing medicines

All pharmacies must be able to dispense prescribed medicines, along with providing the appropriate information for the safe and effective use of the medication. In 2021/22, an average of 7457 items were dispensed per month, per pharmacy, in Wolverhampton, compared to 7672 nationally.

The EPS Release 2 prescribing system allows this process to be undertaken more efficiently, as it can also hold information on the intended interval between each issue of the repeatable prescription, and how many times the repeatable prescription can be issued. For example, if the prescriber has set the batch to include six prescriptions, and each prescription has prescribed a particular medication for 28 days, this enables the dispenser to dispense this medicine with nearly 6 months' supply.

Of the responses received from the Public Survey, 261 (84.19%) had used the repeat dispensing service for regular medicines at their pharmacy in the past 12 months, this rate is an increase from our 2018 survey where there were 177 (70.5%). Forty-four (14.19%) had not used the service, and 2 (0.65%) were not aware this service was available. They felt the Repeat Dispensing Service for regular medicines should be provided within their community pharmacy. Of the responses received, 218 (86.9%) agreed that they should, two (0.8%) strongly disagreed and said that they should not, and 17 (6.8%) neither agreed nor disagreed.

Respondents to the Public Survey were also asked if they had used – Electronic Prescribing (Pharmacies can request/receive repeat prescriptions requests from GP practices saving patients a visit to the GP practice). Moreover, 255 (82.26%) had used this service and 42 (13.55) had not, 8 (2.58%) were not aware of this service.

4.3.3 Repeat Dispensing

Electronic repeat dispensing (eRD) allows a patient to obtain repeated supplies of their medication or appliances without the need for the prescriber to sign authorised repeat prescriptions each time an item is requested. Prescribers can authorise and issue a batch of repeat prescriptions until the patient needs to be reviewed. The number of issues and intervals for each batch are set by the prescriber. These prescriptions are then available for dispensing at the specified interval by the patient's nominated pharmacy.

4.3.4 Discharge medicines service

This service was introduced in February 2021 as an Essential service as part of the CPCF and aims to reduce the risk of medication problems when a person is discharged from the hospital. Providing community pharmacy on discharge with information about medication changes made in the hospital can help to improve outcomes, prevent harm, and reduce hospital readmissions. The service relies on good communication and timely referrals from hospitals to community pharmacies to achieve the intended outcomes and reduce unmet needs.

4.3.5 Other non-dispensing services offered by pharmacies

4.3.5.1 Disposal of unused medicines

Community pharmacies must accept unused medication for safe disposal. This does not include the disposal of sharps or other needles. This is to reduce the risk of medicines being used outside of their prescribed use, accidental poisoning, and to ensure safe disposal to avoid environmental damage.

Of the responses received from the Public Survey, 118 (38.06%) had returned unused medicines to their pharmacy in the past 12 months, 170 (54.84%) had not used the service, and 15 (4.84%) were not aware that this service was available.

Pharmacists also have direct contact with many patients and have the ideal opportunity to discuss healthy lifestyle advice with patients. They can use the opportunity to provide them with written health promotion literature or signpost them to services, such as those who are collecting prescriptions for long-term conditions such as diabetes, hypertension, coronary heart disease, or those who smoke or are overweight. The advice provided centres around healthy lifestyles, including smoking cessation, increasing physical activity, and weight management.

4.3.5.2 Self-care

Pharmacists have a key role in helping the local population to manage any minor ailments and common conditions, by providing advice and sales of non-prescription items, where appropriate. This helps individuals to care for themselves and their families, to minimise the inappropriate use of primary and secondary health care services.

4.3.5.3 Healthy Living Pharmacy (HLP)

The Healthy Living Pharmacy (HLP) framework is a commissioning framework that aims to achieve consistent delivery of a broad range of high-quality services through community pharmacies to meet local needs and improve the health and wellbeing of the local population. It aims to reduce health inequalities, by focusing on the self-care and prevention agendas. As part of the five-year Community Pharmacy Contractual Framework (CPCF) in 2019, it was agreed as a Terms of Service requirement that all community pharmacy contractors are to become an HLP. This will help to support the delivery of the NHS Long Term Plan.²⁵

4.3.5.4 Signposting

As front-line accessible providers, community pharmacies are ideally placed to offer healthcare advice and signpost to other healthcare providers where appropriate. Pharmacy teams are obliged to signpost to other sources of care and support in the area. NHS England will provide sources of care and support to facilitate this service.

4.3.5.5 Clinical governance

Clinical governance covers a range of quality-related issues including audits, emergency planning, incident reporting, patient safety, patient satisfaction, complaints procedures, and whistleblowing. Adherence to clinical governance requirements is set out in the Terms of Service within Schedule 4 of the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013 and the Community Pharmacy Contractual Framework.

4.4 Advanced Services

Advanced Services are provided under contract with NHS England. The Pharmacy Survey included a comprehensive list of the Advanced Services. In addition to this, the survey asked which services are available through pharmacies, and which representatives from each pharmacy responded with confirmation of whether or not they provided the service, or if they were intending to begin providing the service in the next 12 months. (*See Appendix 8*)

4.4.1 New Medicines Service

The New Medicines Service (NMS) is offered to patients with long-term conditions who have been started on a defined list of new medicines for the treatment of the following conditions:

- asthma
- chronic obstructive pulmonary disease (COPD)

- type 2 diabetes
- high blood pressure
- high cholesterol
- osteoporosis
- gout
- glaucoma
- epilepsy
- Parkinson's disease
- urinary incontinence or retention
- heart failure
- coronary heart disease
- atrial fibrillation
- unstable angina or heart attack
- stroke or transient ischaemic attack (TIA)
- long-term risk of blood clots or blocked blood vessels, including DVT (deep vein thrombosis)

The NMS is delivered in three stages:

- First stage services (Patient engagement): brief advice on new medications, healthy lifestyles, and information on the NMS to enable informed consent from patients presenting prescriptions for new medicines or following referral from another health professional.
- Second stage services (Intervention): assessment of adherence to treatment, adverse drug reactions and need for further support or referral back to the patient's GP.
- Third stage services (Follow up): second assessment of adherence to treatment and new or continuing problems with medication or self-management.

Results from the 2022 Pharmacy survey showed:

- 58 of 60 pharmacies (96.6%) provided this service during 2021/22, compared with 92.5% of pharmacies during 2016/17.
- Data for 2021/22 shows an increase in NMS activity compared with 2016/17. During 2021/22, the average NMS activity in Wolverhampton was 109.6 per pharmacy, compared with 76.6 during 2016/17.
- Based on the average, the equivalent total NMS activity increased to 6,356 during 2021/22.

4.4.2 Appliance use reviews (AUR)

Appliance Use Reviews (AUR) can take place within the pharmacy, or at the patient's home. The aim is to provide advice and improve the knowledge and use, of safe storage and disposal of specified appliances, such as incontinence, stoma, or catheter appliances, and wound drain packages, as well as aiming to resolve the ineffective use of these items.

Data for 2021-22 showed no activity for this service, compared with 28 AURs during 16/17 which took place within the pharmacy setting.

4.4.3 Stoma appliance customisation Service (SAC)

The Stoma Appliance Customisation (SAC) service is provided by pharmacies to fit stoma appliances.

The service ensures the proper use, and comfortable fitting, of appliances (listed in Part IXC of the Drug Tariff), as well as improving the duration of the use of the appliances and reducing waste through the customisation of the appliance to the patient's measurements.

Of the 60 pharmacies in Wolverhampton:

- 11 (16.4%) provide SACs

- 5 (7.5%) intend to begin providing SACs within the next 12 months
- The remaining 51 (76.1%) do not provide the service and are not intending to

4.4.4 Flu Vaccination service

The influenza vaccine is recommended for people aged 65 years and above, pregnant women, and for those with pre-existing long-term conditions such as diabetes, heart disease, asthma, and COPD.

Of the 60 pharmacies:

- 54 (90%) stated that they provided Flu vaccinations, this is an increase from the 2018 survey where there were 40 (59.7%).
- 3 (5%) are willing to provide this service if commissioned
- 2 (3.33%) do not currently provide this service and do not intend to
- 1 (1.67%) pharmacy did not answer.

From our Public survey respondents stated that they had received their Flu vaccination at their local pharmacy, and indicated the need for additional vaccination services e.g., COVID-19 vaccination.

The results of the Local Pharmacy Survey 2022 indicate a willingness to provide the following vaccination services:

- Hepatitis (at-risk workers or patients' vaccinations): No pharmacies currently provide this service under contract, however, 38 (63.33%) would be willing to if commissioned.
- Meningococcal vaccinations: No pharmacies currently provide this service under contract, 4 (6.67%) pharmacies provide these vaccinations privately and 39 (65%) would be willing to provide them if commissioned.

4.4.5 Community Pharmacy Consultation Service (CPCS)

The Community Pharmacy Consultation Service (CPCS) service was launched in November 2020. The service enables GP practices, NHS 111, and Integrated Urgent Care Clinical Assessment Services to refer patients who have a minor illness or require an urgent supply of medicine for a consultation at a community pharmacy. The service aims to increase access to health care and relieve pressure on the wider NHS, including Accident and Emergency and GP Out of Hours services.

According to the responses from the Pharmacy survey, 57 pharmacies are commissioned to provide this service. Two pharmacies are not willing to provide this service, and 1 pharmacy indicated that they would be willing to provide this service.

4.4.6 Smoking Cessation Service

The Smoking Cessation Service (SCS) is an Advanced Service that was launched during March 2022. SCS enables hospitals to refer patients (where they consent) on discharge to a community pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support from a community pharmacist as required. The ambition is for referral from NHS trusts to community pharmacies to create additional capacity in the smoking cessation pathway, supporting the NHS Long Term Plan. As a result, there is likely to be an increased demand for smoking cessation support in community pharmacies.

At the time of writing this PNA, there are no locally commissioned smoking cessation services in Wolverhampton. There could be opportunities for a commissioned service to fulfil unmet needs.

4.4.7 Hypertension case-finding Service

This was launched as an Advanced service in October 2021 and aims to identify people aged 40 and above who have not been diagnosed with hypertension and promote healthy lifestyle behaviours. The first stage offers a blood pressure check to identify those who may be at risk of hypertension. The second stage, where it is clinically indicated, offers 24-hour ambulatory blood pressure monitoring (ABPM). These results are shared by the pharmacist with the patient and GP to help inform a potential diagnosis of hypertension.

4.4.8 COVID-19 lateral flow device distribution Service (decommissioned 31st March 2022)

This service aimed to improve access to lateral flow device (LFD) kits for testing for COVID-19.

4.4.9 Hepatitis C testing service

The service focuses on the provision of point of care testing (POCT) for Hepatitis C (Hep C) antibodies to people who inject drugs, i.e., individuals who inject illicit drugs, e.g., steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people test positive for Hep C antibodies, they are referred for a confirmatory test and treatment, where appropriate. The service was due to be decommissioned March 2022 but has been extended nationally for a further 12 months. There is no current activity or sign-ups to this service in Wolverhampton.

4.4.10 Pandemic delivery service (decommissioned 31st March 2022)

Most community pharmacies already offer a prescription delivery service to some or all patients, either as a free of charge or paid-for service. This additional service ensured that those who were asked to self-isolate were able to access support for the delivery of their prescriptions.

4.5 Locally Commissioned Services

Other local services are commissioned by NHS England & Improvement Midlands Region (Regional NHSE/I), Wolverhampton Council's Public Health department, or Black Country and West Birmingham CCG. These include unplanned pregnancy and contraception, emergency hormone contraceptive, and chlamydia services.

At the time of writing this PNA, Wolverhampton is part of Black Country and West Birmingham CCG. CCGs are to be replaced by integrated care boards as part of the Integrated Care Systems. It is anticipated that they will take on the delegated responsibility for pharmaceutical services from April 2022 from NHSE&I and therefore some services commissioned from pharmacies by CCGs will fall under the definition of Enhanced Services. From July 2022, Wolverhampton will part of the new NHS Black Country Integrated Care Board.

4.5.1 Regionally Commissioned Services via NHS England & Improvement Midlands Region (NHSE/I)

4.5.1.1 Rota Service

This service aims to ensure that there is adequate access to pharmaceutical services on days when pharmacies are not obliged to be open, such as Christmas Day and Easter Bank Holidays.

4.5.2 The Community Pharmacy Extended Care Service

This service is provided by community pharmacies and aims to provide eligible patients who are registered with a General Practitioner (GP) contracted to NHSE/I with access to support for the treatment of the following:

Tier 1

- Simple UTI in Females (from 16 years up to 65 years of age)
- Acute Bacterial Conjunctivitis (for children aged 3 months to 2 years)

Tier 2

- Impetigo
- Infected Insect Bites
- Infected Eczema

The overall aim of the scheme is to ensure that patients can access self-care advice for the treatment of a range of conditions, and, where appropriate, can be supplied with antibiotics or other prescription-only medicines to treat their condition. This provides an alternative location from which patients can seek advice and treatment, rather than seeking treatment via a prescription from their General Practitioner (GP) or Out of Hours (OOH) provider, walk-in centre, or accident and emergency.

- Educate patients to seek advice and treatment from the most appropriate healthcare setting
- Improve patient's access to advice and appropriate treatment for these ailments via Community Pharmacy
- Reduce GP workload for these ailments allowing greater focus on more complex and urgent medical conditions
- Educate patients with aim of reducing requests for inappropriate supplies of antibiotics
- Promote the role of the pharmacist and self-care
- Improve working relationships between doctors and pharmacists

4.5.2 Locally Commissioned Services in Wolverhampton

4.5.2.1 Emergency Hormonal Contraceptive Service

This service has been subcontracted to pharmacies through the contract Public Health has with the Royal Wolverhampton NHS Trust to provide sexual health services. The Emergency Hormone Contraceptive (EHC) service is dispensed free of charge and offers quick and convenient access through pharmacies, which aims to contribute to the reduction in unwanted or unplanned pregnancies, as well as reducing the need to access termination services.

Data from our pharmacy survey showed that 37 (61.67%) community pharmacies are currently providing the EHC service under contract, whilst 11 (18.33%) provide this service privately, 10 (16.67%) pharmacies are willing to provide the service if commissioned, and 2 (3.33%) are not intending to provide this service.

From the responses received by female respondents to the Public Survey, 14 (4.52%) had obtained EHC from their pharmacy in the past 12 months, 266 (85.81%) had not used the service, and 27 (8.71%) were not aware this service was available.

4.5.2.2 Chlamydia

Pharmacies within Wolverhampton offer a collection service for Chlamydia testing kits. These are often offered when an individual has requested emergency contraception 'morning after pill'. Within Wolverhampton (2020) 8.9% of 15–24-year-olds were screened for Chlamydia. This was significantly lower than the regional and national rates which were 10.6% and 14.3% respectively. The Chlamydia detection rates within Wolverhampton (2020) were 1,478 (per 100,000- aged 15-24). This rate was similar compared to the national average (1,408 per 100,000), but higher than the West Midlands average (1,187 per 100,000).¹⁸

In 2020, the chlamydia diagnostic rate amongst residents of all ages is similar in Wolverhampton at 281 per 100,000 compared to the England average (286 per 100,000), but significantly higher than the West Midlands average (231 per 100,000). Over the past 5 years'

worth of data, Wolverhampton has remained close to the England average, having only been significantly higher in 2 of the past 5 years (2017 and 2018).¹⁸

Sexual Health services are usually provided through Embrace at Royal Wolverhampton NHS Trust. Community pharmacies provide brief sexual health advice alongside the Public Health commissioned EHC service.

Chlamydia Testing Service: Currently, 11 (18.3%) pharmacies are commissioned to provide this service, the offering of this service has reduced since the 2018 PNA, whilst 38 (63.33%) are willing to provide the service if commissioned. Chlamydia Testing Kits are under contract with Embrace as part of the EHC service. There could be opportunities to promote the testing kits, as current uptake by the public is low.

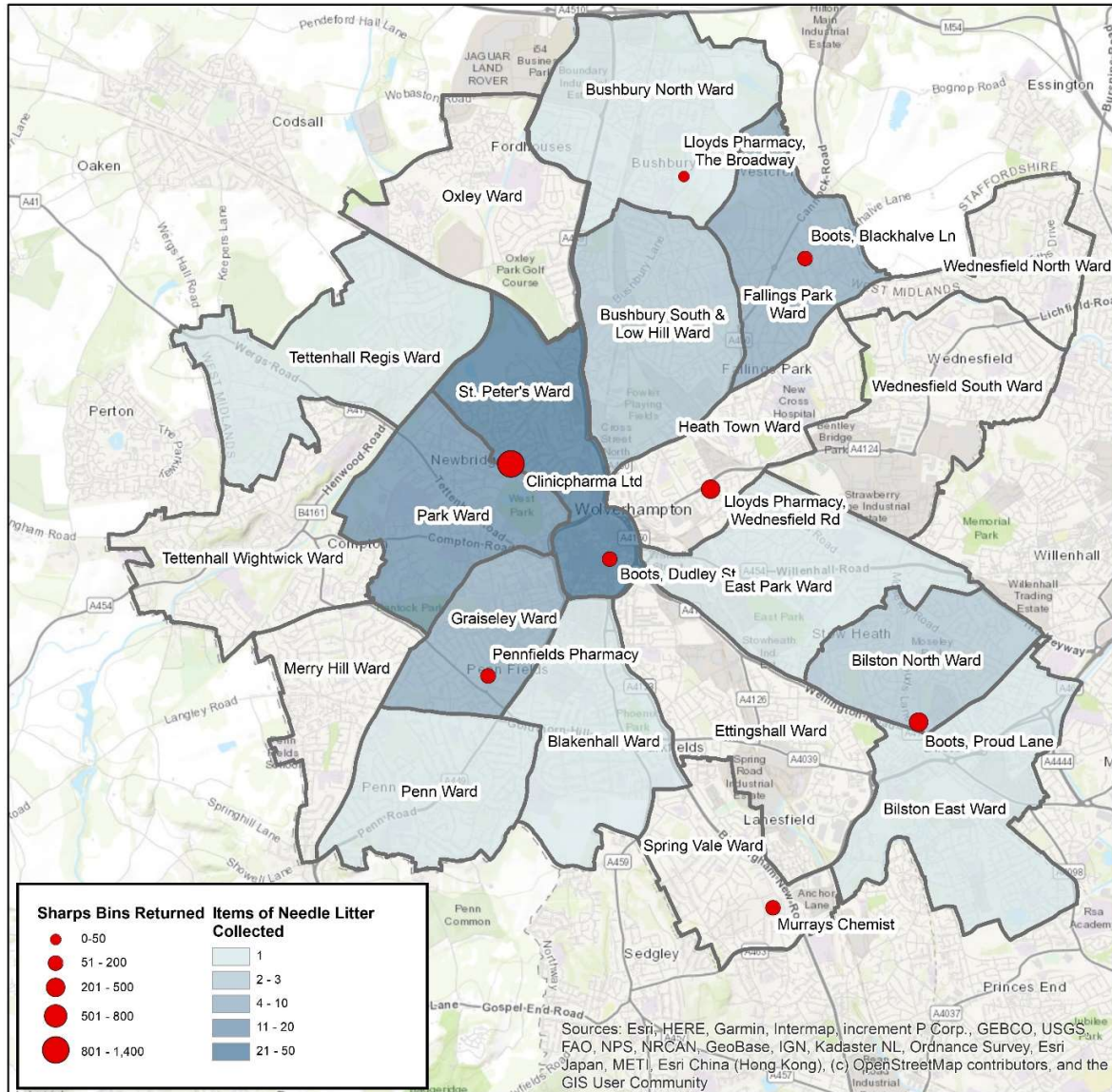
Chlamydia treatment service: Currently 5 (8.33%) pharmacies are commissioned to offer this service, 2 (3.33%) pharmacies provide this service privately, 40 (66.67%) pharmacies are willing to provide this service if commissioned and 12 (20%) pharmacies are not intending to provide.

4.5.2.3 Needle Exchange Service

The Needle Exchange Services supply injecting drug users with sterile needles, syringes, and other related paraphernalia (“Hit kits”). This service aims to provide harm reduction information and signposting to appropriate services to support drug users to achieve a drug-free life, as well as reduce the rates of blood-borne infections and drug-related deaths in the process. The service also collects used injecting equipment, to avoid needle litter, and to help protect the environment and the health of the local population.

Figure 14 shows the number of sharps bins returned by all clients, and the amount of needle litter collected by the local authority in 2021/22.

Figure 14: Number of sharps bins returned to the pharmacy, in relation to the amount of needle litter collected by ward, Wolverhampton 2021/22



Source: Recovery Near You

Pharmacies in the inner-city wards have the highest number of sharps bins returned, and these wards are also where the most needle litter is collected. The placement of the pharmacies which provide this service is positive, as it indicates that the provision of this

service is in the appropriate areas where the demand is high. Needle litter in these areas has improved since the last PNA in 2018 but remains a concern.

4.5.2.4 Supervised Consumption Service

The Supervised Consumption Service supports the wider drug recovery treatment service to support drug users in their local communities to move from opioid substitution therapy to detoxification and abstinence. Supervised consumption provides the best guarantee that medicines are taken as directed, reduce craving, prevent withdrawal, eliminate the hazards of injecting, and improve the overall function of service users.

Other benefits include the better use of prescribed medicines, diversion of prescribed medicines from the illicit drugs market, and reduction in accidental exposure to controlled medicines. The service provides regular contact with healthcare professionals and opportunities for signposting to other treatment services.

According to our pharmacy survey responses, The Supervised Administration Service is commissioned through 36 (60%) pharmacies that, are currently providing this service under contract, 12 (20%) pharmacies are willing to provide if commissioned and 12 (20%) pharmacies are not intending to provide this service.

4.5.2.5 Minor Ailments (Pharmacy First)

All pharmacies in Wolverhampton are commissioned by the CCG to provide this service. The Minor Ailments Scheme 'Pharmacy First' is available to patients with minor ailments, who are exempt from prescription charges, and who are registered with a participating GP practice. The aim is to promote self-care, offer advice as required, and if appropriate, patients can be supplied with free over-the-counter medicines. Patients can only register for the service at one pharmacy and are restricted to three visits in six months. If the pharmacist believes the

condition requires further investigation, the patient will be referred to their GP. The service aims to divert patients from using GP appointments when they can self-care.

Of the 311 responses to the Public Survey, 93 (29.90%) had used the Minor Ailments Scheme at their local pharmacy in the past 12 months, 161 (51.77%) had not used this service, 53 (17.04%) were not aware this service was available and 4 (1.29%) did not answer this question. These results are similar to the 2018 PNA as 31.5% reported to have used this service. The contract for this service is due to be reviewed in March 2023. There is a continuing need for the service to be commissioned beyond March 2023.

4.5.2.6 Minor Eye condition service

The Minor Eye Condition Service (MECS), formerly known as the Primary Eye care Assessment and Referral Service (PEARS), is a gateway for patients presenting with a range of eye conditions suitable for treatment in primary care. Optometrists can refer to a community pharmacy to supply the treatment for several self-limiting eye conditions.

These patients are provided with a MECS Diagnosis and Medication form. GP and secondary care eye care specialists manage the remainder of referrals.

Community pharmacies will supply appropriate eye drops in response to receipt of a MECS form and provide counselling on appropriate usage and steps to take if the condition fails to improve or worsens.

There are 41 (68.3%) pharmacies that are currently providing this service under contract, and a further 9 (15%) are willing to provide the service if commissioned.

4.5.11 Palliative Care

A Specialist Palliative Care Drugs Supply (SPCDS) service, facilitated through the Midlands and Lancashire Commissioning Support Unit, is provided through a network of community pharmacies across Birmingham and the Black Country.

The service is commissioned to improve the access to special end-of-life drugs for patients, carers, and their representatives. To do this, the commissioned providers will hold agreed stocks of the specialist palliative care drugs; allow on-demand, prompt access and continuity of supply of SPCD during pharmacy opening hours; ensure systems are in place to direct patients/carers to alternative pharmacies if stock is unavailable; record details of supply or signposting of SPCD on PharmOutcomes within 7 days; provide up to date information, advice and referral where appropriate, with the aim of reducing the demand for hospital-based services and lowering levels of unplanned hospital admissions; provide advice on safe use of end of life drugs, their side-effects and safe disposal of controlled drugs to staff, patients, carers and their representatives; provide delivery services as well as collection services where applicable; and provide a mechanism for service providers/health care professionals such as district nurses to provide feedback regarding the service.

In the City of Wolverhampton, there are four community pharmacies commissioned to provide this service, whilst other pharmacies in the area also stock the formulary:

- Phoenix Pharmacy, Parkfield Road, Wolverhampton, WV4 6ED
- Tettenhall Wood Pharmacy, 12 School Road, Tettenhall Wood, Wolverhampton, WV6 8EJ
- HN Pharmacy, 124 Cannock Road, Wednesfield, Wolverhampton, WV10 8PW
- Bradley Chemist, 83 Hall Green Street, Bradley, Bilston, Wolverhampton, WV14 8TH

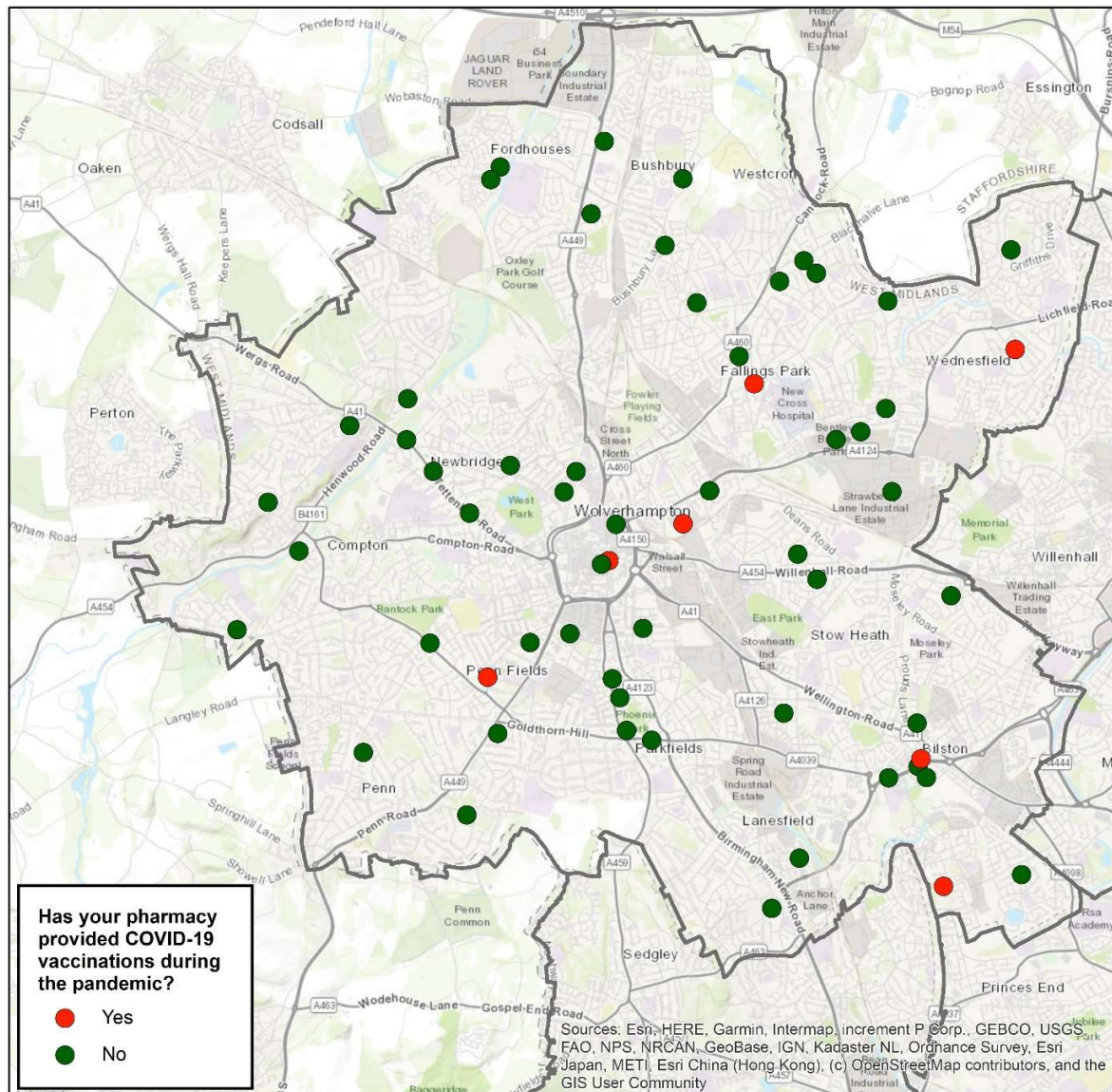
4.5.12 The impact of the COVID-19 pandemic on Community Pharmacy Services

Community pharmacies played a vital role during the COVID-19 pandemic as a front-line service. They remained open and accessible to the public, seeing a huge increase in demand when many other healthcare providers were closed. Whilst COVID-19 is not the primary focus of this PNA, it is recognised that its impacts on health and wellbeing inequalities, and on how people interact with services, are likely to influence what people need from community pharmacy services and how they access them.

The pandemic led to innovation in pharmacy services. There was an improved collaboration with other healthcare providers such as GP Practices and dentists. Pharmacies provided remote consultations via telephone or video link, whilst the Pandemic Delivery Service ensured that clinically vulnerable and isolating patients were able to receive their medication. Pharmacies offered collection points for lateral flow device (LFD) kits, some pharmacies offered LFD testing on-site (*figure 16*), and some pharmacies have been involved with the COVID vaccination programme (*figure 15*).

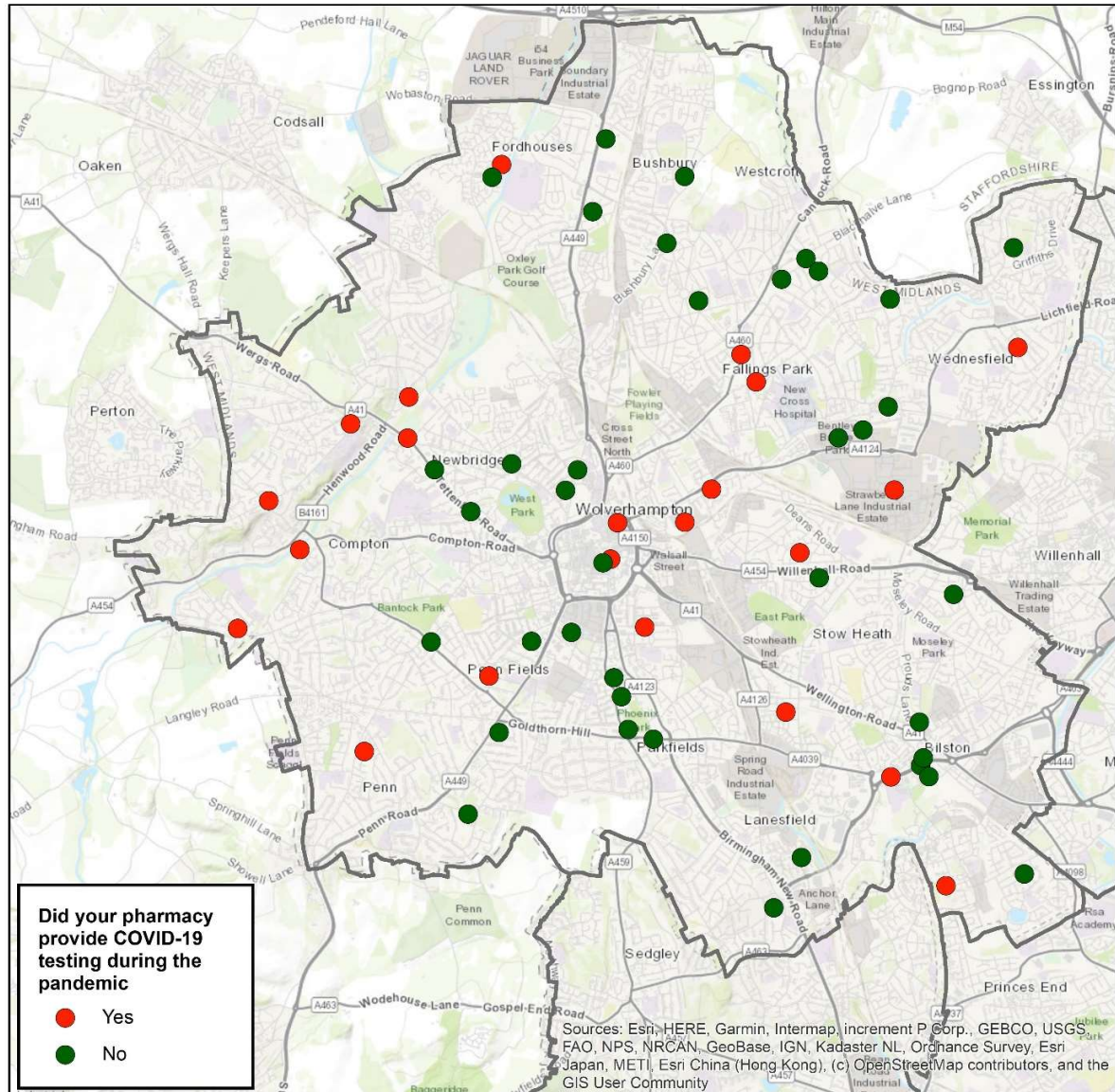
Additional questions related to COVID-19 were added to the Pharmacy and Public surveys for the 2022 PNA to capture what services were used and which services were deemed to be valuable. This information is useful for lessons learned which can inform future pharmaceutical service provision. The following maps show the community pharmacy provision that was available for COVID-19-related services:

Figure 15: Location of pharmacies offering COVID-19 vaccinations during the pandemic



Source: Pharmacy Survey, 2022

Figure 16: Location of pharmacies that offered a COVID-19 LFT collection service during the pandemic



Source: Pharmacy survey, 2022

The results show that some pharmacies offered COVID-19 vaccinations during the pandemic and that pharmacies across the city provided COVID-19 testing. Although these services have

been decommissioned since April 2022, there is a willingness for pharmacies to reintroduce services if required in the future.

Forty-six pharmacies offered the pandemic prescription delivery service, and twenty-two pharmacies indicated that they would be willing to offer this service if COVID-19 measures were reintroduced.

The public survey responses highlighted how pharmacies were highly valued during the pandemic. Common themes were that the public “felt safe” when visiting pharmacies, pharmacy teams were “friendly” and “helpful,” and pharmacies could be relied upon to “give good advice.” Some respondents highlighted the lack of availability of LFD kits; however, this was a national problem at times during the pandemic.

Pharmacies have been presented with several difficulties. Financial pressures have increased, along with immense pressure on the pharmacy workforce. COVID-19 presented challenges with increased demands for dispensing and advice, maintaining staff levels due to illness, the extra measures to maintain a COVID-safe environment, and an increase in abusive behavior from members of the public.

It will be important to consider future workforce capacity building and contingency planning to ensure pharmacies can continue to meet the increased demand.

4.6 Needs and gaps expressed by Community Pharmacy Staff and the Public

4.6.1 Needs identified by community Pharmacy staff

As part of the Pharmacy Survey, representatives from each pharmacy were invited to provide their view on whether there was a particular need for a locally commissioned service in their area. Pharmacy staff felt were needed for their local population, such as smoking cessation,

sharps bin disposal, needle exchange, alcohol awareness, cholesterol testing, hypertension monitoring, diabetes testing (highlighted due to a high number of Asian/black community for their pharmacies and these populations are at risk of these conditions), emergency supply service and COVID-19 vaccinations.

Pharmacies reported that pressures related to Multi-Compartment Compliance Aids (often called Monitored Dosage Systems (MDS) posed an “enormous risk” for pharmacies. They highlighted that the dispensing process is labour intensive and time-consuming and that there is no additional funding or allocation of resources to provide this service. One pharmacy stated that they could no longer accept new patients for the services because of these strains. Provision for MDS in community pharmacies could be at risk as a result of increased pressures. There could be opportunities to provide a commissioned service for the provision of MDS, if clinically appropriate.

Locally, Black Country and West Birmingham CCG does not promote routine use of MDS prepared in pharmacies, as there are several disadvantages including: a risk the of patients taking unintended medication if treatment changed which could result in patient harm, issues with medication stability and suitability if no longer in original packaging, increased waste of waste and labour intensive re-dispensing, and there is remuneration within the current community pharmacy contract with NHS England to account for this.²⁶ However, when a MDS is appropriate, they can support vulnerable patients to live independently with the support of social care and avoid the need for more expensive care facilities.

Some of these expressed needs are for services that are already commissioned by Public Health to be provided by pharmacies and/or other services: it appears that there is an appetite for more pharmacies who are willing to provide the service if they were to be commissioned. There also appears to be a view that there are needs of the elderly which could be further met.

4.6.2 Needs identified by members of the Public

As part of the Public Survey, members of the public were asked to explain the reason for their answers (for specific questions) in a text box provided. The following themes were identified:

Additional services that could be provided by pharmacies:

- Learn British Sign Language (BSL) to help patients when ordering/collecting their medicines
- Vaccination services: Have vaccination services available to include COVID-19 vaccinations
- Routine blood tests
- Weight management

Key factors:

- Location near family members
- Helpful/friendly staff
- Close to the GP practice
- Easy to walk to
- Disabled access

Experience with pharmacy services:

- Helpful, friendly, knowledgeable
- Accessible
- Reliable
- Have used the same pharmacy for years
- Busy, long queues
- Poor communication, language barrier

- COVID-19- Support over the phone during the pandemic

Value as a service:

- Personal touch
- Accessibility
- Advice
- Vaccinations
- Trust
- Location/convenience
- Smile/helpful
- Delivery service
- Efficiency

Feedback from the public highlights the confidence and trust placed in pharmacy advice and support. Providing an accessible and welcoming service that supports people with long-term conditions, additional needs, and protected characteristics will be crucial to ensuring equity of access and supporting the health and wellbeing of all residents.

5.1 Expected population changes

The Sub-National Population Projections² show that Wolverhampton's population is changing. The older population (aged 65 years and over) is predicted to increase over the next 10 years, both locally and nationally. It should be noted that Wolverhampton's predicted population growth rate is below the national, regional, and Black Country averages. Wolverhampton's estimated population projection for 2042 is 294,800 residents, with growth being most rapid in the older population, projected to grow by almost a third between 2022-2042. The projections are trend-based using evidence on fertility, mortality, and migration. These projections do not consider any policy changes or events that might have an impact during the 2022 - 2042 time period.

Changes in the demographics of the local population may impact the need for pharmaceutical services. Changes can be caused by an aging population, migration, and the development of new housing estates, to name a few examples.

The projections show:

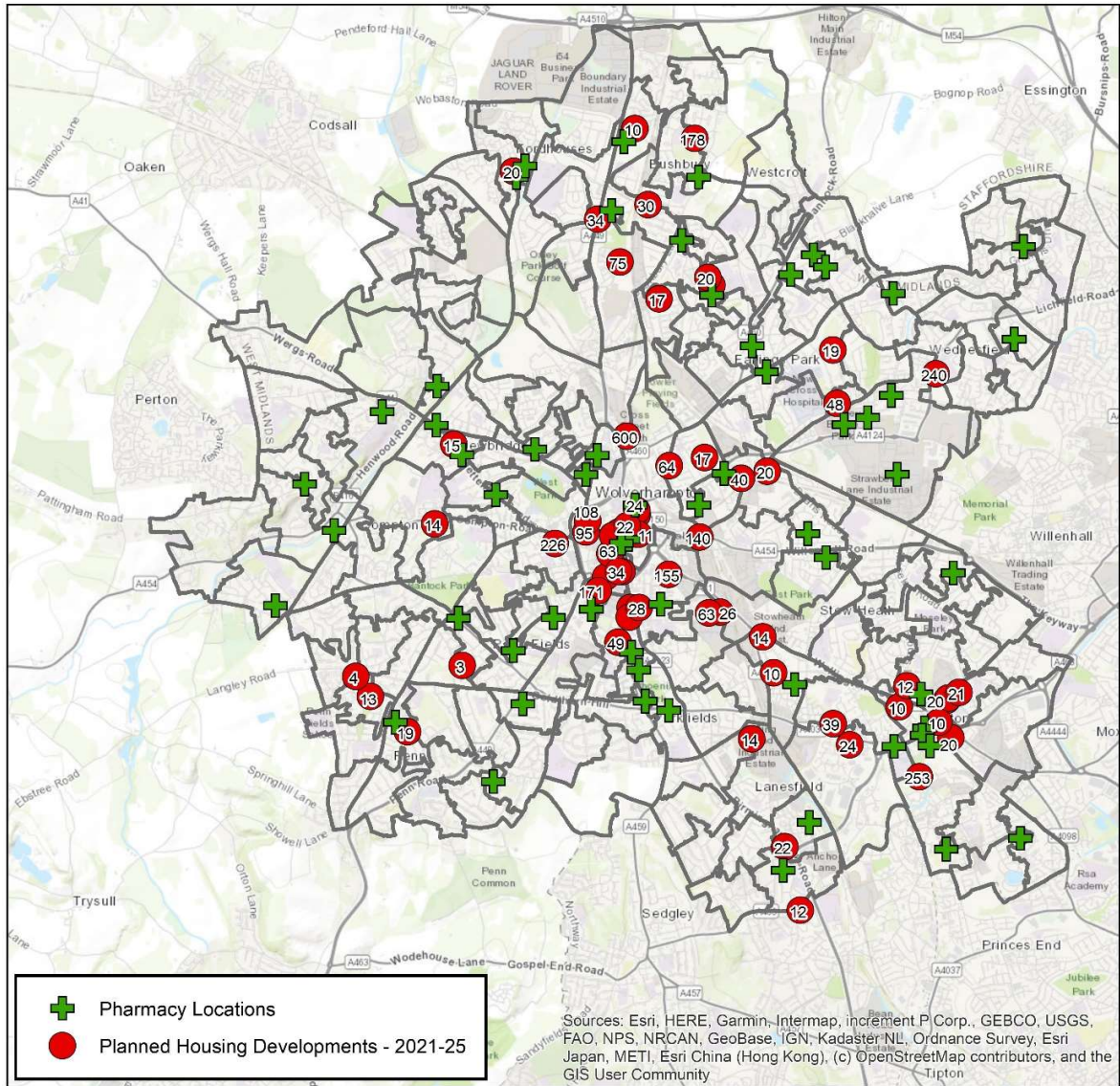
- The number of children (aged 0 to 15 years) in Wolverhampton is projected to decrease from 57,700 in 2022, to 55,800 in 2032 before increasing to 57,700 in 2042.
- The number of people aged 16 to 64 years in Wolverhampton is projected to increase from 166,600 in 2022, to 177,700 in 2042. This is a net increase of about 11,100 (12% increase). However, during this period the state pension age may rise, increasing the size of the working-age population.
- The number of people aged 65 years or older in Wolverhampton is projected to grow from 44,900 in 2022, to 59,400 in 2042: a gain of 14,500 (32.4% growth).

- Wolverhampton has a growing BME population. People from a BME background have different social and health care needs than the White population, and have a higher risk of long terms conditions, such as diabetes. Whilst this is important to the health system, this is not significant for the PNA, as the implications longer-term, and not likely to have a huge impact over the next three years.

5.2 Housing Developments

As of Spring 2022, there were several notable developments (a development yielding 10 homes or more) that have been planned in the city of Wolverhampton, which will result in new residential housing by 2025. There are expected to be at least 4,000 new dwellings, including a student accommodation with 600 beds (*Figure 17*). The numbers in the map refer to the number of properties that the development is expected to yield.

Figure 17: Location of planned housing developments 2021-2025 in relation to the location of pharmacies, Wolverhampton 2022



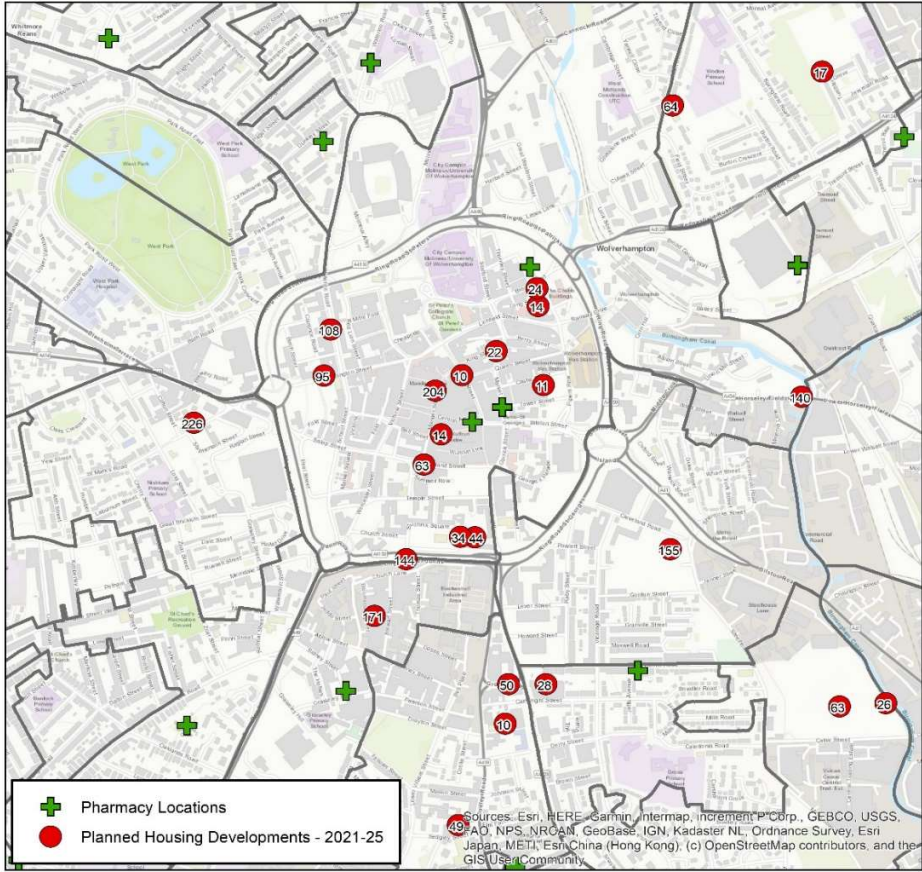
Source: City of Wolverhampton Council Planning Department, 2022

The map above shows the locations of planned housing developments between 2021-2025. The number within the red circles indicates the number of dwellings at the development. The location of Pharmacies is also identified on the map. The areas of the city with the major residential developments are the city centre, Bilston and Dunstall Hill. There are also smaller

residential developments in Heath Town, Bushbury, Wednesfield South, and Merry Hill. The largest planned residential development is located in the Dunstall Hill area of the city, close to the University of Wolverhampton, where around 600 dwellings have been planned.

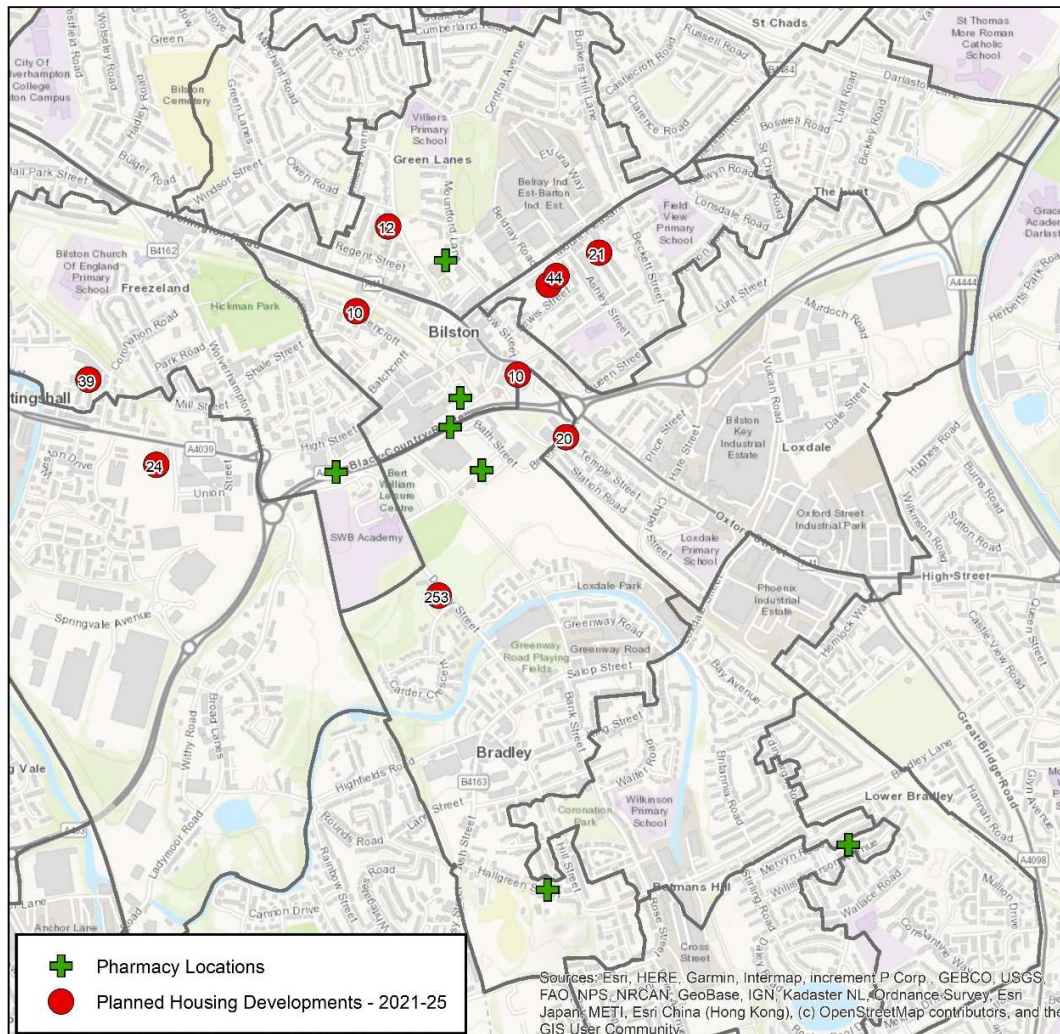
There are no planned residential developments that are not within close vicinity of a Pharmacy. Below are further maps (Figures 18 & 19), showing the areas of the City Centre and Bilston where there were higher numbers of planned developments with a smaller footprint and may not have been clear on the city-wide map.

Figure 18: Location of planned housing developments 2021-2025 in relation to the location of pharmacies in the City Centre, Wolverhampton 2022



Source: City of Wolverhampton Council Planning Department, 2022

Figure 19: Location of planned housing developments 2021-2025 in relation to the location of pharmacies in Bilston, Wolverhampton 2022



Source: City of Wolverhampton Council Planning Department, 2022

5.3 Future Pharmaceutical Service Development and Conclusion

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 require a revised assessment of the PNA within three years of publication. Future developments may require the production of either a revised PNA or a Supplementary Statement in the interim. The HWB will work closely with NHS England, the ICB and the LPC to review local developments

impacting community pharmacy needs provision on a six-monthly basis and consider the required response.

Assessment of local pharmaceutical services should consider relevant local and national healthcare strategies. For this iteration of the PNA, the most relevant local strategy is the City of Wolverhampton 2030 Vision ²². Relevant national strategies include the Community Pharmacy Contractual Framework and the NHS Long Term Plan.

Community pharmacies offer a range of services from dispensing prescriptions and over-the-counter medication, reviewing medicine use, and offering Public Health commissioned services. They are integral to supporting the health needs of our local population, reducing health inequalities, and premature mortality and increasing life expectancy and health outcomes.

The key findings and recommendations for the 2022 PNA are:

- There is sufficient provision of pharmaceutical services for the population of Wolverhampton, considering the more complex needs of residents living in the more deprived areas of the city.
- There is a reduction in the provision of out-of-hours services, including the loss of a 100-hour pharmacy. This should be monitored over the coming years to ensure that pharmaceutical provision to those most in need is not reduced.
- Pharmaceutical services in Wolverhampton adapted to the changing needs of their customers, amid the pressure on Primary care during the COVID-19 pandemic. Pharmacy users reported that they often saw, and continue to see, pharmacies as the first port of call for medical advice and assistance for minor ailments.

- There seems to be significant potential and willingness for the provision of wider Health and Wellbeing services within Pharmacies, via partnership working with other local organisations.

The PNA highlights that there is further opportunity for Public Health, the ICB, and existing community pharmacies to work together to be able to offer more services to more of the local population. Considering the prevalence of long-term conditions in Wolverhampton, more disease-specific management services and screening services are necessary to improve the health of the local population, as well as reducing the burden on primary care. This would require a more detailed review of the need and evidence-base in local areas, to ascertain which specific locally commissioned services would be beneficial if offered in which pharmacies.

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Appendices

Appendix 1: Local Pharmacy Survey 2022

Pharmaceutical Needs Assessment - Pharmacy Survey 2022

Overview

Welcome to the Pharmaceutical Needs Assessment 2022-: Pharmacy Survey

Please note, this survey takes between 10 and 15 minutes to complete

Why your views matter

As part of this needs assessment, we require information from each of the pharmacies in Wolverhampton regarding the services that you offer. To collate this, we have produced a questionnaire which, we would be grateful if you could complete.

Premises and Contact Details

1 Contractor Code:

(ODS code):

2 Name of contractor:

(i.e., Name of individual, partnership, or company owning the pharmacy business):

3 Trading name:

4 Pharmacy premises shared NHSmail account, telephone, fax, and website address if applicable:

NHSmail:

Telephone Number:

Website address (if applicable):

More About Your Pharmacy

5 Is your pharmacy entitled to 'Pharmacy Access Scheme Payments'?

Please select only one item

- Yes
 No

6 Is this pharmacy a Distance Selling Pharmacy? (i.e., it cannot provide essential services to persons present at or in the vicinity of the pharmacy)

Please select only one item

- Yes
 No

Opening Hours

7 What are the pharmacies core opening hours (Contracted opening hours, as agreed with NHS England):

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Sunday:

Consultation Facilities

8 Is there a consultation room on your premises (that is clearly designated as a room for confidential conversations; distinct from the general public areas of the pharmacy premises; and is a room where both the person receiving the service and the person providing it can be seated together and communicate confidentially) (tick as appropriate)

Please select all that apply

- None, have submitted a request to the NHS England and NHS Improvement (NHSE&I) regional team that the premises are too small for a consultation room
- None, the NHSE&I regional team has approved my request that the premises are too small for a consultation room
- Available (including wheelchair access)
- Available (without wheelchair access)
- Planned before 1st April 2023
- Other (please specify below)*

*Other (Please specify here):

9 During consultations are there hand-washing facilities available?

Please select only one item

- In the consultation area
- Close to the consultation area
- None
- Other (please specify below)*

*Other (Please specify here):

10 Do patients attending consultations have access to toilet facilities?

Please select only one item

- Yes
- No
- Not Applicable

Accessibility

11 Languages available to communicate in (in addition to English) (Please tick all that apply):

Please select all that apply

- Gujarati
- Hindi
- Polish
- Punjabi
- Urdu
- British Sign Language (BSL)
- Other (Please specify below)*

*Other (Please specify here):

IT Facilities

12 Does your pharmacy use any of the following (please select all that apply):

Please select all that apply

- Electronic prescriptions
- NHS Mail being used
- NHS Mail applied for
- NHS Summary Care Record enabled
- Up to date NHS.uk entry
- Other (Please specify below)*

*Other (Please specify here):

Appliance Services

13 Does your pharmacy dispense appliances?
(Please choose what services are applicable to your
pharmacy) :

Please select all that apply

- Yes - All types
- Yes - Excluding Stoma Appliances
- Yes - Excluding Incontinence Appliance
- Yes - Excluding Stoma and Incontinence Supplies
- Yes - Just Dressings
- None
- Other (Please specify below)*

*Other (Please specify here):

Advanced Services

14 Does the pharmacy provide the following
advanced services?

Yes, commissioned to	Yes, but provide privately intending to provide	No, but willing to provide provide	No, not provide
----------------------	--	---------------------------------------	--------------------

Community Pharmacist Consultation

Service (CPCS)

Please select only one item

Enhanced and Locally Commissioned Services: Disease Specific Medicines Management Services

15 Which of the following services does the pharmacy provide, or would be willing to provide? (choose one option per service):

	Yes, commissioned to provide	Yes, but provide privately	No, but willing to provide	No, not intending to provide
Allergies <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alzheimer's/dementia <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asthma <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHD <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COPD <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes type I <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes type II <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Epilepsy <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart Failure <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hypertension <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parkinson's disease <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Enhanced and Locally Commissioned Services: Sexually Transmitted infections and Contraceptives

16 Which of the following services does the pharmacy provide, or would be willing to provide?
(choose one option per service):

	Yes, commissioned to provide	Yes, but provide privately	No, but willing to provide	No, not intending to provide
Chlamydia Testing Service <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chlamydia Treatment Service <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contraceptive service (not EC) <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Supply Service <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Contraception Service <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Enhanced and Locally Commissioned Services: Vaccinations & Screening

17 Which of the following services does the pharmacy provide, or would be willing to provide?
(choose one option per service):

	Yes, commissioned to provide	Yes, but provide privately	No, but willing to provide	No, not intending to provide
Seasonal Flu Vaccination <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hepatitis (at risk workers or patients) vaccinations <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meningococcal vaccinations <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pneumococcal vaccinations <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sharps Disposal Service <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervised Administration Service <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supplementary Prescribing Service <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes Screening <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18 Are there any other vaccination or screening services that you are commissioned to provide?

Enhanced and Locally Commissioned Services: Other

19 Which of the following services does the pharmacy provide, or would be willing to provide?
(choose one option per service):

	Yes, commissioned to provide	Yes, but provide privately	No, but willing to provide	No, not intending to provide
Language Access Service <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication Review Service <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicines Assessment and Compliance Support Service <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minor Ailment Scheme <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicines Optimisation Service <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Needle and Syringe Exchange Service <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity management (adults and children) <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not Dispensed Scheme <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Out of Hours Services <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient Group Direction Service <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phlebotomy Service <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gluten Free Food Supply Service (i.e., not via FP10) <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Delivery Service (not appliances) <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Independent Prescribing Service <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Non-Commissioned Services

20 Does the pharmacy provide any of the following?

	Yes	No
Collection of prescriptions from GP practices <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>
Delivery of dispensed medicines – Free of charge on request or with a charge <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>
Monitored Dosage Systems – Free of charge on request <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>
Monitored Dosage Systems – With charge <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>

21 Is there a particular need for a locally commissioned service in your area? If so, what is the service requirement and why?

Please select only one item

- Yes (Please specify below)*
 No
 Prefer not to say

*Please specify the service requirement and why here:

Prescription Delivery

Service 22 Do you charge for Delivery?

Please select only one item

- Yes, if so please detail how much you charge below
 No

23 What areas do you deliver to?

24 What patient groups are eligible for delivery?

COVID-19

Despite the end of COVID-19 control measures on 31st March 2022, we are still dealing with the COVID-19 pandemic and an evolving situation may mean that COVID-19 measures may be reintroduced in the future.

25 Please select the services you have provided during the COVID-19 pandemic and the services you would be willing to provide should COVID-19 measure be reintroduced:

	Provided during COVID-19 pandemic	Would be willing to provide if measures are reintroduced
COVID-19 Testing	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 Vaccination	<input type="checkbox"/>	<input type="checkbox"/>
Pandemic Prescription Delivery Service	<input type="checkbox"/>	<input type="checkbox"/>

Additional Information

26 May the LPC update their information held to reflect information provided by yourself in this survey? (Such as contact details, opening hours etc?)

Please select only one item

- Yes
- No

27 Contact name and telephone number of the person completing questionnaire on behalf of the contractor if questions arise:

Full name:

Contact Number:

Email Address:

Thank you

Thank you for taking time to fill in this questionnaire, it is very much appreciated.

Your response will be used to populate the Pharmaceutical Needs assessment for 2022-25.

Appendix 2: Letter accompanying survey to all community pharmacies



CITY OF
WOLVERHAMPTON
COUNCIL



25th March 2022

Dear Colleague,

Wolverhampton Pharmaceutical Assessment Questionnaire, 2022-2025

We are writing with regards to the Pharmaceutical Needs Assessment (PNA) that we are currently in the process of updating for 2022-2025. The PNA is a mandatory process to assess the current and future need for pharmaceutical services locally.

Wolverhampton Public Health are leading this process on behalf of the Health and Wellbeing Board, in collaboration with the Local Pharmaceutical Committee (LPC) Wolverhampton City, Healthwatch and Black Country and West Birmingham CCG.

As, part of this needs assessment, we require information from each of the pharmacies in Wolverhampton regarding the services that you offer. To collate this, we have produced a questionnaire which, we would be grateful if you can complete (*if not completed already*). The questionnaire is available through the following weblink:

<https://consultation.wolverhampton.gov.uk/public-health/ffc2990e>

We have also emailed this link to you via your NHSmail account on 14th March 2022.

Please note, due to the tight schedule in which, we are required to complete the PNA, we have given a four-week period for you to complete your questionnaire. The deadline for completion is **10th April 2022**.

As part of the PNA process, there is also a survey for pharmacy users to complete, which is available online at <https://www.wolverhampton.gov.uk/pnasurvey> which we would like to ask you to promote to your pharmacy users. We have also enclosed a poster advertising the survey, which you can display in your pharmacy. Although we would encourage responses to the survey to be done online, we have also provided 10 paper copies of our pharmacy user survey. This is to ensure that pharmacy users who may be digitally excluded also have access to the survey.

If any of your pharmacy users do complete a paper copy of the survey, could we ask that you collect and securely store the surveys, which we will arrange to collect. If you could also email publichealth@wolverhampton.gov.uk to let us know that you have surveys to be collected and a member of our team will come and collect the surveys from you. We will aim to collect the completed surveys at the end of the survey period.

If you require any further printed copies of the survey, please contact City of Wolverhampton Council's Public Health team as soon as possible to arrange this at publichealth@wolverhampton.gov.uk

Thank you in advance for your support.

Yours sincerely,

John Denley

Director of Public Health

Jeff Blankley

Chair of the Local Pharmaceutical Committee

Appendix 3: Public Survey

Pharmaceutical Needs Assessment - Public Survey 2022

Overview

We want to hear what you think of pharmacy services in Wolverhampton, to help us develop services in the future.

Pharmaceutical Needs Assessment 2022-25

City of Wolverhampton Council

Public Questionnaire on local Pharmacies

We want to hear what you think of pharmacy services in Wolverhampton, to help us develop services in the future.

The information you give us will enable us to:

- Check whether our services are accessible to everyone who entitled to them
- Identify and address any barriers to accessing our services
- Continually improve the services we deliver

We would be grateful if you could answer some questions about your own experiences and views. The information you provide is confidential.

Please be honest with your answers so we can accurately assess areas where pharmacies are already performing well and areas that need improvement.

Closing date for this questionnaire is 18th April 2022.

Please hand the completed survey back to your pharmacist by 18th April 2022.

Frequency of the use of community Pharmacies

1 What was the reason for your last visit to the pharmacy?

Please select all that apply

- To collect a prescription for yourself
- To collect a prescription for someone else
- To get advice from the pharmacist
- To buy other medicines I cannot buy elsewhere
- *Other (please specify below):

*Please specify here:

2 When did you last visit the pharmacy in Wolverhampton to get a prescription, buy medicines or get advice?

Please select only one item

- 0-7 days
- 1-2 weeks
- 3-4 weeks
- 1-3 months
- 4-6 months
- Over 6 months

3 How often have you used your local pharmacies in Wolverhampton, for picking up prescriptions or, for advice within the past 12 months?

Please select only one item

- Never
- Less than 3 times
- 3-6 times
- 7-12 times
- More than 12 times

Opening times

4 Is the pharmacy open at the times you want to use it?

Please select only one item

- Yes
- *No (Please specify below)

*If no, what time would be better and why?

5 What times do you normally visit the pharmacy?

Please select all that apply

- Midnight-8am
- Between 8am-12pm
- Between 12pm-5pm
- Between 5pm-8pm
- Between 8pm-midnight

6 Which days do you usually visit the pharmacy?

Please select all that apply

- Monday-Friday
- Saturday
- Sunday

7 Please rate how strongly you agree with the following statements (please tick one option for each statement)

I've not had to

Strongly agree Agree Neither agree Disagree Strongly

use this, so

			nor disagree		disagree	unable to respond
I can find a pharmacy open during the evening 5pm-8pm <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can find a pharmacy open overnight 8pm-8am <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can find a pharmacy open on a Saturday <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can find a pharmacy open on a Sunday <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Location of community pharmacy

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

Please select all that apply

- It is close to my doctor's surgery
- It is close to my home
- It is close to other shops I use
- It is close to my children's school or nursery
- It is easy to park nearby
- It is near to the bus stop / ~~station~~ station
- It is close to where I work
- It is close to/in my local supermarket
- None of these
- *Other (please specify below):

*Please specify other important location factors below:

9 Do you think that pharmacy services are available at locations convenient to you?

Please select only one item

- Yes
- *No (Please specify why below)

*If no, please specify what/where you would like to see these services:

Travel time to, and accessibility of community pharmacies:

10 How do you normally get to the pharmacy?

Please select all that apply

- Walking
- Public transport
- Car
- Motorbike
- Taxi
- Bicycle
- Mobility transport
- *Other (please specify below):

*Please specify below:

11 Approximately, how long does your journey to your usual pharmacy take? (Using your most common method of travel)

Please select only one item

- Under 10 minutes
- Between 10-20 minutes
- Between 21-30 minutes
- Over 30 minutes

12 Do you have difficulties in accessing your local pharmacy? (for example, is it wheelchair accessible, or is there too many steps to climb if you are not able to?)

Please select only one item

- *Yes (Please detail below)
- No

*If yes, please tell us why?

13 If you have a condition that affects your mobility, are you able to park close enough to your pharmacy? *Please select only one item*

- Yes
- No
- Don't know
- Not applicable

Pharmacy Usage

14 Who do you use the following services at your local pharmacy for? (please tick all that apply)

	Myself	My Child/ren	Another adult	I do not use this service
To collect a one off prescription	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buy no prescription medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To collect a repeat prescription	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buy toiletries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Give the pharmacist your old wanted medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask a pharmacist for advice (e.g., medicines advice, how to improve your health, minor ailments/remedies etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use a Dispensing Appliance Contractor (dispenser of no medicine products, such as stoma bags, and incontinence pads)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General feedback about your experience of using your local Pharmacy

15 Please rate how strongly you agree with the following statements (please tick one option for each statement)

	I've not had to Strongly agree	Agree	Neither agree	Disagree	
	Strongly	use this, so	nor disagree	disagree	unable to respond
I find my usual pharmacy helpful and friendly <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find the other staff in my usual pharmacy helpful and friendly <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The pharmacist offers helpful advice on NHS services <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I ask my pharmacist for health advice <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is important that the pharmacy staff know me <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I prefer to see the same pharmacy staff <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The pharmacy offers everything I need <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I go to different pharmacies for different needs <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Pharmacy services

16 Have you used any of the following services within the past 12 months (please tick one option for each statement)

	Yes	No	No- Not aware of this
Stop smoking advice (voucher/consultation) <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency contraception (morning after pill) <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minor ailments/Pharmacy First (those able to receive free prescriptions can, see a pharmacist for a common, minor, health condition such as eczema, athlete's foot and, receive prescribed medicine as required, instead of visiting the GP) <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Repeat prescription service (for regular medicines) <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug service (e.g., needle exchange, methadone supply) <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Returning your unwanted medicines <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home delivery service <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronic prescribing (pharmacies can request & receive your repeat prescription request from your GP practice, saving you from visiting your GP practice) <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COVID19 testing, testing kits pick up or vaccination service <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Pharmacist Consultation Service (CPCS) (Urgent care referral to see a Pharmacist instead of a GP) <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17 What was your experience with the pharmacy services you have used?

Please select that apply

Not applicable

Please select only one item

- Very good
- Good
- Okay
- Poor
- Very poor

Please explain the reason for your answer:

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

Please detail here:

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

Please detail here:

20 Were you satisfied with the available COVID-19 specific services available from your pharmacy during the COVID-19 pandemic? (if applicable)

Please select only one item

- Yes
- No
- Not applicable

Please explain the reason for your answer:

About you

21 What best describes your gender?

Please select one option

Please select only one item

- Female
- Male
- I use another term (for example Non-Binary)
- Prefer not to say

22 What is your age?

Please select only one item

- Under 16
- 16 - 24
- 25 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- Over 65
- Prefer Not To Say
-
-

23 What is your sexual orientation?

Please select only one item

- Bi Gay/Lesbian
- Heterosexual/Straight
- use another term
- Prefer Not To Say
-
-

24 What is your ethnic origin?

Please select only one item

- Asian- Indian
- Asian- Pakistani
- Asian- Bangladeshi
- Asian- Chinese
- Asian- Other Asian
- Black- African
- Black- Caribbean
- Black- Other Black
- DualHeritage White and Black African
- Dual HeritageWhite and Black Caribbean
- Dual HeritageWhite and Asian
- Dual HeritageOther Mixed Background
- White- British
- White- Irish
- White- Gypsy/Irish Traveller
- White- European
- White- Other
- Other: ethnic group Arab
- Other: ethnic group Any other
- Prefer Not To Say
- *Other (please specify below)

*Other (please specify here):

25 How would you define your religious or other beliefs?

Please select only one item

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- No Religion Any Other Religion
- Prefer Not To Say

26 What is your current employment/education status?

Please select only one item

- In education (Full or part time) In employment (Full or part time)
- Self-employed (Full or part time)
- Stay at home parent/carer or similar
- Retired
- Prefer not to say

27 Do you have a disability which substantially affects your day-to-day activities, which has lasted, or you expect

to last, at least a year? *Please select only one item* Yes

- No
- Prefer not to say

28 How did you find out about this survey?

Please select all that apply

- Facebook
- Twitter
- Local Pharmacy
- *Other (please specify below)

*Other (please specify here):

Thank you

Thank you for taking time to fill in this questionnaire, your responses will help us understand the Public's perspective of community pharmacy services.

Your responses will be used to inform the Pharmaceutical Needs Assessment 2022-25, which is scheduled to be published in October 2022.

The deadline to complete this survey is 18th April 2022.

TELL US WHAT YOU THINK OF YOUR LOCAL **PHARMACY** **SERVICES**

Answer this quick survey to let us know about
how you use your local pharmacy
and help shape future improvements to the
pharmacy services in your area.

You can access the survey using the QR code or web link below.



wolverhampton.gov.uk/pnasurvey



Appendix 5: Media Release for Public Survey

Media Release

CITY OF
WOLVERHAMPTON
COUNCIL

Released: Monday 14 March, 2022

People are being asked to share their thoughts about the services available through their local pharmacies by completing a short survey.

The City of Wolverhampton Council's Public Health team is in the process of updating the city's Pharmaceutical Needs Assessment, which maps the current pharmacy offer in Wolverhampton, including where there may be any gaps or needs.

It wants to hear from customers about the services they already use and value, as well as the sort of services they might like to receive from their local pharmacy if possible, in order to shape pharmacy services in the future.

John Denley, the City of Wolverhampton Council's Director of Public Health, said: "Local pharmacies offer a range of services to improve people's health beyond the safe dispensing of medicines, and are a key contributor to meeting the health needs of our local population.

"Pharmacies have also played a significant role in the city's response to the Covid-19 pandemic.

"We want to understand how people are using them, in terms of what they use them for, what time of day they use them, whether they are accessible and so on – as well as what more they could offer.

"We'd really appreciate it if customers could take a few moments to complete a short survey which will help us to assess if the current provision meets the needs of our population, and help us shape these services for the future."

The survey is available at <https://consultation.wolverhampton.gov.uk/public-health/pna>. The deadline for responses is Sunday 10 April, 2022.

ENDS

Notes to editors:

1/ For more information or to arrange an interview, please contact Paul Brown, Communications Manager, on 01902 555497 or email paul.brown@wolverhampton.gov.uk.

- Issued by the City of Wolverhampton Council's Corporate Communications Team.
- For more information, please call 01902 555439.
- More news from the City of Wolverhampton Council is available at:

- www.wolverhampton.gov.uk/news
- www.twitter.com/wolvescouncil
- www.facebook.com/wolverhamptontoday
- www.youtube.com/wolverhamptontoday

Appendix 6: Survey for public consultation of the PNA

PNA Consultation

Overview

Wolverhampton's Pharmaceutical Needs Assessment is now out for its public consultation, which lasts for 60-days.

The government requires all Health and Wellbeing Boards to produce an assessment of pharmaceutical services in their area every three years, under the NHS. The next assessment is due by 1st October 2022. This document is called the Pharmaceutical Needs Assessment (PNA).

The Pharmaceutical Needs Assessment 2022-25 draft is available to view below. The PDF is available to download by clicking on the two arrows in the top right corner of the window.

The PNA is a report on the present needs for pharmaceutical services. It is used to identify any gaps in current services or improvements that could be made in future pharmaceutical service provision. The document is then used by NHS England as the basis for determining market entry to a pharmaceutical list including the opening of additional pharmacies, relocations of premises, and amendments to opening hours or pharmaceutical services.

Why your views matter

As part of the NHS Pharmaceutical Services Regulations 2013, the Wolverhampton Health and Wellbeing Board is required to consult a specified range of relevant organisations on a draft of the PNA at least once during the process of developing the document. This consultation is also open to members of the public. Your feedback will be used to inform further development of the PNA which will be published in October this year.

Please tell us what you think of the PNA by completing the online survey.

Link to PNA document to be added here

PNA Consultation

1 Does the draft PNA clearly explain its purpose and background?

(Required)

Please select only one item

- Yes
 No

If no, please tell us why:

2 Does the PNA reflect the current pharmaceutical service provision in Wolverhampton?

(Required)

Please select only one item

- Yes
 No

If no, please tell us why:

3 Are there any unidentified gaps in service provision i.e. when, where and which services are available?

(Required)

Please select only one item

Yes

No

If yes, please tell us why:

4 Does the draft PNA reflect the pharmaceutical needs of the Wolverhampton population?

(Required)

Please select only one item

Yes

No

If no, please tell us why:

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

(Required)

Please select only one item

Yes

No

If no, please tell us why:

6 Does the PNA provide information to inform how pharmaceutical services may be commissioned in the future?

(Required)

Please select only one item

- Yes
- No

If no, please tell us why:

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

(Required)

Please select only one item

- Yes
- No

If no, please tell us why:

8 Are there any services that could be provided in a community pharmacy setting in the future, that have not been highlighted?

(Required)

Please select only one item

- Yes
- No

If yes, please explain:

9 Is the information contained in the Wolverhampton draft PNA accurate?

(Required)

Please select only one item

- Yes
- No

If no, please tell us why:

10 Do you agree with the conclusions of the draft PNA?

(Required)

Please select only one item

- Yes
- No

If no, please tell us why:

11 If you have any further comments about the Wolverhampton draft PNA, please share below:

About You

12 Are you responding:

(Required)

Please select only one item

- as a member of the public
- as a health or social care professional
- on behalf of a community pharmacy
- on behalf of an organisation

Appendix 6.1 Feedback received

Feedback received from the Public Consultation of the PNA

The consultation period ran from 4th July 2022 to 4th September 2022. A total of 20 respondents completed the PNA consultation survey. There were 17 responses from the public, and 3 from organisations which included Health and Wellbeing Boards, and community pharmacies. Overall, the consultation survey feedback was positive. The feedback and suggestions have been taken into consideration when producing the final document. The following table summarises the feedback and queries received:

Question the response pertains to	Feedback received	Response to Feedback
<p>1. Does the draft PNA clearly explain its purpose and background?</p>	<p><i>“Far too wordy, ok for the professional/organisational audience but too complex for those with lesser literacy skills/ those whose first language isn’t English”</i></p> <p><i>“it’s not in a basic language that everyone can understand”</i></p>	<p>Thank you for highlighting this issue. By law, every Local Authority must produce a PNA every 3 years. Anyone is allowed to read the document, but the document is mainly aimed at professionals involved in community pharmacy and pharmacy services. This means that some of the wording is quite technical. As part of our lessons learnt, we will produce a summary of the PNA that is easy to understand.</p>
	<p><i>“It doesn't clearly explain differences, if there are any, between a 'chemist on the corner' and community pharmacists”</i></p>	<p>Thank you for bringing this to our attention. Community pharmacies were known in the past as chemists. They are found in local neighborhoods, high streets, and supermarkets. In the past, pharmacies were known for dispensing and selling medicines, but these days they provide a wider range of health services and advice.</p>
<p>2. Does the PNA reflect the current pharmaceutical service provision in Wolverhampton?</p>	<p><i>“Pharmacies in Wolverhampton provide more than just medication, they are the hub of self-help in communities, and the PNA doesn’t really show this”</i></p>	<p>Thank you for your feedback. Pharmacies are ideally placed to provide medicines advice, advice about minor ailments and other healthy living advice. They can also signpost to other support services.</p> <p>The PNA findings highlighted that Pharmacy users reported that they often saw, and continue to see, pharmacies as the first port of call for</p>

		medical advice and assistance for minor ailments.
3. Are there any unidentified gaps in service provision i.e., when, where and which services are available?	<i>Comments suggested that people would like more information about disability/mobility access, disposal of sharps, and where to find information about out of hours services</i>	Thank you for your suggestions. A key finding of the PNA shows that there is significant potential and willingness for the provision of wider Health and Wellbeing services within Pharmacies. Any decisions about pharmacy services will need to be made via partnership working with other local organisations.
4. Does the draft PNA reflect the pharmaceutical needs of the Wolverhampton population?	<i>“It doesn’t take account of the increase in housing in the north of the city on the Wolverhampton/South Staffs border under the local housing plans. 1000’s of homes to be built directly abutting Wolverhampton resulting in increased use of our pharmacy facilities”</i>	Thank you for your comment. At the time of the PNA, the findings have found that there is currently sufficient provision of pharmaceutical services for the population of Wolverhampton. However, it is recognised that the situation can change, and a further recommendation highlights the need to monitor pharmacy provision and for partners to work together to ensure that services meet the City’s need.
	<i>“Emergency medication can be needed in the early hours of the morning, there should be an all-night one that you can call and then fetch meds if they are deemed needed by the pharmacist, rather than go to the hospital”</i>	Thank you for your feedback. A key finding of the PNA has highlighted the reduction in out-of-hours services and recommends that this is monitored over the coming years to make sure that pharmacy access is not reduced to those who are most in need. More information about local services can be found at: https://www.nhs.uk/nhs-services/services-near-you/
5. Does the PNA provide information to inform market entry decisions i.e., decisions on applications for		

<p>new pharmacies and dispensing appliance contractor premises?</p>		
<p>6. Does the PNA provide information to inform how pharmaceutical services may be commissioned in the future?</p>	<p><i>“Too technical for most people to understand, needs simplifying”</i></p> <p><i>“But the information is hidden in the length of the document”</i></p> <p><i>“The terminology is unintelligible”</i></p>	<p>Thank you for your feedback. As part of our lessons learnt, we will produce a summary of the PNA that is easy to understand.</p>
<p>7. Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?</p>	<p><i>“There should be more clarity on provisions considering access needs, pain management, and patient consultations with pharmacists (medication reviews, health checks etc.)”</i></p>	<p>Thank you for your comments. A key finding of the PNA shows that there is significant potential and willingness for the provision of wider Health and Wellbeing services within Pharmacies.</p> <p>Any decisions about pharmacy services will need to be made via partnership working with other local organisations.</p>
<p>8. Are there any services that could be provided in a community pharmacy setting in the future, that have not been highlighted? - Future services that have not been highlighted</p>	<p><i>“Mental health and wellbeing advice.”</i></p> <p><i>“Disposal of none drug user sharps e.g., unused EpiPens”</i></p> <p><i>“More paediatric options”</i></p> <p><i>“Chiropody”</i></p>	<p>Thank you for your suggestions. Community pharmacy staff are experts in medicines and can offer healthcare advice for minor ailments, and signpost to other services that can offer support.</p> <p>To find out up-to-date information about pharmacy services offered locally, contact your pharmacy, or find more information at https://www.nhs.uk/nhs-services/services-near-you/</p>
<p>9. Do you agree with the conclusions of the draft PNA?</p>		

<p>10. If you have any further comments about the Wolverhampton draft PNA, please share</p>	<p><i>“Further opportunities to gather public feedback on health care services would be vital.”</i></p>	<p>Thank you for highlighting this. It is important that different partners and organisations work together and take into consideration public feedback to ensure that pharmacy and healthcare services meet the public’s needs.</p>
	<p><i>“We are keen to ensure no change in the 100-hour provision (e.g., reduction in contractual hours) is made to the Phoenix Pharmacy contract. This pharmacy provides access to the north of Dudley population within Sedgley, Gornal and Coseley during unsociable hours. If there was a reduction in opening hours of this pharmacy or any changes to this contract, neighbouring HWBs would need to be made aware to ensure there is no adverse impact on our population.... It ought to be possible to have reciprocal agreements in place between LAs to enable vulnerable service users to access this service outside regular opening hours of pharmacies closer to whether they live.”</i></p>	<p>Thank you for your comments and suggestions. It is important that different partners and organisations work together and take into consideration public feedback to ensure that pharmacy and healthcare services meet the public’s needs.</p> <p>NHS England is responsible for administering opening hours for pharmacies, which is handled locally by the regional NHS England teams.</p> <p>A pharmacy normally has 40 core contractual hours (or 100 for those that have opened under the former exemption from the control of entry test), which cannot be amended without the consent of NHS England, together with supplementary hours, which are all the additional opening hours, which can be amended by the pharmacy subject to giving three months’ notice (or less if NHS England consents).</p>
	<p><i>“We would suggest that under paragraph 4.6.1 the sentence ‘There could be opportunities to provide a commissioned service for the provision of MDS.’ is amended to read ‘There</i></p>	<p>Thank you for your feedback. We have used your suggestion and changed the wording within our PNA document.</p>

	<i>could be opportunities to provide a commissioned service for the provision of MDS where it is clinically appropriate'."</i>	
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Appendix 7: Community Pharmacies in Wolverhampton, with addresses and opening times, April 2022

Please note the following list was compiled April 2022 and is subject to change.

ODS Code	Trading Name	Full address	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
FW272	Lloyds Pharmacy	58 High street, Wednesfield , WV11 1SZ	<i>9am-7pm</i>	<i>9am-7pm</i>	<i>9am-7pm</i>	<i>9am-7pm</i>	<i>9am-7pm</i>	<i>Closed</i>	<i>Closed</i>
FHX23	Pendeford Healthcare Pharmacy	Pendeford Health Centre, WV9 5NJ	<i>9am-6pm</i>	<i>9am-6pm</i>	<i>9am-6pm</i>	<i>9am-3.30pm</i>	<i>9am-6pm</i>	<i>Closed</i>	<i>Closed</i>
FJH23	Tettenhall Wood	12 School Rd, WV6 8EJ	<i>9am-6pm</i>	<i>9am-6pm</i>	<i>9am-6pm</i>	<i>9am-6pm</i>	<i>9am-6pm</i>	<i>9am-1pm</i>	<i>Closed</i>
FFN96	Ettingshall Pharmacy	3 New St, WV2 2LR	<i>9am-6:30pm</i>	<i>9am-6:30pm</i>	<i>9am-6:30pm</i>	<i>9am-6:30pm</i>	<i>9am-6:30pm</i>	<i>9am-12pm</i>	<i>Closed</i>
FFV96	Anderson Pharmacy	311 Dudley Rd, WV2 3JY	<i>9am-1pm</i> <i>2pm-7pm</i>	<i>9am-1pm</i> <i>2pm-7pm</i>	<i>9am-1pm</i> <i>2pm-7pm</i>	<i>9am-1pm</i> <i>2pm-7pm</i>	<i>9am-1pm</i> <i>2pm-7pm</i>	<i>9am-1pm</i>	<i>Closed</i>
FDJ45	Supercare Pharmacy	420 Dudley Rd, WV2 3AY	<i>9am-1.30</i> <i>2.30-7pm</i>	<i>9am-1.30</i> <i>2.30-7pm</i>	<i>9am-1.30</i> <i>2.30-7pm</i>	<i>9am-1.30</i> <i>2.30-7pm</i>	<i>9am-1.30</i> <i>2.30-7pm</i>	<i>Closed</i>	<i>Closed</i>
FLH86	Portobello Pharmacy	1A Vaughan Rd, WV13 3TJ	<i>9am-1.30</i> <i>2.30-7pm</i>	<i>9am-1.30</i> <i>2.30-7pm</i>	<i>9am-1.30</i> <i>2.30-7pm</i>	<i>9am-1.30</i> <i>2.30-7pm</i>	<i>9am-1.30</i> <i>2.30-7pm</i>	<i>Closed</i>	<i>Closed</i>
FQ725	Newbridge Pharmacy	325 Tettenhall Rd, WV6 0JZ	<i>9am-1pm</i> <i>2-6pm</i>	<i>9am-1pm</i> <i>2-6pm</i>	<i>9am-1pm</i> <i>2-6pm</i>	<i>9am-1pm</i> <i>2-6pm</i>	<i>9am-1pm</i> <i>2-6pm</i>	<i>Closed</i>	<i>Closed</i>
FG043	Boots Pharmacy	233 Trysull Rd, WV3 7LF	<i>9am-6pm</i>	<i>9am-6pm</i>	<i>9am-6pm</i>	<i>9am-6pm</i>	<i>9am-6pm</i>	<i>9am-5pm</i>	<i>Closed</i>

FCT36	One Stop Pharmacy	Fernside Rd, WV13 3YA	<i>9am-6pm</i>	<i>9am-6pm</i>	<i>9am-6pm</i>	<i>9am-6pm</i>	<i>9am-6pm</i>	<i>9am-12pm</i>	<i>Closed</i>
FTD98	J Docter Pharmacy	73 Stubby Lane, WV11 3NE	<i>9am-5.30pm</i>	<i>9am-5.30pm</i>	<i>9am-5.30pm</i>	<i>9am-5.30pm</i>	<i>9am-6pm</i>	<i>9am-1pm</i>	<i>Closed</i>
FFP58	Dudley Rd Pharmacy	425 Dudley Rd, WV2 3AH	<i>9am-7pm</i>	<i>9am-7pm</i>	<i>9am-7pm</i>	<i>9am-7pm</i>	<i>9am-7pm</i>	<i>9am-5.30pm</i>	<i>Closed</i>
FDH98	Murrays Chemist	128 Childs Av, WV14 9XB	<i>9am-6.30pm</i>	<i>9am-6.30pm</i>	<i>9am-6.30pm</i>	<i>9am-6.30pm</i>	<i>9am-6.30pm</i>	<i>9am-5.30pm</i>	<i>Closed</i>
FJV07	High Street Pharmacy Bilston	76 High St, WV14 0EP	<i>9am-6pm</i>	<i>9am-6pm</i>	<i>9am-6pm</i>	<i>9am-6pm</i>	<i>9am-6pm</i>	<i>9-2pm</i>	<i>Closed</i>
FWR48	Central Pharmacy	Overfield Dr, WV14 9XW	<i>9am-6pm</i>	<i>9am-6pm</i>	<i>9am-6pm</i>	<i>9am-6pm</i>	<i>9am-6pm</i>	<i>Closed</i>	<i>Closed</i>
FD642	Boots	2 Blackhalve Lane, WV11 1BQ	<i>9am-6pm</i>	<i>9am-6pm</i>	<i>9am-6pm</i>	<i>9am-6pm</i>	<i>9am-6pm</i>	<i>9am-5.30pm</i>	<i>Closed</i>
FK880	Bushbury Lane Pharmacy	331 Bushbury Lane, WV10 9UJ	<i>9am-6pm</i>	<i>9am-6pm</i>	<i>9am-6pm</i>	<i>9am-6pm</i>	<i>9am-6pm</i>	<i>9am-1pm</i>	<i>Closed</i>
FPW92	All Saints Pharmacy	91-93 Vicarage Rd, WV2 1DR	<i>9am-6pm</i>	<i>9am-6pm</i>	<i>9am-6pm</i>	<i>9am-6pm</i>	<i>9am-6pm</i>	<i>Closed</i>	<i>Closed</i>
FQW49	Brooklands Pharmacy	49 Brooklands Parade, WV1 2NE	<i>9am-6:30pm</i>	<i>9am-6:30pm</i>	<i>9am-6pm</i>	<i>9am-5:30pm</i>	<i>9am-6pm</i>	<i>Closed</i>	<i>Closed</i>
FY922	Alpha Pharmacy	468 Stafford Rd, WV10 6AN	<i>9am-7pm</i>	<i>9am-7pm</i>	<i>9am-7pm</i>	<i>9am-7pm</i>	<i>9am-7pm</i>	<i>9am-1pm</i>	<i>Closed</i>
FMV70	Staveley Pharmacy	212 Staveley Rd, WV1 4RH	<i>9am-7pm</i>	<i>9am-7pm</i>	<i>9am-7pm</i>	<i>9am-7pm</i>	<i>9am-7pm</i>	<i>9am-12pm</i>	<i>Closed</i>

FDA94	Bridgnorth Road Pharmacy	41 Bridgnorth Rd, WV6 8AF	9am-1pm 2-6pm	9am-1pm 2-6pm	9am-1pm 2-6pm	9am-1pm 2-6pm	9am-1pm 2-6pm	9am-1pm	Closed
FKY89	Boots Pharmacy	40-41 Dudley St, WV1 3ER	8am-6pm	8am-6pm	8am-6pm	8am-6pm	8am-6pm	8am-6pm	10:30am-4:30pm
FLC50	Boots Pharmacy	Prouds Lane, WV14 6PW	9am-6pm	9am-6pm	9am-6pm	9am-6pm	9am-6pm	Closed	Closed
FV523	Boots Pharmacy	92 Windmill Lane, WV3 8HG	9am-6pm	9am-6pm	9am-6pm	9am-6pm	9am-6pm	9am-5pm	Closed
FPE01	Pennfields Pharmacy	248 Jeffcock Rd, WV3 7AH	9am-6pm	9am-6pm	9am-6pm	9am-6pm	9am-6pm	Closed	Closed
FRT58	Boots Pharmacy	8 Trysull Rd, WV3 7HT	9am-5pm	9am-5pm	9am-5pm	9am-5pm	9am-5pm	9am-5pm	Closed
FE111	Northwood Pharmacy - Ashmore Park	88 Griffiths Dr, WV11 3JW	9am-6pm	9am-6pm	9am-6pm	9am-6pm	9am-6pm	9am-4pm	Closed
FCX61	Poonian Pharmacy	663 Stafford Rd, WV10 6QG	9am-6pm	9am-6pm	9am-6pm	9am-6pm	9am-6pm	9am-1pm	Closed
FK331	Bradley Chemist	83 Hall Green St, WV14 8TH	8.30am-6.30pm	8.30am-6.30pm	8.30am-6.30pm	8.45am-1pm	8.30am-6.30pm	9am-12pm	Closed
FKD48	Morrisons Pharmacy Pendeford	Blaydon Rd, WV9 5PG	8.30am-8pm	8.30am-8pm	8.30am-8pm	8.30am-8pm	8.30am-8pm	8.30am-7pm	10am-4pm
FDG90	Superdrug Pharmacy Bilston	1 Market Way, WV14 0DR	8.30am-5.30pm	8.30am-5.30pm	8.30am-5.30pm	8.30am-5.30pm	8.30am-5.30pm	9am-5.30pm	Closed
FTY49	Lloyds Pharmacy Bushbury	18-20 The Broadway, WV10 8EB	8.30am-6pm	8.30am-6pm	8.30am-6pm	8.30am-6pm	8.30am-6pm	9am-5.30pm	Closed

FGJ08	Pharmacy Direct 2U	Unit14a Hollies Industrial Estate, WV2 4HE	8.30am-5pm	8.30am-5pm	8.30am-5pm	8.30am-5pm	8.30am-5pm	Closed	Closed
FY374	Rexall Chemist	204 Penn Road, WV4 4AA	8.30am-7pm	8.30am-7pm	8.30am-7pm	8.30am-7pm	8.30am-7pm	9am-1pm	Closed
FEL07	Lloyds Pharmacy	181 Wednesfield Rd, WV10 0EN	9am-7pm	9am-7pm	9am-7pm	9am-7pm	9am-7pm	9am-5.30pm	Closed
FLN59	Mayfield Pharmacy - Mayfield Medical Centre	272 Willenhall Rd, WV1 2GZ	9am-6.30pm	9am-6.30pm	9am-6.30pm	9am-6.30pm	9am-6.30pm	Closed	Closed
FTG89	Jhoots Pharmacy	34-35 Thornley St, WV1 1JP	9am-6pm	9am-6pm	9am-6pm	9am-6pm	9am-6pm	Closed	Closed
FCM77	J Docter Pharmacy	295 Wood End Rd, WV11 1YQ	9am-5.30pm	9am-5.30pm	9am-5.30pm	9am-5.30pm	9am-6pm	9am-1pm	Closed
FRL26	Brutons Pharmacy	1 Mervyn Place, WV14 8DD	9am-1.30pm 2pm-6pm	9am-1.30pm 2pm-6pm	9am-1.30pm 2pm-6pm	9am-1.30pm 2pm-6pm	9am-1.30pm 2pm-6pm	Closed	Closed
FI396	Fallings Park Pharmacy	212 Bushbury Rd, WV10 0NT	9am-1pm 1.30-6pm	9am-1pm 1.30-6pm	9am-1pm 1.30-6pm	9am-1pm 1.30-6pm	9am-1pm 1.30-6pm	Closed	Closed
FNV79	Your Pharmacy First	1 Raynor Rd, WV10 9QY	9am-1pm 1.30-6pm	9am-1pm 1.30-6pm	9am-1pm 1.30-6pm	9am-1pm 1.30-6pm	9am-1pm 1.30-6pm	9am-12pm	Closed
FWP98	Low Hill Pharmacy	8 Showell Circus, WV10 9BA	9am-1pm 1.30-6pm	9am-1pm 1.30-6pm	9am-1pm 1.30-6pm	9am-1pm 1.30-6pm	9am-1pm 1.30-6pm	9am-12pm	Closed
FDL23	Hingley Pharmacy	179 Lea Rd, WV3 0LG	9am-6:30pm	9am-6:30pm	9am-6:30pm	9am-6pm	9am-6:30pm	9am-5pm	Closed
FHT03	Upper Green Pharmacy	5 Upper Green, WV6 8QQ	9am-5:30pm	9am-5:30pm	9am-5:30pm	9am-5:30pm	9am-5:30pm	9am-5pm	Closed

FF635	Millstream Pharmacy	151 Tettenhall Rd, WV3 9NJ	9am-6.30pm	9am-6.30pm	9am-6.30pm	9am-6.30pm	9am-6.30pm	9am-1pm	Closed
FRH31	Lloyds Pharmacy	Lower St, WV6 9LL	9am-6pm	9am-6pm	9am-6pm	9am-6pm	9am-6pm	Closed	Closed
FT466	Essington Pharmacy	129 Long Knowle Ln, WV11 1JG	9am-7pm	9am-7pm	9am-7pm	9am-7pm	9am-7pm	Closed	Closed
FEM86	H N Pharmacy	124 Cannock Rd, WV10 8PW	9am-6:30pm	9am-6:30pm	9am-6:30pm	9am-5:30pm	9am-6:30pm	9am-5:30pm	Closed
FAL84	Penn Care Pharmacy	48 Warstones Rd, WV4 4LP	9am-6pm	9am-6pm	9am-6pm	9am-6pm	9am-6pm	9am-5.30pm	Closed
FRG91	Asda	Molineux Complex, WV1 4AZ	9am-8pm	9am-8pm	9am-8pm	9am-8pm	9am-8pm	9am-8pm	10am-4pm
FD014	Jhoots - Newbridge Surgery	255 Tettenhall Rd, WV6 0DE	9am-1pm 1.30-6pm	9am-1pm 1.30-6pm	9am-1pm 1.30-6pm	9am-1pm 1.30-6pm	9am-1pm 1.30-6pm	Closed	Closed
FYM33	Lloyds Pharmacy - Penn Manor Medical Centre	323-325 Penn Rd/Manor Rd, WV4 5PY	8.30am-6.30pm	8.30am-6.30pm	8.30am-6.30pm	8.30am-6.30pm	8.30am-6.30pm	9am-1pm	Closed
FGA48	Church Pharmacy	45 Church St, WV14 0AX	8.30am-6.30pm	8.30am-6.30pm	8.30am-6.30pm	8.30am-6.30pm	8.30am-6.30pm	9am-5pm	Closed
FD017	Superdrug Pharmacy	Mander Centre, WV1 3NJ	8.30am-5.30pm	8.30am-5.30pm	8.30am-5.30pm	8.30am-5.30pm	8.30am-5.30pm	9am-5.30pm	Closed
FQR39	Morrisons Bilston	Black Country Route, WV14 0DZ	8.30am-8pm	8.30am-8pm	8.30am-8pm	8.30am-8pm	8.30am-8pm	8am-6pm	10am-4pm
FH473	Boots Pharmacy	Bentley Bridge, WV11 1BP	8am-8pm	8am-8pm	8am-8pm	8am-8pm	8am-8pm	8am-8pm	10.30am-4.30pm

FHV89	Phoenix Medical Centre	Parkfield Rd, WV4 6ED	7.30am-10.30pm	7.30am-10.30pm	7.30am-10.30pm	7.30am-10.30pm	7.30am-10.30pm	7.30am-10.30pm	10am-8pm
FHH67	Lloyds Pharmacy (Sainsburys)	Rookery St, WV11 1UP	7am-11pm	7am-11pm	7am-11pm	7am-11pm	7am-11pm	7am-10pm	10am-4pm
FL554	The Pharmacy Clinic	6 Bargate Dr, WV6 0QW	7am-10.30pm	7am-10.30pm	7am-10.30pm	7am-10.30pm	7am-10.30pm	7am-10.30pm	10am-5pm

Appendix 8: Provision of services by pharmacies if commissioned

Service	Not able or willing to provide		Willing to provide if commissioned	
	No.	%	No.	%
Allergies	11	18.3%	43	71.6%
Alzheimer's / Dementia	14	23.3%	43	71.6%
Asthma	10	16.6%	46	76.6%
CHD	14	23.3%	44	73.3%
COPD	11	18.3%	47	78.3%
Depression	13	21.6%	45	75.0%
Diabetes type I	12	20.0%	44	73.3%
Diabetes type II	11	18.3%	44	73.3%
Epilepsy	16	26.6%	42	70.0%
Heart Failure	15	25.0%	44	73.3%
Hypertension	4	6.6%	29	48.3%
Parkinson's Disease	15	25.0%	44	73.3%
Chlamydia Testing Service	11	18.3%	38	63.3%
Chlamydia Treatment Service	12	20.0%	40	66.6%
Contraceptive Service (not EC)	9	15.0%	38	63.3%
Emergency Contraception Service	2	3.3%	10	16.6%
Screening Service: Diabetes	11	18.3%	43	71.6%
Vaccinations: Hepatitis (at risk workers or patients)	18	30.0%	38	63.3%
Emergency Supply Service	4	6.6%	19	31.6%
Gluten Free Food Supply Service (i.e., not via FP10)	18	30.0%	39	65.0%
Home Delivery Service (not appliances)	8	13.3%	11	18.3%
Independent Prescribing Service	19	31.6%	39	65.0%
Language Access Service	17	28.3%	43	71.6%
Medicines Assessment and Compliance Support Service	13	21.6%	41	68.3%
Medicines Optimisation Service	11	18.3%	45	75.0%
Needle and Syringe Exchange Service	18	30.0%	28	46.6%
Obesity Management (adults and children)	8	13.3%	45	75.0%
Not Dispensed Scheme	16	26.6%	44	73.3%
Out of Hours Service	30	50.0%	28	46.6%
Patient Group Direction Service	11	18.3%	29	48.3%
Phlebotomy Service	22	36.6%	38	63.3%
Sharps Disposal Service	22	36.6%	33	55.0%
Supervised Administration Service	11	18.3%	12	20.0%
Supplementary Prescribing Service	19	31.6%	38	63.3%

Source: Local Pharmacy Survey 2022

Note: Unknown responses have been excluded

Appendix 9: Needs expressed by Pharmacists that completed the Pharmacy Survey 2022

The following needs were expressed in the Local Pharmacy Survey 2022 for locally commissioned services:

- “Emergency supply service”
- “Smoking cessation”
- “Alcohol awareness”
- “Hypertension screening service”
- “Cholesterol screening service.”
- MDS support “not funded”, “hugely important for compliance”, “enormous risk associated for pharmacy”, “do not have resources to take on free of charge”
- “MAR chart support”
- “Training social care staff”
- “COVID vaccines”