

# Pharmaceutical Needs Assessment 2015-18

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Wolverhampton Health and Wellbeing Board

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## 1. Executive Summary

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 require Health and Wellbeing Boards to produce and publish a Pharmaceutical Needs Assessment (PNA) by 1st April 2015. The HWB is required to publish revised assessments within 3 years or when significant changes to need for pharmaceutical services are identified.

The PNA is a structured approach to identifying unmet need for pharmaceutical services. It is a tool to enable the HWB to identify current service provision and inform future commissioning of services from pharmaceutical service providers.

NHS England has an obligation to ensure that drugs, medicines and listed appliances ordered via NHS prescriptions can be supplied by holding pharmaceutical lists controlling market entry to NHS Pharmaceutical services. To be included on a pharmaceutical list, providers must prove they are able to meet a pharmaceutical need as defined by the PNA. Decisions made by NHS England regarding market entry based on the findings of the PNA are open to appeal and legal challenge.

The Wolverhampton PNA was undertaken in accordance with the requirements set out in the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. Development of the PNA has been guided by a steering group with representation from Public Health, Wolverhampton Clinical Commissioning Group (CCG), NHS England, the Local Pharmaceutical Committee (LPC) and patient groups. Nearly 300 residents responded to a survey on their usage and access to community pharmacies.

Community pharmacies provide a range of services defined as:

- Essential – all pharmacies must provide dispensing of medicines and safe disposal of medicines, promotion of healthy lifestyles, participation in health promotion campaigns and support for self-care.
- Advanced – some pharmacies may provide Medicines Use Reviews (MURs), New Medicines Service, Appliance Use Reviews (AURs) and Stoma Customisation Services (SCSs).
- Locally commissioned services – some pharmacies may provide additional services commissioned locally by either NHS England, CCG or the Public Health department within the council. Current locally commissioned services include; emergency hormonal contraception, smoking interventions and nicotine replacement therapy, needle exchange and supervised consumption for substance misuse and a minor ailments service.

Community pharmacy provision has developed since the last PNA. At this time there is adequate community pharmacy provision well distributed across the city which is sufficient to meet the needs of residents. There are 27 community pharmacies per 100,000 population which is comparable to our Local Area Team (LAT) neighbours. Closing times indicate good evening coverage across the city, and weekend coverage is particularly good on Saturdays. The majority of respondents to the public questionnaire felt that pharmacies are open when they need them. Travel time mapping show most residents can access a pharmacy within a 20 minute walk or 6 minute car journey.

New developments in community pharmacy services include a revised Minor Ailments Service, the introduction of a free flu immunisation service, and the Primary Eyecare Assessment and Referral service (PEARs). These services will need evaluation and review.

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 the delivery of chlamydia testing and treatment, NHS Health Checks and brief interventions and signposting to services for both obesity and alcohol. Further work is needed to assess the evidence for community pharmacy contribution and incorporate this into future service reviews.



## 2. Introduction and background

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013<sup>1</sup> require Health and Wellbeing Boards (HWBs) to produce and publish a Pharmaceutical Needs Assessment (PNA) by 1<sup>st</sup> April 2015. HWBs are required to publish revised assessments within 3 years or when significant changes to need for pharmaceutical services are identified. This is the second Pharmaceutical Needs Assessment for Wolverhampton following on from the edition published in 2011.

The PNA is a structured approach to identifying unmet need for pharmaceutical services. It is a tool to enable the HWB to identify current service provision and inform future commissioning of services from pharmaceutical service providers. The Department of Health (DoH) have published an Information Pack for HWBs to guide production of their PNAs<sup>2</sup>.

Pharmaceutical services are defined in the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013:

- Essential services – every community pharmacy providing NHS pharmaceutical services must provide a core list of services including, dispensing of medicines and safe disposal of medicines, promotion of healthy lifestyles, participation in health promotion campaigns and support for self-care.
- Advanced services – some community pharmacy contractors and dispensing appliance contractors subject to accreditation can provide services such as; Medicines Use Reviews (MURs), New Medicines Service, Appliance Use Reviews (AURs) and Stoma Customisation Services (SCSs).
- Locally commissioned services – some community pharmacies offer enhanced services commissioned by NHS England or locally determined services commissioned by local authority Public Health departments or Clinical Commissioning Groups (CCGs). Prior to April 2013 these enhanced services were commissioned by Primary Care Trusts (PCTs).

NHS England has an obligation to ensure that drugs, medicines and listed appliances ordered via NHS prescriptions can be supplied by holding pharmaceutical lists controlling market entry to NHS Pharmaceutical services. Pharmaceutical lists include:

- Pharmacy contractors
- Dispensing appliance contractors – suppliers of prescribed appliances such as dressings, stoma and incontinence aids. They cannot prescribe medicines.
- Dispensing doctors – authorised to provide drugs and appliances in designated rural areas or “controlled localities”
- Local pharmaceutical services (LPS) contractors – hold single negotiated contracts tailored to specific local requirements outside of national pharmacy arrangements

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<sup>1</sup> The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. 2013 No.349. London: TSO. Available from

[http://www.legislation.gov.uk/uksi/2013/349/pdfs/uksi\\_20130349\\_en.pdf](http://www.legislation.gov.uk/uksi/2013/349/pdfs/uksi_20130349_en.pdf). Accessed August 2014.

<sup>2</sup> Department of Health, 2013. *Pharmaceutical needs assessments: Information Pack for local authority Health and Wellbeing Boards*. Available from <https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack>. Accessed August 2014.

To be included on a pharmaceutical list, providers must prove they are able to meet a pharmaceutical need as defined by the PNA. In 2005 certain exceptions to this requirement were introduced, including pharmacies undertaking more than 100 minimum hours, distance selling pharmacies (mail order or internet), pharmacies in large out of town retail developments and in one stop primary care centres. All applications for new, additional or relocation of pharmacy premises (except distance selling pharmacies), will be assessed against the local PNA. Decisions may be appealed or challenged through the courts. PNAs must therefore comply with the requirements outlined in the 2013 regulations, ensure due process is followed in their development and that they are kept up to date.

### **3. PNA development process**

The Wolverhampton PNA was undertaken in accordance with the requirements set out in the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. Development of the PNA has been guided by a steering group with representation from Public Health, Wolverhampton Clinical Commissioning Group (WCCG), NHS England, the Local Pharmaceutical Committee (LPC) and patient groups (see Appendix for membership).

A questionnaire was distributed to pharmacies across the city (See Appendices). 67 complete responses were returned, capturing 64 out of 65 community pharmacies (including all four 100 hour pharmacies), two out of three internet pharmacies and one pharmacy located in New Cross Hospital. Key results are presented throughout in relevant sections. Opening times of non-responders and incomplete questionnaires were cross checked through NHS Choices. Information on commissioned services was cross checked with local contracting and activity data.

Throughout the PNA we present data on key health themes highlighting need across the city, mapping and describing three locality areas; north east, south west and south east or electoral wards. This approach to describing localities reflects the approach taken in the Joint Strategic Needs Assessment (JSNA).

A public questionnaire was posted on the LA and CCG website and further promoted through local press and social media (see Appendices). 299 residents responded to the survey. In the last PNA in 2011 no responses were returned to a survey distributed to patient and service user groups, therefore responses this year represent a significant improvement in public engagement. The majority of respondents were from a white ethnic background (89%), 7% were Asian and 3% African Caribbean, which is not reflective of the ethnicity profile of the city with slight under-representation for ethnic minority groups amongst survey respondents. The majority of respondents were women (80%). There was good representation across employed, unemployed, retired and student groups. Respondents were evenly spread from 25-69 years of age, however, 56% had a long term health issue or disability. While this may reflect this group's greater interest in pharmacy provision it is not reflective of the general population as census data suggests 20.5% of Wolverhampton residents have a limiting long term illness or disability.

A key stakeholder event was held in September 2014 to share some initial highlights from the analyses of the community pharmacy and public questionnaires. Stakeholders from GP, CCG, NHS England, Public Health, LPC and patient groups discussed a range of issues from access to services

across the city, currently commissioned local services and potential opportunities for community pharmacy to contribute to health and wellbeing in Wolverhampton.

#### 4. PNA Statutory consultation

This draft document will go out for public consultation for a 60 day period through December 2014 and January 2015 in accordance with the requirements set out in the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

HWBs must consult with the following bodies in their area during the process of PNA development:

- Local Pharmaceutical Committee (LPC)
- Local Medical Committee (LMC)
- Persons on pharmaceutical lists and dispensing doctors lists
- LPS chemists
- Local Healthwatch organisation for its area and any other patient, consumer or community group which in the opinion of the HWB has an interest in the provision of pharmaceutical services
- NHS Trust or NHS Foundation Trust
- NHS England
- Neighbouring HWBs (who must consult with their respective LPCs and LMCs when compiling a response)

The draft will be made available in electronic form for a 60 day period of consultation.

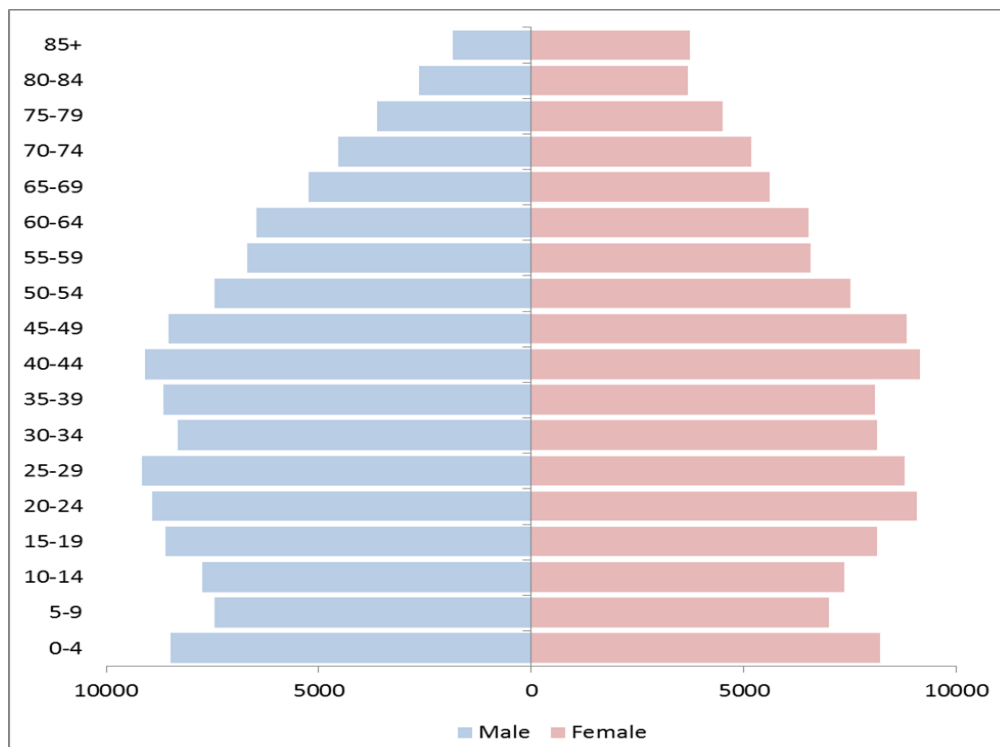
Consultation summary feedback to be added.

#### 5. Wolverhampton Health Overview

##### Population

The city's resident population is estimated to be 251,557 (mid-year estimates 2013) however, the GP registered population is 262,000. The average age of residents in Wolverhampton is 39, which is similar to the national average. However, Wolverhampton has a slightly higher proportion of children aged under 16. There are slightly more females than males living in Wolverhampton.

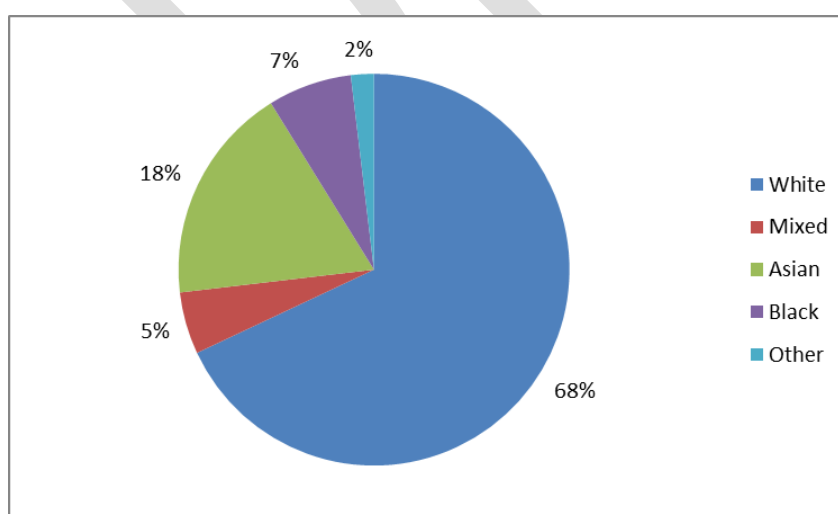
Figure 1: Wolverhampton Age and gender distribution (Census 2011)



### Ethnicity and diversity

The majority of residents in the city are from a White ethnic background (68%), with the remaining 32% from Black minority ethnic backgrounds (BME). The proportion of BME residents has slowly increased over time, with the largest of the groups being Asian at 18.8%, followed by Black and Mixed at 6.9% and 5.1% respectively. This is quite different from the national distribution with only 14.3% from a BME background. The south east of the city has the highest proportion of BME residents. Just over 10% of the resident population do not speak English as their main language.

Figure 2: Wolverhampton ethnicity distribution (census 2011)



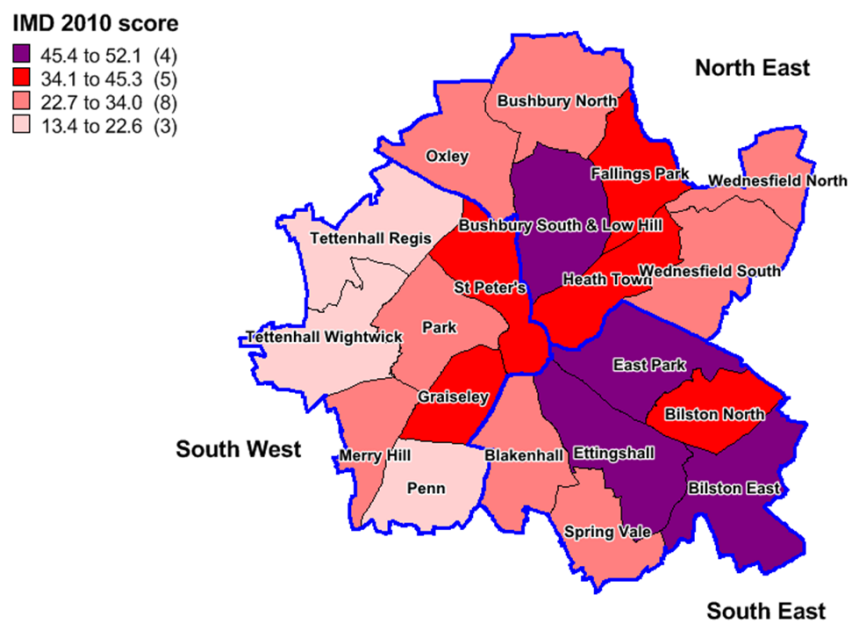
### Deprivation

The Index of Multiple Deprivation (2010) is a measure of multiple deprivations at an area level. An overall score is produced based on seven distinct dimensions of deprivation:

- Income
- Employment
- Health deprivation and disability
- Education, skills and training
- Barrier to housing and services
- Crime
- Living environment

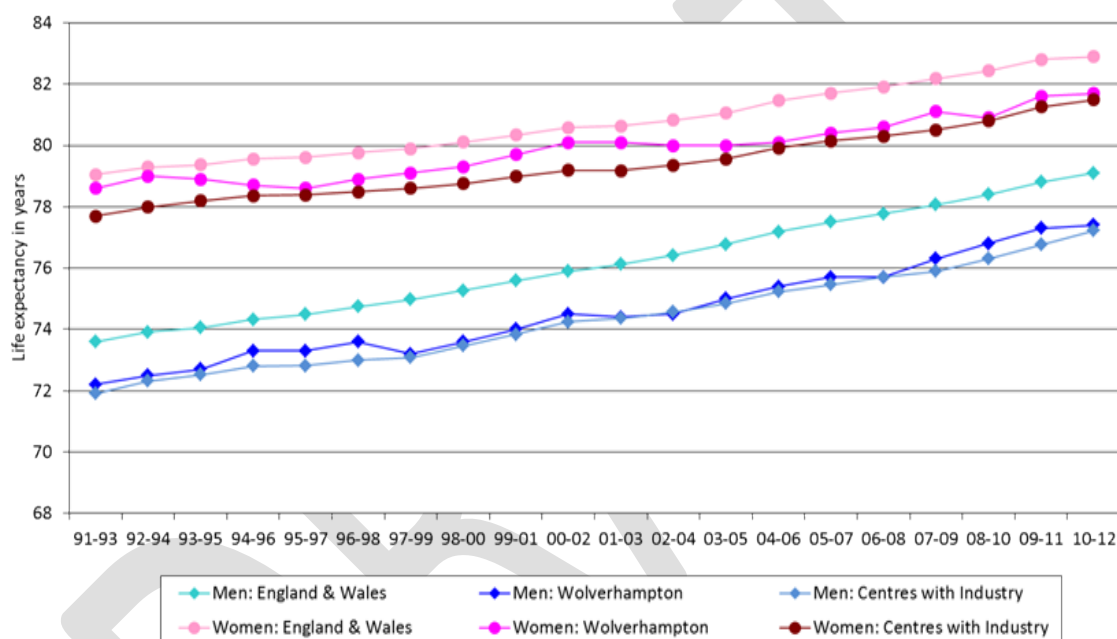
Deprivation is a fundamental determinant of poor health and dependence and is generally associated with greater morbidity and mortality. Wolverhampton is the 21st most deprived Local Authority in the country, with 51.1% of its population falling amongst the most deprived 20% nationally. This indicates that over half of Wolverhampton's population live in the poorest areas in England, which impacts on life expectancy and premature mortality rates in the city. The least deprived wards are in the West and the most deprived in the North East and South East of the city.

Figure 3 Index of Multiple Deprivation Score 2010, by ward



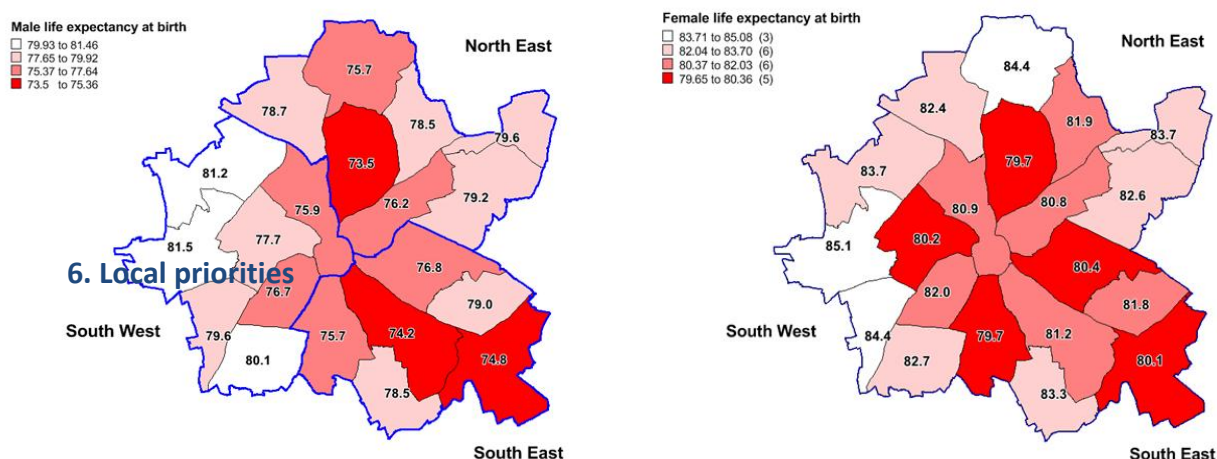
People in Wolverhampton are living longer than ever before, however the gap in life expectancy between the city and the national figure is not closing. Overall life expectancy in 2010-12 was 77.4 years for males and 81.7 years for females. This is almost two years less than the national average for both males and females. In addition, a male in Wolverhampton can expect to live just over 58 years free of any disability which is almost three years less than the national average. Women can expect to live almost 61 years free of any disability which is two years less than the national average. Therefore, not only do Wolverhampton residents live shorter lives but they also spend more of their lives experiencing ill health and disability.

Figure 4: Trend in male and female life expectancy in Wolverhampton



There are considerable inequalities in life expectancy and healthy life expectancy (disability-free life) across Wolverhampton. Local analysis shows that there is a gap of approximately seven years for males and four for females between those who are least and most deprived in Wolverhampton. This gap has remained fairly consistent over time.

Figure 5: Male and female life expectancy by ward 2008-2012



Wolverhampton's Joint Strategic Needs Assessment (JSNA) has focussed on the outcomes contained in the three national outcome frameworks: Public Health (PHOF), NHS (NHSOF) and Adult Social Care (ASCOF), and an additional locally developed outcomes framework for Children and Young People. The JSNA is currently being updated and preliminary data from the 2014-2015 update has been included in the assessment of health needs.

The HWB drew on evidence from the Joint Strategic Needs Assessment (JSNA) and data from the National Outcomes Frameworks for Health, Adult Social Care and Public Health to identify priorities for joint working to improve life expectancy, quality of life and reduce child poverty. The Health and Wellbeing Strategy for Wolverhampton 2013-2018 centres on five priority areas:

- Wider determinants of health
- Alcohol and drugs
- Dementia (early diagnosis)
- Mental Health (Diagnosis and Early intervention)
- Urgent Care (Improving and Simplifying)

Further priorities of the key sub-groups include; long term conditions (stroke and diabetes), health improvement (childhood obesity and diabetes) and prevention of mortality from chronic liver disease and prevention of falls.

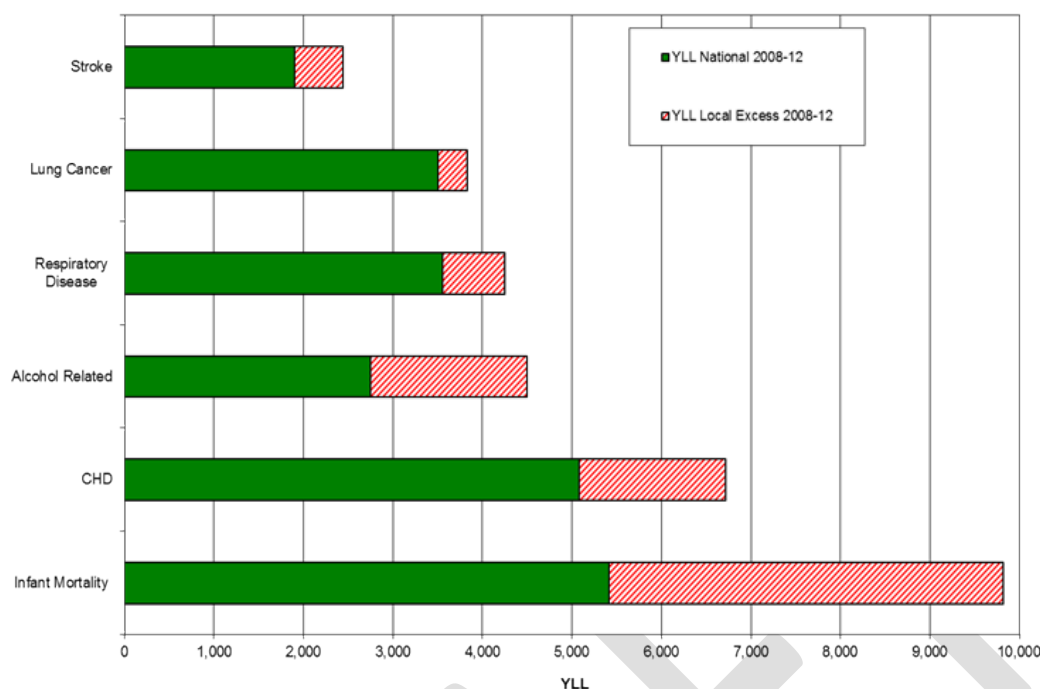
Life expectancy is affected by the number of deaths and the age at which the deaths occur. A small number of early deaths can cause a significant deterioration in life expectancy. The top six conditions accounting for excess years of life lost in Wolverhampton during 2008-2012 are:

- Infant mortality
- Alcohol related mortality <75
- CHD mortality <75
- Respiratory disease mortality <75
- Stroke mortality <75
- Lung cancer mortality <75

These conditions require targeted work to improve life expectancy across the city. The graph below shows the number of life years lost from these causes between 2010 and 2012. The length of the full bar (including green block and red and white striped block) show the total years of life lost in Wolverhampton. The green bar shows the numbers of life years lost if our mortality rates were the same as England. Therefore the red and white striped bar shows the local excess years of life lost and therefore the years of life Wolverhampton could potentially gain if death rates were similar to the national average.

Figure 6: Years of life lost and potential years of life gained





Throughout the PNA we present data on key health themes highlighting need across the city mapping wards and Lower Super Output Areas (LSOAs) where appropriate.

## 7. Current provision of NHS Pharmaceutical services

Community pharmacies offer many additional services other than the dispensing of medicines. They play an important part in contributing to wider health and wellbeing. They are a gateway to accessing a diverse population, some of whom may or may not be known to services and are therefore considered a key stakeholder for meeting joint strategic needs, reducing health inequalities and may be able to alleviate some of the pressure on other services (such as hospital and general practice). The next section will outline current community pharmacy provision highlighting the variety of services offered and describes the role of community pharmacy in key areas of health need.

### 7.1 Service providers

The PNA identifies and maps current provision of pharmaceutical services (information collected in August 2014). A list of pharmacies and opening times can be found in the appendices.

There are a total of 69 pharmacies within Wolverhampton. Of these:

- 65 are community pharmacies including four 100 hour pharmacies
- 3 are distance selling pharmacies
- 1 is located within New Cross Hospital and provides prescriptions for out-patient attendees and hospital discharges, therefore is excluded from further assessment of community pharmacy provision.



Patients can access pharmaceutical services from any community pharmacy including distance selling pharmacy of their choice therefore may access any distance selling pharmacy nationwide. Pharmacy provision has improved since the 2011 PNA, which described 61 community pharmacies including one 100 hour pharmacy and one distance selling pharmacy.

There are no dispensing GP practices, essential small pharmacies, dispensing appliance contractors or LPS contractors in the Wolverhampton area.

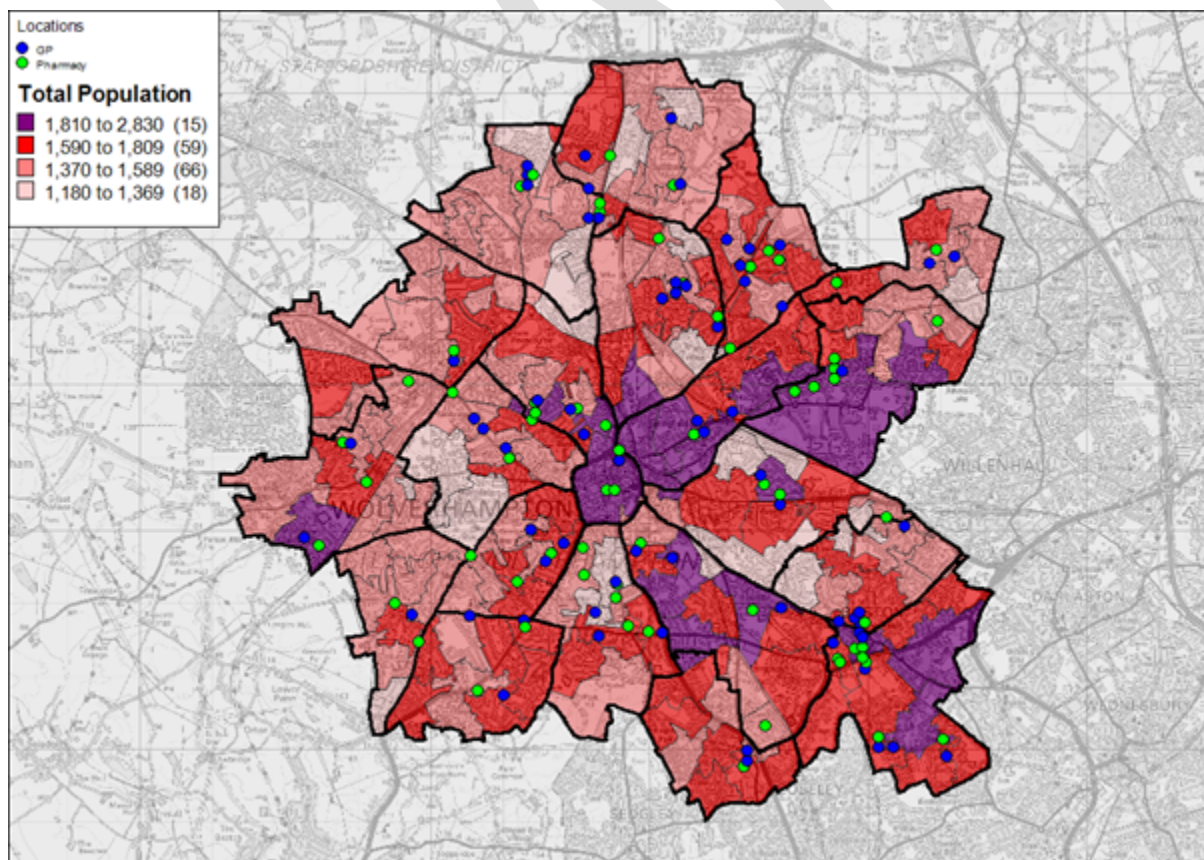
## 7.2 Accessibility

### Geographical distribution of service providers

The figure below shows the locations of community pharmacies in relation to general practices and population density across the city. Community pharmacies are generally located in close proximity to general practices and concentrated in areas of the city with high population density.

Wolverhampton has 27 community pharmacies per 100,000 population, which is comparable to other areas covered by the NHS England Local Area Team (LAT) and higher than the West Midlands and England averages of 23 and 22 respectively<sup>3</sup>.

Figure 7: Location of community pharmacies in relation to general practices in Wolverhampton with total population by LSOA

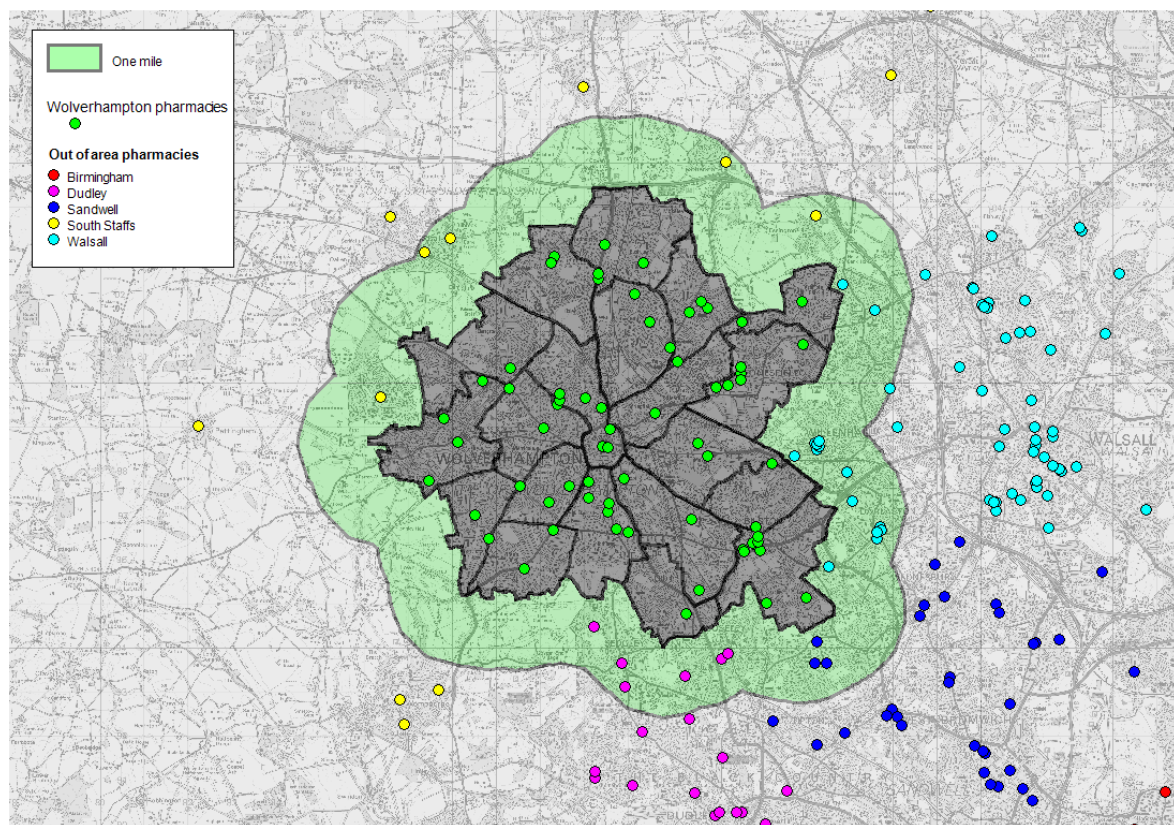


<sup>3</sup> Health & Social Care Information Centre. General Pharmaceutical Services in England 2003-04 to 2012-2013 PCT level tables. Table 2. Available from <http://www.hscic.gov.uk/catalogue/PUB12683>. Accessed September 2014.

### Wolverhampton border areas

There are four HWBs sharing borders with Wolverhampton; Dudley, Sandwell and Walsall covered by the NHS England Birmingham and the Black Country Local Area Team (LAT) and Staffordshire covered by the Shropshire and Staffordshire LAT. There are 30 pharmacies within one mile of the Wolverhampton border, which are shown on the map below. While there are a number of pharmacies surrounding the borders of Wolverhampton with Sandwell, Walsall and Dudley there are very few pharmacies located around the border of Staffordshire. The north, west and south west of the city is surrounded by South Staffordshire. These are sparsely populated semi-rural areas. The few pharmacies in these areas are located in the most densely populated areas in towns and villages (Perton, Codsall and Essington – populations ranging from 10-11,000). Featherstone with a population of 4,000 has a community pharmacy. Wolverhampton borders with Sandwell, Walsall and Dudley in the east and south east. These are more densely populated, urban areas with larger populations. As a result more pharmacies are located to the east and south east of the Wolverhampton border.

Figure 8: Location of community pharmacies bordering Wolverhampton



### Opening hours

The majority of community pharmacies have 40 core contractual hours. These hours tend to be delivered between 9:00 and 17:00. Pharmacies may apply for less core hours however NHS England can specify when these hours will be. Applications for more than 40 core hours may be agreed by NHS England. Pharmacies cannot amend their core hours without consent from NHS England. Pharmacies may provide supplementary hours outside of their core hour provision, these hours can



be changed with due notice to NHS England. 100 hour pharmacies are an exception to these rules and must provide 100 core contractual hours. The majority of community pharmacies across Wolverhampton open for more than the 40 core hours.

The figures below showing maps of opening times refer to total hours (core and supplementary hours). Figure 9 shows total opening times. The four 100 hour pharmacies are spread across the city. Eight providers report offering over 60 total hours (this is excluding the 100 hour pharmacies already mentioned). All pharmacies offering 60 plus total hours of opening are located in the most deprived areas of the city. The majority of pharmacies (37) report opening for between 50 and 59 total hours, and 18 open for 40 to 49 hours. These services are well distributed across the city.

Figure 9: Community pharmacy total opening hours and deprivation

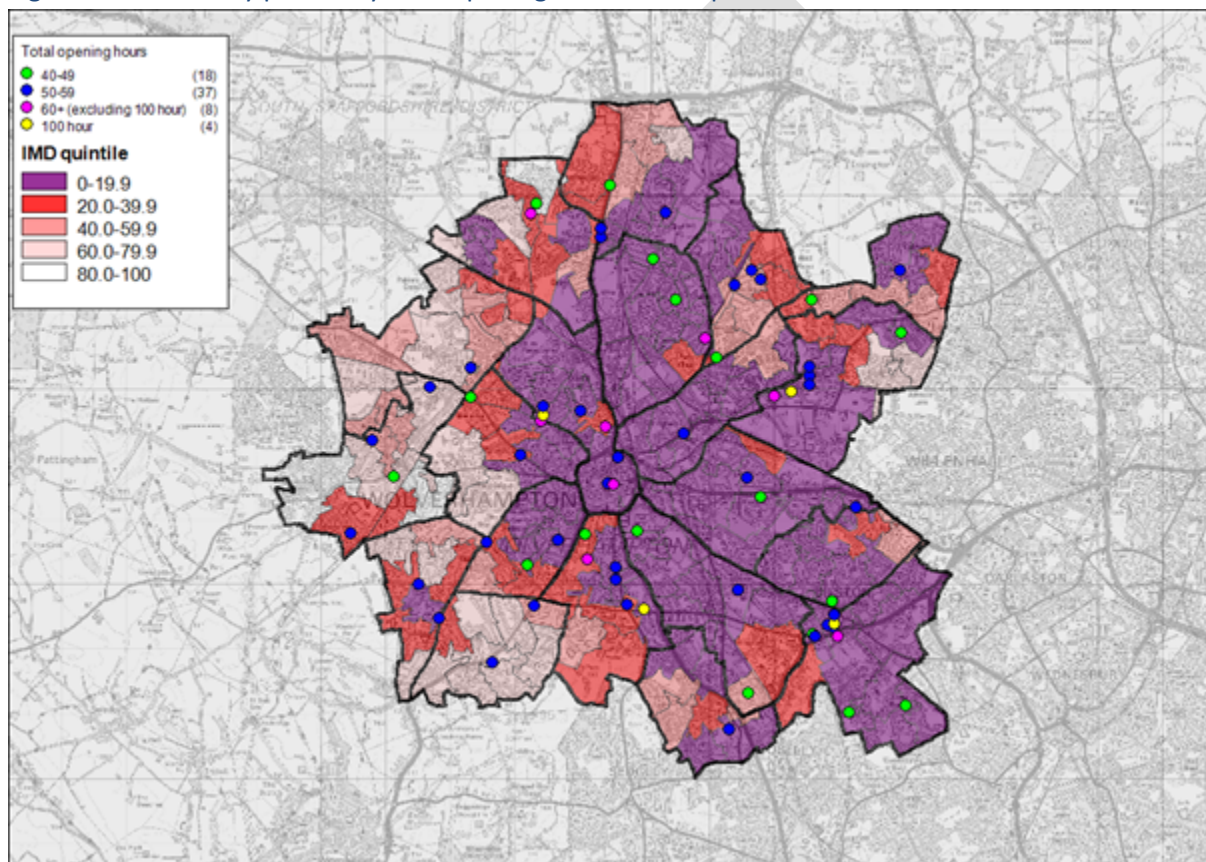


Figure 10: Most common closing times Mon-Fri – taken as an average (mode) across the week.

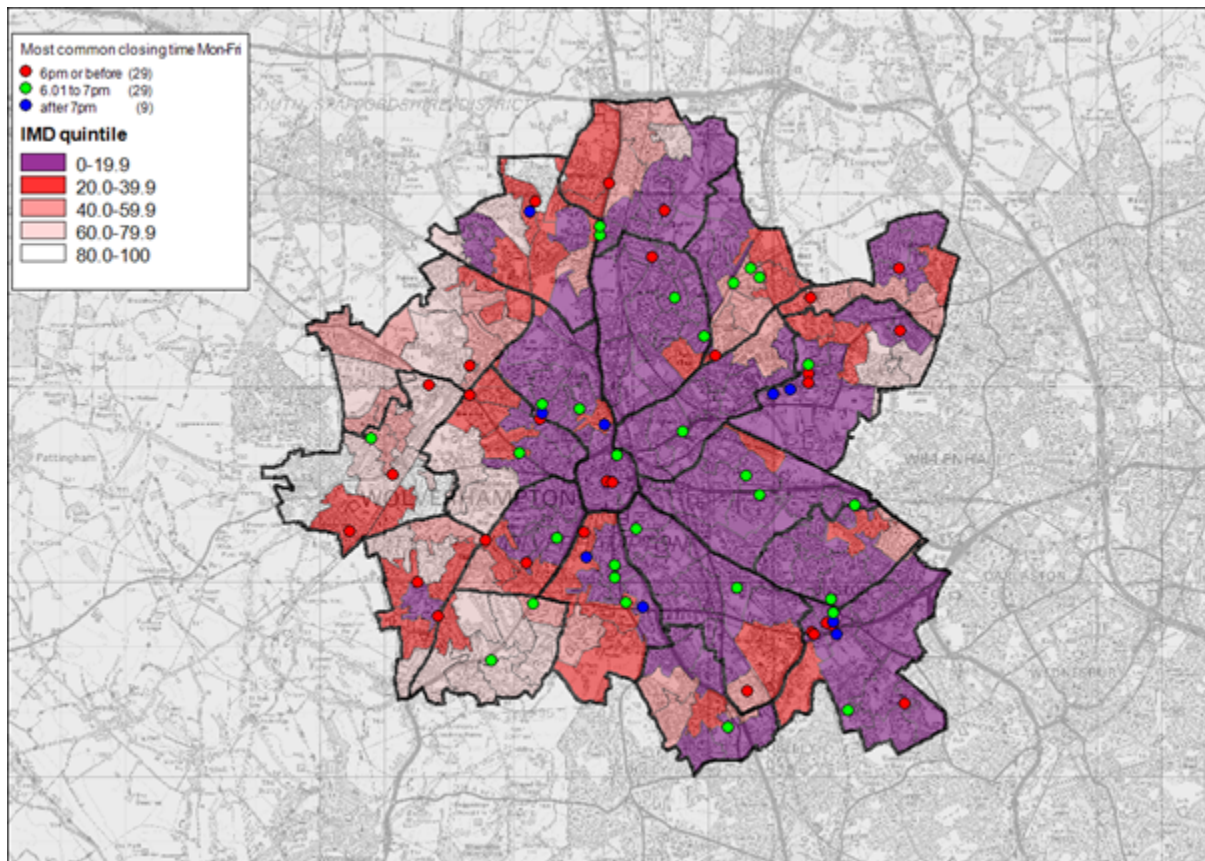
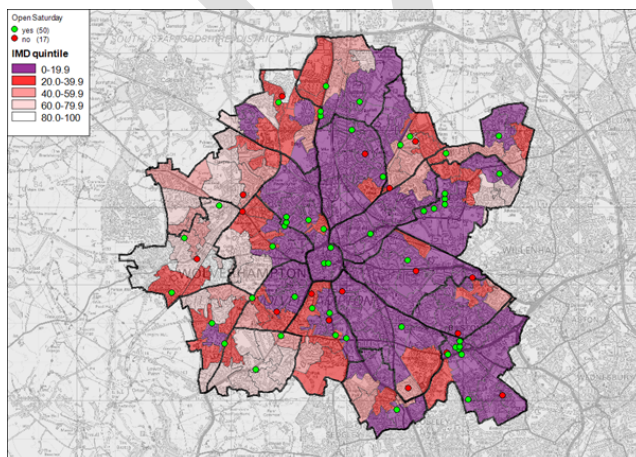


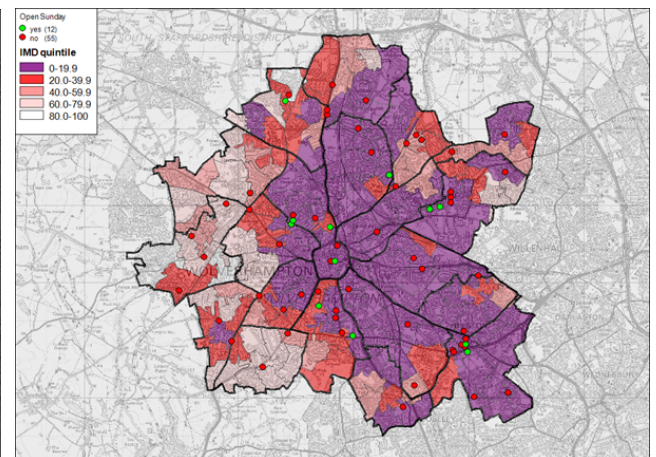
Figure 10 shows most common closing times for community pharmacies. 14% of pharmacies (9) close after 19:00, these pharmacies are located in the most deprived areas of the city. 29 close between 18:00 and 19:00, and 29 between 17:00 and 18:00. These pharmacies are well distributed across the city.

Figures 11 and 12: Weekend opening

Saturday



Sunday



50 pharmacies open on Saturday but only 12 open on Sunday. The pharmacies that open on Sunday also open on Saturdays. Access to community pharmacies at the weekend has improved since the

2011 PNA when 46 pharmacies opened on Saturday and 7 opened on Sunday. Community pharmacies open on Saturday are well distributed across the city, those open on Sunday are concentrated in the most deprived areas of the city.

Of those that open on Saturday, nearly half (48%) are open between 17:00 and 19:00, 17 (34%) close at 16:30 or before and eight (16%) are open after 19:00. Of those open on Sunday, opening times are usually between 09:00-10:30 and 16:00-18:00, one pharmacy is open until 22:00 on Sunday.

Respondents to the public questionnaire preferred to visit a pharmacy on Monday to Friday afternoons and early evenings. 95% agreed or strongly agreed that they could find a chemist open on a Saturday whereas 56% said the same for Sundays. 86% of respondents felt that pharmacies were open when they needed them. Of those who disagreed, 21 (7% of all respondents) would prefer later evening opening hours (four mentioned matching hours with those of their GP), seven would like earlier morning opening (2% of all respondents) and four Sunday opening (1% of all respondents). These respondents were more likely to work and use the pharmacy for one off prescriptions.

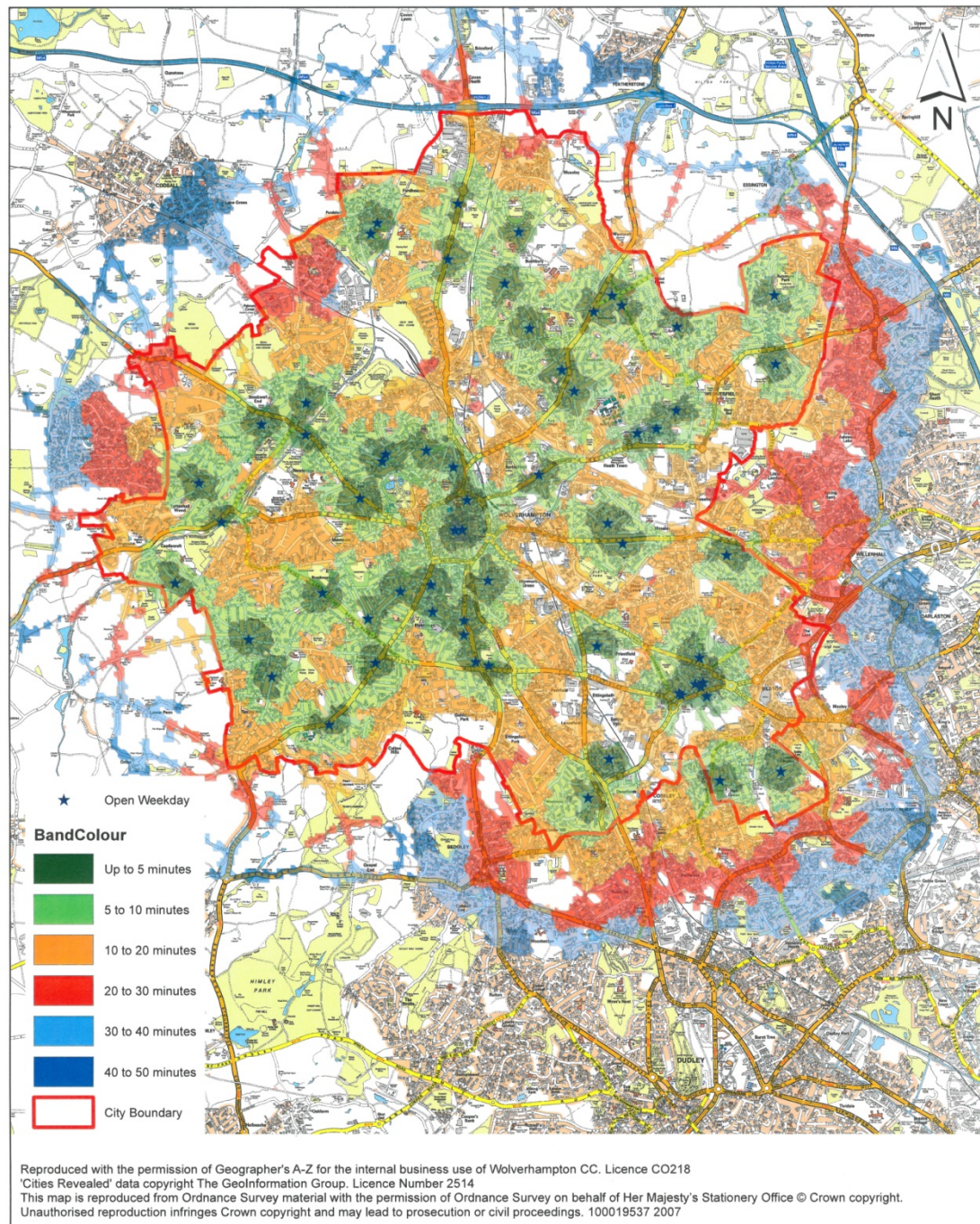
#### Travel times

To assess travel times to community pharmacies maps were created to look at access on weekdays and weekends, across a range of times by foot, public transport and car travel times. Access to pharmacies across the city is good. Travel time mapping demonstrates that across Wolverhampton, access to a pharmacy by car, even on a Sunday, is no more than six minutes away. Access on foot is good with the majority of journey times taking less than 20 minutes during the week and on Saturdays. On Sunday this increases up to 30-45 minutes. Journeys by public transport on weekdays and Saturdays, regardless of time, are generally up to 20 minutes for most people. On Sundays, travel times by public transport increase to up to 20-30 minutes in some areas of the city. The figures below highlight pedestrian access during the week and public transport access on Monday early evening (17:00-19:00).



Figure 13 and 14: Access mapping for pedestrians – weekdays and access mapping for pedestrians – weekdays 17:00-19:00.

## PEDESTRIAN ACCESS TO PHARMACIES



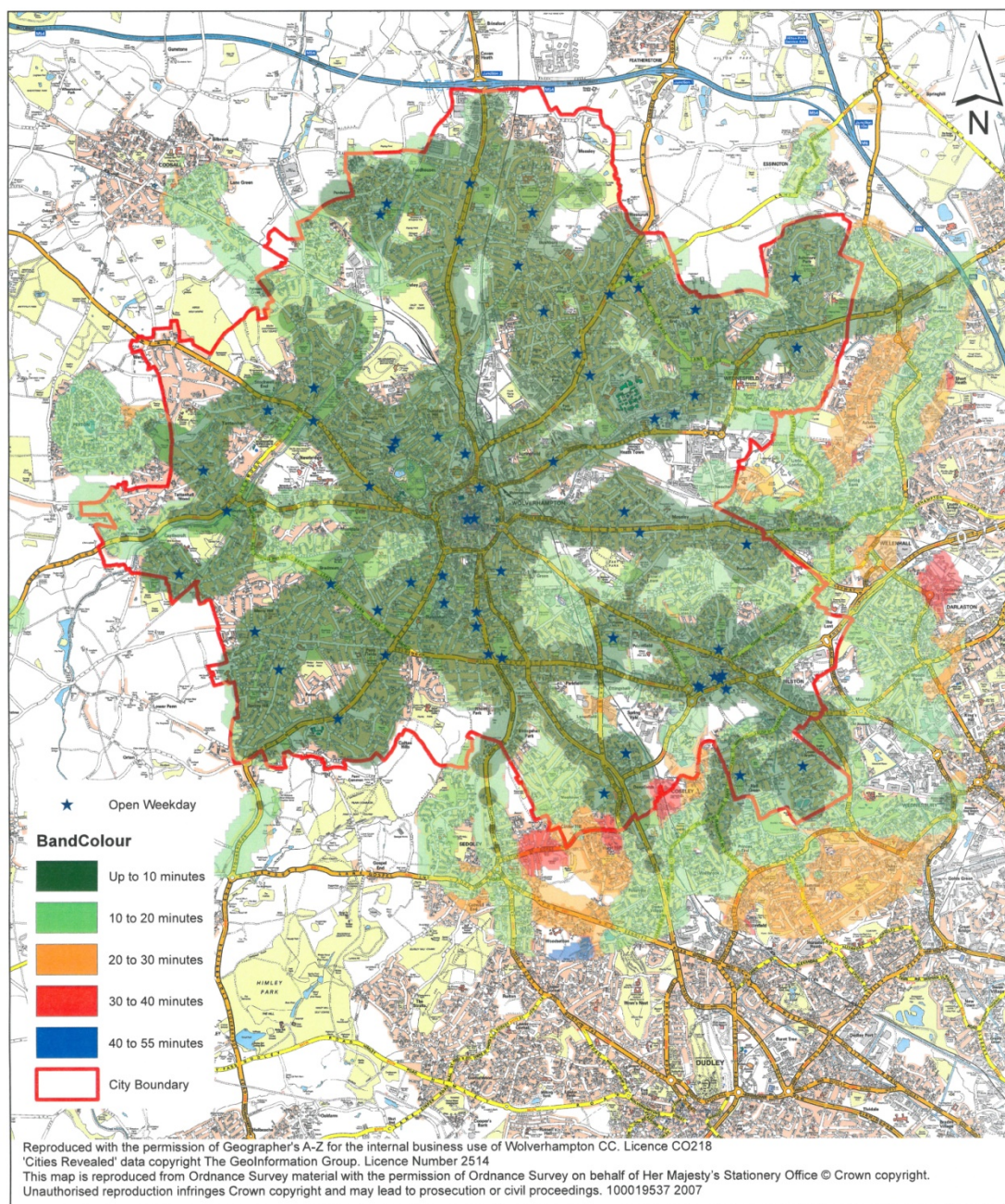
### PHARMACIES OPEN WEEKDAYS

Access to road network: 100m  
Walk speed: 4.8km/h  
Accession: 1.6.2.0





## PUBLIC TRANSPORT ACCESS TO PHARMACIES OPEN WEEKDAY



Monday 5pm to 7pm  
Access to stops: 300m  
Walk speed: 4.8km/h  
Interchange Distance: 0.0m  
Produced Accession: 1.6.2.0

PT Data from August 2011



### Community pharmacy and wider primary care services

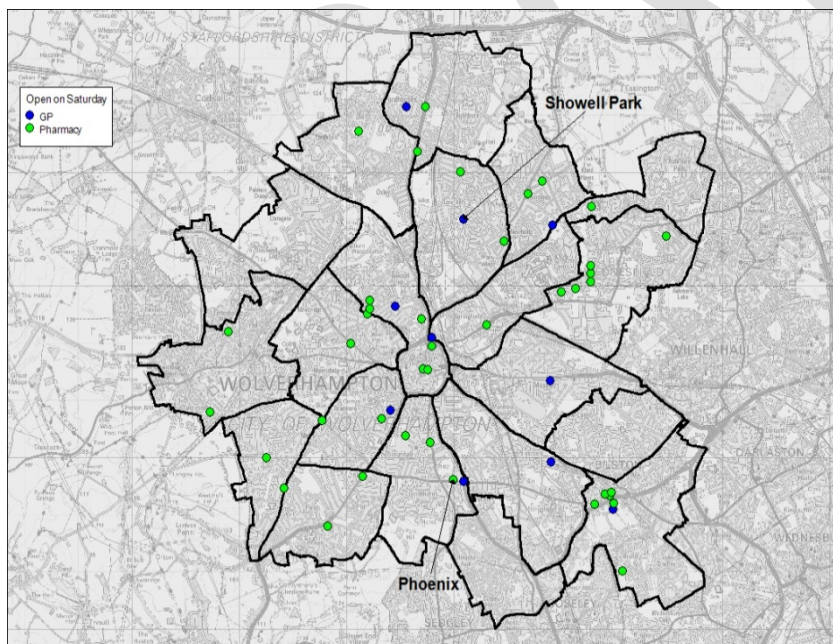
There are 49 GP practices across the city, of which 40 are signed up to the extended hours service. Extended hours provision varies across the week and all practices close by 20:30. Two GP practices offer early morning appointments during the week from 7:00. Nine GP practices provide services on Saturday with most offering morning only appointments, closing between 11:00 and 13:30. One practice remains open until 20:00 and is open from 8:00 to 20:00 on Sunday.

There are two Walk in centres in Wolverhampton offering nurse led advice and treatment for minor health problems (Showell Park and Phoenix). These provide services throughout the week including early evening cover Monday to Friday and weekend or bank holiday cover.

Out of hours cover is provided by Primecare based at the Phoenix Health Centre and accessed through the 111 telephone service.

In general community pharmacies are located in close proximity to general practices and Walk in centres. The map below shows community pharmacy, GP practice and Walk in centres open on Saturdays. Weekend community pharmacy coverage is well matched to GP provision, however community pharmacies in Ettingshall and East Park should consider aligning opening times to that of local GP practices.

Figure 15: Locations of community pharmacies, GP practices and Walk in centres – Saturday opening



### Residents usage of community pharmacies

Of the respondents to the public questionnaire 40% visit a pharmacy every month, 26% every 2-3 months and 16% fortnightly. The majority use the same chemist (83%). Most people prefer to visit a pharmacy close to home (69%) or to their GP (40%). Visits are most likely to be for repeat prescriptions (28%), buying over the counter medicines (25%) or collection of one off prescriptions (19%).



### Other dimensions of access

#### *Accommodation*

Of those responding to the pharmacy questionnaire 94% (62) have consultation facilities on site, 58 of these have a closed room on site and 46 have wheelchair access. Provision of private consultation facilities is often mandated in specifications for advanced and locally commissioned services. 62% (41) pharmacies indicated they were willing to consult in a patient's home or another suitable location. 54 provide hand washing facilities and 30 have toilets, usually located in or near the consulting space. These aspects of consultation facilities have improved since the 2011 PNA.

#### *Languages*

Community pharmacies provide a range of languages in addition to English, the commonest being; 76% (50) Punjabi, 34% (22) Urdu, 31% (20) Hindi and 28% (18) Gujarati.

#### *Electronic prescription services*

Electronic prescription services allow prescriptions to be sent electronically from a GP practice to a pharmacy and then on to the NHS Prescription Services for payment. There have been two releases of the electronic prescription service. Release 1 maintained the paper prescription as the legal prescription. Release 2 follows on from this and supports electronic transmission of prescriptions, repeat dispensing, cancellation and submission for reimbursement.

64 pharmacies across the city report that they are Release 2 enabled.

#### *Delivery services*

Many pharmacies offer delivery services, over 40 pharmacies indicated they offer delivery of dispensed medicines free on request to select patient groups and areas.

### Assessment of pharmaceutical need

There are 27 community pharmacies per 100,000 population in Wolverhampton, which is comparable to our LAT neighbours, representing good overall community pharmacy provision. There are a range of community pharmacies accessible near the borders with Sandwell, Walsall and Dudley and in key conurbations within South Staffordshire. The majority open for more than 40 hours. Services open for 60 plus hours are concentrated in the most deprived areas of the city targeting areas of likely need. Remaining services are well distributed across the city. Average closing times indicate good evening coverage across the city, with 9 pharmacies open after 19:00. Weekend coverage is particularly good on Saturday. 12 pharmacies are open on Sunday scattered across the city concentrated in the most deprived areas. Community pharmacy locations and opening times are well matched to GP provision. The majority of respondents to the public questionnaire (86%) felt that pharmacies are open when they need them. Travel time mapping demonstrates short journey times throughout the week for all residents with access to a car. By public transport most pharmacies can be reached within 30 minutes even on a Sunday. Most residents can reach a pharmacy within a 20 minute walk during the week and on Saturday. Residents prefer to visit the same pharmacy where possible, either close to home or to their GP. The majority of pharmacies

offer private consultation spaces and many offer services in languages other than English. Most pharmacies can accommodate electronic prescriptions and many offer delivery services.

At this time there is adequate community pharmacy provision, well distributed across the city which is sufficient to meet the needs of residents. Electronic prescribing and delivery services are in place to assist those residents who struggle to reach a pharmacy.

### 7.3. Essential services

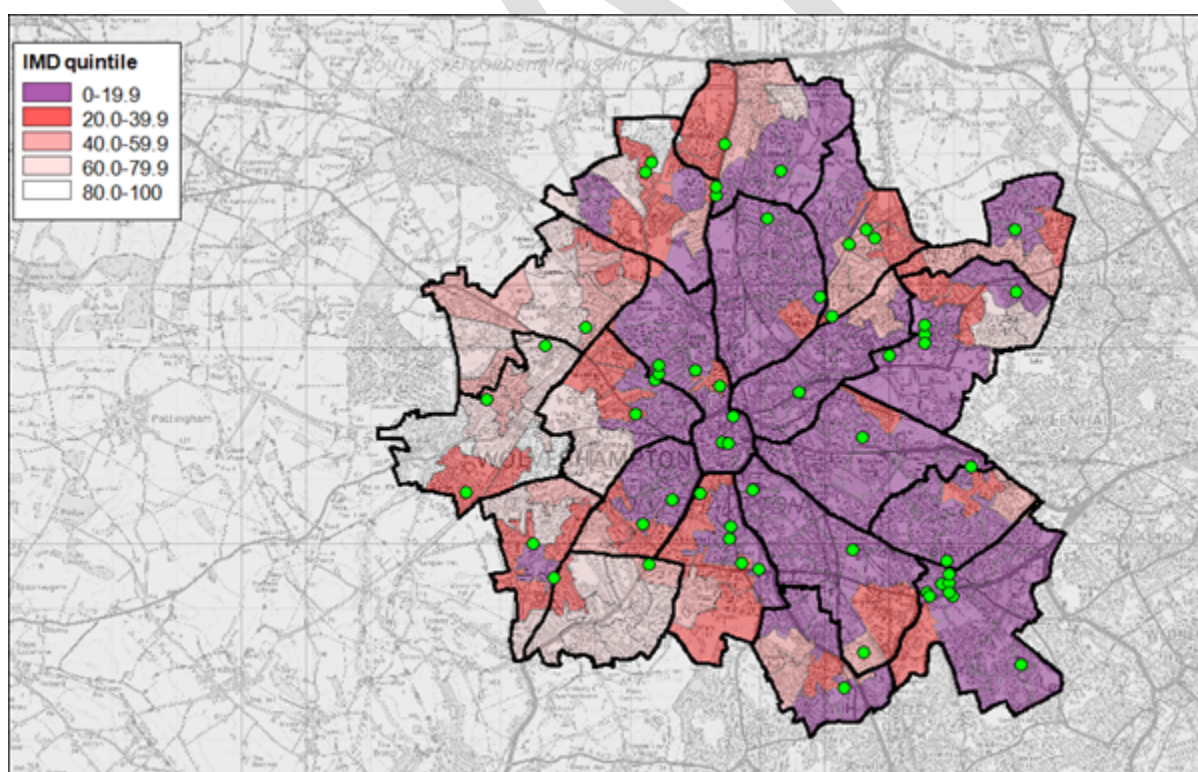
All community pharmacists holding NHS Pharmacy contracts are required to provide the services outlined below.

#### Dispensing appliances

Pharmacy contractors may regularly dispense appliances, dispense infrequently or decide not to dispense at all. Those choosing to supply must comply with Essential service requirements.

57 pharmacies indicated that they dispense all types of appliances (stoma, incontinence and dressings).

Figure 16: Map of pharmacies that dispense all types of appliances with deprivation



#### Dispensing medicines

Community pharmacists must ensure supply of medicines ordered on NHS prescriptions, together with information and advice to enable safe and effective use and maintain appropriate records of medicines supplied. In 2012-13 an average of 6,279 items were dispensed per month per pharmacy

across Wolverhampton, compared to averages of 6,359 across the West Midlands and 6,628 in England<sup>4</sup>.

#### Repeat dispensing

In partnership with prescribers, patients can be supplied with repeatable NHS prescriptions through community pharmacies for an agreed period. The service aims to increase choice and convenience for patients, minimise medicines wastage and reduce the workload in General Medical Practices. In Wolverhampton 21% of prescribed items were repeat prescriptions during 2013/14, translating to 4.6% of total prescribing costs.

#### Disposal of unwanted medicines

Community pharmacies are obliged to accept any unwanted medicines for disposal. NHS England's Local Area Team arranges collection by waste contractors. The service aims to reduce the risks of accidental poisonings and diversion of medicines outside of their prescribed use, whilst ensuring secure disposal and reduction in environmental damage. This service does not extend to sharps disposal and needle waste.

#### Public Health and the promotion of healthy lifestyles

Community pharmacies are required to participate in up to six campaigns coordinated by NHS England and Public Health England (PHE). This usually involves display of posters and distribution of leaflets or patient literature in support of the campaign. Local arrangements need to be made to align national campaigns with local priorities and knowledge of our population. NHS England, PHE and Wolverhampton Public Health should work closely with the LPC to ensure effective delivery of campaigns.

In addition community pharmacists should offer opportunistic healthy lifestyle advice and public health advice to patients receiving prescriptions for diabetes, hypertension, coronary heart disease or who smoke or are overweight. Verbal advice should be given and may be supported by written information or signposting to other services.

#### Signposting

Community pharmacists should be provided with information on other health and social care providers and support organisations that they can signpost service users to when they require further support, advice or treatment.

#### Support for self-care

Pharmacies help to manage minor ailments and common conditions by provision of advice and sales of non-prescription medicines where appropriate. The service aims to support individuals caring for themselves and their families and minimise inappropriate use of health and social care services.

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<sup>4</sup> Health & Social Care Information Centre. General Pharmaceutical Services in England 2003-04 to 2012-2013 PCT level tables. Table 2a. Available from <http://www.hscic.gov.uk/catalogue/PUB12683>. Accessed September 2014.

#### 7.4. Advanced services

Some community pharmacies provide the following Advanced Services subject to accreditation under contract with NHS England.

##### Medicines use reviews (MUR)

The MUR service was introduced in 2005 with significant changes since then. The purpose of the MUR service is with the patient's consent to improve knowledge and use of prescribed medicines by establishing understanding and actual use, identifying and assisting in resolution of ineffective drug use, identifying side effects and interactions thereby improving clinical and cost effectiveness whilst reducing wastage of drugs. MURs are offered to eligible patients taking multiple medicines and patients in three National Target Groups:

- Those taking any high risk drugs (NSAIDs, Anticoagulants, Antiplatelets, Diuretics)
- Patients prescribed certain respiratory drugs
- Patients who have recently been discharged from hospital with changes to medication.

Community pharmacies offering MURs are subject to a cap of 200 in the first financial year of a commissioned service and 400 in subsequent financial years. At least 50% of MURs must be with patients in a National Target Group (NTG). MURs can include brief advice on healthier lifestyles<sup>5</sup>.

In September 2014 changes to the 2014/15 Community Pharmacy Contractual Framework agreement introduced a new national target group. Patients prescribed four or more medicines, one of which for a cardiovascular disease or risk condition will be eligible for a MUR. The target for MURs in NTGs will also rise from 50 to 70%.

62 pharmacies indicated in our survey that they provide Medicines Use Reviews and two are intending to provide in the next 12 months. Activity from 2012-13 show an average of approximately 280 MURs took place, with just under 15,000 MURs taking place across 54 community pharmacies in Wolverhampton. This activity seems to be increasing with time and is similar to the West Midlands and England averages (both 267)<sup>6</sup>.

##### New medicines service (NMS)

The NMS was the fourth Advanced Service added to the NHS community pharmacy contract in 2011, initially as a time limited one year service. After positive evaluation NHS England has agreed to continue to commission this service. NMS may only be offered by contractors also offering the MUR service. The NMS is offered to patients with long term conditions who have been started on certain new medicines for the treatment of asthma, COPD, type 2 diabetes, hypertension or antiplatelet or anticoagulant therapy. The NMS is delivered in three stages:

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<sup>5</sup> Pharmaceutical Services Negotiating Committee (PSNC) and NHS Employers: Guidance on the Medicines Use Review service, October 2013. Available from <http://psnc.org.uk/services-commissioning/advanced-services/murs/> Accessed September 2014.

<sup>6</sup> Health & Social Care Information Centre. General Pharmaceutical Services in England 2003-04 to 2012-2013 PCT level tables. Table 13. Available from <http://www.hscic.gov.uk/catalogue/PUB12683>. Accessed September 2014.

- First stage services (Patient engagement) – brief advice on new medication, healthy lifestyles and sufficient information on NMS to allow informed consent given to 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.

Where multiple new medicines are started all should be discussed as part of the NMS. Contractors can claim at the end of a full service intervention as defined in the service specification. Four target payment bands are offered 20, 40, 60 and 80% of maximum number of opportunities (0.5% of prescription volume for practice). Price per intervention increases with target bands and claims cannot exceed the maximum number of opportunities for the practice size<sup>7</sup>.

60 pharmacies indicated in our survey that they provide this service and four are intending to begin in the next 12 months. In 2012-13 an average of 59 NMS were provided per pharmacy, equating to a total of around 2,900 NMS across 49 pharmacies. The average number of NMS provided is lower than the West Midlands and England averages of 67 and 68 respectively<sup>8</sup>.

#### Appliance use reviews (AUR)

The AUR was the second Advanced Service added to NHS community pharmacy contract. AURs can take place within pharmacies or at the patient's home and aim to improve knowledge and usage, resolve ineffective usage and provide advice on safe storage and disposal of specified appliances (e.g. incontinence, stoma or catheter appliances and wound drainage pouches). The maximum number of AUR services which can be claimed is not more than 1/35<sup>th</sup> of the number of appliances dispensed<sup>9</sup>.

12 pharmacies indicated that they provide this service and 15 are intending to begin in the next 12 months. Data from 2010-13 show no activity for this service.

#### Stoma appliance customisation (SAC)

The SAC service can be provided by pharmacies that provide stoma appliances and aims to ensure proper use and comfortable fitting of stoma appliances (listed in Part IXC of the Drug Tariff<sup>10</sup>), improving duration of use and reducing waste via customisation of appliances to patient's measurements.

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<sup>7</sup> Pharmaceutical Services Negotiating Committee (PSNC) and NHS Employers: New Medicine Service guidance, December 2013. Available from [http://psnc.org.uk/wp-content/uploads/2013/06/NMS\\_guidance\\_Dec\\_2013.pdf](http://psnc.org.uk/wp-content/uploads/2013/06/NMS_guidance_Dec_2013.pdf) Accessed September 2014.

<sup>8</sup> Health & Social Care Information Centre. General Pharmaceutical Services in England 2003-04 to 2012-2013 PCT level tables. Table 14. Available from <http://www.hscic.gov.uk/catalogue/PUB12683>. Accessed September 2014.

<sup>9</sup> Department of Health. Pharmaceutical Services (Advanced and Enhanced Services)(England) Directions 2013. April 2013. Available from <https://www.gov.uk/government/publications/pharmaceutical-services-advanced-and-enhanced-services-england-directions-2013> Accessed September 2014

<sup>10</sup> National Health Service England and Wales. Electronic Drug Tariff, September 2014. Available from [http://www.ppa.org.uk/ppa/edt\\_intro.htm](http://www.ppa.org.uk/ppa/edt_intro.htm) Accessed September 2014.



Eight pharmacies reported that they provide this service and 11 are intending to begin in the next 12 months. Just over 100 SACs were provided during 2012-13 with an average of 16 per contractor across Wolverhampton.

## **7.5. Locally commissioned services**

### **7.5.1 Smoking cessation services**

#### Local health need

The latest data on smoking prevalence in Wolverhampton (2010-12) estimates that 22.9% of individuals, aged 18 years and over, are smokers. This is significantly higher than the England and West Midlands averages of 19.5% and 19.9% respectively. The prevalence of smoking amongst routine and manual workers (31.7%) is similar to the England average of 29.7%.

The proportion of pregnant women smoking at the time of delivery (18.6%) is significantly higher than the England (12.7%) and West Midlands (14.2%) average. Higher rates of smoking at the time of delivery are seen in the north and east of the city, similar to mapped areas of deprivation. Although the inner city areas of St Peter's, Heath Town, Graiseley and Blakenhall have high rates of deprivation there are low levels of smoking in pregnancy. This could be explained by the high levels of Asian and Black residents in these areas who generally have lower smoking rates during pregnancy.

#### Local services

Public Health commission the Healthy Lifestyles Service (HLS) delivered by the Royal Wolverhampton NHS Trust. This provides a broad range of services aiming to support healthy lifestyles. One aspect of the service is a Smoking Intervention aimed at supporting smoking cessation attempts and a voucher scheme enabling smokers to access two weeks free Nicotine Replacement Therapy (NRT). They offer an individual support service for smokers who want to quit, which includes: One to One Support through GP practices, community pharmacies and a number of drop in clinics in the Wolverhampton area. Workplace groups can be arranged on request so that colleagues who work together can support each other. A specialist pregnancy service is also available for pregnant women and the service has a presence within the Royal Wolverhampton NHS Trust on general wards and the Maternity Unit. Home Visits are available for patients who are housebound and interpreter services are available on request.

The Healthy Lifestyles Service team facilitate other providers such as GPs and community pharmacies in the delivery of Smoking Intervention Services through training and on-going support. The HLS team also lead on the Healthy City Award and deliver Making Every Contact Count (MECC) training to numerous service areas.

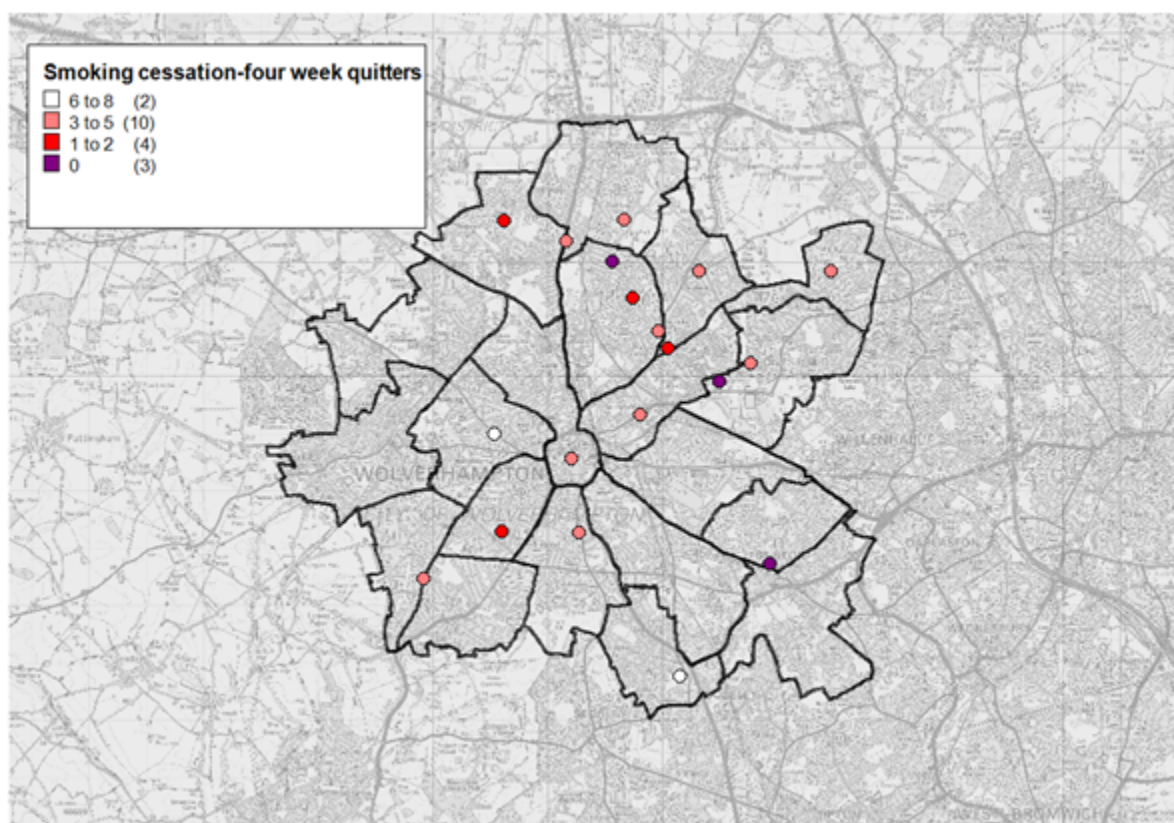
The NHS Health Check service includes questions on smoking status and signposting to relevant services

### Local services: Community Pharmacy Smoking Intervention

*Responsible commissioner: Wolverhampton City Council Public Health*

Pharmacies providing the smoking intervention service receive training from the Healthy Lifestyles Service, must have a named smoking cessation advisor and provide supportive interventions to achieve four and 12 week quitters. Pharmacy stop smoking services must comply with the standards outlined in the Healthy Lifestyles Service specification. 19 community pharmacies are commissioned to deliver this service, with a large proportion of those offering the service located in the north of the city. In 2013/14 there were 80 claims by pharmacies for four week quits, with an average of three quitters claimed for per pharmacy. The majority of community pharmacies are willing to provide stop smoking services.

Figure 17: Smoking intervention pharmacy provision by number of four week quitters in 2013/14



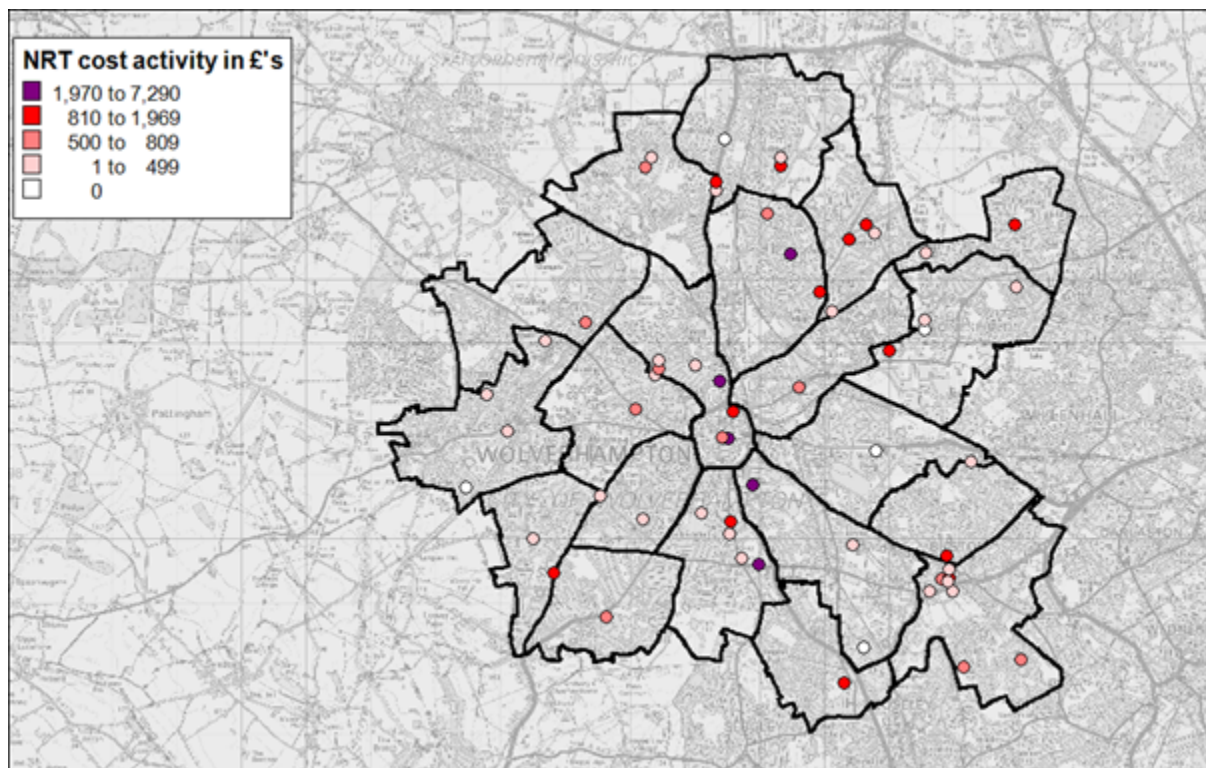
### Local services: Community Pharmacy Nicotine Replacement (NRT) Services

In addition Public Health commission a nicotine replacement therapy (NRT) service from community pharmacies. Any smoking cessation advisor accredited by the Healthy Lifestyles Service can provide service users with a voucher for NRT. Vouchers specify the product to be provided and dispensed by pharmacies signed up to the NRT service.

All community pharmacies signed up to the Smoking Intervention service also offer NRT services. In total there are 61 community pharmacies signed up to the NRT service and a further four are willing to sign up. Dispensing activity for 2013/14 by pharmacy suggests that larger pharmacies and/or those located in the north of the city and prominent locations such as the city centre, Bilston High

Street and Wednesfield had the highest activity. Some contractors have no recorded cost activity for 2013/14.

Figure 18: NRT pharmacy provision with spend activity 2013/14



#### Assessment of pharmaceutical need

Community pharmacies are well placed to deliver smoking interventions and NRT in the community and provide valuable support to wider services. Current contractors provide good coverage across the city, however smoking intervention services are concentrated in the north of the city. The majority of community pharmacies are willing to provide stop smoking services offering an opportunity to expand the smoking intervention service. Efforts should be made to boost the number of quitters achieved and NRT offered within existing providers.

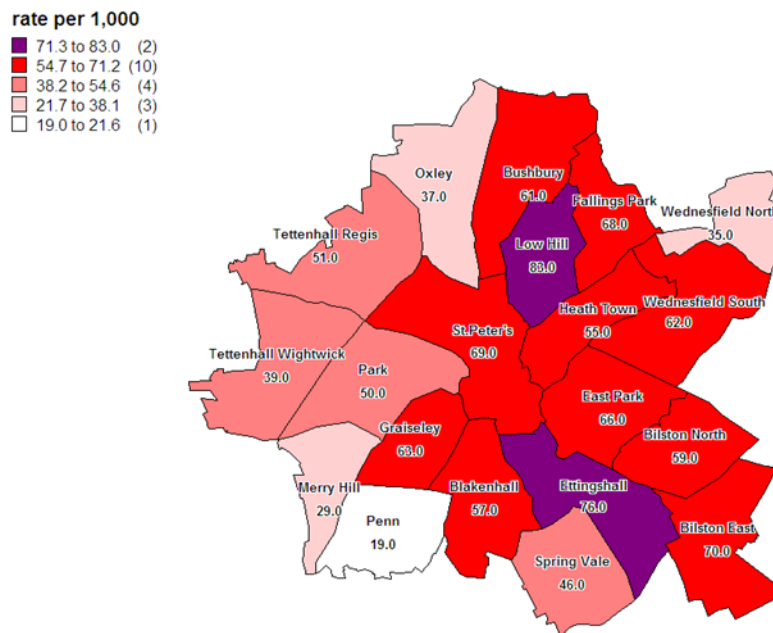
### **7.5.2 Unplanned pregnancy and contraception services**

#### Local health need

In 2012 the rate of teenage pregnancy in Wolverhampton was 42 per 1,000 population, although significantly improved on recent years the rate remains above the regional (32 per 1,000) and national average (28 per 1,000). The highest rates occur in the more deprived wards in the north, central and east of Wolverhampton. Low Hill and Ettingshall experience the highest rates of teenage pregnancy; 83 and 76 per 1000 respectively. 9.7% of under 18 births between 2004-2012 were not first pregnancies.

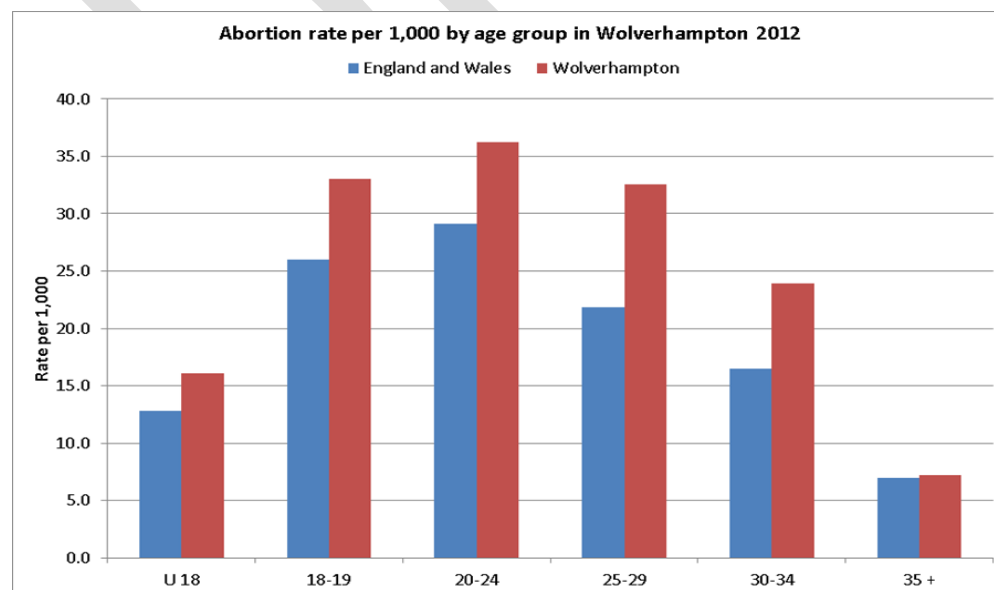


Figure 19: Under 18 Conception rates by ward 2008-2010



In Wolverhampton in 2012 there were 1,121 terminations of pregnancy (21.7 per 1,000 women aged 15-44) and rates are consistently higher than the national average. From 2004 to 2012 rates have fallen for women aged 20-24 (22.8 to 16.1) and risen for those aged 30-34 (18.1 to 23.9). 28% of abortions in women under 25 are repeat abortions<sup>11</sup>.

Figure 20: Abortion rate in Wolverhampton by age group 2012



<sup>11</sup> Public Health Wolverhampton. Wolverhampton Sexual Health Review 2013/14. July 2014.

### Local services

There are a range of services across the city providing contraception and counselling support.

*Schools services* – the school nursing team have 5 CaSH trained nurses who can issue condoms, pregnancy tests and consult for LARC and chlamydia screening. Sex and relationship education (SRE) is coordinated through the Puberty Pack and Secondary Spiral Curriculum resources with support from the Healthy Schools Team. There is inconsistency in delivery of SRE lessons across the city contributing to inequalities in unplanned pregnancy outcomes.

*CaSH (Contraception and Sexual Health) service* – provides a range of contraceptive services, counselling and family planning, including a C Card scheme enabling free access to condoms at 25 sites across the city. There are 54,000 attendances annually with over half being for contraception and family planning.

*GP* - 46 out of 53 GP practices offer fitting and removal of IUDs (Intra uterine device) and 39 offer contraceptive implants. Coverage is well spread across the city.

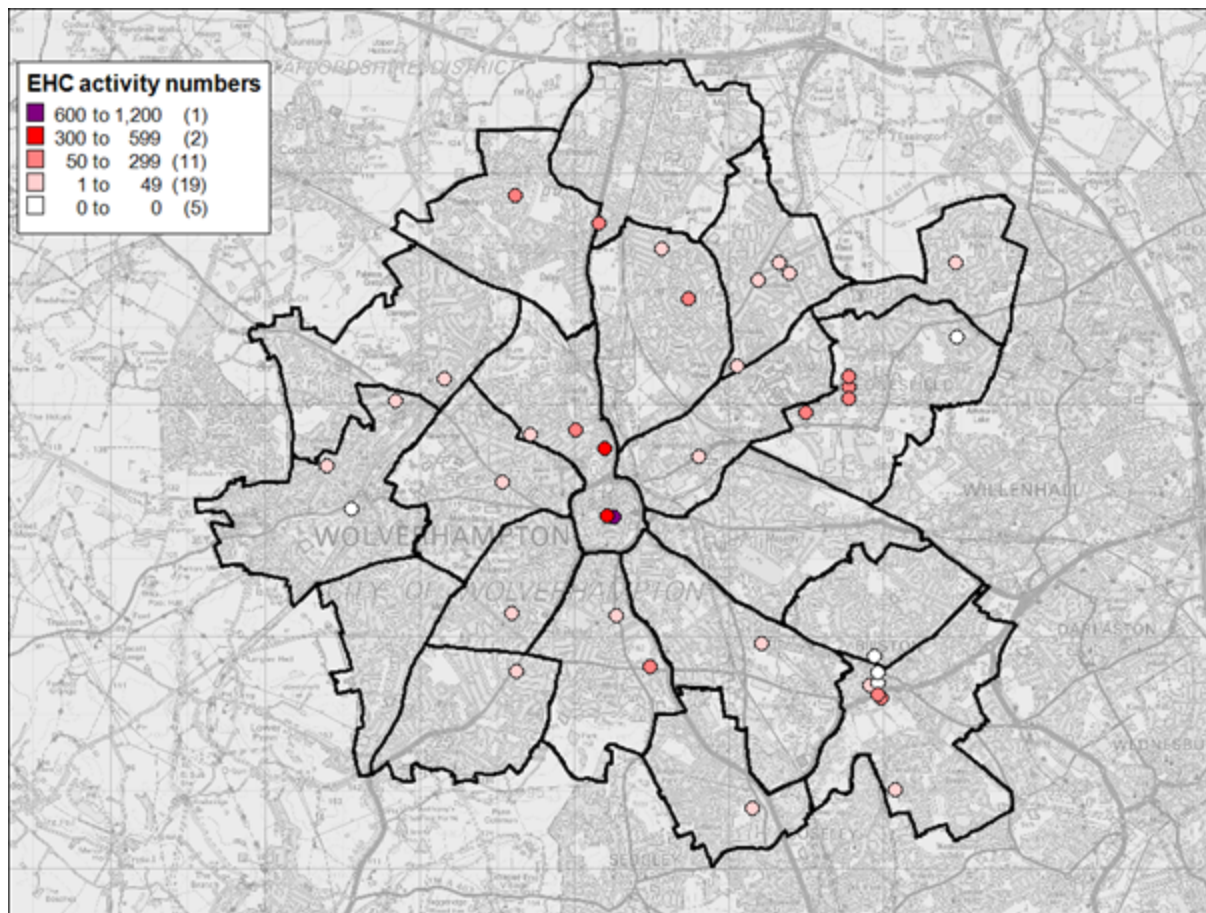
*Choices counselling Base 25* – offers counselling to young people and vulnerable adults under 25.

### Local services: Community Pharmacy Emergency Hormonal Contraception Service (EHC)

*Responsible commissioner: Wolverhampton City Council Public Health*

Offering convenient and rapid access to free EHC through pharmacies can help contribute to a reduction in unplanned/unwanted pregnancies as well as increasing choice when accessing EHC. Public Health commissions EHC services from 36 community pharmacies across Wolverhampton, a further 22 pharmacies are willing to provide this service. Pharmacy contractors can provide brief sexual health advice and signposting to other services. Under 25's and those using EHC more than once in a 12 month period should be offered a bag including condoms, contraceptive advice and information on local sexual health service. Data from Q1-Q4 2013/14 shows there were 3,677 consultations for EHC and 3,589 prescriptions issued by 32 community pharmacies. Five pharmacies registered to provide the service had no activity during this time period (shown in yellow on the map). The largest volume prescribers are located in the city centre and Bilston and Wednesfield High Streets. Nearly 57% of the activity occurs in just three pharmacies located in the city centre (2,047 items prescribed in 2013/14). The majority of pharmacy prescriptions are for young women 16-24 years with 63.4% (1205) in the most deprived quintile, which accounts for 51.9% of the Wolverhampton population.

Figure 21: Map of community pharmacy EHC provision across Wolverhampton with prescribing activity 2013/14



#### Assessment of pharmaceutical need

Community pharmacies are well placed to deliver EHC in the community and provide valuable support to wider sexual health and contraception services. There is good coverage across the city with 36 providers in total. The majority of the activity takes place in the city centre and Bilston and Wednesfield High Streets and captures young people living in the most deprived areas of the city. Many pharmacies indicated willingness to provide contraceptive services other than EHC, this could be considered in future commissioning.

### **7.5.3 Drug and alcohol related harms and services**

#### Local health need: Alcohol misuse

Although the gap appears to be closing, Wolverhampton is consistently significantly higher than the national average for alcohol related mortality, with the most recent rate of 28 per 100,000 population (compared to 18 for England). Rates are much higher for those who reside in the most deprived areas, in particular the South of the city such as, Graiseley, Blakenhall and Ettingshall wards.

The Local Alcohol Profiles for England (2014) indicate that Wolverhampton has a significantly lower rate of hospital admissions for alcohol specific conditions, for individuals under the age of 18 years,

33.3 per 100,000, compared to the England average of 44.9 per 100,000. The rate of adult hospital admissions for alcohol specific conditions for both males, 518.8 per 100,000, and females, 221.7 per 100,000 is similar to the England average of 506.9 per 100,000 and 232.3 per 100,000, respectively.

The estimated proportion of higher risk drinkers in Wolverhampton is 6.3% which is similar to the England average of 6.75%. This estimate is derived from an updated statistical model of local authority populations in mid-2009. The proportion of binge drinkers in Wolverhampton is 14.7% which is significantly lower than the England average of 20.1%. It should be noted however, this indicator is also an estimated statistic derived from updated data base lined in 2007-2008. It is likely that these estimates do not present an accurate summary of the proportion of higher risk and binge drinkers in Wolverhampton.

#### Local health need: Drugs misuse

The National Treatment Agency (NTA) provides a calculated prevalence of opiate and/ or crack cocaine users, previously defined as 'problem drug users', by local authority. In Wolverhampton 13.6% of the resident population were estimated to use opiates and /or crack cocaine. This is significantly higher than the England average of 8.6%. However, the proportion of opiate users in Wolverhampton who successfully complete drug treatment is 8.2%, which is the same as the average for England.

#### Local services: Alcohol and drugs misuse

The Wolverhampton Alcohol Strategy and Action Plan 2011-2015 has a focus on four goals. These are:

- A whole community approach to changing alcohol habits in Wolverhampton
- Developing a well managed night time economy
- Combating alcohol related crime and disorder and increase community safety
- Improving health and alcohol treatment services

New and enhanced alcohol services (community and acute sector) for adults and young people were commissioned and became operational during April 2013, including an Alcohol Liaison Service at New Cross Hospital and community detoxification services.

Wider treatment services for drugs and alcohol in Wolverhampton are provided by Recovery Near You (adult service) and Wolverhampton 360 (young people aged 18 and under). The service is provided by Nacro, the crime reduction charity working in partnership with Aquarius, a charity that provides support to individuals dealing with addiction and Birmingham and Solihull Mental Health NHS Foundation Trust providing mental healthcare. As of the 1st of April 2013 the partnership has been providing an integrated service with a single point of contact for adults and young people struggling with drug and alcohol addiction.

Alcohol services are not currently commissioned in Wolverhampton from community pharmacies. 50 pharmacies indicated they would be willing to provide alcohol screening services.

*Case Study Alcohol Awareness Portsmouth – NHS Portsmouth ran a one month campaign in 2010 “Rethink your Drink” through community pharmacies. The aims were to raise awareness of safe levels of drinking and suggest small actions moderate to medium risk drinkers could take to reduce consumption. Pharmacy staff asked service users to complete alcohol scratch cards, approximately 3600 were completed; 40% were at increased risk and 8% at high risk of developing alcohol related problems. An alcohol intervention and brief advice service was commissioned following on from this<sup>12</sup>.*

#### Local services: Community Pharmacy Supervised Consumption

*Responsible commissioner: Wolverhampton City Council Public Health*

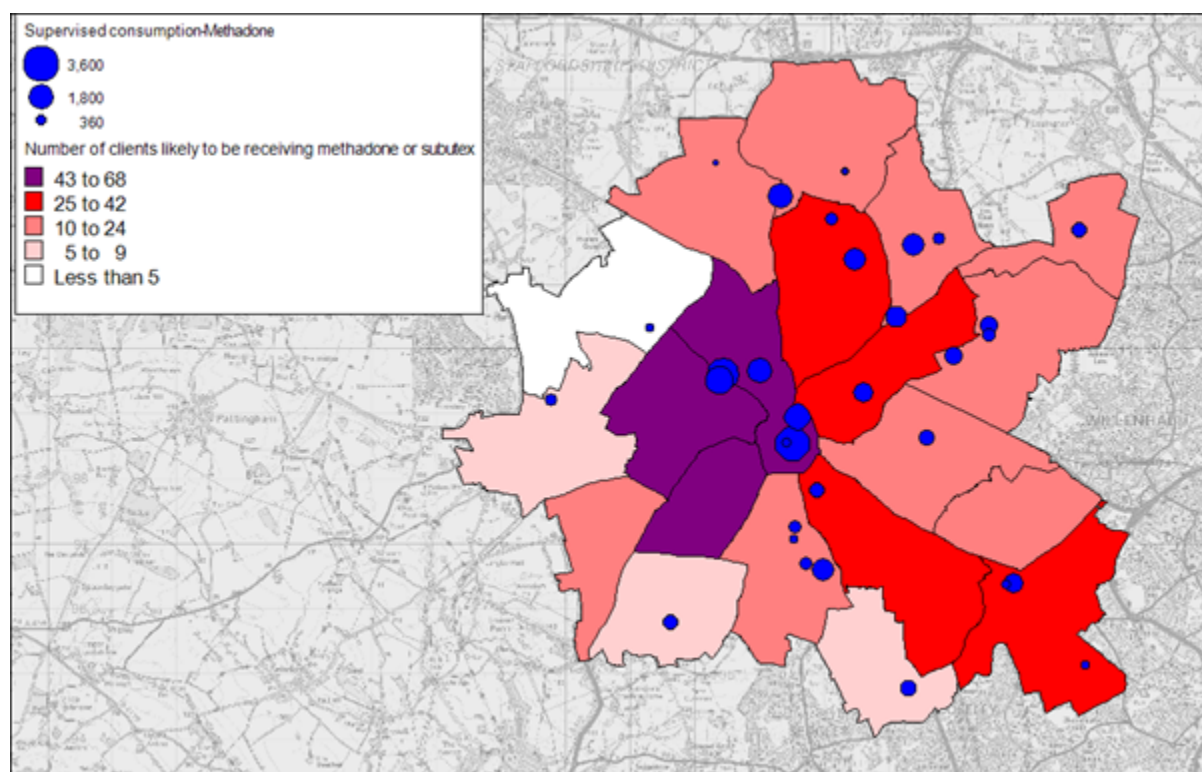
The service supports the wider Recovery Near You treatment service in the delivery of drug treatment plans supporting drug users in their local community to move from opioid substitution therapy, to detoxification and abstinence. Supervised consumption provides the best guarantee that medicines are taken as directed, and reduce craving, prevent withdrawal, eliminate the hazards of injecting and improve overall function of service users. Other benefits include 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.

A total of 32 pharmacies offer the service and 17 are willing to. The top ten pharmacies with the highest volume of activity serve 60% of the supervised consumption client base, this is the case for both Methadone and Subutex supervised consumption. All 32 pharmacies who offer the service claimed activity at least once during 2013-14. The service sees high footfall for pharmacies in the inner city areas, in particular those in or near St Peters ward. Other wards with high activity are Bushbury South & Low Hill, Heath Town and Blakenhall. Unsurprisingly, pharmacies with the largest volume of activity are located near areas that contain a larger numbers of clients that are in treatment and likely to be receiving prescriptions for Methadone and Subutex.

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<sup>12</sup> Local Government Association. Community pharmacy: Local government’s new public health role. October 2013. Available from [http://www.local.gov.uk/publications/-/journal\\_content/56/10180/5597846/PUBLICATION](http://www.local.gov.uk/publications/-/journal_content/56/10180/5597846/PUBLICATION) Accessed August 2014.

Figure 22: Pharmacy provision and activity for supervised consumption (Methadone) 2013/14 with those likely to require the service



Local services: Community pharmacy Needle Exchange Services

*Responsible commissioner: Wolverhampton City Council Public Health*

Although described separately the Supervised Consumption service is commissioned alongside a Needle Exchange service. Community pharmacies in Wolverhampton must agree to deliver both services. Needle exchange services supply injecting drug users with sterile needles, syringes and other paraphernalia to prepare and take illicit drugs (performance and image enhancing drugs (PIEDs), heroin, opiates and crack cocaine). Two varieties of needle exchange packs are distributed to community pharmacies from a central supplier. The service aims to provide harm reduction information and signposting to appropriate services to support drug users achieving a drug free life. Needle exchange helps to reduce rates of blood borne infections and drug related deaths by reducing high risk injecting behaviours such as needle sharing, enforces harm reduction messages and acts as a gateway to hepatitis B immunisation and screening for HIV and hepatitis. Services aim to maximise access and retention of injectors, particularly those who are socially excluded, and ensure return and safe disposal of injecting equipment to protect the health of local communities.

A total of 32 pharmacies offer the service across Wolverhampton with varying degrees of service user footfall. Approximately 60% of packs issued are delivered by 10 of the pharmacies. The top two issuing pharmacies are located in St Peter's ward. Other areas of high activity are Bushbury South & Low Hill and prominent locations such as the city centre and Bilston High Street. The rate for packs returned through the scheme is lower than the national average and fluctuates around 25%. High return rates are not necessarily linked to high issuing pharmacies. High levels of packs being issued in conjunction with low return rates can lead to problematic litter issues in several hotspot areas of



the city. It is vital that contractors engage with service users and re-iterate the importance of returning used needle litter through the dispensing pharmacist.

Figure 23: Needle exchange provision with % pack return rate of those issued 2013/14 and injecting population

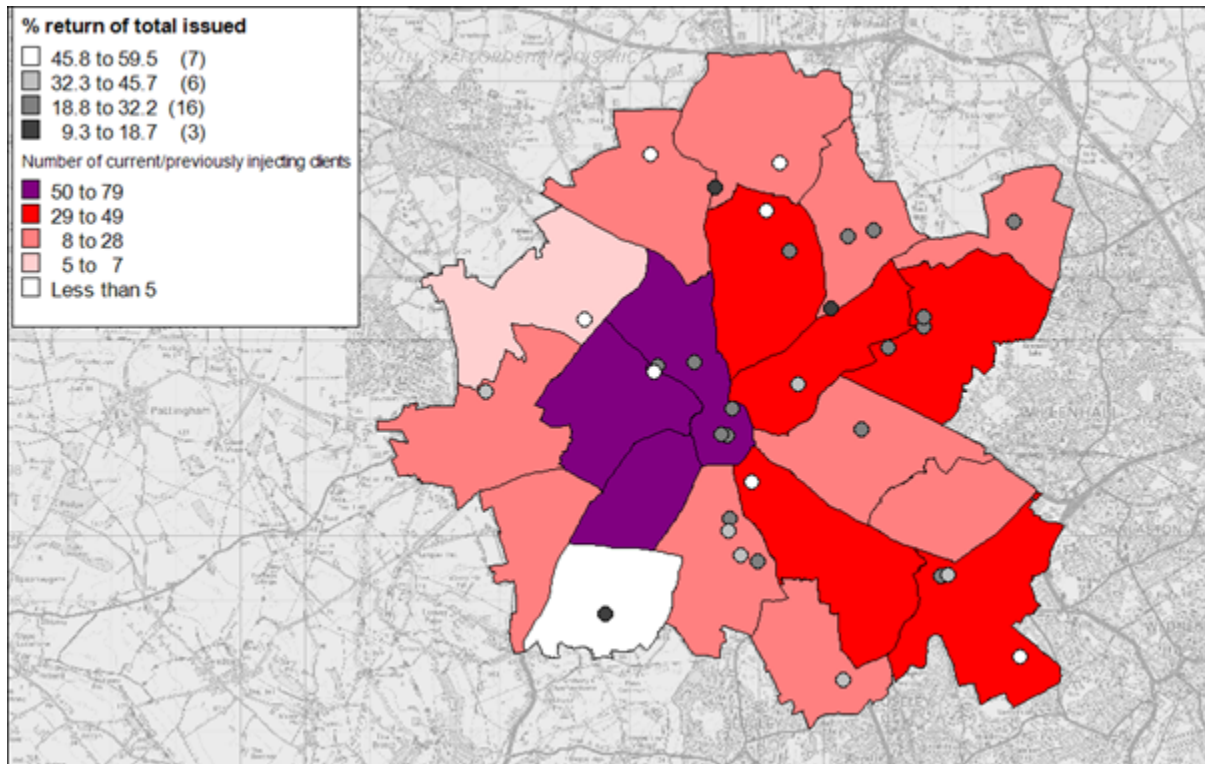
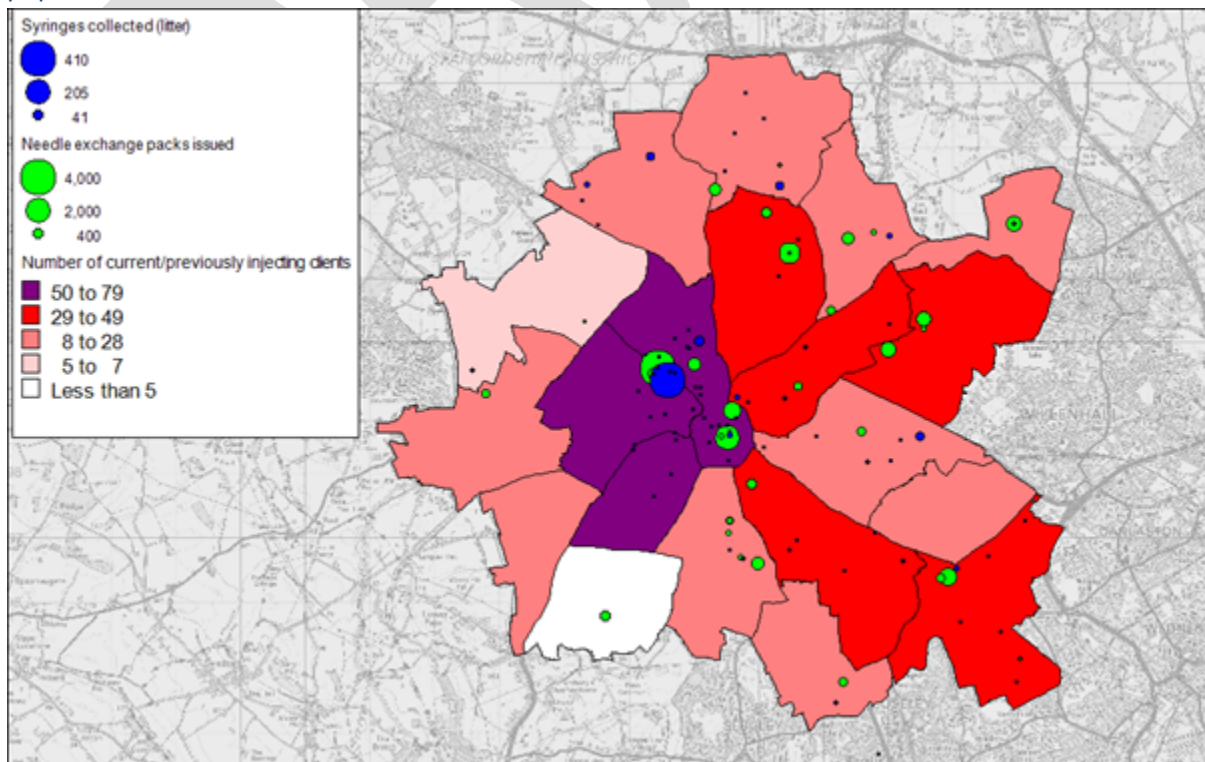


Figure 24: Packs issued with reported levels of syringe litter collected 2013/14 and injecting population



#### Assessment of pharmaceutical need

Alcohol and drugs are key local priorities outlined in the Wolverhampton HWBS. Community pharmacies do not currently provide specific alcohol services. Review of the local Alcohol Strategy and Action Plan (2011-15) offers an opportunity to consider the role that community pharmacists can play in the provision of local alcohol services (for example brief interventions or screening) and alcohol awareness raising campaigns.

Community pharmacy supervised consumption and needle exchange services provide valuable support to the Recovery Near You service. There is good coverage across the city with highest volume activity taking place in areas with larger numbers of clients in treatment. Pack return and needle litter remain concerns in the city. It is vital that contractors continue to work closely with the Recovery Near You service to engage with service users and emphasise the importance of returning packs and litter to the dispensing pharmacist.

#### **7.5.4 Minor ailments**

##### Local health need

Estimations from the Pharmaceutical Services Negotiating Committee (PSNC) suggest that in Wolverhampton there are around 256,000 GP consultations for minor ailments per year in Wolverhampton, this equates to 18% of all GP consultations and 90% of these consultations were for minor ailments alone. In addition to this, in 2011/12 8% (10,500) of A&E attendances were for minor ailments<sup>13</sup>. Nationally an estimated 51.4 million consultations per year take place for minor ailments alone at an estimated cost of £1.5 billion.

##### Local services

The general population experience the symptoms of minor ailments on a regular basis and usually self-care and self-medicate. As outlined above, some individuals contact their GP or A&E services as a first port of call.

##### Local services: Community Pharmacy Minor Ailment service

*Responsible commissioner: NHS England Birmingham and Black Country Local Area Team*

The Minor Ailments service has recently been changed with a new specification starting in October 2014. The new scheme aims to promote self-care and, where appropriate the use of over the counter products among patients suffering from minor ailments. The service is available to patients who are exempt from prescription charges and registered with a participating GP. The service covers; acute cough, headache, sore throat, acute fever, earache, diarrhoea, cold and flu, head lice, hay fever, dry skin/simple eczema, bites and stings, cold sores, vaginal thrush, sunburn, nappy rash, mouth ulcers, dyspepsia, constipation and primary eye-care assessment. Patients can register with only one pharmacy and are currently restricted to three visits in a six month period.

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<sup>13</sup> <http://psnc.org.uk/services-commissioning/psnc-briefings-services-and-commissioning/psnc-briefing-09213-building-a-business-case-for-minor-ailments-september-2013/>



The majority of pharmacies indicated they provide or would be willing to provide this service with only four contractors indicating they would not. No activity data is presented as the new specification introduces significant changes.

**Sign ups to be confirmed**

#### Assessment of pharmaceutical need

Activity against the new specification will need to be monitored and evaluated. Impacts on local GP and A&E attendances will need to be assessed.

### **7.5.5 Other local services and community pharmacies**

#### Palliative Care drug supply

*Responsible commissioner: Wolverhampton CCG*

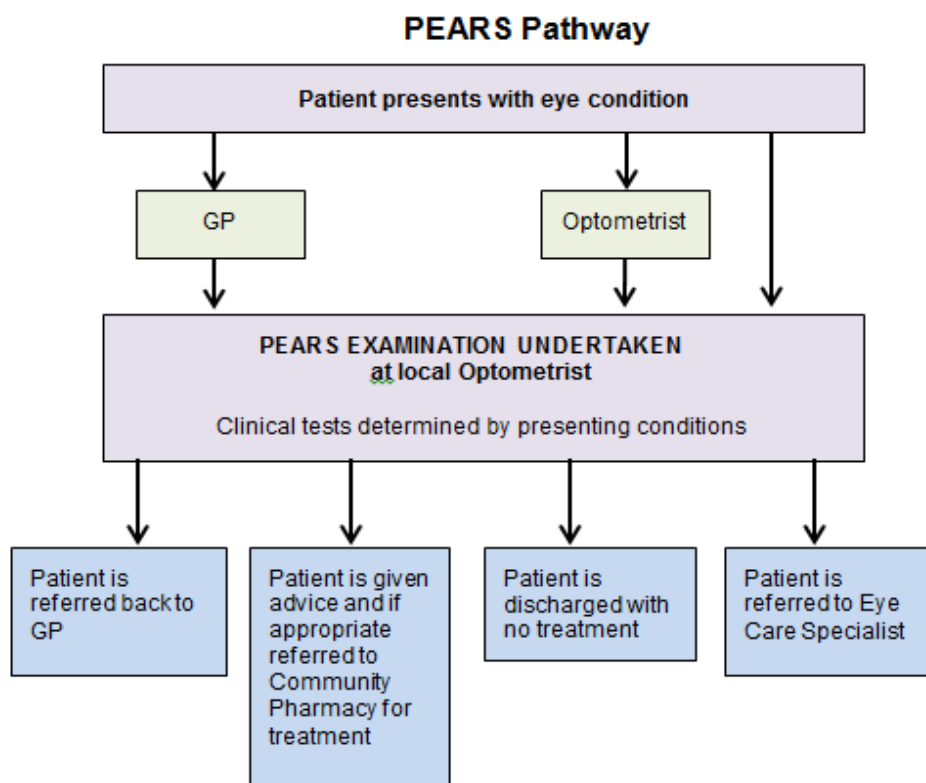
Compton Hospice provide a range of services for end of life care; including day care, home nursing, hospice at home and in patient care. Compton Hospice are supplied with drugs by Tettenhall Wood Pharmacy who also provide support to other pharmacies needing to meet palliative care needs.

#### Primary Eyecare Assessment and Referral Service (PEARS)

*Responsible commissioner: Wolverhampton CCG*

PEARS started in September 2014. The service acts as 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 treatment for a number of self-limiting eye conditions. These patients are provided with a PEARS Diagnosis and Medication form. GP and secondary care eye care specialists manage the remainder of referrals.

Optometrists can select medication recommendations from a set formulary for delivery through PEARS. Patients are free to choose any pharmacy amongst those providing the service. Community pharmacies will supply appropriate drugs in response to receipt of a PEARS form and provide counselling on appropriate usage and steps to take if the condition fails to improve or worsens. Charges for supply are determined by standard charge exemption criteria. 45 pharmacies have signed up to the service



#### Assessment of pharmaceutical need

This is a new service and will need to be evaluated.

### **7.6 Other health needs and opportunities for community pharmacies to contribute**

#### **7.6.1 Screening and immunisation**

##### Local health need

There appears to be good uptake of the initial 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. An exception at two years is the PCV booster where uptake is 88.1%, which is significantly worse than the England average of 92.5%.

The childhood immunisation boosters at 5 years of age have an estimated uptake that is worse than the England average - MMR, 76.5% compared to 87.7%; Hib/Men C, 89.9% compared to 91.5%. The uptake of the human papilloma virus vaccine (HPV) is similar to the average for England.

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 64.6% which is significantly worse than the England average of 69.1%. 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 70.5%, worse than the England

average of 73.4%. Although uptake for at risk groups is 51.6%, similar to the England average of 51.3%, there is room for improvement as just under 50% of at risk individuals are not immunised.

#### Local services

NHSE on behalf of PHE commission a range of screening and immunisation services supporting nationally directed programmes. Current programmes are delivered through a range of settings including schools, primary and secondary care.

#### Local services: Community pharmacies

*Responsible commissioner: Public Health England Birmingham and Black Country Area Team*

Public Health England (PHE) within the LAT have commissioned a pilot service to deliver influenza (flu) vaccines within pharmacies across Birmingham Solihull and the Black Country starting in October 2014. The community pharmacy service will offer flu vaccines to over 65's and those under 65 who are in a clinical risk group (the pilot does not include pregnant women), and will run in addition to existing flu vaccine services offered through GPs. The service aims to increase vaccination uptake amongst the under 65 at risk groups. This is a pilot service and will be evaluated following the end of the flu season.

At this time participating pharmacies have not been confirmed, our survey indicated that 54 community pharmacies would be willing to provide flu immunisation. 83% of respondents to the public survey agreed that flu immunisation should be offered by community pharmacies.

At present this is the only vaccination service commissioned for delivery through community pharmacies. Questionnaires completed by Wolverhampton community pharmacy indicated that:

- 47 would be willing to provide childhood immunisations
- 52 would be willing to provide travel vaccinations
- 45 would be willing to provide hepatitis immunisations to at risk groups

#### Assessment of pharmaceutical need

Community pharmacies offer a crucial platform to access residents across the city. Introduction of new flu immunisation services in Wolverhampton offers an opportunity to improve uptake across the city. The impact of the new service will need to be evaluated. If successful there is sufficient interest amongst community pharmacy contractors to consider wider immunisation services.

### **7.6.2 Cardiovascular health and NHS Health Checks**

#### Local health need

There has been a 36.5% reduction in the rate of premature mortality from cardiovascular disease in Wolverhampton from 2001-03 to 2010-12. However, the Wolverhampton rate of 105.7 per 100,000 remains significantly higher than the England average of 81.1 per 100,000. This is primarily due to a similar reduction in the England average over the same period.

### Local services

Public Health commission NHS Health Checks for adults aged 40-74. The check includes a broad assessment of lifestyle and health, including; diet, physical activity, Body Mass Index (BMI), smoking, alcohol consumption, blood pressure, blood glucose and cholesterol. Cardiovascular risk is assessed using QRISK2 and individuals are given relevant further information and signposted to services. The NHS Health Check service is currently delivered by both the Healthy Lifestyles Service and General Practices (GPs) signed up to the NHS Health Check and Lifestyle Risk Management service specification.

The NHS Health Checks summary data for the past five years indicates that 39.4% of the eligible population (adults aged 40-74 years) were offered an NHS Health Check. This is significantly better than the average for England (18.4%) and Wolverhampton has the best outcomes for this indicator in the West Midlands. However, uptake amongst those offered the NHS Health Check in Wolverhampton is 23.8%, significantly worse than the England average of 49% and Wolverhampton has the worst outcomes for this indicator in the West Midlands. The latest data for the NHS Health Checks in Wolverhampton (2013/14) indicates an uptake amongst all eligible adults of 9.4%, which is significantly better than the England average of 9.0%.

### Local services: Community pharmacies

The NHS Health Check is not currently commissioned for delivery through community pharmacies. 52 community pharmacies expressed interest in offering vascular risk assessments/NHS Health Checks if they were commissioned to do so. In addition 54 were willing to offer cholesterol screening and 51 diabetes screening).

### Assessment of pharmaceutical need

Cardiovascular disease is a key contributor to excess years of life lost in Wolverhampton. The offer of NHS Health Checks is better than national figures. However, only 23.8% of those offered a NHS Health Check in Wolverhampton take up the offer. NHS Health Checks are not currently offered in community pharmacies in the city, although existing local providers have indicated willingness to provide this service. Community pharmacies could provide an acceptable alternative venue for NHS Health Checks. The evidence base and patient acceptability of NHS Health Checks should be considered to guide future commissioning.

## **7.6.3 Sexual Health Services**

### Local health need

Chlamydia and gonorrhoea infection rates in Wolverhampton have been above the West Midlands and England average despite annual decline. Chlamydia diagnoses for 15-24 year olds has improved (2,027 per 100,000) and is now similar to the England average (2,016 per 100,000). However the diagnosis rate for males (1,370 per 100,000) is significantly worse than the England average, whilst the diagnosis rate for females (2,685 per 100,000) is significantly better than the England average. There are large differences in chlamydia screening uptake across the city with poor uptake being closely linked to high infection rates. 55% of chlamydia cases are women and infection rates are

higher in younger age groups with a peak age 20-24, with higher rates in Black and Mixed ethnic groups, and the lowest deprivation quintile.

Herpes and genital wart infection rates are increasing but remain lower than the national average. Prevalence of a positive HIV diagnosis in Wolverhampton is 2.5 per 1,000 population aged 15-59, which is slightly higher than the national average at 2.1 per 1,000. National Institute of Health and Clinical Excellence (NICE) recommend that high prevalence areas, defined as more than 2 per 1,000 population, should consider expanded HIV testing (the routine offer of HIV testing within general medical admissions and new GP registrations). This is not currently in place in Wolverhampton. Uptake of HIV testing in Wolverhampton is lower than the national average. The proportion of, people in Wolverhampton presenting with HIV at a late stage of infection is 58.2%, which is higher than the England average of 48.3%.

#### Local services

There are a wide range of services that contribute to improving sexual health in Wolverhampton, including those described in the unplanned pregnancy and contraceptive services section.

*Genitourinary medicine (GUM)* – The Royal Wolverhampton NHS Trust provide GUM services based at the Fowler centre, providing specialist STI treatment supporting primary care and CaSH, on-site microbiology with pharmacy and pathology support, STI management and partner notification and specialist HIV treatment. The service averages around 7,000 contacts a year and is predominantly accessed by young people with a peak amongst 20-24 year olds. 65% of contacts are in the most deprived quintile. While 99% of eligible patients were offered HIV and Hepatitis B (HBV) testing only 74% accepted HIV testing and 27% HBV testing.

*Chlamydia screening* – BROOK coordinates the supply of chlamydia screening kits through a range of providers, including CaSH, school nursing, and GP practices (34/53 practices). Tests are analysed at New Cross Hospital and results relayed to BROOK who then provide support for those with positive results. National Chlamydia Screening Programme data for 2012-13 showed there were 4,140 chlamydia tests performed for Wolverhampton residents aged 15-24 years. 60% of these were delivered through the GUM service. Positivity rates through GUM were 12% and 6% for non-GUM tests. Wolverhampton has lower rates of screening coverage and diagnosis compared to regional and national figures.

Figure 25: Chlamydia coverage and diagnosis rates

Coverage and Diagnosis Rate			
	Pop. Coverage Rate/100,000 15-24 year olds	Positivity Rate( % ) all tests performed	Diagnosis Rate/100,000 15-24 Year olds
<b>Wolverhampton</b>	11,920	10	1,215
<b>West Midlands</b>	22,956	8	1,855
<b>England</b>	24,896	7	1,967

*HIV prevention* – The Terrence Higgins Trust provides a range of HIV prevention activities including, sexual health campaigns and awareness events, condom distribution, and outreach work with key at risk groups (men who have sex with men (MSM), African migrant communities, the Eastern European population and sex workers), alongside early detection testing and ensuring care is coordinated across agencies. In 2013/14 the service met all targets except those for delivery of point of care testing.

#### Local services: Community pharmacies

Community pharmacies provide brief sexual health advice alongside the Public Health commissioned EHC service. No other sexual health services are currently commissioned for delivery through community pharmacies. Questionnaires completed by Wolverhampton community pharmacy indicated that:

- 46 would be willing to provide chlamydia testing
- 50 would be willing to provide chlamydia treatment
- 44 would be willing to provide gonorrhoea testing
- 43 would be willing to provide HIV testing
- 46 would be willing to provide hepatitis testing
- 45 would be willing to provide HPV immunisation
- 55 would be willing to provide antiviral distribution services

*Case Study Pharmacy based chlamydia screening and treatment, Hampshire – In addition to EHC community pharmacies in Hampshire are delivering a range of sexual health services including, free condoms (13-24yrs), chlamydia screening kits (16-24yrs), and antibiotic treatment for chlamydia under patient group directions (PGDs). In 2012/13 98 pharmacies signed up generating 139 screens with a positivity rate of 7.2%. While the number of screens delivered was low commissioners were encouraged by the positivity rate and developed a 'Just Ask' campaign to encourage young people to ask for the service in their local pharmacy<sup>14</sup>.*

#### Assessment of pharmaceutical need

Sexual health services other than EHC are not currently commissioned through community pharmacies. Wolverhampton data show lower rates of chlamydia screening coverage and diagnosis and lower uptake of HIV testing than national figures. Existing community pharmacies are willing to provide a wider range of sexual health services and may provide a valuable additional setting for certain services. The evidence for community pharmacies as a venue for chlamydia testing and treatment should be reviewed to influence future commissioning intentions.

<sup>14</sup> Local Government Association. Community pharmacy: Local government's new public health role. October 2013. Available from [http://www.local.gov.uk/publications/-/journal\\_content/56/10180/5597846/PUBLICATION](http://www.local.gov.uk/publications/-/journal_content/56/10180/5597846/PUBLICATION) Accessed August 2014.



#### 7.6.4 Obesity and healthy lifestyles

##### Local health need

The 2013/14 Director of Public Health Annual report for Wolverhampton focuses on obesity<sup>15</sup>. Data from the National Child Measurement Programme (NCMP) for Wolverhampton tells us that 12.9% children in Reception (age 4-5 years) and 24.6% of year 6 pupils (10-11 years) are obese, compared to England averages of 9.5% and 19.2% respectively. Local obesity rates have continued to rise since the NCMP began and are persistently higher than the England average. The rate of obesity doubles between Reception and year 6 with the largest increase seen in Asian children. The highest rates of obesity in children are found in Bushbury South & Low Hill, Blakenhall and Bilston East, however only Tettenhall Wightwick has rates lower than the England average. Links between obesity rates and deprivation are less apparent than for other health indicators.

Data for adults comes from the 2012 Active People Survey and is used to monitor obesity in the Public Health Outcomes Framework. Although Wolverhampton has similar rates of overweight when compared to the West Midlands and England, local rates of healthy weight are lower and rates of obesity higher (28.5% compared to 24.5% in the West Midlands and 23% for England). Estimates from GP data in the Quality and Outcomes Framework (QOF) are lower than the Active People Survey suggesting that a large number of obese patients are not being picked up by GPs.

Overweight and obesity 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.

##### Local services

Wolverhampton Public Health commission a range of services to influence obesity rates and healthy lifestyles, including:

- School Nurse Service: Healthy Child Programme 5-19 – delivering the National Child Measurement Programme and providing brief advice and signposting
- Food Dudes – an intervention aimed at improving fruit and vegetable intake in school children
- Healthy Lifestyles Service provided by Royal Wolverhampton NHS Trust. The service uses Health Trainers to deliver a range of interventions including NHS Health Checks, Specialist Weight Management, Diet and Physical Activity Support.
- Fit for a fiver – swim and community gym voucher scheme for residents who are overweight or have diabetes
- Weightwatchers adult weight management support

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<sup>15</sup> Annual Report of the Director of Public Health 2013/14. *Weight? We can't wait: A call to action to tackle obesity in Wolverhampton*. Available from <http://www.wolverhampton.gov.uk/CHttpHandler.ashx?id=4833&p=0> Accessed September 2014.

#### Local services: Community pharmacies

There are currently no obesity specific interventions commissioned for delivery through community pharmacies. 55 community pharmacies indicated they would be willing to provide obesity management interventions to either adults or children.

#### Assessment of pharmaceutical need

Obesity is a key local priority for action. A range of interventions and services are already in place across the city, although none are directly commissioned for delivery through community pharmacies. Community pharmacies could provide an alternative platform for screening and signposting to services or brief interventions for obesity. The evidence base for obesity interventions in community pharmacy should be considered to guide future commissioning.

### **7.6.5 Long term conditions (LTCs) and medicines optimisation**

#### Local health need

Major contributors to excess years of life lost are described earlier in this report. A sub group of the HWB focuses on long term conditions, 21% of Wolverhampton residents have a long term condition which is slightly higher than the West Midlands (19%) and national average (18%). Mental health and dementia are key priorities of the HWBS, and diabetes a priority for both the CCG and sub-groups of the HWB as a risk factor for major causes of mortality contributing to excess years of life lost in Wolverhampton.

The prevalence of diabetes is increasing in Wolverhampton, year on year. The percentage of the population diagnosed with diabetes is around 7.4%, compared to the national average of 5.9%. We know from estimated data that this is likely to be an underrepresentation of the true number of people with diabetes. Performance on the management of diabetes patients in primary care is below average on a number of measures. Expected prevalence of diabetes is predicted to rise substantially in the coming years mainly as a result of the increase in obesity rates.

There are 3000 people living with dementia in Wolverhampton and this figure is forecast to rise by 44% over the next 20 years, representing an increase of 75 people per year. Wolverhampton residents have significantly higher than average contacts with Community Psychiatric Nurses than the national average (rate 274 per 1,000 population - compared to 169 per 1,000 population). The directly standardised rate for hospital admissions for mental health was slightly higher than average in Wolverhampton (184) compared to the national average (172).

#### Local services

A wide range of services contribute to modification of the risk factors leading to the key long term conditions described above. Care for patients with long term conditions is delivered through primary and secondary care services.

#### Local services: Community pharmacy

No dedicated disease specific management services are commissioned from community pharmacies currently. However community pharmacies provide a range of essential and advanced services that

support disease management, including signposting to services, support for self-care and support for better use of medicines and management of long term conditions through the NMS and MUR services. Pharmacies could play a greater role in the management of long term conditions and supporting self-care. Wolverhampton community pharmacies indicated they would be willing to provide the following services:

- 57- services for Alzheimers/dementia and asthma
- 56 - services for CHD, depression, epilepsy and heart failure
- 55 - services for Parkinson's disease

#### Assessment of pharmaceutical need

Community pharmacies already play an important role in the management of long term conditions through existing essential and advanced services. The NMS and MUR services in particular offer opportunities to improve adherence to prescribed medicines and in turn management of long term conditions. Existing providers are willing to offer wider disease specific management services and testing. Ways of better integrating community pharmacies into LTC care pathways should be considered.

## **8. Future need**

### Expected population changes

[Sub-National Population Projections](#) show that Wolverhampton's population is changing. The older population (age 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. Projections estimate Wolverhampton's population in 2037 as 273,300 with growth being most rapid in the older populations. The projections are trend-based using evidence on fertility, mortality and migration during the period 2007-2012, but do not consider any policy changes or events which might have an impact during the 2012-2037 time period. The estimates show:

- The number of children (aged 0 to 15 years) in Wolverhampton is projected to increase from 50,000 in 2012 to 54,300 in 2037. This is a net gain of about 4,300 children (8.6% growth).
- The number of people aged 16 to 64 years in Wolverhampton is projected to fall slightly from 159,600 in 2012 to 159,200 in 2037. This is a net loss of about 400 (0.3% decline). However, during this period the state pension age will 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 41,400 in 2012 to 59,900 in 2037: a gain of 18,500 (44.7% growth). The number aged 85 years or older is shown to grow by 6,200 (106.9% growth), from 5,800 in 2012 to 12,000 in 2037.

### Housing developments

There are currently around 300 homes under construction across Wolverhampton. Sites where construction is currently underway have the potential to deliver 1,600 homes in the short to medium

term (1-8 years). Developments centre on the Stafford Road and Wednesfield, Ettingshall, Bradley, Tettenhall and Whitmore Reans. Planning permission or pre application discussions are in place for a further 725 homes. The figure on the following page shows potential housing sites in orange.

#### Urgent and Emergency Care Strategy<sup>16</sup>

The Urgent and Emergency Strategy outlines changes to the urgent and emergency care system leading to development of a new Urgent Care Centre based at New Cross Hospital in 2016. The out of hours service and Showell Park Walk in centre will be relocated to the new Urgent Care Centre, offering primary care coverage 24 hours a day and seven days a week. Plans also include development of a new improved Emergency Department. Public consultation on plans received 204 survey responses, of these seven (3.4%) provided comments regarding pharmacy provision, including demand for a commercial pharmacy or a 24 hour pharmacy located within the centre. Current pharmacy provision on site is delivered through a branch of Boots providing out patient prescription dispensing only.

#### Updating and revising the PNA

At this time the impact of housing developments and the implementation of the Urgent Care Strategy on community pharmacy provision is unclear.

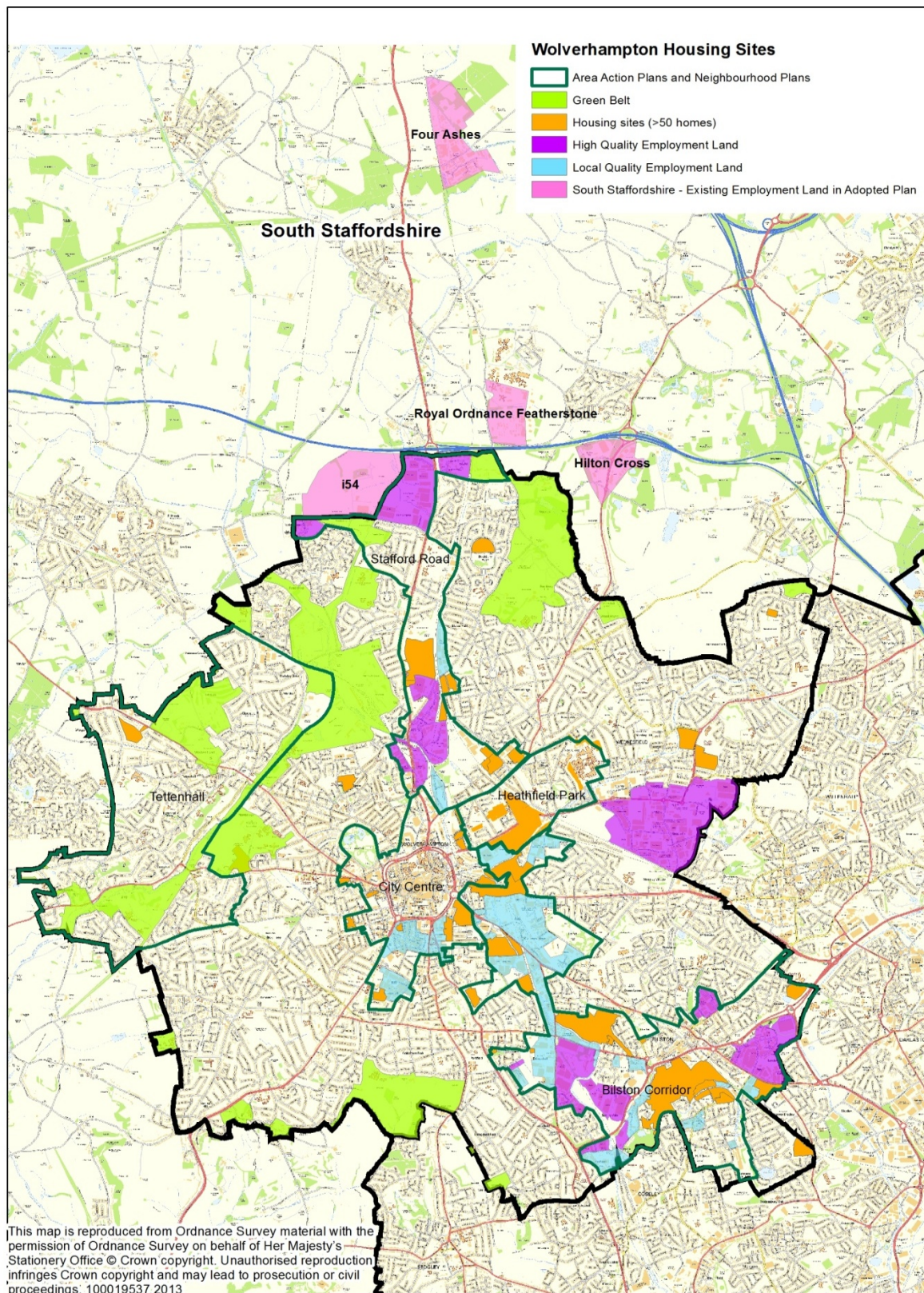
The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 require a revised assessment of the PNA within three of years of publication. Future developments may require the production of either a revised PNA or a Supplementary Statement in the interim. The HWB will work closely with NHS England LAT, Wolverhampton CCG and the LPC to review local developments impacting on community pharmacy need and provision on a six monthly basis and consider the required response.

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<sup>16</sup> Wolverhampton CCG and The Royal Wolverhampton NHS Trust, July 2014: A joint strategy for the provision of urgent and emergency care for patients using services in Wolverhampton to 2016/17. Available from <http://www.wolverhamptonccg.nhs.uk/your-health-services/improving-urgent-care> Accessed October 2014.



Figure 26: Current and future housing development sites across Wolverhampton



## 9. Conclusion

Community pharmacies offer a range of services beyond the dispensing of medicines and are a key contributor to meeting the health needs of our population. Provision has developed since the last PNA produced in 2011. At this time there is adequate community pharmacy provision across the city which is sufficient to meet the needs of our population.

New developments in community pharmacy services include a revised Minor Ailments Service, the introduction of a free flu immunisation service, and the Primary Eyecare Assessment and Referral service (PEARs). These services will need evaluation and review.

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 the delivery of chlamydia testing and treatment, NHS Health Checks and brief interventions and signposting to services for both obesity and alcohol. Further work is needed to assess the evidence for community pharmacy contribution and incorporate this into future service reviews.

## 10. Appendices

### Acknowledgements

#### Membership of the PNA Steering Group

Name	Title	Organisation
Jane Fowles	Public Health Specialty Registrar	Wolverhampton Council
Katie Spence	Consultant in Public Health - NHS Facing	Wolverhampton Council
Karla Bailey	Advanced Public Health Analyst	Wolverhampton Council
Glenda Augustine	Consultant in Public Health - Intelligence and Evidence	Wolverhampton Council
John Whitmore	Chairperson	Wolverhampton Local Pharmaceutical Committee
James Laurence	Secretary	Wolverhampton Local Pharmaceutical Committee
Hemant Patel	Deputy Head of Medicines Optimisation	Wolverhampton Clinical Commissioning Group
Brian Wallis	Pharmacy Commissioner and Contracts Manager	NHS England Birmingham, Solihull and the Black Country LAT
Patricia Roberts	Lay member for Public and Patient Involvement	Wolverhampton Clinical Commissioning Group



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## PNA Pharmacy Questionnaire

### Premises Details

Contractor Code (ODS Code)	
Name of contractor (i.e. name of individual, partnership or company owning the pharmacy business)	
Trading Name	
Address of Contractor	
Is this pharmacy a Distance Selling Pharmacy? (i.e. it cannot provide Essential Services to persons present at the pharmacy)	<input type="checkbox"/> Yes
Pharmacy email address	
Pharmacy telephone	
Pharmacy fax	
Pharmacy website address	
Can we store the above information and use this to contact you?	<input type="checkbox"/> Yes

### Core hours of opening

Day	Open from	To	Lunchtime (From – To)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

### Total hours of opening

Day	Open from	To	Lunchtime (From – To)
Monday			
Tuesday			

Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

**Consultation facilities**

There is a consultation area (meeting the criteria for the Medicines Use Review service) (tick as appropriate)

On premises	None, or	<input type="checkbox"/>
	Available (including wheelchair access), or	<input type="checkbox"/>
	Available (without wheelchair access), or	<input type="checkbox"/>
	Planned within the next 12 months, or	<input type="checkbox"/>
	Other (specify)	
Where there is a consultation area, is it a closed room?		<input type="checkbox"/> Yes

Off-site	The pharmacy has access to an off-site consultation area (i.e. one which the former PCT or Area Team has given consent for use)	<input type="checkbox"/> Yes
	The pharmacy is willing to undertake consultations in patient's home / other suitable site	<input type="checkbox"/> Yes

During consultations are there hand-washing facilities	In the consultation area, or	<input type="checkbox"/>
	Close to the consultation area, or	<input type="checkbox"/>
	None	<input type="checkbox"/>

Patients attending for consultations have access to toilet facilities	<input type="checkbox"/> Yes
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Languages spoken (in addition to English)	
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**IT Facilities**

Electronic Prescription Service (select any that apply)

Release 1 enabled	<input type="checkbox"/>
Release 2 enabled	<input type="checkbox"/>

Intending to become Release 1 enabled within next 12 months	<input type="checkbox"/>
Intending to become Release 2 enabled within next 12 months	<input type="checkbox"/>
No plans for EPS at present	<input type="checkbox"/>

## Services

### Essential services

Does the pharmacy dispense appliances?

Yes – All types, or	<input type="checkbox"/>
Yes, excluding stoma appliances, or	<input type="checkbox"/>
Yes, excluding incontinence appliances, or	<input type="checkbox"/>
Yes, excluding stoma and incontinence appliances, or	<input type="checkbox"/>
Yes, just dressings, or	<input type="checkbox"/>
Other [identify]	
None	<input type="checkbox"/>

### Advanced services

Does the pharmacy provide the following services?

	Yes	Intending to begin within next 12 months	No - not intending to provide
Medicines Use Review service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Medicine Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appliance Use Review service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stoma Appliance Customisation service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Enhanced<sup>17</sup> and Other Locally Commissioned Services

Which of the following services does the pharmacy provide, or would be willing to provide?

	Currently providing under contract with Area Team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide
Anticoagulant Monitoring Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<sup>17</sup> 'Enhanced Services' are those commissioned by the NHS England Area Team. CCGs and Local Authorities can commission Other Locally Commissioned Services that are equivalent to the Enhanced Services, but for the purpose of developing the PNA are called 'Other Locally Commissioned Services' not 'Enhanced Services'

	Currently providing under contract with Area Team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide
Anti-viral Distribution Service <sup>(18)</sup>	<input type="checkbox"/> <sup>(2)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care Home Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia Testing Service <sup>(2)</sup>	<input type="checkbox"/> <sup>(2)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia Treatment Service <sup>(2)</sup>	<input type="checkbox"/> <sup>(2)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraceptive service (not EHC) <sup>(2)</sup>	<input type="checkbox"/> <sup>(2)</sup>				
<b>Disease Specific Medicines Management Service:</b>					
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer's/dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes type I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes type II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parkinson's disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)					
Emergency Hormonal Contraception Service <sup>(2)</sup>	<input type="checkbox"/> <sup>(2)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gluten Free Food Supply Service (i.e. not via FP10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<sup>18</sup> These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the NHS England Area Team. The Area Team may commission them on behalf of the CCG or Local Authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'

	Currently providing under contract with Area Team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide
Home Delivery Service (not appliances) <sup>(2)</sup>	<input type="checkbox"/> <sup>(2)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Prescribing Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If currently providing an Independent Prescribing Service, what therapeutic areas are covered?					
Language Access Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Review Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicines Assessment and Compliance Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor Ailment Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MUR Plus/Medicines Optimisation Service <sup>(2)</sup>	<input type="checkbox"/> <sup>(2)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If currently providing an MUR Plus/ Medicines Optimisation Service, what therapeutic areas are covered?					
Needle and Syringe Exchange Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obesity management (adults and children) <sup>(2)</sup>	<input type="checkbox"/> <sup>(2)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On Demand Availability of Specialist Drugs Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out of Hours Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Group Direction Service (name the medicines covered by the Patient Group Direction)				<input type="checkbox"/>	<input type="checkbox"/>
Phlebotomy Service <sup>(2)</sup>	<input type="checkbox"/> <sup>(2)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Currently providing under contract with Area Team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide
Prescriber Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening Service					
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. pylori	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HbA1C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)					
Seasonal Influenza Vaccination Service <sup>(2)</sup>	<input type="checkbox"/> <sup>(2)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other vaccinations <sup>(2)</sup>					
Childhood vaccinations	<input type="checkbox"/> <sup>(2)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis (at risk workers or patients)	<input type="checkbox"/> <sup>(2)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPV	<input type="checkbox"/> <sup>(2)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel vaccines	<input type="checkbox"/> <sup>(2)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other – (please state)					
Sharps Disposal Service <sup>(2)</sup>	<input type="checkbox"/> <sup>(2)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop Smoking Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervised Administration Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	Currently providing under contract with Area Team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide
Supplementary Prescribing Service (what therapeutic areas are covered?)				<input type="checkbox"/>	<input type="checkbox"/>
Vascular Risk Assessment Service (NHS Health Check) <sup>(2)</sup>	<input type="checkbox"/> <sup>(2)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Non-commissioned services

Does the pharmacy provide any of the following?

Collection of prescriptions from GP practices	<input type="checkbox"/>
Delivery of dispensed medicines – Free of charge on request	<input type="checkbox"/>
Delivery of dispensed medicines – Selected patient groups (list criteria)	
Delivery of dispensed medicines – Selected areas (list areas)	
Delivery of dispensed medicines - chargeable	<input type="checkbox"/>

### Details of the person completing this form:

Contact name of person completing questionnaire, if questions arise	Contact telephone number

## PNA Public Questionnaire

### Views on chemists in Wolverhampton

You are invited to take part in a short questionnaire on chemist services in Wolverhampton. Your views are important and will help improve these services. Your answers will be totally confidential.

**1. On average how often do you visit a chemist?**

☐ Weekly

☐ Fortnightly

☐ Monthly

☐ Every 2-3 months

☐ Every 6 months

☐ Yearly or less

**2. Where do you visit the chemist?(tick all that apply)**

☐ Near my home

☐ Near my work

☐ Near or at my doctor's surgery

☐ Near my child's school

☐ Wherever is convenient at the time

☐ In the town centre or high street

☐ At the supermarket

**3. What do you use the chemist for? (tick all that apply)**

	For yourself	For a child	For another adult
To collect a one off prescription	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To collect a repeat prescription	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To get advice on minor ailments/injuries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To buy over-the-counter medicines/remedies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To buy toiletries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

Page 1

### Views on chemists in Wolverhampton

**4. Do you usually visit the same chemist?**

☐ Yes ☐ No

Thinking about your usual chemist...

**5. Is the chemist open at the times you want to use it?**

☐ Yes ☐ No

**6. If answering no to the above, what time would be better?**

**7. How do you usually travel to the chemist?**

☐ Walk ☐ Call a taxi

☐ Travel by car or motorcycle ☐ Cycle

☐ Use public transport

☐ Other (please specify)

**8. Approximately how long does your usual journey take?**

☐ Under 10 minutes ☐ Between 20 and 30 minutes

☐ Between 10 and 20 minutes ☐ Over 30 minutes

**9. Thinking about the location of the chemist, which is the most important to you? (tick one only)**

<input type="radio"/> It's near my home	<input type="radio"/> It's in my local supermarket
<input type="radio"/> It's near my work	<input type="radio"/> I can park easily
<input type="radio"/> It's near or at my doctor's surgery	<input type="radio"/> I can get there using public transport
<input type="radio"/> It's near my child's school	<input type="radio"/> I can walk there
<input type="radio"/> In the town centre or high street	<input type="radio"/> I can find a chemist open on a Saturday/Sunday

**10. When do you usually visit the chemist?(tick all that apply)**

<input type="checkbox"/> Midnight-8am	<input type="checkbox"/> 8pm-midnight
<input type="checkbox"/> Between 8am and 12pm	<input type="checkbox"/> Monday-Friday
<input type="checkbox"/> Between 12pm and 5pm	<input type="checkbox"/> Saturday
<input type="checkbox"/> Between 5pm and 8pm	<input type="checkbox"/> Sunday

### Views on chemists in Wolverhampton

**11. Please rate how strongly you agree with the following statements-please tick one for each statement**

	Strongly agree	Agree	Disagree	Strongly disagree
I find it easy to find a chemist close by	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can find a chemist open during 5pm-8pm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can find a chemist open during 8pm-8am	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can find a chemist open on a Saturday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can find a chemist open on a Sunday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find my usual chemist helpful and friendly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The chemist offers helpful advice on NHS services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I ask my chemist for health advice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is important that the chemist staff know me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I prefer to see the same chemist staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**12. Have you used any of the services at a chemist within the past 12 months?(tick all that apply)**

	Yes	No
Stop smoking advice (voucher/consultation)	<input type="radio"/>	<input type="radio"/>
Emergency contraception (morning after pill)	<input type="radio"/>	<input type="radio"/>
Minor ailments advice (e.g. sore throat, hayfever)	<input type="radio"/>	<input type="radio"/>
Repeat dispensing service (for regular medicines)	<input type="radio"/>	<input type="radio"/>
Drugs service (e.g. needle exchange, Methadone supply)	<input type="radio"/>	<input type="radio"/>
Returning your unwanted medicines	<input type="radio"/>	<input type="radio"/>
Home delivery service	<input type="radio"/>	<input type="radio"/>

**13. Do you think these services are well advertised?**

☐ Yes ☐ No

**14. Do you think these services should be provided in your local chemist?(Please choose one option for each service)**

	Strongly agree	Agree	Disagree	Strongly disagree
Stop smoking advice (voucher/consultation)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency contraception (morning after pill)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minor ailments advice (e.g. sore throat, hayfever)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Free flu jabs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance misuse (e.g. needle exchange, Methadone supply)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Repeat dispensing service (for regular medicines)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Returning your unwanted medicines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home delivery service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**Views on chemists in Wolverhampton**

About you

We will not be able to identify you from any of the information provided in this questionnaire

**15. Are you**

☐ Male

☐ Female

**16. Your age**

<input type="radio"/> Under 18	<input type="radio"/> 50-59
<input type="radio"/> 18-24	<input type="radio"/> 60-69
<input type="radio"/> 25-39	<input type="radio"/> 70+
<input type="radio"/> 40-49	

**17. Employment status**

☐ Full-time

☐ Part-time

☐ Unemployed

☐ Student

☐ Retired

**18. Do you have a long-term health problem and/or a disability?**

☐ Yes

☐ No

**Views on chemists in Wolverhampton**

**19. Race (taken from 2011 census categories)**

☐ White: English/Welsh/Scottish/Northern Irish/British

☐ White: Irish

☐ White: Gypsy or Irish Traveller

☐ White: Other White

☐ Mixed/multiple ethnic group: White and Black Caribbean

☐ Mixed/multiple ethnic group: White and Black African

☐ Mixed/multiple ethnic group: White and Asian

☐ Mixed/multiple ethnic group: Other Mixed

☐ Asian/Asian British: Indian

☐ Asian/Asian British: Pakistani

☐ Asian/Asian British: Bangladeshi

☐ Asian/Asian British: Chinese

☐ Asian/Asian British: Other Asian

☐ Black/African/Caribbean/Black British: African

☐ Black/African/Caribbean/Black British: Caribbean

☐ Black/African/Caribbean/Black British: Other Black

☐ Other ethnic group: Arab

☐ Other ethnic group: Any other ethnic group

**20. Is your main language English?**

☐ Yes

☐ No

**21. If no, please choose which is your main language**

☐ Punjabi

☐ Lithuanian

☐ Polish

☐ Persian/Farsi

☐ Kurdish

☐ Chinese

☐ Urdu

☐ Shona

☐ Gujarati

☐ Latvian

Other (please specify)



Portobello Pharmacy	1A Vaughan Road, Willenhall, WV13 3TJ.	9:00-19:00	9:00-19:00	9:00-19:00	9:00-19:00	9:00-19:00	Closed	Closed
Supercare Pharmacy	135 Dudley Road, Wolverhampton, WV2 3HD.	9:00-19:00	9:00-19:00	9:00-19:00	9:00-19:00	9:00-19:00	Closed	Closed
Andersons Chemist	311 Dudley Road, Wolverhampton, WV2 3JY.	9:00-19:00	9:00-19:00	9:00-19:00	9:00-19:00	9:00-19:00	Closed	Closed
Bridgnorth Road Pharmacy Ltd	41 Bridgnorth Road, Compton, Wolverhampton, WV6 8AF.	9:00-18:00	9:00-18:00	9:00-18:00	9:00-18:00	9:00-18:00	Closed	Closed
Fallings Park Pharmacy	212 Bushbury Road, Wolverhampton, WV10 0NT.	9:00-18:00	9:00-18:00	9:00-18:00	9:00-18:00	9:00-18:00	Closed	Closed
Lloyds Pharmacy	18-20 The Broadway, Bushbury, Wolverhampton, WV10 8EB.	8:30-18:00	8:30-18:00	8:30-18:00	8:30-18:00	8:30-18:00	9:00-17:30	Closed
The Co-operative Pharmacy	248 Jeffcock Road, Pennfields, Wolverhampton, WV3 7AH.	9:00-18:00	9:00-18:00	9:00-18:00	9:00-18:00	9:00-18:00	Closed	Closed
Staveley Pharmacy	212 Staveley Road, Wolverhampton, WV1 4RS.	9:00-19:00	9:00-19:00	9:00-19:00	9:00-19:00	9:00-19:00	9:00-12:00	Closed
Church Pharmacy	45 Church Street, Bilston, WV14 0AX.	8:30-18:30	8:30-18:30	8:30-18:30	8:30-18:30	8:30-18:30	9:00-17:00	Closed
Newbridge Pharmacy	325 Tettenhall Road , Newbridge, Wolverhampton, WV6 0JZ.	9:00-18:00	9:00-18:00	9:00-18:00	9:00-18:00	9:00-18:00	Closed	Closed
J Docter Pharmacy	73 Stubby Lane, Wednesfield, Wolverhampton, WV11 3NE.	9:00-17:30	9:00-17:30	9:00-17:30	9:00-17:30	9:00-17:30	9:00-13:00	Closed
Boots	Bilston Health Centre, Prouds Lane, Bilston, WV14 6PW.	8:30-19:00	8:30-19:00	8:30-19:00	8:30-13:00	8:30-19:00	Closed	Closed
J Docter Pharmacy	295 Wood End Road, Wednesfield, Wolverhampton, WV11 1YQ.	9:00-17:30	9:00-17:30	9:00-17:30	9:00-17:30	9:00-18:00	9:00-13:00	Closed
Bradley Chemist	83 Hall Green Street, Bradley, Bilston, WV14 8TH.	8:30-18:30	8:30-18:30	8:30-18:30	8:45-13:00	8:30-18:30	9:00-12:00	Closed
The Co-operative Pharmacy	8 Showell Circus, Low Hill, Wolverhampton, WV10 9BA.	9:00-18:30	9:00-18:30	9:00-18:30	9:00-18:30	9:00-18:30	Closed	Closed
Murrays Chemist	128 Childs Avenue, Coseley, West Midlands, WV14 9XB.	9:00-18:30	9:00-18:30	9:00-18:30	9:00-18:30	9:00-18:30	9:00-17:30	Closed
Mayfield	272 Willenhall Road, East Park,	9:00-18:30	9:00-18:30	9:00-18:30	9:00-18:30	9:00-18:30	Closed	Closed

Appendix A DRAFT document in advance of consultation

Pharmacy	Wolverhampton, WV1 2GZ.							
Poonian Pharmacy	663 Stafford Road, Wolverhampton, WV10 6QG.	9:00-18:00	9:00-18:00	9:00-18:00	9:00-18:00	9:00-18:00	9:00-13:00	Closed
The Co-operative Pharmacy	High street, Bilston, Wolverhampton, WV14 0EY.	9:00-18:00	9:00-18:00	9:00-18:00	9:00-18:00	9:00-18:00	9:00-14:00	Closed
The Co-operative Pharmacy	490 Stafford Road, Oxley, Wolverhampton, WV10 6AN.	9:00-19:00	9:00-19:00	9:00-19:00	9:00-19:00	9:00-19:00	9:00-14:00	Closed
Tettenhall Wood Pharmacy	12 School Road, Tettenhall Wood, Wolverhampton, WV6 8EJ.	8:45-18:30	8:45-18:30	8:45-18:00	8:45-18:30	8:45-18:00	9:00-13:00	Closed
Lloyds Pharmacy	Lower Green Health Centre, Lower Street, Tettenhall, WV6 9LL.	8:15-19:30	8:15-18:00	8:00-18:00	8:15-18:00	8:15-18:00	Closed	Closed
Boots	8 Trysull Road, Wolverhampton, WV3 7HT.	9:00-17:30	9:00-17:30	9:00-17:30	9:00-17:30	9:00-17:30	9:00-17:30	Closed
Superdrug Pharmacy	1 Market Way, Bilston, Wolverhampton, WV14 0DR.	8:30-17:30	8:30-17:30	8:30-17:30	8:30-17:30	8:30-17:30	9:00-17:30	Closed
Boots	100a Church Street, Bilston, Wolverhampton, WV14 0BJ.	8:30-17:00	8:30-17:00	8:30-17:00	8:30-17:00	8:30-17:00	8:30-17:00	Closed
Boots	92 Windmill lane, Castlecroft, Wolverhampton, WV3 8HG.	9:00-18:00	9:00-18:00	9:00-18:00	9:00-18:00	9:00-18:00	9:00-17:00	Closed
Boots	98 High Street, Wednesfield, Wolverhampton, WV11 1SZ.	9:00-18:00	9:00-18:00	9:00-18:00	9:00-18:00	9:00-18:00	9:00-17:30	Closed
Superdrug Pharmacy	65-67 Mander Square, Wolverhampton, WV1 3NN.	8:30-17:30	8:30-17:30	8:30-17:30	8:30-17:30	8:30-17:30	9:00-17:30	Closed
Penn Care Pharmacy	48 Warstones Road, Penn, Wolverhampton, WV4 4LP.	9:00-18:00	9:00-18:00	9:00-18:00	9:00-18:00	9:00-18:00	9:00-9:00	Closed
The Co-operative Pharmacy	6 Bargate Drive, Wolverhampton, WV6 0QW.	9:00-19:00	9:00-19:00	9:00-19:00	9:00-19:00	9:00-19:00	9:00-17:00	Closed
Boots	233 Trysull Road, Merry Hill, Wolverhampton, WV3 7LF.	9:00-18:00	9:00-18:00	9:00-18:00	9:00-18:00	9:00-18:00	9:00-18:00	Closed
Lloyds Pharmacy	18 High Street, Wednesfield, Wolverhampton, WV11 1SZ.	8:30-18:00	8:30-18:00	8:30-18:00	8:30-18:00	8:30-18:00	9:00-15:30	Closed
Lloyds Pharmacy	Manor Road , Penn, Wolverhampton,	8:30-18:30	8:30-18:30	8:30-18:30	8:30-18:30	8:30-18:30	9:00-13:00	Closed



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	WV4 5QF.							
Lloyds Pharmacy	34-35 Thornley Street, Wolverhampton, WV1 1JP.	8:30-18:30	8:30-18:30	8:30-18:30	8:30-18:30	8:30-18:30	9:00-13:30	Closed
Hingley Pharmacy	179 Lea Road, Wolverhampton, WV3 0LG.	9:00-18:30	9:00-18:30	9:00-18:30	9:00-18:00	9:00-18:30	9:00-17:00	Closed
Millstream Pharmacy	151 Tettenhall road, Wolverhampton, WV3 9NW.	9:00-18:30	9:00-18:30	9:00-18:30	9:00-18:30	9:00-18:30	9:00-16:30	Closed
Jhoots Pharmacy	50 Newhampton Road West, Wolverhampton, WV6 0RY.	9:00-18:00	9:00-18:00	9:00-18:00	9:00-18:00	9:00-18:00	9:00-18:00	9:00-18:00
Rexell Pharmacy	204 Penn Road, Penn, Wolverhampton, WV4 4AA.	8:30-19:00	8:30-19:00	8:30-19:00	8:30-19:00	8:30-19:00	9:00-13:00	Closed
Lloyds Pharmacy	59 High Street, Wolverhampton, WV11 1SZ.	9:00-19:00	9:00-19:00	9:00-19:00	9:00-19:00	9:00-19:00	9:00-17:30	Closed
The Co-operative Pharmacy	425 Dudley Road, Wolverhampton, WV2 3AH.	9:00-19:00	9:00-19:00	9:00-19:00	9:00-19:00	9:00-19:00	9:00-17:30	Closed
Lloyds Pharmacy	181 Wednesfield Road, Heath Town, Wolverhampton, WV10 0EN.	9:00-19:00	9:00-19:00	9:00-19:00	9:00-19:00	9:00-19:00	9:00-17:30	Closed
Boots	2 Blackhalve Lane, Wolverhampton, WV11 1BQ.	9:00-19:00	9:00-19:00	9:00-19:00	9:00-19:00	9:00-19:00	9:00-17:30	Closed
The Co-operative Pharmacy	1 Raynor Road, Wolverhampton, WV10 9QY.	9:00-18:30	9:00-18:30	9:00-18:30	9:00-18:30	9:00-18:30	9:00-18:30	9:00-17:30
Boots	40-41 Dudley Street, , Wolverhampton, WV1 3ER.	8:00-18:00	7:45-18:00	8:00-18:00	8:00-18:00	8:00-18:00	8:00-18:00	10:30-16:30
Morrisons Pharmacy	Blaydon Road, Pendeford, Wolverhampton, WV9 5PG.	8:30-19:00	8:30-19:00	8:30-20:00	8:30-20:00	8:30-20:00	9:00-20:00	10:00-16:00
Morrisons Pharmacy	Black country route, Bilston, Wolverhampton, WV14 0DZ.	8:30-20:00	8:30-20:00	8:30-20:00	8:30-20:00	8:30-20:00	8:00-18:00	10:00-16:00
Boots	Bentley Bridge Retail Park, Wednesfield, Wolverhampton, WV11 1BP.	8:00-20:00	8:00-20:00	8:00-20:00	8:00-20:00	8:00-20:00	8:00-20:00	10:30-16:30
Boots	Boots Pharmacy, Waitrose, Marston Road, WV2 4NJ.	8:00-20:00	8:00-20:00	8:00-20:00	8:00-20:00	8:00-20:00	8:00-20:00	10:00-16:00

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Asda Pharmacy	Molineux Complex, Jack Hayward Way, Wolverhampton, WV1 4DE.	9:00-22:00	9:00-22:00	9:00-20:00	9:00-22:00	9:00-22:00	8:30-22:00	10:00-16:00
The Pharmacy Clinic	The Avion Centre, 10 Bargate Drive, Wolverhampton, WV6 0QW.	7:00-22:30	7:00-22:30	7:00-22:30	7:00-22:30	7:00-22:30	7:00-22:30	10:00-17:00
Bilston Pharmacy	74 Church Street, Bilston, WV14 0AX.	7:00-23:00	7:00-23:00	7:00-23:00	7:00-23:00	7:00-23:00	8:00-20:00	10:00-18:00
Sainsburys Pharmacy	Rookery Street, Wednesfield, WV11 1UP.	7:00-23:00	7:00-23:00	7:00-23:00	7:00-23:00	7:00-23:00	7:00-22:00	10:00-18:00
Phoenix Pharmacy	Parkfield Road, Wolverhampton, WV4 6ED.	8:00-22:30	8:00-22:30	8:00-22:30	8:00-22:30	8:00-22:30	8:00-22:30	9:00-22:00

## Pharmacy questionnaire return summary

<b>Opening hours</b>
67% (43) open from 9:00am Mon-Fri 33% (21) close at 18:00pm and 19% (12) close at 17:00pm, only nine (14%) stay open after 19:00pm Mon-Fri 66% (42) open on Saturday, it is fairly evenly split between those that close around lunchtime or stay open until at least 17:00pm 19% (12) open on Sunday, mainly between 10:00am and 16:00pm
<b>Consultation facilities</b>
60 (94%) pharmacies have access to consultation facilities and this is a closed room in most cases (56 in total). Of those, 46 have wheelchair access. Toilet facilities are available at 29 pharmacies and hand washing is available in 53 of them (for 43 pharmacies this is in the consultation area) 39 (60%) pharmacies are willing to undertake consultations in the patients home or another suitable location 75% (48) of pharmacies, as well as speaking English, also speak Punjabi. Other popular languages spoken are; Urdu (21, 33%), Hindi (19, 30%) and Gujarati (18, 28%).
<b>IT facilities</b>
62 pharmacies are release 2 enabled
<b>Essential services</b>
55 pharmacies dispense all types of appliances (stoma, incontinence and dressings)
<b>Advanced services</b>
60 pharmacies provide medicines user review services and two are intending to begin within the next 12 months 59 pharmacies provide new medicine services and three are intending to begin within the next 12 months Appliance review services are provided by only 11 pharmacies, however, 15 are intending to provide in the next 12 months Only eight pharmacies are providing a stoma appliance customisation service and 11 are intending to provide in the next 12 months
<b>Local services – currently commissioned</b>
<b>Local authority Public Health</b> Emergency hormonal contraception service; 32 pharmacies provide this and 26 are willing to provide this Needle syringe and exchange service; 30 pharmacies currently provide this) and 17 are willing to provide this Sharps disposal service; 40 pharmacies are willing to provide this, eight provide this – sharps disposal is commissioned in relation to the needle syringe and exchange programme only. Stop smoking service; 23 pharmacies are willing to provide this, 35 currently provide this Supervised administration service; 22 pharmacies are willing to provide this, 28 currently provide this
<b>NHS England or CCG</b> Minor ailment scheme; 11 are willing to provide this and 42 currently provide this The two services below could describe palliative care and optometry prescribing and dispensing support services currently commissioned. On demand availability of specialist drugs service; 47 pharmacies are willing to provide this 43 pharmacies are willing to provide patient group direction services, four currently provide this
<b>Non-commissioned services</b>
62 pharmacies collect prescriptions from GP practices 57 pharmacies deliver dispensed medicines free of charge on request

48 pharmacies deliver dispensed medicines to selected patient groups  
 43 pharmacies deliver dispensed medicines to selected areas  
 5 pharmacies deliver dispensed medicines with a charge

**Other services – not currently commissioned**

Pharmacies were asked about a range of services that are not currently commissioned for delivery through community pharmacies in Wolverhampton. The numbers of community pharmacies willing to provide services are listed below:

56 - anticoagulant monitoring service  
 55 - anti-viral distribution service  
 41 - MUR plus/medicines optimisation service  
 50 - prescriber support services  
 50 - provide chlamydia treatment  
 50 - medicines assessment and compliance support services  
 48 - school services  
 47 - a care home service  
 46 - chlamydia testing  
 45 - supplementary prescribing services  
 45 - independent prescribing service  
 42 - phlebotomy services  
 40 - language access services  
 36 - out of hours service  
 32 - contraceptive services (not EHC)  
 58 - services for COPD, diabetes type 1 & 2 and hypertension  
 57 –services for alzheimers/dementia and asthma  
 56- services for allergies, CHD, depression, epilepsy and heart failure  
 56 - obesity management services, for adults and children.  
 55 - services for Parkinson’s disease  
 55 - gluten free food supplies  
 54 - cholesterol screening  
 52 - vascular risk assessment services  
 51 - diabetes screening  
 50 - alcohol screening  
 48 - HbA1C testing  
 46 - hepatitis testing  
 44 - gonorrhoea testing  
 43 - HIV testing  
 54 - Seasonal influenza vaccination;  
 47 - Childhood vaccinations;  
 45 - provide immunisations for hepatitis (at risk workers or patients) and HPV vaccination  
 52 - travel vaccines