Sefton Pharmaceutical Needs Assessment
2018-2021
Foreword

Sefton’s Health and Wellbeing Board has responsibility for the on-going review, development and publication of the Pharmaceutical Needs Assessment.

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

As such we are very happy to present our second formal Pharmaceutical Needs Assessment 2018 – 2021 which outlines the Pharmaceutical Services available to our population. This document provides information around current enhanced services being commissioned and proposals for future changes and developments.

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

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

Signed

Ian Moncur

Councillor Ian Moncur

Chair of Sefton Health and Well Being Board

Cabinet Member – Health and Wellbeing
Reader Information

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<td>The Pharmaceutical Needs Assessment (PNA) is a primary tool for NHS England and local commissioners to support the decision-making process for pharmacy applications and to ensure that commissioning intentions for services that could be delivered via community pharmacies, in addition to other providers, are incorporated into planning cycles.</td>
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3. Councillor Paul Cummins, Cabinet Member – Adult Social Care
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Acknowledgements

Grateful thanks are extended to all stakeholders who have contributed information and views, during the various stages of consultation, which have informed this PNA.

Thank you also to the following people who have assisted the development and publication of this Sefton PNA: Becky Williams and Tom Roberts (South Sefton CCG and Southport & Formby CCG), Ian Loughlin (Sefton Council) and the Sefton Council Public Health Team. We would also like to acknowledge the input from the Cheshire and Merseyside Pharmaceutical Needs Assessment Group and Sharon McAteer from Halton Council.
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Executive Summary

From 1 April 2013, local authority Health and Wellbeing Boards (HWBB) became responsible for developing and updating Pharmaceutical Needs Assessments (PNA). NHS England is now responsible for the administration of the pharmaceutical services regulations following the implementation of the Health and Social Care Act 2012.

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

The PNA presents a picture of community pharmacies and other providers of pharmaceutical services, reviewing services currently provided and how these could be utilised further. Efforts have been made to develop the PNA on behalf of the Sefton Health and Wellbeing Board by a multi-professional steering group - the steering group consists of representatives from the following organisations:

- Public Health, Sefton Council
- Community Pharmacy Professional Lead from NHS England Merseyside area team
- CCG Pharmacy Lead
- Local Pharmaceutical Committee
- Healthwatch
- Business Intelligence, Sefton Council

A draft PNA was published on 20th November 2017 inviting comments to be made prior to the closing date of the consultation period on 18th January 2018.

The regulations state that when making an assessment for the purposes of publishing a PNA, each HWBB must formally consult with a range of specific stakeholders about the contents of the PNA.

The PNA will be reconsidered annually in line with an integrated commissioning cycle, as well as when any changes to the pharmacy contractor list occur.
Overview of Current Provision

**Essential Services**

Essential services that all pharmacy contractors must offer include:

- Dispensing
- Prescriptions
- Repeat dispensing
- Disposal of unwanted medicines
- Promotion of Healthy Lifestyles (Public Health)
- Signposting patients to other healthcare providers
- Support for self-care

**Advanced Services**

There are six advanced services within the NHS Community Pharmacy Contractual Framework. Community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions. These, together with full service specifications and funding details are available on the Pharmaceutical Service Negotiating Committee (PSNC) website [http://psnc.org.uk/services-commissioning/advanced-services/](http://psnc.org.uk/services-commissioning/advanced-services/)

**Enhanced and Locally Commissioned Services**

Enhanced services are those commissioned, developed and negotiated based on the needs of the local population. Enhanced services can only be commissioned by NHSE. The PNA will inform the future commissioning need for these services.

Locally commissioned services are those agreed and commissioned locally based on the needs of the local population. These services can be commissioned from the pharmacy / individual pharmacist by other organisations such as the HWBB, Local Authority Public Health Team (LAPHT), CCG, and NHS trusts. Both community NHS trusts and secondary care NHS trusts (Hospital Trusts) may commission services from community pharmacists. Pharmacies should be considered when a commissioner is tendering for service provision.

The essential and advanced services of the community pharmacy contract are funded from a national ‘Pharmacy Global Sum’ agreed between the Pharmaceutical Services Negotiating Committee and the Treasury. This is divided up and devolved to NHS England Local Area Teams as a cash-limited budget which is then used to reimburse pharmaceutical service activity as per the Drug Tariff ([www.drugtariff.com](http://www.drugtariff.com)). Funding for enhanced services has to be identified and negotiated locally from the commissioner’s own budget.

**Local Provision**

Sefton has **76 ‘pharmacy contractors’** operating out of 76 pharmacy premises providing approximately one pharmacy for every 3,600 residents compared to the England average of 5,000 population per pharmacy. Each pharmacy is required to have a qualified pharmacist available
throughout all contractual hours and pharmacy services are generally provided free of charge and without an appointment. In terms of the type of Community Pharmacies in our area there are:

- **68 delivering a minimum of 40 hrs service per week** (excluding 5 distance selling and 3 ‘100’ hour pharmacies)
- **3 delivering a minimum of 100hrs service per week**
- **5 providing services via the internet or “distance selling”**

Community pharmacy services are complemented by acute hospital pharmacy services which dispense medications for inpatients, outpatients during clinic and to patients on discharge from hospital. There are 5 acute hospitals within Sefton’s catchment area. Mental health pharmacy services are provided via Mersey Care NHS Trust providing specialist, clinical advice and who commission a dispensing service from a community pharmacy to various locations across Sefton. Provision of urgently required medications prescribed by GP out-of-hours during evening and weekends are provided pre-packaged. Patients requiring medication which does not need to be started immediately can access treatment via community pharmacies during normal opening hours.

Sefton has no dispensing doctor practices as these services are designed for patients living in remote rural areas. There are no appliance contractors located within Sefton, patients can, however, access services from appliance contractors registered in other areas.

*There is currently adequate availability of pharmaceutical services in terms of both provision and opening hours across Sefton.*

**Pharmacy Premises and Workforce**

Across Sefton, there is an equitable spread of community pharmacists with provision available before 8am and after 8pm Monday to Friday. Whilst there is good pharmacy provision across the borough on a Saturday (67% of pharmacies are open) far fewer pharmacies are open on a Sunday (10 pharmacies). Sefton provision is complemented by neighbouring pharmacy services in areas within one mile of Sefton’s borders.

*The geographical spread, including neighbouring pharmaceutical provision and availability of the pharmacy network in Sefton, is adequate for the needs of the population.*

Between June and September 2017 a Public and Patient Survey collected views from pharmacy users regarding how they use the service and what they feel should be offered. 491 residents responded to the survey. These were predominantly aged 40 – 74 years (54.6%). Sixteen percent of those who responded to the survey reported having a long-term illness and 80% visited a pharmacy to collect a prescription for themselves. 43% had visited a pharmacy in the past week and a further 43% within the past month. Generally, respondents were satisfied with their pharmacy and the range of services provided. Fourteen percent felt that the pharmacy could
provide more services including treatment for minor illnesses (82%), checks for certain health conditions (72%), medicines reviews (69%) and advice on stop smoking (68%).

*Locally commissioned services are commissioned and delivered to reflect the needs of the population. Consultation with community pharmacy providers and the local population did not identify any significant gaps in community pharmacy services at this time and illustrated the wide range of pharmaceutical services currently provided.*

**Population Health Profile of Sefton**

Overall the Sefton population has been reducing. Despite this, the General Practitioner (GP) registered population has been increasing. The Sefton population is generally older and this is projected to increase with the biggest rise anticipated in the number of residents aged 90 and above. Across both genders, it is projected that every age band from 55-59 onwards will see an increase. Of 326 Local Authorities contained within the IMD, Sefton is ranked as the 76th most deprived in England & Wales. There are 38 Lower Super Output Areas (LSOAs) in Sefton in the most deprived 10% areas within England and Wales; with four located in Linacre ward and one in Derby ward, amongst the most deprived 1%.

Life expectancy at birth in Sefton is 82.2 years for females and 78.3 years for males. Life expectancy for both males and females has been increasing since 2001-2003. Cancers are largest single cause of death in Sefton For both males and females the cancer with the highest mortality rate is lung cancer. For males, the other most prominent cancers for mortality rates are prostate and bowel. For females, breast cancer has the second highest mortality rate followed by bowel. Sefton generally has slightly higher levels of diagnosed long-term conditions than average.

**Pharmacy Activity to Support Local Priorities**

*Tobacco Control*

The spread of pharmacy-based stop smoking services is aligned to areas of highest smoking prevalence, deprivation and where there are gaps in community-based services. Alternative provision is available through community-based stop smoking services delivered by Solutions4Health. A comprehensive range of these services are currently available.

*Alcohol*

There is currently no pharmacy-based provision relating to alcohol in Sefton. However, there are a number of alcohol services available to residents commissioned through the Local Authority Public Health Team (LAPHT).

*Planned Care*

Locally targeted MURs have not been commissioned in Sefton. The New Medicines Service (NMS) for patients, with Asthma/COPD, Type 2 Diabetes, Hypertension and those requiring Antiplatelet/Anticoagulation therapy, being treated with new medicines is being provided in the majority of
pharmacies (96%) across Sefton. Fifty eight community pharmacies have been commissioned to provide influenza immunisation.

**Unplanned/Urgent Care**
Access to Care at the Chemist has reduced from 74 in 2014 to 17 pharmacies, but there is still geographical coverage across the borough at locality level apart from the Ainsdale and Birkdale locality. The community pharmacy response to health protection incidents, outbreaks and emergencies is described in the Cheshire and Merseyside Multi Agency Outbreak Control Plan which is developed across authorities on a Merseyside footprint.

**Cardiovascular Disease**
Pharmacies in Sefton are not commissioned to deliver Health Checks. However, they are encouraged to promote the service and sign post eligible patients, with the potential to host Health Checks when the new model of delivery has been developed. Pharmacists are also able to undertake MECC training in brief interventions to enable behaviour change.

**Cancer**
Whilst pharmacies have a role in raising awareness of cancer prevention and early detection campaigns, it is currently not considered an appropriate environment for screening due to the nature of the intervention types.

**Sexual Health**
A range of sexual health services, including EHC, condom distribution and Chlamydia screening are available to Sefton residents in community pharmacies. This is in addition to other sexual health services commissioned via the LAPHT.

**Mental Health**
Currently there are no mental health related services commissioned from pharmacies across Sefton. LAPHT commissioned services are however available and pharmacies play a key role in signposting people. MECC, and suicide prevention, training provide opportunities for pharmacy staff to extend their knowledge and skills.

**Substance Misuse**
There is adequate provision of pharmacy based supervised opiate replacement treatment and needle exchange services across Sefton with an apparent concentration in the south of the borough.

**Older People**
Seven community pharmacies provide the supply of dressings to nursing homes service to patients residing in a nursing home located within the Sefton area who are registered with a South Sefton CCG GP. Southport and Formby CCG do not currently commission this service for patient’s resident in a nursing home and registered with a GP within the north Sefton locality.
**Antimicrobial Resistance**
Pharmacies have a key role to play in raising awareness of the importance of using antibiotics appropriately. As part of the essential services contract, at least one of the six health education campaigns should include antibiotic use.

**Palliative Care**
There are four pharmacy palliative care stock holder providers in Sefton; two in the north and two in the south of the borough. These pharmacies were selected to ensure equitable geographical spread and on the basis of accessibility.

*Analysis of pharmacy activity to support local health priorities indicates that locally commissioned services are commissioned and delivered based on the needs of the population. There is no Care At The Chemist pharmacy in Ainsdale and Birkdale locality; however aspirations to develop local services need to take into account cost effectiveness and current financial constraints.*

**Future Planning**
Sefton’s Local Plan outlines how the borough will look, and be developed, over the next 15 years. The Plan, which has been developed within the statutory planning framework, was adopted in April 2017. The 2014 Strategic Housing Market Assessment (SHMA) for Sefton, which informed the Local Plan, provides a long-term strategic assessment (over the Local Plan period to 2030) of both housing needs and demand, and in particular affordable and special needs housing in Sefton. The key findings suggest:

- An overall need for affordable housing of about 7,815 units (i.e. the net need of 434 per annum multiplied by 18 years) in Sefton over the 18-year Local Plan period 2012 to 2030. This need is highest in Southport, Formby and Maghull/Aintree.
- That not all this need has to be met by the provision of affordable housing on new sites.
- The majority of affordable housing need is for social rented housing.
- 15% of all housing provision should be for older people, reflecting Sefton’s ageing population.
- The majority of new market housing should be 3 bedroom family accommodation. The majority of new affordable housing should be for 1 and 2 bedroom accommodation.

It is anticipated that new areas of housing will be built and occupied during the period of this PNA. These will be primarily to the east of Maghull, around Formby, Thornton and Churchtown. At the time of writing it is expected that during the next five years, approximately 2,400 new properties will be built within Sefton in 77 separate developments. The localities of Southport and Maghull are expected to have developments in the next five years that could have an impact on existing pharmacy provision and services delivered by pharmacies. This includes two extra care facilities. Planning for all local infrastructure to support additional developments, including needs related to health service provision, will be determined as required and developed in consultation with all key stakeholders.
The expected housing developments in Southport and Maghull over the next five years could impact on existing pharmacy provision and services within the lifetime of this PNA. The annual PNA review provides an opportunity to ensure that pharmaceutical provision responds to the needs of the population with reference to major infrastructure development.

Conclusion

This needs assessment has determined that the pharmaceutical network in Sefton is adequate in terms of provision to meet the needs of the population and geographically accessible reflecting the population density distribution across Sefton. The local community pharmacy network is enhanced by the availability of pharmacy services in neighboring authorities within one mile of Sefton’s borders.

Pharmacy opening hours across Sefton are considered satisfactory with a wide access throughout the week and sufficient coverage over evenings and weekends. The availability of community pharmacy services extends beyond the general 9 – 5pm daytime service, but varies across pharmacy providers, supported by the availability of out of hours services and ‘100 hour’ pharmacies

This assessment has also determined that locally commissioned services are commissioned and delivered to reflect the needs of the population. Consultation with community pharmacy providers and the local population did not identify any significant gaps in community pharmacy services at this time and illustrated the wide range of pharmaceutical services currently provided. The public feedback regarding local community pharmacy provision in Sefton was overwhelmingly positive.

Sefton Council’s Local Plan is referenced in this assessment and there are housing developments of up to 200 houses in the next five years in a number of locations. The localities of Southport and Maghull are expected to have developments in the next five years that could have an impact on existing pharmacy provision and services delivered by pharmacies. This includes two extra care facilities. It is also recognised that Sefton’s population is expected to change with significant increases in the number of older people. This will need to be kept under review to ensure that the pharmaceutical network in Sefton responds to these evolving needs.

This needs assessment has not identified any specific and significant gaps in local service provision at the current time and therefore any areas for service development. However the need for specific community pharmacy services will be regularly reviewed in line with the PNA regulations and the evolving make up and needs, of the local population. During the lifetime of this PNA this will be achieved through the annual review process and any requirement to produce supplementary statements to modify this assessment.
1. Introduction and Purpose

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

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

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

- Required Primary Care Trusts (PCTs) to develop and publish PNAs; and
- Required them to use PNAs as the basis for determining market entry to NHS pharmaceutical services provision;

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

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

The Pharmaceutical Needs Assessment (PNA) is thus a key tool for NHS England and local commissioners, to support the decision making process for pharmacy applications and to ensure that commissioning intentions for services that could be delivered via community pharmacies, in addition to other providers, are incorporated into local planning cycles. Local commissioning priorities need to be driven by the Joint Strategic Needs Assessment (JSNA) of which the PNA is a key component. See Appendix 2 for policy context.
2. Scope and Methodology

2.1 Scope of the PNA
The scope of the assessment of need must address the following principles:

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

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulation 2013 sets out the legislative basis for developing and updating PNAs and can be found at: http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations/ Schedule 1 sets out the minimum information to be contained in pharmaceutical needs assessments. Appendix 1 describes how the PNA fulfils the regulatory statements.

2.2 Methodology and Data Analysis
Key principles of the PNA are:

- It is an iterative process involving patients, the public and key stakeholders
- It is a developing, live document and consideration will be given on an annual basis as to the document’s reflection of need and the commissioning landscape
- It continues to focus on identifying health needs which can be supported by pharmaceutical services and makes recommendations for the commissioning of those services
- It is developed through a multidisciplinary PNA Steering Group
Development of the Sefton Local Authority Health and Wellbeing Board’s PNA has been initiated and overseen by Fiona Taylor, Chief Officer of NHS South Sefton CCG and NHS Southport and Formby CCG, Councillor Ian Moncur, Chair of Sefton Health and Wellbeing Board and Cabinet Member for Health and Wellbeing, and a multi-professional steering group. The steering group consists of representatives from the following:

- Public Health, Sefton Council
- Community Pharmacy Professional Lead from NHS England Cheshire and Merseyside
- CCG Pharmacy Lead
- Local Pharmaceutical Committee
- Healthwatch
- Business Intelligence, Sefton Council

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

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

The evidence of effective interventions in the community pharmacy setting was compiled in May 2017 and therefore reflects the available evidence at that time.
The following data sources have been used for the purposes of this PNA:

- Sefton Joint Strategic Needs Assessment
- Public Health Annual Report
- Census data
- Data on socio-economic circumstances of the local area
- Community pharmacy service questionnaires
- Patient and public pharmacy service questionnaires
- The Sefton Local Plan and supporting documentation in relation to proposed housing developments, demolitions and infrastructure changes

2.3 Consultation

A draft Pharmaceutical Needs Assessment was published on 20th November 2017 inviting comments to be made prior to the closing date of the consultation period on 18th January 2018.

The regulations state that when making an assessment for the purposes of publishing a PNA, each HWBB must consult with the following stakeholders about the contents of the PNA:

- Any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBBs)
- Any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBBs)
- Any persons on the pharmaceutical list and any dispensing doctors list for its area
- Any Local Pharmaceutical Services (LPS) chemist in its area with whom NHS England (NHSE) has made arrangements for the provision of any local pharmaceutical services
- Any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWBB has an interest in the provision of pharmaceutical services in its area
- Any NHS trust or NHS Foundation Trust in its area
- NHS England
- Any neighbouring Health and Well Being Board

The draft PNA was uploaded to Sefton Council’s e-consult webpage for electronic response; hard copies were available upon request. The responses to the community pharmacy service survey, public questionnaire and the formal 60 day consultation period have informed this PNA.

All methods for consultation were presented to and approved by the Sefton Consultation and Engagement Panel.

2.4 PNA Review Process

The PNA will be considered annually as an integrated part of the commissioning cycle, as well as when any changes to the pharmacy contractor list occurs. This action will be overseen by Sefton
Health and Wellbeing Board with input from NHS England. As a minimum the document will be checked and updated with significant changes in the following areas, once every year:

- New pharmacy contracts
- Pharmacy closures
- Changes to pharmacy locations
- Pharmacy opening hours
- Local intelligence and significant issues relating to pharmacy enhanced service provision
- Appliance provision changes
- Significant changes in Public Health intelligence or primary care service developments that may impact either favourably or adversely on pharmacy based services.

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

Successful applications for ‘consolidations and mergers’ as part of the revised pharmacy regulations would also necessitate the development of a Supplementary Statement. (See Appendix 2 Policy Context.)

2.5 How to use the PNA
The PNA should be utilised as a service development tool in conjunction with the Sefton Joint Strategic Needs Assessment (JSNA)\(^1\) and the strategic plans from local commissioners. Mapping out current services and gaining a sense of future service needs will pinpoint the areas where the development of local pharmaceutical services may be necessary.

The PNA can be used by patients, current service providers, future service providers and commissioners alike in the following way:

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

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NHS England will be in a better position to judge new applications to join the pharmaceutical list, relocate premises, change opening hours etc. to make sure that patients receive quality services and adequate access without plurality of supply.

2.6 Localities used for considering pharmaceutical services

The locality scope for the PNA is the borough of Sefton. Sefton is an area that stretches from Southport in the north to Bootle in the south. To the east lies the town of Maghull and the west is bordered by the coastline covering Crosby through to Formby and Ainsdale. Bordering authority areas include Liverpool to the south, Knowsley and Lancashire in the north of the borough. Sefton Health and Wellbeing Board encompasses one Local Authority and two CCG’s (NHS Southport & Formby CCG and NHS South Sefton CCG). Analysis and mapping undertaken as part of the PNA process was carried out at ward level to take account of the variant needs of people within different areas of Sefton. This is congruent with the Sefton Joint Strategic Needs Assessment (JSNA). The maps and information presented reflect the diversity of the needs of the borough and population density and are illustrated for optimal geographical representation.
3. National Pharmaceutical Services Contract

All national NHS pharmaceutical service providers must comply with the contractual framework that was introduced in April 2005. The national framework is set out below and can be found in greater detail on the Pharmaceutical Service Negotiating Committee (PSNC) website: http://www.psnc.org.uk/pages/introduction.html

The pharmaceutical services contract consists of three different levels:

- Essential services
- Advanced services
- Enhanced services

3.1 Essential Services and Prescription Volume
Consist of the following and have to be offered by all pharmacy contractors:

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

3.1.2 Prescriptions
During 2016/17 the 49 GP practices in Sefton issued a total of 6.6 million individual prescription items. Approximately 3 million items were prescribed within the Southport and Formby CCG area and 3.6 million prescribed within the South Sefton CCG area. Within the Southport and Formby CCG area, approximately 111,457 (3.78%) items were dispensed by non-Sefton pharmacies. Within the South Sefton CCG area, approximately 152,236 (4.20%) items were dispensed by non-Sefton pharmacies. The largest number of prescription items dispensed by disease group for both Southport and Formby CCG and South Sefton CCG are:

- Cardiovascular System,
- Central Nervous System and;
- Gastro-Intestinal System.

The overall prescribing rate is measured as items per Age Sex Temporary Resident Originated Prescribing Unit (ASTRO PU). The ASTRO PU figure for South Sefton CCG was 1,704.01 in 2016/17. The figure for Southport and Formby CCG was 1,510.34 in the same period. This is less than the rate for Merseyside CCGs, which was 1844.30 but higher than the rate nationally, which was 1501.25.
3.1.3 Repeat dispensing
Management of repeat medication for up to one year, in partnership with the patient and prescriber. The patient will return to the pharmacy for repeat supplies, without first having to visit the GP surgery. Before each supply, the pharmacy will ascertain whether it is appropriate for a patient to receive repeat supply of a particular medicine. The pharmacist will communicate all significant issues to the prescriber with suggestions on medication changes as appropriate.

3.1.4 Disposal of unwanted medicines
Pharmacies act as collection points for patient returned unwanted medicines from households and individuals. Special arrangements apply to Controlled Drugs (following the Shipman Inquiry) and private arrangements must be adopted for waste returned from nursing homes.

3.1.5 Promotion of Healthy Lifestyles (Public Health)
Opportunistic one to one advice provided on healthy lifestyle topics such as smoking cessation, weight management, etc to certain patient groups who present prescriptions for dispensing or when accessing for other services. Also, involvement in local public health campaigns throughout the year, organised by the HWB Board and NHS England.

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

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

3.1.8 Clinical Governance
Pharmacists must ensure the following processes are in place:

- Use of standard operating procedures
- Patient safety incident reporting
- Demonstrating evidence of pharmacist Continuing Professional Development
- Operating a complaints procedure
- Compliance with Health and Safety legislation
- Compliance with the Equality Act 2010
- Significant event analysis
- Commitment to staff training, management and appraisals
- Undertaking patient satisfaction surveys
- Patient safeguarding measures
3.2 Advanced Services
There are six advanced services\(^2\) within the NHS Community Pharmacy Contractual Framework. Community pharmacies choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions. These may be in addition to those services provided by other health services providers e.g. GPs. They require accreditation of the pharmacist and/or pharmacy.

3.2.1 Medicines Use Review (MUR) & Prescription Intervention Service
Medicines Use Reviews (MURs) can only be provided by pharmacies. The service includes MURs undertaken periodically or when there is a need to make an adherence-focused intervention due to a problem that is identified whole providing the dispensing service. The purpose of the MUR service is to improve patient knowledge, adherence and use of their medicines by:

- Establishing the patient’s actual use, understanding and experience of taking medicines
- Identifying, discussing and resolving poor or ineffective use of medicines
- Identifying side effects and drug interactions that may affect adherence
- Improving the clinical and cost effectiveness of prescribed medicines and reducing medicine wastage

The pharmacist conducts a concordance medication review with the patient. The review assesses any problems with understanding current medication, its administration / patient compliance. The patient’s knowledge of their medication regime is assessed and a report is provided to the patient’s GP, when there is a recommendation. The patient’s knowledge of their medication and why they are taking it is increased; problems with their medication are identified and addressed. The MUR is conducted on a regular basis, e.g. every 12 months. MURs have to be conducted in a consultation area which ensures patient confidentiality and privacy. Pharmacists must successfully pass a competency assessment before they can provide MUR services. Each pharmacy can provide a maximum of 400 MURs per year unless there are particular local circumstances which merit additional MURs to take place. This must first be agreed with NHS England.

3.2.2 Appliance Use Review (AUR)
An Appliance Use Review was the second advanced service, introduced in April 2010. This service is similar to that above where it relates to patients’ prescribed appliances such as leg bags, catheters, stoma products. This service can be provided by either a community pharmacy or appliance contractors and can be carried out by a pharmacist or a specialist nurse either at the contractor’s premises or the patient’s home. Results from the survey of Sefton pharmacies showed that 16% of pharmacies that responded provide appliance use reviews.

3.2.3 Stoma appliance customisation (SAC) service
Stoma appliance customisation was the third advanced service introduced in April 2010. This service involves the customisation of a quantity of more than one stoma appliance, based on the patient’s measurements or a template. The aim of the service is to ensure proper use and

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\(^2\) Pharmaceutical Service Negotiating Committee (PSNC) accessed from [http://psnc.org.uk/services-commissioning/advanced-services/](http://psnc.org.uk/services-commissioning/advanced-services/) (September 2017)
comfortable fitting of the stoma appliance and to improve how long they are used for, thereby reducing waste and unnecessary patient discomfort. This service can be provided by either pharmacy or appliance contractors. Results from the survey of Sefton pharmacies showed that 11% of pharmacies that responded provide stoma appliance customisation service.

3.2.4 New Medicines Service (NMS)
This service was introduced in October 2011 and can be provided by pharmacies only. It provides support with medicines adherence for patients being treated with new medicines in four conditions/therapy areas. These are Asthma / COPD, Type 2 Diabetes, Hypertension and Antiplatelet / Anticoagulation therapy. The pharmacist provides face to face counselling about the medicine at the point when the patient first presents with their prescription at the pharmacy. Arrangements are then made for the patient to be contacted 10-14 days later to assess adherence and discuss any problems with the new medicine. The patient is followed up 14 days later to check all is well at which point they exit this service. Results from the survey of Sefton pharmacies showed that 96% of pharmacies provide a new medicine review service.

3.2.5 NHS Influenza Vaccination Programme
As part of the community pharmacy funding settlement community pharmacies in England are now able to offer a seasonal influenza (flu) vaccination service for patients in at-risk adults. This includes:

- Pregnant women
- Those under age 65 with long-term conditions or who are immune-suppressed
- Anyone age over 65

The pharmacy service is not available for children who are eligible under the overarching NHS Influenza Vaccination Programme. They will continue to receive the vaccination through their usual primary care provision.

This service is the fifth Advanced Service in the English Community Pharmacy Contractual Framework (CPCF). Immunisation is one of the most successful and cost-effective health protection interventions and is a cornerstone of public health. High immunisation rates are key to preventing the spread of infectious disease, complications and possible early death among individuals and protecting the population’s health. For most healthy people, influenza is an unpleasant but usually self-limiting disease. However those with underlying disease are at particular risk of severe illness if they catch it. The aim of the seasonal influenza vaccination programme is to protect adults who are most at risk of serious illness or death should they develop influenza, by offering protection against the most prevalent strains of influenza virus. The service can be provided by any community pharmacy in England that fully meets the requirements for provision of the service and has notified NHS England of their intention to begin providing the service by completing a notification form on the NHS Business Services Authority (BSA) website. Results from the survey of Sefton pharmacies showed that 71% of pharmacies provide an NHS influenza vaccination service.
3.2.6. NHS Urgent Medicines Supply Advanced Service (NUMSAS)

From 1st December 2016, community pharmacies across England have been able to register on the NHS BSA portal to provide the NHS Urgent Medicines Supply Advanced Service (NUMSAS) as part of a national pilot. The service, which is commissioned by NHS England, will allow community pharmacies to supply a repeat medicine at NHS expense, following a referral from NHS111 and where the pharmacist identifies that the patient has an immediate need for the medicine and that it is impractical to obtain a prescription without undue delay.

Requests for medicines or appliances needed urgently account for about 2% of all completed NHS 111 calls. These calls normally default to a GP appointment to arrange an urgent prescription and as a result block access to GP appointments for patients with greater clinical need. Although requests for emergency repeat medication occur throughout the week, Saturdays generate the highest demand. Seventeen percent of pharmacies provide an NHS urgent medicines supply advanced service.

3.3 Enhanced Services

Enhanced services are those commissioned, developed and negotiated based on the needs of the local population. Enhanced services are commissioned by NHSE either directly or on behalf of other organisations such as local authority public health teams or clinical commissioning groups. The PNA will inform the future commissioning need for these services. The term local enhanced services can only be used to describe services commissioned by NHSE.

3.4 Locally Commissioned Services

These are services that are agreed and commissioned locally based on the needs of the local population. These services can be commissioned from the pharmacy / individual pharmacist by other organisations such as Local Authority Public Health Teams (LAPHT), Clinical Commissioning Groups, and NHS trusts. Both community NHS trusts and secondary care NHS trusts (hospital trusts) may commission services from community pharmacists. These services (under the older regulations) also used to be called “enhanced”. Pharmacies should be considered when a commissioner is tendering for service provision under consideration for any willing provider.

It is possible for neighbouring organisations to commission similar services from pharmacies at differing remuneration rates or using different service specifications / patient group directions. This is because financial / commissioning arrangements for services are based on local negotiation and are dependent on available resources as well as local need. This does, however, lead to duplication of effort for commissioning staff and difficulties for locum pharmacists working across HWBB /CCG boundaries. Wherever possible commissioners are advised to work together to eliminate such anomalies and provide continuity of patient care across local boundaries.

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1 Based on NHS 111 data reported 2015/16
The continuity of locally commissioned service provision is often difficult for contractors to achieve as individual pharmacists/locums who are accredited to provide these services may move around, thus gaps in service can appear, especially if training is not available for new staff. This should be addressed by both the contractors and commissioners, but may result in some of the information in this document relating to enhanced service provision being subject to change. This should improve with self-declaration of competency.

Examples of pharmacy based locally commissioned services are as follows:

- Minor ailment management (usually commissioned by CCG)
- Diabetes screening (usually commissioned by CCG)
- Substance misuse medication services / Needle exchange scheme (usually commissioned by LAPHT)
- Palliative care services (usually commissioned by CCG)
- Emergency Hormonal Contraception service / Sexual health services (usually commissioned by LAPHT)
- Vascular screening (usually commissioned by LAPHT)
- Care home services (usually commissioned by CCG)
- Smoking cessation service (usually commissioned by LAPHT)
- Pharmacy rota services (usually commissioned by NHSE)

The survey was conducted in April 2017 and responses were received from 100% of community pharmacies.
Results from a survey of pharmacies carried out in April 2017, as part of this PNA process, indicate that Sefton pharmacies provide a range of locally commissioned services (Figure 2), with the most common being Nicotine Replacement Therapy (NRT) voucher dispensing, followed by supervised administration of methadone and subutex and emergency hormonal contraception. A copy of the pharmacy survey questionnaire and report can be found in Appendix 5.

3.5 Funding the Pharmacy Contract

The essential and advanced services of the community pharmacy contract are funded from a national ‘Pharmacy Global Sum’ agreed between the Pharmaceutical Services Negotiating Committee and the Treasury. This is divided up and devolved to NHS England Area Teams as a cash-limited budget which is then used to reimburse pharmaceutical service activity as per the Drug Tariff (www.drugtariff.com). Funding for enhanced services has to be identified and negotiated locally from the commissioner’s own budget.

3.6 Community Pharmacy Contract Monitoring

3.6.1 National Contract

NHSE requires all pharmaceutical service providers to meet the high standards expected by patients and the public. All Pharmacies are included within a programme of contract monitoring visits as independent providers of services provided under the national pharmacy contract. The delivery of any locally commissioned enhanced services is also scrutinized.

As stated within the NHS review 2008, high quality care should be as safe and effective as possible, with patients treated with compassion, dignity and respect. As well as clinical quality and safety, quality means care that is personal to each individual. This statement is as meaningful to pharmacies as to other NHS service providers and is the principle that the NHSE adopts when carrying out the Community Pharmacy Contract Monitoring visits for essential, advanced services and locally commissioned enhanced services.

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

- A rolling programme of pre-arranged visits to pharmacies for observation of processes and procedures and a detailed interview with the pharmacist in charge and support staff
- Self-assessment declarations
- Scrutiny of payment submission processes
- Scrutiny of internal processes for confidential data management
- Recommendations for service development or improvement
- Structured action plan with set timescales for completion
In addition to the structured process outlined above, the NHSE will also take account of the voluntary submission of the findings from the annual community pharmacy patient questionnaire that is undertaken by the pharmacy contractor as well as any patient complaints relevant to pharmacy services. In cases where the professional standards of an individual pharmacist is found to fall below the expected level, the NHSE will work with the relevant professional regulatory body such as the General Pharmaceutical Council to ensure appropriate steps are taken to protect the public.

3.6.2. Locally Commissioned Public Health Services

Sefton Council does not directly commission the provision of any services directly from pharmacies. However, it commissions other services with the expectation that they sub-contract with pharmacies for specific local services such as sexual health, substance misuse and smoking cessation interventions. These main providers are expected to check that their sub-contractors meet required minimum standards, have the relevant qualifications / training to deliver the services and submit self-declarations of competency. The services are monitored by Sefton Council on a regular basis using electronic or paper based reporting tools and quality visits may be conducted to premises.

3.6.3. Locally Commissioned CCG Services

NHS South Sefton CCG currently commissions the following local services:

- Care at the Chemist
- Supply of dressings no Nursing Homes
- Stock holding of palliative care medicines

NHS Southport and Formby CCG currently commissions the following local services:

- Care at the Chemist
- Stock holding of palliative care medicines

Pharmacies seeking to provide any of the above services need to contact the Medicines Management Team at the CCG. They must also complete all of the relevant qualifications and/or training to deliver these services. Services are monitored on a regular basis using an electronic reporting tool and/or by reviewing monthly claims and invoices, communication with providers and the Local Pharmaceutical Committee (LPC), and feedback from patients and healthcare professionals.
4. Overview of current providers of Pharmaceutical Services

4.1 Community Pharmacy Contractors
Community pharmacy contractors can be individuals who independently own one or two pharmacies, independent multiple pharmacies e.g. community pharmacy companies with between 5 and 300 branches or large multinational companies e.g. Lloyds, Boots, Sainsbury’s etc who may own many hundreds of pharmacies UK wide.

Sefton has 76 “Pharmacy Contractors” who between them operate out of a total of 76 pharmacy premises. The population of the area is 274,261 which equates to approximately one pharmacy for every 3,600 residents (England average is 5,000 population/pharmacy). There is no predetermined number of pharmacies per head of population and comparisons with other areas cannot be used in isolation to determine level of need or provision. Other multiple factors need to be taken into account.

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

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

- **68 delivering a minimum of 40 hrs service per week** (excluding 5 distance selling and 3 ‘100’ hour pharmacies)
- **3 delivering a minimum of 100hrs service per week**
- **5 providing services via the internet or “distance selling”**

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

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

4.3 Appliance Contractors
These cannot supply medicines but are able to supply products such as dressings, stoma bags, catheters etc. Currently Sefton has does not have an appliance contractor physically located within its area, but patients can access services from appliance contractors registered in other areas.
4.4 Local Pharmaceutical Services (LPS)
This is an option that allows commissioners to contract locally for the provision of pharmaceutical and other services, including services not traditionally associated with pharmacy, within a single contract. Given different local priorities, LPS provides commissioners with the flexibility to commission services that address specific local needs which may include services not covered by the community pharmacy contractual framework. There are currently no LPS contracts in Sefton.

4.5 Acute Hospital Pharmacy Services
There are five Acute Hospital Trusts within Sefton catchment area, namely:

- Aintree University Hospitals NHS Foundation Trust
- Southport and Ormskirk Hospital NHS Trust
- Walton Centre NHS Foundation Trust
- Liverpool Women’s NHS Foundation Trust
- Alder Hey Children’s NHS Foundation Trust

Hospital Trusts have Pharmacy Departments whose main responsibility is to dispense medications for use on the hospital wards for in-patients, when patients are discharged following a hospital stay and during the outpatient clinics.

4.6 Mental Health Pharmacy Services
The population of Sefton is served by Mersey Care NHS Trust. They employ pharmacists to provide clinical advice within their specialist areas and they also commission a “dispensing service” from a Community Pharmacy in order to dispense the necessary medications for their patients at the various clinics across the patch.

4.7 GP Out of Hours Services
The out of hours service currently operates from 3 locations within Sefton (Table 1). During normal pharmacy opening hours, patients attending these sites who subsequently require a medicine to be dispensed are provided with a prescription to take to a local Community Pharmacy. During evenings and weekends, where Pharmacy services may be more limited patients are provided with pre-packaged short courses of medication, as described in the national out of hours formulary, directly to ensure patients requiring urgent treatment can be catered for. Patients requiring medication which does not need to be started immediately during this period are provided with a prescription to take to a local pharmacy to be dispensed.

<table>
<thead>
<tr>
<th>Location</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Litherland Town Hall,</td>
<td>Formby Clinic</td>
</tr>
<tr>
<td>Hatton Hill Road,</td>
<td>Philips Lane,</td>
</tr>
<tr>
<td>Merseyside L21 9JN</td>
<td>Formby,</td>
</tr>
<tr>
<td></td>
<td>Merseyside, L37 4AY</td>
</tr>
<tr>
<td></td>
<td>Southport Out of Hours Service</td>
</tr>
<tr>
<td></td>
<td>Southport and Formby District</td>
</tr>
<tr>
<td></td>
<td>General Hospital, Town Lane,</td>
</tr>
<tr>
<td></td>
<td>Kew, Southport, Merseyside, PR8 6PN</td>
</tr>
</tbody>
</table>

Table 1 - Out of Hours Service in Sefton (September 2017)
4.8 Bordering Services / Neighbouring Providers
The population of Sefton can access services from pharmaceutical providers not located within the Local Authority’s own boundary. When assessing pharmacy contract applications or making enhanced service commissioning decisions, the accessibility of services close to the borders will need to be taken into account. Information on such services can be obtained by referring to the relevant neighbouring Health and Well Being Board’s associated PNA.

4.9 Conclusion
Sefton has 76 pharmacies which serve a population of 274,261. There is currently one pharmacy for every 3,600 residents which compares favourably to the national average of one pharmacy for every 5,000 resident population. There is sufficient provision of community pharmacy services in relation to the population.
5. Pharmacy Premises and Workforce

5.1 Pharmacy locations and level of provision

There are 76 community pharmacies across Sefton (Maps 1, 2, 3 and 4). The following four maps illustrate the locations of these services and indicate an equitable spread across the borough. Information on pharmacy locations and opening times was sourced from NHS England, and is correct at the time of completing the draft PNA in September 2017. Illustrative maps have been compiled using this data. Localities are represented at ward level and further presented on sub borough geography to maximise illustration.

Map 1 - Pharmacy locations in Sefton
Map 2 - Pharmacy locations in North Sefton
Map 3 - Pharmacy locations in Central Sefton
Map 4 - Pharmacy locations in South Sefton

Sefton has a larger number of pharmacies in relation to the size of its population (2.8 per 10,000) when compared to England (2.2 per 10,000). It also has a slightly larger number compared to Cheshire and Merseyside (2.6 per 10,000) and North of England (2.4 per 10,000).
Map 5 – Pharmacy location and population density
However, Figure 3 shows there is a wide range across Sefton when analysed by electoral ward. All wards have a pharmacy, and the two wards with the highest rate per 10,000 are also those areas with retail centres and high population density (see map 5).

In the public survey of community pharmacy services:

- The most important factor for choosing a pharmacy is it being close to home.
- Seventy percent of respondents stated that this is the most important factor.
- A further 48% said that their pharmacy being close to their doctor’s surgery is important.
- One third of respondents feel that being able to park close to their pharmacy is important.
- 23% think it is important for their pharmacy to be close to other shops they use.
- Smaller proportions of respondents think that a pharmacy being close to work or near public transport links are important (Figure 4).

Respondents to the community pharmacy services survey were also asked how they got to the pharmacy. Half of respondents walked to their pharmacy, and 46% had used their car. These percentages had increased slightly since 2014, with public transport decreasing from nine percent to six percent (Figure 5).
Ninety-three percent of respondents think it is very easy or quite easy to get to their usual pharmacy. Three percent say that it is not easy to get to their usual pharmacy and four percent did not respond.
5.2 Pharmacy opening hours, including out-of-hours and 100 hour pharmacies

Pharmacies are contracted to provide at least 40 hours of service per week. The tables below summarise the opening and closing times and location of pharmacies in Sefton by time range, and highlight the number of pharmacies that are open early and late during the week. Information on pharmacy opening hours was sourced from NHS England, and is correct at the time of completing the draft PNA in October 2017. The opening times are reported by ward to align with data boundaries used to develop the JSNA.

There are 21 or more community pharmacies that are open before 9 am across Sefton during the working week, with 2 (1 on a Monday) open before 8 am. However, the majority (53-55 pharmacies) open from 9 am (Table 2).

<table>
<thead>
<tr>
<th>Sefton</th>
<th>Days of week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening times</td>
<td>Monday</td>
</tr>
<tr>
<td>Before 8am</td>
<td>1</td>
</tr>
<tr>
<td>Between 8am &amp; 9am</td>
<td>22</td>
</tr>
<tr>
<td>Open at 9am</td>
<td>53</td>
</tr>
</tbody>
</table>

*Source: NHS England (September 2017)*

**Table 2 - Pharmacy opening times**

The majority of pharmacies (74/76) in Sefton are open past 5 pm, with 42\(^5\) (55%) closing between 5 pm and 6 pm in the working week. A total of 32 pharmacies (42%) are open beyond 6 pm in Sefton between Monday to Friday, with between 6 and 8 pharmacies (8-10%) open after 8pm (Table 3).

<table>
<thead>
<tr>
<th>Sefton</th>
<th>Days of week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Closing times</td>
<td>Monday</td>
</tr>
<tr>
<td>5pm or earlier</td>
<td>2</td>
</tr>
<tr>
<td>Between 5 and 6pm</td>
<td>41</td>
</tr>
<tr>
<td>Between 6 and 8pm</td>
<td>25</td>
</tr>
<tr>
<td>After 8pm</td>
<td>8</td>
</tr>
</tbody>
</table>

*Source: NHS England (September 2017)*

**Table 3 - Pharmacy closing times**

There are three 100 hour pharmacies. These are located in Linacre, Litherland and Meols wards. This suggests that there is good availability of pharmacies with longer opening hours in the north and south of the borough. During the weekend, 51 (67%) community pharmacies are open on a Saturday, with 10 (13%) open on a Sunday (Table 4).

\(^5\) Taken as an average
There is generally good provision of pharmacy services across Sefton on a Saturday. The only wards that do not have access to a pharmacy on a Saturday are Derby and Manor. However, all of these wards are well served by pharmacies open on a Saturday in neighbouring wards. Map 5 provides an illustration of pharmacies open on a Saturday within Sefton.

Table 4 - Pharmacy opening times outside normal working hours, by ward

Source: NHS England (September 2017)

<table>
<thead>
<tr>
<th>Ward</th>
<th>Number of pharmacies</th>
<th>Number of pharmacies per 10,000 population</th>
<th>Weekday 9am</th>
<th>Weekday 6pm-8pm</th>
<th>Weekday 8pm or later</th>
<th>Saturday AM</th>
<th>Saturday PM</th>
<th>Sunday AM</th>
<th>Sunday PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ainsdale</td>
<td>4</td>
<td>3.18</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Birkdale</td>
<td>3</td>
<td>2.32</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Blundellsands</td>
<td>2</td>
<td>1.78</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cambridge</td>
<td>2</td>
<td>1.66</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Church</td>
<td>1</td>
<td>0.83</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Derby</td>
<td>4</td>
<td>3.26</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Duke’s</td>
<td>8</td>
<td>5.91</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Ford</td>
<td>4</td>
<td>3.16</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Harington</td>
<td>4</td>
<td>3.45</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Kew</td>
<td>4</td>
<td>3.05</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Linacre</td>
<td>9</td>
<td>7.09</td>
<td>2</td>
<td>4</td>
<td>1</td>
<td>7</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Litherland</td>
<td>2</td>
<td>1.73</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Manor</td>
<td>2</td>
<td>1.63</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Meols</td>
<td>4</td>
<td>3.24</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Molyneux</td>
<td>5</td>
<td>3.97</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Netherton &amp; Orrell</td>
<td>2</td>
<td>1.60</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Norwood</td>
<td>3</td>
<td>2.01</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Park</td>
<td>3</td>
<td>2.57</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Ravenmeols</td>
<td>2</td>
<td>1.67</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>St Oswald</td>
<td>1</td>
<td>0.86</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sudell</td>
<td>3</td>
<td>2.44</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Victoria</td>
<td>4</td>
<td>3.03</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>4</td>
<td>4</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Map 6- Map of pharmacy provision on Saturday

Wards in the north and south areas of Sefton have access to pharmacies open on a Sunday. Within the central Sefton area, there is a Sunday pharmacy rota service in operation in Formby (Map 6). All Formby pharmacies (except the distance selling pharmacy) participate in the service. The five Formby pharmacies alternate opening each Sunday and bank holiday for one hour. If a pharmacy
is open on a Sunday it covers any bank holidays in that week. The Sunday rota is determined by NHS England and the pharmacies receive a copy of their dates at least 6 months in advance.

Map 7 - Map of pharmacy provision on Sunday

5.3 Internet-based/mail order pharmacy provision
There are currently five pharmacies in Sefton that provide internet based / mail order services. Map 7 illustrates pharmacy provision by type across Sefton.
Map 8 - Map of pharmacy by type in Sefton

5.4 Access to and provision of community pharmacy services in local authorities bordering Sefton
In addition to pharmacy services provided within Sefton, there are a number of pharmacies in neighbouring Local Authorities that may be used by local residents due to their close proximity. Map 8 shows the locations of pharmacies within one mile from Sefton.

Map 9 - Cross border pharmacy provision
There are 27 pharmacies within one mile of the Sefton border. Table 5 shows the services that these pharmacies provide.

<table>
<thead>
<tr>
<th>Service</th>
<th>Liverpool</th>
<th>Knowsley</th>
<th>West Lancashire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of pharmacies within 1 mile of Sefton border</td>
<td>18</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>Provide Care at the Chemist (or similar)</td>
<td>17</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>Provide Stop Smoking Advice</td>
<td>2</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Provide NRT Service</td>
<td>16</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Provide Emergency Contraception</td>
<td>2</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Provide Needle Exchange Service</td>
<td>1</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Provide Supervised Methadone Consumption Service</td>
<td>12</td>
<td>7</td>
<td>1</td>
</tr>
</tbody>
</table>

*Source: Public Health Liverpool, Public Health Knowsley and Public Health Lancashire (September 2017)*

Table 5 - Services offered by cross border pharmacies

5.5 Conclusion

Sefton residents have adequate access to community pharmacy services in relation to opening hours during the week and on the weekend. Geographical mapping of the pharmacy network illustrates that provision reflects needs and population density. This is enhanced by the provision of core and locally commissioned community pharmacy services in neighbouring authorities within one mile of Sefton’s border.

5.6 Patient and public survey

The patient and public survey was completed to gather views from pharmacy users regarding how they use services and what they feel should be offered. The survey in Sefton started in June 2017 and ended in September 2017. A total of 491 people responded to the survey; a significant increase from 233 in 2014. A copy of the patient and public survey questionnaire can be found in Appendix 6. The age demographics of the 491 people who responded are shown Table 6. Of the people who responded to the survey, approximately 16.5% had a long term illness that affects daily activity.

<table>
<thead>
<tr>
<th>Age</th>
<th>% of responders</th>
</tr>
</thead>
<tbody>
<tr>
<td>16 – 24</td>
<td>1.2%</td>
</tr>
<tr>
<td>25 – 39</td>
<td>12.2%</td>
</tr>
<tr>
<td>40 – 59</td>
<td>26.7%</td>
</tr>
<tr>
<td>60 – 74</td>
<td>27.9%</td>
</tr>
<tr>
<td>75 +</td>
<td>17.5%</td>
</tr>
<tr>
<td>Did not wish to disclose</td>
<td>14.5%</td>
</tr>
</tbody>
</table>

Table 6 - Demographics of patients responding to the survey
5.6.1 Using a pharmacy
Of people that completed this survey, 80% visited the pharmacy to collect a prescription for themselves. In addition 32% visited to collect a prescription for someone else, 33% visited to obtain advice from the pharmacist and 20% visited to purchase other medications (Figure 6).

![Figure 6- Why the pharmacy was visited](image)

Approximately 43% of respondents visited a pharmacy in the past week, with a further 43% visiting within the past month. Smaller proportions visited in the last three to six months or longer than 6 months ago (Figure 7).

![Figure 7 – When the pharmacy was visited](image)

5.6.2 Accessing a pharmacy
Of those respondents that have a condition that affects their mobility, 81% say they can park close enough to their usual pharmacy (Table 7).
If you have a condition that affects your mobility, are you able to park close enough to your pharmacy?

<table>
<thead>
<tr>
<th>Response</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>81%</td>
</tr>
<tr>
<td>No</td>
<td>19%</td>
</tr>
</tbody>
</table>

Table 7 - Pharmacy parking provision

Approximately 41% of respondents said they used the pharmacy medication delivery service offered by their local pharmacy. Just over half of respondents have never used such a service (Table 8).

<table>
<thead>
<tr>
<th>Does your pharmacy deliver medication to your home if you are unable to collect it yourself?</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have never used this service</td>
<td>51%</td>
</tr>
<tr>
<td>Yes</td>
<td>41%</td>
</tr>
<tr>
<td>No</td>
<td>4%</td>
</tr>
<tr>
<td>Didn't answer</td>
<td>4%</td>
</tr>
</tbody>
</table>

Table 8 - Does pharmacy deliver medication

5.6.3 Pharmacy consultations

Just under half of survey respondents (47%) had had a consultation with a pharmacist in the last 12 months. Approximately half of the consultations were conducted in a separate room, 36% at the pharmacy counter and 14% the dispensary or a quiet part of the shop. Fifty-three percent of survey respondents rated the level of privacy in consultations as excellent. A further 30% rated the privacy as good and 11% rated it as fair. Only 6% rated the privacy of consultations as poor or very poor.

Of the respondents that received a consultation at the pharmacy, 58% said the consultation was regarding medicine advice. A further 41% sought advice about a minor ailment. Eight percent sought lifestyle advice and 2% requested advice about emergency contraception (Figure 8).
5.6.4 Pharmacy services

In the past 12 months, approximately 8% of respondents had problems finding a pharmacy to get medicines dispensed (Table 9).

<table>
<thead>
<tr>
<th>In the last 12 months have you had any problems finding a pharmacy to get a medicine dispensed, to get advice or to buy medicines?</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>8%</td>
</tr>
<tr>
<td>No</td>
<td>88%</td>
</tr>
<tr>
<td>Didn't answer</td>
<td>4%</td>
</tr>
</tbody>
</table>

Table 9 - Problems finding pharmacies

Fifty-three percent of respondents have not needed to use a pharmacy when it was closed. Seventeen percent found their pharmacy closed on one or two occasions when they needed to use it and a further 5% found it closed on three or four occasions. However approximately one fifth found their pharmacy closed on five or more occasions when they needed to use it (Figure 9).
Of those that responded to this question, over half (53%) found their pharmacy closed on a weekday when they needed to use it; most commonly in the morning (19%) and afternoon (18%). Sixteen percent found their pharmacy closed on a Saturday and 18% found their pharmacy closed on a Sunday. A further 9% found their usual pharmacy closed on a bank holiday (Figure 10). Upon finding their usual pharmacy closed, almost half of respondents waited until the pharmacy was open (49%) and a further 38% went to another pharmacy.
Patients were asked about whether they picked up a prescription the last time they had used a pharmacy. Two thirds of respondents were informed of how long they would need to wait for their prescription to be dispensed. Almost a quarter were not informed, but did not mind and 7% were not informed but would like to have been told (Figure 11). Seventy-one percent of respondents who collected a prescription felt that the waiting time was acceptable.

![Figure 11 - Pharmacy waiting times](image)

Over 90% of patients who collected a prescription the last time they had used a pharmacy received all the medicines they needed. In three quarters of cases where the patient had not received all the medicine they needed this was because the pharmacy had ran out of the required medicine. In the majority of cases (71%) these patients received their medicine by the next day. Twenty three percent of patients had had to wait two or more days for their medicine and 5% had waited over a week.

Generally, respondents were satisfied with their pharmacy. Almost three quarters (73%) were satisfied with the range of services pharmacies provide. Fourteen percent of respondents felt that pharmacies could provide more services for them (Table 10).

<table>
<thead>
<tr>
<th>Please tell us how you would describe your feelings about pharmacies</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am satisfied with the range of services pharmacies provide</td>
<td>73%</td>
</tr>
<tr>
<td>I think that pharmacies could provide more services for me</td>
<td>14%</td>
</tr>
<tr>
<td>No response</td>
<td>13%</td>
</tr>
</tbody>
</table>

*Table 10 - Pharmacy satisfaction*
The majority of people surveyed felt that pharmacies should offer services providing treatment for minor illnesses (82%), provide checks for certain health conditions (72%), medicine reviews (69%) and advice on stop smoking (68%). Fifty-eight percent of respondents felt that pharmacies should offer free emergency contraception and 35% felt that pharmacies should offer advice and treatment for drug and alcohol abuse (Figure 12).

Respondents were then asked to provide some information about what they particularly value about pharmacies and what they would like to change. This was in the form of a free text box and the analysis of this is shown below:

**What I value about pharmacies**
- Local pharmacist being a part of the community and getting to know patients, their health needs and medicines
- Pharmacist’s knowledge about health conditions and medications
- Courteous, friendly and caring staff
- Short waiting times for prescriptions and advice
- Repeat prescription service
- Delivery of medications to home
• Text messaging service
• Internet ordering of repeat prescriptions
• Accessible location and opening hours
• Being able to seek medical advice without seeing a doctor

What I would like to change
• Reduce waiting times for prescriptions and at the counter
• Increase opening hours (and the ability to dispense) including weekends, bank holidays, evenings and lunch time
• Increase privacy to discuss confidential issues
• Increase staff in some pharmacies especially at peak times
• Re-introduce Care at the Chemist in some pharmacies
• Improve parking provision
• Improve the range and stock control of products
• Improve the customer service of some staff
• Improve accessibility for wheelchair users

5.6.5 Conclusion
A total of 491 members of the public responded to the patient and public survey conducted as part of this needs assessment process proving feedback on local community pharmacy services. Responses were overwhelming positive. No significant gaps in the local pharmaceutical network were identified as a result of the survey conducted between June and September 2017.

5.7 Pharmacy survey
There were 76 responses (response rate of 100%) to a survey sent out to all pharmacy contractors within Sefton as part of this assessment. A number of questions were asked relating to the accessibility of the premises. Further information on the Pharmacy Survey can be found in Appendix 5.

5.7.1 Access for clients whose first language is not English
Of the pharmacies surveyed, approximately 20% were able to offer support for patients whose first language is not English. When asked how they can support this, 13 (17%) said they used an interpreter/language line and 12 (16%) said that a member of staff in the pharmacy could speak languages other than English. An analysis of other languages staff could speak is shown in Table 11. The majority of residents in Sefton (approx 98%) speak English as their first language. Smaller proportions speak other languages such as Polish, Spanish, Portuguese, South Asian languages and sign language.

<table>
<thead>
<tr>
<th>Other languages</th>
<th>Number of pharmacies where staff can communicate in this language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spanish</td>
<td>4</td>
</tr>
<tr>
<td>Punjabi</td>
<td>4</td>
</tr>
<tr>
<td>Language</td>
<td>Count</td>
</tr>
<tr>
<td>----------</td>
<td>-------</td>
</tr>
<tr>
<td>Polish</td>
<td>4</td>
</tr>
<tr>
<td>French</td>
<td>3</td>
</tr>
<tr>
<td>Hindi</td>
<td>3</td>
</tr>
<tr>
<td>Urdu</td>
<td>3</td>
</tr>
<tr>
<td>German</td>
<td>2</td>
</tr>
<tr>
<td>Gujarati</td>
<td>2</td>
</tr>
<tr>
<td>Chinese</td>
<td>1</td>
</tr>
<tr>
<td>Italian</td>
<td>1</td>
</tr>
<tr>
<td>Tamil</td>
<td>1</td>
</tr>
</tbody>
</table>

**Table 11 - Other languages staff can speak**

5.7.2 Access for people with a disability and/or mobility problem

All but 2 of the pharmacies (97%) said customers can legally park within 50 metres of the pharmacy. When asked about access to public transport, 82% said there was a bus stop or train station within 100 metres and a further 17% said there was one within 100 to 500 metres.

When asked about facilities for disabled patients, over half (57%) said customers have access to designated disabled parking. Approximately 84% of pharmacies have an entrance which can be used unaided by wheelchair users and 93% of pharmacies state that all areas of the pharmacy floor can be accessed by wheelchair users.

Pharmacies were also asked what other facilities were in place to support disabled customers. A large proportion of pharmacies surveyed offer services large print labels. The facilities offered to support disabled patients are shown in Figure 13.

![Figure 13 - Pharmacy accessibility for disabled patients](image)
Finally pharmacies were asked if they were aware of any gaps in access or pharmaceutical needs for particular groups. Two pharmacies said they were aware of gaps in access relating to disability in particular lack of hearing loops, doorbell and accessible toilets. One said they were aware of gaps in access/need relating to people who have had reassignment of gender, but did not provide specific details.

5.7.3 Pharmacy consulting rooms
Pharmacies were asked whether they were able to provide advice and support if a customer wished to speak to a person of the same sex. Only three pharmacies were not able to accommodate this request. 46% of pharmacies could provide this service at all times and a further 50% were able to provide this by arrangement.

When asked whether there is a consultation area available that meets the criteria for Medicine Use Reviews where a patient and pharmacist can sit down together, talk at a normal speaking volume without being over heard by customers or staff and is clearly signed as private consultation, 75 of the 76 pharmacies stated that this facility was available. The one pharmacy that did not currently have a consultation area available said that one was planned within the next 12 months. All pharmacies with a consultation area stated that it was a closed room. 92% of these pharmacies had access to 1 room and 8% had 2 consultation rooms on site. Approximately 85% stated that the consultation area was accessible by wheelchair.

Pharmacies were asked about access to hand washing facilities and toilet facilities. 70% of pharmacies had handwashing facilities in the consultation area and 21% of pharmacies had toilet facilities that patients could access. Patient access to toilet facilities would be needed for some screening services such as pregnancy testing or chlamydia screening. 7 pharmacies (9%) had no access to hand washing facilities in or close to the consultation area.

Over half (57%) of pharmacies suggested they would be prepared to undertake consultations in patient’s homes or another suitable site.

5.7.4 Prescription Collection and Delivery Services
Pharmacies were asked whether they provided prescription collection services, medicine delivery services and monitored dosage systems. All pharmacies said they offered collection of prescriptions from GP practices and 73 pharmacies (96%) offered delivery of dispensed medicines.

All of the 73 pharmacies delivering dispensed medicines provided a service which was free of charge. Seven of these pharmacies also offered a chargeable delivery service for dispensed medicines (9% of pharmacies overall).
6. Population and Health Profile of Sefton

6.1 Location
Sefton is an area that stretches from Southport in the North to Bootle in the South. To the east lies the town of Maghull and the west is bordered by an award winning coastline covering Crosby through to Formby and Ainsdale. There are a lot of things that make life good for people but it is not so good for others. The health and wellbeing of everyone is important to Sefton’s Health and Wellbeing Board. Our young people achieve well in school and crime is lower than the average for our neighbouring authorities in the Liverpool City Region. There is a good quality coast line and green spaces which residents and visitors enjoy.

6.2 Population Structure and Projections

6.2.1 Resident Population
The latest population figures released in 2017 showed that the population in Sefton was 274,261. Approximately 48% (132,028) of the population is male with 52% (142,233) female. This is similar to the national picture where 49% are male and 51% are female. The age profile of males and females within Sefton shows that, while the 20-64 age group in both genders is similar, amongst females 1 in 4 are aged over 65, compared to 1 in 5 amongst males. Across Sefton 57.7% (158,294) residents are working age (18-64), which is lower than both National and across the North West where the work age population account for 60.8% and 60.5% respectively. Overall the proportion of the population aged over 65 in Sefton is 23%, considerably higher than across England as a whole where over 65’s account for 18% of the population. The average age of a Sefton resident is 45 years, five years older than the average age across the UK, where it is 40 years.

2016 mid-year population estimates for Sefton show a 10 year population reduction of 0.7% since 2006. This goes against both the National and Regional trends which have both seen population increases during the same period. Since 2002 the population of England is estimated to have risen by almost 8.9% and the population of the North West of England by 5.4%.

Although the Borough has become slightly more ethnically diverse between Census 2001 and Census 2011, the area is still predominantly white with more than 97% of residents from a white background. In comparison, 90.2% of the North West population are White, and across England 85.4% are White.

6.2.2 Population Forecasts
Sefton’s overall population is predicted to rise by 1% by 2024 to 276,800. The chart in Figure 14 breaks down the projection change in Sefton’s population by five year age bands. There are increases in each five year band from 55-59 onwards with an increase in residents aged 65 and over of 16%, rising from 61,000 in 2014 to 70,600 in 2024. The biggest increase is projected to be in the number of residents age 90 and above, which is expected to rise by more than 46% from 3,000 in 2014 to 4,400 by 2024.
In working age groups, there are decreases in those in their twenties (-13.7%), forties (-20.1%) and the 50-54 age group (-17.8%). There are predicted to be increases in 30-39 year olds (14.9%) and also those who are potentially reaching the end of their working life, age 55-59 (3.7%) and age 60-64 (20.9%).

Amongst younger people it is predicted that there will be an increase in the 5-9 year age group (4.8%) and 10-14 year age group (11.9%) However, a reduction in those aged 0-4 (-1.3%) and 15-19 (-9.4%), means the number of Sefton residents aged under 20 will only see a small increase of 700 from 59,600 to 60,300 or 1.2%

The biggest increase for both males and females is amongst those aged 85 and above with the male over 85 population rising by over 50% and female by 28% over the next 10 years. Across both genders, it is projected that every age band from 55-59 onwards will see an increase.

6.2.3 GP Registered Population

The number of people registered with Sefton General Practices has increased in recent years and is higher than the resident population of the borough. Figures from 1st July 2017 show there were 279,213 patients registered with Sefton Clinical Commissioning Group Practices. There were 277,579 registered patients in 2012. This means there are just under 5,000 more people registered with Sefton GPs than living in the borough. It is unknown how many Sefton residents are
registered with GPs in neighbouring areas (Liverpool, Knowsley and West Lancashire) and how many people from these neighbouring areas use GPs based within Sefton.

6.3 Deprivation and Socio-economic factors

Based on average Lower Super Output Area (LSOA) scores, Sefton is the least deprived of the six wider Merseyside authorities (inc. Halton). However, of the 326 Local Authorities contained within the Index of Multiple Deprivation (IMD) Sefton is ranked as the 76th most deprived in England. There are 38 Sefton LSOAs in the most deprived 10% of areas within England, with five of these amongst the most deprived 1%. Four of these LSOAs are within Linacre Ward and the other is in Derby Ward. Within the 38 LSOAs within the most deprived decile there are 53,150 residents, this equates to 19% of Sefton’s population living in the most deprived 10% of areas.

When recent measures of deprivation are compared with figures from 2010, two thirds of Sefton’s LSOAs have experienced increased levels of deprivation. However, there is minimal change in the geographical distribution of the most and least deprived areas within Sefton. The distribution of Sefton’s most deprived LSOAs is typically clustered in the south of the borough and central Southport. However, it is important to note that not all individuals living in an area of higher deprivation are or feel deprived.

It is likely that no one service provider can address the issues within the most deprived areas. There is a need for partners to work together to ensure that resources are used in the locations of greatest need to ensure greater impact and value for money.

6.4 Life Expectancy

Life expectancy at birth in 2013-15 has increased for males and remained stable for females in Sefton. Life expectancy at birth in Sefton is 82.2 years for females and 78.3 years for males.

Looking at the trend over a longer period, life expectancy at birth for residents in Sefton has increased between the periods 2001-03 and 2013-15, from 75.1 to 78.3 years for males and 79.9 to 82.2 for females. The chart in Figure 15 illustrates the change in life expectancy in Sefton during the period 2001-03 and 2013-15. The chart illustrates that life expectancy for both males and females has been increasing over the past 15 years; however life expectancy remains consistently higher for females than males.
The gap between male and female life expectancy has decreased over the last five time periods in Sefton. In 2013-15, the difference between male and female life expectancy in Sefton was 3.9 years. However in 2009-10, the difference between Sefton’s male and female life expectancy was 5.3 years.

The male healthy life expectancy (HLE) at birth for Sefton (61.2) is significantly lower than the England average (63.4) but not significantly different to the North West (61.1). There is a gap of 17 years between male LE and HLE in Sefton meaning an estimated 17 years will be spent in ‘Not Good’ health.

The Sefton HLE at birth for females is higher than the male HLE at 63.0. However females in Sefton are estimated to spend two more years of their life in ‘not good’ health than men. The difference between LE and HLE for females is 19. The Sefton HLE at birth for females is not significantly different to the England or North West averages.

**6.5 Mortality rate from causes considered preventable**

In 2013-15 the mortality rate from causes considered preventable was 273.1 per 100,000 for males and 171.8 per 100,000 for females. The rates for males and females have both been significantly worse than the England average since 2001-03 (figure x).
6.6 Major causes of ill health and mortality in Sefton

Cancers are the largest single cause of death in Sefton, accounting for 29% of deaths. The next highest causes of death are diseases of the circulatory system (23%) and diseases of the respiratory system (14%).

In the period 2012/14 there were a total of 2,801 deaths due to cancers within Sefton. The mortality rate for cancers is higher amongst males than females, 368.3 deaths per 100,000 population for males, compared to 257.14 deaths per 100,000 population for females.

For both males and females the cancer with the highest mortality rate is lung cancer. For males the other most prominent cancers for mortality rates are prostate and bowel. For females breast cancer has the second highest mortality rate followed by bowel.


Figure 16 - Mortality rate from causes considered preventable (2001/03 - 2013/15)
6.7 Long Term Conditions

Sefton generally has slightly higher levels of diagnosed long term conditions than average. However, asthma, kidney disease, coronary heart disease (CHD), dementia, diabetes and hypertension may be under diagnosed in the population. In 2017 there were 4,642 over 65s estimated to have some form of dementia in Sefton. It is predicted that by 2020 this will have risen to almost 5,000 people over the age of 65 years living with dementia in Sefton.
Diagnosed Long Term Condition Registers - Unadjusted Prevalence of Disease 2016-17

Source: Quality Outcomes Framework, NHS Digital (2016-17)

Figure 18 – Estimated prevalence of long term conditions in Sefton (2016-17)
7. Pharmacy Activity that supports local priorities

7.1 Tobacco Control

7.1.1 Level of Need
Smoking is the most significant modifiable risk factor for both heart disease and cancer. In men, it accounts for 59% of social class differences in death rates between 35 and 69 years. According to the 2016 Annual Population Survey, the adult smoking rate in Sefton was estimated to be 12.8%. This means that adult smoking rates in Sefton are significantly better than the England average for the whole population (15.5%). Historic data shows that smoking rates among adults in Sefton have decreased since 2012 when they were estimated to be 18.6%. Rates of smoking among adults vary across England. The highest rate of smoking for a local authority is 24.2% and the lowest rate is 7.4%.

Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix. Smoking is the most significant modifiable risk factor for both heart disease and cancer. Within Sefton, smoking related hospital admissions are approximately 1,649 per 100,000 population. This is significantly lower than the average for England. However registrations for lung cancer and smoking related mortality are both significantly higher than the England average (99.6 per 100,000 population and 300.9 per 100,000 respectively), showing that there is still a need for tobacco control measures within the borough.

Across England, approximately 10.5% of new mothers are smokers at the time their baby was delivered. This figure is higher in Sefton, where approximately 12.5% of mothers are smokers at time of delivery. There were 2,572 Sefton maternities during 2016/17, which means that approximately 324 mothers were smoking at the time of their baby’s birth.

As such, strategies that tackle tobacco have a major role to play in reducing health and social inequalities. Sefton Tobacco Control plan aims to reduce exposure to second-hand smoke, prevent people from starting smoking in the first place, and help smokers to quit.

With regards to helping smokers to quit, the Local Authority Public Health Team (LAPHT) commission a stop smoking service as part of a comprehensive tobacco control and smoking cessation plan.

7.1.2 Evidence of effective interventions in the community pharmacy setting
Evidence suggests that community pharmacies have a key role to play in providing advice, support and even brief interventions for smoking cessation. Details of how they can provide this support can be found in guidance such as that published by Pharmacy Health Link. However, this requires adequate training to enhance confidence and skills, something pharmacy staff may feel they lack. Training on how to match patient history and smoking status can enable pharmacy staff to tailor advice more accurately. This is based on evidence that community
Pharmacist smoking cessation support can have similar success rates as that of nurses but lower than that of specialist advisors. There is also some evidence that involving community pharmacy support staff in brief interventions around smoking can increase the provision and the recording of smoking status in patient’s medication records.[xiv]

Whilst other studies show community pharmacy smoking cessation services may produce lower quit rates than group-based support, the latter are more intensive and cost more. Nevertheless, pharmacy-led smoking cessation support can have significant impact on quit rates.[xv] It is important to note that assessment of pharmacy success rates need to take client demographics into account as these may be different to those accessing the same services via other settings.[xvi] Both types of support are cost effective.[xvii][xviii] Quit rates will vary also depending on the number of sessions offered by the pharmacy.[xix]

Despite these differences the key message remains that the evidence strongly points to community pharmacies having a key role to play in local efforts to support people to stop smoking.[xx][xxi] Both patients and pharmacy staff view smoking cessation counselling by community pharmacy staff positively.[xxii]

7.1.3 Local provision
In 2017, 23 pharmacies were providing stop smoking services on behalf of Sefton Council. Pharmacies offer the following service commissioned by LAPHT and sub-contracted by Solutions4Health:

**Stop Smoking Intermediate Service**
The Pharmacy Stop Smoking Intermediate Service has been established to deliver one-to-one support and advice to the user, from a trained pharmacist or a member of the Pharmacy team. Where appropriate nicotine replacement therapy is supplied. The service is provided during normal pharmacy opening hours, but may not necessarily be available on every day that the pharmacy is open. Sefton pharmacies also provide nicotine replacement items if a voucher from another agency (e.g. Smokefree Sefton) is presented.

Map 9 illustrates smoking prevalence in Sefton with pharmacies offering smoking cessation services. Pharmacies offering these services can be found across the borough, however they have been specifically selected in areas of high smoking prevalence, deprivation and where there are gaps in community clinic provision via the specialist service. This demonstrates that pharmacies offering smoking cessation services in Sefton are located in areas where the need is greatest.
Map 10 - Map of smoking prevalence with pharmacies offering smoking cessation services

Within Sefton, there is one specialist service provider. This service is called Smokefree Sefton offering community based stop smoking clinics across the borough. Information regarding the
availability of stop smoking services in pharmacies within one mile of Sefton’s borders is available in section 4.8 Bordering Services / Neighbouring Providers).

In the public and patient survey 68% of people responding stated that they think stop smoking advice should be available in pharmacies, which suggests the public see this as a good venue for support to quit smoking.

In addition to stop smoking services, pharmacies dispense Nicotine Replacement Therapy (NRT) against vouchers issued by the Specialist Stop Smoking Service as well as provide access to Varenicline, a smoking cessation treatment, under a Patient Group Direction (PGD).

7.1.4 Conclusions
The spread of pharmacy based stop smoking services is aligned to areas of highest smoking prevalence, deprivation and where there are gaps in community based services. Alternative provision is available through community based stop smoking services delivered by Solutions 4Health. A comprehensive range of these services is currently available.

7.1 Healthy Weight
7.2.1 Level of Need
Figures from 2013 to 2015 estimate that 69.7% of Sefton adults are overweight or obese, this is higher than both the North West comparator (66.6%) and significantly higher than England overall (64.8%).

In 2015/16 24.7% of Reception year children in Sefton were overweight or obese - this is higher than the North West comparator (23.2%), and significantly higher than the England average (22.1%). In Year 6, 35.2% of children in Sefton were overweight or obese - this is similar to the North West comparator (35.2%), and England overall (34.2%).

In 2015 56.4% of adults in Sefton were recorded as being physically active, compared to a national average of 57%.

Sefton has a large number of green spaces and parks: over 30 parks, 61 play areas and 183 open spaces. They have a wide range of facilities for all ages and abilities. However, in 2014/15 only 15.9% of Sefton adults reported the utilisation of green spaces for exercise or health compared to 17.9% nationally.

7.2.2 Evidence of effective interventions in the community pharmacy setting
A review of the role of community pharmacy in delivering the public health agenda reviewed three studies concerning weight management interventions delivered by community pharmacists. In two studies positive impacts on weight and waist circumference were found for programmes that offered behaviour change support.\[xxiii\] NICE guidance on obesity\[xxiv\] includes pharmacists in the range of primary healthcare professionals who should take action to support behaviour change in relation to weight loss. It also maintains that, with training, pharmacy support staff could also fulfill this role. However, it does not contain specific recommendations for pharmacies.
A systematic review of alcohol reduction, smoking cessation and weight management interventions included five high quality studies on weight management within community pharmacy settings. Of the three studies that compared pharmacy-based with primary care-based interventions, none of the pharmacy-based interventions showed any significant differences in anthropometric outcomes compared with controls. They concluded that primary care, including pharmacy settings, were not as cost effective as community settings in reducing positive weight management outcomes. This is supported by other reviews and studies such as Gordon and Phimarn.

Added to this there are differing perceptions among the public and pharmacy staff, even when prescribing weight loss medications or over-the-counter weight loss products, with issues such as conflict of interest and preference for dietician-led or commercial weight loss programmes. However, accessibility and availability of products work in pharmacies favour, especially where non-commercial educational materials are available. Pharmacy-led programmes may be able to bring about desired outcomes (weight loss, reduction in waist circumference and blood pressure). Programme components, appropriate training and resources need to be carefully considered as not all programmes show similar positive results. This includes the need to take different population groups in to account. Barriers include training as well as capacity and reimbursement.

7.2.3 Local Provision
To address the issue of obesity on a population scale Sefton council has endorsed a healthy weight declaration to form the basis of a cross cutting approach to tackle obesity in the borough. The Declaration sets outs why tackling obesity is important and a number of pledges which local authorities can make to address obesity. For example this includes ensuring catering provision in council buildings is healthy; supporting workplaces to be health promoting and adopting supplementary guidance for hot food takeaways.

There is a multi-agency steering group which supports the Declaration pledges and is driving the development and delivery of actions against the pledges. Members of this quarterly steering group include representation from council departments of health and wellbeing, environmental health, planning and external organisations of Sefton Clinical Commissioning Group, Sefton CVS and North West Boroughs.

There are a range of programmes in place which directly support healthy weight. This includes:

- Advice and support to families on healthy nutrition from breastfeeding, weaning and weight management is included in the universal offer of Sefton’s 0 to 19 service.
- Delivery of the National Child Measurement Programme (NCMP) to record height and weight for children in reception and year 6 who are eligible as per the programme guidance. NCMP includes individual feedback to families of children who are overweight/obese with signposting for support and feedback to schools to influence local interventions to support positive dietary and physical behaviours.
• Programmes and campaigns are delivered in schools, leisure centres, parks and community venues which are aimed at increasing physical activity levels of children and young people and to improve their knowledge of the importance of being active and following a healthy diet.
• Community programme for children and their families who are overweight or obese.
• Integrated Wellness service for adults and families which includes one to one and group support to encourage greater physical activity, healthier eating and achievement of a healthy weight.

Although not commissioned to do so, 7% of pharmacies reported that they offer an obesity / weight management service. It is not possible to determine which types of intervention they provide and to what standards they are operating. In the public and patient survey 57% stated that they think weight management services should be available in pharmacies.

7.2.4 Conclusions
Pharmacies in Sefton are not commissioned to provide weight management services that include giving practical instruction in healthy eating and physical activity. However, pharmacies could have a role in providing ongoing behavioural support, once initiated by the Integrated Wellness service. Promotion of healthy lifestyles forms part of the essential services within the community pharmacy contract through six campaigns per year. Tackling obesity could be a local issue for consideration as one of these campaigns.

7.3 Alcohol
7.3.1 Level of Need
The harmful use of alcohol ranks as one of the world’s five largest risk factors for disease disability and death. Harmful use of alcohol results in 3.3 million deaths each year worldwide and affects not only the physical and psychological health of the drinker but the health and well-being of people around them. Harmful drinking is a major determinant for neuropsychiatric disorders, including alcohol use disorders and epilepsy, cardiovascular diseases, cirrhosis of the liver and various cancers. The Public Health England Liver Disease Profiles showed that Sefton has significantly worse rates of hospital admission and mortality than the England average.

In January 2016, the Chief Medical Officer issued revised guidance on alcohol consumption which advises that to keep to a low level of risk of alcohol related harm adults should drink no more than 14 units of alcohol a week. Public Health England estimate that almost 30% of Sefton adults drink above this guideline and that 20% binge drink on their heaviest drinking day (drinking more than 6 units for women and more than 8 units for men). This equates to approximately 82,278 residents consuming alcohol at increasing risk levels and 54,852 binge drinkers. A further 4,290 Sefton adults are estimated to be alcohol dependant, according to a study by The University of Sheffield and Kings College London.
Nationally increasing risk drinking is more common amongst males and the 55-64 year old age group. The youngest and oldest age groups (16-24 and 75+) are most likely to be non-drinkers. Whilst higher earners are more likely to drink alcohol the harm associated with higher risk drinking is greatest in the most deprived areas.

According to the 2017 Sefton Health Profile, the rate of hospital stay for alcohol related harm in Sefton was 841 per 100,000 population, and represents 2,290 stays per year. This is significantly worse than the England average rate, which was 647 per 100,000 population.

The rate of hospital stays for alcohol related harm varies across England, with the highest rate being 1,163 per 100,000 population and the lowest rate being 374 per 100,000 population. The rate of hospital stays also varies significantly between Sefton’s wards, as illustrated in Figure 19.

![Hospital stays for alcohol related harm 2010/11-2014/15 (with 95% confidence intervals)](image.png)

Source: Local Health (2017)

*Figure 19 - Hospital stays for alcohol related harm in Sefton 2010/11–2014/15 by ward*

The 2017 Local Alcohol Profiles for England show that alcohol related mortality within Sefton is 82.1 per 100,000 population for males and 36.1 per 100,000 population for females. The rate for alcohol related mortality for females is not significantly different to the England average; however the rate is significantly worse for males.
7.3.2 Evidence of effective interventions in the community pharmacy setting

There is little published research on this area. However, community pharmacies have been effective in supporting people to stop smoking using brief interventions (BI). There has been some evidence in the early literature that such an approach is also effective for alcohol within other primary care settings.\[xxxix]\[xl] Research undertaken in the North West indicates that alcohol BI and referral to services is acceptable to both pharmacies and the public. However, this research did not consider the effectiveness of such services.\[xli] This level of public and pharmacist support has been shown elsewhere as well.\[xlii]

Given the UK Department of Health’s stated aim to include community pharmacies in BI to reduce alcohol harms, an important Randomised Control Trial (RCT) study was conducted in all community pharmacists in the London borough of Hammersmith and Fulham.\[xliii] However, this study and one other showed that BI for alcohol via community pharmacies is not effective. Brown et al therefore recommend that, at this point in time, such services should not be delivered.\[xliv]

Despite this the 2011 NICE commissioning guide\[xlv] recommends the targeting of alcohol BI to specific populations. However, success when doing this is not clear cut. A study targeting men showed good uptake \[xlvi] but another targeting women accessing emergency hormonal contraception did not.\[xlvii]

7.3.3 Local provision

Local Authority Public Health Team (LAPHT) commission an Integrated drug and alcohol service to provide a range of interventions including; assessment and brief advice, psychosocial support and structured alcohol treatment, including medically assisted detoxification, anti-craving medication and relapse prevention. Provision of abstinence based services are available both through the Local Authority commissioned Integrated Drug and Alcohol Services and mutual aid groups including Alcoholics Anonymous (AA), Narcotics Anonymous (NA) and Cocaine Anonymous (CA).

Early intervention and prevention, including identification and brief advice are provided in Health and Wellbeing Centre’s via Local Authority commissioned Living Well Sefton services.

There are currently no alcohol related services offered via pharmacy provision in Sefton. Locally community pharmacies support national alcohol harm awareness campaigns as part of the national pharmacy contract.

7.3.4 Conclusions

There is currently no pharmacy based provision relating to alcohol in Sefton. However, there is a number of alcohol services available to residents commissioned through the LAPHT.
7.4 Planned care

7.4.1 Level of Need

Based on changing population numbers and age structures it is estimated that the number of people being admitted to hospital for a planned procedure will increase. Currently the main reasons for planned (elective) admissions are major knee and hip procedures (Table 12). Taken together these procedures accounted for approximately 12% of planned admissions for Sefton patients during 2016/17.

<table>
<thead>
<tr>
<th>Healthcare Resource Group (HRG) Code and Description</th>
<th>Elective Admissions</th>
<th>Percentage of all elective admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>HB21C - Major Knee Procedures for non-Trauma Category 2 without CC</td>
<td>434</td>
<td>7%</td>
</tr>
<tr>
<td>HB11C - Major Hip Procedures for non-Trauma Category 2 without CC</td>
<td>215</td>
<td>3%</td>
</tr>
<tr>
<td>HB12C - Major Hip Procedures for non-Trauma Category 1 without CC</td>
<td>161</td>
<td>2%</td>
</tr>
<tr>
<td>WA14B - Procedure Not Carried Out for Other or Unspecified Reasons</td>
<td>128</td>
<td>2%</td>
</tr>
<tr>
<td>MA07D - Major Open Upper Genital Tract Procedures without Major CC</td>
<td>116</td>
<td>2%</td>
</tr>
<tr>
<td>HR05Z - Reconstruction Procedures Category 2</td>
<td>114</td>
<td>2%</td>
</tr>
<tr>
<td>GA10D - Laparoscopic Cholecystectomy, 19 years and over, with length of stay 1 day or more, without CC</td>
<td>109</td>
<td>2%</td>
</tr>
<tr>
<td>DZ50Z - Respiratory Sleep Study</td>
<td>108</td>
<td>2%</td>
</tr>
<tr>
<td>FZ18C - Inguinal Umbilical or Femoral Hernia Repairs 19 years and over without CC</td>
<td>105</td>
<td>2%</td>
</tr>
<tr>
<td>LB13A - Major Endoscopic Bladder Procedures with CC</td>
<td>103</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Total of above</strong></td>
<td><strong>1593</strong></td>
<td><strong>24%</strong></td>
</tr>
</tbody>
</table>

*Source: South Sefton CCG and Southport & Formby CCG (September 2017)*

*Note: CC = Complications and Comorbidities*

**Table 12 - Elective admissions 2016/2017 (Top 10 causes)**

Rates of elective admission vary across Sefton, ranging from 16,852 per 100,000 in Norwood to 23,038 per 100,000. Rates are statistically significantly higher than the Sefton average in Ford, Derby Cambridge and Park. Rates in Norwood, Dukes, Victoria, Harington, Blundellsands and Ravenmeols are statistically significantly lower than the Sefton average.
7.4.2 Evidence of effective interventions in the community pharmacy setting

(see also Long-term conditions)

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

Many people do not use their medicines correctly with limited health literacy impeding patients understanding of medicines instructions. This could lead to medicines wastage, with cost implications for the healthcare system as well as long-term conditions not being optimally managed. Whilst pharmacists recognise that limited health literacy can impact on medication adherence, difficulties in identifying those with low levels of health literacy impedes potential

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Evidence shows that health literacy - “the capacity to obtain, interpret and understand basic health information and services and the competence to use such information and services to enhance health” - is a more useful predictor of the use of preventative services than level of education.
action. More training and advise on the use of aids to identify levels of health literacy need to be employed to increase awareness and confidence amongst pharmacy professionals.\[^{lvii}\]

**Influenza vaccination**

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

- Those aged 65 years and over (see also section on older people)
- Pregnant women
- Those who have certain medical conditions\[^{7}\] –
  - chronic (long-term) respiratory disease, such as asthma, chronic obstructive pulmonary disease (COPD) or bronchitis
  - chronic heart disease, such as heart failure
  - chronic kidney disease
  - chronic liver disease, such as hepatitis
  - chronic neurological conditions, such as Parkinson's disease or motor neurone disease
  - diabetes
  - problems with your spleen – for example, sickle cell disease, or if you have had your spleen removed
  - a weakened immune system due to conditions such as HIV and AIDS, or as a result of medication such as steroid tablets or chemotherapy
- Those living in a long-stay residential care home or other long-stay care facility
- People receiving carer's allowance, or who are the main carer for an elderly or disabled person whose welfare may be at risk if they fall ill
- Healthcare workers with direct patient contact or social care workers

Research has shown that immunisation services can be safely provided in community pharmacy settings,\[^{lvii}\] that the review of medication records is a useful tool in flagging up those ‘at risk’ and inviting them to take part in the programme.\[^{lviii}\] Such programmes are also well received by both patients and doctors.\[^{lix}\]

**7.4.3 Local provision**

**Medicines use reviews (MURs)**

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

\[^{7}\] Note this list is not definitive and GPs clinical judgement will be used to assess if a person has an underlying illness that may be exacerbated if they catch the flu
medicines they have been prescribed. It can be targeted to specific patient groups agreed with
NHS England and GPs or based on the pharmacist’s professional judgement of a particular
patient’s needs. MURs are conducted on a regular basis, e.g. every 12 months and must be
conducted in a consultation area to ensure patient confidentiality and privacy. Pharmacists must
successfully pass a competency assessment before they can provide MUR services.

The 2008 Pharmacy White Paper proposed a strengthening of commissioning for services in the
area of medicines adherence and that other pharmaceutical services could be tailored to meet
individual patient group needs. For instance, MURs could be targeted to patients with respiratory
disease and other long-term conditions (LTCs) including specialised pharmacy led clinics to support
disease management for those with LTCs and general clinical pharmaceutical role to reduce
medication related harm.

Locally targeted MURs have not been done but are to be considered for the future. The CCG
works closely with the LPC to ensure community pharmacies are considered when commissioning
of services for priority areas is undertaken.

New Medicines Service (NMS)
This service was introduced in October 2011 and provides support with medicines adherence for
patients being treated with new medicines in four conditions/therapy areas. These are Asthma /
COPD, Type 2 Diabetes, Hypertension and Antiplatelet / Anticoagulation therapy. The pharmacist
provides face to face counselling about the medicine at the point when the patient first presents
with their prescription at the pharmacy. Arrangements are then made for the patient to be
contacted 10-14 days later to assess adherence and discuss any problems with the new medicine.
The patient is followed up 14 days later to check all is well at which point they exit this service.
Results from the survey of Sefton pharmacies showed that 96% of pharmacies that responded
provide a new medicine service.

Immunisation
Immunisation for flu is a key part of planned care and is mainly conducted through General
Practice. There are currently 58 pharmacies in Sefton commissioned to provide winter flu
vaccinations. Pharmacies also provide private flu vaccinations paid for by customers directly.

Uptake rates of the national seasonal influenza vaccination programme for those aged 65 and over
in Sefton increased in 2016/17 compared to 2015/16 but remain just below the WHO target of
75%. Immunisation of those under 65 and considered at clinical risk is consistently lower, though it
has also increased since the 2015/16 flu season (Table 13).

<table>
<thead>
<tr>
<th>Flu vaccine uptake</th>
<th>2016/17</th>
<th>2015/16</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over 65s</td>
<td>74.1%</td>
<td>73.7%</td>
<td>76.0%</td>
</tr>
<tr>
<td>Under 65 at clinical risk</td>
<td>50.0%</td>
<td>46.5%</td>
<td>51.3%</td>
</tr>
</tbody>
</table>

Table 13 - Uptake of flu vaccine in Sefton 2014/15 – 2016/17

Along with GP practices community pharmacists are responsible for:

- educating patients, particularly those in at-risk groups, about the appropriate response to the occurrence of flu-like illness and other illness that might be precipitated by flu
- ordering the correct amount and type of vaccine for their eligible patients, taking into account new groups identified for vaccination and the ambition for uptake
- storing vaccines in accordance with national guidance
- ensuring vaccination is delivered by suitably trained, competent healthcare professionals who participate in recognised on-going training and development in line with national standards
- maintaining regular and accurate data collection using appropriate returns
- encouraging and facilitating flu vaccination of their own staff

Some community pharmacies provide an influenza vaccination service to people not eligible under the NHS scheme and to all at risk groups as per the NHS eligibility criteria as a private service not commissioned by the NHS.

7.4.4 Conclusions

Locally targeted MURs have not been commissioned in Sefton. The NMS for patients, with Asthma/COPD, Type 2 Diabetes, Hypertension and those requiring Antiplatelet/ Anticoagulation therapy, being treated with new medicines is being provided in the majority of pharmacies across Sefton. Fifty eight community pharmacies have been commissioned to provide influenza immunisation.

7.5 Unplanned/Urgent Care

7.5.1 Level of Need

As with planned admissions, unless current trends can be stemmed, the number of unplanned (non-elective) admissions is set to rise across both CCGs. The NHS Southport and Formby CCG and NHS South Sefton CCG, as part of the CCG’s 5 year Strategic Plan, aim to reduce unplanned admissions by 15% from 2012/2013.

The rate of unplanned (non-elective or emergency) admissions is statistically significantly higher than the England rate but statistically significantly lower than the North West. This has been the trend since 2009/10.
Figure 21 - Emergency hospital admissions (2005/06 - 2014/15)

Table 14 below shows the top 10 causes for unplanned admissions for adults to hospital within Sefton. These account for approximately 20% of unplanned admissions during 2016/17. The main cause of unplanned hospital admissions in Sefton in 2016/17 was non interventional acquired cardiac conditions (1581 admissions) followed by Lobar, Atypical or Viral Pneumonia (1014 admissions).

<table>
<thead>
<tr>
<th>Healthcare Resource Group (HRG) Code and Description</th>
<th>Total non-elective Admissions</th>
<th>Percentage of all non-elective admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>EB01Z - Non interventional acquired cardiac conditions</td>
<td>1581</td>
<td>4%</td>
</tr>
<tr>
<td>DZ11A - Lobar, Atypical or Viral Pneumonia, with Major CC</td>
<td>1014</td>
<td>3%</td>
</tr>
<tr>
<td>NZ19Z – Ante-natal Major Disorders</td>
<td>1013</td>
<td>3%</td>
</tr>
<tr>
<td>PB03Z – Healthy Baby</td>
<td>849</td>
<td>2%</td>
</tr>
<tr>
<td>WD22Z - All patients between 19 and 69 years with a Mental Health Primary Diagnosis, treated by a Non-Specialist Mental Health Service Provider</td>
<td>742</td>
<td>2%</td>
</tr>
<tr>
<td>FZ47C - Non-Malignant General Abdominal Disorders with length of stay 1 day or less</td>
<td>693</td>
<td>2%</td>
</tr>
<tr>
<td>AA26A - Muscular, Balance, Cranial or Peripheral Nerve Disorders, Epilepsy or Head Injury with CC</td>
<td>642</td>
<td>2%</td>
</tr>
<tr>
<td>LA04D - Kidney or Urinary Tract Infections, with length of stay 2 days or more, with Major CC</td>
<td>527</td>
<td>1%</td>
</tr>
<tr>
<td>NZ11B – Normal Delivery without CC</td>
<td>518</td>
<td>1%</td>
</tr>
<tr>
<td>PB02Z – Minor Neonatal Diagnoses</td>
<td>499</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Total of above</strong></td>
<td><strong>8078</strong></td>
<td><strong>20%</strong></td>
</tr>
</tbody>
</table>

Source: South Sefton CCC and Southport & Formby CCG (September 2017)

Note: CC = Complications and Comorbidities

Table 14 - Unplanned hospital admissions in Sefton 2016/17
Rates for non-elective admissions vary across Sefton with more deprived areas experiencing higher rates of admissions (Figure 22). For 2015/16 Linacre had the highest rate of non-elective admissions at 19,400 per 100,000 whereas Ravenmeols had the lowest at 8,576 per 100,000. Seven wards (Netherton & Orrell, Cambridge, Litherland, St Oswald, Ford, Derby and Linacre) have rates of non-elective admissions that are statistically significantly higher than the Sefton average. The rate of non-elective admissions was statistically significantly lower for 10 of Sefton’s wards (Ravenmeols, Harington, Blundellsands, Ainsdale, Victoria, Meols, Molyneux, Park, Kew and Sudell).

![Rate of Non-Elective Admissions by Ward (2015/16)](image)

Source: Public Health England (HES data)

Figure 22 - Rate of non-elective admissions by Sefton ward (2015/16)

7.5.2 Evidence of effective interventions in the community pharmacy setting

Several of the research papers identified by the literature search included in their health outcomes reduction in unplanned/emergency admissions. An enhanced medicines management scheme of patients with heart failure post discharge from hospital included community pharmacists as part of multi-disciplinary teams. This improved patient outcomes and decreased unplanned readmissions.\[lxii] Unfortunately, a scheme focused on medicine reviews of high risk elderly found no difference in hospital admissions, but did result in modest prescribing savings. However, it was not possible to determine the cost-effectiveness of this intervention.\[lxiii] Similarly a study by Walker et al also failed to reduce hospital re-admissions. Using a quasi-experimental study evaluating post discharge health care resource use of patients discharged from hospital, the study intervention added a pharmacist to the discharge team to identify and reconcile medication discrepancies at discharge.\[lxiv]

80
Results revealed that whilst the pharmacist identified medication discrepancies at discharge and reconciled all of them, no significant differences in hospital readmission rates and emergency department visits were found. The authors do note that the strength of the intervention might have been compromised by (1) broad inclusion criteria that might not have identified patients at high-risk for hospital readmission and (2) the pharmacist not completing follow-up calls for all intervention patients. Other studies have helped to identify and reconcile medications changes, as well as reducing hospital admissions\textsuperscript{[lvv]} and re-admissions.\textsuperscript{[lvvi]}

The discharge medicines review (DMR) service provided by community pharmacists in Wales is designed to ensure that patients returning home from hospital are prescribed the right medicines and gives them an opportunity to ask their pharmacist about their medicines. Evaluation has shown it benefits patients, results in reductions in readmissions to hospital and provides a possible 3:1 return on investment.\textsuperscript{[lvvii]} The service will now be incorporated into the contractual framework for community pharmacies in Wales.\textsuperscript{[lvviii]}

The community pharmacist is an important first port of call for advice on minor ailments.\textsuperscript{[lxix]} A survey conducted in support of the development of the White Paper of Pharmacies found that 14% of people had used pharmacies to treat one-off common conditions, such as colds, coughs, aches and pains, and stomach problems.\textsuperscript{[lxx]} Thus, increasing the use of minor ailments schemes would be beneficial for both GP workload and A&E attendance. Other studies have shown that helping patients to take medications correctly, such as for asthma and COPD can reduce emergency hospital admissions associated with these conditions.\textsuperscript{[lxxi]} A study in London demonstrated pharmacy-based minor ailment schemes are feasible and acceptable in the refugee community.\textsuperscript{[lxxii]} Programmes can be cost saving, especially when societal costs are included, and can increase access to healthcare.\textsuperscript{[lxxiii]} They can provide the same health-related outcomes and quality of life measures at lower cost, compared to treating minor ailments in primary or emergency secondary care.\textsuperscript{[lxxiv]} From a patient perspective, inaccessibility of the GP and perceived non-serious nature of the condition increases the likelihood of using the community pharmacist, whilst lack of privacy and perceived potential of misdiagnosis are the main concerns.\textsuperscript{[lxxv]}

Attributes of a community pharmacy and its staff may influence people's decisions about which pharmacy they would visit to access treatment and advice for minor ailments. In line with the public's preferences, offering community pharmacy services that help people to better understand and manage symptoms, are provided promptly by trained staff who are friendly and approachable, and in a local setting with easy access to parking; has the potential to increase uptake amongst those seeking help to manage minor ailments. In this way it may be possible to shift demand away from high-cost health services and make more efficient use of scarce public resources.\textsuperscript{[lxxvi]}

7.5.3 Local provision

Minor ailments scheme: Care at the Chemist
Unlike GPs, community pharmacies are a ‘walk up and get seen’ service. As such they are a key resource for advice on treating minor, self-limiting, ailments and the purchase of appropriate over-the-counter medicines. The minor ailments service takes this concept a stage further. Patients register via their GP and can then attend any participating pharmacy within Sefton for the service.

This service is open to patients registered with a South Sefton or Southport and Formby GP and to all eligible pharmacies who wish to participate. The service can also be, with some restrictions, commissioned from internet only pharmacies.

The aim of the service is to improve access and choice for people with minor ailments by promoting self-care through the pharmacy, including provision of advice (and where appropriate), medicines without the need to visit their GP practice. The service provides additional benefit by creating capacity within general practice to provide services to patients requiring more complex management such as the management of long-term conditions.

Sefton currently have 17 of its 76 pharmacies providing Care at the Chemist (CATC) across the borough. At the time of the previous PNA, in 2014, 74 pharmacies were providing this service. Pharmacies offering CATC services are distributed across the borough, and not particularly focused only in areas of need or deprivation (Map 10).

There are occasional difficulties in provision of CATC at border locations around the CCG as there is no mutual agreement for pharmacies from neighbouring CCGs to provide Minor Ailment Services to residents of Sefton. Patients should therefore use the service in the resident borough. This will be incorporated into the NHS 111 service pathways. Eighty two percent of respondents to the public and patient survey stated that they would like to see treatment of minor illnesses within community pharmacies.

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8 Information sourced from South Sefton and Southport and Formby Clinical Commissioning Group as commissioners of this service. Information correct at September 2017
Map 11 - Map of pharmacies offering ‘Care at the Chemist’ service

Health Protection Emergencies
The Cheshire and Merseyside Multi-Agency Outbreak Control Plan outlines the required response to health protection, incidents, outbreaks and emergencies. It suggests a need to ensure arrangements are in place for accessing community pharmacy supplies of relevant drugs (both within and out-of-hours) used in health protection emergencies. This is developed with neighbouring authorities on a Merseyside footprint.
National guidance regarding a co-ordinated response to pandemic flu suggests a need to identify pharmacies at local level to act as antiviral distribution centres. NHSE have identified four pharmacies across Cheshire & Merseyside (none in Sefton) to distribute anti-virals for outbreaks associated with seasonal flu. Arrangements for pandemic flu have yet to be confirmed. A revision of the Cheshire & Merseyside pandemic flu plan is being undertaken.

7.5.4 Conclusions
There has been a reduction from 74 pharmacies in 2014 providing Care at the Chemist to 17 pharmacies, but there is still a geographical spread across the borough at CCG locality level, apart from the Ainsdale and Birkdale locality. The community pharmacy response to health protection incidents, outbreaks and emergencies is described in the Cheshire and Merseyside Multi Agency Outbreak Control Plan which is developed across authorities on a Merseyside footprint.

7.6 Long Term Conditions including Cardiovascular Disease and Hypertension

7.6.1 Level of Need
Cardiovascular disease (CVD) is a general term that describes a disease of the heart or blood vessels. Blood flow to the heart, brain or body can be reduced as a result of a:

- blood clot (thrombosis)
- build-up of fatty deposits inside an artery, leading to the artery hardening and narrowing (atherosclerosis)

There are four main types of CVD: coronary heart disease, stroke, peripheral arterial disease and aortic disease.

A number of common risk factors are recognised as increasing the likelihood of individuals developing atherosclerosis. There are three broad groups: age, gender, and family history / genetic factors. Fixed risk factors are by definition un-modifiable, but are taken into account in advising people about their overall risk.

Lifestyle/behavioural risk factors reflect an individual’s circumstances and choices, and can be changed for the better to reduce personal risk: smoking, physical inactivity, poor diet, obesity and alcohol misuse. ‘Bodily’ risk factors reflect changes to body systems that are also reversible or preventable in their early stages, but may require more medical treatment:

- hypertension/raised blood pressure
- raised cholesterol/disordered lipids
- impaired glucose tolerance/diabetes
- chronic kidney disease (CKD)

Figures indicate more than 45,000 people (17%) in Sefton have been diagnosed with hypertension (high blood pressure). While this figure is high, estimates produced the National Cardiovascular
Intelligence Network suggest that approximately 30,000 people with high blood pressure remain unknown to Primary Care and that the actual prevalence is closer to 27% of the population.

Hypertension is one of the most important preventable causes of premature morbidity and mortality in the UK. It is a major risk factor for stroke, myocardial infarction, heart failure, chronic kidney disease, cognitive decline and premature death. Untreated hypertension is usually associated with a progressive rise in blood pressure.

Just over 4% of adults in Sefton have been diagnosed with coronary heart disease (narrowing or blockage of the coronary arteries), equating to approximately 12,000 people.

7.6.2 Evidence of effective interventions in the community pharmacy setting
Research studies on the community pharmacy role in reducing the risk and improving outcomes for patients with cardiovascular disease (CVD) are one of the areas where evidence of effectiveness is strongest.

Hypertension (High blood pressure)
Community pharmacy-based initiatives are particularly effective in reducing systolic blood pressure. High blood pressure is a major risk factor for cardiovascular disease and stroke. Yet, data has shown a high percentage of undiagnosed high blood pressure in the population. Community pharmacies can play an effective and cost-effective role in both opportunistic screening and management of high blood pressure. This is especially effective when done as part of a wider multidisciplinary team collaborative. Such collaborative models have been recognised as of value by both the Royal College of General Practitioners and Royal Pharmaceutical Society. This is the case for both uncontrolled high blood pressure and when it is already well controlled. Initiatives are most cost effective when managing high risk patients. There is also a high degree of patient satisfaction with community pharmacist led high blood pressure management programmes. This is especially so amongst those with long-term conditions where a long-term relationship underpins high levels of engagement. There are opportunities to expand this role beyond medicines advise and adherence to the inclusion of dietary advise. This should focus on preventing or treating high blood pressure through reducing sodium (salt) intake, as part of a comprehensive approach to improving outcomes. Support and training is needed to do this.

Managing long-term conditions
In addition to screening and management of high blood pressure, community pharmacies are an effective setting for risk assessment and management of cholesterol and management of people at risk of cardiovascular disease. They are less effective for more complex, multi-component interventions aimed at addressing medicines management and lifestyles as part of one programme. Even when successful such complex interventions may not be cost-effective. NICE produced public health guidance on proactive case finding to reduce health inequalities in deaths from cardio-vascular disease and smoking-related deaths. It included a recommendation...
to provide services in places that are easily accessible to people who are disadvantaged (such as community pharmacies and shopping centres) and at times to suit them. However, an evaluation of the North Tees Health Checks programme, pharmacy element, was carried out in 2010/11.\(^{cvii}\)

Conducted by interviewing staff from community pharmacy, staff members from the commissioning Primary Care Trusts and with Local Pharmaceutical Committee members it found a number of challenges presented covering 4 categories:

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

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

Community pharmacy-based interventions can be effective in the management of those with Type 2 diabetes and the pharmacist can be an important member of the multidisciplinary team managing patients with diabetes.\(^{cvii}[cviii]\) Research has shown interventions can reduce HbA1c levels,\(^{cix}[cx][cxx][cxi][cxxi]\) improve glycaemic control,\(^{cxiv}[cxiv][cxi][cxxvi]\) bring about improvements in CVD risk in patients with diabetes\(^{cvii}\) and general adherence to clinical guidelines through patient education and medicines assessments.\(^{cxviii}\) They can be effective in targeting those at high risk providing them with point-of-care blood glucose testing and referral being more effective and cost effective than targeting and referral alone. This can reduce emergency hospital admissions. Type 2 diabetes and other CVD screening is effective in diagnosing new cases and bringing about positive therapy changes\(^{cxix}[cxx]\) and simple tools can be developed to do this.\(^{cxi}\)

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

**Self care**

Pharmacists are more likely to see self-care in terms of patient responsibility and active involvement in their care than in broader concepts of patient autonomy and independence. In particular pharmacist see they have a lead role in medicines-related self-care support.\(^{cxxiii}\)

Specifically there are opportunities for community pharmacists to provide self-care support to these with long-term conditions as they are regular users of pharmacy services. Whilst many patents see they are already actively engaged in self-care e.g. medicines adherence, many others suggest they need support of professionals as well as family and friends. However, the reasons for
patient’s lack of awareness of the role community pharmacists can play plus a reluctance to use them for self-care support needs to be understood. This would enable support from community pharmacists to be tailored and ‘marketed’ more effectively to both patients and general practitioners/primary care staff.[cxxiv][cxxv][cxxvi]

7.6.3 Local provision

Health checks
The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions or have certain risk factors, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk. The NHS Health Check programme has considerable potential to prevent CVD through earlier identification and management of risk factors and, in some cases, early detection of disease.

In Sefton NHS Health Checks are currently carried out in General Practice. Pharmacies are not currently commissioned to carry out NHS Health Checks in Sefton though six pharmacies were previously engaged in this programme. A new delivery model will result in Health Checks being delivered through a community provider from 1 April 2018. Pharmacies are well placed to support NHS Health Checks through promoting the service, signposting eligible patients and hosting Health Checks within pharmacy premises.

Healthier You: NHS Diabetes Prevention Programme
Aims to identify those at high risk of diabetes and refer them onto a behaviour change programme. The programme is a joint initiative between NHS England, Public Health England and Diabetes UK. Those referred receive personalised help to reduce their risk of Type 2 diabetes including education on healthy eating and lifestyle, help to lose weight and bespoke physical exercise programmes.

The programme is being rolled out nationally in three waves; the Sefton programme commenced in 2016 in Wave 1. At this stage of the programme there is no defined role for community pharmacists. However, pharmacists are able to be involved in signposting clients to the programme (via their GP) and through their ongoing role in the care of patients with diabetes.

Make Every Contact Count (MECC)
Every day pharmacy staff have opportunities to improve the health and wellbeing of the public and their own health by Making Every Contact Count (MECC). By utilising their position at the heart of communities, pharmacies can use every interaction as an opportunity for a health-promoting intervention, as signposters, facilitators and providers of a wide range of public health and other health and wellbeing services. MECC is a brief intervention for behaviour change focused on encouraging and helping people to make healthier choices and achieve positive long term change. MECC involves:
- Systematically promoting the benefits of healthy living
- Asking an individual about their lifestyle and if they want to make a change
- Responding appropriately to the lifestyle issue(s) once raised
- Taking the appropriate action to either give information, signpost or refer residents to the support they need

MECC typically covers the following topics for which there is a local resource developed:

- stopping smoking
- alcohol
- sexual health
- healthy eating
- maintaining a healthy weight
- take regular physical activity
- improve mental health and wellbeing

In Sefton the MECC Yorkshire & Humber Framework is adopted that offers a 2 tier model:

- **Level 1 (2hr training) – Brief Advice**
  Applicable for people seeing individuals on a one off basis and for frontline staff
- **Level 2 (3hr training) – Brief Advice and Brief Intervention**
  Applicable to people seeing individuals on more than one occasion, to be able to follow up progress of behaviour changes made

**Hypertension – Cheshire and Merseyside level work**
Hypertension was identified as a priority for action in Cheshire and Merseyside by the Champs public health collaborative service. The Cheshire and Merseyside Public Health Leads Group is working on a system wide approach for the prevention, detection and treatment of high blood pressure. As the heart of the strategy is the ambition to ensure local communities have the best possible blood pressure and that Cheshire and Merseyside becomes the most improved sub-region in England for blood pressure outcomes.

The strategy is being led by the Cheshire and Merseyside Blood Pressure Partnership Board which has representation from local authorities, health and the voluntary sector. Sustainability and Transformation Plans, also called Five Year Forward View Plans, have provided an opportunity to act as a lever to implement the Blood Pressure Strategy through NHS partners and settings.

Pharmacy has been identified as an ideal setting to reach the community and it is expected that pharmacy will play a key role in not just providing medication support, but also for carrying out early identification of hypertension through blood pressure testing and provide additional healthy lifestyle advice and signposting within the wider health system. The advent of Healthy Living Pharmacy is expected to act as an enabler for this.
Seventy two percent of respondents to the public and patient pharmacy services survey stated that they think tests to check blood pressure, cholesterol and whether they might get diabetes or other conditions should be available through community pharmacies.

7.6.4 Conclusions
Pharmacies in Sefton are not commissioned to deliver Health Checks. However they are encouraged to promote the service and sign post eligible patients, with the potential to host Health Checks when the new model of delivery has been developed. Pharmacists are also able to undertake MECC training in brief interventions for behaviour change.

7.7 Cancers
7.7.1 Level of Need
Whilst the evidence indicates that substantial reduction in deaths from cancers and recurrence of cancer can be achieved by healthy lifestyles interventions to bring about such changes are often long-term endeavours. In the short term the most likely way to sustain and further improve survival times, and reduce deaths from cancer, is to get people who have symptoms to come forward for treatment faster.

In 2014, 1,890 cases of cancer were diagnosed amongst Sefton residents. This means that Sefton’s cancer incidence rate was 638.7 per 100,000 population. This is higher than the England average of 608.45 per 100,000 population and is the 45th highest rate out of 152 local authorities. The cancer incidence rate in Sefton has increased by 13% over the last decade but optimistically it has fallen since 2012 (Figure 23). As with the national picture, the Sefton cancer incidence rate is higher for males (704.57 per 100,000) than females (572.99 per 100,000).

![10 Year Trend in Age Standardised All Cancer Incidence Rate per 100,000 for Sefton](image)

Figure 23 - Trend in cancer incidence
According to the North West Cancer Intelligence team rates of prostate cancer were lower than the England average in 2014. However, rates of lung and colorectal cancers were higher than the England average. This is illustrated in Table 15.

<table>
<thead>
<tr>
<th>Cancer</th>
<th>Incidence Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung, Bronchus and Trachea</td>
<td>99.26</td>
</tr>
<tr>
<td>Breast</td>
<td>172.40</td>
</tr>
<tr>
<td>Colorectal</td>
<td>72.09</td>
</tr>
<tr>
<td>Prostate</td>
<td>161.69</td>
</tr>
<tr>
<td>England</td>
<td>78.45</td>
</tr>
<tr>
<td>England</td>
<td>173.37</td>
</tr>
<tr>
<td>England</td>
<td>70.43</td>
</tr>
<tr>
<td>England</td>
<td>177.83</td>
</tr>
</tbody>
</table>


Table 15 - Rate of cancer incidence for selected cancers (2014)

Cancer incidence varies between wards in Sefton. In particular cancer incidence is higher than average in Linacre, Litherland and Derby wards and lower than average in Ainsdale, Blundellsands and Harington wards. This is illustrated in Figure 24.


Figure 24 - Cancer incidence by ward in Sefton (2010–2014)

In 2014 there were 918 deaths in Sefton due to cancer, giving a cancer mortality rate of 301.2 per 100,000 population. Over the last decade there has been a 14% reduction in the cancer mortality rate in Sefton. However Sefton’s rate remains significantly higher than the overall cancer mortality rate for England, which is 278.5 per 100,000 population.
The rate of cancer mortality for breast cancer was lower in Sefton when compared with the England average. However, mortality rates for lung cancers were higher than the England average. The mortality rate for prostate and colorectal cancers were similar to the England average. This is outlined in Table 16.

<table>
<thead>
<tr>
<th>Cancer</th>
<th>Mortality Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung, Bronchus and Trachea</td>
<td>74.8</td>
</tr>
<tr>
<td>Breast</td>
<td>30.6</td>
</tr>
<tr>
<td>Colorectal</td>
<td>23.6</td>
</tr>
<tr>
<td>Prostate</td>
<td>45.1</td>
</tr>
</tbody>
</table>


Table 16 - Rate of cancer mortality for selected cancers (2014)

7.7.2 Evidence of effective interventions in the community pharmacy setting
(See also tobacco control)

The community pharmacy is an ideal place for the public to obtain information on cancer. Pharmacy-based information, such as touch screen technology, appears to be effective in raising awareness of sun risks, and trained pharmacists are more likely to be proactive in counselling clients. However, the effect of this advice on the behaviour of clients is currently unknown. This could be rolled out to include awareness campaigns about skin and bowel cancer and screening.

Feedback from health improvement campaigns shows the community pharmacy is an acceptable location for cancer prevention campaigns and discussions about prevention and early detection of cancer. For those with established cancers pharmacies can play an important role in identifying common drug-related problems via medication therapy management (MTM) services. Oral anticancer medications offer patients advantages over traditional intravenous anticancer therapy. However, patients and their caregivers must be well educated in how to use them to reduce risk and achieve the best possible outcomes. Whilst oncology teams play the central role in this, community pharmacists can make an important contribution. This can include an understanding of patient and system barriers with these medications, proper administration and adherence, drug and food interactions, safe handling and disposal. However, this is not without its challenges and issues such as safe infrastructure with education and training are needed.

7.7.3 Local provision

The Merseyside Cancer Screening Strategy to increase take up rates of cancer screening programmes has involved many different initiatives. One of these initiatives has included the provision of cancer screening cards and leaflets to all pharmacy settings across Merseyside. Cancer screening cards provide a reference point of key messages about the screening programmes and are an aid to pharmacy staff when speaking with patients and public. Cancer
screening leaflets are offered to patients and public to help raise their awareness of the programmes in addition to sign-posting for further information.

Cancer screening is an important part of early diagnosis and health outcomes, and is available as follows:

- Bowel Screening – through home test kits
- Breast Screening – through breast screening units
- Cervical Screening – through General Practice and some sexual health services.

In addition NHSE in partnership with the CHaMPs collaborative service are working to develop a common pharmacy campaign programme across Cheshire and Merseyside to ensure consistency across the region to achieve as great an impact as possible.

7.7.4 Conclusions

Whilst pharmacies have a role in raising awareness of cancer prevention and early detection campaigns, it is currently not considered an appropriate environment for the current nationally determined screening programmes due to the need for specialist equipment, procedures and staff.

7.8 Sexual Health

7.8.1 Level of Need

Intelligence from the Office for National Statistics shows that Sefton’s annual teenage conception rate in 2015 (21.0) is the lowest rate on record (since 1997). The actual number of conceptions (96) is also the lowest number on record (Table 17).

<table>
<thead>
<tr>
<th>Number and rate of under 18 conceptions in Sefton 2008-2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of conceptions</td>
</tr>
<tr>
<td>Rates per 1,000 women aged 15-17</td>
</tr>
</tbody>
</table>

*Source: Office for National Statistics (2017)*

**Table 17 - Number and rate of under 18 conceptions in Sefton 2008 - 2015**

Under 16 conceptions are a subset of under 18 conceptions. Sefton’s rate of under 16 conceptions is low, accounting for less than 1 in 5 of under 18 conceptions. After increases between 2003 and 2008, the rate has now decreased to 4.9 per 1,000 population (Figure 25).
In 2015, 59.4% of teenage conceptions in Sefton led to an abortion. This is an increase on 2014 (55.4%) and higher than both the national (51.2%) and regional rates (52.1%).

Source: Office for National Statistics (2017)

Figure 25 - Under 16 conceptions between 1998-2000 and 2013-15

Source: Office for National Statistics (2017)

Figure 26 - Under 18 conceptions leading to abortion (1998 – 2015)
Office for National Statistics (ONS) release official ward based teenage conception rate estimates every year. Numbers of conceptions by ward each year are fairly small, so numbers are aggregated to 3 years. Even across 3 years the number of conceptions remains small and the rates are inherently variable.

Within Sefton the latest ward based data covers conceptions in 2012-14. Despite low rates for Sefton as a whole, there is wide variation in the rate of teenage conceptions within the borough. Teenage pregnancy rates are typically higher in the south Sefton, although the Southport ward of Dukes has the second highest under 18 conception rate. Linacre has had the highest rate of teenage conceptions since 2007-09.

These are the areas where there is targeted work with community pharmacists to provide additional services within these wards to reduce unplanned pregnancies and increase chlamydia screening.

### 7.8.2 Evidence of effective interventions in the community pharmacy setting

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

- Establish collaborative, evidence-based commissioning arrangements between different localities to ensure comprehensive, open-access services are sited in convenient locations, such as city centres, or near to colleges and schools. Ensure no young person is denied contraceptive services because of where they live
- Ensure pharmacies, walk-in centres and all organisations commissioned to provide contraceptive services (including those providing oral emergency contraception) maintain a consistent service. If this is not possible, staff should inform young people, without having to be asked, about appropriate alternative, timely and convenient services providing oral emergency contraception
- Doctors, nurses and pharmacists should where possible, provide the full range of contraceptive methods, especially long-acting reversible contraception (LARC), condoms to prevent transmission of STIs and emergency contraception (both hormonal and timely insertion of an intrauterine device). Adequate consultation time should be set aside
- Provide additional support for socially disadvantaged young people to help them gain immediate access to contraceptive services and to support them, as necessary, to use the services. This could include providing access to trained interpreters or offering one-to-one sessions. It could also include introducing special facilities for those with physical and sensory disabilities and assistance for those with learning disabilities
- Ensure all young women are able to obtain free emergency hormonal contraception, including advance provision
- Offer support and referral to specialist services (including counselling) to those who may need it. For example, young people who misuse drugs or alcohol and those who may have
been (or who may be at risk of being) sexually exploited or trafficked may need such support. The same is true of those who have been the victim of sexual violence.

- Ensure young men and young women know where to obtain free advance provision of emergency hormonal contraception
- In addition to providing emergency hormonal contraception, professionals should ensure that all young women who obtain emergency hormonal contraception are offered clear information about, and referral to, contraception and sexual health services
- Encourage all young people to use condoms and lubricant in every encounter, irrespective of their other contraceptive
- Ensure staff are familiar with best practice guidance on how to give young people aged under 16 years contraceptive advice and support.\(^9\) Ensure they are also familiar with local and national guidance on working with vulnerable young people

A review of the contribution of community pharmacists to the public health agenda\(^{cxxxv}\) found:

- Emergency hormonal contraception (EHC) can be effectively and appropriately supplied by pharmacists
- Pharmacy supply of EHC enables most women to receive it within 24 hours of unprotected intercourse
- Community pharmacies are highly rated by women as a source of supply and associated advice for EHC on prescription, by Patient Group Directions (PGDs), or over-the-counter (OTC) sales
- 10% of women, choose pharmacy supply of EHC in order to maintain anonymity
- Pharmacists were positive about their experience of providing emergency hormonal contraception through PGDs and over-the-counter sales
- The role of pharmacy support staff in provision of EHC services is reported by pharmacists to be important

There is support from both customers and pharmacists for the provision of a wider range of sexual health services beyond EHC, including short supply progesterone-only pill\(^{cxxxvi}\)\(^{cxxxvii}\) and progestogen only injections\(^{cxxxviii}\) to ensure ease of access to effective contraception as well as chlamydia screening.\(^{cxxix}\) In particular pharmacy-based EHC consumers are at high risk of chlamydia and would be willing to accept a chlamydia test from the pharmacy.\(^{cx}\)

Although pharmacies in the UK cannot provide sexual and reproductive healthcare beyond retail condoms and EHC a Scottish pilot study suggests that for women obtaining EHC from a pharmacy simple interventions such as supplying 1 month of a progesterone-only pill, or offering rapid access to a sexual health clinic, hold promise as strategies to increase the uptake of effective contraception after EHC.\(^{cxii}\)

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\(^9\) Department of Health (2004) \textit{Best practice guidance for doctors and other health professionals on the provision of advice and treatment to young people under 16 on contraception, sexual and reproductive health.} London: Department of Health.
NICE guideline NG68 recommends that all existing services that are likely to be used by those most at risk should provide condom schemes. This could include services provided by the voluntary sector (such as advice projects and youth projects), school health services and primary healthcare (including GP surgeries and community pharmacies). There should be links made between such condom schemes and local sexual and reproductive health services. For example, they should consider:

- Providing condoms with information about local sexual health services
- Displaying posters and providing leaflets advertising local sexual health services where condoms are available

7.8.3 Local provision

Within Sefton, accredited pharmacies are currently providing Emergency Hormonal Contraception (EHC), condom distribution (C-Card) and postal kits for chlamydia screening for the residents of Sefton. Training for Quick Start Progesterone only pill (POP) as a bridging method, has been completed and the service will commence in the near future. The services are free and delivered in line with local Patient Group Directions and provided in compliance with Fraser Guidelines and safeguarding policies including the child exploitation check list in identifying vulnerable young people who maybe in harm. Sefton Sexual Health Service works closely with community pharmacists, representatives of which sit on Sefton’s Integrated Sexual Health Partnership (SSHIP) -a multiagency group representing sexual health across Sefton

The aims of the Sexual Health Community Pharmacy Enhanced Service:

- Increase the knowledge among young people of the availability of EHC and bridging contraception from pharmacies
- Improve access to EHC and bridging contraception by women who have had unprotected sex and to help contribute to a reduction in the number of unplanned pregnancies
- Improve access to sexual health advice and information.
- Provide a bridging method of contraception to allow women time to access full contraceptive provision.
- To provide onward signposting and referral into mainstream sexual health services
- To improve the sexual health of the population of Sefton including awareness and prevention of sexually transmitted infections (STIs)
- To reduce sexual health inequalities between the general population and vulnerable / socially disadvantaged groups who are most at risk of poor sexual health in Sefton

C-Card Scheme

The scheme is a co-ordinated approach to condom distribution which offers young people across Sefton free condoms, sexual health and relationships advice and information.

Before being issued with a C-Card, users are required to register with the scheme. This includes a consultation with a trained worker. Once issued with a C-Card, young people can then get
condoms at a number of local outlets including pharmacies. After ten visits, young people will be required to see a trained worker and to re-register – this enables a more detailed conversation and to initiate discussion around Sexually Transmitted Infection Screening.

It is for young people aged between 13 and 19 years of age who live in or access services in Sefton. Young people under 16 years must have satisfied the requirements set out by the Fraser guidelines before any condoms or sexual health advice and support is offered. Condom and information distribution is part of a wider commitment to promote sexual health education to young people across Sefton Borough.

Within Sefton 13 Pharmacies participate with the C-Card Scheme and the service is looking to increase access across all pharmacies in Sefton. In addition to emergency hormonal contraception provided through the locally commissioned pharmacy service, EHC is available from:

- Sefton Sexual Health clinics including the outreach team
- General practice
- Litherland Walk in Centre
- Accident and Emergency Departments (Genito-urinary medicine Tier 3)

In the public and patient survey 58% of people responding stated that they think advice on contraception and supply of the “morning after” pill free of charge should be available through pharmacies.

7.8.4 Cross Border Provision
Currently within Sefton local authority commissioners are working with Cheshire and Merseyside public health service (CHAMPS) and commissioners across the area to provide standard cross charging for all contraceptive services including Long Acting Reversible Contraception. A project initiation paper has been approved by the CHAMPS board of governors.

7.8.5 Conclusions
A range of sexual health services, including EHC, condom distribution and Chlamydia screening are available to Sefton residents in community pharmacies. This is in addition to other sexual health services commissioned via the LAPHT.

7.9 Mental Health

7.9.1 Level of Need
One in four adults and one in ten children will experience mental ill health in any given year. Mental health problems represent the largest single cause of disability in the UK. It covers a wide range of conditions such as depression, anxiety disorders and obsessive compulsive disorders, through to more severe conditions like schizophrenia. The cost of mental ill health to the economy in England has been estimated at £105 billion – roughly the cost of the entire NHS.

There are high levels of mental health need within Sefton. Public Health England’s Profiles of Common Mental Health Disorders show that levels of depression and anxiety in Sefton are higher
when compared to the England average. Depression and anxiety prevalence in Sefton is approximately 16.4%, and the England average is approximately 13.7%. This equates to approximately 36,228 Sefton adults suffering from depression and/or anxiety. In addition, prevalence of serious mental health problems such as schizophrenia or bipolar disorder is also higher than the England average. Approximately 1.2% of patients registered with a Sefton GP have a diagnosed serious mental health problem compared to approximately 0.9% across England. This equates to roughly 2,650 adults suffering from a serious mental health condition. The Common Mental Health Disorders Profile also provides an indication of levels of antidepressant prescribing within Sefton. For South Sefton, the average level of antidepressant prescribing in 2016/17 was 1.9 ADQ per STAR-PU\(^{10}\). For Southport and Formby CCG, the average level of antidepressant prescribing was 1.5 ADQ per STAR-PU. The average for England was 1.4 ADQ per STAR-PU.

The Office of National Statistics has been working to develop new national measures of well-being. Four questions have been introduced into the Integrated Household Survey:

1) Overall how satisfied are you with your life nowadays?
2) Overall how happy did you feel yesterday?
3) Overall how anxious did you feel yesterday?
4) Overall to what extent do you feel the things you do in your life are worthwhile?

![Self Reported Wellbeing (2015-16)](image)

**Source:** Public Health Outcomes Framework (2017)

**Figure 27 – Self-reported wellbeing for Sefton, North West and England (2015-16)**

\(^{10}\) ADQ per STAR-PU is a measurement of prescribing that takes into account average daily quantities of a drug weighted for the age and sex of a patient.
The latest survey results (2015/16) found Sefton residents reported poorer well-being than
England overall and the percentage of Sefton respondents with a low life satisfaction score was
significantly higher than the national rate (Figure 27).

In 2015, there were 25 deaths due to suicide or undetermined injury amongst Sefton residents.
The standardised rate for deaths from suicide and undetermined injuries within Sefton has
doubled from a low of 6.4 per 100,000 in 2007-09 to 12.6 per 100,000 for 2013-15.

7.9.2 Evidence of effective interventions in the community pharmacy setting

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

The stigma of mental illness can be a barrier to effective medication management in the
community pharmacy setting. Self-stigma impeded consumers’ community pharmacy
engagement. Positive relationships with knowledgeable staff are fundamental to reducing stigma.
Stigmatising views can also be held by health professionals resulting in the giving of
biased/inaccurate advice and behaviours. Awareness raising training for pharmacy staff can
improve communications and reduce negative experiences. This is not surprising given that
mental health literacy -‘knowledge and beliefs about mental disorders which aid in their
recognition, management or prevention’ - is poor, especially compared to physical health issues
such as long-term conditions.

Healthcare professionals, including community pharmacists, view education campaigns as
important in addressing this. The focus on products and business required of community
pharmacies can inhibit a more patient-centred pharmacy culture, despite undergraduate training
programmes espousing this. Research is scarce on medication support interventions for people
with mental health problems but broader medicines management for long-term conditions can
inform the development of mental health focussed medication support services.

7.9.3 Local provision

There are currently no mental health related services commissioned from pharmacies in Sefton.
However Pharmacies have a role in conducting brief interventions for wellbeing and Sefton
residents can be signposted to wellbeing programmes within community settings and can also
self-refer themselves into primary care mental health services, Access Sefton, in addition to
seeking help from their GP. The Living Well Sefton service, commissioned via the Public Health
team, is also available to local residents Living Well Sefton is made up of Brighter Living
Partnership, Active Sefton, May Logan Centre, Stop Smoking Service, Feelgood Factory, Citizens Advice Sefton, Sefton Council for Voluntary Service (Sefton CVS), and Fun4Kidz. The service can help residents to stop smoking, lose weight, eat more healthily, resolve debt issues, improve their mental wellbeing and other options.

Suicide Prevention skills training is available for pharmacies, who have an important role to play in identifying those at risk and providing advice on sources of help. Additionally pharmacies can restrict access to medication through the appropriate dispensing of prescription and over the counter medication.

7.9.4 Conclusions
Currently there are no mental health related services commissioned from pharmacies across Sefton. LAPH commissioned services are however available and pharmacies play a key role in signposting people. MECC, and suicide prevention training provide opportunities for pharmacy staff to extend their knowledge and skills.

7.10 Substance Misuse (Drug Misuse)

7.10.1 Level of Need
Drug services in Sefton aim to reduce drug related harm and support people to live a drug free life. In 2016/17 there were a total of 2,627 people who were in contact with treatment services, (this figure is the total number in treatment year to date and new presentations to treatment year to date from 01/04/2016 to 31/03/2017) a reduction on the number of clients in treatment compared with 2015/16 of 7.9%.

Most drug users in contact with services are between the ages of 35 and 50 with this age group consistently accounting for more than half of treatment contacts during the past five years. Around 40% of those in treatment have been in treatment for over 6 years.

Heroin and other opiate users remained the highest cohort in contact with treatment accounting for 42% (1100) of all those in treatment. Sixty percent of the estimated opiate and crack cocaine users in Sefton are engaged with treatment services while 96.6% of opiate users and 89.4% of non-opiate users as a proportion of those in treatment 2016/17 were retained for twelve weeks or more or completed treatment.

The number of clients successfully completing treatment for opiate dependence and not re-presenting to treatment within 6 months (4.3% of the total number of opiate users in treatment) is below the national figure (6.6%) while the proportion of non-opiate clients (36.2%) who successfully complete treatment and do not re-present within 6 months is similar to the national figure (37.1%).

7.10.2 Evidence of effective interventions in the community pharmacy setting
NICE guidance PH52 on the optimum provision of Needle & Syringe Programmes[clii] places community pharmacies at the heart of the provision of these programmes.
Recommendation 8 - Provide community pharmacy-based needle and syringe programmes

Community pharmacies, coordinators and local pharmaceutical should:

- Ensure staff who distribute needles and syringes are competent to deliver the level of service they offer. As a minimum, this should include awareness of the need for discretion and the need to respect the privacy and confidentiality of people who inject drugs. It should also include an understanding of how to treat people in a non-judgmental way.
- Ensure staff providing level 2 or 3 services are competent to provide advice about the full range of drugs that people may be using. In particular, they should be able to advice on how to reduce the harm caused by injecting and how to prevent and manage an overdose.
- Ensure staff have received health and safety training, for example, in relation to blood-borne viruses, needlestick injuries and the safe disposal of needles, syringes and other injecting equipment.
- Ensure Hepatitis B vaccination is available for staff directly involved in the needle and syringe programme.
- Ensure staff are aware of, encourage and can refer people to, other healthcare services including drug treatment services.
- Ensure pharmacy staff offer wider health promotion advice, as relevant, to individuals.

Recommendation 7 - Provide people with the right type of equipment and advice

Needle and syringe programme providers should:

- Provide people who inject drugs with needles, syringes and other injecting equipment. The quantity provided should not be subject to a limit but, rather, should meet their needs. Where possible, make needles available in a range of lengths and gauges, provide syringes in a range of sizes and offer low dead-space equipment.
- Not discourage people from taking equipment for others (secondary distribution), but rather, ask them to encourage those people to use the service themselves.
- Ensure people who use the programmes are provided with sharps bins and advice on how to dispose of needles and syringes safely. In addition, provide a means for safe disposal of used bins and equipment.
- Provide advice relevant to the type of drug and injecting practices, especially higher risk practices such as injecting in the groin or neck.
- Encourage people who inject drugs to mark their syringes and other injecting equipment, or to use easily identifiable equipment, to reduce the risk of accidental sharing.
- Encourage people who inject drugs to use other services as well. This includes services that aim to: reduce the harm associated with this practice; encourage them to switch to safer methods, if these are available (for example, opioid substitution therapy), or to stop using drugs; and address their other health needs. Tell them where to find these services and refer them as needed.
Research also demonstrates that community pharmacy-based supervised methadone administration services can achieve high attendance rates and are acceptable to clients.[ciii] NICE guidelines recommend that each new treatment of opiate dependence be subject to supervised administration for the first three months or a period considered appropriate by the prescriber. The rationale for this recommendation is to provide routine and structure for the client, helping to promote a move away from chaotic and risky behaviour. This service requires the pharmacist to supervise the consumption of prescribed medicines at the point of dispensing in the pharmacy – ideally within a private consultation room, and ensuring that the dose has been administered to the patient.[cliv]

7.10.3 Local provision
The current adult Substance Misuse Assessment, Treatment and Recovery Service sub-contracts with local pharmacies to provide Needle and Syringe Programmes and to administer supervised consumption for opiate replacement medication. Needle and Syringe Programmes and supervised administration are both essential harm reduction interventions and integral to the overall treatment services.

Supervised administration is a service that can only be provided by a pharmacy following dispensing of the opiate substitute methadone or buprenorphine. It is not part of the essential tier of the pharmacy contract but greatly reduces harm by reduction of diversion of prescribed methadone onto an illicit market and protection of vulnerable individuals from overdose.

While Needle and Syringe Programmes are also provided by the specialist treatment services, pharmacies offer increased choice, improved access, and an opportunity to provide additional health information due to existing client relationships. There are 16 pharmacies (21%) providing needle exchange services in Sefton (Map 12).

Currently 47 pharmacies (62%) provide supervised administration (Map 12). The service requires the pharmacist to supervise the consumption of prescribed medicines (methadone or buprenorphine), at the point of dispensing in the pharmacy within a private consultation room, and ensuring that the dose has been administered to the patient.
**7.10.4 Conclusions**

There is adequate provision of pharmacy based supervised opiate replacement treatment and needle exchange services across Sefton with an apparent concentration in the south of the borough.
7.11 Older People

7.11.1 Level of Need

In 2016 there were estimated to be 62,608 people aged 65 and over living in Sefton, an increase of 15% since 2006, and 8,881 people who are 85 years and over, an increase of 35% (1,698) since 2006. At 23%, Sefton has the 8th highest proportion of over 65s across North West local authorities and a considerably higher proportion than across England as a whole where over 65s account for 18% of the population. Sefton also has the 8th highest proportion of residents aged 85 and over residents (3%), higher than the national proportion (2%).

The proportion of over 65s varies significantly across the borough from 36% (4,367 of 12,044) in Cambridge to just 14% (1,726 of 12,695) in Linacre ward. Both wards that make up the Formby area (Harington & Ravenmeols) are amongst the five wards with the highest proportions of older people, the remaining three (Cambridge, Dukes, Ainsdale) are all in the Southport area. In all five of these wards over 30% of residents are aged 65 or over. By contrast four of the five wards with the lowest proportion of over 65’s are in the south of the borough (Linacre, Litherland, Church, Derby). In all of these wards less than one in six residents are over 65.

The number of residents over 65 is projected to increase steadily between 2014 and 2039. For males the population is projected to increase by 50% (26,000 to 39,000) and for females by 34% (35,000 to 47,000). This means an overall 65+ population increase of 41% rising from 61,000 in 2012 to 86,000 by 2039.

Life expectancy amongst males within Sefton at birth is currently 78.3 years (2013-2015), this is significantly below the national average of 79.5, however it has increased by over five years since 1991-1993 when it was 72.7 years and has been in line with the North West Average over this time period. For females the current life expectancy for females is 82.2 years, an increase of three years since 1991-1993 when it was 78.8 years. Like for males, female life expectancy is significantly below the national average. Compared to the North West, female life expectancy in Sefton is significantly higher. Although male life expectancy is lower than female life expectancy the proportion of life males are estimated to spend disability free, at 77.5% is higher than females at 75.2%. For male residents age 65, life expectancy is 18.3 years, however only half of this (9 years) is expected to be disability free. Amongst females aged 65, life expectancy is 20.7 years, with less than half of this time 46% (9.5 years) expected to be disability free.

Limiting long-term conditions constitute a long-term health problem or disability that limits a person's day-to-day activities, and has lasted, or is expected to last at least 12 months. In 2011 9.6 million people in England and Wales described themselves as having a long-term limiting illness or disability, an increase of 1 million since 2001. Almost all of this growth has been among those aged 65 and over. Projecting Older People Population Information (POPII) tells us that in 2017 there are an estimated 15,630 Sefton residents aged over 65 with a condition that limits them a little, and a further 17,304 with a condition that limits them a lot. People over 85 are proportionately more likely to have a condition that limits them a lot.
POPPI have produced local authority estimates of how many people aged over 65 are predicted to have a fall. In Sefton, females in the 85 and over age band are more likely to fall (25%) than any other age band. This is followed by males in the youngest age band (23%). As people age they are much more likely to be admitted to hospital as a result of a fall. Sefton’s rate of emergency hospital admissions due to falls for 2015/16 is 2,536 per 100,000 population, the lowest rate in the Liverpool City Region but significantly higher than the England rate (2,160 per 100,000).

Of the 1,369 hospital admissions due to falls POPPI predicts for Sefton in 2017, only 6% are predicted to be from the 65-69 age band, whereas 83% are from the over 75’s. Emergency hospital admissions due to falls varies within Sefton with higher rates in the more deprived wards of South Sefton. Derby has the highest rate at 3,019 per 100,000 and Ravenmeols the lowest at 1876 per 100,000 (Figure 28).

![Emergency admissions for injuries due to falls in people aged 65 and over by Ward (with 95% confidence intervals) 2013/14 to 2015/16.](image)

Source: LKIS North West (2017)

**Figure 28 - Emergency admissions to hospital for falls**

It is estimated that across Sefton in 2015 there are 10.9% households that are fuel poor, this relates to 13,169 households. After decreasing from 14.4% in 2011, the percentage of fuel poor households in Sefton has remained fairly stable recently, at around 11%.

The chart in Figure 29 shows how the proportion of households in fuel poverty in Sefton has reduced compared to the North West and England. The rate of fuel poverty has reduced by 25% since 2011 and in 2015 is in line with the national average. However, there are significant differences across the borough, 16% of households in Linacre and Derby wards are fuel poor compared to half that in Sudell (8%).
Evidence of effective interventions in the community pharmacy setting

Qualitative research shows that older people value continuity of personalised pharmaceutical care which enables them to build a trusting relationship over time. There can be a lack of awareness of services already available from community pharmacies. Ongoing disruption in the supply of medicines caused problems for this client group, and the complexity of prescription ordering, collection and delivery systems presented challenges for participants.

Good communication from the community pharmacy helped to improve the experience.[clv]

Dexterity problems can affect a sizable proportion of older people. Whilst this is a manufacturing issue, community pharmacy staff are on hand and should check if this is an issue when dispensing.[clvi] Assisting patients with dementia (and their carers) in respect of medications is a particular problem. As prevalence of this condition rises, ways of addressing this will become more pressing.[clvii]

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

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

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

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

7.11.3 Local provision
Supply of dressings to nursing homes
The service has been commissioned by South Sefton CCG and is available to all patients residing in a nursing home located within the Sefton area who are registered with a GP within South Sefton CCG. There are currently 7 community pharmacies providing this service.

The purpose of the service is to enable nursing homes to obtain dressings required in the treatment of their residents directly from a participating community pharmacy without the need for a prescription to be supplied by the patient’s GP. Dressings are supplied by community pharmacies against a patient specific requisition form. Southport and Formby CCG are currently looking into the possibility of commissioning a similar service for their nursing home patients.

7.11.4 Conclusions
Seven community pharmacies provide the supply of dressing to nursing homes service to patients residing in a nursing home located within the Sefton area who are registered with a South Sefton CCG GP. Southport and Formby CCG do not currently commission this service for patients resident in a nursing home and registered with a GP within the north Sefton locality, but there are plans to commission such a service.

7.12 Antimicrobial Resistance (AMR)
7.12.1 Level of Need
Modern medical practice relies on the widespread availability of effective antimicrobials to prevent and treat infections in humans and animals. Resistance to all antimicrobials, including antivirals and antifungals, is increasing, but of greatest concern is the rapid development of bacterial resistance to antibiotics. If the number of hard-to-treat infections continues to grow, then it will become increasingly difficult to control infection in a range of routine medical care settings and it will be more difficult to maintain animal health and protect animal welfare.

Healthcare-associated infections became headline news in the 1990s, with concern about Meticillinresistant Staphylococcus Auareus (MRSA) and C. difficile. More recently multi-drug resistant tuberculosis (TB) and ‘extensively drug-resistant tuberculosis’ have become a problem across Europe. The former resulted in mandatory reporting and targets, solidified in legislation.
Focused consistent effort across the country has led to a reduction in cases. The 2013-2018 UK Strategy set out actions to address the key challenges to AMR.

Cheshire and Merseyside has some of the highest healthcare acquired infections (HCAI) in the country. Figure 30 shows a mixed picture for South Sefton CCG and Southport and Formby CCG for specific HCAIs. C Difficile is similar to Cheshire & Merseyside, but higher than England. Numbers for MRSA are very small, so the variation is unlikely to be significant. Both Sefton CCGs have higher rates (per 100,000 population) of E.coli than Cheshire & Merseyside and England.

Figure 30 - Rates of healthcare acquired infections (HCAI) in Cheshire and Merseyside, 2015/16

Levels of antibiotic prescribing are higher than the national average, with levels of antibiotic guardianship lower in seven CCGs and higher in five, compared to the England average. Public Health England (PHE) has set up a national campaign to encourage members of the public and healthcare professionals to take action in helping to slow antibiotic resistance and ensure antibiotics work now and in the future. Organisations and individuals are asked to make a pledge to tackle this issue.

The rate of antibiotic guardianship per 100,000 population is an indicator of the level of engagement within an area (as shown in Figure 29) Sefton CCGs have lower levels of antibiotic guardianship than Cheshire & Merseyside and England. Across Cheshire & Merseyside there is a relationship between CCG population size and levels of guardianship, with the larger areas having higher rates.
7.12.2 Evidence of effective interventions in the community pharmacy setting

National[^clxvi] and local[^clxvii] strategies to reduce antimicrobial resistance take two main approaches.

1. The need to reduce antibiotic use
2. The need to increase antimicrobial stewardship[^11]

The national strategy also seeks to stimulate the development of new antibiotics, diagnostics and novel therapies. The first point requires action to change prescribing habits and public education. This will reduce public expectations about receiving antibiotics when it is not appropriate. Antibiotic stewardship needs concerted effort and support at a national level and from infection specialist staff. This will enable local areas to utilise healthcare staff including community pharmacists.[^clxviii] Such joint efforts, including active involvement of the public, have been shown to work.[^clxxix] Public knowledge and attitudes are key.[^clxxx][^clxxi] There is a relationship between income and education levels and awareness of inappropriate antibiotic use,[^clxxii] including their use for viral infections, hoarding and sharing.

Regular campaigns are the cornerstone in efforts to educate the public including the use of social media. An understanding of health literacy needs to play and increasing role.[^clxxiii] Consistent messages in all key healthcare settings are needed, especially during peak prescribing periods.[^clxxiv] Studies have shown that community pharmacists can have an educational role[^clxxv] providing information on correct usage and addressing barriers to adherence.[^clxxvi] However, barriers to them doing this need to be better understood and addressed[^clxxvii][^clxxviii], including barriers to multi-professional collaboration.

7.12.3 Local provision

Sefton Council Public Health is working with South Sefton CCG, Southport and Formby CCG, and NHS partners on anti-microbial resistance. One element of this is in supporting the national Public Health England ‘Keep Antibiotics Working’ campaign. Campaign materials were distributed to a wide variety of community venues, including to pharmacies. Pharmacies are a key location for the

[^11]: NICE guidance NG15 (2015) defines this as ‘an organisational or healthcare-system-wide approach to promoting and monitoring judicious use of antimicrobials to preserve their future effectiveness’.
distribution and availability of information to the public to support the appropriate use of antibiotic, as well as wider health care usage campaigns.

NHS Choices campaign also encourages individuals to seek the most appropriate health professional for a series of illnesses and highlights the key role of local pharmacists in advice on the treatment of minor ailments. Pharmacies can enhance their role in this function to ensure appropriate NHS usages, including reducing the demand from patients for the prescribing of antimicrobials.

There are four key messages for community pharmacists to help address the growing issues about Antimicrobial Resistance:

1. Advise patients on appropriate antibiotic use when prescribed
2. Advise patients on antibiotic resistance, as appropriate
3. Advise patients on adverse effects
4. Recommend appropriate symptomatic therapy for non-vulnerable patients

7.12.4 Conclusions
Pharmacies have a key role to play in raising awareness of the importance of using antibiotics appropriately. As part of the essential services contract, at least one of the six health education campaigns should include antibiotic use.

7.13 Palliative Care
7.13.1 Level of Need
The Department of Health End of Life Care Strategy\textsuperscript{clxxix} states that patients should have access to:

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

Co-ordinated care will be delivered through multi agency training and the ‘gold standards framework’. Pharmacists play a vital role for patients who have stipulated their preferred priorities of care and wish to die at home.

Most research into people’s preference for place of death has been undertaken with cancer patients. This has found that 50-70% would like to die at home\textsuperscript{clxxx} yet the percentage of those doing so has been decreasing\textsuperscript{clxxxi}. Deprivation, availability of appropriate home care and whether the individual is living with relatives or alone are all factors in determining the likelihood of a home death\textsuperscript{clxxxii}.
There were a total of 3,286 deaths recorded in Sefton in 2016. An analysis of place of death showed that just under half of deaths occurred in hospital and a further 21% occurred within a care home. Just under a quarter of deaths in Sefton during 2016 occurred at home (Table 18).

<table>
<thead>
<tr>
<th>Place of Death</th>
<th>Number of Deaths (2017)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>1540</td>
</tr>
<tr>
<td>Hospice</td>
<td>214</td>
</tr>
<tr>
<td>Care Home</td>
<td>678</td>
</tr>
<tr>
<td>Home</td>
<td>792</td>
</tr>
<tr>
<td>Other</td>
<td>62</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>3286</strong></td>
</tr>
</tbody>
</table>

*Source: ONS Annual Deaths Extract (2017)*

### Table 18 - Place of death

#### 7.13.2 Evidence of effective interventions in the community pharmacy setting

Palliative care is designed to provide pain relief and improve the quality of life of patients with life-threatening illness. The number of patients with chronic, slowly debilitating conditions has risen. This means that even where patients die in a hospital or other care institution many will live in their own homes with the need to manage the condition for some time before this happens. NICE guidance on palliative care shows that, amongst other things, there was inadequate access to pharmacy services outside normal working hours\(^{[\text{clxxxiv}]}\) so local schemes should seek to address this issue. Pharmacists are a vital part of the multidisciplinary team supporting an individual and their family during this time, ensuring that medications are assessed and the effectiveness of medications is reviewed and needs change.\(^{[\text{clxxxv}]}\) As timely access to medicines is vital, especially as the preferred place of care is the home environment, stock control can hinder effective provision. Knowing the level of need locally is an important part of this.\(^{[\text{clxxxvi}]}\) Details about key patient groups such as those with end-stage cancer can be poor, with opportunities to embed community pharmacists into palliative care teams missed.\(^{[\text{clxxxvii}]}\) Community pharmacists are generally positive about providing services and support for palliative care patients. They may not have a full understanding of it however, and need training and support to facilitate their involvement.\(^{[\text{clxxxviii}]}\)

#### 7.13.3 Local provision

There are currently four pharmacies providing a palliative care drugs supply service. All are stockholder providers (Table 19). The aim of the service is to improve access for people to palliative care medicines when they are required. The pharmacies were selected based on opening hours and geographical spread.

<table>
<thead>
<tr>
<th><strong>Palliative Care Stock Holder Service</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bridge Road Chemist, 54-56, Bridge Road</td>
</tr>
<tr>
<td>Litherland Liverpool L21 6PH</td>
</tr>
<tr>
<td>Asda Pharmacy, Asda Superstore</td>
</tr>
<tr>
<td>Ormskirk Road Aintree</td>
</tr>
<tr>
<td>Liverpool L10 3JN</td>
</tr>
<tr>
<td>Tesco In-Store Pharmacy, Town Lane</td>
</tr>
<tr>
<td>Kew Southport PR8 5JH</td>
</tr>
<tr>
<td>Cambridge Road Pharmacy, 137 Cambridge</td>
</tr>
<tr>
<td>Road Churchtown Southport PR9 7LT</td>
</tr>
</tbody>
</table>
Pharmacies that provide the service maintain a stock of a locally agreed range of palliative care medicines and commit to ensuring continuity of supply so that users of this service have prompt access to these medicines during the opening hours of the pharmacy. Pharmacists are able to support users, carers and clinicians by providing information and advice.

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

7.13.4 Conclusions
There are four pharmacy palliative care stock holder providers in Sefton; two in the north, and two in the south, of the borough. These pharmacies were selected to ensure equitable geographical spread and on the basis of accessibility.
8. Future Planning

Sefton’s Local Plan outlines how the borough will look, and be developed, to 2030. The Plan, which has been developed within the statutory planning framework, was adopted in April 2017 and sets out:

- How development will be provided for to meet the needs of Sefton’s communities
- The policy framework for making decisions on planning applications
- The strategic policy framework for Neighbourhood Plans
- Priorities for investment in employment, housing and infrastructure, including site allocation

The 2014 Strategic Housing Market Assessment (SHMA) for Sefton, which informed the Local Plan, provides a long-term strategic assessment (over the Local Plan period to 2030) of both housing needs and demand and in particular affordable and special needs housing in Sefton. The key findings are:

- Taking account of demographic, economic and policy factors the SHMA shows an overall need for affordable housing of about 7,815 units (i.e. the net need of 434 per annum multiplied by 18 years) in Sefton over the 18-year Local Plan period 2012 to 2030. This need is highest in Southport, Formby and Maghull/Aintree.
- The SHMA states that not all this need has to be met by the provision of affordable housing on new sites, as a significant element in any shortfall between need and supply will “be met by the Private Rented Sector which currently has over 10,000 individual claimants for Local Housing Allowance.”
- The majority of affordable housing need is for social rented housing.
- It recommended that 15% of all housing provision should be for older people, reflecting Sefton’s ageing population. In particular, there is a strong need for additional ‘extra care’ older persons housing.
- It recommended that the majority of new market housing should be 3 bedroom family accommodation.
- The majority of new affordable housing should be for 1 and 2 bedroom accommodation.

It is anticipated that new areas of housing will be built and occupied during the period of this PNA. These will be primarily to the east of Maghull, around Formby, Thornton and Churchtown. At the time of writing it is expected that during the next five years, approximately 2,400 new properties will be built within Sefton in 77 separate developments. The localities of Southport and Maghull are expected to have developments in the next five years that could have an impact on existing pharmacy provision and services delivered by pharmacies. This includes two extra care facilities. It is a requirement of the Local Plan to ensure that developments are supported by sufficient infrastructure. Planning for all local infrastructure to support additional developments, including needs related to health service provision, will be determined as required and developed in consultation with all key stakeholders. The annual PNA review provides an opportunity to ensure that pharmaceutical provision responds to the needs of the population with reference to major infrastructure development.
9. Conclusion

This needs assessment has determined that the pharmaceutical network in Sefton is adequate in terms of provision to meet the needs of the population and is geographically accessible reflecting the population density distribution across Sefton. The local community pharmacy network is enhanced by the availability of pharmacy services in neighbouring authorities within one mile of Sefton’s borders.

Pharmacy opening hours across Sefton are considered satisfactory with wide access throughout the week and sufficient coverage over evenings and weekends. The availability of community pharmacy services extends beyond the general 9 – 5pm daytime service, but varies across pharmacy providers supported by the availability of out of hours services and ‘100 hour’ pharmacies.

This assessment has also determined that locally commissioned services are commissioned and delivered to reflect the needs of the population. Consultation with community pharmacy providers and the local population did not identify any significant gaps in community pharmacy services at this time and illustrated the wide range of pharmaceutical services currently provided. The public feedback regarding local community pharmacy provision in Sefton was positive.

Sefton Council’s Local Plan is referenced in this assessment and there are housing developments of up to 200 houses in the next five years in a number of locations. The localities of Southport and Maghull are expected to have developments in the next five years that could have an impact on existing pharmacy provision and services delivered by pharmacies. This includes two extra care facilities. It is also recognised that Sefton’s population is expected to change with significant increases in the number of older people. This will need to be kept under review to ensure that the pharmaceutical network in Sefton responds to these evolving needs.

This needs assessment has not identified any specific and significant gaps in local service provision at the current time and therefore any areas for service development. However the need for specific community pharmacy services will be regularly reviewed in line with the PNA regulations and the evolving make up and needs of the local population. During the lifetime of this PNA this will be achieved through the annual review process and any requirement to produce supplementary statements to modify this assessment.
Appendix 1: Regulatory Statements

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulation 2013 set out the legislative basis for developing and updating PNAs. Schedule 1 outlines the minimum information to be contained in pharmaceutical needs assessments. Detailed below are the six statements included in schedule 1.

Statement 1
A statement of the pharmaceutical services that the Health and Wellbeing Board (H&WBB) has identified as services that are provided-

(a) In the area of the H&WBB and which are necessary to meet the need for pharmaceutical services in its area; and

(b) Outside the area of the H&WBB but which nevertheless contribute towards meeting the need for pharmaceutical services in its area (if the H&WBB has identified such services).

In Sefton there is sufficient provision of community pharmacy services throughout the borough. Sefton has 76 pharmacies which serve a population of 274,261. This equates to approximately one pharmacy for every 3,600 residents (England average is 5,000 population per pharmacy). Consequently the population is well served by pharmacy services and is above the England average. The local community pharmacy network is enhanced by the availability of pharmacy services in neighbouring authorities (e.g. Liverpool, Knowsley & West Lancashire) within one mile of Sefton’s borders.

Statement 2
A statement of the pharmaceutical services that the H&WBB has identified (if it has) as services that are not provided in the area of the H&WBB but which is satisfied-

(a) Need to be provided (whether or not they are located in the area of the H&WBB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area;

(b) Will, in specified future circumstances, need to be provided (whether or not they are located in the area of the H&WBB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.

The need for specific community pharmacy services will be regularly reviewed in line with the demographics of the local population. This needs assessment has not identified any specific and significant gaps in local service provision at the current time and therefore any areas for service development. Sefton Council’s Local Plan is referenced in this assessment and there are housing developments of up to 200 houses in the next five years in a number of locations. The localities of Southport and Maghull are expected to have developments in
the next five years that could have an impact on existing pharmacy provision and services delivered by pharmacies. This includes two extra care facilities. It is also recognised that Sefton’s population is expected to change with significant increases in the number of older people. This will need to be kept under review to ensure that the pharmaceutical network in Sefton responds to these evolving needs.

Statement 3
A statement of the pharmaceutical services that the H&WBB has identified (if it has) as services that are provided-

(a) In the area of the H&WBB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access to pharmaceutical services in its area;

(b) Outside the area of the H&WBB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access to pharmaceutical services in its area;

(c) In or outside the area of the H&WBB and, whilst not being services of the types described in sub-paragraph (a) or (b), or paragraph 1, they nevertheless affect the assessment by the H&WBB of the need for pharmaceutical services in its area.

The local community pharmacy network is enhanced by the availability of pharmacy services in neighbouring authorities (e.g. Liverpool, Knowsley & West Lancashire) within one mile of Sefton’s borders.

Statement 4
A statement of the pharmaceutical services that the H&WBB has identified (if it has) as services that are not provided in the area of the H&WBB but which the H&WBB is satisfied-

(a) Would, if they were provided (whether or not they were located in the area of the H&WBB), secure improvements or better access to pharmaceutical services or pharmaceutical services of a specific type, in its area,

(b) Would, if in specified future circumstances they were provided (whether or not they were located in the area of the H&WBB) secure future improvements or better access to pharmaceutical services or pharmaceutical services or a specified type in its’ area.

This needs assessment has not identified any specific and significant gaps in local service provision at the current time and therefore any areas for service development. However it is important to ensure that services reflect the needs of local people and changes to the priorities of local commissioners including the NHS and local government in response to changing or evolving pressures. In the current financial climate there is however limited
capacity to deliver additional services within reducing or static budgets.

Statement 5
A statement of any NHS services provided or arranged by the H&WBB, NHS Commissioning Board (NHSCB), a Clinical Commissioning Group (CCG), an NHS trust or an NHS foundation trust to which the H&WBB has had regard in its assessment, which affect-

(a) The need for pharmaceutical services, or pharmaceutical services of a specified type, in its area; or

(b) Whether further provision of pharmaceutical services in its area would secure improvements, or better access to pharmaceutical services, or pharmaceutical services of a specific type in its area.

This needs assessment has not identified any specific and significant gaps in local service provision at the current time and therefore any areas for service development. However the need for specific community pharmacy services will be regularly reviewed in line with the PNA regulations and the evolving make up and needs, of the local population.

Statement 6
An explanation of how the assessment has been carried out, in particular-

(a) How it has determined what are the localities in its area;

(b) How it has taken into account (where applicable)-

(i) The different needs of different localities in its area, and

(ii) The different needs of people in its area who share a protected characteristic; and

(c) A report on the consultation that it has undertaken.

The locality scope for the PNA is the borough of Sefton. Sefton is an area that stretches from Southport in the north to Bootle in the South. To the east lies the town of Maghull and the west is bordered by the coastline covering Crosby through to Formby and Ainsdale. Bordering authority areas include Liverpool to the South, Knowsley and Lancashire in the north of the borough. Sefton Health and Wellbeing Board encompasses one Local Authority and two CCG’s (NHS Southport & Formby CCG and NHS South Sefton CCG). Analysis and mapping undertaken as part of the PNA process was carried out at ward level to take account of the variant needs of people within different areas of Sefton. This is congruent with the Sefton Joint Strategic Needs Assessment (JSNA). This PNA has taken into account the JSNA. For the purposes of developing this PNA various consultation and engagement processes have been undertaken. These include a survey of community pharmacy service providers, members of the public and a formal consultation with identified stakeholders and the public. Information and feedback is included throughout the PNA.
Appendix 2: Policy Context

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

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

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

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

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

- Essential services are those which every pharmacy must provide, including dispensing.
- Advanced services are those which, subject to accreditation requirements, a pharmacy contractor can choose to provide. At present, there are three advanced services, Medicines Use Reviews (MUR), Appliance Use Reviews (AURs) and Stoma Appliance Customisation (SAC). In MURs and AURs the pharmacist discusses with the patient their use of the medicines or appliances they are prescribed and whether there are any problems that the pharmacist can help resolve. For SAC the aim is to ensure proper use and comfortable fitting of the stoma appliance and to improve duration of usage thereby reducing waste.
• Local enhanced services, such as health and lifestyle advice or help for substance misusers, are commissioned locally by NHS England direct with contractors.

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

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

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

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

‘Pharmacy in England - Building on strengths delivering the future’
In April 2008 the government set out its plans in this Pharmacy White Paper and subsequently a consultation was undertaken on the proposed changes to the regulations for pharmacy. This White Paper sets out a vision for improved quality and effectiveness of pharmaceutical services, and a wider contribution to public health. Whilst acknowledging good overall provision and much good practice amongst providers, it revealed several areas of real concern about medicines usage
across the country which it seeks to address through a work programme which will challenge and engage NHS England, pharmacists and the NHS.

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

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

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

<table>
<thead>
<tr>
<th>Building on strengths – delivering the future</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Aims of the White Paper, Pharmacy in England</strong></td>
</tr>
<tr>
<td><strong>Supporting healthy living and better care</strong></td>
</tr>
<tr>
<td>Community pharmacies will become ‘healthy living’ centres providing a primary source of information for healthy living and health improvement.</td>
</tr>
<tr>
<td>Pharmacy will be integrated into public health initiatives such as stop smoking, sexual health services and weight management, or offer screening for those at risk of vascular disease – an area where there are significant variations in access to services and life expectancy around the country.</td>
</tr>
<tr>
<td><strong>Access and choice</strong></td>
</tr>
<tr>
<td>Community pharmacies improve access and choice through more help with medicines. This will be realised by developing MURs, repeat dispensing, access to urgent medicines, emergency supply and working with hospitals on medicine reconciliation.</td>
</tr>
<tr>
<td><strong>Better, safe use of medicines</strong></td>
</tr>
<tr>
<td>Safe medication practices should be embedded in patient care by identifying, introducing and evaluating systems designed to reduce unintended hospital admissions related to medicines use.</td>
</tr>
<tr>
<td>Identifying specific patient groups for MURs, using MURs and repeat dispensing to identify and reduce the amount of unused medicines and including pharmacists in care pathways for longterm conditions are all examples of this.</td>
</tr>
<tr>
<td><strong>Integration and interfaces</strong></td>
</tr>
<tr>
<td>Community based pharmaceutical care will be developed which will involve creating new alliances between hospital and community pharmacists as well as primary care pharmacists and pharmacy technicians.</td>
</tr>
</tbody>
</table>

**Quality**

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

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

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

*Equity and excellence: Liberating the NHS (2010)*

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

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

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

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

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

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

Later the National Health Service (Pharmaceutical Services) Regulations 2012 (“the 2012 Regulations”) and draft guidance came into force concerning the remaining provision under the Health Act 2009.
Section 128A of NHS Act 2006, as amended by Health Act 2009 and Health and Social Care Act 2012

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

Consolidation Applications

On 5th December 2016, amendments to the 2013 Regulations came into effect.

NHS pharmacy businesses may apply to consolidate the services provided on two or more sites onto a single site. Applications to consolidate will be dealt with as “excepted applications” under the 2013 Regulations, which means they will not be assessed against the pharmaceutical needs assessment. Instead, consolidation applications will follow a simpler procedure, the key to which is whether or not a gap in pharmaceutical service provision would be created by the consolidation. Some provision is also made in respect of continuity of services so, if NHS England commissions enhanced services from the contract with the closing premises, then the applicant is required to give an undertaking to continue to provide those services following consolidation.

If NHS England is satisfied that the consolidation would create a gap in pharmaceutical services provision, it must refuse the application.

If NHS England grants the application, it must then refuse any further “unforeseen benefits applications” seeking inclusion in the pharmaceutical list, if the applicant is seeking to rely on the consolidation as a reason for saying there is now a gap in provision, at least until the next revision of the PNA.
## Appendix 3: Abbreviations Used

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAAC</td>
<td>All Age All Cause</td>
</tr>
<tr>
<td>AAACM</td>
<td>All Age All Cause Mortality Rate</td>
</tr>
<tr>
<td>A &amp; E</td>
<td>Accident &amp; Emergency</td>
</tr>
<tr>
<td>AMR</td>
<td>Antimicrobial Resistance</td>
</tr>
<tr>
<td>APBs</td>
<td>Area Partnership Boards</td>
</tr>
<tr>
<td>ARCH</td>
<td>Advice, Rehabilitation, Counselling and Health</td>
</tr>
<tr>
<td>ASTRO PU</td>
<td>Age Sex Temporary Resident Originated Prescribing Unit</td>
</tr>
<tr>
<td>AUR</td>
<td>Appliance Use Review</td>
</tr>
<tr>
<td>BME</td>
<td>Black and Minority Ethnicities</td>
</tr>
<tr>
<td>BMI</td>
<td>Body Mass Index</td>
</tr>
<tr>
<td>BP</td>
<td>Blood Pressure</td>
</tr>
<tr>
<td>CATC</td>
<td>Care at the Chemist</td>
</tr>
<tr>
<td>CAMHS</td>
<td>Child and Adolescent Mental Health Service</td>
</tr>
<tr>
<td>cCBT</td>
<td>Computerised Cognitive Behavioural Therapy Service</td>
</tr>
<tr>
<td>CCG</td>
<td>Clinical Commissioning Group</td>
</tr>
<tr>
<td>CEO</td>
<td>Chief Executive Office</td>
</tr>
<tr>
<td>CHaMPS</td>
<td>Cheshire &amp; Merseyside Public Health Service</td>
</tr>
<tr>
<td>CHD</td>
<td>Chronic Heart Disease</td>
</tr>
<tr>
<td>CI</td>
<td>Confidence Interval</td>
</tr>
<tr>
<td>COPD</td>
<td>Chronic Obstructive Pulmonary Disease</td>
</tr>
<tr>
<td>CPAF</td>
<td>Community Pharmacy Assurance Framework</td>
</tr>
<tr>
<td>CPPQ</td>
<td>Community Pharmacy Patient Questionnaire</td>
</tr>
<tr>
<td>CVD</td>
<td>Cardio Vascular Disease</td>
</tr>
<tr>
<td>DFLE</td>
<td>Disability-free life expectancy</td>
</tr>
<tr>
<td>DSR</td>
<td>Directly Standardised Rate</td>
</tr>
<tr>
<td>EHC</td>
<td>Emergency Hormonal Contraception</td>
</tr>
<tr>
<td>EoLC</td>
<td>End of Life Care</td>
</tr>
<tr>
<td>EPS</td>
<td>Electronic Prescription Service</td>
</tr>
<tr>
<td>ESPSLPS</td>
<td>Essential Small Pharmacy Services Local Pharmaceutical Services</td>
</tr>
<tr>
<td>FOI</td>
<td>Freedom of Information</td>
</tr>
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<td>GMS</td>
<td>General Medical Services</td>
</tr>
<tr>
<td>GP</td>
<td>General Practice / General Practitioner</td>
</tr>
<tr>
<td>GUM</td>
<td>Genito-urinary Medicine</td>
</tr>
<tr>
<td>HAG</td>
<td>Harmonisation of Accreditation</td>
</tr>
<tr>
<td>HCAI</td>
<td>Healthcare Acquired Infections</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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# Appendix 4: Community Pharmacy addresses and opening hours

This information has been sourced from NHS England (February 2018) and was correct at the time of completion of the final PNA (February 2018)

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<th>Name and Address</th>
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<td>Knowsley Road Pharmacy 123-125 Knowsley Road Bootle Liverpool L20 4NJ</td>
<td>09:00-19:00</td>
<td>09:00-19:00</td>
<td>09:00-19:00</td>
<td>09:00-19:00</td>
<td>09:00-13:00</td>
<td>CLOSED</td>
<td></td>
</tr>
<tr>
<td>Lydiate Pharmacy 28 Liverpool Road Lydiate Merseyside L31 2LZ</td>
<td>09:00-13:00</td>
<td>09:00-13:00</td>
<td>09:00-13:00</td>
<td>09:00-13:00</td>
<td>09:00-13:00</td>
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<td></td>
</tr>
<tr>
<td>Meadows Pharmacy 87-89 Liverpool Road South Maghull Merseyside L31 7AD</td>
<td>09:00-18:30</td>
<td>09:00-18:30</td>
<td>09:00-18:30</td>
<td>09:00-18:30</td>
<td>09:00-13:00</td>
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<td></td>
</tr>
<tr>
<td>Netherton Pharmacy Gordon Youth Centre Durham Avenue Netherton Bootle L30 1RF</td>
<td>09:00-13:00</td>
<td>09:00-13:00</td>
<td>09:00-13:00</td>
<td>09:00-13:00</td>
<td>09:00-12:30</td>
<td>CLOSED</td>
<td></td>
</tr>
<tr>
<td>Formby Health Rooms and Pharmacy, 81 Liverpool Road, Formby L37 6BU</td>
<td>09:00-18:00</td>
<td>09:00-18:00</td>
<td>09:00-18:00</td>
<td>09:00-18:00</td>
<td>09:00-12:30</td>
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<td></td>
</tr>
<tr>
<td>Rowlands Pharmacy 22 Liverpool Road Southport PR8 4AY</td>
<td>09:00-13:30</td>
<td>09:00-13:30</td>
<td>09:00-13:30</td>
<td>09:00-13:30</td>
<td>09:00-16:00</td>
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<td></td>
</tr>
<tr>
<td>Rowlands Pharmacy 15 Chapel Lane Formby L37 4DL</td>
<td>09:00-13:30</td>
<td>09:00-13:30</td>
<td>09:00-13:30</td>
<td>09:00-13:30</td>
<td>09:00-16:00</td>
<td>CLOSED</td>
<td></td>
</tr>
<tr>
<td>Rowlands Pharmacy 35 Upper Aughton Road Birkdale Southport PR8 5NA</td>
<td>08:30-13:00</td>
<td>08:30-13:00</td>
<td>08:30-13:00</td>
<td>08:30-13:00</td>
<td>09:00-13:00</td>
<td>CLOSED</td>
<td></td>
</tr>
<tr>
<td>Rowlands Pharmacy Lincoln Road Surgery 33 Lincoln Road Birkdale Southport PR8 4PR</td>
<td>09:00-13:00</td>
<td>09:00-13:00</td>
<td>09:00-13:00</td>
<td>09:00-13:00</td>
<td>09:00-13:00</td>
<td>CLOSED</td>
<td></td>
</tr>
<tr>
<td>Rowlands Pharmacy 13 Union Street Southport PR9 0QF</td>
<td>09:00-13:00</td>
<td>09:00-13:00</td>
<td>09:00-13:00</td>
<td>09:00-13:00</td>
<td>09:00-12:00</td>
<td>CLOSED</td>
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</tr>
<tr>
<td>Rowlands Pharmacy 106 Sefton Road Litherland Liverpool L21 9HQ</td>
<td>09:00-13:00</td>
<td>09:00-13:00</td>
<td>09:00-13:00</td>
<td>09:00-13:00</td>
<td>09:00-13:00</td>
<td>CLOSED</td>
<td></td>
</tr>
<tr>
<td>Ryders Chemist Ltd 41 Old Town Lane Formby L37 3HJ</td>
<td>09:00-13:00</td>
<td>09:00-13:00</td>
<td>09:00-13:00</td>
<td>09:00-13:00</td>
<td>09:00-13:00</td>
<td>CLOSED</td>
<td></td>
</tr>
<tr>
<td>Lloyds Pharmacy, Sainsburys, St Georges Place Lord Street Southport PR9 0AF</td>
<td>08:45-19:30</td>
<td>08:45-19:30</td>
<td>08:45-19:30</td>
<td>08:45-19:30</td>
<td>08:45-19:00</td>
<td>11:00-17:00</td>
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</tr>
<tr>
<td>Sedem Pharmacy 139 Roe Lane Southport PR9 7PW</td>
<td>09:00-18:00</td>
<td>09:00-18:00</td>
<td>09:00-18:00</td>
<td>09:00-18:00</td>
<td>09:00-13:00</td>
<td>CLOSED</td>
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</tr>
<tr>
<td>Superdrug Pharmacy 10 Eastbank Street Southport PR8 1DT</td>
<td>09:00-17:30</td>
<td>09:00-17:30</td>
<td>09:00-17:30</td>
<td>09:00-17:30</td>
<td>09:00-17:30</td>
<td>CLOSED</td>
<td></td>
</tr>
<tr>
<td>Name and Address</td>
<td>Mon</td>
<td>Tues</td>
<td>Wed</td>
<td>Thurs</td>
<td>Fri</td>
<td>Sat</td>
<td>Sun</td>
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<tr>
<td>Superdrug Pharmacy 36-38 The Esplanade New Strand Bootle Liverpool L20 4SP</td>
<td>09:00-17:30</td>
<td>09:00-17:30</td>
<td>09:00-17:30</td>
<td>09:00-17:30</td>
<td>09:00-17:30</td>
<td>09:00-17:30</td>
<td>CLOSED</td>
</tr>
<tr>
<td>Tesco In-Store Pharmacy Town Lane Kew Southport PR8 5JH</td>
<td>08:00-22:00</td>
<td>08:00-22:00</td>
<td>08:00-20:00</td>
<td>08:00-20:00</td>
<td>08:00-20:00</td>
<td>08:00-20:00</td>
<td>10:00-16:00</td>
</tr>
<tr>
<td>Walkers Pharmacy 62 Harrington Road Formby L37 1NU</td>
<td>09:00-13:00 14:00-17:30</td>
<td>09:00-13:00 14:00-17:30</td>
<td>09:00-13:00 14:00-17:30</td>
<td>09:00-13:00 14:00-17:30</td>
<td>09:00-13:00 14:00-17:30</td>
<td>09:00-13:00 14:00-17:30</td>
<td>CLOSED</td>
</tr>
<tr>
<td>Whitworth Chemists 90 Moore Street Bootle Merseyside L20 4SF</td>
<td>09:00-18:30</td>
<td>09:00-18:30</td>
<td>09:00-18:30</td>
<td>09:00-18:30</td>
<td>09:00-18:30</td>
<td>09:00-18:30</td>
<td>CLOSED</td>
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</tbody>
</table>
## Appendix 5: Pharmacy Premises & Services Questionnaire and Report

### PNA Pharmacy Questionnaire

**Health and Wellbeing Board**

### 1: Premises Details

<table>
<thead>
<tr>
<th>Contractor Code (ODS Code)</th>
</tr>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of contractor (i.e. name of individual, partnership or company owning the pharmacy business)</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Trading Name</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Address of pharmacy</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Pharmacy postcode</th>
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</tbody>
</table>

**Is this pharmacy entitled to Pharmacy Access Scheme payments?**

- [ ] Yes [ ] No [ ] Under review

**Is this pharmacy a 100-hour pharmacy?**

- [ ] Yes [ ] No

**Does this pharmacy hold a Local Pharmaceutical Services (LPS) contract?**

- [ ] Yes [ ] No (i.e. it is not the ‘standard’ Pharmaceutical Services contract)

**Is this pharmacy a Distance Selling Pharmacy?**

- [ ] Yes [ ] No (i.e. it cannot provide Essential Services to persons present at or in the vicinity of the pharmacy)

<table>
<thead>
<tr>
<th>Pharmacy email address</th>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Pharmacy telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Pharmacy fax (if applicable)</th>
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</thead>
<tbody>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Pharmacy website address (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Can we share the above information with the LPC and use it to contact you?**

- [ ] Yes [ ] No

### 2: Contact Details

**Contact details of person completing questionnaire, if questions arise**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Phone:</th>
<th>Email:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Contact details for head office (if different/appropriate)**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Phone:</th>
<th>Email:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 3: In which Local Authority are you based?

- [ ] Cheshire East
- [ ] Cheshire West & Chester
- [ ] Halton
- [ ] Knowsley
- [ ] Liverpool
- [ ] Sefton
- [ ] St. Helens
- [ ] Warrington
- [ ] Wirral

### 4: Total opening hours (what hours are you open?)

<table>
<thead>
<tr>
<th>Day</th>
<th>Open from</th>
<th>To</th>
<th>Lunchtime (From – To)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Thursday</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 5: Consultation facilities

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there a consultation area on premises (meeting the criteria for the Medicines Use Review service) (tick one)</td>
<td>None, or&lt;br&gt;Available (including wheelchair access), or&lt;br&gt;Available (without wheelchair access), or&lt;br&gt;Planned within the next 12 months, or&lt;br&gt;Other (specify)</td>
</tr>
<tr>
<td>Where there is a consultation area, is it a closed room?</td>
<td>Yes&lt;br&gt;No</td>
</tr>
<tr>
<td>During consultations are there hand-washing facilities?</td>
<td>In the consultation area, or&lt;br&gt;Close to the consultation area, or&lt;br&gt;None</td>
</tr>
<tr>
<td>How many closed consultation rooms have you got?</td>
<td>Drop down 0,1,2,3+</td>
</tr>
<tr>
<td>Do patients attending for consultations have access to toilet facilities?</td>
<td>Yes&lt;br&gt;No</td>
</tr>
<tr>
<td>Does the pharmacy have access to an off-site consultation area (i.e. one which the former PCT or NHS England local team has given consent for use)?</td>
<td>Yes&lt;br&gt;No</td>
</tr>
<tr>
<td>Is the pharmacy willing to undertake consultations in patient’s home / other suitable site?</td>
<td>Yes&lt;br&gt;No</td>
</tr>
</tbody>
</table>

### 6: Healthy Living Pharmacies (HLP) Yes/No.

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>The pharmacy has achieved HLP status</td>
<td>Yes&lt;br&gt;No</td>
</tr>
<tr>
<td>The pharmacy is working towards HLP status</td>
<td>Yes&lt;br&gt;No</td>
</tr>
<tr>
<td>Expected completion by 24th Nov 2017?</td>
<td>Yes&lt;br&gt;No</td>
</tr>
<tr>
<td>The pharmacy is not currently working toward HLP status but would be interested in becoming a HLP in the future</td>
<td>Yes&lt;br&gt;No</td>
</tr>
<tr>
<td>The pharmacy would not be interested in becoming a HLP</td>
<td>Yes&lt;br&gt;No</td>
</tr>
</tbody>
</table>

### 7.1: Services

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the pharmacy dispense the following:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stoma appliances</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incontinence appliances</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dressings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
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</tbody>
</table>

### 7.2: Advanced services

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>Intending to begin within next 12 months</th>
<th>No - not intending to provide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicines Use Review service</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service</td>
<td>Currently commissioned to provide</td>
<td>Company led service</td>
<td>Potentially willing to provide in future if commissioned</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>-----------------------------------</td>
<td>--------------------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>Anticoagulant Monitoring Service</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anti-viral Distribution Service</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care Home Service</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia Testing Service</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia Treatment Service</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contraceptive service (not EC)</td>
<td></td>
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</tbody>
</table>

**Disease specific medicines management service**

<table>
<thead>
<tr>
<th>Disease</th>
<th>Currently commissioned to provide</th>
<th>Company led service</th>
<th>Potentially willing to provide in future if commissioned</th>
<th>Not able or willing to provide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergies</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Alzheimer's/dementia</td>
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<tr>
<td>Asthma</td>
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<tr>
<td>CHD</td>
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<tr>
<td>COPD</td>
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<tr>
<td>Depression</td>
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</tr>
<tr>
<td>Diabetes type I</td>
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<tr>
<td>Diabetes type II</td>
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<tr>
<td>Epilepsy</td>
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<tr>
<td>Heart Failure</td>
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<tr>
<td>Hypertension</td>
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<tr>
<td>Parkinson's disease</td>
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<tr>
<td>Other (please state)</td>
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<tr>
<td>Emergency Contraception Service</td>
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<tr>
<td>Quick Start Contraception Service</td>
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<tr>
<td>Emergency Supply Service</td>
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<tr>
<td>Gluten Free Food Supply Service (i.e. not via FP10)</td>
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<tr>
<td>Home Delivery Service (not appliances)</td>
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<tr>
<td>Independent Prescribing Service</td>
<td></td>
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</tbody>
</table>

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

- Anticoagulant Monitoring Service
- Anti-viral Distribution Service
- Care Home Service
- Chlamydia Testing Service
- Chlamydia Treatment Service
- Contraceptive service (not EC)

**Enhanced Services**

Enhanced Services are those commissioned by the local NHS England 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 they are called ‘Other Locally Commissioned Services’ not ‘Enhanced Services’.

**Other Locally Commissioned Services**

These services are not listed in the Advanced and Enhanced Services Directions, and so are not ‘Enhanced Services’ if commissioned by the local NHS England Team. The local NHS England 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’.

**Company led service**

This is a private service either paid for by the patient or free to the patient, that is available through your organisation/company.

**Not able or willing to provide**

Depending on local need and funding.
<table>
<thead>
<tr>
<th>Service</th>
<th>Currently commissioned to provide</th>
<th>Company led service</th>
<th>Potentially willing to provide if commissioned</th>
<th>Not able or willing to provide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Language Access Service</td>
<td></td>
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<tr>
<td>Medicines Assessment and Compliance Support Service</td>
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<tr>
<td>Minor Ailment Scheme (Care at the Chemist)</td>
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<tr>
<td>MUR Plus/Medicines Optimisation Service</td>
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<tr>
<td>If currently providing an MUR Plus/ Medicines Optimisation Service, what therapeutic areas are covered?</td>
<td>Free text field</td>
<td></td>
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<tr>
<td>Needle and Syringe Exchange Service</td>
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<tr>
<td>Sharps Disposal Service</td>
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<tr>
<td>Obesity/weight management (adults and children)</td>
<td></td>
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<tr>
<td>Not Dispensed Scheme</td>
<td></td>
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<tr>
<td>On Demand Availability of Specialist Drugs Service</td>
<td></td>
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<tr>
<td>Out of Hours Services</td>
<td></td>
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<tr>
<td>Patient Group Direction Service (name the medicines covered by the Patient Group Direction)</td>
<td>Free text field</td>
<td></td>
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<tr>
<td>Phlebotomy Service</td>
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<tr>
<td>Prescriber Support Service</td>
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<tr>
<td>Schools Service</td>
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<tr>
<td><strong>Screening Service</strong></td>
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<tr>
<td>Alcohol</td>
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<tr>
<td>Atrial Fibrillation service</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Cholesterol</td>
<td></td>
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<tr>
<td>Diabetes</td>
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<tr>
<td>Gonorrhoea</td>
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<tr>
<td>H. pylori</td>
<td></td>
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<tr>
<td>HbA1C</td>
<td></td>
<td></td>
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<tr>
<td>Hepatitis</td>
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<tr>
<td>Hypertension</td>
<td></td>
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<tr>
<td>HIV</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Other (please state)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seasonal Influenza Vaccination Service</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other vaccinations</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Childhood vaccinations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis (at risk workers or patients)</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>HPV</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Travel vaccines</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Other – (please state)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>NRT Voucher Dispensing</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Intermediate Stop Smoking Service</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Currently commissioned to provide | Company led service\(^{14}\) | Potentially willing to provide in future if commissioned\(^{15}\) | Not able or willing to provide
---|---|---|---
Varenicline PDG Service | | | |
Supervised Administration Service | | | |

**If you provide supervised administration service, is this done in a separate private room?**

<table>
<thead>
<tr>
<th>Service (what therapeutic areas are covered?)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplementary Prescribing Service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vascular Risk Assessment Service (NHS Health Check)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Palliative care service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV Antibiotics supply</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domiciliary Medicine Administration Records (MAR)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Locally Commissioned Domiciliary MUR Service(^{16})</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 7.4: Non-commissioned services

Does the pharmacy provide any of the following?

<table>
<thead>
<tr>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collection of prescriptions from GP practices</td>
</tr>
<tr>
<td>Delivery of dispensed medicines – Free of charge on request</td>
</tr>
<tr>
<td>Delivery of dispensed medicines - Chargeable</td>
</tr>
<tr>
<td>Monitored/Community Dosage Systems – Free of charge on request if not covered by Equality Act (DDA)</td>
</tr>
<tr>
<td>Monitored/Community Dosage Systems – Chargeable if not covered by Equality Act (DDA)</td>
</tr>
</tbody>
</table>

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

Free text field

### 8: Accessibility

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can customers legally park within 50 metres of the pharmacy?</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>How far is the nearest bus stop/train station?</td>
<td>□ Within 100m □ 100m to 500m □ 500m to 1km □ Other □ None</td>
<td></td>
</tr>
<tr>
<td>Do pharmacy customers have access to a designated disabled parking?</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>Is the entrance to the pharmacy suitable for wheelchair access unaided?</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>Are all areas of the pharmacy floor accessible by wheelchair?</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>Do you have any other facilities in the pharmacy aimed at supporting disabled people access your service?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Automatic door assistance</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>Bell at front door</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>Toilet facilities accessible by wheelchair users</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>Hearing loop</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
</tbody>
</table>

\(^{16}\) Currently commissioned by Warrington LA
Sign language | Yes | No
---|---|---
Large print labels | Yes | No
Large print leaflets | Yes | No
Wheelchair ramp access | Yes | No
Other, please state | Free text field

Are you able to offer support to people whose first language is not English? If so how?

Use of interpreter/language line | Yes | No
Staff at pharmacy speak languages other than English (please indicate which languages) | Free text field

Are you able to provide advice and support if a customer wishes to speak to a person of the same sex?

At all times | Yes | No
By arrangement | Yes | No

Are you aware of any gaps in access or pharmaceutical need for any of the following groups, relating to their:

| Age | Yes | No |
| Disability | Yes | No |
| Gender | Yes | No |
| People who have had or about to have a reassignment of gender | Yes | No |
| Marriage and civil partnership | Yes | No |
| Pregnancy and maternity | Yes | No |
| Race | Yes | No |
| Religion or belief | Yes | No |
| Sexual orientation | Yes | No |
| Other, (please state) | Free text field |

9: IT Facilities Select any that apply

- Electronic Prescription Service Release 2 enabled
- Registered for NHS mail
- NHS Summary Care Record enabled
- Up to date NHS Choice entry
Pharmaceutical Needs Assessment
Pharmacy Survey 2017 – Results

Summary of Results

- There are 76 pharmacies in Sefton and all 76 responded to the survey, giving a response rate of 100%
- 97% of pharmacies offered at least one advanced service to patients, most commonly a medicine review service or a new medicine service
- The most common locally commissioned services offered by Sefton pharmacies include NRT voucher dispensing (78%), and seasonal flu vaccination (70%).
- 96% of Sefton pharmacies offer a free dispensed medicine delivery service
- 88% of Sefton pharmacies offer a monitored dosage system to patients
- 20% of pharmacies can offer support to patients whose first language is not English
- 96% of pharmacies can provide advice and support to patients wishing to speak to someone of the same sex
- 99% of pharmacies have a private consultation area and 85% of these consultation areas are accessible by wheelchair

Further analysis can be found within this report.

Introduction
Health and Wellbeing Boards have, since 1st April 2013, responsibility to produce a pharmaceutical needs assessment (PNA). This is a statutory document that assesses the pharmacy needs of the local population, by identifying what pharmaceutical services are currently available in the area and where we are likely to need these services in the future because of changes to the health or geographical location of the local population. The PNA is used by the NHS England when deciding on pharmacy applications. Failure to comply with the regulatory duties may lead to a legal challenge. Part of the development of the PNA involved sending a questionnaire to the seventy-six pharmacies in Sefton to gain an insight into the services that they offer and whether there are any gaps in service provision across the borough.

Methodology
The PNA pharmacy survey was developed through a Cheshire and Merseyside steering group set up specifically to look at the survey development. The steering group consisted of public health intelligence leads across the Cheshire and Merseyside footprint. The partnership approach to the survey development was adopted as it would allow for comparison of results between local authority areas, resulting in consistency in the development of the final PNA product. The survey was distributed to pharmacies using PharmOutcomes, a web-based system that allows the collection of information from pharmacies.

Results
This report will be a discussion of Sefton pharmacy results only. There are 76 pharmacies in Sefton, all of which responded to the survey, giving a response rate of 100%.

**Services Offered**

**Advanced Services**

Pharmacies were asked a number of questions relating to the services that they offer. Firstly an analysis of advanced services offered was completed. There are six advanced services within the NHS community pharmacy contract. Community pharmacies can opt to provide any of these services. An analysis of advanced services shows the following:

- 73 pharmacies (96%) offer a medicine review service and the remaining 3 are intending to begin providing the service within the next 12 months
- 73 pharmacies (96%) offer a new medicine service
- 12 pharmacies (16%) offer an appliance use review
- 8 pharmacies (11%) offer stoma appliance customisation
- 54 pharmacies (71%) offer the NHS flu vaccination service and a further 9 (12%) are intending to provide the service within the next 12 months
- 9 pharmacies (12%) offer the NHS Urgent Medicine Supply Advances Service
- 2 pharmacies did not currently offer any advanced services to patients

![Figure 1 - Advanced Services provided](image-url)
In addition to this, pharmacies were also asked whether they dispense stoma appliances, incontinence appliances or dressings. An analysis of this shows the following:

- 74% of pharmacies dispense stoma appliances
- 74% of pharmacies dispense incontinence appliances
- 91% of pharmacies dispense dressings

![Figure 2 - Appliances dispensed by the pharmacy](image)

**Enhanced and other locally commissioned services**

Pharmacies were then asked about their delivery of any other locally commissioned services (or enhanced services) including urgent care services, disease specific medicines management services, public health services, medicines optimisation services, screening services and vaccinations. Pharmacies were asked whether they currently provided NHS funded services, company led/private services or if they were willing to provide these services.

The most frequently delivered services were NRT voucher dispensing (78%), supervised administration service (55%) and emergency contraception service (53%). Several services were not delivered by any pharmacies including anticoagulant monitoring, antiviral distribution service, supplementary prescribing service, prescriber support service, screening programmes for Alcohol, Atrial Fibrillation, H. Pylori and Hba1C and some disease specific medicines management services (Depression, Epilepsy, Heart Failure and Parkinson’s).
Figure 3: Enhanced and locally commissioned services (Top 20)
Table 1: Figure 3: Enhanced and locally commissioned services

Despite few pharmacies currently delivering disease specific medicines management services over 90% of pharmacies were willing to deliver these types of service. There was also high willingness to provide anti-viral distribution service (92.1%) and Chlamydia treatment services (90.8%). Pharmacies were most likely to say they were not willing or able to provide out of hours services (49%), supplementary prescribing service (38%) and independent prescribing service (34%).
Figure 4: Locally commissioned services Sefton pharmacies willing to provide

Figure 5: Locally commissioned services Sefton pharmacies not willing or able to provide

**Prescription Collection and Delivery of Medicines**

Pharmacies were asked whether they provided prescription collection services, medicine delivery services and monitored dosage systems. All pharmacies said they offered collection of prescriptions from GP practices and 73 pharmacies (96%) offered delivery of dispensed medicines. All of the 73 pharmacies delivering dispensed medicines provided a service which was free of charge. Seven of these pharmacies also offered a chargeable delivery service for dispensed medicines (9% of pharmacies overall).
Monitored Dosage Systems
Monitored Dosage Systems (MDS) is a medication storage device designed to simplify the administration of solid oral dose medication. 67 pharmacies (88%) offered these systems on request if not covered by the Equality Act (DDA). 52 pharmacies (68%) only offered this service for free, 2 (3%) only offered the system at a charge and 13 (17%) provided the system both for free and at a charge.

Healthy Living Pharmacies
The Healthy Living Pharmacy (HLP) framework is a tiered commissioning framework aimed at achieving consistent delivery of a broad range of high quality services through community pharmacies to meet local need, improve the health and wellbeing of the local population and reduce health inequalities. It is a nationally agreed accreditation or ‘kite mark’ for community pharmacies which deliver proactive health and wellbeing advice as part of their day to day role.

The HLP framework is underpinned by three enablers:

- workforce development – a skilled team to pro-actively support and promote behaviour change, improving health and wellbeing
- premises that are fit for purpose
- engagement with the local community, other health professionals (especially GPs), social care and public health professionals and local authorities

Pharmacies were asked about their engagement with the HLP framework. Just over half (51%) of the pharmacies said they had achieved HLP status and a further 37% were currently working towards HLP status. Of the remaining 9 pharmacies, two thirds were interested in becoming a HLP in the future.
Accessibility
The next set of questions aimed to understand the accessibility of the pharmacy for the patient. A number of questions were asked about accessibility from a transportation, disability and language perspective.

All but 2 of the pharmacies (97%) said customers can legally park within 50 metres of the pharmacy. When asked about access to public transport, 82% said there was a bus stop or train station within 100 metres and a further 17% said there was one within 100 to 500 metres.

When asked about facilities for disabled patients, over half (57%) said customers have access to designated disabled parking. Approximately 84% of pharmacies have an entrance which can be used unaided by wheelchair users and 93% of pharmacies state that all areas of the pharmacy floor can be accessed by wheelchair users. Pharmacies were also asked what other facilities were in place to support disabled customers. A large proportion of pharmacies surveyed offer services large print labels. The facilities offered to support disabled patients are shown below.

![Figure 7 - Support for disabled patients](image)

Of the pharmacies surveyed, approximately 20% are able to offer support for patients whose first language is not English. When asked how they did this, 13 (17%) said they used an interpreter/language line and 12 (16%) said that a member of staff in the pharmacy could speak languages other than English. An analysis of other languages staff could speak is shown below.

<table>
<thead>
<tr>
<th>Other languages</th>
<th>Number of pharmacies where staff can communicate in this language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spanish</td>
<td>4</td>
</tr>
<tr>
<td>Punjabi</td>
<td>4</td>
</tr>
<tr>
<td>Language</td>
<td>Count</td>
</tr>
<tr>
<td>----------</td>
<td>-------</td>
</tr>
<tr>
<td>Polish</td>
<td>4</td>
</tr>
<tr>
<td>French</td>
<td>3</td>
</tr>
<tr>
<td>Hindi</td>
<td>3</td>
</tr>
<tr>
<td>Urdu</td>
<td>3</td>
</tr>
<tr>
<td>German</td>
<td>2</td>
</tr>
<tr>
<td>Gujarati</td>
<td>2</td>
</tr>
<tr>
<td>Chinese</td>
<td>1</td>
</tr>
<tr>
<td>Italian</td>
<td>1</td>
</tr>
<tr>
<td>Tamil</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 2 - Languages other than English spoken by staff

Pharmacies were asked whether they were able to provide advice and support if a customer wished to speak to a person of the same sex. Only three pharmacies were not able to accommodate this request. 46% of pharmacies could provide this service at all times and a further 50% were able to provide this by arrangement.

Finally pharmacies were asked if they were aware of any gaps in access or pharmaceutical needs for particular groups. Two pharmacies said they were aware of gaps in access relating to disability in particular lack of hearing loops, doorbell and accessible toilets. One said they were aware of gaps in access/need relating to people who have had reassignment of gender but did not provide specific details.

**Consultation facilities**

When asked whether there is a consultation area available that meets the criteria for Medicine Use Reviews where a patient and pharmacist can sit down together, talk at a normal speaking volume without being over heard by customers or staff and is clearly signed as private consultation, 75 of the 76 pharmacies stated that this facility was available. The one pharmacy that did not currently have a consultation area available said that one was planned within the next 12 months. All pharmacies with a consultation area stated that it was a closed room. 92% of these pharmacies had access to 1 room and 8% had 2 consultation rooms on site. Approximately 85% stated that the consultation area was accessible by wheelchair.

Pharmacies were asked about access to hand washing facilities and toilet facilities. 70% of pharmacies had handwashing facilities in the consultation area and 21% of pharmacies had toilet facilities that patients could access. Patient access to toilet facilities would be needed for some screening services such as pregnancy testing or chlamydia screening. 7 pharmacies (9%) had no access to hand washing facilities in or close to the consultation area.

Finally pharmacies were asked if they would be willing to undertake consultations in patient’s homes or another suitable site. Over half (57%) suggested they would be prepared to do this.
Conclusions and next steps
This pharmacy survey was completed as part of the development of Sefton’s 2018 Pharmaceutical Needs Assessment. The purpose of the survey was to gain an understanding of what services were offered by pharmacies and whether there were any gaps in service provision. All of the 76 pharmacies within Sefton responded to the survey indicating what services they offered and how they supported their patients. The results of this will be included within the final Pharmaceutical Needs Assessment document.

The next step of the Pharmaceutical Needs Assessment development is the completion of a patient survey. This will be completed during summer 2017, and will provide an understanding of service provision from a patient perspective. Again, this will be included within the final documentation, which will be published by 1st April 2018.
Appendix 6 Public and Patient Questionnaire

Sefton Council

Have your say on Pharmacy Services in Sefton

6th Floor, Merton House, Stanley Road, Bootle.
Telephone 0151 934 3130
**Introduction**

Since 1\textsuperscript{st} April 2013, Health and Wellbeing Boards have had responsibility to produce a pharmaceutical needs assessment (PNA). This is a statutory document that assesses the pharmacy needs of the local population, by identifying what services are currently available in the area and where we are likely to need these services in the future because of changes to the health or geographical location of the local population.

The PNA is used by the NHS England when deciding on pharmacy applications. Each Health and Wellbeing Board must publish its first PNA by 1\textsuperscript{st} April 2015 and make a revised assessment earlier than this after identifying changes to the need for pharmaceutical services which are of a significant extent. Consultation is required as part of the statutory duty of producing a PNA.

The published PNA will be used as the framework for commissioning pharmacy services. If gaps in provision are identified, new providers can apply to deliver appropriate services to meet the need. To help inform the draft PNA, it is important to obtain the experiences from the public.

**What is this survey for?**

This survey is to ask you what you think about the proposals for the PNA in Sefton.

**When will the consultation start and end?**

The consultation will start on Thursday 1\textsuperscript{st} June 2017 and will end on Thursday 31\textsuperscript{st} August 2017.

**How to get involved**

To give us your views complete this questionnaire or go to www.sefton.gov.uk and fill in the online questionnaire. If you need more information please telephone 0151 934 3070 for more information.

Copies of this consultation document are available in large print and other formats. To request this service please call 0151 934 3070.

Please return completed questionnaires to:

Freepost RTGY-JKUL-UKGT  
Sefton Public Health  
6\textsuperscript{th} Floor  
Merton House  
Stanley Road  
Bootle L30 3DL

**What we will do with your feedback?**
The information you give us is private and confidential and we will follow the law and the Data Protection Act 1998. The information will be destroyed after it is not needed any more. Your views and the information that you provide will be analysed and will form part of a report to the Council to make a decision on the future of Adult Social Care in Sefton.

**How will I know the outcome of the consultation?**

When the consultation is complete we will write a Report which will tell you what the consultation is telling us and how we have used this to inform the next stage of the process of developing the PNA. This report will be available on the Council’s website. The report can be provided in other formats if requested.
What do we mean by a Pharmacy?

Some people call them a chemist, but in this survey we use the word pharmacy. By pharmacy, we mean a place you would use to get a prescription or buy medicines which you can’t buy anywhere else.

The following questions are about the last time you used a pharmacy

1. Why did you visit the pharmacy? (Please tick all that apply)

   - [ ] To collect a prescription for yourself
   - [ ] To collect a prescription for someone else
   - [ ] To get advice from the pharmacist
   - [ ] To buy other medications I cannot buy elsewhere
   - [ ] Other (please give details below)

How easy is it to use your usual pharmacy?

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

   - [ ] In the last week
   - [ ] In the last month
   - [ ] In the last three to six months
   - [ ] Not in the last six months
3. How did you get to the pharmacy? *(Please tick all that apply)*

- [ ] Walking
- [ ] Public Transport
- [ ] Car
- [ ] Taxi
- [ ] Cycling
- [ ] Other (please give details below)

4. Thinking about the location of the pharmacy, which of the following is important to you? Please select **up to three**

- [ ] It is close to my doctor’s surgery
- [ ] It is close to my home
- [ ] It is close to where I work
- [ ] It is in my local supermarket
- [ ] It is close to other shops I use
- [ ] It is close to my children’s school or nursery
- [ ] It is easy to park nearby
- [ ] It is near to the bus stop / train station
- [ ] Other (please give details below)
5. How easy is to get to your usual pharmacy? *(Please tick one)*

- [ ] It is very easy
- [ ] It is quite easy
- [ ] It is not easy
- [ ] It is not easy at all

6. If you have a condition that affects your mobility, are you able to park close enough to your pharmacy?

- [ ] Yes
- [ ] No

7. Does your pharmacy deliver medication to your home if you are unable to collect it yourself?

- [ ] Yes
- [ ] No
- [ ] I have never used this service

8. In the last 12 months have you had any problems finding a pharmacy to get a medicine dispensed, to get advice or to buy medicines?

- [ ] Yes
- [ ] No – go to question 9

If you answered yes, please tell us what was the problem finding a pharmacy
9. In the last 12 months how many times have you needed to use your pharmacy or if it was closed another pharmacy close to you?

- [ ] Once or twice
- [ ] Three or four times
- [ ] Five or more times
- [ ] I haven’t needed to use the pharmacy when it was closed  **Go to Question 13**

10. What day of the week was it? Please tick one:

- [ ] Monday to Friday
- [ ] Saturday
- [ ] Sunday
- [ ] Bank Holiday

11. What time of the day was it?

- [ ] Morning
- [ ] Lunch-time (between 12 pm – 2 pm)
- [ ] Afternoon
- [ ] Evening (after 7.00 pm)

12. What did you do when your pharmacy was closed?

- [ ] Went to another pharmacy
- [ ] Waited until the pharmacy was open
- [ ] Went to a hospital
- [ ] Went to a Walk in Centre
- [ ] Other (please specify)
About any medicines you receive on prescription and dispensed by your usual, or local pharmacy

13. Did you get a prescription filled the last time you used a pharmacy?

☐ Yes – go to question 14

☐ No – go to question 20

14. Did the staff at the pharmacy tell you how long you would have to wait for your prescription to be prepared?

☐ Yes

☐ No but I would have liked to have been told

☐ No but I did not mind

15. If ‘yes’ do you think this was a reasonable amount of time to wait?

☐ Yes

☐ No

16. Did you get all the medicines that you needed on this occasion?

☐ Yes - go to question 20

☐ No – go to question 17

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

Please tick one

☐ The pharmacy had run out of my medicine

☐ My GP had not prescribed something I wanted

☐ My prescription had not arrived at the pharmacy

☐ Another reason (please specify)

18. How long did you have to wait to get the rest of your medicines? Please tick one
Later the same day
The next day
Two or more days
More than a week

19. Did the pharmacist offer to deliver the remainder of your prescription to your home?

Yes
No

20. If you have needed to use a hospital pharmacy (e.g. as an outpatient or on discharge following a stay in hospital), would you like to have the option to have the prescription dispensed as your local pharmacy

Yes
No
I have never used a hospital pharmacy

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

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

Yes
No – go to question 25
22. What advice were you given during your consultation?

- [ ] Lifestyle advice
  (e.g. stop smoking, diet and nutrition, physical activity etc.)
- [ ] Advice about a minor ailment
- [ ] Medicine advice
- [ ] Emergency contraception advice
- [ ] Other (please specify)

23. Where did you have your consultation with the pharmacist? (Please tick one)

- [ ] At the Pharmacy Counter
- [ ] In the dispensary or a quiet part of the shop
- [ ] In a separate room
- [ ] Over the telephone (Go to question 25)
- [ ] Other (please specify)
24. How do you rate the level of privacy you have in the consultation with the pharmacist? (Please tick one)

- [ ] Excellent
- [ ] Good
- [ ] Fair
- [ ] Poor
- [ ] Very poor

About what you feel pharmacies should be able to offer you

25. Please tell us how you would describe your feelings about pharmacies. (Please tick one)

- [ ] I think that pharmacies could provide more services for me
- [ ] I am satisfied with the range of services pharmacies provide

26. Which if any of the services below do you think should be available locally through pharmacies? Please tick one box per row

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) To get treatment of a minor illness such as a cold instead of my doctor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Advice on stopping smoking and/or vouchers for nicotine patches/gum etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Advice on contraception and supply of “morning after” pill free of charge</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Weight management services and advice on diet/exercise for weight management.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Tests to check blood pressure, cholesterol, whether I might get diabetes or other conditions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) Advice and treatment for drug and alcohol abuse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g) Review of medicines on repeat prescription with advice on when it is best to take them, what</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
they are for and side-effects to expect

h) **Provision of flu vaccinations**

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

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

29. Is there anything you would like to change about your pharmacy?
Finally please provide some details about yourself

Answer as much or as little as you want. Sefton Council will not share your personal data. However, we will share the anonymised results of the consultation with partners who we work with to deliver local services. Your contributions will be anonymised on receipt and your comments will then be used for research and consultation purposes. Your identity will not be published by us at any stage without your consent unless we are obliged to do so by law.

1. Please tell us the first part of your postcode (the first 3 or 4 letters and numbers)

2. Are you

   Male   Female

3. How old are you?

   18-29  30-39  40-49
   50-59  60-69  70+

4. Disability: Do you have any of the following (please tick all that apply):

   Physical Impairment
   Visual Impairment
   Learning Difficulty
   Hearing Impairment/deaf
   Mental health/mental distress
   Long term illness that affects your daily activity

Other (please specify)
Please read the following statement ...

If you have ticked any of the boxes above, or you have cancer, diabetes or HIV this would be classed as ‘disability’ under the legislation. Do you consider yourself to be ‘disabled’?

Yes ☐  No ☐

5. Ethnicity – do you identify as ....

**Asian:**

- Bangladeshi ☐  Indian ☐
- Pakistani ☐  Other Asian background ☐

**Black**

- African ☐  British ☐
- Caribbean ☐  Other black background ☐

**Chinese**

- Chinese ☐  Other Chinese background ☐

**Mixed Ethnic Background:-**

- Asian and White ☐  Black African and White ☐
- Black Caribbean and White ☐  Other mixed ☐

**White**

- British ☐  English ☐
- Irish ☐  Scottish ☐
- Welsh ☐  Polish ☐
- Latvian ☐  Gypsy/Traveller ☐
- Other White background ☐
The following questions are a little more personal and you can choose to stop here if you wish, however it would be really helpful if you would consent to complete ...

5. Do you have a religion or belief?

Yes [ ] No [ ]

If you ticked yes, please tick one of the following

Buddhist [ ] Christian [ ]
Hindu [ ] Jewish [ ]
Muslim [ ] Sikh [ ]
No religion [ ]
Other – please specify

6. How would you describe your sexual orientation?

Heterosexual [ ] Bisexual [ ]
Gay [ ] Lesbian [ ]

7. Do you live in the gender you were given at birth?

Yes [ ] No [ ]
Appendix 7: Formal Consultation Letter and Questionnaire

Sefton Council

Public Health
6th Floor, Merton House
Stanley Road
Bootle, Merseyside
L20 3DL
Tel 0151 934 3070
public.health@sefton.gov.uk

Monday 20th November 2017

Dear Sir / Madam,

Consultation on Sefton Pharmaceutical Needs Assessment (PNA) 2018-2021

Sefton Health and Wellbeing Board are required by law to produce a Pharmaceutical Needs Assessment (PNA) every three years, and to make sure that it is available for stakeholders to comment on before it is finalised and published.

The pharmaceutical needs assessment describes pharmacy provision in Sefton together with when and where these are available. NHS England also uses the PNA when considering applications to open a new pharmacy, move an existing pharmacy or commission additional services from a pharmacy.

The key outcomes for this consultation are:

- To encourage constructive feedback from a variety of stakeholders and professional bodies between 20th November 2017 and 18th January 2018.
- To ensure that residents and professionals provide opinions and views of what is contained within the PNA.

The draft PNA can be found by accessing this link on Sefton Council’s website. If you require a paper version of the PNA, please contact Steve Gowland on 0151 934 3070. To comment and feedback there is also a short response form to complete which can be via this link. Alternatively you can respond formally in writing to the above return address using this form.

All feedback will be considered and the PNA steering group will decide on behalf of the HWB which sections of the PNA need amending. A consultation report will be included within the final PNA document. This will provide an overview of the feedback received and set out how comments have been acted upon. An updated PNA including the consultation process and responses will be presented to the Health and Wellbeing Board in March for final publication from April 2018.

I look forward to receiving your feedback on the draft PNA.

Yours faithfully,

Matthew Ashton
Director of Public Health
On behalf of Sefton HWB

www.sefton.gov.uk
Have your say on the Sefton
Pharmaceutical Needs Assessment (PNA)

Please tick one box for each question and explain your answer where relevant.

1. Has the purpose of the PNA been explained sufficiently within section 1 of the document?
   - [ ] Yes
   - [ ] No
   - [ ] Don’t Know

   If you said ‘No’ or ‘Don’t know’, please explain:
   ________________________________________________________

2. Do sections 4 and 6 clearly set out the context and the implications for the PNA?
   - [ ] Yes
   - [ ] No
   - [ ] Don’t Know

   If you said ‘No’ or 'Don’t know', please explain:
   ________________________________________________________

3. Do sections 5 and 7 provide a reasonable description of the services which are provided in pharmacies in Sefton?
   - [ ] Yes
   - [ ] No
   - [ ] Don’t Know

   If you said ‘No’ or 'Don’t know', please explain:
   ________________________________________________________

4. Are you aware of any current pharmaceutical services currently provided that have not been included within the draft PNA?
   - [ ] Yes
5. Do you think the pharmaceutical needs of the population have been accurately reflected in the PNA?

☐ Yes
☐ No
☐ Don’t Know

If you said ‘No’ or 'Don’t know', please explain:

________________________________________________________________________

6. Do you agree with the conclusions about pharmaceutical services in Sefton?

☐ Yes
☐ No
☐ Don’t Know

If you said ‘No' or 'Don’t know', please explain:

________________________________________________________________________

7. Do you agree with the assessment of future pharmaceutical services as set out in section 7 conclusions?

☐ Yes
☐ No
☐ Don’t Know

If you said ‘No' or 'Don’t know', please explain:

________________________________________________________________________
8. If you have any other comments, please leave them below:

_______________________________________________________

Finally please provide some details about yourself

If responding on behalf of an organisation or pharmacy, please provide the following information:

Name:

Job Title:

Pharmacy Name / Organisation:

Address:

Postal code:

Email address:

Phone number:

Please confirm that you are happy for us to store these details in case we need to contact you about your feedback

Yes  No

If you are responding as an individual:

Answer as much or as little as you want. Sefton Council will not share your personal data. However, we will share the anonymised results of the consultation with partners who we work with to deliver local services. Your contributions will be anonymised on receipt and your comments will then be used for research and consultation purposes. Your identity will not be published by us at any stage without your consent unless we are obliged to do so by law

1. Please tell us the first part of your postcode (the first 3 or 4 letters and numbers)

2. Are you
   Male  Female

3. How old are you?
   18-29  30-39  40-49
4. Disability: Do you have any of the following (please tick all that apply):

- Physical Impairment
- Visual Impairment
- Learning Difficulty
- Hearing Impairment/deaf
- Mental health/mental distress
- Long term illness that affects your daily activity

Other (please specify)

5. Please read the following statement ... If you have ticked any of the boxes above, or you have cancer, diabetes or HIV this would be classed as ‘disability’ under the legislation. Do you consider yourself to be ‘disabled’?

- Yes
- No

5. Ethnicity – do you identify as ....

**Asian:**
- Bangladeshi
- Indian
- Pakistani
- Other Asian background

**Black**
- African
- British
- Caribbean
- Other black background

**Chinese**
- Chinese
- Other Chinese background

**Mixed Ethnic Background:**
- Asian and White
- Black African and White
Black Caribbean and White | Other mixed
---|---

**White**
- British
- Irish
- Welsh
- Latvian
- Other White background

The following questions are a little more personal and you can choose to stop here if you wish, however it would be really helpful if you would consent to complete ...

5. **Do you have a religion or belief?**
   - Yes
   - No

If you ticked yes, please tick one of the following:
- Buddhist
- Hindu
- Muslim
- No religion
- Other – please specify

6. **How would you describe your sexual orientation?**
   - Heterosexual
   - Gay

7. **Do you live in the gender you were given at birth?**
   - Yes
   - No
Appendix 8: Formal Consultation Response

There was one response to the draft Pharmaceutical Needs Assessment during the consultation period. The table below presents the responses to the specific feedback received.

<table>
<thead>
<tr>
<th>Question</th>
<th>Feedback</th>
<th>Response</th>
</tr>
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| 6        | “Conclusions are going by statistics, not from other experiences, and those who do not know how to co operate” | Conclusions have been developed using available statistics and responses to the pharmacy and public and patient surveys. People were asked about their experiences of using pharmacies in the public and patient survey.  
The methods for consultation and engagement were approved by the Sefton Consultation and Engagement Panel. This included methods to reach all sections of the population. Throughout the PNA process efforts have been made to engage participation in the various stages of the consultation. |
| 8        | Concern about a specific occasion to collect a prescription               | This has been passed on to the relevant organization.                                                                                                                                                     |
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