

Warwickshire Pharmaceutical Needs Assessment (PNA) 2018

Draft for Consultation



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Executive Summary

Introduction

This is the second 'pharmaceutical needs assessment' (PNA) prepared on behalf of the Warwickshire Health & Wellbeing Board (WHWB) and Warwickshire's third PNA. Since 1 April 2015, all Health and Wellbeing Boards have a legal responsibility to keep an up-to-date statement of the pharmaceutical needs for their population. PNAs are updated at least every 3 years.

The purpose of the PNA is to assess local needs for pharmacy provision across Warwickshire, to identify any gaps in service or unmet needs and to highlight any services that community pharmacies could provide to address these needs. Community pharmacies are at the heart of our communities and as such have an important role to play in improving the health and wellbeing of our population. The PNA can be used to identify and plan the current and future commissioning of services required from pharmaceutical providers including whether new pharmacies should be allowed to open or GPs allowed to dispense. It can also be an effective tool to promote pharmacy services to the population to improve the uptake of services and accessibility to health and wellbeing provision and advice.

How the PNA was undertaken?

Warwickshire has 111 community pharmacies and 23 dispensing GPs. Both were surveyed to understand current services and future opportunities, the questionnaire included current opening times and locations of premises; 79% and 73.9% respectively responded. Public and service user's views were also sought; responses were received from 318 members of the public. These views have been used to develop this document. In addition, the health and well-being needs of the local population were examined from the Warwickshire Joint Strategic Needs Assessment (JSNA) and key local and national strategies. Conclusions and recommendations are drawn on the basis of this information and described in the report.

As part of the PNA process there is a legal requirement that requires a formal consultation on this draft document for at least 60 days. The consultation will take place from the 1st December 2017 to 5th February 2018. Responses from this consultation will inform the conclusions and recommendations of the final PNA document to be published March 2018.

Findings

A summary of the findings from the 2018 PNA are contained in the table on the following page.

Conclusion

Taking into account information from stakeholders including community pharmacies and dispensing doctor practices, the number and distribution of the **current** pharmaceutical service provision in Warwickshire is assessed as sufficient. During the period of 2017-2020 an estimated 13,600 houses will be built in Warwickshire. In areas of significant development and population growth, additional **future** pharmacy provision will need to be considered. The HWB will monitor the development of major housing sites and produce supplementary statements to the PNA if deemed necessary, to ensure that appropriate information on pharmacy needs is available.

There is a need to raise awareness, signposting and improve the availability of online information to promote the services currently available. There are also opportunities for both the HWB and within the Coventry and Warwickshire Sustainability and Transformation Partnership to capitalise on the capacity within the range of services offered from community pharmacies and for future service development.

| Assessment of gaps in provision of pharmaceutical services | Opportunities/considerations |
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| <p>Access to pharmaceutical services</p> <ul style="list-style-type: none"> • <i>Overall current access to pharmaceutical services across Warwickshire is adequate for all areas</i> • <i>Evidence in this section indicates that although there is below average per capita access to pharmacies in Warwickshire at 2 pharmacies per 10,000 population compared to 2.4 per 10,000 in the West Midlands, they are well geographically distributed by population density and levels of deprivation.</i> • <i>The distribution of dispensing doctors is sufficient and allows residents in rural areas access to pharmacy services.</i> • <i>Cross border availability of pharmaceutical services is also significant across the county.</i> • <i>Opening hours indicate good access during usual working hours and adequate access on evenings and weekends across the county.</i> • <i>The results from the public survey showed that a large majority of respondents (87.4%) agree with the statement “I am always able to access the pharmacy services I require, when I need them”.</i> • <i>92.1% of respondents are aware that some pharmacies are open outside 9-5, Monday to Friday. Despite this, 41.4% of patients do not know which pharmacies are open at these times.</i> • <i>Results of the public survey show that 75% of respondent’s pharmacies are located within the same postcode area that they live.</i> • <i>The public survey showed 81% of respondents could reach a pharmacy within 10 minutes. 1% have to travel more than 30 minutes.</i> • <i>Public engagement has not highlighted any significant barriers to access. However, it should be noted that there is a lack of awareness around opening hours.</i> • <i>Many pharmacy contractors provide delivery of dispensed medicines free of charge, which improves access to services and is particularly important for the older population who may be less mobile or housebound.</i> | <ul style="list-style-type: none"> • The good levels of access to community pharmacy could be utilised further by STP leads to address local health and wellbeing needs and embedded across STP workstreams. • The population is set to increase due several large-scale housing developments as described in section 4.6. Consideration when assessing needs for local pharmaceutical service providers should be based on a range of local factors specific to each development site. In areas of significant development and population growth, additional future pharmacy provision will need to be considered. The HWB will monitor the development of major housing sites and produce supplementary statements to the PNA if deemed necessary, to ensure that appropriate information on pharmacy needs is available. • While the review of the locations, opening hours and access for people with disabilities, suggest there is adequate access to NHS pharmaceutical services in Warwickshire, the public survey indicated a demand and possible need for community pharmacies opening later and out of normal working hours. • It should be noted that there is a lack of awareness around opening hours and feedback shows that it can be difficult to find online information about the services which are available in some pharmacies and that this is not necessarily geared towards a public audience. There is no information point to find out what services are provided and where. |

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| <ul style="list-style-type: none"> • <i>Pharmaceutical services are also available from distance selling (internet pharmacies) located inside or outside of the county that make deliveries to individual homes.</i> | |
| <p>Essential services</p> <ul style="list-style-type: none"> • <i>Essential services – all pharmacies must provide these services:</i> <ul style="list-style-type: none"> ○ <i>Dispensing of prescriptions (both electronic and non-electronic), including urgent</i> ○ <i>supply of a drug or appliance without a prescription</i> ○ <i>Dispensing of repeatable prescriptions</i> ○ <i>Disposal of unwanted drugs</i> ○ <i>Promotion of healthy lifestyles</i> ○ <i>Signposting</i> ○ <i>Support for self-care</i> • <i>Essential services are provided by all Warwickshire's Pharmacy contractors.</i> • <i>Pharmacy access for essential services appears to be accessible for the majority of Warwickshire's population both geographically and at different times of day.</i> • <i>Current evidence suggests there are no gaps in the provision of essential services for the county's population.</i> | <p>Opportunities/considerations</p> <ul style="list-style-type: none"> • Many patients are not aware of essential services available from community pharmacies and although provision of these services is adequate across Warwickshire further work needs to be undertaken to raise awareness of these services and their benefits. • Essential services are provided by all pharmacies. Community pharmacies are easily accessible and can offer a valuable opportunity for reaching people who may not otherwise access health services. Pharmacy support for the public health and prevention agenda could therefore be especially valuable in more deprived communities. • Essential services allow pharmacies to support many of the objectives of the STP and JSNA, in particular, the Preventative and Proactive and Urgent and Emergency Care agendas. • Opportunities around essential services from pharmacy have been identified, including: <ul style="list-style-type: none"> ○ Closer working between pharmacies and the Prescription Ordering Direct (POD) service around repeat dispensing and behavioural change to ensure only medicines needed are dispensed. ○ Pharmacies sign-posting patients to sources of information and appropriate care pathways ○ Pharmacies can further support the self-care agenda by advising on the most appropriate choices for self-care. A minor ailments scheme could support with the agenda. |
| <p>Advanced services – Medicines Use Reviews (MURs)</p> <ul style="list-style-type: none"> • <i>The majority (97.7%) of the community pharmacies who responded to the survey within Warwickshire provide MUR services.</i> • <i>The average number of MURs conducted per pharmacy in Warwickshire in 2015/2016 was 275. Each pharmacy can provide a maximum of 400 MURs a year.</i> • <i>The public survey it shows 75.4% of Warwickshire residents are aware</i> | <p>Opportunities/considerations</p> <ul style="list-style-type: none"> • There is an opportunity to increase the number of people accessing the MUR service. • This service could support the Proactive and Preventative agenda of the STP through increased targeting of those with long term conditions (cardiovascular and respiratory disease), residents that have recently been discharged from hospital (via post-discharge MURs) and those taking high risk |

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| <p><i>and 82.5% are satisfied and very satisfied with this service.</i></p> | <p>medicines. Targeting MURs at the most complex patients, and those with complex prescriptions may yield the greatest benefit.</p> <ul style="list-style-type: none"> • There is the potential for the service to reduce hospital admissions through MURs and supports the Urgent and Emergency Care work stream of the STP. There is also capacity for MURs to become more effectively embedded in wider pathways such as health checks and stroke prevention. |
| <p>Advanced services – New Medicines Service (NMS)</p> <ul style="list-style-type: none"> • <i>The majority of pharmacies in Warwickshire (96.6%) responding to the survey currently offer the NMS service</i> • <i>Provision of the service is considered to be adequate but could be improved.</i> • <i>The results from the public survey demonstrated that awareness and overall satisfaction with the survey are high but could be improved (74.4% patients are aware of this service and 76.4% of respondents said they were very satisfied and satisfied with the service).</i> | <p>Opportunities/considerations</p> <ul style="list-style-type: none"> • There is potential for the service to be accessed by more people, particularly in target populations (such as cardiovascular and respiratory disease) and all pharmacies should be encouraged to provide it. An improved and automatic referral system for NMS from GP to pharmacy using the model used in other areas could support increased use and awareness of the service. • The service supports medicines adherence, self-management of long term conditions and adverse events from medicines thus reducing hospital admissions. These aims support the Proactive and Preventative and Urgent and Emergency agendas of the STP. • The NMS service should be actively embedded into care pathways, supporting direct referral or signposting from primary and secondary care and other healthcare providers. |
| <p>Advanced services – Appliance Use Reviews (AURs) and Stoma Appliance Customisation (SACs)</p> <ul style="list-style-type: none"> • <i>Demand for the appliance advanced services (SAC and AUR) is lower than for the other advanced services due to the much smaller proportion of the population that may be targeted.</i> • <i>It is optional for pharmacies to offer the AUR and SAC service.</i> • <i>NHS BSA data shows community pharmacy contractors completed fewer AURs in 2015/16 relative to the national average.</i> • <i>Public survey results showed over half of patients were not aware they could receive advice from their local pharmacy around appliance use.</i> • <i>No current gaps in provision have been identified based on the information available. However the demands of the services should be</i> | <p>Opportunities/considerations</p> <ul style="list-style-type: none"> • Warwickshire is projected to have an increasingly older population profile therefore the demand for these services is expected to increase. Commissioners should monitor if the current number of providers in Warwickshire is sufficient to meet demand. • Geographically, location for the provision of these services could be looked further, as more pharmacies could offer these services in areas of the county that have an older age population. • Although demand for the appliance based advanced services (SAC and AUR) is lower than for the other advanced services, it is possible for more appliance based reviews to be offered from community pharmacies in Warwickshire. |

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| <i>assessed continually based on service models and demographic changes.</i> | |
| Advanced services – Flu vaccination | Opportunities/considerations |
| <ul style="list-style-type: none"> <i>Results from the pharmacy contractor survey show that there are currently a total of 70 (79.6%) community pharmacies that provide seasonal flu vaccinations in Warwickshire.</i> <i>The public survey show that 77% of patients are aware of the flu jab service and over half (57.1%) of patients are very satisfied and satisfied with the service.</i> <i>This service sits alongside the nationally commissioned GP vaccination service, giving patients another choice of venue for their vaccination.</i> <i>No gaps in provision have been identified based on the information available.</i> | <ul style="list-style-type: none"> Flu immunisation is a cost effective health protection intervention, which supports the prevention of the spread of infectious disease, reducing illness and complications of flu, which, although a mild illness in most, can be fatal. Pharmacies in Warwickshire should continue to be encouraged to provide the Flu vaccine. |
| Advanced services – NHS Urgent Medicine Supply Advanced Service (NUMSAS) | Opportunities/considerations |
| <ul style="list-style-type: none"> <i>The NUMSAS pilot service commenced on 1st December 2016 and will run until 31st March 2018.</i> <i>NUMSAS enables access to medicines or appliances Out-of-Hours via community pharmacy, relieving pressure on urgent and emergency care services by shifting demand from GP OOH providers to community pharmacy</i> <i>The pharmacy contractor survey shows 21 (23.9%) pharmacy contractors in Warwickshire are registered to provide the NUMSAS service.</i> <i>61.8% of the public were aware they could get an emergency supply of medication from the pharmacy. In contrast, Emergency supply of medication was also the second most requested service the public would like to see from Warwickshire pharmacies.</i> <i>No gaps in provision have been identified based on the information available. However, there is opportunity to review this after the pilot period.</i> | <ul style="list-style-type: none"> This service supports the Urgent and Emergency Care work stream of the STP, by appropriately managing the NHS 111 requests for urgent supply of medicines and appliances. This could reduce the demand on the rest of the urgent care system. It could identify problems that lead to individual patients running out of their regular medicines or appliances and recommend potential solutions to prevent this from happening in the future. Survey results show that awareness of this service availability from community pharmacy needs to be increased. Evaluation of the pilot service in terms of referral rates to community pharmacy and impact on GP OOH appointments for urgent repeat prescription requests is necessary before an assessment of adequacy of provision can be made. |
| Healthy Living Pharmacies (HLPs) | Opportunities/considerations for pharmaceutical providers |

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| <ul style="list-style-type: none"> • <i>Information from the Local Pharmaceutical Committee (LPC) shows that 67.6% (75/111) pharmacies in Warwickshire are accredited as HLPs as of November 2017.</i> • <i>Warwickshire Public Health have supported the HLP programme to encourage Warwickshire pharmacies to be early adopters.</i> • <i>From the April QPS review point data it can be seen that 25/102 of pharmacies reported that they were a Healthy Living Pharmacy – Level 1 (self-assessment).</i> | <ul style="list-style-type: none"> • Expansion of the Healthy Living Pharmacy Level 1 should continue • Commissioners and the LPC should work together to ensure HLPs continue to develop and ensure effective, systematic health promotion, brief advice and signposting across community pharmacy and commissioned services. • Existing HLP Level 1 (Promotion) pharmacies providing locally commissioned services should consider and be supported to develop to HLP Level 2 (Prevention) status to boost the impact of locally commissioned prevention services. • The STP and local commissioners should consider the opportunities that HLP status can support wider programmes of work, including physical and mental health and wellbeing, diabetes, and cardiovascular disease. • The development of "hub" model through OOH and in community settings, as proposed in the JSNA, provides an opportunity to link to HLPs through signposting and referrals. |
| Quality Payments Scheme (QPS) <ul style="list-style-type: none"> • <i>91.9% (102/111) of pharmacies in Warwickshire meet the essential Gateway criteria for the Quality Payments Scheme (QPS):</i> <ul style="list-style-type: none"> ○ <i>Offer at least one of the specified advanced service</i> ○ <i>Keep an up to date NHS Choices entry</i> ○ <i>Be able to send and receive NHS mail</i> ○ <i>Use the Electronic Prescription Service (EPS)</i> | Opportunities/considerations <ul style="list-style-type: none"> • Pharmacies not already accredited for QPS should be encouraged to apply so that they receive payments for achieving key criteria that meet various national public health and local objectives. |
| Locally Commissioned Service - Sexual Health <ul style="list-style-type: none"> • <i>There are currently 49 pharmacies in Warwickshire providing the Sexual health services (Emergency Hormonal Contraception and Chlamydia Screening and Treatment)</i> • <i>The public survey showed 53.6% were aware of sexual health services provided by pharmacies. 68% were satisfied or very satisfied with the service.</i> • <i>The Sexual Health service (Emergency Hormonal Contraception and Chlamydia screening and treatment) has adequate levels of provision.</i> • <i>Pharmacies providing this service are well located across areas of</i> | Opportunities/considerations <ul style="list-style-type: none"> • Pharmacies in <i>Coventry</i> which borders Warwickshire are commissioned to provide C card distribution (condom distribution scheme) and pregnancy testing in addition to EHC and chlamydia testing. • A pilot of the C card (condom distribution Scheme) in Nuneaton, Bedworth and Atherstone commenced in September 2017 which included local community pharmacies. Data was not available during production of this PNA. |

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| <i>deprivation and where the population of 13-25 year olds is relatively high in the county.</i> | |
| Locally Commissioned Service - Substance Misuse Services <ul style="list-style-type: none"> <i>There are currently 25 pharmacies in Warwickshire providing the Needle Exchange service and 56 pharmacies providing the Supervised Consumption service.</i> <i>The Supervised consumption and Needle Exchange services have adequate levels of provision across the County.</i> <i>Pharmacies are well located across areas of deprivation to provide the Needle Exchange and Supervised consumption services.</i> <i>There is currently no Alcohol screening service or Naloxone intervention kit service being provided by Warwickshire pharmacy service providers.</i> | Opportunities/considerations <ul style="list-style-type: none"> It should be noted that non-pharmacy providers throughout Warwickshire provide Substance Misuse services that include supervised consumption and needle exchange. Any planned increases in service provision should therefore take these providers into account. Consideration should be made to provide alcohol and naloxone services (which are newly being provided in Coventry and fall under this category). This would support these specific local JSNA priority needs. |
| Locally Commissioned Service - Smoking Cessation service <ul style="list-style-type: none"> <i>There are currently 43 pharmacies in Warwickshire providing the Smoking Cessation service.</i> <i>Results from the public survey showed that the service was one of the most recognised services among respondents (77.7%) and levels of satisfaction are high.</i> <i>The Smoking Cessation service has adequate levels of provision; pharmacies are well located across areas of deprivation</i> | Opportunities/considerations <ul style="list-style-type: none"> Smoking and cancer are key priorities in the Warwickshire JSNA. The Smoking Needs Assessment (2016)¹ suggested that smokers from deprived backgrounds should be targeted where there are higher levels of smoking. This PNA has found this is largely the case currently. However, commissioners may want to consider this further. Community pharmacies remain well placed to offer opportunistic smoking cessation advice when seeing patients attending for prescriptions and customers. |
| Locally commissioned services – other <ul style="list-style-type: none"> <i>In the public survey some respondents would like to use a service that provides blood tests and health tests (cholesterol, blood pressure, diabetes, weight).</i> | Opportunities/considerations <ul style="list-style-type: none"> Consideration should be made into provision of a Phlebotomy service (currently being provided in the neighbouring Coventry) and increasing the number of accredited HLPs in the county. For a pilot period, 7 pharmacies in Nuneaton and Bedworth borough and Rugby borough are carrying out first fall prevention assessments. If a client |

¹ <http://apps.warwickshire.gov.uk/api/documents/WCCC-644-405>

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| | <p>is eligible they are referred to a strength and balance programme through Fitter Futures². If rolled out across Warwickshire, there is potential to reduce polypharmacy and therefore aid the Prevention and Proactive and Urgent and Emergency Care agendas of the STP.</p> <ul style="list-style-type: none">• Shared learning and good practice from other areas indicate there is capacity for more services to be provided from community pharmacy including:<ul style="list-style-type: none">○ Testing for Hepatitis B and Hepatitis C and vaccination against Hepatitis B in community pharmacies○ Health Checks e.g. pre-diabetic checks○ Promoting awareness of good mental health○ Pharmacies could under a Patient Group Directions (PGDs) provide advice and immunisation to protect patients from diseases or blood-borne viruses. |
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² <https://fitterfutureswarwickshire.co.uk/>

1 Introduction

This document has been prepared on behalf of Warwickshire's Health and Wellbeing Board (HWB)³ in accordance with the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013⁴. It replaces the 2015 Pharmaceutical Needs Assessment (PNA) for Warwickshire. There is a need for the local health partners, pharmacies within Warwickshire and other providers of health and social care within this county to ensure that the health and pharmaceutical needs of the local population are met through the appropriate commissioning of services (see section 3.2 for further details).

The purpose of the PNA is to assess local needs for the service provision across Warwickshire, to identify any gaps in service or unmet needs of the local population and to identify any services that community pharmacies could provide to address these needs and to promote Warwickshire's population to improve uptake of these services. It can be an effective tool to enable Health and Wellbeing Boards (HWBs) to identify the current and future commissioning of services required from pharmaceutical service providers.⁵

Warwickshire County Council and Coventry City Council HWBs approached the development of the 2018 PNAs as a collaborative project, with separate reports being produced. Coventry and Warwickshire HWBs commissioned Midlands and Lancashire Commissioning Support Unit (MLCSU) to help develop the PNAs. The Coventry PNA is a separate document and this document will not consider pharmaceutical services in Coventry.

1.1 Background and legislation

The Health and Social Care Act 2012 transferred responsibility for the production and updating of PNAs from Primary Care Trusts (PCTs) to HWBs. The NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013 impose a statutory requirement on all Health and Wellbeing Boards (HWBs) to publish and keep-up-to date a statement of the needs for pharmaceutical services for the population in its area. These statements are referred to as PNAs.

The PNA is an important and core document which is used by NHS England to assess applications for opening new pharmacies in the county. NHS England also uses this document to make informed decisions on the commissioning of NHS funded services that are provided by local community pharmacies and other pharmaceutical providers.

The Health and Social Care Act 2012 transferred responsibility for the production and updating of PNAs from Primary Care Trusts (PCTs) to HWBs.

Local Authorities (LA) and CCGs have equal and joint responsibility for producing the Joint Strategic Needs Assessment (JSNA), through the HWB. The JSNA and the Joint Health and Wellbeing Strategy (JHWS) inform the preparation of the PNA. Each PNA published by a HWB will have a maximum lifetime of three years.

³ <http://hwb.warwickshire.gov.uk/>

⁴ <http://www.legislation.gov.uk/uksi/2013/349/regulation/6/made>

⁵ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/197634/Pharmaceutical_Needs_Assessment_Information_Pack.pdf

1.2 HWB duties in respect of PNA

HWBs became statutory bodies from the 1st April 2013 and every LA has a HWB which works to improve health and wellbeing and reduce inequalities through partnership working and collaboration. HWBs provide a strategic oversight across the health and care system and bring together a range of partners, including local council and NHS local commissioners, councillors and patient representatives. HWBs lead development of the Joint Strategic Needs Assessment (JSNA), Health and Wellbeing Strategy (HWS) and provide strategic influence over local commissioning.

Duties of HWBs in relation to PNAs include:

- Producing an updated PNA which complies with the regulatory requirements.
- Publishing subsequent PNAs on a three yearly basis.

HWBs are required to publish a revised assessment within three years of publishing their first assessment. If HWBs identify significant changes to the availability of pharmaceutical services since the publication of their PNA, they are required to publish a revised assessment as soon as is reasonably practical. This is unless they are satisfied that making a revised assessment would be a disproportionate response to those changes.

Not all changes to pharmaceutical services will result in a change to the need for services. If it is determined a full revised assessment is disproportionate, and then a supplementary statement should be produced. A supplementary statement is essentially a statement of fact and does not change the need. These statements can and should be produced as necessary.

1.3 Scope of the PNA

A PNA is defined in the regulations as:

“The statement of the needs for pharmaceutical services which each HWB is required to publish by virtue of section 128A of the 2006 Act⁽¹⁾ (pharmaceutical needs assessments), whether it is the statement of its first assessment or of any revised assessment, is referred to in these Regulations as a pharmaceutical needs assessment.”⁶

The PNA will inform both the public and professional bodies about the need for pharmaceutical services in Warwickshire and will consider pharmaceutical services as any services delivered through pharmacies, dispensing doctors, or appliance contractors that are commissioned on a national or local basis in the county of Warwickshire.

Pharmacy contractors provide their services under the Community Pharmacy Contractual Framework (CPCF).⁷ See section 7.1 for further details.

⁶ <http://www.legislation.gov.uk/uksi/2013/349/part/2/made>

⁷ <http://psnc.org.uk/contract-it/the-pharmacy-contract/>

1.4 Exclusions from the PNA

This PNA will not consider pharmacy provisions in prisons or in a secondary care setting. Pharmaceutical services are provided in prisons by providers contracting directly with the prison authorities.

Patients in Warwickshire have a choice of provider for their elective hospital services. Most patients choose to be treated at one of the following NHS Trusts:

- South Warwickshire NHS Foundation Trust
- University Hospitals Coventry and Warwickshire NHS Trust
- George Eliot Hospital NHS Trust

Although the PNA makes no assessment of the need for pharmaceutical services in a secondary care setting, it is still important to ensure that patients moving in and out of hospital have an integrated and seamless pharmaceutical service which ensures the continuity of support around medicines.

The PNA does not consider distance selling of medicines and appliances that maybe used by Warwickshire residents as services from these pharmaceutical providers are available nationally and not localised to a particular LA, CCG or NHS England area team. Therefore when evaluating access to pharmaceutical services provision from these providers has not informed the decision making process.

1.5 Minimum requirements

Schedule 1 of the NHS 2013 Regulations state that the PNA must include as a minimum, a statement of the following:

- **Necessary services** - pharmaceutical services which have been assessed as required to meet a pharmaceutical need. This should include their current provision (within the HWB area and outside of the area) and any current or likely future gaps in provision.
- **Relevant services** - services which have secured improvements, or better access, to pharmaceutical services. This should include their current provision (within the HWB area and outside of the area) and any current or future gaps in provision.
- Other NHS services, either provided or arranged by a LA, NHS England, a CCG, an NHS Trust or Foundation Trust which either impact upon the need for pharmaceutical services, or which would secure improvements, or better access to, pharmaceutical services within the area.
- A map showing the premises where pharmaceutical services are provided.
- An explanation of how the assessment was made.

2 Approach to the development of the PNA

2.1 Determining localities

Previously defined localities as contained in the 2015 Warwickshire PNA are still relevant.

These localities are used for many of the LA and HWB resources and documents and so uniformity of locality definition would facilitate cross referencing with the PNA. These also correlate with the new JSNA Geographies that were approved by the JSNA Strategic Group in June 2017 (See section 4.8.1 for further information).

The localities are:

- North Warwickshire Borough
- Nuneaton & Bedworth Borough
- Rugby Borough
- Stratford-on-Avon District
- Warwick District

Figure 1: Map showing localities in Warwickshire



For the purpose of this PNA, LSOAs have been chosen as the unit of geography to capture more granular differences in needs and services. LSOAs are ideal for the PNA as they are small enough to distinguish different characteristics of areas within the localities of Warwickshire and large enough for statistical information to be meaningful.

Figure 2: Map showing Lower Layer Super Output Areas (LSOAs) in Warwickshire



2.2 PNA Steering Group

The HWBs of Coventry and Warwickshire are approaching the development of the PNAs as a collaborative project, with separate reports being produced for Coventry Health and Wellbeing Board (CHWB) and Warwickshire Health and Wellbeing Board (WHWB) in accordance with the regulations.

The developments of both PNAs for 2018 have been overseen by the same multi-disciplinary steering group which included representation from organisations for both the Coventry and Warwickshire areas such as the Local Pharmaceutical Committee (LPC), Healthwatch and local CCGs. The terms of reference and members of the steering group are provided in Appendix 1.

The steering group has the following responsibilities:

- Reviewing the updated PNA 2018 to ensure it meets the statutory requirements
- Approving all public facing documentation
- Providing advice on the best method to integrate/align the PNA to the Joint Strategic Needs Assessment (JSNA)
- Providing advice and information to HWB about community pharmacies in the area
- Providing advice and information to HWB about the potential of community pharmacy to address health inequalities as addressed by the JSNA
- Providing leadership in developing a single robust PNA across Warwickshire
- Ensuring the engagement and involvement of relevant people/bodies in the development of the PNA

2.3 Information Sources

Various sources of information have been used to identify the local need and the priorities for the PNA. These include:

- Joint Strategic Needs Assessment 2014-2018 ⁸
- Coventry and Warwickshire Strategic Transformation Plan⁹
- Patient experience survey
- Pharmacy contractors survey
- Dispensing Doctors survey
- Office of National Statistics (ONS), Census data 2001
- Public Health Sources (i.e. Warwickshire County Council)
- Healthwatch Annual Report 2016/17

These data have been combined to provide a picture of the Warwickshire population, their current and future health needs and how pharmaceutical services can be used to support the WHWB improve the health and wellbeing of Warwickshire's population.

⁸ <http://hwb.warwickshire.gov.uk/about-jsna/>

⁹ <https://www.uhcw.nhs.uk/about-us/stp>

2.4 Stages of Development of the PNA

The process of developing the PNA has taken into account the requirement to involve and consult with patients and professionals about changes to health services. All specific legislative requirements in relation to the development of PNAs were duly considered and adhered to.¹

Stage 1

A project management approach was used to develop the PNA and so a steering group was established which met regularly during the development of the PNA. Stakeholder views were gathered through feedback in meetings, via telephone or feedback online via email.

Stage 2

A pharmacy survey, dispensing doctor survey and a public survey were developed to capture the views of Warwickshire residents on the current pharmaceutical services provision available in Warwickshire. The content of the surveys were then approved by the steering group. The surveys were undertaken in September 2017. Following the closure of the surveys the responses were analysed. The survey results, where possible, were validated against data already held.

Stage 3

Following the initial data collection period, results were collated and analysed in October 2017 and a summary of current provisions and the gaps in provision of pharmaceutical services was identified and fed back into the draft report.

The content of the PNA including demographics, localities and background information was approved by the steering group.

In addition to taking account of all views submitted from the stakeholders outlined above, this PNA considered a number of factors, including:

- The size and demography of the population across Warwickshire
- Adequacy of access to pharmaceutical services across Warwickshire
- Differing needs of individual localities within Warwickshire
- NHS services provided in or outside Warwickshire's area which affect the need for pharmaceutical services.
- If further provision of pharmaceutical services would secure better access to pharmaceutical services.
- The impact of predicted changes to the size of the population, the demography of the population and changing needs in the future which could lead to gaps in the provision of pharmaceutical services.

Stage 4

As required by legislation, a 60 days consultation is necessary during the process of producing this document.

2.5 Equality Assessment

The Public Sector Equality Duty (PSED) was introduced via the Equality Act 2010. It ensures that Councils and other public bodies consider how different people will be affected by their activities and services.

The council must have due regard to the need to:

- Eliminate discrimination, harassment and victimisation;
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it;
- Foster good relations between people who share a protected characteristic and people who do not share it.

In accordance with the PSED; at the outset of the PNA process the appropriate registration and paperwork was completed in accordance with the Midlands and Lancashire Commissioning Support Unit Engagement Policy.

In particular when producing the public survey, the pharmacy contractor survey and the consultation survey advice was sought to ensure adherence to the PSED. Surveys were also made available in other formats on request including an easy to read format.

2.6 Process of Formal Consultation

Under the 2013 Regulations, we will be required to consult at least once on a draft of the PNA during the process and this consultation period must last for a minimum of 60 days.

The Regulations set out that HWBs must consult the following bodies at least once during the process of developing the PNA:

- Any LPC for its area
- Any LMC for its area
- Any persons on the pharmaceutical lists and any dispensing doctors list for its area
- Any LPS chemist in its area
- Any Local Healthwatch organisation for its area
- Any NHS trust or NHS foundation trust in its area
- The NHSCB and any neighbouring HWB

3 Relevant Strategies and Plans

National policy developments may impact pharmaceutical provision or need in the next three years but the full extent of this is not yet known. This section will give a brief overview of these developments and how they may affect pharmaceutical services.

3.1 NHS Five Year Forward View

Published in 2014¹⁰, this strategy sets a vision for the NHS in England; models of care between primary and specialist care, physical and mental health and health and social care are changing, which may create opportunities for community pharmacy to bid for new services.

Part of the process also requires healthcare organisations and local authorities to work together to produce five year 'Sustainability and Transformation Plans' (STPs).

STPs are five-year plans covering all NHS spending in England, stemming from NHS England's Five Year Forward View. A total of 44 areas have been identified as the geographical 'footprints' on which the plans will be based, with an average population size of 1.2 million people (the smallest area covers a population size of 300,000 and the largest 2.8 million).

3.2 The General Practice Five Year Forward View

The General Practice Forward View represents a step change in the level of investment and support for general practice. It includes help for struggling practices, plans to reduce workload, expansion of a wider workforce, investment in technology and estates and a national development programme to accelerate transformation of services. NHS England is committing to an increase in investment to support general practice over the next five years. Furthermore this will be supplemented by GP-led CCGs as they act to transform local care systems.

Issued in April 2016¹¹, this strategy promotes the importance of pharmacy in evolving models of health and social care in England. Funding was made available to pilot clinical pharmacists in general practice so that they can play a greater role in minor ailments, long term condition management and medicines optimisation.

The programmes discussed in the Five Year Forward View will be piloted during the time covered by this PNA. There is not however evidence at this time that these proposals will impact on the need for pharmaceutical services; they may however increase demand.

3.3 Community Pharmacy Forward View

The Community Pharmacy Forward View¹² sets out the sector's ambitions to radically enhance and expand the personalised care, support and wellbeing services that community pharmacies provide.

¹⁰ <https://www.england.nhs.uk/five-year-forward-view/>

¹¹ <https://www.england.nhs.uk/gp/gpfv/>

¹² <http://psnc.org.uk/services-commissioning/community-pharmacy-forward-view/>

Pharmacy teams would be fully integrated with other local health and care services in order to improve quality and access for patients, increase NHS efficiency and produce better health outcomes for all.

It sets out three key roles for the community pharmacy of the future:

- As the facilitator of personalised care for people with long-term conditions
- As the trusted, convenient first port of call for episodic healthcare advice and treatment
- As the neighbourhood health and wellbeing hub

Many of the scenarios described are already happening in pharmacies throughout the county. The document calls for a consistent approach to involving community pharmacy's leaders in both national and local planning and decision-making.

3.4 Community Pharmacy Clinical Services Review

An independent review¹³ (the "Murray report") was commissioned by the Chief Pharmaceutical Officer Dr Keith Ridge in April 2016 following the opportunity presented by NHS England's publication of the Five Year Forward View in October 2014 and the General Practice Forward View in April 2016, both of which set out proposals for the future of the NHS based around the new models of care. The report highlights the potential for better utilising the clinical skills and expertise of the community pharmacy team.

The Murray report highlights that there is a risk of leaving community pharmacy on the outside as new care models such as STPs develop. It recommends that efforts are made to ensure that community pharmacy is involved in local and national public health plans. At a national level, the Murray report calls for NHS England and national partners to consider how best to support STPs in integrating community pharmacy into plans and overcoming barriers in the complexities of the commissioning landscape. At a local level, the Health and Wellbeing Board could encourage the involvement of pharmacies and pharmacy teams in developing local plans and systems of integrated working.

3.5 Community Pharmacy – A way forward

In 2016, the Department of Health and NHS England consulted with the Pharmacy Services Negotiating Committee (PSNC) regarding changes to the Community Pharmacy Contractual Framework (CPCF). Community pharmacy in 2016/17 and beyond^[1] set intentions to modernise Community Pharmacy, more effectively integrate community pharmacy with primary and urgent care, and to reduce the costs of community pharmacy overall - including reducing the close proximity of community pharmacies to other community pharmacies (around 40% of pharmacies nationally are in close proximity).

¹³ <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/community-pharm-clncl-serv-rev.pdf>

^[1] <https://www.gov.uk/government/publications/community-pharmacy-reforms>

Public Health England recently published a report on the role that community pharmacy could play in making a difference to the public's health: Pharmacy - A way forward for Public Health (September 2017). The report considers that healthcare professionals can play an important role in supporting people to make small and sustainable changes that improve their health. The report states that brief and very brief interventions by healthcare professionals have been shown to be effective ways of supporting sustainable behaviour change.

Pharmacies present an opportunity for prevention as patients with long-term conditions are in regular contact with community pharmacies. Pharmacies are well placed to support people to reduce their risks by encouraging healthy behaviours. Public Health England specifically emphasise pharmacy as playing a role in:

- Cardiovascular disease (CVD) secondary prevention
- Improving management of patients with high blood pressure
- Delivering effective brief advice on physical activity in clinical care
- Raising public awareness about reducing the risk of dementia
- Alcohol identification and brief advice

Taking into account the Public Health England report and considering it in relation to the STP plans creates several opportunities for community pharmacy to have greater input. These areas are considered in more detail under the STP section.

3.6 Health and Wellbeing Board Strategy

Warwickshire Health and Wellbeing Board (WHWB) became a statutory body on 1st April 2013, as one of the requirements of the Health and Social Care Act 2012.

The Warwickshire Health and Wellbeing Board provides a countywide approach to improving local health and social care, public health and community services so that individuals, service-users and the public experience more 'joined up' care. The Health and Wellbeing Board is also responsible for leading locally on tackling health inequalities.

The Board's key responsibilities are:

- To ensure a coordinated approach to health, social care and public health across the County
- To lead the development of the Joint Strategic Needs Assessment (JSNA)
- To develop a shared Health and Wellbeing Strategy that will act as an overarching strategy for all the partners involved
- To receive and consider the commissioning plans of the GP led clinical commissioning consortia
- To be responsible for the development of HealthWatch

The WHWB has set out a Health and Wellbeing Strategy which provides Warwickshire residents and organisations with a picture of what the WHWB, through its members and wider partners, will need to deliver over the next 5 years and how they will work together to achieve this.

The HWB strategy sets out the WHWBs three agreed priorities; **Promoting independence for all, Community resilience** and **Integration and Working together**.

Warwickshire's Health and Wellbeing Strategy can be found here:

<http://hwb.warwickshire.gov.uk/about-hwbb/strategy/>

Work is underway to refresh this strategy.

3.7 Joint Strategic Needs Assessment (JSNA)

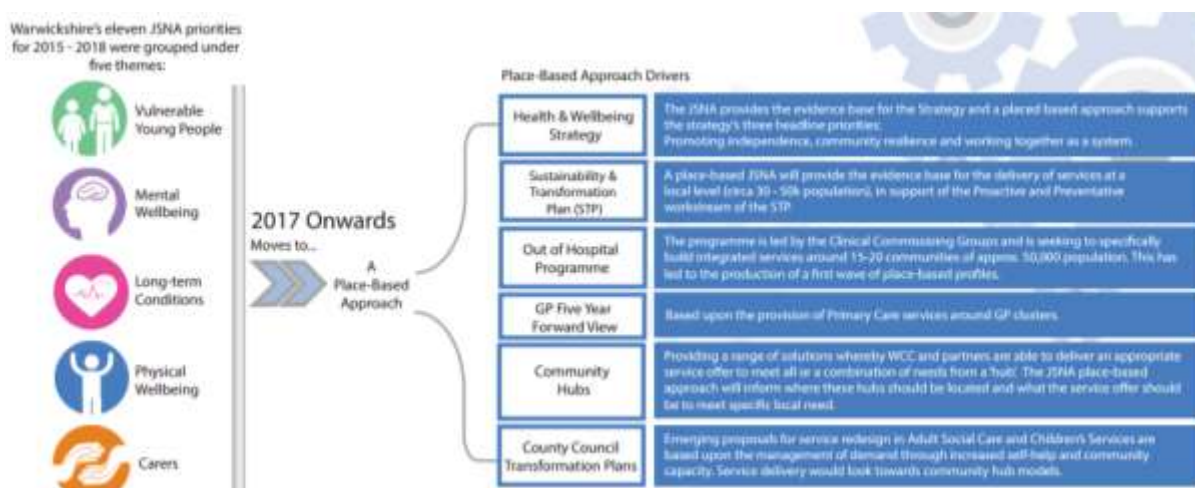
The JSNA¹⁴ provides the evidence base for understanding the needs of the local population. It is used to inform the Health and Wellbeing Strategy, along with specific commissioning decisions.

The JSNA contains a more complete analysis of health in Warwickshire; this section of the PNA highlights features particularly relevant to pharmaceutical needs such as prevalence of long term conditions and lifestyle factors relevant to locally commissioned services.

Warwickshire's eleven priorities identified in the Warwickshire JSNA Review 2015-2018 were grouped under the following five themes:

- **Vulnerable Young People:** Looked after children, Educational attainment of disadvantaged children, Vulnerable children
- **Mental Wellbeing:** Mental Health (Adults and children), Dementia
- **Long-term conditions:** Cancer, Cardiovascular disease
- **Physical wellbeing:** Weight management, Smoking/smoking in pregnancy, Substance misuse and alcohol
- **Carers:** Young carers and adult carers

From 2017 onwards, the WHWB endorsed a new 'place-based' approach to the JSNA as shown below:



¹⁴ <http://hwb.warwickshire.gov.uk/about-jsna/>

This programme of work will focus on understanding need on a geographical basis. This is in line with the requirement to inform the Proactive & Preventative element of the Sustainability & Transformation Plan (STP) and the out of hospital programme, which seeks to build integrated services around populations of around 30,000 – 50,000. Transformation programmes relating to both adult and children's services and community hubs are also based on the need to understand service needs at a more local level.

3.8 Coventry and Warwickshire STP

Coventry and Warwickshire's STP¹⁵ sets out a vision for the future of health and care services and focuses on helping people to stay healthier for longer and on providing better care at home or closer to home.

The STP vision is aligned to the identified and understood wider challenges and priorities for the Coventry & Warwickshire Health and Care economy, as agreed by the Health and Wellbeing Boards. The focus is on making sure safe and sustainable services are delivered to our citizens in ways that benefit them and support the STP vision and all partners have agreed that form will not be a barrier to the delivery of such services.






The following organisations are involved: Coventry City Council, Warwickshire County Council, South Warwickshire NHS Foundation Trust, University Hospitals Coventry and Warwickshire NHS Trust, Warwickshire North CCG, Coventry and Rugby CCG, Coventry and Warwickshire NHS Partnership Trust, George Eliot Hospital NHS Trust, South Warwickshire CCG.

The wider provides Coventry and Warwickshire residents and organisations with a picture of what the Health and Wellbeing Board, through its members and wider partners, will deliver over the next three years and how we will work together to achieve this. Through the STP key priority areas have identified.

- Proactive and Preventative Care
- Urgent and Emergency Care
- Planned Care
- Maternity and Paediatrics
- Productivity and Efficiency
- Mental Health

¹⁵ <https://www.uhcw.nhs.uk/about-us/stp>

Figure 3: Summary of the STP transformation workstreams

| Workstream | Content | Some Examples | Outcomes |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  Proactive & Preventative | Prevention Existing Better Care Fund activity Existing Out of Hospital plans Crisis response Extended scope of proactive care | Public Health activity Social Prescribing & Community support Neighbourhood teams Early intervention | Reducing activity growth related to smoking and obesity for 70% of smokers and all high risk related to obesity Reducing Non-elective(NEL)/A&E activity for top 15% most complex patients Reducing length of stay Reducing NEL/A&E activity for all people with LTCs (not within top 15% most complex patients) |
|  Urgent & Emergency Care | Enhanced ambulatory care Establish a U&EC network (Senior clinician at front door) Inputting into other workstreams (in particular proactive and preventative) New stroke pathway | Frailty services Improved primary care access Urgent Care centres Paramedic @ home Public education Integrated 111/Out of Hours Stroke pathway redesign Possible A&E reconfiguration | Reducing NEL admissions for people who are frail (largely aligned with 15% most complex) Reducing NEL/ A&E activity for the remainder population |
|  Planned Care | Pathway redesign Reduction in lower value procedures Consolidation of elective specialties | Musculoskeletal pathway Other pathways redesigned Review of "out-dated"/lower value procedures Patient education | Reducing OP activity for all OP attendances Reducing elective day case activity Removal of duplication Reducing unit cost for identified elective specialties Standardised referrals/pathways across the footprint |
|  Maternity & Paediatrics | Response to recent national and regional reviews Ongoing sustainability across footprint (eventually part of Planned Care) | Expanded home birth provision Address Workforce challenges Sustainable services | Unit cost analysis of options. Bottom up analysis of configuration options. Service reconfiguration to meet national/local review recommendations and bring ongoing sustainability Realise financial savings |
|  Productivity & Efficiency | Back office collaboration Consolidation of clinical support services | Procurement, Pay roll Pathology network, Radiation protection, Estates, IM&T | Savings from back-office and clinical support collaborations/consolidation Sustainable clinical support functions |

The expectations regarding Community Pharmacy are not laid out in the STP so far. However, there are various opportunities where the pharmacy workforce can support, particularly in relation to medicines optimisation. For example, supporting patients with minor ailments to reduce pressures on emergency services, hospital discharge referral for MUR and NMS for management of long term conditions and the use of Healthy Living Pharmacies to support preventative care. These are discussed further in the relevant service section.

3.9 Healthwatch Warwickshire

Healthwatch Warwickshire's purpose is to make health and social care services work better for the people who use them. Their sole focus is on understanding the needs, experiences and concerns of people of all ages who use local services, and to speak out on their behalf.

The strategic priorities for 2017/18 are:

- Implementing our restructuring to focus on Communications and Engagement
- Preparing for re-tendering
- Continuation of our focus on Mental Health provision
- Continuation of our focus on Domiciliary Care services
- Standing Conference on Consumer Voice – an opportunity for all service users to have their say.

Identified as one of the key priorities in the annual report 2016/17, Healthwatch produced a report into Warwickshire Mental Health Services¹⁶. The key findings were in six broad categories:

- The detrimental effect of delays in diagnoses
- A perceived lack of provision in talking and holistic therapies
- Feeling excluded from the development of Treatment Plans
- A lack of clarity and information around discharge and follow up
- Poor service coordination, especially between GPs and Mental Health services
- Carers feeling excluded and undervalued.

These are areas which community pharmacy services can support with. In particular, community pharmacy can help with making referrals to aid quick diagnosis and supporting patient care following discharge.

The annual report can be accessed here: <http://www.healthwatchwarwickshire.co.uk/wp-content/uploads/Health-Watch-Annual-Report-1617FINAL.pdf>

4 Understanding Local Need

4.1 Warwickshire Population Overview

According to the mid-2016 estimates, the population of Warwickshire stood at 556,750 people increasing by 2,748 people or 0.5% from the previous year. The rate of growth in Warwickshire is below that experienced nationally (0.8%). One quarter of residents live in Warwick district.

North Warwickshire borough experienced the highest rate of population growth in the county. This is different to previous trends, where Rugby experienced the highest rate of population growth in the county.

Internal migration was the driving factor for population change between 2015/16, accounting for almost half of Warwickshire's population change. Other drivers of change were international migration and natural change (births minus deaths). In North Warwickshire and Stratford-on-Avon, deaths exceeded births, meaning natural change alone would have resulted in a decrease in the size of the population. However, net migration resulted in additional residents. As Stratford-on-Avon has a large older adult population, it is not surprising that deaths would exceed births.

¹⁶ <http://www.healthwatchwarwickshire.co.uk/wp-content/uploads/Report-into-Warwickshire-Mental-Health-Services-July-2017.pdf>

Figure 4: Warwickshire Population Key Facts

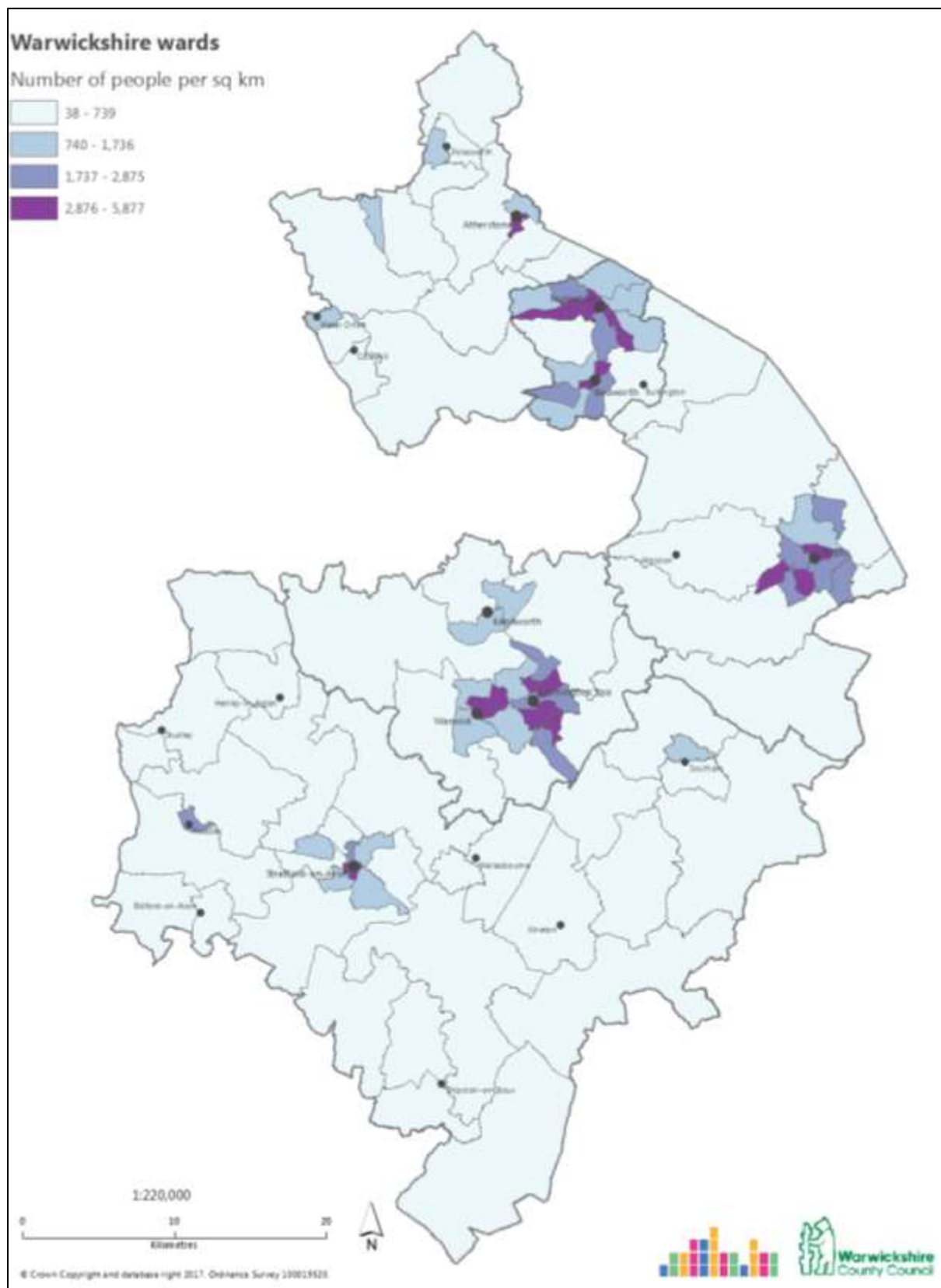
| Region | Population estimate mid-year 2016 | Population estimate mid-year 2015 | Population change (%) | Over 65 population (%) |
|---------------------|-----------------------------------|-----------------------------------|-------------------------|----------------------------|
| United Kingdom | 65,648,054 | 65,110,034 | 538,020 (0.8%) | 11,814,085 (18.0%) |
| England | 55,268,067 | 54,786,327 | 481,740 (0.9%) | 9,882,841 (17.9%) |
| West Midlands | 5,800,734 | 5,751,000 | 49,734 (0.9%) | 1,061,201 (18.3%) |
| Warwickshire | 556,750 | 554,002 | 2,748 (0.5%) | 114,497 (20.6%) |
| North Warwickshire | 63,229 | 62,787 | 442 (0.7%) | 13,531 (21.4%) |
| Nuneaton & Bedworth | 127,019 | 126,319 | 700 (0.6%) | 24,098 (19.0%) |
| Rugby | 103,815 | 103,443 | 372 (0.4%) | 19,847 (19.1%) |
| Stratford-on-Avon | 122,276 | 121,522 | 754 (0.6%) | 31,136 (25.5%) |
| Warwick | 140,411 | 139,931 | 480 (0.3%) | 25,885 (18.4%) |

Source: <https://apps.warwickshire.gov.uk/api/documents/WCCC-630-1179>

4.2 Population Forecast

Population projections from the ONS are calculated by casting forward the patterns of change in births, deaths and migration from today. Using this methodology, Warwickshire's population is projected to increase to 619,000 in 2037, a 12.1% increase from 2014. The ONS, however, emphasise that these estimated projections do not take into account changes in government policy or economic factors which may have an impact on population levels.

Figure 5: Map showing population density in Warwickshire by ward using mid-2016 population estimates

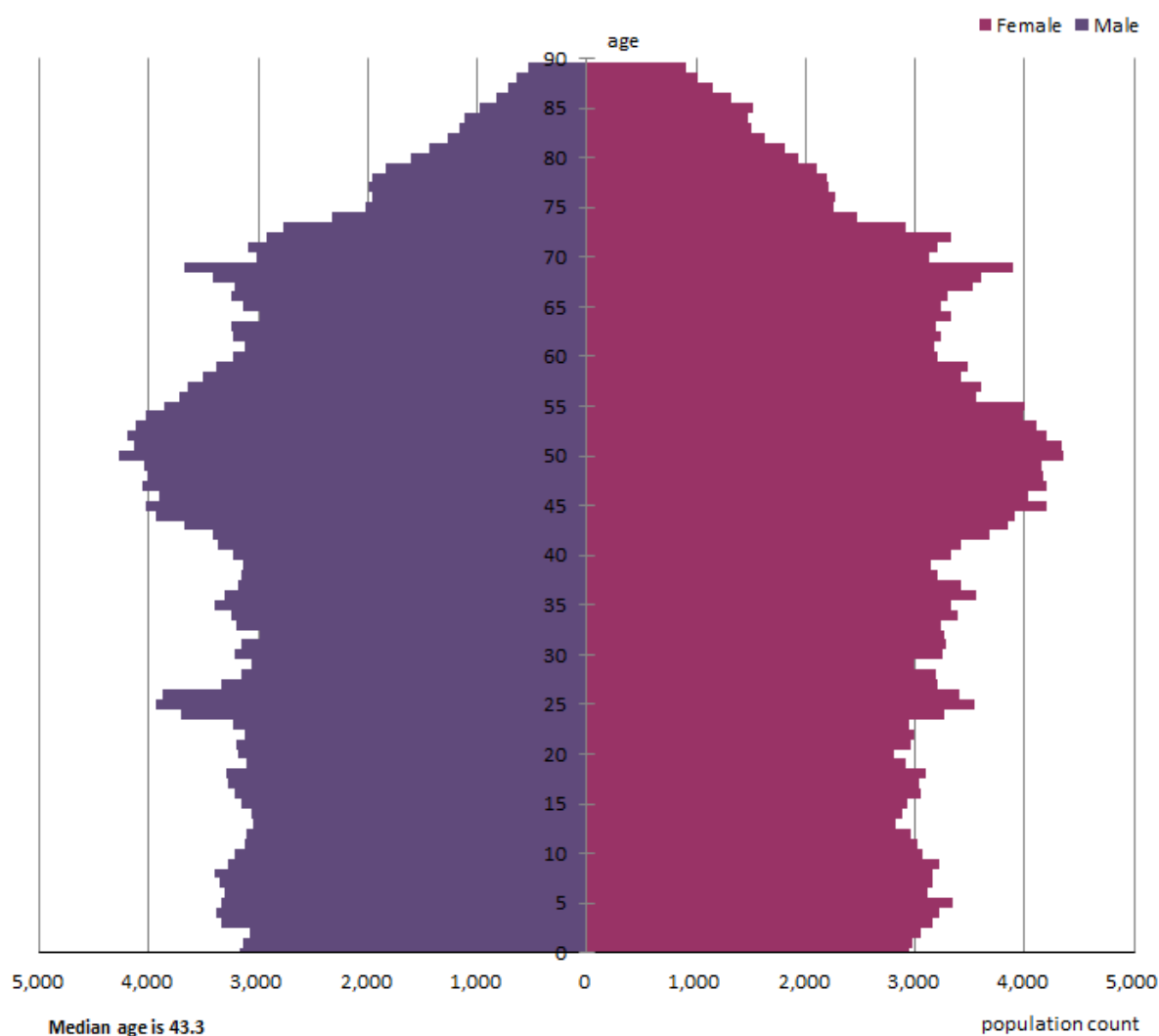


4.3 Age

Over the period 2014-2039 the population in Warwickshire is expected to increase by around 66,900 people (12.1%); this is slower than the England rate (16.6%). By 2039, more than 1 in 4 of the Warwickshire population is expected to be aged over 65 and around 1 in 16 aged over 85.

Life expectancy has been rising. A baby born in Warwickshire today will live for an average of 80 years (male) or 83.6 years (female), marginally better than the national average. While it is good that we are living longer, much of the additional time is spent in poor health – around 12 years for men and 16 years for women. Years spent in poor health impact on families and workplaces, and increase pressure on health and social care services.¹⁷

Figure 6: Warwickshire population pyramid profile Mid-2016



Almost 40% of Warwickshire residents are aged between 30-59 years old, whilst 1 in 4 residents are aged 60 years and over.¹⁸

¹⁷ <https://apps.warwickshire.gov.uk/api/documents/WCCC-630-1310>

¹⁸ <https://apps.warwickshire.gov.uk/api/documents/WCCC-630-1179>

4.4 Ethnicity

The 'White British' ethnic group accounted for 88.5 % of the population in 2011, a fall from 92.7% in the previous 2001 Census. Warwickshire's next largest ethnic groups are 'Other White' and 'Indian' who each make up around 3% of the population. Warwickshire has 8.3% of residents born outside of the UK - below the national average of 13.4%. The largest groups of non-UK born residents are from Poland and India. Residents whose country of birth was Poland increased from around 500 in 2001 to nearly 6000 in 2011. After English, the main languages spoken by residents in Warwickshire are Polish, Punjabi and Gujarati although there are local variations to these. Overall, Warwickshire experienced a decline in Christian religious affiliations and an increase in residents stating they have 'no religion'. The latter now account for around 1 in 4 people. However, Christian is still the largest religious group at 64.5% of residents. The next largest groups are Sikh, Muslim and Hindu.¹⁹

4.5 Deprivation

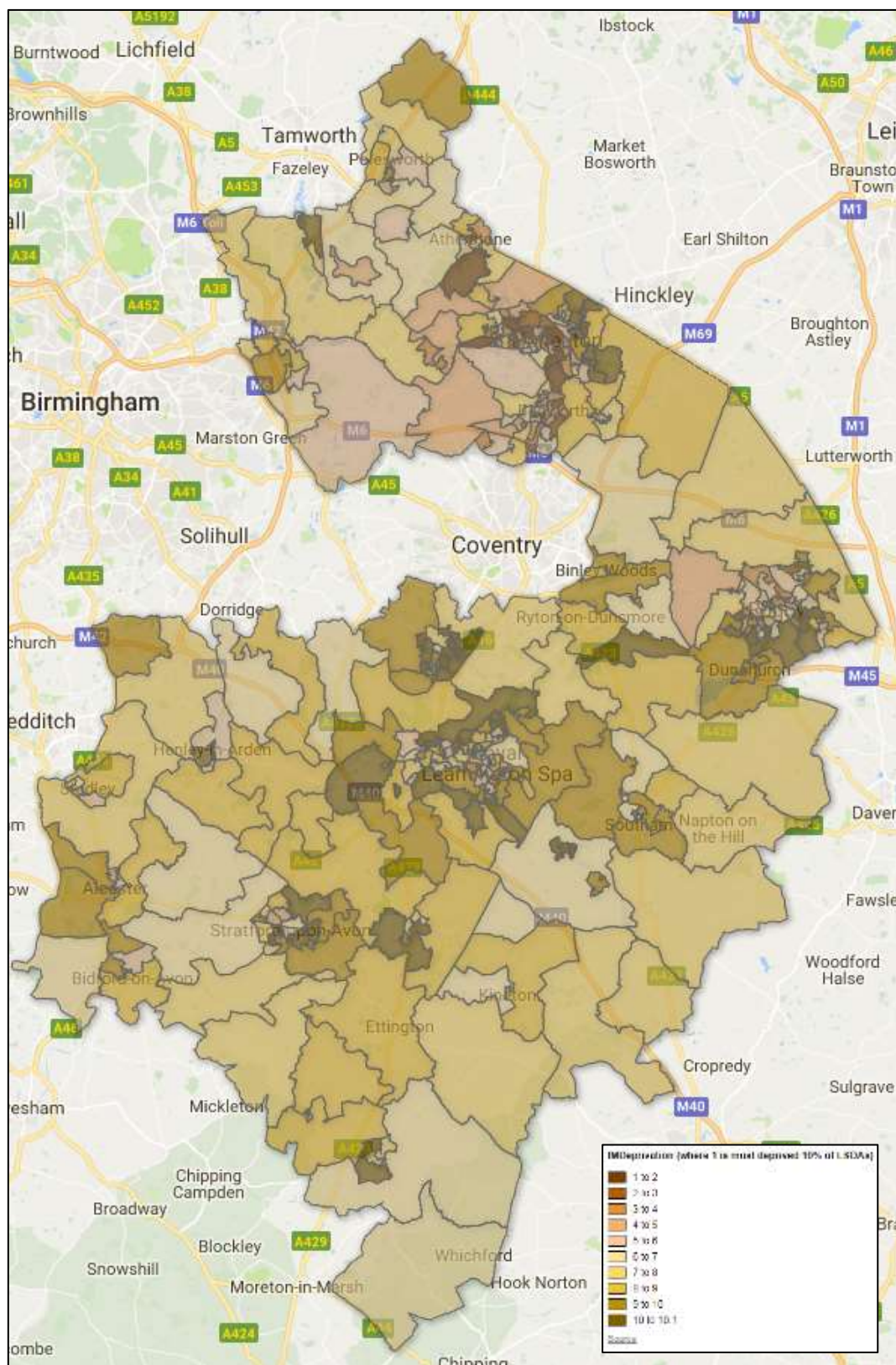
Deprivation in this assessment is taken to mean socio-economic deprivation, which is summarised in England using the Indices of Multiple Deprivation score (2015). This score system, published by the Department of Communities and Local Government (DCLG) incorporates the domains of income, employment, health, education and skills, barriers to housing, crime, and the living environment.

Using this system, the key findings for Warwickshire from the English Indices of Deprivation 2015 were:

- At a county level, the Indices show that Warwickshire is ranked 124th out of 152 upper tier authorities in England meaning that it is amongst the 20% least deprived areas in England according to IMD rank of average score.
- Nuneaton & Bedworth has the highest levels of deprivation in the County, indicated by the highest average SOA score. The Borough ranks as the 111th most deprived Local Authority District (out of the 326 Local Authorities in England). Stratford-on-Avon District is the least deprived in Warwickshire with a national rank of 272nd.
- **There are eight LSOAs in Warwickshire ranked within the top 10% most deprived LSOAs nationally on the overall IMD 2015.** Six of these eight are located within Nuneaton & Bedworth Borough, one within Warwick District and the other within North Warwickshire Borough. This compares with nine LSOAs ranked within the top 10% most deprived LSOAs in the IMD 2010, all of which were located within Nuneaton & Bedworth Borough.²⁰

¹⁹ <https://apps.warwickshire.gov.uk/api/documents/WCCC-1014-240>

²⁰ <http://www.warwickshireobservatory.org/indices-of-multiple-deprivation-2015/>

Figure 7: The map below shows the geographical spread of deprivation across the County.

4.6 Future Housing Developments

In total across Coventry and Warwickshire there will be approximately 17,472 homes built over the PNA period of 2017-2020. This equates to a population increase of 41,933 people based on the adopted assumption that there will be 2.4 people per dwelling.

The information below has been taken from the Local Plans each district/borough in Warwickshire have produced for the Plan period of 2011-2031. Each Plan is produced in a different format and is at varying stages of development which is why information may be presented differently for each area. Please note that the trajectories are rough estimates and these may change year on year depending on the current economy.

North Warwickshire Borough

- Over Local Plan period (2011-2031) = 2070 homes
- Trajectory = minimum of 264 per annum
- PNA period 2017-2031 = approximately 792 homes to be built

Nuneaton and Bedworth Borough

- Over Local Plan period (2011-2031) = 13,375 homes
- Trajectory = between <400 and 1,500 homes per annum
- PNA period 2017-2020 = approx. 2,500 homes to be built

Rugby Borough

- Over Local Plan period (2011-2031) = 12,400 homes
- Trajectory = approximately 600-700 per annum
- PNA period 2017-2020 = 2044 homes to be built

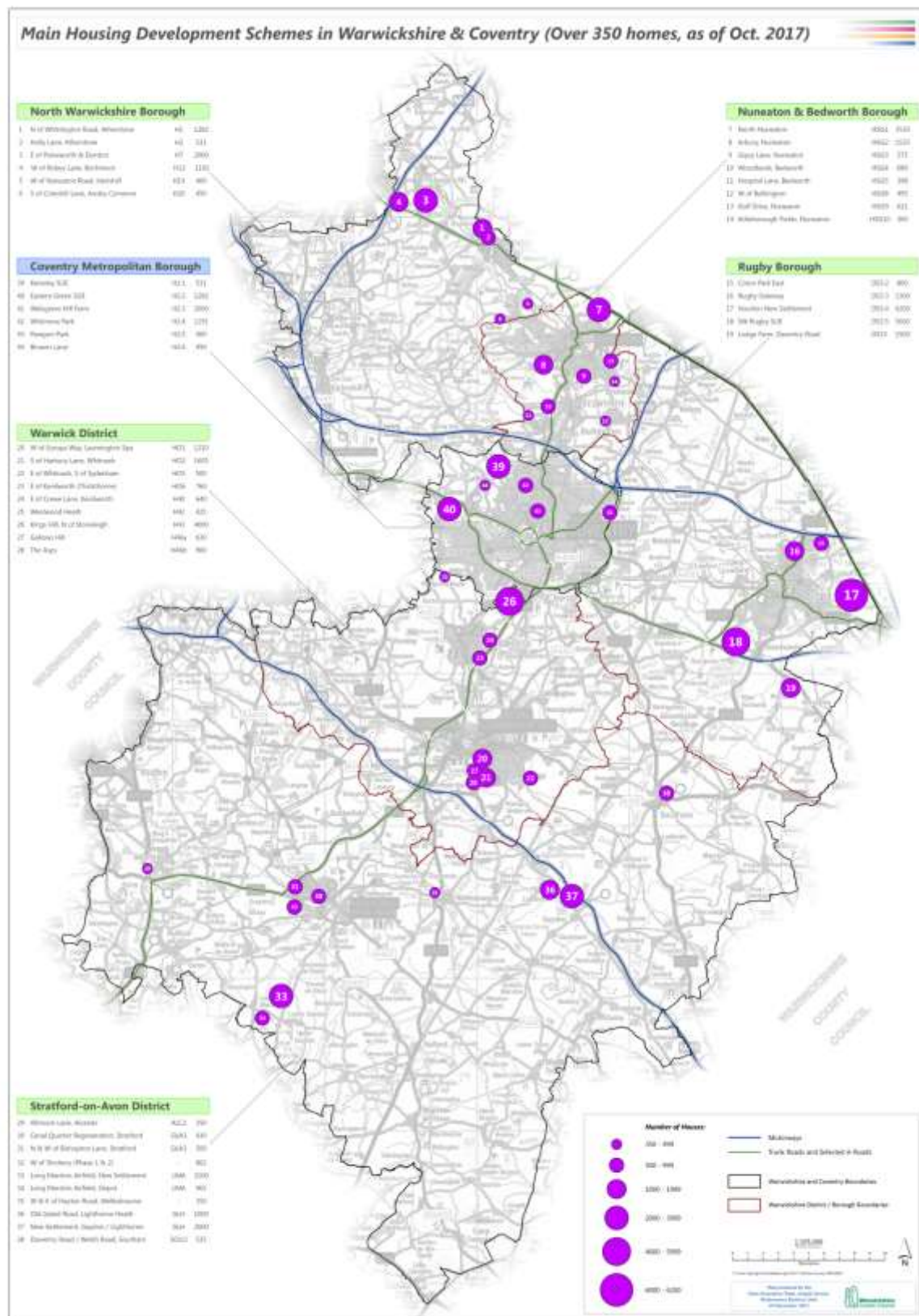
Warwick District

- Over Local Plan period (2011-2031) = 13,006
- Trajectory = average of 750 homes per annum
- PNA period 2017-2020 = approx. 3,000 homes to be built

Stratford-on-Avon District

- Over Local Plan period (2011-2031) = 14,600 homes
- Trajectory = average of 1745 per annum
- PNA period 2017-2020 = 5,236 home to be built

During the period of 2017-2020 an estimated 13600 houses will be built in Warwickshire. This would indicate that in the next three years there may be localised population increases of a sufficient size to impact on need for new pharmaceutical providers. Therefore consideration must be made in order to increase the levels of provision. Information was not available regarding where developments would take place over the next three years. However, Figure 8 is a map of development schemes over the local plan period covering 2011-2031. ***The WHWB will monitor the development of major housing sites and produce supplementary statements to the PNA if deemed necessary, to ensure that appropriate information is available.***

Figure 8: Housing development schemes in Warwickshire and Coventry

4.7 Long term conditions

With a growing and ageing population, Warwickshire is predicted to see a significant increase in numbers of long-term conditions. People with long term conditions are more likely to see their GP, be admitted to hospital, stay in hospital longer, and need more help to look after themselves than people without long term conditions. Improving the health outcomes of people with these conditions would help reduce premature mortality in Warwickshire.²¹ As well as meeting HWB strategy objectives around enabling people to manage and maintain their physical and mental wellbeing.

4.7.1 Smoking

Smoking was previously one of the eleven identified priorities in Warwickshire's JSNA. The Smoking Needs Assessment 2016²² is intended to provide insight into the prevalence of smoking and tobacco use across Warwickshire and to explore the performance and equity of the local services tasked with helping people stop smoking in the county.

According to data from the Local Tobacco Control Profiles, the prevalence of smoking in Warwickshire is decreasing, from 18.5% of adults aged 18+ in 2012, to 14.5% in 2016. This is significantly lower than the England average of 15.5% in 2016. However, smoking prevalence remains higher for men and is particularly high within the 25-34 year age group. Smoking prevalence at district/borough level in Warwickshire is lowest in North Warwickshire, with an estimated prevalence of 6.4%, equating to just under 3,300 people. Smoking prevalence is highest in Nuneaton and Bedworth Borough, at 19.1%, equating to just over 19,000 smokers.²³

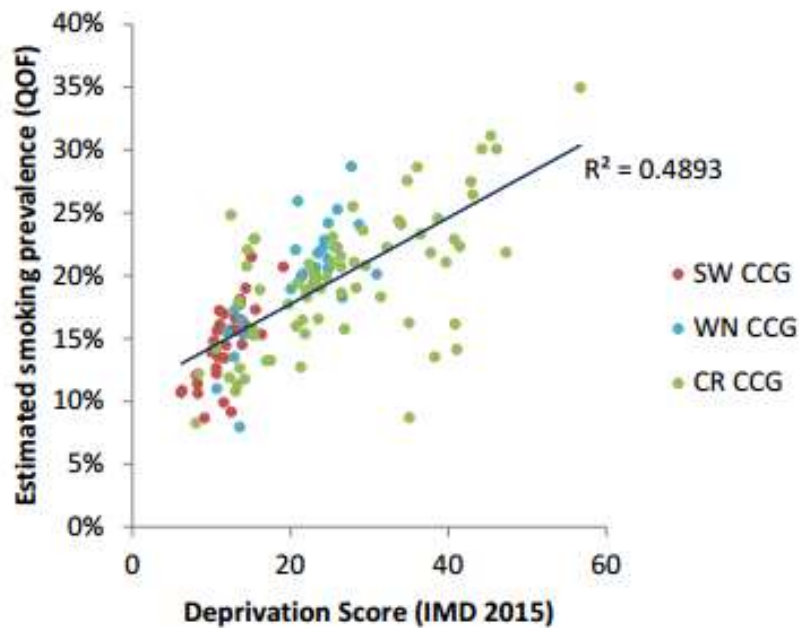
There is a clear relationship between smoking prevalence and affluence. People living in the most deprived areas are more likely to smoke than those living in the least deprived areas. Smoking prevalence is higher for those in routine and manual, as opposed to managerial and professional occupations.

Analysis of estimated smoking prevalence at GP Practice level in Warwickshire CCGs found a clear correlation between deprivation and smoking:

²¹ <http://hwb.warwickshire.gov.uk/themes/ill-health/long-term-conditions/>

²² <http://apps.warwickshire.gov.uk/api/documents/WCCC-644-405>

²³ <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/3/gid/1000042/pat/6/par/E12000005/ati/102/are/E10000031/iid/92443/age/168/sex/4>



Recommendations from the Smoking Needs Assessment 2016 that are relevant to the pharmacy workforce are:

- Specialised support for smoking cessation should be available and accessible in acute settings as well as the community.
- Encourage pharmacists to utilise prescription waiting times to engage customers in stop smoking support.
- Targeted approach to helping those smokers most in need of support to quit from more deprived backgrounds where smoking is entrenched in lifestyle behaviour and there is a high dependency on nicotine.

4.7.2 Cardiovascular Disease

Cardiovascular disease (CVD) is an overarching term to describe all diseases affecting the heart and circulatory system, including; coronary heart disease (CHD), angina, heart attack, congenital heart disease and stroke. 12.2% (53,100) of the population aged 16+ in Warwickshire are estimated to be living with CVD. Approximately 5.6% (24,600) are estimated to be living with CHD and 2.6% (11,300) with stroke.

CVD risk increases with age and men are more likely to develop CVD at an earlier age. The more CVD risk factors an individual has the higher their risk of developing CVD. In Warwickshire, there are over 88,000 patients with high blood pressure, a common risk factor for CVD, equating to around 15.2% of the population and greater than the England proportion of 13.8%.²⁴ There have been significant advancements in treating CVD and understanding the importance of lifestyle in CVD development.

²⁴ <https://qof.digital.nhs.uk/>

However, for a continued reduction in the rate of premature mortality from CVD, there must be a focus on prevention.²⁵

The 2013-16 under-75 mortality rate for CVD for Warwickshire is 68.4 per 100,000 population which is significantly lower than the England average of 73.5 per 100,000 population. During 2001/03 the rate in Warwickshire was 126.3 per 100,000 of the population, showing there is a 45% reduction in mortality rate.²⁶

4.7.3 Cancer

In England, there were 299,923 new cancer registrations in 2015²⁷; 146,862 new cases for females and 153,061 for males. Age-standardised rates were 542.8 cancer cases registered per 100,000 females and 667.1 cases per 100,000 males, an incidence rate 23.0% higher than females. In 2010, the age-standardised cancer incidence was 614.3 per 100,00 for females and 624.8 for males respectively.²⁸

In Warwickshire, there are in excess of 2,500 new cancer cases diagnosed each year and around 1,500 deaths, representing 29.0% of all deaths in the County.²⁹ In line with national trends, there continues to be an overall increase in the number and rate of new cases of cancer each year, but a falling rate of deaths.

The Cancer in Coventry & Warwickshire report (2016) highlighted that improved access to smoking cessation services particularly among vulnerable groups, the delivery of alcohol brief interventions in primary care and through commissioned services and consideration of primary care services can improve access to screening programmes, particularly for vulnerable groups.

The Warwickshire under 75 cancer mortality rate (per 100,000 per population), in 2014-16 was 131.1 which is lower than the national average (136.8 per 100,000 population). At district and borough level the rates are all considered similar to England ranging from 124.9 (Rugby Borough) to 142.9 per 100,000 population (Nuneaton & Bedworth Borough).

4.7.4 Sexual Health

Teenage pregnancy and early motherhood have been associated with poor educational attainment, poor physical and mental health, and deprivation. The under 18 conception rate in Warwickshire for 2015 was 19.5 conceptions per thousand women aged 15 to 17, compared to 22.9 in 2014. At

²⁵ <https://apps.warwickshire.gov.uk/api/documents/WCCC-630-567>

²⁶ [Public Health England](#)

²⁷ <https://www.ons.gov.uk/releases/cancerregistrationstatisticsengland2015>

²⁸ <https://www.ons.gov.uk/releases/cancerregistrationstatisticsengland2015>

²⁹

<https://fingertips.phe.org.uk/profile/cancerservices/data#page/9/gid/1938132830/pat/46/par/E39000033/ati/153/are/E38000164/iid/91337/age/1/sex/4>

district and borough level the rates range from 11.5 (Stratford-on-Avon District) to 29.6 per 1,000 population (North Warwickshire Borough).³⁰

63.0% of under-18 conceptions across the county led to terminations in 2015. At district and borough level the rates range from 52.2% (Stratford-on-Avon District) to 76.5% (Warwick District).³¹

4.7.5 Mental Health

An estimated 46,000 people aged between 16 and 74 in Warwickshire have a common mental health problem. Warwickshire Child and Adolescent Mental Health Services (CAMHS) offers a comprehensive range of services that provide help and treatment to children and young people experiencing emotional or behavioural difficulties. Improved mental health and wellbeing is associated with a range of better outcomes for people of all ages and backgrounds. These include improved physical health, life expectancy and better educational achievement.

Mental health was established by the Healthwatch board as a key priority in February 2016.

4.7.6 Dementia

Dementia accounts for more expenditure than heart disease and cancer combined, costing society around £26bn a year. It is recognised that minimising the effects of dementia, or preventing it, can be achieved through promoting better lifestyle and exercise. In Warwickshire, the number of people diagnosed with dementia is over 4,500, however applying the latest estimated diagnosis rate of 61.6% suggests the actual number of people currently living with the condition, is likely to be closer to 7,400.³²

Stratford-on-Avon is projected to have more than 4,200 people aged 65+ with dementia by 2035 dementia.³³ Given that diagnosis rates have been low, these projections should be taken with caution, as there may be many more people with the condition who simply have not been diagnosed. Early diagnosis is necessary to ensure appropriate treatment is received. This also enables people to maintain a better quality of life, and can help encourage people to live independently for longer.

5 Methodology for Information Gathering

5.1 Public Survey Overview

In order to gain the views of Warwickshire patients and the resident public on pharmaceutical services, a survey was developed and made available online and via a paper format made available at local pharmacies. The survey ran from 29th August 2017 until closing on 4th October 2017 (5

³⁰ <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/3/gid/1000042/pat/6/par/E12000005/ati/101/are/E07000218/iid/20401/age/173/sex/2>

³¹ <https://fingertips.phe.org.uk/search/abortion#page/3/gid/1/pat/6/par/E12000005/ati/101/are/E07000218/iid/90731/age/173/sex/2>

³² <http://digital.nhs.uk/catalogue/PUB30139>

³³ www.poppi.org.uk

weeks) and allowed us to understand the usage of community pharmacies. The closing date for receiving paper copies was extended to 11th October 2017.

The objectives of the survey was to ascertain how the public access pharmacy services, to understand the factors that influence selection of a particular pharmacy, to understand what services were considered the most important to pharmacy users, to explore the demographic profile of pharmacy users, to ascertain the quality of services offered, to identify any gaps in provisions, to understand what services could be improved on and lastly, if there was a demand for any other service. A copy of the survey, which identifies the questions asked, can be found in [Appendix #](#)

5.2 Pharmacy Survey Overview

At the same time as the initial patient and public engagement survey, all 111 community pharmacies in Warwickshire were asked to complete an online contractor survey. The contractor survey provided an opportunity to ensure that information included in the PNA about current pharmacy services from pharmacy contractors was accurate and up to date. It also enables us to identify any gaps in service provision as part of the PNA process. The survey was developed based on a PSNC template and advice from the local pharmaceutical committee.

The survey requested information about pharmacy premises, staffing, provision of services, identification of any interest in the provision of new services, and information about ease of access which included opening times. Local Pharmacies were given five weeks to complete the survey. Letters and e-mails were sent to all Pharmacies in the area, and phone calls were made to support the process. A copy of this survey is available in [Appendix#](#)

5.3 Dispensing Doctor Survey Overview

All 23 dispensing doctors in Warwickshire received a link to an online survey to give these contractors an opportunity to ensure that the information included in the PNA regarding their service provision was up to date and accurate. The survey requested information primarily to assess the dispensing service they provide. Only the provision of services set out in their pharmaceutical services terms of service (Schedules to the 2013 Regulations) is included within the definition of pharmaceutical services and relates only to the dispensing of medicines. Therefore, the survey requested information about the premises, staffing, ease of access, opening hours, planned developments, and aspects of the dispensing service such as appliance and medication compliance aid provision and provision of non-NHS funded services. See [Appendix #](#) for the dispensing doctor survey.

6 Current Pharmacy Provision

In order to assess the appropriateness of provision of pharmaceutical services in Warwickshire, current provision from all providers has been considered. This includes providers and premises within Warwickshire and the contribution made by those providers that may lie in neighbouring HWB areas but provide services to the Warwickshire population.

6.1 Community Pharmacy Contractual Framework

The NHS Community Pharmacy Contractual Framework³⁴ requires community pharmacies to contribute to the health needs of the population they serve.

All NHS pharmaceutical service providers must comply with the contractual framework that was introduced in 2005.

Fundamentally, the contractual framework is made up of the following components:

- Essential services – which must be provided by all contractors (that is all community pharmacies nationwide)
- Advanced services- nationally defined services that can be provided by contractors subject to accreditation requirements
- Locally commissioned/Enhanced services-services commissioned by CCGs and LA in response to the needs of the local population

6.2 Pharmaceutical Lists

If a person (a pharmacist, appliance contractor, or dispensing doctor) wants to provide NHS pharmaceutical services; they are required to apply to the NHS to be included on a pharmaceutical list. Pharmaceutical lists are compiled and held by NHS England. This is commonly known as the NHS “market entry” system.

Under the NHS Regulations, a person wishing to provide NHS pharmaceutical services must apply to NHS England to be included on a relevant list by proving they are able to meet a pharmaceutical need as set out in the relevant PNA. There are exceptions to this, such as applications for needs not foreseen in the PNA or to provide pharmaceutical services on a distance-selling (internet or mail order only) basis.

The following are included in a pharmaceutical list. They are:

- **Pharmacy contractors** – community pharmacies and distance selling pharmacies (DSPs). DSPs must adhere to all regulations concerning all other pharmacies; however a distance selling pharmacy must not provide Essential services onsite to a person who is present at the pharmacy, but the pharmacy must be able to provide Essential services safely and effectively without face to face contact. Currently there are 5 distance selling pharmacies in Warwickshire (W.M. Brown Ltd, Wolston Alliance Chemist, DELmyMEDS Pharmacy, Delivery Pharmacy and Medicines123).
- **Dispensing appliance contractors (DACs)** – DACs are a specific sub-set of NHS pharmaceutical contractors who supply, on prescription, appliances such as stoma and incontinence aids, dressings, bandages etc.). However they do not dispense any medicines. Currently there are no DACs situated within Warwickshire.
- **Dispensing doctors (DDs)** – GP practices are allowed to dispense medicines and appliances to patients who live in an NHS England determined controlled locality (Rural Area) and live

³⁴ <http://archive.psn.org.uk/pages/introduction.html>

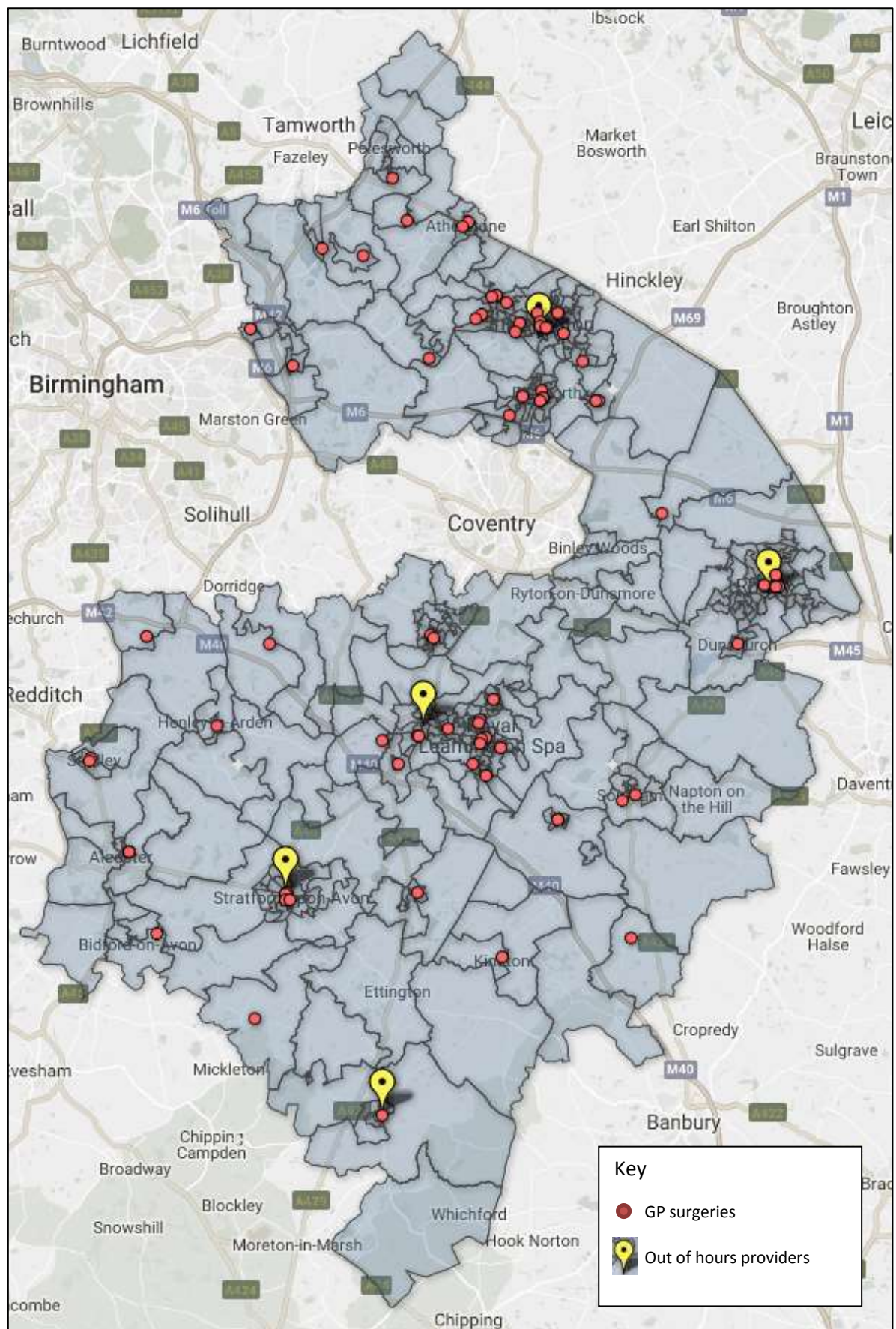
more than one mile from a community pharmacy. There are 23 dispensing GP practices within Warwickshire. This is unchanged from 2015.

6.3 Out of Hours Services

The Carson Review (2004) of out of hour's provision made recommendations relating to medicines supply in the out of hours setting. The key point from this review was that the onus for ensuring that patients receive medicines if required, out of hours was placed on the provider, rather than on the patient.

The Warwickshire GP out-of-hours service provides advice, information and treatment for NHS patients who become unwell during the out-of-hours period when their own GP surgery is closed.

More information can be found at: <http://www.warksoutofhours.nhs.uk/>

Figure 8 Location of GP Surgeries and OOH service providers in Warwickshire over LSOA

6.4 Access to Pharmacies in Warwickshire

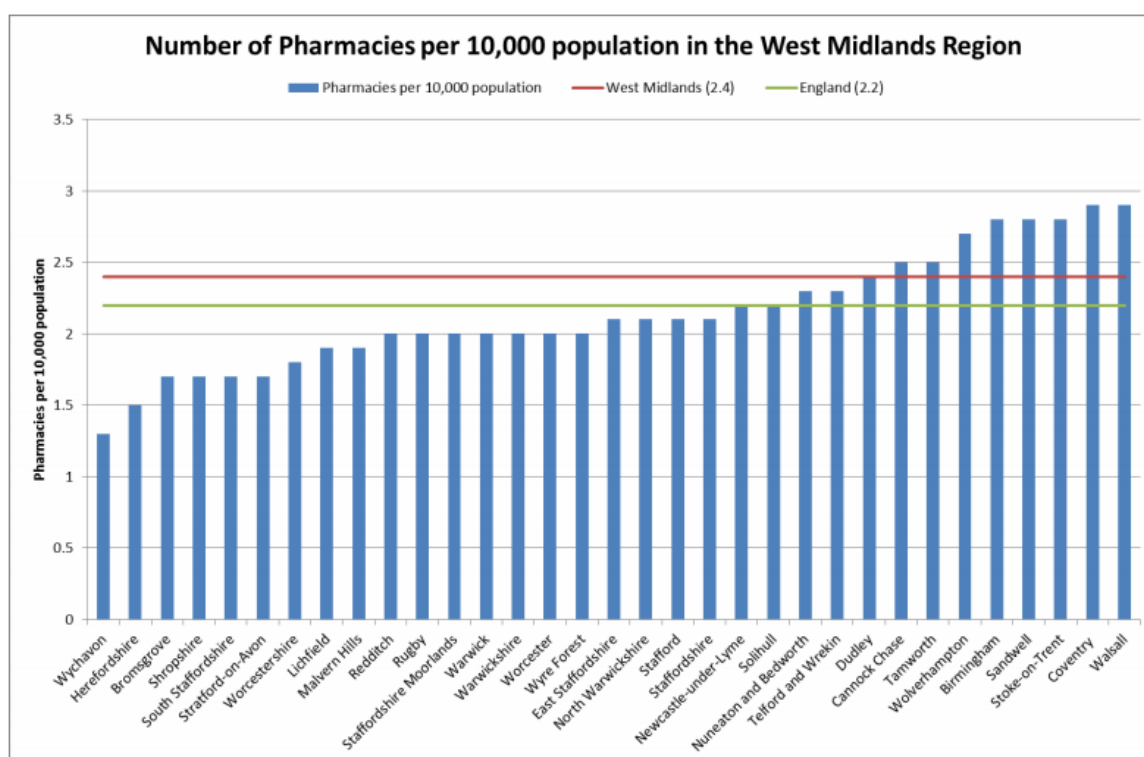
Warwickshire has 111 community pharmacies and 6 of these are distance selling pharmacies. The majority of pharmacies are open for at least 40 hours and 9 are open for 100 hours. There are 23 dispensing GP practices in Warwickshire and 0 appliance contractors.

6.4.1 Community Pharmacy Benchmarking

Community pharmacies provide pharmaceutical services under the NHS CPCS (pharmacy contract).

Warwickshire has an overall ratio rate of **2 community pharmacies per 10,000 population**, lower than the average for Birmingham which is **2.7 pharmacies per 10,000** and below the mean for the **West Midlands which is 2.4**. The number of pharmacies within the county has stayed the same since the previous 2015 PNA report.³⁵

Figure 9 : Number of pharmacies per 10,000 population in the West Midlands Region



Source: Local Government Association.SnapshotNovember2014

³⁵ During the development of this PNA, 1 community pharmacy opened in Kineton, Stratford on Avon (Kineton Pharmacy, CV35 0HN) and 1 community pharmacy closed in Atherstone, North Warwickshire (Lloyds pharmacy, CV9 1JP)

6.4.2 Geographical Location

Figure 10: Map of Warwickshire showing locations of pharmacy providers mapped over LSOAs

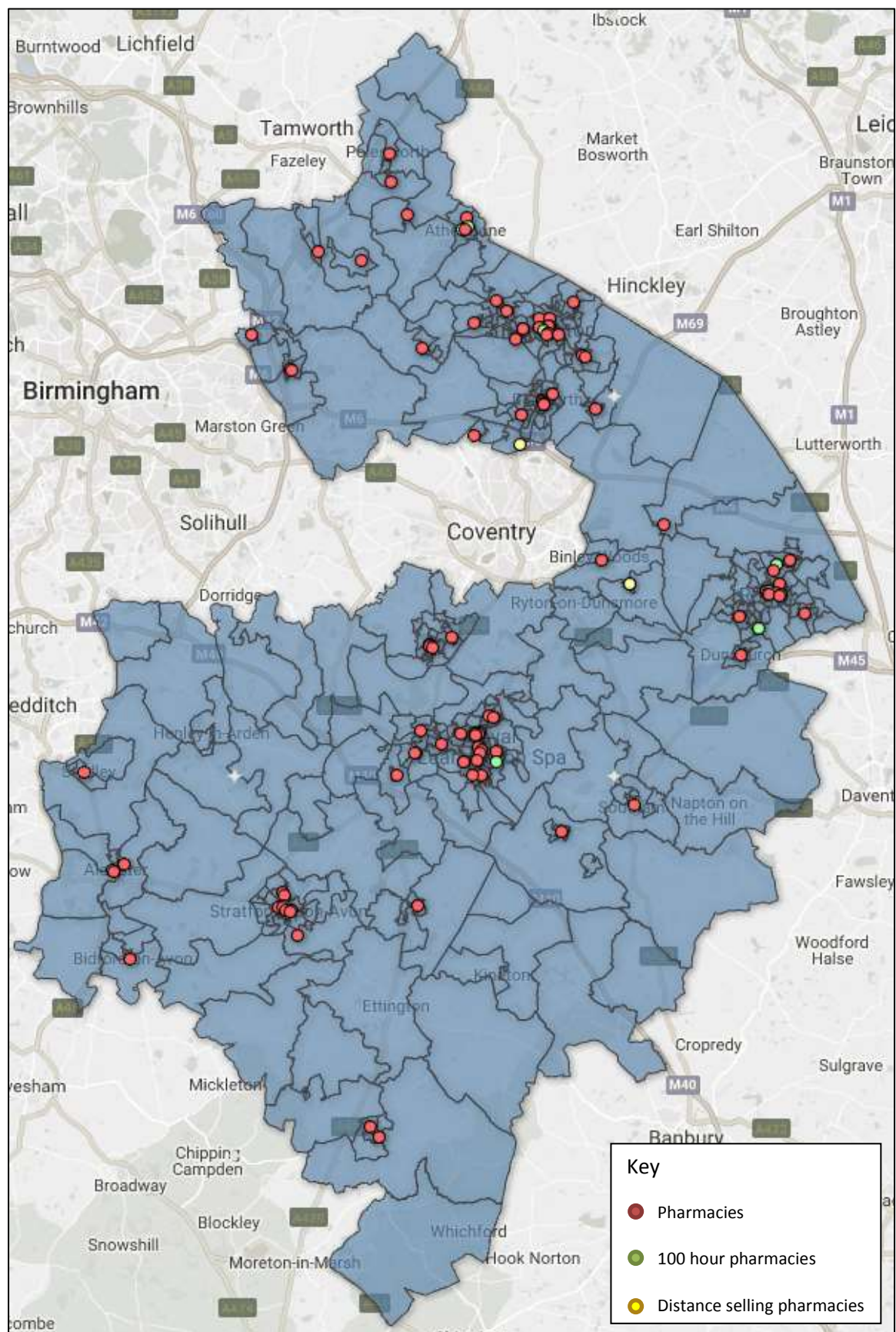


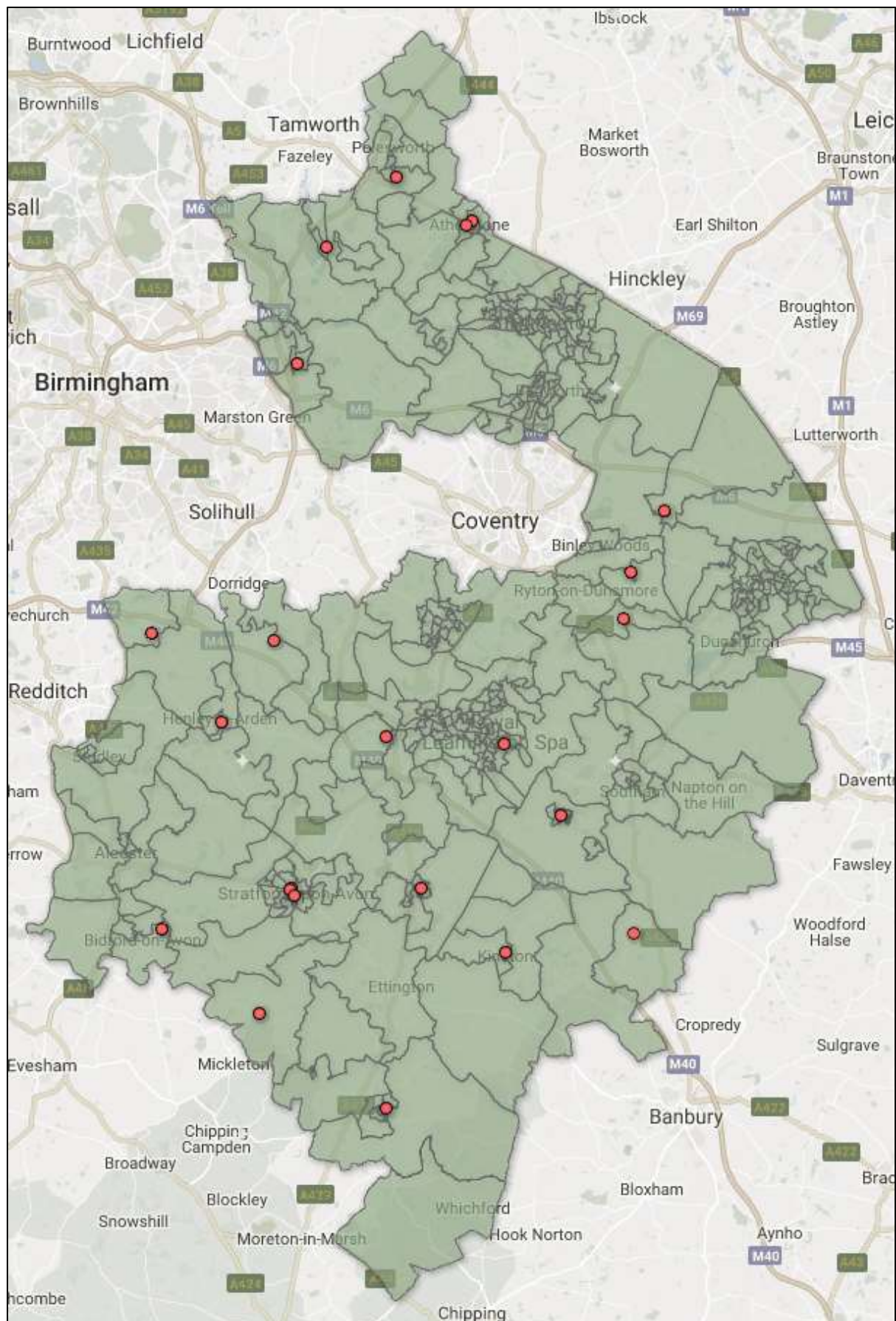
Figure 11: Map of Warwickshire showing location of dispensing doctors mapped over LSOAs

Figure 10 illustrates that pharmacies are not evenly distributed throughout the county. There appears to be a greater concentration of pharmacies located in the central areas of each locality/borough particularly Nuneaton and Bedworth, Warwick and Rugby. These central area LSOAs are the most densely populated areas in the county and have the greatest deprivation as described in section 4.

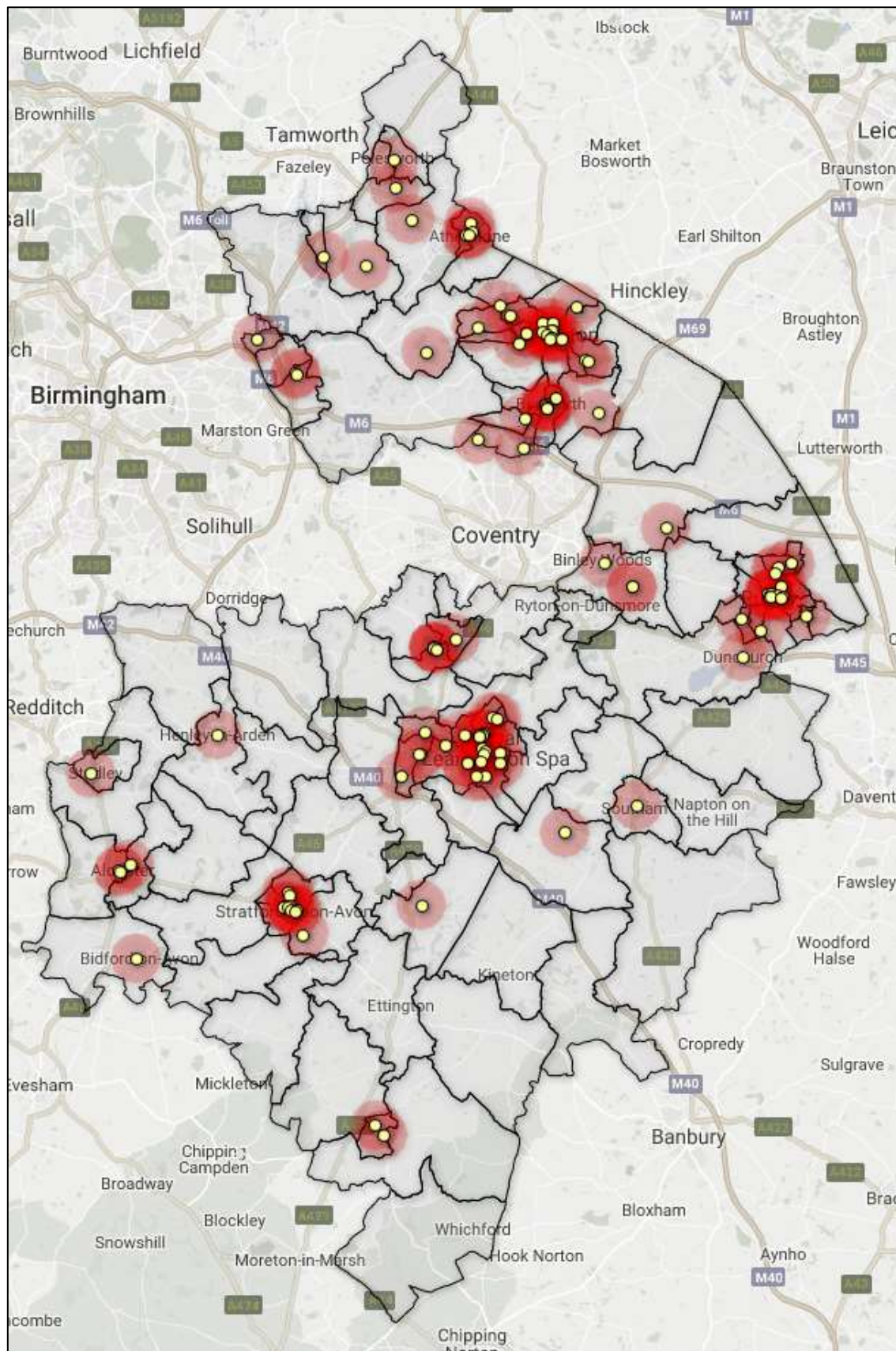
Stratford-on-Avon has fewer pharmacies compared to other districts, but is also one of the lesser deprived areas in Warwickshire. Although Stratford-on-Avon covers a large area of Warwickshire, it is also less densely populated; there are 123 persons per square km in Stratford on Avon compared to 1592 persons per square km in Nuneaton and Bedworth.³⁶ Furthermore, Figure 11 shows that there are dispensing GPs within the rural areas of this locality that can provide essential pharmaceutical services to patients living remotely from a community pharmacy.³⁷

Furthermore, 71 of the 78 respondent pharmacies (80.7%) in Warwickshire provide free of charge delivery of dispensed medicines (on request).

Pharmaceutical services are also available from distance selling pharmacies (internet pharmacies) located inside or outside of the county that make deliveries to individual homes.

³⁶ <https://apps.warwickshire.gov.uk/api/documents/WCCC-1014-120>

³⁷ During the development of this PNA, a community pharmacy opened in Kineton, Stratford on Avon.

Figure 12: Map showing location of pharmacies within 1 mile buffer zone mapped over LSOAs.

6.4.2.1 Public survey

It has been shown that nationally, 99% of the population – even those living in the most deprived areas, can reach a pharmacy within 20 minutes by car and 96% by walking or using public transport.³⁸

318 responses were received to the public survey from Warwickshire residents. The results from the public survey showed that a large majority of respondents (87.4%) agree with the statement “I am always able to access the pharmacy services I require, when I need them”.

Most respondents of the public survey said they take 5-10 minutes to travel to their pharmacy. 51.5% of the 318 respondents drive and 33.9% walk to their chosen pharmacy.

Results showed that 75% of respondent’s pharmacies are located within the same postcode area that they live.

6.4.3 Physical access

6.4.3.1 Pharmacy Contractor survey

88 responses were received from the 111 pharmacy contractors (79.3%). Results from the pharmacy contractor survey showed that 95.5% of pharmacies allow parking within 50 metres of the pharmacy and 88.6% within 10 metres of the pharmacy. There is a bus stop within walking distance of 98.9% of respondent’s pharmacies.

When analysing pharmacy premises access 77.3% of pharmacies do not have any steps to climb to enter into the premises. 95.5% of respondents said that all areas of the pharmacy floor are accessible by wheelchair.

6.4.3.2 Dispensing Doctor survey

17 out of 23 (73.9%) dispensing doctors responded to the dispensing doctor survey. Results showed that 15 of the 17 respondents (88.2%) offer onsite parking. There is a bus stop within walking distance of 14 of the 17 respondent dispensing doctor surgeries (82.4%).

16 of 17 respondents (94.1%) do not have any stairs to climb when entering the premises.

6.4.4 Opening Time Analysis

Pharmacies are required to open between specific times by their terms of service. All pharmacies are required to open for at least 40 hours per week (core hours). These hours can be distributed through the week discretionally; however it is most common for the vast majority to operate within or near regular working office hours, that is to say, between 08:00 and 19:00, Monday to Friday.

If a pharmacy contractor wants to change their opening times, they must inform the NHS England Area Team with a 90 day notice period. Any pharmacy contractors on 40 hour contracts who wish to

³⁸ <https://www.gov.uk/government/publications/pharmacy-in-england-building-on-strengths-delivering-the-future>

extend their opening hours (supplementary hours) must also apply to NHS England with a 90 day notice period to do so.

Since the introduction of the pharmaceutical contractual framework in 2005 community pharmacies do not need to participate in rota provision to provide access for weekends or during the evening. The need for such a service has been greatly reduced by the increased opening hours of a number of pharmacies including the 100 hours pharmacies.

6.4.4.1 Pharmacy Contractor survey

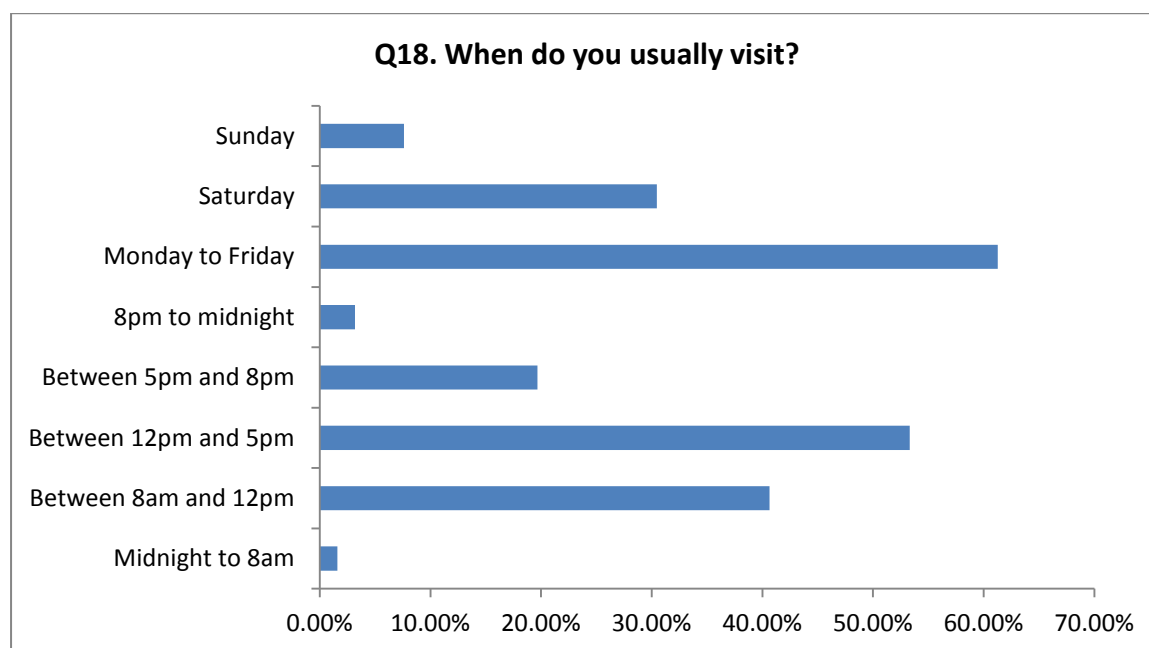
Across Warwickshire, the opening times of pharmacies are variable. Some pharmacies are open for longer periods of time, for instance evenings, overnight and weekends, whereas other pharmacies in the city are only specifically contracted to be open for at least 100 hours per week. The opening hours of individual pharmacies are given in [Appendix #](#).

Most pharmacies in Warwickshire have core opening hours starting from 8.30am to 5.30pm on Monday to Friday, indicating good access to pharmaceutical services on weekdays.

Generally, in the evenings, provision of pharmaceutical services is reduced. There are currently 37 pharmacies in Warwickshire with extended opening hours after 6pm on a weekday evening and there are 9 pharmacies which are contracted to open for at least 100 hours per week (shown on Figure 4).

6.4.4.2 Public survey

Results from the public survey show that 85.5% of patients are happy with the opening hours of the pharmacy they normally use. 92.1% of patients are aware that some pharmacies are open outside 9-5, Monday to Friday. Despite this, 41.4% of patients do not know *which* pharmacies are open at these times. Therefore, there needs to be greater awareness of which pharmacies are open outside normal working hours.



61.3% of respondents usually visit the pharmacy on Monday to Fridays with 30.5% visiting on a Saturday and 7.6% on a Sunday. Most respondents visit between the hours of 12pm and 5pm (53.3%), however 40.63% selected between 8am and 12pm.

Analysis of the responses to the survey shows a generally high level of satisfaction with opening hours. Over 85% of respondents state that they are very happy or happy with opening hours.

6.4.4.3 Dispensing doctor survey

The results from the dispensing doctor survey showed that dispensing hours across dispensing doctor surgeries were variable but started for most at 8.30am until 6pm Monday to Friday. All dispensaries were closed on Saturdays and Sundays except one respondent who stated that they were open from 8.30am until 10.30am on some Saturdays. These dispensary opening hours corresponded with the main surgery opening hours for most dispensing doctor surgeries. Whilst this provides improved access of essential services during core weekday hours, this does not contribute to access to essential services on the weekend or late nights.

6.4.4.4 100 Hour contracts and extended opening hours pharmacies

100-hour pharmacies are required in their contracts to be open and able to provide essential services for at least 100 core hours per week, although the opening hours are at the discretion of the pharmacy contractor. Until September 2012, applications for 100 hour pharmacies did not need to demonstrate any additional need for pharmacy services in a given location; this is no longer the case. Contractors may choose to provide services commissioned by the local authority but must provide those enhanced services commissioned by the area team.

There are currently 9 '100 hour' pharmacies in Warwickshire. These are included in the pharmaceutical list under regulation 13(1)(b) of the National Health Service (Pharmaceutical Services) Regulations 2005; premises which the applicant is contracted to open for at least 100 hours per week for the provision of pharmaceutical services.

These 100 hour pharmacies are:

- Atherstone In Practice Pharmacy, CV9 1EU
- Asda Pharmacy, CV31 1YD
- Avon Pharmacy CV37 6HJ
- Lloyds Pharmacy, CV22 6HU
- Pharmacy Republic, CV11 5RE
- Asda Pharmacy, CV21 3EB
- Atherstone Pharmacy, CV9 1BB
- Tesco Pharmacy, CV21 1RG
- No 8 Pharmacy, CV12 8NF

2 are located in Stratford on Avon, 1 in Warwick, 3 in Rugby, 1 in Nuneaton and Bedworth and 2 in North Warwickshire (see Figure 10).

These 100 hour pharmacies provide the county with good access to pharmaceutical services on Saturdays, Sundays and evenings until late. They guarantee access to Pharmaceutical services for 14/15 hours a day except on Sundays due to the Sunday trading act 1994.

6.4.4.5 Saturday opening hours

95 community pharmacies out of the total number of 111 in Warwickshire are open on a Saturday. Of those pharmacies open on a Saturday, 59 of them are closed by 1pm. After 1pm the other 36 remain open with gradual closures over the remainder of the day.

6.4.4.6 Sunday opening hours

There are 22 community pharmacies open on a Sunday, most open for 6 hours to comply with Sunday trading regulations.

6.4.4.7 Bank Holiday provision

Due to changes in shopping habits a number of pharmacies now open on many Bank Holidays although they are not contractually obliged to do so. NHS England works with community pharmacies to make pharmacy services available for traditional bank holidays such as Christmas Day, Boxing Day, New Year's Day and Easter Sunday as these are days where most pharmacies are still closed. The rota pharmacies will generally open for four hours on these days and work with out-of-hours providers to enable patients to access pharmaceutical services. The Bank Holiday rota is available on NHS Choices and is accessible to view by the general public.

6.5 Conclusion regarding access to pharmaceutical services

Evidence in this section indicates that although there is below average per capita access to pharmacies in Warwickshire, they are well geographically distributed by population density and levels of deprivation.³⁹ Opening hours also indicate good access during usual working hours, on evenings and weekends across the county. Furthermore, public engagement has not highlighted any significant barriers to access. Cross border availability of pharmaceutical services is also significant across the county. Consideration should be made to the fact that the population is set to increase due to new homes being built as described in section 4.6.

6.6 Essential services

There are 7 essential services which are briefly described and tabulated below. All of the 111 community pharmacies in Warwickshire are required to provide these essential services as per the CPCF regulations.

³⁹ During the development of this PNA, 1 community pharmacy opened in Kineton, Stratford on Avon (Kineton Pharmacy, CV35 0HN) and 1 community pharmacy closed in Atherstone, North Warwickshire (Lloyds pharmacy, CV9 1JP)

| Essential Service | Description |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Dispensing | The safe supply of medicines or appliances ordered on NHS prescriptions. Advice and is given to the patient about the medicines being dispensed and also information on how to use them safely and effectively. Records are kept of all medicines dispensed and maintained. |
| Repeat dispensing | The management and dispensing of repeatable NHS prescriptions 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 dispensing each supply the pharmacy will ascertain the patient's need for a repeat supply of a particular medicine and communicate any clinically significant issues to the prescriber. |
| Clinical Governance | Pharmacies have an identifiable clinical governance lead and apply clinical governance principles to support the provision of excellent care: Requirements include: provision of a practice leaflet for the public, production, management and use of standard operating procedures, patient safety incident reporting to the National Reporting and Learning Service, acting upon drug alerts and product recalls, conducting clinical audits and patient satisfaction surveys, having complaints and whistle-blowing policies and ensuring they having cleanliness and infection control measures in place |
| Promotion of healthy lifestyles (Public Health) | The provision of opportunistic one to one advice is given on healthy lifestyle topics, such as stopping smoking, to certain patient groups who present prescriptions for dispensing. These groups include diabetic patients, patients at risk of coronary heart disease especially those with high blood pressure, patients who smoke and patients who are overweight. Pharmacies must also support up to six local campaigns a year, organised by NHS England. Campaign examples may include topics such as promotion of flu vaccination uptake, healthy living, or stop smoking. |
| Disposal of unwanted medicines | Community pharmacies accept unwanted medicines from households and individuals which require safe disposal. The medicines are then safely disposed of by a waste contractor engaged by NHS England. |
| Signposting | The provision of information provided by |

| | |
|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | pharmacists and staff to refer patients to other healthcare professionals or care providers when appropriate. The service also includes referral on to other sources of help such as local or national support groups. |
| Support for self-care | The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families. The main focus is on self-limiting illness, but support for people with long-term conditions is also a feature of the service. |

6.6.1 Dispensing

Each pharmacy in Warwickshire dispenses 7232 items per month on average, which is higher than the West Midlands median of 6,533 (Table 8). This could be the result of having a lower number of pharmacies than other localities. The higher number of prescriptions dispensed may also be a function of the older age profile in the city, meaning there is a higher burden of disease; however without further research into this, it is not possible to determine a more definite reason.

| Area | Prescription items dispensed per month 2015/16 | Average monthly items per community pharmacy 2015/16 |
|----------------------|------------------------------------------------|------------------------------------------------------|
| England | 82,940,000 | 7096 |
| West Midlands Region | 6,402,000 | 6533 |
| Warwickshire | 766,574 | 7232 |
| Coventry | 543,339 | 5970 |

*Excludes DACs and DSPs

Source: NHS Digital and NHS Business Services Authority

** Data from 2016/17 will be available in the final report

Results from the 318 respondents of the public survey showed that out of the Essential services 70.9% of respondents are aware of the repeat dispensing service, 94% are aware that you can dispose of your old medicines at the pharmacy, 77.6% are aware that the local pharmacy team can provide healthy living advice, 76% are aware that the pharmacy can signpost to other services.

6.6.2 Cross border dispensing

Warwickshire shares borders with Coventry, Solihull, Worcestershire, Gloucestershire, Oxfordshire, Northamptonshire, Leicestershire, Staffordshire and Birmingham.⁴⁰ There are a range of community pharmacies accessible near the borders of Warwickshire and it is likely that residents have prescriptions dispensed in these areas. It is also likely that residents from outside the county use Warwickshire pharmacies. Further work to establish the extent of cross border dispensing should be undertaken, however at the time of writing this PNA data was not obtained regarding the postcode of prescriptions dispensed, so this work could not be undertaken.

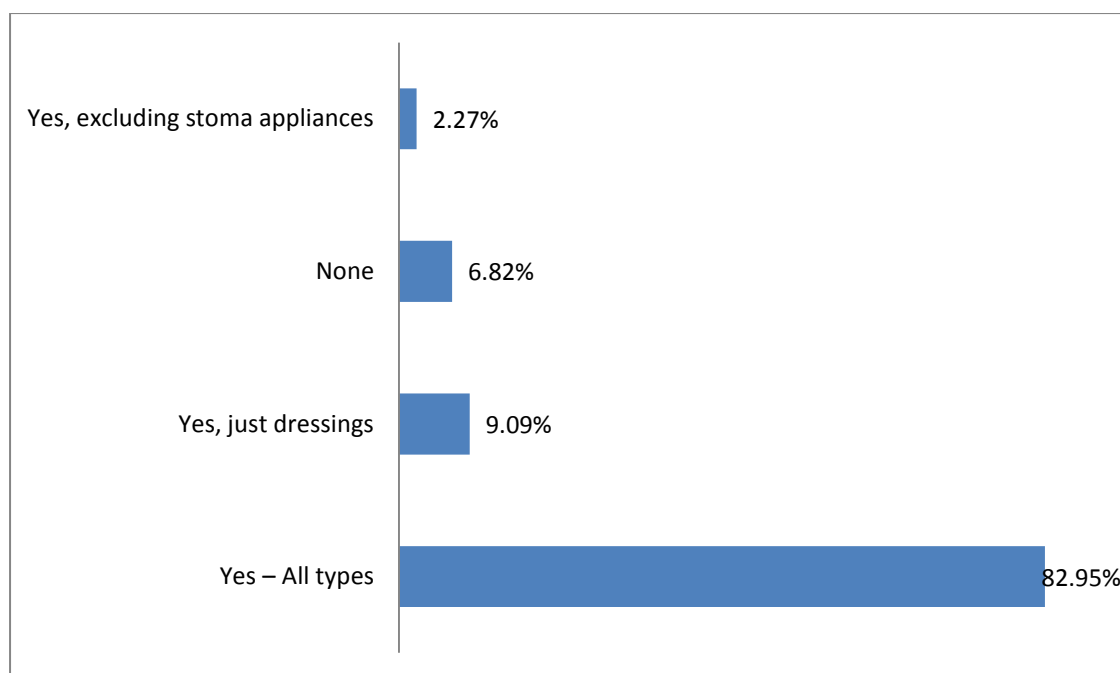
⁴⁰ <http://healthierlives.phe.org.uk/topic/mortality>

6.6.3 Appliances

Appliances can be dispensed by any pharmacy or appliance contractor and can be broadly categorised as stoma appliances, incontinence appliances, and dressings. There are no appliance contractors identified in Warwickshire.

Results from the pharmacy contractor survey show that of the 88 pharmacies that responded to the survey 73 (83%) dispense all types of appliances.

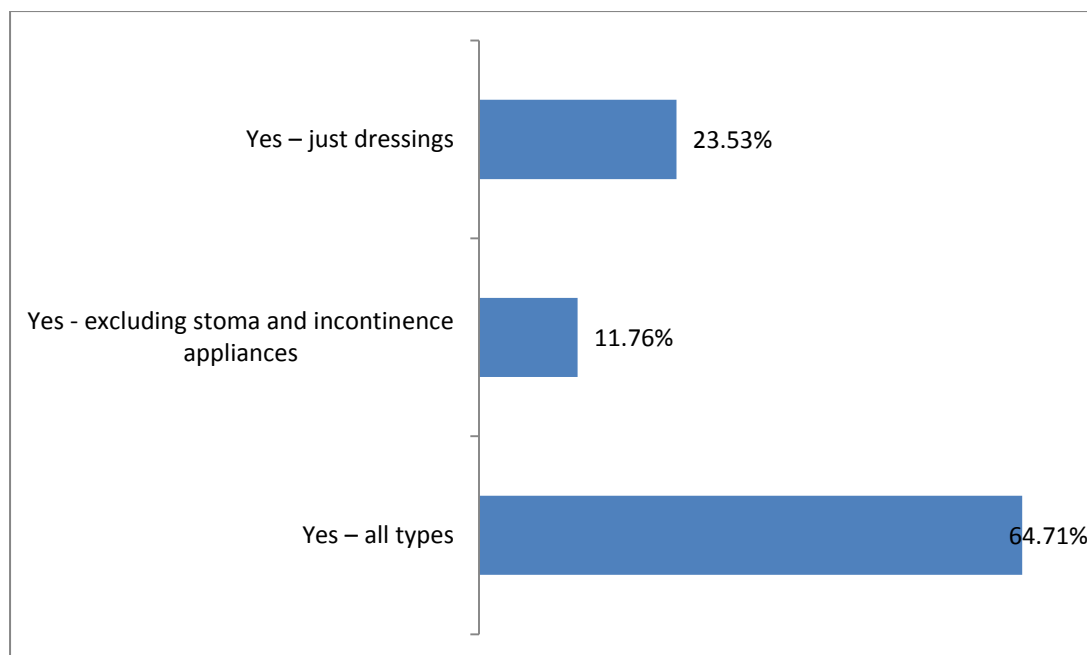
Does the pharmacy dispense appliances?



Warwickshire's 2015 PNA also found that of those that responded over 80% pharmacies dispensed prescriptions for all appliances with approximately 10% dispensing dressings only.

Dispensing doctors survey showed that 11 out of the 17 respondents (64.7%) dispense all type of appliances.

Does the dispensary dispense appliances?



6.7 Conclusion regarding Essential Services in Warwickshire

Essential Services are provided by all Warwickshire pharmacy contractors. This includes dispensing of NHS prescriptions which is a fundamental service that is commissioned nationally by the NHS. As discussed with regard to pharmacy access, essential services appear to be accessible for the majority of Warwickshire's population both geographically and at different times of day.

There are no gaps in the provision of essential services for the county's population.

6.8 Advanced Services

In addition to essential services, the CPCF allows community pharmacies to opt to provide any of 6 advanced services to support patients with the safe use of medicine following appropriate training or accreditation by NHS England.

6.8.1 Medicines Use Reviews (MURs)

Accredited pharmacists undertake structured adherence-centred reviews with patients on multiple medicines, particularly those receiving medication for long term conditions. The MUR process aims to establish a picture of the patient's use of their medication, this includes prescribed and non-prescribed medication. The review allows patients to understand their therapy and why it has been prescribed. It is also an opportunity to identify any problems the patient is experiencing and providing any possible solutions whilst providing feedback to the prescriber. An MUR Feedback Form will be provided to the patient's GP where there is an issue for them to consider.

70% of MURs undertaken have to be from a specified group of patients:

- Patients taking certain high risk medications
- Patients recently discharged from hospital
- Patients prescribed certain respiratory medicines

- Patients diagnosed with cardiovascular disease or another condition which puts them at increased risk of developing cardiovascular disease.

Each pharmacy can provide a maximum of 400 MURs a year. MURs serve as useful indicators for the WHWB to achieve their strategic health aims by improving the quality of life for people with multiple long-term conditions which will in turn help to reduce hospital admissions and thus increase life expectancy. MURs can help prevent unnecessary GP appointments which fit in with the Urgent and Emergency Care strategy for the STP and are crucial in supporting older people by addressing matters associated with polypharmacy which supports the Proactive and Preventative strategy.

Mean number of MURs per pharmacy 2015/2016

| Area | Mean number of MURs/ pharmacy in 2012/13 | Mean number of MURs/ pharmacy in 2015/16 |
|---------------------|---------------------------------------------|---------------------------------------------|
| West Midlands | 267 | 294 |
| England | 267 | 300 |
| Warwickshire | Data unavailable | 275 |
| Coventry | 269 | 265 |

*Excludes DACs and DSPs

Source: NHS Digital and NHS Business Services Authority

** Data from 2016/17 will be available in the final report

In 2015/2016 the mean number of MURs per pharmacy in Warwickshire was 275 which is slightly below the mean numbers for West Midlands and England.

Out of the 88 respondents to the pharmacy contractor survey, 86 (97.7%) said that they provide the MUR service and the remaining 2 (2.3%) are intending to begin within the next 12 months.

The public survey results showed that there is a good awareness of this service. Results from the public survey of Warwickshire residents showed that 75.4% of respondents were aware that MUR service was available from Warwickshire pharmacies.

Out of the 200 respondents that answered the question about their satisfaction with 'Discussing your prescription medicines' over half (62.8%) of respondents selected that they were very satisfied with the service, 19.7% selected Satisfied, 8% of patients selected Neither satisfied nor dissatisfied, 1 person selected Very Dissatisfied (0.45%).

When patients were asked about how they rate advice given from the pharmacist 79.3% of respondents rated the way advice was communicated as Very Good, 77.4% rated the relevance of the advice as Very Good and 77.4% rated the overall usefulness of the advice as Very Good.

From the dispensing doctor survey when asked about other pharmaceutical services provided by the dispensary, 4 of the 17 respondents mentioned Dispensary Reviews of Medicines (DRUMs). Dispensing GPs are able to provide DRUMs (Dispensing review of Use of Medicines) described as a review of how a patient is using their prescribed medicines, looking at compliance and concordance.⁴¹

⁴¹ <https://www.dispensingdoctor.org/news/dda-publishes-guide-drum-mur-nms/>

The Community Pharmacy Clinical Services Review (The 'Murray report', 2016)⁴² recommends that "the MURs element of the pharmacy contract should be re-designed to include on-going monitoring and regular follow-up with patients as an element of care pathways". The report proposes that MURs evolve into full clinical medication reviews for patients with long term conditions and/or multiple morbidities.

6.8.1.1 Conclusion for MURs

MURs are considered a relevant service. A large proportion of the community pharmacies within Warwickshire provide MUR services. Data regarding geographical distribution of the service would support further assessment of equity of provision. There may be potential for an increased delivery of MURs across the county to support patients with their long term conditions.

Results of the public survey show that many Warwickshire residents are aware and satisfied with this service. Dispensing doctors can provide DRUMs which are like MURs; designed to improve the patients understanding of their medicines and raises any issues with the appropriate healthcare professional.

6.8.2 New Medicines Service (NMS)

This service provides support for patients with long term conditions who have been newly prescribed a medicine in order to help improve patient medicine adherence. It is initially focused on particular patient groups and conditions.

The pharmacist will provide the patient with information on their new medicine and how to use it when it is first dispensed. The second stage involves the pharmacist and patient to meet or speak again by telephone in around a fortnight, meaning that the patient has met with the pharmacist on two separate occasions before their review at 4 weeks with the GP. The pharmacist will discuss with the patient how they are getting on with their new medication. Further information and advice on the use of the medicine will be provided and where the patient is experiencing a problem the pharmacist shall seek to agree a solution with the patient. A final consultation (typically 21-28 days after starting the medicine) will be held to discuss the medicine and whether any issues or concerns identified during the previous consultation have been resolved. If the patient is having a significant problem with their new medicine the pharmacist may need to refer the patient to their GP. The NMS is conducted in a private consultation area which ensures patient confidentiality. Since the introduction of the NMS in October 2011, more than 90% of community pharmacies in England have provided it to their patients.

The optimal use of appropriately prescribed medicines is vital to the management of long term conditions, which are a key priority in Warwickshire's JSNA. The pharmacist is fundamental to this service as they can intervene and offer support and advice to patients who are newly prescribed a medicine that will be used to manage a long term condition.

⁴² Murray R. 'Community Pharmacy Clinical Services Review' The Kings Fund. (December 2016) Page 18. Available at: <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/community-pharm-clncl-serv-rev.pdf>

Unlike for MURs there is no nationally set maximum number of NMS interventions that may be provided in a year.

Mean number of NMS per pharmacy in 2015/16

| Area | Total NMS 2015/16 | Mean number of NMS/pharmacy in 2015/16 |
|---------------|-------------------|----------------------------------------|
| West Midlands | 544073 | 555 |
| England | 1237651 | 106 |
| Warwickshire | 6006 | 57 |
| Coventry | 5708 | 63 |

*Excludes DACs and DSPs

Source: NHS Digital and NHS Business Services Authority

** Data from 2016/17 will be available in the final report

Warwickshire is performing just below the West Midlands and national average mean number of NMS per pharmacy.

Warwickshire pharmacies dispense on average 7232 items per month based on NHS Digital data for 2015/16. This indicates that as per the NMS targets of 20%, 84 NMS' need to be completed each year. To achieve a 100% target, 420 NMS' need to be completed each year. Warwickshire pharmacies completed 57 NMS per year in 2015/16. This equates to approximately 5 NMS per month per pharmacy (the 20% target is 7).⁴³

Within Warwickshire, the results of the pharmacy contractor survey identified that 85 of the 88 respondent pharmacies (96.6%) provide this service, with a further 2 (2.3%) intending to offer this service within the next 12 months. 1 pharmacy (1.1%) refers elsewhere. . There is therefore scope for community pharmacies to do more NMS consultations to help tackle the long term conditions part of the JSNA and STP strategy. Non-adherence to prescribed medicines in patients with long term conditions is often a hidden problem and ends up costing the NHS a great deal in the long term.

The results from the public survey demonstrated 74.4% patients are aware of this service and 76.4% of respondents said they were very satisfied and satisfied with the service.

6.8.2.1 Conclusion for NMS

NMS is considered a relevant service.

Provision of the service is considered to be adequate but could be improved. There is potential for the service to be accessed by more people, particularly in target populations (such as cardiovascular and respiratory disease) and those pharmacies that do not currently provide NMS should be encouraged to do so. Data regarding geographical distribution of the service would support further assessment of equity of provision.

⁴³ <https://psnc.org.uk/funding-and-statistics/funding-distribution/advanced-service-payments/>

6.8.3 Appliance Use Reviews (AUR)

This particular service can be carried out by a pharmacist or a specialist nurse, in the pharmacy or at a patient's home, if more convenient. Similar to the MUR service, the AURs should serve to improve the patient's knowledge and use of any 'specified appliance' by:

- establishing the way the patient uses the appliance and the patient's experience of such use
- by identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient.
- advising the patient on the safe and appropriate storage of the appliance; and
- advising the patient on the safe and proper disposal of the appliances that are used or unwanted.

From these figures it is apparent that there is still a gap in the provision of the AUR service.

| Area | Community pharmacy and appliance contractors providing AURs | % providing AURS | Total AURS per community pharmacy and appliance contractor |
|---------------------|-------------------------------------------------------------|------------------|------------------------------------------------------------|
| England | 140 | 1.20 | 37,807 |
| West Midlands | 15 | 1.50 | 1,666 |
| Warwickshire | 0 | 0 | 65 |
| Coventry | 2 | 2.0 | 16 |

*Excludes DACs and DSPs

Source: NHS Digital and NHS Business Services Authority

According to the data above there are 65 AURs conducted by providers in Warwickshire, none of these from pharmacy contractors. However, Warwickshire residents may be receiving AURs from other national providers of appliances/AURs. It should be noted that in general, most AURs are conducted by non-pharmacy appliance contractors and that there are zero of these appliance contractors in Warwickshire.

The 2015 PNA identified that 15% of pharmacies conducted AURs. Results from the pharmacy contractor for this PNA show that 11.4% (10/88) of pharmacies offer AURs. A further 8 (9%) pharmacy contractors do intend to offer the appliance use review service within the next 12 months. 15 pharmacies (17.1%) are not intending to provide the service and 55 pharmacies (62.5%) say that they refer elsewhere.

Whilst an ageing population can be thought of as positive, reflective of improved healthcare, this is also perhaps an indicator that patients will require greater access to AUR services in the future. Commissioners should monitor if the current number of providers in Warwickshire is sufficient to meet demand.

Results from the public survey show that more than half of patients were not aware they could receive advice from their local pharmacy around appliance use. It is unclear how well advertised the AUR service is to those who may benefit; without knowing this, or the demand for such a specialist service, it is not possible to determine if the service is reaching those that could benefit.

6.8.3.1 Conclusion for AURs

AURs are considered a relevant service. Demand for the AUR service is lower than for other advanced services due to the much smaller proportion of the population that may be targeted.

NHS BSA data shows community pharmacy contractors completed fewer AURs in 2015/16 relative to the national average. No current gaps in provision have been identified based on the information available. Geographically, location for the provision of these services could be looked further, as more pharmacies could offer these services in areas of the county that have an older age population.

Warwickshire residents may be receiving AURs from other national providers of appliances/AURs. The demands of the services should be assessed continually based on service models and demographic changes.

6.8.4 Stoma Application Customisation (SAC)

The service involves customisation of a quantity of more than one stoma appliance, based on the patient's measurements or template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

The pharmacy contractor survey results identified that out of the 88 respondent pharmacies, SAC is accredited in 5 pharmacies (5.7%), with a further 9 (10.2%) proposing to provide this service within the next 12 months. 16(18.2%) stated that they are not intending to provide the service and 58(65.9%) refer elsewhere. In order to provide this service, certain criteria must be fulfilled – one of the main being the service must be provided from an 'acceptable location' meaning

- an area within the pharmacy that is distinct from the public area;
- is clearly designated as a private area whilst the service is being provided;
- is suitable and designated for the retention of the appropriate equipment for customisation;
- is suitable and designated for modification of the appliances; and
- that it is suitable for the volume of customisation being undertaken at any given time

The pharmacy contractor survey has a specific section for premises and facilities. Results from the survey found that overall the facilities and consultation areas provided within community pharmacies in Warwickshire were adequate. Feedback from pharmacy contractors revealed that the community pharmacy consultation areas had good characteristics with all 88 (100%) of respondents holding consultations within a closed room. The 2015 Warwickshire PNA found also found that a smaller proportion of contractor provided SACs (16% of pharmacies) but mentioned that demand for the service will be much lower.

| Area | % community pharmacy contractors providing SAC | Total SAC |
|---------------|------------------------------------------------|-----------|
| England | 14 | 1237651 |
| West Midlands | 14 | 544073 |
| Coventry | 12 | 325 |
| Warwickshire | 12 | 306 |

*Excludes DACs and DSPs

Source: NHS Digital and NHS Business Services Authority

When comparing Warwickshire with the rest of the West Midlands and the England average, the county has a lower mean number of SACs reviews shown in the table. This low level of provision reflects the specialist nature of the provision of appliances and it would be expected that this service is provided by DACs specialising in the provision of stoma appliances.

Demand for the appliance advanced services (SAC and AUR) is lower than for the other two advanced services due to the much smaller proportion of the population that may require these services. Pharmacies and DACs may choose which appliances they provide and may also choose whether or not to provide the two related advanced services. People receiving stomas may also access a stoma nurse from secondary care for advice or guidance regarding their stoma.

6.8.4.1 Conclusion for SACs

SACs are considered a relevant service.

Demand for the SAC service is lower than for other advanced services due to the much smaller proportion of the population that may be targeted.

NHS BSA data shows community pharmacy contractors completed fewer SACs in 2015/16 relative to the national average. No current gaps in provision have been identified based on the information available. Geographically, location for the provision of these services could be looked further, as more pharmacies could offer these services in areas of the county that have an older age population. Warwickshire residents may be receiving SACs from other national providers of stomas. The demands of the services should be assessed continually based on service models and demographic changes.

6.8.5 Seasonal Influenza (Flu) Vaccination

The provision of this service which is commissioned by NHS England first commenced as a national service in September 2015, with a locally commissioned service in place from 2012/13. Public Health England and NHS England has confirmed that the Seasonal Influenza Vaccination Advanced Service will continue in 2017/18. The service can be provided by any community pharmacy in England that fully meets the requirements for provision of the service. The aims of national influenza vaccination programme are to sustain uptake of flu vaccine by building the capacity of community pharmacies as an alternative to general practice, to provide more opportunities and improve convenience for eligible patients to access flu vaccinations and to reduce variation and provide consistent levels of population coverage of community pharmacy flu vaccination across England by providing a national framework.

Each year the NHS and local authority runs a seasonal flu vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus. These include people aged 65 years and over, pregnant women and those with certain health conditions.

Results from the pharmacy contractor survey show that there are currently a total of 70 (79.6%) community pharmacies that provide seasonal flu vaccinations in Warwickshire.

All Pharmacy contractors can choose to provide the Flu vaccination service but this will not be a condition of their inclusion in the pharmaceutical lists as these services are commissioned by the local authority and are not therefore enhanced services.

Results from the public survey show that 77% of patients are aware of the flu jab service and over half (57.1%) of patients are very satisfied and satisfied with the service.

6.8.5.1 Conclusion for Flu Vaccination service

Flu vaccination is considered a relevant service.

There is adequate provision of this service in Warwickshire; however data regarding geographical distribution of the service would support further assessment of equity of provision.

The Flu service is also accessible from GPs and other Healthcare providers. Pharmacies in Warwickshire should continue to be encouraged to provide the flu vaccine. Flu immunisation is a cost effective health protection intervention, which supports the prevention of the spread of infectious disease, reducing illness and complications of flu, which, although a mild illness in most, can be fatal.

6.8.6 NHS Urgent Medicines Supply Advanced Service (NUMSAS)

In December 2016, the Department of Health (DoH) commissioned a national NHS Urgent Medicine Supply Advanced Service (NUMSAS) **pilot** as part of the wider Quality Payments Scheme (QPS) changes to the Community Pharmacy Contractual Framework (CPCF). The NUMSAS pilot service commenced on 1st December 2016 and will run until 31st March 2018.

As part of the NHS 111 pathway, the NUMSAS service is available to patients who have been directly referred to a pharmacy via NHS 111 and not to patients who self-present at the pharmacy without referral. Fundamentally the NUMSAS service allows a pharmacist to supply a prescription only medicine (POM) without a prescription to a patient who has previously been prescribed the requested POM in an emergency situation and at the request of a patient via NHS 111 telephone service. The aim is to manage more efficiently the approximate 200,000 calls per year to NHS 111 for urgent repeat prescription medications. These calls normally default to a GP out of hour's appointment to arrange an urgent prescription and as a result, block access to GP appointments for patients with greater clinical need and it will route patients away from A&E who might otherwise attend to request urgent medicines. The aim of the NUMSAS service is to reduce the burden on urgent and emergency care services to ensure patients have access to the medicines or appliances when needed. NUMSAS focusses on the handling of urgent medication requests and offers an avenue by which NHS 111 requests for urgent medicine supply can be managed appropriately. The NUMSAS service can resolve problems leading to patients running out of their medicines and increase awareness of electronic repeat dispensing.

6.8.6.1 Pharmacy survey results

Results from the pharmacy contractor survey showed that 21 pharmacy contractors (23.9%) stated that they provide this service. This is understandably low as this is relatively still a new service. However, 32 pharmacies (36.4%) are intending to begin this service within the next 12 months.

6.8.6.2 Quality Payment Scheme April review point data

Currently it can be seen that 21 pharmacy contractors in Warwickshire are registered to provide the NUMSAS service. Local LPCs in conjunction with HLP Public Health specialists have engaged with community pharmacies since the initiation of the QPS scheme to encourage community pharmacies to adopt the quality based aspects of the CPCF. The local LPC have been vital in increasing the uptake of the NUMSAS service.

6.8.6.3 Public survey results

Results from the public survey show that 61.8% are aware that they can get an emergency supply of medication from the pharmacy when they run out. Over half (65.4%) of patients are very satisfied or satisfied with this service.

6.8.6.4 Conclusion for NUMSAS

NUMSAS is considered a relevant service.

Provision of this service is available from 21 community pharmacies in Warwickshire. Evaluation of the pilot NUMSAS service in terms of; referral rates to community pharmacy and impact on GP OOH appointments for urgent repeat prescription requests is necessary, before an assessment of adequacy of provision can be made.

6.8.7 Pharmacy premises facilities and consultation areas

The provision of Advanced Services is linked to the provision of consultation areas within pharmacies; this was explored in some depth in the pharmacy contractor survey.

In addition, The Disability Discrimination Act 1995, replaced by the Equality Act 2010, sets out a framework that requires providers of goods and services, not to discriminate against persons with a disability. It is expected that the pharmacy would make reasonable adjustments, if this is what is needed in order to allow the person to access the service.

The presence of consultation areas in many pharmacies presents an opportunity to commission pharmacies in new and potentially exciting ways to deliver new services. In some respects this is already happening through commissioning enhanced and other locally commissioned services.

From the pharmacy contractor survey results, out of 88 pharmacies that responded it can be said that 84 (95.5%) have a consultation area and provide good facilities to carry out confidential consultations with patients. 71 (80.7%) of these have wheelchair access and 13 (14.8%) do not have wheelchair access.

The results of the pharmacies that had consultation areas also concluded that all 88 consultation areas are a closed room facility (100%) allowing privacy and that at least 60 (71.4%) provide hand washing facilities within the room.

6.9 Quality Payments Scheme

The CPCF introduced a new scheme for 2017/2018 called the Quality Payments (QP) scheme. In order to access the additional funding available through the QP, pharmacies need to achieve the following:

- Provision of one specified Advanced service
- The NHS Choices entry for the pharmacy must be up to date;
- Pharmacy staff at the pharmacy must be able to send and receive NHS mail; and
- The contractor must be able to demonstrate ongoing utilisation of the Electronic Prescription Service (EPS) at the pharmacy premises.

Pharmacy contractors will then receive additional payments for achieving a range of criteria under the domains: **patient safety, patient experience, public health, digital, clinical effectiveness** and **workforce**. There are two review dates during the year at which pharmacies can claim for quality payments. Results from contractor declarations in April 2017 have been analysed and are presented below.

6.9.1 NHSBSA Data at April 2017 QPS Review Point

The NHSBSA has published the declaration data for the April 2017 review point of the Quality Payment Scheme.⁴⁴

6.9.1.1 Gateway Criteria

- 91.9% (102/111) of pharmacies in Warwickshire have met the essential Gateway criteria for QPS.
- Of those pharmacies that meet the gateway criteria in April 2017;
 - 102 pharmacies in Warwickshire that met the Gateway criteria (100%) provide MURs.
 - 101 (99%) that met Gateway criteria are accredited to provide NMS.
 - 21 of 102 (20.6%) that met Gateway criteria are registered to provide NUMSAS.

6.9.1.2 Quality Domains

- 53.9% (55/102) pharmacies reported that they had **written a safety report** at premises level available for inspection at review point, covering analysis of incidents and incident patterns evidence of sharing learning locally and nationally, and actions taken in response to national patient safety alerts.
- 92.2% (94/102) pharmacies reported that 80% of registered pharmacy professionals working at the pharmacy have achieved level 2 **safeguarding** status for children and vulnerable adults in the last two years.
- 88.2% (90/102) of pharmacies reported that the results from the last 12 months of the Community Pharmacy Payment questionnaire (**CPPQ**) was available on the pharmacies NHS choices page.
- 24.5% (25/102) pharmacies reported that they were a **Healthy Living Pharmacy – Level 1** (self-assessment).
- 93.1% (95/102) reported that they had increased access to their **Summary Care Records** over two given time periods

⁴⁴ <http://psnc.org.uk/services-commissioning/essential-services/quality-payments/quality-payments-scheme-statistics/>

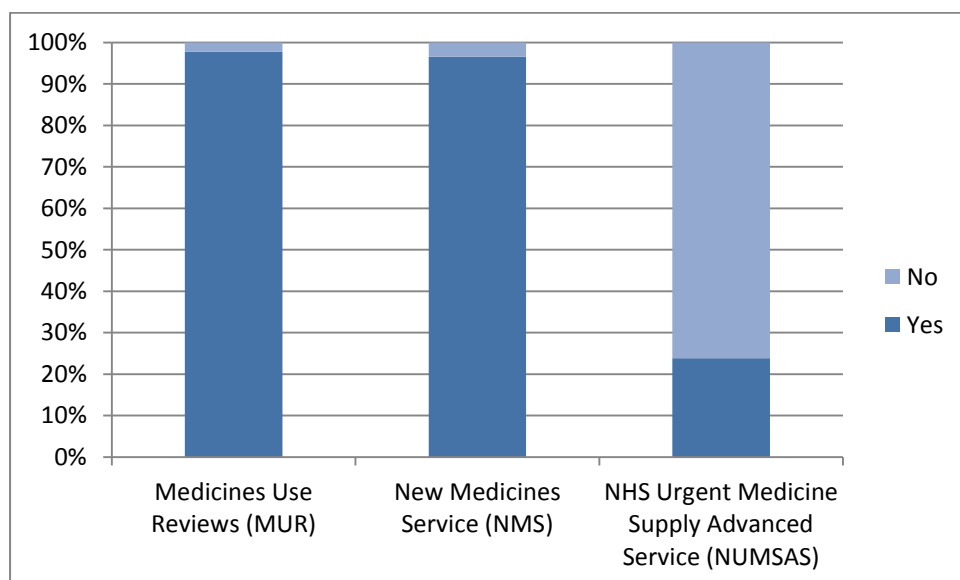
- 100/102 (98.0%) pharmacies reported that their entry on the NHS 111 **Directory of Services** was up to date at the time of survey.
- 90.2% (92/102) pharmacies reported that on the day of the review, the pharmacy can show evidence of asthma patients, for whom more than 6 short acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a 6 month period, are referred to an appropriate health care professional for an **asthma review**.
- 96.1% (98/102) pharmacies reported that 80% of their staff working within the pharmacy were **Dementia Friends**.

6.9.2 Pharmacy Survey QPS declarations

6.9.2.1 Gateway Criteria

- There were a total of 88 responses to the survey for Warwickshire pharmacies. 74 respondents to the pharmacy survey (84%) met the essential criteria.
- 86 (97.7%) pharmacy survey respondents have an up to date NHS Choices entry
- 71 (80.7%) pharmacy survey respondents used NHS Mail
- 88 (100%) pharmacy survey respondents are Electronic Prescription Service Release 2 enabled
- 86 (97.7%) respondents provide MURs, with the remaining 2 (2.3%) intending to begin within the next 12 months.
- 85 (96.6%) respondents provide NMS, with 2 (2.3%) intending to begin within the next 12 months, and 1 respondent refer elsewhere (1.1%).
- 21 (23.9%) respondents provide NUMSAS with 32 (36.4%) intending to begin within the next 12 months. 10 respondents (11.4%) do not intend to provide NUMSAS, and 25 (28.4%) selected that they refer elsewhere.

Figure 13: Advanced services provided by pharmacies from pharmacy survey responses

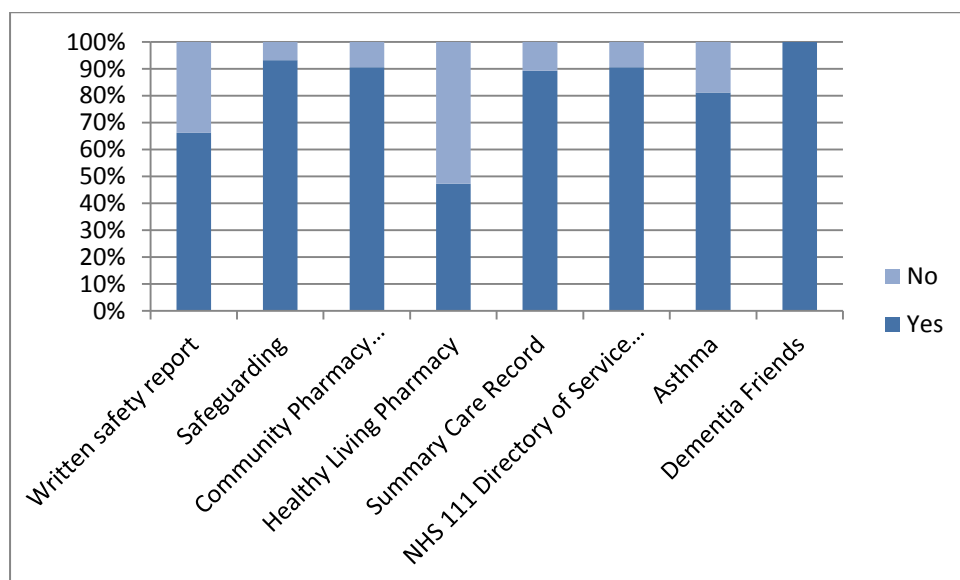


6.9.2.2 Quality Domains

74 out of the 88 respondents to the pharmacy survey were eligible to respond to the quality criteria section of the survey.

- 49 (66.2%) pharmacies reported that they had written a safety report at premises level available for inspection at review point, covering analysis of incidents and incident patterns evidence of sharing learning locally and nationally, and actions taken in response to national patient safety alerts.
- 69 (93.2%) pharmacies reported that 80% of registered pharmacy professionals working at the pharmacy have achieved level 2 safeguarding status for children and vulnerable adults in the last two years.
- 67 (90.5%) of pharmacies reported that the results from the last 12 months of the Community Pharmacy Payment questionnaire was available on the pharmacies NHS choices page.
- 35 (47.3%) of pharmacies reported that they were a Healthy Living Pharmacy – Level 1 (self-assessment).
- 66 (89.2%) pharmacies reported that they had increased access to their Summary Care Records over two given time periods.
- 67 (90.5%) pharmacies reported that their entry on the NHS 111 Directory of Services was up to date at the time of survey.
- 60 (81.1%) pharmacies reported that on the day of the review, the pharmacy can show evidence of asthma patients, for whom more than 6 short acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a 6 month period, are referred to an appropriate health care professional for an asthma review.
- 74 (100%) pharmacies reported that 80% of their staff working within the pharmacy were Dementia Friends.

Figure 14: Quality Criteria: Achievement from pharmacy survey responses



6.10 Healthy Living Pharmacies (HLPs)

The Healthy Living Pharmacy (HLP)⁴⁵ is a tiered commissioning framework which was developed by the Department of Health. Pharmacies meeting the gateway criteria of the QPS scheme are able to receive payment for achieving HLP status – one of the QPS quality domains.

The services provided as part of HLP are tailored to meet local health needs and build on the existing core pharmacy services with a series of enhanced services at three different levels of engagement:

- **Promotion (Level 1)**
- **Prevention (Level 2)**
- **Protection (Level 3).**

These levels of engagement reflect local health need and increasing capability within the pharmacy to deliver. HLPs aim to improve the health and wellbeing of the local community and help to reduce health inequalities by delivering a broad range of high quality public health services to meet local health needs.

In July 2016 the Pharmacy and Public Health Forum, accountable to Public Health England, developed a profession-led self-assessment process for level 1 HLPs, based on clear quality criteria and underpinned by a proportionate quality assurance process. *“Achieving level 1 Healthy Living Pharmacy status will require pharmacies to adopt a pro-active health promoting culture and environment within the pharmacy, with all the requirements of the quality criteria satisfied. These include understanding local public health needs, creating a health and wellbeing ethos, team leadership, communication, community engagement and having a health promoting environment.”*⁴⁶

In terms of what patients or customers can expect from a HLP, the Pharmaceutical Services Negotiating Committee (PSNC) states that: *“The public will feel the difference when entering an HLP; the Health Champion and other staff may proactively approach them about health and wellbeing issues and will know about local services for referral or signposting. If a health trainer service exists locally then Health Champions can extend their reach. There will be a health promotion zone and there should be a health promotion campaign running linked into local priorities and health needs.”*

6.10.1 HLP Gateway Requirements

The stipulations below are gateway requirements which must be met before a pharmacy can be registered as an HLP:

- The pharmacy has a consultation room which is compliant with the Advanced Services standards and is appropriate for services on offer.
- In the past year, the pharmacy has participated in the provision of both Medicines Use Reviews (MURs) and the New Medicine Service (NMS), and has proactively engaged in health promoting conversations
- In the past year, the pharmacy has participated in the provision of the NHS Community Pharmacy Seasonal Influenza Vaccination Advanced Service (FLU) or has actively referred patients to other NHS providers of vaccinations

⁴⁵ <http://psnc.org.uk/services-commissioning/locally-commissioned-services/healthy-living-pharmacies/>

⁴⁶ PSNC Briefing. ‘Healthy Living Pharmacies: Information for Local Authorities’ (May 2015) Available at: http://psnc.org.uk/wp-content/uploads/2013/08/LA_HLP_briefing_May2015.pdf

- The pharmacy complies with the General Pharmaceutical Council's Standards for Registered Premises and Standards of Conduct, Ethics and Performance; and
- The pharmacy complies with the NHS Community Pharmacy Contractual Framework (CPCF) requirements.

A pharmacy can only be considered as an HLP if it is already meeting all the contractual requirements for essential and advanced Services provided within the pharmacy contract. To qualify for HLP status, a pharmacy must also meet a set of agreed criteria:

- Consistently deliver a broad range of health and wellbeing services to a high quality.
- Promote healthy living & wellbeing as core activity.
- Support a team that is proactive in promoting health & wellbeing and the community's health at the centre of what it does.
- Staff meet locally agreed training and accreditation requirements to provide customers with health and wellbeing advice. They will signpost patients to community pharmacy services and other services where appropriate.
- Is identifiable to the public and other healthcare professionals

6.10.2 HLP Framework

The HLP framework is underpinned by three enablers⁴⁷:

- **Workforce development** – a skilled team to pro-actively support and promote behaviour change.
- **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

From the April QPS review point it can be seen that 25/102 of pharmacies reported that they were a Healthy Living Pharmacy – Level 1 (self-assessment). Information provided by the LPC in November 2017 shows that there are 67.6% (75/111) pharmacies in Warwickshire accredited as HLPs.

Atherstone in Practice Pharmacy was the first pharmacy in Warwickshire to achieve the Level 1 Healthy Living Pharmacy. The main reason this pharmacy became 'the first' is due to their commitment and enthusiasm for HLP; every staff member has been involved from day one and the campaigns they have been running have been excellent; they have identified opportunities for further health promotion; evidently have a great relationship with their GPs and other healthcare professionals, and are making a difference to their community by engaging patients in conversation around health and wellbeing.

There are opportunities for new services to be developed and commissioned based on local health needs from HLP pharmacies; the framework is not restrictive. Evaluations^{48 49} of Healthy Living Pharmacies (HLP) have demonstrated an increase in successful smoking quit rates, extensive delivery

⁴⁷ <http://psnc.org.uk/services-commissioning/locally-commissioned-services/healthy-living-pharmacies/>

⁴⁸ University of Bradford. 'Evaluation of the West Yorkshire Healthy Living Pharmacy Programme' (Jan 2016). Available at: <http://www.cpwv.org/doc/973.pdf>

⁴⁹ Mohan L, McNaughton R & Shucksmith J. Teeside University. 'An Evaluation of the Tees Healthy Living Pharmacy Pilot Scheme' (2013) Available at: <https://www.networks.nhs.uk/nhs-networks/hlp-pathfinder-sites/messageboard/hlp-forum/358672516/600199395/healthy-living-pharmacy-electronic-3-pdf>

of alcohol brief interventions and advice, emergency contraception, targeted seasonal flu vaccinations, common ailments, NHS Health Checks, healthy diet, physical activity, healthy weight and pharmaceutical care services.

6.11 Enhanced and Locally Commissioned Services

The third set of pharmaceutical services as per the CPCF that can be provided from pharmacies are Enhanced Services and Locally Commissioned Services. These services can only be referred to as Enhanced Services if they are commissioned by NHS England. Local services commissioned by CCGs or local authorities are referred to as locally commissioned services.

These services are commissioned to meet an identified need in the local population and pharmacies can choose whether to provide these services.

6.11.1 Sexual Health Services

Community Pharmacy sexual health services in Warwickshire are designed to improve access to key treatments including emergency hormonal contraception (“the morning after pill”) and treatment for chlamydia infection. Providers of sexual health services also encourage clients to access mainstream contraceptive services and provide education on available contraception and the prevalence of sexually transmitted diseases.

Warwickshire County Council Public Health commission a total of 49 pharmacies to provide the sexual health services in Warwickshire.

Supply of emergency hormonal contraception (EHC)

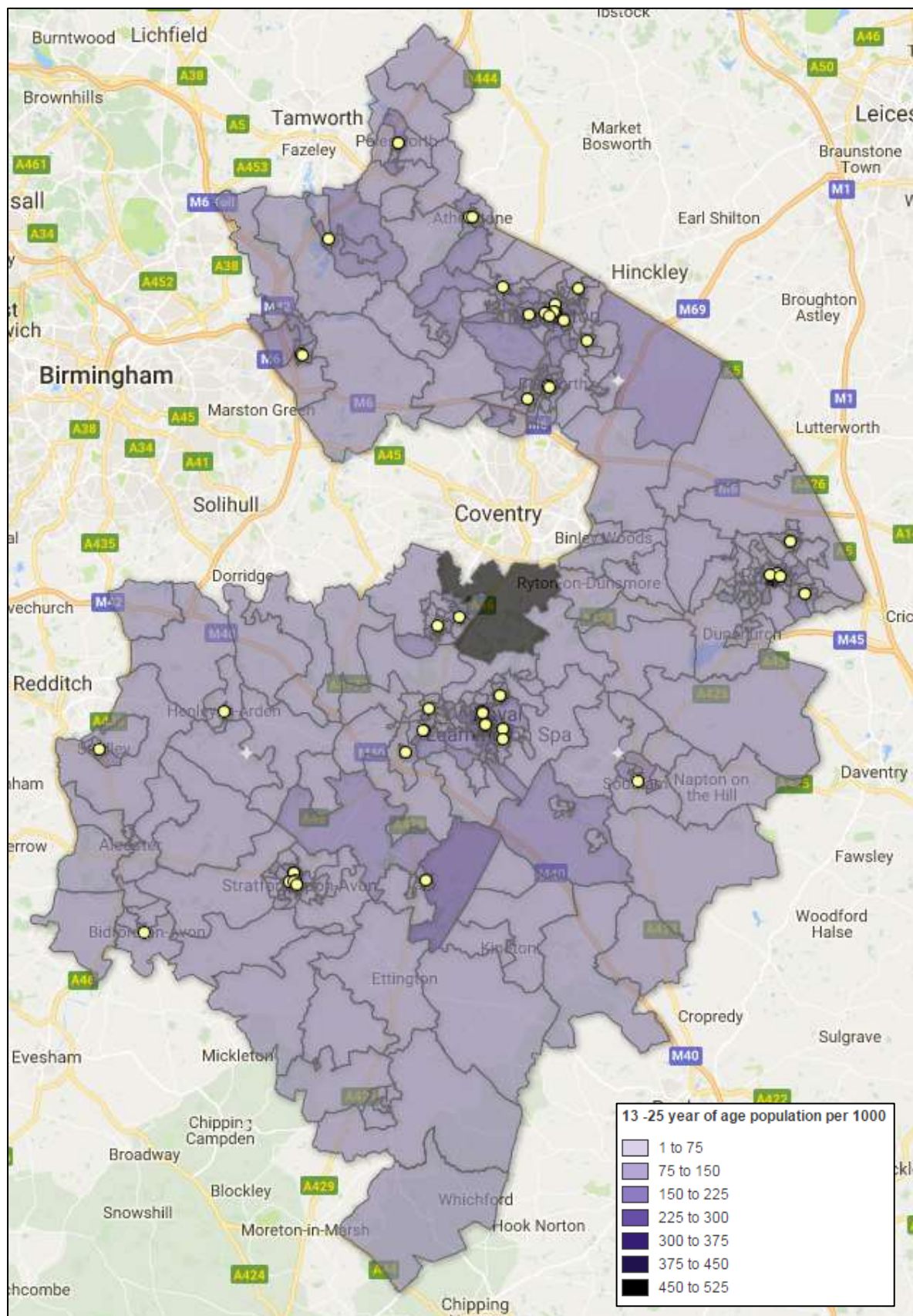
The service allows a client of any age to choose to attend an accredited Warwickshire pharmacy (operating within the parameters of a service level agreement and a current EHC PGD) to obtain EHC. Client privacy is of utmost importance, and the selection of each pharmacy will have been based on the assurance that they use approved private counselling area that complies with the requirements for provision of Advanced services under the National Pharmacy Contractual Framework.

Chlamydia screening and treatment

The service offers access to the National Chlamydia Screening Programme by providing local additional outlets where people can access chlamydia screening (rather than other agencies such as family planning clinics or GP surgery) and, if deemed appropriate access to treatment of Chlamydia infection.

In addition all clients below the age of 25 years old requesting provision of EHC from the pharmacy are also offered screening for chlamydia, along with appropriate counselling and support to encourage them to submit the test kit for analysis.

Figure 15: the location of pharmacies offering sexual health services mapped over population aged 13-25 years old.



In terms of geographical provision, there are pharmacies offering sexual health services in central areas of Nuneaton and Bedworth, Rugby and Warwick. There is provision in North Warwickshire, albeit not as concentrated to central areas. Furthermore, Stratford on Avon has provision in Stratford and Bidford. The southern areas of Stratford-on-Avon are not populated by pharmacies offering sexual health services, however these areas are less densely populated. It is also probable that young people prefer to access Sexual Health services outside of their immediate community and where a greater level of anonymity is available.

In addition, it should also be noted that there are integrated sexual health service clinics which offer advice on sexual health, contraception and full sexually transmitted infection (STI) testing including chlamydia. Sexual Health Warwickshire cover the whole of Warwickshire including more rural communities. More information is available here: <http://www.sexualhealthwarwickshire.nhs.uk/>

In addition, pharmacies have the option of providing EHC privately by charging a patient and these will not be included in this report.

Pharmacies commissioned to provide the sexual health services appear to be well located, in areas where the population of women aged 13 to 25 are higher, which is particularly important for the Chlamydia screening services.

According to the pharmacy contractor survey 44 pharmacies out of 88 respondents (50%) to the contractor survey provide sexual health services with 21 (23.9%) intending to begin within the next 12 months.

The public survey revealed that within Warwickshire, 158 people (53.6%) were aware of sexual health services provided by pharmacies. Out of 48 respondents to the question regarding satisfaction with the Sexual Health service, 23 (47.9%) selected Very Satisfied, 9 (18.8%) selected Satisfied, and 15 (31.3) selected neither satisfied nor dissatisfied. 1 person (2%) selected Dissatisfied.

6.11.1.1 Conclusion for Sexual Health services

Sexual health services are viewed as relevant service.

The Sexual Health services (EHC and chlamydia screening and treatment) has adequate levels of provision; pharmacies providing this service are well located across areas of deprivation and where the population of 13-25 year olds is relatively high in the county.

6.11.2 Substance Misuse Services

There are two services commissioned for the management of drug action services; needle exchange and supervised consumption.

Warwickshire County Council have tendered out the needle exchange (NEX) and supervised consumption service to Addaction, as part of the Recovery Partnership in Warwickshire. Addaction are responsible for receiving activity data and remunerating the pharmacy based schemes for delivering needle and syringe programmes. Addaction are also responsible for the day to day running of the scheme.

Post 2017 we anticipate it is likely the NEX and supervised consumption service in Warwickshire will continue to be commissioned. There will be a review of all drug action services commissioning activity between now and then, however the outcomes of the review cannot be predicted for the purpose of this PNA.

Needle Exchange

25 pharmacies provide the needle exchange service in Warwickshire.

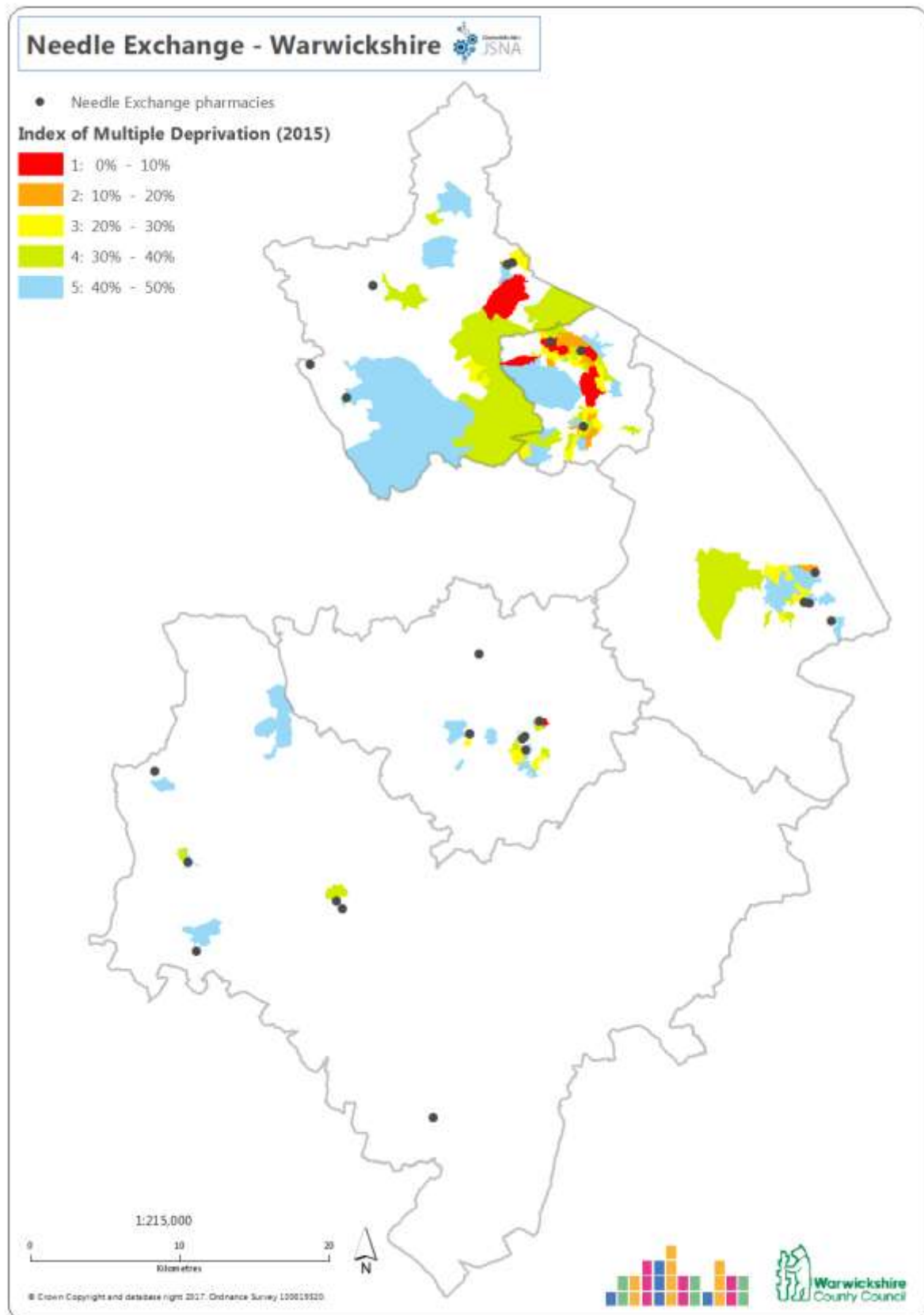
Needle and syringe exchange services (NEX) are an integral part of the harm reduction strategy for drug users.

It aims to:

- Reduce the spread of blood borne pathogens e.g. Hepatitis B, Hepatitis C, HIV by providing sterile injecting equipment and safe disposal of used injecting equipment
- Be a referral point for service users to other health and social care services

There is evidence to support the effectiveness of needle exchange services with long term health benefits to drug users and the whole population. Community pharmacies aid with this as they arrange provision of the exchange packs and associated materials and provide a clinical waste disposal service.

Figure 16: the location of pharmacies offering the Needle Exchange service mapped over Indices of multiple deprivations in Warwickshire



The map shows that pharmacies commissioned to provide the service appear to be well located with respect to the most deprived areas of Warwickshire. There is a greater provision in the north of the county, in Nuneaton and Bedworth, which has the highest levels of deprivation in the county.

There is no needle exchange provision from pharmacies in south east of the Stratford on-Avon district, however these areas are rural and less deprived but consideration should be given to have pharmacies that offer this service in these areas. It is however difficult to know exactly where to target such services since this population are often transient and so reporting of needle use or needles discarded may not correspond to where people want to access the service.

It should be noted that non-pharmacy providers throughout Warwickshire provide Substance Misuse services that include supervised consumption and needle exchange. Any planned increases in service provision should therefore take these providers into account.

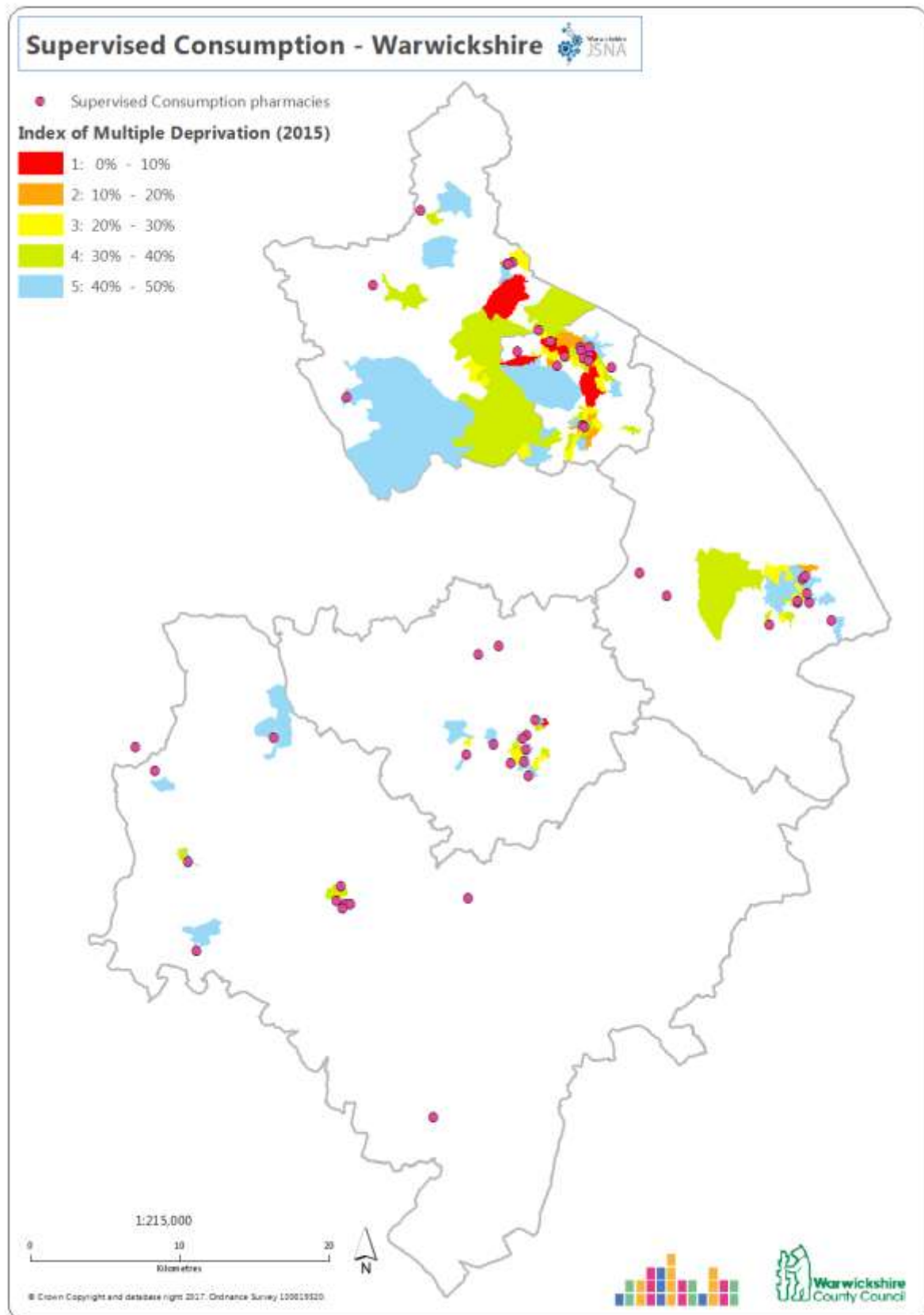
Supervised Consumption

The supervised consumption service provides access to substitute therapy with methadone or buprenorphine for people with an opiate addiction, via direct supply through community pharmacies. This service involves the pharmacist to physically witness and supervise the consumption of the prescribed medicines at the point of dispensing in the pharmacy against a valid prescription.

The overall aims of pharmacy services to drug users are to assist the service user to remain healthy, reduce risk, and provide service users with regular contact with a healthcare professional and help them access further advice or assistance. These are considered necessary services and pharmacies can be act as an important primary access point for these service users. The service reduces the risk of drug-related death during the induction and titration stages of treatment, but also prevents diversion of prescribed medication. This service ensures frequent (usually daily) contact between the service user and the pharmacist especially during the early and more chaotic stages of treatment. This also allows the opportunity to monitor patients closely.

In Warwickshire, a total of 56 pharmacies provide supervised consumption.

Figure 17: The location of pharmacies offering the supervised consumption service mapped over Indices of multiple deprivations in Warwickshire.



The map shows that pharmacies commissioned to provide supervised consumption appear to be well located with respect to the most deprived areas of Warwickshire. There is a greater provision in the north of the county, in Nuneaton and Bedworth, which has the highest levels of deprivation in the county.

It should be noted that non-pharmacy providers throughout Warwickshire provide Substance Misuse services that include supervised consumption and needle exchange. Any planned increases in service provision should therefore take these providers into account.

According to the pharmacy contractor survey 56 of 88 (63.6%) provide supervised consumption and 7 (8%) are intending to begin within the next 12 months.

6.11.2.1 Conclusion for Substance Misuse services

Substance Misuse services are considered relevant services.

The Supervised Consumption and Needle Exchange services have adequate levels of provision. Pharmacies are well located across areas of deprivation to provide both services.

6.11.3 Smoking Cessation Service

The Stop Smoking Service is one where pharmacies provide support and advice to people who want to give up smoking. The delivery for the service helps reduce levels of smoking-related illness, disability, premature death, and health inequality.

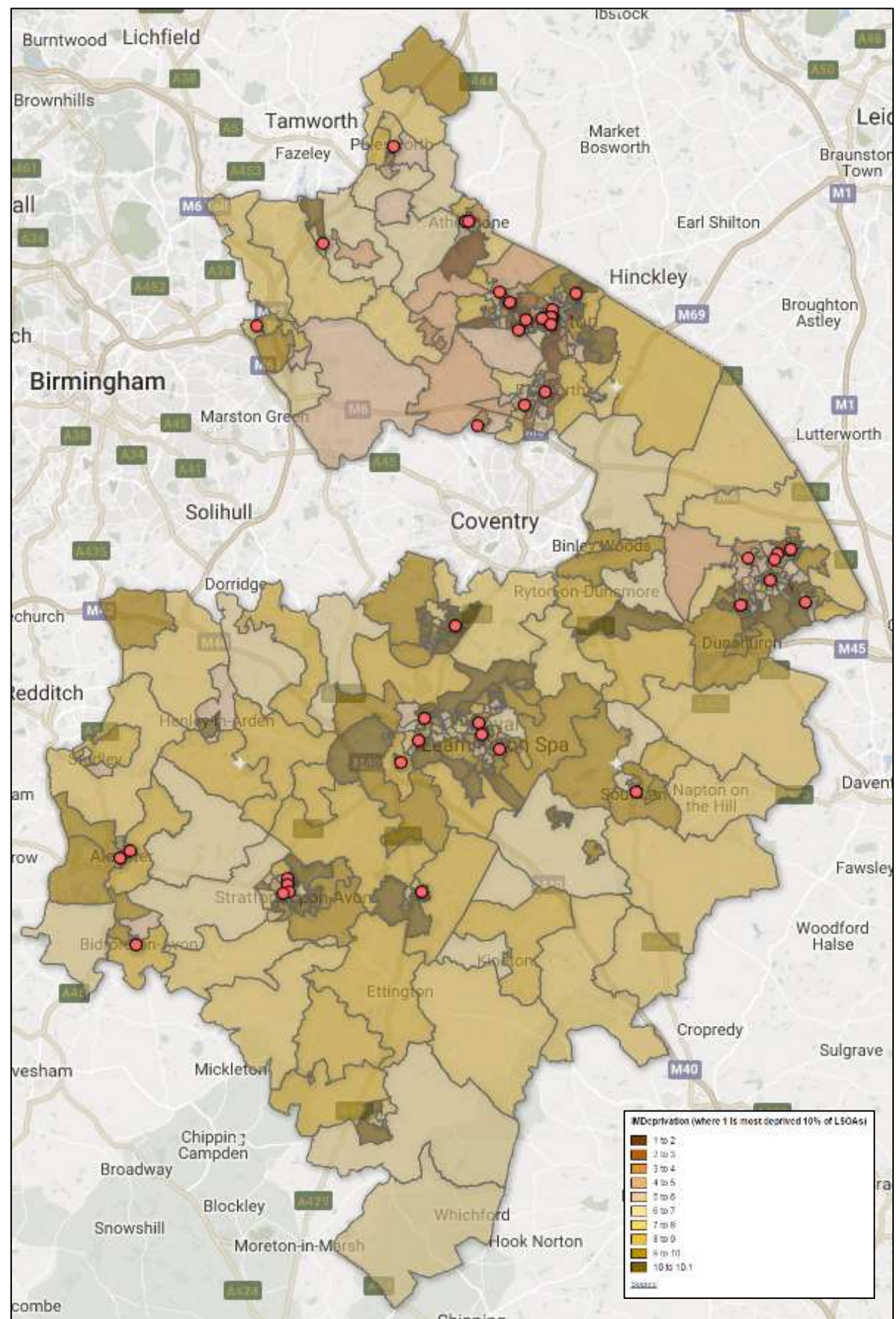
The aims of the service are:

- support the development of stop smoking services outside of GP surgeries.
- enable supply of nicotine replacement therapies by appropriately trained non- physician health care professionals.
- enable non-health care professionals who are offering intensive support to smokers to access nicotine replacement therapy as part of the support package.

In Warwickshire, the smoking cessation service is commissioned by Warwickshire County Council. The service involves the provision of behavioural support and pharmacotherapy delivered via a time-limited intervention to support people who smoke to successfully and permanently stop smoking. Progress is then assessed after 4 weeks. The monitoring criteria and procedures are taken from the “National Centre Smoking Cessation Training (NCSCT) Guidance for Local Stop Smoking Services, 2014”. Any interventions are delivered by a stop smoking advisor, who has received stop smoking service training one-to-one and/or group support and NCSCT. There are also specialist services for pregnant women.

Smoking remains one of the largest contributors to avoidable mortality; the stop smoking service is therefore considered necessary. This service is offered in 43 pharmacies in Warwickshire according to the commissioners. Most people who smoke are from poorer socio-economic groups. People living in the most deprived areas are more likely to smoke than those living in the least deprived areas. Therefore pharmacies in Warwickshire offering the stop smoking services have been mapped against indices of multiple deprivation.

Figure 18: Pharmacies offering Smoking Cessation over Indices of Multiple deprivation in Warwickshire



Provision of smoking cessation service across the county is generally sufficient for the population and from the map it can be said that pharmacies offering this service are well located across areas of deprivation. There are some gaps in provision towards the south of the county however these areas are least deprived and less populated. Consideration should be made to make Smoking Cessation services from pharmacies available within these areas.

Despite these gaps there is access to GPs who are the other major provider of smoking cessation advice within Warwickshire, which may be sufficient to fill the need (see Figure 5). For example, Shipston Medical Centre in Shipston-on-Stratford provides smoking cessation advice and can possibly meet the need towards the south of the county. Current service provision is therefore considered to be adequate.

Pharmacy contractors survey showed that 33 of 88 (37.5%) of respondents pharmacy's provide the smoking cessation service and 19 (21.59%) are intending to begin within the next 12 months. 40 of the 88 respondent pharmacy contractors (45.5%) state they supply NRT and 17 (19.3%) are intending to supply in the next 12 months.

Results from the public survey showed that the stop smoking service was one of the most recognised services among respondents (77.7%).

Out of the 55 people that responded to the question about satisfaction with the Smoking Cessation service 32 (58.2%) selected Very Satisfied, 7 (12.7%) selected Satisfied, 16 (29.1%) Neither satisfied nor dissatisfied. 0 people selected the options Dissatisfied or very Dissatisfied.

6.11.3.1 Conclusion for Smoking Cessation service

Smoking cessation is considered a relevant service.

The Smoking Cessation service has adequate levels of provision; pharmacies are well located across areas of deprivation. Results from the public survey showed that the service was one of the most recognised services among respondents (77.7%) and levels of satisfaction are high.

6.12 Improvements and Other Commissioned Services in the future

There are opportunities to develop the contribution of community pharmacies further. Services are being offered in other health and wellbeing areas that are not currently commissioned from Warwickshire community pharmacies to include:

- Testing for Hepatitis B and Hepatitis C and vaccination against Hepatitis B in community pharmacies are opportunities that could potentially be explored and piloted if it seems feasible to put the necessary systems in place. The aim of such an initiative would be to facilitate access to services and thereby provide earlier diagnosis and/or protection, in a group that is both at high risk and hard to reach.
- Pharmacies in Warwickshire could deliver outreach NHS Health Checks as part of a pilot service. The NHS Health Check is a health check-up designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia, in adults in England aged 40-74 without a pre-existing condition.

- Community pharmacies all participate in six public health promotion campaigns each year, as part of their national contract. Further opportunities exist to encourage healthy behaviours such as maintaining a healthy weight and taking part in physical activity such as providing advice, signposting services and providing on-going support towards achieving behavioural change, for example, through monitoring of weight and other related measures.
- Pharmacy staff can play a role in promoting awareness of good mental health, for example signposting to information about local support networks, mental health help lines etc.
- Pharmacy providers are also involved in part of the public advice and campaign network to increase public awareness of antibiotic resistance and the rational approach to infection control matters regarding, for example, MRSA and C difficile.
- In addition, pharmacies could under a Patient Group Directions (PGDs) advise and provide immunisation to protect patients from diseases or blood-borne viruses.

There is currently a wide variation in services commissioned on a local level from community pharmacy. There are opportunities for local service commissioning to assist in providing effective, integrated healthcare services. A wide range of services are described in the Drug Tariff which are locally commissioned across England including: head lice management services, services to schools, out of hours services, supplementary and independent prescribing by pharmacists and medicines assessment and compliance support.

7 Conclusion

The changing population needs for healthcare and in particular the demands of an ageing population with multiple long-term conditions mean there are some significant challenges to overcome in the drive to improve health and well-being in Warwickshire. To meet these challenges, there will need to be a much greater emphasis on prevention, early intervention and early help to protect and maintain people's health and independence. The Warwickshire Health and Wellbeing Board consider community pharmacies to be a key health and wellbeing resource and recognise that they offer potential opportunities to support health improvement initiatives and work closely with partners to promote health and wellbeing.

The King's Fund report 'Community Pharmacy Clinical Services Review' (December 2016) commissioned by the Chief Pharmaceutical Officer recommended that there is a need in the medium-term to "ensure that community pharmacy is integrated into the evolving new models of care alongside primary care professionals. This will include enhancing the support they provide to people with long-term conditions and public health, but should not be limited to these." At a local level, the Health and Wellbeing Board will encourage the involvement of pharmacies and pharmacy teams in developing local plans and systems of integrated working.

There are opportunities to develop the contribution of community pharmacies across all of the currently commissioned services. Local commissioning organisations should continue to consider pharmacies among potential providers when they are looking at the unmet pharmaceutical needs and health needs of the local population, including when considering options for delivering integrated care. Any commissioning of services or initiatives in community pharmacies should be

informed by the evidence base and evaluated locally ideally using an evaluation framework that is planned before implementation.

There is capacity for community pharmacy to address local priorities described in the JSNA and STP. Community pharmacies have close links with their communities and are therefore well placed to support WHWB to deliver their priorities. For example, the development of the Healthy Living Pharmacy programme which provides a specialist public health advisory role can support many of these work streams. The proposed Community hubs and the Out of Hospital programme can utilise pharmacies by referring their patients to the local pharmacy services provided.

Local commissioning organisations should therefore continue to consider pharmacies among potential providers when they are looking at the unmet pharmaceutical needs and health needs of the local population, including when considering options for delivering integrated care.

The PNA concludes that there is adequate provision of pharmaceutical services in Warwickshire to serve the needs of the population. There is however differences in pharmaceutical services available across the county. There are fewer pharmacies towards the south of the county however this does not imply inadequate provision. The pharmacy service is supplemented by dispensing GP practices serving the more rural areas. Furthermore, data regarding pharmacies providing a collection and delivery service shows that the vast majority do so, which to some extent may compensate for there being smaller number of pharmacies in certain parts of the county.

The public engagement process revealed a high level of satisfaction on the part of respondents. It should be noted that there is a lack of awareness around opening hours and the range of pharmacy services offered in Warwickshire.

Recommendations

The Sustainability and Transformation Programme should consider the findings and recommendations of this PNA in the course of their on-going work to improve the health of the local population. The STP plan identifies Proactive & Preventative care as a key theme. The STP should consider better utilisation of community pharmacies to aid in reducing projected future demand growth. Taking into account current service provision and other factors that may affect need for pharmaceutical services in the future; the following recommendations have been put forward:

- Patients and public should be provided with clear information on opening times, services offered (including provision of confidential consulting space), and alternative provision when pharmacies are not open.
- Expansion of the Healthy Living Pharmacy Level 1 should continue, and should be considered in areas of new housing developments.
- Consider the role of level 2 healthy living pharmacies in relation to the possible integration of community pharmacy into referral pathways, e.g. for minor ailments and self-care support.
- Actively support all community pharmacies to achieve standards set out in the national Quality Payments Scheme.
- Increased referral from GP and secondary care can help encourage pharmacies to fulfil their full quota of Medicines Use Reviews and the New Medicines Service reviews by targeting appropriate patients who are most likely to derive greatest benefit from these interventions. MURs can help prevent unnecessary GP appointments which fit in with the urgent and emergency care strategy for the STP and are crucial in supporting older people by addressing matters associated with polypharmacy.
- Consideration should be made to provide other locally commissioned pharmacy services that are being provided in neighbouring areas such as the alcohol and naloxone services (which are newly being provided in Coventry). This would support these specific local JSNA priority needs.
- Consider how community pharmacy can be utilised to facilitate admission to and discharge from hospital, particularly their role in discharging efficiently and safely (in regards to prescribing).
- Improve connectivity between community pharmacy and other services (including exploration of sending electronic notifications of flu vaccination in pharmacy settings to GP practice systems).

8 Consultation Overview

The PNA process comprises of a statutory requirement that involves having a consultation period of 60 days revolving around the contents of the PNA. The WHWB must consult with various organisations to ensure that the pharmaceutical providers and services supporting the population of Coventry mentioned within the document are accurately reflected.

Consultation responses will be collated and analysed. A report of the consultation, including any changes to the PNA will be produced before the final PNA is published and will be included in the

appendices. All concerns raised as a result of the consultation process will have been considered in the redrafting of the final PNA. The final document will be presented to the WHWB for ratification in February 2018 and the final PNA report published and available on local websites in March 2018.

The public consultation of the draft PNA for Warwickshire will run from 28th November 2017 to 05th February 2018. The consultation draft and summary will be distributed electronically on Warwickshire County Council website.