

Pharmaceutical Needs Assessment for Staffordshire

February 2018

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Executive summary

Introduction

A pharmaceutical needs assessment (PNA) is a statement of the needs of pharmaceutical services for a specified population. The PNA looks at the current provision of pharmaceutical services across a defined area, makes an assessment of whether this meets current and future population needs for Staffordshire residents and identifies any potential gaps in current services or improvements that could be made in future pharmaceutical service provision.

The Health and Social Care Act 2012 transferred responsibility for developing and updating of PNAs to health and wellbeing boards (HWBBs). Every HWBB has a statutory responsibility to publish and keep up to date a PNA for the population in its area which can be used:

- To identify areas where pharmacies can contribute to health and wellbeing priorities to improve population health and reduce health inequalities.
- As an evidence base for local commissioners to identify and commission services from community pharmacies as appropriate.
- By NHS England's area team to make decisions on any application for opening new pharmacies and dispensing appliance contractor premises or applications from current providers of pharmaceutical services to change their existing provision.

In addition, the HWBB is required to keep up-to-date a map of provision of NHS pharmaceutical services within its area through supplementary statements.

This document forms the second comprehensive PNA for Staffordshire.

What is the population of Staffordshire like?

Staffordshire has a resident population of 867,100 and covers a large geographical area of over 1,010 square miles. Similar to many other County areas, a major characteristic of Staffordshire is its ageing population with its population continuing to grow in both size and average age rapidly. Tamworth and East Staffordshire are the only districts in Staffordshire that have a significantly younger population than the national average.

The proportion of people from minority ethnic groups is growing but remains lower than the national average. The single largest minority group is 'White Other'. East Staffordshire has the largest proportion of people from a minority ethnic group.

Around a quarter of residents live in rural areas. South Staffordshire (40%), Stafford (32%), Staffordshire Moorlands (30%) and Lichfield (30%) are particularly rural whilst Tamworth's population is classified as entirely urban.

It is a relatively affluent area but has notable pockets of high deprivation in some urban areas. However some of the remote rural areas in Staffordshire do have issues with hidden deprivation, and in particular around access to services. This is coupled with almost one in five households not having access to a car.

The increase in older populations is thought to be the single most significant factor in the increasing prevalence of rural isolation.

What is health like in Staffordshire?

Overall people in Staffordshire are healthy, live longer compared with national life expectancy, and have positive experiences of the things that affect their lives and wellbeing. Staffordshire has shown large improvements in life expectancy and made significant progress in reducing overall mortality and preventable mortality over the last decade. However both men and women spend more time in poor health than the average retirement age and there remain large health inequalities across Staffordshire as evidenced by life expectancy and early death rates. A number of demographic, socio-economic, cultural and environmental factors combine to increase the risk of an individual experiencing poorer health and wellbeing outcomes. Evidence also indicates that it is often the same families and communities that suffer a range of inequalities.

There are a number of factors that can help prevent ill health or diagnose problems early to enable better treatment, especially immunisation and screening. Childhood immunisation rates and coverage of screening programmes in Staffordshire are generally better than average. However fewer Staffordshire adults who are eligible take up their offer of a NHS health check and a lower proportion of people aged 65 and over take up their offer of a flu or pneumococcal vaccination than average.

Around 40% of ill-health is thought to be preventable through healthier lifestyles. The prevalence of Staffordshire children who were obese in Reception (aged four to five) is 10% and increases significantly to 19% by the time children are in Year 6 (aged 10-11). Rates of obesity for Reception-aged children are higher than the England average in Staffordshire overall with rates in Newcastle being particularly high in this year group. Tamworth has obesity rates in Year 6 that are higher than the England average. Whilst adult smoking rates overall in Staffordshire have fallen there are large numbers of our population who drink too much over the life course, eat unhealthily and remain inactive

More people in Staffordshire report having a limiting long-term illness. By the time people reach 65 they will have developed at least one chronic condition and large proportions will also have developed two or three conditions. Of particular concern are the growing numbers of people with multiple or complex conditions.

Most care will occur in primary care or community settings. However a higher than average proportion in Staffordshire also occurs in hospital settings particularly young children and older patients. Older people are also higher users of social care. Admission rates in Staffordshire for acute conditions that could be managed effectively in primary care or outpatient settings are increasing more rapidly than average. In addition those that are admitted to hospital are often delayed from being discharged.

What is current pharmaceutical provision like and are there any gaps?

Pharmacy is the third largest healthcare profession, with a universally available and accessible community service. Pharmacies are well used and based on national estimates around seven million visits are made to a community pharmacy for health-related reasons annually in Staffordshire which equates to around 10 visits per person every year. Nationally 79% of people have visited a pharmacy at least once in the last year whilst 37% have visited at least once a month. Local data from a resident survey found around 14% of respondents used their pharmacy weekly and a further 58% monthly.

Staffordshire has 181 community pharmacies, of which six are distance-selling and in rural areas there are 27 GP practices who can dispense to patients registered with their practice. The rate of community pharmacies and dispensing practices is 24 per 100,000 population which is similar to the national average but ranges between districts from 20 per 100,000 in South Staffordshire to 27 per 100,000 population in East Staffordshire although districts with low rates do also have nearby access to pharmacies in neighbouring areas such as Wolverhampton and Stoke-on-Trent.

A national patient survey indicated that the public value a variety of types of pharmacy. In terms of ownership around two-fifths of pharmacies in Staffordshire are owned by independent contractors whilst the remaining three-fifths are owned by multiple contractors.

Based on data from the latest *Feeling the Difference* survey, the majority of Staffordshire residents are satisfied with current pharmacy provision. The engagement survey also found that local pharmacy services met the needs of respondents. National research also indicates that 86% would trust advice from pharmacies on how to stay healthy.

Overall there are sufficient numbers and a good choice of pharmacy contractors to meet Staffordshire's pharmaceutical needs.

There remains a gap as to the clarity of controlled localities (geographical area judged to be rural in nature by NHS England) and reserved locations. It is therefore proposed that NHS England North Midlands undertake further mapping of controlled localities, dispensing practice areas and reserved locations to provide assurance on the patients who fall into dispensing and prescribing groups for these practices, and clarity on the status of these areas, to support applications for new pharmacies or those considering relocations.

There is good geographical coverage across the County for pharmaceutical services and the majority of Staffordshire residents (98%) live within a 10 minute drive of their local pharmacy. Around 86% of residents can also access their local pharmacy within a 20 minute walk and almost two-thirds within 10 minutes using public transport.

In terms of opening hours, there are 18 '100 hour' pharmacies across Staffordshire equating to around one in ten pharmacies, with all residents in the County with the exception of South Staffordshire, having access to a community pharmacy for at least 100 hours during the week. Most residents have good access to a pharmacy during weekdays and Saturdays.

However there appears to be less provision and choice on Sundays and in particular on Sunday evenings. Around one in six pharmacies are open on Sunday from around 10am but tend to close by around 4pm; three pharmacies across the County are open after 5pm.

Some of the restricted provision is due to trading regulations which restricts opening hours for pharmacies located in supermarkets and shopping centres to six hours. However Staffordshire residents do have access to dispensing services on Sundays from alternative provision, for example walk-in-centres, minor injury units or from pharmacies in neighbouring areas such as Stoke-on-Trent or Wolverhampton.

A number of pharmacies also now open on Bank Holidays. NHS England North Midlands also commission community pharmacies to ensure there are adequate pharmaceutical services available on Christmas Day and Easter Sunday as these are the two days where pharmacies are still traditionally closed and those located in supermarkets and shopping centres unable to open due to current trading laws.

There appears to be a gap in service provision on Sunday evenings. However the demand for dispensing services is likely to be much lower at weekends compared to weekdays as GP surgeries are usually closed; immediate needs can also be met through alternative provision.

The Staffordshire Sustainability and Transformation Partnership (STP) may also want to consider commissioning extended pharmaceutical services on Sundays as one of the potential solutions to reducing A&E attendances.

In terms of the protected characteristics, pharmacies have a positive impact in meeting the needs of all people. Examples of this include:

- Antenatal and postnatal support to pregnant women and mothers
- At least two-fifths of pharmacies have staff members who speak a number of languages that are amongst the frequent main languages across the County
- Adjustments to medicines for disabled people as appropriate, for example large print labels. Most pharmacies also have a separate consultation room with wheelchair access
- Delivery of dispensed medicines to an individual's home

Findings from the engagement survey found that most people used pharmacies for collecting their prescriptions. Almost half of respondents also used their pharmacy for health advice or disposal of unwanted medicines. However very few respondents used their pharmacy for lifestyle advice (10%). Around a fifth of respondents would like pharmacies to maintain their current level of services with small proportions wanting to see the introduction of basic testing such as blood pressure measurements, blood tests and holiday vaccinations (10%), information and advice on the availability of other services (7%) and/or basic health appointments or clinics for certain conditions or lifestyle (5%).

National evidence suggests that between 5-8% of unplanned emergency admissions in adults are due to avoidable issues related to medicines. Overall there is good provision of advanced pharmacy services such as the Medicines Use Review (MUR) and New Medicine Service (NMS) across Staffordshire that help to deal with adherence to medicines and the management of people with long-term conditions.

However in terms of MURs, there is variation between pharmacies and some fall considerably below both the Staffordshire and national average. Provision of NMS also varies by district and pharmacy although this is dependent on the number of patients that start new medicines during the year.

Coverage of appliance use reviews and stoma appliance customisation services are low which is similar to the trend seen across England due to these services being a specialist area with many patients receiving the support they require either from a clinic or hospital or from a dispensing appliance contractor located in another area, for example Stoke-on-Trent.

An adult flu vaccination service was introduced as the fifth advanced service in September 2015. There has been an increase in the number of flu vaccinations provided by community pharmacies; however both the proportion of pharmacies signed up to provide flu vaccination services and average provision per pharmacy is lower than the national average. However provision across the County is also variable.

Pharmacies falling considerably below the average number of MURs should be supported to increase the numbers of MURs, particularly in areas where there is an identified need, to help with the management of long-term conditions and reducing emergency admissions. This may be done by promoting the concept of MURs to the public so that they understand the differences between reviews done by GP and pharmacies. GP practices are also ideally placed to work with their local pharmacies to identify and refer on patients who require a MUR or NMS. Uptake of flu vaccination through community pharmacy across the County is lower than the national average and provision also varies across the County. Further work should support and market community pharmacies to increase the provision of flu vaccination in these areas. Commissioners should also consider the provision of pneumococcal vaccination within community pharmacy settings given the current low rates of coverage across the County.

There are also opportunities for pharmacies to support the health, wellbeing and care needs of Staffordshire residents through locally commissioned services. In Staffordshire there are a number of services that are currently provided by pharmacies alongside other providers helping to meet the health needs of local residents. These include provision of: common ailment service, emergency supply of medication, treatment of urinary tract infections and impetigo, emergency hormonal contraception, supervised administration, needle exchange and palliative care. Provision across the County is generally matched to needs.

NHS England North Midlands, Staffordshire County Council, and other local commissioners need to ensure there is equitable provision of locally commissioned services across Staffordshire. This could be coordinated through the STP.

Local commissioners, providers and key stakeholders such as Local Pharmaceutical Committees (LPCs) and Local Medical Committees (LMCs) should continue to explore new ways in which community pharmacies could complement other primary and secondary care services and play a part in improving health and reducing inequalities, particularly around health and wellbeing strategic priorities. There is also a willingness from most community pharmacies to extend their roles to further support Staffordshire people to live healthier, self-care or live independently to meet local need. There is also ample national evidence to suggest that this could help alleviate current financial pressures on the NHS. The consultation also included suggestions for potential future development of pharmacy services and these should be considered by appropriate stakeholders when designing pathways.

The STP should consider the wider role of pharmacies in commissioning strategies (e.g. primary care) so that opportunities to provide effective services are maximised locally.

The HWBB does not currently believe there are any unmet pharmaceutical needs through any planned development over the next three to five years. However the HWBB will continue to monitor any major developments (e.g. planned housing developments) and in line with regulations produce supplementary statements to update the provision of pharmaceutical services as deemed necessary. They will also monitor any proposed changes to Government policy that could have an effect on the provision of pharmaceutical provision, for example extended opening of GP services.

The HWBB will continue to monitor any local or national policy development that impact on the provision of pharmaceutical services in the County and continue to publish supplementary statements where needed.

1 Introduction

1.1 *What is a pharmaceutical needs assessment?*

A pharmaceutical needs assessment (PNA) is a statement of pharmaceutical service needs for a specified population. The PNA looks at the current provision of pharmaceutical services across a defined area, makes an assessment of whether this meets current and future population needs and identifies any potential gaps to service delivery.

The Health and Social Care Act 2012 transferred responsibility for developing and updating PNAs to Health and Wellbeing Boards (HWBBs). The NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations (2013 Regulations) stated that HWBBs must have published their first PNA by 1st April 2015 which should be updated at least once every three years or before if there has been a significant change in service need or provision. In addition, the HWBB is required to keep up-to-date a map of provision of NHS pharmaceutical services within its area through supplementary statements which Staffordshire last did in September 2016.

This consultation document will form the basis of the second comprehensive PNA for Staffordshire.

1.2 *How will the PNA be used?*

Uses of the PNA include:

- Identifying areas where pharmacies can contribute to health and wellbeing priorities to improve population health and reduce health inequalities. It will help the HWBB to work with providers to target services to the areas where they are needed and limit duplication of services in areas where provision is adequate.
- Providing an evidence base to NHS England area teams to identify and commission advanced and enhanced services. It should also be used to inform local authority and clinical commissioning groups (CCGs) when commissioning local services from community pharmacies.
- Market entry - the PNA will be used by NHS England's area team to make decisions on any application for opening new pharmacies and dispensing appliance contractor premises or applications from current providers of pharmaceutical services to change their existing provision. Under legal regulations potential contractors of NHS pharmaceutical services must submit a formal application to NHS England to be included on a relevant list by proving they are able to meet a current or future pharmaceutical need that has been identified in the relevant PNA. NHS England's area team will then review the application in light of any gaps identified in local PNAs. The NHS Litigation Authority will also refer to the PNA when hearing appeals on NHS England's decisions.

1.3 What are NHS pharmaceutical services?

NHS pharmaceutical services as set out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 are commissioned solely by NHS England.

For the purposes of the PNA, pharmaceutical services included within the scope are:

- **Community pharmacies** are registered premises where pharmacists work as healthcare professionals either as sole traders, partnerships or limited companies
- **Dispensing appliance contractors (DACs)** are appliance suppliers for a specific subset of NHS pharmaceutical contractors who supply, on prescription, appliances such as stoma and incontinence aids, dressings and bandages but cannot supply medicines.
- **Distance selling pharmacy contractors** are internet and mail order based contractors who provide their services across England to anyone who requests it. They may be pharmacy or dispensing appliance contractors. Under the 2013 Regulations only pharmacy contractors may now apply to be distance selling premises.
- **Local pharmaceutical services (LPS) contractors** provide a level of pharmaceutical services in some HWBB areas. A LPS contract allows NHS England to commission community pharmaceutical services tailored to specific local requirements. The last two LPS contractors in Staffordshire have now returned to the pharmaceutical list.
- **Dispensing doctors** are medical practitioners authorised to provide pharmaceutical services from medical practice premises in designated rural areas known as “controlled localities” to eligible patients. They can dispense NHS prescriptions to their own patients who live more than one mile (1.6 km as the crow flies) from a pharmacy. **Controlled localities** are rural areas which have been determined by NHS England, a predecessor organisation (primary care trust), or on appeal by the NHS Litigation Authority. The one mile rule does not apply to practices in **reserved locations** and patients in these localities both within one mile of the pharmacy and beyond have the right to choose whether to have their medicines dispensed at a pharmacy or at their GP surgery. A reserved location is an area within a controlled locality where the total of all patient lists for the area within a radius of one mile of the proposed premises or location is fewer than 2,750.

Under the NHS Community Pharmacy Contractual Framework (CPCF) there are three different levels of services that pharmacies can provide. These are:

- **Essential services** - these are those services which every community pharmacy who provides NHS pharmaceutical services must provide as set out in their terms of service and includes the dispensing of medicines, promotion of healthy lifestyles and support for self-care

- **Advanced services** - these are services that community pharmacies and dispensing appliance contractors (DACs) can provide subject to accreditation as necessary. These include Medicines Use Reviews and the New Medicines Service for community pharmacists and Appliance Use Reviews and the Stoma Customisation Service for dispensing appliance contractors.
- **Enhanced services** - additional locally commissioned services that are commissioned by NHS England such as services to care homes, language access and patient group directions.

Other organisations, for example CCGs and local authorities can commission services from community pharmacies. However these services are not part of NHS Pharmaceutical Services as defined by the Regulations and described above and therefore cannot be described as enhanced services and should be described as ***locally commissioned services***.

1.4 What has been the process for developing the Staffordshire PNA?

A PNA working group was set up in Staffordshire to shape the production of the Staffordshire PNA. This includes a range of stakeholders from Staffordshire County Council, NHS England North Midlands, the Local Pharmaceutical Committees (LPC) for North Staffordshire and South Staffordshire, the Local Professional Network (LPN) for pharmacies and members from local Clinical Commissioning Groups.

The PNA process included:

- **Engagement** with the public, through a survey run by Healthwatch and through an online survey of pharmacy contractors using PharmOutcomes, about current and future pharmaceutical needs and services to feed into the PNA
- **Identifying local needs** through use of the Joint Strategic Needs Assessment (JSNA) process (see Figure 1 which illustrates the JSNA process in commissioning cycle)
- Collecting information on **service provision** from NHS England, Staffordshire County Council, the LPC and other commissioners
- **Consultation on the draft PNA** with residents and professionals
- Production of the PNA for Staffordshire and **sign-off by the HWBB** for publication by 1 April 2018

Figure 1: The role of the JSNA in the commissioning cycle



1.5 Definition of localities for the PNA

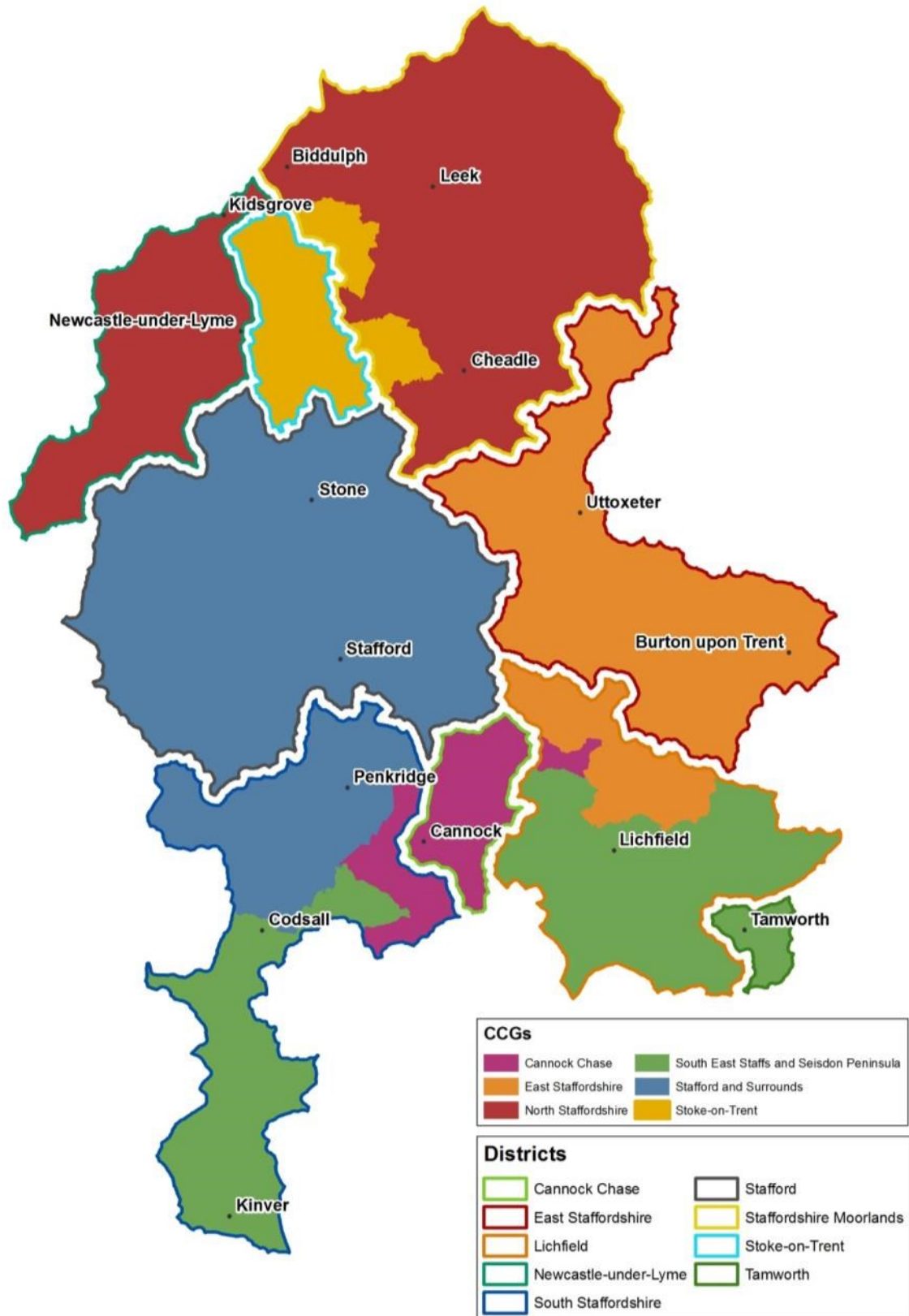
Staffordshire has a resident population of 867,100 and covers a large area of 1,010 square miles. The area is composed from a mixture of cities, towns and villages and is governed locally by an upper-tier authority: Staffordshire County Council and eight district councils (Cannock Chase, East Staffordshire, Lichfield, Newcastle-under-Lyme, South Staffordshire, Stafford, Staffordshire Moorlands and Tamworth).

In Staffordshire, health, social and wellbeing services or programmes are commissioned by five Clinical Commissioning Groups (CCGs), NHS England, Public Health England, Staffordshire County Council and eight Borough/District Councils.

The PNA for Staffordshire will use its eight district areas in the main to assess needs; this is in line with the disaggregation of intelligence within the Joint Strategic Needs Assessment (JSNA) and endorsement of recommendations by the HWBB in July 2014 of '*Achieving strategic outcomes through locality-based delivery*'.

District and CCG boundaries in Staffordshire are illustrated in Map 1.

Map 1: District and CCG boundaries in Staffordshire



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1.6 Pharmacy services aligned to Sustainability and Transformation Partnerships

The NHS planning guidance published in December 2015 asked every local health and care system in England to come together to create their own ambitious local plan for accelerating the implementation of the Five Year Forward View. These local plans, called Sustainability and Transformation Partnerships (STPs), are place-based, multi-year plans built around the needs of local populations. STPs must cover all areas of CCG and NHS England commissioned activity including: specialised services; primary care; local authority services, including prevention and social care, and reflect local health and wellbeing strategies. Nationally 44 STP footprint areas have been agreed that will bring local health and care leaders, organisations and communities together.

The local STP covers Staffordshire and Stoke-on-Trent and details how current demographic changes, increasing health needs and financial constraint challenges will be tackled, including:

- An increase in services delivered in the community through 23 specialised multi-disciplinary teams (also known as localities) which will be based on local populations in Staffordshire and Stoke-on-Trent of between 30,000 and 70,000 residents. 18 of these multi-disciplinary teams are within Staffordshire's HWBB catchment area.
- Encouraging more people to live healthily and avoid illness, and when they are ill to provide them with the tools and technology to help manage their own conditions.

Pharmacies are at the centre of the community and provide an opportunity to further deliver health and wellbeing services tailored to meet the needs of the people in their locality and grow as community assets. Each of the 23 localities know their local population and will have the opportunity to enhance the future services they offer as a community asset to support the needs of their population.

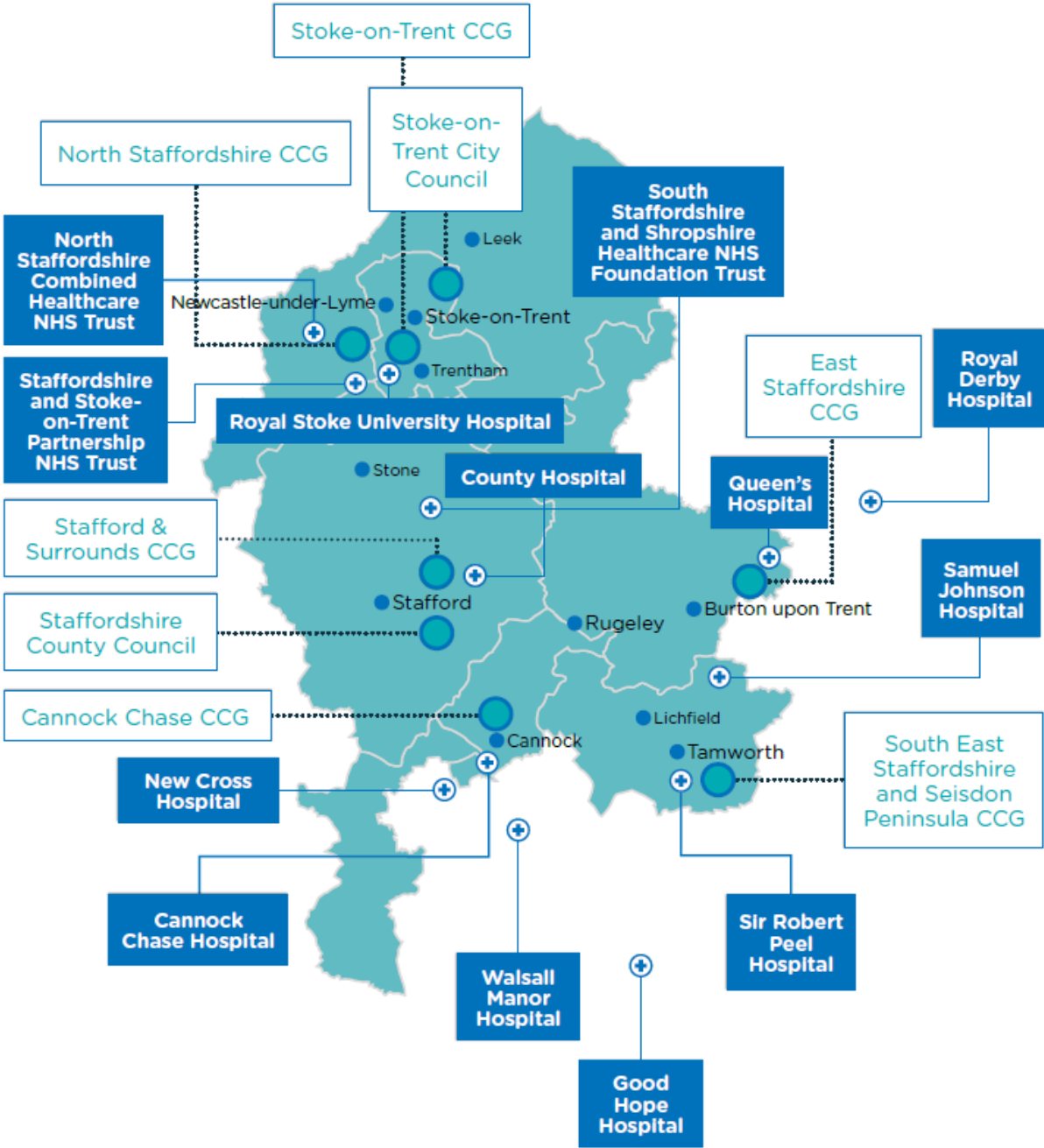
The STP's programme for pharmacies can be found in Appendix 1.

1.7 The Murray Report

An independent *Community Pharmacy Clinical Services Review* (also known as the Murray report) was commissioned by the Chief Pharmaceutical Officer and published by the Kings Fund in December 2016. The Murray report proposes that pharmacy needs to "work in partnership with other parts of the health and care system whether this means other professions or, critically, patients themselves" and be a "core part of the integrated, convenient services that people need".

The report provides a summary of national policy reports, presents barriers, opportunities and recommendations for expanding the role of community pharmacy and pharmacists. The full recommendations from the report can be found in Appendix 2.

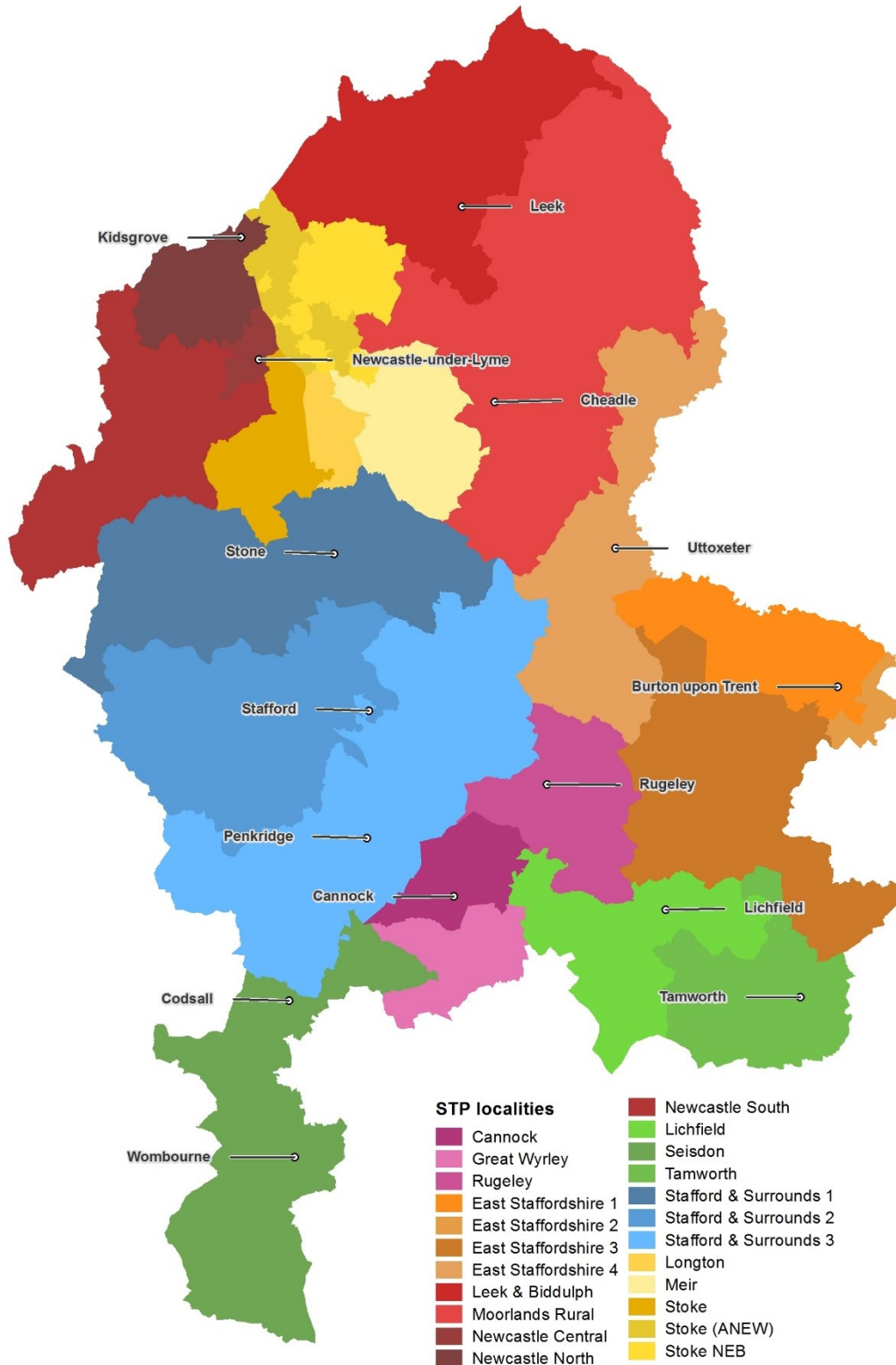
Map 2: Staffordshire and Stoke-on-Trent's STP area



Note: Not a geographical representation

Source: Together We're Better, An Introduction to the Staffordshire and Stoke-on-Trent Sustainability and Transformation Plan

Map 3: Staffordshire and Stoke-on-Trent's STP localities



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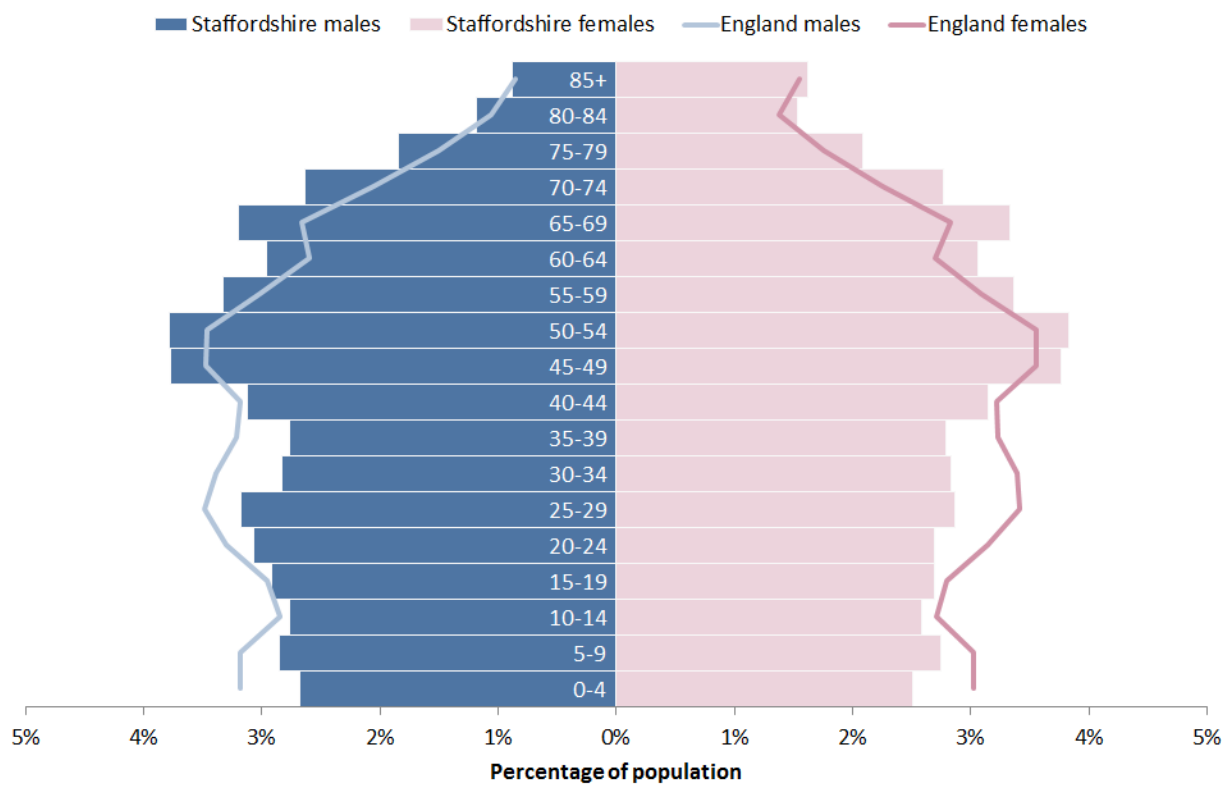
2 What is the population of Staffordshire like?

2.1 Population structure

Staffordshire has a resident population of 867,100 and covers a large geographical area of over 1,010 square miles. The age structure of a population gives an indication of potential utilisation of health services, for example people aged over 50 are more likely to have long-term conditions and are consequently greater users of health and social care services including pharmaceutical services.

The overall population pyramid shows that Staffordshire has a relatively older population compared to the England average (Figure 2). Around 21% residents are aged 65 and over compared to the national average of 18%. This ranges from 18% in Tamworth to almost 24% in Staffordshire Moorlands (Table 1 and Figure 3). East Staffordshire and Tamworth both have a significantly younger population than the national average.

Figure 2: Population structure of Staffordshire compared with England, 2016



Source: 2016 mid-year population estimates, Office for National Statistics, Crown copyright

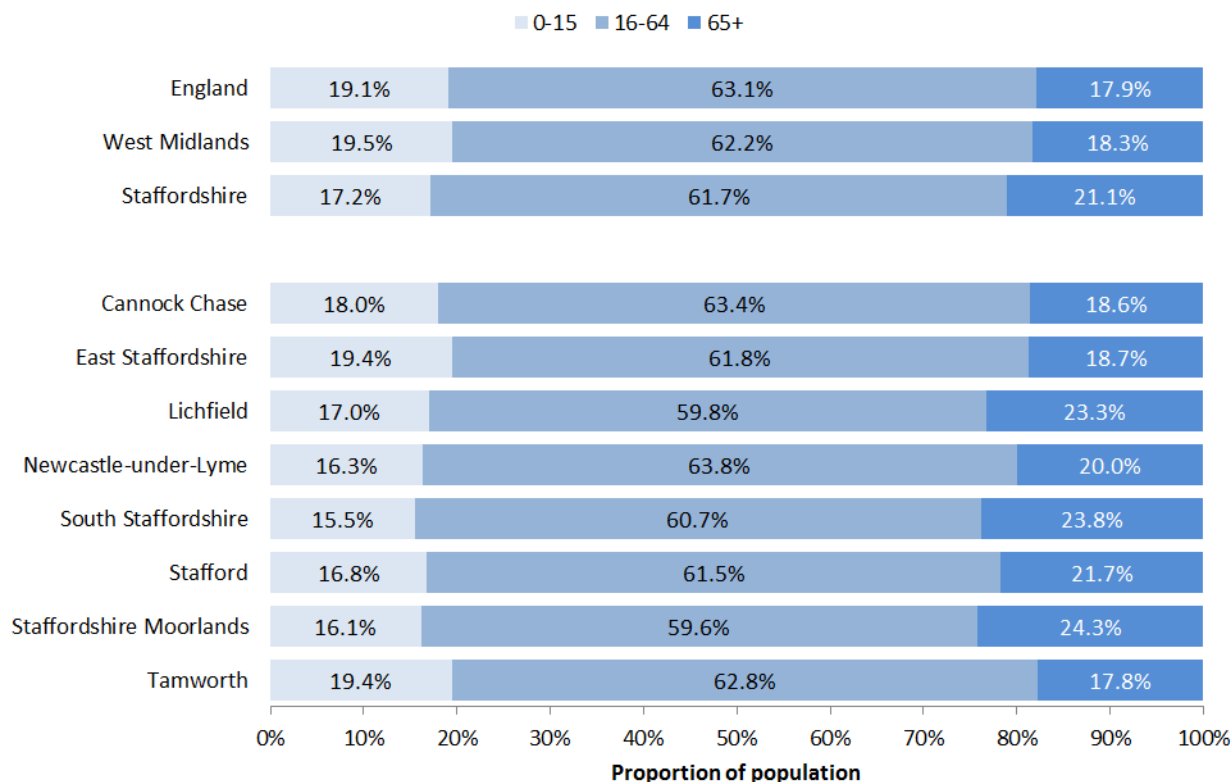
Table 1: Population structure by age group and district, 2016

	0-4	5-15	16-24	25-49	50-64	65-74	75+	All ages
Cannock Chase	5,500 (5.5%)	12,200 (12.4%)	10,200 (10.3%)	32,700 (33.2%)	19,700 (20.0%)	10,500 (10.6%)	7,800 (7.9%)	98,500 (100.0%)
East Staffordshire	7,400 (6.3%)	15,300 (13.1%)	11,500 (9.8%)	37,700 (32.3%)	23,000 (19.7%)	12,200 (10.4%)	9,700 (8.3%)	116,700 (100.0%)
Lichfield	5,100 (4.9%)	12,400 (12.0%)	9,600 (9.3%)	30,800 (29.9%)	21,200 (20.5%)	13,800 (13.4%)	10,200 (9.9%)	103,100 (100.0%)
Newcastle-under-Lyme	6,300 (4.9%)	14,600 (11.4%)	17,100 (13.3%)	40,200 (31.3%)	24,700 (19.2%)	14,200 (11.1%)	11,400 (8.9%)	128,500 (100.0%)
South Staffordshire	5,000 (4.5%)	12,200 (11.0%)	10,800 (9.7%)	32,300 (29.1%)	24,300 (21.9%)	14,700 (13.2%)	11,800 (10.6%)	111,200 (100.0%)
Stafford	6,700 (5.0%)	15,800 (11.8%)	13,500 (10.0%)	41,700 (31.1%)	27,300 (20.4%)	16,300 (12.2%)	12,800 (9.6%)	134,200 (100.0%)
Staffordshire Moorlands	4,300 (4.4%)	11,500 (11.7%)	8,900 (9.0%)	28,200 (28.8%)	21,300 (21.8%)	13,600 (13.9%)	10,200 (10.4%)	98,100 (100.0%)
Tamworth	4,700 (6.1%)	10,300 (13.4%)	7,800 (10.1%)	25,700 (33.4%)	14,800 (19.2%)	8,200 (10.6%)	5,500 (7.2%)	77,000 (100.0%)
Staffordshire	45,000 (5.2%)	104,300 (12.0%)	89,200 (10.3%)	269,400 (31.1%)	176,300 (20.3%)	103,500 (11.9%)	79,400 (9.2%)	867,100 (100.0%)
West Midlands	365,300 (6.3%)	768,700 (13.3%)	673,800 (11.6%)	1,873,700 (32.3%)	1,058,100 (18.2%)	579,100 (10.0%)	482,100 (8.3%)	5,800,700 (100.0%)
England	3,429,000 (6.2%)	7,100,100 (12.8%)	6,137,800 (11.1%)	18,536,600 (33.5%)	10,181,700 (18.4%)	5,413,300 (9.8%)	4,469,500 (8.1%)	55,268,100 (100.0%)

Note: Numbers may not add up due to rounding

Source: 2016 mid-year population estimates, Office for National Statistics, Crown copyright

Figure 3: Population structure by age group and district, 2016



Source: 2016 mid-year population estimates, Office for National Statistics, Crown copyright

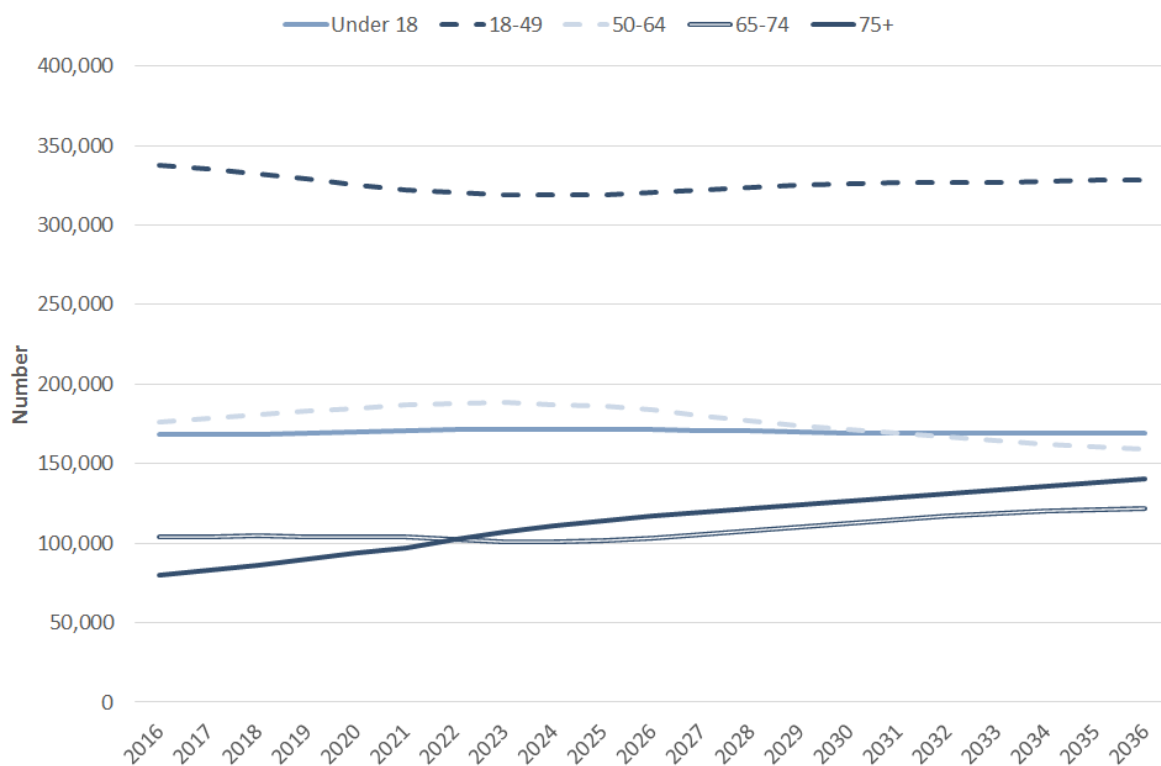
2.2 Population projections

A major characteristic of Staffordshire like many other County areas is its ageing population with its population continuing to grow in both size and average age. There are now 64,700 more people aged 65 and over than there were 20 years ago. This trend is predicted to continue.

The overall population for Staffordshire is projected to increase by 3% between 2016 and 2026 to 895,800. Staffordshire's older population is predicted to grow faster than average: by 2026 the number of residents aged 75 and over, traditionally people who need the most support will rise more dramatically from 78,000 in 2016 to 117,200 in 2026, an increase of 47% or around 37,200 people (Figure 4). Whilst the number of children under 16 will remain fairly stable, the number of working age people (16-64) is projected to decline. The impact of these demographic changes means there will be a significant fall in old age dependency support ratios with the ratio falling from three people of working age for every person aged 65 and over in 2016 to two people by 2036.

The changing population of Staffordshire will continue to have an impact on the provision and use of a range of health, social care and pharmaceutical services with the ageing population bringing greater challenges to already scarce resources within the area. It also is likely to put strains on the formal care workforce and may mean a necessary increase in informal, unpaid care from family, friends and communities in the future.

Figure 4: Population projection trends in Staffordshire



Source: 2014-based population projections, Office for National Statistics, Crown copyright

In line with projected population growth, Table 2 shows the planned housing requirements by district. However, across Staffordshire there are a number of housing developments in various stages of planning and not all plans have been adopted yet and are subject to change. The largest developments with planning permission granted that are projected to make an impact on the time period of this needs assessment are in East Staffordshire, Lichfield, South Staffordshire and Cannock Chase. We do not believe that any changes to housing currently in planning will impact on the needs for services.

However the Health and Wellbeing Board will continue to monitor whether future housing developments require additional pharmaceutical provision. As well as schools and other community facilities such as local shops and newsagents, districts need to ensure they also include pharmaceutical provision as part of their planning process under the consideration of provision of health care facilities.

Table 2: Planned housing requirements for the next 20 years

	Average planned houses per year	Planned location over next five years for large builds
Cannock Chase	295	Hednesford and Norton Canes
East Staffordshire	582	Branson, Beamhill, Outwoods and Derby Road areas of Burton and Pinfold Road area of Uttoxeter
Lichfield	478	Streethay area, East of Rugeley, Burntwood and Fradley
Newcastle-under-Lyme	285	Cross Heath, Knutton, Silverdale and Kidsgrove
South Staffordshire	193	Gospel End and Penkridge
Stafford	500	Yarnfield and Corporation Street, Stafford
Staffordshire Moorlands	276	Leek and Biddulph
Tamworth	275	Small sites across the Borough
Staffordshire	2,884	

Source: Strategic Housing Land Availability Assessments 2012-2014, District and Borough Councils in Staffordshire and Staffordshire County Council

2.3 Ethnicity

People from some ethnic minority groups often experience poorer health outcomes. This may be as a result of multiple factors including genetic predisposition to certain diseases (e.g. diabetes, coronary heart disease and mental health), poor access to services, language barriers and cultural differences.

According to the 2011 Census there were 54,700 people from a minority ethnic group in Staffordshire, which is 6.4% of the population, with the single largest minority group being 'White Other'. Whilst this is a significant increase from the 2001 Census (3.8%), it remains lower than the England average of 20%

At a district level East Staffordshire has the highest proportion of residents from minority ethnic groups, mainly concentrated in Burton-on-Trent.

Table 3: Ethnic populations in Staffordshire, 2011

	Staffordshire	West Midlands	England
White: British	93.6%	79.2%	79.8%
White: Irish	0.5%	1.0%	1.0%
White: Gypsy or Irish Traveller	0.1%	0.1%	0.1%
White: Other White	1.6%	2.5%	4.6%
Mixed/multiple ethnic group: White and Black Caribbean	0.5%	1.2%	0.8%
Mixed/multiple ethnic group: White and Black African	0.1%	0.2%	0.3%
Mixed/multiple ethnic group: White and Asian	0.3%	0.6%	0.6%
Mixed/multiple ethnic group: Other Mixed	0.2%	0.4%	0.5%
Asian/Asian British: Indian	0.8%	3.9%	2.6%
Asian/Asian British: Pakistani	0.8%	4.1%	2.1%
Asian/Asian British: Bangladeshi	0.1%	0.9%	0.8%
Asian/Asian British: Chinese	0.3%	0.6%	0.7%
Asian/Asian British: Other Asian	0.4%	1.3%	1.5%
Black/African/Caribbean/Black British: African	0.2%	1.1%	1.8%
Black/African/Caribbean/Black British: Caribbean	0.3%	1.5%	1.1%
Black/African/Caribbean/Black British: Other Black	0.1%	0.6%	0.5%
Other ethnic group: Arab	0.1%	0.3%	0.4%
Other ethnic group: Any other	0.1%	0.6%	0.6%
Non-White British	6.4%	20.8%	20.2%
Total population	848,489	5,601,847	53,012,456

Source: 2011 Census, Office for National Statistics, Crown copyright

Table 4: Ethnic populations by local authority, 2011

	Number from non-White British group	Percentage	Statistical difference to England
Cannock Chase	3,420	3.5%	Lower
East Staffordshire	15,729	13.8%	Lower
Lichfield	5,391	5.4%	Lower
Newcastle-under-Lyme	8,361	6.7%	Lower
South Staffordshire	5,792	5.4%	Lower
Stafford	9,709	7.4%	Lower
Staffordshire Moorlands	2,449	2.5%	Lower
Tamworth	3,829	5.0%	Lower
Staffordshire	54,680	6.4%	Lower
West Midlands	1,167,514	20.8%	Higher
England	10,733,220	20.2%	

Source: 2011 Census, Office for National Statistics, Crown copyright

2.4 Rurality

Living in a rural area has a positive association with people's overall life satisfaction. However it can also present difficulties in accessing services with evidence suggesting that poor access and availability of good transport, both private and public, can mean that some people living in rural areas may not make use of health and care services that they need. This is sometimes known as "distance decay" where uptake of services decreases with increasing geographical remoteness from the service. The increase in older populations is thought to be the single most significant factor in the increasing prevalence of rural isolation.

Based on the 2011 Rural and Urban Classification 24% of Staffordshire residents live in rural areas, which is higher than the national average of 17%. South Staffordshire (40%), Stafford (32%), Staffordshire Moorlands (30%) and Lichfield (30%) are particularly rural whilst Tamworth's population is classified as entirely urban.

2.5 Deprivation

Poverty, poor education and inappropriate housing can all have an adverse effect on an individual's health with people living in deprived communities often experiencing poorer health outcomes compared with those living in more affluent communities. Other groups of people who have poorer health outcomes compared to the average include prisoners, people with disabilities and people with severe mental illness.

The Index of Multiple Deprivation 2015 (IMD 2015) measures deprivation in its broadest sense by including indicators which assess deprivation by combining seven areas (called domains): income, employment, health and disability, education, skills and training, barriers to housing and services, crime and disorder and living environment at a lower super output area (LSOA) level. LSOAs are geographical areas which have a population of around 1,500 people.

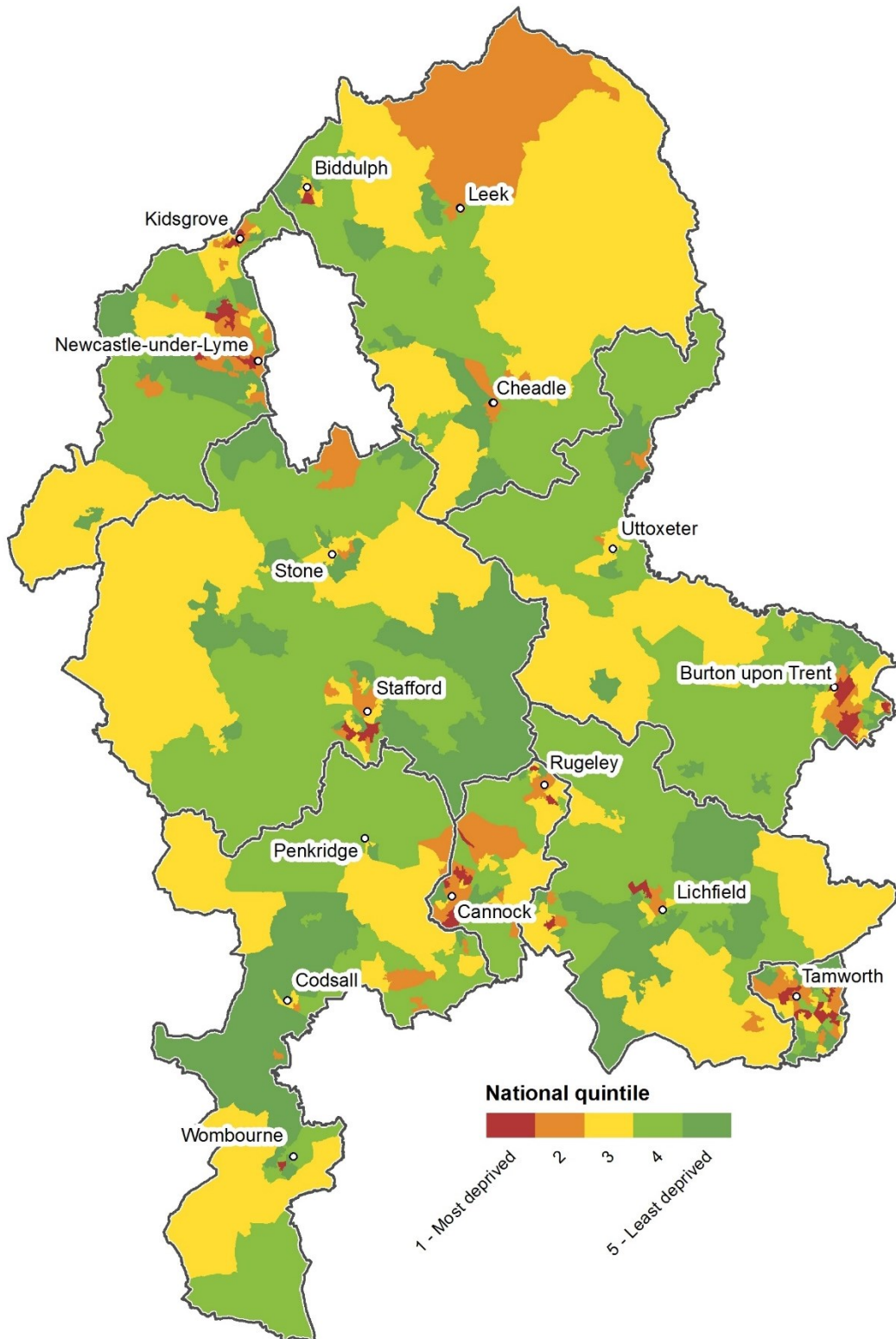
Based on the IMD 2015, Staffordshire is a relatively affluent area but has notable pockets of high deprivation in some urban areas with 9% of its population living in the most deprived fifth of areas nationally. As Map 4 shows these fall in:

- Cannock North, Etching Hill and The Heath, Cannock South, Cannock East, Hednesford North and Brereton and Ravenhill wards in Cannock Chase
- Eton Park, Stapenhill, Burton, Shobnall, Winshill, Horninglow and Anglesey in East Staffordshire
- Chadsmead and Chasetown in Lichfield
- Cross Heath, Knutton and Silverdale, Chesterton, Holditch, Town, Silverdale and Parkside, Butt Lane and Kidsgrove in Newcastle
- Wombourne South West in South Staffordshire
- Highfields and Western Downs, Penkside and Manor in Stafford
- Leek North and Biddulph East in Staffordshire Moorlands
- Glascote, Belgrave, Castle, Amington and Stonydelph in Tamworth

High levels of limiting long-term illness, shorter life expectancy and high teenage pregnancy rates have been noted in some of these areas.

Traditionally deprivation scores have tended to use indicators that are biased towards urban areas. The 'geographical barriers' sub-domain measures geographical access to local services that are important for people's day-to-day life such as supermarkets, post offices, GP surgeries and primary schools. This measure is therefore particularly relevant for some of the more rural areas of Staffordshire where individuals have to travel long distances to key services and are therefore disadvantaged. This shows that some of the remote rural areas in Staffordshire have issues around access to services (Map 5).

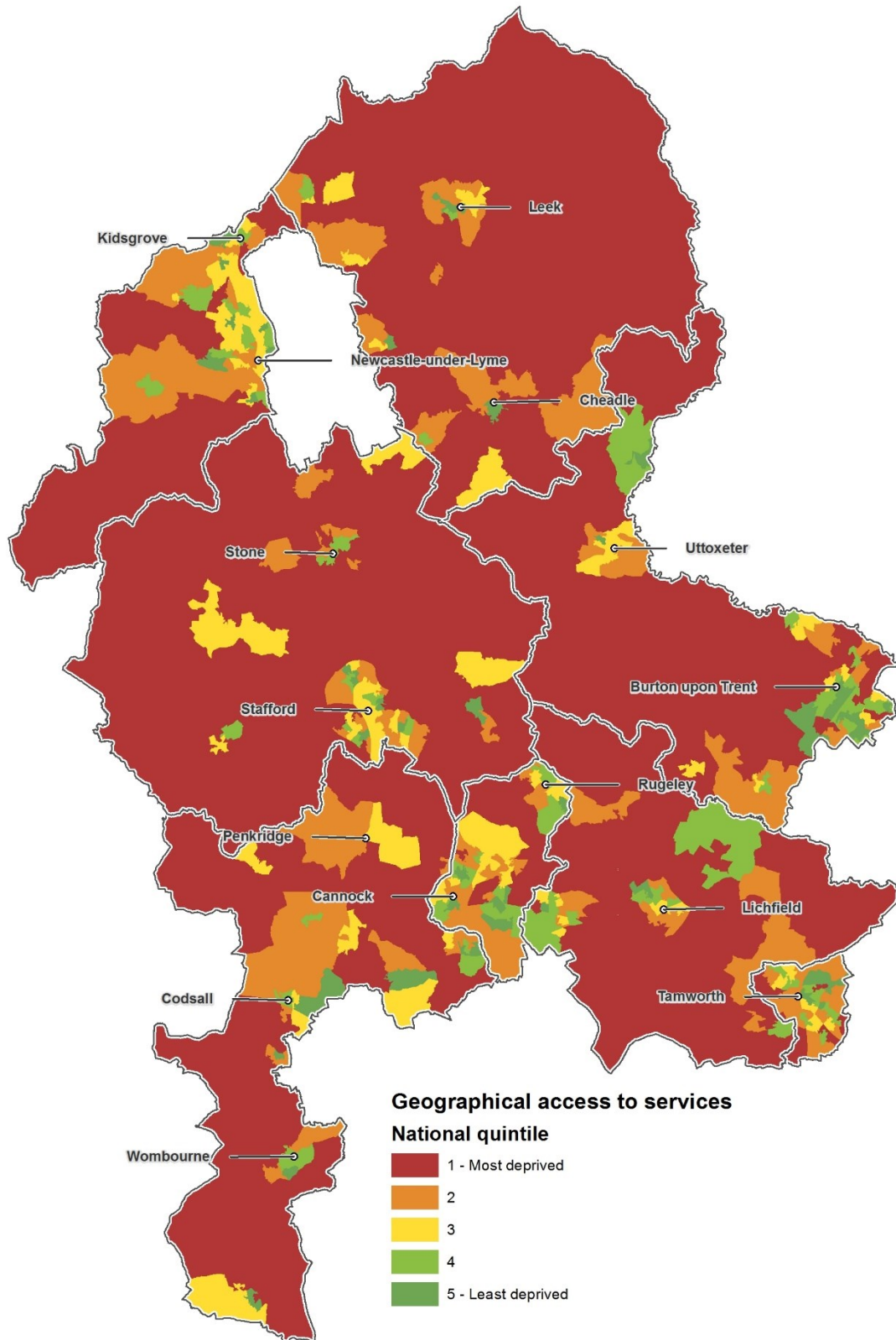
Map 4: Index of Multiple Deprivation 2015



Source: Indices of Deprivation 2015, Communities and Local Government, Crown Copyright 2016

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Map 5: Geographical barriers (access to services) sub-domain, 2015



Source: Indices of Deprivation 2015, Communities and Local Government, Crown Copyright 2016

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3 What is health like in Staffordshire?

The population’s health and wellbeing is described in detail in various key documents which together form Staffordshire’s JSNA evidence base which is available on the Staffordshire Observatory website. An overview of the latest position of a range of health and wellbeing indicators by districts is also provided on the Staffordshire Observatory website which will allow pharmacies to identify more localised needs:

- <http://www.staffordshireobservatory.org.uk/publications/healthandwellbeing/yourhealthinstaffordshire.aspx>
- <https://www.staffordshireobservatory.org.uk/publications/thestaffordshirestory/LocalitiesProfiles.aspx>

This section provides a summary of the key health challenges from these reports and particularly focuses on those where pharmacies could potentially contribute to improving.

The priorities that have been identified in Staffordshire’s Health and Wellbeing Strategy are across the life course as shown in Table 5.

Table 5: Health and wellbeing priorities across the life course

Starting Well: Giving children the best start	Growing well: Maximising potential and ability	Living well: Making good lifestyle choices	Ageing Well: Sustaining independence, choice and control	Ending Well: Ensuring care and support at the end of life
1. Parenting 2. School readiness	3. Education 4. Not in education, employment or training 5. In care	6. Alcohol 7. Drugs 8. Lifestyle and mental wellbeing	9. Dementia 10. Falls prevention 11. Frail elderly	12. End of Life

The latest strategy can be found at: <http://www.staffordshirepartnership.org.uk/Health-and-Wellbeing-Board/Health--Wellbeing-Board.aspx>

Pharmacies are ideally located and a local community asset. They are frequently visited by our residents and therefore ideally placed to provide information, advice and guidance about healthy living, self-care and the management of long-term conditions and support the priorities of both the Health and Wellbeing Board and the STP.

3.1 Life expectancy and healthy life expectancy

Overall health across Staffordshire is improving with life expectancy at birth continuing to increase. Men and women in Staffordshire live on average for 80 years and 83 years respectively. Men in Cannock Chase have shorter life expectancy at birth by 11 months whilst women in East Staffordshire and Newcastle can also expect to live 10-12 months less than the national average (Table 6).

Overall there is a six year difference between the average life expectancy of a man in Cannock Chase, compared to a woman in South Staffordshire. Furthermore, men and women living in the most deprived areas of Staffordshire live eight years and seven years respectively less than those living in less deprived areas. A number of demographic, socio-economic, cultural and environmental factors combine to increase the risk of an individual experiencing poorer health and wellbeing outcomes. Evidence also indicates that it is often the same families and communities that suffer a range of inequalities.

Table 6: Life expectancy at birth, 2014-2016

	Men		Women	
	Life expectancy at birth (years)	Difference to England (months)	Life expectancy at birth (years)	Difference to England (months)
Cannock Chase	78.6	-11	82.6	-7
East Staffordshire	79.2	-4	82.1	-12
Lichfield	80.7	14	83.0	-1
Newcastle-under-Lyme	78.9	-8	82.3	-10
South Staffordshire	80.6	13	84.1	12
Stafford	80.5	12	83.4	3
Staffordshire Moorlands	79.9	5	82.8	-4
Tamworth	78.7	-10	82.7	-5
Staffordshire	79.7	2	82.9	-3
West Midlands	78.8	-9	82.7	-5
England	79.5		83.1	

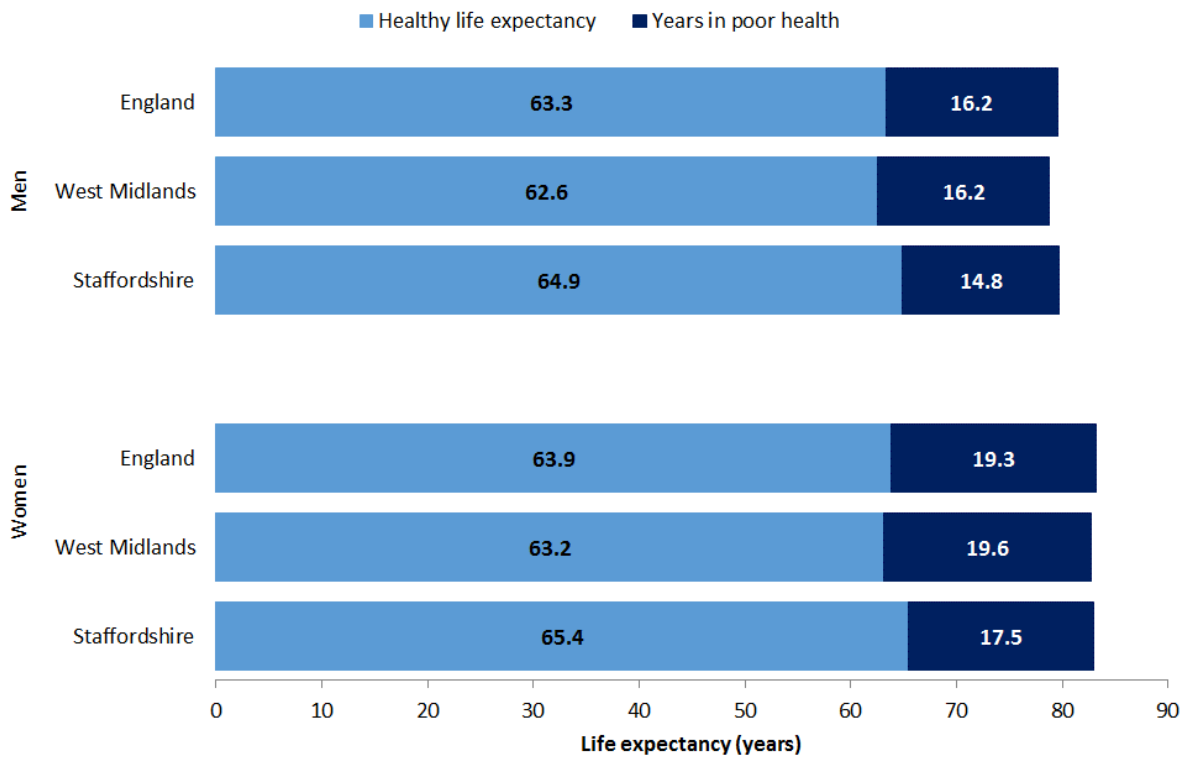
Key: *Statistically better than England; statistically worse than England*

Source: Office for National Statistics, Crown copyright

Advances in care also mean that people are living longer with diseases. A key measure of the quality of life years is healthy life expectancy (HLE). HLE has not kept up with increases in life expectancy, particularly for older people, so the number of years we spend in poor health in older age has increased. HLE in Staffordshire is 65 years for men and women, with men spending an additional 15 years of life in poor health, while women spend an additional 18 years in poor health (Figure 5).

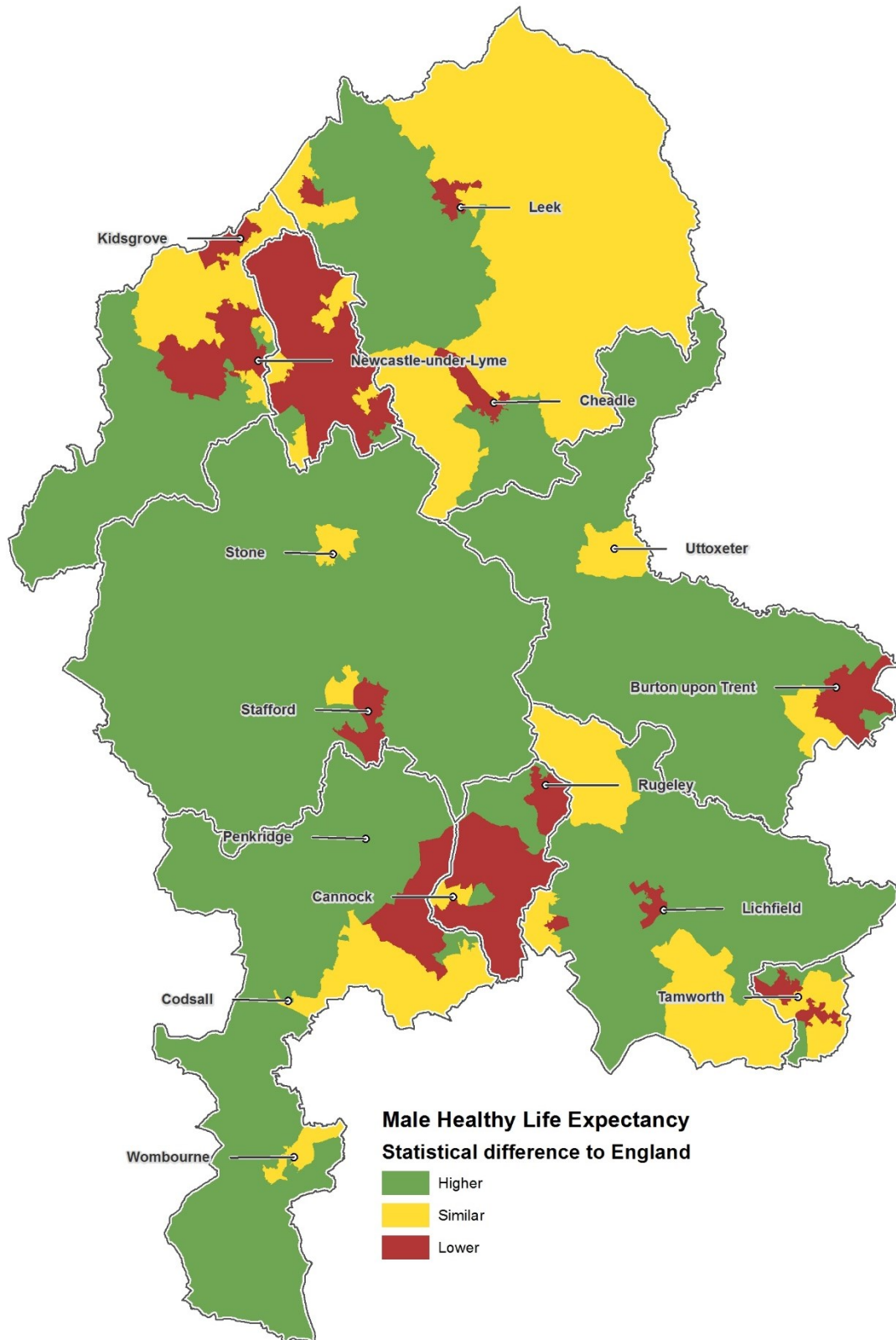
There is also a marked gap in HLE with men and women living in the most deprived areas of Staffordshire having a HLE which is 12 years shorter than those living in the most affluent areas of Staffordshire (Map 6 and Map 7).

Figure 5: Healthy life expectancy at birth, 2014-2016



Source: Office for National Statistics

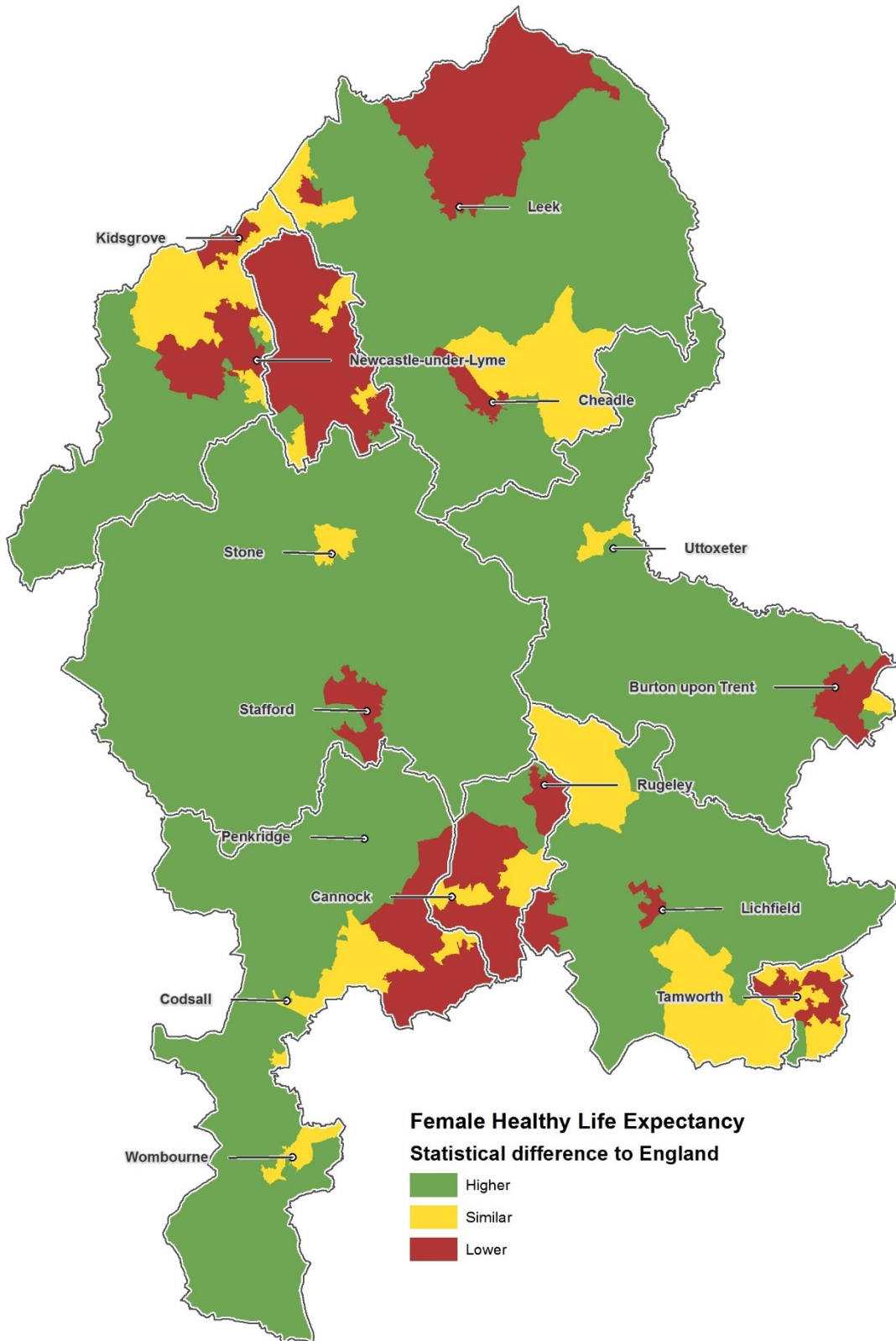
Map 6: Healthy life expectancy for males – comparison to England, 2009-2013



Source: Office for National Statistics

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Map 7: Healthy life expectancy for females – comparison to England, 2009-2013



Source: Office for National Statistics

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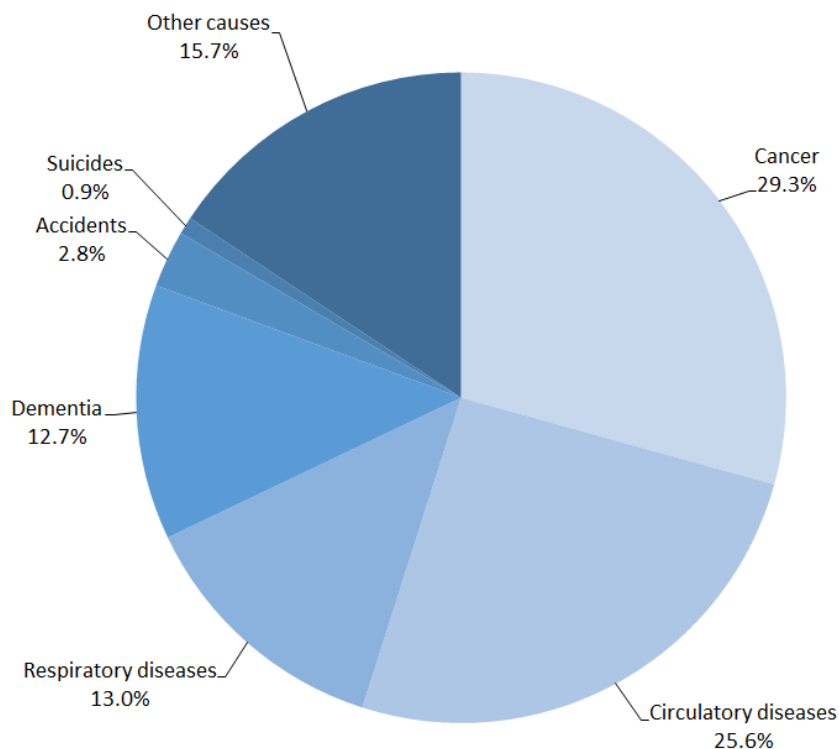
3.2 Common causes of death

Around 8,500 people died in Staffordshire during 2016, with around two-thirds of all deaths occurring to people aged 75 and over. Similar to England the common broad causes of deaths in Staffordshire during 2016 were cancer (2,500 deaths, 29%), circulatory disease (2,200 deaths, 25.6%) and respiratory disease (1,100 deaths, 13%) (Figure 6).

Again, similar to national trends there has been a rise in the number of dementia deaths in recent years and it is now one of the leading causes of death in Staffordshire (1,100 deaths, 13%). This is largely due to people living longer, improved detection and diagnosis of dementia which has been accompanied with reductions in other causes such as heart disease and stroke (Figure 7).

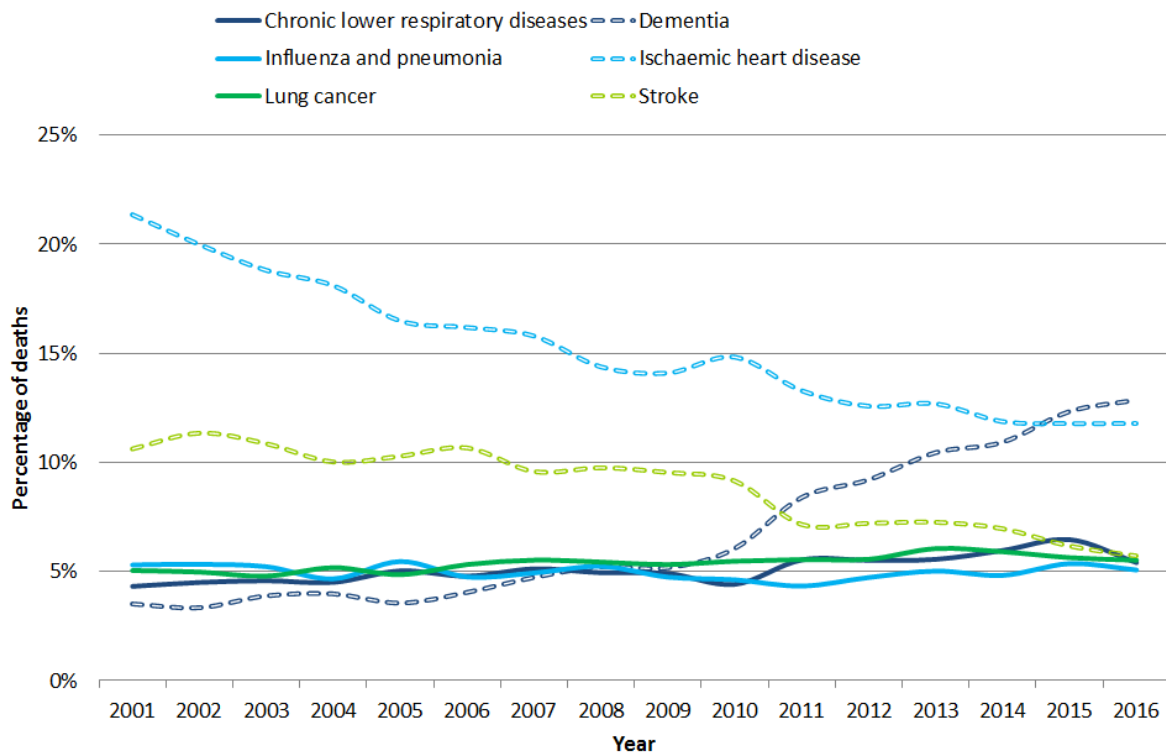
Community pharmacies can support the reduction of preventable mortality through supporting healthy lifestyles as well as provision of advice on management of long-term conditions. They also provide support through public health campaigns such as early detection of cancer and dementia.

Figure 6: Common causes of deaths in Staffordshire, 2016



Source: Primary Care Mortality Database, Office for National Statistics

Figure 7: Trends in leading causes of death in Staffordshire



Source: Primary Care Mortality Database, Office for National Statistics

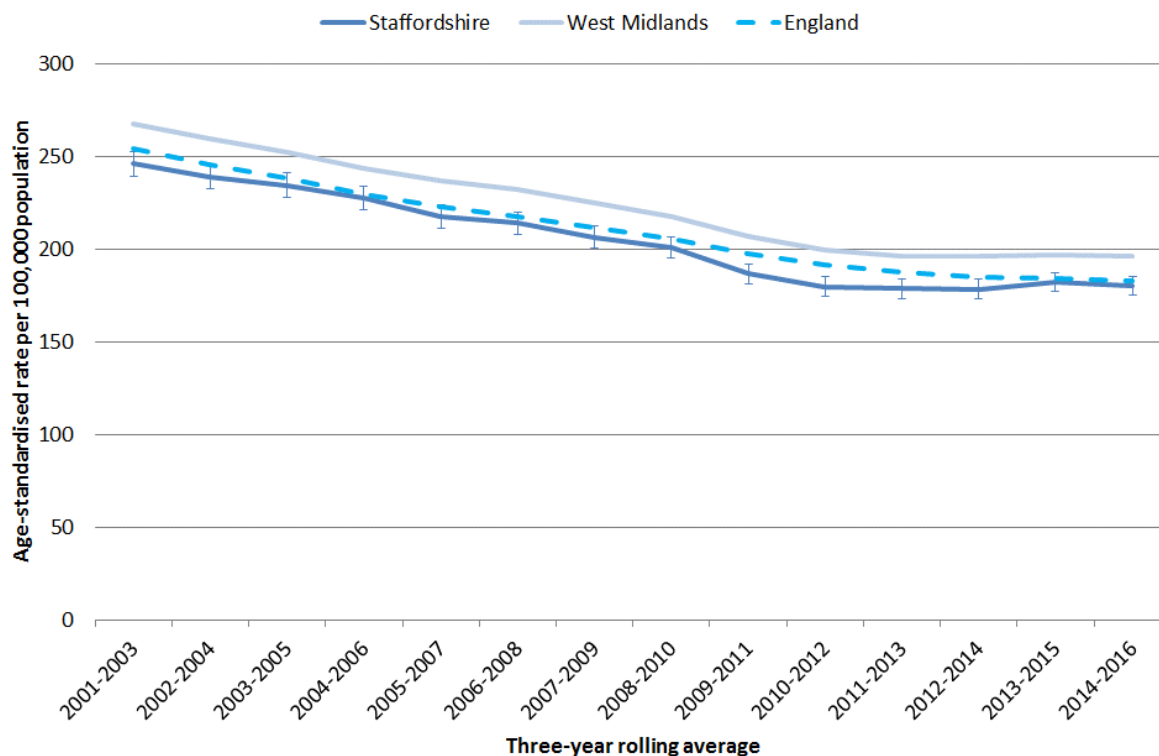
3.3 Preventable mortality

Preventable mortality is a high level indicator that can be used to measure the success of public health interventions in their broadest sense within communities. The major causes of preventable deaths can be attributed to the roots of ill-health, for example education, employment and housing as well as lifestyle risk factors such as smoking, drinking too much alcohol, unhealthy diets, physical inactivity and poor emotional wellbeing.

In Staffordshire almost one in five people die from causes that are largely thought to be preventable, equating to around 1,600 deaths every year.

Preventable mortality rates in Staffordshire fell by 27% between 2001-2003 and 2014-2016 compared with 28% for England with overall rates being similar to the England average (Figure 8). During 2014-2016 preventable mortality rates in Newcastle, East Staffordshire, Tamworth and Cannock Chase were however higher than the England average.

Figure 8: Trends in preventable mortality



Source: Public Health Outcome Framework, Public Health England, <http://www.phoutcomes.info/>

- Cancer** - Since 2011 cancer overtook cardiovascular disease as the largest killer. It also remains the biggest cause of premature death (those under 75). More than one in three people will develop cancer at some stage in their lives and around 2,500 Staffordshire residents died from cancer during 2016 (equating to 29% of all deaths). During 2016 around 1,180 Staffordshire residents died prematurely from cancer, accounting for 42% of all premature deaths with rates being similar to the England average. Similar to the national trends, rates of premature cancer fell between 2001-2003 and 2014-2016 in Staffordshire by 20% which is similar to the England average.
- Circulatory disease** - Up until 2011, circulatory disease was the largest killer both nationally and locally. Around 2,200 Staffordshire residents died from circulatory disease in 2016 making up around 26% of all deaths. Of these around 570 are premature making up a fifth of all premature deaths. Premature mortality due to circulatory diseases have fallen by 49% between 2001-2003 and 2014-2016 with Staffordshire rates remaining lower than England.
- Respiratory disease** - In 2016 1,100 people died from respiratory disease in Staffordshire making it the third biggest killer. It is also the third biggest cause of premature death with almost 260 people dying prematurely in Staffordshire making up around 9% of all premature deaths. During 2014-2016 respiratory deaths in Staffordshire were lower than the England average; however Newcastle rates during this period were higher than average.

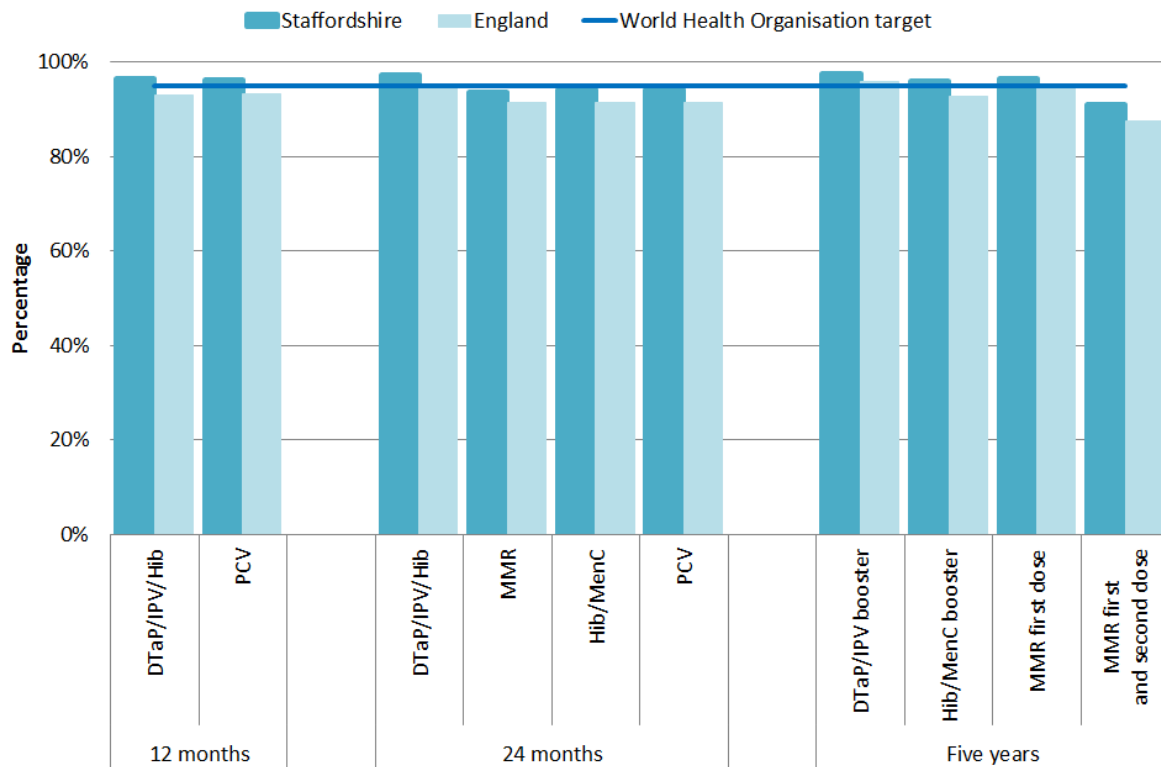
- **Liver disease** - Around 220 Staffordshire residents died from liver disease during 2016, accounting for about 3% of all deaths. Around 70% of these deaths occur to people who are under 75 with over half of these due to alcoholic liver disease. Unlike the reductions seen in under 75 mortality from cancer and cardiovascular disease, rates of people dying early as a result of liver disease increased by 44% between 2001-2003 (280 deaths) and 2014-2016 (460 deaths) with rates being similar to the England average. This may be a result of increased alcohol consumption over the life course and consequently increased alcohol-related harm within Staffordshire.
- **Deaths from communicable diseases** - around 80 Staffordshire residents die from communicable diseases every year with rates during 2014-2016 being similar to the England average.

3.4 Health protection

There are a number of factors that can help prevent ill health or diagnose problems early to enable better treatment, especially immunisation and screening. This section reports on some interventions designed to keep Staffordshire's population healthy by preventing ill health or detecting disease early to improve treatment outcomes.

- **Immunisation** - uptake rates for childhood immunisation are higher than the England average (Figure 9). However, for some diseases, for example diphtheria, tetanus, polio, and pertussis booster at five years, immunisation rates do not reach the 95% optimum protective target set by the World Health Organisation (WHO). Fewer Staffordshire residents aged 65 and over take up their flu vaccination or their offer of a pneumococcal vaccine than average (Table 7). Large numbers of people in this age group are admitted to hospital for vaccine preventable conditions such as influenza and pneumonia. Adult vaccination for seasonal flu is already available within community pharmacy settings. Having developed this skill set there is also the potential for pharmacies to support delivery of pneumococcal vaccination to increase uptake rates across the County.
- **Cancer screening** - coverage of screening programmes in Staffordshire are generally better than the England average although trends for breast cancer and cervical screening have in recent years fallen and therefore should be monitored (Figure 10). Factors which affect screening uptake include age, ethnicity and deprivation.
- **NHS health checks** - this programme aims to help prevent cardiovascular conditions by offering everyone between the ages of 40 and 74 a health check that assesses their risk of heart disease, stroke, kidney disease, diabetes and some forms of dementia and gives them support and advice to reduce that risk. Fewer adults in Staffordshire have attended to receive their health check to assess their cardiovascular risk than the average. As at 2016/17 the variation of uptake also varies between districts from only 21% in Stafford to 39% in East Staffordshire.

Figure 9: Childhood immunisation rates, 2016/17



Source: COVER statistics, Public Health England

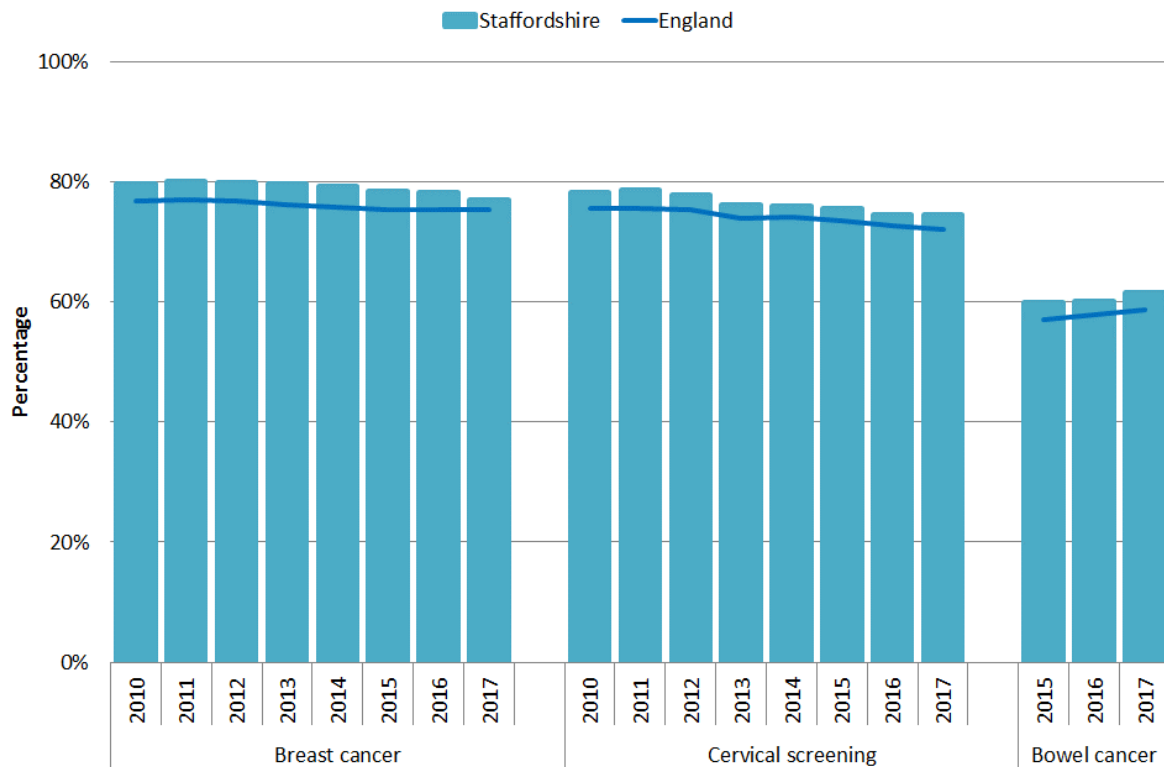
Table 7: Summary of adult immunisation uptake rates, 2016/17

	Seasonal flu vaccination		People aged 65 and over immunised with pneumococcal vaccine (at end of March 2017)
	People aged 65 and over	People aged under 65 at risk	
Cannock Chase	68.0%	49.7%	62.5%
East Staffordshire	68.4%	48.0%	64.4%
North Staffordshire	69.1%	50.0%	67.7%
South East Staffordshire and Seisdon Peninsula	70.4%	48.6%	68.6%
Stafford and Surrounds	69.5%	49.4%	62.4%
Staffordshire	69.3%	52.6%	65.6%
West Midlands	70.0%	49.6%	68.5%
England	70.4%	48.7%	69.8%

Key: *Statistically better than England; statistically worse than England*

Source: Public Health England

Figure 10: Coverage of cancer screening programmes



Source: Public Health Outcome Framework, Public Health England, <http://www.phoutcomes.info/>

3.5 Lifestyle risk factors

Around 40% of ill-health is thought to be preventable through healthier lifestyles. The focus of lifestyle strategies and interventions tend to be on single risk factors and addressed independently of other risk factors. However those people with one lifestyle risk factor are likely also to have others as well. National research also indicates that highest concentrations of people with multiple lifestyle risk factors are in more deprived communities leading to inequalities in health outcomes.

Poorer lifestyles, combined with an ageing population will mean that not only are there more older people in the population, but they will be suffering from more of the conditions related to poor lifestyles than in previous generations.

People are more likely to make healthier lifestyle choices when they are fully informed about the risks to ill health. Community pharmacies are ideally placed to provide information, advice and guidance to residents about healthy lifestyles.

Smoking

In Staffordshire, 13% of mothers continued to smoke throughout their pregnancy during 2016/17 which was higher than the England average of 11%. Rates in Cannock Chase and in the North of the County are particularly high.

Based on data from the 'What About YOUth' (WAY) survey, 8% of Staffordshire children smoke which is similar to the England average. However around 21% of children aged 15 in Staffordshire are likely to have tried an e-cigarette compared with 18% nationally.

Based on data from the latest Annual Population Survey (2016) smoking prevalence for adults aged 18 and over in Staffordshire was 15%, which is similar to the England average. Data from the same survey found that the prevalence of smoking in routine and manual groups was significantly higher (30%) contributing to increases in health inequalities.

Around one in six Staffordshire residents die every year as result of smoking with overall smoking-attributable death rates for Staffordshire being lower than the England average. However smoking-related deaths in Cannock Chase are higher than average.

Alcohol and substance misuse

Around 50 children under 18 get admitted to hospital every year due to alcohol. Under-18 alcohol-specific admissions rates across Staffordshire continue to fall with the latest rates being similar to the national average.

More people in Newcastle die as a result of alcohol than the England average. There were 6,500 alcohol-related admissions during 2016/17 in Staffordshire with overall rates continuing to be higher than the England. The majority of alcohol admissions are due to complications of drinking too much alcohol over the life course (e.g. high blood pressure, heart disease, stroke and a variety of cancers). At a district level Cannock Chase, Newcastle, Stafford, East Staffordshire and South Staffordshire, have rates higher than the England average.

Staffordshire is about average for successful completion of alcohol and drug treatment.

Obesity, healthy eating and physical activity

The prevalence of Staffordshire children who were obese in Reception (aged four to five) is 10% and increases significantly to 19% by the time children are in Year 6 (aged 10-11). This trend is seen across all districts (Figure 11). Rates of obesity for Reception-aged children are higher than the England average in Staffordshire overall with rates in Newcastle being particularly high in this year group. Tamworth has obesity rates in Year 6 that are higher than the England average.

Children from poorer families are more likely to be obese; this is predominately due a combination of the food they eat and insufficient levels of physical activity. Children from deprived areas are twice as likely to be obese compared with children from less deprived areas.

Around two in three adults in Staffordshire are overweight or obese which is higher than average. This is coupled with high numbers of people who eat unhealthily and are inactive.

A large proportion of older people are also at risk of malnutrition (especially in people aged 85 and over) with numbers projected to increase sharply in Staffordshire in line with demographic changes.

Figure 11: Children who are obese, 2016/17



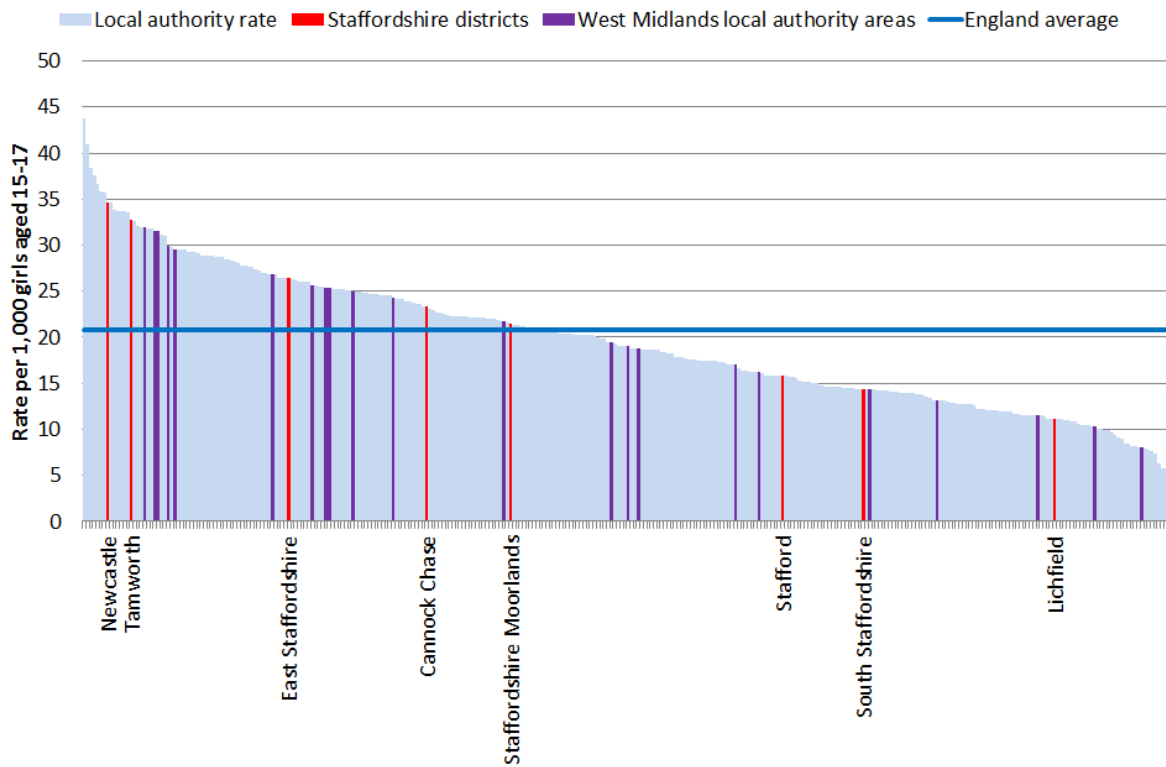
Source: National Child Measurement Programme: results from the school year 2016/17, headline results, Copyright, The Information Centre for Health and Social Care. All Rights Reserved

Sexual health

There are around 320 under-18 teenage conceptions in Staffordshire, with overall rates being similar to the national level although rates are not reducing as fast as the England average. In addition rates in Newcastle and Tamworth continue to be amongst the worst in the Country (Figure 12).

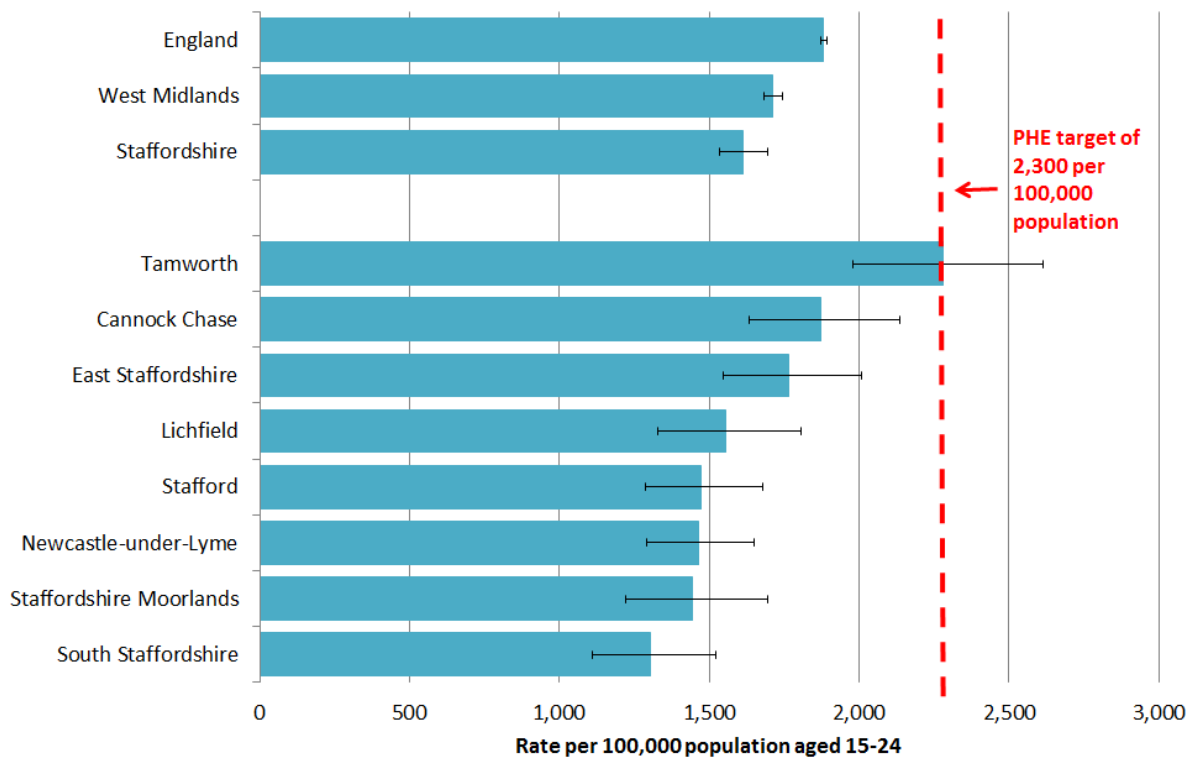
Chlamydia is often asymptomatic so a large proportion of cases remain undiagnosed. The National Chlamydia Screening Programme (NCSP) was set up to control and prevent the spread of chlamydia, targeting the high risk group, i.e. young people aged under 25 who are sexually active. Around 19% of young people aged 15-24 in Staffordshire were tested for chlamydia during 2016 with rates similar to England. However the diagnosis rate for this age group is lower than average and falls below the Public Health England target of at least 2,300 per 100,000 population aged 15-24 years (Figure 13). We do not currently know if this is due to lower levels of chlamydia prevalence as the target has not been adjusted for different prevalence across different geographical areas, or if young people who are at higher risk of chlamydia are not being targeted appropriately for testing.

Figure 12: Under-18 conception rates in England, 2015



Source: Office for National Statistics

Figure 13: Chlamydia diagnosis rates in 15-25 year olds, 2016



Source: Public Health Outcome Framework, Public Health England, <http://www.phoutcomes.info/>

3.6 Long-term conditions

Long-term conditions (LTCs) are those that cannot currently be cured but can be controlled with the use of medication or other therapies. People with LTCs are more likely to see their GP, be admitted to hospital and stay in hospital longer than people without LTCs. People with LTCs account for a significant and growing proportion of health and social care resources.

National estimates also suggest that there is a rising demand for the prevention and management of people with multiple conditions rather than single conditions. By the time people reach 65 most will have developed at least one chronic condition and large proportions will also have developed two or three conditions. The proportion of multiple conditions is also more prevalent in deprived communities.

More people in Staffordshire report having a limiting long-term illness than average. The recorded number and prevalence of selected LTCs according to disease registers within general practice are: hypertension (15.6%, 135,500 patients), depression (9.4% people aged 18 and over, 65,700 patients), diabetes (7.1% people aged 17 and over, 50,200 patients), asthma (6.0%, 52,500 patients) and chronic kidney disease (4.2% people aged 18 and over, 29,300 patients). Many of these conditions can also be supported by pharmacies, for example through the collection and delivery service, through medical user reviews or new medicine services.

- **Dementia** - assuming that the prevalence of dementia remains the same, the ageing population means that the total number of people aged 65 and over with dementia in Staffordshire is projected to rise from around 11,100 in 2016 to 20,300 in 2036, an increase of 83%. Diagnosis rates of dementia have improved and as at March 2017 around two-thirds of patients (7,200 people) were known to have a dementia diagnosis.
- **Frail elderly** - research suggests that between a quarter and half of people aged 85 and over are estimated to be frail and that the overall prevalence in people aged 75 and over is around 9% which equates to around 7,100 Staffordshire residents.
- **Carers** - around 12% of Staffordshire's population provide unpaid care to family and friends which is higher than the England average. Carers are often older and in poor health themselves. Pharmacies can act as resource for carers to help meet the needs of both carers and the people they care for. This could be through dispensing medicines, provision of advice on management of conditions as well as signposting to local community support groups.

3.7 Growing demand on health and social care

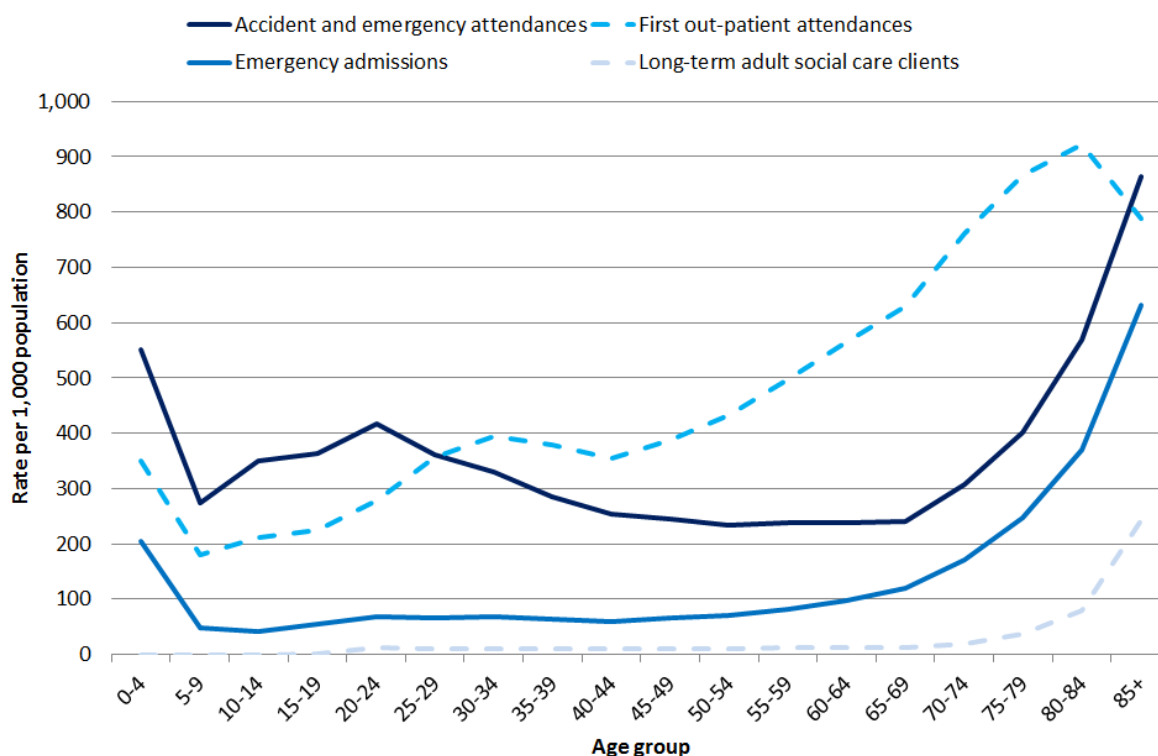
Most care will occur in primary care or community settings. However a higher than average proportion in Staffordshire also occurs in hospital settings. Based on 2016/17 activity every day in Staffordshire:

- Almost 800 patients attend an accident and emergency department
- Around 3,300 patients attend an out-patient clinic of which 1,100 are new patient whilst the remaining 2,200 are follow-up attendances
- Over 800 patients are admitted to hospital, 300 of these are unplanned admissions and 40 are those who are readmitted within 30 days of discharge

In addition, the demand on health and care has been rising. These increases are more than is explained by demographic change (e.g. increase in older people) alone and are likely to continue with increased complexity of needs. Young children and older patients tend to be greater users of hospital services; as expected older people are also higher users of social care (Figure 14). In addition those that are admitted to hospital are often delayed from being discharged.

Recent analysis of local accident and emergency and minor injury units data found that a large proportion of patients require information and advice for minor illnesses; pharmacies are ideally placed to help reduce some of this demand through the common ailments services which support patients for many common minor illnesses, such as diarrhoea, minor infections, headache and sore throats.

Figure 14: Health and care utilisation by age group in Staffordshire, 2016/17



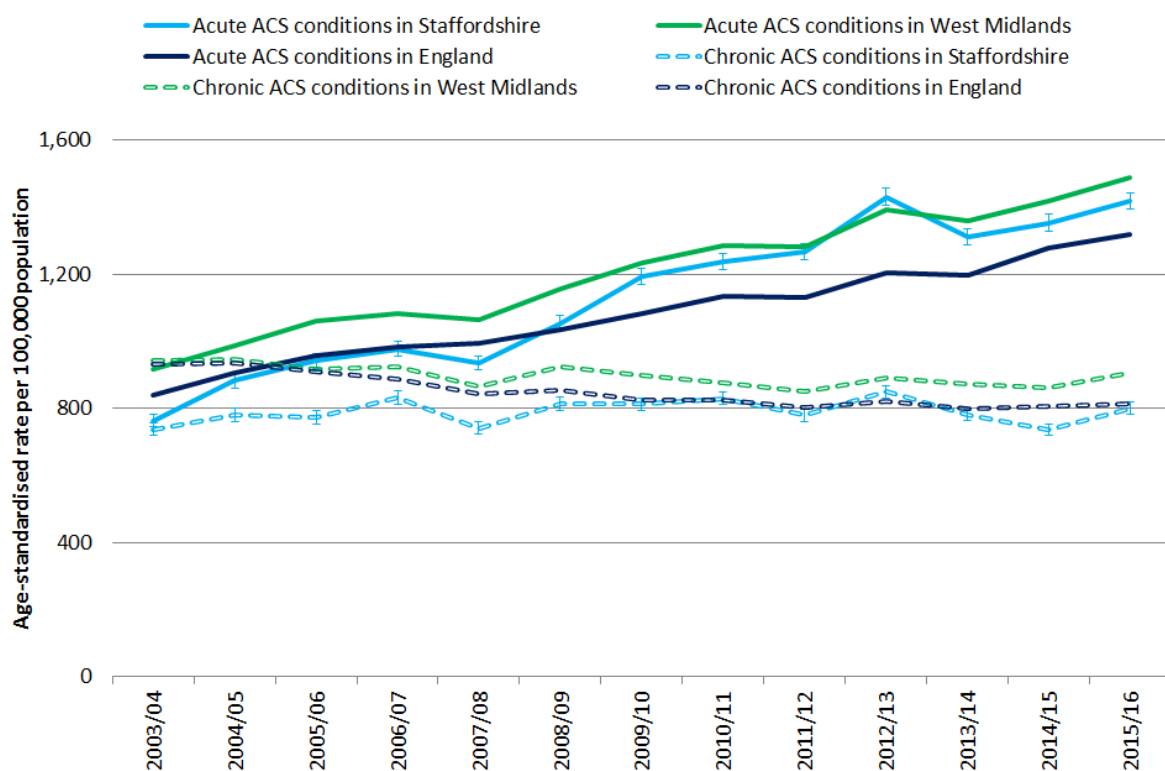
Source: Hospital Activity Data Extract, Midlands and Lancashire Commissioning Support Unit, Staffordshire County Council and 2016 mid-year population estimates, Office for National Statistics, Crown copyright

Older people also spend longer in hospital because their needs are often more complex, for example people aged 65 and over spend on average 7.6 days in hospital for unplanned admissions compared to 2.4 days for those under 65. National research suggests that longer hospital stays themselves can lead to harm.

Many people in Staffordshire are admitted to hospital for acute and chronic conditions that can be managed effectively in primary care including community pharmacy or outpatient settings (known as ambulatory care sensitive (ACS) conditions).¹

Trends in Staffordshire for patients being admitted to hospital for acute conditions are increasing more rapidly than average (Figure 15).

Figure 15: Unplanned admissions from ambulatory care sensitive (ACS) conditions



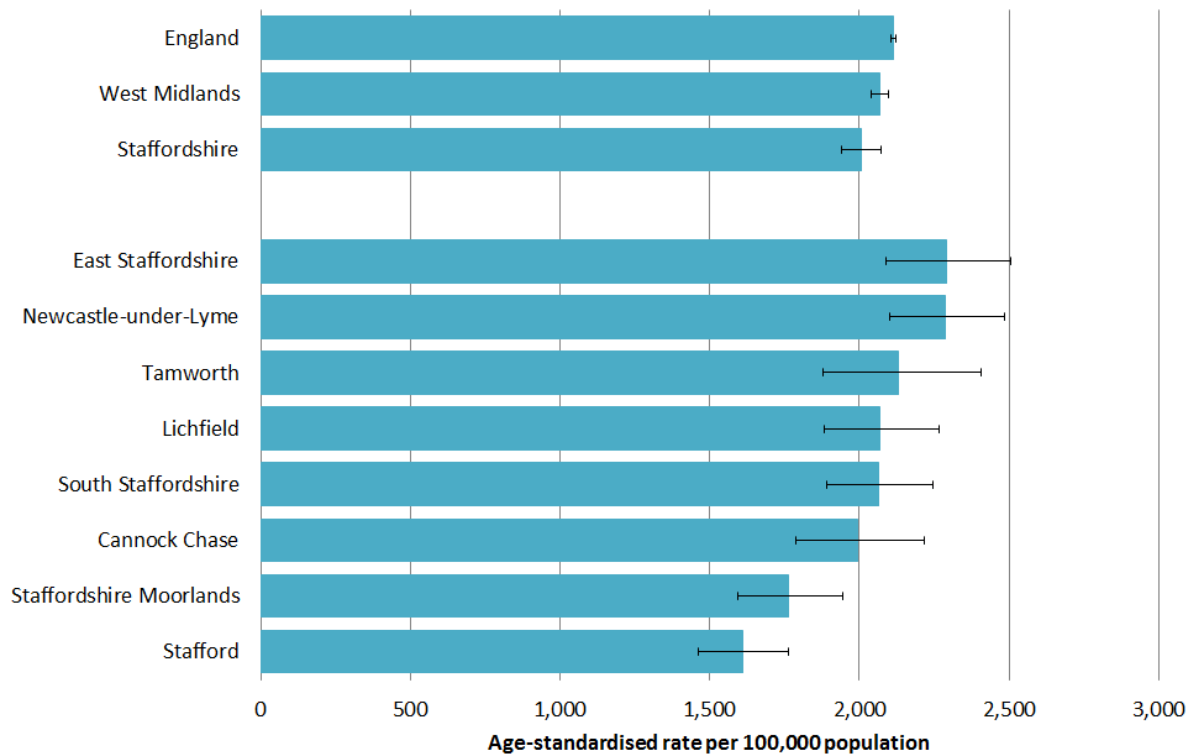
Source: NHS Digital Indicator Portal (<https://indicators.hscic.gov.uk/webview>)

During 2016/17 around 3,500 Staffordshire residents aged 65 and over were admitted to hospital as a result of a fall-related injury with rates being lower than the England average (Figure 16). Rates for falls in people aged over 80 make up two-thirds of all falls in older people.

¹ Common acute ACS conditions include urinary tract infections, influenza and pneumonia, dehydration and gastroenteritis; common chronic ACS conditions include management of chronic obstructive pulmonary disease, heart failure and atrial fibrillation

The risk of adverse effects and interactions with other drugs increases with the number of medicines an individual takes and may contribute to the increased risk of falls, particularly amongst older people. The risk of falls can also increase when starting a new medicine or changing a dose and community pharmacists are well placed to advise patients on this during medicine reviews.

Figure 16: Admissions due to falls in people aged 65 and over, 2016/17



Source: Public Health Outcome Framework, Public Health England, <http://www.phoutcomes.info/>

In 2016/17 around 86% of people aged 65 and over who were discharged from hospital into reablement services were still at home after 91 days which is similar to the national average. However the number of people who were offered reablement services remains lower than the national average. A post-discharge MUR (one of the four nationally agreed target groups) can support those patients who have been recently discharged from hospital, and who has had changes to their medicines whilst they were in hospital.

During 2016/17 there were around 1,160 permanent admissions to people aged 65 and over to residential and nursing care homes with the rate being similar to the national average.

3.8 End of life care

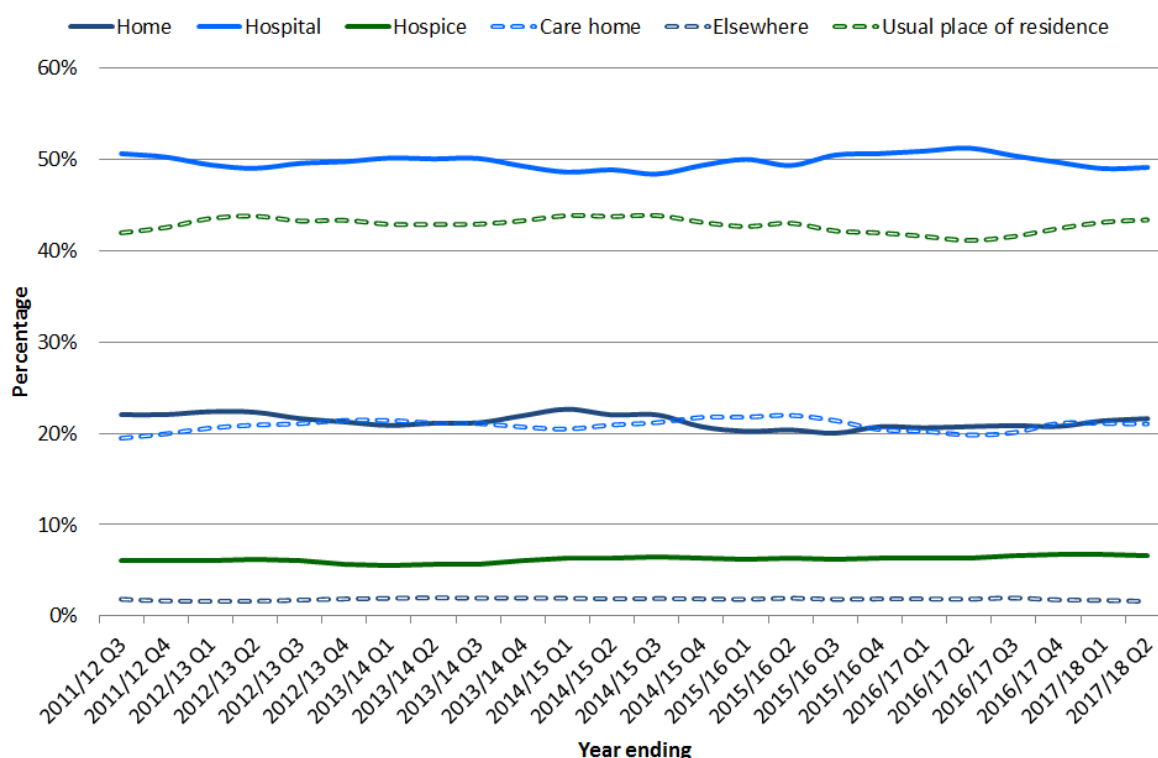
Research by Public Health England suggests that on average around 25% of deaths are unexpected. This means that around 75% of people who have died should be on palliative care GP registers which record the number of patients who are expected to die within the next six to 12 months. This equates to around 6,400 deaths in Staffordshire. However during 2016/17 only around 3,140 Staffordshire residents were on such registers indicating that many people’s end of life care needs are not being identified prior to their death.

Hospital is the least likely place that people choose to die compared with home, hospices and care homes. Nationally only 3% of people choose to die in hospital but 50% of people actually die in hospital and nearly 30% of all hospital beds are occupied by someone in their last year of life.

In Staffordshire, the proportion of people dying at home or their usual place of residence is 43%, lower than the England average of 46%. Trends over the last five years show very little change (Figure 17).

The pharmacy palliative care service supports end of life care within community settings by providing timely medicines that are commonly prescribed in palliative care. Pharmacists should also be considered as being part of the community multidisciplinary palliative care team.

Figure 17: Trends in proportion of Staffordshire residents dying by location



Source: http://www.endoflifecare-intelligence.org.uk/data_sources/place_of_death

4 Current provision of pharmaceutical services

The NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations (2013 Regulations) also provides the legal framework that govern the services that pharmaceutical services providers can provide. Although dispensing practices provide a wide range of services for their patients, for the purpose of the PNA, only the prescription dispensing services are considered within the regulation and PNA.

As described in Section 1.3 there are three levels of pharmaceutical services that community pharmacies can provide:

- Essential services – services all pharmacies are required to provide
- Advanced services – services to support patients with safe use of medicines
- Enhanced services – services that can be commissioned locally by NHS England

Pharmacies can also provide locally commissioned services which are commissioned by local commissioners such as Staffordshire County Council.

This chapter describes the current provision of these services in Staffordshire.

4.1 Pharmaceutical provision in Staffordshire

Pharmacy is the third largest healthcare profession, with a universally available and accessible community service. Pharmacies are well used and based on national estimates around seven million visits are made to a community pharmacy for health-related reasons annually in Staffordshire which equates to around 10 visits per person every year. Nationally 79% of people have visited a pharmacy at least once in the last year whilst 37% have visited at least once a month. Local data from a resident survey found around 14% of respondents used their pharmacy weekly and a further 58% monthly.

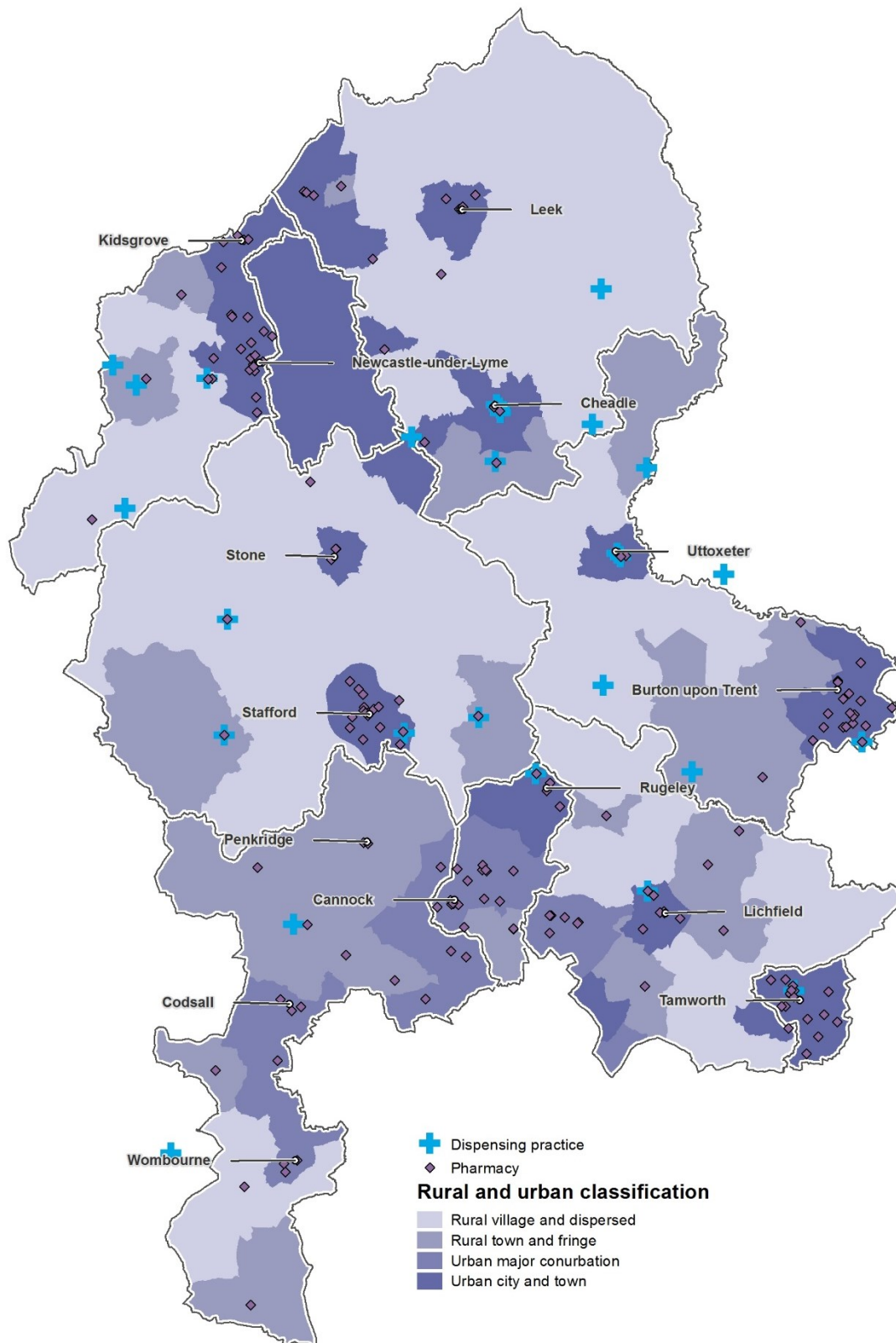
There are currently 181 pharmaceutical service providers of which six are distance-selling pharmacies; however it should be noted that a pharmacy in Stafford is due to close on June 2018. There are also 27 dispensing GP practices in Staffordshire (Table 8 and Map 8). In addition a Walsall practice also dispenses from its branch practice, Stonnall Surgery, in Lichfield district. Map 9 shows the location of pharmaceutical providers alongside GP practices within Staffordshire.

Table 8: Pharmaceutical providers in Staffordshire as at February 2018

	Community pharmacies	Distance selling pharmacies	Dispensing practices
Cannock Chase	25	0	0
East Staffordshire	24	1	7
Lichfield	19	0	2
Newcastle-under-Lyme	29	2	4
South Staffordshire	20	1	2
Stafford	27 (26 from June 2018)	0	4
Staffordshire Moorlands	19	0	7
Tamworth	18	2	1
Staffordshire	181 (180 from June 2018)	6	27

Source: NHS England North Midlands and NHS Business Services Authority

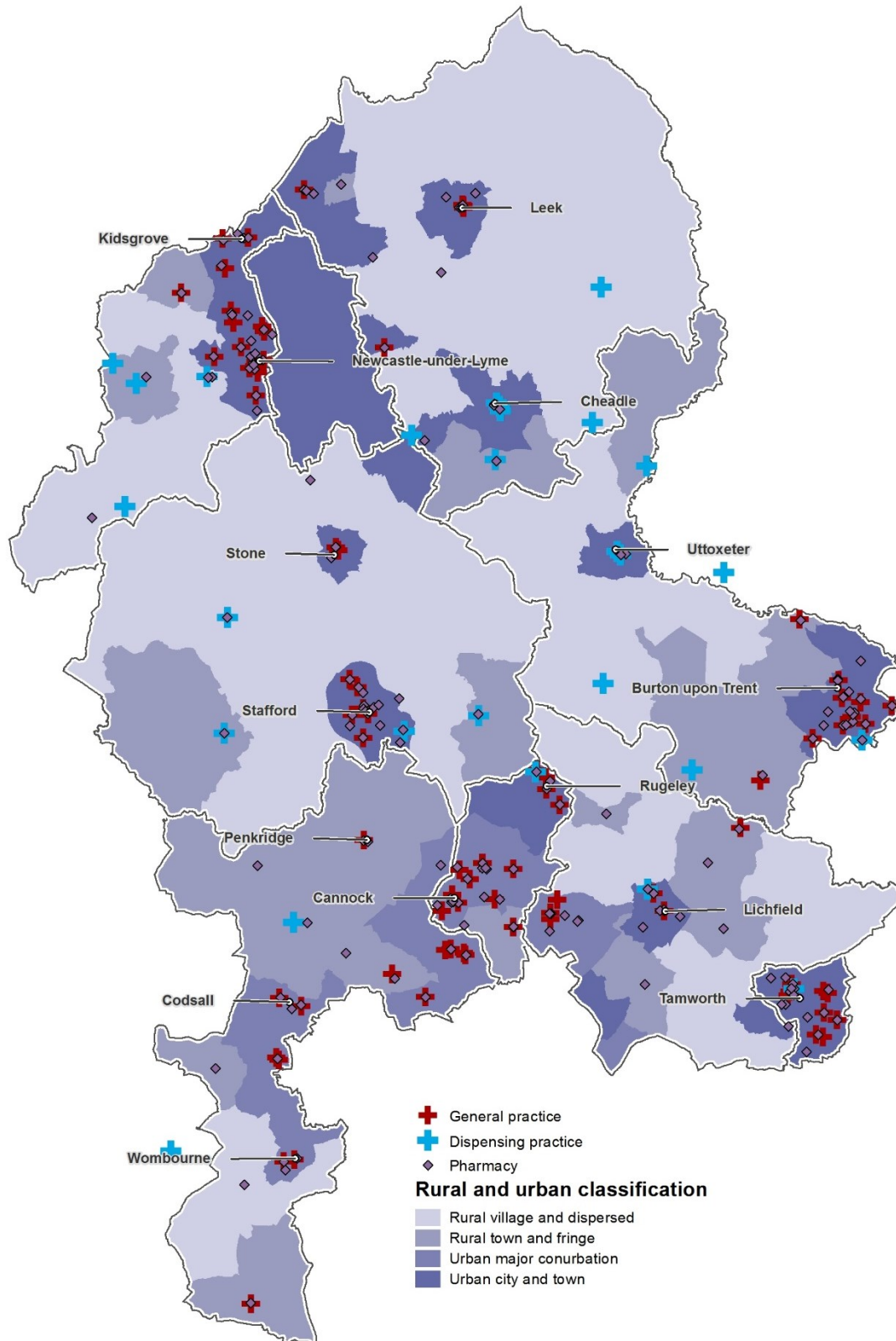
Map 8: Pharmaceutical providers in Staffordshire, February 2018



Source: NHS England North Midlands, NHS Business Services Authority and The Rural and Urban Classification 2011, Office for National Statistics

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Map 9: Pharmaceutical providers and GP practices in Staffordshire, February 2018

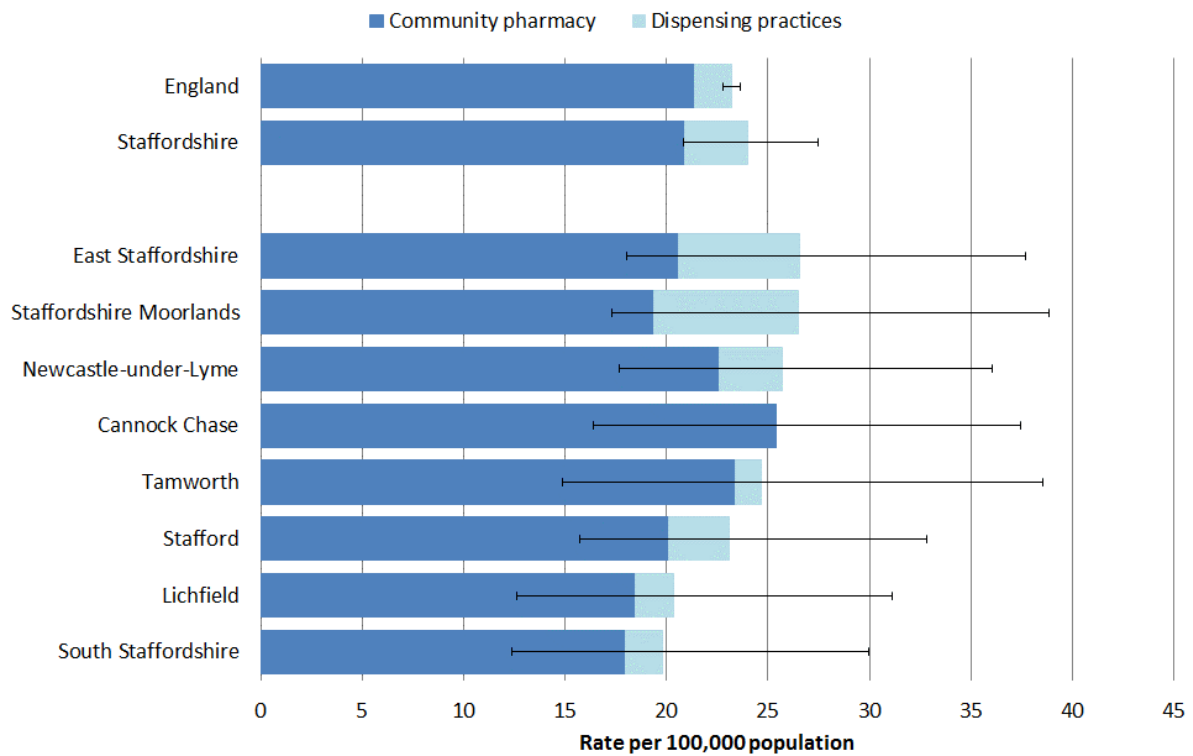


Source: NHS England North Midlands, NHS Business Services Authority and The Rural and Urban Classification 2011, Office for National Statistics

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The rate of community pharmacies and dispensing practices is 24 per 100,000 population which is similar to the national average (23 per 100,000) but ranges between districts from 20 per 100,000 in South Staffordshire to 27 per 100,000 population in East Staffordshire although districts with low rates do also have nearby access to pharmacies in neighbouring areas such as Wolverhampton and Stoke-on-Trent. Rates across all Staffordshire districts are similar to the national average rate (Figure 18).

Figure 18: Pharmaceutical providers per 100,000 population, February 2018



Source: NHS England North Midlands, NHS Business Services Authority and General Pharmaceutical Services in England 2007/08 to 2016/17, Copyright 2017, Health and Social Care Information Centre. All Rights Reserved

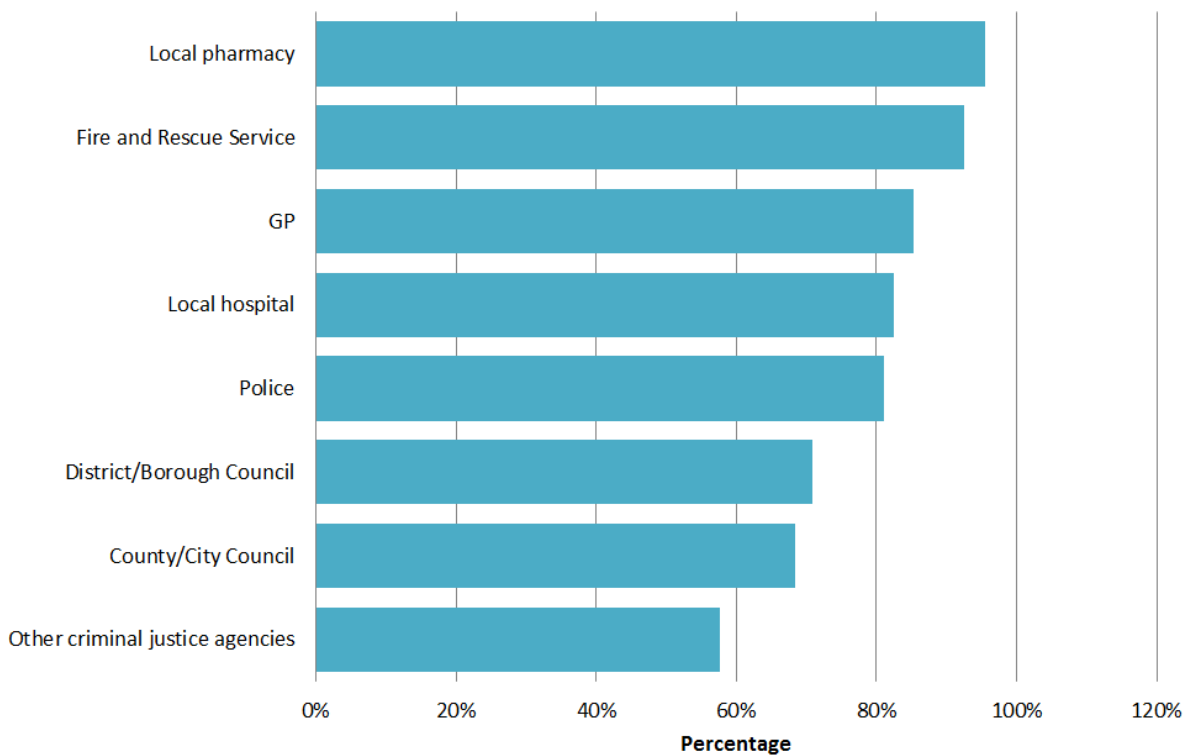
There remains a gap as to the clarity of controlled localities and reserved locations. It is therefore proposed that NHS England North Midlands undertake further mapping of controlled localities, dispensing practice areas and reserved locations to provide assurance on the patients who fall into dispensing and prescribing groups for these practices, and clarity on the status of these areas, to support applications for new pharmacies or those considering relocations.

A national patient survey indicated that the public value a variety of types of pharmacy. In terms of ownership around two-fifths of pharmacies in Staffordshire are owned by independent contractors whilst the remaining three-fifths are owned by multiple contractors. (Note: for the purposes of this assessment the national definition of multiple contractors is used which are those community pharmacies who own six or more pharmacies).

Staffordshire residents are generally satisfied with pharmacy provision. Data from the latest *Feeling the Difference* survey found that 95% of residents were satisfied with their local pharmacy which is the highest amongst other public serving organisations (Figure 19). The engagement survey also found that local pharmacy services met the needs of respondents.

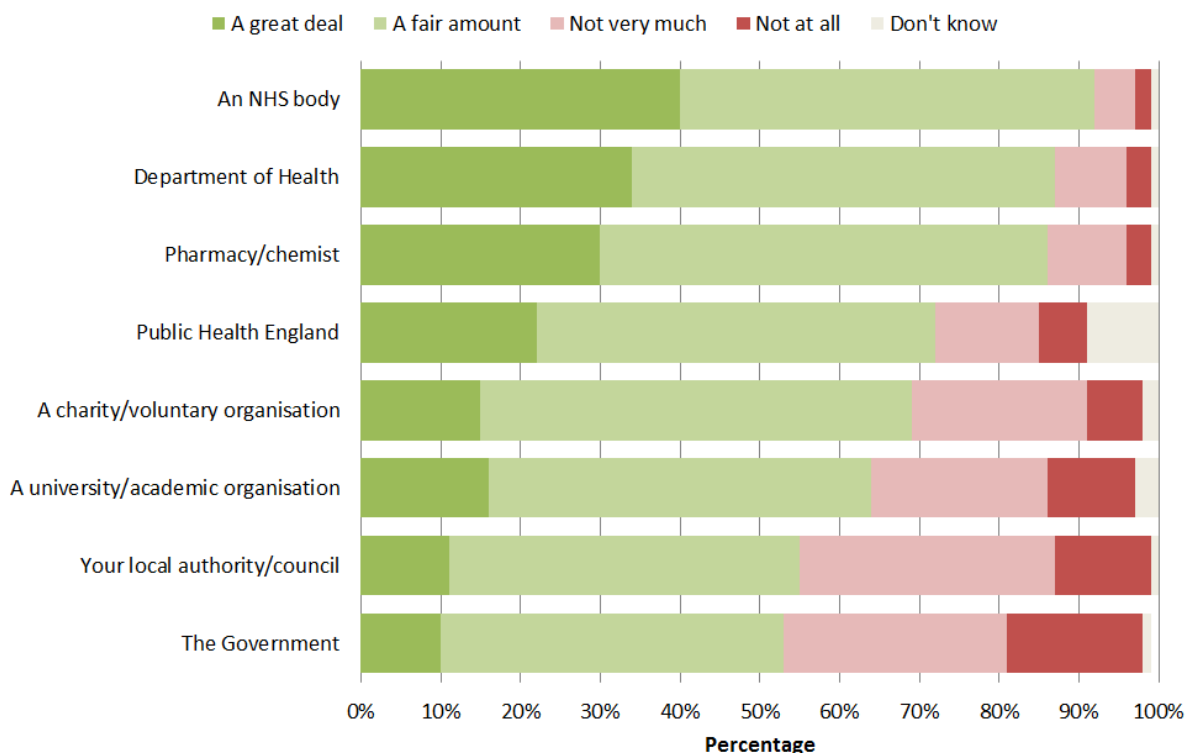
In addition a recent MORI survey for Public Health England published in August 2016 suggests that nationally almost 86% say they would trust advice from pharmacies on how to stay healthy (Figure 20). The same survey found that around 14% of respondents would contact their pharmacy for info on how to stay healthy.

Figure 19: Proportion who are 'very' or 'fairly satisfied' by service, March 2017 (n= 1,207)



Source: *Feeling the Difference Survey Wave 22, Staffordshire Observatory, March 2017*

Figure 20: Respondents “to what extent would you trust advice on how to stay healthy from the following organisations/bodies?” 2016 (n = 1,640)



Source: 2016 Public awareness and opinion survey for Public Health England, Ipsos MORI, October/November 2016, Copyright Ipsos 2016

4.2 Essential pharmacy services

These are services which pharmacies providing NHS pharmaceutical services must provide as part of the NHS Community Pharmacy Contractual Framework. Whilst distance-selling pharmacy contractors provide essential services they must not provide these services face-to-face at their premises. Essential services include:

- Dispensing medicines
- Dispensing appliances
- Repeat dispensing
- Disposal of unwanted medicines
- Public Health - promotion of healthy lifestyles
- Signposting
- Support for self-care
- Clinical governance

Dispensing medicines and/or appliances - the safe supply of medicines or appliances. Advice is given to the patient about the medicines being dispensed and how to use them. Records are kept of all medicines dispensed and significant advice provided, referrals and interventions made. An Electronic Prescription Service (EPS) has also been implemented as part of the dispensing service and all pharmacies are now "Release 2 enabled". In terms of GP practices around 87% of Staffordshire practices were also EPS2 enabled with around 57% of all prescriptions being issued electronically (54% across England between January and March 2017).

Electronic Prescription Service (EPS) allows prescriptions to be sent direct to pharmacies and appliance contractors through IT systems used in GP surgeries. This means that patients do not have to collect a paper repeat prescription from the GP practice, but can go straight to the nominated pharmacy or dispensing appliance contractor to pick up their medicines or medical appliances. Prescriptions for acute items such as antibiotics can also be sent electronically if it is practical to do so. Eventually EPS will remove the need for most paper prescriptions, but the expectation currently is that up to 75% of all prescriptions should be issued electronically where the GP practice is EPS enabled. Patients have to nominate a particular community pharmacy or appliance contractor that the electronic prescription can be sent to them securely, but this nomination can be changed at any time if a patient consents to do so.

Nationally there has been a growth in the number of monthly items dispensed from 5,865 per month in 2007/08 to 7,218 in 2016/17. Some of the reasons which help to explain why rates have been increasing are shown in Table 9.

Table 9: Factors which influence the number of prescriptions dispensed

- the size of the population
- the age structure of the population, notably the proportion of those aged 60 and over, who generally receive more prescriptions than the young
- improvements in diagnosis, leading to earlier recognition of conditions and earlier treatment with medicines
- development of new medicines for conditions with limited treatment options
- development of more medicines to treat common conditions
- increased prevalence of some long term conditions, for example, diabetes
- shifts in prescribing practice in response to national policy, and new guidance and evidence
- increased prescribing for prevention or reducing risk of serious events, e.g. use of lipid-lowering drugs to reduce risk of stroke or heart attack

Source: Prescriptions dispensed in the community in England, 2003-2013, Copyright 2014, Health and Social Care Information Centre. All rights reserved

Repeat dispensing - the management of repeat medication for up to one year, in partnership with the patient and prescriber. It is a great way for the GP practice to stay in control of prescription items and the service specification states that pharmacies must ask if anything has changed since the previous items were issued and do they need everything on the script today. The patient will return to the pharmacy for repeat supplies, without first having to visit the GP surgery. Before each supply the pharmacy will ascertain the patient's need for a repeat supply of a particular medicine. It is suitable for stable patients on regular medication and pharmacies can help identify suitable patients.

Disposal of unwanted medicines - pharmacies accept unwanted medicines from individuals. The medicines are then safely disposed of.

Promotion of healthy lifestyles (public health) - opportunistic one to one advice is given on healthy lifestyle topics, such as stopping smoking, to certain patient groups who present prescriptions for dispensing. Pharmacies will also get involved in upto six local campaigns every year as directed by NHS England. Campaign examples may include promotion of flu vaccination uptake or advice on increasing physical activity.

In Staffordshire campaigns are coordinated by NHS England across the West Midlands Region with every pharmacy normally provided with posters and/or leaflets or links on where to access them. During 2016/17 the public health campaigns were: dementia awareness and sun awareness / skin cancer. The following campaigns are planned for this financial year (2017/18):

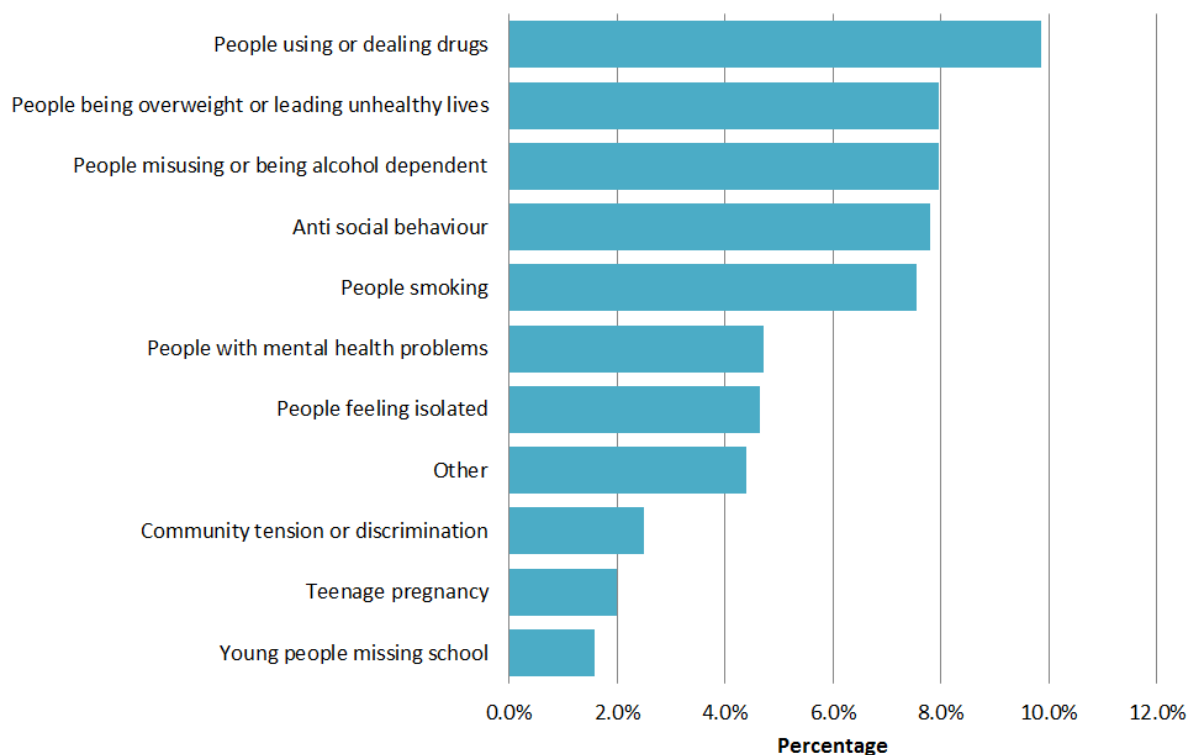
- Be Clear on Cancer (respiratory symptoms)
- Stay Well (Flu campaign)
- Antimicrobial resistance awareness
- Know your numbers (blood pressure awareness)

Feedback from pharmacies has generally been good; going forward it will be collected electronically by NHS England so further work can be done to evaluate the campaigns. Future campaigns should continue to be planned to complement identified local needs (as described in Chapter 3) and concerns raised by local residents as shown below.

In terms of public opinion data from the Winter 2014 wave of *the Public Perceptions of the NHS and Social Care Tracker Survey*, when asked "what are the biggest health problems facing people today?" the top issues mentioned are: cancer (35%), obesity (33%), age-related illnesses (22%), diabetes (18%), alcohol abuse (16%) and mental health (15%).

The latest *Feeling the Difference* survey published in March 2017 identify substance misuse, being overweight, alcohol misuse, anti-social behaviour and smoking as the biggest problems raised by Staffordshire respondents locally (Figure 21).

Figure 21: What are the biggest problems in Staffordshire? March 2017



Source: *Feeling the Difference Survey Wave 22, Staffordshire Observatory, March 2017*

Signposting patients to other healthcare providers - pharmacists and staff will 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 patient 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.

Clinical governance - pharmacies must have a system of clinical governance to support the provision of excellent care; requirements include:

- provision of a practice leaflet for patients
- use of standard operating procedures
- patient safety incident reporting to the National Reporting and Learning Service
- conducting clinical audits and patient satisfaction surveys
- having complaints and whistle-blowing policies
- acting upon drug alerts and product recalls to minimise patient harm
- having cleanliness and infection control measures in place

Findings from the engagement survey found that most people used pharmacies for collecting their prescriptions. Almost half of respondents also used their pharmacy for health advice or disposal of unwanted medicines. However very few respondents used their pharmacy for lifestyle advice (10%).

4.3 Advanced pharmacy services

There are six advanced services that are available within the community pharmacy contract. Community pharmacies can choose to provide any of these services commissioned by NHS England as long as they meet the requirements set out in the Secretary of State Directions.

The number of pharmacies who provide these in Staffordshire is shown in Table 10. There is overall good coverage of Medicines Use Review (MUR) and New Medicine Service (NMS) across Staffordshire although coverage of NMS does vary by district.

Coverage of appliance use reviews and stoma appliance customisation services in Staffordshire are low which is similar to the trend seen across England due to these services being a specialist area with many patients receiving the support they require either from a clinic or hospital or from a dispensing appliance contractor located in another area, for example Stoke-on-Trent.

The number of pharmacies providing influenza vaccination services is slightly lower than the national average and again is variable at district level.

The sixth advanced service, NHS Urgent Medicine Supply Advanced Service, is currently running as a national pilot until 31 March 2018. Whilst this service is currently not active as an advanced service in Staffordshire there is good coverage of the locally enhanced service Emergency Supply.

Table 10: Pharmacies providing advanced services in Staffordshire, February 2018

	Medicines Use Review Service	New Medicine Service	Appliance Use Review Service	Stoma Appliance Customisation Service	National Influenza Adult Vaccination Services
Cannock Chase	24 (96%)	23 (92%)	0 (0%)	4 (16%)	18 (72%)
East Staffordshire	23 (96%)	18 (75%)	0 (0%)	0 (0%)	18 (75%)
Lichfield	19 (100%)	18 (95%)	0 (0%)	2 (11%)	11 (58%)
Newcastle-under-Lyme	29 (100%)	23 (79%)	1 (3%)	4 (14%)	19 (66%)
South Staffordshire	18 (90%)	13 (65%)	1 (5%)	4 (20%)	12 (60%)
Stafford	25 (93%)	24 (89%)	0 (0%)	3 (11%)	20 (74%)
Staffordshire Moorlands	19 (100%)	14 (74%)	0 (0%)	2 (11%)	15 (79%)
Tamworth	17 (89%)	14 (74%)	0 (0%)	1 (5%)	9 (47%)
Staffordshire	174 (96%)	147 (81%)	2 (1%)	20 (11%)	122 (67%)
England	11,244 (96%)	9,972 (85%)	179 (2%)	1,809 (15%)	8,451 (72%)

Source: NHS England North Midlands and General Pharmaceutical Services in England 2007/08 to 2016/17, Copyright 2017, Health and Social Care Information Centre. All Rights Reserved

Medicines Use Review (MUR) - The pharmacist conducts an adherence medicines review with the patient. The review assesses the patient's use of their medicines and identifies any problems they may be experiencing. The service aims to increase the patient's knowledge of their medication and improve their adherence to the regimen. At least 70% of the MURs provided each year must be for patients who fall within one of the national target groups:

- patients taking high risk medicines
- patients recently discharged from hospital. Ideally patients discharged from hospital will receive an MUR within four weeks of discharge but in certain circumstances the MUR can take place within eight weeks of discharge
- patients with respiratory disease
- patients at risk of or diagnosed with cardiovascular disease and regularly being prescribed at least four medicines.

National evidence suggests that between 5-8% of unplanned emergency admissions in adults are due to avoidable issues related to medicines.

The average number of MURs during 2016/17 for Staffordshire per participating pharmacy was 297. This is similar to the national average (300) but below the maximum number of MURs (400) that pharmacies can claim for which indicates there may be some potential for increasing the numbers of MURs undertaken by pharmacies every year. In addition the annual average number of MURs varies significantly between districts and between pharmacies across Staffordshire (Table 11 and Map 10).

Some pharmacies fall considerably below the maximum number of MURs they can claim for and both Staffordshire and national averages.

Table 11: Medicines Use Reviews activity, 2016/17

	Number of pharmacies	Number of MURs	Average number per pharmacy
Cannock Chase	24	8,991	375
East Staffordshire	23	6,682	291
Lichfield	19	6,356	335
Newcastle-under-Lyme	29	7,610	262
South Staffordshire	18	5,073	282
Stafford	25	8,094	324
Staffordshire Moorlands	19	4,794	252
Tamworth	17	4,144	244
Staffordshire	174	51,744	297
England 2015/16	11,244	3,368,005	300

Source: NHS England North Midlands and General Pharmaceutical Services in England 2007/08 to 2016/17, Copyright 2017, Health and Social Care Information Centre. All Rights Reserved

New Medicine Service (NMS) - This service is designed to improve patients' understanding of a newly prescribed medicine for a long-term condition, and help them get the most from the medicine. Research has shown that after 10 days, two thirds of patients prescribed a new medicine reported problems including side effects, difficulties taking the medicine and a need for further information. The successful implementation of NMS is designed to:

- improve patient adherence which will generally lead to better health outcomes
- increase patient engagement with their condition and medicines, supporting patients in making decisions about their treatment and self-management
- reduce medicines wastage
- reduce hospital admissions due to adverse events from medicines

The Department of Health commissioned researchers at the University of Nottingham to lead an academic evaluation of the service, investigating both the clinical and economic benefits of it. The findings from the evaluation were published in August 2014 and were overwhelmingly positive; with the researchers concluding that as the NMS delivered better patient outcomes for a reduced cost to the NHS it should be continued. This was the basis for NHS England's firm decision to continue commissioning this advanced service.

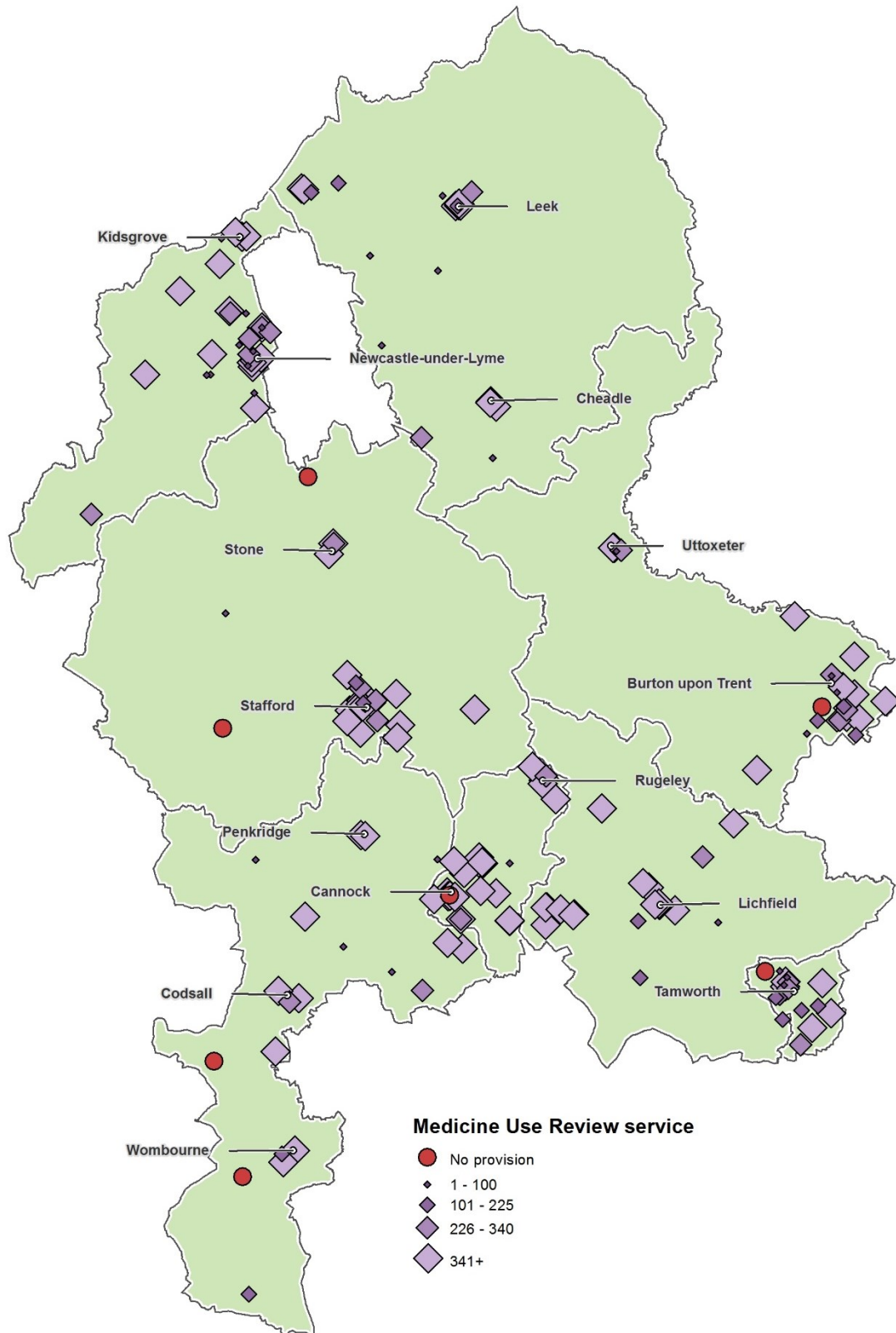
The pharmacist will provide the patient with information on their new medicine and how to use it when it is first dispensed. The pharmacist and patient will then agree to meet or speak by telephone in around a fortnight and a final consultation around 21-28 days after starting the medicine. Any issues or concerns identified can therefore be resolved. On average every participating pharmacy saw 94 patients annually which is higher than the national average of 87. However there is significant variation between districts (Table 12 and Map 11).

Table 12: New Medicine Service activity, 2016/17

	Number of pharmacies	Number of NMS	Average number per pharmacy
Cannock Chase	23	2,554	111
East Staffordshire	18	2,354	131
Lichfield	18	1,462	81
Newcastle-under-Lyme	23	1,351	59
South Staffordshire	13	1,608	124
Stafford	24	1,840	77
Staffordshire Moorlands	14	1,101	79
Tamworth	14	1,501	107
Staffordshire	147	13,771	94
England	9,972	872,296	87

Source: NHS England North Midlands and General Pharmaceutical Services in England 2007/08 to 2016/17, Copyright 2017, Health and Social Care Information Centre. All Rights Reserved

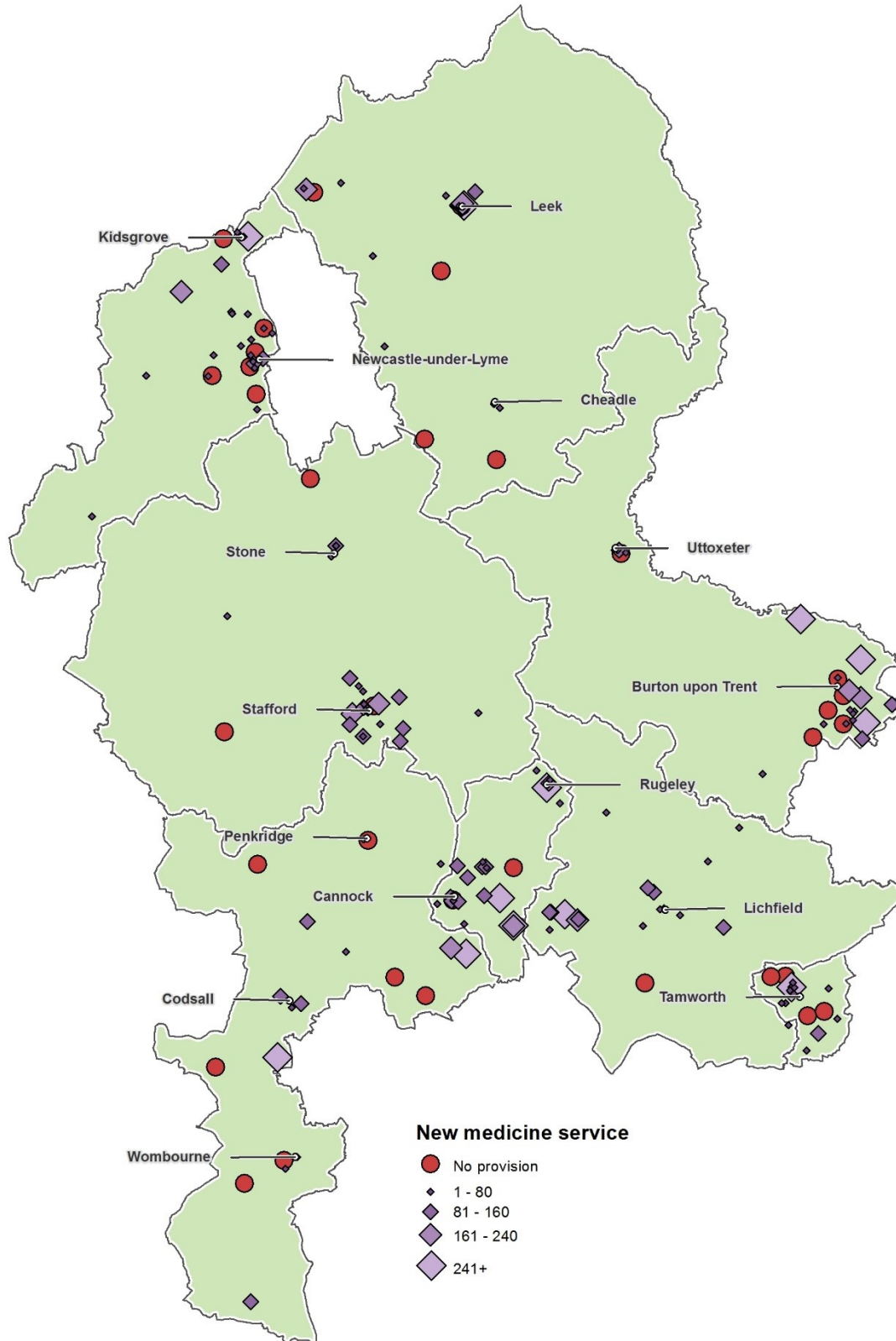
Map 10: Provision of Medicines Use Reviews in Staffordshire, 2016/17



Source: NHS England North Midlands

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Map 11: Provision of New Medicine Service in Staffordshire, 2016/17



Source: NHS England North Midlands

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Appliance Use Review (AUR) Service - This service is similar to the MUR service, but it aims to help patients better understand and use their prescribed appliances (e.g. stoma appliances) rather than their medicines by establishing the way the patient uses the appliance and the patient's experience of such use and 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 proper disposal of the appliances that are used or unwanted. The service is conducted in a private consultation area or in the patient's home.

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

The provision of AUR and SACs during 2016/17 in Staffordshire is considerably lower than the national average shown in Table 13. However as mentioned earlier many patients receiving the support they require either from a clinic or hospital or from a dispensing appliance contractor located in another area.

Table 13: Appliance Use Review and Stoma Appliance Customisation (SAC) Service activity in Staffordshire, 2016/17

	Number of pharmacies	Number	Average per pharmacy
Appliance Use Review (AURs)			
Staffordshire	2	53	27
England	179	43,453	243
Stoma Appliance Customisation (SAC)			
Staffordshire	20	492	25
England	1,809	1,319,993	730

Source: NHS England North Midlands and General Pharmaceutical Services in England 2007/08 to 2016/17, Copyright 2017, Health and Social Care Information Centre. All Rights Reserved

Influenza Adult Vaccination Service - this service supports the provision of the national flu vaccination programme between September and January every year and provides an alternative option to general practice. For most healthy people, influenza is usually a self-limiting disease. However, children, older people, pregnant women and those with certain long-term conditions are at increased risk of severe illness if they catch it. The vaccination provides protection against the most prevalent strains of the virus. This service commenced in September 2015.

There has been a significant increase in the number of vaccinations provided by pharmacies between 2015/16 and 2016/17; however both the proportion of pharmacies signed up to provide flu vaccination services and average provision per pharmacy is lower than the national average (Table 14). Provision across the County is also variable and community pharmacies should be encouraged to continue to increase the provision, particularly as there is generally a lower uptake of seasonal flu vaccination across Staffordshire (Map 12).

Table 14: Influenza Adult Vaccination Service activity, 2016/17

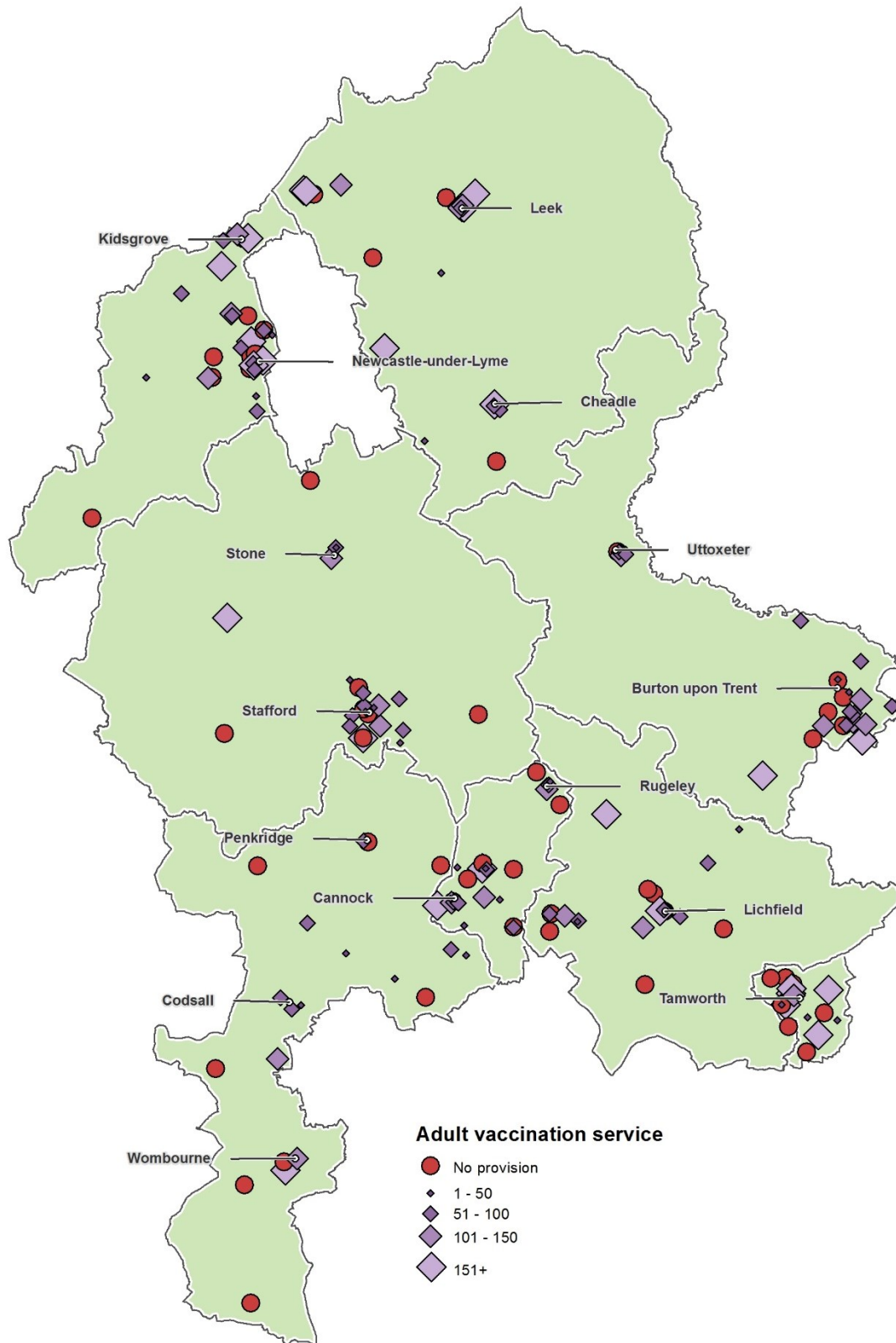
	Number of pharmacies	Number of vaccinations	Average number per pharmacy
Cannock Chase	18	1,338	74
East Staffordshire	18	1,561	87
Lichfield	11	1,188	108
Newcastle-under-Lyme	19	2,005	106
South Staffordshire	12	899	75
Stafford	20	1,645	82
Staffordshire Moorlands	15	2,871	191
Tamworth	9	1,563	174
Staffordshire	122	13,070	107
England	8,451	950,765	113

Source: NHS England North Midlands and General Pharmaceutical Services in England 2007/08 to 2016/17, Copyright 2017, Health and Social Care Information Centre. All Rights Reserved

NHS Urgent Medicine Supply Advanced Service (NUMSAS) – this service is currently a pilot service commissioned by NHS England that manages a referral from NHS 111 to a community pharmacy where a patient has contacted NHS 111 because they need urgent access to a medicine or an appliance that they have been previously prescribed on an NHS prescription. The service enables appropriate access to medicines or appliances out-of-hours via community pharmacy, relieving pressure on urgent and emergency care services by shifting demand from GP out-of-hours providers to community pharmacies. There must be an urgent need for the medicine or appliance and it must be impractical for the patient to obtain an NHS prescription for it without undue delay. This service is being commissioned as a national pilot advanced service until 31st March 2018.

The service is not live across Staffordshire at present due to the small number of pharmacy contractors that have currently registered to provide the service. However there is good coverage of a similar service (Emergency Supply) which is commissioned as a locally enhanced service across Staffordshire.

Map 12: Provision of Influenza Adult Vaccination Services in Staffordshire, 2016/17



Source: NHS England North Midlands

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4.4 Enhanced and locally commissioned pharmacy services

Local commissioners (e.g. NHS England North Midlands and Staffordshire County Council) can commission additional services through service level agreements. Some services are also contracted by other providers, e.g. needle exchange through ADS One Recovery Staffordshire. Services that are commissioned in Staffordshire are shown in Table 15.

Table 15: Provision of local commissioned services in Staffordshire, February 2018

	Common ailments	Emergency supply	Urinary tract infections and impetigo	Emergency hormonal contraception	Supervised consumption	Needle exchange	Palliative care
Cannock Chase	21 (84%)	18 (72%)	16 (64%)	19 (76%)	20 (80%)	2 (8%)	4 (16%)
East Staffordshire	17 (71%)	17 (71%)	15 (63%)	16 (67%)	22 (92%)	1 (4%)	3 (13%)
Lichfield	17 (89%)	14 (74%)	11 (58%)	16 (84%)	12 (63%)	2 (11%)	3 (16%)
Newcastle-under-Lyme	22 (76%)	24 (83%)	20 (69%)	21 (72%)	18 (62%)	0 (0%)	6 (21%)
South Staffordshire	16 (80%)	13 (65%)	10 (50%)	14 (70%)	10 (50%)	0 (0%)	1 (5%)
Stafford	22 (81%)	18 (67%)	17 (63%)	22 (81%)	23 (85%)	0 (0%)	2 (7%)
Staffordshire Moorlands	16 (84%)	15 (79%)	14 (74%)	12 (63%)	10 (53%)	1 (5%)	3 (16%)
Tamworth	14 (74%)	9 (47%)	9 (47%)	13 (68%)	12 (63%)	1 (5%)	5 (26%)
Staffordshire	145 (80%)	128 (70%)	112 (62%)	133 (73%)	127 (70%)	7 (4%)	27 (15%)

Source: NHS England North Midlands, Staffordshire County Council and ADS One Recovery Staffordshire

Common ailments service - patients can be directed to community pharmacies for the self-management of a range of conditions. The service enables pharmacies to undertake consultations, provide advice and medications if appropriate for their condition similar to a consultation at a GP practice. Around a fifth of GP consultations are thought to related to minor ailments that could largely be dealt with by self-care and support from community pharmacies.

There are 145 Staffordshire pharmacies signed up to provide the service (Map 13) and 8,579 provisions were made during 2016/17 (average of 59 per pharmacy).

Findings from the common ailments service across Shropshire and Staffordshire during 2016/17 found:

- 59% of patients were under 20 compared with about a quarter being aged 50 and over
- The largest condition provided for were fever management (14%), colds and flu-like symptoms (12%), conjunctivitis (11%), cough (8%) and hay fever (8%)
- Around 87% of patients said they would have gone to their GP had the service not been available (Table 16)

Table 16: Where patients would have gone if common ailments service was not available in Shropshire and Staffordshire, 2016/17

Alternative consequence	Number	Percentage
Would have gone to GP	17,656	87.2%
Bought product over the counter	944	4.7%
Would have gone to Walk-in Centre	489	2.4%
Would have gone to out-of-hours medical service	147	0.7%
Gone without treatment	144	0.7%
Would have gone to A&E	115	0.6%
Contacted NHS 111	18	0.1%
Unsure/ not known	168	0.8%
Other	569	2.8%
Staffordshire and Shropshire	20,250	100.0%

Source: NHS England North Midlands

Emergency supply - this service enables pharmacies to issue up to 14 days' worth of medication to patients who had run out of their prescribed medication during the pharmacy's regular opening hours.

During 2016/17 there were 128 pharmacies signed up to provide the service in Staffordshire (Map 14) and 2,951 provisions being made during the year (average of around 23 per year).

Findings from the emergency supply service across Shropshire and Staffordshire during 2016/17 found:

- only 5% of patients were under 20 compared with over two-thirds being aged 50 and over
- Around 42% of patients would have gone without medication, which is not good for long-term condition management, whilst 28% would have contacted their out-of-hours GP had the service not been available (Table 22).

Table 17: Where patients could have gone if emergency supply service not available in Shropshire and Staffordshire, 2016/17

Alternative consequence	Number	Percentage
Gone without your medication	2,465	42.5%
Contacted Out of Hours GP	1,651	28.4%
Contacted GP practice	532	9.2%
Gone to a Walk In Centre	532	9.2%
Gone to A&E	498	8.6%
Other	126	2.2%
Shropshire and Staffordshire	5,804	100.0%

Source: NHS England North Midlands

Urinary tract infections (UTI) and impetigo - this service allows pharmacies to provide antibiotic treatment for urinary tract infections (UTI) for women aged 16-74 and impetigo in children and adults who meet the inclusion criteria following accreditation of pharmacists under a Patient Group Direction (PGD). There are 112 pharmacies in Staffordshire who are signed up to provide at least one of these services (Map 15).

During 2016/17 across Staffordshire and Stoke-on-Trent:

- There were 37 active providers for treatment of UTI with 588 provisions being made (average of 11 per active pharmacy). The majority of these were women aged 50-74 (51%) and 20-49 (43%)
- There were 37 active providers for treatment of impetigo with 91 provisions being made of which over three-fifths were to children under 13

Emergency hormonal contraception - this service allows pharmacies to provide emergency hormonal contraception (EHC) where appropriate in line with the locally agreed PGD. Evidence suggests that community pharmacy based EHC services provide timely access to treatment and are rated highly by women who use them. This is one of Staffordshire's strategies to support reducing teenage pregnancy rates across the County. EHC is provided in a number of settings of which pharmacy is one.

This service is commissioned by Staffordshire County Council and managed through a contract with Lloyds Pharmacy who sub-contracts with other community pharmacies in the area. The service is available when an accredited pharmacist is at the pharmacy and is generally available without an appointment. The service is confidential and available free of charge to women of all ages.

There is generally good availability of EHC from pharmacies (73% coverage) across the County which cover areas where there are higher teenage pregnancy rates (Map 16).

Supervised consumption - supervised consumption of prescribed medicines (methadone and buprenorphine) at the point of dispensing in the pharmacy, ensuring that the dose has been administered to the patient, particularly for treatment of opiate dependence, patients with some mental health conditions and other vulnerable groups.

Around 70% of pharmacies in Staffordshire provide a supervised administrative service to drug misusers with a good spread of access to this service across the County (Map 17).

Needle and syringe exchange service - access to sterile needles and syringes, and sharps containers for return of used equipment. Pharmacies will also promote safe injecting practice and reduce transmission of infections by substance misusers through associated materials, for example condoms, citric acid and swabs. This service is commissioned by Staffordshire County Council from ADS One Recovery who has placed needle exchange services in seven pharmacies across the County to ensure there is adequate coverage of needle exchange services from One Recovery clinics or pharmacies across the County.

Palliative care - this service support anticipatory prescribing and allows rapid access to medicines commonly prescribed in palliative care to enable a greater percentage of patients to have end of life treatment in a preferred place of care, such as the individual's home, and avoid unnecessary admissions to hospital. The service ensures that a network of community pharmacies hold stocks of palliative care medications to ensure patients have timely access to end of life medicines when required. There is currently adequate geographical spread across the County through 27 pharmacies who provide this service (Map 18).

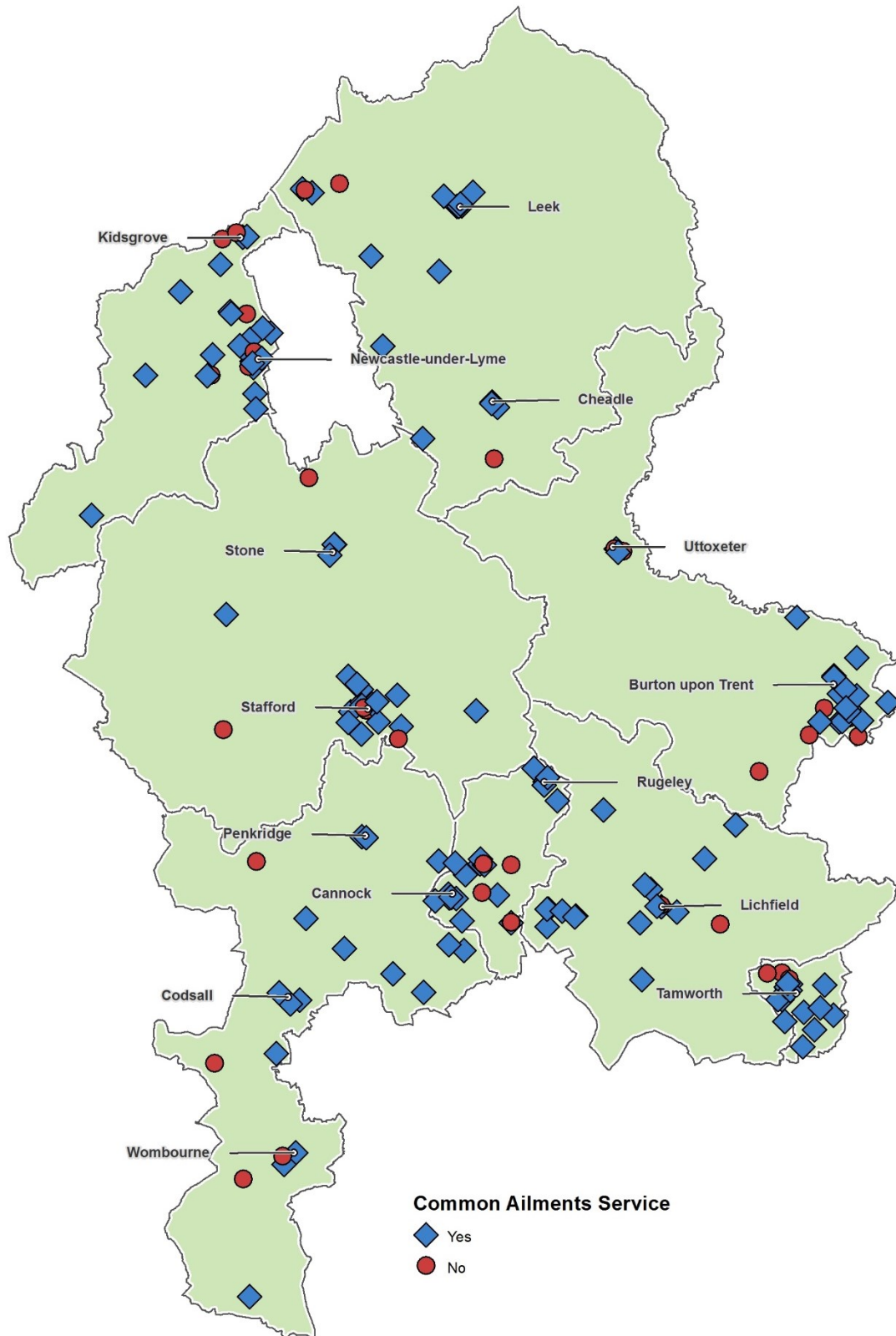
Other services - There are also a range of non-commissioned services that pharmacies provide. These are either privately arranged or are provided free of charge to their communities and include: home delivery service (excludes appliances), medicines assessment and compliance support services, care home service, diabetes screening, travel vaccines and contraceptive services

Based on the community pharmacy survey, pharmacies were also willing to provide: anticoagulant monitoring service, a range of disease specific medicines management services with the most common being heart failure, coronary heart disease, epilepsy, allergies, hypertension, Parkinson's disease and diabetes, obesity management and anti-viral distribution services based on any potential services being commissioned and appropriately funded.

Based on data from the engagement survey many respondents would like pharmacies to maintain their current services (53 respondents, 22%). Other responses included:

- Introduce basic testing such as blood pressure measurements, blood tests and holiday vaccinations (24 responses, 10%)
- Information and advice on the availability of other services (18 responses, 7%)
- Basic health appointments or clinics for certain conditions or lifestyle (11 responses, 5%)

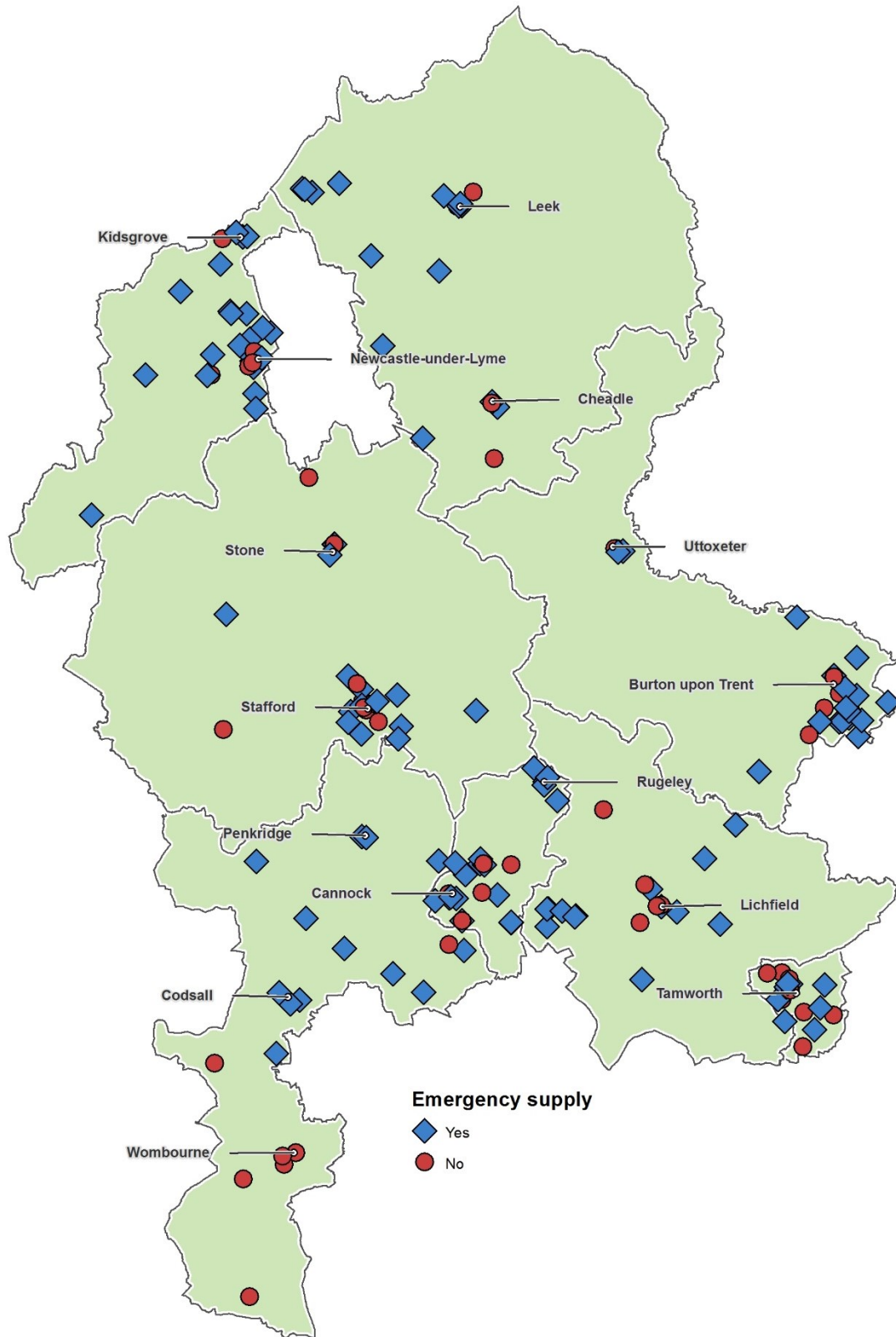
Map 13: Provision of common ailment services in Staffordshire, February 2018



Source: NHS England North Midlands

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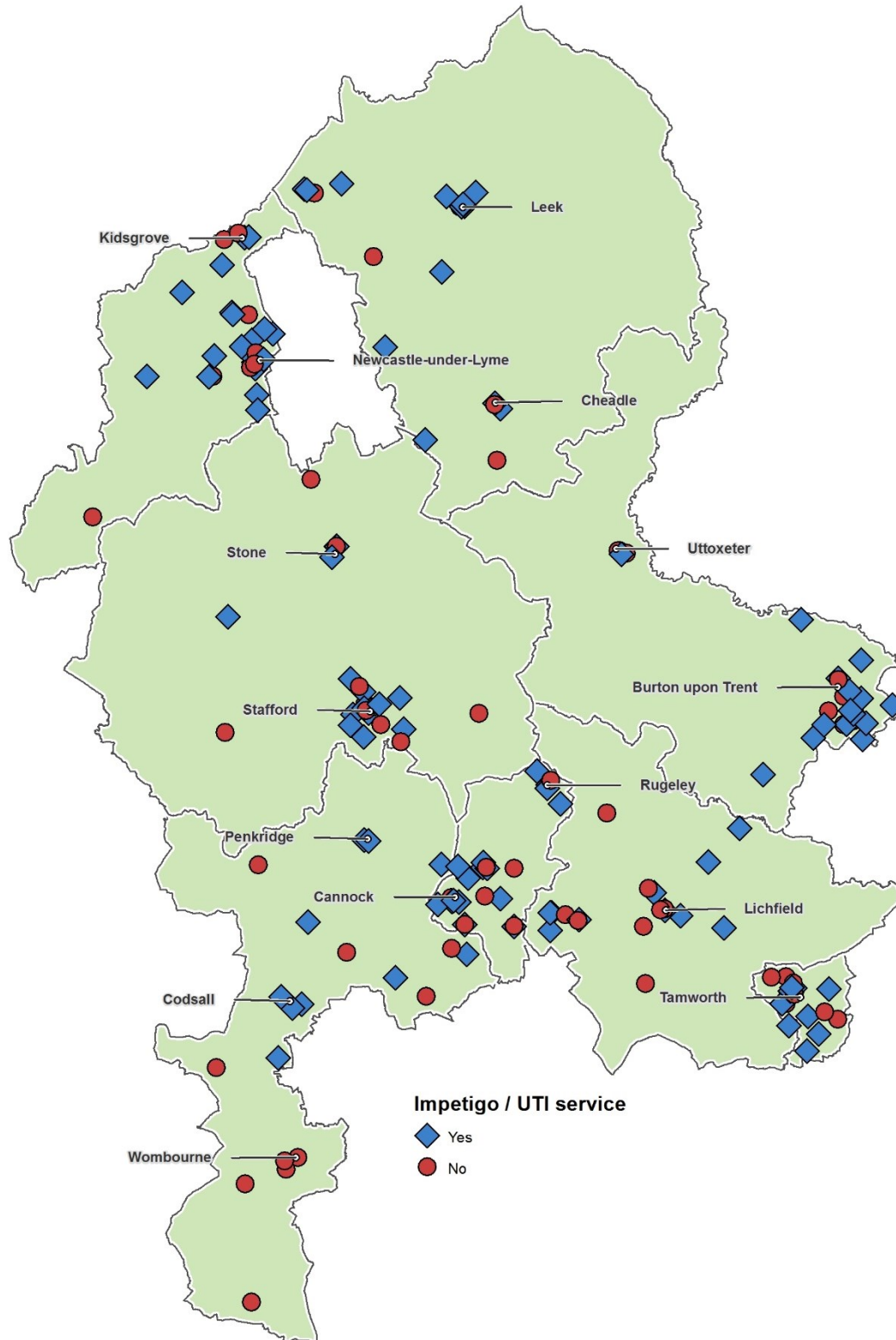
Map 14: Provision of emergency supply services in Staffordshire, February 2018



Source: NHS England North Midlands

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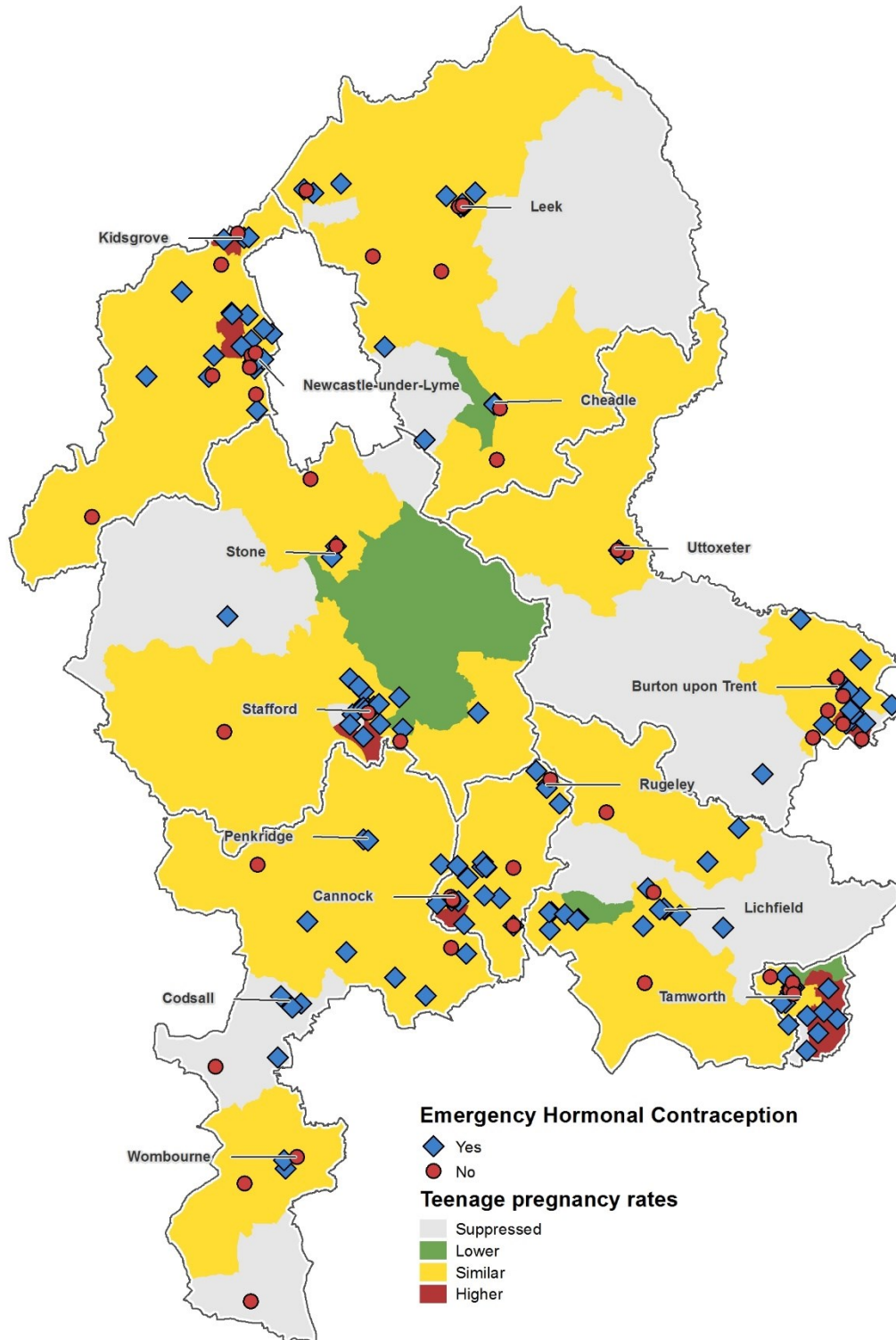
Map 15: Provision of urinary tract infections (UTI) and/or impetigo service in Staffordshire, February 2018



Source: NHS England North Midlands

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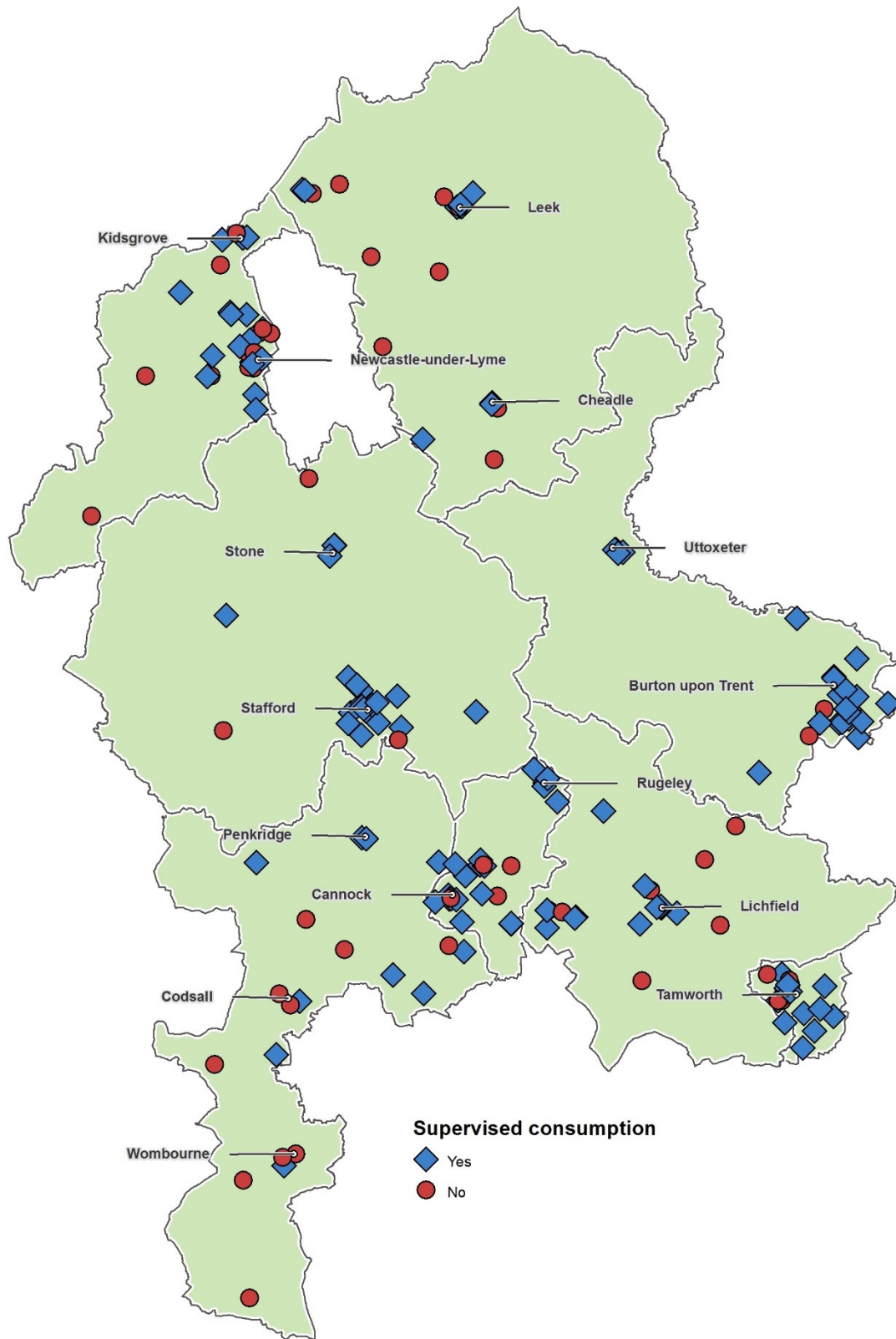
Map 16: Teenage pregnancy (under 18 conception rates 2013-2015) and emergency hormonal contraception provision in Staffordshire, February 2018



Source: Conception Statistics, Office for National Statistics (ward rates modelled by Public Health England) and Staffordshire County Council

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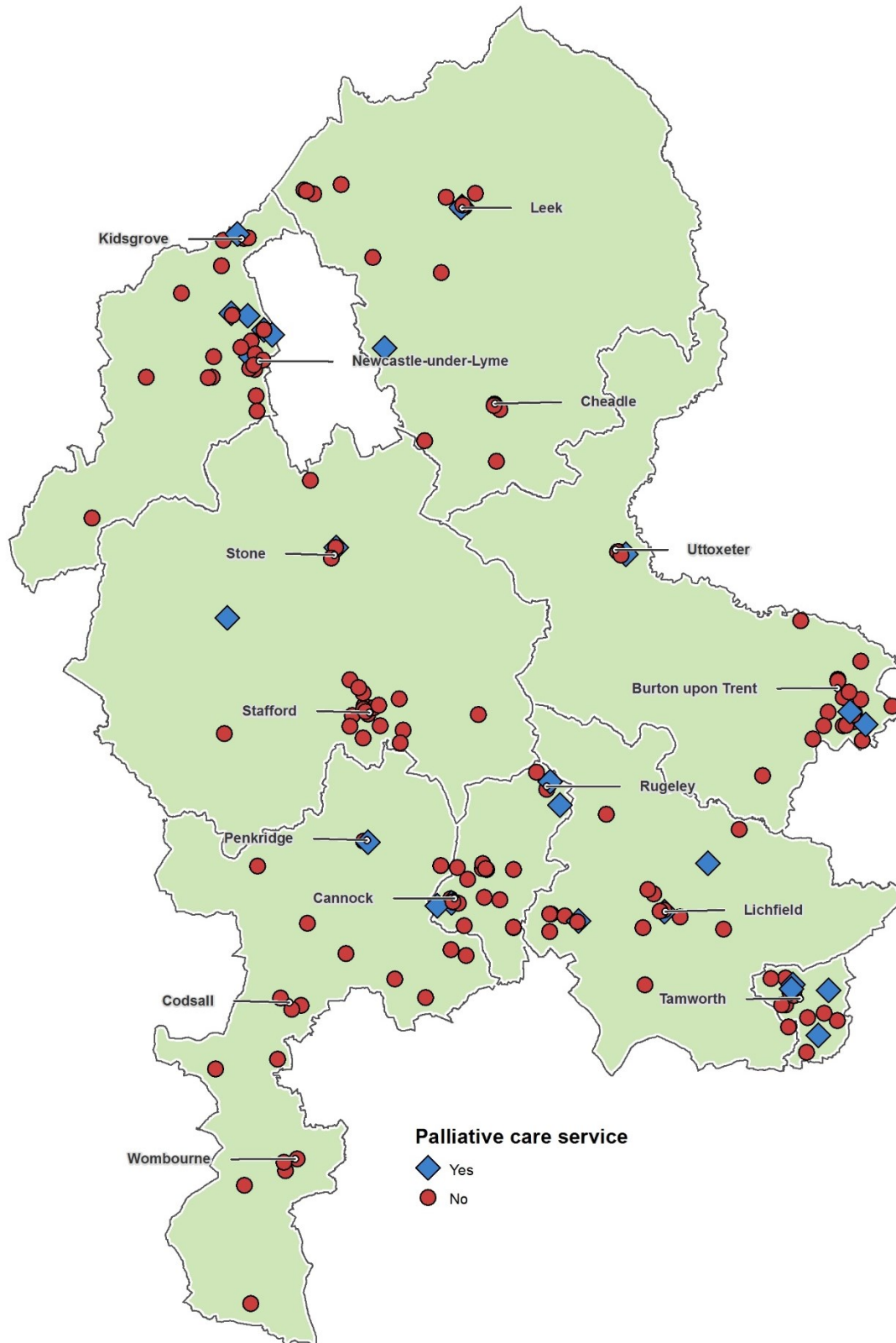
Map 17: Provision of supervised consumption in Staffordshire, February 2018



Source: ADS One Recovery Staffordshire and Staffordshire County Council

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Map 18: Provision of palliative care services in Staffordshire, February 2018



Source: NHS England North Midlands

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4.5 Healthy living pharmacies

The healthy living pharmacy (HLP) framework is a tiered commissioning framework which allows community pharmacies to provide a broad range of services to meet local need, improve population health and wellbeing and reduce health inequalities. HLPs are required to deliver a range of commissioned services based on local need and promote a healthy living environment to the communities they serve.

Level 1 is around promoting health, wellbeing and self-care which from July 2016 onwards changed from being a commissioner-led process to a profession-led self-assessment process. Achieving HLP level 1 (self-assessment) is also now a Quality Payment criterion as part of the 2017/18 Quality Payments Scheme of the pharmacy contract.²

Based on the pharmacy survey there were currently 56 pharmacies who identify themselves as being a HLP in Staffordshire and 76 who are working towards accreditation. The distribution by district varies with little relationship between rates of HLPs and deprivation; however there is stronger correlation for those working towards a HLP status and deprivation (Table 18).

Table 18: Self-reported healthy living pharmacy status in Staffordshire, July 2017

	Number of respondents	Number of HLPs (rate per 100,000 population)	Currently working towards HLP status (rate per 100,000 population)	Index of Multiple Deprivation Score 2015	Percentage of population in most deprived IMD 2015 quintile
Cannock Chase	22	5 (5.1)	16 (16.2)	20.9	13.8%
East Staffordshire	22	9 (7.7)	12 (10.3)	18.8	17.9%
Lichfield	18	9 (8.7)	8 (7.8)	12.7	3.9%
Newcastle-under-Lyme	16	6 (4.7)	9 (7.0)	18.5	11.3%
South Staffordshire	16	9 (8.1)	6 (5.4)	12.5	1.4%
Stafford	24	11 (8.2)	11 (8.2)	13.5	5.4%
Staffordshire Moorlands	7	2 (2.0)	5 (5.1)	15.2	4.6%
Tamworth	17	5 (6.5)	9 (11.7)	20.3	17.6%
Staffordshire	142	56 (6.5)	76 (8.8)	16.4	9.2%

Source: Staffordshire Survey of Community Pharmacies, PharmOutcomes, July 2017, Indices of Deprivation 2015, Communities and Local Government, Crown Copyright 2016 and 2015 mid-year population estimates, Office for National Statistics, Crown copyright

² Note: NHS England and Public Health England (PHE) agreed that contractors whose pharmacies become HLPs locally between 1st December 2014 and 24th November 2017 will not need to complete the profession led self-assessment process led by PHE to meet the quality criterion.

5 Access to pharmaceutical services

5.1 Geographical access

Large numbers of Staffordshire residents are disadvantaged in terms of geographical access to key services (as shown in Section 2.5) and around one in five people do not have access to a car meaning they are reliant on others or good accessible public transport to get around (Table 19).

Table 19: Number and proportion of households with no car or van, 2011

	Number	Percentage	Statistical difference to England
Cannock Chase	8,213	20.2%	Lower
East Staffordshire	10,123	21.4%	Lower
Lichfield	5,594	13.6%	Lower
Newcastle-under-Lyme	11,632	22.1%	Lower
South Staffordshire	5,879	13.2%	Lower
Stafford	9,742	17.5%	Lower
Staffordshire Moorlands	6,196	14.8%	Lower
Tamworth	6,514	20.6%	Lower
Staffordshire	63,893	18.0%	Lower
West Midlands	566,621	24.7%	Lower
England	5,691,251	25.8%	

Source: 2011 Census, Office for National Statistics, Crown copyright

However there is good geographical access to pharmaceutical services in Staffordshire:

- Over 40% of residents are within a 10 minute walk to their nearest pharmacy and 86% are within a 20 minute walk
- Around 88% of residents are within a five minute drive from their nearest pharmacy and 98% within 10 minutes
- Almost two-thirds of residents are within 10 minutes of their nearest pharmacy if using public transport and 89% within 20 minutes (Table 20).

Table 20: Access to nearest pharmacy by mode of transport for Staffordshire residents

	Walking	Driving	Public transport
0-5 minutes	10.0%	87.6%	16.1%
6-10 minutes	31.1%	10.1%	48.7%
11-15 minutes	26.7%	2.1%	17.3%
16-20 minutes	17.8%	0.2%	6.6%
21 minutes and over	0.0%	0.0%	2.4%
No access	14.4%	< 0.1%	8.9%
Good access (i.e. under 11 minutes)	41.1%	97.7%	64.7%
Poor access (i.e. 21 minutes or over OR no access)	14.4%	< 0.1%	11.3%

Note: Numbers may not add up due to rounding

Source: Staffordshire County Council and Experian Public © 2015 Experian. All rights reserved

The method for calculating drive time, walking time and public transport along with maps are shown in Appendix 5.

5.2 Opening hours

There are currently 18 '100 hour' pharmacies across Staffordshire equating to around one in ten pharmacies, with all residents in the County with the exception of South Staffordshire, having access to a community pharmacy for at least 100 hours during the week. (Note: one of the four '100 hour' pharmacies in Stafford is due to shut in June 2018).

Community pharmacies generally complement GP opening hours. In Staffordshire they open from 7am on Monday mornings and from 6:30am on Tuesday to Fridays. The majority are open by 9am when there is likely to be an increase in demand for dispensing of prescriptions generated by GP services. On a weekday most pharmacies close by 6.30pm in the evening with around one in seven open until 8pm and around a tenth of pharmacies across the County open during the week until at least 10pm.

Around four in five pharmacies are also open on Saturdays, the times ranging from 6.30am in the morning to on average around 4-5pm in the evening with 17 pharmacies open until at least 10pm (Map 19).

Around one in six pharmacies are also open on Sunday, which is an increase from the last PNA, with opening times starting from around 10am and most closing by around 4pm. The pharmacies that are open on Sundays tend to be aligned to out-of-hours medical practice (Map 20). There are three pharmacies across the County that are open after 5pm. Some of this is due to trading regulations which restricts opening hours for pharmacies located in supermarkets and shopping centres to six hours. All districts have at least one pharmacy open on Sundays and some patients also have access to nearby access to pharmacies in neighbouring areas such as Stoke-on-Trent or Wolverhampton.

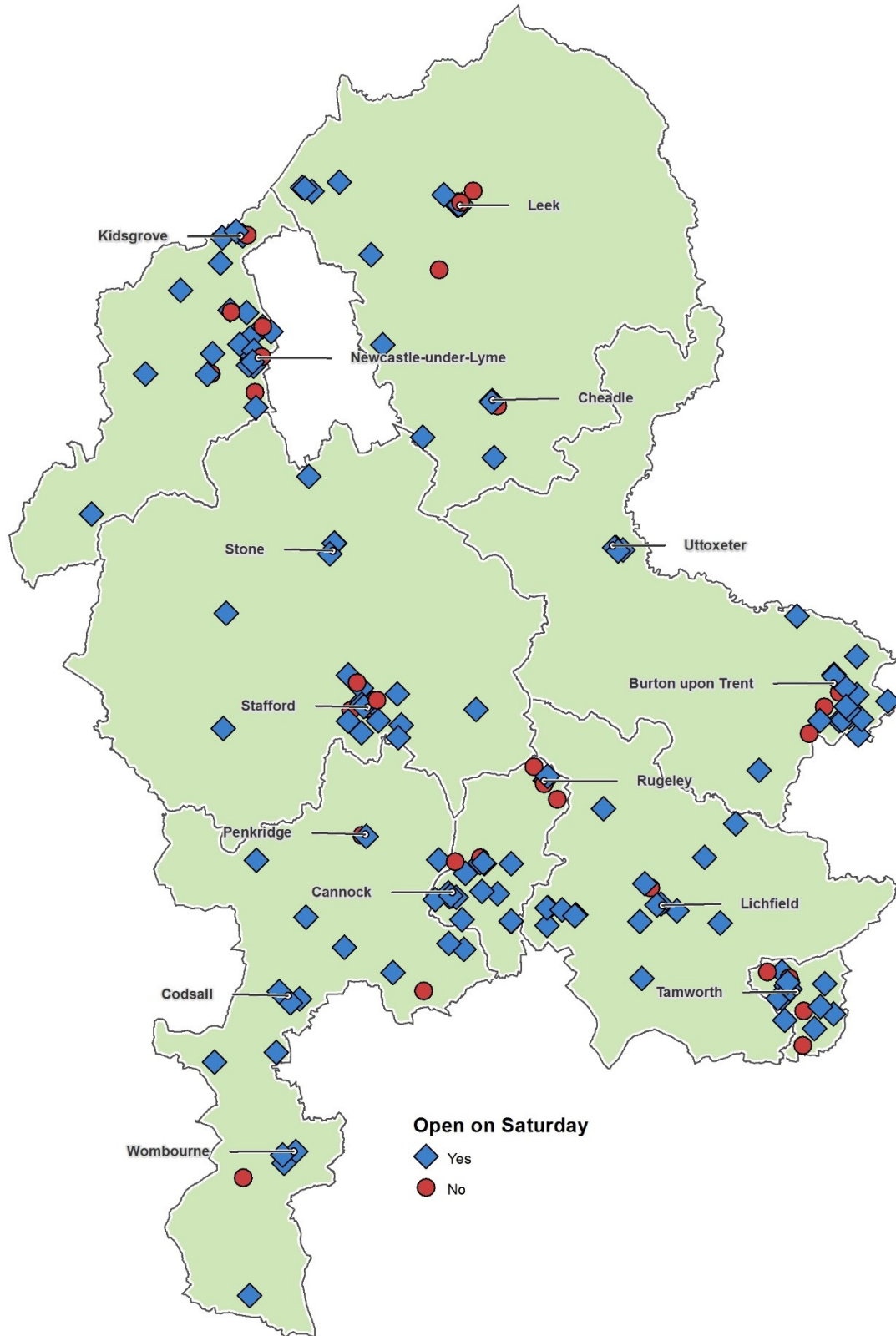
One of the respondents from the consultation focussed on lack of 24 hour access to a community pharmacy which meant increased pressures on A&E services. However demand for dispensing services is much lower at weekends as GP surgeries are usually closed. In addition residents do have access to dispensing services on Sundays from alternative provision, for example walk-in-centres, minor injury units or from pharmacies in bordering areas.

A number of pharmacies also now open on Bank Holidays with opening time on these days published by NHS England (<https://www.england.nhs.uk/mids-east/our-work/pharm-info/>). NHS England North Midlands also commission community pharmacies to ensure there are adequate pharmaceutical services available on Christmas Day and Easter Sunday as these are the two days where pharmacies are still traditionally closed and those located in supermarkets and shopping centres unable to open due to current trading laws.

Information on the latest opening hours for every pharmacy is available at NHS Choices. <http://www.nhs.uk/Service-Search/Pharmacy/LocationSearch/10>. Pharmaceutical providers are required to keep these details updated as one of the Quality Payments criteria for the 2017/18 Quality Payments Scheme of the pharmacy contract.³

³ <http://psnc.org.uk/services-commissioning/essential-services/quality-payments-nhs-choices-entry/>

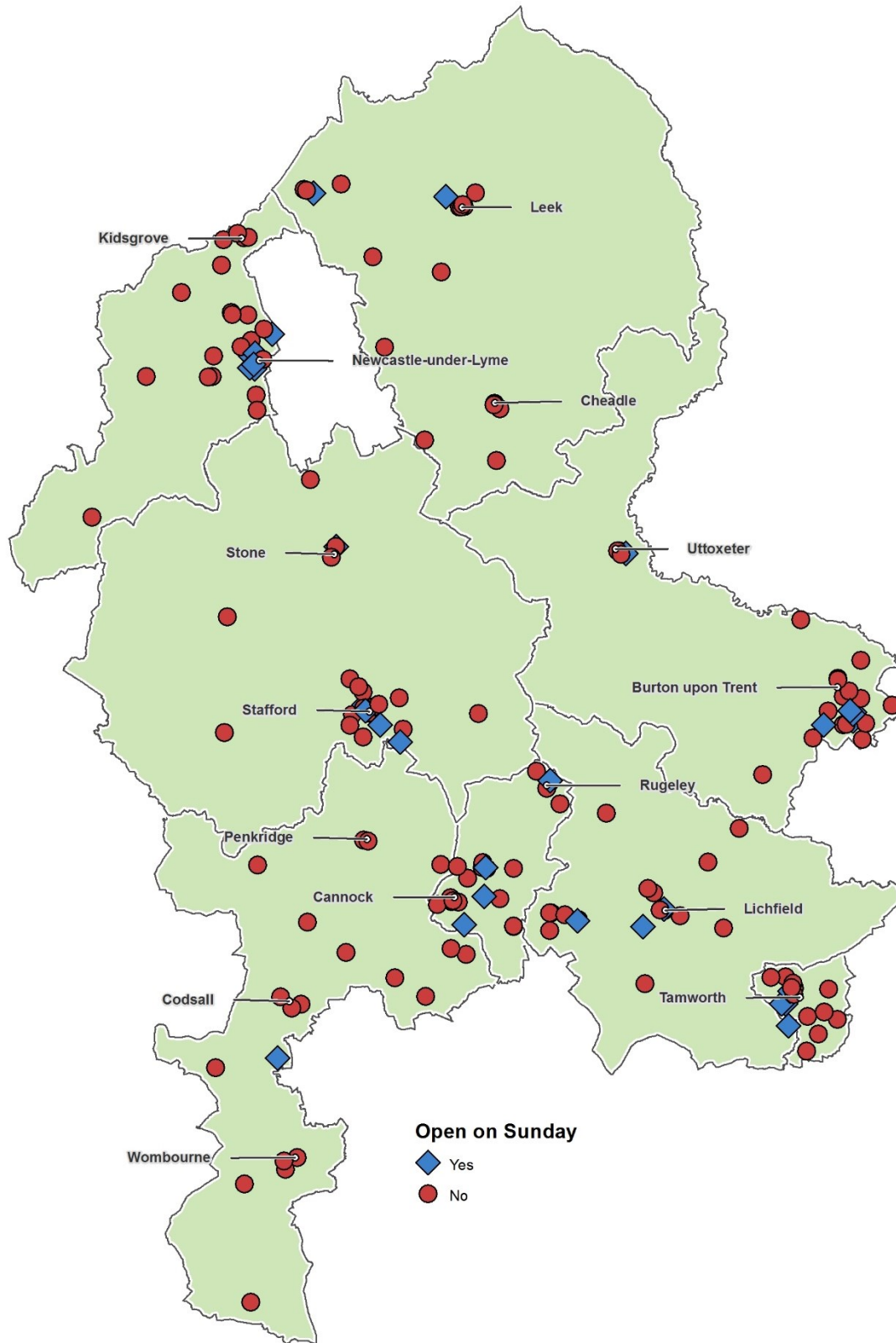
Map 19: Pharmacies that are open on Saturdays, February 2018



Source: NHS England North Midlands

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Map 20: Pharmacies that are open on Sundays, February 2018



Source: NHS England North Midlands

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5.3 Access to pharmaceutical services for protected groups

The Equality Act (2010) protects people on the basis of nine protected characteristics. The equality duty covers the following nine protected characteristics: age, disability, gender (sex), gender reassignment, marriage and civil partnership, pregnancy and maternity, race (this includes ethnic or national origins, colour or nationality), religion or belief (this includes lack of belief) and sexual orientation.

The PNA regulations require that the HWBB considers the different needs of people who share protected characteristics. This section of the PNA summarises how these have been considered and addressed for each of the protected characteristics.

In addition all pharmacies are expected to comply with the provisions of the Equality Act 2010.

Age

The protected characteristic of age means a person belonging to a particular age or age-group (for example, 32 years) or being within an age group (for example, 30-39 years). This covers all ages, including children and young people.

It is important that pharmaceutical services meet the needs of all ages. National data suggests that families with young children and older people are more frequent users of pharmacy services. The ageing population has implications for the future demand for all health and care services, including those provided by community pharmacies, for example there may be an increased demand for pharmaceutical services in terms of dispensing of medicines and also additional need for supporting older people living independently for longer.

The age profile for Staffordshire residents has been described in Chapter 2.

Examples of where Staffordshire pharmacies are already supporting residents of all ages are:

- access to sexual health services such as emergency hormonal contraception for young people
- raising disease awareness, e.g. through a dementia awareness campaign
- supporting adults and in particular older populations through MURs and NMS in the management of long-term conditions
- treatment of minor ailments for families with young people and older people

Disability

A person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. Disabilities can have an impact on people of all ages and from all communities, and can be present from birth or acquired through accident, illness or as a consequence of ageing. Many people who are disabled may have more than one disability. Adults with learning disabilities or dementia and are most likely to have repeat adult protection referrals, as are those in a permanent care home and those in a mental health inpatient setting.

There is no complete dataset that contains the numbers of people with disabilities. Therefore a number of measures are presented to estimate levels of disability within Staffordshire:

Census data - the 2011 Census collected information on self-reported limiting long-term illness that can be used as a proxy for overall disease and disability. Based on these data around 162,600 Staffordshire residents (19%) have a limiting long-term illness which is higher than the average in England (as would be expected given the higher number of older people).

Disability benefit statistics - these provide a proxy for numbers of people who are disabled. Disability Living Allowance (DLA) is payable to people who are disabled and who have personal care needs, mobility needs or both, although it is not available for children under three. In Staffordshire 33,660 people claimed DLA (May 2014), which represents 3.9% of the population which is similar to the national average of 3.8%. DLA is a discretionary payment and claimants will typically experience significant barriers to full participation in local life.

GP disease registers - these provide the number of patients on clinical registers in general practice, which can then be used to calculate disease prevalence. The data are captured as part of the Quality and Outcomes Framework (QOF) which was introduced as part of the General Medical Services (GMS). In most cases GPs are only required to capture 80% of the population to achieve payment with some practices seeking to identify all patients who will benefit, and others stopping once the target level is achieved. Based on 2016/17 data, almost 4,000 people were on learning disability registers in Staffordshire Clinical Commissioning Groups (CCGs) making up 0.5% of the population, which is lower than the England average and significantly less than that expected. In addition, around 6,000 people were on mental health registers (schizophrenia, bipolar disorder and other psychoses) which is 0.7% of the population and again lower than the England average.

Estimates of people with sensory impairments - Information on the number of people who have a sensory impairment at a local level is limited. Some information is available from local registers held by social care. Registration of sensory impairment is voluntary and therefore these figures do not provide a complete picture of the numbers of people in Staffordshire who have a visual or hearing impairment.

- There were 2,135 people on the blind register in Staffordshire and a further 2,375 on the partially sighted register during 2015/16. Around 1,355 people were on the deaf register and a further 2,175 on the hard of hearing register as at 31 March 2010.
- Based on national prevalence surveys, it is estimated there are around 340 adults aged 18-64 who have a serious visual impairment, 15,600 adults aged 65 and over who have a moderate or severe visual impairment and 5,100 adults aged 75 and over who have registerable eye conditions.
- Based on national estimates, there are around 2,100 adults with profound hearing loss in Staffordshire and a further 96,200 adults with moderate or severe hearing loss.
- People with hearing and vision impairment are more likely to be older people (aged 75 and over).

People with disabilities are however a high risk group and may require additional support in terms of services meeting their pharmaceutical needs. Some of the adjustments that pharmacies currently make include easy open containers and / or large print labels. Some pharmacies also have facilities to provide labels printed with Braille (and many original packs provided by manufacturers are now embossed with Braille). Pharmacies also need to continue to link in with carers where appropriate to enable vulnerable groups to meet their service needs.

The community pharmacy questionnaire included a question asking if any consultation facilities existed on site and if they included wheelchair access. The results showed that 89% of pharmacies (128 of 142 respondents to this question) have a consultation area with wheelchair access whilst 12 pharmacies (8%) did not have wheelchair access and two pharmacies did not have a consultation room.

Gender (sex)

Gender is being male or female. The wider social roles and relationships that structure men's and women's lives change over time and vary between cultures.

There are some services that are currently provided for women, e.g. EHC. National research indicates that men may be less frequent visitors of pharmacies and therefore some additional marketing may be required to ensure that men's pharmaceutical needs are met.

Gender reassignment

Gender dysphoria is a condition in which an individual's psychological experience of themselves as a man or woman is incongruent with their external bodily sexual characteristics. The individual's physical sex is not aligned to their gender identity. Sometimes, the distress/discomfort is sufficiently intense that an individual undergoes transition from one point on a notional gender continuum to another; this is most commonly from male-to-female or female-to-male. This typically involves changes to social role and presentation and may necessitate treatment with cross-sex hormones and/or having gender-related surgery. As a national service patients may be referred to a gender identity clinic for initial assessment and treatment before potentially being referred for sex reassignment surgery, although there is no specialist centre in the West Midlands providing these services.

Protection is provided where someone has proposed, started or completed a process to change their sex and this is referred to as gender reassignment in the legislation. It is estimated nationally that one in four thousand people are receiving medical help for gender dysphoria, which equates to around 220 people in Staffordshire. Reports suggest that there has been a growth in the number of people who have presented for treatment in the UK, although the West Midlands appears to have a low prevalence.

Pharmacies may be part of the care pathway for people who undergo gender reassignment. Their role is typically to ensure that medicines (e.g. hormone therapy) which form part of the treatment are available. Furthermore, pharmacies may offer MURs and NMS to help with adherence and to identify any medication-related issues as appropriate.

Marriage and civil partnership

Marriage is the legal union between a man and a woman, whilst civil partnership has the legal recognition of a same-sex couple's relationship. Civil partners must be treated the same as married couples on a range of legal matters.

Protection from discrimination for being married or in a civil partnership is provided in employment and vocational training only.

Data from the 2011 Census provide information on marital and civil partnership status at a local level. Around 51% of Staffordshire's population are married (Table 21). An additional 1,000 people are in a registered same-sex civil partnership making up around 0.1% of the population.

Table 21: Population by marital and civil partnership, 2011

	Staffordshire	West Midlands	England
Single (never married or never registered a same-sex civil partnership)	206,742 (29.6%)	1,517,613 (33.7%)	14,889,928 (34.6%)
Married	359,238 (51.4%)	2,141,698 (47.5%)	20,029,369 (46.6%)
In a registered same-sex civil partnership	1,000 (0.1%)	7,242 (0.2%)	100,288 (0.2%)
Separated (but still legally married or still legally in a same-sex civil partnership)	16,018 (2.3%)	117,396 (2.6%)	1,141,196 (2.7%)
Divorced or formerly in a same-sex civil partnership which is now legally dissolved	63,061 (9.0%)	393,163 (8.7%)	3,857,137 (9.0%)
Widowed or surviving partner from a same-sex civil partnership	52,364 (7.5%)	330,293 (7.3%)	2,971,702 (6.9%)
All residents aged 16 and over	698,423 (100.0%)	4,507,405 (100.0%)	42,989,620 (100.0%)

Source: 2011 Census, Office for National Statistics, Crown copyright

There are no additional needs that have been identified by the PNA with respect to marriage and civil partnership.

Pregnancy and maternity

Maternity is defined as the period after giving birth. It is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, including as a result of breastfeeding. For all areas covered by the Act, a woman is protected from unfavourable treatment because of pregnancy or because she has given birth.

The protected status primarily applies to staff currently employed at pharmacies within Staffordshire.

There were 8,690 live births in Staffordshire in 2016. Community pharmacies are ideally placed to provide health promotion advice to women who are pregnant or planning on becoming pregnant. They are also ideally placed to provide information on antenatal care at the point of sale of pregnancy tests. They can also provide advice around diet and nutrition including vitamins.

Pharmacists also provide advice to women who are pregnant or breastfeeding about which medicines can be taken and those to avoid as they may be potentially harmful to their foetus or breast-fed baby.

Race and ethnicity

Race refers to a group of people defined by their colour, nationality, ethnic or national origins. A racial group can also be made up of two or more distinct racial groups.

People from some ethnic minority groups often experience poorer health outcomes. This may be as a result of multiple factors including genetic predisposition to certain diseases (e.g. diabetes, coronary heart disease and mental health), poor access to services, language barriers and cultural differences.

The ethnic profile of Staffordshire has been described briefly in Section 2.3. In terms of main language spoken, findings from the 2011 Census found that around 98% of Staffordshire residents stated English as their main language. Other common main languages spoken in Staffordshire were:

- Polish (0.6%)
- Punjabi (0.2%)
- Urdu (0.2%)

In those areas where there are higher proportions of people from minority ethnic groups (mainly Burton), pharmacies may need to consider how they communicate health messages effectively, and particular for those communities where English is not the first spoken language. Based on the 2011 Census data the most commonly spoken languages in Burton are Urdu, Polish and Punjabi.

The languages spoken by staff were collected through the community pharmacy questionnaire and shows that 71 of Staffordshire pharmacies have staff members who speak a variety of languages equating to 50% of all responding pharmacies and 39% of all community pharmacies. Common languages include: Punjabi (44 pharmacies), Urdu (27 pharmacies), Hindi (23 pharmacies), Polish (10 pharmacies) and Gujarati (nine pharmacies) spread across the County. There were no pharmacies who responded to the survey in East Staffordshire who had a staff member who spoke Polish despite 11 pharmacies reporting that Polish was spoken in the community.

Religion or belief

This area includes any religious or philosophical belief and includes a lack of belief, for example Humanism and Atheism. A belief need not include faith or worship of a God or Gods, but must affect how a person lives their life or perceives the world.

The 2011 Census found Christianity to be the majority religious affiliation in Staffordshire (Table 22). Over the last decade this proportion has dropped, with significant increases in people stating they had no religious affiliation over the same time period. Muslims are the next largest group in the County.

In terms of pharmaceutical needs, pharmacies should be able to provide additional medicine-related support, for example advice on whether an individual's medicines include ingredients from animals and/or during certain times of the year, e.g. during Ramadan.

Table 22: Population by religion, 2011

	Staffordshire	West Midlands	England
Christian	578,352 (68.2%)	3,373,450 (60.2%)	31,479,876 (59.4%)
Buddhist	2,017 (0.2%)	16,649 (0.3%)	238,626 (0.5%)
Hindu	2,773 (0.3%)	72,247 (1.3%)	806,199 (1.5%)
Jewish	299 (0.0%)	4,621 (0.1%)	261,282 (0.5%)
Muslim	10,817 (1.3%)	376,152 (6.7%)	2,660,116 (5.0%)
Sikh	3,086 (0.4%)	133,681 (2.4%)	420,196 (0.8%)
Other religion	2,783 (0.3%)	25,654 (0.5%)	227,825 (0.4%)
No religion	193,662 (22.8%)	1,230,910 (22.0%)	13,114,232 (24.7%)
Religion not stated	54,700 (6.4%)	368,483 (6.6%)	3,804,104 (7.2%)
Total	848,489 (100.0%)	5,601,847 (100.0%)	53,012,456 (100.0%)

Source: 2011 Census, Office for National Statistics, Crown copyright

Sexual orientation

Sexual orientation is whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

There is no hard data on the number of lesbians, gay men and bisexuals in the UK as no national census has ever asked people to define their sexuality. The official government figure is 5-7% of the population which Stonewall, a lesbian, gay and bisexual charity, feels is a reasonable estimate. HM Treasury and the Department of Trade and Industry completed a survey to help the Government analyse the financial implications of the Civil Partnerships Act (such as pensions, inheritance and tax benefits). They concluded that there were 3.6 million gay people in Britain - around 6% of the total population or one in 17 people.

In 2016, the Annual Population Survey (APS) found 2% of adults in the UK identified themselves as lesbian, gay or bisexual. Based on APS estimates for 2013-2015, around 0.8% of Staffordshire's population are estimated as lesbian, gay or bisexual.⁴

Both estimates are considerably lower than government estimates of 6%. This indicates that whilst there is a visible community of lesbian, gay and bisexual people in the County there will also be a significant invisible community which may need to be considered by both commissioners and pharmaceutical providers. There are no additional needs that have been identified by the PNA with respect to sexual orientation.

⁴ Subnational sexual identity for 2013 to 2015, Office for National Statistics, Crown copyright, <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/datasets/sexualidentitysubnational>

6 Are there any pharmaceutical gaps in Staffordshire?

Staffordshire has a resident population of 867,100 and covers a large geographical area of over 1,010 square miles. Similar to many other County areas, a major characteristic of Staffordshire is its ageing population with its population continuing to grow in both size and average age rapidly. It is a relatively affluent area but has notable pockets of high deprivation in some urban areas. However some of the remote rural areas in Staffordshire do have issues with hidden deprivation, and in particular around access to services. The increase in older populations is thought to be the single most significant factor in the increasing prevalence of rural isolation.

Overall people in Staffordshire are healthy, live longer compared with national life expectancy, and have positive experiences of the things that affect their lives and wellbeing. Staffordshire has shown large improvements in life expectancy and made significant progress in reducing overall mortality and preventable mortality over the last decade. However both men and women spend more time in poor health than the average retirement age and there remain large health inequalities across Staffordshire as evidenced by life expectancy and early death rates. A number of demographic, socio-economic, cultural and environmental factors combine to increase the risk of an individual experiencing poorer health and wellbeing outcomes. Evidence also indicates that it is often the same families and communities that suffer a range of inequalities.

There are a number of factors that can help prevent ill health or diagnose problems early to enable better treatment, especially immunisation and screening. Childhood immunisation rates and coverage of screening programmes in Staffordshire are generally better than average. However fewer Staffordshire adults who are eligible take up their offer of a NHS health check and a lower proportion of people aged 65 and over take up their offer of a flu or pneumococcal vaccination than average.

Around 40% of ill-health is thought to be preventable through healthier lifestyles. The prevalence of Staffordshire children who were obese in Reception (aged four to five) is 10% and increases significantly to 19% by the time children are in Year 6 (aged 10-11). Rates of obesity for Reception-aged children are higher than the England average in Staffordshire overall with rates in Newcastle being particularly high in this year group. Tamworth has obesity rates in Year 6 that are higher than the England average. Whilst adult smoking rates overall in Staffordshire have fallen there are large numbers of our population who drink too much over the life course, eat unhealthily and remain inactive.

More people in Staffordshire report having a limiting long-term illness. By the time people reach 65 they will have developed at least one chronic condition and large proportions will also have developed two or three conditions. Of particular concern are the growing numbers of people with multiple or complex conditions.

Most care will occur in primary care or community settings. However a higher than average proportion in Staffordshire also occurs in hospital settings particularly young children and older patients. Older people are also higher users of social care. Admission rates in Staffordshire for acute conditions that could be managed effectively in primary care or outpatient settings are increasing more rapidly than average. In addition those that are admitted to hospital are often delayed from being discharged.

Pharmacy is the third largest healthcare profession, with a universally available and accessible community service. Pharmacies are well used and based on national estimates around seven million visits are made to a community pharmacy for health-related reasons annually in Staffordshire which equates to around 10 visits per person every year. Nationally 79% of people have visited a pharmacy at least once in the last year whilst 37% have visited at least once a month. Local data from a resident survey found around 14% of respondents used their pharmacy weekly and a further 58% monthly.

Staffordshire has 181 community pharmacies, of which six are distance-selling and in rural areas there are 27 GP practices who can dispense to patients registered with their practice. The rate of community pharmacies and dispensing practices is 24 per 100,000 population which is similar to the national average but ranges between districts from 20 per 100,000 in South Staffordshire to 27 per 100,000 population in East Staffordshire although districts with low rates do also have nearby access to pharmacies in neighbouring areas such as Wolverhampton and Stoke-on-Trent.

A national patient survey indicated that the public value a variety of types of pharmacy. In terms of ownership around two-fifths of pharmacies in Staffordshire are owned by independent contractors whilst the remaining three-fifths are owned by multiple contractors.

Based on data from the latest *Feeling the Difference* survey, the majority of Staffordshire residents are satisfied with current pharmacy provision. The engagement survey also found that local pharmacy services met the needs of respondents. National research also indicates that 86% would trust advice from pharmacies on how to stay healthy.

Overall there are sufficient numbers and a good choice of pharmacy contractors to meet Staffordshire's pharmaceutical needs.

There is a gap as to the clarity of controlled localities and reserved locations. It is therefore proposed that NHS England North Midlands undertake further mapping of controlled localities, dispensing practice areas and reserved locations to provide assurance on the patients who fall into dispensing and prescribing groups for these practices, and clarity on the status of these areas, to support applications for new pharmacies or those considering relocations.

There is good geographical coverage across the County for pharmaceutical services and the majority of Staffordshire residents (98%) live within a 10 minute drive of their local pharmacy. Around 86% of residents can also access their local pharmacy within a 20 minute walk and almost two-thirds within 10 minutes using public transport.

In terms of opening hours, there are 18 '100 hour' pharmacies across Staffordshire equating to around one in ten pharmacies, with all residents in the County with the exception of South Staffordshire, having access to a community pharmacy for at least 100 hours during the week. Most residents have good access to a pharmacy during weekdays and Saturdays.

However there appears to be less provision and choice on Sundays and in particular on Sunday evenings. Around one in six pharmacies are open on Sunday from around 10am but tend to close by around 4pm; three pharmacies across the County are open after 5pm.

Some of the restricted provision is due to trading regulations which restricts opening hours for pharmacies located in supermarkets and shopping centres to six hours. However Staffordshire residents do have access to dispensing services on Sundays from alternative provision, for example walk-in-centres, minor injury units or from pharmacies in neighbouring areas such as Stoke-on-Trent or Wolverhampton.

A number of pharmacies also now open on Bank Holidays. NHS England North Midlands also commission community pharmacies to ensure there are adequate pharmaceutical services available on Christmas Day and Easter Sunday as these are the two days where pharmacies are still traditionally closed and those located in supermarkets and shopping centres unable to open due to current trading laws.

There appears to be a gap in service provision on Sunday evenings. However the demand for dispensing services is likely to be much lower at weekends compared to weekdays as GP surgeries are usually closed; immediate needs can also be met through alternative provision.

The STP may also want to consider commissioning extended pharmaceutical services on Sundays as one of the potential solutions to reducing A&E attendances.

In terms of the protected characteristics, pharmacies have a positive impact in meeting the needs of all people. Examples of this include:

- Antenatal and postnatal support to pregnant women and mothers
- At least two-fifths of pharmacies have staff members who speak a number of languages that are amongst the frequent main languages across the County
- Adjustments to medicines for disabled people as appropriate, for example large print labels. Most pharmacies also have a separate consultation room with wheelchair access
- Delivery of dispensed medicines to an individual's home

Findings from the engagement survey found that most people used pharmacies for collecting their prescriptions. Almost half of respondents also used their pharmacy for health advice or disposal of unwanted medicines. However very few respondents used their pharmacy for lifestyle advice (10%). Around a fifth of respondents would like pharmacies to maintain their current level of services with small proportions wanting to see the introduction of basic testing such as blood pressure measurements, blood tests and holiday vaccinations (10%), information and advice on the availability of other services (7%) and/or basic health appointments or clinics for certain conditions or lifestyle (5%).

National evidence suggests that between 5-8% of unplanned emergency admissions in adults are due to avoidable issues related to medicines. Overall there is good provision of advanced pharmacy services such as the MUR and NMS across Staffordshire that help to deal with adherence to medicines and the management of people with long-term conditions.

However in terms of MURs, there is variation between pharmacies and some fall considerably below both the Staffordshire and national average. Provision of NMS also varies by district and pharmacy although this is dependent on the number of patients that start new medicines during the year.

Coverage of appliance use reviews and stoma appliance customisation services are low which is similar to the trend seen across England due to these services being a specialist area with many patients receiving the support they require either from a clinic or hospital or from a dispensing appliance contractor located in another area, for example Stoke-on-Trent.

An adult flu vaccination service was introduced as the fifth advanced service in September 2015. There has been an increase in the number of flu vaccinations provided by community pharmacies; however both the proportion of pharmacies signed up to provide flu vaccination services and average provision per pharmacy is lower than the national average. However provision across the County is also variable.

Pharmacies falling considerably below the average number of MURs should be supported to increase the numbers of MURs, particularly in areas where there is an identified need, to help with the management of long-term conditions and reducing emergency admissions. This may be done by promoting the concept of MURs to the public so that they understand the differences between reviews done by GP and pharmacies. GP practices are also ideally placed to work with their local pharmacies to identify and refer on patients who require a MUR or NMS. Uptake of flu vaccination through community pharmacy across the County is lower than the national average and provision also varies across the County. Further work should support and market community pharmacies to increase the provision of flu vaccination in these areas. Commissioners should also consider the provision of pneumococcal vaccination within community pharmacy settings given the current low rates of coverage across the County.

There are also opportunities for pharmacies to support the health, wellbeing and care needs of Staffordshire residents through locally commissioned services. In Staffordshire there are a number of services that are currently provided by pharmacies alongside other providers helping to meet the health needs of local residents. These include provision of: common ailment service, emergency supply of medication, treatment of urinary tract infections and impetigo, emergency hormonal contraception, supervised administration, needle exchange and palliative care. Provision across the County is generally matched to needs.

NHS England North Midlands, Staffordshire County Council, and other local commissioners need to ensure there is equitable provision of locally commissioned services across Staffordshire. This could be coordinated through the STP.

Local commissioners, providers and key stakeholders such as LPCs and LMCs should continue to explore new ways in which community pharmacies could complement other primary and secondary care services and play a part in improving health and reducing inequalities, particularly around health and wellbeing strategic priorities. There is also a willingness from most community pharmacies to extend their roles to further support Staffordshire people to live healthier, self-care or live independently to meet local need. There is also ample national evidence to suggest that this could help alleviate current financial pressures on the NHS. The consultation also included suggestions for potential future development of pharmacy services and these should be considered by appropriate stakeholders when designing pathways.

The STP should consider the wider role of pharmacies in commissioning strategies (e.g. primary care) so that opportunities to provide effective services are maximised locally.

The HWBB does not currently believe there are any unmet pharmaceutical needs through any planned development over the next three to five years. However the HWBB will continue to monitor any major developments (e.g. planned housing developments) and in line with regulations produce supplementary statements to update the provision of pharmaceutical services as deemed necessary. They will also monitor any proposed changes to Government policy that could have an effect on the provision of pharmaceutical provision, for example extended opening of GP services.

The HWBB will continue to monitor any local or national policy development that impact on the provision of pharmaceutical services in the County and continue to publish supplementary statements where needed.

Appendix 1: Staffordshire STP's Pharmacy Plan

Vision

Our vision for Staffordshire and Stoke on Trent is to provide affordable care built and given locally around communities of 30,000 to 70,000 people. By doing this, services will be tailored to local need and, supported by less complicated locality and county wide arrangements, will allow us to give joined up care to people close to or in their own homes, with less need to go to hospital.

Overview

The Pharmacy Programme covers a population of over 1.1 million people registered with GPs across six CCGs, two acute hospitals, two mental health providers and one community provider.

Our system is experiencing increasing pressure, our modelling and financial challenges clearly shows that we need to reduce our cost base, improve our sustainability and enhance our offer to the public.

We have identified priorities for change, underpinned by transformational enablers, which together will help us to address our financial gap by 2020/21. In years one and two we will progress key initiatives to lay the foundations of our STP over the next five years.

All of our plans are and will be built on collaborative relationships and consensus amongst our system leaders which we will continue to develop to ensure the success of our STP, and which provide the foundations for an integrated health and social care system in the future.

Priorities for 2016/17-2017/18

- 1. Reduce medication errors across the primary and secondary care interface**
Implement digital solutions which allow electronic transfer of medication information between hospital and community pharmacy to help minimise medication errors
- 2. Improve patient clinical outcomes by ensuring medicines are optimised at every opportunity**
Increase the number of clinical pharmacists working in all care settings (including care homes) to undertake clinical medication reviews in addition to maximising utilisation of MURs and patient support under the new medicine service (NMS)
- 3. Greater utilisation of the pharmacy expertise around medicines in the management of Long Term Conditions**
Develop systems which allow pharmacists working in partnership with GPs to provide LTC support following diagnosis, monitoring and adjustment of treatments in accordance to patient care plans

4. Promote community pharmacy as the first port of call for advice and treatment of common ailments

Fully integrate “pharmacy first” for non-emergency episodic care in all local urgent care pathways, including implementation of the national programme for NHS 111 referrals to community pharmacy

5. Reduce waste around prescribed unused medicines

Develop and implement health economy wide systems to reduce pharmaceutical waste related to inappropriate repeat medicine ordering.

6. Maximise pharmacy contribution to the health and wellbeing agenda

Develop community pharmacies into Healthy Living Pharmacies, becoming the “go-to” destination for support, advice and resources on staying well and living independently

An underpinning programme of transformational enablers includes:

- Becoming a system with a collective focus on the whole person.
- Developing communities so that people have the skills and confidence to take responsibility for their own health and care.
- Developing the workforce across our system so that it is able to deliver new models of care.
- Using technology to enable patients and our workforce to improve wellbeing, care, outcomes and efficiency.
- Redevelop our services and estate to ensure patients have services closer to home.
- Ensuring full integration of pharmacy with GPs and other primary care providers

Appendix 2: Recommendations from Community Pharmacy Clinical Services Review

Extract from Community Pharmacy Clinical Services Review undertaken by Richard Murray, Director of Policy at the King's Fund published by NHS England on 14th December 2016.

With other parts of the NHS facing severe financial and operational challenges, there needs to be renewed efforts to make the most of the existing clinical services that community pharmacy can provide and to do so at pace. This may require national action through the national contractual framework, as well as action at local level. Looking into the medium-term, there is a need to ensure that community pharmacy is integrated into the evolving new models of care alongside other 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. Progress here will necessarily be more local in nature, built around the needs of patients and localities, however, NHS England and Public Health England can support and encourage this progress, not least to overcome some of the barriers that have to date prevented full use of community pharmacy. To make progress on these broader priorities, there are a number of specific steps national bodies can make. Action should include, but not be limited to, these steps.

Services

1. Full use should be made of the electronic repeat dispensing service. Except for patients not yet stabilised on their medication, electronic repeat dispensing should become the default for repeat prescribing and its use should be incentivised both for community pharmacies and for GPs.
2. The existing Medicine Use Reviews (MURs) element of the pharmacy contract should be redesigned to include on-going monitoring and regular follow-up with patients as an element of care pathways. This redesign should ensure that they are an integrated part of a multifaceted approach to helping people with long-term conditions that includes medicines optimisation, providing advice and helping people stay well. Such a service should be able to utilise transfer of care and referral schemes and electronic repeat dispensing (ERD), and have a focus on patients at high risk and those with multiple co-morbidities as well as those with single conditions that are clinical priorities such as diabetes, hypertension and COPD where evidence is already strongest. It should also include consideration of appropriate prescription duration to optimise outcomes and convenience for patients. Ultimately MURs should evolve into full clinical medication reviews utilising independent prescribing as part of the care pathway. For these to be safe and effective they would require access to a patient's full medical record which may not be possible immediately in all situations.

3. There is now a commitment that a minor ailments scheme should be locally commissioned across England by April 2018. There is a debate over whether this needs to be a national service, or a service commissioned locally by CCGs. Either way, NHS England should set out how it intends to deliver on this commitment and this should include testing models that use patient registration to enhance take-up, building on the experience in Scotland. While this could take place within the Vanguard programme as new care models develop, progress toward the April 2018 commitment clearly needs to happen sooner.
4. Consideration should be given to smoking cessation services becoming an element of a national contract.

New models of care

5. Existing Vanguard programs and resources should be used, in conjunction with the Pharmacy Integration Fund, to develop the evidence base for community pharmacists within new models of care. This applies to all the Vanguard types that work in community settings but should also specifically include:
 - Integrating community pharmacists and their teams into long term condition management pathways which implement the principles of medicines optimisation for residents of care homes. This should include pharmacist domiciliary visits to care home patients and full clinical medication review utilising independent pharmacist prescribing.
 - Community pharmacists being involved in case finding programmes for conditions which have significant consequences if not identified such as hypertension and for which the pharmacist is able to provide interventions (including referral) to prevent disease progression.
 - Utilising existing contractual levers and developing new ways of contracting, with individual or groups of pharmacists, in order to provide clinical services that utilise their clinical skills in ways that mitigate any perceived conflict of interest whilst providing the incentives for more rapid uptake of independent prescribing.

In all cases, new models of care that integrate pharmacy should involve appropriate patient engagement to ensure that both the service offer is built around patient need and that any necessary marketing with potential new users is effective. As best practice in commissioning and delivering these additional services from community pharmacy becomes clear, NHS England, Public Health England and other national partners should look to roll these out at pace, given the opportunities to use community pharmacy better and the deep challenges facing other parts of the NHS. This should include consideration of any workforce training implications for community pharmacists, pharmacy technicians and their teams.

Overcoming barriers

6. Public Health England already plans to provide advice to local government and to STPs presenting the evidence base for action. More widely, NHS England and its national partners should consider how best to support STPs in integrating community pharmacy into plans and overcome the current complexities in the commissioning landscape alongside further support for local commissioners in contracting for services now. Specifically this should look at the changes necessary to make Local Pharmaceutical Services (LPS) Contracts easier to use.
7. Digital maturity and connectivity should be improved to facilitate effective and confidential communication between registered pharmacy professionals and other members of the healthcare team. This should include the ability for registered pharmacy professionals to see, document and share information with clinical records held by other healthcare professionals and allow the actions, recommendations and rationale for clinical interventions made by registered pharmacy professionals to be visible to the relevant wider healthcare team.
8. Regulations should be amended to allow registered pharmacy technicians to work under Patient Group Directions to allow better use of skill-mix in delivering clinical pharmacy services.
9. Community pharmacists should be actively engaged to help explore and develop pathway approaches that integrate community pharmacists and their teams into primary care, and make best use of their skills in the identification and management of patients who will benefit most from their expertise. The leaders of the profession both at national and local level should consider what support is needed to pharmacists to build their professional confidence and break down barriers to new ways of working.
10. The Royal Pharmaceutical Society, Royal College of General Practitioners, the British Medical Association and the Pharmaceutical Services Negotiating Committee should come together to explore the practical steps that could be taken to unravel professional boundary issues and promote closer working between the professions. This would include consideration of professional responsibility and accountability, as well as how to conceptually put the patient at the centre of both professional worlds in a way that allows common objectives to be focused on patient outcomes. Initiatives involving pharmacists working in General Practice, and in some case becoming partners in those practices, should be encouraged and expanded as a way of contributing towards achieving this objective.
11. New evidence becomes available, circumstances change and new barriers can appear. Community pharmacy leaders and trade bodies across the sector, such as Pharmacy Voice, should come together with NHS England and Public Health England as a formal group to keep oversight of progress and recommend further action where necessary.

Appendix 3: Findings from the engagement survey

An engagement survey was conducted with Staffordshire residents by Healthwatch during June and July 2017 to capture their views on local pharmacy services. The survey aimed to capture people's experience and satisfaction with the use and whether there is anything you would wish to change about local pharmacy services to inform the PNA.

An online and paper survey were available to capture people's views. This was done by sending the survey out by email to 200 organisations for dissemination to their members and 1,750 people who are on Healthwatch's database. The survey was also taken to Healthwatch's AGM and available online through their website, Facebook and Twitter with reminders two weeks before the closing date. Paper copies were also taken to Katherine House, an older people's service in North Staffordshire and a pharmacy in East Staffordshire.

On average, how often do you use your local community pharmacy (chemist)?

Local data from the engagement survey found that around 14% of respondents used their pharmacy on a weekly basis whilst 58% of respondents used their pharmacy monthly.

	Number	Percentage
At least once a week	33	14%
At least once a month	139	58%
Several times a year	44	18%
Once a year	8	3%
Rarely	12	5%
Never	3	1%
Total respondents	239	100%

To what extent does your pharmacy meet your needs?

Most people felt that their pharmacy met their needs a great deal (65%) or a fair amount (29%) with only 10 respondents (4%) feeling that it didn't meet their needs very much.

	Number	Percentage
A great deal	156	65%
A fair amount	70	29%
Not very much	10	4%
Don't know	3	1%
Total respondents	239	100%

86% (or 206 of respondents overall) commented on why they had rated how they had. Respondents commonly remarked on the prescription service and how this meets their needs. Views on the usefulness of the advice shared by pharmacists was also expressed. Respondents additionally shared their views on other staff, stock and the general reliability of the pharmacy service.

- Prescriptions (89 responses)** - The majority who shared views on prescriptions (79 respondents or 89% of those commenting) were generally extremely positive about their experiences commenting that their pharmacy provides them with *“exactly what they need, when they need it”*. Prescriptions are *“ready on time and correct”* and *“the prescription link between GP and pharmacy works very effectively”*. Respondents applauded their pharmacist for *“taking the time to fully explain their prescription and to offer guidance on suitable over the counter options”*. Some respondents did not feel that their pharmacy had met all their needs. For example, on occasion, *“prescriptions were not always correct”*, the *“prescription link”* between GP and pharmacy does not always work and there was evidence of some difficulty with *“prescription release from pharmacy to care homes”* as well as a *“lack of stock”* making a second trip necessary on occasion. This can be particularly difficult for *“disabled service users”*.
- Advice (85 responses)** - Pharmacists were *“trusted”* and *“always on hand to give excellent and friendly advice”*. They were regarded as *“extremely knowledgeable”* and *“a valued source of information”*, both for *“prescription drugs”* and for *“common ailments which might not require a GP”*. They were also *“good for advising on what over the counter medications work with prescription medications”*. One respondent felt they needed clarification on what pharmacists can and cannot advise upon to enable them to understand when they *“can help”* and *“when they should seek the advice of their doctor”*.
- Staff (57 responses)** - Respondents spoke very highly about their pharmacy staff describing them as *“professional”*, *“caring”*, *“confident”*, *“friendly”*, *“efficient”* and *“always happy to help”*.
- Reliability (52 responses)** - Pharmacies were generally described as *“efficient”* in the dispensing of their medication and providing *“a good supporting service to GP’s”*, with *“convenient opening hours”*. Some respondents who needed to use their pharmacy regularly applauded the *“personal touch”* appreciating the fact that their pharmacy knows their *“requirements”*. However a small number of respondents commenting on reliability (six respondents or 12% of those commenting) had experienced issues including *“prescriptions not being quite right”* or *“on time”*.
- Stock (45 responses)** - For the majority of respondents the stock requirements more than met their needs (31 respondents). For example my pharmacy carries *“large stocks”* and they always have *“what I need in stock”*. However stock was an issue for some respondents as outlined under the prescriptions theme.
- Additional responses** - Pharmacies were also described as useful because they are *“nearby”* (19 responses), provide *“over the counter medication”* (19 responses), *“support people without the need for a GP/or when people can’t get a GP appointment”* (13 responses) and *“for picking up other toiletries”* (11 responses).

What services do you use at the pharmacy?

Findings from the engagement survey found that most people used pharmacies for collecting their prescriptions. Almost half of respondents also used their pharmacy for health advice or disposal of unwanted medicines. However very few respondents used their pharmacy for lifestyle advice (10%).

	Number	Percentage
Dispensing of prescriptions	228	95%
Health advice	115	48%
Disposal of unwanted medicines	107	45%
Home delivery	26	11%
Lifestyle advice	24	10%
Other	32	13%
Dispensing of prescriptions	228	95%

What other services would you like to see at your local pharmacy?

57% (or 136 of respondents overall) commented on this theme with commonly mentioned comments including the need to maintain the current service. There was also some support for the introduction of other services as well as the provision of information and advice.

More details on the above most frequently mentioned themes were:

- **Maintain the current service (53 responses)** - It was most common for respondents to confirm that their pharmacy meets *“all their current needs”* and they just wanted to see *“this level of service being effectively maintained”*. Some respondents felt that the introduction of other services within their local pharmacy could *“compromise”* the *“quality of the existing service”*.
- **Introduce basic testing (24 responses)** - Other respondents would like to see more services at their local pharmacy and these included being able to visit their pharmacy for basic testing and vaccinations for *“blood pressure”, “blood tests”, “cholesterol checks”, “weight measurement”, “holiday vaccinations”* and *“flu jabs”*.
- **Information and advice (18 responses)** - Some respondents would like to see information on the availability of other services e.g. *“social care”, “wellbeing”* and *“healthy lifestyles”* in their local pharmacy. Also *“advice on self-care and prevention”*.
- **Basic health appointments or clinics (11 responses)** - These respondents were keen to see the introduction of *“basic health appointments”* or *“clinics”* for certain conditions or lifestyle. For example for *“chiropractic”, “nutrition”, “diet”, “weight loss”* and *“smoking”*.
- **Additional responses** - Additional responses were received on *“opening hours”* (four responses), *“electronic services”* (three responses) and the need to ensure pharmacy staff have enough *“time”* for their clients (three responses).

What if anything, prevents you from using services at your local pharmacy?

57% (136 respondents) commented on this question. Respondents were most likely to indicate that “*nothing*” prevents them from using services at their local pharmacy (79 respondents or 56% of those commenting). Reasons given included “*good accessibility*” and “*a good service*”.

Some respondents said something did prevent them from accessing their local pharmacy. Reasons given included the “*service*” provided by staff (13 responses), “*opening hours*” (12 responses), “*queues*” (seven responses), “*disabled access*” (six responses) and “*parking*” (four responses).

Other comments

One third of respondents overall (32%) or 77 respondents shared additional comments. The majority of these were reflective of those themes already documented in the responses above. These have not been repeated here. Additional themes not previously documented included the need to recognise pharmacies for the “*assets*” which they are (22 responses) and to recognise that some people feel “*reliant*” upon the services which their local pharmacy provides (eight responses).

Appendix 4: Findings from the PNA consultation

Introduction to the consultation process

The Regulations set out that when making an assessment for the purposes of publishing a pharmaceutical needs assessment each Health and Wellbeing Board must consult on the contents of the assessment for a minimum period of 60 days. The statutory consultation for Staffordshire's second PNA took place between 16 October 2017 and 31 December 2017.

The Regulations set out a list of key stakeholders that must be consulted with. These are listed in Appendix A and were contacted via email or letter asking for their feedback on the content of the PNA. In addition Staffordshire residents were also consulted to have their say on pharmaceutical services.

The consultation was made available on Staffordshire County Council's consultation website and promoted through social media channels and a press release.

Feedback was encouraged through the feedback portal which contained an electronic survey. However, feedback was also taken via email and in written form. A copy of the letter and questionnaire used as part of the consultation are shown in Appendices B and C respectively.

There were five respondents to the consultation report via the portal and an additional three via an email to the PNA consultation inbox. An additional four respondents provided updates on service provision.

The types of respondents to this section were:

- A member of the public
- A local CCG
- A local Council
- A local pharmacy
- A Local Pharmaceutical Committee
- Two adjoining Health and Wellbeing Boards
- One other (who was a PPG chair/ Councillor and Healthwatch STP champion)

Do you think the draft PNA accurately reflects the pharmacy needs of local people in Staffordshire?

The majority of respondents (five of the six respondents who completed this question) felt the PNA reflected the pharmacy needs of Staffordshire residents. One respondent felt that there were some gaps in terms of 24 hour pharmaceutical services whilst another felt GP surgeries should have a pharmacy attached.

Comments made are shown below:

- *“Yes, the PNA describes the deprivation and disease burden found in Staffordshire. It highlights the long-term conditions of the population which does correspond to the number of medicines typically people are on. The growing proportion of elderly patients will also put a greater demand on health and social care services. Pharmacy services will therefore be needed to meet this demand.”*
- *“Currently the pharmacy provision is around national average but there is recognition that in some areas pharmacy provision is below national average. The MORI survey shows that actually people value the advice from pharmacists and are fairly or very satisfied by the service provided by their local pharmacy. One can assume this would also apply to Staffordshire.”*
- *“I understand what you are trying to achieve but I think all GP surgeries should have a pharmacy attached.”*
- *“There is no reference to 24 hour Pharmaceutical Services for Staffordshire.”*

Do you think the PNA accurately reflects the current range of pharmacy services available to local people in Staffordshire?

The majority of respondents (five of six respondents who completed this question) felt that the PNA accurately reflected the current range of pharmacy services available to local people in Staffordshire.

- *“The PNA is generally an accurate reflection of the current provision of Pharmaceutical Services”*
- *“Pharmacy provide a good range of services. Including the common ailment scheme.”*

Some respondents including pharmacies also identified services they were either delivering or had now stopped delivering. These amendments have been included within the final PNA.

Do you think there are any gaps in the services pharmacies currently provide to local people in Staffordshire?

Some respondents felt that pharmacies could be used more effectively to help deliver the prevention agenda.

- *“We need to maximise Healthy Living Pharmacies to really make a difference to the prevention agenda. Could pharmacies be commissioned to educate the public and patients on health living/health prevention by actually outreach work into deprived hard to reach communities. This is where they will have the greatest impact.”*

Some respondents focused on the management of long-term conditions, expanding the common ailment scheme and further use of assistive technology to help social care

- *“We need pharmacies to do more LTC management. They are an expert on medicines, and we should take this opportunity to do more than MURs and NMS.”*
- *“LTC management - pharmacists could be used to optimise doses of medicines once initiated by the practice.”*
- *“Pharmacies can play a bigger part in using compliance aids to help reduce social care burden. Commissioning of systems like Pivotell could help social care save money.”*

There were also some comments about promoting and expanding the common ailment scheme:

- *Common Ailment scheme could be expanded to cover more conditions which pharmacists can be trained up on.”*
- *“The common ailment scheme has been successful in shifting patients to the “left”. we need to increase the awareness of the scheme such that we can take more pressure of GPs and out-of-hour services.”*
- *“Common ailments services need to be promoted far more in deprived areas of Burton. There are large rural areas in East Staffordshire with no access to a pharmacy. GPs with pharmacies attached need to be attached to all rural practices.”*

Other comments include:

- *“...need to maximise electronic repeat dispensing such that we continue to reduce GP workload such that they can focus on more complex medical issues.”*
- *“Pharmacies should have access to electronic medical records such that they can check bloods and make sure that the medicines a patient are taking are safe.”*
- *“Better communication systems (electronic) need to be put in place between hospital pharmacy and community pharmacy such to minimise errors.”*
- *“Pharmacies can also be commissioned to provide initiatives which actually help reduce medicinal waste.”*

There were also a couple of comments on the location and opening hours of pharmacies:

- *“No 24 hour service in North Staffordshire means that presenting at the A&E Unit at University Hospital is the only means of accessing medication out of hours. This is an avoidable additional pressure on A&E services and nurtures the public's belief that every ailment necessitates a visit to A&E.”*

- *“Impact on existing contractors (especially those opening under contractual obligations) should be considered before commissioning funded pharmacy access services for Sundays. We note that in Leicestershire, an on-call pharmacist is available via the Out-of-Hours Clinical Hub – commissioning such a service in Staffordshire may ensure the necessary provision of pharmaceutical services for those patients that need them overnight or at other times when pharmacies are closed, without adversely affecting the services already provided under contractual obligations”*
- *Doctor’s surgeries should all have pharmacy services. We need to be thinking joined up, not just with this but a Dr Surgery you should be able to be assessed for anything and receive the medication etc. that way A&E and Hospitals will only be used for life-threatening illnesses and very bad accidents or selected surgery.”*

Do you think there are other services that could be provided by pharmacies in the future to local people in Staffordshire?

There were some suggestions around services to help reduce attendances at A&E and GP surgeries including the common ailment scheme, managing long-term conditions and help with blood test and results:

- *“Nursing services such as are available at GP surgeries e.g. for vaccinations/wound dressings/general health checks. Paramedics could be assigned to pharmacies to provide 24 hour services from one location.”*
- *“To reduce attendances at A&E and GP surgeries, there needs to be access to qualified experienced people who can reassure and give out simple medicines. This could be done at pharmacies, particularly for young mums with no previous childcare experience who have no family or social network nearby. Also for carers of elderly dependents again with nowhere else to turn.”*
- *“Extension to common ailment scheme”*
- *“Management of LTC - prescribing status given”*
- *“Blood results - checking medicines are safe to continue”*
- *“Phlebotomy”*

A couple of comments focused on prevention:

- *“Outreach to communities by HLPs.”*
- *“General health and wellbeing information, local activities, help groups could all come through your pharmacy.”*

Other comments:

- “Waste reduction services”

Note: Some of the suggestions provided in these sections have been incorporated into the main PNA document as ideas to explore in more detail by key stakeholders when designing pathways.

Is there any other information that you would like to see included in the PNA?

There was a request that accurate mapping of controlled localities, dispensing practice areas and reserved locations were available to provide assurance on the patients who fall into dispensing and prescribing groups for these practices, and clarity on the status of these areas for those potentially making applications for new pharmacies or considering relocations. This has been identified in the PNA as a piece of work that still needs undertaking.

Other comments:

- *“The PNA is too lengthy with too much information on the health of the community rather than concentrating on where and when pharmaceutical services can be accessed”*
- *“Overall a good draft document”*
- *“No unmet need was identified in the Sutton Coldfield district of Birmingham and specifically, the Sutton Four Oaks ward which is the small geography of Birmingham sharing a border with South Staffordshire. There are four pharmacies in Birmingham in that ward, all of which offer Saturday opening hours and two are a 100 hour pharmacies, offering services in the evening and on Sundays.”*
- *“It is noted that the Kinver district of Staffordshire shares a border with the Wyre Forest and Bromsgrove districts of Worcestershire. One pharmacy in Kinver may therefore be providing some pharmacy services to a limited number of Worcestershire residents. Any changes in the services provided by this pharmacy would not only impact on the residents of Staffordshire but some residents in Worcestershire. With the increasing importance of pharmacies to the local health and social care economy it is important to protect smaller pharmacies to maintain and improve access to services. Indeed one of the recommendations from the Worcestershire PNA relates to a minor ailments scheme and we recognise and value the common ailments scheme already in place in Staffordshire.”*

Appendix A: Stakeholders that were consulted

A list of stakeholders who were sent a formal letter to participate in the consultation is listed below.

Staffordshire Health and Wellbeing Board members	Patient and community organisations
Pharmaceutical stakeholders	Carers Hub
All pharmaceutical providers	Healthwatch Staffordshire
All dispensing practices	Staffordshire Council of Voluntary Youth Services
North Staffordshire LPC	Support Staffordshire
South Staffordshire LPC	VAST
The Staffordshire and Shropshire LPN for pharmacy	Local authorities
NHS stakeholders	Cannock Chase District Council
All GP practices (including patient groups)	East Staffordshire District Council
VoCare (Staffordshire Doctors Urgent Care)	Lichfield District Council
North Staffordshire Local Medical Committee	Newcastle-under-Lyme Borough Council
South Staffordshire Local Medical Committee	South Staffordshire District Council
Cannock Chase CCG	Stafford Borough Council
East Staffordshire CCG	Staffordshire Moorlands District Council
North Staffordshire CCG	Tamworth Borough Council
South East Staffordshire and Seisdon Peninsula CCG	Staffordshire County Council
Stafford and Surrounds CCG	Stoke-on-Trent City Council
NHS England North Midlands	Neighbouring Health and Wellbeing Boards
Burton Hospitals NHS Foundation Trust	Birmingham HWBB
Derby Teaching Hospitals NHS Foundation Trust	Cheshire HWBB
Dudley Group NHS Foundation Trust	Derbyshire HWBB
Heart of England NHS Foundation Trust	Dudley HWBB
North Staffordshire Combined Healthcare	Leicestershire HWBB
Royal Wolverhampton NHS Trust	Telford & Wrekin HWBB
South Staffordshire and Shropshire Healthcare NHS Foundation Trust	Shropshire HWBB
Staffordshire and Stoke Partnership NHS Trust	Stoke on Trent HWBB
University Hospital of North Midlands NHS Trust	Walsall HWBB
Virgin Care (East Staffordshire)	Warwickshire HWBB
Walsall Healthcare NHS Trust	Wolverhampton HWBB
West Midlands Ambulance Service NHS Trust	Worcestershire HWBB

Appendix B: Letter to stakeholders

What Do You Think..? The Staffordshire Pharmaceutical Needs Assessment

The Health and Wellbeing Board in Staffordshire have produced a draft local Pharmaceutical Needs Assessment (PNA), which will help ensure residents have good access to local pharmacy services. The last PNA was produced in 2015 and by law, all Health and Wellbeing Boards in England must publish a new PNA every three years.

The PNA looks at the current provision of pharmaceutical services across Staffordshire and whether this meets the needs of the population and identifies any potential gaps to service delivery. The PNA will be used by NHS England to consider applications to open a new pharmacy, or to commission additional services from existing pharmacies as well as by local commissioners to identify and commission services from community pharmacies as appropriate

Key stakeholders are requested to comment on the contents of the assessment before they are finalised and published. We would like to invite you to participate in this consultation, which will run from 16th October to 31st December 2017.

The draft PNA, further information and a link to the online feedback form can be found on the following website: www.staffordshire.gov.uk/pharmacyconsultation

You can make your views known in the following ways:

- Online – by completing a feedback form online at: www.staffordshire.gov.uk/pharmacyconsultation
- By post – by handwriting a feedback form and returning to:
PNA Consultation
Staffordshire County Council
Tipping Street
Stafford
ST16 2DH
- By e-mail – by sending your views to pharmacyconsultation@staffordshire.gov.uk

To limit the environmental impact of this consultation we would prefer that the document is read electronically, however, if you do require a paper copy of the form or have any queries, please call 0300 111 8000

All feedback will be considered for the final PNA and a summary of the consultation findings will also be included within the final report.

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

Yours faithfully,

Councillor Alan White
Co-Chair of the Health and Wellbeing Board

Dr Charles Pidsley
Co-Chair of the Health and Wellbeing Board

Appendix C: Pharmaceutical Needs Assessment Survey

Have your say on local pharmacy services

The draft Pharmaceutical Needs Assessment (PNA) looks at the current provision of pharmaceutical services across Staffordshire and whether this meets the current and future needs of the County. Any potential gaps have been identified alongside suggestions for how these could be addressed.

This is the second PNA that has been undertaken by Staffordshire's Health and Wellbeing Board, the first was published in 2015. This updated version will be ready for publication by the 1st April 2018.

PNAs are used by NHS England to inform decisions regarding applications for new or changes to, existing pharmaceutical services and to make decisions in the commissioning of NHS-funded services that can be provided by local community pharmacies. In addition local authorities and clinical commissioning groups also use the PNA when commissioning services to meet local health needs and priorities.

The consultation document is available at: www.staffordshire.gov.uk/pharmacyconsultation

The survey will run between 16th October 2017 and 31st December 2017.

1. Do you think the draft PNA accurately reflects the **pharmacy needs** of local people in Staffordshire? *(please select one only)*

Yes No Don't know

Please give reasons for your answer

2. Do you think the PNA accurately reflects the **current range** of pharmacy services available to local people in Staffordshire? *(please select one only)*

Yes No Don't know

If no, please tell us why and what additional services need to be included

3. Do you think there are any **gaps** in the services pharmacies currently provide to local people in Staffordshire? *(please select one only)*

Yes No Don't know

If yes, please tell us what these gaps are and where they exist

4. Do you think there are **other services** that could be provided by pharmacies in the future to local people in Staffordshire? *(please select one only)*

Yes No Don't know

If yes, please tell us what other services should be provided

5. Is there any **other information** that you would like to see included in the PNA? *(please select one only)*

Yes No Don't know

If yes, please tell us what information you would like to see

6. Do you have any **other comments** to make on the draft PNA?

7. Which **best** describes you? (*please select one only*)

- | | | | |
|---------------------------|--------------------------|--|--------------------------|
| A member of the public | <input type="checkbox"/> | A local pharmacist | <input type="checkbox"/> |
| A dispensing practice | <input type="checkbox"/> | A non-dispensing practice | <input type="checkbox"/> |
| A local CCG | <input type="checkbox"/> | A local council | <input type="checkbox"/> |
| An Elected Member / MP | <input type="checkbox"/> | A Health & Wellbeing Board | <input type="checkbox"/> |
| Healthwatch Staffordshire | <input type="checkbox"/> | A patient/community group / voluntary organisation | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | | |

If other, please provide details

Thank you very much for taking the time to complete this survey.

Appendix 5: Access to pharmaceutical providers in Staffordshire by mode of transport

Methodology for accessibility

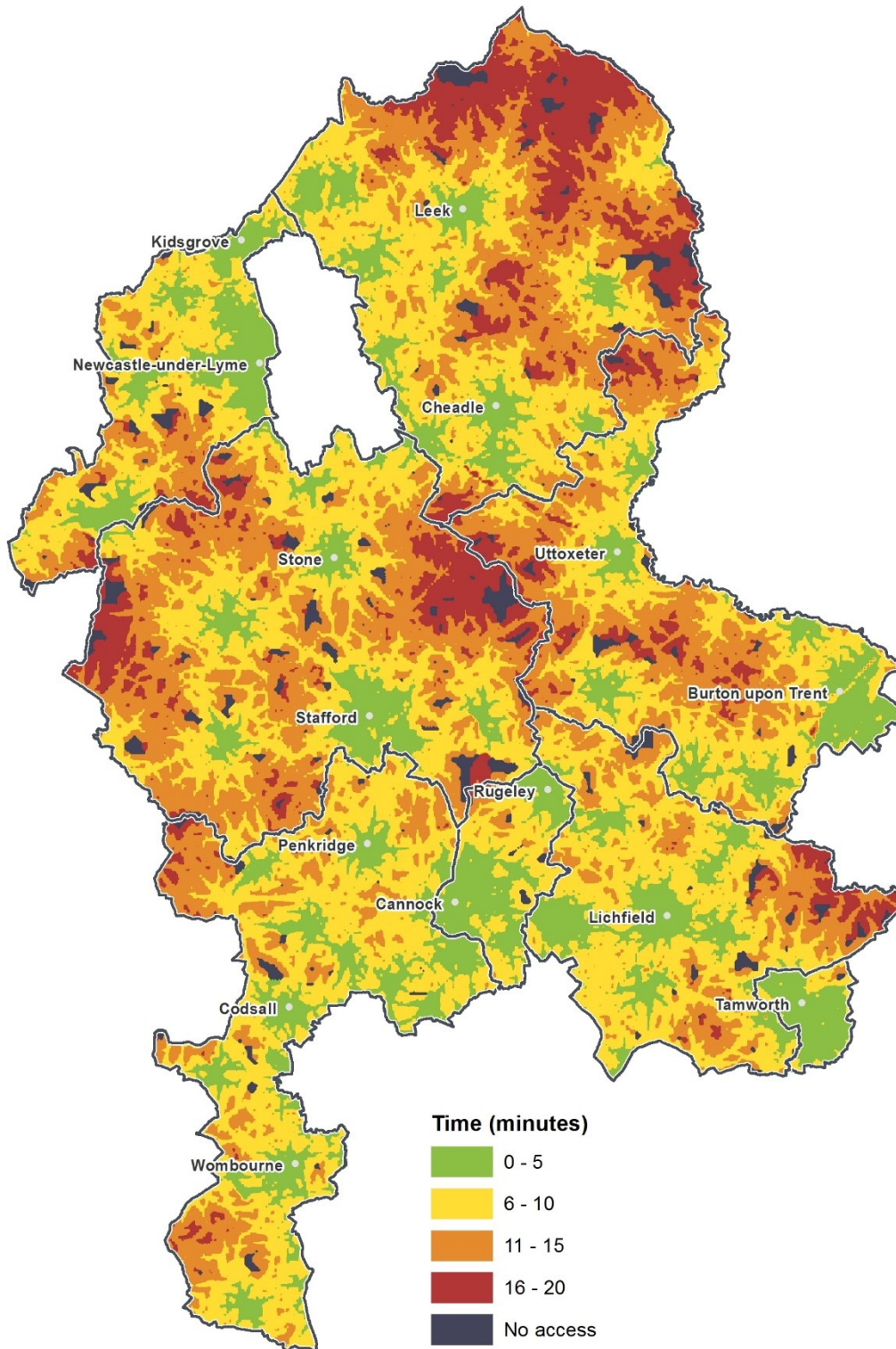
Visography TRACC accessibility planning software supersedes Accession which was developed by Basemap for the Department for Transport to enable local authorities to measure and monitor local accessibility as part of the accessibility strategy in their local transport plans. Visography TRACC calculates journey times based upon public transport timetable data, road network information and a range of user-defined parameters. The results for the accessibility calculations for each mode are shown as travel time contours. The data represents the shortest travel time that can be made from each origin point to any pharmacy within the destination set. In addition to all pharmacies within Staffordshire, all pharmacies within a buffer of three to four miles were included in the analysis.

Car accessibility - Car based calculations utilise the Ordnance Survey Integrated Transport Network (ITN) data and use Trafficmaster road speed data based on actual journey times made during the morning peak period 08:00-09:00 using 2014/15 data. The maximum connection distance to the road network is 350m; if the road network cannot be reached within this distance then a result of “no access” is returned. The maximum travel time was set at 20 minutes.

Walk accessibility - Walking calculations make use of the Ordnance Survey ITN and Urban Paths data which in combination provide the entire road network, off road footpaths and pedestrians shortcuts. Parameters have been set to define the maximum walk distance to access the walking network as 350m. If the network cannot be reached within this distance then a result of “no access” is returned. Walking speed has been defined as 4.8kph. The maximum travel time was set at 20 minutes.

Public transport accessibility - Public transport accessibility included bus and/ or rail services. The timetables used were dated July 2017 and May 2016 for bus and rail respectively. When calculating accessibility for public transport, the software takes into account walk time to a bus stop/station, wait time for the service, in vehicle travelling time and walk time to the destination. It also allows for interchange between services and modes such as bus and rail. The software includes a five minute interval between changes of services to model passenger acceptance of service interchange. Calculations were made for the time period 08:00 to 10:00 on an average Wednesday. Parameters have been set to define the maximum walk distance to access a public transport stop as 350m. Access to the bus stops is calculated on a crow-flies basis with a correctional factor to acknowledge that this is not possible. If a public transport stop cannot be reached within this distance then a result of “no access” is returned. The maximum travel time was 60 minutes in total. For public transport, the average speed of walking will vary between individuals (the assumption used within the analysis is a pace of 4.8km per hour). The destinations supplied were based on postcodes of the pharmacy which could have an impact on the public transport calculation as this relies on a 350m distance to access the destination, so if the postcode centroid is outside of this distance it may not show access by public transport, where in reality the exact location of the pharmacy may be within 350m walk distance of a bus stop.

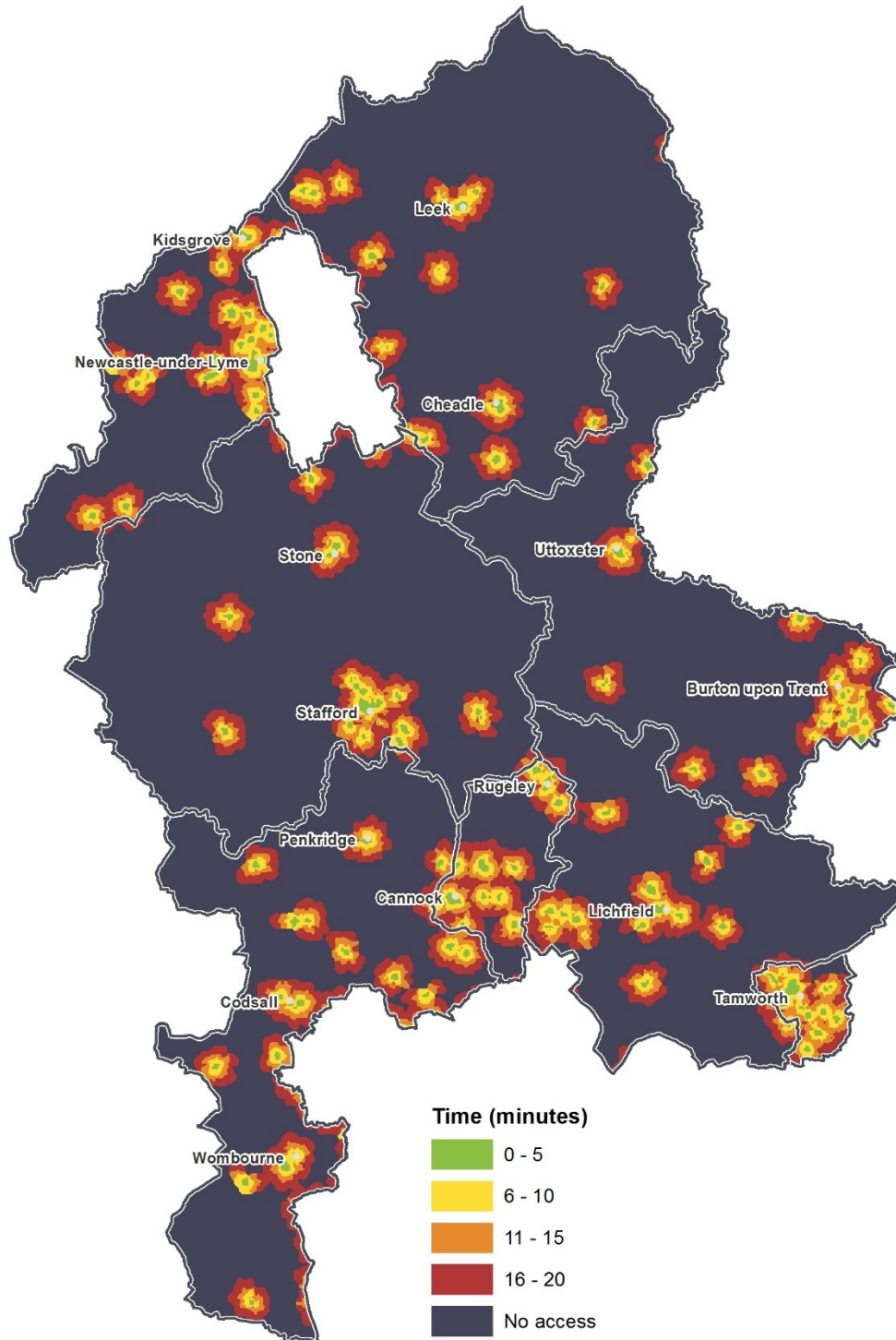
Map 21: Access to community pharmacies – car



Source: Staffordshire County Council and NHS England North Midlands

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Map 22: Access to community pharmacies – walking

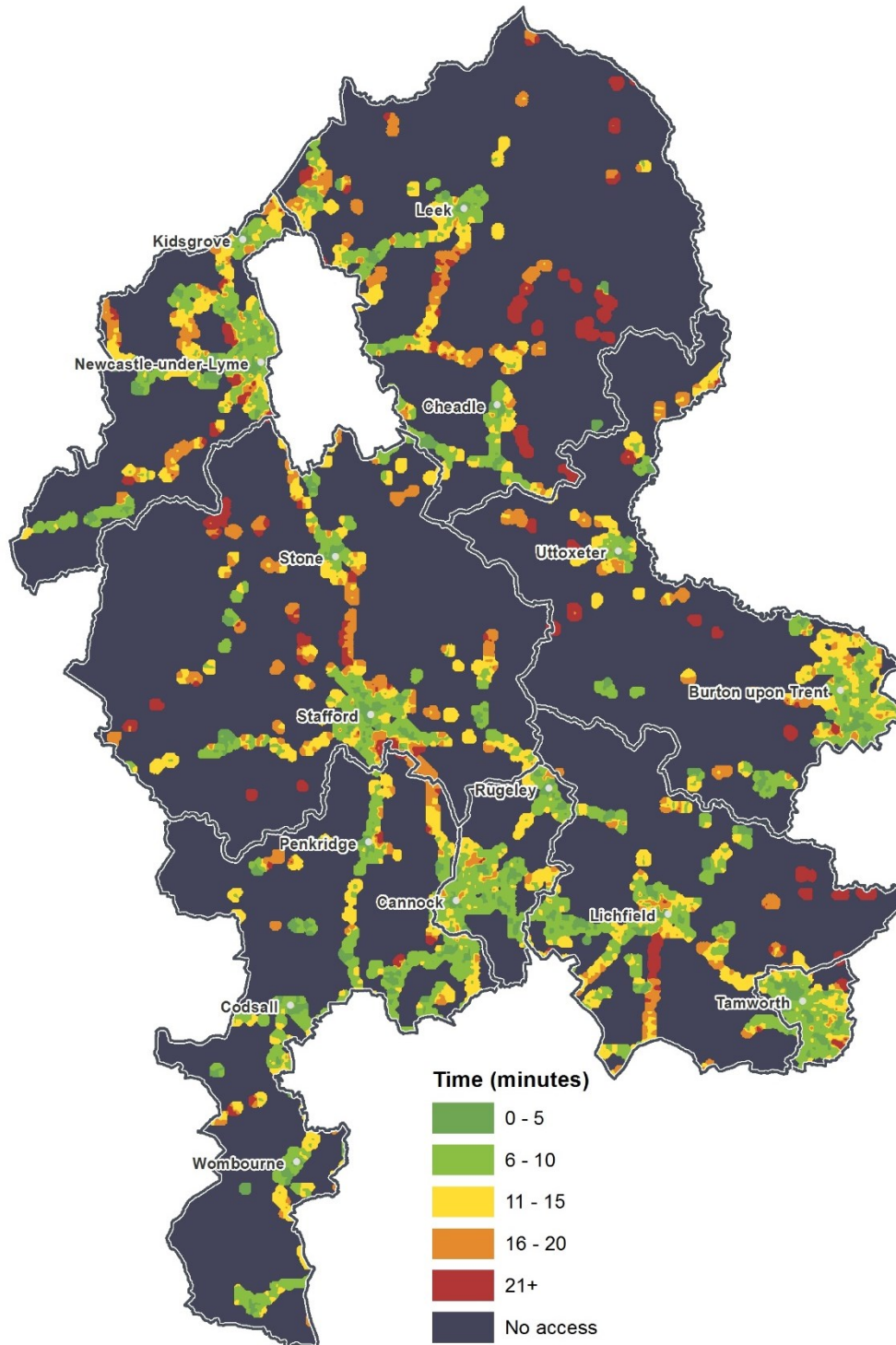


Source: Staffordshire County Council and NHS England North Midlands

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Note: Calculations include those origins which are in unpopulated areas and where there are no roads, footpaths or bus services, these will therefore result in there being 'areas of no access'. The calculations carried out are at a very strategic level and should only be used to give an indication of areas of accessibility; any areas of concern would need to be looked at in greater detail.

Map 23: Access to community pharmacies – public transport



Source: Staffordshire County Council and NHS England North Midlands

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Note: Calculations include those origins which are in unpopulated areas and where there are no roads, footpaths or bus services, these will therefore result in there being 'areas of no access'. The calculations carried out are at a very strategic level and should only be used to give an indication of areas of accessibility; any areas of concern would need to be looked at in greater detail.

Appendix 6: Individual pharmacy by service provision and locality, February 2018

Distance selling pharmacy

	Medicines Use Review Service	New Medicine Service	Appliance Use Review Service	Stoma Appliance Customisation Service	Influenza Adult Vaccination Services	Common Ailments Service	Emergency Supply	UTI/Impetigo	Emergency Hormonal Contraception	Supervised consumption	Needle Exchange	Palliative Care Services
Cannock Chase												
Bains Pharmacy, 160-162 Hednesford Road, Heath Hayes, Cannock, WS12 3DZ	✓	✓			✓	✓	✓	✓	✓			
Boots The Chemist, 1 Church Street, Cannock, WS11 1DE	✓	✓			✓	✓				✓		
Boots The Chemist, 1-7 Park Road, Cannock, WS11 1JN	✓	✓			✓	✓				✓		
Boots The Chemist, 5 Brook Square, Rugeley, WS15 2DT	✓	✓			✓	✓			✓	✓		
Boots The Chemist, Unit 9, Orbital Retail Park, Voyager Drive, Cannock, WS11 8XP	✓	✓			✓	✓			✓	✓		
Co-op Pharmacy, Co-op Supermarket, Anglesey Street, Hednesford, WS12 1AS	✓	✓			✓	✓	✓	✓	✓	✓		
Cornwells Chemists, 235 Cannock Road, Chads Moor, Cannock, WS11 2DD	✓	✓				✓	✓	✓	✓	✓		
Lloyds Pharmacy, 11 Upper Brook Street, Rugeley, WS15 2DP	✓	✓		✓	✓	✓	✓	✓	✓	✓		
Lloyds Pharmacy, Hednesford Valley Health Centre, Station Road, Hednesford, WS12 4DH	✓	✓		✓		✓	✓	✓	✓	✓		
Lloyds Pharmacy, Sandy Lane Health Centre, Sandy Lane, Rugeley, WS15 2LB	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Lloyds Pharmacy, Unit 2b, Victoria Shopping Centre, Victoria Street, Hednesford, WS12 1BT	✓	✓		✓	✓	✓	✓	✓	✓	✓		
Lloyds Pharmacy, Voyager Drive, Orbital Retail Centre, Cannock, WS11 8XP	✓	✓			✓	✓	✓	✓	✓			
Morrisons Pharmacy, Morrisons Supermarket, Market Street, Rugeley, WS15 2JJ	✓	✓			✓	✓	✓			✓		✓
Northwood Pharmacy Brereton, 88 Main Road, Brereton, Rugeley, WS15 1DU	✓	✓				✓	✓	✓	✓	✓		✓
Northwood Pharmacy, Springfields Health & Wellbeing Centre, Lovett Court, Rugeley, WS15 2FH	✓	✓				✓	✓	✓	✓	✓		
Nucare Pharmacy, 3 Hamilton Lea, Brownhills Road, Norton Canes, Cannock, WS11 9SY	✓	✓					✓			✓		
Pyramid Pharmacy, 29 Market Hall Street, Cannock, WS11 1EB						✓	✓	✓				
Rawnsley Pharmacy, Rawnsley Road, Rawnsley, Cannock, WS12 1JF	✓											
Tesco Instore Pharmacy, Heath Way, Heath Hayes, Cannock, WS12 3YY	✓	✓			✓				✓	✓		
Tesco Instore Pharmacy, Victoria Shopping Park, Victoria Street, Hednesford, WS12 1BT	✓	✓			✓				✓			
Well Pharmacy, 2 Festival Court, Pye Green Road, Hednesford, WS11 5RP	✓	✓			✓	✓	✓	✓	✓	✓		
Well Pharmacy, 57 - 59 Market Place, Cannock, WS11 1BP	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓
Well Pharmacy, 62 Hednesford Street, Cannock, WS11 1DJ	✓	✓			✓	✓	✓	✓	✓	✓		

	Medicines Use Review Service	New Medicine Service	Appliance Use Review Service	Stoma Appliance Customisation Service	Influenza Adult Vaccination Services	Common Ailments Service	Emergency Supply	UTI/Impetigo	Emergency Hormonal Contraception	Supervised consumption	Needle Exchange	Palliative Care Services
Well Pharmacy, 7 Devon Court, Bideford Way, Cannock, WS11 1NP	✓	✓			✓	✓	✓	✓	✓	✓		✓
Well Pharmacy, Norton Canes Health Centre, Brownhills Road, Norton Canes, Cannock, WS11 9SE	✓	✓			✓	✓	✓	✓	✓	✓		
East Staffordshire												
All Saints Pharmacy, 28 All Saints Road, Burton upon Trent, DE14 3LS	✓					✓	✓			✓		
Asda Pharmacy, The Octagon Centre, Orchard Street, Burton upon Trent, DE14 3TN	✓	✓			✓	✓	✓	✓	✓	✓		
Balance Street Pharmacy, Balance Street Health Centre, Balance Street, Uttoxeter, ST14 8JG	✓				✓	✓	✓	✓	✓	✓		
Boots The Chemist, 1 Cooper Square, Burton upon Trent, DE14 1DG	✓	✓			✓	✓			✓	✓		
Boots The Chemist, 6 High Street, Uttoxeter, ST14 7HT	✓	✓			✓	✓			✓	✓		
Branston Pharmacy, Main Street, Branston, Burton upon Trent, DE14 3EY	✓							✓				
Carlton Pharmacy, 118 Calais Road, Burton upon Trent, DE13 0UW	✓					✓			✓	✓		
Carters Pharmacy, Unit 2 , Carters Square, Uttoxeter, ST14 7FN	✓	✓								✓	✓	
Dean & Smedley , 16 High Street, Tutbury, Burton upon Trent, DE13 9LP	✓	✓			✓	✓	✓	✓	✓	✓		
Dean & Smedley , 35 - 36 St Peters Street, Stapenhill, Burton upon Trent, DE15 9AW	✓	✓			✓	✓	✓	✓	✓	✓		✓
Dean & Smedley , 67 Horninglow Street, Burton upon Trent, DE14 2PR	✓	✓			✓	✓	✓	✓	✓	✓		
Dean & Smedley , Unit 1 Main Street, Stretton, Burton upon Trent, DE13 0DZ	✓	✓			✓	✓	✓	✓	✓	✓		
Healthcare At Home Ltd, Fifth Avenue, Centrum 100, Burton upon Trent, DE14 2WS												
Lloyds Pharmacy, Instore Sainsbury's , Union Street, Burton upon Trent, DE14 1AA	✓	✓			✓	✓	✓	✓	✓	✓		✓
Manor Pharmacy, 14 Wetmore Road, Burton upon Trent, DE14 1SN	✓	✓			✓	✓	✓	✓	✓	✓		
Manor Pharmacy, 171 Calais Road, Burton upon Trent, DE13 0UN	✓	✓			✓	✓	✓	✓		✓		
Manor Pharmacy, 251 Branston Road, Burton upon Trent, DE14 3BT	✓	✓			✓	✓	✓	✓	✓	✓		
Morrisons Pharmacy, Morrisons Supermarket, Wellington Road, Burton upon Trent, DE14 2AR	✓	✓			✓	✓	✓	✓	✓	✓		
Peak Pharmacy, Melbourne Avenue, Winshill, Burton upon Trent, DE15 0EP	✓	✓			✓	✓	✓	✓	✓	✓		
Tesco Instore Pharmacy, Tesco Superstore, Brookside Road, Uttoxeter, ST14 8AU	✓	✓			✓		✓			✓		✓
Tesco Pharmacy, Tesco Superstore , St Peters Bridge, Burton upon Trent, DE14 3RJ	✓	✓			✓		✓		✓	✓		
Waterloo Pharmacy, 172 Waterloo Street, Burton upon Trent, DE14 2NQ	✓					✓				✓		
Well Pharmacy, 52 - 54 Main Street, Barton under Needwood , Burton upon Trent, DE13 8AA	✓	✓			✓		✓	✓	✓	✓		
Well Pharmacy, Fyfield Road, Stapenhill, Burton upon Trent, DE15 9QD	✓	✓			✓		✓	✓		✓		
Lichfield												
Alrewas Pharmacy, Main Street, Alrewas, DE13 7AE	✓	✓			✓	✓	✓	✓	✓			
Boots The Chemist, 4 - 8 Tamworth Street, Lichfield, WS13 6JJ	✓	✓			✓	✓			✓	✓		

	Medicines Use Review Service	New Medicine Service	Appliance Use Review Service	Stoma Appliance Customisation Service	Influenza Adult Vaccination Services	Common Ailments Service	Emergency Supply	UTI/Impetigo	Emergency Hormonal Contraception	Supervised consumption	Needle Exchange	Palliative Care Services
Boots The Chemist, 67 New Armitage Road, Armitage, Rugeley, WS15 4AA	✓	✓			✓	✓				✓		
Boots The Chemist, c/o Waitrose Store, Stonnyland Drive, off Sainte Foy Avenue, Lichfield, WS13 6RX	✓	✓			✓	✓			✓	✓		
Boots The Chemist, Langton Medical Centre, Eastern Avenue, Lichfield, WS13 7FA	✓	✓				✓			✓	✓		
Chasetown Pharmacy, 23 High Street, Chasetown, WS7 3XE	✓	✓				✓	✓	✓	✓	✓	✓	
Co-op Pharmacy, 3 Boley Park Shopping Centre, Ryknild Street, Lichfield, WS14 9XU	✓	✓			✓	✓	✓	✓	✓	✓		
Co-op Pharmacy, Greenhill Health Centre, Church Street, Lichfield, WS13 6JL	✓	✓				✓	✓	✓	✓	✓	✓	✓
Day Night Pharmacy, Unit 4, Swan Island Shopping Precinct, Chase Road, Burntwood, WS7 0DW	✓	✓			✓	✓	✓		✓	✓		
Fazeley Pharmacy, 11 Coleshill Street, Fazeley, B78 3RB	✓	✓				✓	✓	✓	✓	✓		
Fradley Pharmacy, Unit 6, The Stirling Centre, Tye Lane, Fradley, Lichfield, WS13 8ST	✓	✓			✓	✓	✓	✓	✓			✓
Jhoots Pharmacy, 7 Lichfield Road, Burntwood, WS7 0HH	✓	✓			✓	✓	✓	✓	✓	✓		✓
Jhoots Pharmacy, St Chads Health Centre, Dimbles Lane, Lichfield, WS13 7HT	✓	✓				✓	✓	✓				
Lloyds Pharmacy, 4 Rugeley Road, Chase Terrace, Burntwood, WS7 1AQ	✓	✓		✓		✓	✓	✓	✓			
Lloyds Pharmacy, Unit 3, Burntwood Shopping Centre, Burntwood, WS7 1JR	✓	✓		✓	✓	✓	✓	✓	✓	✓		
N & J's Chemist, 10 Morley Road, Burntwood, Walsall, WS7 9AZ	✓	✓			✓	✓	✓		✓			
Shenstone Pharmacy, 33b Main Street, Shenstone, Lichfield, WS14 0LZ	✓					✓	✓					
Tesco Pharmacy, Tesco Superstore, Church Street, Lichfield, WS13 6DZ	✓	✓			✓				✓	✓		
Whittington Pharmacy, 13b Main Street, Whittington, Lichfield, WS14 9JU	✓	✓					✓	✓	✓			
Newcastle-under-Lyme												
Asda Pharmacy, Asda Superstore, Wolstanton Retail Park, Wolstanton, Newcastle under Lyme, ST5 0AY	✓	✓			✓	✓	✓	✓	✓			✓
Boots The Chemist, 60 - 62 High Street, Newcastle under Lyme, ST5 1QL	✓	✓			✓	✓			✓	✓		
Bradwell Pharmacy, 111 Hanbridge Avenue, Bradwell, Newcastle under Lyme, ST5 8HX	✓	✓					✓		✓	✓		✓
Butt Lane Pharmacy, 147 Congleton Road, Butt Lane, Kidsgrove, Stoke on Trent, ST7 1LL	✓				✓				✓	✓		
Cornwells Chemist, 5 - 9 High Street, Newcastle under Lyme, ST5 1RB	✓	✓			✓	✓	✓	✓	✓	✓		
Cornwells Chemist, 5 The Parade, Silverdale, ST5 6LQ	✓	✓				✓	✓	✓	✓	✓		
DIMEC Pharmacy, Unit 13-21 ICI, Keele University Science Park, Keele, ST5 5NB	✓											
Higherland Pharmacy, 3 Orme Road, Poolfields, Newcastle under Lyme, ST5 2UE	✓											
Hollywood Chemists Ltd, Kingsbridge House, Kingsbridge Avenue, Clayton, Newcastle under Lyme, ST5 3HP	✓				✓	✓	✓	✓		✓		
Inspire Pharmacy, Unit 10, Croft Road Ind Estate, Newcastle under Lyme, ST5 0TW	✓											
Lloyds Pharmacy, 1 - 2 High Street, Wolstanton, Newcastle under Lyme, ST5 0EP	✓	✓		✓		✓	✓	✓	✓			
Lloyds Pharmacy, 117 - 119 High Street, Wolstanton, Newcastle under Lyme, ST5 0EP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		

	Medicines Use Review Service	New Medicine Service	Appliance Use Review Service	Stoma Appliance Customisation Service	Influenza Adult Vaccination Services	Common Ailments Service	Emergency Supply	UTI/Impetigo	Emergency Hormonal Contraception	Supervised consumption	Needle Exchange	Palliative Care Services
Lloyds Pharmacy, 42 Market Street, Kidsgrove, Stoke on Trent, ST7 4AB	✓	✓		✓		✓	✓	✓	✓	✓		
Lloyds Pharmacy, 7 The Westbury Centre, Westbury Road, Clayton, Newcastle under Lyme, ST5 4LY	✓	✓		✓	✓	✓	✓	✓	✓	✓		
Lloyds Pharmacy, Ashfields New Road, Newcastle under Lyme, ST5 2AF	✓	✓				✓	✓	✓				✓
Loggerheads Pharmacy, 9 Eccleshall Road, Loggerheads, Market Drayton, Shropshire, TF9 4NX	✓	✓				✓	✓					
Millers Chemist, Newcastle Road, Middle Madeley, Nr Crewe, Shropshire, CW3 9JP	✓	✓			✓	✓	✓	✓	✓			
Milwards (Chemist) Ltd, 65 Milehouse Lane, Cross Heath, Newcastle under Lyme, ST5 9JZ	✓	✓			✓	✓	✓	✓	✓	✓		
Morrells Pharmacy, Milehouse Primary Care Centre, Millrise Village, Lymebrook Way, Milehouse, Newcastle under Lyme, ST5 9GA	✓	✓			✓	✓	✓	✓	✓	✓		
Morrisons Pharmacy, Morrisons Supermarket, Goose Street, Off Brook Lane, Newcastle under Lyme, ST5 3HY	✓	✓			✓	✓	✓	✓	✓			
Tesco Pharmacy, Liverpool Road East, Kidsgrove, ST7 1DX	✓	✓			✓		✓					✓
W S Low, 101 High Street, Wolstanton, Newcastle under Lyme, ST5 0EP	✓						✓		✓	✓		✓
Well Pharmacy, 21 - 23 London Road, Chesterton, Newcastle under Lyme, ST5 7EA	✓	✓			✓	✓	✓	✓	✓	✓		✓
Well Pharmacy, 58 - 60 King Street, Newcastle under Lyme, ST5 1HX	✓	✓			✓	✓	✓	✓	✓	✓		
Well Pharmacy, Audley Health Centre, Church Street, Audley, ST7 8EW	✓	✓			✓	✓	✓	✓	✓	✓		
Well Pharmacy, Jamage Road, Talke Pits, Stoke on Trent, ST7 1QD	✓	✓			✓	✓	✓	✓				
Well Pharmacy, London Road (Instore), Chesterton, Newcastle under Lyme, ST5 7DY	✓	✓			✓	✓	✓	✓	✓	✓		
Well Pharmacy, Mount Road, Kidsgrove, Stoke on Trent, ST7 4AY	✓	✓			✓	✓	✓	✓	✓	✓		
Well Pharmacy, Unit 4, Student Building, Keele University Science Park, Newcastle under Lyme, ST5 5BG	✓	✓			✓	✓	✓	✓	✓	✓		
South Staffordshire												
Bills Pharmacy, 29 High Street, Kinver, Stourbridge, DY7 6HF	✓	✓				✓						
Boots The Chemist, 5 - 6 Giggety Lane, Wombourne, Wolverhampton, WV5 0AW	✓	✓			✓	✓			✓	✓		
Boots The Chemist, High Street, Wombourne, Wolverhampton, WV5 9DP	✓	✓			✓	✓						
Colliery Pharmacy, Colliers Way, Huntington, Cannock, WS12 4UD	✓	✓				✓	✓	✓	✓	✓		
Cornwells Chemists, 126 Wardles Lane, Great Wyrley, Walsall, WS6 6DZ	✓	✓			✓	✓	✓	✓	✓	✓		
Coven Pharmacy, 25 Brewood Road, Coven, Wolverhampton, WV9 5BX	✓	✓			✓	✓	✓		✓			
Hawthorne Chemist, Essington Community Centre, Hobnock Road, Essington, WV11 2RF	✓					✓	✓		✓	✓		
I-Meds Pharmacy, Kartar Farm, New Road, Swindon, South Staffordshire DY3 4PP												
Lloyds Pharmacy, 2 - 3 Anders Square, Perton, Wolverhampton, WV6 7QH	✓	✓		✓	✓	✓	✓	✓	✓	✓		
Lloyds Pharmacy, 8 Bilbrook Road, Codsall, Wolverhampton, WV8 1EZ	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Lloyds Pharmacy, 86 Wolverhampton Road, Codsall, Wolverhampton, WV8 1PE	✓	✓		✓	✓	✓	✓	✓	✓			

	Medicines Use Review Service	New Medicine Service	Appliance Use Review Service	Stoma Appliance Customisation Service	Influenza Adult Vaccination Services	Common Ailments Service	Emergency Supply	UTI/Impetigo	Emergency Hormonal Contraception	Supervised consumption	Needle Exchange	Palliative Care Services
+Lloyds Pharmacy, Broadgate House, 6 Market Place, Brewood, ST19 9BS	✓	✓			✓	✓	✓	✓	✓			
Lloyds Pharmacy, Irvine House, 9 - 11 Church Road, Codsall, Wolverhampton, WV8 1EA	✓	✓		✓	✓	✓	✓	✓	✓			
Millstream Pharmacy, The Avenue, Featherstone, Wolverhampton, WV10 7AX	✓				✓	✓	✓	✓	✓	✓		
Northwood Dispensing Chemists, Pinfold Lane, Penkridge, Stafford, ST19 5AP	✓	✓			✓	✓	✓	✓	✓	✓		
Pattingham Pharmacy, 1 Meadow View, High Street, Pattingham, Wolverhampton, WV6 7BD												
Stevensons Chemists, 3 High Street, Cheslyn Hay, Walsall, WS6 7AB	✓	✓			✓	✓						
Wheaton Aston Pharmacy, 36 High Street, Wheaton Aston, ST19 9NP	✓						✓			✓		
Whitehouse Pharmacy, Market Street, Penkridge, Stafford, ST19 5DH	✓					✓	✓	✓	✓	✓		✓
Wombourne Pharmacy, 45a Planks Lane, Wombourne, Wolverhampton, WV5 8DX	✓								✓			
Stafford												
Asda Pharmacy, Asda Superstore, Queensway, Stafford, ST16 3TA	✓				✓	✓			✓	✓		
Birchill & Watson , 16 High Street, Stone, Stafford, ST15 8AW	✓	✓			✓	✓	✓	✓	✓			
Boots The Chemist, 10 - 14 Market Square, Stafford, ST16 2BD	✓	✓			✓	✓			✓	✓		
Boots The Chemist, 18 - 20 High Street, Stone, Stafford, ST15 8AW	✓	✓			✓	✓			✓	✓		
Boots The Chemist, Queen's Retail Park, Silkmore Lane, Stafford, ST17 4SU	✓	✓			✓	✓			✓	✓		
Cornwells Chemists, 51 Bodmin Avenue, Weeping Cross, Stafford, ST17 0EF	✓	✓			✓	✓	✓	✓	✓	✓		
Cornwells Chemists, Holmcroft Road, Stafford, ST16 1JG	✓	✓			✓	✓	✓	✓	✓	✓		
Cornwells Chemists, Weston Road, Stafford, ST18 0BF	✓	✓			✓	✓	✓	✓	✓	✓		
Eccleshall Pharmacy, 8 High Street, Eccleshall, Stafford, ST21 6BZ	✓	✓			✓	✓	✓	✓	✓	✓		✓
Gnosall Pharmacy, Gnosall Health Centre, Brookhouse Road, Gnosall, Stafford, ST20 0GP												
Haywood Pharmacy , 3 Trent Close, Great Haywood, Stafford, ST18 0SS	✓	✓				✓	✓		✓	✓		
Kitsons Chemist, 8 Orchard Place, Barlaston, Stoke on Trent, ST12 9DL												
Lloyds Pharmacy, 9 -10 Burton Square, Rising Brook, Stafford, ST17 9LT	✓	✓		✓		✓	✓	✓	✓	✓		
Lloyds Pharmacy, Chell Road, Stafford, ST16 2TF	✓	✓			✓	✓	✓	✓	✓	✓		
Lloyds Pharmacy, Millbank Surgery, Millbank, Stafford, ST16 2AG	✓	✓		✓		✓	✓	✓	✓	✓		
Rowlands Pharmacy, 161 Marston Road, Stafford, ST16 3BS	✓	✓		✓	✓	✓	✓	✓	✓	✓		
Stafford Health and Wellbeing Pharmacy, Whitgreave Court, Stafford, ST16 3EB	✓	✓				✓			✓	✓		
Stone Pharmacy, 5 - 7 High Street, Stone, Stafford, ST15 8AJ	✓	✓			✓	✓	✓	✓	✓	✓		✓
Superdrug Pharmacy , 18 Greengate Street, Stafford, ST16 2HS	✓	✓			✓	✓	✓	✓	✓	✓		
Tesco Instore Pharmacy, Newport Road, Stafford, ST16 2HE	✓	✓			✓				✓	✓		

	Medicines Use Review Service	New Medicine Service	Appliance Use Review Service	Stoma Appliance Customisation Service	Influenza Adult Vaccination Services	Common Ailments Service	Emergency Supply	UTI/Impetigo	Emergency Hormonal Contraception	Supervised consumption	Needle Exchange	Palliative Care Services
Walton Pharmacy, 46 Eccleshall Road, Walton, Stone, ST15 0HN	✓	✓			✓	✓	✓	✓	✓	✓		
Well Pharmacy, 128 West Way, Highfields, Stafford, ST17 9YF	✓	✓			✓	✓	✓	✓	✓	✓		
Well Pharmacy, Burton Square, Rising Brook, Stafford, ST17 9LT	✓	✓			✓	✓	✓	✓	✓	✓		
Well Pharmacy, Castle Way, Newport Road, Stafford, ST16 1BS	✓	✓			✓	✓	✓	✓	✓	✓		
Weston Road Pharmacy, 65 Weston Road, Stafford, ST16 3RL	✓	✓			✓	✓	✓	✓	✓	✓		
Wildwood Pharmacy, The Co-operative Centre, Cannock Road, Stafford, ST17 4RA	✓	✓			✓		✓					
Wolverhampton Road Pharmacy, 112 Wolverhampton Road, Stafford, ST17 4AH	✓	✓						✓		✓		
Staffordshire Moorlands												
Blythe Bridge Pharmacy, 240 Uttoxeter Road, Blythe Bridge, ST11 9LY	✓				✓	✓	✓	✓	✓	✓		
Boots The Chemist, 13 Derby Street, Leek, ST13 6HT	✓	✓			✓	✓				✓		
Boots The Chemist, 47 High Street, Cheadle, ST10 1AR	✓	✓			✓	✓			✓	✓		
D McMullen Pharmacy, Alder House, 22 Station Road, Endon, ST9 9DR	✓	✓				✓	✓					
Leek Pharmacy, 55 Queen's Drive, Leek, ST13 6QF	✓	✓			✓	✓		✓	✓	✓		
Lloyds Pharmacy, 15 Fountain Street, Leek, ST13 6JS	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Lloyds Pharmacy, Churnet Works, Macclesfield Road, Leek, ST13 8YG	✓	✓				✓	✓	✓	✓			
Lloyds Pharmacy, The New Pharmacy Unit, Park Medical Centre, Buxton Road, Leek, ST13 6QR	✓	✓		✓	✓	✓	✓	✓	✓	✓		
Millers Chemist, 165 Cheadle Road, Cheddleton, ST13 7HN	✓				✓	✓	✓	✓				
Ratcliffe Pharmacy, 42 Ashbourne Road, Cheadle, ST10 1HQ	✓	✓			✓	✓	✓	✓				
Ratcliffe Pharmacy, 44a High Street, Cheadle, ST10 1AF	✓	✓			✓	✓	✓	✓	✓	✓		
Tean Pharmacy, 19 High Street, Tean, ST10 4DY	✓											
Well Pharmacy, 16 - 18 Ball Haye Street, Leek, ST13 6JW	✓	✓			✓	✓	✓	✓		✓		✓
Well Pharmacy, 396 New Street, Biddulph Moor, ST8 7LR	✓	✓			✓		✓	✓	✓			
Well Pharmacy, 46 - 48 Derby Street, Leek, ST13 5AJ	✓				✓	✓	✓	✓	✓			✓
Well Pharmacy, 62 High Street, Biddulph, Stoke on Trent, ST8 6AS	✓	✓			✓		✓	✓		✓		
Well Pharmacy, Biddulph Primary Care Centre, Wharf Road, Biddulph, ST8 6AG	✓	✓			✓	✓	✓	✓	✓	✓		
Well Street Pharmacy, Well Street, Biddulph, ST8 6EZ	✓					✓	✓		✓			
Werrington Pharmacy, 339 Ash Bank Road, Werrington, ST9 0JS	✓	✓			✓	✓	✓	✓	✓			✓
Tamworth												
Aldergate Pharmacy, 75 Upper Gungate, Tamworth, B79 8AX	✓	✓										✓
Asda Pharmacy, Asda Superstore, Ventura Park, Tamworth, B78 3HB	✓	✓				✓	✓		✓	✓		

	Medicines Use Review Service	New Medicine Service	Appliance Use Review Service	Stoma Appliance Customisation Service	Influenza Adult Vaccination Services	Common Ailments Service	Emergency Supply	UTI/Impetigo	Emergency Hormonal Contraception	Supervised consumption	Needle Exchange	Palliative Care Services
Boots The Chemist, 18 - 24 Ankerside, Tamworth, B79 7LQ	✓	✓			✓	✓				✓		
Boots The Chemist, Unit A, Ventura Retail Park, Tamworth, B77 1EA	✓	✓			✓	✓			✓			
Clare Healthcare Ltd, 146 Masefield Drive, Leyfields, Tamworth, B79 8JA	✓								✓	✓		
Dosthill Pharmacy, GP Surgery, Cadogan Road, Dosthill, Tamworth, B77 1PQ	✓	✓				✓		✓	✓	✓		
Eason Pharmacy, 215a Watling Street, Wilnecote , Tamworth, B77 5BB	✓	✓			✓	✓	✓	✓	✓	✓		✓
Exley Pharmacy, Unit 4, Exley Centre, Belgrave, Tamworth, B77 2LA	✓				✓	✓		✓	✓	✓		
Lloyds Pharmacy, In Store Sainsbury's Superstore, Bonehill Road, Tamworth, B78 3HD	✓	✓			✓	✓	✓	✓	✓			
Magrath Pharmacy, 68 Caledonian, Glascote , Tamworth, B77 2ED	✓					✓	✓		✓	✓		
PCP Direct (online), 30 Hospital Street, Tamworth , B79 7EB	✓	✓										✓
Peak Pharmacy, 266 Tamworth Road, Amington , Tamworth , B77 3DQ	✓	✓			✓	✓	✓	✓	✓	✓		✓
Peel Court Pharmacy, 2 Aldergate, Tamworth, B79 7DJ	✓	✓				✓	✓	✓		✓		
Prescription Care Services, Mariner House, Lichfield Road Industrial Estate, Tamworth , B79 7UL												
Primary Care Pharmacy, 30 Hospital Street, Tamworth , B79 7EB	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓
Rowlands Pharmacy, 54 Albert Road, Tamworth, B79 7JN	✓	✓		✓		✓	✓	✓	✓			
Stonydelph Pharmacy, 29 Ellerbeck, Stonydelph, Tamworth, B77 4JA	✓	✓			✓	✓			✓	✓		
Well Pharmacy, 1 - 5 Church Street, Tamworth, B79 7DH	✓	✓			✓	✓	✓	✓	✓	✓		